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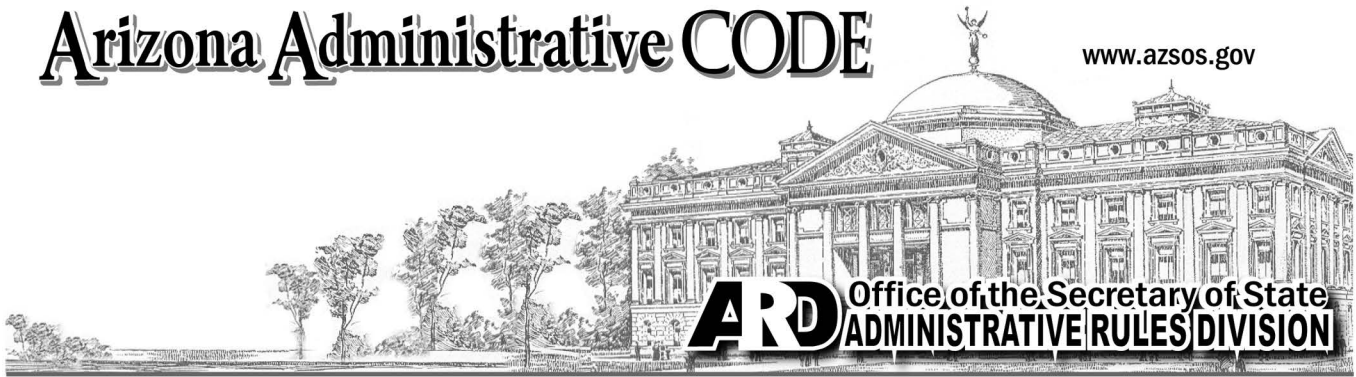
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## TITLE 3. AGRICULTURE

### CHAPTER 2. DEPARTMENT OF AGRICULTURE - ANIMAL SERVICES DIVISION

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Rules codified between October 1, 2025 through December 31, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-4 replaces Supp. 25-1, 1-58 pages.**

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

## PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “Rule” means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

### THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

### HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at [www.azsos.gov/rules](http://www.azsos.gov/rules), click on the *Administrative Register* link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

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*Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.*

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## Administrative Rules Division

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## TITLE 3. AGRICULTURE

## CHAPTER 2. DEPARTMENT OF AGRICULTURE - ANIMAL SERVICES DIVISION

Authorizing statute: A.R.S. § 3-107(A)(1)

## Supp. 25-4

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*Article 1 consisting of Sections R3-9-101 through R3-9-103; Article 2 consisting of Sections R3-9-201 through R3-9-208; Article 3 consisting of Sections R3-9-301 and R3-9-302; Article 4 consisting of Sections R3-9-401 through R3-9-409; Article 5 consisting of Sections R3-9-501 through R3-9-504; Article 6 consisting of Sections R3-9-601 through R3-9-620; Article 7 consisting of Sections R3-9-701 and R3-9-702 adopted effective August 19, 1983.*

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*Article 1, consisting of Sections R3-2-101 through R3-2-109, recodified to Article 11, Sections R3-2-1101 through R3-2-1109 (Supp. 97-1).*

*Article 1, consisting of Sections R3-2-101 through R3-2-109, adopted effective September 11, 1996 (Supp. 96-3).*

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*Article 11, consisting of Sections R3-2-1101 through R3-2-1109, expired under A.R.S. § 41-1056(E) at 8 A.A.R. 3755, effective May 10, 2002 (Supp. 02-3).*

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## TITLE 3. AGRICULTURE

## CHAPTER 2. DEPARTMENT OF AGRICULTURE - ANIMAL SERVICES DIVISION

## ARTICLE 1. GENERAL PROVISIONS

**R3-2-101. Definitions**

In addition to the definitions provided in A.R.S. §§ 3-1201, 3-1451, and 3-1771, the following terms apply to this Chapter:

“Accredited veterinarian” means a veterinarian approved by the State Veterinarian and USDA Area Veterinarian In Charge (A.V.I.C.) to perform functions required by cooperative State-Federal animal disease control and eradication programs.

“Animal” means livestock, bison, dogs, cats, rabbits, rodents, aquatic animals, game animals, furbearing and wildlife mammals, poultry and psittacines.

“APHIS” means the Animal and Plant Health Inspection Service of the United States Department of Agriculture.

“Beef cattle” means all cattle other than dairy cattle.

“Certificate of Veterinary Inspection” or “CVI” means a legible record that is issued by a VS animal health official, state animal health official, or accredited veterinarian at the point of origin of a shipment of animals, conforms to the requirements of R3-2-606, and is written on a form approved by the chief animal health official of the state of origin or an equivalent form of the USDA attesting that the animal described has been inspected and found to meet the Arizona entry requirements.

“Dairy cattle” means any domesticated bovine dairy animal or crosses of the Bos genus that show at least 50 percent phenotypic characteristics of a dairy breed, including; Ayrshire, Brown Swiss, Canadienne, Dutch Belt, Holstein, Jersey, Guernsey, Kerry, Milking Devon, Milking Shorthorn, or Norwegian Red.

“Designated feedlot” means a feedlot containing a confined drylot area under state quarantine that is approved and authorized by the State Veterinarian; contains a restricted feeding pen; and is maintained for finish feeding of cattle or bison that do not meet the brucellosis or tuberculosis import test requirements.

“Entry permit number” or “Import permit number” means a serialized number issued by the State Veterinarian’s Office that conforms to the requirements of this chapter and allows the regulated movement of certain animals into Arizona.

“Equine Infectious Anemia” or “EIA” means an infectious, noncontagious, and potentially fatal viral disease of members of equine caused by a RNA virus classified in the Lentivirus genus, family Retroviridae.

“Official Identification” as defined in 9 CFR 71.19 (b) as revised on January 1, 2018 for swine; 9 CFR 79.2 (a)(2) as revised on January 1, 2018 for sheep and goats; and 9 CFR 86.4 as revised on January 1, 2018 for cattle.

“Poultry” means any bird except psittacine, whether live or dead, including but not limited to chickens, turkeys, ducks, geese, guineas, ratites, squabs, and any exotic birds not regulated as restricted wildlife by the Arizona Game and Fish Department. The definition “poultry” also includes hatching eggs, which are fertilized eggs produced by breeding poultry.

“Psittacine” means a bird belonging to the family Psittacidae, which includes macaws, parakeets, and parrots.

“USDA” means the United States Department of Agriculture.

“VS” means the Veterinary Services branch of APHIS.

**Historical Note**

Reserved Section R3-2-101 renumbered from R3-9-101 (Supp. 91-4). New Section adopted effective September 11, 1996 (Supp. 96-3). Section R3-2-101 recodified to R3-2-1101 (Supp. 97-1). New Section adopted effective May 7, 1997 (Supp. 97-2). Amended by final rulemaking at 14 A.A.R. 876, effective May 3, 2008 (Supp. 08-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-102. Licensing Time-frames**

- A. Overall time-frame. The Department shall issue or deny a license within the overall time-frames listed in Table 1 after receipt of the complete application. The overall time-frame is the total of the number of calendar days provided for the administrative completeness review and the substantive review.
- B. Administrative completeness review.
  1. The administrative completeness review time-frame established in Table 1 begins on the date the Department receives the application. The Department shall notify the applicant in writing within the administrative completeness review time-frame whether the application or request is incomplete. The notice shall specify what information is missing. If the Department does not provide notice to the applicant within the administrative completeness review time-frame, the Department considers the application complete.
  2. An applicant with an incomplete license application shall supply the missing information within the completion request period established in Table 1. The administrative completeness review time-frame is suspended from the date the Department sends the notice of missing information to the applicant until the date the Department receives the information.
  3. If the applicant fails to submit the missing information before the expiration of the completion request period, the Department shall close the file, unless the applicant requests an extension. An applicant whose file has been closed may obtain a license by submitting a new application.
- C. Substantive review. The substantive review time-frame established in Table 1 shall begin after the application is administratively complete.
  1. If the Department makes a comprehensive written request for additional information, the applicant shall submit the additional information identified by the request within the additional information period provided in Table 1. The substantive review time-frame is suspended from the date of the Department request until the information is received by the Department. If the applicant fails to provide the information identified in the written request within the additional information period, the Department shall deny the license.
  2. The Department shall issue a written notice granting or denying a license within the substantive review time-frame. If the application is denied, the Department shall send the applicant written notice explaining the reason for the denial with citations to supporting statutes or rules, the applicant’s right to seek a fair hearing, and the time period in which the applicant may appeal the denial.

**Historical Note**

Reserved Section R3-2-102 renumbered from R3-9-102 (Supp. 91-4). New Section adopted effective September



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11, 1996 (Supp. 96-3). Section R3-2-102 recodified to R3-2-1102 (Supp. 97-1). New Section R3-2-102 adopted effective October 8, 1998 (Supp. 98-4). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-103. Recodified**

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). R3-2-103 renumbered from Section R3-9-103 (Supp. 91-4). Repealed effective April 11, 1994 (Supp. 94-2). New Section adopted effective September 11, 1996 (Supp. 96-3). Section R3-2-103 recodified to R3-2-1103 (Supp. 97-1).

**R3-2-104. Recodified**

**Historical Note**

Adopted effective September 11, 1996 (Supp. 96-3). Section R3-2-104 recodified to R3-2-1104 (Supp. 97-1).

**R3-2-105. Recodified**

**Historical Note**

Adopted effective September 11, 1996 (Supp. 96-3). Section R3-2-105 recodified to R3-2-1105 (Supp. 97-1).

**R3-2-106. Recodified**

**Historical Note**

Adopted effective September 11, 1996 (Supp. 96-3). Section R3-2-106 recodified to R3-2-1106 (Supp. 97-1).

**R3-2-107. Recodified**

**Historical Note**

Adopted effective September 11, 1996 (Supp. 96-3). Section R3-2-107 recodified to R3-2-1107 (Supp. 97-1).

**R3-2-108. Recodified**

**Historical Note**

Adopted effective September 11, 1996 (Supp. 96-3). Section R3-2-108 recodified to R3-2-1108 (Supp. 97-1).

**R3-2-109. Recodified**

**Historical Note**

Adopted effective September 11, 1996 (Supp. 96-3). Section R3-2-109 recodified to R3-2-1109 (Supp. 97-1).

**Table 1. Time-frames (Calendar Days)**

License	Authority	Administrative Completeness Review	Response to Completion Request	Substantive Completeness Review	Response to Additional Information	Overall Time-frame
MEAT AND POULTRY INSPECTION						
License to Slaughter	A.R.S. §§ 3-2002 & 3-2003 R3-2-208	14	14	30	14	44
Transfer of license without fee	A.R.S. § 3-2009	14	14	30	5	44
State Meat Inspection Service	A.R.S. § 3-2047	14	14	30	14	44
Sale or Exchange of Meat or Poultry	A.R.S. § 3-2081 R3-2-208	14	14	30	14	44
Rendering Facility Certification	A.R.S. § 3-2081	14	14	30	14	44
Transfer of License	A.R.S. § 3-2086	14	14	30	5	44
Official Slaughter Meat Licenses	A.R.S. § 3-2122 R3-2-208	14	14	30	14	44
FEEDING OF ANIMALS						
Feed Lot License	A.R.S. § 3-1452	14	14	60	14	74
Permit to Feed Garbage to Swine	A.R.S. § 3-2664	14	14	60	14	74
DAIRY PRODUCTS AND CONTROL						
Milk Distributing Plant New Renewal	A.R.S. § 3-607	14 14	14 14	14 14	14 14	28 28
Milk Processing Plant New Renewal	A.R.S. § 3-607	14 14	14 14	14 14	14 14	28 28
Plant Licensing New Renewal	A.R.S. § 3-665	14 14	14 14	14 14	14 14	28 28
Request to market a product as a milk product	A.R.S. § 601.01	14	14	14	14	28
Tester License	A.R.S. § 3-619	7	7	7	7	14
Trade Product Label	A.R.S. § 3-667	14	14	30	30	44

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License	Authority	Administrative Completeness Review	Response to Completion Request	Substantive Completeness Review	Response to Additional Information	Overall Time-frame
LIVESTOCK INSPECTION						
Equine Trader Permit	A.R.S. § 3-1348	7	7	7	7	14
Ownership and Hauling Certificate for Equines	A.R.S. §§ 3-1344 & 3-1345	14	14	14	14	28
EGG PRODUCTS AND CONTROL						
Annual Licensing	A.R.S. § 3-714	10	10	10	10	20
AQUACULTURE						
Aquaculture Facility	A.R.S. § 3-2907 R3-2-1004	14	14	30	14	44
Fee Fishing Facility	R3-2-1005	14	14	30	14	44
Processor	R3-2-1006	14	14	30	14	44
Transporter	R3-2-1007	14	14	30	14	44
Special Licenses	A.R.S. § 3-2908	14	14	30	14	44

**Historical Note**

Adopted effective October 8, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 3625, effective August 7, 2002 (Supp. 02-3). Amended by final rulemaking at 9 A.A.R. 2089, effective August 2, 2003 (Supp. 03-2). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**ARTICLE 2. MEAT AND POULTRY INSPECTION****R3-2-201. Definitions**

In addition to the definitions provided in A.R.S. §§ 3-101 and 3-2001 and 9 CFR 301.2 and 9 CFR 381.1, which are incorporated by reference in R3-2-202, the following terms apply to this Article:

1. “Animal” means any steer, heifer, calf, cow, bull, sheep, goat, swine, horse, ass, mule, burro, ratite, or poultry.
2. “Dead animal” means an animal that died other than by slaughter in a place where inspection is performed by the Department or by the United States Department of Agriculture.
3. “Inedible meat” means:
  - a. Meat or meat food product from an animal that died by slaughter or was processed in an inspected slaughterhouse, but which an inspector did not pass as fit for human consumption; or
  - b. Meat condemned by a federal or state inspector.
4. “Rendering” means the conversion of packinghouse waste or dead animal carcasses and parts into industrial fat, oil, or other product unfit for human consumption.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Amended effective June 4, 1987 (Supp. 87-2). Amended subsection (A) effective February 28, 1989 (Supp. 89-1). Section R3-2-201 renumbered from Section R3-9-201 (Supp. 91-4). Section repealed, new Section adopted effective July 13, 1995 (Supp. 95-3). Amended by final rulemaking at 10 A.A.R. 2661, effective August 7, 2004 (Supp. 04-2).

**R3-2-202. Meat and Poultry Inspection; Slaughtering Standards**

All meat and poultry inspection, slaughtering, production, processing, labeling, storing, handling, transportation and sanitation procedures shall be conducted as prescribed in 9 CFR Chapter III, revised January 1, 2024, as amended by 88 FR 55913 (August 17, 2023), except sections 302.2, 307.5, 307.6, 312, 322, 327, 329.7, 329.9, 331, 335, 351, 352, 354, 355, 381.38, 381.39, 381.96

through 381.112, 381.195 through 381.209, 381.218 through 381.225, 390, 391, 392, 530 through 561, 590 and 592. This material is incorporated by reference and does not include any later amendments or editions. A copy of the incorporated material is available from the Department and may also be viewed online at [www.gpo.gov/fdsys](http://www.gpo.gov/fdsys).

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Amended effective June 4, 1987 (Supp. 87-2). Amended subsection (A) effective February 28, 1989 (Supp. 89-1). Section R3-2-202 renumbered from Section R3-9-202 (Supp. 91-4). Amended effective July 13, 1995 (Supp. 95-3). Amended effective March 5, 1997 (Supp. 97-1). Amended by final rulemaking at 6 A.A.R. 465, effective January 5, 2000 (Supp. 00-1). Amended by final rulemaking at 8 A.A.R. 3625, effective August 7, 2002 (Supp. 02-3). Amended by final rulemaking at 10 A.A.R. 1971, effective May 4, 2004 (Supp. 04-2). Amended by emergency rulemaking at 15 A.A.R. 1890, effective October 21, 2009 for 180 days (Supp. 09-4). Emergency expired; Section amended by final rulemaking at 16 A.A.R. 351, effective April 3, 2010 (Supp. 10-1). Amended by emergency rulemaking at 19 A.A.R. 150, effective January 9, 2013 (Supp. 13-1). Amended by final rulemaking at 19 A.A.R. 1789, effective July 9, 2013 (Supp. 13-3). Amended by final rulemaking at 22 A.A.R. 2167, effective October 2, 2016 (Supp. 16-3). Amended by final rulemaking at 31 A.A.R. 530 (February 14, 2025), effective April 8, 2025 (Supp. 25-1).

**R3-2-203. Licenses; Registration; Records**

A. Any person operating a business in any of the following categories shall obtain the appropriate license from the Department.

1. Types of slaughter licenses.
  - a. Official slaughter – the slaughtering of animals in a slaughterhouse for sale for human consumption.
  - b. Exempt slaughter.



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- i. Exempt non-mobile slaughter – the slaughtering or dressing of an animal in a stationary building for human consumption, that is not sold or offered for sale.
  - ii. Exempt mobile slaughter – the slaughtering or dressing of an animal for human consumption by using a mobile structure on the property of the animal's owner, that is not sold or offered for sale.
2. Types of meat licenses.
    - a. Broker – any person, firm or corporation engaged in buying or selling carcasses, parts of carcasses, meat or poultry food products, or by-products from state or federally inspected establishments. A broker negotiates purchases or sales of these products other than for the broker's own account, as an employee of another person, and is paid a commission.
    - b. Exempt – any person, firm, or corporation engaged in processing meat or poultry products without meat inspection, for an individual owner of meat that is not for sale.
    - c. Distributor – any person, firm, or corporation engaged in receiving carcasses, parts of carcasses, meat or poultry food products, or by-products from state or federally inspected establishments and storing or distributing these products to commercial outlets, processors, or individuals. A distributor does not process any of these products.
    - d. Jobber – any person, firm, or corporation with an established place of business that buys meat or poultry food products and offers the products for sale to someone other than the end-use consumer.
    - e. Pet food manufacturer – any person, firm, or corporation engaged in manufacturing animal food from meat or poultry unfit for human consumption.
    - f. Processor – any person, firm, or corporation that changes meat or poultry food products by cutting, mixing, blending, canning, curing or otherwise preparing meat or meat food products wholesale for human consumption.
    - g. Renderer – any person, firm, or corporation that renders and tallows and any person, firm, or corporation engaged commercially in the hide, hair, or pelt removal, cutting up, or rendering of animals.
  - B. Applications for a license or registration pursuant to A.R.S. § 3-2081(A), shall be made on forms provided by the Department and shall contain the following:
    1. The name of the applicant and the applicant's partners, officers or directors of the business, if any;
    2. The business name, mailing address, email address, telephone number, and Social Security number of the applicant;
    3. The exact location of the business, if different from subsection (B)(2).
  - C. All persons licensed or registered under this Section, and all other persons described in A.R.S. § 3-2081, shall maintain the records required under A.R.S. § 3-2081 for a minimum of one year. In addition, all registered dead animal haulers, licensed rendering and tallow plants, and pet food manufacturing plants shall prepare and submit the reports required under A.R.S. § 3-2695 and shall include copies of those reports as part of records maintained under this Section and A.R.S. § 3-2081.
  - D. During fiscal year 2024, the fee to obtain or renew a license to slaughter is:
    1. Not to exceed 45 head of cattle, and not to exceed 55 head of sheep, goats or swine in one calendar year: \$250.
    2. For more than 45 and not to exceed 150 head of cattle and more than 45 and not to exceed 160 head of sheep, goats or swine in one calendar year: \$300.
    3. For more than 150 head of cattle and more than 160 head of sheep, goats or swine in any one calendar year: \$450.
  - E. During fiscal year 2024, the fee to obtain or renew a meat license is:
    1. For a broker, \$450.
    2. For exempt processing, \$300.
    3. For a distributor, \$500 for a large distributor (more than \$100,000 in sales per calendar year) and \$150 for a small distributor (not to exceed \$100,000 in sales per calendar year).
    4. For a jobber, \$450.
    5. For a pet food manufacturer, \$300.
    6. For a processor, \$300.
    7. For meat storage, \$450.
    8. For transportation, \$300.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-208 renumbered from Section R3-9-208 (Supp. 91-4). Amended effective July 13, 1995 (Supp. 95-3). Former Section R3-2-203 renumbered to R3-2-208; new Section R3-2-203 renumbered from Section R3-2-208 and amended by final rulemaking at 5 A.A.R. 1593, effective May 5, 1999 (Supp. 99-2). Amended by exempt rulemaking at 16 A.A.R. 1331, effective June 29, 2010 (Supp. 10-2). Amended by exempt rulemaking at 17 A.A.R. 1756, effective July 20, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 2060, effective August 2, 2012 (Supp. 12-3). Amended by exempt rulemaking at 19 A.A.R. 3127, effective September 14, 2013 (Supp. 13-3). Amended by exempt rulemaking at 20 A.A.R. 2449, effective July 24, 2014 (Supp. 14-3). Amended by exempt rulemaking pursuant to Laws 2015, Ch. 10, § 14, at 21 A.A.R. 2404, effective July 3, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 23 A.A.R. 1937, effective August 9, 2017 (Supp. 17-2). Amended by final exempt rulemaking at 24 A.A.R. 2219, effective August 3, 2018 (Supp. 18-3). Amended by final exempt rulemaking at 25 A.A.R. 2081, effective August 27, 2019 (Supp. 19-3). Amended by final exempt rulemaking at 26 A.A.R. 1471, effective August 25, 2020 (Supp. 20-3). Amended by final exempt rulemaking at 27 A.A.R. 1264, effective September 29, 2021 (Supp. 21-3). Amended by final exempt rulemaking at 28 A.A.R. 2017 (August 12, 2022), effective September 24, 2022 (Supp. 22-3). Amended by exempt rulemaking at 29 A.A.R. 3483 (November 3, 2023), effective October 30, 2023 (Supp. 23-4). Amended by final rulemaking at 31 A.A.R. 530 (February 14, 2025), effective April 8, 2025 (Supp. 25-1).

**R3-2-204. Official Slaughter Establishment**

In addition to the requirements in A.R.S. § 3-2051, the following shall be provided when slaughtering cattle, calves, sheep, and hogs:

1. Cattle.
  - a. A metal knocking box or concrete box with metal door to confine the animals prior to stunning;
  - b. A separately drained, dry landing area at least five feet wide in front of the knocking box;

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- c. A curbed-in bleeding area at least eight feet wide and seven feet long, located so that blood will not splash upon stunned animals lying in the dry landing area or upon carcasses being skinned on the siding bed. Curbing shall be at least six inches high and six inches wide;
  - d. A separately drained area at least five feet from the curbed-in bleeding area to the siding bed;
  - e. A distance of at least 14 feet from the vertical of the dropoff to the vertical of the hoist where carcasses are eviscerated. For multiple-bed plants, this distance shall be increased to 16 feet;
  - f. A distance of at least 14 feet between the vertical of the hoist where carcasses are eviscerated and the header rail leading to the cooler. This distance may be shortened when a single rail hang-off is used;
  - g. A distance of at least three feet from the header rail to the adjacent wall;
  - h. A bleeding rail with its top at least 16 feet above the floor or a traveling hoist on an I-beam which will provide an equivalent distance of the carcass from the floor;
  - i. Floor space for a head-flushing cabinet and head inspection rack with removable hooks;
  - j. When hides are dropped to a room below, a hide chute near the point where hides are removed from the carcasses. The chute shall have a vented hood with a self-closing, push-in door. The vent shall be approximately 10 inches in diameter and extend to a point above the roof. Additional chutes, which meet the requirements of this subsection, for inedible and condemned materials shall be provided separate from the hide chutes;
  - k. A two-level viscera inspection truck for evisceration, except when a moving top viscera inspection table is used;
  - l. An area for washing and shrouding carcasses which shall be curbed and sloped to a separate drain or have a slope of approximately 1/2 inch to the foot leading to a separate drain;
  - m. Dressing rails and cooler rails at least 11 feet in height.
2. Calves and sheep.
- a. A bleeding rail with its top approximately 11 feet from the floor. The floor of the bleeding area shall be curbed and separately drained;
  - b. Dressing and cooler rails of such height as to provide a clearance of at least eight inches from the carcasses to the floor. Calves which are of such size that there is not a clearance of at least eight inches above the floor, or whose viscera cannot be transferred manually and unaided to the inspection stand, shall be skinned and eviscerated as cattle;
  - c. Facilities for washing hides of calves before any incision is made (except the sticking wound) when carcasses are dressed hide on. The heads of calves and veal slaughtered by the Kosher method shall be skinned prior to the washing of the carcasses;
  - d. Facilities for flushing, washing, and inspecting calf heads, including head-flushing cabinet and head inspection rack with removal calf loops;
  - e. Facilities for the inspection of the viscera. A hopped metal stand shall be provided which accommodates two removal inspection pans. One inspection pan is for the thoracic viscera; the other is for the abdominal viscera. The pans shall have perforated bottoms and handles or hand holes for removal. A sterilizing receptacle shall be provided for sterilization of contaminated pans;
  - f. Facilities for washing sheep carcasses after removal of the pelt. Calves and sheep shall be washed again after they have been eviscerated.
3. Hogs.
- a. Facilities for bleeding hogs in a hanging position, over a separately drained, curbed-in bleeding area;
  - b. A scalding vat and gambreling table, including the platforms, of metal construction;
  - c. A shaving rail to assure that carcasses are cleaned;
  - d. A hopped metal stand for the inspection of viscera. A sterilizing receptacle shall be provided at a convenient location for the sterilization of contaminated pans;
  - e. Dressing and cooler rails at least nine feet high or of such height as to provide a clearance of at least eight inches between the lowest point of the carcass, or head if left attached, and the floor.
4. Coolers. A chill cooler and separate holding coolers may be provided or both may be combined in one room. The chill cooler shall have floors of concrete sloped to a drain. The walls shall be smooth, light colored, impervious, and the room shall be sealed. The other coolers shall have floors of concrete; the walls shall be smooth, free of cracks, light colored, impervious, and the room shall be sealed. The door between the slaughtering department and the chill cooler shall be clad with rust-resistant metal. Rails shall be spaced at least two feet from walls, columns, refrigerating equipment, or other fixed equipment to prevent contact with the carcasses. Header rails shall be three feet from the walls. When overhead refrigerating facilities are provided, insulated drip pans must be installed beneath them and the pans connected to the drainage system. If wall coils are installed, a drip gutter of impervious material and connected with the drainage system shall be installed beneath the coils. When edible offal is chilled or stored in a cooler other than a separate offal cooler, that area shall be separately drained.
5. Other edible products departments.
- a. Floors, walls, and ceilings in the various edible products departments of the plant shall be constructed of material that can be readily kept clean. Wooden structures and equipment shall be kept at a minimum. Floors requiring drainage shall be constructed of dense concrete or floor brick laid on a concrete base. The interior walls and, where practical, ceiling surfaces shall be smooth and flat. Walls shall be constructed of glazed tile, smooth cement plaster, or other USDA-approved impervious material. Walls shall be free of cracks and crevices, and, where brick or tile is used, the mortar joints shall be flush with the surface of the walls. Walls shall be light colored.
  - b. The floors of the plant shall be well-drained; a slope of not less than 1/4 inch to the foot to drainage inlets is required. The floors shall be smooth, impervious, and in good repair; they shall be free from cracks and depressions which could hold floor liquids. Wooden floors are not permitted. Junctions of floors and walls shall be coved.

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- c. Walls, ceilings, beams, and hangers shall be cleaned. Rails may be oiled instead of painted. Rust and scale shall be removed from hangers and meat trolleys. Smooth Portland cement plaster walls shall not be painted.
- 6. Hide room. The floor of the hide room, if provided, shall be of concrete and drained. Walls shall be smooth and impervious to at least the highest point of the hide pile. The hide room shall not connect with the slaughtering department except for one opening which shall be equipped with a tight-fitting, self-closing door. The hide room shall not connect with any other room in which edible products are stored, processed, or handled.
- 7. Disposal of blood. When blood is not permitted to drain into the sewage system, it may be collected in a metal tank and removed from the premises or blown to the blood drier in a manner that will not mask odors or create a harborage for pests.
- 8. Other inedible products departments.
  - a. An inedible products department, completely separate and apart from edible products departments, shall be provided. Walls shall be of smooth, finished, Portland cement plaster, glazed tile, or other USDA-approved material impervious to moisture. Floors shall be constructed of dense concrete or floor tile, sloped to drain. Hot and cold water connections shall be provided. With the exception of one opening to the slaughtering department, there shall be no openings between an inedible products department and an edible products department. This one opening shall be approximately five feet in width to allow the free passage of materials and shall be equipped with a close-fitting, self-closing door of solid construction. This door shall be kept closed at all times, except when in actual use, to prevent the entrance of undesirable odors to the slaughtering department. The area at the loading dock shall be paved, drained, and of sufficient size to accommodate the largest truck used. If inedible offal is stored in an edible offal room, the room is classed as an inedible products department. Paunches may be opened in the slaughtering department only when a hydraulic mechanically operated paunch lift table is provided and used for this purpose. Otherwise, the paunches shall be opened in the inedible offal rooms.
  - b. Requests for permission for rendering of shop scraps and outside dead animals shall be made to the inspector who shall grant or deny the request pursuant to Article 2.
- 9. Pens.
  - a. Holding pens shall be surfaced with an impervious material, sloped to drains. A curb shall be installed around the outside of the pens to prevent the wash from escaping. Water under pressure shall be available for washing out the pens. Feeding pens shall be at least 300 feet from the plant and shall not be located in front of the plant.
  - b. Holding and shackling pens shall be located outside of, or separated from, the slaughtering department.
- 10. Drainage
  - a. Floors which require flushing during operations shall have sloped floor drains to carry off the floor drainage. Each floor drain shall be equipped with a deep-seal trap; the drainage lines shall be vented to the outside in accordance with local plumbing codes. In no case shall a drain line be less than four inches in diameter.
- b. Sewage may be disposed of into a municipal sewer system, if permitted by local ordinance, or it may be disposed of into a stream or other similar body of water, provided that:
  - i. This method is acceptable to local health authorities having jurisdiction over sewage disposal, and
  - ii. The flow of the stream or other body of water is sufficient to carry the sewage away from the plant at all seasons of the year. When cesspools are used, they shall be of sufficient size to receive the sewage from the plant at all times; they shall be so constructed that they do not create a nuisance by breeding flies or other insects.
- c. Grease recovery basins shall not mask odors or create a harborage for pests.
- 11. Equipment and utensils.
  - a. Equipment shall be constructed of metal and shall be so constructed that it can be easily cleaned. Cutting boards may be of hard wood or synthetic material, but equipment, such as the framework of boning or cutting tables, scalding vats, offal racks and trees, product storage racks, and product trucks shall be of metal construction. Rusty or worn-out equipment shall be replaced.
  - b. All equipment shall be thoroughly cleaned following each day's operations. The use of a clear, colorless, odorless, tasteless, edible mineral oil may be used on metal equipment, such as choppers, grinders, mixers, tables, meat trucks, offal racks, hooks, and trolleys. Scale shall not be permitted to accumulate on metal equipment.
  - c. Sterilizing receptacles equipped with drains to permit draining and cleaning shall be placed at convenient locations in the slaughtering department for the cleaning and sterilization of contaminated tools and equipment. Water wasting from equipment shall not flow across the floor.
  - d. Shovels used for transferring ice or other edible materials from one container to another shall not touch the floor.
- 12. Ventilation and lighting. Natural ventilation may be supplemented by artificial means and shall be sufficient to assure the absence of dust, masking odors, or steam vapors. Points where inspection is conducted may require special lighting. The glass area shall be at least 1/4 of the floor area in all nonrefrigerated work rooms. To assure adequate lighting at all times and at all places, natural lighting must be supplemented by well-distributed artificial lighting.
- 13. Water supply, wash basins, sterilizing facilities.
  - a. Hot and cold running water, under pressure, shall be available at all parts of the establishment and in conformity with the requirements of the Arizona Department of Health Services. The hot water used for sterilizing equipment, floors, and walls that may be contaminated by the dressing procedure or handling of diseased carcasses, viscera, and other animal parts, shall be at least 180° F. A thermometer shall be installed to verify the temperature of the

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water at the point of use. A cleanup hose shall be available for use.

- b. Foot-pedal operated wash basins shall be placed in or near dressing rooms. These wash basins shall be equipped with running hot and cold water, delivered through a combination mixing faucet with an outlet at least 12 inches above the rim of the bowl. The drainage outlet shall lead directly into the sewage lines. Soap and towels, and a receptacle for dirty paper towels or other trash, shall be convenient to the wash basin.
  - c. One or more wash basins shall be located in the slaughtering department, and one or more in the sausage manufacturing room and at any other place in the establishment essential to ensure cleanliness of all persons handling products. The wash basins shall be equipped with hot and cold running water, delivered through a combination mixing faucet with an outlet at least 12 inches above the rim of the bowl. The water delivery shall be foot-pedal operated, and the drainage outlet shall lead directly into the sewage lines. Soap and disposable towels shall be convenient to the wash basins.
  - d. Water for sterilizing purposes shall be maintained at a temperature of at least 180° F. One or more sterilizing receptacles of rust-resisting, impervious material shall be placed at convenient locations in the slaughtering department for the sterilization of all implements that have been contaminated or used on a diseased carcass or part of a diseased carcass. The sterilizer shall be equipped with a cold water and steam line, or other means to maintain water at a temperature of at least 180° F during slaughtering operations. The sterilizer shall contain a drain so that water may be completely drained out for daily cleaning. Boilers and water heaters shall not be located in the slaughtering department or in any edible products department. To prevent possible back siphonage, vacuum breakers shall be provided on all steam and water lines when open ends are submerged or connected to equipment.
14. Protection against flies, rodents, or other vermin.
- a. Plants must be kept free of flies, rats, mice, roaches, and other pests or vermin. The plant shall be constructed to prevent entrance of rodents to the premises and to eliminate their breeding places from the surrounding areas and in the establishment. Construction of the plant shall be such as to eliminate roach and other insect harbors. Windows, doors, and other openings to the plant shall be provided with insect screens, or other measures to prevent entrance of flies or other insects. The screens shall be kept in good repair. Sprays containing residual-acting chemicals shall not be used in edible products departments.
  - b. Animal-handling facilities such as stock pens and runways shall be cleaned as often as necessary and the manure or other waste materials removed shall not be permitted to accumulate at or near the plant.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-204 renumbered from Section R3-9-204 (Supp. 91-4). Amended effective July 13, 1995 (Supp. 95-3). Amended by final rulemaking at 5 A.A.R. 1593, effective

May 5, 1999 (Supp. 99-2).

**R3-2-205. Expired****Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-205 renumbered from Section R3-9-205 (Supp. 91-4). Amended effective July 13, 1995 (Supp. 95-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 135, effective December 15, 2016 (Supp. 16-4).

**R3-2-206. Purchase, Sale, Collection, Transportation, Disposition, and Use of Meat or Meat Food Products; Dead Animals; Animal Bone, Animal Fat, Animal Offal**

- A. A person shall not buy, sell, offer for sale, store, transport, receive, or collect any meat or meat food product except as provided in this subsection.
  - 1. Any of the following meat or meat food products may be bought, sold, or offered for sale as animal food and may be stored, transported, received, or collected anywhere within the state:
    - a. Any meat or meat food product that is processed in an animal food manufacturing plant licensed by the Department;
    - b. Any meat or meat food product that comes from an animal that died by slaughter or is approved or passed for animal food by either state or federal meat inspectors;
    - c. Any meat or meat food product that is thoroughly cooked at a minimum temperature of 180° F for 30 minutes and is certified by a state or a federal meat inspector having jurisdiction at the place of processing.
  - 2. A carcass with the hide, hair, or pelt still on the carcass may be bought, sold, offered for sale, collected and transported to or received by the following only:
    - a. A rendering or tallow plant;
    - b. A state or county diagnostic laboratory, a veterinarian's clinic, or crematory;
    - c. An animal food manufacturing plant;
    - d. A landfill regulated by the Arizona Department of Environmental Quality;
    - e. An out-of-state landfill regulated by that state's landfill regulatory authority; or
    - f. A landfill located on a Native American reservation that is regulated by equivalent standards to those prescribed by the Arizona Department of Environmental Quality.
  - 3. Any meat or meat food product described in subsection (A)(1) or a carcass with the hide, hair, or pelt still on the carcass from an official state or federal slaughter establishment shall be denatured with a denaturant that will not leave a toxic residue and is removable when steam-distilled at atmospheric pressure.
  - 4. Any meat or meat food product that has been condemned by state or federal meat inspectors shall be treated as provided in 9 CFR 314.3, which has been incorporated by reference in R3-2-202, and may be disposed of as provided in that rule or may be collected and transported to or received by a rendering or tallow plant or a state or county diagnostic laboratory or crematory.
- B. A person engaged commercially in the collection or transportation of dead animal carcasses or inedible meat shall register with the Department as a dead animal hauler as prescribed in R3-2-203(B) and shall maintain and keep all records for the time required by R3-2-203(C).

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- C. A vehicle or other means of conveyance used to transport a dead animal carcass or inedible meat shall be:
  1. Leak-proof,
  2. Constructed of impervious materials that permit thorough cleaning and sanitizing,
  3. Equipped to control insects and odors and prevent the spread of disease, and
  4. Comply with the Department of Environmental Quality vehicle requirements prescribed in R18-13-310(A) and (B).
- D. Except as provided in subsection (E), a dead animal carcass may be rendered or made into animal food only at a licensed rendering or animal food manufacturing plant as prescribed in A.R.S. § 3-2088 and this Article.
- E. Dead animals diagnosed with anthrax or an animal disease foreign to the United States shall be handled as directed by the State Veterinarian.
- F. Discarded animal bone, animal fat, and animal offal generated by a wholesale food manufacturer shall be transported to and received by only a:
  1. Licensed rendering plant, or
  2. Landfill, as prescribed in subsections (A)(2)(d), (A)(2)(e), and (A)(2)(f).
- 8. Each plant shall provide toilets, wash basins, towels, hot and cold running water, and soap for the employees with separate facilities when both sexes are employed. Toilets and wash basins shall be kept free from filth or bacteria that may endanger health. The rooms in which the toilet facilities are located shall be ventilated and shall be separated from the rooms in which the animal food is manufactured.
- 9. Coolers shall be maintained below 40° F. Freezers shall be maintained below 10° F.
- B. Decharacterizing or denaturant agents: The following USDA-approved denaturant agents may be used: Charcoal (finely powdered) with a minimum 1 lb. per 100 lbs. meat, F-D & C Blue 1, F-D & C Blue 2, F-D & C Green 3, or liquid charcoal.
  1. In addition to the application of the denaturing agents listed, meat or meat products shall be identified with the following information:
    - a. The kind of animal,
    - b. The following phrases:
      - i. For pet food only from dead animals,
      - ii. Denatured with \_\_\_\_\_,
    - c. The correct statement of net weight, and
    - d. The name and address of processor or manufacturer.
  2. Before the denaturing agents are applied to pieces more than four inches in diameter, the pieces shall be freely slashed or sectioned. The application of any of the denaturing agents listed in this Section to the outer surfaces of molds or blocks of boneless meat, meat by-products, or meat food products shall not be considered adequate. The denaturing agent shall be mixed thoroughly with all of the material to be denatured and shall be applied in such quantity and manner that it cannot easily and readily be removed by washing or soaking. Denaturant shall be used to give the meat, meat by-products, raw animal fat, or rendered animal fats and oils, a distinctive color, odor, or taste so that such material cannot be confused with an article of human food.
  3. All denaturing shall be done immediately upon condemnation of the meat or product, or immediately after the meat or product is prepared or during preparation.
  4. True containers shall be legibly marked with the words "Beef or horse meat from dead animals for pet food only and not for human consumption" in letters at least 3/4 inch in height, on all sides and in at least two places if the container has less than four sides.
  5. Every carrying container in which meat obtained from a dead animal is packaged shall have an exterior surface sufficiently absorbent so that the markings on at least two sides, in letters two inches high "Pet food only," will not become illegible during handling, storage, or transportation of the container.
- C. Sales of meat obtained from a dead animal are permitted only to kennels, zoos, and animal food manufacturing plants registered by the Department, and records of sales shall be maintained by the purchaser and animal food manufacturing plant.
- D. Each vehicle used for the transportation of fresh or frozen pet food shall be clearly and legibly marked with the name of the manufacturer in letters not less than four inches in height on both sides of the cab or body.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-206 renumbered from Section R3-9-206 (Supp. 91-4). Amended effective July 13, 1995 (Supp. 95-3). Citation in subsection (B) corrected to R3-2-203(C) from R3-2-208(C) under R1-1-109(C) (Supp. 01-2). Amended by final rulemaking at 8 A.A.R. 3015, effective July 10, 2002 (Supp. 02-3).

**R3-2-207. Meat from Dead Animals Processed and Decharacterized for Use as Animal Food**

- A. The following are minimum requirements for animal food manufacturing plants:
  1. Hot and cold water shall be provided with facilities for its distribution in the plant which shall conform with the minimum requirements of the state Department of Health Services. The hot water shall be at least 180° F and shall be used for the cleaning of equipment, floors, and walls.
  2. There shall be a drainage and plumbing system and a sewage disposal system that will not serve as a breeding place for flies, constitute a hazard, or endanger public health. Both systems shall meet the minimum requirements of the state Department of Health Services.
  3. The floors, walls, ceilings, partitions, posts, doors, and other parts of all structures shall be of materials, construction, and finish that are capable of being thoroughly cleaned. The floors shall be tile, cement or other material impervious to water and shall have sufficient drainage to preclude stagnant accumulations of moisture.
  4. All outside windows and doors shall be screened.
  5. All rooms shall have natural or artificial lighting and well-distributed ventilation sufficient to prevent uncontrolled mold growth and filth or bacteria that may endanger health.
  6. The plant shall be kept free from flies, rats, mice, and other vermin. Dogs and cats shall be excluded from the plants.
  7. Tables, benches, and other equipment shall be provided so that processing can be performed free from filth or bacteria that may endanger health.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-207 renumbered from Section R3-9-207 (Supp. 91-

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4). Amended effective July 13, 1995 (Supp. 95-3).

**R3-2-208. Diseased and Injured Animals****A. Diseased animals.**

1. No meat from any diseased animal shall be processed, sold or stored at premises where food is sold or prepared for human consumption, unless it is decharacterized and clearly identified "Not for Human Consumption."
2. Subsection (A)(1) does not apply to meat from animals affected by any disease that does not render the meat unfit for human consumption if the affected animals are slaughtered in establishments where meat inspection is maintained under A.R.S. § 3-2051 and 9 CFR, Chapter III, Subchapter A, which is incorporated by reference in R3-2-202(A).

**B. Injured animals. An injured animal may be slaughtered by:**

1. The animal's owner at the owner's premises if the meat is used solely for consumption by the owner, the owner's immediate family, or employees. The owner shall keep the animal's hide until it has been inspected and marked or tagged by a livestock officer under A.R.S. § 3-2011.
2. An official slaughter establishment, if:
  - a. The animal is inspected by a livestock officer at origin; or
  - b. The animal is transported to the official slaughter establishment with a self-inspection certificate; or
  - c. The animal is transported to an official slaughter establishment with a waiver from the Associate Director and the waiver is documented by the livestock officer.
3. An exempt slaughterer, if the meat is used solely for consumption by the animal's owner, the owner's immediate family or employees, and if:
  - a. The animal's body temperature is 103° F or less and except for the injury its condition appears normal; and
  - b. The animal is inspected by a livestock officer at origin who verifies the temperature and condition of the animal and approves it for slaughter; or
  - c. The Associate Director waives the inspection and the waiver is documented by the livestock officer, and the exempt slaughterer verifies the temperature and condition of the animal.

**C. Non-ambulatory disabled cattle. Non-ambulatory disabled cattle shall not be slaughtered by any official or exempt slaughterer. Non-ambulatory disabled cattle are cattle that cannot rise from a recumbent position or that cannot walk, including, but not limited to, those with broken appendages, severed tendons or ligaments, nerve paralysis, fractured vertabal column, or metabolic conditions.****Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-203 renumbered from Section R3-9-203 (Supp. 91-4). Amended effective July 13, 1995 (Supp. 95-3). Former Section R3-2-208 renumbered to R3-2-203; new Section R3-2-208 renumbered from Section R3-2-203 and amended by final rulemaking at 5 A.A.R. 1593, effective May 5, 1999 (Supp. 99-2). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-209. Exempt Non-mobile Slaughter Establishments**

In addition to A.R.S. § 3-2050 and the material incorporated in R3-2-202(A), the following shall be provided when slaughtering animals in an exempt non-mobile slaughter establishment:

1. General.
  - a. A metal knocking box or concrete box with metal door to confine the animal before stunning;
  - b. A distance of at least three feet from the header rail to the adjacent wall;
  - c. A bleeding rail with its top at least 16 feet above the floor; and
  - d. Dressing rails and cooler rails placed so the lowest part of the carcass is at least 12 inches from the floor.
2. Coolers. A chill cooler and separate holding cooler may be provided or both may be combined in one unit. The walls shall be light colored, smooth, free from cracks, and impervious to moisture. The door between the slaughtering department and the chill cooler shall be clad with rust-resistant material. Rails shall be spaced at least two feet from walls, columns, refrigeration equipment, or other fixed equipment to prevent contact with the carcasses.
3. Disposal of blood. If blood is not permitted to drain into the sewage system, it may be collected in a metal tank and removed from the premises.
4. Drainage.
  - a. Floors that require flushing during operations shall have sloped floor drains to carry off the effluent. Drainage systems shall conform to state and local plumbing codes.
  - b. Grease recovery systems shall not mask odors or create a harborage for pests.
5. Ventilation and lighting. Natural ventilation may be supplemented by artificial means and shall be sufficient to ensure the absence of dust, masking odors, or steam vapors. To ensure adequate lighting at all times and at all places, natural lighting shall be supplemented by well-distributed artificial lighting.
6. Potable water supply, wash basins, sterilizing facilities.
  - a. Hot and cold running water, under pressure, shall be available in all parts of the plant and in conformity with the requirements of the Arizona Department of Health Services. The hot water used for sterilizing equipment, floors, and walls that may be contaminated by the dressing procedure or handling of diseased carcasses, viscera, and other animal parts, shall be at least 180° F. A thermometer shall be installed to verify the temperature of the water at the point of use. A cleanup hose shall be available for use.
  - b. One or more wash basins shall be located in the slaughtering department. The wash basins shall be equipped with hot and cold running water, delivered through a combination mixing faucet with an outlet at least 12 inches above the rim of the bowl. The water delivery shall be foot-pedal operated, and the drainage outlet shall lead directly into the sewage lines. Soap and disposable towels shall be convenient to the wash basins.
  - c. The tool sterilizer shall be maintained at 180° F and be in operation at all times during slaughter activities.
7. Protection against flies, rodents, or other vermin.
  - a. Establishments shall be free of flies, rats, mice, roaches, and other pests or vermin. The establishment shall be constructed and maintained to prevent entrance of pests to the premises and to eliminate

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breeding places from the surrounding area and in the establishment.

- b. Animal handling facilities such as stock pens and runways shall be clean and manure or other waste materials removed shall not accumulate at or near the establishment.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 1593, effective May 5, 1999 (Supp. 99-2).

**ARTICLE 3. FEEDING OF ANIMALS****R3-2-301. Repealed****Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-301 renumbered from Section R3-9-301 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Section repealed by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-302. Permit to Feed Garbage to Swine; Requirements**

A swine garbage feeding permit holder or applicant for a permit to feed garbage to swine shall comply with the following requirements:

1. An approved cooker is installed, is in operating condition on the premises, and fenced off from all swine.
2. A concrete slab, trough, or other easily cleanable area, and equipment for feeding garbage is provided.
3. Premises utilized for swine garbage feeding are reasonably clean, free of litter, adequately drained, and provide for removal of animal excrement and garbage not consumed.
4. Individually operated swine garbage feeding premises are separated from other swine premises by a minimum distance of 200 feet in all directions and constructed to prevent the escape of any swine.
5. In addition, all swine garbage feeding permit holders shall follow all federal garbage feeding regulations as outlined in 9 CFR Part 166 as revised on January 1, 2018.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-302 renumbered from Section R3-9-302 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**ARTICLE 4. ANIMAL DISEASE PREVENTION AND CONTROL****R3-2-401. Definitions**

1. "Animal Name" refers to the shelter impound number of the animal.
2. "Anti-Rabies Vaccine" is an active immunizing agent used to prevent infection caused by the rabies virus approved by the State Veterinarian pursuant to A.R.S. § 11-1002.
3. "Approved Rabies Vaccinator Curriculum" means an in-person vaccination training curriculum approved by the State Veterinarian of Arizona and administered by a supervising veterinarian.

4. "Biologics" means medical preparations made from living organisms and their products, including serums, vaccines, antigens, and antitoxins.
5. "Certified Rabies Vaccinator" means an unlicensed individual who is appointed and certified by a supervising veterinarian and authorized under A.R.S. § 32-2240.02 to vaccinate domestic animals against rabies, who is employed by a shelter, as defined herein, and who in the absence of a licensed veterinarian, has agreed to supervise the acquisition, storage, administration, and record keeping of the anti-rabies vaccine.
6. "Compendium of Animal Rabies Prevention and Control" refers to the 2016 edition of the NASPHV Compendium of Animal Rabies Prevention and Control, incorporated by reference, and does not include any later amendments or editions of the incorporated matter, and is on file with the Department.
7. "Domestic animal" means a mammal, not regulated by title 3, that is kept primarily as a pet or companion or that is bred to be a pet or companion.
8. "Foreign Animal Disease" means a transboundary animal disease or pest, or an aquatic animal disease or pest, not known to exist in the United States.
9. "NASPHV" refers to the National Association of State Public Health Veterinarians.
10. "Rabies Certificate" refers to the NASPHV FORM 51 (revised 2007) or equivalent computer-generated form.
11. "Shelter" means an animal care and control shelter or pound operated by any town, city, county or the state, including privately run animal shelters that are utilized by a town, city, county or the state.
12. "State Veterinarian" means the person appointed as the State Veterinarian under A.R.S. § 3-1211.
13. "Supervising Veterinarian" means a veterinarian licensed by the Arizona Veterinary Medical Examining Board, who is authorized under these rules to designate a Certified Rabies Vaccinator.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-401 renumbered from Section R3-9-401 (Supp. 91-4). Former Section R3-2-401 renumbered to R3-2-402; new Section R3-2-401 adopted by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2). Amended by final rulemaking at 30 A.A.R. 311 (February 16, 2024), effective March 24, 2024 (Supp. 24-1).

**R3-2-402. Mandatory Disease Reporting by Veterinarians and Veterinary Laboratories**

- A. All veterinarians and laboratories performing diagnostic services on animals shall:
- B. Notify the State Veterinarian at (602) 542-4293 and [diseasereporting@azda.gov](mailto:diseasereporting@azda.gov), within four hours of diagnosing or suspecting any disease or clinical signs of disease listed below:
  1. African horse sickness
  2. African swine fever
  3. African trypanosomiasis
  4. Anthrax
  5. Avian influenza

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6. Bovine Babesiosis
  7. Bovine spongiform encephalopathy
  8. Classical Swine Fever
  9. Contagious agalactia
  10. Contagious bovine pleuropneumonia
  11. Contagious caprine pleuropneumonia
  12. Crimean Congo Hemorrhagic Disease
  13. Dourine
  14. Enterovirus encephalomyelitis
  15. Equine infectious anaemia
  16. Equine Neurologic Diseases (Eastern, Western, Venezuelan, West Nile Virus, Equine Herpesvirus-1/ Equine Herpesvirus Myeloencephalopathy)
  17. Foot and Mouth Disease
  18. Glanders
  19. Heartwater (*Ehrlichia ruminantium*)
  20. Hemorrhagic septicemia (*Pasteurella multocida*)
  21. Hendra virus (Equine morbillivirus)
  22. Infectious haematopoietic necrosis of fish
  23. Japanese encephalitis
  24. Lumpy skin disease
  25. Malignant catarrhal fever
  26. Melioidosis (*Burkholderia pseudomallei*)
  27. Nairobi sheep disease
  28. Newcastle Disease
  29. Nipah
  30. Peste des Petits Ruminants
  31. Rabies
  32. Rabbit Hemorrhagic Disease
  33. Rift Valley Fever
  34. Rinderpest
  35. Schmallenberg virus/Akabane
  36. Senecavirus A
  37. Screwworm myiasis
  38. Sheep and goat pox
  39. Surra (*Trypanosoma evansi*)
  40. Swine Vesicular Disease
  41. Theileriosis (*T. parva* or *T. annulata*)
  42. Tuberculosis (*Mycobacterium bovis*)
  43. Tularemia
  44. Turkey rhinotracheitis (Avian metapneumovirus)
  45. Trypanosomiasis
  46. Viral hemorrhagic septicemia of fish
  47. Vesicular exanthema of swine virus
  48. Vesicular stomatitis
- B.** Notify the State Veterinarian at (602) 542-4293 and [diseasereporting@azda.gov](mailto:diseasereporting@azda.gov), within 24 hours of diagnosing or suspecting any disease or clinical signs of disease listed below:
1. Brucellosis (*Brucella* spp.)
  2. Chronic Wasting Disease in Cervids
  3. Contagious Equine Metritis
  4. Epizootic Lymphangitis
  5. Equine Piroplasmiasis
  6. Equine Viral Arteritis
  7. Fowl typhoid (*Salmonella gallinarum*)
  8. Ornithosis (Psittacosis, Avian Chlamydiosis, Chlamydia psittaci)
  9. Pigeon Fever (*Corynebacterium pseudotuberculosis*)
  10. Pseudorabies (Aujeszky's disease)
  11. Q fever
  12. Pullorum disease (*Salmonella pullorum*)
  13. Scrapie
  14. Sheep scabies
  15. Strangles (*Streptococcus equi* spp. *equi*)
  16. Swine enteric coronavirus diseases
  17. Trichomoniasis (*Trichomonas foetus*)
- Aquatic Diseases**
1. Crayfish plague
  2. Epizootic hematopoietic necrosis disease
  3. Epizootic ulcerative syndrome
  4. Gyrodactylosis
  5. Abalone Viral Ganglioneuritis
  6. Bonamiosis (*B. exitiosa/ostreae*)
  7. Marteiliiosis (*M. refringens*)
  8. Perkinsosis (*P. marinus/olseni*)
  9. Salmonid alphavirus infection
  10. Infection with *Xenohaliotis californiensis*
  11. Infectious hematopoietic necrosis
  12. Infectious hypodermal and haematopoietic necrosis
  13. Infectious myonecrosis
  14. Infectious salmon anemia
  15. Koi herpesvirus disease
  16. Necrotizing hepatopancreatitis
  17. Red sea bream iridoviral disease
  18. Spring viremia of carp
  19. Taura syndrome
  20. Tilapia Lake Virus (TiLV)
  21. Viral hemorrhagic septicemia
  22. Viral nervous necrosis (VNN)
  23. White spot disease
  24. White tail disease
  25. Yellowhead
- C.** Notify the State Veterinarian by email at [diseasereporting@azda.gov](mailto:diseasereporting@azda.gov) or facsimile at (602) 542-4290 within 30 days after diagnosing any of the diseases listed below:
1. Anaplasmosis
  2. Avian infectious bronchitis
  3. Avian infectious laryngotracheitis
  4. Bluetongue
  5. Bovine cysticercosis
  6. Bovine genital campylobacteriosis
  7. Bovine viral diarrhea
  8. Camel pox
  9. Caprine arthritis/encephalitis
  10. Duck viral hepatitis
  11. Echinococcosis/hydatidosis
  12. Enzootic abortion of ewes
  13. Enzootic bovine leukosis (BLV)
  14. Epizootic hemorrhagic disease
  15. Equine Herpesvirus - 4
  16. Equine influenza
  17. Infectious bovine rhinotracheitis
  18. Infectious bursal disease
  19. Johne's disease
  20. Leishmaniasis
  21. Leptospirosis
  22. Maedi-visna (OPP)
  23. Marek's disease
  24. Mycoplasma Gallisepticum
  25. Mycoplasma Synoviae
  26. Myxomatosis in rabbits
  27. Porcine cysticercosis
  28. Porcine Reproductive and Respiratory Syndrome
  29. Paratyphoid abortion in Ewes (*Salmonella abortusovis*)
  30. Swine influenza
  31. Trichinellosis (*Trichinella spiralis*)

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section



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R3-2-402 renumbered from Section R3-9-402 (Supp. 91-4). Former Section R3-2-402 renumbered to R3-2-403; new Section R3-2-402 renumbered from R3-2-401 and amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-403. Quarantine for Diseased Animals**

- A. A quarantine order shall be issued by the Director or his designee when the presence of a Foreign Animal Disease is suspected or diagnosed.
- B. A quarantine order may be issued by the Director or his designee on the advice of the State Veterinarian when the presence of a disease is suspected or diagnosed.
- C. The quarantine order may isolate specific animals, premises, counties, districts, or sections of the state and shall restrict the movement of animals.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-403 renumbered from Section R3-9-403 (Supp. 91-4). Former Section R3-2-403 repealed; new Section R3-2-403 renumbered from Section R3-2-402 and amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 135, effective December 15, 2016 (Supp. 16-4). New Section made by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-404. Importation, Manufacture, Sale, and Distribution of Biologics**

- A. Any person importing, manufacturing, selling, or distributing any biologic intended for diagnostic or therapeutic treatment of animals shall request, in writing, permission from the State Veterinarian.
- B. The State Veterinarian shall not approve the importation, manufacture, sale, or distribution of any biologic that will interfere with the state's animal disease control programs.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-404 renumbered from Section R3-9-404 (Supp. 91-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-405. Depopulation of Animals Infected with a Foreign Animal Disease**

When a Foreign Animal Disease is diagnosed, the State Veterinarian may order the owner, agent, or feedlot operator to immediately depopulate and dispose of all infected and exposed animals on the premises if necessary to prevent the spread of the disease among animals.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-405 renumbered from Section R3-9-405 (Supp. 91-4).

4). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-406. Disease Control; Designated Feedlots**

- A. Designated feedlots are subject to the following restrictions:
- B. A designated feedlot shall have a restricted feeding pen. A restricted feeding pen shall:
  - 1. Be isolated from all other pens,
  - 2. Have separate loading and unloading chutes, alleys, and handling facilities from all other pens,
  - 3. Not share water or feeding facilities accessible to other areas,
  - 4. Be posted at all corners with permanently affixed signs stating "Restricted Feeding Area,"
  - 5. Have a minimum of eight feet between restricted and other pens and facilities, and
  - 6. Have no common fences or gates with other pens.
- C. An operator may place diseased cattle or bison that are under state quarantine into a restricted feeding pen as follows:
  - 1. All cattle or bison, except steers and spayed heifers, shall be branded with an "F" at least two inches in height, adjacent to the tailhead before entering the pen; and
    - a. Imported cattle or bison, of any age and from any area shall be transported under seal and shall be accompanied by an entry permit number and a Certificate of Veterinary Inspection or federal restricted movement document; or
    - b. Native Arizona cattle or bison shall be accompanied by an Arizona livestock inspection certificate, as approved by the State Veterinarian or designee.
- D. An operator may move cattle or bison from a restricted feeding pen to slaughter or to another designated feedlot only by prior written approval of the State Veterinarian or APHIS veterinarian.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-406 renumbered from Section R3-9-406 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-407. Disease Control; Equine Infectious Anemia**

- A. The Arizona official test for EIA is either the agar-gel immunodiffusion test, known as the Coggins Test, or the Competitive Enzyme-Linked Immunosorbent Assay test, known as the CELISA test. The test shall be performed in a laboratory approved by APHIS, and required samples shall be drawn by an accredited veterinarian, the State Veterinarian, the State Veterinarian's designee, or an APHIS veterinarian.
- B. Disposal of equine testing positive.
  - 1. When an Arizona equine tests positive to EIA, the testing laboratory shall notify the State Veterinarian by telephone at (602) 542-4293 and email at [diseasereporting@azda.gov](mailto:diseasereporting@azda.gov), within four hours.

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2. The EIA-positive equine shall be quarantined at its current location, segregated from other equine, and shall not be moved unless authorized by the State Veterinarian. The equine shall be retested by the State Veterinarian, the State Veterinarian's designee, or an APHIS veterinarian within two weeks of the notification.
  3. Within 14 days of being notified by the testing laboratory of a positive test conducted under subsection (B)(2), the State Veterinarian or the State Veterinarian's designee shall brand the equine on the left side of its neck with "86A" not less than two inches in height.
  4. Within 10 days after being branded, the EIA-positive equine shall be:
    - a. Humanely destroyed,
    - b. Confined to a screened stall marked "EIA Quarantine" that is at least 200 yards from other equine, or
    - c. Consigned to slaughter at a slaughtering establishment. If consigned to slaughter, the equine shall be accompanied by a Permit for Movement of Restricted Animals, VS 1-27, issued by the State Veterinarian, the State Veterinarian's designee, or an APHIS veterinarian.
  5. Offspring of mares testing EIA-positive shall be quarantined, segregated from other equine, and tested for EIA at six months of age. Offspring testing positive shall be handled as prescribed in subsections (B)(3) and (B)(4).
  6. If an EIA-positive equine is located on premises other than those of the owner at the time a quarantine under this Section, the State Veterinarian may authorize movement of the EIA-positive equine to the owner's premises if requested by the owner. Movement shall be under the direct supervision of the State Veterinarian or the State Veterinarian's designee. If the owner lives in another state, the owner may move the equine to that state with the permission of the chief livestock health official of the state and APHIS.
- C.** The State Veterinarian shall require testing of any equine located in the same facility as the EIA-positive equine or any equine considered exposed to the EIA-positive equine. The owner of the equine tested shall pay the expenses for the testing.
- D.** The owner of any equine found to be EIA-positive shall not be indemnified by the state for any loss caused by the destruction or loss of value of the equine.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-407 renumbered from Section R3-9-407 (Supp. 91-4). Amended effective February 4, 1998 (Supp. 98-1). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-408. Disposition of Livestock Exposed to Rabies**  
Livestock bitten by a known or suspected rabid animal shall be handled using the methods prescribed in the NASPHV Compendium of Animal Rabies Control.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-408 renumbered from Section R3-9-408 (Supp. 91-

4). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2). Amended by final rulemaking at 30 A.A.R. 311 (February 16, 2024), effective March 24, 2024 (Supp. 24-1).

**R3-2-409. Rabies Vaccines for Animals**

- A.** All animals in Arizona vaccinated against rabies shall be vaccinated as prescribed in the NASPHV Compendium of Animal Rabies Control.
- B.** A person who is not a licensed veterinarian may be certified as a rabies vaccinator by a licensed veterinarian after completing the approved rabies-vaccinator curriculum. Initial certification shall be valid for one year and renewals after the first year shall be valid for two years. Each renewal shall only be granted upon completion of the current rabies-vaccinator curriculum.
- C.** Anti-rabies vaccines may be administered under the supervision of a licensed veterinarian or by a Certified Rabies Vaccinator to animals on the premises of shelters before release.
- D.** Duties and responsibilities of the Certified Rabies Vaccinator are to:
1. Abide by all local, state, and federal laws and regulations pertaining to the operation of a shelter, including those laws and regulations governing possession and use of anti-rabies vaccine.
  2. Comply with the Compendium of Animal Rabies Prevention and Control, including storage of anti-rabies vaccine at the required temperature, and administration of anti-rabies vaccine in an aseptic manner that meets the current standards of veterinary practice.
  3. Refer for appropriate treatment domestic animals that experience an adverse event to a licensed veterinarian; and report the adverse event to the supervising veterinarian and the vaccine manufacturer.
  4. Procure anti-rabies vaccine through the state veterinary license number of the supervising veterinarian.
  5. A Rabies Certificate must be completed in full for every vaccinated domestic animal, shall include the legible name of the Certified Rabies Vaccinator, and shall be signed by the Certified Rabies Vaccinator or supervising veterinarian.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Amended effective October 16, 1986 (Supp. 86-5). Amended effective January 6, 1989 (Supp. 89-1). Section R3-2-409 renumbered from Section R3-9-409 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2). Amended by final rulemaking at 30 A.A.R. 311 (February 16, 2024), effective March 24, 2024 (Supp. 24-1).

**R3-2-409.01. Requirements of Certified Rabies Vaccinator Approved Curriculum; Recordkeeping; Inspection**

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- A. Approved curriculum training shall include an instructional section and a practical exam showing competency; and shall include, but not be limited to, the following topics:
  1. Anatomy.
  2. Personnel safety.
  3. Acceptable methods of disposal of supplies.
  4. Humane methods of handling domestic animals.
  5. Proper vaccine storage and handling.
  6. Proper vaccine administration.
  7. Record keeping.
  8. Management and reporting of adverse events.
- B. These rules are provided as components of a certified rabies-vaccinator program, and no fee shall be charged by the State Veterinarian, however the State Veterinarian takes no position on establishment of reasonable fees by a supervising veterinarian for implementation of a certified rabies-vaccinator program.
- C. The Certified Rabies Vaccinator shall keep records of all vaccination-related activities for three years including, but not limited to:
  1. Rabies certificates.
  2. Adverse event reports, including reports of human exposure to rabies vaccines.
- D. A shelter is subject to periodic random inspection by the Office of the State Veterinarian. Upon request by the Office of the State Veterinarian, the responsible supervising veterinarian or Certified Rabies Vaccinator shall immediately produce requested records.
- E. Following an audit or inspection, if evidence exists of non-compliance with the above standards, the State Veterinarian reserves the right to terminate a Certified Rabies Vaccinator's certification.

**Historical Note**

New Section made by final rulemaking at 30 A.A.R. 311 (February 16, 2024), effective March 24, 2024 (Supp. 24-1).

**R3-2-410. Trichomonas Testing Requirements**

- A. Definitions. For purposes of this Section, the following definitions shall apply.
 

“Accredited Veterinarian” means an individual who is currently licensed to practice veterinary medicine in the State of Arizona and is an Accredited Level II by the United States Department of Agriculture, Animal Plant Health Inspection Service.

“Approved Laboratory” means any laboratory designated and approved by the State Veterinarian for examining *T. foetus* samples and reporting all results to the State Veterinarian.

“Bull” means an intact male bovine 12 months of age and older and is not confined to a drylot dairy.

“Change of Ownership” means when a bull is sold, leased, gifted, or exchanged and changes premises for breeding purposes in Arizona.

“Commingling” means cattle of opposite sex in the same enclosure or pasture with a reasonable opportunity for sexual contact.

“Direct to Slaughter” means transporting an animal from site of testing to a sale yard or directly to a slaughter plant without unloading or commingling prior to arrival.

“Official *T. foetus* bull test” means the sampling of a bull by a licensed, accredited veterinarian. Such test must be conducted after at least seven days separation from all female bovine. The bull and sample must be officially and individually identified and documented for laboratory submission. The official laboratory test shall be a polymerase chain reaction (PCR), or other technologies as approved by the State Veterinarian and adopted through a Director's Administrative Order. The test is not considered official until results are reported by the testing laboratory.

“Official *T. foetus* laboratory testing” means the laboratory procedures that shall be approved by the State Veterinarian for identification of *T. foetus*.

“Positive *T. foetus* bull” means a bull that has had a positive official *T. foetus* bull test.

“Trichomonas foetus” OR “*T. foetus*” means a protozoan parasite that is the causative agent to the contagious venereal disease Trichomoniasis.

- B. Testing requirements for Official *T. foetus*.
  1. All Arizona origin bulls sold, leased, gifted, exchanged or otherwise changing possession for breeding purposes in Arizona shall be tested for *T. foetus* via Official *T. foetus* bull test prior to sale or change of ownership in the state, unless going to direct slaughter. *T. foetus* testing shall be performed on bulls prior to change of ownership of that bull.
  2. The Official *T. foetus* test shall be collected by an Accredited Veterinarian and performed through an Approved Laboratory.
  3. Pooled testing is not an official test.
  4. The *T. foetus* negative test is valid for 60 days after the test is performed, providing the bull is kept separated from all female bovine.
- C. Positive bull identification.
  1. When a positive *T. foetus* bull is identified, the Accredited Veterinarian shall notify the producer upon receipt of the positive test results.
  2. Regardless of R3-2-402, the Accredited Veterinarian and Approved Laboratory shall notify the State Veterinarian of a positive *T. foetus* bull within 24 hours of receiving the results. The State Veterinarian's Office, working in coordination with the regional livestock inspection staff, shall to the best of their ability notify the regional bovine producers about the positive test within 14 days upon notification of positive test. The State Veterinarian and/or livestock inspection staff is not required to reveal any details of the test just that there is a positive test in the region.
  3. The Accredited Veterinarian that performed the test shall return to place of testing to verify the Official Identification of the positive bull.
  4. The Accredited Veterinarian, or a person under direct supervision of the Veterinarian, shall brand the bull with an official “S” brand adjacent to the tailhead on the right hip.
  5. If the bull testing positive is not at the premises where the *T. foetus* testing occurred, the Accredited Veterinarian will immediately notify the State Veterinarian's Office.
  6. If an Accredited Veterinarian is unable to return to the premises in a time that is reasonable for sale of the bull,

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the producer shall take the positive *T. foetus* bull directly to the regional livestock sale yard.

- a. The producer shall immediately notify the sale yard of the positive *T. foetus* bull. Failure to notify the sale yard of the positive *T. foetus* bull will result in a violation of this Section and the producer shall be subject to the penalties of A.R.S. § 3-1205(D).
  - b. Prior to sale at the sale yard, a Livestock Officer shall verify the official identification of the positive *T. foetus* test bull.
  - c. After the official identification is verified, the bull shall be branded with an official "S" brand adjacent to the tailhead on the right hip. The branding shall be done under direct supervision of a Livestock Officer or Livestock Inspector.
7. If a bull arrives at a livestock auction without an Official *T. foetus* bull test, the bull shall be quarantined at the auction and tested at the expense of the owner or shall be branded with an "S" brand and be sold only for slaughter.
- D. Disposal of bull testing positive.**
1. A bull testing positive for *T. foetus* or branded with the official "S" brand shall go direct to slaughter or shall be placed under State Quarantine and fed in a restricted feeding pen within a designated feedlot according to R3-2-406.
  2. The *T. foetus* positive bull shall not be commingled with any other female bovine. The bull shall go from the testing premises to direct slaughter or to the restricted feeding pen within 30 days of the positive *T. foetus* test.
  3. All remaining herd bulls shall be under a Trichomonas Herd Management Program overseen by the Herd Veterinarian until two negative *T. foetus* tests are performed and documented.
  4. "S" branded bulls purchased at a sale yard shall go direct to a slaughter plant without unloading or commingling prior to arrival.
- E. Trespassing or Stray Bulls.**
1. In the event of a trespassing or stray bull, the herd owner who locates the bull, may request an Official *T. foetus* bull test for that bull. In the event of a positive Official *T. foetus* bull test, subsections (B) and (C) shall apply.
  2. The cost of the veterinary services and Official *T. foetus* bull test shall be the responsibility of the herd owner. In the event of a stray bull, the animal will be subject to A.R.S. §§ 3-1401 et seq.

**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Repealed by final rulemaking at 26 A.A.R. 781, effective June 8, 2020; new Section made by final rulemaking at 26 A.A.R. 812, effective June 8, 2020 (Supp. 20-2).

**R3-2-411. Repealed****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 4812, effective December 7, 2000 (Supp. 00-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by exempt rulemaking under

Laws 2016, Ch. 160, § 9 at 22 A.A.R. 2400, effective August 6, 2016 (Supp. 16-3). Repealed by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-412. Repealed****Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3628, effective August 7, 2002 (Supp. 02-3). Repealed by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-413. Sheep and Goats; Intrastate Movement**

- A.** Before intrastate movement of a sheep more than 18 months of age, or a sheep or goat of any age not in a slaughter channel, the producer shall identify the animal to the flock of birth using official identification before leaving the flock of birth. A sheep or goat not in a slaughter channel includes an animal not for sale, transfer, or movement to:
1. A slaughter facility,
  2. Custom slaughter, or
  3. A feeding operation before movement to slaughter.
- B.** Subsection (A) does not apply if the first point of commingling with animals other than those in the flock of birth is an Arizona auction market that is an approved tagging site.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3628, effective January 1, 2003 (Supp. 02-3). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**ARTICLE 5. STATE-FEDERAL COOPERATIVE DISEASE CONTROL PROGRAM****R3-2-501. Tuberculosis Control and Eradication Procedures**

- A.** Procedures for tuberculosis control and eradication in cattle, bison, and goats shall be as prescribed in 9 CFR Part 77 as revised on January 1, 2018. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Office of the Secretary of State.
- B.** Procedures for tuberculosis control and eradication in cervidae not listed as restricted live wildlife in A.A.C. R12-4-406 shall be as prescribed in 9 CFR 77 Subpart C as revised on January 1, 2018. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Office of the Secretary of State.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Amended subsection (A) effective October 16, 1986 (Supp. 86-5). Section R3-2-501 renumbered from Section R3-9-501 (Supp. 91-4). Amended effective March 5, 1997 (Supp. 97-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-502. Repealed****Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-502 renumbered from Section R3-9-502 (Supp. 91-4). Amended effective March 5, 1997 (Supp. 97-1). Section repealed by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is

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January 1, 2000 (Supp. 01-1).

**R3-2-503. Brucellosis Control and Eradication Procedures**

- A. Procedures for brucellosis control and eradication in cattle and bison shall be as prescribed in 9 CFR 78 as revised on January 1, 2018. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Department.
- B. Procedures for brucellosis control and eradication in swine shall be as prescribed in 9 CFR 78 Subpart D as revised on January 1, 2018. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Department.
- C. Procedures for brucellosis control and eradication in animals not listed as restricted live wildlife in A.A.C. R12-4-406, shall be as prescribed in the USDA publication, Brucellosis in Cervidae: Uniform Methods and Rules, effective September 30, 2003. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Department.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4).  
Amended effective October 16, 1986 (Supp. 86-5).  
Amended effective January 6, 1989 (Supp. 89-1). Section R3-2-503 renumbered from Section R3-9-503 (Supp. 91-4). Amended March 5, 1997 (Supp. 97-1). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-504. Pseudorabies Procedures for Eradication**

Procedures for pseudorabies control and eradication in swine shall be as prescribed in 9 CFR 85 as revised on January 1, 2018. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Department.

**Historical Note**

Adopted effective March 5, 1997 (Supp. 97-1). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-505. Scrapie Procedures for Eradication**

The Department controls and eradicates scrapie using the procedures outlined in 9 CFR 79 as revised on January 1, 2018. This material is incorporated by reference, does not include any later amendments or editions, and is on file with the Department.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3628, effective August 7, 2002 (Supp. 02-3). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**ARTICLE 6. HEALTH REQUIREMENTS GOVERNING ADMISSION OF ANIMALS****R3-2-601. Repealed****Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-601 renumbered from Section R3-9-601 (Supp. 91-4). Amended effective March 5, 1997 (Supp. 97-1).

Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by final rulemaking at 14 A.A.R. 876, effective May 3, 2008 (Supp. 08-1). Amended by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4). Repealed by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-602. Importation Requirements**

- A. All animals transported or moved into the state of Arizona, shall be accompanied by a valid, official Certificate of Veterinary Inspection from the state of origin, or a VS 9-3 form for National Poultry Improvement Plan flocks. All animals shall be imported in accordance with this Section and the species-specific Section in this Article. Any violation of this Article is subject to a hold order pursuant to R3-2-605.
- B. Livestock may not enter the state of Arizona unless accompanied by an Arizona entry permit number documented on the Certificate of Veterinary Inspection. This requirement applies regardless of the species, breed, sex, class, age, point of origin, place of destination, or purpose of the movement of the livestock entering the state, except:
  1. Equine;
  2. Livestock consigned directly to slaughter at a state or federally licensed slaughter establishment; or
  3. Livestock being transported through the state.
- C. An animal affected with or recently exposed to any infectious, contagious, or communicable disease, or which originates in a state or federal quarantine area, shall not be transported or moved into the state of Arizona unless a permit for the entry is first obtained from the Arizona State Veterinarian's Office. All conditions for the movement of animals from a quarantined area established by the quarantining authority or APHIS shall be met. Animals imported from a quarantine area may be subject to additional import requirements by the State Veterinarian prior to entry into Arizona.
- D. The owner or owner's agent shall obtain prior permission from the State Veterinarian to ship or move into the state of Arizona any animal from a lot or herd from which an animal shows clinical signs of disease or positive reaction to a test required for admission to Arizona.
- E. The Director may enter into an agreement to allow New Mexico livestock consigned directly to an Arizona livestock auction to enter the state on a New Mexico brand inspection certificate in place of a Certificate of Veterinary Inspection. If the agreement is entered, it shall be posted on the Arizona Department of Agriculture's website. In the event the agreement is terminated or expires, the Department shall put notice of the termination on the website. The livestock owner or owner's agent is responsible for ensuring that the agreement is current prior to shipping the livestock. This process is subject to the restrictions included in the agreement.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section

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R3-2-602 renumbered from Section R3-9-602 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-603. Repealed****Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-603 renumbered from Section R3-9-603 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4). Repealed by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-604. Repealed****Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-604 renumbered from Section R3-9-604 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Repealed by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-605. Hold Order for Animals Entering Illegally**

- A. Animals entering the state in violation of any Section under this Article, may be placed under a hold order at the risk and expense of the owner until released by an authorized representative of the State Veterinarian. Animals placed under a hold order for noncompliance with this Article may be released only after the State Veterinarian is satisfied by testing, dipping, or observation over time, that the animals are not a threat to the livestock industry.
- B. The State Veterinarian may order that an imported animal failing to meet entry requirements be returned to the state of origin, consigned directly to slaughter, confined to a designated feedlot, or consigned to a feedlot in another state within two weeks of the request. Any extension to this time-frame must be approved in writing by the State Veterinarian.
- C. If the owner or owner's agent fails to comply with an order to return an animal to the state of origin within the time-frame required in subsection (B), the Department shall require that the animal be immediately gathered and tested at the owner's risk and expense to avoid exposure of Arizona animals to disease. The owner shall pay the expenses no later than five days after receipt of the bill. Failure to do so will result in an auction of sufficient livestock to pay the expenses which shall be held within 10 days at public auction. If additional expenses occur due to lack of cooperation by the owner or the owner's agent, the Director shall order the further sale of livestock.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Former Section R3-9-605 renumbered to R3-2-605 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office

of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-606. Certificate of Veterinary Inspection**

- A. A Certificate of Veterinary Inspection is valid for not more than 30 days after the date of issue, except where otherwise noted in this Article, and shall contain:
  1. The name and address of the Consignor and Consignee;
  2. The physical address of the origin of the animal;
  3. The physical address of the animal's final destination;
    - a. Entry permit number if applicable;
    - b. Official identification if applicable; and
    - c. Certificate of Veterinary Inspection individual certificate number.
    - d. Qualifying required tests with completion dates.
- B. The Certificate of Veterinary Inspection shall be forwarded to the State Veterinarian in Arizona within 14 days of issue.
- C. A VS form 17-30 is deemed a valid international CVI if the following conditions are met:
  1. Accompanied by a valid brand inspection certificate from a southern border state with an entry permit number; and
  2. Official identification as documented on the VS form 17-30.
- D. Official Certificates of Veterinary Inspection may be used in electronic or paper form.
- E. Additions, deletions, and unauthorized or uncertified changes inserted or applied to a Certificate of Veterinary Inspection renders the certificate void and may be subject to state or federal penalties.
- F. The veterinarian issuing a Certificate of Veterinary Inspection shall certify that the animals shown on the Certificate of Veterinary Inspection are free from evidence of any infectious, contagious, or communicable disease or known exposure.
- G. An accredited veterinarian shall inspect animals for entry into the state.
- H. The Director may limit the period for which a Certificate of Veterinary Inspection is valid to less than 30 days if advised by the State Veterinarian of the occurrence of a disease that constitutes a threat to the livestock industry.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-606 renumbered from Section R3-9-606 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 8 A.A.R. 3628, effective August 7, 2002 (Supp. 02-3). Amended by final rulemaking at 14 A.A.R. 884, effective May 3, 2008 (Supp. 08-1). Amended by final rulemaking at 14 A.A.R. 876, effective May 3, 2008 (Supp. 08-1). Amended by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020

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**R3-2-607. Entry Permit Number**

- A. An entry permit number for interstate movement may be obtained from the Office of the State Veterinarian, by calling (602) 542-4293 during the hours of 8 a.m. to 5 p.m. Monday through Friday, excluding state holidays. Any person applying for an entry permit number shall provide the following information:
1. The name and address of the Consignor and Consignee;
  2. The number and kind of animals;
  3. The physical address of the origin of shipment;
  4. The physical address of the shipment's final destination;
  5. The method of transportation; and
  6. Any other information required by the State Veterinarian.
- B. An entry permit number is valid for a maximum of 30 calendar days from the date of issuance unless otherwise indicated on the CVI.
- C. An entry permit number shall be issued if the animals listed on the Certificate of Veterinary Inspection are in compliance with this Article. To cope with changing disease conditions, the State Veterinarian may refuse to issue an entry permit number or may require additional conditions not specifically established in this Article if necessary to protect animal health in Arizona.
- D. The entry permit number issued shall be affixed or written on the Certificate of Veterinary Inspection, brand inspection certificate, and any other official documents as follows: "Arizona Permit No. \_\_\_\_\_" followed by the serialized number.
- E. The State Veterinarian shall refuse to grant an entry permit number to any person who repeatedly commits the following:
1. Giving false information concerning an entry permit number for transportation of animals,
  2. Failing to fulfill the conditions of an entry permit number, or
  3. Failing to obtain an entry permit number.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-607 renumbered from Section R3-9-607 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-608. Repealed****Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-608 renumbered from Section R3-9-608 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4). Repealed by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-609. Diversion; Prohibitions**

A person consigning, transporting, or receiving an animal into the state of Arizona shall not authorize, order, or carry out diversion of the animal to a destination or consignee other than as set forth on the Certificate of Veterinary Inspection and entry permit, if

required, without first obtaining permission from the State Veterinarian.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-609 renumbered from Section R3-9-609 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-610. Tests; Official Confirmation**

A state or federal animal diagnostic laboratory or APHIS-approved laboratory shall perform or confirm any animal testing required by a state or federal authority as a condition for entry into Arizona.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-610 renumbered from Section R3-9-610 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4).

**R3-2-611. Transporter Duties**

- A. All owners and operators of railroads, trucks, airplanes, or other conveyances transporting animals into or through the state shall possess all of the importation documents required by this Article. These documents shall be attached to the waybill, or be in the possession of the vehicle driver, or person in charge of the animals. When a single Certificate of Veterinary Inspection and entry permit number is issued for animals being moved in more than one vehicle, the driver of each vehicle shall possess the original or a copy of the Certificate of Veterinary Inspection containing the entry permit number, if required.
- B. The owner or operator of a railroad car, truck, airplane, or other conveyance used to transport animals into or through the state shall maintain the conveyance in a clean and sanitary condition.
- C. The owners and operators of railroads, trucks, airplanes, or other conveyances who transport animals into the state in violation of this Section shall clean and disinfect the conveyance in which the animals were illegally brought into the state before using the conveyance for transporting more animals. The cleaning and disinfection shall be performed under the supervision of an authorized representative of the State Veterinarian or the USDA.
- D. The owners or operators of railroads, trucks, airplanes, or other conveyances shall follow the USDA requirements and Arizona Department of Agriculture rules and statutes, in the humane transport of animals into, within, or through the state.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-611 renumbered from Section R3-9-611 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is

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January 1, 2000 (Supp. 01-1). Amended by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2).

Emergency expired December 19, 2016 (Supp. 16-4). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-612. Importation of Cattle and Bison****A.** The Certificate of Veterinary Inspection for cattle and bison shall include:

1. A valid entry permit number.
2. The number of cattle and bison covered by the Certificate of Veterinary Inspection, an accurate description and official identification, if applicable except for "F" branded heifers consigned to a designated feedlot identified by brand.
3. The health status of the cattle and bison including:
  - a. The date of the inspection;
  - b. The dipping date, if applicable;
  - c. The date of negative results for required testing under this Article; and
  - d. The vaccination status as required by this Article.
4. The method of transportation; and
5. For bulls subject to testing under R3-2-612(I), a statement that the bulls:
  - a. Tested negative for *Tritrichomonas foetus* within 30 days prior to shipment using a polymerase chain reaction test; and
  - b. Have had no breeding activity during the interval between the collection of the samples and the date of shipment.

**B.** The owner of cattle and bison entering Arizona or the owner's agent shall comply with the requirements in this Article. Failure to comply with entry requirements will incur the following conditions:

1. Pay the expenses incurred by a hold order to test and retest the imported cattle or bison or return them to the state of origin.
2. For imported beef breeding cattle, breeding bison, and dairy cattle, ensure that an accredited veterinarian applies official identification to each bovine or bison.

**C.** Arizona shall not accept:

1. Cattle or bison from brucellosis infected, exposed, or quarantined herds regardless of their vaccination or test status, or both, except:
  - a. Steers and spayed females, and
  - b. Cattle or bison shipped directly for immediate slaughter to an official state or federal slaughter establishment;
2. Cattle or bison of unknown brucellosis exposure status, unless consigned for feeding purposes to a designated feedlot;
3. Dairy cattle from a state or region within a foreign country without brucellosis status comparable to a Class-Free State, or without tuberculosis status comparable to an Accredited-Free State;
4. Dairy and dairy cross steers, and dairy and dairy cross spayed heifers from Mexico;
5. Beef breeding cattle or breeding bison from a state or region within a foreign country without brucellosis status comparable to a Class A State, or without tuberculosis status comparable to a Modified Accredited State.

**D.** Brucellosis testing requirements for beef breeding cattle, breeding bison, and dairy cattle imported into Arizona from other states.

1. Brucellosis testing is not required in dairy and beef cattle from a brucellosis Class-Free State that does not have free-ranging brucellosis infected bison or wildlife.
2. Brucellosis not required for any cattle or bison consigned to a designated feedlot that are branded with an "F" adjacent to the tail head as long as the State Veterinarian grants permission to apply the "F" brand upon arrival. All "F" branded cattle or bison that leave the designated feedlot shall be shipped directly to:
  - a. An official state or federal slaughter establishment for immediate slaughter,
  - b. Another designated feedlot, or
  - c. Another state if shipping is permitted by the State Veterinarian in the state of destination.
3. All female dairy cattle four months of age or older, imported into Arizona, shall be official calfhood vaccinates, officially identified, certified, and legibly tattooed except for the following:
  - a. Show cattle for exhibition,
  - b. Cattle consigned directly to an official state or federal slaughter establishment for immediate slaughter, and
  - c. Cattle consigned for feeding purposes to a designated feedlot with an entry permit number.
4. For beef breeding cattle, breeding bison, and dairy breeding cattle from a Class A state the owner or owner's agent:
  - a. Shall ensure that the cattle remain under quarantine and isolation until the cattle test negative for brucellosis. The test shall be performed no earlier than 45 days and no later than 120 days after entry.
  - b. Shall retest dairy cattle if the State Veterinarian determines there is a potential risk of the introduction of brucellosis in the state.
  - c. Is not required to quarantine or test for brucellosis official calfhood vaccinates less than 18 months of age, if permission is granted by the State Veterinarian.
5. The owner or owner's agent:
  - a. Shall notify the State Veterinarian within seven days of moving cattle or bison that are under quarantine from the destination listed on the import permit and Certificate of Veterinary Inspection.
  - b. Shall notify the State Veterinarian at the time animals are retested for brucellosis, if the animals are under quarantine and are not moved from the destination listed on the import permit and Certificate of Veterinary Inspection.
  - c. Is not required to notify the State Veterinarian if the cattle or bison are shipped directly to an official state or federal slaughter establishment for immediate slaughter.

**E.** Tuberculosis testing requirements for beef breeding cattle, breeding bison, and dairy cattle imported into Arizona from other states.

1. No tuberculosis test is required for:
  - a. Beef breeding cattle or breeding bison, from a tuberculosis accredited Free State if the state accredited status is documented on the Certificate of Veterinary Inspection and entry permit; or
  - b. Steers and spayed heifers.



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2. Beef breeding cattle and breeding bison from a Tuberculosis Modified Accredited State or Tuberculosis Class Free State with a Tuberculosis Quarantine in effect, shall test negative for Bovine Tuberculosis within 60 days prior to entry into Arizona.
  3. All dairy breeding cattle greater than 120 days of age shall test negative for Bovine Tuberculosis within 60 days prior to entry into Arizona.
- F. Brucellosis testing requirements for beef breeding cattle, breeding bison, and dairy cattle imported into Arizona from Mexico.**
1. Prior to entry into Arizona, beef breeding cattle, breeding bison, or dairy cattle from Mexico shall meet the requirements of 9 CFR 93.424 through 93.427, as revised on January 1, 2018. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Department at 1688 W. Adams St., Phoenix, AZ 85007.
  2. The owner or owner's agent shall ensure that beef breeding cattle, breeding bison, and dairy cattle from Mexico remain under import quarantine and isolation until tested negative for brucellosis. The test shall not be performed earlier than 60 days nor later than 120 days after entry into Arizona. All cattle or bison consigned to a designated feedlot shall be branded with an "F" adjacent to the tail head before entry into Arizona unless the State Veterinarian grants permission to apply the "F" brand on arrival. Unless neutered, all beef breeding cattle, breeding bison, and dairy cattle leaving the designated feedlot shall go directly to an official state or federal slaughter establishment for immediate slaughter or to another designated feedlot. The owner of the designated feedlot shall ensure that official identification records are kept on all incoming consignments and then submit the records monthly to the State Veterinarian. An accredited veterinarian shall identify, on a form approved by the State Veterinarian, all cattle and bison leaving the designated feedlot. A copy of the form shall accompany the cattle or bison to slaughter and a copy shall be submitted to the State Veterinarian.
  3. Dairy cattle from Mexico shall test for brucellosis again 30 days after calving, unless the dairy cattle were consigned directly to a feedlot.
- G. Tuberculosis testing requirements for cattle and bison imported into Arizona from Mexico.**
1. Prior to entry into Arizona, cattle and bison from Mexico shall meet the requirements of 9 CFR 93.424 through 93.427 as revised on January 1, 2018, incorporated by reference in subsection (F)(1).
  2. Steers and spayed heifers from states or regions in Mexico shall not enter the state if they have not been determined by the State Veterinarian to have fully implemented the Control, Eradication, or Free Phase of the bovine tuberculosis eradication program of Mexico.
  3. Steers and spayed heifers from states or regions in Mexico determined by the State Veterinarian to have fully implemented the Control Phase of the bovine tuberculosis eradication program of Mexico shall not be imported into Arizona without permission of the State Veterinarian.
  4. Steers and spayed heifers from states or regions in Mexico determined by the State Veterinarian to have fully implemented the Eradication Phase of the bovine tuberculosis eradication program of Mexico may be imported into Arizona, if they have either:
    - a. Tested negative for tuberculosis in accordance with procedures equivalent to the 9 CFR Part 77 as amended on January 9, 2013 within 60 days before entry into the United States, or
    - b. Originated from a herd that is equivalent to an accredited herd in the United States and are moved directly from the herd of origin across the border as a single group and not commingled with other cattle or bison before arriving at the border.
- H. Bovine scabies requirements.**
1. The owner or owner's agent shall ensure that no cattle or bison affected with or exposed to scabies is shipped, trailed, driven, or otherwise transported or moved into Arizona except cattle or bison identified and moving under a VS Form 1-27 and seal for immediate slaughter at an official state or federal slaughter establishment.
  2. The owner or owner's agent of cattle or bison from an official state or federal scabies quarantined area shall comply with the requirements of 9 CFR 73, Scabies in Cattle, as revised on January 1, 2018, before moving the cattle or bison into Arizona. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Department.
  3. The State Veterinarian may require that breeding and feeding cattle and bison from known scabies infected areas and states be dipped or treated even if the animals are not known to be exposed. The State Veterinarian shall require that dairy cattle be dipped only if the animals are

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known to be exposed; otherwise an accredited veterinarian's examination and certification shall be sufficient.

- I. Trichomoniasis requirements for bulls imported into Arizona from other states.
1. The owner or owner's agent shall ensure bulls:
    - a. Test negative for *Tritrichomonas foetus* within 30 days prior to shipment using a polymerase chain reaction test or a diagnostic test approved by the state veterinarian, except for bulls:
      - i. Less than 12 months of age,
      - ii. Consigned directly to a state or federal licensed slaughter facility,
      - iii. Consigned directly to a dairy,
      - iv. Consigned directly to an exhibition or rodeo,
      - v. Consigned directly to a licensed feedlot for castration on arrival,
      - vi. Branded with an "F" adjacent to the tailhead and consigned directly to a designated feedlot for feeding and later movement directly to slaughter, and
    - b. Have no breeding activity during the interval between the collection of a sample and the date of shipment.
    - c. The following statements documented on the CVI in reference to R3-2-612(A)(5):
      - i. Test negative for *Tritrichomonas foetus* within 30 days prior to shipment using a polymerase chain reaction test; and
      - ii. Have had no breeding activity during the interval between the collection of the samples and the date of shipment.
  2. An accredited veterinarian approved to collect samples for *Tritrichomonas foetus* testing by the state animal health official in the state of origin shall collect the *Tritrichomonas foetus* test samples.
  3. A laboratory approved to conduct tests for *Tritrichomonas foetus* by the state animal health official in the state of origin shall perform the test for *Tritrichomonas foetus*.
- J. For purposes of this Section beef breeding cattle means intact beef cattle.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-612 renumbered from Section R3-9-612 (Supp. 91-4). Amended effective March 5, 1997 (Supp. 97-1). Amended effective February 4, 1998 (Supp. 98-1). Amended by final rulemaking at 14 A.A.R. 884, effective May 3, 2008 (Supp. 08-1). Amended by final rulemaking at 14 A.A.R. 876, effective May 3, 2008 (Supp. 08-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-613. Importation of Swine**

- A. A Certificate of Veterinary Inspection for swine shall include:
1. A valid entry permit number;
  2. The following statements recorded on the CVI:
    - a. The swine listed on this CVI have never been fed garbage; and
    - b. The swine listed on this CVI have not been vaccinated for pseudorabies;
  3. Official Identification; and
  4. If applicable, the validated brucellosis-free herd number and last test date for swine originating from a validated brucellosis-free herd.

- B. Brucellosis test requirements. Swine imported into Arizona from other states shall:
1. Originate from a validated swine brucellosis-free herd or from a swine brucellosis-free state; or
  2. Test negative for brucellosis within 30 days before entry.
- C. For purposes of this Section, breeding swine means intact swine that have had breeding activity.
- D. It is unlawful for any person to import into the state of Arizona live feral swine. Any person or corporation owning or possessing a live feral swine in this state shall at all times keep such feral swine in a safe and suitable enclosure so that it may not run at large or damage the person or property of others. For purposes of this Section, feral swine means a hog, boar, or pig that appear to be untamed, undomesticated, or in a wild state; or appear to be contained for commercial hunting or trapping.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Amended effective June 29, 1984 (Supp. 84-3). Section R3-2-613 renumbered from Section R3-9-613 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 4812, effective December 7, 2000 (Supp. 00-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-614. Importation of Sheep and Goats**

- A. A Certificate of Veterinary Inspection for sheep and goats shall include:
1. A valid entry permit number; and
  2. A statement that:
    - a. The sheep or goats are not infected with bluetongue, or exposed to scrapie, and do not originate from a scrapie-infected or source flock; and
    - b. The sheep or goats test negative for *Brucella ovis* if a test is required by subsection (B); and if applicable
    - c. Breeding rams have been individually examined and are free of gross lesions of ram epididymitis.
- B. A breeding ram six months of age or older shall test negative for *Brucella ovis* within 30 days of entry or originate from a certified brucellosis-free flock. An exhibition ram that returns to the out-of-state flock of origin within five days of the conclusion of the exhibit is exempt from the testing requirement of this subsection.
- C. Arizona native commercial flocks participating in a *Brucella ovis* control program through testing performed by an accredited and licensed veterinarian may return to Arizona from another state without testing, provided the flock has not commingled with other flocks.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-614 renumbered from Section R3-9-614 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 8 A.A.R. 3628, effective August 7, 2002 (Supp. 02-3). Amended by final rulemaking at 14 A.A.R. 876, effective May 3, 2008 (Supp. 08-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020

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**R3-2-615. Importation of Equine**

- A. A Certificate of Veterinary Inspection for equine shall include:
1. An accurate identification for each equine including age, sex, breed, color, name, brand, tattoo, scars, microchip if any, and distinctive markings; and
  2. A statement that the equine has a negative test for EIA, including:
    - a. The date and results of the test;
    - b. The name of the testing laboratory; and
    - c. The laboratory accession number.
- B. Equine entering the state are not required to obtain an entry permit number.
- C. All equine six months of age or older shall, using a test established in R3-2-407(A), test negative for EIA within 12 months before entry. Testing expenses shall be paid by the owner.
- D. Extended Equine Certificates of Veterinary Inspection (EECVI) are valid for the life of the certificate (up to 6 months) in the state of Arizona. The equine listed on the EECVI shall be officially identified with a microchip.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-615 renumbered from Section R3-9-615 (Supp. 91-4). Amended effective February 4, 1998 (Supp. 98-1). Amended by final rulemaking at 8 A.A.R. 3628, effective August 7, 2002 (Supp. 02-3). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-616. Importation of Cats and Dogs**

A dog or cat shall be accompanied by a Certificate of Veterinary Inspection that documents the animal is currently vaccinated against rabies if older than three months of age according to the requirements of the National Association of State Public Health Veterinarians' Compendium of Animals Rabies Control, incorporated by reference in R3-2-409.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-616 renumbered from Section R3-9-616 (Supp. 91-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 14 A.A.R. 876, effective May 3, 2008 (Supp. 08-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-617. Importation of Poultry**

Poultry entering the state shall appear healthy, not originate from a poultry quarantine area, comply with all interstate requirements of APHIS, and be accompanied by a Certificate of Veterinary Inspection or Form 9-3 from the National Poultry Improvement Program.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-617 renumbered from Section R3-9-617 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by final rulemaking at 14 A.A.R. 876, effective May 3, 2008 (Supp. 08-1). Repealed by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired

December 19, 2016 (Supp. 16-4). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-618. Importation of Psittacine Birds**

- A. The owner or the owner's agent of a psittacine bird entering Arizona shall obtain a Certificate of Veterinary Inspection issued by a veterinarian within 30 days of entry, certifying:
1. The bird is not infected with the agent that causes avian chlamydiosis, and
  2. The bird was not exposed to birds known to be infected with avian chlamydiosis within the past 30 days.
- B. The Certificate of Veterinary Inspection shall accompany the psittacine bird at the time of entry into Arizona.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-618 renumbered from Section R3-9-618 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by final rulemaking at 14 A.A.R. 876, effective May 3, 2008 (Supp. 08-1). Repealed by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-619. Repealed****Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-619 renumbered from Section R3-9-619 (Supp. 91-4). Section repealed by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1).

**R3-2-620. Importation of Zoo Animals**

- A. An owner or owner's agent may transport or move zoo animals into the state of Arizona if the animals are accompanied by an official Certificate of Veterinary Inspection, and consigned to a zoo or in the charge of a circus or show.
- B. The owner, or owner's agent, of livestock except swine and equine in a "Petting Zoo" shall have the livestock tested for tuberculosis within 12 months before importation. A negative test result is required for entry into Arizona.
- C. A business that transports or exhibits zoo animals shall be licensed by the Arizona Game and Fish Department.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-620 renumbered from Section R3-9-620 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by final rulemaking at 14 A.A.R. 876, effective May 3, 2008 (Supp. 08-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-621. Expired****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date

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is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 14 A.A.R. 876, effective May 3, 2008 (Supp. 08-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 135, effective December 15, 2016 (Supp. 16-4).

**R3-2-622. Expired****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 135, effective December 15, 2016 (Supp. 16-4).

**ARTICLE 7. LIVESTOCK INSPECTION****R3-2-701. Department Livestock Inspection**

- A. A Division employee shall inspect range cattle, as defined in R3-2-702(A), at a ranch if the owner or agent of livestock is:
  1. Moving cattle out-of-state,
  2. Transferring cattle ownership, or
  3. Shipping cattle for custom slaughter.
- B. An owner or agent of cattle cannot be issued both non-range and range self-inspection certificates.
- C. With prior approval from a Division employee, livestock can be moved to a licensed custom slaughter facility using the livestock owner's or agent's or feedlot operator's self-inspection certificate. A Division employee must validate the self-inspection certificate prior to slaughter.
- D. The Department shall not issue a self-inspection certificate to an owner or agent of livestock or feedlot operator if that individual has been convicted of a felony under A.R.S. Title 3 within the three-year period before the date on the self-inspection application. The Department may deny self-inspection to an applicant if within the five-year period before the date on the self-inspection application, the applicant was convicted of any A.R.S. Title 3 offense or an A.R.S. Title 13 offense related to livestock. A Division employee shall inspect livestock if an applicant is denied self-inspection authority.
- E. During fiscal year 2024, livestock officers and inspectors shall collect from the person in charge of cattle, dairy cattle, or sheep inspected a service charge of \$10 plus the per head inspection fee set out in A.R.S. § 3-1337 for making inspections for the transfer of ownership, sale, slaughter or transportation of the animals.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-701 renumbered from Section R3-9-701 (Supp. 91-4). Section R3-2-701 repealed; new Section R3-2-701 adopted effective February 4, 1998 (Supp. 98-1). Error in subsection (A)(3) corrected under R1-1-109, filed with the Office of the Secretary of State October 18, 2001 (Supp. 01-3). Amended by final rulemaking at 9 A.A.R. 513, effective April 6, 2003 (Supp. 03-1). Amended by exempt rulemaking at 16 A.A.R. 1331, effective June 29, 2010 (Supp. 10-2). Amended by exempt rulemaking at 17 A.A.R. 1756, effective July 20, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 2060, effective August 2, 2012 (Supp. 12-3). Amended by exempt rulemaking at 19 A.A.R. 3127, effective September 14, 2013 (Supp. 13-3). Amended by exempt rulemaking at 20 A.A.R. 2449, effective July 24, 2014 (Supp. 14-3). Amended by exempt rulemaking pursuant to Laws

2015, Ch. 10, § 14, at 21 A.A.R. 2404, effective July 3, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 23 A.A.R. 1937, effective August 9, 2017 (Supp. 17-2). Amended by final exempt rulemaking at 24 A.A.R. 2219, effective August 3, 2018 (Supp. 18-3). Amended by final exempt rulemaking at 25 A.A.R. 2081, effective August 27, 2019 (Supp. 19-3). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2). Amended by final exempt rulemaking at 26 A.A.R. 1471, effective August 25, 2020 (Supp. 20-3). Amended by final exempt rulemaking at 27 A.A.R. 1264, effective September 29, 2021 (Supp. 21-3). Amended by final exempt rulemaking at 28 A.A.R. 2017 (August 12, 2022), effective September 24, 2022 (Supp. 22-3). Amended by exempt rulemaking at 29 A.A.R. 3483 (November 3, 2023), effective October 30, 2023 (Supp. 23-4).

**R3-2-702. Livestock Self-inspection****A. Definitions.**

"Dairy" means an owner or agent of a place or premise where one or more lactating animals are kept for milking purposes and from which a part or all of the milk is provided, sold, or offered for sale that meets both of the following conditions: the livestock is not permitted to range and the dairy is permitted by the Department. If these conditions are met, then a Division employee may grant the applicant dairy status.

"Description" means sex, breed, color, and markings, as applicable to the type of livestock.

"Exhibition" means an event including a fair, show, or field day that has as its primary purpose the opportunity for a member of a livestock organization, including 4-H and FFA, to display an animal raised by the individual in a judged competition.

"Feedlot" means an operator of a beef cattle feedlot or feed yard in which the livestock is not permitted to range and that is licensed by the Department. If these conditions are met, then a Division employee may grant the applicant feedlot status.

"Livestock" means cattle, sheep, goats, and swine.

"Livestock broker" means an owner or agent who engages in the business of buying and selling livestock and has immediate possession of the livestock for 10 days or less in which the livestock is not permitted to range. If these conditions are met, then a Division employee may grant the applicant livestock broker status.

"Non-range" means any owner or agent of an enclosed property that is 100 acres or less that meets all of the following conditions: the fence enclosing the livestock is well maintained, the livestock is not permitted to range, and the owner or agent of the livestock lives where the livestock are kept. If these conditions are met, then a Division employee may grant the applicant non-range status.

"Range" means every character of lands, enclosed or unenclosed, outside of cities and towns, upon which livestock is permitted by custom, license or permit to roam and feed. A.R.S. § 3-1201(7)

"Range cattle" means cattle customarily permitted to roam upon the ranges of the state, whether public domain or in private control, and not in the immediate actual possession or control of the owner although occasionally placed in enclosures for temporary purposes. A.R.S. § 3-1201(8)

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**B. Application.**

1. Owners or agents of livestock or feedlot operators shall request a book of self-inspection certificates from the Department. The applicant shall submit a written application form obtained from the Department and provide the following information:
  - a. Name, mailing address, physical address, telephone number, and email address;
  - b. Name of business and type of livestock operation;
  - c. Whether the applicant has been convicted of a violation of A.R.S. Title 3, or a violation of A.R.S. Title 13 related to livestock within the past five years, and if so, the case number, court, charge, and sentence;
  - d. Recorded brand number;
  - e. Individual or individuals designated to sign self-inspection certificates, if applicable; and
  - f. Signature and date.
2. The holder of a self-inspection book shall advise the Department within 30 days of any change to the information provided on an application form.
3. The holder of a self-inspection book shall renew registration with the Department every three years from the date the initial or renewal application form is signed.
4. If a holder with self-inspection privileges has been convicted of a criminal violation under A.R.S. Title 3, or a violation of Title 13 related to livestock, that holder shall notify the Department immediately and their privileges shall be revoked.
5. Prior to a Department employee issuing a book of self-inspection certificates, the owner shall submit the following payment amount and the Department shall receive the payment in full prior to issuing the book:
  - a. \$25.00 for a twenty five page feedlot or livestock broker book;
  - b. \$20.00 for a twenty page dairy book; or
  - c. \$10.00 for a ten page non-range, range, sheep, goat, or swine book.

**C. Self-inspection certificate.**

1. An owner or agent of livestock or feedlot operator shall provide the following information, as applicable, on a self-inspection certificate whenever livestock subject to self-inspection are moved or ownership is transferred:
  - a. Name, address, and signature, of the owner or agent of livestock or feedlot operator;
  - b. Date of the shipment or transfer of ownership;
  - c. If moved, location from which and to which the livestock are moved, including the name of the auction, feedlot, arena, slaughter establishment, pasture, or other premises, and physical location;
  - d. Name of transporter;
  - e. Number and description of livestock;
  - f. Official identification of each dairy cattle and sexually intact cattle over 18 months of age shipped out of state and back tag numbers of culled dairy cattle;
  - g. Brand number, expiration date, and location;
  - h. Name and address of buyer;
  - i. Number of head of cattle sold for which Beef Council fees are payable under A.R.S. §§ 3-1236 and 3-1238.
2. The owner or agent of livestock or feedlot operator shall complete a self-inspection certificate, except when livestock are subject to inspection by a Division employee under R3-2-701, and distribute copies of the certificate as follows:

- a. One copy and any fees that are owed under subsection (C)(1)(i) shall be sent to the Department within 10 days after the end of the month in which it was used;
- b. If the livestock are shipped, the original certificate shall accompany the livestock whenever they are in transit and one copy shall be retained by the person transporting the livestock; or
- c. If ownership of the livestock is transferred without shipment, two copies shall be provided to the new owner or agent of livestock or feedlot operator; and one copy shall be retained by the seller.

3. A certificate may be used once to either transfer livestock ownership or to move livestock to a specific destination. If the livestock are diverted to a destination other than that stated on the self-inspection certificate, the certificate is void. The owner or agent of livestock, or feedlot operator shall complete a new certificate and send both the voided and new certificates to the Department within 10 days after the end of the month in which the certificates are used or voided.
4. An owner or agent of livestock or feedlot operator shall use a self-inspection certificate only with a shipment of livestock matching the description for which the certificate is issued and only for the self-inspection issued date. If any of the information on the self-inspection certificate changes, the certificate is void and the owner or agent of livestock or feedlot operator shall complete a new certificate.
5. An altered, erased, completed but unused, or defaced self-inspection certificate is void. A voided certificate shall be returned to the Department within 10 days after the end of the month in which it is voided.
6. Upon request, certificates shall be returned to the Department by the owner or agent of livestock or feedlot operator. If an operation licensed for self-inspection is sold, leased, transferred, or otherwise disposed of, the owner or agent of livestock or feedlot operator shall notify the Department and return all self-inspection certificates to the Department within 30 days of the transaction.
7. If the owner or agent of livestock or feedlot operator cannot find an unused or used certificate, they must sign an affidavit provided by the Department verifying the certificate is lost and cannot be found. New certificates will not be issued until the signed affidavit has been received by the Department.

**D. Sale of livestock.** A seller shall document a sale by completing a self-inspection certificate as prescribed in subsection (C) and providing a bill of sale to the purchaser as required under A.R.S. § 3-1291.

**E. Feedlot receiving form.**

1. The operator of a feedlot shall document receipt of incoming cattle on a form obtained from the Department. The operator shall include the following information on the form:
  - a. Name of feedlot and location;
  - b. Month and year for which report is made;
  - c. Number of cattle received, date received, and name and address of owner;
  - d. Description of the cattle;
  - e. If not Arizona native cattle, the import permit and Certificate of Veterinary Inspection numbers;

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- f. If native Arizona cattle, self-inspection certificate number or Department inspection certificate number; and
- g. Pen number to which cattle are initially assigned.
- 2. The operator shall return the completed form within 10 days after the end of the month of the reporting period.
- F. Quarantine. Livestock under quarantine by the Department shall not be shipped or sold by use of a self-inspection certificate.
- G. Violations. The Department shall process violations of this Section as prescribed under A.R.S. § 3-1203(D).

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-702 renumbered from Section R3-9-702 (Supp. 91-4). Section R3-2-702 repealed; new Section R3-2-702 adopted effective February 4, 1998 (Supp. 98-1). Amended by final rulemaking at 9 A.A.R. 513, effective April 6, 2003 (Supp. 03-1). Amended by exempt rulemaking under Laws 2016, Ch. 160, § 9 at 22 A.A.R. 2400, effective August 6, 2016 (Supp. 16-3). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-703. Seasonal Self-inspection Certificate**

Exhibition cattle, sheep, goats, and swine.

1. An applicant for a seasonal self-inspection certificate prescribed under A.R.S. § 3-1346 shall request a seasonal self-inspection certificate from the Department. The applicant shall provide the following information, as applicable:
  - a. Name, mailing address, physical address if different from mailing address, telephone number, and email address;
  - b. Name of 4-H or FFA group, and group leader;
  - c. Physical description of livestock;
  - d. Official identification of livestock, except for native cattle born and raised in Arizona;
  - e. Permit number and Certificate of Veterinary Inspection number for livestock imported from another state;
  - f. Name of seller and self-inspection certificate number or Department inspection certificate number for livestock purchased from an Arizona seller; and
  - g. Signature and date of signature of the owner or lessee. If the owner or lessee is under 18 years of age, a signature of the parent or guardian and date of signature are required.
2. The Department employee who records the information required in subsection (1) shall advise the applicant of the required fee prescribed under A.R.S. § 3-1346(A). The Department shall issue a seasonal self-inspection certificate upon receipt of the fee.
3. An exhibitor shall provide the following information, as applicable, on a seasonal self-inspection certificate whenever livestock subject to seasonal self-inspection is moved or ownership is transferred:
  - a. Name, address, telephone number, email address, and signature;
  - b. Date of movement;
  - c. Name of exhibition and location;
  - d. Final disposition of the livestock (sale, death, or retention) and date of occurrence; and
  - e. If the livestock is sold, name, address, and phone number of purchaser (person or slaughter plant).

4. The holder of a seasonal self-inspection certificate shall return the certificate to the Department within two weeks of the sale or slaughter of the livestock or at the end of the show season if the livestock is retained.

**Historical Note**

Adopted effective November 27, 1987 (Supp. 87-4). Section R3-2-703 renumbered from Section R3-9-703 (Supp. 91-4). Section R3-2-703 repealed; new Section R3-2-703 adopted effective February 4, 1998 (Supp. 98-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 513, effective April 6, 2003 (Supp. 03-1). Amended by exempt rulemaking under Laws 2016, Ch. 160, § 9 at 22 A.A.R. 2400, effective August 6, 2016 (Supp. 16-3). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-704. Emergency Expired****Historical Note**

Adopted effective February 4, 1998 (Supp. 98-1). Section repealed by final rulemaking at 9 A.A.R. 513, effective April 6, 2003 (Supp. 03-1). Section made by emergency rulemaking at 24 A.A.R. 3589, with an immediate effective date of December 13, 2018, valid for 180 days (Supp. 18-4). Emergency expired (Supp. 20-2).

**R3-2-705. Repealed****Historical Note**

Adopted effective February 4, 1998 (Supp. 98-1). Amended by final rulemaking at 8 A.A.R. 3628, effective August 7, 2002 (Supp. 02-3). Section repealed by final rulemaking at 9 A.A.R. 513, effective April 6, 2003 (Supp. 03-1).

**R3-2-706. Repealed****Historical Note**

Adopted effective February 4, 1998 (Supp. 98-1). Section repealed by final rulemaking at 9 A.A.R. 513, effective April 6, 2003 (Supp. 03-1).

**R3-2-707. Ownership and Hauling Certificate for Equines; Fees**

The fee for a new, transferred, or replacement Ownership and Hauling Certificate for Equines as prescribed under A.R.S. §§ 3-1344(B) and 3-1345(B) is \$10 per certificate.

**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 3932, effective August 22, 2002 (Supp. 02-3).

**R3-2-708. Equine Rescue Facility Registration**

- A. "Arizona Equine Rescue Standards" means the American Association of Equine Practitioners Care Guidelines for Equine Rescue and Retirement Facilities, 2004 Edition. This material, which includes the Veterinary Checklist for Rescue/Retirement Facilities, is incorporated by reference, does not include any later amendments or editions, and is available for inspection at the Department of Agriculture, 1688 W. Adams St., Phoenix, Arizona 85007. A copy of this material may also be obtained from the American Association of Equine Practitioners web site at [http://www.aaep.org/pdfs/rescue\\_retirement\\_guidelines.pdf](http://www.aaep.org/pdfs/rescue_retirement_guidelines.pdf). The American Association of Equine Practitioners is located at 4033 Iron Works Parkway, Lexington, Kentucky 40511.
- B. An equine rescue facility shall pay the annual registration fee and file the following documents with the Department's Ani-

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mal Services Division for the facility to be included on the Department's registry of equine rescue facilities:

1. An application form containing the facility's name, physical and mailing address, and contact person and the contact person's phone number and email address.
  2. A copy of documents filed with the Arizona Corporation Commission demonstrating the facility's current status as a nonprofit corporation in good standing in this state.
  3. A letter from a licensed veterinarian, dated within 15 days of filing, certifying that the facility is not inadequate with respect to any of the Arizona Equine Rescue Standards and attaching a signed copy of the completed Arizona Equine Rescue Standards' veterinary checklist.
- C. Registration is valid for one year. Registration may be renewed annually by complying with subsection (B).
- D. The annual registration fee is \$75.
- E. A nonprofit corporation owning multiple equine rescue facilities must file the letter and checklist described in subsection (B)(3) and pay the annual registration fee for each location it wants included on the registry.
- F. The Department shall remove a facility from the registry if it determines that the facility is not presently incorporated as a nonprofit corporation in this state or is inadequate with respect to any of the Arizona Equine Rescue Standards.

**Historical Note**

New Section made by final rulemaking at 16 A.A.R. 876, effective July 3, 2010 (Supp. 10-2). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**ARTICLE 8. DAIRY AND DAIRY PRODUCTS CONTROL****R3-2-801. Definitions**

In addition to the definitions in A.R.S. §§ 3-601 and 3-661, the following terms apply to this Article:

"3-A Sanitary Standards" and "3-A Accepted Practices," as published by the International Association for Food Protection, effective on or before October 15, 2017, means the criteria for design, materials, construction and use of dairy processing equipment. This material is incorporated by reference, does not include any later amendments or editions, and is available for inspection at the Department located at 1110 W. Washington St., Ste. 450, Phoenix, AZ 85007 or available for purchase online at <https://www.3-a.org/>.

"C-I-P" means a procedure by which equipment, pipelines, and other facilities are cleaned-in-place as prescribed in the 3-A Accepted Practices.

"Converted" means the process by which a frozen dessert is changed from a frozen to semi-frozen form without any change in the ingredients.

"Fluid milk" means milk and any other product made by the addition of a substance to milk or to a liquid form of milk product if the milk or other product is produced, processed, distributed, sold or offered or exposed for sale for human consumption.

"Fluid trade product" means any trade product as defined in A.R.S. § 3-661(5) that resembles or imitates any fluid milk product.

"Food establishment" means any establishment, except a private residence, that prepares or serves food for human consumption, regardless of whether the food is consumed on the premises.

"Frozen desserts mix" or "mix" means any frozen dessert before being frozen.

"Grade A raw milk" means raw milk produced on a dairy farm that conforms to Section 7 of the PMO and the requirements of R3-2-805.

"Parlor" and "milk room" mean the facilities used for the production of Grade A raw milk for pasteurization or Grade A raw milk.

"Plant" means any place, premise, or establishment, or any part, including specific areas in retail stores, stands, hotels, restaurants, and other establishments where frozen desserts are manufactured, processed, assembled, stored, frozen, or converted for distribution or sale, or both. A plant may consist of rooms or space where utensils or equipment is stored, washed, or sanitized and where ingredients used in manufacturing frozen desserts are stored. Plant includes:

"Manufacturing plant" means a location where frozen desserts are manufactured, processed, pasteurized, and converted.

"Handling plant" means a location that is not equipped or used to manufacture, process, pasteurize, or convert frozen desserts, but where frozen desserts are sold or offered for sale other than at retail.

"PMO" means the Grade A Pasteurized Milk Ordinance, 2023 Revision. This material is incorporated by reference, does not include any later amendments or editions, and is on file with the Department at 1110 W. Washington St., Suite 450, Phoenix, AZ 85007. A copy of the incorporated material may also be viewed at <https://agriculture.az.gov/>.

"Retail food store" means any establishment offering packaged or bulk goods for human consumption for retail sale.

**Historical Note**

Former Regulations 1-11. Section R3-2-801 renumbered from R3-5-01 (Supp. 91-4). R3-2-801 renumbered to R3-2-803; new Section R3-2-801 adopted effective December 2, 1998 (Supp. 98-4). Amended by final rulemaking at 7 A.A.R. 2215, effective May 9, 2001 (Supp. 01-2). Amended by final rulemaking at 9 A.A.R. 2089, effective August 2, 2003 (Supp. 03-2). Amended by final rulemaking at 12 A.A.R. 3030, effective September 30, 2006 (Supp. 06-3). Amended by final rulemaking at 14 A.A.R. 889, effective May 3, 2008 (Supp. 08-1). Amended by emergency rulemaking at 20 A.A.R. 1134, effective May 2, 2014, for 180 days (Supp. 14-2). Emergency expired. Amended by exempt rulemaking at 21 A.A.R. 2407, effective September 22, 2015 (Supp. 15-3). Amended by final rulemaking at 22 A.A.R. 2169, effective October 2, 2016 (Supp. 16-3). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2). Amended by exempt rulemaking at 20 A.A.R. 2841 (September 13, 2024), with an immediate effective date of August 27, 2024 (Supp. 24-3).

**R3-2-802. Milk and Milk Products Standards**

Unless specifically mentioned in A.R.S. Title 3, Chapter 4, Article 1, or in this Article, all milk and milk products, except frozen desserts, sold or distributed for human consumption shall meet the PMO standards for production, processing, storing, handling, and transportation.

**Historical Note**

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Former Regulations 1, 2. Section R3-2-802 renumbered from R3-5-02 (Supp. 91-4). Section repealed; new Section adopted effective December 2, 1998 (Supp. 98-4).

**R3-2-803. Milk and Milk Products Labeling**

- A. The manufacturer or processor shall ensure that milk and milk products listed in A.R.S. § 3-601(10), and Sections 1 and 2 of the PMO are designated by the name of the product and shall conform to its definition.
- B. The manufacturer or processor of milk and milk products shall conform with the labeling requirements in A.R.S. §§ 3-601.01 and 3-627, Section 4 of the PMO, and 21 CFR 101, 131, and 133, amended April 1, 2017. This CFR material is incorporated by reference, does not include any later amendments or editions, and is on file with the Department.
- C. The name of the manufacturer or processor shall be on all cartons or closures where it can be easily seen. A manufacturer or processor that has plants in other states shall use a code number or letter to designate the state in which a carton or closure is manufactured or processed. If a manufacturer or processor has a plant within Arizona, the Dairy Supervisor shall issue a code number or letter for each plant and shall keep a record of the number or letter issued. Manufacturers and processors shall include the Arizona code, 04, with the plant code assigned by the Dairy Supervisor.
- D. If milk or milk products are manufactured or processed and packaged at a plant for other retailers and the container or closure is not labeled the same as the manufacturer's or processor's like product, the manufacturer or processor shall include the statement "Manufactured or Processed at (name and address of plant or code number or letter)" on the carton or closure. The carton or closure may also contain the statement, "Distributed by: (name of person or firm)."
- E. Any person planning to use a new or modified label on a container shall submit the proposed label to the Dairy Supervisor for review.
  1. If the proposed label does not meet labeling standards specified in subsection (B), the Dairy Supervisor shall note the required changes on the proposed label, and sign and return the proposed label to the applicant.
  2. A person who requests additional time to use the inventory amounts of slow moving cartons or closures before using a modified label shall submit a written request to the Dairy Supervisor. The Dairy Supervisor may approve continued use of the existing cartons and closures if:
    - a. The use does not present a public health issue, and
    - b. The information on the cartons and closures is not misleading.

**Historical Note**

Former Regulations 1 - 21; Amended effective August 4, 1978 (Supp. 78-4). Section R3-2-803 renumbered from R3-5-03 (Supp. 91-4). R3-2-803 renumbered to R3-2-804; new Section R3-2-803 renumbered from R3-2-801 and amended effective December 2, 1998 (Supp. 98-4). Amended by final rulemaking at 9 A.A.R. 2089, effective August 2, 2003 (Supp. 03-2). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-804. Trade Products**

- A. Any fluid trade product containing milk solids shall be regulated as a fluid milk product.
- B. Advertising, display, and sale:
  1. Any retail food store may submit its methods and techniques for the advertising, display, and sale of trade products

and real products to the Dairy Supervisor to determine compliance with this Section.

2. No food establishment shall sell or provide any patron or employee, for use as food, any trade product or food whose main ingredient is a trade product, unless one of the following disclosures is posted for each trade product, in a prominent place on the premises, or is plainly visible on each menu where other food items are described:
  - a. "\_\_\_\_\_ served here  
(brand or common name of trade product)  
instead of \_\_\_\_\_  
(common name of dairy product)"
  - b. "Nondairy products served here."
3. No food establishment shall advertise or otherwise represent to the public that it serves, or uses in the preparation of a food, a real product when it actually serves or uses a trade product.
- C. Labeling: Except as follows, all labels shall comply with the PMO and 21 CFR 101, 131, and 133.
  1. The Dairy Supervisor shall approve a new or modified trade product label before the label is used. The applicant shall file a written request with duplicate copies of the proposed label and any supporting materials necessary to establish the truthfulness, reasonableness, relevancy, and completeness of the label.
  2. Unless each ingredient of a trade product is homogenized or pasteurized, the whole product shall not be labeled or advertised as an homogenized or pasteurized product. Individual ingredients that are homogenized or pasteurized may be identified as homogenized or pasteurized in the listing of ingredients.
  3. Except for combined ingredients constituting less than 1% of the whole product or unless each ingredient of a trade product qualifies as grade A, the whole product shall not be labeled or advertised as a grade A product. Ingredients that qualify as grade A may be identified as grade A in the listing of ingredients.
  4. Any trade product produced outside the state and labeled as prescribed in R3-2-802 and R3-2-803, may be sold within the state provided that the product meets the requirements of A.R.S. §§ 3-663 and 3-665.

**Historical Note**

Former Regulations 1 - 8; Amended effective December 7, 1976 (Supp. 76-5). Correction, subsection (A)(2) through (H) omitted, Supp. 76-5 (Supp. 79-4). Section R3-2-804 renumbered from R3-5-04 (Supp. 91-4). R3-2-804 renumbered to R3-2-805; new Section R3-2-804 renumbered from R3-2-803 and amended effective December 2, 1998 (Supp. 98-4). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-805. Grade A Raw Milk For Consumption**

- A. All cattle and other dairy animals from which Grade A raw milk is produced shall be tested and found free of tuberculosis before any milk is sold. All herds shall be tested for tuberculosis at least every 12 months. All cattle and other dairy animals from which Grade A raw milk is produced shall be tested and found free of brucellosis before any milk is sold, and shall be tested every 12 months or have negative brucellosis ring tests of the milk at least once each month, or both, as determined by the State Veterinarian.



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- B. Grade A raw milk shall be cooled immediately after completion of milking to 45° F or less and shall be maintained at that temperature until delivery.
- C. Grade A raw milk shall be bottled on the farm where it is produced. Raw milk products authorized under A.R.S. § 3-606, except for hard cheeses aged 60 days or more as defined in 7 CFR 58.439, shall be processed, manufactured and packaged on the farm where the milk is produced. Bottling and capping shall be done in a sanitary manner on approved equipment. Hand-capping is prohibited. Caps and cap stock shall be kept in sanitary containers until used.
- D. All vehicles used for the distribution of Grade A raw milk shall prominently display the distributor's name.
- E. Grade A raw milk shall be labeled as prescribed in R3-2-803 and A.R.S. § 3-606.

**Historical Note**

Former Regulations 1, 2. Section R3-2-805 renumbered from R3-5-05 (Supp. 91-4). Section R3-2-805 repealed; new Section R3-2-805 renumbered from R3-2-804 and amended effective December 2, 1998 (Supp. 98-4). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-806. Parlors and Milk Rooms**

- A. Construction Plans.
    - 1. Any person constructing or extensively altering a parlor or milk room shall submit the plans and specifications to the Dairy Supervisor for written approval before work begins. The Dairy Supervisor shall approve or deny the plans within 10 business days.
    - 2. Plans shall consist of a scaled plot design with elevations and pertinent dimensions.
    - 3. Any deviations from the requirements in this Section and from approved plans and specifications may be made only after written approval of the Dairy Supervisor.
  - B. Site.
    - 1. The parlor and milk room shall be located in a place free from contaminated surroundings.
    - 2. Feed racks, calf pens, bull pens, hog pens, poultry pens, horse stables, horse corrals, and shelter sheds shall not be closer than 100 feet to the milk room or closer than 50 feet to the parlor.
  - C. Surroundings.
    - 1. Dirt or unpaved corrals and unpaved lanes shall not be closer than 25 feet to the parlor or closer than 50 feet to the milk room; corrals shall be constructed to remove runoff from the lowest point of the grade.
    - 2. A paved (concrete or equivalent) ramp or corral shall be provided to allow the animals to enter and leave the parlor. This paved area shall be curbed sufficiently high enough to contain waste material and water used to clean this area.
  - D. Drains and waste disposal systems shall be adequate to drain the volume of water used in rinsing and cleaning, as well as the waste created by animals in the parlor. Instead of natural drainage, automatic pumps or other means shall be provided for drainage disposal.
  - E. Milk room.
    - 1. The milk room shall consist of one or more rooms for the handling of the milk and the cleaning, sanitization, and storage of the milk-handling equipment. Hot and cold running water outlets shall be provided as needed for sanitation. There shall be a minimum of five feet between a farm milk tank at the widest point and the milk room wall where the wash vats are installed. Except for currently installed milk tanks, there shall be at least three feet between any farm tank or farm tank appurtenance and the milk room walls.
- 2. Passageway. The passageway between the milk room and parlor shall have at least a 3-foot clearance for ingress and egress. Equipment such as milk receivers, dump tanks, or coolers that are part of an enclosed milk line system may be installed in the passageway if:
    - a. A 3-foot clearance is allowed for the walkway;
    - b. Space is provided between walls and equipment to permit the disassembly of equipment for cleaning or inspection;
    - c. The passageway between the parlor and the milk room may be closed at one end. The parlor may be separated from the passageway by a pipe rail fence if the slope of the parlor floor is away from the passageway. If the slope of the parlor floor is toward the passageway, a concrete wall between the passageway and parlor floor of at least 12 inches in height shall be provided.
    - d. Rustless pipe sleeves with tight-fitting flanges and protective closures shall be installed where the milk lines, hoses for tankers, and wash lines go through the walls of the passageway.
  - 3. Floors.
    - a. The floors of the milk room, and passageway, if provided, shall be constructed of four-inch thick concrete, or other impervious material troweled smooth. The milk room floor shall slope at least 1/4 inch per 12 inches to a vented trapped drain. The passageway floor shall slope at least one inch per 10 feet toward a drain or gutter. All floor and wall junctions shall have at least a two-inch radius cove.
    - b. Drainage from the milk room may be independent from or connected to the parlor drainage. Floor drains shall be vented, have a water trap, and a clean-out plug. All floor drains and pipes under the milk room and parlor floor shall meet all applicable plumbing codes.
  - 4. Walls and ceilings.
    - a. All walls and ceilings shall be constructed of a light colored, impervious material with a smooth finish. If concrete block or masonry construction is used, all voids below the floor line shall be filled with concrete.
    - b. The main ceiling height shall allow sufficient room for access to, and sampling from, the bulk milk storage tank.
  - 5. Doors and windows.
    - a. All opening windows shall have at least 16-inch mesh screen.
    - b. Exterior doors of the milk room shall open outward, be solid, self-closing, and tight fitting. Any door from the passageway shall be a solid door, metal covered on both sides of the bottom half. Wooden door jambs or frames shall terminate six inches above the floor, and the concrete floor cove shall extend to the jambs or frames.
    - c. All working areas in the milk room shall contain at least 30 foot-candles of natural and/or artificial lighting.
  - 6. Ventilation. The milk room shall provide adequate ventilation to minimize condensation on ceilings, walls and

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equipment. Vents shall be protected from the penetration of insects, dust and other contaminants. The milk room shall contain one or more ceiling vents. Ceiling vents shall not be installed directly above bulk milk storage tanks.

7. Tanker loading area. A tanker-loading area, at least 10 feet by 12 feet, paved, curbed, and sloped to drain, shall be provided adjacent to the milk room where milk is transferred from a farm tank to a milk tanker. If a tanker is used instead of a farm tank, a tanker shelter shall be provided that complies with the construction, light, drainage, and general maintenance requirements of the milk room.
8. Farm tank installations. All farm tanks for the cooling and storing of milk shall be installed in the milk room. Bulk milk tanks equipped with agitator shaft opening seals may, if approved by the Dairy Supervisor, be bulk-headed through a wall.

## F. Parlor.

1. Floors.
  - a. The floors shall be constructed of four-inch thick concrete or other, light-colored, impervious material, finished smooth. The floors, alleys, gutters, mangers, and curbs shall slope lengthwise toward a drain or gutter. The cow standing platform in the elevated stall parlor shall slope sufficiently to provide for adequate drainage and cleaning.
  - b. Floor and wall junctions shall have at least a two-inch radius cove and shall be an integral part of the floor.
  - c. The cow standing platform, litter alley, holding corral and concrete lane shall be treated to prevent slipping.
2. Walls. All walls shall be constructed of a light-colored, impervious material. If necessary, means shall be provided to prevent the entrance of swine, fowl and other prohibited animals. All walls shall be finished smooth on the inside with the top ledge rounded on open walls. If a parlor wall forms a part of the holding corral or an entrance or exit lane, it shall be finished smooth on the outside. If a concrete block or masonry construction is used, all voids below the floor line shall be filled with concrete. In elevated stall parlors, the wall under the cow standing platform adjacent to the milking area shall be finished smooth and designed to prevent leakage.
3. Stalls. A tandem stall and a herringbone stall shall have a smooth, flat, non-absorbent splash panel behind each cow.
4. Light. Natural and/or artificial light shall be at least 30 foot-candles at the floor level and located to minimize shadows in the milking area.
5. Gutters.
  - a. All parlors shall have gutters to catch the defecation of cows while in the stall and for any water used for rinsing.
  - b. Pipe used for parlor gutter drainage shall be at least four inches in diameter and meet applicable plumbing codes.
6. Curbs.
  - a. In elevated stall parlors, the cow standing platform shall be curbed on the side next to the milking alley and the curb shall be at least six inches in height with the top rounded to retain the elevated stall floor washings. This curb may be lowered to not less than

two inches at the area where the milking machines are applied. Metal curbs shall be free of voids and sealed to stall and floor or wall.

- b. Floor level parlors shall contain a curb under the stanchion line at least six inches wide, 12 inches high from the stall floor, except if metal mangers are used the top of this curb shall be rounded.
7. Stanchions.
  - a. The stanchion shall be metal or other impervious, easily cleanable material.
  - b. Mangers and feed boxes in all types of parlors shall be constructed of impervious materials, finished smooth, and provided with drainage outlets at low points.
8. Ventilation. Adequate ventilation shall be provided in the parlor, holding corral, and wash area, if roofed.
- G. Roof drainage from parlors and milk rooms shall not drain into a corral unless the corral is paved and properly drained.
- H. If animals are fed in the parlor, feed storage facilities shall be provided. Feed storage rooms, when installed, shall be partitioned from the parlor and shall be fly and rodent proof. The feed discharge area of the bulk feed storage shall be concrete or other impervious material that is curbed and drained. Bulk feed may discharge directly into the parlor. A bulk feed tank located opposite the passageway shall be at least six feet from the milk room. Overhead feed storage is permissible if it is fly, rodent, and dust tight. Feed shall be conveyed to the manger or feed box in a tightly closed dust-free system. Overhead metal feed tanks may be used.
- I. Facilities to store dairy supplies shall be provided. Only supplies that come in contact with the milk or milk contact surface of the milk-handling equipment may be stored in the milk room and shall be protected from toxic materials, vectors, and dust.

**Historical Note**

Former Regulations 1 - 11. Section R3-2-806 renumbered from R3-5-06 (Supp. 91-4). Section amended effective December 2, 1998 (Supp. 98-4). Amended by final rulemaking at 22 A.A.R. 2169, effective October 2, 2016 (Supp. 16-3).

**R3-2-807. Frozen Dessert Plant and Processing Standards****A. Plant and Processing Standards.**

1. The plant area shall be clean, orderly and free from refuse, rubbish, smoke, dust, air pollution and strong or foul odors originating on the premises. A drainage system shall be provided for the rapid drainage of water away from the building. If unsatisfactory conditions occur in the plant area, with respect to smoke, dust, air pollution, or odors, provision shall be made to protect the frozen desserts and ingredients from contamination.
2. Sewage and industrial waste shall be disposed in accordance with the provisions of the state or county environmental laws. Refuse, unless in appropriate containers, shall not accumulate on the premises.
3. Roads, driveways, yards, and parking areas adjacent to the plant shall be paved or treated to prevent dust and shall be smooth and well drained to prevent accumulation of stagnant liquid.
4. Buildings.
  - a. The building exterior and interior shall be kept clean and in good repair.

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- b. In processing and packaging areas, outside doors, windows, skylights, transoms, or other openings shall be protected and operated to preclude the entrance of dust, insects, vermin, rodents, and other animals. Outside doors shall be self-closing wherever practical. Window sills on new construction shall slope inward at least 45-degrees. Outside conveyor openings and other outside openings shall be protected by doors, screens, flaps, fans, or tunnels. Pipes shall be sealed where they extend through exterior walls. Outside pipe openings shall be covered when not in use.
- c. Rooms. All rooms, compartments, coolers, freezers, and dry storage space in which any raw material, packaging or ingredient supplies, or finished products are handled, processed, manufactured, packaged, or stored shall be constructed to ensure clean and orderly operations.
  - i. Boiler and tool rooms shall be separate from rooms where milk products are received, where processing and packaging is done, or where equipment, facilities, and containers are washed and stored.
  - ii. Toilets and dressing rooms shall be conveniently located and toilets shall not open directly into any room where milk products, ingredients, or frozen desserts are handled, processed, packaged, or stored. Toilet and dressing room doors shall be self-closing. Toilets and dressing rooms shall be well vented to the outer air, and contain hand-washing facilities, hot and cold running water, soap, single-service towels or air dryers. Hand-washing signs shall be posted. Fixtures shall be kept clean and in good repair.
  - iii. Rooms for receiving milk and other raw ingredients and materials shall be separated from the processing area to avoid contamination of frozen desserts in the processing operations, except that products in cans or other closed containers may be received and transferred to a cooler or other storage without being received in a separate room.
  - iv. If tank truck deliveries of milk, milk products, or frozen desserts mix are made, other than occasional deliveries, a tank truck room large enough to accommodate the entire truck shall be provided with equipment for cleaning. A covered outside unloading pad may be used for truck tankers with filter dome vents, if washing and sanitizing facilities are provided. If a tank truck room is not located on the premises of an existing plant, facilities for washing and sanitizing tank trucks shall be provided at another location where the washing and sanitizing facility is free from dust and extreme weather conditions.
  - v. Except for existing processing and packaging rooms, there shall be at least three feet clearance between installations and the wall to prevent overcrowding and to facilitate cleaning. Existing facilities not meeting this requirement shall be permitted if cleaning can be accomplished and permission is obtained from the Dairy Supervisor or the Dairy Supervisor's designee. All processing and packaging rooms shall be equipped with hand-washing facilities including hot and cold running water, soap, single-service towels, or air-dryer.
- vi. Refrigeration rooms and units shall be constructed of impervious material and shall be kept clean and sanitary.
- vii. Separate rooms shall be provided so that the manufacturing, processing, and packaging are separate from the cleaning and sterilizing of utensils and containers.
- viii. No person shall reside or sleep in a frozen desserts plant or in any room connected with it. No animal shall be kept or permitted in a frozen desserts plant.
- d. Walls and ceilings shall be constructed of smooth, washable, impervious material. They shall be light-colored, kept clean and sanitary, and refinished when discolored. A darker color material may be used to a height not exceeding 60 inches from the floor.
- e. Floors shall be an impervious, smooth-surfaced material that may be flushed clean with water. Except for hardening rooms, floors shall slope 3/16 to 1/4 inch per foot to one or more trapped outlets. No open channel drainage is permitted in new construction or in extensive remodeling of existing plants. Floor drains are not required in freezers used for storing frozen desserts or frozen ingredients. However, the floors shall be sloped to drain to at least one exit and shall be kept clean. Floors in new construction or extensive remodeling shall be joined and coved with the walls to form water-tight joints. Smooth wood floors may only be permitted in rooms where there will be no spillage of product or ingredients, such as rooms where wrapped or packaged frozen products are packed in multiple-pack containers. Toilets and dressing rooms shall have impervious floors and smooth walls.
- f. Plumbing shall be installed to prevent back-up of sewage or odors into the plant.
- g. All rooms and compartments, including storage space for materials, ingredients, and packages, and toilets and dressing rooms, shall be ventilated to maintain sanitary conditions, and to minimize or eliminate condensation and odors.
- h. Lighting, whether natural or artificial, shall be well distributed in all rooms and compartments. Light bulbs and fluorescent tubes shall be protected so that broken glass cannot fall into any product or equipment.
  - i. Rooms where frozen desserts are handled, processed, manufactured, or packaged, or where equipment or utensils are washed, shall have at least 30 footcandles of light on all working surfaces;
  - ii. Areas where dairy products are examined for condition and quality shall have at least 50 footcandles of light; and
  - iii. All other rooms shall have at least 20 footcandles of light 30 inches above the floor.
- i. Containers for collecting and holding waste other than dry waste paper and other dry packaging mate-

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rial shall be constructed of metal or other impervious material, covered with tight-fitting lids or covers, and emptied or disposed of daily or at least once during the shift. Clothing, tools, equipment, and other material not used with the frozen desserts operations shall not accumulate in the work areas or in the storage rooms.

- j. A room or other space separate from any room or space where milk products or frozen desserts are received, handled, processed, packaged, or stored, shall be provided where employees may change and store clothing. This area shall contain hand-washing facilities, with hot and cold running water, soap or other detergents, and single-service towels or air dryers. Self-closing containers shall be provided for used towels and other wastes.
- k. Approval of plans. Plans shall be submitted to the Dairy Supervisor, for any new or remodeled frozen dessert manufacturer, to be reviewed for compliance with this Section. The Dairy Supervisor may allow variances to the requirements in this Section, if protection from contamination is provided for all products handled.
- 5. Water and steam.
  - a. Potable hot and cold water shall be available in sufficient quantity for all plant operations and facilities. Non-potable water may be used for boiler feed and condenser water, if the water lines are separated from the water lines carrying the potable water supply and the equipment is constructed to preclude contamination of any product or product contact surface. If water for washing frozen desserts equipment and utensils and for use in rehydration or as an ingredient in any frozen desserts is obtained from other than a regulated municipal supply, a bacteriological examination shall be made of the water supply at least once every six months by a laboratory acceptable to the Dairy regulatory program to determine potability. If the examination indicates contamination of the water supply, a device shall be installed to eliminate the contamination.
  - b. If steam is used, it shall be provided in sufficient volume and pressure for the operation of equipment or for sterilization, or both. Steam that comes in contact with frozen desserts, ingredients, or with the product contact surface, shall be steam of culinary quality as prescribed in Appendix H, Part III, Culinary Steam – Milk and Milk Products, of the PMO.
- 6. Equipment and utensils.
  - a. New equipment shall meet applicable 3-A Sanitary Standards. All equipment, including connections, coming in contact with frozen desserts or ingredients during processing, manufacturing, handling, or packaging, shall be made of stainless steel. No equipment shall be permitted that is rusted, corroded, or in any other condition that may result in contamination of the frozen desserts. Non-metallic parts with product contact surfaces shall consist of material that meets 3-A Sanitary Standards for Plastic or Rubber and Rubber-like Materials or shall be of plastic approved by the United States Food and Drug Administration. Equipment, apparatus, and piping shall be easily accessible for cleaning and shall be kept in good repair and free from cracks and corroded surfaces. Stationary equipment, including welded sanitary lines and apparatus that permit in-place-cleaning, may be used if prior approval from the Dairy Supervisor has been obtained. C-I-P piping and welded sanitary pipeline systems shall be permitted if engineered and installed according to 3-A Accepted Practices for Permanently Installed Sanitary Product and Solution Pipelines and Cleaning Systems. If rigid pipelines are not practical, plastic pipelines listed in the 3-A Accepted Practices may be used. Product pumps shall be sanitary and easily dismantled for cleaning or shall be constructed to allow C-I-P procedures. All parts of interior surfaces of equipment, pipes (except C-I-P piping), or fittings, including valves and connections shall be accessible for inspection. The Dairy Supervisor may require other equipment, apparatus or piping if stationary equipment, apparatus or piping cannot or is not being effectively cleaned-in-place.
  - b. Equipment for storage and distribution of liquid sweetening agents shall be constructed of metals, alloys, or other material that will withstand corrosive action by the ingredient. The equipment and the ingredients shall be protected from contamination.
  - c. Pasteurizing equipment shall meet the standards prescribed in the PMO and 3-A Accepted Practices for Sanitary Construction, Installation, Testing and Operation of High-Temperature-Short-Time Pasteurizers and 3-A Sanitary Standards for Non-Coiled Type Batch Pasteurizers. Batch-type pasteurizers shall be provided with close-coupled outlet valves protected against leakage and shall be equipped with thermometers that record the information of each day's operation on separate charts. Air space thermometers and indicating thermometers shall be provided to check the recording thermometers. The recording thermometer chart shall contain the date, the identity of the pasteurizing number, the batch and product name, and the signature of the employee responsible for this information. The record shall be kept on file at the plant for at least six months. The accuracy of the recording thermometer shall be checked daily using the indicating thermometer and the time and temperature shall be documented on the recording chart. Chart recorders and thermometers for batch pasteurizers shall be tested and sealed by the Dairy Supervisor or the Supervisor's designee after testing and seals shall not be removed without immediately notifying the Dairy Supervisor or the Supervisor's designee.
  - d. Every plant shall contain hardening rooms, refrigerating rooms, or refrigerated cabinets with space for storage of frozen desserts and perishable ingredients.
  - e. All utensils used in the receiving, storing, processing, manufacturing, packaging, and handling of frozen desserts or any ingredients shall be of smooth, stainless steel, or plastic listed in the 3-A Accepted Practices and shall have flush seams. Utensils that are badly worn, rusted, or corroded or that cannot be rendered clean and sanitary by washing shall not be used. Lead solder shall not come in contact with milk or milk products or frozen desserts.
- 7. Cleaning and sanitizing.

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- a. Cleaning and sanitizing. Equipment, sanitary piping and utensils used in receiving, storing, processing, manufacturing, packaging, and handling frozen desserts and ingredients, and all product contact surfaces of homogenizers, high pressure pumps, packing glands on agitators, pumps and vats, and lines shall be kept clean. Before use, all equipment coming in contact with milk products or frozen desserts shall have a bactericidal or sanitizing treatment. Equipment not designed for C-I-P cleaning shall be disassembled, thoroughly cleaned and sanitized. Biodegradable dairy cleaners, wetting agents, detergents, sanitizing agents, or other similar material that does not adversely affect or contaminate the frozen desserts or ingredients may be used. Steel wool or metal sponges shall not be used to clean any equipment or utensils with product contact surfaces. C-I-P cleaning shall be used only on equipment and pipeline systems designed, engineered, and installed for that type of cleaning. Other equipment and areas in the plant shall be thoroughly cleaned with appropriate methods that prevent potential contamination of ingredients, packaging and frozen desserts. Exhaust stacks, elevators and elevator pits, conveyors and similar facilities shall be inspected and cleaned regularly.
  - b. Equipment shall be sanitized by using one of the following methods:
    - i. Using 180° F water for at least two minutes.
    - ii. Using steam under pressure for at least two minutes or until all parts of the equipment being sanitized have reached 180° F, or the condensate off the equipment remains at 180° F for at least two minutes.
    - iii. Using chlorine with a residual of at least 50 ppm after one minute contact with equipment, or if sprayed, with a residual of at least 100 ppm after five minutes.
    - iv. Using any other sanitizing substance prescribed in Appendix F of the PMO.
8. Pasteurization and cooling.
    - a. All frozen desserts mix, except for flavoring agents used in frozen desserts, shall be pasteurized.
    - b. Frozen desserts mix shall be pasteurized by heating every particle as described in Table 1.
    - c. Continuous flow pasteurizers, high-temperature-short-time and higher-heat-shorter-time, shall have all public health controls sealed against access and alteration. The seals shall be applied by the Dairy Supervisor or the Supervisor's designee after testing and shall not be removed without immediately notifying the Dairy Supervisor or the Supervisor's designee. The system shall be designed to meet the requirements of the PMO.
    - d. After pasteurization all mix shall be cooled immediately to 45° F or less and shall be maintained at that temperature until frozen. Milk, cream, and other fluid milk products other than sterilized, evaporated or sweetened condensed milk in hermetically sealed containers shall be stored at 45° F or less.
      - i. Refrigerated vehicles or approved insulated containers shall be used when transporting frozen desserts mix from the manufacturing or other plant to a retail manufacturer, and
      - ii. Mix shall be moved from coolers or refrigeration units in a manufacturing plant to freezers by using pipes, tubing, or other means listed in the Permanently Installed Product and Solution Pipelines and Cleaning Systems Used in Milk and Milk Product Processing Plants section of the 3-A Accepted Practices.
  9. Storage.
    - a. Utensils and equipment. Utensils and portable equipment used in processing, handling, or packaging of frozen desserts shall be stored above the floor in clean, dry locations and in a self-draining position on racks constructed of impervious, corrosion-resistant material.
    - b. Supplies and containers. Whenever possible, supplies shall be kept in a room separate from the processing, handling, and packaging of frozen desserts and under conditions that result in keeping the materials clean and free from dust, moisture, insects, rodents, or other possible contamination. Supplies shall be arranged to permit cleaning of the area and easy inspection and access. Insecticides and rodenticides shall be plainly labeled, segregated, and stored in a separate room or cabinet away from the edible material or packaging supplies. Caps, parchment papers, wrappers, liners, gaskets, and single-service sticks, spoons, covers, and containers for frozen desserts or ingredients shall be stored only in sanitary tubes, wrappings, or cartons and kept in a clean, dry place until used and shall be handled in a sanitary manner.
    - c. Raw milk products. Raw products for use in frozen desserts that are conducive to bacterial growth shall be handled and stored to minimize bacterial growth. When stored, raw products shall be maintained at 45° F or lower until processing commences.
    - d. Non-refrigerated products. Products such as non-fat dry milk and other frozen desserts ingredients that do not require refrigeration for proper storing shall be placed in dry storage to be easily accessible for inspection and removal, and for adequate cleaning of the room. Dunnage, pallets or other similar method of elevation shall be used. Frozen desserts or ingredients shall not be stored with any product that would damage them or impair their quality. Opened containers of ingredients shall be protected from contamination.
    - e. Refrigerated products. All products that require refrigeration shall, except as otherwise specified, be stored under conditions of temperature and humidity that best maintain quality and condition. Products shall not be stored directly on wet floors or be exposed to foreign odors or conditions such as dripping or condensation that may cause package or product damage.
  10. Notification of change in products to be manufactured. Any person manufacturing only frozen desserts with butterfat, or only frozen desserts with fats other than butterfat, and uses the other type of fat shall first notify the Dairy Supervisor.
  11. Clearing lines and equipment. If the same equipment is used for processing, pasteurizing, and packaging frozen desserts made with dairy products and frozen desserts made with vegetable fats, oils, or proteins, any remaining

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product shall be completely removed from the lines and equipment and sanitized before introducing another product into the lines and equipment. All equipment and lines shall be sanitized either at the end or beginning of each day's operations.

## 12. Packaging and containers.

- a. Frozen desserts shall be packaged in commercial containers using packaging material that protects the product from contamination. The packaging, cutting, molding, dispensing, and other handling or preparation of frozen desserts and their ingredients shall be in a sanitary manner. Frozen dessert containers shall be filled at the place of pasteurization using approved mechanical equipment. Existing manual processes may be permitted if done in a manner that prevents all contact surface contamination and is approved by the Dairy Supervisor.
- b. Multi-use containers for frozen desserts shall be kept clean and dry. If used for transporting frozen desserts, the containers shall be:
  - i. Rinsed immediately after emptying,
  - ii. Cleaned upon return to the plant, and
  - iii. Protected from contamination during storage.
- c. Metal cans and containers shall be free from rust and corrosion.
- d. Paper and plastic containers, liners, covers, or other materials coming in contact with frozen desserts shall be free from contamination.
- e. Single-service containers shall not be reused.

## B. Personnel.

1. Plant employees shall wash their hands before beginning work and upon returning to work after using toilet facilities, eating, smoking, or otherwise soiling their hands. Employees shall keep their hands clean and follow good hygienic practices while on duty. Expectorating or using tobacco in rooms or compartments where frozen desserts or ingredients are exposed is prohibited. Clean, white, or light-colored, washable outer garments shall be worn by all employees engaged in handling dairy products, mix or frozen desserts. Hair coverings for head and facial hair shall be worn by all employees engaged in the processing, pasteurizing, packaging, handling, and storage of frozen desserts, product containers, and utensils.
2. Frozen desserts shall be handled so that there is no direct contact between an employee's hands and the product.
3. A person who has a discharging or infected wound, sore or lesion on hands, arms or other exposed portions of the body shall not work in any plant processing or packaging room or in any capacity resulting in contact with milk products or frozen desserts or equipment used in the processing or handling of milk products or frozen desserts. An employee returning to work following illness from a communicable disease shall provide a certificate from a physician attesting to the employee's complete recovery before processing or handling milk products or frozen desserts.

## C. Quality standards.

1. Milk products used in the manufacture of frozen desserts shall meet the following standards:

Product	Standard Plate Count Not to Exceed
Raw Milk	500,000 per ml.
Pasteurized Milk	50,000 per ml.
Raw Cream	500,000 per ml.

Pasteurized Cream 100,000 per ml.

2. Butter, 80% cream, plastic cream, mixtures of butterfat, sugar or sweetening agent, moisture and flavoring, condensed milk, mixes and all other similar products shall meet the following standards:

Bacterial Standards	Not to Exceed
Standard Plate Count	50,000 per gram
Coliform Count	20 per gram
Yeast Count	50 per gram
Mold Count	50 per gram

3. Powdered non-fat dry milk, dry whey, and dry buttermilk shall meet the PMO standards.
4. Fats and oils other than from milk shall meet the standards of the United States Food, Drug and Cosmetic Act as amended, or those of any applicable state regulation for fats and oils of food grade standards.
5. Frozen desserts in broken or opened containers or in containers from which the product has been partially used may be returned to the plant for examination but shall not be used or sold for making frozen desserts.
6. All reconstituted frozen desserts shall be pasteurized before packaging.

## D. Labeling.

1. All packages of frozen desserts, including cans or other containers of frozen desserts mix but not including frozen desserts packaged in accordance with a customer's request and in the presence of the customer, shall be labeled as prescribed in the federal Food, Drug and Cosmetic Act, as amended.
2. Each frozen dessert package shall contain:
  - a. The code number assigned by the Dairy Supervisor, identifying the specific manufacturing plant; or
  - b. The name and address of the frozen dessert manufacturer.

- E. License suspension. The Dairy Supervisor may suspend the license of a frozen dessert plant whenever the bacteria count, coliform determination, yeast or mold count exceeds the quality standards for frozen desserts in three out of the last five samples taken on separate days. In addition, the Dairy Supervisor may suspend the permit of a frozen dessert plant for failure to comply with any of the provisions of this Section.

## Historical Note

Adopted effective December 7, 1976 (Supp. 76-5).  
 Amended effective December 5, 1977 (Supp. 77-6). Section R3-2-807 renumbered from R3-5-07 (Supp. 91-4).  
 Amended effective December 2, 1998 (Supp. 98-4).  
 Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

Table 1. Pasteurization

Batch (Vat) Pasteurization	
Temperature	Time
69°C (155°F)	30 minutes
Continuous Flow (HTST) Pasteurization	
Temperature	Time
80°C (175°F)	25 seconds
83°C (180°F)	15 seconds
Continuous Flow (HHST) Pasteurization	
Temperature	Time
89°C (191°F)	1.0 seconds
90°C (194°F)	0.5 seconds

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94°C (201°F)	0.10 seconds
96°C (204°F)	0.05 seconds
100°C (212°F)	0.01 seconds

**Historical Note**

Table 1 made by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2). Table 1 heading added for clarity (Supp. 21-3).

**R3-2-808. Frozen Desserts Reconstituted from Powdered Mixes**

Except for R3-2-807(A)(8), retail establishments that reconstitute frozen desserts from powdered mixes and dispense the desserts on the premises shall comply with the requirements prescribed in R3-2-807 and the following standards:

1. All equipment, containers, and utensils shall be washed and air-dried after each use and shall be sanitized before each use, in accordance with the sanitation standards established in subsection R3-2-807(A)(7)(b).
2. When not in use, all equipment, utensils, and containers shall be stored above the floor in a clean, dry location free from dust, moisture, insects, rodents, or other possible sources of contamination.
3. Excess quantities of the reconstituted frozen dessert shall not be made from the powdered mix in advance and stored outside the dispensing machine.
4. Frozen desserts shall be reconstituted according to the directions provided by the powdered mix manufacturer.

**Historical Note**

Adopted effective May 11, 1977 (Supp. 77-3). Section R3-2-808 renumbered from R3-5-08 (Supp. 91-4). Section R3-2-808 renumbered to Section R3-2-809; new Section R3-2-808 adopted effective December 2, 1998 (Supp. 98-4). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-809. Medicinal, Chemical, and Radioactive Residues in Milk**

A. All dairies shall comply with the following procedures to exclude medicinal, chemical, and radioactive residues from milk intended for human consumption:

1. Identify all cows that have been treated with or have consumed medicinal, chemical, and radioactive agents capable of being secreted in milk;
2. Maintain a written record of the date of treatment, type, and quantity of the medicine or chemical administered to each cow;
3. Milk all treated cows last, or with separate equipment to prevent contamination of the wholesome milk supply;
4. Clean and sanitize all equipment, utensils, and containers used in the handling of milk from the treated cows before the equipment is used in the handling of any milk intended for human consumption; and
5. Discard all milk from the treated cows for the period of time recommended by the attending veterinarian or as indicated on the package or label of the medicine used in the treatment of the cow.

**B. Enforcement.**

1. When the residue of a chemical, medicinal, or radioactive agent is found in the milk of a dairy and the Dairy Supervisor determines that the residue may be deleterious to human health, the Director shall immediately suspend the dairy from further selling, offering for sale, or distributing milk for human consumption until:

- a. The Dairy Supervisor determines that the practice causing the contamination of the milk has been corrected and the dairy is in compliance with the procedures established in subsection (A);
  - b. Any milk that has not been excluded from human consumption as required by subsection (A) is appropriately discarded; and
  - c. The first milk shipment following suspension indicates negative test results for medicinal, chemical, or radioactive residues.
2. If the Dairy Supervisor determines that a dairy is not in compliance with the procedures established in subsection (A), the Dairy Supervisor may suspend the dairy until the prescribed procedures are observed.

**Historical Note**

Section R3-2-809 renumbered from R3-2-808 and amended effective December 2, 1998 (Supp. 98-4).

**R3-2-810. License Fees**

During fiscal year 2024, an applicant shall pay the following fee to obtain or renew a dairy license:

1. For a license to operate a milk distributing plant or business: \$300 plus \$2,500 per pasteurizer.
2. For a license to operate a manufacturing milk processing plant: \$100.
3. For a license to engage in the business of producer-distributor as an interstate milk shipper listed facility: \$150 plus \$2,500 per pasteurizer.
4. For a license to engage in the business of producer-distributor: \$150.
5. For a license to engage in the business of producer-manufacturer: \$25.
6. For a license to engage in the manufacture of trade products: \$100.
7. For a license to engage in the business of selling at wholesale milk or dairy products, or both: \$100.
8. For a license to sample milk or cream: an initial fee of \$50 and a renewal fee of \$30.

**Historical Note**

New Section made by exempt rulemaking at 16 A.A.R. 1331, effective June 29, 2010 (Supp. 10-2). Amended by exempt rulemaking at 17 A.A.R. 1756, effective July 20, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 2060, effective August 2, 2012 (Supp. 12-3). Amended by exempt rulemaking at 18 A.A.R. 2060, effective August 2, 2012 (Supp. 12-3). Amended by exempt rulemaking at 19 A.A.R. 3127, effective September 14, 2013 (Supp. 13-3). Amended by exempt rulemaking at 20 A.A.R. 2449, effective July 24, 2014 (Supp. 14-3). Amended by exempt rulemaking pursuant to Laws 2015, Ch. 10, § 14, at 21 A.A.R. 2404, effective July 3, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 23 A.A.R. 1937, effective August 9, 2017 (Supp. 17-2). Amended by final exempt rulemaking at 24 A.A.R. 2219, effective August 3, 2018 (Supp. 18-3). Amended by final exempt rulemaking at 25 A.A.R. 2081, effective August 27, 2019 (Supp. 19-3). Amended by final exempt rulemaking at 26 A.A.R. 1471, effective August 25, 2020 (Supp. 20-3). Amended by final exempt rulemaking at 27 A.A.R. 1264, effective September 29, 2021 (Supp. 21-3). Amended by final exempt rulemaking at 28 A.A.R. 2017 (August 12, 2022), effective September 24, 2022 (Supp. 22-3). Amended by exempt rulemaking at 29 A.A.R. 3483 (November 3, 2023), effective October 30, 2023.

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(Supp. 23-4).

**R3-2-811. Dairy Farm Permit**

- A. A dairy farm, as defined in the PMO, may apply for a PMO milk producer permit by submitting the following information about the dairy farm on a form provided by the Department:
1. Legal name,
  2. Physical and mailing address,
  3. Telephone number,
  4. Owner's name,
  5. Herd size,
  6. Daily milk production,
  7. Water source,
  8. Waste water disposal system,
  9. Number of bulk storage tanks, and
  10. Certification that the dairy farm facilities comply with Grade A requirements.
- B. An applicant for a dairy farm permit shall demonstrate compliance with the minimum standards set out in the PMO by a Department inspection.
- C. A permittee shall maintain compliance with the minimum standards set out in the PMO and shall be subject to inspection by the Department in accordance with the PMO.
- D. The Department may suspend a permit for a permittee's failure to comply with the minimum standards and may revoke a permit if the permittee fails to correct deficiencies within a reasonable time.
- E. Dairy farm permits are not transferable.

**Historical Note**

New Section made by emergency rulemaking at 20 A.A.R. 1134, effective May 2, 2014, for 180 days (Supp. 14-2). Emergency expired; new Section made by exempt rulemaking at 21 A.A.R. 2407, effective September 22, 2015 (Supp. 15-3).

**ARTICLE 9. EGG AND EGG PRODUCTS CONTROL****R3-2-901. Definitions and Interpretation Guidance**

- A. In addition to the definitions provided in A.R.S. §§ 3-701, 3-703 and 3-704, the following shall apply to this Article:
1. "Business owner or operator" means any person who owns ten percent or more of a business, or a person who controls the operations of a business.
  2. "Check" means an individual egg that has a broken shell or crack in the shell but with its shell membranes intact and its contents do not leak. A "check" is considered to be lower in quality than a "dirty."
  3. "Dirty" means a shell that is unbroken and that has dirt or foreign material adhering to its surface, which has prominent stains, or moderate stains covering more than 1/32 of the shell surface if localized, or 1/16 of the shell surface if scattered.
  4. "Egg-laying hen" means any hen that produces eggs for human consumption.
  5. "Egg products":
    - a. Means eggs, in raw or pasteurized form, that are removed from the shell in a liquid, frozen, dried, or freeze-dried state, but are not fully cooked.
    - b. May consist of whole eggs, yolks, whites, or any blend of yolk and white, with or without additives, if eggs are the main ingredient.
  6. "Housed in a cage-free manner" means confined in a housing system that provides egg-laying hens with all of the following:
    - a. The amount of usable floor space per egg-laying hen equal to or greater than that required by the 2017 edition of the United Egg Producers' Animal Husbandry Guidelines for U.S. Egg-Laying Flocks: Guidelines for Cage-Free Housing.
    - b. An indoor or outdoor controlled environment, which can consist of multi-tiered aviaries, partially-slatted systems, single-level all litter floor systems, or other systems, and which allows egg-laying hens to have:
      - i. Unrestricted freedom to roam;
      - ii. An environment that allows them to exhibit natural behaviors, including, at a minimum, scratch areas, perches, nest boxes, and dust bathing areas; and
      - iii. An environment in which farm employees can provide care while standing within the hens' usable floor space.
  7. "Leaker" means an individual egg that has a crack or break in the shell and shell membranes to the extent that the egg contents are exuding or free to exude through the shell.
  8. "Lot" means any quantity of two or more eggs.
  9. "Lot Consolidation" means the removal of damaged eggs from cartons labeled by a producer or producer dealer and replacement of the damaged eggs with eggs of the same grade, size, brand, expiration date and source.
  10. "Multi-tiered aviaries" means cage-free housing systems in which egg-laying hens have unfettered access to multiple elevated flat platforms that provide the egg-laying hens with usable floor space both on top of and underneath the platforms.
  11. "Partially-slatted systems" means cage-free housing systems in which egg-laying hens have unfettered access to elevated flat platforms under which manure drops through the flooring to a pit or litter removal belt below.
  12. "Pasteurized in-shell eggs" means eggs that have been pasteurized with the shell intact by any method approved by the Federal Food and Drug Administration or the Department.
  13. "Repacking" means changing the identity of a lot of eggs by removing them from the original container labeled by a packer and placing them into another container not labeled by the packer at the point of origin with the same grade, size, lot number, source and/or brand.
  14. "Single-level all-litter floor systems" means cage-free housing systems bedded with litter, in which egg-laying hens have limited or no access to elevated flat platforms.
  15. "Spot-check" sample means any sample less than a representative sample described in the chart in R3-2-903(B).
  16. "Ultimate consumer" means a person consuming eggs or egg products and a restaurant using eggs in the preparation of a meal.
  17. "Usable floor space" means the total square footage of floor space provided to each egg-laying hen, as calculated by dividing the total square footage of floor space provided to the egg-laying hens in an enclosure by the number of egg-laying hens in that enclosure. "Usable floor space" shall include both ground space and elevated level flat platforms upon which hens can roost, but shall not include perches or ramps.
  18. "UEP" means United Egg Producers.
  19. "United Egg Producers Animal Husbandry Guidelines" means the United Egg Producers Animal Husbandry Guidelines for U.S. Egg Laying Flocks, 2017 Edition.



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This material is incorporated by reference, does not include any later amendments or editions, and is available for inspection at the Department of Agriculture, 1688 W. Adams St., Phoenix, AZ 85007, or the United Egg Producers at 1720 Windward Concourse, Ste. 230, Alpharetta, GA 30005.

20. "United Egg Producers Certified" means a company that has achieved United Egg Producers Certified status pursuant to the requirements prescribed by the United Egg Producers Animal Husbandry Guidelines.
  21. "United Egg Producers Certified logo" means the official symbol and accompanying language used to identify eggs produced by United Egg Producers Certified companies.
  22. "United Egg Producers Cage Free Certified logo" means the official symbol and accompanying language used to identify cage-free eggs produced by United Egg Producers Certified companies.
- B.** Wherever appropriate, and if not expressly indicated, words in the singular form shall be construed to include the plural and vice versa. Nouns and pronouns in masculine, feminine and neuter genders shall be construed to include any other gender.
- C.** Examples shall not be construed to limit, expressly or by implication, the matter they illustrate.
- D.** The word "includes" and its derivatives means "includes, but is not limited to" and corresponding derivative expressions.

**Historical Note**

Former Rule 1; Amended as an emergency effective November 18, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-6). Former Section R3-6-01 amended as an emergency now adopted and amended as a permanent rule effective February 19, 1982. Section renumbered as R3-2-901 (Supp. 82-1). Section R3-6-101 renumbered to R3-2-901 (Supp. 91-4). Section repealed, new Section adopted effective July 13, 1995 (Supp. 95-3). Amended by final rulemaking at 15 A.A.R. 863, effective October 1, 2009 (Supp. 09-2). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2). Amended by final rulemaking at 28 A.A.R. 802 (April 22, 2022), effective October 1, 2022 (Supp. 22-2).

**R3-2-902. Standards, Grades, and Weight Classes for Eggs; Pasteurized In-Shell Eggs**

- A.** Standards for Eggs. All standards, grades, and weight classes of quality for chicken eggs in the shell shall meet the grades for eggs as prescribed in AMS 56, United States Standards, Grades, and Weight Classes for Shell Eggs, revised as of July 20, 2000. This material is incorporated by reference, does not include any later amendments or editions, and is on file with the Department at 1688 W. Adams St., Phoenix, AZ 85007 and the United States Department of Agriculture, Agricultural Marketing Service, Poultry Programs, STOP 0259, Room 3944-South, 1400 Independence Ave., S.W., Washington, DC 20250-0259, or online at [www.ams.usda.gov/grades-standards/eggs](http://www.ams.usda.gov/grades-standards/eggs). "AMS" means Agricultural Marketing Service, United States Department of Agriculture.
- B.** Standards for Pasteurized In-Shell Eggs. It is unlawful for a producer, producer dealer, dealer, or retailer to sell, offer for sale, or expose for sale pasteurized in-shell eggs that are packed for human consumption unless both of the following conditions are met:
1. Quality and weight classes:
    - a. The eggs used to produce pasteurized in-shell eggs shall meet Consumer Grades A or AA and Weight Classes for Eggs of subsection (A).
    - b. At destination:
      - i. Pasteurized in-shell eggs shall contain no more than 7 percent (9 percent for Jumbo size) Checks and not more than 1 percent Leakers, Dirties, or Loss (due to meat or blood spots) in any combination, except that such Loss may not exceed 0.30 percent. Other types of Loss are not permitted.
      - ii. In lots of two or more cases, no individual case may exceed 10 percent Checks.
    - c. Pasteurized in-shell eggs shall meet the weight classes as indicated in Table I. Weight Classes for Pasteurized In-Shell Eggs.
  2. Labeling requirements. Except as provided in subsection (B)(2)(j), it is unlawful for an egg producer, producer dealer, dealer or retailer to sell, offer for sale, or expose for sale pasteurized in-shell eggs that are packed for human consumption unless each container intended for sale to the ultimate consumer is labeled on one outside top, side, or end with all of the following:
    - a. The consumer container is conspicuously labeled "KEEP REFRIGERATED" or with words of similar meaning as approved by the Department. Consumer container labeling that complies with the safe handling instructions required by Section 101.17 of Title 21 of the Code of Federal Regulations shall be deemed to comply with this subsection.
    - b. The consumer container is conspicuously labeled "produced from" in conjunction with the appropriate consumer grade in letters no smaller than 1/2 size of the labeled consumer grade. The use of the consumer grade without the qualifier "produced from" is not permitted.
    - c. The words "Best By", or "Use by" immediately followed by the month and day in bold type. Months shall be abbreviated Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov or Dec. The "Use by," or "Best before" date shall not exceed 75 days from the date on which the pasteurized in-shell eggs were pasteurized, excluding the date of pasteurization. Processors of in-shell eggs that subject the eggs to the pasteurization process shall establish a sell-by date by completion of an appropriate shelf stability study that includes public health and safety criteria. The processor shall retain the study on file at the processing plant and make it available to the Department upon request.
    - d. If the pasteurized in-shell eggs are repacked, the original "Best By" or "Use by" date shall apply.
    - e. A Julian pack date which is the consecutive day of the year on which the pasteurized in-shell eggs were pasteurized.
    - f. The identification number of the plant of origin.
    - g. A conspicuous identification of the eggs as "pasteurized."
    - h. All state and federal labeling requirements.
    - i. This Section does not apply to pasteurized in-shell eggs that are packaged for export.
    - j. Subsection (B) does not apply to pasteurized in-shell eggs that are packaged for interstate commerce or pasteurized in-shell eggs that are packaged for mili-

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tary sales if exported to a state or federal agency that requires a different format for the sell-by or best-if-used-by date on pasteurized in-shell eggs, and the processor is utilizing that format.

**Historical Note**

Former Rule 2; Amended as an emergency effective November 18, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-6). Former Section R3-6-02 amended as an emergency now adopted and amended as a

permanent rule effective February 19, 1982. Section renumbered as R3-2-902 (Supp. 82-1). Section R3-6-102 renumbered to R3-2-902 (Supp. 91-4). Section repealed, new Section adopted effective July 13, 1995 (Supp. 95-3). Amended by final rulemaking at 9 A.A.R. 2089, effective August 2, 2003 (Supp. 03-2). Amended by final rulemaking at 14 A.A.R. 892, effective May 3, 2008 (Supp. 08-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**Table I. Weight Classes for Pasteurized In-Shell Eggs**

Weight Classes for Pasteurized In-Shell Eggs			
Size or weight class	Minimum net weight per dozen (ounces)	Minimum net weight 30 per dozen (pounds)	Minimum net weight for individual eggs at rate per dozen (ounces)
Jumbo	30	56	29
Extra large	27	50 1/2	26
Large	24	45	23
Medium	21	39 1/2	20
*A lot average tolerance of 3.3 percent for individual eggs in the next lower weight class is permitted as long as no individual case within the lot exceeds 5 percent.			

**Historical Note**

Table I. Weight Classes for Pasteurized In-Shell Eggs made by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-903. Sampling: Schedule and Methods for Evidence**

- A. An inspector may conduct random spot-check sampling of a lot of eggs to determine whether the lot meets minimum quality and weight standards and is in compliance with R3-2-907.
- B. Representative egg sampling, under A.R.S. § 3-710(G), shall be based on Table II. A lot that does not meet minimum quality or weight standards or is not in compliance with R3-2-907 shall receive a warning notice hold tag.
1. An inspector may draw additional samples to determine whether the lot meets the minimum requirements.
  2. When loose eggs are out of the case, the sample shall be based on a carton.
  3. Eggs shall be sampled on a 30-dozen-case basis. When eggs are packed in other lot quantities, an inspector shall convert the quantity of eggs to the equivalent 30-dozen-case basis to establish the official sample size.

**Historical Note**

Former Rule 3; Amended effective March 17, 1976 (Supp. 76-2). Amended as an emergency effective November 18, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-6). Former Section R3-6-03 amended as an emergency now adopted and amended as a permanent rule effective February 19, 1982. Section renumbered as R3-2-903 (Supp. 82-1). Section R3-6-103 renumbered to R3-2-903 (Supp. 91-4). Section repealed, new Section R3-2-903 renumbered from R3-2-906 and amended effective July 13, 1995 (Supp. 95-3). Amended by final rulemaking at 9 A.A.R. 2089, effective August 2, 2003 (Supp. 03-2). Amended by final rulemaking at 15 A.A.R. 863, effective October 1, 2009 (Supp. 09-2). Amended by final rulemaking at 28 A.A.R. 802 (April 22, 2022), effective October 1, 2022 (Supp. 22-2).

**Table II. Minimum Number of Cases and Cartons Comprising a Representative Sample**

Lot size of cartons	Minimum eggs for inspection	Lot size of 30 doz. per case	Minimum cases for inspection <sup>1</sup>
1 - 4 cartons	All	1 case	1 case
5 - 30 cartons inclusive	50	2 - 10 cases inclusive	2 cases
31 - 120 cartons inclusive	100	11 - 25 cases inclusive	3 cases
120 - 210 cartons inclusive	200	26 - 50 cases inclusive	4 cases
211 - 315 cartons inclusive	300	51 - 100 cases inclusive	5 cases
		101 - 200 cases inclusive	8 cases
		201 - 300 cases inclusive	11 cases
		301 - 400 cases inclusive	13 cases
		401 - 500 cases inclusive	14 cases
		501 - 600 cases inclusive	16 cases
		For each additional 50 cases or fraction of a case in excess of 600 cases	1 case

<sup>1</sup>An inspector shall take 100 eggs from each case for inspection.

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**Historical Note**

Table II was made under new Section R3-2-903 renumbered from R3-2-906 and amended effective July 13, 1995 (Supp. 95-3); it was last amended by final rulemaking at 9 A.A.R. 2089, effective August 2, 2003 (Supp. 03-2). The table and historical notes were moved out of R3-2-903 to maintain the numbering codification scheme of tables made at 26 A.A.R. 781 (Supp. 20-2).

**R3-2-904. Quarterly Report Periods**

Quarterly reports are due as prescribed in A.R.S. § 3-716(D). The quarterly report periods for inspection fees are:

1. July 1 to September 30,
2. October 1 to December 31,
3. January 1 to March 31, and
4. April 1 to June 30.

**Historical Note**

Former Rule 4; Amended effective March 17, 1976 (Supp. 76-2). Amended as an emergency effective November 18, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-6). Former Section R3-6-04 amended as an emergency now adopted and amended as a permanent rule effective February 19, 1982. Section renumbered as R3-2-904 (Supp. 82-1). Section R3-6-104 renumbered to R3-2-904 (Supp. 91-4). Section repealed, new Section R3-2-904 renumbered from R3-2-907 and amended effective July 13, 1995 (Supp. 95-3).

**R3-2-905. Inspection Fee Rate**

- A. All dealers, producer-dealers, manufacturers, and producers shall pay an inspection fee at the rate of 3.0 mills (.00300) per dozen on all shell eggs sold as prescribed in A.R.S. § 3-716(A).
- B. All dealers, producer-dealers, manufacturers, and producers shall pay an inspection fee at the rate of 3.0 mills (.00300) per pound on all egg products sold as prescribed in A.R.S. § 3-716(A).
- C. For scheduled continuous grading, certification, and inspection services. The following rates apply to continuous grading service on a resident basis and continuous grading service on a nonresident basis per grader:
  1. Regular rate: \$38.00/hour;
  2. Overtime rate: \$57.00/hour;
  3. Holiday rate: \$58.00/hour.
- D. For plant survey, unscheduled temporary, certification, auditing and appeal grading services. The following rates apply to temporary and auditing service per grader:
  1. Regular rate: \$57.00/hour;
  2. Overtime rate: \$85.00/hour;
  3. Holiday rate: \$87.00/hour.

**Historical Note**

Former Rule 5; Former Section R3-6-05 renumbered as Section R3-2-905 (Supp. 82-1). Section R3-6-105 renumbered to R3-2-905 (Supp. 91-4). Section repealed, new Section R3-2-905 renumbered from R3-2-908 and amended effective July 13, 1995 (Supp. 95-3). Amended by emergency rulemaking at 12 A.A.R. 4063, effective October 1, 2006 for 180 days (Supp. 06-4). Emergency renewed at 13 A.A.R. 1509, effective April 9, 2007 for 180 days (Supp. 07-2). Amended by final rulemaking at 13 A.A.R. 1639, effective June 30, 2007 (Supp. 07-2). Amended by final rulemaking at 28 A.A.R. 802 (April 22, 2022), effective October 1, 2022 (Supp. 22-2).

**R3-2-906. Violations and Penalties**

- A. A dealer, producer-dealer, manufacturer, producer, or retailer, at each individual location, is subject to the penalties in subsection (B) for any of the following violations:

1. Category A:
  - a. Making a false or misleading statement relating to advertising or selling eggs and egg products;
  - b. Acting as a dealer, producer-dealer, producer, or manufacturer without a valid license;
  - c. Selling shell eggs with an incorrect or incomplete expiration date, or without an expiration date;
  - d. Selling grade AA or grade A eggs after the expiration date on the carton, case, or container. Selling pasteurized in-shell eggs without or past the "Best By" or "Use by" date;
  - e. Failing to maintain records and reports required by this Article;
  - f. Failing to label a carton, case, or container with one size, one grade, one brand name, or, as required under R3-2-907;
  - g. Moving eggs or an egg case, carton, or container with a warning tag or notice, or removing a warning tag or notice without permission from the Director;
  - h. Refusing to submit egg or egg product, an egg case, carton, container, subcontainer, lot, load, or display of eggs to inspection; or
  - i. Refusing to stop, at the request of an authorized representative of the Department, any vehicle transporting eggs or egg products;
  - j. Selling eggs that have not been produced in accordance with the standards prescribed under R3-2-907;
  - k. Failing to raise egg-laying hens in this state in accordance with the standards prescribed under R3-2-907.
2. Category B:
  - a. Extending the expiration date of shell eggs as defined in A.R.S. § 3-701(13); or
  - b. Advertising, representing, or selling out-of-state eggs as local eggs.
3. Category C:
  - a. Failing to ensure that shell eggs for human consumption are kept refrigerated at an ambient temperature not higher than 45° F;
  - b. Failing to ensure that frozen egg products for human consumption, labeled for storage at 0° F or below, are kept under refrigeration at a temperature of 0° F or lower;
  - c. Failing to ensure that liquid egg products for human consumption are kept refrigerated at a temperature not higher than 40° F; or
  - d. Failing to meet the sanitary standards egg processing of R3-2-908.
- B. Any violation of this Article or of A.R.S. Title 3, Chapter 5, Article 1 not listed in subsection (A) is subject to a Category A civil penalty.
- C. Under A.R.S. § 3-739, the civil penalty for a violation of subsection (A) is in Table III.

**Historical Note**

Former Rule 6; Amended effective February 19, 1982. Former Section R3-6-06 renumbered as Section R3-2-906 (Supp. 82-1). Section R3-6-106 renumbered to R3-2-906 (Supp. 91-4). Former Section R3-2-906 renumbered to R3-2-903, new Section adopted effective July 13, 1995 (Supp. 95-3). Amended by final rulemaking at 5 A.A.R.

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4058, effective October 7, 1999 (Supp. 99-4). Amended by final rulemaking at 9 A.A.R. 2089, effective August 2, 2003 (Supp. 03-2). Amended by final rulemaking at 15 A.A.R. 863, effective October 1, 2009 (Supp. 09-2). Amended by made by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2). Amended by final rulemaking at 28 A.A.R. 802 (April 22, 2022), effective October 1, 2022 (Supp. 22-2).

**Table III. Violations and Penalties**

Number of Violations	Category A	Category B	Category C
1	Warning	Warning	Warning
2	\$50	\$50	\$100
3	\$100	\$100	\$200
4		\$150	\$400
5		\$200	\$500
6		\$250	
7		\$300	

**Historical Note**

Table III made by made by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2). Heading added for clarity (Supp. 21-3).

**R3-2-907. Poultry Husbandry; Standards for Production of Eggs and Biosecurity Requirements**

- A. Until December 31, 2031 all egg-laying hens in this state shall be raised according to the UEP Animal Husbandry Guidelines.
- B. Until December 31, 2031 all eggs sold in this state produced by hens shall be from hens raised according to the UEP Animal Husbandry Guidelines. All eggs shall display the UEP Certified logo on their cases, cartons, and containers, or the egg dealer shall annually provide the Department with a copy of a current independent third-party audit that demonstrates that the eggs were produced by hens raised according to UEP Animal Husbandry Guidelines.
- C. Beginning no later than January 1, 2032, all egg-laying hens in this state shall be housed in a cage-free manner.
- D. Beginning no later than January 1, 2032, all eggs and egg products sold in this state shall be from hens housed in a cage-free manner including eggs and egg products purchased outside of Arizona used by a bakery or manufacturer in products produced that are offered for sale to retailers, wholesaler, or consumers for human consumption within this state.
- E. Subsections (A) through (H) of this Section do not apply to egg producers or business owners or operators operating or controlling the operation of one or more egg ranches each having fewer than 20,000 egg-laying hens producing eggs. Subsections (A) and (B) of this Section also do not apply to any hens that are raised cage-free or any eggs produced by hens that are raised cage-free.
- F. Beginning no later than January 1, 2032, in order to sell eggs or egg products within the state, a business owner or operator must have a certificate from the Supervisor certifying that the eggs or egg products are produced in compliance with subsections (C) and (D) or are exempt under subsection (E). The Supervisor will certify that eggs and egg products are produced in compliance with subsections (C) and (D) if the eggs or egg products are accompanied by documentation from a government or private inspection and continuous process verification service that the Supervisor deems acceptable establishing that the eggs or egg products were produced in

compliance with this Section. The immediate container of eggs and egg products shall be plainly and conspicuously marked with the words "Cage Free" or "Organic" (if the eggs or egg products are USDA Certified Organic) in bold-faced type not less than one-eighth inch in height; or in another manner pre-approved by the Department.

- G. It shall be a defense to any action to enforce this Section that a business owner or operator relied in good faith upon a written certification by the supplier that the eggs or egg products at issue were derived from an egg-laying hen which was housed in compliance with this Section.
- H. All producers and producer dealers with operations within the state shall have a written biosecurity plan in place. At a minimum each producer and producer dealer shall:
  1. Restrict access to all areas where poultry are housed or kept.
  2. Take steps to ensure that contaminated material is not transported into any poultry barns.
  3. Cover and secure feed in a manner that prevents wild bird, rodents or other animals from accessing the feed.
  4. Cover and properly contain poultry carcasses, used litter, or other disease-containing organic materials that prevents wild birds, rodents or other animals from accessing the material and movement of the materials by the wind.
  5. Keep houses in good repair and all areas to which the birds have access should be kept free of materials hazardous to the birds.
- I. The biosecurity plan shall contain the following:
  1. Methods for the disposal and handling of poultry manure.
  2. Procedures for prevention, control and eradication of vectors for poultry diseases.
  3. Procedures for the detection, control and treatment of poultry diseases.
  4. Methods for the disposal and handling of culled birds and entire flocks under normal cyclic operations and following emergency depletion as a result of disease.
  5. A facility poultry disease control and prevention plan which includes standard operating procedures with respect to specific measures to control and prevent disease including but not limited to structural and operational disease control and prevention provisions.
  6. Procedures to prevent cross contamination between nest run and in line eggs.
  7. Procedures to prevent the introduction and transmittal of diseases by vehicles and any other forms of transportation.
  8. Signed agreements with all employees containing biosecurity procedures regarding contact with outside poultry and wild birds.
- J. A producer and producer dealer shall allow the Department to enter the premises during normal working hours to inspect the biosecurity plan documents and the biosecurity that is implemented.

**Historical Note**

Former Rule 7; Former Section R3-6-07 renumbered as Section R3-2-907 (Supp. 82-1). Section R3-6-107 renumbered to R3-2-907 (Supp. 91-4). Section R3-2-907 renumbered to R3-2-904 effective July 13, 1995 (Supp. 95-3). New Section made by final rulemaking at 15 A.A.R. 863, effective October 1, 2009 (Supp. 09-2). Amended by made by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2). Amended by final rulemaking at 28 A.A.R. 802 (April 22, 2022), effective October 1, 2022 (Supp. 22-2). Amended by final

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rulemaking at 31 A.A.R. 4575 (December 19, 2025), effective February 2, 2026 (Supp. 25-4).

**R3-2-908. Sanitary Standards; Egg Processing**

- A. All egg producers and retail locations where lot consolidation is conducted in this state shall meet the facility and sanitary operation requirements prescribed by the Regulations Governing the Voluntary Grading of Shell Eggs, 7 CFR 56, effective March 30, 2008. This material is incorporated by reference, does not include any later editions, and is available for inspection at the Department of Agriculture, 1688 W. Adams St., Phoenix, AZ 85007.
- B. No person other than a producer or producer dealer shall repack eggs. All eggs sold to the ultimate consumer must be pre-packaged with all required labeling requirements of this Article and A.R.S. Title 3 Chapter 5. A producer, producer dealer shall not pack or repack eggs that have been in retail distribution channels.
- C. A retailer may lot consolidate eggs labeled for the ultimate consumer by a packer. A daily log with lot information is required and shall include volume consolidated, grade, size, brand, lot and source.

**Historical Note**

Former Rule 8; Amended effective October 1, 1979 (Supp. 79-5). Former Section R3-6-08 renumbered as Section R3-2-908 (Supp. 82-1). Amended effective January 1, 1985 (Supp. 84-6). Amended effective December 30, 1987 (Supp. 87-4). Amended effective March 23, 1990 (Supp. 90-1). Section R3-6-108 renumbered to R3-2-908 (Supp. 91-4). Section R3-2-908 renumbered to R3-2-905 effective July 13, 1995 (Supp. 95-3). New Section made by final rulemaking at 15 A.A.R. 863, effective October 1, 2009 (Supp. 09-2). Amended by made by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-909. Repealed****Historical Note**

Former Rule 9; Former Section R3-6-09 renumbered as Section R3-2-909 (Supp. 82-1). Section R3-6-109 renumbered to R3-2-909 (Supp. 91-4). Section repealed effective July 13, 1995 (Supp. 95-3).

**ARTICLE 10. AQUACULTURE****R3-2-1001. Definitions**

In addition to the definitions provided in A.R.S. § 3-2901, the following shall apply unless the context otherwise requires:

1. "Certificate of Aquatic Health" is an official document from an issuing state or an equivalent form published by the United States Fish and Wildlife Service or the United States Department of Agriculture attesting that the live aquatic animals described thereon have been inspected and are free of the diseases and causative agents set forth in R3-2-1009.
2. "Department" means the Arizona Department of Agriculture.

**Historical Note**

Adopted effective May 3, 1993 (Supp. 93-2).

**R3-2-1002. Fees for Licenses; Inspection Authorization and Fees**

- A. License fees are established as follows:
1. Aquaculture facility: \$100 annually.
  2. Fee fishing facility: \$100 annually.

3. Aquaculture processor: \$100 annually.
4. Aquaculture transporter: \$100 annually.
5. Special licenses: \$10 annually.

- B. An expired license may be renewed within 90 days after expiration by payment of a \$50 late fee.
- C. Upon request of the licensee, the Department shall assess the licensed facility and, if applicable, certify the facility is free from infectious diseases and causative agents listed in R3-2-1009 before issuing a Certificate of Aquatic Health. All expenses properly incurred in the certification procedure of the inspection, including time, travel, and laboratory expenses, shall be paid to the Department by the licensee requesting certification.

**Historical Note**

Adopted effective May 3, 1993 (Supp. 93-2). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3).

**R3-2-1003. General Licensing Provisions**

- A. An applicant for a license to operate an aquaculture facility or a fee fishing facility, or to operate as an aquaculture processor or aquaculture transporter shall provide the following information on a form furnished by the Department:
1. Whether the applicant is an individual, corporation, partnership, cooperative, association, or other type of organization;
  2. The name and address of the applicant;
  3. A corporation shall specify the date and state of incorporation;
  4. The principal name of the business, and all other business names that may be used;
  5. The name, mailing address, and telephone number of the applicant's authorized agent;
  6. The street address or legal description of the location of the facility to be licensed; and
  7. The signature of the person designated in subsection (A)(5), and the date the application is completed for submission to the Department.
- B. The Department shall grant a license when all conditions are met and assign a Department establishment number to each facility.
- C. All licenses expire on December 31 for the year issued.
- D. A licensee shall advise the Department in writing of any change in the information provided on the application during the license year. This information shall be provided within 30 calendar days of the change.
- E. To prevent the spread of diseases and causative agents listed in R3-2-1009, the Department may inspect and take samples from any facility or shipment being transported. A licensee shall notify the Department within 72 hours of becoming aware of the presence of any disease or causative agent listed in R3-2-1009. Aquatic animals found to be infected with a disease or causative agent listed in R3-2-1009 are prohibited from interstate or intrastate movement without prior written Department approval.
- F. The Department shall quarantine or seize aquatic animals, alive or dead, plants, or products for examination or diagnostic study when there is a potential for spread of a disease or causative agent listed in R3-2-1009, or any other disease or causative agent that could constitute a threat to aquatic animals or plants of the state. The Department shall issue a written notice to the licensee specifying:
1. The reason for the Department's action; and

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2. The licensee's right to request a hearing as prescribed in A.R.S. § 3-2906.
- G. A licensee shall conspicuously mark all quarantined aquatic products and quarantined areas in a manner specified by the Department.
- H. A licensee shall pay all diagnostic, quarantine, and destruction costs.

**Historical Note**

Adopted effective May 3, 1993 (Supp. 93-2). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3).

**R3-2-1004. Specific Licensing Provisions; Aquaculture Facility; Fee Fishing Facility; Special License Facility**

- A. In addition to the application requirements in R3-2-1003, an applicant for a license to operate an aquaculture facility, a fee fishing facility, or a special license facility under A.R.S. § 3-2908(A) shall provide the following information on a form provided by the Department:
  1. Water sources, transmission, and conveyances;
  2. Method used to dispose of tailing waters and solid wastes;
  3. Number and size of ponds, raceways, and tanks, if applicable;
  4. Whether hatchery facilities are included;
  5. A list of all animals and plants to be authorized under the license by genus, species, and common name.
- B. An application to culture or possess an aquatic animal or plant that has not previously occurred in the drainage where the facility is located shall be accompanied by a written proposal. The applicant's proposal shall include:
  1. Anticipated benefits from introducing the species;
  2. Anticipated adverse effects from introducing the species, as it may affect indigenous or game fish, including hybridization;
  3. Anticipated diseases inherent to introducing the species;
  4. Suggestions for post-introduction evaluation of status and impacts of the introduced species; and
  5. Structural and operational methods implemented to prevent escape of the species, if applicable.
- C. Each body of water serving a facility shall be contained within the boundaries of the land owned or leased by the licensee.
- D. A facility using public waters having natural or artificial inlets, rivers, creeks, washes, or canals shall provide mechanical screening approved by the Department to prevent live aquatic animals and plants, including eggs and fry, from escaping beyond the aquaculture facility boundaries or into public bodies of water.
- E. An applicant for a special license under A.R.S. § 3-2908(A) shall also provide the following information to the Department at the time of application:
  1. A written narrative describing the project in detail, the project purpose, the hypothesis, and the project duration; and
  2. The proposed disposition of the aquatic animals or plants upon completion of the project.
- F. The Department shall consider the recommendations of the Arizona Game and Fish Department, under A.R.S. § 3-2903, when determining whether to issue a license or an import permit under R3-2-1010. The Department may issue a license excluding some of the aquatic animal or plant species listed in the application.

**Historical Note**

Adopted effective May 3, 1993 (Supp. 93-2). Amended

by final rulemaking at 10 A.A.R. 673, effective April 3, 2004 (Supp. 04-1).

**R3-2-1005. Fee Fishing Facility**

A licensee shall not allow an aquatic animal to be removed from a fee fishing facility unless:

1. The aquatic animal is dead, and
2. The licensee provides the person removing the aquatic animal with written proof of sale identifying the:
  - a. Facility, by name, address, and Department establishment number issued under R3-2-1003(B);
  - b. Date of harvest; and
  - c. Number and species of aquatic animals transported from the facility.

**Historical Note**

Adopted effective May 3, 1993 (Supp. 93-2). Amended by final rulemaking at 10 A.A.R. 673, effective April 3, 2004 (Supp. 04-1).

**R3-2-1006. Processor License**

- A. In addition to complying with the application requirements of R3-2-1003, applicants for a license to operate as an aquaculture processor as defined in A.R.S. § 3-2901(12) shall provide the following information on a form furnished by the Department:
  1. Water sources, transmission, conveyances, and annual consumption in gallons or acre feet;
  2. Method used to dispose of tailing waters and solid wastes;
- B. A processing facility shall operate in a clean and sanitary condition during all periods of operation. The following are the minimum requirements for such establishments.
  1. Each establishment shall have sanitary floors and walls impervious to water.
  2. All outside windows and doors shall be screened.
  3. There shall be a supply of potable water.
  4. There shall be a sewage disposal system of such a type as not to be a breeding place for insects and not to constitute a hazard or to endanger public health.

**Historical Note**

Adopted effective May 3, 1993 (Supp. 93-2).

**R3-2-1007. Transporter License; Transport; Delivery**

- A. In addition to the application requirements in R3-2-1003, an applicant for a license to operate as an aquaculture transporter of live aquatic animals as defined in A.R.S. § 3-2901(15) shall, on a form provided by the Department:
  1. Designate whether the license is for interstate or intrastate transport, or both;
  2. List aquatic transporting equipment to be used, including tanks and vehicles, and vehicle license number; and
  3. State prior year volume or anticipated annual tonnage of live aquatic animals transported.
- B. A transporter shall ensure that the aquatic transporting equipment has adequate water and oxygen at a temperature and in a quantity normal for the health of the live aquatic animals and shall be clearly marked, "Live Fish."
- C. In addition to a copy of the Certificate of Aquatic Health, a transporter shall transport each container of live aquatic animals within the state with a document identifying:
  1. Consignor's name, address, and telephone number;
  2. Consignee's name, address, and telephone number;
  3. Quantity and size of the aquatic animal being transported;
  4. Genus, species, and common name of the aquatic animal being transported;

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5. Date of shipment; and
  6. Department establishment number.
- D.** A transporter shall deliver live aquatic animals only to a retail outlet, as prescribed at A.R.S. § 3-2907(J) or to a person listed in R3-2-1010(B).

**Historical Note**

Adopted effective May 3, 1993 (Supp. 93-2). Amended by final rulemaking at 10 A.A.R. 673, effective April 3, 2004 (Supp. 04-1).

**R3-2-1008. Repealed**

**Historical Note**

Adopted effective May 3, 1993 (Supp. 93-2). Section repealed by final rulemaking at 10 A.A.R. 673, effective April 3, 2004 (Supp. 04-1).

**R3-2-1009. Disease Certification**

- A.** A licensee requesting and receiving a Certificate of Aquatic Health shall have their facility inspected and all live aquatic animals, fertilized eggs and milt shall be found free of, but not limited to, the following diseases and causative agents:
1. Causative agent: Egtved Virus. Disease: VHS, Viral Hemorrhagic Septicemia of Salmonids.
  2. Causative agent: Infectious Hematopoietic Necrosis Virus. Disease: IHN, Infectious Hematopoietic Necrosis of Salmonids.
  3. Causative agent: Infectious Pancreatic Necrosis Virus. Disease: IPN, Infectious Pancreatic Necrosis of Salmonids.
  4. Causative agent: *Ceratomyxa shasta*. Disease: Ceratomyxosis of Salmonids.
  5. Causative agent: *Rhabdovirus carpio*. Disease: Spring Viremia of carp. Certification is required in this case only when the original origin of the shipment is from outside the United States.
  6. Causative agent: *Renibacterium salmoninarum*. Disease: BKD, Bacterial Kidney Disease of Salmonids.
  7. Causative agent: *Aeromonas salmonicida*. Disease: Furunculosis.
  8. Causative agent: *Myxobolus cerebralis*. Disease: Whirling Disease of Salmonids.
- B.** The Department may require inspection for any disease or causative agent not listed in subsection (A) when there is evidence that the disease or causative agent may constitute a threat to aquatic animals or plants, aquatic wildlife or the aquaculture industry. The Department shall send written notice to all licensees pursuant to this Chapter when implementing this subsection, naming the disease or causative agent of concern. Action to quarantine or seize aquatic animals or plants pursuant to this subsection shall not be subject to delay pending such written notice.

**Historical Note**

Adopted effective May 3, 1993 (Supp. 93-2).

**R3-2-1010. Importation of Aquatic Animals**

- A.** The owner, or owner's agent, importing live aquatic animals into the state shall ensure the animals are accompanied by the following:
1. A Certificate of Aquatic Health as defined in R3-2-1001, based upon an inspection of the originating facility within the 12 months preceding the shipment;
  2. A transporter license issued under R3-2-1007; and

3. An import permit number issued by the Department under this Section, legibly written or typed on the certificate of aquatic health.
- B.** The owner, or owner's agent, of live aquatic animals, except those imported by a retail outlet as prescribed in A.R.S. § 3-2907(J), shall ensure that the animals are consigned to or in the care of:
1. An Arizona resident;
  2. An aquaculture facility, fee fishing facility, or special license holder licensed by the Department;
  3. A holder of an aquatic wildlife stocking permit issued by the Arizona Game and Fish Department; or
  4. A holder of any aquatic animal license issued by the Arizona Game and Fish Department.
- C.** The owner, or owner's agent, may obtain an import permit number from the Department, Office of the State Veterinarian, by providing the following information:
1. Consignor's name, address, and telephone number;
  2. Consignee's name, address, and telephone number;
  3. Consignee's Department establishment number issued by the Department or a copy of an aquatic wildlife stocking permit or the license issued by the Arizona Game and Fish Department;
  4. Origin of the shipment;
  5. Genus, species, and common name of aquatic animals to be imported; and
  6. Quantity and size classification of aquatic animals to be imported.
- D.** An import permit number remains valid for 15 calendar days from the date of issuance by the Department.
- E.** The Department shall refuse entry to any shipment that does not comply with this rule.
- F.** The Department shall quarantine and require destruction of any shipment, after its arrival, that it determines is infected with or was previously exposed to any causative agent or disease listed in R3-2-1009.

**Historical Note**

Adopted effective May 3, 1993 (Supp. 93-2). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3).

**ARTICLE 11. VOLUNTARY EGG GRADING PROGRAM**

**R3-2-1101. Definitions**

For the purpose of this Article, unless the context otherwise requires, the terms in this Section shall have the following meaning:

"Acceptable" means suitable for the purpose intended.

"Administrator" means the supervisor as defined in A.R.S. § 3-701.

"Ambient temperature" means the air temperature maintained in an egg storage facility or transport vehicle.

"AMS" means Agricultural Marketing Service, United States Department of Agriculture.

"Applicant" means any person or entity who requests any grading service.

"Appeal grading" means a re-grading requested by a recipient who is dissatisfied with an initial grading decision.

"Associate Director" means the associate director of the animal service division.

"Auditing services" means the act of providing independent verification of written quality assurance and value added stan-

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dards for production, processing and distribution of eggs. Auditing services are performed by graders authorized by the Administrator to perform such audits and the service provided will be in accordance with the provisions of this Article for grading services, as appropriate.

“Cage mark” means any stain-type mark caused by an egg coming in contact with a material that imparts a rusty or blackish appearance to the shell.

“Case” means, when referring to containers, an egg case, as used in commercial practice in the United States, holding 30 dozens of eggs.

“Class” means any subdivision of a product based on essential physical characteristics that differentiate between major groups of the same size, kind, species, or method of processing.

“Chick papers” means the papers in which chicks are delivered.

“Condition” means any condition (including, but not being limited to, the state of preservation, cleanliness, soundness, wholesomeness, or fitness for human food) of any product which affects its merchantability.

“Consumer grades” means U.S. Grade AA, A, and B.

“Controlling person” means a person at least 21 years of age legally accountable for operations and management of the egg production plant.

“Department” or “AZDA” means the Arizona Department of Agriculture.

“Director” means the Director of the Arizona Department of Agriculture.

“Egg grading service” means the personnel who are actively engaged in the administration, application, and direction of egg grading programs and services pursuant to this Article.

“Eggs” means eggs of domesticated chickens.

“Eggs of current production” means eggs that are no more than 21 days old.

“Grademark” means the official identification symbol used to identify eggs officially graded by AZDA in accordance with this Article.

“Grader” means any employee assigned by AZDA to investigate and certify in accordance with this Article, the class, quality, quantity, or condition of products.

“Grading or grading service” means the determination by a grader that a product meets the standards of this Article regarding the class, quality, quantity, or condition of the product for the purpose of issuing a grade or grading certificate. Such determination may be performed by examining all product units or representative samples drawn by the grader; may be performed as a temporary, resident or non-resident grading service; and includes regrading performed in response to an appeal of a previous grading decision.

“Grading certificate” means a statement, either written or printed, issued by a grader pursuant to this Article, relative to the class, quantity, quality, or condition of products.

“Holiday or legal holiday” means the legal public holidays specified by State of Arizona Accounting Manual (SAAM).

“Identify” means to apply a grademark to products or the containers thereof.

“Interested party” means any person financially interested in a transaction involving any grading, appeal grading, or regrading of any product.

“Office of grading” means the office of any resident grader at the plant.

“Official AZDA certificate” means any form of certification, either written or printed, used under this Article to certify with respect to the sampling, class, grade, quality, size, quantity, or condition of products (including the compliance of products with applicable specifications).

“Official AZDA memorandum” means any initial record of findings made by an authorized person in the process of grading or sampling pursuant to this Article, any processing or plant-operation report made by an authorized person in connection with grading or sampling under this Article, and any report made by an authorized person of services performed pursuant to this Article.

“Official AZDA mark” means the grademark and any other mark, or any variations in such marks approved by the Administrator and authorized to be affixed to any product, or affixed to or printed on the packaging material of any product, stating that the product was graded, or indicating the appropriate U.S. grade or condition of the product, or for the purpose of maintaining the identity of products graded under this Article, including but not limited to, those set forth in R3-2-1111.

“Official identification” means any AZDA standard designation of class, grade, quality, size, quantity, or condition specified in this Article or any symbol, stamp, label, logo, or seal indicating that the product has been officially AZDA graded and/or indicating the class, grade, quality, size, quantity, or condition of the product approved by the Supervisor and authorized to be affixed to any product, or affixed to or printed on the packaging material of any product.

“Official plant” means the facilities used for a shell egg operation that has been approved by AZDA for grading purposes.

“Origin grading” means a grading made on a lot of eggs at a plant where the eggs are graded and packed.

“Packaging” means the primary or immediate container in which eggs are packaged and which serves to protect, preserve, and maintain the condition of the eggs.

“Packing” means the secondary container in which the primary or immediate container is placed to protect, preserve, and maintain the condition of the eggs during transit or storage.

“Person” means any individual, partnership, association, business trust, corporation, or any organized group of persons, whether incorporated or not.

“Plant” means the facilities used for a shell egg operation.

“Potable water” means water that has been approved by the State health authority or agency or laboratory acceptable to the Administrator as safe for drinking and suitable for food processing.

“Product or products” means eggs of the domesticated chicken.

“Quality” means the inherent properties of any product which determine its relative degree of excellence.



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“Quality assurance inspector” means any designated company employee other than the plant owner, manager, foreman, or supervisor, authorized by the State supervisor to examine product and to supervise the labeling, dating, and lotting of officially graded eggs and to assure that such product is packaged under sanitary conditions, graded by authorized personnel, and maintained under proper inventory control until released by an employee of the Department.

“Recipient” means the individual or entity whose application for grading services has been approved by the Department.

“Resident grading service” means continuous supervision, in an official plant, of the handling or packaging of any product.

“Sampling” means the act of taking samples of any product for grading or certification.

“SE” means *Salmonella* Enteritidis.

“Shell protected” means eggs which have had a protective covering such as oil applied to the shell surface. The product used shall be acceptable to the Food and Drug Administration.

“Shipped for retail sale” means eggs that are forwarded from the processing facility for distribution to the ultimate consumer.

“State supervisor” means the immediate supervisor of a Grader.

“Washed ungraded eggs” means eggs which have been washed and that are either sized or unsized, but not segregated for quality.

**Historical Note**

Section R3-2-1101 recodified from R3-2-101 (Supp. 97-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 3755, effective May 10, 2002 (Supp. 02-3). New Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**R3-2-1102. General Provisions**

- A.** Administration. The Administrator shall perform such duties as the Associate Director may require in the enforcement or administration of the provisions of this Article. The Administrator is authorized to waive for limited periods any particular provisions of this Article to permit experimentation so that new procedures, equipment, and processing techniques may be tested to facilitate definite improvements and at the same time to determine full compliance with the spirit and intent of this Article. The AZDA and its officers and employees shall not be liable in damages through acts of commission or omission in the administration of this Article.
- B.** Basis of grading service.
  1. Grading service with respect to the determination of the quality of products shall be on the basis of the United States Standards, Grades, and Weight Classes for shell eggs. However, grading service may be rendered with respect to products which are bought and sold on the basis of institutional contract specifications or specifications of the recipient; and such service, when approved by the Administrator, shall be rendered on the basis of such specifications. The supervision of packaging shall be in accordance with such instructions as may be approved or issued by the Administrator.
  2. Whenever grading service is performed on a representative sample basis, such sample shall be drawn and consist

of not less than the minimum number of cases as indicated in:

- a. R3-2-903 for stationary lots; or
  - b. QAD 700 Shell Egg Graders Handbook Section 8 on-line sampling of Shell Eggs (8-30-2016).
3. Accessibility of product. Each product for which grading service is requested shall be so conditioned and placed as to permit a proper determination of the class, quality, quantity, or condition of such product.
- C.** Prerequisites to grading. Grading of products shall be rendered pursuant to this Article and under such conditions and in accordance with such methods as may be prescribed or approved by the Administrator.
  - D.** Supervision. All plant grading service shall be subject to supervision at all times by an AZDA grader. Such service shall be rendered in accordance with instructions issued by the Administrator where the facilities and conditions are satisfactory for the conduct of the service and the requisite graders are available.
  - E.** Other applicable regulations. Compliance with this Article shall not excuse failure to comply with any other applicable Federal, State, or local laws or regulations.

**Historical Note**

Section R3-2-1102 recodified from R3-2-102 (Supp. 97-1). Amended effective October 8, 1998 (Supp. 98-4).

Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 3755, effective May 10, 2002 (Supp. 02-3). Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**R3-2-1103. Equipment and Facilities for Graders**

Equipment and facilities to be furnished by the recipient for use of graders in performing service on a resident basis shall include, but not be limited to, the following:

- A.** An accurate metal stem thermometer.
- B.** An accurate means to determine pH level of wash water.
- C.** Test kits for checking the concentration level of the solution used for sanitizing eggs and monitoring the concentration level of potable water treatment compounds in plants having chlorinators. The kit must be designed for testing the compound being used.
- D.** Protective equipment including, general purpose gloves and safety glasses to all egg graders who are monitoring the strength of potable water treatment compounds and egg sanitizing solutions, unless plant employees are trained to perform the testing under the direct supervision of the grader.
- E.** Electronic digital-display scales graduated in increments of 1/10-ounce or less for weighing individual eggs and test weights for calibrating such scales. Plants packing product based on metric weight must provide scales graduated in increments of one gram or less.
- F.** Electronic digital-display scales graduated in increments of 1/4-ounce or less for weighing the lightest and heaviest consumer packages packed in the plant and test weights for calibrating such scales.
- G.** Scales graduated in increments of 1/4-pound or less for weighing shipping containers and test weights for calibrating such scales.
- H.** Test weights sufficient in size to verify the accuracy of the lightest and heaviest unit of measurement weighed on any given scale located in the plant.
- I.** Two candling lights that provide a sufficient combined illumination through both the aperture and downward through the

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bottom to facilitate accurate interior and exterior quality determinations.

- J. A candling booth adequately darkened and located in close proximity to the work area that is reasonably free of excessive noise. The booth must be sufficient in size to accommodate two graders, two candling lights, and other necessary grading equipment.
- K. If deemed necessary by the supervisor, a cart or method of conveyance for the transportation of samples to and from the candling booth.
- L. Furnished office space, suitable wireless internet connection, a desk and file or storage cabinets (equipped with a satisfactory locking device), suitable for the security and storage of official supplies, and other facilities and equipment as may otherwise be required. Such space and equipment must meet the approval of the Administrator.

**Historical Note**

Section R3-2-1103 recodified from R3-2-103 (Supp. 97-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 3755, effective May 10, 2002 (Supp. 02-3). Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**R3-2-1104. Schedule of Operation of Official Plants**

Grading operating schedules for services performed pursuant to this Article shall be requested in writing and be approved by the Administrator. Normal operating schedules for a full week consist of a continuous eight-hour period per day (excluding not to exceed one hour for lunch), five consecutive days per week, within the administrative workweek, Saturday through Friday, for each shift required. Less than eight-hour schedules may be requested and will be approved if a grader is available. Clock hours of daily operations need not be specified in the request, although as a condition of continued approval, the hours of operation shall be reasonably uniform from day to day. Graders are to be notified by management one day in advance of any change in the hours grading service is requested.

**Historical Note**

Section R3-2-1104 recodified from R3-2-104 (Supp. 97-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 3755, effective May 10, 2002 (Supp. 02-3). Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**R3-2-1105. Application for Grading Service**

- A. An application for AZDA grading service may be made by egg producer or a producer dealer with operations located in Arizona.
- B. Form of application. Each application for grading or sampling a specified lot of any product shall include such information as may be required by the Administrator in regard to the product and the premises where such product is to be graded or sampled. The applicant shall designate the employees of the applicant who will be authorized to provide information to the AZDA grader or graders as may be necessary for the performance of the grading service.
- C. Application for grading service in official plants; approval. Any person desiring to process and pack products in a plant under grading service must receive approval of such plant and facilities as an official plant prior to the rendition of such service. When a signed application for service has been received, the State supervisor or the supervisor's assistant shall complete a plant survey pursuant to this Article. An application for

grading service shall be approved when the application has been filed for grading service; a successful plant survey is completed; and all required facility or equipment modifications are completed.

- D. Denial of service. An application for grading service may be denied by the Administrator when:
  1. The applicant fails to meet the requirements of this Article prescribing the conditions under which the service is made available.
  2. The product is owned by or located on the premises of a person currently denied the benefits of this Article.
  3. Any individual holding office or a responsible position with or having a substantial financial interest or share in the applicant is currently denied the benefits of the Act or was responsible in whole or in part for the current denial of the benefits of this Article to any person or entity.
  4. The Administrator determines that the application is an attempt on the part of a person currently denied the benefits of this Article to obtain grading services.
  5. The applicant, after an initial survey has been made in accordance with this Article, fails to bring the grading facilities and equipment into compliance with this Article within a reasonable period of time.
  6. Notwithstanding any prior approval whenever, before initiation of service, the applicant fails to fulfill commitments concerning the initiation of the service.
  7. It appears that performing the services specified in this Article would not be in the best interests of the public welfare or of the Government.
  8. It appears to the Administrator, in his sole discretion, that prior commitments of the Department or lack of resources necessitate denial of service.
- E. Debarment. An applicant may be permanently debarred for the following reasons:
  1. The giving or offering, directly or indirectly, of a bribe, or any money, loan, gift, or anything of value to an employee of the Department to obtain any benefit or special treatment;
  2. Taking any action that falsely brings the Department in disrepute or that creates the appearance of impropriety;
  3. Knowingly making a false or misleading statement of a material fact to the Department;
  4. Using any official identification, grademark, stamp, symbol, label, seal, or identification without authority from the Department;
  5. Forging, counterfeiting, or falsely simulating any grading certificate, symbol, stamp, label, seal, or identification authorized pursuant to this Article;
  6. Use of an official grademark, certificate, symbol, stamp, label, seal, or identification without authority;
  7. Failure to make an official plant or product accessible for grading service;
  8. Interference with the performance of duty of an AZDA grader, licensee, contractor, or employee.
  9. Failure to pay a Department invoice within 30 days after issuance of the invoice; or
  10. Any other violation of any provision of the statutes, rules and regulations of the Department that threatens the health, safety, or welfare of the public.
- F. Notification. An applicant shall be promptly notified of the reasons for a denial of service. A written petition for reconsideration of such denial may be filed by the applicant with the Administrator if postmarked or delivered within 10 days after the receipt of notice of the denial. Such petition shall state spe-

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cifically the errors alleged to have been made by the Administrator in denying the application. Within 20 days following the receipt of such a petition for reconsideration, the Administrator shall approve the application or notify the applicant of the reasons for the denial thereof. Service of notice may be accomplished by regular mail and/or email.

- G.** Withdrawal of application. An application for grading service may be withdrawn by the applicant at any time before the service is performed, provided that the applicant pays all expenses incurred by the AZDA in connection with such application.

**Historical Note**

Section R3-2-1105 recodified from R3-2-105 (Supp. 97-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 3755, effective May 10, 2002 (Supp. 02-3). Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**R3-2-1106. Authority of Applicant**

- A.** Proof that an authorized controlling person is applying for any grading service may be required at the discretion of the Administrator. Such proof may include, but is not limited to:
1. Documentation, as specified under A.R.S. § 41-1080(A), of the applicant's lawful presence in the U.S.
  2. Proof of business entity structure of the plant.
  3. Proof of ownership interest or position held in the plant.
  4. Documentation of designated authority from the business entity under which the plant operates.
- B.** The approved recipient of grading services must notify the Department of a change of control or ownership of the official plant within 15 days after such change is effective.

**Historical Note**

Section R3-2-1106 recodified from R3-2-106 (Supp. 97-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 3755, effective May 10, 2002 (Supp. 02-3). Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**R3-2-1107. Order of Service**

AZDA grading service shall be performed, insofar as practicable and subject to the availability of qualified graders, on a first-come, first-served basis, except that precedence may be given to an application for an appeal grading.

**Historical Note**

Section R3-2-1107 recodified from R3-2-107 (Supp. 97-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 3755, effective May 10, 2002 (Supp. 02-3). Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**R3-2-1108. Types of Grading Service**

- A.** Scheduled continuous grading service on a resident basis and continuous grading service on a nonresident basis. Service on a resident basis has a scheduled tour of duty, while service on a nonresident basis has a nonscheduled tour of duty, but is of a reoccurring nature. Both of these services are performed when an applicant requests that an AZDA/inspector grader be stationed in the applicant's processing plant and grade eggs in accordance with U.S. Standards. The applicant agrees to comply with the facility, operating, and sanitary requirements of resident service. The charges for resident grading services are

based on the hours of the regular tour of duty. Eggs graded under AZDA resident grading service are only eligible to be identified with the official grademarks shown in R3-2-1111 when processed and graded under the supervision of a grader/inspector, or quality assurance inspector as provided in R3-2-1114.

- B.** Unscheduled temporary grading service. Temporary grading service is performed when an applicant requests resident grading on a fee basis. The applicant must meet all of the facility, operating, and sanitary requirements of resident service. Charges or fees are based on the time and expenses needed to perform the work. Eggs graded under temporary grading service are only eligible to be identified with the official AZDA grademarks when they are processed and graded under the supervision of a grader or quality assurance inspector as provided in R3-2-1114.
- C.** Auditing service. Auditing service is performed when an applicant requests independent verification of written quality assurance and value added standards for production, processing, and distribution of eggs. Charges or fees are based on time, travel, and expenses needed to perform the work.
- D.** The Department shall determine the number of graders needed to perform grading services. Recipients shall not ask AZDA graders to assume plant managerial responsibilities.

**Historical Note**

Section R3-2-1108 recodified from R3-2-108 (Supp. 97-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 3755, effective May 10, 2002 (Supp. 02-3). Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**R3-2-1109. Suspension of Grading Service or Plant Approval for Correctable Cause**

- A.** Provision of grading services is a privilege and not a right. Any plant approval of grading services given pursuant to this Article may be suspended by the Administrator for:
1. Failure to maintain grading facilities and equipment in a satisfactory state of repair, sanitation, or cleanliness.
  2. The use of operating procedures which are not in accordance with this Article;
  3. Alterations of grading facilities or equipment which have not been approved in accordance with this Article; or
  4. Any reasons listed under R3-2-1105(D) "Denial of Service," or required by any other need to protect public health, safety, or welfare.
- B.** Suspension may occur prior to the right to have a hearing in cases in which immediate suspension is required to protect public health, safety, or welfare. Whenever it is feasible to do so, written notice in advance of such suspension of plant approval shall be given to the person concerned and shall specify a reasonable period of time in which corrective action must be taken. If advance written notice is not given, the action shall be promptly confirmed in writing after the suspension and the reasons therefor shall be stated, except in instances where the person has already corrected the deficiency. During such period of suspension, grading service shall not be rendered. After appropriate corrective action is taken, grading service will be restored immediately, or as soon thereafter as a grader can be made available.
- C.** If the grading facilities or methods of operation are not brought into compliance within a reasonable period of time as specified by the Administrator, the Administrator shall send formal notice of the suspension pursuant to A.R.S. Title 41,

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Chapter 6, Article 10. Any suspension shall continue in effect pending the outcome of a hearing unless otherwise ordered by the Administrator.

- D. Upon suspension of grading service, all grademarks (labels, seals, tags, or packaging material bearing other official identification), shall, under the supervision of a person designated by the AZDA, be destroyed, obliterated, or sequestered in a manner acceptable to the AZDA.
- E. In any case where grading service is suspended under this Section, the person concerned may thereafter apply for grading service once the conditions giving rise to the suspension or withdrawal have been remediated.

**Historical Note**

Section R3-2-1109 recodified from R3-2-109 (Supp. 97-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 3755, effective May 10, 2002 (Supp. 02-3). Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**R3-2-1110. Authority to Use Official Insignia**

- A. Authority to use official AZDA grademarks. Authority to use an AZDA grademark on products is granted only to recipients who utilize the services of a grader or quality assurance inspector in accordance with this Article. Packaging materials bearing official identification marks shall be approved pursuant to R3-2-1110 to R3-2-1111, inclusive, and shall be used only for the purpose for which approved and prescribed by the Administrator. Any unauthorized use or disposition of approved labels or packaging materials which bear any official AZDA identification may result in cancellation of grading service, denial of the permission to use of labels or packaging materials bearing official identification, or denial of other benefits of the Act pursuant to the provisions of R3-2-1105 D.
- B. Approval of official identification. No label, container, or packaging material which bears official identification may contain any statement that is false or misleading. No label, container, or packaging material bearing official identification may be printed or prepared for use until the printers' or other final proof has been approved by the Administrator in accordance with this Article. It is the recipient's responsibility to ensure label compliance with the Federal Food, Drug, and Cosmetic Act, the Fair Packaging and Labeling Act, and the regulations promulgated under this Article. The use of finished labels must be approved as prescribed by the Administrator. A grader may apply official identification stamps to shipping containers if they do not bear any statement that is false or misleading. If the label is printed or otherwise applied directly to the container, the principal display panels of such container shall for this purpose be considered as the label. The label shall contain the name, address, and ZIP Code of the packer or distributor of the product, the name of the product, a statement of the net contents of the container, and the AZDA grademark.
- C. Nutritional labeling. Nutrition information must be included on the labeling of each unit container of consumer packaged eggs in accordance with the General Regulations for the Enforcement of the Federal Food, Drug, and Cosmetic Act and the Fair Packaging and Labeling Act, located at 21 CFR §§ 101.1 to 101.108. The nutrition information included on labels is subject to review by the Food and Drug Administration prior to approval by the Department.
- D. Refrigeration labeling. All containers bearing official AZDA "Grade AA" or "Grade A" identification shall be labeled to

indicate that refrigeration is required, for example, "Keep refrigerated," or words of similar meaning.

**Historical Note**

Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**R3-2-1111. Form of AZDA Grademark and Information Required**

- A. Form of official identification symbol and grademark. The logo set forth in Illustration 1 shall be the official identification symbol for purposes of this Article and when used, imitated, or simulated in any manner in connection with eggs, shall be *prima facie* evidence that the product has been officially graded in compliance with this Article.
- B. Eggs with consumer grades. Except as otherwise authorized, the AZDA grademark used to officially identify AZDA consumer-graded eggs shall be of the form and design indicated in Illustrations 2 through 4. The logo shall be of sufficient size so that the printing and other information contained therein is legible and in approximately the same proportion as shown in these figures. No variation may be used for the color scheme of Illustration 4.
- C. The "Produced From" AZDA grademark. The Illustration 5 grademark may be used to identify products for which there are no official U.S. grade standards (for example, pasteurized shell eggs, and/or hard boiled eggs), provided that these products are approved by the Department and are prepared from AZDA compliant Consumer Grade AA or A eggs. The Illustration 5 grademark may utilize any one of the designs shown in Illustrations 2 through 4. The "Produced From" text outside the symbol shall be conspicuous, legible, and in approximately the same proportion and close proximity to the symbol as shown in Illustration 5.
- D. Information required on AZDA grademark. Except as otherwise authorized by the Administrator, each AZDA grademark shall include the letters "AZDA" and the U.S. grade of the product it identifies, such as "Grade AA," as shown in Illustration 2. Such information shall be printed with the symbol and the wording within the symbol in contrasting colors in a manner such that the design is legible and conspicuous on the material upon which it is printed.
- E. Product class. The size or weight class of the product, such as "Large," may appear within the grademark as shown in Illustration 3. If the size or weight class is omitted from the grademark, it must appear prominently on the main panel of the carton.
- F. Plant number. The plant number of the official plant preceded by the letter "P" must be shown on each carton or packaging material.

**Historical Note**

Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020

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(Supp. 20-2).

2020 (Supp. 20-2).

Illustration 1. AZDA



**Historical Note**

Illustration 1 made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

Illustration 2. AZDA Grade AA



**Historical Note**

Illustration 2 made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

Illustration 3. AZDA Grade AA Large



**Historical Note**

Illustration 3 made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9,

Illustration 4. AZDA AA Grade



**Historical Note**

Illustration 4 made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

Illustration 5. AZDA Grade AA Produced From Shell Eggs  
Produced From



**Historical Note**

Illustration 5 made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**R3-4-1112. Lot Marking of Officially Identified Eggs**

Each carton identified with the AZDA grademarks shown in R3-2-1111 shall be legibly lot-numbered on the consumer package and the carton, and may also be shown on the individual egg. The lot number shall be the consecutive day of the year (Julian date) on which the eggs were packed (for example, 132), except other lot-numbering systems may be used when submitted in writing and approved by the Administrator.

**Historical Note**

Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**R3-2-1113. Retention Directives**

A grader may use retention tags or other devices and methods as approved by the Administrator for the identification and control of eggs which are not in compliance with this Article or are held for further examination, and for any equipment, utensils, rooms or

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compartments which are found unclean or otherwise in violation of this Article. Any such item shall not be released until in compliance with this Article and retention identification shall not be removed by anyone other than a grader.

**Historical Note**

Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**R3-2-1114. Prerequisites to Packaging Eggs Identified with Grademarks**

Quality assurance inspector required. The official grademark identification of any product as provided in this Article shall be done only under the supervision of a grader or quality assurance inspector. The grader or quality assurance inspector shall have supervision over the use and handling of all material bearing any official grademark identification.

**Historical Note**

Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**R3-2-1115. Grading Requirements of Eggs Identified with AZDA Grademarks**

- A. Eggs to be identified with the AZDA grademarks illustrated in R3-2-1111 must be individually graded by a grader.
- B. In order to be officially identified with an AZDA consumer grademark, eggs shall:
  1. Be of current production;
  2. Be produced and processed within the borders of Arizona;
  3. Not possess any undesirable odors or flavors;
  4. Not have previously been shipped for retail sale;
  5. Meet consumer Grade A or Grade AA, as prescribed in AMS 56, United States Standards, Grades, and Weight Classes for Shell Eggs, revised as of July 20, 2000, which is incorporated by reference, does not include any later amendments or editions of the incorporated matter, is on file with the Department at 1688 W. Adams St., Phoenix, AZ 85007, and can be found online at [https://www.ams.usda.gov/sites/default/files/media/Shell\\_Egg\\_Standard%5B1%5D.pdf](https://www.ams.usda.gov/sites/default/files/media/Shell_Egg_Standard%5B1%5D.pdf);
  6. Be produced and packaged in a facility in accordance with the Food and Drug Administration, Department of Health and Human Services' requirements for the Production, Storage, and transportation of Shell Eggs as specified in 21 CFR §§ 118.1 to 118.12, revised as of April 1, 2011, which is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Department at 1688 W. Adams St., Phoenix, AZ 85007;
  7. Be produced and packaged in a facility that meets the Regulations Governing the Inspection of Eggs under the Egg Products Inspection Act (EPIA), as specified in 7 CFR §§ 57.1 to 57.970, revised as of April 12, 2006, which is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Department at 1688 W. Adams St., Phoenix, AZ 85007;
  8. Be produced in a facility that has implemented a SE environmental monitoring program which includes testing for SE in chick papers and in the house environment when the pullets are 14-16 weeks of age, 40-45 weeks of age, four to six weeks post-molt, and pre-depopulation.

9. Be produced in a facility that has implemented and maintained a vaccination program to protect against SE infection, which includes a minimum of two attenuated live vaccinations and one killed or inactivated vaccination, or an alternative vaccination program that has been approved by the Department after having been demonstrated in the Department's estimation to be equally effective.

- C. Management at an official plant is responsible for notifying the AZDA grader whenever contaminated or adulterated eggs are present in the official plant. Any eggs identified as contaminated or adulterated must be properly labeled and controlled by plant management. This includes eggs originating from a layer house with an SE-positive environment or eggs testing positive for the presence of SE. Failure to control, detain and/or notify the grader of the presence of contaminated or adulterated eggs in the official plant will constitute a violation of this Article. Department employees are authorized to inspect lay houses and review plant documents to determine compliance with this Article.

**Historical Note**

Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**R3-2-1116. Payment of Fees and Charges**

- A. Fees and charges for any grading service shall be paid by the recipient by check, draft, or money order payable to the "Arizona Department of Agriculture Egg Program." AZDA may require that fees and charges shall be paid in advance, and shall include travel, per diem, or other expenses incurred by the Department in connection with providing grading services.
- B. The cost of an appeal grading or review of a grader's decision shall be borne by the appellant on a unscheduled temporary basis at rates set forth in R3-2-1117, plus travel, per diem, or other expenses. If the appeal grading or review of a grader's decision discloses that a material error was made in the original determination, no fee or expenses will be charged for the regrading.
- C. Invoices for services previously rendered will be issued no later than the 10th day following the end of the period in which the service was rendered and are payable in full upon receipt.

**Historical Note**

Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**R3-2-1117. Charges for Grading Service**

- A. Scheduled continuous grading service. The following rates apply to continuous grading service on a resident basis and continuous grading service on a nonresident basis per grader:
  1. Regular rate: \$38.00/hour
  2. Overtime rate: \$57.00/hour
  3. Holiday rate: \$58.00/hour
- B. Plant survey, unscheduled temporary, auditing and appeal grading services. The following rates apply to temporary and auditing service per grader:
  1. Regular rate: \$57.00/hour
  2. Overtime rate: \$85.00/hour
  3. Holiday rate: \$87.00/hour
- C. Reapplication after termination of service by recipient. If a recipient causes termination under R3-2-1105(D), and reapplies within 12 months from the date of termination, there will

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be an additional re-application fee of \$300 in addition to the above fees.

- D. Extra charges.** The following extra charges shall be assessed:
1. All hours worked by an assigned grader or another grader in excess of the approved tour of duty, worked on a non-scheduled workday, or worked on a State holiday outside of the approved tour of duty, will be considered as overtime, at the rate of time and one-half.
  2. For all hours of work performed in a plant without an approved tour of duty, the charge will be the temporary grading service.
- E. No charges.** No charges will be assessed:
1. Solely because of a change in name or ownership of the official plant, unless the recipient of services fails to notify the Department within the time limit specified in R3-2-1105, in which case the above charges will apply.
  2. When the assigned grader is temporarily reassigned by AZDA to perform grading service for another service recipient.

**Historical Note**

Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**R3-2-1118. Termination by Recipient**

Grading services under this Article shall be unilaterally terminated by the recipient of such service when:

- A. Service is not installed within six months from the date the application is filed due to inaction by the applicant or recipient on Department requirements.
- B. Service remains inactive for a period of more than six months due to a recipient's request for removal of a grader and the recipient does not accept reassignment of another grader by the Department.
- C. The recipient is terminated for cause based on violations listed in R3-2-1105(D).

**Historical Note**

Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**R3-2-1119. Mutual Termination**

- A. The Department and the recipient of service may mutually agree to termination of the service, under the following terms:
- B. Previously paid fees will not be returned to the service recipient.
- C. Pending charges will be paid in full for completed work of the Department.
- D. A pending application will be considered terminated, but a new application may be filed at any time, without penalty.
- E. Termination shall not take effect until the end of a 30-days' notice period, unless the parties agree otherwise.
- F. The mutual decision to terminate and any related agreements are documented in writing.

**Historical Note**

Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**R3-2-1120. Appeals**

- A. Appeal grading. An appeal grading may be requested by any recipient or authorized designee or other interested party ("appellant") who is dissatisfied with the determination by a grader of the class, quality, quantity, or condition of any prod-

uct as evidenced by the AZDA grademark and accompanying label, or as stated on a grading certificate.

1. The appeal shall be filed with the original grader's immediate supervisor.
  2. Initial review of the appeal shall be made by the original grader's immediate supervisor, or by one or more licensed graders assigned by the immediate supervisor to review the appeal.
  2. An appeal may be made orally or in writing. If made orally, written confirmation is required. The appellant shall clearly state the reasons for requesting the appeal grading and a description of the product, or the decision which is questioned. If such appeal request is based on the results stated on an official certificate, the original and all available copies of the certificate shall be provided to the grader assigned to perform the appeal grading.
  3. The appellant's request for the appeal grading may be refused when it appears to the reviewer that the reasons given in the request are frivolous or not substantial, the quality or condition of the product has undergone a material change since the original grading, the original lot has changed in some manner, or the appellant has not materially complied with the requirements of this Article. In such case, the appellant shall be promptly notified of the reason or reasons for such refusal.
  4. If an appeal grading is granted, it shall be performed by a grader other than the original grader. Whenever practical, an appeal grading shall be conducted jointly by two independent graders.
  5. The following procedures shall be used for appeal grading:
    - a. The appeal sample shall consist of product taken from the original sample container plus an equal number of samples selected at random.
    - b. When the original samples are not available or have been altered, such as the removal of undergrades, the appeal sample size for the lot shall consist of double the samples required in R3-2-1102.
    - c. Eggs shall not have been moved from the original place of grading and must have been maintained under adequate refrigeration.
  6. Immediately after an appeal grading is completed, an appeal certificate shall be issued to show that the original grading was upheld, modified, or rejected. Such certificate shall supersede any previously issued certificate for the product involved and shall clearly identify the number and date of the superseded certificate. The issuance of the appeal certificate may be withheld until any previously issued certificate and all copies have been returned when such action is deemed necessary to protect the interest of the Department. When the appeal grader assigns a different grade to the lot, the existing AZDA grademark shall be changed or obliterated as necessary. When the appeal grader assigns a different class or quantity designation to the lot, the labeling shall be corrected.
- B. Appeal for suspension, termination or denial of service or debarment.** Any person whose grading service is suspended, terminated, denied service, or debarred, may request a hearing before an administrative law judge pursuant to A.R.S. Title 41, Chapter 6, Article 10. The decision of the administrative law judge is subject to review by the Director as provided by A.R.S. Title 41, Chapter 6, Article 10.

**Historical Note**

Section made by final exempt rulemaking at 26 A.A.R.

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916, with an immediate effective date of April 9, 2020  
(Supp. 20-2).

**R3-2-1121. AZDA Grading Certificates**

- A. Forms. AZDA grading certificates and sampling report forms (including appeal grading certificates and regrading certificates) shall be issued on forms approved by the Administrator.
- B. Issuance.
  - 1. Resident grading basis. Certificates will be issued only upon request therefor by the applicant or AZDA. When requested, a grader shall issue a certificate covering product graded by such grader. In addition, a grader may issue a grading certificate covering product graded in whole or in part by another grader when the grader has knowledge that the product is eligible for certification based on personal examination of the product or official grading records.
  - 2. Other than resident grading. Each grader shall, in person or by the grader's authorized agent, issue a grading certificate covering each product graded by such grader. A grader's name may be signed on a grading certificate by a person other than the grader, if such person has been designated as the authorized agent of such grader by the Administrator, provided that:
    - a. The certificate is prepared from an official memorandum of grading signed by the grader; and
    - b. A notarized power of attorney authorizing such signature has been issued to such person by the grader and is on file in the office of grading. In such case, the authorized agent shall sign both the agent's name and the grader's name, for example, "John Doe by Mary Roe."
- C. Disposition. The original and required or requested copies of the grading certificate, immediately upon issuance, shall be delivered, mailed, or electronically submitted to the recipient or the recipient's designee. One copy is required to be sent and the recipient may request additional copies. Other copies shall be filed and retained in accordance with the disposition schedule for grading program records.

**Historical Note**

Section made by final exempt rulemaking at 26 A.A.R.  
916, with an immediate effective date of April 9, 2020  
(Supp. 20-2).

**R3-2-1122. Minimum Facility and Operating Requirements for Egg Grading and Packing Plants**

- A. For grading services that are provided on a resident or temporary basis, QAD 700 Shell Egg Graders Handbook Section 02 through Section 08, revised as of August 30, 2016. This material is incorporated by reference, does not include any later amendments or editions of the incorporate matter, and is on file with the Department at 1688 W. Adams St., Phoenix, AZ 85007; and the following minimum facility and operating conditions will be required:
- B. Applicants must comply with all applicable Federal, State and local government occupational safety and health regulations.
- C. Processing facilities are required to have a documented and implemented Quality Management System that meets Title 21, Part 117 of the U.S. Code of Federal Regulations "Current Good Manufacturing Practice, Hazard Analysis, and Risk-based Preventive Controls for Human Foods," revised as of April 1, 2018. This material is incorporated by reference, does not include any later amendments or editions of the incorporate matter, and is on file with the Department at 1688 W. Adams St., Phoenix, AZ 85007.

**D. General requirements for premises, buildings and plant facilities.**

1. The outside premises shall be free from refuse, rubbish, waste, unused equipment, and other materials and conditions which constitute a source of odors or a harbor for insects, rodents, and other vermin.
2. The outside premises adjacent to grading, packing, cooler, and storage rooms must be constructed to provide proper drainage to prevent conditions that may constitute a source of odors or propagate insects or rodents.
3. Buildings shall be of sound construction so as to prevent, insofar as practicable, the entrance or harboring of vermin.
4. Grading and packing rooms shall be of sufficient size to permit installation of necessary equipment and conduct grading and packing in a sanitary manner. These rooms shall be kept reasonably clean during grading and packing operations and shall be thoroughly cleaned at the end of each operating day.
5. The floors, walls, ceilings, partitions, and other parts of the grading and packing rooms including benches and platforms shall be constructed of materials that are readily cleanable, maintained in a sanitary condition, and impervious to moisture in areas exposed to cleaning solutions or moist conditions. The floors shall be constructed as to provide proper drainage.
6. Adequate toilet accommodations that are conveniently located and separated from the grading and packing rooms are to be provided. Handwashing facilities shall be provided with hot and cold running water, an acceptable handwashing detergent, and a sanitary method for drying hands. Toilet rooms shall be ventilated to the outside of the building and be maintained in a clean and sanitary condition. Signs shall be posted in the toilet rooms instructing employees to wash their hands before returning to work. In new or remodeled construction, toilet rooms shall be located in areas that do not open directly into processing rooms.
7. A separate refuse room or a designated area for the accumulation of trash must be provided in plants which do not have a system for the daily removal or destruction of such trash.
8. Adequate packing and packaging storage areas are to be provided that protect packaging materials and are dry and maintained in a clean and sanitary condition.

**E. Grading and packing room requirements.**

1. The egg grading or candling area shall be capable of adequate darkening to make possible the accurate quality determination of the candled appearance of eggs. There shall be no light source or reflection of light that interferes with, or prohibits the accurate quality determination of eggs in the grading or candling areas.
2. The grading and candling equipment shall provide adequate light to facilitate quality determinations. When needed, other light sources and equipment or facilities shall be provided to permit the detection and removal of stained and dirty eggs or other undergrade eggs.
3. The grading and candling equipment must be sanitarily designed and constructed to facilitate cleaning. Such equipment shall be kept reasonably clean during grading and packing operations and be thoroughly cleaned at the end of each operating day.



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4. Egg weighing equipment shall be constructed of materials to permit cleaning; operated in a clean, sanitary manner; and shall be capable of ready adjustment.
5. Adequate ventilation, heating, and cooling shall be provided where needed.
- F. Cooler room requirements.**
  1. Cooler rooms holding eggs that are identified with a consumer grade shall be refrigerated and capable of maintaining an ambient temperature no greater than 45 °F (7.2 °C).
  2. Accurate thermometers shall be provided for monitoring cooler room temperatures.
  3. Cooler rooms shall be free from objectionable odors and from mold, and shall be maintained in a sanitary condition.
- G. Egg protecting operations.**
  1. Egg protecting (oil application) operations shall be conducted in a manner to avoid contamination of the product and maximize conservation of its quality.
  2. Component equipment within the egg protecting system, including holding tanks and containers, must be sanitarily designed and maintained in a clean and sanitary manner, and the application equipment must provide an adequate amount of oil for shell coverage of the volume of eggs processed.
  3. Eggs with excess moisture on the shell shall not be shell protected.
  4. Oil having any off odor, or that is obviously contaminated, shall not be used in egg protection operations. Oil is to be filtered prior to application.
  5. The component equipment of the application system shall be washed, rinsed, and treated with a bactericidal agent each time the oil is removed.
  6. Adequate coverage and protection against dust and dirt shall be provided when the equipment is not in use.
- H. Egg cleaning operations.**
  1. Egg washing equipment must be sanitarily designed, maintained in a clean and sanitary manner, and thoroughly cleaned at the end of each operating day.
  2. Egg drying equipment must be sanitarily designed and maintained in a clean and sanitary manner. Air used for drying purposes must be filtered. These filters shall be cleaned or replaced as needed to maintain a sanitary process.
  3. The temperature of the wash water shall be maintained at 90 °F (32.2 °C) or higher, and shall be at least 20 °F (6.7 °C) warmer than the internal temperature of the eggs to be washed. These temperatures shall be maintained throughout the cleaning cycle. Accurate thermometers shall be provided for monitoring wash water temperatures.
  4. Approved cleaning compounds shall be used in the wash water.
  5. Wash water shall be maintained at a measurable pH level of 11 or higher. Accurate testing equipment shall be provided and accessible to the grader. If continuous monitoring of pH is not possible, the applicant should devise a monitoring system for documenting pH with a frequency that has been validated.
  6. Wash water shall be changed approximately every four hours or more often if needed to maintain sanitary conditions, and at the end of each shift. Remedial measures shall be taken to prevent excess foaming during the egg washing operation.
7. Replacement water shall be added continuously to the wash water of washers. Chlorine or quaternary sanitizing rinse water may be used as part of the replacement water, provided, they are compatible with the washing compound. Iodine sanitizing rinse water may not be used as part of the replacement water.
8. Only potable water may be used to wash eggs. Each official plant shall submit certification to the office of grading stating that their water supply is potable. An analysis of the iron content of the water supply, stated in parts per million, is also required. When the iron content exceeds two parts per million, equipment shall be provided to reduce the iron content below the maximum allowed level. Frequency of testing for potability and iron content shall be determined by the Administrator. When the water source is changed, new tests are required.
9. Waste water from the egg washing operation shall be piped directly to drains.
10. The washing, rinsing, and drying operations shall be continuous and shall be completed as rapidly as possible to maximize conservation of the egg's quality and to prevent sweating of eggs. Eggs shall not be allowed to stand or soak in water. Immersion-type washers shall not be used.
11. Prewetting eggs prior to washing may be accomplished by spraying a continuous flow of water over the eggs in a manner which permits the water to drain away or other methods which may be approved by the Administrator. The temperature of the water shall be the same as prescribed in this Section.
12. Washed eggs shall be spray-rinsed with water having a temperature equal to, or warmer than, the temperature of the wash water. The spray-rinse water shall contain a sanitizer that has been determined acceptable for the intended use by the supervisor and of not less than 100 PPM nor more than 200 PPM of available chlorine or its equivalent. Alternate procedures, in lieu of a sanitizer rinse, may be approved by the Administrator.
13. Test kits shall be provided and used to determine the strength of the sanitizing solution.
14. During non-processing periods, eggs shall be removed from the washing and rinsing area of the egg washer and from the scanning area whenever there is a buildup of heat that may diminish the quality of the egg.
15. Washed eggs shall be reasonably dry before packaging and packing.
16. Steam, vapors, or odors originating from the washing and rinsing operation shall be continuously and directly exhausted to the outside of the building.
- I. Requirements for eggs officially identified with a grademark.**
  1. Eggs that are officially identified with an AZDA grademark shall be placed under refrigeration at an ambient temperature no greater than 45 °F (7.2 °C) promptly after packaging.
  2. Eggs that are to be officially identified with the AZDA grademark shall be packed only in new packaging materials that are clean, free of mold, mustiness and off odors, or clean and sanitized packaging material designed to be reused, and must be of sufficient strength and durability to adequately protect the eggs during normal distribution. When packed in other than fiber packing material, the containers must be of sound construction and maintained in a reasonably clean manner.
- J. Use of approved chemicals and compounds.**

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1. All egg washing and equipment cleaning compounds, defoamers, destainers, sanitizers, inks, oils, lubricants, or any other compound that comes into contact with the eggs shall be approved by the national supervisor for their specified use and handled in accordance with the manufacturer's instructions.
  2. All pesticides, insecticides, and rodenticides shall be approved for their specified use and handled in accordance with the manufacturer's instructions.
- K. Marking individual eggs.** The marking of individual eggs may be requested by processors as part of a specification requirement or for other marketing purposes.
1. Stamping eggs. Recognizing the difficulty in clearly stamping the rounded surface of an egg, a lot average tolerance of 10-percent for individual eggs with partial, illegible, or no marks in any combination is permitted with no individual case exceeding 20-percent. These tolerances may be applied as a moving average when performing online sampling or as a lot average while performing stationary lot gradings. If more than 50% of the image or letter or letters is missing, the symbol is illegible. Stamped eggs are not classified as stains or dirty. They are to be graded without regard to marking. An official grade cannot be assigned to a mixed lot of eggs that contains individually marked and unmarked eggs. If requested, the lot may be graded for all factors except ink stains. Lot averages may be shown on the certificate. The section "Official Grade and Size" shall state "No AZDA Grade." The following statement shall also be placed in the "Remarks" section: "Lot contains marked and unmarked eggs. Eggs graded for all factors except ink stains." Individual eggs with ink blotches or smears from dating devices are to be classified as stains or dirty, depending on the intensity and/or area of the stain [guidance not clear]. Inks used in marking individual eggs which will be officially graded are to be approved by the Administrator prior to their use. The request for approval should be accompanied with a copy of the ink formula, the name of the product, and the name and address of the manufacturer.
  2. Laser etching (marking eggs). The use of a laser etching system to mark information is subject to joint review by the Food and Drug Administration (food safety impact evaluation) and AZDA (quality impact evaluation). Only approved laser etching systems may be used to identify eggs to be officially graded and identified with an AZDA grademark. The amount of the shell surface available for laser etching and the information etched on the shell is subject to review by the resident grader and the supervisor. The information etched on the shell must not interfere with the graders ability to evaluate the quality attributes of the egg.
  3. When an individual egg is marked, whether an applied ink or laser etched, the information must be consistent with the information on the label, for example, any marketing claims, production code, or packer identity. If this information is not consistent throughout the lot, the eggs are not eligible to be identified with an AZDA grademark.

**Historical Note**

Section made by final exempt rulemaking at 26 A.A.R.  
916, with an immediate effective date of April 9, 2020

(Supp. 20-2).

**R3-2-1123. Health and Hygiene of Personnel**

- A.** No person known to be affected by a communicable or infectious disease shall be permitted to come in contact with the product.
- B.** Plant personnel coming into contact with the product shall wear clean clothing.

**Historical Note**

Section made by final exempt rulemaking at 26 A.A.R.  
916, with an immediate effective date of April 9, 2020  
(Supp. 20-2).

**R3-2-1124. Use of the "Produced From" Labeling**

- A.** Use of the wording "Produced From" in conjunction with the AZDA grademark, is limited to products derived from AZDA Grade AA or Grade A eggs for which there are no U.S. grade standards (for example, pasteurized eggs or hard-cooked eggs). The following guidelines are to be used when monitoring the official grade identification of these types of products.
  1. Approval. Applicants interested in utilizing the "Produced From" labeling must submit a written proposal to the Administrator. The proposal is to include the type or types of product to be labeled and the applicant's plan for controlling the use and labeling of officially identified product. After review by the supervisor, the supervisor is to forward the request to the Administrator for final review and approval. Upon approval, the supervisor is to reconfirm all of the requirements with the applicant prior to any actual grade identification.
  2. Verification visits. To assure that only officially graded eggs are being used, the processing, packing, and packaging must be closely monitored. Each verification visit shall include a review of records, product inventory, processing procedures, packing, packaging, storage, and shipping practices to confirm that the applicant is following the protocol outlined in their approved plan. In plants with resident service, the supervisor or Administrator is to be present during the initial production period to monitor the process and verify compliance. The grader will conduct all subsequent monitoring and verification activities with oversight from the supervisor. In temporary or fee locations, plant management must notify the supervisor each time the "produced from" labeling will be used or, alternatively, provide the supervisor with a projected production schedule. At these locations, compliance will be based on the applicant's established history of compliance as outlined in the following schedule:
    - a. Level 1 - The supervisor or administrator is to monitor and verify the process on the initial day of production. The supervisor or a grader will conduct subsequent visits. At least one additional verification visit is to be conducted during the next 10 production days. If no discrepancies are noted, one visit is to be conducted for each 30 days of production until three consecutive satisfactory visits have been completed. Once this verification period has ended without any noted program non-conformance, monitoring may proceed to Level 2.
    - b. Level 2 - Supervisor or a grader is to conduct quarterly verification visits provided the applicant continues to meet all program requirements. If any nonconformance is noted during these visits, monitoring reverts back to Level 1. Misuse of the labeling will result in cancellation of the approval.

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- B. Recordkeeping. Recipients shall maintain, and make available for review, all invoices or applicable Grading Certificates covering product received, produced, and shipped. At a minimum, these records must include the name and address of original packer, amount received, quantity produced, brand names, lot numbers, quantity shipped and name and address of receivers. Records must be maintained for two years.
- C. Cost. There will be no additional charge to resident plants when graders monitor product labeling during their normal grading activities. When graded product is shipped from official plants to other processing locations for re-packaging that are not under continuous AZDA supervision, time and expenses associated in conducting the verification visits will be charged to the recipient at the current Temporary grading and auditing service rate.

**Historical Note**

Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**R3-2-1125. Specification Grading**

- A. Applicants may request for additional specifications to be certified that exceed the standards of this Chapter. The requested specifications must be submitted in writing to the administrator for approval. The approving official will review the information for approval or advise the applicant of the reason or reasons for disapproval. If the specification is approved, a letter enclosing a copy of the approved application and specification will be returned to the applicant with a request to provide copies of the specification to each supplier and applicable AZDA grader. Each page of the approved specification will have an approval stamp bearing the date of approval and the signature of the approving official. Additionally, each page will be sequentially numbered such as page 1 of 5, page 2 of 5, etc.
- B. Plant management is responsible for advising graders when they are preparing to pack eggs in accordance with an approved specification. However, each grader must be familiar with the approved specification list and, to the extent practically possible, be aware when products with approved specifications are being packed at the duty location. When a plant packs product requiring compliance with an approved specification, the grader shall obtain a copy of the specification from plant management and assure that all provisions of the specification are met. As applicable, product that meets specification requirements will be identified in accordance with procedures outlined in the approved specification. When the specification requires the issuance of a grading certificate, the following statement is to be placed in the remarks section of the certificate: "Product covered by this certificate meets specification requirements for \_\_\_\_\_."

**Historical Note**

Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**ARTICLE 12. ACQUISITION AND USE OF SODIUM PENTOBARBITAL AND DERIVATIVES BY UNLICENSED INDIVIDUALS IN ANIMAL SHELTERS**

**R3-2-1201. Definitions**

- 1. "Agreement" shall refer to a contract signed by the responsible person and the State Veterinarian whereby the responsible person has met all requirements set forth in Section R3-2-1202. The agreement remains in effect until

the expiration of the DEA registration or a change in employment status of the responsible person with the animal shelter.

- 2. "Approved curriculum" means any euthanasia-training curriculum approved by the AVMA or the State Veterinarian of Arizona.
- 3. "Authorized employee" means an unlicensed individual who is authorized to euthanize animals, takes direction from a responsible person or a licensed person, and has obtained State-Veterinarian-approved training in the use and handling of controlled substances as set forth in this Article.
- 4. "AVMA" means the American Veterinary Medical Association.
- 5. "AVMA Guidelines for the Euthanasia of Animals: 2020 Edition" means that specific edition of guidelines and does not include any later amendments or editions of the incorporated material, and is on file with the Department.
- 6. "Controlled Substances Act" refers to 21 U.S.C.A. § 801, et seq.
- 7. "Controlling person" means the natural person who exercises legal ownership, control, or designated leadership of a shelter.
- 8. "DEA" refers to the federal Drug Enforcement Agency.
- 9. "Licensed person" means a veterinarian licensed by the Arizona Veterinary Medical Examining Board, who is exempt from the euthanasia training requirements.
- 10. "Responsible person" means an unlicensed individual who meets the requirements of R3-2-1202, who is employed by the shelter, and who in the absence of a licensed person, has agreed to supervise the acquisition, storage, administration, and record-keeping of the controlled substances in accordance with the Controlled Substances Act and this Article.
- 11. "Shelter" means an animal care and control shelter operated by any town, city, county or the state, including privately operated animal shelters that are utilized by a town, city, county or the state.
- 12. "State Veterinarian" means the person appointed as the State Veterinarian under A.R.S. § 3-1211.

**Historical Note**

New Section made by final rulemaking at 29 A.A.R. 1327 (June 9, 2023), effective July 8, 2023 (Supp. 23-2).

**R3-2-1202. General Provisions**

- A. Euthanasia of animals shall be done in compliance with the provisions of this Article and in accordance with procedures established under A.R.S. § 11-1021 by the local governing body.
- B. Any shelter that does not employ a licensed supervisory veterinarian may apply for a DEA controlled-substances registration for each physical location in order to administer euthanasia. DEA will only grant the registration if the shelter is approved by, and meets the standards of, the State Veterinarian, as follows:
  - 1. The responsible person is formally designated by the controlling person of the shelter as the individual responsible to obtain and manage controlled substances on behalf of the shelter;
  - 2. The responsible person must successfully complete an approved euthanasia training course;
  - 3. The responsible person and the State Veterinarian must execute an agreement obligating the responsible person to comply with this Article;

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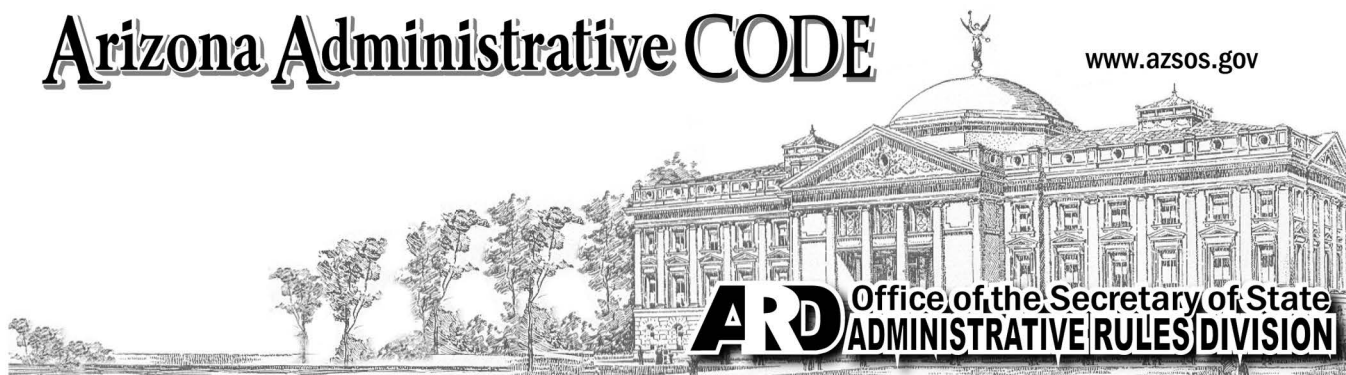
4. The responsible person is 21 years of age or older; and
  5. The responsible person shall provide three professional references to the State Veterinarian to demonstrate professionalism and good moral character.
- C.** Duties and responsibilities of the responsible person are to:
1. Abide by all local, state, and federal laws and regulations pertaining to the operation of a shelter, including those laws and regulations governing possession and use of controlled substances.
  2. Ensure that any authorized employee who administers euthanasia complies with the American Veterinary Medical Association (AVMA) Guidelines for the Euthanasia of Animals: 2020 Edition.
  3. Ensure that any authorized employee who administers euthanasia has successfully completed a curriculum of euthanasia training approved by the State Veterinarian.
- D.** Prior to the expiration of the current DEA registration, the responsible person shall submit an application to the State Veterinarian at least 45 days prior to that expiration, requesting re-approval of the shelter according to the requirements of this Article. The State Veterinarian approval shall run concurrently with the DEA registration, except as indicated in subsection (E).
- E.** The shelter shall inform the State Veterinarian within 14 days of a change in:
1. Ownership or controlling person;
  2. Location;
  3. Responsible person; or
  4. Expiration or termination of an agreement or contract between a town, city, county or state utilizing the services of a privately operated shelter or shelters.
- F.** Upon a change listed in subsection (E), the controlling person shall file an application with the State Veterinarian, requesting re-approval of the shelter according to the requirements of this Article. The existing agreement terminates upon the date of the change, and the shelter shall not administer any controlled substances until the State Veterinarian approves the new application and a new DEA registration is obtained.
- A.** The following organizations offer approved euthanasia courses: The American Humane Association; The National Animal Care and Control Association; Companion Animal Euthanasia Training Academy. The State Veterinarian reserves the right to approve or withdraw the approval of curricula at any time. Approved curriculum training shall include an instructional section and a practical exam showing skill competency; and shall include, but not be limited to, the following topics:
1. Anatomy;
  2. Personnel safety, controlled substance diversion, and compassion fatigue;
  3. Controlled substance handling and mechanism of action;
  4. Humane methods of handling and euthanasia of domestic animals;
  5. Methods to ensure barriers between animals during euthanasia;
  6. Concepts particular to euthanasia of wild or feral animals;
  7. Administering pre-euthanasia sedatives;
  8. Verification of death; and
  9. Acceptable methods of disposal of animal remains and euthanasia supplies.
- B.** The responsible person shall keep records of all euthanasia-related activities including, but not limited to:
1. Identification of animals euthanized;
  2. Reason for euthanasia;
  3. Method of euthanasia;
  4. Adverse events; and
  5. All recordkeeping required by the Controlled Substances Act.
- C.** A shelter is subject to periodic random inspection by the Office of the State Veterinarian. Upon request by the Office of the State Veterinarian, the responsible person or controlling person shall immediately produce records.
- D.** Following an audit or inspection, if evidence exists of non-compliance with the standards in this Section, the State Veterinarian reserves the right to modify the agreement. The State Veterinarian may also terminate the agreement, and notify the DEA that the shelter has lost approval by the State Veterinarian to administer euthanasia by unlicensed individuals.

**Historical Note**

New Section made by final rulemaking at 29 A.A.R. 1327 (June 9, 2023), effective July 8, 2023 (Supp. 23-2).

**R3-2-1203. Requirements of Euthanasia Approved Curriculum; Recordkeeping; Inspection****Historical Note**

New Section made by final rulemaking at 29 A.A.R. 1327 (June 9, 2023), effective July 8, 2023 (Supp. 23-2).



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### CHAPTER 6. DEPARTMENT OF AGRICULTURE - OFFICE OF COMMODITY DEVELOPMENT AND PROMOTION

#### 3 A.A.C. 6

#### Supplement Information Supp. 25-4

Rules codified between October 1, 2025 through December 31, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-4 replaces Supp. 25-1, 1-3 pages.**

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

## PREFACE

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Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

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*Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.*

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## Administrative Rules Division

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## TITLE 3. AGRICULTURE

## CHAPTER 6. DEPARTMENT OF AGRICULTURE - OFFICE OF COMMODITY DEVELOPMENT AND PROMOTION

## Supp. 25-4

## CHAPTER TABLE OF CONTENTS

*Editor's Note: Section R3-6-102 renewal of emergency expired on July 1, 2025; rules as amended November 3, 2023, reinstated as codified in Supp. 23-4. Editor's notes containing the history of the emergency and emergency-renewal as previously published on this Chapter's cover pages added to the Table of Contents (Supp. 25-4).*

*Editor's note: This Chapter contains Section R3-6-102 amended under a renewal of an emergency rulemaking as authorized under Laws 2024, Ch. 214, § 11(B). Section B states "The Department of Environmental Quality is exempt from rulemaking requirements of Title 41, Chapter 6, Arizona Revised Statutes, until July 1, 2025 for the purpose of establishing fees pursuant to this section" (Supp. 25-1).*

*Editor's note: This Chapter contains Section R3-6-102 amended under an emergency rulemaking as authorized under Laws 2024, Ch. 214, § 11(B). Section B states "The Department of Environmental Quality is exempt from rulemaking requirements of Title 41, Chapter 6, Arizona Revised Statutes, until July 1, 2025 for the purpose of establishing fees pursuant to this section." On August 26, 2024, the Department of Agriculture Advisory Council voted in favor of continuing the existing certification fees under R3-6-102(A)(1) and (2) in FY 2025. The Attorney General approved the emergency and approved the Department's request that the rule become effective on September 14, 2024, the general effective date of Laws 2024, Ch. 214 from the Fifty-sixth Legislature, Second Regular Session (Supp. 24-3).*

*Title 3, Chapter 6, consisting of Section R3-6-101, adopted by final rulemaking at 6 A.A.R. 45, effective December 8, 1999 (Supp. 99-4).*

*Former Title 3, Chapter 6, Article 1, Sections R3-6-101 through R3-6-109, renumbered to Title 3, Chapter 2, Article 9, Sections R3-2-901 through R3-2-909 (Supp. 91-4).*

## ARTICLE 1. MARKETING

*Article 1, consisting of Section R3-6-101, adopted by final rulemaking at 6 A.A.R. 45, effective December 8, 1999 (Supp. 99-4).*

## Section

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## ARTICLE 2. EXPIRED

*Article 2 heading updated to "Expired" (Supp. 25-4).*

*Article 2, consisting of Sections R3-6-201 through R3-6-204, expired under A.R.S. § 41-1056(E) at 11 A.A.R. 867, effective December 31, 2004 (05-1).*

*Article 2, consisting of Sections R3-6-201 through R3-6-204, adopted by final rulemaking at 6 A.A.R. 1573, effective April 5, 2000 (Supp. 00-2).*

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## TITLE 3. AGRICULTURE

## CHAPTER 6. DEPARTMENT OF AGRICULTURE - OFFICE OF COMMODITY DEVELOPMENT AND PROMOTION

**ARTICLE 1. MARKETING****R3-6-101. Certificate of Free Sale**

- A. Any person based in Arizona manufacturing or distributing a consumable product in Arizona may apply to the Department for a Certificate of Free Sale. The application must contain:
1. The applicant's name, address, telephone, and email address of the company;
  2. The printed name and signature of the applicant's contact person;
  3. A list of the consumable products, including brand name, product name, and flavors or type, manufactured, distributed, or sold in Arizona for which a certificate is requested;
  4. For vitamins and dietary supplements, or upon request, the products' labels;
  5. The country of export, if applicable;
  6. The fee prescribed in subsection (B); and
  7. Evidence that the products are generally and freely sold in domestic channels of trade in accordance with subsection (C).
- B. Fees.
1. Certificate of Free Sale: \$25 for each 100 products;
  2. Copies of issued certificates: \$1 per page.
- C. An applicant shall provide evidence that a product is generally and freely sold in domestic channels of trade by submitting copies of three different invoices or bills-of-lading from the three months preceding the application showing the sale of the product. Each invoice and bill-of-lading must contain the buyer's name and address. At least one invoice or bill-of-lading or the product's label must demonstrate that the product is manufactured or distributed in Arizona by the applicant. Casual sales and sales to friends or relatives do not evidence that a product is generally and freely sold.
- D. Certificates will only be issued in English and only for product names used in Arizona.
- E. Certificates may not be issued for any product only sold abroad or for brand new products, including new varieties and flavors, that are not yet generally and freely sold domestically.
- F. Contract manufacturers.
1. A person who uses a contract manufacturer to manufacture a consumable product in Arizona may apply to the Department for a Certificate of Free Sale in accordance with subsection (A), except that the required invoices or bills-of-lading may be from the person or the contract manufacturer, but may not be for transactions between the person and the contract manufacturer.
  2. A contract manufacturer of a consumable product may not apply for a Certificate of Free Sale for that product.

**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 45, effective December 8, 1999 (Supp. 99-4). Section amended by final rulemaking at 31 A.A.R. 4264 (November 7, 2025), effective December 22, 2025 (Supp. 25-4).

**R3-6-102. Phytosanitary Certification**

- A. During fiscal year 2024, a person who applies to the Department for phytosanitary certification shall pay the following fee:
1. For state certification, \$50 for the first lot plus \$10 for each additional lot per Department site trip.
  2. For federal certification, \$50 plus the federal administrative user fee set out in 7 CFR 354.3(g)(3)(i), revised January 1, 2016, which is incorporated by reference and does not include any later amendments or editions. A copy of

the incorporated material is available for inspection at the Department, 1110 W. Washington St., Suite 450, Phoenix, Arizona 85007 or may also be viewed at <http://www.gpo.gov/fdsys/>.

- B. This Section does not apply to phytosanitary certification under A.A.C. R3-4-301.

**Historical Note**

New Section made by exempt rulemaking at 16 A.A.R. 1339, effective June 29, 2010 (Supp. 10-2). Amended by exempt rulemaking at 17 A.A.R. 1765, effective July 20, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 2066, effective August 2, 2012 (Supp. 12-3). Amended by exempt rulemaking at 19 A.A.R. 3146, effective September 14, 2013 (Supp. 13-3). Amended by exempt rulemaking at 20 A.A.R. 2457, effective July 24, 2014 (Supp. 14-3). Amended by exempt rulemaking pursuant to Laws 2015, Ch. 10, § 14, at 21 A.A.R. 2412, effective July 3, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 23 A.A.R. 1943, effective August 9, 2017 (Supp. 17-2). Amended by final exempt rulemaking at 24 A.A.R. 2226, effective August 3, 2018 (Supp. 18-3). Amended by final exempt rulemaking at 25 A.A.R. 2088, effective August 27, 2019 (Supp. 19-3). Amended by final exempt rulemaking at 26 A.A.R. 1475, effective August 25, 2020 (Supp. 20-3). Amended by final exempt rulemaking at 27 A.A.R. 1269, effective September 29, 2021 (Supp. 21-3). Amended by final exempt rulemaking at 28 A.A.R. 2022 (August 12, 2022), effective September 24, 2022 (Supp. 22-3). Amended by exempt rulemaking at 29 A.A.R. 3488 (November 3, 2023), effective October 30, 2023 (Supp. 23-4). Section amended by emergency rulemaking at 30 A.A.R. 2983 (October 4, 2024), effective September 14, 2024, with a legal provision that the emergency expire on July 1, 2025, as specified in Laws 2024, Ch. 214, § 11(B) (Supp. 24-3). Emergency rulemaking renewed at 31 A.A.R. 861 (March 21, 2025), effective March 12, 2025 (Supp. 25-1). Renewed emergency rules expired on July 1, 2025; rules as amended November 3, 2023, reinstated as codified in Supp. 23-4.

**ARTICLE 2. EXPIRED****R3-6-201. Expired****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 1573, effective April 5, 2000 (Supp. 00-2). Section expired under A.R.S. 41-1056(E) at 11 A.A.R. 867, effective December 31, 2004 (05-1).

**R3-6-202. Expired****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 1573, effective April 5, 2000 (Supp. 00-2). Section expired under A.R.S. 41-1056(E) at 11 A.A.R. 867, effective December 31, 2004 (05-1).

**R3-6-203. Expired****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 1573, effective April 5, 2000 (Supp. 00-2). Section expired under A.R.S. 41-1056(E) at 11 A.A.R. 867, effective December 31, 2004 (05-1).

**R3-6-204. Expired**



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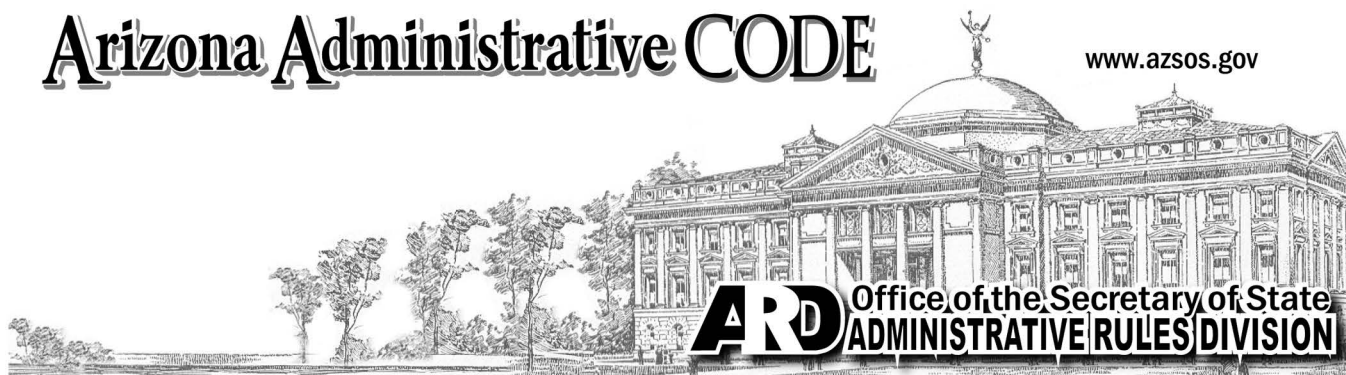
TITLE 3. AGRICULTURE

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## TITLE 4. PROFESSIONS AND OCCUPATIONS

### CHAPTER 8. EXPIRED

#### 4 A.A.C. 8

#### Supplement Information Supp. 25-4

Rules expired between October 1, 2025 through December 31, 2025 are listed in the table of contents.

#### For questions about expired rules, contact:

Name: The Governor's Regulatory Review Council  
Telephone: (602) 542-2058  
Address: 100 N. 15th Avenue, Suite 302  
Phoenix, AZ 85007  
Website: <https://grrc.az.gov/contact-us>

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**The release of this Chapter in Supp. 25-4 replaces Supp. 16-3, 1-17 pages.**

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## TITLE 4. PROFESSIONS AND OCCUPATIONS

## CHAPTER 8. EXPIRED

## Supp. 25-4

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*Title 4, Chapter 8, Acupuncture Board of Examiners, expired at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4).*

*Title 4, Chapter 8 adopted by final rulemaking at 6 A.A.R. 2534, effective June 12, 2000 (Supp. 00-2).*

**ARTICLE 1. EXPIRED**

*Article 1, consisting of Sections R4-8-101 through R4-8-107, and Table 1, expired at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4).*

*Article 1, consisting of Sections R4-8-101 through R4-8-106, adopted by final rulemaking at 6 A.A.R. 2534, effective June 12, 2000 (Supp. 00-2).*

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*Article 2, consisting of Sections R4-8-203 through R4-8-208, expired at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4).*

*Article 2, consisting of Sections R4-8-201 through R4-8-210, adopted by final rulemaking at 6 A.A.R. 2534, effective June 12, 2000 (Supp. 00-2).*

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*Article 3, consisting of Sections R4-8-301 through R4-8-304, expired at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4).*

*Former Article 3, consisting of Sections R4-8-301 through R4-8-312, recodified to Article 4 at 13 A.A.R. 482, effective January 24, 2007 (Supp. 07-1).*

*Article 3, consisting of Sections R4-8-301 through R4-8-310, adopted by final rulemaking at 6 A.A.R. 2534, effective June 12, 2000 (Supp. 00-2).*

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**ARTICLE 4. EXPIRED**

*Article 4, consisting of Sections R4-8-401 through R4-8-405, and R4-8-407 through R4-8-409, expired at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4).*

*Article 4, consisting of Sections R4-8-401 through R4-8-412, recodified from Article 3 at 13 A.A.R. 482, effective January 24, 2007 (Supp. 07-1).*

*Former Article 4, consisting of Sections R4-8-401 through R4-8-403, recodified to Article 5 at 13 A.A.R. 482, effective January 24, 2007 (Supp. 07-1).*

*Article 4, consisting of Sections R4-8-401 through R4-8-403, adopted by final rulemaking at 6 A.A.R. 2534, effective June 12, 2000 (Supp. 00-2).*

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*Article 5, consisting of Sections R4-8-501 through R4-8-503, expired at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4).*

*Article 5, consisting of Sections R4-8-501 through R4-8-503, recodified from Article 4 at 13 A.A.R. 482, effective January 24, 2007 (Supp. 07-1).*

*Former Article 5, consisting of Sections R4-8-501 through R4-*

## TITLE 4. PROFESSIONS AND OCCUPATIONS

## CHAPTER 8. EXPIRED

8-506, recodified to Article 7 at 13 A.A.R. 482, effective January 24, 2007 (Supp. 07-1).

Article 5, consisting of Sections R4-8-501 through R4-8-506, adopted by final rulemaking at 6 A.A.R. 2534, effective June 12, 2000 (Supp. 00-2).

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**ARTICLE 6. EXPIRED**

Article 6, consisting of Sections R4-8-601 through R4-8-605, expired at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4).

Article 6, consisting of Sections R4-8-601 through R4-8-605, made by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1).

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**ARTICLE 7. EXPIRED**

Article 7, consisting of Sections R4-8-702, R4-8-704, and R4-8-706, expired at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4).

Article 7, consisting of Sections R4-8-701 through R4-8-706, recodified from Article 5 at 13 A.A.R. 482, effective January 24, 2007 (Supp. 07-1).

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## TITLE 4. PROFESSIONS AND OCCUPATIONS

## CHAPTER 8. EXPIRED

**ARTICLE 1. EXPIRED****R4-8-101. Expired****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2534, effective June 12, 2000 (Supp. 00-2). Amended by final rulemaking at 11 A.A.R. 2435, effective August 6, 2005 (Supp. 05-2). Amended by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1). Amended by final rulemaking at 22 A.A.R. 2175, effective August 2, 2016 (Supp. 16-3). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4).

**R4-8-102. Expired****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2534, effective June 12, 2000 (Supp. 00-2). Amended by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4).

**R4-8-103. Expired****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2534, effective June 12, 2000 (Supp. 00-2). Amended by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4).

**R4-8-104. Expired****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2534, effective June 12, 2000 (Supp. 00-2). Amended by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1). Section expired under A.R.S. § 41-1056(E) at 16 A.A.R. 2451, effective December 7, 2010 (Supp. 10-4).

**R4-8-105. Expired****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2534, effective June 12, 2000 (Supp. 00-2). Amended by final rulemaking at 11 A.A.R. 2435, effective August 6, 2005 (Supp. 05-2). Amended by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4).

**Table 1. Expired****Historical Note**

New Table adopted by final rulemaking at 6 A.A.R. 2534, effective June 12, 2000 (Supp. 00-2). Table 1 amended by final rulemaking at 11 A.A.R. 2435, effective August 6, 2005 (Supp. 05-2). Table 1 amended by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1). Table 1 amended by final rulemaking at 22 A.A.R. 2175, effective August 2, 2016 (Supp. 16-3). Table 1 expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4).

**R4-8 106. Expired****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2534, effective June 12, 2000 (Supp. 00-2). Amended by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4).

**R4-8-107. Expired****Historical Note**

New Section made by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4).

**ARTICLE 2. EXPIRED****R4-8-201. Renumbered****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2534, effective June 12, 2000 (Supp. 00-2). Former Section R4-8-201 renumbered to R4-8-301 by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1).

**R4-8-202. Renumbered****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2534, effective June 12, 2000 (Supp. 00-2). Former Section R4-8-202 renumbered to R4-8-302 by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1).

**R4-8-203. Expired****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2534, effective June 12, 2000 (Supp. 00-2). Amended by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1). Amended by final rulemaking at 22 A.A.R. 2175, effective August 2, 2016 (Supp. 16-3). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4).

**R4-8-204. Expired****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2534, effective June 12, 2000 (Supp. 00-2). Amended by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4).

**R4-8-205. Expired****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2534, effective June 12, 2000 (Supp. 00-2). Former R4-8-205 renumbered to R4-8-206; new R4-8-205 renumbered from R4-8-206 and amended by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4490

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(December 5, 2025), effective October 29, 2025 (Supp. 25-4).

**R4-8-206. Expired****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2534, effective June 12, 2000 (Supp. 00-2). Former R4-8-206 renumbered to R4-8-205; new R4-8-206 renumbered from R4-8-205 and amended by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4).

**R4-8-207. Expired****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2534, effective June 12, 2000 (Supp. 00-2). Amended by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4).

**R4-8-208. Expired****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2534, effective June 12, 2000 (Supp. 00-2). Amended by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4).

**R4-8-209. Repealed****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2534, effective June 12, 2000 (Supp. 00-2). Section automatically repealed on January 31, 2001 (Supp. 02-3).

**R4-8-210. Repealed****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2534, effective June 12, 2000 (Supp. 00-2). Section automatically repealed on January 31, 2001 (Supp. 02-3).

**ARTICLE 3. EXPIRED****R4-8-301. Expired****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2534, effective June 12, 2000 (Supp. 00-2). Section R4-8-301 recodified to R4-8-401 at 13 A.A.R. 482, effective January 24, 2007 (Supp. 07-1). New R4-8-301 renumbered from R4-8-201 and amended by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4).

**R4-8-302. Expired****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2534, effective June 12, 2000 (Supp. 00-2). Section R4-8-302 recodified to R4-8-402 at 13 A.A.R. 482, effective January 24, 2007 (Supp. 07-1). New R4-8-302 renum-

bered from R4-8-202 and amended by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4).

**R4-8-303. Expired****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2534, effective June 12, 2000 (Supp. 00-2). Amended by final rulemaking at 11 A.A.R. 2435, effective August 6, 2005 (Supp. 05-2). Section R4-8-303 recodified to R4-8-403 at 13 A.A.R. 482, effective January 24, 2007 (Supp. 07-1). New Section made by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4).

**R4-8-304. Expired****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2534, effective June 12, 2000 (Supp. 00-2). Amended by final rulemaking at 11 A.A.R. 2435, effective August 6, 2005 (Supp. 05-2). Section R4-8-304 recodified to R4-8-404 at 13 A.A.R. 482, effective January 24, 2007 (Supp. 07-1). New Section made by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4).

**R4-8-305. Recodified****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2534, effective June 12, 2000 (Supp. 00-2). Section R4-8-305 recodified to R4-8-405 at 13 A.A.R. 482, effective January 24, 2007 (Supp. 07-1).

**R4-8-306. Recodified****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2534, effective June 12, 2000 (Supp. 00-2). Section R4-8-306 recodified to R4-8-406 at 13 A.A.R. 482, effective January 24, 2007 (Supp. 07-1).

**R4-8-307. Recodified****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2534, effective June 12, 2000 (Supp. 00-2). Amended by final rulemaking at 11 A.A.R. 2435, effective August 6, 2005 (Supp. 05-2). Section R4-8-307 recodified to R4-8-407 at 13 A.A.R. 482, effective January 24, 2007 (Supp. 07-1).

**R4-8-308. Recodified****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2534, effective June 12, 2000 (Supp. 00-2). Section R4-8-308 recodified to R4-8-408 at 13 A.A.R. 482, effective January 24, 2007 (Supp. 07-1).

**R4-8-309. Recodified**



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**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2534, effective June 12, 2000 (Supp. 00-2). Section R4-8-309 recodified to R4-8-409 at 13 A.A.R. 482, effective January 24, 2007 (Supp. 07-1).

**R4-8-310. Recodified****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2534, effective June 12, 2000 (Supp. 00-2). Section R4-8-310 recodified to R4-8-410 at 13 A.A.R. 482, effective January 24, 2007 (Supp. 07-1).

**R4-8-311. Recodified****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 2435, effective August 6, 2005 (Supp. 05-2). Section R4-8-311 recodified to R4-8-411 at 13 A.A.R. 482, effective January 24, 2007 (Supp. 07-1).

**R4-8-312. Recodified****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 2435, effective August 6, 2005 (Supp. 05-2). Section R4-8-312 recodified to R4-8-412 at 13 A.A.R. 482, effective January 24, 2007 (Supp. 07-1).

**ARTICLE 4. EXPIRED****R4-8-401. Expired****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2534, effective June 12, 2000 (Supp. 00-2). Amended by final rulemaking at 11 A.A.R. 2435, effective August 6, 2005 (Supp. 05-2). Former R4-8-401 recodified to R4-8-501; new Section recodified from R4-8-301 at 13 A.A.R. 482, effective January 24, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4).

**R4-8-402. Expired****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2534, effective June 12, 2000 (Supp. 00-2). Amended by final rulemaking at 11 A.A.R. 2435, effective August 6, 2005 (Supp. 05-2). Former R4-8-402 recodified to R4-8-502; new Section recodified from R4-8-302 at 13 A.A.R. 482, effective January 24, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4).

**R4-8-403. Expired****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2534, effective June 12, 2000 (Supp. 00-2). Former R4-8-403 recodified to R4-8-503; new Section recodified from R4-8-303 at 13 A.A.R. 482, effective January 24, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1). Amended by final rulemaking at 22 A.A.R. 2175, effective August 2,

2016 (Supp. 16-3). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4).

**R4-8-404. Expired****Historical Note**

New Section recodified from R4-8-304 at 13 A.A.R. 482, effective January 24, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4).

**R4-8-405. Expired****Historical Note**

New Section recodified from R4-8-305 at 13 A.A.R. 482, effective January 24, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4).

**R4-8-406. Repealed****Historical Note**

New Section recodified from R4-8-306 at 13 A.A.R. 482, effective January 24, 2007 (Supp. 07-1). Repealed by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1).

**R4-8-407. Expired****Historical Note**

New Section recodified from R4-8-307 at 13 A.A.R. 482, effective January 24, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1). Amended by final rulemaking at 22 A.A.R. 2175, effective August 2, 2016 (Supp. 16-3). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4).

**R4-8-408. Expired****Historical Note**

New Section recodified from R4-8-308 at 13 A.A.R. 482, effective January 24, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4).

**R4-8-409. Expired****Historical Note**

New Section recodified from R4-8-309 at 13 A.A.R. 482, effective January 24, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4).

**R4-8-410. Repealed****Historical Note**

New Section recodified from R4-8-310 at 13 A.A.R. 482, effective January 24, 2007 (Supp. 07-1). Repealed by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1).

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**R4-8-411. Expired****Historical Note**

New Section recodified from R4-8-311 at 13 A.A.R. 482, effective January 24, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1). Section expired under A.R.S. § 41-1056(J) at 22 A.A.R. 14, effective October 30, 2015 (Supp. 15-4).

**R4-8-412. Expired****Historical Note**

New Section recodified from R4-8-312 at 13 A.A.R. 482, effective January 24, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1). Section expired under A.R.S. § 41-1056(J) at 22 A.A.R. 14, effective October 30, 2015 (Supp. 15-4).

**ARTICLE 5. EXPIRED****R4-8-501. Expired****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2534, effective June 12, 2000 (Supp. 00-2). Section expired under A.R.S. § 41-1056(E) at 12 A.A.R. 689, effective October 31, 2005 (Supp. 06-1). Former R4-8-501 recodified to R4-8-701; new R4-8-501 recodified from R4-8-401 at 13 A.A.R. 482, effective January 24, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4).

**R4-8-502. Expired****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2534, effective June 12, 2000 (Supp. 00-2). Former R4-8-502 recodified to R4-8-702; new R4-8-502 recodified from R4-8-402 at 13 A.A.R. 482, effective January 24, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1). Amended by final rulemaking at 22 A.A.R. 2175, effective August 2, 2016 (Supp. 16-3). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4).

**R4-8-503. Expired****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2534, effective June 12, 2000 (Supp. 00-2). Section expired under A.R.S. § 41-1056(E) at 12 A.A.R. 689, effective October 31, 2005 (Supp. 06-1). Former R4-8-503 recodified to R4-8-703; new R4-8-503 recodified from R4-8-403 at 13 A.A.R. 482, effective January 24, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4).

**R4-8-504. Recodified****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2534, effective June 12, 2000 (Supp. 00-2). Former R4-8-504 recodified to R4-8-704 at 13 A.A.R. 482, effective January 24, 2007 (Supp. 07-1).

**R4-8-505. Recodified****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2534, effective June 12, 2000 (Supp. 00-2). Section expired under A.R.S. § 41-1056(E) at 12 A.A.R. 689, effective October 31, 2005 (Supp. 06-1). Former R4-8-505 recodified to R4-8-705 at 13 A.A.R. 482, effective January 24, 2007 (Supp. 07-1).

**R4-8-506. Recodified****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2534, effective June 12, 2000 (Supp. 00-2). Former R4-8-506 recodified to R4-8-706 at 13 A.A.R. 482, effective January 24, 2007 (Supp. 07-1).

**ARTICLE 6. EXPIRED****R4-8-601. Expired****Historical Note**

New Section made by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4).

**R4-8-602. Expired****Historical Note**

New Section made by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4).

**R4-8-603. Expired****Historical Note**

New Section made by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4).

**R4-8-604. Expired****Historical Note**

New Section made by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4).

**R4-8-605. Expired****Historical Note**

New Section made by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4).

**ARTICLE 7. EXPIRED****R4-8-701. Expired****Historical Note**

New Section R4-8-701 recodified from R4-8-501 at 13 A.A.R. 482, effective January 24, 2007 (Supp. 07-1).

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**R4-8-702. Expired**

**Historical Note**

New Section R4-8-702 recodified from R4-8-502 at 13 A.A.R. 482, effective January 24, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4).

**R4-8-703. Expired**

**Historical Note**

New Section R4-8-703 recodified from R4-8-503 at 13 A.A.R. 482, effective January 24, 2007 (Supp. 07-1).

**R4-8-704. Expired**

**Historical Note**

New Section R4-8-704 recodified from R4-8-504 at 13 A.A.R. 482, effective January 24, 2007 (Supp. 07-1).

Amended by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4).

**R4-8-705. Expired**

**Historical Note**

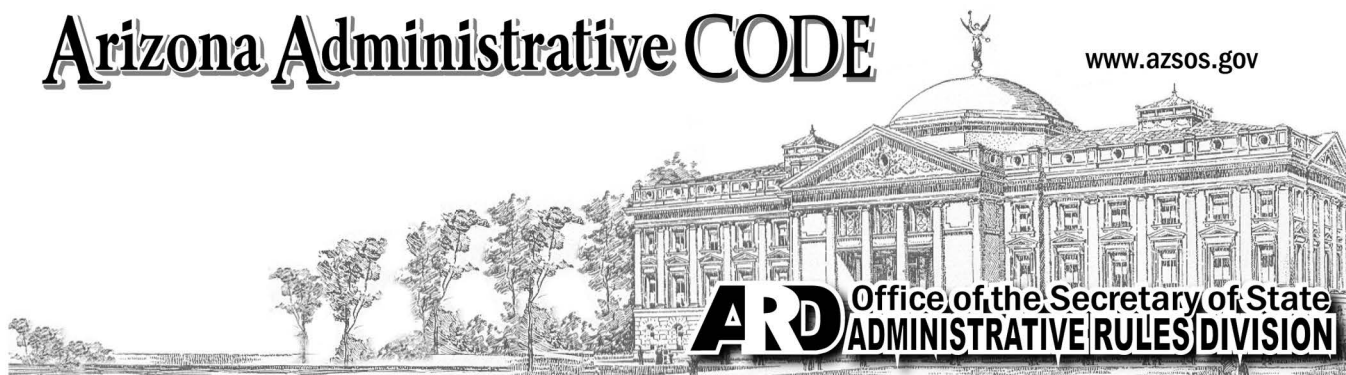
New Section R4-8-705 recodified from R4-8-505 at 13 A.A.R. 482, effective January 24, 2007 (Supp. 07-1).

**R4-8-706. Expired**

**Historical Note**

New Section R4-8-706 recodified from R4-8-506 at 13 A.A.R. 482, effective January 24, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 690, effective April 5, 2008 (Supp. 08-1). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4490 (December 5, 2025), effective October 29, 2025 (Supp. 25-4).

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**4 A.A.C. 12**

**Supplement Information**  
**Supp. 25-4**

Rules recodified between October 1, 2025 through December 31, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-4 replaces Supp. 14-3, 1-32 pages.**

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

## PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “*Rule*’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

### THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

### HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at [www.azsos.gov/rules](http://www.azsos.gov/rules), click on the *Administrative Register* link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

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*Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.*

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## Administrative Rules Division

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## TITLE 4. PROFESSIONS AND OCCUPATIONS

## CHAPTER 12. BOARD OF FUNERAL DIRECTORS AND EMBALMERS

## Supp. 25-4

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*Editor's Note: Laws 2023, Chapter 95 and Laws 2023, Chapter 194 repealed the Board of Funeral Directors and Embalmers and transferred the authority, powers, duties, and responsibilities of the Board to the Arizona Department of Health Services, effective April 1, 2023. The Department has recodified rules in this Chapter to Title 9. Health Services, Chapter 9, Subchapter B at 32 A.A.R. 177 (January 9, 2026, Issue 2), effective January 1, 2026. Some rules in this Chapter have not been recodified and are referenced in 9 A.A.C. 8; although Article 1, 2, and 5 headings were recodified to 9 A.A.C. 8, the headings as codified in this Chapter will remain for clarification (Supp. 25-4).*

Articles 1 through 4 consisting of Sections R4-12-101 through R4-12-405 adopted effective June 16, 1981. Section numbering not in sequence, refer to Historical Notes.

Article 1 through 9 consisting of Sections R4-12-01 through R4-12-03, R4-12-12 through R4-12-16, R4-12-31, R4-12-32, R4-12-42 through R4-12-44, R4-12-54, R4-12-64, R4-12-65, R4-12-75, R4-12-85, R4-12-95 repealed effective June 16, 1981.

## ARTICLE 1. GENERAL PROVISIONS

Article 1, consisting of Sections R4-12-101, R4-12-106, Table 1, and R4-12-108, recodified to 9 A.A.C. 9, at 32 A.A.R. 177 effective January 1, 2026 (Supp. 25-4).

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*Article 5 consisting of Sections R4-12-501, R4-12-502, R4-12-521, R4-12-523, R4-12-531, R4-12-541, R4-12-545, R4-12-546, R4-12-548, R4-12-551, R4-12-552, R4-12-554, R4-12-556, R4-12-559, R4-12-561, R4-12-565 adopted effective January 1, 1985.*

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## TITLE 4. PROFESSIONS AND OCCUPATIONS

## CHAPTER 12. BOARD OF FUNERAL DIRECTORS AND EMBALMERS

## ARTICLE 1. GENERAL PROVISIONS

**R4-12-101. Recodified****Historical Note**

Adopted effective June 16, 1981 (Supp. 81-3). Amended effective January 2, 1985 (Supp. 85-1). Amended by final rulemaking at 7 A.A.R. 1441, effective March 14, 2001 (Supp. 01-1). Amended by final rulemaking at 10 A.A.R. 681, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 20 A.A.R. 2648, effective November 9, 2014 (Supp. 14-3). Section R4-12-101 recodified to R9-9B-101, at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R4-12-102. Reserved****R4-12-103. Expired****Historical Note**

Adopted effective June 16, 1981 (Supp. 81-3). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 853, effective December 31, 2001 (Supp. 02-1).

**R4-12-104. Expired****Historical Note**

Adopted effective June 16, 1981 (Supp. 81-3). Amended effective January 2, 1985 (Supp. 85-1). Amended effective September 18, 1987 (Supp. 87-3). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 853, effective December 31, 2001 (Supp. 02-1).

**R4-12-105. Expired****Historical Note**

Adopted effective June 16, 1981 (Supp. 81-3). Former Section R4-12-105 repealed, new Section R4-12-105 adopted effective January 2, 1985 (Supp. 85-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 853, effective December 31, 2001 (Supp. 02-1).

**R4-12-106. Recodified****Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 1441, effective March 14, 2001 (Supp. 01-1). Section R4-12-106 recodified to R9-9B-102, at 32 A.A.R. 177 effective January 1, 2026 (Supp. 25-4).

**Table 1. Recodified****Historical Note**

New Table adopted by final rulemaking at 7 A.A.R. 1441, effective March 14, 2001 (Supp. 01-1). Amended by final rulemaking at 10 A.A.R. 681, effective April 3, 2004 (Supp. 04-1). Table 1, codified after R4-12-106 recodified to Table 1.1, at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R4-12-107. Reserved****R4-12-108. Recodified****Historical Note**

Adopted effective June 16, 1981 (Supp. 81-3). Amended effective January 2, 1985 (Supp. 85-1). Amended effective Dec. 27, 1985 (Supp. 85-6). Amended effective May 25, 1989 (Supp. 89-2). Amended by final rulemaking at 7 A.A.R. 1441, effective March 14, 2001 (Supp. 01-1). Section R4-12-108 recodified to R9-9B-103, at 32

A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R4-12-109. Enforcement Advisory Committee**

- A.** The Board may appoint an enforcement advisory committee that consists of seven members as follows:
1. Four members representing the funeral industry, and
  2. Three lay members that have no affiliation with a funeral establishment or cemetery.
- B.** The enforcement advisory committee may:
1. Review and evaluate investigative matters referred to it by the Board, and
  2. Make recommendations to the Board about the disposition of investigative matters.
- C.** The Board may accept, reject, or modify the enforcement advisory committee's recommendations.

**Historical Note**

Adopted effective January 2, 1985 (Supp. 85-1). Amended by final rulemaking at 10 A.A.R. 681, effective April 3, 2004 (Supp. 04-1).

**R4-12-110. Reserved****R4-12-111. Reserved****R4-12-112. Reserved****R4-12-113. Reserved****R4-12-114. Reserved****R4-12-115. Reserved****R4-12-116. Reserved****R4-12-117. Reserved****R4-12-118. Reserved****R4-12-119. Reserved****R4-12-120. Inspection Procedures**

- A.** The Board shall inspect a funeral establishment or crematory:
1. Before issuing an initial license under A.R.S. § 32-1383; and
  2. Once every five years under A.R.S. § 32-1307(A)(5)(h).
- B.** The Inspection shall include:
1. Reviewing equipment and the physical plant;
  2. Interviewing personnel;
  3. For a funeral establishment, inspecting for compliance with A.R.S. Title 32, Chapter 12, Articles 2, 3, 3.1, 4, and 5, and A.A.C. Title 4, Chapter 12, Articles 3 and 5; and
  4. For a crematory, inspecting the crematory for compliance with A.R.S. Title 32, Chapter 12, Article 6 and A.A.C. Title 4, Chapter 12, Article 6.
- C.** At the inspection site, the Board shall make a verbal report of findings to an applicant or licensee upon completion of an inspection.
- D.** Within 15 days of the inspection, the Board shall send to the applicant or licensee a written report of its findings that includes:
1. A statement that no deficiencies were found, or
  2. If deficiencies are found:
    - a. A list of any deficiencies identified during the inspection,
    - b. A citation to each statute or rule that has not been complied with,
    - c. A request for a written plan of correction, and
    - d. The time-frame for correcting the deficiencies.

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- E. Within 15 days after receiving a request for a written plan of corrections, an applicant or licensee shall submit to the Board a written plan of correction that includes:
1. The identified deficiency,
  2. How the applicant or licensee will correct the deficiency, and
  3. When the applicant or licensee will correct the deficiency.
- F. The Board shall accept a written plan of correction if it:
1. Describes how each deficiency will be corrected to bring the:
    - a. Funeral establishment into substantial compliance with A.R.S. Title 32, Chapter 12, Articles 2, 3, 3.1, 4, and 5, and A.A.C. Title 4, Chapter 12, Articles 3 and 5; or
    - b. Crematory into substantial compliance with A.R.S. Title 32, Chapter 12, Article 6 and A.A.C. Title 4, Chapter 12, Article 6.
  2. Includes a date for correcting each deficiency as soon as practicable based upon the actions necessary to correct the deficiency.
- G. The Board shall provide an applicant or licensee with an opportunity to correct the deficiencies unless the Board determines the deficiencies are:
1. Committed intentionally;
  2. Evidence a pattern of noncompliance:
    - a. For a funeral establishment, with A.R.S. Title 32, Chapter 12, Articles 2, 3, 3.1, 4, and 5, and A.A.C. Title 4, Chapter 12, Articles 3 and 5; or
    - b. For a crematory, with A.R.S. Title 32, Chapter 12, Article 6 and A.A.C. Title 4, Chapter 12, Article 6; or
  3. A risk to the public health, safety, or welfare.
- H. If an applicant or licensee does not correct the deficiencies within the time-frame approved by the Board, the Board may:
1. If requested by the applicant or licensee, extend the time-frame for situations beyond the control of the applicant or licensee, such as:
    - a. When the applicant or licensee in good faith is unable to obtain the items necessary to correct the deficiencies within the time-frame approved by the Board, or
    - b. The time needed to correct the deficiencies is longer than the time-frame approved by the Board due to the complexity, nature, or amount of deficiencies.
  2. If the applicant or licensee fails to correct the deficiencies within the time-frame approved by the Board, take the disciplinary actions stated in A.R.S. § 32-1390.01 or A.R.S. § 32-1398.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 3160, effective October 1, 2005 (Supp. 05-3).

**R4-12-121. Investigation Procedures**

- A. After receiving a complaint, the Board shall send a written notice of the complaint to the licensee or registrant within 15 days of its receipt and may include a request for information or documents related to the complaint. The licensee or registrant shall provide a written response and the requested information or documents no later than 15 days from the date the Board mails the notice of the complaint.
- B. In addition to the information or documents requested by the Board under subsection (A), the Board may request that a complainant, licensee, or registrant reply to or provide the

Board with additional information relating to the complaint. The complainant, licensee, or registrant shall provide the Board with additional information within 15 days from the date the Board mails the request.

**Historical Note**

Adopted effective June 16, 1981 (Supp. 81-3). Former Section R4-12-121 repealed, new Section R4-12-121 adopted effective January 2, 1985 (Supp. 85-1). Amended by final rulemaking at 10 A.A.R. 681, effective April 3, 2004 (Supp. 04-1).

**R4-12-122. Expired****Historical Note**

Adopted effective June 16, 1981 (Supp. 81-3). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 853, effective December 31, 2001 (Supp. 02-1).

**R4-12-123. Informal Interview**

- A. The Board shall conduct an informal interview under A.R.S. § 32-1367 as follows:
1. The Board shall send a written notice of the informal interview to each party by personal service or certified mail, return receipt requested, at least 20 days before the informal interview. The notice shall contain:
    - a. The time, place, and date of the informal interview;
    - b. An explanation of the procedures to be followed at the informal interview;
    - c. A statement of the subject matter or issues involved;
    - d. A statement of the licensee's or registrant's right to appear with or without counsel;
    - e. A notice that if a licensee, registrant, or complainant fails to appear at the informal interview, the informal interview may be held in the licensee's, registrant's, or complainant's absence; and
    - f. A statement of the licensee's or registrant's right to a formal hearing according to A.R.S. § 32-1367 instead of attending the informal interview.
  2. During the informal interview, the Board may:
    - a. Swear in the licensee or registrant and all witnesses;
    - b. Question the licensee or registrant and all witnesses; and
    - c. Deliberate.
  3. After completing the informal interview the Board may dismiss the complaint or take any of the actions listed in A.R.S. § 32-1367(D):
- B. The Board shall issue written findings of fact, conclusions of law, and Board order no later than 60 days from the date the informal interview is completed.
- C. A licensee or registrant may seek a Board rehearing or review of a Board decision or the Board may grant rehearing or review on its own motion as stated in A.R.S. § 32-1367(I).

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 681, effective April 3, 2004 (Supp. 04-1).

**R4-12-124. Expired****Historical Note**

Adopted effective June 16, 1981 (Supp. 81-3). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 853, effective December 31, 2001 (Supp. 02-1).

**R4-12-125. Hearing Procedures**

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- A. If a formal hearing under A.R.S. § 32-1367 is to be held before an administrative law judge, the requirements in A.R.S. §§ 41-1092 through 41-1092.11 apply.
- B. If a formal hearing under A.R.S. § 32-1367 is to be held before the Board, the requirements in A.R.S. §§ 41-1092 through 41-1092.11 and the following apply:
  - 1. The Board shall provide a written complaint and notice of formal hearing to a licensee or registrant at the licensee's or registrant's last known address of record, by personal service or certified mail, return receipt requested at least 30 days before the date set for the formal hearing.
  - 2. A licensee or registrant served with a complaint and notice of hearing shall file an answer by the date specified in the notice of hearing admitting or denying the allegations in the complaint.
  - 3. The Board may amend a complaint and notice of hearing at any time. The Board shall send written notice of any changes in the complaint and notice of hearing to the licensee or registrant at least 20 days before the formal hearing.
  - 4. A licensee or registrant may appear at a formal hearing with or without the assistance of counsel. If the licensee or registrant fails to appear, the Board may hold the formal hearing in the licensee's or registrant's absence.
  - 5. The Board may conduct a formal hearing without adherence to the rules of procedure or rules of evidence used in civil proceedings. At the formal hearing the Board shall rule on the procedure to be followed and admissibility of evidence.
  - 6. The Board shall send a written decision that includes written findings of fact, conclusions of law, and order of the Board to the licensee or registrant and all parties within 60 days after the formal hearing is concluded. A licensee, registrant, or the Board may seek rehearing or review of the order according to A.R.S. § 32-1367(I).
- 2. Misconduct of the Board, administrative law judge, or the prevailing party;
- 3. Accident or surprise that could not have been prevented by ordinary prudence;
- 4. Newly discovered material evidence that could not, with reasonable diligence, have been discovered and produced at the original hearing;
- 5. Excessive or insufficient penalties or disciplinary action;
- 6. Error in the admission or rejection of evidence or other errors of law occurring at the administrative hearing; or
- 7. That the decision is not supported by the evidence or is contrary to law.
- D. The Board may affirm or modify the decision or grant a rehearing or review on all or part of the issues for any of the reasons in subsection (C). An order granting a rehearing or review shall specify each ground for the rehearing or review.
- E. No later than 30 days after a decision is issued by the Board, the Board may, on its own initiative, grant a rehearing or review of its decision for any reason in subsection (C). An order granting a rehearing or review shall specify the grounds for the rehearing or review.
- F. If a motion for rehearing or review is based upon affidavits, a party shall serve the affidavits with the motion. An opposing party may, within 10 days after service, serve opposing affidavits. The Board may extend the time for serving opposing affidavits for no more than 20 days for good cause or by written stipulation of the parties. The Board may permit reply affidavits.
- G. If the Board makes specific findings that the immediate effectiveness of a decision is necessary to preserve the public health and safety and determines that a rehearing or review of the decision is impracticable, unnecessary, or contrary to the public interest, the Board may issue the decision as a final decision without an opportunity for rehearing or review. If a decision is issued as a final decision without an opportunity for rehearing or review, an aggrieved party who wishes to seek judicial review shall make an application for judicial review of the decision within the time limits permitted for judicial review of the Board's final decision at A.R.S. § 12-904.

**Historical Note**

Adopted effective January 2, 1985 (Supp. 85-1).  
 Amended by final rulemaking at 10 A.A.R. 681, effective  
 April 3, 2004 (Supp. 04-1).

**R4-12-126. Rehearing or Review of Board's Decision**

- A. Except as provided in subsection (G), a party who is aggrieved by a decision issued by the Board may file with the Board, no later than 30 days after service of the decision, a written motion for rehearing or review of the decision, specifying the grounds for rehearing or review. For purposes of this Section, a decision is considered to have been served when personally delivered to the party's last known home or business address or five days after the decision is mailed by certified mail to the party or the party's attorney.
- B. A party filing a motion for rehearing or review may amend the motion at any time before it is ruled upon by the Board. Another party may file a response within 15 days after the date the motion or amended motion for rehearing is filed. The Board may require a party to file supplemental memoranda explaining the issues raised in the motion or response and may permit oral argument.
- C. The Board may grant a rehearing or review of the decision for any of the following reasons materially affecting the moving party's rights:
  - 1. Irregularity in the Board's or administrative law judge's administrative proceedings or any order or abuse of discretion that deprived the party of a fair hearing;

**Historical Note**

Adopted effective June 16, 1981 (Supp. 81-3). Amended  
 by final rulemaking at 10 A.A.R. 681, effective April 3,  
 2004 (Supp. 04-1).

**ARTICLE 2. LICENSING PROVISIONS****R4-12-201. Application for a State Equivalent Examination or Embalmer Assistant Practical Examination**

An applicant for a state equivalent examination or embalmer assistant practical examination shall submit an application packet to the Board that contains the following:

- 1. An application form provided by the Board, signed and dated by the applicant, and notarized that contains:
  - a. The applicant's name, mailing address, telephone number, and social security number;
  - b. Any prior name or alias of the applicant;
  - c. The applicant's date and place of birth; and
  - d. The applicant's height, weight, hair color, and eye color;
- 2. A photocopy of the applicant's high school diploma or general educational diploma issued in any state;
- 3. If applying to take a state equivalent examination, a photocopy of the diploma issued to the applicant upon graduation from an accredited or provisionally accredited school of mortuary science;

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4. Two passport photographs of the applicant, no larger than 1 1/2 x 2 inches, taken not more than 60 days before the date of the application; and
5. The fee required by the Board.

**Historical Note**

Former Rule, Section 1, Article III; Former Section R4-12-26 renumbered as Section R4-12-201 effective June 16, 1981 (Supp. 81-3). Former Section R4-12-201 repealed and a new Section R4-12-201 adopted effective September 18, 1987 (Supp. 87-3). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 1441, effective March 14, 2001 (Supp. 01-1).

**R4-12-202. Recodified****Historical Note**

Adopted effective September 18, 1987 (Supp. 87-3). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 1441, effective March 14, 2001 (Supp. 01-1). Section R4-12-202 recodified to R9-9B-203, at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R4-12-203. Application for an Embalmer's Assistant Registration**

An applicant for an embalmer's assistant registration shall submit to the Board an application packet that contains the following:

1. An application form that contains:
  - a. The applicant's name, mailing address, telephone number, and social security number;
  - b. The applicant's date and place of birth;
  - c. Any prior name or alias of the applicant;
  - d. The name and address of the high school from which the applicant graduated and the graduation date or date applicant received a general equivalency diploma;
  - e. The name and address of each mortuary college attended by the applicant;
  - f. The name and address of the mortuary college from which the applicant graduated and graduation date;
  - g. The name, address, and telephone number of the funeral establishment employing the applicant;
  - h. Whether the applicant, within five years from the date of the application, has had an application for a license, registration, certificate, or endorsement denied or rejected by any state funeral licensing authority including the:
    - i. Reason for the denial or rejection,
    - ii. Date of the denial or rejection, and
    - iii. Name and address of the agency that denied or rejected the application;
  - i. Whether the applicant, within five years from the date of the application, has had a license, registration, certificate, or endorsement suspended or revoked by any state funeral licensing authority including the:
    - i. Reason for the suspension or revocation,
    - ii. Date of the suspension or revocation, and
    - iii. Name and address of the state licensing authority that suspended or revoked the license;
  - j. Whether the applicant, within five years from the date of the application, has surrendered a license, registration, certificate, or endorsement to the Board or any state funeral licensing authority;

- k. The name of the applicant's current supervising embalmer;
- l. If applicable, the beginning and ending dates the applicant served as an apprentice embalmer, the applicant's registration number and date of issuance, and the number of human bodies embalmed and date of each embalming; and
- m. A notarized statement by the applicant verifying the information on the application is true and correct;
2. A copy of the applicant's high school or general equivalency diploma;
3. A copy of the transcript and diploma from the mortuary college from which the applicant graduated;
4. A report of apprenticeship containing:
  - a. The applicant's name,
  - b. The name of the funeral establishment in which the apprenticeship was completed,
  - c. The name of the supervising embalmer,
  - d. The beginning and ending dates covered in the report,
  - e. The number of hours worked each month during the two most recent consecutive years of apprenticeship,
  - f. The number of human bodies embalmed by the applicant or in which the applicant assisted in the embalming for each month of the apprenticeship,
  - g. For each human body embalmed by the applicant or in which the applicant assisted in embalming for the two most recent consecutive years of the apprenticeship:
    - i. The name of the deceased,
    - ii. The date of death,
    - iii. A statement of whether an autopsy was performed,
    - iv. The supervising embalmer's signature and license number, and
    - v. The applicant's signature.
5. A completed and legible fingerprint card; and
6. The fee required by the Board.

**Historical Note**

Former Rule, Section 3, Article III; Former Section R4-12-27 amended and renumbered as Section R4-12-203 effective June 16, 1981 (Supp. 81-3). Former Section R4-12-203 repealed and a new Section R4-12-203 adopted effective September 18, 1987 (Supp. 87-3). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 1441, effective March 14, 2001 (Supp. 01-1).

**R4-12-204. Recodified****Historical Note**

Former Rule, Section 5, Article III; Former Section R4-12-28 amended and renumbered as Section R4-12-204 effective June 16, 1981 (Supp. 81-3). Former Section R4-12-204 repealed, new Section R4-12-204 adopted effective September 18, 1987 (Supp. 87-3). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 1441, effective March 14, 2001 (Supp. 01-1). Section R4-12-204 recodified to R9-9B-301, at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R4-12-205. Recodified****Historical Note**

Former Section R4-12-29 amended and renumbered as Section R4-12-205 effective June 16, 1981 (Supp. 81-3). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 1441, effective March 14, 2001 (Supp. 01-1).

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ing at 7 A.A.R. 1441, effective March 14, 2001 (Supp. 01-1). Section R4-12-205 recodified to R9-9B-302, at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R4-12-206. Application for a Prearranged Funeral Salesperson Registration**

An applicant for a prearranged funeral salesperson registration shall submit an application packet to the Board that contains the fee required by the Board, information required in A.R.S. § 32-1391.14, and an application form that contains:

1. The applicant's telephone number and social security number;
2. A statement of whether the applicant is a funeral director or embalmer licensed in Arizona;
3. Whether the applicant has ever been convicted of or entered into a plea of no contest to a felony or to a misdemeanor involving dishonesty, fraud, deception, misrepresentation, embezzlement, or breach of fiduciary duty in any state or federal court within seven years preceding the date of application including the:
  - a. Charged felony or misdemeanor;
  - b. Date of conviction;
  - c. Court having jurisdiction over the felony or misdemeanor;
  - d. Probation officer's name, address, and telephone number, if applicable;
  - e. A copy of the notice of expungement, if applicable; and
  - f. A copy of the notice of restoration of civil rights, if applicable.
4. Whether the applicant, within seven years preceding the date of the application, has had an application for a license, registration, endorsement, or certificate denied or rejected by any state funeral licensing authority including the:
  - a. Reason for the denial or rejection,
  - b. Date of the denial or rejection, and
  - c. Name and address of the agency that denied or rejected the application;
5. Whether the applicant, within seven years preceding the date of the application, has had a license, certificate, endorsement, or registration suspended or revoked by any state funeral licensing authority including the:
  - a. Reason for the suspension or revocation,
  - b. Date of the suspension or revocation, and
  - c. Name and address of the agency that suspended or revoked the license;
6. A notarized statement signed by the applicant verifying the information on the application is true and correct; and
7. A notarized statement signed by the responsible funeral director verifying the applicant will be employed by the responsible funeral director upon issuance of the registration by the Board.

**Historical Note**

Former Rule, Section 9, Article 111; Former Section R4-12-30 renumbered as Section R4-12-206 effective June 16, 1981 (Supp. 81-3). Former Section R4-12-206 repealed and a new Section R4-12-206 adopted effective September 18, 1987 (Supp. 87-3). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 1441, effective March 14, 2001 (Supp. 01-1).

**R4-12-207. Recodified****Historical Note**

Adopted effective January 2, 1985 (Supp. &5-1). Amended by adding subsections (F) and (G) effective September 18, 1987 (Supp. 87-3). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 1441, effective March 14, 2001 (Supp. 01-1). Section R4-12-207 recodified to R9-9B-401, at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R4-12-208. Annual Intern, Apprentice Embalmer, or Embalmer's Assistant Report**

- A. To meet the requirements in A.R.S. §§ 32-1322(A), 32-1324, or 32-1325.01(B)(2), an intern, apprentice embalmer, or embalmer's assistant shall work a minimum of 40 hours each week and a minimum of 160 hours each month during an internship or apprenticeship.
- B. As required in A.R.S. § 32-1330, an intern, an apprentice embalmer, or an embalmer's assistant shall submit the following on a form provided by the Board:
  1. The name of the intern, apprentice embalmer, or embalmer's assistant;
  2. The name of the funeral establishment employing the intern, apprentice embalmer, or embalmer's assistant;
  3. The supervising embalmer's name and license number;
  4. The beginning and ending dates being covered by the report;
  5. The number of hours worked each week at the employing funeral establishment;
  6. For each human body embalmed:
    - a. The name of the deceased;
    - b. The date of death;
    - c. A statement of whether an autopsy was performed; and
    - d. The supervising embalmer's signature and license number;
  7. A statement signed by the intern, apprentice embalmer, or embalmer's assistant verifying the information on the report is true and correct;
  8. A statement signed by the responsible funeral director verifying the intern, apprentice embalmer, or embalmer's assistant has been employed by the responsible funeral director; and
  9. A statement signed by the supervising embalmer verifying supervision of the intern, apprentice embalmer, or embalmer's assistant.

**Historical Note**

Adopted effective January 2, 1985 (Supp. 85-1). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 1441, effective March 14, 2001 (Supp. 01-1).

**R4-12-209. State Equivalent Examination**

- A. The funeral service science section of the state equivalent examination shall consist of no fewer than 70 written questions covering the following subjects:
  1. Embalming practices and procedures;
  2. Methods of determining whether proper embalming practices and procedures are being or have been followed for the preservation of the human body and prevention of the spread of disease;
  3. Laws and regulations and approved practices governing the preparation, burial, and disposal of human bodies; and
  4. Methods of shipping human bodies when the cause of death is an infectious or contagious disease.

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- B.** The funeral services arts section of the state equivalent examination shall consist of no fewer than 70 written questions covering the following subjects:

1. Funeral directing,
2. Funeral service law,
3. Funeral merchandising,
4. Business law,
5. Accounting,
6. Sociology,
7. Accounting, and
8. Psychology.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 1441, effective March 14, 2001 (Supp. 01-1).

**R4-12-210. Recodified****Historical Note**

New Section made by final rulemaking at 10 A.A.R. 681, effective April 3, 2004 (Supp. 04-1). Section R4-12-210 recodified to R9-9B-204, at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R4-12-211. Recodified****Historical Note**

Adopted effective June 16, 1981 (Supp. 81-3). Former Section R4-12-211 repealed and a new Section R4-12-211 adopted effective September 18, 1987 (Supp. 87-3). Section repealed by final rulemaking at 7 A.A.R. 1441, effective March 14, 2001 (Supp. 01-1). New Section made by final rulemaking at 10 A.A.R. 681, effective April 3, 2004 (Supp. 04-1). Section R4-12-211 recodified to R9-9B-104, at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R4-12-212. Recodified****Historical Note**

Adopted effective June 16, 1981 (Supp. 81-3). Repealed effective September 18, 1987 (Supp. 87-3). New Section made by final rulemaking at 10 A.A.R. 681, effective April 3, 2004 (Supp. 04-1). Section R4-12-212 recodified to R9-9B-209, at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**ARTICLE 3. RECODIFIED****R4-12-301. Recodified****Historical Note**

Adopted effective June 16, 1981 (Supp. 81-3). Section R4-12-301 recodified to R9-9B-304, at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R4-12-302. Recodified****Historical Note**

Adopted effective June 16, 1981 (Supp. 81-3). Amended effective January 2, 1985 (Supp. 85-1). Section R4-12-302 recodified to R9-9B-305, at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R4-12-303. Recodified****Historical Note**

Adopted effective June 16, 1981 (Supp. 81-3). Former Section R4-12-303 repealed, new Section R4-12-303 adopted effective January 2, 1985 (Supp. 85-1). Section

R4-12-302 recodified to R9-9B-306, at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R4-12-304. Recodified****Historical Note**

Adopted effective January 2, 1985 (Supp. 85-1). Section R4-12-304 recodified to R9-9B-312, at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R4-12-305. Recodified****Historical Note**

Adopted effective January 2, 1985 (Supp. 85-1). Section R4-12-305 recodified to R9-9B-313, at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R4-12-306. Recodified****Historical Note**

Adopted effective January 2, 1985 (Supp. 85-1). Section R4-12-306 recodified to R9-9B-314, at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R4-12-307. Recodified****Historical Note**

Adopted effective January 2, 1985 (Supp. 85-1). Section R4-12-307 recodified to R9-9B-315, at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R4-12-308. Expired****Historical Note**

Adopted effective July 1, 1985 (Supp. 85-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 853, effective December 31, 2001 (Supp. 02-1).

**R4-12-309. Expired****Historical Note**

Adopted effective January 2, 1985 (Supp. 85-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 853, effective December 31, 2001 (Supp. 02-1).

**R4-12-310. Expired****Historical Note**

Adopted effective January 1, 1985 (Supp. 85-1). Amended effective September 18, 1987 (Supp. 87-3). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 853, effective December 31, 2001 (Supp. 02-1).

**R4-12-311. Recodified****Historical Note**

Adopted effective June 16, 1981 (Supp. 81-3). Section R4-12-311 recodified to R9-9B-316, at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R4-12-312. Recodified****Historical Note**

Adopted effective June 16, 1981 (Supp. 81-3). Section R4-12-312 recodified to R9-9B-309, at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**ARTICLE 4. RECODIFIED****R4-12-401. Reserved****R4-12-402. Reserved****R4-12-403. Reserved**

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**R4-12-404. Reserved****R4-12-405. Expired****Historical Note**

Adopted effective June 16, 1981 (Supp. 81-3). Former Section R4-12-405 repealed, a new Section R4-12405 adopted effective September 18, 1987 (Supp. 87-3). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 853, effective December 31, 2001 (Supp. 02-1).

**R4-12-406. Reserved****R4-12-407. Reserved****R4-12-408. Reserved****R4-12-409. Reserved****R4-12-410. Reserved****R4-12-411. Reserved****R4-12-412. Reserved****R4-12-413. Recodified****Historical Note**

Adopted effective February 8, 1991 (Supp. 91-1). Amended by final rulemaking at 10 A.A.R. 681, effective April 3, 2004 (Supp. 04-1). Section R4-12-413 recodified to R9-9B-205, at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R4-12-414. Recodified****Historical Note**

Adopted effective February 8, 1991 (Supp. 91-1). Amended by final rulemaking at 10 A.A.R. 681, effective April 3, 2004 (Supp. 04-1). Section R4-12-414 recodified to R9-9B-206, at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R4-12-415. Recodified****Historical Note**

Adopted effective February 8, 1991 (Supp. 91-1). Amended by final rulemaking at 10 A.A.R. 681, effective April 3, 2004 (Supp. 04-1). Section R4-12-415 recodified to R9-9B-207, at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R4-12-416. Recodified****Historical Note**

New Section made by final rulemaking at 10 A.A.R. 681, effective April 3, 2004 (Supp. 04-1). Section R4-12-416 recodified to R9-9B-208, at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**ARTICLE 5. PREARRANGED FUNERAL AGREEMENTS****R4-12-501. Expired****Historical Note**

Adopted effective January 1, 1985 (Supp. 85-1). Amended by adding a new paragraph (4) effective June 18, 1987 (Supp. 87-2). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 853, effective December 31, 2001 (Supp. 02-1).

**R4-12-502. Expired****Historical Note**

Adopted effective January 1, 1985 (Supp. 85-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 853, effective December 31, 2001 (Supp. 02-1).

**R4-12-503. Expired****Historical Note**

Adopted effective June 18, 1987 (Supp. 87-2). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 853, effective December 31, 2001 (Supp. 02-1).

**R4-12-504. Reserved****R4-12-505. Reserved****R4-12-506. Reserved****R4-12-507. Reserved****R4-12-508. Reserved****R4-12-509. Reserved****R4-12-510. Reserved****R4-12-511. Reserved****R4-12-512. Reserved****R4-12-513. Reserved****R4-12-514. Reserved****R4-12-515. Reserved****R4-12-516. Reserved****R4-12-517. Reserved****R4-12-518. Reserved****R4-12-519. Reserved****R4-12-520. Reserved****R4-12-521. Expired****Historical Note**

Adopted effective January 1, 1985 (Supp. 85-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 853, effective December 31, 2001 (Supp. 02-1).

**R4-12-522. Reserved****R4-12-523. Recodified****Historical Note**

Adopted effective January 1, 1985 (Supp. 85-1). Section R4-12-523 recodified to R9-9B-317, at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R4-12-524. Reserved****R4-12-525. Reserved****R4-12-526. Reserved****R4-12-527. Reserved****R4-12-528. Reserved****R4-12-529. Reserved****R4-12-530. Reserved****R4-12-531. Repealed**



## TITLE 4. PROFESSIONS AND OCCUPATIONS

## CHAPTER 12. BOARD OF FUNERAL DIRECTORS AND EMBALMERS

**Historical Note**

Adopted effective January 1, 1985 (Supp. 85-1). Section repealed by final rulemaking at 7 A.A.R. 1441, effective March 14, 2001 (Supp. 01-1).

**R4-12-532. Reserved**

**R4-12-533. Reserved**

**R4-12-534. Reserved**

**R4-12-535. Reserved**

**R4-12-536. Reserved**

**R4-12-537. Reserved**

**R4-12-538. Reserved**

**R4-12-539. Reserved**

**R4-12-540. Reserved**

**R4-12-541. Recodified**

**Historical Note**

Adopted effective January 1, 1985 (Supp. 85-1). Amended by adding a new subsection (D) effective June 18, 1987 (Supp. 87-2). Section R4-12-541 recodified to R9-9B-307, at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R4-12-542. Reserved**

**R4-12-543. Reserved**

**R4-12-544. Reserved**

**R4-12-545. Recodified**

**Historical Note**

Adopted effective January 1, 1985 (Supp. 85-1). Section R4-12-545 recodified to R9-9B-318, at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R4-12-546. Recodified**

**Historical Note**

Adopted effective January 1, 1985 (Supp. 85-1). Section R4-12-546 recodified to R9-9B-319, at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R4-12-547. Reserved**

**R4-12-548. Recodified**

**Historical Note**

Adopted effective January 1, 1985 (Supp. 85-1). Section R4-12-548 recodified to R9-9B-320, at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R4-12-549. Reserved**

**R4-12-550. Reserved**

**R4-12-551. Recodified**

**Historical Note**

Adopted effective January 1, 1985 (Supp. 85-1). Section R4-12-551 recodified to R9-9B-321, at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R4-12-552. Recodified**

**Historical Note**

Adopted effective January 1, 1985 (Supp. 85-1). Section R4-12-552 recodified to R9-9B-322, at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R4-12-553. Reserved**

**R4-12-554. Recodified**

**Historical Note**

Adopted effective January 1, 1985 (Supp. 85-1). Section R4-12-554 recodified to R9-9B-323, at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R4-12-555. Reserved**

**R4-12-556. Recodified**

**Historical Note**

Adopted effective January 1, 1985 (Supp. 85-1). Amended by adding a new subsection (B) effective June 18, 1987 (Supp. 87-2). Section R4-12-556 recodified to R9-9B-324, at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R4-12-557. Reserved**

**R4-12-558. Reserved**

**R4-12-559. Recodified**

**Historical Note**

Adopted effective January 1, 1985 (Supp. 85-1). Section R4-12-559 recodified to R9-9B-325, at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R4-12-560. Reserved**

**R4-12-561. Recodified**

**Historical Note**

Adopted effective January 1, 1985 (Supp. 85-1). Section R4-12-561 recodified to R9-9B-308, at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R4-12-562. Reserved**

**R4-12-563. Reserved**

**R4-12-564. Reserved**

**R4-12-565. Recodified**

**Historical Note**

Adopted effective January 1, 1985 (Supp. 85-1). Section R4-12-565 recodified to R9-9B-326, at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

## TITLE 4. PROFESSIONS AND OCCUPATIONS

## CHAPTER 12. BOARD OF FUNERAL DIRECTORS AND EMBALMERS

## Appendix B. Statement of Funeral Goods and Services Selected

## STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

The charges are only for those items that are used. If we are required by law to use any items, we will explain the reasons in writing.

## FUNERAL OF \_\_\_\_\_

*FORWARDING OF REMAINS TO ANOTHER FUNERAL HOME* \$ \_\_\_\_\_

This charge includes removal of body, services of staff, necessary authorizations, embalming, and local transportation (but not shipping charges.)

*RECEIVING OF REMAINS FROM ANOTHER FUNERAL HOME* \$ \_\_\_\_\_

This charge includes services of staff, care of remains, and transportation to cemetery or crematory.

*DIRECT CREMATION* (As selected) \$ \_\_\_\_\_

This charge includes removal of body, necessary authorizations, services of staff, transportation to crematory, and cremation of body.

*TRANSFER OF REMAINS TO FUNERAL HOME* ( \_\_\_\_\_ miles transported) \$ \_\_\_\_\_

*IMMEDIATE BURIAL* (As selected) \$ \_\_\_\_\_

This charge includes removal of body, services of staff, necessary authorizations, and local transportation to cemetery.

*FUNERAL ARRANGEMENTS* (Indicated services and facilities selected) \$ \_\_\_\_\_

Funeral Director and Staff Services \_\_\_\_\_

Embalming \_\_\_\_\_

Other preparation of body \_\_\_\_\_

Use of facilities for viewing \_\_\_\_\_

Use of facilities for funeral \_\_\_\_\_

Other use of facilities \_\_\_\_\_

*AUTOMOTIVE EQUIPMENT* (Indicated items selected) \$ \_\_\_\_\_

Hearse \_\_\_\_\_

Limousine \_\_\_\_\_

Other automobiles \_\_\_\_\_

*ACKNOWLEDGMENT CARDS* \$ \_\_\_\_\_

*CASKET SELECTED* \$ \_\_\_\_\_

*VAULT OR LINER* \$ \_\_\_\_\_

*OTHER ITEMS* (describe) \_\_\_\_\_ \$ \_\_\_\_\_

## CASH ADVANCE ITEMS

Organist and/or other music \$ \_\_\_\_\_

Hairdresser or barber \$ \_\_\_\_\_

Flowers \$ \_\_\_\_\_

Pallbearers \$ \_\_\_\_\_

Motorcycle escorts \$ \_\_\_\_\_

Clergy Honoraria \$ \_\_\_\_\_

Obituary Notice \$ \_\_\_\_\_

Death Certificate(s) \$ \_\_\_\_\_

Gratuities \$ \_\_\_\_\_

Other (describe) \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

*TOTAL COST FOR ARRANGEMENTS SELECTED* \$ \_\_\_\_\_

FOR FUNERAL HOME \_\_\_\_\_ Date \_\_\_\_\_

Arranged by \_\_\_\_\_ Date \_\_\_\_\_

## NOTICE TO PURCHASER

You may choose to purchase a casket or container for the funeral services and final disposition. However, except under certain public health circumstances pursuant to A.R.S. § 36-136, state law does not require the purchase or use of caskets or containers.

METHOD OF PAYMENT AND INTEREST CHARGES [describe the method of payment required by the funeral establishment for the funeral services and any interest charges.

[Statement not used as final bill]

## Historical Note

Adopted effective January 1, 1985 (Supp. 85-1).

## Appendix C. Expired

## Historical Note

Adopted effective January 1, 1985 (Supp. 85-1). Appendix expired under A.R.S. § 41-1056(E) at 18 A.A.R. 607, effective December 29, 2011 (Supp. 12-1).

TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 12. BOARD OF FUNERAL DIRECTORS AND EMBALMERS

**Appendix D. Prearranged Funeral Endorsement Bond**

The corporate surety bond delivered to the Board with a prearranged funeral sales endorsement application shall contain the following language:

“PREARRANGED FUNERAL ENDORSEMENT BOND

KNOW ALL MEN BY THESE PRESENTS, that we \_\_\_\_\_ of \_\_\_\_\_ as principal and \_\_\_\_\_, a surety company organized and existing under the laws of the State of \_\_\_\_\_ and authorized to do business under the laws of the State of Arizona as surety, are held and firmly bound unto the State of Arizona for the use and benefit of persons injured by violations of Title 32, Chapter 12, Article 5, Arizona Revised Statutes, in the penal sum of \_\_\_\_\_ (\_\_\_\_\_) lawful money of the United States of America, to be paid to the State of Arizona for the use and benefit aforesaid, for which sum, well and truly to be paid, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally by these presents.

The Condition of the above obligation is such that:

WHEREAS the above named principal has applied for an endorsement to its funeral establishment license in the State of Arizona to sell prearranged funeral agreements in conformance with Title 32, Chapter 12, Article 5, Arizona Revised Statutes, and is required by the provisions of such statutes to furnish a

bond in the sum above-named, conditioned as herein set forth.

Now, therefore, if the principal shall during the term of this bond strictly, honestly and faithfully comply with the provisions of Title 32, Chapter 12, Article 5, Arizona Revised Statutes during the term of this bond and shall pay all damages, attorneys fees and other expenses suffered by any person by reason of the violation of any of the provisions of such statutes which concern (1) providing contract information and consumer disclosures, (2) receiving and placing purchaser funds in appropriate trust accounts, (3) maintaining the security and integrity of the trust funds until lawfully disbursed, (4) misrepresentation or deceptive conduct in the advertising, solicitation or sale of prearranged funeral agreements, and (5) criminal misconduct by employees or agents of the funeral establishment concerning the prearranged funeral agreements or trust funds, then this obligation shall be void.

The State of Arizona may proceed against the Bond for the benefit of any person injured by a violation of Title 32, Chapter 12, Article 5, or the person so injured may directly proceed against the Bond in case of default by the principal.

This bond shall become effective on the \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_, and shall remain in force until cancelled by the surety. The surety may cancel this bond and be relieved of further liability hereunder by giving thirty days written notice to the principal and to the Board of Funeral

## TITLE 4. PROFESSIONS AND OCCUPATIONS

## CHAPTER 12. BOARD OF FUNERAL DIRECTORS AND EMBALMERS

**Appendix D. (cont.)**

Directors and Embalmers of the State of Arizona. The liability of the surety for the aggregate of any and all claims which may arise hereunder shall in no event exceed the amount of the penal sum of this bond.

Loss is covered under this bond only if a claim is made hereunder not later than two years after the cancellation or termination of the bond. If the coverage of this bond is substituted for any prior bond provided by the principal, which prior bond is terminated or cancelled as of the time of such substitution, the surety agrees that this bond applies to loss which is discovered and which would have been recoverable under such prior bond except for the fact that the time within which to discover loss thereunder had expired, provided:

(1) Such loss would have been covered under this bond had this bond with its agreements, limitations and conditions as of the time of such substitution been in force when the acts or defaults causing such loss were committed; and

(2) Recovery under this bond on account of such loss shall in no event exceed that amount which would have been recoverable under this bond in the amount for which it is written as of the time of such substitution, had this bond been in force when such acts or defaults were committed, or the amount which would have been recoverable under such prior bond or policy had such prior bond or policy continued in force until the discovery of such loss, if the latter amount be smaller.

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IN WITNESS WHEREOF, the principal and surety have hereunto set their hands and seals this \_\_\_\_ day of \_\_\_\_\_, 1984.

\_\_\_\_\_  
PRINCIPAL

By: \_\_\_\_\_

\_\_\_\_\_  
SURETY COMPANY

Countersigned:

By: \_\_\_\_\_ By: \_\_\_\_\_

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**Historical Note**

Adopted effective January 1, 1985 (Supp. 85-1).

TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 12. BOARD OF FUNERAL DIRECTORS AND EMBALMERS

Appendix E. Annual Report

ANNUAL REPORT

For Calendar Year Ending \_\_\_\_\_

Name of Establishment \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Owners (owning a 10 percent or greater interest in the Establishment):

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Funeral Establishment License No. \_\_\_\_\_ Issued \_\_\_\_\_

AFFIDAVIT

State of \_\_\_\_\_

County \_\_\_\_\_

\_\_\_\_\_, being first duly sworn and upon [my] [our] oath, depose and state:

[I am] [We are] the owner(s) of ( \_\_\_\_\_ establishment \_\_\_\_\_ ) on behalf of which [I] [we] make this affidavit, being hereunto duly authorized. The funeral establishment herein named has complied with title 32, Chapter 12, Article 5 of the Arizona Revised Statutes and the rules adopted pursuant to said Article. This Annual Report includes all prearranged funeral agreements sold or administered by this establishment. [I] [We] have read this Annual Report and accompanying Schedules A, B, C, D and E and know the contents thereof, and the matters and things therein stated are true and correct.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

## TITLE 4. PROFESSIONS AND OCCUPATIONS

## CHAPTER 12. BOARD OF FUNERAL DIRECTORS AND EMBALMERS

## Appendix E. (cont.)

SCHEDULE A

Page \_\_\_\_\_

PREARRANGED FUNERAL SALES DURING  
CALENDAR YEAR ENDING \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

Address \_\_\_\_\_

Trust Account No.(s)\* \_\_\_\_\_

PURCHASER NAME AND ADDRESS	SALE DATE	SALES PERSON	BENEFI- CIARY	TOTAL CONTRACT AMOUNT	INITIAL SERVICE FEE	INITIAL SERVICE FEE PAID	TOTAL MON- IES PAID BY PURCHASER	TOTAL MON- IES TO TRUST ACCOUNT	TOTAL REFUNDS MADE	BANK SERVICE CHARGES	OTHER WITH- DRAWALS (EXPLAIN)**	12/31 TRUST ACCOUNT BALANCE
----------------------------------	--------------	-----------------	------------------	-----------------------------	------------------------	--------------------------------	--	--	--------------------------	----------------------------	--	--------------------------------------

Page Totals

TOTALS

\* If this schedule concerns a number of trust accounts, provide names and addresses of financial institutions and list account numbers on separate sheet.

\*\* If other withdrawals have occurred, explain in detail on separate sheet.

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TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 12. BOARD OF FUNERAL DIRECTORS AND EMBALMERS

Appendix E. (cont.)

SCHEDULE B

Page \_\_\_\_\_

EXISTING PREARRANGED FUNERAL  
AGREEMENTS SOLD BEFORE CALENDAR  
YEAR ENDING \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

Address \_\_\_\_\_

Trust Account No.(s)\* \_\_\_\_\_

PURCHASER NAME AND SALE DATE	TOTAL CONTRACT AMOUNT	INITIAL SERVICE FEE	INITIAL SERVICE FEE PAID	TOTAL MON- IES PAID BY PURCHASER THIS YEAR	TOTAL MON- IES PAID BY PURCHASER	TOTAL MON- IES TO TRUST ACCOUNT	TOTAL REFUNDS PAID	ANNUAL SERVICE FEE	TAXES PAID	BANK SERVICE CHARGES	OTHER WITH- DRAWALS (EXPLAIN)**	12/31 TRUST ACCOUNT BALANCE
------------------------------------	-----------------------------	------------------------	--------------------------------	---	--	--	--------------------------	-----------------------	---------------	----------------------------	--	--------------------------------------

Page Totals

TOTALS

\* If this schedule concerns a number of trust accounts, provide names and addresses of financial institutions and list account numbers on separate sheet.

\*\* If other withdrawals have occurred, explain in detail on separate sheet.

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## TITLE 4. PROFESSIONS AND OCCUPATIONS

## CHAPTER 12. BOARD OF FUNERAL DIRECTORS AND EMBALMERS

## Appendix E. (cont.)

SCHEDULE C

Page \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

Address \_\_\_\_\_

Trust Account No.(s)\* \_\_\_\_\_

SUMMARY OF TRUST ACCOUNT  
TRANSACTIONS FOR CALENDAR  
YEAR ENDING \_\_\_\_\_

Total trust funds in account(s) on December 31 of previous calendar year. \$ \_\_\_\_\_ \$ \_\_\_\_\_

Total funds received and deposited in trust account(s) during this calendar year. \$ \_\_\_\_\_

Total funds withdrawn from trust account(s) during this calendar year:

1) Funeral arrangements	\$ _____
2) Annual service fees	\$ _____
3) Tax payments	\$ _____
4) Financial institution service charges	\$ _____
5) Refunds to purchasers	\$ _____
6) Other withdrawals**	\$ _____
<b>TOTAL WITHDRAWALS</b>	

\$ \_\_\_\_\_

Total interest paid to trust account(s) during this calendar year. \$ \_\_\_\_\_

Total trust funds in account(s) on December 31 of this calendar year. \$ \_\_\_\_\_

Total funds received for trust but not deposited in trust account(s) as of December 31 of this calendar year. \$ \_\_\_\_\_

\* If this schedule concerns a number of trust accounts, provide names and addresses of financial institutions and list account numbers on separate sheet.

\*\* If other withdrawals have occurred, explain in detail on separate sheet.

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TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 12. BOARD OF FUNERAL DIRECTORS AND EMBALMERS

Appendix E. (cont.)

SCHEDULE D  
SALESPERSONS EMPLOYED OR  
ENGAGED DURING CALENDAR  
YEAR

Name	Address	Registration No.

SCHEDULE E  
SALESPERSONS TERMINATED  
DURING CALENDAR YEAR

Name	Registration No.

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**Historical Note**

Adopted effective January 1, 1985 (Supp. 85-1).

**ARTICLE 6. RECODIFIED**

**R4-12-601. Repealed**

**Historical Note**

Adopted effective July 3, 1991 (Supp. 91-3). Section repealed by final rulemaking at 7 A.A.R. 1441, effective March 14, 2001 (Supp. 01-1).

**R4-12-602. Repealed**

## TITLE 4. PROFESSIONS AND OCCUPATIONS

## CHAPTER 12. BOARD OF FUNERAL DIRECTORS AND EMBALMERS

**Historical Note**

Adopted effective July 3, 1991 (Supp. 91-3). Section repealed by final rulemaking at 20 A.A.R. 2648, effective November 9, 2014 (Supp. 14-3).

**R4-12-603. Reserved**

**R4-12-604. Reserved**

**R4-12-605. Reserved**

**R4-12-606. Reserved**

**R4-12-607. Reserved**

**R4-12-608. Reserved**

**R4-12-609. Reserved**

**R4-12-610. Reserved**

**R4-12-611. Repealed**

**Historical Note**

Adopted effective July 3, 1991 (Supp. 91-3). Section repealed by final rulemaking at 7 A.A.R. 1441, effective March 14, 2001 (Supp. 01-1).

**R4-12-612. Recodified**

**Historical Note**

Adopted effective July 3, 1991 (Supp. 91-3). Amended by final rulemaking at 20 A.A.R. 2648, effective November 9, 2014 (Supp. 14-3). Section R4-12-612 recodified to R9-9B-406, at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R4-12-613. Recodified**

**Historical Note**

Adopted effective July 3, 1991 (Supp. 91-3). Amended by final rulemaking at 20 A.A.R. 2648, effective November 9, 2014 (Supp. 14-3). Section R4-12-613 recodified to R9-9B-412, at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R4-12-614. Reserved**

**R4-12-615. Reserved**

**R4-12-616. Reserved**

**R4-12-617. Reserved**

**R4-12-618. Reserved**

**R4-12-619. Reserved**

**R4-12-620. Reserved**

**R4-12-621. Repealed**

**Historical Note**

Adopted effective July 3, 1991 (Supp. 91-3). Section repealed by final rulemaking at 20 A.A.R. 2648, effective November 9, 2014 (Supp. 14-3).

**R4-12-622. Expired**

**Historical Note**

Adopted effective July 3, 1991 (Supp. 91-3). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 853, effective December 31, 2001 (Supp. 02-1).

**R4-12-623. Reserved**

**R4-12-624. Reserved**

**R4-12-625. Reserved**

**R4-12-626. Reserved**

**R4-12-627. Reserved**

**R4-12-628. Reserved**

**R4-12-629. Reserved**

**R4-12-630. Reserved**

**R4-12-631. Recodified**

**Historical Note**

Adopted effective July 3, 1991 (Supp. 91-3). Amended by final rulemaking at 20 A.A.R. 2648, effective November 9, 2014 (Supp. 14-3). Section R4-12-631 recodified to R9-9B-413, at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R4-12-632. Repealed**

**Historical Note**

Adopted effective July 3, 1991 (Supp. 91-3). Section repealed by final rulemaking at 20 A.A.R. 2648, effective November 9, 2014 (Supp. 14-3).

**R4-12-633. Recodified**

**Historical Note**

Adopted effective July 3, 1991 (Supp. 91-3). Amended by final rulemaking at 20 A.A.R. 2648, effective November 9, 2014 (Supp. 14-3). Section R4-12-633 recodified to R9-9B-414, at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R4-12-634. Repealed**

**Historical Note**

Adopted effective July 3, 1991 (Supp. 91-3). Section repealed by final rulemaking at 20 A.A.R. 2648, effective November 9, 2014 (Supp. 14-3).

**R4-12-635. Reserved**

**R4-12-636. Reserved**

**R4-12-637. Reserved**

**R4-12-638. Reserved**

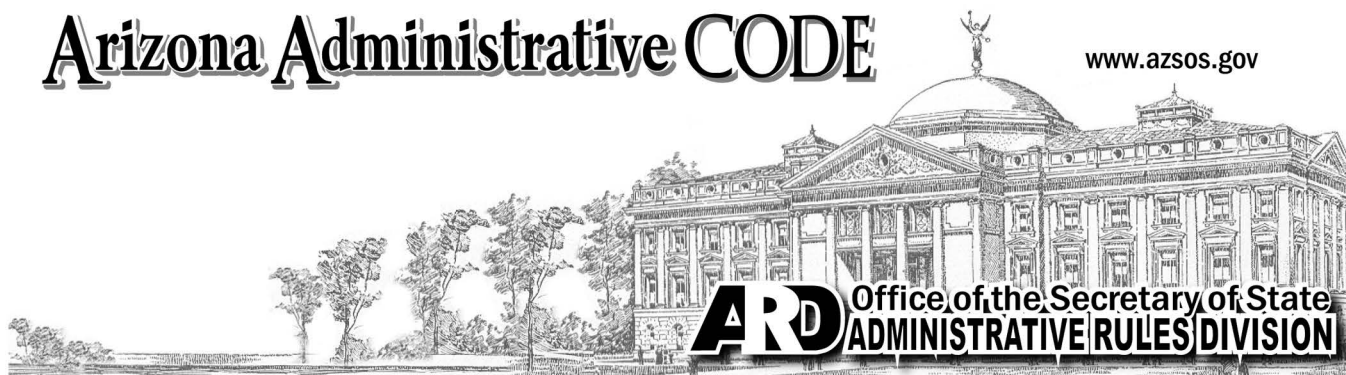
**R4-12-639. Reserved**

**R4-12-640. Reserved**

**R4-12-641. Expired**

**Historical Note**

Adopted effective July 3, 1991 (Supp. 91-3). Section expired under A.R.S. § 41-1056(E) at 12 A.A.R. 4742, effective September 30, 2006 (Supp. 06-4).



## TITLE 4. PROFESSIONS AND OCCUPATIONS

### CHAPTER 16. ARIZONA MEDICAL BOARD

#### 4 A.A.C. 16

#### Supplement Information

#### Supp. 25-4

Rules codified between October 1, 2025 through December 31, 2025 are underlined in this Chapter's table of contents.

#### For questions, contact:

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**The release of this Chapter in Supp. 25-4 replaces Supp. 23-4, 1-18 pages.**

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

## PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “*Rule*’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

### THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

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### HOW TO USE THE CODE

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### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at [www.azsos.gov/rules](http://www.azsos.gov/rules), click on the *Administrative Register* link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

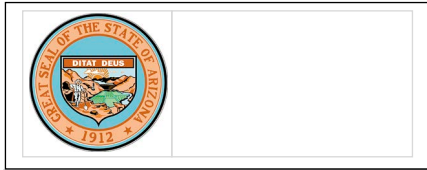
The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

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*Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.*

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## Administrative Rules Division

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## TITLE 4. PROFESSIONS AND OCCUPATIONS

## CHAPTER 16. ARIZONA MEDICAL BOARD

Authority: A.R.S. § 32-1401 et seq.

## Supp. 25-4

*Editor's Note: Supp. 16-1 has rules amended as final exempt rules. The proposed exempt rules were published on the Board's website for 30 days and the end which no additional public comments were received (Supp. 16-1).*

*Editor's Note: Supp. 15-4 has rules that were submitted as final exempt rules. Pursuant to Laws 2015, Chapter 251, Section 3, the Board was required to provide public notice and an opportunity for the public to comment on its proposed exempt rules. Three public meetings were conducted. Even though the proposed exempt rules were not published in the Register, the Office of the Secretary of State makes a distinction between exempt rulemakings and final exempt rulemakings. Exempt rulemakings are those that are submitted to the Office of the Secretary of State without receiving public comment (Supp. 15-4).*

*Editor's Note: The name of the Allopathic Board of Medical Examiners was changed to the Arizona Medical Board by Laws 2002, Ch. 254, § 9, effective August 22, 2002 (Supp. 03-2).*

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## ARTICLE 1. GENERAL PROVISIONS

**R4-16-101. Definitions**

Unless the context otherwise requires, definitions prescribed under A.R.S. § 32-1401 and the following apply to this Chapter:

1. "ACLS" means advanced cardiac life support performed according to certification standards of the American Heart Association.
2. "Agent" means an item or element that causes an effect.
3. "Approved medical assistant training program" means a program accredited by one of the following:
  - a. The Commission on Accreditation of Allied Health Education Programs; or
  - b. The Accrediting Bureau of Health Education Schools.
4. "BLS" means basic life support performed according to certification standards of the American Heart Association.
5. "Capnography" means monitoring the concentration of exhaled carbon dioxide of a sedated patient to determine the adequacy of the patient's ventilatory function.
6. "Case" means a file opened by a member of the Board's investigative staff in which to maintain documents and evidence relating to an allegation of unprofessional conduct made against an applicant or licensee.
7. "Deep sedation" means a drug-induced depression of consciousness during which a patient:
  - a. Cannot be easily aroused, but
  - b. Responds purposefully following repeated or painful stimulation, and
  - c. May partially lose the ability to maintain ventilatory function.
8. "Discharge" means a written or electronic documented termination of office-based surgery to a patient.
9. "Drug" means the same as in A.R.S. § 32-1901.
10. "Emergency" means an immediate threat to the life or health of a patient.
11. "Emergency drug" means a drug that is administered to a patient in an emergency.
12. "General Anesthesia" means a drug-induced loss of consciousness during which a patient:
  - a. Cannot be roused even with painful stimulus; and
  - b. May partially or completely lose the ability to maintain ventilatory, neuromuscular, or cardiovascular function or airway.
13. "Health care professional" means a registered nurse defined in A.R.S. § 32-1601, registered nurse practitioner defined in A.R.S. § 32-1601, physician assistant defined in A.R.S. § 32-2501, and any individual authorized to perform surgery according to A.R.S. Title 32 who participates in office-based surgery using sedation at a physician's office.
14. "Informed consent" means advising a patient of the:
  - a. Purpose for and alternatives to office-based surgery using sedation,
  - b. Associated risks of office-based surgery using sedation, and
  - c. Possible benefits and complications from the office-based surgery using sedation.
15. "Inpatient" has the same meaning as in A.A.C. R9-10-201.
16. "Investigative staff" means Board staff employed to gather documents and evidence regarding an allegation of unprofessional conduct made against an applicant or licensee.
17. "Investigation supervisor" means the manager of the Board's investigations department or the manager's designee.
18. "Lead board member" means the Board chair or the Board chair's designee.
19. "Malignant hyperthermia" means a life-threatening condition in an individual who has a genetic sensitivity to inhalant anesthetics or depolarizing neuromuscular blocking drugs that occurs during or after the administration of an inhalant anesthetic or depolarizing neuromuscular blocking drug.
20. "Minimal Sedation" means a drug-induced state during which:
  - a. A patient responds to verbal commands,
  - b. Cognitive function and coordination may be impaired, and
  - c. A patient's ventilatory and cardiovascular functions are unaffected.
21. "Moderate Sedation" means a drug-induced depression of consciousness during which:
  - a. A patient responds to verbal commands or light tactile stimulation, and
  - b. No interventions are required to maintain ventilatory or cardiovascular function.
22. "Monitor" means to assess the condition of a patient.
23. "*Office-based surgery*" means a medical procedure conducted in a physician's office or other outpatient setting that is not part of a licensed hospital or licensed ambulatory surgical center. (A.R.S. § 32-1401(20)).
24. "PALS" means pediatric life support performed according to certification standards of the American Academy of Pediatrics or the American Heart Association.
25. "Patient" means an individual receiving office-based surgery using sedation.
26. "Physician" has the same meaning as doctor of medicine as defined in A.R.S. § 32-1401.
27. "Rescue" means to correct adverse physiologic consequences of a level of sedation that is deeper than intended and return the patient to the intended level of sedation.
28. "Sedation" means minimum sedation, moderate sedation, or deep sedation.
29. "Staff member" means an individual who:
  - a. Is not a health care professional, and
  - b. Assists with office-based surgery using sedation under the supervision of the physician performing the office-based surgery using sedation.
30. "Supervising medical consultant" means the Chief Medical Consultant employed by the Board or the Chief Medical Consultant's designee.
31. "Transfer" means to physically move a patient from a physician's office to a licensed health care institution.

**Historical Note**

Former Rule 12. Former Section R4-16-01 repealed, new Section R4-16-101 adopted effective June 1, 1984 (Supp. 84-3). Section repealed, new Section renumbered from R4-16-103 effective September 22, 1995 (Supp. 95-3). Amended by final rulemaking at 8 A.A.R. 830, February 7, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 4270, effective November 18, 2002 (Supp. 02-3). Former Section R4-16-101 recodified to R4-16-102 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). New Section made by final rulemaking at 12 A.A.R. 823, effective February 23, 2006 (Supp. 06-1). Amended by final rulemaking at 14 A.A.R. 380, effective January 8,

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2008 (Supp. 08-1). Amended by final rulemaking at 25 A.A.R. 145, effective March 9, 2019 (Supp. 19-1). Amended by final rulemaking at 25 A.A.R. 3705, effective February 1, 2020 (Supp. 19-4).

**R4-16-102. Continuing Medical Education**

- A.** A physician holding an active license to practice medicine in this state shall complete 40 credit hours of the continuing medical education required by A.R.S. § 32-1434 during the two calendar years preceding biennial registration.
1. A physician who is authorized to prescribe schedule II controlled substances and holds a valid U.S. Drug Enforcement Administration registration number shall complete at least three hours of opioid-related, substance-use-disorder-related, or addiction-related continuing medical education during each renewal cycle;
  2. One hour of credit is allowed for each clock hour of participation in continuing medical education activities, unless otherwise designated in subsection (B); and
  3. The physician may not carry excess hours of continuing medical education over to another two-year cycle.
- B.** A physician may claim continuing medical education for the following:
1. Participating in an internship, residency, or fellowship at a teaching institution approved by the American Medical Association, the Association of American Medical Colleges, or the American Osteopathic Association. A physician may claim one credit hour of continuing medical education for each one day of training in a full-time approved program, or for a less than full-time training on a pro rata basis. In this subsection teaching institutions define "full-time."
  2. Participating in an education program for an advanced degree in a medical or medically-related field in a teaching institution approved by the American Medical Association, the Association of American Medical Colleges, or the American Osteopathic Association. A physician may claim one credit hour of continuing medical education for each one day of full-time study or less than a full-time study on a pro rata basis. In this subsection teaching institutions define "full-time".
  3. Participating in full-time research in a teaching institution approved by the American Medical Association, the Association of American Medical Colleges, or the American Osteopathic Association. A physician may claim one credit hour of continuing medical education for each one day of full-time research, or less than full-time research on a pro rata basis. In this subsection teaching institutions define "full-time".
  4. Participating in an education program certified as Category 1 by an organization accredited by the Accreditation Council for Continuing Medical Education, 515 North State Street, Suite 2150, Chicago, Illinois 60610.
  5. Participating in a medical education program designed to provide understanding of current developments, skills, procedures, or treatments related to the practice of medicine, that is provided by an organization or institution accredited by the Accreditation Council for Continuing Medical Education.
  6. Serving as an instructor of medical students, house staff, other physicians, or allied health professionals from a hospital or other health care institution with a formal training program, if the instructional activities provide the instructor with understanding of current developments, skills, procedures, or treatments related to the practice of allopathic medicine.
  7. Publishing or presenting a paper, report, or book that deals with current developments, skills, procedures, or treatments related to the practice of allopathic medicine. The physician may claim one credit hour for each hour preparing, writing, and presenting materials:
    - a. Actually published or presented; and
    - b. After the date of publication or presentation.
  8. A credit hour may be earned for any of the following activities that provide an understanding of current developments, skills, procedures, or treatments related to the practice of allopathic medicine:
    - a. Completing a medical education program based on self-instruction that uses videotapes, audiotapes, films, filmstrips, slides, radio broadcasts, or computers;
    - b. Reading scientific journals and books;
    - c. Preparing for specialty board certification or recertification examinations;
    - d. Participating on a staff or quality of care committee, or utilization review committee in a hospital, health care institution, or government agency.
- C.** If a physician holding an active license to practice medicine in this state fails to meet the continuing medical education requirements under subsection (A) because of illness, military service, medical or religious missionary activity, or residence in a foreign country, upon written application, the Board shall grant an extension of time to complete the continuing medical education.
- D.** The Board shall mail to each physician a license renewal form that includes a section regarding continuing medical education compliance. The physician shall sign and return the form certified under penalty of perjury that the continuing medical education requirements under subsection (A) are satisfied for the two-calendar-year period preceding biennial renewal. Failure to receive the license renewal form under subsection (A) shall not relieve the physician of the requirements of subsection (A). The Board may randomly audit a physician to verify compliance with the continuing medical education requirements under subsection (A).

**Historical Note**

Former Rule 16. Former Section R4-16-02 repealed, new Section R4-16-102 adopted effective June 1, 1984 (Supp. 84-3). Section repealed, new Section renumbered from R4-16-106 effective September 22, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 1881, effective May 3, 2000 (Supp. 00-2). Former Section R4-16-102 recodified to R4-16-103; New Section R4-16-102 recodified from R4-16-101 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Amended by final rulemaking at 24 A.A.R. 182, effective March 10, 2018 (Supp. 18-1). Amended by final rulemaking at 25 A.A.R. 145, effective March 9, 2019 (Supp. 19-1).

**R4-16-103. Rehearing or Review of Board Decision**

- A.** In a contested case or appealable agency action, a party aggrieved by an order of the Board may file a written motion for rehearing or review with the Board under A.R.S. Title 41, Chapter 6, Article 10, specifying the grounds for rehearing or review.
1. A motion for rehearing or review shall be filed with the Board and served no later than 30 days after the decision of the Board.



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2. For purposes of this Section, "service" has the same meaning as in A.R.S. § 41-1092.09.
  3. For purposes of this Section, a document is deemed filed when the Board receives the document.
  4. For purposes of this Section, "party" has the same meaning as in A.R.S. § 41-1001.
- B.** Except as provided in subsection (H), a party is required to file a motion for rehearing or review of a Board decision to exhaust the party's administrative remedies.
- C.** A party may amend a motion for rehearing or review at any time before the Board rules on the motion.
- D.** The Board may grant a rehearing or review for any of the following reasons materially affecting a party's rights:
1. Irregularity in the proceedings or an order or abuse of discretion, that deprives the moving party of a fair hearing;
  2. Misconduct of the Board, its staff, administrative law judge, or the prevailing party;
  3. Accident or surprise that could have not been prevented by ordinary prudence;
  4. Newly discovered material evidence that could not, with reasonable diligence, have been discovered and produced at the hearing;
  5. Excessive penalty;
  6. Error in the admission or rejection of evidence or other errors of law occurring at the hearing or during the progress of the proceedings;
  7. The decision is the result of a passion or prejudice; or
  8. The findings of fact or decision is not justified by the evidence or is contrary to law.
- E.** The Board may grant a rehearing or review to all or any of the parties and on all or part of the issues for any of the reasons in subsection (D). The Board may take additional testimony, amend findings of fact and conclusions of law, or make new findings and conclusions, and affirm, modify, or reverse the original decision. The Board shall specify the particular grounds for any order modifying a decision or granting a rehearing. If a rehearing or review is granted, the rehearing or review shall cover only the matters specified in the order.
- F.** Not later than 15 days after a decision is issued, the Board on its own initiative may order a rehearing or review for any reason that it might have granted a rehearing or review on motion of a party. After giving the parties notice and an opportunity to be heard on the matter, the Board may grant a timely-served motion for a rehearing or review for a reason not stated in the motion. In either case, the Board shall specify in the order the grounds for the rehearing or review.
- G.** If a motion for rehearing or review is based upon affidavits, they shall be served with the motion. An opposing party may, within 15 days after service, serve opposing affidavits. The Board may extend this period for a maximum of 20 days either for good cause or upon written stipulation by the parties. The Board may permit reply affidavits.
- H.** If, in a particular decision, the Board makes a specific finding that the immediate effectiveness of the decision is necessary for the preservation of the public health, safety, or welfare, the decision may be issued as a final decision without an opportunity for rehearing or review.
- I.** A party that has exhausted the party's administrative remedies may appeal a final order of the Board under A.R.S. Title 12, Chapter 7, Article 6.
- J.** A person that files a complaint with the Board against a licensee:
1. Is not a party to:
    - a. A Board administrative action, decision, or proceeding; or
    - b. A court proceeding for judicial review of a Board decision under A.R.S. §§ 12-901 through 12-914; and
  2. Is not entitled to seek rehearing or review of a Board action or decision under this Section.

**Historical Note**

Former Rule 17; Amended effective August 19, 1977 (Supp. 77-4). Former Section R4-16-03 repealed, new Section R4-16-103 adopted effective June 1, 1984 (Supp. 84-3). Section R4-16-103 renumbered to R4-16-101 effective September 22, 1995 (Supp. 95-3). New Section adopted effective May 20, 1997 (Supp. 97-2). Amended by final rulemaking at 8 A.A.R. 830, February 7, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 4270, effective November 18, 2002 (Supp. 02-3). Former Section R4-16-103 recodified to R4-16-204; new Section R4-16-103 recodified from R4-16-102 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Amended by final rulemaking at 25 A.A.R. 145, effective March 9, 2019 (Supp. 19-1).

**R4-16-104. Recodified****Historical Note**

Former Rule 18. Former Section R4-16-04 repealed, new Section R4-16-104 adopted effective June 1, 1984 (Supp. 84-3). Section repealed effective September 22, 1995 (Supp. 95-3). New Section adopted effective January 20, 1998 (Supp. 98-1). Section recodified to R4-16-206 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1).

**R4-16-105. Recodified****Historical Note**

Former Rule 19. Former Section R4-16-05 repealed, new Section R4-16-105 adopted effective June 1, 1984 (Supp. 84-3). Section repealed effective September 22, 1995 (Supp. 95-3). New Section adopted effective January 20, 1998 (Supp. 98-1). Section recodified to R4-16-207 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1).

**R4-16-106. Recodified****Historical Note**

Former Rule 21. Former Section R4-16-06 repealed, new Section R4-16-106 adopted effective June 1, 1984 (Supp. 84-3). Section R4-16-106 renumbered to R4-16-102 effective September 22, 1995 (Supp. 95-3). New Section adopted by final rulemaking at 6 A.A.R. 1881, effective May 3, 2000 (Supp. 00-2). Section recodified to R4-16-201 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1).

**R4-16-107. Recodified****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 1881, effective May 3, 2000 (Supp. 00-2). Section recodified to R4-16-202 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1).

**R4-16-108. Recodified****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 1881, effective May 3, 2000 (Supp. 00-2). Section recod-

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ified to R4-16-203 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1).

**Table 1. Recodified****Historical Note**

Table 1 adopted effective January 20, 1998 (Supp. 98-1).

Table 1 recodified to the end of Article 2 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1).

**R4-16-109. Recodified****Historical Note**

New Section made by final rulemaking at 8 A.A.R. 830, February 7, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 4270, effective November 18, 2002 (Supp. 02-3). Section recodified to R4-16-205 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1).

**ARTICLE 2. LICENSURE****R4-16-201. Application for Licensure by Examination or Endorsement****A. For purposes of this Article, unless otherwise specified:**

1. "ABMS" means American Board of Medical Specialties.
2. "ECFMG" means Educational Commission for Foreign Medical Graduates.
3. "FCVS" means Federation Credentials Verification Service.
4. "FLEX" means Federation Licensing Examination.
5. "LMCC" means Licentiate of the Medical Council of Canada.
6. "NBME" means National Board of Medical Examiners.
7. "Primary source" means the original source or an approved agent of the original source of a specific credential that can verify the accuracy of a qualification reported by an applicant.
8. "SPEX" means Special Purposes Examination.
9. "USMLE" means United States Medical Licensing Examination.

**B. An applicant for licensure to practice medicine by Step 3 of the USMLE or endorsement shall submit the following information on an application form available on request from the Board and on the Board's website:**

1. Applicant's full name, Social Security number, business and home addresses, primary e-mail address, business and home telephone numbers, and date and place of birth;
2. Name of the school of medicine from which the applicant graduated and date of graduation;
3. A complete list of the applicant's internship, residency, and fellowship training;
4. List of all licensing examinations taken;
5. Names of the states, U.S. territories, or provinces in which the applicant has applied for or been granted a license or registration to practice medicine, including license number, date issued, and current status of the license;
6. A statement of whether the applicant:
  - a. Has had an application for medical licensure denied or rejected by another state or province licensing board, and if so, an explanation;
  - b. Has ever had any disciplinary or rehabilitative action taken against the applicant by another licensing board, including other health professions, and if so, an explanation;
  - c. Has had any disciplinary actions, restrictions, or limitations taken against the applicant while participat-

ing in any type of training program or by any health care provider, and if so, an explanation;

- d. Has been found in violation of a statute, rule, or regulation of any domestic or foreign governmental agency, and if so, an explanation;
- e. Is currently under investigation by any medical board or peer review body, and if so, an explanation;
- f. Has been subject to discipline resulting in a medical license being revoked, suspended, limited, cancelled during investigation, restricted, or voluntarily surrendered, or resulting in probation or entry into a consent agreement or stipulation and if so, an explanation;
- g. Has had hospital privileges revoked, denied, suspended, or restricted, and if so, an explanation;
- h. Has been named as a defendant in a malpractice matter currently pending or that resulted in a settlement or judgment against the applicant, and if so, an explanation;
- i. Has been subjected to any regulatory disciplinary action, including censure, practice restriction, suspension, sanction, or removal from practice, imposed by any agency of the federal or state government, and if so, an explanation;
- j. Has had the authority to prescribe, dispense, or administer medications limited, restricted, modified, denied, surrendered, or revoked by a federal or state agency as a result of disciplinary or other adverse action, and if so, an explanation;
- k. Has been found guilty or entered into a plea of no contest to a felony, a misdemeanor involving moral turpitude in any state, and if so, an explanation;
7. Whether the applicant is currently certified by any of the American Board of Medical Specialties;
8. The applicant's intended specialty;
9. Consistent with the Board's authority at A.R.S. § 32-1422(B), other information the Board may deem necessary to evaluate the applicant fully;
10. Whether the applicant completed a training unit prescribed by the Board regarding the requirements of A.R.S. Title 32, Chapter 13 and this Chapter;
11. In addition to the answers provided under subsections (B)(1) through (10), the applicant shall answer the following confidential question:
  - a. Whether the applicant currently has a medical condition that impairs the applicant's ability to practice medicine in a competent, ethical, and professional manner;
  - b. If the answer to subsection (B)(11)(a) is yes:
    - i. Provide an explanation of the medical condition; and
    - ii. If currently practicing under a monitoring agreement with a licensing board in another state, attach a copy of the monitoring agreement to the application; and
12. A notarized statement, signed by the applicant, verifying the truthfulness of the information provided, and that the applicant has not engaged in any acts prohibited by Arizona law or Board rules, and authorizing release of any required records or documents to complete application review.
- C. In addition to the application form required under subsection (B), an applicant for licensure to practice medicine by Step 3 of the USMLE or endorsement shall submit the following:

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1. A copy of the applicant's birth certificate or passport that is:
    - a. Notarized, or
    - b. Certified by a governmental agency.
  2. Evidence of legal name change if the applicant's legal name is different from that shown on the document submitted under subsection (C)(1);
  3. Documentation listed under A.R.S. § 41-1080(A) showing that the applicant's presence in the U.S. is authorized under federal law;
  4. Complete list of all medical employment for the five years before the date of application;
  5. Verification of any medical malpractice matter currently pending or resulting in a settlement or judgment against the applicant, including a copy of the complaint and either the agreed terms of settlement or the judgment and a narrative statement specifying the nature of the occurrence resulting in the medical malpractice action. An applicant who is unable to obtain a document required under this subsection may apply under subsection (E) a waiver of the requirement;
  6. A full set of fingerprints and the processing charge specified in R4-16-205;
  7. A paper or digital headshot photograph of the applicant taken no more than 60 days before the date of application; and
  8. The fee authorized under A.R.S. § 32-1436 and specified in R4-16-205.
- D.** In addition to the requirements of subsections (B) and (C), an applicant for licensure to practice medicine by Step 3 of the USMLE or endorsement shall have the following submitted to the Board, electronically or in hard copy, by the primary source, ECFMG, Veridoc, or FCVS:
1. Official transcript or other authentication of graduation from a school of medicine;
  2. Verification of completion of postgraduate training;
  3. Verification of ECFMG certification if the applicant graduated from an unapproved school of medicine;
  4. Examination and Board history report scores for USMLE, FLEX, NBME, and SPEX;
  5. Verification of LMCC exam score or state written exam score;
  6. Verification of licensure from every state in which the applicant has ever held a medical license;
  7. Verification of all hospital affiliations during the five years before the date of application. Under A.R.S. § 32-1422(A)(11)(b), this verification is required to be on the hospital's official letterhead or the electronic equivalent; and
  8. Verification of all medical employment during the five years before the date of application. Under A.R.S. § 32-1422(A)(11)(b), this verification may be submitted by the employer.
- E.** As provided under A.R.S. § 32-1422(F), the Board may waive a documentation requirement specified under subsections (C)(5) and (D).
1. To obtain a waiver under this subsection, an applicant shall submit a written request that includes the following information:
    - a. Applicant's name;
    - b. Date of request;
    - c. Document required under subsection (C)(5) or (D) for which waiver is requested;
  - d. Detailed description of efforts made by the applicant to provide the document as required under subsection (C)(5) or (D);
  - e. Reason the applicant's inability to provide the document as required under subsection (C)(5) or (D) is due to no fault of the applicant; and
  - f. If applicable, documents that support the request for waiver.
2. The Board shall consider the request for waiver at its next regularly scheduled meeting.
  3. In determining whether to grant the request for waiver, the Board shall consider whether the applicant:
    - a. Made appropriate and sufficient effort to satisfy the requirement under subsection (C)(5) or (D); and
    - b. Demonstrated that compliance with the requirement under subsection (C)(5) or (D) is not possible because:
      - i. The entity responsible for issuing the required document no longer exists;
      - ii. The original of the required document was destroyed by accident or natural disaster;
      - iii. The entity responsible for issuing the required document is unable to provide verification because of armed conflict or political strife; or
      - iv. Another valid reason beyond the applicant's control prevents compliance with the requirement under subsection (C)(5) or (D).
  4. In determining whether to grant the request for waiver, the Board shall:
    - a. Consider whether it is possible for the Board to obtain the required document from other source; and
    - b. Request the applicant to obtain and provide additional information the Board believes will facilitate the Board's decision.
  5. If the Board determines the applicant is unable to comply with a requirement under subsection (C)(5) or (D) in spite of the applicant's best effort and for a reason beyond the applicant's control, the Board may grant the request for waiver and include the decision in the Board's official record for the applicant.
  6. The Board shall provide the applicant with written notice of its decision regarding the request for waiver. The Board's decision is not subject to review or appeal.
- F.** As provided under A.R.S. § 32-1426(B), the Board may require an applicant for licensure by endorsement who passed an examination specified in A.R.S. § 32-1426(A) more than ten years before the date of application to provide evidence the applicant is able to engage safely in the practice of medicine. The Board may consider one or more of the following to determine whether the applicant is able to engage safely in the practice of medicine:
1. Whether the applicant is board certified by one of the specialties recognized by the ABMS. If the applicant holds a current ABMS certification, this criterion is considered met.
  2. Whether the applicant takes and passes the SPEX examination. If the applicant obtains a passing score on the SPEX examination, this criterion is considered met.
  3. The Board may also consider any combination of the following:
    - a. The applicant's records,
    - b. The applicant's practice history, and
    - c. A physical or psychological assessment of the applicant.

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**Historical Note**

Adopted effective September 22, 1995 (Supp. 95-3). Amended by final rulemaking at 8 A.A.R. 2319, effective May 9, 2002 (Supp. 02-2). Former Section R4-16-201 recodified to R4-16-301; New Section R4-16-201 recodified from R4-16-106 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Amended by exempt rulemaking at 20 A.A.R. 1995, effective July 11, 2014 (Supp. 14-3). Amended by final exempt rulemaking at 21 A.A.R. 2678, effective October 15, 2015 (Supp. 15-4). Amended by final exempt rulemaking at 22 A.A.R. 778, effective January 14, 2016 (Supp. 16-1). Amended by final rulemaking at 27 A.A.R. 2907 (December 17, 2021), effective February 6, 2022 (Supp. 21-4).

**R4-16-201.1. Application for Renewal of License**

- A. Under A.R.S. § 32-1430(A), an individual licensed under A.R.S. Title 32, Chapter 13, shall renew the license every other year on or before the licensee's birthday.
- B. To renew a license, a licensee shall submit the following information on an application form available on request from the Board and on the Board's website:
  1. The licensee's full name, license number, business and home addresses, primary e-mail address, and business and home telephone numbers;
  2. Identification of changes to medical specialties and fields of practice;
  3. A statement of whether, since the time of last license issuance, the licensee:
    - a. Has had an application for medical licensure denied or rejected by another state or province licensing board and if so, an explanation;
    - b. Has had any disciplinary or rehabilitative action taken against the licensee by another licensing board, including other health professions and if so, an explanation;
    - c. Has had any disciplinary action, restriction, or limitation taken against the licensee by any program or health care provider and if so, an explanation;
    - d. Has been subject to discipline resulting in a medical license being revoked, suspended, limited, cancelled during an investigation, restricted, or voluntarily surrendered, or resulting in probation or entry into a consent agreement or stipulation and if so, an explanation;
    - e. Has had hospital privileges revoked, denied, suspended, or restricted and if so, an explanation (do not report if the licensee's hospital privileges were suspended due to failure to complete hospital records and reinstated after no more than 90 days);
    - f. Has been subjected to disciplinary action including censure, practice restriction, suspension, sanction, or removal from practice by an agency of the state or federal government and if so, an explanation;
    - g. Has had the authority to prescribe, dispense, or administer medications limited, restricted, modified, denied, surrendered, or revoked by a federal or state agency as a result of disciplinary or other adverse action and if so, an explanation;
    - h. Has been found guilty or entered into a plea of no contest to a felony, a misdemeanor involving moral turpitude, or an alcohol or drug-related offense in any state and if so, an explanation; and
    - i. Has failed the SPEX;

4. A statement of whether the licensee understands and complies with the medical records and recordkeeping requirements in A.R.S. §§ 32-3211 and 12-2297;
  5. A statement of whether the licensee has completed at least 40 hours of CME as required under A.R.S. § 32-1434 and R4-16-102, including the hour of CME required under R4-16-102(A)(1);
  6. A statement of whether the licensee requests that the license be inactivated or cancelled; and
  7. A statement of whether the licensee completed a training unit prescribed by the Board regarding the requirements of A.R.S. Title 32, Chapter 13 and this Chapter.
- C. Additionally, the licensee shall answer the following confidential question:
1. Whether the licensee currently has a medical condition that impairs the licensee's ability to practice medicine in a competent, ethical, and professional manner;
  2. If the answer to subsection (C)(1) is yes:
    - a. Provide an explanation of the medical condition; and
    - b. If currently practicing under a monitoring agreement with a licensing board in another state, attach a copy of the monitoring agreement to the application; and
- D. To renew a license, a licensee shall submit the following with the required application form:
1. If the document submitted under R4-16-201(C)(3) was a limited form of work authorization issued by the federal government, evidence that the licensee's presence in the U.S. continues to be authorized under federal law;
  2. The renewal fee specified under R4-16-205 and, if applicable, the penalty fee for late renewal; and
  3. An attestation that all information submitted is correct.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2678, effective October 15, 2015 (Supp. 15-4). Amended by final rulemaking at 24 A.A.R. 182, effective March 10, 2018 (Supp. 18-1). Amended by final rulemaking at 27 A.A.R. 2907 (December 17, 2021), effective February 6, 2022 (Supp. 21-4).

**R4-16-202. Application and Reapplication for Pro Bono Registration**

- A. An applicant for a pro bono registration to practice medicine for a maximum of 60 days in a calendar year in Arizona shall submit the following information on an application form available on request from the Board and on the Board's web site:
  1. Applicant's full name, Social Security number, business and home addresses, primary e-mail address, and business and home telephone numbers;
  2. List of all states, U.S. territories, and provinces in which the applicant is or has been licensed to practice medicine;
  3. A statement verifying that the applicant:
    - a. Agrees to render all medical services without accepting a fee or salary; or
    - b. Agrees to perform only initial or follow-up examinations at no cost to the patient or the patient's family through a charitable organization,
- B. In addition to the application form required under subsection (A), an applicant for a pro bono registration to practice medicine shall submit documentation listed under A.R.S. § 41-1080(A) showing that the applicant's presence in the U.S. is authorized under federal law.
- C. An applicant may make application for a pro bono registration annually. A previously registered applicant may apply for a pro bono registration by submitting the following information

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on an application form available on request from the Board and on the Board's web site:

1. Applicant's full name, home address and telephone number, and primary e-mail address;
2. Number of previous pro bono registration;
3. Name of each state, U.S. territory, and province in which the applicant holds an active medical license;
4. A statement whether since issuance of the last pro bono registration:
  - a. Any disciplinary action has been taken against the applicant, and
  - b. Any unresolved complaints are currently pending against the applicant with any state board; and
5. If the document submitted under R4-16-202(B) was a limited form of work authorization issued by the federal government, evidence that the applicant's presence in the U.S. continues to be authorized under federal law.

**Historical Note**

Adopted effective September 22, 1995 (Supp. 95-3). Amended by final rulemaking at 8 A.A.R. 2319, effective May 9, 2002 (Supp. 02-2). Former Section R4-16-202 recodified to R4-16-302; New Section R4-16-202 recodified from R4-16-107 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Amended by final exempt rulemaking at 21 A.A.R. 2678, effective October 15, 2015 (Supp. 15-4).

**R4-16-203. Application for Locum Tenens Registration**

- A. An applicant for a locum tenens registration to practice medicine for a maximum of 180 consecutive days in Arizona shall submit an application form available on request from the Board and on the Board's web site that provides the information required under R4-16-201(B).
- B. In addition to the application form required under subsection (A), an applicant for a locum tenens registration to practice medicine shall have the following submitted directly to the Board, electronically or in hard copy, by the primary source, ECFMG, Veridoc, or FCVS:
  1. Official transcript or other authentication of graduation from a school of medicine;
  2. Verification of completion of postgraduate training;
  3. A statement completed by the sponsoring Arizona-licensed physician giving the reason for the request for issuance of the registration;
  4. Verification of ECFMG certification if the applicant graduated from an unapproved school of medicine; and
  5. Verification of licensure from every state in which the applicant has ever held a medical license.
- C. In addition to the application form required under subsection (A), an applicant for a locum tenens registration to practice medicine shall submit the following:
  1. Documentation listed under A.R.S. § 41-1080(A) showing that the applicant's presence in the U.S. is authorized under federal law;
  2. A full set of fingerprints and the charge specified in R4-16-205;
  3. A copy of a government-issued photo identification; and
  4. The fee specified under R4-16-205.

**Historical Note**

Adopted effective September 22, 1995 (Supp. 95-3). Amended by final rulemaking at 8 A.A.R. 2319, effective May 9, 2002 (Supp. 02-2). Former Section R4-16-203 recodified to R4-16-303; New Section R4-16-203 recodified from R4-16-108 at 11 A.A.R. 1283, effective March

25, 2005 (Supp. 05-1). Amended by final exempt rulemaking at 21 A.A.R. 2678, effective October 15, 2015 (Supp. 15-4).

**R4-16-204. Repealed****Historical Note**

Adopted effective September 22, 1995 (Supp. 95-3). Amended by final rulemaking at 8 A.A.R. 2319, effective May 9, 2002 (Supp. 02-2). Former Section R4-16-204 recodified to R4-16-304; New Section R4-16-204 recodified from R4-16-103 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Repealed by final exempt rulemaking at 21 A.A.R. 2678, effective October 15, 2015 (Supp. 15-4).

**R4-16-205. Fees and Charges**

- A. As specifically authorized under A.R.S. § 32-1436(A), the Board establishes and shall collect the following fees:
  1. Application for a license through endorsement, USMLE Step 3, or Endorsement with SPX Examination, \$500;
  2. Issuance of an initial license, \$500, prorated from date of issuance to date of license renewal;
  3. Renewal of license for two years, \$500;
  4. Application to reactivate an inactive license, \$500;
  5. Locum tenens registration, \$350;
  6. Annual registration of an approved internship, residency, clinical fellowship program, or short-term residency program, \$50;
  7. Annual teaching license at an approved school of medicine or at an approved hospital internship, residency, or clinical fellowship program, \$250;
  8. Five-day teaching permit at an approved school of medicine or at an approved hospital internship, residency, or clinical fellowship program, \$100;
  9. Initial registration to dispense drugs and devices, \$200;
  10. Annual renewal to dispense drugs and devices, \$150;
  11. Penalty fee for late renewal of an active license, \$350; and
  12. Application for temporary license, \$250.
- B. Under the specific authority provided by A.R.S. § 36-3606(A)(3), the Board establishes and shall collect the following fee to register as an out-of-state health care provider of telehealth services: \$500.
- C. The fees specified in subsections (A) and (B) are nonrefundable unless A.R.S. §§ 32-1436(C) or 41-1077 applies.
- D. As specifically authorized under A.R.S. § 32-1436(B), the Board establishes the following charges for the services listed:
  1. Processing fingerprints to conduct a criminal background check, \$50;
  2. Providing a duplicate license, \$50;
  3. Verifying a license, \$10 per request;
  4. Providing a copy of records, documents, letters, minutes, applications, and files, \$1 for the first three pages and 25¢ for each additional page;
  5. Providing a copy of annual allopathic medical directory, \$30; and
  6. Providing an electronic medium containing public information about licensed physicians, \$100.

**Historical Note**

Adopted effective September 22, 1995 (Supp. 95-3). Amended by final rulemaking at 8 A.A.R. 2319, effective May 9, 2002 (Supp. 02-2). Former Section R4-16-205 recodified to R4-16-305; New Section R4-16-205 recodified from R4-16-109 at 11 A.A.R. 1283, effective March

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25, 2005 (Supp. 05-1). Amended by final rulemaking 19 A.A.R. 1300, effective July 6, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 2569, effective September 2, 2014 (Supp. 14-3). Amended by final exempt rulemaking at 21 A.A.R. 2678, effective October 15, 2015 (Supp. 15-4). Amended by final exempt rulemaking at 22 A.A.R. 778, effective January 14, 2016 (Supp. 16-1). Amended by final exempt rulemaking at 23 A.A.R. 2056, effective August 9, 2017 (Supp. 17-3). Amended by final rulemaking at 24 A.A.R. 182, effective March 10, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 27 A.A.R. 1645, with an immediate effective date of September 22, 2021 (Supp. 21-3).

**R4-16-205.1. Mandatory Reporting Requirement**

- A. As required under A.R.S. § 32-3208, an applicant, licensee, permit holder, or registrant who is charged with a misdemeanor involving conduct that may affect patient safety or a felony shall provide written notice of the charge to the Board within 10 working days after the charge is filed.
- B. An applicant, licensee, permit holder, or registrant may obtain a list of reportable misdemeanors on request from the Board and on the Board's web site.
- C. Failure to comply with A.R.S. § 32-3208 and this Section is unprofessional conduct.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2678, effective October 15, 2015 (Supp. 15-4).

**R4-16-206. Time Frames for Licenses, Permits, and Registrations**

- A. For each type of license, permit, or registration issued by the Board, the overall time frame under A.R.S. § 41-1072(2) is shown on Table 1.
- B. For each type of license, permit, or registration issued by the Board, the administrative completeness review time frame under A.R.S. § 41-1072(1) is shown on Table 1 and begins on the date the Board receives an application and all required documentation and information.
  - 1. If the required application is not administratively complete, the Board shall send a written deficiency notice to the applicant.
    - a. In the deficiency notice, the Board shall state each deficiency and the information required to complete the application or supporting documentation required to complete the application. In the deficiency notice, the Board shall include a written notice that the application is withdrawn if the applicant does not submit the additional required information or documentation within the time provided for response.
    - b. Within the time provided in Table 1 for response to a deficiency notice, the applicant shall submit to the Board the documentation or information specified in the notice. The time frame for the Board to finish the administrative completeness review is suspended from the date of the notice until the date the Board receives the documentation or information from the applicant.
  - 2. Within 30 days after receipt of a deficiency notice, an applicant who disagrees with the deficiency notice may submit to the Board a written request for a hearing regarding the deficiency notice.

- 3. The Board shall schedule and conduct the applicant's deficiency hearing according to provisions prescribed under A.R.S. § 32-1427(E).
- 4. In addition to hearing provisions prescribed under subsection (B)(3), the Board shall send the following to the applicant in writing:
  - a. A notice of the scheduled hearing at least 21 days before the hearing date; and
  - b. The Board's decision within 30 days after the hearing and notice of any applicable right of appeal.
- C. For each type of license, permit, or registration issued by the Board, the substantive review time frame under A.R.S. § 41-1072(3) is shown on Table 1.
  - 1. The Board may request make a comprehensive written request for additional information from an applicant according to provisions prescribed under A.R.S. § 41-1075 during the substantive review time frame. In any request for additional information, the Board shall include a written notice that the application is withdrawn if the applicant does not submit the additional information within the time provided for response.
  - 2. In response to a single comprehensive written request from the Board under A.R.S. § 41-1075(A), the applicant shall submit the information identified to the Board within the time to respond specified in Table 1. The time frame for the Board to finish the substantive review is suspended from the date the Board sends the comprehensive written request for additional information until the date the Board receives the additional information from the applicant.
  - 3. If the Board determines the applicant does not meet all substantive criteria for a license, permit, or registration as required under A.R.S. Title 32, Chapter 13 or this Chapter, the Board shall send written notice of denial to the applicant. The Board shall include notice of any applicable right of appeal in the denial notice.
  - 4. If the applicant meets all substantive criteria for a license, permit, or registration required under A.R.S. Title 32, Chapter 13 and this Chapter, the Board shall issue the applicable license, permit, or registration to the applicant.
- D. An applicant may receive a 30-day extension of the time provided under subsection (B)(1) or (C)(2) by providing written notice to the Board's Executive Director before the time expires.
- E. If a licensee does not apply for license renewal according to the biennial renewal requirement, the licensee's license expires according to provisions prescribed under A.R.S. § 32-1430(A) unless the licensee is under investigation according to provisions under A.R.S. § 32-3202. If a licensee makes timely application according to the biennial renewal requirement but fails to respond timely to a deficiency notice under subsection (B)(1) or a request for additional information under subsection (C)(2) and fails to request from the Executive Director an extension of time to respond, the licensee's license expires according to provisions prescribed under A.R.S. § 32-1430(A).

**Historical Note**

New Section recodified from R4-16-104 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Amended by final rulemaking at 11 A.A.R. 2944, effective September 10, 2005 (Supp. 05-3). Amended by final exempt rulemaking at 21 A.A.R. 2678, effective October 15, 2015 (Supp. 15-4).

**R4-16-207. Repealed**

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**Historical Note**

New Section recodified from R4-16-105 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Amended by final rulemaking at 11 A.A.R. 2944, effective September 10, 2005 (Supp. 05-3). Repealed by final exempt rulemaking at 21 A.A.R. 2678, effective October 15, 2015 (Supp. 15-4).

ber 10, 2005 (Supp. 05-3). Repealed by final exempt rulemaking at 21 A.A.R. 2678, effective October 15, 2015 (Supp. 15-4).

**Table 1. Time Frames****Time Frames (in calendar days)**

<b>Type of License</b>	<b>Overall Time Frame</b>	<b>Administrative Review Time Frame</b>	<b>Time to Respond to Deficiency Notice</b>	<b>Substantive Review Time Frame</b>	<b>Time to Respond to Request for Additional Information</b>
Initial License by Examination or Endorsement	240	120	365	120	90
Biennial License Renewal	90	45	60	45	60
Locum Tenens or Pro Bono Registration	120	60	90	60	30
Teaching License	40	20	30	20	30
Educational Teaching Permit	20	10	30	10	10
Training Permit	40	20	30	20	30
Short-term Training Permit	40	20	30	20	30
One-year Training Permit	40	20	30	20	30
Annual Registration to Dispense Drugs and Devices	150	45	30	105	30
Registration as an Out-of-state Health Care Provider of Telehealth Services	40	20	30	20	30

**Historical Note**

Table 1 recodified from Article 1 to the end of Article 2 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Amended by final rulemaking at 11 A.A.R. 2944, effective September 10, 2005 (Supp. 05-3). Amended by final exempt rulemaking at 21 A.A.R. 2678, effective October 15, 2015 (Supp. 15-4). Amended by final exempt rulemaking at 27 A.A.R. 1645, with an immediate effective date of September 22, 2021 (Supp. 21-3).

**ARTICLE 3. DISPENSING OF DRUGS****R4-16-301. Registration and Renewal**

- A.** A physician who wishes to dispense a controlled substance, as restricted under A.R.S. § 32-1491(B), prescription-only drug, or prescription-only device, as defined at A.R.S. § 32-1901, shall be currently licensed to practice medicine in Arizona and shall register with the Board by providing the following to the Board:
1. A completed registration form, which is available on the Board's website and includes the following information:
    - a. The physician's name, license number, and field of practice;
    - b. A list of the types of drugs and devices the physician will dispense; and
    - c. The location or locations where the physician will dispense a controlled substance, prescription-only drug, or prescription-only device;
  2. A copy of the physician's current Drug Enforcement Administration Certificate of Registration for each dispensing location from which the physician will dispense a controlled substance; and
  3. The fee required under R4-16-205 unless the physician is exempt under A.R.S. § 32-1921(E) from paying the fee.
- B.** A physician shall renew a registration to dispense a controlled substance, as restricted under A.R.S. § 32-1491(B), prescription-only drug, or prescription-only device by complying with the requirements in subsection (A) on or before June 30 of each year. If a physician makes timely and complete application for the renewal of a registration, the physician may con-

tinue to dispense until the Board approves or denies the renewal application.

- C.** If a physician fails to comply with subsection (B), the physician shall not dispense any controlled substances, prescription-only drugs, or prescription-only devices until the physician complies fully with subsection (A) and receives notice the Board approves the registration.

**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 751, effective February 2, 2000 (Supp. 00-1). Former Section R4-16-301 recodified to R4-16-401; New Section R4-16-301 recodified from R4-16-201 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Amended by final rulemaking at 27 A.A.R. 2907 (December 17, 2021), effective February 6, 2022 (Supp. 21-4).

**R4-16-302. Packaging and Inventory; Exception**

- A.** A physician shall dispense all controlled substances and prescription-only drugs in prepackaged containers or in light-resistant containers with consumer safety caps that comply with standards specified in the official compendium, as defined in A.R.S. § 32-1901, and state and federal law, unless a patient or the patient's representative requests a non-safety cap.
- B.** A physician shall ensure a controlled substance or prescription-only drug dispensed is labeled with the following information:
1. The physician's name, address, and telephone number;
  2. The date the controlled substance or prescription-only drug is dispensed;

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3. The patient's name and date of birth;
  4. The controlled substance or prescription-only drug name, strength, dosage, form, name of manufacturer, the quantity dispensed, directions for use, and any cautionary statement necessary for the safe and effective use of the controlled substance or prescription-only drug; and
  5. A beyond-use date not to exceed one year from the date of dispensing or the manufacturer's expiration date if less than one year.
- C. A physician shall secure all controlled substances in a locked cabinet or room and control access to the cabinet or room by a written procedure that includes, at a minimum, designation of the persons who have access to the cabinet or room and procedures for recording requests for access to the cabinet or room. The physician shall make the written procedure available on demand to the Board or its authorized representatives for inspection or copying.
- D. A physician shall store prescription-only drugs so the prescription-only drugs are not accessible to patients.
- E. A physician shall store controlled substances and prescription-only drugs not requiring refrigeration in an area where the temperature does not exceed 85° F.
- F. A physician shall maintain an ongoing dispensing log for all controlled substances and the prescription-only drug phosphine hydrochloride (Nubian) dispensed by the physician. The dispensing log shall include the following:
1. A separate inventory sheet for each controlled substance and prescription-only drug;
  2. The date the drug is dispensed;
  3. The patient's name and date of birth;
  4. The controlled substance or prescription-only drug name, strength, dosage, form, and name of the manufacturer;
  5. The number of dosage units dispensed;
  6. A running total of each controlled substance and prescription-only drug dispensed; and
  7. The signature of the physician written next to each entry.
- G. A physician may use a computer to maintain the dispensing log required in subsection (F) if the dispensing log is password protected and quickly accessible through either on-screen viewing or printing a copy.
- H. This Section does not apply to a prepackaged manufacturer sample of a controlled substance or prescription-only drug, unless otherwise provided by federal law.

**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 751, effective February 2, 2000 (Supp. 00-1). Former Section R4-16-302 recodified to R4-16-402; New Section R4-16-302 recodified from R4-16-202 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Amended by final rulemaking at 27 A.A.R. 2907 (December 17, 2021), effective February 6, 2022 (Supp. 21-4).

**R4-16-303. Prescribing and Dispensing Requirements**

- A. A physician shall record on the patient's medical record the name, strength, dosage, and form, of a controlled substance, prescription-only drug, or prescription-only device dispensed, the quantity or volume dispensed, the date the controlled substance, prescription-only drug, or prescription-only device is dispensed, the therapeutic reason for dispensing the controlled substance, prescription-only drug, or prescription-only device, and the number of refills authorized.
- B. Before dispensing a controlled substance, prescription-only drug, or prescription-only device to a patient, a physician shall

review the prepared controlled substance, prescription-only drug, or prescription-only device to ensure:

1. The container label and contents comply with the prescription order, and
  2. The patient is informed of the name of the controlled substance, prescription-only drug, or prescription-only device, directions for use, precautions, and storage requirements.
- C. A physician shall purchase all dispensed controlled substances, prescription-only drugs, or prescription-only devices from a manufacturer or distributor approved by the United States Food and Drug Administration or a pharmacy holding a current permit from the Arizona Board of Pharmacy.
- D. The person who prepares a controlled substance, prescription-only drug, or prescription-only device for dispensing shall countersign and date the original prescription order for the controlled substance, prescription-only drug, or prescription-only device.

**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 751, effective February 2, 2000 (Supp. 00-1). Amended by final rulemaking at 6 A.A.R. 4585, effective November 14, 2000 (Supp. 00-4). Former Section R4-16-303 recodified to R4-16-403; New Section R4-16-303 recodified from R4-16-203 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Amended by final rulemaking at 27 A.A.R. 2907 (December 17, 2021), effective February 6, 2022 (Supp. 21-4).

**R4-16-304. Recordkeeping and Reporting Shortages**

- A. A physician who dispenses a controlled substance or prescription-only drug shall ensure an original prescription order for the controlled substance or prescription-only drug is dated, consecutively numbered in the order in which it is originally dispensed, and filed separately from patient medical records. The physician shall ensure original prescription orders are maintained in three separate files, as follows:
1. Schedule II controlled substances;
  2. Schedule III, IV, and V controlled substances; and
  3. Prescription-only drugs.
- B. A physician shall ensure purchase orders and invoices are maintained for all controlled substances and prescription-only drugs dispensed, whether for profit or not for profit, for three years from the date of the purchase order or invoice. Purchase orders and invoices shall be maintained in three separate files as follows:
1. Schedule II controlled substances only;
  2. Schedule III, IV, and V controlled substances and phosphine; and
  3. All other prescription-only drugs.
- C. A physician who discovers a theft or loss of a controlled substance or dangerous drug, as defined in A.R.S. § 13-3401, from the physician's office shall:
1. Immediately notify the local law enforcement agency,
  2. Provide the local law enforcement agency with a written report, and
  3. Send a copy of the report provided under subsection (C)(2) to the Drug Enforcement Administration and Board within seven days of the discovery.
- D. For purposes of this Section, controlled substances are identified, defined, or listed in A.R.S. Title 36, Chapter 27.

**Historical Note**

New Section recodified from R4-16-204 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Amended



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by final rulemaking at 27 A.A.R. 2907 (December 17, 2021), effective February 6, 2022 (Supp. 21-4).

**R4-16-305. Inspections; Denial and Revocation**

- A.** A physician shall cooperate with and allow access to the physician's office and records for periodic inspection of dispensing practices by the Board or its authorized representative. Failure to cooperate or allow access constitutes grounds for revocation of a physician's registration to dispense a controlled substance, prescription-only drug, or prescription-only device or denial of renewal of the physician's dispensing registration.
- B.** Failure to comply with A.R.S. § 32-1491 or this Article constitutes grounds for denial or revocation of dispensing registration.
- C.** The Board shall revoke a physician's registration to dispense a controlled substance, prescription-only drug, or prescription-only device if any of the following occur:
1. Suspending, revoking, surrendering, or canceling the physician's license;
  2. Placing the physician's license on inactive status;
  3. Failing to renew the physician's license timely; or
  4. Restricting the physician's ability to prescribe or administer medication, including loss or expiration of the physician's Drug Enforcement Administration Certificate of Registration.
- D.** As specified under R4-16-103, a physician who is denied a dispensing registration may appeal the decision by filing a request, in writing, with the Board, no later than 30 days after receipt of the notice denying the registration.

**Historical Note**

New Section recodified from R4-16-205 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Amended by final rulemaking at 27 A.A.R. 2907 (December 17, 2021), effective February 6, 2022 (Supp. 21-4).

**ARTICLE 4. MEDICAL ASSISTANTS****R4-16-401. Medical Assistant Training Requirements**

- A.** After the effective date of this Section, a supervising physician or physician assistant shall ensure that before a medical assistant is employed, the medical assistant completes one of the following:
1. An approved training program identified in R4-16-101;
  2. An unapproved training program and successfully passes the medical assistant examination administered by a certifying organization accredited by either the National Commission for Certifying Agencies or the American National Standards Institute; or
  3. A training program that meets the requirements of A.R.S. § 32-1456(D) and is designed and offered by a physician.
- B.** This Section does not apply to any person who:
1. Before February 2, 2000:
    - a. Completed an unapproved medical assistant training program and was employed as a medical assistant after program completion; or
    - b. Was directly supervised by the same physician, physician group, or physician assistant for a minimum of 2000 hours; or
  2. Completes a United States Armed Forces medical services training program.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 830, February 7, 2002 (Supp. 02-1). Former Section R4-16-401 recodified to R4-16-501; New Section R4-16-401

recodified from R4-16-301 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Former Section R4-16-401 repealed; New Section R4-16-401 renumbered from R4-16-402 and amended by final rulemaking at 12 A.A.R. 823, effective February 23, 2006 (Supp. 06-1). Amended by final rulemaking at 25 A.A.R. 145, effective March 9, 2019 (Supp. 19-1). Amended by final rulemaking at 29 A.A.R. 3684 (December 1, 2023), effective January 8, 2024 (Supp. 23-4).

**R4-16-402. Authorized Procedures for Medical Assistants**

- A.** A medical assistant may perform, under the direct supervision of a physician or a physician assistant, the medical procedures listed in Appendix B, Core Curriculum for Medical Assistants, 2015 edition of Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting, published by the Commission on Accreditation of Allied Health Education Programs. This material is incorporated by reference, does not include later amendments or editions, and may be obtained from the publisher at 25400 U.S. Highway 19 N, Suite 158, Clearwater, FL 33763, [www.caahep.org](http://www.caahep.org), or the Board.
- B.** In addition to the medical procedures in subsection (A), a medical assistant may administer the following under the direct supervision of a physician or physician assistant:
1. Whirlpool treatments,
  2. Diathermy treatments,
  3. Electronic galvation stimulation treatments,
  4. Ultrasound therapy,
  5. Massage therapy,
  6. Traction treatments,
  7. Transcutaneous Nerve Stimulation unit treatments,
  8. Hot and cold pack treatments, and
  9. Small volume nebulizer treatments.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 830, February 7, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 4270, effective November 18, 2002 (Supp. 02-3). Former Section R4-16-402 recodified to R4-16-502; New Section R4-16-402 recodified from R4-16-302 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Former Section R4-16-402 renumbered to R4-16-401; New Section R4-16-402 renumbered from R4-16-403 and amended by final rulemaking at 12 A.A.R. 823, effective February 23, 2006 (Supp. 06-1). Amended by final rulemaking at 25 A.A.R. 145, effective March 9, 2019 (Supp. 19-1).

**R4-16-403. Renumbered****Historical Note**

New Section made by final rulemaking at 8 A.A.R. 830, February 7, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 4270, effective November 18, 2002 (Supp. 02-3). Former Section R4-16-403 recodified to R4-16-503; New Section R4-16-403 recodified from R4-16-303 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Former Section R4-16-403 renumbered to R4-16-402 by final rulemaking at 12 A.A.R. 823, effective February 23, 2006 (Supp. 06-1).

**R4-16-404. Recodified****Historical Note**

New Section made by final rulemaking at 8 A.A.R. 830, February 7, 2002 (Supp. 02-1). Section recodified to R4-

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16-504 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1).

**R4-16-405. Recodified****Historical Note**

New Section made by final rulemaking at 8 A.A.R. 830, February 7, 2002 (Supp. 02-1). Section recodified to R4-16-505 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1).

**R4-16-406. Recodified****Historical Note**

New Section made by final rulemaking at 8 A.A.R. 830, February 7, 2002 (Supp. 02-1). Section recodified to R4-16-506 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1).

**R4-16-407. Recodified****Historical Note**

New Section made by final rulemaking at 8 A.A.R. 830, February 7, 2002 (Supp. 02-1). Section recodified to R4-16-507 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1).

**R4-16-408. Recodified****Historical Note**

New Section made by final rulemaking at 8 A.A.R. 830, February 7, 2002 (Supp. 02-1). Section recodified to R4-16-508 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1).

**R4-16-409. Recodified****Historical Note**

New Section made by final rulemaking at 8 A.A.R. 830, February 7, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 4270, effective November 18, 2002 (Supp. 02-3). Section recodified to R4-16-509 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1).

**R4-16-410. Recodified****Historical Note**

New Section made by final rulemaking at 8 A.A.R. 830, February 7, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 4270, effective November 18, 2002 (Supp. 02-3). Section recodified to R4-16-510 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1).

**ARTICLE 5. EXECUTIVE DIRECTOR DUTIES****R4-16-501. Medical Competency Examination; Investigational Interview**

- A. The executive director may require a physician, who is under investigation by the Board, to submit to a mental, physical, oral, or written medical competency examination after the following:
1. Reviewing the allegations and investigator's summary of findings; and
  2. Consulting with and receiving the agreement of the Board's supervising medical consultant that an examination is necessary.
- B. The executive director may request a physician to attend an investigational interview to answer questions regarding a complaint against the physician. Before issuing a request for an investigational interview, the executive director shall review the allegations and facts to determine whether an interview is

necessary to provide information the Board needs to adjudicate the case. The executive director shall consult with and receive the agreement of either the investigation supervisor or supervising medical consultant that an investigational interview is necessary before requesting one.

- C. The executive director shall report to the Board at each regularly scheduled Board meeting a summary of the number and type of evaluations ordered and completed since the preceding Board meeting.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 2274, effective August 12, 2003 (Supp. 03-2). Former Section R4-16-501 recodified to R4-16-601; New Section R4-16-501 recodified from R4-16-401 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Amended by final rulemaking at 25 A.A.R. 3705, effective February 1, 2020 (Supp. 19-4).

**R4-16-502. Direct Referral to Formal Interview**

The executive director shall refer a case to a formal interview on a future Board meeting agenda if the investigative staff, lead Board member, and in cases involving quality of care, supervising medical consultant, concur after review of the case that a formal interview is appropriate.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 2274, effective August 12, 2003 (Supp. 03-2). Former Section R4-16-502 recodified to R4-16-602; New Section R4-16-502 recodified from R4-16-402 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Amended by final rulemaking at 25 A.A.R. 3705, effective February 1, 2020 (Supp. 19-4).

*Editor's Note: At the time of publication, A.R.S. § 32-1401(26) (referenced in R4-16-503) was A.R.S. § 32-1401(24). Laws 2003, Ch. 59, § 1, effective 90 days after the close of the First Regular Session of the Forty-sixth Legislature, will change the subparagraph citation to A.R.S. § 32-1401(26) (Supp. 03-2). This Section was subsequently recodified to a different Section in this Chapter. Refer to the historical notes for more information (05-1).*

**R4-16-503. Request for Inactive Status or License Cancellation**

- A. If a physician requests inactive status or license cancellation, meets the requirements of A.R.S. § 32-1431 or § 32-1433, and is not participating in the program defined under A.R.S. § 32-1452, the executive director shall grant the request.
- B. The executive director shall provide to the Board at each regularly scheduled Board meeting a list of the physicians granted inactive or cancelled license status since the preceding Board meeting.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 2274, effective August 12, 2003 (Supp. 03-2). Former Section R4-16-503 recodified to R4-16-603; New Section R4-16-503 recodified from R4-16-403 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Amended by final rulemaking at 25 A.A.R. 3705, effective February 1, 2020 (Supp. 19-4).

**R4-16-504. Interim Consent Agreement**

The executive director may enter into an interim consent agreement with a physician if there is evidence that a restriction is needed to mitigate imminent danger to public health and safety and the investigative staff, supervising medical consultant, and lead Board mem-

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ber concur after review of the case that a consent agreement is appropriate.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 2274, effective August 12, 2003 (Supp. 03-2). Former Section R4-16-504 recodified to R4-16-605; New Section R4-16-504 recodified from R4-16-404 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Amended by final rulemaking at 25 A.A.R. 3705, effective February 1, 2020 (Supp. 19-4).

**R4-16-505. Mediated Case**

- A. The executive director shall close a case resolved through mediation.
- B. The executive director shall provide to the Board at each regularly scheduled Board meeting a list of the physicians whose cases were resolved through mediation since the preceding Board meeting.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 2274, effective August 12, 2003 (Supp. 03-2). Former Section R4-16-505 recodified to R4-16-606; New Section R4-16-505 recodified from R4-16-405 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Amended by final rulemaking at 25 A.A.R. 3705, effective February 1, 2020 (Supp. 19-4).

**R4-16-506. Referral to Formal Hearing**

- A. The executive director may directly refer a case to a formal hearing if the investigative staff, supervising medical consultant, and lead Board member concur after review of the physician's case that a formal hearing is appropriate.
- B. The executive director shall provide to the Board at each regularly scheduled Board meeting a list of the physicians whose cases were referred to formal hearing since the preceding Board meeting and whether the referral is for revocation or suspension or the result of an out-of-state disciplinary action or due to complexity of the case.

**Historical Note**

New Section R4-16-506 recodified from R4-16-406 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Amended by final rulemaking at 25 A.A.R. 3705, effective February 1, 2020 (Supp. 19-4).

**R4-16-507. Dismissal of Complaint**

- A. The executive director, with concurrence of the investigative staff, shall dismiss a complaint if the review shows the complaint is without merit and dismissal is appropriate.
- B. The executive director shall provide to the Board at each regularly scheduled Board meeting a report that contains the information specified in A.R.S. § 32-1405(C)(21).

**Historical Note**

New Section R4-16-507 recodified from R4-16-407 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Amended by final rulemaking at 25 A.A.R. 3705, effective February 1, 2020 (Supp. 19-4).

**R4-16-508. Denial of License**

- A. The executive director shall deny a license to an applicant who does not meet statutory requirements for licensure if the executive director, investigative staff and supervising medical consultant concur after reviewing the application that the applicant does not meet the statutory requirements.

- B. The executive director shall provide to the Board at each regularly scheduled Board meeting a list of the physicians whose applications were denied since the preceding Board meeting.

**Historical Note**

New Section R4-16-508 recodified from R4-16-408 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Amended by final rulemaking at 25 A.A.R. 3705, effective February 1, 2020 (Supp. 19-4).

**R4-16-509. Non-disciplinary Consent Agreement**

The executive director may enter into a consent agreement under A.R.S. § 32-1451(F) with a physician to limit the physician's practice or rehabilitate the physician if there is evidence that a licensee is mentally or physically unable to engage safely in the practice of medicine and the investigative staff, supervising medical consultant, and lead Board member concur after review of the case that a consent agreement is appropriate.

**Historical Note**

New Section R4-16-509 recodified from R4-16-409 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Amended by final rulemaking at 25 A.A.R. 3705, effective February 1, 2020 (Supp. 19-4).

**R4-16-510. Appealing Executive Director Actions**

- A. Any person aggrieved by an action taken by the executive director under the authority delegated in this Article may appeal that action to the Board. The aggrieved person shall file a written request with the Board no later than:
  1. Thirty days after notification of the action, if personally served; or
  2. Thirty-five days after the date on the notification, if mailed.
- B. The aggrieved person shall provide, in the written request, evidence showing:
  1. An irregularity in the investigative process or the executive director's review deprived the party of a fair decision;
  2. Misconduct by Board staff, a Board consultant, or the executive director that deprived the party of a fair decision; or
  3. Material evidence newly discovered that could have a bearing on the decision and that, with reasonable diligence, could not have been discovered and produced earlier.
- C. The fact that the aggrieved party does not agree with the executive director's action is not grounds for a review by the Board.
- D. If an aggrieved person fails to submit a written request within the time specified in subsection (A), the Board is relieved of the requirement to review actions taken by the executive director. The executive director may, however, evaluate newly provided information that is material or substantial in content to determine whether the Board should review the case.
- E. If a written request is submitted that meets the requirements of subsection (B):
  1. The Board shall consider the written request at its next regularly scheduled meeting.
  2. If the written request provides new material or substantial evidence that requires additional investigation, the investigation shall be conducted as expeditiously as possible and the case shall be forwarded to the Board at the first possible regularly scheduled meeting.

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**Historical Note**

New Section R4-16-510 recodified from R4-16-410 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Amended by final rulemaking at 25 A.A.R. 3705, effective February 1, 2020 (Supp. 19-4).

**ARTICLE 6. DISCIPLINARY ACTIONS****R4-16-601. Expired****Historical Note**

New Section R4-16-601 recodified from R4-16-501 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Section expired under A.R.S. § 41-1056(E) at 16 A.A.R. 2062, effective September 14, 2010 (Supp. 10-3).

**R4-16-602. Expired****Historical Note**

New Section R4-16-602 recodified from R4-16-502 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Section expired under A.R.S. § 41-1056(E) at 16 A.A.R. 2062, effective September 14, 2010 (Supp. 10-3).

*Editor's Note: To conform with the renumbering in A.R.S., the Arizona Medical Board requested (under A.R.S. § 41-1011 et seq.) a subsection reference update in R4-16-603 [R05-85]. Please refer to the historical notes for more details (Supp. 05-1).*

**R4-16-603. Expired****Historical Note**

New Section R4-16-603 recodified from R4-16-503 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). A.R.S. § 32-1401(26) subsection corrected to A.R.S. § 32-1401(27) under a formal written request from the Board, March 22, 2005 (Supp. 05-1). Amended by final rulemaking at 14 A.A.R. 380, effective January 8, 2008 (Supp. 08-1). Section expired under A.R.S. § 41-1056(E) at 16 A.A.R. 2062, effective September 14, 2010 (Supp. 10-3).

**R4-16-604. Aggravating Factors Considered in Disciplinary Actions**

When determining the degree of discipline, the Board may consider certain factors including, but not limited to, the following:

1. Prior disciplinary offenses;
2. Dishonest or selfish motive;
3. Pattern of misconduct; multiple offenses;
4. Bad faith obstruction of the disciplinary proceeding by intentionally failing to comply with rules or orders of the Board;
5. Submission of false evidence, false statements, or other deceptive practices during the investigative or disciplinary process;
6. Refusal to acknowledge wrongful nature of conduct; and
7. Vulnerability of the victim.

**Historical Note**

New Section R4-16-604 recodified from R4-16-504 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1).

**R4-16-605. Mitigating Factors Considered in Disciplinary Actions**

When determining the degree of discipline, the Board may consider certain factors including, but not limited to, the following:

1. Absence of prior disciplinary record;
2. Absence of dishonest or selfish motive;

3. Timely good faith effort to rectify consequences of misconduct;
4. Interim rehabilitation;
5. Remoteness of prior offenses; and
6. How much control the physician has of processes in the specific practice setting.

**Historical Note**

New Section R4-16-605 recodified from R4-16-504 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1).

**ARTICLE 7. OFFICE-BASED SURGERY USING SEDATION****R4-16-701. Definitions**

In this Article:

“ACLS” means advanced cardiac life support performed according to certification standards of the American Heart Association.

“BLS” means basic life support performed according to certification standards of the American Heart Association.

“Deep sedation” means a drug-induced depression of consciousness during which a patient:

Cannot be easily aroused, but

Responds purposefully following repeated or painful stimulation, and

May partially lose the ability to maintain ventilatory function.

“Emergency” means an immediate threat to the life or health of a patient.

“General anesthesia” means a drug-induced loss of consciousness during which a patient:

Cannot be aroused even with painful stimulus; and

May partially or completely lose the ability to maintain ventilatory, neuromuscular, or cardiovascular function or airway.

“Malignant hyperthermia” means a life-threatening condition in an individual who has a genetic sensitivity to inhalant anesthetics and depolarizing neuromuscular blocking drugs that occurs during or after the administration of an inhalant anesthetic or depolarizing neuromuscular blocking drug.

“Minimal sedation” means a drug-induced state during which:

A patient responds to verbal commands,

Cognitive function and coordination may be impaired, and

A patient's ventilatory and cardiovascular functions are unaffected.

“Moderate sedation” means a drug-induced depression of consciousness during which:

A patient responds to verbal commands or light tactile stimulations, and

No interventions are required to maintain ventilatory or cardiovascular function.

“Office-based surgery” means a medical procedure performed by a physician in the physician's office or other practice location that is not part of a licensed hospital or licensed ambulatory surgical center.

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“PALS” means pediatric advanced life support performed according to certification standards of the American Academy of Pediatrics or the American Heart Association.

“Rescue” means to correct adverse physiologic consequences of deeper than intended level of sedation and return the patient to the intended level of sedation.

“Sedation” means a drug-induced state of calm or sleep.

“Transfer” means a physical relocation of a patient from the office or other practice location of an osteopathic physician to a licensed health care institution.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 380, effective January 8, 2008 (Supp. 08-1). Section R4-16-701 renumbered to R4-16-702; new Section R4-16-701 made by final rulemaking at 31 A.A.R. 4386 (November 21, 2025), effective January 3, 2026 (Supp. 25-4).

**R4-16-702. Health Care Institution License**

A physician who uses general anesthesia in the physician’s office or other outpatient setting that is not part of a licensed hospital or licensed ambulatory surgical center when performing office-based surgery shall obtain a health care institution license as required by the Arizona Department of Health Services under A.R.S. Title 36, Chapter 4 and 9 A.A.C. 10.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 380, effective January 8, 2008 (Supp. 08-1). Section R4-16-702 renumbered to R4-16-703; new Section R4-16-702 renumbered from R4-16-701 and amended by final rulemaking at 31 A.A.R. 4386 (November 21, 2025), effective January 3, 2026 (Supp. 25-4).

**R4-16-703. Administrative Provisions**

- A.** A physician who performs office-based surgery using sedation in the physician’s office or other outpatient setting that is not part of a licensed hospital or licensed ambulatory surgical center shall:
1. Establish, document, and implement written policies and procedures that cover:
    - a. Patient’s rights,
    - b. Informed consent,
    - c. Care of patients in an emergency,
    - d. The transfer of patients;
    - e. Obtaining a preoperative history and physical examination within 30 days before the procedure and validating the history and physical examination within 24 hours before the procedure;
    - f. Intra-operative and post-operative monitoring and documentation; and
    - g. Discharge criteria based on national standards.
  2. Ensure a staff member who assists with or a healthcare professional who participates in office-based surgery using sedation:
    - a. Has sufficient education, training, and experience to perform duties assigned;
    - b. If applicable, has a current license or certification to perform duties assigned; and
    - c. Performs only those acts that are within the scope of practice established in the staff member’s or health care professional’s governing statutes;
  3. Ensure the office where the office-based surgery using sedation is performed has all equipment necessary:
    - a. For the physician to perform the office-based surgery using sedation safely,
    - b. For the physician or health care professional to administer the sedation safely,
    - c. For the physician or health care professional to monitor the use of sedation,
    - d. For the physician and health care professional administering the sedation to rescue a patient after the sedation is administered to the patient and the patient enters into a deeper state of sedation than was intended by the physician, and
    - e. Resuscitation of a patient if that becomes necessary.

4. Ensure a copy of the patient’s rights policy is provided to each patient before performing office-based surgery using sedation;
  5. Obtain informed consent from the patient before performing an office-based surgery using sedation that authorizes:
    - a. The office-based surgery,
    - b. The office-based surgery to be performed in the physician’s office, and
    - c. The use of sedation during the procedure; and
  6. Review all policies and procedures every 12 months and update as needed.
- B.** A physician who performs office-based surgery shall comply with:
1. The local jurisdiction’s fire code;
  2. The local jurisdiction’s building codes for construction and occupancy;
  3. The biohazardous waste and hazardous waste standards in 18 A.A.C. 13, Article 14; and
  4. The controlled drug administration, supply, and storage standards in 4 A.A.C. 23.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 380, effective January 8, 2008 (Supp. 08-1). Section R4-16-703 renumbered to R4-16-704; new Section R4-16-703 renumbered from R4-16-702 and amended by final rulemaking at 31 A.A.R. 4386 (November 21, 2025), effective January 3, 2026 (Supp. 25-4).

**R4-16-704. Procedure and Patient Selection**

- A.** A physician shall ensure each office-based surgery performed using sedation:
1. Can be performed safely with the equipment, staff members, and health care professionals at the physician’s office;
  2. Is of duration and degree of complexity that allows a patient to be discharged from the physician’s office within 24 hours;
  3. Is within the education, training, experience, skills, and licensure of the physician;
  4. Is within the education, training, experience, skills, and licensure of the staff members and health care professionals at the physician’s office; and
  5. Is not associated with major blood loss, significant fluid shifts, or post-operative pain or metabolic abnormalities.
- B.** A physician shall not perform office-based surgery using sedation if the patient:
1. Has a medical condition or other condition that indicates the procedure should not be performed in the physician’s office,
  2. Has not undergone a preoperative history and physical examination within 30 days of the procedure and valida-

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tion of the history and physical examination within 24 hours of the procedure, or

3. Will require inpatient services at a hospital.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 380, effective January 8, 2008 (Supp. 08-1). Section R4-16-704 renumbered to R4-16-705; new Section R4-16-704 renumbered from R4-16-703 and amended by final rulemaking at 31 A.A.R. 4386 (November 21, 2025), effective January 3, 2026 (Supp. 25-4).

**R4-16-705. Sedation Monitoring Standards**

A physician who performs office-based surgery using sedation shall ensure from the time sedation is administered until post-sedation monitoring begins:

1. A quantitative method of assessing a patient's oxygenation, such as pulse oximetry, is used when minimal sedation is administered to the patient;
2. The adequacy of the patient's ventilatory function is evaluated by continual monitoring of qualitative clinical signs using direct observation and auscultation and monitoring for the presence of exhaled carbon dioxide unless precluded by the nature of the patient, procedure, or equipment;
3. The patient's circulatory function is monitored during the surgery by:
  - a. Having a continuously displayed electrocardiogram,
  - b. Documenting arterial blood pressure and heart rate at least every five minutes, and
  - c. Evaluating the patient's cardiovascular function by pulse plethysmography;
4. The patient's temperature is recorded preoperatively and monitored continuously;
5. A physician or other qualified healthcare professional administering the sedation is present and responsible only for the sedation and patient effects and does not participate in the surgery or procedure; and
6. A physician or other qualified healthcare professional administering the sedation is ACLS qualified and has knowledge of airway management.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 380, effective January 8, 2008 (Supp. 08-1). Section R4-16-705 renumbered to R4-16-706; new Section R4-16-705 renumbered from R4-16-704 and amended by final rulemaking at 31 A.A.R. 4386 (November 21, 2025), effective January 3, 2026 (Supp. 25-4).

**R4-16-706. Perioperative Period; Patient Discharge**

A physician performing office-based surgery using sedation shall ensure all of the following:

1. During office-based surgery using sedation, the physician is physically present in the room where office-based surgery is performed;
2. After the office-based surgery using sedation is performed, a physician is at the physician's office and sufficiently free of other duties to respond to an emergency until the patient's post-sedation monitoring is discontinued;
3. If using minimal sedation, the physician or a health care professional certified in ACLS, PALS, or BLS, depending on the physician's office, shall be immediately available to respond to an emergency until the patient is discharged;

4. If using deep or moderate sedation, the physician or a health care professional certified in ACLS or PALS is at the physician's office and sufficiently free of other duties to respond to an emergency until the patient is discharged;
5. A discharge is documented in the patient's medical record including:
  - a. The time and date of the patient's discharge and certification the patient met the predetermined discharge standards based on national criteria, and
  - b. A description of the patient's medical condition at the time of discharge; and
6. A patient receives discharge instructions, including contact information to use in case a medical emergency arises, and documents in the patient's medical record that the patient received the discharge instructions and emergency contact information.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 380, effective January 8, 2008 (Supp. 08-1). Section R4-16-706 renumbered to R4-16-707; new Section R4-16-706 renumbered from R4-16-705 and amended by final rulemaking at 31 A.A.R. 4386 (November 21, 2025), effective January 3, 2026 (Supp. 25-4).

**R4-16-707. Emergency Drugs; Equipment and Space Used for Office-Based Surgery Using Sedation**

- A. In addition to the requirements in R4-16-703(A)(3) and R4-16-704(A)(1), a physician who performs office-based surgery using sedation shall ensure the physician's office has at a minimum:
  1. The following:
    - a. A reliable oxygen source with a SaO<sub>2</sub> monitor;
    - b. Suction;
    - c. Age-appropriate resuscitation equipment, including a defibrillator and a hand-held self-inflating resuscitation device;
    - d. Emergency drugs;
    - e. A cardiac monitor;
    - f. Equipment to monitor the patient non-invasively; and
    - g. An oxygen source and suction apparatus for patient use.
  2. The equipment for patient monitoring according to the standards in R4-16-705;
  3. Space large enough to:
    - a. Allow for access to the patient during office-based surgery using sedation, recovery, and any emergency;
    - b. Allow for post-procedure monitoring of the patient until the patient is evaluated by a physician and determined ready for discharge;
    - c. Accommodate all equipment necessary to perform the office-based surgery using sedation;
    - d. Accommodate all equipment necessary for sedation monitoring; and
    - e. Provide for safe egress of a sedated patient;
  4. A source of auxiliary electrical power available in the event of a power failure; and
  5. Equipment, emergency drugs, and resuscitative capabilities required under this Section for patients less than 18 years of age, if office-based surgery using sedation is performed on these patients; and
  6. Procedures to minimize the spread of infection.

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- B.** A physician who performs office-based surgery using sedation shall:
1. Ensure all equipment used for office-based surgery using sedation is maintained, tested, and inspected according to manufacturer specifications, and
  2. Maintain documentation of manufacturer-recommended maintenance of all equipment used in office-based surgery using sedation.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 380, effective January 8, 2008 (Supp. 08-1). Section R4-16-707 renumbered to R4-16-708; new Section R4-16-707 renumbered from R4-16-706 and amended by final rulemaking at 31 A.A.R. 4386 (November 21, 2025), effective January 3, 2026 (Supp. 25-4).

**R4-16-708. Emergency and Transfer Provisions**

- A.** A physician who performs office-based surgery using sedation shall ensure that before a health care professional participates in or staff member assists with office-based surgery using sedation, the health care professional and staff member receive instruction in the following:
1. Policy and procedure in cases of emergency,

2. Policy and procedure for office evacuation, and
3. Safe and timely patient transfer to a local accredited hospital.

- B.** When performing office-based surgery using sedation, a physician may use volatile agents or other medications that are known to trigger malignant hyperthermia. If the physician uses volatile agents or medications that may trigger malignant hyperthermia, the physician shall:

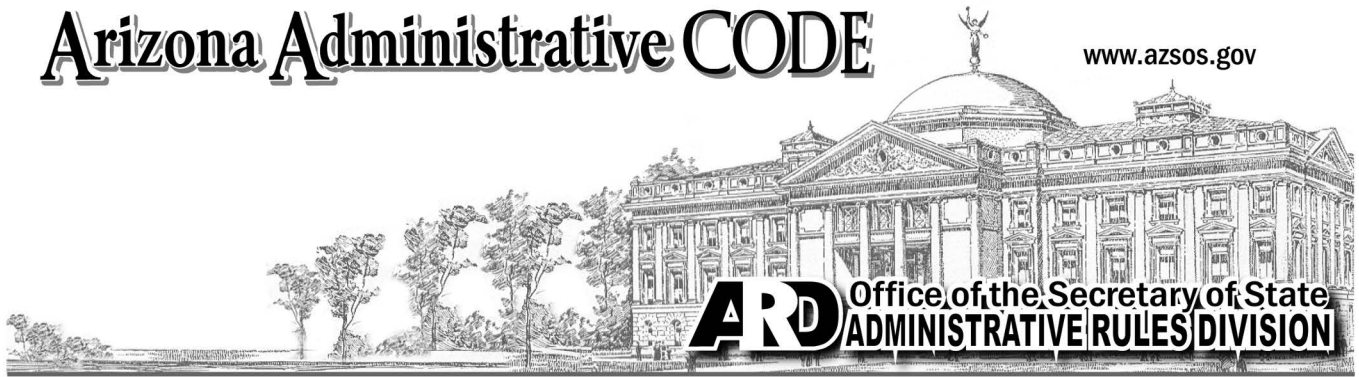
1. Use ASA standard monitors, including ET $\text{CO}_2$  and temperature;
2. Have immediately available in the area in which office-based surgery is performed:
  - a. Appropriate medications, including dantrolene (unexpired),
  - b. Equipment necessary for monitoring, and
  - c. Written protocols regarding use of the volatile agents and medications.

**Historical Note**

New Section R4-16-708 renumbered from R4-16-707 and amended by final rulemaking at 31 A.A.R. 4386 (November 21, 2025), effective January 3, 2026 (Supp. 25-4).

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**Supplement Information**  
**Supp. 25-4**

Rules codified between October 1, 2025 through December 31, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-4 replaces Supp. 24-4, 1-18 pages.**

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

## PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “*Rule*’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

### THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

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The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at [www.azsos.gov/rules](http://www.azsos.gov/rules), click on the *Administrative Register* link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

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*Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.*

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## Administrative Rules Division

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## TITLE 4. PROFESSIONS AND OCCUPATIONS

## CHAPTER 18. NATUROPATHIC PHYSICIANS MEDICAL BOARD

## Supp. 25-4

Authority: A.R.S. § 32-1501 et seq.

*Editor's Note: Laws 2008, 2nd Regular Session, Ch. 16 provided for a name change of the Naturopathic Physicians Board of Medical Examiners to Naturopathic Physicians Medical Board (Supp. 12-2).*

*Editor's Note: The Office of the Secretary of State publishes all Code Chapters on white paper (Supp. 02-3).*

*Editor's Note: This Chapter contains rules which were adopted under exemptions from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to A.R.S. § 41-1005(25). Exemption from A.R.S. Title 41, Chapter 6 means that the Naturopathic Physicians Board of Medical Examiners did not submit these rules to the Governor's Regulatory Review Council for review; the Board did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Board was not required to hold public hearings on these rules; and the Attorney General did not certify these rules. Because this Chapter contains rules which are exempt from the regular rulemaking process, the Chapter is printed on blue paper.*

*Editor's Note: This Chapter has been reprinted due to an error in publishing text that was thought to be adopted and certified but in fact was rejected by the Attorney General on December 29, 1995 (Supp. 95-4). Text removed includes amendments made to R4-18-101 and adoption of Article 2, consisting of Sections R4-18-201 through R4-18-205. Removal of this text reflects the latest effective rules on file with the Office of the Secretary of State last modified Supp. 88-4 (reprinted Supp. 96-4).*

*Laws 1982, 6th S.S., Chs. 1 and 4 provided for a name change of the Naturopathic Board of Examiners to Naturopathic Physicians Board of Examiners.*

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*Article 2 consisting of Sections R4-18-201 through R4-18-205 has been deleted due to an error in publishing text that was thought*

*to be adopted and certified but in fact was rejected by the Attorney General on December 29, 1995 (Supp. 95-4). Removal of this text reflects the latest effective rules on file with the Office of the Secretary of State last modified Supp. 88-4 (reprinted Supp. 96-4).*

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## CHAPTER 18. NATUROPATHIC PHYSICIANS MEDICAL BOARD

## ARTICLE 1. GENERAL PROVISIONS

**R4-18-101. Definitions**

In addition to the definitions in A.R.S. §§ 32-1501 through 32-1581, the following definitions apply to this Chapter unless otherwise specified:

1. “Administrative completeness review” means the Board’s process for determining that an applicant has provided, or caused to be provided, all of the application packet information and documentation required by statute or rule for an application for a license or a certificate.
2. “Applicant” means a person requesting from the Board an initial, temporary, or renewal license or certificate.
3. “Approved Specialty College or Program” means a post-doctoral training program that awards a medical specialist certificate, and is certified by a Specialty Board of Examiners, The American Association of Naturopathic Physicians (“AANP”) or another professional association or, another state’s licensing agency, and which is recognized by the Board.
4. “Chief medical officer” means a physician who is responsible for a clinical, preceptorship, internship, or postdoctoral training program’s compliance with state and federal laws, rules, and regulations.
5. “Continuing medical education” or “CME” means courses, seminars, lectures, programs, conferences, and workshops related to subjects listed in A.R.S. § 32-1525(B), that are offered or sanctioned by one of the organizations referenced in R4-18-205(B).
6. “Endorsement” means the procedure for granting a license in this state to an applicant who is currently licensed to practice naturopathic medicine by another state, district, or territory of the United States or by a foreign country that requires a written examination substantially equivalent to the written examination provided for in A.R.S. § 32-1525.
7. “Facility” means a health care institution as defined in A.R.S. § 36-401, office or clinic maintained by a health care institution or by an individual licensed under A.R.S. Title 32, Chapter 13, 14, 17, or 29, office or public health clinic maintained by a state or county, office or clinic operated by a qualifying community health center under A.R.S. § 36-2907.06, or an office or clinic operated by a corporation, association, partnership, or company authorized to do business in Arizona under A.R.S. Title 10.
8. “Informed consent” means a document, signed by a patient or the patient’s legal guardian, which contains the information in R4-18-802(A)(1), (A)(2), and (A)(3).
9. “Institutional review board” means a group of persons that is approved according to guidelines of the United States Department of Health and Human Services, Office for Human Research Protection, which reviews investigational or experimental protocols and approves their use on animals or humans for the purposes of protecting the subjects of the investigational or experimental protocol from undue harm and assures that the research and its review is carried out according to guidelines of the United States Department of Health and Human Services, Office for Human Research Protection.
10. “Internship” means clinical and didactic training by a doctor of naturopathic medicine certified by the Board according to A.R.S. § 32-1561.
11. “License” means a document issued by the Board that authorizes the individual to whom it is issued to practice naturopathic medicine.
12. “Medication” means the same as drug defined in A.R.S. § 32-1501(15) or natural substance defined in A.R.S. § 32-1501(23).
13. “National board” means any of the following:
  - a. The Federation of State Medical Licensing Boards,
  - b. The National Board of Chiropractic Examiners,
  - c. The National Board of Medical Examiners,
  - d. The National Board of Osteopathic Examiners, or
  - e. The North American Board of Naturopathic Examiners.
14. “Procedure” means an activity directed at or performed on an individual for improving health, treating disease or injury, or making a diagnosis.
15. “Protocol” means an explicit detailed plan of an experimental medical procedure or test that is approved by an institutional review board.
16. “Resident physician in training” means a person who holds a degree of doctor of naturopathic medicine and is certified by the Board to diagnose and treat patients under supervision in an internship, preceptorship, or a post doctoral training program.
17. “Substantive review” means the Board’s process for determining whether an applicant for licensure, certification, or approval meets the requirements of A.R.S. Title 32, Chapter 14 and this Chapter.
18. “Verified” means a notarized form dated, and signed by the applicant, affirming the information provided in the application, including any accompanying documents submitted by or on behalf of the applicant, is true and complete.

**Historical Note**

Adopted effective December 31, 1984 (Supp. 84-6).

Amended effective December 29, 1995 (Supp. 95-4).

Amended Section corrected Supp. 96-4 to reflect adopted Section on file with the Office of the Secretary of State effective December 31, 1984 (Supp. 84-6). Amended by final rulemaking at 8 A.A.R. 3702, effective August 9, 2002 (Supp. 02-3). Amended by final rulemaking at 19 A.A.R. 1302, effective July 6, 2013 (Supp. 13-2).

Amended by final rulemaking at 21 A.A.R. 2009, effective September 1, 2015 (Supp. 15-3). Amended by final rulemaking at 30 A.A.R. 3091 (October 25, 2024), effective December 1, 2024 (Supp. 24-4).

**R4-18-102. Board Meetings; Elections; Officers**

- A. The Board shall hold a regular meeting in January and July of each year. The officers shall be elected at the January meeting of the Board by majority vote of the Board members present at that meeting. The Board chairman shall preside at all Board meetings. If the chairman is disqualified or unable to attend, the Board vice-chairman shall preside at the meeting. If the Board vice-chairman is disqualified or unable to attend, the Board secretary-treasurer shall preside at the meeting.
- B. If an officer’s position becomes vacant, the Board shall elect a member of the Board to complete the term of office that is vacant.
- C. A Board member shall attend meetings scheduled by the Board. The Board may recommend to the Governor that a Board member who fails to attend three consecutive Board meetings be removed from the Board.

**Historical Note**

Adopted effective December 31, 1984 (Supp. 84-6).

Amended by final rulemaking at 8 A.A.R. 3702, effective

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August 9, 2002 (Supp. 02-3).

**R4-18-103. Duties of Board Committees**

A committee appointed by the Board chairman shall make a report to the Board based on the findings or investigations of the committee and may make recommendations for further action by the Board.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3702, effective August 9, 2002 (Supp. 02-3).

**R4-18-104. Repealed****Historical Note**

Adopted effective December 31, 1984 (Supp. 84-6). Amended by adding a new subsection (H) effective June 18, 1987 (Supp. 87-2). Section repealed by final rulemaking at 8 A.A.R. 3702, effective August 9, 2002 (Supp. 02-3).

**R4-18-105. Reserved****R4-18-106. Rehearing or Review of Decision**

- A. Except as provided in subsection (G), any party under the jurisdiction of the Board who is aggrieved by a decision issued by the Board regarding an appealable agency action, may file with the Board not later than 30 days after service of the decision, a written motion for rehearing or review of the decision specifying the particular grounds for the rehearing or review. For purposes of this Section, a decision is considered served when personally delivered or five days after mailing by certified mail to the party at the party's last known residence or place of business.
- B. A motion for rehearing or review under this Section may be amended at any time before it is ruled upon by the Board. A response may be filed within 15 days after service of the motion or amended motion by any other party. The Board may require the filing of written briefs upon the issue raised in the motion and may provide for oral argument.
- C. A rehearing or review of a decision may be granted by the Board for any of the following reasons materially affecting the party's rights:
  1. Irregularity in the proceedings of the Board, administrative law judge, or any abuse of discretion that deprives the moving party of a fair hearing;
  2. Misconduct of the Board or an administrative law judge;
  3. Accident or surprise that could not have been prevented by ordinary prudence;
  4. Newly discovered material evidence that could not, with reasonable diligence, have been discovered and produced at the hearing;
  5. Excessive or insufficient penalties;
  6. Error in the admission or rejection of evidence or other errors of law occurring at the hearing; or
  7. That the findings of fact or decision is not justified by the evidence, or is contrary to law.
- D. The Board may affirm or modify its decision or grant a rehearing or review, to all or any of the parties on all or part of the issues for the reasons specified in subsection (C). An order modifying a decision or granting a rehearing or review shall specify with particularity the grounds on which the rehearing or review is granted, and the rehearing or review shall cover only those matters specified.
- E. Not later than 35 days after the date a decision is rendered, the Board may, on its own initiative order a rehearing or review of its decision for any reason for which it might have granted a

rehearing or review on motion of a party. After giving the parties or their counsel notice and an opportunity to be heard on the matter, the Board may grant a motion for rehearing or review, timely served, for a reason not stated in the motion. In either case, the order shall specify the grounds for rehearing and review.

- F. When a motion for rehearing is based upon affidavits, they shall be served with the motion. An opposing party may, within 15 days after service, serve opposing affidavits. The Board may extend this period for good cause.
- G. If the Board makes specific findings that the immediate effectiveness of the decision is necessary for the preservation of the public health and safety and determines that a rehearing or review of the decision is impracticable, unnecessary, or contrary to the public interest, the decision may be issued as a final decision without an opportunity for a rehearing or review. If a decision is issued as a final decision without an opportunity for rehearing or review, any application for judicial review of the decision shall be made within the time limits permitted for applications for judicial review of the Board's final decisions under A.R.S. Title 12, Chapter 7, Article 6.

**Historical Note**

Adopted effective December 31, 1984 (Supp. 84-6). Section repealed; new Section made by final rulemaking at 8 A.A.R. 3702, effective August 9, 2002 (Supp. 02-3). Amended by final rulemaking at 30 A.A.R. 3091 (October 25, 2024), effective December 1, 2024 (Supp. 24-4).

*Editor's Note: The following Section was adopted under an exemption from the provisions of A.R.S. Title 41, Chapter 6, pursuant to A.R.S. § 41-1005(25). Exemption from A.R.S. Title 41, Chapter 6 means the Board did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Board did not submit the rules to the Governor's Regulatory Review Council for review; and the Board was not required to hold public hearings on this Section (Supp. 99-3).*

**R4-18-107. Fees**

- A. Application fees are as follows:
  1. Medical license, \$225
  2. Certificate to dispense, \$225
  3. Medical assistant certificate, \$100
  4. Clinical training certificate, \$0.00
  5. Preceptorship certificate, \$100
  6. Specialty certificate, \$225
- B. Arizona naturopathic jurisprudence examination, \$30
- C. Annual renewal fees are as follows:
  1. Medical license, \$165
  2. Certificate to Dispense, \$225
  3. Medical assistant certificate, \$150
  4. Clinical training certificate, \$0.00
  5. Preceptorship certificate, \$225
  6. Renewal of Specialty certificate, \$225
- D. Late renewal fees are as follows:
  1. Medical license \$83
  2. Certificate to dispense, \$113
  3. Medical assistant certificate, \$75
  4. Clinical training certificate, \$0.00
  5. Preceptorship certificate, \$113
  6. Specialty certificate, \$113
- E. Other fees are as follows:
  1. For a duplicate license or certificate, \$20

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2. For photocopying Board records, documents, letters, applications, or files, \$5 or \$0.25 per page, whichever is greater.
3. For each audio tape or computer disk containing information requested, \$25
4. For written verification of a license or certificate, \$5
5. For the costs in locating a person who is licensed or certified, Actual cost incurred by the Board.
6. For each insufficient fund check, \$25.

**Historical Note**

Adopted effective December 31, 1984 (Supp. 84-6). Amended as an emergency effective December 31, 1986, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 86-6). Emergency expired. Amended and adopted as a permanent rule effective June 18, 1987 (Supp. 87-2). Amended paragraph (3) effective November 10, 1988 (Supp. 88-4). Section repealed; new Section adopted by exempt rulemaking at 5 A.A.R. 2874, effective July 28, 1999 (Supp. 99-3). Amended by final rulemaking at 8 A.A.R. 3702, effective August 9, 2002 (Supp. 02-3). Amended by exempt rulemaking at 18 A.A.R. 1499, effective June 6, 2012 (Supp. 12-2). Amended by exempt rulemaking at 19 A.A.R. 1986, effective September 16, 2013 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 2009, effective September 1, 2015 (Supp. 15-3). Amended by exempt rulemaking at 28 A.A.R. 2643 (October 7, 2022), effective November 13, 2022 (Supp. 22-3).

**R4-18-108. Titles, Use of Abbreviations**

- A. A physician issued a license by the Board may use any of the following titles or abbreviations:
  1. Doctor of Naturopathic Medicine,
  2. N.M.D.,
  3. Doctor of Naturopathy,
  4. N.D.,
  5. Naturopath,
  6. Naturopathic Physician, or
  7. Naturopathic Medical Doctor.
- B. A physician issued a license, or a graduate of a school approved by the Board, shall not use any of the following titles or abbreviations:
  1. Doctor of medicine (naturopathic),
  2. M.D.(N.), or
  3. M.D. (naturopathic).
- C. An unlicensed graduate of an approved school of naturopathic medicine as defined in A.R.S. § 32-1501(8)(a) and (b), who is certified by the Board to engage in preceptorship training shall use the designation “(Preceptee)” after any of the designations in subsection (A). The preceptee shall also ensure that any patient treated by the preceptee signs an informed consent treatment form stating clearly that the preceptee is undergoing training, is not licensed, and identifying the name of the supervising physician.
- D. An unlicensed graduate of an approved school of naturopathic medicine as defined in A.R.S. § 32-1501(8)(a) and (b), who is certified by the Board to engage in internship training shall use the designation “(Intern)” after any of the designations in subsection (A). The intern shall ensure that any patient treated by the intern signs an informed consent treatment form stating clearly that the intern is undergoing training, is not licensed and identifying the name of the supervising physician.
- E. A person who is retired from the practice of naturopathic medicine under A.R.S. § 32-1528 may use any of the designations

listed in subsection (A) if that person also uses the designation “(Retired)” after each designation.

**Historical Note**

Adopted effective December 31, 1984 (Supp. 84-6). Amended by final rulemaking at 8 A.A.R. 3702, effective August 9, 2002 (Supp. 02-3). Amended by final rulemaking at 30 A.A.R. 3091 (October 25, 2024), effective December 1, 2024 (Supp. 24-4).

**R4-18-109. Repealed****Historical Note**

Adopted effective December 31, 1984 (Supp. 84-6). Section repealed by final rulemaking at 8 A.A.R. 3702, effective August 9, 2002 (Supp. 02-3).

**R4-18-110. Display of Licenses and Certificates; Notice of Change of Status; Student Identification**

- A. Each person licensed by the Board shall display that license, or a Board issued duplicate in a conspicuous place in each location in which the person conducts regular and ongoing patient care activity.
- B. A person regulated by the Board shall notify the Board of any change in the information provided to the Board concerning a license or certificate application or its renewal, including changes in name, address, place of practice, or actions taken against the licensee, for any reason, in any court or by any governmental regulatory body.
- C. Each person certified by the Board to engage in clinical training shall wear an identification card issued by the approved naturopathic medical school conducting the training that clearly identifies the person as a student, at all times that the person is involved in clinical training. An approved school may keep all certificates to engage in clinical training issued by the Board at a central location of the primary training facility, if it is easily available for public viewing.
- D. Each person, that is issued a certificate by the Board shall display that certificate or a Board issued duplicate, in a conspicuous place at each location in which the person, business, or institution conducts regular and ongoing business activity.
- E. All notice requirements under this Section shall be in writing and made within 30 days of change of status.

**Historical Note**

Adopted effective December 31, 1984 (Supp. 84-6). Amended by final rulemaking at 8 A.A.R. 3702, effective August 9, 2002 (Supp. 02-3). Amended by final rulemaking at 30 A.A.R. 3091 (October 25, 2024), effective December 1, 2024 (Supp. 24-4).

**R4-18-111. Notice of Civil and Criminal Actions**

- A. As required under A.R.S. § 32-3208, a person licensed or certified by the Board shall, within 10 days of receipt, notify the Board of any notice, subpoena, summons, or receipt of complaint, whether civil or criminal, arising directly or indirectly out of the person’s conduct of the person’s professional activities.
- B. To provide notice to the Board a person licensed or certified by the Board shall provide a copy of the notice or other service or a letter advising the Board of the nature of the cause of action allegations made, and the date, time, and place where appearance is required.

**Historical Note**

Adopted effective December 31, 1984 (Supp. 84-6). Amended by final rulemaking at 8 A.A.R. 3702, effective August 9, 2002 (Supp. 02-3). Amended by final rulemaking



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ing at 30 A.A.R. 3091 (October 25, 2024), effective December 1, 2024 (Supp. 24-4).

**R4-18-112. Reserved**

**R4-18-113. Reserved**

**R4-18-114. Reserved**

**R4-18-115. Reserved**

**R4-18-116. Repealed**

**Historical Note**

Adopted effective December 31, 1984 (Supp. 84-6). Section repealed by final rulemaking at 8 A.A.R. 3702, effective August 9, 2002 (Supp. 02-3).

**R4-18-117. Repealed**

**Historical Note**

Adopted effective December 31, 1984 (Supp. 84-6). Section repealed by final rulemaking at 8 A.A.R. 3702, effective August 9, 2002 (Supp. 02-3).

**ARTICLE 2. LICENSES; SPECIALIST CERTIFICATES; CONTINUING MEDICAL EDUCATION; RENEWAL**

**R4-18-201. Jurisprudence Examination**

In addition to the requirements of R4-18-202 or R4-18-203, every applicant for licensure shall take and pass the Arizona Naturopathic Jurisprudence Examination, administered by the Board, with a minimum score of 75%. The examination shall consist of multiple-choice and true-false questions. If an applicant passes the jurisprudence examination to obtain a clinical training certificate under R4-18-501 and is under the continuous regulation of the Board after obtaining the clinical training certificate, the applicant is not required to take the examination again.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3702, effective August 9, 2002 (Supp. 02-3).

**R4-18-202. License by Examination**

In addition to the requirements of R4-18-201, an applicant for licensure by examination shall meet the requirements of A.R.S. Title 32, Chapter 14 and provide the Board:

1. A completed application form, provided by the Board that is signed, dated, and verified; and shall include the following information;
  - a. Applicant's full legal name and any former names used by the applicant;
  - b. Applicant's place and date of birth;
  - c. Applicant's Social Security number;
  - d. Applicant's home, business, and email addresses;
  - e. Applicant's home, business, and cell phone numbers;
  - f. A completed Arizona Statement of Citizenship and Alien Status for State Public Benefits, and copy of evidence;
  - g. The name of the approved school of naturopathic medicine applicant graduated from, date of graduation, and date of clinical training completion;
  - h. The date applicant took and passed the required NPLEX examinations of Part I; Biomedical examination, Part II; Clinical Science examination, Part II; Core Clinical Science Examination, and the Clinical Elective examinations in acupuncture, and minor surgery. Applicant accepts and understands passing of the examination in Arizona naturopathic

jurisprudence is a requirement for licensure. Applicant must have taken and passed all the required NPLEX examinations within a five-year period immediately preceding the date of application submission to the Board.

- i. A list of all license or certificates issued or denied by any agency. Applicant must cause to have a document submitted directly to the Board from each agency listed, containing the applicant's name, date of issuance or denial, current status, and whether or not any disciplinary actions are pending or have ever been taken;
- j. Whether applicant has ever been arrested, charged with, convicted of, or entered into a plea of no contest to a felony or a misdemeanor;
- k. Whether applicant has ever had a naturopathic medical license or certification, or any other health profession license or certification denied, suspended, rejected or revoked by any agency;
- l. Whether applicant has ever been disciplined by any agency for any act of unprofessional conduct as defined in A.R.S. § 32-1501;
- m. Whether applicant, in lieu of disciplinary action, has entered into a consent agreement or stipulation with a licensing agency in any state, district or territory of the United States or another country;
- n. Whether applicant currently has an open complaint or is involved in any open investigation in any agency or court of law, in any state, district or territory of the United States or another country;
- o. Whether applicant has ever had the authority to prescribe, dispense, or administer a natural substance, drug, or device limited, restricted, modified, denied, surrendered or revoked by a federal or state agency or court of law, in any state, district or territory of the United States or country;
- p. Whether applicant has ever been found medically incompetent;
- q. Whether applicant has ever been a defendant in any malpractice matter that resulted in a settlement or judgment;
- r. Whether applicant has a medical condition that in any way impairs or limits applicant's ability to practice medicine, and;
- s. A detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background;
2. A copy of the applicant's complete NPLEX examination record, to be sent directly to the Board by the North American Board of Naturopathic Examiners ("NABNE") or its successor;
3. A complete transcript sent directly to the Board from the approved school of naturopathic medicine from which the applicant graduated. The transcript shall include the date of graduation and the date of completion of clinical training;
4. Applicant must complete the required background check using the process outlined on the application, and;
5. The fees specified in R4-18-107.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3702, effective August 9, 2002 (Supp. 02-3). Amended by final rulemaking at 21 A.A.R. 2009, effective September 1, 2015 (Supp. 15-3). Amended by final rulemaking at 31



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A.A.R. 4392 (November 21, 2025), effective January 4, 2026 (Supp. 25-4).

**R4-18-203. License by Endorsement**

In addition to the requirements of R4-18-201, an applicant for licensure by endorsement shall meet the requirements of A.R.S. Title 32, Chapter 14, and provide the Board:

1. A completed application form, provided by the Board that is signed, dated, and verified, which shall include the following information;
  - a. Applicant's full legal name and any former names used by the applicant;
  - b. Place and date of birth;
  - c. Social Security number;
  - d. Home, business, and email addresses;
  - e. Home, business, and cell phone numbers;
  - f. A completed Arizona Statement of Citizenship and Alien Status for State Public Benefits, and copy of evidence;
  - g. The name of the approved school of naturopathic medicine applicant graduated from, date of graduation, and date of clinical training completion;
  - h. The date applicant took and passed the required NPLEX examinations of Part I; Biomedical examination, Part II; Clinical Science examination, Part II; Core Clinical Science Examination, the Clinical Elective examination in acupuncture, and the Clinical Elective examination in minor surgery. Applicant accepts and understands passing of the examination in Arizona naturopathic jurisprudence is a requirement for licensure;
  - i. A list of all license or certificates issued or denied by any agency in any state, district or territory of the United States or another country. Applicant must cause to have a document submitted directly to the Board from each agency listed, containing the applicant's name, date of issuance or denial, current status, and whether or not any disciplinary actions are pending or have ever been taken;
  - j. Whether applicant has ever been arrested, charged with, convicted of, or entered into a plea of no contest to a felony or a misdemeanor;
  - k. Whether applicant has ever had a naturopathic medical license or certification, or any other profession license or certification denied, suspended, rejected or revoked by any agency in any state, district or territory of the United States or another country;
  - l. Whether applicant has ever been disciplined by any agency in any state, district or territory of the United States or another country, for any act of unprofessional conduct as defined in A.R.S. § 32-1501;
  - m. Whether applicant, in lieu of disciplinary action, has entered into a consent agreement or stipulation with a licensing agency in any state, district or territory of the United States or another country;
  - n. Whether applicant currently has an open complaint or is involved in any open investigation in any agency or court of law, in any state, district or territory of the United States or another country;
  - o. Whether applicant has ever had the authority to prescribe, dispense, or administer a natural substance, drug, or device limited, restricted, modified, denied, surrendered or revoked by a federal or state agency or court of law; in any state, district or territory of the United States or another country;
  - p. Whether applicant has ever been found medically incompetent;
  - q. Whether applicant has ever been a defendant in any malpractice matter that resulted in a settlement or judgment;
  - r. Whether applicant has a medical condition that in any way impairs or limits applicant's ability to practice medicine, and;
  - s. A detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background;
2. A document submitted directly to the Board by the agency by whom the applicant is or was licensed as a naturopathic physician that is signed and dated by an official of the agency and that contains:
  - a. The applicant's name;
  - b. The date of issuance of the license;
  - c. The current status of the license;
  - d. A statement of whether the applicant has ever been denied a license by the agency, and;
  - e. A statement of whether any disciplinary action is pending or has ever been taken against the applicant;
3. A copy of the applicant's complete NPLEX examination record, to be sent directly to the Board by the North American Board of Naturopathic Examiners "NABNE") or its successor;
4. A complete transcript sent directly to the board from the approved school of naturopathic medicine from which the applicant graduated. The transcript shall include the date of graduation and the date of completion of clinical training.
5. Applicant must provide evidence of meeting the requirements under A.R.S. § 32-1523;
6. Applicant must complete the required background check using the process outlined on the application;
7. The fees specified in R4-18-107;
8. An Applicant licensed in another state or a Canadian province before January 1, 2005, shall include evidence of one of the following in order to meet the requirement of A.R.S. § 32-1525(D):
  - a. Passing of the North American Board of Naturopathic Examiners add-on pharmacology examination;
  - b. Completion of additional 60 hours of continuing medical education ("CME") in the subject of pharmacotherapeutics. The CME must be offered, sanctioned, or accredited by one of the organizations referenced in R4-18-205(B)(1), (2)(a), (b), (c), (d), or (4)(a), (b), (c), and include an examination;
  - c. The state or Canadian Province where the Applicant is currently licensed has enacted a pharmacology scope equal to or greater than that enacted in A.R.S. Title 32, Chapter 14, and the Applicant is not restricted from the scope.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3702, effective August 9, 2002 (Supp. 02-3). Amended by final rulemaking at 21 A.A.R. 2009, effective September 1, 2015 (Supp. 15-3). Duplicate word "has" removed under subsection (1)(m) (Supp. 22-3). Amended by final rulemaking at 31 A.A.R. 4392 (November 21, 2025), effective January 4, 2026 (Supp. 25-4).

**R4-18-204. Specialist Certificates**

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To obtain a specialist certificate, a physician shall meet the requirements of A.R.S. Title 32, Chapter 14 and provide the Board:

1. A completed application form, provided by the Board that is signed, dated, and verified, which shall include the following information;
  - a. Applicant's full legal name;
  - b. Current State of Arizona Naturopathic Physicians Medical License number;
  - c. Email address, phone number, and mailing address;
  - d. Name and address of the approved specialty college or program from which applicant completed post-doctoral specialty training;
  - e. The specialty applicant received training in, and a copy of the certificate of completion received in the specialty;
  - f. Who the specialty program was approved by;
  - g. Whether applicant has a medical condition that in any way impairs or limits applicant's ability to practice medicine;
  - h. Whether applicant has ever been disciplined by any agency in any state or territory of the United States, for any act of unprofessional conduct as defined in A.R.S. § 32-1501;
  - i. Whether applicant has ever had a naturopathic medical license or certification, or any other health profession license or certification denied, suspended, rejected or revoked by any agency in any state or territory of the United States, and;
  - j. A detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background;
2. The fees specified in R4-18-107 and;
3. A letter from the specialty board that conducted the specialty examination verifying that the licensee is certified as a specialists in the specialty for which application is made;
4. A certificate issued to a physician pursuant to A.R.S. § 32-1529(C), shall be concurrently renewed, retired, suspended, or revoked, with that physician's license to practice naturopathic medicine.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3702, effective August 9, 2002 (Supp. 02-3). Amended by final rulemaking at 21 A.A.R. 2009, effective September 1, 2015 (Supp. 15-3). Amended by final rulemaking at 31 A.A.R. 4392 (November 21, 2025), effective January 4, 2026 (Supp. 25-4).

**R4-18-205. Continuing Medical Education Requirements**

- A.** Every calendar year, a physician holding an active license to practice naturopathic medicine in this state shall complete 20 credit hours of approved continuing medical education activities. At least 10 credit hours shall be in pharmacology as it relates to diagnosis, treatment, or prevention of disease. A physician who is authorized to prescribe schedule II controlled substances and holds a valid U.S. Drug Enforcement Administration registration number, shall complete at least three hours of opioid-related, substance-disorder-related, or addiction-related continuing medical education each year as required by A.R.S. § 32-3248.02. The three credit hours may be included in the required pharmacology hours. At least one credit hour each year is required in the subject of Ethics. At least eight credit hours shall be from programs approved by one or more of the organizations listed in subsection (B)(1) through (2).

One hour of credit is allowed for every 50 minutes of participation in an approved continuing medical education activity unless otherwise noted in R4-18-205(B). A Physician may not carry excess hours of continuing medical education over to the following renewal year. The requirement to complete CME is waived for the initial license renewal.

- B.** The following are approved continuing medical education activities:
1. Education certified as Category I by an organization accredited by the Accreditation Council on Continuing Medical Education;
  2. Continuing medical educational programs that are approved by:
    - a. The American Association of Naturopathic Physicians or any of its constituent organizations;
    - b. The Arizona Naturopathic Medical Association;
    - c. Any naturopathic licensing authority in the United States or Canada; or
    - d. The North American Naturopathic Continuing Education Accreditation Council.
  3. One credit hour may be claimed for each eight hour day the physician provides training in an internship training program, a preceptorship training program, or a postdoctoral training program approved by the Board. A maximum of eight hours per year may be claimed in this manner. The training must have been provided in the same year credit is being claimed.
  4. One credit hour, not to exceed eight credit hours, may be claimed for each eight hour day of research in subjects listed in A.R.S. § 32-1525(B), if the research is conducted by or sponsored by a school of naturopathic medicine that is accredited or a candidate for accreditation by:
    - a. The Council on Naturopathic Medical Education,
    - b. The Council for Higher Education Accreditation, or
    - c. An accrediting agency recognized by the United States Department of Education.
  5. One credit hour may be claimed for each hour serving as an instructor of naturopathic medical students or other physicians in a program approved by one of the organizations listed in subsection (B)(2), or an approved school of naturopathic medicine as defined under A.R.S. § 32-1501(8). A maximum of eight hours may be claimed in this manner.
  6. A maximum of four credit hours may be claimed for preparing or writing for presentation or publication, including presentation for the purpose of continuing medical education credits in a program approved by an entity listed in R4-18-205(B)(2)(a), (b), (c), or (d), a medically related paper, report, or book that is presented or published addressing current developments, skills, procedures, or treatment in the practice of naturopathic medicine. Credit may be claimed only for materials presented or published. Credit may be claimed once as of the date of publication or presentation.
  7. A maximum of eight credit hours may be earned for the following activities that provide necessary understanding of current developments, skills, procedures, or treatment related to the practice of naturopathic medicine if the physician maintains a record that includes the name of the activity, the date of the activity, and the amount of time to complete the activity:
    - a. Self-instruction that utilizes videotapes, audiotapes, films, slides, radio broadcasts, or computers;

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- b. Independent reading of scientific journals and books;
  - c. Preparation for specialty board certification or recertification examinations; or
  - d. Participation on a staff committee or quality of care or utilization review committee in a facility or government agency.
- C. The Board shall grant an extension of time to complete continuing medical education required in subsection (A) upon written application by a licensee if the licensee fails to meet the requirements due to illness, military service, medical or religious missionary activity, or other extenuating circumstance. An extension, other than for military service, shall not exceed 90 days.
- D. An applicant for renewal of a license shall certify on the application for renewal, under penalty of perjury, that the applicant has met or will meet, before January 1, the continuing medical education requirements for the calendar year.
- E. Board staff shall annually select a minimum of ten percent of the active licensees for an audit of required continuing medical education. Failure to complete the required continuing medical education is considered unprofessional conduct.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3702, effective August 9, 2002 (Supp. 02-3). Amended by final rulemaking at 31 A.A.R. 4392 (November 21, 2025), effective January 4, 2026 (Supp. 25-4).

**R4-18-206. Renewal of a License**

To renew a license to practice naturopathic medicine, on or before January 1 of each year, a licensee shall submit a complete license application renewal form, that allows the Board to determine whether the applicant continues to meet the requirements of A.R.S. Title 32, Chapter 14. If an applicant makes a timely and complete application for renewal of the applicant's license, the physician may continue to practice until the application is approved or denied by the Board.

1. A completed application form, provided by the Board that is signed, dated, and verified, which shall include the following information;
  - a. Applicant's full legal name;
  - b. Applicant's State of Arizona Naturopathic Physicians Medical License number and initial issuance date of the license;
  - c. Applicant's home, business, and choice of email addresses, and choice of mailing address;
  - d. Applicant's home, business, and cell phone numbers;
  - e. Applicant's attestation of completion of the Continuing Medical Education credit hours required to renew the medical license;
  - f. A statement indicating whether, during the last 12 months, applicant was arrested, charged with, convicted of, or entered into a plea of no contest to any criminal act;
  - g. A statement indicating whether, during the last 12 months, applicant had any licensing agency or board, in any state, district or territory of the United States or another country, initiate or take any action against any license or certificate that is or was held;
  - h. A statement indicating whether, during the last 12 months, applicant entered into a consent agreement or stipulation with any agency in lieu of disciplinary

- action in any state, district or territory of the United States or another country;
  - i. A statement of whether during the last 12 months applicant was named in a malpractice suit;
  - j. A statement of whether applicant has a complaint currently pending before any agency, or court of law; in any state, district or territory of the United States or another country;
  - k. A detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background; and
2. The fee specified in R4-18-107.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3702, effective August 9, 2002 (Supp. 02-3). Amended by final rulemaking at 21 A.A.R. 2009, effective September 1, 2015 (Supp. 15-3). Amended by final rulemaking at 31 A.A.R. 4392 (November 21, 2025), effective January 4, 2026 (Supp. 25-4).

**R4-18-207. Reinstatement of an Expired License or Certificate**

- A. In order to reinstate an expired license, an applicant must meet the requirements in A.R.S. § 32-1526, and pay a renewal and penalty fee for each year the license has been expired. In addition, the applicant must demonstrate completion of 20 hours of continuing medical education for each year the license has been expired. The CME must meet the requirements as outlined in R4-18-205.
- B. The applicant must provide the Board with:
1. A completed application form, provided by the Board that is signed, dated, and verified; which shall include the following information;
    - a. Applicant's full legal name and any former names used by the applicant;
    - b. Applicant's place and date of birth;
    - c. Applicant's Social Security number;
    - d. Applicant's home, business, and email addresses;
    - e. Applicant's home, business, and cell phone numbers;
    - f. A completed Arizona Statement of Citizenship and Alien Status for State Public Benefits, and copy of evidence;
    - g. The name of the approved school of naturopathic medicine applicant graduated from, date of graduation, and date of clinical training completion;
    - h. A list of all license or certificates issued or denied by any agency in any state, district or territory of the United States or another country. Applicant must cause to have a document submitted directly to the Board from each agency listed, containing the applicant's name, date of issuance or denial, current status and whether or not any disciplinary actions are pending or have ever been taken;
    - i. Whether applicant has ever been arrested, charged with, convicted of, or entered into a plea of no contest to a felony or a misdemeanor;
    - j. Whether applicant has ever had a naturopathic medical license or certification, or any other health profession license or certification denied, suspended, rejected or revoked by any agency in any state, district or territory of the United States or another country;

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- k. Whether applicant has ever been disciplined by any agency in any state, district or territory of the United States or another country for any act of unprofessional conduct as defined in A.R.S. § 32-1501;
  - l. Whether in lieu of disciplinary action, has applicant ever entered into a consent agreement or stipulation with a licensing agency in any state, district or territory of the United States or another country;
  - m. Whether applicant currently has an open complaint or is involved in any open investigation in any agency or court of law, in any state, district or territory of the United States or another country;
  - n. Whether applicant has ever had the authority to prescribe, dispense, or administer a natural substance, drug, or device limited, restricted, modified, denied, surrendered or revoked by a federal or state agency or court of law in any state, district or territory of the United States or another country;
  - o. Whether applicant has ever been found medically incompetent;
  - p. Whether applicant has ever been a defendant in any malpractice matter that resulted in a settlement or judgment;
  - q. Whether applicant has a medical condition that in any way impairs or limits applicant's ability to practice medicine, and;
  - r. A detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background;
2. Applicant must complete the required background check using the process outlined on the application;
- C.** An applicant for reinstatement of a certificate to dispense must complete the initial application form for the certificate. Pursuant to A.R.S. § 32-1526(H), an applicant for reinstatement of an expired certificate shall pay all renewal and penalty fees;
- D.** An applicant who held a specialty certificate that expired with the license, must reapply for the specialty certificate by submitting the application for the certificate, along with the required documentation, and the fee specified in R4-18-107.

**Historical Note**

New Section made by final rulemaking at 21 A.A.R. 2009, effective September 1, 2015 (Supp. 15-3).  
 Amended by final rulemaking at 31 A.A.R. 4392 (November 21, 2025), effective January 4, 2026 (Supp. 25-4).

**R4-18-208. Reinstatement of a Retired License**

- A.** A person may apply to reinstate a retired license to active practice, upon payment of the renewal fee. As a condition of reinstatement of a retired license, pursuant to A.R.S. § 32-1528, each applicant shall provide proof of completion of 20 hours of continuing medical education and provide the Board with:
- 1. A completed application form, provided by the Board that is signed, dated, and verified; which shall include the following information:
    - a. Applicant's full legal name and any former names used by the applicant;
    - b. Applicant's place and date of birth;
    - c. Applicant's Social Security number;
    - d. Applicant's home, business, and email addresses;
    - e. Applicant's home, business, and cell phone numbers;
  - f. A completed Arizona Statement of Citizenship and Alien Status for State Public Benefits, and copy of evidence;
  - g. The name of the approved school of naturopathic medicine applicant graduated from, date of graduation, and date of clinical training completion;
  - h. The dates applicant retired the license;
  - i. A list of all licenses or certificates issued or denied by any agency in any state, district or territory of the United States or another country. Applicant must cause to have a document submitted directly to the Board from each agency listed, containing the applicant's name, date of issuance or denial, current status and whether or not any disciplinary actions are pending or have ever been taken;
  - j. Whether applicant has ever been arrested, charged with, convicted of, or entered into a plea of no contest to a felony or a misdemeanor;
  - k. Whether applicant has ever had a naturopathic medical license or certification, or any other health profession license or certification denied, suspended, rejected or revoked by any agency in any state, district or territory of the United States or another country;
  - l. Whether applicant has ever been disciplined by any agency in any state, district or territory of the United States or another country, for any act of unprofessional conduct as defined in A.R.S. § 32-1501;
  - m. Whether in lieu of disciplinary action, has applicant ever entered into a consent agreement or stipulation with a licensing agency in any state, district or territory of the United States or another country;
  - n. Whether applicant currently has an open complaint or is involved in any open investigation in any agency or court of law, in any state, district or territory of the United States or another country;
  - o. Whether applicant has ever had the authority to prescribe, dispense, or administer a natural substance, drug, or device limited, restricted, modified, denied, surrendered or revoked by a federal or state agency or court of law in any state, district or territory of the United States or another country;
  - p. Whether applicant has ever been found medically incompetent;
  - q. Whether applicant has ever been a defendant in any malpractice matter that resulted in a settlement or judgment;
  - r. Whether applicant has a medical condition that in any way impairs or limits applicant's ability to practice medicine, and;
  - s. A detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background.
2. Applicant must complete the required background check using the process outlined on the application;
3. The fees specified in R4-18-107; and
4. Provide proof of completion of 20 hours of CME taken, within the last 12 months prior to application submission. The CME is in addition to the 20 hours required each year for license renewal, must cover clinical application of naturopathic medical philosophy, pharmacology, and be accredited by the Accreditation Council on Continuing Education, or approved by any of the programs listed in R4-18-205(B)(2).

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- B. An applicant for reinstatement of a retired certificate to dispense must complete the renewal application form for the certificate, and pay the fee specified in R4-18-107.
- C. An applicant who held a specialty certificate that retired with the license, may reapply for the specialty certificate by submitting the application for the certificate, along with all the required documentation, and the fee specified in R4-18-107.

**Historical Note**

New Section made by final rulemaking at 21 A.A.R. 2009, effective September 1, 2015 (Supp. 15-3).  
Amended by final rulemaking at 31 A.A.R. 4392 (November 21, 2025), effective January 4, 2026 (Supp. 25-4).

**R4-18-209. Reinstatement of a Suspended, Revoked, or Surrendered License or Certificate**

- A. A person may apply to the board for the termination of the suspension or reissuance of a revoked license. Pursuant to A.R.S. § 32-1551, the board shall make its determination on each application as it deems consistent with the public health, safety and just in the circumstances. The applicant must provide the Board with:
  1. A completed application form, provided by the Board that is signed, dated, and verified; which shall include the following information:
    - a. Applicant's full legal name and any former names used by the applicant;
    - b. Applicant's place and date of birth;
    - c. Applicant's Social Security number;
    - d. Applicant's home, business, and email addresses;
    - e. Applicant's home, business, and cell phone numbers;
    - f. A completed Arizona Statement of Citizenship and Alien Status for State Public Benefits, and copy of evidence;
    - g. The name of the approved school of naturopathic medicine applicant graduated from, date of graduation, and date of clinical training completion;
    - h. Documentation showing that the basis for the suspension or revocation has been removed, and that suspension termination or reinstatement of the license or certificate, does not constitute a threat to the public health or safety;
    - i. A list of all license or certificates issued or denied by any agency in any state, district or territory of the United States or another country. Applicant must cause to have a document submitted directly to the Board from each agency listed, containing the applicant's name, date of issuance or denial, current status and whether or not any disciplinary actions are pending or have ever been taken;
    - j. Whether applicant has ever been arrested, charged with, convicted of, or entered into a plea of no contest to a felony or a misdemeanor;
    - k. Whether applicant has ever had a naturopathic medical license or certification, or any other health profession license or certification denied, suspended, rejected or revoked by any agency in any state, district or territory of the United States or another country;
    - l. Whether applicant has ever been disciplined by any agency in any state, district or territory of the United States or another country, for any act of unprofessional conduct as defined in A.R.S. § 32-1501;

- m. Whether in lieu of disciplinary action, has applicant ever entered into a consent agreement or stipulation with a licensing agency in any state, district or territory of the United States or another country;
  - n. Whether applicant currently has an open complaint or is involved in any open investigation in any agency or court of law, in any state, district or territory of the United States or another country;
  - o. Whether applicant has ever had the authority to prescribe, dispense, or administer a natural substance, drug, or device limited, restricted, modified, denied, surrendered or revoked by a federal or state agency or court of law in any state, district or territory of the United States or another country;
  - p. Whether applicant has ever been found medically incompetent;
  - q. Whether applicant has ever been a defendant in any malpractice matter that resulted in a settlement or judgment;
  - r. Whether applicant has a medical condition that in any way impairs or limits applicant's ability to practice medicine, and;
  - s. A detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background;
2. Applicant must complete the required background check using the process outlined on the application;
  3. The fees specified in R4-18-107;
  4. Proof of completion of 20 hours of CME for each year the license has been suspended or revoked. The CME is in addition to the 20 hours required each year for license renewal, and must meet the requirements as outlined in R4-18-205;
- B. An applicant for reinstatement of a suspended or revoked certificate to dispense shall submit a complete initial application form, along with the fee specified in R4-18-107;
  - C. An applicant who held a specialty certificate that was suspended or revoked with the license, may reapply for the specialty certificate by submitting the application for the certificate along with all the required documentation, and the fee specified in R4-18-107;
  - D. An applicant seeking licensure after the surrender of a license or certificate must apply and meet the requirements as a new applicant.

**Historical Note**

New Section made by final rulemaking at 21 A.A.R. 2009, effective September 1, 2015 (Supp. 15-3).  
Amended by final rulemaking at 31 A.A.R. 4392 (November 21, 2025), effective January 4, 2026 (Supp. 25-4).

**ARTICLE 3. RESERVED****ARTICLE 4. APPROVAL OF SCHOOLS OF NATUROPATHIC MEDICINE**

**R4-18-401. Approval of a School of Naturopathic Medicine**  
The Board shall approve a school of naturopathic medicine if, in addition to the requirements of A.R.S. § 32-1501(8):

1. It is accredited or a candidate for accreditation by the Council on Naturopathic Medical Education, or its successor agency, and
2. It has complied with the requirements of the Arizona State Board of Private Post Secondary Education in

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A.R.S. Title 32, Chapter 30 and A.A.C. 4-39-101 through 4-39-603.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3702, effective August 9, 2002 (Supp. 02-3).

**R4-18-402. Annual Renewal of an Approved School of Naturopathic Medicine**

An approved school of naturopathic medicine shall be renewed by submitting on or before January 1 of each year, the information required by the Board that allows the Board to determine if the applicant continues to meet the requirements of A.R.S. § 32-1501(8) and of R4-18-401.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3702, effective August 9, 2002 (Supp. 02-3).

**ARTICLE 5. NATUROPATHIC CLINICAL TRAINING AND PRECEPTORSHIP TRAINING PROGRAM REQUIREMENTS****R4-18-501. Certificate to Engage in Clinical or Preceptorship Training**

- A. To obtain a certificate to engage in clinical or preceptorship training, an applicant shall submit to the Board a complete application form provided by the Board, that allows the Board to determine if the applicant meets the requirements of A.R.S. § 32-1524. The application shall be verified, and include the fee listed in R4-18-107;
- B. In addition to the requirements in subsection (A) a naturopathic medical student who applies for a certificate to engage in clinical training shall comply with the requirements of A.R.S. § 32-1560, and, be attending an approved naturopathic medical school. Applicant must arrange to have submitted directly to the Board, a letter from the chief medical officer of the medical school verifying that the applicant will be entering clinical training, and the anticipated starting and completion dates. The Board may deny an application for any reason set forth in A.R.S. § 32-1501(31) and A.R.S. § 32-1522(A)(3) through (6);
- C. Applicant must take and pass the examination in Arizona naturopathic jurisprudence that is administered by the Board, with a minimum score of 75%, include with the application a passport size photograph taken within 60 days prior to application submission that is signed on the back by the applicant, provide a legible fingerprint card, including the DPS processing fee as specified on the application form;
- D. The application form for clinical training entry shall include:
  1. Applicant's full name and any former names used by applicant;
  2. Applicant's place and date of birth;
  3. Applicant's Social Security number;
  4. Applicant's home and email address;
  5. Applicant's home and cell phone numbers;
  6. The name and address of the approved naturopathic college applicant is attending; name and address of clinical training program, the date of clinical entry and the date of completion of clinical entry;
  7. The name of the Supervising Physician and the name of the Chief Medical Officer of the Clinical Training program;
  8. Whether applicant has ever been arrested, charged with, convicted of, or entered into a plea of no contest to a felony or a misdemeanor;

9. Whether applicant has ever had a naturopathic medical license or certification, or any other health profession license or certification denied, suspended, rejected or revoked by any agency in any state, district or territory of the United States or another country;
10. Whether applicant has ever been disciplined by any agency in any state, district or territory of the United States or another country, for any act of unprofessional conduct as defined in A.R.S. § 32-1501;
11. Whether applicant, in lieu of disciplinary action, has entered into a consent agreement or stipulation with a licensing agency in any state, district or territory of the United States or another country;
12. Whether applicant currently has an open complaint or is involved in any open investigation in any agency or court of law, in any state, district or territory of the United States or another country;
13. Whether applicant has ever had the authority to prescribe, dispense, or administer a natural substance, drug, or device limited, restricted, modified, denied, surrendered or revoked by a federal or state agency or court of law, in any state, district or territory of the United States or another country;
14. Whether applicant has ever been found medically incompetent;
15. Whether applicant has ever been a defendant in any malpractice matter that resulted in a settlement or judgment;
16. Whether applicant has a medical condition, that in any way, impairs or limits applicant's ability to practice medicine;
17. A detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background, and;
18. A completed Arizona Statement of Citizenship and Alien Status for State Public Benefits, and copy of evidence;
- E. In addition to the requirements in subsection (A), an applicant for a certificate to engage in a preceptorship training program shall comply with the requirements of A.R.S. § 32-1561 and arrange to have submitted directly to the Board, an official transcript from the approved naturopathic medical school from which the applicant graduated;
- F. Applicant must take and pass the examination in Arizona naturopathic jurisprudence that is administered by the Board with a minimum score of 75%, include with the application, a passport size photograph taken within 60 days prior to application submission that is signed on the back by the applicant, provide a legible fingerprint card, including the DPS processing fee as specified on the application form;
- G. The application form for preceptorship training shall include:
  1. Applicant's full name and any former names used by applicant;
  2. Applicant's place and date of birth;
  3. Applicant's Social Security number;
  4. Applicant's home and email address;
  5. Applicant's home and cell phone numbers;
  6. The name, address, and medical license number of the Supervising Physician, designated Supervising Physician, if any, and Chief Medical Officer;
  7. Attestation signed by the Supervising Physician declaring they have read and understand A.R.S. § 32-1561 and R4-18-108, and agree to be the Supervising physician of record;

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8. Whether applicant has ever been arrested, charged with, convicted of, or entered into a plea of no contest to a felony or a misdemeanor;
9. Whether applicant has ever had a naturopathic medical license or certification, or any other health profession license or certification denied, suspended, rejected or revoked by any state, district or territory or the United States or another country;
10. Whether applicant has ever been disciplined by any agency in any state, district or territory of the United States or another country, for any act of unprofessional conduct as defined in A.R.S. § 32-1501;
11. Whether applicant, in lieu of disciplinary action by any agency, in any state, district or territory of the United States or another country, has entered into a consent agreement or stipulation with a licensing agency;
12. Whether applicant currently has an open complaint or is involved in any open investigation in any agency or court of law, in any state, district or territory of the United States or another country;
13. Whether applicant has ever had the authority to prescribe, dispense, or administer a natural substance, drug, or device limited, restricted, modified, denied, surrendered or revoked by a federal or state agency or court of law, in any state, district or territory of the United States, or another country;
14. Whether applicant has ever been found medically incompetent;
15. Whether applicant has ever been a defendant in any malpractice matter that resulted in a settlement or judgment;
16. Whether applicant has a medical condition, that in any way, impairs or limits applicant's ability to practice medicine;
17. A detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background; and
18. A completed Arizona Statement of Citizenship and Alien Status for State Public Benefits, and copy of evidence.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3702, effective August 9, 2002 (Supp. 02-3). Amended by final rulemaking at 21 A.A.R. 2009, effective September 1, 2015 (Supp. 15-3).

**R4-18-502. Annual Renewal of a Certificate to Engage in Clinical or Preceptorship Training**

A holder of a certificate to engage in clinical training shall renew the certification by submitting before the expiration date of the certificate a completed clinical training renewal form. A holder of a certificate to engage in preceptorship training shall renew the certification on or before July 1, by submitting a completed preceptorship renewal form.

1. Applicant must submit a completed application form provided by the Board for renewal of certification that allows the Board to determine whether the holder of the certificate continues to meet the requirements of A.R.S. Title 32 Chapter 14. The form must be signed, dated, and shall include:
  - a. Applicant's full name and any former names used by applicant;
  - b. Applicant's certificate number, and original issue date;
2. The fees specified in R4-18-107.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3702, effective August 9, 2002 (Supp. 02-3). Amended by final rulemaking at 21 A.A.R. 2009, effective September 1, 2015 (Supp. 15-3).

**R4-18-503. Application for a Certificate to Conduct a Clinical or Preceptorship Training Program**

A chief medical officer applying on behalf of a school of naturopathic medicine for a certificate to conduct clinical training, or on behalf of a preceptorship training program, shall submit to the Board the fee indicated in R4-18-107 and an application form provided by the Board, signed and dated by the chief medical officer, that contains:

1. The chief medical officer's name, mailing address, and telephone number;
2. The name and address of the training program and of each facility where training will be conducted;
3. The name, professional degree, license number, and licensing agency for each physician who will be providing supervision in the training program; and
4. A mission statement outlining the goals of the training program.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3702, effective August 9, 2002 (Supp. 02-3).

**R4-18-504. Annual Renewal of Certificate to Conduct a Clinical or Preceptorship Training Program**

A certificate to conduct clinical or preceptorship training shall be renewed before the anniversary date, by submitting the appropriate fee listed in R4-18-107 and a completed form.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3702, effective August 9, 2002 (Supp. 02-3).

**ARTICLE 6. NATUROPATHIC MEDICAL ASSISTANTS****R4-18-601. Definitions**

In addition to the definitions in A.R.S. § 32-1501 and R4-18-101, the following definitions apply to this Article:

1. "Approved medical assistant training program" means a course of study for medical assistants that is provided:
  - a. At an institution that is accredited by:
    - i. The Commission on Accreditation of Allied Health Education Programs,
    - ii. The Commission for the Accrediting Bureau of Health Education Schools, or
    - iii. An accrediting agency recognized by the United States Department of Education or the Armed Forces of the United States, or
  - b. By an organization recognized by the American Association of Naturopathic Physicians.
2. "Employ" means to compensate by money or other consideration for work performed.
3. "Medical history" means an account of an individual's past and present physical and mental health including the individual's illness, injury, or disease.
4. "Medication" means a drug as defined in A.R.S. § 32-1501 or a natural substance as defined in A.R.S. § 32-1581.
5. "Naturopathic practice" means a place where the practice of naturopathic medicine as defined in A.R.S. § 32-1501 takes place.
6. "Training" means classroom and clinical instruction completed by an individual as part of an approved medical

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assistant training program, or training designed and offered by a licensed naturopathic physician, that meets or exceeds the standards of one of the approved medical assistant training programs listed in subsection (1)(a) through (b).

7. "Treatment" means any of the acts included in the practice of naturopathic medicine as defined in A.R.S. § 32-1501.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1547, effective June 4, 2005 (Supp. 05-2). Amended by final rulemaking at 30 A.A.R. 346 (February 23, 2024), effective April 1, 2024 (Supp. 24-1).

**R4-18-602. Medical Assistant Qualification and Training Requirements**

A licensed Naturopathic Physician who provides direct supervision to a medical assistant, shall ensure that the medical assistant satisfies one of the following training requirements before the medical assistant is employed:

1. Completes an approved medical assistant training program;
2. Completes a medical assistant training program designed and offered by a licensed Naturopathic Physician that meets the requirements outlined in A.R.S. § 32-1559(D)(1) through (4), and passes a medical assistant examination administered by either the American Association of Medical Assistants or the American Medical Technologists; or
3. Completes a medical services training program of The Armed Forces of the United States;
4. A licensed Naturopathic Physician must obtain approval of the medical assistant training program prior to providing the training, by submitting the required application to the Board.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1547, effective June 4, 2005 (Supp. 05-2). Amended by final rulemaking at 30 A.A.R. 346 (February 23, 2024), effective April 1, 2024 (Supp. 24-1).

**R4-18-603. Application for Medical Assistant Certification**  
An applicant for a medical assistant certificate shall submit an application packet to the Board that contains the following:

1. An application form provided by the Board, signed and dated by the applicant that contains:
  - a. The applicant's legal name, mailing address, telephone number, and Social Security number;
  - b. The applicant's date and place of birth;
  - c. The applicant's height, weight, and eye and hair color;
  - d. The name, address, and telephone number of the applicant's employer, if applicable;
  - e. The name of the licensed naturopathic physician who will supervise the applicant;
  - f. The name and address of the institution where the applicant completed an approved medical assistant training program; or
  - g. If the training was completed in a program provided by a licensed naturopathic physician, the following must be submitted:
    - i. A letter outlining the training provided and signed by the naturopathic physician who provided the training;

- ii. Proof of passing the required medical assistant examination administered by either The American Association of Medical Assistants or The American Medical Technologists; or

- iii. Proof of completion of a medical services training program of The Armed Forces of the United States.

2. A copy of a certificate of completion from an approved medical assistant training program or a letter of completion from an approved medical assistant training program signed by the person in charge of the approved medical assistant training program;
3. A completed and legible fingerprint card; and
4. The fees required by the Board under A.R.S. § 32-1527.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1547, effective June 4, 2005 (Supp. 05-2). Amended by final rulemaking at 30 A.A.R. 346 (February 23, 2024), effective April 1, 2024 (Supp. 24-1).

**R4-18-604. Renewal of Medical Assistant Certificate**

An applicant for a renewal certificate shall submit to the Board:

1. A renewal form, provided by the Board, that is signed and dated by the applicant and contains the applicant's:
  - a. Name,
  - b. Social Security number,
  - c. Residence and naturopathic practice addresses, and
  - d. Telephone number; and
2. The fee required by the Board under A.R.S. § 32-1527.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1547, effective June 4, 2005 (Supp. 05-2).

**R4-18-605. Authorized Procedures for Medical Assistants**

A. A medical assistant may perform the following under the direct supervision of a physician:

1. Obtain a patient's medical history;
2. Obtain a patient's vital signs;
3. Assist a physician in performing a physical examination, surgical procedure, or treatment;
4. Perform a diagnostic test ordered by a physician including:
  - a. An electrocardiogram;
  - b. A peripheral vein puncture;
  - c. A capillary puncture;
  - d. Urine analysis;
  - e. A hematology test; or
  - f. Respiratory function testing;
5. Administer a medication:
  - a. By mouth; or
  - b. By subcutaneous or intra-muscular injection if the medical assistant received training on performing this type of administration from an approved medical assistant training program;
6. Monitor and remove an intravenous administration of a medication established by a supervising physician if the medical assistant received training on monitoring and removing an intravenous administration from an approved medical assistant training program.
7. Perform physiotherapy, which includes the following:
  - a. Whirlpool treatment,
  - b. Diathermy treatment,
  - c. Electronic stimulation treatment,
  - d. Ultrasound therapy,



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- e. Massage therapy,
  - f. Traction,
  - g. Transcutaneous nerve stimulation,
  - h. Colon hydrotherapy, or
  - i. Hot and cold pack treatment.
- B.** A medical assistant shall not:
1. Diagnose a medical condition;
  2. Design or modify a treatment program;
  3. Prescribe a medication or natural substance;
  4. Provide a patient with a prognosis;
  5. Unless authorized by law, perform:
    - a. An ionizing radiographic procedure,
    - b. A surgical procedure,
    - c. A central venous catheterization,
    - d. An acupuncture needle insertion, or
    - e. Manipulative therapy;
  6. Administer or establish an intravenous medication;
  7. Perform any procedure that requires precise placement of a needle into a patient by single or multiple injections including:
    - a. Sclerotherapy,
    - b. Prolotherapy,
    - c. Mesotherapy, or
    - d. Neurotherapy; or
  8. Employ the medical assistant's supervising physician or have any financial interest in a naturopathic practice where the supervising physician is employed.
- C.** While assisting a naturopathic physician or performing a procedure delegated to the medical assistant, the medical assistant shall wear a clearly visible tag that states the individual is a medical assistant.
1. The administrative completeness review time-frame begins on the day the Board receives the application form and the appropriate fee.
  2. If the application packet is incomplete, the Board shall send to the applicant a written notice specifying the missing document or incomplete information.
  3. The administrative completeness review time-frame and the overall time-frame are suspended from the date on the Board's notice until the date the Board office receives all missing information.
- C.** The substantive review time-frame described in A.R.S. § 41-1072(3) for each type of license, certification, and approval granted by the Board is listed in Table 1.
1. The substantive review time-frame begins on the date of the Board's notice of administrative completeness.
  2. If the Board determines that additional information or documentation is required, the Board shall send to the applicant a written request for that additional information or documentation.
  3. The time-frame for the substantive review is suspended from the date the request for additional information or documentation is sent to the applicant, until the date on which all of the requested information is received.
  4. The Board shall notify the applicant of the dates of all Board meetings at which the application will be considered.
  5. The Board shall send a written notice of approval or denial to applicants within ten working days of the Board meeting at which the decision is made. An applicant may request a hearing on the decision within 30 days of the Board's action.
- D.** The Board shall consider an application withdrawn if within 360 days from the date of application the applicant fails to:
1. Supply the missing information requested under subsection (B)(2) or (C)(2); or
  2. If applicable, take and obtain a minimum score of 75% on the Arizona Naturopathic Jurisprudence Examination.
- E.** During the administrative review period, an applicant may withdraw an application by requesting withdrawal in writing. During the substantive review period, the Board shall decide whether to grant a request to withdraw.
- F.** An applicant shall send written notice to the Board within 10 days from the date of any change of applicant's address.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1547, effective June 4, 2005 (Supp. 05-2).

**ARTICLE 7. TIME-FRAMES FOR BOARD DECISIONS****R4-18-701. Time-frames for Board Decisions**

- A.** The overall time-frame described in A.R.S. § 41-1072(2) for each type of license, certification, or approval granted by the Board is listed in Table 1. The applicant and the Executive Director of the Board may agree in writing to extend a substantive review and overall time-frame by no more than 25 percent of the overall time-frame listed in Table 1.
- B.** The administrative completeness review time-frame described in A.R.S. § 41-1072(1) for each type of license, certification, and approval granted by the Board is listed in Table 1.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3702, effective August 9, 2002 (Supp. 02-3).

**Table 1. Time-frames**

Type of Approval	Statutory Authority	Administrative Completeness Time-frame	Substantive Review Time-frame	Overall Time-frame
License by Examination (R4-18-202)	A.R.S. §§ 32-1504(A), 32-1522, 32-1523, 32-1523.01, 32-1524	90 days	90 days	180 days
License by Endorsement (R4-18-203)	A.R.S. §§ 32-1504(A), 32-1523	60 days	60 days	120 days
Specialist Certificate (R4-18-204)	A.R.S. §§ 32-1504(B)(3), 32-1529	60 days	60 days	120 days
Annual Renewal of License (R4-18-206)	A.R.S. §§ 32-1504(A), 32-1526	30 days	60 days	90 days
Certificate to Dispense	A.R.S. §§ 32-1504(A), 32-1581	30 days	60 days	90 days
Annual Renewal of Certificate to Dispense	A.R.S. §§ 32-1504(A), 32-1581	30 days	60 days	90 days
Certificate to Engage in a Clinical, Preceptorship, Internship, or Postdoctoral Training Program (R4-18-501)	A.R.S. §§ 32-1504(A), 32-1560, 32-1561	30 days	60 days	90 days

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Annual Renewal of Certificate to Engage in a Clinical, Preceptorship, Internship, or Postdoctoral Training Program (R4-18-502)	A.R.S. §§ 32-1504(A), 32-1560, 32-1561	30 days	60 days	90 days
Certificate to Conduct a Clinical, Preceptorship, Internship, or Postdoctoral Training Program (R4-18-503)	A.R.S. §§ 32-1501, 32-1504(A)	30 days	60 days	90 days
Annual Renewal of Certificate to Conduct a Clinical, Preceptorship, Internship, or Postdoctoral Training Program (R4-18-504)	A.R.S. § 32-1504(A)	30 days	60 days	90 days
Medical Assistant Certificate	A.R.S. §§ 32-1504(A), 32-1559	30 days	60 days	90 days
Annual Renewal of Medical Assistant Certificate	A.R.S. §§ 32-1504(A), 32-1559	30 days	60 days	90 days

**Historical Note**

New Table made by final rulemaking at 8 A.A.R. 3702, effective August 9, 2002 (Supp. 02-3).

**ARTICLE 8. EXPERIMENTAL MEDICINE****R4-18-801. Experimental Medicine**

A procedure, medication, or device is experimental if:

1. An Institutional review board exists for a particular procedure, medication, or device;
2. The procedure, medication, or device is not generally considered to be within the accepted practice standards for the naturopathic profession; and
3. The procedure, medication, or device is not part of the curriculum at an approved school of naturopathic medicine or approved postdoctoral training.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3702, effective August 9, 2002 (Supp. 02-3). Amended by final rulemaking at 19 A.A.R. 1302, effective July 6, 2013 (Supp. 13-2).

**R4-18-802. Informed Consent and Duty to Follow Protocols**

A. A physician, medical student engaged in an approved clinical training program, preceptee, or intern who conducts research involving an experimental procedure, medication, or device, shall ensure that all research subjects give informed consent to participate, which states:

1. Whether a physician, preceptee, or an intern is treating the patient;
2. That the patient or legal guardian of the patient understands:
  - a. The type of treatment the patient is to receive;
  - b. Each procedure that will be provided to the patient;
  - c. The risks and benefits of each procedure, medication, or device to be provided;
  - d. That the patient can withdraw at any time; and
  - e. That the patient is voluntarily participating; and
3. The physician, medical student engaged in the approved clinical training program, preceptee, or intern has established a protocol as required by subsection (B) that meets the requirements of the institutional review board that approved the protocol.

B. A physician, medical student engaged in an approved clinical training program, preceptee, or intern, who conducts research on humans involving an experimental procedure, medication, or device shall have a protocol for that research approved by an institutional review board.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3702, effective August 9, 2002 (Supp. 02-3). Amended by final

rulemaking at 19 A.A.R. 1302, effective July 6, 2013 (Supp. 13-2).

**ARTICLE 9. CERTIFICATE TO DISPENSE****R4-18-901. Definitions**

The following definitions apply in this Article:

1. "Applicant" means:
  - a. An individual applying for a license and a certificate to dispense; or
  - b. A licensee requesting a certificate to dispense only.
2. "Auscultation" means the act of listening to sounds within the human body either directly or through the use of a stethoscope or other means.
3. "Certificate to dispense" means an approval granted by the Board to dispense a natural substance, drug, or device.
4. "Dispense" means the same as in A.R.S. § 32-1581(H).
5. "Drug" means the same as in A.R.S. § 32-1501(15).
6. "Hour" means 50 to 60 minutes of participation.
7. "Medical record" means the same as in A.R.S. § 12-2291.
8. "Nutrient" means the same as in A.R.S. § 32-1501(15)(a)(iii).
9. "Physical examination" means an evaluation of the health of an individual's body using inspection, palpation, percussion, and auscultation to determine cause of illness or disease.

**Historical Note**

New Section made by final rulemaking at 19 A.A.R. 1302, effective July 6, 2013 (Supp. 13-2).

**R4-18-902. Qualifications for a Certificate to Dispense**

- A. To qualify for a certificate to dispense, an applicant shall have completed before the submission date of the application, Board approved training in the safe administration of natural substances, drugs, or devices.
- B. The Board approves documentation of the following as evidence of completion of Board approved training in the safe administration of natural substances, drugs, or devices:
1. Graduation from an approved school of naturopathic medicine after January 1, 2005 as referenced in A.R.S. § 32-1525(B)(4); or
  2. Completion of a 60 hour or more pharmacological course on natural substances, drugs, or devices that is offered, approved, or recognized by one of the organizations in R4-18-205(B)(1) or (B)(2), or by passing of The North American Board of Naturopathic Examiners (NABNE) add on Parenteral Medicine Examination.

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- C. If an applicant intends to administer a natural substance or drug intravenously, the Board approved training completed by the applicant shall include administration of a natural substance or drug by intravenous means.

**Historical Note**

New Section made by final rulemaking at 19 A.A.R. 1302, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 30 A.A.R. 348 (February 23, 2024), effective April 1, 2024 (Supp. 24-1).

**R4-18-903. Application for a Certificate to Dispense; Renewal**

- A. An applicant for a certificate to dispense shall submit:
1. An application to the Board that contains:
    - a. The applicant's:
      - i. Full legal name;
      - ii. Naturopathic license number, if known; and
      - iii. Social Security number;
    - b. If a corporation, a statement of whether the corporation holds tax exempt status;
    - c. A statement of whether the applicant holds a drug enforcement number issued by the United States Drug Enforcement Administration, and if so, the drug enforcement number;
    - d. A statement of whether the applicant has ever had the authority to prescribe, dispense, or administer a natural substance, drug, or device limited, restricted, modified, denied, surrendered or revoked by a federal or state agency or court of law, and if so, an explanation that includes:
      - i. The name and address of the federal or state agency or court having jurisdiction over the matter; and
      - ii. The disposition of the matter;
    - e. A statement, signed by the applicant, that the applicant agrees to conform to all federal and state statutes, regulations, and rules; and
    - f. The date the application is submitted; and
  2. Unless exempted by A.R.S. § 32-1530, the fee required by the Board.
- B. A certificate holder shall renew a certificate to dispense on or before July 1 of each year by submitting:
1. An application to the Board that contains:
    - a. The applicant's full legal name;
    - b. If a corporation, a statement of whether the corporation holds tax exempt status;
    - c. A statement of whether the applicant has had the authority to prescribe, dispense, or administer a natural substance, drug, device limited, restricted, modified, denied, surrendered or revoked by a federal or state agency or court of law, during the one year period immediately preceding the renewal date and if so, an explanation that includes:
      - i. The name and address of the federal or state agency or court having jurisdiction over the matter; and
      - ii. The disposition of the matter; and
    - d. A statement, signed and dated by the applicant, verifying the information on the application is true and correct and the applicant is the licensee named on the application; and
  2. Unless exempted by A.R.S. § 32-1530, the fee required by the Board.

- C. The Board shall grant or deny the certificate to dispense or renewal of certificate to dispense according to the time-frames in Article 7, Table 1 of this Chapter.

**Historical Note**

New Section made by final rulemaking at 19 A.A.R. 1302, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 30 A.A.R. 348 (February 23, 2024), effective April 1, 2024 (Supp. 24-1).

**R4-18-904. Dispensing; Intravenous Nutrients**

- A. To prevent toxicity due to the excessive intake of a natural substance, drug, or device, before dispensing the natural substance, drug, or device to an individual, a certified physician shall:
1. Conduct a physical examination of the individual,
  2. Conduct laboratory tests as necessary that determine the potential for toxicity of the individual, and
  3. Document the results of the physical examination and laboratory tests in the individual's medical record.
- B. For the purposes of A.R.S. § 32-1504(A)(8), a substance is considered a nutrient suitable for intravenous administration if it complies with A.R.S. § 32-1501(15)(iii).

**Historical Note**

New Section made by final rulemaking at 19 A.A.R. 1302, effective July 6, 2013 (Supp. 13-2). Amended by emergency rulemaking at 21 A.A.R. 51, effective December 18, 2014, for 180 days (Supp. 14-4). Emergency renewed at 21 A.A.R. 928, effective June 5, 2015, for 180 days (Supp. 15-2). Amended by final rulemaking at 21 A.A.R. 2009, effective September 1, 2015 (Supp. 15-3).

**ARTICLE 10. DISPENSING OF A NATURAL SUBSTANCE, DRUG OR DEVICE****R4-18-1001. Certificate to Dispense Required**

- A. A doctor of naturopathic medicine may dispense a natural substance, a drug, except a schedule II controlled substance that is an opioid, or a device to a patient for a condition that is being diagnosed or treated by the doctor. A doctor who holds a current medical license with the board shall obtain a certificate to dispense annually if the doctor:
1. Maintains a supply of Natural Substances as defined in A.R.S. § 32-1501(23), controlled substances as defined in A.R.S. § 32-1501(12), prescription-only drugs as defined in A.R.S. § 32-1501(17), or prescription-only devices as defined in A.R.S. § 32-1581(H)(i), excluding manufacturer's samples;
  2. Prescribes the items listed in subsection (A)(1) to a patient of the doctor for use outside the office;
  3. Obtains payment for the items listed in subsection (A)(1), including payment from a fulfillment center; or
  4. Administers substances approved for intravenous administration pursuant to A.R.S. § 32-1501(15)(a)(i)(ii)(iii).
- B. To obtain a certificate to dispense, a doctor shall:
1. Submit the application form referenced in R4-18-903;
  2. Submit a copy of the doctor's current Drug Enforcement Administration certificate of registration, for each location from which the doctor will dispense a controlled substance; and
  3. Submit the fee required under R4-18-107, unless the doctor is exempt from paying the fee pursuant to A.R.S. § 32-1530. A doctor applying for exemption is required to submit proof of exempt status with the application.
- C. A doctor shall renew the certificate to dispense by July 1 of each year. If a doctor makes a timely and complete application

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to renew the certificate, the doctor may continue to dispense until the Board approves or denies the renewal application.

- D. If a doctor fails to submit a timely and complete application to renew the certificate to dispense, the doctor shall immediately cease dispensing.
- E. If a doctor fails to comply with subsection (C), the doctor shall not dispense any natural substance, controlled substance, prescription-only drug, or prescription-only device, including substances approved for intravenous administration, until the doctor complies fully with subsection (B) and receives notice the Board approves the application.

**Historical note**

New Section made by final rulemaking at 30 A.A.R. 348 (February 23, 2024), effective April 1, 2024 (Supp. 24-1).

**R4-18-1002. Packaging and Inventory**

- A. A doctor shall dispense all controlled substances and prescription-only drugs in appropriate containers that are in compliance with state and federal laws.
- B. A doctor shall ensure the natural substance, drug or device dispensed is in compliance with labeling requirements outlined in A.R.S. § 32-1581(2). For the purpose of compliance with A.R.S. § 32-1581(2), if the natural substance or device dispensed does not require a prescription, the information required may be incorporated into an accompanying instruction sheet. For a natural substance that contains multiple ingredients, the strength of each ingredient is not required to be documented, only the brand name of the supplement is required for documentation. All ingredients and amounts administered by intravenous or intramuscular administration are required to be fully documented in the patient chart.
- C. A doctor shall:
  1. Secure all controlled substances in a locked cabinet or room;
  2. Control access to the locked cabinet or room by a written procedure that include, at a minimum:
    - a. Designation of the persons who have access to the locked room, and
    - b. Procedures for recording requests for access to the locked cabinet or room;
  3. Make a written procedure required under subsection (C)(2) available on demand by the Board or its authorized representative for inspection and copying;
  4. Store prescription-only drugs so they are not accessible to patients; and
  5. Store controlled substances and prescription-only drugs not requiring refrigeration in an area where the temperature does not exceed 85 degrees Fahrenheit.
- D. A doctor shall maintain an ongoing dispensing log for all controlled substances and prescription-only drugs dispensed by the physician. The dispensing log shall include the following:
  1. A separate inventory sheet for each controlled substance and prescription-only drug;
  2. The date the drug is dispensed;
  3. The patient's name;
  4. The name of the controlled substance or prescription-only drug, strength, dosage, form, and name of manufacturer;
  5. The number of dosage units dispensed;
  6. A running total of each controlled substance or prescription-only drug dispensed; and
  7. The written signature of the doctor next to each entry.

- E. A doctor may use a computer to maintain the dispensing log required under subsection (D) if the dispensing log is password protected and quickly accessible through either on-screen viewing or printing a copy.
- F. This Section does not apply to a prepackaged manufacturer sample of a controlled substance or prescription-only drug unless otherwise provided by federal law.
- G. The doctor must report the dispensing of controlled substances in compliance with the Arizona Controlled Substance Prescription Monitoring Program.

**Historical note**

New Section made by final rulemaking at 30 A.A.R. 348 (February 23, 2024), effective April 1, 2024 (Supp. 24-1).

**R4-18-1003. Recordkeeping and Reporting Shortages**

- A. A doctor who dispenses a controlled substance or prescription-only drug shall ensure an original prescription order for the controlled substance or prescription-only device is dated, consecutively numbered in the order in which it is originally dispensed, and filed separately from patient medical records. The doctor shall ensure original prescription orders are maintained in three separate files, as follows:
  1. Schedule II controlled substances;
  2. Schedule III, IV and V controlled substances; and
  3. Prescription-only drugs.
- B. A doctor shall ensure purchase orders and invoices are maintained for all controlled substances and prescription-only drugs dispensed, whether for profit or not for profit, for three years from the date of the purchase order or invoice. Purchase orders and invoices shall be maintained in three separate files as follows:
  1. Schedule II controlled substances only;
  2. Schedule III, IV and V controlled substances; and
  3. All other prescription-only drugs.
- C. A doctor who discovers a theft or loss of a prescription only drug from the doctors office shall:
  1. Immediately notify the local law enforcement agency,
  2. Provide the local law enforcement agency with a written report, and
  3. Send a copy of the report provided under subsection (C)(2) to the Drug Enforcement Administration and Board within seven days of the discovery.

**Historical note**

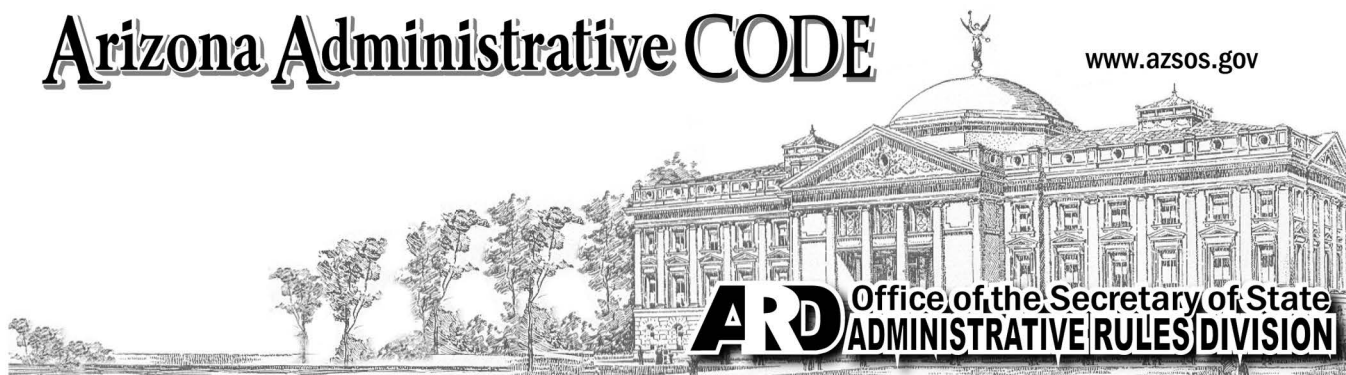
New Section made by final rulemaking at 30 A.A.R. 348 (February 23, 2024), effective April 1, 2024 (Supp. 24-1).

**R4-18-1004. Inspections**

- A. A doctor shall cooperate with and allow access to the doctor's office and records for inspection of dispensing practices by the Board or its authorized representative.
- B. The Board shall revoke a doctor's certificate to dispense if the doctor's license is suspended, revoked or surrendered.
- C. The certificate automatically expires if:
  1. The doctor fails to renew the medical license in a timely manner; or
  2. The doctor fails to renew the certificate in a timely manner.
- D. A doctor who holds a certificate and is not currently under investigation, may request the certificate be cancelled.

**Historical note**

New Section made by final rulemaking at 30 A.A.R. 348 (February 23, 2024), effective April 1, 2024 (Supp. 24-1).



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CHAPTER 20. BOARD OF DISPENSING OPTICIANS  
4 A.A.C. 20**

**Supplement Information  
Supp. 25-4**

Rules codified between October 1, 2025 through December 31, 2025 are underlined in this Chapter's table of contents.

**For questions, contact:**

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**The release of this Chapter in Supp. 25-4 replaces Supp. 21-4, 1-8 pages.**

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

## PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “*Rule*’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

### THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

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### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

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It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at [www.azsos.gov/rules](http://www.azsos.gov/rules), click on the *Administrative Register* link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

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*Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.*

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**TITLE 4. PROFESSIONS AND OCCUPATIONS**

**CHAPTER 20. BOARD OF DISPENSING OPTICIANS**

Authority: A.R.S. § 32-1671 et seq.

**Supp. 25-4**

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## TITLE 4. PROFESSIONS AND OCCUPATIONS

## CHAPTER 20. BOARD OF DISPENSING OPTICIANS

## ARTICLE 1. GENERAL

**R4-20-101. Definitions**

The following definitions apply in this Chapter unless otherwise specified:

1. "ABO" means the American Board of Opticianry.
2. "Applicant" means an individual requesting an initial or renewal license from the Board.
3. "Application packet" means the forms and additional information the Board requires to be submitted by an applicant or on the applicant's behalf.
4. "Comity" means the procedure for granting an Arizona license to an applicant who is already licensed as a dispensing optician in another state of the United States.
5. "Days" means calendar days.
6. "Laboratory experience" means work directly involved in the process of producing optical devices and does not include work that is strictly clerical.
7. "License" means a written authorization issued by the Board to practice as a dispensing optician or operate an optical establishment in Arizona.
8. "NCLE" means the National Contact Lens Examiners.
9. "Nationally recognized body on opticianry accreditation" means the Commission on Opticianry Accreditation.
10. "Optical devices" means eyeglasses, contact lenses, prosthetic eyes, low-vision aids, other eyewear, and eyewear appurtenances or parts.
11. "Optometrist" means a person currently licensed in any state of the United States in the practice of the profession of optometry as defined in A.R.S. § 32-1701.
12. "Physician" means a person currently licensed in any state of the United States to practice allopathic or osteopathic medicine.
13. "Work week" means the period of time beginning on Sunday at 12:00 a.m. and ending the following Saturday at 11:59 p.m.

**Historical Note**

Former Rule II. Amended effective December 14, 1979 (Supp. 79-6). Amended Subsections (A) and (D) effective April 2, 1981 (Supp. 81-2). Former Section R4-20-102 repealed, new Section R4-20-102 adopted effective October 24, 1983 (Supp. 83-5). Amended Subsection (B) effective August 29, 1985 (Supp. 85-4). Former Section R4-20-101 repealed, Section R4-20-102 amended and renumbered as Section R4-20-101 effective September 18, 1987 (Supp. 87-3). Amended by final rulemaking at 5 A.A.R. 418, effective January 15, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 1978, effective May 10, 2000 (Supp. 00-2). Amended by final rulemaking at 11 A.A.R. 3660, effective November 15, 2005 (Supp. 05-3).

**R4-20-102. Application for a Dispensing Optician's License by Examination**

At least 30 days before a regularly scheduled board meeting date, an applicant for a dispensing optician's license by examination shall submit to the Board an application packet that contains:

1. An application form provided by the Board, signed and dated by the applicant, that contains:
  - a. The applicant's name, Social Security number, address, and telephone number;
  - b. The name and address of the applicant's employer at the time of application, if applicable;
  - c. If demonstrating technical skill and training under A.R.S. § 32-1683(5)(b), the name and address of

each dispensing optician, physician, or optometrist for whom the applicant served as an apprentice for three of the six years immediately preceding the application date, and the beginning and ending dates of each apprenticeship;

- d. If demonstrating technical skill and training under A.R.S. § 32-1683(5)(c), the name and address of the school from which the applicant graduated, dates of attendance, date of graduation, degree received, and the name and address of each dispensing optician for whom the applicant served as a dispensing optician apprentice for one of the six years immediately preceding the application date and the beginning and ending dates of service. The applicant shall submit a photocopy of the applicant's diploma from the optical dispensing school;
  - e. If demonstrating technical skill and training under A.R.S. § 32-1683(5)(c) received during military service, the name and address of the school from which the applicant graduated, dates of attendance, date of graduation, and degree received, the location and name of the duty station at which the applicant has worked for three of the six years immediately preceding the application date and the beginning and ending dates of service.
  - f. If demonstrating technical skill and training under A.R.S. § 32-1683(5)(d), the name and address of each dispensing optician, physician, or optometrist for whom the applicant has worked for three of the six years immediately preceding the application date and the beginning and ending dates of employment;
  - g. A statement of whether the applicant has ever been convicted of a felony or of a misdemeanor involving moral turpitude in any state;
  - h. A statement of whether the applicant has ever had an application for a professional license denied or had a license suspended or revoked in any state; and
  - i. A sworn statement by the applicant verifying the truthfulness of the information provided by the applicant;
2. A photocopy of the applicant's:
    - a. High school diploma or general educational diploma issued in any state; or
    - b. Transcripts from a high school or college; or
    - c. Evidence of a college degree or admission to any college in any state;
  3. Verification of passing both spectacle and contact lens written and practical examinations in opticianry administered by a nationally recognized body as evidenced by an original notice of examination results or a copy of the original certificate of passage issued by the organization that prepared the examination;
  4. A letter attesting to good moral character from each of three individuals who are not family members, who have known the applicant for two years immediately before the date of the application, and support the applicant's licensure;
  5. A letter from each physician, optometrist, or dispensing optician named in subsections (1)(c), (d), or (e) that contains:
    - a. The individual's printed name, address, and telephone number; and
    - b. A statement that the applicant has either served as an apprentice or been employed as a dispensing opti-



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cian by the physician, optometrist, or dispensing optician for the time required in subsections (1)(c), (d), or (e);

6. A photograph of the applicant taken not more than six months before the date of application; and
7. The fee required in R4-20-112.

**Historical Note**

Former Rule III. Amended effective August 9, 1977 (Supp. 77-4). Amended effective August 7, 1978 (Supp. 78-4). Amended effective December 14, 1979 (Supp. 79-6). Former Section R4-20-103 repealed, new Section R4-20-103 adopted effective October 24, 1983 (Supp. 83-5). Former Section R4-20-103 amended and renumbered as Section R4-20-102 effective September 18, 1987 (Supp. 87-3). Amended effective September 13, 1989 (Supp. 89-3). Section R4-20-102 repealed, new Section adopted by final rulemaking at 5 A.A.R. 423, effective January 15, 1999 (Supp. 99-1). Amended by final rulemaking at 11 A.A.R. 3660, effective November 15, 2005 (Supp. 05-3). Amended by final rulemaking at 19 A.A.R. 584, effective May 5, 2013 (Supp. 13-1). Amended by final rulemaking at 24 A.A.R. 3418, effective December 4, 2018 (Supp. 18-4). Amended by final rulemaking at 27 A.A.R. 2727 (November 26, 2021), with an immediate effective date of November 4, 2021 (Supp. 21-4).

**R4-20-103. Repealed****Historical Note**

Adopted effective August 9, 1977 (Supp. 77-4). Amended effective December 14, 1979 (Supp. 79-6). Amended Subsection (E) effective April 2, 1981 (Supp. 81-2). Former Section R4-20-104 repealed, new Section R4-20-104 adopted effective October 24, 1983 (Supp. 83-5). Former Section R4-20-104 amended and renumbered as Section R4-20-103 effective September 18, 1987 (Supp. 87-3). Amended September 13, 1989 (Supp. 89-3). Amended by final rulemaking at 11 A.A.R. 3660, effective November 15, 2005 (Supp. 05-3). Repealed by final rulemaking at 24 A.A.R. 3418, effective December 4, 2018 (Supp. 18-4).

**R4-20-104. Repealed****Historical Note**

Adopted effective August 9, 1977 (Supp. 77-4). Former Section R4-20-105 repealed, new Section R4-20-105 adopted effective October 24, 1983 (Supp. 83-5). Former Section R4-20-105 amended and renumbered as Section R4-20-104 effective September 18, 1987 (Supp. 87-3). Amended September 13, 1989 (Supp. 89-3). Amended effective July 22, 1994 (Supp. 94-3). Amended by final rulemaking at 6 A.A.R. 1978, effective May 10, 2000 (Supp. 00-2). Amended by final rulemaking at 11 A.A.R. 3660, effective November 15, 2005 (Supp. 05-3). Repealed by final rulemaking at 24 A.A.R. 3418, effective December 4, 2018 (Supp. 18-4).

**R4-20-105. Repealed****Historical Note**

Adopted effective August 9, 1977 (Supp. 77-4). Former Section R4-20-106 repealed, new Section R4-20-106 adopted effective October 24, 1983 (Supp. 83-5). Former Section R4-20-106 amended and renumbered as Section R4-20-105 effective September 18, 1987 (Supp. 87-3). Amended effective September 13, 1989 (Supp. 89-3).

Amended effective July 22, 1994 (Supp. 94-3). Amended by final rulemaking at 11 A.A.R. 3660, effective November 15, 2005 (Supp. 05-3). Repealed by final rulemaking at 24 A.A.R. 3418, effective December 4, 2018 (Supp. 18-4).

**R4-20-106. Repealed****Historical Note**

Adopted effective March 20, 1978 (Supp. 78-2). Amended effective August 7, 1978 (Supp. 78-4). Former Section R4-20-107 repealed, new Section R4-20-107 adopted effective October 24, 1983 (Supp. 83-5). Former Section R4-20-107 amended and renumbered as Section R4-20-106 effective September 18, 1987 (Supp. 87-3). Amended effective September 13, 1989 (Supp. 89-3). Amended effective July 22, 1994 (Supp. 94-3). Amended by final rulemaking at 11 A.A.R. 3660, effective November 15, 2005 (Supp. 05-3). Repealed by final rulemaking at 24 A.A.R. 3418, effective December 4, 2018 (Supp. 18-4).

**R4-20-107. Application for a Dispensing Optician's License by Comity**

An applicant for a dispensing optician's license by comity shall submit an application packet to the Board that contains:

1. An application form provided by the Board, signed and dated by the applicant, that contains:
  - a. The applicant's name, Social Security number, address, and telephone number;
  - b. The applicant's dispensing optician license number and the state and date of licensure;
  - c. A statement of whether the applicant has ever been convicted of a felony or of a misdemeanor involving moral turpitude in any state;
  - d. A statement of whether the applicant has ever been denied a license or had a license suspended or revoked in any state; and
  - e. A sworn statement by the applicant verifying the truthfulness of the information provided by the applicant;
2. A photocopy of the unexpired license and a written statement, signed by an officer of the Board that issued the license, that states the license is in good standing, and that the license is valid to dispense both eyeglasses and contact lenses;
3. A photograph of the applicant taken not more than six months before the date of application; and
4. The fee required in R4-20-112.

**Historical Note**

Adopted effective August 7, 1978 (Supp. 78-4). Former Section R4-20-108 repealed, new Section R4-20-108 adopted effective October 24, 1983 (Supp. 83-5). Former Section R4-20-108 amended and renumbered as Section R4-20-107 effective September 18, 1987 (Supp. 87-3). Amended effective September 13, 1989 (Supp. 89-3). Section R4-20-107 repealed, new Section adopted by final rulemaking at 5 A.A.R. 423, effective January 15, 1999 (Supp. 99-1). Amended by final rulemaking at 11 A.A.R. 3660, effective November 15, 2005 (Supp. 05-3). Amended by final rulemaking at 24 A.A.R. 3418, effective December 4, 2018 (Supp. 18-4). Amended by final rulemaking at 27 A.A.R. 2727 (November 26, 2021), with an immediate effective date of November 4, 2021 (Supp. 21-4).

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**R4-20-108. Repealed****Historical Note**

Adopted effective October 24, 1983 (Supp. 83-5). Former Section R4-20-109 amended and renumbered as Section R4-20-108 effective September 18, 1987 (Supp. 87-3). Amended effective September 13, 1989 (Supp. 89-3). Section R4-20-108 repealed by final rulemaking at 5 A.A.R. 423, effective January 15, 1999 (Supp. 99-1).

**R4-20-109. Renewal of Dispensing Optician's License; Late Renewal; Reinstatement**

- A. No later than December 31 of each year, an applicant for renewal of a dispensing optician's license shall submit to the Board the fee required by R4-20-112, proof of continuing education credits required by R4-20-120, and an application form, provided by the Board, signed and dated by the applicant, that contains:
1. The applicant's name, Social Security number, address, and telephone number;
  2. The name, address, telephone number, and Arizona license number of the optical establishment at which the applicant is currently practicing as a dispensing optician; and
  3. A statement that the information contained on the renewal application is correct.
- B. A licensee who submits a renewal application and renewal fee after December 31 but before January 31 of the following year shall pay the late fee in R4-20-112.
- C. A licensee who fails to submit a renewal application before January 31 following a license expiration of December 31, and who wishes to reinstate the license, shall:
1. Submit a reinstatement application within one year of license expiration;
  2. Pay the renewal fee and the late fee in R4-20-112;
  3. Achieve a passing grade on the practical examination, unless the applicant has successfully completed the practical examination in the five-year period immediately preceding the license expiration.

**Historical Note**

Adopted effective April 2, 1981 (Supp. 81-2). Former Section R4-20-110 repealed, new Section R4-20-110 adopted effective October 24, 1983 (Supp. 83-5). Former Section R4-20-110 amended and renumbered as Section R4-20-109 effective September 18, 1987 (Supp. 87-3). Section R4-20-109 repealed, new Section adopted by final rulemaking at 5 A.A.R. 423, effective January 15, 1999 (Supp. 99-1). Amended by final rulemaking at 11 A.A.R. 3660, effective November 15, 2005 (Supp. 05-3). Amended by final rulemaking at 19 A.A.R. 584, effective May 5, 2013 (Supp. 13-1). Amended by final rulemaking at 24 A.A.R. 3418, effective December 4, 2018 (Supp. 18-4).

**R4-20-110. Application for an Optical Establishment License; Qualifications**

- A. Any person, corporation, company, partnership, firm, association or society operating an optical establishment, except those exempt under A.R.S. § 32-1691, shall obtain an optical establishment license.
- B. An applicant for an optical establishment license shall submit an application packet to the Board that contains:
1. An application form provided by the Board, signed and dated by the applicant, that contains:

- a. The applicant's name, establishment name, establishment address, and telephone number.
  - b. The hours the establishment will be open to the public for business;
  - c. If a corporation, the name of the statutory agent, the corporation's officers, and the state of incorporation; and
  - d. The name and license number of each licensed dispensing optician who is scheduled to work at the establishment on a full-time basis, consisting of 32 hours or more per week;
2. If a corporation, the articles of incorporation; and
  3. The fee required in R4-20-112.

- C. To be licensed, an optical establishment shall employ at least one dispensing optician licensed by the Board, for at least 32 hours or more per week.

**Historical Note**

Adopted effective October 24, 1983 (Supp. 83-5). Former Section R4-20-111 amended and renumbered as Section R4-20-110 effective September 18, 1987 (Supp. 87-3). Repealed effective September 13, 1989 (Supp. 89-3). New Section R4-20-110 adopted by final rulemaking at 5 A.A.R. 423, effective January 15, 1999 (Supp. 99-1). Amended by final rulemaking at 11 A.A.R. 3660, effective November 15, 2005 (Supp. 05-3). Amended by final rulemaking at 14 A.A.R. 3668, effective November 8, 2008 (Supp. 08-3). Amended by final rulemaking at 24 A.A.R. 3418, effective December 4, 2018 (Supp. 18-4). Amended by final rulemaking at 24 A.A.R. 3418, effective December 4, 2018 (Supp. 18-4). Amended by final rulemaking at 27 A.A.R. 2727 (November 26, 2021), with an immediate effective date of November 4, 2021 (Supp. 21-4).

**R4-20-111. Time-frames for License Approvals**

- A. The overall time-frame described in A.R.S. § 41-1072(2) for each type of approval granted by the Board is set forth in Table 1. The applicant and the Executive Director of the Board may agree in writing to extend the substantive review and overall time-frame. The substantive review time-frame may not be extended by more than 25% of the overall time-frame.
- B. The administrative completeness review time-frame described in A.R.S. § 41-1072(1) for each type of approval granted by the Board is set forth in Table 1.
1. The administrative completeness review time-frame begins:
    - a. For approval to take a dispensing optician examination or for an optical establishment license, when the Board receives an application packet.
    - b. For approval or denial of a license by examination when the applicant takes the dispensing optician examination.
    - c. For a license by comity, when the Board receives an application packet.
  2. If the application packet is incomplete, the Board shall send to the applicant a written notice specifying the missing document or incomplete information. The administrative completeness review time-frame and the overall time-frame are suspended from the postmark date of the notice until the date the Board receives a complete application packet from the applicant.
  3. If an application packet is complete, the Board shall send a written notice of administrative completeness to the applicant.

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4. If the Board grants a license or approval during the time provided to assess administrative completeness, the Board shall not issue a separate written notice of administrative completeness.
- C. The substantive review time-frame described in A.R.S. § 41-1072(3) is set forth in Table 1 and begins on the postmark date of the notice of administrative completeness.
  1. During the substantive review time-frame, the Board may make one comprehensive written request for additional information or documentation. The time-frame for the Board to complete the substantive review is suspended from the postmark date of the comprehensive written request for additional information or documentation until the Board receives the additional information or documentation.
  2. The Board shall send a written notice approving the applicant to take an examination or granting a license to an applicant who meets the qualifications in A.R.S. §§ 32-1681 through 32-1684 and 32-1687.
  3. The Board shall send a written notice of denial to an applicant who fails to meet the qualifications in A.R.S. §§ 32-1681 through 32-1684 and 32-1687.
- D. The Board shall consider an application withdrawn if within 360 days from the application submission date the applicant fails to:
  1. Supply the missing information under subsection (B)(2) or (C)(1); or
  2. Take the dispensing optician examination.
- E. An applicant who does not want an application withdrawn may request a denial in writing within 360 days from the application submission date.
- F. If a time-frame's last day falls on a Saturday, Sunday, or an official state holiday, the next business day shall be considered the time-frame's last day.

**Historical Note**

Adopted effective October 24, 1983 (Supp. 83-5). Former Section R4-20-112 amended and renumbered as Section R4-20-111 effective September 18, 1987 (Supp. 87-3). Amended effective September 13, 1989 (Supp. 89-3). Section R4-20-111 repealed, new Section adopted by final rulemaking at 5 A.A.R. 423, effective January 15, 1999 (Supp. 99-1). Amended by final rulemaking at 11 A.A.R. 3660, effective November 15, 2005 (Supp. 05-3).

**R4-20-112. Fees**

- A. Dispensing optician fees, which are non-refundable, unless A.R.S. § 41-1077 applies, are as follows:
  1. License issuance fee: \$150
  2. Renewal of dispensing optician license: \$200
  3. License renewal late fee: \$150
- B. Optical establishment license fees are as follows:
  1. License application fee: \$150
  2. License issuance fee: \$150
  3. Renewal of optical establishment license: \$200
  4. License renewal late fee: \$150

**Historical Note**

Adopted effective October 24, 1983 (Supp. 83-5). Former Section R4-20-113 amended and renumbered as Section R4-20-112 effective September 18, 1987 (Supp. 87-3). Amended effective April 22, 1988 (Supp. 88-2). Amended effective May 26, 1989 (Supp. 89-2). Amended by final rulemaking at 6 A.A.R. 1978, effective May 10, 2000 (Supp. 00-2). Amended by final rulemaking at 11 A.A.R. 3163 effective August 3, 2005; amended by final

rulemaking at 11 A.A.R. 3660, effective November 15, 2005 (Supp. 05-3). Amended by final rulemaking at 24 A.A.R. 3418, effective December 4, 2018 (Supp. 18-4).

Amended by final rulemaking at 27 A.A.R. 2727 (November 26, 2021), with an immediate effective date of November 4, 2021 (Supp. 21-4). Amended by final rulemaking at 31 A.A.R. 4579 (December 19, 2025), effective February 2, 2026 (Supp. 25-4).

**R4-20-113. Display of Licenses; Non-transferability**

- A. A licensee shall display all licenses in a conspicuous place. If a license is renewed, the licensee shall display the evidence of renewal in public view.
- B. Optical establishment and dispensing optician licenses are not transferable.
- C. A licensee shall return an optical establishment license to the Board upon transfer of ownership or going out of business.

**Historical Note**

Adopted effective October 24, 1983 (Supp. 83-5). Former Section R4-20-114 amended and renumbered as Section R4-20-113 effective September 18, 1987 (Supp. 87-3). Amended effective September 13, 1989 (Supp. 89-3). Amended by final rulemaking at 11 A.A.R. 3660, effective November 15, 2005 (Supp. 05-3). Amended by final rulemaking at 24 A.A.R. 3418, effective December 4, 2018 (Supp. 18-4).

**R4-20-114. Notice of Change of Status**

- A. An optical establishment licensee and dispensing optician licensee shall notify the Board of any change in the information provided to the Board concerning license application or its renewal, including any change in name, address, work location, establishment ownership or the name, address or home telephone number of each dispensing optician working at the establishment.
- B. This notice shall be in writing and made within 30 days of change of status.
- C. For purposes of this Section, a change of establishment ownership means:
  1. The transfer of a controlling interest in the optical establishment business from one person to another;
  2. The addition or termination of a general partner; or
  3. The transfer or agreement to transfer a block of 20% or more of the outstanding voting stock of a corporation or association or the transfer or agreement to transfer any amount of voting stock that would give the transferee control of a majority of outstanding voting stock. For purposes of this subsection, "voting stock" means any interest or system whereby the operation of a corporation is controlled by its owners or trustees.

**Historical Note**

Adopted effective October 24, 1983 (Supp. 83-5). Former Section R4-20-115 amended and renumbered as Section R4-20-114 effective September 18, 1987 (Supp. 87-3). Amended effective September 13, 1989 (Supp. 89-3). Amended by final rulemaking at 11 A.A.R. 3660, effective November 15, 2005 (Supp. 05-3).

**R4-20-115. Renewal of Optical Establishment License; Late Renewal; Re-application**

- A. No later than June 30 of each year, an applicant for renewal of an optical establishment license shall submit to the Board the fee required by R4-20-112 and an application form, provided by the Board that contains:

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1. The name, address, and telephone number of the optical establishment;
  2. The name and license number of each dispensing optician who is scheduled to work 32 hours or more each week at the optical establishment; and
  3. The applicant's signature and title.
- B.** A licensee who submits a renewal application and renewal fee after June 30 but before July 31 of the renewal year shall pay the late fee in R4-20-112.
- C.** A licensee who fails to submit a renewal application before July 31 following a license expiration of June 30, and who wishes to re-apply for an establishment license, shall submit an original application, and pay the application fee and license fee in R4-20-112.

**Historical Note**

Adopted effective October 24, 1983 (Supp. 83-5). Former Section R4-20-116 repealed and reserved as Section R4-20-115 effective September 18, 1987 (Supp. 87-3). Section R4-20-115 amended by final rulemaking at 5 A.A.R. 423, effective January 15, 1999 (Supp. 99-1). Amended by final rulemaking at 11 A.A.R. 3660, effective November 15, 2005 (Supp. 05-3). Amended by final rulemaking at 24 A.A.R. 3418, effective December 4, 2018 (Supp. 18-4).

**R4-20-116. Rehearing or Review of Decision**

- A.** Except as provided in subsection (G), a party in a contested case before the Board who is aggrieved by a decision rendered in the case may file with the Board not later than 30 days after service of the decision, a written motion for rehearing or review of the decision specifying the particular grounds for the rehearing or review. For purposes of this Subsection a decision is deemed to be served when personally delivered or mailed by certified mail to the party at the party's last known residence or place of business.
- B.** A party may amend a motion for rehearing or review at any time before it is ruled upon by the Board. Any other party may file a response within 15 days after service of the motion or amended motion. The Board may require the filing of written brief upon the issues raised in the motion and may provide for oral argument.
- C.** A rehearing or review of the decision may be granted for any of the following causes materially affecting the moving party's rights:
1. Irregularity in the administrative proceedings of the Board, the Board's informal interviewing officer or the prevailing party, or any order or abuse of discretion that deprived the moving party of a fair hearing or interview;
  2. Misconduct of the Board or the prevailing party;
  3. Accident or surprise that could not have been prevented by ordinary prudence;
  4. Newly discovered material evidence that could not with reasonable diligence have been discovered and produced at the original hearing;
  5. Excessive or insufficient penalties;
  6. Error in the admission or rejection of evidence or other errors of law occurring at the administrative hearing; or
  7. The decision is not justified by the evidence or is contrary to law.
- D.** The Board may affirm or modify the decision or grant a rehearing or review to all or any of the parties and on all or part of the issues for any of the reasons in subsection (C). An order granting a rehearing or review shall specify with particularity the grounds on which the rehearing or review is granted,

and the rehearing or review shall cover only those matters specified.

- E.** Not later than 10 days after a decision is rendered, the Board may on its own initiative order a rehearing or review of its decision for any reason for which the Board might have granted a rehearing or review on motion of a party. After giving the parties or the parties' counsel notice and an opportunity to be heard on the matter, the Board may grant a motion for rehearing or review for a reason not stated in the motion.
- F.** When a motion for rehearing or review is based upon affidavits, the moving party shall serve the affidavits with the motion. An opposing party may within 10 days after service, serve opposing affidavits. The Board may extend the period for an additional 20 days for good cause shown or by written stipulation of the parties. The Board may permit reply affidavits.
- G.** If in a decision the Board makes specific findings that the immediate effectiveness of the decision is necessary for the immediate preservation of the public peace, health or safety and that a rehearing or review of the decision is impracticable, unnecessary or contrary to the public interest, the Board may issue the decision as a final decision without an opportunity for a rehearing or review. If a decision is issued as a final decision without an opportunity for rehearing or review, a party shall make application for judicial review of the decision within the time limits permitted for applications for judicial review of the Board's final decisions.
- H.** For purposes of this Section the terms "contested case" and "party" have the same meaning as in A.R.S. § 41-1001 and "appealable agency action" has the same meaning as in A.R.S. § 41-1092.

**Historical Note**

Adopted effective October 24, 1983 (Supp. 83-5). Former Section R4-20-117 amended and renumbered as R4-20-116 effective September 18, 1987 (Supp. 87-3). Amended effective September 13, 1989 (Supp. 89-3). Amended effective July 22, 1994 (Supp. 94-3). Amended by final rulemaking at 11 A.A.R. 3660, effective November 15, 2005 (Supp. 05-3).

**R4-20-117. Scope of Practice**

- A.** The scope of practice of a dispensing optician means the activities described in A.R.S. § 32-1671(3).
- B.** The dispensing optician shall fill a refill of a contact lens prescription prior to its expiration date with no more than the sufficient quantity of replacement contact lenses needed through the expiration date.

**Historical Note**

Adopted effective September 18, 1987 (Supp. 87-3). Amended by final rulemaking at 11 A.A.R. 3660, effective November 15, 2005 (Supp. 05-3). Amended by final rulemaking at 13 A.A.R. 1216, effective May 5, 2007 (Supp. 07-1).

**R4-20-118. Unprofessional Conduct**

In addition to actions specified in A.R.S. § 32-1696, unprofessional conduct in the practice of optical dispensing includes the following:

1. Substandard care as specified in R4-20-119;
2. Failing to maintain a copy or record of the customer's prescription and failing to prepare and maintain a record of optical devices dispensed for at least three years. The record of optical devices dispensed shall include the brand, style, and size of the frame, if any, and the style, material, source, and all other information necessary to

## TITLE 4. PROFESSIONS AND OCCUPATIONS

## CHAPTER 20. BOARD OF DISPENSING OPTICIANS

accurately reproduce each lens. The record shall be separate from optometrists' or physicians' records;

3. Failing or refusing to make a copy of a prescription or record described in subsection (2) promptly available to the customer who is the subject of the prescription or record, the customer's designated representative, the customer's prescribing practitioner, or the Board or its investigator, when requested. Notwithstanding this provision, a dispensing optician need not make the record of contact lenses dispensed on a trial basis available to the customer;
4. Failing or refusing to take corrective action or investigate a customer complaint concerning the manufacture or fit of eyeglasses, contact lenses, or other optical devices dispensed at the establishment by which the dispensing optician is employed if there is a substantial basis for the complaint;
5. Failure of any person, corporation, company, partnership, firm, association or society to maintain an active optical establishment license as required by R4-20-110; and
6. Failure to comply with a Board order.

**Historical Note**

Adopted effective September 18, 1987 (Supp. 87-3). Amended effective July 22, 1994 (Supp. 94-3). Amended by final rulemaking at 11 A.A.R. 3660, effective November 15, 2005 (Supp. 05-3). Amended by final rulemaking at 14 A.A.R. 3668, effective November 8, 2008 (Supp. 08-3). Amended by final rulemaking at 19 A.A.R. 584, effective May 5, 2013 (Supp. 13-1).

**R4-20-119. Substandard Care**

- A. It is substandard care for a dispensing optician:
  1. To dispense improperly manufactured eyeglasses or contact lenses. If a complaint indicates that eyeglasses or contact lenses dispensed by a dispensing optician or other employee of an optical establishment may have been improperly manufactured, the Board shall be guided in its determination of the facts by referring to the standards incorporated by reference in subsection (B) with regard to the individual parameters listed in the standards and considering patient wear, care, and usage;
  2. When interpreting written prescriptions:
    - a. To fail to follow standards incorporated by reference in subsection (B) in determining lens powers due to differences in vertex distances, base curvatures, special lens requirements, and facial fitting problems; or
    - b. To fail to comply with special instructions of the vision practitioner or optometrist shown on the prescription without the full knowledge and consent of the customer, the physician, or optometrist; or
    - c. To fill prescriptions beyond the expiration date indicated on the prescription;
  3. To fail to follow manufacturer's guidelines regarding usual and customary lens thickness of eyewear;
  4. To intentionally or negligently injure a customer during the course of optical dispensing; or
  5. To fail to give the customer appropriate instructions on the care, handling, and wearing of an optical device.
- B. The following standards published by the American National Standards Institute, Inc., (ANSI), 1819 L Street, NW, Suite 600, Washington, DC 20036, are incorporated by reference, and no further editions or amendments and are on file with the Board:

1. ANSI Z80.1 2015, "Prescription Ophthalmic Lenses-Recommendations."
2. ANSI - Z80.20 2016, "Contact Lenses-Standard Terminology, Tolerances, Measurements And Physiochemical Properties."
3. ANSI Z87.1 2015, "Occupational and Educational Personal Eye and Face Protection Devices."
4. ANSI Z80.9 2015, "Optical Devices for Low Vision."

**Historical Note**

Adopted effective September 18, 1987 (Supp. 87-3). Amended effective July 22, 1994 (Supp. 94-3). Amended by final rulemaking at 11 A.A.R. 3660, effective November 15, 2005 (Supp. 05-3). Amended by final rulemaking at 19 A.A.R. 584, effective May 5, 2013 (Supp. 13-1). Amended by final rulemaking at 24 A.A.R. 3418, effective December 4, 2018 (Supp. 18-4).

**R4-20-120. Continuing Education; Hours Required; Reporting**

- A. A person licensed as a dispensing optician shall complete no fewer than 12 hours of continuing education that is approved by the Board for credit.
  1. For the initial period of licensure for an applicant who obtains initial licensure between January 1 and June 30, continuing education credits are due by December 31 of the second full calendar year of licensure.
  2. For the initial period of licensure for an applicant who obtains initial licensure between July 1 and December 31, continuing education credits are due by December 31 of the third full calendar year of licensure.
  3. Continuing education credits for every subsequent period of licensure are due every three years thereafter at the time of licensure renewal.
- B. Each licensee shall submit documentation to the Board verifying that the licensee has completed 12 hours or more of continuing education, within each three-year period. The licensee shall provide documentation that identifies the courses and the number of credit hours completed and include the following:
  1. If the course is from a school approved by the Commission on Opticianry Accreditation or college-accredited course, proof of course completion and the number of credits earned.
  2. If the course is part of an event, a certificate of completion issued by the sponsor which identifies each part completed.
  3. If the course is a home-study course, a certificate of completion issued by the sponsor and the number of credits earned.
  4. For any other course, a certificate of completion issued by the sponsor or presenter and the number of credits earned.
  5. If the licensee cannot obtain the above documentation, any other documents, affidavits, or testimony which provides assurance that the licensee has completed the requirements.
- C. Of the 12 hours of continuing education, each licensee shall obtain at least:
  1. Four hours in eyeglass fitting and dispensing;
  2. Three hours in contact lens fitting and dispensing;
  3. One hour in state or national opticianry standards.
- D. Hours will be measured as follows: one credit hour will be assigned for each 50 minutes of a single session.
- E. The Board shall discipline any licensee who submits false information for continuing education documentation.

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- F. A licensee shall not apply any hours accrued during one reporting period to any subsequent reporting period.

**Historical Note**

Adopted effective July 22, 1994 (Supp. 94-3). Amended by final rulemaking at 11 A.A.R. 3660, effective November 15, 2005 (Supp. 05-3). Amended by final rulemaking at 26 A.A.R. 202, with an immediate effective date of January 14, 2020 (Supp. 20-1).

**R4-20-121. Continuing Education; Approval of Courses**

ABO and NCLE courses are approved by the Board for continuing education credit. Other individuals or organizations seeking approval of a continuing education course for credit shall apply to the Board 45 days before the date the course is offered. The application shall contain the following information on the course:

1. Title and description of course content;
2. Time, date, and place;
3. Number of credit hours;
4. Name of the sponsor and presenter; and
5. Brief curriculum vitae of the presenter.

**Historical Note**

Adopted effective July 22, 1994 (Supp. 94-3). Amended by final rulemaking at 11 A.A.R. 3660, effective November 15, 2005 (Supp. 05-3).

**R4-20-122. Agency Record; Directory of Substantive Policy Statements**

The official rulemaking record for each rulemaking and a directory of substantive policy statements is located in the office of the Board and may be reviewed Monday through Friday, 8:00 a.m. to 5:00 p.m., except state holidays.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 3660, effective November 15, 2005 (05-3).

**R4-20-123. Repealed**

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 3660, effective November 15, 2005 (05-3). Repealed by final rulemaking at 24 A.A.R. 3418, effective December 4, 2018 (Supp. 18-4).

**R4-20-124. Repealed**

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 3660, effective November 15, 2005 (05-3). Repealed by final rulemaking at 24 A.A.R. 3418, effective December 4, 2018 (Supp. 18-4). Repealed by final rulemaking at 24 A.A.R. 3418, effective December 4, 2018 (Supp. 18-4).

**R4-20-125. Repealed**

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 3660, effective November 15, 2005 (05-3). Repealed by final rulemaking at 24 A.A.R. 3418, effective December 4, 2018 (Supp. 18-4).

**R4-20-126. Repealed**

**Historical Note**

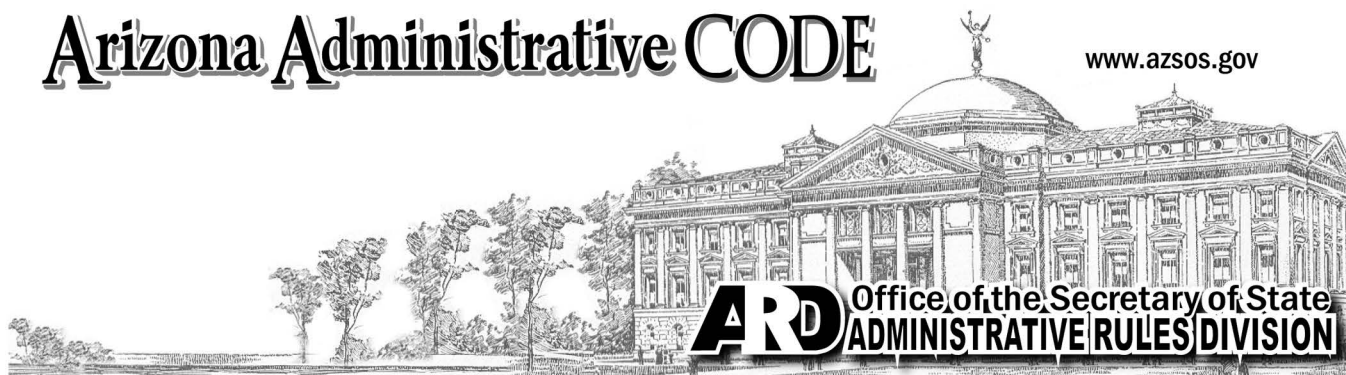
New Section made by final rulemaking at 11 A.A.R. 3660, effective November 15, 2005 (05-3). Repealed by final rulemaking at 24 A.A.R. 3418, effective December 4, 2018 (Supp. 18-4).

**Table 1. Time-frames (in days)**

Type of Approval	Statutory Authority	Overall Time-frame	Administrative Completeness Time-frame	Substantive Review Time-frame
License by Examination (R4-20-102)	A.R.S. § 32-1682 A.R.S. § 32-1684	60	30	30
License by Comity (R4-20-107)	A.R.S. § 32-1683	90	30	60
Optical Establishment License (R4-20-110)	A.R.S. § 32-1684.01	60	30	30
Optician's License Renewal (R4-20-109)	A.R.S. § 32-1682	60	30	30
Optical Establishment License Renewal (R4-20-115)	A.R.S. § 32-1684.01	60	30	30

**Historical Note**

Table adopted by final rulemaking at 5 A.A.R. 418, effective January 15, 1999 (Supp. 99-1). Table amended by final rulemaking at 11 A.A.R. 3660, effective November 15, 2005 (Supp. 05-3). Amended by final rulemaking at 19 A.A.R. 584, effective May 5, 2013 (Supp. 13-1). Amended by final rulemaking at 24 A.A.R. 3418, effective December 4, 2018 (Supp. 18-4).



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**CHAPTER 28. STATE REAL ESTATE DEPARTMENT**  
**4 A.A.C. 28**

**Supplement Information**  
**Supp. 25-4**

Rules codified between October 1, 2025 through December 31, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-4 replaces Supp. 24-4, 1-33 pages.**

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

## PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “*Rule*’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

### THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

### HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at [www.azsos.gov/rules](http://www.azsos.gov/rules), click on the *Administrative Register* link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

### PERSONAL USE/COMMERCIAL USE

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*Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.*

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## Administrative Rules Division

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## TITLE 4. PROFESSIONS AND OCCUPATIONS

## CHAPTER 28. STATE REAL ESTATE DEPARTMENT

## Supp. 25-4

*Editor's Note: The Notice of Final Rulemaking published at 31 A.A.R. 4267, November 7, 2025, Issue 45, contained numerous errors as filed by the Department with the Administrative Rules Division of the Office of the Secretary of State. The Department provided corrected amendments as approved by the Governor's Regulatory Review Council for codification in this Chapter. The corrections are filed with the notice under R25-251 (Supp. 25-4).*

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## TITLE 4. PROFESSIONS AND OCCUPATIONS

## CHAPTER 28. STATE REAL ESTATE DEPARTMENT

## ARTICLE 1. GENERAL PROVISIONS

**R4-28-101. Definitions**

In addition to the definitions listed in A.R.S. § 32-2101 the following terms apply to this Chapter:

1. "Active license" or "active status license" means a current license issued by the Department to a broker or salesperson that states the name of the broker that employs the broker or salesperson and the location at which the salesperson or broker is employed. If referring to an employing broker, it means a currently licensed employing broker with a currently licensed designated broker of record.
2. "ADEQ" means the Arizona Department of Environmental Quality.
3. "ADWR" means the Arizona Department of Water Resources.
4. "Closing" means the final step of a real estate transaction, such as when the consideration is paid, all documents relating to the transaction are executed and recorded, or the deed is delivered or placed in escrow.
5. "Credit hour" means 50 minutes of instruction, where content must represent at least 80 percent of the course category for which the course is approved.
6. "Course" means a class, seminar, or presentation.
7. "Current license" or "current status" means a license that is either active or eligible to be active and is within the two-year license period or the one-year grace period while expired.
8. "D.b.a." means 'doing business as' and is a name, other than a person's legal name, authorized by the Department for a licensee's use in conducting business.
9. "Distance learning course" means a course of instruction outside a traditional classroom situation consisting of computer-based interactive instructional material, requiring completion in the credit hours specified. A distance learning course may have audio recordings and video material and must include interactions, instruction and student participation.
10. "Eligible license" or "eligible status" means a license that is issued pursuant to Article 2 of this Chapter to a licensee who possesses a license during the current license period but is not engaged by or on behalf of a broker and is prohibited from performing activities which require an active license.
11. "Immediate family" means persons related to an individual by blood, marriage, or adoption, including spouse, siblings, parents, grandparents, children, and grandchildren.
12. "Inactive license" or "inactive status" in addition to A.R.S. § 32-2101(29), means a license or period in which a licensee is prohibited from performing activities which require an active license.
13. "Individual" means a natural person.
14. "Material change" means any significant change in the size or character of the development, development plan, or interest being offered, or a change that has a significant effect on the rights, duties, or obligations of the developer or purchaser, or use and enjoyment of the property by the purchaser.
15. "Module" is a unit of instruction no shorter than .25 credit hours (12.5 minutes), and no longer than one credit hour (50 minutes).
16. "Non-resident license" means a license authorized under the provisions of A.R.S. § 32-2122(A) issued to a person

who has been domiciled in this state for less than one year and who does not meet any of the following:

- a. Has an Arizona driver's license;
  - b. Has an Arizona motor vehicle registration;
  - c. Has been employed in Arizona;
  - d. Has an Arizona voter registration;
  - e. Has transferred banking services to Arizona;
  - f. Has changed permanent address on all pertinent records;
  - g. Is a domestic corporation or limited liability company;
  - h. Has filed an Arizona income tax return with the Department of Revenue during the previous or current tax year; or
  - i. Has received benefits from any Arizona public service department or agency, such as welfare, food stamps, unemployment benefits, or worker's compensation.
17. "Property interest" means a person's ownership or control of a lot, parcel, unit, share, use in a development, including any right in a subdivided or unsubdivided land, a cemetery plot, a condominium, a time-share interval, a membership camping contract, or a stock cooperative.
  18. "Residency" means an individual who has a place of habitation in Arizona and lives in Arizona as other than a tourist, or a person that owns or operates a place of business in Arizona.

**Historical Note**

Former Section R4-28-01 repealed, new Section R4-28-01 adopted effective May 1, 1980 (Supp. 80-3). Amended effective August 1, 1986 (Supp. 86-4). Former Section R4-28-01 renumbered without change as Section R4-28-101 (Supp. 87-1). Former Section R4-28-101 renumbered to R4-28-102, new Section R4-28-101 adopted by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 1886, effective May 2, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 3640, effective August 6, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 506, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-102. Document Filing; Computation of Time**

- A. All documents shall be considered filed on the date received by the Department. A renewal application postmarked on or before the end of the application or renewal deadline shall be considered timely.
- B. In computing any period of time allowed by these rules or by an order of the Commissioner, the day of the act, event, or default from which the designated period of time begins to run is not included. The last day of the period is included unless it is Saturday, Sunday, or a legal State holiday in which event the period runs until the end of the next day that is not a Saturday, Sunday, or legal State holiday.

**Historical Note**

Former Section R4-28-02 repealed, new Section R4-28-02 adopted effective May 1, 1980 (Supp. 80-3). Amended effective March 13, 1981 (Supp. 81-2). Former Section R4-28-02 renumbered without change as Section R4-28-102 (Supp. 87-1). Former Section R4-28-102 repealed, new Section R4-28-102 renumbered from R4-28-101 and amended by final rulemaking at 5 A.A.R. 650, effective

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February 3, 1999 (Supp. 99-1). Amended by final rulemaking at 11 A.A.R. 506, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-103. Licensing Time-Frames**

- A.** Overall time-frame. The Department shall issue or deny a license within the overall time-frames listed in Table 1 after receipt of a complete application. The overall time-frame is the total of the number of days provided for in the administrative completeness review and the substantive review.
- B.** Administrative completeness review.
  1. The applicable administrative completeness review time-frame established in Table 1 begins on the date the Department receives the application. The Department shall notify the applicant in writing and at the earliest time deficiencies are known within the administrative completeness review time-frame whether the application is incomplete. A notice containing all known deficiencies shall specify what information is missing. If the Department does not provide notice to the applicant within the administrative completeness review time-frame, the license application shall be considered complete.
  2. An applicant with an incomplete license application shall supply the missing information within the response to administrative deficiency period established in Table 1. The administrative completeness review time-frame is suspended from the date the Department provides notice of missing information to the applicant until the date the Department receives the information.
  3. If the applicant fails to submit the missing information before the expiration of the completion request period, the Department shall close the file, unless the applicant requests in writing and receives approval for an extension in writing from the Department before expiration of the Response to Deficiency Notice period in Table 1. The Department shall grant the applicant one extension of 30 days. An applicant whose file has been closed may reapply for a license by submitting a new application.
- C.** Substantive review. The substantive review time-frame established in Table 1 begins after the application is administratively complete.
  1. If the Department makes a comprehensive written request for additional information, the applicant shall submit the additional information identified by the request within the additional information period provided in Table 1. The substantive review time-frame is suspended from the date the Department provides notice of the request until the information is received by the Department. If the applicant fails to provide the information identified in the written request the Department shall consider the application denied unless the applicant requests in writing an extension from the Department before expiration of the Response to Additional Information period in Table 1.

The Department shall grant the applicant one extension for a duration of 30 days.

2. If the application is denied, the Department shall send the applicant written notice explaining the reason for the denial with citations to supporting statutes or rules, the applicant's right to appeal the administrative decision and the time period for appealing the denial.
- D.** Renewals. If an applicant for renewal of a salesperson's or broker's license submits a complete renewal application:
  1. Before the expiration date and there are no changes in the applicant's license or qualifications pursuant to R4-28-301(A), the Department shall send the applicant notice that the license is renewed;
  2. After the expiration date, or if a substantive review is required because the applicant wishes to make changes to or has answered in the affirmative any question on the license questionnaire related to disciplinary actions or prior criminal record, the Department shall process the application as a modified or amended application.

**Historical Note**

Amended as an emergency effective June 20, 1975 (Supp. 75-1). Former Section R4-28-03 repealed, new Section R4-28-03 adopted effective May 1, 1980 (Supp. 80-3). Former Section R4-28-03 renumbered without change as Section R4-28-103 (Supp. 87-1). Former Section R4-28-103 repealed, new Section R4-28-103 adopted by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 1886, effective May 2, 2000 (Supp. 00-2). Amended by final rulemaking at 11 A.A.R. 506, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-104. Development Inspection Fee**

A fee shall be charged for a development site inspection pursuant to A.R.S. §§ 32-2182, 32-2194.02, 32-2195.02, 32-2197.05, and 32-2198.04, before or after issuance of a public report. Multiple inspections and fees may be required based on development circumstances.

**Historical Note**

New Section R4-28-104 adopted by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1). Amended by final rulemaking at 8 A.A.R. 4917, effective January 5, 2003 (Supp. 02-4). Amended by final rulemaking at 11 A.A.R. 506, effective March 5, 2005 (Supp. 05-1).

**R4-28-105. Expired**

**Historical Note**

New Section R4-28-105 made by exempt rulemaking at 19 A.A.R. 201, effective January 16, 2013 (Supp. 13-1). Section expired under A.R.S. § 41-1056(J) at 25 A.A.R. 971, effective March 1, 2019 (Supp. 19-2).

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**Table 1. Time-Frames (Calendar Days)**

License	Authority	Administrative Completeness Review	Response to Administrative Deficiency Notice	Substantive Review	Response to Substantive Deficiency Notice	Overall Time-frame
Broker or Salesperson (Individual)	A.R.S. § 32-2122 A.A.C. R4-28-301	30	30	30	30	60
Individual Renewal	A.A.C. R4-28-303	30	30	30	30	60
Modified/Amended (Change of Name, Address, or License Status)	A.A.C. R4-28-303	30	30	30	30	60
Individual Reinstatement	A.A.C. R4-28-303	30	30	30	30	60
Corp/LLC/Partnership/PC/PLC/Desig. Broker Status	A.R.S. § 32-2125 A.A.C. R4-28-302	60	30	60	60	120
Branch Office	A.R.S. § 32-2127	60	30	60	60	120
Entity/DB status Renewal	A.A.C. R4-28-303	60	30	60	60	120
Modified/Amended (Change of Name, Address, or License Status)	A.A.C. R4-28-303	60	30	60	60	120
Entity Reinstatement	A.A.C. R4-28-303	60	30	60	60	120
Temporary Broker	A.R.S. § 32-2133	60	30	60	60	120
Temp Cemetery Salesperson	A.R.S. § 32-2134	60	30	60	60	120
Membership Camping Cert. of Convenience	A.R.S. § 32-2134.01 A.A.C. R4-28-305	60	30	60	60	120
School Approval	A.R.S. § 32-2135(A) A.A.C. R4-28-404	10	15	20	15	30
Course Approval: New (Live Instruction)	A.R.S. § 32-2135 A.A.C. R4-28-404	10	15	20	15	30
New (Distance Learning)	A.A.C. R4-28-402, R4-28-404	30	30	90	30	120
Instructor Approval	A.R.S. § 32-2135 A.A.C. R4-28-404	10	15	20	15	30
ADVERTISING Membership Campground (only for lottery or drawing)	A.R.S. § 32-2198.10(D) A.R.S. § 32-2198.14	15	5	0	0	15
Subdivision (only for drawing or contest)	A.A.C. R4-28-503(D) A.R.S. § 32-2183.01(I)	15	5	0	0	15
Time-Share (only for drawing or contest)	A.A.C. R4-28-503(D) A.R.S. § 32-2197.17(I)	15	5	0	0	15
Time-Share (the offer of a premium)	A.A.C. R4-28-503(D) A.R.S. § 32-2197.17(K)	15	5	0	0	15
Development Application	A.R.S. § 32-2183(A) A.R.S. § 32-2195.03(A) A.R.S. § 32-2197.06 A.R.S. § 32-2198.02 A.A.C. R4-28-B1203	40	40	60	40	100
Amended Report	A.R.S. § 32-2184 A.R.S. § 32-2195.10 A.R.S. § 32-2197.03 A.R.S. § 32-2198.01(D) A.A.C. R4-28-B1203	30	30	30	30	60
Certificate of Authority	A.R.S. § 32-2194.03(A)	40	40	60	40	100
Amended Certificate	A.R.S. § 32-2194.10 A.A.C. R4-28-B1204	30	30	30	30	60

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WAIVERS Pre-license	A.R.S. § 32-2124 A.A.C. R4-28-401	15	60	30	0	45
Continuing Education	A.R.S. § 32-2130 A.R.S. R4-28-402	5	10	7	0	12
EXEMPTIONS Subdivision	A.R.S. § 32-2181.01 A.A.C. R4-28-B1202	40	40	40	40	80
Unsubdivided Land	A.R.S. § 32-2195.01 A.A.C. R4-28-B1202	40	40	40	40	80
Time-Share	A.R.S. § 32-2197.13	40	40	40	40	80
Membership Camping	A.R.S. § 32-3198.03	40	40	40	40	80

**Historical Note**

New Table 1 adopted by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 1886, effective May 2, 2000 (Supp. 00-2). Amended by final rulemaking at 11 A.A.R. 506, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**ARTICLE 2. REPEALED**

**R4-28-201. Repealed**

**Historical Note**

Former Section R4-28-04 repealed, new Section R4-28-04 adopted effective May 1, 1980 (Supp. 80-3). Amended effective March 13, 1981 (Supp. 81-2). Amended effective August 1, 1986 (Supp. 86-4). Former Section R4-28-04 renumbered and amended as R4-28-201 effective February 28, 1987 (Supp. 87-1). Amended effective February 28, 1995 (Supp. 95-1). Section R4-28-201 repealed by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1).

**ARTICLE 3. LICENSURE**

**R4-28-301. General License Requirements; Non-Resident License**

**A.** An applicant for any Department-issued license or license renewal including, if an entity, any officer, director, member, manager, partner, owner, trust beneficiary holding 10% or more beneficial interest, stockholder owning 10% or more stock, or other person exercising control of the entity, shall submit the following information to the Department:

1. A signed original licensure or renewal questionnaire, as applicable, disclosing any:
  - a. Conviction for a misdemeanor or felony, or deferral of a judgment or sentencing for a misdemeanor or felony;
  - b. Order, judgment, or adverse decision entered against the applicant involving fraud or dishonesty, or involving the conduct of any business or transaction in real estate, cemetery property, time-share intervals, membership camping contracts, or campgrounds;
  - c. Restriction, suspension, or revocation of a professional or occupational license, or registration currently or previously held by the applicant in any state, district, or possession of the United States or under authority of any federal or state agency; any civil penalty imposed under the license, or any denial of a license; or
  - d. Order, judgment, or decree permanently or temporarily enjoining the applicant from engaging in or continuing any conduct or practice in connection

with the sale or purchase of real estate or cemetery property, time-share intervals, membership camping contracts, campgrounds, securities, or involving consumer fraud or violation of the racketeering laws by the applicant, or payment from a recovery fund or fund of last resort due to the applicant's action or inaction.

2. If the applicant discloses information under subsection (A)(1), the applicant shall provide all of the following written documentation:
  - a. A signed written statement describing in detail the circumstances surrounding the matter disclosed;
  - b. A copy of all certified records, including any police report and court records, pertaining to each crime for which the applicant has been convicted or for which sentencing or judgment has been deferred. If the applicant is unable to provide documents for each crime, the applicant shall provide written documentation from the court or agency having jurisdiction, stating the reason the records are unavailable.
  - c. A copy of all certified documents pertaining to every reprimand, censure or sanction, order assessing a civil penalty, or denying, suspending, restricting, or revoking any professional or occupational license currently held or held by the applicant within the last 10 years;
  - d. A copy of certified documents related to any civil judgment awarded by a court of competent jurisdiction against the applicant that included findings of fraud or dishonest dealings by the applicant;
  - e. A copy of any certified documents evidencing a payment of a judgment on behalf of the applicant by any recovery fund administered by any state or professional or occupational licensing board, or repayment by the applicant as a judgment debtor to any recovery fund administered by any state or professional or occupational licensing board. If an Arizona real estate or subdivision recovery fund matter, a written disclosure of the file number, approximate date, and approximate amount of payment and current repayment status satisfies this requirement.
  - f. A copy of any certified documents relating to any temporary or permanent orders of injunction entered against the applicant;

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- g. Any other documentation that the applicant believes supports the applicant's qualifications for licensure, including evidence of restitution or otherwise remedying of any matters listed above.
- 3. A valid fingerprint clearance card as prescribed in A.R.S. § 32-2108.01;
- 4. The appropriate license application and fee; and
- 5. Social security number, if the applicant is an individual, as prescribed by A.R.S. § 25-320.
- B.** In addition to the information required in subsection (A), an applicant for a salesperson's or broker's license shall provide information showing the person meets the experience and education qualifications listed in A.R.S. § 32-2124, A.A.C. R4-28-401, and R4-28-403. If disclosing censure, sanction, disciplinary action, or other order against any professional or occupational license currently or previously held by the applicant, the applicant shall submit a certified license history from each state in which the applicant holds, or has held, a professional or occupational license within the five years before the application.
- C.** The Department shall not issue a broker's license to any person who holds an active salesperson's license in this state. An active-status salesperson applying for broker's license may simultaneously submit a severance signed by the designated broker on behalf of the salesperson's employing broker under R4-28-303(E)(10) or may request to be administratively severed under R4-28-303(G).
- D.** The Department shall issue to a qualified person a license bearing the legal name of the licensee and any additional nickname, or d.b.a. name, corporate name if an entity license, or name to be used by a self-employed broker that the Commissioner finds is not detrimental to the public interest and not otherwise prohibited by statute. A professional corporation or professional limited liability company licensed under A.R.S. § 32-2125(B) shall not adopt a d.b.a. name.
- E.** Every salesperson and broker holding a current license shall file with the Commissioner both the address of the salesperson's or broker's principal place of business, or the address of the statutory agent as filed with the Department, and a current residence address.
- F.** Unless a license or approval is in a terminated, revoked, or surrendered status, each salesperson, broker, school owner, director, administrator, and instructor shall within 10 days of each occurrence notify the Commissioner in writing of any change in information provided under subsection (A)(1)(a) through (d) and provide documentation listed in subsection (A)(2).
- G.** A licensee shall, within 14 calendar days or a later date determined by the Department, respond to a request from the Commissioner or the Commissioner's representative for any documents, electronic files, written statements, or other information required as a part of a complaint investigation, regardless of whether the licensee is named in the complaint.

**Historical Note**

Adopted effective May 1, 1980 (Supp. 80-3). Amended effective March 13, 1981 (Supp. 81-2). Amended effective August 1, 1986 (Supp. 86-4). Former Section R4-28-05 renumbered without change as Section R4-28-301 (Supp. 87-1). Amended subsection (C) effective May 3, 1988 (Supp. 88-2). Amended subsection (J) effective February 28, 1989 (Supp. 89-1). Amended effective February 28, 1995 (Supp. 95-1). Amended by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 1886, effective May 2, 2000 (Supp. 00-2). Amended by final

rulemaking at 11 A.A.R. 506, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-302. Employing Broker's License; Non-Resident Broker**

- A.** A person applying for an employing broker's license shall provide the following information:
  - 1. The name, business address, telephone number, fax number and email address, if any, and designated broker's name, license number and expiration date, and the signature of the designated broker;
  - 2. Whether the broker is an individual, a sole proprietorship, corporation, partnership, limited liability company, professional corporation or professional limited liability company;
  - 3. The mailing address, if different than the business address;
  - 4. The d.b.a. name, if applicable;
  - 5. The bank name and location of each of the broker's trust accounts, if any; and
  - 6. The name and number of the trust account.
- B.** Partnership.
  - 1. When the applicant is a partnership, the applicant shall name a broker to serve as designated broker:
    - a. The designated broker shall be a partner of the general partner if the general partner is a partnership.
    - b. The designated broker shall be a corporate officer of the corporate partner if the general partner is a corporation.
    - c. The designated broker shall be a member of the member-managed limited liability company or manager of the manager-managed limited liability company if the general partner is a limited liability company.
    - d. A limited partner of a partnership shall not be designated broker for the partnership.
  - 2. In addition to the information provided in subsection (A), an applicant for an employing broker's license as a partnership shall, if applicable, provide:
    - a. The name and address of each partner, and the name of any other person with a beneficial or membership interest in the partnership;
    - b. An agreement signed by all partners, stating the name of the partner appointed to act as the designated broker for the partnership;
    - c. A written statement signed by the designated broker stating that:
      - i. The partnership has applied for a broker's license in Arizona;
      - ii. Each partner has read the complete application on the named partnership as submitted to the Department;
      - iii. All the information contained in the application is true;
      - iv. Each general partner is qualified to do business in Arizona; and
      - v. The name of the partnership complies with A.R.S. § 29-245 and subsections (H) and (I), and is not likely to be misleading or confusing;
    - d. A copy of the partnership agreement and any amendments;

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- e. A copy of the application for partnership registration stamped "Received and Filed" by the Arizona Secretary of State; and
  - f. Any other information required by the Department to verify the applicant's qualifications.
- C. Corporation. In addition to the information provided in subsection (A), an applicant for an employing broker's license for a corporation shall provide:
  - 1. The name and address of each officer and director, and the name and address of each shareholder controlling or holding more than 10% of the issued and outstanding common shares, or 10% of any other proprietary, beneficial, or membership interest in the corporation;
  - 2. A copy of the Articles of Incorporation and any amendments stamped "Received and Filed" by the Arizona Corporation Commission. If more than one year has elapsed between the date the Articles were stamped "Filed" by the Arizona Corporation Commission and the application for the corporate license, a Certificate of Good Standing from the Arizona Corporation Commission is required;
  - 3. A corporate resolution stating that the designated broker was elected or appointed as a corporate officer, naming the office held, and stating that the individual was appointed to act as designated broker for the corporation;
  - 4. A written statement signed by the designated broker stating that:
    - a. The corporation has applied for a broker's license in Arizona;
    - b. Each officer and director has read the complete application on the named corporation as submitted to the Department;
    - c. All the information contained in the application is true;
    - d. The name of the corporation complies with A.R.S. § 10-401 and 4 A.A.C. 28, Article 10, and is not likely to be misleading or confusing; and
    - e. Each corporation is qualified to do business in Arizona; and
  - 5. Any other information required by the Department to verify the applicant's qualifications.
- D. Limited liability company. In addition to the information provided in subsection (A), an applicant for an employing broker's license for a limited liability company shall provide:
  - 1. The name and address of each member and manager, and the name and address of any person controlling or holding more than 10% of the membership interest in the limited liability company;
  - 2. A copy of the Articles of Organization and any amendments stamped "Received and Filed" by the Arizona Corporation Commission. If more than one year has elapsed between the date the Articles were stamped "Filed" by the Arizona Corporation Commission and the application for the limited liability company license, a Certificate of Good Standing from the Arizona Corporation Commission is required;
  - 3. A company resolution signed by all members stating whether management of the limited liability company is established as manager-controlled or member-controlled and the name of the member or manager appointed to act as the designated broker;
  - 4. A written statement signed by the designated broker stating that:
    - a. The limited liability company has applied for a broker's license in Arizona;
  - b. Each member and manager has read the complete application on the limited liability company as submitted to the Department;
  - c. All of the information contained in the application is true;
  - d. The name of the limited liability company complies with A.R.S. § 29-3112 and 4 A.A.C. 28, Article 3, and is not likely to be misleading or confusing; and
  - e. The limited liability company is qualified to do business in Arizona.
- 5. A copy of the operating agreement and any amendments; and
- 6. Any other information required by the Department to verify the applicant's qualifications.
- E. Foreign entity. In addition to the requirements in this Section, the Department may require any of the following information from an entity applying for a broker's license if a partner, member, officer, or director of the entity is domiciled in another state:
  - 1. The agreement and plan of merger;
  - 2. The Certificate of Good Standing;
  - 3. The Certificate of Merger on file in the state in which the applicant is domiciled;
  - 4. The Certificate of Merger on file with the Arizona Corporation Commission;
  - 5. A filed and stamped Articles of Merger;
  - 6. A filed and stamped application for registration of the foreign limited liability company, foreign corporation, or partnership;
  - 7. Any other information required by the Department to verify the applicant's qualifications.
- F. Self-employed broker. In addition to the information provided in subsection (A), any person applying as a self-employed broker shall provide a sworn statement attesting that the applicant is the sole proprietor of the business.
- G. If any information prescribed in subsections (A) through (F) changes, the designated broker shall, within 10 days after the change, file a supplemental statement in writing with the Department listing the change and include the appropriate fee, if any.
- H. The Department shall not license an employing broker or authorize an employing broker to do business under a d.b.a. name similar to that of any employing broker already licensed if the name would cause uncertainty or confusion to the public. If there is a conflict of names between two employing brokers, the Commissioner shall require the employing broker seeking licensure to supplement or otherwise modify the broker's name.
- I. Prior to an employing broker adding a d.b.a. or trade name, evidence of the employing broker entity holding at least a 10% ownership of the d.b.a. or trade name must be provided. An individual shall not conduct or promote real estate business under any name other than the name under which the individual is licensed.
- J. A broker shall not allow a salesperson or associate broker licensed through the brokerage to conduct licensed activity if the broker's only interest is the receipt of a fee for the use of the license.
- K. Change of designated broker.
  - 1. To resign as an employing broker's designated broker a broker shall submit to the Department a copy of the broker's letter of resignation.
  - 2. A licensed entity may remove its designated broker by submitting to the Department a copy of the partnership



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agreement, corporate or company resolution removing the broker.

3. The employing broker whose designated broker has resigned or been removed shall cease conducting business until the employing broker has complied with subsection (K)(4).
4. An employing broker whose designated broker has resigned or been removed may continue business without interruption if the incoming designated broker on the same day as, or the next business day following, the departure or removal of the outgoing designated broker:
  - a. Completes, signs, and submits the Change Form as prescribed in R4-28-303; and
  - b. If the entity is a corporation or limited liability company, submits a resolution appointing the new broker to act on its behalf or;
  - c. If the entity is a partnership, submits an amendment to the partnership agreement naming the new broker to act on its behalf.

**L. Non-resident employing broker.**

1. An employing broker that holds a non-resident license and maintains a principal office outside this state shall:
  - a. Maintain a trust account or licensed escrow account situated in Arizona for monies received from Arizona transactions;
  - b. Maintain immediately available, copies of all documents pertaining to any Arizona transactions handled by the broker, where "immediately available" means the licensee's ability to provide the records at the time of the request by the Department;
  - c. Provide a written statement to the Department identifying the name, address, and telephone number of the person residing in Arizona, such as a statutory agent or attorney, who has possession of the records; and
  - d. Identify the location of the records.
2. An employing broker that holds a non-resident license and employs a licensed salesperson or broker within the state shall:
  - a. Establish an office in Arizona and appoint a branch manager and provide a statement describing how the licensed employee shall be supervised or;
  - b. Notify the Department of a valid statutory agent according to A.R.S. § 32-2126.
3. An employing broker who holds a non-resident license shall notify the Department within 10 days of any change to any information required under this Section.

**Historical Note**

Adopted effective May 1, 1980 (Supp. 80-3). Amended effective March 13, 1981 (Supp. 81-2). Correction, Supp. 80-3 should read Adopted effective May 1, 1980 (Supp. 83-3). Amended subsection (B) effective August 1, 1986 (Supp. 86-4). Former Section R4-28-06 renumbered without change as Section R4-28-302 (Supp. 87-1). Amended effective February 28, 1995 (Supp. 95-1). Former Section R4-28-302 repealed, new Section R4-28-302 adopted by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1). Amended by final rulemaking at 11 A.A.R. 506, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-303. License Renewal; Reinstatement; Changes of**

**Personal Information, License, or License Status; Professional Corporation or Professional Limited Liability Company License; Administrative Severance**

**A. Renewal.**

1. If a salesperson or broker makes a timely and administratively complete application for license renewal or a new license with reference to any activity of a continuing nature, the existing license does not expire until the application has been finally determined by the Department, and, in case the application is denied or the terms of the new license limited, until the last day for seeking review of the Commissioner's order or a later date fixed by order of the reviewing court.
2. Any salesperson or broker applying for a license renewal shall submit the following information on the Application for License Renewal form:
  - a. Any change or correction to the applicant's licensing information;
  - b. Whether the renewal application is late;
  - c. The signature of the applicant, attesting to the truthfulness of the application information;
  - d. A completed disciplinary actions disclosure form, providing sufficient details and supporting documents for any affirmative response not previously disclosed in writing to the Department concerning judgments, orders, professional licenses, or convictions, as required under R4-28-301(A).
  - e. To renew as designated broker for an employing broker, the designated broker shall complete and submit a signed Broker Supervision & Control Audit Declaration for the sole proprietorship or entity on whose behalf the broker acts as designated broker. The completed declaration shall:
    - i. Be dated and filed before or with the broker's renewal application, and submitted to the Department no earlier than 90 days before the broker's license expiration date;
    - ii. Be in the form prescribed by the Department;
    - iii. State the broker's compliance or non-compliance with, or the non-applicability of, specified statutes and rules; and
    - iv. Identify all of the broker's property management and trust accounts.

**B. Late renewal.** In addition to the information required in subsection (A), any person applying for renewal after the date of license expiration shall specify whether the person conducted unlawful license activities as described in R4-28-306.

**C. Reinstatement.**

1. Any salesperson or broker applying for license reinstatement under A.R.S. § 32-2131 shall, in addition to the requirements in R4-28-301(A), submit the following information on the Application for Reinstatement form:
  - a. The type of license and status requested;
  - b. The applicant's legal name, business address, and telephone number;
  - c. Whether the license was suspended, canceled, terminated, or revoked, and the date of and reason for the action;
  - d. The license number of the applicant;
  - e. The mailing address, if different than the business address;
  - f. The name, address, and telephone number of the employing broker, if applicable;
  - g. The employer's trade or d.b.a. name, if any;

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- h. The date of the application; and
  - i. The signature of the applicant attesting to the above information and that the applicant is aware of the provisions in A.R.S. §§ 32-2131, 32-2153, and 32-2160.01.
- 2. If the license was active at the time of suspension, cancellation, revocation, or termination, the applicant shall provide the information required under R4-28-306.
- D. A salesperson or broker shall notify the Department in writing within 10 days of any change in the individual's personal information or qualifications. The salesperson or broker shall include in the notice the individual's name, signature, license number, and:
  - 1. If disclosing information required under R4-28-301, such as a criminal conviction, adverse judgment, denial or restriction of or disciplinary action against a professional or occupational license, or recovery fund payment on the person's behalf, a written statement providing detailed information and, upon request by the Department, the supporting documentation identified in R4-28-301(A)(2);
  - 2. If requesting a change of personal name, written notice stating the prior name and new name, supporting documentation for the change, and applicable fee;
  - 3. If changing address of record or mailing address, written notice stating the prior address, new address and the date of the change;
  - 4. If changing email address or telephone number or providing an additional telephone number or email address, written notice of the prior and current number or email address or;
  - 5. If becoming licensed as a professional corporation or professional limited liability company, or changing licensure as a professional corporation or professional limited liability company, the information required under subsection (F).
- E. A designated broker shall notify the Department in writing within 10 days of any change in the employing broker's qualifications under R4-28-301, and shall provide notice of any proposed change in the employing broker's business information under this Section. An employing broker shall not conduct business under information described in subsections (E)(2), (3), (7), (9), (12), or (13) until the change is approved by the Department. The designated broker shall include in the written notice the designated broker's name and signature, the employing broker's legal name, and:
  - 1. If disclosing information required under R4-28-301 such as an adverse judgment, bankruptcy, denial, or restriction of or disciplinary action against a professional or occupational license, or recovery fund payment on the person's own behalf or on behalf of any officer, director, member, manager, partner, owner, trust beneficiary holding 10 percent or more beneficial interest, stockholder owning 10 percent or more stock, or other person exercising control of the employing broker, file with the Department a written statement of the occurrence, providing detailed information and, upon request by the Department, the supporting documentation identified in R4-28-301(A)(2);
  - 2. If changing the employing broker's legal name, written notice stating the current name and proposed name, supporting documentation, and applicable fee;
  - 3. If changing the employing broker's d.b.a. name, written notice stating the current d.b.a. name, if any, the proposed d.b.a. name, and applicable fee;
  - 4. If changing the employing broker's address of record, changing or adding a business mailing address, or changing the address of any branch office, written notice of the change stating the prior address and new address, and pay the applicable fee;
  - 5. If changing business telephone number or email of record, written notice of the change, providing the prior and current number or email address. The broker may provide additional telephone numbers or email addresses;
  - 6. If changing branch office managers at an established branch office of the employing broker, or changing the authority delegated to the branch office manager, the application form, and applicable fee;
  - 7. If closing a branch office, submitting the Department form for branch office closure and severing the employment of or transferring to another branch office each employee at the branch;
  - 8. If hiring a salesperson or broker, or transferring a salesperson or broker employed by the employing broker to another office of the employing broker, submitting a form prescribed by the Commissioner and applicable fee;
  - 9. If opening or closing a broker's trust account, written notice of the opening or closing that provides the name of the account, the account number, and the name and address of the bank where the account is located. If relocating or changing the name of a trust account, the designated broker shall include the information for the previous and new accounts;
  - 10. If appointing a temporary broker, submit the information specified in R4-28-305 and in accordance with provisions of A.R.S. §§ 32-2127 or 32-2133, as applicable, or;
  - 11. If an employing broker is changing designated brokers, the information and documentation provided in R4-28-302(K).
- F. In addition to the applicant's name, signature, license number, employing broker's office license number, and the change fee, a salesperson or broker shall submit the following information to be licensed as a professional corporation or professional limited liability company, to add or remove members of a licensed professional corporation or professional limited liability company, or to change the name of a licensed professional corporation or professional limited liability company:
  - 1. Professional corporation.
    - a. The name of the professional corporation that includes the full or last name of each officer, director, and shareholder of the professional corporation as it appears in the Articles of Incorporation;
    - b. The name and business address of each officer, director, and shareholder in the corporation and a written statement that each holds a current and active real estate license;
    - c. A copy of the Articles of Incorporation, as amended and filed with the Arizona Corporation Commission and;
    - d. Evidence that membership in the professional corporation is limited to the designated broker and does not include any other person if the applicant for licensure as a professional corporation is licensed as a designated broker;
  - 2. Professional limited liability company.
    - a. The name of the professional limited liability company which includes the full or last name of each member of the professional limited liability company as it appears in the Articles of Organization;

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- b. The name and address of each member and manager in the limited liability company and a written statement that each holds a current and active real estate license;
  - c. A copy of the Articles of Organization, as amended and filed with the Arizona Corporation Commission;
  - d. A copy of the operating agreement, as amended, and;
  - e. Evidence that membership in the professional limited liability company is limited to the designated broker and does not include any other person if the applicant for licensure as a professional limited liability company is licensed as a designated broker.
3. To return a license from professional corporation or professional limited liability company status to individual status:
- a. The name, license number, and dated signature of the salesperson or broker;
  - b. Appropriate department form, and;
  - c. The change fee.
- G. Administrative severance.**
1. A salesperson or broker may request that the Department sever the salesperson's or broker's license from the employing broker. The salesperson or broker shall provide the following information on a form or in the manner prescribed by the Department:
- a. The name, license number, and dated signature of the salesperson or broker seeking the severance, and;
  - b. The name of the employing broker from whom the license is being severed.
2. Upon receipt of the written request for severance as provided in subsection (G)(1)(a), the Department shall administratively sever the license and provide written notice to the employing broker, who shall return the severed person's license to the Department under subsection (E)(10).

**Historical Note**

Adopted effective May 1, 1980 (Supp. 80-3). Amended effective March 13, 1981 (Supp. 81-2). Amended effective August 1, 1986 (Supp. 86-4). Former Section R4-28-07 renumbered without change as Section R4-28-303 (Supp. 87-1). Amended by adding a new subsection (K) effective May 3, 1988 (Supp. 88-2). Amended effective February 28, 1995 (Supp. 95-1). Former Section R4-28-303 repealed, new Section R4-28-303 adopted by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1). Subsection (F) amended to correct a manifest clerical error, filed in the Office of the Secretary of State March 29, 1999 (Supp. 99-3). Amended by final rulemaking at 6 A.A.R. 1886, effective May 2, 2000 (Supp. 00-2). Amended by final rulemaking at 11 A.A.R. 506, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-304. Branch Office; Branch Office Manager**

- A.** To obtain a branch office license, the designated broker shall submit to the Department before operating the branch office the following information for each branch office of the employing broker on the Application for Branch Office form:
- 1. The name, date, and signature of the designated broker;
  - 2. The license number of the employing broker;

- 3. The name, address of record, telephone, email address, and license number of the main office;
  - 4. The employing broker's d.b.a. name, if applicable;
  - 5. The address of record, telephone number, email address of record, if any, of the branch office, and;
  - 6. The name and license number of the salesperson or broker who is the branch office manager and the authority granted to the branch office manager, including any designation of authority under subsection (B).
- B.** Branch office manager. A designated broker may authorize in writing an associate broker or salesperson to act as a branch office manager to perform any of the following duties of the designated broker at the branch office. A designated broker must maintain any letters of authority required under R4-28-303(E)(7) specifying which duties the branch manager is permitted to perform. Any associate broker or salesperson with delegated duties becomes responsible, in addition to the designated broker, for the supervision of licensees licensed through the branch for those duties. This designation does not relieve the designated broker from any responsibilities. Upon change of the branch manager, the designated broker shall submit a new authorization to the Department within 10 days of the change and shall retain a copy in the broker's main office for five years beyond either the closure of the branch or the removal of the authority, whichever occurs earliest.
- 1. If the branch manager is an associate broker, the associate broker may, when dealing with branch office transactions:
    - a. Review and initial contracts,
    - b. Supervise the activity of salespersons and associate brokers,
    - c. Hire or sever a salesperson or associate broker,
    - d. Sign compensation checks,
    - e. Be a signer on the branch office trust account and property management trust account,
    - f. Write checks from the broker's trust accounts, and
    - g. Be responsible for the handling of all trust account funds administered by the branch manager.
  - 2. If the branch manager is a salesperson, the salesperson may, when dealing with branch office transactions:
    - a. Perform office management tasks that are not statutory duties of the designated or employing broker, and
    - b. Be a signer on the broker's trust account and property management trust account.
- C.** Temporary office. An additional license is not required for a temporary office established for the original on site sale of properties within the immediate area of a subdivision or unsubdivided land.
- 1. The broker named in the application for public report shall supervise operation of the temporary office to sell or lease the subdivided or unsubdivided land.
  - 2. The broker shall display the subdivision or unsubdivided land name and the licensed name of the employing broker marketing the development in a prominent manner at the entrance to the temporary office.

**Historical Note**

Adopted effective May 1, 1980 (Supp. 80-3). Amended subsection (A) effective June 23, 1983 (Supp. 83-3). Amended subsection (A)(4) effective August 1, 1986 (Supp. 86-4). Former Section R4-28-08 renumbered and amended as Section R4-28-304 effective February 28, 1987 (Supp. 87-1). Former Section R4-28-304 repealed, new Section R4-28-304 adopted by final rulemaking at 5

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A.A.R. 650, effective February 3, 1999 (Supp. 99-1). Amended by final rulemaking at 11 A.A.R. 506, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-305. Temporary License, Certificate of Convenience**

- A.** Any individual applying for a temporary cemetery salesperson's license, a temporary broker's license, or a membership camping salesperson's certificate of convenience shall submit the following information and applicable fee to the Department:
1. The type of license requested;
  2. The name, address, telephone number, and date of birth of the applicant;
  3. The mailing address if different from the address in subsection (A)(2);
  4. The name, address of record, email of record and, telephone number of record, if any, and license number of the employing broker; and
  5. The branch office license number, address, telephone number, and fax number, if any, where employed, if different than the employing broker in subsection (A)(4).
- B.** The designated broker shall submit an affidavit under A.R.S. §§ 32-2134 or 32-2134.01 for:
1. An applicant for temporary cemetery license stating that the applicant has been trained in cemetery and contract law; or
  2. An applicant for a membership camping certificate of convenience stating that the applicant will be trained in membership camping and contract laws.
- C.** In addition to the information required in subsection (A), an applicant for a temporary broker's license according to A.R.S. § 32-2133 shall submit the following information to the Department:
1. A copy of the death certificate or notice, if applicable, or a letter advising the Department of the broker's illness or disability; and
  2. A letter from the surviving spouse, an attorney representing the broker or the broker's family, personal representative, or other responsible party, appointing an individual to serve as a temporary broker for 90 days for the purpose of closing down the business or installing a new designated broker pursuant to A.R.S. § 32-2125(C).

**Historical Note**

Adopted effective May 1, 1980 (Supp. 80-3). Amended subsection (A) effective June 23, 1983 (Supp. 83-3). Amended subsection (A)(4) and (5) effective August 1, 1986 (Supp. 86-4). Former Section R4-28-09 renumbered without change as Section R4-28-305 (Supp. 87-1). Former Section R4-28-305 repealed, new Section R4-28-305 adopted by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1). Amended by final rulemaking at 11 A.A.R. 506, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-306. Unlawful License Activity**

- A.** Unlawful license activity is:
1. The performance of acts requiring a license under A.R.S. § 32-2122 by a person who fails to hold a license or holds a license that is not active;

2. The performance of acts requiring a license by a person on behalf of a broker other than the person's employing broker; or
3. A broker's employment of a person as a salesperson or broker if the person does not hold an active license issued to the person under that employing broker.

- B.** A person who conducts unlawful license activity shall submit to the Department, as soon as the person becomes aware that the activity has occurred, the following:
1. A written explanation of why the unlawful license activity occurred;
  2. A signed statement from the person that the person will not conduct activities requiring licensure under A.R.S. § 32-2122 unless the person holds an active license to perform those acts;
  3. A signed statement from the employing broker's designated broker, identifying all unlawful activity by the person on behalf of the employing broker;
  4. Upon request by the Department:
    - a. A copy of all listing and employment agreements, offers or contract to buy, sell, lease, exchange, transfer, or manage real estate, cemetery property, or membership camping contracts prepared, negotiated or executed by the person while the person was not properly licensed under the employing broker;
    - b. Documentation listing all compensation received or to be received by the person based on transactions that occurred while the person was not properly licensed;
    - c. Documentation listing all compensation received or to be received by the person's employing broker and designated broker, if any, resulting from transactions that occurred while the person was not properly licensed if not provided in response to subsection (B)(4)(b); and
    - d. A signed statement from the person stating that the information provided under subsection (B)(4) is true and complete and that the copies provided are true copies of all contracts, agreements, statements, and leases and no relevant documents are omitted.
- C.** A person who has no prior history of engaging in unlawful license activity under this Section, who conducted unlawful license activity for not more than 30 days and against whom there are no pending complaints may apply to renew the person's license or for license change to active status. The Department shall not delay processing the application based on the unlawful licensed activity. The Department shall issue an Advisory Letter of Concern to the person.
- D.** The Commissioner may take disciplinary action under A.R.S. § 32-2153 against a person who engages in unlawful license activity under this Section for longer than 30 days, has previously conducted unlawful license activity, or is the subject of a pending complaint.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 506, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-307. Inactive License**

- A.** Pursuant to A.R.S. § 32-2130, an active licensee must sever from the employing brokerage before requesting inactive status. On forms prescribed by the Commissioner, the active licensee may then request the Department inactivate the

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licensee's current license for a period not to exceed 15 years. A license in an inactive status is not required to complete continuing education credit hour requirements until such time that the licensee applies to return their license to active status. Inactive status shall not relieve the licensee from renewing and paying the required fees.

- B. Failure of an inactive licensee to pay the required renewal fee and to renew will result in the expiration of the license. An expired inactive license will remain expired for one year and may be renewed within that year to return to inactive status. The department shall terminate an inactive license that has been expired for more than one year.
- C. The Department must change the license to inactive upon receipt of a complete application to change an active license to inactive. The Department may not refund any of the license renewal fee a licensee paid before requesting inactive status.
- D. The holder of an inactive license is prohibited from performing activities which require an active license until the license is reactivated as an active license.
- E. An inactive licensee that acts directly or indirectly in a transaction must comply with all duties of a licensee required under R4-28-1101, except those duties owed to a client.
- F. The inactive status of a license does not prevent the Commissioner from taking any disciplinary action against the licensee for any of the grounds stated in this Chapter.
- G. A license that is not suspended or revoked and that is inactive may be reactivated as an active license on 30 days' written notice to the Department on forms prescribed by the Commissioner. With the exception of subsection (6), a licensee must submit evidence of completion of the following number of continuing education credit hours taken not more than 24 months prior to applying for reactivation:
  - 1. If inactive for less than three years (from date of inactivation) a licensee is required to complete the same number of continuing education hours as provided for in A.R.S. § 32-2130.
  - 2. If inactive for three years or more (from date of inactivation) but less than six years, a licensee is required to complete six hours of the continuing education hours in addition to the:
    - a. 24 continuing education credits hours required if the license were not inactive for a salesperson, or;
    - b. 30 continuing education credit hours required if the license were not inactive for a broker or licensee reactivating with delegated authority.
  - 3. If inactive for six years or more (from date of inactivation) but less than 10 years, a licensee is required to complete 15 hours of the continuing education hours in addition to the:
    - a. 24 continuing education credits hours required if the license were not inactive for a salesperson, or;
    - b. 30 continuing education credit hours required if the license were not inactive for a broker or licensee reactivating with delegated authority.
  - 4. If inactive for 10 years or more (from date of inactivation) but less than 15 years, a licensee is required to complete 30 hours of the continuing education hours in addition to the:
    - a. 24 continuing education credits hours required if the license were not inactive for a salesperson, or;
    - b. 30 continuing education credit hours required if the license were not inactive for a broker or licensee reactivating with delegated authority.

- 5. The Commissioner may identify categories or specific courses for the continuing education credit hours necessary to reactivate a license.
- 6. As approved by the Commissioner, additional hours as provided for in subsections (2), (3), and (4) may not be required for an inactive licensee who has worked continuously within the real estate industry where a license was not required or the individual was required to have an inactive license or they worked continuously within government regulation or policymaking within real estate, or a related field. To apply for the waiver under this subsection, the inactive licensee must submit a waiver on forms prescribed by the Department.
- H. An examination may not be required to reactivate an inactive license if reactivated less than 15 years after changing to inactive. If the license is not reactivated within 15 years, a new application for licensure must be made meeting the statutory qualification requirements for the license being applied for, to include completion of preclicensing education and successful passing of the state required examination.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**ARTICLE 4. EDUCATION****R4-28-401. Preclicensure Education Requirements; Waiver**

- A. Any individual applying for a real estate license shall either:
  - 1. Complete the required 90-hour preclicensure education course and satisfactorily pass an examination on the course with a score of at least 75 percent as prescribed in A.R.S. § 32-2124; or
  - 2. Except for the 27-hour Arizona-specific course, apply for and be granted a waiver of the preclicensure courses.
- B. If the waiver request is based on prior education, the applicant shall submit a letter to the Commissioner that includes or demonstrates:
  - 1. The name, mailing address, telephone number, and signature of the applicant;
  - 2. The type of license sought;
  - 3. The name, city, and state of the school;
  - 4. The course description or curriculum, including credit hours; and
  - 5. Completion of one or more real estate courses. Acceptable evidence includes:
    - a. A signed letter from a school representative or official transcript from a college or university, which indicates:
      - i. The starting and ending dates of the course;
      - ii. The number of semesters, quarters, and credit hours awarded per course; and
      - iii. Whether the course examination was passed.
    - b. Evidence of course completion provided as part of a certified license history from a state in which the applicant is currently or was previously licensed.
- C. A waiver may be granted by meeting the requirement in A.R.S. § 32-4302 or if the waiver request is based on experience, or education and experience, the applicant shall submit a letter to the Commissioner that includes:
  - 1. A detailed resume covering the previous 10 years, indicating duties performed and the name and telephone number for each employer; and
  - 2. An original certified license history, including disciplinary action if any, from the real estate regulatory

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agency in each state in which the applicant is currently licensed and from any other state in which the applicant was licensed during the preceding 10 years; and

3. One or more of the following:
  - a. Completion of one or more real estate courses. Acceptable evidence includes a signed letter from a school representative, or official transcript from a college or university, which identifies:
    - i. The starting and ending dates of the course;
    - ii. The number of semesters, or quarters, and credit hours awarded per course;
    - iii. Whether the course examination was satisfactorily passed.
  - b. Evidence of more than five years' experience in a real estate related field; or
  - c. Evidence of course completion provided as part of a certified license history from a state in which the applicant is currently or was previously licensed.
- D. The Department shall provide a copy of the preclicensure course content to any person requesting it.

**Historical Note**

Adopted effective May 1, 1980 (Supp. 80-3). Amended subsections (F) and (G) effective March 13, 1981 (Supp. 81-2). Former Section R4-28-10 renumbered without change as Section R4-28-401 (Supp. 87-1). Amended by adding a new subsection (E) and renumbering accordingly effective March 7, 1988 (Supp. 88-1). Amended subsection (G) effective June 6, 1989 (Supp. 89-2). Amended effective February 28, 1995 (Supp. 95-1). Section R4-28-401 amended by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1). Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-402. Continuing Education Requirements; Waiver; Distance Learning****A. Continuing education requirements.**

1. To be eligible for license renewal, a real estate salesperson or broker shall complete continuing education courses approved by the Department under R4-28-404, presented by a real estate school approved under R4-28-404. Continuing education courses completed after fulfillment of the renewal requirement and within 90 days of a renewal may be counted toward the next license period but may not be counted for two licensing periods.
2. A real estate salesperson or associate broker applying for renewal shall submit proof of satisfactory completion of 24 credit hours of continuing education courses in the categories specified in subsection (A)(5), and if applicable any required Current Issues except as exempted under (A)(9). The renewal applicant shall complete a minimum of three hours in each of the mandatory categories under subsections (A)(5)(a) through (A)(5)(h). The renewal applicant shall take additional courses in the mandatory categories, or shall take courses in the business brokerage or general real estate category described in subsections (A)(5)(g) and (A)(5)(h) to fulfill the required 24 credit hours.
3. A real estate designated or delegated associate broker applying for renewal shall submit proof of satisfactory completion of 24 credit hours of continuing education courses. The renewal applicant shall complete a minimum of three hours in each of the mandatory categories under subsections (A)(5)(a) through (A)(5)(f) and shall

complete a Broker Management Clinic under A.R.S. § 32-2136 approved in the Requirements for Licensees category under subsection (A)(5)(c). The renewal applicant shall take additional courses in the mandatory categories, or shall take courses in the business brokerage or general real estate category described in subsections (A)(5)(g) and (A)(5)(h) to fulfill the required 24 credit hours.

4. A salesperson renewing for the first time may include credit for attendance at the Contract Writing class taken under A.R.S. § 32-2124(L) if taken within one year before the date of the salesperson's original licensure. A broker renewing for the first time may include credit for attendance at the Broker Management Clinic under A.R.S. § 32-2136 taken before the broker's original licensure date.
5. The categories for real estate continuing education courses are:
  - a. Agency law. The class material concerns agency relationships, fiduciary duties, and disclosure, any of which may include related court decisions.
  - b. Contract law. The class material concerns contract formation and implementation as provided for in Article 26, Section 1 of the Arizona Constitution, or the results of contract use, which may include:
    - i. Various contract terms and conditions, fundamentals, updates, options, offers, counter offers, first right of refusal, exchanges, subject to, and assignments;
    - ii. Forms, when used to demonstrate examples of elements of a contract. The teaching of how to fill in a form template does not meet the minimum content requirements for Continuing Education credit.
    - iii. Contract writing and elements of an enforceable contract;
    - iv. Required disclosures and law and rule requirements;
    - v. Court decisions and case law studies;
    - vi. Breach of contract issues;
    - vii. Legal, ethical, and agency considerations, competency of the parties, and procedures;
    - viii. Accommodating current financing procedures, requirements, and options.
  - c. Requirements for Licensees. The class material relates to license laws, and may include:
    - i. Article 26 of the Arizona Constitution;
    - ii. A.R.S. Title 32, Chapter 20, and A.A.C. Title 4, Chapter 28, which includes trust accounts, recordkeeping, license requirements, exemptions to licensure, compensation, recovery fund provisions, development requirements, processes for public reports for and sale of subdivided and unsubdivided land, membership campgrounds and time-shares, cemetery regulations, and grounds for disciplinary action and hearings.
    - iii. Any other statutory title and chapter, administrative code, or applicable case law directly related to the practice of real estate in the State of Arizona.
  - d. Real estate legal issues. The class material concerns existing real estate law or associated knowledge pertaining to a licensee's scope and reasonable skill and care, and may include:

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- i. Sources of real estate law (constitutions, statutes, rules, zoning, common), and the legal system;
- ii. Land and its elements (air, mineral rights, water rights, real and personal property);
- iii. Land, title, and interests in land, homestead, encumbrances, and the Arizona Residential Landlord and Tenant Act;
- iv. Easements, fixtures, land descriptions, ownership, deeds, and building restrictions;
- v. Escrow procedures, financing documents, and lending laws and regulations, including Regulation Z;
- vi. Wills and estates, taxes, bankruptcy law, securities laws, title insurance, and appraisal law;
- vii. Case law studies, real estate fraud, disclosure law, and interstate and international real estate;
- viii. Homeowners Association regulations;
- ix. Real Estate Settlement Procedures Act (RESPA);
- x. Judicially appointed real estate representation;
- xi. Environmental issues.
- e. Fair housing and Americans with Disabilities Act. The class material concerns equal opportunities, and may include:
  - i. Americans with Disabilities Act (ADA), including but not limited to ADA architectural designs (construction and development), pertinent history, and court cases;
  - ii. Arizona civil rights laws and federal fair housing laws, or any local ordinance of a similar nature, including advertising, marketing, information, current regulatory interpretation, enforcement, pertinent history, and court cases;
  - iii. Housing developments, deed restrictions to include Arizona Revised Statutes, Title 33, Chapter 4, Article 7, affordable housing, elder housing, zoning, local ordinances, and disclosures, to include group homes, sober living homes, and other similar housing types;
  - iv. Commercial and residential concerns;
  - v. Administrative procedures, disparate impact, and business practices.
- f. Disclosure. The class material may include the following:
  - i. Licensee's disclosure obligations and the timing of delivery to client and others;
  - ii. Seller's and buyer's disclosure obligations to each other;
  - iii. Common material facts warranting disclosure, and liability for failure to disclose;
  - iv. Avoiding inadvertent non-disclosures;
  - v. Scope of licensee's role in client's review of required disclosures, to include buyer, seller, Homeowner Association, deed restriction, utilities, water access and uses, commitment for title insurance, homeowner insurance, or any other material and reasonable interest important to the client; and
  - vi. Advising buyers and sellers of common "red flags."
- g. Business brokerage. (May be allocated to satisfy Legal Issues, Contract Law, Disclosures, or General Category Requirements) The majority of class material concerns business brokerage including:
  - i. Business brokerage basics including introducing licensees to business brokerage, associated terminology, marketing, prospecting, listing, pricing, closing practices, the use of contracts related to and unique to business brokerage, and the application of business brokerage contracts;
  - ii. Business valuations and appraisals, and establishing an in-depth review of proper business valuation techniques for small, medium, and large businesses;
  - iii. Tax structure and considerations, tax law, and policy including subjects such as financing tools available, options available, and tax implications;
  - iv. Accounting for business brokers;
  - v. Agency in business brokerages, the use of contracts related to and unique to business brokerage, and the application of business brokerage contracts; and
  - vi. Disclosure issues in business brokerage, including common "red flags" in a business opportunity transaction, and advising buyers and sellers of common "red flags."
- h. General real estate. The class material concerns real estate, but does not fall within any of the categories listed in subsections (A)(5)(a) through (A)(5)(g), and may include:
  - i. Appraisal and valuation methodologies;
  - ii. General finance and financial analysis of real property, mathematics, and managing cash flow;
  - iii. History of development in metropolitan areas, municipal general plans, economic development plans, and regional planning bodies strategic plans;
  - v. Market trends and analytics;
  - vi. Property management.
- 6. The Department may require an individual applying for renewal to obtain credit hours based upon significant current issues in the real estate community. The Department shall notify licensees of a new requirement by written notice published in printed or electronic format.
- 7. The Department may grant continuing education credit for a course that does not have a certificate of approval under R4-28-404 if the applicant demonstrates to the satisfaction of the Commissioner that the course meets the requirements prescribed in R4-28-404 and the course content requirements of this Section.
- 8. An applicant may substitute subject matter hours within a 90-hour broker's precensure course that meet the criteria for credit under subsections (A)(5)(a) through (A)(5)(h), if taken since the last license renewal, for the continuing education credit required in subsection (A)(2) or (3).
- 9. If any change in the continuing education course requirements occurs during a renewal applicant's license period and the applicant has fully complied with the continuing education requirement in effect before the change occurs, the Department shall consider the renewal applicant to be in compliance with the continuing education requirements for the license period.

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- B.** Continuing education waiver. Under A.R.S. § 32-2130, the Commissioner may waive all or a portion of the continuing education requirement or grant additional time to complete a continuing education requirement when a salesperson or broker submits a written request to the Commissioner and shows good cause for the waiver or additional time.
1. Good cause may include:
    - a. A person employed by the state or political subdivision establishes to the satisfaction of the Commissioner that the person's employment during the prior license period involved real estate related matters;
    - b. Any officer or employee of the state whose license is on an inactive status due to a possible conflict of interest or other employment requirement;
    - c. The person demonstrates successful completion of a course on topics specifically related to the person's field of real estate practice;
    - d. An approved real estate instructor requests a waiver for a course the instructor has taught;
    - e. The salesperson or broker demonstrates other extraordinary circumstances.
  2. A salesperson or broker is granted additional time by the Commissioner to complete the continuing education requirement for license renewal shall complete the continuing education hours by the deadline or may be subject to disciplinary action.
- C.** Distance learning.
1. Only a school holding a Certificate of Approval shall offer a distance learning course. The school shall obtain course approval from the Department before advertising the course as approved by the Department for credit hours and before issuing Department credit hours for the course to students.
  2. The Department shall not approve a distance learning course unless it contains:
    - a. Individual modules of instruction for delivery on a computer or other interactive program;
    - b. At least one learning objective for each module of instruction. The learning objective shall ensure that if all the objectives are met, the entire content of the course is understood;
    - c. A structured learning method to enable the student to attain each learning objective;
    - d. A diagnostic assessment of the student's performance during each module of instruction;
      - i. The assessment shall measure what the student learned throughout the module of instruction;
      - ii. Include scenario-based questions, and;
      - iii. Assess the comprehension of each concept covered in the module.
    - e. Remediation.
      - i. Repetition of a module if a student is deficient in a diagnostic assessment; and
      - ii. Continuous repetition of the module until the student understands the content material.
  3. An approved instructor shall not present any course content that is not current and accurate.
  4. An approved instructor or the school administrator shall grade distance learning courses. The instructor or school administrator shall:
    - a. Provide the student with assistance, if required;
    - b. Certify the student has completed each assignment of instruction; and
    - c. Certify the student is the licensee attending and completing a distance learning course only if the student:
      - i. Completes all required instructional modules;
      - ii. Attends any required hours of live instruction or testing, or both, for a given course; and
      - iii. Passes a final examination.
    - d. Certification of a student means the school is certifying the licensee is the one attending and completing the course. Means of certifying a student may include:
      - i. Two factor authentication;
      - ii. Random Audits of at least 10% of attendance;
      - iii. Direct or Indirect Visual Confirmation.
    - e. Means of certifying a student may not include:
      - i. A unique username and password created by the student;
      - ii. A signed or acknowledged affidavit;
      - iii. Verification of information that is publicly available on ADRE's website or otherwise publicly available on the internet.
  5. As part of its application for approval of a distance learning course, a school shall file a plan with the Department describing how the school will deal with hardware and software failure.

**Historical Note**

Adopted effective May 1, 1980 (Supp. 80-3). Amended subsection (F) effective March 13, 1981 (Supp. 81-2). Former Section R4-28-11 renumbered without change as Section R4-28-402 (Supp. 87-1). Amended by deleting subsections (C) and (E) and renumbering accordingly effective March 7, 1988 (Supp. 88-1). Former Section R4-28-402 renumbered to Section R4-28-403, new Section R4-28-402 adopted by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 1886, effective May 2, 2000 (Supp. 00-2). Amended by final rulemaking at 11 A.A.R. 506, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-403. License Examinations**

- A.** The Department shall hold, or contract for, at least one state licensing examination each week.
- B.** A state license examination shall not be returned to the applicant. The applicant shall be notified in person of the results of the examination by the words "passed" or "did not pass." The results notification for an applicant who did not pass the examination shall also show the score for the examination and the relative score for each content area.
- C.** Qualifying to take or passing a license examination does not constitute a waiver of the Commissioner's right to deny issuance of a license if grounds exist pursuant to A.R.S. § 32-2153 or any other applicable statute.

**Historical Note**

Adopted effective May 1, 1980 (Supp. 80-3). Former Section R4-28-12 repealed, new Section R4-28-12 adopted effective August 28, 1986 (Supp. 86-4). Former Section R4-28-12 renumbered without change as Section R4-28-403 (Supp. 87-1). Amended effective February 28, 1995 (Supp. 95-1). Former Section R4-28-403 renumbered to R4-28-404, new Section R4-28-403 renumbered from R4-28-402 and amended by final rulemaking at 5



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A.A.R. 650, effective February 3, 1999 (Supp. 99-1).

**R4-28-404. Real Estate School Requirements, Course and Instructor Approval**

- A.** Certificate of School Approval. Except for a community college or university accredited by the Council on Post Secondary Accreditation or the U.S. Department of Education offering courses in real estate, any school offering a course of study for original or renewal licensure of a real estate applicant shall apply for and possess a Certificate of School Approval from the Department. The school's administrator or an owner shall provide the following information on or with the Certificate of School Approval form:
1. The name, address, telephone number, and email address, if any, of the school;
  2. The name of the owners, school legal names, and d.b.a. name, if any;
  3. Whether the owner is a sole proprietorship, partnership, trust, limited liability company, or corporation;
  4. The name, address, telephone number, and percentage ownership of each person, entity, or beneficiary holding or controlling 10% or more financial interest in the school;
  5. The name of each individual authorized to act on behalf of the school and sign continuing education certificates or prelicensure verifications, or both;
  6. The name, address of record, and telephone number of all current and prospective administrators and directors;
  7. If the owner is a partnership, a copy of the partnership agreement naming the partner authorized to act on its behalf;
  8. If the owner is a corporation or limited liability company, as applicable, a copy of current Certificate of Good Standing from the Arizona Corporation Commission.
  9. The location of student enrollment, attendance, and certification records.
- B.** Certificate of Course Approval. Any school offering a course of study for original or renewal licensure of a real estate applicant shall apply for and possess a Certificate of Course Approval for each course offered by the school. The school's authorized representative shall submit the following information:
1. The school name, address, telephone number, and email address, if any;
  2. The authorized representative's name, title, and signature;
  3. The title of the course;
  4. A detailed outline of course material content that clearly lists the subject matter to be covered;
  5. The number of credit hours requested. The time allocated by a school for examination shall not be included in calculating credit hours if the examination is used for overall evaluation.
  6. The category of approval requested;
  7. A definition of segments if the course is to be offered in part and in its entirety;
  8. If any third party recorded material will be used as instructional aids, they will not exceed 20 percent of instructional time, and;
  9. The date of the application.
- C.** Instructor approval. Any person wishing to instruct an approved real estate course shall submit on a form provided by the Department detailed information of professional qualifications, demonstrating an ability to instruct, subject matter expertise, or any other applicable information.
- D.** The school shall maintain a record for five years of each student attending the school. The record shall include:
1. The name of each student;
  2. The dates of attendance;
  3. The title of each course taken;
  4. The course number, category, and credit hours awarded; and
  5. The original signature roster, if live in person instruction.
- E.** The student for prelicensing shall sign an agreement or application to enroll. The agreement or application presented to the student by the school representative must include the following, in bold type and capital letters:
1. The course or course segment title within a curriculum,
  2. The total credit hours applicable for licensure or renewal,
  3. The cost of each course,
  4. A statement of the refund policy,
  5. A statement related to license pre-determination petitions, and;
  6. A statement of any job placement service.
- F.** The Department does not consider lists of employers given to graduates to be a placement service. The school may advertise job placement services only if:
1. Student referrals result from direct contact between the school placement service and prospective employers,
  2. Documented evidence of student referrals is maintained and includes:
    - a. The number of referrals to prospective employers per student,
    - b. Results of referrals,
    - c. Final placement or other disposition.
- G.** Complaints. The Commissioner may, and upon a verified complaint in writing shall, investigate and observe the classes of any school, owner, administrator, director, or instructor acting on behalf of the school and may examine the books and records of the school in connection with the offering of approved courses.
- H.** Change in school, course, or instructor. Each school owner, operator, director, and instructor shall:
1. Provide a written notice and supporting documentation within 10 days of any:
    - a. Change of personal name or address,
    - b. Change of business address,
    - c. Change of business mailing address,
    - d. School closing, or
    - e. Disclosure of certification information pursuant to R4-28-301(A),
  2. Provide a written notice and supporting documentation within 30 days after any change in structure of a licensed entity, including any change of a:
    - a. Director, officer, or person holding or controlling 10% or more of the shares, if a corporation;
    - b. Partner, if a partnership;
    - c. Member or manager, if a limited liability company.
  3. Obtain approval from the Commissioner before conducting business when:
    - a. Changing a business name,
    - b. Establishing a school location,
    - c. Changing the course content,
    - d. Changing the course length, or
    - e. Offering a new course.
  4. Provide written notice as soon as practical of a last minute change of instructor due to illness or emergency.

**Historical Note**

Section R4-28-404 renumbered from R4-28-403 and

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amended by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1). Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-405. Expired**

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 506, effective March 5, 2005 (Supp. 05-1). Section expired under A.R.S. § 41-1056(J) at 21 A.A.R. 757, effective February 28, 2015 (Supp. 15-2).

**ARTICLE 5. ADVERTISING**

**R4-28-501. Repealed**

**Historical Note**

Adopted effective May 1, 1980 (Supp. 80-3). Former Section R4-28-13 renumbered without change as Section R-28-501 (Supp. 87-1). Former Section R4-28-501 repealed by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1).

**R4-28-502. Advertising by a Licensee**

- A. A licensee shall not advertise property in a manner that implies that no salesperson or broker is taking part in the offer for sale, lease, or exchange.
- B. Any licensee advertising their own or another licensee's property for sale, lease, or exchange in Arizona shall disclose they are licensed as a salesperson or broker, and as the property owner by placing the words "owner/agent" in the advertisement.
- C. A licensee shall ensure that all advertising contains accurate claims and representations, and fully states factual material relating to the information advertised. A salesperson or broker shall not misrepresent the facts or create misleading or ambiguous impressions.
- D. A school shall include its name, school number, phone and email contact information, and the name of the school administrator in all advertising of Department-approved courses. The school owner, director, or administrator shall supervise all advertising. The school owner shall ensure that the school's advertising is accurate.
- E. A licensee shall ensure that all advertising identifies in a clear and prominent manner the employing broker's legal name or the d.b.a. name or names contained on the employing broker's license certificate.
- F. A licensee who advertises property that is the subject of another person's real estate employment agreement shall make a disclosure in the advertisement itself that indicates the properties featured are not representative of the licensee's transaction history and includes information of other licensee's transactions.
- G. The designated broker is responsible for the advertising of all real estate activity.
- H. A licensee shall not use the term "acre," either alone or modified, unless referring to an area of land representing at least 43,560 square feet.
- I. Before placing a sign or publishing to an electronic medium giving notice that specific property is being offered for sale, lease, rent, or exchange, a licensee shall secure the written consent of the property owner, and the sign or publication shall be promptly removed upon request of the property owner.
- J. The use of an electronic medium, such as the Internet, Artificial Intelligence, or web site technology, that targets residents of this State with the offering of a property interest or real

estate brokerage services pertaining to property located in this state constitutes the dissemination of advertising as defined in A.R.S. § 32-2101(2). All advertising using an electronic medium must comply with subsection (E) of this Section and if advertising online, all requirements of advertising set forth in this Section must be satisfied on the advertisement without the need to scroll.

**Historical Note**

Former Section R4-28-14 repealed, new Section R4-28-14 adopted effective May 1, 1980 (Supp. 80-3). Amended subsection (D) effective August 1, 1986 (Supp. 86-4). Former Section R4-28-14 renumbered without change as Section R4-28-502 (Supp. 87-1). Section R4-28-502 amended by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1). Amended by final rulemaking at 11 A.A.R. 506, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-503. Promotional Activities**

- A. A licensee shall not describe a premium offered at no cost or reduced cost to promote sales or leasing as an "award," or "prize," or use a similar term.
- B. A licensee shall clearly disclose to a person in writing the terms, costs, conditions, restrictions, and expiration date of an offer of a premium before the person participates in the offer.
- C. Unless otherwise provided by law, a person shall not solicit, sell, or offer to sell an interest in a development by conducting a lottery contest, drawing, or game of chance.
- D. A subdivider, time-share developer, or membership camping operator may apply for approval to conduct a lottery, contest, drawing, or game of chance, or award a premium under A.R.S. § 32-2197.17(J), by submitting to the Department the information under A.R.S. §§ 32-2183.01(I), 32-2197.17(J) or 32-2198.10(D), the applicable fee, if any, and:
  1. The name, address, telephone number, and fax number, if any, of the subdivider, time-share developer, or operator;
  2. The legal name of the broker;
  3. The public report number;
  4. The time and location for collecting entries for the lottery, contest, or drawing;
  5. The date, time, and site for selection of a winner; and
  6. The conditions and restrictions to enter, if any.

**Historical Note**

Former Section R4-28-15 repealed, new Section R4-28-15 adopted effective May 1, 1980 (Supp. 80-3). Amended effective August 1, 1986 (Supp. 86-4). Former Section R4-28-15 renumbered without change as Section R4-28-503 (Supp. 87-1). Section R4-28-503 amended by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1). Amended by final rulemaking at 11 A.A.R. 506, effective March 5, 2005 (Supp. 05-1).

**R4-28-504. Development Advertising**

- A. If a developer obtains a conditional sales exemption, under R4-28-B1202, or registers a notice of intent with the Department to accept lot reservations under A.R.S. § 32-2181.03, the developer shall disclose on all advertising that only reservations or conditional sales contracts will be taken until the public report has been issued.
- B. Only a developer or the developer's authorized representative shall file advertising for a development under A.R.S. §§ 32-

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2183.01(A), 32-2194.05(A), 32-2195.05(A), 32-2197.17(A) or 32-2198.01(A)(6) with the Department.

- C. A developer shall ensure that advertisement of property in a development includes the name of the development as registered with the Department. The Commissioner may waive application of this subsection if the Commissioner determines that the public interest is not affected.
- D. A developer shall not advertise a monthly payment, total price, or interest rate that is not available to all prospective purchasers or is restricted, unless the lack of availability or the restriction is conspicuously disclosed to all prospective purchasers within the advertisement.
- E. A developer shall not advertise proposed or incomplete improvements unless one of the following requirements are met:
  1. If there is no estimated date of completion, the developer includes a prominent disclosure in the advertisement that the improvement is proposed only and no warranty is given or implied that the improvement will be completed, or;
  2. If an estimated completion date is specified, the developer has submitted to the Department evidence to satisfactorily demonstrate to the Department that the completion and operation of the facilities are assured and that completion will be within the time represented in the advertisement or promotional material.
- F. The developer shall not reference a proposed public facility or project that purports to impact the value or utility of an interest in a development without disclosing in writing the existing status of the proposed facility. The developer shall base the disclosure upon information supplied or verified by the authority responsible for the public facility or project and shall forward the information to the Department.
- G. Pictorial or illustrative depictions, other than unmodified photographs of the property being offered, shall bear a prominent disclosure identifying the nature of the depiction, such as artist's conceptions, architectural designs, designs created with artificial intelligence, engineer renderings, 3-d modeling, or other types of renderings, and shall identify those improvements that are proposed and not in existence.
- H. When a pictorial representation is used in an advertisement for a specific development and is not an actual or accurate representation of the property, a statement within the advertisement shall prominently include a legend and disclose the actual road miles distance of the pictorial representation from the advertised property.
- I. If a map or diagram is used to show the location of the development in relation to other facilities, actual road miles from each facility to the development shall be shown on the map or diagram.
- J. A developer shall not expressly state or imply that a facility is available for the exclusive use of purchasers of lots or interests if a public right of access or public use of the facility exists.
- K. A developer shall not refer to availability for use of private clubs or facilities in which the owner will not acquire a proprietary interest through purchase of an interest in the development unless a disclosure is made in the advertisement. The disclosure shall affirmatively state the existence of the facilities and that availability for use by owners of an interest in the development is at the pleasure of the owners of the facility.
- L. When a body of water is described as a feature of a development, all advertising shall indicate the average surface area of the body of water. If a standing body of water or a flowing waterway described as a feature of a development is not per-

manent, or fluctuates substantially in size or volume, the developer shall disclose this fact in all advertisements describing the feature.

- M. At the time an incentive is offered to visit any place where a sales presentation for a development is to be made and before the recipient of the incentive makes the trip, the developer shall disclose in writing all conditions, limitations, or recipient qualifications that will be applied.

**Historical Note**

Editorial correction new language subsection (D)(2) (Supp. 75-1). Former Section R4-28-16 repealed, new Section R4-28-16 adopted effective May 1, 1980 (Supp. 80-3). Amended by adding subsection (T) effective March 13, 1981 (Supp. 81-2). Amended subsection (F) effective June 9, 1982 (Supp. 82-3). Amended effective August 1, 1986 (Supp. 86-4). Former Section R4-28-16 renumbered without change as Section R4-28-504 (Supp. 87-1). Section R4-28-504 amended by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1). Amended by final rulemaking at 11 A.A.R. 506, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**ARTICLE 6. REPEALED****R4-28-601. Repealed****Historical Note**

Former Section R4-28-17 repealed, new Section R4-28-17 adopted effective May 1, 1980 (Supp. 80-3). Former Section R4-28-17 renumbered without change as Section R4-28-601 (Supp. 87-1). Repealed effective February 28, 1995 (Supp. 95-1).

**ARTICLE 7. COMPENSATION****R4-28-701. Compensation Sharing Disclosure**

A real estate broker shall disclose to all the parties in a transaction, in writing at least three calendar days before closing, the name of each employing broker who represents a party to the transaction and who will receive compensation from the transaction.

**Historical Note**

Former Section R4-28-18 repealed, new Section R4-28-18 adopted effective May 1, 1980 (Supp. 80-3). Amended by adding subsection (B) effective March 13, 1981 (Supp. 81-2). Former Section R4-28-18 renumbered without change as Section R4-28-701 (Supp. 87-1). Section R4-28-701 amended by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 1886, effective May 2, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 3640, effective August 6, 2002 (Supp. 02-3). Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**ARTICLE 8. DOCUMENTS****R4-28-801. Repealed****Historical Note**

Former Section R4-28-19 repealed, new Section R4-28-19 adopted effective May 1, 1980 (Supp. 80-3). Amended effective August 28, 1986 (Supp. 86-4). Former Section R4-28-19 renumbered without change as Section R4-28-801 (Supp. 87-1). Amended subsection (A) effective

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November 27, 1987 (Supp. 87-4). Correction to subsection (D), from "...management shall..." to "...management agreement shall..." as certified effective August 28, 1986. Amended subsections (A), (C) and (D) effective June 6, 1989 (Supp. 89-2). Amended effective February 28, 1995 (Supp. 95-1). Former Section R4-28-801 repealed by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1).

**R4-28-802. Conveyance Documents**

- A. Upon execution of any transaction document a licensee shall expeditiously deliver a legible copy of the signed document and final agreement to each party signing the document.
- B. During the term of a listing agreement, a licensee shall promptly submit to the licensee's client all offers to purchase or lease the listed property. Upon receiving permission from the seller or lessor, the licensee acting on behalf of the seller or lessor may disclose to all offerors or their agents the existence and terms of all additional offers on the listed property. The licensee shall submit to the client all offers made prior to closing and is not released from this duty by the client's acceptance of an offer unless the client instructs the licensee in writing to cease submitting offers or unless otherwise provided in the listing agreement, lease, or purchase contract. The licensee may voluntarily submit offers to the seller or lessor regardless of any limitations contained in the listing agreement and may submit offers after the listing agreement is terminated.
- C. Transaction statements. In addition to the requirements of A.R.S. §§ 32-2151.01 and 32-2174, the broker shall retain copies of all receipts and disbursements, copies of the executed and delivered escrow closing statements that evidence all receipts and disbursements in the transaction and any transaction documents signed by parties to the transaction or any disclosures made as part of the transaction.

**Historical Note**

Former Section R4-28-20 repealed, new Section R4-28-20 adopted effective May 1, 1980 (Supp. 80-3). Amended effective March 13, 1981 (Supp. 81-2). Former Section R4-28-20 renumbered without change as Section R4-28-802 (Supp. 87-1). Amended effective February 28, 1995 (Supp. 95-1). Section R4-28-802 amended by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1). Amended by final rulemaking at 8 A.A.R. 3640, effective August 6, 2002 (Supp. 02-3). Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-803. Contract Disclosures**

- A. A developer or the developer's agent shall ensure that any agreement or contract for the sale or lease of a property interest in a development that requires a public report contains substantially the following language in bold print or print larger than the other print used in the document above the signature portion of the document:  
**THE DEVELOPER SHALL GIVE A PROSPECTIVE PURCHASER A COPY OF THE PUBLIC REPORT AND AN OPPORTUNITY TO READ AND REVIEW IT BEFORE THE PROSPECTIVE PURCHASER SIGNS THIS DOCUMENT.**
- B. A developer or the developer's agent shall ensure that any agreement or contract for the sale or lease of a property interest in a development conspicuously discloses the nature of the document at or near the top of the document.

- C. The contract shall indicate where the earnest money or down payment, if any, will be deposited and shall include the name of the title company, the name of the broker's trust account, or other depository.
- D. Any agreement or contract for the sale or lease of a property interest in a development where a down payment, earnest money deposit, or other advanced money, if any, is paid directly to the seller and not placed in a neutral escrow depository, shall conspicuously disclose this fact within the document, and the purchaser shall sign or initial this provision indicating approval in the space adjacent to or directly below the disclosure in the purchase contract or agreement of sale. The following disclosure shall be written in large or bold print and shall be included in the public report, purchase contract, and agreement of sale.

**PROSPECTIVE PURCHASERS ARE ADVISED THAT EARNEST MONEY DEPOSITS, DOWN PAYMENTS, AND OTHER ADVANCED MONEY WILL NOT BE PLACED IN A NEUTRAL ESCROW. THIS MONEY WILL BE PAID DIRECTLY TO THE SELLER AND MAY BE USED BY THE SELLER. THIS MEANS THE PURCHASER ASSUMES A RISK OF LOSING THE MONEY IF THE SELLER IS UNABLE OR UNWILLING TO PERFORM UNDER THE TERMS OF THE PURCHASE CONTRACT.**

**Historical Note**

Adopted effective May 1, 1980 (Supp. 80-3). Amended Exhibit effective March 13, 1981 (Supp. 81-2). Former Section R4-28-21 renumbered without change as Section R4-28-803 (Supp. 87-1). Section R4-28-803 amended by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 1886, effective May 2, 2000 (Supp. 00-2). Amended by final rulemaking at 11 A.A.R. 506, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-804. Rescission of Contract**

- A. Any agreement or contract for the purchase or lease of an unimproved subdivided lot, or any unsubdivided land, shall contain substantially the following language in bold print or print larger than the other print used in the document above the signature portion of the document:

**THE PURCHASER OR LESSEE HAS THE LEGAL RIGHT TO RESCIND (CANCEL) THIS AGREEMENT WITHOUT CAUSE OR REASON OF ANY KIND, AND TO THE RETURN OF ANY MONEY OR OTHER CONSIDERATION BY SENDING OR DELIVERING A WRITTEN NOTICE OF RESCISSION TO THE SELLER OR LESSOR BY MIDNIGHT OF THE SEVENTH CALENDAR DAY FOLLOWING THE DAY THE PURCHASER OR LESSEE EXECUTED THE AGREEMENT. IF THE PURCHASER OR LESSEE DOES NOT INSPECT THE LOT OR PARCEL BEFORE THE EXECUTION OF THE AGREEMENT, THE PURCHASER OR LESSEE SHALL HAVE SIX MONTHS TO INSPECT THE LOT OR PARCEL, AND AT THE TIME OF INSPECTION SHALL HAVE THE RIGHT TO UNILATERALLY RESCIND THE AGREEMENT.**

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- B. Any agreement or contract for the purchase or lease of a time-share interval shall contain substantially the following language in bold print or print larger than the other print used in the document above the signature portion of the document:

**THE PURCHASER OR LESSEE HAS THE LEGAL RIGHT TO RESCIND (CANCEL) THIS AGREEMENT WITHOUT CAUSE OR REASON OF ANY KIND BY SENDING OR DELIVERING A WRITTEN NOTICE OF RESCISSION TO THE SELLER OR LESSOR BY MIDNIGHT OF THE TENTH CALENDAR DAY FOLLOWING THE DAY THE PURCHASER OR LESSEE EXECUTED THE AGREEMENT.**

- C. An opportunity to exercise rights of rescission shall be provided by conspicuously disclosing the complete and current name, address, telephone number, and email address of the seller on the face of all agreements and contracts. Delivery of all notices of rescission must be delivered in writing and are deemed delivered and received when hand delivered, sent via email, sent by courier service, or certified mail and seller must issue a receipt if hand delivered.

**Historical Note**

Adopted effective May 1, 1980 (Supp. 80-3). Former Section R4-28-22 renumbered without change as Section R4-28-804 (Supp. 87-1). Section R4-28-804 amended by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 1886, effective May 2, 2000 (Supp. 00-2). Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-805. Public Report Receipt**

When a public report is required, the developer shall provide an opportunity for prospective customers to review the public report and complete the public report receipt. The developer must obtain the purchaser's signature to verify that the prospective purchaser has received a copy of the public report and has been provided an opportunity to review the public report. The public report receipt must be completed on the form as provided with the approved public report.

**Historical Note**

New Section R4-28-805 adopted by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1). Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**ARTICLE 9. REPEALED**

**R4-28-901. Repealed**

**Historical Note**

Adopted effective May 1, 1980 (Supp. 80-3). Amended by adding subsection (E) effective August 28, 1986 (Supp. 864). Former Section R4-28-23 renumbered without change as Section R4-28-901 (Supp. 87-1). Repealed effective February 28, 1995 (Supp. 95-1).

**R4-28-902. Repealed**

**Historical Note**

Adopted effective May 1, 1980 (Supp. 90-3). Amended effective March 13, 1981 (Supp. 81-2). Former Section R4-28-24 renumbered without change as Section R4-28-902 (Supp. 87-1). Repealed effective February 28, 1995

(Supp. 95-1).

**ARTICLE 10. REPEALED**

**R4-28-1001. Repealed**

**Historical Note**

Adopted effective May 31, 1980 (Supp. 80-3). Amended subsection (A) effective August 1, 1986 (Supp. 864). Former Section R4-28-26 renumbered without change as Section R4-28-1001 (Supp. 87-1). Section R4-28-1001 amended by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1). Section repealed by final rulemaking at 11 A.A.R. 506, effective March 5, 2005 (Supp. 05-1).

**R4-28-1002. Expired**

**Historical Note**

New Section R4-28-1002 adopted by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1). Section expired under A.R.S. § 41-1056(E) at 10 A.A.R. 1893, effective February 29, 2004 (Supp. 04-2).

**ARTICLE 11. PROFESSIONAL CONDUCT**

**R4-28-1101. Licensee Duties**

- A. A licensee owes a fiduciary duty to the client and shall protect and promote the client's interests. The licensee shall also deal fairly with all other parties to a transaction.
- B. A licensee participating in a real estate transaction shall disclose in writing to all other parties any information the licensee possesses that materially or adversely affects the consideration to be paid by any party to the transaction, including:
  1. Any information that the seller or lessor is or may be unable to perform;
  2. Any information that the buyer or lessee is, or may be, unable to perform;
  3. Any known adverse material fact concerning the property or material defect existing in the property being transferred; and
  4. The existence of a lien or encumbrance on the property being transferred.
- C. A licensee shall expeditiously perform all acts required by the holding of a license. A licensee shall not delay performance, either intentionally or through neglect. If a licensee is unable to perform any act as required by rule or statute, they must expeditiously notify their designated broker of their inability to perform.
- D. A licensee shall not allow a controversy with another licensee to jeopardize, delay, or interfere with the initiation, processing, or finalizing of a transaction on behalf of a client. This prohibition does not obligate a licensee to agree to alter the terms of any employment or compensation agreement or to relinquish the right to maintain an action to resolve a controversy.
- E. A licensee shall not act directly or indirectly in a transaction without informing the other parties in the transaction, in writing and before the parties enter any binding agreement, of a present or prospective interest or conflict in the transaction, including that the:
  1. Licensee has a license and is acting as a principal;
  2. Purchaser or seller is a member of licensee's or designated broker's immediate family;
  3. Purchaser or seller has ownership or is the employee of the licensee's employing broker; or
  4. Licensee, or a member of the licensee's immediate family, has a financial interest in the transaction other than

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the licensee's receipt of compensation for the real estate services.

- F. A licensee shall not accept compensation from or represent more than one party to a transaction without the prior written consent of all parties.
- G. A licensee shall not accept any compensation, including rebate or other consideration, directly or indirectly, for any goods or services provided to a person if the goods or services are related to or result from a real estate transaction, without that person's prior written acknowledgement of the compensation. This prohibition does not apply to compensation paid to a broker by a broker who represents a party in the transaction.
- H. The services that a licensee provides to a client shall conform to the standards of practice and competence recognized in the professional community for the specific real estate discipline in which the licensee engages. A licensee shall not undertake to provide professional services concerning a type of property or service that is outside the licensee's field of competence without engaging the assistance of a person who is competent to provide those services, unless the licensee's lack of expertise is first disclosed to the client in writing and the client subsequently employs the licensee.
- I. A licensee shall exercise reasonable care in ensuring that the licensee obtains information material to a client's interests and relevant to the contemplated transaction and accurately communicates the information to the client. A licensee shall take reasonable steps to assist a client in confirming the accuracy of information relevant to the transaction.
- J. A licensee shall not:
  - 1. Permit or facilitate access to or occupancy in a person's real property without prior written authorization from the owner of the real property; or
  - 2. Deliver possession prior to closing unless expressly instructed to do so by the owner of the property or property interest being transferred.
- K. A licensee shall recommend to a client that the client seek appropriate counsel from insurance, legal, tax, and accounting professionals regarding the risks of pre-possession or post-possession of a property.

**Historical Note**

Adopted effective May 1, 1980 (Supp. 80-3). Former Section R4-28-27 renumbered without change as Section R4-28-1101 (Supp. 87-1). Section R4-28-1101 amended by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1). Amended by final rulemaking at 8 A.A.R. 3640, effective August 6, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 506, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-1102. Property Negotiations**

- A. Real estate licensees may not contact a principal represented by another licensee unless the principal's Designated Broker, broker representative with delegated authority, and the licensee are unavailable for 24 hours. A principal may waive or alter this requirement by issuing written instructions.
- B. For a buyer and unless the buyer waives this requirement in writing, negotiations must be conducted exclusively through the principal's broker or the broker's representative unless the designated broker, a broker with delegated authority from the designated broker, and the buyer's licensee with an agency relationship are unavailable for 24 hours.

**Historical Note**

Adopted effective May 1, 1980 (Supp. 80-3). Former Section R4-28-28 renumbered without change as Section R4-28-1102 (Supp. 87-1). Section R4-28-1102 amended by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1). Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-1103. Broker Supervision and Control**

- A. An employing broker and a designated broker shall exercise reasonable supervision and control over the licensed activities of licensees and others in the employ of the broker. Reasonable supervision and control includes the establishment and enforcement of written policies, procedures, and systems to:
  - 1. Review and manage:
    - a. Transactions of all licensees;
    - b. Use of disclosure forms and contracts;
    - c. Filing, storing, and maintaining documents pertaining to transactions under subsection (A)(4)(a);
    - d. Handling of trust funds;
    - e. Use of unlicensed assistants by a licensee, and;
    - f. Advertising.
  - 2. Oversee delegation of authority to others to act on behalf of the broker;
  - 3. Familiarize licensees with the requirements of federal, state, and local laws relating to the practice of real estate, or the sale of cemetery property or membership camping contracts; and
  - 4. Review and inspect:
    - a. Documents that may have a material effect upon the rights or obligations of a party to a transaction; and
    - b. Advertising and marketing by licensees in the broker's employ.
- B. A designated broker shall establish a system for monitoring compliance with statutes, rules, and the employing broker's policies, procedures, and systems. The established system is not limited to but must include a progressive disciplinary policy for managing violations of the employing broker's policies which would also represent a violation of any statutory requirement or prohibition related to real estate activity and failure of an employing broker to enforce the disciplinary policy would be a violation of subsection (D).
- C. A designated broker shall supervise licensees and employees of the employing broker and shall exercise reasonable supervision and control over activities by the employing broker for which a license is required.
- D. An employing broker is responsible for the acts of all licensees and other employees acting within the scope of their employment.
- E. A designated broker may use the services of employees to assist in administering the provisions of this Section but may not relinquish overall responsibility for supervision and control of the acts of the employing broker's employees.
- F. A designated broker who, upon learning of a violation of real estate statutes or rules by a licensee under the broker's supervision, immediately reports the violation to the Department is not subject to disciplinary action by the Department for failure to supervise the licensee.
- G. If an employing broker maintains one office and employs a designated broker, no more than one other licensed person, and no more than one unlicensed person, the employing broker and designated broker are not required to develop and maintain written policies, procedures, and systems as described in subsection (A).

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**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3640, effective August 6, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 506, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 11 A.A.R. 1496, effective June 4, 2005 (Supp. 05-2). Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**ARTICLE 12. DEVELOPMENTS****R4-28-1201. Renumbered****Historical Note**

Adopted effective May 1, 1980 (Supp. 80-3). Amended subsection (B) effective June 9, 1982 (Supp. 82-3). Former Section R4-28-29 renumbered without change as Section R4-28-1201 (Supp. 87-1). Former Section R4-28-1201 renumbered to R4-28-B1205 by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1).

**R4-28-1202. Repealed****Historical Note**

Former Section R4-28-30 repealed effective May 1, 1980, new Section R4-28-30 adopted effective May 1, 1980 (Supp. 80-3). Amended effective March 13, 1981 (Supp. 81-2). Former Section R4-28-30 renumbered without change as Section R4-28-1202 (Supp. 87-1). Repealed effective February 28, 1995 (Supp. 95-1).

**R4-28-1203. Renumbered****Historical Note**

Adopted effective May 1, 1980 (Supp. 80-3). Former Section R4-28-31 renumbered without change as Section R4-28-1203 (Supp. 87-1). Former Section R4-28-1203 renumbered to R4-28-B1203 by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1).

**R4-28-1204. Repealed****Historical Note**

Adopted effective May 1, 1980 (Supp. 80-3). Former Section R4-28-32 renumbered without change as Section R4-28-1204 (Supp. 87-1). Section R4-28-1204 repealed by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1).

**PART A. APPLICATION FOR PUBLIC REPORT,  
CERTIFICATE OF AUTHORITY, OR SPECIAL ORDER OF  
EXEMPTION**

**R4-28-A1201. Development Name; Lot Sales; Applicant**

**A.** Any person may submit a development application for a public report, a certificate of authority, or a special order of exemption, provided the applicant has a recorded ownership interest in the land, such as a deed, option, beneficial interest in a trust, or other recorded interest approved by the Commissioner. The application for a public report or certificate of authority shall contain the following information, as applicable:

1. The name of the development or cemetery, as shown on the recorded map, and the marketing name or names if one will be used;
2. The list of the lots to be offered, including the description of the sales offering;
3. The name, address, telephone number, and email address, if any, of the applicant; and
4. The applicable information in this Article, Parts A and B.

**B.** If the applicant is a corporation, the application shall contain the following information:

1. A current Certificate of Good Standing from the Arizona Corporation Commission;
2. A corporate resolution or other formation document, identifying the person or persons authorized to discuss, negotiate, and sign the application on behalf of the corporation; and
3. The name, address, and email address of each officer, director, and shareholder controlling or holding more than 10% of the issued and outstanding common shares, or 10% of any other proprietary, beneficial, or membership interest in the entity.

**C.** If the applicant is a partnership, the application shall contain the following information:

1. A copy of all partnership agreements;
2. Proof of registration with the Secretary of State if any partnership is a limited partnership, foreign or domestic;
3. If the general partner is a corporation, the information requested in subsection (B);
4. If the general partner is a limited liability company, the information requested in subsection (D); and
5. The name, address, and email address of each partner in the partnership.

**D.** If the applicant is a limited liability company, the application shall contain the following information:

1. A copy of the current Articles of Organization;
2. A copy of the current operating agreement and any amendments;
3. If not included in the operating agreement or Articles of Organization, a copy of the company resolution signed by all members stating whether management of the limited liability company is established as manager-controlled or member-controlled and the name of the member or manager appointed to act on behalf of the company and sign the application;
4. The name, address, and email address of each member, manager, and managerial employee, and the name and address of any person controlling or holding more than 10% of the membership interest in the limited liability company;
5. If a member is a corporation, the information requested in subsection (B);
6. If a member is a partnership, the information requested in subsection (C).

**E.** If the applicant is a trust, the application shall contain the name, address, and email address of each trustee, beneficiary, and anyone in control of the trust.

**F.** If the applicant is a subsidiary corporation, the application shall contain the name, address, and appropriate contact information for an individual within the parent corporation.

**Historical Note**

Section R4-28-A1201 adopted by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1). Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-A1202. Development Map; Location; Land Characteristics**

**A.** The applicant shall submit a legible paper copy, no larger than 11" x 17", or a legible digital copy of the recorded development map showing, as applicable:

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1. The county recorder's recording information, including the book and page of maps and recording date;
  2. County or city approval;
  3. Applicable dedications;
  4. Monuments, distances, and bearings; and
  5. Registered land surveyor certification.
- B.** The applicant shall identify the location of the development, including the street, city, county, and state, and:
1. The miles and direction from the nearest city or town, if applicable; and
  2. The most direct route for getting to the development from a federal, state, county, or city road.
- C.** The application shall include a description of the physical characteristics of the land and any unusual factors that may affect it, and:
1. The gross acreage of the development;
  2. The total number of lots within the development, including a description of phasing, if applicable; and
  3. Whether and how lots are permanently or temporarily staked or marked for easy location.

**Historical Note**

Section R4-28-A1202 adopted by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1).

Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-A1203. Flood and Drainage; Land Uses; Adverse Conditions**

The applicant shall state, or include as applicable, the disclosure of any known material facts which may include:

1. Whether the development is subject to any known flooding or drainage problems and a letter bearing the signature and seal of a professional civil, municipal, or county engineer, or county flood district detailing the drainage conditions and flood hazards. The letter shall include the effect of any flood plain and its location, the effect of a 100 year frequency storm, and whether flood insurance is required.
2. Whether the development lots are subject to subsidence or expansive soils. If subsidence or expansive soils exist, a professional engineer's letter addressing the effects of the condition, remedies, and a buyer's on-going responsibilities in plain language;
3. A description of the existing and proposed land uses in the vicinity of the development that may cause a nuisance or adversely affect lot owners, such as freeways, airports, sewer plants, railroads, and canals, including a description of all current and proposed adjacent land uses.
4. A description of any agricultural activity or condition in the area that may adversely affect a lot owner, including any odors, cultivation and related dust, agricultural burning, application of pesticides, or irrigation and drainage;
5. Whether the development lots are subject to any known geological or environmental condition that would or may be detrimental to a purchaser's health, safety, or welfare; or
6. Whether the development lots are located within the boundary of a federal, designated Superfund site or a state designated Water Quality Assurance Revolving Fund site.

**Historical Note**

Section R4-28-A1203 adopted by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1).

Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-A1204. Utilities**

The applicant shall include information about electrical, telephone, internet, natural gas, and any other utilities available, as applicable, to the development, including:

1. The names, addresses, website URL, email address, and telephone numbers of the utility provider;
2. The location of existing utilities in relation to the development;
3. The person or entity responsible for extending each utility to the lot lines;
4. If the developer will only install conduit, a description of the conduit, the location of the conduit, and any arrangement made to complete operational utilities to lot lines;
5. The estimated cost a lot purchaser will be required to pay and the estimated completion date if the developer is offering completion of a utility to the purchaser's lot line;
6. Upon completion of the utilities, other estimated costs or requirements that must be addressed before an average or median sized lot purchaser receives service, including the current service charges, hookup fees, turn-on fees, meter fees, and fees for pulling wire through conduit with disclosure of the dates that estimates were obtained and the size of the lot used for the estimation. Updated utility costs will not constitute a material change;
7. If propane gas will be used, a dated letter from the supplier stating that it will be providing service to the development, with a description of requirements to be met and costs to be paid by the lot purchaser for receiving the service; and
8. If street lights will be available, the person or entity responsible for completion, the estimated completion date and the person who will pay for the electricity

**Historical Note**

Section R4-28-A1204 adopted by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1).

Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-A1205. Water Supply**

An applicant shall include, as applicable, the information about any water supply to the development, including:

1. The type of water provider such as a municipal system, improvement district, public utility, private water company, co-operative, irrigation district, private well, water hauler, hydropanels, water technologies, or other source;
2. The name, address, and telephone number and as applicable, the URL website address and email address, of the water provider;
3. The compliance status of the water provider with federal and state environmental laws, as of the date of the application. If in noncompliance, provide an explanation;
4. The location of the water lines closest to the development;
5. If the developer is offering completion to the purchaser's lot line:
  - a. The name of the person or entity responsible for extending the water lines to the lot lines;
  - b. The estimated completion date for extending the water lines to the lot lines;



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- c. The estimated cost a lot purchaser will be required to pay above and beyond the purchase price for completion of the water lines to the purchaser's lot line and dates estimates were obtained;
  - d. The estimated cost a lot purchaser will pay above and beyond the purchase price for completion of water lines from the lot line to a dwelling and dates estimates were obtained, and;
  - e. Other costs or requirements before the lot purchaser receives water service, including the current service charges, hookup fees, turn-on fees, meter fees, and development fees and dates the estimates were obtained.
6. The name of the person or entity responsible for maintenance of the water lines within the development, other than from lot line to dwelling;
  7. The name of the person or entity who is or will be responsible for maintenance of the water lines outside the development;
  8. If outside of an Active Management Area and no current water source exists on the property, an addendum issued by the Department of Real Estate advising a consumer to investigate water availability before purchasing real property;
  9. If the source of water is a private well and domestic water cannot be obtained from a private well, whether the purchaser will be offered a refund of the purchase price and if so, an explanation of any condition or restriction involving the refund;
  10. The name and location of the water provider if domestic water will be transported or hauled by the lot purchaser. A cost estimate computed on a monthly basis for a four-member family, including the cost of water, cistern, and other holding tanks, pumps, or any other costs necessary to install an operational water system;
  11. A water adequacy report from the Arizona Department of Water Resources if the development is a subdivision or part of a subdivision located outside of a groundwater active management area;
  12. A water availability report from the Arizona Department of Water Resources if the development is unsubdivided land. A copy of the report or a brief summary of the report, approved by the Department, shall be displayed in all promotional material and contracts for sale; and
  13. If a water provider is a public service corporation, whether a Certificate of Convenience and Necessity from the Arizona Corporation Commission has been issued and, if not, an explanation of why a Certificate has not been issued.
2. The name, address, and telephone number and as applicable, the URL website address, email address, of the sewage disposal company;
  3. The compliance status of the sewage disposal provider with the Arizona Department of Environmental Quality as of the date of the application. If in noncompliance, provide an explanation;
  4. If the developer is offering completion to the purchaser's lot line:
    - a. The name of the person or entity responsible for extending the sewage disposal utility to the lot lines;
    - b. The estimated completion date for extending the utility;
    - c. The estimated cost the lot purchaser will pay for completion of the utility to the purchaser's lot line;
    - d. If offering an unimproved lot, the estimated cost a lot purchaser will pay for completion of the utility from the lot line to the dwelling, and;
    - e. Upon completion of the utility, other estimated costs or requirements that must be addressed before the lot purchaser receives service, including the service charge, hookup fees, tap-in fees, and development fees and dates the estimates were obtained.
  5. The name of the person or entity responsible for maintenance of the sewage disposal utility within the development, other than from lot line to dwelling;
  6. What cost, if any, will the lot purchaser pay toward maintenance of the sewage disposal utility;
  7. If a sewage disposal provider is a for-profit public service corporation, whether a Certificate of Convenience and Necessity from the Arizona Corporation Commission has been issued, and if not, an explanation of why a Certificate has not been issued;
  8. A description of the type of individual sewage disposal system the lot purchaser will be required to install in accordance with the standards and requirements of the Arizona Department of Environmental Quality or its designee;
  9. A description of all requirements and costs involved to install an operational individual sewage disposal system, including any cost for governmental licensing and permitting, equipment, and other installation, maintenance, and operation costs and dates the estimated costs were obtained;
  10. If an operational individual sewage disposal system cannot be installed, will the lot purchaser be offered a refund of the purchase price, and if so, an explanation of any condition or restriction involving the refund; and
  11. If a dry sewer system will be installed for future connection to a future provider, the name of the future provider, all requirements and costs for lot purchasers, and the estimated connection date.

**Historical Note**

Section R4-28-A1205 adopted by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 1886, effective May 2, 2000 (Supp. 00-2). Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-A1206. Sewage Disposal**

The applicant shall include, as applicable, the information about sewage disposal for the development, including:

1. Whether the sewage disposal will be provided by a municipality, improvement district, public utility, private company, or individual sewage disposal system;

**Historical Note**

Section R4-28-A1206 adopted by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1). Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-A1207. Streets and Access**

- A. The applicant shall demonstrate that there is permanent access to the land over terrain that may be traversed by conventional 2-wheel drive automobiles and emergency vehicles by provid-

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ing any of the following information or documents necessary to make the demonstration:

1. A statement from a title insurance company, signed by an authorized title officer, affirming that legal access exists to the development and lots within the development. The statement shall:
    - a. Describe the legal access by listing all recorded instruments which establish legal access,
    - b. Be accompanied by a map on which legal access is shown with accurate references to the recorded instruments,
    - c. Be accompanied by a legible copy of each recorded instrument listed in the statement.
  2. A statement bearing the seal and signature of a registered land surveyor or professional engineer, affirming that legal access to and within the development, as described in the title insurance company legal access statement, is over terrain that can be traversed by conventional 2-wheel drive automobiles and emergency vehicles. The statement shall affirm that:
    - a. The legal access corresponds with the actual physical access to the development and to the lots,
    - b. The legal access is permanent and describe how that permanence is assured.
  3. The recorded subdivision map which shows approval by the applicable city or county officials.
  4. Recorded easements or road dedications whether public or private. If private, the applicant shall ensure that development lot owners, emergency vehicles, and utility service providers have access rights.
  5. Land, on which easements and roads are provided, is traversable by conventional 2-wheel drive automobiles and emergency vehicles.
  6. Road maintenance programs that assure permanent access. Road maintenance programs include those administered by city or county governments, city or county improvement districts, or private property owner associations.
  7. Recorded documentation that establishes legal and permanent access for development lot owners through federal or state lands.
- B.** The applicant shall include a statement attesting that the interior streets are public or private; and
1. If any streets are private, a description of what provisions have been made to assure purchasers of a legal right to use the private streets;
  2. Whether the streets are completed;
  3. The standards to which the streets will be or are constructed;
  4. If the streets are not completed, the person responsible for completion and the estimated completion date;
  5. The type of existing and proposed surfacing;
  6. The cost, if any, the lot purchaser will pay toward street completion;
  7. The name of the person responsible for exterior and interior street maintenance;
  8. Whether a city or county is responsible for maintaining the streets and the approximate date when streets will be accepted for maintenance; and
  9. The cost, if any, the lot purchaser will pay toward street maintenance, to include participation in and cost of special taxing districts and community facility districts as authorized and appropriate by Arizona Revised Statute, Title 48.

#### Historical Note

Section R4-28-A1207 adopted by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1).  
Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-A1208. Flood Protection and Drainage Improvements**  
The applicant shall include with the application the following information about flood protection and drainage improvement:

1. A description of any current or proposed improvement;
2. The name of the person or entity responsible for completion of the improvement;
3. If the developer is completing the improvement, the estimated completion date of the improvement and the cost, if any, the lot purchaser will pay for completion and maintenance of the improvement and dates the estimated costs were obtained, to include participation in and cost of special taxing districts and community facility districts as authorized and appropriate by Arizona Revised Statute, Title 48;
4. The name of the person responsible for the continuing maintenance and expense of the improvement;
5. If a city or county is responsible for maintenance, the approximate date when the improvement will be accepted for maintenance, and;
6. The cost, if any, the lot purchaser will pay toward completion and maintenance of the improvement.

#### Historical Note

Section R4-28-A1208 adopted by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1).  
Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-A1209. Common, Community, or Recreational Improvements**

The applicant shall provide with the application a list of all common, community, or recreational improvements, located within the development, and include the following information:

1. The name of the person responsible for completion of each improvement;
2. The estimated completion date of each improvement;
3. The estimated cost a lot purchaser will be required to pay for the completion of each improvement;
4. The name of the person responsible for the continuing maintenance and expense of each improvement;
5. The cost, if any, the lot purchaser will be responsible for paying toward the maintenance of each improvement, and;
6. The cost, if any, the lot purchaser will pay toward common maintenance, to include cost of and participation in special taxing districts and community facility districts as authorized and appropriate by Arizona Revised Statutes, Title 48.

#### Historical Note

Section R4-28-A1209 adopted by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1).  
Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-A1210. Master Planned Community**

The applicant shall include the following information about a master planned community:

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1. A list of all improvements located outside the development, but included in the development offering, including all common, community and recreational improvements;
2. The name of the person or entity responsible for completing each improvement;
3. The estimated completion date of each improvement;
4. The name of the person or entity responsible for the continuing maintenance and expense of each improvement and date the estimate of costs were obtained, and;
5. The cost, if any, the lot purchaser will pay toward the completion and maintenance of each improvement, to include cost of and participation in special taxing districts and community facility districts as authorized and appropriate by Arizona Revised Statutes, Title 48.

**Historical Note**

Section R4-28-A1210 adopted by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1).  
 Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-A1211. Assurances for Completion and Maintenance of Improvements****A.** The applicant shall identify:

1. Whether arrangements have been made to assure the completion, delivery, and continued maintenance of the improvements listed in subsections R4-28-A1204 through R4-28-A1210, and;
2. Whether the assurances to complete and deliver the improvements have been approved by the county or city, where applicable, and if so, submit a copy of the county or city approval;

**B.** An applicant shall provide one or more of the following assurances for completion:

1. A surety or completion bond from an insurance company licensed in Arizona with a rating of good or higher from a rating agency and a copy of the rating. The bond shall specify which improvements are included and shall:
  - a. Be stipulated by and payable to a third party who is not the developer;
  - b. Be accepted and signed by all parties;
  - c. Not include an expiration date prior to the estimated completion date of the last improvement;
  - d. State when and how the third party may draw on the funds;
  - e. Be in an amount 10% greater than the estimated amount to complete all improvements, and;
  - f. Include a registered engineer's, architect's, or contractor's cost estimate to complete the improvements.
2. An irrevocable letter of credit from a financial institution licensed to do business in Arizona. The irrevocable letter of credit shall specify which improvements are included and shall:
  - a. Be stipulated by and payable to a third party who is not the developer;
  - b. Be accepted and signed by all parties;
  - c. Not include an expiration date prior to the estimated completion date of the last improvement;
  - d. State when and how the third party may draw on the funds;
  - e. Be in an amount 10% greater than the estimated amount to complete all improvements;

- f. Include a registered engineer's, architect's, or contractor's cost estimate to complete the improvements;
  - g. State that repayment is the responsibility of the developer and not of the third party, and;
  - h. State that the irrevocable letter of credit is noncancelable.
3. A loan commitment and agreement from a lender licensed in Arizona. The loan commitment and agreement shall specify which improvements are included and shall:
    - a. Be stipulated by and payable to a third party who is not the developer;
    - b. Be accepted and signed by all parties;
    - c. Not include an expiration date prior to the estimated completion date of the last improvement;
    - d. State when and how the third party may draw on the funds;
    - e. Be in an amount 10% greater than the estimated amount to complete all improvements;
    - f. Include a registered engineer's, architect's, or contractor's cost estimate to complete the improvements, and;
    - g. State that repayment is the responsibility of the developer and not of the third party even if the third party draws on the funds.
  4. A trust or escrow account with a financial institution or escrow company licensed in Arizona. The trust or escrow account shall specify which improvements are included and shall:
    - a. Be stipulated by and payable to a third party who is not the developer;
    - b. Be accepted and signed by all parties;
    - c. Not include an expiration date prior to the estimated completion date of the last improvement;
    - d. State when and how the third party may draw on the funds;
    - e. Be in an amount 10% greater than the estimated amount to complete all improvements;
    - f. Include a registered engineer's, architect's, or contractor's cost estimate to complete the improvements, and;
    - g. Directly pay for the improvements completed or release funds to the developer upon written verification from a registered engineer that the improvements have been completed in accordance with the plan.
  5. City and county trust agreement. A municipal or county government may enter into an assurance agreement with a trustee to hold a lot conveyance until improvements are completed:
    - a. The trustee is an escrow company licensed in Arizona, and;
    - b. The agreement is recorded.
  6. Written escrow agreement. A developer may enter into a written escrow agreement with a title insurance company or escrow company to escrow all funds and prohibit close of escrow until all improvements are complete. The agreement shall contain the following stipulations:
    - a. The funds are not released nor the purchaser's deed or other relevant documents recorded until the developer's architect or engineer certifies to the Department and the escrow agent that the project is

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- complete, ready for occupancy, and in compliance with all city and county requirements;
- b. If the completion date is not met:
    - i. The developer will give purchasers notice that completion dates were not met and an updated completion schedule,
    - ii. A purchaser may, within 30 days of receiving the notice specified in subsection (B)(6)(b)(i), cancel and receive a full refund by sending written notice to the escrow agent,
    - iii. The public report is invalid and all sales are suspended, and;
    - iv. The Department considers the public report valid if improvements are completed at a later date and the public report is complete and accurate.

7. Subdivision assurances. The municipal or county government shall prohibit occupancy and a subdivider shall not close escrow on lots sold in a subdivision until all proposed or promised subdivision improvements are complete.

- a. The subdivider shall submit an agreement or copy of the ordinance from the city or county prohibiting occupancy until all proposed or promised subdivision improvements are complete.
- b. If improvements are completed in phases, the subdivider shall submit complete details of the phasing program, including approval of the phasing by the city or county and the completion schedule for the phases to the Department.
- c. The subdivider shall submit a written statement that no escrow will close on any lot until all subdivision improvements are complete. If a lot is within a phase of the subdivision where all improvements are complete and can be used and maintained separately from the improvements required for the entire subdivision the escrow may be closed.
- d. The subdivider shall submit a copy of the subdivider's purchase contract containing in large or bold print the condition that escrow will not close until the city or county issues its occupancy clearance and all subdivision improvements are complete.
- e. Any improvement offered or promised to a purchaser that is scheduled for completion in a later phase of completion shall have its completion assured by an alternative method of assurance listed in this Section.
- f. If the subdivider's sales include unimproved (vacant) lots, the subdivider shall deposit all earnest money into a neutral escrow depository until escrow closes.

8. Any other assurance satisfactory to the Department that is not listed in subsections (B)(1) through (B)(7).

- C. If the construction of any improvement is completed in phases, the applicant shall provide a description of the phased schedule of completion, including the lots in each phase and estimated completion dates.

**Historical Note**

Section R4-28-A1211 adopted by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 1886, effective May 2, 2000 (Supp. 00-2). Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-A1212. Schools and Services**

- A. The applicant shall include the following information about schools:
  1. The public school district;
  2. The location of and distance to the nearest public and applicable public charter, elementary, junior, and high schools and whether school bus or other transportation is available;
  3. The type and location of any other school located within a 0.5 mile radius of the exterior boundaries of the development.
- B. The applicant shall include the following information about services:
  1. Community shopping. The location and distance from the development of the nearest community shopping area where food, drink, and medical supplies may be purchased as of the date of application for the public report;
  2. Public transportation. The type, provider, location, and distance to the nearest access point to public transportation for the development;
  3. Medical facility. The type, provider, location, and distance to the nearest medical facility;
  4. Fire protection. Whether fire protection is available to the development, the name of the provider, the estimated cost to the lot purchaser and the date the estimate was obtained, and whether the service is private, municipal, volunteer, or other type of fire department;
  5. Ambulance service. Whether ambulance service is available to the development and whether the development is in a 911 service area. If 911 service is not available, the name, address, and telephone number of the ambulance service and the estimated cost to the lot purchaser and the date the estimate was obtained, and whether the service is private, municipal, volunteer, or other type of service;
  6. Law Enforcement service. Whether law enforcement service is available to the development, and the name of the provider;
  7. Refuse collection. Whether provisions have been made for refuse collection, the name of the service provider, and the cost to the lot purchaser. If no provisions have been made, what if any services are available to a buyer to dispose of refuse.
  8. USPS Office. The location and distance from the development of the nearest physical location of a facility operating as the primary office for the United States Postal Service.

**Historical Note**

Section R4-28-A1212 adopted by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1). Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-A1213. Property Owners' Association**

The applicant shall provide the following information about a property owner's association:

1. The name of the association, if any;
2. The name of the master property owners' association, if any;
3. The breakdown and estimated total amount of association assessment that property owners will be required to pay, and how it will be paid;
4. Whether the association is legally formed and operational;

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5. The URL to the Covenants, Conditionals and Restrictions, and Bylaws of the Association, if available;
6. When and under what conditions control of the association will be released to lot purchasers;
7. When and under what conditions title to the common areas will be transferred to the association;
8. Whether the common areas are subject to any lien or encumbrance. If yes, explain how purchasers' use and enjoyment of common areas will be protected in the event of default;
9. Whether all lot owners will be required to be members of the association. If not, explain;
10. Whether nonmembers will be liable for payments to the association; and
11. A copy of the Articles of Incorporation and Bylaws in effect.

**Historical Note**

Section R4-28-A1213 adopted by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1).  
Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-A1214. Development Use**

The applicant shall provide the following information about development use:

1. Whether unimproved (vacant) lots or improved (with building) lots will be sold or leased;
2. The use for which development lots will be offered and an identification of the lots and their proposed use if more than one use is contemplated;
3. Whether the development or any lot is subject to restrictions;
  - a. If yes, explain the restriction;
  - b. If yes, explain whether this restriction is in compliance with the Federal Fair Housing Act.
4. Whether all or any portion of the development is located in an open range or area in which livestock may roam at large under the laws of this State and what provisions, if any, have been made for the fencing of the development to prevent livestock from roaming within the development and on a purchaser's lot. If land is located in an open range or area in which livestock may roam at large, the purchase contract shall contain:
  - a. Any provisions for the fencing of the development to prevent livestock from roaming within the development; and
  - b. Any fencing requirements for the buyers to prevent livestock from roaming on their property.
5. Whether mineral rights are, or will be, reserved from the development lots and what the effect will be on lot owners if the minerals are extracted from the development; and
6. A full written disclosure of any condition or provision not specified in subsections (1) through (5) that may limit the use or occupancy of the property.

**Historical Note**

Section R4-28-A1214 adopted by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1).  
Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-A1215. Development Sales**

The applicant shall provide a description of the sales offering and:

1. A description of how sales or leases will be made and the manner by which title, right, or other interest is to be conveyed to the purchaser, including copies of sales and lease transaction documents;
2. Indicate where the purchaser's deposit and earnest monies will be deposited and held;
3. If the deposit monies are available for use by the seller, when and under what conditions the monies will be refunded;
4. Indicate when the lot purchaser will be permitted to use and occupy the lot;
5. An explanation if the purchaser will not receive title free and clear of all liens;
6. Indicate whether any of the property will be leased, and if so:
  - a. Provide a description of any provision for increase of rental payments during the term of the lease and any provisions in the lease prohibiting assignment or subletting, or both;
  - b. Indicate whether the lease prohibits the lessee from mortgaging or otherwise encumbering the leasehold; and
  - c. Indicate whether the lessee is permitted to remove an improvement when the lease expires.
7. The name, license number, address, telephone number, and email address of the Arizona broker who will be responsible for sales. If none, explain why;
8. The name, email address, and telephone number of the custodian of the records for the development and the physical or electronic location where the records will be kept;
9. Indicate whether the property has been or will be offered for sale before the date of the development application and explain if either are true, and;
10. Indicate whether the sales documents contain all contract disclosures required by rule and statute.

**Historical Note**

Section R4-28-A1215 adopted by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1).  
Amended by final rulemaking at 11 A.A.R. 506, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-A1216. Title Reports and Encumbrances**

The applicant shall provide the following information concerning title reports and encumbrances:

1. Copies of any unrecorded liens or encumbrances against the property;
2. A title report showing:
  - a. An effective date not more than 30 days before Department receipt. The Department may request that the applicant update the title report so that it is not more than 30 days old when the public report is issued;
  - b. A legal description based upon a recorded map, condominium or timeshare declaration. Metes and bounds legal descriptions shall be used only for membership camping application title reports;
  - c. The applicant's interest in the property;
  - d. The name and telephone number of the preparer and entity employing the preparer who prepared the title report;

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- e. A description of any restriction or conditions which must be met to secure title, if applicable; and
  - f. The following statement after the title exceptions: "There are no further matters of record affecting the land."
3. Legible copies of all recorded and unrecorded documents reflected by the title report, or known to applicant, such as restrictions, easements, liens, encumbrances, trust agreements, options, and maps.

**Historical Note**

Section R4-28-A1216 adopted by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1).  
Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-A1217. ADEQ Approval**

The applicant shall obtain approval of sanitary facilities for the subdivision from the Arizona Department of Environmental Quality or its designee.

**Historical Note**

Section R4-28-A1217 adopted by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1).  
Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-A1218. Property Registrations in Other Jurisdictions**

The applicant shall provide a list of the jurisdictions where a property registration was filed or accepted by another department of real estate or similar regulatory agency.

**Historical Note**

Section R4-28-A1218 adopted by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1).  
Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-A1219. Condominium Developments**

The applicant shall provide the following information about condominium developments:

1. A copy of the recorded condominium declaration, map, and amendments in effect, and
2. An opinion letter from an attorney licensed to practice in Arizona, stating that the condominium plat and declaration of condominium are in compliance with the requirements of A.R.S. §§ 33-1215 and 33-1219.

**Historical Note**

Section R4-28-A1219 adopted by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1).

**R4-28-A1220. Foreign Developments**

- A. Unless exempt pursuant to A.R.S. § 32-2181.02, an applicant shall ensure that any development located outside the state that is advertised, promoted, or sold within the state complies with all Arizona laws and rules as if the land was located in the state.
- B. Any law or rule that is specific to Arizona may be waived by the Department, or the Department may request and accept the domicile state or country's equivalent form of documentation.
- C. The applicant shall provide evidence that the domicile state or country has authorized the sale of lots and that the development is in compliance and good standing. If the domicile state

or country issues a public report or equivalent, the application shall include the report.

**Historical Note**

Section R4-28-A1220 adopted by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1).

**R4-28-A1221. Expired**

**Historical Note**

Section R4-28-A1221 adopted by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1).  
Section R4-28-A1221 expired under A.R.S. § 41-1056(J) at 30 A.A.R. 3144 (October 25, 2024), effective October 1, 2024 (Supp. 24-4).

**R4-28-A1222. Membership Camping Developments**

The applicant shall provide a description of any lakes, streams, or other natural features marketed as being available for recreational use and, as applicable, any additional terms or conditions for their use.

**Historical Note**

Section R4-28-A1222 adopted by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1).  
Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-A1223. Affidavit**

The applicant shall sign an affidavit attesting that the information found in the application is true and correct.

**Historical Note**

Section R4-28-A1223 adopted by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1).

**PART B. GENERAL INFORMATION**

**R4-28-B1201. Expired**

**Historical Note**

Section R4-28-B1201 adopted by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1).  
Section R4-28-B1201 expired under A.R.S. § 41-1056(J) at 30 A.A.R. 3144 (October 25, 2024), effective October 1, 2024 (Supp. 24-4).

**R4-28-B1202. Conditional Sales Exemption**

- A. Any developer applying for a special order of exemption authorizing the offer for sale of a subdivision lot or unsubdivided land before issuance of a public report shall provide the following information to the Department:
  1. The completed and executed Petition for Conditional Sales Exemption;
  2. The completed and executed subdivision or unsubdivided land application for a public report;
  3. The purchase contract containing all required contract disclosures and the Conditional Sales Addendum;
  4. A current title report showing the ownership interest of the developer and acceptable condition of title;
  5. A copy of the recorded development map, or if not recorded, a copy of the unrecorded map;
  6. A copy of the Condominium Declaration, if applicable;
  7. A Certificate of Assured Water Supply, or a letter from the Arizona Department of Water Resources or other evidence that the property is located in an area designated as having an assured water supply, if the property is located in a groundwater active management area;

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8. A water adequacy report from the Arizona Department of Water Resources or evidence that the property is located in an area designated as having an adequate water supply, if the property is located outside of a groundwater active management area; and
  9. Any other information requested by the Department that is deemed necessary for consideration of the exemption.
- B.** The conditional sales exemption shall expire upon issuance or denial of the public report, or upon issuance of an order to summarily suspend sales, to cease and desist, or a voluntary suspension of sales by the developer or owner.

**Historical Note**

Section R4-28-B1202 adopted by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1).  
Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-B1203. Material Change; Public Report Amendments**

- A.** The developer shall notify the Department of all material changes in the information required by A.R.S. Title 32, Chapter 20, Articles 4, 7, 9, and 10, or 4 A.A.C. 28, Article 12, Part A.
- B.** The developer must amend the public report if a material change reported in subsection (A) adversely impacts a potential purchaser or lessee.
- C.** Completion Date Extension.
  1. A developer may apply to the Department for an amendment to a public report to extend the completion date of any improvement by providing an affidavit from the developer attesting that each purchaser, owner, and the city or county officials responsible for improvements were provided written notice of the completion status of the improvement, including a list of all people who were provided notice.
  2. The Department may deny the application to extend the completion date beyond the first extension if a purchaser, owner, or municipal or county official opposes issuance of an amended public report to extend a completion date.
  3. If an extension is denied, the developer shall provide the Department with a written agreement to suspend sales until the improvement is complete or the Department may issue a summary suspension order as provided in A.R.S. § 32-2157(B).
- D.** To amend a public report, a developer shall submit payment of the applicable amendment fee and the following information:
  1. The name and registration number of the development;
  2. The name and signature of the developer;
  3. A list of the changes to the development and sales offering or in the information previously provided to the Department;
  4. Status of sales as prescribed in subsections (C) and (E); and
  5. A purchase contract addendum, to be signed and dated by both seller and purchaser, acknowledging that the sale is conditioned upon issuance of the amended public report and purchaser's receipt and acceptance of the amended public report.
- E.** Suspension of sales.
  1. If necessary for the protection of purchasers, the Department may suspend approval to sell or lease pending amendment of the report.
  2. In lieu of issuing a suspension order under A.R.S. § 32-2157, the Department may accept a developer's written

agreement to suspend sales until the amended public report has been issued by the Department.

- F.** If the Department determines that a suspension of sales is not necessary for the protection of purchasers and approves the proposed disclosure of the change, sales may continue if the prospective purchaser is provided a copy of the current public report and disclosure of all changes before signing a contract. Completion of sales is conditioned upon the developer obtaining and delivering to each purchaser under contract the amended public report.
- G.** Upon obtaining the amended report, the developer shall provide a copy to prospective purchasers in place of the earlier public report and obtain a receipt for the amended public report.
- H.** If an application to amend a public report is denied, the Department shall notify the developer in writing of the statutory basis for the denial and of the developer's right to a fair hearing.

**Historical Note**

Section R4-28-B1203 renumbered from R4-28-1203 and amended by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 1886, effective May 2, 2000 (Supp. 00-2). Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-B1204. Cemetery Notice; Amendments**

A change to information required pursuant to the provisions of Title 32, Chapter 20, Article 6, R4-28-301(A), or any other Section, requires amendment of the notice filed pursuant to A.R.S. 32-2194.01.

**Historical Note**

Section R4-28-B1204 adopted by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1).

**R4-28-B1205. Expired**

**Historical Note**

Section R4-28-B1205 renumbered from R4-28-1201 and amended by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1). Section R4-28-B1205 expired under A.R.S. § 41-1056(J) at 30 A.A.R. 3144 (October 25, 2024), effective October 1, 2024 (Supp. 24-4).

**R4-28-B1206. Filing with the Appropriate Federal Agency**

If the subdivider requests that a subdivision public report be certified by the Department for filing with the appropriate Federal Agency, the subdivider shall comply with the terms, conditions, and requirements of the appropriate Federal Agency certification agreement.

**Historical Note**

Section R4-28-B1206 adopted by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1).  
Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-B1207. Subsequent Owner**

- A.** Except as provided in A.R.S. § 32-2181.02, any developer who is a successor in interest to six or more lots within a subdivision on which the Department previously issued a public report shall file an application for and obtain a new public report before offering or selling any lot.

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- B. Any developer who is a successor in interest to six or more parcels within an unsubdivided land development on which the Department previously issued a public report shall file an application for and obtain a new public report before offering or selling any parcel.
- C. Any developer who is a successor in interest to 12 or more time-share intervals within a time-share project on which the Department previously issued a public report shall file an application for and obtain a new public report, before offering or selling any interval.
- D. The Department shall not issue a new public report to a subsequent owner of a development if the previous developer failed to complete proposed improvements in accordance with estimated completion dates specified in the previously issued public report until one of the following occurs:
  1. The subsequent owner makes financial arrangements, as described in R4-28-A1211, in favor of the local governmental authority and for the benefit of purchaser, securing the owner's promise to complete the previously proposed improvements by a designated date; or
  2. The subsequent owner becomes obligated to place all sales funds in a neutral escrow depository until the Department is furnished satisfactory evidence that all proposed improvements have been completed or accepted by the city or county; or
  3. Permission is obtained by all previous purchasers in the development for completion of the proposed improvements by the new designated date for completion; or
  4. The subsequent owner establishes to the satisfaction of the Department that adequate financial arrangements have been made to assure completion of the proposed improvements by the new designated date for completion.
- E. The Commissioner may approve an application for a subsequent ownership exemption if:
  1. Lots, parcels or fractional interests are owned by a licensed financial institution in this state as a result of foreclosure and are being sold by the financial institution or on behalf of the financial institution by a licensee if limited to those that have been included with a previous public report when the public report was approved within the last ten years and no material changes have occurred within the public report.
  2. Lots, parcels or fractional interests, condominiums, or timeshare projects where compliance is not essential to the public interest or for the protection of buyers include, but are not limited to, those that have been included within a previous public report approved within the last ten years where the applicant for an exemption attests there are no material changes altering the facts of the public report.

**Historical Note**

Section R4-28-B1207 adopted by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 1886, effective May 2, 2000 (Supp. 00-2). Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-B1208. Public Report Correction**

If the public report contains an error, the Department shall correct the report at its own expense. Additional or changed information that was known to the developer before issuance of the report is not an error. The Department shall not correct the public report after it

has been in effect for 10 days. After 10 days, the developer shall change the report through the development amendment process, established in R4-28-B1203, with payment of the applicable amendment fee.

**Historical Note**

Section R4-28-B1208 adopted by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1).

**R4-28-B1209. Options; Blanket Encumbrances; Releases**

- A. The Department shall not issue or amend a public report for any lot held under option or subject to a blanket encumbrance if a condition precedent to the optionee's right to acquire the lot or to release from the blanket encumbrance shows that the lot shall not be released if the encumbrance is in default because of a cross-default provision contained in the encumbrance.
- B. The developer may require payment of a premium to permit the acquisition or release of the lot.
- C. When a blanket encumbrance clouds title to a development, the developer shall place a written statement from the holder of the blanket encumbrance in the public report application, quoting the provisions that enable a buyer to acquire title to a lot, free of the blanket encumbrance.

**Historical Note**

Section R4-28-B1209 adopted by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1). Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-B1210. Earnest Money**

The Department may require a developer to deposit earnest money and down payments in a neutral depository based on revocation of a prior public report or specific knowledge of the developer's failure to meet prior public report obligations. The developer shall deposit earnest money and down payments in a neutral depository if:

1. The seller is in bankruptcy, or;
2. The sale is conditional pursuant to R4-28-B1202.

**Historical Note**

Section R4-28-B1210 adopted by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1). Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-B1211. Recordkeeping**

If real property in a development is sold or leased by a developer without the services of a listing or selling broker, the developer shall keep all records as required by A.R.S. § 32-2151.01(A) and (C).

**Historical Note**

Section R4-28-B1211 adopted by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1).

**ARTICLE 13. ADMINISTRATIVE PROCEDURES****R4-28-1301. Repealed****Historical Note**

Adopted effective May 1, 1980 (Supp. 80-3). Amended effective March 13, 1981 (Supp. 81-2). Former Section R4-28-33 renumbered without change as Section R4-28-1301 (Supp. 87-1). Section R4-28-1301 repealed by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1).



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**R4-28-1302. Service of Pleadings Subsequent to Complaint and Notice**

- A. Service of pleadings subsequent to complaint and notice of hearing shall be made by personal service or by mail to the last known address of record of the party, the party's statutory agent of record, or the party's counsel. If service is made by mail, response time shall be increased by five days. Service by mail is complete upon mailing.
- B. Any person filing a pleading or brief with the Department shall also file with the Attorney General.

**Historical Note**

Adopted effective May 1, 1980 (Supp. 80-3). Former Section R4-28-34 renumbered without change as Section R4-28-1302 (Supp. 87-1). Section R4-28-1302 amended by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1). Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-1303. Information Obtained in an Investigation**

- A. The Department shall ensure that information and documents in open audits and investigations remain confidential. Officers and employees of the Department shall not make confidential information or documents available to anyone other than the Attorney General or the Attorney General's representative, or authorized employees of the Department, unless the Commissioner authorizes disclosure of the information or production of documents as being in the public interest.
- B. Upon request, the Department shall disclose the existence of and make available for review audit and investigative files that were closed within five years of the request for the information, subject to redaction of confidential or privileged information and subject to availability based on the Department's retention schedule.

**Historical Note**

Adopted effective May 1, 1980 (Supp. 80-3). Former Section R4-28-35 renumbered without change as Section R4-28-1303 (Supp. 87-1). Section R4-28-1303 amended by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1). Amended by final rulemaking at 11 A.A.R. 506, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-1304. Response; Default**

- A. A response shall specifically admit, deny, or state that the party does not have, or is unable to obtain, sufficient information to admit or deny each allegation in the complaint. A statement of a lack of information shall have the effect of a denial. Any allegation not denied is deemed to be a violation of A.R.S. § 32-2153(B)(10). When a party intends in good faith to deny only a part of an allegation, the party shall admit so much of it as is true and shall deny the remainder.
- B. If the party fails to file a response or after being served notice, fails to appear at a hearing within the time provided by the statute under which the hearing is commenced, the Department may file an Affidavit of Default against the party, and proceed to take action against the party based upon the allegations of the charges. This action may be taken before the hearing date established in the Notice of Hearing. The party may file a motion to vacate the default and any action taken by the Commissioner within 15 days after receiving a copy of the default and the action or order by the Commissioner. For good

cause, the Commissioner may vacate a default and any action taken and reschedule a hearing.

- C. Every response filed pursuant to this Section shall be signed by the filing party or by at least one attorney, in the attorney's individual name, who represents the party, and shall be verified.

**Historical Note**

Adopted effective May 1, 1980 (Supp. 80-3). Former Section R4-28-36 renumbered without change as Section R4-28-1304 (Supp. 87-1). Amended subsection (D) effective November 27, 1987 (Supp. 87-4). Section R4-28-1304 amended by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1). Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-1305. Notice of Representation; Notice of Appearance**

- A. A party may represent themselves, appoint someone to represent them, or be represented by a member of the State Bar of Arizona.
- B. Any person intending to represent a party in an investigation or audit shall submit to the Department a completed Notice of Representation.
- C. Any person representing a party at a contested case hearing or an appealable agency action as counsel shall properly file a Notice of Appearance which shall advise the Department of the person's intent to appear on behalf of a party. The notice shall be filed with the Office of Administrative Hearings and served on all parties and shall contain:
1. The title of the case,
  2. The name of the agency ordering the hearing,
  3. The current address and telephone number of the person appearing, and
  4. The name of the party for whom the person is appearing.

**Historical Note**

Adopted effective May 1, 1980 (Supp. 80-3). Former Section R4-28-37 renumbered without change as Section R4-28-1305 (Supp. 87-1). Amended subsections (B) and (C) effective November 27, 1987 (Supp. 87-4). Section R4-28-1305 amended by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1). Amended by final rulemaking at 31 A.A.R. 4267 (November 7, 2025), effective December 13, 2025 (Supp. 25-4).

**R4-28-1306. Repealed****Historical Note**

Adopted effective May 1, 1980 (Supp. 80-3). Former Section R4-28-38 renumbered without change as Section R4-28-1306 (Supp. 87-1). Amended subsections (A), (B), and (C) effective November 27, 1987 (Supp. 87-4). Section R4-28-1306 repealed by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1).

**R4-28-1307. Expired****Historical Note**

Adopted effective May 1, 1980 (Supp. 80-3). Amended subsection (E) effective March 13, 1981 (Supp. 81-2). Former Section R4-28-39 renumbered without change as Section R4-28-1307 (Supp. 87-1). Amended effective November 27, 1987 (Supp. 87-4). Section R4-28-1307 amended by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1). Section expired under A.R.S. § 41-1056(E) at 10 A.A.R. 1893, effective Febru-

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ary 29, 2004 (Supp. 04-2).

**R4-28-1308. Repealed**

**Historical Note**

Adopted effective May 1, 1980 (Supp. 80-3). Amended effective March 13, 1981 (Supp. 81-2). Former Section R4-28-40 renumbered without change as Section R4-28-1308 (Supp. 87-1). Amended effective November 27, 1987 (Supp. 87-4). Section R4-28-1308 repealed by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1).

**R4-28-1309. Repealed**

**Historical Note**

Adopted effective May 1, 1980 (Supp. 80-3). Amended effective June 23, 1983 (Supp. 83-3). Former Section R4-28-41 renumbered without change as Section R4-28-1309 (Supp. 87-1). Amended effective November 27, 1987 (Supp. 87-4). Section R4-28-1309 repealed by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1).

**R4-28-1310. Rehearing or Review of Decision; Response; Decision**

- A.** Unless otherwise provided by statute or rule, any party to a hearing before the Office of Administrative Hearings who is aggrieved by a decision rendered in a case may, pursuant to A.R.S. § 41-1092.09, file with the Commissioner a written motion for rehearing or review of the decision. The motion shall specify the particular grounds for rehearing or review. The moving party shall serve copies upon all other parties. A motion for rehearing or review under this Section may be amended at any time before the Commissioner rules upon the motion.
- B.** A rehearing or review of the decision may be granted for any one of the following causes that materially affect the moving party's rights:
1. Irregularity in the proceedings or any order or abuse of discretion by the administrative law judge that deprived a party of a fair hearing;
  2. Misconduct by the Department, administrative law judge, or the prevailing party;
  3. Accident or surprise that could not have been prevented by ordinary prudence;
  4. Newly discovered material evidence that could not with reasonable diligence have been discovered and produced at the original hearing;
  5. Excessive or insufficient penalties;
  6. Error in the admission or rejection of evidence or other errors of law occurring during the proceeding;
  7. That the findings of fact or decision is arbitrary, capricious, or an abuse of discretion;
  8. That the findings of fact or decision is not supported by the evidence or is contrary to law.
- C.** Presenting specific grounds for rehearing or review, affidavits and relief sought.
1. Each party filing a motion for rehearing or review shall specify in the motion which of the grounds listed in subsection (B) the motion is based upon and shall set forth specific facts and law in support of the rehearing or review. The party may cite relevant portions of testimony by reference to pages or lines of the reporter's transcript of the hearing or to the date and time range of the Office of Administrative Hearings audio record, and may cite hearing exhibits by reference to the exhibit number.

2. When a party files a motion for rehearing or review based upon an affidavit, the person shall attach the affidavit to the motion before filing the motion unless leave for later filing of an affidavit is granted by the Commissioner. The leave may be granted ex parte.
  3. Each party filing a motion for rehearing or review shall specify the specific relief sought by the motion, such as a different decision or penalty, a new hearing, a dismissal of the complaint, or other relief. A party may seek multiple forms of relief, in the alternative.
- D.** Any party may file a written response to the motion. An affidavit may be attached to and filed with the response and shall not be later filed unless leave for later filing of affidavits is granted by the Commissioner. The original response shall be filed with the Department pursuant to R4-28-102, within 15 days after the date the motion for rehearing or review is filed, and a copy shall be served upon all other parties to the hearing.
- E.** Within 30 days after a decision is rendered, the Commissioner may, on the Commissioner's own initiative, order a rehearing or review of a decision for any reason for which a motion for rehearing or review might have been granted. The Commissioner shall specify the grounds for rehearing or review in the order.
- F.** Upon review of a motion for rehearing or review of the decision, and any response, the Commissioner shall issue a ruling granting or denying the motion. If granted, the Commissioner may modify the decision or grant a rehearing. An order granting a rehearing shall specify with particularity the grounds on which the rehearing is granted, and the rehearing shall cover only those matters specified. All parties to the hearing may participate as parties at any rehearing.

**Historical Note**

Adopted effective May 1, 1980 (Supp. 80-3). Amended effective March 13, 1981 (Supp. 81-2). Amended effective June 23, 1983 (Supp. 83-3). Former Section R4-28-42 renumbered without change as Section R4-28-1310 (Supp. 87-1). Amended subsections (B), (C), and (D) effective November 27, 1987 (Supp. 87-4). Section R4-28-1310 amended by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1). Amended by final rulemaking at 11 A.A.R. 506, effective March 5, 2005 (Supp. 05-1).

**R4-28-1311. Repealed**

**Historical Note**

Adopted effective May 1, 1980 (Supp. 80-3). Amended effective June 23, 1983 (Supp. 83-3). Former Section R4-28-43 renumbered without change as Section R4-28-1311 (Supp. 87-1). Amended subsections (A), (B), and (C) effective November 27, 1987 (Supp. 87-4). Section R4-28-1311 repealed by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1).

**R4-28-1312. Repealed**

**Historical Note**

Adopted effective May 1, 1980 (Supp. 80-3). Amended subsection (B) effective March 13, 1981 (Supp. 81-2). Amended effective June 23, 1983 (Supp. 83-3). Former Section R4-28-44 renumbered without change as Section R4-28-1312 (Supp. 87-1). Section R4-28-1312 repealed by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1).

**R4-28-1313. Correction of Clerical Mistakes**

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Clerical mistakes in opinions, orders, rulings, any process issued by the Department, or other parts of the record, and errors arising from oversight or omission, may be corrected by the administrative law judge before transmission of the Department hearing file to the Commissioner, or by the Commissioner after transmission of the file, either upon the initiative of the administrative law judge or Commissioner, or upon motion of any party.

**Historical Note**

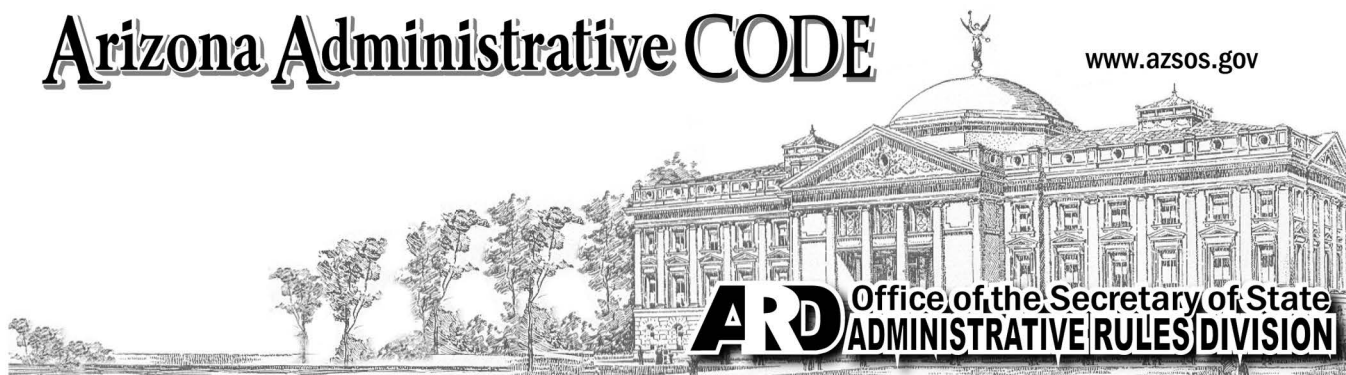
Adopted effective May 1, 1980 (Supp. 80-3). Former Section R4-28-45 renumbered without change as Section R4-28-1313 (Supp. 87-1). Amended effective November

27, 1987 (Supp. 87-4). Section R4-28-1313 amended by final rulemaking at 5 A.A.R. 650, effective February 3, 1999 (Supp. 99-1).

**ARTICLE 14. REPEALED****R4-28-1401. Repealed****Historical Note**

Adopted effective May 1, 1980 (Supp. 80-3). Former Section R4-28-46 renumbered without change as Section R4-28-1401 (Supp. 87-1). Repealed effective November 27, 1987 (Supp. 87-4).

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**4 A.A.C. 46**

**Supplement Information**  
**Supp. 25-4**

Rules codified between October 1, 2025 through December 31, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-4 replaces Supp. 24-4, 1-15 pages.**

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

## PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “*Rule*’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

### THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

### HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at [www.azsos.gov/rules](http://www.azsos.gov/rules), click on the *Administrative Register* link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

### PERSONAL USE/COMMERCIAL USE

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*Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.*

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## Administrative Rules Division

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## TITLE 4. PROFESSIONS AND OCCUPATIONS

## CHAPTER 46. DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS - FINANCIAL INSTITUTIONS DIVISION - REAL ESTATE APPRAISAL

Authority: A.R.S. § 32-3605(A) and A.R.S. § 20-124

## Supp. 25-4

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*Under Laws 2019, Ch. 252, the name of the Department of Financial Institutions changed to the Department of Insurance and Financial Institutions. The Title of 4 A.A.C. 46 was amended at the request of the Department (Supp. 22-2).*

*Pursuant to Laws 2015, Ch. 19, § 5(C), the Title of 4 A.A.C. 46 was amended from the State Board of Appraisal to Real Estate Appraisal Division (Supp. 15-3).*

*Title 4, Chapter 46, consisting of Article 1, Sections R4-46-101 through R4-46-105; Article 2, Sections R4-46-201 through R4-46-208; Article 3, Sections R4-46-301 through R4-46-306; Article 4, Section R4-46-401; Article 5, Sections R4-46-501 through R4-46-503; and Article 6, Section R4-46-601, adopted effective December 29, 1995 (Supp. 95-4).*

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*Article 6, consisting of Section R4-46-601, repealed effective*

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*November 21, 2013 (Supp. 13-4).*

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## ARTICLE 1. GENERAL PROVISIONS

**R4-46-101. Definitions**

The definitions in A.R.S. §§ 32-3601, 32-3651, and 32-3661 apply to this Chapter. Additionally, unless the context otherwise requires, in this Chapter:

“Accredited” means approved by an accrediting agency recognized by the Council for Higher Education Accreditation or the U.S. Secretary of Education.

“Administrative law judge” has the meaning stated at A.R.S. § 41-1092(1).

“AMC” means appraisal management company as defined at A.R.S. § 32-3661.

“Appealable agency action” has the meaning stated at A.R.S. § 41-1092(3).

“Appraisal practice” means valuation services performed by an individual acting as an appraiser, including but not limited to an appraisal or appraisal review.

“Appraiser” means an individual, other than a property tax agent as defined at A.R.S. § 32-3651, registered, licensed, or certified by the Department to complete valuation assignments regarding real estate competently in a manner that is independent, impartial, and objective.

“AQB” means the Appraisal Qualifications Board as defined at A.R.S. § 32-3601.

“Assignment” means the valuation service that an appraiser provides as a consequence of an agreement between the appraiser and a client.

“Classroom education” means appraisal education delivered in a setting where there is no geographical separation between the instructor and student.

“Complaint” means a written allegation against a party.

“Conditional dismissal” means an agreement which allows the Director to dismiss the complaint upon the respondent’s completion of a Department specified continuing education course.

“Contested case” has the meaning stated at A.R.S. § 41-1001(6).

“Conviction” means a judgment by any state or federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken, and includes any judgment or order based on a plea of no contest.

“Course owner” means a person or a combination of persons that own the proprietary rights to a course. A course owner may have developed the course or may have purchased the proprietary rights to the course.

“Department” has the meaning stated at A.R.S. § 6-101(5).

“Director” has the meaning stated at A.R.S. § 6-101(7).

“Disciplinary action” means any regulatory sanction imposed by the Director, other than remedial action imposed through a letter of remedial action, and may include corrective education, a civil money penalty, restriction on the nature and scope of the respondent’s practice, monitoring, probation, mentorship, suspension, revocation, or an acceptance of surrender of a license or certificate or a combination of the above.

“Distance education” means appraisal education delivered in a setting in which the learner and instructor are geographically separated.

“Federally Regulated Appraisal Management Company” has the meaning stated at A.R.S. § 32-3661(9).

“Investigation” means a fact-finding process and review that is initiated when the Department receives a complaint.

“Investigator” means an individual who is a Department employee or operates under a contract with the Department to carry out investigations of alleged violations.

“Jurisdictional criteria” means the statutory standards of A.R.S. §§ 6-123, 6-124, and A.R.S. Title 32, Chapter 36, used by the Department to determine whether a complaint falls within its jurisdiction.

“Letter of concern” means a non-disciplinary advisory letter to notify a respondent that the finding of the Director does not warrant disciplinary action, but is nonetheless cause for concern and that its continuation may result in disciplinary action.

“Letter of remedial action” means a non-disciplinary letter that requires a respondent to take remedial action when any minor violation of A.R.S. Title 32, Chapter 36 or this Chapter is found.

“Mentor” means a certified appraiser authorized by the Department to supervise the work product of an appraiser who is subject to disciplinary action by the Director.

“Party” means each person or agency named or admitted as a party or properly seeking and entitled to participate in any proceeding.

“Person” means a natural person or any legal or commercial entity including a corporation, business trust, estate, trust, partnership, limited partnership, joint venture, association, limited liability company, limited liability partnership, or limited liability limited partnership.

“Probation” means a term of oversight by the Department, imposed upon a respondent as part of a disciplinary action, which may include submission of logs, working under the supervision of a mentor, or other conditions intended to protect the public and educate the respondent.

“Property Tax Agent” has the meaning stated at A.R.S. § 32-3651(3).

“Remedial action” means any corrective remedy that is designed to assist the respondent in improving the respondent’s professional practice.

“Respondent” means an appraiser, course owner, property tax agent, or appraisal management company against whom a complaint has been filed or any other party responding to an investigation, an action, a motion or a proceeding before the Director.

“Secondary provider” means a person that purchases or otherwise lawfully acquires the right to provide a course independently of the course owner that retains proprietary rights to the course.

“USPAP” means the Uniform Standards of Professional Appraisal Practice, issued and updated by The Appraisal Foundation and made state law under A.R.S. § 32-3610.

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“Work file” means the documentation necessary to support the analysis, opinions, and conclusions of an appraisal assignment or tax appeal.

**Historical Note**

Adopted effective December 29, 1995 (Supp. 95-4). Amended effective October 1, 1998; filed in the Office of the Secretary of State September 10, 1998 (Supp. 98-3). Amended by final rulemaking at 11 A.A.R. 1880, effective May 3, 2005 (Supp. 05-2). Amended by final rulemaking at 11 A.A.R. 2018, effective July 2, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 1381, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 14 A.A.R. 1434, effective May 31, 2008 (Supp. 08-2). Amended by final rulemaking at 21 A.A.R. 1675, effective October 6, 2015 (Supp. 15-3). Amended by final rulemaking at 25 A.A.R. 1139, effective June 10, 2019 (Supp. 19-2). Amended by final rulemaking at 28 A.A.R. 893 (May 6, 2022), effective June 11, 2022 (Supp. 22-2).

**R4-46-102. Powers of Director**

- A. The Director may appoint advisory committees the Director deems appropriate. The committees shall make advisory recommendations which may be accepted, rejected, or modified at the Director's discretion.
- B. Under the authority provided by A.R.S. § 32-3605(B), the Director may designate, train, and supervise volunteer licensees to conduct compliance audits of approved courses under R4-46-508.

**Historical Note**

Adopted effective December 29, 1995 (Supp. 95-4). Amended by final rulemaking at 21 A.A.R. 1675, effective October 6, 2015 (Supp. 15-3). Amended by final rulemaking at 25 A.A.R. 1139, effective June 10, 2019 (Supp. 19-2). Amended by final rulemaking at 28 A.A.R. 893 (May 6, 2022), effective June 11, 2022 (Supp. 22-2).

**R4-46-103. Repealed****Historical Note**

Adopted effective December 29, 1995 (Supp. 95-4). Amended effective October 1, 1998; filed in the Office of the Secretary of State September 10, 1998 (Supp. 98-3). Amended by final rulemaking at 21 A.A.R. 1675, effective October 6, 2015 (Supp. 15-3). Repealed by final rulemaking at 25 A.A.R. 1139, effective June 10, 2019 (Supp. 19-2).

**R4-46-104. Repealed****Historical Note**

Adopted effective December 29, 1995 (Supp. 95-4). Amended effective October 1, 1998; filed in the Office of the Secretary of State September 10, 1998 (Supp. 98-3). Section repealed by final rulemaking at 13 A.A.R. 1388, effective June 2, 2007 (Supp. 07-2).

**R4-46-105. Repealed****Historical Note**

Adopted effective December 29, 1995 (Supp. 95-4). Section repealed by final rulemaking at 13 A.A.R. 1388, effective June 2, 2007 (Supp. 07-2).

**R4-46-106. Fees**

- A. Under the specific authority provided by A.R.S. §§ 32-3607, 32-3619, and 32-3667, the Director establishes and shall collect the following fees:
  1. Application for original license or certificate: \$400.
  2. Application for registration as a trainee appraiser: \$300.
  3. Examination: The amount established by the AQB-approved examination provider.
  4. Biennial renewal of a license or certificate: \$425.
  5. Renewal of registration as a trainee appraiser: \$300.
  6. Delinquent renewal (in addition to the renewal fee): \$25.
  7. National Registry: The amount established by the Appraisal Subcommittee.
  8. Application for license or certificate by reciprocity: \$400.
  9. Application for non-resident temporary license or certificate: \$150.
  10. Course approval:
    - a. Core-curriculum qualifying education
      - i. Initial course approval: \$200.
      - ii. Renewal of course approval: \$200.
    - b. Continuing education
      - i. Initial course approval: \$200.
      - ii. Renewal of course approval: \$200.
  11. Application for initial registration as an appraisal management company: \$2,500.
  12. Biennial renewal of registration as an appraisal management company: \$2,500.- B. The fees established in subsection (A) and those specified in A.R.S. § 32-3652 are not refundable unless the provisions of A.R.S. § 41-1077 apply.
- C. A person shall pay fees by cash or credit or debit card, or by certified or cashier's check, or money order payable to the Department of Insurance and Financial Institutions.

**Historical Note**

Adopted effective December 29, 1995 (Supp. 95-4). Amended effective October 1, 1998; filed in the Office of the Secretary of State September 10, 1998 (Supp. 98-3). Amended by final rulemaking at 14 A.A.R. 225, effective March 8, 2008 (Supp. 08-1). Amended by final rulemaking at 17 A.A.R. 2605, effective December 6, 2011 (Supp. 11-4). Amended by exempt rulemaking at 19 A.A.R. 4023, effective November 21, 2013 (Supp. 13-4). Amended by final rulemaking at 21 A.A.R. 1675, effective October 6, 2015 (Supp. 15-3). Amended by final rulemaking at 25 A.A.R. 1139, effective June 10, 2019 (Supp. 19-2). Amended by final rulemaking at 28 A.A.R. 893 (May 6, 2022), effective June 11, 2022 (Supp. 22-2).

**R4-46-107. Repealed****Historical Note**

New Section made by final rulemaking at 21 A.A.R. 1675, effective October 6, 2015 (Supp. 15-3). Amended by final rulemaking at 25 A.A.R. 1139, effective June 10, 2019 (Supp. 19-2). Amended by final rulemaking at 28 A.A.R. 893 (May 6, 2022), effective June 11, 2022 (Supp. 22-2). Section repealed by final rulemaking at 32 A.A.R. 5 (January 2, 2026), effective February 9, 2026 (Supp. 25-4).

**ARTICLE 2. REGISTRATION, LICENSURE, AND CERTIFICATION AS AN APPRAISER****R4-46-201. Appraiser Qualification Criteria**

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- A.** Classifications. As specified in A.R.S. § 32-3612, Arizona recognizes five classifications of appraisers. These classifications are:
1. Registered trainee appraiser,
  2. State licensed real estate appraiser,
  3. State certified residential real estate appraiser,
  4. State certified general real estate appraiser, and
  5. Designated supervisory appraiser.
- B.** Qualification criteria. Except as provided elsewhere in this Article, an applicant for an original or renewal of a registration, licensure, certification, or designation shall meet the classification-specific qualification criteria established and updated January 1, 2022, by the AQB, which is incorporated by reference. A copy of the incorporated materials is on file with the Department and may be obtained from the Department or the Appraisal Foundation. This rule does not incorporate any later date or edition of this material.
- C.** Regardless of whether a transaction is federally related:
1. A state licensed residential appraiser is limited to the scope of practice in A.R.S. § 32-3612(3), and
  2. A state certified residential appraiser is limited to the scope of practice in A.R.S. § 32-3612(2).
- D.** If an applicant for registration, licensure, or certification meets the qualification criteria prescribed in A.R.S. Title 32, Chapter 36 and this Article, including evidence that the applicant has applied for a valid fingerprint clearance card pursuant to A.R.S. § 32-3620(B) and has submitted the application and the biennial National Registry fees specified in Section R4-46-106, the registration, license, or certificate that entitles the applicant to practice within the appropriate scope specified in A.R.S. § 32-3612 for the term specified in A.R.S. § 32-3616 shall be issued.

**Historical Note**

Adopted effective December 29, 1995 (Supp. 95-4).  
 Amended effective October 1, 1998; filed in the Office of the Secretary of State September 10, 1998 (Supp. 98-3).  
 Amended by final rulemaking at 11 A.A.R. 1880, effective May 3, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 1381, effective June 2, 2007; subsections (D)(2)(f) and (D)(4) effective January 1, 2008 (Supp. 07-2). Amended by final rulemaking at 14 A.A.R. 1434, effective May 31, 2008 (Supp. 08-2).  
 Amended by exempt rulemaking at 19 A.A.R. 4023, effective November 21, 2013 (Supp. 13-4). Amended by final rulemaking at 25 A.A.R. 1139, effective June 10, 2019 (Supp. 19-2). Amended by final rulemaking at 28 A.A.R. 893 (May 6, 2022), effective June 11, 2022 (Supp. 22-2).

**R4-46-201.01. Application for Designation as a Supervisory Appraiser; Supervision of a Registered Trainee Appraiser**

- A.** An individual who wishes to act as a supervisory appraiser for a registered trainee appraiser shall:
1. Apply for and obtain designation as a supervisory appraiser before providing supervision to a registered trainee appraiser,
  2. Have been state certified for at least three years, and
  3. Apply for designation under A.R.S. § 32-3614.02.
- B.** To apply for designation as a supervisory appraiser, a certified appraiser shall submit to the Department:
1. An application for designation;
  2. A statement whether the applicant for designation has been disciplined in any jurisdiction in the last three years in a manner that affects the applicant's eligibility to

engage in appraisal practice and if so, the name of the jurisdiction, date of the discipline, circumstances leading to the discipline, and date when the discipline was completed;

3. Evidence that the applicant for designation completed a training course that complies with the course content established by the AQB and that is specifically oriented to the requirements and responsibilities of supervisory and trainee appraisers;
  4. A signed affirmation that the applicant for designation will comply with the USPAP Competency Rule for the property type and geographic location in which the supervision will be provided; and
  5. Any other information and documentation that is necessary to meet the qualification criteria established and updated by the AQB.
- C.** Supervision requirements:
1. A registered trainee appraiser may have more than one designated supervisory appraiser.
  2. A designated supervisory appraiser shall not supervise more than three registered trainee appraisers at any one time.
  3. A registered trainee appraiser shall maintain a separate appraisal log for each designated supervisory appraiser and, at a minimum, include the following in each log for each appraisal:
    - a. Type of property,
    - b. Date of report,
    - c. Address of appraised property,
    - d. Description of work performed by the registered trainee appraiser,
    - e. Scope of review and supervision provided by the designated supervisory appraiser,
    - f. Number of actual work hours worked by the registered trainee appraiser on the assignment, and
    - g. Signature and state certificate number of the designated supervisory appraiser.
  4. A designated supervisory appraiser shall provide to the Department in writing the name and address of each registered trainee appraiser within 10 days of engagement and notify the Department in writing within 10 days when the engagement ends.
  5. If a registered trainee appraiser or designated supervisory appraiser fails to comply with the applicable requirements of this Section:
    - a. The registered trainee appraiser or the designated supervisory appraiser may be subject to disciplinary action under A.R.S. § 32-3631(A)(8), and
    - b. The Director may decline the experience credit hours logged during any period that the registered trainee appraiser or designated supervisory appraiser failed to comply with this Section. The registered trainee appraiser and designated supervisory appraiser shall provide documentation and justification of the non-compliance for review by the Director.

**Historical Note**

Section R4-46-201.01 made by exempt rulemaking at 19 A.A.R. 4023, effective November 21, 2013 (Supp. 13-4). Amended by final rulemaking at 25 A.A.R. 1139, effective June 10, 2019 (Supp. 19-2). Amended by final rulemaking at 28 A.A.R. 893 (May 6, 2022), effective June 11, 2022 (Supp. 22-2). Amended by final rulemak-

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ing at 30 A.A.R. 3515 (November 22, 2024), effective January 5, 2025 (Supp. 24-4).

**R4-46-202. Repealed****Historical Note**

Adopted effective December 29, 1995 (Supp. 95-4). Amended effective October 1, 1998; filed in the Office of the Secretary of State September 10, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 768, effective February 3, 2000 (Supp. 00-1). Amended by final rulemaking at 11 A.A.R. 1880, effective May 3, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 1381, effective June 2, 2007 (Supp. 07-2). Amended by exempt rulemaking at 19 A.A.R. 4023, effective November 21, 2013 (Supp. 13-4). Repealed by final rulemaking at 25 A.A.R. 1139, effective June 10, 2019 (Supp. 19-2).

**R4-46-202.01. Application for Licensure or Certification by Reciprocity**

- A.** To be eligible to obtain a license or certificate by reciprocity in the same classification, as specified in R4-46-201(A), in which an individual is currently licensed or certified, the individual shall submit:
1. Evidence that the applicant is licensed or certified in a state that meets the standards established at A.R.S. § 32-3618;
  2. A completed application form;
  3. Disclosure of the state or states in which the individual is currently licensed or certified;
  4. Evidence that the individual has applied for a valid fingerprint clearance card pursuant to A.R.S. § 32-3620(B); and
  5. The application and biennial National Registry fees specified under R4-46-106.
- B.** The Department shall verify the following information:
1. License or certification number;
  2. Classification, as specified in R4-46-201(A), in which the individual is currently licensed or certified; and
  3. Whether the license or certificate is in good standing.

**Historical Note**

Section R4-46-202.01 made by exempt rulemaking at 19 A.A.R. 4023, effective November 21, 2013 (Supp. 13-4). Amended by final rulemaking at 25 A.A.R. 1139, effective June 10, 2019 (Supp. 19-2). Amended by final rulemaking at 28 A.A.R. 893 (May 6, 2022), effective June 11, 2022 (Supp. 22-2).

**R4-46-203. Application for Non-resident Temporary Licensure or Certification**

- A.** To be eligible to obtain a non-resident temporary license or certificate, an individual shall:
1. Be licensed or certified as an appraiser in a state other than Arizona;
  2. Not be licensed or certified as an appraiser in Arizona; and
  3. Have a dated and signed letter from a client that names the individual and indicates the client has engaged the individual to conduct an appraisal in Arizona, identifies the property or properties to be appraised, and specifies a date certain for completion of the assignment that is no more than one year from the date on which the Director issues a non-resident temporary license or certificate.

- B.** To apply for a non-resident temporary license or certificate, an individual who meets the pre-requisites in subsection (A) shall submit:
1. A completed application form;
  2. An irrevocable consent to service of process;
  3. Evidence that the applicant has applied for a valid fingerprint clearance card pursuant to A.R.S. § 32-3620(B); and
  4. The application fee specified under Section R4-46-106.
- C.** The Director shall grant an extension of no more than 120 days to an individual to whom a non-resident temporary license or certificate has been issued if the individual provides written notice before the date specified in subsection (A)(3) that more time is needed to complete the assignment described in subsection (A)(3).
- D.** An appraiser to whom a non-resident temporary license or certificate has previously been issued may, if qualified under subsection (A), apply for another non-resident temporary license or certificate by complying with subsection (B), except the applicant is not required to comply again with subsection (B)(3) unless the card has expired, or is suspended or cancelled.
- E.** The Director shall issue no more than 10 non-resident temporary licenses or certificates to an individual in any 12-month period.

**Historical Note**

Adopted effective December 29, 1995 (Supp. 95-4). Section R4-46-203 renumbered to R4-46-204; new Section R4-46-203 adopted effective October 1, 1998; filed in the Office of the Secretary of State September 10, 1998 (Supp. 98-3). Amended by final rulemaking at 11 A.A.R. 1880, effective May 3, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 1381, effective June 2, 2007 (Supp. 07-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 4023, effective November 21, 2013 (Supp. 13-4). Amended by final rulemaking at 25 A.A.R. 1139, effective June 10, 2019 (Supp. 19-2). Amended by final rulemaking at 28 A.A.R. 893 (May 6, 2022), effective June 11, 2022 (Supp. 22-2).

**R4-46-204. Licensure and Certification Examinations**

An applicant for licensure or certification may schedule an examination after the Department provides written notice to the applicant, to the extent written notice is required by the AQB. In such case, an applicant shall have 90 days from the written notice to successfully complete the AQB-approved examination for the classification for which application is made unless the time-frame is extended by mutual agreement.

**Historical Note**

Adopted effective December 29, 1995 (Supp. 95-4). Former Section R4-46-204 renumbered to R4-46-205; new Section R4-46-204 renumbered from R4-46-203 and amended effective October 1, 1998; filed in the Office of the Secretary of State September 10, 1998 (Supp. 98-3). Amended by final rulemaking at 11 A.A.R. 1880, effective May 3, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 1381, effective June 2, 2007 (Supp. 07-2). Amended by exempt rulemaking at 19 A.A.R. 4023, effective November 21, 2013 (Supp. 13-4). Amended by final rulemaking at 25 A.A.R. 1139, effective June 10, 2019 (Supp. 19-2). Amended by final rulemaking at 28 A.A.R. 893 (May 6, 2022), effective June 11, 2022 (Supp. 22-2).

**R4-46-205. Repealed**

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**Historical Note**

Adopted effective December 29, 1995 (Supp. 95-4). R4-46-205 renumbered to R4-46-206; new Section R4-46-205 renumbered from R4-46-204 and amended effective October 1, 1998; filed in the Office of the Secretary of State September 10, 1998 (Supp. 98-3). Amended by final rulemaking at 13 A.A.R. 1381, effective June 2, 2007 (Supp. 07-2). Amended by exempt rulemaking at 19 A.A.R. 4023, effective November 21, 2013 (Supp. 13-4). Repealed by final rulemaking at 25 A.A.R. 1139, effective June 10, 2019 (Supp. 19-2).

**R4-46-206. Repealed****Historical Note**

Adopted effective December 29, 1995 (Supp. 95-4). R4-46-206 renumbered to R4-46-207; new Section R4-46-206 renumbered from R4-46-205 and amended effective October 1, 1998; filed in the Office of the Secretary of State September 10, 1998 (Supp. 98-3). Amended by final rulemaking at 11 A.A.R. 1880, effective May 3, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 1381, effective June 2, 2007 (Supp. 07-2). Repealed by exempt rulemaking at 19 A.A.R. 4023, effective November 21, 2013 (Supp. 13-4).

**R4-46-207. Repealed****Historical Note**

Adopted effective December 29, 1995 (Supp. 95-4). R4-46-207 renumbered to R4-46-209; new Section R4-46-207 renumbered from R4-46-206 and amended effective October 1, 1998; filed in the Office of the Secretary of State September 10, 1998 (Supp. 98-3). Amended by final rulemaking at 11 A.A.R. 1880, effective May 3, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 1381, effective June 2, 2007 (Supp. 07-2). Amended by exempt rulemaking at 19 A.A.R. 4023, effective November 21, 2013 (Supp. 13-4). Repealed by final rulemaking at 25 A.A.R. 1139, effective June 10, 2019 (Supp. 19-2).

**R4-46-208. Repealed****Historical Note**

Adopted effective December 29, 1995 (Supp. 95-4). R4-46-208 renumbered to R4-46-210; new Section R4-46-208 adopted effective October 1, 1998; filed in the Office of the Secretary of State September 10, 1998 (Supp. 98-3). Amended by final rulemaking at 11 A.A.R. 1880, effective May 3, 2005 (Supp. 05-2). Section repealed by final rulemaking at 13 A.A.R. 1381, effective June 2, 2007 (Supp. 07-2).

**R4-46-209. Registration, License, or Certificate; Name Change; Conviction and Judgment Disclosure**

- A. If the name of an appraiser is legally changed, the appraiser shall submit written notice of the change to the Department and provide documentation showing the circumstances under which the name change occurred. A new registration, license, or certificate with the correct name shall be issued.
- B. Within 30 days after the filing date of a criminal conviction in any jurisdiction, an appraiser or property tax agent who has been convicted shall report the conviction to the Department. The report shall include a copy of the initial indictment, information or complaint filed, the final judgment entered by the court, and all other relevant legal documents.

- C. Within 30 days after the final disposition of a matter, an appraiser or property tax agent shall report to the Department any civil judgment based on fraud, misrepresentation, or deceit in the making of any appraisal entered against the appraiser or property tax agent.

**Historical Note**

R4-46-209 renumbered from R4-46-207 and amended effective October 1, 1998; filed in the Office of the Secretary of State September 10, 1998 (Supp. 98-3). Amended by final rulemaking at 13 A.A.R. 1381, effective June 2, 2007 (Supp. 07-2). Amended by exempt rulemaking at 19 A.A.R. 4023, effective November 21, 2013 (Supp. 13-4). Amended by final rulemaking at 25 A.A.R. 1139, effective June 10, 2019 (Supp. 19-2). Amended by final rulemaking at 28 A.A.R. 893 (May 6, 2022), effective June 11, 2022 (Supp. 22-2).

**R4-46-210. Repealed****Historical Note**

R4-46-210 renumbered from R4-46-208 and amended effective October 1, 1998; filed in the Office of the Secretary of State September 10, 1998 (Supp. 98-3). Section repealed by final rulemaking at 13 A.A.R. 1381, effective June 2, 2007 (Supp. 07-2).

**ARTICLE 3. COMPLAINT INVESTIGATIONS****R4-46-301. Complaints and Investigations; Complaint Resolution**

- A. Complaints and Investigations
  1. The Department shall investigate a complaint, if the complaint meets the minimum jurisdictional criteria.
  2. The Department may notify the respondent of a complaint.
  3. The Department may require that the respondent file a written response to the complaint and provide any one or more of the following:
    - a. Appraisal report,
    - b. Appraisal review,
    - c. Consulting assignment,
    - d. Property tax appeal at issue,
    - e. Work file, and
    - f. Any other relevant records.
  4. The Department may assign or contract with an investigator.
  5. Under A.R.S. §§ 6-123(3), 6-124, 12-2212, and 32-3631(C), the Director may compel testimony or document production, regardless of whether an investigation is in process.
- B. Complaint Resolution
  1. Without limiting any other remedy allowed by statute, if the Director finds a violation of A.R.S. Title 32, Chapter 36, or this Chapter, the Director may:
    - a. Dismiss the matter based upon mitigating factors;
    - b. Issue a letter of concern;
    - c. Issue an order, which may include disciplinary action and/or remedial action; or
    - d. Resolve the matter by settlement.
  2. Any time after a complaint has been filed against a respondent, the matter may be resolved by a settlement in which the respondent agrees to accept disciplinary action and/or remedial action by consent. If the Director determines that the proposed settlement will adequately protect the public, the Director may issue a letter of remedial

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action, or enter into another form of stipulation, agreed settlement, or consent with the respondent. The Director may also allow for a conditional dismissal.

**Historical Note**

Adopted effective December 29, 1995 (Supp. 95-4). Amended effective October 1, 1998; filed in the Office of the Secretary of State September 10, 1998 (Supp. 98-3).

Amended by final rulemaking at 11 A.A.R. 2018, effective July 2, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 1388, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 25 A.A.R. 1139, effective June 10, 2019 (Supp. 19-2). Amended by final rulemaking at 28 A.A.R. 893 (May 6, 2022), effective June 11, 2022 (Supp. 22-2).

**R4-46-302. Repealed****Historical Note**

Adopted effective December 29, 1995 (Supp. 95-4). R4-46-302 repealed; new Section R4-46-302 renumbered from R4-46-303 and amended effective October 1, 1998; filed in the Office of the Secretary of State September 10, 1998 (Supp. 98-3). Amended by final rulemaking at 11 A.A.R. 2018, effective July 2, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 1388, effective June 2, 2007 (Supp. 07-2). Repealed by final rulemaking at 25 A.A.R. 1139, effective June 10, 2019 (Supp. 19-2).

**R4-46-303. Repealed****Historical Note**

Adopted effective December 29, 1995 (Supp. 95-4). R4-46-303 renumbered to R4-46-302; new Section R4-46-303 renumbered from R4-46-304 and amended effective October 1, 1998; filed in the Office of the Secretary of State September 10, 1998 (Supp. 98-3). Amended by final rulemaking at 11 A.A.R. 2018, effective July 2, 2005 (Supp. 05-2). Repealed by final rulemaking at 25 A.A.R. 1139, effective June 10, 2019 (Supp. 19-2).

**R4-46-304. Repealed****Historical Note**

Adopted effective December 29, 1995 (Supp. 95-4). R4-46-304 renumbered to R4-46-303; new Section R4-46-304 renumbered from R4-46-305 and amended effective October 1, 1998; filed in the Office of the Secretary of State September 10, 1998 (Supp. 98-3). Amended by final rulemaking at 13 A.A.R. 1388, effective June 2, 2007 (Supp. 07-2). Repealed by final rulemaking at 25 A.A.R. 1139, effective June 10, 2019 (Supp. 19-2).

**R4-46-305. Repealed****Historical Note**

Adopted effective December 29, 1995 (Supp. 95-4). R4-46-305 repealed; new Section R4-46-305 renumbered from R4-46-306 and amended effective October 1, 1998; filed in the Office of the Secretary of State September 10, 1998 (Supp. 98-3). Amended by final rulemaking at 13 A.A.R. 1388, effective June 2, 2007 (Supp. 07-2). Repealed by final rulemaking at 25 A.A.R. 1139, effective June 10, 2019 (Supp. 19-2).

**R4-46-306. Repealed****Historical Note**

Adopted effective December 29, 1995 (Supp. 95-4). R4-46-306 renumbered to R4-46-305 effective October 1, 1998; filed in the Office of the Secretary of State September 10, 1998 (Supp. 98-3). Amended by final rulemaking at 11 A.A.R. 2018, effective July 2, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 1388, effective June 2, 2007 (Supp. 07-2). Repealed by final rulemaking at 25 A.A.R. 1139, effective June 10, 2019 (Supp. 19-2).

**ARTICLE 3.1. REPEALED****R4-46-301.01. Repealed****Historical Note**

New Section made by final rulemaking at 25 A.A.R. 1139, effective June 10, 2019 (Supp. 19-2). Amended by final rulemaking at 28 A.A.R. 893 (May 6, 2022), effective June 11, 2022 (Supp. 22-2). Repealed by final rulemaking at 28 A.A.R. 3617 (November 25, 2022), effective January 1, 2023 (Supp. 22-4).

**R4-46-302.01. Repealed****Historical Note**

New Section made by final rulemaking at 25 A.A.R. 1139, effective June 10, 2019 (Supp. 19-2). Amended by final rulemaking at 28 A.A.R. 893 (May 6, 2022), effective June 11, 2022 (Supp. 22-2). Repealed by final rulemaking at 28 A.A.R. 3617 (November 25, 2022), effective January 1, 2023 (Supp. 22-4).

**R4-46-303.01. Repealed****Historical Note**

New Section made by final rulemaking at 25 A.A.R. 1139, effective June 10, 2019 (Supp. 19-2). Amended by final rulemaking at 28 A.A.R. 893 (May 6, 2022), effective June 11, 2022 (Supp. 22-2). Repealed by final rulemaking at 28 A.A.R. 3617 (November 25, 2022), effective January 1, 2023 (Supp. 22-4).

**R4-46-304.01. Repealed****Historical Note**

New Section made by final rulemaking at 25 A.A.R. 1139, effective June 10, 2019 (Supp. 19-2). Amended by final rulemaking at 28 A.A.R. 893 (May 6, 2022), effective June 11, 2022 (Supp. 22-2). Repealed by final rulemaking at 28 A.A.R. 3617 (November 25, 2022), effective January 1, 2023 (Supp. 22-4).

**R4-46-305.01. Repealed****Historical Note**

New Section made by final rulemaking at 25 A.A.R. 1139, effective June 10, 2019 (Supp. 19-2). Amended by final rulemaking at 28 A.A.R. 893 (May 6, 2022), effective June 11, 2022 (Supp. 22-2). Repealed by final rulemaking at 28 A.A.R. 3617 (November 25, 2022), effective January 1, 2023 (Supp. 22-4).

**R4-46-306.01. Repealed****Historical Note**

New Section made by final rulemaking at 25 A.A.R. 1139, effective June 10, 2019 (Supp. 19-2). Amended by final rulemaking at 28 A.A.R. 893 (May 6, 2022), effective June 11, 2022 (Supp. 22-2). Repealed by final

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rulemaking at 28 A.A.R. 3617 (November 25, 2022), effective January 1, 2023 (Supp. 22-4).

**R4-46-307.01. Repealed****Historical Note**

New Section made by final rulemaking at 25 A.A.R. 1139, effective June 10, 2019 (Supp. 19-2). Amended by final rulemaking at 28 A.A.R. 893 (May 6, 2022), effective June 11, 2022 (Supp. 22-2). Repealed by final rulemaking at 28 A.A.R. 3617 (November 25, 2022), effective January 1, 2023 (Supp. 22-4).

**ARTICLE 4. APPRAISAL MANAGEMENT COMPANIES****R4-46-401. Application for Initial Registration**

- A. Unless exempt under A.R.S. § 32-3663 or 12 USC § 3353(c), a person shall not engage in business as an AMC and shall not provide any appraisal management services unless registered with the Department.
- B. To register under subsection (A), a person shall submit:
  1. A registration application, which is available from the Department and on its website, and provide the information and certifications required under A.R.S. § 32-3662(B);
  2. The name and contact information of the controlling person who will be the main contact for all communication between the Department and the AMC;
  3. For the controlling person, each officer, and each individual who owns 10% or more of the AMC:
    - a. A copy of a fingerprint clearance card application under A.R.S. § 41-1758.03, and
    - b. The certification required under A.R.S. §§ 32-3668(B)(3) or 32-3669(B)(1), as applicable;
  4. Proof of the surety bond required under A.R.S. § 32-3667 and R4-46-402; and
  5. The application fee specified under R4-46-106.
- C. If an AMC operates in Arizona under more than one name, other than a DBA, the controlling person of the AMC shall ensure that a complete application, as described in subsection (B), is submitted in each name under which the AMC will operate. However, if an individual previously submitted a copy of a valid fingerprint clearance card application under subsection (B), the individual is not required to resubmit the fingerprint clearance card unless the card has expired, or is suspended, or cancelled.

**Historical Note**

Adopted effective December 29, 1995 (Supp. 95-4). R4-46-401 amended effective October 1, 1998; filed in the Office of the Secretary of State September 10, 1998 (Supp. 98-3). Amended by final rulemaking at 5 A.A.R. 2734, effective July 21, 1999 (Supp. 99-3). Amended by final rulemaking at 6 A.A.R. 1577, effective April 4, 2000 (Supp. 00-2). Amended by final rulemaking at 7 A.A.R. 1373, effective March 7, 2001 (Supp. 01-1). Amended by final rulemaking at 8 A.A.R. 1951, effective April 3, 2002 (Supp. 02-2). Amended by final rulemaking at 9 A.A.R. 1603, effective May 6, 2003 (Supp. 03-2). Amended by final rulemaking at 10 A.A.R. 2677, effective June 8, 2004 (Supp. 04-2). Amended by final rulemaking at 11 A.A.R. 475, effective January 4, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 2186, effective July 1, 2006 (Supp. 06-2). Amended by final rulemaking at 14 A.A.R. 31, effective December 4, 2007 (Supp. 07-4). Amended by final rulemaking at 16

A.A.R. 1992, effective September 14, 2010 (Supp. 10-3). Section amended by emergency rulemaking at 18 A.A.R. 1306, effective May 18, 2012 for 180 days (Supp. 12-2). Emergency expired (Supp. 13-4). Section repealed; new Section made by final rulemaking at 21 A.A.R. 1675, effective October 6, 2015 (Supp. 15-3). Amended by final rulemaking at 25 A.A.R. 1139, effective June 10, 2019 (Supp. 19-2). Amended by final rulemaking at 28 A.A.R. 893 (May 6, 2022), effective June 11, 2022 (Supp. 22-2).

**R4-46-402. Bond Required**

- A. The surety bond required under A.R.S. § 32-3667 shall be in the amount of \$20,000 and shall be issued by a surety company authorized to do business in Arizona.
- B. The controlling person of a registered AMC shall ensure that the surety bond required under A.R.S. § 32-3667 requires the issuing surety company to provide written notice to the Department by registered or certified mail at least 30 days before the surety company cancels the bond and within 30 days after the surety company pays a loss under the bond.
- C. The surety bond required under A.R.S. § 32-3667 is to be used exclusively to ensure that a registered AMC pays:
  1. All amounts owed to persons that perform real estate appraisal services for the AMC, and
  2. All amounts adjudged against the AMC as a result of either negligent or improper real property appraisal services or appraisal management services or of a breach of contract in performing real property appraisal services or appraisal management services.
- D. The controlling person of a registered AMC shall ensure that the required surety bond is:
  1. Maintained in the amount of \$20,000;
  2. Funded to \$20,000 within seven days after being drawn down; and
  3. Maintained for at least one year after the AMC's registration expires, is revoked or surrendered, or otherwise ends.
- E. If the Department receives notice from the surety company of intent to cancel the required bond, the Department shall notify the controlling person of the AMC and require that the AMC submit proof of a replacement bond before the existing bond is cancelled. Under A.R.S. § 32-3678, failure to maintain the required bond is grounds for disciplinary action.
- F. If a registered AMC operates in Arizona under more than one name, other than a DBA, the controlling person shall ensure that a separate surety bond in the amount of \$20,000 is maintained in each name.
- G. If the name of a registered AMC is changed, the controlling person of the registered AMC shall ensure that a surety bond in the amount of \$20,000 is:
  1. Maintained in the former name for one year after the name is changed, and
  2. Obtained in the registered AMC's new name.
- H. A person damaged by a registered AMC's failure to pay an obligation listed in subsection (C) has a right of action against the surety bond. The damaged person shall begin the action in a court of competent jurisdiction within one year after the AMC failed to pay the amount owed or the amount adjudged against the AMC.
- I. If the surety bond required under A.R.S. § 32-3667 is cancelled, liability of the issuing surety company is not limited or cancelled regarding any claim against the surety bond for actions by the AMC while the surety bond was in force.

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New Section made by final rulemaking at 21 A.A.R. 1675, effective October 6, 2015 (Supp. 15-3). Amended by final rulemaking at 25 A.A.R. 1139, effective June 10, 2019 (Supp. 19-2). Amended by final rulemaking at 28 A.A.R. 893 (May 6, 2022), effective June 11, 2022 (Supp. 22-2). Amended by final rulemaking at 31 A.A.R. 4439 (November 28, 2025), effective January 4, 2026 (Supp. 25-4).

**R4-46-403. Change in Controlling Person or Agent for Service of Process; Notice of Adverse Action**

- A. If any of the information submitted under R4-46-401(B)(2) changes, the controlling person of the registered AMC shall ensure that written notice is provided to the Department within 10 business days.
- B. If an individual becomes the controlling person of a registered AMC and the information required under R4-46-401(B)(3) was not previously submitted for the individual, the new controlling person shall ensure that the required information is submitted to the Department within 10 business days after the change in controlling person.
- C. If a registered AMC is required under A.R.S. § 32-3662(B)(4) to provide the name and contact information for an agent for service of process in this state, the controlling person of the AMC shall ensure that written notice of any change in the information is submitted to the Department within 10 business days.
- D. If the regulated entity, the responsible person, any controlling person, or any direct or indirect owner of the firm has ever been, or is currently, the subject of any complaint, investigation, or disciplinary action against a license, certificate, registration, or membership by any state regulatory agency, or any professional or occupational credentialing authority that resulted in an adverse judgment against them, including any denial, or voluntary surrender, withdrawal, or resignation of a credential in lieu of disciplinary action, the controlling person of the AMC shall ensure that written notice of such action is provided to the Department within 10 business days after such action has been finalized.

**Historical Note**

New Section made by final rulemaking at 21 A.A.R. 1675, effective October 6, 2015 (Supp. 15-3). Amended by final rulemaking at 25 A.A.R. 1139, effective June 10, 2019 (Supp. 19-2). Amended by final rulemaking at 28 A.A.R. 893 (May 6, 2022), effective June 11, 2022 (Supp. 22-2). Amended by final rulemaking at 30 A.A.R. 3515 (November 22, 2024), effective January 5, 2025 (Supp. 24-4). Amended by final rulemaking at 31 A.A.R. 4439 (November 28, 2025), effective January 4, 2026 (Supp. 25-4).

**R4-46-404. Application for Renewal Registration**

- A. Under A.R.S. § 32-3665, an initial registration for an AMC expires one year after the date of issuance. A renewal registration for an AMC expires two years after the date of issuance.
- B. To renew registration for an AMC, the registered AMC shall, within 60 days before expiration, submit:
  1. A renewal registration application,
  2. The certifications required under A.R.S. § 32-3662(B),
  3. Proof of the surety bond required under A.R.S. § 32-3667 and R4-46-402,
  4. The renewal fee under R4-46-106,

5. Evidence that each person who has at least a 10% ownership interest in the AMC and the controlling person have applied for a valid fingerprint clearance card unless a valid fingerprint clearance card is currently on file with the Department, and
6. Disclose any changes to the percentage of ownership.
- C. If the registered AMC fails to comply with subsection (B) and the registration expires, the AMC shall immediately cease providing all appraisal management services. The Department may accept a renewal application after the expiration date if within 90 days of the date of expiration but shall assess a delinquent renewal fee in addition to the renewal fee.

**Historical Note**

New Section made by final rulemaking at 21 A.A.R. 1675, effective October 6, 2015 (Supp. 15-3). Amended by final rulemaking at 25 A.A.R. 1139, effective June 10, 2019 (Supp. 19-2). Amended by final rulemaking at 28 A.A.R. 893 (May 6, 2022), effective June 11, 2022 (Supp. 22-2). Amended by final rulemaking at 31 A.A.R. 4439 (November 28, 2025), effective January 4, 2026 (Supp. 25-4).

**R4-46-405. Certifications; National Registry Reporting**

- A. Under A.R.S. § 32-3672, the registered AMC is required to make certain certifications to the Department at the time the AMC's registration is renewed.
- B. To make the certifications required under A.R.S. § 32-3672, the registered AMC shall use a form that is available from the Department and on its website.
- C. The registered AMC shall make available to the Department, upon request, evidence that the certifications are true and that the systems, processes, and records certified are effective in protecting the public.
- D. In accordance with the provisions contained in 12 U.S.C. § 3338, each authorized representative or controlling person of an AMC that is either registered with the state or federally regulated and operating in Arizona shall annually submit an AMC National Registry Report to the Department at least 15 days prior to March 1st of each year for the period from January 1 to December 31 of the previous year. The AMC National Registry Report shall include:
  1. Identifying information for the AMC;
  2. The number of appraisers who have performed an appraisal for the AMC in connection with a covered transaction in the state during the previous year, or from the commencement of business for AMCs not in existence for the entire previous year; and
  3. A signed affirmation by written declaration.
- E. The AMC shall pay, at the time it submits the National Registry Report to the Department, the fee required under 12 U.S.C. § 3338(a)(4).
- F. A registered AMC or federally regulated AMC operating in Arizona who fails to timely submit a National Registry Report to the Department and to remit the AMC National Registry fee shall not appear on the AMC National Registry.
- G. Under A.R.S. § 32-3678, failure to comply with this Section is grounds for disciplinary action.

**Historical Note**

New Section made by final rulemaking at 21 A.A.R. 1675, effective October 6, 2015 (Supp. 15-3). Amended by final rulemaking at 25 A.A.R. 1139, effective June 10, 2019 (Supp. 19-2). Amended by final rulemaking at 28 A.A.R. 893 (May 6, 2022), effective June 11, 2022



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(Supp. 22-2). Amended by final rulemaking at 31 A.A.R. 4439 (November 28, 2025), effective January 4, 2026 (Supp. 25-4).

**R4-46-406. Appeal for Waiver**

- A.** Under A.R.S. §§ 32-3668 and 32-3669, an AMC for which registration is sought under R4-46-401 may not have an owner, controlling person, officer, or other individual with a financial interest in the AMC who has ever had a financial, real estate, or mortgage lending industry license or certificate refused, denied, canceled, voluntarily surrendered in lieu of revocation, or revoked in any state.
- B.** When an appeal is made by the individual who has had a financial, real estate, or mortgage lending industry license or certificate refused, denied, canceled, voluntarily surrendered in lieu of revocation, or revoked in any state for a non-substantive cause and reinstated by the state that revoked the license or certificate, the Director has discretion to grant the appeal.
- C.** To make an appeal for waiver under subsection (B), the individual shall submit an appeal for waiver form, which is available from the Department and on its website.
- D.** In deciding whether to waive the requirement under subsection (B), the Director shall consider the following factors:
  - 1. Whether the refusal, denial, cancellation, voluntary surrender in lieu of revocation, or revocation of a license or certificate was based on a finding of fraud, dishonesty, misrepresentation, or deceit on the part of the appellant;
  - 2. The amount of time that has elapsed since the refusal, denial, cancellation, voluntary surrender in lieu of revocation, or revocation of the license or certificate;
  - 3. Whether the act leading to the refusal, denial, cancellation, voluntary surrender in lieu of revocation, or revocation of the license or certificate was an isolated occurrence or part of a pattern of conduct;
  - 4. Whether the act leading to the refusal, denial, cancellation, voluntary surrender in lieu of revocation, or revocation of the license or certificate appears to have been done for a self-serving purpose;
  - 5. The harm caused to victims, if any;
  - 6. Efforts at rehabilitation, if any, undertaken by the appellant and evidence regarding whether the rehabilitation efforts were successful;
  - 7. Restitution made by the appellant to victims, if any; and
  - 8. Other factors in mitigation or aggravation that the Director determines are relevant.

**Historical Note**

New Section made by final rulemaking at 21 A.A.R. 1675, effective October 6, 2015 (Supp. 15-3). Amended by final rulemaking at 25 A.A.R. 1139, effective June 10, 2019 (Supp. 19-2). Amended by final rulemaking at 28 A.A.R. 893 (May 6, 2022), effective June 11, 2022 (Supp. 22-2). Amended by final rulemaking at 30 A.A.R. 3515 (November 22, 2024), effective January 5, 2025 (Supp. 24-4).

**R4-46-407. Training Required**

- A.** The controlling person of a registered AMC shall ensure that all employees and other individuals who work on behalf of the AMC and are responsible for selecting independent appraisers to perform real property appraisal services receive sufficient training to be qualified to comply with federal and state law regarding appraisal management services.

- B.** The controlling person of a registered AMC shall ensure that the training required under subsection (A) includes at least the following:
  - 1. Overview of USPAP,
  - 2. Federal and state law applicable to real property appraisal services,
  - 3. Appraiser classifications and the scope of work for each classification,
  - 4. Factors that influence the complexity of an appraisal assignment, and
  - 5. Maintaining the independence of an appraiser.
- C.** The controlling person of a registered AMC shall maintain a record of all training provided to an individual described under subsection (A) for one year beyond the termination of that individual's employment by or work on behalf of the AMC.
- D.** The controlling person of a registered AMC shall make available to the Department, upon request, a copy of all materials used to provide the training required under this Section and the records maintained under subsection (C).

**Historical Note**

New Section made by final rulemaking at 21 A.A.R. 1675, effective October 6, 2015 (Supp. 15-3). Amended by final rulemaking at 25 A.A.R. 1139, effective June 10, 2019 (Supp. 19-2).

**R4-46-408. Voluntarily Relinquishing Registration**

- A.** The controlling person of a registered AMC may voluntarily relinquish the AMC's registration if:
  - 1. No complaint is currently pending against the AMC,
  - 2. All amounts owed under subsection R4-46-402(C) have been paid, and
  - 3. The AMC is in good standing with the Department.
- B.** To voluntarily relinquish an AMC's registration, the controlling person of the AMC shall enter into an agreement with the Director that provides the AMC shall:
  - 1. Cease engaging in business as an AMC and cease providing appraisal management services immediately, and
  - 2. Maintain the surety bond required under A.R.S. § 32-3667 for one year after the agreement is entered.

**Historical Note**

New Section made by final rulemaking at 21 A.A.R. 1675, effective October 6, 2015 (Supp. 15-3). Amended by final rulemaking at 25 A.A.R. 1139, effective June 10, 2019 (Supp. 19-2). Amended by final rulemaking at 28 A.A.R. 893 (May 6, 2022), effective June 11, 2022 (Supp. 22-2).

**ARTICLE 5. COURSE APPROVAL****R4-46-501. Course Approval Required; Definitions**

- A.** Under A.R.S. §§ 32-3601(10) and 32-3625, a course must be approved by the Director, including a course presented by distance education, before the course is offered in Arizona. A course shall be approved as either qualifying or continuing education.
- B.** Prior to the approval of a course as either qualifying or continuing education, the Department shall determine whether the course satisfies the qualification criteria under subsection R4-46-201(B).
- C.** A course owner shall ensure that the course is not offered as either qualifying or continuing education until the course owner receives notice that the course has been approved unless the course owner includes notice in the offering materials that

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course approval is pending and no credit may be claimed for participating in the course until approval is received.

- D.** The Department shall include in the notice of course approval referenced in subsection (C):
1. An index number for the approved course,
  2. The maximum number of hours of instruction (including examination time if applicable) that may be claimed for participating in the approved course, and
  3. Whether the course is approved as qualifying or continuing education.
- E.** A course owner shall ensure that the course is not advertised or represented as approved until after receipt of the notice referenced in subsection (D). After receiving notice of course approval, the course owner may represent in any materials that the course is *approved*.
- F.** As used in this Article:  
 “Continuing education” means the basic education requirement for renewal of a license or certification within the meaning of A.R.S. § 32-3625.  
 “Qualifying education” means the basic education requirement to apply as a state-licensed appraiser under A.R.S. § 32-3613(B) or state-certified real estate appraiser under A.R.S. § 32-3614(C).

**Historical Note**

Adopted effective December 29, 1995 (Supp. 95-4).  
 Amended effective October 1, 1998; filed in the Office of the Secretary of State September 10, 1998 (Supp. 98-3).  
 Amended by final rulemaking at 13 A.A.R. 1503, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 1675, effective October 6, 2015 (Supp. 15-3). Amended by final rulemaking at 25 A.A.R. 1139, effective June 10, 2019 (Supp. 19-2). Amended by final rulemaking at 28 A.A.R. 893 (May 6, 2022), effective June 11, 2022 (Supp. 22-2).

**R4-46-502. Approval of Distance-education Delivery Mechanism**

If a course is to be delivered by distance education, the course owner shall obtain approval of the course-delivery mechanism from one of the following sources if required:

1. An organization approved by the AQB that provides approval of course design and delivery;
2. An accredited institution of higher education that approves the content of the course and offers and awards academic credit for the distance-education course; or
3. An accredited institution of higher education that approves the content of the course and a distance-education approval organization that approves the course design and delivery, which includes interactivity.

**Historical Note**

Adopted effective December 29, 1995 (Supp. 95-4).  
 Amended effective October 1, 1998; filed in the Office of the Secretary of State September 10, 1998 (Supp. 98-3).  
 Section expired under A.R.S. § 41-1056(E) at 10 A.A.R. 1893, effective January 31, 2004 (Supp. 04-2). New Section made by final rulemaking at 21 A.A.R. 1675, effective October 6, 2015 (Supp. 15-3). Amended by final rulemaking at 28 A.A.R. 893 (May 6, 2022), effective June 11, 2022 (Supp. 22-2).

**R4-46-503. Course Owners**

- A.** Approval of a course granted to the course owner extends to a secondary provider. However, for a course delivered by distance education:
1. A course owner’s approval of the course-delivery mechanism, as required under R4-46-502, does not extend to a secondary provider; and
  2. Both the course owner and secondary provider shall apply for and obtain approval of the course-delivery mechanism from a source listed in R4-46-502.
- B.** If a course owner allows an approved course to be offered by a secondary provider, the course owner shall ensure that the secondary provider:
1. Uses the course owner’s materials, including the same textbook and examination, if any;
  2. Allows only the number of hours specified by the Department under subsection R4-46-501(D);
  3. Uses an instructor who is qualified under the standards specified in subsection R4-46-506(7); and
  4. Adheres to the course owner’s policies regarding student attendance, course scheduling, and prerequisites, if any.
- C.** Before allowing an approved course to be offered by a secondary provider using distance education, the course owner shall comply with subsection (B) and:
1. Ensure that the secondary provider has obtained approval of the course-delivery mechanism from a source listed in R4-46-502, and
  2. Provide evidence that the secondary provider has obtained approval of the course-delivery mechanism for the approved course.
- D.** A course owner shall be held responsible if a secondary provider, authorized by the course owner under subsection (B) or (C), violates any provision of this Article.

**Historical Note**

Adopted effective December 29, 1995 (Supp. 95-4).  
 Amended effective October 1, 1998; filed in the Office of the Secretary of State September 10, 1998 (Supp. 98-3).  
 Amended by final rulemaking at 13 A.A.R. 1503, effective June 2, 2007 (Supp. 07-2). Section repealed; new Section made by final rulemaking at 21 A.A.R. 1675, effective October 6, 2015 (Supp. 15-3). Amended by final rulemaking at 25 A.A.R. 1139, effective June 10, 2019 (Supp. 19-2). Amended by final rulemaking at 28 A.A.R. 893 (May 6, 2022), effective June 11, 2022 (Supp. 22-2).

**R4-46-504. Application for Course Approval**

Only a course owner may apply for course approval. To apply for course approval, a course owner shall submit to the Department:

1. An application for course approval, which is available from the Department and on its website;
2. Materials and other documents that demonstrate the course meets the minimum standards specified in R4-46-506;
3. If the course will be offered using distance education, evidence of approval of the course-delivery mechanism from a source listed in R4-46-502; and
4. The application fee specified under R4-46-106.

**Historical Note**

New Section made by final rulemaking at 21 A.A.R. 1675, effective October 6, 2015 (Supp. 15-3). Amended by final rulemaking at 25 A.A.R. 1139, effective June 10, 2019 (Supp. 19-2). Amended by final rulemaking at 28 A.A.R. 893 (May 6, 2022), effective June 11, 2022 (Supp. 22-2).

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**R4-46-505. Course Approval without Application**

The Director approves without application the following:

1. A course approved through the AQB's voluntary Course Approval Program;
2. The 15-Hour National USPAP Course or its equivalent, approved by the AQB, if the course is taught by at least one instructor who is certified by the AQB as an USPAP instructor; and
3. The 7-Hour National USPAP Update Course or its equivalent, approved by the AQB, if the course is taught by at least one instructor who is certified by the AQB as an USPAP instructor.

**Historical Note**

New Section made by final rulemaking at 21 A.A.R. 1675, effective October 6, 2015 (Supp. 15-3). Amended by final rulemaking at 25 A.A.R. 1139, effective June 10, 2019 (Supp. 19-2). Amended by final rulemaking at 28 A.A.R. 893 (May 6, 2022), effective June 11, 2022 (Supp. 22-2).

**R4-46-506. Minimum Standards for Course Approval**

The Director shall approve a course only if the course owner submits the following materials and documents with the application for approval required under R4-46-504 and demonstrates the course, including a course presented by distance education, meets the following minimum standards:

1. Course description. Clearly describe the subject matter content of the course.
2. Summary outline. Identify major topics and the number of classroom hours devoted to each.
3. Prerequisites. Specify necessary prerequisites for any course other than a course on:
  - a. Introductory real estate appraisal principles and practices, and
  - b. Appraisal standards and ethics.
4. Learning objectives. Specific learning objectives shall:
  - a. State clearly the specific knowledge and skills students are expected to acquire by completing the course;
  - b. Be consistent with the course description required under subsection (1);
  - c. Be consistent with the instructional materials described in subsection (5);
  - d. Be achievable in the number of hours allotted for the course;
  - e. If for qualifying education, specify the required core curriculum, module subtopic, and number of course hours; and
  - f. If for continuing education, specify the appraisal topic and number of course hours.
5. Instructional materials. Instructional materials used by students shall:
  - a. Cover the subject matter in sufficient depth to achieve the learning objectives specified in subsection (4);
  - b. Reflect current knowledge and practice in the field of appraisal;
  - c. Contain no significant errors;
  - d. Use correct grammar and spelling;
  - e. Be written in a clear, concise, and understandable manner;
  - f. Be in a format that facilitates learning; and
  - g. Be bound or packaged and produced in a quality manner.

6. Examinations for qualifying education courses. Qualifying education courses shall include a series of examinations or a comprehensive final examination, or both. A course examination shall:
  - a. Contain enough questions to assess adequately whether a student acquired knowledge of the subject matter covered by the course;
  - b. Contain questions directed towards assessing whether students achieved the learning objectives specified in subsection (4);
  - c. Be allotted sufficient time for students to complete;
  - d. Contain questions on information adequately addressed in the instructional material required under subsection (5);
  - e. Contain questions that are written in a clear, accurate, and unambiguous manner;
  - f. Contain questions for which the intended answer is clearly the best answer choice;
  - g. Be proctored and closed-book; and
  - h. Have a criterion for passing that is announced before the examination is given.
7. Instructor qualifications policy. The course owner has a written policy that requires use of instructors who meet at least one of the following:
  - a. Has a baccalaureate degree in any field and at least three years of experience directly related to the subject matter to be taught,
  - b. Has a master's degree in any field and one year of experience directly related to the subject matter to be taught,
  - c. Has a master's or higher degree in a field directly related to the subject matter to be taught,
  - d. Has at least five years of real estate appraisal teaching experience directly related to the subject matter to be taught, or
  - e. Has at least seven years of real estate appraisal experience directly related to the subject matter to be taught.
8. Required policies. The course owner shall have the following written policies:
  - a. Attendance policy that ensures student attendance is verified.
    - i. Stipulate that to receive credit, a student must be present for the entire course;
    - ii. Include the instructor's name on the attendance record; and
    - iii. Maintain attendance records for five years;
  - b. Scheduling policy.
    - i. Provide that a student may participate in a maximum of eight hours of instruction in a day, and
    - ii. Provide that appropriate breaks are included during each class session, and
  - c. Completion certificate policy.
    - i. Require that a signed and dated completion certificate be issued promptly to all students who complete a course, and
    - ii. Require that a completion certificate contain all information required on the form of certification provided by the Department.

**Historical Note**

New Section made by final rulemaking at 21 A.A.R. 1675, effective October 6, 2015 (Supp. 15-3). Amended by final rulemaking at 25 A.A.R. 1139, effective June 10,

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2019 (Supp. 19-2). Amended by final rulemaking at 28 A.A.R. 893 (May 6, 2022), effective June 11, 2022 (Supp. 22-2).

**R4-46-507. Secondary Providers**

The Director shall hold a course owner responsible for the activities of a secondary provider who conducts the course owner's approved course in Arizona. To protect the integrity of the approval, a course owner shall have a written agreement with a secondary provider that requires the secondary provider to:

1. Use the materials required under subsection R4-46-506(5) and the examination required under subsection R4-46-506(6) without change;
2. Conduct the course in accordance with the policies required under R4-46-506(7) and (8);
3. Clearly state in advertising materials that the course has been lawfully acquired from the course owner and that approval was provided to the course owner and not to the secondary provider;
4. Cease using the materials and examination when the course approval expires under R4-46-510; and
5. If the course is to be delivered by distance learning, obtain approval of the course-delivery mechanism from a source listed in R4-46-502.

**Historical Note**

New Section made by final rulemaking at 21 A.A.R. 1675, effective October 6, 2015 (Supp. 15-3). Amended by final rulemaking at 28 A.A.R. 893 (May 6, 2022), effective June 11, 2022 (Supp. 22-2).

**R4-46-508. Compliance Audit of Approved Courses**

- A. To improve the quality of education available to appraisers in this state, the Department may regularly audit approved courses for compliance with this Chapter.
- B. The Director shall identify approved courses for audit using the following to establish the priority of audits:
  1. Approved courses about which a complaint has been received,
  2. Approved courses of a course owner that is new to this state, and
  3. Approved courses that have not been audited in the last five years.
- C. On request from the Director, the course owner of an approved course shall provide the dates, times, and locations at which the approved course will be taught and the name of the instructor who will teach each presentation of the approved course.
- D. The audit of an approved course may be conducted by a volunteer auditor trained by the Department.
- E. The course owner of an approved course shall allow an auditor described under subsection (D) to attend the approved course at no charge.
- F. The auditor shall be identified to the instructor before the approved course starts.
- G. On request from the auditor, the course owner shall allow the auditor to examine records, materials, and other documents relevant to the approved course audited.
- H. After review by the Director, the Department shall provide a copy of the audit report to the course owner. If the audit identifies ways in which the approved course fails to comply with this Article, the Department shall:
  1. Work with the course owner to establish a correction plan to bring the course into compliance,

2. Establish a time within which the course owner is required to complete the correction plan and bring the course into compliance, and
3. Inform the course owner of the manner in which to report the approved course is in compliance with this Article.

- I. Failure of a course owner to comply with this Article may lead to revocation of course approval.

**Historical Note**

New Section made by final rulemaking at 21 A.A.R. 1675, effective October 6, 2015 (Supp. 15-3). Amended by final rulemaking at 25 A.A.R. 1139, effective June 10, 2019 (Supp. 19-2). Amended by final rulemaking at 28 A.A.R. 893 (May 6, 2022), effective June 11, 2022 (Supp. 22-2).

**R4-46-509. Changes to an Approved Course**

The Director encourages revisions and updates that improve and keep an approved course current. However, if any of the information provided under R4-46-506(1), (2), (4), or (5) changes so substantially as to alter the scope of the approved course as determined at the sole discretion of the Director, the course owner of the approved course shall submit a new application for approval under R4-46-504.

**Historical Note**

New Section made by final rulemaking at 21 A.A.R. 1675, effective October 6, 2015 (Supp. 15-3). Amended by final rulemaking at 25 A.A.R. 1139, effective June 10, 2019 (Supp. 19-2). Amended by final rulemaking at 28 A.A.R. 893 (May 6, 2022), effective June 11, 2022 (Supp. 22-2).

**R4-46-510. Renewal of Course Approval**

- A. Course approval expires a maximum of two years after approval is granted. Approval of a distance education course expires in two years or, if applicable, when the distance education delivery-mechanism approval required under R4-46-502 or approval under R4-46-505 expires, whichever is less.
- B. The Director may renew the approval of a course only if the information provided under R4-46-506(1), (2), (4), and (5) has not changed substantially.
- C. If an approved course meets the standard in subsection (B), the course owner may apply for renewal of course approval within 90 days before the course approval expires.
- D. To apply for renewal of course approval, a course owner shall submit a renewal application, which is available from the Department and on its website, and pay the renewal fee specified in subsection R4-46-106(A)(10).

**Historical Note**

New Section made by final rulemaking at 21 A.A.R. 1675, effective October 6, 2015 (Supp. 15-3). Amended by final rulemaking at 25 A.A.R. 1139, effective June 10, 2019 (Supp. 19-2). Amended by final rulemaking at 28 A.A.R. 893 (May 6, 2022), effective June 11, 2022 (Supp. 22-2).

**R4-46-511. Transfer of an Approved Course**

- A. A course owner that transfers the proprietary rights to an approved course shall provide written notice of the transfer to the Department. The course owner shall include in the notice the name of and contact information for the new course owner and the date of the transfer.
- B. The new course owner to which the proprietary rights to an approved course are transferred shall attach to the notice

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required under subsection (A) a certification available from the Department and on its website, that the new course owner:

1. Will adhere to the requirements in this Article, and
2. Will be responsible for the actions of all secondary providers who have an agreement under R4-46-507.

- C. If proprietary rights to an approved course are transferred under this Section, the expiration date of the course approval does not change.

**Historical Note**

New Section made by final rulemaking at 21 A.A.R. 1675, effective October 6, 2015 (Supp. 15-3). Amended by final rulemaking at 25 A.A.R. 1139, effective June 10, 2019 (Supp. 19-2). Amended by final rulemaking at 28 A.A.R. 893 (May 6, 2022), effective June 11, 2022 (Supp. 22-2).

**ARTICLE 6. PROPERTY TAX AGENTS**

**R4-46-601. Standards of Practice**

The Director may revoke or suspend a property tax agent's registration or otherwise discipline a property tax agent to the extent permitted by A.R.S. § 32-3654 for any of the following acts or omissions:

1. Engaging in an activity that leads to a conviction for a crime involving the tax profession;
2. Operating beyond the boundaries of an agreed relationship with an employer or a client;
3. Inferring or implying representation of a person or firm that the agent does not represent, or filing a document on behalf of a taxpayer without specific authorization of the taxpayer;
4. Violating the confidential nature of the property tax agent-client relationship, except as required by law;
5. Inappropriately offering or accepting anything of value with the intent of inducing or in return for a specific action;
6. Assigning, accepting, or performing a tax assignment that is contingent upon producing a predetermined analysis or conclusion;
7. Issuing an appraisal analysis or opinion, in the performance of a tax assignment, that fails to disclose bias or the accommodation of a personal interest;
8. Willfully furnishing inaccurate, deceitful, or misleading information, or willfully concealing material information in the performance of a tax assignment;

9. Preparing or using, in any manner, a resume or statement of professional qualifications that is misleading or false;
10. Promoting a tax agent practice or soliciting assignments by using misleading or false advertising;
11. Soliciting a tax assignment by assuring a specific result or by stating a conclusion regarding that assignment without analysis of the facts; or
12. Performing an appraisal, as defined by A.R.S. § 32-3601, unless licensed or certified by the Director as an appraiser.

**Historical Note**

Adopted effective December 29, 1995 (Supp. 95-4). Section repealed; new Section adopted effective October 1, 1998; filed in the Office of the Secretary of State September 10, 1998 (Supp. 98-3). Amended by final rulemaking at 13 A.A.R. 1388, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 1675, effective October 6, 2015 (Supp. 15-3). Amended by final rulemaking at 28 A.A.R. 893 (May 6, 2022), effective June 11, 2022 (Supp. 22-2).

**R4-46-602. Repealed**

**Historical Note**

Adopted effective October 1, 1998; filed in the Office of the Secretary of State September 10, 1998 (Supp. 98-3). Amended by final rulemaking at 13 A.A.R. 1388, effective June 2, 2007 (Supp. 07-2). Section repealed by final rulemaking at 21 A.A.R. 1675, effective October 6, 2015 (Supp. 15-3).

**ARTICLE 7. REPEALED**

**R4-46-701. Repealed**

**R4-46-702. Repealed**

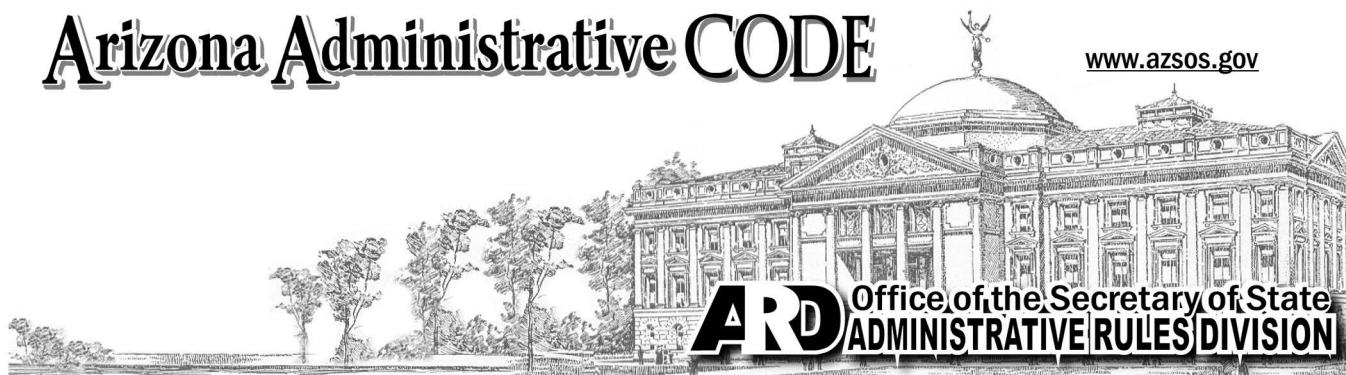
**R4-46-703. Repealed**

**R4-46-704. Repealed**

**Historical Note**

New Section made by final rulemaking at 17 A.A.R. 566, effective April 5, 2011 (Supp. 11-2). Section repealed by exempt rulemaking at 19 A.A.R. 4023, effective November 21, 2013 (Supp. 13-4).

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**TITLE 7. EDUCATION**  
**CHAPTER 2. STATE BOARD OF EDUCATION**  
**7 A.A.C. 2**

**Supplement Information**  
**Supp. 25-4**

Rules codified between October 1, 2025 through December 31, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-4 replaces Supp. 25-3, 1-183 pages.**

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

## PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “*Rule*’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

### THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

### HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at [www.azsos.gov/rules](http://www.azsos.gov/rules), click on the *Administrative Register* link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

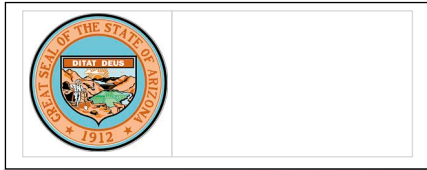
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*Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.*

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## Administrative Rules Division

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## TITLE 7. EDUCATION

## CHAPTER 2. STATE BOARD OF EDUCATION

Authority: A.R.S. § 15-203(A)(1)

## Supp. 25-4

*Editor's Note: Under A.R.S. 41-1011(C) changes were made to headings and rule language for consistency in style and format. Part headings in this Chapter were assigned numbers. These changes did not alter the sense, meaning or effect of any rule in this Chapter. The Board reviewed and approved these clerical changes. Section R7-2-604.01 was inadvertently removed when Supp. 19-4 was published. It has been reinstated as last amended in Supp. 15-3 (Supp. 21-2).*

*Editor's Note: This Chapter contains rules in Articles 10 and 11 that were filed in 2015 but were adopted in 2014. The Office has corrected all Supp. 15-3 historical notes in these Articles to reflect the true effective year of the rules to July 1, 2014 (Supp. 18-2).*

*Editor's Note: This Chapter contains rules that were filed out of sequence by adoption date. The Office has made every effort to codify the previous filings with the current Chapter and update the historical references where necessary. Refer to the historical notes for more information (Supp. 16-2).*

*Editor's Note: Supp. 16-1 contains rules that were submitted as final exempt rules and approved by the Board February 25, 2008. Although approved by the Board in 2008, the rulemaking was not filed in the Secretary of State's Office for publication in this Chapter until 2016. The final exempt rulemaking was filed by the Board on January 6, 2016 (Supp. 16-1).*

*Editor's Note: Supp. 15-3 contains rules that were submitted as final exempt rules. Pursuant to the Board's rulemaking procedures a public hearing was held on the rules after they were proposed at a Board meeting. Even though the proposed rules were not published in the Register, the Office of the Secretary of State makes a distinction between exempt rulemakings and final exempt rulemakings. Final exempt rulemakings are those filed with conditional exemptions to the Arizona Administrative Procedures Act such as requirements to conduct a public hearing or accept public comments on a proposed exempt rulemaking. Although approved by the Board, these final exempt rulemakings were not filed with the Secretary of State's Office at the time of approval. Therefore these rules were in effect prior to the release of Supp. 15-3. Refer to the historical notes for effective dates.*

*Editor's Note: This Chapter contains rules made, amended, repealed, renumbered and approved by the State Board of Education that were exempt from the rulemaking process. Although approved by the Board, certain rulemakings were not filed with the Secretary of State's Office at the time of approval. These rulemakings were filed in 2009 and 2010 and printed as Exempt Rulemakings in the Arizona Administrative Register. The Office has expedited the publishing of these Sections in the Arizona Administrative Code because these rules were in effect prior to Supp. 09-1, Supp. 09-2, Supp. 09-3, Supp. 09-4, Supp. 10-1, Supp. 10-2, Supp. 10-3, Supp. 10-4, Supp. 11-1, and Supp. 12-2 releases. Refer to the historical notes for more information.*

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## CHAPTER 2. STATE BOARD OF EDUCATION

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*Article 6, consisting of Sections R7-2-601 through R7-2-617, adopted effective December 4, 1998 (Supp. 98-4).*

*Article 6, consisting of Sections R7-2-601 through R7-2-608, repealed effective December 4, 1998 (Supp. 98-4).*

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**ARTICLE 10. SCHOOL DISTRICT PROCUREMENT**

*The Part headings in Article 10 were assigned Part numbers (Supp. 21-2).*

*Article 10, consisting of Sections R7-2-1001 through R7-2-1009, R7-2-1021 through R7-2-1032, R7-2-1035 through R7-2-1037, R7-2-1041 through R7-2-1050, R7-2-1053, R7-2-1056, R7-2-1057, R7-2-1061 through R7-2-1068, R7-2-1072 through R7-2-1086, R7-2-1091 through R7-2-1093, R7-2-1101 through R7-2-1105, R7-2-1111 through R7-2-1115, R7-2-1117 through R7-2-1123, R7-2-1125, R7-2-1131 through R7-2-1133, R7-2-1141 through R7-2-1153, R7-2-1155 through R7-2-1159, R7-2-1161 through R7-2-1171, R7-2-1181, R7-2-1182, R7-2-1184, and R7-2-1191 through R7-2-1195, adopted effective December 17, 1987.*

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*The Part headings in Article 11 were assigned Part numbers (Supp. 21-2).*

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**ARTICLE 1. STATE BOARD OF EDUCATION MEETINGS****R7-2-101. Governance****A. Officers**

1. The elective officers of the State Board of Education (Board) shall be a President and a Vice President.
2. The State Superintendent of Public Instruction shall serve as the Secretary and as the Executive Officer of the Board.
3. The President shall preside over all meetings of the Board, call meetings as herein provided and perform such other special duties as may be vested in him or her by the Board.
4. In the absence of the President, the Vice President shall preside over all meetings and shall perform such other special duties as may be vested in him or her by the Board.
5. The President shall appoint a nominating committee that will prepare a slate of candidates for presentation to the Board at the first regular meeting following January 1 of each year. Other candidates may be nominated from the floor. The two elected officers shall be elected by written ballot and shall serve for one year, or until their successors are elected.
6. If a vacancy occurs in the office of President, the Vice President shall immediately become the President. As soon as practicable, the Board shall elect a new Vice President.

**B. Regular and special meetings**

1. Unless otherwise agreed upon by a majority of the Board, meetings shall be held on the fourth Monday of each month.
2. The place of the meeting shall be designated by the President. In the absence of the President, the place of meeting shall be designated by the Vice President.

**C. Public input to the Board**

1. Requests for matters to be placed on the agenda.
  - a. When any person wishes to have a matter placed on the agenda, that person shall submit a written request to the President of the Board not less than 21 days prior to the Board meeting.
  - b. The President of the Board may choose not to place an item submitted by a person other than a Board member on the agenda.
2. Public comment on agenda items.
  - a. Any member of the public who wishes to address the Board regarding a matter on the agenda for Board action may submit a written request to be heard on forms provided by the Board.
  - b. The President of the Board or a majority of the Board may allot a reasonable time for members of the public to address the Board with respect to agenda items.

**Historical Note**

Former Section R7-2-101 repealed, new Section R7-2-101 adopted effective December 4, 1978 (Supp. 78-6). Amended effective February 27, 1980 (Supp. 80-1). Former Section R7-2-101 repealed, new Section R7-2-101 adopted effective June 17, 1985 (Supp. 85-3).

**R7-2-102. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-103. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**ARTICLE 2. STATE BOARD OF EDUCATION COMMITTEES****R7-2-201. Advisory Committees**

- A.** The State Board of Education (Board) may create an advisory committee for the purpose of providing advice and recommendations as assigned by the Board. In this Section, unless the context otherwise requires, the following definitions shall apply:
  1. "Ad Hoc Advisory Committee" means a committee, established by the Board, for a limited time and scope, for the purpose of providing advice and recommendations to the Board.
  2. "Executive Committee" means a committee, whose members consist of the President and Vice-President of the Board, established for the purpose of appointing ad hoc advisory committee members.
  3. "Standing Advisory Committee" means the Certification Advisory Committee, the Professional Practices Advisory Committee, or any other designated permanent committee, established by the Board, for the specific purpose of providing ongoing advice and recommendations as assigned by the Board.
- B.** Any advisory committee or similar body that has been created by either the Board or statute shall be appointed and conduct its business in accordance with this Section except as otherwise required by law.
- C.** The Board shall determine the structure, membership, and tasks of any standing advisory committee the Board has created.
- D.** The Board's Appointments Subcommittee, whose members are appointed by the President of the Board, shall review nominations submitted by the Board members for appointment to a standing advisory committee and shall provide a recommendation to the Board for consideration. A vacancy on a standing advisory committee shall be filled in the manner described in this Section.
- E.** The Board shall determine the structure and task of an ad hoc advisory committee it has created and may make suggestions as to members. The Executive Committee shall appoint the members of an ad hoc advisory committee. An ad hoc advisory committee shall exist for the time necessary to accomplish its assigned task or for one year from the date it is created, whichever is less. An ad hoc advisory committee may continue to function beyond a one-year period only with the express approval of the Executive Committee. A vacancy on an ad hoc advisory committee shall be filled in the manner prescribed by the Executive Committee.
- F.** The Board may in its discretion remove any member from and dissolve any standing advisory committee that the Board has created. The Executive Committee may in its discretion remove any member from and dissolve any ad hoc advisory committee that the Executive Committee has created.
- G.** An advisory committee shall not conduct a meeting of its members without prior acknowledgment from the Executive Director of the Board that the notice and agenda for the meeting have been approved by the President of the Board and posted and that there are sufficient funds to meet all expenses that would be incurred in connection with such meeting. An advisory committee member shall not obligate the payment of Board funds.

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- H. The meetings of a committee shall be held at the offices of the Board or any other facility for which no charges would be incurred for use of the facility.
- I. Activities of an advisory committee are limited to preparation of advice and recommendations to be presented to the Board for issues which relate directly to the task assigned by the Board.
- J. Advisory committees are not authorized the use of Board letterhead stationery without the express approval of the President of the Board and are not authorized the use of Department of Education letterhead stationery without the express approval of the Superintendent of Public Instruction.
- K. An advisory committee shall:
  1. Annually select from its members a chair and vice chair;
  2. Request information, assistance, or opinions from the Department of Education necessary to accomplish its task. An advisory committee shall convey any such request through the Department liaison designated pursuant to this Section.
- L. A quorum of an advisory committee shall be a majority of the voting members of the advisory committee. Voting members shall be only those members specifically appointed by the Board or Executive Committee. A quorum of an advisory committee is necessary to conduct its business. An affirmative vote of the majority of voting members present is necessary for an advisory committee to take action.
- M. The Superintendent shall designate an employee of the Department of Education to serve as a liaison to each advisory committee. The President of the Board may appoint a member of the Board to serve as an additional liaison to each advisory committee as the President deems appropriate.

**Historical Note**

Amended effective July 1, 1977 (Supp. 77-4). Former Section R7-2-201 repealed, new Section R7-2-201 adopted effective December 4, 1978 (Supp. 78-6). Amended effective February 25, 1987 (Supp. 87-1). Section repealed, new Section adopted effective March 18, 1994 (Supp. 94-1). Amended by final exempt rulemaking at 22 A.A.R. 2239, effective August 1, 2016 (Supp. 16-3). Amended by final exempt rulemaking at 25 A.A.R. 98, effective December 17, 2018 (Supp. 18-4). The word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-202. Repealed****Historical Note**

Former Section R7-2-202 repealed, new Section R7-2-202 adopted effective December 4, 1978 (Supp. 78-6). Former Section R7-2-202 repealed, new Section R7-2-202 adopted effective June 21, 1979 (Supp. 79-3). Amended effective June 12, 1989 (Supp. 89-2). Amended effective December 12, 1990 (90-4). Amended effective August 28, 1992 (Supp. 92-3). Repealed effective March 18, 1994 (Supp. 94-1).

**R7-2-203. Repealed****Historical Note**

Former Section R7-2-203 repealed, new Section R7-2-203 adopted effective April 9, 1984 (Supp. 84-2). Amended subsections (A) and (B) effective December 30, 1988 (Supp. 88-4). Repealed effective February 20, 1997 (Supp. 97-1).

**R7-2-204. Repealed****Historical Note**

Adopted effective December 4, 1978 (Supp. 78-6). Former Section R7-2-204 repealed, new Section R7-2-204 adopted effective December 31, 1984 (Supp. 84-6). Amended effective August 28, 1992 (Supp. 92-3). Repealed effective February 20, 1997 (Supp. 97-1).

**R7-2-205. Professional Practices Advisory Committee**

- A. Professional Practices Advisory Committees (Committees) shall act in an advisory capacity to the State Board of Education (Board) in regard to certification or recertification matters related to immoral conduct, unprofessional conduct, unfitness to teach, revocation, suspension, censure, or surrender of certificates, and matters related to immoral or unprofessional conduct, unfitness to teach and the discipline of noncertificated individuals.
- B. Committees shall each consist of nine members comprised of the following:
  1. One elementary classroom teacher,
  2. One secondary classroom teacher,
  3. One principal,
  4. One superintendent or assistant/associate superintendent,
  5. Three lay members, one lay member who shall be a parent of a student currently attending public school in Arizona,
  6. One local governing board member, and
  7. One charter school teacher, principal, or administrator.
- C. Members appointed under subsections (B)(1) through (4) shall meet at least the following requirements:
  1. Certified to teach in Arizona.
  2. Currently employed in or retired from the education profession in the specific category of their appointment.
- D. Terms of the members
  1. All regular terms shall be for four years except as set forth in subsection (E).
  2. A member may be reappointed with Board approval.
- E. The Board may remove any member from the Committee. All vacancies shall be filled as prescribed in subsections (C)(1) and (2), and those persons appointed to fill vacancies shall serve to complete the term of the person replaced.
- F. The Committee shall:
  1. Select from its members a Chairman and Vice-Chairman,
  2. A quorum shall be a majority of members of the Committee. A quorum is necessary to conduct business. An affirmative vote of the majority of the members present is needed to take action.
  3. Hold meetings as needed to conduct hearings or other Committee business by call of the Chairman of the Committee. If the Chairman neglects or declines to call a meeting, then a majority of the Committee may call a meeting. The Board may call a meeting as required to conduct necessary business. Notice of any meeting shall be given to Committee members seven days prior to the meeting.
  4. Recommend the removal of any member who is absent from three consecutive meetings.
  5. Refer to R7-2-1308 to assist in determining whether the acts complained of constitute unprofessional conduct.
  6. Conduct its business pursuant to R7-2-1301 et seq. and hearings pursuant to R7-2-701 et seq.

**Historical Note**

Adopted effective December 4, 1978 (Supp. 78-6). Former Section R7-2-205 repealed, new Section R7-2-205 adopted effective February 24, 1982 (Supp. 82-1). For-



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mer Section R7-2-205 repealed, new Section R7-2-205 adopted effective August 30, 1984 (Supp. 84-4).

Amended effective February 21, 1986 (Supp. 86-1). Amended subsections (H), (I), and (J) effective February 3, 1987 (Supp. 87-1). Amended effective December 15, 1989 (Supp. 89-4). Amended effective May 31, 1991 (Supp. 91-2). Amended effective April 9, 1993 (Supp. 93-2). Amended effective December 3, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Amended by final exempt rulemaking at 21 A.A.R. 1775, effective May 20, 2013 (Supp. 15-3). Amended by final exempt rulemaking at 23 A.A.R. 725, effective January 23, 2017 (Supp. 17-1). The word "rule" has been changed to "Section," the words "above" and "below" have been removed to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

**R7-2-206. Certification Denial Appeals Process for Applications for Certification that Do Not Involve Allegations of Immoral or Unprofessional Conduct**

**A.** Request for hearing. A person who has had an application for certification denied by the Department of Education pursuant to A.R.S. § 15-534.01(B) may file a written request for a hearing with the Board within 15 days after being served notice of the denial pursuant to subsection (C). Intermediate Saturdays, Sundays and legal holidays shall be included in the computation of the 15 days. If the final day of the 15 day deadline falls on a Saturday, Sunday or legal holiday, the next business day is the final day of the deadline. Applications for certification that involve allegations of immoral or unprofessional conduct shall be reviewed by the Professional Practices Advisory Committee pursuant to R7-2-205.

**B.** Notice of hearing

1. If an applicant requests a hearing to appeal the denial of an application for certification, a notice of hearing shall be given at least 20 days prior to the date set for the hearing.
2. The notice shall include:
  - a. A statement of the time, place and nature of the hearing.
  - b. A statement of the legal authority and jurisdiction under which the hearing is to be held.
  - c. A reference to the particular sections of the statutes and rules involved.
  - d. A short and plain statement of the matters asserted. If a party is unable to state the matters in detail at the time the notice is served, the initial notice may be limited to a statement of the issues involved. Thereafter upon application a more definite and detailed statement shall be furnished.

**C.** Service of documents; change of address notice requirement

1. Every notice or decision issued by the Board or the Department pertaining to the denial of an application for initial certification or renewal of a certificate shall be served by personal delivery, first class mail or certified mail, return receipt requested, to the applicant or certificated person's last address of record with the Department of Education or by any other method that is reasonably calculated to give actual notice to the applicant or the certificated person. A document is filed with the Board on the date it is received by the Board, as established by the Board's date stamp on the face of the document. A docu-

ment issued by the Board or the Department pursuant to this Section is served on a party as follows:

- a. On the date it is personally served.
- b. Five days after it is mailed by first class mail.
- c. On the date of the return receipt if it is mailed by certified mail.

2. Each applicant or certificated person shall inform the Department of Education and the Board of any change of address within 30 days of the change of address.

**D.** Hearing process

1. All hearings shall be conducted before the Board or a hearing officer pursuant to A.R.S. Title 41, Chapter 6, Article 6 and this Section.
2. Parties may participate in the hearing in person or through an attorney.
3. Upon request of either party, the hearing officer may schedule a prehearing conference. The purpose of a prehearing conference shall be to narrow issues, attempt settlement, address evidentiary issues or for any other purpose deemed necessary by the hearing officer.
4. Opportunity shall be afforded all parties to respond and present evidence and argument on the issues involved.
5. The Board may dispose of any certification appeal by decision or approved stipulation, agreed settlement, consent agreement or by default.
6. A hearing shall be recorded manually or by a recording device and shall be transcribed on request of any party, unless otherwise provided by law. The cost of such transcript shall be paid by the party making the request, unless otherwise provided by law or unless assessment of the cost is waived by the Board.
7. The hearing may be rescheduled, maintaining due regard for the interests of justice and the orderly and prompt conduct of the proceedings.
8. The record in an appeal of a certification denial shall include:
  - a. All pleadings, motions and interlocutory rulings;
  - b. Evidence received or considered;
  - c. A statement of matters officially noticed;
  - d. Objections and offers of proof and rulings thereon;
  - e. Proposed findings of fact and conclusions of law and exceptions thereto;
  - f. Any decision, opinion, recommendation or report of the hearing officer;
  - g. All staff memoranda, other than privileged communications, or data submitted to the hearing officer in connection with its consideration of the case.
9. Findings of fact shall be based exclusively on the evidence and on matters officially noticed.
10. A hearing may be conducted in an informal manner and without adherence to the rules of evidence required in judicial proceedings. Neither the manner of conducting the hearing nor the failure to adhere to the rules of evidence required in judicial proceedings shall be grounds for reversing any administrative decision or order, providing the evidence supporting such decision or order is substantial, reliable, and probative. Irrelevant, immaterial or unduly repetitious evidence shall be excluded. Every person who is a party to such proceedings shall have the right to be represented by counsel, to submit evidence in open hearing and shall have the right of cross-examination. Unless otherwise provided by law, hearings may be held at any place determined by the Board. At such hear-

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ing such applicant shall be the moving party and have the burden of proof.

11. Copies of documentary evidence may be received in the discretion of the hearing officer. Upon request, the parties shall be given an opportunity to compare the copy with the original.
12. Notice may be taken of judicially cognizable facts. In addition, notice may be taken of generally recognized technical or scientific facts within the specialized knowledge of the hearing officer. Parties shall be notified either before or during the hearing or by reference in preliminary reports or otherwise of the material noticed including any staff memoranda or data and they shall be afforded an opportunity to contest the material so noticed. The hearing officer's experience, technical competence and specialized knowledge may be utilized in the evaluation of the evidence.

**E. Subpoenas**

1. The hearing officer may issue subpoenas for the attendance of witnesses and for the production of books, records, documents and other evidence on the hearing officer's own volition or at the request of a party.
2. A request for a hearing subpoena shall be in writing and served on each party at least seven days prior to the date set for hearing and shall state:
  - a. The name of the case, the case number, and the date, time and place where the witness is expected to appear and testify;
  - b. The name and address of the witness subpoenaed;
  - c. The documents, if any, sought to be provided; and
  - d. A brief statement of the relevance of the testimony or documents.
3. On application of a party or the agency and for use as evidence, the hearing officer may permit a deposition to be taken, in the manner and upon the terms designated by the hearing officer, of a witness who cannot be subpoenaed or is unable to attend the hearing.
4. The individual to whom a subpoena is directed shall comply with its provisions unless, prior to the date set for appearance, the hearing officer grants a written request to quash or modify the subpoena. The request shall state the reasons why it should be granted. The hearing officer shall grant or deny such request by order.
5. The hearing officer shall quash or modify the subpoena if:
  - a. It is unreasonable or oppressive; or
  - b. The desired testimony or evidence may be obtained by an alternative method.
6. The party requesting the subpoena shall prepare it and cause it to be served upon the individual to whom it is directed in the same manner as provided for service of subpoenas in civil matters before the superior court. The return of service shall be filed with the Board.

**F. Conduct of hearing**

1. The hearing officer may conduct all or part of the hearing by telephone or other electronic means, as long as each party has an opportunity to participate in the entire proceeding as it takes place.
2. Except for those hearings which may involve presentation of evidence protected by law as confidential, or which are otherwise closed pursuant to an express provision of law, all hearings are open to public observation.

3. Conduct at any hearing that is disruptive or shows contempt for the proceedings shall be grounds for exclusion from further participation or observation.

**G. Evidence**

1. All witnesses shall testify under oath or affirmation.
2. The hearing officer shall have the power to administer oaths and affirmations.
3. All parties shall have the right to present such oral or documentary evidence and to conduct such cross-examination as may be required for a full and fair disclosure of the facts.
4. The hearing officer shall receive evidence, rule upon offers of proof, and exclude evidence the hearing officer has determined to be irrelevant, immaterial, or unduly repetitious.
5. Unless otherwise ordered by the hearing officer, documentary evidence shall be limited in size when folded to 8 1/2 by 11 inches. The submitting party shall identify documentary exhibits by number or letter and party and furnish a copy of each exhibit to each party present. One additional copy shall be furnished to the hearing officer unless the hearing officer otherwise directs. When evidence offered by any party appears in a larger work, containing other information, the party shall plainly designate the portion offered. If the evidence offered is so voluminous as would unnecessarily encumber the record, the book, paper, or document shall not be received in evidence but may be marked for identification and, if properly authenticated, the designated portion may be read into or photocopied for the record. All documentary evidence offered shall be subject to appropriate and timely objection.

- H. Stipulations.** Parties to an appeal of a certification denial may stipulate, in writing, agreement upon any matter involved in the proceeding. If approved by the hearing officer, agreement on matters of procedure shall be binding upon the parties to the stipulation. The hearing officer may require presentation of evidence for proof of stipulated facts for the hearing officer's consideration. No substantive matter agreed to by the parties shall be binding upon the Board unless incorporated into the decision of the Board.

**I. Recommendations**

1. A recommended decision shall be prepared for the Board by the hearing officer and shall include findings of fact and conclusions of law, separately stated.
2. Parties shall be notified either personally or by mail to their last known address of any decision or order.
3. A recommended decision shall be delivered to the Board within 30 days after the close of the hearing unless the Board extends the period for good cause.

**J. Decisions and orders**

1. Any final decision or order adverse to a party shall be in writing or stated in the record.
2. When the Board is the hearing body, the decision shall be rendered within 60 days following the final day of the hearing.
3. Within 30 days after receipt of any recommended decision from the hearing officer, the Board shall render a decision to affirm, reverse, adopt, modify, supplement, amend or reject the recommendation and may remand the matter to the hearing officer with instructions, or may convene itself as the hearing body.

**K. Rehearing and review of decisions**

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1. After a hearing is held, a party in an appeal of a certification denial who is aggrieved by a decision rendered by the Board may file with the Board, not later than 30 days after such decision has been made, a written motion for rehearing specifying the particular grounds therefor. A motion for rehearing under this Section may be amended at any time before it is ruled upon by the Board. A response may be filed within 15 days after service of such motion by any other party. The Board may require the filing of written briefs on the issues raised in the motion or response and may provide for oral argument.
2. A rehearing of a decision by the Board may be granted for any of the following causes materially affecting the moving party's rights:
  - a. Irregularity in the administrative proceedings of the hearing body, or abuse of discretion, whereby the moving party was deprived of a fair hearing.
  - b. Misconduct of the hearing body or the prevailing party.
  - c. Accident or surprise which could not have been prevented by ordinary prudence.
  - d. Newly discovered material evidence which could not with reasonable diligence have been discovered and produced at the hearing.
  - e. Excessive or insufficient penalties.
  - f. Error in the admission or rejection of evidence or other errors of law occurring at the administrative hearing.
  - g. That the decision is not justified by the evidence or is contrary to the law.
3. The Board may affirm or modify the decision or grant a rehearing to all or any of the parties, on all or part of the issues, for any of the reasons set forth in subsection (K)(2). An order granting a rehearing shall specify with particularity the ground or grounds on which the rehearing is granted, and the rehearing shall cover only those matters so specified.
4. After giving the parties or their counsel notice and an opportunity to be heard on the matter, the Board may grant a motion for rehearing for a reason not stated in the motion. The order granting such a rehearing shall specify the grounds therefor.
5. Not later than 20 days after a decision is rendered, the Board may, on its own initiative, order a rehearing of its decision for any reasons for which it might have granted a rehearing on motion of a party. The order granting such a rehearing shall specify the grounds therefor.
6. When a motion for rehearing is based upon affidavits they shall be served with the motion. An opposing party may, within 10 days after service of such motion, serve opposing affidavits and this period may be extended for an additional period not exceeding 20 days, by the Board for good cause shown or by written stipulation of the parties. Reply affidavits may be permitted.
7. After a hearing has been held and a final administrative decision has been entered, a party is not required to file a motion for rehearing or review of the decision in order to exhaust the party's administrative remedies.
8. Any party in an appeal of a certification denial who is aggrieved by a decision rendered by the Board may file with the Board, not later than 20 days after such decision has been made, a written request for review of the decision. If a review of the decision is granted, the Board may affirm or modify the previous decision.

**Historical Note**

Former Section R7-2-206 adopted effective December 4, 1978 (Supp. 78-6). Repealed effective February 24, 1982. See R7-2-205 adopted effective February 24, 1982 (Supp. 82-1). New Section R7-2-206 adopted effective August 9, 1989 (Supp. 89-3). Repealed effective March 18, 1994 (Supp. 94-1). New Section made by exempt rulemaking at 16 A.A.R. 156, effective December 7, 2009 (Supp. 09-4). Amended by final exempt rulemaking at 25 A.A.R. 98, effective December 17, 2018 (Supp. 18-4).

**R7-2-207. Repealed****Historical Note**

Adopted effective August 9, 1989 (Supp. 89-3). Repealed effective March 18, 1994 (Supp. 94-1).

**ARTICLE 3. CURRICULUM REQUIREMENTS AND SPECIAL PROGRAMS****R7-2-300. Adoption of Assessments**

As required in A.R.S. § 15-741, the Board shall adopt statewide assessments in order to measure pupil achievement of the state board adopted academic standards as follows:

1. In English language arts and mathematics, annually in grades three through eight and at least once in high school.
2. In science, once in grades three through five and grades six through eight and at least once in high school.
3. In other subjects and for other students, at the direction of the Board.

**Historical Note**

New Section made by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013; filed in the Office on January 15, 2016 (Supp. 16-2). Amended by final exempt rulemaking at 27 A.A.R. 2342 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

**R7-2-301. Minimum Course of Study and Competency Goals for Students in the Common Schools**

- A. Students shall demonstrate competency as defined by the State Board-adopted academic standards, at the grade levels specified, in the following required subject areas. District and charter school instructional programs shall include an ongoing assessment of student progress toward meeting the competency requirements. These shall include the successful completion of the academic standards in at least reading, writing, mathematics, science and social studies, as determined by district and/or statewide assessments.
  1. English language arts;
  2. Mathematics;
  3. Science;
  4. Social Studies; including:
    - a. Civics; and
    - b. Instruction on the Holocaust and other genocides at least once in either grade seven or grade eight that is equivalent to three class periods;
  5. The Arts, which may consist of two or more of the following: visual arts, dance, theatre, music or media arts;
  6. Health/Physical Education, including mental health. Mental health instruction may be included as part of other subject areas and shall comply with A.R.S. § 15-701.02.
- B. The local governing board or charter school may prescribe course of study and competency requirements for promotion that are in addition to or higher than the course of study and competency requirements the State Board of Education pre-

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scribes. Additional subjects may be offered by the local governing board or charter school as options and may include, but are not limited to:

1. Career and Technical Education,
  2. Computer Science,
  3. Educational Technology,
  4. World and Native Languages.
- C. Prior to the issuance of a standard certificate of promotion from the eighth grade, each student shall demonstrate competency, as defined by the local governing board, of the State Board of Education adopted academic standards for grade eight in the subject areas listed in subsections (A)(1) through (6).
- D. Special education and promotion from the eighth grade.
1. The charter school or local governing board of each school district shall be responsible for developing a course of study and graduation requirements for all students placed in special education programs in accordance with R7-2-401 et seq.
  2. Students placed in special education classes in grades K through eight are eligible to receive the standard certificate of pro-motion without meeting State Board of Education competency requirements.
- E. Online and distance education courses may be offered by the local governing board or charter school if the course is provided through an Arizona Online Instruction Program established pursuant to A.R.S. § 15-808.
- F. Alternative Demonstration of Competency. Upon request of the student, the local school district governing board or charter school shall provide the opportunity for a student in grades seven and eight to demonstrate competency in the subject areas listed in subsections (A)(1) through (6) in lieu of classroom time.

**Historical Note**

Former Section R7-2-301 repealed, new Section R7-2-301 adopted effective December 4, 1978 (Supp. 78-6). Amended subsections (A) and (B) effective May 4, 1982 (Supp. 82-3). Amended subsection (B) by adding subsection (10) effective July 26, 1982 (Supp. 82-4). Section repealed, new Section adopted effective April 12, 1993 (Supp. 93-2). Amended effective May 3, 1993 (Supp. 93-2). Amended by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013 (the making of subsection (F)); filed in the Office January 15, 2016, with historical note added for clarification as the Board adopted the same amendment June 23, 2014 (Supp. 16-2). Amended by final exempt rulemaking at 21 A.A.R. 1778, effective June 23, 2014; filed in the Office August 4, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013; filed in the Office on January 15, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 691, effective February 26, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 26 A.A.R. 2897, effective October 26, 2020 (Supp. 20-4). The hyphen between “K-8” has been changed to the word “through,” the numeral “8” has been changed to “eight,” the ordinal “8th” was corrected to “eighth” for consistency in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 2694 (November 19, 2021), effective October 25, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 31 A.A.R. 2980

(September 19, 2025); effective October 21, 2024, as approved by the Board (Supp. 25-3).

**R7-2-301.01. Repealed****Historical Note**

R7-2-301(A), (B), and (C) repealed and numbered as R7-2-301.01(A), (B), and (C); R7-2-301(D) and (E) repealed and numbered as R7-2-301.01(D) and (E) and amended; the text of R7-2-301.01 as amended is effective January 1, 1989 (Supp. 86-2). Complete text printed and historical note added (Supp. 89-3). Repealed effective April 12, 1993 (Supp. 93-2).

**R7-2-301.02. Repealed****Historical Note**

Adopted effective March 26, 1990 (Supp. 90-1). Amended effective December 18, 1991; amended effective December 20, 1991 (Supp. 91-4). Repealed effective March 18, 1994 (Supp. 94-1).

**R7-2-302. Minimum Course of Study and Competency Requirements for Graduation from High School**

The Board prescribes the minimum course of study and competency requirements as outlined in subsections (1) through (5) and, through the graduating class of 2025, receipt of a passing score of 60 correct answers out of one hundred questions on a civics test identical to the civics portion of the naturalization test used by the United States Citizenship and Immigration Services as prescribed in A.R.S. § 15-701.01. Beginning with the graduating class of 2026, students shall obtain a passing score of at least 70 correct answers out of one hundred questions on a civics test identical to the civics portion of the naturalization test used by the United States Citizenship and Immigration Services prescribed in A.R.S. § 15-701.01.

1. Subject area course requirements. The Board establishes 22 credits as the minimum number of credits necessary for high school graduation. Students shall obtain credits for required subject areas as specified in subsections (1)(a) through (e) based on completion of subject area course requirements or competency requirements. At the discretion of the local school district governing board or charter school, credits may be awarded for completion of elective subjects specified in subsection (1)(f) based on completion of subject area course requirements or competency requirements. The awarding of a credit toward the completion of high school graduation requirements shall be based on successful completion of the subject area requirements prescribed by the State Board and local school district governing board or charter school as follows:
  - a. Four credits of English or English as a Second Language, which shall include but not be limited to the following: reading American and other world literature, reading informational text, writing, research methods, speaking and listening skills, grammar, and vocabulary.
  - b. Three credits in social studies to minimally include the following:
    - i. One credit of American history, including Arizona history;
    - ii. One credit of world history/geography, to include instruction on the Holocaust and other genocides that is equivalent to three class periods;
    - iii. One-half credit of American government, including civics and Arizona government; and

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- iv. One-half credit in economics.
- c. Four credits of mathematics to minimally include:
  - i. Three credits containing course content in preparation for proficiency at the high school level on the statewide assessment and aligned to the Arizona Mathematics Standards for Algebra I, Geometry, and Algebra II. These three credits shall be taken beginning with the ninth grade unless a student meets these requirements prior to the ninth grade pursuant to subsection (1)(c)(iii). The requirement for the third credit covering Algebra II, may be met by, but is not limited to the following: a math course comparable to Algebra II course content; computer science, career and technical education and vocational education, economics, science and arts courses as determined by the local school district governing board or charter school.
  - ii. A fourth credit that includes significant mathematics content as determined by the local school district governing board or charter school.
  - iii. Courses successfully completed prior to the ninth grade that meet the high school mathematics credit requirements may be applied toward satisfying those requirements.
  - iv. The mathematics requirements may be modified for students using a Personal Curriculum pursuant to R7-2-302.03.
- d. Three credits of science in preparation for proficiency at the high school level on the statewide assessment.
- e. One credit of the Arts or career and technical education and vocational education.
- f. Seven credits of additional courses prescribed by the local school district governing board or charter school.
  - i. Health instruction, regardless of the course it is provided in, shall include instruction on mental health;
  - ii. Mental health instruction may be included in other courses; and
  - iii. All mental health instruction shall comply with A.R.S. § 15-701.03.
- g. A credit or partial credit may apply toward more than one subject area but shall count only as one credit or partial credit toward satisfying the 22 required credits.
- 2. Credits earned through correspondence courses to meet graduation requirements shall be taken from an accredited institution as defined in R7-2-601. Credits earned thereby shall be limited to four, and only one credit may be earned in each of the following subject areas:
  - a. English as described in subsection (1)(a) of this Section,
  - b. Social Studies,
  - c. Mathematics, and
  - d. Science.
- 3. Online and distance education courses may be offered by the local governing board or charter school if the course is provided through an Arizona Online Instruction Program established pursuant to A.R.S. § 15-808.
- 4. Local school district governing boards or charter schools may grant to career and technical education and vocational education program completers a maximum of 5 1/2 credits to be used toward the Board English, mathematics, science, and economics credit requirements for graduation, subject to the following restrictions:
  - a. The Board has approved the career and technical education and vocational education program for equivalent credit to be used toward the Board English, mathematics, science, and economics credit requirements for graduation.
  - b. A credit or partial credit may apply toward more than one subject area but shall count only as one credit or partial credit toward satisfying the 22 required credits.
  - c. A student who satisfies any part of the Board English, mathematics, science, and economics requirements through the completion of a career and technical education and vocational education program shall still be required to earn 22 total credits to meet the graduation requirements prescribed in this Section.
- 5. Competency requirements.
  - a. The awarding of a credit toward the completion of high school graduation requirements shall be based on the requirements outlined in A.R.S. § 15-701.01 and the successful completion of State Board-adopted academic standards for subject areas listed in subsections (1)(a) through (1)(e) and the successful completion of the competency requirements for the elective subjects specified in subsection (1)(f). Competency requirements for elective subjects as specified in subsection (1)(f) shall be the academic standards adopted by the State Board. If there are no adopted academic standards for an elective subject, the local school district governing board or charter school shall be responsible for developing and adopting competency requirements for the successful completion of the elective subject. The school district governing board or charter school shall be responsible for developing and adopting the method and manner in which to administer a test that is identical to the civics portion of the naturalization test used by the United States Citizenship and Immigration Services. School districts and charter schools shall document and report student outcome data on the test pursuant to A.R.S. § 15-701.01 and based on procedures adopted by the Arizona Department of Education. Schools may administer the test to students beginning in the seventh grade and any pupil who does not obtain a passing score on the test may retake the test until the pupil obtains a passing score.
  - b. The determination and verification of student accomplishment and performance shall be the responsibility of the subject area teacher.
  - c. Upon request of the student, the local school district governing board or charter school shall provide the opportunity for the student to demonstrate competency in the subject areas listed in subsections (1)(a) through (1)(f) in lieu of class-room time. In appropriate courses, a school district governing board or charter school shall include as a mechanism to demonstrate competency a score determined by the State Board as college and career ready on the

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appropriate assessment adopted by the State Board pursuant to A.R.S. §§ 15-741 or 15-741.01.

6. The local school district governing board or charter school shall be responsible for developing a course of study and graduation requirements for all students placed in special education programs in accordance with A.R.S. Title 15, Chapter 7, Article 4 and R7-2-401 et seq. Students placed in special education classes, through 12, are eligible to receive a high school diploma upon completion of graduation requirements.

**Historical Note**

Former Section R7-2-302 repealed, new Section R7-2-302 adopted effective December 4, 1978 (Supp. 78-6). Amended effective July 8, 1983 (Supp. 83-4). Amended subsections (1) and (5) effective January 1, 1987 (Supp. 84-3). See R7-2-302.01 and R7-2-302.02 for minimum credits for graduating classes of 1987 forward (Supp. 86-5). Repealed effective August 28, 1992; Inadvertently omitted from Supp. 92-3; corrected Supp. 93-4. Amended effective November 17, 1994 (Supp. 94-4). Repealed effective February 20, 1997 (Supp. 97-1). New Section adopted by final rulemaking at 7 A.A.R. 1255, effective February 20, 2001 (Supp. 01-1). Amended by final rulemaking at 8 A.A.R. 3893, effective August 21, 2002 (Supp. 02-3). Amended by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013; since the Board did not file the amendments until January 15, 2016, subsection (3)(a) through (b) was already repealed at the time of publishing the Section in Supp. 15-3; therefore, there is no record of the amendments in the Administrative Code; these amendments can be viewed at 21 A.A.R. 1778 (Supp. 16-2). Amended by final exempt rulemaking at 21 A.A.R. 1778, effective June 23, 2014; filed in the Office August 4, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 22 A.A.R. 197, effective October 26, 2015; filed in the Office January 15, 2016 (Supp. 16-3). Amended by final rulemaking at 24 A.A.R. 691, effective February 26, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 26 A.A.R. 2897, effective October 26, 2020 (Supp. 20-4). The word “sixty” has been changed to the numeral “60,” the hyphen between “9-12” was replaced with the word “through” and the numeral “9” has been changed to “nine,” the phrase “of this Section” was removed, and “one hundred” was changed to the numeral “100” to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 2694 (November 19, 2021), effective October 25, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 29 A.A.R. 183 (January 13, 2023), effective December 9, 2022 (Supp. 22-4). Amended by final exempt rulemaking at 31 A.A.R. 2980 (September 19, 2025); effective October 21, 2024, as approved by the Board (Supp. 25-3).

**R7-2-302.01. Repealed****Historical Note**

Section R7-2-302 repeated and amended effective January 1, 1987, filed September 24, 1986 (Supp. 86-5). Amended as an emergency by adding a new subsection (B) effective May 3, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Filing date for January 1, 1987, amendments corrected to September 24, 1986 (Supp. 89-3). Emergency expired. Adopted as a permanent rule effective February 7, 1990 (Supp 90-1).

Repealed effective August 28, 1992; Inadvertently omitted from Supp. 92-3; corrected Supp. 93-4. New Section made by exempt rulemaking at 14 A.A.R. 195, effective December 10, 2007 (Supp. 08-1). Section repealed by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013; filed in the Office on January 15, 2016 (Supp. 16-2).

**R7-2-302.02. Repealed****Historical Note**

Adopted effective January 1, 1991, filed September 24, 1986 (Supp. 86-5). Amended effective May 9, 1988 (Supp. 88-2). Amended effective June 12, 1989 (Supp. 89-2). Amended effective March 26, 1990 (Supp. 90-1). Repealed effective March 18, 1994 (Supp. 94-1). New Section made by exempt rulemaking at 14 A.A.R. 195, effective December 10, 2007 (Supp. 08-1). Section repealed by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013; filed in the Office on January 15, 2016 (Supp. 16-2).

**R7-2-302.03. Personal Curriculum****A. Definitions.**

1. “Personal Curriculum” means a documented process that may be used to modify the high school graduation requirements for mathematics delineated in R7-2-302.02(1)(c). A student may use a personal curriculum to modify the Algebra II requirement delineated in R7-2-302.02(1)(c)(ii) and reduce the credit requirements for mathematics from four to three credits. A student who successfully completes the student’s personal curriculum meets the requirements for high school graduation.
2. “Development Team” means a team that develops a personal curriculum for a student and consists of the student, the parent or legal guardian of the student, and a school counselor or principal or their designee. A school principal may add additional members to the development team as the principal deems appropriate.

**B. A student is eligible for a personal curriculum if the student meets the following criteria:**

1. The student has successfully completed the mathematics requirements delineated in R7-2-302.02(1)(c)(i); and
2. Despite the student’s successful completion of the mathematics requirements delineated in R7-2-302.02(1)(c)(i), the development team determines that the student demonstrates a need to modify the requirement delineated in R7-2-302.02(1)(c)(ii) for Algebra II or its equivalent course content.

**C. The requirements for a personal curriculum are as follows:**

1. An eligible student may only modify the mathematics requirement delineated in R7-2-302.02(1)(c)(ii) for Algebra II or its equivalent course content;
2. In lieu of successfully completing Algebra II or its equivalent course content, an eligible student shall successfully complete at least one credit in mathematics that shall include significant mathematics content as determined by the local school district governing board or charter school; and
3. An eligible student shall successfully complete a course in mathematics in the student’s senior year.

**D. The procedures for developing and implementing a personal curriculum are as follows:**

1. The parent or legal guardian of a student, an emancipated student, or a student with permission from the student’s parent or legal guardian may request a personal curriculum.

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lum in a manner prescribed by the local school district governing board or charter school.

2. Upon receipt of a request for a personal curriculum made pursuant to subsection (D)(1), the local school district or charter school shall verify that the student successfully completed the mathematics requirements delineated in R7-2-302.02(1)(c)(i) and, upon verification, shall convene a development team.
3. The development team shall:
  - a. Verify that the student demonstrates a need to modify the requirement delineated in R7-2-302.02(1)(c)(ii) for Algebra II or its equivalent course content,
  - b. Identify an appropriate alternative mathematics course or courses to modify the requirement for Algebra II or its equivalent course content,
  - c. Develop a written personal curriculum plan that includes the alternative mathematics course or courses identified in subsection (D)(3)(b) and a plan for monitoring student progress toward successfully completing the alternative mathematics course or courses. In developing the personal curriculum plan the development team shall consider how the proposed modifications maintain the integrity of the high school diploma and enable the student to achieve the student's post-secondary education and career goals.
4. The development team may modify the personal curriculum plan based upon the development team's evaluation of the student's progress.

- E. The Superintendent of Public Instruction shall monitor a school district or charter school if there is reason to believe that the school district or charter school is allowing modifications inconsistent with the requirements delineated in this Section.

**Historical Note**

Adopted effective November 1, 1989 (Supp. 89-4).  
Amended effective December 12, 1990 (Supp. 90-4).  
Repealed effective February 20, 1997 (Supp. 97-1). New  
Section made by exempt rulemaking at 14 A.A.R. 195,  
effective December 10, 2007 (Supp. 08-1).

**R7-2-302.04. Repealed****Historical Note**

Adopted effective July 10, 1992 (Supp. 92-3). Amended  
effective May 3, 1993 (Supp. 93-2). Amended effective  
December 17, 1998 (Supp. 98-4). Section repealed by  
final exempt rulemaking at 22 A.A.R. 143, effective  
August 26, 2013; filed in the Office on January 15, 2016  
(Supp. 16-2).

**R7-2-302.05. Arizona Education and Career Action Plan for Students in Grades nine through 12**

- A. Effective for the graduation class of 2013, schools shall complete for every student in grades nine through 12 an Arizona Education and Career Action Plan ("ECAP") prior to graduation. Schools shall develop an Education and Career Action Plan in consultation with the student, the student's parent or guardian and the appropriate school personnel as designated by the school principal or chief administrative officer. Schools shall monitor, review and update each Education and Career Action Plan at least annually. Completion of an Education and Career Action Plan shall be verified by appropriate school personnel.

- B. An Arizona Education and Career Action Plan shall at a minimum allow students to enter, track and update the following information:

1. Academic Goals that include identifying and planning the coursework necessary to achieve the high school graduation requirements and pursue postsecondary education and career options; analyzing assessment results to determine progress and identify needs for intervention and advisement; and documenting academic achievement;
2. Career Goals that include identifying career plans, options, interests and skills; exploring entry level opportunities; and evaluating educational requirements;
3. Postsecondary Education Goals that include identifying progress toward meeting admission requirements, completing application forms and creating financial assistance plans; and
4. Extracurricular Activity Goals that include documenting participation in clubs, organizations, athletics, fine arts, community service, recreational activities, volunteer activities, work-related activities, leadership opportunities, and other activities.

**Historical Note**

New Section made by exempt rulemaking at 12 A.A.R. 876, effective August 22, 2005 (Supp. 06-1). Section R7-2-302.05 renumbered to R7-2-302.06; new Section R7-2-302.05 made by final exempt rulemaking at 22 A.A.R. 111, effective February 25, 2008; filed in the Office January 6, 2016 (Supp. 16-1). The hyphen between "9-12" has been changed to the word "through" and the numeral 9 has been changed to "nine," to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-302.06. Repealed****Historical Note**

New Section made by exempt rulemaking at 12 A.A.R. 876, effective August 22, 2005 (Supp. 06-1). Amended by exempt rulemaking at 15 A.A.R. 1570, effective September 25, 2006 (Supp. 09-1). Amended by exempt rulemaking at 16 A.A.R. 2031, effective August 25, 2008 (Supp. 09-2). Amended by exempt rulemaking at 15 A.A.R. 1602, effective August 24, 2009 (Supp. 09-3). Section R7-2-302.06 renumbered to R7-2-302.07; new Section R7-2-302.06 renumbered from Section R7-2-302.05 by final exempt rulemaking at 22 A.A.R. 111, effective February 25, 2008; filed in the Office January 6, 2016 (Supp. 16-1). Section repealed by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013; filed in the Office on January 15, 2016 (Supp. 16-2).

**R7-2-302.07. Repealed****Historical Note**

New Section made by exempt rulemaking at 15 A.A.R. 1602, effective August 24, 2009 (Supp. 09-3). Section R7-2-302.07 renumbered to R7-2-302.08; new Section R7-2-302.07 renumbered from Section R7-2-302.06 by final exempt rulemaking at 22 A.A.R. 111, effective February 25, 2008; filed in the Office January 6, 2016 (Supp. 16-1). Section repealed by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013; filed in the Office on January 15, 2016 (Supp. 16-2).

**R7-2-302.08. Repealed**

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**Historical Note**

New Section made by exempt rulemaking at 15 A.A.R. 1602, effective August 24, 2009 (Supp. 09-3). Section R7-2-302.08 renumbered to R7-2-302.09; new Section R7-2-302.08 renumbered from Section R7-2-302.07 by final exempt rulemaking at 22 A.A.R. 111, effective February 25, 2008; filed in the Office January 6, 2016 (Supp. 16-1). Section repealed by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013; filed in the Office on January 15, 2016 (Supp. 16-2).

**R7-2-302.09 Repealed****Historical Note**

New Section made by exempt rulemaking at 15 A.A.R. 1602, effective August 24, 2009 (Supp. 09-3). R7-2-302.09 renumbered to R7-2-302.10; new Section R7-2-302.09 renumbered from Section R7-2-302.08 by final exempt rulemaking at 22 A.A.R. 111, effective February 25, 2008; filed in the Office January 6, 2016 (Supp. 16-1). Section repealed by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013; filed in the Office on January 15, 2016 (Supp. 16-2).

**R7-2-302.10. Repealed****Historical Note**

New Section R7-2-302.10 renumbered from Section R7-2-302.09 by final exempt rulemaking at 22 A.A.R. 111, effective February 25, 2008; filed in the Office January 6, 2016 (Supp. 16-1). Section amended by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013; filed in the Office on January 15, 2016 (Supp. 16-2). Repealed by final exempt rulemaking at 22 A.A.R. 197, effective October 26, 2015; filed in the Office January 15, 2016 (Supp. 16-3).

**R7-2-302.11. Minimum Course of Study and Competency Requirements During Public Health Emergency in the 2019-2020 School Year**

- A. Notwithstanding any other rule, local education agencies shall not refuse to withhold academic credit or a diploma from a student solely because the student missed instructional time due to a school closure issued by the governor.
- B. Local education agencies may issue academic credit and a diploma to a student if the student meets competency requirements pursuant to Article 3. When determining if a student meets competency requirements in a school year during which the governor issues a school closure, local education agencies may consider the educational opportunities provided to the student during the school closure. Educational opportunities, as determined by the local education agency, may include, but are not limited to the following:
  1. Independent study provided online or through printed materials; and
  2. Online instruction.
- C. If a local education agency is unable to consider or unable to provide the educational opportunities pursuant to subsection (B), the local education agency may award academic credit or a diploma if the student was on track to earn the academic credit or diploma prior to the school closure. Evidence that a student was on track to earn academic credit or a diploma, as determined by the local education agency, may include, but is not limited to, passing grades issued by the student's teacher or passing scores on locally or nationally administered assessments. It is the intent of the Board that all schools attempt, to

the extent possible, to provide educational opportunities to students during a school closure issued by the governor.

- D. Local education agencies that issue academic credit and a diploma to a student pursuant to subsections (B) and (C) shall issue transcripts and diplomas to students in the same manner as the local education agency would for students that did not miss instructional time due to a school closure caused issued by the governor.
- E. This Section applies only to the 2019-2020 school year and the graduating class of 2020.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 966, effective March 31, 2020 (Supp. 19-2).

**R7-2-303. Sex Education**

- A. Instruction in sex education in the public schools of Arizona, including instruction provided after hours, shall be offered only in conformity with the following requirements. Nothing in this Section shall be construed to require a school district or charter school provide sex education instruction to pupils.
  1. Common schools: Nature of instruction; approval; format.
    - a. Supplemental/elective nature of instruction. The common schools of Arizona may provide a specific elective lesson or lessons concerning sex education as a supplement to the health course of study.
      - i. This supplement may only be taken by the student at the written request of the student's parent or guardian. When the school district or charter school seeks consent pursuant to this subsection, the school district or charter school shall inform the parent or guardian of their right to review the instructional materials and activities.
      - ii. Alternative elective lessons from the state-adopted optional subjects shall be provided for students who do not enroll in elective sex education.
      - iii. School districts and charter schools may not provide sex education lessons or instruction before grade five.
      - iv. Elective sex education lessons shall not exceed the equivalent of one class period per day for 1/4 of the school year for grades five through eight.
    - b. Local governing board approval. All elective sex education lessons to be offered shall first be approved by the local governing board.
      - i. Each local governing board contemplating the offering of elective sex education shall establish an advisory committee with membership representative of district size and the racial and ethnic composition of the community to assist in the development of lessons and advise the local governing board on an ongoing basis. All meetings of committees that are authorized for the purposes of reviewing and selecting the sex education course of study shall be publicly noticed at least two weeks before occurring and be open to the public according to A.R.S. Title 38, Chapter 3, Article 3.1.
      - ii. The local governing board shall review the total instructional materials and approve all lessons



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- and curricula in the course of study to be offered in sex education.
- iii. The local governing board shall make any proposed sex education course of study available and accessible for review and public comment for at least 60 days before the governing board or governing body decides whether to approve that course of study. The local governing board shall publicize and hold at least two public hearings within the 60-day period for the purpose of receiving public input at least one week prior to the local governing board meeting at which the elective sex education lessons will be considered for approval. Public input may include written comments, oral comments and comments submitted electronically.
  - iv. The local governing board shall maintain for viewing by the public, both online and in-person according to A.R.S. § 15-102(A)(2), the total instructional materials to be used in approved elective sex education lessons within the school district or charter school at least two weeks before any instruction is offered.
- c. Format of instruction.
    - i. Lessons shall be taught to boys and girls separately.
    - ii. Lessons shall be ungraded, require no homework, and any evaluation administered for the purpose of self-analysis shall not be retained or recorded by the school or the teacher in any form.
    - iii. Lessons shall not include tests, psychological inventories, surveys, or examinations containing any questions about the student's or the student's parents' personal beliefs or practices in sex, family life, morality, values or religion.
2. High schools: Course offering; approval; format.
    - a. A course in sex education may be provided in the high schools of Arizona.
    - b. This course may only be taken by the student at the written request of the student's parent or guardian.
    - c. Alternative elective lessons from the state-adopted optional subjects shall be provided for students who do not enroll in elective sex education.
    - d. All meetings of committees that are authorized for the purposes of reviewing and selecting the sex education course of study shall be publicly noticed at least two weeks before occurring and be open to the public according to A.R.S. Title 38, Chapter 3, Article 3.1.
    - e. The local governing board shall review the total instructional materials and approve all lessons and curricula in the course of study to be offered in sex education.
    - f. The local governing board shall make any proposed sex education course of study available and accessible for review and public comment for at least sixty days before the governing board or governing body decides whether to approve that course of study. The local governing board shall publicize and hold at least two public hearings within the sixty-day period for the purpose of receiving public input at least one week prior to the local governing board meeting at which the elective sex education lessons will be considered for approval. Public input may include written comments, oral comments and comments submitted electronically.
    - g. Lessons shall not include tests, psychological inventories, surveys, or examinations containing any questions about the student's or the student's parents' personal beliefs or practices in sex, family life, morality, values or religion.
    - h. Local governing boards shall maintain for viewing by the public, both online and in-person according to A.R.S. § 15-102(A)(2), the total instructional materials to be used in all sex education courses to be offered in high schools within the school district or charter school at least two weeks before any instruction is offered.
3. Content of instruction: Common schools and high schools.
    - a. All sex education materials and instruction shall be age appropriate, recognize the needs of exceptional students, meet the needs of the district, recognize local community standards and sensitivities, shall not include the teaching of abnormal, deviate, or unusual sexual acts and practices, and shall include the following:
      - i. Emphasis upon the power of individuals to control their own personal behavior. Pupils shall be encouraged to base their actions on reasoning, self-discipline, sense of responsibility, self-control and ethical considerations such as respect for self and others; and
      - ii. Instruction on how to say "no" to unwanted sexual advances and to resist negative peer pressure. Pupils shall be taught that it is wrong to take advantage of, or to exploit, another person.
    - b. All sex education materials and instruction which discuss sexual intercourse shall:
      - i. Stress that pupils should abstain from sexual intercourse until they are mature adults;
      - ii. Emphasize that abstinence from sexual intercourse is the only method for avoiding pregnancy that is 100 percent effective;
      - iii. Stress that sexually transmitted diseases have severe consequences and constitute a serious and widespread public health problem;
      - iv. Include a discussion of the possible emotional and psychological consequences of preadolescent and adolescent sexual intercourse and the consequences of preadolescent and adolescent pregnancy;
      - v. Advise pupils of Arizona law pertaining to the financial responsibilities of parenting, and legal liabilities related to sexual intercourse with a minor.
- B. Certification of compliance. All districts and charter schools offering a local governing board-approved sex education course or lesson shall certify, under the notarized signature of both the president of the local governing board and the chief administrator of the school district or charter school, compliance with this Section except as specified in subsection (C). Acknowledgment of receipt of the compliance certification from the State Board of Education is required as a prerequisite to the initiation of instruction. Certification of compliance

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shall be in a format and with such particulars as shall be specified by the Department of Education.

- C. School districts and charter schools shall make any existing sex education course of study available and accessible for review both online and in person by June 30, 2021.

**Historical Note**

Former Section R7-2-303 repealed, new Section R7-2-303 adopted effective December 4, 1978 (Supp. 78-6). Former Section R7-2-303 repealed, new Section R7-2-303 adopted effective June 12, 1989 (Supp. 89-2). Amended by final exempt rulemaking at 25 A.A.R. 1551, effective May 20, 2019 (Supp. 19-2). The hyphens between grades in this Section have been replaced with the word “through,” the word “rule” was corrected to “Section,” the numeral “4” was corrected to “four,” the numeral “5” was corrected to “five,” and the numeral “8” was corrected to “eight” to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 1107, effective June 28, 2021 (Supp. 21-3). Amended by final exempt rulemaking at 27 A.A.R. 2340 (October 22, 2021) effective September 27, 2021 (Supp. 21-4).

**R7-2-304. Extended School Year**

The governing board of a common high school considering the adoption of an extended school year shall:

1. Prepare a comparative cost analysis of the extended school year program versus the cost of new facilities and sites.
2. Hold at least one public hearing, publicized a week in advance, to present the alternatives, including the results of the comparative cost analysis.
3. Determine faculty, community, and parental support prior to making a final determination.

**Historical Note**

Former Section R7-2-304 repealed, new Section R7-2-304 adopted effective December 4, 1978 (Supp. 78-6). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-305. Declaration of Independence**

The governing board of each common school district shall adopt policies that:

1. Require pupils to recite the following passage from the Declaration of Independence for pupils in grades four through six at the commencement of the first class of the day in the schools: “We hold these truths to be self-evident, that all men are created equal, that they are endowed by their creator with certain unalienable rights, that among these are life, liberty, and the pursuit of happiness. That to secure these rights, governments are instituted among men, deriving their just powers from the consent of the governed.”; and
2. Enable the pupil or the parent or legal guardian of the pupil to object to reciting the passage of the Declaration of Independence, and that specify that a pupil shall not be required to participate if the pupil or the pupil’s parent or guardian objects.

**Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6). Adopted effective February 15, 1979 (Supp. 79-1). Repealed effective February 20, 1997 (Supp. 97-1). New Section made by final rulemaking at 7 A.A.R. 5363,

effective November 7, 2001 (Supp. 01-4). The numeral “4” was corrected to “four,” the numeral “6” was corrected to “six” to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-306. English Language Learner Programs**

- A. Definitions. All terms defined in A.R.S. § 15-751 are applicable, with the following additions:

1. “Statewide assessment” means the test prescribed by A.R.S. § 15-741 or an assessment approved by the Board pursuant to A.R.S. § 15-741.02 to administer to students instead of the statewide assessment.
2. “Arizona Academic Standards” means the standards adopted by the State Board of Education pursuant to A.R.S. §§ 15-203, 15-701, and 15-701.01.
3. “Board” means the State Board of Education.
4. “Compensatory instruction” means instruction given in addition to regular classroom instruction, such as individual or small group instruction, extended day classes, summer school or intersession school.
5. “Department” means the Department of Education.
6. “EL” means English learner.
7. “FEP” means fluent English language proficient, a student who has met the requirements for exit from an English language learner program.
8. “Federal EL grant monies” means federal grants or funds awarded to an LEA to educate ELs or to improve the LEA’s capacity to educate ELs, including but not limited to grants awarded under Title III of the Every Student Succeeds Act of 2015.
9. “IEP” means individualized education program, a written statement specifying special education services to be provided to a child with a disability.
10. “LEA” means local education agency, the school district or charter school that provides educational services.
11. “PHLOTE” means primary or home language other than English.
12. “Reassessment for reclassification” means the process of determining whether an English language learner may be reclassified as fluent English proficient (FEP).
13. “Superintendent” means the State Superintendent of Public Instruction.
14. “WICP” means written individualized compensatory plan that documents the scope and type of services provided to an EL to overcome the identified language and academic deficiencies.

- B. Identification of students to be assessed.

1. The primary or home language of all students shall be identified by the students’ parent or legal guardian on the home language survey. These documents shall inform parents that the responses to these questions will determine whether their student will be assessed for English language proficiency.
2. A student shall be considered as a PHLOTE student if the home language survey indicates that one or more of the following are true:
  - a. The primary language used in the home is a language other than English, regardless of the language spoken by the student.
  - b. The language most often spoken by the student is a language other than English.
  - c. The student’s first acquired language is a language other than English.
3. The English language proficiency of all PHLOTE students shall be assessed as provided in subsection (C).

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- C.** English language proficiency assessment.
1. PHLOTE students in kindergarten shall be administered an English language proficiency test. Students in grades one through 12 shall be administered an English language proficiency test. Students who score below the designated score for fluent English language proficiency, adopted by the Department and based on the test publishers' designated scores, shall be classified as ELs.
  2. English language proficiency assessments shall be conducted by individuals who are proficient in English and trained in language proficiency testing to administer and, when applicable, score the tests.
  3. The LEA shall assess the English language proficiency of all new PHLOTE students as prescribed above within 60 days of the beginning of the school year or within 30 school days of a student's enrollment in school, whichever is later, unless the LEA receives funds under Title III of the Every Student Succeeds Act of 2015 or another federal grant that requires assessment and parental notification within 30 calendar days from the start of the school year or within two calendar weeks of a student enrolling at a school.
- D.** Screening and assessment of students in gifted education. ELs who meet the qualifications for placement in a gifted educational program shall receive programmatic services designed to develop their specific areas of potential and academic ability and may be concurrently enrolled in gifted programs and English language learner programs.
- E.** English language learner programs.
1. All ELs shall be provided daily instruction in English language development appropriate to their level of English language proficiency and consistent with A.R.S. §§ 15-751, 15-752, and, as applicable, § 15-753. The English language instruction shall include listening and speaking skills, reading and writing skills, and cognitive and academic development in English.
  2. ELs shall be provided daily instruction in subject areas required under the minimum course of study adopted by the Board pursuant to R7-2-301 and R7-2-302 that is understandable and appropriate to the level of academic achievement of the EL and is in conformity with accepted strategies for teaching ELs. This subsection does not require an LEA to provide daily instruction in every subject area required pursuant to R7-2-301 and R7-2-302 if those subject areas are not provided daily to English proficient students.
  3. The curriculum of all English language learner programs shall incorporate the Academic Standards adopted by the Board and shall be comparable in amount, scope and quality to that provided to English language proficient students.
  4. ELs who are not progressing toward achieving proficiency of the Arizona Academic Standards adopted by the Board, as evidenced by the failure to improve scores on the statewide assessment, shall be provided compensatory instruction to assist them in achieving those Arizona Academic Standards. A WICP describing the compensatory instruction provided shall be kept in the student's academic file.
  5. On request of a parent or legal guardian of an EL the principal of the EL's school shall require a meeting with the principal or principal's designee, the parent or legal guardian and the classroom teacher to review the student's progress in achieving proficiency in the English language or in making progress toward the Arizona Academic Standards adopted by the Board, to identify any problems, to determine appropriate solutions and to identify the person or persons responsible for implementing the changes and determining their effectiveness.
- F.** Reassessment for reclassification.
1. The purpose of reassessment is to determine if an EL has developed the English language skills necessary to succeed in the English language curricula.
  2. An EL in grades one through 12 may be reassessed for reclassification during test windows established by the Department if the mid-year test requirements are met, but shall be reassessed for reclassification at least once per year. ELs that score at or above the designated score for fluent English language proficiency, adopted by the Department and based on the test publishers' designated scores, shall be reclassified as FEP.
  3. LEAs shall notify the parents or legal guardians in writing that their child has been reclassified as FEP when the student meets the criteria for such reclassification.
- G.** Evaluation of FEP students after exit from EL programs.
1. The LEA shall monitor exited students based on the criteria provided in this Section during each of the two years after being reclassified as FEP to determine whether these students are performing satisfactorily in achieving the Arizona Academic Standards adopted by the Board. Such students will be monitored in reading, writing and mathematics skills and mastery of academic content areas, including science and social studies. The criteria shall be grade-appropriate and uniform throughout the LEA, and upon request, is subject to Board review. Students who are not making satisfactory progress shall, with parent consent, be provided compensatory instruction or shall be re-enrolled in an EL program. A WICP describing the compensatory instruction provided shall be maintained in the students' EL files.
  2. The LEA shall use statewide assessment scores to determine progress toward achieving the Arizona Academic Standards in monitoring FEP students after exit from an EL program unless no score is available. Performing satisfactorily will be measured by whether a student meets or exceeds the state standards in reading, writing, and mathematics as measured by the statewide assessment.
  3. If a statewide assessment score is not available because the test is not administered in the students' grade or to assess progress in academic subjects not assessed by the statewide assessment, the LEA shall use one or more of the following criteria in its evaluation to determine progress toward achieving the Arizona Academic Standards in monitoring FEP students after exit from an EL program:
    - a. LEA-developed criterion-referenced tests of academic achievement that demonstrate alignment to the Arizona Academic Standards; or
    - b. Standardized tests measuring academic achievement that demonstrate alignment to the Arizona Academic Standards; or
    - c. Nationally norm-referenced test scores; or
    - d. Teacher recommendations based on classroom assessments that demonstrate alignment to the Arizona Academic Standards.
- H.** Monitoring of EL programs.
1. Each year the Department shall monitor at least 32 LEAs, as follows:

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- a. At least 12 of the 50 LEAs with the highest EL enrollment;
  - b. At least 10 LEAs with ELs that are not included in the 50 described above;
  - c. At least 10 LEAs that have reported that they have 25 or fewer EL students in their schools; and
  - d. Other LEAs upon receipt of a documented written complaint from any Arizona resident, the U.S. Department of Education, or the U.S. Office for Civil Rights, alleging that the LEA is not complying with state or federal law regarding ELs.
2. All of the 50 LEAs in subsection (H)(1)(a) shall be monitored by the Department at least once every four years.
  3. The monitoring shall be on-site monitoring and shall include classroom observations, curriculum reviews, faculty interviews, student records reviews, and review of EL programs. The Department may use personnel from other schools to assist in the monitoring.
  4. The Department shall issue a report on the results of its monitoring within 45 days after completing the monitoring. If the Department determines that an LEA is not complying with state or federal laws applicable to EL students, the LEA shall prepare and submit to the Department, within 60 days of the Department's determination, a corrective action plan that sets forth steps that the LEA will take to correct the deficiencies noted in the report.
  5. The Department shall review and return such corrective action plan to the LEA within 30 days, noting any required changes. No later than 30 days after receiving its corrective action plan back from the Department, the LEA shall begin implementing the measures set forth in the plan, including any revisions required by the Department.
  6. The Department shall conduct a follow-up evaluation of the LEA within one year after returning the corrective action plan to the LEA.
  7. If the Department finds continued non-compliance during the follow-up evaluation, the LEA shall be referred to the Board for a determination of non-compliance. If the Board determines the LEA to be out of compliance with state or federal laws applicable to EL students, it may take one or more of the following actions:
    - a. Temporarily withhold cash payments of federal EL grant monies;
    - b. Disallow (that is deny both use of funds and matching credit for) all or part of the cost of the activity or action not in compliance;
    - c. Wholly or partly suspend or terminate the current award of federal EL grant monies;
    - d. Withhold further awards of federal EL grant monies for the program.
  8. The Department shall monitor all LEAs that the Board has determined to be non-compliant and which have had federal EL grant monies withheld or terminated to ensure that such LEAs do not reduce the amount of funds spent on their EL programs as the result of its loss of funds.

**Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6). New Section R7-2-306 adopted effective July 10, 1979 (Supp. 79-4). Amended effective August 20, 1981 (Supp. 81-4). Former Section R7-2-306 repealed, new Section R7-2-306 adopted effective November 14, 1984 (Supp. 84-6). Amended by final rulemaking at 10 A.A.R. 353, effective March 8, 2004 (Supp. 04-1). Amended by final exempt

rulemaking at 26 A.A.R. 66, effective December 13, 2019 (Supp. 19-4). The word "twelve" was changed to the numeral "12" for consistency in Chapter style and format (Supp. 21-2).

**R7-2-307. High School Equivalency Diplomas**

- A. For the purposes of this Section, the following definitions shall apply:
  1. "DANTES" means the Defense Activity for Non-Traditional Education Support.
  2. "Department" means the Adult Education Services Division of the Arizona Department of Education.
  3. "Equivalency Test" means a High School Equivalency Test approved by the State Board of Education.
  4. "High School Equivalency Testing Center" means a testing center established by the Department for the purpose of administering High School Equivalency tests and providing High School Equivalency testing services pursuant to the requirements established by a State Board approved testing provider and state jurisdictional rules.
  5. "USAFI" means the United States Armed Forces Institute.
- B. Eligibility requirements. Any individual who is 16 years of age or older and who has officially been withdrawn from school may take a High School Equivalency Test.
  1. Individuals shall be required to provide the High School Equivalency Testing Center with positive identification and proof of age, and
  2. Individuals who are at least 16 years of age and under 18 years of age shall also be required to provide:
    - a. A signed and notarized statement of consent from a parent or legal guardian, and
    - b. A letter from the last school attended verifying that the individual has officially withdrawn from the school.
- C. Issuance of a diploma. The Department shall issue a high school equivalency diploma to any individual who has not received a high school diploma or high school equivalency certificate or diploma if the individual:
  1. Meets the eligibility requirements specified in subsection (B) and has received passing scores on a High School Equivalency Test; or
  2. Is a member of the U.S. Armed Forces and has received passing scores on a High School Equivalency Test through USAFI or DANTES provided that the individual's last high school enrollment was in an Arizona high school. Individuals who have taken a High School Equivalency Test through USAFI or DANTES shall send their military permanent record and application card to DANTES with a request that the official High School Equivalency Test scores and application card be forwarded to the Department; or
  3. Has received passing scores on a High School Equivalency Test taken at an approved testing provider's site, provided that the Department receives an official transcript directly from the approved testing provider.
- D. The Department shall keep a record of test scores for each individual who has taken a High School Equivalency Test.
- E. The Arizona Department of Education may collect fees for the issuance of High School Equivalency Diplomas and Transcripts. Fees established pursuant to this Section shall not exceed \$20.
  1. The State Board of Education will deposit, pursuant to A.R.S. §§ 35-146 and 35-147, fees collected under this Section in the High School Equivalency Testing Revenue

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Account within the Arizona Department of Education budget, to be used to offset costs of providing these services.

2. If the state fee for General High School Equivalency Diplomas and/or Transcripts presents a financial hardship for the examinee, the examinee may request a fee waiver.
3. A fee waiver shall be granted if all of the following apply:
  - a. Applicant presents documented proof of Arizona residency.
  - b. Applicant submits a completed Fee Waiver Request Form, available from the State High School Equivalency Testing Office or from any official High School Equivalency Testing Center.
  - c. Applicant demonstrates sufficient need for a fee waiver. This may include, but is not limited to the following:
    - i. Proof of eligibility for public assistance and/or federally subsidized housing,
    - ii. Residence in a foster home,
    - iii. Enrollment in a program for the economically disadvantaged such as Upward Bound, or
    - iv. Participation in a free or reduced lunch program.

**Historical Note**

Adopted effective August 20, 1981 (Supp. 81-4). Amended subsections (A), (C), and (G) effective October 2, 1984 (Supp. 84-5). Amended effective December 22, 1997 (Supp. 97-4). Amended effective December 31, 1998 (Supp. 98-4). Amended by exempt rulemaking at 18 A.A.R. 1023, effective October 24, 2011 (Supp. 12-2). Amended by final exempt rulemaking at 21 A.A.R. 1781, effective September 23, 2013 (Supp. 15-3). The word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-308. Adult Education**

- A.** For the purposes of this Section the following definitions apply:

1. "Adult Basic Education" (ABE) means instruction in reading, writing and math equivalent to grades one through eight, speaking and citizenship skills.
2. "Adult Secondary Education" (ASE) means instruction in reading, writing, math, science and social studies equivalent to the completion of high school.
3. "Eligible applicants" may include local educational agencies, community based organizations, volunteer literacy organizations, institutions of higher education, public or private nonprofit organizations, institutions of higher education, public or private nonprofit agencies, libraries, public housing authorities, and consortiums of any of the aforementioned entities.
4. "English Language Acquisition for Adults" (ELAA) means a program of instruction designed to help individuals of limited English proficiency achieve competency in the English language, including reading, writing, listening and speaking.
5. "Literacy" means an individual's ability to read, write and speak in English, compute and solve problems at levels of proficiency necessary to function on the job, in the family and in society.
6. "Project" means the approved and funded application which is administered by the eligible applicant.

- B.** Application for funding

1. Only eligible applicants may apply for funding.

2. Contracts shall be awarded through a competitive funding process.
3. Applications shall include budgets and be submitted according to the standard procurement and grants management policies of the Department of Education for the awarding of competitive grants.

- C.** Board priorities and criteria for application approval

1. Priority shall be given to projects funded during the previous fiscal year which:
  - a. Adhered to all applicable state and federal rules and regulations.
  - b. Operated in an efficient and effective manner demonstrating high levels of student educational gains as measured by standardized assessments and student retention as compared with the state average for these projects.
  - c. Completed and submitted all required state and federal reports.
  - d. Utilized volunteers where possible.
2. Equal opportunity for project application approval will be given to eligible applicants who demonstrate previous comparable experience and performance in another adult literacy program.
3. Criteria for approval shall include a determination by the project review committee that the application meets state and federal rules and regulations and the policies and procedures contained in the Arizona State Plan for Adult Education.

- D.** Use of funds and student reporting

1. Federal and state funds shall not be co-mingled.
2. Projects shall not assess students a tuition charge for instruction or fees for books, instructional supplies, or materials used in the program.
3. Student attendance hours reported to the Adult Education Division shall not be used in securing financing from any other source. Classes taught by volunteers are not to be reported unless they are administered and supervised by the local project.

- E.** An adult education certificate issued by the Board shall be required to teach in the Adult Education Program.

- F.** Students enrolled in adult education classes must be at least 16 years of age and officially withdrawn from school.

- G.** Course of study

1. Adult Basic Education (A.B.E.) students shall be functioning academically below the eighth grade level. The sequential course of study shall:
  - a. Develop and improve communication and computational skills of students.
  - b. Raise the general educational level of students.
  - c. Improve the student's ability to benefit from occupational training.
  - d. Increase opportunities for more productive and profitable employment.
  - e. Assist students to be better able to meet their adult responsibilities as parents, citizens and as co-workers.
2. Adult Secondary Education (A.S.E.) students shall be functioning below the 12th grade level. The course of study shall:
  - a. Give the students a foundation in the areas of English, social studies, literature, science and math.
  - b. Enable students, through the development of critical thinking, to utilize new learning experiences in rec-

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ognizing, evaluating and solving problems of daily life.

- c. Attempt to motivate students to continue their education through more advanced study and to become more proficient in observing and adopting new skills in a changing society.
  - d. Equip students with the knowledge prerequisite for satisfactory achievement on a High School Equivalency Test approved by the State Board of Education.
3. English Language Acquisition for Adults (ELAA) and citizenship students shall be resident aliens. The course of study shall:
    - a. Develop an increasing ability to speak, understand, read, and write English.
    - b. Encourage the student to become a participating citizen and give insight into the values of such participation.
    - c. Help the student prepare for the Naturalization Test for U.S. Citizenship by developing a background in American history and government.
    - d. Create a desire for continued learning and self-realization.

**H. Reports**

1. Each project shall maintain bookkeeping records and must be able to substantiate expenditures.
2. A financial report shall be filed quarterly for each project with the Adult Education Division within 30 days after the close of the quarter.
3. Projects shall be completed by June 30. A fiscal completion report which has been reconciled with the County School Superintendent's Office, or if another agency, that agency's comparable administrative office, shall be filed with the Adult Education Division within 60 days after the project ending date.
4. Participation in the project reporting system designed to collect student and staff attendance, demographic information and student performance data is required. These reports shall be filed with the Adult Education Division monthly.
5. An annual written report on the year's activities, including internal written monitoring reports, shall be submitted to the Adult Education Division, no later than August 15.

- I. If changes in the approved program or budget are desired, an amendment shall be submitted to the Adult Education Division for review and approval prior to expending any funds for the proposed changes.

**Historical Note**

Adopted effective December 14, 1984 (Supp. 84-6).  
Amended by exempt rulemaking at 15 A.A.R. 1292, effective June 26, 2006 (Supp. 09-1). Amended by final exempt rulemaking at 21 A.A.R. 1781, effective September 23, 2013 (Supp. 15-3). The word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-309. Completion of Grade 10**

Completion of grade 10 is accomplished when a student has earned 10 credits which shall include:

1. Two credits of English.
2. One credit of mathematics.
3. One credit of science.
4. Six credits of additional courses prescribed by the local Governing Board.

**Historical Note**

Adopted effective March 13, 1986 (Supp. 86-2). The Section heading has been updated to title case, governing board has been changed to lowercase to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-310. Pupil Achievement Testing**

- A. The statewide assessments adopted by the Board shall be administered annually during the testing windows established by the Department. By June 1 of each year, the Department shall designate the window for testing for the next school year and all school districts and charter schools shall administer the test during the windows designated.
- B. The superintendent or head of the local education agency shall be responsible for:
  1. Reviewing, and attesting to have reviewed, the policies, procedures and guidance provided by the Department regarding administration of statewide assessments.
  2. Providing school district enrollment data to the Department annually for purposes of test material distribution.
  3. Verifying the count of test materials received and distributing the test materials to each public school in the local education agency.
  4. Securing the test materials prior to distribution to pupils or persons administering the tests at the time of testing, as well as after the time of testing. Test materials shall be kept in locked storage.
  5. Advising all district and school employees that the test materials are not to be reproduced in any manner.
  6. Familiarizing each person who will administer the test with the test publishers' directions for administering the tests, the timing of the tests and the testing schedule. This is to be accomplished through meetings which shall be held near the window for testing.
  7. Distributing actual test materials to persons administering the tests on the day of testing and collecting test materials at the end of the day of testing.
  8. Training persons administering the tests on how to properly complete the identification information and how to code the information required on the variables being collected according to A.R.S. § 15-741, et seq.
  9. Properly packaging all scorable and nonscorable materials which are to be returned to the scoring contractor. Packaging shall comply with instructions furnished by the scoring contractor or the Department.
  10. Forwarding all scorable and nonscorable materials which are to be returned to the scoring contractor per instructions. Materials for the entire local education agency should be forwarded in one shipment.
  11. Retaining all unused and reusable test materials, reporting them in the school's inventory, storing them in a safe and secure manner and returning the test materials at the end of the testing window per instructions.
  12. Immediately reporting to the Department any losses of test materials or other irregularities.
  13. The superintendent or head of the local education agency may designate a testing coordinator to act on their behalf.
- C. Persons designated by the superintendent or head of the local education agency to administer the test shall:
  1. Keep all test materials in locked storage.
  2. Not reproduce any test materials in any manner.
  3. Not disclose any actual test items to pupils prior to testing.
  4. Not provide answers of any test items to any pupils.

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5. Administer only sample tests which are provided by the test publishers. Previous editions of the test series being used in the statewide testing program may not be used as sample tests.
  6. Strictly observe all timed statewide assessments, if the assessments are timed. The test publishers' suggested time limits for untimed subtests shall be followed as closely as possible in order to maintain uniformity in test administration.
  7. Follow directions for administering the test explicitly. No test item may be repeated unless otherwise indicated in the directions.
  8. Not change a pupil's answer.
  9. Return all test materials to the superintendent or head of the local education agency immediately upon completion of testing.
- D.** Local education agencies shall administer the statewide assessment to all students in the grades designated by the Board. Failure to administer a statewide assessment to at least 95 percent of all students will be factored into the statewide accountability system.
- E.** All violations of this Section shall be referred by the superintendent or head of the local education agency to the State Superintendent of Public Instruction, for appropriate action.

**Historical Note**

Adopted effective March 13, 1986 (Supp. 86-2). Amended subsections (A) and (B) effective February 25, 1987 (Supp. 87-1). Amended effective October 22, 1991; amended effective December 20, 1991 (Supp. 91-4). The Section heading has been updated to title case, the numeral "3" has been changed to "three," the numeral "7" has been changed to "seven," the numeral "8" has been changed to "eight," and the word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 2342 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

**R7-2-311. Pupil Testing Variable Information**

Persons designated by the superintendent or head of the local education agency to administer the State Board approved statewide assessments shall assure that information requested by the Department is properly completed for each pupil that is administered a statewide assessment.

**Historical Note**

Adopted effective June 25, 1986 (Supp. 86-3). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 21-1). Amended by final exempt rulemaking at 27 A.A.R. 2342 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

**R7-2-312. Honorary High School Diploma**

- A.** An honorary high school diploma shall be provided to an individual who has never obtained a high school diploma and who meets both of the following requirements:
1. Currently resides in Arizona; and
  2. Provides documented evidence from the Arizona Department of Veterans' Services that the individual enlisted in the armed forces of the United States and served in World War I, World War II, the Korean conflict or the Vietnam conflict.
- B.** All high schools shall provide for the presentation of an honorary high school diploma to an individual eligible pursuant to

subsection (A). The individual shall not be required to reside within the school boundaries. The Arizona Department of Education may issue an honorary high school diploma to an individual eligible pursuant to subsection (A).

**Historical Note**

Adopted effective December 15, 1989 (Supp. 89-4). Repealed effective February 20, 1997 (Supp. 97-1). New Section made by final rulemaking at 9 A.A.R. 1125, effective May 10, 2003 (Supp. 03-1). Amended by final exempt rulemaking at 27 A.A.R. 241, effective January 25, 2021 (Supp. 21-1).

**R7-2-313. Academic Contests Fund**

The State Board of Education establishes an academic contests fund consisting of monies appropriated by the legislature or received as gifts or grants for deposit in the academic contests fund pursuant to A.R.S. § 15-1241.

1. The Superintendent of Public Instruction shall, at least annually, compile a list of national contests to be presented to the State Board of Education for approval. Contest requirements are:
  - a. Shall be sponsored by a recognized national organization.
  - b. Shall be academic in nature, motivate pupils to be creative and demonstrate excellence.
  - c. Shall be open to all pupils, regardless of race, creed, sex or national origin. Contests may separate pupils by age or grade level.
2. School districts shall submit an application for academic contest funds to the Superintendent of Public Instruction for student and chaperone expenses. Requirements are:
  - a. No other sponsoring agency is assuming the total costs.
  - b. The participation of the students shall be the result of successfully competing at the local or state level, or both, of that contest.
  - c. The governing board of the school district in which the students attend shall approve the participation and travel of the students.
  - d. The fiscal agent applying for academic contest funds shall be an authorized district representative and responsible for the disbursement of travel funds.
  - e. A school district receiving academic contest funds shall submit a completion report and return any unused portion within 90 days after completion of travel to the Department of Education.
3. Application review and approval; funding limitations.
  - a. The State Board of Education shall annually set expenditure limitations for expenses of students and chaperones. These limitations shall be based on the number of applicants, monies available and current state travel regulations.
  - b. The Superintendent of Public Instruction shall review applications for academic contest funds and shall approve applications based upon the criteria set forth in this Section and the availability of funds.

**Historical Note**

Adopted effective December 15, 1989 (Supp. 89-4). The Section heading has been updated to title case, the word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-314. Definitions**

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The following definitions apply to Sections R7-2-315 and R7-2-315.01:

1. "Board examination system" means a complete instructional system that includes all of the following components:
  - a. A coherent group of courses that collectively constitutes a core curriculum at the high school level,
  - b. A comprehensive syllabus for each course,
  - c. Appropriate instructional and teaching materials for each course,
  - d. High quality examinations that are closely aligned with the course syllabus,
  - e. Professional scoring of examinations, and
  - f. Teacher education that is designed to train teachers to properly teach those courses.
2. "Grand Canyon Diploma" means a high school diploma that is offered to any student who demonstrates readiness for college level mathematics and English according to standards prescribed by an interstate compact on board examination systems, who has passing grades on an additional set of required approved board examinations in core academic courses as determined by the State Board of Education.
3. "Readiness for college level mathematics and English" means that a student has the mathematics and English skills and knowledge needed to succeed in college level courses that count toward a degree or certificate without taking remedial or developmental coursework.

**Historical Note**

Adopted effective August 14, 1991 (Supp. 91-4).  
 Repealed effective February 20, 1997 (Supp. 97-1). New  
 Section made by exempt rulemaking at 18 A.A.R. 1025,  
 effective January 24, 2011 (Supp. 12-2).

**R7-2-315. Board Examination Systems; Offerings; Procedures**

- A. The State Board of Education shall select board examination systems that may be used by traditional public schools and charter schools in accordance with the requirements of this Section. Board examination systems selected by the State Board of Education shall:
  1. Be approved by an interstate compact on board examination systems,
  2. Be periodically modified to reflect core standards selected by an interstate compact on board examination systems,
  3. Be aligned to State Board of Education approved academic standards,
  4. Have common passing scores that are prescribed by an interstate compact on board examination systems that are set to the level of literacy required to succeed in college-level courses offered by community colleges in this state that count toward a degree or certificate without taking remedial or developmental coursework.
- B. The State Board of Education shall contract with a private organization to act as primary administrator of approved board examination systems. The private organization shall:
  1. Identify, select and contract with a national organization that is devoted to issues concerning education and the economy and that is selected by the State Board of Education to provide technical services to develop and maintain an interstate system of approved board examination systems.
  2. Provide data and other information to a national organization that is devoted to issues concerning education and the economy and that is selected by the State Board of Education to provide technical services the national organization deems necessary to set appropriate performance standards for students in this state. The Department of Education shall provide data and other information to the private organization, as necessary.
  3. Conduct technical studies required by the State Board of Education to compare the scores on approved board examinations by the students in this state to scores on the Arizona Instrument to Measure Standards Test and other measures deemed necessary to ensure the efficacy of the approved board examinations. The private organization may contract with other entities that are selected by the State Board of Education for the purpose of conducting technical studies.
  4. In cooperation with the Superintendent of Public Instruction and the State Board of Education, solicit monies from all lawful private and public sources, including federal monies, to offset the costs of instruction provided to students pursuant to this Section.
  5. Exercise general supervision over the implementation of the approved board examination systems in this state.
  6. Prepare an annual report for the State Board of Education, which shall forward it to the legislature and the governor, on the progress made toward the goals established in A.R.S. Title 15, Chapter 7, Article 6. Participating schools and the Department of Education shall provide data to the private organization as needed in order to complete the annual report.
  7. Identify, select and represent this state on the national governing body of an interstate compact on board examination systems, as approved by the State Board of Education.
  8. Select this state's representatives in an interstate compact on board examination systems in accordance with the policies prescribed by that interstate compact.
  9. Develop the Grand Canyon Diploma to be approved and adopted by the State Board of Education.
- C. The Department of Education shall develop a system, subject to State Board of Education approval, to track the academic progress of pupils who participate in board examination systems.
- D. School districts or charter schools wishing to implement an approved board examination in one or more schools shall:
  1. Send written notice to the private organization described in this Section indicating that school district's or charter school's interest in implementing an approved board examination system,
  2. Submit an implementation plan to the private organization described in this Section that includes at least the following elements:
    - a. The specific approved board examination system the school district wishes to implement;
    - b. A proposed timeline for the implementation of an approved board examination system;
    - c. A description of the funding model that will be employed to ensure the sustainability of the approved board examination system offering;
    - d. A communication plan for students and parents that provides an overview of the selected approved board examination system, potential course offerings, a description of student support systems, and contact



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information for students and parents to obtain more detailed information regarding board examination systems and the Grand Canyon Diploma option, as defined in R7-2-315.01.

- E. Upon receipt of an implementation plan described in this Section the private organization shall work cooperatively with the applicable school district or charter school to ensure that the plan is feasible and to modify any elements of the plan deemed necessary for successful implementation of the approved board examination system.

**Historical Note**

Adopted effective November 17, 1994 (Supp. 94-4).  
Repealed effective February 20, 1997 (Supp. 97-1). New  
Section made by exempt rulemaking at 18 A.A.R. 1025,  
effective January 24, 2011 (Supp. 12-2).

**R7-2-315.01. Grand Canyon Diploma**

- A. School districts and charter schools in this state may choose to offer a Grand Canyon Diploma beginning in the 2012 – 2013 school year. A high school student who is enrolled in a school district or charter school that offers a Grand Canyon Diploma may choose to pursue a Grand Canyon Diploma.
- B. A student may be awarded a Grand Canyon Diploma at the end of grade 10 or during or at the end of grade 11 or 12 provided that the student has passed both the mathematics and English assessments for the applicable approved board examination system, and the student has successfully completed the following subject area requirements within board examination system curriculum:
1. Two credits of English;
  2. Two credits of mathematics;
  3. Two credits of science, including lab-based science, engineering or information technologies;
  4. One credit of American History;
  5. One credit of World History;
  6. One credit of fine arts or career and technical education and vocational education; and
  7. One-half credit of economics.
- C. A student that satisfies all the criteria for issuance of a Grand Canyon Diploma is exempt from the minimum course of study requirements delineated in R7-2-302.02.
- D. Students who earn a Grand Canyon Diploma shall have multiple pathways available to them and may:
1. Enroll the following semester in a community college under the jurisdiction of a community college in this state. Students who take community college courses on high school campuses pursuant to this subsection shall be eligible to participate in extracurricular activities, including interscholastic sports, through the end of grade 12.
  2. Remain in high school and enroll in additional advanced preparation board examination programs that are designed to prepare students for admission to high quality postsecondary institutions that offer baccalaureate degree programs. These board examination programs shall be selected from a list provided by an interstate compact for board examination systems and approved by the State Board of Education. Students who elect to remain in high school pursuant to this subsection shall be eligible to participate in extracurricular activities, including interscholastic sports, through the end of grade 12.
  3. Enroll in a full-time career and technical education program offered on a community college campus, a high school campus or a joint technical education district campus, or any combination of these campuses. Students who

elect to remain in high school pursuant to this subsection shall be eligible to participate in extracurricular activities, including interscholastic sports, through the end of grade 12.

4. Return to a traditional academic program without completing the next level of board examination systems curriculum through the end of grade 12. Students who elect to remain in high school pursuant to this subsection shall be eligible to participate in extracurricular activities, including interscholastic sports, through the end of grade 12.
- E. Students who pursue but do not earn a Grand Canyon Diploma at the end of grade 10 or 11 shall receive a customized program of assistance during the next school year that addresses the areas in which the student demonstrated deficiencies in the approved board examinations. These students may retake the board examinations at the next available examination administration. Students may choose to return to a traditional academic program without completing the board examination system curriculum.
- F. A student who remains in a board examination system curriculum through grade 12 and does not pass the board examination may graduate with a standard diploma provided that the student meets the following requirements:
1. The student has passed the Arizona Instrument to Measure Standards assessments in mathematics and English or received a sufficient score as determined by the State Board of Education on the ACT, SAT, or an approved board examination in mathematics and English.
  2. The student has earned at least 22 credits and has passed a State Board of Education approved sequence of courses within the board examination system curriculum. For the purpose of this requirement the private organization and the Department of Education shall recommend for State Board of Education approval a sequence of courses for each approved board examination system. The sequence of courses for each board examination system shall ensure that students receive instruction in all State Board of Education approved academic standards encompassed in R7-2-302.02(1)(a) through (e).
- G. A student who is enrolled in a school district or charter school that does not offer a board examination system curriculum may earn a Grand Canyon Diploma by:
1. Obtaining a passing score on the assessments of an approved board examination system in each of the subject areas delineated in R7-2-315.01(B)(1) through (6), and
  2. Completing a high school course in economics.

**Historical Note**

New Section made by exempt rulemaking at 18 A.A.R. 1025, effective January 24, 2011 (Supp. 12-2).

**Appendix A. Repealed****Historical Note**

Adopted effective November 17, 1994 (Supp. 94-4).  
Repealed effective February 20, 1997 (Supp. 97-1).

**R7-2-316. Charter Schools Stimulus Fund**

- A. "Start-up costs" mean those costs associated with developing or implementing the following essential components of a charter school:
1. The hiring of teachers and other essential staff members;
  2. The hiring of a chief administrative officer and other costs associated with instituting the administrative structure of the school;

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3. Curriculum development and implementation;
  4. The leasing of physical facilities or equipment and costs associated with establishment of utility services and accounts;
  5. Operational expenses incurred prior to the date on which the charter school begins operations;
  6. The development and implementation of an accounting system which complies with the uniform system of financial records requirements;
  7. Obtaining insurance, including prepayment of premiums which will effectuate insurance coverage during the first year of operation;
  8. Costs associated with licensing and compliance with other health, safety and civil rights requirements.
- B.** "Costs associated with renovating or remodeling existing buildings and structures" means those costs associated with the following essential components:
1. Modifications affecting the structural integrity of the building, including those changes needed to meet building code and zoning standards.
  2. Modifications needed to meet non-structural building code requirements, such as those related to plumbing, electrical wiring and fire safety.
  3. Modifications needed to meet state health standards, such as those related to rest rooms and food preparation and service.
  4. Adjusting the size of rooms to accommodate the number of students to be served.
  5. Construction-related finish work, such as exterior and interior replastering and painting, carpeting, flooring, baseboards and door hanging.
  6. Roofing and air conditioning/heating installation or repair required prior to operation of the school.
  7. Access requirements for persons with disabilities.
- C.** The State Board of Education shall, subject to legislative appropriation, provide an initial grant or an additional grant from the charter schools stimulus fund to applicants who have a charter or application that has been approved by a sponsor pursuant to A.R.S. § 15-183 and who meet the requirements of A.R.S. § 15-188 and this Section. The grant may be in any amount up to \$100,000 per charter school applicant or charter school.
- D.** The application for an initial grant shall include:
1. A copy of the applicant's charter;
  2. The identity of the sponsor which approved the charter;
  3. The total amount of funding requested;
  4. An itemization of the specific start-up costs and costs associated with renovating or remodeling existing building and structures for which the funds will be used. Itemization shall include the amount of funds requested for each essential component and a detailed explanation of the basis for calculating the amount requested;
  5. The number of students to be served at the school;
  6. The dimensions of the facility in which the school is to be operated;
  7. A description of the extent to which the facility must be remodeled or renovated in order to meet applicable health and safety standards, unless this information is included in the applicant's charter.
- E.** The application for an additional grant shall be in a format approved by the State Board of Education and shall include:
1. The date and amount of the initial grant award.
  2. A copy of any amendments or other modifications to the charter or application which formed the basis for the initial grant.
  3. The identity of the current sponsor of the charter school.
  4. An itemized accounting of the expenditures made with the initial grant monies.
  5. The total amount of additional funding requested.
  6. An itemization of the specific start-up costs associated with renovating or remodeling existing buildings and structures for which the additional funds will be used. Itemization shall include the amount of funds requested for each essential component and a detailed explanation of the basis for calculating the amount requested.
- F.** In its review of an application for a stimulus fund grant, the State Board of Education may receive information concerning the application from the Department of Education, an advisory committee, and any other source. The State Board may award a grant in an amount different from that requested by the applicant. No grant shall be awarded pursuant to this Section unless the State Board determines that:
1. Every amount requested in the applicant's itemization of costs is for the essential component with which the amount is associated; and
  2. Based on all of the information before the State Board concerning the application, there is a rational basis for the award of funds.
- G.** No applicant or charter school shall be eligible for more than one initial grant and one additional grant, regardless of the amount awarded.
- H.** An applicant who receives an initial grant and fails to begin operating a charter school within the 18 months following the date of the award shall reimburse the Department of Education for the amount of the initial grant plus interest calculated at a rate of 10% per year. Such reimbursement is immediately due and payable at the end of the initial 18-month period.
- I.** An applicant who receives an additional grant and fails to begin operating a charter school within the 18 months following the date of the award shall reimburse the Department of Education for the amount of the initial grant plus interest calculated at a rate of 10% per year. Such reimbursement is immediately due and payable at the end of the applicable 18-month period and is in addition to any amounts required by subsection (H).
- J.** An applicant for a grant pursuant to this Section shall be notified of the date at which the State Board of Education shall consider the application no less than 10 days in advance thereof. Written notification of the Board's decision concerning an application for a grant shall be mailed to the applicant within 10 days following such decision.

**Historical Note**

Adopted effective April 20, 1995 (Supp. 95-2). The word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-317. State Seal of Biliteracy Program**

- A.** Definitions. For purposes of this Section, "foreign language" means any language other than English.
- B.** School districts and charter schools in this state may choose to participate in the State Seal of Biliteracy Program (Program) which recognizes students who have attained a high level of proficiency in one or more foreign languages, in addition to English. School districts and charter schools participating in the Program may award the State Seal of Biliteracy to any high school student who graduates from a school operated by the

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school district or charter school and who meets the requirements of subsections (B)(1) or (2), and subsection (B)(3).

1. **Assessment Method.** To demonstrate language proficiency through the assessment method, the student must attain the required score on a language assessment as adopted by the State Board of Education, upon recommendation by the Arizona Department of Education, for purposes of demonstrating language proficiency for the Program in the four domains of speaking, writing, listening, and reading.
2. **Alternative evidence model.** A school district or charter school may choose to award the State Seal of Biliteracy through an alternative evidence method.
  - a. An alternative evidence method may be used in any of the following circumstances:
    - i. No standardized assessment exists for the targeted foreign language;
    - ii. Evaluating the language proficiency of a student with disabilities for whom the standardized assessment is inappropriate as determined by the student's Individualized Education Program team or a student on a 504 plan as determined by the student's 504 plan committee; or
    - iii. The standardized assessment for the targeted foreign language does not assess one or more of the four domains of speaking, writing, listening and reading.
  - b. Any alternative evidence method used shall consist of a student portfolio that contains evidence of experience in the targeted foreign language, as well as work samples, test results and other accomplishments that demonstrate proficiency, as established in the guidelines developed by the Arizona Department of Education, in the targeted foreign language in the four domains of speaking, writing, listening and reading. Student portfolios shall comply with guidelines adopted by the Department.
  - c. A school district or charter school that uses an alternative evidence model must notify the Arizona Department of Education.
3. To be eligible to be awarded the State Seal of Biliteracy, each student shall also demonstrate proficiency in English by meeting the following requirements:
  - a. The student must successfully complete all English Language Arts requirements for graduation, pursuant to R7-2-302, with an overall grade point average in those classes of 2.0 or higher on a 4.0 scale, or the equivalent; and
  - b. The student receives a passing score in English Language Arts on one of the following:
    - i. The statewide assessment adopted pursuant to A.R.S. § 15-741, an assessment approved by the Board pursuant to A.R.S. § 15-741.02, or another state's statewide assessment;
    - ii. A nationally recognized college entrance exam;
    - iii. An exam that is accepted for credit or admission by at least one university under the jurisdiction of the Arizona Board of Regents; or
    - iv. An end of course exam administered as part of a dual enrollment or concurrent enrollment course.
  - c. If the student has a primary home language other than English, the student shall obtain a score of pro-

ficient based on the English language proficiency standards pursuant to A.R.S. § 15-756.

- C. By October 1 of each year, the Arizona Department of Education shall make an electronic facsimile of the State Seal of Biliteracy available to each school district or charter school participating in the Program. Each participating school district or charter school shall identify each student who has met the requirements of the Program, affix the State Seal of Biliteracy to the student's diploma upon graduation, and shall note the receipt of the State Seal of Biliteracy on the transcript of the student.
- D. The Arizona Department of Education shall post on its website by July 1 of each year, the list of acceptable language assessments and the score to be achieved on each, as approved by the Board, which qualifies the student as proficient in a foreign language. The Arizona Department of Education shall ensure that all approved assessments are aligned to the Arizona world and native languages standards adopted by the Board.
- E. Each school district and charter school that chooses to participate in the Program shall meet the following requirements:
  1. Notify the Arizona Department of Education of its intent to participate in the Program at least 30 days prior to issuing the seal by filling out the form provided on the Arizona Department of Education's website.
  2. Designate at least one individual to serve as coordinator of the Program and provide that individual's name and contact information to the Arizona Department of Education.
  3. Using a format prescribed by the Arizona Department of Education, submit a report no later than 90 days after the end of the school year with the total number of students awarded the State Seal of Biliteracy, the number of seals for each targeted foreign language and the method used to determine proficiency in the foreign language.
  4. Make available to parents and students information regarding the Program and the name and contact information for the coordinator of the Program.
- F. The Arizona Department of Education shall establish guidelines and procedures to assist school districts and charter schools in the administration of the Program.

**Historical Note**

New Section made by final exempt rulemaking at 22 A.A.R. 3367, effective October 24, 2016 (Supp. 16-4). The word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 1529, effective August 27, 2021 (Supp. 21-3).

**R7-2-318. K through Three Reading Program**

- A. In this Section, unless the context otherwise requires:
  1. "Intensive reading instruction" is a proactive instructional approach used to reduce the likelihood of future reading problems by addressing severe and persistent difficulties with learning to read through the use of evidence-based instruction in smaller-group settings, increased instructional time, and increased intensity that is aligned to individual student needs or deficiencies and is driven by ongoing student performance data from a valid assessment tool.
  2. "Interventions" are instructional supports provided to students with the purpose of preventing and remediating reading difficulties. These supports are organized in tiers which provide increasing instructional intensity and support with each level.

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3. "Motivational assessments" are measures of motivation or attitudes toward reading and produce information to monitor student progress.
  4. "Prevention" is instructional support provided to students before students have experienced failure in learning to read.
  5. "Remediation" is instructional support provided to students after a student has experienced significant and persistent difficulties in learning to read.
  6. "Universal screeners" are very brief measures based on established standardized benchmarks or performance targets developed through extensive research designed to improve accuracy of identifying students who will likely need additional support for meeting grade level reading standards.
- B.** Prior to the release of monies generated by the K through three reading support level weight, each school district or charter school shall submit to the Department on or before October 1, a comprehensive local education agency K through three reading program plan, using the format prescribed by the Department.
- C.** Pursuant to A.R.S. §§ 15-211, 15-701 and 15-704, the K through three reading program plan submission shall contain the following components for pupils in half-day and full-day kindergarten programs and grades one through three:
1. School literacy contacts, literacy team members and master K through three school schedules, to include all subject areas, with a clear emphasis on literacy instruction and displaying all levels of reading support;
  2. A list of the staff who reviewed and approved the individual school K through three reading program plan, including special education directors/staff and staff directly involved with reading instruction;
  3. Program expenditures for the prior school year and a budget for the current school year regarding the monies used only on instructional purposes intended to improve reading proficiency from the K through three support level weight and the K through three reading support level weight;
  4. An analysis of the effectiveness of the local education agency's K through three reading program for the previous school year and plans for improvement for the current school year, including the specific strategies being employed to support populations currently eligible for exemption from retention, such as struggling readers, English language learners, and students with disabilities;
  5. Core reading programs which teach the essential components of reading instruction including explicit and systematic phonics pursuant to A.R.S. § 15-704(H)(1), with a description of the frequency and duration of the instruction;
  6. Date of last K through three reading curriculum review for standards alignment;
  7. Tier II and Tier III intensive reading intervention programs including reading programs used for students with disabilities (separate from specially designed instruction outlined within a child with a disability's individualized education program), including frequency and duration;
  8. A sample template of a parental notification letter;
  9. Evidence-based intervention and remedial services provided to students,
  10. Evidence of ongoing teacher training based on evidence-based reading research; and
  11. Assurance that all parts of the assessment system are accessible to all students as required by federal law.
- D.** The local education agency shall submit universal screening data by October 1, winter data by February 1 and spring data by June 1 for pupils in kindergarten programs and grades one through three. Beginning with school year 2025-2026, reported data to the Arizona Department of Education will include third grade statewide ELA exam data disaggregated by subgroups.
1. Student counts of subgroups that are less than 11 are to be reviewed by the LEA, but are to be redacted for reporting purposes by the Arizona Department of Education.
  2. Subgroups:
    - a. All,
    - b. English Learners,
    - c. American Indian or Alaska Native,
    - d. Asian,
    - e. African American/Black,
    - f. Hispanic or Latino,
    - g. Multiple Races,
    - h. Native Hawaiian or Pacific Islander,
    - i. White,
    - j. Income Eligibility 1 and 2, and
    - k. Students with Disabilities.
- E.** Each school district or charter school governing body shall submit data for the prior school year on the total number of pupils that were subject to retention, the total number that were promoted, the total number actually retained and the interventions administered pursuant to A.R.S. § 15-701 to the Department no later than October 1 and prior to the release of monies generated by the K through three reading support level weight.
- F.** The State Board prescribes competency requirements for the promotion of pupils from the eighth grade and competency requirements for the promotion of pupils from the third grade incorporating the academic standards in at least the areas of reading, writing, mathematics, science and social studies. The competency requirements for the promotion of pupils from the third grade include the following:
1. A pupil shall not be promoted from the third grade if the pupil obtains a score on the reading portion of the statewide assessment that does not demonstrate sufficient reading skills as established by the state board. A pupil may not be retained pursuant to this subsection if data regarding the pupil's performance on the statewide assessment is not available before the end of the current academic year and may not be retained due to Move On When Reading more than once. A pupil who is not retained due to the unavailability of test data must receive evidence-based intervention and remedial strategies pursuant to A.R.S. § 15-701(A)(2)(c) if the third-grade assessment data subsequently does not demonstrate sufficient reading skills.
    - a. Each school district shall continue to provide targeted reading interventions and supports for students who are promoted to fourth grade due to one of the good-cause exemptions. As an example, implementing the following evidence-based practices:
      - i. Placement with a highly-effective teacher, as determined by teacher evaluations;
      - ii. Use of a valid literacy assessment to determine specific areas of struggle with reading;
      - iii. High-dose tutoring targeted to the specific areas of struggle, including:

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- (1) Continued development of phonological awareness skills;
      - (2) Continued development of decoding skills;
      - (3) Continued development of fluency skills;
    - iv. Use of a valid and reliable literacy assessment for regular progress monitoring;
    - v. Regular communication with the parents/guardians of students receiving supports to detail the reports received at school and specific strategies that parents can use to support students in the home.
  - b. Each school district or charter school governing body shall use a valid and reliable literacy assessment to collect and provide updated data on the progress of students who are promoted to fourth grade due to one of the good-cause exemptions.
  2. A school district governing board or the governing body of a charter school may promote a pupil from the third grade who does not demonstrate sufficient reading skills pursuant to subsection (F)(1) if the pupil:
    - a. Is an English learner or a limited English proficient student as defined in A.R.S. § 15-751 and has had fewer than three years of English language instruction.
    - b. Is in the process of a special education referral or evaluation for placement in special education, has been diagnosed as having a significant reading impairment, including dyslexia, or is a child with a disability as defined in A.R.S. § 15-761 if the pupil's individualized education program team and the pupil's parent or guardian agree that promotion is appropriate based on the pupil's individualized education program.
    - c. Has demonstrated or subsequently demonstrates sufficient reading skills or adequate progress toward sufficient reading skills of the third grade reading standards as evidenced through a collection of valid and reliable reading assessments approved by the State Board of Education, which includes an alternative standardized reading assessment approved by the state board. The approved alternative standardized reading assessment shall be a re-administration of the statewide third-grade English language arts exam, which shall be administered by the Arizona Department of Education, and shall use the same State Board approved K through three reading program (Move On When Reading) cut score.
    - d. Receives intervention and remedial services during the summer or a subsequent school year pursuant to A.R.S. § 15-701(A)(2)(c) and demonstrates sufficient progress based on guidelines issued in A.R.S. § 15-701(B)(7). Sufficient progress toward reading may be demonstrated by meeting the State Board of Education approved cut score for the K through three reading program (Move On When Reading) on a readministration of the statewide third-grade English language arts exam as administered by the Arizona Department of Education.
- G.** On or before December 15, the Department of Education shall submit an annual report on the K through three reading program to the governor, the president of the Senate and the speaker of the House of Representatives and shall provide a copy of this annual report to the secretary of state, the State Board of Education and the chairpersons of the education committees of the Senate and the House of Representatives. The report shall contain all of the following:
1. Information on the improvement of K through three reading in this state, including achievement data statewide and achievement data at the school district and charter school level. The information pursuant to this paragraph shall include data and information on continued proficiency on the statewide assessment in subsequent grades.
  2. A description of the activities of the department to support school districts and charter schools in improving K through three reading.
  3. Specific findings on methods by which the department may continue to improve support and assistance for school districts and charter schools in the administration of K through three reading program plans.
  4. Information and data on K through three reading program plans throughout this state and the expenditure of K through three reading monies by school districts and charter schools.
  5. Information on the progress towards reading at grade level of students who were promoted in the previous year due to a good cause exemption, including strategies used to support these students and the progress they have made towards grade-level reading.
    - a. Example Strategies:
      - i. Placement with a highly-effective teacher, as determined by teacher evaluations;
      - ii. Use of a valid literacy assessment to determine specific areas of struggle with reading;
      - iii. High-dose tutoring targeted to the specific areas of struggle, including:
        - (1) Continued development of phonological awareness skills;
        - (2) Continued development of decoding skills;
        - (3) Continued development of fluency skills;
      - iv. Use of a valid literacy assessment for regular progress monitoring;
      - v. Regular communication with the parents/guardians of students receiving supports to detail the reports received at school and specific strategies that parents can use to support students in the home.
  6. Data reported pursuant to A.R.S. § 15-701(A)(2)(d).
    1. Beginning with school year 2025/2026, the Arizona Department of Education shall disaggregate and report the data submitted by local education agencies by subgroup by grade level for each of the three data submission windows. Student counts of subgroups that are less than 11 are to be redacted for reporting purposes.
    2. Subgroups:
      - i. All,
      - ii. English Learners,
      - iii. American Indian or Alaska Native,
      - iv. Asian,
      - v. African American/Black,
      - vi. Hispanic or Latino,
      - vii. Multiple Races,
      - viii. Native Hawaiian or Pacific Islander,
      - ix. White,
      - x. Income Eligibility 1 and 2,
      - xi. Students with Disabilities;

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- (1) Autism,
- (2) Developmental delay,
- (3) Emotional disability,
- (4) Hearing impairment,
- (5) Other health impairment,
- (6) Specific learning disability,
- (7) Mild, moderate, or severe intellectual disability,
- (8) Multiple disabilities,
- (9) Multiple disabilities with severe sensory impairment,
- (10) Orthopedic impairment,
- (11) Preschool severe delay,
- (12) Speech/language impairment,
- (13) Traumatic brain injury,
- (14) Visual impairment.

**Historical Note**

New Section made by final exempt rulemaking at 23 A.A.R. 1637, effective May 22, 2017 (Supp. 17-2). The hyphen between “K-3” and the numeral “3” have been corrected to the words “through three” for consistency in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 29 A.A.R. 2532 (October 10, 2023), effective September 25, 2023 (Supp. 23-3).

**R7-2-319. State Seal of Personal Finance Proficiency**

A. School districts and charter schools may participate in the State Seal of Personal Finance Proficiency Program (Program), which recognizes students who have attained a high level of proficiency in personal finance. School districts and charter schools participating in the Program may award the State Seal of Personal Finance Proficiency to any high school student who graduates from a school operated by the school district or charter school and who meets the requirements of the Program outlined in subsections (A)(1) and (A)(2) of this subsection. To be eligible to be awarded the State Seal of Personal Finance Proficiency, each student shall do each of the following:

1. Complete all Social Studies requirements for graduation with GPA of 3.0 or higher on a 4.0 scale, or the equivalent; and
2. Complete all of the following activities:
  - a. Passage of an assessment. The student shall attain the required score on one personal finance assessment as adopted by the State Board of Education, defined by the Arizona Department of Education, for purposes of demonstrating personal finance proficiency;
  - b. Completion of an approved Personal Finance Program. The student shall complete one of the personal finance programs as adopted by the State Board of Education, defined by the Arizona Department of Education, for purposes of demonstrating personal finance proficiency;
  - c. Participation in a curricular or extracurricular program. The student shall complete one personal finance curricular or extracurricular program as adopted by the State Board of Education, defined by the Arizona Department of Education, for purposes of demonstrating personal finance proficiency; and
  - d. Demonstrated college and/or career readiness plan. The student shall complete one college and career readiness plan as adopted by the State Board of Education, defined by the Arizona Department of Edu-

cation, for purposes of demonstrating personal finance proficiency.

- B. By October 1 of each year, the Arizona Department of Education shall make an electronic facsimile of the State Seal of Personal Finance Proficiency available to each school district or charter school participating in the Program. Each participating school district or charter school shall identify each student who has met the requirements of the Program, affix the State Seal of Personal Finance Proficiency to the student’s diploma upon graduation, and shall note the receipt of the State Seal of Personal Finance Proficiency on the transcript of the student.
- C. The Arizona Department of Education shall post on its website by July 1 of each year:
  1. The list of acceptable personal finance assessments and the score to be achieved on each, as approved by the Board, which meet the requirements of R7-2-319(A)(2)(a);
  2. The list of acceptable personal finance programs, as approved by the Board, which meet the requirements of R7-2-319(A)(2)(b);
  3. The list of acceptable personal finance curricular or extra-curricular programs, as approved by the Board, which meet the requirements of R7-2-319(A)(2)(c); and
  4. The list of acceptable college and/or career readiness plans, as approved by the Board, which meet the requirements of R7-2-319(A)(2)(d).
- D. Each school district and charter school that participates in the Program shall meet the following requirements:
  1. Notify the Arizona Department of Education of its intent to participate in the Program at least 30 days prior to issuing the seal by filling out the form provided on the Arizona Department of Education’s website;
  2. Designate at least one individual to serve as coordinator of the Program and provide that individual’s name and contact information to the Arizona Department of Education;
  3. Using a format prescribed by the Arizona Department of Education, submit a report no later than 90 days after the end of the school year with the total number of students awarded the State Seal of Personal Finance Proficiency; and
  4. Make available to parents and students information regarding the Program and the name and contact information for the coordinator of the Program.
- E. The Arizona Department of Education shall establish guidelines and procedures to assist school districts and charter schools in the administration of the Program.

**Historical Note**

New Section made by final exempt rulemaking at 25 A.A.R. 962, effective March 25, 2019 (Supp. 19-1).

**R7-2-320. State Seal of Civics Literacy**

- A. School districts and charter schools may participate in the State Seal of Civics Literacy Program (Program), which recognizes students who have attained a high level of proficiency in Civics. School districts and charter schools participating in the Program may award the State Seal of Civics Literacy to any high school student who graduates from a school operated by the school district or charter school and who meets the requirements of the Program outlined in (A)(1), (2) and (3) of this subsection. To be eligible, each student shall do all of the following:

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1. Complete all Social Studies requirements for graduation with GPA of 3.0 or higher on a 4.0 scale, or the equivalent;
2. Pass the Civics test prescribed in R7-2-302; and
3. Complete all of the following activities:
  - a. Civic Learning Programs. The student shall complete the required number of civic learning programs for purposes of demonstrating civic literacy.
    - i. Students graduating in school year 2019-2020 shall complete at least two approved civic learning programs.
    - ii. Students graduating in school year 2020-2021 and thereafter shall complete at least three approved civic learning programs.
  - b. Civic Engagement Activities. The student shall complete the required number of civic engagement activities as for purposes of demonstrating civic literacy.
    - i. Students graduating in school year 2019-2020 shall complete at least one approved civic engagement activity.
    - ii. Students graduating in school year 2020-2021 and thereafter shall complete at least two approved civic engagement activities.
    - iii. Students graduating in school year 2024-25 and thereafter shall complete at least 30 hours engaged in civic engagement activities.
      - (1) At least 10 hours shall be satisfied through approved civic engagement activities.
      - (2) Remaining hours may be satisfied through community service if the students are focused on solving a public problem. Community service hours shall be satisfied through unpaid work with a public agency or charitable organization that serves the public good.
  - c. Written Reflection. The student shall complete a writing assignment as adopted by the State Board of Education for purposes of demonstrating civic literacy proficiency.
- B.** By October 1 of each year, the Arizona Department of Education shall make an electronic facsimile of the State Seal of Civics Literacy available to each school district or charter school participating in the Program. Each participating school district or charter school shall identify each student who has met the requirements of the Program, affix the State Seal of Civics Literacy to the student's diploma upon graduation, and shall note the receipt of the State Seal of Civics Literacy on the transcript of the student.
- C.** The Arizona Department of Education shall post on its website by July 1 of each year:
  1. The list of acceptable civic learning programs, as approved by the Board, which meet the requirements of R7-2-320(A)(3)(a);
  2. The list of acceptable civic engagement activities, as approved by the Board, which meet the requirements of R7-2-320(A)(3)(b);
  3. The defined number of hours of community service for a public agency or charitable organization that serves the public good, as approved by the Board, which meet the requirements of R7-2-320(A)(3)(b); and
  4. The list of written assignments, as approved by the Board, which meet the requirements of R7-2-320(A)(3)(c).
- D.** Each school district and charter school that chooses to participate in the Program shall meet the following requirements:
  1. Notify the Arizona Department of Education of its intent to participate in the Program at least 30 days prior to issuing the seal by filling out the form provided on the Arizona Department of Education's website;
  2. Designate at least one individual to serve as coordinator of the Program and provide that individual's name and contact information to the Arizona Department of Education;
  3. Using a format prescribed by the Arizona Department of Education, submit a report no later than 90 days after the end of the school year with the total number of students awarded the State Seal of Civics Literacy; and
  4. Make available to parents and students information regarding the Program and the name and contact information for the coordinator of the Program.
- E.** The Arizona Department of Education shall establish guidelines and procedures to assist school districts and charter schools in the administration of the Program.

**Historical Note**

New Section made by final exempt rulemaking at 25 A.A.R. 962, effective March 25, 2019 (Supp. 19-1). Section amended by final exempt rulemaking at 30 A.A.R. 2547 (August 9, 2024), effective July 24, 2024 (Supp. 24-3).

**R7-2-321. State Seal of Arts Proficiency**

- A.** School districts and charter schools in this state may choose to participate in the State Seal of Arts Proficiency Program, which recognizes students who have attained a high level of proficiency in the Arts. School districts and charter schools participating in the Program may award the State Seal of Arts Proficiency to any high school student who graduates from a school operated by the school district or charter school and who meets the requirements of the Program outlined in subsections (A)(1) and (2). To be eligible, a student shall do both of the following:
  1. Complete all qualifying Arts and Career and Technical Education (CTE) courses with GPA of 3.0 or better on a 4.0 scale, or the equivalent.
  2. Complete the required activities from each of the following three categories:
    - a. Minimum Credit Requirements. The student shall complete one of the following credit pathways of Arts and CTE classes as follows:
      - i. A minimum of 4 credits in one artistic discipline; or
      - ii. 3 credits in one artistic discipline, and 1 qualifying creative industries CTE credit or separate artistic discipline; or
      - iii. 2 credits in one artistic discipline, and 2 credits in a qualifying creative industries CTE credits or separate artistic discipline.
    - b. Arts related extracurricular activities. The student shall complete the required number of hours engaged in arts related extracurricular activity for purposes of demonstrating arts proficiency as follows:
      - i. Students graduating in school year 2019-2020 must complete at least 30 hours engaged in arts related extracurricular activities as identified by the school district or charter school.

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- ii. Students graduating in school year 2020-2021 must complete at least 45 hours engaged in arts related extracurricular activities as identified by the school district or charter school.
    - iii. Students graduating in school year 2021-2022 must complete at least 60 hours engaged in arts related extracurricular activities as identified by the school district or charter school.
    - iv. Students graduating in school year 2022-2023 and beyond must complete at least 80 hours engaged in arts related extracurricular activities as identified by the school district or charter school.
  - c. Student Capstone Project. The student shall complete a Capstone Project, as defined by the Arizona Department of Education, for purposes of demonstrating arts proficiency.
  - B. By October 1 of each year, the Arizona Department of Education shall make the State Seal of Arts Proficiency available to each school district or charter school participating in the Program. Each participating school district or charter school shall identify each student who has met the requirements of the Program, affix the State Seal of Arts Proficiency to the student's diploma upon graduation, and shall note the receipt of the State Seal of Arts Proficiency on the transcript of the student.
  - C. The Arizona Department of Education shall post on its website by July 1 of each year:
    1. A list of arts and CTE classes which meet the requirements of R7-2-321(A)(2)(a);
    2. A list of extracurricular arts activities which meet the requirements of R7-2-321(A)(2)(b);
    3. A list of student capstone examples which meet the requirements of R7-2-321(A)(2)(c).
  - D. Each school district and charter school that chooses to participate in the Program shall meet the following requirements:
    1. Notify the Arizona Department of Education of its intent to participate in the Program by September 15 by filling out the form provided on the Arizona Department of Education's website.
    2. Designate at least one individual to serve as coordinator of the Program and provide that individual's name and contact information to the Arizona Department of Education.
    3. Using a format prescribed by the Arizona Department of Education, submit a list of qualifying students who have met graduation and Arts Seal pathway requirements to the Arizona Department of Education by April 15 of each year.
    4. Make information available to parents and students regarding the Program and the name and contact information for the coordinator of the Program.
  - E. The Arizona Department of Education shall establish guidelines and procedures to assist school districts and charter schools in the administration of the Program.
- Historical Note**  
 New Section made by final exempt rulemaking at 25  
 A.A.R. 3399, effective October 28, 2019 (Supp. 19-4).
- ARTICLE 4. SPECIAL EDUCATION**  
 Authority: Laws 2017, Ch. 337
- R7-2-401. Special Education Standards for Public Agencies Providing Educational Services**
- A. For the purposes of this Article, the Individuals with Disabilities Education Improvement Act (IDEA), 20 U.S.C. 1400 et seq. and its implementing regulations, 34 CFR 300.1 et seq., are incorporated herein by reference. Copies of the incorporated material can be obtained from the U.S. Government Printing Office, <https://bookstore.gpo.gov/catalog/law-regulations> or the Arizona Department of Education, Exceptional Student Services, 1535 West Jefferson Street, Phoenix, Arizona 85007.
  - B. Definitions. All terms defined in the IDEA, its implementing regulations and A.R.S. § 15-761 are applicable, with the following additions:
    1. "Accommodations" means the provisions made to allow a student to access the general education curriculum and demonstrate learning. Accommodations do not substantially change the instructional level, content or performance criteria, but are made in order to provide a student equal access to learning and equal opportunity to demonstrate what is known. Accommodations shall not alter the content of the curriculum or a test, or provide inappropriate assistance to the student within the context of the test.
    2. "Administrator" means the chief administrative official or designee authorized to act on behalf of a public education agency.
    3. "Boundaries of responsibility" means for:
      - a. A school district, the geographical area within its legally designated boundaries.
      - b. A charter school, the population of students enrolled in the charter school.
      - c. A public education agency other than a school district or charter school, the population of students receiving educational services from a public education agency.
    4. "Child with a disability," has the same meaning prescribed in A.R.S. § 15-761.
    5. "Department" means the Arizona Department of Education.
    6. "Exceptional Student Services" means the Exceptional Student Services Division of the Arizona Department of Education.
    7. "Evaluator" means a person trained and knowledgeable in a field relevant to the child's disability who administers specific and individualized assessment for the purpose of special education evaluation and placement.
    8. "Full and individual evaluation" means procedures used in accordance with the IDEA to determine whether a child has a disability and the nature and extent of the special education and related services that the child needs. This evaluation includes:
      - a. A review of existing information about the child;
      - b. A decision regarding the need for additional information;
      - c. If necessary, the collection of additional information; and
      - d. A review of all information about the child and a determination of eligibility for special education services and needs of the child.
    9. "Independent educational evaluation" means an evaluation conducted by an evaluator who is not employed by the public education agency responsible for the education of the child in question.
    10. "Informed written consent" means a person has been fully informed of all information relevant to the activity for which consent is sought, in the person's native lan-



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guage or through another mode of communication; the person understands and agrees in writing to the carrying out of the activity for which consent is sought; and the person understands that the granting of consent is voluntary and may be revoked at any time.

11. "Interpreter" means a person trained to translate orally or in sign language in matters pertaining to special education identification, evaluation, placement, the provision of free appropriate public education (FAPE), or assurance of procedural safe-guards for parents and students who converse in a language other than spoken English. Each student's IEP team determines the level of interpreter skill necessary for the provision of FAPE.
  12. "Multidisciplinary Evaluation Team" has the same meaning prescribed in A.R.S. § 15-761.
  13. "Modifications" means substantial changes in what a student is expected to learn and to demonstrate. Changes may be made in the instructional level, the content or the performance criteria. Such changes are made to provide a student with meaningful and productive learning experiences, environments, and assessments based on individual needs and abilities.
  14. "Private school" means any nonpublic educational institution where academic instruction is provided, including nonsectarian and parochial schools, that are not under the jurisdiction of the state or a public education agency.
  15. "Private special education school" means a nonpublic educational institution where instruction is provided primarily to students with disabilities. The school may also serve students without disabilities.
  16. "Public education agency" or "PEA" means a school district, charter school, accommodation school, state supported institution, or other political subdivision of the state that is responsible for providing education to children with disabilities.
  17. "Qualified professionals" means individuals who have met state approved or recognized degree, certification, licensure, registration or other requirements that apply in the areas in which the individuals are providing services such as screening, identification, evaluation, general education, special education or related services, including supplemental aids and services.
  18. "Specially designed instruction" has the same meaning prescribed in A.R.S. § 15-761.
  19. "Special education teacher" means a teacher holding a special education certificate from the Arizona Department of Education.
  20. "Suspension" has the same meaning prescribed in A.R.S. § 15-840.
- C. Public Awareness.**
1. Each public education agency shall inform the general public and all parents, within the public education agency's boundaries of responsibility, of the availability of special education services for students aged 3 through 21 years and how to access those services. This includes information regarding early intervention services for children aged birth through 2 years.
  2. School districts are responsible for public awareness in private schools located within their boundaries of responsibility.
- D. Child Identification and Referral.**
1. Each public education agency shall establish, implement, and make available, either in writing or electronically, to its school-based personnel and all parents, within the public education agency boundaries of responsibility, written procedures for the identification and referral of all children with disabilities, aged birth through 21, including children with disabilities attending private schools and home schools, regardless of the severity of their disability.
  2. Each public education agency shall require appropriate school-based personnel to review the written procedures related to child identification and referral on an annual basis. The public education agency shall maintain documentation of school-based personnel review.
  3. Procedures for child identification and referral shall meet the requirements of the IDEA and regulations, A.R.S. Title 15, Chapter 7, Article 4 and this Chapter.
  4. The public education agency responsible for child identification activities is the school district in which the parents reside unless:
    - a. The student is enrolled in a charter school or public education agency that is not a school district. In that event, the charter school or public education agency is responsible for child identification activities;
    - b. The student is enrolled in a non-profit private school. In that event, the school district within whose boundaries the private school is located is responsible for child identification activities.
  5. Identification (screening for possible disabilities) shall be completed within 45 calendar days after:
    - a. Entry of each preschool or kindergarten student and any student enrolling without appropriate records of screening, evaluation, and progress in school; or
    - b. Notification to the public education agency by parents of concerns regarding developmental or educational progress by their child aged 3 years through 21 years.
  6. Screening procedures shall include vision and hearing status and consideration of the following areas: cognitive or academic, communication, motor, social or behavioral, and adaptive development. Screening does not include detailed individualized comprehensive evaluation procedures.
  7. For a student transferring into a school; the public education agency shall review enrollment data and educational performance in the prior school. If there is a history of special education for a student not currently eligible for special education, or poor progress, the name of the student shall be submitted to the administrator for consideration of the need for a referral for a full and individual evaluation or other services.
  8. If a concern about a student is identified through screening procedures or through review of records, the public education agency shall notify the parents of the student of the concern within 10 school days and inform them of the public education agency procedures to follow-up on the student's needs.
  9. Each public education agency shall maintain documentation of the identification procedures utilized, the dates of entry into school or notification by parents made pursuant to subsection (D)(5), and the dates of screening. The results shall be maintained in the student's permanent records in a location designated by the administrator. In the case of a student not enrolled, the results shall be maintained in a location designated by the administrator.
  10. If the identification process indicates a possible disability, the name of the student shall be submitted to the adminis-

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trator for consideration of the need for a referral for a full and individual evaluation or other services. A parent or a student may re-request an evaluation of the student. For parentally-placed private school students the school district within whose boundaries the non-profit private school is located is responsible for such evaluation.

11. If, after consultation with the parent, the responsible public education agency determines that a full and individual evaluation is not warranted, the public education agency shall provide prior written notice and procedural safeguards notice to the parent in a timely manner.

**E. Evaluation/re-evaluation.**

1. Each public education agency shall establish, implement, and make available to school-based personnel and parents within its boundaries of responsibility written procedures for the initial full and individual evaluation of students suspected of having a disability, and for the re-evaluation of students previously identified as being eligible for special education.
2. Procedures for the initial full and individual evaluation of children suspected of having a disability and for the re-evaluation of students with disabilities shall meet the requirements of IDEA and its regulations, state statutes and State Board of Education rules.
3. The initial evaluation of a child being considered for special education, or the re-evaluation per a parental request of a student already receiving special education services, shall be conducted within 60 calendar days from the public education agency's receipt of the parent's informed written consent and shall conclude with the date of the Multidisciplinary Evaluation Team (MET) determination of eligibility.
4. If the parent requests the evaluation the PEA must, within a reasonable amount of time not to exceed 15 school days from the date it receives a parent's written request for an evaluation, either begin the evaluation by reviewing existing data, or provide prior written notice refusing to conduct the requested evaluation. The 60-day evaluation period shall commence upon the PEA's receipt of the parent's informed written consent.
  - a. The consent form and Prior Written Notice may also be provided in the review of data meeting after the determination has been made that additional data are needed.
  - b. Each PEA must publish and make available to parents on its website, its procedures related to requesting an evaluation for special education, including the PEA points of contact for efficient communication.
5. The 60-day evaluation period may be extended for an additional 30 days, provided it is in the best interest of the child, and the parent and PEA agree in writing to such an extension. Neither the 60-day evaluation period nor any extension shall cause a re-evaluation to exceed the timelines for a re-evaluation within three years of the previous evaluation.
6. The public education agency may accept current information about the student from another state, public agency, public education agency, or through an independent educational evaluation. In such instances, the Multidisciplinary Evaluation Team shall be responsible for reviewing and approving or supplementing an evaluation to meet the requirements identified in subsections (E)(1) through (7).

7. For the following disabilities, the full and individual initial evaluation shall include:

- a. Emotional disability: verification of a disorder by a qualified professional.
- b. Hearing impairment:
  - i. An audiological evaluation by a qualified professional, and
  - ii. An evaluation of communication/language proficiency.
- c. Other health impairment: verification of a health impairment by a qualified professional.
- d. Specific learning disability: a determination of whether the child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, state-approved grade-level standards, or intellectual development that meets the public education agency criteria through one of the following methods:
  - i. A discrepancy between achievement and ability;
  - ii. The child's response to scientific, research-based interventions; or
  - iii. Other alternative research-based procedures.
- e. Orthopedic impairment: verification of the physical disability by a qualified professional.
- f. Speech/language impairment: an evaluation by a qualified professional.
- g. For students whose speech impairments appear to be limited to articulation, voice, or fluency problems, the written evaluation may be limited to:
  - i. An audiometric screening within the past calendar year,
  - ii. A review of academic history and classroom functioning,
  - iii. An assessment of the speech problem by a speech therapist, or
  - iv. An assessment of the student's functional communication skills.
- h. Traumatic brain injury: verification of the injury by a qualified professional.
- i. Visual impairment: verification of a visual impairment by a qualified professional.

8. The Department shall develop a list, subject to review and approval of the State Board of Education, of qualified professionals eligible to conduct the appropriate evaluations prescribed in subsection (E)(7).

9. The Multidisciplinary Evaluation Team shall determine, in accordance with the IDEA and regulations, whether the requirements of subsections (E)(7)(a) through (i) are required for a student's re-evaluation.

**F. Parental Consent.**

1. A public education agency shall obtain informed written consent from the parent of the child with a disability before the initial provision of special education and related services to the child.
2. If the parent of a child fails to respond to a request for, or refuses to consent to, the initial provision of special education and related services, the public education agency may not use mediation or due process procedures in order to obtain agreement or a ruling that the services may be provided to the child.
3. If the parent of the child refuses to consent to the initial provision of special education and related services, or the parent fails to respond to a request to provide consent for

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the initial provision of special education and related services, the public education agency:

- a. Will not be considered to be in violation of the requirement to make available FAPE to the child because of the failure to provide the child with the special education and related services for which the parent refuses to or fails to provide consent, and
  - b. Is not required to convene an IEP Team meeting or develop an IEP in accordance with these rules.
4. If, at any time subsequent to the initial provision of special education and related services, the parent of a child revokes consent in writing for the continued provision of special education and related services, the public education agency:
- a. May not continue to provide special education and related services to the child, but shall provide prior written notice before ceasing the provision of special education and related services;
  - b. May not use the mediation procedures or the due process procedures in order to obtain agreement or a ruling that the services may be provided to the child;
  - c. Will not be considered to be in violation of the requirement to make FAPE available to the child because of the failure to provide the child with further special education and related services; and
  - d. Is not required to convene an IEP Team meeting or develop an IEP for the child for further provision of special education and related services.
5. If a parent revokes consent in writing for their child's receipt of special education services after the child is initially provided special education and related services, the public agency is not required to amend the child's education records to remove any references to the child's receipt of special education and related services because of the revocation of consent.

**G. Individualized Education Program (IEP).**

1. Each public education agency shall establish, implement, and make available to its school-based personnel and parents written procedures for the development, implementation, review, and revision of IEPs.
2. Procedures for IEPs shall meet the requirements of the IDEA and its regulations, state statutes and State Board of Education rules.
3. Procedures shall include the incorporation of Arizona academic standards as adopted by the State Board of Education into the development of each IEP and address grade-level expectations and grade-level content instruction.
4. Each IEP of a student with a disability shall be developed in accordance with IDEA and its regulations, state statutes and State Board of Education rules. If appropriate to meet the needs of a student and to ensure access to the general curriculum, an IEP team may include specially designed instruction in the IEP that may be delivered in a variety of educational settings by a general education teacher or other certificated personnel provided that certificated special education personnel are involved in the planning, progress monitoring and when appropriate, the delivery of the specially designed instruction.
  - a. Transition services. Beginning not later than the first IEP to be in effect when the child completes 9th grade or reaches age 16, whichever is first, or younger if determined appropriate by the IEP Team,

and updated annually thereafter, the IEP must include:

- i. Appropriate measurable postsecondary goals based upon age-appropriate transition assessments related to training, education, employment, and, where appropriate, independent living skills; and
  - ii. The transition services, including courses of study, needed to assist the child in reaching those goals; and
  - iii. The estimated date of graduation for the student, including the course of study that specifically aligns to the student's individual transition plan. A school shall inform parents in writing at least one year before the anticipated high school graduation date of the child with a disability. This requirement is in addition to and not in lieu of federal requirements at 34 C.F.R. § 300.503 to provide prior written notice, typically sent immediately prior to implementing a change in placement.
- b. Transfer of rights at age of majority. Beginning not later than one year before the child reaches the age of majority under State law, the IEP must include a statement that the child has been informed of the child's rights under part B of the Act, if any that will transfer to the child on reaching the age of majority under 34 C.F.R. § 300.520.
5. Each student with a disability who has an IEP shall participate in the state assessment system. Students with disabilities can test with or without accommodations or modifications as indicated in the student's IEP. Students who are determined to have a significant cognitive disability based on the established eligibility criteria will be assessed with the state's alternate assessment as determined by the IEP team.
6. A meeting of the IEP team shall be conducted to review and revise each student's IEP at least annually, or more frequently if the student's progress substantially deviates from what was anticipated. The public education agency shall provide written notice of the meeting to the parents of the student to ensure that parents have the opportunity to participate in the meeting. After the annual review, the public education agency and parent may agree not to convene an IEP team meeting for the purposes of making changes, and instead may develop a written document to amend or modify the student's current IEP.
7. A parent or public education agency may request in writing a review of the IEP, and shall identify the basis for requesting review. Such review shall take place within 45 school days of the receipt of the request at a mutually agreed upon date and time.
- H. Least Restrictive Environment.**
1. Each public education agency shall establish, implement, and make available to its school-based personnel and parents, written procedures to ensure the delivery of special education services in the least restrictive environment as identified by IDEA and its regulations, state statutes and State Board of Education rules.
  2. A continuum of services and supports for students with disabilities shall be available through each public education agency.
- I. Procedural Safeguards.**

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1. Each public education agency shall establish, implement, and make available to school-based personnel and parents of students with disabilities written procedures to ensure children with disabilities and their parents are afforded the procedural safeguards required by federal statute and regulation and state statute. These procedures shall include dissemination to parents information about the public education agency's and state's dispute resolution options.
  2. In accordance with the requirements of IDEA, prior written notice shall be provided to the parents of a child within a reasonable time after the PEA proposes to initiate or change, or refuses to initiate or change, the identification, evaluation, educational placement or the provision of FAPE to the child, but before the decision is implemented.
- J. Confidentiality.**
1. Each public education agency shall establish, implement, and make available to its personnel and parents written policies and procedures to ensure the confidentiality of records and information in accordance with the IDEA and its regulations, the Family Educational Rights and Privacy Act (FERPA) and its regulations, and state statutes.
  2. Parents shall be fully informed about the requirements of the IDEA and regulations, including an annual notice of the policies and procedures that the PEA shall follow regarding storage, disclosure to a third party, retention, and destruction of personally identifiable information.
  3. The rights of parents regarding education records are transferred to the student at age 18, unless the student has been adjudicated incapacitated, or the student has executed a delegation of rights to make educational decisions pursuant to A.R.S. § 15-773.
  4. Upon receiving a written request, each public education agency shall forward special education records to any other public education agency in which a student has enrolled or is seeking to enroll. Records shall be forwarded within the time-frame specified in A.R.S. § 15-828(F). The public education agency shall also forward records to any other person or agency for which the parents have given signed consent.
- K. Preschool Programs.** Each public education agency responsible for serving preschool children with disabilities shall establish, implement, and make available to its personnel and parents, written procedures for:
1. The operation of the preschool program, in accordance with federal statute and regulation, and state statute, that provides a continuum of placements to students;
  2. The smooth and effective transition from the Arizona Early Intervention Program to a public school preschool program in accordance with the agreement between the Department of Economic Security and the Department; and
  3. The provision of a minimum of 360 minutes per week of instruction in a program that meets at least 216 hours over the minimum number of days.
- L. Children in Private Schools.** Each education agency shall establish, implement, and make available to its personnel and parents written procedures regarding the access to special education services to students enrolled in private schools by their parents as identified by the IDEA and its regulations, state statutes and State Board of Education rules.
- M. Department Responsible for General Supervision and Obligations Related to and Methods of Ensuring Services.**
1. The Department is responsible for the general supervision of services to children with disabilities aged 3 through 21 served through a public education agency.
  2. The Department shall ensure through fund allocation, monitoring, dispute resolution, and technical assistance that all eligible students receive FAPE in conformance with the IDEA and its regulations, A.R.S. Title 15, Chapter 7, Article 4, and this Chapter.
  3. In exercising its general supervision responsibilities, the Department shall ensure that when it identifies noncompliance with the requirements of the IDEA Part B, the noncompliance is corrected as soon as possible, and in no case later than one year after the Department's written notification to the PEA of its identification of the non-compliance.
- N. Procedural Requirements Relating to Public Education Agency Eligibility.**
1. Each public education agency shall establish eligibility for funding with the Department in accordance with the IDEA and its regulations, state statutes and with schedules and methods prescribed by the Department.
  2. In the event the Department determines that a public education agency does not meet eligibility for funding requirements, the public education agency has a right to a hearing before such funding is withheld.
  3. The Department may suspend payments during any time period when a public education agency has not corrected deficiencies in eligibility for federal funds as a result of fiscal requirements of monitoring, auditing, complaint and due process findings.
  4. Each public education agency shall, on an annual basis, determine the number of children within each disability category who have been identified, located, evaluated, and/or receiving special education services. This includes children residing within the boundaries of responsibility of the public education agency who have been placed by their parents in private schools or who are home schooled.
- O. Public Participation.**
1. Each public education agency shall establish, implement, and make available to personnel and parents written procedures to ensure that, prior to the adoption of any policies and procedures needed to comply with federal and state statutes and regulations, there are:
    - a. Public hearings;
    - b. Notice of the hearings; and
    - c. An opportunity for comment available to the general public, including individuals with disabilities and parents of children with disabilities.
  2. This requirement does not pertain to day-to-day operating procedures.
- P. Suspension and Expulsion.**
1. Each public education agency shall establish, implement, and make available to personnel and parents written procedures for the suspension and expulsion of students with disabilities.
  2. Each public education agency shall require all school-based staff involved in the disciplinary process to review the policies and procedures related to suspension and expulsion on an annual basis. The public education agency shall maintain documentation of staff review.
  3. Procedures for such suspensions and expulsions shall meet the requirements of the IDEA and its regulations, and state statutes.

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**Historical Note**

Amended effective December 11, 1974. Amended effective July 14, 1975 (Supp. 75-1). Amended effective July 1, 1977 (Supp. 77-4). Amended effective April 26, 1978 (Supp. 78-2). Former Section R7-2-401 repealed, new Section R7-2-401 adopted effective December 4, 1978 (Supp. 78-6). Amended by adding subsection (H) as an emergency effective July 20, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Amended (D)(11), (E)(5)(b) and added (H) effective December 14, 1984 (Supp. 84-6). Amended as an emergency effective June 18, 1985, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 85-3). Emergency expired. Amended subsection (D) by adding subsection (12) effective March 13, 1986 (Supp. 86-2). Amended subsection (G) effective July 8, 1986 (Supp. 86-4). Amended subsections (D) and (H) and added subsection (I) effective June 22, 1987 (Supp. 87-2). Amended effective August 2, 1988 (Supp. 88-3). Amended effective December 6, 1995 (Supp. 95-4). Amended by final rulemaking at 7 A.A.R. 1541, effective March 19, 2001 (Supp. 01-1). Amended to correct a manifest typographical error in subsection (D)(1) (Supp. 01-3). Subsections (D)(9), (E)(4), and (E)(6) amended under A.R.S. § 41-1011 to correct subsection cross-references (Supp. 02-2). Amended by final rulemaking at 9 A.A.R. 4633, effective December 8, 2003 (Supp. 03-4). Amended by exempt rulemaking at 15 A.A.R. 1838, effective August 29, 2006 (Supp. 09-1). Amended by exempt rulemaking at 15 A.A.R. 1849, effective May 19, 2008 (Supp. 09-2). Amended by exempt rulemaking at 16 A.A.R. 201, effective December 7, 2009 (Supp. 10-1). Amended by final exempt rulemaking at 24 A.A.R. 140, effective October 23, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 31 A.A.R. 2980 (September 19, 2025); effective June 23, 2025, as approved by the Board (Supp. 25-3).

**R7-2-402. Standards for Approval of Special Education Programs in Private Schools**

- A. Definitions. All terms defined in the regulations for the Individuals with Disabilities Education Improvement Act (IDEA) Amendments, A.R.S. § 15-761, and State Board of Education Section R7-2-401 are applicable.
- B. No student may be placed by a public education agency in a private special education school program unless the facility has been approved as meeting the standards as outlined in this Section, and the public education agency is unable to provide satisfactory education and services through its own facilities and personnel.
- C. In order for a private special education school to be approved by the Department for the purpose of contracting with a public education agency, the private facility shall:
  1. Provide special education instructional programs for students with disabilities that are at least comparable to those provided by the public schools of Arizona and meet the requirements of IDEA.
  2. Provide the following documentation:
    - a. Policies and procedures based on IDEA and state statutes;
    - b. Curriculum that is aligned with the Arizona Academic Standards;
    - c. A completed application;
    - d. Copies of all teacher and related service personnel certifications and licenses; and

- e. If applicable, a copy of North Central Accreditation.
3. Provide certificated special education teachers in each classroom to implement the IEPs of those students assigned to that classroom.
4. Provide related services to meet the needs of the students as indicated on their IEPs.
5. Provide administration personnel such as head teacher, principal, or other administrator certificated in an administrative area or experienced and certificated in the appropriate area of special education.
6. Provide an education that meets the standards that apply to education provided by the public education agency.
7. Maintain student records in accordance with the statutory requirements.
8. Accept all responsibilities concerning instructional programs to the disabled student and parent or guardian that are required of the public schools of Arizona. Ultimate responsibility for any student under contract in a private special education school rests with the public education agency contracting for the students' education.
9. Administer all required statewide assessments to those students placed in the private facility by a PEA or through the educational voucher system.
10. Maintain adequate liability insurance.
11. Maintain an accounting system and budget which includes the costs of operation, maintenance, transportation, and capital outlay, and which is open to review upon request.
12. Maintain an attendance reporting system that provides public education agencies and the Department with required information.
13. Provide notification to contracting public education agencies and the Department of any changes in staff or deletion of programs within 10 school days of the change or deletion.
14. Provide notification to the contracting PEA of any intent to discontinue, suspend, or terminate services to a student for longer than 10 days. Services to the student must be continued by the private school until an IEP meeting with the PEA is convened to determine an appropriate alternative placement. The PEA must be given up to 10 school days to arrange for the transition of the student after the IEP determination.
15. Permit onsite evaluation of the program by the Department or its designees, and the representatives of the public education agencies.
16. Request approval to contract with public education agencies from the Department in accordance with the prescribed procedures.

**Historical Note**

Former Section R7-2-402 repealed, new Section R7-2-402 adopted effective December 4, 1978 (Supp. 78-6). Amended by final rulemaking at 7 A.A.R. 1541, effective March 19, 2001 (Supp. 01-1). Amended by final rulemaking at 9 A.A.R. 4633, effective December 8, 2003 (Supp. 03-4). Amended by exempt rulemaking at 15 A.A.R. 1849, effective May 19, 2008 (Supp. 09-2). The word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-403. Repealed****Historical Note**

Adopted effective December 4, 1978 (Supp. 78-6). Amended as an emergency effective September 26, 1979,

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pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-5). Former emergency adoption now adopted effective December 4, 1979 (Supp. 79-6). Section repealed by final rulemaking at 9 A.A.R. 4633, effective December 8, 2003 (Supp. 03-4).

**R7-2-404. Special Education Voucher Program Policies and Procedures**

**A.** Institutional vouchers. Students residing and attending special education programs at the Arizona Schools for the Deaf and the Blind (ASDB) or the Arizona State Hospital (ASH) or students attending special education day programs provided by ASDB may be eligible for special education institutional voucher funding.

1. Eligibility criteria.
  - a. Student shall be between the ages of 3 and 22 years.
  - b. Student shall have a recognized disability as documented by a current educational evaluation. Evaluations shall be completed by the institution or the student's home school district (HSD), as determined by a multidisciplinary evaluation team (MET).
  - c. Student shall have a current individualized education program (IEP) identifying the placement as the most appropriate and least restrictive educational environment.
2. Institutional voucher application/approval.
  - a. Applications for special education institutional vouchers shall be completed by the institution and submitted to the Exceptional Student Services Division of the Department of Education. The institution shall provide all student information requested on the institutional voucher application.
  - b. Institutions shall sign a Statement of Assurance guaranteeing their maintenance of and ability to produce all supporting documentation for each application.
  - c. Institutional voucher applications shall be reviewed and approved or disapproved by the voucher unit manager. Applications that are disapproved may be corrected and resubmitted. Institutional voucher payments will not be made for student attendance prior to voucher approval date.
  - d. Voucher identification numbers shall be assigned for each new student approval, and shall be used by the institution to complete claims for payment and the special education census form.
  - e. Institutional vouchers are approved for the current year only; therefore the application process shall be repeated each school year for each student.
  - f. Institutions shall report any changes in student status, including withdrawals, transfers, current evaluation dates and changes in disability categories to the Exceptional Student Services Division of the Department of Education. Changes shall be submitted within ten days of the occurrence.
3. Institutional voucher claim for payment.
  - a. The special education institutional voucher claim for payment form shall be completed by the institution at the end of each calendar month. The claim shall be submitted in accordance with procedures established by the School Finance Division of the Department of Education.
  - b. Claims for payment shall be submitted to the School Finance Division of the Department of Education.
4. Special education census.

All institutional voucher students shall be reported on the special education census in accordance with procedures established by the School Finance Division of the Department of Education.

5. Review of placement.
  - a. It is the responsibility of the HSD to review student progress at least once a semester.
  - b. The IEP may be completed by the institution but is ultimately the responsibility of the student's HSD to ensure that it is reviewed and revised annually.
  - c. It is the responsibility of the HSD to ensure that re-evaluations are conducted on a tri-annual basis or more frequently as needed.
- B.** Residential vouchers: Students placed in private residential treatment facilities (PRF) may be eligible for residential voucher funding for the educational portion of the placement.
  1. Eligibility Criteria.
    - a. Students shall be enrolled in and eligible for educational services from a Public Education Agency (PEA).
    - b. Placement shall be made by one of the State Placing Agencies. They are the Department of Economic Security (DES), the Department of Health Services (DHS), the Administrative Office of the Courts (AOC), or the Department of Juvenile Corrections (ADJC).
    - c. Residential facilities shall be licensed by the Department of Health Services or Department of Economic Security and approved by the Department of Education for the specific educational needs of each student placed there.
    - d. The following conditions invalidate eligibility.
      - i. Placement by any agency other than those noted in subsection (B)(1)(b).
      - ii. Placement in facilities not appropriately licensed by DHS or DES or approved by the Department of Education.
      - iii. Student attendance at a PEA while residing in a residential facility.
    - e. Eligible students are divided into three categories.
      - i. Non-special education (NSE): Students not eligible for special education services who are placed by a State Placing Agency for their care, safety, or treatment.
      - ii. Care special education (CSE): Students eligible for special education services who are placed by a State Placing Agency for their care, safety, or treatment.
      - iii. Residential special education (RSE): Students requiring residential placement to benefit from educational programming who are placed by an IEP team.
  2. Voucher application/approval process. The process differs depending on category.
    - a. NSE and CSE options:
      - i. When a placement decision is reached, the State Placing Agency (SPA) shall complete a SPA Application for Voucher Funding, and forward a copy to the student's Home School District (HSD) for appropriate signatures within five days of placement.
      - ii. Upon placement, copies of the completed voucher shall be provided to the PRF and the

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- Exceptional Student Services of the Department of Education (ESS).
- iii. Upon receipt and review of the application and verification of facility approval, the SPA application will be approved for the initial 60 days of placement. An approval memo is sent to the PRF and the HSD. The Exceptional Student Services shall assign a student identification number to each approved voucher student. This number shall be used by the private facility when completing the special education census form and the claim for payment form.
  - iv. The HSD shall submit the HSD Application for Education Voucher Funding packet and submit it to the Exceptional Student Services of the Department of Education. Appropriate documentation of eligibility for special education and provision of services, if applicable, shall be included.
  - v. The HSD voucher application packet shall be reviewed and approved or disapproved by the voucher unit manager. Applications that are disapproved may be corrected and resubmitted. Approvals are granted from the date of receipt through the end of the school year. An approval memo is sent to the PRF and the HSD.
  - vi. If the HSD cannot complete the requirements for the HSD application packet within the initial 60-day approval period, they shall submit an Application For Extension Of Education Voucher Funding.
- b. RSE option.  
The HSD shall follow statutory requirements and procedures agreed upon by the ADE, DHS, and DES when considering placement in a PRF for educational reasons. If a need for such a placement is determined, the HSD shall complete and submit the HSD Application for Education Voucher Funding packet to the ESS. Documentation of the necessity for PRF placement, measurable exit criteria, and a reintegration plan shall be required.
3. Changes in placement/Discharge.
    - a. If a student is discharged or is absent without leave for more than ten days from the PRF, the facility shall notify the State Placing Agency, Home School District and the Exceptional Student Services Division of the Department of Education in writing within five days.
    - b. Students returning to a facility after a discharge or students transferred from one facility to another require a new SPA voucher application.
    - c. Students placed under the RSE option shall not be discharged without the consent of the IEP team.
  4. Voucher claim for payment.
    - a. A special education voucher claim for payment shall be submitted in accordance with procedures established by the School Finance Division of the Department of Education.
    - b. Claim for payment shall be submitted to the School Finance Division of the Department of Education.
  5. Special education census.  
A special education census form shall be completed for all voucher students in accordance with proce-

dures established by the School Finance Division of the Department of Education.

6. Review and continuation of placement.
  - a. The Home School District (HSD) shall regularly monitor the progress of students, ensure the annual review and revision of IEPs, and complete three-year re-evaluations as applicable.
  - b. Voucher approval is for one school year only. Students remaining in an PRF from the end of one school year to the beginning of the next year require new voucher applications. Prior to the beginning of the new school year, the PRF shall submit an Application for Continuing Voucher funding, signed by both the SPA and the HSD. For a student who is eligible for special education services, a current IEP shall accompany the continuing application if the IEP has been reviewed or revised after the original voucher was approved.

**Historical Note**

Adopted effective December 4, 1978 (Supp. 78-6).  
Amended by final rulemaking at 9 A.A.R. 4633, effective December 8, 2003 (Supp. 03-4).

*Editor's Note: The following Section was erroneously published in Supp. 04-2 with amendments that were not approved by the Attorney General's Office. It is republished with the text in effect before Supp. 04-2. The correct notice was published at 10 A.A.R. 3274 (Supp. 04-3).*

**R7-2-405. Special Education Dispute Resolution; Due Process**

- A. Definitions. The following definitions are applicable to this Section:
  1. "Due process hearing" means a fair and impartial administrative hearing conducted by the State Education Agency by an impartial hearing officer through the Arizona Office of Administrative Hearings in accordance with the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.) and its implementing regulations (34 CFR 300).
  2. "Impartial hearing officer" or "hearing officer" means an Administrative Law Judge ("ALJ") of the Arizona Office of Administrative Hearings ("OAH") and who is knowledgeable in the laws governing special education and administrative hearings.
  3. "Public agency" ("PEA") has the same definition as provided in R7-2-401.
  4. "State Education Agency" ("SEA") means the Department of Education, Exceptional Student Services Section.
- B. The due process procedures specified in this Section apply to all public agencies dealing with the identification, evaluation, special education placement of, and the provision of a free appropriate public education ("FAPE") for children with disabilities.
- C. The SEA shall establish procedures concerning:
  1. Impartial due process hearings, and
  2. Confidentiality and access to student records.
- D. An impartial hearing officer shall be:
  1. Unbiased - not prejudiced for or against any party in the hearing;
  2. Disinterested - not having any personal or professional interest that would conflict with objectivity in the hearing;
  3. Independent - may not be an officer, employee, or agent of a public agency involved in the education or care of the

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child or the SEA. A person who otherwise qualifies to conduct a hearing is not an employee of the public agency or the SEA solely because the person is paid by the public agency to serve as a hearing officer;

4. Trained by the SEA as to the state and federal laws pertaining to the identification, evaluation, placement of, and the provision of FAPE for children with disabilities.

**E. Hearing officer qualifications and training.**

1. All hearing officers shall participate in all required training conducted by the SEA as to the state and federal laws pertaining to the identification, evaluation, educational placement, and the provision of FAPE for children with disabilities.
2. A hearing officer shall meet the requirements set forth by OAH regarding ALJs. A hearing officer shall not have represented a parent in a special education matter during the preceding 12 months, and shall not have represented a school district in any matter during the preceding 12 months.

**F. Selection of hearing officers.**

1. The SEA shall prepare and maintain a list of individuals who meet the qualifications specified in subsection (E) to serve as hearing officers. This list shall also include the qualifications of each hearing officer.
2. A hearing officer shall be assigned in accordance with the procedures of the Office of Administrative Hearings.

**G. Request for due process hearing.**

1. The due process complaint must allege a violation that occurred not more than two years before the date the parent or public education agency knew or should have known about the alleged action that forms the basis of the due process complaint.
2. A parent shall submit a written request for a due process hearing to the public education agency and the SEA. The SEA shall provide a model form that a parent may use in requesting a due process hearing. Upon receipt of a written request, there shall be no change in the educational placement of the child except under the applicable provisions of IDEA, unless the PEA and parents agree. If a parent requests a due process hearing, the public education agency shall advise the parents of any free or low-cost legal services available, and provide a copy of the procedural safeguards notice. All correspondence to the parent shall be provided in English and the primary language of the home. If the written request involves an application for initial admission, the child, with the consent of the parent, shall be placed in the public school until the completion of all proceedings.
3. If the public education agency requests a due process hearing, such request may be made on a model form, as noted in subsection (G)(2), and a copy shall be provided to the parent and the SEA. Upon receipt of a written request, there shall be no change in the educational placement of the child except under the applicable provisions of IDEA, unless the PEA and the parents agree. In conjunction with its request for due process hearing, the public education agency shall advise the parents of any free or low-cost legal services available and provide a copy of the procedural safeguards notice. All correspondence to the parent, including the due process request, shall be provided in English and the primary language of the home. If the written request involves an application for initial admission, the child, with the consent of the parent,

shall be placed in the public school until the completion of all proceedings.

**H. An impartial due process hearing shall be conducted in accordance with the following procedures:**

1. The hearing officer shall hold a pre-hearing conference, either telephonically or at a location that is reasonably convenient to the parents and the child involved, to determine if the complaint is a legitimate due process complaint, to ensure that all matters are clearly defined, to establish the proceedings that will be used for the hearing, to determine who will represent and/or advise each party, and to set the time and dates for the hearing.
2. The hearing officer shall conduct the hearing at a location that is reasonably convenient to the parents and the child involved.
3. The hearing officer shall preside at the hearing and shall conduct the proceedings in a fair and impartial manner, and shall ensure that all parties involved have an opportunity to:
  - a. Present their evidence and confront, cross-examine, and compel the attendance of witnesses;
  - b. Object to the introduction of any evidence at the hearing that has not been disclosed to all parties at least five business days before the hearing;
  - c. Produce outside expert witnesses;
  - d. Be accompanied and advised by counsel and by individuals with special knowledge or training with respect to the problems of children with disabilities.
4. The parent involved in the hearing shall be given the right to:
  - a. Have the child who is the subject of the hearing present,
  - b. Have the hearing conducted in public,
  - c. Have an interpreter provided by the public agency.
5. The hearing officer shall review all relevant facts concerning the identification, evaluation, the educational placement, and the provision of FAPE. This shall include any Independent Education Evaluation secured by the parent.
  - a. The hearing officer shall determine whether the public agency has met all requirements of federal and state law, rules, and regulations.
  - b. The hearing officer shall render findings of fact and a decision, which shall be binding on all parties unless appealed pursuant to this Section.
6. The hearing officer's findings of fact and decision shall be in writing and shall be provided to the parent, the public education agency, the SEA, and their respective representatives. The parent may choose to receive an electronic verbatim record of the hearing and electronic findings of fact and decision relative to the hearing in addition to the written findings of fact and decision. The hearing officer's findings of fact and decision shall be delivered by certified mail or by hand within 45 calendar days after notification to the hearing officer that the parties have been unable to resolve the matter in accordance with 20 U.S.C. 1415(f)(1)(B). A hearing officer may grant specific extensions of time beyond the 45 calendar days for good cause shown at the request of either party.
7. The findings of fact and decision of the hearing officer shall be final at the administrative level. The notification of the findings of fact and decision shall contain notice to the parties that they have a right to judicial review.



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8. Any party to the proceeding has the right to appeal a final administrative decision to a court of competent jurisdiction within 35 calendar days after receipt of the decision.
  9. The SEA, after deleting any personally identifiable information, shall make such written findings of fact and decision available to the public.
- I. Expedited hearing.**
1. An expedited hearing regarding disciplinary matters may be requested in accordance with federal law as set forth in 20 U.S.C. 1415(k).
  2. Hearing officers for an expedited hearing shall be assigned by the Office of Administrative Hearings.
  3. The expedited hearing shall be conducted within 20 school days of the date the hearing is requested and shall result in a determination within 10 school days after the hearing.

**Historical Note**

Adopted effective December 4, 1978 (Supp. 78-6). Amended subsection (V) effective May 1, 1987 (Supp. 87-2). Amended effective July 20, 1990 (Supp. 90-3). Emergency amendment adopted effective November 21, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Emergency expired. Emergency amendment readopted effective March 21, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Amended effective May 2, 1991 (Supp. 91-2). Amended effective November 17, 1994 (Supp. 94-4). Amended effective December 6, 1995 (Supp. 95-4). Amended by final rulemaking at 5 A.A.R. 3211, effective August 24, 1999 (Supp. 99-4). Amended by final rulemaking at 10 A.A.R. 2399, effective July 23, 2004 (Supp. 04-2). Supp. 04-2 Historical Note entry is in error. R7-2-405 was erroneously included in Supp. 04-2 with amendments that were not approved by the Attorney General's Office. It is republished with the text in effect before Supp. 04-2. The correct notice was published at 10 A.A.R. 3274 (Supp. 04-3). Amended by exempt rulemaking at 15 A.A.R. 1732, effective January 26, 2006 (Supp. 09-1). Amended by exempt rulemaking at 15 A.A.R. 1849, effective May 19, 2008 (Supp. 09-2). Amended by exempt rulemaking at 16 A.A.R. 201, effective December 7, 2009 (Supp. 10-1). The word "rule" has been replaced with "Section" to reflect current standards in Chapter style and format (Supp. 21-1).

**R7-2-405.01. Special Education Dispute Resolution; State Administrative Complaints**

- A.** Notwithstanding any other provision of law, a state administrative complaint filed with the Department regarding any alleged violations of Part B of the federal Individuals with Disabilities Education Act (IDEA) (20 U.S.C. 1400 et seq.) or its implementing regulations (34 CFR 300) shall be investigated in accordance with the Code of Federal Regulations Title 34.
1. The party filing the complaint shall forward a copy of the state administrative complaint to the public education agency serving the child at the same time the party files the complaint with the Department.
  2. A written decision shall be issued to the complainant and the public education agency that is the subject of the state administrative complaint in accordance with the 60-day time limit specified in the Code of Federal Regulations Title 34.
- B.** The Department shall accept and investigate state administrative complaints that allege a violation that occurred not more

than one year prior to the date that the complaint is received by the Department.

- C.** The state administrative complaint shall include all of the following:
1. A statement that a public education agency has violated a requirement of Part B of the IDEA or its implementing regulations.
  2. The facts on which the statement is based.
  3. The signature and contact information for the complainant.
  4. If alleging violations with respect to a specific child, all of the following:
    - a. The name and address of the child.
    - b. The name of the school the child is attending.
    - c. In the case of a homeless child or youth (within the meaning of Section 725(2) of the McKinney-Vento Homeless Assistance Act (20 U.S.C. 11434a(2))), available contact information for the child, and the name of the school the child is attending.
    - d. A description of the nature of the problem of the child, including facts relating to the problem.
    - e. A proposed resolution of the problem to the extent known and available to the party at the time the complaint is filed.
  5. The Department shall develop a model form to assist parents and public agencies in filing a state administrative complaint under this Section.

**Historical Note**

New Section made by exempt rulemaking at 16 A.A.R. 201, effective December 7, 2009 (Supp. 10-1).

**R7-2-405.02. Special Education Dispute Resolution; Mediation**

In accordance with the Individuals with Disabilities Education Act, the Department shall provide parents of students with disabilities and public education agencies the opportunity to resolve disputes involving any matter under IDEA, including matters arising prior to the filing of a request for due process, through a mediation process.

1. The mediation process shall:
  - a. Be voluntary on the part of both parties,
  - b. Not be used to deny or delay a parent's right to a due process hearing or any other rights afforded under Part B of the IDEA,
  - c. Be conducted by a qualified and impartial mediator who is trained in effective mediation techniques.
2. The Department shall maintain a list of individuals who are qualified mediators and knowledgeable in laws and regulations relating to the provision of special education and related services.
3. The Department shall select mediators on a random or rotational basis.
4. The Department shall bear the cost of the mediation process.
5. Each session in the mediation process shall be scheduled in a timely manner and shall be held in a location that is convenient to both the parent and the public education agency.
6. If the parties resolve a dispute through the mediation process, the parties shall execute a legally binding agreement that:
  - a. States that all discussions that occurred during the mediation process will remain confidential and may not be used as evidence in any subsequent due process hearings or civil proceedings,

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- b. Is signed by both the parent and a representative of the public education agency who has the authority to bind the agency, and
- c. Is enforceable in any state court of competent jurisdiction or in a district court of the United States.
- 7. Whether or not the dispute is resolved through mediation, discussions that occur during the mediation process shall be confidential and may not be used as evidence in any subsequent due process hearings or civil proceedings of any federal court or state court.
- 8. Impartiality of the Mediator. An individual who serves as a mediator:
  - a. May not be an employee of the Department or of the public education agency that is involved in the education or care of the student.
  - b. Shall not have a personal or professional interest that conflicts with the person's objectivity.
  - c. Is not an employee of the Department or of a public education agency solely because the mediator is paid by the Department of Education to serve as a mediator.
- iv. Written criteria of the LEA for referral, screening, selection and placement.
- b. Each LEA shall develop policies and procedures which ensure that parents or legal guardians are:
  - i. Given the opportunity to have their children tested;
  - ii. Given advance notice of the week that their children are to be tested;
  - iii. Given the opportunity to withhold permission for testing;
- c. Each LEA shall:
  - i. Make testing available for students K through 12 on a periodic basis but not less than three times per year;
  - ii. Inform parents or legal guardians of the results of the district-administered test within 30 school days of determining the test results;
  - iii. Upon request, explain test results to parents or legal guardians.
- 4. The scope and sequence shall be a written program description which demonstrates articulation across all grades and schools to ensure opportunities for continuous progress and shall include:
  - a. Statement of purpose;
  - b. General population description;
  - c. Identification process and placement criteria including provisions for special populations;
  - d. Goals and objectives;
  - e. Curriculum, differentiated instruction, and supplemental services;
  - f. Program models;
  - g. Time allocations for services;
  - h. Procedures and criteria for evaluation of student and program outcomes.

**Historical Note**

New Section made by exempt rulemaking at 16 A.A.R. 201, effective December 7, 2009 (Supp. 10-1).

**R7-2-406. Gifted Education Programs and Services****A.** Governing boards shall adopt policies for the education of gifted students which shall include:

- 1. Procedures for identification and placement of students to be placed in gifted programs.
  - a. Students shall be served who score at or above the 97th percentile on national norms in any one of three areas - verbal, nonverbal, or quantitative reasoning - on any test from the State Board-approved list. Students who score below the 97th percentile also may be served.
  - b. Local educational agencies (LEAs) shall accept, as valid for placement, scores at or above the 97th percentile on any State Board-approved test submitted by other LEAs or by qualified professionals.
  - c. LEAs shall place transfer students as soon as they have verified eligibility.
- 2. Curriculum, differentiated instruction, and supplemental services for gifted students.
  - a. Expanded academic course offerings may include, for example, one or more of the following: acceleration, enrichment, flexible pacing, interdisciplinary curriculum, and seminars.
  - b. Differentiated instruction, which emphasizes the development of higher order thinking, may include critical thinking, creative thinking, and problem solving skills.
  - c. Supplemental services, which may be offered to meet the individual needs of each gifted student, may include, for example, guidance and counseling, mentorships, independent study, correspondence courses, and concurrent enrollment.
- 3. Parent involvement.
  - a. Each LEA shall provide the following information to all parents or legal guardians:
    - i. Definition of a gifted child;
    - ii. Services mandated for gifted students by the state of Arizona;
    - iii. Services available from the LEA;

**B.** The Arizona Department of Education shall develop and make available model policies for the development, implementation, and evaluation of services for gifted students.**Historical Note**

Adopted effective December 12, 1990 (Supp. 90-4). The hyphen between "K-12" has been changed to the word "through" for consistency in Chapter style and format (Supp. 21-2).

**R7-2-407. Special Education Standards and Assistance for Providing Educational Services and Materials for Visually Impaired Students****A.** All requirements in this Section are in addition to the general special education standards in R7-2-401 for public education agencies providing special education.**B.** For the purposes of this Section, the following definitions apply:

- 1. "Accessible Electronic File" means, until the effective date of a nationally adopted file format, a digital file in a mutually agreed upon electronic file format that has been prepared using a markup language that maintains the structural integrity of the information and can be processed by Braille conversion software. Upon the effective date of a nationally adopted file format, such as the Instructional Materials Accessibility Standard (IMAS), "Accessible Electronic File" shall mean an electronic file conforming to the specifications of the nationally adopted file format, including future technical revisions and versions of this nationally adopted file format.

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2. "Individualized Braille literacy assessment" means the Learning Media Assessment or other standardized or individualized assessments that pertain to the child's reading medium.
  3. "Non-printed instructional materials" means non-printed textbooks and related core materials, including those that require the availability of electronic equipment in order to be used as a learning resource, that are written and published primarily for use in elementary school and secondary school instruction and are required by a state educational agency or a local educational agency for use by pupils in the classroom. These materials shall be available to the extent technologically available, and may include software programs, CD-ROMs and internet-based materials.
  4. "Printed instructional materials" means textbooks and related printed core materials, that are written and published primarily for use in elementary school and secondary school instruction and are required by a state educational agency or a local educational agency for use by pupils in the classroom. This may include workbooks, practice tests, and tests.
  5. "Publisher" means an individual, firm, partnership or corporation that publishes or manufactures printed instructional materials for students attending public schools in Arizona, including an on-line service, a software developer, or a distributor of an electronic textbook.
  6. "Specialized format" means Braille, audio or digital text which is exclusively for use by blind or other persons with disabilities.
  7. "Structural integrity" means the structure of all parts of the printed instructional material will be kept intact to the extent feasible and as mutually agreed upon by the publisher and the local educational agency. This may include appropriate representation of graphic illustrations.
- C. Upon determination of a student having a visual impairment as assessed by a full and initial evaluation defined in R7-2-401(E)(6)(i), a visually impaired student who is determined to be blind as defined by A.R.S. § 15-214(B) shall receive an individualized Braille literacy assessment.
- D. Individualized Education Programs (IEP) for blind students. In addition to the requirements for establishing and implementing an IEP consistent with R7-2-401(F) for a student determined to have a disability, each IEP for a student determined to be "blind" as assessed by R7-2-401(E)(6)(i) and defined by A.R.S. § 15-214(B), shall presume that proficiency in Braille is essential in achieving academic success unless otherwise determined by the IEP team established consistent with the regulations for the most recent reauthorization of the Individuals with Disabilities Education Act (IDEA) and in the manner provided by the most recent reauthorization of the IDEA Act for developing an IEP. An IEP developed under this Section for a student determined to be blind shall include all required provisions of A.R.S. § 15-214(A)(3), including the following:
1. The results of the individualized Braille literacy assessment.
  2. The date on which Braille instruction will begin, the methods to be used and the frequency and duration of the Braille instruction.
  3. The level of competency expected to be achieved within specified time-frames and the objective measures to be used for evaluation.
  4. The Braille materials and equipment necessary to achieve the stated expected competency gains, including ordering instructional materials to achieve the IEP-stated goals.
  5. The rationale for not providing Braille instruction if Braille is not determined to be an appropriate medium by the IEP team and is not included in the IEP.
- E. The Arizona Department of Education shall designate a central repository for publishers to, upon request, provide accessible electronic files for instructional materials used by public schools in Arizona as defined in subsection (B)(1). The central repository shall be responsible for maintaining a complete list of available accessible electronic files for instructional materials and instructional materials in specialized formats, processing requests from PEAs for instructional materials in specialized formats and providing access to these materials in specialized formats to schools throughout Arizona that are providing services to blind or other students with disabilities.
1. Upon receipt of a written request certifying to the requirements set forth in subsections (E)(1)(a) through (c) publishers shall deliver to the repository, at no additional cost and consistent with the time-frame for providing materials for students without disabilities, accessible electronic files for printed instructional materials and non-printed instructional materials. Certification shall include all of the following:
    - a. The PEA purchased a copy of the printed instructional material or non-printed instructional material for use by a student who is blind or has a visual impairment in a course that the student is attending or registered to attend;
    - b. The student who will utilize the instructional materials in a specialized format has an IEP stating that such materials and/or equipment are necessary for the student to achieve stated expected competency gains; and
    - c. The instructional materials are for use by the student in connection with a course in which he or she is enrolled, as verified by the person overseeing the education of students who are blind or visually impaired.
  2. A PEA may access the materials maintained by the central repository, upon written request, for instructional use with a student with a visual impairment, as identified by R7-2-401(E)(6)(i), who requires the use of instructional materials in a specialized format pursuant to the student's IEP.
  3. Nothing in this Section shall be construed to prohibit the central repository from assisting a student with a disability by using the electronic format version of instructional material provided pursuant to this Section solely to transcribe or arrange for the transcription of the printed instructional material into Braille or large print. In the event a Braille transcription is made, the central repository has the right to share the Braille copy of the printed instructional material with other eligible students with disabilities. The PEA will be required to return the specialized format version of the instructional material to the central repository when the student no longer needs the instructional material. The central repository may share the copies of the specialized format of the instructional material with other PEAs who have met the requirements of subsections (B) and (D) to provide services to students who require such services pursuant to R7-2-401(F)(5).

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**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 2399, effective July 23, 2004 (Supp. 04-2). The word “rule” has been changed to “Section,” and “of this Section” was removed to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-408. Extended School Year Programs for Children with Disabilities**

- A.** “Extended school year” (ESY) shall be as defined in A.R.S. § 15-881.
- B.** Eligibility. Eligibility shall be determined by the Individualized Education Program (IEP) Team. Criteria for determining eligibility in an extended school year program shall be as defined in A.R.S. § 15-881.
- C.** For a student with a disability currently enrolled in special education, eligibility for ESY services shall be determined no later than 45 calendar days prior to the last day of the school year.
- D.** The availability of an extended school year program is required for all students for whom the IEP team has determined that it is necessary in order to ensure a free appropriate public education. Student participation in an ESY program is not compulsory. ESY services are not required for all students with a disability.
- E.** Factors that are inappropriate for consideration. Eligibility for participation shall not be based on need or desire for any of the following:
1. A day care or respite care service for students with a disability;
  2. A program to maximize the academic potential of a student with a disability; and
  3. A summer recreation program for students with a disability.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3211, effective August 24, 1999 (Supp. 99-4). Amended by final rulemaking at 9 A.A.R. 4633, effective December 8, 2003 (Supp. 03-4).

**ARTICLE 5. CAREER AND VOCATIONAL EDUCATION****R7-2-501. Repealed****Historical Note**

Not in original publication, correction, Section R7-2-501. Adopted effective July 2, 1974. Amended effective November 8, 1974. Amended effective August 11, 1975 (Supp. 75-1). Former Section R7-2-501 repealed, new Section R7-2-501 adopted effective December 4, 1978 (Supp. 78-6). Repealed effective February 20, 1997 (Supp. 97-1).

**R7-2-502. Vocational Education Provisions and Standards**

All eligible recipients receiving federal or state monies or services in support of vocational and technical education programs, courses, or classes shall comply with the applicable provisions and standards of the following plans, which are filed with the Secretary of State, which plans are incorporated herein by reference.

1. 1986-1988 Arizona State Plan for Vocational Education for Federal Funding as required by A.R.S. § 15-784; and
2. Arizona State Plan for Vocational Education for State Funding approved April 22, 1985, as required by A.R.S. § 15-787(C).

**Historical Note**

Adopted (FY 76) effective July 14, 1975 (Supp. 75-1). Adopted (FY 77) effective June 25, 1976 (Supp. 76-3). Former Section R7-2-502 repealed, new Section R7-2-502 adopted effective December 4, 1978 (Supp. 78-6). Former Section R7-2-502 repealed, new Section R7-2-502 adopted effective March 13, 1986 (Supp. 86-2). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 21-2)

**R7-2-503. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-504. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-505. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-506. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-507. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-508. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-509. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-510. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-511. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-512. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-513. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-514. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-515. Repealed**

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**Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-516. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-517. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-518. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-519. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-520. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**ARTICLE 6. CERTIFICATION****R7-2-601. Definitions**

In this Article, the following definitions apply unless the context otherwise requires:

1. "Accredited institution" means a postsecondary institution that has accreditation that is recognized by the U.S. Department of Education. An institution based outside the United States shall be considered accredited if a Department-approved foreign document evaluation firm verifies that it has accreditation in the foreign country that is comparable to accreditation that is recognized by the U.S. Department of Education.
2. "Accredited training" means training provided by an organization that has accreditation from an association approved by the Board.
3. "Appropriately certified" means holding the certificate, endorsement and approved area that is required for a teaching assignment.
4. "Approved area" means a subject area denoted on a teaching certificate that is taught in Arizona public schools.
5. "Board" means the State Board of Education.
6. "Capstone experience" means a culminating professional experience in a PreK through 12 setting that may include student teaching or internships in administration, counseling, or school psychology, or alternative path PreK through 12 teaching.
7. "CTE" means Career and Technical Education.
8. "Department" means the Arizona Department of Education.
9. "Practicum" means a period of structured observation and practice of the skills being learned, supervised by an individual trained in that area. The commonly used terms "student teaching," "internship," "residency," or "observation course" are included in this definition.
10. "Professional development" means training to increase skills related to the occupation of education.
11. "Self-contained classroom" means a classroom in which the teacher teaches multiple subjects to one class of students.

12. "Single subject classroom" means a classroom in which the teacher teaches one subject to one class of students.
13. "Teaching experience" means full-time employment which included full responsibility for the planning and delivery of instruction and evaluation of student learning. Except for meeting the capstone experience requirement when applying for a standard teaching certificate, substitute teaching is not considered full-time teaching experience.

**Historical Note**

Former Section R7-2-601 repealed, new Section R7-2-601 adopted effective December 4, 1978 (Supp. 78-6). Amended subsection (C) effective May 31, 1983 (Supp. 83-3). Amended subsection (I) effective September 12, 1989 (Supp. 89-3). Amended effective August 14, 1991 (Supp. 91-3). Amended effective July 30, 1992 (Supp. 92-3). Section repealed, new Section adopted effective March 10, 1994 (Supp. 94-1). Amended effective July 25, 1994 (Supp. 94-3). Amended effective September 20, 1996 (Supp. 96-3). Amended effective March 6, 1997 (Supp. 97-1). Typographical error corrected in subsection (A) (Supp. 97-3). Section repealed; new Section adopted effective December 3, 1998 (Supp. 98-4). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

**R7-2-602. Professional Teaching Standards**

- A. The standards presented in this Section shall be the basis for approved teacher preparation programs, described in R7-2-604, and the Arizona Teacher Proficiency Assessment, described in R7-2-606.
- B. Standard 1. Learner Development: The teacher understands how learners grow and develop, recognizing that patterns of learning and development vary individually within and across the cognitive, linguistic, social, emotional, and physical areas, and designs and implements developmentally appropriate and challenging learning experiences. The teacher:
  1. Regularly assesses individual and group performance in order to design and modify instruction to meet learners' needs in each area of development (cognitive, linguistic, social, emotional, and physical) and scaffolds the next level of development.
  2. Creates developmentally appropriate instruction that takes into account individual learners' strengths, interests, and needs and that enables each learner to advance and accelerate his/her learning.
  3. Collaborates with families, communities, colleagues, and other professionals to promote learner growth and development.
  4. Understands how learning occurs – how learners construct knowledge, acquire skills, and develop disciplined thinking processes – and knows how to use instructional strategies that promote student learning.
  5. Understands that each learner's cognitive, linguistic, social, emotional, and physical development influences learning and knows how to make instructional decisions that build on learners' strengths and needs.
  6. Identifies readiness for learning, and understands how development in any one area may affect performance in others.
  7. Understands the role of language and culture in learning and, consistent with Arizona law, knows how to modify

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- instruction to make language comprehensible and instruction relevant, accessible, and challenging.
8. Respects learners' differing strengths and needs and is committed to using this information to further each learner's development.
  9. Is committed to using learners' strengths as a basis for growth, and their misconceptions as opportunities for learning.
  10. Takes responsibility for promoting learners' growth and development.
- C. Standard 2. Learning Differences:** The teacher uses understanding of individual differences and diverse cultures and communities to ensure inclusive learning environments that enable each learner to meet high standards. The teacher:
1. Designs, adapts, and delivers instruction to address each student's diverse learning strengths and needs and creates opportunities for students to demonstrate their learning in different ways.
  2. Makes appropriate and timely provisions (e.g., pacing for individual rates of growth, task demands, communication, assessment, and response modes) for individual students with particular learning differences or needs.
  3. Designs instruction to build on learners' prior knowledge and experiences, allowing learners to accelerate as they demonstrate their understandings.
  4. Brings multiple perspectives to the discussion of content, including attention to learners' personal, family, and community experiences and cultural norms.
  5. Incorporates tools of language development into planning and instruction, including strategies for making content accessible to English language learners and for evaluating and supporting their development of English proficiency.
  6. Accesses resources, supports, and specialized assistance and services to meet particular learning differences or needs.
  7. Understands and identifies differences in approaches to learning and performance and knows how to design instruction that uses each learner's strengths to promote growth.
  8. Understands students with exceptional needs, including those associated with disabilities and giftedness, and knows how to use strategies and resources to address these needs.
  9. Knows about second language acquisition processes and knows how to incorporate instructional strategies and resources to support language acquisition.
  10. Understands that learners bring assets for learning based on their individual experiences, abilities, talents, prior learning, and peer and social group interactions, as well as language, culture, family, and community values.
  11. Knows how to access information about the values of diverse cultures and communities and how to incorporate learners' experiences, cultures, and community resources into instruction.
  12. Believes that all learners can achieve at high levels and persists in helping each learner reach his/her full potential.
  13. Respects learners as individuals with differing personal and family backgrounds and various skills, abilities, perspectives, talents, and interests.
  14. Makes learners feel valued and helps them learn to value each other.
15. Values diverse languages and dialects and seeks to integrate them into his/her instructional practice to engage students in learning.
- D. Standard 3. Learning Environments:** The teacher works with others to create environments that support individual and collaborative learning, and that encourage positive social interaction, active engagement in learning, and self motivation. The teacher:
1. Collaborates with learners, families, and colleagues to build a safe, positive learning climate of openness, mutual respect, support, and inquiry.
  2. Develops learning experiences that engage learners in collaborative and self-directed learning and that extend learner interaction with ideas and people locally and globally.
  3. Collaborates with learners and colleagues to develop shared values and expectations for respectful interactions, rigorous academic discussions, and individual and group responsibility for quality work.
  4. Manages the learning environment to actively and equitably engage learners by organizing, allocating, and coordinating the resources of time, space, and learners' attention.
  5. Uses a variety of methods to engage learners in evaluating the learning environment and collaborates with learners to make appropriate adjustments.
  6. Communicates verbally and nonverbally in ways that demonstrate respect for and responsiveness to the cultural backgrounds and differing perspectives learners bring to the learning environment.
  7. Promotes responsible learner use of interactive technologies to extend the possibilities for learning locally and globally.
  8. Intentionally builds learner capacity to collaborate in face-to-face and virtual environments through applying effective interpersonal communication skills.
  9. Understands the relationship between motivation and engagement and knows how to design learning experiences using strategies that build learner self-direction and ownership of learning.
  10. Knows how to help learners work productively and cooperatively with each other to achieve learning goals.
  11. Knows how to collaborate with learners to establish and monitor elements of a safe and productive learning environment including norms, expectations, routines, and organizational structures.
  12. Understands how learner diversity can affect communication and knows how to communicate effectively in differing environments.
  13. Knows how to use technologies and how to guide learners to apply them in appropriate, safe, and effective ways.
  14. Is committed to working with learners, colleagues, families, and communities to establish positive and supportive learning environments.
  15. Values the role of learners in promoting each other's learning and recognizes the importance of peer relationships in establishing a climate of learning.
  16. Is committed to supporting learners as they participate in decision making, engage in exploration and invention, work collaboratively and independently, and engage in purposeful learning.
  17. Seeks to foster respectful communication among all members of the learning community.
  18. Is a thoughtful and responsive listener and observer.

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- E. Standard 4. Content Knowledge: The teacher understands the central concepts, tools of inquiry, and structures of the discipline(s) he or she teaches and creates learning experiences that make these aspects of the discipline accessible and meaningful for learners to assure mastery of the content. The teacher:
1. Effectively uses multiple representations and explanations that capture key ideas in the discipline, guide learners through learning progressions, and promote each learner's achievement of content standards.
  2. Engages students in learning experiences in the discipline(s) that encourage learners to understand, question, and analyze ideas from diverse perspectives so that they master the content.
  3. Engages learners in applying methods of inquiry and standards of evidence used in the discipline.
  4. Stimulates learner reflection on prior content knowledge, links new concepts to familiar concepts, and makes connections to learners' experiences.
  5. Recognizes learner misconceptions in a discipline that interfere with learning, and creates experiences to build accurate conceptual understanding.
  6. Evaluates and modifies instructional resources and curriculum materials for their comprehensiveness, accuracy for representing particular concepts in the discipline, and appropriateness for his or her learners.
  7. Uses supplementary resources and technologies effectively to ensure accessibility and relevance for all learners.
  8. Creates opportunities for students to learn, practice, and master academic language in their content.
  9. Accesses school and/or district-based resources to evaluate the learner's content knowledge in his or her primary language.
  10. Understands major concepts, assumptions, debates, processes of inquiry, and ways of knowing that are central to the discipline(s) he or she teaches.
  11. Understands common misconceptions in learning the discipline and how to guide learners to accurate conceptual understanding.
  12. Knows and uses the academic language of the discipline and knows how to make it accessible to learners.
  13. Knows how to integrate culturally relevant content to build on learners' background knowledge.
  14. Has a deep knowledge of student content standards and learning progressions in the discipline(s) he or she teaches.
  15. Realizes that content knowledge is not a fixed body of facts but is complex, culturally situated, and ever evolving. The teacher keeps abreast of new ideas and understandings in the field, and ensures instruction is consistent with Arizona's adopted academic standards.
  16. Appreciates multiple perspectives within the discipline and facilitates learners' critical analysis of these perspectives.
  17. Recognizes the potential of bias in his or her representation of the discipline and seeks to appropriately address problems of bias.
  18. Commits to work toward each learner's mastery of disciplinary content and skills.
- F. Standard 5. Application of Content: The teacher understands how to connect concepts and use differing perspectives to engage learners in critical thinking, creativity, and collaborative problem solving related to authentic local and global issues. The teacher:
1. Develops and implements projects that guide learners in analyzing the complexities of an issue or question using perspectives from varied disciplines and cross-disciplinary skills (e.g., a water quality study that draws upon biology and chemistry to look at factual information and social studies to examine policy implications).
  2. Engages learners in applying content knowledge to real world problems through the lens of interdisciplinary themes (e.g., financial literacy, environmental literacy).
  3. Facilitates learners' use of current tools and resources to maximize content learning in varied contexts.
  4. Engages learners in questioning and challenging assumptions and approaches in order to foster innovation and problem solving in local and global contexts.
  5. Develops learners' communication skills in disciplinary and interdisciplinary contexts by creating meaningful opportunities to employ a variety of forms of communication that address varied audiences and purposes.
  6. Engages learners in generating and evaluating new ideas and novel approaches, seeking inventive solutions to problems, and developing original work.
  7. Facilitates learners' ability to develop diverse social and cultural perspectives that expand their understanding of local and global issues and create novel approaches to solving problems.
  8. Develops and implements supports for learner literacy development across content areas.
  9. Understands the ways of knowing in his/her discipline, how it relates to other disciplinary approaches to inquiry, and the strengths and limitations of each approach in addressing problems, issues, and concerns.
  10. Understands how current interdisciplinary themes (e.g., civic literacy, health literacy, global awareness) connect to the core subjects and knows how to weave those themes into meaningful learning experiences.
  11. Understands the demands of accessing and managing information as well as how to evaluate issues of ethics and quality related to information and its use.
  12. Understands how to use digital and interactive technologies for efficiently and effectively achieving specific learning goals.
  13. Understands critical thinking processes and knows how to help learners develop high level questioning skills to promote their independent learning.
  14. Understands communication modes and skills as vehicles for learning (e.g., information gathering and processing) across disciplines as well as vehicles for expressing learning.
  15. Understands creative thinking processes and how to engage learners in producing original work.
  16. Knows where and how to access resources to build global awareness and understanding, and how to integrate them into the curriculum.
  17. Is constantly exploring how to use disciplinary knowledge as a lens to address local and global issues.
  18. Values knowledge outside his/her own content area and how such knowledge enhances student learning.
  19. Values flexible learning environments that encourage learner exploration, discovery, and expression across content areas.
- G. Standard 6. Assessment: The teacher understands and uses multiple methods of assessment to engage learners in their own growth, to monitor learner progress, and to guide the teacher's and learner's decision making. The teacher:

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1. Balances the use of formative and summative assessment as appropriate to support, verify, and document learning.
  2. Designs assessments that match learning objectives with assessment methods and minimizes sources of bias that can distort assessment results.
  3. Works independently and collaboratively to examine test and other performance data to understand each learner's progress and to guide planning.
  4. Engages learners in understanding and identifying quality work and provides them with effective descriptive feedback to guide their progress toward that work.
  5. Engages learners in multiple ways of demonstrating knowledge and skill as part of the assessment process.
  6. Models and structures processes that guide learners in examining their own thinking and learning as well as the performance of others.
  7. Effectively uses multiple and appropriate types of assessment data to identify each student's learning needs and to develop differentiated learning experiences.
  8. Prepares all learners for the demands of particular assessment formats and makes appropriate accommodations in assessments or testing conditions, especially for learners with disabilities and language learning needs.
  9. Continually seeks appropriate ways to employ technology to support assessment practice both to engage learners more fully and to assess and address learner needs.
  10. Understands the differences between formative and summative applications of assessment and knows how and when to use each.
  11. Understands the range of types and multiple purposes of assessment and how to design, adapt, or select appropriate assessments to address specific learning goals and individual differences, and to minimize sources of bias.
  12. Knows how to analyze assessment data to understand patterns and gaps in learning, to guide planning and instruction, and to provide meaningful feedback to all learners.
  13. Knows when and how to engage learners in analyzing their own assessment results and in helping to set goals for their own learning.
  14. Understands the positive impact of effective descriptive feedback for learners and knows a variety of strategies for communicating this feedback.
  15. Knows when and how to evaluate and report learner progress against standards.
  16. Understands how to prepare learners for assessments and how to make accommodations in assessments and testing conditions, especially for learners with disabilities and language learning needs.
  17. Is committed to engaging learners actively in assessment processes and to developing each learner's capacity to review and communicate about their own progress and learning.
  18. Takes responsibility for aligning instruction and assessment with learning goals.
  19. Is committed to providing timely and effective descriptive feedback to learners on their progress.
  20. Is committed to using multiple types of assessment processes to support, verify, and document learning.
  21. Is committed to making accommodations in assessments and testing conditions, especially for learners with disabilities and language learning needs.
  22. Is committed to the ethical use of various assessments and assessment data to identify learner strengths and needs to promote learner growth.
- H. Standard 7. Planning for Instruction:** The teacher plans instruction that supports every student in meeting rigorous learning goals by drawing upon knowledge of content areas, curriculum, cross-disciplinary skills, and pedagogy, as well as knowledge of learners and the community context. The teacher:
1. Individually and collaboratively selects and creates learning experiences that are appropriate for curriculum goals and content standards, and are relevant to learners.
  2. Plans how to achieve each student's learning goals, choosing appropriate strategies and accommodations, resources, and materials to differentiate instruction for individuals and groups of learners.
  3. Develops appropriate sequencing of learning experiences and provides multiple ways to demonstrate knowledge and skill.
  4. Plans for instruction based on formative and summative assessment data, prior learner knowledge, and learner interest.
  5. Plans collaboratively with professionals who have specialized expertise (e.g., special educators, related service providers, language learning specialists, librarians, media specialists) to design and jointly deliver as appropriate learning experiences to meet unique learning needs.
  6. Evaluates plans in relation to short- and long-range goals and systematically adjusts plans to meet each student's learning needs and enhance learning.
  7. Understands content and content standards and how these are organized in the curriculum.
  8. Understands how integrating cross-disciplinary skills in instruction engages learners purposefully in applying content knowledge.
  9. Understands learning theory, human development, cultural diversity, and individual differences and how these impact ongoing planning.
  10. Understands the strengths and needs of individual learners and how to plan instruction that is responsive to these strengths and needs.
  11. Knows a range of evidence-based instructional strategies, resources, and technological tools and how to use them effectively to plan instruction that meets diverse learning needs.
  12. Knows when and how to adjust plans based on assessment information and learner responses.
  13. Knows when and how to access resources and collaborate with others to support student learning (e.g., special educators, related service providers, language learner specialists, librarians, media specialists, community organizations).
  14. Respects learners' diverse strengths and needs and is committed to using this information to plan effective instruction.
  15. Values planning as a collegial activity that takes into consideration the input of learners, colleagues, families, and the larger community.
  16. Takes professional responsibility to use short- and long-term planning as a means of assuring student learning.
  17. Believes that plans must always be open to adjustment and revision based on learner needs and changing circumstances.
- I. Standard 8. Instructional Strategies:** The teacher understands and uses a variety of instructional strategies to encourage learners to develop deep understanding of content areas and their connections, and to build skills to apply knowledge in meaningful ways. The teacher:



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1. Uses appropriate strategies and resources to adapt instruction to the needs of individuals and groups of learners.
  2. Continuously monitors student learning, engages learners in assessing their progress, and adjusts instruction in response to student learning needs.
  3. Collaborates with learners to design and implement relevant learning experiences, identify their strengths, and access family and community resources to develop their areas of interest.
  4. Varies his/her role in the instructional process (e.g., instructor, facilitator, coach, audience) in relation to the content and purposes of instruction and the needs of learners.
  5. Provides multiple models and representations of concepts and skills with opportunities for learners to demonstrate their knowledge through a variety of products and performances.
  6. Engages all learners in developing higher order questioning skills and metacognitive processes.
  7. Engages learners in using a range of learning skills and technology tools to access, interpret, evaluate, and apply information.
  8. Uses a variety of instructional strategies to support and expand learners' communication through speaking, listening, reading, writing, and other modes.
  9. Asks questions to stimulate discussion that serves different purposes (e.g., probing for learner understanding, helping learners articulate their ideas and thinking processes, stimulating curiosity, and helping learners to question).
  10. Understands the cognitive processes associated with various kinds of learning (e.g., critical and creative thinking, problem framing and problem solving, invention, memorization and recall) and how these processes can be stimulated.
  11. Knows how to apply a range of developmentally, culturally, and linguistically appropriate instructional strategies to achieve learning goals.
  12. Knows when and how to use appropriate strategies to differentiate instruction and engage all learners in complex thinking and meaningful tasks.
  13. Understands how multiple forms of communication (oral, written, nonverbal, digital, visual) convey ideas, foster self expression, and build relationships.
  14. Knows how to use a wide variety of resources, including human and technological, to engage students in learning.
  15. Understands how content and skill development can be supported by media and technology and knows how to evaluate these resources for quality, accuracy, and effectiveness.
  16. Is committed to deepening awareness and understanding the strengths and needs of diverse learners when planning and adjusting instruction.
  17. Values the variety of ways people communicate and encourages learners to develop and use multiple forms of communication.
  18. Is committed to exploring how the use of new and emerging technologies can support and promote student learning.
  19. Values flexibility and reciprocity in the teaching process as necessary for adapting instruction to learner responses, ideas, and needs.
- J. Standard 9. Professional Learning and Ethical Practice:** The teacher engages in ongoing professional learning and uses evidence to continually evaluate his/her practice, particularly the effects of his/her choices and actions on others (learners, families, other professionals, and the community), and adapts practice to meet the needs of each learner. The teacher:
1. Engages in ongoing learning opportunities to develop knowledge and skills in order to provide all learners with engaging curriculum and learning experiences based on local and state standards.
  2. Engages in meaningful and appropriate professional learning experiences aligned with his/her own needs and the needs of the learners, school, and system.
  3. Independently and in collaboration with colleagues, uses a variety of data (e.g., systematic observation, information about learners, research) to evaluate the outcomes of teaching and learning and to adapt planning and practice.
  4. Actively seeks professional, community, and technological resources, within and outside the school, as supports for analysis, reflection, and problem-solving.
  5. Reflects on his/her personal biases and accesses resources to deepen his/her own understanding of cultural, ethnic, gender, and learning differences to build stronger relationships and create more relevant learning experiences.
  6. Advocates, models, and teaches safe, legal, and ethical use of information and technology including appropriate documentation of sources and respect for others in the use of social media.
  7. Understands and knows how to use a variety of self-assessment and problem-solving strategies to analyze and reflect on his/her practice and to plan for adaptations/adjustments.
  8. Knows how to use learner data to analyze practice and differentiate instruction accordingly.
  9. Understands how personal identity, worldview, and prior experience affect perceptions and expectations, and recognizes how they may bias behaviors and interactions with others.
  10. Understands and adheres to laws related to learners' rights and teacher responsibilities (e.g., for educational equity, appropriate education for learners with disabilities, confidentiality, privacy, appropriate treatment of learners, reporting in situations related to possible child abuse).
  11. Knows how to build and implement a plan for professional growth directly aligned with his/her needs as a growing professional using feedback from teacher evaluations and observations, data on learner performance, and school- and system-wide priorities.
  12. Takes responsibility for student learning and uses ongoing analysis and reflection to improve planning and practice.
  13. Is committed to deepening understanding of his/her own frames of reference (e.g., culture, gender, language, abilities, ways of knowing), the potential biases in these frames, and their impact on expectations for and relationships with learners and their families.
  14. Sees him/herself as a learner, continuously seeking opportunities to draw upon current education policy and research as sources of analysis and reflection to improve practice.
  15. Understands the expectations of the profession including codes of ethics, professional standards of practice, and relevant law and policy.

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**K. Standard 10. Leadership and Collaboration:** The teacher seeks appropriate leadership roles and opportunities to take responsibility for student learning, to collaborate with learners, families, colleagues, other school professionals, and community members to ensure learner growth, and to advance the profession. The teacher:

1. Takes an active role on the instructional team, giving and receiving feedback on practice, examining learner work, analyzing data from multiple sources, and sharing responsibility for decision making and accountability for each student's learning.
2. Works with other school professionals to plan and jointly facilitate learning on how to meet diverse needs of learners.
3. Engages collaboratively in the schoolwide effort to build a shared vision and supportive culture, identify common goals, and monitor and evaluate progress toward those goals.
4. Works collaboratively with learners and their families to establish mutual expectations and ongoing communication to support learner development and achievement.
5. Working with school colleagues, builds ongoing connections with community resources to enhance student learning and well being.
6. Engages in professional learning, contributes to the knowledge and skill of others, and works collaboratively to advance professional practice.
7. Uses technological tools and a variety of communication strategies to build local and global learning communities that engage learners, families, and colleagues.
8. Uses and generates meaningful research on education issues and policies.
9. Seeks appropriate opportunities to model effective practice for colleagues, to lead professional learning activities, and to serve in other leadership roles.
10. Strives to meet the needs of learners and to strengthen the learning environment.
11. Takes on leadership roles at the school, district, state, and/or national levels.
12. Understands schools as organizations within a historical, cultural, political, and social context and knows how to work with others across the system to support learners.
13. Understands that alignment of family, school, and community spheres of influence enhances student learning and that discontinuity in these spheres of influence interferes with learning.
14. Knows how to work with other adults and has developed skills in collaborative interaction appropriate for both face-to-face and virtual contexts.
15. Knows how to contribute to a common culture that supports high expectations for student learning.
16. Actively shares responsibility for shaping and supporting the mission of his/her school as one of advocacy for learners and accountability for their success.
17. Respects families' beliefs, norms, and expectations and seeks to work collaboratively with learners and families in setting and meeting challenging goals.
18. Takes initiative to grow and develop with colleagues through interactions that enhance practice and support student learning.
19. Takes responsibility for contributing to and advancing the profession.
20. Embraces the challenge of continuous improvement and change.

**Historical Note**

Former Section R7-2-602 repealed, new Section R7-2-602 adopted effective December 4, 1978 (Supp. 78-6).

Amended by adding a new subsection (B) effective August 29, 1988 (Supp. 88-3). Amended effective December 15, 1989 (Supp. 89-4). Amended effective July 10, 1992 (Supp. 92-3). Amended effective March 6, 1997 (Supp. 97-1). Section repealed; new Section adopted effective December 3, 1998 (Supp. 98-4). Amended by exempt rulemaking at 18 A.A.R. 1029, effective December 5, 2011 (Supp. 12-2).

**R7-2-602.01. Induction Program Standards for New Teachers**

- A.** For the purposes of this Section, the following definitions apply:
1. "Induction" and "mentoring and retention programming" means a program of regular, job-embedded, in-person, one-on-one feedback that is focused on instruction and ensuring new classroom teacher quality, success and retention.
  2. "New classroom teacher" means a classroom teacher who is in the first, second, or third year of teaching.
- B.** The Arizona Teacher Induction Standards, and substantially similar programs developed by local education agencies, shall serve as the form and format of mentoring and retention programming for school districts, charter schools, the State Education System for Committed Youth, and the Arizona State Schools for the Deaf and the Blind who receive grant funds established pursuant to A.R.S. § 15-1281(D)(3). The standards and programs developed by local education agencies shall require that the equivalent of one full-time mentor may be assigned to not more than 15 new classroom teachers employed by the school district or charter school.
- C.** The Department shall:
1. Develop the induction program standards in consultation with state educators and experts in instruction and educator quality, success, and retention.
  2. Present the induction program standards and the development process to the Board for review and approval.
- D.** The Board shall adopt the Arizona Teacher Induction Standards in a meeting following the presentation of the standards to the Board.

**Historical Note**

New Section made by final exempt rulemaking at 27 A.A.R. 743, effective April 26, 2021 (Supp. 21-2).

**R7-2-602.02. Teacher Leader Professional Standards**

- A.** For the purposes of this Section, the following definition applies: "Teacher leadership" means practices and professional capacities in which teachers act or fulfill duties and roles that support school-system faculty, staff, and administrators to improve instruction and teaching practices to improve educator and student development and performance.
- B.** The Arizona Teacher Leader Professional Standards are established. Teacher leader professional roles and professional learning programs developed by Arizona school districts, charter schools, the State Education System for Committed Youth, and the Arizona State Schools for the Deaf and the Blind who receive grant funds pursuant to A.R.S. § 15-1281(D)(3) may use the Arizona Teacher Leader Professional Standards to establish and align professional duties, plans, pathways, and development programs.
- C.** The Board shall adopt Arizona Teacher Leader Professional Standards as follows:

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1. The Department shall develop teacher leader professional standards and guidance and resources in consultation with state educators and experts in instruction, educator quality, educator workforce development, success, leadership and retention;
2. The Department shall present the teacher leader standards and the development process to the Board at a regularly scheduled Board meeting; and
3. The Board shall adopt the Arizona Teacher Leader Professional Standards at a subsequent meeting.

**Historical Note**

New Section made by final exempt rulemaking at 29 A.A.R. 1401 (June 23, 2023), effective May 22, 2023 (Supp. 23-2).

**R7-2-603. Professional Administrative Standards**

- A.** The standards presented in this Section shall be the basis for approved administrative preparation programs, described in R7-2-604. The Arizona Administrator Proficiency Assessment shall assess proficiency in the standards as a requirement for certification of supervisors, principals, and superintendents, as set forth in R7-2-616.
- B.** Standard 1: Effective educational leaders develop, advocate, and enact a shared mission, vision, and core values of high-quality education and academic success and well-being of each student. Effective leaders:
1. Develop an educational mission for the school to promote the academic success and well-being of each student.
  2. In collaboration with members of the school and the community and using relevant data, develop and promote a vision for the school on the successful learning and development of each child and on instructional and organizational practices that promote such success.
  3. Articulate, advocate, and cultivate core values that define the school's culture and stress the imperative of child-centered education; high expectations and student support; equity, inclusiveness, and social justice; openness, caring, and trust; and continuous improvement.
  4. Strategically develop, implement, and evaluate actions to achieve the vision for the school.
  5. Review the school's mission and vision and adjust them to changing expectations and opportunities for the school, and changing needs and situations of students.
  6. Develop shared understanding of and commitment to mission, vision, and core values within the school and the community.
  7. Model and pursue the school's mission, vision, and core values in all aspects of leadership.
- C.** Standard 2: Effective educational leaders act ethically and according to professional norms to promote each student's academic success and well-being. Effective leaders:
1. Act ethically and professionally in personal conduct, relationships with others, decision-making, stewardship of the school's resources, and all aspects of school leadership.
  2. Act according to and promote the professional norms of integrity, fairness, transparency, trust, collaboration, perseverance, learning, and continuous improvement.
  3. Place children at the center of education and accept responsibility for each student's academic success and well-being.
  4. Safeguard and promote the values of democracy, individual freedom and responsibility, equity, social justice, community, and diversity.
  5. Lead with interpersonal and communication skill, social-emotional insight, and understanding of all students' and staff members' backgrounds and cultures.
  6. Provide moral direction for the school and promote ethical and professional behavior among faculty and staff.
- D.** Standard 3: Effective educational leaders strive for equity of educational opportunity and culturally responsive practices to promote each student's academic success and well-being. Effective leaders:
1. Ensure that each student is treated fairly, respectfully, and with an understanding of each student's culture and context.
  2. Recognize, respect, and employ each student's strengths, diversity, and culture as assets for teaching and learning.
  3. Ensure that each student has equitable access to effective teachers, learning opportunities, academic and social support, and other resources necessary for success.
  4. Develop student policies and address student misconduct in a positive, fair, and unbiased manner.
  5. Confront and alter institutional biases of student marginalization, deficit-based schooling, and low expectations associated with race, class, culture and language, gender and sexual orientation, and disability or special status.
  6. Promote the preparation of students to live productively in and contribute to the diverse cultural contexts of a global society.
  7. Act with cultural competence and responsiveness in their interactions, decision making, and practice.
  8. Address matters of equity and cultural responsiveness in all aspects of leadership.
- E.** Standard 4: Effective educational leaders develop and support intellectually rigorous and coherent systems of curriculum, instruction, and assessment to promote each student's academic success and well-being. Effective leaders:
1. Implement coherent systems of curriculum, instruction, and assessment that promote the mission, vision, and core values of the school, embody high expectations for student learning, align with academic standards, and are culturally responsive.
  2. Align and focus systems of curriculum, instruction, and assessment within and across grade levels to promote student academic success, love of learning, the identities and habits of learners, and healthy sense of self.
  3. Promote instructional practice that is consistent with knowledge of child learning and development, effective pedagogy, and the needs of each student.
  4. Ensure instructional practice that is intellectually challenging, authentic to student experiences, recognizes student strengths, and is differentiated and personalized.
  5. Promote the effective use of technology in the service of teaching and learning.
  6. Employ valid assessments that are consistent with knowledge of child learning and development and technical standards of measurement.
  7. Use assessment data appropriately and within technical limitations to monitor student progress and improve instruction.
- F.** Standard 5: Effective educational leaders cultivate an inclusive, caring, and supportive school community that promotes the academic success and well-being of each student. Effective leaders:
1. Build and maintain a safe, caring, and healthy school environment that meets that the academic, social, emotional, and physical needs of each student.

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2. Create and sustain a school environment in which each student is known, accepted and valued, trusted and respected, cared for, and encouraged to be an active and responsible member of the school community.
  3. Provide coherent systems of academic and social supports, services, extracurricular activities, and accommodations to meet the range of learning needs of each student.
  4. Promote adult-student, student-peer, and school-community relationships that value and support academic learning and positive social and emotional development.
  5. Cultivate and reinforce student engagement in school and positive student conduct.
  6. Infuse the school's learning environment with the cultures and languages of the school's community.
- G. Standard 6:** Effective educational leaders develop the professional capacity and practice of school personnel to promote each student's academic success and well-being. Effective leaders:
1. Recruit, hire, support, develop, and retain effective and caring teachers and other professional staff and form them into an educationally effective faculty.
  2. Plan for and manage staff turnover and succession, providing opportunities for effective induction and mentoring of new personnel.
  3. Develop teachers' and staff members' professional knowledge, skills, and practice through differentiated opportunities for learning and growth, guided by understanding of professional and adult learning and development.
  4. Foster continuous improvement of individual and collective instructional capacity to achieve outcomes envisioned for each student.
  5. Deliver actionable feedback about instruction and other professional practice through valid, research-anchored systems of supervision and evaluation to support the development of teachers' and staff members' knowledge, skills, and practice.
  6. Empower and motivate teachers and staff to the highest levels of professional practice and to continuous learning and improvement.
  7. Develop the capacity, opportunities, and support for teacher leadership and leadership from other members of the school community.
  8. Promote the personal and professional health, well-being, and work-life balance of faculty and staff.
  9. Tend to their own learning and effectiveness through reflection, study, and improvement, maintaining a healthy work-life balance.
- H. Standard 7:** Effective educational leaders foster a professional community of teachers and other professional staff to promote each student's academic success and well-being. Effective leaders:
1. Develop workplace conditions for teachers and other professional staff that promote effective professional development, practice, and student learning.
  2. Empower and entrust teachers and staff with collective responsibility for meeting the academic, social, emotional, and physical needs of each student, pursuant to the mission, vision, and core values of the school.
  3. Establish and sustain a professional culture of engagement and commitment to shared vision, goals, and objectives pertaining to the education of the whole child; high expectations for professional work; ethical and equitable practice; trust and open communication; collaboration, collective efficacy, and continuous individual and organizational learning and improvement.
4. Promote mutual accountability among teachers and other professional staff for each student's success and the effectiveness of the school as a whole.
  5. Develop and support open, productive, caring, and trusting working relationships among leaders, faculty, and staff to promote professional capacity and the improvement of practice.
  6. Design and implement job-embedded and other opportunities for professional learning collaboratively with faculty and staff.
  7. Provide opportunities for collaborative examination of practice, collegial feedback, and collective learning.
  8. Encourage faculty-initiated improvement of programs and practices.
- I. Standard 8:** Effective educational leaders engage families and the community in meaningful, reciprocal, and mutually beneficial ways to promote each student's academic success and well-being. Effective leaders:
1. Are approachable, accessible, and welcoming to families and members of the community.
  2. Create and sustain positive, collaborative, and productive relationships with families and the community for the benefit of students.
  3. Engage in regular and open two-way communication with families and the community about the school, students, needs, problems, and accomplishments.
  4. Maintain a presence in the community to understand its strengths and needs, develop productive relationships, and engage its resources for the school.
  5. Create means for the school community to partner with families to support student learning in and out of school.
  6. Understand, value, and employ the community's cultural, social, intellectual, and political resources to promote student learning and school improvement.
  7. Develop and provide the school as a resource for families and the community.
  8. Advocate for the school and district, and for the importance of education and student needs and priorities to families and the community.
  9. Advocate publicly for the needs and priorities of students, families, and the community.
  10. Build and sustain productive partnerships with public and private sectors to promote school improvement and student learning.
- J. Standard 9:** Effective educational leaders manage school operations and resources to promote each student's academic success and well-being. Effective leaders:
1. Institute, manage, and monitor operations and administrative systems that promote the mission and vision of the school.
  2. Strategically manage staff resources, assigning and scheduling teachers and staff to roles and responsibilities that optimize their professional capacity to address each student's learning needs.
  3. Seek, acquire, and manage fiscal, physical, and other resources to support curriculum, instruction, and assessment; student learning community; professional capacity and community; and family and community engagement.
  4. Are responsible, ethical, and accountable stewards of the school's monetary and non-monetary resources, engaging in effective budgeting and accounting practices.

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5. Protect teachers' and other staff members' work and learning from disruption.
  6. Employ technology to improve the quality and efficiency of operations and management.
  7. Develop and maintain data and communication systems to deliver actionable information for classroom and school improvement.
  8. Know, comply with, and help the school community understand local, state, and federal laws, rights, policies, and regulations so as to promote student success.
  9. Develop and manage relationships with feeder and connecting schools for enrollment management and curricular and instructional articulation.
  10. Develop and manage productive relationships with the central office and school board.
  11. Develop and administer systems for fair and equitable management of conflict among students, faculty and staff, leaders, families, and community.
  12. Manage governance processes and internal and external politics toward achieving the school's mission and vision.
- K. Standard 10: Effective educational leaders act as agents of continuous improvement to promote each student's academic success and well-being. Effective leaders:**
1. Seek to make school more effective for each student, teachers and staff, families, and the community.
  2. Use methods of continuous improvement to achieve the vision, fulfill the mission, and promote the core values of the school.
  3. Prepare the school and the community for improvement, promoting readiness, an imperative for improvement, instilling mutual commitment and accountability, and developing the knowledge, skills, and motivation to succeed in improvement.
  4. Engage others in an ongoing process of evidence-based inquiry, learning, strategic goal setting, planning, implementation, and evaluation for continuous school and classroom improvement.
  5. Employ situationally-appropriate strategies for improvement, including transformational and incremental, adaptive approaches and attention to different phases of implementation.
  6. Assess and develop the capacity of staff to assess the value and applicability of emerging educational trends and the findings of research for the school and its improvement.
  7. Develop technically appropriate systems of data collection, management, analysis, and use, connecting as needed to the district office and external partners for support in planning, implementation, monitoring, feedback, and evaluation.
  8. Adopt a systems perspective and promote coherence among improvement efforts and all aspects of school organization, programs, and services.
  9. Manage uncertainty, risk, competing initiatives, and politics of change with courage and perseverance, providing support and encouragement, and openly communicating the need for, process for, and outcomes of improvement efforts.
  10. Develop and promote leadership among teachers and staff for inquiry, experimentation and innovation, and initiating and implementing improvement.

**Historical Note**

Former Section R7-2-603 repealed, new Section R7-2-603 adopted effective December 4, 1978 (Supp. 78-6).

Amended effective July 21, 1980 (Supp. 80-4). Amended subsection (J) effective August 20, 1981 (Supp. 81-4).

Amended subsections (D) and (E) effective April 10, 1984 (Supp. 84-2). Amended subsection (J)(8) and (9) effective October 10, 1984 (Supp. 84-5). Amended subsection (G) effective December 13, 1985. Amended subsection (J)(6), (7), (8) and (9) effective December 18, 1985 (Supp. 85-6). Editorial correction, amendment to subsections (D) and (E) shown effective April 10, 1984 should read Amended subsections (D) and (E) effective October 1, 1985. Amended by adding subsection (G)(9) and (10) effective January 31, 1986 (Supp. 86-1).

Amended by adding subsection (R) effective April 24, 1986 (Supp. 86-2). Amended subsection (G), filed May 5, 1986, effective July 1, 1987 (Supp. 86-3). Amended by adding subsection (J)(10) and (11) effective July 2, 1986; amended by adding subsection (J)(12), (13) and (14), filed August 7, 1986, effective July 1, 1987 (Supp. 86-4).

Amended subsection (H) effective September 16, 1987 (Supp. 87-3). Correction: subsection (G)(3), "Provisional" is corrected to read: "Principal" as certified effective December 3, 1985; amended subsection (B) effective

July 13, 1988; amended subsection (J)(2) effective August 10, 1988; amended subsection (R)(2)(b) effective August 15, 1988 (Supp. 88-3). Amended effective August 9, 1989, and amended effective September 12, 1989 (Supp. 89-3). Amended effective December 15, 1989 (Supp. 89-4). Amended effective November 6, 1990; Amended effective December 12, 1990 (Supp. 90-4).

Amended effective March 21, 1991 (Supp. 91-1).

Amended effective May 2, 1991 (Supp. 91-2). Amended effective October 22, 1991 (Supp. 91-4). Section repealed, new Section adopted effective March 10, 1994 (Supp. 94-1). Amended effective December 19, 1996 (Supp. 96-4). Amended effective March 6, 1997 (Supp. 97-1). Typographical error corrected in subsection (J) (Supp. 97-4). Section repealed; new Section adopted effective December 4, 1998 (Supp. 98-4). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by exempt rulemaking at 18 A.A.R. 1029, effective December 5, 2011 (Supp. 12-2). Amended by final exempt rulemaking at 22 A.A.R. 3369, effective October 24, 2016 (Supp. 16-4).

**R7-2-604. Definitions**

In R7-2-604 through R7-2-604.05, unless the context otherwise requires:

1. "Accreditation" means a professional preparation institution's recognition by a national or regional agency or organization acknowledged for meeting identified standards or criteria.
2. "Alternative educator preparation program" means a program designed for individuals who are working as a PreK through 12 teacher or administrator while certified under an alternative teaching certificate or interim administrative certificate. Alternative educator preparation programs may have substantially different program sequences, designs, and/or formats than that of a traditional education preparation program.
3. "Biennial report" means a report submitted every two years to the Department by all Arizona State Board approved professional preparation institutions for each approved educator preparation program.
4. "Biennial status letter" means correspondence issued by the Department to the professional preparation institution

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within 30 days upon completion of the review of the biennial report, indicating the status of the educator preparation program(s).

5. "Board approved program" means a course of study that is approved by the Board and meets all relevant standards for teachers, administrators, school guidance counselors, or school psychologists.
6. "Capstone experience" means a culminating professional experience in a PreK through 12 setting. This experience may include student teaching or internships in administration, counseling, or school psychology, or alternative path PreK through 12 teaching.
7. "Classroom-based educator preparation program" means a program administered through a school district or charter school that is approved pursuant to R7-2-604.05.
8. "Educator preparation program" means a traditional or alternative educator preparation program that prepares PreK through 12 teachers, administrators, school counselors, and school psychologists for an institutional recommendation for an Arizona certificate.
9. "Field experience" means scheduled, directed, structured, supervised, frequent experiences in a PreK through 12 setting that occurs prior to the capstone experience. Field experiences must assist educator candidates in developing the knowledge, skills, and dispositions necessary to ensure all students learn, and provide evidence in meeting standards described in the Board approved professional teaching standards or professional administrative standards, and relevant Board approved academic standards.
10. "Institutional recommendation" means a form developed by the Department and issued by a professional preparation institution, that indicates an individual has completed a Board approved educator preparation program.
11. "Internship" means significant opportunities for candidates to practice and develop the skills identified in relevant state and national standards as measured by substantial and sustained work in real settings, appropriate for the certificate the candidate is seeking, performed under the direction of a supervising practitioner and a program supervisor.
12. "Locally based school leadership preparation program" means a program administered through a school district or charter school that is approved pursuant to R7-2-604.06.
13. "National standards" means written expectations for meeting a specified level of performance that are established by, but not limited to, the following organizations: Council for Accreditation of Counseling and Related Education Program (CACREP), Council for the Accreditation of Educator Preparation (CAEP), Council for Exceptional Children. (CEC), The National Educational Leadership Preparation (NELP), Interstate New Teacher Assessment and Support Consortium (InTASC), Professional Standards for Educational Leadership (PSEL), International Society for Technology in Education (ISTE), National Association for the Education of Young Children (NAEYC), National Association of School Psychologists (NASP), National Council for Accreditation of Teacher Education (NCATE) or Teacher Education Accreditation Council (TEAC).
14. "Probationary educator preparation program" means a program with at least one deficiency identified in the biennial status letter issued by the Department, as a result of a Department review of the biennial report. Programs with the same deficiency(s) in two consecutive biennial status letters are subject to revocation of Board approval. A deficiency may include, but is not limited to, stakeholder surveys, completer data and student achievement data.
15. "Professional preparation institutions" means organizations that include, but are not limited to, universities and colleges, school districts, not for profit organizations, professional organizations, private businesses, charter schools, and regional training centers that oversee one or more educator preparation programs.
16. "Program completer" means a student who has met all the professional program institution's requirements of a Board approved educator preparation program necessary to obtain an institutional recommendation.
17. "Program supervisor" means an educator from the professional preparation institution under whose supervision the candidate for licensure practices during a capstone experience. The program supervisor's professional work experiences must be relevant to the license the candidate is seeking. Program supervisors must also have adequate training from the professional preparation institution.
18. "Review Team" means a committee that reviews educator preparation programs seeking Board approval that consists of representatives from the Department and at least three of the following entities: institutions under the jurisdiction of the Arizona Board of Regents, Arizona private institutions of higher education, Arizona community colleges, other organizations with a Board approved educator preparation program, professional educator associations, PreK through 12 administrators from local education agencies, National Board Certified Teachers, and a graduate or representative from an Arizona educator preparation program. For alternative educator preparation program applications, the review team shall include at least one graduate or representative from an Arizona alternative educator preparation program.
19. "Student teaching" means a minimum of 12 weeks of rigorous field-based experiences, appropriate for the certificate the candidate is seeking, performed under the direction of a supervising practitioner and a program supervisor. The student teaching placement must be appropriate for the certification that the applicant is seeking.
20. "Supervising practitioner" means a standard certified educator, currently employed by a local education agency, private agency or other PreK through 12 setting who supervises the candidate during a capstone experience. Supervising practitioners must have:
  - a. A minimum of three full years of experience relevant to the license the candidate is seeking.
  - b. A current classification of highly effective or effective pursuant to A.R.S. §§ 15-341(A)(41), 15-189.06, when applicable.
  - c. Adequate training from the professional preparation institution.
21. "Traditional educator preparation program" means a program that includes courses, field experiences, and a capstone experience that is designed to prepare preservice PreK through 12 teachers, administrators, school counselors, and school psychologists."

**Historical Note**

New Section made by exempt rulemaking at 16 A.A.R. 318, effective August 29, 2006 (Supp. 09-1). Amended

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by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by final exempt rulemaking at 21 A.A.R. 2047, effective October 27, 2014 (Supp. 15-3). Amended by final exempt rulemaking at 26 A.A.R. 66, effective December 13, 2019 (Supp. 19-4). Amended by final exempt rulemaking at 26 A.A.R. 1311, effective May 18, 2020 (Supp. 20-2). The word “twelve” has been changed to the numeral “12,” the hyphen between “PreK-12” has been changed to the word “through” for consistency in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 29 A.A.R. 183 (January 13, 2023), effective December 9, 2022 (Supp. 22-4).

**R7-2-604.01. Educator Preparation Programs**

- A. Professional preparation institutions shall include evidence that the educator preparation program is aligned to standards described in the Board approved professional teaching standards or professional administrative standards and relevant national standards, and provides field experiences, and a capstone experience.
- B. Educator preparation programs of professional preparation institutions requesting Board approval shall be reviewed by the Department, and the Department shall recommend Board action. Upon the recommendation of the Department, the Board shall evaluate and may approve an educator preparation program. The Board may grant program approval for a period not to exceed six years.
- C. All educator preparation programs that lead to an Arizona certification must be approved by the Board pursuant to these rules. Board approval of educator preparation programs may be granted following the successful evaluation of the program. Board rules in effect at the time of the submission of a program for evaluation shall be the rules upon which the educator preparation program is evaluated.

**Historical Note**

New Section made by exempt rulemaking at 16 A.A.R. 318, effective August 29, 2006 (Supp. 09-1). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by final exempt rulemaking at 21 A.A.R. 2047, effective October 27, 2014 (Supp. 15-3). This Section was inadvertently removed when Supp. 19-4 was published. It has been reinstated as last amended in Supp. 15-3 (Supp. 21-2).

**R7-2-604.02. Educator Preparation Program Approval Procedures**

- A. Professional preparation institutions with no Board approved educator preparation programs, seeking initial approval for an educator preparation program shall submit to the Department the information necessary to conduct a readiness review of the professional preparation institution. The Department shall prescribe forms to assist professional preparation institutions with providing all information required as part of the readiness review process. The required information, includes the following:
  1. An institutional profile demonstrating program and financial stability, a description of the educator preparation program seeking approval, a listing of national or regional accreditations the institution’s governance and administrative structures and student demographic data.
  2. A description of the professional preparation institution’s vision, mission, philosophy and goals, and a description of how this information is shared with students, relevant staff and other relevant stakeholders.

3. Data regarding the professional preparation institution’s relevant staff, including the following:
  - a. Demographic data relating to the relevant staff for each educator preparation program seeking approval, including, at a minimum, educational degrees, staff to student ratio, experience teaching in a PreK through 12 setting, and, if available, ethnicity and gender data.
  - b. Definitions of titles and clarification of roles of individuals responsible for courses, seminars, or modules of study; field experiences; capstone experiences; and administration.
  - c. A description of the professional preparation institution’s employment policies, including procedures for determining staff assignments, evaluation procedures and professional development opportunities and requirements.
- B. The Department shall provide professional preparation institutions written notification, within 60 days of receiving readiness review materials, either indicating readiness to submit educator preparation programs for review or specifying any deficiencies. The institution has 30 days from receipt of the notice to supply the Department with all required information regarding identified deficiencies.
- C. The Department shall initiate a review of the specific educator preparation programs being considered for Board approval. The Department shall prescribe forms to assist institutions with providing all information required as part of the educator preparation programs review. Professional Preparation Institutions with accreditation may submit accreditation documentation to be considered as part of the review process. To facilitate this review, institutions shall provide the Department with the following:
  1. A description of the educator preparation programs being considered for Board approval. This shall include, at a minimum, the criteria for student entry into the program; a summary of the program courses, seminars, or modules of study; field experiences; and capstone experiences. The professional preparation institution must verify that it requires courses, seminars, or modules of study necessary to obtain a full Structured English Immersion endorsement if required for the certificate the candidate is seeking.
  2. A description of the field experience and capstone experience policies for the educator preparation programs being considered for Board approval. The review team shall verify that the field experience and capstone experience includes evidence of engagement in the application of relevant standards as articulated in the Board approved professional teaching standards or professional administrative standards and relevant national standards. Educator preparation programs applying for approval in school psychology and guidance counseling shall only be required to demonstrate compliance with applicable national standards.
  3. Evidence that candidates are provided instruction and practice in how to gather, evaluate, and synthesize multiple data sources and how to effectively use data in educational and classroom instructional decisions.
  4. Provide the Department with evidence that candidates are provided instruction and practice in how to appropriately integrate technology when working with students.
  5. A description of the assessment plan for measuring each candidate’s competencies as they progress through

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courses, seminars, or modules of study and field experiences to ensure readiness for a capstone experience. The plan shall require, at a minimum, that candidates demonstrate competencies as articulated in the Board approved professional teaching standards or professional administrative standards, relevant Board approved academic standards, and relevant national standards. The plan shall also describe processes for utilizing performance-based assessments and for providing candidates with necessary remediation. Programs applying for approval in school psychology and guidance counseling shall only be required to demonstrate compliance with relevant national standards.

6. A description of the procedures used to monitor and evaluate the operation, scope and quality of the educator preparation program being considered for approval. This shall include the use of internal and external evaluations, and may include stakeholder surveys, program completer employment information, and PreK through 12 student achievement data.
  7. An educator preparation program matrices demonstrating that program course, seminar, or module assessments, field experiences and capstone experiences measure candidates' success in meeting the Board approved professional teaching standards or professional administrative standards, and relevant national standards. Educator preparation programs applying for approval in school psychology and guidance counseling shall only be required to demonstrate compliance with relevant national standards.
  8. A plan for how the education preparation program will notify and assist program participants and partner schools if the educator preparation program closes.
- D.** The Department may schedule and conduct an onsite visit upon completion of the educator preparation programs review for professional preparation institutions seeking initial approval. The onsite visit may include a tour of the professional preparation institution; a review of documentation and related evidence; and interviews of relevant staff, educator candidates, and local education agency, private agency or other PreK through 12 administrators who employ program completers.
- E.** Upon completion of the review, and onsite review if applicable, the Department shall, within 90 days, provide the professional preparation institution with a program report of the Department's findings. This report shall cite any evidence showing deviation from each relevant standard Board approved professional teaching standard, professional administrative standard, and relevant national standard that applies to the educator preparation program. The professional preparation institution shall have 30 days from receipt of the Department's program report to submit a response addressing any identified deficiencies.
- F.** Based upon the Department's program report, the Department shall recommend to the Board that the educator preparation program be approved or denied.
- G.** The Board may grant educator preparation program approval for a period not to exceed six years or deny program approval.
- H.** Within 60 days of the Board's action, a professional preparation institution may request reconsideration of the Board's decision to deny an educator preparation program.
- I.** Professional preparation institutions with Board approval shall make available to the public a statement indicating the valid

period for which the educator preparation program has been approved.

- J.** Professional preparation institutions with Board approved educator preparation programs shall comply with the reporting requirements established by Title II of the Higher Education Act (P.L. 110-315).
- K.** Each approved professional preparation institution shall submit a biennial report with the Department documenting educator preparation program activities for the previous two years. The biennial report shall include the following:
1. A description of any substantive changes in courses, seminars, modules, assessments, field experiences or capstone experiences in Board approved educator preparation programs;
  2. Electronic access to relevant educator preparation program information;
  3. The name, title and original signature of the certification officer for the professional preparation institution;
  4. Relevant data on the educator preparation program, relevant staff, and candidates, which may include, but is not limited to, stakeholder surveys, completer data, and student achievement data required as a condition of initial or continuing program approval.
- L.** The Department shall provide annual updates to the Board and make publicly available information summarizing the biennial reports to include, but not limited to, program status, deficiencies, and commendations.
- M.** Board approved educator preparation programs shall provide their program completers with an institutional recommendation for issuance of the appropriate Arizona certification within 45 days.
- N.** To maintain Board educator preparation program approval, the professional preparation institution shall be in continuous operation and training candidates in accordance with its mission and program objectives, fulfill all reporting requirements, and maintain compliance with all applicable local, state, tribal and federal requirements.
- O.** The Department shall provide a timeline for professional preparation institutions to submit educator preparation programs for approval.
- P.** Professional preparation Institutions seeking renewal of educator preparation program approval shall submit the required preliminary documents for review at least six month prior to the program expiration date.

**Historical Note**

New Section made by exempt rulemaking at 16 A.A.R. 318, effective August 29, 2006 (Supp. 09-1). Amended by final exempt rulemaking at 21 A.A.R. 2047, effective October 27, 2014 (Supp. 15-3). The hyphen between "PreK-12" was replaced with the word "through" for consistency in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 29 A.A.R. 183 (January 13, 2023), effective December 9, 2022 (Supp. 22-4).

**R7-2-604.03. Alternative Educator Preparation Program Approval Process**

- A.** An organization that includes, but is not limited to, universities under the jurisdiction of the Arizona Board of Regents, community colleges in this state, private postsecondary institutions licensed by this state, school districts, charter schools, professional organizations, nonprofit organizations, private entities and regional training centers that oversee one or more educator preparation program which wishes to offer a program for an



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alternative route for the certification of teachers and administrators in this State shall apply to the Department of Education for review to become an approved provider of such a program. The Department of Education shall convene a review team to review the application, using a rubric approved by the Board, and submit a recommendation to the Board. The application shall include:

1. The name and location of the applicant;
  2. The name of the program;
  3. If the applicant is accredited, the name of the regional accrediting body and the accreditation status of the applicant;
  4. If the applicant is a private postsecondary educational institution, evidence that the applicant is licensed to operate by the State Board of Private Postsecondary Education pursuant to A.R.S. § 32-3021;
  5. A description of the budget of the program;
  6. A list of all staff members responsible for the administration of the program, the roles and responsibilities of each person and his or her credentials;
  7. The areas of certification for which the applicant will offer the program;
  8. A description of the program, which shall include:
    - a. The way in which the elements of the program will comply with the requirements of this Section and R7-2-602, R7-2-603 as applicable and A.R.S. § 15-501.01;
    - b. The application and review process for persons to enroll in the program, including a copy of all forms that will be used in the process;
    - c. A summary of the program courses, seminars, or modules of study; and
    - d. The supervised, school-based experiences the applicant will provide, including:
      - i. The name of each school and school district that will participate in the supervised, school-based experience, evidenced by a letter or other communication from the school or school district that demonstrates interest in participating;
      - ii. The length of time for which a candidate will be required to participate in the supervised, school-based experience, including any orientation that the candidate must complete;
      - iii. The manner by which candidates will be mentored by an effective or highly effective teacher and evaluated during the supervised, school-based experience;
      - iv. How the supervised, school-based experience will promote the effectiveness of teachers and administrators, as appropriate; and
      - v. A copy of all forms that will be used for the supervised, school-based experience process;
  9. If available, data on the efficacy of its preparation program which may include stakeholder surveys, completer data, and student achievement data;
  10. A statement of the estimated time it will take a candidate enrolled in the program to complete the program, which shall allow for completion of the program within one year but not more than three years;
  11. A description of the manner by which the applicant will evaluate the success or failure of each candidate enrolled in the program and track the progress of each such candidate, including a copy of all forms that will be used for the evaluation and tracking;
  12. A description of how the applicant will evaluate the success of the program, which must include the information required for the evaluation pursuant to R7-2-604.02(K)(4);
  13. A plan for how the education preparation program will notify and assist program participants and partner schools if the educator preparation program closes.
- B.** Upon receipt of an application for approval as an approved provider pursuant to subsection (A), the Department of Education shall convene a review team that shall:
1. Examine the application;
  2. Determine whether to recommend that the State Board of Education grant its approval of the application based upon the requirements of this Section and the Board-approved rubric without any additional requirements; and
  3. Submit its recommendation to the State Board of Education within 90 days of receipt of the application.
- C.** The State Board of Education shall review the recommendation of the review team and provide to the applicant written notice of its approval or denial. The State Board of Education may grant provisional approval to an applicant pursuant to subsection (D). If the State Board of Education denies an application, the applicant may correct any deficiencies identified in the notice of denial and resubmit the application for review by the Department within 30 days of the denial. The review team shall review the resubmitted application and submit its recommendation to the Board within 60 days of receipt of the resubmitted application.
- D.** If the State Board of Education grants an applicant provisional approval, the applicant may offer the program for an alternative route to certification described in the application for the period prescribed by the State Board of Education. The applicant must remove all the provisions under which the approval was issued before the expiration of the provisional approval. If the applicant removes the provisions within the prescribed time, the State Board of Education will grant nonprovisional approval to the applicant as an approved provider. Provisional approval is valid for two years after the date on which the State Board of Education granted provisional approval. If an applicant does not remove all the provisions within the prescribed time, the provisional approval is automatically revoked.
- E.** Except as otherwise provided in subsection (D), if an applicant is approved as an approved provider pursuant to this Section, the approval is valid for six years after the date of approval. To continue the approval, the qualified provider must submit an application for renewal before the expiration of the approval to the Department of Education. If the application for renewal is approved by the State Board of Education, the renewal is valid for six years after the date of the approval.
- F.** If an approved provider intends to offer a program for an alternative route to certification for an area of certification that is different from the area of certification for which the qualified provider has been approved, the qualified provider must submit a new application pursuant to subsection (A) to offer a program for an alternative route to certification for that area of certification.
- G.** An approved provider shall provide its program completers with an institutional recommendation for issuance of the appropriate Arizona alternative path certification within 45 days. An approved provider seeking renewal of its program approval shall submit the required renewal application for review at least 90 days prior to the program expiration date.
- H.** Each qualified provider must submit a report once every two years which includes:

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1. A description of any substantive changes in courses, seminars, modules or assessments in the Board approved educator preparation programs;
  2. The name, title and original signature of the certification officer for the professional preparation institution; and
  3. Relevant data on the educator preparation program, relevant staff, and candidates, which may include, but is not limited to, stakeholder surveys, completer data, and student achievement data required as a condition of continuing program approval.
- I.** The Department shall:
1. Present the results of the report to the State Board of Education; and
  2. After the results have been presented to the State Board of Education, post the report on the Department's website.
- J.** Each qualified provider shall cooperate with the State Board of Education and the Department in the evaluation of the effectiveness of this Section.

**Historical Note**

New Section made by exempt rulemaking at 16 A.A.R. 728, effective March 22, 2010 (Supp. 10-3). Amended by final exempt rulemaking at 21 A.A.R. 2047, effective October 27, 2014 (Supp. 15-3). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 25 A.A.R. 965, effective March 25, 2019 (Supp. 19-1). Amended by final exempt rulemaking at 26 A.A.R. 1311, effective May 18, 2020 (Supp. 20-2). Amended by final exempt rulemaking at 29 A.A.R. 183 (January 13, 2023), effective December 9, 2022 (Supp. 22-4).

**R7-2-604.04. Revocation of Approval of Qualified Provider: Notification of Intent; Requirements of Exit Plan**

- A.** The State Board of Education may revoke its approval of an approved provider if the Board determines that the program for an alternative route to certification offered by the qualified provider does not meet the applicable requirements of R7-2-604.03.
- B.** Before the Board revokes its approval of an approved provider, the Board will notify the qualified provider of its intent to revoke approval. The notice must include the specific reasons upon which the Board is basing its decision. Not later than 30 days after the date on which the qualified provider receives the notice, the qualified provider may submit a written response to the Board which sets forth the reasons why approval should not be revoked. The Board will review the notice and any response submitted by the qualified provider and will determine whether to:
1. Revoke the approval of the qualified provider;
  2. Allow the qualified provider to continue providing the program for an alternative route to certification if certain enumerated conditions are met; or
  3. Allow the continued approval of the qualified provider without conditions.
- C.** If the Board revokes its approval of an approved provider, the qualified provider must provide an exit plan which includes a description of how the qualified provider will assist candidates enrolled in the program for an alternative route to certification in completing another program with a different qualified provider at no cost to the candidate.

**Historical Note**

New Section made by exempt rulemaking at 16 A.A.R. 728, effective March 22, 2010 (Supp. 10-3). Amended by final exempt rulemaking at 21 A.A.R. 2047, effective October 27, 2014 (Supp. 15-3). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1).

**R7-2-604.05. Classroom-Based Alternative Preparation Program Approval Process**

- A.** A school district or charter school may apply to the Board for approval as a classroom-based alternative preparation program provider. The Department shall facilitate the Board approval process and prescribe an application form that shall include the following:
1. The name of the program and the school district or charter school applying;
  2. The areas of certification for which the applicant will offer the program;
  3. Verification that individuals enrolled in the program will have a bachelor's degree from an accredited institution, or will meet all of the following criteria:
    - a. Will be currently enrolled in an accredited public or private postsecondary institution's bachelor's degree program;
    - b. Will not be a contracted or permanent full-time teacher or teacher of record for any classroom of students, except those enrollees may be employed by the school district or charter school; and
    - c. Will not regularly instruct students without the presence of a full-time teacher, certificated teacher, instructional coach or instructional mentor unless the individual possesses other means of certification.
  4. Verification that individuals to be enrolled in the program will meet the background requirements and have a valid fingerprint card issued by the Arizona Department of Public Safety pursuant to A.R.S. § 15-534;
  5. Data supporting the efficacy of its teacher preparation program, which may include stakeholder surveys, completer data and student achievement data. The school district or charter school may contract with a third party provider to provide the classroom-based alternative preparation program and may use that program's efficacy data to meet this requirement.
  6. A list of all staff members responsible for administering the program and the roles and responsibilities of each person;
  7. A description of the program, which shall include the following:
    - a. A program sequence or training schedule; and
    - b. Information regarding the mentoring and coaching of teacher candidates.
  8. The school district or charter school may provide information on professional expectations, professional requirements, or student achievement requirements that exceed expectations and requirements of this Section, including requiring candidates to complete specified coursework or trainings.
  9. A plan for how the program will notify and assist program participants if the program or school closes.
- B.** Upon receipt of an application for approval as a classroom-based preparation program provider, the Department shall convene a review team that shall:
1. Examine the application;

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2. Determine whether to recommend that the Board grant its approval of the application based upon the requirements of this Section and a Board-approved rubric; and
  3. Submit its recommendation to the State Board of Education within 90 days of receipt of the application.
- C.** The State Board of Education shall review the recommendation of the review team and provide to the applicant written notice of its approval or denial.
- D.** If the Board denies an applicant for program approval, the applicant may correct any deficiencies identified in the notice of denial and resubmit the application for review by the Department within 30 days of the denial. The review team shall review the resubmitted application and submit its recommendation to the Board within 60 days of receipt of the resubmitted application.
- E.** If the Board approves an applicant as a classroom-based preparation program provider, the approval is valid for six years after the date of approval. To continue as a program provider, the school district or charter school shall apply for renewal before the expiration of its current approval. If the application for renewal is approved by the Board, the renewal is valid for six years after the date of the approval.
- F.** Approved classroom-based alternative preparation program providers shall submit a new application pursuant to subsection (A) to offer a program in an additional certification area.
- G.** Each qualified provider shall submit a report once every two years that includes:
1. A description of any substantive changes in courses, seminars, modules or assessments in the Board approved classroom-based preparation programs;
  2. The name, title and original signature of the certification officer for the approved program provider;
  3. Relevant data on the educator preparation program, relevant staff, and candidates, which may include, but is not limited to, stakeholder surveys, completer data, and student achievement data required as a condition of continuing program approval.
- H.** Classroom-based preparation program providers shall provide program completers with an institutional recommendation for the appropriate Classroom-Based Standard Teaching Certificate within 45 days of program completion.

**Historical Note**

New Section made by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 26 A.A.R. 1311, effective May 18, 2020 (Supp. 20-2). Amended by final exempt rulemaking at 29 A.A.R. 183 (January 13, 2023), effective December 9, 2022 (Supp. 22-4).

**R7-2-604.06. Locally Based School Leadership Preparation Program Approval Process**

- A.** A school district or charter school may apply to the Board for approval as a locally based school leadership preparation program provider. The Department shall administer the Board approval process and prescribe an application form, which shall include the following:
1. The name of the program and the school district or charter school applying;
  2. A list of all staff members responsible for administering the program and the roles and responsibilities of each person;
  3. The areas of certification for which the applicant will offer the program;

4. A description of the program, which shall include the following:
    - a. A program sequence or training schedule; and
    - b. Information regarding the learning experiences, mentoring and coaching of school leader candidates.
  5. Evidence supporting the efficacy of the school district's or charter school's preparation program. A school district or charter school may contract with a third party provider to provide or assist in the preparation in the preparation program and may use that program's efficacy evidence to meet this requirement.
  6. Verification that individuals enrolled in the program will have a bachelor's degree from an accredited institution;
  7. Verification that individuals enrolled in the program will meet the background requirements and have a valid fingerprint card issued by the Arizona Department of Public Safety pursuant to A.R.S. § 15-534.
  8. A plan for how the program will notify and assist program participants if the program or school closes.
- B.** Upon receipt of an application for approval as a locally-based school leadership preparation program provider, the Department shall convene a review team that shall:
1. Examine the application;
  2. Determine whether to recommend that the Board grant its approval of the application based upon the requirements of this Section and a Board-approved rubric; and
  3. Submit its recommendation to the State Board of Education within 90 days of receipt of the application.
- C.** The State Board of Education shall review the recommendation of the review team and provide to the applicant written notice of its approval or denial.
- D.** If the Board denies an applicant for program approval, the applicant may correct any deficiencies identified in the notice of denial and resubmit the application for review by the Department within 30 days of the denial. The review team shall review the resubmitted application and submit its recommendation to the Board within 60 days of receipt of the resubmitted application.
- E.** If the Board approves an applicant as a locally based school leadership preparation program provider, the approval is valid for six years after the date of approval. To continue as a locally based school leadership program provider, the school district or charter school shall apply for renewal before the expiration of its current approval. If the application for renewal is approved by the Board, the renewal is valid for six years after the date of the approval.
- G.** Locally based leadership program providers shall provide program completers with an institutional recommendation for the appropriate locally based pathway standard administrative certificate within 45 days of program completion.

**Historical Note**

New Section made by final exempt rulemaking at 29 A.A.R. 183 (January 13, 2023), effective December 9, 2022 (Supp. 22-4).

**R7-2-605. Certification Responsibility**

The Superintendent of Public Instruction or the Superintendent's designee shall be responsible for the issuance and evaluation of the appropriate certificates based on the applicant's compliance with the statutes and rules.

**Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6). New Section R7-2-605 adopted effective April 10, 1984 (Supp. 84-2). Editorial correction, new Section R7-2-605

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shown adopted effective April 10, 1984 should read new Section R7-2-605 adopted effective October 1, 1985.

Amended by adding a new subsection (B) effective December 18, 1985 (Supp. 85-6). Amended by adding subsection (C), filed May 5, 1986, effective July 1, 1987; amended by adding subsection (D) effective June 30, 1986 (Supp. 86-3). Correction to Historical Note dated June 30, 1986, second part should have read: "...amended by adding subsections (D), (E), (F), (G) and (H) effective June 30, 1986"; amended subsection (A) effective August 10, 1988 (Supp. 88-3). Amended effective September 12, 1989 (Supp. 89-3). Amended effective November 6, 1990; Amended effective December 12, 1990 (Supp. 90-4). Amended effective March 10, 1994 (Supp. 94-1). Section repealed; new Section adopted effective December 4, 1998 (Supp. 98-4). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4).

**R7-2-606. Proficiency Assessments**

- A. The Arizona Teacher Proficiency Assessment is adopted as the proficiency assessment for applicants for teaching certificates. The Arizona Administrator Proficiency Assessment is adopted as the proficiency assessment for applicants for administrative certificates.
- B. The subject knowledge portion of the Arizona Teacher Proficiency Assessment shall assess proficiency as described in R7-2-602 related to the teacher's knowledge of the certification subject area or areas.
- C. The professional knowledge portion of the Arizona Teacher Proficiency Assessment shall assess proficiency as described in R7-2-602 related to the teacher's pedagogical knowledge.
- D. The Arizona Administrator Proficiency Assessment shall assess professional knowledge as described in R7-2-603 as a requirement for certification of administrators, supervisors, principals, and superintendents.
- E. The passing score for each assessment shall be determined by the Board using the results of validity and reliability studies. The passing score for each assessment shall be reviewed by the Board at least every three years.
- F. The proficiency assessments for professional knowledge and subject knowledge for a certificate, endorsement, or approved area shall be approved by the Board.

**Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6). New Section adopted effective March 10, 1994 (Supp. 94-1). Amended effective March 6, 1997 (Supp. 97-1). Section repealed; new Section adopted effective December 4, 1998 (Supp. 98-4). Section R7-2-606 amended by emergency rulemaking under A.R.S. § 41-1026 at 8 A.A.R. 2562, effective May 23, 2002 for a period of 180 days (Supp. 02-2). Emergency Section R7-2-606 amended by emergency rulemaking under A.R.S. § 41-1026 at 8 A.A.R. 3739, effective August 5, 2002 for a period of 180 days (Supp. 02-3). May 23, 2002 emergency rulemaking renewed under A.R.S. § 41-1026 at 8 A.A.R. 5132, effective November 19, 2002 for a period of 180 days (Supp. 02-4). August 5, 2002 emergency rulemaking renewed under A.R.S. § 41-1026 at 9 A.A.R. 522, effective January 31, 2003 for a period of 180 days (Supp. 03-1). Amended by final rulemaking at 9 A.A.R. 1605, effective May 5, 2003 (Supp. 03-2). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-

- 4). Amended by final exempt rulemaking at 24 A.A.R. 1427, effective April 23, 2018 (Supp. 18-2).

**R7-2-607. General Certification Provisions**

- A. The evaluation to determine qualification for certification shall not begin until an institutional recommendation or application for certification and official transcripts, and the appropriate fees have been received by the Department. Course descriptions, verification of employment, and other documents may also be required for the evaluation.
- B. Unless otherwise specified, a standard certificate shall be issued for 12 years and may be issued with deficiencies. Applicants may receive a standard certificate with the following deficiencies of requirements to be completed within three years: research-based phonics; reading instruction including for students with dyslexia; professionalism and ethics; and U.S. and Arizona Constitutions. If an applicant fails to meet these requirements within the prescribed time period, the Department of Education or the Board shall temporarily suspend the standard certificate, but the suspension is not considered a disciplinary action and the individual shall be allowed to correct the deficiency within the remaining time of the standard certification.
- C. The effective date of a new certificate shall be the date the evaluation is completed by the Department. The effective date of a renewed certificate shall be the date the evaluation for renewal is completed by the Department.
- D. Unless otherwise specified, all certificates and provisional endorsements issued for three years or less shall expire on the date of issuance in the year of expiration. All certificates issued for more than three years shall expire on the holder's birth date in the year of expiration.
- E. Only those degrees awarded by an accredited institution shall be considered to satisfy the requirements for certification.
- F. Professional preparation programs, courses, practica, and examinations required for certification shall be taken at an accredited institution or a Board-approved teacher preparation program.
- G. Only those courses in which the applicant received a passing grade or credit shall be considered to satisfy the requirements for certification.
- H. All certificates issued by the Department are considered to have been issued in conformance with these rules, except on a finding that an applicant submitted falsified or misrepresented documents, records, or facts in an application for certification or on a finding that a certificate was issued in error due to an error by the verifying authority or issuing authority. If the Department makes a finding pursuant to this subsection, the Department shall provide notice to the applicant of the finding. Within 60 days of the date of the notice, the applicant shall submit proof to the Department that the applicant meets the requirements for the certification. If the applicant is unable to provide proof they meet the requirements within 60 days of receipt of notice, the Department shall reclaim the certificate. Reclaiming a certificate pursuant to this subsection is not considered a disciplinary action but the Department shall refer the case for investigation pursuant to R7-2-1308 for findings that an applicant submitted falsified or misrepresented documents, records, or facts.
- I. The Department shall issue a comparable standard Arizona certificate described in R7-2-608, R7-2-609, R7-2-610, R7-2-611, R7-2-612 or R7-2-613 to an applicant who holds a valid certification from the National Board for Professional Teaching Standards, possess a valid fingerprint clearance card issued by the Arizona Department of Public Safety, and holds a bach-

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elor's, master's or doctoral degree from an accredited institution. These applicants are exempt from all portions of the Arizona Teacher Proficiency Assessment.

- J. An applicant is not required to take any portion of the Arizona Teacher Proficiency Assessment if the applicant has at least three years of full-time teaching experience in any state, including this state, in the comparable area of certification or endorsement in which the person is applying for certification, regardless of whether the applicant was certified or uncertified. An applicant is not required to take any portion of the Arizona Administrator Proficiency Assessment if the person has at least three years of full-time experience in a school leadership position in any state, including this state, regardless of whether the applicant was certified or uncertified.
- K. An applicant is exempt from the testing requirements for Arizona certificates if the applicant passed corresponding portions of a professional or subject knowledge examinations, or administrator examination adopted by a state agency in another state that are similar to the Arizona Teacher Proficiency Assessments or the Arizona Administrator Proficiency Assessment.
- L. An applicant is exempt from the subject knowledge portion of the Arizona Teacher Proficiency Assessment if:
  1. The applicant provides verification of teaching courses relevant to a content area or subject matter for the last two consecutive years, and for a total of at least three years at one or more accredited postsecondary institutions; or
  2. The applicant obtained a bachelor's, master's or doctoral degree from an accredited institution in a relevant subject area; or
  3. The applicant provides verification of a minimum of five years of work experience that is relevant to a subject area of certification.
- M. Unless otherwise specified, individuals who hold a valid Arizona elementary, middle grades or secondary certificate, or a special education certificate that includes grades six through 12, may add an approved area to their certificate by passing the appropriate subject area portion of the Arizona Teacher Proficiency Assessment or as provided in subsections (J), (K) and (L). Any approved area shall be specified on the certificate. If a proficiency assessment is not offered in a subject area, an approved area shall consist of a minimum of 24 semester hours of courses in the subject.
- N. If a language assessment is not offered through the Arizona Teacher Proficiency Assessment, a passing score on a nationally accredited test of a foreign language approved by the Board may demonstrate proficiency of that foreign language in lieu of the 24 semester hours of courses in that subject.
- O. A teacher's language proficiency in a Native American language shall be verified by a person, persons, or entity designated by the appropriate tribe in lieu of the 24 semester hours of courses in that subject.
- P. Teachers of homebound students shall hold the same certificate that is required of a classroom teacher.
- Q. Fingerprint clearance cards shall be issued by the Arizona Department of Public Safety.
- R. A person who surrenders their teaching certificate for any reason shall not submit an application for certification with the Board for a period of five years. A person re-applying after the five-year ban must apply under the current rules at the time of re-application.
- S. Notwithstanding any other provision, an individual with a deficiency in the Arizona and U.S. Constitutions who teaches an academic course that focuses primarily on history, government, social studies, citizenship, law or civics shall be issued a standard certificate subject to suspension in one year if that deficiency is not removed. The suspension is not considered a disciplinary action and the individual shall be allowed to correct that deficiency within the remaining time of the standard certification.
- T. As used in this Article, unless otherwise provided, "work experience" means paid or unpaid work, including teaching experience as a certificated or noncertificated educator at a public or private school, which demonstrates knowledge or skill relevant to a subject area. Work experience, and its relevance to a subject area, shall be verified with one of the following:
  1. A letter from a superintendent or personnel director that the applicant demonstrates knowledge or skill in the subject area that is comparable to holding a bachelor's degree, master's degree, or doctoral degree in that subject area, as identified in a resume;
  2. A letter from a public or private school superintendent or personnel director, in this state or in another state, that the applicant has the requisite experience teaching the most advanced Arizona academic standards, or comparable out-of-state standards, in the subject area sought; or
  3. If an applicant is unable to obtain a letter described in subsections (T)(1) or (2), the applicant may submit a letter from a current or former supervisor verifying that the applicant demonstrates knowledge or skill in the subject area that is comparable to holding a bachelor's degree, master's degree, or doctoral degree in that subject area, as determined by the Department.
- U. Single subject classroom teachers in grades six through 12 are required to be appropriately certified for the subject they teach for the greater part of their instructional schedule. If a teacher is assigned to two or more subjects for equal parts of their instructional schedule, the teacher is required to be appropriately certified in each subject.
- V. The requirements to be considered appropriately certified for a self-contained, single subject, or other classroom shall be established in the Certification Guidelines for Teaching Assignments, which shall be approved by the Board and on file with the Department.

**Historical Note**

Adopted effective December 5, 1977 (Supp. 77-6).  
 Repealed effective December 4, 1978 (Supp. 78-6). New  
 Section adopted effective May 3, 1993 (Supp. 93-2).  
 Amended effective March 6, 1997 (Supp. 97-1). Section  
 repealed; new Section adopted effective December 4,  
 1998 (Supp. 98-4). Amended by final rulemaking at 6  
 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1).  
 Amended by exempt rulemaking at 16 A.A.R. 102, effective  
 May 1, 2009 (Supp. 10-1). Amended by exempt  
 rulemaking at 16 A.A.R. 160, effective October 26, 2009  
 (Supp. 10-2). Amended by exempt rulemaking at 16  
 A.A.R. 324, effective January 25, 2010 (Supp. 10-3).  
 Amended by exempt rulemaking at 16 A.A.R. 1249,  
 effective May 24, 2010 (Supp. 10-4). Amended by final  
 exempt rulemaking at 21 A.A.R. 2054, effective December  
 8, 2014 (Supp. 15-3). Amended by final exempt  
 rulemaking at 22 A.A.R. 648, effective January 25, 2016  
 (Supp. 16-1). Amended by final exempt rulemaking at 24  
 A.A.R. 195, effective August 9, 2017; filed in the Office  
 on January 2, 2018 (Supp. 18-1). Amended by final  
 exempt rulemaking at 27 A.A.R. 2353, (October 22,  
 2021), effective September 27, 2021 (Supp. 21-4).

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Amended by final exempt rulemaking at 29 A.A.R. 183 (January 13, 2023), effective December 9, 2022 (Supp. 22-4).

**R7-2-607.01 Subject Areas – Waiver**

Notwithstanding any other provision in this Article, any individual with a valid Elementary or Secondary certificate, or a Special Education certificate that includes grades six through 12, issued prior to August 1, 2016 may add one or more approved areas to the certificate prior to August 1, 2017 without any additional requirements provided the individual received an evaluation in the top two levels of performance on the most recent teacher evaluation related to one or more of the subject areas and meets one of the following requirements:

1. The individual was teaching in one or more subject areas based on a verified Arizona High, Objective, Uniform, State Standard of Evaluation (HOUSS) rubric as highly qualified to teach the subject area(s) as defined under the No Child Left Behind Act; or
2. The individual has completed of a minimum of 24 semester hours of courses in the subject area(s).

**Historical Note**

New Section made by final exempt rulemaking at 23 A.A.R. 725, effective January 23, 2017 (Supp. 17-1).

**R7-2-608. Early Childhood Education Teaching Certificate**

- A. The Standard Professional Early Childhood Education Certificate authorizes the holder to teach students in a birth through grade three classroom. An individual who holds a Standard Professional Early Childhood Education certificate described in this Section in combination with an Arizona cross categorical, specialized special education, mild/moderate disabilities, or moderate/severe disabilities special education certificate described in R7-2-611 is also authorized to teach early childhood special education, birth-age eight or grade three.
- B. Except as noted, all certificates are subject to the general certification provisions in R7-2-607 and the renewal requirements in R7-2-619.
- C. Standard Professional Early Childhood Education Certificate – birth through grade three.
  1. The requirements include all of the following:
    - a. A bachelor's degree;
    - b. Completion of a teacher preparation program in early childhood education from a Board-approved educator preparation program or from an accredited institution offering substantially similar training addressing the following topics and any others as required by law:
      - i. At least 45 classroom hours of Department-approved training or three college-level credit hours, or the equivalent, in research-based science of reading, including systematic phonics;
      - ii. At least 45 classroom hours of Department-approved training or three college-level credit hours, or the equivalent, in research-based reading instruction, including training on assessments, instructional practices and interventions to improve student reading proficiency. The instruction provided must meet the requirements for dyslexia training prescribed in A.R.S. § 15-219;
      - iii. Foundations of early childhood education;
      - iv. Teaching students with exceptionalities;

- v. Child guidance and classroom management, including characteristics and quality practices for typical and atypical behaviors of young children;
  - vi. Child growth and development, including health, safety and nutrition;
  - vii. Child, family, cultural and community relationships;
  - viii. Developmentally appropriate instructional methodologies for teaching language, math, science, social studies and the arts;
  - ix. Assessing, monitoring and reporting progress of young children;
  - x. Instructional design and lesson planning, including modifications and accommodations;
  - xi. Professional responsibility and ethical conduct; and
  - xii. Twelve-week capstone experience as described in R7-2-604 in a preschool through grade three classroom, which may be completed during the valid period of an alternative teaching or student teaching intern certificate. One year of verified full-time teaching experience in preschool through grade three may be substituted for the capstone experience requirement. For individuals seeking dual certification, any capstone experience requirements may be met through separate eight-week capstone experiences in each of the certification areas sought.
- c. A valid Fingerprint Clearance Card issued by the Arizona Department of Public Safety;
  - d. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment; and
  - e. A passing score on the early childhood subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in a relevant content area or otherwise qualifies for a waiver of the subject knowledge examination pursuant to the provisions in R7-2-607.
2. Applicants may meet the requirements in subsection (C)(1)(b) with the submission of an application for the Standard Professional Early Childhood Education certificate that includes evidence of two years of verified full-time teaching experience serving children birth through grade three, and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (C)(1)(b)(i) through (x).

**Historical Note**

Adopted effective May 20, 1994 (Supp. 94-2). Section repealed; new Section adopted effective December 4, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Section R7-2-608 amended by emergency rulemaking under A.R.S. § 41-1026 at 8 A.A.R. 2562, effective May 23, 2002 for a period of 180 days (Supp. 02-2). May 23, 2002 emergency rulemaking renewed under A.R.S. § 41-1026 at 8 A.A.R. 5132, effective November 19, 2002 (Supp. 02-4). Amended by final rulemaking at 9 A.A.R. 1605, effective May 5, 2003 (Supp. 03-2). Former Section R7-2-608 recodified to R7-2-609 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). New Section

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R7-2-608 made by exempt rulemaking at 16 A.A.R. 52, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 119, effective September 21, 2009 (Supp. 10-2). Amended by exempt rulemaking at 16 A.A.R. 235, effective December 7, 2009 (Supp. 10-3). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Section amended by final exempt rulemaking at 30 A.A.R. 2547 (August 9, 2024), effective July 24, 2024 (Supp. 24-3).

**R7-2-609. Elementary Teaching Certificate**

- A.** Except as noted, all certificates are subject to the general certification provisions in R7-2-607 and the renewal requirements in R7-2-619.
- B.** Standard Professional Elementary Certificate – grades kindergarten through eight.
  1. The requirements include all of the following:
    - a. A bachelor's degree;
    - b. Completion of a teacher preparation program in elementary education from a Board-approved educator preparation program or from an accredited institution offering substantially similar training, addressing the following topics and any others as required by law:
      - i. At least forty-five classroom hours of Department-approved training or three semester hours of college-level coursework, or the equivalent, in research-based science of reading systematic phonics;
      - ii. At least forty-five classroom hours of Department-approved training or three semester hours of college coursework, or the equivalent, in research-based reading instruction, including training on assessments, instructional practices and interventions to improve student reading proficiency. Instruction provided must meet the requirements for dyslexia training prescribed in A.R.S. § 15-219;
      - iii. Developmentally appropriate instructional delivery, facilitation and methodologies for teaching language, math, science, social studies and the arts;
      - iv. Instructional design and lesson planning, including modifications, and accommodations;
      - v. The learning environment, including classroom management;
      - vi. Assessing, monitoring and reporting progress;
      - vii. Teaching students with exceptionalities;
      - viii. Professional responsibility and ethical conduct; and
      - ix. Twelve weeks of capstone experience as described in R7-2-604 in grades kindergarten through eight, which may be completed during the valid period of an alternative teaching or student teaching intern certificate. One year of verified full-time teaching experience in grades kindergarten through eight may be substituted for the capstone experience requirement. For individuals seeking dual certification, any capstone experience requirements may be met through separate eight-week capstone experiences in each of the certification areas sought.
  - c. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment;

- d. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant qualifies for a waiver of the subject knowledge assessment pursuant to the general certification provisions in R7-2-607; and
  - e. A valid fingerprint card issued by the Arizona Department of Public Safety.
2. Applicants may meet the requirements in subsection (B)(1)(b) with the submission of an application for the Standard Professional Elementary certificate that includes evidence of two years of verified full-time teaching experience in grades kindergarten through eight, and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (B)(1)(b)(i) through (viii).

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Section R7-2-609 amended by emergency rulemaking under A.R.S. § 41-1026 at 8 A.A.R. 2562, effective May 23, 2002 for a period of 180 days (Supp. 02-2). May 23, 2002 emergency rulemaking renewed under A.R.S. § 41-1026 at 8 A.A.R. 5132, effective November 19, 2002 (Supp. 02-4). Amended by final rulemaking at 9 A.A.R. 1605, effective May 5, 2003 (Supp. 03-2). Former R7-2-609 recodified to R7-2-610; new R7-2-609 recodified from R7-2-608 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). R7-2-609 "Pre-kindergarten" corrected to "PreK" at request of the Board, Office File No. M09-444, filed November 24, 2009 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 235, effective December 7, 2009 (Supp. 10-3). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 24 A.A.R. 2947, effective September 24, 2018 (Supp. 18-3). Section amended by final exempt rulemaking at 30 A.A.R. 2547 (August 9, 2024), effective July 24, 2024 (Supp. 24-3).

**R7-2-609.01. Middle Grades Teaching Certificate**

- A.** Except as noted, all certificates are subject to the general certification provisions in R7-2-607 and the renewal requirements in R7-2-619.
- B.** Standard Professional Middle Grades Certificate – grades five through nine
  1. The requirements include all of the following:
    - a. A bachelor's degree;
    - b. Completion of a teacher preparation program in middle grades education from a Board-approved educator preparation program or from an accredited institution offering substantially similar training, addressing the following topics and any others as required by law:
      - i. Early adolescent psychology;
      - ii. Research-based instructional strategies for delivering differentiated reading instruction, assessment, intervention and remediation to support readers of varying ages and ability levels, including students with dyslexia;
      - iii. Instructional design and lesson planning, including modifications and accommodations;

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- iv. The learning environment, including classroom management;
- v. Developmentally appropriate instructional delivery, facilitation and methodologies;
- vi. Assessing, monitoring and reporting progress;
- vii. Teaching students with exceptionalities;
- viii. Professional responsibility and ethical conduct; and
- ix. Twelve weeks of capstone experience as described in R7-2-604 in grades five through nine, which may be completed during the valid period of a teaching intern or student teaching intern certificate. One year of verified full-time teaching experience in grades five through nine may be substituted for the capstone experience requirement. For individuals seeking dual certification, any capstone experience requirements may be met through separate eight-week capstone experiences in each of the certification areas sought.
- c. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment;
- d. A passing score on at least one subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in the relevant content area or otherwise qualifies for a waiver of the subject knowledge assessment; and
- e. A valid fingerprint card issued by the Arizona Department of Public Safety.
- 2. Applicants may meet the requirements in subsection (B)(1)(b) with the submission of an application for the Standard Professional Middle Grades certificate that includes evidence of two years of verified full-time teaching experience in grades five through nine, and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (B)(1)(b)(i) through (viii).

**Historical Note**

New Section by final exempt rulemaking at 24 A.A.R. 791, effective March 26, 2018 (Supp. 18-1).

**R7-2-610. Secondary Teaching Certificates**

- A. Except as noted, all certificates are subject to the general certification provisions in R7-2-607 and the renewal requirements in R7-2-619.
- B. Standard Professional Secondary Certificate – grades six through 12. The requirements are:
  - 1. A bachelor's degree;
  - 2. One of the following:
    - a. Completion of a teacher preparation program in secondary education from an accredited institution or a Board-approved teacher preparation program, described in R7-2-604; or
    - b. Thirty semester hours of education courses which teach the knowledge and skills described in R7-2-602, including at least eight semester hours of practicum in grades six through 12. Two years of verified teaching experience in grades six through postsecondary may substitute for the eight semester hours of practicum; or
    - c. A valid secondary certificate from another state.
  - 3. A passing score on one or more subject knowledge portions of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in a relevant subject area or otherwise qualifies for a waiver of the subject knowledge exam;
  - 4. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment; and
  - 5. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- C. Standard Professional Secondary Certificate – grades six through 12 for applications received on and after August 1, 2018.
  - 1. The requirements include all of the following:
    - a. A bachelor's degree;
    - b. Completion of a teacher preparation program in secondary education from a Board-approved educator preparation program or from an accredited institution offering substantially similar training, addressing the following topics and any others as required by law:
      - i. Research-based instructional strategies for delivering differentiated reading instruction, assessment, intervention and remediation to support readers of varying ages and ability levels, including students with dyslexia;
      - ii. Instructional design and lesson planning, including modifications and accommodations;
      - iii. The learning environment, including classroom management;
      - iv. Developmentally appropriate instructional delivery, facilitation and methodologies;
      - v. Assessing, monitoring and reporting progress;
      - vi. Teaching students with exceptionalities;
      - vii. Professional responsibility and ethical conduct;
      - viii. Twelve weeks of capstone experience as described in R7-2-604 in grades six through postsecondary, which may be completed during the valid period of a teaching intern or student teaching intern certificate; one year of verified full-time teaching experience in grades six through postsecondary may substitute for the capstone experience requirement. For individuals seeking dual certification, any capstone experience requirements may be met through separate eight-week capstone experiences in each of the certification areas sought.
  - c. A passing score on one or more subject knowledge portions of the Arizona Teacher Proficiency Assessment unless the applicant has a bachelor's, master's or doctoral degree in a relevant subject area or otherwise qualifies for a waiver of the subject knowledge exam;
  - d. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment; and
  - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- 2. Applicants may meet the requirements in subsection (C)(1)(b) with the submission of an application for the Standard Professional Secondary certificate that includes evidence of two years of verified full-time teaching experience in grades six through postsecondary, and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (C)(1)(b)(i) through (vii). One year of verified full-time teaching experience in grades six



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through postsecondary may be substituted for the capstone experience.

- D.** Notwithstanding any other provision, individuals seeking a secondary certificate with an approved area in science, technology, engineering or mathematics are exempted from the requirements of a passing score on one or more subject knowledge portions of the Arizona Teacher Proficiency Assessment based on:

1. Verified work experience of five or more years in science, technology, engineering or mathematics; and
2. Demonstrated adequate knowledge of science, technology, engineering or mathematics by:
  - a. A master's or a doctoral degree in an academic subject that is specific to science, technology, engineering or mathematics; or
  - b. Twenty-four semester hours of relevant coursework in an academic subject that is specific to science, technology, engineering or mathematics.

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Section R7-2-610 amended by emergency rulemaking under A.R.S. § 41-1026 at 8 A.A.R. 2562, effective May 23, 2002 for a period of 180 days (Supp. 02-2). May 23, 2002 emergency rulemaking renewed under A.R.S. § 41-1026 at 8 A.A.R. 5132, effective November 19, 2002 (Supp. 02-4). Amended by final rulemaking at 9 A.A.R. 1605, effective May 5, 2003 (Supp. 03-2). Amended by final rulemaking at 10 A.A.R. 2399, effective July 23, 2004 (Supp. 04-2). Amended by exempt rulemaking at 15 A.A.R. 1838, effective August 29, 2006 (Supp. 09-1). Former R7-2-610 recodified to R7-2-611; new R7-2-610 recodified from R7-2-609 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 235, effective December 7, 2009 (Supp. 10-3). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by final exempt rulemaking at 21 A.A.R. 2054, effective December 8, 2014 (Supp. 15-3). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1).

**R7-2-610.01. Specialized Secondary Teaching Certificates**

Specialized Secondary Certificate – Science, Technology, Engineering or Mathematics – grades six through 12

- A.** The requirements are:

1. One of the following:
  - a. Demonstrate expertise in the subject matter knowledge through:
    - i. A bachelor's, master's or a doctoral degree and 24 semester hours of relevant coursework in an academic subject that is specific to science, technology, engineering or mathematics; or
    - ii. Verified teaching experience for the last two consecutive years, and for a total of at least three years at one or more accredited postsecondary institutions in science, technology, engineering or mathematics
2. Verified work experience of five or more years in science, technology, engineering or mathematics
3. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.

- B.** An individual who meets the requirements of this Section is exempt from the competency requirements of the United States and Arizona Constitutions, and the professional knowledge and the subject knowledge portions of the Arizona Teacher Proficiency Assessments.

**Historical Note**

New Section made by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1).

**R7-2-610.02. Subject Matter Expert Standard Teaching Certificate**

Subject Matter Expert Standard Teaching Certificate – grades six through 12

- A.** The requirements are:

1. A bachelor's degree and one of the following:
  - a. Verified teaching experience for the last two consecutive years, and for a total of at least three years at one or more accredited postsecondary institutions in the relevant subject area of certification. An individual seeking certification pursuant to this subdivision is exempt from passing the professional knowledge portion of the Arizona Teacher Proficiency Assessment; or
  - b. A bachelor's, master's or doctoral degree from an accredited postsecondary institution in the specific subject area of certification that is directly relevant to a content area or subject matter taught in public schools; or
  - c. Verification of expertise through work experience of a minimum of five years in the relevant area of certification.
2. A passing score on the professional knowledge Arizona Teacher Proficiency Assessment within two years except as provided by subsection (A)(1)(a). If an applicant fails to meet this requirement within two years, the Department of Education or the Board shall temporarily suspend the standard certificate, but the suspension is not considered a disciplinary action and the individual shall be allowed to correct the deficiency within the remaining time of the standard certification.
3. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
4. Verification that the applicant has reviewed and attests to reviewing the best practices for social media and cellular telephone use between students and school personnel adopted by the Board.
5. Completion of Board-approved training in professionalism and ethics within two years. If an applicant fails to meet this requirement within two years, the Department or the Board shall temporarily suspend the standard certificate, but the suspension is not considered a disciplinary action and the individual shall be allowed to correct the deficiency within the remaining time of the standard certification.

- B.** An individual who meets the requirements of this Section is exempt from the competency requirements of the United States and Arizona Constitutions and the subject knowledge portion of the Arizona Teacher Proficiency Assessment.

**Historical Note**

New Section made by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 24 A.A.R. 2947, effective Septem-

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ber 24, 2018 (Supp. 18-3). Amended by final exempt rulemaking at 29 A.A.R. 183 (January 13, 2023), effective December 9, 2022 (Supp. 22-4).

**R7-2-611. Special Education Teaching Certificates**

- A.** Except as noted, all certificates are subject to the general certification provisions in R7-2-607 and the renewal requirements in R7-2-619. An Early Childhood Special Education certificate as described in this Section is not required for individuals who hold the Early Childhood endorsement as described in R7-2-615 in combination with an Arizona cross-categorical, specialized special education, or moderate/severe disabilities teaching certificate as described in this Section. An Early Childhood Special Education certificate as described in this Section is not required for individuals who hold the Early Childhood Teaching Certificate as described in R7-2-608 in combination with an Arizona cross-categorical, specialized special education, or moderate/severe disabilities teaching certificate as described in this Section.
- B.** Terms used in this Section are defined in A.R.S. § 15-761.
- C.** Standard Professional Mild/Moderate Disabilities Certificate - grades K through 12.
1. The holder is qualified to teach students with mild/moderate disabilities as documented by student needs in the individualized education program and the following categories, including: autism, mild/moderate intellectual disabilities, traumatic brain injury, emotional disability, specific learning disability, orthopedic impairments, developmental delay and/or other health impairments.
  2. The requirements are:
    - a. A bachelor's degree;
    - b. One of the following:
      - i. Completion of a teacher preparation program in special education from an accredited institution which included courses in the instruction and behavior management of students with mild/moderate disabilities; or
      - ii. Forty-five semester hours of education courses which teach the standards described in R7-2-602, including a minimum of 37 semester hours of special education courses and eight semester hours of practicum with students with mild/moderate disabilities. Special education courses shall include foundations of special education, legal aspects, effective collaboration and communication practices, research-based instruction in mathematics, research-based instruction in English language arts, classroom management and behavior analysis, assessment and eligibility, language development and disorders, and electives. Two years of verified teaching experience in mild/moderate special education, grades K through 12 may substitute for the eight semester hours of practicum.
    - c. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment;
    - d. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in mild/moderate special education or otherwise qualifies for a waiver of the subject knowledge examination, and
    - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.

- D.** Standard Professional Mild/Moderate Disabilities Certificate - grades K through 12 for applications received on or after August 1, 2018.

1. The holder is qualified to teach students with mild/moderate disabilities as documented by student needs in the individualized education program and the following categories, including: autism, mild/moderate intellectual disabilities, traumatic brain injury, emotional disability, specific learning disability, orthopedic impairments, developmental delay and/or other health impairments.
2. The requirements include all of the following:
  - a. A bachelor's degree;
  - b. Completion of a teacher preparation program in mild/moderate disabilities special education from a Board-approved educator preparation program or from an accredited institution offering substantially similar training addressing the following topics and any others as required by law:
    - i. Research-based systematic phonics;
    - ii. Research-based instructional strategies for delivering differentiated reading instruction, assessment, intervention and remediation to support readers of varying ages and ability levels, including students with dyslexia;
    - iii. Instructional design and lesson planning, including specially designed instruction;
    - iv. The learning environment, including classroom and behavioral management;
    - v. Instructional delivery, facilitation and methodologies;
    - vi. Legal aspects of special education, including individualized education programs and transition planning;
    - vii. Effective collaboration and communication practices, including modifications and accommodations;
    - viii. Research-based instruction in math;
    - ix. Research-based instruction in English language arts;
    - x. Assessment and eligibility, including monitoring and reporting requirements;
    - xi. Language development and disorders;
    - xii. Professional responsibility and ethical conduct;
    - xiii. Twelve weeks of capstone experience as described in R7-2-604 in mild/moderate special education in grades K through 12, which may be completed during the valid period of a teaching intern certificate. One year of verified teaching experience in mild/moderate special education in grades K through 12 may substitute for the capstone experience requirement. For individuals seeking dual certification, any capstone experience requirements may be met through separate eight-week capstone experiences in each of the certification areas sought.
  - c. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment;
  - d. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
3. Applicants may meet the requirements in subsection (D)(2)(b) with the submission of an application for the Standard Professional Mild/Moderate Disabilities Certificate grades K through 12 that includes evidence of two years of verified full-time teaching experience in mild/

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moderate disabilities special education in grades K through 12 and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (D)(2)(b)(i) through (xii).

4. Board approved educator preparation programs leading to dual certification in mild/moderate disabilities and elementary, middle school, or secondary education may exempt a student from the mild/moderate special education capstone experience upon the completion of the following:
  - a. Verification from the applicable district or charter school administrator that the student was employed continuously as a paraprofessional whose primary responsibility was working with students in mild/moderate special education classrooms for the two years preceding commencement of the capstone experience in elementary, middle school, or secondary education;
  - b. Verification from the applicable district or charter school administrator that the student received evaluations, in each of the preceding two years of employment as a paraprofessional, indicating effectiveness in performance; and
  - c. Completion of the capstone experience in elementary, middle school or secondary education and demonstration of all of the following competencies during the dual certification educator preparation program:
    - i. Participation on a multi-disciplinary evaluation team;
    - ii. Participation in and drafting of an acceptable individualized education program; and
    - iii. Planning and delivery of specially designed instruction for a class of students.
- E. Provisional Specialized Special Education Certificate – grades K through 12.
  1. The certificate is valid for three years and is not renewable.
  2. No new applications for a Provisional Specialized Education Certificate will be accepted after December 31, 2015.
  3. The holder is qualified to teach students with intellectual disabilities, emotional disability, specific learning disability, orthopedic impairments or other health impairments, as specified on the certificate.
- F. Standard Professional Specialized Special Education Certificate – grades K through 12.
  1. The certificate is valid for 12 years and may be renewed.
  2. The holder is qualified to teach students with intellectual disabilities, emotional disability, specific learning disability, orthopedic impairments or other health impairments, as specified on the certificate.
  3. The requirements are:
    - a. A valid Arizona Provisional Specialized Special Education certificate, or a Provisional Specialized Special Education certificate which has not expired for more than one year;
    - b. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- G. Standard Professional Moderate/Severe Disabilities Certificate – grades K through 12.
  1. The holder is qualified to teach students with moderate/severe disabilities as documented by student needs in the individualized education program and the following categories, including: autism, moderate/severe intellectual disabilities, traumatic brain injury, emotional disability, orthopedic impairments, and/or other health impairments.
2. The requirements are:
  - a. A bachelor's degree;
  - b. One of the following:
    - i. Completion of a teacher preparation program in moderate/severe disabilities education from an accredited institution; or
    - ii. Forty-five semester hours of education courses which teach the standards described in R7-2-602, including a minimum of 37 semester hours of special education courses and eight semester hours of practicum with students with moderate/severe disabilities. Special education courses shall include foundations of low incidence disabilities, legal aspects, effective collaboration and communication practices, adaptive communication, instructional strategies across the curriculum, classroom management and behavior analysis, assessment and eligibility, and electives. Two years of verified special education teaching experience in with students with moderate/severe disabilities, grades K through 12 may substitute for the eight semester hours of practicum.
  - c. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment;
  - d. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in moderate/severe special education or otherwise qualifies for a waiver of the subject knowledge examination; and
  - e. A valid fingerprint card issued by the Arizona Department of Public Safety.
- H. Standard Professional Moderate/Severe Disabilities Certificate – grades K through 12 for applications received on or after August 1, 2018.
  1. The holder is qualified to teach students with moderate/severe disabilities as documented by student needs in the individualized education program and the following categories, including: autism, moderate/severe intellectual disabilities, traumatic brain injury, emotional disability, orthopedic impairments, and/or other health impairments.
  2. The requirements include all of the following:
    - a. A bachelor's degree;
    - b. Completion of a teacher preparation program in moderate/severe disabilities education from a Board-approved educator preparation program or from an accredited institution offering substantially similar training addressing the following topics and any others as required by law:
      - i. Research-based systematic phonics;
      - ii. Research-based instructional strategies for delivering differentiated reading instruction, assessment, intervention and remediation to support readers of varying ages and ability levels, including students with dyslexia;
      - iii. Instructional design and lesson planning, including specially designed instruction;
      - iv. The learning environment, including classroom and individual behavioral management;

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- v. Instructional delivery, facilitation and methodologies for teaching research-based instruction in math and English language arts;
  - vi. Legal aspects of special education, including individualized education programs and transition planning;
  - vii. Effective collaboration and communication practices, including modifications and accommodations;
  - viii. Adaptive communication, including language development and disorders;
  - ix. Assessment and eligibility, including monitoring and reporting requirements;
  - x. Professional responsibility and ethical conduct;
  - xi. Twelve weeks of capstone experience as described in R7-2-604 in special education in moderate/severe disabilities grades K through 12, which may be completed during the valid period of a teaching intern certificate. One year of verified full-time teaching experience in special education in moderate/severe disabilities grades K through 12 may substitute for the capstone experience requirement. For individuals seeking dual certification, any capstone experience requirements may be met through separate eight-week capstone experiences in each of the certification areas sought.
  - c. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment,
  - d. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment unless the applicant has a bachelor's, master's or doctoral degree in moderate/severe special education or otherwise qualifies for a waiver of the subject knowledge examination, and
  - e. A valid fingerprint card issued by the Arizona Department of Public Safety.
3. Applicants may meet the requirements in subsection (H)(2)(b) with the submission of an application for the Standard Professional Moderate/Severe Disabilities Certificate grades K through 12 that includes evidence of two years of verified full-time teaching experience in moderate/severe disabilities special education in grades K through 12 and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (H)(2)(b)(i) through (x).
- I.** Standard Professional Hearing Impaired Certificate – birth through grade 12. The requirements are:
- 1. A bachelor's degree,
  - 2. One of the following:
    - a. Completion of a teacher preparation program in hearing impaired education from an accredited institution; or
    - b. Forty-five semester hours of education courses which teach the knowledge and skills described in R7-2-602, including 21 semester hours of special education courses for the hearing impaired and eight semester hours of practicum. Special education courses shall include survey of exceptional students, teaching methodologies for students with hearing impairment, foundations of instruction of students with hearing impairment, and diagnostic and assessment procedures for the hearing impaired. Two years of verified teaching experience in the area of hearing impaired in grade PreK through 12 may be substituted for the eight semester hours of practicum.
3. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment,
4. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment unless the applicant has a bachelor's, master's or doctoral degree in hearing impaired special education or otherwise qualifies for a waiver of the subject knowledge examination, and
5. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- J.** Standard Professional Hearing Impaired Certificate – birth through grade 12 for applications received on or after August 1, 2018.
- 1. The requirements include all of the following:
    - a. A bachelor's degree;
    - b. Completion of a teacher preparation program in hearing impaired education from a Board-approved educator preparation program or from an accredited institution offering substantially similar training addressing the following topics and any others as required by law:
      - i. Research-based systematic phonics;
      - ii. Research-based instructional strategies for delivering differentiated reading instruction, assessment, intervention and remediation to support readers of varying ages and ability levels, including students with dyslexia;
      - iii. Survey of exceptional students;
      - iv. Teaching methodologies for students with hearing impairment;
      - v. Foundations of instruction of students with hearing impairment;
      - vi. Diagnostic and assessment procedures for the hearing impaired;
      - vii. Professional responsibility and ethical conduct;
      - viii. Twelve weeks of capstone experience as described in R7-2-604 in hearing impaired special education birth through grade 12, which may be completed during the valid period of a teaching intern certificate. One year of verified full-time teaching experience in the area of hearing impaired in birth through grade 12 may be substituted for the capstone experience requirement. For individuals seeking dual certification, any capstone experience requirements may be met through separate eight-week capstone experiences in each of the certification areas sought.
  - c. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment;
  - d. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment unless the applicant has a bachelor's, master's or doctoral degree in hearing impaired special education or otherwise qualifies for a waiver of the subject knowledge examination; and
  - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
2. Applicants may meet the requirements in subsection (J)(1)(b) with the submission of an application for the

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Standard Professional Hearing Impaired Certificate – birth through grade 12 that includes evidence of receipt of two years of verified full-time teaching experience in hearing impaired special education birth through grade 12 and training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (J)(1)(b)(i) through (vii).

**K. Standard Professional Visually Impaired Certificate – birth through grade 12. The requirements are:**

1. A bachelor's degree,
2. One of the following:
  - a. Completion of a teacher preparation program in visual impairment from an accredited institution; or
  - b. Forty-five semester hours of education courses which teach the knowledge and skills described in R7-2-602, including 21 semester hours of special education courses for the visually impaired and eight semester hours of practicum. Special education courses shall include survey of exceptional students, teaching methodologies for students with visual impairment, foundations of instruction of students with visual impairment, and diagnostic and assessment procedures for the visually impaired. Two years of verified teaching experience in the area of visually impaired in grades PreK through 12 may be substituted for the eight semester hours of practicum.
3. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment,
4. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment, and
5. Demonstration of competency in Braille through one of the following:
  - a. A passing score on the original version of the National Library of Congress certification exam, or
  - b. A valid certificate for a literary Braille transcriber issued by the National Library of Congress, or
  - c. A passing score on a Braille exam administered by another state, or
  - d. A passing score on the Braille exam developed and administered by the University of Arizona. Individuals who take this test and are not students at the University of Arizona may be assessed a fee.
6. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.

**L. Standard Professional Visually Impaired Certificate – birth through grade 12 for applications received on or after August 1, 2018.**

1. The requirements include all of the following:
  - a. A bachelor's degree;
  - b. Completion of a teacher preparation program in visual impairment from a Board-approved educator preparation program or from an accredited institution offering substantially similar training addressing the following topics and any others as required by law:
    - i. Research-based systematic phonics;
    - ii. Research-based instructional strategies for delivering differentiated reading instruction, assessment, intervention and remediation to support readers of varying ages and ability levels, including students with dyslexia;
    - iii. Survey of exceptional students;

- iv. Teaching methodologies for students with visual impairment;
- v. Foundations of instruction of students with visual impairment;
- vi. Diagnostic and assessment procedures for the visually impaired;
- vii. Professional responsibility and ethical conduct;
- viii. Twelve weeks of capstone experience as described in R7-2-604 in visually impaired special education birth through grade 12, which may be completed during the valid period of a teaching intern certificate. One year of verified full-time teaching experience in the area of visually impaired in birth through grade 12 may be substituted for the capstone experience requirement. For individuals seeking dual certification, any capstone experience requirements may be met through separate eight-week capstone experiences in each of the certification areas sought.
- c. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment,
- d. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment,
- e. Demonstration of competency in Braille through one of the following:
  - i. A passing score on the original version of the National Library of Congress certification exam, or
  - ii. A valid certificate for a literary Braille transcriber issued by the National Library of Congress, or
  - iii. A passing score on a Braille exam administered by another state, or
  - iv. A passing score on the Braille exam developed and administered by the University of Arizona. Individuals who take this test and are not students at the University of Arizona may be assessed a fee.
- f. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.

2. Applicants may meet the requirements in subsection (L)(1)(b) with the submission of an application for the Standard Professional Visually Impaired Certificate – birth through grade 12 that includes evidence of two years of verified full-time teaching experience in visually impaired special education birth through grade 12 and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (L)(1)(b)(i) through (vii).

**M. Standard Professional Early Childhood Special Education Certificate – Birth through age 8 or grade three.**

1. The requirements are:
  - a. A bachelor's degree,
  - b. Completion of a teacher preparation program in early childhood special education from an accredited institution,
  - c. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in early childhood special education or otherwise qualifies for a waiver of the subject knowledge examination,

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- d. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment,
  - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
2. Applicants may meet the requirements in subsection (M)(1)(b) with completion of the following:
- a. Thirty-seven semester hours of early childhood education which teach the standards described in R7-2-602 which include the following areas of study:
    - i. Foundations early childhood education and special education;
    - ii. Behavioral interventions for children with and without disabilities;
    - iii. Characteristics and quality practices for typical and atypical behaviors of young children;
    - iv. Typical and atypical child growth and development, including health, safety and nutrition with an emphasis on special health care needs for children birth through grade three;
    - v. Child, family, cultural and community relationships including community organizations that support and assist children with disabilities and their families;
    - vi. Developmentally appropriate instructional and inclusive methodologies for teaching social and emotional development, language arts, math, science, social studies, and the arts;
    - vii. Diagnosis and remediation of learning difficulties;
    - viii. Early language and literacy development including communication methods in early childhood education/special education;
    - ix. Assessment and evaluation for early childhood special education to include observing, assessing, monitoring and reporting on the progress of young children;
    - x. A minimum of four semester hours in a supervised field experience, practicum, internship or student teaching setting serving children with identified special needs birth through preschool or one year of full-time teaching experience with children identified with special needs birth through preschool; and
    - xi. A minimum of four semester hours in a supervised student teaching setting serving children with identified special needs in kindergarten through grade three or one year of full time teaching experience with children identified with special needs kindergarten through grade three.
- N. Standard Professional Early Childhood Special Education Certificate – birth through age 8 or grade three for applications received on or after August 1, 2018.
1. The requirements include all of the following:
- a. A bachelor's degree;
  - b. Completion of a teacher preparation program in early childhood special education from a Board-approved educator preparation program or from an accredited institution offering substantially similar training addressing the following topics and any others as required by law:
    - i. Research-based systematic phonics;
    - ii. Research-based instructional strategies for delivering differentiated reading instruction, assessment, intervention and remediation to support readers of varying ages and ability levels, including students with dyslexia;
- iii. Teaching students with exceptionalities;
  - iv. Characteristics and quality practices for typical and atypical behaviors of young children, including behavioral interventions for children with and without disabilities;
  - v. Typical and atypical child growth and development, including health, safety and nutrition with an emphasis on special health care needs for children birth through grade three;
  - vi. Child, family, cultural and community relationships including community organizations that support and assist children with disabilities and their families;
  - vii. Developmentally appropriate instructional and inclusive methodologies for teaching social and emotional development, language arts, math, science, social studies, the arts and diagnosis and remediation of learning difficulties;
  - viii. Early language and literacy development including communication methods in early childhood education/special education;
  - ix. Assessment and evaluation for early childhood special education to include observing, assessing, monitoring and reporting on the progress of young children;
  - x. Substantial experience in practicum as described in R7-2-604 serving children with exceptionalities birth through preschool and kindergarten through grade three;
  - xi. Professional responsibility and ethical conduct; and
  - xii. Twelve weeks of capstone experience as described in R7-2-604 serving children with exceptionalities in birth through grade three, which may be completed during the valid period of a teaching intern certificate. For individuals seeking dual certification, any capstone experience requirements may be met through separate eight-week capstone experiences in each of the certification areas sought.
- c. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment,
  - d. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment unless the applicant has a bachelor's, master's or doctoral degree in early childhood special education or otherwise qualifies for a waiver of the subject knowledge examination, and
  - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
2. Applicants may meet the requirements in subsection (N)(1)(b) with the submission of an application for the Standard Professional Early Childhood Special Education Certificate – birth through age 8 or grade three that includes two years of verified full-time teaching experience in early childhood special education serving children birth through prekindergarten and kindergarten through grade three and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (N)(1)(b)(i) through (xi).

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3. Board approved educator preparation programs leading to dual certification in early childhood special education and early childhood teaching may exempt a student from the early childhood special education capstone experience upon completion of the following:
  - a. Verification from the applicable district or charter school administrator that the student was employed continuously as a paraprofessional whose primary responsibility was working with students in early childhood special education for two years preceding commencement of the early childhood teaching capstone experience;
  - b. Verification from the applicable district or charter school administrator that the student received evaluations, in each of the preceding two years of employment as a paraprofessional, indicating effectiveness in performance; and
  - c. Completion of the capstone experience in early childhood education and demonstration of all of the following competencies during the dual certification educator preparation program:
    - i. Participation on a multi-disciplinary evaluation team;
    - ii. Participation in and drafting of an acceptable individualized education program; and
    - iii. Planning and delivery of specially designed instruction for a class of students.
- O. Provisional Cross-Categorical Special Education Certificate – grades K through 12**
  1. No new applications for the Provisional Cross-Categorical Special Education certificate are accepted as of December 31, 2015.
  2. Individuals who hold a valid Provisional Cross-Categorical Special Education certificate are qualified to teach students with mild to moderate autism, intellectual disabilities, traumatic brain injury, emotional disability, specific learning disability, orthopedic impairments, developmental delay and/or other health impairments.
  3. The Provisional certificate may not be renewed or extended. Individuals who hold a valid Provisional Cross-Categorical Special Education certificate, or a Provisional Cross-Categorical Special Education certificate which has not expired for more than one year, may apply for a Standard Professional Cross-Categorical Special Education certificate.
- P. Standard Professional Cross-Categorical Special Education Certificate – grades K through 12.**
  1. The Standard Professional Cross-Categorical is valid for 12 years and may be renewed.
  2. Individuals who hold a valid Standard Professional Cross-Categorical Special Education certificate are qualified to teach students with autism, intellectual disabilities, traumatic brain injury, emotional disability, specific learning disability, orthopedic impairments, developmental delay and/or other health impairments.
  3. The requirements are:
    - a. An Arizona Provisional Cross-Categorical Special Education Certificate that is either valid or has not expired for more than one year.
    - b. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4).  
Amended by final rulemaking at 6 A.A.R. 1132, effective

March 10, 2000 (Supp. 00-1). Amended by emergency rulemaking under A.R.S. § 41-1026 at 8 A.A.R. 5139, effective November 19, 2002 for a period of 180 days (Supp. 02-4). Emergency rulemaking renewed under A.R.S. § 41-1026(D) at 9 A.A.R. 1547, effective April 29, 2003 for a period of 180 days (Supp. 03-2). Emergency rulemaking repealed under A.R.S. § 41-1026(E) and permanent R7-2-611 amended by final rulemaking at 9 A.A.R. 3950, effective October 21, 2003 (Supp. 03-3). Former R7-2-611 recodified to R7-2-612; new R7-2-611 recodified from R7-2-610 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). R7-2-611 “Prekindergarten” corrected to “PreK” at request of the Board, Office File No. M09-444, filed November 24, 2009 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 119, effective September 21, 2009 (Supp. 10-2). Amended by exempt rulemaking at 16 A.A.R. 235, effective December 7, 2009 (Supp. 10-3). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by final exempt rulemaking at 21 A.A.R. 2056, effective December 2, 2013 (Supp. 15-3). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 24 A.A.R. 1427, effective April 23, 2018 (Supp. 18-2). The word “kindergarten” has been changed to the letter “K,” the term, “grade 3” has been changed to “grade three,” the word “twelve” has been changed to the numeral “12,” and “age eight” has been changed to “age 8” for consistency in this Section at the request of the Board (Supp. 21-2).

**R7-2-612. Career and Technical Education Teaching Certificates**

- A.** Except as noted, all certificates are subject to the general certification provisions in R7-2-607, and the renewal requirements in R7-2-619.
- B.** For purposes of this Section, the following definitions apply:
  1. “Career and Technical Education means a field of study in any area relating to a CTE program approved by the Arizona Department of Education as described in the Guidance on CTE Teacher Certification, which is on file with the Arizona Department of Education.
  2. “Occupational Area” means employment in any area relating to a CTE program approved by the Department as described in the Guidance on CTE Teacher Certification, which is on file with the Arizona Department of Education.
  3. “Verified Work Experience” means written documentation from a current or former supervisor for paid or unpaid work, a current school superintendent, or the Department of Education Career and Technical Education Programmatic State Supervisor indicating that an applicant for a career and technical education certificate performed work in a business or industry setting related to an approved CTE program occupational area.
- C. Standard Career and Technical Education (CTE) Certificate – CTE Field of Study – grades K through 12**
  1. The requirements include all of the following:
    - a. Within three years, obtain a passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment or qualification for a waiver of this assessment.
    - b. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.

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- c. At least one of the following options:
- i. Option A – Bachelor’s degree in the specified CTE field of study – requirements include all of the following:
    - (1) A bachelor’s or more advanced degree in the specified CTE field of study from an accredited institution.
    - (2) Thirty semester hours of courses in the specified CTE field of study.
    - (3) Two hundred forty clock hours of verified work experience in the specified CTE occupational area. Hours may have been accumulated before obtaining a certification.
    - (4) Within three years, complete 15 semester hours of courses in professional knowledge in career and technical education, to include any of the following areas: principles/philosophy of career and technical education, developmentally appropriate instructional delivery, facilitation and methodologies, instructional technology, instructional design and lesson planning, including modifications and accommodations, assessing, monitoring and reporting progress, the learning environment, including classroom management, teaching students with exceptionalities, or professional responsibility and ethical conduct. Hours may be obtained prior to issuance of the standard career and technical education certificate in the specified CTE field of study. Fifteen semester hours may be obtained through Department or Board-CTE approved professional development. Fifteen clock hours equals one semester hour.
  - ii. Option B – Valid non-CTE Arizona Provisional or Standard teaching certificate or an Arizona CTE teaching certificate in another CTE field of study – requirements include all of the following:
    - (1) A valid Arizona provisional or standard teaching certificate for teachers in birth through grade 12 issued pursuant to this Article.
    - (2) One year of the most recent teacher evaluation(s) approved by a certificated administrator, or the administrator’s designee, in a grades PreK through 12 school setting and issued during the term of the Arizona teaching certificate exhibiting satisfactory performance in the classroom.
    - (3) Three semester hours of courses in professional knowledge in career and technical education to include any of the following areas: principles/philosophy of career and technical education, developmentally appropriate instructional delivery, facilitation and methodologies for career and technical education, or instructional technology. Three semester hours may be obtained through Department or Board-CTE approved professional development.
  - iii. Option C – Business and industry professional - requirements include 6,000 clock hours of verified work experience in an occupational area. Within three years, complete 15 semester hours of courses in professional knowledge in career and technical education to include any of the following areas: principles/philosophy of career and technical education, developmentally appropriate instructional delivery, facilitation and methodologies, instructional design and lesson planning, including modifications and accommodations, assessing, monitoring and reporting progress, instructional technology, the learning environment, including classroom management, teaching students with exceptionalities, or professional responsibility and ethical conduct. Fifteen semester hours may be obtained through Department or Board-CTE approved professional development. Fifteen clock hours equals one semester hour; and
  - iv. Option D – Bachelor’s degree in the specified CTE field of study teacher preparation program – requirements include both of the following:
    - (1) A bachelor’s or more advanced degree that included completion of a Board approved teacher preparation program in the CTE field of study or from an accredited institution offering substantially similar training, addressing the following topics in career and technical education and any others as required by law: Principles/philosophy of career and technical education, instructional design and lesson planning, including modifications and accommodations; the learning environment, including classroom management; developmentally appropriate instructional delivery, facilitation and methodologies; assessing, monitoring and reporting progress; teaching students with exceptionalities; professional responsibility and ethical conduct; and
    - (2) Two hundred forty clock hours of verified work experience in the specified occupational area. Hours shall have been accumulated before obtaining a certification.
2. If an applicant fails to meet these requirements within the prescribed time period, the Department of Education or the Board shall temporarily suspend the standard certificate, but the suspension is not considered a disciplinary action and the individual shall be allowed to correct the deficiency within the remaining time of the standard certification.



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**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Section R7-2-612 amended by emergency rulemaking under A.R.S. § 41-1026 at 8 A.A.R. 2562, effective May 23, 2002 for a period of 180 days (Supp. 02-2). May 23, 2002 emergency rulemaking renewed under A.R.S. § 41-1026 at 8 A.A.R. 5132, effective November 19, 2002 (Supp. 02-4). Amended by final rulemaking at 9 A.A.R. 1605, effective May 5, 2003 (Supp. 03-2). Amended by final rulemaking at 11 A.A.R. 1885, effective June 26, 2005 (Supp. 05-2). Amended by exempt rulemaking at 15 A.A.R. 1292, effective June 26, 2006 (Supp. 09-1). Amended by exempt rulemaking at 15 A.A.R. 1893, effective September 25, 2006 (Supp. 09-2). Amended by exempt rulemaking at 15 A.A.R. 2086, effective May 19, 2008 (Supp. 09-3). Former R7-2-612 recodified to R7-2-613 at 15 A.A.R. 2146, effective August 25, 2008 (Supp. 09-4). New Section made by exempt rulemaking at 15 A.A.R. 2143, effective August 25, 2008 (Supp. 09-4). Former R7-2-612 recodified to R7-2-613; new R7-2-612 recodified from R7-2-611 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 102, effective May 1, 2009 (Supp. 10-1). Amended by final exempt rulemaking at 21 A.A.R. 2063, effective August 26, 2013 (Supp. 15-3). Amended by final exempt rulemaking at 23 A.A.R. 725, effective January 23, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 23 A.A.R. 694, effective February 26, 2018 (Supp. 18-1). The word “fifteen” has been changed to the numeral “15,” the words “six thousand” have been changed to the numeral “6,000,” and the word “rule” has been changed to “Section” to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-612.01. Standard Specialized Career and Technical Education (CTE) Certificates – grades K through 12**

- A. Standard Specialized CTE certificates are subject to the general certification provisions in R7-2-607 and the renewal requirements in R7-2-619.
- B. The holder is qualified to teach in an area that is specified on the certificate relating to a CTE program approved by the Arizona Department of Education as described in Guidance on CTE Teacher Certification which is on file with the Arizona Department of Education.
- C. The requirements are:
  1. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
  2. Demonstration of expertise in the specified CTE area through one of the following:
    - a. A Bachelor's, master's or doctoral degree in the specified CTE area; or
    - b. A Bachelor's or more advanced degree and completion of 24 semester hours of coursework in the specified CTE area; or
    - c. An Associate's degree in the specified CTE area; or
    - d. An industry certification, license, or credential in the specified CTE area approved by the appropriate Department of Education Career and Technical Education Program Specialist or Career and Technical Education Program Services Director; or
  3. A passing score on the appropriate subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in a relevant content area or otherwise qualifies for a waiver of the subject knowledge assessment. If a proficiency assessment is not offered in a subject area, an

- e. Verified teaching experience for the last two consecutive years, and for a total of at least three years at one or more accredited postsecondary institutions in a subject that is specific to the CTE course being taught.

3. Verification of five years of work experience in the specified CTE occupational area.
4. An individual who meets the requirements of this Section is exempt from the competency requirements of the United States and Arizona Constitutions, the professional knowledge and subject knowledge portions of the Arizona Teacher Proficiency Assessments, and structured English immersion endorsement requirements.

**Historical Note**

New Section made by final exempt rulemaking at 22 A.A.R. 2617, effective August 22, 2016 (Supp. 16-4). Amended by final exempt rulemaking at 23 A.A.R. 694, effective February 26, 2018 (Supp. 18-1). The term “twenty-four” has been changed to the numeral “24,” the hyphen between “PreK-12” has been replaced with the word “through” in the Section heading for consistency in Chapter style and format (Supp. 21-1).

**R7-2-613. PreK through 12 Teaching Certificates**

- A. Except as noted, all certificates are subject to the general certification provisions in R7-2-607 and the renewal requirements in R7-2-619.
- B. Standard Professional PreK through 12 Arts Education Certificate: art, dance, dramatic arts or music. The requirements are:
  1. A bachelor's degree.
  2. One of the following:
    - a. Completion of a teacher preparation program in PreK through 12 arts education in one of the following approved areas: art, dance, dramatic arts or music from a Board-approved teacher preparation program, described in R7-2-604; or
    - b. Completion of a teacher preparation program in PreK through 12 arts education in one of the following approved areas: art, dance, dramatic arts or music from an institution accredited by the National Association of Schools of Art and Design, National Association of Schools of Dance, National Association of Schools of Theatre, the National Association of Schools of Music, or National Council for Accreditation of Teacher Education; or
    - c. Thirty semester hours of education or arts education courses which teach the knowledge and skills described in R7-2-602, including at least eight semester hours of elementary and secondary methods in the certificate area and 12 semester hours of practicum in the certificate area grades PreK through 12. Two years of verified full-time teaching experience in the certificate area in grades PreK through 12 may substitute for the 12 semester hours of practicum; or
    - d. A valid PreK through 12 arts education certificate from another state.
  3. A passing score on the appropriate subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in a relevant content area or otherwise qualifies for a waiver of the subject knowledge assessment. If a proficiency assessment is not offered in a subject area, an

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approved area shall consist of a minimum of 24 semester hours of courses in the subject.

4. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment.
  5. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- C. Standard Professional PreK through 12 Arts Education Certificate** for applications received on or after August 1, 2018.
1. The requirements include all of the following:
    - a. A bachelor's degree;
    - b. Completion of a teacher preparation program in PreK through 12 arts education from a Board-approved teacher educator preparation program or from an accredited institution offering substantially similar training, addressing the following topics and any others as required by law:
      - i. Studio art;
      - ii. Art history and analysis;
      - iii. Advanced work in studio or art application areas;
      - iv. Technical processes;
      - v. Instructional design and lesson planning, including modifications, and accommodations;
      - vi. The learning environment, including classroom management;
      - vii. Assessing, monitoring and reporting progress;
      - viii. Professional responsibility and ethical conduct;
      - ix. Twelve weeks of capstone experience as described in R7-2-604 in grades PreK through 12 arts education, which may be completed during the valid period of a teaching intern or student teaching intern certificate. One year of verified full-time teaching experience in the certificate area in grades PreK through 12 arts education may substitute for the capstone experience requirement;
    - c. A passing score on the appropriate subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in a relevant content area or otherwise qualifies for a waiver of the subject knowledge assessment.
    - d. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment and
    - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
  2. Applicants may meet the requirements in subsection (C)(1)(b) with the submission of an application for the Standard Professional PreK through 12 Arts Education certificate that includes evidence of two years of verified full-time teaching experience in grades PreK through 12 arts education, and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (C)(1)(b)(i) through (vii). One year of verified full-time teaching experience in grades PreK through 12 arts education may be substituted for the capstone experience.
- D. Standard Professional PreK through 12 Dance Education Certificate**
1. The requirements include all of the following:
    - a. A bachelor's degree;
    - b. Completion of a teacher preparation program in PreK through 12 dance education from an accredited institution offering substantially similar training, addressing the following topics and any others as required by law:
      - i. Performance;
      - ii. Choreography;
      - iii. Theoretical and historical studies of dance;
      - iv. Technical processes;
      - v. Instructional design and lesson planning, including modifications, and accommodations;
      - vi. The learning environment, including classroom management;
      - vii. Assessing, monitoring and reporting progress;
      - viii. Professional responsibility and ethical conduct; and
      - ix. Twelve weeks of capstone experience as described in R7-2-604 in grades PreK through 12 dance education, which may be completed during the valid period of a teaching intern or student teaching intern certificate. One year of verified full-time teaching experience in grades PreK through 12 dance education may substitute for the capstone experience requirement; and
    - c. A passing score on the appropriate subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in a relevant content area or otherwise qualifies for a waiver of the subject knowledge assessment.
    - d. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment; and
    - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
  2. Applicants may meet the requirements in subsection (D)(1)(b) with the submission of an application for the Standard Professional PreK through 12 Dance Education certificate that includes evidence of two years of verified full-time teaching experience in grades PreK through 12 dance education, and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (D)(1)(b)(i) through (viii). One year of verified full-time teaching experience in grades PreK through 12 dance education may be substituted for the capstone experience.
- E. Standard Professional PreK through 12 Theatre Education Certificate**
1. The requirements include all of the following:
    - a. A bachelor's degree;
    - b. Completion of a teacher preparation program in PreK through 12 theatre education from an accredited institution offering substantially similar training, addressing the following topics and any others as required by law:
      - i. Foundations of production;
      - ii. Aesthetics, theatre history, literature, theory and criticism;
      - iii. Advanced work in theatre performance;
      - iv. Instructional design and lesson planning, including modifications, and accommodations;
      - v. The learning environment, including classroom management;
      - vi. Assessing, monitoring and reporting progress;

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- vii. Professional responsibility and ethical conduct and;
  - viii. Twelve weeks of capstone experience as described in R7-2-604 in grades PreK through 12 theatre education, which may be completed during the valid period of a teaching intern or student teaching intern certificate. One year of verified full-time teaching experience in grades PreK through 12 theatre education may substitute for the capstone experience requirement; and
  - c. A passing score on the appropriate subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in a relevant content area or otherwise qualifies for a waiver of the subject knowledge assessment.
  - d. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment; and
  - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
2. Applicants may meet the requirements in subsection (E)(1)(b) with the submission of an application for the Standard Professional PreK through 12 Theatre Education certificate that includes evidence of two years of verified full-time teaching experience in grades PreK through 12 theatre education, and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (E)(1)(b)(i) through (vii). One year of verified full-time teaching experience in grades PreK through 12 theatre education may be substituted for the capstone experience.
- F. Standard Professional PreK through 12 Music Education Certificate**
- 1. The requirements include all of the following:
    - a. A bachelor's degree;
    - b. Completion of a teacher preparation program in PreK through 12 music education from an accredited institution offering substantially similar training, addressing the following topics and any others as required by law:
      - i. Performance;
      - ii. Musicianship skills and analysis;
      - iii. Composition and improvisation;
      - iv. Music history and repertory;
      - v. Instructional design and lesson planning, including modifications, and accommodations;
      - vi. The learning environment, including classroom management;
      - vii. Assessing, monitoring and reporting progress;
      - viii. Professional responsibility and ethical conduct; and
      - ix. Twelve weeks of capstone experience as described in R7-2-604 in grades PreK through 12 music education, which may be completed during the valid period of a teaching intern or student teaching intern certificate. One year of verified full-time teaching experience in grades PreK through 12 music education may substitute for the capstone experience requirement; and
  - c. A passing score on the appropriate subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in a relevant content area or otherwise qualifies for a waiver of the subject knowledge assessment.
  - d. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment; and
  - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
2. Applicants may meet the requirements in subsection (F)(1)(b) with the submission of an application for the Standard Professional PreK through 12 Music Education certificate that includes evidence of two years of verified full-time teaching experience in grades PreK through 12 music education, and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (F)(1)(b)(i) through (viii). One year of verified full-time teaching experience in grades PreK through 12 music education may be substituted for the capstone experience.
- G. Standard Professional PreK through 12 Physical Education Certificate. The requirements are:**
- 1. A bachelor's degree.
  - 2. One of the following:
    - a. Completion of a teacher preparation program in PreK through 12 physical education, including 12 semester practicum hours evenly split between elementary and secondary physical education from an accredited institution or a Board-approved teacher preparation program; or
    - b. Thirty-three semester hours of education or physical education courses, including:
      - i. At least nine semester hours of elementary, secondary and adaptive physical education methods;
      - ii. Foundational coursework in the areas of Growth and Motor Development, Movement Activities, Lifelong Physical Fitness and Comprehensive School Physical Activity Programming; and
      - iii. Twelve semester hours of practicum in physical education in PreK through 12 grades, evenly split between elementary and secondary physical education, and supervised by a licensed or certified physical education teacher. Two years of verified full-time teaching experience in the certificate area in grades PreK through 12 may substitute for the 12 semester hours of practicum; or
    - c. A valid PreK through 12 physical education certificate from another state.
  - 3. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment.
  - 4. A passing score on the Physical Education subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in a relevant content area or otherwise qualifies for a waiver of the subject knowledge assessment.
  - 5. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.

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**H. Standard Professional PreK through 12 Physical Education Certificate for applications received on or after August 1, 2018.**

1. The requirements include all of the following:
  - a. A bachelor's degree;
  - b. Completion of a teacher preparation program in PreK through 12 physical education a Board-approved educator preparation program or from an accredited institution offering substantially similar training, addressing the following topics and any others as required by law:
    - i. Elementary, secondary and adaptive physical education methods;
    - ii. Foundational coursework in the areas of Growth and Motor Development;
    - iii. Movement Activities;
    - iv. Lifelong Physical Fitness;
    - v. Instructional design and lesson planning, including modifications, and accommodations;
    - vi. The learning environment, including classroom management;
    - vii. Assessing, monitoring and reporting progress;
    - viii. Professional responsibility and ethical conduct and;
    - ix. Twelve weeks of capstone experience as described in R7-2-604 in grades PreK through 12 physical education, serving students in elementary and secondary physical education, which may be completed during the valid period of a teaching intern or student teaching intern certificate. One year of verified full-time teaching experience in the certificate area in grades PreK through 12 physical education may substitute for the capstone experience requirement;
  - c. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment;
  - d. A passing score on the Physical Education subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in a relevant content area or otherwise qualifies for a waiver of the subject knowledge assessment; and
  - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
2. Applicants may meet the requirements in subsection (H)(1)(b) with the submission of an application for the Standard Professional PreK through 12 Physical Education certificate that includes evidence of two years of verified full-time teaching experience in grades PreK through 12 physical education, and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (H)(1)(b)(i) through (viii). One year of verified full-time teaching experience in grades PreK through 12 physical education may be substituted for the capstone experience.

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4).  
 Amended by final rulemaking at 10 A.A.R. 4581, effective December 18, 2004 (Supp. 04-4). Amended by final rulemaking at 11 A.A.R. 1885, effective June 26, 2005 (Supp. 05-2). Amended by exempt rulemaking at 15 A.A.R. 1225, effective December 5, 2006 (Supp. 09-1).

Amended by exempt rulemaking at 15 A.A.R. 1259, effective March 26, 2007 (Supp. 09-2). Amended by exempt rulemaking at 15 A.A.R. 1298, effective July 18, 2007 (Supp. 09-3). Former R7-2-613 recodified to R7-2-614; new R7-2-613 recodified from R7-2-612 at 15 A.A.R. 2146, effective August 25, 2008 (Supp. 09-4). Former R7-2-613 recodified to R7-2-614; new R7-2-613 recodified from R7-2-612 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 235, effective December 7, 2009 (Supp. 10-3). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by final exempt rulemaking at 21 A.A.R. 0273, effective June 22, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). The hyphen between "PreK-12" has been changed to the word "through" in the Section heading and subsections for consistency in Chapter style and format (Supp. 21-1).

**R7-2-614. Other Teaching Certificates**

- A.** Except as noted, all certificates are subject to the general certification provisions in R7-2-607.
- B.** Substitute Certificate - PreK through 12
  1. The certificate is valid for six years and renewable by reapplication.
  2. The certificate entitles the holder to substitute in the temporary absence of a regular contract teacher. A person holding only a substitute certificate shall not be assigned a contract teaching position.
  3. An individual who holds a valid teaching or administrator certificate shall not be required to hold a substitute certificate to be employed as a substitute teacher.
  4. The requirements for issuance are:
    - a. A bachelor's degree, and
    - b. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
  5. Substitute certificates previously issued as valid for life under this Section shall remain valid for life.
- C.** Emergency Substitute Certificate - PreK through 12
  1. The certificate is valid for two school years or part thereof. The expiration date shall be July 1 in the year of expiration.
  2. The certificate entitles the holder to substitute only in the district that has a verified emergency employment situation.
  3. The certificate entitles the holder to substitute in the temporary absence of a regular contract teacher. A person holding only an emergency substitute certificate shall not be assigned a contract teaching position.
  4. The holder of an emergency substitute certificate shall be limited to 120 days of substitute teaching in the same school each school year. A person holding an emergency substitute certificate may be exempt from the limit on teaching 120 days in the same school each school year if the school district superintendent provides verification to the Department that the position has been continuously advertised on a statewide basis at a minimum of three sites with at least one being a higher education institution and that an employable candidate was not found. An exemption from teaching 120 days shall not be granted to the same individual more than three times.
  5. The requirements for initial issuance are:
    - a. A high school diploma, General Education diploma, or associate's degree;

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- b. Verification from the school district superintendent that an emergency employment situation exists; and
  - c. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
6. The requirements for each reissuance are:
- a. Two semester hours of academic courses completed since the last issuance of the Emergency Substitute Certificate. District in-service programs designed for professional development may substitute for academic courses. Fifteen clock hours of in-service is equivalent to one semester hour. In-service hours shall be verified by the district superintendent or personnel director. Academic courses and in-service programs completed pursuant to this Section may include classroom management and professionalism and ethics. Individuals who have earned 30 or more semester hours are exempt from this requirement,
  - b. Verification from the school district superintendent that an emergency employment situation exists, and
  - c. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- D. Emergency Teaching Certificate - birth through grade 12**
- 1. The emergency teaching certificate is valid one school year or part thereof. The expiration date shall be the following July 1. Excluding an emergency teaching certificate issued under subsection (D)(6), an emergency teaching certificate shall not be issued more than three times to an individual.
  - 2. The emergency teaching certificate entitles the holder to enter into a teaching contract.
  - 3. Emergency teaching certificates shall be issued for early childhood, elementary and secondary certificates required by A.R.S. § 15-502(B) and required endorsements.
  - 4. The emergency teaching certificate entitles the holder to teach only in the district or charter school that verifies that an emergency employment situation exists.
  - 5. The requirements for initial issuance are:
    - a. A bachelor's degree,
    - b. Verification from the school district superintendent or charter school administrator that an emergency employment situation exists, and
    - c. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
  - 6. Notwithstanding this subsection, an emergency teaching certificate entitling the holder to teach in any Arizona school district or charter school may be issued for early childhood, elementary, middle grades, secondary, special education, and PreK through 12 teaching certificates for applicants who meet the following requirements:
    - a. A bachelor's degree,
    - b. Completion of a teacher preparation program in the certification area, as described in R7-2-608, R7-2-609, R7-2-609.01, R7-2-610, R7-2-611 and R7-2-613, from a Board-approved educator preparation program or from an accredited institution offering substantially similar training,
    - c. Verification that the applicant was unable to take one or all portions of the proficiency assessments required for the requested certificate as the result of a public health emergency declared by the governor or a public health official, and
    - d. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
7. Emergency teaching certificates issued pursuant to subsection (D)(6) shall not be renewed or re-issued.
- E. Alternative Teaching Certificate - PreK through 12**
- 1. The certificate is valid for two years from the date of initial issuance and may be extended yearly for no more than two consecutive years at no cost to the applicant if the provisions in subsection (E)(5) are met.
  - 2. The alternative teaching certificate entitles the holder to enter into a teaching contract while completing the requirements for an Arizona teaching certificate. During the valid period of the alternative teaching certificate the holder may teach in a Structured English Immersion classroom, or in any subject area in which the holder has passed the appropriate Arizona Teacher Proficiency Assessment. Alternative Teaching certificate holders who teach in a Structured English Immersion classroom shall hold a valid Provisional or full Structured English Immersion Endorsement, an English as a Second Language Endorsement, or a Bilingual Endorsement, if applicable. The candidate shall be enrolled in a Board authorized alternative path to certification program or a Board approved teacher educator preparation program.
  - 3. An individual is not eligible to hold the alternative teaching certificate more than once in a five year period.
  - 4. The requirements for initial issuance of the alternative teaching certificate are:
    - a. A bachelor's degree or higher from an accredited institution;
    - b. Verification of enrollment in a Board approved alternative path to certification program, or a Board approved educator preparation program; and
    - c. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
  - 5. The requirements for the extension of the alternative teaching certificate are:
    - a. The alternative teaching certificate outlined in subsection (E)(4),
    - b. Verification from the educator preparation program in which the alternative teaching certificate holder is enrolled, that the certificate holder has made adequate progress toward completion of the program,
    - c. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
  - 6. The holder of the alternative teaching certificate may apply for a Standard teaching certificate upon completion of the following:
    - a. Successful completion of a Board authorized alternative path to certification program or a Board-approved educator preparation program.
    - b. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment as applicable;
    - c. A passing score on one or more subject knowledge portions of the Arizona Teacher Proficiency Assessment that corresponds to the Board approved alternative path to certification program in which the applicant is enrolled, unless the applicant has a bachelor's, master's or doctoral degree in the corresponding content area;
    - d. The submission of an application for a Standard teaching certificate to the Department;
    - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.

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7. Placement decisions of alternative teaching certificate holders shall only be based on agreements between the educator preparation provider, the provider's partner organizations and the local education agency except as otherwise provided in this subsection.
- F. Standard Adult Education Certificate**
1. The holder is qualified to teach Adult Basic Education, Adult Secondary Education, English Language Acquisition for Adults, or Citizenship.
  2. The requirements are:
    - a. A valid fingerprint clearance card issued by the Arizona Department of Public Safety, and
    - b. A bachelor's degree.
  3. The renewal requirements are completion of a professional development program, described in R7-2-619.
- G. Junior Reserve Officer Training Corps Teaching Certificate - grades nine through 12**
1. The standard certificate is valid at any local education agency which conducts an approved Junior Reserve Officer Training Corps program of the Air Force, Army, Navy, or Marine Corps.
  2. The requirements are:
    - a. Verification by the district of an approved Junior Reserve Officer Training Corps program of instruction in which the applicant will be teaching,
    - b. Verification by the district that the applicant meets the work experience required by the respective military service, and
    - c. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- H. Athletic coaching certificate - grades seven through 12**
1. The standard certificate entitles the holder to perform coaching duties in interscholastic and extracurricular athletic activities. It is not required for teachers who hold a valid elementary, secondary or special education certificate.
  2. The requirements are:
    - a. Valid certification in first aid and Coronary and Pulmonary Resuscitation (CPR);
    - b. Completion of courses, Board-approved or accredited seminars or modules of study which shall include the following:
      - i. Methods of coaching,
      - ii. Anatomy and physiology,
      - iii. Sports psychology,
      - iv. Adolescent psychology,
      - v. The prevention and treatment of athletic injuries; and
      - vi. Signs of physical abuse, emotional abuse, sexual abuse, neglect, bullying, hazing and cyberbullying.
    - c. Two hundred fifty hours of verified coaching experience in the sport to be coached. Coaching experience may include experience as a head coach or assistant coach in a school program or in an organized athletic league; and
    - d. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
  4. Renewal requirements are:
    - a. Completion of a professional development program described in R7-2-619,
    - b. Valid certification in first aid and CPR.
- I. International Teaching Certificate**
1. The International Teaching certificate is issued to teachers from foreign countries who are contracted through the foreign teacher program as authorized by federal statutes enacted by the Congress of the United States or other foreign teacher recruitment programs approved by the United States Department of State or the United States Citizenship and Immigration Services.
  2. This certificate is valid for the length of the certificate holder's visa, not to exceed 12 years.
  3. The requirements are:
    - a. Verification that the applicant has completed teacher preparation in the home country or country of legal residence that is comparable to the requirements to qualify for an Arizona teaching certificate as provided in R7-2-608, R7-2-609, R7-2-610, R7-2-610.01, R7-2-610.02, R7-2-611 and R7-2-613.
    - b. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
    - c. A valid non-immigrating visa issued by the United States Department of State or the United States Citizenship and Immigration Services for international teachers.
    - d. Verification that the applicant has been contracted by an Arizona school through a foreign teacher program.
  4. An individual with an international teaching certificate may qualify for a certificate to instruct students in a language other than English with submission of a letter from a department chair or dean of an accredited institution in another country or in the United States verifying that the applicant is proficient in the language.
  5. The international teaching certificate may be extended with the following:
    - a. Verification of an extended visa issued by the United States Department of State or the United States Citizenship and Immigration Services for international teachers. The certificate may be extended to the new expiration date of the visa not to exceed 12 years.
    - b. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- J. Native American Language Certificate**
1. The standard certificate is optional and issued to individuals to teach only a Native American language in grades PreK through 12.
  2. The requirements are:
    - a. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
    - b. Language proficiency in a Native American Language. Proficiency shall be verified on official letterhead by a person, persons, or entity designated by the appropriate tribe.
  3. The certificate may be renewed upon completion of professional development, as prescribed in R7-2-619.
- K. Student Teaching Intern Certificate - PreK through 12**
1. The student teaching intern certificate is optional and is not a requirement for participation in a student teaching capstone experience.
  2. The certificate entitles the holder to perform teaching duties under the supervision of a program supervisor as defined in R7-2-604(14) and is only valid in the school district or charter school requesting the certificate.
  3. The certificate is valid for one year from date of initial issuance and may be extended for one year at no cost to

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the applicant if the provisions in subsection (K)(4) are met.

4. The requirements are:
  - a. Verification of enrollment in the culminating student teaching capstone experience of a Board approved educator preparation program pursuant to R7-2-604.01,
  - b. Verification documenting completed coursework with a minimum GPA of 3.0 on a 4.0 scale or the equivalent,
  - c. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment that corresponds to the teaching certificate the student teaching intern is pursuing,
  - d. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment that corresponds to the teaching certificate the student teaching intern is pursuing,
  - e. A request for issuance of the student teaching intern certificate from the district superintendent or charter school superintendent and the educator preparation program.
  - f. Verification from the educator preparation provider that a written supervision plan, approved by the Board, includes the following:
    - i. The educator preparation provider's roles and responsibilities for the Program Supervisor, and
    - ii. The onsite mentorship and induction provided by the Local Education Agency.
  - g. A valid fingerprint card issued by the Arizona Department of Public Safety.
5. Placement decisions of student teaching intern certificate holders shall only be based on collaborative agreements between the Board approved educator preparation provider and the local education agency. Notwithstanding any other provision, a student teaching intern certificate holder may not teach in a special education classroom unless the certificate holder has a bachelor's degree.
6. The holder of the student teaching certificate may apply for an Arizona Teaching Certificate upon completion of the following:
  - a. Successful completion of a Board approved educator preparation program.
  - b. The submission of an application, and all required documentation including an institutional recommendation, for the Arizona teaching certificate to the Department.

**L. Classroom-Based Standard Teaching Certificate**

1. The requirements are:
  - a. A bachelor's degree;
  - b. Successful completion of a Board-approved Classroom-Based Alternative Preparation Program;
  - c. Verification of satisfactory progress and achievement with students;
  - d. Demonstration of subject knowledge proficiency with:
    - i. Verification of teaching courses relevant to a content area or subject matter for the last two consecutive years, and for a total of at least three years at one or more accredited postsecondary institutions; or
    - ii. A bachelor's, master's or doctoral degree from an accredited institution in the applicable subject area; or

- iii. Verification of a minimum of five years of work experience in the applicable subject area of certification; or
- iv. Three years of verified teaching experience in the same area of certification in which the individual is applying for certification; or
- v. A passing score on the applicable subject knowledge portion of the Arizona Teacher Proficiency Assessment;
- e. Demonstration of professional knowledge proficiency with:
  - i. Three years of verified teaching experience in the same area of certification in which the individual is applying for certification; or
  - ii. A passing score on the applicable professional knowledge portion of the Arizona Teacher Proficiency Assessment;
- f. An individual seeking certification who was teaching courses or subjects tested by the statewide assessment must also provide:
  - i. Verified evidence of two years of full-time teaching; and
  - ii. Verified evidence that the individual's students performed at grade level; or
  - iii. Verified evidence that the individual's students achieved at least one year of academic growth at a rate equivalent to the state average for the students' associated peer groups;
- g. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4).  
 Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Section R7-2-614 amended by emergency rulemaking under A.R.S. § 41-1026 at 8 A.A.R. 3739, effective August 5, 2002 for a period of 180 days (Supp. 02-3). Emergency rulemaking renewed under A.R.S. § 41-1026 at 9 A.A.R. 522, effective January 31, 2003 for a period of 180 days (Supp. 03-1). Amended by final rulemaking at 9 A.A.R. 1605, effective May 5, 2003 (Supp. 03-2). Amended by exempt rulemaking at 15 A.A.R. 1304, effective June 26, 2006 (Supp. 09-1).  
 Amended by exempt rulemaking at 15 A.A.R. 1898, effective April 28, 2008 (Supp. 09-2). Former R7-2-614 recodified to R7-2-615; new R7-2-614 recodified from R7-2-613 at 15 A.A.R. 2146, effective August 25, 2008 (Supp. 09-4). Former R7-2-614 recodified to R7-2-615; new R7-2-614 recodified from R7-2-613 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 52, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 63, effective June 22, 2009 (Supp. 10-2).  
 Amended by exempt rulemaking at 16 A.A.R. 728, effective March 22, 2010 (Supp. 10-3). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). R7-2-614(J) amended by final exempt rulemaking at 21 A.A.R. 2073, effective August 27, 2012; R7-2-614(I) amended by final exempt rulemaking at 21 A.A.R. 2073, effective June 24, 2013; R7-2-614(B)(C)(E) amended by final exempt rulemaking at 21 A.A.R. 2073, effective January 26, 2015 (Supp. 15-3).  
 Amended by final exempt rulemaking at 22 A.A.R. 667, effective January 25, 2016; filed in the Office March 1, 2016 (Supp. 16-3). Amended by final exempt rulemaking

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at 22 A.A.R. 2617, effective August 22, 2016 (Supp. 16-4). Amended by final exempt rulemaking at 23 A.A.R. 725, effective January 23, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 24 A.A.R. 2947, effective September 24, 2018 (Supp. 18-3). Amended by final exempt rulemaking at 26 A.A.R. 1311, effective May 18, 2020 (Supp. 20-2). The hyphen between “PreK-12” has been changed to the word “through,” and the word “rule” has been changed to “Section” to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 28 A.A.R. 366 (February 11, 2022), with an immediate effective date of January 24, 2022 (Supp. 22-1).

**R7-2-615. Endorsements**

- A.** An endorsement is an attachment to an educator certificate that provides an additional qualification and shall be automatically renewed with the certificate on which it is posted.
- B.** Except as noted, the following provisions apply to this Section:
  - 1. Endorsements are subject to the general certification provisions in R7-2-607 and the reciprocity provisions in R7-2-621;
  - 2. Unless otherwise indicated, “teaching certificate” means a valid Arizona Standard Professional teaching certificate, Classroom-Based Standard Teaching Certificate, or International Teaching certificate;
  - 3. Provisional endorsements are valid for three years and shall not be renewed or extended. An individual shall not be issued the same provisional endorsement more than once in a five-year timeframe.
- C.** Endorsements which are optional as specified herein may be required by local governing boards.
- D.** Special subject endorsements, grades PreK through 12
  - 1. Special subject endorsements shall be issued in the area of art, computer science, dance, dramatic arts, music, or physical education.
  - 2. Special subject endorsements authorize the holder to teach the subject area indicated in a single subject, preschool through grade 12 classroom.
  - 3. The requirements are:
    - a. An Arizona early childhood, elementary, middle grades, secondary, or special education teaching certificate;
    - b. One course in the methods of teaching the subject at the elementary level and one course in the methods of teaching the subject at the secondary level; and
    - c. One of the following:
      - i. Thirty semester hours of courses in the subject area which may include the courses listed in subsection (D)(3)(b);
      - ii. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment in the appropriate area, if an assessment has been adopted by the Board.
- E.** Mathematics Specialist, K through eight Endorsement
  - 1. The mathematics specialist, K through eight endorsement is optional, but recommended for an individual in the position of mathematics specialist, mathematics education consultant, mathematics interventionist, or mathematics coach in a kindergarten through grade eight setting. Nothing in this Section prevents school districts from requiring certified staff to obtain a mathematics

endorsement as a condition of employment. The mathematics endorsement does not waive the requirements set forth in R7-2-607.

- 2. The requirements are:
  - a. A valid early childhood, elementary, middle grades, or special education teaching certificate;
  - b. Verification of three years of full-time teaching experience in grades K through eight; and
  - c. Eighteen semester hours of mathematics coursework to include:
    - i. Three semester hours of data analysis, probability, and discrete mathematics;
    - ii. Three semester hours of geometry and measurement;
    - iii. Six semester hours of patterns, algebra, and functions; and
    - iv. Six semester hours of number and operations.
  - d. Six semester hours of mathematics coursework to include:
    - i. Three semester hours of mathematics classroom assessment;
    - ii. Three semester hours of research-based practices, pedagogy, and instructional leadership in mathematics.
- 3. A passing score on the middle grades mathematics or secondary mathematics portion of the Arizona Teacher Proficiency Assessment may be substituted for the mathematics coursework described in subsection (2)(c).
- F.** Reading Specialist, K through eight Endorsement
  - 1. The Reading Specialist, K through eight endorsement authorizes the holder for the positions of reading specialist, reading coach, reading interventionist, or a similar role in kindergarten through grade eight.
  - 2. The requirements are:
    - a. A valid Arizona early childhood, elementary, special education, middle grades, or secondary teaching certificate;
    - b. Verification of three years of full-time teaching experience in preschool through grade 12;
    - c. Three semester hours of elementary practicum in reading that includes experience with children in kindergarten through grade five;
    - d. Fifteen semester hours of reading courses to include all of the following:
      - i. Three semester hours in the essential elements of elementary reading and writing instruction for students in kindergarten through grade eight;
      - ii. Three semester hours in elementary content area reading and writing for students in kindergarten through grade eight;
      - iii. Three semester hours in reading assessment systems;
      - iv. Three semester hours in the administration and supervision of a reading program at the elementary level;
      - v. Three semester hours of elective courses in an area of focus that will deepen knowledge in the teaching of reading to elementary students, such as children’s literature or teaching reading to English language learners.
    - e. Three semester hours in the science of reading instruction, including systematic phonics instruction;



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- f. Three semester hours in reading instruction, including assessments, instructional practices, and interventions to improve student reading proficiency for struggling readers, including students with the characteristics of dyslexia;
  - 3. A passing score on the appropriate subject knowledge portion of the Arizona Teacher Proficiency Assessment may substitute for the fifteen semester hours of courses described in subsection (F)(2)(d)(i) through (v).
  - 4. Completion of Department-approved training may substitute for the semester hours required in subsections (F)(2)(e) and (F)(2)(f). Fifteen clock hours of training, or the equivalent competency-based credential, is equivalent to one semester hour.
- G. Reading Specialist, six through 12 Endorsement**
- 1. The Reading Specialist, six through 12 endorsement authorizes the holder for the positions of reading specialist, reading interventionist, reading coach, or a similar role in grades six through 12.
  - 2. The requirements are:
    - a. A valid Arizona early childhood, elementary, special education, middle grades, or secondary teaching certificate;
    - b. Verification of three years of full-time teaching experience in preschool through grade 12;
    - c. Three semester hours of secondary practicum in reading completed in grades six through 12;
    - d. Fifteen semester hours of reading courses to include all of the following:
      - i. Three semester hours in the essential elements of reading and writing instruction for students in grades six through 12;
      - ii. Three semester hours in content area reading and writing for students in grades six through 12;
      - iii. Three semester hours in reading assessment systems;
      - iv. Three semester hours in the administration and supervision of a reading program at the secondary level;
      - v. Three semester hours of elective courses in an area of focus that will deepen knowledge in the teaching of reading to students in grades six through 12, such as adolescent literature or teaching reading to English language learners.
    - e. Three semester hours in the science of reading instruction, including systematic phonics instruction;
    - f. Three semester hours in reading instruction, including assessments, instructional practices, and interventions to improve student reading proficiency for struggling readers, including students with the characteristics of dyslexia. For applications received on or after October 1, 2027, the course must include a focus on improving reading proficiency for struggling readers in grades six through 12.
  - 3. A passing score on the appropriate subject knowledge portion of the Arizona Teacher Proficiency Assessment may substitute for the fifteen semester hours of courses described in subsection (G)(2)(d)(i) through (v).
  - 4. Completion of Department-approved training may substitute for the semester hours required in subsections (G)(2)(e) and (G)(2)(f). Fifteen clock hours of training, or the equivalent competency-based credential, is equivalent to one semester hour.
- H. Reading Specialist, K through 12 Endorsement**
- 1. The Reading Specialist, K through 12 endorsement authorizes the holder for the positions of reading specialist, reading interventionist, reading coach, or a similar role in kindergarten through grade 12.
  - 2. The requirements are:
    - a. A valid Arizona early childhood, elementary, special education, middle grades, or secondary teaching certificate;
    - b. Verification of three years of full-time teaching experience in preschool through grade 12;
    - c. Three semester hours of elementary reading practicum completed in kindergarten through grade five;
    - d. Three semester hours of secondary reading practicum completed in grades six through 12;
    - e. Eighteen semester hours of reading courses to include all of the following:
      - i. Three semester hours in the essential elements of elementary reading and writing instruction for students in kindergarten through grade eight;
      - ii. Three semester hours in elementary content area reading and writing for students in kindergarten through grade eight;
      - iii. Three semester hours in the essential elements of reading and writing instruction for students in grades six through 12;
      - iv. Three semester hours in content area reading and writing for students in grades six through 12;
      - v. Three semester hours in reading assessment systems;
      - vi. Three semester hours in the administration and supervision of a kindergarten through grade 12 reading program.
    - f. Three semester hours in the science of reading instruction, including systematic phonics instruction;
    - g. Three semester hours in reading instruction, including assessments, instructional practices, and interventions to improve student reading proficiency for struggling readers, including students with the characteristics of dyslexia.
  - 3. A passing score on the appropriate subject knowledge portions of the Arizona Teacher Proficiency Assessment required for the Reading Specialist K through eight and Reading Specialist, six through 12 endorsements may substitute for the eighteen semester hours of courses described in subsection (H)(2)(e)(i) through (vi).
  - 4. Completion of Department-approved training may substitute for the semester hours required in subsections (H)(2)(f) and (H)(2)(g). Fifteen clock hours of training, or the equivalent competency-based credential, is equivalent to one semester hour.
- I. Elementary World Language, K through eight Endorsement**
- 1. The elementary world language, K through 8 endorsement authorizes a holder to teach a world language other than English to students in kindergarten through grade eight.
  - 2. The requirements are:

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- a. An Arizona early childhood, elementary, middle grades, secondary or special education teaching certificate.
  - b. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment in a world language other than English. If an Arizona subject knowledge assessment in the language has not been adopted by the Board, one of the following is required:
    - i. A minimum of 24 semester hours of courses in the world language other than English; or
    - ii. A passing score on a nationally accredited test of a foreign language approved by the Board; or
    - iii. Verification of proficiency in a Native American language from a person, persons, or entity designated by the appropriate tribe.
  - c. Three semester hours of courses in the methods of teaching a foreign language at the elementary level.
- J. Bilingual Endorsements, PreK through 12**
1. The Bilingual endorsements authorize the holder for the positions of bilingual classroom teacher, bilingual resource teacher, bilingual specialist, or otherwise responsible for providing bilingual instruction. The holder of a full Bilingual endorsement is also authorized to teach English learners within the authorized subjects and grade levels of the prerequisite certificate.
  2. The Provisional Bilingual, PreK through 12 endorsement is valid for three years and is not renewable. The requirements are:
    - a. A valid Arizona Standard Professional Teaching Certificate, Subject Matter Expert Standard Teaching Certificate, Specialized Secondary Teaching Certificate, Classroom-Based Standard Teaching Certificate, International Teaching Certificate, Alternative Teaching Certificate, Student Teaching Intern Certificate, Career and Technical Education Certificate, Supervisor Certificate, Principal Certificate, or Superintendent Certificate; and
    - b. Proficiency in a world language other than English, verified by one of the following:
      - i. A passing score on the Arizona Classroom Spanish Proficiency exam;
      - ii. A passing score on a subject knowledge portion of the Arizona Teacher Proficiency Assessment in a world language other than English; or
      - iii. A passing score on a nationally accredited test of a foreign language approved by the Board;
      - iv. Proficiency in a Native American language shall be verified by an official designated by the appropriate tribe;
  3. The requirements for the full Bilingual, PreK through 12 endorsement are:
    - a. A valid Arizona Standard Professional Teaching Certificate, Subject Matter Expert Standard Teaching Certificate, Specialized Secondary Teaching Certificate, Classroom-Based Standard Teaching Certificate, International Teaching Certificate, Alternative Teaching Certificate, Student Teaching Intern Certificate, Career and Technical Education Certificate, Supervisor Certificate, Principal Certificate, or Superintendent Certificate;
    - b. Completion of a bilingual education program from an accredited institution or the following courses:
      - i. Three semester hours of foundations of instruction for non-English-language-background students;
      - ii. Three semester hours of bilingual methods including, but not limited to, bilingual materials and curriculum;
      - iii. Three semester hours of English as a Second Language for bilingual settings;
      - iv. Three semester hours of courses in assessment of limited-English-proficient students, and methods of teaching reading and writing in a bilingual classroom;
      - v. Three semester hours of linguistics to include psycholinguistics, sociolinguistics, first language acquisition, and second language acquisition for language minority students, or American Indian language linguistics;
      - vi. Three semester hours of courses dealing with school, community, and family culture and parental involvement in programs of instruction for non-English-language-background students; and
      - vii. Three semester hours of courses in methods of teaching and evaluating children with disabilities from non-English-language backgrounds. These semester hours are only required for bilingual endorsements on special education certificates.
- K. English as a Second Language (ESL) Endorsements, grades PreK through 12**
1. The English as a Second Language (ESL) endorsements authorize the holder to teach English learners within the authorized subjects and grade levels of the prerequisite certificate.
  2. The Provisional English as a Second Language, PreK through 12 endorsement is valid for three years and is not renewable. The requirements are:
    - a. A valid Arizona Standard Professional Teaching Certificate, Subject Matter Expert Standard Teaching Certificate, Specialized Secondary Teaching Certificate, Classroom-Based Standard Teaching Certificate, International Teaching Certificate, Alternative Teaching Certificate, Student Teaching Intern Certificate, Career and Technical Education Certificate, Supervisor Certificate, Principal Certificate, or Superintendent Certificate; and
- c. One of the following:
    - i. Three semester hours of practicum in a pre-school through grade 12 bilingual classroom; or
    - ii. Verification of two years of full-time teaching experience in a preschool through grade 12 bilingual classroom.
  - d. Proficiency in a world language other than English, verified by one of the following:
    - i. A passing score on the Arizona Classroom Spanish Proficiency exam;
    - ii. A passing score on a subject knowledge portion of the Arizona Teacher Proficiency Assessment in a world language other than English; or
    - iii. A passing score on a nationally accredited test of a foreign language approved by the Board;
    - iv. Proficiency in a Native American language shall be verified by an official designated by the appropriate tribe.

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- b. Six semester hours of courses specified in subsection (K)(3)(b), including at least one course in methods of teaching ESL students.
  - 3. The requirements for the ESL endorsement are:
    - a. A valid Arizona Standard Professional Teaching Certificate, Subject Matter Expert Standard Teaching Certificate, Specialized Secondary Teaching Certificate, Classroom-Based Standard Teaching Certificate, International Teaching Certificate, Alternative Teaching Certificate, Student Teaching Intern Certificate, Career and Technical Education Certificate, Supervisor Certificate, Principal Certificate, or Superintendent Certificate;
    - b. Completion of an ESL education program from an accredited institution or the following courses:
      - i. Three semester hours of courses in foundations of instruction for non-English-language-background students. Three semester hours of courses in the nature and grammar of the English language, taken before January 1, 1999, may be substituted for this requirement;
      - ii. Three semester hours of ESL methods;
      - iii. Three semester hours of teaching of reading and writing to limited-English-proficient students;
      - iv. Three semester hours of assessment of limited-English-proficient students;
      - v. Three semester hours of linguistics; and
      - vi. Three semester hours of courses dealing with school, community, and family culture and parental involvement in programs of instruction for non-English-language-background students.
    - c. One of the following:
      - i. Three semester hours of practicum in an ESL or bilingual preschool through grade 12 classroom; or
      - ii. Verification of two years of full-time teaching experience in an ESL or bilingual preschool through grade 12 classroom.
    - d. Second language learning experience, which may include sign language. Second language learning experience may be documented by any of the following:
      - i. Six semester hours of courses in a single second language other than English;
      - ii. Completion of intensive language training by the Peace Corps, the Foreign Service Institute, or the Defense Language Institute;
      - iii. Verification from a department chair or administrator in the language department of an accredited institution that the applicant has been placed in a third-semester level in a language other than English;
      - iv. Placement at level 1-intermediate/low or more advanced score on the Oral Proficiency Interview, verified by the American Council for the Teaching of Foreign Languages;
      - v. A passing score on the Arizona Classroom Spanish Proficiency Examination approved by the Board;
      - vi. Proficiency in a Native American language verified by an official designated by the appropriate tribe;
      - vii. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment in a world language other than English.
- L. Structured English Immersion (SEI) Endorsements, grades PreK through 12.
  - 1. The Structured English Immersion (SEI) endorsements authorize the holder to teach English learners (ELs) within the grade range and subject area of the prerequisite certificate that is endorsed.
  - 2. The Provisional SEI endorsement is valid for three years and is not renewable. The requirements are:
    - a. A valid Arizona Standard Professional Teaching Certificate, Subject Matter Expert Standard Teaching Certificate, Specialized Secondary Teaching Certificate, Classroom-Based Standard Teaching Certificate, International Teaching Certificate, Alternative Teaching Certificate, Student Teaching Intern Certificate, Career and Technical Education Certificate, Supervisor Certificate, Principal Certificate, or Superintendent Certificate;
    - b. One of the following:
      - i. One semester hour of coursework in Structured English Immersion (SEI) methods of teaching English learners including, but not limited to, instruction in SEI strategies, teaching with the English Language Proficiency Standards adopted by the Board, and monitoring EL student academic progress using a variety of assessment tools; or
      - ii. Completion of 15 clock hours of Board-approved training in Structured English Immersion methods of teaching English learners that meets the requirements of A.R.S. § 15-756.09(B) and includes instruction in SEI strategies, teaching with the English Language Proficiency Standards adopted by the Board, and monitoring ELL student academic progress using a variety of assessment tools.
- 3. The requirements for the full Structured English Immersion, PreK through 12 endorsements are:
  - a. A valid Arizona Standard Professional Teaching Certificate, Subject Matter Expert Standard Teaching Certificate, Specialized Secondary Teaching Certificate, Classroom-Based Standard Teaching Certificate, International Teaching Certificate, Alternative Teaching Certificate, Career and Technical Education Certificate, Supervisor Certificate, Principal Certificate, or Superintendent Certificate.
  - b. One of the following:
    - i. Three semester hours of SEI coursework that aligns with the SEI Endorsement Frameworks approved by the Board; or
    - ii. Completion of 45 clock hours of Board-approved SEI endorsement training that aligns with the SEI Endorsement Frameworks approved by the Board and meets the requirements of A.R.S. § 15-756.09(B).
- M. Gifted Endorsements, grades PreK through 12
  - 1. The gifted endorsements authorize the holder to teach gifted students within the grade range and subject area of the prerequisite certificate. A gifted endorsement is required for all district teachers who have primary responsibility for teaching gifted pupils.

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2. The provisional gifted endorsement is valid for three years and is not renewable. The requirements are:
    - a. A valid Arizona International or Standard Professional teaching certificate.
    - b. One of the following:
      - i. Six semester hours of courses in gifted education; or
      - ii. Verification from a public school superintendent or personnel director that the applicant completed a minimum of 90 clock hours of in-service training in gifted education, or the equivalent through competency-based credentials, that is aligned to the Teacher Preparation Standards in Gifted and Talented Education adopted by the National Association for Gifted Children and the Council for Exceptional Children.
  3. Requirements for the gifted endorsement are:
    - a. A valid Arizona International or Standard Professional teaching certificate;
    - b. One of the following:
      - i. Verification from a public school superintendent or personnel director that the applicant completed a minimum of 180 clock hours of in-service training in gifted education, or the equivalent through competency-based credentials, that is aligned to the Teacher Preparation Standards in Gifted and Talented Education adopted by the National Association for Gifted Children and the Council for Exceptional Children. Fifteen clock hours of in-service is equivalent to one semester hour. In-service hours shall be verified by the district superintendent or personnel director.
      - ii. Completion of 12 semester hours of courses in gifted education. No more than six semester hours of courses in gifted education may be obtained through completion of in-service training that is aligned to the Teacher Preparation Standards in Gifted and Talented Education adopted by the National Association for Gifted Children and the Council for Exceptional Children. Fifteen clock hours of in-service is equivalent to one semester hour. In-service hours shall be verified by the district superintendent or personnel director.
- N. Early Childhood Education, Birth through grade three Endorsements**
1. When combined with an Arizona elementary education teaching certificate or an Arizona special education teaching certificate, the early childhood endorsement may be used in lieu of an early childhood education certificate as described in R7-2-608. When combined with an Arizona mild/moderate disabilities, moderate/severe disabilities, specialized special education, or cross-categorical special education teaching certificate, the early childhood endorsement may be used in lieu of an Early Childhood Special Education certificate.
  2. The Provisional Early Childhood Education Birth through grade three is valid for three years and is not renewable. The requirements are:
    - a. A valid Arizona elementary or special education teaching certificate; and
    - b. A passing score on the early childhood subject knowledge portion of the Arizona Teacher Proficiency Assessment.
  3. The requirements for the full Early Childhood Education, Birth through grade three endorsement are:
    - a. A valid Arizona elementary or special education teaching certificate; and
    - b. Completion of 21 semester hours of early childhood courses to include all of the following:
      - i. Foundations of early childhood education;
      - ii. Child guidance and classroom management;
      - iii. Characteristics and quality practices for typical and atypical behaviors of young children;
      - iv. Child growth and development, including health, safety and nutrition;
      - v. Child, family, cultural and community relationships;
      - vi. Developmentally appropriate instructional methodologies for teaching language, math, science, social studies and the arts;
      - vii. Early language and literacy development;
      - viii. Assessing, monitoring and reporting progress of young children.
    - c. One of the following:
      - i. Four semester hours of practicum serving children birth through preschool; or
      - ii. Verification of one year of full-time teaching experience with children in birth through preschool. This verification may come from a school-based education program or center-based program licensed by the Department of Health Services or regulated by tribal or military authorities.
    - d. One of the following:
      - i. A minimum of four semester hours of student teaching in a kindergarten through grade three classroom; or
      - ii. Verification of one year of full-time teaching experience in kindergarten through grade three.
    - e. A passing score on the early childhood subject knowledge portion of the Arizona Educator Proficiency Assessment.
  4. Applicants may meet the requirements in subsections (N)(3)(b), (c), and (d) with the submission of an application for the full Early Childhood Education, Birth through grade three endorsement that includes evidence of three years of verified full-time teaching experience in an infant/toddler, preschool, or kindergarten through grade three classroom.
  5. Applicants may meet the requirements in subsection (N)(3)(b) with a passing score on the early childhood professional knowledge portion of the Arizona Teacher Proficiency Assessment.
- O. Library-Media Specialist Endorsement, grades PreK through 12**
1. The library-media specialist endorsement is optional.
  2. The requirements are:
    - a. An Arizona elementary, middle grades, secondary, early childhood or special education teaching certificate;
    - b. A passing score on the Library-Media Specialist subject knowledge portion of the Arizona Teacher Proficiency Assessment; and
    - c. Verification of one year of full-time teaching experience in preschool through grade 12.
- P. Middle Grades Endorsement, grades five through nine**

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1. The Middle Grades endorsement expands the grades a teacher is authorized to teach on an elementary or secondary teaching certificate.
  2. The requirements are:
    - a. An Arizona elementary or secondary teaching certificate, and
    - b. Six semester hours of courses in middle grade education to include:
      - i. One course in early adolescent psychology;
      - ii. One course in middle grade curriculum; and
    - c. One of the following:
      - i. A practicum in grades five through nine; or
      - ii. Verification of one year of full-time teaching experience in grades five through nine.
- Q. Driver's Education Endorsement**
1. The driver's education endorsement is optional.
  2. The requirements are:
    - a. An Arizona, Standard Professional Teaching Certificate, Subject Matter Expert Standard Teaching Certificate, Specialized Secondary Teaching Certificate, Classroom-Based Standard Teaching Certificate, International Teaching Certificate, or Career and Technical Education Certificate;
    - b. A valid Arizona driver's license;
    - c. Completion of nine semester hours of courses in driver's education to include all of the following:
      - i. Safety education,
      - ii. Driver and highway safety education, and
      - iii. Driver education laboratory experience.
    - d. A driving record with less than seven violation points and no revocation or suspension of driver's license within the two years preceding application.
  3. Department-approved driver's education training may substitute for the nine semester hours of coursework described in subsection (Q)(2)(c). Fifteen clock hours of training is equivalent to one semester hour of coursework.
- R. Cooperative Education Endorsement, grades K through 12**
1. The cooperative education endorsement is required for individuals who coordinate Career and Technical Education (CTE) cooperative education programs.
  2. The requirements are:
    - a. A valid Arizona CTE certificate; and
    - b. At least one semester hour of college coursework or 15 clock hours of Department-CTE approved training in coordinating CTE cooperative education programs.
- S. Computer Science, PreK through eight Endorsement**
1. The computer science, PreK through eight endorsement authorizes the holder to teach computer science in prekindergarten through grade eight.
  2. The requirements are:
    - a. An Arizona Standard Professional Early Childhood, Elementary, Middle Grades, Secondary, Special Education, or PreK through 12 Teaching certificate;
    - b. Three semester hours in foundations for teaching computer science which addresses the following topics:
      - i. Introduction to computer science;
      - ii. Inclusive recruitment, retention, and pedagogical strategies in computing education;
      - iii. Computational thinking;
    - c. Six semester hours in computer science to include the following:
      - i. Three semester hours in teaching and learning programming for educators; and
      - ii. Three semester hours in a computer science elective which may include, but is not limited to, physical computing or mobile computing.
  3. Completion of a training program through an Arizona public local education agency or an accredited institution may substitute for the semester hours required in subsections (S)(2)(b) and (c). Fifteen clock hours of training, or the equivalent competency-based credential, is equivalent to one semester hour of college coursework. Training programs shall be verified by a superintendent or personnel director of the Arizona local education agency or the appropriate administrator of an accredited institution.
- T. Computer Science, grades six through 12 Endorsement**
1. The computer science, grades six through 12 endorsement authorizes the holder to teach computer science in grades six through 12.
  2. The requirements are:
    - a. A valid Arizona Standard Professional Elementary, Middle Grades, Secondary, Hearing Impaired, Visually Impaired, Mild/Moderate Disabilities, Moderate/Severe Disabilities, or PreK through 12 Teaching certificate;
    - b. Three semester hours in foundations for teaching computer science which addresses the following topics:
      - i. Introduction to computer science;
      - ii. Inclusive recruitment, retention, and pedagogical strategies in computing education;
      - iii. Computational thinking;
      - iv. Instructional planning based on the Arizona state standards for computer science or comparable computer science standards.
    - c. Nine semester hours of courses in computer science to include the following:
      - i. Three semester hours in teaching and learning programming for educators; and
      - ii. Six semester hours in computer science electives which may include, but is not limited to, computer programming, cybersecurity, algorithms and data structures, operating systems, artificial intelligence, machine learning, database development and management, computer networks, and data mining and analytics.
  3. Completion of a training program through an Arizona public local education agency or an accredited institution may substitute for the semester hours required in subsections (T)(2)(b) and (c). Fifteen clock hours of training, or the equivalent competency-based credential, is equivalent to one semester hour of college coursework. Training programs shall be verified by a superintendent or personnel director of the Arizona local education agency or the appropriate administrator of an accredited institution.
- U. Literacy, K through five Endorsement**
1. For the purposes of this Section, the following definitions apply:
    - a. "Literacy instruction" means instruction in English language arts provided by a teacher.

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- b. "Science of reading instruction" means instruction which includes a focus on the elements of structured literacy, to include oral language, phonological awareness, phonics, fluency, vocabulary, comprehension, and foundational writing skills, including spelling and handwriting.
  - c. "Teaching certificate" means an Alternative Teaching certificate, International Teaching certificate, Classroom-Based Standard Teaching certificate, or Standard Professional teaching certificate.
2. An individual who receives a teaching certificate in early childhood education, elementary education, middle grades education, or special education issued on or before August 1, 2025, and who provides literacy instruction in kindergarten programs or in any of grades one through five must obtain a Literacy, K through five endorsement, a Reading Specialist endorsement, grades K through 12, a Reading endorsement for grades K through 12, or a Reading endorsement for grades K through eight by August 1, 2028.
3. An individual who receives a teaching certificate in early childhood education, elementary education, middle grades education, or special education issued after August 1, 2025, and who provides literacy instruction in kindergarten or in any of grades one through five must obtain a Literacy, K through five endorsement, a Reading Specialist endorsement, grades K through 12, a Reading endorsement for grades K through 12, or a Reading endorsement for grades K through eight within three years after the teaching certificate is issued.
4. Literacy, K through five Endorsement
  - a. The Literacy, K through five Endorsement authorizes the holder to provide literacy instruction within the grade range and subject area of the teaching certificate it endorses. The requirements are:
    - i. A valid teaching certificate in early childhood education, elementary education, middle grades education, or special education;
    - ii. Three semester hours in the science of reading instruction, including systematic phonics instruction;
    - iii. Three semester hours in reading instruction, including assessments, instructional practices, and interventions to improve student reading proficiency for struggling readers, including students with the characteristics of dyslexia;
    - iv. A passing score on a literacy instruction assessment approved by the Board for the Literacy, K through five endorsement.
  - b. Completion of Department-approved training may substitute for the semester hours required in subsections (U)(4)(a)(ii) and (iii). Fifteen clock hours of training, or the equivalent competency-based credential, is equivalent to one semester hour.
5. Applicants may meet the requirements described in subsections (U)(4)(a)(ii), (iii), and (iv) with verification from an Arizona public school superintendent, principal or personnel director that the applicant meets the following requirements: The applicant is a teacher who provides literacy instruction in kindergarten through grade five and has demonstrated through class-room observations and student achievement data across subgroups using evidence-based measures for at least three consecutive years, based on criteria established by the Board, that the

teacher possesses the instructional knowledge and skills to:

- a. Effectively teach foundational reading skills, phonological awareness, phonics, fluency, vocabulary, and comprehension; and
- b. Implement reading instruction using high-quality instructional materials; and
- c. Provide effective instruction and interventions for students with reading deficiencies, including students with characteristics of dyslexia.

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Amended by exempt rulemaking at 15 A.A.R. 1838, effective August 29, 2006 (Supp. 09-1). Amended by exempt rulemaking at 15 A.A.R. 1306, effective September 26, 2006 (Supp. 09-1). Former R7-2-615 recodified to R7-2-616; new R7-2-615 recodified from R7-2-614 at 15 A.A.R. 2146, effective August 25, 2008 (Supp. 09-4). Former R7-2-615 recodified to R7-2-616; new R7-2-615 recodified from R7-2-614 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 52, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 119, effective September 21, 2009 (Supp. 10-2). Amended by exempt rulemaking at 16 A.A.R. 129, effective September 21, 2009 (Supp. 10-2). Amended by exempt rulemaking at 16 A.A.R. 734, effective July 1, 2011 (Supp. 10-3). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by exempt rulemaking at 16 A.A.R. 1496, effective July 1, 2011 (Supp. 11-1). Amended by final exempt rulemaking at 22 A.A.R. 227, effective June 23, 2014; filed in the Office January 20, 2016 (Supp. 16-2). Amended by final exempt rulemaking at 22 A.A.R. 1912, effective October 1, 2011; filed in the Office July 1, 2016 (Supp. 16-3). Amended by final exempt rulemaking at 22 A.A.R. 219, effective June 5, 2015; filed in the Office January 20, 2016 (Supp. 16-4). Amended by final exempt rulemaking at 22 A.A.R. 233, effective September 28, 2015 and filed in the Office January 20, 2016 (Supp. 17-1). Amended by final exempt rulemaking at 22 A.A.R. 670, effective January 1, 2016, filed in the Office March 2, 2016; amended by final exempt rulemaking at 22 A.A.R. 2241, effective August 6, 2016, filed in the Office August 5, 2016 (Supp. 17-2). Amended by final exempt rulemaking at 25 A.A.R. 1552, effective May 20, 2019 (Supp. 19-2). The hyphen between "6-12," "PreK-8," and "PreK-12" have been corrected to the word "through," the numeral "6" has been changed to "six," and the numeral "8" has been changed to "eight" for consistency in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021; amended by final exempt rulemaking at 28 A.A.R. 180, (January 14, 2022) effective January 25, 2022 (Supp. 21-4). Amended by final exempt rulemaking at 31 A.A.R. 2980 (September 19, 2025); effective February 24, 2025, as approved by the Board (Supp. 25-3).

**R7-2-615.01 Special Education Endorsements**

- A. Except as noted, special education endorsements are subject to the general certification provisions in R7-2-607.
- B. Mild/Moderate Disabilities Endorsement:

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1. The endorsement authorizes the holder to teach students with mild/moderate disabilities in preschool through grade 12.
  2. A provisional mild/moderate disabilities endorsement is valid for three years and is not renewable. The requirements are:
    - a. A valid Arizona Standard Professional Early Childhood, Elementary, Middle Grades, Secondary, Visually Impaired, Hearing Impaired, Early Childhood Special Education, or Moderate/Severe Disabilities certificate;
    - b. Three years of full-time teaching experience in preschool through grade 12;
    - c. Six semester hours of special education courses to include both of the following:
      - i. Behavior management for students with disabilities; and
      - ii. Special education assessment and individualized education program planning.
    - d. Completion of 15 clock hours of practicum in mild/moderate disabilities special education that may be included in the courses listed in (B)(2)(c).
  3. The requirements for the mild/moderate disabilities endorsement are:
    - a. A valid Arizona Standard Professional Early Childhood, Elementary, Middle Grades, Secondary, Visually Impaired, Hearing Impaired, Early Childhood Special Education, or Moderate/Severe Disabilities certificate;
    - b. Three years of full-time teaching experience in preschool through grade 12;
    - c. Fifteen semester hours of special education courses to include all of the following:
      - i. Methods for teaching students with disabilities;
      - ii. Behavior management for students with disabilities;
      - iii. Special education law;
      - iv. Special education assessment and individualized education program planning;
      - v. Language development and disorders.
    - d. Completion of 45 clock hours of practicum in mild/moderate disabilities special education that may be included in the courses listed in (B)(3)(c).
- C. Moderate/Severe Disabilities Endorsement**
1. The endorsement authorizes the holder to teach students with moderate/severe disabilities in preschool through grade 12.
  2. A provisional moderate/severe disabilities endorsement is valid for three years and is not renewable. The requirements are:
    - a. A valid Arizona Standard Professional Early Childhood, Elementary, Middle Grades, Secondary, Visually Impaired, Hearing Impaired, Early Childhood Special Education, or Mild/Moderate Disabilities certificate;
    - b. Three years of full-time teaching experience in preschool through grade 12; and
    - c. Six semester hours of special education courses to include both of the following:
      - i. Behavior management for students with disabilities; and
      - ii. Special education assessment and individualized education program planning.
    - d. Completion of 15 clock hours of practicum in moderate/severe disabilities special education that may be included in the courses listed in (C)(2)(c).
  3. The requirements are for the moderate/severe disabilities endorsement are:
    - a. A valid Arizona Standard Professional Early Childhood, Elementary, Middle Grades, Secondary, Visually Impaired, Hearing Impaired, Early Childhood Special Education, or Mild/Moderate Disabilities certificate;
    - b. Three years of full-time teaching experience in preschool through grade 12;
    - c. Fifteen semester hours of special education courses to include all of the following:
      - i. Behavior management for students with disabilities;
      - ii. Special education law;
      - iii. Special education assessment and individualized education program planning;
      - iv. Methods for teaching students with severe disabilities;
      - v. Adaptive communication, including language development and disorders.
    - d. Completion of 45 clock hours of practicum in moderate/severe disabilities special education that may be included in the courses listed in (C)(3)(c).
- D. Deaf/Hard of Hearing Endorsement**
1. The endorsement authorizes the holder to teach students who are deaf or hard of hearing from birth through grade 12.
  2. The requirements are:
    - a. A valid Standard Professional Early Childhood, Elementary, Middle Grades, Secondary, Mild/Moderate Disabilities, Moderate/Severe Disabilities, Early Childhood Special Education, Specialized Special Education, Cross-Categorical Special Education, or Visually Impaired teaching certificate.
    - b. Three years of full-time teaching experience in preschool through grade 12.
    - c. Six semester hours of special education courses to include all of the following:
      - i. Special education law and individualized education program planning,
      - ii. Behavior management for students with disabilities,
      - iii. The use of instructional and assistive technologies in the classroom.
    - d. Fifteen semester hours of courses in deaf/hard of hearing education that adhere to a guidance document approved by the Board and include all of the following:
      - i. Methods for facilitating language acquisition and literacy development in children who are deaf or hard of hearing;
      - ii. Auditory skill development for students who are deaf or hard of hearing;
      - iii. Assessment of students who are deaf or hard of hearing;
      - iv. Principles of audiology;
      - v. Social and cultural foundations and family involvement for students who are deaf or hard of hearing;

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- vi. Early intervention and parental involvement to enhance the early language skills of students who are deaf or hard of hearing;
  - vii. Methods for teaching students who are deaf or hard of hearing with multiple disabilities, including deaf-blindness.
  - e. Completion of at least 90 clock hours of supervised practicum in teaching students who are deaf or hard of hearing, which may be included in the courses listed under subsections (2)(c) or (d).
  - f. American Sign Language learning experience documented by one of the following:
    - i. A passing score on an American Sign Language proficiency assessment approved by the Board. An applicant who meets the requirement in this subsection under this option shall qualify for a deaf/hard of hearing endorsement with an American Sign Language proficiency designation; or
    - ii. Verification of proficiency in American Sign Language from an accredited institution; or
    - iii. Completion of six semester hours of courses in American Sign Language.
- E. Visually Impaired Endorsement**
- 1. The endorsement authorizes the holder to teach students who are blind or visually impaired in birth through grade 12.
  - 2. The requirements are:
    - a. A valid Standard Professional Early Childhood, Elementary, Middle Grades, Secondary, Mild/Moderate Disabilities, Moderate/Severe Disabilities, Early Childhood Special Education, Specialized Special Education, Cross-Categorical Special Education, or Hearing Impaired teaching certificate.
    - b. Three years of full-time teaching experience in pre-school through grade 12.
    - c. Six semester hours of special education courses to include all of the following:
      - i. Special education law and individualized education program planning,
      - ii. Behavior management for students with disabilities,
      - iii. The use of instructional and assistive technologies in the classroom.
    - d. Fifteen semester hours of courses in visually impaired special education that adhere to a guidance document approved by the Board and include all of the following:
      - i. Instructional approaches for teaching students who have vision impairments;
      - ii. Methods for facilitating literacy development in children who are blind or low vision;
      - iii. Assistive technologies for students with vision impairments;
      - iv. Assessment of students with vision impairment;
      - v. Early intervention and parental involvement to enhance early skills of students with vision impairment;
      - vi. Anatomy and physiology of the eye;
      - vii. Methods for teaching orientation and mobility to students who have visual impairments;
      - viii. Methods for teaching students who have visual impairments with multiple disabilities, including deaf-blindness.
  - e. Completion of a minimum of 90 clock hours of supervised practicum in teaching students who have visual impairments, which may be included in the courses listed under subsections (2)(c) or (d).
  - f. Proficiency in braille verified by one of the following:
    - i. Successful completion of a nationally validated braille test approved by the Board; or
    - ii. Successful completion of a braille test developed in the program in visual impairment at the University of Arizona.
- Historical Note**
- New Section made by final exempt rulemaking at 26 A.A.R. 595, effective February 24, 2020 (Supp. 20-1). Amended by final exempt rulemaking at 27 A.A.R. 743, effective April 26, 2021 (Supp. 21-2).
- R7-2-616. Standard Professional Administrative Certificates**
- A.** All certificates are subject to the general certification provisions in R7-2-607 and the renewal requirements in R7-2-619.
  - B.** Standard Professional Supervisor Certificate – grades PreK through 12
    - 1. Except for individuals who hold a valid Arizona principal or superintendent certificate, the supervisor certificate is required for all personnel, except for superintendents pursuant to R7-2-616(D), whose primary responsibility is administering instructional programs, supervising certified personnel, or similar administrative duties.
    - 2. The requirements are:
      - a. A valid Arizona Standard Professional teaching certificate, Career and Technical Education certificate, Classroom-Based Standard Teaching Certificate, Subject Matter Expert Standard Teaching Certificate, or Specialized Secondary Teaching Certificate or an other professional certificate established in R7-2-617 issued by the Department;
      - b. A master's or more advanced degree;
      - c. Three years of verified full-time teaching experience or related education services experience in a PreK through 12 setting;
      - d. Completion of a program in educational administration which shall consist of a minimum of 18 graduate semester hours of educational administration courses which teach the knowledge and skills described in R7-2-603 to include three semester hours in school law and three semester hours in school finance;
      - e. A practicum in educational administration or two years of verified educational administrative experience in grades PreK through 12;
      - f. A passing score on the Supervisor, Principal, or Superintendent portion of the Arizona Administrator Proficiency Assessment; and
      - g. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
  - C.** Standard Professional Principal Certificate – grades PreK through 12
    - 1. The principal certificate is required for all personnel who hold the title of principal, assistant principal, or perform



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the duties of principal or assistant principal as delineated in A.R.S. Title 15.

2. The requirements are:
    - a. A master's or more advanced degree;
    - b. Three years of verified teaching experience in grades PreK through 12;
    - c. Completion of a program in educational administration for principals including at least 30 graduate semester hours of educational administration courses teaching the knowledge and skills described in R7-2-603 to include three semester hours in school law and three semester hours in school finance;
    - d. A practicum as a principal or two years of verified experience as a principal or assistant principal under the supervision of a certified principal in grades PreK through 12;
    - e. A passing score on either the Principal or Superintendent portion of the Arizona Administrator Proficiency Assessment; and
    - f. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- D. Standard Professional Superintendent Certificate – grades PreK through 12**
1. The superintendent certificate is optional, but may be required by local governing boards for individuals who hold the title or perform the duties of a superintendent, assistant superintendent or associate superintendent and who perform duties directly relevant to curriculum, instruction, certified employee evaluations, and instructional supervision.
  2. The requirements are:
    - a. A master's or more advanced degree including at least 60 graduate semester hours;
    - b. Completion of a program in educational administration for superintendents, including at least 36 graduate semester hours of educational administrative courses which teach the standards described in R7-2-603 to include three semester hours in school law and three semester hours in school finance;
    - c. Three years of verified full-time teaching experience or related education services experience in a PreK through 12 setting;
    - d. A practicum as a superintendent or two years verified experience as a superintendent, assistant superintendent, or associate superintendent in grades PreK through 12;
    - e. A passing score on the Superintendent portion of the Arizona Administrator Proficiency Assessment; and
    - f. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4). Former R7-2-616 recodified to R7-2-617; new R7-2-616 recodified from R7-2-615 at 15 A.A.R. 2146, effective August 25, 2008 (Supp. 09-4). Former R7-2-616 recodified to R7-2-617; new R7-2-616 recodified from R7-2-615 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 326, effective January 25, 2010 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by exempt rulemaking at 16 A.A.R. 2034, effective October 1, 2010 (Supp. 11-1). Amended by final exempt rulemaking at 22 A.A.R. 219,

effective June 5, 2015; filed in the Office January 20, 2016 (Supp. 16-4). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 26 A.A.R. 1311, effective May 18, 2020 (Supp. 20-2). Amended by final exempt rulemaking at 29 A.A.R. 183 (January 13, 2023), effective December 9, 2022 (Supp. 22-4).

**R7-2-616.01. Standard Administrative Certificates – Locally Based Leadership Program Pathway**

- A.** Except as noted, all certificates are subject to the general certification provisions in R7-2-607 and the renewal requirements in R7-2-619.
- B.** Standard Site-Based Supervisor Certificate – grades PreK through 12.
  1. The certificate authorizes the holder to administer instructional programs, supervise certified personnel, or perform similar administrative duties at the school-level.
  2. The requirements are:
    - a. A bachelor's or more advanced degree; and
    - b. A valid fingerprint clearance card issued by the Arizona Department of Public Safety; and
    - c. Verification from the superintendent of a school district or the principal of a charter school that the applicant has made satisfactory progress in the program sequence and model, which may include professional evaluations, observations of the applicant, student achievement data and demonstration of competencies, skills and knowledge associated with the relevant school leadership position; and
    - d. Verification of successful completion of a Board-approved locally based school leadership preparation program for supervisors; and
    - e. A passing score on the Supervisor, Principal or Superintendent portion of the Arizona Administrator Proficiency Assessment.
- C.** Standard Site-Based Principal Certificate – grades PreK through 12.
  1. The certificate authorizes the holder to administer instructional programs, supervise certified personnel, or perform similar administrative and leadership duties at the school-level, and perform the duties and hold the title of principal, assistant principal as delineated in A.R.S. Title 15.
  2. The requirements are:
    - a. A bachelor's or more advanced degree; and
    - b. A valid fingerprint clearance card issued by the Arizona Department of Public Safety; and
    - c. Verification from the superintendent of a school district or the principal of a charter school that the applicant has made satisfactory progress in the program sequence and model, which may include professional evaluations, observations of the applicant, student achievement data and demonstration of competencies, skills and knowledge associated with the relevant school leadership position; and
    - d. Verification of successful completion of a Board-approved locally based school leadership preparation program for principals; and
    - e. A passing score on the Principal or Superintendent portion of the Arizona Administrator Proficiency Assessment.

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**Historical Note**

New Section made by final exempt rulemaking at 29  
A.A.R. 183 (January 13, 2023), effective December 9,  
2022 (Supp. 22-4).

**R7-2-616.02. Interim Administrative Certificates**

- A. Except as noted, all certificates are subject to the general certification provisions in R7-2-607.
- B. The certificate authorizes the holder to serve an administrator while completing the requirements for a standard administrator certificate.
- C. Interim administrative certificates are valid for one year and may be extended yearly for no more than two consecutive years at no cost to the certificate holder if the requirements in subsection (I) are met.
- D. An individual is not eligible for issuance of an interim administrative certificate more than once in a five-year period.
- E. Interim administrative certificate holders shall be enrolled in a Board approved alternative administrator preparation program, a Board approved locally based leadership preparation program, or a Board approved traditional administrator preparation program.
- F. Interim Supervisor Certificate – grades PreK through 12:
  1. The Interim Supervisor Certificate authorizes the holder for a position in which the primary responsibility is administering instructional programs, supervising certified personnel, or similar administrative duties. An individual who is enrolled in a locally-based school leadership program shall be limited to a supervisor position at the school-level.
  2. The requirements are:
    - a. A valid Arizona Standard Professional teaching certificate, Career and Technical Education Certificate, Classroom-Based Standard Teaching Certificate, Subject Matter Expert Standard Teaching Certificate, Specialized Secondary Teaching Certificate or an other professional certificate established in R7-2-617; and
    - b. A bachelor's or more advanced degree; and
    - c. Verification of three years of full-time teaching or related education services experience in a PreK through grade 12 setting; and
    - d. Verification of enrollment in a Board approved alternative administrator preparation program, a Board approved locally based school leadership program, or a Board approved administrator preparation program; and
    - e. Verification that the certificate holder will be employed as an administrator and will be under the direct supervision of an Arizona certified administrator or the appropriate county school superintendent; and
    - f. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- G. Interim Principal Certificate – grades PreK through 12
  1. The Interim Principal certificate authorizes the holder to administer instructional programs, supervise certified personnel, perform the duties, hold the title of principal or assistant principal as delineated in A.R.S. Title 15, and perform similar administrative duties. An individual who is enrolled in a locally-based school leadership program shall be limited to an administrative position at the school-level.
  2. The requirements are:
    - a. A bachelor's or more advanced degree; and
    - b. Verification of three years of full-time teaching in grades PreK through 12; and
    - c. Verification of enrollment in a Board approved alternative administrator preparation program, a Board approved locally based school leadership program, or a Board approved administrator preparation program; and
    - d. Verification that the certificate holder will be employed as a principal or assistant principal under the direct supervision of an Arizona certified principal, an Arizona certified superintendent, or the appropriate county school superintendent; and
    - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- H. Interim Superintendent Certificate – Grades PreK through 12:
  1. The superintendent certificate is optional, but may be required by local governing boards for individuals who hold the title or perform the duties of a superintendent, assistant superintendent or associate superintendent and who perform duties directly relevant to curriculum, instruction, certified employee evaluations, and instructional supervision
  2. The requirements are:
    - a. A master's degree or more advanced degree;
    - b. Three years of verified full-time teaching experience or related education services experience in a PreK through 12 setting;
    - c. Verification of enrollment in a Board approved alternative path to administrator certification program, or a Board approved administrator preparation program;
    - d. Verification that the holder of the interim certificate shall be employed as a superintendent, assistant superintendent, or associate superintendent and working under the direct supervision of an Arizona certified superintendent or the appropriate county school superintendent; and
    - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- I. Interim Administrative Certificate Extension
  1. The Interim Administrative certificate may be extended yearly for no more than two consecutive years at no cost to the applicant.
  2. The requirements to extend an Interim Administrative Certificate are:
    - a. Qualification and issuance of the initial Interim Administrative certificate;
    - b. Verification from the Board approved program provider that the applicant is enrolled and has made adequate progress towards completion of the Board approved alternative administrator preparation program, Board approved locally based leadership preparation program, or Board approved traditional administrator preparation program;
    - c. Verification that the holder meets the employment and supervision requirements for the Interim Administrative certificate as described in subsection (F)(2)(e), (G)(2)(d), and (H)(2)(d); and
    - d. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- J. The holder of an interim administrative certificate may apply for the appropriate Arizona standard administrative certificate with verification of the following:

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1. Successful completion of the Board approved alternative path to administrator certification program, Board approved locally based leadership program, or Board approved administrator preparation program; and
  2. A passing score on the required portion of the Arizona Administrator Proficiency Assessment; and
  3. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
  4. Individuals who have completed a locally based leadership program shall also submit verification from the superintendent of a school district or the principal of a charter school that the applicant has made satisfactory progress in the program sequence and model, which may include professional evaluations, observations of the applicant, student achievement data and demonstration of competencies, skills and knowledge associated with the relevant school leadership position.
- K. Interim Administrative Certificates – Public Health Emergency**
1. Notwithstanding this Section, an Interim Administrative Certificate entitling the holder to serve as a supervisor, principal, or superintendent may be issued to an applicant who meets the following requirements:
    - a. Completion of all requirements for the Standard Professional Supervisor, Standard Professional Principal, or Standard Professional Superintendent certificate, as described in subsection (B)(2), (C)(2), and (D)(2), with the exception of a passing score on the Arizona Administrator Proficiency Assessment.
    - b. Verification that the applicant was unable to take the Arizona Administrator Proficiency Assessment required for the Standard Professional Administrative certificate as the result of a public health emergency declared by the governor or a public health official.
  2. A certificate issued pursuant to this subsection shall be issued for one year and shall not be renewed or extended.
- Historical Note**
- New Section made by final exempt rulemaking at 29 A.A.R. 183 (January 13, 2023), effective December 9, 2022 (Supp. 22-4).
- R7-2-617. Other Professional Certificates**
- A.** All certificates are subject to the general certification provisions in R7-2-607 and the renewal requirements in R7-2-619.
- B.** Standard School Counselor Certificate - grades PreK through 12.
1. The school counselor certificate is optional but may be required by local governing boards.
  2. The requirements are:
    - a. A master's or more advanced degree,
    - b. Completion of a graduate program in guidance and counseling,
    - c. A valid fingerprint clearance card issued by the Arizona Department of Public Safety, and
    - d. One of the following:
      - i. Completion of a supervised counseling practicum in school counseling;
      - ii. Two years of verified, full-time experience as a school counselor; or
      - iii. Three years of verified teaching experience.
  3. The certificate may be renewed consistent with the provisions of R7-2-619 that may include continuing education in the area of college and career readiness.
4. Applicants may meet the requirements in subsection (B)(2)(b) with completion of one of the following:
- a. Completion of a graduate program in counseling, social work, or psychology and six semester hours of courses in any of the following areas: school counseling, college and career guidance, or academic advising; or
  - b. A valid license as an associate counselor, professional counselor, master or clinical social worker, or marriage and family therapist issued by the Arizona Board for Behavioral Health Examiners and six semester hours of courses in any of the following areas: school counseling, college and career guidance, or academic advising; or
  - c. Completion of a graduate program in academic advising and six semester hours of courses in school counseling to include any of the following areas: social and emotional development, mental health counseling, trauma and disaster counseling, multiculturalism in counseling, theories of counseling, foundations of school counseling, or child and adolescent counseling.
5. Applicants who otherwise qualify but are deficient in the required six semester hours of courses described in subsections (B)(4)(a), (b), or (c) may receive a Standard School Counselor certificate with a deficiency in the required courses to be completed within three years. If an applicant fails to meet this requirement within the prescribed time, the Department of Education shall temporarily suspend the certificate, but the suspension is not considered a disciplinary action and the individual shall be allowed to correct the deficiency within the remaining timeframe of the certificate.
6. Applicants who otherwise qualify but are deficient in the requirements prescribed in subsection (B)(2)(d) may receive a Standard School Counselor certificate with a deficiency in the required experience or practicum to be completed within three years. If an applicant fails to meet this requirement within the prescribed time, the Department of Education shall temporarily suspend the certificate, but the suspension is not considered a disciplinary action and the individual shall be allowed to correct the deficiency within the remaining timeframe of the certificate.
- C. Standard School Psychologist Certificate - grades PreK through 12**
1. A standard school psychologist certificate is required for all personnel whose primary responsibility is in the role of a school psychologist providing services that include but are not limited to the duties of student psychoeducational assessment, therapeutic consultation and intervention, and involvement in the process of determination of student disabilities or disorders.
  2. The requirements are:
    - a. A master's or more advanced degree;
    - b. Completion of a graduate program in school psychology consisting of at least 60 graduate semester hours, or completion of a doctoral program in psychology and completion of a re-training program in school psychology from an accredited institution or Board approved program with a letter of institutional endorsement from the head of the school psychology program;

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- c. A supervised internship of at least 1200 clock hours with a minimum of 600 of those hours in a school setting. Three years experience as a certified school psychologist within the last 10 years may be substituted for the internship requirement; and
  - d. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- 3. Any of the following may be substituted for the requirement described in subsection (C)(3)(b):
  - a. Five years experience within the last 10 years working full time in the capacity of a school psychologist in a school setting serving any portion of grades kindergarten through 12; or
  - b. A Nationally Certified School Psychologist Credential; or
  - c. A diploma in school psychology from the American Board of School Psychology.
- D. Standard Speech-Language Pathologist Certificate - grades PreK through 12**
  - 1. The standard speech-language pathologist certificate is required for school-based speech-language pathologists.
  - 2. The certificate may be renewed consistent with the provisions of R7-2-619 with relevant professional development in the field of speech pathology, or professional development in the areas of articulation, voice, fluency, language, low incidence disabilities, curriculum and instruction, professional issues and ethics, or service delivery models.
  - 3. The requirements are:
    - a. A master's or more advanced degree, from an accredited institution, in speech pathology or communication disorders;
    - b. A minimum of 250 clinical clock hours supervised by a university or a speech-language pathologist with a certificate of clinical competence;
    - c. A certificate of clinical competence, or a passing score on the national exam, or a passing score on the speech and language impaired special education portion of the Arizona Teacher Proficiency Assessment; and
    - d. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- E. Standard Speech-Language Technician - grades PreK through 12**
  - 1. The standard speech-language technician certificate is required for school-based speech-language professionals.
  - 2. No new applications for a speech-language technician certificate will be accepted after June 30, 2014.
  - 3. The certificate may be renewed consistent with the provisions of R7-2-619 with professional development in the areas of articulation, voice, fluency, language disorders, low incidence disabilities, professional issues and ethics, or service delivery models.
  - 4. The requirements are:
    - a. A bachelor's degree from an accredited program in Speech-Language Pathology, Speech Hearing Sciences, or Communication Disorders;
    - b. A minimum of 50 hours of university supervised observation;
    - c. A minimum of 150 university clinical clock hours, or 150 clock hours supervised by a master's level licensed speech-language pathologist, or two years' experience as a school speech-language therapist or technician;
    - d. A passing score on the speech and language impaired special education portion of the Arizona Teacher Proficiency Assessment; and
    - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- F. Standard School Social Worker Certificate - grades PreK through 12**
  - 1. The standard School Social Worker certificate is optional but may be required by local governing boards.
  - 2. The requirements are:
    - a. Master's or more advanced degree in social work from an accredited institution or completion of a Board approved school social worker program;
    - b. A valid fingerprint clearance issued by the Arizona Department of Public Safety; and
    - c. One of the following:
      - i. Completion of at least six semester hours of practicum in social work in a school setting completed through an accredited institution; or
      - ii. One year of full time experience as a social worker in a setting which primarily serves children in preschool through grade 12.

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4). Amended by emergency rulemaking under A.R.S. § 41-1026 at 8 A.A.R. 5139, effective November 19, 2002 for a period of 180 days (Supp. 02-4). Emergency rulemaking renewed under A.R.S. § 41-1026(D) at 9 A.A.R. 1547, effective April 29, 2003 for a period of 180 days (Supp. 03-2). Emergency rulemaking repealed under A.R.S. § 41-1026(E) and permanent R7-2-617 amended by final rulemaking at 9 A.A.R. 3950, effective October 21, 2003 (Supp. 03-3). Amended by exempt rulemaking at 15 A.A.R. 1264, effective May 22, 2006 (Supp. 09-1). Former R7-2-617 recodified to R7-2-618; new R7-2-617 recodified from R7-2-616 at 15 A.A.R. 2146, effective August 25, 2008 (Supp. 09-4). Former R7-2-617 recodified to R7-2-618; new R7-2-617 recodified from R7-2-616 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). R7-2-617 "Prekindergarten" corrected to "PreK" at request of the Board, Office File No. M09-444, filed November 24, 2009 (Supp. 10-1). Office corrected labeling error in subsection (C) under A.R.S. § 41-1011 and A.A.C. R1-1-108 (Supp. 10-4). Amended by final exempt rulemaking at 21 A.A.R. 2077, effective October 28, 2013 (Supp. 15-3). Amended by final exempt rulemaking at 23 A.A.R. 231, effective December 19, 2016 (Supp. 17-1). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 24 A.A.R. 2947, effective September 24, 2018 (Supp. 18-3). The hyphen between "PreK-12" has been changed to the word "through" for consistency in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 28 A.A.R. 276 (January 28, 2022), effective April 29, 2019; filed January 11, 2022 (Supp. 22-1).

**R7-2-618. Fees**

- A.** The Superintendent of Public Instruction or the Superintendent's designee shall collect proper fees for certification services and shall transmit the fees to the state Treasurer. The following fees are established for certification services:
  - 1. Evaluation of qualification for a certificate: \$30.

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2. Evaluation of qualification for an endorsement: \$30.
  3. Issuance of a certificate, endorsement, or letter of non-qualification: \$30.
  4. Renewal of a certificate: \$20.
  5. Name change, duplicate copy, or changes of coding to existing files or certificates: \$20.
- B.** Fees shall be paid by credit or debit card, money order, cashier's check, certified check, business check, or personal check and shall be made payable to the order of the Arizona Department of Education. If a check offered in payment for services is not cleared by the financial institution, the applicant shall be notified to pay the fees by money order or certified check. If a certificate has been issued or renewed and payment is not received within two weeks of notification to the applicant, the Department may file a statement of complaint pursuant to R7-2-1302. If a certificate or renewal has not been issued, no certificate or renewal shall be issued until the fees are paid by cashier's check or money order.
- C.** Fees paid pursuant to this Section are not refundable.
- D.** Notwithstanding this Section and pursuant to A.R.S. § 41-1080.01, the Superintendent or the Superintendent's designee shall waive any certification fee for initial certification, including for endorsements, for any of the following individuals if the individual is applying for the specific certification or endorsement in this state for the first time:
1. Any individual applicant whose family income does not exceed 200 percent of the federal poverty guidelines;
  2. Any active duty military service member's spouse.
  3. Any honorably discharged veteran who has been discharged not more than two years before application.
- E.** Applicants who are requesting a waiver of a certification fee shall submit an attestation and appropriate documentation verifying that they meet the criteria as described in subsection (D).
- Historical Note**
- New Section adopted by final rulemaking at 5 A.A.R. 2002, effective May 27, 1999 (Supp. 99-2). Former R7-2-618 recodified to R7-2-619; new R7-2-618 recodified from R7-2-617 at 15 A.A.R. 2146, effective August 25, 2008 (Supp. 09-4). Former R7-2-618 recodified to R7-2-619; new R7-2-618 recodified from R7-2-617 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by final exempt rulemaking at 29 A.A.R. 183 (January 13, 2023), effective December 9, 2022 (Supp. 22-4).
- R7-2-619. Renewal Requirements**
- A.** A certificate may be renewed within six months of its expiration date except that an individual holding multiple valid certificates may renew all certificates at one time in order to align the expiration dates of each certificate. Certificates being aligned shall be renewed at the same time as the certificate that will expire first. Individuals seeking to align certificates shall meet the renewal requirements for each certificate being aligned. Certificates that are renewed or aligned pursuant to this Section shall be valid for 12 years.
- B.** A certificate may be renewed within ten years after it expires. Individuals whose certificates have been expired for more than ten years shall reapply for certification under the requirements in effect at the time of reapplication. Nothing in this Section shall imply that an individual may be employed in a position that requires certification after the expiration of the relevant certificate.
- C.** Renewal of certificates requires the completion of continuing education credits after the most recent issuance or renewal of the certificate, except that continuing education credits completed during the valid term of the certificate that expires first meets the requirement of certificates being aligned. Fifteen hours of continuing education credits are required each year of the certificate term to renew a certificate, which may be accumulated in various increments per year prior to renewal. One hour of continuing education credit shall be equivalent to one clock hour of a professional development activity. Continuing education credits must relate to Arizona academic or professional educator standards or apply toward the attainment of an additional Arizona certificate, endorsement, or approved area, and may include training regarding suicide awareness and prevention; child abuse, human trafficking of children and the sexual abuse of children, including warning signs that a child may be a victim of child abuse, human trafficking, or sexual abuses; screening, intervention, accommodation, use of technology and advocacy for students with reading impairments, including dyslexia; or other training programs explicitly permitted or required by state law. Professional development that may be counted toward the required hours of continuing education credit shall consist of any of the following activities:
1. Courses related to education or a subject area taught in Arizona schools, taken from an accredited institution. Each semester hour of courses shall be equivalent to 15 clock hours of professional development. The required documentation shall be an official transcript.
  2. Professional activities such as conferences and workshops related to the profession of teaching or the field of public education. A maximum of 30 clock hours per year may be earned by attendance at professional conferences and workshops. The required documentation shall be a conference agenda and a statement or certificate from the sponsoring organization noting the clock hours earned.
  3. District-sponsored or school-sponsored in-services or activities which are specifically designed for professional development. The required documentation shall be written verification from the sponsoring district or school stating the dates of participation and the number of clock hours earned.
  4. Internships in business settings. The internship shall be based on an agreement between a business and a district or school with the stated objective of aligning teaching curriculum with workplace skills. A maximum of 80 clock hours may be earned through business internships. The required documentation shall be written verification by the sponsoring business and district or school stating the dates of participation and number of clock hours earned.
  5. Educational research. The research shall be sponsored by a research facility or an accredited institution or funded by a grant. The required documentation shall be the published report of the research or verification by the sponsoring agency; and a statement of the dates of participation and the number of clock hours earned.
  6. Serving in a leadership role of a professional organization that provides training, activities, or projects related to the profession of teaching or the field of public education. A maximum of 30 clock hours per year may be earned by serving in a leadership role of a professional organization. The required documentation shall be written verification by the governing body of the professional organization of the dates of service and clock hours earned.

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7. Serving on a visitation team for a school accreditation agency. A maximum of 60 clock hours per year may be earned by serving on a visitation team. The required documentation shall be written verification from the accreditation agency of the dates of service and clock hours earned.
- D. An individual holding a Standard teaching certificate, a standard administrative certificate, or other professional certificate may renew the certificate for 12 years upon completion of 15 hours of continuing education credits each year of the certificate term which may be accumulated in various increments per year prior to renewal or with one of the following:
1. A valid professional license as a counselor, social worker, psychologist, or speech pathologist issued by the appropriate state agency in this state or in another state;
  2. A valid certificate issued by the National Board of Professional Teaching Standards;
  3. A valid Certificate of Clinical Competence in Speech-Language Pathology issued by the American Speech-Language Hearing Association; or
  4. A Nationally Certified School Psychologist credential issued by the National Association of School Psychologists.
- E. An individual who is employed by a school or school district at the time of renewal shall submit the required documentation of professional development to the district superintendent, director of personnel, or other designated administrator for verification. A certified individual who is not employed by a school or school district at the time of renewal shall submit the required documentation of professional development to a county school superintendent, the dean of a college of education, or the Department for verification. The school or district official, county school superintendent, or the dean of a college of education shall verify on forms provided by the Department the number of hours of professional development completed by the individual during the valid period of the certificate being renewed.
- F. The Department shall issue a Standard teaching certificate of the same type.
- G. Notwithstanding any other provision in this Section, an individual with a valid fingerprint clearance card who has had a certificate or certificates expire for at least two years but not more than 10 years may renew the expired certificate or certificates and any endorsements or approved areas if the individual is in good standing. Individuals who apply for renewal under this provision are exempt from the continuing education requirements described in subsections (C) and (D). Standard certificates issued to that individual pursuant to this subsection shall be identical to the expired certificate or certificates.

**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 2396, effective May 10, 2002 (Supp. 02-2). Amended by exempt rulemaking at 15 A.A.R. 1225, effective December 5, 2006 (Supp. 09-1). Former R7-2-619 recodified to R7-2-620; new R7-2-619 recodified from R7-2-618 at 15 A.A.R. 2146, effective August 25, 2008 (Supp. 09-4). Former R7-2-619 recodified to R7-2-620; new R7-2-619 recodified from R7-2-618 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 242, effective December 7, 2009 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by final exempt rulemaking at 22 A.A.R. 648, effective January 25, 2016 (Supp. 16-1). Amended by

final exempt rulemaking at 22 A.A.R. 2246, effective August 6, 2016 (Supp. 16-3). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 26 A.A.R. 214, effective January 27, 2020 (Supp. 20-1). Amended by final exempt rulemaking at 27 A.A.R. 2694 (November 19, 2021), effective October 25, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 29 A.A.R. 183 (January 13, 2023), effective December 9, 2022 (Supp. 22-4).

**R7-2-620. Certification Time-frames**

- A. For certification by the State Board of Education (Board), Certification Division (Division), the time-frames required by A.R.S. § 41-1072 et seq are:
1. Overall time-frame: 165 days.
  2. Administrative review time-frame: 45 days.
  3. Substantive review time-frame: 120 days.
- B. Administrative completeness review time-frame. The Division shall issue a written notice of administrative completeness or deficiency to an applicant for certification within 45 days of receipt of the application.
1. If the Division determines that an application for certification is not administratively complete, the Division shall include a comprehensive list of the specific deficiencies in the written notice.
  2. If the Division issues a written notice of deficiency, the administrative completeness review time-frame and the overall time-frame are suspended from the date the notice is issued until the date that the Division receives the missing information from the applicant.
  3. If the Division does not issue a notice of administrative completeness or deficiency within 45 days of receipt of the application, the application is deemed administratively complete.
- C. Substantive review time-frame. Within 120 days after the administrative completeness review time-frame is complete, the Division shall determine whether an applicant for certification meets all substantive criteria required by statute or rule.
1. During the substantive review time-frame, the Division may make one comprehensive written request for additional information. If the Division issues a comprehensive written request for additional information, the substantive review time-frame and the overall time-frame are suspended from the date the request is issued until the date that the Division receives the additional information from the applicant.
  2. The Division and the applicant may mutually agree in writing to allow the Division to submit supplemental requests for additional information. If the Division issues a supplemental request by mutual written agreement for additional information, the substantive review time-frame and the overall time-frame are suspended from the date the request is issued until the date that the Division receives the additional information from the applicant.
- D. Overall time-frame. The Division shall issue a written notice that the Board has granted or denied a certificate no later than 165 days after receipt of an application for certification, or no later than the time-frame extension allowed under subsection (E).
1. Written notice denying an applicant certification shall include justification for the denial with references to the statutes or rules on which the denial is based and an explanation of the applicant's right to appeal the denial.

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2. The explanation of an applicant's right to appeal the denial shall include the number of days the applicant has to file an appeal challenging the denial and the name and telephone number of the Executive Director of the Board as the contact person who can answer questions regarding the appeals process.
- E. By mutual written agreement, the Division and an applicant for certification may extend the substantive review time-frame and the overall time-frame. An extension of the substantive review time-frame and the overall time-frame may not exceed 33 days.
- F. If the Division does not issue to an applicant written notice granting or denying a certificate within the overall time-frame or any extension mutually agreed upon in writing, the Division shall refund to the applicant all fees charged, excuse payment of any fees that have not yet been paid, and pay all penalties required by A.R.S. § 41-1077.
- G. The Division shall issue all written notices under this Section to the last known address of the applicant by regular, 1st-class mail. The written notices are deemed "issued" on the postmark date.
- H. By August 1 of each year, the Division shall report to the Executive Director of the Board the Division's compliance with the overall time-frames for the prior fiscal year. The Division shall include the number of certificates issued or denied within the time-frames specified in this Section and the dollar amount of all fees returned or excused. The Division shall also include the amount of all penalties paid to the state general fund due to the Division's failure to comply with the time-frames.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 2399, effective July 23, 2004 (Supp. 04-2). Former R7-2-620 recodified to R7-2-621; new R7-2-620 recodified from R7-2-619 at 15 A.A.R. 2146, effective August 25, 2008 (Supp. 09-4). Former R7-2-620 recodified to R7-2-621; new R7-2-620 recodified from R7-2-619 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1).

**R7-2-621. Reciprocity**

- A. The Board shall issue a comparable standard Arizona certificate or endorsement as applicable, if one is established pursuant to this Article, to an applicant who holds a valid certificate or endorsement from another state and is in good standing with that other state. These applicants are exempt from all provisions of the Arizona Teacher proficiency examinations.
- B. Standard certificates shall be valid for 12 years and are renewable.
- C. The applicant shall possess a valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- D. The applicant shall have completed the required class or passed a satisfactory examination on the provisions and principles of the Constitutions of the United States and Arizona.
- E. Notwithstanding any other provision, the deficiencies allowed pursuant to Arizona Revised Statutes in Arizona Constitution and United States Constitution shall be satisfied prior to the issuance of the same type of certificate prescribed in this Article, but are subject to suspension as follows:
  1. An applicant's standard Arizona teaching certificate shall be suspended three years from the date of issuance if the applicant has not completed the required class or passed a satisfactory examination on the provisions and principles of the Constitutions of the United States and Arizona.

2. An applicant's standard Arizona teaching certificate shall be suspended one year from the date of issuance if the applicant has not completed the required class or passed a satisfactory examination on the provisions and principles of the Constitutions of the United States and Arizona if the applicant applies for a certificate authorizing the person to teach an academic course that focuses predominantly on history, government, social studies, citizenship, law or civics.
3. The suspension for a deficiency in the Constitutions of the United States and Arizona is not considered a disciplinary action and the applicant shall be allowed to correct that deficiency within the remaining time of the standard certification.

**Historical Note**

New Section recodified from R7-2-620 at 15 A.A.R. 2146, effective August 25, 2008 (Supp. 09-4). Former R7-2-621 recodified to R7-2-622; new R7-2-621 recodified from R7-2-620 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 135, effective September 21, 2009 (Supp. 10-1). Amended by final exempt rulemaking at 22 A.A.R. 227, effective June 23, 2014; filed in the Office January 20, 2016 (Supp. 16-2). Amended by final exempt rulemaking at 22 A.A.R. 219, effective June 5, 2015; filed in the Office January 20, 2016 (Supp. 16-4). Amended by final exempt rulemaking at 22 A.A.R. 2248, effective August 6, 2016 (Supp. 17-1). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1).

**R7-2-622. Qualification Requirements of Professional, Non-Teaching School Personnel****A. Definitions:**

1. "Educational Interpreter." For the purposes of this Section, "educational interpreter" means a person trained to translate in sign language for students identified to require such services through an Individualized Education Program (IEP) or a 504 accommodation plan in order to access academic instruction. This does not in any way restrict the provisions of R7-2-401(B)(14) which defines "interpreter" and provides that each student's IEP team determines the level of interpreter skill necessary for the provision of FAPE, nor does it restrict a school district's ability to develop a job description for someone in a position of "educational interpreter" that requires additional job responsibilities.
2. "Accommodation plan developed to comply with Section 504 of the Rehabilitation Act of 1973, 29 USC 794, et seq. ("504 accommodation plan")." For the purposes of this Section, "504 accommodation plan" means a plan developed for the purpose of specifying accommodations and/or services that will be implemented by classroom teachers and other school personnel so that students will benefit from their educational program.

**B. Educational Interpreters for the Hearing Impaired.**

1. Persons employed by or contracting with schools and school districts to provide educational interpreting services for hearing impaired students must meet the following qualifications from and after January 1, 2005:
  - a. Have a high school diploma or GED;
  - b. Hold a valid fingerprint clearance card, and
  - c. Show proficiency in interpreting skills through one of the following:

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- i. A minimum passing score of 3.5 or higher on the Educational Interpreter Performance Assessment (EIPA), or
  - ii. Hold a valid Certificate of Interpretation (CI) and/or Certificate of Transliteration (CT) from the Registry of Interpreters for the Deaf (RID), or
  - iii. Hold a valid certificate from the National Association of the Deaf (NAD) at level 3 or higher.
2. If a public education agency (PEA) is unable to find an individual meeting the above qualifications, the PEA may hire an individual with lesser qualifications, but the PEA is required to provide a professional development plan for the individual they employ to provide educational interpreting services. This professional development plan must include the following:
    - a. Proof of at least 24 hours of training in interpreting each year that a valid certification is not held or EIPA passing score is not attained, and
    - b. Documentation of a plan for the individual to meet the required qualifications within three years of employment. If the qualifications are not attained within three years, but progress toward attainment is demonstrated, the plan shall be modified to include an intensive program for up to one year to meet the provisions of subsection (B)(1).
  3. An individual employed under the provisions of subsection (B)(2) must also have the following:
    - a. A valid fingerprint clearance card, and
    - b. A high school diploma or GED.
- C.** Compliance with these rules will be reviewed at the same time as a PEA is monitored for compliance with the requirements of the Individuals with Disabilities Education Act (IDEA), 20 U.S.C. § 1400, et seq.

**Historical Note**

New Section recodified from R7-2-621 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1).

**R7-2-623. Certification Requirements in a Public Health Emergency**

- A.** As the result of a public health emergency declared by the governor, the Department may temporarily modify certification requirements established in this Article, subject to review and approval by the Board.
- B.** A modification made pursuant to this Section shall:
1. Not be more restrictive than requirements in effect at the time the public health emergency is declared.
  2. Comply with statutory requirements.
  3. Be limited to requirements that cannot be feasibly completed as the result of the public health emergency.
  4. Be in effect for no more than one year after Board approval.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 1311, effective May 18, 2020 (Supp. 20-2).

**ARTICLE 7. ADJUDICATIONS****R7-2-701. Definitions**

In this Article, unless the context otherwise specifies:

1. “Board” means the State Board of Education.
2. “Chairman” means the chairperson of the Professional Practices Advisory Committee, established pursuant to R7-2-205.

3. “Contested case” means any proceeding in which the legal rights, duties or privileges of a party are required by law to be determined by the State Board of Education after an opportunity for hearing.
4. “Department” means the Arizona Department of Education.
5. “Document” includes papers such as complaints, petitions, motions, responses and notices.
6. “Hearing body” means the Board or the Professional Practices Advisory Committee.
7. “Party” means each person or agency named or admitted as a party or properly seeking and entitled as of right to be admitted as a party.
8. “PPAC” means the Professional Practices Advisory Committee, established pursuant to R7-2-205.
9. “Presiding officer” means a hearing officer, with either a minimum of three years of verified experience in the practice of law or a minimum of one year of verified experience in conducting hearings, who shall oversee hearings pursuant to this Article.
10. “Pupil” means any student enrolled in an Arizona public or private school defined in A.R.S. § 15-101. “Pupil” also means any student who was enrolled in an Arizona public or private school at the time of the events which are the subject of a proceeding.
11. “Victim” means any person who has been previously identified pursuant to state law as a victim in a criminal proceeding which is the basis for a contested case.
12. “Service” means delivery of a document to a person by any means listed in Rule 5 of the Arizona Rules of Civil Procedure, by first-class mail to the address of record as listed in the records of the Department, or by electronic means, including email, if the person requested or consented to delivery by those means.

**Historical Note**

Adopted effective May 25, 1978 (Supp. 78-3). Former Section R7-2-701 repealed, new Section R7-2-701 adopted effective December 4, 1978 (Supp. 78-6). Amended effective June 27, 1979 (Supp. 79-3). Amended subsection (A) effective October 7, 1980 (Supp. 80-5). Amended by adding subsection (A)(6) effective April 6, 1984 (Supp. 84-2). Amended effective October 19, 1984 (Supp. 84-5). Section R7-2-701 repealed as an emergency, new Section R7-2-701 adopted as an emergency effective January 2, 1985 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 85-1). Emergency expired. Repealed effective December 17, 1987 (Supp. 87-4). New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). Amended by final exempt rulemaking at 21 A.A.R. 1775, effective May 20, 2013 (Supp. 15-3). Amended by final exempt rulemaking at 23 A.A.R. 725, effective January 23, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 32 A.A.R. 221 (January 16, 2026), effective December 8, 2025 (Supp. 25-4).

**R7-2-702. Filing; Computation of Time; Extension of Time**

- A.** All documents concerning a contested case shall be filed within the time limit, if any, for such filing.
- B.** All documents filed in any contested case shall be typewritten or legibly written on paper 8 1/2 by 11 inches in size, shall



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contain the name and address of the party or other correspondent, shall be properly captioned and designate the title and case number, shall state the name and address of each party served with a copy and how service was made, and shall be signed by the party or, if represented, by the party's attorney. The signature constitutes a certification that the signer has read the document, has a good faith basis for submission of the document, and that it is not filed for the purpose or delay or harassment.

- C. In computing any period of time prescribed or allowed by this Article, or any notice or order concerning a contested case, the day of the act, event, or default from which the designated period of time begins to run shall not be included. When the period of time prescribed or allowed is less than 11 days, intermediate Saturdays, Sundays and legal holidays shall not be included in the computation. When that period to time is 11 days or more, intermediate Saturdays, Sundays and legal holidays shall be included in the computation. The last day of the period so computed shall be included, unless it is a Saturday, Sunday or legal holiday, in which event the period runs until the end of the next day which is not a Saturday, Sunday or a legal holiday.
- D. Whenever a party has the right or is required to do some act within a prescribed period after the service of a notice or other document upon the party by another party, and the notice or other document is served by mail, five days shall be added to the prescribed period.
- E. For good cause shown, the presiding officer may grant continuances and extensions of time for filing notices or other documents.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

**R7-2-703. Contested Cases; Notice; Hearing Records**

- A. A person who has requested a hearing pursuant to R7-2-1303(C) shall be given notice of the hearing at least 20 days prior to the date set for the hearing.
- B. The notice of hearing shall include:
  - 1. A statement of the time, place and nature of the hearing.
  - 2. A statement of the legal authority and jurisdiction under which the hearing is to be held.
  - 3. A reference to the particular sections of the statutes and rules involved.
  - 4. A short and plain statement of the matters asserted. If a party is unable to state the matters in detail at the time the notice is served, the initial notice may be limited to a statement of the issues involved. Thereafter upon application a more definite and detailed statement shall be furnished.
- C. Opportunity shall be afforded all parties to respond and present evidence and argument on the issues involved.
- D. The Board may dispose of any contested case by decision or approved stipulation, agreed settlement, consent agreement or by default.
- E. The hearing shall be recorded manually or by a recording device and shall be transcribed on request of any party, unless otherwise provided by law. The cost of such transcript shall be paid by the party making the request, unless otherwise pro-

vided by law or unless assessment of the cost is waived by the Board.

- F. The Board or the presiding officer may reschedule the hearing, maintaining due regard for the interests of justice and the orderly and prompt conduct of the proceedings.
- G. The record in a contested case shall include:
  - 1. All pleadings, motions and interlocutory rulings.
  - 2. Evidence received or considered, including confidential evidence received in executive session.
  - 3. A statement of matters officially noticed.
  - 4. Objections and offers of proof and rulings thereon.
  - 5. Proposed findings of fact, conclusions of law and recommendations of the hearing body.
  - 6. All staff memoranda, other than privileged communications, or data submitted to the hearing body in connection with its consideration of the case.
  - 7. A victim impact statement, if submitted by the victim.
- H. Findings of fact shall be based exclusively on the evidence and on matters officially noticed. ~~exclusively on the evidence and on matters officially noticed.~~

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). Amended by final exempt rulemaking at 21 A.A.R. 1775, effective May 20, 2013 (Supp. 15-3). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 32 A.A.R. 221 (January 16, 2026), effective December 8, 2025 (Supp. 25-4).

**R7-2-704. Service; Proof of Service**

- A. The Board shall serve notices of intent to impose disciplinary action, notices of hearing, findings of fact, conclusions of law, and recommendations of the hearing body, and decisions and final orders of the Board, either by personal service or by first class mail or by email at the request of the parties involved. All other documents required to be served by the Board may be served by regular or certified mail or may be personally served or may be served by email at the request of the parties involved.
- B. After service of a notice of hearing in a contested case, a copy of every document filed by a party, or individual seeking to intervene, shall be served on all parties to the contested case, or their lawyers if represented, at the same time the document is filed. Filing with the Board and service shall be completed by personal delivery, first-class mail or email.
- C. The following evidences completed service:
  - 1. If personally served, an affidavit of personal service, sworn to by the individual serving the document and stating the name of the individual upon whom it was served, where service was made, and the date of such service; or
  - 2. If served by certified mail, proof of delivery; or
  - 3. If served by email or regular mail, either a statement subscribed on the document filed, or an affidavit indicating the date mailed and listing those to whom it was mailed.
- D. When a party is represented by an attorney, service shall be made on the attorney. Service on the Board in a case brought pursuant to this Article shall be made on the attorney for the Board as stated in the notice of hearing and by email to the Education Unit of the Arizona Attorney General's Office.

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**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 31 A.A.R. 1968 (June 20, 2025), effective September 14, 2024; filed with the Division March 26, 2025 (Supp. 25-2). Amended by final exempt rulemaking at 32 A.A.R. 221 (January 16, 2026), effective December 8, 2025 (Supp. 25-4).

**R7-2-705. Hearings and Evidence**

- A. Parties may participate in the hearing in person or through an attorney.
- B. The parties may submit proposed findings of fact and conclusions of law prior to the hearing. The presiding officer or hearing body may require that the parties submit proposed findings of fact and conclusions of law prior to the hearing or at the close of evidence.
- C. A hearing in a contested case shall be conducted in an informal manner and without adherence to the rules of evidence required in judicial proceedings. Irrelevant, immaterial or unduly repetitious evidence shall be excluded. A party to such proceedings may be represented by counsel and shall have the right to submit evidence in open hearing and conduct cross examination. Hearings may be held in any location or manner determined by the Board.
- D. Copies of documentary evidence may be received in the discretion of the presiding officer. Upon request, the parties shall be given an opportunity to compare the copy with the original.
- E. Notice may be taken of judicially cognizable facts. In addition, notice may be taken of generally recognized technical or scientific facts within the specialized knowledge of the hearing body. Parties shall be notified either before or during the hearing or by reference in preliminary reports or otherwise of the material noticed including any staff memoranda or data and they shall be afforded an opportunity to contest the material so noticed. The hearing body's experience, technical competence and specialized knowledge may be utilized in the evaluation of the evidence.
- F. If a party fails to appear at a hearing, the hearing body may proceed with the presentation of the evidence of the appearing party.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). Amended by final exempt rulemaking at 23 A.A.R. 725, effective January 23, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

**R7-2-706. Request for Hearing**

When a request for a hearing is filed with the Board, the request shall be in writing and shall state the specific grounds which are the basis of the hearing request and the statute, rule or other legal basis entitling the person to a hearing.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4).

**R7-2-707. Denial of Request for Hearing**

If the Board denies the request for a hearing, the denial shall be in writing and shall state the reasons therefor. A denial of a request for hearing is final and not subject to further administrative review.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-708. Repealed****Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). Section repealed by final rulemaking at 11 A.A.R. 696, effective March 29, 2005 (Supp. 05-1).

**R7-2-709. Rehearing and Review of Decisions**

- A. After a hearing is held, a party in a contested case who is aggrieved by a decision rendered by the Board may file with the Board, not later than 30 days after such decision has been made, a written motion for rehearing specifying the particular grounds therefor. A response may be filed within 15 days after service of such motion by any other party. The Board may require the filing of written briefs on the issues raised in the motion or response and may provide for oral argument.
- B. A rehearing of a decision by the Board may be granted for any of the following causes materially affecting the moving party's rights:
  1. Irregularity in the administrative proceedings of the hearing body, or abuse of discretion, whereby the moving party was deprived of a fair hearing.
  2. Misconduct of the hearing body or the prevailing party.
  3. Accident or surprise which could not have been prevented by ordinary prudence.
  4. Newly discovered material evidence which could not with reasonable diligence have been discovered and produced at the hearing.
  5. Excessive or insufficient penalties.
  6. Error in the admission or rejection of evidence or other errors of law occurring at the administrative hearing.
  7. That the decision is not justified by the evidence or is contrary to the law.
  8. Insufficient or inadequate service of a document required to be served under this Article or R7-2-1301 et seq.
- C. The Board may affirm or modify the decision or grant a rehearing before a hearing body to all or any of the parties, on all or part of the issues, for any of the reasons set forth in subsection (B). An order granting a rehearing shall specify with particularity the ground or grounds on which the rehearing is granted, and the rehearing shall cover only those matters so specified.
- D. After giving the parties or their counsel notice and an opportunity to be heard on the matter, the Board may grant a motion for rehearing for a reason not stated in the motion. The order granting such a rehearing shall specify the grounds therefor.
- E. The Board may, on its own initiative, order a rehearing of its decision for any of the reasons set forth in subsection (B). The order granting such a rehearing shall specify the grounds therefor.
- F. When a motion for rehearing is based upon affidavits they shall be served with the motion. An opposing party may, within ten days after service of such motion, serve opposing affidavits and this period may be extended for an additional period not exceeding 20 days, by the Board for good cause shown or by written stipulation of the parties. Reply affidavits may be permitted.
- G. After a hearing has been held and a final administrative decision has been entered, a party is not required to file a motion

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for rehearing or review of the decision in order to exhaust the party's administrative remedies.

- H.** Any party in a contested case who is aggrieved by a decision rendered by the Board may file with the Board, not later than 20 days after such decision has been made, a written request for review of the decision. If a review of the decision is granted, the Board may affirm or modify the previous decision.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 2353, (October 22, 2021), effective September 27, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 32 A.A.R. 221 (January 16, 2026), effective December 8, 2025 (Supp. 25-4).

**R7-2-710. Repealed****Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). Repealed by final exempt rulemaking at 27 A.A.R. 2353, (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

**R7-2-711. Consolidation and Severance**

- A.** When proceedings involving a common question of law or fact or common parties are pending before the hearing body, the presiding officer may, upon the presiding officer's own volition or upon request of any party, order a consolidated hearing on any or all the matters at issue.
- B.** In furtherance of convenience, to avoid prejudice, or when separate hearings will be conducive to expedition and economy, the presiding officer may, upon the presiding officer's own volition or upon request of any party, order any proceeding severed with respect to some or all issues or parties.
- C.** The presiding officer shall send a written ruling granting or denying consolidation or severance to all parties, identifying the cases, and the reasons for the decision.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 2353, (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

**R7-2-712. Subpoenas**

- A.** The Board or the presiding officer may issue subpoenas for the attendance of witnesses and for the production of books, records, documents and other evidence on its own volition or at the request of a party. Any subpoena issued under this Section shall be signed by a Board employee designated by the Board or presiding officer, as applicable. A subpoena directed at the Board or any member or employee thereof may only be issued by the presiding officer, except as otherwise provided in law.
- B.** A request for a hearing subpoena shall be in writing and served on each party at least seven days prior to the date set for hearing and shall state:

1. The name of the contested case, the case number, and the time and place where the witness is expected to appear and testify;
  2. The name and address of the witness subpoenaed;
  3. The documents, if any, sought to be provided; and
  4. A brief statement of the relevance of testimony or documents.
- C.** On application of a party or the agency and for use as evidence, the presiding officer may permit a deposition to be taken, in the manner and upon the terms designated by the presiding officer, of a witness who cannot be subpoenaed or is unable to attend the hearing.
- D.** The individual to whom a subpoena is directed shall comply with its provisions unless, prior to the date set for appearance, the presiding officer grants a written request to quash or modify the subpoena. The request shall be submitted to the Board and state the reasons why it should be granted. The presiding officer shall grant or deny such request by order.
- E.** The party requesting the subpoena shall prepare it and cause it to be served upon the individual to whom it is directed and on all parties in the same manner as provided for service of subpoenas in civil matters before the superior court. The return of service shall be filed with the Board.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 32 A.A.R. 221 (January 16, 2026), effective December 8, 2025 (Supp. 25-4).

**R7-2-713. Conduct of Hearing**

- A.** The presiding officer may conduct all or part of the hearing by telephone, or other electronic means, as long as each party has an opportunity to participate in the entire proceeding as it takes place.
- B.** Except for those hearings which may involve presentation of evidence protected by A.R.S. § 15-350, or which are otherwise closed pursuant to an express provision of law, all hearings are open to public observation.
- C.** Conduct at any hearing that is disruptive or shows contempt for the proceedings shall be grounds for exclusion from further participation or observation.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 2353, (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

**R7-2-714. Testimony of Pupils**

- A.** All individuals present at a hearing regarding an action against a certificate shall:
1. Keep confidential the name and identifying information of any pupil involved in the hearing, unless disclosure is with the consent of the pupil's parent or guardian or the pupil if the pupil is at least 18 years of age at the time of the hearing, or by order of the superior court. This action does not prevent disclosure of the pupil's name to any party to the hearing.

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2. Keep confidential the testimony of any pupil, all of which shall be taken in executive session, except that the Board office shall be furnished a confidential copy of the pupil's testimony as part of the complete transcript of the hearing. The individuals present during the executive session shall be determined by the presiding officer in consultation with the Attorney General's office except that the respondent and counsel shall always be permitted to be present. The transcripts of testimony taken during executive session shall be maintained by the Board.
- B.** The Board of Education or its designee shall:
1. Make available a consent form which requires the signature of the pupil's parent or guardian or the pupil if the pupil is at least 18 years of age at the time of the hearing, prior to disclosure of the pupil's name;
  2. Assign a fictitious name to all witnesses identified as pupils on the witness lists provided by the complainant and respondent if not in receipt of written parental or guardian consent for disclosure;
  3. Notify hearing participants, prior to and during the hearing, of any fictitious names to be used.
- C.** The presiding officer shall instruct all individuals present at the hearing of the confidentiality requirements of A.R.S. § 15-551 and this Section.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

**R7-2-715. Evidence**

- A.** All witnesses shall testify under oath or affirmation. At the request of a party, or at the discretion of the presiding officer, the presiding officer may exclude witnesses who are not parties from the hearing room so that they cannot hear the testimony of other witnesses.
- B.** The presiding officer shall have the power to administer oaths and affirmations.
- C.** All parties shall have the right to present such oral or documentary evidence and to conduct such cross-examination as may be required for a full and fair disclosure of the facts.
- D.** The presiding officer shall make rulings necessary to prevent argumentative, repetitive, or irrelevant questioning, to exclude evidence the presiding officer determines to be irrelevant, immaterial, or unduly repetitious, and to expedite the examination to the extent consistent with the disclosure of all relevant testimony and information.
- E.** Unless otherwise ordered by the hearing body, documentary evidence shall be limited in size when folded to 8 1/2 by 11 inches. The submitting party shall identify documentary exhibits by number or letter and party and furnish a copy of each exhibit to each party present. One additional copy shall be furnished to the hearing body unless the hearing body otherwise directs. When evidence offered by any party appears in a larger work, containing other information, the party shall plainly designate the portion offered. If the evidence offered is so voluminous as would unnecessarily encumber the record, the book, paper, or document shall not be received in evidence but may be marked for identification and, if properly authenticated, the designated portion may be read into or photocopied

for the record. All documentary evidence offered shall be subject to appropriate and timely objection.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). Amended by final exempt rulemaking at 27 A.A.R. 2353, (October 22, 2021) effective September 27, 2021 (Supp. 21-4).

**R7-2-716. Stipulations**

Parties to any contested case may stipulate, in writing, agreement upon any matter involved in the proceeding. If approved by the presiding officer, agreement on matters of procedure shall be binding upon the parties to the stipulation. No substantive matter agreed to by the parties shall be binding upon the Board unless incorporated into the decision of the Board.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021) effective September 27, 2021 (Supp. 21-4).

**R7-2-717. Recommended Decisions**

- A.** A recommended decision, findings of fact and conclusions of law shall be prepared for the Board by the PPAC.
- B.** A recommended decision, findings of fact and conclusions of law shall be delivered to the Board within 90 days after the close of the hearing or the date ordered for submission of proposed findings or legal memoranda, whichever comes last, unless the Board extends the period for good cause.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). Amended by final exempt rulemaking at 27 A.A.R. 2353, (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

**R7-2-718. Decisions and Orders**

- A.** Any final decision or order adverse to a party in a contested case shall be in writing or stated in the record. Any final decision shall include findings of fact and conclusions of law, separately stated. Findings of fact, if set forth in statutory language, shall be accompanied by a concise and explicit statement of the underlying facts supporting the findings. Parties shall be notified either personally or by mail to their last known address of any decision or order.
- B.** When the Board is the hearing body, the decision shall be rendered within 120 days following the final day of the hearing or the date ordered for submission of proposed findings of fact and conclusions of law or legal memoranda, whichever comes last.
- C.** Within 30 days after receipt of any recommended decision from the PPAC, the Board shall render a decision to affirm, reverse, adopt, modify, supplement, amend or reject the findings of fact, conclusions of law and recommendations in whole or in part, may remand the matter to the hearing body with instructions, or may convene itself as the hearing body.
- D.** If no request for rehearing or review has been timely filed by a party, a decision in a contested case is effective and final ten days from the date served on that party.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021) effective September 27, 2021 (Supp. 21-4).

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**ARTICLE 8. COMPLIANCE****R7-2-801. Compliance**

- A.** Procedures governing noncompliance with laws and rules by school districts.
1. Scope. Except as may be otherwise directed by federal or state statute or by rules adopted by the State Board of Education, this Section shall govern the procedure for determining noncompliance by school districts with laws and rules concerning school districts, the enforcement of which is the statutory responsibility of the State Board of Education or the Department of Education.
  2. Preliminary notice of noncompliance and response:
    - a. The Department of Education, upon its own initiative or at the direction of the State Board of Education, shall inform school districts by written notice that the district is in possible noncompliance with laws or rules, the enforcement of which is the statutory responsibility of the Board or the Department.
    - b. A preliminary notice of possible noncompliance shall detail in writing the nature of the possible noncompliance and shall identify:
      - i. The law or rule which the school district may be violating; and
      - ii. The manner in which the school district may be in noncompliance with the identified law or rule.
    - c. A school district may submit a written response to the Department of Education within 20 days of receipt of a preliminary notice of noncompliance.
    - d. Nothing contained in this Section is intended to preclude a reasonable attempt between Department of Education personnel and school district personnel to resolve administratively possible noncompliance prior to sending a written preliminary notice of noncompliance.
  3. Scheduling a formal hearing
    - a. Recommendation by the Department of Education
      - i. After giving a school district preliminary notice as provided in this Section, the Department of Education shall submit a written recommendation to the State Board of Education. This recommendation shall be submitted within 10 days after receipt of a written response from the school district or if no response is received within 30 days of the issuance of the preliminary notice. The Department shall recommend one of the following courses of action to be taken by the Board.
        - (1) A formal hearing should be scheduled before noncompliance is probable and achieving voluntary compliance within a reasonable period of time under the circumstances is unlikely; or
        - (2) A formal hearing should not be scheduled at this time because, although noncompliance is probable, achieving voluntary compliance within a reasonable period of time is likely; or
        - (3) A formal hearing should not be scheduled because the school district is in compliance with the law or rule in question.
      - ii. Any written response of the school district to the preliminary notice of noncompliance shall accompany the written recommendation of the Department of Education.
    - b. Within 30 days of receipt of the recommendation of the Department of Education, the State Board of Education shall either:
      - i. Schedule formal hearing;
      - ii. Postpone the decision to schedule a hearing for a stated time period not to exceed six months, or
      - iii. Dismiss the matter.
    - c. When the State Board of Education determines that a formal hearing is necessary, it shall be scheduled within 30 days after such determination, unless an extension of time is granted by the Board.
    - d. When a formal hearing is scheduled, the Board or its designee shall give notice of the hearing as provided in A.R.S. § 41-1009(A) and (B).
    - e. When the Board decides to postpone scheduling a formal hearing, the Board shall specify the extent of the postponement and the Department of Education shall report periodically, at least every 30 days, unless otherwise directed, with respect to progress by the school district toward compliance with the law or rule in question. At the end of the postponement period, the Board shall again make a determination whether to schedule a hearing, further postpone the determination, or dismiss the matter.
    - f. The Board may order further investigation by the Department of Education at any time, and admit into evidence any such report at any subsequent formal hearing.
  4. Hearings held pursuant to this Section shall be conducted as provided in A.R.S. § 41-1010.
  5. The Board's decision
    - a. A decision by the State Board of Education shall be determined by a majority of the members of the Board and shall be based upon substantial evidence.
    - b. A decision shall be rendered within 30 days after the hearing.
    - c. Within 30 days after a decision is reached, copies of the written decision shall be delivered to the parties personally or by certified mail.
    - d. The parties shall have the opportunity to provide proposed findings of fact and conclusions of law to the Board no later than five days after the decision of the Board is received.
  6. Rehearing procedure
    - a. Any party aggrieved by a decision rendered by the Board may file with the Board, not later than 15 days after service of the decision, a written motion for rehearing or review of the decision, specifying the particular grounds therefor.
    - b. A motion to alter or amend a decision or order shall be filed not later than 15 days after service of the decision.
    - c. A motion for rehearing under this Section may be amended at any time before it is ruled upon by the Board.
    - d. A response may be filed within 10 days after service of such motion by any other party or by the Attorney General.
    - e. The Board may require the filing of written memoranda upon the issues raised in the motion and may provide for oral argument.

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- f. The Board may consolidate the hearing to consider the motion for rehearing with the requested rehearing.
  - g. A rehearing or review of the decision may be granted for any of the following causes materially affecting the moving party's rights:
    - i. Irregularity in the administrative proceedings of the agency or its hearing officer or the prevailing party, or any order, or abuse of discretion, whereby the moving party was deprived of a fair hearing;
    - ii. Misconduct of the Board of the prevailing party.
    - iii. Accident or surprise which could not have been prevented by ordinary prudence;
    - iv. Newly discovered material evidence which could not with reasonable diligence have been discovered and produced at the original hearing;
    - v. Excessive or insufficient penalty;
    - vi. Error in the admission or rejection of evidence or other errors of law occurring in the administrative hearing;
    - vii. The decision is not justified by the evidence or is contrary to law.
  - h. The Board may affirm or modify the decision or grant a rehearing to all or any of the parties and on all or part of the issues for any of the reasons set forth in subsection (A)(6). An order granting a rehearing shall specify with particularity the ground or grounds on which the rehearing is granted, and the rehearing shall cover only those matters so specified.
  - i. Not later than 15 days after a decision is rendered, the Board may on its own initiative order a rehearing or a review of its decision for any reason for which it might have granted a rehearing on motion of a party. After giving the parties or their counsel notice and an opportunity to be heard on the matter, the Board may grant a motion for rehearing for a reason not stated in the motion. In either case, the order granting such a rehearing shall specify the grounds on which the order is based.
  - j. When a motion for rehearing is based upon affidavits, they shall be served with the motion. An opposing party may, within 10 days after such service, serve opposing affidavits, which period may be extended for an additional period not exceeding 20 days, by the Board for good cause shown, or by the parties by written stipulation. The Board may permit a reply affidavit by the moving party.
- B. Waiver from administrative rules.** Upon request of a school district acting either on its own behalf or on behalf of a school within the district's jurisdiction, the State Board of Education may grant a waiver exempting such district or school from specific administrative rules.
1. Requests
    - a. Requests for exemption from any State Board of Education rule shall include:
      - i. Evidence that the school or school district is currently in compliance with all state laws and State Board of Education rules;
      - ii. A statement identifying goals that will be accomplished and how the waiver will assist in enhancing school improvement;
      - iii. A three-year plan for school improvement;
      - iv. Identification of the specific rules for which the waiver is requested;
      - v. Evidence of a public hearing held by the school or school district which provided for parental and public involvement and input into the proposed three-year plan.
    - b. Requests for waiver may be granted by the State Board of Education for a period not to exceed three years. The State Board of Education may at any time rescind approved waivers at its discretion.
    - c. Requests for waiver may be submitted by a local governing board and shall be made through the State Superintendent of Public Instruction for consideration by the State Board of Education.
    - d. Local governing boards shall adopt policies and procedures which will allow their schools to request waivers from the State Board of Education and shall submit those policies and procedures to the Superintendent of Public Instruction prior to October 1, 1993. Those policies shall be consistent with the criteria specified in subsections (B)(1)(a) and (B)(3). Additionally, those policies shall provide that:
      - i. Requests for such waivers by schools be forwarded within 30 days of receipt by the governing board to the Superintendent of Public Instruction. Requests may include additional information as the governing board deems appropriate.
      - ii. Schools not be required to meet criteria other than those specified in subsection (B)(1)(a).
  2. Reporting
    - a. Schools or school districts with State Board-approved waivers shall document progress obtained as a result of the waiver and report on or before June 30 of each year to the State Superintendent of Public Instruction.
    - b. A school district having a school with an approved waiver may report the effects that such waiver has had on the operation of the school district. Reports shall be submitted on or before June 30 of each year to the State Superintendent of Public Instruction.
    - c. The State Superintendent of Public Instruction shall report to the State Board of Education, on or before September 30 of each year, the status of those schools and school districts with approved waivers and, as a minimum, include the following:
      - i. The status of meeting the goals as stated in the three-year plan;
      - ii. Recommendations regarding approved continuance of the waiver, conditions for continuance of the waiver, revision of the three-year plan or rescission of the waiver.
  3. Renewal. Upon request from a school district, on behalf of itself or a school within its jurisdiction, waivers may be approved by the State Board of Education for additional three-year periods. Requests shall be made through the State Superintendent of Public Instruction and requests from schools shall be forwarded by the local governing board to the State Superintendent of Public Instruction within 30 days from receipt.

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**Historical Note**

Adopted effective February 27, 1980 (Supp. 80-1).  
Amended effective April 9, 1993 (Supp. 93-2). The word  
“rule” has been updated to “Section” to reflect current  
standards in Chapter style and format (Supp. 21-2).

**R7-2-802. School and School District Compliance with the Uniform System of Financial Records and the Uniform System of Financial Records for Charter Schools**

- A. Upon receipt of a report from the Auditor General that a school or school district has failed to comply with the Uniform System of Financial Records (“USFR”) or the Uniform System of Financial Records for Charter Schools (“USFRCS”) within 90 days after having received a notice of noncompliance from the Auditor General, the State Board of Education (“Board”) shall review the Auditor General’s report to determine whether the school or school district is in noncompliance.
- B. When the Board determines that a school or school district is in noncompliance with the USFR or USFRCS, it shall give written notice to the school or district of its determination. The written notice shall advise the school or district of the following:
  - 1. The Superintendent of Public Instruction shall withhold distribution of state funds to the school or district until such time as the Auditor General reports compliance with the USFR or USFRCS unless a hearing is requested by the school or district.
  - 2. The school or district has 10 days from the receipt of the written notice of noncompliance by the Board to submit a written request for a hearing.
  - 3. If the school or district makes a timely request for a hearing, the hearing will be held pursuant to the hearing procedures specified in R7-2-701 et seq.
- C. The Board’s decision
  - 1. The Board shall determine whether the school or school district was in compliance with the USFR or USFRCS within 90 days after having been informed of noncompliance by the Auditor General, and whether the district is in compliance with the USFR or USFRCS at the time of the hearing.
  - 2. A decision by the Board shall be determined by a majority of the members of the Board and shall be based upon substantial evidence.

**Historical Note**

Adopted effective February 27, 1980 (Supp. 80-1).  
Amended subsections (A) and (E)(1) and (5) effective  
December 17, 1981 (Supp. 81-6). Amended effective  
December 31, 1998 (Supp. 98-4).

**R7-2-803. Implementation of the Uniform System of Financial Records**

All school districts shall implement the current version of the Uniform System of Financial Records, as prescribed by the Auditor General, in conjunction with the Department of Education. The Uniform System of Financial Records shall include standards to ensure that enrollment is determined by all school districts on a uniform basis.

**Historical Note**

Adopted effective November 10, 1980 (Supp. 80-6).  
Amended effective February 20, 1997 (Supp. 97-1).

**R7-2-804. Compliance with Federal Statutes or Regulations**

- A. This Section prescribes procedures to be used in filing and processing written complaints alleging the failure of a public agency or school district to comply with federal statutes or regulations applicable to federal education programs conducted and subject to Title 34, Code of Federal Regulations, § 76.780.
- B. The Arizona Department of Education (Department) shall accept and investigate complaints provided that the complaint:
  - 1. Is written and signed by the complaining party or his or her designated representative;
  - 2. Sets forth the facts forming the basis of the complaint; the facts set forth in the complaint, if true, could constitute noncompliance by a public agency or school district;
- C. Upon receipt of a complaint setting forth the criteria contained in (B), the Department shall immediately begin an impartial review which may include onsite investigations. If in the course of the review it is determined that the nature of the complaint is not a matter of noncompliance, the complainant will be so informed and advised of appropriate means of resolving the complaint.
- D. A written decision with specific findings shall be issued by the Department within 60 calendar days of receipt of the written complaint. If corrective action is required, such action shall be designated in the decision and shall include the time line for correction and possible consequences for continued noncompliance. A copy of the written decision shall be sent to the complaining party and the agency involved on or before the expiration of the 60-day period. An extension of this timeline will be permitted only if exceptional circumstances exist with respect to a particular complaint.
- E. If there appears to be a failure or refusal to comply with the applicable law or regulations, and if the noncompliance or refusal to comply cannot be corrected or avoided by informal means, compliance shall be effected by the Superintendent and the State Board of Education by any means authorized by law or by rule and regulation. The Superintendent shall retain jurisdiction over the issue of noncompliance with the law or regulations and shall retain jurisdiction over the implementation of any corrective action required. However, nothing herein shall preclude the availability of an informal resolution between the complainant and the agency or school district involved, nor shall this Section preclude the availability of any administrative hearing remedies to resolve such disputes or judicial review of such administrative remedies.
- F. If, pursuant to an investigation by the Department, the Superintendent finds a failure to comply with applicable law or regulations, he or she shall so inform the agency or school district and compliance shall be obtained by informal means whenever possible. If corrective action is required, such action shall be designated in this decision and shall include the time lines for correction and the possible consequences for continued noncompliance.
- G. A summary of each complaint received and investigated by the Department and the decision of the Superintendent shall be submitted annually to the State Board of Education for informational purposes only. Any personally identifiable information shall be deleted from the report to the State Board of Education.
- H. The complainant may request the U.S. Department of Education to review the final decision of the Superintendent. The Department shall inform a complainant of the procedures for requesting a review by the U.S. Department of Education.

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**Historical Note**

Adopted effective February 11, 1983 (Supp. 83-1).  
Amended subsection (B) effective March 13, 1986 (Supp. 86-2). The Section heading has been updated to title case, the word “rule” has been updated to “Section.” Both changes reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-805. Education Division General Administrative Regulations**

- A. This Section prescribes procedures to be used for appealing a decision by the Arizona Department of Education (Department) relating to federal programs administered by the Department and subject to the Education Division General Administrative Regulations (EDGAR) Title 34, Code of Federal Regulations § 75 and 76.
- B. A school district or public agency may request a hearing if it alleges that the Department violated a federal statute or regulation by:
  - 1. Terminating further assistance for an approved project;
  - 2. Ordering, in accordance with a final state audit resolution determination, the repayment of misspent or misapplied federal funds;
  - 3. Disapproving or failing to approve the application or project in whole or in part; or
  - 4. Failing to provide funds in amounts in accordance with the requirements of statutes and regulations.
  - 5. Not approving the school district or public agency’s proposal for funding.
- C. When a school district or public agency requests a hearing, the Superintendent of Public Instruction (Superintendent) shall select a hearings appeals panel from Department staff other than those within the same division as the federal program area under which the appeal rose.
- D. Hearing procedures
  - 1. An applicant must request a hearing by notifying the Superintendent by certified mail of its decision to appeal a decision as set forth in subsection (B). If the applicant is or represents a school district, authorization to seek a hearing must come from the Governing Board of that school district.
  - 2. The request for hearing must set forth the nature of the complaint and the facts on which the complaint is based.
  - 3. The applicant shall request a hearing within 30 days of the date notice of the Department action was sent. For purposes of this Section, the date of notice by the Department is the date of sending notice of the Department action.
  - 4. A hearing shall be scheduled before the appeal panel within 30 days from the receipt of the request.
  - 5. The appeals panel chairperson shall give at least 10 days’ notice of the hearing date to the complainant.
  - 6. The parties may submit written materials no later than five days prior to the hearing, such materials to consist of six copies.
  - 7. At the hearing the parties may present evidence in writing and through witnesses and may be represented by counsel.
  - 8. The length and order of the presentation may be determined by the appeals panel chairperson.
  - 9. If the complainant or authorized representative fails to appear at the designated time, place and date of the hearing, the appeal shall be considered closed and the process terminated.

- E. Decision. No later than five days after the hearing, the appeals panel shall forward to the Superintendent its recommendation relating to the school district or agency’s request for review. Within 10 days after the hearing, the Superintendent shall issue his or her written ruling, including findings of fact and reasons for the ruling. If the Superintendent determines that the Department’s action was contrary to the statutes and regulations that govern the applicable program, the Superintendent shall rescind the action.
- F. Appeal. If the Superintendent does not rescind the Department action, the applicant may appeal to the U.S. Department of Education. The applicant shall file a notice of appeal with the U.S. Department of Education within 20 days after the applicant has been notified by the Superintendent of his or her decision by certified mail.
- G. State Board of Education submission. The Superintendent shall annually submit to the State Board of Education as an informational item summaries of all decisions including the findings of fact of hearing procedures conducted pursuant to this Section for State Board of Education review.

**Historical Note**

Adopted effective June 24, 1983 (Supp. 83-3). The Section heading has been updated to title case, the word “rule” has been updated to “Section,” the phrase, “of this rule” has been removed to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-806. Repealed****Historical Note**

Adopted effective February 6, 1984 (Supp. 84-1). Section repealed by final rulemaking at 7 A.A.R. 182, effective December 15, 2000 (Supp. 00-4).

**R7-2-807. Repealed****Historical Note**

Adopted as an emergency effective August 2, 1984 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Permanent rule adopted effective November 27, 1984 (Supp. 84-6). Amended effective May 3, 1993 (Supp. 93-2). Repealed effective February 20, 1997 (Supp. 97-1).

**R7-2-808. Pupil Participation in Extracurricular Activities**

The following standards are effective for students in grade six, if part of a middle school, and grades seven through 12.

- 1. Definition. Extracurricular activities are:
  - a. All interscholastic activities which are of a competitive nature and involve more than one school where a championship, winner, or rating is determined; and all those endeavors of a continuous and ongoing nature for which no credit is earned in meeting graduation or promotional requirements and are organized, planned, and sponsored by the district consistent with district policy.
  - b. Activities which are an integral part of a credit class shall be excepted from the rule.
- 2. Eligibility requirements and ineligibility.
  - a. Eligibility. To be eligible to participate in extracurricular activities, a student shall be required to:
    - i. Earn a passing grade in each course in which the student is enrolled; and
    - ii. Maintain satisfactory progress toward promotion or graduation.



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- b. Ineligibility. When it is determined that a student has failed to meet the requirements specified for eligibility, the student shall be declared ineligible to participate in extracurricular activities and shall remain ineligible until the requirements of eligibility are met.
  - i. The governing board shall establish the criteria for a passing grade and satisfactory progress toward promotion or graduation, taking into account the needs of children placed in special education programs pursuant to R7-2-401 et seq. Passing grades shall be determined on a cumulative basis, from the beginning of instruction to the recording of a final grade for the course.
  - ii. Every nine weeks or less, as determined by the governing board, district personnel shall review the progress of students to determine their eligibility status. If a student is declared ineligible, the student shall remain ineligible until a subsequent check is performed and it is determined that the student meets the eligibility requirements specified in subsection (2)(a).
- 3. Each governing board shall adopt a policy and implement a program pursuant to that policy to provide:
  - a. Oral or written preliminary notice to all district students and their parents or guardian of pending ineligibility;
  - b. Written notice to students and their parents or guardians when ineligibility has been determined;
  - c. Educational support services to students declared ineligible because of this Section, as well as those notified of pending ineligibility.

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Amended subsection (B) and added a new subsection (D) effective February 17, 1988 (Supp. 88-1). Amended subsection (A) effective August 15, 1988 (Supp. 88-3). Amended effective April 28, 1989 (Supp. 89-2). Amended effective December 20, 1991 (Supp. 91-4). Section R7-2-808 repealed, new Section adopted effective July 10, 1992 (Supp. 92-3). Amended effective September 20, 1996 (Supp. 96-3). Amended effective December 22, 1997 (Supp. 97-4). Numerals were corrected and the word "rule" was replaced with "Section" to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-809. Emergency Administration of Auto-Injectable Epinephrine****A. Applicability.** This Section applies to:

- 1. Any school district or charter school that voluntarily chooses to stock auto-injectable epinephrine pursuant to A.R.S. § 15-157.
- 2. All school districts and charter schools when required to stock auto-injectable epinephrine pursuant to A.R.S. § 15-157.

**B. Definitions.** The following definitions are applicable to this Section:

- 1. "Anaphylactic shock" is a severe systemic allergic reaction, resulting from exposure to an allergen, which may result in death.
- 2. "Auto-injectable epinephrine" means a disposable drug delivery device that is easily transportable and contains a

premeasured single dose of epinephrine used to treat anaphylactic shock.

- 3. "Standing order" means a prescription protocol or instructions issued by the chief medical officer of the department of health services, the chief medical officer of a county health department, a doctor of medicine licensed pursuant to A.R.S. Title 32, Chapter 13, a doctor of naturopathic medicine licensed pursuant to A.R.S. Title 32, Chapter 14, a doctor of osteopathic medicine licensed pursuant to A.R.S. Title 32, Chapter 17, a nurse practitioner licensed pursuant to A.R.S. Title 32, Chapter 15 or a physician assistant licensed pursuant to A.R.S. Title 32, Chapter 25 for non-individual specific epinephrine.
- C. Annual training in the administration of auto-injectable epinephrine.
  - 1. Each school district and charter school shall designate at least two school personnel for each school site who shall be required to receive annual training in the proper administration of auto-injectable epinephrine in cases of anaphylactic shock pursuant to standing order. One or more of the trained personnel may be a school nurse or athletic trainer if they are employed by the school.
  - 2. Training in the administration of auto-injectable epinephrine shall be conducted in accordance with minimum standards and curriculum developed by the Arizona Department of Health Services in consultation with the Arizona Department of Education.
  - 3. At a minimum, training shall include procedures to follow when responding to anaphylactic shock, including direction regarding summoning appropriate emergency care, and documenting, tracking and reporting of the event.
  - 4. Training shall also include standards and procedures for acquiring a supply of at least two juvenile doses and two adult doses of auto-injectable epinephrine, restocking auto-injectable epinephrine upon use or expiration, and storing all auto-injectable epinephrine at room temperature and in secure, easily accessible locations on school sites.
  - 5. Training shall be conducted via courses provided in collaboration with a public health organization or by a regulated health care professional, whose competencies include the administration of auto-injectable epinephrine, including but not limited to a licensed school nurse, certified emergency medical technician or licensed athletic trainer.
  - 6. School districts and charter schools shall maintain and make available upon request a list of those school personnel authorized and trained to administer auto-injectable epinephrine pursuant to a standing order.
- D. Annual training on the recognition of anaphylactic shock symptoms and procedures to follow when anaphylactic shock occurs.
  - 1. Each school district and charter school shall require all school site personnel to receive an annual training on the recognition of anaphylactic shock symptoms and procedures to follow when anaphylactic shock occurs.
  - 2. Training shall be conducted in accordance with minimum training standards developed by the Arizona Department of Health Services in consultation with the Arizona Department of Education and shall follow the most current guidelines issued by the American Academy of Pediatrics.

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3. Training shall be conducted in collaboration with a public health organization by a regulated health care professional whose competencies include the recognition of anaphylactic shock symptoms and procedures to follow when anaphylactic shock occurs, including but not limited to a licensed school nurse, certified emergency medical technician or licensed athletic trainer.
- E.** Procedures for annually requesting a standing order for auto-injectable epinephrine.
1. Each school district or charter school shall obtain a standing order from its designated district or charter school physician licensed pursuant to A.R.S. Title 32, Chapter 13, 14, 17, 15, or 25 and if no such physician is available to provide a standing order, from the chief medical officer of the Department of Health Services or the chief medical officer of a county health department.
  2. Standing orders shall be renewed annually and upon the change of any designated school district or charter school physician.
  3. Standing orders shall identify the appropriate dosage of auto-injectable epinephrine to administer based upon weight and the frequency at which auto-injectable epinephrine may be administered if symptoms persist or return.
- F.** Procedures for the administration of auto-injectable epinephrine in emergency situations.
1. All school districts and charter schools shall adopt procedures for the emergency administration of auto-injectable epinephrine by designated trained personnel.
  2. Procedures shall address, at a minimum, the following requirements:
    - a. Determining if symptoms indicate possible anaphylactic shock.
    - b. Selecting the appropriate dosage of auto-injectable epinephrine to administer pursuant to a standing order.
    - c. Injecting epinephrine via auto-injector pursuant to a standing order, noting the time and dose given.
    - d. Calling 911 to advise that anaphylactic shock is suspected and epinephrine was administered.
    - e. Keeping the person stable until emergency responders arrive.
    - f. Advising school medical personnel and administration of the incident.
    - g. Repeating dose pursuant to a standing order when symptoms persist and emergency responders have not arrived.
    - h. Providing emergency responders with used epinephrine auto-injector labeled with name, date and time administered.
    - i. Assuring that parents/guardians have been notified and advised to promptly alert student's primary care physician of the incident.
    - j. Completing written documentation of the incident, detailing who administered the injection, the rationale for administering the injection, the approximate time of the injection or injections, and notifications made to school administration, emergency responders, the student's parents or guardians, and the doctor or chief medical officer who issued the standing order.
    - k. Ordering replacement dose or doses of auto-injectable epinephrine.
  1. Reviewing any incident involving emergency administration of epinephrine to determine the adequacy of response.
- G.** All school districts and charter schools shall report to the Arizona Department of Health Services all incidents of use of auto-injectable epinephrine pursuant to this Section in the format prescribed by the Arizona Department of Health Services.

**Historical Note**

Adopted effective July 30, 1992 (Supp. 92-3). Amended effective April 9, 1993 (Supp. 93-2). Repealed effective February 20, 1997 (Supp. 97-1). Amended by final exempt rulemaking at 21 A.A.R. 1784, effective February 24, 2014 (Supp. 15-3). Amended by final exempt rulemaking at 24 A.A.R. 3279, effective October 22, 2018 (Supp. 18-4). The word "rule" has been updated to "Section" to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 1531, effective August 27, 2021 (Supp. 21-3).

**R7-2-810. Emergency Administration of Inhalers**

- A.** Applicability. This Section applies to:
1. Any school district or charter school that voluntarily chooses to stock inhalers pursuant to A.R.S. § 15-158.
  2. All school districts when required to stock inhalers pursuant to A.R.S. § 15-158.
- B.** Definitions. The following definitions are applicable to this Section:
1. "Authorized Entity" refers to any school district or charter school.
  2. "Bronchodilator" means Albuterol or another short-acting bronchodilator that is approved by the United States Food and Drug Administration for the treatment of respiratory distress.
  3. "Inhaler" means a device that delivers a bronchodilator to alleviate symptoms of respiratory distress that is manufactured in the form of a metered-dose inhaler or dry-powder inhaler that includes a spacer or holding chamber that attaches to the inhaler to improve the delivery of the bronchodilator.
  4. "Personnel" means employees at a school district or charter school or nurses who are under contract with the school district or charter school.
  5. "Respiratory distress" includes the perceived or actual presence of coughing, wheezing or shortness of breath.
  6. "Standing order" means a prescription protocol or instructions issued by the chief medical officer of a county health department, physicians licensed pursuant to A.R.S. Title 32, Chapter 13, 14, or 17, or nurse practitioners licensed pursuant to A.R.S. Title 32, Chapter 15.
- C.** Annual training on recognition of symptoms of respiratory distress and administration of inhalers:
1. Each school district and charter school that elects to administer inhalers shall designate at least two personnel at each school site who shall be required to be trained in the recognition of respiratory distress symptoms, the procedures to follow when respiratory distress occurs, and the administration of inhalers, as directed on the prescription protocol. While each school is required to have two trained personnel in order to implement the stock inhaler policies, schools may train as many personnel as they feel necessary.
  2. Training in the administration of inhalers shall be conducted by a nationally recognized organization or profes-

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- sionally certified medical professionals that are experienced in training laypersons in emergency health treatment.
3. Training may be conducted online or in person and at a minimum shall include:
    - a. How to recognize signs and symptoms of respiratory distress in accordance with good clinical practice.
    - b. Standards and procedures for the storage of inhalers.
    - c. Standards and procedures for the administration of an inhaler, as directed on the prescription protocol.
    - d. If necessary, emergency follow-up procedures after the administration of an inhaler.
  4. The organization that conducts the training shall issue a certificate to each person who successfully completes the training. The personnel shall submit this certificate to the school.
  5. Annual training is required for all designated personnel of the school.
  6. School districts and charter schools shall maintain and make available on request a list of school personnel who are authorized to administer inhalers pursuant to a standing order.
- D.** Procedures for annually requesting a standing order and the prescription for the inhaler and holding chamber
1. Each participating school district or charter school shall obtain a standing order and prescription for inhalers and spacers or holding chambers pursuant to A.R.S. § 15-158 from the chief medical officer of a county health department, a physician licensed pursuant to A.R.S. Title 32, Chapter 13, 14, or 17, or a nurse practitioner pursuant to A.R.S. Title 32, Chapter 15.
  2. Standing orders and prescriptions shall be requested and renewed annually.
- E.** Procedures for the administration of inhalers in emergency situations:
1. School districts and charter schools that elect to administer inhalers shall:
    - a. Prescribe and enforce policies and procedures for the emergency administration of inhalers by designated and trained medical and non-medical personnel.
    - b. Designate at least two personnel at each school to be trained to recognize respiratory distress and administer inhalers.
    - c. Require designated personnel to participate in annual training and provide a certificate of successful completion to the school.
    - d. Designate personnel who have completed the required training to be responsible for the storage, maintenance, control and general oversight of the inhalers and spacers or holding chambers acquired by the school.
    - e. Acquire and stock a supply of inhalers and spacers or holding chambers pursuant to a standing order prescription.
    - f. Store medication in a secure, temperature appropriate location, unlocked and readily accessible to designated personnel.
  2. Pursuant to a standing order, school district or charter school personnel who are trained in the administration of inhalers may administer or assist in the administration of an inhaler to a pupil or adult whom the personnel believes in good faith to be exhibiting symptoms of respiratory distress while at school or a school-sponsored activity.
  3. Procedures adopted by school districts and charter schools shall address at a minimum, the following requirements:
    - a. Determine if symptoms indicate possible respiratory distress or emergency and determine if the use of an inhaler will properly address the respiratory distress or emergency.
    - b. Administer the correct dose of inhaler medication, as directed by the prescription protocol, regardless of whether the individual who is believed to be experiencing respiratory distress has a prescription for an inhaler and spacer or holding chamber or has been previously diagnosed with a condition requiring an inhaler.
    - c. Restrict physical activity, encourage slow breaths and allow the individual to rest.
    - d. Assure that trained personnel stay with the subject who has been administered inhaler medication until it is determined whether the medication alleviates symptoms.
    - e. If applicable, instruct office staff to notify the school nurse if the inhaler is administered by a trained but non-licensed person.
    - f. Instruct school staff to notify the parent or guardian.
    - g. Call 911 if severe respiratory distress continues. Advise that inhaler medication was administered and stay with the person until emergency medical responders arrive.
    - h. If the individual shows improvement, keep the individual under supervision until breathing returns to normal, with no more chest tightness or shortness of breath, and the individual can walk and talk easily.
    - i. Allow a student to return to class if breathing has returned to normal and all symptoms have resolved.
    - j. Notify a parent or guardian once the inhaler has been administered and the student has returned to class.
    - k. Document the incident detailing who administered the inhaler, the approximate time of the incident, notifications made to the school administration, emergency responders, and parents/guardians.
    - l. Retain the incident data on file at the school pursuant to the general records retention schedule regarding health records for school districts and charter schools established by the Arizona State Library, Archives and Public Records.
    - m. Order replacement inhalers, spacers and holding chambers as needed.
  4. A school district or charter school may accept monetary donations for or apply for grants for the purchase of inhalers and spacers or holding chamber or may accept donations of inhalers and spacers or holding chambers directly from the product manufacturers.
- F.** Immunity from civil liability is prescribed in A.R.S. § 15-158.

**Historical Note**

New Section made by final exempt rulemaking at 24 A.A.R. 146, effective August 9, 2018; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 24 A.A.R. 3279, effective October 22, 2018 (Supp. 18-4). The word "rule" has been updated to "Section" to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt

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rulemaking at 27 A.A.R. 1531, effective August 27, 2021  
(Supp. 21-3).

**R7-2-811. Emergency Administration of Seizure Management Plans and Medication**

**A. Applicability.** This Section applies to:

1. Any school district or charter school that has received a seizure management plan from a parent pursuant to A.R.S. § 15-160.02.
2. All school districts and charter schools when required to stock seizure rescue medication or a medication prescribed to treat seizure disorder pursuant to A.R.S. § 15160.02.
3. The State Board of Education shall adopt rules as necessary to administer this Section pursuant to A.R.S. § 15-160.02.

**B. Definitions.** The following definitions are applicable to this Section:

1. "Parent" is the guardian responsible for the student in question.
2. "Seizure Management and Treatment Plan", also known as a seizure action plan, outlines procedures recommended by the student's parent and the student's physician or registered nurse practitioner as defined in A.R.S. § 32-1601 and is signed by the student's parent and the student's physician or registered nurse practitioner.
3. "Seizure rescue medication" is a medication prescribed by the student's physician or registered nurse practitioner and is approved as an acute treatment, given at the time of the seizure to abort an ongoing or excessive number of seizures on an as need basis.
4. "School Nurse" is a Registered Nurse (RN) or a Licensed Practical Nurse (LPN) employed by, or under contract with, a school district or charter school whose duties at the school include regular contact with students who have submitted a seizure management and treatment plan.
5. "School Personnel" includes the school principal, guidance counselor, teacher, bus driver, or classroom aide whose duties at the school include regular contact with students who have submitted a seizure management and treatment plan.

**C. Quinquennial training in the administration of seizure management and treatment plans, stocking of seizure rescue medication, or stocking of a medication prescribed to treat seizure disorder.**

1. A school nurse who is employed or under contract with a school district or charter school that has received a seizure management and treatment plan shall complete an online course of instruction for school nurses regarding managing students with seizure disorders. This training must be approved by the State Board of Education. The minimum requirements of this training are defined pursuant to A.R.S. § 15-160.02. Information regarding training that has been approved by the State Board of Education shall be posted on the Board's website.
  - a. Information regarding training that has been approved by the State Board of Education shall be posted on the Board's website.
  - b. The training shall be initially completed within 30 days of receipt of the first seizure management and treatment plan.
  - c. A new hire who will have regular contact with a student who has previously submitted a seizure management and treatment plan shall be required to complete the training during the school's new hire

orientation unless the new hire can submit proof of successful completion within the last five years.

- d. The training must be completed at least once in a five-year period.
2. A school principal, guidance counselor, teacher, bus driver or classroom aide whose duties at the school include regular contact with students who have submitted a seizure management and treatment plan shall complete an online course of instruction for school personnel regarding awareness of students with seizure disorders. This training must be completed at least once in a five-year period and be approved by the State Board of Education. The minimum requirements of this training are defined pursuant to A.R.S. § 15-160.02. Information regarding training that has been approved by the State Board of Education shall be posted on the Board's website.
  - a. Information regarding training that has been approved by the State Board of Education shall be posted on the Board's website.
  - b. The training shall be initially completed within 30 days of receipt of the first seizure management and treatment plan.
  - c. A new hire who will have regular contact with a student who has previously submitted a seizure management and treatment plan shall be required to complete the training during the school's new hire orientation unless the new hire can submit proof of successful completion within the last five years.
  - d. The training must be completed at least once in a five-year period.
3. Each school district and charter school shall have at least one school employee at the school, other than the school nurse, who has met the training requirements necessary to administer or assist with the self-administration of both of the following:
  - a. A seizure rescue medication or a medication prescribed to treat seizure disorder symptoms as approved by the United States Food and Drug Administration, or its successor agency.
  - b. A manual dose of prescribed electrical stimulation using a vagus nerve stimulator magnet as approved by the United States Food and Drug Administration, or its successor agency.
4. The State Board of Education shall approve the school district or charter school course of instruction per the minimum training requirements pursuant to A.R.S. § 15-160.02.
  - a. All unapproved courses of instruction must be submitted to the State Board of Education for approval.
  - b. All courses of instruction shall issue a certificate to each person who successfully completes the training and the date of completion. The school personnel shall submit this certificate to the school.
  - c. Any approved courses of instruction that are altered must seek pre-approval from the State Board of Education. Approval from the State Board of Education must be gained prior to launching the updated course of instruction.
5. School districts and charter schools shall maintain and make available on request:
  - a. List of school personnel who are authorized to administer seizure medication pursuant to the seizure management and treatment plan, the date the

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training was successfully completed, and the certificate signifying successful completion.

- b. The school's course of instruction that is not consistent with (C)(1)(a) and (C)(2)(a) of this Section.

**D.** Procedures for the administration of seizure rescue medication, a medication prescribed to treat seizure disorder symptoms, or manual dose of prescribed electrical stimulation using a vagus nerve stimulator magnet.

1. All school districts and charter schools shall adopt procedures for the emergency administration of seizure rescue medication or medication prescribed to treat seizure disorder symptoms.
2. All school districts and charter schools shall adopt procedures for the manual dose of prescribed electrical stimulation using a vagus nerve stimulator magnet.
3. Procedures shall address, at minimum, the following requirements:
  - a. Basic seizure first aid steps with steps to keep the student safe and from injury during a seizure, guidelines for activating 911/the Emergency Medical System (EMS) and notifying the student's parent.
  - b. Steps to obtain a seizure management and treatment plan also known as a seizure action plan for students with a seizure disorder.
  - c. Designate personnel who have completed the required training to be responsible for the storage, maintenance, control, and general oversight of the items for students with seizures including a seizure action plan and medication.
  - d. Store the medication in a secure, temperature-appropriate location and readily accessible to designated personnel.
  - e. Store the vagus nerve stimulator magnet in a secure location, where it is readily accessible to designated personnel.
  - f. Documenting the incident detailing the seizure, location where the seizure began, actions taken as defined by the seizure action plan on file for the student, who administered the medication or vagus nerve stimulator magnet, the approximate time of the incident, student response to the medication or vagus nerve stimulator magnet, notifications made to the school administration, emergency responders, and parent, disposition per the seizure action plan, and any other pertinent details of the incident.
  - g. Steps to obtain an updated seizure action plan from the parent post-incident if found to be necessary.
  - h. Steps to obtain replacement medication for the student, if needed, in alignment with the student's seizure action plan.

**E.** Immunity from civil liability is prescribed in A.R.S. § 15-160.02.

**Historical Note**

New Section made by final exempt rulemaking at 30 A.A.R. 2547 (August 9, 2024), effective July 24, 2024 (Supp. 24-3).

**ARTICLE 9. SCHOOL DISTRICT BUDGET AND ACCOUNTING**

**R7-2-901. Teacher Experience Index Provisions**

- A.** General purpose. These guidelines are provided for local governing boards to assist in development of policies identifying activities which contribute to the instructional programs at the local school level. The policies will define what constitutes a

full-time vs. a part-time teacher position for the purpose of developing a school district's Teacher Experience Index.

**B.** Local governing boards may include the following activities in their policies as those which contribute toward an instructional program. This listing is not intended to be exclusive, and districts may utilize additional activities:

1. Classroom related:
  - a. Classroom instruction,
  - b. Preparation time,
  - c. Supervision,
  - d. Evaluation,
  - e. Curriculum development,
  - f. Housekeeping chores, i.e., daily reports, blackboard preparation, etc.
2. School related:
  - a. Teacher conferences,
  - b. Parent conferences,
  - c. Professional association activities,
  - d. Professional days,
  - e. District directed reports,
  - f. Participation in activities related to education scheduled by county, state, or federal agencies.

Professional association activities must be, in the opinion of the local governing board, for a public purpose and must not be for the sole benefit of the professional association.

3. Other district related:
  - a. Special assignments,
  - b. School board approved leave,
  - c. Home visitation,
  - d. Home instruction,
  - e. Off-site instruction,
  - f. Research,
  - g. In-service training.

In-service training activities are those approved by the local governing board and intended to promote the educational advancement of the youth of the district. These activities may be conducted either during the regular school day or at other times.

**C.** A local governing board may exercise its option to contract with certified personnel on a less than full-time basis in order to meet local district needs.

**D.** In those instances where a district may contract with certified personnel, and the responsibilities specified within the contract include activities not related to instruction, then the district must define in terms of "full-time equivalencies" that portion which is instruction-related.

**Historical Note**

Adopted as an emergency effective May 21, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-

3). Former emergency adoption now adopted without change effective October 7, 1980 (Supp. 80-5).

**R7-2-902. Independent Accounting Responsibility**

- A.** The governing board of a school district applying to operate with full independence from the county school superintendent as provided in A.R.S. § 15-914.01, shall apply to the State Board of Education and submit a plan for accounting responsibility to the county school superintendent of the county in which the school district is located and the Department of Education before January 1, which documents the following:

1. Administrative and internal accounting controls designed to achieve compliance with the Uniform System of Financial Records and the following objectives:

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- a. Procedures for approving, preparing and signing vouchers and warrants;
  - b. Procedures to ensure verification of administrators' and teachers' certification records with the Department of Education for all classroom and administrative personnel required to hold a certificate by the State Board pursuant to A.R.S. § 15-203, before issuing warrants for their services;
  - c. Procedures to account for all revenues, including allocation of certain revenues to funds as provided in the revenues section of the Uniform Accounting Manual for Arizona County School Superintendents;
  - d. Procedures for reconciling the accounting records monthly to the county treasurer as provided in the reconciliations section of the Uniform Accounting Manual for Arizona County School Superintendents.
2. A compilation of resources required to implement accounting responsibility, including personnel, training and equipment, and a comprehensive analysis of the budgetary implications of accounting responsibility for the school district and the county treasurer.
- B.** Before January 1 of the fiscal year preceding the fiscal year of implementation and before submitting an application to assume accounting responsibility, a school district shall apply for evaluation by the Auditor General. After completing the evaluation, the Auditor General may recommend approval or denial of accounting responsibility to the State Board of Education. The evaluation by the Auditor General shall be performed contingent on staff availability and may be billed to the school district at cost. Evaluation at a minimum shall include the following:
1. The most recent financial statements audited by an independent certified public accountant.
  2. The most recent reports on internal control, compliance and uniform system of financial records compliance questionnaire prepared by an independent certified public accountant or procedural review completed by the Auditor General.
  3. The working papers of the independent certified public accountant responsible for auditing the school district, if deemed appropriate by the Auditor General.
  4. A procedural review if deemed appropriate by the Auditor General.
- C.** Before January 1 of the fiscal year preceding the fiscal year of implementation and before submitting an application to assume accounting responsibility, a school district shall apply for evaluation by the county treasurer of the county in which the school district is located. After completing the evaluation, the county treasurer may recommend approval or denial of accounting responsibility to the State Board of Education. The evaluation by the county treasurer shall be performed contingent on staff availability and may be billed to the school district at cost. Evaluation by the county treasurer at a minimum shall include an analysis of the computer programming required for the county to manage the school districts funds.
- D.** School districts that are approved by the State Board of Education to assume accounting responsibility shall contract with an independent certified public accountant for an annual financial and compliance audit. The Auditor General may reevaluate the school district annually based on the audit to determine compliance with the uniform system of financial records. If permitted by federal law, a school district may convert to a biennial audit schedule if the previous annual audit conducted pursuant to this subsection did not contain any significant neg-

ative findings. If a biennial audit of a school district conducted pursuant to this subsection contains any significant negative findings, the school district shall convert back to an annual audit schedule. If a school district is required to convert back to an annual audit schedule pursuant to this subsection because of significant negative findings, the school district may subsequently convert to a biennial audit schedule if the previous two annual audits did not contain any significant negative findings. For the purposes of this subsection, "significant negative finding" means a finding that results in the issuance of a letter of noncompliance from the Auditor General.

- E.** Upon receipt of an accounting responsibility plan as prescribed in subsection (A), the county treasurer shall establish acceptable standards for interface by school districts with the county treasurer, including specifications for computer hardware and software compatibility and procedures to ensure the capacity of each school district to reconcile accounts with those of the county treasurer.
- F.** Any school district that fails to maintain accounting standards as provided by the uniform system of financial records and that is found to be in noncompliance with the uniform system of financial records by the State Board of Education as provided in A.R.S. § 15-272 is not eligible to participate in the program provided by this Section.

**Historical Note**

Adopted effective February 4, 1988 (Supp. 88-1). The word "rule" has been updated to "Section" to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 29 A.A.R. 1402 (June 23, 2023), with an effective date of May 22, 2023 (Supp. 23-2).

**ARTICLE 10. SCHOOL DISTRICT PROCUREMENT****PART I. IN GENERAL****R7-2-1001. Definitions**

In Articles 10 and 11, unless the context otherwise requires:

1. "Acceptance period" means the period of time specified in the solicitation that a bid or proposal is irrevocable, except as specified in R7-2-1030.
2. "Actual energy production" means the actual amount of energy that flows from the energy production measure on an annual basis as measured by a meter in kilowatt hours alternating current.
3. "Advantageous to the school district" means in the best interest of the school district, but does not necessarily mean lowest bid/cost.
4. "Affiliate" means any person whose governing instruments require it to be bound by the decision of another person or whose governing board includes enough voting representatives of the other person to cause or prevent action, whether or not the power is exercised. It also may include persons doing business under a variety of names, or where there is a parent-subsidiary relationship between persons.
5. "Alternative project delivery methods for construction" means construction-manager-at-risk, design-build, and job-order-contracting construction services.
6. "Architect services," "engineer services," "land surveying services," "geologist services" and "landscape architect services" mean those professional services within the scope of the practice of those services as provided in A.R.S. Title 32, Chapter 1, Article 1.

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7. "Award" means a determination by the school district that it is entering into a contract with one or more bidders or offerors.
8. "Bid" means a response to an invitation for bids and includes an offer to contract with the school district.
9. "Bidder" means a person submitting a bid in response to an invitation for bids.
10. "Brand name or equal specification" means a written description that uses one or more manufacturers' names or catalog numbers to describe the standard of quality, performance, and other characteristics needed to meet the school district's requirements, and that provides for the submission of equivalent products.
11. "Brand name specification" means a written description limited to one or more items by manufacturers' names or catalog numbers.
12. "Business" means any corporation, partnership, individual, sole proprietorship, joint stock company, joint venture or any other private legal entity.
13. "Change order" means a written order that is approved by the governing board and that directs the contractor to make changes that the changes clause of the contract authorizes the governing board to order.
14. "Clergy" means a minister of a religion.
15. "Coefficient" means the contractor's price adjustment to the unit price in a job order contract. Several coefficients may apply to the unit price book.
16. Construction:
  - a. Means the process of building, altering, repairing, improving or demolishing any school district structure or building, or other public improvements of any kind to any public real property.
  - b. Construction does not include:
    - i. The routine operation, routine repair or routine maintenance of existing facilities, structures, buildings or real property.
    - ii. The investigation, characterization, restoration or remediation due to an environmental issue of existing facilities, structures, buildings or real property.
17. "Construction-manager-at-risk" means a project delivery method in which:
  - a. There is a separate contract for design services and a separate contract for construction services, except that instead of a single contract for construction services, the school district may elect separate contracts for preconstruction services during the design phase, for construction during the construction phase and for any other construction services.
  - b. The contract for construction services may be entered into at the same time as the contract for design services or at a later time.
  - c. Design and construction of the project may be either:
    - i. Sequential with the entire design complete before construction commences.
    - ii. Concurrent with the design produced in two or more phases and construction of some phases commencing before the entire design is complete.
  - d. Finance services, maintenance services, operations services, preconstruction services and other related services may be included.
18. "Construction services" means either of the following for construction-manager-at-risk, design-build and job-order-contracting project delivery methods:
  - a. Construction, excluding services, through the construction-manager-at-risk or job-order-contracting project delivery methods.
  - b. A combination of construction and, as elected by the school district, one or more related services, such as finance services, maintenance services, operations services, design services and preconstruction services, as those services are authorized in the definitions of construction-manager-at-risk, design-build or job-order-contracting in this Section.
19. "Contract" means all types of agreements, including purchase orders, regardless of what they may be called, for the procurement of materials, services, construction or construction services, or the disposal of materials.
20. "Contract modification" means any written alteration in the terms and conditions of any contract accomplished by mutual action of the parties to the contract.
21. "Contractor" means any person who has a contract with a school district.
22. "Cooperative purchasing" means procurement conducted by, or on behalf of, more than one public procurement unit.
23. "Cost" means the aggregate cost of all materials and services, including labor performed by school district employees.
24. "Cost data" means information concerning the actual or estimated cost of labor, material, overhead and other cost elements that have been actually incurred or that are expected to be incurred by the offeror or contractor in performing the contract.
25. "Cost-plus-a-percentage-of-cost contract" means a contract that, prior to completion of the work, the parties agree that the fee will be a predetermined percentage of the cost of the work.
26. "Data" means documented information, regardless of form or characteristic.
27. "Days" means calendar days and shall be computed pursuant to A.R.S. § 1-243.
28. "Defective data" means data that is inaccurate, incomplete or outdated.
29. "Dentist" means a person licensed pursuant to A.R.S. Title 32, Chapter 11.
30. "Descriptive literature" means information available in the ordinary course of business that shows the characteristics, construction or operation of an item offered in a bid or proposal.
31. "Design-bid-build" means a project delivery method in which:
  - a. There is a sequential award of two separate contracts.
  - b. The first contract is for design services.
  - c. The second contract is for construction.
  - d. Design and construction of the project are in sequential phases.
  - e. Finance services, maintenance services and operations services are not included.
32. "Design-build" means a project delivery method in which:
  - a. There is a single contract for design services and construction services, except that instead of a single contract for design services and construction ser-

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- vices, the school district may elect separate contracts for preconstruction services and design services during the design phase, for construction and design services during the construction phase and for any other construction services.
- b. Design and construction of the project may be either:
    - i. Sequential with the entire design complete before construction commences.
    - ii. Concurrent with the design produced in two or more phases and construction of some phases commencing before the entire design is complete.
  - c. Finance services, maintenance services, operations services, preconstruction services and other related services may be included.
33. "Design professional" means an individual or firm that is registered by the state board of technical registration pursuant to A.R.S. Title 32, Chapter 1 to practice architecture, engineering, geology, landscape architecture or land surveying or any combination of those professions and any person employed by the registered individual or firm.
  34. "Design professional service contract" means a written agreement relating to the planning, design, construction administration, study, evaluation, consulting, inspection, surveying, mapping, material sampling, testing or other professional, scientific or technical services furnished in connection with any actual or proposed study, planning, survey, environmental remediation, construction, improvement, alteration, repair, maintenance, relocation, moving, demolition or excavation of a structure, street or roadway, appurtenance, facility or development or other improvement to land.
  35. "Design professional services" means architect services, engineer services, land surveying services, geologist services or landscape architect services or any combination of those services performed by or under the supervision of a design professional or an employee or subconsultant of the design professional.
  36. "Design requirements" means at a minimum:
    - a. The school district's written description of the project or service to be procured, including:
      - i. The required features, functions, characteristics, qualities and properties.
      - ii. The anticipated schedule, including start, duration and completion.
      - iii. The estimated budgets applicable to the specific procurement for design and construction and, if applicable, for operation and maintenance.
    - b. May include:
      - i. Drawings and other documents illustrating the scale and relationship of the features, functions and characteristics of the project, which shall all be prepared by a design professional who is registered pursuant to A.R.S. § 32-121.
      - ii. Additional design information or documents that the school district elects to include.
  37. "Design services" means architect services, engineer services or landscape architect services.
  38. "Designee" means the governing board member or school district employee who has been delegated procurement authority by the governing board as specified by board action.
  39. "Detailed record" means minutes, that shall include the date, time, place, persons in attendance and a summary of what was said by whom and the decisions made. The minutes may be made either in writing or by a recording.
  40. "Discussions" means an exchange or series of exchanges between the school district and a person who has submitted an unpriced technical offer or a proposal, resulting in an opportunity for the person to revise the unpriced technical offer or proposal prior to final evaluation by the school district.
  41. "District representative" means a district employee or the governing board acting within the limits of the district representative's authority. There may be more than one appointed for different purposes and different procurements.
  42. "Earth-moving, material-handling, road maintenance and construction equipment" means a track-type tractor, motor grader, excavator, landfill compactor, wheel tractor scraper, off-highway truck, wheel loader or track loader, having a published manufacturer's minimum unit list price of \$50,000 or more and a minimum expected life cycle of three years.
  43. "Effective utility rate" means the average price per kilowatt hour that a school district paid to its utility provider for electricity service to the facility that is the subject of the guaranteed energy production contract over the previous twelve months.
  44. "Eligible procurement unit" means a public procurement unit, a nonprofit corporation, or an external procurement activity.
  45. "Employee" means an individual drawing a salary from a school district and any noncompensated individual performing personal services for any school district.
  46. "Energy baseline" means a calculation of the amount of energy used in an existing facility before the installation or implementation of the energy cost savings measures.
  47. "Energy cost savings" means one or both of the following:
    - a. An estimated reduction in net fuel costs, energy costs, water costs, stormwater fees or other utility costs, or related net operating costs, including costs for anticipated equipment replacement and repair, from or as compared to an established baseline of those costs.
    - b. An estimated revenue increase associated with additional facility use or the use of improved meters or other measuring devices due to improvements included in the guaranteed energy cost savings contract.
  48. "Energy cost savings measure" means a training program or facility alteration designed to reduce energy consumption, which may include one or more of the measures authorized in A.R.S. § 15-213.01, and any related meters or other measuring devices.
  49. "Energy production measure" means renewable and alternative energy projects or renewable energy power service agreements.
  50. "Established catalog price" means the price included in a catalog, price list, schedule or other form that:
    - a. Is regularly maintained by a manufacturer, distributor or contractor.
    - b. Is either published or otherwise available for inspection by customers.



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- c. States prices at which sales are currently or were last made to a significant number of any category of buyers or buyers constituting the general buying public for the materials or services involved.
51. "Excess materials" means any materials which have a remaining useful life but which are no longer required by the using school district in possession of the materials.
  52. "External procurement activity" means any buying organization not located in this state that would qualify as a public procurement unit.
  53. "Fair market value" means the price at which sales have been consummated for materials of like type, quality, and quantity in a particular market at the time of acquisition.
  54. "Filed" means delivery to the district representative, school district or its hearing officer, whichever is applicable. A time/date stamp affixed to a document by the school district shall be determinative of the time or delivery for purposes of filing.
  55. "Finance services" means financing for a construction services project.
  56. "General Services Administration contract" means contracts awarded by the United States government General Services Administration.
  57. "Gift or benefit" means a payment, distribution, expenditure, advance, deposit or donation of monies, any intangible personal property or any kind of tangible personal or real property that is not of nominal value such as a greeting card, t-shirt, mug or pen. Gift or benefit does not include either:
    - a. Food or beverage.
    - b. Expenses or sponsorships relating to a special event or function to which individuals involved in procurement and purchasing are invited.
  58. "Governing board" has the meaning defined in A.R.S. § 15-101.
  59. "Governing instruments" means legal documents that establish the existence of an organization and define its powers, including articles of incorporation or association, constitution, charter, by-laws, or similar documents.
  60. "Guaranteed energy cost savings contract" means a contract for implementing one or more energy cost savings measures.
  61. "Guaranteed energy price" means the agreed on price to be charged to the school district for each kilowatt hour alternating current of actual energy production as such may change on an annual basis as set forth in the guaranteed energy production contract.
  62. "Guaranteed energy production" means the amount of energy, measured in kilowatt hours alternating current, that the qualified provider guarantees for each year of the guaranteed energy production contract.
  63. "Guaranteed energy production contract" means a contract for implementing one or more energy production measures between one or more qualified providers and a school district.
  64. "Guaranteed energy production shortfall" means the amount, if any, that the actual energy production is less than the guaranteed energy production in any given year.
  65. "Incremental award" means an award of portions of a definite quantity requirement to more than one contractor. Each portion is for a definite quantity and the sum of the portions is the total definite quantity required.
  66. "Interested party" means an actual or prospective bidder or offeror whose economic interest may be affected substantially and directly by the issuance of a solicitation, the award of a contract or by the failure to award a contract. Whether an actual or prospective bidder or offeror has an economic interest will depend upon the circumstances of each case.
  67. "Internet" means the international computer network of both federal and nonfederal interoperable packet switched data networks, including the graphical subnetwork called the world wide web.
  68. "Invitation for bids" means all documents, whether attached or incorporated by reference, which are used for soliciting bids in accordance with the procedures prescribed in R7-2-1024.
  69. "In writing" has the same meaning as "written" or "writing" in A.R.S. § 47-1201, which includes printing, typewriting, electronic transmission, facsimile, or any other intentional reduction to tangible form.
  70. "Job-order-contracting" means a project delivery method in which:
    - a. The contract is a requirements contract for indefinite quantities of construction.
    - b. The construction to be performed is specified in job orders issued during the contract.
    - c. Finance services, maintenance services, operations services, preconstruction services, design services and other related services may be included.
  71. "Legal counsel" means a person licensed as an attorney by the Arizona Supreme Court.
  72. "Life cycle" means the useful life of the earth-moving, material-handling, road maintenance and construction equipment to the original using school district.
  73. "Local public procurement unit" means any political subdivision, any agency, board, department or other instrumentality of such political subdivision, and any nonprofit corporation created solely for the purpose of administering a cooperative purchase under Articles 10 and 11.
  74. "Maintenance services" means routine maintenance, repair and replacement of existing facilities, structures, buildings or real property.
  75. "Materials" means all property, including equipment, supplies, printing, insurance and leases of property, but does not include land, a permanent interest in land or real property or leasing space.
  76. "May" denotes the permissive.
  77. "Minor" means mistakes, excluding judgmental errors, that have negligible effect on price, quantity, quality, delivery or other contractual terms and the waiver or correction of such mistake does not prejudice other bidders or offerors.
  78. "Multiple award" means award of multiple contracts for identical or similar materials or services to more than one bidder or offeror.
  79. "Multistep sealed bidding" means a 2-phase process consisting of a technical first phase composed of one or more steps in which bidders submit unpriced technical offers to be evaluated by the school district and a second phase in which those bidders whose technical offers are determined to be acceptable during the first phase have their price bids considered.
  80. "Negotiation" means an exchange or series of exchanges between the school district and a person with a goal of establishing the terms, conditions and prices in a contract between the school district and the person, where such negotiation is authorized in Articles 10 and 11.

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81. "Nonexpendable materials" means all tangible materials which have an original acquisition cost over an amount set by regulation and a probable useful life of more than one year.
82. "Nonprofit corporation" means any nonprofit corporation as designated by the Internal Revenue Service under section 501(c)(3) through 501(c)(6) or under section 115, if created by two or more local public procurement units, and includes certified nonprofit agencies that serve individuals with disabilities as defined in A.R.S. § 41-2636.
83. "Offeror" means a person submitting a proposal in response to a request for proposals.
84. "Operations services" means routine operation of existing facilities, structures, buildings or real property.
85. "Outright purchase" means the initial cost to the school district for the earth-moving, material-handling, road maintenance and construction equipment, including all vendor charges and financing costs.
86. "Owner" means the school district.
87. "Paper" means newspaper, high-grade office paper, fine paper, bond paper, offset paper, xerographic paper, duplicator paper and related types of cellulosic material containing not more than ten percent by weight or volume of noncellulosic material such as laminates, binders, coatings or saturants.
88. "Paper product" means paper items or commodities, including paper napkins, towels, corrugated paper and related types of cellulosic products containing not more than ten percent by weight or volume of noncellulosic material such as laminates, binders, coatings or saturates.
89. "Person" means any corporation, business, individual, union, committee, club, other organization or group of individuals.
90. "Physician" means a person licensed pursuant to A.R.S. Title 32, Chapters 7, 8, 13, 14, 15.1, 16, or 17.
91. "Post-consumer material" means a discard generated by a business or residence that has fulfilled its useful life. Post-consumer material does not include discards from industrial or manufacturing processes.
92. "Posted prices" means the sale price determined by the school district to be fair market value.
93. "Preconstruction services" means services and other activities during the design phase.
94. "Pricing data" means information concerning prices, including profit, for materials, services or construction substantially similar to those being procured under a contract or subcontract. In this definition, "prices" refers to offered selling prices, historical selling prices or current selling prices of the items being purchased.
95. "Prime contractor" means a general contractor, who contracts with a property owner and, in turn, employs a subcontractor, or subcontractors, to perform some or all of the work.
96. "Procurement" means buying, purchasing, renting, leasing or otherwise acquiring any materials, services, construction or construction services. Procurement also includes all functions that pertain to the obtaining of any material, service, construction, or construction services, including description of requirements, selection and solicitation of sources, preparation and award of contract, and all phases of contract administration.
97. "Procurement file" means the official procurement records of the school district containing the following:
  - a. List of notified vendors.
  - b. Procurement disclosure statements.
  - c. Final solicitation.
  - d. Solicitation amendments.
  - e. Bids and offers.
  - f. Offer revisions and best and final offers.
  - g. Discussions.
  - h. Clarifications.
  - i. Final evaluation reports.
  - j. Additional information, as necessary.
98. "Proposal" means a response to a request for proposals and includes an offer to contract with the school district.
99. "Proprietary specification" means a specification that describes a material made and marketed by a person having the exclusive right to manufacture and sell such material and excludes other material with similar quality, performance or functional characteristics from being responsive to the solicitation.
100. "Public procurement unit" means either a local public procurement unit, the Arizona Department of Administration, any other state or an agency of the United States.
101. "Public service corporation" means all corporations other than municipal engaged in furnishing gas, electricity, or water and subject to regulation as a utility by the Arizona Corporation Commission.
102. "Purchase description" means the words used in a solicitation to describe the materials, services or construction for purchase and includes specifications attached to, or made a part of, the solicitation.
103. "Purchase requisition" means that document, or electronic transmission, whereby a school district requests that a contract be entered into for a specific need, and may include, but is not limited to, the description of the requested item, delivery schedule, transportation data, criteria for evaluation, suggested source of supply and information supplied for the making of any written determination required by Articles 10 and 11.
104. "Qualified products list" means an approved list of materials or construction items described by model or catalog numbers that, prior to competitive solicitation, the governing board has determined will meet the applicable specification requirement.
105. "Qualified select bidders list" means a selection process for establishing a list of best-qualified prime contractors or construction material suppliers for a specific, single project. The selection process is based upon listed evaluation criteria and conducted through a request for qualifications. Once the selection process is complete, the qualified bidders are invited to submit a sealed competitive bid based upon architectural/engineering plans and specifications or material specifications.
106. "Reasonably susceptible of being awarded a contract" means those proposals that the school district determines are subject to award after the initial review of all original proposals.
107. "Recycled paper" means paper products which have been manufactured from materials otherwise destined for the waste stream and which contain at least forty percent recovered wastepaper with ten percent of that being post-consumer material.
108. "Regional award" means an award of portions of the total requirement by geographic region.
109. "Request for information" means all documents issued to vendors for the sole purpose of seeking information about

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- the availability in the commercial marketplace of materials or services.
110. "Request for proposals" means all documents, whether attached or incorporated by reference, which are used for soliciting proposals in accordance with procedures prescribed in R7-2-1042.
  111. "Request for qualifications" means all documents, whether attached or incorporated by reference, which are used for soliciting statements of qualifications in accordance with procedures prescribed in R7-2-1101, R7-2-1106, R7-2-1108 or R7-2-1117.
  112. "Residual value" means the guaranteed minimum market value of the earth-moving, material-handling, road maintenance and construction equipment at the end of the life cycle of the equipment being procured, as determined by a guaranteed minimum value offered by the vendor or other parties in its bid.
  113. "Responsible bidder or offeror" means a person who at the time of contract award has the capability to perform the contract requirements and the integrity and reliability which will assure good faith performance.
  114. "Responsive bidder or offeror" means a person who submits a bid or proposal which conforms in all material respects to the invitation for bids or request for proposals.
  115. "Reverse auction" means a procurement method in which bidders are invited to bid on supplying specified materials over the Internet in a real-time competitive bidding event.
  116. "School district" has the meaning defined in A.R.S. § 15-101, whose authority is exercised by the governing board or its designee.
  117. "Services" means the furnishing of labor, time or effort by a contractor or subcontractor that does not involve the delivery of a specific end product other than required reports and performance. Services does not include employment agreements or collective bargaining agreements.
  118. "Shall" denotes the imperative.
  119. "Solicitation" means an invitation for bids, an invitation to submit technical offers, a request for proposals, a request for qualification, or any other invitation or request by which the school district invites a person to participate in a procurement.
  120. "Specification" means any description of the physical or functional characteristics, or of the nature of a material, service or construction item. Specification may include a description of any requirement for inspecting, testing or preparing a material, service or construction item for delivery.
  121. "Specified professional services" means services of an architect, engineer, land surveyor, assayer, geologist and landscape architect and any combination of those services.
  122. "Standard commercial material" means material that, in the normal course of business, is customarily maintained in stock or readily available by a manufacturer, distributor or dealer for the marketing of such material.
  123. "Statement of qualifications" means a response to a request for qualifications issued pursuant to R7-2-1101, R7-2-1106, R7-2-1108 or R7-2-1117, or unsolicited qualifications submitted pursuant to R7-2-1062 or R7-2-1122, and does not include an offer to contract with the school district.
  124. "Subcontractor" means a person who contracts to perform work or render service to a contractor or to another subcontractor as a part of a contract with a school district.
  125. "Subconsultant" means any person, firm, partnership, corporation, association or other organization or a combination of any of them, that has a direct contract with a design professional or another subconsultant to perform a portion of the work under a design professional service contract.
  126. "Surplus materials" means any materials that no longer have any use to the school district or materials acquired from the United States government. This includes obsolete materials, scrap materials and nonexpendable materials that have completed their useful life.
  127. "Suspension" means an action taken by the governing board under R7-2-1168 temporarily disqualifying a person from participating in school district procurements.
  128. "Technical offer" means unpriced written information from a prospective contractor stating the manner in which the prospective contractor intends to perform certain work, its qualifications and its terms and conditions.
  129. "Total life cycle cost" means total school district costs and financing costs throughout the life cycle of the earth-moving, material-handling, road maintenance and construction equipment being purchased less residual value.
  130. "Total school district costs" means costs to the school district for the earth-moving, material-handling, road maintenance and construction equipment, including repair costs, present value of monies, vendor charges, and all other identifiable school district costs that may be incurred.
  131. "Unit price" means the price published in the unit price book for a specific construction or construction related task. Each unit price is comprised of labor, equipment, or material costs to accomplish a specific task, and shall be defined in the contract.
  132. "Unit price book" means a comprehensive listing of specific construction related tasks together with a specific unit of measurement and a unit price.
  133. "Vendor charges" means the costs of all vendor support, materials, transportation, and all other identifiable costs associated with the vendor's proposal or bid.
  134. "Vendor support" means services provided by the vendor for items such as consulting, education and training.
  135. "Wastepaper" means recyclable paper and paperboard, including high-grade office paper, computer paper, fine paper, bond paper, offset paper, xerographic paper, duplicator paper and corrugated paper.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

Amended effective March 21, 1991 (Supp. 91-1).

Amended effective October 22, 1992 (Supp. 92-4).

Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1). Amended by final exempt rulemaking at 27 A.A.R. 2342, (October 22, 2021) effective September 27, 2021 (Supp. 21-4).

**R7-2-1002. Applicability**

- A. Articles 10 and 11 apply to every expenditure of public monies, including federal assistance monies and grants, by a school district as specified in A.R.S. § 15-213(A) for the procurement

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of all construction, materials and services when the total procurement cost exceeds the aggregate dollar amount specified in A.R.S. § 41-2535(A). If procurement involves the expenditure of federal assistance or contract monies, the school district shall comply with federal law and authorized regulations which are mandatorily applicable and which are not presently reflected in Articles 10 and 11.

**B.** Articles 10 and 11 apply to the disposal of school district materials regardless of value.

**C.** Articles 10 and 11 do not apply to:

1. Agreements for providing career and technological education and vocational education pursuant to A.R.S. § 15-789;
2. Contracts between a school district and other governments, including intergovernmental agreements and contracts pursuant to A.R.S. § 11-952, except as provided by R7-2-1191 through R7-2-1196. This exemption also includes the purchase of a fee or license from a local, state or federal public entity required by law to collect said fees;
3. Purchases for amounts not exceeding the aggregate dollar amount specified in A.R.S. § 41-2535(A). Such procurements shall comply with the guidelines prescribed by the Auditor General in the Uniform System of Financial Records pursuant to A.R.S. § 15-271;
4. Contracts for professional witnesses if the purpose of such contracts is to provide for professional services or testimony relating to an existing or probable judicial or administrative proceeding in which the school district is or may become a party;
5. Agreements negotiated by legal counsel representing the school district in settlement of litigation or threatened litigation;
6. Expenditures from student activity monies as defined in A.R.S. § 15-1121, if no district funds are involved;
7. Expenditures for governing board adopted textbooks as defined in A.R.S. § 15-721 and A.R.S. § 15-722, if purchased from the publisher;
8. The placement of a pupil in a private school that provides special education services if such placement is prescribed in the pupil's individualized education program and the private school has been approved by the Department of Education Division of Special Education pursuant to A.R.S. § 15-765;
9. Purchases of any products, materials and services directly from certified nonprofit agencies that serve individuals with disabilities as defined in A.R.S. § 41-2636, and Arizona Correctional Industries if the delivery and quality of the products, materials or services meet the school district's reasonable requirements;
10. The decision to participate in programs pursuant to A.R.S. § 15-382. A program authorized by A.R.S. § 15-382 is not required to engage in competitive bidding for the services necessary to administer the program or for the purchase of insurance or reinsurance;
11. The purchase of water, gas or electric utilities from a public service corporation. This exemption expressly does not apply to guaranteed energy cost savings contracts and guaranteed energy production contracts subject to A.R.S. § 15-213.01 and A.R.S. § 15-213.03;
12. Purchases of professional certifications, professional memberships, conference registrations, conference hotels and airfare that meets Arizona Department of Administration General Travel Principles and Policies;

13. Purchases, sales or leases of real estate. This exemption expressly does not apply to the services of a real estate broker as defined in A.R.S. § 32-2101;

14. Purchases of surplus property from the state or United States Federal Government in accordance with R7-2-1132;

15. Purchases in compliance with the terms and conditions of any grant, gift, bequest or cooperative agreement; and

16. The cost of special elections, including the preparation of ballots in accordance with A.R.S. § 15-406.

**D.** Unless displaced by the particular provisions of Articles 10 and 11, the principles of law and equity, including the Uniform Commercial Code of this state, the common law of contracts as applied in this state and law relative to agency, fraud, misrepresentation, duress, coercion, and mistake supplement the provisions of Articles 10 and 11.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

Amended effective March 21, 1991 (Supp. 91-1).

Amended effective March 6, 1997 (Supp. 97-1).

Amended effective December 4, 1998 (Supp. 98-4).

Amended by final exempt rulemaking at 21 A.A.R. 1491, effective October 28, 2013 (Supp. 15-3). Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1003. General Provisions**

- A.** The school district shall not award a contract or incur an obligation on behalf of the school district unless it is reasonable to believe sufficient funds will be available for the procurement. If sufficient funds are not available when a solicitation is issued, the solicitation shall include a statement that funds are not currently available and that any contract awarded will be conditioned upon the availability of funds.
- B.** Projects and purchases shall not be divided or sequenced into separate projects or purchases in order to avoid the limits prescribed in Articles 10 and 11.
- C.** Any bid or proposal that is conditioned upon award to the bidder or offeror of both the particular contract being solicited and another school district contract shall be deemed nonresponsive or unacceptable.
- D.** Except by mutual consent of the parties to the contract, rules in Articles 10 and 11 shall not change any commitment, right or obligation of a school district or of a contractor under a contract in existence on the effective date of the Section.
- E.** If a contractor requests to change the name in which it holds a school district contract, the school district may, upon receipt of a document indicating the name change, enter into a contract modification with the contractor to effect the name change. The contract modification shall provide that no other terms and conditions of the contract are changed.
- F.** The school district may allow electronic media transactions, including an electronic record or electronic signature, if consistent with state law and advantageous to the school district.
- G.** Rights and duties arising from a school district contract may only be transferred, waived or assigned upon the express written consent of both parties.
- H.** School district employees and public officers shall not purchase construction, materials or services for their own personal or business use from contracts entered into by the school district.

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- I. A person who supervises or participates in contracts, purchases, payments, claims or other financial transactions, or who supervises or participates in the planning, recommending, selecting or contracting for materials, services, goods, construction, or construction services of a school district or school purchasing cooperative is subject to the penalties prescribed in A.R.S. § 15-213(N) if the person solicits, accepts or agrees to accept any personal gift or benefit from a person or vendor that has secured or has taken steps to secure a contract, purchase, payment, claim or financial transaction with a school district or school purchasing cooperative.
- J. Any person or vendor that has secured or has taken steps to secure a contract, purchase, payment, claim or financial transaction with a school district or school purchasing cooperative that offers, confers or agrees to confer any personal gift or benefit on a person who supervises or participates in contracts, purchases, payments, claims or other financial transactions, or on a person who supervises or participates in planning, recommending, selecting or contracting for materials, services, goods, construction or construction services of a school district or school purchasing cooperative is subject to the penalties prescribed in A.R.S. § 15-213(O).
- K. A person who serves on an evaluation committee for a procurement is subject to A.R.S. § 41-2616(C).
- L. A person who contracts for or purchases materials, services, goods, construction or construction services shall be subject to the penalties prescribed in A.R.S. § 15-213 and A.R.S. § 41-2616 for violations of and attempts to avoid Articles 10 and 11.
- M. Pursuant to A.R.S. § 15-213 and A.R.S. Title 41, Chapter 23, the Attorney General shall enforce the provisions of Articles 10 and 11 and may take action prescribed therein.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

Amended effective March 21, 1991 (Supp. 91-1).

Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 24 A.A.R. 3283, effective October 22, 2018 (Supp. 18-4). Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1). The word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-1004. Written Determinations**

- A. Written determinations required by Articles 10 and 11, including for any specified professional services, construction, construction services or materials to an entity selected from a qualified select bidders list or through a school purchasing cooperative, shall specify the reasons for the determination, including how the determination was made.
- B. The school district is authorized to prescribe methods and operational procedures to be used in preparing written determinations.
- C. The school district shall place the written determination into the school district's procurement file.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemak-

ing at 24 A.A.R. 3283, effective October 22, 2018 (Supp. 18-4).

**R7-2-1005. Change orders and contract modifications**

Any change order or contract modification that exceeds \$100,000 or five percent, whichever is greater, may be executed only if the governing board determines in writing that the change order or contract modification is advantageous to the school district and the price is determined to be fair and reasonable.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1006. Confidential Information**

- A. If a person believes that a bid, proposal, response to a request for information, technical offer, statement of qualifications, specification, or protest contains confidential trade secrets or other proprietary data not to be disclosed as otherwise required by A.R.S. § 39-121, a statement advising the school district of this fact shall accompany the submission and the information shall be so identified wherever it appears. Contract terms and conditions, pricing, and information generally available to the public are not considered confidential information under this Section.
- B. Until a determination is made under subsection (C), the school district shall not disclose information designated as confidential under subsection (A) except to school district personnel having a legitimate interest in, or persons assisting the school district in evaluation of, the bid, proposal, response to a request for information, technical offer, statement of qualifications, specification, or protest.
- C. Upon receipt of a submission designating information as confidential, the school district shall make one of the following written determinations:
  1. The designated information is confidential and the school district shall not disclose the information except to school district personnel having a legitimate interest in, or persons assisting the school district in evaluation of, the bid, proposal, response to a request for information, technical offer, statement of qualifications, specification, or protest.
  2. The designated information is not confidential.
- D. The school district may request additional information, if necessary to make the determination required by subsection (C).
- E. If the school district determines that information submitted is not confidential, the person who made the submission shall be notified in writing. The notice shall specify that a request for review of the district representative's determination may be filed within 10 days of the date of the district representative's determination.
- F. A request for review of the district representative's determination shall be filed in writing with the district representative. The request for review shall state the precise legal or factual errors in the district representative's decision. If a request for review is received:
  1. The district representative shall consider the alleged legal or factual errors in the request for review of the district representative's determination and issue a final written determination to the person filing the request.
  2. Until the final determination is made under subsection (C)(2), the school district shall not disclose information designated as confidential under subsection (A) except to school district personnel having a legitimate interest in, or persons assisting the school district in evaluation of,

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the bid, proposal, response to a request for information, technical offer, statement of qualifications, specification, or protest.

- G.** The school district may release information determined to not be confidential under subsection (C)(2) if:
1. A request for review is not received by the district representative within the time period specified in the notice; or
  2. The district representative issues a final written determination under subsection (F)(1) that the designated information is not confidential.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended effective March 21, 1991 (Supp. 91-1). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1007. Delegation of Procurement Authority**

- A.** The governing board may, in a public meeting held in conformity with A.R.S. Title 38, Chapter 3, Article 3.1, delegate procurement authority to a designee. Any delegation shall be accomplished by adopting a governing board policy for this purpose.
1. Delegated procurement authority may include, but is not limited to the following:
    - a. Authority to make determinations required by Articles 10 and 11;
    - b. Authority to award contracts;
    - c. Authority to make sole source and emergency procurements; and
    - d. Authority to approve change orders and contract modifications.
  2. Delegated activities and functions shall be adequately separated among individuals so that one individual does not have complete authority over an entire procurement.
- B.** Any delegation shall specify:
1. The title of the school district employee or employees to whom authority is delegated;
  2. The activity or function authorized;
  3. Any limits or restrictions on the exercise of the delegated authority, including the maximum cost of any procurement;
  4. Whether the authority may be further delegated;
  5. The duration of the delegation; and
  6. The conditions and procedures for revocation and modification of the delegation.
- C.** No person delegated such authority may participate in any aspect of a specific procurement if the person would receive any benefit directly or indirectly from a contract for such procurement. Violation of this prohibition may result in termination or other disciplinary action.
- D.** Delegation of procurement authority does not abrogate the responsibility of the governing board to ensure compliance with Articles 10 and 11 notwithstanding the fact that school district personnel were authorized to make procurement decisions.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1008. Procurement Consultants and Procurement Advisory Groups**

- A.** The school district may contract with a procurement consultant to assist in drafting specifications, in the development of solicitations, or in the management of the procurement process. A procurement consultant may provide guidance or advice to a procurement evaluation committee, but shall not serve as a voting member of such committee. For the purposes of this Section, a school district employee or a contracted business manager or purchasing director for the school district is not a procurement consultant.
- B.** The school district may appoint procurement advisory groups or evaluation committees to assist with respect to specifications, solicitation evaluations or procurement in specific areas. Members of such procurement advisory groups or evaluation committees are not procurement consultants as set forth in this Section. Non-school district employees serving on such procurement advisory groups or evaluation committees are not eligible to receive compensation but are eligible for reimbursement of expenses consistent with the school district's travel policy adopted pursuant to A.R.S. § 15-342(5).
- C.** A procurement consultant, a member of a procurement advisory group, or a member of an evaluation committee who participates in any aspect of a specific procurement shall be prohibited from receiving any benefit directly or indirectly from a contract for such procurement, and shall sign a procurement disclosure statement that the person has no interest in the procurement other than that of a disclosed remote interest, as defined in A.R.S. § 38-502, will have no contact with any representative of a competing vendor related to the particular procurement except those contacts specifically authorized by these rules, and has not accepted any personal gift or benefit from a person or vendor that has secured or has taken steps to secure a contract, purchase, payment, claim or financial transaction with the school district or school purchasing cooperative. The procurement disclosure statements shall be retained in the procurement file.
- D.** Specifications prepared by a procurement consultant or a procurement advisory group shall comply with R7-2-1010 through R7-2-1016.
- E.** The school district shall not delegate to a procurement consultant, a procurement advisory group, or an evaluation committee the authority for the award or administration of any particular contract, or over any dispute, claim or litigation pertaining thereto, and a procurement consultant or a procurement advisory group shall not be authorized to obligate the school district in any manner.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1009. Repealed****Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**PART II. SPECIFICATIONS****R7-2-1010. Preparation of Specifications**

- A.** Specifications shall be prepared only by the school district or by contract pursuant to R7-2-1014 and R7-2-1015. Regardless

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of who prepares the specifications, the governing board retains the authority to disapprove all specifications.

- B.** In an emergency under R7-2-1055, any necessary specifications may be utilized by the person designated in R7-2-1055 (C) without regard to the provisions of this Section.
- C.** Content of specifications.
1. A specification may provide alternate descriptions of materials, services, or construction items where two or more design, functional, or performance criteria will satisfactorily meet the school district's requirements.
  2. To the extent practicable, a specification shall not include any solicitation term or condition or any contract term or condition.
  3. If a specification for a common or general use item has been developed in accordance with R7-2-1011(A) or a qualified products list has been developed in accordance with R7-2-1011(D) for a particular material, service, or construction item, it shall be used unless the school district makes a written determination that its use is not advantageous to the school district and that another specification shall be used.
  4. To the extent practicable, specifications shall emphasize functional or performance criteria. To facilitate the use of such criteria, the school district shall use reasonable efforts to include the principle functional or performance requirements as a part of their purchase requisitions.
  5. All procurement solicitations for volatile organic compound containing commodities shall include a request for substitute commodities with lower or no volatile organic content. Substitute products shall not have increased toxicity compared to the original commodity.

**Historical Note**

Adopted effective October 22, 1992 (Supp. 92-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1011. Types of Specifications**

- A.** Specification for common or general use items. To the extent practicable, a specification for common or general use item shall be prepared and utilized when:
1. A material, service or construction item is used repeatedly by the school district, and the characteristics of the material, service, or construction item, as commercially produced or provided, remain relatively stable while the frequency or volume of procurements is significant;
  2. The school district's recurring needs require uniquely designed or specially produced items; or
  3. The school district finds it to be advantageous to the school district.
- B.** Brand name or equal specification. A brand name or equal specification may be used when the school district determines that use of a brand name or equal specification is advantageous to the school district.
- C.** Brand name specification. A brand name specification may be prepared and utilized only if the school district makes a determination that only the identified brand name item will satisfy the school district's needs. If only one source can supply the requirement, the procurement shall be made pursuant to R7-2-1053.
- D.** Qualified products list. A qualified products list may be prepared and utilized when:
1. The school district determines that testing or examination of the materials or construction items prior to issuance of

the solicitation is desirable or necessary in order to best satisfy the school district's requirements.

2. The school district shall solicit as many potential suppliers as practicable to submit products for testing and examination to determine acceptability for inclusion on a qualified products list. Any potential supplier, even though not solicited, may offer its products for consideration in accordance with the schedule or procedure established for this purpose. The qualified products list shall not be modified after the solicitation is issued.
3. Inclusion on a qualified products list shall be based on results of tests or examinations conducted in accordance with requirements established by the school district.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1012. Proprietary Specifications**

The school district shall not use specifications in any way proprietary to one supplier unless the specification includes a statement of the reasons why no other specification is practicable, a description of the essential characteristics of the specified product and a statement specifically permitting an acceptable alternative product to be supplied.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1013. Recycled Products Use**

- A.** If the price of a recycled paper product that conforms to specifications is within five percent of a low bid product that is not recycled and the recycled product bidder is otherwise the lowest responsible and responsive bidder, the award shall be made to the bidder offering the recycled product. The governing board may adopt rules requiring a five percent preference for other products made from recycled materials.
- B.** Specifications shall emphasize functional or performance criteria which, to the extent practicable, do not discriminate against the use of recycled materials.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1014. Maximum Practicable Competition**

- A.** Procurement of any materials, services, goods, construction or construction services pursuant to Article 10 or Article 11, shall seek to achieve maximum practicable competition.
- B.** All specifications, including those prepared by architects, engineers, consultants and others for public contracts, shall seek to promote overall economy for the purposes intended and encourage competition in satisfying the school district's needs and shall not be unduly restrictive.
- C.** Unless otherwise permitted by R7-2-1010 through R7-2-1016, all specifications shall describe the school district's requirements in a manner that does not unreasonably exclude a material, service, or construction item. Proprietary specifications shall be used only as provided in R7-2-1012.
- D.** To the extent practicable, the school district shall use accepted commercial specifications and shall procure standard commercial materials.

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- E. Contracts for the preparation of specifications by persons other than the school district shall require the specification writer to adhere to R7-2-1010 through R7-2-1016.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 24 A.A.R. 3283, effective October 22, 2018 (Supp. 18-4).

**R7-2-1015. Conflict of Interest**

- A. No person preparing specifications pursuant to R7-2-1014 shall receive any direct or indirect benefit from the utilization of such specifications.
- B. The governing board may contract for the preparation of specifications with persons, including, but not limited to, consultants, architects, engineers, designers, and other draftsmen of specifications.
- C. If a person prepares a specification pursuant to subsection (B) of this Section, such person shall comply with the requirements of R7-2-1010 through R7-2-1016.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1016. Confidentiality**

- A. Specifications and any written determination or other document generated or used in the development of a specification shall be available for public inspection pursuant to A.R.S. § 39-121, except to the extent that the withholding of such information is permitted or required by law.
- B. If the supplier believes that the specifications contain confidential trade secrets, test data, or similar information, a statement advising the school district of this fact shall accompany the specification in accordance with R7-2-1006.
- C. Qualified products lists test results shall be made available in a manner to protect the identity of the supplier.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1017. Reserved****PART III. REVERSE AUCTIONS****R7-2-1018. Reverse Auctions**

- A. Using reverse auctions
1. If a governing board determines in writing that use of reverse auctions is more advantageous to the school district than other procurement methods prescribed by Articles 10 and 11, the school district may use reverse auctions for the purchase of materials.
  2. The written determination shall include, but is not limited to the following information:
    - a. An estimate of the number of prospective bidders;
    - b. An explanation of how reverse auctions will foster competition;
    - c. An explanation of why reverse auctions is more advantageous to the school district than other prescribed procurement methods; and
    - d. The scope and estimated total dollar value of the proposed procurement.
- B. Reverse auction procedures
1. The school district shall develop and implement procedures prior to conducting procurement via reverse auctions. The procedures shall include:
    - a. The method or methods to ensure the integrity and security of the reverse auctions;
    - b. The method or methods for registering bidders for reverse auctions;
    - c. The method or methods for notifying vendors of reverse auction opportunities;
    - d. The method or methods for receiving reverse auction bids; and
    - e. The school district official or officials authorized to conduct reverse auctions.
  2. School districts may require bidders to register before the date and time for opening the reverse auction for submission of bids and, as part of that registration, require bidders to agree to any terms, conditions or other requirements of the invitation for bids.
  3. Notice of a reverse auction shall be issued at least 14 days before the date and time for opening the reverse auction for submission of bids, unless a shorter time is determined necessary by the school district. If a shorter time is necessary, the school district shall document the specific reasons in the procurement file. The reverse auction notice shall include:
    - a. The school district's requirements for registering prior to the opening date and time, if any;
    - b. The designated site on the Internet for bidder registration and bid submission;
    - c. A link to the designated site on the Internet;
    - d. The scheduled date and time for opening the reverse auction for bid submission; and
    - e. The scheduled date and time for closing the reverse auction for bid submission.
  4. The school district shall issue the notice of reverse auction as follows:
    - a. Mail or otherwise furnish the notice of reverse auctions to all prospective bidders registered with the school district for the specific material being solicited.
    - b. Notice of reverse auction shall be given by the school district pursuant to R7-2-1022.
    - c. In addition to the notice provided in subsections (B)(4)(a) and (b), the school district may give such additional notice as the school district deems appropriate, including posting on a designated site on the Internet.
  5. The school district shall prepare an invitation for bids that includes:
    - a. Notice that all information submitted by bidders will be made available for public inspection following the award of the contract, except for bid prices which will be made available to other bidders and the public when submitted by the bidder;
    - b. Information for submitting bids, including:
      - i. The date and time for opening the reverse auction for bid submission;
      - ii. The date and time for closing the reverse auction for bid submission;
      - iii. The provisions for extending the period for bid submission, if any;
      - iv. Instructions for submitting bids and other required information, including the designated site on the Internet for submitting bids;



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- v. Notice that bids shall be accepted electronically at the time and in the manner designated in the invitation for bids;
- vi. Notice that bidders' prices shall be disclosed electronically to other bidders and the public on a real time basis;
- vii. Notice that bidders may submit multiple prices and may reduce their bid prices until the reverse auction bidding is closed;
- viii. Notice that the lowest price offered shall become the official bid price;
- ix. Notice that the bidder is required to certify that submission of the bid did not involve collusion or other anticompetitive practices;
- x. Notice that the bidder is required to declare whether the bidder has been debarred, suspended, or otherwise lawfully prohibited from participating in any public procurement activity, including, but not limited to, being disapproved as a subcontractor of any public procurement unit or other governmental body;
- c. The purchase description, specifications, delivery or performance schedule, and inspection and acceptance requirements, as applicable. If a brand name or equal specification is used, instructions that use of a brand name is for the purpose of describing the standard of quality, performance, and characteristics needed to meet the school district's requirements and is not intended to limit or restrict competition. The invitation for bids shall state that products substantially equivalent to the brands designated qualify for consideration;
- d. The factors to be used in bid evaluations, including criteria to determine acceptability such as inspection, testing, quality, workmanship, delivery and suitability for a particular purpose. Only objectively measurable evaluation criteria shall be included in the invitation for bids. Examples of such criteria include, but are not limited to, transportation cost, energy cost, ownership cost and other identifiable costs. Evaluation factors need not be precise predictors, but to the extent possible the evaluation factors shall be reasonable estimates based upon information the school district has available concerning future use.
- e. The contract terms and conditions, including:
  - i. Warranty and bonding or other security requirements, as applicable;
  - ii. The length of the contract and whether the contract will include an option for extension; and
  - iii. Any other contract terms and conditions;
- f. The name of the district representative or district representatives;
- g. The manner by which the bidder is required to acknowledge amendments;
- h. The minimum required information in the bid;
- i. The specific requirements for designating trade secrets and other proprietary data as confidential;
- j. Any specific responsibility criteria;
- k. A statement specifying where documents incorporated by reference may be obtained;
- l. A statement that the school district may cancel the solicitation or reject a bid in whole or in part if deemed advantageous to the school district;
- m. The date, time and location of bid opening;
- n. A description of all information that will be recorded and available for public inspection at bid opening; and
- o. Procurement of earth-moving, material-handling, road maintenance and construction equipment shall include as price evaluation criteria the total life cycle cost including residual value of the earth-moving, material-handling, road maintenance and construction equipment and, to the extent practicable, outright purchase.
- 6. Amendments to invitations for bids shall be made in accordance with R7-2-1026.
- C. The school district shall accept reverse auction bids as follows:
  - 1. At the date and time for opening the reverse auction for bid submission, the school district shall begin accepting on-line bids and shall continue accepting bids until the reverse auction is officially closed.
  - 2. Bids shall be accepted electronically in the manner designated in the invitation for bids.
  - 3. All reverse auction on-line bids shall be posted electronically and updated on a real-time basis. Bidders' prices shall be disclosed to other bidders and the public.
  - 4. The identity of competing bidders shall not be disclosed until the reverse auction bidding is closed.
  - 5. Bidders shall have the opportunity to submit multiple prices and to reduce their bid prices.
  - 6. The lowest price offered shall become the official bid price.
- D. Bids made through a reverse auction are considered to be opened when a computer generated record of the information contained in all bids that were received by the designated site on the Internet not later than the scheduled or final closing date and time are reviewed publicly by the school district in the presence of one or more witnesses at the time and place designated in the invitation for bids. Bid opening shall not be later than 24 hours after the scheduled or final closing date and time.
- E. The contract shall be awarded to the lowest responsible and responsive bidder whose bid conforms in all material respects to the requirements and evaluation criteria set forth in the invitation for bids. No criteria may be used in bid evaluation that are not set forth in the invitation for bids. The amount of any applicable transaction privilege or use tax of a political subdivision of this state is not a factor in determining the lowest bidder.
- F. The school district shall not modify evaluation criteria after the closing date and time.
- G. In the event that multiple bidders submit identical prices for the same materials, bids will be considered in the order received with the first being considered to be the lowest bid.
- H. If only one bid is received in response to an invitation for bids, the school district shall proceed according to R7-2-1032.
- I. The date and time for closing a reverse auction for bid submission may be fixed or remain open depending on the materials being bid.
- J. After the reverse auction bidding has closed, a bidder may withdraw a bid or correct a mistake in accordance with R7-2-1030. Withdrawal of bids shall also be permitted as provided in R7-2-1028.
- K. The school district shall notify all bidders of an award.
- L. A copy of the invitation for bids shall be made available for public inspection at the school district office.

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- M. A record of the bid prices received and the name of each bidder shall be open to public inspection following bid opening.
- N. A record of the reverse auction shall be maintained by the school district that will include all prices offered by all bidders. This record will become part of the procurement file.
- O. Within 10 days after a contract is awarded, the school district shall make the procurement file, including all bids, available for public inspection.
  - 1. If the procurement file contains information that is confidential under R7-2-1006, a copy of the applicable documents with the confidential information redacted shall be placed in the procurement file for the purpose of public inspection.
  - 2. The unredacted original copy of the confidential information shall be placed in a sealed envelope or other appropriate container, identified as confidential information, and maintained in the procurement file.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1019. Reserved**

**R7-2-1020. Reserved**

**PART IV. COMPETITIVE SEALED BIDDING****R7-2-1021. Method of Source Selection**

- A. Unless otherwise authorized by law, all school district contracts shall be awarded by competitive sealed bidding as provided in R7-2-1021 through R7-2-1032, except as provided in R7-2-1018, R7-2-1033 through R7-2-1068, R7-2-1100 through R7-2-1123, and R7-2-1196.
- B. A school district may conduct competitive sealed bidding electronically, provided that the electronic competitive sealed bidding process complies with the requirements of R7-2-1021 through R7-2-1032. A determination that conducting competitive sealed bidding electronically is advantageous to the school district shall be in writing and retained in the procurement file.
- C. When using electronic competitive sealed bidding, the school district shall determine whether electronic submission of bids is required or optional and state the electronic submission requirements in the public notice and the invitation for bids.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended effective October 22, 1992 (Supp. 92-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1022. Notice of Competitive Sealed Bidding**

- A. Adequate public notice of the invitation for bids shall be given as provided in R7-2-1024. Notice also may be given as provided in subsection (B). In the event there are four or fewer prospective bidders on the bidders list, then notice also shall be given as provided in subsection (B). If the invitation for bids is for the procurement of services other than those described in R7-2-1061 through R7-2-1068 and R7-2-1100 through R7-2-1123, notice also shall be given as provided in subsection (B).
- B. If required by subsection A, the notice shall include publication in the official newspaper of the county, within which the school district is located, as prescribed in A.R.S. § 11-255. The

publication, shall occur in a reasonable time before bid opening, which shall not be less than 14 days before bid opening. The time of publication may be altered if deemed necessary pursuant to R7-2-1024(A).

- C. In addition to the notice provided in subsections (A) and (B), the school district may give such additional notice as the school district deems appropriate, including posting on a designated site on the Internet.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1023. Prospective Bidders Lists**

- A. The school district shall compile and maintain a prospective bidders list. Inclusion of the name of a person shall not indicate whether the person is responsible concerning a particular procurement or otherwise capable of successfully performing a school district contract.
- B. Persons desiring to be included on the prospective bidders list shall notify the school district. Upon notification, the school district shall mail or otherwise provide the person with the school district procedures for inclusion on the bidders list. Within 30 days after receiving the required information, the school district shall add the person to the prospective bidders list unless the school district makes a determination that inclusion is not advantageous to the school district.
- C. Persons who fail to respond to invitations for bids for two consecutive procurements of similar items may be removed from the applicable bidders list after notifying the person in writing. This notice shall not be required if the two invitations for bids which were not responded to both contained the notice that bidders' names may be removed from the bidders list if they fail to respond to invitations for bids for two consecutive procurements of similar items. Persons may be reinstated upon request.
- D. Prospective bidders lists shall be available for public inspection, unless the school district makes a written determination that it is advantageous to the school district that they be kept confidential or private and should not be open for inspection pursuant to A.R.S. § 39-121.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1024. Invitation for Bids**

- A. Invitation for bids shall be issued at least 14 days before the due date and time in the invitation for bids unless a shorter time is deemed necessary for a particular procurement as determined by the school district. If a shorter time is necessary, the school district shall document the specific reasons in the procurement file.
- B. Content.
  - 1. The invitation for bids shall include the following:
    - a. Notice that all information and bids submitted by bidders will be made available for public inspection following the award of the contract;
    - b. Instructions and information to bidders concerning bid submission requirements, including the means for bid submission such as, hand delivery, U.S. mail,

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- electronic mail, facsimile, or other acceptable means, the bid due date and time, the address of the office at which bids or other documents are to be received, the bid acceptance period, and any other special information or requirements;
- c. Whether the school district will consider partial bids for award of a contract;
  - d. Notification of whether the school district may award multiple contracts and the school district's basis for determining whether to award multiple contracts. If multiple contracts may be awarded, the invitation for bids shall include the criteria the school district will use for selecting vendors for each contract under the multiple award, including, as applicable, whether contracts will be awarded by individual line items, groups of line items, or categories, whether contracts will be awarded incrementally, and whether contracts will be awarded by designated regions or locations;
  - e. The basis for determining the lowest bidder or bidders;
  - f. Procurement of earth-moving, material-handling, road maintenance and construction equipment shall include as price evaluation criteria the total life cycle cost including residual value of the earth-moving, material-handling, road maintenance and construction equipment and, to the extent practicable, the cost of outright purchase;
  - g. The purchase description, specifications, delivery or performance schedule, and inspection and acceptance requirements, as applicable. If a brand name or equal specification is used, instructions that use of a brand name is for the purpose of describing the standard of quality, performance, and other characteristics needed to meet the school district's requirements and is not intended to limit or restrict competition. The invitation for bids shall state that products substantially equivalent to the brands designated qualify for consideration;
  - h. The factors to be used in bid evaluations, including criteria to determine acceptability such as inspection, testing, quality, workmanship, delivery and suitability for a particular purpose. Only objectively measurable evaluation criteria shall be included in the invitation for bids. Examples of such criteria include, but are not limited to, transportation cost, energy cost, ownership cost and other identifiable costs. Evaluation factors need not be precise predictors, but to the extent possible the evaluation factors shall be reasonable estimates based upon information the school district has available concerning future use;
  - i. The contract terms and conditions, including:
    - i. Warranty and bonding or other security requirements, as applicable;
    - ii. The length of the contract and whether the contract will include an option for extension; and
    - iii. Any other contract terms and conditions;
  - j. The name of the district representative or district representatives;
  - k. The manner by which the bidder is required to acknowledge amendments;
  - l. The minimum information required in the bid;
  - m. The specific requirements for designating trade secrets and other proprietary data as confidential;
  - n. Any specific responsibility criteria;
  - o. A statement specifying where documents incorporated by reference may be obtained;
  - p. A statement that the school district may cancel the solicitation or reject a bid in whole or in part if deemed advantageous to the school district;
  - q. Notice that the bidder is required to certify that submission of the bid did not involve collusion or other anticompetitive practices and that the bidder has taken steps and exercised due diligence to ensure that no violation of A.R.S. § 15-213(O) has occurred;
  - r. Notice that the bidder is required to declare whether the bidder has been debarred, suspended, or otherwise lawfully prohibited from participating in any public procurement activity, including, but not limited to, being disapproved as a subcontractor of any public procurement unit or other governmental body;
  - s. Any bid security required;
  - t. A description of all information that will be recorded and available for public inspection at bid opening; and
  - u. The date, time and location of any pre-bid conference.
2. When using electronic competitive sealed bidding, the invitation for bids shall specify whether electronic submission of bids is required or optional, the electronic submission requirements, and the electronic signature requirements.
- C. The school district shall mail or otherwise furnish invitation for bids or notices of the availability of invitation for bids to all prospective bidders registered with the school district for the specific material, service or construction being bid.
  - D. A copy of the invitation for bids shall be made available for public inspection at the school district office.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

Amended effective October 22, 1992 (Supp. 92-4).

Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1025. Pre-bid Conferences**

- A. The school district may conduct a pre-bid conference to explain the procurement requirements.
- B. If a pre-bid conference is conducted, it shall be not less than seven days before the bid due date and time, unless the school district makes a written determination that the specific needs of the procurement justify a shorter time. Statements made during a pre-bid conference are not amendments to the solicitation.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1026. Amendments to Invitation for Bids**

- A. An amendment to an invitation for bids shall be issued if necessary to:

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1. Make changes in the invitation for bids;
  2. Correct defects or ambiguities;
  3. Furnish to other bidders information given to one bidder if the information will assist the other bidders in submitting bids or if the lack of the information will prejudice the other bidders;
  4. Provide additional information or instructions; or
  5. Set a later bid due date and time if the school district determines that an extension is advantageous to the school district.
- B.** Amendments to an invitation for bids shall be so identified and the school district shall ensure that the amendments are distributed or made available to all persons to whom the original invitation for bids was distributed or made available. The school district shall make a copy of the amendments to an invitation for bids available for public inspection at the school district office. If the school district posted the invitation for bids or a notice of the availability of an invitation for bids on a designated site on the Internet, then the school district shall post any amendments to the invitation for bids on the same designated site on the Internet. The school district shall also do one or more of the following:
1. Distribute the amendment, by any method reasonably calculated to ensure delivery, to all prospective bidders to whom the invitation for bids was distributed;
  2. Make the amendment available and issue a notice of amendment which contains instructions for obtaining copies of the amendment. The notice of amendment shall be distributed, by any method reasonably calculated to ensure delivery, to all prospective bidders to whom the invitation for bids was distributed. Upon receipt of such notice of amendment, it is the responsibility of the prospective bidder to obtain the amendment.
- C.** Amendments to invitation for bids shall be issued within a reasonable time before bid opening to allow prospective bidders to consider them in preparing their bids. If the school district determines that the bid due date and time does not permit sufficient time for bid preparation, the bid due date and time shall be extended in the amendment or, if necessary, by telephone, facsimile, email, or other communications methods, and confirmed in the amendment.
- D.** A bidder shall acknowledge receipt of an amendment in the manner specified in the invitation for bids or the amendment on or before the bid due date and time.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525,  
effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1027. Pre-opening Modification or Withdrawal of Bids**

- A.** A bidder may modify or withdraw a bid in writing at any time before bid opening if the modification or withdrawal is received before the bid due date and time at the location designated in the invitation for bids for receipt of bids.
- B.** All documents concerning a modification or withdrawal of a bid shall be retained in the procurement file.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525,

effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1028. Late Bids, Late Withdrawals and Late Modifications**

- A.** A bid, modification or withdrawal is late if it is received at the location designated in the invitation for bids for receipt of bids after the bid due date and time.
- B.** A late bid, late modification, or late withdrawal shall be rejected, unless the late bid, late modification, or late withdrawal would have been timely received but for the action or inaction of school district personnel and is received before contract award.
- C.** Upon receiving a late bid, late modification, or late withdrawal, the school district shall record the time and date of receipt and promptly send written notice of late receipt to the bidder. The school district may discard the document 30 days after the date on the notice unless the bidder requests and provides funding for the document to be returned.
- D.** All documents concerning acceptance of a late bid, late modification, or late withdrawal shall be retained in the procurement file.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525,  
effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1029. Receipt, Opening and Recording of Bids**

- A.** A school district shall maintain a record of bids and modifications received for each invitation for bids, shall record the time and date when each bid or modification is received, and shall store each unopened bid or modification in a secure place until the bid due date and time.
1. If required to confirm a vendor's inquiry regarding receipt of its bid prior to the due date and time, a school district may open a bid to identify the vendor. If this occurs, the school district shall record the reason for opening the bid, the date and time the bid was opened, and the solicitation number. The school district shall secure the bid and retain it for public opening.
  2. One or more witnesses shall be present for the opening of a bid under subsection (A)(1).
- B.** Bids and modifications shall be opened publicly at the date, time and place designated in the invitation for bids in the presence of one or more witnesses. The name of each bidder, the amount of each bid, and other relevant information deemed appropriate by the school district shall be recorded. The person opening the bids and all witnesses shall sign the record.
1. The record created in subsection (B) shall be available for public inspection.
  2. The bids shall not be open for public inspection until after a contract is awarded.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525,  
effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1030. Mistakes in Bids**

- A.** If an apparent mistake in a bid, relevant to the award determination, is discovered after opening and before award, a school district shall contact the bidder for written confirmation of the bid. If the bidder fails to act, the bidder is considered nonre-

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sponsive and the school district shall place a written determination that the bidder is nonresponsive in the procurement file. The school district shall designate a time-frame within which the bidder shall either:

1. Confirm that no mistake was made and assert that the bid stands as submitted; or
  2. Acknowledge that a mistake was made and include all of the following in a written response:
    - a. An explanation of the mistake and any other relevant information;
    - b. A request for correction including the corrected bid or a request for withdrawal; and
    - c. The reasons why correction or withdrawal is consistent with fair competition and advantageous to the school district.
- B.** A bidder who discovers a mistake in its bid after bid opening and before award, may request correction or withdrawal in writing and shall include all of the following in the written request:
1. An explanation of the mistake and any other relevant information;
  2. A request for correction including the corrected bid or a request for withdrawal; and
  3. The reasons why correction or withdrawal is consistent with fair competition and advantageous to the school district.
- C.** After bid opening and before award, a bid mistake based on an error in judgment may not be corrected or withdrawn. Other bid mistakes may be corrected or withdrawn pursuant to subsections (D) through (F).
- D.** After bid opening and before award, the school district shall either waive minor informalities in a bid or allow the bidder to correct them if correction is advantageous to the school district.
- E.** After bid opening and before award, the bid may not be withdrawn and shall be corrected to the intended bid if a bid mistake and the intended bid are evident on the face of the bid.
- F.** After bid opening and before award, the school district may permit a bidder to withdraw a bid if:
1. A nonjudgmental mistake is evident on the face of the bid but the intended bid is not evident; or
  2. The bidder establishes by clear and convincing evidence that a nonjudgmental mistake was made.
- G.** If correction or withdrawal of a bid after bid opening is permitted or denied under subsections (D), (F) and (J), the school district shall prepare a written determination showing that the relief was permitted or denied under this Section.
- H.** Notwithstanding other provisions of this Section, after bid opening and before award, no corrections in bid prices or other provisions of bids prejudicial to the interest of the school district or fair competition shall be permitted.
- I.** If a mistake in the bid is discovered after the award, the bidder may request withdrawal or correction in writing and shall include all of the following in the written request:
1. An explanation of the mistake and any other relevant information;
  2. A request for correction including the corrected bid or a request for withdrawal; and
  3. The reasons why correction or withdrawal is consistent with fair competition and advantageous to the school district.
- J.** Based on the considerations of fair competition and the best interest of the school district, the school district may take one

of the following actions regarding a bid mistake discovered after the award:

1. Allow correction of the mistake, if the corrected bid amount is less than the next lowest bid;
2. Cancel all or part of the award; or
3. Deny correction or withdrawal.

- K.** After cancellation of all or part of an award in accordance with subsection (J)(2), if the bid acceptance period has not expired, the school district may award all or part of the contract to the next lowest responsible and responsive bidder, based on the considerations of fair competition and the best interest of the school district.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525,  
effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1031. Bid Evaluation and Award**

- A.** As provided in subsection (C), the contract or contracts shall be awarded to the lowest responsible and responsive bidder or bidders whose bid or bids conform in all material respects to the requirements and evaluation criteria set forth in the invitation for bids. No criteria may be used in bid evaluation that are not set forth in the invitation for bids. The amount of any applicable transaction privilege or use tax of a political subdivision of this state is not a factor in determining the lowest bidder.
- B.** A product acceptability evaluation shall be conducted solely to determine whether a bidder's product is acceptable as set forth in the invitation for bids and not whether one bidder's product is superior to another bidder's product. Any bidder's offering that does not meet the acceptability requirements shall be rejected as nonresponsive.
- C.** The school district shall award the contract to the single lowest responsible and responsive bidder for all materials or services, except that the school district may make a multiple award if the invitation for bids included notification that multiple contracts may be awarded, the school district's basis for determining whether to award multiple contracts, and the criteria for selecting vendors for the multiple contracts.
- D.** Before making a multiple award, the school district shall determine in writing that a multiple award is necessary and is advantageous to the school district and shall establish procedures for the use of the multiple awarded contracts to ensure that purchases are made from the contracts determined by the school district to offer the lowest cost in satisfying the school district's requirements. A multiple award shall be limited to the least number of suppliers the school district determines in writing to be necessary to meet the school district's requirements, and may include the following types of awards:
1. Awards to the lowest responsible and responsive bidder for individual line items, groups of line items, or categories.
  2. Awards to the lowest responsible and responsive bidders for similar or identical line items, groups of line items, or categories only if the school district determines in writing that such awards are necessary to obtain the required quantity or delivery, and the awards are limited to the least number of bidders necessary to meet the school district's requirements.
  3. An incremental award only if the school district determines in writing that such an award is necessary to obtain the required quantity or delivery. The award shall be

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- made to the lowest responsible and responsive bidder, then the next lowest responsible and responsive bidder or bidders until the total definite quantity required is awarded.
4. A regional award to the lowest responsible and responsive bidder in designated regions or locations only if the school district determines in writing that such an award is necessary to obtain the required quantity or delivery over widely scattered locations or a particular requirement is of a local nature.
  - E. The procurement file shall contain the basis on which the award or awards are made.
  - F. The school district shall not modify evaluation criteria after the bid due date and time.
  - G. A school district may appoint an evaluation committee to assist in the evaluation of bids. If bids are evaluated by an evaluation committee, the evaluation committee shall prepare an evaluation report for the school district. The school district may:
    1. Accept the findings of the evaluation committee;
    2. Request additional information from the evaluation committee; or
    3. Reject the findings of the evaluation committee, in which case the school district shall appoint a new evaluation committee to evaluate the existing bids or cancel the solicitation.
  - H. The school district may contact a bidder to confirm the school district's understanding of the bid. Such contact shall be prior to award. The school district shall obtain written confirmation from the bidder and shall retain the confirmation in the procurement file.
  - I. The contract or contracts shall be awarded during the bid acceptance period. If the bid acceptance period expires prior to award of the contract or contracts, the procurement shall be canceled, unless the bid acceptance period is extended in accordance with subsection (J).
  - J. To extend the bid acceptance period, a school district shall notify all bidders in writing of an extension and request written concurrence from each bidder. To be eligible for a contract award, a bidder shall submit a written concurrence to the extension. The school district shall reject a bid as nonresponsive if written concurrence is not provided as requested.
  - K. A contract may not be awarded to a bidder submitting a higher quality item than that designated in the invitation for bids unless the bidder is also the lowest bidder as determined under subsection (A). This Section does not permit negotiations with any bidder, except as provided in subsection (L).
  - L. If all bids for a construction project exceed available monies as certified by the school district, and the lowest responsive bid from a responsible bidder does not exceed such monies by more than five percent, the school district may in situations in which time or economic considerations preclude resolicitation of work of a reduced scope, negotiate an adjustment of the bid price, including changes in the bid requirements, with the lowest responsible and responsive bidder, to bring the bid within the amount of available monies.
  - M. If there are two or more low responsive bids from responsible bidders that are identical in price and that meet all the requirements and criteria set forth in the invitation for bids, award shall be made by drawing lots in the presence of one or more witnesses.
  - N. A record showing the basis for determining the successful bidder shall be retained in the procurement file.
  - O. The school district shall notify all bidders of an award.
  - P. After a contract is awarded, the school district shall return any bid security provided by unsuccessful bidders.
  - Q. Upon execution of the contract, if performance and payment bonds were not required, or upon receipt of the specified bonds, if performance and payment bonds were required, the school district shall return any bid security provided by the successful bidder.
  - R. Within 10 days after a contract is awarded, the school district shall make the procurement file, including all bids, available for public inspection.
    1. If the procurement file contains information that is confidential under R7-2-1006, a copy of the applicable documents with the confidential information redacted shall be placed in the procurement file for the purpose of public inspection.
    2. The unredacted original copy of the confidential information shall be placed in a sealed envelope or other appropriate container, identified as confidential information, and maintained in the procurement file.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

Amended effective October 22, 1992 (Supp. 92-4).

Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1032. Only One Bid Received**

If only one responsive bid is received in response to an invitation for bids, an award may be made to the single bidder if the school district determines in writing that the bidder is responsible, that the price submitted is fair and reasonable, and that either other prospective bidders had reasonable opportunity to respond, or there is not adequate time for resolicitation. Otherwise the bid may be rejected in whole or in part as may be specified in the invitation for bids if it is advantageous to the school district. The reasons for cancellation or rejection shall be made part of the procurement file and:

1. New bids may be solicited;
2. The proposed procurement may be canceled; or
3. If the school district determines that the need for the material or service continues and the acceptance of the one bid is not advantageous to the school district, the procurement may then be conducted as follows:
  - a. The school district may follow the sole source procurement procedure if R7-2-1053 applies.
  - b. Notwithstanding any other provision of Articles 10 and 11, the school district may make emergency procurements pursuant to R7-2-1055 and R7-2-1056 if an emergency condition exists pursuant to R7-2-1055.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1033. Simplified School Construction Procurement Program**

- A. The simplified school construction procurement program is applicable to construction projects which do not exceed the maximum amount specified in A.R.S. § 15-213(A)(2).
- B. To participate in the simplified school construction procurement program:

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1. Each county school superintendent shall maintain a prospective bidders list of persons who desire to receive solicitations to bid on school district construction projects within that county. The prospective bidders list shall be maintained in accordance with R7-2-1023;
2. The prospective bidders list maintained pursuant to subsection (B)(1) shall be available for public inspection;
3. A performance bond and a payment bond, as required by A.R.S. § 34-222, shall be provided for contracts for construction by contractors;
4. All bids for construction shall be opened at a public opening and the bids shall remain confidential until the public opening;
5. All persons desiring to submit bids shall be treated equitably and the information related to each project shall be available to all eligible persons; and
6. Competition for construction projects under the simplified school construction procurement program shall be encouraged to the maximum extent possible. School districts shall submit information on each project to all persons listed on the prospective bidders list maintained by the county school superintendent pursuant to subsection (B)(1).
4. The requirements for the technical offers, such as drawings and descriptive literature;
5. The criteria for evaluating technical offers;
6. The due date and time for receipt of technical offers and the location where technical offers shall be delivered or mailed;
7. A statement that discussions may be held;
8. A statement that only bids based on technical offers determined to be acceptable in phase 1 shall be considered for award;
9. The name of the district representative or district representatives;
10. Notice that all technical offers submitted will be made available for public inspection following the award of the contract; and
11. The date, time and location of any pre-technical offer conference.

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1034. Reserved****PART V. MULTISTEP SEALED BIDDING****R7-2-1035. Multistep Sealed Bidding**

- A.** The multistep sealed bidding method may be used if:
1. Available specifications or purchase descriptions are not sufficiently complete to permit full competition without technical evaluations and discussions to ensure mutual understanding between each bidder and the school district;
  2. Definite criteria exist for evaluation of technical offers;
  3. More than one technically qualified source is expected to be available; and
  4. A fixed-price contract will be used.
- B.** The multistep sealed bidding method may not be used for construction contracts.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1036. Phase 1 of Multistep Sealed Bidding**

- A.** Multistep sealed bidding shall be initiated by the issuance of an invitation to submit technical offers. The invitation to submit technical offers shall be issued according to R7-2-1022 and R7-2-1024(A).
- B.** The invitation to submit technical offers shall include the following information:
1. Notice that the procurement shall be conducted in two phases;
  2. The best description of the material or services desired;
  3. A statement that unpriced technical offers only shall be considered in phase 1;
  2. Amendments shall be issued within a reasonable time before technical offer opening to allow persons to consider them in preparing their technical offers. If the school district determines that the technical offer due date and time does not permit sufficient time for technical offer preparation, the technical offer due date and time shall be extended in the amendment or, if necessary, telephone, facsimile, email, or other communications methods, and confirmed in the amendment.

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3. A person shall acknowledge receipt of an amendment in the manner specified in the invitation to submit technical offers or the amendment on or before the technical offer due date and time.
- E. Unpriced technical offers shall not be opened publicly, but shall be opened in the presence of two or more district officials designated by the school district. The contents of unpriced technical offers shall not be disclosed to unauthorized persons. Late technical offers shall not be considered except under the circumstances set forth in R7-2-1028(B).
- F. Unpriced technical offers shall be evaluated solely in accordance with the criteria set forth in the invitation to submit technical offers and shall be determined to be either acceptable for further consideration or unacceptable. A determination that an unpriced technical offer is unacceptable shall be in writing, state the basis for the determination and be retained in the procurement file. If the school district determines a person's unpriced technical offer is unacceptable, the school district shall notify that person of the determination and that the person shall not be afforded an opportunity to amend the technical offer.
- G. The school district may conduct discussions with any person who submits an acceptable or potentially acceptable technical offer. During discussions, the school district shall not disclose any information derived from one unpriced technical offer to any other person. After discussions, the school district shall establish a due date and time for receipt of final technical offers and shall notify, in writing, persons submitting acceptable or potentially acceptable technical offers of the due date and time. The school district shall keep a detailed record of all discussions.
- H. At any time during phase 1, technical offers may be withdrawn.
- I. A copy of the invitation to submit technical offers shall be made available for public inspection at the school district office.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1037. Phase 2 of Multistep Sealed Bidding**

- A. Upon completion of phase 1, the school district shall issue an invitation for bids and conduct phase 2 under R7-2-1024 through R7-2-1032 as a competitive sealed bidding procurement, except that the invitation for bids shall be issued only to persons whose technical offers were determined to be acceptable in phase 1.
- B. Unpriced technical offers of unsuccessful persons shall be open to public inspection after contract award, except to the extent set forth in R7-2-1006.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1038. Reserved****R7-2-1039. Reserved****R7-2-1040. Reserved****PART VI. COMPETITIVE SEALED PROPOSALS****R7-2-1041. Competitive Sealed Proposals**

- A. This Section does not apply to procurement of services of clergy, certified public accountants, physicians, dentists, and legal counsel, construction, construction services, or specified professional services. Services of clergy, certified public accountants, physicians, dentists and legal counsel shall be procured pursuant to R7-2-1061 through R7-2-1068. Construction and construction services shall be procured as provided in R7-2-1100. Specified professional services shall be procured pursuant to R7-2-1117 through R7-2-1123.
- B. As an alternative to competitive sealed bidding, competitive sealed proposals may be used in order to:
  1. Use a contract other than a fixed-price type;
  2. Conduct oral or written discussions with offerors concerning technical and price aspects of their proposals;
  3. Afford offerors an opportunity to revise their proposals;
  4. Compare the different price, quality, and contractual factors of the proposals submitted; or
  5. Award a contract in which price is not the determining factor.
- C. A school district may conduct competitive sealed proposals electronically, provided that the electronic competitive sealed proposals process complies with the requirements of R7-2-1041 through R7-2-1050. A determination that conducting competitive sealed proposals electronically is advantageous to the school district shall be in writing and retained in the procurement file.
- D. When using electronic competitive sealed proposals, the school district shall determine whether electronic submission of proposals is required or optional and state the electronic submission requirements in the public notice and the request for proposals.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended effective March 21, 1991 (Supp. 91-1).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1042. Request for Proposals**

- A. Competitive sealed proposals shall be solicited through a request for proposals. A request for proposals shall include the following:
  1. Instructions to offerors, including:
    - a. Instructions and information to offerors concerning proposal submission requirements, including the means for proposal submission such as, hand delivery, U.S. mail, electronic mail, facsimile, or other acceptable means, the proposal due date and time, the address of the office at which proposals or other documents are to be received, the proposal acceptance period, and any other special information or requirements;
    - b. The manner by which the offeror is required to acknowledge amendments;
    - c. Notification of whether the school district may award multiple contracts and the school district's basis for determining whether to award multiple contracts. If multiple contracts may be awarded, the request for proposals shall include the criteria the school district will use for selecting vendors for each contract under the multiple award, including as applicable, whether contracts will be awarded by



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- individual line items, groups of line items, or categories, whether contracts will be awarded incrementally, and whether contracts will be awarded by designated regions or locations;
- d. The minimum information required in the proposal;
  - e. The specific requirements for designating trade secrets and other proprietary data as confidential;
  - f. Any specific responsibility criteria;
  - g. Whether the offeror is required to submit samples, descriptive literature, and technical data with the proposal;
  - h. Evaluation factors and the relative importance of price and other evaluation factors. Specific numerical weighting is not required;
  - i. Procurement of earth-moving, material-handling, road maintenance and construction equipment shall include as evaluation factors the total life cycle cost including residual value of the earth-moving, material-handling, road maintenance and construction equipment and, to the extent practicable, the cost of outright purchase;
  - j. A statement specifying where documents incorporated by reference may be obtained;
  - k. A statement that the school district may cancel the solicitation or reject a proposal in whole or in part if deemed advantageous to the school district;
  - l. Notice that the offeror is required to certify that submission of the proposal did not involve collusion or other anticompetitive practices and that the offeror has taken steps and exercised due diligence to ensure that no violation of A.R.S. § 15-213(O) has occurred;
  - m. Notice that the offeror is required to declare whether the offeror has been debarred, suspended, or otherwise lawfully prohibited from participating in any public procurement activity, including, but not limited to, being disapproved as a subcontractor of any public procurement unit or other governmental body;
  - n. Any bid security required;
  - o. Any cost or pricing data required;
  - p. The type of contract to be used;
  - q. A statement that discussions may be conducted with offerors who submit proposals determined to be reasonably susceptible of being awarded a contract;
  - r. The date, time and location of any pre-proposal conference;
  - s. The name of the district representative or district representatives;
  - t. A description of all information that will be recorded and available for public inspection at proposal opening;
  - u. Notice that all information and proposals submitted by offerors will be made available for public inspection following the award of the contract; and
  - v. Whether the school district will consider partial proposals for award of a contract.
2. Specifications, including:
    - a. The purchase description, delivery or performance schedule, and inspection and acceptance requirements, as applicable;
    - b. If a brand name or equal specification is used, instructions that the use of a brand name is for the purpose of describing the standard of quality, performance, and other characteristics needed to meet the school district's requirements and is not intended to limit or restrict competition. The solicitation shall state that products substantially equivalent to those brands designated shall qualify for consideration; and
    - c. Any other specification requirements specific to the solicitation.
  3. Contract terms and conditions, including:
    - a. Warranty and bonding or other security requirements, as applicable;
    - b. The length of the contract and whether the contract will include an option for extension; and
    - c. Any other contract terms and conditions.
  4. When using electronic competitive sealed proposals, the request for proposals shall specify whether electronic submission of proposals is required or optional, the electronic submission requirements, and the electronic signature requirements.
- B.** A request for proposals shall be issued at least 14 days before the due date and time for receipt of proposals unless a shorter time is determined necessary by the school district. If a shorter time is necessary, the school district shall document the specific reasons in the procurement file.
  - C.** Notice of the request for proposals shall be given by the school district pursuant to R7-2-1022 and R7-2-1024(C).
  - D.** Before submission of initial proposals, amendments to requests for proposals shall be made in accordance with R7-2-1026. After submission of proposals, amendments may be made in accordance with R7-2-1036(D).
  - E.** A copy of the request for proposals shall be made available for public inspection at the school district office.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

Amended effective October 22, 1992 (Supp. 92-4).

Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1043. Pre-proposal Conferences**

Pre-proposal conferences may be convened in accordance with R7-2-1025.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

**R7-2-1044. Late Proposals, Modifications or Withdrawals**

- A.** An offeror may modify or withdraw a proposal in writing at any time before proposal opening if the modification or withdrawal is received before the proposal due date and time at the location designated in the request for proposals for receipt of proposals.
- B.** Withdrawal of a proposal after proposal opening is permissible only in accordance with R7-2-1049.
- C.** A proposal received after the due date and time for receipt of proposals is late and shall not be considered except under the circumstances set forth in R7-2-1028(B). A best and final offer received after the due date and time for receipt of best and final offers is late and shall not be considered except under the circumstances set forth in R7-2-1028(B).
- D.** A modification of a proposal received after the due date and time for receipt of proposals is late and shall not be considered except under the circumstances set forth in R7-2-1028(B).

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- E. A modification of a proposal resulting from an amendment issued after the due date and time for receipt of proposals or a modification of a proposal resulting from discussions shall be considered if received by the due date and time set forth in the amendment or by the due date and time for submission of best and final offers, whichever is applicable. If the modifications described in this subsection are received after the respective date and time described in this subsection, the modifications are late and shall not be considered except under the circumstances set forth in R7-2-1028(B).
- F. Upon receiving a late proposal, late modification, or late withdrawal, the school district shall record the time and date of receipt and promptly send written notice of late receipt to the offeror. The school district may discard the document 30 days after the date on the notice unless the offeror requests and provides funding for the document to be returned.
- G. All documents concerning acceptance of a late proposal, late modification, or late withdrawal shall be retained in the procurement file.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525,  
effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1045. Receipt, Opening and Recording of Proposals**

- A. A school district shall maintain a record of proposals and modifications received for each solicitation, shall record the time and date when each proposal or modification is received, and shall store each unopened proposal or modification in a secure place until the proposal due date and time.
  - 1. If required to confirm a vendor's inquiry regarding receipt of its proposal prior to the due date and time, a school district may open a proposal to identify the vendor. If this occurs, the school district shall record the reason for opening the proposal, the date and time the proposal was opened, and the solicitation number. The school district shall secure the proposal and retain it for public opening.
  - 2. One or more witnesses shall be present for the opening of a proposal under subsection (A)(1).
- B. Proposals and modifications shall be opened publicly at the date, time and place designated in the request for proposals in the presence of one or more witnesses. The name of each offeror and other relevant information deemed appropriate by the school district shall be recorded. The person opening the proposals and all witnesses shall sign the record. All other information contained in the proposals shall be confidential so as to avoid disclosure of contents prejudicial to competing offerors during the evaluation of proposals. Proposals and modifications shall be shown only to school district personnel having a legitimate interest in them or persons assisting the school district in evaluation.
  - 1. The record created in subsection (B) shall be available for public inspection.
  - 2. The proposals shall not be open for public inspection until after a contract is awarded.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525,

effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1046. Evaluation of Proposals**

- A. Evaluation of proposals and best and final offers shall be based on the evaluation factors set forth in the request for proposals. Specific numerical weighting may be used.
  - 1. If only one proposal is received in response to a request for proposals, the school district shall proceed according to R7-2-1032.
  - 2. The school district shall not modify evaluation factors or the relative importance of price and other evaluation factors after the proposal due date and time.
  - 3. A school district may appoint an evaluation committee to assist in the evaluation of proposals. If proposals are evaluated by an evaluation committee, the evaluation committee shall prepare an evaluation report for the school district. The school district may:
    - a. Accept the findings of the evaluation committee;
    - b. Request additional information from the evaluation committee; or
    - c. Reject the findings of the evaluation committee, in which case the school district shall appoint a new evaluation committee to evaluate the existing proposals or cancel the solicitation.
- B. As part of its initial evaluation, the school district may contact an offeror to confirm the school district's understanding of the proposal. Such contact shall be prior to the determination that a proposal is acceptable for further consideration. The school district shall obtain written confirmation from the offeror and shall retain the confirmation in the procurement file.
- C. The contract or contracts shall be awarded during the proposal acceptance period. If the proposal acceptance period expires prior to award of the contract or contracts, the procurement shall be canceled, unless the proposal acceptance period is extended in accordance with subsection (D).
- D. To extend the proposal acceptance period, a school district shall notify all offerors in writing of an extension and request written concurrence from each offeror. To be eligible for a contract award, an offeror shall submit a written concurrence to the extension. The school district shall reject a proposal as nonresponsive if written concurrence is not provided as requested.
- E. For the purpose of conducting discussions, the school district shall determine that proposals are either acceptable for further consideration or unacceptable.
- F. A proposal is acceptable if it is determined to be reasonably susceptible of being awarded a contract in accordance with the evaluation criteria and a comparison and ranking of original proposals. Proposals to be considered reasonably susceptible of being awarded a contract shall, at a minimum, demonstrate the following:
  - 1. Affirmative compliance with mandatory requirements designated in the solicitation.
  - 2. An ability to deliver goods or services on terms advantageous to the school district sufficient to be entitled to continue in the competition.
  - 3. That the proposal is technically acceptable as submitted.
- G. A proposal is unacceptable if it is determined to not be reasonably susceptible of being awarded a contract. Those proposals that have no reasonable chance for award when compared on a relative basis with more highly ranked proposals will not be reasonably susceptible of being awarded a contract. The determination shall be in writing, state the basis for the determination and be retained in the procurement file. When there is

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doubt as to whether a proposal is reasonably susceptible of being awarded a contract, the proposal shall be considered acceptable.

- H.** If the school district determines an offeror's proposal is unacceptable, the school district shall notify that offeror of the determination and that the offeror shall not be afforded an opportunity to amend its proposal.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1047. Discussions with Individual Offerors**

- A.** Discussions may be conducted with responsible offerors who submit proposals determined to be acceptable for further consideration. Discussions may be conducted to assure full understanding of the proposal in order to obtain the most advantageous contract for the school district based upon the requirements and evaluation factors in the request for proposals. Offerors shall be afforded fair treatment with respect to any opportunity for discussion and revision of proposals.
- B.** A school district shall establish procedures and schedules for conducting discussions. The school district shall ensure there is no disclosure of one offeror's price or any information derived from competing proposals to another offeror.
- C.** Discussions may be conducted orally or in writing. If oral discussions are conducted, the offeror shall confirm the discussions in writing.
- D.** If discussions are conducted, they shall be conducted with all offerors who submit proposals determined to be acceptable for further consideration. Proposals may not be revised during discussions.
- E.** The school district shall keep a detailed record of all discussions in the procurement file.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1048. Best and Final Offers**

- A.** Only if discussions are conducted pursuant to R7-2-1047, the school district shall issue a written request for best and final offers to all offerors who submitted proposals determined to be acceptable pursuant to R7-2-1046(E). The request shall set forth the date, time and place for the submission of best and final offers.
- B.** Best and final offers shall be requested only once, unless the school district makes a determination that it is advantageous to the school district to conduct further discussions or change the school district's requirements.
- C.** The request for best and final offers shall inform offerors that, if they do not submit a notice of withdrawal or a best and final offer, their immediate previous offer will be construed as their best and final offer.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1049. Mistakes in Proposals**

- A.** Prior to the due date and time for receipt of best and final offers, any offeror may withdraw a proposal in writing or correct any mistake by modifying the proposal.
- B.** After receipt of best and final offers, an offeror may withdraw a proposal or correct a mistake in accordance with R7-2-1030.
- C.** The offeror shall withdraw or correct its proposal in writing. The school district shall retain the written withdrawal or correction in the procurement file.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1050. Contract Award**

- A.** As provided in subsection (B), the school district shall award a contract or contracts to the responsible offeror or offerors whose proposal or proposals are determined in writing to be most advantageous to the school district based on the factors set forth in the request for proposals. No factors or criteria may be used in proposal evaluation that are not set forth in the request for proposals. The amount of any applicable transaction privilege or use tax of a political subdivision of this state is not a factor in determining the most advantageous proposal.
- B.** The school district shall award the contract to the offeror whose proposal is deemed most advantageous to the school district for all materials or services, except that the school district may make a multiple award if the request for proposals included notification that multiple contracts may be awarded, the school district's basis for determining whether to award multiple contracts, and the criteria for selecting vendors for the multiple contracts.
- C.** Before making a multiple award, the school district shall determine in writing that a multiple award is necessary and is advantageous to the school district and shall establish procedures for the use of the multiple awarded contracts to ensure that purchases are made from the contracts determined by the school district to be most advantageous to the school district in satisfying the school district's requirements. A multiple award shall be limited to the least number of contracts the school district determines in writing to be necessary to meet the school district's requirements, and may include the following types of awards:
1. Awards to the offerors most advantageous to the school district for individual line items, groups of line items, or categories.
  2. Awards to the offerors most advantageous to the school district for similar or identical line items, groups of line items, or categories only if the school district determines in writing that such awards are necessary to obtain the required quantity or delivery, and the awards are limited to the least number of offerors necessary to meet the school district's requirements.
  3. An incremental award only if the school district determines in writing that such an award is necessary to obtain the required quantity or delivery. The award shall be made to the offeror whose proposal is determined to be the most advantageous to the school district, then to the offeror with the next most advantageous proposal, etc., until the total definite quantity required is reached.
  4. Regional awards to the offerors most advantageous to the school district in designated regions or locations only if the school district determines in writing that such awards are necessary to obtain the required quantity or delivery.

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over widely scattered locations or a particular requirement is of a local nature.

- D. The school district shall notify all offerors of an award.
- E. The procurement file shall contain the basis on which the award or awards are made.
- F. After a contract is awarded, the school district shall return any bid security provided by the unsuccessful offerors.
- G. Upon execution of the contract, if performance and payment bonds were not required, or upon receipt of the specified bonds, if performance and payment bonds were required, the school district shall return any bid security provided by the successful offeror.
- H. Within 10 days after a contract is awarded, the school district shall make the procurement file, including all proposals, available for public inspection.
  1. If the procurement file contains information that is confidential under R7-2-1006, a copy of the applicable documents with the confidential information redacted shall be placed in the procurement file for the purpose of public inspection.
  2. The unredacted original copy of the confidential information shall be placed in a sealed envelope or other appropriate container, identified as confidential information, and maintained in the procurement file.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
 Amended effective October 22, 1992 (Supp. 92-4).  
 Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1051. Reserved****R7-2-1052. Reserved****PART VII. SOLE SOURCE PROCUREMENTS****R7-2-1053. Sole Source Procurements**

- A. A contract may be awarded for a material, service or construction item without competition if the governing board determines in writing that there is only one source for the required material, service or construction item. The school district may require the submission of cost or pricing data in connection with an award under this Section. Sole source procurement shall be avoided, except when no reasonable alternative source exists.
- B. The governing board's determination shall be made before entering the contract and shall include the following information:
  1. A description of the procurement need and the reason why there is only a single source available or why no reasonable alternative exists;
  2. The name of the proposed supplier;
  3. The duration and estimated total dollar value of the proposed procurement;
  4. Documentation that the price submitted is fair and reasonable; and
  5. A description of efforts made to seek other sources.
- C. The school district shall, to the extent practicable, negotiate with the single supplier a contract advantageous to the school district.
- D. A copy of the written determination of the basis for the sole source procurement and any cost or pricing data shall be retained in the procurement file by the school district. The

school district shall keep a record of all sole source procurements pursuant to R7-2-1086.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
 Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1054. Reserved****PART VIII. EMERGENCY PROCUREMENTS****R7-2-1055. Emergency Procurement Procedure**

- A. An emergency condition creates an immediate and serious need for materials, services, or construction that cannot be met through normal procurement methods and seriously threatens the functioning of the school district, the preservation or protection of property or the public health, welfare or safety. Some examples of emergency conditions are floods, epidemics, or other natural disasters, riots, fire or equipment failures.
- B. An emergency procurement shall be limited to the materials, services, or construction necessary to satisfy the emergency need.
- C. The governing board shall designate a board member or members or school district official or officials authorized to make emergency procurements, and may prescribe limiting factors including maximum spending limits with regard to emergency procurements.
- D. The designated board member or district official shall:
  1. Select the contractor to perform the emergency work with as much competition as practicable under the circumstances;
  2. Obtain a price that is fair and reasonable under the circumstances;
  3. Prepare a written statement documenting the basis for the emergency, the basis for the selection of the particular contractor, and why the price paid was fair and reasonable. The statement shall be signed by the designated governing board member or district official authorized to initiate emergency procurements; and
  4. Convene a meeting of the governing board to approve the emergency procurement, unless the nature of the emergency requires that the procurement be made prior to governing board approval.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1056. Emergency Procurement Reporting**

- A. If the nature of the emergency does not permit convening a meeting of the governing board to approve the emergency procurement, the designated board member or district official who makes an emergency procurement shall, at the first scheduled governing board meeting following the procurement, provide to the governing board a report concerning the emergency procurement including the following information:
  1. The written statement documenting the basis for the emergency, the basis for the selection of the particular contractor, and why the price paid was fair and reasonable; and
  2. Why it was impracticable to convene a meeting of the governing board.
- B. The information and documentation required in this Section shall be included in the procurement file.

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- C. The school district shall keep a record of all emergency procurements pursuant to R7-2-1086.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1057. Repealed****Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

## PART IX. REQUEST FOR INFORMATION

**R7-2-1058. Request for Information**

- A. The school district may issue a request for information to obtain data about services or materials available to meet a specific need. Notice of the request for information shall be issued in accordance with R7-2-1024(A) and R7-2-1024(C).
- B. Responses to a request for information are not offers and cannot be accepted to form a binding contract.
- C. Information contained in a response to a request for information may be withheld from public inspection until the subsequent procurement is awarded or terminated, two years from the date of the vendor's response, or upon commencement of a new procurement, whichever occurs first.
- D. There is no required format to be used for requests for information.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1059. Reserved****R7-2-1060. Reserved**

## PART X. SERVICES OF CLERGY, CERTIFIED PUBLIC ACCOUNTANTS, PHYSICIANS, DENTISTS AND LEGAL COUNSEL

**R7-2-1061. Competitive Selection Procedures for Clergy, Certified Public Accountants, Physicians, Dentists and Legal Counsel**

- A. The services of clergy, certified public accountants, physicians, dentists, or legal counsel shall be procured in accordance with R7-2-1061 through R7-2-1068, except as authorized pursuant to R7-2-1002, R7-2-1053, or R7-2-1055.
- B. Pursuant to A.R.S. § 15-914, contracts for financial and compliance audits and completed audits shall be approved by the Auditor General as provided in A.R.S. § 41-1279.21.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1062. Statement of Qualifications**

- A. If the services specified in R7-2-1061(A) are needed, persons may submit and the school district may solicit persons engaged in providing the services to submit statements of

qualifications on a prescribed form that shall include the following information:

1. Technical education and training;
2. General or special experience, certifications, licenses, and memberships in professional associations, societies, or boards;
3. An expression of interest in providing a particular service; and
4. Any other pertinent information requested by the school district.

- B. Persons who have submitted statements of qualifications may amend those statements at any time by filing a new statement.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1063. Request for Proposals**

- A. Adequate notice of the need for services specified in R7-2-1061(A) shall be given by the school district through a request for proposals. The request for proposals shall be in accordance with R7-2-1042.
- B. In addition to providing notice of the request for proposals pursuant to R7-2-1022 and R7-2-1024(C), the school district shall provide notice to all persons who submitted statements of qualifications for the particular services solicited.
- C. If required to evaluate proposals, the request for proposals shall require all offerors who have not already done so to submit a statement of qualifications pursuant to R7-2-1062.
- D. Pre-proposal conferences may be convened in accordance with R7-2-1025.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1064. Receipt of Proposals**

Proposals shall be received and opened in accordance with R7-2-1045. Late proposals, modifications, or withdrawals shall be considered in accordance with R7-2-1044.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

**R7-2-1065. Evaluation of Proposals**

Proposals shall be evaluated in accordance with R7-2-1046.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

**R7-2-1066. Discussions with Individual Offerors**

- A. As part of its initial evaluation, the school district may contact an offeror to confirm the school district's understanding of the proposal. Such contact shall be prior to the determination that a proposal is acceptable for further consideration. The school district shall obtain written confirmation from the offeror and shall retain the confirmation in the procurement file.
- B. The school district may conduct discussions with any offeror in accordance with R7-2-1047. If such discussions are conducted, the school shall issue a request for best and final offers pursuant to R7-2-1048.

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**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1067. Mistakes in Proposals**

Mistakes in proposals shall be addressed pursuant to R7-2-1049.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1068. Contract Award**

- A. As provided in subsection (B), the school district shall award a contract or contracts to the responsible offeror or offerors best qualified based on the evaluation factors set forth in the request for proposal and after making a written determination that the price is fair and reasonable. The school district shall not award a contract based solely on price. No factors or criteria may be used in proposal evaluation that are not set forth in the request for proposals.
- B. The school district shall award the contract to the best qualified offeror whose price is determined to be fair and reasonable for all services, except that the school district may make a multiple award if the request for proposals included notification that multiple contracts may be awarded, the school district's basis for determining whether to award multiple contracts, and the criteria for selecting vendors for the multiple contracts.
- C. Before making a multiple award, the school district shall determine in writing that a multiple award is necessary and is advantageous to the school district and shall establish procedures for the use of the multiple awarded contracts to ensure that purchases are made from the contracts determined by the school district to be most advantageous to the school district in satisfying the school district's requirements. A multiple award shall be limited to the least number of contracts the school district determines in writing to be necessary to meet the school district's requirements, and may include the following types of awards:
  1. Award to the best qualified offeror whose price is determined to be fair and reasonable for individual line items, groups of line items, or categories.
  2. Awards to the best qualified offerors whose prices are determined to be fair and reasonable for similar or identical line items, groups of line items, or categories only if the school district determines in writing that such awards are necessary to obtain the required quantity or delivery, and the awards are limited to the least number of offerors necessary to meet the school district's requirements.
  3. An incremental award only if the school district determines in writing that such an award is necessary to obtain the required quantity or delivery. The award shall be made to the best qualified person whose price is determined to be fair and reasonable, then to the next best qualified person whose price is determined to be fair and reasonable, etc., until the total definite quantity required is reached.
  4. Regional awards to the best qualified offerors whose prices are determined to be fair and reasonable in designated regions or locations only if the school district determines in writing that such an award is necessary to obtain

the required quantity or delivery over widely scattered locations or a particular requirement is of a local nature.

- D. The school district shall notify all offerors of an award.
- E. The procurement file shall contain the basis on which the award or awards are made.
- F. Within 10 days after a contract is awarded, the school district shall make the procurement file, including all proposals, available for public inspection.
  1. If the procurement file contains information that is confidential under R7-2-1006, a copy of the applicable documents with the confidential information redacted shall be placed in the procurement file for the purpose of public inspection.
  2. The unredacted original copy of the confidential information shall be placed in a sealed envelope or other appropriate container, identified as confidential information, and maintained in the procurement file.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

## PART XI. GUARANTEED ENERGY CONTRACTS

**R7-2-1069. Guaranteed Energy Cost Savings Contracts**

- A. A school district may procure a guaranteed energy cost savings contract with a qualified provider through competitive sealed proposals in accordance with R7-2-1041 through R7-2-1050.
  1. The request for proposal evaluation factors required by R7-2-1042(A)(1)(h) shall include objective criteria for selecting the qualified provider, including the cost of the contract, the energy cost savings, the net projected energy savings, the quality of the technical approach, the quality of the project management plan, the financial solvency of the qualified provider and the experience of the qualified provider with projects of similar size and scope.
  2. Notwithstanding R7-2-1042(A)(1)(h), the request for proposals shall set forth the respective numerical weighting for each evaluation criterion.
  3. At the qualified provider's expense, the proposal shall include an independent third-party validation of cost savings calculations associated with each proposed energy cost savings measure by a licensed, registered professional engineer, with credentials from the national association of energy engineers, who has demonstrated experience in energy analysis. The school district shall approve the selection of the independent third party.
  4. A school district may enter into a guaranteed energy cost savings contract with a qualified provider if the school district determines that the energy savings project will pay for itself within the expected life of the energy cost savings measures implemented (according to the manufacturer's equipment standards), the term of the financial agreement or 25 years, whichever is shortest, if the recommendations in the proposal are followed. Notwithstanding this subsection, a school district may elect to use a shorter capital cost repayment schedule than required pursuant to this subsection. The school district shall retain the cost savings achieved by a guaranteed energy cost savings contract, and these cost savings may be used to pay for the contract and project implementation.

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5. A qualified provider is a person that is experienced in designing, implementing or installing energy cost savings measures, that has a record of established projects or measures of similar size and scope, that has demonstrated technical, operational, financial and managerial capabilities to design and operate cost savings measures and projects and that has the financial ability to satisfy guarantees for energy cost savings.
- B. In selecting a contractor to perform any construction work related to performing the guaranteed energy cost savings contract, the qualified provider may:
  1. Develop and use a prequalification process for contractors.
  2. Require the contractor to demonstrate that the contractor is adequately bonded to perform the work and that the contractor has not failed to perform on a prior job.
- C. A study shall be performed by the selected qualified provider in order to establish the exact scope of the guaranteed energy cost savings contract, the fixed cost savings guarantee amount and the methodology for determining actual savings. The selected qualified provider will provide the school district with a final study report which validates that the fixed cost savings guarantee amount will meet or exceed the cost savings calculations contained within the original proposal. The study report shall be reviewed and approved by the school district before the actual installation of any equipment. The qualified provider shall transmit a copy of the approved study report to the division of school facilities within the department of administration and the governor's office.
- D. The information to develop the energy baseline shall be derived from historical energy costs or actual energy measurements or shall be calculated from energy measurements at the facility where energy cost savings measures are to be installed or implemented. The baseline shall be established before the installation or implementation of energy cost savings measures.
- E. One or more school districts may enter into a financing agreement with a qualified provider or a financial institution, trustee or paying agent for the purchase and installation or implementation of energy cost savings measures. Any required financing may be obtained as part of the original competitive sealed proposal process from the qualified provider, or from a third-party financing institution that is procured separately in accordance with Articles 10 and 11.
- F. The selected qualified provider shall provide a performance bond in accordance with R7-2-1103(A)(1)(c).
- G. The selected qualified provider shall make public the information in the subcontractor's bids.
- H. The guaranteed energy cost savings contract shall include the following:
  1. A requirement that, in determining whether the projected energy savings calculations have been met, the energy savings shall be computed by comparing the energy baseline before installation or implementation of the energy cost savings measures with the energy consumed after installation or implementation of the energy cost savings measures. The qualified provider and the school district may agree to make modifications to the energy baseline only for any of the following:
    - a. Changes in utility rates.
    - b. Changes in the number of days in the utility billing cycle.
    - c. Changes in the square footage of the facility.
    - d. Changes in the operational schedule of the facility.
    - e. Changes in facility temperature.
    - f. Significant changes in the weather.
    - g. Significant changes in the amount of equipment or lighting used in the facility.
    - h. Significant changes in the nature or intensity of energy use such as the change of classroom space to laboratory space.
  2. A payment schedule, with payments over a period of not more than the expected life of the energy cost savings measures implemented (according to the manufacturer's equipment standards), the term of the financial agreement or 25 years, whichever is shortest, except a school district may elect to use a shorter capital cost repayment schedule than required pursuant to this subsection.
  3. A requirement that all payments, except obligations on termination of the contract before its expiration, be made pursuant to the terms of the financing agreement.
  4. A written guarantee from the qualified provider that the energy savings will meet or exceed the costs of the energy cost savings measures over the expected life of the energy cost savings measures implemented (according to the manufacturer's equipment standards), the term of the financial agreement or 25 years, whichever is shortest, except a school district may elect to use a shorter capital cost repayment schedule than required pursuant to this subsection. The school district shall ensure that the contractor:
    - a. For the term of the guaranteed energy cost savings contract, prepares a measurement and verification report on an annual basis in addition to an annual reconciliation of savings.
    - b. Reimburses the school district for any shortfall of guaranteed energy cost savings on an annual basis.
    - c. Uses the international performance and measurement and verification protocol standards or the federal energy management program standards to validate the savings guarantee.
- I. A school district may use a simplified energy performance contract for projects that are less than \$500,000. Simplified energy performance contracts are not required to include an energy savings guarantee and shall comply with all requirements in this Section except for subsections (D), (H)(1)(a) through (h) and (H)(4)(a) through (c).
- J. This Section does not apply to the construction of new buildings.
- K. For all projects under this Section, the school district shall report to the division of school facilities within the department of administration and the governor's office:
  1. The name of the project.
  2. The name of the qualified provider.
  3. The total cost of the project.
  4. The expected energy cost savings and relevant escalators.
  5. The agreed-on baseline in the measurement and verification agreement in both kilowatt hours and dollars.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1). Amended by final exempt rulemaking at 27 A.A.R. 2342 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

**R7-2-1070. Guaranteed Energy Production Contracts**

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- A.** A school district may procure a guaranteed energy production contract with a qualified provider through competitive sealed proposals in accordance with R7-2-1041 through R7-2-1050.
1. The request for proposals evaluation factors required by R7-2-1042(A)(1)(h) shall include objective criteria for selecting the qualified provider, including the guaranteed energy price, the guaranteed energy production, the quality of the technical approach, the quality of the project management plan, the financial solvency of the qualified provider and the experience of the qualified provider with projects of similar size and scope.
  2. Notwithstanding R7-2-1042(A)(1)(h), the request for proposals shall set forth the respective numerical weighting for each evaluation criterion.
  3. The school district may obtain any required financing as part of the original competitive sealed proposal process from the qualified provider, or from a third-party financing institution procured separately in accordance with Articles 10 and 11.
  4. When submitting a proposal for the installation of equipment, the qualified provider shall include information containing the guaranteed energy production associated with each proposed energy production measure. The school district shall review and approve this guarantee before the actual installation of any equipment. The qualified provider shall transmit a copy of the approved guarantee to the division of school facilities within the department of administration and the governor's office.
  5. A qualified provider is a person that is experienced in designing, implementing or installing energy cost savings measures, that has demonstrated technical, operational, financial and managerial capabilities to design and operate cost savings measures and projects and that has the financial ability to satisfy guarantees for guaranteed energy production, financial solvency and experience for projects of similar size and scope.
- B.** In selecting a contractor to perform any construction work related to performing the guaranteed energy production contract, the qualified provider may:
1. Develop and use a prequalification process for contractors.
  2. Require the contractor to demonstrate that the contractor is adequately bonded to perform the work and that the contractor has not failed to perform on a prior job.
- C.** A guaranteed energy production contract shall include a guaranteed energy price, and a written guaranteed energy production as measured on an annual basis over the expected life of the energy production measures implemented or within 25 years, whichever is shorter. The school district shall ensure that the contractor:
1. Prepares a measurement and verification report on an annual basis in addition to an annual reconciliation of any guaranteed energy production shortfall.
  2. Reimburses the school district for any guaranteed energy production shortfall on an annual basis by multiplying any energy production shortfall by either the difference between the guaranteed energy price and the effective utility rate, or an alternative method as mutually agreed on by the school district and the qualified provider.
- D.** The selected qualified provider shall provide a performance bond in accordance with R7-2-1103(A)(1)(c).
- E.** The selected qualified provider shall make public information in the subcontractor's bids.
- F.** For all projects under this Section, the school district shall report to the governor's office and the division of school facilities within the department of administration:
1. The name of the project.
  2. The name of the qualified provider.
  3. The total cost of the project.
  4. The expected guaranteed energy production and guaranteed energy price, including relevant escalators, if applicable, over the term of the guaranteed energy production contract.
- G.** For all projects under this Section, the school district shall annually report the actual energy production and guaranteed energy price to the division of school facilities within the department of administration no later than October 15.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 27 A.A.R. 2342 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

**PART XII. GENERAL CONTRACT REQUIREMENTS****R7-2-1071. Reserved****R7-2-1072. Cancellation of Solicitations; Rejection of Bids and Proposals**

Each solicitation issued by the school district shall state that the solicitation may be canceled or bids or proposals rejected if it is advantageous to the school district.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

**R7-2-1073. Cancellation of Solicitation Before the Due Date and Time**

- A.** Before the due date and time, a solicitation may be canceled in whole or in part if the school district determines that cancellation is advantageous to the school district. The reasons for the cancellation shall be made part of the procurement file.
- B.** The school district shall notify in writing all persons to whom the original notice or solicitation was distributed by the school district. Notice shall be in the same manner as the original notice or solicitation, including posting on a designated site on the Internet, as applicable.
- C.** The school district shall not open bids or proposals after cancellation. The school district may discard the bid or proposal 30 days after notice is given in accordance with subsection (B), unless the bidder or offeror requests the bid or proposal be returned.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1074. Cancellation of Solicitation After Bid or Proposal Opening and Before Award**

- A.** After opening of bids or proposals but before award, a solicitation may be canceled in whole or in part if the school district determines that cancellation is advantageous to the school district. The reasons for the cancellation shall be made part of the procurement file.
- B.** The school district shall notify bidders or offerors of the cancellation in writing.



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- C. The school district shall retain bids or proposals received under the canceled solicitation in the procurement file. If the school district intends to issue another solicitation within six months after cancellation of the procurement, the school district shall withhold the bids or proposals from public inspection. After award of a contract under the subsequent solicitation, the school district shall make bids or proposals submitted in response to the canceled solicitation available for public inspection except for information determined to be confidential pursuant to R7-2-1006.
- D. In the event of cancellation, the school district shall promptly return any bid security provided by a bidder or offeror.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1075. Rejection of Individual Bids and Proposals**

- A. A bid or proposal may be rejected in whole or in part if:
1. The person responding to the solicitation is determined to be nonresponsive pursuant to R7-2-1076;
  2. It is nonresponsive or unacceptable;
  3. The proposed price is unreasonable; or
  4. It is otherwise not advantageous to the school district.
- B. Bidders or offerors whose bids or proposals are rejected shall be notified. A record of the rejection shall be retained in the procurement file.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1076. Responsibility of Bidders and Offerors**

- A. The school district shall make a written determination that a bidder or offeror is responsible before awarding a contract to that bidder or offeror.
- B. If the school district determines a bidder or offeror is nonresponsive, the school district shall promptly send a determination to the bidder or offeror stating the basis for the determination. The school district shall file a copy of the determination in the procurement file.
- C. A finding of nonresponsibility shall not be construed as a violation of the rights of any person.
- D. If the school district included specific responsibility criteria in the solicitation, such criteria shall be considered in determining if a bidder or offeror is responsible.
- E. Factors to be considered in determining if a bidder or offeror is responsible may include:
1. The bidder or offeror's financial, material, personnel or other resources, including subcontracts;
  2. The bidder or offeror's record of performance and integrity;
  3. Whether the bidder or offeror has been debarred or suspended; and
  4. Whether the bidder or offeror is qualified legally to contract with the school district.
- F. The unreasonable failure of a bidder or offeror to promptly supply information in connection with an inquiry with respect to responsibility shall be grounds for a determination of nonresponsibility with respect to the bidder or offeror.
- G. As required by A.R.S. § 41-2540(B), information furnished by a bidder or offeror pursuant to this Section shall not be dis-

closed outside of the school district without prior written consent by the bidder or offeror except to law enforcement agencies.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1077. Prequalification of Contractors for Materials, Services and Construction**

- A. Prospective contractors may be prequalified for particular types of materials, services and construction. Prospective contractors have a continuing duty to provide the school district with information on any material change affecting the basis of prequalification. Solicitation mailing lists of prospective contractors shall include the prequalified contractors.
- B. A prospective contractor need not be prequalified to be awarded a contract. Prequalification does not represent a determination of responsibility.
- C. The existence of a qualified product list pursuant to R7-2-1011(D) does not constitute prequalification of any prospective supplier of that product.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1078. Bid and Contract Security**

- A. Bid and performance bonds or other security may be required for material or service contracts to guarantee faithful bid and contract performance if the governing board determines that such requirement is advantageous to the school district. In determining the amount and type of security required for each contract, the governing board shall consider the nature of the performance and the need for future protection to the school district. The requirement for bonds or other security shall be included in the solicitation.
- B. Bid or performance bonds shall not be used as a substitute for a determination of bidder or offeror responsibility.
- C. If a bid or proposal is withdrawn at any time before bid or proposal opening, any bid security shall be returned to the bidder or offeror.
- D. After the contract is awarded, any bid security shall be returned to the unsuccessful bidders or offerors. Upon execution of the contract, if performance bonds or other security were not required, or upon receipt of the specified bonds, if performance bonds or other security were required, the school district shall return any bid security provided by the successful bidder or offeror.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1079. Cost or Pricing Data**

- A. The submission of current cost or pricing data may be required in connection with an award in situations in which analysis of the proposed price is essential to determine that the price is fair and reasonable. A contractor shall, except as provided in subsection (C), submit current cost or pricing data and shall certify that, to the best of the contractor's knowledge and belief,

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the cost or pricing data submitted is accurate, complete and current as of a mutually determined specified date before the date of either:

1. The pricing of any contract awarded by competitive sealed proposals or pursuant to the sole source procurement authority, if the total contract price is expected to exceed \$100,000.
  2. The pricing of any change order or contract modification which is expected to increase the total contract price which will then exceed \$100,000.
- B.** Any contract, change order or contract modification for which certified cost or pricing data is required shall contain a provision that the price to the school district shall be adjusted to exclude any significant amounts by which the school district finds that the price was increased because the contractor-furnished cost or pricing data was inaccurate, incomplete or not current as of the date agreed on between the parties. Such adjustment by the school district may include profit or fee. The school district may reduce the contract price pursuant to R7-2-1081.
- C.** The requirements of this Section may be waived if any of the following apply:
1. The contract price is based on adequate price competition.
  2. The contract price is based on established catalog prices or market prices.
  3. Contract prices are set by law or regulation.
  4. It is determined in writing by the school district that the waiver is advantageous to the school district. The determination shall include the reasons why the waiver is advantageous to the school district.
- D.** When applicable, the solicitation shall include a notice that certified cost or pricing data shall be submitted.
- E.** In an emergency, cost or pricing data may be submitted at a reasonable time after the contract is awarded.
- F.** A copy of all determinations by the school district that pertain to the submission of cost or pricing data shall be retained in the procurement file.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1080. Refusal to Submit Cost or Pricing Data**

- A.** If the offeror fails to submit cost or pricing data in the required form, the school district may reject the proposal.
- B.** If a contractor fails to submit data to support a price adjustment in the form required, the school district may:
1. Reject the price adjustment; or
  2. Set the amount of the price adjustment subject to the contractor's rights under R7-2-1141 through R7-2-1185.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1081. Defective Cost or Pricing Data**

- A.** The school district may reduce the contract price if, upon determination, the cost or pricing data are defective.
- B.** The contract price shall be reduced in the amount of the defect plus related overhead and profit or fee if the school district relied upon the defective data in awarding the contract.

- C.** Any dispute as to the existence of defective cost or pricing data or the amount of an adjustment due to defective cost or pricing data may be appealed as a contract controversy under R7-2-1141 through R7-2-1185. Pending appeal, the adjusted contract price shall remain in effect.
- D.** If certification of either current cost or pricing data is required, the awarded contract shall include notice of the right of the school district to a reduction in price if certified cost or pricing data are subsequently determined to be defective.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1082. Right to Inspect Plant**

The school district may at reasonable times inspect the part of the plant or place of business of a contractor or any subcontractor which is related to the performance of any contract awarded or to be awarded by the school district.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

**R7-2-1083. Right to Audit Records**

- A.** The school district may, at reasonable times and places, audit the books and records of any person who submits cost or pricing data as provided in R7-2-1079 to the extent that the books and records relate to the cost or pricing data. Any person who receives a contract, change order or contract modification for which cost or pricing data is required shall maintain the books and records that relate to the cost or pricing data for five years after completion of the contract.
- B.** The school district is entitled to audit the books and records of a contractor or any subcontractor under any contract or subcontract to the extent that the books and records relate to the performance of the contract or subcontract. The books and records shall be maintained by the contractor for a period of five years after completion of the contract and by the subcontractor for a period of five years after completion of the subcontract.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1084. Anticompetitive Practices**

- A.** If for any reason collusion or other anticompetitive practices are suspected among any bidders or offerors, a notice or the relevant facts shall be transmitted to the governing board and the attorney general. This Section does not require a law enforcement agency conducting an investigation into such practices to convey such notice to the school district.
- B.** Upon submitting a bid or proposal, the bidder or offeror shall certify on a form prescribed by the school district that the submission of the bid or proposal did not involve collusion or other anticompetitive practices.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1085. Retention of Procurement Records**

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All procurement records shall be retained and disposed of in accordance with records retention guidelines and schedules approved by the Arizona State Library, Archives and Public Records.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525,  
effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1086. Record of Procurement Actions**

- A. The school district shall maintain a record listing all contracts made under R7-2-1053, Sole source procurements, or R7-2-1055, Emergency procurements, for a minimum of five years. The record shall contain:
1. Each contractor's name.
  2. The amount and type of each contract.
  3. A listing of the materials, services or construction procured under each contract.
- B. The record shall be available for public inspection.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525,  
effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1087. Contract Clauses**

- A. The school district shall include in solicitations and contracts all contract clauses necessary to ensure the school district's interests are addressed. The school district may modify clauses for inclusion in any particular school district contract, provided that any variations are supported by a written determination that states the circumstances justifying the variation and provided that notice of any material variation is stated in the solicitation.
- B. All contract clauses shall be consistent with the provisions of Articles 10 and 11.
- C. The school district may permit or require the inclusion of clauses providing for appropriate remedies, adjustments in prices, time of performance or other contract provisions.
- D. A contract for the procurement of construction or construction services shall include a provision for the recovery of damages related to expenses incurred by the contractor for a delay for which the school district is responsible, that is unreasonable under the circumstances and that was not within the contemplation of the parties to the contract. This subsection does not void any provision in the contract that requires notice of delays, provides for arbitration or any other procedure for settlement or provides for liquidated damages.
- E. A provision, covenant, clause or understanding in, collateral to or affecting a construction contract or design professional service contract that makes the contract subject to the laws of another state or that requires any litigation, arbitration or other dispute resolution proceeding arising from the contract to be conducted in another state is against the public policy of this state and is void and unenforceable.
- F. A provision or clause for contract termination in accordance with A.R.S. § 38-511. The school district may cancel the Contract within three years after Contract execution without penalty or further obligation if any person significantly involved in initiating, negotiating, securing, drafting, or creating the Contract on behalf of the school district is or becomes at any time while the Contract, or an extension of the Contract is in effect an employee of or a consultant to any party to the Contract with respect to the subject matter of the Contract. The

cancellation shall be effective when the Contractor receives written notice of the cancellation unless the notice specifies a later time.

- G. A provision or clause for contract termination if it appears that any person has not complied with A.R.S. § 15-213(O). The school district or school purchasing cooperative may, by written notice, terminate the Contract, in whole or in part, if the school district or school purchasing cooperative determines that any person or vendor has offered, conferred or agreed to confer any personal gift or benefit on any employee of the school district or school purchasing cooperative who supervised or participated in the planning, recommending, selecting or contracting of the Contract.
- H. A provision or clause for contract termination for gratuities. The school district or school purchasing cooperative may, by written notice, terminate the Contract in whole or in part, if the school district or school purchasing cooperative determines that employment or a gratuity was offered or made by the Contractor or a representative of the Contractor to any officer or employee of the school district or school purchasing cooperative for the purpose of influencing the outcome of the procurement or securing the Contract, an amendment to the Contract, or favorable treatment concerning the Contract, including making of any determination or decision about contract performance.
- I. A covenant, clause or understanding in, collateral to or affecting a construction contract or subcontract or a design professional services contract or subcontract that purports to indemnify, to hold harmless or to defend the promisee of, from or against liability for loss or damage resulting from the negligence of the promisee or the promisee's agents, employees or indemnitee is against the public policy of this state and is void.
- J. If a design professional provides work, services, studies, planning, surveys or other preparatory work in connection with a public building or improvement, the school district or property owner may require that the design professional services contract or subcontract require the design professional to indemnify and hold harmless the school district or property owner, and its officers and employees, from liabilities, damages, losses and costs, including reasonable attorney fees and court costs, but only to the extent caused by the negligence, recklessness or intentional wrongful conduct of such design professional or other persons employed or used by such design professional in the performance of the contract or subcontract.
- K. A design professional services subcontract entered into in connection with a public building or improvement may also require any design professional to indemnify and hold harmless the school district or property owner and the indemnified design professional who executed the subcontract, and their respective owners, officers and employees, from liabilities, damages, losses and costs, including reasonable attorney fees and court costs, but only to the extent caused by the negligence, recklessness or intentional wrongful conduct of such design professional, or persons employed or used by the indemnifying design professional in connection with the subcontract.
- L. Nothing in this Section shall prohibit the requirement of insurance coverage that complies with this Section, including the designation of the school district or property owner as an additional insured on a general liability insurance policy or as a designated insured on an automobile liability policy provided in connection with a construction contract or subcontract or design professional services contract or subcontract.

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- M.** Notwithstanding subsection (I), a contractor who is responsible for the performance of a construction contract or subcontract may fully indemnify a person, firm, corporation, state or other agency for whose account the construction contract or subcontract is not being performed and that, as an accommodation, enters into an agreement with the contractor that permits the contractor to enter on or adjacent to its property to perform the construction contract or subcontract for others.
- N.** Except as provided in subsections (J), (K) and (L), a design professional services contract or subcontract entered into in connection with a public building or improvement shall not require that a design professional defend, indemnify, insure or hold harmless the school district or property owner or its employees, officers, directors, agents, contractors or subcontractors from any liability, damage, loss, claim, action or proceeding, and any contract provision that is not permitted by subsections (J), (K) and (L) is against the public policy of this state and is void.
- O.** If any provision or condition contained in this Section conflicts with any provision of a contract between the school district and the federal government, such provision shall not apply to any construction contract or subcontract, or design professional services contract or subcontract to the extent such conflict exists, but all provisions of this Section with which there is no such conflict, shall apply.
- P.** In this Section:
1. "Construction contract or subcontract" means a written or oral agreement relating to the construction, alteration, repair, maintenance, relocation, moving, demolition or excavation of a structure, street or roadway, appurtenance, facility, development, or other improvement to land.
  2. "Design professional services" means architect services, engineer services, land surveying services, geologist services or landscape architect services or any combination of those services performed by or under the supervision of a design professional or any person employed by the design professional.
  3. "Design professional services contract or subcontract" means a written or oral agreement relating to the planning, design, construction administration, study, evaluation, consulting, inspection, surveying, mapping, material sampling, testing or other professional, scientific or technical services furnished in connection with any actual or proposed study, planning, survey, environmental remediation, construction, improvement, alteration, repair, maintenance, relocation, moving, demolition or excavation of a structure, street or roadway, appurtenance, facility, development or other improvement to land.
  4. "Other persons employed or used" means a subcontractor to a contractor or design professional in any tier, or any other person or entity who performs work or design professional services, or provides labor, services, materials or equipment in connection with a construction contract or subcontract or design professional service contract or subcontract subject to this Section.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final

exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1088. Reserved**

**R7-2-1089. Reserved**

**R7-2-1090. Reserved**

**PART XIII. CONTRACT TYPES**

**R7-2-1091. Repealed**

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1092. Authority to Use Contract Types**

Subject to the limitations of this Section, any type of contract that would be advantageous to the school district may be used, except that the use of a cost-plus-a-percentage-of-cost contract is prohibited.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1093. Multiterm Contracts**

- A.** Unless otherwise provided by law, multiterm contracts for materials or services and contracts for job-order-contracting construction services may be entered into if the duration of the contract and the conditions of renewal or extension, if any, are included in the invitation for bids or the request for proposals and if monies are available for the first fiscal period at the time the contract is executed. The duration of contracts for materials or services and contracts for job-order-contracting construction services shall be limited to no more than five years unless the governing board determines in writing before the procurement solicitation is issued that a contract of longer duration would be advantageous to the school district. Payment and performance obligations for succeeding fiscal periods are subject to the availability and appropriation of monies.
- B.** Before the use of a multiterm contract, it shall be determined in writing by the governing board that:
1. Estimated requirements cover the period of the contract and are reasonable and continuing.
  2. Such a contract will be advantageous to the school district by encouraging effective competition or otherwise promoting economies in school district procurement.
- C.** The school district shall include in all multiterm contracts a clause specifying that the contract shall be canceled if monies are not appropriated or otherwise made available to support the continuation of performance in a subsequent fiscal year.
- D.** If monies are not appropriated or otherwise made available to support continuation of performance in a subsequent fiscal period, the contract shall be canceled and the contractor may only be reimbursed for the reasonable value of any nonrecurring costs incurred but not amortized in the price of the materials or services delivered under the contract or which are otherwise not recoverable. The cost of cancellation may be paid from any appropriations available for such purposes.
- E.** A contract for specified professional services shall have a term not to exceed five years after the date of contract award by the school district of the first contract under the procurement,

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except that the contract may continue in effect after the five year term for projects on which the rendering of specified professional services commences within the five year term.

- F. Notwithstanding this Section, contracts for auditors and auditing firms shall have a term as prescribed in A.R.S. § 15-213.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 24 A.A.R. 3283, effective October 22, 2018 (Supp. 18-4).

**R7-2-1094. Reserved**

**R7-2-1095. Reserved**

**R7-2-1096. Reserved**

**R7-2-1097. Reserved**

**R7-2-1098. Reserved**

**R7-2-1099. Reserved**

**ARTICLE 11. SCHOOL DISTRICT PROCUREMENT  
(CONTINUED)**

**PART XIV. PROCUREMENT OF CONSTRUCTION**

**R7-2-1100. Construction Project Delivery Methods**

- A. For the design-bid-build project delivery method, the school district shall procure:
1. Design services pursuant to R7-2-1117 through R7-2-1123, except as authorized by R7-2-1053 and R7-2-1055.
  2. Construction by competitive sealed bidding pursuant to R7-2-1021 through R7-2-1032 and R7-2-1102 through R7-2-1105, except as authorized by R7-2-1033, R7-2-1053, R7-2-1055, and R7-2-1101.
- B. For construction-manager-at-risk, design-build and job-order-contracting project delivery methods, the school district shall procure construction services pursuant to R7-2-1102 through R7-2-1115.
- C. For construction-manager-at-risk project delivery method, the school district shall purchase design services pursuant to R7-2-1117 through R7-2-1123.
- D. For job-order-contracting project delivery method, the school district may include design services in the job-order-contracting construction services contract, but if the school district does not include design services in the contract, the school district shall procure any design services relating to construction services projects under the contract pursuant to R7-2-1117 through R7-2-1123.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1101. Qualified Select Bidders List**

- A. The school district may use the qualified select bidders list method to determine the vendors who receive the notice of competitive sealed bidding for a construction contract. The qualified select bidders list shall be determined in accordance with this Section.
- B. Sealed prime contractor or construction materials supplier statements of qualifications shall be solicited through requests for qualifications.

1. Notice of the request for qualifications shall be given by the school district pursuant to R7-2-1022 and R7-2-1024(C).
  2. Requests for qualifications shall be issued at least 21 days before the due date and time for submission.
  3. Use of the qualified select bidders list shall be restricted to the specific project identified in the request for qualifications.
  4. The qualified select bidders list shall consist of at least three prime contractors when a contractor is solicited or three construction material suppliers when material suppliers are solicited.
  5. The qualified select bidders list for any specific project is valid for one year but may be extended for an additional year, at the option of the school district.
- C. The request for qualifications shall include the following:
1. Notice that all information and statements of qualifications submitted by persons will be made available for public inspection following the establishment of a qualified select bidders list.
  2. Instructions and information to persons concerning the statement of qualifications submission requirements, including the due date and time for submission, the address of the office at which the statements of qualifications are to be received, and any other special information.
  3. The anticipated evaluation period and selection of a qualified select bidders list.
  4. General information on the project site or sites, scope of work, schedule, evaluation criteria, project design and construction budget, or life cycle budget for a procurement that includes maintenance, operations, and finance services.
  5. The weight prescribed by the school district for each of the criteria to be used in making the evaluation.
  6. The criteria to be used in making the evaluation, which shall include at a minimum:
    - a. Person's capabilities and qualifications for performing the scope of work;
    - b. Person's project team, and key members' education, training and qualifications;
    - c. Method of approach, including subcontractor plan, safety plan;
    - d. Safety record and worker's compensation rate;
    - e. Projected construction schedule;
    - f. Current workload;
    - g. Five most recent representative examples of similar work along with references for each example;
    - h. Current bonding availability and capacity;
    - i. Any judgment or liens against the person within the last three years;
    - j. Any current unresolved bond claims against the person;
    - k. Any deficiency orders issued against the prime contractor by the Arizona Registrar of Contractors within the last three years; and
  1. Any filing under the United States Bankruptcy Code, assignments for the benefit of creditors, or other measures taken for the protection against creditors during the last three years.
  7. The type of contract to be used.
  8. The name of the district representative or district representatives.

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9. The expiration date of the qualified select bidders list if less than one year.
  10. A statement that the school district reserves the right to conduct interviews as part of the evaluation process.
  11. The date, time and location of any pre-submittal conference.
- D.** The school district may conduct a pre-submittal conference not less than 14 days prior to the statement of qualifications due date and time for the purposes of explaining the requirements of the request for qualifications.
- E.** Amendments to request for qualifications.
1. An amendment to a request for qualifications shall be issued if necessary to do any of the following:
    - a. Make changes in the request for qualifications;
    - b. Correct defects or ambiguities;
    - c. Furnish to persons information given to any other person, if the information will assist the persons in submitting their statements of qualifications or if the lack of the information will prejudice the persons;
    - d. Provide additional information or instructions; or
    - e. Extend the due date and time if the school district determines that an extension is advantageous to the school district.
  2. Amendments to a request for qualifications shall be so identified and the school district shall ensure that the amendments are distributed or made available to all persons to whom the original request for qualifications was distributed or made available. The school district shall make a copy of the amendments to a request for qualifications available for public inspection at the school district office. If the school district posted the request for qualifications or a notice of the availability of a request for qualifications on a designated site on the Internet, then the school district shall post any amendments to the request for qualifications on the same designated site on the Internet. The school district shall also do one or more of the following:
    - a. Distribute the amendment, by any method reasonably calculated to ensure delivery, to all persons to whom the request for qualifications was distributed;
    - b. Make the amendment available and issue a notice of amendment which contains instructions for obtaining copies of the amendment. The notice of amendment shall be distributed, by any method reasonably calculated to ensure delivery, to all persons to whom the request for qualifications was distributed. Upon receipt of such notice of amendment, it is the responsibility of the person to obtain the amendment.
  3. Amendments to request for qualifications shall be issued within a reasonable time before the due date and time to allow persons to consider them in preparing their statements of qualifications. If the school district determines that the due date and time in the request for qualifications does not permit sufficient time for statement of qualifications preparation, the due date and time shall be extended in the amendment or, if necessary, by telephone, facsimile, email, or other communications methods, and confirmed in the amendment.
  4. A person shall acknowledge receipt of an amendment in the manner specified in the request for qualifications or the amendment on or before the due date and time.
- F.** Pre-submittal modification or withdrawal of statements of qualifications
1. A person may modify or withdraw a statement of qualifications in writing at any time before the prescribed due date and time if the modification or withdrawal is received before the due date and time at the location designated in the request for qualifications for receipt of statements of qualifications.
  2. All documents concerning a modification or withdrawal of a statement of qualifications shall be retained in the procurement file.
- G.** Late statements of qualifications, late withdrawals and late modifications
1. A statement of qualifications, modification or withdrawal is late if it is received at the location designated in the request for qualifications for receipt of statements of qualifications after the due date and time.
  2. A late statement of qualifications, late modification, or late withdrawal shall be rejected, unless the statement of qualifications, modification or withdrawal would have been timely received but for the action or inaction of school district personnel and is received before the qualified select bidders list is established.
  3. Upon receiving a late statement of qualifications, late modification, or late withdrawal, the school district shall record the time and date of receipt and promptly send notice of late receipt to the person. The school district may discard the document 30 days after the date on the notice unless the person requests the document be returned.
  4. All documents concerning acceptance of a late statement of qualifications, late modification, or late withdrawal shall be retained in the procurement file.
- H.** Receipt, opening and recording statements of qualifications
1. A school district shall maintain a record of statements of qualifications and modifications received for each solicitation, shall record the time and date when each statement of qualifications or modification is received, and shall store each unopened statement of qualifications or modification in a secure place until the due date and time.
    - a. If required to confirm a vendor's inquiry regarding receipt of its statement of qualifications prior to the due date and time, a school district may open a statement of qualifications to identify the vendor. If this occurs, the school district shall record the reason for opening the statement of qualifications, the date and time the statement of qualifications was opened, and the solicitation number. The school district shall secure the statement of qualifications and retain it for public opening.
    - b. One or more witnesses shall be present for the opening of a statement of qualifications under subsection (H)(1)(a).
  2. Statements of qualifications and modifications shall be opened publicly at the date, time and location designated in the request for qualifications in the presence of one or more witnesses. The name of each person and any other relevant information deemed appropriate by the school district shall be recorded. The person opening the statements of qualifications and all witnesses shall sign the record.
    - a. The record created in subsection (H)(2) shall be available for public inspection.
    - b. The statements of qualifications shall not be open for public inspection until after the qualified select bidders list has been established.

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**I. Establishing the qualified select bidders list.**

1. The qualified select bidders list shall be established by determining the highest rated persons from the statements of qualifications received. This will be a minimum of three and a maximum of five.
2. For each qualified select bidders list process there will be established by the school district an evaluation committee composed of five members. These members shall include the project designer or construction material specifier, one member from the prime contracting or construction material supplier community that performs commensurate level work and is disinterested in this project, a school district facilities representative and two other members as designated by the school district.
3. The evaluation committee shall review and score each statement of qualifications received according to the established evaluation criteria. The committee shall rank the statements of qualifications in accordance with the scores.
4. The committee may conduct interviews before making the final determination of the qualified select bidders list. The committee shall document the interviews in writing.
5. The committee shall select at least three and not more than five of the highest scoring persons for the qualified select bidders list.
6. The district representative shall review the committee's qualified select bidders list. The district representative shall:
  - a. Accept the list as submitted;
  - b. Return the list for additional committee review;
  - c. Reject the list and terminate the process.
7. A one-year eligibility period for the qualified select bidders list shall begin on the date the district representative accepts it. The qualified select bidders list may be extended one year at the option of the school district.
8. Once the qualified select bidders list is established, a written notice of the selected persons shall be sent to all the persons that submitted statements of qualifications.
9. After the establishment of the qualified select bidders list, a written record showing the basis for determining the qualified select bidders list shall be prepared by the district representative and retained in the procurement file. Within 10 days after the qualified select bidders list has been established, the school district shall make the procurement file, including all statements of qualifications, available for public inspection.
  - a. If the procurement file contains information that is confidential under R7-2-1006, a copy of the applicable documents with the confidential information redacted shall be placed in the procurement file for the purpose of public inspection.
  - b. The unredacted original copy of the confidential information shall be placed in a sealed envelope or other appropriate container, identified as confidential information, and maintained in the procurement file.
10. The qualified select bidders shall be provided an invitation for bids in accordance with R7-2-1024 to R7-2-1032. For any projects not identified in the request for qualifications, the school district may not solicit bids on those projects under the qualified select bidders list either in the initial one-year period or the one-year extension period.
11. The project identified in the request for qualifications shall have invitation for bids issued within the initial one-

year period, or in the one-year extension period, to be awarded a contract under that qualified select bidders list.

**J. Terminating the process for insufficient response or selection**

1. In the event that less than three statements of qualifications are received, this procurement process shall cease and the school district may elect to reissue the request for qualifications or pursue other procurement methods.
2. In the event that less than three persons are identified by the selection committee as being the most highly qualified, this procurement process shall cease and the school district may elect to reissue the request for qualifications or pursue other procurement methods.

**K. A copy of the request for qualifications shall be made available for public inspection at the school district office.****Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1102. Bid Security**

- A.** Bid security shall be required for all competitive sealed bidding for construction contracts, and for all competitive sealed proposals for design-build construction services or job-order-contracting construction services procured pursuant to R7-2-1111, if the price, excluding the cost of any finance services, maintenance services, operations services, design services, preconstruction services, or other related services included in the contract, is estimated by the school district to exceed the amount established by R7-2-1002(A).
- B.** Invitations for bid on school district construction contracts and requests for proposals for design-build construction services or job-order-contracting construction services, shall require submission of bid security as follows:
  1. For design-bid-build construction services, ten percent of the contractor's bid.
  2. For design-build construction services awarded by competitive sealed proposals pursuant to R7-2-1111, ten percent of the school district's construction budget for the project as stated in the request for proposals, excluding finance services, maintenance services, operations services, design services, preconstruction services or any other related services included in the contract.
  3. For job-order-contracting construction services awarded by competitive sealed proposals pursuant to R7-2-1111, the amount prescribed by the school district in the request for proposals, but not more than ten percent of the school district's reasonably estimated budget for construction that the school district believes is likely to actually be done during the first year under the contract, excluding any finance services, maintenance services, operations services, design services, preconstruction services or other related services included in the contract.
- C.** Acceptable bid security shall be limited to:
  1. An annual or one-time bid bond executed and furnished as required by A.R.S. Title 34, Chapter 2 or 6, as applicable; or
  2. A certified check.
- D.** The school district may issue a written determination to accept the bid security if the bid security fails to comply in a nonsubstantial manner when:

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1. Only one bid or proposal is received and there is not sufficient time to rebid or resolicit proposals;
  2. The amount of the bid security submitted, although less than the amount required by the invitation for bids or request for proposals, is equal to or greater than the difference between the apparent low bid or highest scoring proposal and the next higher acceptable bid or next highest scoring proposal; or
  3. The bid security is inadequate as a result of modifying or correcting a bid in accordance with R7-2-1027 or R7-2-1030, if the bidder increases the amount of security to required limits within two days after notification.
- E. After the bids and proposals are opened, they are irrevocable for the period specified in the invitation for bids or request for proposals, except as provided in R7-2-1030. If a bidder or offeror is permitted to withdraw its bid before award, no action may be had against the bidder or offeror or the bid security.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1103. Contract Performance and Payment Bonds**

- A. The following bonds or security is required and is binding on the parties to the contract if the value of a construction or construction services award exceeds the amount established by R7-2-1002(A):
1. A performance bond that is executed and furnished as required under Arizona Revised Statutes Title 34, Chapter 2, Article 2 or Chapter 6, as applicable, in an amount equal to 100 percent of the price specified in the contract conditioned on the faithful performance of the contract in accordance with the plans, specifications and conditions of the contract, except that:
    - a. For job-order-contracting construction services, the performance bond shall cover the full amount of construction under the job-order-contracting construction services contract, shall not include any design services, preconstruction services, finance services, maintenance services, operations services or other related services included in the contract, may be a single bond for the full term of the contract, a separate bond for each year of a multiyear contract or a separate bond for each job order, as determined by the school district, and, if a single bond for the full term of the contract or a separate bond for each year of a multiyear contract, shall initially be based on the school district's reasonable estimate of the amount of construction that the school district believes is likely to actually be done during the full term of the contract or during the particular year of a multiyear contract, as applicable.
    - b. For construction-manager-at-risk construction services and design-build construction services, the amount of the performance bond shall be the price of construction and shall not include the cost of any design services, preconstruction services, finance services, maintenance services, operations services and other related services included in the contract. This bond is solely for the protection of the school district. The conditions and provisions of the perfor-

mance bond regarding the surety's obligations shall follow the form required under A.R.S. § 34-222(G) or A.R.S. § 34-610(G), as applicable.

- c. For guaranteed energy cost savings contracts and guaranteed energy production contracts, the amount of the performance bond shall be one hundred percent of the project amount to the school district for its faithful performance of the equipment installation.
2. A payment bond that is executed and furnished as required by Arizona Revised Statutes Title 34, Chapter 2, Article 2 or Chapter 6, as applicable, in an amount equal to one hundred percent of the price specified in the contract for the protection of all persons supplying labor or material to the contractor or its subcontractors for the performance of the construction provided for in the contract, except that:
  - a. For job-order-contracting construction services, the payment bond shall cover the full amount of construction under the job-order-contracting construction services contract, shall not include any design services, preconstruction services, finance services, maintenance services, operations services or other related services included in the contract, may be a single bond for the full term of the contract, a separate bond for each year of a multiyear contract or a separate bond for each job order, as determined by the school district, and, if a single bond for the full term of the contract or a separate bond for each year of a multiyear contract, shall initially be based on the school district's reasonable estimate of the amount of construction that the school district believes is likely to actually be done during the full term of the contract or during the particular year of a multiyear contract, as applicable.
  - b. For construction-manager-at-risk construction services and design-build construction services, the amount of the payment bond shall be the price of construction and shall not include the cost of any design services, preconstruction services, finance services, maintenance services, operations services or other related services included in the contract. The conditions and provisions of the payment bond regarding the surety's obligations shall follow the form required under A.R.S. § 34-222(F) or A.R.S. § 34-610(F), as applicable.
- B. For design-bid-build construction, the bonds prescribed in subsection (A) shall be provided on and at the same time as execution of the construction contract. For construction-manager-at-risk, design-build and job-order-contracting construction services, the bonds prescribed in subsection (A) shall be provided only on and at the same time as execution of a contract or contract modification that commits the contractor to provide construction for a fixed price, guaranteed maximum price or other fixed amount within a designated time frame.
- C. If the prime contract or specifications require any persons supplying labor or materials in the prosecution of the work to furnish payment or performance bonds, these bonds shall be executed solely by a surety company or companies holding a certificate of authority to transact surety business in this state issued by the director of the Department of Insurance pursuant to Arizona Revised Statutes Title 20, Chapter 2, Article 1. Notwithstanding the provisions of any other statute, the bonds



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shall not be executed by an individual surety or sureties, even if the requirements of A.R.S. § 7-101 are satisfied.

- D. If a contractor fails to deliver the required performance bond or payment bond, the contractor's bid shall be rejected, its bid security shall be enforced, and award of the contract shall be made pursuant to Articles 10 and 11.
- E. This Section shall not be construed to limit the authority of the school district to require a performance bond or other security in addition to those bonds or in circumstances other than specified in subsection (A).
- F. Any person who furnishes labor or material to the contractor or its subcontractors for the work provided in the contract, in respect of which a payment bond is furnished under this Section, and who has not been paid in full within 90 days from the date on which the last of the labor was performed or material was supplied by the person for whom the claim is made has the right to sue on the payment bond for any amount unpaid at the time the suit is instituted and to prosecute the action for the amount due the person. However, any person who has a contract with a subcontractor of the contractor, but no express or implied contract with the contractor furnishing the payment bond, has a right of action on the payment bond on giving the contractor, only, a written preliminary 20-day notice as provided for in A.R.S. § 33-992.01, subsection (C)(1), (2), (3), and (4) and subsections (D), (E), and (H), and upon giving written notice to the contractor within 90 days from the date on which the last of the labor was performed or material was supplied by the person for whom the claim is made. The person shall state in the notice the amount claimed and the name of the party for whom the labor was performed or to whom the material was supplied. The notice shall be personally served or sent by registered mail, postage prepaid, in an envelope addressed to the contractor at any place the contractor maintains an office or conducts business.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. The term "one hundred" was changed to "100" to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-1104. Contract Payment Retention and Substitute Security**

- A. Ten percent of all construction contract payments shall be retained by the school district as insurance of proper performance of the contract or, at the option of the contractor, a substitute security may be provided by the contractor pursuant to this Section. The contractor is entitled to all interest from any such substitute security. When the contract is fifty percent completed, one-half of the amount retained or securities substituted pursuant to this Section shall be paid to the contractor upon the contractor's request provided the contractor is making satisfactory progress on the contract and there is no specific cause or claim requiring a greater amount to be retained. After the contract is fifty percent completed, no more than five percent of the amount of any subsequent progress payments made under the contract shall be retained providing the contractor is making satisfactory progress on the project, except if at any time the governing board determines satisfactory progress is not being made, ten percent retention shall be reinstated for all progress payments made under the contract subsequent to the determination.
- B. Notwithstanding subsection (A), there shall be no retention for job-order-contracting construction services contracts. The school district may elect to have no retention for construction-manager-at-risk and design-build construction services contracts. If the school district elects to have retention, then payment retention for construction-manager-at-risk and design-build contracts shall be in accordance with this Section.
- C. Retention applies only to amounts payable for construction and does not apply to amounts payable for design services, preconstruction services, finance services, maintenance services, operations services, or any other related services included in the contract.
- D. The form of substitute security is limited to the following:
  1. An assignment of time certificates of deposit by financial institutions licensed by this state;
  2. Share certificate of a financial institution or credit union authorized to transact business in this state; or
  3. Security issued or guaranteed as to principal and interest by:
    - a. The United States;
    - b. The state;
    - c. Counties, municipalities and school districts within this state.
- E. Conditions for use of substitute security.
  1. A contractor may submit substitute security to replace contract payment retention if:
    - a. The use of substitute security is requested of the school district or designee for work performed under the contract. The contractor shall have the option of submitting the substitute security:
      - i. Prior to each progress payment in an amount of no less than five percent of each progress payment; or
      - ii. Once, prior to the first progress payment in an amount no less than five percent of the total contract amount.
    - b. The interest earned on such security shall accrue to the benefit of the contractor, but shall be retained until the school district has approved completion and acceptance of all work to be performed under the contract;
    - c. The term of such security shall not mature until after the estimated contract completion date; and
    - d. The security shall mature no later than one year after the estimated contract completion date.
  2. The substitute security shall not be released without written approval by the school district.
  3. A contractor may submit a single substitute security for more than one project provided that:
    - a. The amount of such security is sufficient to cover the aggregate retention amount;
    - b. The school district determines that such single substitute security is advantageous to the school district; and
    - c. Such security complies with the requirements of subsection (E)(1).
- F. Any retention shall be paid or substitute security shall be returned to the contractor within 60 days after final completion and acceptance of work under the contract. Retention of payments by a school district longer than 60 days after final completion and acceptance requires a specific written finding by the governing board of the reasons justifying the delay in payment. No school district may retain any monies after 60 days which are in excess of the amount necessary to pay the

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expenses the governing board reasonably expects to incur in order to pay or discharge the expenses determined in the finding justifying the retention of monies.

- G. The school district shall not accept any substitute security unless accompanied by a signed and acknowledged waiver of any right or power of the obligor to set off any claim against either the school district or the contractor in relationship to the security assigned. In any instance in which the school district accepts substitute security as provided in this Section, any subcontractor undertaking to perform any part of the contract is entitled to provide such security to the contractor.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1105. Progress Payments**

- A. Progress payments may be made by the school district to the contractor on the basis of a duly certified and approved estimate of the work performed during the preceding month if the contractor agrees to adhere to the provisions of A.R.S. § 41-2577(B), (D), and (F). Payment shall be made within 14 days after the estimate of the work is certified and approved, except that a percentage of all estimates shall be retained as provided in R7-2-1104. The estimate of the work shall be deemed received by the school district on submission of the estimate of the work to the school district or a person designated by the school district for the submission, review or approval of the estimate of the work. An estimate of the work submitted under this Section shall be considered approved and certified after seven days from the date of submission unless before that time the school district or designee prepares and issues a specific written finding detailing those items in the estimate of the work that are not approved and certified under the contract or design professional service contract. The school district may withhold an amount from the progress payment sufficient to pay the expenses the school district reasonably expects to incur in correcting the deficiency set forth in the written finding. No contract for construction or design professional service contract may materially alter the rights of any contractor, subcontractor, design professional or material supplier to receive prompt and timely payment as provided under this Section. On completion and acceptance of separate divisions of the contract or design professional service contract on which the price is stated separately in the contract, payment may be made in full including retained percentages, less deductions, unless a substitute security has been provided pursuant to R7-2-1104.
- B. Progress payments pursuant to subsection (A) are authorized for construction services and design professional services contracts. The requirements of subsection (A) apply only to amounts payable in a construction services contract for construction and in a contract for design services and do not apply to amounts payable in a contract for preconstruction services, finance services, maintenance services, operations services or any other related services included in the contract.
- C. A subcontractor or design professional may notify the school district, in writing, requesting that the subcontractor or design professional be notified by the school district in writing within five days from payment of each progress payment made to the contractor. The subcontractor's or design professional's request remains in effect for the duration of the subcontractor's or design professional's work on the project.

- D. If any payment to a contractor is delayed after the date due, interest shall be paid at the rate of one percent per calendar month, or a fraction of a calendar month, on such unpaid balance as may be due.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1106. Procurement of Construction Using Alternative Project Delivery Methods**

- A. A school district may use an alternative project delivery method if it determines in writing that such alternative project delivery method is advantageous to the school district. The following factors may be used for such determination:
1. Cost and cost control method;
  2. Value engineering;
  3. Market conditions;
  4. Schedule;
  5. Required specialized expertise;
  6. Technical complexity of the project; or
  7. Project management.
- B. Use of alternative project delivery methods
1. Alternative project delivery methods for construction services shall be procured as provided in R7-2-1100.
  2. For design-build construction services and construction-manager-at-risk construction services, the school district is limited to one contract per procurement.
    - a. Alternatively, for construction-manager-at-risk construction services, a school district may elect separate contracts for preconstruction services during the design phase, for construction during the construction phase and for any other construction services.
    - b. Alternatively, for design-build construction services, a school district may elect separate contracts for preconstruction services and design services during the design phase, for construction and design services during the construction phase and for any other construction services.
    - c. If the school district enters into the first contract for preconstruction services or construction services the procurement ends. After execution of that first contract the school district may not use the procurement or the existing final list in the procurement as the basis for entering into a contract with any other person that participated in the procurement.
  3. For job-order-contracting construction services, the school district may award a single contract, or multiple contracts for similar job-order-contracting construction services to be awarded to separate persons. If the school district enters into the number of contracts specified under the request for qualifications, the procurement ends. After that time the school district may not use the procurement or any existing final list in the procurement as the basis for entering into a contract with any other person that participated in the procurement.
  4. All construction-manager-at-risk construction services or design-build construction services included in a procurement shall be limited to construction services to be performed at a single location, a common location or, if the construction services are all for a similar purpose, multi-

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ple locations. For construction-manager-at-risk construction services and design-build construction services to be performed at multiple locations:

- a. At the time the request for qualifications is issued, the school district shall intend to commence all construction at each location within thirty months after execution of the first contract for preconstruction services or other construction services at any of the locations.
- b. The request for qualifications shall include the information described in R7-2-1108(B)(2).
5. The school district and the selection committee shall not request or consider fees, price, man-hours or any other cost information at any point in the selection process under this Section and R7-2-1107, R7-2-1108, R7-2-1110, and R7-2-1111, including the selection of persons to be interviewed, the selection of persons to be on the final list, in determining the order of preference of persons on the final list or for any other purpose in the selection process, except as provided in R7-2-1110(D) and R7-2-1111.
6. In determining the persons to participate in any interviews, in determining the persons to be on the final list, and in determining the order on the final list, the selection committee shall use and consider only the criteria and weighting of criteria in the request for qualifications. No other factors or criteria may be used in the evaluation, determinations and other actions.
7. Notwithstanding any other provision specifying the number of persons to be interviewed, the number of persons to be on a final list, or any other numerical specification in R7-2-1106 through R7-2-1115:
  - a. If a smaller number of persons respond to the request for qualifications or if one or more persons drop out of the procurement so there is a smaller number of persons participating in the procurement, the school district, as the school district determines necessary and appropriate, may elect to proceed with the participating persons if there are at least two participating responsive and responsible persons. Alternatively, the school district may elect to terminate the procurement.
  - b. As to a request for qualifications to be negotiated pursuant to R7-2-1110(D), if only one responsive and responsible person responds to the request for qualifications or if one or more persons drop out of the procurement so that only one responsive and responsible person remains in the procurement, the school district may elect to proceed with the procurement with only one person if the governing board determines in writing that the negotiated fee is fair and reasonable and that either other prospective persons had reasonable opportunity to respond or there is not adequate time for a resolicitation.
  - c. If a person on the final list withdraws or is removed from the procurement and the selection committee determines that it is advantageous to the school district, the selection committee may replace that person on the final list with another person that submitted qualifications in the procurement and that is selected as the next most qualified.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1107. Selection Committee**

- A. The school district shall initiate an appropriately qualified selection committee for each request for qualifications. The school district shall ensure that selection committee members are competent to serve on the selection committee.
- B. Each selection committee shall include at least one school district representative appointed by the school district.
- C. The selection committee shall not have more than seven members and shall include at least one person who is a senior management employee of a licensed contractor and one person who is an architect or an engineer who is registered pursuant to A.R.S. § 32-121.
- D. Non-school district employees serving on a selection committee shall not receive compensation from the school district for performing this service, but the school district may elect to reimburse non-school district members for travel, lodging and other expenses incurred in connection with service on a selection committee.
- E. A person who is a member of a selection committee shall not be a contractor or subcontractor under a contract awarded under the procurement or provide any specified professional services, construction, construction services, materials or other services under the contract.
- F. For the procurement of multiple contracts for job-order-contracting, the same selection committee shall be used for all contracts in the procurement.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1108. Request for Qualifications**

- A. Notice of the need for construction services shall be given by the school district pursuant to R7-2-1022 and R7-2-1024(C). Such notice shall be issued not less than 14 days in advance of when responses shall be received. The notice shall:
  1. Contain a statement of the construction services required that adequately describes the procurement and specifies how a request for qualifications containing specific information on the procurement may be obtained;
  2. Specify whether the procurement is for a single contract or, for job-order-contracting construction services only, for multiple contracts; and
  3. If the procurement is for multiple job-order-contracting construction services contracts:
    - a. Specify that multiple contracts may or will be awarded;
    - b. Specify the number of contracts that may or will be awarded; and
    - c. Describe the construction services to be performed under each contract.
- B. The request for qualifications shall include the following:
  1. Instructions and information to persons concerning the statement of qualifications submission requirements, including the due date and time for receipt of statements of qualifications, the address of the office at which the statements of qualifications are to be received, and any other special information.

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2. In a procurement of construction-manager-at-risk construction services or design-build construction services to be performed at multiple locations, include:
  - a. A brief description of the construction services to be performed at each location;
  - b. The estimated budget for the construction services to be performed at each location; and
  - c. A schedule for the construction services to be performed at each location that shows the school district's intent to commence all construction at each location within thirty months after execution of the first contract for preconstruction services or other construction services at any of the locations.
3. General information on the project site, scope of work, schedule, selection criteria, project design and construction budget, or life cycle budget for a procurement that includes maintenance, operations, and finance services.
4. The criteria and the weight prescribed by the school district for each of the criteria to be used in making the evaluation.
  - a. All selection criteria shall be factors that demonstrate competence and qualifications for the type of construction services included in the procurement.
  - b. One of the criteria shall be the person's subcontractor selection plan or procedures to implement the school district's subcontractor selection plan.
  - c. If interviews will be held, state the selection criteria and relative weights to be used in selecting the persons to be interviewed. The request for qualifications may state the selection criteria and relative weights to be used in selecting the persons on the final list and in determining their order on the final list. The final list selection criteria and relative weights may be different than the selection criteria and relative weights used to determine the persons to be interviewed. The request for qualifications also shall state whether the school district will select the persons on the final list and their order on the final list solely through the results of the interview process or through the combined results of both the interview process and the evaluation of statements of qualifications and performance data submitted in response to the school district's request for qualifications.
  - d. If interviews will not be held, state the selection criteria and relative weights to be used in selecting the persons on the final list and in determining their order on the final list.
5. Whether one contract or multiple contracts may or will be awarded.
  - a. For design-build construction services, construction-manager-at-risk construction services, and a single contract for job-order-contracting construction services, state that one person may or will be awarded the contract.
  - b. For multiple contracts for similar job-order-contracting construction services, state the number of contracts that may or will be awarded, the job-order-contracting construction services to be performed under each of the contracts, and that each of the multiple contracts will be awarded to a separate person.
6. In a procurement where the contract is to be negotiated under R7-2-1110(D):
  - a. State that there will be a single final list of at least three and not more than five persons for a design-build, construction-manager-at-risk, or single job-order-contracting construction services award.
  - b. In a procurement for multiple contracts for similar job-order-contracting construction services to be awarded to separate persons, state that there will be a single final list and the number of persons on the final list, which shall be the sum of the number of contracts that may or will be awarded, plus another number that is determined by the school district and that is not more than five.
7. In a procurement in which the contract will be awarded under R7-2-1111:
  - a. State that there will be a single final list and that the number of persons on the final list will be three for a design-build or single job-order-contracting construction services award.
  - b. In a procurement for multiple contracts for similar job-order-contracting construction services to be awarded to separate persons, state that there will be a single final list and the number of persons on the final list, which shall be the sum of the number of contracts that may or will be awarded, plus another number that is determined by the school district and that is not more than five.
8. The type of contract to be used.
9. The name of the district representative or district representatives and the publicly available location of the school district's protest policy and procedures.
10. If the school district will hold interviews as part of the selection process:
  - a. State that interviews will be held and that the interviews will be with at least three and not more than five persons for a design-build, construction-manager-at-risk, or single job-order-contracting construction services procurement.
  - b. In a procurement for multiple contracts for similar job-order-contracting construction services to be awarded to separate persons, state that interviews will be held and that the interviews will be with a specified number of persons. The specified number shall be stated in the request for qualifications, shall be determined by the school district and shall be the sum of the number of contracts that may or will be awarded, plus another number that is determined by the school district and that is not more than five.
11. The manner in which subcontractors shall be selected, either:
  - a. A requirement that each person submit a proposed subcontractor selection plan and a requirement that the proposed subcontractor selection plan shall select subcontractors based on qualifications alone or on a combination of qualifications and price and shall not select subcontractors based on price alone; or
  - b. A subcontractor selection plan adopted by the school district that applies to the person that is selected to perform the construction services and that requires subcontractors to be selected based on qualifications alone or on a combination of qualifications and price and not based on price alone and a requirement that each person shall submit a description of the process.

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dures it proposes to use to implement the school district's subcontractor selection plan.

12. Notice that all information and statements of qualifications submitted by persons will be made available for public inspection after the school district has entered into a single contract or all of the multiple contracts.
- C. A copy of the request for qualifications shall be made available for public inspection at the school district office.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1109. Receipt and Opening of Statements of Qualifications, Technical Proposals and Price Proposals for Design-build and Job-order-contracting**

- A. Statements of qualifications, technical proposals and price proposals shall be received and opened in accordance with R7-2-1045. Late statements of qualifications, proposals, modifications, or withdrawals shall be considered in accordance with R7-2-1044 and R7-2-1049.
- B. A school district may cancel a request for qualifications or a request for proposals, reject in whole or in part any or all statements of qualifications or proposals or determine not to enter into a contract as specified in the solicitation if it is advantageous to the school district. The school district shall make the reasons for cancellation, rejection or determination not to enter into a contract part of the procurement file.

**Historical Note**

New Section made by exempt rulemaking at 13 A.A.R. 1266, effective February 26, 2007 (Supp. 07-1). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1110. Committee Evaluation and Contract Award**

- A. If interviews are specified in the request for qualifications:
  1. The selection committee shall determine the persons to be interviewed by evaluating the statements of qualifications and performance data submitted based solely on the selection criteria and relative weights in the request for qualifications to be used to determine the persons to be interviewed.
  2. If the selection criteria and relative weights to be used by the selection committee to select the persons on the final list and to determine their order on the final list are not included in the request for qualifications:
    - a. Before the interviews are held the school district shall distribute to the persons to be interviewed the selection criteria and relative weights to be used to select the persons on the final list and to determine their order on the final list.
    - b. These selection criteria and relative weights may be different than the selection criteria and relative weight used to determine the persons to be interviewed.
  3. The selection committee shall conduct interviews with the number of persons specified in the request for qualifications.
- B. Based solely on the selection criteria and relative weights for selection of the persons on the final list and their order on the final list, the selection committee shall select the persons for

the final list and, in the case of a final list for a contract that will be negotiated under subsection (D), rank the persons in order of preference.

- C. The school district shall make the following notifications regarding the final lists:
  1. If the contract will be negotiated under subsection (D) before or at the same time as the school district notifies the highest ranking person on the final list that it is the highest ranking person, the school district shall send actual notice to each of the following that it is not the highest ranking person or that another person is the highest ranking person:
    - a. If interviews were held, the other persons interviewed.
    - b. If interviews were not held, the other persons that made submittals.
  2. If the contract will be awarded under R7-2-1111, before or at the same time as the school district notifies the persons on the final list that they are on the final list, the school district shall send actual notice to each of the following persons that they are not on the final list or that other persons are on the final list:
    - a. If interviews were held, the other persons interviewed.
    - b. If interviews were not held, the other persons that made submittals.
- D. The school district shall conduct negotiations with persons on the final list as follows:
  1. The negotiations shall include consideration of compensation and other contract terms that the school district determines to be fair and reasonable to the school district. In making this decision, the school district shall take into account the estimated value, the scope, the complexity and the nature of the construction services to be rendered.
  2. If the procurement is for a single contract, there is one final list and the school district shall enter into negotiations with the highest qualified person on the final list. If the school district is not able to negotiate a satisfactory contract with the highest qualified person on the final list, at compensation and on other contract terms the school district determines to be fair and reasonable, the school district shall formally terminate negotiations with that person. The school district shall then undertake negotiations with the next most qualified person on the final list in sequence until an agreement is reached or a determination is made to reject all persons on the final list.
  3. If the procurement is for multiple contracts for similar job-order-contracting construction services to be awarded to separate persons, there is one final list and the school district shall enter into separate negotiations for contracts with the number of the highest qualified persons on the final list equal to the number of contracts to be awarded. If the school district is not able to negotiate a satisfactory contract with a person with whom the school district has commenced negotiations, the school district shall formally terminate negotiations with that person. The school district shall then undertake negotiations for a contract with the next most qualified person on the final list with whom the school district is not then negotiating and with whom the school district has not previously negotiated in sequence until an agreement is reached for some or all of the multiple contracts included in the request for qualifications or a determination is made to reject all persons on the final list.

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4. If the school district terminates negotiations with a person and commences negotiations with another person on the final list, the school district shall not recommence negotiations or enter into a contract for the construction services covered by the final list with any person with whom the school district terminated negotiations.

**Historical Note**

New Section made by exempt rulemaking at 13 A.A.R. 1266, effective February 26, 2007 (Supp. 07-1). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1111. Alternative Procedure for Design-build or Job-order-contracting Construction Services**

- A. As an alternative to R7-2-1110(D), the school district may award a single contract for design-build construction services or a single or multiple contracts for similar job-order-contracting construction services pursuant to this Section.
- B. The school district shall use the selection committee appointed for the request for qualifications pursuant to R7-2-1107.
- C. The school district shall issue a request for proposals to the persons on the final list developed pursuant to R7-2-1110(A) through (C). The request for proposals shall be issued at least 14 days before the due date and time for receipt of proposals unless a shorter time is determined necessary by the school district.
- D. The request for proposals shall include the following:
  1. A statement that the procurement is for a single contract or, for similar job-order-contracting construction services only, for multiple contracts.
  2. If the procurement is for multiple contracts for similar job-order-contracting construction services, the notice shall specify that multiple contracts will be awarded, shall specify the number of contracts that will be awarded, shall specify the number of offerors to whom contracts will be awarded which shall be the number of contracts in the procurement, and shall describe the job-order-contracting services to be performed under each contract.
  3. Instructions and information to persons concerning the proposal submission requirements, including the due date and time for receipt of proposals, the address of the office at which proposals are to be received, the proposal acceptance period, and any other special information.
  4. The school district's project schedule and project final budget for design and construction or life cycle budget for a procurement that includes maintenance services or operations services.
  5. If a single contract will be awarded, a statement that the contract will be awarded to the person whose proposal receives the highest number of points under a scoring method. If multiple contracts for similar job-order-contracting services will be awarded, a statement that the multiple contracts will be awarded to a specified number of offerors whose proposals receive the highest number of points under a scoring method. The specified number of offerors will be the number of contracts included in the procurement.
  6. A description of the scoring method, including a list of the factors in the scoring method and the number of points allocated to each factor.
  7. For design-build constructions services only, the design requirements, including the required features, functions, characteristics, qualities and properties, the anticipated schedule, including start, duration and completion, and the estimated budgets applicable to the specific procurement for design and construction and, if applicable, for operation and maintenance. Drawings and other documents illustrating the scale and relationship of the features, functions and characteristics of the project, which shall all be prepared by an architect or engineer, as appropriate, and additional design information or documents specified by the school district, may also be included.
8. A requirement that each offeror submit separately a technical proposal and a price proposal and that the offeror's entire proposal is responsive to the requirements in the request for proposals. For design-build construction services, the price in the price proposal shall be a fixed price or a guaranteed maximum price.
9. A statement that in applying the scoring method, the selection committee will separately evaluate and score the technical proposal before opening, evaluating, and scoring the price proposal.
10. If the school district desires to conduct discussions with offerors, a statement that discussions may be held and a requirement that each offeror submit a preliminary technical proposal before the discussions are held.
11. Type of contract to be used.
12. That offerors may designate as proprietary portions of the proposal.
13. Notice that all information and proposals submitted by offerors, except as stated in subsection (D)(12), will be made available for public inspection after the school district has entered into a single contract or all of the multiple contracts.
14. The contract terms and conditions, including warranty and bonding or other security requirements, as applicable.
15. The name of the district representative or district representatives.
16. If the request for proposals incorporates documents by reference, the request for proposals shall specify where such documents may be obtained.
- E. The factors in the scoring method described in the request for proposals may include:
  1. For design-build construction services only, demonstrated compliance with the design requirements.
  2. Offeror qualifications.
  3. Offeror financial capacity.
  4. Compliance with the school district's project schedule.
  5. For design-build construction services only, if the request for proposals specifies that the school district will spend its project budget and not more than its project budget and is seeking the best proposal for the project budget, compliance of the offeror's price or life cycle price for procurements that include maintenance services, operations services or finance services with the school district's budget as prescribed in the request for proposals.
  6. For design-build construction services if the request for proposals does not contain the specifications prescribed in subsection (E)(5) and for job-order-contracting construction services, the price or life cycle price for procurements that include maintenance services, operations services or finance services.
  7. An offeror quality management plan.
  8. Other evaluation factors that demonstrate competence and qualifications for the type of construction services in

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the request for proposals as determined by the school district, if any.

- F. If determined by the school district and included in the request for proposals, the selection committee shall conduct discussions with all offerors that submit preliminary technical proposals. Discussions shall be for the purpose of clarification to ensure full understanding of, and responsiveness to, the solicitation requirements. Offerors shall be accorded fair treatment with respect to any opportunity for discussion and for clarification by the school district. Revision of preliminary technical proposals shall be permitted after submission of preliminary technical proposals and before award for the purpose of obtaining best and final proposals. In conducting any discussions, information derived from proposals submitted by competing offerors shall not be disclosed to other competing offerors.
- G. After completion of any discussions pursuant to subsection (F) or if no discussions are held, each offeror shall submit separately its final technical proposal and its price proposal.
- H. Before opening any price proposal, the selection committee shall open and evaluate the final technical proposals and score the final technical proposals using the scoring method in the request for proposals. No other factors or criteria may be used in evaluation and scoring.
- I. After completion of the evaluation and scoring of all final technical proposals, the selection committee shall open, evaluate and score the price proposals, and complete scoring of the entire proposals using the scoring method in the request for proposals. No other factors or criteria may be used in evaluation and scoring.
- J. The school district shall award the contract to the responsive and responsible offeror whose proposal receives the highest score under the method of scoring in the request for proposals. No other factors or criteria may be used in evaluation and award.
- K. For procurements of multiple contracts for similar job-order-contracting construction services, the school district may award up to the number of contracts specified in the request for proposals.
- L. Before or at the same time as the school district notifies the selected offeror of contract award, the school district shall notify all other offerors of the award.
- M. For design-build construction services only, the school district shall award a stipulated fee equal to a percentage of the school district's project final budget for design and construction, as prescribed in the request for proposals, but not less than two-tenths of one percent of the project final budget for design and construction to each final list offeror who provides a responsive, but unsuccessful, proposal. If the school district does not award a contract, all responsive final list offerors shall receive the stipulated fee based on the school district's project final budget for design and construction as included in the request for proposals. The school district shall pay the stipulated fee to each offeror within 90 days after the award of the initial contract or the decision not to award a contract. In consideration for paying the stipulated fee, the school district may use any ideas or information contained in the proposals in connection with any contract awarded for the project, or in connection with a subsequent procurement, without any obligation to pay any additional compensation to the offerors. Notwithstanding the other provisions of this subsection, an offeror may elect to waive the stipulated fee. If an offeror elects to waive the stipulated fee, the school district may not use ideas and information contained in the offeror's proposal, except that this restriction

does not prevent the school district from using any idea or information if the idea or information is also included in a proposal of an offeror that accepts the stipulated fee.

- N. The procurement file shall contain the basis on which the award is made, including at a minimum the information and documents required under R7-2-1115.
- O. A copy of the request for proposals shall be made available for public inspection at the school district office.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1112. Contractor Licenses, Contract and Performance Requirements****A. Notwithstanding any other Section:**

1. The contractor for design-build or job-order-contracting construction services is not required to be registered to perform design services pursuant to A.R.S. Title 32, Chapter 1 if the person actually performing the design services on behalf of the contractor is appropriately registered.
  2. The contractor for construction-manager-at-risk, design-build or job-order-contracting construction services shall be licensed to perform construction pursuant to A.R.S. Title 32, Chapter 10.
  3. The school district shall obtain and maintain a record of proof in the procurement file that a construction or construction services provider that has been awarded a contract with the school district, or through a cooperative purchasing agreement, has a license in good standing to perform construction work pursuant to A.R.S. Title 32, Chapter 10. The license shall be active on the day the contract is awarded. This subsection does not require licensure for professions that are not licensed pursuant to A.R.S. Title 32, Chapter 10.
- B. In a procurement for construction-manager-at-risk construction services or design-build construction services, except for design-build contracts awarded pursuant to R7-2-1111, the school district shall enter into a written contract with the contractor for preconstruction services under which the school district shall pay the contractor a fee for preconstruction services in an amount agreed by the school district and the contractor, and the school district shall not request or obtain a fixed price or a guaranteed maximum price for the construction from the contractor or enter into a construction contract with the contractor until after the school district has entered into the written contract for preconstruction services and a preconstruction services fee.
  - C. Construction shall not commence under a construction services contract until the school district and contractor agree in writing on either a fixed price that the school district will pay or a guaranteed maximum price for the construction to be commenced. The construction to be commenced may be the entire project or may be one or more phased parts of the project.
  - D. For negotiated construction-manager-at-risk and design-build contracts, preconstruction services, general conditions, schedules, construction contingency, and construction fees shall be part of the contract. For design-build contracts awarded pursuant to a request for proposals, the fees shall be included in the vendor's proposal and shall become part of the awarded contract.

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- E.** For job-order-contracting construction services only:
1. The maximum dollar amount of an individual job order for job-order-contracting construction services shall be one million dollars or a higher or lower amount prescribed by the governing board in a policy adopted in a public meeting held pursuant to A.R.S. Title 38, Chapter 3, Article 3.1. Requirements shall not be artificially divided or fragmented in order to constitute a job order that satisfies the requirements of this subsection.
  2. If the contractor subcontracts or intends to subcontract part or all of the work under a job order and if the job-order-contracting construction services contract includes descriptions of standard individual tasks, standard unit prices for standard individual tasks and pricing of job orders based on the number of units of standard individual tasks in the job order:
    - a. The contractor has a duty to deliver promptly to each subcontractor invited to bid a coefficient to the contractor to do all or part of the work under one or more job orders a copy of the descriptions of all standard individual tasks on which the subcontractor is invited to bid and a copy of the standard unit prices for the individual tasks on which the subcontractor is invited to bid.
    - b. If not previously delivered to the subcontractor, the contractor has a duty to promptly deliver to each subcontractor invited to or that has agreed to do any of the work included in any job order a copy of the description of each standard individual task that is included in the job order and that the subcontractor is invited to perform, the number of units of each standard individual task that is included in the job order and that the subcontractor is invited to perform, and the standard unit price for each standard individual task that is included in the job order and that the subcontractor is invited to perform.
- F.** For all construction services contracts, the contractor performing the construction services is permitted to self-perform part of the construction work, if and to the extent agreed in writing by the school district and the contractor. The school district may use methods other than competitive bidding to assure itself that the price the school district pays to the contractor for self-performed work is fair and reasonable. Permitted methods to evaluate fairness and reasonableness of the price of self-performed work include evaluation of the contractor's proposed scope of work and price for self-performed work by an estimator who is hired and paid by the school district, who is independent of the contractor and who may be an employee of the school district. Although the school district may elect to so require, nothing in Articles 10 and 11 shall be construed or interpreted to require the school district to require a contractor desiring to self-perform part of the construction work to competitively bid that part of the construction work against other contractors in a bid competition.
- G.** For all construction services contracts, the following requirements apply to the construction work to be performed by subcontractors and do not apply to construction work that the school district and the contractor agree in writing will be self-performed by the contractor:
1. The person selected to perform the construction services shall select subcontractors based on qualifications alone or on a combination of qualifications and price and shall not select subcontractors based on price alone. A qualifications and price selection may be a single-step selection based on a combination of qualifications and price or a two-step selection. In a two-step selection, the first step shall be based on qualifications alone and the second step may be based on a combination of qualifications and price or on price alone.
  2. The school district shall include in each contract:
    - a. If the school district included its subcontractor selection plan in the request for qualifications, the school district's subcontractor selection plan and the procedures to implement the school district's subcontractor selection plan proposed by the awarded contractor in submitting its qualifications with those modifications to the procedures as the school district and the contractor agree.
    - b. If the school district did not include its subcontractor selection plan in the request for qualifications, the subcontractor selection plan proposed by the awarded contractor in submitting its qualifications with those modifications as the school district and the contractor agree.
  3. In making the selection of subcontractors, the contractor shall use the subcontractor selection plan and any procedures included in its contract.
- H.** The school district shall include in each contract for construction services the full street or physical address of each separate location at which the construction will be performed and a requirement that the contractor and each subcontractor at any level include in each of its subcontracts the same address information. The contractor and each subcontractor at any level shall include in each subcontract the full street or physical address of each separate location at which construction work will be performed.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 24 A.A.R. 3283, effective October 22, 2018 (Supp. 18-4). The word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-1113. Prohibitions**

- A.** Notwithstanding any contrary provision of Articles 10 and 11, a school district shall not enter into a contract to provide construction-manager-at-risk construction services, design-build construction services or job-order-contracting construction services.
- B.** The prohibitions prescribed in subsection (A) do not prohibit a school district from providing construction for itself as provided by law.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1114. Bid Security, Contract Performance and Payment Bonds, and Payment and Retention**

- A.** Bid security shall be provided pursuant to R7-2-1102.
- B.** Contract performance and payment bonds shall be provided pursuant to R7-2-1103.
- C.** Contract payment retention and substitute security shall be in accordance with R7-2-1104.



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D. Progress payments shall be in accordance with R7-2-1105.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

Amended effective March 21, 1991 (Supp. 91-1).

Amended effective October 22, 1992 (Supp. 92-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1115. Procurement File Contents and Review**

A. At a minimum, the school district shall retain the following for each procurement under R7-2-1106 through R7-2-1114:

1. For each request for qualifications procurement process:
  - a. If interviews were not held:
    - i. The submittal of the person listed first on the final list and the submittal of each person with whom the school district enters into a contract.
    - ii. The final list.
    - iii. A list of the selection criteria and relative weight of selection criteria used to select the persons for the final list and to determine their order on the final list.
    - iv. A list that contains the name of each person that submitted qualifications and that shows the person's final overall rank or score.
    - v. Documents that show the final score or rank on each selection criteria of each person that submitted qualifications and that support the final overall rankings and scores of the persons that submitted qualifications. The school district shall retain the individual scoring sheets for individual selection committee members.
  - b. If interviews were held:
    - i. All submittals of the person listed first on the final list and the submittal of each person with whom the school district enters into a contract.
    - ii. The final list.
    - iii. A list of the selection criteria and relative weight of selection criteria used to select the persons for the final list and to determine their order on the final list.
    - iv. A list that contains the name of each person that was interviewed and that shows the person's final overall rank or score.
    - v. Documents that show the final score or rank on each selection criteria of each person that was interviewed and that support the final overall rankings and scores of the persons that were interviewed. The school district shall retain the individual scoring sheets for individual selection committee members.
    - vi. A list of the selection criteria and relative weight of the selection criteria used to select the persons for the short list to be interviewed.
    - vii. A list that contains the name of each person that submitted qualifications and that shows the person's final overall rank or score in the selection of the persons to be on the short list to be interviewed.
    - viii. Documents that show the final score or rank on each selection criteria of each person that submitted qualifications and that support the final overall rankings and scores of the persons that submitted qualifications. The school district

shall retain the individual scoring sheets for individual selection committee members.

2. For each request for proposals procurement process under R7-2-1111:
  - a. The entire proposal submitted by the person that received the highest score in the scoring method in the request for proposals and the entire proposal submitted by each person with whom the school district enters into a contract.
  - b. The description of the scoring method, the list of factors in the scoring method and the number of points allocated to each factor, all as included in the request for proposals.
  - c. A list that contains the name of each offeror that submitted a proposal and that shows the offeror's final overall score.
  - d. Documents that show the final score or rank on each factor in the scoring method in the request for proposals of each offeror that submitted a proposal and that support the final overall scores of the offerors that submitted proposals. The school district shall retain the individual scoring sheets for individual selection committee members.
- B. Information relating to each procurement under R7-2-1106 through R7-2-1114 shall be made available to the public as follows:
  1. Until the school district awards a single contract or all of the multiple contracts or terminates the procurement, only the name of each person on the final list may be made available to the public. All other information received by the school district in response to the request for qualifications shall be confidential in order to avoid disclosure of the contents that may be prejudicial to competing respondents during the selection process.
  2. After the school district awards a single contract or all of the multiple contracts or terminates the procurement, the school district shall make the contents of the procurement file, except the proposals and statements of qualifications submitted in response to a solicitation and the documents described in subsections (A)(1)(a)(v), (A)(1)(b)(v), (A)(1)(b)(viii), and (A)(2)(d), available to the public.
  3. After the school district has entered into a single contract or all of the multiple contracts or has terminated the procurement, the school district shall make the proposals and statements of qualifications and the documents described in subsections (A)(1)(a)(v), (A)(1)(b)(v), (A)(1)(b)(viii), and (A)(2)(d) available to the public.
  4. To the extent that an offeror designates and the school district concurs, trade secrets and other proprietary data contained in a proposal or statement of qualifications shall remain confidential.
  5. If the procurement file contains information that is confidential under R7-2-1006, a copy of the applicable documents with the confidential information redacted shall be placed in the procurement file for the purpose of public inspection. The unredacted original copy of the confidential information shall be placed in a sealed envelope or other appropriate container, identified as confidential information, and maintained in the procurement file.
- C. The school district shall retain the records of a procurement under R7-2-1106 through R7-2-1114 in accordance with R7-2-1085.

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**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
 Amended effective March 21, 1991 (Supp. 91-1).  
 Amended effective October 22, 1992 (Supp. 92-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1116. Repealed****Historical Note**

New Section made by exempt rulemaking at 13 A.A.R. 1266, effective February 26, 2007 (Supp. 07-1). Section repealed by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**PART XV. PROCUREMENT OF SPECIFIED  
 PROFESSIONAL SERVICES**

**R7-2-1117. Procurement of Specified Professional Services**

- A.** Specified professional services, which is defined in R7-2-1001(120), as services of an architect, engineer, land surveyor, assayer, geologist and landscape architect, shall be procured as provided in R7-2-1117 through R7-2-1123, except as authorized in R7-2-1033, R7-2-1053, R7-2-1055, and R7-2-1122.
- B.** Prior to public notice of the need for specified professional services, the school district shall determine that the services to be acquired are specified professional services.
- C.** In the procurement of specified professional services:
  1. The school district shall specify whether the procurement is for a single contract or for multiple contracts. Multiple contracts may be awarded to separate persons or may be awarded to a single person as specified in the request for qualifications.
  2. The school district and the selection committee shall not request or consider fees, price, man-hours or any other cost information at any point in the selection process under this Section and R7-2-1120 or R7-2-1121, including the selection of persons to be interviewed, the selection of persons to be on the final list, in determining the order of preference of persons on a final list or for any other purpose in the selection process except as provided in R7-2-1121.
  3. In determining the persons to participate in any interviews, in determining the persons to be on the final list, and in determining the order on the final list, the selection committee shall use and consider only the criteria and weighting of criteria in the request for qualifications. No other factors or criteria may be used in the evaluation, determinations and other actions.
  4. If the school district enters into the number of contracts specified in the request for qualifications, the procurement ends. After that time the school district may not use the procurement or any final list in the procurement as the basis for entering into a contract with any other person that participated in the procurement.
  5. Notwithstanding any other provision specifying the number of persons to be interviewed, the number of persons to be on a final list, or any other numerical specification in this Section or R7-2-1121:
    - a. If a smaller number of persons respond to the request for qualifications or if one or more persons drop out of the procurement so that there is a smaller number of persons participating in the procurement, the school district, as the school district determines

necessary and appropriate, may elect to proceed with the participating persons if there are at least two participating responsive and responsible persons. Alternatively, the school district may elect to terminate the procurement.

- b.** As to a request for qualifications to be negotiated pursuant to R7-2-1121(D), if only one responsive and responsible person responds to the request for qualifications, or if one or more persons drop out of the procurement so that only one responsive and responsible person remains in the procurement, the school district may elect to proceed with the procurement with only one person if the governing board determines in writing that the negotiated fee is fair and reasonable and that either other prospective persons had reasonable opportunity to respond or there is not adequate time for a resolicitation.
- c.** If a person on the final list withdraws or is removed from the procurement and the selection committee determines that it is advantageous to the school district, the selection committee may replace that person on the final list with another person that submitted qualifications in the procurement and that is selected as the next most qualified.
- D.** The request for qualifications shall:
  1. Provide instructions and information to persons concerning the statement of qualifications submission requirements, including the due date and time for receipt of statements of qualifications, the address of the office at which the statements of qualifications are to be received, and any other special information.
  2. State whether one contract or multiple contracts may or will be awarded.
    - a. If one contract will be awarded, state that one contract may or will be awarded, describe the services to be performed under the contract and state that one person may or will be awarded the contract.
    - b. If multiple contracts may or will be awarded, state the number of contracts that may or will be awarded, the services to be performed under each of the multiple contracts, and either that each contract will be awarded to a separate person or that all of the contracts will be awarded to the same person.
  3. State the number of persons to be included on the final list.
    - a. If a single contract will be awarded, state that there will be a single final list of at least three and not more than five persons.
    - b. If multiple contracts will be awarded to a single person, state that there will be a single final list of at least three and not more than five persons.
    - c. In a procurement for multiple contracts for similar specified professional services to be awarded to separate persons, state that there will be a single final list and the number of persons on the final list, which shall be the sum of the number of contracts that may or will be awarded plus another number that is determined by the school district and that is not more than five.
    - d. If multiple contracts for different specified professional services will be awarded to separate persons, state that there will be a separate final list for each type of specified professional services and that the number of persons on each final list will be equal to

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- the number of contracts that may or will be awarded for each type of specified professional services plus a number determined by the school district not to exceed five.
4. State the selection criteria and relative weight to be used. All selection criteria shall be factors that demonstrate competence and qualifications for the type of specified professional services included in the procurement.
    - a. If interviews will be held, state the selection criteria and relative weights to be used in selecting the persons to be interviewed. The request for qualifications may state the selection criteria and relative weights to be used in selecting the persons on the final list and in determining their order on the final list. The final list selection criteria and relative weights may be different than the selection criteria and relative weights used to determine the persons to be interviewed. The request for qualifications also shall state whether the school district will select the persons on the final list and their order on the final list solely through the results of the interview process or through the combined results of both the interview process and the evaluation of statements of qualifications and performance data submitted in response to the request for qualifications.
    - b. If interviews will not be held, state the selection criteria and relative weights to be used in selecting the persons on the final list and in determining their order on the final list.
  5. State whether interviews will be held.
    - a. If a single contract will be awarded, state that there will be interviews with at least three and not more than five persons.
    - b. If multiple contracts will be awarded to a single person, state that there will be interviews with at least three and not more than five persons.
    - c. In a procurement for multiple contracts for similar specified professional services to be awarded to separate persons, state that interviews will be held and that the interviews will be with a specified number of persons. The specified number shall be stated in the request for qualifications, shall be determined by the school district and shall be the sum of the number of contracts that may or will be awarded, plus another number that is determined by the school district and that is not more than five.
    - d. If multiple contracts for different specified professional services will be awarded to separate persons, state that interviews will be held and that the interviews will be with a specified number of persons. The specified number shall be stated in the request for qualifications, shall be determined by the school district, shall be at least three times the number of contracts that may or will be awarded and shall not be more than five times the number of contracts that may or will be awarded.
  6. The name of the district representative or district representatives and the publicly available location of the school district's protest policy or procedure.
  7. Notice that all information and statements of qualifications submitted by persons will be made available for public inspection after the school district has entered into a single contract or all of the multiple contracts.
  - E. Statements of qualifications shall be received and opened in accordance with R7-2-1045. Late statements of qualifications, late modifications, or late withdrawals shall be considered in accordance with R7-2-1044 and R7-2-1049.
  - F. A copy of the request for qualifications shall be made available for public inspection at the school district office.
- Historical Note**
- Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).
- R7-2-1118. Public Notice of Specified Professional Services**
- A. Notice of the need for specified professional services shall be given by the school district pursuant to R7-2-1022 and R7-2-1024(C). Such notice shall be issued not less than 14 days in advance of when responses shall be received.
  - B. The notice shall:
    1. Contain a statement of the services required that adequately describes the procurement and specifies how a request for qualifications containing specific information on the procurement may be obtained.
    2. Specify whether the procurement is for a single contract or for multiple contracts; and
    3. If the procurement is for multiple contracts:
      - a. Specify that multiple contracts may or will be awarded;
      - b. Specify the number of contracts that may or will be awarded; and
      - c. Describe the specified professional services to be performed under each contract.
- Historical Note**
- Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.
- R7-2-1119. Cancellation or Rejection of the Solicitation**
- A school district may cancel a request for qualifications, reject in whole or in part any or all statements of qualifications or determine not to enter into a contract as specified in the solicitation if it is advantageous to the school district. The school district shall make the reasons for cancellation, rejection or determination not to enter into a contract part of the procurement file.
- Historical Note**
- Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.
- R7-2-1120. Specified Professional Services Selection Committee**
- A. The school district shall initiate an appropriately qualified selection committee for each request for qualifications. The school district shall ensure that selection committee members are competent to serve on the selection committee.
  - B. Each selection committee shall include at least one school district representative appointed by the school district.
  - C. The school district shall determine the number and qualifications of the selection committee members. These members may be employees of the school district or non-school district appointees.

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- D. Non-school district employees serving on a selection committee shall not receive compensation from the school district for performing this service, but the school district may elect to reimburse non-school district members for travel, lodging and other expenses incurred in connection with service on a selection committee.
- E. A person who is a member of a selection committee shall not be a contractor or subcontractor under a contract awarded under the procurement or provide any specified professional services or other services under the contract.
- F. For the procurement of multiple contracts for specified professional services, the same selection committee shall be used for all contracts in the procurement.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1121. Committee Evaluation and Selection**

- A. If interviews are specified in the request for qualifications:
  - 1. The selection committee shall determine the persons to be interviewed by evaluating the statements of qualifications and performance data submitted based solely on the selection criteria and relative weights in the request for qualifications to be used to determine the persons to be interviewed.
  - 2. If the selection criteria and relative weights to be used by the selection committee to select the persons on the final list or final lists and to determine their order on the final list or final lists are not included in the request for qualifications:
    - a. Before the interviews are held the school district shall distribute to the persons to be interviewed the selection criteria and relative weights to be used to select the persons on the final list and to determine their order on the final list.
    - b. These selection criteria and relative weight may be different than the selection criteria and relative weight used to determine the persons to be interviewed.
  - 3. The selection committee shall conduct interviews with the number of persons specified in the request for qualifications.
- B. Based solely on the selection criteria and relative weights for selection of the persons on the final list or final lists and their order on the final list or final lists, the selection committee shall select the persons for the final list or final lists and rank the persons on the final list or final lists in order of preference. If the procurement is for multiple contracts for different specified professional services to be awarded to separate persons, and if a person submitted qualifications for more than one type of specified professional services, the person may be on more than one final list.
- C. Before or at the same time as the school district notifies the highest ranking person on the final list or final lists that it is the highest ranking person, the school district shall send actual notice to each of the following that it is not the highest ranking person or that another person is the highest ranking person:
  - 1. If interviews were held, the other persons interviewed.
  - 2. If interviews were not held, the other persons that made submittals.
- D. The school district shall conduct negotiations with persons on the final list or final lists as follows:
  - 1. The school district shall negotiate a contract with the highest qualified person for the required specified professional services at compensation determined in writing to be fair and reasonable to the school district. Contract negotiations shall be directed toward:
    - a. Making certain that the person has a clear understanding of the scope of the work, specifically, the essential requirements involved in providing the required services;
    - b. Determining that the person will make available the necessary personnel and facilities to perform the services within the required time; and
    - c. Agreeing upon compensation that is fair and reasonable.
  - 2. The negotiations shall include consideration of compensation and other contract terms that the school district determines to be fair and reasonable to the school district. In making this decision, the school district shall take into account the estimated value, the scope, the complexity and the nature of the specified professional services to be rendered.
  - 3. If the procurement is for a single contract, there is one final list and the school district shall enter into negotiations with the highest qualified person on the final list. If the school district is not able to negotiate a satisfactory contract with the highest qualified person on the final list, at compensation and on other contract terms the school district determines to be fair and reasonable, the school district shall formally terminate negotiations with that person. The school district shall then undertake negotiations with the next most qualified person on the final list in sequence until an agreement is reached or a determination is made to reject all persons on the final list.
  - 4. If the procurement is for multiple contracts for specified professional services to be awarded to a single person on the final list, there is one final list and the school district shall enter into negotiations with the highest qualified person on the final list. If the school district is not able to negotiate a satisfactory contract with the highest qualified person on the final list, at compensation and on other contract terms the school district determines to be fair and reasonable, the school district shall formally terminate negotiations with that person. The school district shall then undertake negotiations with the next most qualified person on the final list in sequence until an agreement is reached or a determination is made to reject all persons on the final list.
  - 5. If the procurement is for multiple contracts for similar specified professional services to be awarded to separate persons, there is one final list and the school district shall enter into separate negotiations for contracts with the number of the highest qualified persons on the final list equal to the number of contracts to be awarded. If the school district is not able to negotiate a satisfactory contract with a person with whom the school district has commenced negotiations, the school district shall formally terminate negotiations with that person. The school district shall then undertake negotiations for a contract with the next most qualified person on the final list with whom the school district is not then negotiating and with whom the school district has not previously negotiated in sequence until an agreement is reached for some or all of the multiple contracts included in the request for qualifications.

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cations or a determination is made to reject all persons on the final list.

6. If the procurement is for multiple contracts for different specified professional services to be awarded to separate persons, there is a separate final list for each type of specified professional services and the school district shall enter into separate negotiations for contracts with the number of the highest qualified persons on each final list equal to the number of contracts to be awarded. If the school district is not able to negotiate a satisfactory contract with a person with whom the school district has commenced negotiations, the school district shall formally terminate negotiations with that person. The school district shall then undertake negotiations for a contract with the next most qualified person on the applicable final list with whom the school district is not then negotiating and with whom the school district has not previously negotiated in sequence until an agreement is reached for some or all of the multiple contracts included in the request for qualifications or a determination is made to reject all persons on the final list.
7. If the school district terminates negotiations with a person and commences negotiations with another person on the final list, the school district shall not recommence negotiations or enter into a contract for the specified professional services covered by the final list with any person with whom the school district terminated negotiations.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1122. Specified Professional Services Contracts Not Exceeding Certain Amounts**

- A. A school district may procure a single contract or multiple contracts for specified professional services under this Section if the contract is for specified professional services by an architect or architect firm and the contract amount is \$250,000 or less or if the contract is for specified professional services by a person other than an architect and the contract amount is \$500,000 or less. For such procurements, the school district shall encourage persons engaged in the lawful practice of the profession to submit annually a statement of qualifications and experience.
- B. For each procurement of specified professional services under this Section, the school district shall establish a selection committee pursuant to R7-2-1120.
- C. The selection committee shall evaluate current statements of qualifications and experience on file with the school district, together with those that may be submitted by other persons regarding the procurement.
- D. The school district and the selection committee shall not request or consider fees, price, man-hours or any other cost information at any point in the selection process under this Section, including the selection of the persons to be interviewed, the selection of persons to be on a final list, in determining the order of preference of persons on a final list or for any other purpose in the selection process, except as provided in subsection (F).
- E. If possible and practicable, the selection committee shall conduct interviews regarding the procurement and the relative methods of furnishing the required specified professional services and, if possible, shall select, in order of preference and

based on criteria established and published by the selection committee, one or more final lists of the persons deemed to be the most qualified to provide the specified professional services required. The selection committee shall base the selection of each final list and the order of preference on demonstrated competence and qualifications only.

1. If the procurement is for a single contract or if the procurement is for multiple contracts to be awarded to a single person, there shall be one final list of three persons.
  2. If the procurement is for multiple contracts for different specified professional services to be awarded to separate persons, there shall be a separate final list of three persons for each contract.
  3. In a procurement for multiple contracts for similar specified professional services to be awarded to separate persons, there shall be one final list and the number of persons on the final list shall be the number of contracts, plus another number that is determined by the school district and that is not more than five.
- F. The school district shall enter into negotiations with the highest qualified person on each final list or, in the case of a single final list for multiple contracts for the same specified professional services to be awarded to separate persons, the school district shall enter into negotiations with a number of the highest qualified persons on the final list equal to the number of contracts that may or will be awarded.
1. Negotiations shall include consideration of compensation and other contract terms that the school district determines to be fair and reasonable to the school district. In making this determination, the school district shall take into account the estimated value, the scope, the complexity and the nature of the specified professional services to be rendered.
  2. If the school district is unable to negotiate a satisfactory contract with a person with whom the school district is negotiating at a price and on other contract terms the school district determines to be fair and reasonable to the school district, the school district shall formally terminate negotiations with that person.
  3. The school district may undertake negotiations with the next most qualified person on the final list in sequence until an agreement is reached or a determination is made to reject all persons on the final list.
  4. If the school district terminates negotiations with a person on a final list and commences negotiations with another person on the final list, the school district shall not in that procurement recommence negotiations or enter into a contract or contracts with any person with whom the school district has terminated negotiations.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1123. Procurement File Contents and Review for Procurements Conducted under R7-2-1117 through R7-2-1121**

- A. At a minimum, the school district shall retain the following for each procurement under R7-2-1117 through R7-2-1121:
  1. If interviews were not held:
    - a. The submittal of the person listed first on the final list and the submittal of each person with whom the

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school district enters into a contract. If the procurement has multiple final lists, the school district shall retain the submittal of the person listed first on the final list and the submittal of each person with whom the school district enters into a contract, for each final list.

- b. The final list or final lists.
  - c. A list of the selection criteria and relative weight of selection criteria used to select the persons for the final list or final lists and to determine their order on the final list or final lists.
  - d. A list that contains the name of each person that submitted qualifications and that shows the person's final overall rank or score.
  - e. Documents that show the final score or rank on each selection criteria of each person that submitted qualifications and that support the final overall rankings and scores of the persons that submitted qualifications. The school district shall retain the individual scoring sheets for individual selection committee members.
2. If interviews were held:
- a. All submittals of the person listed first on the final list and the submittal of each person with whom the school district enters into a contract. If the procurement has multiple final lists, the school district shall retain the submittal of the person listed first on the final list and the submittal of each person with whom the school district enters into a contract, for each final list.
  - b. The final list or final lists.
  - c. A list of the selection criteria and relative weight of selection criteria used to select the persons for the final list or final lists and to determine their order on the final list or final lists.
  - d. A list that contains the name of each person that was interviewed and that shows the person's final overall rank or score.
  - e. Documents that show the final score or rank on each selection criteria of each person that was interviewed and that support the final overall rankings and scores of the persons that were interviewed. The school district shall retain the individual scoring sheets for individual selection committee members.
  - f. A list of the selection criteria and relative weight of the selection criteria used to select the persons for the short list or short lists to be interviewed.
  - g. A list that contains the name of each person that submitted qualifications and that shows the person's final overall rank or score in the selection of the persons to be on the short list or short lists to be interviewed.
  - h. Documents that show the final score or rank on each selection criteria of each person that submitted qualifications and that support the final overall rankings and scores of the persons that submitted qualifications. The school district shall retain the individual scoring sheets for individual selection committee members.
- B. Information relating to each procurement under R7-2-1117 through R7-2-1121 shall be made available to the public as follows:
1. Until the school district awards a single contract or all of the multiple contracts or terminates the procurement,

only the name of each person on the final list may be made available to the public. All other information received by the school district in response to the request for qualifications shall be confidential in order to avoid disclosure of the contents that may be prejudicial to competing respondents during the selection process.

2. After the school district awards a single contract or all of the multiple contracts or terminates the procurement, the school district shall make the contents of the procurement file, except the statements of qualifications and the documents described in subsections (A)(1)(e), (A)(2)(e), and (A)(2)(h), available to the public.
  3. After the school district has entered into a single contract or all of the multiple contracts or has terminated the procurement, the school district shall make the statements of qualifications and the documents described in subsections (A)(1)(e), (A)(2)(e), and (A)(2)(h) available to the public.
  4. To the extent that a person designates and the school district concurs, trade secrets and other proprietary data contained in a statement of qualifications shall remain confidential.
  5. If the procurement file contains information that is confidential under R7-2-1006, a copy of the applicable documents with the confidential information redacted shall be placed in the procurement file for the purpose of public inspection. The unredacted original copy of the confidential information shall be placed in a sealed envelope or other appropriate container, identified as confidential information, and maintained in the procurement file.
- C. The school district shall retain the records of a procurement under R7-2-1117 through R7-2-1121 in accordance with R7-2-1085.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1124. Reserved****PART XVI. COST PRINCIPLES****R7-2-1125. Cost Principles**

The cost principles adopted by the director of the Department of Administration pursuant to A.R.S. § 41-2591 shall be used to determine the allowability of incurred costs for the purpose of reimbursing costs under contract provisions that provide for the reimbursement of costs.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1126. Reserved****R7-2-1127. Reserved****R7-2-1128. Reserved****R7-2-1129. Reserved****R7-2-1130. Reserved****PART XVII. MATERIALS MANAGEMENT****R7-2-1131. Material Management and Disposition**

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- A. The school district shall ascertain or verify that materials, services, or construction items procured by the school district conform to specifications as set forth in the solicitation.
- B. The school district shall determine the fair market value of excess and surplus material.
- C. Disposition of surplus materials.
  1. Except as provided in A.R.S. § 15-342(7) related to sales or leases to the state, a county, a city, another school district, or a tribal government agency, and A.R.S. § 15-342(18) related to the disposition of surplus or outdated learning materials, educational equipment and furnishings, surplus materials, regardless of value, shall be offered through competitive sealed bids, public auction, on-line sales, established markets, trade in, posted prices or state surplus property. If unusual circumstances render the above methods impractical, the school district may employ other disposition methods, including appraisal or barter, provided the school district makes a written determination that such procedure is advantageous to the school district. Only United States Postal Money Orders, certified checks, cashiers' checks or cash shall be accepted for sales of surplus material unless otherwise approved by the school district.
  2. Competitive sealed bidding.
    - a. Notice for sale bids shall be publicly available from the school district at least 10 days before the due date set for bids. Notice of the sale bids shall be provided to prospective bidders, including those bidders on lists maintained by the school district pursuant to R7-2-1023. The notice for sale bids shall list the materials offered for sale, their location, availability for inspection, the terms and conditions of sale and instructions to bidders including the bid due date and time. Bids shall be opened publicly pursuant to the requirements of R7-2-1029.
    - b. The award shall be made in accordance with the provisions of the notice for sale bids to the highest responsive and responsible bidder, provided that the price offered by such bidder is acceptable to the school district. If the school district determines that the bid is not advantageous to the school district, the school district may reject the bids in whole or in part and may resolicit bids or the school district may negotiate the sale, provided that the negotiated sale price is higher than the highest responsive and responsible bidder's price.
  3. Auctions shall be advertised in the official newspaper of the county as prescribed in A.R.S. § 11-255 or a newspaper of general circulation, in accordance with A.R.S. § 41-2533. The publication shall not be less than 14 days before the auction date. All the terms and conditions of any sale shall be available to the public at least 24 hours prior to the auction date. The school district or any agent acting on the school district's behalf may also advertise the auction in any other manner determined advantageous to the school district.
  4. Internet-based on-line sales shall not be subject to the advertisement requirements in subsection (C)(3). For such disposal services, the school district shall post and maintain a notice explaining the use of Internet-based on-line sales on a designated site on the Internet. The notice shall include:
    - a. The name of the on-line sales provider and the designated site on the Internet where potential buyers may obtain information or participate in the on-line auctions;
    - b. A link to the Internet-based on-line sales service;
    - c. A link to the terms and conditions of sale;
    - d. Instructions for bidding on the Internet-based on-line sales site; and
    - e. A period of not less than 14 days for each Internet-based on-line sale during which persons may submit offers to purchase the specified materials.
  5. Before surplus materials are disposed of by trade-in to a vendor for credit on an acquisition, the school district shall approve such disposal. The school district shall base this determination on whether the trade-in value is expected to exceed the value realized through the sale or other disposition of such materials.
  6. An employee of the school district or a governing board member, or an employee of a school district's agent conducting an auction on behalf of the school district, shall not directly or indirectly purchase or agree with another person to purchase surplus property if said employee or board member is, or has been, directly or indirectly involved in the purchase, disposal, maintenance, or preparation for sale of the surplus material.
  7. State surplus property manager. The school district may enter into an agreement with the State Surplus Property Manager for the disposition of materials pursuant to Article 8 of the Arizona Procurement Code (A.R.S. § 41-2601 et seq.) and the rules adopted thereunder.
  8. Pursuant to A.R.S. § 15-342(35), a school district may offer to sell outdated learning materials, educational equipment or furnishings at a posted price commensurate with the value of the items to pupils who are currently enrolled in that school district before those materials are offered for public sale.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

Amended effective March 21, 1991 (Supp. 91-1).

Amended effective October 22, 1992 (Supp. 92-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1132. State and Federal Surplus Materials Program**

- A. The governing board may acquire surplus materials from the state and the United States government.
- B. The governing board may enter into an agreement with the State Surplus Property Manager for the purpose of acquiring surplus materials from the United States government pursuant to A.R.S. § 41-2603 and the rules adopted thereunder.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

Amended effective March 21, 1991 (Supp. 91-1).

**R7-2-1133. Authority for Transfer of Material**

Notwithstanding any law to the contrary, the governing board may secure the transfer of surplus materials and obligate its monies to the extent necessary to comply with the laws and conditions of such transfers.

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**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 26 A.A.R. 597,  
effective July 1, 2020 (Supp. 20-1).

- R7-2-1134. Reserved**
- R7-2-1135. Reserved**
- R7-2-1136. Reserved**
- R7-2-1137. Reserved**
- R7-2-1138. Reserved**
- R7-2-1139. Reserved**
- R7-2-1140. Reserved**

**PART XVIII. BID PROTESTS****R7-2-1141. Resolution of Bid Protests**

- A.** Informal resolution of bid protests. Nothing in Articles 10 and 11 are intended to eliminate the informal resolution of problems by school district personnel.
- B.** Formal resolution of bid protests. The governing board pursuant to R7-2-1007 shall designate a district representative, as defined in R7-2-1001, to resolve bid protests. All solicitations issued by the school district shall include the name of the district representative and shall indicate that any bid protest shall be filed with the district representative. Appeal from the decision of the district representative may be made to the hearing officer pursuant to R7-2-1147 and R7-2-1181.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 27 A.A.R. 2342 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

**R7-2-1142. Filing of a Protest**

- A.** Any interested party may protest a solicitation issued by the school district, a determination that a proposal is unacceptable, or the proposed award or the award of a school district contract. Protests shall be filed with the district representative.
- B.** Content of protest. The protest shall be in writing and shall include the following information:
  1. The name, address and telephone number of the interested party;
  2. The signature of the interested party or the interested party's representative;
  3. Identification of the solicitation or contract number;
  4. A detailed statement of the legal and factual grounds of the protest including copies of relevant documents; and
  5. The form of relief requested.
- C.** The interested party shall supply any other information requested by the district representative within 10 days of the request.
- D.** The interested party may file a written request with the district representative for an extension of the time limit for providing additional information set forth in subsection (C). The written request shall be filed before the expiration of the time limit set forth in subsection (C) and shall set forth good cause as to the specific reason that the interested party is unable to provide the additional information with the 10 days. The district representative shall approve or deny the request in writing, state the

reasons for the determination, and if an extension is granted, set forth a new date for submission of the filing.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1143. Time for Filing Protests**

- A.** Protests based upon alleged improprieties in a solicitation that are apparent before the due date and time for responses to the solicitation, shall be filed before the due date and time for responses to the solicitation.
- B.** In cases other than those covered in subsection (A), the interested party shall file the protest within 10 days after the school district makes the procurement file available for public inspection.
- C.** The interested party may file a written request with the district representative for an extension of the time limit for protest filing set forth in subsection (B). The written request shall be filed before the expiration of the time limit set forth in subsection (B) and shall set forth good cause as to the specific action or inaction of the school district that resulted in the interested party being unable to file the protest within the 10 days. The district representative shall approve or deny the request in writing, state the reasons for the determination, and, if an extension is granted, set forth a new date for submission of the filing.
- D.** If the interested party shows good cause and it is advantageous to the school district, the district representative may consider any protest that is not filed timely.
- E.** The district representative shall immediately give notice of the protest to the successful contractor if award has been made or, if no award has been made, to all interested parties.
- F.** At any time the district representative or hearing officer may refer the protest to the governing board for resolution in accordance with R7-2-1152.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1144. Stay of Procurements During the Protest**

The district representative may stay all or part of the procurement or contract if it is determined that there is a reasonable probability the protest will be upheld or that a stay is advantageous to the school district. The district representative shall notify the successful contractor if award has been made or, if no award has been made, all interested parties of the stay in writing no later than the time of issuance of the district representative's decision in accordance with R7-2-1145.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1145. Decision by the District Representative**



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- A. The district representative shall have the authority granted to the district representative by the governing board to settle and resolve a protest.
- B. The district representative shall issue a written decision within 14 days after a protest has been filed, or after additional information requested by the district representative has been submitted, pursuant to R7-2-1142. The decision shall include:
  - 1. A statement of the decision of the district representative with supporting rationale; and
  - 2. A paragraph substantially as follows: "This is the decision of the district representative of the \_\_\_\_\_ School District. The decision may be appealed to a hearing officer. If you appeal, you must file a written notice of appeal with the district representative within 30 days from the date of the decision."
- C. The district representative shall furnish a copy of the decision to the interested party by any method that provides evidence of receipt.
- D. On agreement of all interested parties, the time limit for decisions set forth in subsection (B) may be extended by the district representative for good cause for a reasonable time not to exceed an additional 30 days. The district representative shall notify the interested party in writing that the time for the issuance of a decision has been extended and the date by which a decision will be issued.
- E. If the district representative fails to issue a decision within the time limits set forth in subsections (B) or (D), the interested party may proceed as if the district representative had issued an adverse decision.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1146. Remedies**

- A. If the district representative sustains the protest in whole or part and determines that a solicitation, a determination that a proposal is unacceptable, proposed contract award, or contract award does not comply with Articles 10 and 11, the school district shall implement an appropriate remedy.
- B. In determining an appropriate remedy, the district representative shall consider all the circumstances surrounding the procurement or proposed procurement including, but not limited to, the seriousness of the procurement deficiency, the degree of prejudice to other interested parties or to the integrity of the procurement system, the good faith of the parties, the extent of performance, costs to the school district, the urgency of the procurement, the impact of the relief on the mission of the school district, and other relevant issues.
- C. An appropriate remedy may include one or more of the following:
  - 1. Decline to exercise an option to renew under the contract;
  - 2. Terminate the contract;
  - 3. Amend the solicitation;
  - 4. Issue a new solicitation;
  - 5. Award a contract consistent with procurement statutes and regulations; or
  - 6. Such other relief as is determined necessary to ensure compliance with Articles 10 and 11.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1147. Appeals to a Hearing Officer**

- A. An appeal to a hearing officer from a decision entered or deemed to be entered by the district representative shall be filed with the district representative within 30 days from the date of decision.
- B. Content of appeal. The appeal shall contain:
  - 1. The information set forth in R7-2-1142(B); and
  - 2. The precise factual or legal error in the decision of the district representative from which an appeal is taken.
- C. All costs associated with conducting a hearing, including the costs of the hearing officer, shall be paid by the school district. If the hearing officer decides in favor of the school district, the other party shall reimburse the school district for the costs of the hearing within 30 days of receipt of a copy of the hearing officer's invoice.
- D. The Executive Director of the State Board of Education ("Executive Director") shall prepare and maintain a list of individuals who meet the qualifications specified in R7-2-1185 to serve as hearing officers.
- E. A hearing officer may be selected by mutual agreement of both parties. If the parties are unable to mutually agree on a hearing officer, three hearing officers shall be selected randomly by the Executive Director and shall be screened to determine availability and possible bias. Once the Executive Director has selected three hearing officers who are available and show no evidence of bias, the three names shall be provided to both parties. Both parties have the opportunity to strike one name from the list provided, but shall do so within 14 calendar days from the date on which the Executive Director provided the list to the parties. If after the time period for striking a hearing officer has passed and more than one person remains on the list, the Executive Director shall select one of the remaining individuals on the list as the hearing officer unless either party objects for cause and provides such reason in writing to the Executive Director. If after the time period for striking a hearing officer has passed and there is only one person remaining on the list, the remaining individual shall be named as the hearing officer unless either party objects for cause and provides such reason in writing to the Executive Director. Objections for cause shall require specific evidence that the individual does not meet the criteria specified in R7-2-1185. The Executive Director shall review the evidence submitted and determine the qualifications of the individual. If the Executive Director determines that the individual is not qualified to serve as the hearing officer, the Executive Director shall repeat the process and select three additional hearing officers to be provided to the parties.
- F. Issuance of a school district purchase order shall constitute the official selection date of the hearing officer.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1148. Notice of Appeal**

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The district representative shall within three working days give notice of the filing of the appeal to the governing board and the successful contractor if award has been made.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1149. Stay of Procurement During Appeal**

If an appeal is filed and the procurement or contract was stayed by the district representative pursuant to R7-2-1144, the filing of an appeal shall automatically continue the stay unless the hearing officer makes a written determination that the award of the contract without delay is necessary to protect substantial interests of the school district. If no such determination is made, the stay shall automatically end upon written decision of the hearing officer pursuant to R7-2-1151 or R7-2-1181.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1150. District Representative's Response**

- A. The district representative shall file a complete response to the appeal within 21 days from the date the appeal is filed or within five days after the hearing officer has been selected, whichever is later. At the same time, the district representative shall furnish a copy of the response to the appellant and to any interested party.
- B. The district representative may submit a written request to the hearing officer for an extension of the period for submission of response, identifying the reasons for the extension. The hearing officer shall approve or deny the request in writing, state the reasons for the determination, and, if an extension is granted, set forth a new date for the submission of filing a response. The hearing officer shall notify the district representative and the interested party of any extension.
- C. The interested party shall file comments on the district representative's response with the hearing officer within 10 days after receipt of the response. The interested party shall provide copies of the comments to the district representative and other interested parties.
- D. The interested party may submit a written request to the hearing officer for an extension of the period for submission of comments, identifying the reasons for the extension. The hearing officer shall approve or deny the request in writing, state the reasons for the determination, and, if an extension is granted, set forth a new date for the submission of filing comments. The hearing officer shall notify the district representative and the interested party of any extension.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1151. Dismissal Before Hearing**

- A. The hearing officer shall dismiss, upon a written determination, an appeal before scheduling a hearing if:
  1. The appeal does not state a valid basis for protest;
  2. The appeal is untimely pursuant to R7-2-1147(A); or
  3. The appeal attempts to raise issues not raised in the protest.
- B. The hearing officer shall notify the interested party and the district representative in writing of a determination to dismiss an appeal before hearing.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1152. Hearing**

Hearings on appeals of bid protest decisions shall be conducted pursuant to R7-2-1181 and A.R.S. § 41-1092.07 as contested cases.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1153. Remedies**

If the hearing officer sustains the appeal in whole or part and determines that a solicitation, a determination that a proposal is unacceptable, proposed award, or award does not comply with Articles 10 and 11, remedies shall be implemented pursuant to R7-2-1146.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1154. Reserved****PART XIX. CONTRACT CLAIMS AND CONTROVERSIES****R7-2-1155. Resolution of Contract Claims and Controversies**

- A. The district representative shall have the authority granted to the district representative by the governing board to settle and resolve contract claims and controversies including claims relating to assignees of the contractor.
- B. The district representative shall receive prior written approval of the governing board for the settlement or resolution of a claim exceeding the dollar amount specified in A.R.S. § 41-2535.
- C. Appeals from decisions of the district representative may be made to the hearing officer pursuant to R7-2-1158.
- D. A claimant shall file a contract claim with the district representative within 180 days after the claim arises. The claim shall include the following:
  1. The name, address, and telephone number of the claimant;
  2. The signature of the claimant or claimant's representative;
  3. Identification of the solicitation or contract number;
  4. A detailed statement of the legal and factual grounds of the claim including copies of the relevant documents; and
  5. The form and dollar amount of the relief requested.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R.

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1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1156. District Representative's Decision**

- A.** If a controversy cannot be resolved by mutual agreement, the district representative shall issue a written decision within no more than 60 days from receipt of the contractor's written request for a decision. Before issuing a written decision, the district representative shall review the facts pertinent to the claim and secure any necessary assistance from legal, fiscal, and other advisors.
- B.** Decision of the district representative. The district representative shall furnish a copy of the decision to the contractor by any method that provides evidence of receipt. The decision shall include:
1. A description of the claim;
  2. A reference to the pertinent contract provision;
  3. A statement of the factual areas of agreement or disagreement;
  4. A statement of the district representative's decision, with supporting rationale; and
  5. A paragraph substantially as follows:  
 "This is the decision of the district representative of the \_\_\_\_\_ School District. This decision may be appealed to a hearing officer. If you appeal, you must file a written notice of appeal with the district representative within 30 days from the date of decision."

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Amended by final rulemaking at 6 A.A.R. 3750, effective September 8, 2000 (Supp. 00-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1157. Issuance of a Timely Decision**

- A.** On agreement of all interested parties, the time limit for decisions set forth in R7-2-1156(A) may be extended for good cause for a reasonable time not to exceed 14 days. The district representative shall notify the contractor in writing that the time for the issuance of a decision has been extended and the date by which a decision shall be issued.
- B.** If the district representative fails to issue a decision within 60 days after the request is filed or within the time prescribed under subsection (A), the contractor may proceed as if the district representative had issued an adverse decision.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1158. Appeals to a Hearing Officer**

- A.** An appeal from a decision entered or deemed to be entered by the district representative on a contract claim or controversy shall be filed with the district representative within 30 days from the date of decision.

- B.** The appeal shall contain the basis for the precise factual or legal error in the decision of the district representative from which an appeal is taken.
- C.** The district representative shall file a complete response to the appeal within 21 days from the date the appeal is filed or within five days after the hearing officer has been selected, whichever is later. At the same time, the district representative shall furnish a copy of the response to the appellant and to any interested party.
- D.** The district representative may submit a written request to the hearing officer for an extension of the period for submission of response, identifying the reasons for the extension. The hearing officer shall approve or deny the request in writing, state the reasons for the determination, and, if an extension is granted, set forth a new date for the submission of filing a response. The hearing officer shall notify the district representative and the interested party of any extension.
- E.** The interested party shall file comments on the district representative's response with the hearing officer within 10 days after receipt of the response. The interested party shall provide copies of the comments to the district representative and other interested parties.
- F.** The interested party may submit a written request to the hearing officer for an extension of the period for submission of comments, identifying the reasons for the extension. The hearing officer shall approve or deny the request in writing, state the reasons for the determination, and, if an extension is granted, set forth a new date for the submission of filing comments. The hearing officer shall notify the district representative and the interested party of any extension.
- G.** All costs associated with conducting a hearing, including the costs of the hearing officer, shall be paid by the school district. If the hearing officer decides in favor of the school district, the other party shall reimburse the school district for the costs of the hearing within 30 days of receipt of a copy of the hearing officer's invoice.
- H.** The Executive Director of the State Board of Education ("Executive Director") shall prepare and maintain a list of individuals who meet the qualifications specified in R7-2-1185 to serve as hearing officers.
- I.** A hearing officer may be selected by mutual agreement of both parties. If the parties are unable to mutually agree on a hearing officer, three hearing officers shall be selected randomly by the Executive Director and shall be screened to determine availability and possible bias. Once the Executive Director has selected three hearing officers who are available and show no evidence of bias, the three names shall be provided to both parties. Both parties have the opportunity to strike one name from the list provided, but shall do so within 14 calendar days from the date on which the Executive Director provided the list to the parties. If after the time period for striking a hearing officer has passed and more than one person remains on the list, the Executive Director shall select one of the remaining individuals on the list as the hearing officer unless either party objects for cause and provides such reason in writing to the Executive Director. If after the time period for striking a hearing officer has passed and there is only one person remaining on the list, the remaining individual shall be named as the hearing officer unless either party objects for cause and provides such reason in writing to the Executive Director. Objections for cause shall require specific evidence that the individual does not meet the criteria specified in R7-2-1185. The Executive Director shall review the evidence submitted and determine the qualifications of the individual. If the

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Executive Director determines that the individual is not qualified to serve as the hearing officer, the Executive Director shall repeat the process and select three additional hearing officers to be provided to the parties.

- J.** Issuance of a school district purchase order shall constitute the official selection date of the hearing officer.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Amended by final rulemaking at 6 A.A.R. 3750, effective September 8, 2000 (Supp. 00-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1159. Hearing**

Hearings on appeals of contract claim and controversy decisions shall be conducted pursuant to R7-2-1181 and A.R.S. § 41-1092.07 as contested cases.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1160. Reserved****PART XX. DEBARMENT AND SUSPENSION****R7-2-1161. Authority to Debar or Suspend**

- A.** Except as provided in A.R.S. § 41-1279.21(B), the governing board has the sole authority to debar or suspend a person from participating in school district procurements.
- B.** The causes for debarment or suspension include the following:
1. Conviction of any person or any subsidiary or affiliate of any person for commission of a criminal offense arising out of obtaining or attempting to obtain a public or private contract or subcontract, or in the performance of such contract or subcontract.
  2. Conviction of any person or any subsidiary or affiliate of any person under any statute of the federal government, this state or any other state for embezzlement, theft, fraudulent schemes and artifices, fraudulent schemes and practices, bid rigging, perjury, forgery, bribery, falsification or destruction of records, receiving stolen property or any other offense indicating a lack of business integrity or business honesty which affects responsibility as a school district contractor.
  3. Conviction or civil judgment finding a violation by any person or any subsidiary or affiliate of any person under state or federal antitrust statutes.
  4. Violations of contract provisions of a character which are deemed to be so serious as to justify debarment action, such as either of the following:
    - a. Knowingly fails without good cause to perform in accordance with the specification or within the time limit provided in the contract.
    - b. Failure to perform or unsatisfactory performance in accordance with the terms of one or more contracts, except that failure to perform or unsatisfactory performance caused by acts beyond the control of the contractor shall not be considered to be a basis for debarment.
  5. Any other cause deemed to affect responsibility as a school district contractor, including suspension or debar-

ment of such person or any subsidiary or affiliate of such person by another governmental entity for any cause.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1162. Initiation of Debarment**

Upon receipt of information concerning a possible cause for debarment, the school district shall investigate the possible cause. If the school district has a reasonable basis to believe that a cause for debarment exists, the school district may propose debarment under R7-2-1164.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

**R7-2-1163. Period of Debarment**

- A.** The period of time for a debarment shall not exceed three years from the date of the debarment determination.
- B.** If debarment is based solely upon debarment by another governmental agency including another school district, the period of debarment may run concurrently with the period established by that other debarring agency.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

**R7-2-1164. Notice**

- A.** If the school district proposes debarment, the school district shall notify the person and affected affiliates in writing within seven days of the proposed debarment by any means evidencing receipt, which notice shall indicate that a hearing shall be scheduled, if requested, in accordance with R7-2-1181 as contested cases.
- B.** The notice of debarment shall state:
1. The basis for debarment;
  2. The period, including dates, of the debarment;
  3. That bids or proposals shall not be solicited or accepted from the person and, if received, will not be considered; and
  4. That the person is entitled to a hearing on the suspension if the person files a written request for a hearing with a designated district representative within 10 days after receipt of the notice.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1165. Notice to Affiliates**

- A.** If the school district proposes to debar an affiliate, the affiliate shall have a right to appear in any hearing on the proposed debarment to show mitigating circumstances.
- B.** The affiliate shall in writing advise the school district within 10 days of receipt of the notice under R7-2-1164 of its intention to appear under subsection (A). Failure to provide written notice of appearance within the 10-day period shall be a waiver of the right to appear in the hearing.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R.

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1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1166. Imputed Knowledge**

- A. Improper conduct may be imputed to an affiliate for purposes of debarment where the impropriety occurred in connection with the affiliate's duties for or on behalf of, or with the knowledge, approval, or acquiescence of, the contractor.
- B. The improper conduct of a person or its affiliate having a contract with a contractor may be imputed to the contractor for purposes of debarment where the impropriety occurred in connection with the person's duties for or on behalf of, or with the actual or constructive knowledge, approval, or acquiescence of, the contractor.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1167. Reinstatement**

- A. The governing board may at any time reinstate a debarred person or rescind the debarment upon a determination that the cause upon which the debarment is based no longer exists or upon a determination that such reinstatement or rescission is advantageous to the school district. The governing board's determination shall include any limitations on the debarred person's ability to contract with the school district.
- B. Any debarred person may request reinstatement by submitting a petition to the school district supported by documentary evidence showing that the cause for debarment no longer exists or has been substantially mitigated.
- C. The school district may require a hearing on the request for reinstatement.
- D. The school district shall make a written decision on reinstatement within 30 days after the request is filed and specify the factors on which it is based.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1168. Suspension**

- A. If adequate grounds for debarment exist, the governing board may suspend a person from participating in any procurement or receiving any award in accordance with the procedures in R7-2-1170.
- B. The governing board shall not suspend a person pending debarment unless compelling reasons require suspension to protect school district interests.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1169. Period and Scope of Suspension**

- A. Unless otherwise agreed to by the parties, the period of suspension shall not exceed 35 days without satisfying the notice requirements of R7-2-1170. If the notice requirements are satisfied the period of suspension shall not exceed six months.
- B. For purpose of suspension, a person's conduct may be imputed to an affiliate or another person in accordance with R7-2-1166.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1170. Notice and Hearing**

- A. The school district shall notify the person suspended by any means evidencing receipt.
- B. The notice of suspension shall state:
  1. The basis for suspension;
  2. The period, including dates, of the suspension;
  3. That bids or proposals shall not be solicited or accepted from the person and, if received, will not be considered; and
  4. That the person is entitled to a hearing on the suspension if the person files a written request for a hearing, including the basis for the request, with a designated district representative within 10 days after receipt of the notice.
- C. A hearing requested under this Section shall be conducted pursuant to R7-2-1181.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1171. List of Debarments, Suspensions and Voluntary Exclusions**

The school district shall maintain a list of debarment, suspensions, and voluntary exclusions. It is recommended that the school district provide notice of any debarments, suspensions and voluntary exclusions to the state purchasing office.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

**R7-2-1172. Reserved****R7-2-1173. Reserved****R7-2-1174. Reserved****R7-2-1175. Reserved****R7-2-1176. Reserved****R7-2-1177. Reserved****R7-2-1178. Reserved****R7-2-1179. Reserved****R7-2-1180. Reserved****PART XXI. HEARING PROCEDURES****R7-2-1181. Hearing Procedures**

- A. If a hearing is required or permitted under Articles 10 and 11, this Section shall apply. Hearing officers shall be selected pursuant to R7-2-1147(D) and (E) or R7-2-1158(E) and (F).
- B. The Arizona Administrative Procedure Act (A.R.S. Title 41, Chapter 6) shall apply where the Act is not inconsistent with Articles 10 and 11.
- C. The hearing officer shall arrange for a hearing to be held within 30 days of receiving required responses and comments from both parties and notify the parties in writing of the time and place of the hearing.
- D. The hearing officer may:
  1. Hold pre-hearing conferences to settle, simplify, or identify the issues in a proceeding, or to consider other mat-

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- ters that may aid in the expeditious disposition of the proceeding;
2. Require parties to state their positions concerning the various issues in the proceeding;
  3. Require parties to produce for examination those relevant witnesses and documents under their control;
  4. Rule on motions and other procedural items on matters pending before such officer;
  5. Regulate the course of the hearing and conduct of participants;
  6. Establish time limits for submission of motions or memoranda;
  7. Impose appropriate sanctions against any person failing to obey an order under these procedures, which may include:
    - a. Refusing to allow the person to assert or oppose designated claims or defenses, or prohibiting that person from introducing designated matters in evidence;
    - b. Excluding all testimony of an unresponsive or evasive witness; and
    - c. Expelling person from further participation in the hearing;
  8. Take official notice of any material fact not appearing in evidence in the record, if the fact is among the traditional matters of judicial notice; and
  9. Administer oaths or affirmations.
- E.** A transcribed record of the hearing shall be made available at cost to any requesting party.
- F.** Decision by the hearing officer. A decision by the hearing officer shall be sent within 30 days after the conclusion of the hearing to all parties by any means evidencing receipt. A decision shall contain:
1. A statement of facts;
  2. A statement of the decision with supporting rationale; and
  3. A statement that the parties may file a motion for rehearing within 15 days from the date a copy of this decision is served upon the party.
- Historical Note**
- Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final rulemaking at 6 A.A.R. 3750, effective September 8, 2000 (Supp. 00-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).
- R7-2-1182. Rehearing of Decisions**
- A.** Procedure; grounds. A decision of the hearing officer may be vacated and new hearing granted on motion of the aggrieved party for any of the following causes materially affecting the party's rights:
1. Irregularity in the proceedings of the hearing officer or prevailing party, or any order or abuse of discretion, whereby the moving party was deprived of a fair hearing.
  2. Misconduct of the prevailing party.
  3. Accident or surprise not preventable by ordinary prudence.
  4. Material evidence, newly discovered, which despite reasonable diligence was not discovered and produced at the hearing.
  5. Excessive or insufficient damages or penalties.
  6. Error of law occurring at the hearing or during the progress of the proceeding.
7. That the findings of fact or decision is not justified by the evidence or is contrary to law.
- B.** Scope. A rehearing may be granted to all or any of the parties and on all or part of the issues in the proceeding for any of the reasons for which rehearings are authorized by law or rule of court. On a motion for a rehearing, the hearing officer may open the decision, take additional testimony, amend findings of fact and conclusions of law or make new findings and conclusions, and direct the entry of a new decision.
- C.** Contents of motion; amendment; rulings reviewable.
1. The motion for rehearing shall be in writing, shall specify generally the grounds upon which the motion is based, and may be amended at any time before it is ruled upon by the hearing officer.
  2. Upon the general ground that the hearing officer erred in admitting or rejecting evidence, the hearing officer shall review all rulings during the hearing upon objections to evidence.
  3. Upon the general ground that the findings of fact or decision are not justified by the evidence, the hearing officer shall review the sufficiency of the evidence.
- D.** Time for motion for rehearing. A motion for rehearing shall be filed not later than 15 days after service of the decision upon the party.
- E.** Time for serving affidavits. When a motion for rehearing is based upon affidavits they shall be served with the motion. The opposing party has 10 days after such service within which to serve opposing affidavits, which period may be extended for an additional period not exceeding 20 days either by the hearing officer for good cause shown or by the parties by written stipulation. The hearing officer may permit reply affidavits.
- F.** On initiative of hearing officer. Not later than 15 days after the date of the decision, the hearing officer may order a rehearing for any reason for which it might have granted a rehearing on motion of a party. After giving the parties notice and an opportunity to be heard on the matter, the hearing officer may grant a motion for a rehearing, timely served, for a reason not stated in the motion. In either case, the hearing officer shall specify in the order the grounds therefor.
- G.** Questions to be considered in rehearing. A rehearing, if granted, shall be only a rehearing of the question or questions with respect to which the decision is found erroneous, if separable. If a rehearing is ordered because the damages or penalties are excessive or inadequate and granted solely for that reason, the decision shall be set aside only in respect of the damages or penalties, and shall stand in all other respects.
- H.** Motion on ground of excessive or inadequate damages. When a motion for rehearing is made upon the ground that the damages or penalties awarded are either excessive or insufficient, the hearing officer may grant the rehearing conditionally upon the filing within a fixed period of time, not to exceed 15 days, of a statement by the party adversely affected by reduction or increase of damages or penalties accepting that amount of damages or penalties which the hearing officer shall designate. If such a statement is filed with the prescribed time, the motion for rehearing shall be regarded as denied as of the date of such filing. If no statement is filed, the motion for rehearing shall be regarded as granted as of the date of the expiration of the time period within which a statement may have been filed. No further written order shall be required to make an order granting or denying the rehearing final. If the conditional order of the hearing officer requires a reduction of or increase in damages or penalties, then the rehearing will be granted in respect of the

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damages or penalties only and the decision shall stand in all other respects.

- I. Number of motions for rehearing. Not more than two motions for rehearing shall be granted to any party in the same action.
- J. Specifications of grounds of rehearing in order. An order granting a motion for rehearing shall specify with particularity the ground or grounds on which the rehearing is granted.
- K. Final decision.
  - 1. If a motion for rehearing is denied, the final decision denying the motion for rehearing shall be sent within five days after the denial to all parties by any means evidencing receipt. A final decision shall contain a paragraph substantially as follows: "This is the final decision of the hearing officer in the matter of \_\_\_\_\_."
  - 2. If the motion for rehearing was granted, after the rehearing is completed, a final decision shall be made and shall be sent within five days after the conclusion of the rehearing to all parties as required in subsection (K)(1). A final decision shall contain:
    - a. A statement of facts;
    - b. A statement of the decision with supporting rationale; and
    - c. A paragraph substantially as stated in subsection (K)(1).

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final rulemaking at 6 A.A.R. 3750, effective September 8, 2000 (Supp. 00-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1183. Judicial Review**

Any final decision made as a result of a hearing held pursuant to Articles 10 and 11 are subject to judicial review in accordance with A.R.S. Title 12, Chapter 7, Article 6.

**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 3750, effective September 8, 2000 (Supp. 00-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1184. Exclusive Remedy**

Articles 10 and 11 (R7-2-1001 et seq.) provide the exclusive procedure for asserting a cause against the school district and its governing board arising in relation to any procurement conducted under Articles 10 and 11.

**Historical Note**

Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1185. Qualifications for Hearing Officers**

- A. A "hearing officer" means a person assigned to preside at a hearing held pursuant to Articles 10 and 11 and whose duty it is to assure that proper procedures are followed and that the rights of the parties are protected.
- B. A hearing officer shall be:
  - 1. Unbiased - not prejudiced for or against any party in the hearing;
  - 2. Disinterested - not having any personal or professional interest which would conflict with his/her objectivity in the hearing; and

- 3. Independent - may not be an officer, employee or agent of the contractor or governing board, or of any other public agency involved in the dispute to be settled. A person who otherwise qualifies to conduct a hearing is not an employee of the contractor or governing board solely because he or she is paid by the parties to serve as a hearing officer.
- C. A hearing officer shall have:
  - 1. A minimum of three years of verified experience in the practice of law; or
  - 2. A minimum of three years of verified experience in school procurement or school facilities management and a minimum of one year of verified experience in conducting hearings. Completion of a course or program in conducting a hearing or arbitration may substitute for the one year of verified experience in conducting hearings.

**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 3750, effective September 8, 2000 (Supp. 00-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1186. Reserved**

**R7-2-1187. Reserved**

**R7-2-1188. Reserved**

**R7-2-1189. Reserved**

**R7-2-1190. Reserved**

## PART XXII. INTERGOVERNMENTAL PROCUREMENTS

**R7-2-1191. Cooperative Purchasing Authorized**

- A. A school district may either participate in, sponsor, conduct, or administer a cooperative purchasing agreement for the procurement of any materials, services, specified professional services, construction, or construction services with one or more eligible procurement units in accordance with an agreement entered into between the participants. An agreement entered into as provided in R7-2-1191 through R7-2-1195 is exempt from A.R.S. § 11-952(D) and (E). Parties under a cooperative purchasing agreement may:
  - 1. Sponsor, conduct, or administer a cooperative purchasing agreement for the procurement or disposal of any materials, services or construction.
  - 2. Cooperatively use materials or services.
  - 3. Commonly use or share warehousing facilities, capital equipment and other facilities.
  - 4. Provide personnel, except that the requesting public procurement unit shall pay the public procurement unit providing the personnel the direct and indirect cost of providing the personnel, in accordance with the agreement.
  - 5. On request, make available to other public procurement units informational, technical or other services or software that may assist in improving the efficiency or economy of procurement. The public procurement unit furnishing the informational, technical, or other services or software has the right to request reimbursement for the reasonable and necessary costs of providing such services or software.
- B. The activities described in subsections (A)(1) through (A)(5) do not limit what parties may do under a cooperative purchasing agreement.

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- C. A nonprofit corporation shall comply with Articles 10 and 11 in any cooperative purchasing agreement the nonprofit corporation administers in which a school district participates.
- D. Whether administering or purchasing from the agreement, this Section does not abrogate the responsibility of each school district to perform due diligence in order to ensure compliance with Articles 10 and 11 notwithstanding the fact that the cooperative purchase is administered by another eligible procurement unit.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1192. Contract Provisions in a Cooperative Purchasing Agreement**

Any contract entered pursuant to R7-2-1191 shall provide that:

1. Payment for materials and services and inspection and acceptance of materials or services ordered by an eligible procurement unit under a cooperative purchasing agreement shall be the exclusive obligation of such procurement unit;
2. The exercise of any rights or remedies by a using eligible procurement unit shall be the exclusive obligation of such procurement unit. The administering public procurement unit, as the contract administrator and without subjecting itself to any liability, may join in the resolution of any controversy;
3. Any school district may terminate without notice any cooperative purchasing agreement if another eligible procurement unit fails to comply with the terms of the contract;
4. Failure of an eligible procurement unit to secure performance from the contractor in accordance with the terms and conditions of its purchase order does not necessarily require any other eligible procurement unit to exercise its own rights or remedies; and
5. An eligible procurement unit shall not use a cooperative purchasing contract as a method for obtaining concessions or reduced prices for non-contract purchases of similar materials or services.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1193. Use of Payments Received by a Supplying Public Procurement Unit**

All payments received by a public procurement unit supplying personnel or services shall be available to the supplying public procurement unit to defray the cost of the cooperative program.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

**R7-2-1194. Public Procurement Units in Compliance with Article Requirements**

- A. If the eligible procurement unit administering a cooperative purchase complies with the requirements of Articles 10 and 11, any public procurement unit participating in such a purchase is deemed to have complied with Articles 10 and 11. Public procurement units may not enter into a cooperative pur-

chasing agreement for the purpose of circumventing Articles 10 and 11.

- B. A participating public procurement unit using a contract awarded by another eligible procurement unit shall only purchase awarded materials, services, specified professional services, construction, or construction services in compliance with the terms, conditions and prices in the contract.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1195. Contract Controversies**

- A. Under a cooperative purchasing agreement in which a school district is a party, controversies arising between an administering public procurement unit and its bidders, offerors or contractors shall be resolved in accordance with Articles 10 and 11.
- B. Any local public procurement unit which is not subject to R7-2-1181 through R7-2-1185 may enter into an agreement with a school district to establish procedures or use such school district's existing procedures to resolve controversies with contractors, whether or not such controversy arose from a cooperative purchasing agreement.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1196. General Services Administration Contracts**

- A. The governing board may authorize purchases under a current General Services Administration contract for materials or services without complying with the requirements of Articles 10 and 11 if the governing board determines in writing before proceeding with a General Services Administration contract procurement that all of the following apply:
  1. The price for materials or services is equal to or less than the contractor's current federal supply contract price with the General Services Administration and is fair and reasonable.
  2. The contractor has indicated in writing that the contractor is willing to extend the current federal supply contract pricing, terms and conditions to the school district.
  3. The purchase order adequately identifies the federal supply contract on which the order is based, including the name of the contractor, contract number and procurement description.
  4. The purchase contract is cost effective based on price, quality and other relevant factors, and is advantageous to the school district.
- B. The school district shall only purchase materials or services awarded under the applicable General Services Administration contract.
- C. The governing board shall comply with all federal requirements applicable to state and local government use of General Services Administration contracts.



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**Historical Note**

Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1197. Reserved**

**R7-2-1198. Reserved**

**R7-2-1199. Reserved**

**R7-2-1200. Reserved**

**ARTICLE 12. REPEALED**

**R7-2-1201. Repealed**

**Historical Note**

Adopted effective April 27, 1989 (Supp. 89-2). Repealed effective February 20, 1997 (Supp. 97-1).

**ARTICLE 13. CONDUCT**

**R7-2-1301. Definitions**

In this Article, unless the context otherwise specifies:

1. "Alleging party" means a person who has filed with the Board a statement of allegations pursuant to R7-2-1302.
2. "Applicant" means a noncertificated person who has been disciplined by the Board and who has submitted an application requesting reinstatement of the person's legal right to work in a public school, or a person who has submitted an application to the Department requesting an evaluation of the requirements set forth in R7-2-601 et seq., requesting issuance of a certificate pursuant to R7-2-601 et seq., requesting renewal of a certificate issued pursuant to R7-2-601 et seq. or requesting changes of coding to existing files or certificates pursuant to R7-2-601 et seq.
3. "Board" means the State Board of Education.
4. "Certificated person" means a person who holds a certificate or certificates issued pursuant to R7-2-601 et seq.
5. "Complaint" means the filing of a charge by the Board against a certificated or noncertificated person alleging immoral or unprofessional conduct.
6. "Department" means the Arizona Department of Education.
7. "Hearing" means a hearing held pursuant to A.R.S. Title 41, Chapter 6, Article 6 and R7-2-701 et seq.
8. "Noncertificated person" means a noncertificated person defined in A.R.S. § 15-505(F)(1), as determined by the Board.
9. "Person" has the meaning prescribed in A.R.S. § 1-215(29).
10. "PPAC" means the Professional Practices Advisory Committee established pursuant to R7-2-205.

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Amended by final exempt rulemaking at 25 A.A.R. 967, effective March 27, 2019 (Supp. 19-1). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 32 A.A.R. 221 (January 16, 2026), effective December 8, 2025 (Supp. 25-4).

**R7-2-1302. Statement of Allegations**

- A. Any person may file, with the Board, a statement of allegations against a certificated or noncertificated person on forms provided by the Board.
- B. A statement of allegations shall state the facts under which a party is alleging immoral or unprofessional conduct and shall be signed and notarized.
- C. The facts in a statement of allegations shall clearly state the details of the alleged immoral or unprofessional conduct.
- D. A statement of allegations shall contain the names, addresses and telephone numbers of individuals who can be contacted to provide information regarding the allegations contained in the statement. The list of individuals shall also include a brief summary of the substance and extent of each individual's knowledge regarding the allegations contained in the statement.
- E. The alleging party may attach written or other evidence to a statement of allegations at the time that the statement is filed with the Board.
- F. A statement of allegations may be returned to the alleging party if the statement is not complete or not legible.
- G. The Board shall conduct an investigation of all statements of allegations filed pursuant to this Article.

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Amended by final exempt rulemaking at 25 A.A.R. 967, effective March 27, 2019 (Supp. 19-1). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 32 A.A.R. 221 (January 16, 2026), effective December 8, 2025 (Supp. 25-4).

**R7-2-1303. Notice of Intent to Impose Disciplinary Action; Request for Hearing**

- A. Upon completion of an investigation resulting from a statement of allegations, the Board may file a notice of intent to impose disciplinary action against a certificated or noncertificated person, may issue or deny certification to an applicant, or may reinstate a noncertificated individual's legal right to work in a public school and matters related to immoral or unprofessional conduct, unfitness to teach, and the discipline of noncertificated persons pursuant to A.R.S. § 15-505.
- B. The Board may, at its own discretion, investigate any matter and file a notice under this Section against a certificated or noncertificated person upon receiving any information, from any source, indicating immoral or unprofessional conduct has occurred.
- C. The person named in the notice may request a hearing prior to the Board imposing disciplinary action. If the person does not serve a request for a hearing upon the Board prior to the Board imposing disciplinary action at a public meeting, the Board may deem the allegations of unprofessional or immoral conduct undisputed and impose the disciplinary action described in the notice without further notice to the person on its own motion or the motion of any party in accordance with A.R.S. § 41-1061(D).
- D. A notice issued under this Section shall inform the person of the right to request a hearing and shall set forth the following:
  1. The nature of the disciplinary action including, as applicable, the duration and any conditions;
  2. The legal authority and jurisdiction for the disciplinary action;
  3. The particular sections of statutes and rules involved;

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4. A short and plain statement of the relevant facts and other matters asserted; and
5. The time, date and place of the public meeting at which the Board will consider and, upon a majority vote, impose the disciplinary action.

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4). Section R7-2-1303 renumbered to R7-2-1304; new Section R7-2-1303 renumbered from R7-2-1304 and amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Amended by final exempt rulemaking at 25 A.A.R. 967, effective March 27, 2019 (Supp. 19-1). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 32 A.A.R. 221 (January 16, 2026), effective December 8, 2025 (Supp. 25-4).

**R7-2-1304. Notice of Investigation; Opportunity to Respond**

- A. A certificated or noncertificated person shall be provided notice of an investigation initiated pursuant to R7-2-1305.
- B. The certificated or noncertificated person shall have 20 days from service by U.S. mail and email of the notice of investigation to file a written response with the Board.

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4). Section R7-2-1304 renumbered to R7-2-1303; new Section R7-2-1304 renumbered from R7-2-1303 and amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Amended by final exempt rulemaking at 23 A.A.R. 725, effective January 23, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 25 A.A.R. 967, effective March 27, 2019 (Supp. 19-1). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 32 A.A.R. 221 (January 16, 2026), effective December 8, 2025 (Supp. 25-4).

**R7-2-1305. Investigation**

- A. Applicants shall certify on forms that are provided by the Department whether the applicant:
  1. Has ever received any disciplinary action, including revocation, suspension or reprimand, involving any professional certification or license;
  2. Is currently under investigation or has ever been the subject of any investigation by the Department of Child Safety or a similar department in this state or another jurisdiction;
  3. Has ever been convicted of a felony offense;
  4. Has ever been arrested, cited and released, or received a criminal summons for any offense, regardless if eventually convicted of a crime or if a conviction was set aside or expunged; or
  5. Has ever been arrested, cited and released, or received a criminal summons for any offense involving a child, regardless if eventually convicted of a crime or if a conviction was set aside or expunged.
- B. Upon receipt of notification that an applicant, certificated, or noncertificated person has engaged in unprofessional or immoral conduct pursuant to R7-2-1308, conduct that would warrant disciplinary action if the person had been certified at the time that the alleged conduct occurred, or conduct listed in

subsections (A)(1) through (5), the Board shall initiate an investigation.

- C. Applicants, certificated, and noncertificated persons who are alleged to have engaged in unprofessional or immoral conduct pursuant to R7-2-1308, conduct that would warrant disciplinary action if the person had been certified at the time that the alleged conduct occurred, or conduct listed in subsections (A)(1) through (5) shall provide the Board with copies of court records and law enforcement reports pertaining to the offense.

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Amended by final exempt rulemaking at 25 A.A.R. 967, effective March 27, 2019 (Supp. 19-1). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 32 A.A.R. 221 (January 16, 2026), effective December 8, 2025 (Supp. 25-4).

**R7-2-1306. Reinstatement Following Disciplinary Action; Procedures**

- A. Upon completion of any conditions imposed, the certificated or noncertificated person shall request a letter of completion from the Board, which shall issue said letter upon verifying satisfactory completion of any disciplinary action, including any conditions imposed.
- B. The certificated or noncertificated person shall present the letter of completion to the Department with an application for reinstatement. The Department shall collect any applicable fees provided in R7-2-618.
- C. Notwithstanding subsection (A), the Board may refer the matter for a hearing before the PPAC for a recommendation on whether the certificated or noncertificated person should be reinstated pursuant to R7-2-205(A) and R7-2-717.

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Repealed by final exempt rulemaking at 25 A.A.R. 967, effective March 27, 2019 (Supp. 19-1). New Section made by final exempt rulemaking at 32 A.A.R. 221 (January 16, 2026), effective December 8, 2025 (Supp. 25-4).

**R7-2-1307. Unprofessional or Immoral Conduct; Criminal Offenses**

- A. The Board shall prohibit a noncertificated person's employment at a school district or charter school, revoke, not issue, or not renew the certification or certifications of a certificated person, who has been convicted of committing or attempting, soliciting, facilitating, or conspiring to commit any of the following criminal offenses in this state or similar offenses in another jurisdiction:
  1. Sexual abuse of a minor;
  2. Incest;
  3. First-degree murder;
  4. Second-degree murder;
  5. Manslaughter;
  6. Sexual assault;
  7. Sexual exploitation of a minor;
  8. Commercial sexual exploitation of a minor;
  9. A dangerous crime against children;
  10. Armed robbery;
  11. Aggravated assault;

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12. Sexual conduct with a minor;
  13. Molestation of a child;
  14. Exploitation of minors involving drug offenses;
  15. Sexual abuse of a vulnerable adult;
  16. Sexual exploitation of a vulnerable adult;
  17. Commercial sexual exploitation of a vulnerable adult;
  18. Child sex trafficking;
  19. Child abuse;
  20. Abuse of a vulnerable adult;
  21. Molestation of a vulnerable adult;
  22. Taking a child for the purpose of prostitution;
  23. Neglect or abuse of a vulnerable adult;
  24. Sex trafficking;
  25. Sexual abuse;
  26. Production, publication, sale, possession and presentation of obscene items;
  27. Furnishing harmful items to minors;
  28. Furnishing harmful items to minors by internet activity;
  29. Obscene or indecent telephone communications to minors for commercial purposes;
  30. Luring a minor for sexual exploitation;
  31. Enticement of persons for purposes of prostitution;
  32. Procurement by false pretenses of person for purposes of prostitution;
  33. Procuring or placing persons in a house of prostitution;
  34. Receiving earnings of a prostitute;
  35. Causing one's spouse to become a prostitute;
  36. Detention of persons in a house of prostitution for debt;
  37. Keeping or residing in a house of prostitution or employment in prostitution;
  38. Pandering;
  39. Transporting persons for the purpose of prostitution, polygamy and concubinage;
  40. Portraying adult as a minor;
  41. Admitting minors to public displays of sexual conduct;
  42. Unlawful sale or purchase of children;
  43. Child bigamy;
  44. Trafficking of persons for forced labor or services;
  45. Kidnapping; or
  46. Child enticement.
- B.** Upon notification by the clerk of the court, magistrate, or court of competent jurisdiction, the Board shall immediately and permanently prohibit a noncertificated person's employment at a school district or charter school or revoke the certificate or certificates of a certificated person who has been convicted of any of the following offenses:
1. A dangerous crime against children as defined in A.R.S. § 13-705;
  2. Sexual abuse as prescribed in A.R.S. § 13-1404 in which the victim was a minor;
  3. Sexual assault as prescribed in A.R.S. § 13-1406 in which the victim was a minor;
  4. Sexual conduct with a minor as prescribed A.R.S. § 13-1405;
  5. A preparatory offense as prescribed in A.R.S. § 13-1001 of any of the offenses listed in subsections (B)(1), (2), (3) or (4);
  6. Any crime that requires the person to register as a sex offender; or
  7. An act committed in another state or territory that if committed in this state would have been one of the offenses listed in subsections (B)(1), (2), (3), (4), (5) or (6).
- C.** If the Board takes disciplinary action against a noncertificated person or, does not issue, does not renew, or revokes a certificate or certificates due to a person's conviction or admission of an offense listed in subsection (A), but which is not an offense listed in subsection (B), the notice of non-issuance, non-renewal, or revocation shall inform the person of that person's right to request a hearing within 20 days of service of the notice subject to the conditions set forth in subsection (D).
- D.** Notwithstanding subsection (A), the Board may allow a non-certificated person to be employed at a school district or charter school or may issue, renew, or not revoke the certificate or certificates of a person who has been convicted of an offense or offenses listed in subsection (A), but which is not an offense listed in subsection (B), if, at a hearing before the PPAC held pursuant to R7-2-701 et seq, the PPAC finds that at least one of the following conditions is met:
1. The individual was previously reviewed, investigated, or disciplined by the Board for the conviction or convictions prior to the implementation of R7-2-1307 on March 27, 2019; or
  2. The individual has provided evidence consisting of certified copies of police reports, court orders, or other official records related to the conviction or convictions that demonstrate that all of the following are true:
    - a. The criminal offense or offenses did not involve harm to a minor, and
    - b. The criminal offense or offenses was originally a misdemeanor or reduced to a misdemeanor or the judgment of guilt has been set aside, vacated, expunged, or pardoned.
- E.** At the hearing described in subsection (D), the individual shall present, and the PPAC shall consider evidence that the individual meets the conditions set forth in subsection (D). PPAC shall also consider mitigating and aggravating factors surrounding the conviction or convictions at issue, factors bearing on the individual's fitness as an educator, other allegations of unprofessional or immoral conduct, or any other criminal activity.
- F.** The criminal offenses set forth in subsection (A) constitute immoral or unprofessional conduct in addition to the acts set forth in R7-2-1308.

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4).  
 Amended by final exempt rulemaking at 23 A.A.R. 725, effective January 23, 2017 (Supp. 17-1). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Amended by final exempt rulemaking at 25 A.A.R. 967, effective March 27, 2019 (Supp. 19-1).  
 The phrase "paragraphs one, two, three or four" was changed to "subsections (B)(1), (2), (3) or (4)" to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 31 A.A.R. 1968 (June 20, 2025), effective September 14, 2024; filed with the Division March 26, 2025 (Supp. 25-2). Amended by final exempt rulemaking at 32 A.A.R. 221 (January 16, 2026), effective December 8, 2025 (Supp. 25-4).

**R7-2-1308. Unprofessional and Immoral Conduct**

- A.** Certificated persons, noncertificated persons, and applicants shall:
1. Make reasonable efforts to protect pupils from conditions harmful to learning, health, or safety;

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2. Account for all funds collected from pupils, parents, or school personnel;
  3. Adhere to provisions of the Uniform System of Financial Records related to use of school property, resources, or equipment; and
  4. Abide by copyright restrictions, security, or administration procedures for a test or assessment.
- B.** Certificated persons, noncertificated persons, and applicants shall not:
1. Discriminate against or harass any pupil or school employee on the basis of race, national origin, religion, sex, including sexual orientation, disability, color or age;
  2. Deliberately suppress or distort information or facts relevant to a pupil's academic progress;
  3. Misrepresent or falsify pupil, classroom, school, or district-level data from the administration of a test or assessment;
  4. Engage in a pattern of conduct for the sole purpose or with the sole intent of embarrassing or disparaging a pupil;
  5. Use professional position or relationships with pupils, parents, or colleagues for improper personal gain or advantage;
  6. Falsify or misrepresent documents, records, or facts related to professional qualifications or educational history or character;
  7. Assist in the professional certification or employment of a person the certificated person knows to be unqualified to hold a position;
  8. Accept gratuities or gifts that influence judgment in the exercise of professional duties;
  9. Possess, consume, or be under the influence of alcohol on school premises or at school-sponsored activities;
  10. Illegally possess, use, or be under the influence of marijuana, dangerous drugs, or narcotic drugs, as each is defined in A.R.S. § 13-3401;
  11. Make any sexual advance towards a pupil or child, either verbal, written, or physical;
  12. Engage in sexual activity, a romantic relationship, or dating of a pupil or child;
  13. Submit fraudulent requests for reimbursement of expenses or for pay;
  14. Use school equipment to access pornographic, obscene, or illegal materials; or
  15. Engage in conduct which would discredit the teaching profession.
- C.** Individuals found to have engaged in unprofessional or immoral conduct shall be subject to, and may be disciplined by, the Board.
- D.** Procedures for making allegations, complaints, and investigation of unprofessional or immoral conduct shall be as set forth in this Article.
- E.** Application forms and certificates shall include the rules and statutes related to unprofessional and immoral conduct, including resignation from a contracted position without authorization and duties to report as required by law.
- F.** Individuals applying for certificates issued by the Board pursuant to R7-2-601 et seq shall certify:
1. That they have read and understood the rules and statutes related to unprofessional and immoral conduct, including resignation from a contracted position without authorization and duties to report as required by law; and

2. Whether they have been disciplined or are under investigation in another state for engaging in conduct that is immoral or unprofessional.

**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 1544, effective June 28, 2003 (Supp. 03-2). Amended by final exempt rulemaking at 23 A.A.R. 725, effective January 23, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 32 A.A.R. 221 (January 16, 2026), effective December 8, 2025 (Supp. 25-4).

**R7-2-1309. Summary Suspension**

- A.** If a certificate holder is arrested, cited and released, or received a criminal summons for an offense listed in R7-2-1307 and if the Board finds the public health, safety or welfare imperatively requires emergency action, the Board may proceed under A.R.S. § 41-1064(C) ordering a summary suspension of a certificate while other proceedings are pending. The Board shall provide notice to the certificate holder of the meeting pursuant to R7-2-703 and R7-2-704.
- B.** If a noncertificated person is arrested, cited and released, or received a criminal summons for an offense listed in R7-2-1307 and if the Board finds the public health, safety or welfare imperatively requires emergency action, the Board may proceed under A.R.S. § 41-1064(C) ordering a summary suspension of the right to work in a school district or charter school while other proceedings are pending. The Board shall provide notice to the noncertificated person of the meeting pursuant to R7-2-703 and R7-2-704.
- C.** Summary suspensions issued by the Board shall remain in effect pending a public hearing and final decision by the Board pursuant to R7-2-701 et seq. of this Chapter.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 66, effective December 13, 2019 (Supp. 19-4). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 31 A.A.R. 1968 (June 20, 2025), effective September 14, 2024; filed with the Division March 26, 2025 (Supp. 25-2). Amended by final exempt rulemaking at 32 A.A.R. 221 (January 16, 2026), effective December 8, 2025 (Supp. 25-4).

**R7-2-1400. Reserved****ARTICLE 14. CHARTER SCHOOLS****R7-2-1401. Definitions**

For the purpose of this Article the following definitions shall apply:

1. "Applicant" means a person, public body, or private organization that has applied to the State Board of Education to establish a charter school under the provisions of A.R.S. § 15-181 et seq.
2. "Background check" means a report received related to an applicant and the identified governing board members regarding the status of each person's credit and credit history, and any criminal activity identified by the law enforcement agency processing the applicant and governing board member's fingerprints.
3. "Committee" means the Charter School Committee established pursuant to this Article.

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4. "Charter School" means a school chartered pursuant to A.R.S. § 15-181 et seq. and sponsored by the Board of Education.
5. "Contract" means a document outlining the terms and conditions of an agreement between the parties.
6. "Governing board" means the governing body responsible for the policy and operational decisions of the charter school formed pursuant to A.R.S. § 15-183 et seq.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3211, effective August 24, 1999 (Supp. 99-4).

**R7-2-1402. Charter School Committee**

- A. The Board of Education shall establish a Charter School Committee that shall have the responsibility of reviewing applications and preparing a recommendation for the Board of Education's consideration.
- B. The Board of Education shall appoint the members of the committee. The committee shall consist of seven members as follows:
  1. An individual knowledgeable in building construction or renovation;
  2. An individual knowledgeable in finance and accounting and in generally accepted accounting practices;
  3. An individual representing a city in this state who is knowledgeable about zoning and operating permit requirements;
  4. An individual knowledgeable about elementary and high school curricula and the development and evaluation of curricula;
  5. An individual knowledgeable about assessments and the administration of assessments;
  6. An individual representing the Board of Education;
  7. A current operator of a charter school sponsored by the Board of Education.
- C. Terms of each member of the committee shall be for three years. Members may be appointed for subsequent terms upon approval by the Board of Education.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3211, effective August 24, 1999 (Supp. 99-4).

**R7-2-1403. Application**

- A. Interested parties or individuals may submit an application for approval by the Board of Education pursuant to A.R.S. § 15-181 et seq. Applications shall be on forms approved by the Board of Education.
- B. Applications shall be evaluated by the committee. The committee shall prepare a recommendation for the Board of Education's consideration. The recommendation shall be based upon a review of all aspects of the application, including, for example, completeness of the application, the viability of the school including the financial viability, the projected funding sources, the number and population to be served, including school-aged students who are deemed to be unserved or underserved.
  1. The committee may request additional information as needed to assist in evaluating the application and preparing a recommendation for the Board of Education's consideration.
  2. Recommendations of the committee to the Board of Education may include approval of the application, denial of the application, or deferral of the application pending further information or clarification.

3. Applicants shall be notified in writing at least 10 days prior to the Board of Education meeting of the date, time, and place of the meeting at which the Board of Education shall consider the charter school committee's recommendation related to the application.
4. Action by the Board of Education may include approval of the application, denial of the application, or deferral of the application pending further information or clarification. The Board of Education shall state the reasons for denial or deferral of the application.
5. Applicants shall be notified in writing of the decision of the Board of Education. Written notification that the Board of Education has denied an application shall include reasons for denial. Written notification shall be provided to applicants within 15 days following a decision of the Board of Education.
- C. An approved application does not constitute an approved contract, and approval of an application shall not be construed to imply that a contract will be issued.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3211, effective August 24, 1999 (Supp. 99-4).

**R7-2-1404. Contract**

- A. A contract shall be on forms approved by the Board of Education.
- B. At least once per year, the Board of Education shall consider issuance of a contract to approved applicants.
- C. Upon review and recommendation from the committee, the Board of Education may approve the issuance of a contract, approve the issuance of a contract pending receipt of specific information or completion of requirements, defer the issuance of a contract, or deny the issuance of a contract. The Board of Education shall state the reasons for denial or deferral of issuance of a contract.
- D. Applicants shall be notified in writing at least 10 days prior to the Board of Education meeting of the date, time, and place of the meeting at which the Board of Education shall consider the charter school committee's recommendation related to issuance of a charter.
- E. Applicants shall be notified in writing of the decision of the Board of Education. Written notification that the Board of Education has denied issuance of a contract shall include reasons for denial. Written notification shall be provided to applicants within 15 days following a decision of the Board of Education.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3211, effective August 24, 1999 (Supp. 99-4).

**R7-2-1405. Execution of a Contract**

- A. Contracts shall be signed by the applicant, or a person with signatory authority for the applicant, within six months from the date of approval of issuance of the contract by the Board of Education, unless an extension of time is granted by the Board of Education. If issuance of a contract was approved by the Board of Education pending receipt of additional information, the contract shall be signed by the applicant or a person with signatory authority for the applicant within six months of receipt of the additional information by the Board of Education.
- B. Contracts which have not been signed pursuant to this Section shall require reapplication and approval during a subsequent application cycle.

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- C. The following items shall be submitted to the Board of Education prior to signing of a contract:
1. Background check, including fingerprint clearance for all authorized signatories and all governing board members approved;
  2. Certificate of Occupancy or a written exemption from the local municipality or county that the certificate is not required for operation of a public school. A set of architectural plans approved by the local planning and zoning office may be submitted in lieu of a certificate of occupancy for the purposes of this subsection for construction of new buildings or renovation of existing buildings. A certificate of occupancy will be required to be submitted prior to opening of the school.
  3. A lease agreement or proof of building availability;
  4. Executed statement of assurances;
  5. Written verification that the facility meets the requirements established by the state and local fire marshal;
  6. Written verification from an insurance company authorized to do business in the state of Arizona that arrangements have been finalized to provide the required amount of insurance;
  7. Proof of local County Health Department approval.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3211, effective August 24, 1999 (Supp. 99-4). The word “rule” has been changed to “Section” to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-1406. Amendments to a Contract**

- A. Any changes to the contract shall be submitted on forms approved the Board of Education.
- B. All amendments to the contract shall be accompanied by a signed governing board resolution or an official copy of the minutes of a governing board meeting that the amendment was approved by the governing board.
- C. No amendment shall be effective or implemented prior to being approved by the governing board, submitted to and approved by the Board of Education.
- D. Amendments requesting a change in the membership of the governing board shall, in addition to the requirements specified in subsection (B), include a completed fingerprint application and a signed affidavit authorizing a background check.
- E. If an extension of time was granted pursuant to R7-2-1405(A), amendments to update the application shall be submitted at the time the contract is executed.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3211, effective August 24, 1999 (Supp. 99-4).

**R7-2-1407. Revocation of a Contract**

- A. The Board of Education may issue a Notice of Intent to Revoke a Contract and Notice of Hearing to any contract holder who is alleged to be in violation of the contract and the governing board.
- B. Within 10 days of receipt of a Notice of Intent to Revoke a Contract and Notice of Hearing, the governing board shall:
  1. Notify the parents or guardians of the students enrolled in the charter school that a Notice of Intent to Revoke a Contract and Notice of Hearing has been received;
  2. Hold a public meeting to inform the public and discuss the specific charges outlined in the Notice of Intent to Revoke a Contract;

3. Provide the Board of Education with copies of all correspondence and communications used to comply with subsection (B)(1) and minutes of the meeting as evidence of compliance with subsection (B)(2);
  4. Provide the Board of Education with the names and mailing addresses of parents or guardians of all students enrolled in the charter school at the time the Notice of Intent to Revoke a Contract and Notice of Hearing was received.
- C. Hearings held pursuant to a Notice of Intent to Revoke a Contract and Notice of Hearing shall be held in accordance with Sections R7-2-701 through R7-2-709.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3211, effective August 24, 1999 (Supp. 99-4). The word “above” was removed from subsection (3) to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-1408. Renewal of Contract**

When considering renewal of a contract, the following, as a minimum, shall be provided to the Board of Education:

1. Assessment results, including scores of the norm-referenced achievement test, the scores of the Arizona’s Instrument to Measure Standards (AIMS), and scores of any school assessment programs;
2. Results of any audits conducted, including independent audits, Uniform System of Financial Records or Uniform System of Financial Records for Charter Schools compliance audits, or any audits conducted by the Auditor General’s Office;
3. Enrollment reports that include enrollment figures, funding sources, budget updates, and financial reporting of expenditures;
4. All complaints received;
5. Copies of Board of Education minutes where consideration and action was taken on all issues related to the charter school;
6. Any other reports, information, or materials pertinent to the charter school.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3211, effective August 24, 1999 (Supp. 99-4).

**ARTICLE 15. EMPOWERMENT SCHOLARSHIP ACCOUNTS****R7-2-1501. Definitions**

In this Article, unless the context otherwise specifies:

1. “Administratively complete” means an ESA application that contains all components required by statute or this Article.
2. “Board” means the State Board of Education.
3. “Curriculum” means a course of study for content areas or grade levels, including any supplemental materials required or recommended by the curriculum, approved by the Department.
4. “Department” means the Arizona Department of Education.
5. “Eligible postsecondary institution” means a community college as defined in A.R.S. § 15-1401, a university under the jurisdiction of the Arizona Board of Regents, or an accredited private postsecondary institution.
6. “Empowerment scholarship account” or “ESA” means an account administered by the Department and funded by

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the state to provide options for the education of qualified students pursuant to A.R.S. § 15-2401 et seq.

7. "Hearing Officer" means a non-partial representative with either at least three years of verified experience in the practice of law or at least one year of verified experience in conducting hearings, who oversees hearings pursuant to this Article.
8. "Informal Settlement Conference" means a meeting between the Department and the Parent in an attempt to settle the appeal prior to an appeal hearing. The Board and the Hearing Officer do not attend.
9. "Misuse of funds" means the use of ESA funds on goods or services not permitted by A.R.S. § 15-2402, this Article or the Department pursuant to R7-2-1507.
10. "Parent" means a resident of this state who is the parent, stepparent, legal guardian, or account holder of a qualified student.
11. "Program" means the Empowerment Scholarship Account Program.
12. "Qualified school" means a nongovernmental primary or secondary school or a preschool for pupils with disabilities that is located in this state or, for qualified students who reside within the boundaries of an Indian reservation in this state, and that is located in an adjacent state and that is within two miles of the border of the state in which the qualified student resides, and that does not discriminate on the basis of race, color or national origin.
13. "Qualified student" means a resident of this state who:
  - a. Is any of the following:
    - i. Identified as having a disability under section 504 of the rehabilitation act of 1973 (29 U.S.C. 794);
    - ii. Identified by a school district or by an independent third party pursuant to A.R.S. § 15-2403(J) as a child with a disability as defined in A.R.S. § 15-731 or § 15-761;
    - iii. A child with a disability who is eligible to receive services from a school district under A.R.S. § 15-763;
    - iv. Attending a school or school district that was assigned a letter grade of D or F pursuant to A.R.S. § 15-241 for the most recent year in which letter grades were assigned or is currently eligible to attend kindergarten and who resides within the attendance boundary of a school that was assigned a letter grade of D or F pursuant to A.R.S. § 15-241 for the most recent year in which letter grades were assigned. A child who meets the requirements of this item and who meets the income eligibility requirements for free and reduced-price lunches under the National School Lunch and Child Nutrition Acts (42 U.S.C. 1751 through 1793) is not subject to R7-2-1501(12)(b);
    - v. A previous recipient of a scholarship issued pursuant to A.R.S. § 15-891 or this Section, unless the qualified student's parent has been removed from eligibility in the Program for failure to comply pursuant to A.R.S. § 15-2403(C);
    - vi. A child of a parent who is a member of the armed forces of the United States and who is on active duty or was killed in the line of duty. A child who meets the requirements of this subsection is not subject to R7-2-1501(12)(b);
  - b. And, except as provided in R7-2-1501(12)(a)(iv) and R7-2-1501(12)(a)(vi), who meets any of the following requirements:
    - i. Attended a governmental primary or secondary school as a full-time student as defined in A.R.S. § 15-901 for at least 45 days of the current or prior fiscal year and who transferred from a governmental primary or secondary school under a contract to participate in an ESA. Kindergarten students who are enrolled in Arizona online instruction must receive 100 hours of logged instruction to be eligible pursuant to this subsection. First, second and third grade students who are enrolled in Arizona online instruction must receive 200 hours of logged instruction to be eligible pursuant to this subsection. Fourth, fifth and sixth grade students who are enrolled in Arizona online instruction must receive 250 hours of logged instruction to be eligible pursuant to this subsection. Seventh and eighth grade students who are enrolled in Arizona online instruction must receive 275 hours of logged instruction to be eligible pursuant to this subsection. High school students who are enrolled in Arizona online instruction must receive 250 hours of logged instruction to be eligible pursuant to this subsection. For the purposes of this subsection, students may accumulate days of enrollment and hours of instruction in the current or prior fiscal year, or a combination thereof;
    - ii. Previously participated in an ESA;
    - iii. Received a scholarship under A.R.S. § 43-1505 and who continues to attend a qualified school if the student attended a governmental primary or secondary school as a full-time student as defined in A.R.S. § 15-901 for at least 90 days of the prior fiscal year or one full semester before attending a qualified school;
    - iv. Was eligible for an Arizona scholarship for pupils with disabilities and received monies from a school tuition organization pursuant to A.R.S. § 43-1505 or received an Arizona scholarship for pupils with disabilities but did not

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- receive monies from a school tuition organization pursuant to A.R.S. § 43-1505 and who continues to attend a qualified school if the student attended a governmental primary or secondary school as a full-time student as defined in A.R.S. § 15-901 for at least 90 days of the prior fiscal year or one full semester prior to attending a qualified school;
- v. Attended a nonpublic school for pupils with disabilities in the prior year if placement at the school was approved by the Department and contracted for by a public school district;
  - vi. Has not previously attended a governmental primary or secondary school but is currently eligible to enroll in a kindergarten program in a school district or charter school in this state or attended a program for preschool children with disabilities. For the purposes of this item, a child is eligible to enroll in a kindergarten program if the child is at least five years of age on January 1 of the current school year, is under seven years of age, and has not already completed a kindergarten program and is not enrolled in grade one of a private or governmental school in the current year; or
  - vii. Has not previously attended a governmental primary or secondary school but is currently eligible to enroll in a program for preschool children with disabilities in this state.
- 14. “Stay” means a Parent may have access to a terminated ESA account pending the resolution of their appeal.
  - 15. “Substantively complete” means an ESA application that meets all substantive criteria required by statute or this Article.
  - 16. “Supplemental materials” referenced in A.R.S. § 15-2401(2), means relevant materials directly related to the course of study for which they are being used that introduce content and instructional strategies or that enhance, complement, enrich, extend or support the curriculum.
  - 17. “Treasurer” means the Office of the State Treasurer.
  - 18. Unless otherwise specifically defined herein, all defined terms shall have the same meaning as those ascribed to them in the A.R.S., Title 41.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective November 1, 2020 (Supp. 20-4). Amended by final exempt rulemaking at 28 A.A.R. 187 (January 14, 2022), effective December 13, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 29 A.A.R. 542 (February 10, 2023), effective January 23, 2023 (Supp. 23-1).

**R7-2-1501.01. Expanded Qualified Student Definition**

Notwithstanding A.R.S. § 15-2401 and R7-2-1501, beginning in the 2022-2023 school year, unless the context otherwise requires, “Qualified Student” includes a resident of this state who both:

- 1. Is eligible to enroll in a public school in this state in any of the following:
  - a. A preschool program for children with disabilities,
  - b. A kindergarten program, or
  - c. Any of grades 1 through 12.
- 2. Does not otherwise qualify for an Arizona Empowerment Scholarship Account pursuant to this Article.

**Historical Note**

New Section made by final exempt rulemaking at 29 A.A.R. 542 (February 10, 2023), effective January 23, 2023 (Supp. 23-1).

**R7-2-1502. General Provisions**

- A. This Section is adopted pursuant to A.R.S. § 15-2403.
- B. The Department and the Treasurer shall administer and provide general supervision and oversight of the Program pursuant to A.R.S. § 15-2401 et seq and this Article.
- C. The Department and the Board shall include intermediate Saturday, Sundays, and legal holidays when computing days under this Article. If the final day of a deadline established pursuant to this Article falls on a Saturday, Sunday or legal holiday, the next business day is the final day of the deadline.
- D. Unless otherwise specified, the Department shall serve a notice or decision that removes a parent from the Program, through personal delivery, first class mail, or certified mail to the parent’s last address with the Department, and also by any other method or methods that are reasonably determined to give actual notice to the parent, including electronic mail, text message, phone call, or through an online portal. Each parent shall provide the Department with the parent’s mailing address, home address, phone number and email and shall inform the Department of any change of mailing address, home address, phone number or email within 30 days of the change. For all other communications that do not contain notice of removal from the Program, the Board and the Department may communicate through any method or methods, including first class mail, certified mail, electronic mail, text message, phone call or through an online portal.
- E. A document is filed with the Board or the Department on the date it is received by the Board or the Department, as established by the Board’s or the Department’s date stamp on the face of the document. A notice or decision containing an appealable action issued by the Board or the Department pursuant to this Article is served on a party as follows:
  - 1. On the date it is personally served,
  - 2. Five days after it is mailed by first class mail, or
  - 3. On the date of the return receipt if it is mailed by certified mail.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective January 1, 2021 (Supp. 20-4). The word “rule” has been changed to “Section” to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 28 A.A.R. 187 (January 14, 2022), effective December 13, 2021 (Supp. 21-4).

**R7-2-1503. Department Responsibilities**

The Department shall:

- 1. On or before March 1 of each year, provide the Board with a handbook, developed in consultation with parents of children on the Program, that includes information relating to policies and processes of ESAs and complies with A.R.S. § 15-2401 et seq and this Article. The Board shall adopt the handbook on or before May 1 of each year. The Board shall limit substantive changes to the handbook to once every three years. The Board may approve changes to the handbook more frequently than every three years to conform and comply with changes to statute or this Article or at the Board’s discretion. The handbook shall be posted on the Department’s website and distributed to parents and shall clearly identify



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changes from the prior version, and include the date and time the new handbook was changed:

- a. The yearly handbook, when adopted, shall become effective July 1st of each fiscal year.
  - b. If the yearly handbook is adopted after July 1st, the newly adopted handbook would become effective immediately following adoption.
2. Establish a dedicated call center for exclusive use for the ESA Program that works in conjunction with the Exceptional Student Services division of the Department or its successor division. Subject to review and approval by the Board, the Department may contract with a third party to operate the call center;
  3. Implement customer service performance management policies, procedures, and metrics;
  4. Provide training to parents who use the private financial management firm contracted to assist with financial management of the program;
  5. Provide a quarterly report to the Board on the ESA Program, including:
    - a. The number of students in the program disaggregated by eligibility, grade level and the school district or charter school associated with each student:
      - i. The total number of special needs students by grade level,
      - ii. The number of special needs students by disability category, and
    - b. The annual award amount associated with each student;
    - c. The number of ESA applications received, approved and denied in the preceding quarter, including the justification for the denied applications;
    - d. The number of applications processed within 30 days of receipt and the number of administratively incomplete applications. Provide the reasons the administratively incomplete applications were not approved;
    - e. A summary of any parent input or feedback collected pursuant to R7-2-1503(6) and how the Department is responding to concerns submitted as part of the process;
    - f. Information on the private financial management firm contracted to assist with financial management of the Program, including:
      - i. The number and eligibility type of accounts utilizing the firm,
      - ii. The number of providers and vendors on the firm's platform,
      - iii. Communications and training provided to parents,
      - iv. Concerns from parents submitted to the Department, the Treasurer and the private financial management firm and how the Department, Treasurer and private financial management firm are addressing the concerns, and
    - g. Information regarding appeals filed with the Board that were resolved prior to a hearing;
    - h. Information related to the audits completed, including:
      - i. Scope of the audit,
      - ii. Data and narratives on audit findings from the Quarter,
      - iii. Data and narratives of finding outcomes from the Quarter, and
    - i. Summary of all outages within the Department, private financial management firm, Department of Treasury, GAO, ADOA, etc. that cause a delay of the ESA program;
    - j. Information related to MCC Codes, including:
      - i. Cumulative list of all MCC code expansions requested and specific reason for each denial,
      - ii. Cumulative list of all MCC code expansions and exceptions granted by the Department, and
    - k. Data related reimbursement submissions, including:
      - i. The average number of days it takes a reimbursement submission to be assigned to a Department staffer,
      - ii. The average number of days it takes a reimbursement submission to be reviewed by a Department staffer,
      - iii. The average number of days it takes a reimbursements submission to be approved by a Department staffer, and
    - l. Provide data related to Help Desk Tickets, including:
      - i. The quantity of help desk tickets not responded to within three business days,
      - ii. The quantity of help desk tickets prematurely closed and reopened, and
    - m. Provide data related to the escalation of Help Desk Tickets, including:
      - i. The quantity of escalated help desk tickets by category type,
      - ii. The average number of days to resolution,
      - iii. A summary of resolutions, and
    - n. Provide updates on the bidding process for all eligible Department contracts, including:
      - i. A.R.S. § 15-2403(A): The treasurer may contract with private financial management firms to manage Arizona empowerment scholarship accounts,
      - ii. A.R.S. § 15-2403(B): The Department shall conduct or contract for annual audits of Arizona empowerment scholarship accounts to ensure compliance with A.R.S. § 15-2402(B)(4),
      - iii. A.R.S. § 15-2403(B): The Department shall also conduct or contract for random, quarterly and annual audits of Arizona empowerment scholarship accounts as needed to ensure compliance with A.R.S. § 15-2402(B)(4),
      - iv. A.R.S. § 15-2403(J): The Department shall contract with an independent third party for the purposes of determining whether a qualified student is eligible to receive educational therapies or services pursuant to A.R.S. § 15-2402(B)(4)(c),
      - v. R7-2-1503(2): Subject to review and approval by the Board, the Department may contract with a third party to operate the call center,
      - vi. Any other eligible Department contracts, and
    - o. The date of the most recent update to the online database of approved expenses and disallowed expenses. A summarization of the changes made.
    - p. An approximation of the most common award amount. Provide the method or methods and Formula utilized to calculate award amounts.
    - q. Any other information the Board requests.

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6. Establish and provide to the Board a process to collect parent input and feedback regarding the Program.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective January 1, 2021 (Supp. 20-4). Amended by final exempt rulemaking at 28 A.A.R. 187 (January 14, 2022), effective December 13, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 29 A.A.R. 542 (February 10, 2023), effective January 23, 2023 (Supp. 23-1).

**R7-2-1504. Application and Account Activation**

- A. The Department shall accept applications to participate in the Program between July 1 and June 30 of each year.
- B. The Department shall provide information for prospective applicants on eligibility.
- C. The Department shall enroll and issue an award letter to eligible applicants within 30 days after receipt of a completed application and all required documentation. The award letter shall include information on how to activate the account and the amount of ESA funding the student will receive.
- D. Within 30 days of issuing the award letter, the Department shall issue the contract to eligible applicants.
- E. Prior to issuing a notice of a denied application, the Department shall provide notice describing the administrative or substantive incompleteness of the application and provide the applicant 30 days to provide the missing documentation or information. The Department shall include the justification for the denial and, if the application was substantively incomplete, the Department shall include the applicant's right to appeal.
- F. Pursuant to R7-2-1511, a person who has had an application denied due to being substantively incomplete may file a written request for a hearing within 30 days after being served the notice of denial. Administratively incomplete applications are not appealable.
- G. If the Board finds in favor of a parent who appealed a denied application, the Department shall expedite the contract and funding to the parent to the extent possible.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective January 1, 2021 (Supp. 20-4). Amended by final exempt rulemaking at 28 A.A.R. 187 (January 14, 2022), effective December 13, 2021 (Supp. 21-4).

**R7-2-1505. Contract Between Parent and Department**

- A. To enroll a qualified student in an ESA, a parent of the qualified student shall sign a contract with the Department. The parent:
  1. Shall use a portion of the ESA monies allocated annually to provide an education for the qualified student in at least the subjects of reading, grammar, mathematics, social studies and science, unless the ESA is allocated monies according to a transfer schedule other than quarterly transfers pursuant to A.R.S. § 15-2403(F). This subsection does not require a parent to spend a portion of ESA monies on each subject every quarter;
  2. Shall not enroll the qualified student in a school district or charter school, and shall release the school district from all obligations to educate the qualified student. This subsection does not:
    - a. Relieve the school district or charter school that the qualified student previously attended from the obligation to conduct an evaluation pursuant to A.R.S. § 15-766, or

- b. Require a qualified student to withdraw from a school district or charter school before enrolling for an ESA if the qualified student withdraws from the school district or charter school before receiving any monies in the qualified student's ESA.
- c. Prevent a qualified student from applying in advance for an ESA to be funded beginning the following school year.

3. Shall not accept a scholarship from a school tuition organization pursuant to A.R.S., Title 43 concurrently with an ESA for the qualified student in the same year a parent signs the contract pursuant to this Section;
4. Shall use the monies deposited in the qualified student's ESA only for the expenses listed in A.R.S. § 15-2402(B)(4);
5. Shall not file an affidavit of intent to homeschool pursuant to A.R.S. § 15-802(B)(2) or (3);
6. Shall not use monies deposited in the qualified student's account for any of the following:
  - a. Computer hardware or other technological devices, except as provided in R7-2-1505(B) and A.R.S. § 15-2402(B)(4)(p); or
  - b. Transportation of the pupil, except for transportation services described in A.R.S. § 15-2402(B)(4)(o).
7. Shall submit expenses and documentation as required in R7-2-1508.

- B. If a qualified student meets any of the criteria specified in A.R.S. § 15-2401(7)(a)(i), (ii), or (iii), as determined by a school district or by an independent third party under A.R.S. § 15-2403(J), the qualified student may use the following additional services:

1. Educational therapies from a licensed or accredited practitioner or provider including and up to any amount not covered by insurance if the expense is partially paid by a health insurance policy for the qualified students,
2. A licensed or accredited paraprofessional or educational aide,
3. Tuition for vocational and life skills education approved by the Department, and
4. Associated goods and services that include, but are not limited to, educational and psychological evaluations, assistive technology rentals and braille translation goods and services approved by the Department. Associated goods as described in this subsection may include computer hardware or technological devices that assist in accessing educational materials or services and that are associated with the qualified student's needs. Parents that are seeking to use Program funds for an associated good or service pursuant to this subsection shall provide to the Department the special education course of study, service or educational need that the good or service is associated with or may provide the Department with the most current individualized education program, evaluation, or a letter from a qualified service provider. Parents are not advised to contact their districts seeking to update or change their students' individualized education programs or request special education reevaluations in order to make ESA purchases.
5. Pursuant to A.R.S. § 15-2403(J)(2), the Department shall accept independent educational evaluations that are obtained by the parent of a student and performed by a qualified examiner. A "qualified examiner" is defined in

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A.R.S. § 15-2403(J)(2). A “parent” is defined in R7-2-1501. Such evaluations shall not be denied based solely on the age of the evaluation.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective November 1, 2020 (Supp. 20-4). Amended by final exempt rulemaking at 28 A.A.R. 187 (January 14, 2022), effective December 13, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 29 A.A.R. 542 (February 10, 2023), effective January 23, 2023 (Supp. 23-1).

**R7-2-1506. Contract Renewal**

- A. A parent is eligible to renew an ESA if:
  1. Pursuant to R7-2-1508, the parent submitted expenses and documentation or submitted quarterly attestations;
  2. If required, the Department approved expenses pursuant to R7-2-1508;
  3. The parent spent monies to provide an education in at least reading, grammar, mathematics, social studies, and science for the contract year pursuant to R7-2-1505(A)(1); and
  4. The parent does not owe the Department monies for disallowed expenses. A parent remains eligible to renew an ESA if the parent has an unresolved appeal regarding a disallowed expense.
- B. A student with a disability as defined in A.R.S. § 15-2401(7)(a)(i), (ii), or (iii), as determined by a school district or by an independent third party under A.R.S. § 15-2403(J), may continue on the Program until the end of the school year in which the student reaches the age of 22, if the student or the parent provides documentation to the Department that demonstrates the student has not finished high school.
- C. A parent shall renew ESAs on an annual basis as follows:
  1. The Department shall provide renewal contracts on or before May 1 to each parent who meets R7-2-1506(A) of this Section;
  2. Each parent shall submit the renewal contract to the Department on or before June 30; and
  3. Within 30 days of receipt, the Department shall notify each parent of the renewal of the contract. The Department may provide notification through an online portal.
- D. If a parent does not submit a renewal contract pursuant to R7-2-1506(C), the Department shall temporarily close the account and cease funding to the ESA until the parent submits the appropriate signed renewal contract. During the temporary closure, funding shall remain in the account until the parent signs the appropriate renewal contract in a format provided by the Department or the Department closes the ESA pursuant to R7-2-1506(E).
- E. After an ESA has been temporarily closed for non-renewal pursuant to R7-2-1506(D), a parent may submit the appropriate signed renewal contract in a format provided by the Department to reactivate the ESA. If a parent does not submit a renewal contract for a period of three academic years, the Department shall provide notice through certified mail, email and telephone, if applicable, that the ESA will be closed. To renew the ESA, the parent shall submit a renewal contract within 60 days of receipt of the notification. If the parent does not submit a renewal contract within 60 days, the Department shall close the ESA and return any remaining monies in the ESA to the state general fund. Notwithstanding R7-2-1506(C)(1) and (2), a parent may submit the appropriate

signed renewal contract between July 1 and June 30 for the purposes of this subsection.

- F. Notwithstanding R7-2-1506(E), on the qualified student’s graduation from a postsecondary institution or after any period of four consecutive years after high school graduation in which the student is not enrolled in an eligible postsecondary institution, but not before this time as long as the account holder continues using a portion of account monies for eligible expenses each year and is in good standing, the qualified student’s Arizona empowerment scholarship account shall be closed and any remaining monies shall be returned to the state general fund.
- G. Pursuant to R7-2-1511, a parent whose contract was not renewed by the Department may file a written request for a hearing within 30 days after being served the notice of the non-renewal.
- H. At the written request of a parent, the Department shall extend the renewal contract timeframe for up to 30 days from the deadline prescribed in this Section if the parent demonstrates hardship, including an act of God or similar circumstance that prevented the parent from responding by the deadline.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective January 1, 2021 (Supp. 20-4). Amended by final exempt rulemaking at 28 A.A.R. 187 (January 14, 2022), effective December 13, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 29 A.A.R. 542 (February 10, 2023), effective January 23, 2023 (Supp. 23-1).

**R7-2-1507. Use of Funds**

- A. The Department shall establish and maintain a database of approved expenses and disallowed expenses for the current and upcoming fiscal years pursuant to A.R.S. § 15-2401 et seq. and this Article. The Department shall make the database available to parents online and disaggregate the approved expenses by eligibility category.
- B. The Department shall establish a process to review an expense before making an administrative decision to deny the expense. The Department shall provide a copy of the process to the Board and include the process in the handbook adopted pursuant to R7-2-1503.
- C. The Department shall not request repayment for an expense it has approved for a specific ESA. The Department shall treat similar expenditures by similarly situated account holders in the same manner. This Section does not create authorization for an account holder to expend funds in a manner not permitted by statute.
- D. The Department shall consider all account holder requests for MCC Code expansions. Any MCC code exceptions granted to one parent, shall be extended to all parents within five business days.
- E. Pursuant to R7-2-1511, a parent who has had an expense disallowed by the Department may file a written request for a hearing within 30 days after being served the notice of the disallowed expense.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective January 1, 2021 (Supp. 20-4). Amended by final exempt rulemaking at 28 A.A.R. 187 (January 14, 2022), effective December 13, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 29 A.A.R.

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542 (February 10, 2023), effective January 23, 2023  
(Supp. 23-1).

**R7-2-1508. Review of Expenses**

- A. The Department may conduct or contract for random or annual audits as needed to ensure monies are used only for expenses that were approved or allowed at the time the expense was made. The Department shall use record retention requirements that were in place at the time the expense was made to determine compliance. The Department may only audit account activity from the last two fiscal years, including the current fiscal year.
- B. The Department shall provide annual notice to each parent of when and how the Department will conduct reviews of expenses and audits. The notice may be provided in the handbook adopted pursuant to R7-2-1503. Notwithstanding any other Section, the Department may review expenses less frequently using a risk-based approach, if the Department provides notice to parents and the Board pursuant to this Section.
- C. Parents shall submit expenses that shall include, but are not limited to, the following:
  - 1. Invoices for each vendor, individual or product;
  - 2. Invoices for private schools, which shall include the following:
    - a. The name of the qualified student,
    - b. The name of the private school,
    - c. The transaction date,
    - d. Tuition or fee amounts, and
    - e. Total charged to the card, and for reimbursements, proof of method of payment;
  - 3. Invoices for tutors, paraprofessionals, service type or therapists which shall include:
    - a. Name of the qualified student,
    - b. The name of one of the following: the vendor, facility, therapist or tutor,
    - c. A description of the services,
    - d. The transaction date,
    - e. The rate amounts,
    - f. Any processing fees, and
    - g. Total charged to the card, and for reimbursements, proof of method of payment.
- D. For debit card transactions, a parent shall submit all debit card transaction expense receipts to the Department as follows:
  - 1. On or before October 31 for quarter one,
  - 2. On or before January 31 for quarter two,
  - 3. On or before April 30 for quarter three, and
  - 4. On or before July 31 for quarter four.
- E. The Department shall review and approve expenses and make its next quarterly disbursement of funds within 30 days of the deadlines prescribed in R7-2-1508(D).
- F. On receipt and approval of debit card transaction expense receipts or reimbursements, the Department shall notify the parent through electronic mail or through an online portal. The Department shall not withhold funds for a subsequent quarter if it fails to review expenses, debit card transaction expense receipts or reimbursements within 30 days of the deadline. A parent may submit corrected debit card transaction expense receipts any time prior to the quarterly submission deadline.
- G. If a parent fails to submit debit card transaction expense receipts, if required, by the deadlines prescribed in R7-2-1508(D) or submits incomplete debit card transaction expense receipts or reimbursements, the Department shall:
  - 1. Serve notice to the parent of the deficiencies,

- 2. Provide the parent 15 days from the date of receipt of the notice to submit complete debit card transaction expense receipts or reimbursements, and
- 3. Review debit card transaction expense receipts or reimbursements submitted pursuant to this subsection within five days of receipt from the parent.
- H. Following the 15 day period provided in R7-2-1508(G)(2), the Department may remove a parent from the Program for failing to submit required debit card transaction expense receipts or failing to correct the deficiencies of a debit card transaction expense receipt.
- I. Pursuant to R7-2-1511, a parent that has been removed from the Program may file a written request for a hearing within 30 days after being served the notice of removal. Except in cases in which the Board has found misuse of funds or fraud pursuant to R7-2-1509, the Department shall not withhold funding to one qualified student's ESA due to deficiencies in the expense reporting of a sibling's account.
- J. At the written request of a parent, the Department shall extend the deadlines prescribed in R7-2-1508(D) for up to 30 days from the deadlines prescribed in this Section if the parent demonstrates hardship, including an act of God or similar circumstance that prevented the parent from responding by the deadline.
- K. If a parent does not make any expenses in a quarter, the parent shall submit attest to that fact in a format provided by the Department.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective January 1, 2021 (Supp. 20-4). The word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 28 A.A.R. 187 (January 14, 2022), effective December 13, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 29 A.A.R. 542 (February 10, 2023), effective January 23, 2023 (Supp. 23-1).

**R7-2-1509. Misuse of Funds**

- A. Based on a finding that a parent knowingly misuses funds, the Department shall temporarily suspend the account and provide notice to the parent. The notice shall:
  - 1. Include the reason for the temporary suspension and a detailed description of the disallowed expense; and
  - 2. Provide the parent 15 days, not including weekends, to either:
    - a. Present documentation that demonstrates the expense is allowable or that the parent was victim to identity theft or fraud; or
    - b. Agree to repay the amount.
- B. The Department shall review the documentation submitted pursuant to R7-2-1509(A)(2)(a) within five days of receipt to determine if the expense is allowable or if the parent was victim to identity theft or fraud. If the Department determines the expense is allowable or that the parent was victim to identity theft or fraud, the Department shall lift the temporary suspension, reinstate the account and make any disbursements that were withheld during the suspension.
- C. If the Department determines the documentation fails to demonstrate the expense is allowable or that the parent was victim to identity theft or fraud, the Department shall provide notification to the parent that the amount must be repaid. The Department shall withhold the disbursement of any additional ESA funds until repayment is made. The Department may

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agree to a gradual repayment plans at the request of the parent and shall reinstate additional ESA funding once repayment has begun. The Department may remove a parent from the Program that fails to repay an amount or agree to a repayment plan.

- D. Once a parent agrees to a gradual repayment plan or repays an amount pursuant to R7-2-1509(A)(2)(b) or R7-2-1509(C), the Department shall lift the temporary suspension, reinstate the account and make any disbursements that were withheld during the suspension as follows:
  1. Within one day, if the repayment is made by cashier's check or money order; or
  2. Within seven days, if repayment is made by personal check.
- E. Except in cases which the Attorney General determines that a parent or account holder has committed fraud, any expenditure from an Arizona Empowerment Scholarship Account for a purchase that is deemed ineligible pursuant to A.R.S. § 15-2402 and that is subsequently repaid by the parent or account holder shall be credited back to the Arizona Empowerment Scholarship Account balance within 30 days after the receipt of payment.
- F. Pursuant to R7-2-1511, a parent who has been removed from the Program pursuant to this Section may file a written request for a hearing within 30 days after being served the notice of removal.
- G. The Department shall refer a case to the Board if a parent does not file an appeal pursuant to R7-2-1511 and either:
  1. Fails to repay the amount of a disallowed expense; or
  2. Fails to make a payment on a gradual repayment plan.
- H. On a finding of misuse of monies, the Board may refer the case to the Attorney General who may bring an action to recover the monies. Upon obtaining evidence of fraudulent use of an account, the Board may refer the case to the Attorney General for the purpose of a criminal investigation.
- I. A parent or qualified student is not eligible to enroll a qualified student in the ESA Program if that parent was an account holder on an account that was referred to the Attorney General for misuse of monies unless the parent's expense was subsequently found to be allowable or the parent was the victim of identity theft or fraud.
- J. If a parent commits fraud, the Department shall withhold funds from all accounts in the parent's name and close the accounts.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective January 1, 2021 (Supp. 20-4).  
Amended by final exempt rulemaking at 28 A.A.R. 187 (January 14, 2022), effective December 13, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 29 A.A.R. 542 (February 10, 2023), effective January 23, 2023 (Supp. 23-1).

**R7-2-1510. Corrective Action**

- A. Except for misuse of funds or failing to submit debit card transaction expense receipts pursuant to R7-2-1508, if the Department finds that a parent violated A.R.S. § 15-2401 et seq, this Article or the terms and conditions set forth by the Department in the contract signed by the parent, the Department shall:
  1. Temporarily suspend the account;
  2. Provide notice to the parent of the violation, including an explanation of the violation; and
  3. Provide the parent 15 days to correct the violation.

- B. The Department may remove a parent or qualified student from the Program for failing to correct a violation pursuant to this Section.
- C. Pursuant to R7-2-1511, a parent or qualified student who has been removed from the Program pursuant to this Section may file a written request for a hearing within 30 days after being served the notice of removal.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective January 1, 2021 (Supp. 20-4).  
Amended by final exempt rulemaking at 28 A.A.R. 187 (January 14, 2022), effective December 13, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 29 A.A.R. 542 (February 10, 2023), effective January 23, 2023 (Supp. 23-1).

**R7-2-1511. Appeals**

- A. A parent may appeal to the Board any administrative decision the Department makes pursuant to A.R.S. Title 15, Chapter 19, Article 1, including determinations of allowable expenses, removal from the Program or enrollment eligibility.
- B. Stay
  1. Pending the resolution of an appeal during which an account is suspended, a parent may request a stay on the account suspension.
    - a. Included in the request for a hearing filed pursuant to R7-2-1511(F), a parent may file a request to the Board to stay an account suspension. Such request shall be in writing and shall address the matters stated in the Department's notice in R7-2-1511(E).
    - b. The Department may file a response to the parent's request to stay the suspension of the account. Such response shall be filed with the Board within five business days of receipt of the parent's request to stay the suspension. Such response shall be in writing and shall address the matters stated in the parent's request.
    - c. Within 10 business days after receipt of the Department's response, the executive director of the Board or the executive director's designee shall make a written determination to either:
      - i. Proceed with suspension of the account, or
      - ii. Stay all or part of the suspension of the account if there is a reasonable probability that the appeal will be upheld or that the stay is in the best interest of the State. If a stay is issued, the Department may not withhold funding or contract renewal for the account holder on account of the appealed administrative decision during the stay unless directed by the Board to do so.
    - d. The executive director or the executive director's designee shall provide the parent and the Department with a written copy of the stay determination including the basis for the determination.
- C. Notwithstanding any other Section, the Department may, with the agreement of the account holder on the resolution, informally resolve a disputed administrative action at any time without a formal appeal pursuant to this Article.
- D. The Department, on its website and in the parent handbook, shall provide information on the Board's appeals process.
- E. The Department shall provide parents with written notice of an appealable action taken by the Department. Such written notice shall inform the parents of his/her right to request a hearing on the action and shall include the following:

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1. The statute or rule that is alleged to have been violated or on which the action is based;
  2. Identify, with reasonable particularity, the nature of any alleged violation or action;
  3. Include a description of the parent's right to request a hearing on the appealable agency action; and
  4. Include a description of the parent's right to request an informal settlement conference.
- F.** Within 30 days after being served with notice of an appealable action, a parent may file a request for a hearing. The notice must be in writing and shall state the following:
1. The identity of the party requesting the hearing,
  2. The mailing address of the party requesting the hearing,
  3. The agency that rendered the decision related to the appealable action,
  4. Identification of the action being appealed,
  5. A concise statement of the reasons for the request for hearing,
  6. A copy of the administrative decision issued by the Department, and
  7. Any other information or documentation requested by the Board applicable to the appeal process.
- G.** If good cause is submitted, the Board may accept a request for a hearing that is not filed in a timely manner. Such request must be made in writing and state the basis for not filing the request on time.
- H.** If a parent requests a hearing pursuant to R7-2-1511(F) and includes all of the items listed in R7-2-1511(F)(1) through (7), the Board shall schedule a hearing.
- I.** The Board shall provide all parties with a written notice at least 20 days prior to the date set for the hearing. The notice shall include:
1. A statement of the time, place and nature of the hearing;
  2. A statement of the legal authority and jurisdiction under which the hearing is to be held;
  3. A reference to the particular sections of the statutes and rules involved; and
  4. A short and plain statement of the matters asserted. If a party is unable to state the matters in detail at the time the notice is served, the initial notice may be limited to a statement of the issues involved. Thereafter upon application a more definite and detailed statement shall be furnished.
- J.** All notices shall be served via personal delivery or certified mail, return receipt requested or by any other method reasonably calculated to effect actual notice on the agency and all parties to the action at each party's last address of record.
- K.** A hearing on the appealable action shall be held after a complete appeal is filed and may be advanced or delayed on the agreement of the parties or on a showing of good cause.
- L.** Informal Settlement Conference
1. A parent may request an informal settlement conference be held with the Department. The request shall be in writing and shall be filed with the Department, and a copy provided to the Board, no later than 10 days after the Board provides notice that the appeal is complete. The Department shall hold an informal settlement conference within seven days after receiving the request. The Department shall notify the Board of the result of the informal settlement conference within five days of the conclusion of the informal settlement conference or prior to the hearing date, whichever is first. The request for an informal settlement conference does not alter the date the hearing is to be held.
  2. If an informal settlement conference is held, a person with the authority to act on behalf of the Department must represent the Department at the conference. The Department representative shall notify the parent in writing that statements, either written or oral, made at the conference, including a written document, created or expressed solely for the purpose of settlement negotiations are inadmissible in any subsequent administrative hearing.
- M.** Informal disposition may be made by stipulation, agreed settlement, consent order or default.
- N.** Hearing Process
1. All hearings shall be conducted before a hearing officer pursuant to this Section.
  2. The parties to the appealable agency action have the right to be represented by legal counsel or to proceed without counsel, to submit evidence and to cross-examine witnesses.
    - a. Pursuant to A.R.S. § 15-2403(E), a parent may designate a representative, not necessarily an attorney, before any hearing held pursuant to this Section. Any designated representative who is not an attorney admitted to practice may not charge for any services rendered in connection with such a hearing.
    - b. The fact that a representative participated in the hearing or assisted the account holder is not grounds for reversing any administrative decision or order if the evidence supporting the decision or order is substantial, reliable and probative.
  3. The Board shall schedule a prehearing conference on request of any party. A prehearing conference may be held for the following purposes:
    - a. Clarify or limit procedural, legal or factual issues;
    - b. Consider amendments to any pleading;
    - c. Identify and exchange lists of witnesses and exhibits intended to be introduced at the hearing;
    - d. Obtain stipulations or rulings regarding testimony, exhibits, facts or law;
    - e. Schedule deadlines, hearing dates and locations if not previously set; or
    - f. Allow the parties opportunity to discuss settlement.
  4. The record in a contested case shall include:
    - a. All pleadings, motions and interlocutory rulings.
    - b. Evidence received or considered.
    - c. A statement of matters officially noticed.
    - d. Objections and offers of proof and rulings thereon.
    - e. Proposed findings of fact and conclusions of law and exceptions thereto.
    - f. Any decision, opinion, recommendation or report of the hearing officer.
    - g. All staff memoranda, other than privileged communications, or data submitted to the hearing officer in connection with its consideration of the case.
  5. Findings of fact shall be based exclusively on the evidence and on matters officially noticed.
  6. A participant of record shall not communicate, either directly or indirectly, with the Hearing Officer about any substantive issue in a pending matter unless:
    - a. All participants of record are present;
    - b. Communication is during a scheduled proceeding, where an absent participant of record fails to appeal after proper notice; or
    - c. Communication is by written motion with copies to all participants of record.

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7. The Hearing Officer may postpone, continue, or cancel a hearing for good cause upon the written request of either party. The participant of record must establish good cause for the written request.
  8. For good cause shown, the hearing officer may grant continuances and extensions of time for filing notices or other documents.
  9. The Hearing Officer may direct a party to submit additional memorandum or information within a reasonable period of time. The Hearing Officer shall grant the opposing party a reasonable period of time to respond to the additional memorandum or information.
  10. Upon written request, any party may request an opportunity to compare a document copy with the original. The Hearing Officer may grant the request if the record establishes good cause.
- O. Conduct of Hearing**
1. All hearings shall be recorded. The Board shall secure either a court reporter or an electronic means of producing a clear and accurate record of the proceeding.
  2. A hearing may be conducted in an informal manner and without adherence to the rules of evidence required in judicial proceedings. Neither the manner of conducting the hearing nor the failure to adhere to the rules of evidence required in judicial proceedings shall be grounds for reversing any administrative decision or order if the evidence supporting the decision or order is substantial, reliable and probative.
  3. The parties may submit proposed findings of fact and conclusions of law prior to the hearing. The hearing officer may require that the parties submit proposed findings of fact and conclusions of law prior to the hearing or at the close of evidence.
  4. All interested parties shall be ready and present with all witnesses and documents at the time and place specified in the notice of hearing and shall be prepared at such time to dispose of all issues and questions involved in the appeal. An interested party shall arrange for the presence of that party's witnesses at a hearing.
  5. If a party fails to appear at a hearing, the hearing body may proceed with the presentation of the evidence of the appearing party.
  6. The Hearing Officer conducting the hearing may close the hearing to other than interested parties to the extent necessary to protect the interests and rights of the interested parties, within the requirements of A.R.S. §§ 38-431.01, and 38-431.03.
  7. The Hearing Officer may conduct all or part of the hearing by telephone other electronic means, as long as each party has an opportunity to participate in the entire proceeding as it takes place.
  8. Conduct at any hearing that is disruptive or shows contempt for the proceeding shall be grounds for exclusion from further participation.
- P. Evidence**
1. All witnesses shall testify under oath or affirmation. The hearing officer shall administer oaths and affirmations.
  2. The hearing officer shall afford interested parties an opportunity either to present oral or documentary evidence, or both, and to conduct such cross-examination as may be required for a full and fair disclosure of the facts. The hearing officer may limit the time of oral argument.
  3. The hearing officer may choose to admit evidence, a witness' deposition, or a witness' affidavit and determine evidentiary weight of all submitted evidence. The party taking a witness' deposition or affidavit shall bear all deposition-related or affidavit-related costs. The hearing officer shall make rulings necessary to prevent argumentative, repetitive, or irrelevant questioning, to exclude evidence the hearing officer determines to be irrelevant, immaterial or unduly repetitious, and to expedite the examination to the extent consistent with the disclosure of all relevant testimony and information.
- Q. Stipulations.** Parties to any contested case may stipulate, in writing, agreement upon any matter involved in the proceeding. If approved by the hearing officer, agreement on matters of procedure shall be binding upon the parties to the stipulation. No substantive matter agreed to by the parties shall be binding upon the Board unless incorporated into the decision of the Board.
- R. Final Administrative Decision**
1. The hearing officer shall issue a written recommendation within 20 days after the hearing is concluded. The written recommendation shall contain a concise explanation of the reasons supporting the recommendation, including the findings of fact and conclusions of law.
  2. The hearing officer shall serve a copy of the recommendation on the Board. On request of the Board, the hearing officer shall also transmit to the Board the record of the hearing as described in A.R.S. § 12-904.
  3. At one of the following two regularly scheduled meetings of the Board after the hearing officer sends a copy of the recommendation to the Board, the Board may review the recommendation and accept, reject or modify it.
    - a. If the Board declines to review the hearing officer's recommendation, the Board shall serve a copy of the recommendation on all parties.
    - b. If the Board rejects or modifies the recommendation, the Board shall serve on all parties, a copy of the hearing officer's recommendation with the rejection or modification and a written justification setting forth the reasons for the rejection or modification of each finding of fact or conclusion of law.
  4. The Board shall provide all parties with at least 20 days written notice of the date, time and location of the public meeting at which the Board will consider the hearing officer's recommendation.
- S. Rehearing and Review of Decisions**
1. A party may file a motion for rehearing or review within 10 days after service of the final administrative decision. The motion shall be in writing and state the basis upon which the rehearing or review is requested. The motion shall be filed with the Board and a copy provided to the opposing party. When a motion of rehearing is based on new evidence, the new evidence shall be served to the Board with the written motion.
  2. The opposing party may file a response to the motion for rehearing within 15 days after the date the motion for rehearing is filed. The response shall be in writing and address the basis upon which the rehearing or review is requested. The motion shall be filed with the Board and a copy provide to the moving party.
  3. A rehearing of a final administrative decision by the Board may be granted for any of the following causes materially affecting the moving party's rights:
    - a. Except as provided for in R7-2-1511(O)(2), irregularity in the administrative proceedings of the hear-

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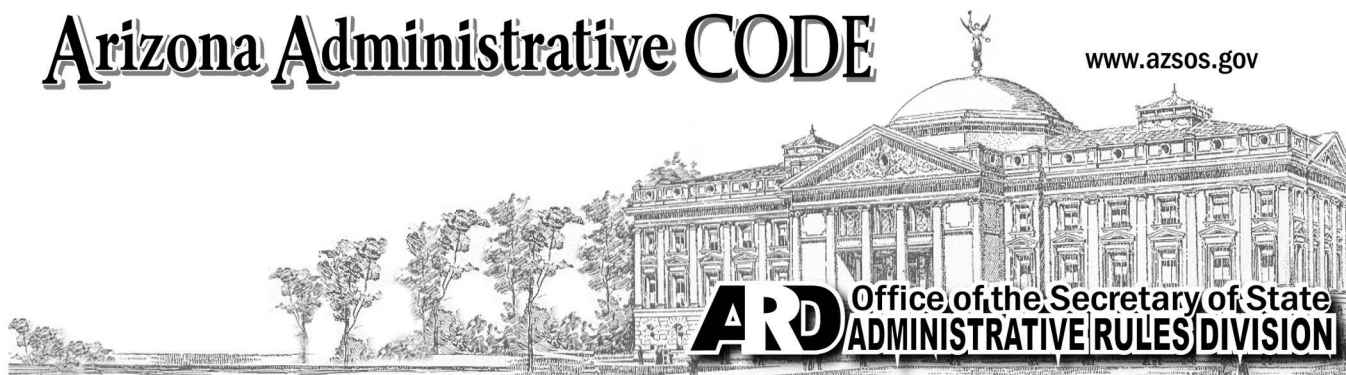
- ing, or abuse of discretion, whereby the moving party was deprived of a fair hearing;
- b. Misconduct of the hearing officer; or
- c. Newly discovered materials which could not with reasonable diligence have been discovered and produced at the hearing.
- 4. The filed motion shall be considered at one of the following two regularly scheduled meetings of the Board.
- 5. Service is complete on personal service or five days after the date the final administrative decision is mailed to the party's last known address.
- 6. After a hearing has been held and a final administrative decision has been entered a party is not required to file a

motion for rehearing or review of the decision in order to exhaust the party's administrative remedies.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective January 1, 2021 (Supp. 20-4). The word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 28 A.A.R. 187 (January 14, 2022), effective January 1, 2022 (Supp. 21-4). Amended by final exempt rulemaking at 29 A.A.R. 542 (February 10, 2023), effective January 23, 2023 (Supp. 23-1).





**TITLE 9. HEALTH SERVICES**  
**CHAPTER 1. DEPARTMENT OF HEALTH SERVICES - ADMINISTRATION**  
**9 A.A.C. 1**

**Supplement Information**  
**Supp. 25-4**

Rules expired between October 1, 2025 through December 31, 2025 are underlined in the table of contents.

**For questions about expired rules, contact:**

Name: The Governor's Regulatory Review Council  
Telephone: (602) 542-2058  
Address: 100 N. 15th Avenue, Suite 302  
Phoenix, AZ 85007  
Website: <https://grrc.az.gov/contact-us>

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**The release of this Chapter in Supp. 25-4 replaces Supp. 21-2, 1-15 pages.**

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

## PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “*Rule*’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

### THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

### HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at [www.azsos.gov/rules](http://www.azsos.gov/rules), click on the *Administrative Register* link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

### PERSONAL USE/COMMERCIAL USE

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*Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.*

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## Administrative Rules Division

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## TITLE 9. HEALTH SERVICES

## CHAPTER 1. DEPARTMENT OF HEALTH SERVICES - ADMINISTRATION

## Supp. 25-4

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Article 6, consisting of Sections R9-1-601 through R9-1-606, recodified from R9-18-101 through R9-18-106, and amended at 26 A.A.R. 3319, with an immediate effective date of December 7, 2020 (Supp. 20-4). These rules were originally adopted under 9 A.A.C. 18 effective April 22, 1988 (Supp. 88-2); and amended by final rulemaking at 12 A.A.R. 3715, effective November 11, 2006 (Supp. 06-3).

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## TITLE 9. HEALTH SERVICES

## CHAPTER 1. DEPARTMENT OF HEALTH SERVICES - ADMINISTRATION

**ARTICLE 1. RULES OF PRACTICE AND PROCEDURE****R9-1-101. Definitions**

In addition to the definitions in A.R.S. §§ 41-1001 and 41-1092, the following definitions apply in this Chapter, unless otherwise specified:

1. "Calendar day" means each day, not including the day of the act, event, or default from which a designated period of time begins to run, but including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.
2. "Department" means the Arizona Department of Health Services.
3. "Director" means the Director of the Arizona Department of Health Services.
4. "Recommended decision" means the written ruling made by an administrative law judge regarding a contested case or appealable agency action within 20 days after a hearing under A.R.S. § 41-1092.08.

**Historical Note**

Adopted effective April 13, 1990 (Supp. 90-2). Amended by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3). Amended by final expedited rulemaking at 26 A.A.R. 1224, with an immediate effective date of June 3, 2020 (Supp. 20-2).

**R9-1-102. Response to a Recommended Decision**

- A. The Director may mail a copy of a recommended decision to each party.
- B. A party has ten calendar days from the date the Director mails the recommended decision to submit a response that states each reason why the Director should accept, reject, or modify the recommended decision with information supporting the reason.
- C. The Director may consider a response in subsection (B) in determining whether to accept, reject, or modify the recommended decision.

**Historical Note**

Adopted effective April 13, 1990 (Supp. 90-2). Section repealed; new Section made by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3). Amended by final expedited rulemaking at 26 A.A.R. 1224, with an immediate effective date of June 3, 2020 (Supp. 20-2).

**R9-1-103. Rehearing or Review of a Final Administrative Decision**

- A. A party who is aggrieved by a final administrative decision may file with the Director, not later than 30 calendar days after service of the final administrative decision, a written motion for rehearing or review of the final administrative decision specifying the grounds for rehearing or review.
- B. A party filing a motion for rehearing or review under this Section may amend the motion at any time before it is ruled upon by the Director.
- C. Any other party may file a response to the motion for rehearing or review in subsection (A) within 15 calendar days after the date the motion for rehearing or review is filed with the Director.
- D. The Director may require that the parties file supplemental memoranda explaining the issues raised in a motion or response in subsection (A) or (C) and may permit oral argument.

- E. The Director may grant a rehearing or review of the final administrative decision for any of the following reasons materially affecting the requesting party's rights:

1. Irregularity in the proceedings of the hearings or an abuse of discretion that deprived the party of a fair hearing,
2. Misconduct by the administrative law judge or the prevailing party,
3. Accident or surprise that could not have been prevented by ordinary prudence,
4. Newly discovered material evidence that could not with reasonable diligence have been discovered and produced at the original hearing,
5. Excessive or insufficient penalties,
6. Error in the admission or rejection of evidence or other errors of law occurring at the hearing, or
7. That the decision is not supported by the evidence or is contrary to law.

- F. The Director shall rule on the motion for rehearing or review within 15 calendar days after a response to the motion is filed. If no response to the motion for rehearing or review is filed, the Director shall rule on the motion for rehearing or review within five calendar days after the expiration of the response period in subsection (C).

- G. An order issued by the Director granting a rehearing or review shall specify the grounds for the rehearing or review.

**Historical Note**

Adopted effective April 13, 1990 (Supp. 90-2). Section repealed; new Section made by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3). Amended by final expedited rulemaking at 26 A.A.R. 1224, with an immediate effective date of June 3, 2020 (Supp. 20-2).

**R9-1-104. Repealed****Historical Note**

Adopted effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

**R9-1-105. Repealed****Historical Note**

Adopted effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

**R9-1-106. Repealed****Historical Note**

Adopted effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

**R9-1-107. Repealed****Historical Note**

Adopted effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

**R9-1-108. Repealed****Historical Note**

Adopted effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

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**R9-1-109. Repealed****Historical Note**

Adopted effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

**R9-1-110. Repealed****Historical Note**

Adopted effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

**R9-1-111. Repealed****Historical Note**

Section repealed, new Section adopted effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

**R9-1-112. Repealed****Historical Note**

Section repealed, new Section adopted effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

**R9-1-113. Repealed****Historical Note**

Amended Regulation 10-71. Section repealed, new Section adopted effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

**R9-1-114. Repealed****Historical Note**

Amended Regulation 1-74. Section repealed, new Section adopted effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

**R9-1-115. Repealed****Historical Note**

Amended Regulation 10-71. Section repealed, new Section adopted effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

**R9-1-116. Repealed****Historical Note**

Amended Regulation 10-71. Section repealed, new Section adopted effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

**R9-1-117. Repealed****Historical Note**

Amended Regulation 10-71. Section repealed, new Section adopted effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

**R9-1-118. Repealed****Historical Note**

Amended Regulation 10-71. Section repealed, new Section adopted effective April 13, 1990 (Supp. 90-2).

Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

**R9-1-119. Repealed****Historical Note**

Amended Regulation 10-71 and 1-74. Section repealed, new Section adopted effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

**R9-1-120. Repealed****Historical Note**

Amended Regulation 10-71. Section repealed, new Section adopted effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

**R9-1-121. Repealed****Historical Note**

Section repealed, new Section adopted effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

**R9-1-122. Repealed****Historical Note**

Amended Regulation 10-71 and 1-74. Repealed effective April 13, 1990 (Supp. 90-2).

**R9-1-123. Repealed****Historical Note**

Amended Regulation 10-71. Repealed effective April 13, 1990 (Supp. 90-2).

**R9-1-124. Repealed****Historical Note**

Repealed effective April 13, 1990 (Supp. 90-2).

**R9-1-125. Repealed****Historical Note**

Former Section R9-1-125 renumbered as Section R9-1-126, new Section R9-1-125 adopted effective May 12, 1977 (Supp. 77-3). Repealed effective April 13, 1990 (Supp. 90-2).

**R9-1-126. Repealed****Historical Note**

Former Section R9-1-125 renumbered as Section R9-1-126 effective May 12, 1977 (Supp. 77-3). Repealed effective April 13, 1990 (Supp. 90-2).

**ARTICLE 2. PUBLIC PARTICIPATION IN RULEMAKING****R9-1-201. Definitions**

In addition to the definitions in R9-1-101, the following definitions apply in this Article, unless otherwise specified:

1. "Amendment" means a change to a rule, including added or deleted text.
2. "Arizona Administrative Code" means the publication described in A.R.S. § 41-1012.
3. "Citation" means the number that identifies a rule.
4. "Rulemaking record" means a file maintained by the Department as specified in A.R.S. § 41-1029.
5. "Text" means a letter, number, symbol, table, or punctuation in a rule.

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**Historical Note**

Adopted effective April 13, 1990 (Supp. 90-2). Section repealed; new Section made by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

Amended by final rulemaking at 12 A.A.R. 3699, effective November 11, 2006 (Supp. 06-3). Amended by final expedited rulemaking at 26 A.A.R. 1224, with an immediate effective date of June 3, 2020 (Supp. 20-2).

**R9-1-202. Rulemaking Record**

Except on a state holiday, an individual may review a rulemaking record at the Office of Administrative Counsel and Rules, Monday through Friday, from 8:00 a.m. until 5:00 p.m.

**Historical Note**

Adopted effective April 13, 1990 (Supp. 90-2). Section repealed; new Section made by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

Amended by final expedited rulemaking at 26 A.A.R. 1224, with an immediate effective date of June 3, 2020 (Supp. 20-2).

**R9-1-203. Petition for Department Rulemaking and Petition for Review of a Department Practice or Substantive Policy Statement**

A. A petition to the Department for rulemaking under A.R.S. § 41-1033 shall include:

1. The name and address of the individual who submits the petition;
2. An identification of the rulemaking, including:
  - a. A statement of the rulemaking sought,
  - b. The Arizona Administrative Code citation of each existing rule included in the petition, and
  - c. A description of each new rule included in the petition;
3. The specific text of each new rule or amendment;
4. The reasons for requesting the rulemaking, supported by:
  - a. Statistical data;
  - b. If the statistical data refers to exhibits, the exhibits;
  - c. An identification of the persons who would be affected by the rulemaking and the type of effect; and
  - d. Other information supporting the rulemaking;
5. The signature of the individual who submits the petition;
6. The date the petition is signed; and
7. A copy of each existing rule included in the petition.

B. A petition to the Department under A.R.S. § 41-1033 for review of a Department practice or substantive policy statement that allegedly constitutes a rule shall include:

1. The name and address of the individual who submits the petition,
2. An identification of a Department practice or substantive policy statement that allegedly constitutes a rule,
3. The signature of the individual who submits the petition,
4. The date the petition is signed, and
5. A copy of the Department's substantive policy statement or a description of the Department's practice.

C. The Department shall notify an individual who submits a petition according to A.R.S. § 41-1033 of the Department's decision in writing within 60 calendar days after receipt of the petition.

D. If the Department denies a petition submitted according to A.R.S. § 41-1033, the individual who submitted the petition may proceed according to A.R.S. §§ 41-1033 or 41-1034.

**Historical Note**

Adopted effective April 13, 1990 (Supp. 90-2). Section repealed; new Section made by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

Amended by final rulemaking at 12 A.A.R. 3699, effective November 11, 2006 (Supp. 06-3). Amended by final expedited rulemaking at 26 A.A.R. 1224, with an immediate effective date of June 3, 2020 (Supp. 20-2).

**R9-1-204. Repealed****Historical Note**

Adopted effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

**R9-1-205. Repealed****Historical Note**

Adopted effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

**R9-1-206. Repealed****Historical Note**

Adopted effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

**ARTICLE 3. DISCLOSURE OF MEDICAL RECORDS, PAYMENT RECORDS, AND PUBLIC HEALTH RECORDS****R9-1-301. Definitions**

In addition to the definitions in R9-1-101, the following definitions apply in this Article, unless otherwise specified:

1. "Behavioral health services" means the same as in A.R.S. § 36-401.
2. "Business day" means the same as in A.R.S. § 10-140.
3. "Commercial purpose" means the same as in A.R.S. § 39-121.03.
4. "Consent" means permission by an individual or by the individual's parent, legal guardian, or other health care decision maker to have medical services provided to the individual.
5. "Court of competent jurisdiction" means a court with the authority to enter an order.
6. "De-identified" means a public health record from which the information listed in 45 CFR 164.514(b)(2)(i) for an individual and the individual's relatives, employers, or household members has been removed.
7. "Disclose" means to release, transfer, provide access to, or divulge information in any other manner.
8. "Disclosure" means the release, transfer, provision of access to, or divulging of information in any other manner by the person holding the information.
9. "Disease" means the same as in R9-6-101.
10. "Documentation" means written supportive evidence.
11. "Emancipated minor" means an individual less than age 18 who:
  - a. Is determined to be independent of parents or legal guardians under A.R.S. Title 12, Chapter 15, Article 1;
  - b. Meets the requirements for recognition as an emancipated minor in A.R.S. § 12-2455;

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- c. Has the ability to make a contract under A.R.S. § 44-131 or to consent to medical services under A.R.S. § 44-132; or
  - d. Is married or is a U.S. armed forces enlisted member.
12. "Employee" means an individual who works for the Department for compensation.
  13. "Enlisted member" means the same as in 32 U.S.C. 101.
  14. "Epidemic" means that a disease affects a disproportionately large number of individuals in a population, community, or region at the same time.
  15. "Estate" means the same as in A.R.S. § 14-1201.
  16. "Halfway house" means a residential setting that temporarily provides shelter, food, and other services to an individual after the individual completes a confinement in a correctional facility, as defined in A.R.S. § 13-2501, or a stay in a health care institution, as defined in A.R.S. § 36-401.
  17. "Health care decision maker" means the same as in A.R.S. § 12-2291.
  18. "Human Subjects Review Board" means individuals designated by the Director to:
    - a. Review human subjects research that is conducted, funded, or sponsored by the Department for consistency with 45 CFR Part 46, Subpart A, dealing with the protection of the human subjects;
    - b. Review requests for Department information from external entities conducting or planning to conduct human subjects research; and
    - c. Establish guidelines for the submission and review of human subjects research.
  19. "Incapacitated person" means the same as in A.R.S. § 14-5101.
  20. "Incidence" means the rate of cases of a disease or an injury in a population, community, or region during a specified period.
  21. "Individually identifiable health information" means the information described in 42 U.S.C. 1320d.
  22. "Injury" means trauma or damage to a part of the human body.
  23. "Legal guardian" means an individual:
    - a. Appointed by a court of competent jurisdiction under A.R.S. Title 8, Chapter 4, Article 12 or A.R.S. Title 14, Chapter 5;
    - b. Appointed by a court of competent jurisdiction under another state's laws for the protection of minors and incapacitated persons; or
    - c. Appointed for a minor or an incapacitated person in a probated will.
  24. "Medical records" means the same as in A.R.S. § 12-2291.
  25. "Medical services" means the same as in A.R.S. § 36-401.
  26. "Minor" means the same as in A.R.S. § 36-798.
  27. "Outbreak" means an unexpected increase in the incidence of a disease as determined by the Department or a health agency, as defined in A.R.S. § 36-671.
  28. "Parent" means a biological or adoptive mother or father of an individual.
  29. "Patient" means an individual receiving behavioral health services, medical services, nursing services, or health-related services, as defined in A.R.S. § 36-401.
  30. "Payment records" means the same as in A.R.S. § 12-2291.
  31. "Personal representative" means the same as in A.R.S. § 14-1201.
  32. "Probated will" means a will that has been proved as valid in a court of competent jurisdiction.
  33. "Public health records" means information created, obtained, or maintained by the Department for:
    - a. Public health surveillance to monitor the incidence and spread of a disease or an injury;
    - b. Public health investigation to identify and examine outbreaks or epidemics of disease or the incidence of injury;
    - c. Public health intervention to respond and contain outbreaks or epidemics of disease or the incidence of injury;
    - d. A system of public health statistics, as defined in A.R.S. § 36-301;
    - e. A system of vital records, as defined in A.R.S. § 36-301; or
    - f. Health oversight activities, which include the following:
      - i. Supervision of the health care system,
      - ii. Determining eligibility for health-related government benefit programs,
      - iii. Determining compliance with health-related government regulatory programs, or
      - iv. Determining compliance with civil rights laws for which health-related information is relevant; or
    - g. Other public health activities required or authorized by state or federal law.
  34. "Research" means the same as in 45 CFR 164.501.
  35. "State" means the same as in A.R.S. § 36-841.
  36. "Surviving spouse" means the individual:
    - a. To whom a deceased individual was married at the time of death, and
    - b. Who is currently alive.
  37. "Third person" means a person other than:
    - a. The individual identified by medical records; or
    - b. The individual's parent, legal guardian, or other health care decision maker.
  38. "Treatment" means a procedure or method to cure, improve, or palliate a disease or an injury.
  39. "Valid authorization" means written permission to disclose individually identifiable health information that contains all the elements described in 45 CFR 164.508(c)(1).
  40. "Volunteer" means an individual who works for the Department without compensation.
  41. "Will" means the same as in A.R.S. § 14-1201.

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 3699, effective November 11, 2006 (Supp. 06-3).  
Amended by final expedited rulemaking at 26 A.A.R. 1224, with an immediate effective date of June 3, 2020 (Supp. 20-2).

**R9-1-302. Medical Records or Payment Records Disclosure**

- A. Except as provided in subsection (B), an employee or volunteer shall not disclose to a third person medical records or payment records containing individually identifiable health information obtained or accessed as a result of the employment or volunteering.
- B. Unless otherwise prohibited by law, an employee or volunteer may disclose to a third person medical records or payment



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records containing individually identifiable health information:

1. With the valid authorization of the individual identified by the information in the medical records or payment records, if the individual:
    - a. Is at least age 18 or an emancipated minor, and
    - b. Is not an incapacitated person;
  2. With the valid authorization of the parent, legal guardian, or other health care decision maker of the individual identified by the information in the medical records or payment records, if the individual is:
    - a. Less than age 18, other than an emancipated minor; or
    - b. An incapacitated person;
  3. With the valid authorization of the individual identified by the information in the medical records or payment records, regardless of age, if:
    - a. The information to be disclosed resulted from the consent given by the individual under A.R.S. § 36-663 or A.R.S. § 44-132.01 and,
    - b. The individual is not an incapacitated person;
  4. With the valid authorization of the individual identified by information in the medical records or payment records if:
    - a. The information to be disclosed resulted from the individual's treatment under A.R.S. § 44-133.01;
    - b. The individual was at least age 12 at the time of the treatment under A.R.S. § 44-133.01 as established by documentation, such as a copy of the individual's:
      - i. Driver license issued by a state, or
      - ii. Birth certificate; and
    - c. The individual is not an incapacitated person;
  5. If the individual identified by the information in the medical records or payment records is deceased, upon the written request to the Department according to subsection (D) for disclosure of the deceased individual's medical records or payment records to:
    - a. The deceased individual's health care decision maker at the time of death;
    - b. The personal representative of the deceased individual's estate; or
    - c. If the deceased individual's estate has no personal representative, a person listed in A.R.S. § 12-2294(D);
  6. At the direction of the Human Subjects Review Board, if the medical records or payment records are sought for research and the disclosure meets the requirements of 45 CFR 164.512(i)(2); or
  7. As required by an order issued by a court of competent jurisdiction.
- C.** For purposes of subsection (B)(1), an individual less than age 18 who claims emancipated minor status shall submit to the Department a valid authorization signed by the individual less than age 18 and:
1. A copy of an order emancipating the individual issued by the Superior Court of Arizona;
  2. If the individual was an emancipated minor in a state other than Arizona:
    - a. Documentation establishing that the individual is at least age 16, such as a copy of the individual's:
      - i. Driver license issued by a state, or
      - ii. Birth certificate; and
  - b. Documentation of the individual's emancipation, such as a copy of:
    - i. An order emancipating the individual issued by a court of competent jurisdiction of a state other than Arizona,
    - ii. A real property purchase agreement signed by the individual as the buyer or the seller in a state other than Arizona,
    - iii. An order for the individual to pay child support issued by a court of competent jurisdiction of a state other than Arizona, or
    - iv. A loan agreement with a financial institution, such as a bank, savings and loan association, a credit union, or a consumer lender, signed by the individual as the borrower in a state other than Arizona;
3. A copy of the individual's marriage certificate issued by a state;
4. If the individual is a homeless minor, as described in A.R.S. § 44-132, documentation such as:
- a. A statement on the letterhead of a homeless shelter, as defined in A.R.S. § 16-121, or halfway house that:
    - i. Is dated within 10 calendar days before the date the Department receives the document,
    - ii. States the homeless shelter or halfway house is the individual's primary residence,
    - iii. Is signed by an authorized signer for the homeless shelter or halfway house, and
    - iv. States the authorized signer's title or position at the homeless shelter or halfway house; or
  - b. A statement signed by the individual that:
    - i. The individual does not live with the individual's parents, and
    - ii. The individual lacks a fixed nighttime residence;
5. If the individual is a U.S. armed forces enlisted member, a copy of the individual's U.S. armed forces:
- a. Enlistment document, or
  - b. Identification card; or
6. If the individual is a U.S. armed forces veteran, as defined in 38 U.S.C. 101, a copy of the individual's discharge certificate.
- D.** A request to the Department under subsection (B)(5) to disclose medical records or payment records shall include:
1. The name of the individual identified by the information in the medical records or payment records;
  2. A statement that the individual identified by the information in the medical records or payment records is deceased;
  3. The description and dates of the medical records or payment records requested;
  4. The name, address, and telephone number of the person requesting the medical records or payment records disclosure;
  5. Whether the person requesting the medical records or payment records disclosure:
    - a. Was the deceased individual's health care decision maker at the time of death,
    - b. Is the personal representative of the deceased individual's estate, or
    - c. Is a person listed in A.R.S. § 12-2294(D);
  6. The signature of the individual requesting the medical records or payment records disclosure;

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7. Documentation that the individual identified by the information in the medical records or payment records is deceased, such as a copy of:
    - a. The individual's death certificate,
    - b. A published obituary notice for the individual, or
    - c. Written notification of the individual's death; and
  8. Documentation establishing the relationship to the deceased individual indicated under subsection (D)(5), which includes the following:
    - a. Appointment as the deceased individual's legal guardian by a court of competent jurisdiction,
    - b. Appointment as the personal representative of the deceased individual's estate by a court of competent jurisdiction,
    - c. The deceased individual's birth certificate naming the person requesting the medical records or payment records as a parent,
    - d. The birth certificate of the person requesting the medical records or payment records naming the deceased individual as a parent, or
    - e. If the person requesting the medical records or payment records disclosure is the deceased individual's surviving spouse:
      - i. A copy of the person's marriage certificate naming the deceased individual as spouse, and
      - ii. A copy of the deceased individual's probated will naming the person as the deceased individual's surviving spouse.
- E.** The Department shall send a response to a request for medical records or payment records disclosure under subsection (B)(5) that meets the requirements of subsection (D):
1. By regular mail,
  2. To the address provided under subsection (D)(4), and
  3. Within 30 days after the date the Department receives the request.
- Historical Note**
- New Section made by final rulemaking at 12 A.A.R. 3699, effective November 11, 2006 (Supp. 06-3).  
Amended by final expedited rulemaking at 26 A.A.R. 1224, with an immediate effective date of June 3, 2020 (Supp. 20-2).
- R9-1-303. Public Health Records Disclosure**
- A.** A.R.S. Title 39, Chapter 1, Article 2, governs the Department's disclosure of public health records, except for:
1. Disclosure of public health records under A.R.S. §§ 36-104(9) and 36-105;
  2. Disclosure of vital records, as defined in A.R.S. 36-301, under A.R.S. §§ 36-324, 36-342, and 36-351;
  3. At the direction of the Human Subjects Review Board, disclosure of public health records that are not de-identified when:
    - a. The public health records are sought for research, and
    - b. The disclosure meets the requirements of 45 CFR 164.512(i)(2);
  4. Disclosure of medical marijuana records under A.R.S. § 36-2810; or
  5. Other disclosures prohibited by state or federal law.
- B.** For disclosure of public health records under A.R.S. Title 39, Chapter 1, Article 2, an individual shall submit to the Department a public records request that contains:
1. The request date;
  2. The requester's name, and if applicable, the requester's mailing address, e-mail address, and telephone number;
  3. If applicable, the name, address, and telephone number of the requester's organization;
  4. A specific identification of the public health records to be disclosed, including the description and dates of the records;
  5. Whether the public health records identified in subsection (B)(4) will be used for commercial purposes;
  6. If the requester indicates under subsection (B)(5) that the public health records will be used for commercial purposes, an explanation of each commercial purpose;
  7. The requester's signature; and
  8. If the requester indicates under subsection (B)(5) that the public health records will be used for a commercial purpose:
    - a. A jurat, as defined in A.R.S. § 41-311, completed by an Arizona notary; or
    - b. A notarization from another state indicating that the notary:
      - i. Verified the signer's identity,
      - ii. Observed the signing of the document, and
      - iii. Heard the signer swear or affirm the truthfulness of the document.
- C.** Within 15 business days after the Department receives a public records request that meets the requirements in subsection (B) or at a later time agreed upon by the Department and the individual requesting the records, the Department shall respond to the request by:
1. Sending by regular mail or electronic mail to the address provided in subsection (B)(2):
    - a. An acknowledgement that the Department received the public records request;
    - b. A list of categories of public health records that are not subject to disclosure; and
    - c. For the public health records requested that are subject to disclosure, a statement that the Department will notify the individual when disclosure will be provided; or
  2. Providing:
    - a. A list of categories of public health records that are not subject to disclosure; and
    - b. For the public health records requested that are subject to disclosure, disclosure of the records.
- D.** The Department shall ensure that public health records disclosed pursuant to a public records request are de-identified.
- E.** For copies of public health records disclosed pursuant to a public records request:
1. If the copies are for a commercial purpose, the Department shall charge:
    - a. The amount determined according to A.R.S. § 39-121.03, and
    - b. Based on the requester's explanation under subsection (B)(6);
  2. If the copies are not for a commercial purpose, the Department shall charge twenty-five cents per page; or
  3. If the copies are for a purpose stated in A.R.S. § 39-122(A), the Department shall not impose a charge.
- Historical Note**
- New Section made by final rulemaking at 12 A.A.R. 3699, effective November 11, 2006 (Supp. 06-3).  
Amended by final expedited rulemaking at 26 A.A.R.

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1224, with an immediate effective date of June 3, 2020  
(Supp. 20-2).

**R9-1-304. Reserved**

**R9-1-305. Reserved**

**R9-1-306. Reserved**

**R9-1-307. Reserved**

**R9-1-308. Reserved**

**R9-1-309. Reserved**

**R9-1-310. Reserved**

**R9-1-311. Repealed**

**Historical Note**

Amended by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3). Section repealed by final rulemaking at 12 A.A.R. 3699, effective November 11, 2006 (Supp. 06-3).

**R9-1-312. Repealed**

**Historical Note**

Amended by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3). Section repealed by final rulemaking at 12 A.A.R. 3699, effective November 11, 2006 (Supp. 06-3).

**R9-1-313. Repealed**

**Historical Note**

Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

**R9-1-314. Repealed**

**Historical Note**

Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

**R9-1-315. Repealed**

**Historical Note**

Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

**ARTICLE 4. EXPIRED AND REPEALED**

**R9-1-401. Reserved**

**R9-1-402. Reserved**

**R9-1-403. Reserved**

**R9-1-404. Reserved**

**R9-1-405. Reserved**

**R9-1-406. Reserved**

**R9-1-407. Reserved**

**R9-1-408. Reserved**

**R9-1-409. Reserved**

**R9-1-410. Reserved**

**R9-1-411. Expired**

**Historical Note**

Section R9-1-411 expired under A.R.S. § 41-1056(J) at 27 A.A.R. 797, effective April 8, 2021 (Supp. 21-2).

**R9-1-412. Expired**

**Historical Note**

Amended effective December 12, 1975 (Supp. 75-2). Amended effective February 12, 1981 (Supp. 81-1). Amended effective January 5, 1987 (Supp. 87-1). Amended effective April 4, 1994 (Supp. 94-2). Amended effective April 3, 1996 (Supp. 96-2). Amended by final rulemaking at 6 A.A.R. 4724, effective November 28, 2000 (Supp. 00-4). Amended by final rulemaking at 8 A.A.R. 4459, effective October 2, 2002 (Supp. 02-4). Amended by final rulemaking at 13 A.A.R. 4505, effective February 2, 2008 (Supp. 07-4). Amended by exempt rulemaking at 19 A.A.R. 1800, effective October 1, 2013 (Supp. 13-2). Section R9-1-412 expired under A.R.S. § 41-1056(J) at 27 A.A.R. 797, effective April 8, 2021 (Supp. 21-2).

**R9-1-413. Repealed**

**Historical Note**

Amended effective February 12, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 5077, effective November 22, 2002 (Supp. 02-4).

**R9-1-414. Repealed**

**Historical Note**

Adopted effective May 26, 1978 (Supp. 78-3). Section repealed by final rulemaking at 8 A.A.R. 5077, effective November 22, 2002 (Supp. 02-4).

**R9-1-415. Repealed**

**Historical Note**

Amended effective February 12, 1981 (Supp. 81-1). Correction, subsection (A) DHEW Publication number from (FDA) 48-2091 to (FDA) 78-2091 (Supp. 83-3). Section repealed by final rulemaking at 8 A.A.R. 5077, effective November 22, 2002 (Supp. 02-4).

**R9-1-416. Repealed**

**Historical Note**

Amended effective February 12, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 5077, effective November 22, 2002 (Supp. 02-4).

**R9-1-417. Repealed**

**Historical Note**

Amended effective February 12, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 5077, effective November 22, 2002 (Supp. 02-4).

**R9-1-418. Repealed**

**Historical Note**

Repealed effective February 12, 1981 (Supp. 81-1).

**ARTICLE 5. SLIDING FEE SCHEDULES**

**R9-1-501. Definitions**

In this Article, unless otherwise specified:

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1. "Administrative fee" means a fee payable by an uninsured individual that is established and charged according to R9-1-506(E).
2. "AHCCCS" means the Arizona Health Care Cost Containment System.
3. "Business day" means the same as in A.R.S. § 10-140.
4. "Calendar year" means January 1 through December 31.
5. "Child" means an individual under age 19.
6. "Consideration" means valuable compensation for something received or to be received.
7. "Correctional facility" means the same as in A.R.S. § 13-2501.
8. "Costs of producing rental income" means payments made by a rental-income recipient that are attributable to the premises or the portion of the premises generating the income, including payments for:
  - a. Property taxes,
  - b. Insurance premiums,
  - c. Mortgage principal and interest,
  - d. Utilities, and
  - e. Maintenance and repair.
9. "Costs of producing self-employment income" means payments made by a self-employment-income recipient that are attributable to generating the income, including payments for:
  - a. Equipment, machinery, and real estate;
  - b. Labor;
  - c. Inventory;
  - d. Raw materials;
  - e. Insurance premiums;
  - f. Rent; and
  - g. Utilities.
10. "Current federal poverty guidelines" means the most recent annual update of the U.S. Department of Health and Human Services' Poverty Guidelines published in the Federal Register.
11. "Deduction" means a dollar amount subtracted from a payment, before an individual receives the payment, for:
  - a. Federal income tax,
  - b. Social Security tax,
  - c. Medicare tax,
  - d. State income tax,
  - e. Insurance other than OASDI,
  - f. Pension, or
  - g. Other dollar amounts required by law or authorized by the individual to be subtracted.
12. "Department" means the Department of Health Services.
13. "Detention facility" means a place of confinement, including:
  - a. A juvenile facility under the jurisdiction of:
    - i. A county board of supervisors, or
    - ii. A county jail district authorized by A.R.S. Title 48, Chapter 25;
  - b. A juvenile secure care facility under the jurisdiction of the Department of Juvenile Corrections; or
  - c. A facility for individuals who are not United States citizens and who are in the custody of the U.S. Immigration and Customs Enforcement, Department of Homeland Security.
14. "Earned income" means work-related payments received by an individual, including:
  - a. Wages,
  - b. Commissions and fees,
  - c. Salary,
  - d. Profit from self-employment,
  - e. Profit from rent received from an individual or entity, and
  - f. Any other work-related monetary payments received by an individual.
15. "Family income" means the dollar amount determined according to R9-1-503(B).
16. "Family member" means an individual, determined according to R9-1-502, whose income is included in family income.
17. "Fee percentage" means a part of a provider's usual charges for medical services that is:
  - a. Expressed in hundredths, and
  - b. Established by a provider in a sliding fee schedule for medical services rendered to an uninsured individual.
18. "Fetus" means the same as in A.R.S. § 36-2152.
19. "Flat fee" means a dollar amount that is:
  - a. Established by a provider in a sliding fee schedule for a medical service or group of medical services rendered to an uninsured individual, and
  - b. Less than the provider's usual charges for the medical service or group of medical services.
20. "Gift" means money, real property, personal property, a service, or anything of value other than unearned income for which the recipient does not provide consideration of equal or greater value.
21. "Hospital services" means the same as in A.A.C. R9-10-201.
22. "Income" means combined earned and unearned income.
23. "Inpatient services" means hospital services provided to an individual who will receive the services for 24 consecutive hours or more.
24. "Interrupted income" means income that stops for at least 30 continuous days during the current calendar year and then resumes.
25. "KidsCare" means the children's health insurance program, a federally funded program administered by AHCCCS under A.R.S. Title 36, Chapter 29, Article 4.
26. "Lowest contracted charge" means the smallest reimbursement a provider has agreed to accept for a medical service:
  - a. Determined by the provider's review of all the contracts between the provider and third party payors as defined in A.R.S. § 36-125.07(C), that:
    - i. Cover the medical service, and
    - ii. Are in effect at the time the medical service is provided to an uninsured individual; and
  - b. Subject to limitations of federal or state laws, rules, or regulations.
27. "Medical services" means the same as in A.R.S. § 36-401.
28. "Medicare tax" means the dollar amount subtracted from a payment for the health care insurance program for the aged and disabled under Title XVIII of the Social Security Act, 42 U.S.C. 1395 et seq.
29. "New income" means income that begins at least 30 days after the start of the current calendar year.
30. "OASDI" means old age, survivors, and disability insurance.
31. "Profit" means the remainder after subtracting:
  - a. The costs of producing rental income from the rent received from an individual or entity, or

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- b. The costs of producing self-employment income from the self-employment.
- 32. "Provider" means an individual or entity that:
  - a. Provides medical services;
  - b. Participates in a program that requires participants to use a sliding fee schedule, such as a program authorized under A.R.S. §§ 36-104(16), 36-2907.06, 36-2172, or 36-2174;
  - c. Includes:
    - i. A dentist licensed under A.R.S. Title 32, Chapter 11;
    - ii. A physician licensed under A.R.S. Title 32, Chapter 13 or Chapter 17;
    - iii. A registered nurse practitioner defined in A.R.S. § 32-1601 and licensed under A.R.S. Title 32, Chapter 15;
    - iv. A physician assistant licensed under A.R.S. Title 32, Chapter 25 and practicing according to A.R.S. § 32-2531;
    - v. A health care institution licensed under A.R.S. Title 36, Chapter 4; or
    - vi. An office or facility that is exempt from licensing under A.R.S. § 36-402(A)(3); and
  - d. Excludes an individual or entity when the individual or entity provides:
    - i. Inpatient services,
    - ii. Medical services at a correctional facility, or
    - iii. Medical services at a detention facility.
- 33. "Secure care" means the same as in A.R.S. § 41-2801.
- 34. "Self employment" means earning income from one's own business, trade, or profession rather than receiving a salary or wages from an employer.
- 35. "Sliding fee" means flat fee or fee percentage that increases or decreases based on one or more factors.
- 36. "Sliding fee schedule" means a document containing a provider's flat fees or fee percentages based on:
  - a. Family members determined according to R9-1-502, and
  - b. Family income determined according to R9-1-503.
- 37. "Social Security tax" means the dollar amount subtracted from a payment for OASDI under Title II of the Social Security Act, 42 U.S.C. 401 et seq.
- 38. "State health benefits risk pool" means:
  - a. A state-established organization qualifying under 26 U.S.C. 501(c)(26);
  - b. A state-established qualified high risk pool described in Section 2744(c)(2) of the Public Health Service Act, 42 U.S.C. 300gg-44(c)(2); or
  - c. A state-sponsored arrangement, for which the state specifies the membership, primarily established and maintained to provide health insurance coverage for state residents with a medical condition or a history of a medical condition that:
    - i. Prevents them from obtaining coverage for the condition through insurance or from a health maintenance organization, or
    - ii. Enables them to obtain coverage for the condition only at a rate substantially more than the rate available through the state-sponsored arrangement.
- 39. "Support payment" means a dollar amount, received at regular intervals by an individual, for food, shelter, furniture, clothing, and medical expenses.
- 40. "Terminated income" means income received during the current calendar year that stops and will not resume.
- 41. "Training stipend" means a dollar amount, received at regular intervals by an individual, during a course or program for the development of the individual's skills.
- 42. "Unearned income" means payments received by an individual that are not gifts and not earned income, including:
  - a. Unemployment insurance;
  - b. Workers' compensation;
  - c. Disability payments;
  - d. Social Security payments;
  - e. Public assistance payments, excluding food stamps;
  - f. Periodic insurance or annuity payments;
  - g. Retirement or pension payments;
  - h. Strike benefits from union funds;
  - i. Training stipends;
  - j. Child support payments;
  - k. Alimony payments;
  - l. Military family allotments or other support payments from a relative or other individual not residing with the recipient;
  - m. Investment income;
  - n. Royalty payments;
  - o. Periodic payments from estates or trusts; and
  - p. Any other monetary payments received by an individual that are not gifts, earned income, capital gains, lump-sum inheritance or insurance payments, or payments made to compensate for personal injury.
- 43. "Uninsured individual" means an individual who does not have health care coverage under any of the following:
  - a. A group health plan as defined in Section 2792(a)(1) of the Public Health Service Act, 42 U.S.C. 300gg-91(a)(1), including a small employer's group health plan under A.R.S. Title 20, Chapter 13 or under the laws of another state;
  - b. A church plan as defined in section 3(33) of the Employee Retirement Income Security Act of 1974 (ERISA), 29 U.S.C. 1002(33);
  - c. Medicare, the health insurance program for the aged and disabled under Title XVIII of the Social Security Act, 42 U.S.C. 1395 et seq.;
  - d. Medicaid, the program that pays for medical assistance for certain individuals and families with low incomes and resources, through AHCCCS or another state's Medicaid agency, under Title XIX of the Social Security Act, 42 U.S.C. 1396 et seq., excluding a state program for distribution of pediatric vaccines under 42 U.S.C. 1396s;
  - e. Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) or Tricare, the medical and dental care programs for members of the armed forces, certain former members, and their dependents under 10 U.S.C. 1071 et seq. and 32 CFR 199;
  - f. A medical care program of the Indian Health Service or of a tribal organization;
  - g. The Federal Employees Health Benefits Program for U.S. government employees, certain former employees, and their family members under 5 U.S.C. 8901 et seq. and 5 CFR 890 and 891;
  - h. Peace Corps plans under Section 5(e) of the Peace Corps Act, 22 U.S.C. 2504(e), including:

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- i. Medical and dental care for Peace Corps applicants, Peace Corps volunteers, and minor children living with Peace Corps volunteers under 32 CFR 728.59;
  - ii. Form PC-127C authorization for payment for evaluation of the Peace Corps related conditions of former Peace Corps volunteers;
  - iii. Treatment of the Peace Corps related conditions of former Peace Corps volunteers under 32 CFR 728.53; and
  - iv. CorpsCare coverage for the non-Peace Corps related conditions of former Peace Corps volunteers and their dependents.
  - i. A state health benefits risk pool;
  - j. An individual policy or contract issued by:
    - i. An insurer for medical expenses, including a preferred provider arrangement;
    - ii. A health care services organization under A.R.S. Title 20, Chapter 4, Article 9 or a health maintenance organization as defined in Section 2792(b)(3) of the Public Health Service Act, 42 U.S.C. 300gg-91(b)(3); or
    - iii. A nonprofit hospital, medical, dental, or optometric service corporation as defined in A.R.S. § 20-822, including Blue Cross Blue Shield of Arizona, or organized under the laws of another state;
  - k. An individual policy or contract made available through the Healthcare Group of Arizona administered by AHCCCS under A.R.S. §§ 36-2912, 36-2912.01, and 36-2912.02;
  - l. A health insurance plan of a state or of a political subdivision as defined in A.R.S. § 35-511 or determined under the laws of another state;
  - m. A policy or contract issued to a member of a bona fide association as defined in section 2791(d)(3) of the Public Health Service Act, 42 U.S.C. 300gg-91(d)(3); or
  - n. KidsCare or another state's children's health insurance program under Title XXI of the Social Security Act, 42 U.S.C. 1397aa et seq.
44. "Variable income" means income in a dollar amount that changes from payment to payment.

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 3990, effective December 4, 2006 (Supp. 06-4).

**R9-1-502. Family Member Determination**

A provider shall determine the family members of an uninsured individual seeking medical services.

- 1. A family with one member consists of:
  - a. A non-pregnant child who does not live with:
    - i. A parent;
    - ii. A spouse;
    - iii. An individual with whom the child has a common biological or adopted child;
    - iv. A biological or adopted child; or
    - v. A biological or adopted child of an individual with whom the child has a common biological or adopted child; or
  - b. A non-pregnant individual who is at least age 19 who does not live with:
    - i. A spouse;

- ii. An individual with whom the individual who is at least age 19 has a common biological or adopted child;
  - iii. A biological or adopted child; or
  - iv. A biological or adopted child of an individual with whom the individual who is at least age 19 has a common biological or adopted child.
2. A family with two or more members consists of:
- a. An individual and:
    - i. The biological or adopted children who live with the individual; and
    - ii. If the individual or a child under subsection (2)(a)(i) is pregnant, each fetus;
  - b. Two individuals, who have a common biological or adopted child and who live together, and:
    - i. The common biological or adopted children living with the two individuals;
    - ii. The biological or adopted children of either individual living with the two individuals; and
    - iii. If an individual or a child under subsection (2)(b)(i) or subsection (2)(b)(ii) is pregnant, each fetus; or
  - c. Two individuals, who are married to each other, who live together, and who do not have a common biological or adopted child, and
    - i. The biological or adopted children of either individual living with the two individuals; and
    - ii. If an individual or a child under subsection (2)(c)(i) is pregnant, each fetus.

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 3990, effective December 4, 2006 (Supp. 06-4).

**R9-1-503. Family Income Determination**

- A. A provider shall establish flat fees or fee percentages for medical services rendered to uninsured individuals with family incomes, including earned and unearned income, equal to or less than 200 percent of the current federal poverty guidelines.
- B. A provider shall determine an uninsured individual's family income by:
  - 1. Multiplying a weekly payment received by a family member, before deductions, by 52;
  - 2. Multiplying a biweekly payment received by a family member, before deductions, by 26;
  - 3. Multiplying a monthly payment received by a family member, before deductions, by 12;
  - 4. For variable income received by a family member:
    - a. Adding at least four payments, before deductions;
    - b. Dividing the sum obtained in subsection (B)(4)(a) by the number of payments included; and
    - c. Multiplying the quotient obtained in subsection (B)(4)(b) by 52, 26, or 12 as applicable;
  - 5. Counting the actual payments received by a family member, before deductions, for:
    - a. Interrupted income,
    - b. New income, and
    - c. Terminated income; and
  - 6. Adding the dollar amounts calculated under subsections (B)(1) through (B)(5).

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 3990, effective December 4, 2006 (Supp. 06-4).

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**R9-1-504. Sliding Fee Schedule Submission and Contents**

- A.** By April 1 of each year, a provider shall submit to the Department the provider's sliding fee schedule, including:
1. A sliding fee schedule with fee percentages,
  2. A sliding fee schedule with flat fees, or
  3. A sliding fee schedule with fee percentages and a sliding fee schedule with flat fees.
- B.** A sliding fee schedule with fee percentages shall contain:
1. A statement that the sliding fee schedule applies to charges for all medical services provided to uninsured individuals by or through the provider;
  2. The current federal poverty guidelines;
  3. For an uninsured individual with a family income equal to or less than 100 percent of the current federal poverty guidelines, a 100 percent reduction; and
  4. For uninsured individuals with family incomes more than 100 percent of the current federal poverty guidelines but not more than 200 percent of the current federal poverty guidelines, at least three fee percentage levels that increase as family income increases.
- C.** A sliding fee schedule with flat fees shall contain:
1. The requirements listed in subsections (B)(1) and (B)(2);
  2. The flat fee for each medical service or group of medical services;
  3. For an uninsured individual with a family income equal to or less than 100 percent of the current federal poverty guidelines, a \$0 flat fee for each medical service or group of medical services included under subsection (C)(2); and
  4. For uninsured individuals with family incomes more than 100 percent of the current federal poverty guidelines but not more than 200 percent of the current federal poverty guidelines, at least three flat fee levels that increase as family income increases for each medical service or group of medical services included under subsection (C)(2).

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 3990, effective December 4, 2006 (Supp. 06-4).

**R9-1-505. Sliding Fee Schedule Approval Time-frames**

- A.** The overall time-frame described in A.R.S. § 41-1072(2) for a request for sliding fee schedule approval is 32 days.
1. A provider and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame.
  2. An extension of the substantive review time-frame and the overall time-frame shall not exceed eight days.
- B.** The administrative completeness review time-frame described in A.R.S. § 41-1072(1) for a request for sliding fee schedule approval is 11 days, beginning on the day the Department receives the request.
1. Except as provided in subsections (B)(3) and (B)(4), the Department shall mail to a provider a written notice of administrative completeness when the provider's request for sliding fee schedule approval is complete.
  2. If a request for sliding fee schedule approval is incomplete, the Department shall mail to the provider a written notice of administrative deficiencies that:
    - a. Lists the missing documents or incomplete information, and
    - b. Suspends the administrative completeness review time-frame and the overall time-frame from the date on the notice of administrative deficiencies:

- i. Until the date the Department receives a complete request for sliding fee schedule approval; or
  - ii. For 60 days, whichever comes first.
3. If the Department does not receive all the additional documents or information required under subsection (B)(1) within 60 days after the date on the notice of administrative deficiencies, the Department deems the request for sliding fee schedule approval withdrawn.
  4. If the Department approves a sliding fee schedule during the administrative completeness review time-frame, the Department does not issue a separate written notice of administrative completeness.
- C.** The substantive review time-frame described in A.R.S. § 41-1072(3) for a request for sliding fee schedule approval is 21 days, beginning on the date on the Department's notice of administrative completeness under subsection (B)(1).
1. The Department shall mail to a provider a written notice granting or denying approval according to A.R.S. § 41-1076 by the last day of the substantive review time-frame and the overall time-frame.
  2. If the Department issues to a provider a written request for additional information according to A.R.S. § 41-1075(A), the request for additional information suspends the substantive review time-frame and the overall time-frame from the date on the request for additional information:
    - a. Until the date the Department receives all the information requested; or
    - b. For 60 days, whichever comes first.
  3. If the Department does not receive all the information requested under subsection (C)(2) within 60 days after the postmark date of the request for additional information, the Department shall deny sliding fee schedule approval.
- D.** If a time-frame's last day falls on a Saturday, Sunday, or state service holiday listed in A.A.C. R2-5-402, the Department considers the next business day the time-frame's last day.

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 3990, effective December 4, 2006 (Supp. 06-4).

**R9-1-506. Fees Payable by Uninsured Individuals Under a Sliding Fee Schedule**

- A.** A provider:
1. Shall not charge an uninsured individual with a family income equal to or less than 100 percent of the current federal poverty guidelines the fee determined according to subsection (C) or subsection (D), and
  2. May charge an individual described in subsection (A)(1) only the single administrative fee determined according to subsection (E).
- B.** A provider may charge an uninsured individual with a family income more than 100 percent of the current federal poverty guidelines but not more than 200 percent of the current federal poverty guidelines the fee determined according to subsection (C), subsection (D), or subsection (E).
- C.** If a provider uses a sliding fee schedule with fee percentages, an uninsured individual's fee for medical services shall not exceed the dollar amount calculated by applying the fee percentage for the individual's family income to the lowest contracted charge for each medical service provided.

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- D. If a provider uses a sliding fee schedule with flat fees, an uninsured individual's fee for medical services shall not exceed the lowest contracted charge for each medical service provided.
- E. A provider may:
1. Establish a single administrative fee that does not exceed \$25; and
  2. Charge the administrative fee to:
    - a. Uninsured individuals with a family income equal to or less than 100 percent of the current federal poverty guidelines; and
    - b. Uninsured individuals with family incomes more than 100 percent of the current federal poverty guidelines but not more than 200 percent of the current federal poverty guidelines only in lieu of the fee calculated under subsection (C) or subsection (D).

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 3990, effective December 4, 2006 (Supp. 06-4).

**ARTICLE 6. EXPIRED****R9-1-601. Expired****Historical Note**

New Section R9-1-601 recodified from R9-18-101 at 26 A.A.R. 3319, with an immediate effective date of December 7, 2020 (Supp. 20-4). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4407 (November 21, 2025), effective November 1, 2025 (Supp. 25-4).

**R9-1-602. Expired****Historical Note**

New Section R9-1-602 recodified from R9-18-102 at 26 A.A.R. 3319, with an immediate effective date of December 7, 2020 (Supp. 20-4). Section expired under A.R.S. §

41-1056(J) at 31 A.A.R. 4407 (November 21, 2025), effective November 1, 2025 (Supp. 25-4).

**R9-1-603. Expired****Historical Note**

New Section R9-1-603 recodified from R9-18-103 at 26 A.A.R. 3319, with an immediate effective date of December 7, 2020 (Supp. 20-4). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4407 (November 21, 2025), effective November 1, 2025 (Supp. 25-4).

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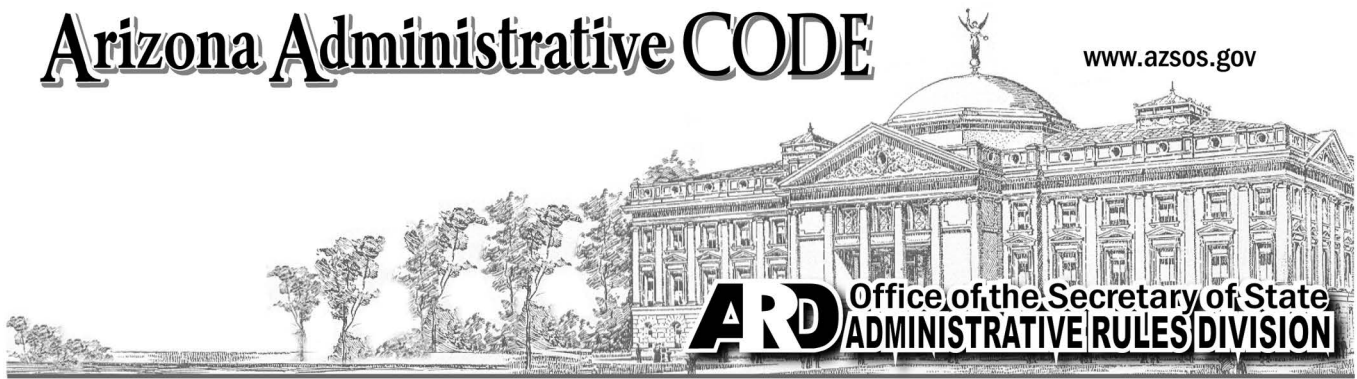
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**TITLE 9. HEALTH SERVICES**  
**CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL**  
**9 A.A.C. 7**

**Supplement Information**  
**Supp. 25-4**

Rules codified between October 1, 2025 through December 31, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-4 replaces Supp. 24-3, 1-278 pages.**

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

## PREFACE

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Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

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First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
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Fourth Quarter: October 1 - December 31

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Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

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*Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.*

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## Administrative Rules Division

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## TITLE 9. HEALTH SERVICES

## CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Authority: A.R.S. §§ 30-654(B)(5), 36-132(A)(1), 36-136(G)

## Supp. 25-4

## CHAPTER TABLE OF CONTENTS

*Laws 1964, Chapter 30, established the Arizona Atomic Energy Commission.*

*Laws 1980, Chapter 206, abolished the Commission, and created the Arizona Radiation Regulatory Agency (ARRA) and the Radiation Regulatory Hearing Board.*

*Laws 2017, Ch. 313, transferred the Radiation Regulatory Agency to the Arizona Department of Health Services and renamed it the Bureau of Radiation Control. The rules in this Chapter (9 A.A.C. 7) were originally promulgated under 12 A.A.C. 1 and were recodified at 24 A.A.R. 813 with Section and agency references revised under Laws 2017, Ch. 313. The historical notes of the rules as codified in 12 A.A.C. 1 remain in the Chapter; therefore 12 A.A.C. 1 as released in Supp. 18-1 should be archived with this Chapter (Supp. 18-1).*

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## TITLE 9. HEALTH SERVICES

## CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

## ARTICLE 1. GENERAL PROVISIONS

**R9-7-101. Scope and Incorporated Materials**

- A. Except as otherwise specifically provided, this Chapter applies to all persons who receive, possess, use, transfer, own, or acquire any source of radiation.
- B. This Chapter does not apply to any person that is subject to regulation by the Nuclear Regulatory Commission.
- C. State control of source material, byproduct material, and special nuclear material in quantities not sufficient to form a critical mass is subject to the provisions of the agreement between the state and the U.S. Nuclear Regulatory Commission, signed March 30, 1967 and incorporated by reference. This incorporated material contains no later editions or amendments, and together with all other incorporated materials in this Chapter, is available on the Arizona Department of Health Services, Bureau of Radiation Control website at <https://www.azdhs.gov/documents/licensing/radiation-regulatory/arizona-agreement.pdf>.
- D. Federal regulations incorporated by reference in this Chapter are available from the U.S. Government Publishing Office, P.O. Box 979050, St. Louis, MO 63197-9000 and <https://www.govinfo.gov/app/collection/CFR>.

**Historical Note**

New Section R9-7-101 recodified from R12-1-101 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).  
Amended by final expedited rulemaking at 26 A.A.R. 1067, with an immediate effective date of May 6, 2020 (Supp. 20-2).

**R9-7-101.01. Interpretations**

Except as specifically authorized by the Department in writing, no interpretations of the meaning of the rules in this Chapter by any officer or employee of the Department other than a written interpretation by the Arizona Assistant Attorney General counsel assigned to the Department will be recognized as binding upon the Department.

**Historical Note**

New Section renumbered from R9-7-1909 and amended by final expedited rulemaking at 30 A.A.R. 2681 (August 30, 2024), with an immediate effective date of August 7, 2024 (Supp. 24-3).

**R9-7-102. Definitions**

Terms defined in A.R.S. § 30-651 have the same meanings when used in this Chapter, unless the context otherwise requires. Additional subject-specific definitions are used in other Articles.

“A1” means the maximum activity of special form radioactive material permitted in a type A package. These values are either listed in 10 CFR 71, Appendix A, Table A-1, or may be derived in accordance with the procedures prescribed in 10 CFR 71, Appendix A.

“A2” means the maximum activity of radioactive material, other than special form radioactive material, low specific activity (LSA) material, and surface contaminated object (SCO) material, permitted in a Type A package. These values are either listed in 10 CFR 71, Appendix A, Table A-1, or may be derived in accordance with the procedure prescribed in 10 CFR 71, Appendix A.

“Absorbed dose” means the energy imparted by ionizing radiation per unit mass of irradiated material. The units of absorbed dose are the gray (Gy) and the rad.

“Accelerator” means any machine capable of accelerating electrons, protons, deuterons, or other charged particles in a vacuum and of discharging the resultant particulate or other radiation into a medium. For purposes of this definition, “particle accelerator” is an equivalent term.

“Accelerator produced material” means any material made radioactive by irradiating it in a particle accelerator.

“Act” means A.R.S. Title 30, Chapter 4.

“Activity” means the rate of disintegration, transformation, or decay of radioactive material. The units of activity are the becquerel (Bq) and the curie (Ci).

“Adult” means an individual 18 or more years of age.

“Agreement State” means any state with which the United States Nuclear Regulatory Commission has entered into an effective agreement under Section 274(b) of the Atomic Energy Act of 1954, as amended (73 Stat. 689). “Nonagreement State” means any other state.

“Airborne radioactive material” means any radioactive material dispersed in the air in the form of aerosols, dusts, fumes, mists, vapors, or gases.

“Airborne radioactivity area” means a room, enclosure, or area in which airborne radioactive materials, composed wholly or partly of licensed radioactive material, exist in concentrations:

In excess of the derived air concentrations (DACs) specified in Appendix B, Table I of Article 4 of these rules; or

That an individual present in the area without respiratory protective equipment could exceed, during the hours an individual is present in a week, an intake of 0.6 percent of the annual limit on intake (ALI) or 12 DAC-hours.

“ALARA” means as low as is reasonably achievable, making every reasonable effort to maintain exposures to radiation as far below the dose limits in these rules as is practical, consistent with the purpose for which the licensed or registered activity is undertaken, taking into account the state of technology, the economics of improvements in relation to state of technology, the economics of improvements in relation to benefits to the public health and safety, and other societal and socioeconomic considerations, and in relation to utilization of nuclear energy and licensed or registered sources of radiation in the public interest.

“Analytical x-ray equipment” means equipment used for x-ray diffraction or x-ray-induced fluorescence analysis.

“Analytical x-ray system” means a group of components utilizing x-rays to determine the elemental composition or to examine the microstructure of materials.

“Annual” means done or performed yearly. For purposes of Chapter 1, any required activity done or performed within plus or minus two weeks of the annual due date is considered done or performed in a timely manner.

“Approved individual” means an individual whom the licensee has determined to be trustworthy and reliable for unescorted access in accordance with subpart B of this part and who has completed the training required by 10 CFR 37.43(c).

“Associate Radiation Safety Officer” means an individual who:

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Meets the requirements in 10 CFR 35.50 and 10 CFR 35.59; and

Is currently identified as an Associate Radiation Safety Officer for the types of use of byproduct material for which the individual has been assigned duties and tasks by the Radiation Safety Officer on:

A specific medical use license issued by the Commission or an Agreement State, or

A medical use permit issued by a Commission master material licensee.

“Authorized medical physicist” means an individual who meets the requirements in R9-7-711; or is identified as an authorized medical physicist or teletherapy physicist on:

A specific medical use license issued by the Department, the NRC, or another Agreement State;

A medical use permit issued by a NRC master material licensee;

A permit issued by the Department, the NRC, or another Agreement State broad scope medical use licensee; or

A permit issued by a NRC master material license broad scope medical use permittee.

“Authorized nuclear pharmacist” means a pharmacist who meets the requirements in R9-7-712; or is:

Identified as an authorized nuclear pharmacist on a specific license issued by the Department, the NRC, or another Agreement State that authorizes medical use or the practice of nuclear pharmacy;

Identified as an authorized nuclear pharmacist on a permit issued by a NRC master material licensee that authorizes medical use or the practice of nuclear pharmacy;

Identified as an authorized nuclear pharmacist on a permit issued by the Department, the NRC, or another Agreement State broad scope medical use licensee that authorizes medical use or the practice of nuclear pharmacy;

Identified as an authorized nuclear pharmacist on a permit issued by a NRC master material license broad scope medical use permittee that authorizes medical use or the practice of nuclear pharmacy;

Identified as an authorized nuclear pharmacist by a commercial nuclear pharmacy that has been authorized to identify authorized nuclear pharmacists; or

Designated as an authorized nuclear pharmacist in accordance with R9-7-311(G).

“Authorized user” means a physician, dentist, or podiatrist who meets the requirements in R9-7-719, R9-7-723, R9-7-727, R9-7-728, or R9-7-744; or is identified as an authorized user on:

The Department, NRC, or another Agreement State license that authorizes the medical use of radioactive material;

A permit issued by a NRC master material licensee that is authorized to permit the medical use of radioactive material;

A permit issued by the Department, the NRC, or another Agreement State specific licensee of broad scope that is authorized to permit the medical use of radioactive material; or

A permit issued by a NRC master material license broad scope permittee that is authorized to permit the medical use of radioactive material.

“Background investigation” means an assessment of an individual’s prior actions and experience conducted by a licensee or applicant, to support the determination of the individual’s trustworthiness and reliability in accordance with 10 CFR 37.25.

“Background radiation” means radiation from cosmic sources; not technologically enhanced naturally occurring radioactive material, including radon (except as a decay product of source or special nuclear material); and global fallout as it exists in the environment from the testing of nuclear explosive devices or from past nuclear accidents, such as Chernobyl, that contribute to background radiation and are not under the control of a licensee. “Background radiation” does not include sources of radiation regulated by the Department.

“Becquerel” (Bq) means the International System (SI) unit for activity and is equal to 1 disintegration per second (dps or tps).

“Bioassay” means the determination of kinds, quantities, or concentrations, and in some cases, the locations of radioactive material in the human body, whether by direct measurement, in vivo counting, or by analysis and evaluation of materials excreted or removed from the human body. For purposes of these rules, “radiobioassay” is an equivalent term.

“Brachytherapy” means a method of radiation therapy in which an encapsulated source or group of sources is utilized to deliver beta or gamma radiation at a distance of up to a few centimeters, by surface, intracavitary or interstitial application.

“Byproduct material” means:

Any radioactive material, except special nuclear material, yielded in or made radioactive by exposure to the radiation incident to the process of producing or utilizing special nuclear material;

The tailings or wastes produced by the extraction or concentration of uranium or thorium from ore processed primarily for its source material content, including discrete surface wastes resulting from uranium or thorium solution extraction processes. Underground ore bodies depleted by these solution extraction operations do not constitute “byproduct material” within this definition;

Any discrete source of radium-226 that is produced, extracted, or converted after extraction, for use for a commercial, medical, or research activity; or any material that, has been made radioactive by use of a particle accelerator; and is produced, extracted, or converted after extraction, for use for a commercial, medical, or research activity; and

Any discrete source of naturally occurring radioactive material, other than source material, that the NRC, in consultation with the Administrator of the Environmental Protection Agency, the Secretary of Energy, the Secretary of Homeland Security, and the head of any other appropriate federal agency, determines would pose a threat similar to the threat posed by a discrete source of radium-

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226 to the public health and safety or the common defense and security and; before, on, or after August 8, 2005, is extracted or converted after extraction for use in a commercial, medical, or research activity.

“Calendar quarter” means not less than 12 consecutive weeks nor more than 14 consecutive weeks. The first calendar quarter of each year shall begin in January and subsequent calendar quarters shall be so arranged such that no day is included in more than one calendar quarter and no day in any one year is omitted from inclusion within a calendar quarter. A licensee or registrant shall not change the method of determining calendar quarters for purposes of this Chapter except at the beginning of a calendar year.

“Calibration” means the determination of:

The response or reading of an instrument relative to a series of known radiation values over the range of the instrument, or

The strength of a source of radiation relative to a standard.

“Carrier” means a person engaged in the transportation of passengers or property by land or water as a common, contract, or private carrier, or by civil aircraft.

“Certifiable cabinet x-ray system” means an existing uncertified x-ray system that meets or has been modified to meet the certification requirements specified in 21 CFR 1020.40, revised April 1, 2019, incorporated by reference, available under R9-7-101, and containing no future editions or amendments.

“Certificate holder” means a person who has been issued a certificate of compliance or other package approval by the Department or NRC.

“Certificate of Compliance” (CoC) means the certificate issued by the NRC under 10 CFR 71, Subpart D, which authorizes the design of a package for the transportation of radioactive material.

“Certified cabinet x-ray system” means an x-ray system that has been certified in accordance with 21 CFR 1010.2, revised January 20, 2023, as being manufactured and assembled on or after April 10, 1975, in accordance with the provisions of 21 CFR 1020.40, revised April 10, 1974, both incorporated by reference, available under R9-7-101, and containing no future editions or amendments.

“CFR” means Code of Federal Regulations.

“Chelating agent” means amine polycarboxylic acids, hydroxycarboxylic acids, gluconic acid, and polycarboxylic acids.

“Civil penalty” means the monetary fine which may be imposed on licensees by the Department, pursuant to A.R.S. § 30-687, for violations of the Act, this Chapter, or license conditions.

“Collective dose” means the sum of the individual doses received in a given period of time by a specified population from exposure to a specified source of radiation.

“Committed dose equivalent” (HT,50) means the dose equivalent to organs or tissues of reference (T) that will be received from an intake of radioactive material by an individual during the 50-year period following the intake.

“Committed effective dose equivalent” (HE,50) is the sum of the products of the weighting factors applicable to each of the body organs or tissues that are irradiated and the committed dose equivalent to each of these organs or tissues ( $HE,50 = \sum w_T HT,50$ ).

“Consortium” means an association of medical use licensees and a PET radionuclide production facility in the same geographical area that jointly own or share in the operation and maintenance cost of the PET radionuclide production facility that produces PET radionuclides for use in producing radioactive drugs within the consortium for noncommercial distributions among its associated members for medical use. The PET radionuclide production facility within the consortium must be located at an educational institution or a federal facility or a medical facility.

“Contamination” means the presence of a radioactive substance on a surface in quantities in excess of  $0.4 \text{ Bq/cm}^2$  ( $1 \times 10^{-5} \text{ } \mu\text{Ci/cm}^2$ ) for beta and gamma emitters and low toxicity alpha emitters, or  $0.04 \text{ Bq/cm}^2$  ( $1 \times 10^{-6} \text{ } \mu\text{Ci/cm}^2$ ) for all other alpha emitters.

“Fixed contamination” means contamination that cannot be removed from a surface during normal conditions of transport.

“Non-fixed contamination” means contamination that can be removed from a surface during normal conditions of transport.

“Criticality Safety Index (CSI)” means the dimensionless number (rounded up to the next tenth) assigned to and placed on the label of a fissile material package, to designate the degree of control of accumulation of packages, overpacks or freight containers containing fissile material during transportation. Determination of the criticality safety index is described in 10 CFR 71.22, 10 CFR 71.23, and 10 CFR 71.59. The criticality safety index for an overpack, freight container, consignment or conveyance containing fissile material packages is the arithmetic sum of the criticality safety indices of all the fissile material packages contained within the overpack, freight container, consignment or conveyance.

“Curie” means a unit of quantity of radioactivity. One curie (Ci) is that quantity of radioactive material which decays at the rate of  $3.7 \times 10^{10}$  transformations per second (tps).

“Current license or registration” means a license or registration issued by the Department and for which the licensee has paid the license or registration fee for the current year according to R9-7-1304.

“Deep-dose equivalent” (Hd), which applies to external whole body exposure, is the dose equivalent at a tissue depth of 1 centimeter ( $1000 \text{ mg/cm}^2$ ).

“Depleted uranium” means the source material uranium in which the isotope uranium-235 is less than 0.711 weight percent of the total uranium present. Depleted uranium does not include special nuclear material.

“Discrete source” means a radionuclide that has been processed so that its concentration within a material has been purposely increased for use for commercial, medical, or research activities.

“Dose” is a generic term that means absorbed dose, dose equivalent, effective dose equivalent, committed dose equivalent, committed effective dose equivalent, total organ dose

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equivalent, or total effective dose equivalent. For purposes of these rules, "radiation dose" is an equivalent term.

"Dose equivalent" (HT) means the product of the absorbed dose in tissue, quality factor, and all other necessary modifying factors at the location of interest. The units of dose equivalent are the sievert (Sv) and rem.

"Dose limits" means the permissible upper bound of radiation doses established in accordance with these rules. For purposes of these rules, "limits" is an equivalent term.

"Dosimeter" (See "Individual monitoring device").

"Effective dose equivalent" (HE) means the sum of the products of the dose equivalent to each organ or tissue (HT) and the weighting factor (wT) applicable to each of the body organs or tissues that are irradiated ( $HE = \sum wTHT$ ).

"Effluent release" means any disposal or release of radioactive material into the ambient atmosphere, soil, or any surface or subsurface body of water.

"Embryo/fetus" means the developing human organism from conception until the time of birth.

"Enclosed beam x-ray system" means an analytical x-ray system constructed in such a way that access to the interior of the enclosure housing the x-ray source during operation is precluded except through bypassing of interlocks or other safety devices to perform maintenance or servicing.

"Enclosed radiography" means industrial radiography conducted by using cabinet radiography or shielded room radiography.

"Cabinet radiography" means industrial radiography conducted by using an x-ray machine in an enclosure not designed for human admittance and which is so shielded that every location on the exterior meets the conditions for an "unrestricted area."

"Shielded room radiography" means industrial radiography conducted using an x-ray machine in an enclosure designed for human admittance and which is so shielded that every location of the exterior meets the conditions for an "unrestricted area."

"Entrance or access point" means any opening through which an individual or extremity of an individual could gain access to radiation areas or to licensed radioactive materials. This includes entry or exit portals of sufficient size to permit human entry, irrespective of their intended use.

"Exhibit" for purposes of these rules, is equivalent in meaning to the word "Schedule" as found in previously issued rules, current license conditions, and regulation guide.

"Explosive material" means any chemical compound, mixture, or device which produces a substantial instantaneous release of gas and heat spontaneously or by contact with sparks or flame.

"Exposure" means:

Being subjected to ionizing radiation or radioactive materials.

The quotient of  $dQ$  by  $dm$  where " $dQ$ " is the absolute value of the total charge of the ions of one sign produced in air when all the electrons (negatrons and positrons) liberated by photons in a volume element of air having mass

" $dm$ " are completely stopped in air. The special unit of exposure is the roentgen (R).

"Exposure rate" means the exposure per unit of time.

"External dose" means that portion of the dose equivalent received from any source of radiation outside the body.

"Extremity" means the hand, elbow, arm below the elbow, foot, knee, and leg below the knee.

"Fail-safe characteristics" means a design feature which causes beam port shutters to close, or otherwise prevents emergence of the primary beam, upon the failure of a safety or warning device.

"FDA" means the United States Food and Drug Administration.

"Field radiography" means industrial radiography, utilizing a portable or mobile x-ray system, which is not conducted in a shielded enclosure.

"Field station" means a facility where radioactive sources may be stored or used and from which equipment is dispatched to temporary job sites.

"Former U.S. Atomic Energy Commission (AEC) or U.S. Nuclear Regulatory Commission (NRC) licensed facilities" means nuclear reactors, nuclear fuel reprocessing plants, uranium enrichment plants, or critical mass experimental facilities where AEC or NRC licenses have been terminated.

"Generally applicable environmental radiation standards" means standards issued by the U.S. Environmental Protection Agency (EPA), 40 CFR 190, revised December 1, 1979, and 40 CFR 191, revised December 20, 1993, incorporated by reference, available under R9-7-101, and containing no future editions or amendments, under the authority of the Atomic Energy Act of 1954, as amended, that impose limits on radiation exposures or levels, or concentrations or quantities of radioactive material, in the general environment outside the boundaries of locations under the control of persons possessing or using radioactive material.

"Gray" (Gy) means the International System (SI) unit of absorbed dose and is equal to 1 joule per kilogram. One gray equals 100 rad.

"Hazardous waste" means those wastes designated as hazardous in A.R.S. § 49-921(5).

"Healing arts" means the practice of medicine, dentistry, osteopathy, podiatry, chiropractic, and veterinary medicine.

"Health care institution" means every place, institution, or building which provides facilities for medical services or other health-related services, not including private clinics or offices which do not provide overnight patient care.

"High radiation area" means an area, accessible to individuals, in which radiation levels from radiation sources external to the body could result in an individual receiving a dose equivalent in excess of 1 mSv (0.1 rem) in one hour at 30 centimeters from the radiation source or 30 centimeters from any surface that the radiation penetrates.

"Human use" means the internal or external administration of radiation or radioactive materials to human beings.

"Impound" means to abate a radiological hazard. Actions which may be taken by the Department in impounding a

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source of radiation include seizing the source of radiation, controlling access to an area, and preventing a radiation machine from being utilized.

“Indian Tribe” means an Indian or Alaska native Tribe, band, nation, pueblo, village, or community that the Secretary of the Interior acknowledges to exist as an Indian Tribe pursuant to the Federally Recognized Indian Tribe List Act of 1994, 25 U.S.C. 479a.

“Individual” means any human being.

“Individual monitoring” means the assessment of:

Dose equivalent:

By the use of individual monitoring devices, or

By the use of survey data, or

Committed effective dose equivalent:

By bioassay; or

By determination of the time-weighted air concentrations to which an individual has been exposed, that is, DAC-hours. (See the definition of DAC-hours in Article 4).

“Individual monitoring device” means a device designed to be worn by a single individual for the assessment of dose equivalent. For purposes of this Chapter, “dosimeter” and “personnel dosimeter,” are equivalent terms. Examples of individual monitoring devices are film badges, thermoluminescence dosimeters (TLDs), pocket ionization chambers, optical stimulation devices, and personal (“lapel”) air sampling devices.

“Individual monitoring equipment” means one or more individual monitoring devices. For purposes of this Chapter, “personnel monitoring equipment” is an equivalent term.

“Industrial radiography” means the examination of the macroscopic structure of materials by non-destructive methods utilizing sources of ionizing radiation.

“Injection tool” means a device used for controlled subsurface injection of radioactive tracer material.

“Inspection” means an examination or observation by a representative of the Department, including but not limited to tests, surveys, and monitoring to determine compliance with rules, orders, requirements and conditions of the License or certificate of registration.

“Interlock” means a device arranged or connected such that the occurrence of an event or condition is required before a second event or condition can occur or continue to occur.

“Internal dose” means that portion of the dose equivalent received from radioactive material taken into the body.

“Irradiate” means to expose to radiation.

“Laser” (light amplification by the stimulated emission of radiation) means any device which can produce or amplify electromagnetic radiation with wavelengths in the range of 180 nanometers to 1 millimeter primarily by the process of controlled stimulated emission.

“Lens dose equivalent” (LDE) means the external exposure of the lens of the eye and is taken as the dose equivalent at a tissue depth of 0.3 centimeters (300 mg/cm<sup>2</sup>).

“License” means the grant of authority, issued pursuant to Articles 3 and 14 of this Chapter and A.R.S. §§ 30-671, 30-672, and 30-721 et seq., to acquire, possess, transfer, and use sources of radiation. The types of licenses issued by the Department are described in R9-7-1302.

“Licensed material” means radioactive material received, possessed, used, transferred, or disposed of under a general or specific license issued by the Department.

“Licensed practitioner” means a person licensed or otherwise authorized by law to practice medicine, dentistry, osteopathy, chiropractic, podiatry, or naturopathy in this state.

“Licensee” means any person who is licensed by the Department under this Chapter to acquire, possess, transfer, or use sources of radiation.

“Licensing State” means any state having regulations equivalent to this Chapter relating to, and an effective program for the regulation of, naturally occurring and accelerator-produced radioactive material (NARM).

“Limits” (See “Dose limits”)

“Local components” means those parts of an analytical x-ray system that are struck by x-rays, including radiation source housings, port and shutter assemblies, collimator, sample holders, cameras, goniometer, detectors and shielding but not including power supplies, transformers, amplifiers, readout devices, and control panels.

“Logging supervisor” means the individual who provides personal supervision of the utilization of sources of radiation at the well site.

“Logging tool” means a device used subsurface to perform well logging.

“Lost or missing licensed or registered source of radiation” means licensed or registered source of radiation the location of which is unknown. Included are licensed radioactive material or a registered radiation source that has been shipped but has not reached its planned destination and whose location cannot be readily traced or ascertained in the transportation system.

“Low-level waste” means waste material which contains radioactive nuclides in concentrations or quantities which exceed applicable standards for unrestricted release but does not include:

High-level waste, such as irradiated reactor fuel, liquid waste from reprocessing irradiated reactor fuel, or solids into which any such liquid waste has been converted;

Waste material containing transuranic elements with contamination levels greater than 10 nanocuries per gram (370 kilobecquerels per kilogram) of waste material; or

The tailings or wastes produced by the extraction or concentration of uranium or thorium from any ore processed primarily for its source material content.

“Low Specific Activity (LSA) material” means radioactive material with limited specific activity which is nonfissile or is excepted under 10 CFR 71.15, and which satisfies the descriptions and limits set forth in the following section. Shielding materials surrounding the LSA material may not be considered in determining the estimated average specific activity of the package contents. The LSA material must be in one of three groups:

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LSA—I.

Uranium and thorium ores, concentrates of uranium and thorium ores, and other ores containing naturally occurring radionuclides that are intended to be processed for the use of these radionuclides;

Natural uranium, depleted uranium, natural thorium or their compounds or mixtures, provided they are unirradiated and in solid or liquid form;

Radioactive material other than fissile material, for which the A2 value is unlimited; or

Other radioactive material in which the activity is distributed throughout and the estimated average specific activity does not exceed 30 times the value for exempt material activity concentration determined in accordance with appendix A.

LSA—II.

Water with tritium concentration up to 0.8 TBq/liter (20.0 Ci/liter); or

Other radioactive material in which the activity is distributed throughout and the estimated average specific activity does not exceed 10–4 A2/g for solids and gases, and 10–5 A2/g for liquids.

LSA—III. Solids (e.g., consolidated wastes, activated materials), excluding powders, that satisfy the requirements of 10 CFR 71.77, in which:

The radioactive material is distributed throughout a solid or a collection of solid objects, or is essentially uniformly distributed in a solid compact binding agent (such as concrete, bitumen, ceramic, etc.);

The radioactive material is relatively insoluble, or it is intrinsically contained in a relatively insoluble material, so that even under loss of packaging, the loss of radioactive material per package by leaching, when placed in water for 7 days will not exceed 0.1 A2; and

The estimated average specific activity of the solid, excluding any shielding material, does not exceed 2 x 10–3A2/g.

“Major processor” means a user processing, handling, or manufacturing radioactive material exceeding Type A quantities as unsealed sources or material or exceeding four times Type B quantities as sealed sources but does not include nuclear medicine programs, universities, industrial radiographers, or small industrial programs. Type A and B quantities are defined in 10 CFR 71.4.

“Medical dose” means a radiation dose intentionally delivered to an individual for medical examination, diagnosis, or treatment.

“Member of the public” means any individual except when that individual is receiving an occupational dose.

“MeV” means Mega Electron Volt which equals 1 million volts (106 eV).

“Mineral logging” means any well logging performed in a borehole drilled for the purpose of exploration for minerals other than oil or gas.

“Minor” means an individual less than 18 years of age.

“Monitoring” means the measurement of radiation, radioactive material concentrations, surface area activities, or quantities of radioactive material, and the use of the results of these measurements to evaluate potential exposures and doses. For purposes of these rules, “radiation monitoring” and “radiation protection monitoring” are equivalent terms.

“Multiplier” means a letter representing a number. The use of a multiplier is based on the code given below:

<i>Prefix</i>	<i>Multiplier Symbol</i>	<i>Value</i>
eka	E	10 <sup>18</sup>
peta	P	10 <sup>15</sup>
tera	T	10 <sup>12</sup>
giga	G	10 <sup>9</sup>
mega	M	10 <sup>6</sup>
kilo	k	10 <sup>3</sup>
milli	m	10 <sup>-3</sup>
micro	u	10 <sup>-6</sup>
nano	n	10 <sup>-9</sup>
pico	p	10 <sup>-12</sup>
femto	f	10 <sup>-15</sup>
atto	a	10 <sup>-18</sup>

“NARM” means any naturally occurring or accelerator-produced radioactive material. It does not include byproduct, source, or special nuclear material. This term should not be confused with “NORM” which is defined as naturally occurring radioactive material.

“Natural radioactivity” means the radioactivity of naturally occurring radioactive substances.

“Normal operating procedures” means the entire set of instructions necessary to accomplish the intended use of the source of radiation. These procedures shall include, but are not limited to, sample insertion and manipulation, equipment alignment, routine maintenance by the licensee, and data recording procedures which are related to radiation safety.

“NRC” means Nuclear Regulatory Commission, the U.S. Nuclear Regulatory Commission, or its duly authorized representatives.

“NRC Document Control Desk” means the Nuclear Regulatory Document Control Desk. ATTN: Document Control Desk, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001.

“Nuclear waste” means any highway route-controlled quantity (defined in 49 CFR 173.403, revised January 8, 2015, incorporated by reference, available under R9-7-101, and containing no future editions or amendments) of source, byproduct, or special nuclear material required to be in NRC-approved packaging while transported to, through, or across state boundaries to a disposal site, or to a collection point for transport to a disposal site. Additional requirements associated with transportation of radioactive material can be found in Article 15.

“Occupational dose” means the dose received by an individual in the course of employment in which the individual’s assigned duties involve exposure to sources of radiation, whether in the possession of a licensee, registrant, or other person. Occupational dose does not include a dose received from

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background radiation, medical administration of radiation to the individual, exposure to an individual who has been administered radioactive material and released in accordance with R9-7-717, voluntary participation in a medical research program, or as a member of the public.

“Open beam system” means an analytical x-ray system in which an individual could place some body part in the primary beam path during normal operation.

“Ophthalmic physicist” means an individual who:

Meets the requirements in 10 CFR 35.433(a)(2) and 10 CFR 35.59; and

Is identified as an ophthalmic physicist on a:

Specific medical use license issued by the Department, the NRC, or another Agreement State;

Permit issued by a Department, NRC, or another Agreement State broad scope medical use licensee;

Medical use permit issued by a NRC master material licensee; or

Permit issued by a NRC master material licensee broad scope medical use permittee.

“Package” means the packaging together with its radioactive contents as presented for transport.

“Particle accelerator” (See “Accelerator”)

“Permanent radiographic installation” means a fixed, shielded installation or structure designed or intended for industrial radiography and in which industrial radiography is regularly performed.

“Personal supervision” means supervision in which the supervising individual is physically present at the site where sources of radiation and associated equipment are being used, watching the performance of the supervised individual and in such proximity that immediate assistance can be given if required.

“Personnel dosimeter” (See “Individual monitoring device”)

“Personnel monitoring equipment” (See “Individual monitoring device”)

“PET” (See Positron Emission Tomography (PET))

“Pharmacist” means an individual licensed by this state to compound and dispense drugs, prescriptions, and poisons.

“Physician” means an individual licensed pursuant to A.R.S. Title 32, Chapters 13 or 17.

“Positron Emission Tomography (PET)” means an imaging technique using radionuclides to produce high resolution images of the body’s biological functions.

“Positron Emission Tomography radionuclide production facility” means a facility operating a cyclotron or accelerator for the purpose of producing PET radionuclides.

“Preceptor” means an individual who provides, directs, or verifies training and experience required for an individual to become an authorized user, an authorized medical physicist, an authorized nuclear pharmacist, a Radiation Safety Officer, or an Associate Radiation Safety Officer.

“Primary beam” means radiation which passes through an aperture of the source housing by a direct path from the x-ray

tube or a radioactive source located in the radiation source housing.

“Public dose” means the dose received by a member of the public from radiation from radioactive material released by a licensee or registrant, or exposure to a source of radiation used in a licensed or registered operation. It does not include an occupational dose or a dose received from background radiation, medical administration of radiation to the individual, exposure to an individual who has been administered radioactive material and released in accordance with R9-7-717, or voluntary participation in a medical research program.

“Pyrophoric liquid” means any liquid that ignites spontaneously in dry or moist air at or below 130° F (54.4° C).

“Pyrophoric solid” means any solid material, other than one classed as an explosive, which under normal conditions is liable to cause fires through friction, retained heat from manufacturing or processing, or which can be ignited readily and, when ignited, burns so vigorously and persistently that it creates a serious transportation, handling, or disposal hazard. Included are spontaneously combustible and water-reactive materials.

“Qualified expert” means an individual certified in the appropriate field by the American Board of Radiology or the American Board of Health Physics, or having equivalent qualifications that provide the knowledge and training to measure ionizing radiation, to evaluate safety techniques, and to advise regarding radiation protection needs; or an individual certified in Therapeutic Radiological Physics or X-ray and Radium Physics by the American Board of Radiology, or having equivalent qualifications that provide training and experience in the clinical applications of radiation physics to radiation therapy, to calibrate radiation therapy equipment. The detailed requirements for a particular qualified expert may be provided in the respective Articles of this Chapter. For clarification purposes, a qualified expert is not always an authorized medical physicist; however, an authorized medical physicist is included within the definition of “qualified expert.”

“Quality Factor” (Q) means the modifying factor, listed in Tables I and II of this Article, that is used to derive dose equivalent from absorbed dose.

“Quarter” (See “Calendar quarter”)

“Rad” means the special unit of absorbed dose. One rad equals 100 ergs per gram, or 0.01 gray.

“Radiation” means alpha particles, beta particles, gamma rays, x-rays, neutrons, high-speed electrons, high-speed protons, and other particles capable of producing ions. For purposes of these rules, this term is synonymous with ionizing radiation. Equivalent terminology for non-ionizing radiation is defined in Article 14.

“Radiation area” means any area accessible to individuals, in which radiation levels could result in an individual receiving a dose equivalent in excess of 0.05 mSv (0.005 rem) in one hour at 30 centimeters from the source of radiation or from any surface that the radiation penetrates.

“Radiation dose” (See “Dose”).

“Radiation machine” means any device capable of producing radiation except those devices with radioactive material as the only source of radiation.



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“Radiation Safety Officer” (RSO) means the individual who:

For license conditions:

Meets the requirements in 10 CFR 35.50(a) or (c)(1), revised July 16, 2018, and 10 CFR 35.59, revised March 27, 2006, incorporated by reference, available under R9-7-101, and containing no future editions or amendments; or

Is identified as a Radiation Safety Officer on a specific medical use license issued by the Department, the NRC or another Agreement State; or a medical use permit issued by a NRC master material licensee; or

For registration conditions, is designated by the registrant as the individual who has the knowledge, authority, and responsibility to apply appropriate radiation protection principles to ensure radiation safety and compliance with the Act, this Chapter, and any registration conditions.

“Radiation Safety Officer” (RSO) means the individual who:

For license conditions:

Meets the requirements of R9-7-407, and for a medical license meets the training requirements of R9-7-710;

Is identified as a Radiation Safety Officer on a specific medical use license issued by the Department, the NRC, or another Agreement State; or a medical use permit issued by a NRC master material licensee; or

Meets the requirements in R9-7-512 on a specific industrial license issued by the Department, the NRC, or another Agreement State; or an industrial use permit issued by a NRC master material licensee; or

For registration conditions, is designated by the registrant as the individual who has the knowledge, authority, and responsibility to apply appropriate radiation protection principles to ensure radiation safety and compliance with the Act, this Chapter and any registration conditions.

“Radioactive marker” means radioactive material placed sub-surface or on a structure intended for subsurface use for the purpose of depth determination or direction orientation.

“Radioactive material” means any solid, liquid, or gas which emits radiation spontaneously.

“Radioactivity” means emission of electromagnetic energy or particles or both during the transformation of unstable atomic nuclei.

“Radiographer” means any individual who performs or personally supervises industrial radiographic operations and who is responsible to the licensee or registrant for assuring compliance with the requirements of this Chapter and all conditions of the license or certificate of registration.

“Radiographer’s assistant” means any individual who, under the personal supervision of a radiographer, uses sources of radiation, radiographic exposure devices, related handling tools, or survey instruments in industrial radiography.

“Registrant” means any person who is registered with the Department and is legally obligated to register with the Department pursuant to these rules and the Act.

“Registration” is the process by which a person becomes a registrant pursuant to Article 2 or 14 of this Chapter. With the exception of registration of persons who install or service radiation machines, the types of registrations issued by the Department are described in R9-7-1302.

“Regulations of the U.S. Department of Transportation” means the federal regulations in 49 CFR 107, revised December 27, 2022; 49 CFR 171, revised December 21, 2022; 49 CFR 172, revised December 27, 2022; 49 CFR 173, revised December 27, 2022; 49 CFR 174, revised December 27, 2022; 49 CFR 175, revised December 27, 2022; 49 CFR 176, December 21, 2020; 49 CFR 177, revised December 27, 2022; 49 CFR 178, revised July 26, 2022; 49 CFR 179, revised December 21, 2020; and 49 CFR 180, revised July 26, 2022, incorporated by reference, available under R9-7-101, and containing no future editions or amendments.

“Rem” means the special unit of dose equivalent (see “Dose equivalent”). The dose equivalent in rem is equal to the absorbed dose in rad multiplied by the quality factor (1 rem - 0.01 sievert).

“Research and Development” means exploration, experimentation, or the extension of investigative findings and theories of a scientific or technical nature into practical application for experimental and demonstration purposes, including the experimental production and testing of models, devices, equipment, materials, and processes. Research and Development does not include the internal or external administration of radiation or radioactive material to human beings.

“Restricted area” means any area where the licensee or registrant controls access for purposes of protecting individuals from exposure to radiation and radioactive material. A restricted area does not include any areas used for residential quarters, although a room or separate rooms in a residential building may be set apart as a restricted area.

“Roentgen” (R) means the special unit of exposure and is equal to the quantity of x or gamma radiation which causes ionization in air equal to 258 microcoulomb per kilogram (see “Exposure”).

“Safety system” means any device, program, or administrative control designed to ensure radiation safety.

“Sealed source” means radioactive material that is permanently bonded or fixed in a capsule or matrix designed to prevent release and dispersal of the radioactive material under the most severe conditions which are likely to be encountered in normal use and handling.

“Sealed Source and Device Registry” means the national registry that contains all the registration certificates, generated by both the NRC and the Agreement States, that summarize the radiation safety information for the sealed sources and devices and describe the licensing and use conditions approved for each source or device.

“Shallow dose equivalent” (HS), which applies to the external exposure of the skin of the whole body or the skin of an extremity, is taken as the dose equivalent at a tissue depth of 0.007 centimeter (7 mg/cm<sup>2</sup>).

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“Shielded position” means the location within a radiographic exposure device or storage container which, by manufacturer’s design, is the proper location for storage of the sealed source.

“Sievert” means the SI unit of dose equivalent (see “Dose equivalent”). The dose equivalent in sievert is equal to the absorbed dose in gray multiplied by the quality factor (1 Sv = 100 rem).

“Site boundary” means that line beyond which the land or property is not owned, leased, or otherwise controlled by the licensee or registrant.

“Source changer” means a device designed and used for replacement of sealed sources in radiographic exposure devices, including those also used for transporting and storage of sealed sources.

“Source holder” means a housing or assembly into which a radioactive source is placed for the purpose of facilitating the handling and use of the source in well-logging operations.

“Source material” means:

Uranium or thorium, or any combination of uranium or thorium, in any physical or chemical form; or

Ores that contain by weight 1/20 of 1 percent (0.05 percent) or more of uranium, thorium, or any combination of uranium and thorium.

Source material does not include special nuclear material.

“Source material milling” means any activity that results in the production of byproduct material as defined by the second subsection under the definition of “Byproduct material.”

“Source of radiation” or “source” means any radioactive material or any device or equipment emitting, or capable of producing, radiation.

“Special form radioactive material” means radioactive material that satisfies all of the following conditions:

It is either a single solid piece or is contained in a sealed capsule that can be opened only by destroying the capsule;

The piece or capsule has at least one dimension not less than 5 millimeters (0.2 inch); and

It satisfies the test requirements specified in 10 CFR 71.75. A special form encapsulation designed in accordance with the U.S. Nuclear Regulatory Commission requirements in effect on June 30, 1983, and constructed prior to July 1, 1985, may continue to be used. A special form encapsulation designed in accordance with the requirements of 10 CFR 71.4 in effect on March 31, 1996 (see 10 CFR part 71, revised as of January 1, 1996), and constructed before April 1, 1998; and special form material that was successfully tested before September 10, 2015 in accordance with the requirements of 10 CFR 71.75(d) in effect before September 10, 2015 may continue to be used. Any other special form encapsulation must meet the specifications of this definition.

“Special nuclear material in quantities not sufficient to form a critical mass” means Uranium enriched in the isotope U-235 in quantities not exceeding 350 grams of contained U-235; Uranium-233 in quantities not exceeding 200 grams; Plutonium in quantities not exceeding 200 grams; or any combination of them in accordance with the following formula: for each kind

of special nuclear material, determine the ratio between the quantity of that special nuclear material and the quantity specified above for the same kind of special nuclear material. The sum of such ratios for all of the kinds of special nuclear material in combination shall not exceed one. For example, the following quantities in combination would not exceed the limitation and are within the formula:

$$\frac{XgmsU235}{350} + \frac{YgmsU233}{200} + \frac{ZgmsPu}{200} \leq 1$$

“Storage area” means any location, facility, or vehicle which is used to store, transport, or secure a radiographic exposure device, storage container, sealed source, or other source of radiation when it is not in use.

“Storage container” means a device in which sealed sources are transported or stored.

“Subsurface tracer study” means the release of a substance tagged with radioactive material for the purpose of tracing the movement or position of the tagged substance in the well-bore or adjacent formation.

“Survey” means an evaluation of the production, use, release, disposal, or presence of sources of radiation or any combination thereof under a specific set of conditions to determine actual or potential radiation hazards. Such evaluations include, but are not limited to, tests, physical examination and measurements of levels of radiation or concentration of radioactive material present.

“TEDE” (See “Total Effective Dose Equivalent”).

“Teletherapy” means therapeutic irradiation in which the source of radiation is at a distance from the body.

“Temporary job site” means any location where sources of radiation are used other than the specified locations listed on a license document. Storage of sources of radiation at a temporary jobsite shall not exceed six months unless the Department has granted an amendment authorizing storage at that jobsite.

“Test” means the process of verifying compliance with an applicable rule, order, or license condition.

“These rules” means all Articles of 9 A.A.C. 7.

“Total Effective Dose Equivalent” (TEDE) means the sum of the effective dose equivalent (for external exposures) and the committed effective dose equivalent (for internal exposures).

“Total Organ Dose Equivalent” (TODE) means the sum of the deep-dose equivalent and the committed dose equivalent to the organ receiving the highest dose. Determination of TODE is described in R9-7-411.

“Tribal official” means the highest ranking individual that represents Tribal leadership, such as the Chief, President, or Tribal Council leadership.

“Unrefined and unprocessed ore” means ore in its natural form prior to any processing, such as grinding, roasting, beneficiating, or refining. Processing does not include sieving or encapsulation of ore or preparation of samples for laboratory analysis.

“Unrestricted area” means any area access to which is not controlled by the licensee for purposes of protection of individuals

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from exposure to radiation and radioactive material. Any area used for residential quarters is an unrestricted area.

“Uranium - natural, depleted, enriched.”

Natural uranium means uranium (which may be chemically separated) with the naturally occurring distribution of uranium isotopes (approximately 0.711 weight percent uranium-235, and the remainder by weight essentially uranium-238).

Depleted uranium means uranium containing less uranium-235 than the naturally occurring distribution of uranium isotopes.

Enriched uranium means uranium containing more uranium-235 than the naturally occurring distribution of uranium isotopes.

“U.S. Department of Energy” means the Department of Energy established by P.L. 95-91, August 4, 1977, 91 Stat. 565, 42 U.S.C. 7101 et seq., to the extent that the Department of Energy exercises functions formerly vested in the U.S. Atomic Energy Commission, its Chairman, members, officers, and components; and transferred to the U.S. Energy Research and Development Administration and to the administrator of that agency under sections 104(b), (c), and (d) of the Energy Reorganization Act of 1974 (P.L. 93-438, October 11, 1974, 88 Stat. 1233 at 1237, 42 U.S.C. 5814, effective January 19, 1975) and retransferred to the Secretary of Energy under Section 301(a) of the Department of Energy Organization Act (P.L. 95-91, August 4, 1977, 91 Stat. 565 at 577-578, 42 U.S.C. 7151, effective October 1, 1977).

“Very high radiation area” means an area, accessible to individuals, in which radiation levels from radiation sources external to the body could result in an individual receiving an absorbed dose that exceeds 5 grays (500 rads) in one hour at one meter from a radiation source or one meter from any surface that the radiation penetrates.

“Waste” (See “Low-level waste”).

“Waste handling licensees” means persons licensed to receive and store radioactive wastes prior to disposal and persons licensed to dispose of radioactive waste.

“Week” means seven consecutive days starting on Sunday.

“Well-bore” means a drilled hole in which wireline service operations and subsurface tracer studies are performed.

“Well-logging” means the lowering and raising of measuring devices or tools which may contain sources of radiation into well-bores or cavities for the purpose of obtaining information about the well and adjacent formations.

“Whole body” means, for purposes of external exposure, head, trunk including male gonads, arms above the elbow, or legs above the knee.

“Wireline” means an armored cable containing one or more electrical conductors which is used to lower and raise logging tools in the well-bore.

“Wireline service operation” means any evaluation or mechanical service which is performed in the well-bore using devices on a wireline.

“Worker” means any individual engaged in work under a license or registration issued by the Department and controlled by employment or contract with a licensee or registrant.

“WL” means working level, any combination of short-lived radon daughters in 1 liter of air that will result in the ultimate emission of  $1.3E + 5$  MeV of potential alpha particle energy. The short-lived radon daughters are – for radon-222: polonium-218, lead-214, bismuth-214, and polonium-214; and for radon-220: polonium-216, lead-212, bismuth-212, and polonium-212.

“WLM” means working level month, an exposure to one working level for 170 hours (2,000 working hours per year divided by 12 months per year is approximately equal to 170 hours per month).

“Workload” means the degree of use of an x-ray or gamma-ray source per unit time.

“Year” means the period of time beginning in January used to determine compliance with the provisions of these rules. The licensee or registrant may change the starting date of the year used to determine compliance by the licensee or registrant provided that the change is made at the beginning of the year and that no day is omitted or duplicated in consecutive years.

#### Historical Note

New Section R9-7-102 recodified from R12-1-102 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

When the Department recodified Section R9-7-102 it inadvertently left out the definition for “Tribal Official;” the definition has been added; the definitions of “Extremity” “Registration” and “Worker” were also corrected with language as originally codified in 12 A.A.C. 1 (Supp. 18-2). Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3). An amendment to the definition “Extremity” was inadvertently omitted when codifying changes to this Section by final expedited rulemaking in Supp 18-3. The definition has been listed as filed at 24 A.A.R. 2151 and is effective July 12, 2018 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 1067, with an immediate effective date of May 6, 2020 (Supp. 20-2). Amended by final expedited rulemaking at 28 A.A.R. 3533 (November 18, 2022), with an immediate effective date of November 2, 2022 (Supp. 22-4). Amended by final expedited rulemaking at 30 A.A.R. 2681 (August 30, 2024), with an immediate effective date of August 7, 2024 (Supp. 24-3).

#### R9-7-103. Exemptions

- A. Common and contract carriers, freight forwarders, and warehousemen who are subject to 49 CFR 107.109, 107.111, 107.113, 171.2, 171.3, 172.200, 173.1, 173.3, 173.4, 173.401, 175.3, 175.10, 176.3, 176.5, 176.11, 176.24, 176.27, and 177.801, revised October 1, 2007, of the U.S. Department of Transportation, or 39 CFR 111.1 of the U.S. Postal Service, revised July 1, 2007, incorporated by reference, and available under R9-7-101, and who if need be, store radioactive material, for periods of less than 72 hours, in the regular course of their carriage for another, are exempt from this Chapter. The incorporated materials above contain no future editions or amendments.
- B. Any U.S. Department of Energy contractor or subcontractor and any U.S. Nuclear Regulatory Commission contractor or subcontractor of the following categories operating within this state are exempt from this Chapter to the extent that such contractor or subcontractor under the contract receives, possesses, uses, transfers, or acquires sources of radiation:
  1. Prime contractors performing work for the Department of Energy at U.S. Government-owned or controlled sites,

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including the transportation of sources of radiation to or from such sites and the performance of contract services during temporary interruptions of such transportation;

2. Prime contractors of the Department of Energy performing research or development, manufacture, storage, testing or transportation of nuclear weapons or components thereof;
  3. Prime contractors of the Department of Energy using or operating nuclear reactors or other nuclear devices in a United States Government-owned vehicle or vessel; and
  4. Any other prime contractor or subcontractor of the Department of Energy or of the Nuclear Regulatory Commission when the state and the Nuclear Regulatory Commission jointly determine:
    - a. That the exemption of the prime contractor or subcontractor is authorized by law; and
    - b. That under the terms of the contract or subcontract, there is adequate assurance that the work thereunder can be accomplished without undue risk to the public health and safety.
- C. Any licensee who delivers to a carrier for transport any package which contains radioactive material having a specific activity of 74 kBq/kg (2 nanocuries per gram) or less, is exempt from the provisions of this Chapter with respect to that package.
- D. Any physician licensed by a State to dispense drugs in the practice of medicine is exempt from 10 CFR 71.5 with respect to transport by the physician of licensed material for use in the practice of medicine. However, any physician operating under this exemption must be licensed under 10 CFR part 35 and/or R9-7-703.

**Historical Note**

New Section R9-7-103 recodified from R12-1-103 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).  
Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3).

**R9-7-104. Prohibited Uses**

- A. A person shall not use the following fluoroscopic devices:
1. Hand-held fluoroscopic screens,
  2. Shoe-fitting fluoroscopic devices.
- B. Except as specifically authorized by law, a person shall not use sources of ionizing radiation for the purpose of screening an individual or inspecting an individual for:
1. Concealed weapons,
  2. Hazardous materials,
  3. Stolen property, or
  4. Contraband.
- C. Unless there is a medical or dental indication for the exposure and the exposure is prescribed by a licensed practitioner, a person shall not deliberately expose an individual to the useful beam from:
1. An ionizing radiation machine; or
  2. A non-ionizing radiation source, having a radiation beam known to be harmful to human tissue.

**Historical Note**

New Section R9-7-104 recodified from R12-1-104 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-105. Quality Factors for Converting Absorbed Dose to Dose Equivalent**

- A. As used in these rules, the quality factors for converting absorbed dose to dose equivalent are shown in Table I.

TABLE I. QUALITY FACTORS AND ABSORBED DOSE EQUIVALENCIES

TYPE OF RADIATION	Quality Factor (Q)	Absorbed Dose Equal to a Unit Dose Equivalent <sup>a</sup>
X, gamma, or beta radiation and high-speed electrons		1
Alpha particles, multiple-charged particles, fission fragments, and heavy particles of unknown charge	20	0.05
Neutrons of unknown energy	10	0.1
High-energy protons	10	0.1

<sup>a</sup> The absorbed dose in gray is equal to 1 Sv or the absorbed dose in rad is equal to 1 rem.

- B. If it is more convenient to measure the neutron fluence rate than to determine the neutron dose equivalent rate in sievert per hour or rem per hour, 0.01 Sv (1 rem) of neutron radiation of unknown energies may, for purposes of these rules, be assumed to result from a total fluence of 25 million neutrons per square centimeter incident upon the body. If sufficient information exists to estimate the approximate energy distribution of the neutrons, the licensee or registrant may use the fluence rate per unit dose equivalent or the appropriate Q value from Table II to convert a measured tissue dose in gray or rad to dose equivalent in sievert or rem.

TABLE II. MEAN QUALITY FACTORS, Q, AND FLUENCE PER UNIT DOSE EQUIVALENT FOR MONOENERGETIC NEUTRONS

	Neutron Energy (meV)	Quality Factor (Q)	Fluence per Unit Dose Equivalent <sup>b</sup> (neutrons cm <sup>-2</sup> rem <sup>-1</sup> )	Fluence per Unit Dose Equivalent <sup>b</sup> (neutrons cm <sup>-2</sup> Sv <sup>-1</sup> )
(thermal)	2.5E-8	2	980E+6	980E+8
	1E-7	2	980E+6	980E+8
	1E-6	2	810E+6	810E+8
	1E-5	2	810E+6	810E+8
	1E-4	2	840E+6	840E+8
	1E-3	2	980E+6	980E+8
	1E-2	2.5	1010E+6	1010E+8
	1E-1	7.5	170E+6	170E+8
	5E-1	11	39E+6	39E+8
	1	11	27E+6	27E+8
	2.5	9	29E+6	29E+8
	5	8	23E+6	23E+8
	7	7	24E+6	24E+8
	10	6.5	24E+6	24E+8
	14	7.5	17E+6	17E+8
	20	8	16E+6	16E+8

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40	7	14E+6	14E+8
60	5.5	16E+6	16E+8
1E+2	4	20E+6	20E+8
2E+2	3.5	19E+6	19E+8
3E+2	3.5	16E+6	16E+8
4E+2	3.5	14E+6	14E+8

<sup>a</sup> Value of quality factor (Q) at the point where the dose equivalent is maximum in a 30-centimeter diameter cylinder tissue-equivalent phantom.

<sup>b</sup> Monoenergetic neutrons incident normally on a 30-centimeter diameter cylinder tissue-equivalent phantom.

**Historical Note**

New Section R9-7-105 and Tables 1 and 2 recodified from R12-1-105, Tables 1 and 2 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-106. Units of Activity**

For purposes of these rules, activity is expressed in the SI unit of becquerel (Bq) or in the special unit of curie (Ci), or their multiples, or disintegrations or transformations per unit of time. The definitions for these units are located in R9-7-102.

**Historical Note**

New Section R9-7-106 recodified from R12-1-106, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-107. Misconduct**

A. A licensee, registrant, applicant for a license or certificate of registration, or employee of a licensee, registrant, or applicant; or any contractor (including a supplier or consultant), subcontractor, or employee of a contractor or subcontractor of any licensee or certificate of registration holder who provides to any licensee, registrant, applicant, contractor, or subcontractor, any components, equipment, materials, or other goods or services that relate to a licensee's, registrant's, or applicant's activities in this Chapter, shall not:

1. Knowingly engage in conduct that violates or will result in a violation by a licensee, registrant, or applicant, of any statute, rule, regulation, or order; or any term, condition, or limitation of any license or registration issued by the Department; or
2. Knowingly submit to the Department, or a licensee, registrant, or applicant, or a licensee's, registrant's, or applicant's contractor or subcontractor, information that is incomplete or inaccurate.

B. The Board shall impose the applicable civil penalty listed in R9-7-1216 on a person who violates subsection (A)(1) or (A)(2). For this purpose the person is classified as a Division II licensee and the violation is classified as a Severity II violation.

C. For the purposes of this Section, "misconduct" means conduct prohibited under subsection (A).

D. A person who is not a licensee, registrant, or applicant and knowingly violates a rule for the safe use of radiation sources in 9 A.A.C. 7 is subject to the enforcement actions in 9 A.A.C. 7, Article 12.

**Historical Note**

New Section R9-7-107 recodified from R12-1-107, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**ARTICLE 2. REGISTRATION, INSTALLATION, AND SERVICE OF IONIZING RADIATION-PRODUCING****MACHINES; AND CERTIFICATION OF MAMMOGRAPHY FACILITIES****R9-7-201. Exemptions**

- A. Electronic equipment that produces X-radiation incidental to its operation for other purposes is exempt from the registration and notification requirements of this Article, provided that an exposure rate, from any accessible surface, averaged over an area of 10 centimeters squared (1.55 inches squared) does not exceed 5 microsieverts (0.5 milliroentgen) per hour at 5 centimeters (2.0 inches).
- B. The production, testing, or factory servicing of the electronic equipment in subsection (A) is not exempt from the requirements of this Article.
- C. Radiation machines in storage or in transit to or from storage are exempt from the requirements of this Article.
- D. Radiation machines rendered incapable of producing radiation are exempt from the requirements of this Article.

**Historical Note**

New Section R9-7-201 recodified from R12-1-201, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-202. Application for Registration of Ionizing Radiation Producing Machines**

- A. A person shall not use a radiation machine except as authorized in this Article.
- B. A person possessing a nonexempt radiation machine shall apply for registration of the machine with the Department within 30 days after its installation. The person applying for registration of a radiation-producing machine shall use the application forms provided by the Department. The applicant shall provide the information identified in Appendix A of this Article.
- C. In addition to the application form or forms, the applicant shall remit the appropriate registration or licensing fee in R9-7-1306 and provide other information required by R9-7-208.
- D. Each applicant that applies for registration of a stationary x-ray system, with the exception of applicants from bone densitometry, cabinet radiography, podiatry, dental, bone mineral analyzer and mammography facilities, shall provide a scale drawing of the room in which the x-ray system is located, or provide measurements from the radiation source to the surrounding barrier surfaces. The drawing shall denote the type of materials and the thickness (or lead equivalence) of each barrier of the room (walls, ceilings, floors, doors, windows). The drawing shall also denote the type and frequency of occupancy in adjacent areas, including those above and below the x-ray room of concern (e.g., hallways, offices, parking lots, and laboratories). Estimates of workload shall also be provided with the drawing.
- E. An applicant proposing to use a particle accelerator for medical purposes shall not use the particle accelerator until the Department inspection required in R9-7-914 has been completed.

**Historical Note**

New Section R9-7-202 recodified from R12-1-202, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-203. Application for Registration of Servicing and Installation**

- A. Each person who is engaged in the business of installing or offering to install radiation machines shall apply for registration. For purposes of this Chapter, install includes selling and servicing, or offering to sell or service, x-ray machines in Arizona.

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- B. The applicant shall complete the application for registration on forms that request information required by A.R.S. § 30-672.01, provided by the Department.

**Historical Note**

New Section R9-7-203 recodified from R12-1-203, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-204. Issuance of Notice of Registration**

- A. Upon determining that the application meets the requirements of the Act and this Article, the Department shall issue a Notice of Registration.
- B. All radiation machines located at the same facility may be registered using one Notice of Registration.

**Historical Note**

New Section R9-7-204 recodified from R12-1-204, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-205. Expiration of Notice of Registration or Certification**

- A. Except as provided in subsection (B), a Notice of Registration, issued according to R9-7-204, or a certificate issued according to R9-7-208, expires at the end of the day on the expiration date stated in the Notice of Registration or certificate.
- B. If an application for renewal is filed by the registrant or certificate holder not less than 30 days prior to the expiration of the Notice of Registration or certificate, the Notice of Registration or certificate does not expire until a final determination is made by the Department on the renewal application.

**Historical Note**

New Section R9-7-205 recodified from R12-1-205, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-206. Assembly, Installation, Removal from Service, and Transfer**

- A. A person who assembles, or installs ionizing radiation machines in this state shall notify the Department in writing within 15 days of:
1. The name and address of the person possessing the machine that was assembled or installed;
  2. The manufacturer, model, and serial number of each radiation machine with the tube housing model number and serial number, maximum kVp, and maximum mA, assembled or installed; and
  3. The date each machine was assembled or installed, or the first clinical procedure is performed.
- B. Any person who possesses a radiation machine registered by the Department shall notify the Department within 15 days of the machine being taken out of service. The written notification shall contain the name and address of the person receiving the machine, if it is sold, leased, or transferred to another person; the manufacturer, model, and serial number of the machine; and the date the machine was taken out of service.
- C. In the case of diagnostic x-ray systems that contain certified components, an assembler shall, within 15 days following completion of the assembly, submit to the Department a copy of the assembler's report (FDA Report No. 2579) prepared in compliance with requirements in 21 CFR 1020.30(d), revised April 1, 2008, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments. The report shall suffice in lieu of any other report by the assembler, if it contains the information required in subsection (A).
- D. A person shall not make, sell, lease, transfer, lend, assemble, service, or install radiation machines or the supplies used in

connection with radiation machines unless the supplies and equipment when properly placed in operation and used, meet the requirements of these rules.

**Historical Note**

New Section R9-7-206 recodified from R12-1-206, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-207. Reciprocal Recognition of Out-of-state Radiation Machines**

- A. If any radiation machine is to be brought into the state for temporary use, the person proposing to bring the radiation machine into the state shall provide written notice to the Department at least three working days before the radiation machine is to be used in the state. The notice shall include the type of radiation machine; the nature, duration, and scope of use; and the exact location where the radiation machine is to be used. If, for a specific case, the three working-day period would impose an undue hardship, the person may upon application to the Department, obtain permission to proceed sooner.
- B. In addition, the owner of the radiation machine and the person possessing the machine while in the state shall:
1. Comply with all applicable rules of the Department;
  2. Upon request, supply the Department with a copy of the machine's registration and other information regarding the safe operation of the machine while it is in the state; and
  3. Upon request, supply the Department with the work authorization from the Department, machine registration, operating and emergency procedures, utilization log, survey instrument and associated calibration record, and training records for all users.
- C. A radiation machine shall not be operated within the state on a temporary basis in excess of 180 calendar days per year.

**Historical Note**

New Section R9-7-207 recodified from R12-1-207, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-208. Certification of Mammography Facilities**

An applicant seeking certification of a facility according to A.R.S. § 30-672(J) shall:

1. Provide evidence with the application that a quality assurance program has been established and is in use under R9-7-614(B)(1) and (2),
2. Provide evidence with the application that physicians reading mammographic images have the training and experience required in A.R.S. § 32-2842, and
3. Provide evidence with the application that physicians reading mammographic images have met the minimum criteria established by their respective licensing boards, as required in A.R.S. § 32-2842(C).

**Historical Note**

New Section R9-7-208 recodified from R12-1-208, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-209. Notifications**

- A. A registrant shall notify the Department within 30 days of any change to the information contained in the notice of registration or a certificate issued according to R9-7-208.
- B. A person who possesses a radiation machine registered by the Department shall notify the Department within 15 days if the machine is discarded or transferred to another person. In the notice, the person shall provide the name and address of the person who receives the machine, if it is sold, leased, or transferred to another person; the manufacturer, model, and serial

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number of the machine; and the date the machine was taken out of service.

**Historical Note**

New Section R9-7-209 recodified from R12-1-209, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**Appendix A. Application Information**

An application shall contain the following information as required in R9-7-202(B), before a registration will be issued. The Department shall provide an application form to an applicant with a guide, if available, or shall assist the applicant to ensure that only correct information is provided on the application.

Name and mailing address of applicant	Use location
Person responsible for radiation safety program	Telephone number
Type of facility	Facility subtype
Legal structure and ownership	Signature of certifying agent
Radiation machine information	Equipment identifiers
Shielding information	Scale drawing, if applicable
Equipment operator instructions and restrictions	Physicist name and training, if applicable
Classification of professional in charge	
Record of calibration for therapy units	Type of request: amendment, new, or renewal
Protection survey results, if applicable	
Type of industrial radiography program, if applicable	
Radiation Safety Officer name, if applicable	Contact person
Other registration requirements listed in Articles 2, 6, 8, 9, and 11	Appropriate fee listed in Article 13 schedule

**Historical Note**

New Article 2, Appendix A recodified from 12 A.A.C. 1, Article 2, Appendix A, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**ARTICLE 3. RADIOACTIVE MATERIAL LICENSING****R9-7-301. Ownership, Control, or Transfer of Radioactive Material**

- A.** In addition to the requirements of this Article, all licensees are subject to the requirements of 9 A.A.C. 7, Article 1, Article 4, and Article 10. Licensees engaged in industrial radiographic operations are subject to the requirements of 9 A.A.C. 7, Article 5; licensees using radioactive material in the practice of medicine are subject to the requirements of 9 A.A.C. 7, Article 7; licensees transporting radioactive material are subject to the requirements contained in 9 A.A.C. 7, Article 15; and licensees using radioactive material in well logging operations are subject to the requirements in 9 A.A.C. 7, Article 17.
- B.** Notwithstanding any other provisions of this Article, any person may own radioactive material, provided that the ownership does not include the actual possession, custody, use, or physical transfer of radioactive material or the manufacture or production of any article that contains radioactive material without the applicable certification, license, or registration.
- C.** A manufacturer, processor, or producer of any equipment, device, commodity, or other product that contains source

material or radioactive material whose subsequent possession, use, transfer, or disposal by all other persons is exempt from regulatory requirements may only obtain authority to transfer possession or control of the material from the U.S. Nuclear Regulatory Commission, Washington, D.C. 20555.

**Historical Note**

New Section R9-7-301 recodified from R12-1-301, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-302. Source Material; Exemptions**

- A.** Any person is exempt from this Article to the extent the person receives, possesses, uses, delivers or transfers source material in any chemical mixture, compound, solution, or alloy in which the source material is by weight less than 1/20th of 1 percent (0.0005) of the mixture, compound, solution, or alloy.
- B.** Any person is exempt from this Article to the extent the person receives, possesses, uses, or transfers unrefined and unprocessed ore containing source material, provided that, the person does not refine or process the ore except as authorized in a specific license.
- C.** Any person is exempt from the requirements for a license set forth in this Article if the person receives, possesses, uses, or transfers:
  1. Any quantities of thorium contained in:
    - a. Incandescent gas mantles;
    - b. Vacuum tubes;
    - c. Welding rods;
    - d. Electric lamps for illuminating purposes provided that each lamp does not contain more than 50 milligrams of thorium;
    - e. Germicidal lamps, sunlamps, and lamps for outdoor or industrial lighting, provided that each lamp does not contain more than 2 grams of thorium;
    - f. Rare earth metals, compounds, mixtures, or products containing not more than 0.25 percent by weight thorium, uranium, or any combination of thorium and uranium; or
    - g. Individual neutron dosimeters, provided that each dosimeter does not contain more than 50 milligrams of thorium;
  2. Source material contained in the following products:
    - a. Glazed ceramic tableware manufactured before August 27, 2013, provided that the glaze contains not more than 20 percent by weight source material;
    - b. Glassware containing not more than 2 percent by weight source material or, for glassware manufactured before August 27, 2013, 10 percent by weight source material, but not including commercially manufactured glass brick, pane glass, ceramic tile or other glass or ceramic used in construction; or
    - c. Piezoelectric ceramic containing not more than 2 percent by weight source material;
  3. Photographic film, negatives, and prints containing uranium or thorium;
  4. Any finished product or part fabricated of, or containing, tungsten-thorium or magnesium-thorium alloys, provided that the thorium content of the alloy does not exceed 4 percent by weight and that the exemption contained in this subsection does not authorize the chemical, physical, or metallurgical treatment or processing of the finished product or part;
  5. Uranium contained in counterweights installed in aircraft, rockets, projectiles, and missiles, or stored or handled in

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connection with installation or removal of counterweights, provided that:

- a. Each counterweight has been impressed with the following legend clearly legible through any plating or other covering: "DEPLETED URANIUM";
  - b. Each counterweight is durably and legibly labeled or marked with the identification of the manufacturer and the statement: "UNAUTHORIZED ALTERATIONS PROHIBITED";
  - c. The exemption contained in subsection (C)(5) does not authorize the chemical, physical, or metallurgical treatment or processing of any counterweight other than repair or restoration of any plating or other covering; and
  - d. The requirements specified in subsections (C)(5)(a) and (b) need not be met by counterweights manufactured prior to December 31, 1969; provided, that these counterweights were manufactured under a specific license issued by the Atomic Energy Commission and were impressed with the legend, "UNAUTHORIZED ALTERATIONS PROHIBITED";
6. Natural or depleted uranium metal used as shielding and constituting part of any shipping container; provided that:
    - a. The shipping container is conspicuously and legibly impressed with the legend "CAUTION – RADIOACTIVE SHIELDING – URANIUM," and
    - b. The uranium metal is encased in mild steel or equally fire resistant metal with minimum wall thickness of 1/8 inch (3.2 mm);
  7. Thorium or uranium contained in or on finished optical lenses or mirrors, provided that each lens or mirror does not contain more than 10 percent by weight thorium or uranium or, for lenses manufactured before August 27, 2013, 30 percent by weight of thorium; and that the exemption contained in this Section does not authorize either:
    - a. The shaping, grinding, or polishing of such lens or mirror or manufacturing processes other than the assembly of such lens or mirror into optical systems and devices without any alteration of the lens or mirror; or
    - b. The receipt, possession, use, or transfer of uranium or thorium contained in contact lenses, spectacles, or the eyepieces of binoculars or other optical instruments;
  8. Uranium contained in detector heads of fire detection units, provided that each detector head contains not more than 5 nanocuries (185 Bq) of uranium; or
  9. Thorium contained in any finished aircraft engine part containing nickel-thoria alloy, provided that:
    - a. The thorium is dispersed in the nickel-thoria alloy in the form of finely divided thoria (thorium dioxide), and
    - b. The thorium content in the nickel-thoria alloy does not exceed 4 percent by weight.
- D. No person may initially transfer for sale or distribution a product containing source material to persons exempt under subsection (C), or equivalent regulations of the NRC or another Agreement State, unless authorized by a license issued under R9-7-318 to initially transfer such products for sale or distribution.
  - E. Persons authorized to manufacture, process, or produce these materials or products containing source material by another

Agreement State, and persons who import finished products or parts, for sale or distribution must be authorized by a license issued under R9-7-318 for distribution only and are exempt from the requirements of Articles 4 and 10 of this Chapter, and R9-7-309(1) and (2).

- F. The exemptions in subsections (C), (D), and (E) do not authorize the manufacture of any of the products described.

**Historical Note**

New Section R9-7-302 recodified from R12-1-302, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3). Amended by final expedited rulemaking at 26 A.A.R. 1067, with an immediate effective date of May 6, 2020 (Supp. 20-2). Amended by final expedited rulemaking at 30 A.A.R. 2681 (August 30, 2024), with an immediate effective date of August 7, 2024 (Supp. 24-3).

**R9-7-303. Radioactive Material Other Than Source Material; Exemptions****A. Exempt concentrations**

1. Except as provided in subsection (A)(3) and (A)(4), any person is exempt from this Article if the person receives, possesses, uses, transfers, owns, or acquires products or materials containing radioactive material in concentrations not in excess of those listed in Exhibit A.
2. This Section shall not be deemed to authorize the import of radioactive material or products containing radioactive material.
3. A manufacturer, processor, or producer of a product or material is exempt from the requirements for a license issued under R9-7-311(A) or the requirements of this Article to the extent that this person transfers radioactive material contained in a product or material in concentrations not in excess of those specified in Exhibit A of this Article and introduced into the product or material by a licensee holding a specific license issued by the NRC expressly authorizing such introduction. This exemption does not apply to the transfer of radioactive material contained in any food, beverage, cosmetic, drug, or other commodity or product designed for ingestion or inhalation by, or application to, a human being.
4. A person shall not introduce radioactive material into a product or material knowing or having reason to believe that it will be transferred to persons exempt under subsection (A)(1) or equivalent Regulations of the U.S. Nuclear Regulatory Commission or any Agreement State or Licensing State, except in accordance with a license issued under 10 CFR 32.11.

**B. Exempt items**

1. Except for persons who apply radioactive material to, or persons who incorporate radioactive material into the following products, or persons who initially transfer for sale or distribution the following products, a person is exempt from this Chapter to the extent that the person receives, possesses, uses, transfers, owns, or acquires the following products:
  - a. Timepieces, hands, or dials containing not more than the following specified quantities of radioactive material and not exceeding the following specified levels of radiation:
    - i. 925 megabecquerels (25 millicuries) of tritium per timepiece;



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- ii. 185 megabecquerels (5 millicuries) of tritium per hand;
- iii. 555 megabecquerels (15 millicuries) of tritium per dial (bezels when used shall be considered part of the dial);
- iv. 3.7 megabecquerels (100 microcuries) of promethium-147 per watch or 7.4 megabecquerels (200 microcuries) of promethium-147 per any other timepiece;
- v. 740 kBq (20 microcuries) of promethium-147 per watch hand or 1.48 megabecquerels (40 microcuries) of promethium-147 per other timepiece hand;
- vi. 2.22 megabecquerels (60 microcuries) of promethium-147 per watch dial or 4.44 MBq (120 microcuries) of promethium-147 per other timepiece dial (bezels, when used, shall be considered part of the dial);
- vii. The levels of radiation from hands and dials containing promethium-147 shall not exceed, when measured through 50 milligrams per square centimeter of absorber:
  - (1) For wrist watches, 1.0  $\mu$ Gy (0.1 millirad) per hour at 10 centimeters from any surface of the watch;
  - (2) For pocket watches, (0.1 millirad) per hour at 1 centimeter from any surface;
  - (3) For any other timepiece, 2.0  $\mu$ Gy (0.2 millirad) per hour at 10 centimeters from any surface;
- viii. 37 kBq (1 microcurie) of radium-226 per timepiece in intact timepieces manufactured prior to November 30, 2007;
- b. Static elimination devices which contain, as a sealed source or sources, radioactive material consisting of a total of not more than 18.5 MBq (500  $\mu$ Ci) of polonium-210 per device.
  - i. Ion generating tubes designed for ionization of air that contain, as a sealed source or sources, radioactive material consisting of a total of not more than 18.5 MBq (500  $\mu$ Ci) of polonium-210 per device or of a total of not more than 1.85 GBq (50 mCi) of hydrogen-3 (tritium) per device.
  - ii. Such devices authorized before October 23, 2012 for use under the general license then provided in R9-7-306 and equivalent regulations of the NRC or Agreement State and manufactured, tested, and labeled by the manufacturer in accordance with the specifications contained in a specific license issued by the NRC.
- c. Balances of precision containing not more than 37 megabecquerels (1 millicurie) of tritium per balance or not more than 18.5 megabecquerels (0.5 millicurie) of tritium per balance part manufactured before December 17, 2007;
- d. Marine compasses containing not more than 27.75 gigabecquerels (750 millicuries) of tritium gas and other marine navigational instruments containing not more than 9.25 gigabecquerels (250 millicuries) of tritium gas manufactured before December 17, 2007;
- e. Ionization chamber smoke detectors containing not more than 37 kBq (1 microcurie) of americium-241 per detector in the form of a foil and designed to protect life and property from fires;
- f. Electron tubes: Provided that each tube does not contain more than one of the following specified quantities of radioactive material:
  - i. 5.55 GBq (150 millicuries) of tritium per microwave receiver protector tube or 370 megabecquerels (10 millicuries) of tritium per any other electron tube;
  - ii. 37 kBq (1 microcurie) of cobalt 60;
  - iii. 185 kBq (5 microcuries) of nickel 63;
  - iv. 1.11 megabecquerels (30 microcuries) of krypton 85;
  - v. 185 kBq (5 microcuries) of cesium 137;
  - vi. 1.11 megabecquerels (30 microcuries) of promethium-147;
  - vii. And provided further, that the level of radiation due to radioactive material contained in each electron tube does not exceed 10  $\mu$ Gy (1 millirad) per hour at 1 centimeter from any surface when measured through 7 milligrams per square centimeter of absorber. The term "electron tubes" includes spark gap tubes, power tubes, gas tubes, including glow lamps, receiving tubes, microwave tubes, indicator tubes, pick-up tubes, radiation detection tubes, and any other completely sealed tube that is designed to conduct or control electrical current;
- g. Ionizing radiation measuring instruments containing, for purposes of internal calibration or standardization, one or more sources of radioactive material provided that:
  - i. Each source contains no more than one exempt quantity set forth in Exhibit B of this Article; and
  - ii. Each instrument contains no more than 10 exempt quantities. For the purposes of this subsection, an instrument's source or sources may contain either one type or different types of radionuclide and an individual exempt quantity may be composed of fractional parts of one or more of the exempt quantities in Exhibit B of this Article, provided the sum of the fractions do not exceed unity;
  - iii. For the purposes of subsection (B)(1)(h) only, 185 kBq (50 nanocurie) of americium-241 is considered an exempt quantity under Exhibit B of this Article;
- h. Any person who desires to apply radioactive material to, or to incorporate radioactive material into, the products exempted in subsection (B)(1)(a), or who desires to initially transfer for sale or distribution such products containing radioactive material, should apply for a specific license pursuant to R9-7-311 of this Article, which license states that the product may be distributed by the licensee to persons exempt from the rules pursuant to subsection (A)(1).
- 2. Self-luminous products containing tritium, krypton-85, or promethium-147:
  - a. Except for persons who manufacture, process, initially transfer for sale or distribution, or produce self-luminous products containing tritium, krypton-

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- 85, or promethium-147, and except as provided in subsection (B)(2)(c), a person is exempt from this Chapter if the person receives, possesses, uses, owns, transfers or acquires tritium, krypton-85 or promethium-147 in self-luminous products manufactured, processed, produced, imported, initially transferred for sale or distribution, or transferred under a specific license issued by the U.S. Nuclear Regulatory Commission and described in 10 CFR 32.22, and the license authorizes the transfer of the products to persons who are exempt from regulatory requirements.
- b. Any person who desires to manufacture, process, or produce, or initially transfer for sale or distribution self-luminous products containing tritium, krypton-85, or promethium-147 for use under subsection (B)(2)(a), should apply for a license:
    - i. Under 10 CFR 32 and for a certificate of registration in accordance with 10 CFR 32.210, and
    - ii. As described in R9-7-311.
  - c. A person is exempt from this Chapter if the person receives, possesses, uses, or transfers articles containing less than 3.7 kBq (100 nanocuries) of radium-226, manufactured prior to October 1, 1978.
3. Gas and aerosol detectors containing byproduct material
    - a. Except for persons who manufacture, process, initially transfer for sale or distribution, or produce gas and aerosol detectors containing radioactive material, a person is exempt from this Chapter if the person receives, possesses, uses, transfers, owns, or acquires radioactive material in gas and aerosol detectors designed to protect life or property from fires and airborne hazards, provided that detectors containing radioactive material shall be manufactured, imported, or transferred according to a specific license issued by the U.S. Nuclear Regulatory Commission and described in 10 CFR 32.26, or equivalent regulations of an Agreement or Licensing State, this exemption also covers gas and aerosol detectors manufactured or distributed before November 30, 2007 in accordance with a specific license issued by the U.S. Nuclear Regulatory Commission, or equivalent regulations of an Agreement or Licensing State and the license authorizes the transfer of the detectors to persons who are exempt from regulatory requirements.
    - b. Gas and aerosol detectors previously manufactured and distributed to general licensees in accordance with a specific license issued by an Agreement State are exempt under subsection (B)(3)(a), provided that the device is labeled in accordance with the specific license authorizing distribution of the general licensed device, and that the detectors meet the requirements of the regulations of the U.S. Nuclear Regulatory Commission.
    - c. Any person who desires to manufacture, process, or produce gas and aerosol detectors containing byproduct material, or to initially transfer such products for use under subsection (B)(3)(a), should apply for a license under 10 CFR 32.26 and for a certificate of registration in accordance with 10 CFR 32.210.
  4. Certain industrial devices
    - a. Except for persons who manufacture, process, produce, or initially transfer for sale or distribution industrial devices containing byproduct material designed and manufactured for the purpose of detecting, measuring, gauging or controlling thickness, density, level, interface location, radiation, leakage, or qualitative or quantitative chemical composition, or for producing an ionized atmosphere, any person is exempt from the requirements for a license set forth in this Chapter to the extent that such person receives, possesses, uses, transfers, owns, or acquires byproduct material, in these certain detecting, measuring, gauging, or controlling devices and certain devices for producing an ionized atmosphere, and manufactured, processed, produced, or initially transferred in accordance with a specific license issued under R9-7-311 of this Article, which license authorizes the initial transfer of the device for use under this Section. This exemption does not cover sources not incorporated into a device, such as calibration and reference sources.
    - b. Any person who desires to manufacture, process, produce, or initially transfer, for sale or distribution, industrial devices containing byproduct material for use under subsection (B)(4)(a), shall apply for a license described in R9-7-311 and for a certificate of registration in accordance with 10 CFR 32.210.
- C. Exempt quantities
    1. Except as provided in subsections (C)(2), (3), and (7), a person is exempt from this Chapter if the person receives, possesses, uses, transfers, owns, or acquires radioactive material in individual quantities each of which does not exceed the applicable quantity set forth in Exhibit B of this Article.
    2. This subsection does not authorize the production, packaging, or repackaging or transfer of radioactive material for purposes of commercial distribution, or the incorporation of radioactive material into products intended for commercial distribution.
    3. Except as specified in this subsection, a person shall not, for purposes of commercial distribution, transfer radioactive material in the individual quantities set forth in Exhibit B of this Article, knowing or having reason to believe the described quantities of radioactive material will be transferred to persons exempt under subsection (C) or equivalent regulations of the U.S. Nuclear Regulatory Commission or any Agreement State or Licensing State. A person may transfer radioactive material for commercial distribution under a specific license issued by the U.S. Nuclear Regulatory Commission under 10 CFR 32.18 which license states that the radioactive material may be transferred by the licensee to persons exempt under this subsection or the equivalent regulations of the U.S. Nuclear Regulatory Commission or any Agreement State or Licensing State.
    4. Sources containing exempt quantities of radioactive material shall not be bundled or placed in close proximity for the purpose of using the radiation from the combined sources in place of a single source, containing a licensable quantity of radioactive material.
    5. Possession and use of bundled or combined sources containing exempt quantities of radioactive material in unregistered devices by persons exempt from licensing is prohibited.

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6. Any person, who possesses radioactive material received or acquired before September 25, 1971, under the general license issued under R9-7-311(A) of this Article or similar general license of an Agreement State or the NRC, is exempt from the requirements for a license issued under R9-7-311(A) of this Article to the extent that this person possesses, uses, transfers, or owns radioactive material.
7. No person may, for purposes of producing an increased radiation level, combine quantities of radioactive material covered by the exemption described in subsection (C)(6) so that the aggregate quantity exceeds the limits set forth in Exhibit B, except for radioactive material combined within a device placed in use before May 3, 1999, or as otherwise permitted by the rules in this Section.

**Historical Note**

New Section R9-7-303 recodified from R12-1-303, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).  
Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3).

**R9-7-304. License Types**

- A. Activities requiring license. Except as provided in 10 CFR 30.3 (revised January 1, 2013, incorporated by reference, and available under R9-7-101; this incorporated material contains no future editions or amendments), in subsection (B)(1), and for persons exempt as provided in R9-7-302 and R9-7-303 of this Article, no person shall manufacture, produce, transfer, receive, acquire, own, possess, or use byproduct material except as authorized in a specific or general license issued in accordance with the regulations in this chapter and in accordance with 10 CFR 30.3.
- B. Licenses for radioactive materials are of two types: general and specific.
  1. A general license is provided by rule, grants authority to a person for certain activities involving radioactive material, and is effective without the filing of an application with the Department or the issuance of a licensing document to a particular person. However, registration with the Department may be required by the particular general license.
  2. The Department issues a specific license to a named person who has filed an application for a license under the applicable provision of this Chapter. A specific licensee is subject to all of the applicable rules in this Chapter and any limitation contained in the license document.

**Historical Note**

New Section R9-7-304 recodified from R12-1-304, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).  
Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3).

**R9-7-305. General Licenses – Source Material**

- A. A general license is hereby issued authorizing commercial and industrial firms; research, educational, and medical institutions; and Federal, State, and local government agencies to receive, possess, use, and transfer uranium and thorium, in their natural isotopic concentrations and in the form of depleted uranium, for research, development, educational, commercial, or operational purposes in the following forms and quantities.
  1. No more than 1.5 kg (3.3 lb) of uranium and thorium in dispersible forms (e.g., gaseous, liquid, powder, etc.) at any one time. Any material processed by the general licensee that alters the chemical or physical form of the

material containing source material must be accounted for as a dispersible form. A person authorized to possess, use, and transfer source material under this subsection may not receive more than a total of 7 kg (15.4 lb) of uranium and thorium in any one calendar year.

2. As applicable:
  - a. No more than a total of 7 kg (15.4 lb) of uranium and thorium at any one time. A person authorized to possess, use, and transfer source material under this subsection may not receive more than a total of 70 kg (154 lb) of uranium and thorium in any one calendar year. A person may not alter the chemical or physical form of the source material possessed under this subsection unless it is accounted for under the limits of subsection (A)(1);
  - b. No more than 7 kg (15.4 lb) of uranium, removed during the treatment of drinking water, at any one time. A person may not remove more than 70 kg (154 lb) of uranium from drinking water during a calendar year under this subsection; or
  - c. No more than 7 kg (15.4 lb) of uranium and thorium at laboratories for the purpose of determining the concentration of uranium and thorium contained within the material being analyzed at any one time. A person authorized to possess, use, and transfer source material under this subsection may not receive more than a total of 70 kg (154 lb) of source material in any one calendar year.
- B. Any person who receives, possesses, uses, or transfers source material in accordance with a general license granted under subsection (A):
  1. Is prohibited from administering source material, or the radiation therefrom, either externally or internally, to human beings, except as may be authorized by the Department in a specific license;
  2. Shall not abandon such source material, but source material may be disposed of as follows:
    - a. A cumulative total of 0.5 kg (1.1 lb) of source material in a solid, non-dispersible form may be transferred each calendar year, by a person authorized to receive, possess, use, and transfer source material under this general license to persons receiving the material for permanent disposal. The recipient of source material transferred under the provisions of this subsection is exempt from the requirements to obtain a license under this Article to the extent the source material is permanently disposed. This provision does not apply to any person who is in possession of source material under a specific license issued under this Chapter; or
    - b. In accordance with R9-7-434.
  3. Is subject to the provisions in 10 CFR 40.56 and R9-7-101, R9-7-101.01, R9-7-102, R9-7-107, R9-7-308, R9-7-313(A) through (E), R9-7-313(I), R9-7-318, R9-7-405, R9-7-443, R9-7-444, R9-7-445, and R9-7-1213 through R9-7-1220; and
  4. Shall not export such source material except in accordance with 10 CFR 110.
- C. Any person who receives, possesses, uses, or transfers source material in accordance with subsection (A) shall conduct activities so as to minimize contamination of the facility and the environment. When activities involving such source material are permanently ceased at any site, if evidence of significant contamination is identified, the general licensee shall

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notify the Department about such contamination and may consult with the Department as to the appropriateness of sampling and restoration activities to ensure that any contamination or residual source material remaining at the site where source material was used under this general license is not likely to result in exposures that exceed the limits in R9-7-452.

- D. Any person who receives, possesses, uses, or transfers source material in accordance with a general license granted under subsection (A) is exempt from the provisions of Article 4 and Article 10 of this Chapter, provided the receipt, possession, use, or transfer is within the terms of the general license, except that such person shall comply with the provisions of R9-7-434 and R9-7-452. This exemption does not apply to any person who is also in possession of source material under a specific license issued under this Article.
- E. No person may initially transfer or distribute source material to persons generally licensed under subsection (A)(1) or (2), or equivalent regulations of the NRC or another Agreement State, unless authorized by a specific license issued in accordance with R9-7-318 or equivalent provisions of the NRC or another Agreement State. This prohibition does not apply to analytical laboratories returning processed samples to the client who initially provided the sample.
- F. This subsection grants a general license that authorizes a person to receive acquire, possess, use, or transfer, in accordance with subsections (G) through (J), depleted uranium contained in industrial products and devices provided the depleted uranium is contained in the industrial product or device for the purpose of providing a concentrated mass in a small volume of the product or device.
- G. The general license in subsection (F) applies only to industrial products or devices have been manufactured or initially transferred in accordance with a specific license governed by R9-7-311(J), or in accordance with a specific license issued by the NRC or another Agreement State that authorizes manufacture of the products or devices for distribution to persons generally licensed by the NRC or an Agreement State.
- H. Persons who receive, acquire, possess, or use depleted uranium pursuant to the general license established by subsection (F) shall file an ARRA 23 "Registration Certificate -- Use of Depleted Uranium Under General License" with the Department. The person shall provide the information requested on the certificate and listed in Exhibit E. The person shall submit the information within 30 days after first receipt or acquisition of the depleted uranium, returning the completed registration certificate to the Department. The person shall report in writing to the Department any change in information originally submitted to the Department on ARRA 23. The person shall submit the change report within 30 days after the effective date of the described change.
- I. A person who receives, acquires, possesses, or uses depleted uranium according to the general license provided under subsection (F) shall:
  - 1. Not introduce depleted uranium, in any form, into a chemical, physical, or metallurgical treatment or process, except a treatment or process for repair or restoration of any plating or other covering of the depleted uranium;
  - 2. Not abandon the depleted uranium;
  - 3. Transfer the depleted uranium as prescribed in R9-7-318. If the transferee receives the depleted uranium under a general license established by subsection (F), the transferor shall furnish the transferee with a copy of this subsection and a copy of the registration certificate. If the transferee receives the depleted uranium under a general

license governed by a regulation of the NRC or another Agreement State that is equivalent to subsection (F), the transferor shall furnish the transferee a copy of the equivalent rule and a copy of the registration certificate, accompanied by a letter explaining that use of the product or device is regulated by the NRC or an Agreement State under requirements substantially similar to those in this Section; and

- 4. Within 30 days of any transfer, report in writing to the Department the name and address of the person receiving the depleted uranium.
- J. A person who receives, acquires, possesses, uses, or transfers depleted uranium in accordance with a general license granted under subsection (F) is exempt from the requirements in Articles 4 and 10 of this Chapter with respect to the depleted uranium covered by that general license.

**Historical Note**

New Section R9-7-305 recodified from R12-1-305, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3). Amended by final expedited rulemaking at 26 A.A.R. 1067, with an immediate effective date of May 6, 2020 (Supp. 20-2).

Amended by final expedited rulemaking at 30 A.A.R. 2681 (August 30, 2024), with an immediate effective date of August 7, 2024 (Supp. 24-3).

**R9-7-306. General License – Radioactive Material Other Than Source Material**

- A. Certain measuring, gauging or controlling devices and certain devices for producing light or an ionized atmosphere.
  - 1. This subsection grants a general license to a commercial or industrial firm; a research, educational or medical institution; an individual conducting business; or a state or local government agency to receive, acquire, possess, use, or transfer radioactive material contained in devices designed and manufactured for the purpose of detecting, measuring, gauging or controlling thickness, density, level, interface location, radiation, leakage, or qualitative or quantitative chemical composition, or for producing light or an ionized atmosphere, according to the provisions of 10 CFR 31.5(b), (c), and (d), (Revised January 1, 2013, incorporated by reference, and available under R9-7-101. The incorporated material contains no future editions or amendments.
  - 2. A general licensee shall receive a device from one of the specific licensees described in this Section or through a transfer made under subsection (A)(4)(k).
  - 3. A general license in subsection (A)(1) applies only to radioactive material contained in devices that have been manufactured or initially transferred and labeled in accordance with the requirements contained in:
    - a. A specific license issued under R9-7-311(A), or
    - b. An equivalent specific license issued by the NRC or another Agreement State.
    - c. An equivalent specific license issued by a State with rules or regulations comparable to this Section.
  - 4. A person who acquires, receives, possesses, uses, or transfers radioactive material in a device licensed under subsection (A)(1) or through a transfer made under subsection (A)(4)(h), shall:
    - a. Ensure that all labels and safety statements affixed to a device at the time of receipt and bearing a statement that removal of the label is prohibited are

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- maintained and not removed, and comply with all instructions and precautions on the labels.
- b. Ensure that the device is tested for leakage of radioactive material and proper operation of the on-off mechanism and indicator, if any, at no longer than six-month intervals or at other intervals as specified on the label.
    - i. A general licensee need not test a device that contains only krypton for leakage of radioactive material; and
    - ii. A general licensee need not test a device for leakage of radioactive material if the device contains only tritium, not more than 3.7 megabecquerels (100 microcuries) of other beta and/or gamma emitting material, or 370 kilobecquerels (10 microcuries) of alpha emitting material, or the device is held in storage, in the original shipping container, before initial installation.
  - c. Ensure that the tests required by subsection (A)(4)(b) and other testing, installation, servicing, and removal from installation involving the radioactive material or its shielding or containment, are performed:
    - i. In accordance with the device label instructions, or
    - ii. By a person holding a specific license under R9-7-311(A) or in accordance with the provisions of a specific license issued by the NRC or an Agreement State which authorizes distribution of devices to persons generally licensed by the NRC or an Agreement State.
  - d. Maintain records of compliance with the requirements in subsections (A)(4)(b) and (c) that show the results of tests; the dates that required activities were performed, and the names of persons performing required activities involving radioactive material from the installation and its shielding or containment. The records shall be maintained for three years from the date of the recorded event or until transfer or disposal of the device.
  - e. Immediately suspend operation of a device if there is a failure of, or damage to, or any indication of a possible failure of or damage to, the shielding of the radioactive material or the on-off mechanism or indicator, or upon the detection of 185 becquerel (0.005 microcurie) or more of removable radioactive material.
    - i. A general licensee shall not operate the device until it has been repaired by the manufacturer or another person holding a specific license to repair this type of device that was issued by the Department under R9-7-311(A), the NRC, or an Agreement State which authorizes distribution of devices to persons generally licensed by the NRC or an Agreement State.
    - ii. If necessary the general licensee shall dispose of the device and any radioactive material from the device by transfer to a person authorized by a specific license to receive the radioactive material in the device or as otherwise approved by the Department.
    - iii. Within 30 days of an event governed by subsection (A)(4)(e) the general licensee shall furnish a report that contains a brief description of the event and the remedial action taken and, in the case of detection of 185 Becquerel (0.005 microcurie) or more of removable radioactive material or failure of or damage to a source likely to result in contamination of the general licensee's facility or the surrounding area, if applicable, a plan for ensuring that the general licensee's facility and surrounding area, if applicable, are acceptable for unrestricted use. The radiological criteria for unrestricted use in R9-7-452 may be used to prepare the plan, as determined by the Department, on a case-by-case basis.
  - f. Not abandon a device that contains radioactive material.
  - g. Not export a device that contains radioactive material except in accordance with 10 CFR 110, revised January 1, 2013, incorporated by reference, and available under R9-7-101. The incorporated material contains no future editions or amendments.
  - h. Transfer or dispose of a device that contains radioactive material only by export as authorized in subsection (A)(4)(g), transfer to another general licensee as authorized in subsection (A)(4)(k) or a person who is authorized to receive the device by a specific license issued by the Department, the NRC, or an Agreement State, or collection as waste if authorized by equivalent regulations of an Agreement State, or the NRC, or as otherwise approved under subsection (A)(4)(j).
  - i. Within 30 days after the transfer or export of a device to a specific licensee, furnish a report to the Department. The report shall:
    - i. Identify the device by manufacturer's (or initial transferor's) name, model number, and serial number;
    - ii. Provide the name, address, and license number of the person receiving the device (license number not applicable if exported); and
    - iii. Provide the date of transfer or export.
  - j. Obtain written Department approval before transferring a device to any other specific licensee that is not authorized in accordance with subsection (A)(4)(h).
  - k. Transfer a device to another general licensee only:
    - i. If the device remains in use at a particular location. The transferor shall provide the transferee with a copy of this Section, a copy of R9-7-443, R9-7-445, and R9-7-448 and any safety documents identified on the device label. Within 30 days of the transfer, the transferor shall report to the Department the manufacturer's (or initial transferor's) name; the model number and the serial number of the device transferred; the transferee's name and mailing address for the location of use; and the name, title, and telephone number of the responsible individual appointed by the transferee in accordance with subsection (A)(4)(n); or
    - ii. If the device is held in storage in the original shipping container at its intended location of use before initial use by a general licensee, and by a person that is not a party to the transaction.

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- l. Comply with the provisions of R9-7-443, R9-7-444, R9-7-445, R9-7-447, and R9-7-448 for reporting and notification of radiation incidents, theft or loss of licensed material, and is exempt from the other requirements of 9 A.A.C. 7, Articles 4 and 10.
  - m. Respond to written requests from the Department to provide information relating to the general licensee within 30 days from the date on the request, or a longer time period specified in the request. If the general licensee cannot provide the requested information within the specified time period, the general licensee shall request a longer period to supply the information before expiration of the time period, providing the Department with a written justification for the request.
  - n. Appoint an individual responsible for knowledge of applicable laws and possessing the authority to take actions required to comply with applicable radiation safety laws. The general licensee, through this individual, shall ensure the day-to-day compliance with applicable radiation safety laws. This provision does not relieve the general licensee of responsibility.
  - o. Register, in accordance with subsections (A)(4)(p) and (q), any device that contains at least 370 megabecquerels (10 millicuries) of cesium-137, 3.7 megabecquerels (0.1 millicuries) of strontium-90, 37 megabecquerels (1 millicurie) of cobalt-60, or 37 megabecquerels (1 millicurie) of americium-241 or any other transuranic (i.e., element with atomic number greater than uranium (92)), based on the activity indicated on the label. Each address for a location of use, as described under subsection (A)(4)(q)(iv), represents a separate general licensee and requires a separate registration and fee.
  - p. Register each device annually with the Department and pay the fee required by R9-7-1306, Category D4, if in possession of a device that meets the criteria in subsection (A)(4)(o). The general licensee shall register by verifying, correcting, and adding to the information provided in a request for registration received from the Department. The registration information shall be submitted to the Department within 30 days from the date on the request for registration. In addition, a general licensee holding devices meeting the criteria of subsection (A)(4)(o) is subject to the bankruptcy notification requirements in R9-7-313(D).
  - q. In registering a device, furnish the following information and any other registration information specifically requested by the Department:
    - i. Name and mailing address of the general licensee;
    - ii. Information about each device, including the manufacturer (or initial transferor), model number, serial number, radioisotope, and activity (as indicated on the label);
    - iii. Name, title, and telephone number of the responsible individual appointed by the general licensee under subsection (A)(4)(n);
    - iv. Address or location at which each device is used and stored. For a portable device, the address of the primary place of storage;
    - v. Certification by the responsible individual that the information concerning each device has been verified through a physical inventory and review of label information; and
    - vi. Certification by the responsible individual that the individual is aware of the requirements of the general license.
  - r. Report a change in mailing address for the location of use or a change in the name of the general licensee to the Department within 30 days of the effective date of the change. For a portable device, a report of address change is only required for a change in the device's primary place of storage.
  - s. Not use a device if the device has not been used for a period of two years. If a device with shutters is not being used, the general licensee shall ensure that the shutters are locked in the closed position. The testing required by subsection (A)(4)(b) need not be performed during a period of storage. However, if a device is put back into service or transferred to another person, and has not been tested during the required test interval, the general licensee shall ensure that the device is tested for leakage before use or transfer and that the shutter is tested before use. A device kept in standby for future use is excluded from the two-year time limit in this subsection if the general licensee performs a quarterly physical inventory regarding the standby devices.
5. A person that is generally licensed by an Agreement State with respect to a device that meets the criteria in subsection (A)(4)(o) is exempt from registration requirements if the device is used in an area subject to Department jurisdiction for a period less than 180 days in any calendar year. The Department does not request registration information from a general licensee if the device is exempted from licensing requirements in subsection (A)(4)(o).
  6. The general license granted under subsection (A)(1) is subject to the provisions of 9 A.A.C. 7, Articles 1, 3, 12, and 15, and A.R.S. §§ 30-654(B)(13), 30-657(A) and (B), 30-681, and 30-685 through 30-689.
  7. The general license in subsection (A)(1) does not authorize the manufacture or import of devices containing byproduct material.
- B. Luminous safety devices for aircraft**
1. This subsection grants a general license that authorizes a person to own, receive, acquire, possess, and use tritium or promethium-147 contained in luminous safety devices for use in aircraft, provided that each device contains not more than 370 gigabecquerels (10 curies) of tritium or 11.1 gigabecquerels (300 millicuries) of promethium-147; and each device has been manufactured, assembled, initially transferred, or imported according to a specific license issued by the U.S. Nuclear Regulatory Commission, or each device has been manufactured or assembled according to the specifications contained in a specific license issued to the manufacturer or assembler of the device by the Department or any Agreement State or Licensing State in accordance with licensing requirements equivalent to those in 10 CFR 32.53.
  2. A person who owns, receives, acquires, possesses, or uses a luminous safety device according to the general license granted in subsection (B)(1) is:
    - a. Exempt from the requirements of 9 A.A.C. 7, Article 4 and Article 10 except that the person shall comply with the reporting and notification provisions of R9-

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7-443, R9-7-444, R9-7-445, R9-7-447, and R9-7-448;

- b. Not authorized to manufacture, assemble, repair, or import a luminous safety device that contains tritium or promethium-147;
- c. Not authorized to export luminous safety devices containing tritium or promethium-147;
- d. Not authorized to own, receive, acquire, possess, or use radioactive material contained in instrument dials; and
- e. Subject to the provisions of 9 A.A.C. 7, Articles 1, 3, 12, and 15 and A.R.S. §§ 30-654(B)(13), 30-657(A) and (B), 30-681, and 30-685 through 30-689.

C. This subsection grants a general license that authorizes a person who holds a specific license to own, receive, possess, use, and transfer radioactive material if the Department issues the license; or special nuclear material if the NRC issues the license. For americium-241, radium-226, and plutonium contained in calibration or reference sources, this subsection grants a general license in accordance with the provisions of subsections (C)(1), (2), and (3). For plutonium, ownership is included in the licensed activities.

1. This subsection grants a general license for calibration or reference sources that have been manufactured according to the specifications contained in a specific license issued to the manufacturer by the Department, an Agreement State, or a Licensing State, according to licensing requirements equivalent to those contained in 10 CFR 32.57 or 10 CFR 70.39, revised January 1, 2013, incorporated by reference, and available under R9-7-101. The incorporated material contains no future editions or amendments.
2. A general license granted under subsection (C) or (C)(1) is subject to the provisions of 9 A.A.C. 7, Articles 1, 3, 4, 10, 12, and 15 and A.R.S. §§ 30-654(B)(13), 30-657(A) and (B), 30-681, and 30-685 through 30-689. In addition, a person who owns, receives, acquires, possesses, uses, or transfers one or more calibration or reference sources under a general license granted under subsection (C) or (C)(1) shall:
  - a. Not possess at any one time, at any location of storage or use, more than 185 kBq (5 microcuries) of americium-241, plutonium, or radium-226 in calibration or reference sources;
  - b. Not receive, possess, use, or transfer a calibration or reference source unless the source, or the storage container, bears a label that includes one of the following statements, as applicable, or a substantially similar statement that contains the same information:
    - i. The receipt, possession, use and transfer of this source, Model \_\_\_\_\_, Serial No. \_\_\_\_\_, are subject to a general license and the regulations of the U.S. Nuclear Regulatory Commission or a state with which the Commission has entered into an agreement for the exercise of regulatory authority. Do not remove this label.  
CAUTION – RADIOACTIVE MATERIAL – THIS SOURCE CONTAINS (name of the

appropriate material) – DO NOT TOUCH RADIOACTIVE PORTION OF THIS SOURCE.

\_\_\_\_\_  
Name of manufacturer or importer

- ii. The receipt, possession, use and transfer of this source, Model \_\_\_\_\_, Serial No. \_\_\_\_\_, are subject to a general license and the regulations of any Licensing State. Do not remove this label.

CAUTION – RADIOACTIVE MATERIAL – THIS SOURCE CONTAINS RADIUM-226. DO NOT TOUCH RADIOACTIVE PORTION OF THIS SOURCE.

\_\_\_\_\_  
Name of manufacturer or importer

- c. Not transfer, abandon, or dispose of a calibration or reference source except by transfer to a person authorized to receive the source by a license from the Department, the U.S. Nuclear Regulatory Commission, an Agreement State, or a Licensing State;
  - d. Store a calibration or reference source, except when the source is being used, in a closed container designed, constructed, and approved for containment of americium-241, plutonium, or radium-226 which might otherwise escape during storage; and
  - e. Not use a calibration or reference source for any purpose other than the calibration of radiation detectors or the standardization of other sources.
  3. The general license granted under subsection (C) or (C)(1) does not authorize the manufacture or import of calibration or reference sources that contain americium-241, plutonium, or radium-226.
  4. The general license granted under subsections (C) or (C)(1) does not authorize the manufacture or export of calibration or reference sources that contain americium-241, plutonium, or radium-226.
- D. This subsection grants a general license that authorizes a person to receive, possess, use, transfer, own, or acquire carbon-14 urea capsules, which contain one microcurie of carbon-14 urea for “in vivo” human diagnostic use:
1. Except as provided in subsections (D)(2) and (3), a physician is exempt from the requirements for a specific license, provided that each carbon-14 urea capsule for “in vivo” diagnostic use contains no more than 1 microcurie.
  2. A physician who desires to use the capsules for research involving human subjects shall obtain a specific license issued according to the specific licensing requirements in this Article.
  3. A physician who desires to manufacture, prepare, process, produce, package, repackage, or transfer carbon-14 urea capsules for commercial distribution shall obtain a specific license from the Department, issued according to the requirements in 10 CFR 32.21, (Revised January 1, 2013, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.)
  4. Nothing in this subsection relieves physicians from complying with applicable FDA and other federal and state requirements governing receipt, administration, and use of drugs.
- E. This subsection grants a general license that authorizes any physician, clinical laboratory, or hospital to use radioactive material for certain “in vitro” clinical or laboratory testing.

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1. The general licensee is authorized to receive, acquire, possess, transfer, or use, for any of the following stated tests, the following radioactive materials in prepackaged units:
  - a. Iodine-125, in units not exceeding 370 kilobecquerel (10 microcuries) each for use in "in vitro" clinical or laboratory tests not involving internal or external administration of radioactive material, or radiation from such material, to human beings or animals.
  - b. Iodine-131, in units not exceeding 370 kilobecquerel (10 microcuries) each for use in "in vitro" clinical or laboratory tests not involving internal or external administration of radioactive material, or the radiation from such material, to human beings or animals.
  - c. Carbon-14, in units not exceeding 370 kilobecquerel (10 microcuries) each for use in "in vitro" clinical or laboratory tests not involving internal or external administration of radioactive material, or the radiation from such material, to human beings or animals.
  - d. Hydrogen-3 (tritium), in units not exceeding 1.85 megabecquerel (50 microcuries) each for use in "in vitro" clinical or laboratory tests not involving internal or external administration of radioactive material, or the radiation from such material, to human beings or animals.
  - e. Iron-59, in units not exceeding 740 kilobecquerel (20 microcuries) each for use in "in vitro" clinical or laboratory tests not involving internal or external administration of radioactive material, or the radiation from such material, to human beings or animals.
  - f. Cobalt-57 or selenium-75, in units not exceeding 370 kilobecquerels (10 microcuries) each for use in "in vitro" clinical or laboratory tests not involving internal or external administration of radioactive material, or the radiation from such material, to human beings or animals.
  - g. Mock iodine-125 reference or calibration sources, in units not exceeding 1.85 kBq (50 nanocurie) of iodine-129 and 185 becquerel (5 nanocurie) of americium-241 each, for use in "in vitro" clinical or laboratory tests not involving internal or external administration of radioactive material, or the radiation from such material, to human beings or animals.
2. A person shall not acquire, receive, possess, use, or transfer radioactive material according to the general license established by this subsection until the person has filed with the Department ARRA-9, "Certificate -- "In Vitro" Testing with Radioactive Material Under General License," provided the information listed in Exhibit E, and received a validated copy of ARRA-9, which indicates the assigned certification number. The physician, clinical laboratory, or hospital shall furnish on ARRA-9 the following information:
  - a. Name, telephone number, and address of the physician, clinical laboratory, or hospital; and
  - b. A statement that the physician, clinical laboratory, or hospital has radiation measuring instruments to carry out "in vitro" clinical or laboratory tests with radioactive material and that tests will be performed only by personnel competent to use the instruments and handle the radioactive material.
3. A person who receives, acquires, possesses, or uses radioactive material according to the general license granted under this subsection shall:
  - a. Not possess at any one time, in storage or use, a combined total of not more than 7.4 megabecquerels (200 microcuries) of iodine-125, iodine-131, iron-59, cobalt-57, or selenium-75 in excess of 7.4 megabecquerels (200 microcuries), or acquire or use in any one calendar month more than 18.5 megabecquerels (500 microcuries) of these radionuclides.
  - b. Store the radioactive material, until used, in the original shipping container or in a container that provides equivalent radiation protection.
  - c. Use the radioactive material only for the uses authorized by subsection (E).
  - d. Not transfer radioactive material to a person who is not authorized to receive it according to a license issued by the Department, the U.S. Nuclear Regulatory Commission, or any Agreement State or Licensing State, or in any manner other than in an unopened, labeled shipping container received from the supplier.
  - e. Not dispose of a mock iodine-125 reference or calibration source described subsection (E)(1) except as authorized by R9-7-434.
  - f. Package or prepackage a unit bearing a durable, clearly visible label: identifying the radioactive contents as to chemical form and radionuclide, and indicating that the amount of radioactivity does not exceed 0.37 megabecquerel (10 microcuries) of iodine-131, iodine-125, selenium-75, or carbon-14; 1.85 megabecquerels (50 microcuries) of hydrogen-3 (tritium); or 0.74 megabecquerel (20 microcuries) of iron-59; or mock iodine-125 in units not exceeding 1.85 kilobecquerels (0.05 microcurie) of iodine-129 and 0.185 kilobecquerel (0.005 microcurie) of americium-241 each; or cobalt-57 in units not exceeding 0.37 megabecquerel (10 microcuries).
  - g. Package to display the radiation caution symbol and the words, "Caution, Radioactive Material", and "Not for Internal or External Use in Humans or Animals."
4. The general licensee shall not receive, acquire, possess, transfer, or use radioactive material according to subsection (E)(1):
  - a. Except as prepackaged units that are labeled according to the provisions of a specific license issued by the U.S. Nuclear Regulatory Commission, or any Agreement State that authorizes the manufacture and distribution of iodine-125, iodine-131, carbon-14, hydrogen-3 (tritium), iron-59, cobalt-57, selenium-75, or mock iodine-125 for distribution to persons generally licensed under subsection (E) or its equivalent federal law; and
  - b. Unless one of the following statements, or a substantially similar statement that contains the same information, appears on a label affixed to each prepackaged unit or appears in a leaflet or brochure that accompanies the package:
    - i. This radioactive material may be acquired, received, possessed, and used only by physicians, clinical laboratories or hospitals and only for in vitro clinical or laboratory tests not involving internal or external administration of the material, or the radiation from such material, to human beings or animals. The acquisition, receipt, possession, use, and transfer are



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subject to the regulations and a general license of the U.S. Nuclear Regulatory Commission or of a state with which the Commission has entered into an agreement for the exercise of regulatory authority.

Name of manufacturer

- ii. This radioactive material shall be acquired, received, possessed, and used only by physicians, clinical laboratories or hospitals and only for in vitro clinical or laboratory tests not involving internal or external administration of the material, or the radiation from such material, to human beings or animals. The receipt, acquisition, possession, use, and transfer are subject to the regulations and a general license of a Licensing State.

Name of manufacturer

5. A physician, clinical laboratory or hospital that possesses or uses radioactive material under a general license granted by subsection (E):
  - a. Shall report to the Department in writing, any change in the information furnished on the ARRA-9. The report shall be furnished within 30 days after the effective date of the change; and
  - b. Is exempt from the requirements of 9 A.A.C. 7, Article 4 and Article 10 with respect to radioactive material covered by the general license, except that a person using mock iodine-125 sources, described in subsection (E)(1)(g), shall comply with the provisions of R9-7-434, R9-7-443, and R9-7-444 of this Chapter.
6. For the purposes of subsection (E), a licensed veterinary care facility is considered a "clinical laboratory."
- F. This subsection grants a general license that authorizes a person to own, receive, acquire, possess, use, and transfer strontium-90, contained in ice detection devices, provided each device contains not more than 1.85 megabecquerels (50 microcuries) of strontium-90 and each device has been manufactured or imported in accordance with a specific license issued by the U.S. Nuclear Regulatory Commission or each device has been manufactured according to the specifications contained in a specific license issued by the Department or any Agreement State to the manufacturer of the device under licensing requirements equivalent to those in 10 CFR 32.61. A person who receives, owns, acquires, possesses, uses, or transfers strontium-90 contained in ice detection devices under a general license in accordance with subsection (F):
  1. Shall, upon occurrence of visually observable damage, such as a bend or crack or discoloration from overheating, discontinue use of the device until it has been inspected, tested for leakage, and repaired by a person who holds a specific license from the U.S. Nuclear Regulatory Commission or an Agreement State to manufacture or service ice detection devices; or dispose of the device according to the provisions of R9-7-434;
  2. Shall assure that each label, affixed to the device at the time of receipt, which bears a statement that prohibits removal of the labels, maintained on the device; and
  3. Is exempt from the requirements of 9 A.A.C. 7, Article 4 and Article 10, except that the user of an ice detection device shall comply with the provisions of R9-7-434, R9-7-443, and R9-7-444.
4. Shall not manufacture, assemble, disassemble, repair, or import an ice detection device that contains strontium-90.
5. Is subject to the provisions of 9 A.A.C. 7, Articles 1, 3, 12, and 15, and A.R.S. §§ 30-654(B), 30-657(A) and (B), 30-681, and 30-685 through 30-689.
- G. This subsection grants a general license that authorizes a person to acquire, receive, possess, use, or transfer, in accordance with the provisions of subsections (H) and (I), radium-226 contained in the following products manufactured prior to November 30, 2007.
  1. Antiquities originally intended for use by the general public. For the purposes of this subsection, antiquities mean products originally intended for use by the general public and distributed in the late 19th and early 20th centuries, such as radium emanator jars, revigators, radium water jars, radon generators, refrigerator cards, radium bath salts, and healing pads.
  2. Intact timepieces containing greater than 0.037 megabecquerel (1 microcurie), nonintact timepieces, and timepiece hands and dials no longer installed in timepieces.
  3. Luminous items installed in air, marine, or land vehicles.
  4. All other luminous products, provided that no more than 100 items are used or stored at the same location at any one time.
  5. Small radium sources containing no more than 0.037 megabecquerel (1 microcurie) of radium-226. For the purposes of this subsection, "small radium sources" means discrete survey instrument check sources, sources contained in radiation measuring instruments, sources used in educational demonstrations (such as cloud chambers and spinthariscopes), electron tubes, lightning rods, ionization sources, static eliminators, or as designated by the NRC.
- H. Persons who acquire, receive, possess, use, or transfer byproduct material under the general license issued in subsection (G) are exempt from the provisions 9 A.A.C. 7, Articles 1, 3, 4, 7, 10, 12, and 15 and A.R.S. §§ 30-654(B)(13), 30-657(A) and (B), 30-681, and 30-685 through 30-689, to the extent that the receipt, possession, use, or transfer of byproduct material is within the terms of the general license; provided, however, that this exemption shall not be deemed to apply to any such person specifically licensed under this chapter. Any person who acquires, receives, possesses, uses, or transfers byproduct material in accordance with the general license in subsection (G):
  1. Shall notify the Department should there be any indication of possible damage to the product so that it appears it could result in a loss of the radioactive material. A report containing a brief description of the event, and the remedial action taken, must be furnished to the Department within 30 days.
  2. Shall not abandon products containing radium-226. The product, and any radioactive material from the product, may only be disposed of according to Article 4 or by transfer to a person authorized by a specific license to receive the radium-226 in the product or as otherwise approved by the Department.
  3. Shall not export products containing radium-226 except in accordance with 10 CFR 110 revised January 1, 2013, incorporated by reference, and available under R9-7-101. The incorporated material contains no future editions or amendments.
  4. Shall dispose of products containing radium-226 at a disposal facility authorized to dispose of radioactive mate-

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rial in accordance with any federal or state solid or hazardous waste law, including the Solid Waste Disposal Act, as authorized under the Energy Policy Act of 2005, by transfer to a person authorized to receive radium-226 by a specific license issued under Article 3, equivalent regulations of an Agreement State, or the NRC.

5. Shall respond to written requests from the Department to provide information relating to the general license within 30 calendar days of the date of the request, or other time specified in the request. If the general licensee cannot provide the requested information within the allotted time, it shall, within that same time period, request a longer period to supply the information by providing the Department Director a written justification for the request.
- I. The general license in subsection (G) does not authorize the manufacture, assembly, disassembly, repair, or import of products containing radium-226, except that timepieces may be disassembled and repaired.

**Historical Note**

New Section R9-7-306 recodified from R12-1-306, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).  
Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3).

**R9-7-307. Reserved****Historical Note**

Section R9-7-307 reserved when this Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-308. Filing Application for Specific Licenses**

- A. An applicant for a specific license shall file a Department application. The applicant shall prepare the application in duplicate, one copy for the Department and the other for the applicant.
- B. The Department may at any time after the filing of the original application, and before the expiration of the license, require further statements in order to enable the Department to determine whether the application should be granted or denied or whether a license should be modified or revoked.
- C. Each application shall contain the information specified in Exhibit (E) of this Article and be signed by the applicant, licensee, or person duly authorized to act for the applicant or licensee.
- D. Unless R9-7-1302 precludes combination with a license of another category, an application for a specific license may include a request for a license that authorizes more than one activity.
- E. In the application, the applicant may incorporate by reference information contained in previous applications, statements, or reports filed with the Department provided the references are clear and specific.
- F. The Department shall make applications and documents submitted to the Department available for public inspection, but may withhold any document or part of a document from public inspection if disclosure of its content is not required in the public interest and would adversely affect the interest of a person concerned.
- G. Except as provided in subsections (G)(1), (2), and (3), an application for a specific license to use byproduct material in the form of a sealed source or in a device that contains the sealed source must either identify the source or device by manufacturer and model number as registered with the Department, with the NRC, or with an Agreement State, or, for a

source or a device containing radium-226 or accelerator-produced radioactive material, with the Department, the NRC, or an Agreement State under 10 CFR 32.210 revised January 1, 2015, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.

1. For sources or devices manufactured before October 23, 2012, that are not licensed under R9-7-306, R9-7-310, R9-7-311 or registered with the NRC or with an Agreement State, and for which the applicant is unable to provide all categories of information specified in 10 CFR 32.210(c) the application must include:
  - a. All available information identified in 10 CFR 32.210(c) concerning the source, and, if applicable, the device; and
  - b. Sufficient additional information to demonstrate that there is reasonable assurance that the radiation safety properties of the source or device are adequate to protect health and minimize danger to life and property. Such information must include a description of the source or device, a description of radiation safety features, the intended use and associated operating experience, and the results of a recent leak test.
2. For sealed sources and devices allowed to be distributed without registration of safety information, the applicant may supply only the manufacturer, model number, and radionuclide and quantity.
3. If it is not feasible to identify each sealed source and device individually, the applicant may propose constraints on the number and type of sealed sources and devices to be used and the conditions under which they will be used, in lieu of identifying each sealed source and device.
- H. A certificate holder or licensee who no longer manufactures or initially transfers any of the sealed source(s) or device(s) covered by a particular certificate issued with the Department, with the NRC, or with an Agreement State shall request inactivation of the registration or license with the Department, with the NRC, or with an Agreement State program that the device is currently registered by in accordance with 10 CFR 32.211 revised January 1, 2015, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.

**Historical Note**

New Section R9-7-308 recodified from R12-1-308, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-309. General Requirements for Issuance of Specific Licenses**

A license application shall be approved if the Department determines that:

1. The applicant is qualified by reason of training and experience to use the material in question for the purpose requested according to these rules, in a manner that will minimize danger to public health and safety or property;
2. The applicant's proposed equipment, facilities, and procedures are adequate to minimize danger to public health and safety or property;
3. The issuance of the license will not be inimical to the health and safety of the public;
4. The applicant satisfies all applicable special requirements in R9-7-310, R9-7-311, R9-7-322, R9-7-323, and 9 A.A.C. 7, Articles 5, 7, and 17; and

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5. The applicant demonstrates that a letter has been sent, return receipt requested, to the Mayor's office of the city, town, or, if not within an incorporated community, to the County Board of Supervisors of the county in which the applicant proposes to operate which describes:
  - a. The nature of the proposed activity involving radioactive material; and
  - b. The facility, including use and storage areas.

**Historical Note**

New Section R9-7-309 recodified from R12-1-309, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-310. Special Requirements for Issuance of Specific Broad Scope Licenses**

A. The Department shall issue three classes of academic and industrial broad scope licenses, and only a single class A medical broad scope license.

1. The license may authorize the radioactive materials in multi-curie quantities, and may authorize other radioactive materials and forms in addition to those listed in subsection (A)(1)(a). A license is a broad scope class A license if it:
  - a. Contains the exact wording "Any radioactive material with Atomic Number 3 through 83" or "Any radioactive material with Atomic Number 84 through 92" in License Item 6; and
  - b. Contains the word "any" to authorize the chemical or physical form of the materials in License Item 7;
2. A broad scope class B license is any specific license which authorizes the acquisition, possession, use, and transfer of the radioactive materials specified in Exhibit C of 9 A.A.C. 7, Article 3 in any chemical or physical form and in quantities determined as follows:
  - a. The possession limit, if only one radionuclide is possessed, is the quantity specified for that radionuclide in Exhibit C, Column I; or
  - b. The possession limit for multiple radionuclides is determined as follows: The sum of the ratios for all radionuclides possessed under the license shall not exceed unity (1). The ratio for each radionuclide is determined by dividing the quantity possessed by the applicable quantity in Exhibit C, Column I.
3. A broad scope class C license is any specific license authorizing the possession and use of the radioactive materials specified in Exhibit C of 9 A.A.C. 7, Article 3 in any chemical or physical form and in quantities determined as follows:
  - a. The possession limit, if only one radionuclide is possessed, is the quantity specified for that radionuclide in Exhibit C, Column II; or
  - b. The possession limit for multiple radionuclides is determined as follows: The sum of the ratios for all radionuclides possessed under the license shall not exceed unity (1). The ratio for each radionuclide is determined by dividing the quantity possessed by the applicable quantity in Exhibit C, Column II.

B. The Department shall approve:

1. An application for a class A broad scope license if:
  - a. The applicant satisfies the general requirements specified in R9-7-309;
  - b. The applicant has engaged in a reasonable number of activities involving the use of radioactive material. For purposes of this subsection, the requirement of "reasonable number of activities" can be satisfied

by showing that the applicant has five years of experience in the use of radioactive material. The Department may accept less than five years of experience if the applicant's qualifications are adequate for the scope of the proposed license; and

- c. The applicant has established administrative controls and provisions relating to organization, management, procedures, recordkeeping, material control, accounting, and management review that are necessary to assure safe operations, including:
  - i. Establishment of a radiation safety committee composed of a radiation safety officer, a representative of management, and persons trained and experienced in the safe use of radioactive material;
  - ii. Appointment of a radiation safety officer who is qualified by training and experience in radiation protection, and who is available for advice and assistance on radiation safety matters; and
  - iii. Establishment of appropriate administrative procedures to assure:
    - (1) Control of procurement and use of radioactive material;
    - (2) Completion of safety evaluations of proposed uses of radioactive material which take into consideration matters such as the adequacy of facilities and equipment, training and experience of the user, and operating or handling procedures; and
    - (3) Review, approval, and recording by the radiation safety committee of safety evaluations of proposed uses prepared in accordance with this subsection prior to use of the radioactive material.
2. An application for a class B broad scope license if:
  - a. The applicant satisfies the general requirements specified in R9-7-309; and
  - b. The applicant has established administrative controls and provisions relating to organization, management, procedures, recordkeeping, material control, accounting, and management review that are necessary to assure safe operations, including:
    - i. Appointment of a radiation safety officer who is qualified by training and experience in radiation protection, and available for advice and assistance on radiation safety matters; and
    - ii. Establishment of appropriate administrative procedures to assure:
      - (1) Control of procurement and use of radioactive material;
      - (2) Completion of safety evaluations of proposed uses of radioactive material which take into consideration matters such as the adequacy of facilities and equipment, training and experience of the user, and the operating or handling procedures; and
      - (3) Review, approval, and recording by the radiation safety officer of safety evaluations of proposed uses prepared according to subsection (B)(2)(b)(ii) prior to use of the radioactive material.
3. An application for a class C broad scope license if:
  - a. The applicant satisfies the general requirements specified in R9-7-309; and

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- b. The applicant submits a statement that radioactive material will be used only by, or under the direct supervision of, individuals who have received:
    - i. A college degree at the bachelor level, or equivalent training and experience, in the physical or biological sciences or in engineering; and
    - ii. At least 40 hours of training and experience in the safe handling of radioactive material, the characteristics of ionizing radiation, units of dose and quantities, radiation detection instrumentation, and biological hazards of exposure to radiation appropriate to the type and forms of radioactive material to be used; and
  - c. The applicant has established administrative controls and provisions relating to procurement of radioactive material, procedures, recordkeeping, material control and accounting, and management review necessary to assure safe operations.
- C. Unless specifically authorized, broad-scope licensees shall not:
- 1. Conduct tracer studies in the environment involving direct release of radioactive material;
  - 2. Acquire, receive, possess, use, own, import, or transfer devices containing 3.7 petabecquerels (100,000 curies) or more of radioactive material in sealed sources used for irradiation of materials;
  - 3. Conduct activities for which a specific license is issued under R9-7-311 and 9 A.A.C. 7, Articles 5, 7, or 17; or
  - 4. Add or cause the addition of radioactive material to any food, beverage, cosmetic, drug, or other product designed for ingestion or inhalation by, or application to, a human being.
- D. Radioactive material possessed under the class A broad scope license shall only be used by, or under the direct supervision of, individuals approved by the licensee's radiation safety committee.
- E. Radioactive material possessed under the class B broad scope license shall only be used by, or under the direct supervision of, individuals approved by the licensee's radiation safety officer.
- F. Radioactive material possessed under the class C broad scope license shall only be used by, or under the direct supervision of, individuals who satisfy the requirements of R9-7-310(B)(3)(b).

**Historical Note**

New Section R9-7-310 recodified from R12-1-310, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-311. Special Requirements for a Specific License to Manufacture, Assemble, Repair, or Distribute Commodities, Products, or Devices that Contain Radioactive Material**

- A. Licensing the manufacture and distribution of devices to persons generally licensed under R9-7-306(A).
- 1. The Department shall grant a specific license to manufacture or distribute each device that contains radioactive material, excluding special nuclear material, to persons generally licensed under R9-7-306(A) or equivalent regulations of the NRC, an Agreement State, or the Licensing State if:
    - a. The applicant satisfies the requirements of R9-7-309;
    - b. The applicant submits sufficient information relating to the design, manufacture, prototype testing, quality

control, labels, pro-proposed uses, installation, servicing, leak testing, operating and safety instructions, and potential hazards of the device to provide reasonable assurance that:

- i. The device can be safely operated by persons not having training in radiological protection;
  - ii. Under ordinary conditions of handling, storage, and use of the device, the radioactive material contained in the device will not be released or inadvertently removed from the device, and it is unlikely that any person will receive a dose in excess of 10 percent of the limits specified in R9-7-408; and
  - iii. Under accident conditions (such as fire and explosion) associated with handling, storage, and use of the device, it is unlikely that any person would receive an external radiation dose or dose commitment in excess of the following organ doses:
    - (1) Whole body; head and trunk; active blood-forming organs; gonads; or lens of eye: 150 mSv (15 rem);
    - (2) Hands and forearms; feet and ankles; localized areas of skin averaged over areas no larger than 1 square centimeter; 2 Sv (200 rem);
    - (3) Other organs: 500 mSv (50 rem);
- c. Each device bears a durable, legible, clearly visible label or labels that contain in a clearly identified and separate statement:
- i. Instructions and precautions necessary to assure safe installation, operating, and servicing of the device (documents such as operating and service manuals may be identified in the label and used to provide this information);
  - ii. The requirement, or lack of requirement, for leak testing, or for testing any on-off mechanism and indicator, including the maximum time interval for the testing, and the identification of radioactive material by isotope, quantity of radioactivity, and date of determination of the quantity; and
  - iii. The information called for in one of the following statements in the same or substantially similar form:  
The receipt, possession, use, and transfer of this device, Model \_\_\_\_\_, Serial No. \_\_\_\_\_, are subject to a general license or the equivalent and the regulations of the U.S. Nuclear Regulatory Commission or a state with which the Nuclear Regulatory Commission has entered into an agreement for the exercise of regulatory authority. This label shall be maintained on the device in a legible condition. Removal of this label is prohibited.

**CAUTION – RADIOACTIVE MATERIAL**

(name of manufacturer or distributor)

The receipt, possession, use and transfer of this device, Model \_\_\_\_\_, Serial No. \_\_\_\_\_, are subject to a general license or the equivalent, and the regulations of a Licensing State. This label shall be maintained on the device in a leg-

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ible condition. Removal of this label is prohibited.

## CAUTION – RADIOACTIVE MATERIAL

(name of manufacturer or distributor)

- d. The model, serial number, and name of manufacturer or distributor may be omitted from the label if the information location is specified in labeling affixed to the device;
  - e. Each device with a separable source housing that provides the primary shielding for the source also bears, on the source housing, a durable label that provides the device model number and serial number, the isotope and quantity, the words, "Caution-Radioactive Material," the radiation symbol described in R9-7-428, and the name of the manufacturer or initial distributor;
  - f. Each device meets the criteria in 10 CFR 31.5(c)(13)(i) (revised December 19, 2014, incorporated by reference, available under R9-7-101, and containing no future editions or amendments.) and bears a permanent (e.g., embossed, etched, stamped, or engraved) label affixed to the source housing, if separable, or the device if the source housing is not separable, that includes the words, "Caution-Radioactive Material," and, if practicable, the radiation symbol described in R9-7-428; and
  - g. The device has been registered in the Sealed Source and Device Registry.
2. In the event the applicant desires that the device undergo mandatory testing at intervals longer than six months, either for proper operation of the on-off mechanism and indicator, if any, or for leakage of radioactive material or for both, the application shall contain sufficient information to demonstrate that the longer interval is justified by performance characteristics of the device or similar devices and by design features which have a significant bearing on the probability or consequences of leakage of radioactive material from the device or failure of the on-off mechanism and indicator. In determining the acceptable interval for the test for leakage of radioactive material, the Department shall consider information which includes, but is not limited to:
    - a. Primary containment (source capsule),
    - b. Protection of primary containment,
    - c. Method of sealing containment,
    - d. Containment construction materials,
    - e. Form of contained radioactive material,
    - f. Maximum temperature withstood during prototype tests,
    - g. Maximum pressure withstood during prototype tests,
    - h. Maximum quantity of contained radioactive material,
    - i. Radiotoxicity of contained radioactive material, and
    - j. Operating experience with identical devices or similarly designed and constructed devices.
  3. In the event the applicant desires that the general licensee under R9-7-306(A), or under equivalent regulations of the NRC or an Agreement State or Licensing State, be authorized to install the device, collect the sample to be analyzed by a specific licensee for leakage of radioactive material, service the device, test the on-off mechanism and indicator, or remove the device from installation, the application shall include written instructions to be followed by the general licensee, estimated calendar quarter doses associated with the activity or activities, and bases for the estimates. The submitted information shall demonstrate that performance of the activity or activities by an individual untrained in radiological protection, in addition to other handling, storage, and use of devices under the general license, is unlikely to cause that individual to receive a dose in excess of 10 percent of the limits specified in R9-7-408.
  4. A licensee authorized under subsection (A) to distribute a device to a generally licensed person shall provide, if a device that contains radioactive material is to be transferred for use under the general license granted in R9-7-306(A), the name of each person that is licensed under subsection (A) and the information specified in this subsection for each person to whom a device will be transferred. The licensee shall provide this information before the device may be transferred. In the case of transfer through another person, the licensee shall provide the listed information to the intended user before initial transfer to the other person.
    - a. The licensee shall provide:
      - i. A copy of the general license, issued under R9-7-306(A);
      - ii. A copy of R9-7-443 and R9-7-445;
      - iii. A list of the services that can only be performed by a specific licensee;
      - iv. Information on authorized disposal options, including estimated costs of disposal; and
      - v. A list of civil penalties for improper disposal.
    - b. The licensee shall:
      - i. Report on a quarterly basis to the responsible Agreement State or NRC all transfers of devices to persons for use under a general license in accordance with 10 CFR 32.52, revised December 19, 2014, incorporated by reference, available under R9-7-101, and containing no future editions or amendments;
      - ii. Maintain all information concerning transfers and receipts of devices that supports the reports required by subsection (A)(4)(b)(i); and
      - iii. Maintain records required by subsection (A)(4)(b)(i) for a period of at least three years following the date of the recorded event.
  5. If radioactive material is to be transferred in a device for use under an equivalent general license of the NRC or another Agreement State, each person that is licensed under R9-7-304(B) shall provide the information specified in this subsection to each person to whom a device will be transferred. The licensee shall provide this information before the device is transferred. In the case of transfer through another person, the licensee shall provide the listed information to the intended user before initial transfer to the other person. The licensee shall provide:
    - a. A copy of the Agreement State's requirements that are equivalent to R9-7-306(A), R9-7-443, and R9-7-445, and to A.R.S. § 30-657. If a copy of NRC regulations is provided to a prospective general licensee in lieu of the Agreement State's requirements, the licensee shall explain in writing that use of the device is regulated by the Agreement State. If certain requirements do not apply to a particular device,

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- the licensee may omit the requirement from the material provided;
- b. A list of the services that can only be performed by a specific licensee;
  - c. Information on authorized disposal options, including estimated costs of disposal; and
  - d. The name, title, address, and telephone number of the individual at the Agreement State regulatory agency who can provide additional information.
6. A licensee may propose to the Department an alternate method of informing the customer.
  7. If a licensee has notified the Department of bankruptcy under R9-7-313(E) or is terminating under R9-7-319, the licensee shall provide, upon request, to the Department, the NRC, or another Agreement State, records of the disposition as required under A.R.S. § 30-657.
  8. A licensee authorized to transfer a device to a generally licensed person, shall comply with the following requirements:
    - a. The person licensed under subsection (A) shall report all transfers of devices to persons for use under a general license obtained under R9-7-306(A), and all receipts of devices from persons licensed under R9-7-306(A) to the Department, the NRC, or other affected Agreement State. The report shall be submitted on a quarterly basis, in a clear and legible form, and contain the following information:
      - i. The identity of each general licensee by name and mailing address for the location of use. If there is no mailing address for the location of use, the person licensed under subsection (A) shall submit an alternate address for the general licensee, along with information on the actual location of use;
      - ii. The name, title, and telephone number of a person identified by the general licensee as having knowledge of and authority to take required actions to ensure compliance with the applicable laws;
      - iii. The date of transfer;
      - iv. The type, model number, and serial number of the device transferred; and
      - v. The quantity and type of radioactive material contained in the device.
    - b. If one or more intermediaries will temporarily possess the device at the intended place of use before its possession by the intended user, the report shall include the information required of the general licensee in subsection (A)(4) for both the intended user and each intermediary, clearly identifying the intended user and each intermediary.
    - c. For devices received from a general licensee, licensed under R9-7-306(A), the report shall include:
      - i. The identity of the general licensee by name and address;
      - ii. The type, model number, and serial number of the device received;
      - iii. The date of receipt; and
      - iv. In the case of a device not initially transferred by the reporting licensee, the name of the manufacturer or initial transferor.
    - d. If the person licensed under subsection (A) makes a change to a device possessed by a general licensee
- so that the label must be changed to update required information, the report shall identify the general licensee, the device, and the changes to information on the device label.
- e. The report shall cover a calendar quarter, be filed within 30 days of the end of each calendar quarter, and clearly indicate the period covered by the report.
  - f. The report shall clearly identify the person licensed under subsection (A) submitting the report and include the license number of the license.
  - g. If no transfers are made to or from persons generally licensed under R9-7-306(A) during a reporting period, the person licensed under subsection (A) shall submit a report indicating the lack of activity.
9. The licensee shall maintain records of all transfers for Department inspection. Records shall be maintained for at least three years after termination of the license to manufacture the generally licensed devices regulated under R9-7-306(A).
- B.** The Department shall grant a specific license to manufacture, assemble, repair, or initially transfer luminous safety devices that contain tritium or promethium-147 for use in aircraft, for distribution to persons generally licensed under R9-7-306(B), if the applicant satisfies:
    1. The general requirements specified in R9-7-309; and
    2. The requirements of 10 CFR 32.53 through 32.56, revised July 25, 2012, incorporated by reference, available under R9-7-101, and containing no future editions or amendments.
  - C.** The Department shall grant a specific license to manufacture or initially transfer calibration or reference sources that contain americium-241, radium-226, or plutonium for distribution to persons generally licensed under R9-7-306(C) if the applicant satisfies:
    1. The general requirements of R9-7-309; and
    2. The requirements of 10 CFR 32.57, 32.58, 32.59, and 70.39, revised July 25, 2012, incorporated by reference, available under R9-7-101, and containing no future editions or amendments.
  - D.** The Department shall grant a specific license to distribute radioactive material for use by a physician under the general license in R9-7-306(D) if:
    1. The general requirements of R9-7-309; and
    2. The requirements of 10 CFR 32.57, 32.58, 32.59, and 70.39, revised July 25, 2012, incorporated by reference, available under R9-7-101, and containing no future editions or amendments.
  - E.** The Department shall grant a specific license to manufacture or distribute radioactive material for use under the general license of R9-7-306(E) if:
    1. The applicant satisfies the general requirements specified in R9-7-309.
    2. The radioactive material is to be prepared for distribution in prepackaged units of:
      - a. Iodine-125 in units not exceeding 370 kBq (10 microcuries) each;
      - b. Iodine-131 in units not exceeding 370 kBq (10 microcuries) each;
      - c. Carbon-14 in units not exceeding 370 kBq (10 microcuries) each;
      - d. Hydrogen-3 (tritium) in units not exceeding 1.85 MBq (50 microcuries) each;
      - e. Iron-59 in units not exceeding 740 kBq (20 microcuries) each;

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- f. Cobalt-57 or selenium-75 in units not exceeding 370 kilobecquerels (10 microcuries) each;
  - g. Mock iodine-125 in units not exceeding 1.85 kBq (50 nanocuries) of iodine-129 and 185 Bq (5 nanocuries) of americium-241 each.
3. Each prepackaged unit bears a durable, clearly visible label:
    - a. Identifying the radioactive contents as to chemical form and radionuclide and indicating that the amount of radioactivity does not exceed 370 kilobecquerels (10 microcuries) of iodine-125, iodine-131, cobalt-57, selenium-75, or carbon-14; 1.85 megabecquerels (50 microcuries) of hydrogen-3 (tritium); 740 kilobecquerels (20 microcuries) of iron-59; or mock iodine-125 in units not exceeding 1.85 kilobecquerels (0.05 microcurie) of iodine-129 and 185 becquerels (0.005 microcurie) of americium-241 each; and
    - b. Displaying the radiation caution symbol described in R9-7-428, the words, "CAUTION, RADIOACTIVE MATERIAL," and the phrase "Not for Internal or External Use in Humans or Animals."
  4. One of the following statements, or a substantially similar statement that contains the information called for in the following statements appears on a label affixed to each prepackaged unit or appears in a leaflet or brochure that accompanies the package:
    - a. This radioactive material may be received, acquired, possessed, and used only by physicians, clinical laboratories or hospitals and only for in vitro clinical or laboratory tests not involving internal or external administration of the material, or the radiation from the radioactive material, to human beings or animals. Its receipt, acquisition, possession, use, and transfer are subject to the regulations and a general license of the U.S. Nuclear Regulatory Commission or of a state with which the Commission has entered into an agreement for the exercise of regulatory authority.  

Name of Manufacturer
    - b. This radioactive drug may be received, acquired, possessed, and used only by physicians, clinical laboratories or hospitals and only for in vitro clinical or laboratory tests not involving internal or external administration of the material, or the radiation from the radioactive material, to human beings or animals. Its receipt, acquisition, possession, use and transfer are subject to the regulations and a general license of a Licensing State.  

Name of Manufacturer
  5. The label affixed to the unit, or the leaflet or brochure that accompanies the package, contains adequate information about the precautions to be observed in handling and storing the specified radioactive material. In the case of the mock iodine-125 reference or calibration source, the information accompanying the source must also contain directions to the licensee regarding the waste disposal requirements set out in R9-7-434.
- F.** The Department shall grant for a specific license to manufacture and distribute ice detection devices to persons generally licensed under R9-7-306(F) if the applicant satisfies:
1. The general requirements of R9-7-309; and
  2. The criteria of 10 CFR 32.61 and 32.62, revised July 25, 2012, incorporated by reference, available under R9-7-101, and containing no future editions or amendments.
- G.** The Department shall grant a specific license to manufacture, prepare, or transfer for commercial distribution radioactive drugs that contain radioactive material for use by a person authorized in accordance with Article 7 of this Chapter, if the applicant meets all of the requirements in 10 CFR 30.32(j), revised November 21, 2023, or 10 CFR 32.72, revised August 24, 2023, both incorporated by reference, available under R9-7-101, and containing no future editions or amendments.
1. Authorization under this Section to produce Positron Emission Tomography (PET) radioactive drugs for non-commercial transfer to medical use licensees in its consortium does not relieve the licensee from complying with applicable FDA, other federal, and state requirements governing radioactive drugs.
  2. Each licensee authorized under this Section to produce PET radioactive drugs for noncommercial transfer to medical use licensees in its consortium shall:
    - a. Satisfy the labeling requirements in R9-7-431 for each PET radioactive drug transport radiation shield and each syringe, vial, or other container used to hold a PET radioactive drug intended for noncommercial distribution to members of its consortium; and
    - b. Possess and use instrumentation to measure the radioactivity of the PET radioactive drugs intended for noncommercial distribution to members of its consortium and meet the procedural, radioactivity measurement, instrument test, instrument check, and instrument adjustment requirements in R9-7-449.
  3. A licensee that is a pharmacy authorized under this Section to produce PET radioactive drugs for noncommercial transfer to medical use licensees in its consortium shall require that any individual who prepares PET radioactive drugs be an:
    - a. Authorized nuclear pharmacist that meets the requirements in R9-7-712, or
    - b. Individual under the supervision of an authorized nuclear pharmacist as specified in R9-7-706.
  4. A pharmacy, authorized under this Section to produce PET radioactive drugs for noncommercial transfer to medical use licensees in its consortium that allows an individual to work as an authorized nuclear pharmacist, shall meet the requirements of R9-7-712.
- H.** The Department shall grant a specific license to manufacture and distribute generators or reagent kits that contain radioactive material for preparation of radiopharmaceuticals by persons licensed according to 9 A.A.C. 7, Article 7 if:
1. The applicant satisfies the general requirements of R9-7-309;
  2. The applicant submits evidence that:
    - a. The generator or reagent kit is to be manufactured, labeled and packaged according to the Federal Food, Drug, and Cosmetic Act or the Public Health Service Act, a new drug application (NDA) approved by the Food and Drug Administration (FDA), a biologic product license issued by FDA, or a "Notice of Claimed Investigational Exemption for a New Drug" (IND) that has been accepted by the FDA; or
    - b. The manufacture and distribution of the generator or reagent kit are not subject to the Federal Food, Drug,

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and Cosmetic Act and the Public Health Service Act;

3. The applicant submits information on the radionuclide; chemical and physical form, packaging including maximum activity per package, and shielding provided by the packaging of the radioactive material contained in the generator or reagent kit;
  4. The label affixed to the generator or reagent kit contains information on the radionuclide, including quantity, and date of assay; and
  5. The label affixed to the generator or reagent kit, or the leaflet or brochure that accompanies the generator or reagent kit, contains:
    - a. Adequate information, from a radiation safety standpoint, on the procedures to be followed and the equipment and shielding to be used in eluting the generator or processing radioactive material with the reagent kit; and
    - b. A statement that this generator or reagent kit (as appropriate) is approved for use by persons licensed by the Department under 9 A.A.C. 7, Article 7, or equivalent licenses of the U.S. Nuclear Regulatory Commission or an Agreement State or Licensing State. The labels, leaflets, or brochures required by this subsection supplement the labeling required by FDA, and they may be separate from or, with the approval of FDA, combined with the labeling required by FDA.
- I.** The Department shall grant a specific license to manufacture and distribute sources and devices that contain radioactive material to a person licensed in accordance with Article 7 of this Chapter for use as a calibration, transmission, or reference source or for medical purposes, if the applicant meets all of the requirements in 10 CFR 32.74, revised July 25, 2012, incorporated by reference, available under R9-7-101, and containing no future editions or amendments.
- J.** Requirements for license to manufacture and distribute industrial products containing depleted uranium for mass volume applications.
1. The Department shall grant a specific license to manufacture industrial products and devices that contain depleted uranium for use under R9-7-305(F) or equivalent regulations of the NRC or another Agreement State if:
    - a. The applicant satisfies the general requirements in R9-7-309;
    - b. The applicant submits sufficient information relating to the design, manufacture, prototype testing, quality control procedures, labeling or marking, proposed uses, and potential hazards of the industrial product or device to provide reasonable assurance that possession, use, or transfer of the depleted uranium in the product or device is not likely to cause any individual to receive a radiation dose in excess of 10 percent of the limits specified in R9-7-408; and
    - c. The applicant submits sufficient information regarding the industrial product or device and the presence of depleted uranium for a mass volume application in the product or device to provide reasonable assurance that unique benefits will accrue to the public because of the usefulness of the product or device.
  2. In the case of an industrial product or device whose unique benefits are questionable, the Department shall approve an application for a specific license under this subsection only if the product or device is found to combine a high degree of utility and low probability of uncontrolled disposal and dispersal of significant quantities of depleted uranium into the environment.
  3. The Department may deny any application for a specific license under this subsection if the end use or uses of the industrial product or device cannot be reasonably foreseen.
  4. Each person licensed under subsection (J)(1) shall:
    - a. Maintain the level of quality control required by the license in the manufacture of the industrial product or device and the installation of the depleted uranium into the product or device;
    - b. Label or mark each unit to:
      - i. Identify the manufacturer of the product or device, the number of the license under which the product or device was manufactured or initially transferred, the fact that the product or device contains depleted uranium, and the quantity of depleted uranium in each product or device; and
      - ii. State that the receipt, possession, use, and transfer of the product or device are subject to a general license or the equivalent regulations of the U.S. Nuclear Regulatory Commission or an Agreement State;
    - c. Assure that the depleted uranium, before being installed in each product or device, has been impressed with the following legend, clearly legible through any plating or other covering: "Depleted Uranium";
    - d. Furnish a copy of the general license contained in R9-7-305(F) and a copy of ARRA-23 to each person to whom depleted uranium in a product or device is transferred for use under a general license contained in R9-7-305(F); or
    - e. Furnish a copy of the general license contained in the NRC's or Agreement State's regulation equivalent to R9-7-305(F) and a copy of the NRC's or Agreement State's certificate, or alternatively, furnish a copy of the general license contained in R9-7-305(F) and a copy of ARRA-23 to each person to whom depleted uranium in a product or device is transferred for use under a general license of the NRC or an Agreement State, with a document explaining that use of the product or device is regulated by the NRC or an Agreement State under requirements substantially the same as those in R9-7-305(F);
    - f. Report to the Department all transfers of industrial products or devices to persons for use under the general license in R9-7-305(F). The report shall identify each general licensee by name and address, an individual by name or position who serves as the point of contact person for the general licensee, the type and model number of device transferred, and the quantity of depleted uranium contained in the product or device. The report shall be submitted within 30 days after the end of each calendar quarter in which a product or device is transferred to the generally licensed person. If no transfers have been made to persons generally licensed under R9-7-305(F) during the reporting period, the report shall so indicate;



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- i. Report to the U.S. Nuclear Regulatory Commission all transfers of industrial products or devices to persons for use under the NRC general license in 10 CFR 40.25; or
  - ii. Report to the responsible state agency all transfers of devices manufactured and distributed under subsection (J)(4)(f) for use under a general license in that state's regulations equivalent to R9-7-305(F);
  - iii. The report required in subsection (J)(4)(f)(i) or (ii) shall identify each general licensee by name and address, an individual by name or position who serves as the contact person for the general licensee, the type and model number of the device transferred, and the quantity of depleted uranium contained in the product or device. The report shall be submitted within 30 days after the end of each calendar quarter in which a product or device is transferred to the generally licensed person;
  - iv. If no transfers have been made to NRC licensees during the reporting period, this information shall be reported to the NRC;
  - v. If no transfers have been made to general licensees within a particular Agreement State during the reporting period, this information shall be reported to the responsible Agreement state agency; and
  - vi. Records showing the name, address, and contact person for each general licensee to whom depleted uranium in industrial products or devices is transferred for use under a general license provided in R9-7-305(F) or equivalent regulations of the NRC or of another Agreement State shall be maintained for a period of at least three years and show the date of each transfer, the quantity of depleted uranium in each product or device transferred, and compliance with the reporting requirements of this Section.
- K.** A licensee who manufactures nationally tracked sources, as defined in Article 4, shall:
- 1. Serialize the sources in accordance with 10 CFR 32.201, revised November 8, 2006, incorporated by reference, available under R9-7-101, and containing no future editions or amendments; and
  - 2. Report manufacturing activities in accordance with R9-7-454.
- Historical Note**
- New Section R9-7-311 recodified from R12-1-311, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1). Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3). Amended by final expedited rulemaking at 30 A.A.R. 2681 (August 30, 2024), with an immediate effective date of August 7, 2024 (Supp. 24-3).
- R9-7-312. Issuance of Specific Licenses**
- A.** Upon determination that a license application meets the requirements of the Act and Department rules, the Department shall grant a specific license that may contain conditions or limitations if the Department has determined that additional requirements regarding the proposed activity will protect health and safety.
- B.** The Department may incorporate in any license at the time of issuance, or thereafter by rule or order, additional requirements and conditions with respect to the licensee's receipt, possession, use, and transfer of radioactive material in order to:
- 1. Minimize danger to public health and safety or property;
  - 2. Require reports and recordkeeping, and provide for inspections of activities under the license as may be necessary to protect health and safety; and
  - 3. Prevent loss or theft of material subject to this Article.
- C.** The Department may verify information contained in an application and secure additional information necessary to make a determination on issuance of a license and whether any special conditions should be attached to the license. The Department may inspect the facility or location where radioactive materials would be possessed or used, and discuss details of the proposed possession or use of the radioactive materials with the applicant or representatives designated by the applicant.
- Historical Note**
- New Section R9-7-312 recodified from R12-1-312, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).
- R9-7-313. Specific Terms and Conditions**
- A.** Each license issued under this Article is subject to all provisions of A.R.S. Title 30, Chapter 4 and to all rules, regulations, and orders of the Department.
- B.** A licensee shall not transfer, assign, or in any manner dispose of a license issued or granted under this Article or a right to possess or utilize radioactive material granted by any license issued under this Article unless the Department finds that the transfer is consistent with the Department's statutes and rules, and gives its consent in writing. An application for transfer of license must include:
- 1. The identity, technical and financial qualifications of the proposed transferee; and
  - 2. Financial assurance for decommissioning information required by R9-7-323.
- C.** Each person licensed by the Department under this Article shall confine the use and possession of the material licensed to the locations and purposes authorized in the license.
- D.** Each license issued pursuant to the rules in Articles 3, 5, 7, and 15 of this Chapter shall be deemed to contain the provisions set forth in the Act, whether or not these provisions are expressly set forth in the license.
- E.** The Department may incorporate, in any license issued pursuant to the rules in this Chapter, at the time of issuance, or thereafter by appropriate rule, regulation or order, such additional requirements and conditions with respect to the licensee's receipt, possession, use and transfer of byproduct material as it deems appropriate or necessary in order to:
- 1. Promote the common defense and security;
  - 2. Protect health or to minimize danger to life or property;
  - 3. Protect restricted data; or
  - 4. Require such reports and the keeping of such records, and to provide for such inspections of activities under the license as may be necessary or appropriate to effectuate the purposes of the Act and rules thereunder.
- F.** Licensees required to submit emergency plans in accordance with R9-7-322 shall follow the emergency plan approved by the Department. The licensee may change the approved plan without Department approval only if the changes do not reduce the commitment of the plan. The licensee shall furnish the change to the Department and to affected offsite response organizations within six months after the change is made. Proposed changes that reduce, or potentially reduce, the commit-

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ment of the approved emergency plan may not be implemented without prior application to and prior approval by the Department.

- G.** Each person licensed under this Section and each general licensee that is required to register under R9-7-306(A)(4)(o) shall notify the Department in writing if the licensee decides to permanently discontinue any or all activities involving materials authorized under the license. A specific licensee or general licensee shall notify the Department, in writing:
1. Immediately following the filing of a petition for bankruptcy under any Chapter of Title 11 of the United States Code if the petition for bankruptcy is by or against:
    - a. The licensee;
    - b. An entity (as defined in the bankruptcy code) controlling the licensee or listing the license or licensee as property of the estate; or
    - c. An affiliate (as defined in the bankruptcy code) of the licensee; and
  2. Providing the following information:
    - a. The bankruptcy court in which the petition for bankruptcy was filed, and
    - b. The bankruptcy case title and number, and
    - c. The date the petition was filed.
- H.** Each licensee preparing technetium-99m radiopharmaceuticals from molybdenum-99/technetium-99m generators or rubidium-82 from strontium-82/rubidium-82 generators shall test the generator eluates for molybdenum-99 breakthrough or strontium-82 and strontium-85 contamination, respectively, in accordance with R9-7-720. The licensee shall record the results of each test and retain each record for at least three years after the record is made. The licensee shall report the results of any test that exceeds the permissible concentration listed in R9-7-720 at the time of generator elution, in accordance with R9-7-720(E) and (F).
- I.** Inalienability of Licenses
1. No license issued or granted pursuant to the regulations in this part shall be transferred, assigned or in any manner disposed of, either voluntarily or involuntarily, directly or indirectly, through transfer of control of any license to any person, unless the Department, after securing full information, finds that the transfer is in accordance with the provisions of this Act and gives its consent in writing.
  2. An application for transfer of license must include:
    - a. The identity, technical and financial qualifications of the proposed transferee; and
    - b. Financial assurance for decommissioning information required by R9-7-323, 10 CFR 40.3 and 10 CFR 70.25.

**Historical Note**

New Section R9-7-313 recodified from R12-1-313, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).  
 Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3). Amended by final expedited rulemaking at 26 A.A.R. 1067, with an immediate effective date of May 6, 2020 (Supp. 20-2).  
 Amended by final expedited rulemaking at 30 A.A.R. 2681 (August 30, 2024), with an immediate effective date of August 7, 2024 (Supp. 24-3).

**R9-7-314. Expiration of License**

Except as provided in R9-7-315(B), each specific license expires at the end of the day, in the month and year stated on the license.

**Historical Note**

New Section R9-7-314 recodified from R12-1-314, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-315. Renewal of License**

- A.** An applicant shall file an application for renewal of a specific license according to R9-7-308.
- B.** If a licensee files a renewal application not less than 30 days before the license expiration date and the existing license and associated renewal application is in proper form, the existing license does not expire until a final renewal determination is made by the Department.

**Historical Note**

New Section R9-7-315 recodified from R12-1-315, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-316. Amendment of Licenses at Request of Licensee**

An applicant shall file an application for amendment of a specific license by complying with R9-7-308 and specifying the grounds for the amendment.

**Historical Note**

New Section R9-7-316 recodified from R12-1-316, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-317. Department Action on Applications to Renew or Amend**

In considering an application by a licensee to renew or amend a specific license, the Department shall apply the criteria set forth in R9-7-309, R9-7-310, or R9-7-311, as applicable.

**Historical Note**

New Section R9-7-317 recodified from R12-1-317, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-318. Transfer of Radioactive Material**

- A.** A licensee shall not transfer radioactive material except as authorized under this Section.
- B.** Except as otherwise provided in the license and subject to the provisions of subsections (C) and (D), any licensee may transfer radioactive material:
  1. To the Department, after receiving prior approval from the Department;
  2. To the Department of Energy;
  3. To any person exempt from the rules in this Article to the extent permitted under the exemption;
  4. To any person authorized to receive radioactive material under terms of a general license or its equivalent, or a specific license or equivalent licensing document, issued by the Department, the NRC, or any Agreement State or Licensing State, or to any person otherwise authorized to receive radioactive material by the Federal Government or any agency of the Federal Government, the Department, any Agreement State or Licensing State; or
  5. As otherwise authorized by the Department in writing.
- C.** Before transferring radioactive material to a specific licensee of the Department, the NRC, or another Agreement State or Licensing State, or to a general licensee who is required to register with the Department, the NRC, or another Agreement State or Licensing State prior to receipt of the radioactive material, the licensee transferring the material shall verify that the transferee's license authorizes the receipt of the type, form, and quantity of radioactive material to be transferred.
- D.** The transferor shall use one or more of the following methods for the verification required by subsection (C):

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1. The transferor shall possess, and read, a current copy of the transferee's specific license or registration certificate;
  2. The transferor shall possess a written certification by the transferee that the transferee is authorized by license or registration certificate to receive the type, form, and quantity of radioactive material to be transferred, specifying the license or registration certificate number, issuing agency, and expiration date;
  3. For emergency shipments the transferor shall accept oral certification by the transferee that the transferee is authorized by license or registration certificate to receive the type, form, and quantity of radioactive material to be transferred, specifying the license or registration certificate number, issuing agency, and expiration date; provided the oral certification is confirmed in writing within 10 days;
  4. The transferor shall obtain information equivalent to that in subsection (D)(1) to (3) compiled by a reporting service from official records of the Department, the NRC, or the licensing agency of another Agreement State or Licensing State regarding the identity of any licensee and the scope and expiration date of any license, registration, or certificate; or
  5. When none of the methods of verification described in subsections (D)(1) to (4) are readily available or when a transferor desires to verify that information received by one of the above methods is correct or up-to-date, the transferor shall obtain and record confirmation from the Department, the NRC, or the licensing agency of another Agreement State or Licensing State that the transferee is licensed to receive the radioactive material.
- E.** A transferor shall prepare and transport radioactive material as prescribed in the provisions of 9 A.A.C. 7, Article 15.
- F.** The Department shall approve an application for a specific license to initially transfer source material for use under R9-7-305, or equivalent regulations of the NRC or another Agreement State, if:
1. The applicant satisfies the general requirements specified in R9-7-309; and
  2. The applicant submits adequate information on, and the Department approves, the methods to be used for quality control, labeling, and providing safety instructions to recipients.
- G.** Each person licensed under subsection (F) shall label the immediate container of each quantity of source material with the type of source material and quantity of material and the words, "RADIOACTIVE MATERIAL."
- H.** Each person licensed under subsection (F) shall ensure that the quantities and concentrations of source material are as labeled and indicated in any transfer records.
- I.** Each person licensed under subsection (F) shall provide the information specified in subsections (I)(1) and (2) to each person to whom source material is transferred for use under R9-7-305 or equivalent provisions in the NRC or Agreement State regulations. This information must be transferred before the source material is transferred for the first time in each calendar year to the particular recipient. The required information includes:
1. A copy of R9-7-305 and this Section, or relevant equivalent regulations of the NRC or another Agreement State; and
  2. Appropriate radiation safety precautions and instructions relating to handling, use, storage, and disposal of the source material.
- J.** Each person licensed under subsection (F) shall report transfers as follows:
1. File a report with the Department, as specified in R9-7-1907(1) through (3), that includes the following information:
    - a. The name, address, and license number of the person who transferred the source material;
    - b. For each general licensee under R9-7-305 or equivalent NRC or Agreement State regulations to whom greater than 50 grams (0.11 lb) of source material has been transferred in a single calendar quarter, the name and address of the general licensee to whom source material is distributed; a responsible agent, by name and/or position and phone number, of the general licensee to whom the material was sent; and the type, physical form, and quantity of source material transferred; and
    - c. The total quantity of each type and physical form of source material transferred in the reporting period to all such generally licensed recipients.
  2. File a report with the Department and each responsible NRC and/or Agreement State agency that identifies all persons, operating under provisions equivalent to R9-7-305, to whom greater than 50 grams (0.11 lb) of source material has been transferred within a single calendar quarter. The report shall include the following information specific to those transfers made to the NRC or another Agreement State being reported to:
    - a. The name, address, and license number of the person who transferred the source material;
    - b. For each general licensee under R9-7-305 or equivalent NRC or Agreement State regulations to whom greater than 50 grams (0.11 lb) of source material has been transferred in a single calendar quarter, the name and address of the general licensee to whom source material is distributed; a responsible agent, by name and/or position and phone number, of the general licensee to whom the material was sent; and the type, physical form, and quantity of source material transferred; and
    - c. The total quantity of each type and physical form of source material transferred in the reporting period to all such generally licensed recipients with the NRC or another Agreement State.
  3. Submit each report by January 31 of each year covering all transfers for the previous calendar year. If no transfers were made to persons generally licensed under R9-7-305 or equivalent NRC or another Agreement State provisions during the current period, a report shall be submitted to the Department indicating so. If no transfers have been made to general licensees in NRC jurisdiction or a particular Agreement State during the reporting period, this information shall be reported to the NRC or responsible Agreement State upon request of the Agency.
- K.** Each person licensed under subsection (F) shall maintain all information that supports the reports required by this Section concerning each transfer to a general licensee for a period of one year after the event is included in a report to the Department, the NRC, or another Agreement State.

**Historical Note**

New Section R9-7-318 recodified from R12-1-318, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1). Amended by final expeditious rulemaking at 26 A.A.R. 1067, with an immediate effective date of May 6, 2020

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(Supp. 20-2). Amended by final expedited rulemaking at 30 A.A.R. 2681 (August 30, 2024), with an immediate effective date of August 7, 2024 (Supp. 24-3).

**R9-7-319. Modification, Revocation, or Termination of a License**

- A.** The terms and conditions of all licenses are subject to amendment, revision, or modification, and a license may be suspended or revoked by reason of amendments to the Department's statutes or rules and orders issued by the Department.
- B.** The Department may revoke, suspend, or modify any license, in whole or in part, for any material false statement in the application; any omission or misstatement of fact required by statute, rule, or order, or because of conditions revealed by the application or any report, record, or inspection or other means that would cause the Department to refuse to grant a license; or any violation of license terms and conditions, or the Department's statutes, rules, or orders.
- C.** Except in cases of willfulness or those in which the public health, interest, or safety requires otherwise, the Department shall not modify, suspend, or revoke a license unless, before the institution of proceedings, facts or conduct that may warrant action have been called to the attention of the licensee in writing and the licensee has been accorded an opportunity to demonstrate or achieve compliance.
- D.** The Department may terminate a specific license upon a written request by the licensee that provides evidence the licensee has met the termination criteria in R9-7-451 and R9-7-452, and the decommissioning requirements in R9-7-323.
- E.** Specific licenses, including expired licenses, continue in effect until terminated by written notice to the licensee, when the Department determines that the licensee has:
  - 1. Properly disposed of all radioactive material;
  - 2. Made a reasonable effort to eliminate residual radioactive contamination, if present;
  - 3. Performed an accurate radiation survey that demonstrates the premises are suitable for release in accordance with the criteria for decommissioning in R9-7-323;
  - 4. Submitted other information that is sufficient to demonstrate that the premises are suitable for release in accordance with the criteria for decommissioning in R9-7-323.
  - 5. Provided records to the Department that detail the disposal of all radioactive material in unsealed form with a half-life greater than 120 days, and copies of the records required by 10 CFR 30.35(g), January 1, 2004, which is incorporated by reference and on file with the Department. This incorporation by reference contains no future editions or amendments.

**Historical Note**

New Section R9-7-319 recodified from R12-1-319, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-320. Reciprocal Recognition of Licenses**

- A.** This subsection grants a general license to perform specific licensed activities in Arizona for a period not to exceed 180 days in any calendar year to any person who holds a specific license from an Agreement State, where the licensee maintains an office for directing the licensed activity and retaining radiation safety records, is granted a general license to conduct the same activity involving the use of radioactive material from the U.S. Nuclear Regulatory Commission, Licensing State, or any Agreement State, provided that:
  - 1. The license does not limit the activity to specific installations or locations;

- 2. Following the first notification, application, and payment of fees, the licensee shall notify the Department three days prior to entering the state and prior to each non-consecutive visit while reciprocity remains in effect.
- 3. The out-of-state licensee complies with all applicable statutes, now or hereafter in effect, rules, and orders of the Department and with all the terms and conditions of the license, except those terms and conditions inconsistent with applicable statutes, rules and orders of the Department;
- 4. The out-of-state licensee supplies any other information the Department requests; and
- 5. The out-of-state licensee does not transfer or dispose of radioactive material possessed or used under the general license provided in this Section except by transfer to a person:
  - a. Specifically licensed by the Department or by the U.S. Nuclear Regulatory Commission to receive the radioactive material; or
  - b. Exempt under R9-7-303(A).
- B.** Notwithstanding the provisions of subsection (A)(1), this subsection grants a general license to manufacture, install, transfer, demonstrate, or service a device described in R9-7-306(A)(1) to any person who holds a specific license issued by the U.S. Nuclear Regulatory Commission, Licensing State, or an Agreement State authorizing the same activities within areas subject to the jurisdiction of the licensing body, provided that:
  - 1. The person files a report with the Department within 30 days after the end of each calendar quarter in which any device is transferred to or installed in this State. Each report shall identify the general licensee to whom the device is transferred by name and address, the type of device transferred, and the quantity and type of radioactive material contained in the device;
  - 2. The device has been manufactured, labeled, installed, and serviced according to the applicable provisions of the specific license issued to the person by the U.S. Nuclear Regulatory Commission or an Agreement State;
  - 3. The person entering the state ensures that any labels required to be affixed to the device under rules of the authority which licensed manufacture of the device bear the following statement: "Removal of this label is prohibited"; and
  - 4. The holder of the specific license furnishes a copy of the general license contained in R9-7-306(A)(1), or equivalent rules of the agency having jurisdiction over the manufacture or distribution of the device, to each general licensee to whom the licensee transfers the device or on whose premises the device is installed.
- C.** The Department may withdraw, limit, or qualify the acceptance of any specific license or equivalent licensing document issued by another agency, or any product distributed under a license, upon determining that an action is necessary to prevent undue hazard to public health and safety, or property.
- D.** Before radioactive material can be used at a temporary job site within the state at any federal facility, a specific licensee shall determine the jurisdictional status of the job site. If the jurisdictional status is unknown, the specific licensee shall contact the controlling federal agency to determine whether the job site is under exclusive federal jurisdiction.
- E.** Before using radioactive material at a job site under exclusive federal jurisdiction, a specific licensee shall:
  - 1. Obtain authorization from the NRC; and

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2. Use the radioactive material in accordance with applicable NRC regulations and orders, and be able to demonstrate to the Department that the correct license fee was paid to the NRC.
- F. Before radioactive material can be used at a temporary job site in another state, a specific licensee shall obtain authorization from the state, if it is an Agreement State, or from the NRC for any non-Agreement State, either by filing for reciprocity or applying for a specific license.

**Historical Note**

New Section R9-7-320 recodified from R12-1-320, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-321. Reserved****Historical Note**

Section R9-7-321 reserved when this Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-322. The Need for an Emergency Plan for Response to a Release of Radioactive Material**

- A. For purposes of this Section, "Emergency Plan" means a procedure that will be followed when an accident occurs involving licensed radioactive materials for which an offsite response may be needed from organizations, such as police, fire, or medical organizations.
- B. Each application to possess radioactive materials in unsealed form, on foils or plated sources, or sealed in glass in excess of the quantities in Exhibit D, "Radioactive Material Quantities Requiring Consideration for an Emergency Plan" shall contain either:
  1. An evaluation showing that the maximum dose to a person off-site due to a release of radioactive materials would not exceed 1 rem effective dose equivalent or 5 rems to the thyroid; or
  2. An emergency plan for responding to a release of radioactive material.
- C. One or more of the following factors may be used to support an evaluation submitted under subsection (B)(1):
  1. The radioactive material is physically separated so that only a portion could be involved in an accident.
  2. All or part of the radioactive material is not subject to release during an accident because of the way it is stored or packaged;
  3. The release fraction in the respirable size range would be lower than the release fraction shown in Exhibit D due to the chemical or physical form of the material;
  4. The solubility of the radioactive material would reduce the dose received;
  5. Facility design or engineered safety features in the facility would cause the release fraction to be lower than shown in Exhibit D;
  6. Operating restrictions or procedures would prevent a release fraction as large as that shown in Exhibit D; or
  7. Other factors appropriate for the specific facility.
- D. An emergency plan for responding to a release of radioactive material submitted under subsection (B)(2) shall include the following information:
  1. A brief description of the licensee's facility and areas near the site that could expose a member of the public to a dose equal to or greater than the levels expressed in subsection (B)(1).
  2. An identification of each type of radioactive materials accident for which protective actions may be needed.
  3. A classification system for classifying accidents as alerts or site area emergencies.
  4. Identification of the means of detecting each type of accident in a timely manner.
  5. A brief description of the means and equipment for mitigating the consequences of each type of accident, including those provided to protect workers onsite, and a description of the program for maintaining the equipment.
  6. A brief description of the methods and equipment to assess releases of radioactive materials.
  7. A brief description of the responsibilities of licensee personnel responsible for promptly notifying offsite response organizations and the Department; also responsibilities for developing, maintaining, and updating the plan.
  8. A commitment to and a brief description of the means to promptly notify offsite response organizations and request off-site assistance, including medical assistance for the treatment of contaminated and injured onsite workers when appropriate. A control point shall be established. The notification and coordination shall be planned so that unavailability of some personnel, parts of the facility, and some equipment will not prevent the notification and coordination. The licensee shall also commit to notify the Department immediately after notification of the appropriate off-site response organizations and not later than one hour after the licensee declares an emergency.
  9. A brief description of the types of information on facility status, radioactive releases, and recommended protective actions, if necessary, to be given to off-site response organizations and to the Department.
  10. A brief description of the frequency, performance objectives, and plans for the training that the licensee will provide workers on how to respond to an emergency including any special instructions and orientation tours the licensee would offer to fire, police, medical, and other emergency personnel. The training shall familiarize personnel with site-specific emergency procedures. Also, the training shall thoroughly prepare site personnel for their responsibilities in the event of accident scenarios postulated as most probable for the specific site, including the use of team training for such scenarios.
  11. A brief description of the means of restoring the facility to a safe condition after an accident.
  12. Provisions for conducting quarterly communications checks with off-site response organizations and biennial onsite exercises to test response to simulated emergencies. Quarterly communications checks with off-site response organizations shall include the verifying and updating of all necessary telephone numbers. The licensee shall invite off-site response organizations to participate in the biennial exercises. Their participation is not required. Exercises shall use accident scenarios postulated as most probable for the specific site and the scenarios shall not be known to most exercise participants. The licensee shall critique each exercise, using individuals without direct implementation responsibility for the plan. Critiques of exercises shall evaluate the appropriateness of the plan, emergency procedures, facilities, equipment, training of personnel, and overall effectiveness of the response. Deficiencies found by the critiques shall be corrected.

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13. A certification that the applicant has met its responsibilities in A.R.S. §§ 26-341 through 26-353 (Emergency Planning and Community Right-to-Know Act of 1986), if applicable to the applicant's activities at the proposed place of use of the radioactive material.
- E. The licensee shall allow 60 days for the off-site response organizations, expected to respond in case of an accident, to comment on the licensee's emergency plan before submitting it to the Department. The licensee shall provide any comments received within the 60 days to the Department with the emergency plan.
- Historical Note**
- New Section R9-7-322 recodified from R12-1-322, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).
- R9-7-323. Financial Assurance and Recordkeeping for Decommissioning**
- A. For purposes of terminating specific licensed activities:
1. "Decommissioning" means to remove a radioactive material use facility safely from service and to reduce residual radioactivity to a level that permits release of the property for unrestricted use and termination of the radioactive material use license.
  2. "Byproduct material" as used in 10 CFR 30, means "radioactive material" which is defined in A.R.S. § 30-651.
  3. "Facility" means the entire site of radioactive material use, or any separate building or outdoor area where it is used.
  4. "Appendix B to Part 30" as used in 10 CFR 30, means Appendix E in 9 A.A.C. 7, Article 4.
  5. "Financial security" means having a net worth of not less than \$10,000.
- B. When applying, each non-government applicant for a specific license that authorizes the possession and use of radioactive material, and each non-government holder of a license to possess and use radioactive material issued before the effective date of this Section, shall submit to the Department a decommissioning funding plan or certification of financial security, as required in A.R.S. § 30-672(H). A licensee required to meet the requirements in subsection (C) is exempt from the requirements in this subsection.
- C. When applying, each applicant for a specific license that authorizes the possession and use of radioactive material, and each holder of a license to possess and use radioactive material issued before the effective date of this Section, shall submit to the Department a decommissioning funding plan or certification of financial assurance that meets the requirements in 10 CFR 30.35, 40.36, and 70.25, revised January 1, 2015, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments. Each decommissioning funding plan shall be submitted to the Department for review and approval and shall contain a detailed cost estimate for decommissioning, in an amount reflecting:
1. The cost of an independent contractor to perform all decommissioning activities;
  2. The cost of meeting the R9-7-452(B) criteria for unrestricted use, provided that, if the applicant or licensee can demonstrate its ability to meet the provisions of R9-7-452(C), the cost estimate may be based on meeting the R9-7-452(C) criteria;
  3. The volume of onsite subsurface material containing residual radioactivity that will require remediation to meet the criteria for license termination;
  4. The ability to meet the provisions of this Section, for which the cost estimate may be based on meeting the criteria specified in this Section; and
  5. An adequate contingency factor, including:
    - a. Identification of and justification for using the key assumptions contained in the DCE;
    - b. A description of the method of assuring funds for decommissioning including means for adjusting cost estimates and associated funding levels periodically over the life of the facility;
    - c. A certification by the licensee that financial assurance for decommissioning has been provided in the amount of the cost estimate for decommissioning; and
    - d. An original signed copy of the financial instrument obtained to satisfy the requirements of subsection (F) unless a previously submitted and accepted financial instrument continues to cover the cost estimate for decommissioning.
- D. Each licensee required to provide financial assurance for decommissioning a radioactive material facility under this Section shall maintain records of information important to the safe and effective decommissioning of the facility in an identified location until the license is terminated by the Department. The licensee shall maintain the following records during the decommissioning process:
1. Records of spills or other unusual occurrences involving the spread of contamination in and around the facility, equipment, and site. These records may be limited to instances when contamination remains after any cleanup procedures or when there is reasonable likelihood that contaminants may have spread to inaccessible areas as in the case of possible seepage into porous materials such as concrete. The licensee shall keep records identifying the involved radionuclides and associated quantities, forms, and concentrations.
  2. As-built drawings showing modifications of structures and equipment in restricted areas where radioactive materials are used and stored, and locations of possible inaccessible contamination. If drawings are not available, the licensee shall provide appropriate records describing each location of possible contamination.
  3. Records of the cost estimate performed for the decommissioning funding plan or of the amount certified for decommissioning, and records of the funding method used for assuring funds if either a funding plan or certification is used.
- E. Decommissioning procedures:
1. Upon expiration or termination of principal activities a licensee shall notify the Department in writing whether the licensee is discontinuing licensed activities. The licensee shall begin decommissioning its facility within 60 days after the Department receives notice of the decision to permanently terminate principal activities, or within 12 months after receipt of notice, submit to the Department a decommissioning plan, as prescribed in 10 CFR 30.36(g)(1), 40.42(g)(1), and 70.38(g)(1), revised January 1, 2015, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments. The licensee shall begin decommissioning upon approval of the plan if the licensee

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has expired or no licensed activities have been conducted at the licensee's facility for a period of 24 months.

2. In addition to the notification requirements in subsection (E)(1), the licensee shall maintain in effect all decommissioning financial assurances required by this Section. The financial assurances shall be increased or may be decreased as appropriate to cover the cost estimate established for decommissioning in subsection (E)(1). The licensee may reduce the amount of the financial assurance following approval of the decommissioning plan, provided the radiological hazard is decreasing and the licensee has the approval of the Department.
  3. The Department shall extend the time periods established in subsection (E)(1) if a new time period is in the best interest of public health and safety.
    - a. The licensee shall submit a request for an extension no later than 30 days after the Department receives the notice required in subsection (E)(1).
    - b. If a licensee has requested an extension, the licensee is not required to commence decommissioning activities required in subsection (E)(1), until the Department has made a determination on the request submitted to the Department under subsection (E)(3)(a).
  4. Except as provided in subsection (E)(5), the licensee shall complete decommissioning of a facility as soon as practicable but no later than 24 months following the initiation of decommissioning; and except as provided in subsection (E)(5), when decommissioning involves the entire facility, the licensee shall request license termination as soon as practicable but no later than 24 months following initiation of decommissioning.
  5. The Department shall approve a request for an alternate schedule for completion of decommissioning and license termination if the Department determines that the alternative is warranted by consideration of the conditions specified in 10 CFR 30.36(i), 40.42(i), and 70.38(i), revised January 1, 2015, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.
  6. As a final step in decommissioning, the licensee shall meet the requirements specified in 10 CFR 30.36(j), 40.42(j), and 70.38(j), revised January 1, 2015, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.
- F.** Each person licensed under this Article shall keep records of information important to the decommissioning of a facility in an identified location until the site is released for unrestricted use. Before licensed activities are transferred or assigned in accordance with R9-7-318, licensees shall transfer all records described in subsections (F)(1) through (F)(4) to the new licensee. In this case, the new licensee will be responsible for maintaining these records until the license is terminated. If records important to the decommissioning of a facility are kept for other purposes, reference to these records and their locations may be used. Information the Department considers important to decommissioning consists of:
1. Records of spills or other unusual occurrences involving the spread of contamination in and around the facility, equipment, or site. These records may be limited to instances when contamination remains after any cleanup procedures or when there is reasonable likelihood that contaminants may have spread to inaccessible areas as in the case of possible seepage into porous materials such as concrete. These records must include any known information on identification of involved nuclides, quantities, forms, and concentrations.
  2. As-built drawings and modifications of structures and equipment in restricted areas where radioactive materials are used and/or stored, and of locations of possible inaccessible contamination such as buried pipes which may be subject to contamination. If required drawings are referenced, each relevant document need not be indexed individually. If drawings are not available, the licensee shall substitute appropriate records of available information concerning these areas and locations.
  3. Except for areas containing depleted uranium used only for shielding or as penetrators in unused munitions, a list contained in a single document and updated every 2 years, of the following:
    - a. All areas designated and formerly designated as restricted areas as defined under R9-7-102;
    - b. All areas outside of restricted areas that require documentation under subsection (F)(1);
    - c. All areas outside of restricted areas where current and previous wastes have been buried as documented under R9-7-441; and
    - d. All areas outside of restricted areas that contain material such that, if the license expired, the licensee would be required to either decontaminate the area to meet the criteria for decommissioning in R9-7-451 or R9-7-452; or apply for approval for disposal under R9-7-435.
  4. Records of the cost estimate performed for the decommissioning funding plan or of the amount certified for decommissioning, and records of the funding method used for assuring funds if either a funding plan or certification is used.
- G.** In providing financial assurance under this Section, each licensee shall use the financial assurance funds only for decommissioning activities and each licensee shall monitor the balance of funds held to account for market variations. The licensee shall replenish the funds, and report such actions to the Department, as follows:
1. If, at the end of a calendar quarter, the fund balance is below the amount necessary to cover the cost of decommissioning, but is not below 75 percent of the cost, the licensee shall increase the balance to cover the cost, and shall do so within 30 days after the end of the calendar quarter.
  2. If, at any time, the fund balance falls below 75 percent of the amount necessary to cover the cost of decommissioning, the licensee shall increase the balance to cover the cost, and shall do so within 30 days of the occurrence.
  3. Within 30 days of taking the actions required by subsection (G)(1) or (G)(2), the licensee shall provide a written report of such actions to the Director of the Department, and state the new balance of the fund.
- H.** The financial instrument must include the licensee's name, license number, and docket number, and the name, address, and other contact information of the issuer, and, if a trust is used, the trustee. When any of the foregoing information changes, the licensee must, within 30 days, submit financial instruments to the Department reflecting such changes. The financial instrument submitted must be a signed original or signed original duplicate, except where a copy of the signed original is specifically permitted. Financial assurance for

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decommissioning must be provided by one or more of the following methods:

1. Prepayment. Prepayment is the deposit before the start of operation into an account segregated from licensee assets and outside the licensee's administrative control of cash or liquid assets such that the amount of funds would be sufficient to pay decommissioning costs. Prepayment must be made into a trust account, and the trustee and the trust must be acceptable to the Department.
2. A surety method, insurance, or other guarantee method. These methods guarantee that decommissioning costs will be paid. A surety method may be in the form of a surety bond, or letter of credit. A parent company guarantee of funds for decommissioning costs based on a financial test may be used if the guarantee and test are approved by the Department. For commercial corporations that issue bonds, a guarantee of funds by the applicant or licensee for decommissioning costs based on a financial test may be used if the guarantee and test are approved by the Department. For commercial companies that do not issue bonds, a guarantee of funds by the applicant or licensee for decommissioning costs may be used if the guarantee and test are approved by the Department. For nonprofit entities, such as colleges, universities, and nonprofit hospitals, a guarantee of funds by the applicant or licensee may be used if the guarantee and test are approved by the Department. Except for an external sinking fund, a parent company guarantee or a guarantee by the applicant or licensee may not be used in combination with any other financial methods used to satisfy the requirements of this Section. A guarantee by the applicant or licensee may not be used in any situation where the applicant or licensee has a parent company holding majority control of the voting stock of the company. Any surety method or insurance used to provide financial assurance for decommissioning must contain the following conditions:
  - a. The surety method or insurance must be open-ended or, if written for a specified term, such as five years, must be renewed automatically unless 90 days or more prior to the renewal date, the issuer notifies the Department, the beneficiary, and the licensee of its intention not to renew. The surety method or insurance must also provide that the full face-value amount be paid to the beneficiary automatically prior to the expiration without proof of forfeiture if the licensee fails to provide a replacement acceptable to the Department within 30 days after receipt of notification of cancellation.
  - b. The surety method or insurance must be payable to a trust established for decommissioning costs. The trustee and trust must be acceptable to the Department. An acceptable trustee includes an appropriate State or Federal government agency or an entity which has the authority to act as a trustee and whose trust operations are regulated and examined by a Federal or State agency.
  - c. The surety method or insurance must remain in effect until the Department has terminated the license.
3. An external sinking fund in which deposits are made at least annually, coupled with a surety method, insurance, or other guarantee method, the value of which may reduce by the amount being accumulated in the sinking

fund. An external sinking fund is a fund established and maintained by setting aside funds periodically in an account segregated from licensee assets and outside the licensee's administrative control in which the total amount of funds would be sufficient to pay decommissioning costs at the time termination of operation is expected. An external sinking fund must be in the form of a trust. If the other guarantee method is used, no surety or insurance may be combined with the external sinking fund. The surety, insurance, or other guarantee provisions must be as stated in subsection (H)(2).

4. In the case of Federal, State, or local government licensees, a statement of intent containing a cost estimate for decommissioning, and indicating that funds for decommissioning will be obtained when necessary.
5. When a governmental entity is assuming custody and ownership of a site, an arrangement that is deemed acceptable by such governmental entity.

**Historical Note**

New Section R9-7-323 recodified from R12-1-323, at 24

A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

Amended by final expedited rulemaking at 24 A.A.R.

2151, effective July 12, 2018 (Supp. 18-3).

**R9-7-324. Public Notification and Public Participation**

Upon the receipt of a license termination plan (LTP) or decommissioning plan from a licensee, or a proposal by a licensee for decommissioning of a site in accordance with R9-7-452(C) and (D) or for other events when the Department deems a notice to be in the public interest, the Department shall:

1. Notify and solicit comments from:
  - a. State and local governments and any Indian Nation or other indigenous people who have legal rights that could be affected by the decommissioning, and
  - b. The Arizona Department of Environmental Quality for cases in which the licensee proposes to decommission a site in accordance with R9-7-452(D).
2. Publish the notice in the Arizona Administrative Register and use other methods of publication such as local newspapers, letters to local organizations, or any other method that is reasonably calculated to provide notice, and solicit comments from affected parties.

**Historical Note**

New Section R9-7-324 recodified from R12-1-324, at 24

A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-325. Timeliness in Decommissioning Facilities**

- A. "Principal activities," as used in this Section, means activities authorized by the license that are essential to achieving the purposes for which the license was issued or amended. Storage, during which licensed material is not accessed for use, or disposal and other activities incidental to decontamination or decommissioning are not principal activities.
- B. Each specific license revoked by the Department expires at midnight on the date of the Department's final determination to revoke the license, the expiration date stated in the determination, or as otherwise provided by Department order.
- C. Each specific license continues in effect, beyond the expiration date if necessary, with respect to possession of radioactive material, until the Department notifies the licensee in writing that the license is terminated. During this time, the licensee shall:
  1. Limit actions involving radioactive material to those related to decommissioning;



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2. Continue to control entry to restricted areas until they are suitable for release in accordance with NRC requirements; and
  3. Pay the applicable annual fee for the license category listed in R9-7-1306.
- D.** Within 60 days of the occurrence of any of the following, each licensee shall notify the Department in writing of the occurrence and either begin decommissioning its site, or any separate building or outdoor area that contains residual radioactivity, so that the building or outdoor area is suitable for release in accordance with Department requirements, or submit within 12 months of notification a decommissioning plan, if required by R9-7-323, and begin decommissioning upon approval of that plan if:
1. The license expires in accordance with subsection (B) or R9-7-314, unless the licensee submits a renewal application in accordance with R9-7-315;
  2. The licensee decides to permanently terminate principal activities at the entire site or in any separate building or outdoor area that contains residual radioactivity such that the building or outdoor area is unsuitable for release in accordance with Department requirements;
  3. No principal activities under the license have been conducted for a period of 24 months; or
  4. No principal activities have been conducted for a period of 24 months in any separate building or outdoor area that contains residual radioactivity such that the building or outdoor area is unsuitable for release in accordance with Department requirements.

**Historical Note**

New Section R9-7-325 recodified from R12-1-325, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

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## Exhibit A. Exempt Concentrations

Element (atomic number)	Isotope	Column I Gas Concentration ( $\mu\text{Ci/ml}$ ) <sup>1/</sup>	Column II Liquid and Solid Concentration ( $\mu\text{Ci/ml}$ ) <sup>2/</sup>	Element (atomic number)	Isotope	Column I Gas Concentration ( $\mu\text{Ci/ml}$ ) <sup>1/</sup>	Column II Liquid and Solid Concentration ( $\mu\text{Ci/ml}$ ) <sup>2/</sup>
Antimony (51)	Sb-122		$3 \times 10^{-4}$	Gold (79)	Au-196		$2 \times 10^{-3}$
	Sb-124		$2 \times 10^{-4}$		Au-198		$5 \times 10^{-4}$
	Sb-125		$1 \times 10^{-3}$		Au-199		$2 \times 10^{-3}$
Argon (18)	Ar-37	$1 \times 10^{-3}$		Hafnium (72)	Hf-181		$7 \times 10^{-4}$
	Ar-41	$4 \times 10^{-7}$			H-3	$5 \times 10^{-6}$	$3 \times 10^{-2}$
Arsenic (33)	As-73		$5 \times 10^{-3}$	Indium (49)	In-113m		$1 \times 10^{-2}$
	As-74		$5 \times 10^{-4}$		In-114m		$2 \times 10^{-4}$
	As-76		$2 \times 10^{-4}$	Iodine	I-126	$3 \times 10^{-9}$	$2 \times 10^{-5}$
	As-77		$8 \times 10^{-4}$		I-131	$3 \times 10^{-9}$	$2 \times 10^{-5}$
Barium (56)	Ba-131		$2 \times 10^{-3}$		I-132	$8 \times 10^{-8}$	$6 \times 10^{-4}$
	Ba-140		$3 \times 10^{-4}$		I-133	$1 \times 10^{-8}$	$7 \times 10^{-5}$
Beryllium (4)	Be-7		$2 \times 10^{-2}$		I-134	$2 \times 10^{-7}$	$1 \times 10^{-3}$
Bismuth (83)	Bi-206		$4 \times 10^{-4}$	Iridium (77)	Ir-190		$2 \times 10^{-3}$
Bromine (35)	Br-82	$4 \times 10^{-7}$	$3 \times 10^{-3}$		Ir-192		$4 \times 10^{-4}$
					Ir-194		$3 \times 10^{-4}$
Cadmium (48)	Cd-109		$2 \times 10^{-3}$	Iron (26)	Fe-55		$8 \times 10^{-3}$
	Cd-115m		$3 \times 10^{-4}$		Fe-59		$6 \times 10^{-4}$
	Cd-115		$3 \times 10^{-4}$	Krypton (36)	Kr-85m	$1 \times 10^{-6}$	
Calcium (20)	Ca-45		$9 \times 10^{-5}$		Kr-85	$3 \times 10^{-6}$	
	Ca-47		$5 \times 10^{-4}$	Lanthanum (57)	La-140		$2 \times 10^{-4}$
Carbon (6)	C-14	$1 \times 10^{-6}$	$8 \times 10^{-3}$		Pb-203		$4 \times 10^{-3}$
Cerium (58)	Ce-141		$9 \times 10^{-4}$	Lead (82)			
	Ce-143		$4 \times 10^{-4}$		Lu-177		$1 \times 10^{-3}$
	Ce-144		$1 \times 10^{-4}$	Manganese (25)	Mn-52		$3 \times 10^{-4}$
Cesium (55)	Cs-131		$2 \times 10^{-2}$		Mn-54		$1 \times 10^{-3}$
	Cs-134m		$6 \times 10^{-2}$		Mn-56		$1 \times 10^{-3}$
	Cs-134		$9 \times 10^{-5}$	Mercury (80)	Hg-197m		$2 \times 10^{-3}$
Chlorine (17)	Cl-38	$9 \times 10^{-7}$	$4 \times 10^{-3}$		Hg-197		$3 \times 10^{-3}$
Chromium (24)	Cr-51		$2 \times 10^{-2}$		Hg-203		$2 \times 10^{-4}$
Cobalt (27)	Co-57		$5 \times 10^{-3}$	Molybdenum (42)	Mo-99		$2 \times 10^{-3}$
	Co-58		$1 \times 10^{-3}$		Nd-147		$6 \times 10^{-4}$
	Co-60		$5 \times 10^{-4}$	Neodymium (60)	Nd-149		$3 \times 10^{-3}$
Copper (29)	Cu-64		$3 \times 10^{-3}$		Ni-65		$1 \times 10^{-3}$
Dysprosium (66)	Dy-165		$4 \times 10^{-3}$	Niobium (Columbium)(41)	Nb-95	$1 \times 10^{-3}$	
	Dy-166		$4 \times 10^{-4}$		Nb-97		$9 \times 10^{-3}$
Erbium (68)	Er-169		$9 \times 10^{-4}$	Osmium (76)	Os-185		$7 \times 10^{-4}$
	Er-171		$1 \times 10^{-5}$		Os-191m		$3 \times 10^{-2}$
Europium (63)	Eu-152 ( $T_{1/2}=9.2 \text{ h}$ )		$6 \times 10^{-4}$		Os-191		$2 \times 10^{-3}$
	Eu-155		$2 \times 10^{-3}$		Os-193		$6 \times 10^{-4}$
Fluorine (9)	F-18	$2 \times 10^{-6}$	$8 \times 10^{-3}$	Palladium (46)	Pd-103		$3 \times 10^{-3}$
Gadolinium (64)	Gd-153		$2 \times 10^{-3}$		Pd-109		$9 \times 10^{-4}$
	Gd-159		$8 \times 10^{-4}$	Phosphorus (15)	P-32		$2 \times 10^{-4}$
Gallium (31)	Ga-72		$4 \times 10^{-4}$		Pt-191		$1 \times 10^{-3}$
				Platinum (78)	Pt-193m		$1 \times 10^{-2}$
Germanium (32)	Ge-71		$2 \times 10^{-2}$		Pt-197m		$1 \times 10^{-2}$
					Pt-197		$1 \times 10^{-3}$
				Potassium (19)	K-42		$3 \times 10^{-3}$

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Exhibit A. Exempt Concentration (Continued)

Element (atomic number)	Isotope	Column I Gas Concentration ( $\mu\text{Ci/ml}$ ) <sup>1/</sup>	Column II Liquid and Solid Concentration ( $\mu\text{Ci/ml}$ ) <sup>2/</sup>	Element (atomic number)	Isotope	Column I Gas Concentration ( $\mu\text{Ci/ml}$ ) <sup>1/</sup>	Column II Liquid and Solid Concentration ( $\mu\text{Ci/ml}$ ) <sup>2/</sup>
Praseodymium (59)	Pr-142		$3 \times 10^{-4}$	Tellurium (52)	Te-125m		$2 \times 10^{-3}$
	Pr-143		$5 \times 10^{-4}$		Te-127m		$6 \times 10^{-4}$
Promethium (61)	Pm-147		$2 \times 10^{-3}$		Te-127		$3 \times 10^{-3}$
	Pm-149		$4 \times 10^{-4}$		Te-129m		$3 \times 10^{-4}$
Rhenium (75)	Re-183		$6 \times 10^{-3}$		Te-131m		$6 \times 10^{-4}$
	Re-186		$9 \times 10^{-4}$		Te-132		$3 \times 10^{-4}$
	Re-188		$6 \times 10^{-4}$	Terbium (65)	Tb-160		$4 \times 10^{-4}$
Rhodium (45)	Rh-103m		$1 \times 10^{-1}$	Thallium (81)	Tl-200		$4 \times 10^{-3}$
	Rh-105		$1 \times 10^{-3}$		Tl-201		$3 \times 10^{-3}$
Rubidium (37)	Rb-86		$7 \times 10^{-4}$		Tl-202		$1 \times 10^{-3}$
Ruthenium (44)	Ru-97		$4 \times 10^{-3}$		Tl-204		$1 \times 10^{-3}$
	Ru-103		$8 \times 10^{-4}$	Thulium (69)	Tm-170		$5 \times 10^{-4}$
	Ru-105		$1 \times 10^{-3}$		Tm-171		$5 \times 10^{-3}$
	Ru-106		$1 \times 10^{-4}$	Tin (50)	Sn-113		$9 \times 10^{-4}$
Samarium (62)	Sm-153		$8 \times 10^{-4}$		Sn-125		$2 \times 10^{-4}$
Scandium (21)	Sc-46		$4 \times 10^{-4}$	Tungsten (Wolfram) (74)	W-181		$4 \times 10^{-3}$
	Sc-47		$9 \times 10^{-4}$		W-187		$7 \times 10^{-4}$
	Sc-48		$3 \times 10^{-4}$	Vanadium (23)	V-48		$3 \times 10^{-4}$
Selenium (34)	Se-75		$3 \times 10^{-3}$	Xenon (54)	Xe-131m	$4 \times 10^{-6}$	
Silicon (14)	Si-31		$9 \times 10^{-3}$		Xe-133	$3 \times 10^{-6}$	
Silver (47)	Ag-105		$1 \times 10^{-3}$		Xe-135	$1 \times 10^{-6}$	
	Ag-110m		$3 \times 10^{-4}$	Ytterbium (70)	Yb-175		$1 \times 10^{-3}$
	Ag-111		$4 \times 10^{-4}$	Yttrium (39)	Y-90		$2 \times 10^{-4}$
Sodium (11)	Na-24		$2 \times 10^{-3}$		Y-91m		$3 \times 10^{-2}$
Strontium (38)	Sr-85		$1 \times 10^{-3}$		Y-91		$3 \times 10^{-4}$
	Sr-89		$1 \times 10^{-4}$		Y-92		$6 \times 10^{-4}$
	Sr-91		$7 \times 10^{-4}$		Y-93		$3 \times 10^{-4}$
	Sr-92		$7 \times 10^{-4}$	Zinc (30)	Zn-65		$1 \times 10^{-3}$
Sulfur (16)	S-35	$9 \times 10^{-8}$	$6 \times 10^{-4}$		Zn-69m		$7 \times 10^{-4}$
Tantalum (73)	Ta-182		$4 \times 10^{-4}$		Zn-69		$2 \times 10^{-2}$
Technetium (43)	Tc-96m		$1 \times 10^{-1}$	Zirconium (40)	Zr-95		$6 \times 10^{-4}$
	Tc-96		$1 \times 10^{-3}$		Zr-97		$2 \times 10^{-4}$
				Beta and/or gamma emitting radioactive material not listed above with half-life less than three years		$1 \times 10^{-10}$	$1 \times 10^{-6}$

NOTE 1: Many radioisotopes disintegrate into isotopes which are also radioactive. In expressing the concentrations in Schedule A the activity stated is that of the parent isotope and takes into account the daughters.

<sup>1/</sup> Values are given in Column I only for those materials normally used as gases

<sup>2/</sup>  $\mu\text{Ci/gm}$  are for solids

NOTE 2: For purposes of Section 303 where there is involved a combination of isotopes, the limit for the combination should be derived as follows: Determine for each isotope in the product the ratio between the concentration present in the product and the exempt concentration established in Schedule A for the specific isotope when not in combination. The sum of such ratios may not exceed "1" (i.e., unity).

EXAMPLE:

$$\frac{\text{Concentration of Isotope A in Product}}{\text{Exempt concentration of Isotope A}} + \frac{\text{Concentration of Isotope B in Product}}{\text{Exempt concentration of Isotope B}} \leq 1$$

**Historical Note**

New Article 3, Exhibit A recodified from 12 A.A.C. 1, Article 3, Exhibit A, effective March 22, 2018 (Supp. 18-1).

## TITLE 9. HEALTH SERVICES

## CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

## Exhibit B. Exempt Quantities

<u>Material</u>	<u>Microcuries</u>	<u>Material</u>	<u>Microcuries</u>	<u>Material</u>	<u>Microcuries</u>
Antimony-122 (Sb-122)	100	Indium-115 (In-115)	10	Ruthenium-103 (Ru-103)	10
Antimony-124 (Sb-124)	10	Iodine-123 (I-123)	100	Ruthenium-105 (Ru-105)	10
Antimony-125 (Sb-125)	10	Iodine-125 (I-125)	1	Ruthenium-106 (Ru-106)	1
Arsenic-73 (As-73)	100	Iodine-126 (I-126)	1	Samarium-151 (Sm-151)	10
Arsenic-74 (As-74)	10	Iodine-129 (I-129)	0.1	Samarium-153 (Sm-153)	100
Arsenic-76 (As-76)	10	Iodine-131 (I-131)	1	Scandium-46 (Sc-46)	10
Arsenic-77 (As-77)	100	Iodine-132 (I-132)	10	Scandium-47 (Sc-47)	100
Barium-131 (Ba-131)	10	Iodine-133 (I-133)	1	Scandium-48 (Sc-48)	10
Barium-133 (Ba-133)	10	Iodine-134 (I-134)	10	Selenium-75 (Se-75)	10
Barium-140 (Ba-140)	10	Iodine-135 (I-135)	10	Silicon-31 (Si-31)	100
Bismuth-210 (Bi-210)	1	Iridium-192 (Ir-192)	10	Silver-105 (Ag-105)	10
Bromine-82 (Br-82)	10	Iridium-194 (Ir-194)	100	Silver-110m (Ag-110m)	1
Cadmium-109 (Cd-109)	10	Iron-52 (Fe-52)	10	Silver-111 (Ag-111)	100
Cadmium-115m (Cd-115m)	10	Iron-55 (Fe-55)	100	Sodium-22 (Na-22)	10
Cadmium-115 (Cd-115)	100	Iron-59 (Fe-59)	10	Sodium-24 (Na-24)	10
Calcium-45 (Ca-45)	10	Krypton-85 (Kr-85)	100	Strontium-85 (Sr-85)	10
Calcium-47 (Ca-47)	10	Krypton-87 (Kr-87)	10	Strontium-89 (Sr-89)	1
Carbon-14 (C-14)	100	Lanthanum-140 (La-140)	10	Strontium-90 (Sr-90)	0.1
Cerium-141 (Ce-141)	100	Lutetium-177 (Lu-177)	100	Strontium-91 (Sr-91)	10
Cerium-143 (Ce-143)	100	Manganese-52 (Mn-52)	10	Strontium-92 (Sr-92)	10
Cerium-144 (Ce-144)	1	Manganese-54 (Mn-54)	10	Sulfur-35 (S-35)	100
Cesium-129 (Cs-129)	100	Manganese-56 (Mn-56)	10	Tantalum-182 (Ta-182)	10
Cesium-131 (Cs-131)	1,000	Mercury-197m (Hg-197m)	100	Technetium-96 (Tc-96)	10
Cesium-134m (Cs-134m)	100	Mercury-197 (Hg-197)	100	Technetium-97m (Tc-97m)	100
Cesium-134 (Cs-134)	1	Mercury-203 (Hg-203)	10	Technetium-97 (Tc-97)	100
Cesium-135 (Cs-135)	10	Molybdenum-99 (Mo-99)	100	Technetium-99m (Tc-99m)	100
Cesium-136 (Cs-136)	10	Neodymium-147 (Nd-147)	100	Technetium-99 (Tc-99)	10
Cesium-137 (Cs-137)	10	Neodymium-149 (Nd-149)	100	Tellurium-125m (Te-125m)	10
Chlorine-36 (Cl-36)	10	Nickel-59 (Ni-59)	100	Tellurium-127m (Te-127m)	10
Chlorine-38 (Cl-38)	10	Nickel-63 (Ni-63)	10	Tellurium-127 (Te-127)	100
Chromium-51 (Cr-51)	1,000	Nickel-65 (Ni-65)	100	Tellurium-129m (Te-129m)	10
Cobalt-57 (Co-57)	100	Niobium-93m (Nb-93m)	10	Tellurium-129 (Te-129)	100
Cobalt-58m (Co-58m)	10	Niobium-95 (Nb-95)	10	Tellurium-131m (Te-131m)	10
Cobalt-58 (Co-58)	10	Niobium-97 (Nb-97)	10	Tellurium-132 (Te-132)	10
Cobalt-60 (Co-60)	1	Osmium-185 (Os-185)	10	Terbium-160 (Tb-160)	10
Copper-64 (Cu-64)	100	Osmium-191m (Os-191m)	100	Thallium-200 (Tl-200)	100
Dysprosium-165 (Dy-165)	10	Osmium-191 (Os-191)	100	Thallium-201 (Tl-201)	100
Dysprosium-166 (Dy-166)	100	Osmium-193 (Os-193)	100	Thallium-202 (Tl-202)	100
Erbium-169 (Er-169)	100	Palladium-103 (Pd-103)	100	Thallium-204 (Tl-204)	10
Erbium-171 (Er-171)	100	Palladium-109 (Pd-109)	100	Thulium-170 (Tm-170)	10
Europium-152 (Eu-152) (9.2 h)	100	Phosphorus-32 (P-32)	10	Thulium-171 (Tm-171)	10
Europium-152 (Eu-152) (13 yr)	1	Platinum-191 (Pt-191)	100	Tin-113 (Sn-113)	10
Europium-154 (Eu-154)	1	Platinum-193m (Pt-193m)	100	Tin-125 (Sn-125)	10
Europium-155 (Eu-155)	10	Platinum-193 (Pt-193)	100	Tungsten-181 (W-181)	10
Fluorine-18 (F-18)	1,000	Platinum-197m (Pt-197m)	100	Tungsten-185 (W-185)	10
Gadolinium-153 (Gd-153)	10	Platinum-197 (Pt-197)	100	Tungsten-187 (W-187)	100
Gadolinium-159 (Gd-159)	100	Polonium-210 (Po-210)	0.1	Vanadium-43 (V-43)	10
Gallium-67 (Ga-67)	100	Potassium-42 (K-42)	10	Xenon-131m (Xe-131m)	1,000
Gallium-72 (Ga-72)	10	Potassium-43 (K-43)	10	Xenon-133 (Xe-133)	100
Germanium-68 (Ge-68)	10	Praseodymium-142 (Pr-142)	100	Xenon-135 (Xe-135)	100
Germanium-71 (Ge-71)	100	Praseodymium-143 (Pr-143)	100	Ytterbium-175 (Yb-175)	100
Gold-195 (Au-195)	10	Promethium-147 (Pm-147)	10	Yttrium-87 (Y-87)	10
Gold-198 (Au-198)	100	Promethium-149 (Pm-149)	10	Yttrium-88 (Y-88)	10
Gold-199 (Au-199)	100	Rhenium-186 (Re-186)	100	Yttrium-90 (Y-90)	10
Hafnium-181 (Hf-181)	10	Rhenium-188 (Re-188)	100	Yttrium-91 (Y-91)	10
Holmium-166 (Ho-166)	100	Rhodium-103m (Rh-103m)	100	Yttrium-92 (Y-92)	100
Hydrogen-3 (H-3)	1,000	Rhodium-105 (Rh-105)	100	Yttrium-93 (Y-93)	100
Indium-111 (In-111)	100	Rubidium-81 (Rb-81)	10	Zinc-65 (Zn-65)	10
Indium-113m (In-113m)	100	Rubidium-86 (Rb-86)	10	Zinc-69m (Zn-69m)	100
Indium-114m (In-114m)	10	Rubidium-87 (Rb-87)	10	Zinc-69 (Zn-69)	1,000
Indium-115m (In-115m)	100	Ruthenium-97 (Ru-97)	100	Zirconium-93 (Zr-93)	10

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<u>Material</u>	<u>Microcuries</u>	<u>Material</u>	<u>Microcuries</u>	listed above other than alpha-emitting radioactive material	0.1
Zirconium-95 (Zr-95)	10	Any radionuclide material not			
Zirconium-97 (Zr-97)	10				

**Historical Note**

New Article 3, Exhibit B recodified from 12 A.A.C. 1, Article 3, Exhibit B, effective March 22, 2018 (Supp. 18-1).

**Exhibit C. Limits for Class B and C Broad Scope Licenses (R9-7-310)**

<u>Radioactive Material</u>	<u>Col. I curies</u>	<u>Col. II curies</u>	<u>Radioactive Material</u>	<u>Col. I curies</u>	<u>Col. II curies</u>	<u>Radioactive Material</u>	<u>Col. I curies</u>	<u>Col. II curies</u>
Antimony-122	1	0.01	Indium-115m	100	1.	Rhodium-105	10	0.1
Antimony-124	1	0.01	Indium-115	1	0.1	Rubidium-86	1	0.01
Antimony-125	1	0.01	Iodine-125	0.1	0.001	Rubidium-87	1	0.01
Arsenic-73	10	0.1	Iodine-126	0.1	0.001	Ruthenium-97	100	1.
Arsenic-74	1	0.01	Iodine-129	0.1	0.001	Ruthenium-103	1	0.01
Arsenic-76	1	0.01	Iodine-131	0.1	0.001	Ruthenium-105	10	0.1
Arsenic-77	10	0.1	Iodine-132	10	0.1	Ruthenium-106	0.1	0.001
Barium-131	10	0.1	Iodine-133	1	0.1	Samarium-151	1	0.01
Barium-140	1	0.01	Iodine-134	10	0.1	Samarium-153	10	0.1
Beryllium-7	10	0.1	Iodine-135	1	0.1	Scandium-46	1	0.01
Bismuth-210	0.1	0.001	Iridium-192	1	0.1	Scandium-47	10	0.1
Bromine-82	10	0.1	Iridium-194	10	0.1	Scandium-48	1	0.01
Cadmium-109	1	0.01	Iron-55	10	0.1	Selenium-75	1	0.01
Cadmium-115m	1	0.01	Iron-59	1	0.1	Silicon-31	10	0.1
Cadmium-115	10	0.1	Krypton-85	100	1.	Silver-105	1	0.01
Calcium-45	1	0.01	Krypton-87	10	0.1	Silver-110m	0.1	0.001
Calcium-47	10	0.1	Lanthanum-140	1	0.1	Silver-111	10	0.1
Carbon-14	100	1.	Lutetium-177	10	0.1	Sodium-22	0.1	0.001
Cerium-141	10	0.1	Manganese-52	1	0.1	Sodium-24	1	0.01
Cerium-143	10	0.1	Manganese-54	1	0.1	Strontium-85	1,000	10
Cerium-144	0.1	0.001	Manganese-56	10	0.1	Strontium-85	1	0.01
Cesium-131	100	1.	Mercury-197m	10	0.1	Strontium-89	1	0.01
Cesium-134m	100	1.	Mercury-197	10	0.1	Strontium-90	0.01	0.0001
Cesium-134	0.1	0.001	Mercury-203	1	0.1	Strontium-91	10	0.1
Cesium-135	1	0.01	Molybdenum-99	10	0.1	Strontium-92	10	0.1
Cesium-136	10	0.1	Neodymium-147	10	0.1	Sulfur-35	100	0.1
Cesium-137	0.1	0.001	Neodymium-149	10	0.1	Tantalum-182	1	0.01
Chlorine-36	1	0.01	Nickel-59	10	0.1	Technetium-96	10	0.1
Chlorine-38	100	1.	Nickel-63	1	0.1	Technetium-97m	10	0.1
Chromium-51	100	1.	Nickel-65	10	0.1	Technetium-97	10	0.1
Cobalt-57	10	0.1	Niobium-93m	1	0.1	Technetium-99m	100	1.
Cobalt-58m	100	1.	Niobium-95	1	0.1	Technetium-99	1	0.01
Cobalt-58	1	0.01	Niobium-97	100	1.	Tellurium-125m	1	0.01
Cobalt-60	0.1	0.001	Osmium-185	1	0.1	Tellurium-127m	1	0.01
Copper-64	10	0.1	Osmium-191m	100	1.	Tellurium-127	10	0.1
Dysprosium-165	100	1.	Osmium-191	10	0.1	Tellurium-129m	1	0.01
Dysprosium-166	10	0.1	Osmium-193	10	0.1	Tellurium-129	100	1.
Erbium-169	10	0.1	Palladium-103	10	0.1	Tellurium-131m	10	0.1
Erbium-171	10	0.1	Palladium-109	10	0.1	Tellurium-132	1	0.01
Europium-152 (9.2 h)	10	0.1	Phosphorus-32	1	0.01	Terbium-160	1	0.01
Europium-152 (13 yr)	0.1	0.001	Platinum-191	10	0.1	Thallium-200	10	0.1
Europium-154	0.1	0.001	Platinum-193m	100	1.	Thallium-201	10	0.1
Europium-155	1	0.01	Platinum-193	10	0.1	Thallium-202	10	0.1
Fluorine-18	100	1.	Platinum-197m	100	1.	Thallium-204	1	0.01
Gadolinium-153	1	0.1	Platinum-197	10	0.1	Thulium-170	1	0.01
Gadolinium-159	10	0.1	Polonium-210	0.01	0.0001	Thulium-171	1	0.01
Gallium-72	10	0.1	Potassium-42	1	0.01	Tin-113	1	0.01
Germanium-71	100	1.	Praseodymium-142	10	0.1	Tin-125	1	0.01
Gold-198	10	0.1	Praseodymium-143	10	0.1	Tungsten-181	1	0.01
Gold-199	10	0.1	Promethium-147	1	0.01	Tungsten-185	1	0.01
Hafnium-181	1	0.1	Promethium-149	10	0.1	Tungsten-197	10	0.1
Holmium-166	10	0.1	Radium-226	0.01	0.0001	Vanadium-43	1	0.01
Hydrogen-3	100	1.	Rhenium-186	10	0.1	Xenon-131m	1,000	10
Indium-113m	100	1.	Rhenium-188	10	0.1	Xenon-133	100	1.
Indium-114m	1	0.1	Rhodium-103m	1,000	10	Xenon-135	100	1.

## TITLE 9. HEALTH SERVICES

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<b>Radioactive Material</b>	<b>Col. I curies</b>	<b>Col. II curies</b>	<b>Radioactive Material</b>	<b>Col. I curies</b>	<b>Col. II curies</b>	<b>Radioactive Material</b>	<b>Col. I curies</b>	<b>Col. II curies</b>
Ytterbium-175	10	0.1	Zinc-65	1	0.01	Any radioactive		
Yttrium-90	1	0.01	Zinc-69m	10	0.1	material other than		
Yttrium-91	1	0.01	Zinc-69	100	1.	source material,		
Yttrium-92	10	0.1	Zirconium-93	1	0.01	special nuclear		
Yttrium-93	1	0.01	Zirconium-95	1	0.01	material, or alpha		
			Zirconium-97	1	0.01	emitting radioactive		
						material not listed above.	0.1	0.001

**Historical Note**

New Article 3, Exhibit C recodified from 12 A.A.C. 1, Article 3, Exhibit C, effective March 22, 2018 (Supp. 18-1).

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CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

**Exhibit D. Radioactive Material Quantities Requiring Consideration for an Emergency Plan (R9-7-322)**

<u>Radioactive Material</u>	<u>Release Fraction</u>	<u>Quantity (Ci)</u>	<u>Radioactive Material</u>	<u>Release Fraction</u>	<u>Quantity (Ci)</u>
Actinium-228	0.001	4,000	Polonium-210	.01	10
Americium-241	.001	2	Potassium-42	.01	9,000
Americium-242	.001	2	Promethium-145	.01	4,000
Americium-243	.001	2	Promethium-147	.01	4,000
Antimony-124	.01	4,000	Radium-226	.001	100
Antimony-126	.01	6,000	Ruthenium-106	.01	200
Barium-133	.01	10,000	Samarium-151	.01	4,000
Barium-140	.01	30,000	Scandium-46	.01	3,000
Bismuth-207	.01	5,000	Selenium-75	.01	10,000
Bismuth-210	.01	600	Silver-110m	.01	1,000
Cadmium-109	.01	1,000	Sodium-22	.01	9,000
Cadmium-113	.01	80	Sodium-24	.01	10,000
Calcium-45	.01	20,000	Strontium-89	.01	3,000
Californium-252	.001	9 (20 mg)	Strontium-90	.01	90
Carbon-14 (Non CO)	.01	50,000	Sulfur-35	.5	900
Cerium-141	.01	10,000	Technetium-99	.01	10,000
Cerium-144	.01	300	Technetium-99m	.01	400,000
Cesium-134	.01	2,000	Tellurium-127m	.01	5,000
Cesium-137	.01	3,000	Tellurium-129m	.01	5,000
Chlorine-36	.5	100	Terbium-160	.01	4,000
Chromium-51	.01	300,000	Thulium-170	.01	4,000
Cobalt-60	.001	5,000	Tin-113	.01	10,000
Copper-64	.01	200,000	Tin-123	.01	3,000
Curium-242	.001	60	Tin-126	.01	1,000
Curium-243	.001	3	Titanium-44	.01	100
Curium-244	.001	4	Vanadium-48	.01	7,000
Curium-245	.001	2	Xenon-133	1.0	900,000
Europium-152	.01	500	Yttrium-91	.01	2,000
Europium-154	.01	400	Zinc-65	.01	5,000
Europium-155	.01	3,000	Zirconium-93	.01	400
Gadolinium-153	.01	5,000	Zirconium-95	.01	5,000
Germanium-68	.01	2,000	Any other beta-gamma emitter	.01	10,000
Gold-198	.01	30,000	Mixed fission products	.01	1,000
Hafnium-172	.01	400	Mixed corrosion products	.01	10,000
Hafnium-181	.01	7,000	Contaminated equipment		
Holmium-166m	.01	100	beta-gamma	.001	10,000
Hydrogen-3	.5	20,000	Irradiated material, any form		
Indium-114m	.01	1,000	other than solid non-		
Iodine-125	.5	10	combustible	.01	1,000
Iodine-131	.5	10	Irradiated material, solid non-		
Iridium-192	.001	40,000	combustible	.001	10,000
Iron-55	.01	40,000	Mixed radioactive waste,		
Iron-59	.01	7,000	beta-gamma	.01	1,000
Krypton-85	1.0	6,000,000	Packaged mixed waste, beta gamma	.001	10,000
Lead-210	.01	8	Any other alpha emitter	.001	2
Manganese-56	.01	60,000	Contaminated equipment, alpha	.0001	20
Mercury-203	.01	10,000	Packaged waste, alpha	.0001	20
Molybdenum-99	.01	30,000	Combinations of radioactive materials listed above:		
Neptunium-237	.001	2	For combinations of radioactive materials, consideration of the		
Nickel-63	.01	20,000	need for an emergency plan is required if the sum of the ratios		
Niobium-94	.01	300	of the quantity of each radioactive material authorized to the		
Phosphorus-32	.5	100	quantity listed for that material in Exhibit D exceeds 1.		
Phosphorus-33	.5	1,000	NOTE: Waste packaged in Type B containers does not require an		
			emergency plan.		

**Historical Note**

New Article 3, Exhibit D recodified from 12 A.A.C. 1, Article 3, Exhibit D, effective March 22, 2018 (Supp. 18-1).

**Exhibit E. Application Information**

**1. Radioactive Material (RAM) Specific License Application Information**

An applicant shall provide the following information in a specific license application before a license is issued to the applicant. The

Department shall provide an application form to an applicant with a guide, when possible, to ensure that correct information is provided in the application:

Name and mailing address of applicant      Use location

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Contact person	Telephone number
Users of RAM	Training of users
Radiation Safety Officer identity (RSO)	Duties of RSO
Description of RAM and uses	Description of radiation detection/ measurement instruments and their calibration
Personnel monitoring	Bioassay program
Facility description	Survey program
Leak test program	Records management program
Instruction to personnel	Waste disposal program
Emergency procedures	Procedures for ordering, receiving, and opening packages
Description of animal use	Licensing fee provided with application
Copy of letter-of-intent programs	Description of ALARA and quality management to local governing body
Description of transportation procedures	Certifying signature
Legal structure of licensee's operation	
Other licensing requirements listed in: R9-7-310, R9-7-311, R9-7-312, R9-7-511, R9-7-703, and R9-7-1721	

## 2. Radioactive Material (RAM) General License Application Information

An applicant shall provide the following information on a registration certificate. The certificate will be validated and returned to the applicant if the information provided is complete.

Name and address	Telephone number
Where will the radioactive material be used	Address of use location
Description of radioactive material use	Date
Authorizing signature and printed name	Position of person signing the form

### Historical Note

New Article 3, Exhibit E recodified from 12 A.A.C. 1, Article 3, Exhibit E, effective March 22, 2018 (Supp. 18-1).

## ARTICLE 4. STANDARDS FOR PROTECTION AGAINST IONIZING RADIATION

### R9-7-401. Purpose

- A. Article 4 establishes standards for protection against ionizing radiation resulting from activities conducted according to licenses or registrations issued by the Department. These rules

are issued according to A.R.S. Title 30, Chapter 4, as amended.

- B. The requirements of Article 4 are designed to control the receipt, possession, use, transfer, and disposal of sources of radiation by any licensee or registrant so the total dose equivalent to an individual, including radiation exposure resulting from all sources of radiation other than radiation prescribed by a physician in the practice of medicine, radiation received while voluntarily participating in a medical research program, and background radiation, does not exceed the standards for protection against radiation prescribed in this Article. However, this Article does not limit actions that may be necessary to protect health and safety.

### Historical Note

New Section R9-7-401 recodified from R12-1-401, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

### R9-7-402. Scope

Except as specifically provided in other Articles, Article 4 applies to persons licensed or registered by the Department to receive, possess, use, transfer, or dispose of sources of ionizing radiation.

### Historical Note

New Section R9-7-402 recodified from R12-1-402, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

### R9-7-403. Definitions

The following definitions apply in this Article, unless the context otherwise requires:

“Air-purifying respirator” means respiratory protective equipment with an air-purifying filter, cartridge, or canister that removes specific air contaminants by passing ambient air through the air-purifying element.

“ALI” means annual limit on intake, the derived limit for the amount of radioactive material taken into the body of an adult worker by inhalation or ingestion in a year. ALI is the smaller value of intake of a given radionuclide in a year by the Reference Man that would result in a committed effective dose equivalent of 0.05 Sv (5 rem) or a committed dose equivalent of 0.5 Sv (50 rem) to any individual organ or tissue. ALI values for intake by ingestion and by inhalation of selected radionuclides are given in Appendix B, Table I, Columns 1 and 2.

“Assigned protection factor” or “APF” means the expected workplace level of respirator protection that would be provided by a properly functioning respirator or a class of respirators to properly fitted and trained users. Operationally, the inhaled concentration can be estimated by dividing the ambient airborne concentration by the APF.

“Atmosphere-supplying respirator” means respiratory protective equipment that supplies the equipment user with breathing air from a source independent of the ambient atmosphere, and includes supplied-air respirators (SARs) and self-contained breathing apparatus (SCBA) units.

“Class” means a classification scheme for inhaled material according to the material’s rate of clearance from the lung. Materials are classified as D, W, or Y, which applies to a range of clearance half-times: for Class D, days, of less than 10 days, for Class W, weeks, from 10 to 100 days, and for Class Y, years, of greater than 100 days (see Introduction, Appendix B). For purposes of these rules, “lung class” and “inhalation class” are equivalent terms.

“Constraint” or “dose constraint” means a value above which specified licensee or registrant actions are required.



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“Critical group” means the group of individuals reasonably expected to receive the greatest exposure to residual radioactivity for any applicable set of circumstances.

“DAC” means derived air concentration, the concentration of a given radionuclide in air which, if breathed by Reference Man for a working year of 2,000 hours under conditions of light work, results in an intake of one ALI. For purposes of these rules, the condition of light work is an inhalation rate of 1.2 cubic meters of air per hour for 2,000 hours in a year. DAC values are given in Appendix B, Table I, Column 3.

“DAC-hour” means derived air concentration-hour, the product of the concentration of radioactive material in air, expressed as a fraction or multiple of the derived air concentration for each radionuclide, and the time of exposure to that radionuclide, in hours. A licensee or registrant may take 2,000 DAC-hours to represent one ALI, equivalent to a committed effective dose equivalent of 0.05 Sv (5 rem).

“Declared pregnant woman” means a woman who has voluntarily informed the licensee or registrant in writing of her pregnancy and the estimated date of conception. The declaration remains in effect until the declared pregnant woman withdraws the declaration in writing or is no longer pregnant.

“Decommission” means to remove a facility or site safely from service and reduce residual radioactivity to a level that permits release of the property for unrestricted use and termination of the license or release of the property under restricted conditions and the termination of the license.

“Demand respirator” means an atmosphere-supplying respiratory protective equipment that admits breathing air to the face piece only when a negative pressure is created inside the face piece by inhalation.

“Deterministic effect” (See “Nonstochastic effect”)

“Disposable respirator” means respiratory protective equipment for which maintenance is not intended and that is designed to be discarded after excessive breathing resistance, sorbent depletion, physical damage, or end-of-service-life renders it unsuitable for use. Examples of this type of device include a disposable half-mask respirator or a disposable, escape-only, self-contained breathing apparatus (SCBA).

“Distinguishable from background” means that the detectable concentration of a radionuclide is statistically greater than the background concentration of that radionuclide in the vicinity of a site or, in the case of structures, in similar materials using accepted measurement, survey, and statistical techniques.

“Dosimetry processor” means an individual or an organization that processes and evaluates individual monitoring devices in order to determine the radiation dose delivered to the monitoring devices.

“Filtering face piece (dust mask)” means a particulate respirator that operates under a negative pressure with a filter as an integral part of the face piece or with the entire face piece composed of the filtering medium, not equipped with elastomeric sealing surfaces and adjustable straps.

“Fit factor” means a quantitative estimate of the fit of a particular respirator to a specific individual, and typically estimates the ratio of the concentration of a substance in ambient air to its concentration inside the respirator when worn.

“Fit test” means the use of protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual.

“Helmet” means a rigid respiratory inlet covering that also provides head protection against impact and penetration.

“Hood” means a respiratory inlet covering that completely covers the head, neck, and may also cover portions of the shoulders and torso.

“Inhalation class” (See “Class”)

“Loose-fitting face piece” means a respiratory inlet covering that is designed to form a partial seal with the face.

“Lung class” (See “Class”)

“Nationally tracked source” means a sealed source that contains a quantity equal to or greater than Category 1 or Category 2 levels of radioactive material listed in 10 CFR 20, Appendix E, revised January 1, 2008, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments. In this context sealed source does not mean material encapsulated solely for disposal, or nuclear material contained in any fuel assembly, sub-assembly, fuel rod, or fuel pellet.

“Negative pressure respirator (tight fitting)” means respiratory protective equipment in which the air pressure inside the face piece is negative during inhalation with respect to the ambient air pressure outside the respirator.

“Nonstochastic effect” means a health effect, the severity of which varies with the dose and for which a threshold is believed to exist. Radiation-induced cataract formation is an example of a nonstochastic effect. For purposes of these rules, “deterministic effect” is an equivalent term and “threshold” means that which if not exceeded, poses no risk or likelihood of an effect to occur.

“Planned special exposure” means an infrequent exposure to radiation received while employed, but separate from and in addition to the annual occupational dose limits.

“Positive pressure respirator” means respiratory protective equipment in which the pressure inside the respiratory inlet covering exceeds the ambient air pressure outside the respirator.

“Powered air-purifying respirator” or “PAPR” means an air-purifying respirator that uses a blower to force the ambient air through air-purifying elements to the inlet covering.

“Pressure demand respirator” means a positive pressure, atmosphere-supplying respirator that admits breathing air to the face piece when the positive pressure is reduced inside the face piece by inhalation.

“Probabilistic effect” (See “Stochastic effect”)

“Qualitative fit test” or “QLFT” means a pass or fail fit test to assess the adequacy of respirator fit that relies on the individual’s response to the test agent.

“Quantitative fit test” or “QNFT” means an assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.

“Reference Man” means a hypothetical aggregation of human physical and physiological characteristics determined by international consensus. These characteristics may be used by researchers and public health workers to standardize results of

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experiments and to relate biological insult to a common base. A description of Reference Man is contained in the International Commission on Radiological Protection report, ICRP Publication 23, "Report of the Task Group on Reference Man," published in 1975 by Pergamon Press, incorporated by reference and on file with the Department and the Office of the Secretary of State. This incorporation by reference contains no future editions or amendments.

"Residual radioactivity" means radioactivity in structures, materials, soils, groundwater, or other media at a site, resulting from activities under a licensee's control. This includes radioactivity from all licensed and unlicensed sources used by the licensee, but excludes background radiation. It also includes radioactive materials that remain at the site because of routine or accidental release of radioactive material at the site or a previous burial at the site, even if the licensee complied with reagent provisions of 9 A.A.C. 7.

"Respiratory protective equipment" means an apparatus, such as a respirator, used to reduce an individual's intake of airborne radioactive materials.

"Sanitary sewerage" means a system of public sewers for carrying off waste water and refuse, but excluding sewage treatment facilities, septic tanks, and leach fields owned or operated by the licensee or registrant.

"Self-contained breathing apparatus" or "SCBA" means an atmosphere-supplying respirator for which the breathing air source is designed to be carried by the user.

"Stochastic effect" means a health effect that occurs randomly and for which the probability of the effect occurring, rather than its severity, is assumed to be a linear function of dose without a threshold. Hereditary effects and cancer incidence are examples of stochastic effects. For purposes of these rules, "probabilistic effect" is an equivalent term.

"Supplied-air respirator" or "SAR" or "airline respirator" means an atmosphere-supplying respirator for which the source of breathing air is not designed to be carried by the user.

"Tight-fitting face piece" means a respiratory inlet covering that forms a complete seal with the face.

"User seal check" or "fit check" means an action conducted by the respirator user to determine if the respirator is properly seated to the face. Examples include negative pressure check, positive pressure check, irritant smoke check, or isoamyl acetate check.

"Very-high radiation area" means an area, accessible to individuals, in which radiation levels from radiation sources external to an individual's body could result in the individual receiving an absorbed dose in excess of 5 Gy (500 rad) in one hour at one meter from a radiation source or one meter from any surface that the radiation penetrates. (At very high doses received at high dose rates, units of absorbed dose, the gray and rad should be used, rather than units of dose equivalent, the sievert and rem).

"Weighting factor"  $w_T$  for an organ or tissue (T) means the proportion of the risk of stochastic effects resulting from irradiation of that organ or tissue to the total risk of stochastic effects when the whole body is irradiated uniformly. For calculating the effective dose equivalent, the values of  $w_T$  are:

Organ or Tissue	$w_T$
Gonads	0.25
Breast	0.15
Red bone marrow	0.12
Lung	0.12
Thyroid	0.03
Bone surfaces	0.03
Remainder	0.30 <sup>a</sup>
Whole Body	1.00 <sup>b</sup>

<sup>a</sup> 0.30 results from 0.06 for each of five "remainder" organs, excluding the skin and the lens of the eye, that receive the highest doses.

<sup>b</sup> For the purpose of weighting the external whole body dose, for adding it to the internal dose, a single weighting factor,  $w_T = 1.0$ , has been specified. The use of other weighting factors for external exposure will be approved by the Department on a case-by-case basis.

**Historical Note**

New Section R9-7-403 recodified from R12-1-403, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-404. Units and Quantities**

- A. Each licensee or registrant shall use the Standard International (SI) units becquerel, gray, sievert, and coulomb per kilogram, or the special units curie, rad, rem, and roentgen, including multiples and subdivisions, and shall clearly indicate the units of all quantities on records required by this Article.
- B. The licensee or registrant shall make a clear distinction among the quantities entered on the records required by this Article, such as, total effective dose equivalent, total organ dose equivalent, shallow dose equivalent, lens dose equivalent, deep dose equivalent, or committed effective dose equivalent.

**Historical Note**

New Section R9-7-404 recodified from R12-1-404, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-405. Form of Records**

- A. A licensee or registrant shall ensure that each record required by this Article is legible throughout the specified retention period. The record shall be the original, a reproduced copy, or a microform, provided that the copy or microform is authenticated by authorized personnel and that the microform is capable of producing a clear copy throughout the required retention period. As an alternative the record may be stored in electronic media capable of producing legible records during the required retention period. Records, such as letters, drawings, and specifications, shall include all pertinent information, such as stamps, initials, and signatures. A licensee or registrant shall maintain adequate safeguards against tampering with and loss of records.
- B. In the records required by this Article, a licensee or registrant may record quantities in SI units in parentheses following each of the required units, curie, rad, and rem, and include multiples and subdivisions.
- C. Notwithstanding subsection (B), the licensee or registrant shall ensure that information is recorded in the International System of Units (SI) or in SI and the units specified in subsection (B) on each shipment manifest as required in R9-7-439(A).
- D. A licensee or registrant shall make a clear distinction among the quantities entered on the records required by this Section (e.g., total effective dose equivalent, shallow-dose equivalent,

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lens dose equivalent, deep-dose equivalent, committed effective dose equivalent).

**Historical Note**

New Section R9-7-405 recodified from R12-1-405, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-406. Implementation**

Any existing license or registration condition that is more restrictive than this Article remains in force until amendment or renewal of the license or registration.

**Historical Note**

New Section R9-7-406 recodified from R12-1-406, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-407. Radiation Protection Programs**

- A. Each licensee or registrant shall develop, document, and implement a radiation protection program sufficient to ensure compliance with the provisions of Article 4.
- B. The licensee or registrant shall use, to the extent practical, procedures and engineering controls based upon sound radiation protection principles to achieve occupational doses and public doses that are as low as is reasonably achievable (ALARA).
- C. The licensee or registrant shall, at intervals not to exceed 12 months, review the radiation protection program content and implementation.
- D. To implement the ALARA requirements in subsection (B), and notwithstanding the requirements in R9-7-416, each licensee or registrant governed by 9 A.A.C. 7, Article 3 shall limit air emissions of radioactive material to the environment so that individual members of the public likely to receive the highest dose will not receive a total effective dose equivalent in excess of 0.1mSv (10 mrem) per year from the emissions. If a licensee or registrant subject to this requirement exceeds this limit, the licensee or registrant shall report the incident to the Department, in accordance with R9-7-444, and take prompt corrective action to prevent additional violations.
- E. Records.
  1. Each licensee or registrant shall maintain records of the radiation protection program, including:
    - a. The provisions of the program; and
    - b. Audits and other reviews of program content and implementation.
  2. A licensee or registrant shall retain the records required by subsection (E)(1)(a) for three years after the termination of the license or registration. The licensee or registrant shall retain the records required by subsection (E)(1)(b) for three years after the record is made.
  3. The following licensees and registrants are exempt from the record requirements contained in this subsection:
    - a. B6-General Medical,
    - b. C9-Gas Chromatograph,
    - c. C10-General Industrial,
    - d. D15-Possession Only,
    - e. E2-X-ray Machine class B, and
    - f. E3-X-ray Machine class C.

**Historical Note**

New Section R9-7-407 recodified from R12-1-407, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-408. Occupational Dose Limits for Adults**

- A. Each licensee or registrant shall control the occupational dose to individual adults, except for planned special exposures required in R9-7-413, to the following dose limits:
  1. An annual limit, which is the more limiting of:
    - a. The total effective dose equivalent being equal to 0.05 Sv (5 rem): or
    - b. The sum of the deep-dose equivalent and the committed dose equivalent to any individual organ or tissue other than the lens of the eye being equal to 0.5 Sv (50 rem).

2. The annual limits to the lens of the eye, to the skin, and to the extremities which are:
  - a. A lens dose equivalent of 0.15 Sv (15 rem), and
  - b. A shallow dose equivalent of 0.5 Sv (50 rem) to the skin of the whole body or to the skin of any extremity.
- B. Doses received in excess of the annual limits, including doses received during accidents, emergencies, and planned special exposures, shall be subtracted from the limits for planned special exposures that the individual may receive during the current year and during the individual's lifetime. See R9-7-413.
- C. The assigned deep-dose equivalent and shallow-dose equivalent are, for the portion of the body receiving the highest exposure, determined as follows:
  1. The deep-dose equivalent, lens dose equivalent, and shallow-dose equivalent may be assessed from surveys or other radiation measurements for the purpose of demonstrating compliance with the occupational dose limits, if the individual monitoring device was not in the region of highest potential exposure, or the results of individual monitoring are unavailable.
  2. If a protective apron is worn and monitoring is conducted as specified in R9-7-419(B), the effective dose equivalent for external radiation shall be determined as follows:
    - a. If only one individual monitoring device is used and it is located at the neck outside the protective apron, and the reported dose exceeds 25% of the limit specified in subsection (A), the reported deep-dose equivalent value multiplied by 0.3 is the effective dose equivalent for external radiation; or
    - b. When individual monitoring devices are worn, both under the protective apron at the waist and outside the protective apron at the neck, the effective dose equivalent for external radiation is assigned the value of the sum of the deep-dose equivalent reported for the individual monitoring device located at the waist under the protective apron multiplied by 1.5 and the deep-dose equivalent reported for the individual monitoring device located at the neck outside the protective apron multiplied by 0.04.
  3. When the external exposure is determined by measurement with an external personal monitoring device, the deep-dose equivalent must be used in place of the effective dose equivalent, unless the effective dose equivalent is determined by a dosimetry method approved by the Department. The assigned deep-dose equivalent shall be determined for the part of the body that receives the highest exposure. The assigned shallow-dose equivalent is the dose averaged over the contiguous 10 square centimeters of skin that receives the highest exposure. The deep-dose equivalent, lens-dose equivalent, and shallow-dose equivalent may be assessed from surveys or other radiation measurements for the purpose of demonstrating compliance with the occupational dose limits, if the individual monitoring device was not in the region of highest potential exposure, or the results of individual monitoring are unavailable.

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- D. Derived air concentration (DAC) and annual limit on intake (ALI) values are presented in Table I of Appendix B and may be used to determine the individual's dose and to demonstrate compliance with the occupational dose limits.
- E. Notwithstanding the annual dose limits, the licensee shall limit the soluble Uranium intake by an individual to 10 milligrams in a week in consideration of chemical toxicity. See footnote 3 of Appendix B.
- F. The licensee or registrant shall reduce the dose that an individual may receive in the current year by the amount of occupational dose received while employed occupationally as a radiation worker by all previous employers. See R9-7-412.

**Historical Note**

New Section R9-7-408 recodified from R12-1-408, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).  
Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3).

**R9-7-409. Summation of External and Internal Doses**

- A. If a licensee or registrant is required to monitor according to both R9-7-419(B) and (C), the licensee or registrant shall add external and internal doses, and use the sum to demonstrate compliance with dose limits. If the licensee or registrant is required to monitor only according to R9-7-419(B) or only according to R9-7-419(C), summation is not required to demonstrate compliance with dose limits. The licensee or registrant may demonstrate compliance with the requirements for summation of external and internal doses according to subsections (B), (C), and (D). The dose equivalents for the lens of the eye, the skin, and the extremities are not included in the summation but are subject to separate limits (See R9-7-408(A)(2)).
- B. If the only intake of radionuclides is by inhalation, the total effective dose equivalent limit is not exceeded if the sum of the deep-dose equivalent divided by the total effective dose equivalent limit, and one of the following, does not exceed unity (1):
  1. The sum of the fractions of the inhalation ALI for each radionuclide, or
  2. The total number of derived air concentration-hours (DAC-hours) for all radionuclides divided by 2,000, or
  3. The sum of the calculated committed effective dose equivalents to all significantly irradiated organs or tissues (T) calculated from bioassay data using applicable biological models and expressed as a fraction of the annual limit. For purposes of this requirement, an organ or tissue is deemed to be significantly irradiated if, for that organ or tissue, the product of the weighting factors,  $W_T$ , and the committed dose equivalent,  $H_{T,50}$ , per unit intake is greater than 10% of the maximum weighted value of  $H_{T,50}$ , that is,  $W_T H_{T,50}$ , per unit intake for any organ or tissue.
- C. If the occupationally exposed individual also receives an intake of radionuclides by oral ingestion greater than 10% of the applicable oral ALI, the licensee or registrant shall account for this intake and include it in demonstrating compliance with the limits.
- D. The licensee or registrant shall evaluate and, to the extent practical, account for intakes through wounds or skin absorption. The intake through intact skin has been included in the calculation of DAC for Hydrogen-3 and does not need to be evaluated or accounted for according to this subsection.

**Historical Note**

New Section R9-7-409 recodified from R12-1-409, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-410. Determination of External Dose from Airborne Radioactive Material**

- A. Each licensee shall, when determining the dose from airborne radioactive material, include the contribution to the deep-dose equivalent, lens dose equivalent, and shallow dose equivalent from external exposure to the radioactive cloud. See Appendix B, footnotes 1 and 2.
- B. Airborne radioactivity measurements and DAC values shall not be used as the primary means to assess the deep-dose equivalent when the airborne radioactive material includes radionuclides other than noble gases or if the cloud of airborne radioactive material is not relatively uniform. The determination of the deep-dose equivalent to an individual shall be based upon measurements using instruments or individual monitoring devices.

**Historical Note**

New Section R9-7-410 recodified from R12-1-410, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-411. Determination of Internal Exposure**

- A. For purposes of assessing dose used to determine compliance with occupational dose equivalent limits, each licensee or registrant shall, when required according to R9-7-419, take suitable and timely measurements of:
  1. Concentrations of radioactive materials in air in work areas,
  2. Quantities of radionuclides in the body,
  3. Quantities of radionuclides excreted from the body, or
  4. Combinations of these measurements,
- B. Unless respiratory protective equipment is used, as provided in R9-7-425, or the assessment of intake is based on bioassays, the licensee or registrant shall assume that an individual inhales radioactive material at the airborne concentration in which the individual is present.
- C. When specific information on the physical and biochemical properties of the radionuclides taken into the body or the behavior of the material in an individual is known, the licensee or registrant may:
  1. Use that information to calculate the committed effective dose equivalent, and, if used, the licensee or registrant shall document that information in the individual's record;
  2. Upon prior approval of the Department, adjust the DAC or ALI values to reflect the actual physical and chemical characteristics of airborne radioactive material, for example, aerosol size distribution or density; and
  3. Separately assess the contribution of fractional intakes of Class D, W, or Y compounds of a given radionuclide to the committed effective dose equivalent. See Appendix B.
- D. If the licensee or registrant chooses to assess intakes of Class Y material using the measurements given in subsection (A)(2) or (3), the licensee or registrant may delay the recording and reporting of the assessments for periods up to seven months, unless otherwise required by R9-7-444 or R9-7-445. This delay permits the licensee or registrant to make additional measurements basic to the assessments.
- E. If the identity and concentration of each radionuclide in a mixture are known, the fraction of the DAC applicable to the mixture for use in calculating DAC-hours is either:

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1. The sum of the ratios of the concentration to the appropriate DAC value, that is, D, W, or Y from Appendix B for each radionuclide in the mixture; or
  2. The ratio of the total concentration for all radionuclides in the mixture to the most restrictive DAC value for any radionuclide in the mixture.
- F.** If the identity of each radionuclide in a mixture is known, but the concentration of one or more of the radionuclides in the mixture is not known, the DAC for the mixture is the most restrictive DAC of any radionuclide in the mixture.
- G.** If a mixture of radionuclides in air exists, a licensee may disregard certain radionuclides in the mixture if:
1. The licensee uses the total activity of the mixture to demonstrate compliance with the dose limits in R9-7-408 and complies with the monitoring requirements in R9-7-419;
  2. The concentration of any radionuclide disregarded is less than 10% of its DAC; and
  3. The sum of these percentages for all of the radionuclides disregarded in the mixture does not exceed 30%.
- H.** When determining the committed effective dose equivalent, the following information may be considered:
1. In order to calculate the committed effective dose equivalent, the licensee may assume that the inhalation of 1 ALI, or an exposure of 2,000 DAC-hours, results in a committed effective dose equivalent of 0.05 Sv (5 rem) for radionuclides that have their ALIs or DACs based on the committed effective dose equivalent.
  2. For an ALI and the associated DAC determined by the nonstochastic organ dose limit of 0.5 Sv (50 rem), the intake of radionuclides that would result in a committed effective dose equivalent of 0.05 Sv (5 rem), that is, the stochastic ALI, is listed in parentheses in Table I of Appendix B. The licensee may, as a simplifying assumption, use the stochastic ALI to determine committed effective dose equivalent. However, if the licensee or registrant uses the stochastic ALI, the licensee shall also demonstrate that the limit in R9-7-408(A)(1)(b) is met.
- Historical Note**  
New Section R9-7-411 recodified from R12-1-411, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).
- R9-7-412. Determination of Prior Occupational Dose**
- A.** For each individual who is likely to receive in a year an occupational dose that requires monitoring according to R9-7-419 the licensee shall:
1. Determine the occupational radiation dose received during the current year, and
  2. Attempt to obtain the records of lifetime cumulative occupational radiation dose.
- B.** Before permitting an individual to participate in a planned special exposure, the licensee or registrant shall determine:
1. The internal and external doses from all previous planned special exposures; and
  2. All doses in excess of the limits received during the lifetime of the individual, including doses received during accidents and emergencies; and
  3. All lifetime, cumulative, occupational radiation doses.
- C.** In complying with the requirements of subsection (A), a licensee or registrant shall:
1. Accept, as a record of the occupational dose that the individual received during the current year, a written and signed statement from the individual, or from the individual's most recent employer for work involving radiation exposure, that discloses the nature and the amount of any occupational dose that the individual received during the current year; and
  2. Accept, as the record of lifetime cumulative radiation dose, an up-to-date Department Form Y (available from the Department) or equivalent, signed by the individual and countersigned by an appropriate official of the most recent employer for work involving radiation exposure, or the individual's current employer, if the individual is not employed by the licensee or registrant; and
  3. Obtain reports of the individual's dose equivalent from the most recent employer for work involving radiation exposure, or the individual's current employer, if the individual is not employed by the licensee or registrant, by telephone, telegram, facsimile, or letter. The licensee or registrant shall request a written verification of the dose data if the authenticity of the transmitted report cannot be established.
- D. Records.**
1. The licensee or registrant shall record the exposure history, as required by subsection (A), on Department Form Y (available from the Department) or a similar clear and legible record of all the information required by this subsection. The form or record shall show each period in which the individual received occupational exposure to radiation or radioactive material and shall be signed by the individual who received the exposure. For each period for which the licensee or registrant obtains reports, the licensee or registrant shall use the dose shown in the report for preparing Department Form Y or its equivalent. For any period in which the licensee or registrant does not obtain a report, the licensee or registrant shall place a notation on Department Form Y or its equivalent indicating each period of time for which there is no data.
  2. The licensee or registrant is not required to reevaluate the separate external dose equivalents and internal committed dose equivalents or intakes of radionuclides assessed according to the rules in Article 4 in effect before January 1, 1994. Occupational exposure histories obtained and recorded on Department Form Y or its equivalent before January 1, 1994, would not have included effective dose equivalent but may be used in the absence of specific information on the intake of radionuclides by the individual.
  3. If the licensee or registrant is unable to obtain a complete record of an individual's current and previously accumulated occupational dose, the licensee or registrant shall:
    - a. In establishing administrative controls under R9-7-408(F) for the current year, reduce the allowable dose limit for the individual by 12.5 mSv (1.25 rem) for each quarter for which records were unavailable and the individual was engaged in activities that could have resulted in occupational radiation exposure; and
    - b. Not subject the individual to planned special exposures.
  4. The licensee or registrant shall retain current and prior records on Department Form Y or its equivalent for three years after the Department terminates each pertinent license or registration requiring this record. The licensee or registrant shall retain records used in preparing Department Form Y or its equivalent for three years after the record is made.

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**Historical Note**

New Section R9-7-412 recodified from R12-1-412, at 24  
A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-413. Planned Special Exposures**

A. A licensee or registrant may authorize an adult worker to receive doses in addition to and accounted for separately from the doses received under the limits specified in R9-7-408, provided that each of the following conditions is satisfied:

1. The licensee or registrant authorizes a planned special exposure only in an exceptional situation when alternatives that might avoid the dose estimated from the planned special exposure are unavailable or impractical.
2. The licensee or registrant, and employer if the employer is not the licensee or registrant, specifically authorizes the planned special exposure, in writing, before the exposure occurs.
3. Before a planned special exposure, the licensee or registrant ensures that each individual involved is:
  - a. Informed in writing of the purpose of the planned special exposure;
  - b. Informed in writing of the estimated doses, associated potential risks, and specific radiation levels or other conditions that might be involved in performing the task; and
  - c. Instructed in the measures to be taken to keep the dose ALARA, considering other risks that may be present.
4. Before permitting an individual to participate in a planned special exposure, the licensee or registrant shall ascertain prior doses as required by R9-7-412(B) for each individual involved.
5. Subject to R9-7-408(B), the licensee or registrant shall not authorize a planned special exposure that would cause an individual to receive a dose from all planned special exposures and all doses that exceed:
  - a. The numerical value of any of the dose limits in R9-7-408(A) in any year, and
  - b. Five times the annual dose limits in R9-7-408(A) during the individual's lifetime.
6. The licensee or registrant shall maintain records of a planned special exposure in accordance with subsections (B) and (C) and submit a written report to the Department within 30 days after the date of any planned special exposure conducted in accordance with this Section, informing the Department that a planned special exposure was conducted and indicating the date the planned special exposure occurred and the information required by subsection (B).
7. The licensee or registrant shall record the best estimate of the dose resulting from the planned special exposure in the individual's record and inform the individual, in writing, of the dose within 30 days after the date of the planned special exposure. The dose from a planned special exposure shall not be considered in controlling future occupational dose of the individual according to R9-7-408(A) but shall be included in evaluations required by subsections (A)(4) and (A)(5).

**B. Records.**

1. For each planned special exposure, the licensee or registrant shall maintain records that describe:
  - a. The exceptional circumstances requiring the use of a planned special exposure,

- b. The name of the management official who authorized the planned special exposure and a copy of the signed authorization,
- c. What actions were necessary,
- d. Why the actions were necessary,
- e. What precautions were taken to assure that doses were minimized in accordance with R9-7-407(B),
- f. What individual and collective doses were expected,
- g. The doses actually received in the planned special exposure, and
- h. The process through which the employee involved in the planned special exposure has been informed in writing of the information contained in subsection (A)(3).

2. The licensee or registrant shall retain the records for three years after the Department terminates each pertinent license or registration.

C. A licensee shall submit a report to the Department no later than 30 days after a planned special exposure conducted in accordance with subsection (A). The report shall contain the date of the planned exposure and the information required by subsection (B).

**Historical Note**

New Section R9-7-413 recodified from R12-1-413, at 24  
A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-414. Occupational Dose Limits for Minors**

The annual occupational dose limits for minors are 10% of the annual occupational dose limits specified for adult workers in R9-7-408.

**Historical Note**

New Section R9-7-414 recodified from R12-1-414, at 24  
A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-415. Dose Equivalent to an Embryo or Fetus**

- A. A licensee or registrant shall ensure that the dose equivalent to an embryo or fetus during the entire pregnancy, due to occupational exposure of a declared pregnant woman, does not exceed 5 mSv (0.5 rem). Records shall be maintained according to R9-7-419(E)(4) and (5).
- B. The licensee or registrant shall make efforts to avoid substantial variation above a uniform monthly exposure rate to a declared pregnant woman to satisfy the limit in subsection (A).
- C. For purposes of this Section, the dose equivalent to the embryo or fetus is the sum of:
1. The deep-dose equivalent to the declared pregnant woman; and
  2. The dose equivalent to the embryo or fetus resulting from radionuclides in the embryo or fetus and radionuclides in the declared pregnant woman.
- D. If the dose equivalent to the embryo or fetus is found to have exceeded 5 mSv (0.5 rem) or is within 0.5 mSv (0.05 rem) of this dose by the time the woman declares the pregnancy to the licensee or registrant, the licensee or registrant shall be deemed to be in compliance with subsection (A) if the additional dose equivalent to the embryo or fetus does not exceed 0.5 mSv (0.05 rem) during the remainder of the pregnancy.

**Historical Note**

New Section R9-7-415 recodified from R12-1-415, at 24  
A.A.R. 813, effective March 22, 2018 (Supp. 18-1).  
Amended by final expedited rulemaking at 24 A.A.R.  
2151, effective July 12, 2018 (Supp. 18-3).

**R9-7-416. Dose Limits for Individual Members of the Pub-**

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- A.** Each licensee or registrant shall conduct operations so that:
1. The total effective dose equivalent to any individual member of the public from the licensed or registered operation does not exceed 1 mSv (0.1 rem) in a year, excluding the dose contribution from background radiation, medical administration of radiation, exposure to an individual who has been administered radioactive material and released in accordance with R9-7-719, voluntary participation in a medical research program, and the licensee's or registrant's disposal of radioactive material into sanitary sewerage in accordance with R9-7-436; and
  2. The dose in any unrestricted area from an external source excluding the dose contribution from an individual who has been administered radioactive material and released in accordance with R9-7-719, does not exceed 0.02 mSv (0.002 rem) in any one hour.
- B.** Registrants possessing radiation machines in operation before August 10, 1994, are exempt from the requirement in subsection (A)(1). Operation of these machines shall be conducted so that the total effective dose equivalent to any individual member of the public does not exceed 5 mSv (0.5 rem) in a year.
- C.** A licensee, registrant, or an applicant for a license or registration may apply for Department authorization to operate with an annual dose limit of 5 mSv (0.5 rem) for an individual member of the public. The application shall include the following information:
1. An explanation of the need for and the expected duration of operations in excess of the limit in subsection (A), and
  2. The licensee's or registrant's program to assess and control dose within the 5 mSv (0.5 rem) annual limit; and
  3. The procedures to be followed to maintain the dose in accordance with R9-7-407(B).
- D.** A licensee or registrant shall comply with the U.S. Environmental Protection Agency's applicable environmental radiation standards in 40 CFR 190, 2003 edition, published July 1, 2003, by the Office of the Federal Register, National Archives and Records Administration, Washington, D.C. 20408, which are incorporated by reference, on file with the Department and contain no future editions or amendments.
- E.** The Department may impose additional restrictions on radiation levels in unrestricted areas and on the total quantity of radionuclides that a licensee or registrant may release in effluents in order to restrict the collective dose.
- F.** Each licensee or registrant shall make or cause to be made surveys of radiation levels in unrestricted areas and radioactive materials contained in effluents released to unrestricted areas.
- G.** Each licensee or registrant shall:
1. Demonstrate by measurement or calculation that the total effective dose equivalent to the individual likely to receive the highest dose from the licensed or registered operation does not exceed the annual dose limit; or
  2. Demonstrate that:
    - a. The annual average concentrations of radioactive material released in gaseous and liquid effluents at the boundary of the unrestricted area do not exceed the values specified in Appendix B, Table II; and
    - b. If an individual were continually present in an unrestricted area, the dose from external sources would not exceed 0.02 mSv (0.002 rem) in an hour and 0.5 mSv (0.05 rem) in a year.
- H.** Upon approval from the Department, the licensee or registrant may adjust the effluent concentration values in Appendix B, Table II for members of the public, to take into account the

actual physical and chemical characteristics of the effluents, such as aerosol size distribution, solubility, density, radioactive decay equilibrium, and chemical form.

- I.** Each licensee or registrant shall maintain records sufficient to demonstrate compliance with the dose limit for individual members of the public and shall retain the records for three years after the Department terminates each pertinent license or registration.

**Historical Note**

New Section R9-7-416 recodified from R12-1-416, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-417. Testing for Leakage or Contamination of Sealed Sources**

- A.** A licensee in possession of any sealed source shall ensure that:
1. Each sealed source, except as specified in subsection (B), is tested for leakage or contamination and the test results are received before the sealed source is put into use unless the licensee has a certificate from the transferor indicating that the sealed source was tested within six months before transfer to the licensee or registrant.
  2. Each sealed source that is not designed to emit alpha particles is tested for leakage or contamination at intervals not to exceed six months or at alternative intervals approved by the Department, after evaluation of information specified by R9-7-311(D)(2) or equivalent information specified by an Agreement State, a Licensing State, or the U.S. Nuclear Regulatory Commission.
  3. Each sealed source that is designed to emit alpha particles is tested for leakage or contamination at intervals not to exceed three months or at alternative intervals approved by the Department, after evaluation of information specified by R9-7-311(D)(2) or equivalent information specified by an Agreement State, a Licensing State, or the Nuclear Regulatory Commission.
  4. Each sealed source suspected of damage or leakage is tested for leakage or contamination before further use.
  5. Tests for leakage for all sealed sources, except brachytherapy sources manufactured to contain radium, are capable of detecting the presence of 185 Bq (0.005  $\mu$ Ci) of radioactive material on a test sample. The person conducting the test shall take test samples from the sealed source or from the surfaces of the container in which the sealed source is stored or mounted on which contamination could accumulate. For a sealed source contained in a device, the person conducting the test shall obtain test samples when the source is in the "off" position.
  6. The test for leakage from brachytherapy sources containing radium is capable of detecting an absolute leakage rate of 37 Bq (0.001  $\mu$ Ci) of Radon-222 in a 24-hour period when the collection efficiency for Radon-222 and its daughters has been determined with respect to collection method, volume, and time.
  7. Tests for contamination from radium daughters are taken on the interior surface of brachytherapy source storage containers and are capable of detecting the presence of 185 Bq (0.005  $\mu$ Ci) of a radium daughter which has a half-life greater than four days.
- B.** A licensee need not perform tests for leakage or contamination on the following sealed sources:
1. Sealed sources containing only radioactive material with a half-life of less than 30 days;
  2. Sealed sources containing only radioactive material as a gas;

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3. Sealed sources containing 3.7 MBq (100  $\mu$ Ci) or less of beta or photon-emitting material or 370 kBq (10  $\mu$ Ci) or less of alpha-emitting material;
  4. Sealed sources containing only Hydrogen-3;
  5. Seeds of Iridium-192 encased in nylon ribbon; and
  6. Sealed sources, except teletherapy and brachytherapy sources, which are stored, not being used, and identified as in storage. The licensee shall test each sealed source for leakage or contamination and receive the test results before any use or transfer unless it has been tested for leakage or contamination within six months before the date of use or transfer.
- C.** Persons specifically authorized by the Department, an Agreement State, a Licensing State, or the U.S. Nuclear Regulatory Commission shall perform tests for leakage or contamination from sealed sources.
- D.** A licensee shall maintain for Department inspection test results in units of becquerel or microcurie.
- E.** The following is considered evidence that a sealed source is leaking:
1. The presence of 185 Bq (0.005  $\mu$ Ci) or more of removable contamination on any test sample.
  2. Leakage of 37 Bq (0.001  $\mu$ Ci) of Radon-222 per 24 hours for brachytherapy sources manufactured to contain radium.
  3. The presence of removable contamination resulting from the decay of 185 Bq (0.005  $\mu$ Ci) or more of radium.
- F.** A licensee shall immediately withdraw a leaking sealed source from use and shall take action to prevent the spread of contamination. The leaking sealed source shall be repaired or disposed of in accordance with this Article.
- G.** A licensee shall file a report with the Department within five days if the test for leakage or contamination indicates a sealed source is leaking or contaminated. The report shall include the equipment involved, the test results, and the corrective action taken.
- H.** A licensee shall maintain records of the tests for leakage required in subsection (A) for three years after the records are made.

**Historical Note**

New Section R9-7-417 recodified from R12-1-417, at 24

A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

Amended by final expedited rulemaking at 24 A.A.R.

2151, effective July 12, 2018 (Supp. 18-3).

**R9-7-418. Surveys and Monitoring**

- A.** Each licensee or registrant shall make, or cause to be made, surveys if surveys are:
1. Necessary for the licensee or registrant to comply with Article 4, and
  2. Reasonable under the circumstances to evaluate:
    - a. The magnitude and extent of radiation levels, and
    - b. Concentrations or quantities of residual radioactivity, and
    - c. The potential radiological hazards of the radiation levels and residual radioactivity detected.
- B.** All personnel dosimeters, except for direct and indirect reading pocket ionization chambers and those dosimeters used to measure the dose to any extremity, that require processing to determine the radiation dose and that are used by licensees and registrants to comply with R9-7-408, with other applicable provisions of these rules, or with conditions specified in a license or registration shall be processed and evaluated by a dosimetry processor:

1. Holding current personnel dosimetry accreditation from the National Voluntary Laboratory Accreditation Program (NVLAP) of the National Institute of Standards and Technology, according to NVLAP procedures published March 1994 as NIST Handbook 150, and NIST Handbook 150-4, published August 1994, which is incorporated by reference, published by the U.S. Government Printing Office, Washington D.C. 20402-9325, and on file with the Department. The material incorporated by reference contains no future editions or amendments;
  2. Approved in this accreditation process for the type of radiation or radiations included in the NVLAP program that most closely approximates the type of radiation or radiations for which the individual wearing the dosimeter is monitored; and
  3. Film badges must be replaced at periods not to exceed one month; other personnel dosimeters processed and evaluated by an accredited NVLAP processor must be replaced at periods not to exceed three months.
- C.** The licensee or registrant shall ensure that adequate precautions are taken to prevent a deceptive exposure of an individual monitoring device and that personnel monitoring devices are issued to, and used by only the individual to whom the monitoring device has been first issued during any reporting period.
- D.** A licensee shall ensure that survey instruments and personnel dosimeters that are used to make quantitative measurements are calibrated in accordance with R9-7-449.
- E.** Records.
1. Each licensee or registrant shall maintain records showing the results of surveys required by this Section and R9-7-433(B). The licensee or registrant shall retain these records for three years after the record is made.
  2. The licensee or registrant shall retain each of the following records for three years after the Department terminates the license or registration:
    - a. Records of the survey results used to determine the dose from external sources of radiation, in the absence of or in combination with individual monitoring data, and provide an assessment of individual dose equivalents;
    - b. Records of the results of measurements and calculations used to determine individual intakes of radioactive material and to assess an internal dose;
    - c. Records showing the results of air sampling, surveys, and bioassays required according to R9-7-425(A)(3)(a) and (b);
    - d. Records of the measurement and calculation results used to evaluate the release of radioactive effluents to the environment; and
    - e. Notwithstanding subsection (A) of this part, records from surveys describing the location and amount of subsurface residual radioactivity identified at the site must be kept with records important for decommissioning, and such records must be retained in accordance with R9-7-323, as applicable.

**Historical Note**

New Section R9-7-418 recodified from R12-1-418, at 24

A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

Amended by final expedited rulemaking at 24 A.A.R.

2151, effective July 12, 2018 (Supp. 18-3).

**R9-7-419. Conditions Requiring Individual Monitoring of External and Internal Occupational Dose**



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- A. Each licensee or registrant shall monitor exposures from sources of radiation at levels sufficient to demonstrate compliance with the occupational dose limits of this Article.
- B. At minimum each licensee or registrant shall supply and require the use of individual monitoring devices by the following personnel:
1. Adults likely to receive, in one year, an intake in excess of 10% of the applicable ALI in Table I, Columns 1 and 2, of Appendix B;
  2. Minors and declared pregnant women likely to receive, in one year, a committed effective dose equivalent in excess of 0.5 mSv (0.05 rem);
  3. Adults likely to receive, in one year from radiation sources external to the body, a dose in excess of 10 percent of the limits in R9-7-408(A);
  4. Minors likely to receive, in one year, from radiation sources external to the body, a deep dose equivalent in excess of 1 mSv (0.1 rem), a lens dose equivalent in excess of 1.5 mSv (0.15 rem), or a shallow dose equivalent to the skin or to the extremities in excess of 5 mSv (0.5 rem);
  5. Declared pregnant women likely to receive during the entire pregnancy, from radiation sources external to the body, a deep dose equivalent in excess of 1 mSv (0.1 rem) (Note: All of the occupational doses in R9-7-408 continue to be applicable to the declared pregnant worker as long as the embryo/fetus dose limit is not exceeded.);
  6. Individuals entering a high or very high radiation area;
  7. Individuals operating mobile x-ray equipment as described in R9-7-608;
  8. Individuals holding animals for diagnostic x-ray procedures, as described in R9-7-613;
  9. Individuals servicing enclosed beam x-ray systems with bypassed interlocks, as described in R9-7-803;
  10. Individuals operating open beam fluoroscopic systems and ancillary personnel working in the room when the fluoroscopic system is in use, except when relieved of this requirement by registration condition;
  11. Individuals performing well logging, as described in Article 17;
  12. Individuals, wearing a finger or wrist individual monitoring device, during the operation of an open-beam or hand held analytical x-ray system or equipment with no safety devices as described in R9-7-806(C) and (F); and
  13. Individuals, wearing a finger or wrist individual monitoring device, performing repairs that require the presence of a primary beam of the analytical x-ray system or equipment, as described in R9-7-806(C) and (F).
- C. Each licensee shall monitor the occupational intake of radioactive material by and assess the committed effective dose equivalent to:
1. Adults likely to receive, in one year, an intake in excess of 10 percent of the applicable ALI in Table I, Columns 1 and 2, of Appendix B;
  2. Minors likely to receive, in one year, a committed effective dose equivalent in excess of 1 mSv (0.1 rem); and
  3. Declared pregnant women likely to receive, during the entire pregnancy, a committed effective dose equivalent in excess of 1 mSv (0.1 rem).
- D. Each licensee or registrant shall require that all individual monitoring devices be located on individuals according to the following requirements:
1. An individual monitoring device, used to obtain the dose equivalent to an embryo or fetus of a declared pregnant woman according to R9-7-415, shall be located under the protective apron at the waist. A qualified expert shall be consulted to determine the dose equivalent to the embryo or fetus if this individual monitoring device has a monthly reported dose equivalent value that exceeds 0.5 millisieverts (50 millirem). For purposes of this subsection, the value for determining the dose equivalent to an embryo or fetus under R9-7-415(C), for occupational exposure to radiation from medical fluoroscopic equipment, is the value reported by the individual monitoring device worn at the waist underneath the protective apron, which has been corrected for the particular individual and the work environment by a qualified expert.
  2. An individual monitoring device used for lens dose equivalent shall be located at the neck or an unshielded location closer to the eye, outside the protective apron.
  3. If only one individual monitoring device is used to determine the effective dose equivalent for external radiation, according to R9-7-408(C)(2)(a), the device shall be located at the neck outside the protective apron. If a second individual monitoring device is used for the same purpose, it shall be located under the protective apron at the waist. A second individual monitoring device is required for a declared pregnant woman.
  4. An individual, wearing an extremity personnel monitoring device, during the operation of an open-beam or hand-held analytical x-ray system with no safety devices or an individual performing repairs in the presence of a primary beam of the analytical x-ray system or equipment, as described in R9-7-806(C) and (F), shall wear the device on the individual's finger or wrist.
- E. Records.
1. Each licensee or registrant shall maintain records of doses received by all individuals for whom monitoring is required according to this Section, and records of doses received during planned special exposures, accidents, and emergency conditions. Assessments of dose equivalent and records made using units in effect before January 1, 1994, need not be changed. These records shall include, when applicable:
    - a. The deep-dose equivalent to the whole body, lens dose equivalent, shallow-dose equivalent to the skin, and shallow-dose equivalent to the extremities;
    - b. The estimated intake of radionuclides;
    - c. The committed effective dose equivalent assigned to the intake of radionuclides;
    - d. The specific information used to assess the committed effective dose equivalent according to R9-7-411(A) and (C), and when required R9-7-419;
    - e. The total effective dose equivalent when required by R9-7-409; and
    - f. The total of the deep-dose equivalent and the committed dose to the organ receiving the highest total dose;
  2. The licensee or registrant shall make entries of the records specified in subsection (D)(1), at intervals not to exceed one year;
  3. The licensee or registrant shall maintain at the inspection site the records specified in subsection (D)(1) in a clear and legible method that contains all the information required by this subsection;
  4. The licensee or registrant shall maintain the records of dose to an embryo or fetus with the records of dose to the declared pregnant woman. The declaration of pregnancy,

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including the estimated date of conception, shall also be kept on file but may be maintained separately from the dose records; and

5. The licensee or registrant shall retain each required form or record for three years after the Department terminates each pertinent license or registration requiring the record.

**Historical Note**

New Section R9-7-419 recodified from R12-1-419, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).  
Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3).

**R9-7-420. Control of Access to High Radiation Areas**

- A. A licensee or registrant shall ensure that each entrance or access point to a high radiation area has one or more of the following features:
  1. A control device that, upon entry into the area, causes the level of radiation to be reduced below the level at which an individual might receive a deep-dose equivalent of 1 mSv (0.1 rem) in one hour at 30 centimeters from the source from any surface that the radiation penetrates;
  2. A control device that energizes a conspicuous visible or audible alarm signal so that the individual entering the high radiation area and the supervisor of the activity are made aware of the entry; or
  3. Entryways that are locked, except during periods when access to the areas is required, with positive control over each individual entity.
- B. In place of the controls required by subsection (A) for a high radiation area, the licensee or registrant may substitute continuous direct or electronic surveillance that is capable of preventing unauthorized entry.
- C. The licensee or registrant may apply to the Department for approval of alternative methods for controlling access to high radiation areas.
- D. The licensee or registrant shall establish the controls required by subsections (A) and (C) in a way that does not prevent individuals from leaving a high radiation area.
- E. The licensee or registrant is not required to control each entrance or access point to a room or other area that is a high radiation area solely because of the presence of radioactive materials prepared for transport and packaged and labeled in accordance with the regulations of the U.S. Department of Transportation, provided that:
  1. The packages do not remain in the area longer than three days, and
  2. The dose rate at 1 meter from the external surface of any package does not exceed 0.1 mSv (0.01 rem) per hour.
- F. The licensee or registrant is not required to control entrance or access to rooms or other areas in hospitals solely because of the presence of patients containing radioactive material, provided that there are personnel in attendance who are taking the necessary precautions to prevent the exposure of individuals to radiation or radioactive material in excess of the established limits in Article 4 and operate in accordance with R9-7-407(B) and the provisions of the licensee's or registrant's radiation protection program.
- G. The registrant is not required to control entrance or access to rooms or other areas containing sources of radiation capable of producing a high radiation area if the registrant has met all the specific requirements for access and control specified in other applicable Articles, such as Article 5 for industrial radiography, Article 6 for x-rays in the healing arts, and Article 9 for particle accelerators.

**Historical Note**

New Section R9-7-420 recodified from R12-1-420, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-421. Control of Access to Very-high Radiation Areas**

- A. In addition to the requirements in R9-7-420, a licensee or registrant shall institute measures to ensure that an individual is not able to gain unauthorized or inadvertent access to areas in which radiation levels could be encountered at 5 Gy (500 rad) or more in one hour at 1 meter from a source or from any surface that the radiation penetrates. This requirement does not apply to rooms or areas in which diagnostic x-ray systems are the only source of radiation or non-self-shielded irradiators.
- B. The registrant is not required to control entrance or access to rooms or other areas containing sources of radiation capable of producing a very high radiation area, described in subsection (A), if the registrant has met all requirements for access and control specified in other applicable Articles, such as Article 5 for industrial radiography, Article 6 for x-rays in the healing arts, and Article 9 for particle accelerators.
- C. Each licensee or registrant shall maintain records of tests made according to R9-7-422(B)(9) on entry control devices for very-high radiation areas. These records shall include the date, time, and results of each test of function.
- D. The licensee or registrant shall retain the records required by this Section for three years after the record is made.

**Historical Note**

New Section R9-7-421 recodified from R12-1-421, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-422. Control of Access to Irradiators (Very-high Radiation Areas)**

- A. This Section applies to licensees or registrants with sources of radiation in non-self-shielded irradiators. This Section does not apply to sources of radiation that are used in teletherapy, industrial radiography, or completely self-shielded irradiators in which the source of radiation is both stored and operated within the same shielding radiation barrier and, in the designed configuration of the irradiator, is always physically inaccessible to any individual and cannot create high levels of radiation in an area that is accessible to any individual.
- B. A licensee or registrant shall ensure that each area in which radiation levels may exceed 5 Gy (500 rad) in one hour at 1 meter from a source that is used to irradiate materials meets the following requirements:
  1. Each entrance or access point shall be equipped with entry control devices that:
    - a. Function automatically to prevent any individual from inadvertently entering a very high radiation area;
    - b. Permit deliberate entry into the area only after a control device is actuated that causes the radiation level within the area, from the source of radiation, to be reduced below that at which it would be possible for an individual to receive a deep-dose equivalent in excess of 1 mSv (0.1 rem) in one hour; and
    - c. Prevent operation of the source of radiation if it would produce radiation levels in the area that could result in a deep-dose equivalent to an individual in excess of 1 mSv (0.1 rem) in one hour.
  2. If the control devices required in subsection (B)(1) fail to function, additional control devices shall be provided so that:
    - a. The radiation level within the area, from the source of radiation, is reduced below that at which it would

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- be possible for an individual to receive a deep-dose equivalent in excess of 1 mSv (0.1 rem) in one hour; and
- b. Conspicuous visible and audible alarm signals are generated so that an individual entering the area is aware of the hazard. The individual who enters the very-high radiation area after an alarm signals shall be familiar with the process and equipment. Before entering, the individual shall ensure that a second individual is present and aware of the first person's actions.
3. The licensee or registrant shall provide control devices so that, upon failure or removal of physical radiation barriers other than the sealed source's shielded storage container:
    - a. The radiation level from the source of radiation is reduced below that at which it would be possible for an individual to receive a deep-dose equivalent in excess of 1 mSv (0.1 rem) in one hour, and
    - b. Conspicuous visible and audible alarm signals are generated so that potentially affected individuals are aware of the hazard. Potentially affected individuals shall notify the licensee or registrant of the failure or removal of the physical barriers.
  4. When the shield for stored sealed sources is a liquid, the licensee or registrant shall provide means to monitor the integrity of the shield and to signal, automatically, loss of adequate shielding.
  5. Physical radiation barriers that comprise permanent structural components, such as walls, that have no credible probability of failure or removal in ordinary circumstances need not meet the requirements of subsections (B)(3) and (4).
  6. The licensee or registrant shall equip each area with devices that will automatically generate conspicuous visible and audible alarm signals to alert personnel in the area before the source of radiation can be put into operation and in time for any individual in the area to operate a clearly identified control device, installed in the area, and which can prevent the source of radiation from being put into operation.
  7. The licensee or registrant shall control each area by use of administrative procedures and devices necessary to ensure that the area is cleared of personnel before each use of the source of radiation.
  8. The licensee or registrant shall check each area by radiation measurement to ensure that, before the first individual's entry into the area after any use of the source of radiation, the radiation level from the source of radiation in the area will not expose an individual to a deep-dose equivalent in excess of 1 millisievert (0.1 rem) in one hour.
  9. The licensee or registrant shall test the entry control devices required in subsection (B)(1) for proper functioning and keep records according to R9-7-421.
    - a. Testing shall be conducted before initial operation with the source of radiation on any day, unless operations were continued uninterrupted from the previous day;
    - b. Testing shall be conducted before resumption of operation of the source of radiation after any unintentional interruption;
    - c. The licensee or registrant shall submit to the Department a schedule of testing; and
    - d. The licensee or registrant shall include in the schedule a listing of the periodic testing that will be followed.
  10. The licensee or registrant shall not conduct operations, other than those necessary to place the source of radiation in a safe condition or effect repairs on controls, unless control devices are functioning properly.
  11. The licensee or registrant shall control entry and exit portals that are used in transporting materials to and from the irradiation area, and that are not intended for use by personnel, with devices and administrative procedures necessary to physically protect and warn against inadvertent entry by an individual through one of the portals. Exit portals for irradiated materials shall be equipped to detect and signal the presence of any uncontained radioactive material that is carried toward an exit and automatically prevent contained radioactive material from being carried out of the area.
- C.** A licensee, registrant, or applicant seeking a license or registration for a source of radiation within the purview of subsection (B) that will be used in a variety of positions or in locations, such as open fields or forests, that make it impractical to comply with certain requirements of subsection (B) may apply to the Department for approval of alternative safety measures. Alternative safety measures shall provide personnel protection at least equivalent to that specified in subsection (B). At least one of the alternative measures shall be an entry-preventing interlock control, based on a measurement of the radiation that ensures the absence of high radiation levels before an individual can gain access to the area where the sources of radiation are used.
- D.** A licensee or registrant shall provide the entry control devices required by subsections (B) and (C) in such a way that no individual will be prevented from leaving the area.
- E.** Records.
1. Each licensee or registrant shall maintain records of tests made according to subsection (B)(9) on entry control devices for very-high radiation areas. These records shall include the date and results of each test of function.
  2. The licensee or registrant shall retain the records for three years from the date the record is made.
- Historical Note**
- New Section R9-7-422 recodified from R12-1-422, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).
- R9-7-423. Use of Process or Other Engineering Controls**
- A licensee shall use, to the extent practicable, process or other engineering controls, such as containment, decontamination, or ventilation, to control the concentration of radioactive material in air.
- Historical Note**
- New Section R9-7-423 recodified from R12-1-423, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).
- R9-7-424. Use of Other Controls**
- A.** If it is not practical to apply process or other engineering controls to control concentrations of radioactive material in the air to values below those that define an airborne radioactivity area, the licensee shall, consistent with maintaining the total effective dose equivalent according to R9-7-407(B), increase monitoring and limit intakes by one or more of the following means:
1. Control access,
  2. Limit exposure times,
  3. Use respiratory protection equipment, or

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4. Use other controls.

- B.** If the licensee performs an ALARA analysis to determine whether or not respirators should be used, the licensee may consider safety factors other than radiological factors. The licensee shall also consider the impact of respirator use on workers' industrial health and safety.

**Historical Note**

New Section R9-7-424 recodified from R12-1-424, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-425. Use of Individual Respiratory Protection Equipment**

- A.** If a licensee assigns or permits the use of respiratory protection equipment to limit the intake of radioactive material,
1. Except as provided in subsection (A)(2), the licensee shall use only respiratory protection equipment that is tested and certified by the National Institute for Occupational Safety and Health (NIOSH).
  2. If the licensee wishes to use equipment that has not been tested or certified by NIOSH, or for which there is no schedule for testing or certification, the licensee shall submit an application to the Department and request authorization for use of this equipment, except as otherwise provided in this Section. The licensee shall provide evidence with the application that the material and performance characteristics of the equipment provide the asserted degree of protection under anticipated conditions of use. The licensee shall demonstrate the degree of protection by providing reliable test information.
  3. The licensee shall implement and maintain a respiratory protection program that includes:
    - a. Air sampling sufficient to identify the potential hazard, permit proper equipment selection, and estimate doses;
    - b. Surveys and bioassays, as necessary, to evaluate actual intakes;
    - c. Testing of respirators for operability (user seal check for face sealing devices and functional check for other devices) immediately before each use;
    - d. Written procedures regarding:
      - i. Monitoring, including air sampling and bioassays;
      - ii. Supervision and training of respirator users;
      - iii. Fit testing;
      - iv. Respirator selection;
      - v. Breathing air quality;
      - vi. Inventory and control;
      - vii. Storage, issuance, maintenance, repair, testing, and quality assurance of respiratory protection equipment;
      - viii. Recordkeeping; and
      - ix. Limitations on periods of respirator use and relief from respirator use;
    - e. Determination by a physician that each individual user is able to use respiratory protection equipment:
      - i. Before the initial fitting of a face-sealing respirator;
      - ii. Before the first field use of a non-face-sealing respirator, and
      - iii. Every 12 months after initial fitting or first use, or periodically at a frequency determined by a physician; and
    - f. Fit testing, with a fit factor  $\geq 10$  times the APF for a negative pressure device and a fit factor  $\geq 500$  for

any positive pressure, continuous flow, and pressure-demand device, before the first field use of tight-fitting, face-sealing respirators and periodically after first use at least yearly. The licensee shall perform fit testing with the face piece operating in the negative pressure mode.

4. The licensee shall advise each respirator user that the user may leave the area at any time for relief from respirator use, in the event of equipment malfunction, physical or psychological distress, procedural or communication failure, significant deterioration of operating conditions, or any other condition that might require relief.
5. The licensee shall consider manufacturer limitations regarding respirator type and mode of use. When selecting a respiratory device, the licensee shall provide for vision correction, adequate communication, low temperature work environments, and the concurrent use of other safety or radiological protection equipment. The licensee shall use equipment in a manner that does not interfere with the proper operation of the respirator.
6. The licensee shall provide standby rescue persons whenever one-piece atmosphere-supplying suits, or any combination of supplied air respiratory protection device and personnel protective equipment are used from which an unaided individual would have difficulty extricating himself or herself. The licensee shall equip standby rescue persons with respiratory protection devices or other apparatus designed for potential hazards and anticipated conditions of use. The standby rescue persons shall observe or otherwise maintain continuous communication with the workers (visual, voice, signal line, telephone, radio, or other suitable means), and be immediately available to assist them in case of a failure of the air supply or for any other reason that requires relief from distress. The licensee shall provide at least one standby rescue person for every five workers, who is immediately available to assist any worker using this type of equipment and provide effective emergency rescue if needed.
7. The licensee shall supply atmosphere-supplying respirators with respirable air of grade D quality or better as defined by the Compressed Gas Association in publication G-7.1, "Commodity Specification for Air," 1997 and included in the regulations of OSHA (29 CFR 1910.134(i)(1)(ii)(A) through (E), July 1, 2003, incorporated by reference and on file with the Department, containing no future editions or amendments). Grade D quality air criteria include:
  - a. Oxygen content (v/v) of 19.5-23.5%;
  - b. Hydrocarbon (condensed) content of 5 milligrams per cubic meter of air or less;
  - c. Carbon monoxide (CO) content of 10 ppm or less;
  - d. Carbon dioxide content of 1,000 ppm or less; and
  - e. Lack of noticeable odor.
8. The licensee shall ensure that no objects, materials, or substances, such as facial hair, or any conditions that interfere with the face-to-face piece seal or valve function, and that are under the control of the respirator wearer, are present between the skin of the wearer's face and the sealing surface of a tight-fitting respirator face piece.
9. In estimating the dose to individuals from intake of airborne radioactive materials, the licensee shall use the concentration of radioactive material in the air that is inhaled when respirators are worn, which is determined

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by dividing the ambient concentration in air without respiratory protection by the assigned protection factor. If the dose is later found to be greater than the estimated dose, the licensee shall modify the calculation using the corrected value. If the dose is later found to be less than the estimated dose, the licensee may modify the calculation using the corrected value.

- B. The licensee shall use Appendix A to select equipment and associated assigned protection factors.
- C. A licensee shall apply to the Department for authorization to use assigned protection factors in excess of those specified in Appendix A. To apply for authorization the licensee shall:
  1. State the reason for the higher protection factors; and
  2. Demonstrate that the requested respiratory protective equipment provides the higher protection factors under the proposed conditions of use.
- D. The licensee shall notify the Department in writing at least 30 days before the date that respiratory protective equipment is first used according to subsection (A) or (C).

**Historical Note**

New Section R9-7-425 recodified from R12-1-425, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-426. Security of Stored Sources of Radiation**

A licensee or registrant shall secure from unauthorized removal or access licensed or registered sources of radiation that are stored in unrestricted areas.

**Historical Note**

New Section R9-7-426 recodified from R12-1-426, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-427. Control of Sources of Radiation Not in Storage**

- A. A licensee shall control and maintain constant surveillance of licensed radioactive material that is in an unrestricted area and is not in storage or in a patient.
- B. A registrant shall maintain control of radiation machines that are in an unrestricted area and not in storage.

**Historical Note**

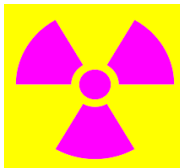
New Section R9-7-427 recodified from R12-1-427, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-428. Caution Signs**

- A. Unless otherwise authorized by the Department, a licensee or registrant shall use the symbol prescribed by this Section with the colors magenta, or purple, or black on yellow background as the standard radiation symbol. The symbol prescribed is the three-bladed design as follows:

**RADIATION SYMBOL**

1. Cross-hatched area is to be magenta, purple, or black; and
2. The background is to be yellow.



- B. Notwithstanding the requirements of subsection (A), licensees or registrants are authorized to label sources of radiation, source holders, or device components containing sources of radiation that are subjected to high temperatures, with conspic-

uously etched or stamped radiation caution symbols that lack the color scheme required in subsection A.

- C. In addition to the contents of signs and labels prescribed in this Article, the licensee or registrant shall provide, on or near the required signs and labels, additional information to make individuals aware of potential radiation exposures and to minimize the exposures.

**Historical Note**

New Section R9-7-428 recodified from R12-1-428, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-429. Posting**

- A. A licensee or registrant shall post each radiation area with a conspicuous sign or signs bearing the radiation symbol and the words "CAUTION, RADIATION AREA."
- B. The licensee or registrant shall post each high radiation area with a conspicuous sign or signs bearing the radiation symbol and the words "CAUTION, HIGH RADIATION AREA" or "DANGER, HIGH RADIATION AREA."
- C. The licensee or registrant shall post each very-high radiation area with a conspicuous sign or signs bearing the radiation symbol and the words "GRAVE DANGER, VERY HIGH RADIATION AREA."
- D. The licensee shall post each airborne radioactivity area with a conspicuous sign or signs bearing the radiation symbol and the words "CAUTION, AIRBORNE RADIOACTIVITY AREA" or "DANGER, AIRBORNE RADIOACTIVITY AREA."
- E. The licensee shall post each area or room in which there is used or stored an amount of licensed material exceeding 10 times the quantity of licensed material specified in Appendix C with a conspicuous sign or signs bearing the radiation symbol and the words "CAUTION, RADIOACTIVE MATERIAL(S)" or "DANGER, RADIOACTIVE MATERIAL(S)."

**Historical Note**

New Section R9-7-429 recodified from R12-1-429, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-430. Exceptions to Posting Requirements**

- A. A licensee or registrant is not required to post caution signs in areas or rooms containing sources of radiation for periods of less than eight hours, if each of the following conditions is met:
  1. The sources of radiation are constantly attended during these periods by an individual who takes precautions necessary to prevent exposure of individuals to sources of radiation in excess of limits established in this Article; and
  2. The area or room is subject to the licensee's or registrant's control.
- B. A licensee or registrant is not required to post a caution sign in a room or other area in a hospital that is occupied by an individual who has been administered radioactive material, if the individual meets the criteria for release in R9-7-719.
- C. A licensee or registrant is not required to post a caution sign in a room or area because of the presence of a sealed source, provided the radiation level at 30 centimeters from the surface of the sealed source container or housing does not exceed 0.05 mSv (0.005 rem) per hour.
- D. A hospital or clinic licensee is exempt from the posting requirements in R9-7-429 for a teletherapy room if:
  1. Access to the room is controlled according to R9-7-731; and
  2. Personnel in attendance take necessary precautions to prevent the inadvertent exposure of workers, other

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patients, and members of the public to radiation that exceeds the limits established in this Chapter.

- E. A registrant is not required to post a caution sign in a room or area because of the presence of radiation machines used solely for diagnosis in the healing arts.

**Historical Note**

New Section R9-7-430 recodified from R12-1-430, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-431. Labeling Containers and Radiation Machines**

- A. A licensee shall ensure that each container of licensed material is labeled with a durable, clearly visible radiation symbol and the words "CAUTION, RADIOACTIVE MATERIAL" or "DANGER, RADIOACTIVE MATERIAL." The label shall also provide information, such as the radionuclides present, an estimate of the quantity of radioactivity, the date for which the radioactivity is estimated, radiation level, kind of material, and mass enrichment, to permit an individual handling or using a container, or working in the vicinity of a container, to take precautions to avoid or minimize exposure.
- B. Before removal or disposal of an empty, uncontaminated container to an unrestricted area, each licensee shall remove or deface the radioactive material label or otherwise clearly indicate that the container no longer contains radioactive materials.
- C. Each registrant shall ensure that each radiation machine is labeled in a conspicuous manner to caution an individual that radiation is produced when it is energized.
- D. A licensee shall label each syringe and vial that contains a radiopharmaceutical used in the practice of medicine with the radiopharmaceutical content. Each syringe shield and vial shield shall be labeled, unless the label on the syringe or vial is visible when shielded. The label shall contain the radiopharmaceutical name or its abbreviation, the clinical procedure to be performed, or the name of the person being administered the radiopharmaceutical. Color-coding syringe shields and vial shields does not meet the labeling requirement.

**Historical Note**

New Section R9-7-431 recodified from R12-1-431, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-432. Labeling Exemptions**

A licensee is not required to label:

1. Containers holding licensed material in quantities less than the quantities listed in Appendix C;
2. Containers holding licensed material in concentrations less than those specified in Table III of Appendix B;
3. Containers attended by an individual who takes precautions necessary to prevent exposure of individuals to radiation in excess of the limits established in this Article;
4. Containers holding radioactive material that do not exceed the limits for excepted quantity or article as defined and limited in 49 CFR 173.403, and 173.421 through 173.424, and are transported, packaged, and labeled in accordance with 49 CFR 172.436 through 172.440 (Revised October 1, 2007, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.);
5. Containers that are accessible only to individuals authorized to handle, use, or work in the vicinity of the containers, if the contents are identified to these individuals by a readily available written record, retained as long as the container is in use for the purpose indicated on the record. (Examples of containers of this type are containers in

locations such as water-filled canals, storage vaults, or hot cells.); or

6. Installed manufacturing or process equipment, such as piping and tanks.

**Historical Note**

New Section R9-7-432 recodified from R12-1-432, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-433. Procedures for Receiving and Opening Packages**

- A. Each licensee who expects to receive a package containing quantities of radioactive material in excess of a Type A quantity, as defined in 10 CFR 71.4, January 1, 2005, which is incorporated by reference, published by the Office of the Federal Register, National Archives and Records Administration, Washington, D.C. 20408, and on file with the Department. The material incorporated by reference contains no future editions or amendments. The licensee shall make arrangements to receive:
1. The package when the carrier offers it for delivery; or
  2. The notification of the arrival of the package at the carrier's terminal and to take possession of the package expeditiously.
- B. Each licensee shall:
1. Monitor the external surfaces of a package, labeled with a Radioactive White I, Yellow II, or Yellow III as specified in 49 CFR 172.403 and 172.436 through 172.440, October 1, 2004, which are incorporated by reference, published by the Office of Federal Register, National Archives and Records Administration, Washington, D.C. 20408, and on file with the Department. The material incorporated by reference contains no future editions or amendments. The licensee shall test the package for radioactive contamination, unless the package contains only radioactive material in the form of gas or in special form, as defined in R9-7-102; and
  2. Monitor the external surfaces of a package, labeled with a Radioactive White I, Yellow II, or Yellow III as specified in subsection (B)(1), for radiation levels unless the package contains quantities of radioactive material that are less than or equal to the Type A quantity, defined in 10 CFR 71, and referenced in subsection (A); and
  3. Monitor all packages known to contain radioactive material for radioactive contamination and radiation levels if there is evidence of degradation of package integrity, such as packages that are crushed, wet, or damaged.
- C. The licensee shall perform the monitoring required by subsection (B) as soon as practical after receipt of the package, but not later than three hours after the package is received at the licensee's facility if it is received during the licensee's normal working hours, or not later than three hours from the beginning of the next working day if it is received after working hours.
- D. The licensee shall immediately notify by telephone the final delivery carrier and the Department at 480-202-4982:
1. When:
    - a. Removable radioactive surface contamination exceeds 22 dpm/cm<sup>2</sup> for beta-gamma emitting radionuclides or 2.2 dpm/cm<sup>2</sup> for alpha-emitting radionuclides, wiping a minimum surface area of 300 square centimeters (46 square inches), or the entire surface if less than 300 square centimeters (46 square inches); or
    - b. External radiation levels exceed the limits of 2 millisieverts (200 millirem) per hour; and

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2. Include in the notification the following information:
  - a. The caller's name, official title, and call back telephone number;
  - b. The date and time of monitoring;
  - c. A description of how the limits in subsection (D)(1) were exceeded, including the amount of radiation detected;
  - d. The isotopes, quantities, and chemical and physical form of the licensed material in the package; and
  - e. Any personnel radiation exposure data available.
- E. Each licensee shall:
  1. Establish, maintain, and retain written procedures for safely opening packages that contain radioactive material, and
  2. Ensure that the procedures are followed and that due consideration is given to special instructions for the type of package being opened.
- F. Licensees transferring special form sources in vehicles owned or operated by the licensee to and from a work site are exempt from the contamination monitoring requirements of subsection (B) but are not exempt from the monitoring requirement in subsection (B) for measuring radiation levels that ensures that the source of radiation is still properly lodged in its shield.

**Historical Note**

New Section R9-7-433 recodified from R12-1-433, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).  
Amended by final expedited rulemaking at 28 A.A.R. 3533 (November 18, 2022), with an immediate effective date of November 2, 2022 (Supp. 22-4).

**R9-7-434. General Requirements for Waste Disposal**

- A. A licensee shall dispose of licensed material only:
  1. By transfer to an authorized recipient as provided in R9-7-439 or in Article 3, or to the U.S. Department of Energy;
  2. By decay in storage, according to R9-7-438(C);
  3. By release in effluents within the limits in R9-7-416; or
  4. As authorized according to R9-7-435, R9-7-436, R9-7-437, R9-7-438, or R9-7-438.01;
- B. To receive waste that contains licensed material from other persons, a person shall be specifically licensed for:
  1. Treatment prior to disposal,
  2. Treatment or disposal by incineration,
  3. Decay in storage,
  4. Disposal at a land disposal facility licensed according to Article 3, or
  5. Storage until transferred to a storage or disposal facility authorized to receive the waste.

**Historical Note**

New Section R9-7-434 recodified from R12-1-434, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-435. Method for Obtaining Approval of Proposed Disposal Procedures**

For disposal of licensed material generated in the licensee's operations, a licensee or applicant for a license may apply to the Department for approval of proposed disposal procedures, not otherwise authorized in this Chapter. Each application shall include:

1. A description of the waste containing licensed material to be disposed of, including the physical and chemical properties that have an impact on risk evaluation;
2. The proposed manner and conditions of waste disposal;
3. An analysis and evaluation of pertinent information on the nature of the environment;

4. The nature and location of other potentially affected facilities; and
5. An analysis and procedure to ensure that doses comply with R9-7-407(B), and are within the dose limits in this Article.

**Historical Note**

New Section R9-7-435 recodified from R12-1-435, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-436. Disposal by Release into Sanitary Sewerage System**

- A. A licensee may discharge licensed material into sanitary sewerage if each of the following conditions is satisfied:
  1. The material is readily soluble or is readily dispersible biological material, in water;
  2. The quantity of licensed radioactive material that the licensee releases into the sewer in one month divided by the average monthly volume of water released into the sewer by the licensee or registrant does not exceed the concentration listed in Appendix B, Table III; and
  3. If more than one radionuclide is released, the following conditions shall also be satisfied:
    - a. The licensee shall determine the fraction of the limit in Appendix B, Table III represented by discharges into sanitary sewerage by dividing the actual monthly average concentration of each radionuclide released by the licensee or registrant into the sewer by the concentration of that radionuclide listed in Appendix B, Table III;
    - b. The sum of the fractions for each radionuclide required by subsection (A)(3)(a) does not exceed unity; and
    - c. The total quantity of licensed radioactive material that the licensee releases into the sanitary sewerage in a year does not exceed 185 GBq (5 Ci) of Hydrogen-3, 37 GBq (1 Ci) of Carbon-14, and 37 GBq (1 Ci) of all other radioactive materials combined.
- B. Excreta from individuals undergoing medical diagnosis or therapy with radioactive material are not subject to the limitations contained in subsection (A).

**Historical Note**

New Section R9-7-436 recodified from R12-1-436, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-437. Treatment or Disposal by Incineration**

A licensee shall treat or dispose of licensed material by incineration only in the amounts and forms specified in R9-7-438 or as specifically approved by the Department according to R9-7-435.

**Historical Note**

New Section R9-7-436 recodified from R12-1-436, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-438. Disposal of Specific Wastes**

- A. A licensee may dispose of the following licensed material as if it were not radioactive:
  1. 1.85 kBq (0.05  $\mu$ Ci), or less, of Hydrogen-3 or Carbon-14 per gram of medium used for liquid scintillation counting; and
  2. 1.85 kBq (0.05  $\mu$ Ci), or less, of Hydrogen-3 or Carbon-14 per gram of animal tissue, averaged over the weight of the entire animal.
  3. 1.85 kBq (0.05  $\mu$ Ci), or less, of Iodine-125 per gram of medium used in analyzing in vitro laboratory samples and

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associated sample holders contaminated during the laboratory procedure.

- B. A licensee shall not dispose of tissue, contaminated with radioactive material, according to subsection (A)(2) in a manner that would permit its use either as food for humans or as animal feed.
- C. A licensee may hold radioactive material with a physical half-life of less than or equal to 120 days for decay in storage before disposal without regard to its radioactivity, and is exempt from the requirements of R9-7-434, provided:
  1. The licensee monitors the radioactive material at the surface before disposal and determines that its radioactivity cannot be distinguished from the background radiation level with an appropriate radiation detection survey meter set on its most sensitive scale and with no interposed shielding; and
  2. The licensee removes or obliterates all radiation labels, except for radiation labels on materials that are within containers and that will be managed as biomedical waste after they have been released from the licensee.
- D. The licensee shall maintain records in accordance with R9-7-441.

**Historical Note**

New Section R9-7-438 recodified from R12-1-438, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-438.01. Disposal of Certain Radioactive Material**

- A. Licensed material as defined in the definition of radioactive material in R9-7-102 may be disposed of in accordance with this Article, even though it is not defined as low-level radioactive waste. Therefore, any licensed radioactive material being disposed of at a facility, or transferred for ultimate disposal at a facility licensed by the Department, must meet the requirements of R9-7-439.
- B. A licensee may dispose of radioactive material, as defined in the definition of radioactive material in R9-7-102, at a disposal facility authorized to dispose of such material in accordance with any federal or state solid or hazardous waste law, including the Solid Waste Disposal Act, as authorized under the Energy Policy Act of 2005.

**Historical Note**

New Section R9-7-438.01 recodified from R12-1-438.01, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-439. Transfer for Disposal and Manifests**

- A. Any licensee shipping radioactive waste intended for ultimate disposal at a licensed land disposal facility (for purposes of this rule "land disposal facility" means the land, buildings, structures, and equipment that are intended to be used for the disposal of radioactive waste. A geologic repository is not a land disposal facility) shall comply with 10 CFR 20.2006 and 10 CFR 20 Appendix G, published January 1, 2013, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.
- B. An authorized representative of the waste generator shall provide the certification required in 10 CFR 20, Appendix G, Section II, which is incorporated by reference in subsection (A).

**Historical Note**

New Section R9-7-439 recodified from R12-1-439, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-440. Compliance with Environmental and Health Protection Regulations**

Nothing in R9-7-434, R9-7-435, R9-7-436, R9-7-437, R9-7-438, or R9-7-439 relieves the licensee from complying with other applicable federal, state, and local rules or regulations governing any other toxic or hazardous properties of materials that may be disposed of according to the rules listed in Article 4 of this Chapter.

**Historical Note**

New Section R9-7-440 recodified from R12-1-440, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-441. Records of Waste Disposal**

- A. Each licensee shall maintain records of the disposal of licensed materials made in accordance with R9-7-435, R9-7-436, R9-7-437, R9-7-438, and disposal by burial in soil, including burials authorized before February 25, 1985.
- B. The licensee shall retain the records required by subsection (A) until the Department terminates each pertinent license requiring the record. The licensee shall provide for the disposition of these records prior to license termination.

**Historical Note**

New Section R9-7-441 recodified from R12-1-441, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-442. Department Inspection of Shipments of Waste**

Each shipment of waste to a disposal facility, licensed under R9-7-1302(D)(11), is subject to inspection by the Department before shipment or transportation. The waste shipper shall notify the Department not less than five working days before the scheduled shipment or transportation of waste to a licensed disposal facility.

**Historical Note**

New Section R9-7-442 recodified from R12-1-442, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-443. Reports of Stolen, Lost, or Missing Licensed or Registered Sources of Radiation**

- A. Each licensee or registrant shall report to the Department by telephone, as specified in R9-7-448(C), as follows:
  1. Immediately after it becomes known to the licensee that licensed radioactive material in an aggregate quantity equal to or greater than 1,000 times the quantity specified in Appendix C is stolen, lost, or missing under circumstances that indicate to the licensee that an exposure could result to individuals in unrestricted areas;
  2. Within 30 days after it becomes known to the licensee that licensed radioactive material in an aggregate quantity greater than 10 times the quantity specified in Appendix C is stolen, lost, or missing, and is still missing; and
  3. Immediately after it becomes known to the registrant that a radiation machine is stolen, lost, or missing.
- B. Each licensee or registrant required to make a report according to subsection (A) shall, within 30 days after making the telephone report, make a written report to the Department that contains the following information:
  1. A description of the licensed or registered source of radiation involved, including, for radioactive material, the kind, quantity, and chemical and physical form; and, for radiation machines, the manufacturer, model, serial number, type, and maximum energy of radiation emitted;
  2. A description of the circumstances under which the loss or theft occurred;
  3. A statement of disposition, or probable disposition, of the licensed or registered source of radiation;
  4. Exposures of individuals to radiation, circumstances under which the exposures occurred, and the possible



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total effective dose equivalent to persons in unrestricted areas;

5. Actions that have been taken, or will be taken, to recover the source of radiation; and
  6. Procedures or measures that have been, or will be, adopted to ensure against a recurrence of the loss or theft of licensed or registered sources of radiation.
- C. After filing the written report required in subsection (B), the licensee or registrant shall also report additional substantive information on the loss or theft within 30 days after the licensee or registrant learns of the information.
- D. The licensee or registrant shall provide the Department with the names of individuals who may have received an exposure to radiation as a result of an incident reported to the Department under subsection (B).

**Historical Note**

New Section R9-7-443 recodified from R12-1-443, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).  
Amended by final expedited rulemaking at 28 A.A.R. 3533 (November 18, 2022), with an immediate effective date of November 2, 2022 (Supp. 22-4).

**R9-7-444. Reports of Exposures, Radiation Levels, and Concentrations of Radioactive Material Exceeding the Limits**

- A. In addition to the notification required by R9-7-445, each licensee or registrant shall submit a written report within 30 days after learning of any of the following:
1. Incidents for which notification is required by R9-7-445;
  2. Doses in excess of any of the following:
    - a. The occupational dose limits for adults in R9-7-408;
    - b. The occupational dose limits for a minor in R9-7-414;
    - c. The limits for an embryo or fetus of a declared pregnant woman in R9-7-415;
    - d. The limits for an individual member of the public in R9-7-416;
    - e. Any applicable limit in the license or registration; or
    - f. The ALARA limit on air emissions in R9-7-407;
  3. Levels of radiation or concentrations of radioactive material in:
    - a. A restricted area in excess of applicable limits in the license or registration, or
    - b. An unrestricted area in excess of 10 times the applicable limit in this Article or in the license or registration, whether or not this involves an exposure of any individual to a dose in excess of the limits in R9-7-416;
  4. Radiation levels or concentrations of radioactive material in excess of the standards in 40 CFR 190, 2003 edition, published July 1, 2003, by the Office of the Federal Register, National Archives and Records Administration, Washington, D.C. 20408 which is incorporated by reference and on file with the Department, if the licensee is subject to these federal standards, or there is a license condition referencing the 40 CFR 190 standards. This incorporation by reference contains no future editions or amendments.
- B. Contents of reports.
1. Each report shall contain a description of each individual's exposure to radiation and radioactive material, including as applicable:
    - a. Estimates of each individual's dose;
    - b. The levels of radiation and concentrations of radioactive material involved;

c. The cause of the elevated exposures, dose rates, or concentrations; and

d. Corrective steps taken or planned to ensure against a recurrence, including the schedule for achieving conformance with applicable limits, generally applicable environmental standards, and associated license or registration conditions.

2. Each report filed according to subsection (A) shall include for each occupationally overexposed individual: name, Social Security number, and date of birth. With respect to the limit for an embryo or fetus in R9-7-415, the identifiers in the report should be those of the declared pregnant woman. The report shall be prepared so that information regarding each overexposed individual is stated in a separate and detachable part of the report.
- C. All licensees or registrants who make reports according to subsection (A) shall submit the report in writing to the Department.

**Historical Note**

New Section R9-7-444 recodified from R12-1-444, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-445. Notification of Incidents**

- A. Immediate notification: Each licensee or registrant shall immediately report to the Department, as specified in R9-7-448(C), any event involving a radiation source that may have caused or threatens to cause any of the following conditions:
1. An individual to receive:
    - a. A total effective dose equivalent of 0.25 Sv (25 rem) or more;
    - b. A lens dose equivalent of 0.75 Sv (75 rem) or more; or
    - c. A shallow-dose equivalent to the skin or extremities of 2.5 Gy (250 rads) or more; or
  2. The release of radioactive material, inside or outside of a restricted area but not including a location where personnel are not normally stationed during routine operations, such as a hot-cell or process enclosure, so if an individual had been present for 24 hours, the individual could have received five times the annual limit on intake.
- B. Twenty-four hour notification: Each licensee or registrant shall, within 24 hours of discovery of the event, report to the Department, as specified in R9-7-448(C), any event involving loss of control of a radiation source possessed by the licensee or registrant that may have caused, or threatens to cause, any of the following conditions:
1. An individual to receive, in a period of 24 hours:
    - a. A total effective dose equivalent exceeding 0.05 Sv (5 rem);
    - b. A lens dose equivalent exceeding 0.15 Sv (15 rem); or
    - c. A shallow-dose equivalent to the skin or extremities exceeding 0.5 Gy (50 rads); or
  2. The release of radioactive material, inside or outside of a restricted area but not including a location where personnel are not normally stationed during routine operations, such as a hot-cell or process enclosure, so, if an individual had been present for 24 hours, the individual could have received an intake in excess of one occupational annual limit of intake.
- C. A licensee or registrant shall prepare any report filed with the Department according to this Section so that names of individuals who have received exposure to radiation or radioactive

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material are stated in a separate and detachable part of the report.

- D. If the Department does not respond to the initial telephone call made according to subsection (A) or (B) and R9-7-448(C), the licensee or registrant shall report to the Department of Public Safety and continue with reasonable efforts to contact the Department Duty Officer until contact is made.
- E. The provisions of this Section do not apply to a dose that results from a planned special exposure, if the dose is within the limits for planned special exposures and reported according to R9-7-413(C).

**Historical Note**

New Section R9-7-445 recodified from R12-1-445, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).  
Amended by final expedited rulemaking at 28 A.A.R. 3533 (November 18, 2022), with an immediate effective date of November 2, 2022 (Supp. 22-4).

**R9-7-446. Notifications and Reports to Individuals**

- A. Requirements for notification and reports to individuals of exposure to radiation or radioactive material are specified in R9-7-1004.
- B. In addition to the reporting requirements in R9-7-444 and R9-7-445, each licensee or registrant shall notify the individual exposed to radiation or radioactive material. The notice to the exposed individual shall be provided no later than the date the report is submitted to the Department and shall comply with R9-7-1004(A).

**Historical Note**

New Section R9-7-446 recodified from R12-1-446, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-447. Vacating Premises**

- A. If a facility has been used for activities involving radioactive material a licensee shall notify the Department in writing of the intent to vacate the facility no less than 45 days before relinquishing possession or control of the facility.
- B. If a facility is contaminated with radioactive material, a licensee vacating the facility shall decontaminate it using Department-approved procedures.
- C. The Department shall inspect a vacated facility to determine whether it is contaminated with radioactive material.

**Historical Note**

New Section R9-7-447 recodified from R12-1-447, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-448. Additional Reporting**

- A. Each licensee shall notify the Department, according to subsection (C), as soon as possible, but not later than four hours after the discovery of an event, and take immediate protective actions necessary to avoid exposures to radiation or radioactive materials that could exceed the limits specified in this Chapter or releases of licensed material that could exceed the limits specified in this Chapter. For purposes of this Section, event means a radiation accident involving a fire, explosion, gas release, or similar occurrence.
- B. Each licensee shall notify the Department, according to subsection (C), within 24 hours after discovering any of the following events involving licensed material:
  - 1. A contamination event that:
    - a. Requires that anyone having access to the contaminated area be restricted for more than 24 hours by the imposition of additional radiological controls to prohibit entry into the area;

- b. Involves a quantity of radioactive material greater than five times the lowest annual limit on intake specified in Appendix B of this Article; and
  - c. Results in access to the contaminated area being restricted for a reason other than to allow radionuclides with a half-life of less than 24 hours to decay prior to decontamination.
- 2. An event in which equipment is disabled or fails to function as designed when:
  - a. The equipment is part of a system designed to prevent releases exceeding the limits specified in this Chapter, to prevent exposures to radiation and radioactive materials exceeding limits specified in this Chapter, or to mitigate the consequences of an accident;
  - b. The equipment performs a safety function; and
  - c. No redundant equipment is available and operable to perform the required safety function.
- 3. An event that requires urgent medical treatment of an individual with radioactive contamination on the individual's clothing or body.
- 4. A fire or explosion damaging any licensed material or any device, container, or equipment containing licensed material when:
  - a. The quantity of material involved is greater than five times the lowest annual limit on intake specified in Appendix B of this Article, and
  - b. The damage affects the integrity of the licensed material or its container.
- C. Each licensee shall make reports by telephone to the Department at 480-202-4982 and, to the extent that the information is available at the time of notification, include the following information:
  - 1. The caller's name, official title, and call back telephone number;
  - 2. A description of the event, including date and time;
  - 3. The exact location of the event;
  - 4. The isotopes, quantities, and chemical and physical form of the licensed material involved; and
  - 5. Any personnel radiation exposure data available.
- D. Each licensee who makes a report required by subsection (A) or (B) shall submit to the Department a written follow-up report within 30 days of the initial report. Written reports prepared as required by other rules may be submitted to fulfill this requirement if the reports contain all of the required information in this subsection. The report shall include the following:
  - 1. A description of the event, including the probable cause and the manufacturer and model number (if applicable) of any equipment that failed or malfunctioned;
  - 2. The exact location of the event;
  - 3. The isotopes, quantities, and chemical and physical form of the licensed material involved;
  - 4. Date and time of the event;
  - 5. Corrective actions taken or planned and the results of any evaluations or assessments; and
  - 6. The extent of personnel exposure to radiation or to radioactive materials without identification of each exposed individual by name.
- E. Each licensee that makes a report required by subsection (A) or (B) shall submit a written follow-up report to the Department within 30 days after the initial report.

**Historical Note**

New Section R9-7-448 recodified from R12-1-448, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

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Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3). Amended by final expedited rulemaking at 26 A.A.R. 1067, with an immediate effective date of May 6, 2020 (Supp. 20-2).

Amended by final expedited rulemaking at 28 A.A.R. 3533 (November 18, 2022), with an immediate effective date of November 2, 2022 (Supp. 22-4).

**R9-7-449. Survey Instruments and Pocket Dosimeters**

- A. Each licensee or registrant shall ensure that survey instruments used to show compliance with this Article have been calibrated before first use, annually, and following repair, unless otherwise specified in this Chapter.
- B. To satisfy the requirements of subsection (A), the licensee or registrant shall:
  - 1. For each scale to be calibrated, calibrate two readings separated by at least 50 percent of scale rating; and
  - 2. Conspicuously note on the instrument the apparent radiation level, in appropriate units for the type of survey instrument being used and the date of calibration.
- C. Each licensee or registrant shall check each survey instrument for proper operation with the dedicated check source after calibration and before each use.
- D. The licensee or registrant shall retain a record of each calibration required in subsection (A) for three years. The record shall include:
  - 1. A description of the calibration procedure; and
  - 2. A description of the source used, the certified dose rates from the source, the rates indicated by the instrument being calibrated, the correction factors deduced from the calibration data, the signature of the individual who performed the calibration, and the date of calibration.
- E. To meet the requirements of subsections (A), (B), and (C), the licensee or registrant may obtain the services of persons licensed or registered by the Department, the NRC, an Agreement State, or a Licensing State to perform calibrations of survey instruments. Licensing records of the service person authorization shall be maintained for three years by the licensee or registrant obtaining the service.
- F. Each licensee or registrant shall ensure that pocket dosimeters used to show compliance with this Article:
  - 1. Have been evaluated for proper operation annually and following repair, using a procedure acceptable to the Department, unless a more frequent evaluation is required by license condition (Unless the dosimeter is electronic, the evaluation of the dosimeter shall include a drift test over a 24-hour period.); and
  - 2. Meet the performance criteria listed in R9-7-523(C) and R9-7-1130(C).
- G. Records of personnel dosimeter operational checks shall be maintained for three years.

**Historical Note**

New Section R9-7-449 recodified from R12-1-449, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-450. Sealed Sources**

- A. A licensee shall only receive, possess, and use radioactive materials contained in a sealed source that has been manufactured, labeled, packaged, and distributed in accordance with a specific license for its manufacture and distribution. The license to manufacture and distribute a sealed source shall be issued by the Department, the U.S. Nuclear Regulatory Commission, a Licensing State, or another Agreement State.
- B. A licensee who possesses and uses a sealed source, or any device or equipment that contains a sealed source, shall follow

the radiation safety and handling instructions approved by the Department or follow the radiation safety and handling instructions furnished by the manufacturer on the label attached to the source, on the permanent container of the source, or in a leaflet or brochure that accompanies the source, and maintain the instructions in a legible and conveniently available form. If the handling instructions, leaflet, or brochure is no longer available and a copy cannot be obtained from the manufacturer, the licensee shall notify the Department that the source handling information is no longer available.

**C. Inventories:**

- 1. An inventory shall be conducted at intervals not to exceed six months, unless a shorter interval is specified by license condition.
- 2. The records of the inventory shall be maintained for three years from the date of the inventory, and shall be available for inspection by the Department.
- 3. The information recorded shall include:
  - a. The kind and quantity of radioactive material,
  - b. The model and serial number of the source or the device in which it is mounted,
  - c. The location of the sealed source,
  - d. The date of the inventory, and
  - e. The signature of the person performing the inventory.
- D. Any licensee who possesses and uses sealed sources in the practice of medicine shall conduct a physical inventory according to the requirements in 9 A.A.C. 7, Article 7.
- E. Sealed sources, containing radioactive material, shall not be opened unless authorized by license condition.
- F. Sealed sources and machines, devices, or equipment containing sealed sources shall be used in accordance with procedures described in the manufacturer's instructions and the safety precautions described in the Nuclear Regulatory Commission Sealed Sources and Device Registry, unless the instructions or precautions conflict with these rules or license condition.

**Historical Note**

New Section R9-7-450 recodified from R12-1-450, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-451. Termination of a Radioactive Material License or a Licensed Activity**

- A. As the final step before terminating a radioactive material use program licensed under R9-7-312, the licensee shall:
  - 1. Certify to the Department the disposition of all licensed material, including accumulated wastes, by submitting a complete description of a disposal plan with signed receipts from all licensed persons receiving the licensed material; and
  - 2. Conduct a radiation survey of the premises where the licensed activities were carried out to demonstrate that the premises are suitable for release in accordance with the criteria for decommissioning in R9-7-452 and submit to the Department a report of the results of this survey, unless the licensee demonstrates in some other manner acceptable to the Department that the premises are suitable for release in accordance with the criteria for decommissioning in R9-7-452.
- B. Before terminating a licensed program, each licensee authorized to possess radioactive material with a half-life greater than 120 days, in any unsealed form, shall forward the following records to the Department:

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1. Records of disposal of the licensed material required by R9-7-435, R9-7-436, R9-7-437, and R9-7-438; and
  2. Records required by R9-7-418.
- C. If a licensed activity is transferred or assigned in accordance with subsection (E), each licensee authorized to possess radioactive material with a half-life greater than 120 days, in any unsealed form, shall transfer the following records to the new licensee and the new licensee shall maintain these records until the license is terminated:
1. Records of disposal of licensed material required by R9-7-435, R9-7-436, R9-7-437, and R9-7-438; and
  2. Records required by R9-7-418.
- D. Before the Department terminates a license, each licensee shall forward the records required by subsection (E) to the Department.
- E. A person licensed under R9-7-312 shall maintain required records regarding decommissioning of a facility in a location identified on the license until the Department releases the site for unrestricted use. Before transfer or assignment of licensed activities, a licensee shall transfer all records required by this Section to the transferee. If records relating to facility decommissioning are kept for other purposes, the transferee shall refer to these records and provide their location on the transferee's application for a license. The transferee shall maintain the records until the Department terminates the transferee's new license. The new licensee shall maintain the following decommissioning records for Department review:
1. Records of spills or other occurrences involving the spread of contamination in and around the facility, equipment, or site. The licensee shall maintain a record of any instance when contamination remains after cleanup procedures or there is a reasonable likelihood that a contaminant has spread to an inaccessible area, as in the case of possible seepage into porous material such as concrete. These records shall include any known information that identifies any radionuclide involved and its quantity, form, and concentration.
  2. As-built drawings showing modifications of structures and equipment in restricted areas where radioactive materials are used or stored, and locations of possible inaccessible contamination, such as buried pipes. If as-built drawings are referenced, the licensee need not index each relevant document individually. If drawings are not available, the licensee shall provide records with known information concerning these areas and locations, as prescribed in subsection (E)(1).
  3. Except for areas that contain depleted uranium used only for shielding or as penetrators in unused munitions, a list, contained in a single document and updated every two years, of the following:
    - a. Any area designated or formerly designated as a restricted area as defined under R9-7-102;
    - b. Any area outside of a restricted area for which documentation is required under subsection (B)(1);
    - c. Any area outside of a restricted area where wastes have been buried;
    - d. Any area outside of a restricted area that contains regulated radioactive material that will require the licensee to either decontaminate the area for decommissioning under R9-7-452 or obtain disposal approval under R9-7-435; and
    - e. Any restricted area where wastes have been buried.
  4. Records of the cost estimate performed for the decommissioning funding plan or the amount certified by the

Department for decommissioning and the method for assuring funding, if either a funding plan or certification is used.

**Historical Note**

New Section R9-7-451 recodified from R12-1-451, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).  
Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3).

**R9-7-452. Radiological Criteria for License Termination**

- A. General provisions and scope:
1. The criteria in this Section apply to the decommissioning of facilities licensed under Article 3 of this Chapter. The criteria do not apply to uranium and thorium recovery facilities already subject to 10 CFR 40, Appendix A, or to uranium solution extraction facilities.
  2. The criteria in this Section do not apply to sites that:
    - a. Have been decommissioned before the effective date of this Section; or
    - b. Have previously submitted and received Department approval of a license termination plan (LTP) or decommissioning plan.
  3. If a site has been decommissioned and the license terminated in accordance with the criteria in this Section, the Department shall not require additional cleanup unless, based on new information, the Department determines that the criteria of this Section were not met and residual radioactivity at the site is a threat to public health and safety.
  4. When calculating the TEDE for the average member of the critical group, a licensee shall use the peak annual dose expected within the first 1000 years after decommissioning.
- B. Radiological criteria for unrestricted use. The Department considers a site acceptable for unrestricted use if the licensee reduces residual radioactivity, distinguishable from background radiation, to a TEDE for an average member of the critical group that does not exceed 0.15 mSv (15 mrem) per year, including radiation from groundwater sources of drinking water, and the residual radioactivity is as low as reasonably achievable (ALARA). To determine the level that is ALARA, the Department and the licensee shall take into account any detriment, such as deaths from transportation accidents, that is likely to result from decontamination and waste disposal.
- C. Criteria for license termination under restrictive conditions. The Department considers a site acceptable for license termination if the licensee meets all of the following restrictive conditions:
1. The licensee demonstrates that a reduction in residual radioactivity, necessary to comply with subsection (B), will result in net public or environmental harm or is not being made because the residual level of radioactivity is ALARA. To determine the level that is ALARA, the Department and the licensee shall take into account any detriment, such as deaths from transportation accidents, that is likely to result from decontamination and waste disposal;
  2. The licensee establishes one or more legally enforceable institutional controls that reduce residual radioactivity, distinguishable from background radiation, to a TEDE for the average member of the critical group that does not exceed (0.15 mSv) 15 mrem per year, including radiation from groundwater sources of drinking water;

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3. The licensee demonstrates financial assurance that complies with R9-7-323(C), which enables an independent third party, including a governmental custodian of the site, to assume and carry out responsibilities for control and maintenance of the site and funds placed into a trust segregated from the licensee's assets and outside the licensee's administrative control, and in which the adequacy of the trust funds is to be assessed based on an assumed annual 1 percent real rate of return on investment;
  4. The licensee submits a decommissioning plan or License Termination Plan (LTP) to the Department, indicating the licensee's intent to decommission in accordance with R9-7-323 and specifying that the licensee intends to decommission by restricting use of the site. The licensee shall document in the LTP or decommissioning plan how comments from individuals and institutions in the community, who may be affected by the decommissioning, have been sought and addressed after analysis.
    - a. If a licensee is restricting use of the site, the licensee shall seek comments from the public concerning the proposed decommissioning, regarding all of the following matters:
      - i. Whether the institutional controls proposed by the licensee will reduce residual radioactivity, distinguishable from background radiation, to a TEDE for the average member of the critical group that does not exceed 0.15 mSv (15 mrem) per year; are enforceable; and do not impose an unreasonable burden on the local community or other affected parties; and
      - ii. Whether the licensee has provided financial assurance that complies with R9-7-323(C), which enables an independent third party, including a governmental custodian of the site, to assume and carry out responsibilities for control and maintenance of the site;
    - b. In seeking comments on the issues identified in subsection (C)(4)(a), the licensee shall provide for:
      - i. Participation by representatives of a broad cross section of community interests that may be affected by the decommissioning;
      - ii. An opportunity for a comprehensive discussion of the issues by all of the community representatives; and
      - iii. A publicly available document that contains or access to each oral and written comment that reflects the viewpoints of community representatives on each issue and the extent of agreement or disagreement among representatives on each issue; and
  5. The licensee reduces residual radioactivity, distinguishable from background radiation, at the site so that if the institutional controls are no longer in effect, the TEDE for the average member of the critical group is as low as reasonably achievable and does not exceed 1 mSv (100 mrem) per year; unless the licensee:
    - a. Demonstrates that a further reduction in residual radioactivity necessary to comply with subsection (C)(5) is not technically achievable or economically feasible, or will result in net public or environmental harm;
    - b. Provides for durable institutional controls; and
    - c. Provides financial assurance that complies with R9-7-323(C), which enables an independent third party, including a governmental custodian of the site, to carry out periodic rechecks of the site, no less frequently than every five years; assures that each institutional control remains in place according to subsection (C)(3); and assumes and carries out responsibilities for maintenance of the institutional control.
- D. Alternate criteria for license termination:**
1. Based on circumstances that relate to a specific license, the Department may terminate the license using the following alternate criteria for subsections (B) or (C)(2), if the licensee demonstrates that the TEDE from residual radioactivity, distinguishable from background radiation, for an average member of the critical group does not exceed 0.15 mSv (15 mrem) per year, and if the licensee:
    - a. Ensures that public health and safety is protected by submitting an analysis of possible sources of exposure, prepared by a independent qualified expert, which indicates whether it is likely that the dose from all human-made sources combined, other than medical sources, is more than the 1 mSv/y (100 mrem/y) limit in R9-7-416;
    - b. Employs to the extent practicable, restrictions on site use, according to the provisions of subsection (C) to minimize exposures at the site;
    - c. Reduces doses to ALARA levels, taking into consideration any detriments such as traffic accidents expected to potentially result from decontamination and waste disposal;
    - d. Submits a decommissioning plan or License Termination Plan (LTP) to the Department that indicates the licensee's intent to decommission in accordance with R9-7-323, and specifies that the licensee proposes to decommission by use of alternate criteria. The licensee shall document in the decommissioning plan or LTP how comments from individuals and institutions in the community, who may be affected by the decommissioning, have been sought and addressed after analysis. In seeking comments, the licensee shall provide for:
      - i. Participation by representatives of a broad cross section of community interests that may be affected by the decommissioning;
      - ii. An opportunity for a comprehensive discussion of the issues by all of the community representatives; and
      - iii. A publicly available document that contains or access to each oral and written comment that reflects viewpoints of community representatives on each issue and the extent of agreement and disagreement among the representatives on each issue; and
    - e. Has provided sufficient financial assurance in the form of a trust fund to enable an independent third party, including a governmental custodian of a site, to assume and carry out responsibilities for any necessary control and maintenance of the site.
  2. The use of alternate criteria to terminate a license requires approval by the Department after consideration of any comments provided by the U.S. Environmental Protection Agency and any public comments submitted under subsection (E).

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- E. Public notification and public participation:**
- Upon the receipt of an LTP or decommissioning plan from a licensee, or a proposal by a licensee for release of a site under subsection (C) or (D), or whenever the Department determines that notice will serve the public interest, the Department shall notify and solicit comments from:
    - Local and state governments in the vicinity of the site and any Indian Nation or other indigenous people that have treaty or statutory rights that could be affected by the decommissioning; and
    - The U.S. Environmental Protection Agency.
  - To comply with subsection(E)(1) the Department shall publish a notice in a local newspaper, send letters to state or local organizations on its mailing list, hold a public hearing that is readily accessible to individuals in the vicinity of the site, and solicit comments from the public.
- F. Minimization of contamination.** After the effective date of this Section, an applicant for a license, other than a renewal, shall describe in the application how facility design and procedures for operation will facilitate eventual decommissioning and minimize, to the extent practicable, the generation of radioactive waste and contamination of the facility and the environment.
- Applicants for standard design certifications, standard design approvals, and manufacturing licenses shall describe in the application how facility design will minimize, to the extent practicable, contamination of the facility and the environment, facilitate eventual decommissioning, and minimize, to the extent practicable, the generation of radioactive waste.
  - Licensees shall, to the extent practical, conduct operations to minimize the introduction of residual radioactivity into the site, including the subsurface, in accordance with the existing radiation protection requirements in this Article and radiological criteria for license termination in this Article.
- G.** The Department considers a site acceptable for unrestricted use if the residual radioactivity, distinguishable from background radiation, is equal to or less than the values in Table 1.

**Historical Note**

New Section R9-7-452 recodified from R12-1-452, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**Table 1. Acceptable Surface Contamination Levels**

Radionuclide <sup>1</sup>	Average <sup>2,3</sup>	Maximum <sup>2,4</sup>	Removable <sup>2,5</sup>
U-nat, U-235, U-238, and associated decay products	5,000 dpm/100 cm <sup>2</sup>	15,000 dpm/100cm <sup>2</sup>	1,000 dpm/100 cm <sup>2</sup>
Transuranics, Ra-226, Ra-228, Th-230, Pa-231, Ac-227, I-125, I-129	100dpm/100cm <sup>2</sup>	300 dpm/100cm <sup>2</sup>	20dpm/100cm <sup>2</sup>
Th-nat, Th-232, Sr-90, Ra-223, Ra-224, U-232, I-126, I-131, I-133	1000 dpm/100cm <sup>2</sup>	3000 dpm/100cm <sup>2</sup>	200 dpm/100cm <sup>2</sup>
Beta-gamma (Exceptions noted above)	5,000 dpm/100 cm <sup>2</sup>	15,000 dpm/100cm <sup>2</sup>	1,000 dpm/100 cm <sup>2</sup>

<sup>1</sup> Where surface contamination by both alpha-and beta-gamma-emitting radionuclides exists, the limits established for alpha-and beta-gamma-emitting radionuclides apply independently.

<sup>2</sup> As used in this table, dpm (disintegrations per minute) means the rate of emission by radioactive material as determined by correcting the counts per minute observed on an instrument calibrated for background, efficiency, and geometric factors associated with the instrumentation, in accordance with R9-7-449.

<sup>3</sup> Measurements of average contamination level shall not be averaged over more than one square meter. For objects of less surface area, the average shall be derived for each object.

<sup>4</sup> The maximum contamination level applies to an area of not more than 100 cm<sup>2</sup>.

<sup>5</sup> The amount of removable radioactive material per 100 cm<sup>2</sup> of surface area shall be determined by wiping that area with dry filter or soft absorbent paper, applying moderate pressure, and assessing the amount of radioactive material on the wipe with an instrument calibrated in accordance with R9-7-449. When removable contamination on objects of surface area A (where A is less than 100 sq. cm) is determined, the entire surface shall be wiped and the contamination level multiplied by 100/A to convert to a "per 100 sq. cm" basis.

**Historical Note**

New Article 4, Table 1 recodified from 12 A.A.C. 1, Article 4, Table 1, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-453. Reports to Individuals of Exceeding Dose Limits**

Any licensee or registrant that reports a personnel exposure to the Department in accordance with R9-7-413(A)(6), R9-7-444, or R9-7-452 shall:

- Notify the exposed individual of the exposure addressed in the report; and
- Transmit the report to the exposed individual at the same time the Department is notified of the exposure.

**Historical Note**

New Section R9-7-453 recodified from R12-1-453, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-454. Nationally Tracked Sources**

- A.** A licensee who manufactures, receives, transfers, disassembles, or disposes of a nationally tracked source shall complete and submit to the Nuclear Regulatory Commission's National Source Tracking System and the Department, a National Source Tracking Transaction Report that contains the information required in 10 CFR 20.2207(a) through (e), revised August 9, 2021, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.
- B.** The initial National Source Tracking Transaction Report shall contain the information required in subsection (A), be submitted using a method specified in 10 CFR 20.2207(f), revised August 9, 2021, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.
- C.** A licensee shall correct any error in previously filed National Source Tracking Transaction Reports or file a new report for any missed transaction within five business days of the discovery of the error or missed transaction in accordance with 10

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CFR 20.2207(g), revised August 9, 2021, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.

- D.** A licensee who receives a nationally tracked sealed source shall not disassemble the source unless specifically authorized to do so by the Department.

**Historical Note**

New Section R9-7-454 recodified from R12-1-454, at 24

A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

Amended by final expedited rulemaking at 28 A.A.R. 3533 (November 18, 2022), with an immediate effective date of November 2, 2022 (Supp. 22-4).

**R9-7-455. Security Requirements for Portable Gauges**

- A.** A licensee that uses a portable gauge shall use a minimum of two independent controls to maintain security while:
1. Transporting a portable gauge; and
  2. Storing a portable gauge.
- B.** Each control shall form a tangible barrier that will prevent unauthorized removal whenever a portable gauge is not under the control and constant surveillance of the licensee.
- C.** A licensee shall employ controls approved by the Department.

**Historical Note**

New Section R9-7-455 recodified from R12-1-455, at 24

A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

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**Appendix A. Assigned Protection Factors for Respirators<sup>a</sup>**

	Operating mode	Assigned Protection Factors
I. Air Purifying Respirators [Particulate <sup>b</sup> only] <sup>c</sup> :		
Filtering face piece disposable <sup>d</sup>	Negative	( <sup>d</sup> )
Face piece, half <sup>e</sup>	Negative Pressure	10
Face piece, full	Negative Pressure	100
Face piece, half	Powered Air-purifying Respirators	50
Face piece, full	Powered Air-purifying Respirators	1000
Helmet/hood	Powered Air-purifying Respirators	1000
Face piece, loose-fitting	Powered Air-purifying Respirators	25
II. Atmosphere supplying respirators [particulate, gases and vapors <sup>f</sup> ]:		
1. Air-line respirator:		
Face piece, half	Demand	10
Face piece, half	Continuous Flow	50
Face piece, half	Pressure Demand	50
Face piece, full	Demand	100
Face piece, full	Continuous Flow	1000
Face piece, full	Pressure Demand	1000
Helmet/hood	Continuous Flow	1000
Face piece, loose-fitting	Continuous Flow	25
Suit	Continuous Flow	( <sup>g</sup> )
2. Self-contained breathing Apparatus (SCBA):		
Face piece, full	Demand	<sup>h</sup> 100
Face piece, full	Pressure Demand	<sup>i</sup> 10,000
Face piece, full	Demand, Recirculating	<sup>h</sup> 100
Face piece, full	Positive Pressure Recirculating	<sup>i</sup> 10,000
III. Combination Respirators:		
Any combination of air-purifying and atmosphere-supplying respirators	Assigned protection factor for type and mode of operation as listed above	

<sup>a</sup> These assigned protection factors apply only in a respiratory protection program that meets the requirements of this Article. They are applicable only to airborne radiological hazards and may not be appropriate if chemical or other respiratory hazards exist instead of, or in addition to, radioactive hazards. A licensee shall comply with Department of Labor regulations, regarding selection and use of respirators for those circumstances.

Radioactive contaminants for which the concentration values in Table 1, Column 3 of Appendix B are based on internal dose due to inhalation may, in addition, present external exposure hazards at higher concentrations. Under these circumstances, limitations on occupancy may have to be governed by external dose limits.

<sup>b</sup> A licensee shall equip air purifying respirators of APF<100 with particulate filters that are at least 95 percent efficient. The licensee shall equip air purifying respirators of APF=100 with particulate filters that are at least 99 percent efficient. The licensee shall equip air purifying respirators of APF>100 with particulate filters that are at least 99.97 percent efficient.

<sup>c</sup> A licensee may apply to the Commission for the use of an APF greater than 1 for sorbent cartridges as protection against airborne radioactive gases and vapors, similar to radioiodine.

<sup>d</sup> A Licensee may permit an individual to use this type of respirator if the individual has not been medically screened or fit tested on the device, provided that no credit is taken for use of these respirators in estimation of intake or dose. It is also recognized that it is difficult to perform an effective positive or negative pressure pre-use user seal check on this type of device. All other respiratory protection program requirements listed in 10 CFR 20.1703, January 2000 Edition, and published January 1, 2000, apply and are incorporated by reference and available for review at the Department and Secretary of State. This incorporation by reference contains no future editions or amendments. There is no assigned protection factor for these devices. However, a licensee may use an APF equal to 10 if the licensee can demonstrate a fit factor of at least 100 by use of a validated or evaluated, qualitative or quantitative fit test.

<sup>e</sup> Under-chin type only. No distinction is made in this appendix between elastomeric half-masks with replaceable cartridges and those designed with the filter medium as an integral part of the face piece (disposable or reusable disposable). Both types are acceptable as long as the seal area of the latter contains some substantial type of seal-enhancing material, such as rubber or plastic, two or more suspension straps are adjustable, the filter medium is at least 95 percent efficient, and all other requirements of this Article are met.



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<sup>f</sup> The assigned protection factors for gases and vapors are not applicable to radioactive contaminants that present an absorption or submersion hazard. For tritium oxide vapor, approximately one-third of the intake occurs by absorption through the skin so that an overall protection factor of 3 is appropriate when atmosphere-supplying respirators are used to protect against tritium oxide. Exposure to radioactive noble gases is not considered a significant respiratory hazard and protective actions for these contaminants should be based on external (submersion) dose considerations.

<sup>g</sup> No NIOSH approval schedule is currently available for atmosphere supplying suits. This equipment may be used in an acceptable respiratory protection program as long as all the other minimum program requirements, with the exception of fit testing, are met. The minimum program requirements are provided in 10 CFR 20.1703.

<sup>h</sup> The licensee shall implement institutional controls to assure that these devices are not used in areas immediately dangerous to life or health (IDLH).

<sup>i</sup> This type of respirator may be used as an emergency device in unknown concentrations for protection against inhalation hazards. External radiation hazards and other limitations to permitted exposure such as skin absorption shall be taken into account in these circumstances. This device may not be used by any individual who experiences perceptible outward leakage of breathing gas while wearing the device.

**Historical Note**

New Appendix A recodified from 12 A.A.C. 1, Article 4, Appendix A, effective March 22, 2018 (Supp. 18-1).

**Appendix B. Annual Limits on Intake (ALI) and Derived Air Concentrations (DAC) of Radionuclides for Occupational Exposure; Effluent Concentrations; Concentrations for Release to Sanitary Sewerage**

**Introduction**

For each radionuclide, Table I indicates the chemical form which is to be used for selecting the appropriate ALI or DAC value. The ALIs and DACs for inhalation are given for an aerosol with an activity median aerodynamic diameter (AMAD) of 1 µm, micron, and for three classes (D,W,Y) of radioactive material, which refer to their retention (approximately days, weeks, or years) in the pulmonary region of the lung. This classification applies to a range of clearance half-times for D if less than 10 days, for W from 10 to 100 days, and for Y greater than 100 days. Table II provides concentration limits for airborne and liquid effluents released to the general environment. Table III provides concentration limits for discharges to sanitary sewerage.

**Note:**

The values in Tables I, II, and III are presented in the computer "E" notation. In this notation a value of 6E-02 represents a value of  $6 \times 10^{-2}$  or 0.06, 6E+2 represents  $6 \times 10^2$  or 600, and 6E+0 represents  $6 \times 10^0$  or 6.

**Table I "Occupational Values"**

Note that the columns in Table I of this Appendix captioned "Oral Ingestion ALI," "Inhalation ALI," and "DAC" are applicable to occupational exposure to radioactive material.

The ALIs in this Appendix are the annual intakes of given radionuclide by "Reference Man" which would result in either (1) a committed effective dose equivalent of 0.05 Sv (5 rem), stochastic ALI, or (2) a committed dose equivalent of 0.5 Sv (50 rem) to an organ or tissue, nonstochastic ALI. The stochastic ALIs were derived to result in a risk, due to irradiation of organs and tissues, comparable to the risk associated with deep-dose equivalent to the whole body of 0.05 Sv (5 rem). The derivation includes multiplying the committed dose equivalent to an organ or tissue by a weighting factor,  $W_T$ . This weighting factor is the proportion of the risk of stochastic effects resulting from irradiation of the organ or tissue, T, to the total risk of stochastic effects when the whole body is irradiated uniformly. The values of  $W_T$  are listed under the definition of weighting factor in R9-7-403. The nonstochastic ALIs were derived to avoid nonstochastic effects, such as prompt damage to tissue or reduction in organ function.

A value of  $W_T = 0.06$  is applicable to each of the five organs or tissues in the "remainder" category receiving the highest dose equivalents, and the dose equivalents of all other remaining tissues may be disregarded. The following portions of the GI tract -- stomach, small intestine, upper large intestine, and lower large intestine -- are to be treated as four separate organs.

Note that the dose equivalents for an extremity, skin, and lens of the eye are not considered in computing the committed effective dose equivalent but are subject to limits that shall be met separately.

When an ALI is defined by the stochastic dose limit, this value alone is given. When an ALI is determined by the nonstochastic dose limit to an organ, the organ or tissue to which the limit applies is shown, and the ALI for the stochastic limit is shown in parentheses. Abbreviated organ or tissue designations are used:

LLI wall	=	lower large intestine wall,
St. wall	=	stomach wall,
Blad wall	=	bladder wall, and
Bone surf	=	Bone surface.

The use of the ALIs listed first, the more limiting of the stochastic and nonstochastic ALIs, will ensure that nonstochastic effects are avoided and that the risk of stochastic effects is limited to an acceptably low value. If, in a particular situation involving a radionuclide for which the nonstochastic ALI is limiting, use of that nonstochastic ALI is considered unduly conservative, the licensee may use the stochastic ALI to determine the committed effective dose equivalent. However, the licensee shall also ensure that the 0.5 Sv (50 rem) dose equivalent limit for any organ or tissue is not exceeded by the sum of the external deep-dose equivalent plus the internal committed dose equivalent to that organ, not the effective dose. For the case where there is no external dose contribution, this would be demonstrated if the sum of the fractions of the nonstochastic ALIs ( $ALI_{ns}$ ) that contribute to the committed dose equivalent to the organ receiving the highest dose does not exceed unity, that is,  $\Sigma (\text{intake (in } \mu\text{Ci) of each radionuclide} / ALI_{ns}) \leq 1.0$ . If there is an external deep dose equivalent contribution of  $H_d$ , then this sum must be less than  $1 - (H_d/50)$ , instead of  $\leq 1.0$ .

Note that the dose equivalents for an extremity, skin, and lens of the eye are not considered in computing the com-

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mitted effective dose equivalent but are subject to limits that must be met separately.

The derived air concentration (DAC) values are derived limits intended to control chronic occupational exposures. The relationship between the DAC and the ALI is given by:

$$\text{DAC} = \text{ALI (in } \mu\text{Ci)} / (2000 \text{ hours per working year} \times 60 \text{ minutes/hour} \times 2 \times 10^4 \text{ ml per minute}) = [\text{ALI} / 2.4 \times 10^9] \mu\text{Ci/ml},$$

where  $2 \times 10^4$  ml is the volume of air breathed per minute at work by Reference Man under working conditions of light work.

The DAC values relate to one of two modes of exposure: either external submersion or the internal committed dose equivalents resulting from inhalation of radioactive materials. DACs based upon submersion are for immersion in a semi-infinite cloud of uniform concentration and apply to each radionuclide separately.

The ALI and DAC values include contributions to exposure by the single radionuclide named and any in-growth of daughter radionuclides produced in the body by decay of the parent. However, intakes that include both the parent and daughter radionuclides shall be treated by the general method appropriate for mixtures.

The values of ALI and DAC do not apply directly when the individual both ingests and inhales a radionuclide, when the individual is exposed to a mixture of radionuclides by either inhalation or ingestion or both, or when the individual is exposed to both internal and external irradiation. See R9-7-407. When an individual is exposed to radioactive materials which fall under several of the translocation classifications of the same radionuclide, such as Class D, Class W, or Class Y, the exposure may be evaluated as if it were a mixture of different radionuclides.

It should be noted that the classification of a compound as Class D, W, or Y is based on the chemical form of the compound and does not take into account the radiological half-life of different radionuclides. For this reason, values are given for Class D, W, and Y compounds, even for very short-lived radionuclides.

#### Table II "Effluent Concentrations"

The columns in Table II of this Appendix captioned "Effluents," "Air," and "Water" are applicable to the assessment and control of dose to the public, particularly in the implementation of the provisions of R9-7-415. The concentration values given in Columns 1 and 2 of Table II are equivalent to the radionuclide concentrations which, if inhaled or ingested continuously over the course of a year, would produce a total effective dose equivalent of 0.5 mSv (0.05 rem).

Consideration of nonstochastic limits has not been included in deriving the air and water effluent concentration limits because nonstochastic effects are presumed not to occur at or below the dose levels established for individual members of the public. For radio-

nuclides, where the nonstochastic limit was governing in deriving the occupational DAC, the stochastic ALI was used in deriving the corresponding airborne effluent limit in Table II. For this reason, the DAC and airborne effluent limits are not always proportional as they were in earlier versions of Appendix A of Article 4.

The air concentration values listed in Table II, Column 1 were derived by one of two methods. For those radionuclides for which the stochastic limit is governing, the occupational stochastic inhalation ALI was divided by  $2.4 \times 10^9$ , relating the inhalation ALI to the DAC, as explained above, and then divided by a factor of 300. The factor of 300 includes the following components: a factor of 50 to relate the 0.05 Sv (5 rem) annual occupational dose limit to the 0.1 rem limit for members of the public, a factor of 3 to adjust for the difference in exposure time and the inhalation rate for a worker and that for members of the public; and a factor of 2 to adjust the occupational values, derived for adults, so that they are applicable to other age groups.

For those radionuclides for which submersion, that is external dose, is limiting, the occupational DAC in Table I, Column 3 was divided by 219. The factor of 219 is composed of a factor of 50, as described above, and a factor of 4.38 relating occupational exposure for 2,000 hours per year to full-time exposure (8,760 hours per year). Note that an additional factor of 2 for age considerations is not warranted in the submersion case.

The water concentrations were derived by taking the most restrictive occupational stochastic oral ingestion ALI and dividing by  $7.3 \times 10^7$ . The factor of  $7.3 \times 10^7$  (ml) includes the following components: the factors of 50 and 2 described above and a factor of  $7.3 \times 10^5$  (ml) which is the annual water intake of Reference Man.

Note 2 of this Appendix provides groupings of radionuclides which are applicable to unknown mixtures of radionuclides. These groupings, including occupational inhalation ALIs and DACs, air and water effluent concentrations, and releases to sewer, require demonstrating that the most limiting radionuclides in successive classes are absent. The limit for the unknown mixture is defined when the presence of one of the listed radionuclides cannot be definitely excluded as being present either from knowledge of the radionuclide composition of the source or from actual measurements.

#### Table III "Releases to Sewers"

The monthly average concentrations for release to sanitary sewerage are applicable to the provisions in R9-7-435. The concentration values were derived by taking the most restrictive occupational stochastic oral ingestion ALI and dividing by  $7.3 \times 10^6$  (ml). The factor of  $7.3 \times 10^6$  (ml) is composed of a factor of  $7.3 \times 10^5$  (ml), the annual water intake by Reference Man, and a factor of 10, such that the concentrations, if the sewage released by the licensee were the only source of water ingested by a Reference Man during a year, would result in a committed effective dose equivalent of 0.5 rem.

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## LIST OF ELEMENTS

<u>Name</u>	<u>Symbol</u>	<u>Atomic Number</u>	<u>Name</u>	<u>Symbol</u>	<u>Atomic Number</u>
Actinium	Ac	89	Molybdenum	Mo	42
Aluminum	Al	13	Neodymium	Nd	60
Americium	Am	95	Neptunium	Np	93
Antimony	Sb	51	Nickel	Ni	28
Argon	Ar	18	Niobium	Nb	41
Arsenic	As	33	Nitrogen	N	7
Astatine	At	85	Osmium	Os	76
Barium	Ba	56	Oxygen	O	8
Berkelium	Bk	97	Palladium	Pd	46
Beryllium	Be	4	Phosphorus	P	15
Bismuth	Bi	83	Platinum	Pt	78
Bromine	Br	35	Plutonium	Pu	94
Cadmium	Cd	48	Polonium	Po	84
Calcium	Ca	20	Potassium	K	19
Californium	Cf	98	Praseodymium	Pr	59
Carbon	C	6	Promethium	Pm	61
Cerium	Ce	58	Protactinium	Pa	91
Cesium	Cs	55	Radium	Ra	88
Chlorine	Cl	17	Radon	Rn	86
Chromium	Cr	24	Rhenium	Re	75
Cobalt	Co	27	Rhodium	Rh	45
Copper	Cu	29	Rubidium	Rb	37
Curium	Cm	96	Ruthenium	Ru	44
Dysprosium	Dy	66	Samarium	Sm	62
Einsteinium	Es	99	Scandium	Sc	21
Erbium	Er	68	Selenium	Se	34
Europium	Eu	63	Silicon	Si	14
Fermium	Fm	100	Silver	Ag	47
Fluorine	F	9	Sodium	Na	11
Francium	Fr	87	Strontium	Sr	38
Gadolinium	Gd	64	Sulfur	S	16
Gallium	Ga	31	Tantalum	Ta	73
Germanium	Ge	32	Technetium	Tc	43
Gold	Au	79	Tellurium	Te	52
Hafnium	Hf	72	Terbium	Tb	65
Holmium	Ho	67	Thallium	Tl	81
Hydrogen	H	1	Thorium	Th	90
Indium	In	49	Thulium	Tm	69
Iodine	I	53	Tin	Sn	50
Iridium	Ir	77	Titanium	Ti	22
Iron	Fe	26	Tungsten	W	74
Krypton	Kr	36	Uranium	U	92
Lanthanum	La	57	Vanadium	V	23
Lead	Pb	82	Xenon	Xe	54
Lutetium	Lu	71	Ytterbium	Yb	70
Magnesium	Mg	12	Yttrium	Y	39
Manganese	Mn	25	Zinc	Zn	30
Mendelevium	Md	101	Zirconium	Zr	40
Mercury	Hg	80			

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Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
1	Hydrogen-3	Water, DAC includes skin absorption	8E+4	8E+4	2E-5	1E-7	1E-3	1E-2
		Gas (HT or T <sub>2</sub> ) Submersion <sup>1</sup> : Use above values as HT and T <sub>2</sub> oxidize in air and in the body to HTO.						
4	Beryllium-7	W, all compounds except those given for Y	4E+4	2E+4	9E-6	3E-8	6E-4	6E-3
		Y, oxides, halides, and nitrates	-	2E+4	8E-6	3E-8	-	-
4	Beryllium-10	W, see <sup>7</sup> Be	1E+3	2E+2	6E-8	2E-10	-	--
		LLI wall (1E+3)	-	-	-	-	2E-5	2E-4
		Y, see <sup>7</sup> Be	-	1E+1	6E-9	2E-11	-	-
6	Carbon-11 <sup>2</sup>	Monoxide	-	1E+6	5E-4	2E-6	-	-
		Dioxide	-	6E+5	3E-4	9E-7	-	-
		Compounds	4E+5	4E+5	2E-4	6E-7	6E-3	6E-2
6	Carbon-14	Monoxide	-	2E+6	7E-4	2E-6	-	-
		Dioxide	-	2E+5	9E-5	3E-7	-	-
		Compounds	2E+3	2E+3	1E-6	3E-9	3E-5	3E-4
7	Nitrogen-13 <sup>2</sup>	Submersion <sup>1</sup>	-	-	4E-6	2E-8	-	-
8	Oxygen-15 <sup>2</sup>	Submersion <sup>1</sup>	-	-	4E-6	2E-8	-	-
9	Fluorine-18 <sup>2</sup>	D, fluorides of H, Li, Na, K, Rb, Cs, and Fr	5E+4	7E+4	3E-5	1E-7	-	-
		St wall (5E+4)	-	-	-	-	7E-4	7E-3
		W, fluorides of Be, Mg, Ca, Sr, Ba, Ra, Al, Ga, In, Tl, As, Sb, Bi, Fe, Ru, Os, Co, Ni, Pd, Pt, Cu, Ag, Au, Zn, Cd, Hg, Sc, Y, Ti, Zr, V, Nb, Ta, Mn, Tc, and Re	-	9E+4	4E-5	1E-7	-	-
		Y, Lanthanum fluoride	-	8E+4	3E-5	1E-7	-	-
11	Sodium-22	D, all compounds	4E+2	6E+2	3E-7	9E-10	6E-6	6E-5
11	Sodium-24	D, all compounds	4E+3	5E+3	2E-6	7E-9	5E-5	5E-4
12	Magnesium-28	D, all compounds except those given for W	7E+2	2E+3	7E-7	2E-9	9E-6	9E-5
		W, oxides, hydroxides, carbides, halides, and nitrates	-	1E+3	5E-7	2E-9	-	-
13	Aluminum-26	D, all compounds except those given for W	4E+2	6E+1	3E-8	9E-11	6E-6	6E-5
		W, oxides, hydroxides, carbides, halides, and nitrates	-	9E+1	4E-8	1E-10	-	-
14	Silicon-31	D, all compounds except those given for W and Y	9E+3	3E+4	1E-5	4E-8	1E-4	1E-3
		W, oxides, hydroxides, carbides, and nitrates	-	3E+4	1E-5	5E-8	-	-
		Y, aluminosilicate glass	-	3E+4	1E-5	4E-8	-	-
14	Silicon-32	D, see <sup>31</sup> Si	2E+3	2E+2	1E-7	3E-10	-	-
		LLI wall (3E+3)	-	-	-	-	4E-5	4E-4
		W, see <sup>31</sup> Si	-	1E+2	5E-8	2E-10	-	-
		Y, see <sup>31</sup> Si	-	5E+0	2E-9	7E-12	-	-

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CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
15	Phosphorus-32	D, all compounds except phosphates given for W	6E+2	9E+2	4E-7	1E-9	9E-6	9E-5
		W, phosphates of $\text{Zn}^{2+}$ , $\text{S}^{3+}$ , $\text{Mg}^{2+}$ , $\text{Fe}^{3+}$ , $\text{Bi}^{3+}$ , and Lanthanides	-	4E+2	2E-7	5E-10	-	-
15	Phosphorus-33	D, see $^{32}\text{P}$	6E+3	8E+3	4E-6	1E-8	8E-5	8E-4
		W, see $^{32}\text{P}$	-	3E+3	1E-6	4E-9	-	-
16	Sulfur-35	Vapor	1E+4	6E-6	2E-8	-	-	-
		D, sulfides and sulfates except those given for W	1E+4	2E+4	7E-6	2E-8	-	-
		LLI wall	(8E+3)	-	-	-	1E-4	1E-3
		W, elemental sulfur, sulfides of Sr, Ba, Ge, Sn, Pb, As, Sb, Bi, Cu, Ag, Au, Zn, Cd, Hg, W, and Mo. Sulfates of Ca, Sr, Ba, Ra, As, Sb, and Bi	6E+3	-	-	-	-	-
17	Chlorine-36	D, chlorides of H, Li, Na, K, Rb, Cs, and Fr	2E+3	2E+3	1E-6	3E-9	2E-5	2E-4
		W, chlorides of Lanthanides, Be, Mg, Ca, Sr, Ba, Ra, Al, Ga, In, Tl, Ge, Sn, Pb, As, Sb, Bi, Fe, Ru, Os, Co, Rh, Ir, Ni, Pd, Pt, Cu, Ag, Au, Zn, Cd, Hg, Sc, Y, Ti, Zr, Hf, V, Nb, Ta, Cr, Mo, W, Mn, Tc, and Re	-	2E+2	1E-7	3E-10	-	-
17	Chlorine-38 <sup>2</sup>	D, see $^{36}\text{Cl}$	2E+4	4E+4	2E-5	6E-8	-	-
		St wall	(3E+4)	-	-	-3E-4	3E-3	-
		W, see $^{36}\text{Cl}$	-	5E+4	2E-5	6E-8	-	-
17	Chlorine-39 <sup>2</sup>	D, see $^{36}\text{Cl}$	2E+4	5E+4	2E-5	7E-8	-	-
		St wall	(4E+4)	-	-	-5E-4	5E-3	-
		W, see $^{36}\text{Cl}$	-	6E+4	2E-5	8E-8	-	-
18	Argon-37	Submersion <sup>1</sup>	-	-	1E+0	6E-3	-	-
18	Argon-39	Submersion <sup>1</sup>	-	-	2E-4	8E-7	-	-
18	Argon-41	Submersion <sup>1</sup>	-	-	3E-6	1E-8	-	-
19	Potassium-40	D, all compounds	3E+2	4E+2	2E-7	6E-10	4E-6	4E-5
19	Potassium-42	D, all compounds	5E+3	5E+3	2E-6	7E-9	6E-5	6E-4
19	Potassium-43	D, all compounds	6E+3	9E+3	4E-6	1E-8	9E-5	9E-4
19	Potassium-44 <sup>2</sup>	D, all compounds	2E+4	7E+4	3E-5	9E-8	-	-
		St wall	(4E+4)	-	-	-	5E-4	5E-3
19	Potassium-45 <sup>2</sup>	D, all compounds	3E+4	1E+5	5E-5	2E-7	-	-
		St watt	(5E+4)	-	-	-	7E-4	7E-3

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## CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
20	Calcium-41	W, all compounds	3E+3	4E+3	2E-6	-	-	-
			Bone surf (4E+3)	Bone surf (4E+3)	-	5E-9	6E-5	6E-4
20	Calcium-45	W, all compounds	2E+3	8E+2	4E-7	1E-9	2E-5	2E-4
20	Calcium-47	W, all compounds	8E+2	9E+2	4E-7	1E-9	1E-5	1E-4
21	Scandium-43	Y, all compounds	7E+3	2E+4	9E-6	3E-8	1E-4	1E-3
21	Scandium-44m	Y, all compounds	5E+2	7E+2	3E-7	1E-9	7E-6	7E-5
21	Scandium-44	Y, all compounds	4E+3	1E+4	5E-6	2E-8	5E-5	5E-4
21	Scandium-46	Y, all compounds	9E+2	2E+2	1E-7	3E-10	1E-5	1E-4
21	Scandium-47	Y, all compounds	2E+3	3E+3	1E-6	4E-9	-	-
			LLI wall (3E+3)	-	-	-	4E-5	4E-4
21	Scandium-48	Y, all compounds	8E+2	1E+3	6E-7	2E-9	1E-5	1E-4
21	Scandium-49 <sup>2</sup>	Y, all compounds	2E+4	5E+4	2E-5	8E-8	3E-4	3E-3
22	Titanium-44	D, all compounds except those given for W and Y	3E+2	1E+1	5E-9	2E-11	4E-6	4E-5
		W, oxides, hydroxides, carbides, halides, and nitrates	-	3E+1	1E-8	4E-11	-	-
		Y, SrTiO	-	6E+0	2E-9	8E-12	-	-
22	Titanium-45	D, see <sup>44</sup> Ti	9E+3	3E+4	1E-5	3E-8	1E-4	1E-3
		W, see <sup>44</sup> Ti	-	4E+4	1E-5	5E-8	-	-
		Y, see <sup>44</sup> Ti	-	3E+4	1E-5	4E-8	-	-
23	Vanadium-47 <sup>2</sup>	D, all compounds except those given for W	3E+4	8E+4	3E-5	1E-7	-	-
			St wall (3E+4)	-	-	-	4E-4	4E-3
		W, oxides, hydroxides, carbides, and halides	-	1E+5	4E-5	1E-7	-	-
23	Vanadium-48	D, see <sup>47</sup> V	6E+2	1E+3	5E-7	2E-9	9E-6	9E-5
		W, see <sup>47</sup> V	-	6E+2	3E-7	9E-10	-	-
23	Vanadium-49	D, see <sup>47</sup> V	7E+4	3E+4	1E-5	-	-	-
			LLI wall (9E+4)	Bone surf (3E+4)	-	5E-8	1E-3	1E-2
		W, see <sup>47</sup> V	-	2E+4	8E-6	2E-8	-	-
24	Chromium-48	D, all compounds except those given for W and Y	6E+3	1E+4	5E-6	2E-8	8E-5	8E-4
		W, halides and nitrates	-	7E+3	3E-6	1E-8	-	-
		Y, oxides and hydroxides	-	7E+3	3E-6	1E-8	-	-
24	Chromium-49 <sup>2</sup>	D, see <sup>48</sup> Cr	3E+4	8E+4	4E-5	1E-7	4E-4	4E-3
		W, see <sup>48</sup> Cr	-	1E+5	4E-5	1E-7	-	-
		Y, see <sup>48</sup> Cr	-	9E+4	4E-5	1E-7	-	-
24	Chromium-51	D, see <sup>48</sup> Cr	4E+4	5E+4	2E-5	6E-8	5E-4	5E-3
		W, see <sup>48</sup> Cr	-	2E+4	1E-5	3E-8	-	-
		Y, see <sup>48</sup> Cr	-	2E+4	8E-6	3E-8	-	-
25	Manganese-51 <sup>2</sup>	D, all compounds except those given for W	2E+4	5E+4	2E-5	7E-8	3E-4	3E-3
		W, oxides, hydroxides, halides, and nitrates	-	6E+4	3E-5	8E-8	-	-

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CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
25	Manganese-52m <sup>2</sup>	D, see <sup>51</sup> Mn	3E+4 St wall (4E+4)	9E+4	4E-5	1E-7	-	-
		W, see <sup>51</sup> Mn	-	1E+5	4E-5	1E-7	-	-
25	Manganese-52	D, see <sup>51</sup> Mn	7E+2	1E+3	5E-7	2E-9	1E-5	1E-4
		W, see <sup>51</sup> Mn	-	9E+2	4E-7	1E-9	-	-
25	Manganese-53	D, see <sup>51</sup> Mn	5E+4	1E+4	5E-6	-	7E-4	7E-3
			-	Bone surf (2E+4)	-	3E-8	-	-
		W, see <sup>51</sup> Mn	-	1E+4	5E-6	2E-8	-	-
25	Manganese-54	D, see <sup>51</sup> Mn	2E+3	9E+2	4E-7	1E-9	3E-5	3E-4
		W, see <sup>51</sup> Mn	-	8E+2	3E-7	1E-9	-	-
25	Manganese-56	D, see <sup>51</sup> Mn	5E+3	2E+4	6E-6	2E-8	7E-5	7E-4
		W, see <sup>51</sup> Mn	-	2E+4	9E-6	3E-8	-	-
26	Iron-52	D, all compounds except those given for W	9E+2	3E+3	1E-6	4E-9	1E-5	1E-4
		W, oxides, hydroxides, and halides	-	2E+3	1E-6	3E-9	-	-
26	Iron-55	D, see <sup>52</sup> Fe	9E+3	2E+3	8E-7	3E-9	1E-4	1E-3
		W, see <sup>52</sup> Fe	-	4E+3	2E-6	6E-9	-	-
26	Iron-59	D, see <sup>52</sup> Fe	8E+2	3E+2	1E-7	5E-10	1E-5	1E-4
		W, see <sup>52</sup> Fe	-	5E+2	2E-7	7E-10	-	-
26	Iron-60	D, see <sup>52</sup> Fe	3E+1	6E+0	3E-9	9E-12	4E-7	4E-6
		W, see <sup>52</sup> Fe	-	2E+1	8E-9	3E-11	-	-
27	Cobalt-55	W, all compounds except those given for Y	1E+3	3E+3	1E-6	4E-9	2E-5	2E-4
		Y, oxides, hydroxides, halides, and nitrates	-	3E+3	1E-6	4E-9	-	-
27	Cobalt-56	W, see <sup>55</sup> Co	5E+2	3E+2	1E-7	4E-10	6E-6	6E-5
		Y, see <sup>55</sup> Co	4E+2	2E+2	8E-8	3E-10	-	-
27	Cobalt-57	W, see <sup>55</sup> Co	8E+3	3E+3	1E-6	4E-9	6E-5	6E-4
		Y, see <sup>55</sup> Co	4E+3	7E+2	3E-7	9E-10	-	-
27	Cobalt-58m	W, see <sup>55</sup> Co	6E+4	9E+4	4E-5	1E-7	8E-4	8E-3
		Y, see <sup>55</sup> Co	-	6E+4	3E-5	9E-8	-	-
27	Cobalt-58	W, see <sup>55</sup> Co	2E+3	1E+3	5E-7	2E-9	2E-5	2E-4
		Y, see <sup>55</sup> Co	1E+3	7E+2	3E-7	1E-9	-	-
27	Cobalt-60m <sup>2</sup>	W, see <sup>55</sup> Co	1E+6 St wall (1E+6)	4E+6	2E-3	6E-6	-	-
		Y, see <sup>55</sup> Co	-	3E+6	1E-3	4E-6	-	-
27	Cobalt-60	W, see <sup>55</sup> Co	5E+2	2E+2	7E-8	2E-10	3E-6	3E-5
		Y, see <sup>55</sup> Co	2E+2	3E+1	1E-8	5E-11	-	-
27	Cobalt-61 <sup>2</sup>	W, see <sup>55</sup> Co	2E+4	6E+4	3E-5	9E-8	3E-4	3E-3
		Y, see <sup>55</sup> Co	2E+4	6E+4	2E-5	8E-8	-	-

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## CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
27	Cobalt-62m <sup>2</sup>	W, see <sup>55</sup> Co St wall	4E+4 (5E+4)	2E+5 -	7E-5 -	2E-7 -	- 7E-4	- 7E-3
28	Nickel-56	Y, see <sup>55</sup> Co D, all compounds except those given for W W, oxides, hydroxides, and carbides Vapor	- 1E+3 - -	2E+5 2E+3 1E+3 1E+3	6E-5 8E-7 5E-7 5E-7	2E-7 3E-9 2E-9 2E-9	- 2E-5 - -	- 2E-4 - -
28	Nickel-57	D, see <sup>56</sup> Ni W, see <sup>56</sup> Ni Vapor	2E+3 - -	5E+3 3E+3 6E+3	2E-6 1E-6 3E-6	7E-9 4E-9 9E-	2E-5 - -	2E-4 - -
28	Nickel-59	D, see <sup>56</sup> Ni W, see <sup>56</sup> Ni Vapor	2E+4 - -	4E+3 7E+3 2E+3	2E-6 3E-6 8E-7	5E-9 1E-8 3E-9	3E-4 - -	3E-3 - -
28	Nickel-63	D, see <sup>56</sup> Ni W, see <sup>56</sup> Ni Vapor	9E+3 - -	2E+3 3E+3 8E+2	7E-7 1E-6 3E-7	2E-9 4E-9 1E-9	1E-4 - -	1E-3 - -
28	Nickel-65	D, see <sup>56</sup> Ni W, see <sup>56</sup> Ni Vapor	8E+3 - -	2E+4 3E+4 2E+4	1E-5 1E-5 7E-6	3E-8 4E-8 2E-8	1E-4 - -	1E-3 - -
28	Nickel-66	D, see <sup>56</sup> Ni LLI wall	4E+2 (5E+2)	2E+3 -	7E-7 -	2E-9 -	- 6E-6	- 6E-5
29	Copper-60 <sup>2</sup>	W, see <sup>56</sup> Ni Vapor D, all compounds except those given for W and Y St wall	- - 3E+4 (3E+4)	6E+2 3E+3 9E+4 -	3E-7 1E-6 4E-5 -	9E-10 4E-9 1E-7 -	- - - 4E-4	- - - 4E-3
29	Copper-61	W, sulfides, halides, and nitrates Y, oxides and hydroxides	- -	1E+5 1E+5	5E-5 4E-5	2E-7 1E-7	- -	- -
29	Copper-64	D, see <sup>60</sup> Cu W, see <sup>60</sup> Cu Y, see <sup>60</sup> Cu	1E+4 - -	3E+4 4E+4 4E+4	1E-5 2E-5 1E-5	4E-8 6E-8 5E-8	2E-4 - -	2E-3 - -
29	Copper-67	D, see <sup>60</sup> Cu W, see <sup>60</sup> Cu Y, see <sup>60</sup> Cu	1E+4 - -	3E+4 2E+4 2E+4	1E-5 1E-5 9E-6	4E-8 3E-8 3E-8	2E-4 - -	2E-3 - -
30	Zinc-62	D, see <sup>60</sup> Cu W, see <sup>60</sup> Cu Y, see <sup>60</sup> Cu	5E+3 - -	8E+3 5E+3 5E+3	3E-6 2E-6 2E-6	1E-8 7E-9 6E-9	6E-5 - -	6E-4 - -
30	Zinc-63 <sup>2</sup>	Y, all compounds St wall	1E+3 (3E+4)	3E+3 -	1E-6 -	4E-9 -	2E-5 3E-4	2E-4 3E-3



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Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
30	Zinc-65	Y, all compounds	4E+2	3E+2	1E-7	4E-10	5E-6	5E-5
30	Zinc-69m	Y, all compounds	4E+3	7E+3	3E-6	1E-8	6E-5	6E-4
30	Zinc-69 <sup>2</sup>	Y, all compounds	6E+4	1E+5	6E-5	2E-7	8E-4	8E-3
30	Zinc-71m	Y, all compounds	6E+3	2E+4	7E-6	2E-8	8E-5	8E-4
30	Zinc-72	Y, all compounds	1E+3	1E+3	5E-7	2E-9	1E-5	1E-4
31	Gallium-65 <sup>2</sup>	D, all compounds except those given for W	5E+4	2E+5	7E-5	2E-7	-	-
		St wall (6E+4),	-	-	-	-	9E-4	9E-3
		W, oxides, hydroxides, carbides, halides, and nitrates	-	2E+5	8E-5	3E-7	-	-
31	Gallium-66	D, see <sup>65</sup> Ga	1E+3	4E+3	1E-6	5E-9	1E-5	1E-4
		W, see <sup>65</sup> Ga	-	3E+3	1E-6	4E-9	-	-
31	Gallium-67	D, see <sup>65</sup> Ga	7E+3	1E+4	6E-6	2E-8	1E-4	1E-3
		W, see <sup>65</sup> Ga	-	1E+4	4E-6	1E-8	-	-
31	Gallium-68 <sup>2</sup>	D, see <sup>65</sup> Ga	2E+4	4E+4	2E-5	6E-8	2E-4	2E-3
		W, see <sup>65</sup> Ga	-	5E+4	2E-5	7E-8	-	-
31	Gallium-70 <sup>2</sup>	D, see <sup>65</sup> Ga	5E+4	2E+5	7E-5	2E-7	-	-
		St wall (7E+4)	-	-	-	-	1E-3	1E-2
		W, see <sup>65</sup> Ga	-	2E+5	8E-5	3E-7	-	-
31	Gallium-72	D, see <sup>65</sup> Ga	1E+3	4E+3	1E-6	5E-9	2E-5	2E-4
		W, see <sup>65</sup> Ga	-	3E+3	1E-6	4E-9	-	-
31	Gallium-73	D, see <sup>65</sup> Ga	5E+3	2E+4	6E-6	2E-8	7E-5	7E-4
		W, see <sup>65</sup> Ga	-	2E+4	6E-6	2E-8	-	-
32	Germanium-66	D, all compounds except those given for W	2E+4	3E+4	1E-5	4E-8	3E-4	3E-3
		W, oxides, sulfides, and halides	-	2E+4	8E-6	3E-8	-	-
32	Germanium-67 <sup>2</sup>	D, see <sup>66</sup> Ge	3E+4	9E+4	4E-5	1E-7	-	-
		St wall (4E+4)	-	-	-	-	6E-4	6E-3
		W, see <sup>66</sup> Ge	-	1E+5	4E-5	1E-7	-	-
32	Germanium-68	D, see <sup>66</sup> Ge	5E+3	4E+3	2E-6	5E-9	6E-5	6E-4
		W, see <sup>66</sup> Ge	-	1E+2	4E-8	1E-10	-	-
32	Germanium-69	D, see <sup>66</sup> Ge	1E+4	2E+4	6E-6	2E-8	2E-4	2E-3
		W, see <sup>66</sup> Ge	-	8E+3	3E-6	1E-8	-	-
32	Germanium-71	D, see <sup>66</sup> Ge	5E+5	4E+5	2E-4	6E-7	7E-3	7E-2
		W, see <sup>66</sup> Ge	-	4E+4	2E-5	6E-8	-	-
32	Germanium-75 <sup>2</sup>	D, see <sup>66</sup> Ge	4E+4	8E+4	3E-5	1E-7	-	-
		St wall (7E+4)	-	-	-	-	9E-4	9E-3
		W, see <sup>66</sup> Ge	-	8E+4	4E-5	1E-7	-	-
32	Germanium-77	D, see <sup>66</sup> Ge	9E+3	1E+4	4E-6	1E-8	1E-4	1E-3
		W, see <sup>66</sup> Ge	-	6E+3	2E-6	8E-9	-	-

## TITLE 9. HEALTH SERVICES

## CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
32	Germanium-78 <sup>2</sup>	D, see <sup>66</sup> Ge	2E+4 St wall (2E+4)	2E+4	9E-6	3E-8	-	-
		W, see <sup>66</sup> Ge	-	2E+4	9E-6	3E-8	-	-
33	Arsenic-69 <sup>2</sup>	W, all compounds	3E+4 St wall (4E+4)	1E+5	5E-5	2E-7	-	-
			-	-	-	-	6E-4	6E-3
33	Arsenic-70 <sup>2</sup>	W, all compounds	1E+4	5E+4	2E-5	7E-8	2E-4	2E-3
33	Arsenic-71	W, all compounds	4E+3	5E+3	2E-6	6E-9	5E-5	5E-4
33	Arsenic-72	W, all compounds	9E+2	1E+3	6E-7	2E-9	1E-5	1E-4
33	Arsenic-73	W, all compounds	8E+3	2E+3	7E-7	2E-9	1E-4	1E-3
33	Arsenic-74	W, all compounds	1E+3	8E+2	3E-7	1E-9	2E-5	2E-4
33	Arsenic-76	W, all compounds	1E+3	1E+3	6E-7	2E-9	1E-5	1E-4
33	Arsenic-77	W, all compounds	4E+3	5E+3	2E-6	7E-9	-	-
			LLI wall (5E+3)	-	-	-	6E-5	6E-4
33	Arsenic-78 <sup>2</sup>	W, all compounds	8E+3	2E+4	9E-6	3E-8	1E-4	1E-3
34	Selenium-70 <sup>2</sup>	D, all compounds except those given for W	2E+4	4E+4	2E-5	5E-8	1E-4	1E-3
		W, oxides, hydroxides, carbides, and elemental Se	1E+4	4E+4	2E-5	6E-8	-	-
34	Selenium-73m <sup>2</sup>	D, see <sup>70</sup> Se	6E+4	2E+5	6E-5	2E-7	4E-4	4E-3
		W, see <sup>70</sup> Se	3E+4	1E+5	6E-5	2E-7	-	-
34	Selenium-73	D, see <sup>70</sup> Se	3E+3	1E+4	5E-6	2E-8	4E-5	4E-4
		W, see <sup>70</sup> Se	-	2E+4	7E-6	2E-8	-	-
34	Selenium-75	D, see <sup>70</sup> Se	5E+2	7E+2	3E-7	1E-9	7E-6	7E-5
		W, see <sup>70</sup> Se	-	6E+2	3E-7	8E-10	-	-
34	Selenium-79	D, see <sup>70</sup> Se	6E+2	8E+2	3E-7	1E-9	8E-6	8E-5
		W, see <sup>70</sup> Se	-	6E+2	2E-7	8E-10	-	-
34	Selenium-81m <sup>2</sup>	D, see <sup>70</sup> Se	4E+4	7E+4	3E-5	9E-8	3E-4	3E-3
		W, see <sup>70</sup> Se	2E+4	7E+4	3E-5	1E-7	-	-
34	Selenium-81 <sup>2</sup>	D, see <sup>70</sup> Se	6E+4	2E+5	9E-5	3E-7	-	-
			St wall (8E+4)	-	-	-	1E-3	1E-2
		W, see <sup>70</sup> Se	-	2E+5	1E-4	3E-7	-	-
34	Selenium-83 <sup>2</sup>	D, see <sup>70</sup> Se	4E+4	1E+5	5E-5	2E-7	4E-4	4E-3
		W, see <sup>70</sup> Se	3E+4	1E+5	5E-5	2E-7	-	-
35	Bromine-74m <sup>2</sup>	D, bromides of H, Li, Na, K, Rb, Cs, and Fr	1E+4 St wall (2E+4)	4E+4	2E-5	5E-8	-	-
			-	-	-	-	3E-4	3E-3

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CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
		W, Bromides of lanthanides, Be, Mg, Ca, Sr, Ba, Ra, Al, Ga, In, Tl, Ge, Sn, Pb, As, Sb, Bi, Fe, Ru, Os, Co, Rh, Ir, Ni, Pd, Pt, Cu, Ag, Au, Zn, Cd, Hg, Sc, Y, Ti, Zr, Hf, V, Nb, Ta, Mn, Tc, and Re	-	4E+4	2E-5	6E-8	-	-
35	Bromine-74 <sup>2</sup>	D, see <sup>74m</sup> Br	2E+4	7E+4	3E-5	1E-7	-	-
		St wall (4E+4)					5E-4	5E-3
		W, see <sup>74m</sup> Br	-	8E+4	4E-5	1E-7	-	-
35	Bromine-75 <sup>2</sup>	D, see <sup>74m</sup> Br	3E+4	5E+4	2E-5	7E-8	-	-
		St wall (4E+4)					5E-4	5E-3
		W, see <sup>74m</sup> Br	-	5E+4	2E-5	7E-8	-	-
35	Bromine-76	D, see <sup>74m</sup> Br	4E+3	5E+3	2E-6	7E-9	5E-5	5E-4
		W, see <sup>74m</sup> Br	-	4E+3	2E-6	6E-9	-	-
35	Bromine-77	D, see <sup>74m</sup> Br	2E+4	2E+4	1E-5	3E-8	2E-4	2E-3
		W, see <sup>74m</sup> Br	-	2E+4	8E-6	3E-8	-	-
35	Bromine-80m	D, see <sup>74m</sup> Br	2E+4	2E+4	7E-6	2E-8	3E-4	3E-3
		W, see <sup>74m</sup> Br	-	1E+4	6E-6	2E-8	-	-
35	Bromine-80 <sup>2</sup>	D, see <sup>74m</sup> Br	5E+4	2E+5	8E-5	3E-7	-	-
		St wall (9E+4)					1E-3	1E-2
		W, see <sup>74m</sup> Br	-	2E+5	9E-5	3E-7	-	-
35	Bromine-82	D, see <sup>74m</sup> Br	3E+3	4E+3	2E-6	6E-9	4E-5	4E-4
		W, see <sup>74m</sup> Br	-	4E+3	2E-6	5E-9	-	-
35	Bromine-83	D, see <sup>74m</sup> Br	5E+4	6E+4	3E-5	9E-8	-	-
		St wall (7E+4)					9E-4	9E-3
		W, see <sup>74m</sup> Br	-	6E+4	3E-5	9E-8	-	-
35	Bromine-84 <sup>2</sup>	D, see <sup>74m</sup> Br	2E+4	6E+4	2E-5	8E-8	-	-
		St wall (3E+4)					4E-4	4E-3
		W, see <sup>74m</sup> Br	-	6E+4	3E-5	9E-8	-	-
36	Krypton-74 <sup>2</sup>	Submersion <sup>1</sup>	-	-	3E-6	1E-8	-	-
36	Krypton-76	Submersion <sup>1</sup>	-	-	9E-6	4E-8	-	-
36	Krypton-77 <sup>2</sup>	Submersion <sup>1</sup>	-	-	4E-6	2E-8	-	-
36	Krypton-79	Submersion <sup>1</sup>	-	-	2E-5	7E-8	-	-
36	Krypton-81	Submersion <sup>1</sup>	-	-	7E-4	3E-6	-	-
36	Krypton-83m <sup>2</sup>	Submersion <sup>1</sup>	-	-	1E-2	5E-5	-	-
36	Krypton-85m	Submersion <sup>1</sup>	-	-	2E-5	1E-7	-	-
36	Krypton-85	Submersion <sup>1</sup>	-	-	1E-4	7E-7	-	-
36	Krypton-87 <sup>2</sup>	Submersion <sup>1</sup>	-	-	5E-6	2E-8	-	-
36	Krypton-88	Submersion <sup>1</sup>	-	-	2E-6	9E-9	-	-

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## CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
37	Rubidium-79 <sup>2</sup>	D, all compounds	4E+4 St wall (6E+4)	1E+5	5E-5	2E-7	-	-
37	Rubidium-81m <sup>2</sup>	D, all compounds	2E+5 St wall (3E+5)	3E+5	1E-4	5E-7	-	-
37	Rubidium-81	D, all compounds	4E+4	5E+4	2E-5	7E-8	5E-4	5E-3
37	Rubidium-82m	D, all compounds	1E+4	2E+4	7E-6	2E-8	2E-4	2E-3
37	Rubidium-83	D, all compounds	6E+2	1E+3	4E-7	1E-9	9E-6	9E-5
37	Rubidium-84	D, all compounds	5E+2	8E+2	3E-7	1E-9	7E-6	7E-5
37	Rubidium-86	D, all compounds	5E+2	8E+2	3E-7	1E-9	7E-6	7E-5
37	Rubidium-87	D, all compounds	1E+3	2E+3	6E-7	2E-9	1E-5	1E-4
37	Rubidium-88 <sup>2</sup>	D, all compounds	2E+4 St wall (3E+4)	6E+4	3E-5	9E-8	-	-
37	Rubidium-89 <sup>2</sup>	D, all compounds	4E+4 St wall (6E+4)	1E+5	6E-5	2E-7	-	-
38	Strontium-80 <sup>2</sup>	D, all soluble compounds except SrTiO Y, all insoluble compounds and SrTiO	4E+3 -	1E+4	5E-6	2E-8	6E-5	6E-4
38	Strontium-81 <sup>2</sup>	D, see <sup>80</sup> Sr Y, see <sup>80</sup> Sr	3E+4 2E+4	8E+4	3E-5	1E-7	3E-4	3E-3
38	Strontium-82	D, see <sup>80</sup> Sr	3E+2 LLI wall (2E+2)	4E+2	2E-7	6E-10	-	-
38	Strontium-83	Y, see <sup>80</sup> Sr D, see <sup>80</sup> Sr Y, see <sup>80</sup> Sr	2E+2 3E+3 2E+3	9E+1 7E+3 4E+3	4E-8 3E-6 1E-6	1E-10 1E-8 5E-9	- 3E-5 -	- 3E-4 -
38	Strontium-85m <sup>2</sup>	D, see <sup>80</sup> Sr Y, see <sup>80</sup> Sr	2E+5 -	6E+5 8E+5	3E-4 4E-4	9E-7 1E-6	3E-3 -	3E-2 -
38	Strontium-85	D, see <sup>80</sup> Sr Y, see <sup>80</sup> Sr	3E+3 -	3E+3 2E+3	1E-6 6E-7	4E-9 2E-9	4E-5 -	4E-4 -
38	Strontium-87m	D, see <sup>80</sup> Sr Y, see <sup>80</sup> Sr	5E+4 4E+4	1E+5 2E+5	5E-5 6E-5	2E-7 2E-7	6E-4 -	6E-3 -
38	Strontium-89	D, see <sup>80</sup> Sr	6E+2 LLI wall (6E+2)	8E+2	4E-7	1E-9	-	-
38	Strontium-90	Y, see <sup>80</sup> Sr D, see <sup>80</sup> Sr	5E+2 3E+1 Bone surf (4E+1)	1E+2 2E+1 Bone surf (2E+1)	6E-8 8E-9 -	2E-10 -	- -	- -
38	Strontium-91	Y, see <sup>80</sup> Sr D, see <sup>80</sup> Sr Y, see <sup>80</sup> Sr	- 2E+3 -	4E+0 6E+3 4E+3	2E-9 2E-6 1E-6	6E-12 8E-9 5E-9	- 2E-5 -	- 2E-4 -

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CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
38	Strontium-92	D, see $^{80}\text{Sr}$	3E+3	9E+3	4E-6	1E-8	4E-5	4E-4
		Y, see $^{80}\text{Sr}$	-	7E+3	3E-6	9E-9	-	-
39	Yttrium-86m <sup>2</sup>	W, all compounds except those given for Y	2E+4	6E+4	2E-5	8E-8	3E-4	3E-3
		Y, oxides and hydroxides	-	5E+4	2E-5	8E-8	-	-
39	Yttrium-86	W, see $^{86m}\text{Y}$	1E+3	3E+3	1E-6	5E-9	2E-5	2E-4
		Y, see $^{86m}\text{Y}$	-	3E+3	1E-6	5E-9	-	-
39	Yttrium-87	W, see $^{86m}\text{Y}$	2E+3	3E+3	1E-6	5E-9	3E-5	3E-4
		Y, see $^{86m}\text{Y}$	-	3E+3	1E-6	5E-9	-	-
39	Yttrium-88	W, see $^{86m}\text{Y}$	1E+3	3E+2	1E-7	3E-10	1E-5	1E-4
		Y, see $^{86m}\text{Y}$	-	2E+2	1E-7	3E-10	-	-
39	Yttrium-90m	W, see $^{86m}\text{Y}$	8E+3	1E+4	5E-6	2E-8	1E-4	1E-3
		Y, see $^{86m}\text{Y}$	-	1E+4	5E-6	2E-8	-	-
39	Yttrium-90	W, see $^{86m}\text{Y}$	4E+2	7E+2	3E-7	9E-10	-	-
		LLI wall (5E+2)	-	-	-	-	7E-6	7E-5
		Y, see $^{86m}\text{Y}$	-	6E+2	3E-7	9E-10	-	-
39	Yttrium-91m <sup>2</sup>	W, see $^{86m}\text{Y}$	1E+5	2E+5	1E-4	3E-7	2E-3	2E-2
		Y, see $^{86m}\text{Y}$	-	2E+5	7E-5	2E-7	-	-
39	Yttrium-91	W, see $^{86m}\text{Y}$	5E+2	2E+2	7E-8	2E-10	-	-
		LLI wall (6E+2)	-	-	-	-	8E-6	8E-5
		Y, see $^{86m}\text{Y}$	-	1E+2	5E-8	2E-10	-	-
39	Yttrium-92	W, see $^{86m}\text{Y}$	3E+3	9E+3	4E-6	1E-8	4E-5	4E-4
		Y, see $^{86m}\text{Y}$	-	8E+3	3E-6	1E-8	-	-
39	Yttrium-93	W, see $^{86m}\text{Y}$	1E+3	3E+3	1E-6	4E-9	2E-5	2E-4
		Y, see $^{86m}\text{Y}$	-	2E+3	1E-6	3E-9	-	-
39	Yttrium-94 <sup>2</sup>	W, see $^{86m}\text{Y}$	2E+4	8E+4	3E-5	1E-7	-	-
		St wall (3E+4)	-	-	-	-	4E-4	4E-3
		Y, see $^{86m}\text{Y}$	-	8E+4	3E-5	1E-7	-	-
39	Yttrium-95 <sup>2</sup>	W, see $^{86m}\text{Y}$	4E+4	2E+5	6E-5	2E-7	-	-
		St wall (5E+4)	-	-	-	-	7E-4	7E-3
		Y, see $^{86m}\text{Y}$	-	1E+5	6E-5	2E-7	-	-
40	Zirconium-86	D, all compounds except those given for W and Y	1E+3	4E+3	2E-6	6E-9	2E-5	2E-4
		W, oxides, hydroxides, halides, and nitrates	-	3E+3	1E-6	4E-9	-	-
		Y, carbide	-	2E+3	1E-6	3E-9	-	-
40	Zirconium-88	D, see $^{86}\text{Zr}$	4E+3	2E+2	9E-8	3E-10	5E-5	5E-4
		W, see $^{86}\text{Zr}$	-	5E+2	2E-7	7E-10	-	-
		Y, see $^{86}\text{Zr}$	-	3E+2	1E-7	4E-10	-	-

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## CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
40	Zirconium-89	D, see $^{86}\text{Zr}$	2E+3	4E+3	1E-6	5E-9	2E-5	2E-4
		W, see $^{86}\text{Zr}$	-	2E+3	1E-6	3E-9	-	-
		Y, see $^{86}\text{Zr}$	-	2E+3	1E-6	3E-9	-	-
40	Zirconium-93	D, see $^{86}\text{Zr}$	1E+3	6E+0	3E-9	-	-	-
			Bone surf (3E+3)	Bone surf (2E+1)	-	2E-11	4E-5	4E-4
		W, see $^{86}\text{Zr}$	-	2E+1	1E-8	-	-	-
				Bone surf (6E+1)	-	9E-11	-	-
		Y, see $^{86}\text{Zr}$	-	6E+1	2E-8	-	-	-
				Bone surf (7E+1)	-	9E-11	-	-
40	Zirconium-95	D, see $^{86}\text{Zr}$	1E+3	1E+2	5E-8	-	2E-5	2E-4
				Bone surf (3E+2)	-	4E-10	-	-
		W, see $^{86}\text{Zr}$	-	4E+2	2E-7	5E-10	-	-
		Y, see $^{86}\text{Zr}$	-	3E+2	1E-7	4E-10	-	-
40	Zirconium-97	D, see $^{86}\text{Zr}$	6E+2	2E+3	8E-7	3E-9	9E-6	9E-5
		W, see $^{86}\text{Zr}$	-	1E+3	6E-7	2E-9	-	-
		Y, see $^{86}\text{Zr}$	-	1E+3	5E-7	2E-9	-	-
41	Niobium-88 <sup>2</sup>	W, all compounds except those given for Y	5E+4	2E+5	9E-5	3E-7	-	-
			St wall (7E+4)	-	-	-	1E-3	1E-2
		Y, oxides and hydroxides	-	2E+5	9E-5	3E-7	-	-
41	Niobium-89 <sup>2</sup> (66 min)	W, see $^{88}\text{Nb}$	1E+4	4E+4	2E-5	6E-8	1E-4	1E-3
		Y, see $^{88}\text{Nb}$	-	4E+4	2E-5	5E-8	-	-
41	Niobium-89 (122 min)	W, see $^{88}\text{Nb}$	5E+3	2E+4	8E-6	3E-8	7E-5	7E-4
		Y, see $^{88}\text{Nb}$	-	2E+4	6E-6	2E-8	-	-
41	Niobium-90	W, see $^{88}\text{Nb}$	1E+3	3E+3	1E-6	4E-9	1E-5	1E-4
		Y, see $^{88}\text{Nb}$	-	2E+3	1E-6	3E-9	-	-
41	Niobium-93m	W, see $^{88}\text{Nb}$	9E+3	2E+3	8E-7	3E-9	-	-
			LLI wall (1E+4)	-	-	-	2E-4	2E-3
		Y, see $^{88}\text{Nb}$	-	2E+2	7E-8	2E-10	-	-
41	Niobium-94	W, see $^{88}\text{Nb}$	9E+2	2E+2	8E-8	3E-10	1E-5	1E-4
		Y, see $^{88}\text{Nb}$	-	2E+1	6E-9	2E-11	-	-
41	Niobium-95m	W, see $^{88}\text{Nb}$	2E+3	3E+3	1E-6	4E-9	-	-
			LLI wall (2E+3)	-	-	-	3E-5	3E-4
		Y, see $^{88}\text{Nb}$	-	2E+3	9E-7	3E-9	-	-
41	Niobium-95	W, see $^{88}\text{Nb}$	2E+3	1E+3	5E-7	2E-9	3E-5	3E-4
		Y, see $^{88}\text{Nb}$	-	1E+3	5E-7	2E-9	-	-

TITLE 9. HEALTH SERVICES

CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
41	Niobium-96	W, see $^{88}\text{Nb}$	1E+3	3E+3	1E-6	4E-9	2E-5	2E-4
		Y, see $^{88}\text{Nb}$	-	2E+3	1E-6	3E-9	-	-
41	Niobium-97 <sup>2</sup>	W, see $^{88}\text{Nb}$	2E+4	8E+4	3E-5	1E-7	3E-4	3E-3
		Y, see $^{88}\text{Nb}$	-	7E+4	3E-5	1E-7	-	-
41	Niobium-98 <sup>2</sup>	W, see $^{88}\text{Nb}$	1E+4	5E+4	2E-5	8E-8	2E-4	2E-3
		Y, see $^{88}\text{Nb}$	-	5E+4	2E-5	7E-8	-	-
42	Molybdenum-90	D, all compounds except those given for Y	4E+3	7E+3	3E-6	1E-8	3E-5	3E-4
		Y, oxides, hydroxides, and MoS	2E+3	5E+3	2E-6	6E-9	-	-
42	Molybdenum-93m	D, see $^{90}\text{Mo}$	9E+3	2E+4	7E-6	2E-8	6E-5	6E-4
		Y, see $^{90}\text{Mo}$	4E+3	1E+4	6E-6	2E-8	-	-
42	Molybdenum-93	D, see $^{90}\text{Mo}$	4E+3	5E+3	2E-6	8E-9	5E-5	5E-4
		Y, see $^{90}\text{Mo}$	2E+4	2E+2	8E-8	2E-10	-	-
42	Molybdenum-99	D, see $^{90}\text{Mo}$	2E+3	3E+3	1E-6	4E-9	-	-
		LLI wall	(1E+3)	-	-	-	2E-5	2E-4
42	Molybdenum-101 <sup>2</sup>	Y, see $^{90}\text{Mo}$	1E+3	1E+3	6E-7	2E-9	-	-
		D, see $^{90}\text{Mo}$	4E+4	1E+5	6E-5	2E-7	-	-
42		St wall	(5E+4)	-	-	-	7E-4	7E-3
		Y, see $^{90}\text{Mo}$	-	1E+5	6E-5	2E-7	-	-
43	Technetium-93m <sup>2</sup>	D, All compounds except those given for W	7E+4	2E+5	6E-5	2E-7	1E-3	1E-2
		W, oxides, hydroxides, halides, and nitrates	-	3E+5	1E-4	4E-7	-	-
43	Technetium-93	D, see $^{93\text{m}}\text{Tc}$	3E+4	7E+4	3E-5	1E-7	4E-4	4E-3
		W, see $^{93\text{m}}\text{Tc}$	-	1E+5	4E-5	1E-7	-	-
43	Technetium-94m <sup>2</sup>	D, see $^{93\text{m}}\text{Tc}$	2E+4	4E+4	2E-5	6E-8	3E-4	3E-3
		W, see $^{93\text{m}}\text{Tc}$	-	6E+4	2E-5	8E-8	-	-
43	Technetium-94	D, see $^{93\text{m}}\text{Tc}$	9E+3	2E+4	8E-6	3E-8	1E-4	1E-3
		W, see $^{93\text{m}}\text{Tc}$	-	2E+4	1E-5	3E-8	-	-
43	Technetium-95m	D, see $^{93\text{m}}\text{Tc}$	4E+3	5E+3	2E-6	8E-9	5E-5	5E-4
		W, see $^{93\text{m}}\text{Tc}$	-	2E+3	8E-7	3E-9	-	-
43	Technetium-95	D, see $^{93\text{m}}\text{Tc}$	1E+4	2E+4	9E-6	3E-8	1E-4	1E-3
		W, see $^{93\text{m}}\text{Tc}$	-	2E+4	8E-6	3E-8	-	-
43	Technetium-96m <sup>2</sup>	D, see $^{93\text{m}}\text{Tc}$	2E+5	3E+5	1E-4	4E-7	2E-3	2E-2
		W, see $^{93\text{m}}\text{Tc}$	-	2E+5	1E-4	3E-7	-	-
43	Technetium-96	D, see $^{93\text{m}}\text{Tc}$	2E+3	3E+3	1E-6	5E-9	3E-5	3E-4
		W, see $^{93\text{m}}\text{Tc}$	-	2E+3	9E-7	3E-9	-	-
43	Technetium-97m	D, see $^{93\text{m}}\text{Tc}$	5E+3	7E+3	3E-6	-	6E-5	6E-4
		St wall	-	(7E+3)	-	1E-8	-	-
		W, see $^{93\text{m}}\text{Tc}$	-	1E+3	5E-7	2E-9	-	-

## TITLE 9. HEALTH SERVICES

## CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
43	Technetium-97	D, see $^{93\text{m}}\text{Tc}$	4E+4	5E+4	2E-5	7E-8	5E-4	5E-3
		W, see $^{93\text{m}}\text{Tc}$	-	6E+3	2E-6	8E-9	-	-
43	Technetium-98	D, see $^{93\text{m}}\text{Tc}$	1E+3	2E+3	7E-7	2E-9	1E-5	1E-4
		W, see $^{93\text{m}}\text{Tc}$	-	3E+2	1E-7	4E-10	-	-
43	Technetium-99m	D, see $^{93\text{m}}\text{Tc}$	8E+4	2E+5	6E-5	2E-7	1E-3	1E-2
		W, see $^{93\text{m}}\text{Tc}$	-	2E+5	1E-4	3E-7	-	-
43	Technetium-99	D, see $^{93\text{m}}\text{Tc}$	4E+3	5E+3	2E-6	-	6E-5	6E-4
		St wall (6E+3)	-	(6E+3)	-	8E-9	-	-
43	Technetium-101 <sup>2</sup>	W, see $^{93\text{m}}\text{Tc}$	-	7E+2	3E-7	9E-10	-	-
		D, see $^{93\text{m}}\text{Tc}$	9E+4	3E+5	1E-4	5E-7	-	-
43	Technetium-104 <sup>2</sup>	St wall (1E+5)	-	-	-	-	2E-3	2E-2
		W, see $^{93\text{m}}\text{Tc}$	-	4E+5	2E-4	5E-7	-	-
43	Technetium-104 <sup>2</sup>	D, see $^{93\text{m}}\text{Tc}$	2E+4	7E+4	3E-5	1E-7	-	-
		St wall (3E+4)	-	-	-	-	4E-4	4E-3
43	Technetium-104 <sup>2</sup>	W, see $^{93\text{m}}\text{Tc}$	-	9E+4	4E-5	1E-7	-	-
44	Ruthenium-94 <sup>2</sup>	D, all compounds except those given for W and Y	2E+4	4E+4	2E-5	6E-8	2E-4	2E-3
		W, halides	-	6E+4	3E-5	9E-8	-	-
44	Ruthenium-97	Y, oxides and hydroxides	-	6E+4	2E-5	8E-8	-	-
		D, see $^{94}\text{Ru}$	8E+3	2E+4	8E-6	3E-8	1E-4	1E-3
44	Ruthenium-97	W, see $^{94}\text{Ru}$	-	1E+4	5E-6	2E-8	-	-
		Y, see $^{94}\text{Ru}$	-	1E+4	5E-6	2E-8	-	-
44	Ruthenium-103	D, see $^{94}\text{Ru}$	2E+3	2E+3	7E-7	2E-9	3E-5	3E-4
		W, see $^{94}\text{Ru}$	-	1E+3	4E-7	1E-9	-	-
44	Ruthenium-103	Y, see $^{94}\text{Ru}$	-	6E+2	3E-7	9E-10	-	-
		D, see $^{94}\text{Ru}$	5E+3	1E+4	6E-6	2E-8	7E-5	7E-4
44	Ruthenium-105	W, see $^{94}\text{Ru}$	-	1E+4	6E-6	2E-8	-	-
		Y, see $^{94}\text{Ru}$	-	1E+4	5E-6	2E-8	-	-
44	Ruthenium-106	D, see $^{94}\text{Ru}$	2E+2	9E+1	4E-8	1E-10	-	-
		LLI wall (2E+2)	-	-	-	-	3E-6	3E-5
44	Ruthenium-106	W, see $^{94}\text{Ru}$	-	5E+1	2E-8	8E-11	-	-
		Y, see $^{94}\text{Ru}$	-	1E+1	5E-9	2E-11	-	-
45	Rhodium-99m	D, all compounds except those given for W and Y	2E+4	6E+4	2E-5	8E-8	2E-4	2E-3
		W, halides	-	8E+4	3E-5	1E-7	-	-
45	Rhodium-99	Y, oxides and hydroxides	-	7E+4	3E-5	9E-8	-	-
		D, see $^{99\text{m}}\text{Rh}$	2E+3	3E+3	1E-6	4E-9	3E-5	3E-4
45	Rhodium-99	W, see $^{99\text{m}}\text{Rh}$	-	2E+3	9E-7	3E-9	-	-
		Y, see $^{99\text{m}}\text{Rh}$	-	2E+3	8E-7	3E-9	-	-



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CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
45	Rhodium-100	D, see $^{99\text{m}}\text{Rh}$	2E+3	5E+3	2E-6	7E-9	2E-5	2E-4
		W, see $^{99\text{m}}\text{Rh}$	-	4E+3	2E-6	6E-9	-	-
		Y, see $^{99\text{m}}\text{Rh}$	-	4E+3	2E-6	5E-9	-	-
45	Rhodium-101m	D, see $^{99\text{m}}\text{Rh}$	6E+3	1E+4	5E-6	2E-8	8E-5	8E-4
		W, see $^{99\text{m}}\text{Rh}$	-	8E+3	4E-6	1E-8	-	-
		Y, see $^{99\text{m}}\text{Rh}$	-	8E+3	3E-6	1E-8	-	-
45	Rhodium-101	D, see $^{99\text{m}}\text{Rh}$	2E+3	5E+2	2E-7	7E-10	3E-5	3E-4
		W, see $^{99\text{m}}\text{Rh}$	-	8E+2	3E-7	1E-9	-	-
		Y, see $^{99\text{m}}\text{Rh}$	-	2E+2	6E-8	2E-10	-	-
45	Rhodium-102m	D, see $^{99\text{m}}\text{Rh}$	1E+3	5E+2	2E-7	7E-10	-	-
		LLI wall (1E+3)	-	-	-	-	2E-5	2E-4
		W, see $^{99\text{m}}\text{Rh}$	-	4E+2	2E-7	5E-10	-	-
		Y, see $^{99\text{m}}\text{Rh}$	-	1E+2	5E-8	2E-10	-	-
45	Rhodium-102	D, see $^{99\text{m}}\text{Rh}$	6E+2	9E+1	4E-8	1E-10	8E-6	8E-5
		W, see $^{99\text{m}}\text{Rh}$	-	2E+2	7E-8	2E-10	-	-
		Y, see $^{99\text{m}}\text{Rh}$	-	6E+1	2E-8	8E-11	-	-
45	Rhodium-103m <sup>2</sup>	D, see $^{99\text{m}}\text{Rh}$	4E+5	1E+6	5E-4	2E-6	6E-3	6E-2
		W, see $^{99\text{m}}\text{Rh}$	-	1E+6	5E-4	2E-6	-	-
		Y, see $^{99\text{m}}\text{Rh}$	-	1E+6	5E-4	2E-6	-	-
45	Rhodium-105	D, see $^{99\text{m}}\text{Rh}$	4E+3	1E+4	5E-6	2E-8	-	-
		LLI wall (4E+3)	-	-	-	-	5E-5	5E-4
		W, see $^{99\text{m}}\text{Rh}$	-	6E+3	3E-6	9E-9	-	-
		Y, see $^{99\text{m}}\text{Rh}$	-	6E+3	2E-6	8E-9	-	-
45	Rhodium-106m	D, see $^{99\text{m}}\text{Rh}$	8E+3	3E+4	1E-5	4E-8	1E-4	1E-3
		W, see $^{99\text{m}}\text{Rh}$	-	4E+4	2E-5	5E-8	-	-
		Y, see $^{99\text{m}}\text{Rh}$	-	4E+4	1E-5	5E-8	-	-
45	Rhodium-107 <sup>2</sup>	D, see $^{99\text{m}}\text{Rh}$	7E+4	2E+5	1E-4	3E-7	-	-
		St wall (9E+4)	-	-	-	-	1E-3	1E-2
		W, see $^{99\text{m}}\text{Rh}$	-	3E+5	1E-4	4E-7	-	-
		Y, see $^{99\text{m}}\text{Rh}$	-	3E+5	1E-4	3E-7	-	-
46	Palladium-100	D, all compounds except those given for W and Y	1E+3	1E+3	6E-7	2E-9	2E-5	2E-4
		W, nitrates	-	1E+3	5E-7	2E-9	-	-
		Y, oxides and hydroxides	-	1E+3	6E-7	2E-9	-	-
46	Palladium-101	D, see $^{100}\text{Pd}$	1E+4	3E+4	1E-5	5E-8	2E-4	2E-3
		W, see $^{100}\text{Pd}$	-	3E+4	1E-5	5E-8	-	-
		Y, see $^{100}\text{Pd}$	-	3E+4	1E-5	4E-8	-	-

## TITLE 9. HEALTH SERVICES

## CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
46	Palladium-103	D, sec $^{100}\text{Pd}$	6E+3	6E+3	3E-6	9E-9	-	-
		LLI wall (7E+3)	-	-	-	-	1E-4	1E-3
		W, sec $^{100}\text{Pd}$	-	4E+3	2E-6	6E-9	-	-
		Y, sec $^{100}\text{Pd}$	-	4E+3	1E-6	5E-9	-	-
46	Palladium-107	D, sec $^{100}\text{Pd}$	3E+4	2E+4	9E-6	-	-	-
		LLI wall Kidneys (4E+4) (2E+4)	-	-	-	3E-8	5E-4	5E-3
		W, sec $^{100}\text{Pd}$	-	7E+3	3E-6	1E-8	-	-
		Y, sec $^{100}\text{Pd}$	-	4E+2	2E-7	6E-10	-	-
46	Palladium-109	D, sec $^{100}\text{Pd}$	2E+3	6E+3	3E-6	9E-9	3E-5	3E-4
		W, sec $^{100}\text{Pd}$	-	5E+3	2E-6	8E-9	-	-
		Y, sec $^{100}\text{Pd}$	-	5E+3	2E-6	6E-9	-	-
47	Silver-102 <sup>2</sup>	D, all compounds except those given for W and Y	5E+4	2E+5	8E-5	2E-7	-	-
		St wall (6E+4)	-	-	-	-	9E-4	9E-3
		W, nitrates and sulfides	-	2E+5	9E-5	3E-7	-	-
		Y, oxides and hydroxides	-	2E+5	8E-5	3E-7	-	-
47	Silver-103 <sup>2</sup>	D, sec $^{102}\text{Ag}$	4E+4	1E+5	4E-5	1E-7	5E-4	5E-3
		W, sec $^{102}\text{Ag}$	-	1E+5	5E-5	2E-7	-	-
		Y, sec $^{102}\text{Ag}$	-	1E+5	5E-5	2E-7	-	-
47	Silver-104m <sup>2</sup>	D, sec $^{102}\text{Ag}$	3E+4	9E+4	4E-5	1E-7	4E-4	4E-3
		W, sec $^{102}\text{Ag}$	-	1E+5	5E-5	2E-7	-	-
		Y, sec $^{102}\text{Ag}$	-	1E+5	5E-5	2E-7	-	-
47	Silver-104 <sup>2</sup>	D, sec $^{102}\text{Ag}$	2E+4	7E+4	3E-5	1E-7	3E-4	3E-3
		W, sec $^{102}\text{Ag}$	-	1E+5	6E-5	2E-7	-	-
		Y, sec $^{102}\text{Ag}$	-	1E+5	6E-5	2E-7	-	-
47	Silver-105	D, sec $^{102}\text{Ag}$	3E+3	1E+3	4E-7	1E-9	4E-5	4E-4
		W, sec $^{102}\text{Ag}$	-	2E+3	7E-7	2E-9	-	-
		Y, sec $^{102}\text{Ag}$	-	2E+3	7E-7	2E-9	-	-
47	Silver-106m	D, sec $^{102}\text{Ag}$	8E+2	7E+2	3E-7	1E-9	1E-5	1E-4
		W, sec $^{102}\text{Ag}$	-	9E+2	4E-7	1E-9	-	-
		Y, sec $^{102}\text{Ag}$	-	9E+2	4E-7	1E-9	-	-
47	Silver-106 <sup>2</sup>	D, sec $^{102}\text{Ag}$	6E+4	2E+5	8E-5	3E-7	-	-
		St Wall (6E+4)	-	-	-	-	9E-4	9E-3
		W, sec $^{102}\text{Ag}$	-	2E+5	9E-5	3E-7	-	-
		Y, sec $^{102}\text{Ag}$	-	2E+5	8E-5	3E-7	-	-
47	Silver-108m	D, sec $^{102}\text{Ag}$	6E+2	2E+2	8E-8	3E-10	9E-6	9E-5
		W, sec $^{102}\text{Ag}$	-	3E+2	1E-7	4E-10	-	-
		Y, sec $^{102}\text{Ag}$	-	2E+1	1E-8	3E-11	-	-

TITLE 9. HEALTH SERVICES

CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
47	Silver-110m	D, see $^{102}\text{Ag}$	5E+2	1E+2	5E-8	2E-10	6E-6	6E-5
		W, see $^{102}\text{Ag}$	-	2E+2	8E-8	3E-10	-	-
		Y, see $^{102}\text{Ag}$	-	9E+1	4E-8	1E-10	-	-
47	Silver-111	D, see $^{102}\text{Ag}$	9E+2	2E+3	6E-7	-	-	-
		LLI wall	(1E+3)	Liver (2E+3)	-	2E-9	2E-5	2E-4
		W, see $^{102}\text{Ag}$	-	9E+2	4E-7	1E-9	-	-
		Y, see $^{102}\text{Ag}$	-	9E+2	4E-7	1E-9	-	-
47	Silver-112	D, see $^{102}\text{Ag}$	3E+3	8E+3	3E-6	1E-8	4E-5	4E-4
		W, see $^{102}\text{Ag}$	-	1E+4	4E-6	1E-8	-	-
		Y, see $^{102}\text{Ag}$	-	9E+3	4E-6	1E-8	-	-
47	Silver-115 <sup>2</sup>	D, see $^{102}\text{Ag}$	3E+4	9E+4	4E-5	1E-7	-	-
		St wall	(3E+4)	-	-	-	4E-4	4E-3
		W, see $^{102}\text{Ag}$	-	9E+4	4E-5	1E-7	-	-
		Y, see $^{102}\text{Ag}$	-	8E+4	3E-5	1E-7	-	-
48	Cadmium-104 <sup>2</sup>	D, all compounds except those given for W and Y	2E+4	7E+4	3E-5	9E-8	3E-4	3E-3
		W, sulfides, halides, and nitrates	-	1E+5	5E-5	2E-7	-	-
		Y, oxides and hydroxides	-	1E+5	5E-5	2E-7	-	-
48	Cadmium-107	D, see $^{104}\text{Cd}$	2E+4	5E+4	2E-5	8E-8	3E-4	3E-3
		W, see $^{104}\text{Cd}$	-	6E+4	2E-5	8E-8	-	-
		Y, see $^{104}\text{Cd}$	-	5E+4	2E-5	7E-8	-	-
48	Cadmium-109	D, see $^{104}\text{Cd}$	3E+2	4E+1	1E-8	-	-	-
		Kidneys	(4E+2)	Kidneys (5E+1)	-	7E-11	6E-6	6E-5
		W, see $^{104}\text{Cd}$	-	1E+2	5E-8	-	-	-
				Kidneys (1E+2)	-	2E-10	-	-
48	Cadmium-113m	Y, see $^{104}\text{Cd}$	-	1E+2	5E-8	2E-10	-	-
		D, see $^{104}\text{Cd}$	2E+1	2E+0	1E-9	-	-	-
		Kidneys	(4E+1)	Kidneys (4E+0)	-	5E-12	5E-7	5E-6
		W, see $^{104}\text{Cd}$	-	8E+0	4E-9	-	-	-
48	Cadmium-113			Kidneys (1E+1)	-	2E-11	-	-
		Y, see $^{104}\text{Cd}$	-	1E+1	5E-9	2E-11	-	-
		D, see $^{104}\text{Cd}$	2E+1	2E+0	9E-10	-	-	-
		Kidneys	(3E+1)	Kidneys (3E+0)	-	5E-12	4E-7	4E-6
48	Cadmium-113	W, see $^{104}\text{Cd}$	-	8E+0	3E-9	-	-	-
				Kidneys (1E+1)	-	2E-11	-	-
		Y, see $^{104}\text{Cd}$	-	1E+1	6E-9	2E-11	-	-

## TITLE 9. HEALTH SERVICES

## CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
48	Cadmium-115m	D, see $^{104}\text{Cd}$	3E+2	5E+1 Kidneys	2E-8	-	4E-6	4E-5
			-	(8E+1)	-	1E-10	-	-
		W, see $^{104}\text{Cd}$	-	1E+2	5E-8	2E-10	-	-
		Y, see $^{104}\text{Cd}$	-	1E+2	6E-8	2E-10	-	-
48	Cadmium-115	D, see $^{104}\text{Cd}$	9E+2	1E+3	6E-7	2E-9	-	-
			LLI wall (1E+3)	-	-	-	1E-5	1E-4
		W, see $^{104}\text{Cd}$	-	1E+3	5E-7	2E-9	-	-
		Y, see $^{104}\text{Cd}$	-	1E+3	6E-7	2E-9	-	-
48	Cadmium-117m	D, see $^{104}\text{Cd}$	5E+3	1E+4	5E-6	2E-8	6E-5	6E-4
		W, see $^{104}\text{Cd}$	-	2E+4	7E-6	2E-8	-	-
		Y, see $^{104}\text{Cd}$	-	1E+4	6E-6	2E-8	-	-
48	Cadmium-117	D, see $^{104}\text{Cd}$	5E+3	1E+4	5E-6	2E-8	6E-5	6E-4
		W, see $^{104}\text{Cd}$	-	2E+4	7E-6	2E-8	-	-
		Y, see $^{104}\text{Cd}$	-	1E+4	6E-6	2E-8	-	-
49	Indium-109	D, all compounds except those given for W	2E+4	4E+4	2E-5	6E-8	3E-4	3E-3
		W, oxides, hydroxides, halides, and nitrates	-	6E+4	3E-5	9E-8	-	-
49	Indium-110 <sup>2</sup> (69.1 min)	D, see $^{109}\text{In}$	2E+4	4E+4	2E-5	6E-8	2E-4	2E-3
		W, see $^{109}\text{In}$	-	6E+4	2E-5	8E-8	-	-
49	Indium-110 (4.9 h)	D, see $^{109}\text{In}$	5E+3	2E+4	7E-6	2E-8	7E-5	7E-4
		W, see $^{109}\text{In}$	-	2E+4	8E-6	3E-8	-	-
49	Indium-111	D, see $^{109}\text{In}$	4E+3	6E+3	3E-6	9E-9	6E-5	6E-4
		W, see $^{109}\text{In}$	-	6E+3	3E-6	9E-9	-	-
49	Indium-112 <sup>2</sup>	D, see $^{109}\text{In}$	2E+5	6E+5	3E-4	9E-7	2E-3	2E-2
	-	W, see $^{109}\text{In}$	-	7E+5	3E-4	1E-6	-	-
49	Indium-113m <sup>2</sup>	D, see $^{109}\text{In}$	5E+4	1E+5	6E-5	2E-7	7E-4	7E-3
	-	W, see $^{109}\text{In}$	-	2E+5	8E-5	3E-7	-	-
49	Indium-114m	D, see $^{109}\text{In}$	3E+2	6E+1	3E-8	9E-11	-	-
			LLI wall (4E+2)	-	-	-	5E-6	5E-5
		W, see $^{109}\text{In}$	-	1E+2	4E-8	1E-10	-	-
49	Indium-115m	D, see $^{109}\text{In}$	1E+4	4E+4	2E-5	6E-8	2E-4	2E-3
	-	W, see $^{109}\text{In}$	-	5E+4	2E-5	7E-8	-	-
49	Indium-115	D, see $^{109}\text{In}$	4E+1	1E+0	6E-10	2E-12	5E-7	5E-6
	-	W, see $^{109}\text{In}$	-	5E+0	2E-9	8E-12	-	-
49	Indium-116m <sup>2</sup>	D, see $^{109}\text{In}$	2E+4	8E+4	3E-5	1E-7	3E-4	3E-3
		W, see $^{109}\text{In}$	-	1E+5	5E-5	2E-7	-	-
49	Indium-117m <sup>2</sup>	D, see $^{109}\text{In}$	1E+4	3E+4	1E-5	5E-8	2E-4	2E-3
	-	W, see $^{109}\text{In}$	-	4E+4	2E-5	6E-8	-	-
49	Indium-117 <sup>2</sup>	D, see $^{109}\text{In}$	6E+4	2E+5	7E-5	2E-7	8E-4	8E-3
		W, see $^{109}\text{In}$	-	2E+5	9E-5	3E-7	-	-

## TITLE 9. HEALTH SERVICES

## CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
49	Indium-119m <sup>2</sup>	D, sec <sup>109</sup> In	4E+4 St wall (5E+4)	1E+5	5E-5	2E-7	-	-
		W, sec <sup>109</sup> In	-	1E+5	6E-5	2E-7	-	-
50	Tin-110	D, all compounds except those given for W	4E+3	1E+4	5E-6	2E-8	5E-5	5E-4
		W, sulfides, oxides, hydroxides, halides, nitrates, and stannic phosphate	-	1E+4	5E-6	2E-8	-	-
50	Tin-111 <sup>2</sup>	D, sec <sup>110</sup> Sn	7E+4	2E+5	9E-5	3E-7	1E-3	1E-2
		W, sec <sup>110</sup> Sn	-	3E+5	1E-4	4E-7	-	-
50	Tin-113	D, sec <sup>110</sup> Sn	2E+3 LLI wall (2E+3)	1E+3	5E-7	2E-9	-	-
		W, sec <sup>110</sup> Sn	-	5E+2	2E-7	8E-10	-	-
50	Tin-117m	D, sec <sup>110</sup> Sn	2E+3 LLI wall (2E+3)	1E+3 Bone surf (2E+3)	5E-7	-	-	-
		W, sec <sup>110</sup> Sn	-	1E+3	6E-7	2E-9	-	-
50	Tin-119m	D, sec <sup>110</sup> Sn	3E+3 LLI wall (4E+3)	2E+3	1E-6	3E-9	-	-
		W, sec <sup>110</sup> Sn	-	1E+3	4E-7	1E-9	-	-
50	Tin-121m	D, sec <sup>110</sup> Sn	3E+3 LLI wall (4E+3)	9E+2	4E-7	1E-9	-	-
		W, sec <sup>110</sup> Sn	-	5E+2	2E-7	8E-10	-	-
50	Tin-121	D, sec <sup>110</sup> Sn	6E+3 LLI wall (6E+3)	2E+4	6E-6	2E-8	-	-
		W, sec <sup>110</sup> Sn	-	1E+4	5E-6	2E-8	-	-
50	Tin-123m <sup>2</sup>	D, sec <sup>110</sup> Sn	5E+4	1E+5	5E-5	2E-7	7E-4	7E-3
		W, sec <sup>110</sup> Sn	-	1E+5	6E-5	2E-7	-	-
50	Tin-123	D, sec <sup>110</sup> Sn	5E+2 LLI wall (6E+2)	6E+2	3E-7	9E-10	-	-
		W, sec <sup>110</sup> Sn	-	2E+2	7E-8	2E-10	-	-
50	Tin-125	D, sec <sup>110</sup> Sn	4E+2 LLI wall (5E+2)	9E+2	4E-7	1E-9	-	-
		W, sec <sup>110</sup> Sn	-	4E+2	1E-7	5E-10	-	-
50	Tin-126	D, sec <sup>110</sup> Sn	3E+2	6E+1	2E-8	8E-11	4E-6	4E-5
		W, sec <sup>110</sup> Sn	-	7E+1	3E-8	9E-11	-	-
50	Tin-127	D, sec <sup>110</sup> Sn	7E+3	2E+4	8E-6	3E-8	9E-5	9E-4
		W, sec <sup>110</sup> Sn	-	2E+4	8E-6	3E-8	-	-

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## CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
50	Tin-128 <sup>2</sup>	D, see <sup>110</sup> Sn	9E+3	3E+4	1E-5	4E-8	1E-4	1E-3
		W, see <sup>110</sup> Sn	-	4E+4	1E-5	5E-8	-	-
51	Antimony-115 <sup>2</sup>	D, all compounds except those given for W	8E+4	2E+5	1E-4	3E-7	1E-3	1E-2
		W, oxides, hydroxides, halides, sulfides, sulfates, and nitrates	-	3E+5	1E-4	4E-7	-	-
51	Antimony-116m <sup>2</sup>	D, see <sup>115</sup> Sb	2E+4	7E+4	3E-5	1E-7	3E-4	3E-3
		W, see <sup>115</sup> Sb	-	1E+5	6E-5	2E-7	-	-
51	Antimony-116 <sup>2</sup>	D, see <sup>115</sup> Sb	7E+4	3E+5	1E-4	4E-7	-	-
		St wall (9E+4)	-	-	-	-	1E-3	1E-2
		W, see <sup>115</sup> Sb	-	3E+5	1E-4	5E-7	-	-
51	Antimony-117	D, see <sup>115</sup> Sb	7E+4	2E+5	9E-5	3E-7	9E-4	9E-3
		W, see <sup>115</sup> Sb	-	3E+5	1E-4	4E-7	-	-
51	Antimony-118m	D, see <sup>115</sup> Sb	6E+3	2E+4	8E-6	3E-8	7E-5	7E-4
		W, see <sup>115</sup> Sb	5E+3	2E+4	9E-6	3E-8	-	-
51	Antimony-119	D, see <sup>115</sup> Sb	2E+4	5E+4	2E-5	6E-8	2E-4	2E-3
		W, see <sup>115</sup> Sb	2E+4	3E+4	1E-5	4E-8	-	-
51	Antimony-120 <sup>2</sup> (16 min)	D, see <sup>115</sup> Sb	1E+5	4E+5	2E-4	6E-7	-	-
		St wall (2E+5)	-	-	-	-	2E-3	2E-2
		W, see <sup>115</sup> Sb	-	5E+5	2E-4	7E-7	-	-
51	Antimony-120 (5.76 d)	D, see <sup>115</sup> Sb	1E+3	2E+3	9E-7	3E-9	1E-5	1E-4
		W, see <sup>115</sup> Sb	9E+2	1E+3	5E-7	2E-9	-	-
51	Antimony-122	D, see <sup>115</sup> Sb	8E+2	2E+3	1E-6	3E-9	-	-
		LLI wall (8E+2)	-	-	-	-	1E-5	1E-4
		W, see <sup>115</sup> Sb	7E+2	1E+3	4E-7	2E-9	-	-
51	Antimony-124m <sup>2</sup>	D, see <sup>115</sup> Sb	3E+5	8E+5	4E-4	1E-6	3E-3	3E-2
		W, see <sup>115</sup> Sb	2E+5	6E+5	2E-4	8E-7	-	-
51	Antimony-124	D, see <sup>115</sup> Sb	6E+2	9E+2	4E-7	1E-9	7E-6	7E-5
		W, see <sup>115</sup> Sb	5E+2	2E+2	1E-7	3E-10	-	-
51	Antimony-125	D, see <sup>115</sup> Sb	2E+3	2E+3	1E-6	3E-9	3E-5	3E-4
		W, see <sup>115</sup> Sb	-	5E+2	2E-7	7E-10	-	-
51	Antimony-126m <sup>2</sup>	D, see <sup>115</sup> Sb	5E+4	2E+5	8E-5	3E-7	-	-
		St wall (7E+4)	-	-	-	-	9E-4	9E-3
		W, see <sup>115</sup> Sb	-	2E+5	8E-5	3E-7	-	-
51	Antimony-126	D, see <sup>115</sup> Sb	6E+2	1E+3	5E-7	2E-9	7E-6	7E-5
		W, see <sup>115</sup> Sb	5E+2	5E+2	2E-7	7E-10	-	-
51	Antimony-127	D, see <sup>115</sup> Sb	8E+2	2E+3	9E-7	3E-9	-	-
		LLI wall (8E+2)	-	-	-	-	1E-5	1E-4
		W, see <sup>115</sup> Sb	7E+2	9E+2	4E-7	1E-9	-	-

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CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
51	Antimony-128 <sup>2</sup> (10.4 min)	D, see <sup>115</sup> Sb	8E+4 St wall (1E+5)	4E+5 -	2E-4 -	5E-7 -	- 1E-3	- 1E-2
		W, see <sup>115</sup> Sb	-	4E+5	2E-4	6E-7	-	-
51	Antimony-128 (9.01 h)	D, see <sup>115</sup> Sb	1E+3	4E+3	2E-6	6E-9	2E-5	2E-4
		W, see <sup>115</sup> Sb	-	3E+3	1E-6	5E-9	-	-
51	Antimony-129	D, see <sup>115</sup> Sb	3E+3	9E+3	4E-6	1E-8	4E-5	4E-4
		W, see <sup>115</sup> Sb	-	9E+3	4E-6	1E-8	-	-
51	Antimony-130 <sup>2</sup>	D, see <sup>115</sup> Sb	2E+4	6E+4	3E-5	9E-8	3E-4	3E-3
		W, see <sup>115</sup> Sb	-	8E+4	3E-5	1E-7	-	-
51	Antimony-131 <sup>2</sup>	D, see <sup>115</sup> Sb	1E+4 Thyroid (2E+4)	2E+4 Thyroid (4E+4)	1E-5 -	- 6E-8	- 2E-4	- 2E-3
		W, see <sup>115</sup> Sb	-	2E+4 Thyroid (4E+4)	1E-5 -	- 6E-8	- -	- -
52	Tellurium-116	D, all compounds except those given for W W, oxides, hydroxides, and nitrates	8E+3 -	2E+4 3E+4	9E-6 1E-5	3E-8 4E-8	1E-4 -	1E-3 -
		D, see <sup>116</sup> Te	5E+2 Bone surf (7E+2)	2E+2 Bone surf (4E+2)	8E-8 -	- 5E-10	- 1E-5	- 1E-4
52	Tellurium-121	W, see <sup>116</sup> Te	-	4E+2	2E-7	6E-10	-	-
		D, see <sup>116</sup> Te	3E+3	4E+3	2E-6	6E-9	4E-5	4E-4
52	Tellurium-121	W, see <sup>116</sup> Te	-	3E+3	1E-6	4E-9	-	-
		D, see <sup>116</sup> Te	6E+2 Bone surf (1E+3)	2E+2 Bone surf (5E+2)	9E-8 -	- 8E-10	- 1E-5	- 1E-4
52	Tellurium-123	W, see <sup>116</sup> Te	-	5E+2	2E-7	8E-10	-	-
		D, see <sup>116</sup> Te	5E+2 Bone surf (1E+3)	2E+2 Bone surf (5E+2)	8E-8 -	- 7E-10	- 2E-5	- 2E-4
		W, see <sup>116</sup> Te	-	4E+2 Bone surf (1E+3)	2E-7 -	- 2E-9	- -	- -
		D, see <sup>116</sup> Te	1E+3 Bone surf (1E+3)	4E+2 Bone surf (1E+3)	2E-7 -	- 1E-9	- 2E-5	- 2E-4
52	Tellurium-123m	W, see <sup>116</sup> Te	-	7E+2	3E-7	1E-9	-	-
		D, see <sup>116</sup> Te	6E+2	3E+2	1E-7	-	9E-6	9E-5
52	Tellurium-127m	W, see <sup>116</sup> Te	-	3E+2 Bone surf (4E+2)	1E-7 -	4E-10 6E-10	- -	- -
		D, see <sup>116</sup> Te	7E+3	2E+4	9E-6	3E-8	1E-4	1E-3
		W, see <sup>116</sup> Te	-	2E+4	7E-6	2E-8	-	-

## TITLE 9. HEALTH SERVICES

## CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
52	Tellurium-129m	D, see $^{116}\text{Te}$	5E+2	6E+2	3E-7	9E-10	7E-6	7E-5
		W, see $^{116}\text{Te}$	-	2E+2	1E-7	3E-10	-	-
52	Tellurium-129 <sup>2</sup>	D, see $^{116}\text{Te}$	3E+4	6E+4	3E-5	9E-8	4E-4	4E-3
		W, see $^{116}\text{Te}$	-	7E+4	3E-5	1E-7	-	-
52	Tellurium-131m	D, see $^{116}\text{Te}$	3E+2	4E+2	2E-7	-	-	-
			Thyroid (6E+2)	Thyroid (1E+3)	-	2E-9	8E-6	8E-5
		W, see $^{116}\text{Te}$	-	4E+2	2E-7	-	-	-
			-	Thyroid (9E+2)	-	1E-9	-	-
52	Tellurium-131 <sup>2</sup>	D, see $^{116}\text{Te}$	3E+3	5E+3	2E-6	-	-	-
			Thyroid (6E+3)	Thyroid (1E+4)	-	2E-8	8E-5	8E-4
		W, see $^{116}\text{Te}$	-	5E+3	2E-6	-	-	-
			-	Thyroid (1E+4)	-	2E-8	-	-
52	Tellurium-132	D, see $^{116}\text{Te}$	2E+2	2E+2	9E-8	-	-	-
			Thyroid (7E+2)	Thyroid (8E+2)	-	1E-9	9E-6	9E-5
		W, see $^{116}\text{Te}$	-	2E+2	9E-8	-	-	-
			-	Thyroid (6E+2)	-	9E-10	-	-
52	Tellurium-133m <sup>2</sup>	D, see $^{116}\text{Te}$	3E+3	5E+3	2E-6	-	-	-
			Thyroid (6E+3)	Thyroid (1E+4)	-	2E-8	9E-5	9E-4
		W, see $^{116}\text{Te}$	-	5E+3	2E-6	-	-	-
			-	Thyroid (1E+4)	-	2E-8	-	-
52	Tellurium-133 <sup>2</sup>	D, see $^{116}\text{Te}$	1E+4	2E+4	9E-6	-	-	-
			Thyroid (3E+4)	Thyroid (6E+4)	-	8E-8	4E-4	4E-3
		W, see $^{116}\text{Te}$	-	2E+4	9E-6	-	-	-
			-	Thyroid (6E+4)	-	8E-8	-	-
52	Tellurium-134 <sup>2</sup>	D, see $^{116}\text{Te}$	2E+4	2E+4	1E-5	-	-	-
			Thyroid (2E+4)	Thyroid (5E+4)	-	7E-8	3E-4	3E-3
		W, see $^{116}\text{Te}$	-	2E+4	1E-5	-	-	-
			-	Thyroid (5E+4)	-	7E-8	-	-
53	Iodine-120m <sup>2</sup>	D, all compounds	1E+4	2E+4	9E-6	3E-8	-	-
			Thyroid (1E+4)	-	-	-	2E-4	2E-3
53	Iodine-120 <sup>2</sup>	D, all compounds	4E+3	9E+3	4E-6	-	-	-
			Thyroid (8E+3)	Thyroid (1E+4)	-	2E-8	1E-4	1E-3



## TITLE 9. HEALTH SERVICES

## CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
53	Iodine-121	D, all compounds	1E+4 Thyroid (3E+4)	2E+4 Thyroid (5E+4)	8E-6 - -	- 7E-8 -	- 4E-4 -	- 4E-3 -
53	Iodine-123	D, all compounds	3E+3 Thyroid (1E+4)	6E+3 Thyroid (2E+4)	3E-6 - -	- 2E-8 -	- 1E-4 -	- 1E-3 -
53	Iodine-124	D, all compounds	5E+1 Thyroid (2E+2)	8E+1 Thyroid (3E+2)	3E-8 - -	- 4E-10 -	- 2E-6 -	- 2E-5 -
53	Iodine-125	D, all compounds	4E+1 Thyroid (1E+2)	6E+1 Thyroid (2E+2)	3E-8 - -	- 3E-10 -	- 2E-6 -	- 2E-5 -
53	Iodine-126	D, all compounds	2E+1 Thyroid (7E+1)	4E+1 Thyroid (1E+2)	1E-8 - -	- 2E-10 -	- 1E-6 -	- 1E-5 -
53	Iodine-128 <sup>2</sup>	D, all compounds	4E+4 St wall (6E+4)	1E+5 - -	5E-5 - -	2E-7 - -	- 8E-4 -	- 8E-3 -
53	Iodine-129	D, all compounds	5E+0 Thyroid (2E+1)	9E+0 Thyroid (3E+1)	4E-9 - -	- 4E-11 -	- 2E-7 -	- 2E-6 -
53	Iodine-130	D, all compounds	4E+2 Thyroid (1E+3)	7E+2 Thyroid (2E+3)	3E-7 - -	- 3E-9 -	- 2E-5 -	- 2E-4 -
53	Iodine-131	D, all compounds	3E+1 Thyroid (9E+1)	5E+1 Thyroid (2E+2)	2E-8 - -	- 2E-10 -	- 1E-6 -	- 1E-5 -
53	Iodine-132m <sup>2</sup>	D, all compounds	4E+3 Thyroid (1E+4)	8E+3 Thyroid (2E+4)	4E-6 - -	- 3E-8 -	- 1E-4 -	- 1E-3 -
53	Iodine-132	D, all compounds	4E+3 Thyroid (9E+3)	8E+3 Thyroid (1E+4)	3E-6 - -	- 2E-8 -	- 1E-4 -	- 1E-3 -
53	Iodine-133	D, all compounds	1E+2 Thyroid (5E+2)	3E+2 Thyroid (9E+2)	1E-7 - -	- 1E-9 -	- 7E-6 -	- 7E-5 -
53	Iodine-134 <sup>2</sup>	D, all compounds	2E+4 Thyroid (3E+4)	5E+4 - -	2E-5 - -	6E-8 - -	- 4E-4 -	- 4E-3 -
53	Iodine-135	D, all compounds	8E+2 Thyroid (3E+3)	2E+3 Thyroid (4E+3)	7E-7 - -	- 6E-9 -	- 3E-5 -	- 3E-4 -
54	Xenon-120 <sup>2</sup>	Submersion <sup>1</sup>	-	-	1E-5	4E-8	-	-
54	Xenon-121 <sup>2</sup>	Submersion <sup>1</sup>	-	-	2E-6	1E-8	-	-
54	Xenon-122	Submersion <sup>1</sup>	-	-	7E-5	3E-7	-	-
54	Xenon-123	Submersion <sup>1</sup>	-	-	6E-6	3E-8	-	-
54	Xenon-125	Submersion <sup>1</sup>	-	-	2E-5	7E-8	-	-
54	Xenon-127	Submersion <sup>1</sup>	-	-	1E-5	6E-8	-	-
54	Xenon-129m	Submersion <sup>1</sup>	-	-	2E-4	9E-7	-	-

## TITLE 9. HEALTH SERVICES

## CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
54	Xenon-131m	Submersion <sup>1</sup>	-	-	4E-4	2E-6	-	-
54	Xenon-133m	Submersion <sup>1</sup>	-	-	1E-4	6E-7	-	-
54	Xenon-133	Submersion <sup>1</sup>	-	-	1E-4	5E-7	-	-
54	Xenon-135m <sup>2</sup>	Submersion <sup>1</sup>	-	-	9E-6	4E-8	-	-
54	Xenon-135	Submersion <sup>1</sup>	-	-	1E-5	7E-8	-	-
54	Xenon-138 <sup>2</sup>	Submersion <sup>1</sup>	-	-	4E-6	2E-8	-	-
55	Cesium-125 <sup>2</sup>	D, all compounds	5E+4	1E+5	6E-5	2E-7	-	-
		St wall	(9E+4)	-	-	-	1E-3	1E-2
55	Cesium-127	D, all compounds	6E+4	9E+4	4E-5	1E-7	9E-4	9E-3
55	Cesium-129	D, all compounds	2E+4	3E+4	1E-5	5E-8	3E-4	3E-3
55	Cesium-130 <sup>2</sup>	D, all compounds	6E+4	2E+5	8E-5	3E-7	-	-
		St wall	(1E+5)	-	-	-	1E-3	1E-2
55	Cesium-131	D, all compounds	2E+4	3E+4	1E-5	4E-8	3E-4	3E-3
55	Cesium-132	D, all compounds	3E+3	4E+3	2E-6	6E-9	4E-5	4E-4
55	Cesium-134m	D, all compounds	1E+5	1E+5	6E-5	2E-7	-	-
		St wall	(1E+5)	-	-	-	2E-3	2E-2
55	Cesium-134	D, all compounds	7E+1	1E+2	4E-8	2E-10	9E-7	9E-6
55	Cesium-135m <sup>2</sup>	D, all compounds	1E+5	2E+5	8E-5	3E-7	1E-3	1E-2
55	Cesium-135	D, all compounds	7E+2	1E+3	5E-7	2E-9	1E-5	1E-4
55	Cesium-136	D, all compounds	4E+2	7E+2	3E-7	9E-10	6E-6	6E-5
55	Cesium-137	D, all compounds	1E+2	2E+2	6E-8	2E-10	1E-6	1E-5
55	Cesium-138 <sup>2</sup>	D, all compounds	2E+4	6E+4	2E-5	8E-8	-	-
		St wall	(3E+4)	-	-	-	4E-4	4E-3
56	Barium-126 <sup>2</sup>	D, all compounds	6E+3	2E+4	6E-6	2E-8	8E-5	8E-4
56	Barium-128	D, all compounds	5E+2	2E+3	7E-7	2E-9	7E-6	7E-5
56	Barium-131m <sup>2</sup>	D, all compounds	4E+5	1E+6	6E-4	2E-6	-	-
		St wall	(5E+5)	-	-	-	7E-3	7E-2
56	Barium-131	D, all compounds	3E+3	8E+3	3E-6	1E-8	4E-5	4E-4
56	Barium-133m	D, all compounds	2E+3	9E+3	4E-6	1E-8	-	-
		LLI wall	(3E+3)	-	-	-	4E-5	4E-4
56	Barium-133	D, all compounds	2E+3	7E+2	3E-7	9E-10	2E-5	2E-4
56	Barium-135m	D, all compounds	3E+3	1E+4	5E-6	2E-8	4E-5	4E-4
56	Barium-139 <sup>2</sup>	D, all compounds	1E+4	3E+4	1E-5	4E-8	2E-4	2E-3
56	Barium-140	D, all compounds	5E+2	1E+3	6E-7	2E-9	-	-
		LLI wall	(6E+2)	-	-	-	8E-6	8E-5
56	Barium-141 <sup>2</sup>	D, all compounds	2E+4	7E+4	3E-5	1E-7	3E-4	3E-3
56	Barium-142 <sup>2</sup>	D, all compounds	5E+4	1E+5	6E-5	2E-7	7E-4	7E-3
57	Lanthanum-131 <sup>2</sup>	D, all compounds except those given for W, oxides and hydroxides	5E+4	1E+5	5E-5	2E-7	6E-4	6E-3
			-	2E+5	7E-5	2E-7	-	-

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## CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
57	Lanthanum-132	D, see $^{131}\text{La}$	3E+3	1E+4	4E-6	1E-8	4E-5	4E-4
		W, see $^{131}\text{La}$	-	1E+4	5E-6	2E-8	-	-
57	Lanthanum-135	D, see $^{131}\text{La}$	4E+4	1E+5	4E-5	1E-7	5E-4	5E-3
		W, see $^{131}\text{La}$	-	9E+4	4E-5	1E-7	-	-
57	Lanthanum-137	D, see $^{131}\text{La}$	1E+4	6E+1	3E-8	-	2E-4	2E-3
				Liver				
			-	(7E+1)	-	1E-10	-	-
		W, see $^{131}\text{La}$	-	3E+2	1E-7	-	-	-
57	Lanthanum-138	D, see $^{131}\text{La}$	-	Liver				
		W, see $^{131}\text{La}$	-	(3E+2)	-	4E-10	-	-
57	Lanthanum-140	D, see $^{131}\text{La}$	9E+2	4E+0	1E-9	5E-12	1E-5	1E-4
		W, see $^{131}\text{La}$	-	1E+1	6E-9	2E-11	-	-
57	Lanthanum-141	D, see $^{131}\text{La}$	6E+2	1E+3	6E-7	2E-9	9E-6	9E-5
		W, see $^{131}\text{La}$	-	1E+3	5E-7	2E-9	-	-
57	Lanthanum-142 <sup>2</sup>	D, see $^{131}\text{La}$	4E+3	9E+3	4E-6	1E-8	5E-5	5E-4
		W, see $^{131}\text{La}$	-	1E+4	5E-6	2E-8	-	-
57	Lanthanum-143 <sup>2</sup>	D, see $^{131}\text{La}$	8E+3	2E+4	9E-6	3E-8	1E-4	1E-3
		W, see $^{131}\text{La}$	-	3E+4	1E-5	5E-8	-	-
58	Cerium-134	D, see $^{131}\text{La}$	4E+4	1E+5	4E-5	1E-7	-	-
			St wall					
			(4E+4)	-	-	-	5E-4	5E-3
		W, see $^{131}\text{La}$	-	9E+4	4E-5	1E-7	-	-
58	Cerium-135	W, all compounds except those given for Y	5E+2	7E+2	3E-7	1E-9	-	-
			LLI wall					
58	Cerium-137m		(6E+2)	-	-	-	8E-6	8E-5
		Y, oxides, hydroxides, and fluorides	-	7E+2	3E-7	9E-10	-	-
58	Cerium-137	W, see $^{134}\text{Ce}$	2E+3	4E+3	2E-6	5E-9	2E-5	2E-4
		Y, see $^{134}\text{Ce}$	-	4E+3	1E-6	5E-9	-	-
58	Cerium-139	W, see $^{134}\text{Ce}$	2E+3	4E+3	2E-6	6E-9	-	-
			LLI wall					
58	Cerium-141		(2E+3)	-	-	-	3E-5	3E-4
		Y, see $^{134}\text{Ce}$	-	4E+3	2E-6	5E-9	-	-
58	Cerium-143	W, see $^{134}\text{Ce}$	5E+4	1E+5	6E-5	2E-7	7E-4	7E-3
		Y, see $^{134}\text{Ce}$	-	1E+5	5E-5	2E-7	-	-
58	Cerium-143	W, see $^{134}\text{Ce}$	5E+3	8E+2	3E-7	1E-9	7E-5	7E-4
		Y, see $^{134}\text{Ce}$	-	7E+2	3E-7	9E-10	-	-
58	Cerium-143	W, see $^{134}\text{Ce}$	2E+3	7E+2	3E-7	1E-9	-	-
			LLI wall					
			(2E+3)	-	-	-	3E-5	3E-4
		Y, see $^{134}\text{Ce}$	-	6E+2	2E-7	8E-10	-	-
58	Cerium-143	W, see $^{134}\text{Ce}$	1E+3	2E+3	8E-7	3E-9	-	-
			LLI wall					
58	Cerium-143		(1E+3)	-	-	-	2E-5	2E-4
		Y, see $^{134}\text{Ce}$	-	2E+3	7E-7	2E-9	-	-

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## CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
58	Cerium-144	W, see $^{134}\text{Ce}$	2E+2 LLI wall (3E+2)	3E+1	1E-8	4E-11	-	-
		Y, see $^{134}\text{Ce}$	-	1E+1	6E-9	2E-11	3E-6	3E-5
59	Praseodymium-136 <sup>2</sup>	W, all compounds except those given for Y	5E+4 St wall (7E+4)	2E+5	1E-4	3E-7	-	-
		Y, oxides, hydroxides, carbides, and fluorides	-	-	-	-	1E-3	1E-2
59	Praseodymium-137 <sup>2</sup>	W, see $^{136}\text{Pr}$	4E+4	2E+5	6E-5	2E-7	5E-4	5E-3
		Y, see $^{136}\text{Pr}$	-	1E+5	6E-5	2E-7	-	-
59	Praseodymium-138m	W, see $^{136}\text{Pr}$	1E+4	5E+4	2E-5	8E-8	1E-4	1E-3
		Y, see $^{136}\text{Pr}$	-	4E+4	2E-5	6E-8	-	-
59	Praseodymium-139	W, see $^{136}\text{Pr}$	4E+4	1E+5	5E-5	2E-7	6E-4	6E-3
		Y, see $^{136}\text{Pr}$	-	1E+5	5E-5	2E-7	-	-
59	Praseodymium-142m <sup>2</sup>	W, see $^{136}\text{Pr}$	8E+4	2E+5	7E-5	2E-7	1E-3	1E-2
		Y, see $^{136}\text{Pr}$	-	1E+5	6E-5	2E-7	-	-
59	Praseodymium-142	W, see $^{136}\text{Pr}$	1E+3	2E+3	9E-7	3E-9	1E-5	1E-4
		Y, see $^{136}\text{Pr}$	-	2E+3	8E-7	3E-9	-	-
59	Praseodymium-143	W, see $^{136}\text{Pr}$	9E+2 LLI wall (1E+3)	8E+2	3E-7	1E-9	-	-
		Y, see $^{136}\text{Pr}$	-	-	-	-	2E-5	2E-4
59	Praseodymium-144 <sup>2</sup>	W, see $^{136}\text{Pr}$	3E+4 St wall (4E+4)	1E+5	5E-5	2E-7	-	-
		Y, see $^{136}\text{Pr}$	-	-	-	-	6E-4	6E-3
59	Praseodymium-145	W, see $^{136}\text{Pr}$	3E+3	9E+3	4E-6	1E-8	4E-5	4E-4
		Y, see $^{136}\text{Pr}$	-	8E+3	3E-6	1E-8	-	-
59	Praseodymium-147 <sup>2</sup>	W, see $^{136}\text{Pr}$	5E+4 St wall (8E+4)	2E+5	8E-5	3E-7	-	-
		Y, see $^{136}\text{Pr}$	-	-	-	-	1E-3	1E-2
60	Neodymium-136 <sup>2</sup>	W, all compounds except those given for Y	1E+4	6E+4	2E-5	8E-8	2E-4	2E-3
		Y, oxides, hydroxides, carbides, and fluorides	-	5E+4	2E-5	8E-8	-	-
60	Neodymium-138	W, see $^{136}\text{Nd}$	2E+3	6E+3	3E-6	9E-9	3E-5	3E-4
		Y, see $^{136}\text{Nd}$	-	5E+3	2E-6	7E-9	-	-
60	Neodymium-139m	W, see $^{136}\text{Nd}$	-	5E+3	2E+4	7E-62E-8	-	7E-57E-4
		Y, see $^{136}\text{Nd}$	-	1E+4	6E-6	2E-8	-	-
60	Neodymium-139 <sup>2</sup>	W, see $^{136}\text{Nd}$	9E+4	3E+5	1E-4	5E-7	1E-3	1E-2
		Y, see $^{136}\text{Nd}$	-	3E+5	1E-4	4E-7	-	-

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CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
60	Neodymium-141	W, see $^{136}\text{Nd}$	2E+5	7E+5	3E-4	1E-6	2E-3	2E-2
		Y, see $^{136}\text{Nd}$	-	6E+5	3E-4	9E-7	-	-
60	Neodymium-147	W, see $^{136}\text{Nd}$	1E+3	9E+2	4E-7	1E-9	-	-
		LLI wall (1E+3)	-	-	-	-	2E-5	2E-4
		Y, see $^{136}\text{Nd}$	-	8E+2	4E-7	1E-9	-	-
60	Neodymium-149 <sup>2</sup>	W, see $^{136}\text{Nd}$	1E+4	3E+4	1E-5	4E-8	1E-4	1E-3
		Y, see $^{136}\text{Nd}$	-	2E+4	1E-5	3E-8	-	-
60	Neodymium-151 <sup>2</sup>	W, see $^{136}\text{Nd}$	7E+4	2E+5	8E-5	3E-7	9E-4	9E-3
		Y, see $^{136}\text{Nd}$	-	2E+5	8E-5	3E-7	-	-
61	Promethium-141 <sup>2</sup>	W, all compounds except those given for Y	5E+4 St wall (6E+4)	2E+5	8E-5	3E-7	-	-
		Y, oxides, hydroxides, carbides, and fluorides	-	2E+5	7E-5	2E-7	-	-
61	Promethium-143	W, see $^{141}\text{Pm}$	5E+3	6E+2	2E-7	8E-10	7E-5	7E-4
		Y, see $^{141}\text{Pm}$	-	7E+2	3E-7	1E-9	-	-
61	Promethium-144	W, see $^{141}\text{Pm}$	1E+3	1E+2	5E-8	2E-10	2E-5	2E-4
		Y, see $^{141}\text{Pm}$	-	1E+2	5E-8	2E-10	-	-
61	Promethium-145	W, see $^{141}\text{Pm}$	1E+4	2E+2	7E-8	-	1E-4	1E-3
		Bone surf (2E+2)	-	-	-	3E-10	-	-
		Y, see $^{141}\text{Pm}$	-	2E+2	8E-8	3E-10	-	-
61	Promethium-146	W, see $^{141}\text{Pm}$	2E+3	5E+1	2E-8	7E-11	2E-5	2E-4
		Y see $^{141}\text{Pm}$	-	4E+1	2E-8	6E-11	-	-
61	Promethium-147	W see $^{141}\text{Pm}$	4E+3	1E+2	5E-8	-	-	-
		LLI wall Bone surf (5E+3) (2E+2)	-	-	-	3E-10	7E-5	7E-4
		Y, see $^{141}\text{Pm}$	-	1E+2	6E-8	2E-10	-	-
61	Promethium-148m	W, see $^{141}\text{Pm}$	7E+2	3E+2	1E-7	4E-10	1E-5	1E-4
		Y, see $^{141}\text{Pm}$	-	3E+2	1E-7	5E-10	-	-
61	Promethium-148	W, see $^{141}\text{Pm}$	4E+2	5E+2	2E-7	8E-10	-	-
		LLI wall (5E+2)	-	-	-	-	7E-6	7E-5
		Y, see $^{141}\text{Pm}$	-	5E+2	2E-7	7E-10	-	-
0		LLI wall (1E+3)	-	-	-	-	2E-5	2E-4
		Y, see $^{141}\text{Pm}$	-	2E+3	8E-7	2E-9	-	-
61	Promethium-150	W, see $^{141}\text{Pm}$	5E+3	2E+4	8E-6	3E-8	7E-5	7E-4
		Y, see $^{141}\text{Pm}$	-	2E+4	7E-6	2E-8	-	-
61	Promethium-151	W, see $^{141}\text{Pm}$	2E+3	4E+3	1E-6	5E-9	2E-5	2E-4
		Y, see $^{141}\text{Pm}$	-	3E+3	1E-6	4E-9	-	-
62	Samarium-141m <sup>2</sup>	W, all compounds	3E+4	1E+5	4E-5	1E-7	4E-4	4E-3

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## CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
62	Samarium-141 <sup>2</sup>	W, all compounds	5E+4 St wall (6E+4)	2E+5	8E-5	2E-7	-	-
62	Samarium-142 <sup>2</sup>	W, all compounds	8E+3	3E+4	1E-5	4E-8	1E-4	1E-3
62	Samarium-145	W, all compounds	6E+3	5E+2	2E-7	7E-10	8E-5	8E-4
62	Samarium-146	W, all compounds	1E+1	4E2	1E-11	-	-	-
62	Samarium-147	W, all compounds	Bone surf (3E+1)	Bone surf (6E-2)	-	9E-14	3E-7	3E-6
			2E+1	4E2	2E-11	-	-	-
62	Samarium-151	W, all compounds	Bone surf (3E+1)	Bone surf (7E-2)	-	1E-13	4E-7	4E-6
			1E+4	1E+2	4E-8	-	-	-
62	Samarium-153	W, all compounds	LLI wall (1E+4)	Bone surf (2E+2)	-	2E-10	2E-4	2E-3
			2E+3	3E+3	1E-6	4E-9	-	-
62	Samarium-155 <sup>2</sup>	W, all compounds	LLI wall (2E+3)	-	-	-	3E-5	3E-4
			6E+4 St wall (8E+4)	2E+5	9E-5	3E-7	-	-
62	Samarium-156	W, all compounds	5E+3	9E+3	4E-6	1E-8	7E-5	7E-4
63	Europium-145	W, all compounds	2E+3	2E+3	8E-7	3E-9	2E-5	2E-4
63	Europium-146	W, all compounds	1E+3	1E+3	5E-7	2E-9	1E-5	1E-4
63	Europium-147	W, all compounds	3E+3	2E+3	7E-7	2E-9	4E-5	4E-4
63	Europium-148	W, all compounds	1E+3	4E+2	1E-7	5E-10	1E-5	1E-4
63	Europium-149	W, all compounds	1E+4	3E+3	1E-6	4E-9	2E-4	2E-3
63	Europium-150 (12.62 h)	W, all compounds	3E+3	8E+3	4E-6	1E-8	4E-5	4E-4
63	Europium-150 (34.2 y)	W, all compounds	8E+2	2E+1	8E-9	3E-11	1E-5	1E-4
63	Europium-152m	W, all compounds	3E+3	6E+3	3E-6	9E-9	4E-5	4E-4
63	Europium-152	W, all compounds	8E+2	2E+1	1E-8	3E-11	1E-5	1E-4
63	Europium-154	W, all compounds	5E+2	2E+1	8E-9	3E-11	7E-6	7E-5
63	Europium-155	W, all compounds	4E+3	9E+1	4E-8	-	5E-5	5E-4
63	Europium-156	W, all compounds	-	Bone surf (1E+2)	-	2E-10	-	-
			6E+2	5E+2	2E-7	6E-10	8E-6	8E-5
63	Europium-157	W, all compounds	2E+3	5E+3	2E-6	7E-9	3E-5	3E-4
63	Europium-158 <sup>2</sup>	W, all compounds	2E+4	6E+4	2E-5	8E-8	3E-4	3E-3
64	Gadolinium-145 <sup>2</sup>	D, all compounds except those given for W	5E+4 St wall (5E+4)	2E+5	6E-5	2E-7	-	-
64	Gadolinium-146	W, oxides, hydroxides, and fluorides	-	2E+5	7E-5	2E-7	-	-
		D, see <sup>145</sup> Gd	1E+3	1E+2	5E-8	2E-10	2E-5	2E-4
64	Gadolinium-147	W, see <sup>145</sup> Gd	-	3E+2	1E-7	4E-10	-	-
		D, see <sup>145</sup> Gd	2E+3	4E+3	2E-6	6E-9	3E-5	3E-4
64	Gadolinium-147	W, see <sup>145</sup> Gd	-	4E+3	1E-6	5E-9	-	-

## TITLE 9. HEALTH SERVICES

## CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
64	Gadolinium-148	D, sec $^{145}\text{Gd}$	1E+1	8E+3	3E-12	-	-	-
			Bone surf (2E+1)	Bone surf (2E+2)	-	2E-14	3E-7	3E-6
		W, sec $^{145}\text{Gd}$	-	3E-2	1E-11	-	-	-
			-	Bone surf (6E-2)	-	8E-14	-	-
64	Gadolinium-149	D, sec $^{145}\text{Gd}$	3E+3	2E+3	9E-7	3E-9	4E-5	4E-4
		W, sec $^{145}\text{Gd}$	-	2E+3	1E-6	3E-9	-	-
64	Gadolinium-151	D, sec $^{145}\text{Gd}$	6E+3	4E+2	2E-7	-	9E-5	9E-4
			-	Bone surf (6E+2)	-	9E-10	-	-
		W, sec $^{145}\text{Gd}$	-	1E+3	5E-7	2E-9	-	-
			-	-	-	-	-	-
64	Gadolinium-152	D, sec $^{145}\text{Gd}$	2E+1	1E-2	4E-12	-	-	-
			Bone surf (3E+1)	Bone surf (2E-2)	-	3E-14	4E-7	4E-6
		W, sec $^{145}\text{Gd}$	-	4E-2	2E-11	-	-	-
			-	Bone surf (8E-2)	-	1E-13	-	-
64	Gadolinium-153	D, sec $^{145}\text{Gd}$	5E+3	1E+2	6E-8	-	6E-5	6E-4
			-	Bone surf (2E+2)	-	3E-10	-	-
		W, sec $^{145}\text{Gd}$	-	6E+2	2E-7	8E-10	-	-
			-	-	-	-	-	-
64	Gadolinium-159	D, sec $^{145}\text{Gd}$	3E+3	8E+3	3E-6	1E-8	4E-5	4E-4
		W, sec $^{145}\text{Gd}$	-	6E+3	2E-6	8E-9	-	-
65	Terbium-147 <sup>2</sup>	W, all compounds	9E+3	3E+4	1E-5	5E-8	1E-4	1E-3
65	Terbium-149	W, all compounds	5E+3	7E+2	3E-7	1E-9	7E-5	7E-4
65	Terbium-150	W, all compounds	5E+3	2E+4	9E-6	3E-8	7E-5	7E-4
65	Terbium-151	W, all compounds	4E+3	9E+3	4E-6	1E-8	5E-5	5E-4
65	Terbium-153	W, all compounds	5E+3	7E+3	3E-6	1E-8	7E-5	7E-4
65	Terbium-154	W, all compounds	2E+3	4E+3	2E-6	6E-9	2E-5	2E-4
65	Terbium-155	W, all compounds	6E+3	8E+3	3E-6	1E-8	8E-5	8E-4
65	Terbium-156m (5.0 h)	W, all compounds	2E+4	3E+4	1E-5	4E-8	2E-4	2E-3
65	Terbium-156m (24.4 h)	W, all compounds	7E+3	8E+3	3E-6	1E-8	1E-4	1E-3
65	Terbium-156	W, all compounds	1E+3	1E+3	6E-7	2E-9	1E-5	1E-4
65	Terbium-157	W, all compounds	5E+4	3E+2	1E-7	-	-	-
65	Terbium-158	W, all compounds	LLI wall (5E+4)	Bone surf (6E+2)	-	8E-10	7E-4	7E-3
			1E+3	2E+1	8E-9	3E-11	2E-5	2E-4
		W, all compounds	8E+2	2E+2	9E-8	3E-10	1E-5	1E-4
			2E+3	2E+3	7E-7	2E-9	-	-
65	Terbium-160	W, all compounds	LLI wall (2E+3)	-	-	-	3E-5	3E-4
			9E+3	3E+4	1E-5	4E-8	1E-4	1E-3
		W, all compounds	2E+4	6E+4	3E-5	9E-8	3E-4	3E-3
			1E+4	2E+3	1E-6	3E-9	2E-4	2E-3
66	Dysprosium-155	W, all compounds	1E+4	5E+4	2E-5	6E-8	2E-4	2E-3
66	Dysprosium-157	W, all compounds	1E+4	5E+4	2E-5	6E-8	2E-4	2E-3
66	Dysprosium-159	W, all compounds	1E+4	5E+4	2E-5	6E-8	2E-4	2E-3
66	Dysprosium-165	W, all compounds	1E+4	5E+4	2E-5	6E-8	2E-4	2E-3

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## CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
66	Dysprosium-166	W, all compounds	6E+2	7E+2	3E-7	1E-9	-	-
			LLI wall (8E+2)	-	-	-	1E-5	1E-4
67	Holmium-155 <sup>2</sup>	W, all compounds	4E+4	2E+5	6E-5	2E-7	6E-4	6E-3
67	Holmium-157 <sup>2</sup>	W, all compounds	3E+5	1E+6	6E-4	2E-6	4E-3	4E-2
67	Holmium-159 <sup>2</sup>	W, all compounds	2E+5	1E+6	4E-4	1E-6	3E-3	3E-2
67	Holmium-161	W, all compounds	1E+5	4E+5	2E-4	6E-7	1E-3	1E-2
67	Holmium-162m <sup>2</sup>	W, all compounds	5E+4	3E+5	1E-4	4E-7	7E-4	7E-3
67	Holmium-162 <sup>2</sup>	W, all compounds	5E+5	2E+6	1E-3	3E-6	-	-
			St wall (8E+5)	-	-	-	1E-2	1E-1
67	Holmium-164m <sup>2</sup>	W, all compounds	1E+5	3E+5	1E-4	4E-7	1E-3	1E-2
67	Holmium-164 <sup>2</sup>	W, all compounds	2E+5	6E+5	3E-4	9E-7	-	-
			St wall (2E+5)	-	-	-	3E-3	3E-2
67	Holmium-166m	W, all compounds	6E+2	7E+0	3E-9	9E-12	9E-6	9E-5
67	Holmium-166	W, all compounds	9E+2	2E+3	7E-7	2E-9	-	-
			LLI wall (9E+2)	-	-	-	1E-5	1E-4
67	Holmium-167	W, all compounds	2E+4	6E+4	2E-5	8E-8	2E-4	2E-3
68	Erbium-161	W, all compounds	2E+4	6E+4	3E-5	9E-8	2E-4	2E-3
68	Erbium-165	W, all compounds	6E+4	2E+5	8E-5	3E-7	9E-4	9E-3
68	Erbium-169	W, all compounds	3E+3	3E+3	1E-6	4E-9	-	-
			LLI wall (4E+3)	-	-	-	5E-5	5E-4
68	Erbium-171	W, all compounds	4E+3	1E+4	4E-6	1E-8	5E-5	5E-4
68	Erbium-172	W, all compounds	1E+3	1E+3	6E-7	2E-9	-	-
			LLI wall (E+3)	-	-	-	2E-5	2E-4
69	Thulium-162 <sup>2</sup>	W, all compounds	7E+4	3E+5	1E-4	4E-7	-	-
			St wall (7E+4)	-	-	-	1E-3	1E-2
69	Thulium-166	W, all compounds	4E+3	1E+4	6E-6	2E-8	6E-5	6E-4
69	Thulium-167	W, all compounds	2E+3	2E+3	8E-7	3E-9	-	-
			LLI wall (2E+3)	-	-	-	3E-5	3E-4
69	Thulium-170	W, all compounds	8E+2	2E+2	9E-8	3E-10	-	-
			LLI wall (1E+3)	-	-	-	1E-5	1E-4
69	Thulium-171	W, all compounds	1E+4	3E+2	1E-7	-	-	-
			LLI wall Bone surf (1E+4)	(6E+2)	-	8E-10	2E-4	2E-3
69	Thulium-172	W, all compounds	7E+2	1E+3	5E-7	2E-9	-	-
			LLI wall (8E+2)	-	-	-	1E-5	1E-4
69	Thulium-173	W, all compounds	4E+3	1E+4	5E-6	2E-8	6E-5	6E-4
69	Thulium-175 <sup>2</sup>	W, all compounds	7E+4	3E+5	1E-4	4E-7	-	-
			St wall (9E+4)	-	-	-	1E-3	1E-2



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CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
70	Ytterbium-162 <sup>2</sup>	W, all compounds except those given for Y	7E+4	3E+5	1E-4	4E-7	1E-3	1E-2
		Y, oxides, hydroxides, and fluorides	-	3E+5	1E-4	4E-7	-	-
70	Ytterbium-166	W, see <sup>162</sup> Yb	1E+3	2E+3	8E-7	3E-9	2E-5	2E-4
		Y, see <sup>162</sup> Yb	-	2E+3	8E-7	3E-9	-	-
70	Ytterbium-167 <sup>2</sup>	W, see <sup>162</sup> Yb	3E+5	8E+5	3E-4	1E-6	4E-3	4E-2
		Y, see <sup>162</sup> Yb	-	7E+5	3E-4	1E-6	-	-
70	Ytterbium-169	W, see <sup>162</sup> Yb	2E+3	8E+2	4E-7	1E-9	2E-5	2E-4
		Y, see <sup>162</sup> Yb	-	7E+2	3E-7	1E-9	-	-
70	Ytterbium-175	W, see <sup>162</sup> Yb	3E+3	4E+3	1E-6	5E-9	-	-
		LLI wall (3E+3)	-	-	-	-	4E-5	4E-4
		Y, see <sup>162</sup> Yb	-	3E+3	1E-6	5E-9	-	-
70	Ytterbium-177 <sup>2</sup>	W, see <sup>162</sup> Yb	2E+4	5E+4	2E-5	7E-8	2E-4	2E-3
		Y, see <sup>162</sup> Yb	-	5E+4	2E-5	6E-8	-	-
70	Ytterbium-178 <sup>2</sup>	W, see <sup>162</sup> Yb	1E+4	4E+4	2E-5	6E-8	2E-4	2E-3
		Y, see <sup>162</sup> Yb	-	4E+4	2E-5	5E-8	-	-
71	Lutetium-169	W, all compounds except those given for Y	3E+3	4E+3	2E-6	6E-9	3E-5	3E-4
		Y, oxides, hydroxides, and fluorides	-	4E+3	2E-6	6E-9	-	-
71	Lutetium-170	W, see <sup>169</sup> Lu	1E+3	2E+3	9E-7	3E-9	2E-5	2E-4
		Y, see <sup>169</sup> Lu	-	2E+3	8E-7	3E-9	-	-
71	Lutetium-171	W, see <sup>169</sup> Lu	2E+3	2E+3	8E-7	3E-9	3E-5	3E-4
		Y, see <sup>169</sup> Lu	-	2E+3	8E-7	3E-9	-	-
71	Lutetium-172	W, see <sup>169</sup> Lu	1E+3	1E+3	5E-7	2E-9	1E-5	1E-4
		Y, see <sup>169</sup> Lu	-	1E+3	5E-7	2E-9	-	-
71	Lutetium-173	W, see <sup>169</sup> Lu	5E+3	3E+2	1E-7	-	7E-5	7E-4
		Bone surf (5E+2)	-	-	-	6E-10	-	-
		Y, see <sup>169</sup> Lu	-	3E+2	1E-7	4E-10	-	-
71	Lutetium-174m	W, see <sup>169</sup> Lu	2E+3	2E+2	1E-7	-	-	-
		LLI wall (3E+3)	-	Bone surf (3E+2)	-	5E-10	4E-5	4E-4
		Y, see <sup>169</sup> Lu	-	2E+2	9E-8	3E-10	-	-
71	Lutetium-174	W, see <sup>169</sup> Lu	5E+3	1E+2	5E-8	-	7E-5	7E-4
		Bone surf (2E+2)	-	-	-	3E-10	-	-
		Y, see <sup>169</sup> Lu	-	2E+2	6E-8	2E-10	-	-
71	Lutetium-176m	W, see <sup>169</sup> Lu	8E+3	3E+4	1E-5	3E-8	1E-4	1E-3
		Y, see <sup>169</sup> Lu	-	2E+4	9E-6	3E-8	-	-
71	Lutetium-176	W, see <sup>169</sup> Lu	7E+2	5E+0	2E-9	-	1E-5	1E-4
		Bone surf (1E+1)	-	-	-	2E-11	-	-
		Y, see <sup>169</sup> Lu	-	8E+0	3E-9	1E-1	-	-

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Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
71	Lutetium-177m	W, see $^{169}\text{Lu}$	7E+2	1E+2	5E-8	-	1E-5	1E-4
				Bone surf (1E+2)	-	2E-10	-	-
		Y, see $^{169}\text{Lu}$	-	8E+1	3E-8	1E-10	-	-
71	Lutetium-177	W, see $^{169}\text{Lu}$	2E+3	2E+3	9E-7	3E-9	-	-
			LLI wall (3E+3)	-	-	-	4E-5	4E-4
		Y, see $^{169}\text{Lu}$	-	2E+3	9E-7	3E-9	-	-
71	Lutetium-178m <sup>2</sup>	W, see $^{169}\text{Lu}$	5E+4	2E+5	8E-5	3E-7	-	-
			St. wall (6E+4)	-	-	-	8E-4	8E-3
		Y, see $^{169}\text{Lu}$	-	2E+5	7E-5	2E-7	-	-
71	Lutetium-178 <sup>2</sup>	W, see $^{169}\text{Lu}$	4E+4	1E+5	5E-5	2E-7	-	-
			St wall (4E+4)	-	-	-	6E-4	6E-3
		Y, see $^{169}\text{Lu}$	-	1E+5	5E-5	2E-7	-	-
71	Lutetium-179	W, see $^{169}\text{Lu}$	6E+3	2E+4	8E-6	3E-8	9E-5	9E-4
		Y, see $^{169}\text{Lu}$	-	2E+4	6E-6	3E-8	-	-
72	Hafnium-170	D, all compounds except those given for W	3E+3	6E+3	2E-6	8E-9	4E-5	4E-4
		W, oxides, hydroxides, carbides, and nitrates	-	5E+3	2E-6	6E-9	-	-
72	Hafnium-172	D, see $^{170}\text{Hf}$	1E+3	9E+0	4E-9	-	2E-5	2E-4
				Bone surf (2E+1)	-	3E-11	-	-
		W, see $^{170}\text{Hf}$	-	4E+1	2E-8	-	-	-
				Bone surf (6E+1)	-	8E-11	-	-
72	Hafnium-173	D, see $^{170}\text{Hf}$	5E+3	1E+4	5E-6	2E-8	7E-5	7E-4
		W, see $^{170}\text{Hf}$	-	1E+4	5E-6	2E-8	-	-
72	Hafnium-175	D, see $^{170}\text{Hf}$	3E+3	9E+2	4E-7	-	4E-5	4E-4
				Bone surf (1E+3)	-	1E-9	-	-
		W, see $^{170}\text{Hf}$	-	1E+3	5E-7	2E-9	-	-
72	Hafnium-177m <sup>2</sup>	D, see $^{170}\text{Hf}$	2E+4	6E+4	2E-5	8E-8	3E-4	3E-3
		W, see $^{170}\text{Hf}$	-	9E+4	4E-5	1E-7	-	-
72	Hafnium-178m	D, see $^{170}\text{Hf}$	3E+2	1E+0	5E-10	-	3E-6	3E-5
				Bone surf (2E+0)	-	3E-12	-	-
		W, see $^{170}\text{Hf}$	-	5E+0	2E-9	-	-	-
				Bone surf (9E+0)	-	1E-11	-	-
72	Hafnium-179m	D, see $^{170}\text{Hf}$	1E+3	3E+2	1E-7	-	1E-5	1E-4
				Bone surf (6E+2)	-	8E-10	-	-
		W, see $^{170}\text{Hf}$	-	6E+2	3E-7	8E-10	-	-

## TITLE 9. HEALTH SERVICES

## CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
72	Hafnium-180m	D, see $^{170}\text{Hf}$	7E+3	2E+4	9E-6	3E-8	1E-4	1E-3
		W, see $^{170}\text{Hf}$	-	3E+4	1E-5	4E-8	-	-
72	Hafnium-181	D, see $^{170}\text{Hf}$	1E+3	2E+2	7E-8	-	2E-5	2E-4
				Bone surf				
			-	(4E+2)	-	6E-10	-	-
		W, see $^{170}\text{Hf}$	-	4E+2	2E-7	6E-10	-	-
72	Hafnium-182m <sup>2</sup>	D, see $^{170}\text{Hf}$	4E+4	9E+4	4E-5	1E-7	5E-4	5E-3
		W, see $^{170}\text{Hf}$	-	1E+5	6E-5	2E-7	-	-
72	Hafnium-182	D, see $^{170}\text{Hf}$	2E+2	8E-1	3E-10	-	-	-
			Bone surf	Bone surf				
			(4E+2)	(2E+0)	-	2E-12	5E-6	5E-5
		W, see $^{170}\text{Hf}$	-	3E+0	1E-9	-	-	-
				Bone surf				
			-	(7E+0)	-	1E-11	-	-
72	Hafnium-183 <sup>2</sup>	D, see $^{170}\text{Hf}$	2E+4	5E+4	2E-5	6E-8	3E-4	3E-3
		W, see $^{170}\text{Hf}$	-	6E+4	2E-5	8E-8	-	-
72	Hafnium-184	D, see $^{170}\text{Hf}$	2E+3	8E+3	3E-6	1E-8	3E-5	3E-4
		W, see $^{170}\text{Hf}$	-	6E+3	3E-6	9E-9	-	-
73	Tantalum-172 <sup>2</sup>	W, all compounds except those given for Y	4E+4	1E+5	5E-5	2E-7	5E-4	5E-3
		Y, elemental Ta, oxides, hydroxides, halides, carbides, nitrates, and nitrides	-	1E+5	4E-5	1E-7	-	-
73	Tantalum-173	W, see $^{172}\text{Ta}$	7E+3	2E+4	8E-6	3E-8	9E-5	9E-4
		Y, see $^{172}\text{Ta}$	-	2E+4	7E-6	2E-8	-	-
73	Tantalum-174 <sup>2</sup>	W, see $^{172}\text{Ta}$	3E+4	1E+5	4E-5	1E-7	4E-4	4E-3
		Y, see $^{172}\text{Ta}$	-	9E+4	4E-5	1E-7	-	-
73	Tantalum-175	W, see $^{172}\text{Ta}$	6E+3	2E+4	7E-6	2E-8	8E-5	8E-4
		Y, see $^{172}\text{Ta}$	-	1E+4	6E-6	2E-8	-	-
73	Tantalum-176	W, see $^{172}\text{Ta}$	4E+3	1E+4	5E-6	2E-8	5E-5	5E-4
		Y, see $^{172}\text{Ta}$	-	1E+4	5E-6	2E-8	-	-
73	Tantalum-177	W, see $^{172}\text{Ta}$	1E+4	2E+4	8E-6	3E-8	2E-4	2E-3
		Y, see $^{172}\text{Ta}$	-	2E+4	7E-6	2E-8	-	-
73	Tantalum-178	W, see $^{172}\text{Ta}$	2E+4	9E+4	4E-5	1E-7	2E-4	2E-3
		Y, see $^{172}\text{Ta}$	-	7E+4	3E-5	1E-7	-	-
73	Tantalum-179	W, see $^{172}\text{Ta}$	2E+4	5E+3	2E-6	8E-9	3E-4	3E-3
		Y, see $^{172}\text{Ta}$	-	9E+2	4E-7	1E-9	-	-
73	Tantalum-180m	W, see $^{172}\text{Ta}$	2E+4	7E+4	3E-5	9E-8	3E-4	3E-3
		Y, see $^{172}\text{Ta}$	-	6E+4	2E-5	8E-8	-	-
73	Tantalum-180	W, see $^{172}\text{Ta}$	1E+3	4E+2	2E-7	6E-10	2E-5	2E-4
		Y, see $^{172}\text{Ta}$	-	2E+1	1E-8	3E-11	-	-

## TITLE 9. HEALTH SERVICES

## CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
73	Tantalum-182m <sup>2</sup>	W, see <sup>172</sup> Ta	2E+5 St wall (2E+5)	5E+5	2E-4	8E-7	-	-
		Y, see <sup>172</sup> Ta	-	4E+5	2E-4	6E-7	-	-
73	Tantalum-182	W, see <sup>172</sup> Ta	8E+2	3E+2	1E-7	5E-10	1E-5	1E-4
		Y, see <sup>172</sup> Ta	-	1E+2	6E-8	2E-10	-	-
73	Tantalum-183	W, see <sup>172</sup> Ta	9E+2 LLI wall (1E+3)	1E+3	5E-7	2E-9	-	-
		Y, see <sup>172</sup> Ta	-	1E+3	4E-7	1E-9	-	-
73	Tantalum-184	W, see <sup>172</sup> Ta	2E+3	5E+3	2E-6	8E-9	3E-5	3E-4
		Y, see <sup>172</sup> Ta	-	5E+3	2E-6	7E-9	-	-
73	Tantalum-185 <sup>2</sup>	W, see <sup>172</sup> Ta	3E+4	7E+4	3E-5	1E-7	4E-4	4E-3
		Y, see <sup>172</sup> Ta	-	6E+4	3E-5	9E-8	-	-
73	Tantalum-186 <sup>2</sup>	W, see <sup>172</sup> Ta	5E+4 St wall (7E+4)	2E+5	1E-4	3E-7	-	-
		Y, see <sup>172</sup> Ta	-	2E+5	9E-5	3E-7	-	-
74	Tungsten-176	D, all compounds	1E+4	5E+4	2E-5	7E-8	1E-4	1E-3
74	Tungsten-177	D, all compounds	2E+4	9E+4	4E-5	1E-7	3E-4	3E-3
74	Tungsten-178	D, all compounds	5E+3	2E+4	8E-6	3E-8	7E-5	7E-4
74	Tungsten-179 <sup>2</sup>	D, all compounds	5E+5	2E+6	7E-4	2E-6	7E-3	7E-2
74	Tungsten-181	D, all compounds	2E+4	3E+4	1E-5	5E-8	2E-4	2E-3
74	Tungsten-185	D, all compounds	2E+3 LLI wall (3E+3)	7E+3	3E-6	9E-9	-	-
			-	-	-	-	4E-5	4E-4
74	Tungsten-187	D, all compounds	2E+3	9E+3	4E-6	1E-8	3E-5	3E-4
74	Tungsten-188	D, all compounds	4E+2 LLI wall (5E+2)	1E+3	5E-7	2E-9	-	-
			-	-	-	-	7E-6	7E-5
75	Rhenium-177 <sup>2</sup>	D, all compounds except those given for W	9E+4 St wall (1E+5)	3E+5	1E-4	4E-7	-	-
		W, oxides, hydroxides, and nitrates	-	4E+5	1E-4	5E-7	-	-
75	Rhenium-178 <sup>2</sup>	D, see <sup>177</sup> Re	7E+4 St wall (1E+5)	3E+5	1E-4	4E-7	-	-
		W, see <sup>177</sup> Re	-	3E+5	1E-4	4E-7	-	-
75	Rhenium-181	D, see <sup>177</sup> Re	5E+3	9E+3	4E-6	1E-8	7E-5	7E-4
		W, see <sup>177</sup> Re	-	9E+3	4E-6	1E-8	-	-
75	Rhenium-182 (12.7 h)	D, see <sup>177</sup> Re	7E+3	1E+4	5E-6	2E-8	9E-5	9E-4
		W, see <sup>177</sup> Re	-	2E+4	6E-6	2E-8	-	-
75	Rhenium-182 (64.0 h)	D, see <sup>177</sup> Re	1E+3	2E+3	1E-6	3E-9	2E-5	2E-4
		W, see <sup>177</sup> Re	-	2E+3	9E-7	3E-9	-	-

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CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration (μCi/ml)
			Col. 1	Col. 2	Col. 3	Col. 1	Col. 2	
			Oral Ingestion ALI (μCi)	Inhalation ALI (μCi)	DAC (μCi/ml)	Air (μCi/ml)	Water (μCi/ml)	
75	Rhenium-184m	D, see <sup>177</sup> Re	2E+3	3E+3	1E-6	4E-9	3E-5	3E-4
		W, see <sup>177</sup> Re	-	4E+2	2E-7	6E-10	-	-
75	Rhenium-184	D, see <sup>177</sup> Re	2E+3	4E+3	1E-6	5E-9	3E-5	3E-4
		W, see <sup>177</sup> Re	-	1E+3	6E-7	2E-9	-	-
75	Rhenium-186m	D, see <sup>177</sup> Re	1E+3	2E+3	7E-7	-	-	-
		St wall (2E+3)	St wall (2E+3)	-	3E-9	2E-5	2E-4	
		W, see <sup>177</sup> Re	-	2E+2	6E-8	2E-10	-	-
75	Rhenium-186	D, see <sup>177</sup> Re	2E+3	3E+3	1E-6	4E-9	3E-5	3E-4
		W, see <sup>177</sup> Re	-	2E+3	7E-7	2E-9	-	-
75	Rhenium-187	D, see <sup>177</sup> Re	6E+5	8E+5	4E-4	-	8E-3	8E-2
		St wall	-	(9E+5)	-	1E-6	-	-
		W, see <sup>177</sup> Re	-	1E+5	4E-5	1E-7	-	-
75	Rhenium-188m <sup>2</sup>	D, see <sup>177</sup> Re	8E+4	1E+5	6E-5	2E-7	1E-3	1E-2
		W, see <sup>177</sup> Re	-	1E+5	6E-5	2E-7	-	-
75	Rhenium-188	D, see <sup>177</sup> Re	2E+3	3E+3	1E-6	4E-9	2E-5	2E-4
		W, see <sup>177</sup> Re	-	3E+3	1E-6	4E-9	-	-
75	Rhenium-189	D, see <sup>177</sup> Re	3E+3	5E+3	2E-6	7E-9	4E-5	4E-4
		W, see <sup>177</sup> Re	-	4E+3	2E-6	6E-9	-	-
76	Osmium-180 <sup>2</sup>	D, all compounds except those given for W and Y	1E+5	4E+5	2E-4	5E-7	1E-3	1E-2
		W, halides and nitrates	-	5E+5	2E-4	7E-7	-	-
		Y, oxides and hydroxides	-	5E+5	2E-4	6E-7	-	-
76	Osmium-181 <sup>2</sup>	D, see <sup>180</sup> Os	1E+4	4E+4	2E-5	6E-8	2E-4	2E-3
		W, see <sup>180</sup> Os	-	5E+4	2E-5	6E-8	-	-
		Y, see <sup>180</sup> Os	-	4E+4	2E-5	6E-8	-	-
76	Osmium-182	D, see <sup>180</sup> Os	2E+3	6E+3	2E-6	8E-9	3E-5	3E-4
		W, see <sup>180</sup> Os	-	4E+3	2E-6	6E-9	-	-
		Y, see <sup>180</sup> Os	-	4E+3	2E-6	6E-9	-	-
76	Osmium-185	D, see <sup>180</sup> Os	2E+3	5E+2	2E-7	7E-10	3E-5	3E-4
		W, see <sup>180</sup> Os	-	8E+2	3E-7	1E-9	-	-
		Y, see <sup>180</sup> Os	-	8E+2	3E-7	1E-9	-	-
76	Osmium-189m	D, see <sup>180</sup> Os	8E+4	2E+5	1E-4	3E-7	1E-3	1E-2
		W, see <sup>180</sup> Os	-	2E+5	9E-5	3E-7	-	-
		Y, see <sup>180</sup> Os	-	2E+5	7E-5	2E-7	-	-
76	Osmium-191m	D, see <sup>180</sup> Os	1E+4	3E+4	1E-5	4E-8	2E-4	2E-3
		W, see <sup>180</sup> Os	-	2E+4	8E-6	3E-8	-	-
		Y, see <sup>180</sup> Os	-	2E+4	7E-6	2E-8	-	-
76	Osmium-191	D, see <sup>180</sup> Os	2E+3	2E+3	9E-7	3E-9	-	-
		LLI wall (3E+3)	-	-	-	3E-5	3E-4	
		W, see <sup>180</sup> Os	-	2E+3	7E-7	2E-9	-	-
		Y, see <sup>180</sup> Os	-	1E+3	6E-7	2E-9	-	-

## TITLE 9. HEALTH SERVICES

## CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
76	Osmium-193	D, sec $^{180}\text{Os}$	2E+3	5E+3	2E-6	6E-9	-	-
			LLI wall (2E+3)	-	-	-	2E-5	2E-4
		W, sec $^{180}\text{Os}$	-	3E+3	1E-6	4E-9	-	-
		Y, sec $^{180}\text{Os}$	-	3E+3	1E-6	4E-9	-	-
76	Osmium-194	D, sec $^{180}\text{Os}$	4E+2	4E+1	2E-8	6E-11	-	-
			LLI wall (6E+2)	-	-	-	8E-6	8E-5
		W, sec $^{180}\text{Os}$	-	6E+1	2E-8	8E-11	-	-
		Y, sec $^{180}\text{Os}$	-	8E+0	3E-9	1E-11	-	-
77	Iridium-182 <sup>2</sup>	D, all compounds except those given for W and Y	4E+4	1E+5	6E-5	2E-7	-	-
			St wall (4E+4)	-	-	-	6E-4	6E-3
		W, halides, nitrates, and metallic iridium	-	2E+5	6E-5	2E-7	-	-
		Y, oxides and hydroxides	-	1E+5	5E-5	2E-7	-	-
77	Iridium-184	D, sec $^{182}\text{Ir}$	8E+3	2E+4	1E-5	3E-8	1E-4	1E-3
		W, sec $^{182}\text{Ir}$	-	3E+4	1E-5	5E-8	-	-
		Y, sec $^{182}\text{Ir}$	-	3E+4	1E-5	4E-8	-	-
77	Iridium-185	D, sec $^{182}\text{Ir}$	5E+3	1E+4	5E-6	2E-8	7E-5	7E-4
		W, sec $^{182}\text{Ir}$	-	1E+4	5E-6	2E-8	-	-
		Y, sec $^{182}\text{Ir}$	-	1E+4	4E-6	1E-8	-	-
77	Iridium-186	D, sec $^{182}\text{Ir}$	2E+3	8E+3	3E-6	1E-8	3E-5	3E-4
		W, sec $^{182}\text{Ir}$	-	6E+3	3E-6	9E-9	-	-
		Y, sec $^{182}\text{Ir}$	-	6E+3	2E-6	8E-9	-	-
77	Iridium-187	D, sec $^{182}\text{Ir}$	1E+4	3E+4	1E-5	5E-8	1E-4	1E-3
		W, sec $^{182}\text{Ir}$	-	3E+4	1E-5	4E-8	-	-
		Y, sec $^{182}\text{Ir}$	-	3E+4	1E-5	4E-8	-	-
77	Iridium-188	D, sec $^{182}\text{Ir}$	2E+3	5E+3	2E-6	6E-9	3E-5	3E-4
		W, sec $^{182}\text{Ir}$	-	4E+3	1E-6	5E-9	-	-
		Y, sec $^{182}\text{Ir}$	-	3E+3	1E-6	5E-9	-	-
77	Iridium-189	D, sec $^{182}\text{Ir}$	5E+3	5E+3	2E-6	7E-9	-	-
			LLI wall (5E+3)	-	-	-	7E-5	7E-4
		W, sec $^{182}\text{Ir}$	-	4E+3	2E-6	5E-9	-	-
		Y, sec $^{182}\text{Ir}$	-	4E+3	1E-6	5E-9	-	-
77	Iridium-190m <sup>2</sup>	D, sec $^{182}\text{Ir}$	2E+5	2E+5	8E-5	3E-7	2E-3	2E-2
		W, sec $^{182}\text{Ir}$	-	2E+5	9E-5	3E-7	-	-
		Y, sec $^{182}\text{Ir}$	-	2E+5	8E-5	3E-7	-	-
77	Iridium-190	D, sec $^{182}\text{Ir}$	1E+3	9E+2	4E-7	1E-9	1E-5	1E-4
		W, sec $^{182}\text{Ir}$	-	1E+3	4E-7	1E-9	-	-
		Y, sec $^{182}\text{Ir}$	-	9E+2	4E-7	1E-9	-	-

TITLE 9. HEALTH SERVICES

CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
77	Iridium-192m	D, see $^{182}\text{Ir}$	3E+3	9E+1	4E-8	1E-10	4E-5	4E-4
		W, see $^{182}\text{Ir}$	-	2E+2	9E-8	3E-10	-	-
		Y, see $^{182}\text{Ir}$	-	2E+1	6E-9	2E-11	-	-
77	Iridium-192	D, see $^{182}\text{Ir}$	9E+2	3E+2	1E-7	4E-10	1E-5	1E-4
		W, see $^{182}\text{Ir}$	-	4E+2	2E-7	6E-10	-	-
		Y, see $^{182}\text{Ir}$	-	2E+2	9E-8	3E-10	-	-
77	Iridium-194m	D, see $^{182}\text{Ir}$	6E+2	9E+1	4E-8	1E-10	9E-6	9E-5
		W, see $^{182}\text{Ir}$	-	2E+2	7E-8	2E-10	-	-
		Y, see $^{182}\text{Ir}$	-	1E+2	4E-8	1E-10	-	-
77	Iridium-194	D, see $^{182}\text{Ir}$	1E+3	3E+3	1E-6	4E-9	1E-5	1E-4
		W, see $^{182}\text{Ir}$	-	2E+3	9E-7	3E-9	-	-
		Y, see $^{182}\text{Ir}$	-	2E+3	8E-7	3E-9	-	-
77	Iridium-195m	D, see $^{182}\text{Ir}$	8E+3	2E+4	1E-5	3E-8	1E-4	1E-3
		W, see $^{182}\text{Ir}$	-	3E+4	1E-5	4E-8	-	-
		Y, see $^{182}\text{Ir}$	-	2E+4	9E-6	3E-8	-	-
77	Iridium-195	D, see $^{182}\text{Ir}$	1E+4	4E+4	2E-5	6E-8	2E-4	2E-3
		W, see $^{182}\text{Ir}$	-	5E+4	2E-5	7E-8	-	-
		Y, see $^{182}\text{Ir}$	-	4E+4	2E-5	6E-8	-	-
78	Platinum-186	D, all compounds	1E+4	4E+4	2E-5	5E-8	2E-4	2E-3
78	Platinum-188	D, all compounds	2E+3	2E+3	7E-7	2E-9	2E-5	2E-4
78	Platinum-189	D, all compounds	1E+4	3E+4	1E-5	4E-8	1E-4	1E-3
78	Platinum-191	D, all compounds	4E+3	8E+3	4E-6	1E-8	5E-5	5E-4
78	Platinum-193m	D, all compounds	3E+3	6E+3	3E-6	8E-9	-	-
78	Platinum-193	D, all compounds	LLI wall (3E+4)	-	-	-	4E-5	4E-4
			4E+4	2E+4	1E-5	3E-8	-	-
			LLI wall (5E+4)	-	-	-	6E-4	6E-3
78	Platinum-195m	D, all compounds	2E+3	4E+3	2E-6	6E-9	-	-
			LLI wall (2E+3)	-	-	-	3E-5	3E-4
			-	-	-	-	-	-
78	Platinum-197m <sup>2</sup>	D, all compounds	2E+4	4E+4	2E-5	6E-8	2E-4	2E-3
78	Platinum-197	D, all compounds	3E+3	1E+4	4E-6	1E-8	4E-5	4E-4
78	Platinum-199 <sup>2</sup>	D, all compounds	5E+4	1E+5	6E-5	2E-7	7E-4	7E-3
78	Platinum-200	D, all compounds	1E+3	3E+3	1E-6	5E-9	2E-5	2E-4
79	Gold-193	D, all compounds except those given for W and Y	9E+3	3E+4	1E-5	4E-8	1E-4	1E-3
		W, halides and nitrates	-	2E+4	9E-6	3E-8	-	-
		Y, oxides and hydroxides	-	2E+4	8E-6	3E-8	-	-
79	Gold-194	D, see $^{193}\text{Au}$	3E+3	8E+3	3E-6	1E-8	4E-5	4E-4
		W, see $^{193}\text{Au}$	-	5E+3	2E-6	8E-9	-	-
		Y, see $^{193}\text{Au}$	-	5E+3	2E-6	7E-9	-	-
79	Gold-195	D see $^{193}\text{Au}$	5E+3	1E+4	5E-6	2E-8	7E-5	7E-4
		W see $^{193}\text{Au}$	-	1E+3	6E-7	2E-9	-	-
		Y see $^{193}\text{Au}$	-	4E+2	2E-7	6E-10	-	-

## TITLE 9. HEALTH SERVICES

## CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
79	Gold-198m	D see $^{193}\text{Au}$	1E+3	3E+3	1E-6	4E-9	1E-5	1E-4
		W see $^{193}\text{Au}$	-	1E+3	5E-7	2E-9	-	-
		Y see $^{193}\text{Au}$	-	1E+3	5E-7	2E-9	-	-
79	Gold-198	D see $^{193}\text{Au}$	1E+3	4E+3	2E-6	5E-9	2E-5	2E-4
		W see $^{193}\text{Au}$	-	2E+3	8E-7	3E-9	-	-
		Y see $^{193}\text{Au}$	-	2E+3	7E-7	2E-9	-	-
79	Gold-199	D see $^{193}\text{Au}$	3E+3	9E+3	4E-6	1E-8	-	-
		LLI wall (3E+3)	-	-	-	-	4E-5	4E-4
		W, see $^{193}\text{Au}$	-	4E+3	2E-6	6E-9	-	-
		Y, see $^{193}\text{Au}$	-	4E+3	2E-6	5E-9	-	-
		D, see $^{193}\text{Au}$	1E+3	4E+3	1E-6	5E-9	2E-5	2E-4
79	Gold-200m	W, see $^{193}\text{Au}$	-	3E+3	1E-6	4E-9	-	-
		Y, see $^{193}\text{Au}$	-	2E+4	1E-6	3E-9	-	-
		D, see $^{193}\text{Au}$	3E+4	6E+4	3E-5	9E-8	4E-4	4E-3
79	Gold-200 <sup>2</sup>	W, see $^{193}\text{Au}$	-	8E+4	3E-5	1E-7	-	-
		Y, see $^{193}\text{Au}$	-	7E+4	3E-5	1E-7	-	-
		D, see $^{193}\text{Au}$	7E+4	2E+5	9E-5	3E-7	-	-
79	Gold-201 <sup>2</sup>	St wall (9E+4)	-	-	-	-	1E-3	1E-2
		W, see $^{193}\text{Au}$	-	2E+5	1E-4	3E-7	-	-
		Y, see $^{193}\text{Au}$	-	2E+5	9E-5	3E-7	-	-
		Vapor	-	8E+3	4E-6	1E-8	-	-
		Organic D	4E+3	1E+4	5E-6	2E-8	6E-5	6E-4
80	Mercury-193m	D, sulfates	3E+3	9E+3	4E-6	1E-8	4E-5	4E-4
		W, oxides, hydroxides, halides, nitrates, and sulfides	-	8E+3	3E-6	1E-8	-	-
		Vapor	-	3E+4	1E-5	4E-8	-	-
		Organic D	2E+4	6E+4	3E-5	9E-8	3E-4	3E-3
		D, see $^{193\text{m}}\text{Hg}$	2E+4	4E+4	2E-5	6E-8	2E-4	2E-3
80	Mercury-193	W, see $^{193\text{m}}\text{Hg}$	-	4E+4	2E-5	6E-8	-	-
		Vapor	-	3E+1	1E-8	4E-11	-	-
		Organic D	2E+1	3E+1	1E-8	4E-11	2E-7	2E-6
		D, see $^{193\text{m}}\text{Hg}$	8E+2	4E+1	2E-8	6E-11	1E-5	1E-4
		W, see $^{193\text{m}}\text{Hg}$	-	1E+2	5E-8	2E-10	-	-
80	Mercury-194	Vapor	-	4E+3	2E-6	6E-9	-	-
		Organic D	3E+3	6E+3	3E-6	8E-9	4E-5	4E-4
		D, see $^{193\text{m}}\text{Hg}$	2E+3	5E+3	2E-6	7E-9	3E-5	3E-4
		W, see $^{193\text{m}}\text{Hg}$	-	4E+3	2E-6	5E-9	-	-
		Vapor	-	3E+4	1E-5	4E-8	-	-
80	Mercury-195	Organic D	2E+4	5E+4	2E-5	6E-8	2E-4	2E-3
		D, see $^{193\text{m}}\text{Hg}$	1E+4	4E+4	1E-5	5E-8	2E-4	2E-3
		W, see $^{193\text{m}}\text{Hg}$	-	3E+4	1E-5	5E-8	-	-
		Vapor	-	3E+4	1E-5	5E-8	-	-
		Organic D	2E+4	5E+4	2E-5	6E-8	2E-4	2E-3



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## CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
80	Mercury-197m	Vapor	-	5E+3	2E-6	7E-9	-	-
		Organic D	4E+3	9E+3	4E-6	1E-8	5E-5	5E-4
		D, see $^{193\text{m}}\text{Hg}$	3E+3	7E+3	3E-6	1E-8	4E-5	4E-4
		W, see $^{193\text{m}}\text{Hg}$	-	5E+3	2E-6	7E-9	-	-
80	Mercury-197	Vapor	-	8E+3	4E-6	1E-8	-	-
		Organic D	7E+3	1E+4	6E-6	2E-8	9E-5	9E-4
		D, see $^{193\text{m}}\text{Hg}$	6E+3	1E+4	5E-6	2E-8	8E-5	8E-4
		W, see $^{193\text{m}}\text{Hg}$	-	9E+3	4E-6	1E-8	-	-
80	Mercury-199m <sup>2</sup>	Vapor	-	8E+4	3E-5	1E-7	-	-
		Organic D	6E+4	2E+5	7E-5	2E-7	-	-
		St wall (1E+5)	-	-	-	-	1E-3	1E-2
		D, see $^{193\text{m}}\text{Hg}$	6E+4	1E+5	6E-5	2E-7	8E-4	8E-3
		W, see $^{193\text{m}}\text{Hg}$	-	2E+5	7E-5	2E-7	-	-
80	Mercury-203	Vapor	-	8E+2	4E-7	1E-9	-	-
		Organic D	5E+2	8E+2	3E-7	1E-9	7E-6	7E-5
		D, see $^{193\text{m}}\text{Hg}$	2E+3	1E+3	5E-7	2E-9	3E-5	3E-4
		W, see $^{193\text{m}}\text{Hg}$	-	1E+3	5E-7	2E-9	-	-
81	Thallium-194m <sup>2</sup>	D, all compounds	5E+4	2E+5	6E-5	2E-7	-	-
		St wall (7E+4)	-	-	-	-	1E-3	1E-2
81	Thallium-194 <sup>2</sup>	D, all compounds	3E+5	6E+5	2E-4	8E-7	-	-
		St wall (3E+5)	-	-	-	-	4E-3	4E-2
81	Thallium-195 <sup>2</sup>	D, all compounds	6E+4	1E+5	5E-5	2E-7	9E-4	9E-3
81	Thallium-197	D, all compounds	7E+4	1E+5	5E-5	2E-7	1E-3	1E-2
81	Thallium-198m <sup>2</sup>	D, all compounds	3E+4	5E+4	2E-5	8E-8	4E-4	4E-3
81	Thallium-198	D, all compounds	2E+4	3E+4	1E-5	5E-8	3E-4	3E-3
81	Thallium-199	D, all compounds	6E+4	8E+4	4E-5	1E-7	9E-4	9E-3
81	Thallium-200	D, all compounds	8E+3	1E+4	5E-6	2E-8	1E-4	1E-3
81	Thallium-201	D, all compounds	2E+4	2E+4	9E-6	3E-8	2E-4	2E-3
81	Thallium-202	D, all compounds	4E+3	5E+3	2E-6	7E-9	5E-5	5E-4
81	Thallium-204	D, all compounds	2E+3	2E+3	9E-7	3E-9	2E-5	2E-4
82	Lead-195m <sup>2</sup>	D, all compounds	6E+4	2E+5	8E-5	3E-7	8E-4	8E-3
82	Lead-198	D, all compounds	3E+4	6E+4	3E-5	9E-8	4E-4	4E-3
82	Lead-199 <sup>2</sup>	D, all compounds	2E+4	7E+4	3E-5	1E-7	3E-4	3E-3
82	Lead-200	D, all compounds	3E+3	6E+3	3E-6	9E-9	4E-5	4E-4
82	Lead-201	D, all compounds	7E+3	2E+4	8E-6	3E-8	1E-4	1E-3
82	Lead-202m	D, all compounds	9E+3	3E+4	1E-5	4E-8	1E-4	1E-3
82	Lead-202	D, all compounds	1E+2	5E+1	2E-8	7E-11	2E-6	2E-5
82	Lead-203	D, all compounds	5E+3	9E+3	4E-6	1E-8	7E-5	7E-4
82	Lead-205	D, all compounds	4E+3	1E+3	6E-7	2E-9	5E-5	5E-4
82	Lead-209	D, all compounds	2E+4	6E+4	2E-5	8E-8	3E-4	3E-3
82	Lead-210	D, all compounds	6E1	2E1	1E-10	-	-	-
		Bone surf (1E+0)	-	Bone surf (4E-1)	-	6E-13	1E-8	1E-7
82	Lead-211 <sup>2</sup>	D, all compounds	1E+4	6E+2	3E-7	9E-10	2E-4	2E+3

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## CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
82	Lead-212	D, all compounds	8E+1	3E+1	1E-8	5E-11	-	-
			Bone surf (1E+2)	-	-	-	2E-6	2E-5
82	Lead-214 <sup>2</sup>	D, all compounds	9E+3	8E+2	3E-7	1E-9	1E-4	1E-3
83	Bismuth-200 <sup>2</sup>	D, nitrates	3E+4	8E+4	4E-5	1E-7	4E-4	4E-3
		W, all other compounds	-	1E+5	4E-5	1E-7	-	-
83	Bismuth-201 <sup>2</sup>	D, see <sup>200</sup> Bi	1E+4	3E+4	1E-5	4E-8	2E-4	2E-3
		W, see <sup>200</sup> Bi	-	4E+4	2E-5	5E-8	-	-
83	Bismuth-202 <sup>2</sup>	D, see <sup>200</sup> Bi	1E+4	4E+4	2E-5	6E-8	2E-4	2E-3
		W, see <sup>200</sup> Bi	-	8E+4	3E-5	1E-7	-	-
83	Bismuth-203	D, see <sup>200</sup> Bi	2E+3	7E+3	3E-6	9E-9	3E-5	3E-4
		W, see <sup>200</sup> Bi	-	6E+3	3E-6	9E-9	-	-
83	Bismuth-205	D, see <sup>200</sup> Bi	1E+3	3E+3	1E-6	3E-9	2E-5	2E-4
		W, see <sup>200</sup> Bi	-	1E+3	5E-7	2E-9	-	-
83	Bismuth-206	D, see <sup>200</sup> Bi	6E+2	1E+3	6E-7	2E-9	9E-6	9E-5
		W, see <sup>200</sup> Bi	-	9E+2	4E-7	1E-9	-	-
83	Bismuth-207	D, see <sup>200</sup> Bi	1E+3	2E+3	7E-7	2E-9	1E-5	1E-4
		W, see <sup>200</sup> Bi	-	4E+2	1E-7	5E-10	-	-
83	Bismuth-210m	D, see <sup>200</sup> Bi	4E+1	5E+0	2E-9	-	-	-
			Kidneys (6E+1)	Kidneys (6E+0)	-	9E-12	8E-7	8E-6
		W, see <sup>200</sup> Bi	-	7E-1	3E-10	9E-13	-	-
83	Bismuth-210	D, see <sup>200</sup> Bi	8E+2	2E+2	1E-7	-	1E-5	1E-4
			-	Kidneys (4E+2)	-	5E-10	-	-
		W, see <sup>200</sup> Bi	-	3E+1	1E-8	4E-11	-	-
83	Bismuth-212 <sup>2</sup>	D, see <sup>200</sup> Bi	5E+3	2E+2	1E-7	3E-10	7E-5	7E-4
		W, see <sup>200</sup> Bi	-	3E+2	1E-7	4E-10	-	-
83	Bismuth-213 <sup>2</sup>	D, see <sup>200</sup> Bi	7E+3	3E+2	1E-7	4E-10	1E-4	1E-3
		W, see <sup>200</sup> Bi	-	4E+2	1E-7	5E-10	-	-
83	Bismuth-214 <sup>2</sup>	D, see <sup>200</sup> Bi	2E+4	8E+2	3E-7	1E-9	-	-
			St wall (2E+4)	-	-	-	3E-4	3E-3
		W, see <sup>200</sup> Bi	-	9E-2	4E-7	1E-9	-	-
84	Polonium-203 <sup>2</sup>	D, all compounds except those given for W	3E+4	6E+4	3E-5	9E-8	3E-4	3E-3
		W, oxides, hydroxides, and nitrates	-	9E+4	4E-5	1E-7	-	-
84	Polonium-205 <sup>2</sup>	D, see <sup>203</sup> Po	2E+4	4E+4	2E-5	5E-8	3E-4	3E-3
		W, see <sup>203</sup> Po	-	7E+4	3E-5	1E-7	-	-
84	Polonium-207	D, see <sup>203</sup> Po	8E+3	3E+4	1E-5	3E-8	1E-4	1E-3
		W, see <sup>203</sup> Po	-	3E+4	1E-5	4E-8	-	-
84	Polonium-210	D, see <sup>203</sup> Po	3E+0	6E-1	3E-10	9E-13	4E-8	4E-7
		W, see <sup>203</sup> Po	-	6E-1	3E-10	9E-13	-	-

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CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
85	Astatine-207 <sup>2</sup>	D, halides	6E+3	3E+3	1E-6	4E-9	8E-5	8E-4
		W	-	2E+3	9E-7	3E-9	-	-
85	Astatine-211	D, halides	1E+2	8E+1	3E-8	1E-10	2E-6	2E-5
		W	-	5E+1	2E-8	8E-11	-	-
86	Radon-220	With daughters removed	-	2E+4	7E-6	2E-8	-	-
		With daughters present	-	2E+1	9E-9	3E-11	-	-
			(or 12 working level months)			(or 1.0 working level)		
86	Radon-222	With daughters removed	-	1E+4	4E-6	1E-8	-	-
		With daughters present	-	1E+2	3E-8	1E-10	-	-
			(or 4 working level months)			(or 0.33 working level)		
87	Francium-222 <sup>2</sup>	D, all compounds	2E+3	5E+2	2E-7	6E-10	3E-5	3E-4
87	Francium-223 <sup>2</sup>	D, all compounds	6E+2	8E+2	3E-7	1E-9	8E-6	8E-5
88	Radium-223	W, all compounds	5E+0	7E-1	3E-10	9E-13	-	-
			Bone surf (9E+0)	-	-	-	1E-7	1E-6
88	Radium-224	W, all compounds	8E+0	2E+0	7E-10	2E-12	-	-
			Bone surf (2E+1)	-	-	-	2E-7	2E-6
88	Radium-225	W, all compounds	8E+0	7E-1	3E-10	9E-13	-	-
			Bone surf (2E+1)	-	-	-	2E-7	2E-6
88	Radium-226	W, all compounds	2E+0	6E-1	3E-10	9E-13	-	-
			Bone surf (5E+0)	-	-	-	6E-8	6E-7
88	Radium-227 <sup>2</sup>	W, all compounds	2E+4	1E+4	6E-6	-	-	-
			Bone surf (2E+4)	Bone surf (2E+4)	-	3E-8	3E-4	3E-3
88	Radium-228	W, all compounds	2E+0	1E+0	5E-10	2E-12	-	-
			Bone surf (4E+0)	-	-	-	6E-8	6E-7
89	Actinium-224	D, all compounds except those given for W and Y	2E+3	3E+1	1E-8	-	-	-
			LLI wall (2E+3)	Bone surf (4E+1)	-	5E-11	3E-5	3E-4
		W, halides and nitrates	-	5E+1	2E-8	7E-11	-	-
		Y, oxides and hydroxides	-	5E+1	2E-8	6E-11	-	-
89	Actinium-225	D, see <sup>224</sup> Ac	5E+1	3E-1	1E-10	-	-	-
			LLI wall (5E+1)	Bone surf (5E-1)	-	7E-13	7E-7	7E-6
		W, see <sup>224</sup> Ac	-	6E-1	3E-10	9E-13	-	-
		Y, see <sup>224</sup> Ac	-	6E-1	3E-10	9E-13	-	-

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## CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
89	Actinium-226	D, see $^{224}\text{Ac}$	1E+2	3E+0	1E-9	-	-	-
			LLI wall (1E+2)	Bone surf (4E+0)	-	5E-12	2E-6	2E-5
			-	5E+0	2E-9	7E-12	-	-
		W, see $^{224}\text{Ac}$	-	5E+0	2E-9	6E-12	-	-
89	Actinium-227	D, see $^{224}\text{Ac}$	2E-1	4E-4	2E-13	-	-	-
			Bone surf (4E-1)	Bone surf (8E-4)	-	1E-15	5E-9	5E-8
			-	2E-3	7E-13	-	-	-
		W, see $^{224}\text{Ac}$	-	Bone surf (3E-3)	-	4E-15	-	-
89	Actinium-228	D, see $^{224}\text{Ac}$	-	4E-3	2E-12	6E-15	-	-
			2E+3	9E+0	4E-9	-	3E-5	3E-4
			-	Bone surf (2E+1)	-	2E-11	-	-
		W see $^{224}\text{Ac}$	-	4E+1	2E-8	-	-	-
90	Thorium-226 <sup>2</sup>	W, all compounds except those given for Y	-	Bone surf (6E+1)	-	8E-11	-	-
			-	4E+1	2E-8	6E-11	-	-
			5E+3	2E+2	6E-8	2E-10	-	-
		Y, oxides and hydroxides	St wall (5E+3)	-	-	-	7E-5	7E-4
90	Thorium-227	W, see $^{226}\text{Th}$	-	1E+2	6E-8	2E-10	-	-
		Y, see $^{226}\text{Th}$	1E+2	3E-1	1E-10	5E-13	2E-6	2E-5
90	Thorium-228	W, see $^{226}\text{Th}$	-	3E-1	1E-10	5E-13	-	-
			6E+0	1E-2	4E-12	-	-	-
			Bone surf (1E+1)	Bone surf (2E-2)	-	3E-14	2E-7	2E-6
		Y, see $^{226}\text{Th}$	-	2E-2	7E-12	2E-14	-	-
90	Thorium-229	W, see $^{226}\text{Th}$	6E-1	9E-4	4E-13	-	-	-
			Bone surf (1E+0)	Bone surf (2E-3)	-	3E-15	2E-8	2E-7
			-	2E-3	1E-12	-	-	-
		Y, see $^{226}\text{Th}$	-	Bone surf (3E-3)	-	4E-15-	-	-
90	Thorium-230	W, see $^{226}\text{Th}$	4E+0	6E-3	3E-12	-	-	-
			Bone surf (9E+0)	Bone surf (2E-2)	-	2E-14	1E-6	-
			-	2E-2	6E-12	-	-	-
		Y, see $^{226}\text{Th}$	-	Bone surf (2E-2)	-	3E-14-	-	-
90	Thorium-231	W, see $^{228}\text{Th}$	4E+3	6E+3	3E-6	9E-9	5E-5	5E-4
		Y, see $^{228}\text{Th}$	-	6E+3	3E-6	9E-9-	-	-

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CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
90	Thorium-232	W, see $^{228}\text{Th}$	7E-1	1E-3	5E-13	-	-	-
			Bone surf (2E+0)	Bone surf (3E-3)	-	4E-15	3E-8	3E-7
		Y, see $^{228}\text{Th}$	-	3E-3 Bone surf (4E-3)	1E-12	-	-	-
90	Thorium-234	W, see $^{228}\text{Th}$	3E+2	2E+2	8E-8	3E-10	-	-
			LLI wall (4E+2)	-	-	-	5E-6	5E-5
		Y, see $^{228}\text{Th}$	-	2E+2	6E-8	2E-10	-	-
91	Protactinium-227 <sup>2</sup>	W, all compounds except those given for Y	4E+3	1E+2	5E-8	2E-10	5E-5	5E-4
		Y, oxides and hydroxides	-	1E+2	4E-8	1E-10	-	-
91	Protactinium-228	W, see $^{227}\text{Pa}$	1E+3	1E+1	5E-9	-	2E-5	2E-4
			-	Bone surf (2E+1)	-	3E-11	-	-
		Y, see $^{227}\text{Pa}$	-	1E+1	5E-9	2E-11	-	-
91	Protactinium-230	W, see $^{227}\text{Pa}$	6E+2	5E+0	2E-9	7E-12	-	-
			Bone surf (9E+2)	-	-	-	1E-5	1E-4
		Y, see $^{227}\text{Pa}$	-	4E+0	1E-9	5E-12	-	-
91	Protactinium-231	W, see $^{227}\text{Pa}$	2E-1	2E-3	6E-13	-	-	-
			Bone surf (5E-1)	Bone surf (4E-3)	-	6E-15	6E-9	6E-8
		Y, see $^{227}\text{Pa}$	-	4E-3 Bone surf (6E-3)	2E-12	-	-	-
91	Protactinium-232	W, see $^{227}\text{Pa}$	1E+3	2E+1	9E-9	-	2E-5	2E-4
			-	Bone surf (6E+1)	-	8E-11	-	-
		Y, see $^{227}\text{Pa}$	-	6E+1 Bone surf (7E+1)	2E-8	-	-	-
91	Protactinium-233	W, see $^{227}\text{Pa}$	1E+3	7E+2	3E-7	1E-9	-	-
			LLI wall (2E+3)	-	-	-	2E-5	2E-4
		Y, see $^{227}\text{Pa}$	-	6E+2	2E-7	8E-10	-	-
91	Protactinium-234	W, see $^{227}\text{Pa}$	2E+3	8E+3	3E-6	1E-8	3E-5	3E-4
		Y, see $^{227}\text{Pa}$	-	7E+3	3E-6	9E-9	-	-
92	Uranium-230	D, UF, UOF, UO(NO)	4E+0	4E-1	2E-10	-	-	-
			Bone surf (6E+0)	Bone surf (6E-1)	-	8E-13	8E-8	8E-7
		W, UO, UF, UCl	-	4E-1	1E-10	5E-13	-	-
		Y, UO, UO	-	3E-1	1E-10	4E-13	-	-

## TITLE 9. HEALTH SERVICES

## CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
92	Uranium-231	D, see $^{230}\text{U}$	5E+3 LLI wall (4E+3)	8E+3	3E-6	1E-8	-	-
		W, see $^{230}\text{U}$	-	6E+3	2E-6	8E-9	-	-
		Y, see $^{230}\text{U}$	-	5E+3	2E-6	6E-9	-	-
92	Uranium-232	D, see $^{230}\text{U}$	2E+0 Bone surf (4E+0)	2E-1 Bone surf (4E-1)	9E-11	-	-	-
		W, see $^{230}\text{U}$	-	4E-1	2E-10	5E-13	-	-
		Y, see $^{230}\text{U}$	-	8E-3	3E-12	1E-14	-	-
92	Uranium-233	D, see $^{230}\text{U}$	1E+1 Bone surf (2E+1)	1E+0 Bone surf (2E+0)	5E-10	-	-	-
		W, see $^{230}\text{U}$	-	7E-1	3E-10	1E-12	-	-
		Y, see $^{230}\text{U}$	-	4E-2	2E-11	5E-14	-	-
92	Uranium-234 <sup>3</sup>	D, see $^{230}\text{U}$	1E+1 Bone surf (2E+1)	1E+0 Bone surf (2E+0)	5E-10	-	-	-
		W, see $^{230}\text{U}$	-	7E-1	3E-10	1E-12	-	-
		Y, see $^{230}\text{U}$	-	4E-2	2E-11	5E-14	-	-
92	Uranium-235 <sup>3</sup>	D, see $^{230}\text{U}$	1E+1 Bone surf (2E+1)	1E+0 Bone surf (2E+0)	6E-10	-	-	-
		W, see $^{230}\text{U}$	-	8E-1	3E-10	1E-12	-	-
		Y, see $^{230}\text{U}$	-	4E-2	2E-11	6E-14	-	-
92	Uranium-236	D, see $^{230}\text{U}$	1E+1 Bone surf (2E+1)	1E+0 Bone surf (2E+0)	5E-10	-	-	-
		W, see $^{230}\text{U}$	-	8E-1	3E-10	1E-12	-	-
		Y, see $^{230}\text{U}$	-	4E-2	2E-11	6E-14	-	-
92	Uranium-237	D, see $^{230}\text{U}$	2E+3 LLI wall (2E+3)	3E+3	1E-6	4E-9	-	-
		W, see $^{230}\text{U}$	-	2E+3	7E-7	2E-9	-	-
		Y, see $^{230}\text{U}$	-	2E+3	6E-7	2E-9	-	-
92	Uranium-238 <sup>3</sup>	D, see $^{230}\text{U}$	1E+1 Bone surf (2E+1)	1E+0 Bone surf (2E+0)	6E-10	-	-	-
		W, see $^{230}\text{U}$	-	8E-1	3E-10	1E-12	-	-
		Y, see $^{230}\text{U}$	-	4E-2	2E-11	6E-14	-	-
92	Uranium-239 <sup>2</sup>	D, see $^{230}\text{U}$	7E+4	2E+5	8E-5	3E-7	9E-4	9E-3
		W, see $^{230}\text{U}$	-	2E+5	7E-5	2E-7	-	-
		Y, see $^{230}\text{U}$	-	2E+5	6E-5	2E-7	-	-

TITLE 9. HEALTH SERVICES

CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
92	Uranium-240	D, see $^{230}\text{U}$	1E+3	4E+3	2E-6	5E-9	2E-5	2E-4
		W, see $^{230}\text{U}$	-	3E+3	1E-6	4E-9	-	-
		Y, see $^{230}\text{U}$	-	2E+3	1E-6	3E-9	-	-
92	Uranium-natural <sup>3</sup>	D, see $^{230}\text{U}$	1E+1	1E+0	5E-10	-	-	-
			Bone surf (2E+1)	Bone surf (2E+0)	-	3E-12	3E-7	3E-6
		W, see $^{230}\text{U}$	-	8E-1	3E-10	9E-13	-	-
		Y, see $^{230}\text{U}$	-	5E-2	2E-11	9E-24	-	-
93	Neptunium-232 <sup>2</sup>	W, all compounds	1E+5	2E+3	7E-7	-	2E-3	2E-2
			-	Bone surf (5E+2)	-	6E-9	-	-
93	Neptunium-233 <sup>2</sup>	W, all compounds	8E+5	3E+6	1E-3	4E-6	1E-2	1E-1
93	Neptunium-234	W, all compounds	2E+3	3E+3	1E-6	4E-9	3E-5	3E-4
93	Neptunium-235	W, all compounds	2E+4	8E+2	3E-7	-	-	-
			LLI wall (2E+4)	Bone surf (1E+3)	-	2E-9	3E-4	3E-3
93	Neptunium-236 (1.15E+5 y)	W, all compounds	3E+0	2E-2	9E-12	-	-	-
			Bone surf (6E+0)	Bone surf (5E-2)	-	8E-14	9E-8	9E-7
93	Neptunium-236 (22.5 h)	W, all compounds	3E+3	3E+1	1E-8	-	-	-
			Bone surf (4E+3)	Bone surf (7E+1)	-	1E-10	5E-5	5E-4
93	Neptunium-237	W, all compounds	5E-1	4E-3	2E-12	-	-	-
			Bone surf (1E+0)	Bone surf (1E-2)	-	1E-14	2E-8	2E-7
93	Neptunium-238	W, all compounds	1E+3	6E+1	3E-8	-	2E-5	2E-4
			-	Bone surf (2E+2)	-	2E-10	-	-
93	Neptunium-239	W, all compounds	2E+3	2E+3	9E-7	3E-9	-	-
			LLI wall (2E+3)	-	-	-	2E-5	2E-4
93	Neptunium-240 <sup>2</sup>	W, all compounds	2E+4	8E+4	3E-5	1E-7	3E-4	3E-3
94	Plutonium-234	W, all compounds except PuO	8E+3	2E+2	9E-8	3E-10	1E-4	1E-3
		Y, PuO	-	2E+2	8E-8	3E-10	-	-
94	Plutonium-235 <sup>2</sup>	W, see $^{234}\text{Pu}$	9E+5	3E+6	1E-3	4E-6	1E-2	1E-1
		Y, see $^{234}\text{Pu}$	-	3E+6	1E-3	3E-6	-	-
94	Plutonium-236	W, see $^{234}\text{Pu}$	2E+0	2E-2	8E-12	-	-	-
			Bone surf (4E+0)	Bone surf (4E-2)	-	5E-14	6E-8	6E-7
		Y, see $^{234}\text{Pu}$	-	4E-2	2E-11	6E-14	-	-
94	Plutonium-237	W, see $^{234}\text{Pu}$	1E+4	3E+3	1E-6	5E-9	2E-4	2E-3
		Y, see $^{234}\text{Pu}$	-	3E+3	1E-6	4E-9	-	-
94	Plutonium-238	W, see $^{234}\text{Pu}$	9E-1	7E-3	3E-12	-	-	-
			Bone surf (2E+0)	Bone surf (1E-2)	-	2E-14	2E-8	2E-7
		Y, see $^{234}\text{Pu}$	-	2E-2	8E-12	2E-14	-	-

## TITLE 9. HEALTH SERVICES

## CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
94	Plutonium-239	W, see $^{234}\text{Pu}$	8E-1 Bone surf (1E+0)	6E-3 Bone surf (1E-2)	3E-12 -	- 2E-14	- 2E-8	- 2E-7
		Y, see $^{234}\text{Pu}$	-	2E-2 Bone surf (2E-2)	7E-12 -	- 2E-14	- -	- -
94	Plutonium-240	W, see $^{234}\text{Pu}$	8E-1 Bone surf (1E+0)	6E-3 Bone surf (1E-2)	3E-12 -	- 2E-14	- 2E-8	- 2E-7
		Y, see $^{234}\text{Pu}$	-	2E-2 Bone surf (2E-2)	7E-12 -	- 2E-14	- -	- -
94	Plutonium-241	W, see $^{234}\text{Pu}$	4E+1 Bone surf (7E+1)	3E-1 Bone surf (6E-1)	1E-10 -	- 8E-13	- 1E-6	- 1E-5
		Y, see $^{234}\text{Pu}$	-	8E-1 Bone surf (1E+0)	3E-10 -	- 1E-12	- -	- -
94	Plutonium-242	W, see $^{234}\text{Pu}$	8E-1 Bone surf (1E+0)	7E-3 Bone surf (1E-2)	3E-12 -	- 2E-14	- 2E-8	- 2E-7
		Y, see $^{234}\text{Pu}$	-	2E-2 Bone surf (2E-2)	7E-12 -	- 2E-14	- -	- -
94	Plutonium-243	W, see $^{234}\text{Pu}$	2E+4	4E+4	2E-5	5E-8	2E-4	2E-3
		Y, see $^{234}\text{Pu}$	-	4E+4	2E-5	5E-8	-	-
94	Plutonium-244	W, see $^{234}\text{Pu}$	8E-1 Bone surf (2E+0)	7E-3 Bone surf (1E-2)	3E-12 -	- 2E-14	- 2E-8	- 2E-7
		Y, see $^{234}\text{Pu}$	-	2E-2 Bone surf (2E-2)	7E-12 -	- 2E-14	- -	- -
94	Plutonium-245	W, see $^{234}\text{Pu}$	2E+3	5E+3	2E-6	6E-9	3E-5	3E-4
		Y, see $^{234}\text{Pu}$	-	4E+3	2E-6	6E-9	-	-
94	Plutonium-246	W, see $^{234}\text{Pu}$	4E+2 LLI wall (4E+2)	3E+2 -	1E-7 -	4E-10 -	- 6E-6	- 6E-5
		Y, see $^{234}\text{Pu}$	-	3E+2	1E-7	4E-10	-	-
95	Americium-237 <sup>2</sup>	W, all compounds	8E+4	3E+5	1E-4	4E-7	1E-3	1E-2
95	Americium-238 <sup>2</sup>	W, all compounds	4E+4	3E+3 Bone surf (6E+3)	1E-6 -	- 9E-9	5E-4 -	5E-3 -
95	Americium-239	W, all compounds	5E+3	1E+4	5E-6	2E-8	7E-5	7E-4
95	Americium-240	W, all compounds	2E+3	3E+3	1E-6	4E-9	3E-5	3E-4
95	Americium-241	W, all compounds	8E-1 Bone surf (1E+0)	6E-3 Bone surf (1E-2)	3E-12 -	- 2E-14	- 2E-8	- 2E-7



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## CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
95	Americium-242m	W, all compounds	8E-1	6E-3	3E-12	-	-	-
			Bone surf (1E+0)	Bone surf (1E-2)	-	2E-14	2E-8	2E-7
95	Americium-242	W, all compounds	4E+3	8E+1	4E-8	-	5E-5	5E-4
			-	Bone surf (9E+1)	-	1E-10	-	-
95	Americium-243	W, all compounds	8E-1	6E-3	3E-12	-	-	-
			Bone surf (1E+0)	Bone surf (1E-2)	-	2E-14	2E-8	2E-7
95	Americium-244m <sup>2</sup>	W, all compounds	6E+4	4E+3	2E-6	-	-	-
			St wall (8E+4)	Bone surf (7E+3)	-	1E-8	1E-3	1E-2
95	Americium-244	W, all compounds	3E+3	2E+2	8E-8	-	4E-5	4E-4
			-	Bone surf (3E+2)	-	4E-10	-	-
95	Americium-245	W, all compounds	3E+4	8E+4	3E-5	1E-7	4E-4	4E-3
95	Americium-246m <sup>2</sup>	W, all compounds	5E+4	2E+5	8E-5	3E-7	-	-
			St wall (6E+4)	-	-	-	8E-4	8E-3
95	Americium-246 <sup>2</sup>	W, all compounds	3E+4	1E+5	4E-5	1E-7	4E-4	4E-3
96	Curium-238	W, all compounds	2E+4	1E+3	5E-7	2E-9	2E-4	2E-3
96	Curium-240	W, all compounds	6E+1	6E-1	2E-10	-	-	-
			Bone surf (8E+1)	Bone surf (6E-1)	-	9E-13	1E-6	1E-5
96	Curium-241	W, all compounds	1E+3	3E+1	1E-8	-	2E-5	2E-4
			-	Bone surf (4E+1)	-	5E-11	-	-
96	Curium-242	W, all compounds	3E+1	3E-1	1E-10	-	-	-
			Bone surf (5E+1)	Bone surf (3E-1)	-	4E-13	7E-7	7E-6
96	Curium-243	W, all compounds	1E+0	9E-3	4E-12	-	-	-
			Bone surf (2E+0)	Bone surf (2E-2)	-	2E-14	3E-8	3E-7
96	Curium-244	W, all compounds	1E+0	1E-2	5E-12	-	-	-
			Bone surf (3E+0)	Bone surf (2E-2)	-	3E-14	3E-8	3E-7
96	Curium-245	W, all compounds	7E-1	6E-3	3E-12	-	-	-
			Bone surf (1E+0)	Bone surf (1E-2)	-	2E-14	2E-8	2E-7
96	Curium-246	W, all compounds	7E-1	6E-3	3E-12	-	-	-
			Bone surf (1E+0)	Bone surf (1E-2)	-	2E-14	2E-8	2E-7
96	Curium-247	W, all compounds	8E-1	6E-3	3E-12	-	-	-
			Bone surf (1E+0)	Bone surf (1E-2)	-	2E-14	2E-8	2E-7
96	Curium-248	W, all compounds	2E-1	2E-3	7E-13	-	-	-
			Bone surf (4E-1)	Bone surf (3E-3)	-	4E-15	5E-9	5E-8

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## CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
96	Curium-249 <sup>2</sup>	W, all compounds	5E+4	2E+4 Bone surf (3E+4)	7E-6	-	7E-4	7E-3
96	Curium-250	W, all compounds	4E-2	3E-4	1E-13	-	-	-
97	Berkelium-245	W, all compounds	2E+3	1E+3	5E-7	2E-9	3E-5	3E-4
97	Berkelium-246	W, all compounds	3E+3	3E+3	1E-6	4E-9	4E-5	4E-4
97	Berkelium-247	W, all compounds	5E-1	4E-3	2E-12	-	-	-
97	Berkelium-249	W, all compounds	2E+2	2E+0	7E-10	-	-	-
97	Berkelium-250	W, all compounds	9E+3	3E+2	1E-7	-	1E-4	1E-3
98	Californium-244 <sup>2</sup>	W, all compounds except those given for Y	3E+4 St wall (3E+4)	6E+2	2E-7	8E-10	-	-
98	Californium-246	Y, oxides and hydroxides	-	6E+2	2E-7	8E-10	-	-
98	Californium-246	W, see <sup>244</sup> Cf	4E+2	9E+0	4E-9	1E-11	5E-6	5E-5
98	Californium-248	W, see <sup>244</sup> Cf	8E+0	6E-2	3E-11	-	-	-
98	Californium-249	Y, see <sup>244</sup> Cf	-	1E-1	4E-11	1E-13	-	-
98	Californium-249	W, see <sup>244</sup> Cf	5E-1	4E-3	2E-12	-	-	-
98	Californium-250	W, see <sup>244</sup> Cf	1E+0	9E-3	4E-12	-	-	-
98	Californium-251	W, see <sup>244</sup> Cf	5E-1	4E-3	2E-12	-	-	-
98	Californium-252	W, see <sup>244</sup> Cf	2E+0	2E-2	8E-12	-	-	-

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CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ( $\mu\text{Ci/ml}$ )
			Col. 1 Oral Ingestion ALI ( $\mu\text{Ci}$ )	Col. 2 Inhalation ALI ( $\mu\text{Ci}$ )	Col. 3 DAC ( $\mu\text{Ci/ml}$ )	Col. 1 Air ( $\mu\text{Ci/ml}$ )	Col. 2 Water ( $\mu\text{Ci/ml}$ )	
98	Californium-253	W, see $^{244}\text{Cf}$	2E+2	2E+0	8E-10	3E-12	-	-
			Bone surf (4E+2)	-	-	-	5E-6	5E-5
		Y, see $^{244}\text{Cf}$	-	2E+0	7E-10	2E-12	-	-
98	Californium-254	W, see $^{244}\text{Cf}$	2E+0	2E-2	9E-12	3E-14	3E-8	3E-7
		Y, see $^{244}\text{Cf}$	-	2E-2	7E-12	2E-14	-	-
99	Einsteinium-250	W, all compounds	4E+4	5E+2	2E-7	-	6E-4	6E-3
			Bone surf					
			-	(1E+3)	-	2E-9	-	-
99	Einsteinium-251	W, all compounds	7E+3	9E+2	4E-7	-	1E-4	1E-3
			Bone surf					
			-	(1E+3)	-	2E-9	-	-
99	Einsteinium-253	W, all compounds	2E+2	1E+0	6E-10	2E-12	2E-6	2E-5
99	Einsteinium-254m	W, all compounds	3E+2	1E+1	4E-9	1E-11	-	-
			LLI wall					
			(3E+2)	-	-	-	4E-6	4E-5
99	Einsteinium-254	W, all compounds	8E+0	7E-2	3E-11	-	-	-
			Bone surf	Bone surf				
			(2E+1)	(1E-1)	-	2E-13	2E-7	2E-6
100	Fermium-252	W, all compounds	5E+2	1E+1	5E-9	2E-11	6E-6	6E-5
100	Fermium-253	W, all compounds	1E+3	1E+1	4E-9	1E-11	1E-5	1E-4
100	Fermium-254	W, all compounds	3E+3	9E+1	4E-8	1E-10	4E-5	4E-4
100	Fermium-255	W, all compounds	5E+2	2E+1	9E-9	3E-11	7E-6	7E-5
100	Fermium-257	W, all compounds	2E+1	2E-1	7E-11	-	-	-
			Bone surf	Bone surf				
			(4E+1)	(2E-1)	-	3E-13	5E-7	5E-6
101	Mendelevium-257	W, all compounds	7E+3	8E+1	4E-8	-	1E-4	1E-3
			Bone surf					
			-	(9E+1)	-	1E-10	-	-
101	Mendelevium-258	W, all compounds	3E+1	2E-1	1E-10	-	-	-
			Bone surf	Bone surf				
			(5E+1)	(3E-1)	-	5E-13	6E-7	6E-6
-	Any single radionuclide not listed above with decay mode other than alpha emission or spontaneous fission and with radioactive half-life less than 2 hours	Submersion <sup>1</sup>	-	2E+2	1E-7	1E-9	-	-
-	Any single radionuclide not listed above with decay mode other than alpha emission or spontaneous fission and with radioactive half-life greater than 2 hours.	...	-	2E-1	1E-10	1E-12	1E-8	1E-7

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## CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers
			Col. 1 Oral Ingestion	Col. 2 Inhalation	Col. 3 DAC	Col. 1 Air	Col. 2 Water	Monthly Average Concentration
			ALI ( $\mu$ Ci)	ALI ( $\mu$ Ci)	DAC ( $\mu$ Ci/ml)	Air ( $\mu$ Ci/ml)	Water ( $\mu$ Ci/ml)	Concentration ( $\mu$ Ci/ml)
	Any single radionuclide not listed above that decays by alpha emission or spontaneous fission, or any mixture for which either the identity or the concentration of any radionuclide in the mixture is not known.	...	-	4E-4	2E-13	1E-15	2E-9	2E-8

## FOOTNOTES:

- <sup>1</sup> "Submersion" means that values given are for submersion in a hemispherical semi-infinite cloud of airborne material.
- <sup>2</sup> These radionuclides have radiological half-lives of less than 2 hours. The total effective dose equivalent received during operations with these radionuclides might include a significant contribution from external exposure. The DAC values for all radionuclides, other than those designated Class "Submersion," are based upon the committed effective dose equivalent due to the intake of the radionuclide into the body and do NOT include potentially significant contributions to dose equivalent from external exposures. The licensee may substitute 1E-7  $\mu$ Ci/ml for the listed DAC to account for the submersion dose prospectively but shall use individual monitoring devices or other radiation-measuring instruments that measure external exposure to demonstrate compliance with the limits. (See R12-1-410)
- <sup>3</sup> For soluble mixtures of U-238, U-234, and U-235 in air, chemical toxicity may be the limiting factor (see R12-1-408(E)). If the percent by weight (enrichment) of U-235 is not greater than 5, the concentration value for a 40-hour work week is 0.2 milligrams uranium per cubic meter of air average. For any enrichment, the product of the average concentration and time of exposure during a 40-hour work week shall not exceed 8E-3 (SA)  $\mu$ Ci-hr/ml, where SA is the specific activity of the uranium inhaled. The specific activity for natural uranium is 6.77E-7 curies per gram U. The specific activity for other mixtures of U-238, U-235, and U-234, if not known, shall be:

$$SA = 3.6E-7 \text{ curies/gram U} \quad \text{U-depleted}$$

$$SA = [0.4 + 0.38 (\text{enrichment}) + 0.0034 (\text{enrichment})^2] E-6, \quad \text{enrichment} > 0.72$$

where enrichment is the percentage by weight of U-235, expressed as percent.

## NOTE:

- If the identity of each radionuclide in a mixture is known but the concentration of one or more of the radionuclides in the mixture is not known, the DAC for the mixture shall be the most restrictive DAC of any radionuclide in the mixture.
- If the identity of each radionuclide in the mixture is not known, but it is known that certain radionuclides specified in this Appendix are not present in the mixture, the inhalation ALI, DAC, and effluent and sewage concentrations for the mixture are the lowest values specified in this Appendix for any radionuclide that is not known to be absent from the mixture; or\

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers
			Col. 1 Oral Ingestion	Col. 2 Inhalation	Col. 3 DAC	Col. 1 Air	Col. 2 Water	Monthly Average Concentration
			ALI ( $\mu$ Ci)	ALI ( $\mu$ Ci)	DAC ( $\mu$ Ci/ml)	Air ( $\mu$ Ci/ml)	Water ( $\mu$ Ci/ml)	Concentration ( $\mu$ Ci/ml)
	If it is known that Ac-227-D and Cm-250-W are not present		-	7E-4	3E-13	-	-	-
	If, in addition, it is known that Ac-227-W,Y, Th-229-W,Y, Th-230-W, Th-232-W,Y, Pa-231-W,Y, Np-237-W, Pu-239-W, Pu-240-W, Pu-242-W, Am-241-W, Am-242m-W, Am-243-W, Cm-245-W, Cm-246-W, Cm-247-W, Cm-248-W, Bk-247-W, Cf-249-W, and Cf-251-W are not present		-	7E-3	3E-12	-	-	-

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Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration (μCi/ml)
			Col. 1 Oral Ingestion	Col. 2 Inhalation	Col. 3	Col. 1	Col. 2	
			ALI (μCi)	ALI (μCi)	DAC (μCi/ml)	Air (μCi/ml)	Water (μCi/ml)	
	If, in addition, it is known that Sm-146-W, Sm-147-W, Gd-148-D,W, Gd-152-D,W, Th-228-W,Y, Th-230-Y, U-232-Y, U-233-Y, U-234-Y, U-235-Y, U-236-Y, U-238-Y, Np-236-W, Pu-236-W,Y, Pu-238-W,Y, Pu-239-Y, Pu-240-Y, Pu-242-Y, Pu-244-W,Y, Cm-243-W, Cm-244-W, Cf-248-W, Cf-249-Y, Cf-250-W,Y, Cf-251-Y, Cf-252-W,Y, and Cf-254-W,Y are not present		-	7E-2	3E-11	-	-	-
	If, in addition, it is known that Pb-210-D, Bi-210m-W, Po-210-D,W, Ra-223-W, Ra-225-W, Ra-226-W, Ac-225-D,W,Y, Th-227-W,Y, U-230-D,W,Y, U-232-D,W, Pu-241-W, Cm-240-W, Cm-242-W, Cf-248-Y, Es-254-W, Fm-257-W, and Md-258-W are not present		-	7E-1	3E-10	-	-	-
	If, in addition, it is known that Si-32-Y, Ti-44-Y, Fe-60-D, Sr-90-Y, Zr-93-D, Cd-113m-D, Cd-113-D, In-115-D,W, La-138-D, Lu-176-W, Hf-178m-D,W, Hf-182-D,W, Bi-210m-D, Ra-224-W, Ra-228-W, Ac-226-D,W,Y, Pa-230-W,Y, U-233-D,W, U-234-D,W, U-235-D,W, U-236-D,W, U-238-D,W, Pu-241-Y, Bk-249-W, Cf-253-W,Y, and Es-253-W are not present		-	7E+0	3E-9	-	-	-
	If it is known that Ac-227-D,W,Y, Th-229-W,Y, Th-232-W,Y, Pa-231-W,Y, Cm-248-W, and Cm-250-W are not present		-	-	-	1E-14	-	-
	If, in addition, it is known that Sm-146-W, Gd-148-D,W, Gd-152-D, Th-228-W,Y, Th-230-W,Y, U-232-Y, U-233-Y, U-234-Y, U-235-Y, U-236-Y, U-238-Y, U-Nat-Y, Np-236-W, Np-237-W, Pu-236-W,Y, Pu-238-W,Y, Pu-239-W,Y, Pu-240-W,Y, Pu-242-W,Y, Pu-244-W,Y, Am-241-W, Am-242m-W, Am-243-W, Cm-243-W, Cm-244-W, Cm-245-W, Cm-246-W, Cm-247-W, Bk-247-W, Cf-249-W,Y, Cf-250-W,Y, Cf-251-W,Y, Cf-252-W,Y, and Cf-254-W,Y are not present		-	-	-	1E-13	-	-
	If, in addition, it is known that Sm-147-W, Gd-152-W, Pb-210-D, Bi-210m-W, Po-210-D,W, Ra-223-W, Ra-225-W, Ra-226-W, Ac-225-D,W,Y, Th-227-W,Y, U-230-D,W,Y, U-232-D,W, U-Nat-W, Pu-241-W, Cm-240-W, Cm-242-W, Cf-248-W,Y, Es-254-W, Fm-257-W, and Md-258-W are not present		-	-	-	-	1E-12	-
	If, in addition it is known that Fe-60, Sr-90, Cd-113m, Cd-113, In-115, I-129, Cs-134, Sm-145, Sm-147, Gd-148, Gd-152, Hg-194 (organic), Bi-210m, Ra-223, Ra-224, Ra-225, Ac-225, Th-228, Th-230, U-233, U-234, U-235, U-236, U-238, U-Nat, Cm-242, Cf-248, Es-254, Fm-257, and Md-258 are not present		-	-	-	-	1E-6	1E-5

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3. If a mixture of radionuclides consists of Uranium and its daughters in ore dust (10  $\mu\text{m}$  AMAD particle distribution assumed) prior to chemical separation of the Uranium from the ore, the following values may be used for the DAC of the mixture: 6E-11  $\mu\text{Ci}$  of gross alpha activity from Uranium-238, Uranium-234, Thorium-230, and Radium-226 per milliliter of air; 3E-11  $\mu\text{Ci}$  of natural uranium per milliliter of air; or 45 micrograms of natural uranium per cubic meter of air.
4. If the identity and concentration of each radionuclide in a mixture are known, the limiting values should be derived as follows: determine, for each radionuclide in the mixture, the ratio between the concentration present in the mixture and the concentration otherwise established in Appendix B to Article 4 for the specific radionuclide when not in a mixture. The sum of such ratios for all of the radionuclides in the mixture may not exceed "1" (i.e., "unity").  
Example: If radionuclides "A," "B," and "C" are present in concentrations  $C_A$ ,  $C_B$ , and  $C_C$ , and if the applicable DACs are  $\text{DAC}_A$ ,  $\text{DAC}_B$ , and  $\text{DAC}_C$  respectively then the concentrations shall be limited so that the following relationship exists:

$$\frac{C_A}{\text{DAC}_A} + \frac{C_B}{\text{DAC}_B} + \frac{C_C}{\text{DAC}_C} \leq 1$$

**Historical Note**

New Appendix B recodified from 12 A.A.C. 1, Article 4, Appendix B, effective March 22, 2018 (Supp. 18-1).

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Appendix C. Quantities<sup>1</sup> of Licensed or Registered Material Requiring Labeling

Radionuclide	Quantity (μCi)	Radionuclide	Quantity (μCi)	Radionuclide	Quantity (μCi)
Hydrogen-3	1,000	Nickel-57	100	Krypton-83m	1,000
Beryllium-7	1,000	Nickel-59	100	Krypton-85m	1,000
Beryllium-10	1	Nickel-63	100	Krypton-85	1,000
Carbon-11	1,000	Nickel-65	1,000	Krypton-87	1,000
Carbon-14	1,000	Nickel-66	10	Krypton-88	1,000
Fluorine-18	1,000	Copper-60	1,000	Rubidium-79	1,000
Sodium-22	10	Copper-61	1,000	Rubidium-81m	1,000
Sodium-24	100	Copper-64	1,000	Rubidium-81	1,000
Magnesium-28	100	Copper-67	1,000	Rubidium-82m	1,000
Aluminum-26	10	Zinc-62	100	Rubidium-83	100
Silicon-31	1,000	Zinc-63	1,000	Rubidium-84	100
Silicon-32	1	Zinc-65	10	Rubidium-86	100
Phosphorus-32	10	Zinc-69m	100	Rubidium-87	100
Phosphorus-33	100	Zinc-69	1,000	Rubidium-88	1,000
Sulfur-35	100	Zinc-71m	1,000	Rubidium-89	1,000
Chlorine-36	10	Zinc-72	100	Strontium-80	100
Chlorine-38	1,000	Gallium-65	1,000	Strontium-81	1,000
Chlorine-39	1,000	Gallium-66	100	Strontium-83	100
Argon-39	1,000	Gallium-67	1,000	Strontium-85m	1,000
Argon-41	1,000	Gallium-68	1,000	Strontium-85	100
Potassium-40	100	Gallium-70	1,000	Strontium-87m	1,000
Potassium-42	1,000	Gallium-72	100	Strontium-89	10
Potassium-43	1,000	Gallium-73	1,000	Strontium-90	0.1
Potassium-44	1,000	Germanium-66	1,000	Strontium-91	100
Potassium-45	1,000	Germanium-67	1,000	Strontium-92	100
Calcium-41	100	Germanium-68	10	Yttrium-86m	1,000
Calcium-45	100	Germanium-69	1,000	Yttrium-86	100
Calcium-47	100	Germanium-71	1,000	Yttrium-87	100
Scandium-43	1,000	Germanium-75	1,000	Yttrium-88	10
Scandium-44m	100	Germanium-77	1,000	Yttrium-90m	1,000
Scandium-44	100	Germanium-78	1,000	Yttrium-90	10
Scandium-46	10	Arsenic-69	1,000	Yttrium-91m	1,000
Scandium-47	100	Arsenic-70	1,000	Yttrium-91	10
Scandium-48	100	Arsenic-71	100	Yttrium-92	100
Scandium-49	1,000	Arsenic-72	100	Yttrium-93	100
Titanium-44	1	Arsenic-73	100	Yttrium-94	1,000
Titanium-45	1,000	Arsenic-74	100	Yttrium-95	1,000
Vanadium-47	1,000	Arsenic-76	100	Zirconium-86	100
Vanadium-48	100	Arsenic-77	100	Zirconium-88	10
Vanadium-49	1,000	Arsenic-78	1,000	Zirconium-89	100
Chromium-48	1,000	Selenium-70	1,000	Zirconium-93	1
Chromium-49	1,000	Selenium-73m	1,000	Zirconium-95	10
Chromium-51	1,000	Selenium-73	100	Zirconium-97	100
Manganese-51	1,000	Selenium-75	100	Niobium-88	1,000
Manganese-52m	1,000	Selenium-79	100	Niobium-89m	
Manganese-52	100	Selenium-81m	1,000	(66 min)	1,000
Manganese-53	1,000	Selenium-81	1,000	Niobium-89	
Manganese-54	100	Selenium-83	1,000	(122 min)	1,000
Manganese-56	1,000	Bromine-74m	1,000	Niobium-90	100
Iron-52	100	Bromine-74	1,000	Niobium-93m	10
Iron-55	100	Bromine-75	1,000	Niobium-94	1
Iron-59	10	Bromine-76	100	Niobium-95m	100
Iron-60	1	Bromine-77	1,000	Niobium-95	100
Cobalt-55	100	Bromine-80m	1,000	Niobium-96	100
Cobalt-56	10	Bromine-80	1,000	Niobium-97	1,000
Cobalt-57	100	Bromine-82	100	Niobium-98	1,000
Cobalt-58m	1,000	Bromine-83	1,000	Molybdenum-90	100
Cobalt-58	100	Bromine-84	1,000	Molybdenum-93m	100
Cobalt-60m	1,000	Krypton-74	1,000	Molybdenum-93	10
Cobalt-60	1	Krypton-76	1,000	Molybdenum-99	100
Cobalt-61	1,000	Krypton-77	1,000	Molybdenum-101	1,000
Cobalt-62m	1,000	Krypton-79	1,000	Technetium-93m	1,000
Nickel-56	100	Krypton-81	1,000	Technetium-93	1,000

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## CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

## Appendix C. Continued

Radionuclide	Quantity (μCi)	Radionuclide	Quantity (μCi)	Radionuclide	Quantity (μCi)
Technetium-94m	1,000	Indium-116m	1,000	Iodine-128	1,000
Technetium-94	1,000	Indium-117m	1,000	Iodine-129	1
Technetium-96m	1,000	Indium-117	1,000	Iodine-130	10
Technetium-96	100	Indium-119m	1,000	Iodine-131	1
Technetium-97m	100	Tin-110	100	Iodine-132m	100
Technetium-97	1,000	Tin-111	1,000	Iodine-132	100
Technetium-98	10	Tin-113	100	Iodine-133	10
Technetium-99m	1,000	Tin-117m	100	Iodine-134	1,000
Technetium-99	100	Tin-119m	100	Iodine-135	100
Technetium-101	1,000	Tin-121m	100	Xenon-120	1,000
Technetium-104	1,000	Tin-121	1,000	Xenon-121	1,000
Ruthenium-94	1,000	Tin-123m	1,000	Xenon-122	1,000
Ruthenium-97	1,000	Tin-123	10	Xenon-123	1,000
Ruthenium-103	100	Tin-125	10	Xenon-125	1,000
Ruthenium-105	1,000	Tin-126	10	Xenon-127	1,000
Ruthenium-106	1	Tin-127	1,000	Xenon-129m	1,000
Rhodium-99m	1,000	Tin-128	1,000	Xenon-131m	1,000
Rhodium-99	100	Antimony-115	1,000	Xenon-133m	1,000
Rhodium-100	100	Antimony-116m	1,000	Xenon-133	1,000
Rhodium-101m	1,000	Antimony-116	1,000	Xenon-135m	1,000
Rhodium-101	10	Antimony-117	1,000	Xenon-135	1,000
Rhodium-102m	10	Antimony-118m	1,000	Xenon-138	1,000
Rhodium-102	10	Antimony-119	1,000	Cesium-125	1,000
Rhodium-103m	1,000	Antimony-120		Cesium-127	1,000
Rhodium-105	100	(16m)	1,000	Cesium-129	1,000
Rhodium-106m	1,000	Antimony-120		Cesium-130	1,000
Rhodium-107	1,000	(5.76d)	100	Cesium-131	1,000
Palladium-100	100	Antimony-122	100	Cesium-132	100
Palladium-101	1,000	Antimony-124m	1,000	Cesium-134m	1,000
Palladium-103	100	Antimony-124	10	Cesium-134	10
Palladium-107	10	Antimony-125	100	Cesium-135m	1,000
Palladium-109	100	Antimony-126m	1,000	Cesium-135	100
Silver-102	1,000	Antimony-126	100	Cesium-136	10
Silver-103	1,000	Antimony-127	100	Cesium-137	10
Silver-104m	1,000	Antimony-128		Cesium-138	1,000
Silver-104	1,000	(10.4m)	1,000	Barium-126	1,000
Silver-105	100	Antimony-128		Barium-128	100
Silver-106m	100	(9.01h)	100	Barium-131m	1,000
Silver-106	1,000	Antimony-129	100	Barium-131	100
Silver-108m	1	Antimony-130	1,000	Barium-133m	100
Silver-110m	10	Antimony-131	1,000	Barium-133	100
Silver-111	100	Tellurium-116	1,000	Barium-135m	100
Silver-112	100	Tellurium-121m	10	Barium-139	1,000
Silver-115	1,000	Tellurium-121	100	Barium-140	100
Cadmium-104	1,000	Tellurium-123m	10	Barium-141	1,000
Cadmium-107	1,000	Tellurium-123	100	Barium-142	1,000
Cadmium-109	1	Tellurium-125m	10	Lanthanum-131	1,000
Cadmium-113m	0.1	Tellurium-127m	10	Lanthanum-132	100
Cadmium-113	100	Tellurium-127	1,000	Lanthanum-135	1,000
Cadmium-115m	10	Tellurium-129m	10	Lanthanum-137	10
Cadmium-115	100	Tellurium-129	1,000	Lanthanum-138	100
Cadmium-117m	1,000	Tellurium-131m	10	Lanthanum-140	100
Cadmium-117	1,000	Tellurium-131	100	Lanthanum-141	100
Indium-109	1,000	Tellurium-132	10	Lanthanum-142	1,000
Indium-110m		Tellurium-133m	100	Lanthanum-143	1,000
(69.1m)	1,000	Tellurium-133	1,000	Cerium-134	100
Indium-110		Tellurium-134	1,000	Cerium-135	100
(4.9h)	1,000	Iodine-120m	1,000	Cerium-137m	100
Indium-111	100	Iodine-120	100	Cerium-137	1,000
Indium-112	1,000	Iodine-121	1,000	Cerium-139	100
Indium-113m	1,000	Iodine-123	100	Cerium-141	100
Indium-114m	10	Iodine-124	10	Cerium-143	100
Indium-115m	1,000	Iodine-125	1	Cerium-144	1
Indium-115	100	Iodine-126	1	Praseodymium-136	1,000



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CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Appendix C. Continued

Radionuclide	Quantity (μCi)	Radionuclide	Quantity (μCi)	Radionuclide	Quantity (μCi)
Praseodymium-137	1,000	Terbium-149	100	Lutetium-179	1,000
Praseodymium-138m	1,000	Terbium-150	1,000	Hafnium-170	100
Praseodymium-139	1,000	Terbium-151	100	Hafnium-172	1
Praseodymium-142m	1,000	Terbium-153	1,000	Hafnium-173	1,000
Praseodymium-142	100	Terbium-154	100	Hafnium-175	100
Praseodymium-143	100	Terbium-155	1,000	Hafnium-177m	1,000
Praseodymium-144	1,000	Terbium-156m		Hafnium-178m	0.1
Praseodymium-145	100	(5.0h)	1,000	Hafnium-179m	10
Praseodymium-147	1,000	Terbium-156m		Hafnium-180m	1,000
Neodymium-136	1,000	(24.4h)	1,000	Hafnium-181	10
Neodymium-138	100	Terbium-156	100	Hafnium-182m	1,000
Neodymium-139m	1,000	Terbium-157	10	Hafnium-182	0.1
Neodymium-139	1,000	Terbium-158	1	Hafnium-183	1,000
Neodymium-141	1,000	Terbium-160	10	Hafnium-184	100
Neodymium-147	100	Terbium-161	100	Tantalum-172	1,000
Neodymium-149	1,000	Dysprosium-155	1,000	Tantalum-173	1,000
Neodymium-151	1,000	Dysprosium-157	1,000	Tantalum-174	1,000
Promethium-141	1,000	Dysprosium-159	100	Tantalum-175	1,000
Promethium-143	100	Dysprosium-165	1,000	Tantalum-176	100
Promethium-144	10	Dysprosium-166	100	Tantalum-177	1,000
Promethium-145	10	Holmium-155	1,000	Tantalum-178	1,000
Promethium-146	1	Holmium-157	1,000	Tantalum-179	100
Promethium-147	10	Holmium-159	1,000	Tantalum-180m	1,000
Promethium-148m	10	Holmium-161	1,000	Tantalum-180	100
Promethium-148	10	Holmium-162m	1,000	Tantalum-182m	1,000
Promethium-149	100	Holmium-162	1,000	Tantalum-182	10
Promethium-150	1,000	Holmium-164m	1,000	Tantalum-183	100
Promethium-151	100	Holmium-164	1,000	Tantalum-184	100
Samarium-141m	1,000	Holmium-166m	1	Tantalum-185	1,000
Samarium-141	1,000	Holmium-166	100	Tantalum-186	1,000
Samarium-142	1,000	Holmium-167	1,000	Tungsten-176	1,000
Samarium-145	100	Erbium-161	1,000	Tungsten-177	1,000
Samarium-146	1	Erbium-165	1,000	Tungsten-178	1,000
Samarium-147	100	Erbium-169	100	Tungsten-179	1,000
Samarium-151	10	Erbium-171	100	Tungsten-181	1,000
Samarium-153	100	Erbium-172	100	Tungsten-185	100
Samarium-155	1,000	Thulium-162	1,000	Tungsten-187	100
Samarium-156	1,000	Thulium-166	100	Tungsten-188	10
Europium-145	100	Thulium-167	100	Rhenium-177	1,000
Europium-146	100	Thulium-170	10	Rhenium-178	1,000
Europium-147	100	Thulium-171	10	Rhenium-181	1,000
Europium-148	10	Thulium-172	100	Rhenium-182	
Europium-149	100	Thulium-173	100	(12.7h)	1,000
Europium-150		Thulium-175	1,000	Rhenium-182	
(12.62h)	100	Ytterbium-162	1,000	(64.0h)	100
Europium-150		Ytterbium-166	100	Rhenium-184m	10
(34.2y)	1	Ytterbium-167	1,000	Rhenium-184	100
Europium-152m	100	Ytterbium-169	100	Rhenium-186m	10
Europium-152	1	Ytterbium-175	100	Rhenium-186	100
Europium-154	1	Ytterbium-177	1,000	Rhenium-187	1,000
Europium-155	10	Ytterbium-178	1,000	Rhenium-188m	1,000
Europium-156	100	Lutetium-169	100	Rhenium-188	100
Europium-157	100	Lutetium-170	100	Rhenium-189	100
Europium-158	1,000	Lutetium-171	100	Osmium-180	1,000
Gadolinium-145	1,000	Lutetium-172	100	Osmium-181	1,000
Gadolinium-146	10	Lutetium-173	10	Osmium-182	100
Gadolinium-147	100	Lutetium-174m	10	Osmium-185	100
Gadolinium-148	0.001	Lutetium-174	10	Osmium-189m	1,000
Gadolinium-149	100	Lutetium-176m	1,000	Osmium-191m	1,000
Gadolinium-151	10	Lutetium-176	100	Osmium-191	100
Gadolinium-152	100	Lutetium-177m	10	Osmium-193	100
Gadolinium-153	10	Lutetium-177	100	Osmium-194	1
Gadolinium-159	100	Lutetium-178m	1,000	Iridium-182	1,000
Terbium-147	1,000	Lutetium-178	1,000	Iridium-184	1,000

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## CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

## Appendix C. Continued

Radionuclide	Quantity (μCi)	Radionuclide	Quantity (μCi)	Radionuclide	Quantity (μCi)
Iridium-185	1,000	Lead-209	1,000	Uranium-240	100
Iridium-186	100	Lead-210	0.01	Uranium-natural	100
Iridium-187	1,000	Lead-211	100	Neptunium-232	100
Iridium-188	100	Lead-212	1	Neptunium-233	1,000
Iridium-189	100	Lead-214	100	Neptunium-234	100
Iridium-190m	1,000	Bismuth-200	1,000	Neptunium-235	100
Iridium-190	100	Bismuth-201	1,000	Neptunium-236	
Iridium-192m		Bismuth-202	1,000	(1.15E + 5)	0.001
(1.4m)	10	Bismuth-203	100	Neptunium-236	
Iridium-192		Bismuth-205	100	(22.5h)	1
(73.8d)	1	Bismuth-206	100	Neptunium-237	0.001
Iridium-194m	10	Bismuth-207	10	Neptunium-238	10
Iridium-194	100	Bismuth-210m	0.1	Neptunium-239	100
Iridium-195m	1,000	Bismuth-210	1	Neptunium-240	1,000
Iridium-195	1,000	Bismuth-212	10	Plutonium-234	10
Platinum-186	1,000	Bismuth-213	10	Plutonium-235	1,000
Platinum-188	100	Bismuth-214	100	Plutonium-236	0.001
Platinum-189	1,000	Polonium-203	1,000	Plutonium-237	100
Platinum-191	100	Polonium-205	1,000	Plutonium-238	0.001
Platinum-193m	100	Polonium-207	1,000	Plutonium-239	0.001
Platinum-193	1,000	Polonium-210	0.1	Plutonium-240	0.001
Platinum-195m	100	Astatine-207	100	Plutonium-241	0.01
Platinum-197m	1,000	Astatine-211	10	Plutonium-242	0.001
Platinum-197	100	Radon-220	1	Plutonium-243	1,000
Platinum-199	1,000	Radon-222	1	Plutonium-244	0.001
Platinum-200	100	Francium-222	100	Plutonium-245	100
Gold-193	1,000	Francium-223	100	Americium-237	1,000
Gold-194	100	Radium-223	0.1	Americium-238	100
Gold-195	10	Radium-224	0.1	Americium-239	1,000
Gold-198m	100	Radium-225	0.1	Americium-240	100
Gold-198	100	Radium-226	0.1	Americium-241	0.001
Gold-199	100	Radium-227	1,000	Americium-242m	0.001
Gold-200m	100	Radium-228	0.1	Americium-242	10
Gold-200	1,000	Actinium-224	1	Americium-243	0.001
Gold-201	1,000	Actinium-225	0.01	Americium-244m	100
Mercury-193m	100	Actinium-226	0.1	Americium-244	10
Mercury-193	1,000	Actinium-227	0.001	Americium-245	1,000
Mercury-194	1	Actinium-228	1	Americium-246m	1,000
Mercury-195m	100	Thorium-226	10	Americium-246	1,000
Mercury-195	1,000	Thorium-227	0.01	Curium-238	100
Mercury-197m	100	Thorium-228	0.001	Curium-240	0.1
Mercury-197	1,000	Thorium-229	0.001	Curium-241	1
Mercury-199m	1,000	Thorium-230	0.001	Curium-242	0.01
Mercury-203	100	Thorium-231	100	Curium-243	0.001
Thallium-194m	1,000	Thorium-232	100	Curium-244	0.001
Thallium-194	1,000	Thorium-234	10	Curium-245	0.001
Thallium-195	1,000	Thorium-natural	100	Curium-246	0.001
Thallium-197	1,000	Protactinium-227	10	Curium-247	0.001
Thallium-198m	1,000	Protactinium-228	1	Curium-248	0.001
Thallium-198	1,000	Protactinium-230	0.1	Curium-249	1,000
Thallium-199	1,000	Protactinium-231	0.001	Berkelium-245	100
Thallium-201	1,000	Protactinium-232	1	Berkelium-246	100
Thallium-200	1,000	Protactinium-233	100	Berkelium-247	0.001
Thallium-202	100	Protactinium-234	100	Berkelium-249	0.1
Thallium-204	100	Uranium-230	0.01	Berkelium-250	10
Lead-195m	1,000	Uranium-231	100	Californium-244	100
Lead-198	1,000	Uranium-232	0.001	Californium-246	1
Lead-199	1,000	Uranium-233	0.001	Californium-248	0.01
Lead-200	100	Uranium-234	0.001	Californium-249	0.001
Lead-201	1,000	Uranium-235	0.001	Californium-250	0.001
Lead-202m	1,000	Uranium-236	0.001	Californium-251	0.001
Lead-202	10	Uranium-237	100	Californium-252	0.001
Lead-203	1,000	Uranium-238	100	Californium-253	0.1
Lead-205	100	Uranium-239	1,000	Californium-254	0.001

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CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Appendix C. Continued

Radionuclide	Quantity (μCi)	Radionuclide	Quantity (μCi)
Einsteinium-250	100	Any alpha-emitting radionuclide not listed above or mixtures of alpha emitters of unknown composition	0.001
Einsteinium-251	100		
Einsteinium-253	0.1		
Einsteinium-254m	1		
Einsteinium-254	0.01		
Fermium-252	1	Any radionuclide other than alpha-emitting radionuclides not listed above, or mixtures of beta emitters of unknown composition	0.01
Fermium-253	1		
Fermium-254	10		
Fermium-255	1		
Fermium-257	0.01		
Mendelevium-257	10		
Mendelevium-258	0.01		

\* To convert μCi to kBq, multiply the μCi value by 37.

NOTE: Where there is involved a combination of radionuclides in known amounts, the limit for the combination shall be derived as follows: determine, for each radionuclide in the combination, the ratio between the quantity present in the combination and the limit otherwise established for the specific radionuclide when not in combination. The sum of such ratios for all radionuclides in the combination may not exceed "1" -- that is, unity.

<sup>1</sup> The quantities listed above were derived by taking 1/10 of the most restrictive ALI listed in Table I, Columns 1 and 2, of Appendix B to Article 4, rounding to the nearest factor of 10, and constraining the values listed between 37 Bq and 37 MBq (0.001 and 1,000 μCi). Values of 3.7 MBq (100 μCi) have been assigned for radionuclides having a radioactive half-life in excess of E+9 years, except rhenium, 37 MBq (1,000 μCi), to take into account their low specific activity.

**Historical Note**

New Appendix C recodified from 12 A.A.C. 1, Article 4, Appendix C, effective March 22, 2018 (Supp. 18-1). Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3).

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## CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

## Appendix D. Classification and Characteristics of Low-level Radioactive Waste

## I. Classification of Radioactive Waste for Land Disposal

- a) Considerations. Determination of the classification of radioactive waste involves two considerations. First, consideration must be given to the concentration of long-lived radionuclides (and their shorter-lived precursors) whose potential hazard will persist long after such precautions as institutional controls, improved waste form, and deeper disposal have ceased to be effective. These precautions delay the time when long-lived radionuclides could cause exposures. In addition, the magnitude of the potential dose is limited by the concentration and availability of the radionuclide at the time of exposure. Second, consideration must be given to the concentration of shorter-lived radionuclides for which requirements on institutional controls, waste form, and disposal methods are effective.

## b) Classes of waste.

- 1) Class A waste is waste that is usually segregated from other waste classes at the disposal site. The physical form and characteristics of Class A waste must meet the minimum requirements set forth in Section II(a). If Class A waste also meets the stability requirements set forth in Section II(b), it is not necessary to segregate the waste for disposal.
- 2) Class B waste is waste that must meet more rigorous requirements on waste form to ensure stability after disposal. The physical form and characteristics of Class B waste must meet both the minimum and stability requirements set forth in Section II.
- 3) Class C waste is waste that not only must meet more rigorous requirements on waste form to ensure stability but also requires additional measures at the disposal facility to protect against inadvertent intrusion. The physical form and characteristics of Class C waste must meet both the minimum and stability requirements set forth in Section II.

## c) Classification determined by long-lived radionuclides. If the radioactive waste contains only radionuclides listed in Table I, classification shall be determined as follows:

- 1) If the concentration does not exceed 0.1 times the value in Table I, the waste is Class A.
- 2) If the concentration exceeds 0.1 times the value in Table I but does not exceed the value in Table I, the waste is Class C.
- 3) If the concentration exceeds the value in Table I, the waste is not generally acceptable for land disposal.
- 4) For wastes containing mixtures of radionuclides listed in Table I, the total concentration shall be determined by the sum of fractions rule described in Section I(g).

## Appendix D. Table I

TABLE I  
Concentration

Radionuclide	curie/cubic meter <sup>a</sup>	nanocuries/gram <sup>b</sup>
C-14	8	
C-14 in activated metal	80	
Ni-59 in activated metal	220	
Nb-94 in activated metal	0.2	
Tc-99	3	
I-129	0.08	

Alpha-emitting transuranic radionuclides with half-life greater than five years

100

Pu-241

3,500

Cm-242

20,000

Ra-226

100

<sup>a</sup>To convert the Ci/m<sup>3</sup> values to gigabecquerel (GBq) per cubic meter, multiply the Ci/m<sup>3</sup> value by 37.

<sup>b</sup>To convert the nCi/g values to becquerel (Bq) per gram, multiply the nCi/g value by 37.

- d) Classification determined by short-lived radionuclides. If the waste does not contain any of the radionuclides listed in Table I, classification shall be determined based on the concentrations shown in Table II. However, as specified in Section I(f), if radioactive waste does not contain any nuclides listed in either Table I or II, it is Class A.

- 1) If the concentration does not exceed the value in Column 1, the waste is Class A.
- 2) If the concentration exceeds the value in Column 1 but does not exceed the value in Column 2, the waste is Class B.
- 3) If the concentration exceeds the value in Column 2 but does not exceed the value in Column 3, the waste is Class C.
- 4) If the concentration exceeds the value in Column 3, the waste is not generally acceptable for near-surface disposal.
- 5) For wastes containing mixtures of the radionuclides listed in Table II, the total concentration shall be determined by the sum of fractions rule described in Section I(g).

## Appendix D. Table II

TABLE II

Radionuclide	Concentration, Column 1 Column 2		Curie/cubic meter* Column 3
Total of all radionuclides with less than 5-year half-life	700	*	*
H-3	40	*	*
Co-60	700	*	*
Ni-63	3.5	70	700
Ni-63 in activated metal	35	700	7000
Sr-90	0.04	150	7000
Cs-137	1	44	4600

\* DEPARTMENT NOTE: To convert the Ci/m<sup>3</sup> value to gigabecquerel (GBq) per cubic meter, multiply the Ci/m<sup>3</sup> value by 37. There are no limits established for these radionuclides in Class B or C wastes. Practical considerations such as the effects of external radiation and internal heat generation on transportation, handling, and disposal will limit the concentrations for these wastes. These wastes shall be Class B unless the concentrations of other radionuclides in Table II determine the waste to be Class C independent of these radionuclides.

- e) Classification determined by both long- and short-lived radionuclides. If the radioactive waste contains a mixture of radionuclides, some of which are listed in Table I and

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some of which are listed in Table II, classification shall be determined as follows:

Each package of waste shall be clearly labeled to identify whether it is Class A, Class B, or Class C waste, in accordance with Section I.

\*\*\*\*\*See Section R9-7-102 for definition of pyrophoric.

**Historical Note**

New Appendix D, including Tables 1 and 2 recodified from 12 A.A.C. 1, Article 4, Appendix D, Tables 1 and 2, effective March 22, 2018 (Supp. 18-1).

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## Appendix E. Quantities for Use with Decommissioning

Material	Microcurie	Material	Microcurie	Material	Microcurie
Americium-241	0.01	Iodine-135	10	Sodium-22	1
Antimony-122	100	Iridium-192	10	Sodium-24	10
Antimony-124	10	Iridium-194	100	Strontium-85	10
Antimony-125	10	Iron-55	100	Strontium-89	1
Arsenic-73	100	Iron-59	10	Strontium-90	0.1
Arsenic-74	10	Krypton-85	100	Strontium-91	10
Arsenic-76	10	Krypton-87	10	Strontium-92	10
Arsenic-77	100	Lanthanum-140	10	Sulfur-35	100
Barium-131	10	Lutetium-177	100	Tantalum-182	10
Barium-133	10	Manganese-52	10	Technetium-96	10
Barium-140	10	Manganese-54	10	Technetium-97m	100
Bismuth-210	1	Manganese-56	10	Technetium-97	100
Bromine-82	10	Mercury-197m	100	Technetium-99m	100
Cadmium-109	10	Mercury-197	100	Technetium-99	10
Cadmium-115m	10	Mercury-203	10	Tellurium-125m	10
Cadmium-115	100	Molybdenum-99	100	Tellurium-127m	10
Calcium-45	10	Neodymium-147	100	Tellurium-127	100
Calcium-47	10	Neodymium-149	100	Tellurium-129m	10
Carbon-14	100	Nickel-59	100	Tellurium-129	100
Cerium-141	100	Nickel-63	10	Tellurium-131m	10
Cerium-143	100	Nickel-65	100	Tellurium-132	10
Cerium-144	1	Niobium-93m	10	Terbium-160	10
Cesium-131	1,000	Niobium-95	10	Thallium-200	100
Cesium-134m	100	Niobium-97	10	Thallium-201	100
Cesium-134	1	Osmium-185	10	Thallium-202	100
Cesium-135	10	Osmium-191m	100	Thallium-204	10
Cesium-136	10	Osmium-191	100	Thorium (natural)**	100
Cesium-137	10	Osmium-193	100	Thulium-170	10
Chlorine-36	10	Palladium-103	100	Thulium-171	10
Chlorine-38	10	Palladium-109	100	Tin-113	10
Chromium-51	1,000	Phosphorus-32	10	Tin-125	10
Cobalt-58m	10	Platinum-191	100	Tungsten-181	10
Cobalt-58	10	Platinum-193m	100	Tungsten-185	10
Cobalt-60	1	Platinum-193	100	Tungsten-187	100
Copper-64	100	Platinum-197m	100	Uranium (natural)**	100
Dysprosium-165	10	Platinum-197	100	Uranium-233	0.01
Dysprosium-166	100	Plutonium-239	0.01	Uranium-234	0.01
Erbium-169	100	Polonium-210	0.1	Uranium-235	0.01
Erbium-171	100	Potassium-42	10	Vanadium-48	10
Europium-152 (9.2 h)	100	Praseodymium-142	100	Xenon-131m	1,000
Europium-152 (13 yr)	1	Praseodymium-143	100	Xenon-133	100
Europium-154	1	Promethium-147	10	Xenon-135	100
Europium-155	10	Promethium-149	10	Ytterbium-175	100
Fluorine-18	1,000	Radium-226	0.01	Yttrium-90	10
Gadolinium-153	10	Rhenium-186	100	Yttrium-91	10
Gadolinium-159	100	Rhenium-188	100	Yttrium-92	100
Gallium-72	10	Rhodium-103m	100	Yttrium-93	100
Germanium-71	100	Rhodium-105	100	Zinc-65	10
Gold-198	100	Rubidium-86	10	Zinc-69m	100
Gold-199	100	Rubidium-87	10	Zinc-69	1,000
Hafnium-181	10	Ruthenium-97	100	Zirconium-93	10
Holmium-166	100	Ruthenium-103	10	Zirconium-95	10
Hydrogen-3	1,000	Ruthenium-105	10	Zirconium-97	10
Indium-113m	100	Ruthenium-106	1	Any alpha emitting	
Indium-114m	10	Samarium-151	10	radionuclide not listed	
Indium-115m	100	Samarium-153	100	above or mixtures of	
Indium-115	10	Scandium-46	10	alpha emitters of unknown	
Iodine-125	1	Scandium-47	100	composition	0.01
Iodine-126	1	Scandium-48	10	Any radionuclide other	
Iodine-129	0.1	Selenium-75	10	than alpha emitting	
Iodine-131	1	Silicon-31	100	radionuclides, not listed	
Iodine-132	10	Silver-105	10	above or mixtures of	
Iodine-133	1	Silver-110m	1	beta emitters of unknown	
Iodine-134	10	Silver-111	100	composition	0.1

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\* To convert  $\mu\text{Ci}$  to  $\text{kBq}$ , multiply the  $\mu\text{Ci}$  value by 37.

\*\* Based on alpha disintegration rate of Th-232, Th-230 and their daughter products.

\*\*\* Based on alpha disintegration rate of U-238, U-234, and U-235.

NOTE: Where there is involved a combination of isotopes in known amounts, the limit for the combination should be derived as follows: Determine, for each isotope in the combination, the ratio between the quantity present in the combination and the limit otherwise established for the specific isotope when not in combination. The sum of such ratios for all the isotopes in the combination may not exceed "1" - that is, unity.

**Historical Note**

New Appendix E recodified from 12 A.A.C. 1, Article 4, Appendix E, effective March 22, 2018 (Supp. 18-1).

**ARTICLE 5. SEALED SOURCE INDUSTRIAL RADIOGRAPHY****R9-7-501. Definitions**

"Access panel" means any panel that is designed to be removed or opened for maintenance or service purposes, opened using tools, and used to provide access to the interior of the cabinet x-ray unit.

"Annual refresher safety training" means a review conducted or provided by the licensee for its employees on radiation safety aspects of industrial radiography. The review shall include, as applicable, the results of internal inspections, new procedures or equipment, new or revised state rules, accidents or errors that have occurred, and provide opportunities for employees to ask safety questions.

"Aperture" means any opening in the outside surface of the cabinet x-ray unit, other than a port, which remains open during generation of x-radiation.

"Associated equipment" means equipment used in conjunction with a radiographic exposure device that drives, guides, or comes in contact with the source.

"Certifying entity" means an independent certifying organization that complies with the requirements in Appendix A of this Article, or requirements of the NRC or another Agreement State, that are equivalent to the requirements in parts II and III of Appendix A.

"Collimator" means a radiation shield that is placed on the end of the guide tube or directly onto a radiographic exposure device to restrict the size of the radiation beam when the sealed source is positioned to make a radiographic exposure.

"Control (drive) cable" means the cable that is connected to the source assembly and used to drive the source to and from the exposure location.

"Control (drive) mechanism" means a device that enables the source assembly to be moved to and from the exposure device.

"Control tube" means a protective sheath for guiding the control cable. The control tube connects the control drive mechanism to the radiographic exposure device.

"Door" means any barrier that is designed to be movable or opened for routine operation purposes, not opened using tools, and used to provide access to the interior of the cabinet x-ray unit.

"Exposure head" means a device that places the gamma radiography sealed source in a selected working position.

"Ground fault" means an accidental electrical grounding of an electrical conductor.

"Guide tube (projection sheath)" means a flexible or rigid tube (i.e., "J" tube) for guiding the source assembly and the attached control cable from the exposure device to the expo-

sure head. The guide tube may also include the connections necessary for attachment to the exposure device and to the exposure head.

"Hands-on experience" means accumulation of knowledge or skill in any area relevant to radiography.

"Independent certifying organization" means an independent organization that meets all of the requirements in Appendix A.

"Lay-barge radiography" means industrial radiography performed on any water vessel used for laying pipe.

"Port" means any opening in the outside surface of the cabinet x-ray unit that is designed to remain open, during generation of x-rays, for conveying material being irradiated into and out of the cabinet, or for partial insertion of an object for irradiation whose dimensions do not permit complete insertion into the cabinet x-ray unit.

"Practical examination" means a demonstration, through practical application of safety rules and principles of industrial radiography, including use of all radiography equipment and knowledge of radiography procedures.

"Radiographer certification" means written approval received from a certifying entity stating that an individual has satisfactorily met certain established radiation safety, testing, and experience criteria.

"Radiographic exposure device" means any x-ray machine used for purposes of making an industrial radiographic exposure or a device that contains a sealed source, and the sealed source or its shielding may be moved or otherwise changed from a shielded to an unshielded position for purposes of making an industrial radiographic exposure.

"Radiographic operations" means all activities associated with the presence of radiation sources in a radiographic exposure device during use of the device or transport (except when the device is being transported by a common or contract carrier). This includes performing surveys to confirm the adequacy of boundaries, setting up equipment, and conducting any activity inside restricted area boundaries.

"S-tube" means a tube through which a radioactive source travels when the source is inside a radiographic exposure device.

"Source assembly" means an assembly that consists of a sealed source and a connector that attaches the source to a control cable. The source assembly may also include a stop ball used to secure the source in the shielded position.

"Underwater radiography" means industrial radiography performed when a radiographic exposure device is beneath the surface of water.

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**Historical Note**

New Section R9-7-501 recodified from R12-1-501 at 24  
A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-502. License Requirements**

- A.** The Department shall review an application for a specific license for the use of radioactive material in industrial radiography and approve the license if an applicant meets all of the following requirements:
1. The applicant satisfies the general requirements in R9-7-309 and any special requirements contained in this Article; and
  2. The applicant submits a program for training radiographers and radiographers' assistants that complies with R9-7-543, except that:
    - a. After the effective date of this Section, an applicant is not required to describe its initial training and examination program for radiographers;
    - b. An applicant shall affirm that an individual who is acting as an industrial radiographer is certified in radiation safety by a certifying organization, as required in R9-7-543, before permitting the individual to act as a radiographer. This affirmation substitutes for a description of the applicant's initial training and examination program for radiographers in the subjects outlined in R9-7-543(G); and
    - c. An applicant shall submit procedures for verifying and documenting the certification status of each radiographer and for ensuring that the certification remains valid.
- B.** The applicant shall submit written operating and emergency procedures as prescribed in R9-7-522.
- C.** The applicant shall submit a description of a program for review of job performance of each radiographer and radiographers' assistant at intervals that do not exceed six months as prescribed in R9-7-543(E).
- D.** The applicant shall submit a description of the applicant's overall organizational structure as it applies to radiation safety responsibilities in industrial radiography, including specified delegation of authority and responsibility.
- E.** The applicant shall submit a list of the qualifications of each individual designated as an RSO under R9-7-512 and indicate which designee is responsible for ensuring that the licensee's radiation safety program is implemented in accordance with approved procedures.
- F.** If an applicant intends to perform leak testing on any sealed source or exposure device that contains depleted uranium (DU) shielding, the applicant shall submit a description of the procedures for performing the leak testing and the qualifications of each person authorized to perform leak testing. If the applicant intends to analyze its own wipe samples, the application shall include a description of the procedures to be followed. The description shall include the:
1. Instruments to be used,
  2. Methods of performing the analysis, and
  3. Relevant experience of the person who will analyze the wipe samples.
- G.** If the applicant intends to perform "in-house" calibrations of survey instruments, the applicant shall describe each calibration method to be used and the relevant experience of each person who will perform a calibration. A licensee shall perform all calibrations according to the procedures prescribed in R9-7-504.
- H.** The applicant shall identify and describe the location of all field stations and permanent radiographic installations.

- I.** The applicant shall identify each location where records required by this Chapter will be maintained.

**Historical Note**

New Section R9-7-502 recodified from R12-1-502 at 24  
A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-503. Performance Requirements for Equipment**

- A.** A licensee shall ensure that equipment used in industrial radiographic operations meets the following minimum criteria:
1. Each radiographic exposure device, source assembly or sealed source, and all associated equipment meet the requirements in American National Standards Institute, N432-1980 "Radiological Safety for the Design and Construction of Apparatus for Gamma Radiography" (published as NBS Handbook 136, issued January 1981) by the American National Standards Institute, which is incorporated by reference and on file with the Department. This incorporation by reference contains no future editions or amendments. This publication may be purchased from the American National Standards Institute, Inc., 25 West 43rd Street, New York, New York 10036 Telephone (212) 642-4900. A copy of the document is also on file at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call (202) 741-6030, or go to: [http://www.archives.gov/federal\\_register/code\\_of\\_federal\\_regulations/ibr\\_locations.html](http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html); or
  2. An engineering safety analysis demonstrates the applicability of previously performed testing on similar individual radiography equipment components. Based on a review of the analysis, the Department may find that previously performed testing can be substituted for testing of the component under the standards in subsection (A)(1).
- B.** In addition to the requirements in subsection (A), the following requirements apply to each radiographic exposure device, source changer, source assembly, and sealed source:
1. A licensee shall ensure that each radiographic exposure device has attached to it a durable, legible, and clearly visible label bearing:
    - a. The chemical symbol and mass number of the radionuclide in the device;
    - b. The activity of the source and the date on which this activity was last measured;
    - c. The model (or product code) and serial number of the sealed source;
    - d. The manufacturer's description of the sealed source; and
    - e. The licensee's name, address, and telephone number.
  2. A licensee shall ensure that each radiographic exposure device intended for use as a Type B transport container meets the applicable requirements of 10 CFR 71, revised January 1, 2015, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.
  3. A licensee shall not modify any radiographic exposure device, source changer, source assembly, or associated equipment, unless the design of the replacement component, including source holder, source assembly, controls, or guide tubes is consistent with and does not compromise the design safety features of the system.
- C.** In addition to the requirements in subsections (A) and (B), the following requirements apply to each radiographic exposure device, source assembly, and associated equipment that allows



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the source to be moved out of the device for radiographic operations or to a source changer:

1. The license shall ensure that the coupling between the source assembly and the control cable is designed so that the source assembly does not become disconnected if it is positioned outside of the guide tube and is constructed so that an unintentional disconnect will not occur under normal and reasonably foreseeable abnormal conditions;
  2. The device automatically secures the source assembly if it is retracted into the fully shielded position within the device and the securing system is released from the exposure device only by means of a deliberate operation;
  3. The outlet fittings, lock box, and drive cable fittings on each radiographic exposure device are equipped with safety plugs or covers installed for storage and transportation to protect the source assembly from water, mud, sand, or other foreign matter;
  4. Each sealed source or source assembly has attached to it or is engraved with a durable, legible, and visible label with the words: "DANGER--RADIOACTIVE." The licensee shall ensure that the label does not interfere with safe operation of the equipment;
  5. The guide tube is able to withstand a crushing test that closely approximates the crushing forces that are likely to be encountered during use, and a kinking resistance test that closely approximates the kinking forces that are likely to be encountered during use;
  6. A guide tube is used if a person moves the source out of the device;
  7. An exposure head or similar device, designed to prevent the source assembly from passing out of the end of the guide tube, is attached to the outermost end of the guide tube during industrial radiography operations;
  8. The guide tube exposure head connection is able to withstand the tensile test for control units specified in ANSI N432-1980, incorporated by reference in subsection (A); and
  9. Source changers provide a system for ensuring that the source is not accidentally withdrawn from the changer when a person is connecting or disconnecting the drive cable to or from the source assembly.
- D.** A licensee shall ensure that radiographic exposure devices and associated equipment in use after January 10, 1996 comply with the requirements of this Section.
- E.** Notwithstanding subsection (A), a licensee with equipment used in industrial radiographic operations need not comply with Sec. 8.92(C) of the Endurance Test in American National Standards Institute N432-1980 if the prototype equipment has been tested using a torque value representative of the torque that an individual using the radiography equipment can realistically exert on the lever or crankshaft of the drive mechanism.

**Historical Note**

New Section R9-7-503 recodified from R12-1-503 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-504. Radiation Survey Instruments**

- A.** A licensee shall maintain at least two calibrated and operable radiation survey instruments at each location where sources of radiation are present to make radiation surveys required by this Article and Article 4 of this Chapter. Instrumentation required by this Section shall be capable of measuring a range from 0.02 millisieverts (2 millirems) per hour through 0.01 sievert (1 rem) per hour.
- B.** A licensee shall ensure that each radiation survey instrument required under subsection (A) is calibrated:
1. At intervals that do not exceed six months, and after instrument servicing, except for battery changes;
  2. For linear scale instruments, at two points located approximately one-third and two-thirds of full-scale on each scale; for logarithmic scale instruments, at mid-range of each decade, and at two points of at least one decade; and for digital instruments, at 3 points between 0.02 and 10 millisieverts (2 and 1000 millirems) per hour; and
  3. So that an accuracy within plus or minus 20% of the calibration source can be demonstrated at each point checked.
- C.** A licensee shall maintain calibration records for each radiation survey instrument, and maintain each record for three years after it is made.

**Historical Note**

New Section R9-7-504 recodified from R12-1-504 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-505. Leak Testing and Replacement of Sealed Sources**

- A.** A licensee shall ensure that replacement of any sealed source fastened to or contained in a radiographic exposure device and leak testing of any sealed source is performed by a person authorized to do so by the Department, the NRC, or another Agreement State.
- B.** A licensee shall ensure that opening, repairing, or modifying any sealed source is performed by a person specifically authorized to do so by the Department, the NRC, or another Agreement State.
- C.** A licensee that uses a sealed source shall have the source tested for leakage by a qualified person at intervals that do not exceed six months. The person who performs leak testing of the source shall use a method approved by the Department, the NRC, or by another Agreement State. A wipe sample shall be taken from the nearest accessible point to the sealed source where contamination might accumulate. The wipe sample shall be analyzed for radioactive contamination. The licensee shall ensure that the analysis is capable of detecting the presence of 185 Bq (0.005 microcurie) of radioactive material on the test sample and a person specifically authorized by the Department, the NRC, or another Agreement State performs the analysis. The licensee shall maintain records of the leak tests in accordance with this Section.
- D.** Unless a sealed source is accompanied by a certificate from the transferor that shows that the sealed source has been leak tested within six months before the transfer, a licensee shall not use the sealed source until it is tested for leakage. A licensee is not required to test a sealed source that is in storage, but shall test each sealed source before use or transfer to another person if the interval of storage exceeds six months.
- E.** A licensee shall immediately withdraw equipment containing a leaking source from use and have it decontaminated and repaired or dispose of the source in accordance with this Chapter. The licensee shall file a report with the Director of the Department within five days of any test with results that exceed the threshold in this subsection, and describe the equipment involved, the test results, and corrective action taken. If a leak test conducted under this Section reveals the presence of 185 Bq (0.005 microcurie) or more of removable radioactive material the Department classifies the sealed source as leaking.

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- F. A licensee shall test for DU contamination at intervals that do not to exceed 12 months a radiographic exposure device that uses depleted uranium (DU) shielding and an "S" tube configuration. The licensee shall ensure that the analysis is capable of detecting the presence of 185 Bq (0.005 microcuries) of radioactive material on the test sample and a person specifically authorized by the Department, the NRC, or another Agreement State performs the analysis. If the testing reveals the presence of 185 Bq (0.005 microcuries) or more of removable DU contamination, the licensee shall remove the exposure device from use until an evaluation of the wear on the S-tube is completed. If the evaluation reveals that the S-tube is worn through, the licensee shall ensure that the device is not used again. The licensee is not required to test for DU contamination if the radiographic exposure device is in storage. Before using or transferring the radiographic exposure device, the licensee shall test the device for DU contamination if the interval of storage exceeds 12 months. The licensee shall maintain records of the DU leak test in accordance with subsection (G).
- G. A licensee shall maintain records of leak test results for each sealed source and for each device that contains DU. The licensee shall ensure results are in Becquerels (microcuries), and retain each record for three years after it is made or until the source is removed from storage and tested, whichever is longer.

**Historical Note**

New Section R9-7-505 recodified from R12-1-505 at 24  
A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-506. Quarterly Inventory**

- A. A licensee shall conduct a quarterly physical inventory to account for all sealed sources and devices that contain depleted uranium.
- B. A licensee shall maintain a record of the quarterly inventory required under subsection (A) for three years after it is made.
- C. The record required in subsection (B) shall include the date of the inventory, name of the individual who conducted the inventory, radionuclide, number of becquerels (curies) or mass (for DU) in each device, location of sealed source and associated devices, and manufacturer, model, and serial number of each sealed source and device as applicable.

**Historical Note**

New Section R9-7-506 recodified from R12-1-506 at 24  
A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-507. Utilization Logs**

- A. A licensee shall maintain for each sealed source a utilization log that provides all of the following information:
1. A description, including the make, model, and serial number of each radiographic exposure device, and each sealed source transport and storage container that contains a sealed source;
  2. The identity and signature of the radiographer using the source; and
  3. The plant or site where the source is used and dates of use, including the date each source is removed from and returned to storage.
- B. A licensee shall retain the log required by subsection (A) for three years after the log is made.

**Historical Note**

New Section R9-7-507 recodified from R12-1-507 at 24  
A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-508. Inspection and Maintenance of Radiographic Exposure Devices, Transport and Storage Containers, Source Changers, Survey Instruments, and Associated Equipment**

- A. A licensee shall perform visual and operability checks on each survey instrument, radiographic exposure device, transport and storage container, source changer, and associated equipment before use on each day the equipment is to be used to ensure that the equipment is in good working condition, the source is adequately shielded, and required labeling is present. A survey instrument operability check shall be performed using a check source or other authorized means. If an equipment problem is found, the licensee shall remove the equipment from service until it is repaired.
- B. A licensee shall have written inspection and maintenance procedures to ensure that:
1. Radiographic exposure devices, source changers, transport and storage containers, survey instruments, and associated equipment that require inspection and maintenance at intervals that do not exceed three months or before first use of the equipment are functioning properly and safely. Replacement components shall meet design specifications. If an equipment problem is discovered, the licensee shall remove the equipment from service until it is repaired; and
  2. Type B packages are shipped and maintained in accordance with the certificate of compliance or other approval.
- C. A licensee shall maintain records of daily checks and quarterly inspections of radiographic exposure devices, transport and storage containers, source changers, survey instruments, and associated equipment, and retain each record for three years after it is made. The record shall include the date of the check or inspection, name of the inspector, equipment involved, any problems found, and any repair or needed maintenance performed.

**Historical Note**

New Section R9-7-508 recodified from R12-1-508 at 24  
A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-509. Surveillance**

During each radiographic operation, a radiographer or the radiographer's assistant, as permitted by R9-7-510, shall maintain continuous direct visual surveillance of the operation to protect against unauthorized entry into a high radiation area, except at permanent radiographic installations where all entrances are locked and the licensee is in compliance with R9-7-539.

**Historical Note**

New Section R9-7-509 recodified from R12-1-509 at 24  
A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-510. Radiographic Operations**

- A. If industrial radiography is performed at a location other than a permanent radiographic installation, a licensee shall ensure that the radiographer is accompanied by at least one other radiographer or radiographer's assistant, qualified under R9-7-543. The additional radiographer or radiographer's assistant shall observe the operations and be capable of providing immediate assistance to prevent unauthorized entry. Industrial radiography is prohibited if only one qualified individual is present.

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- B. A licensee shall ensure that each industrial radiographic operation is conducted at a location of use authorized on the license in a permanent radiographic installation, unless another permanent location is specifically authorized by the Department.

**Historical Note**

New Section R9-7-510 recodified from R12-1-510 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-511. Reserved****Historical Note**

R9-7-511 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-512. Radiation Safety Officer (RSO)**

- A. A licensee shall have a radiation safety officer (RSO) who is responsible for implementing procedures and regulatory requirements in the daily operation of the radiation safety program.
- B. Except as provided in subsection (C), the licensee shall ensure that the RSO satisfies the following minimum requirements:
1. The training and testing requirements in R9-7-543,
  2. Two thousand hours of hands-on experience as a qualified radiographer for an industrial radiographic operation, and
  3. Formal training in the establishment and maintenance of a radiation safety program.
- C. If the licensee uses an individual in the position of RSO who does not have the training and experience required in subsection (B), the licensee shall provide the Department with a description of the individual's training and experience in the field of ionizing radiation and training with respect to the establishment and maintenance of a radiation safety protection program so the Department can determine whether the individual is qualified to perform under subsection (D).
- D. The specific duties and authorities of the RSO include, but are not limited to:
1. Establishing and overseeing operating, emergency, and ALARA procedures as required in Article 4 of this Chapter and reviewing them every year to ensure that the procedures in use conform to current Department rules and license conditions;
  2. Overseeing and approving all phases of the training program for radiographic personnel, ensuring that appropriate and effective radiation protection practices are taught;
  3. Overseeing radiation surveys, leak tests, and associated documentation to ensure that the surveys and tests are performed in accordance with the rules and taking corrective measures if levels of radiation exceed established action limits;
  4. Overseeing the personnel monitoring program to ensure that devices are calibrated and used properly by occupationally exposed personnel and ensuring that records are kept of the monitoring results and timely notifications are made as required in R9-7-444; and
  5. Overseeing operations to ensure that they are conducted safely and instituting corrective actions, which may include ceasing operations if necessary.

**Historical Note**

New Section R9-7-512 recodified from R12-1-512 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-513. Form of Records**

A licensee shall maintain records in accordance with R9-7-405.

**Historical Note**

New Section R9-7-513 recodified from R12-1-513 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-514. Limits on External Radiation Levels from Storage Containers and Source Changers**

The maximum rate limits for storage containers and source changers are 2 millisieverts (200 mRem/hr) at any exterior surface and 0.1 millisieverts (10 mRem/hr) at 1 meter from any exterior surface with the sealed source in the shielded position.

**Historical Note**

New Section R9-7-514 recodified from R12-1-514 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-515. Locking Radiographic Exposure Devices, Storage Containers, and Source Changers**

- A. Except at permanent radiographic installations governed by R9-7-539, a licensee shall ensure that each radiographic exposure device has a lock or an outer container with a lock designed to prevent unauthorized or accidental removal of the sealed source from its shielded position. The licensee shall ensure that the exposure device or its container, if applicable, is locked (and if a keyed lock, with the key removed) if the device or container is not under the direct surveillance of a radiographer or a radiographer's assistant. During radiographic operations, the radiographer or radiographer's assistant shall secure the sealed source assembly in the shielded position each time the source is returned to the shielded position.
- B. A licensee shall ensure that each sealed source storage container and source changer has a lock or an outer container with a lock designed to prevent unauthorized or accidental removal of the sealed source from its shielded position. The licensee shall ensure that each storage container and source changer is locked (and if a keyed lock, with the key removed) if the storage container or source changer contains a sealed source and is not under the direct surveillance of a radiographer or a radiographer's assistant.

**Historical Note**

New Section R9-7-515 recodified from R12-1-515 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-516. Records of Receipt and Transfer of Sealed Sources**

- A. A licensee shall maintain records that show each receipt and transfer of a sealed source or device that uses DU for shielding and retain each record for three years after it is made.
- B. The records shall contain separate entries for each transaction, including the date, name of the individual making the record, radionuclide, number of Becquerels (curies) or mass (for DU), and manufacturer, model, and serial number of each sealed source or device, as applicable.

**Historical Note**

New Section R9-7-516 recodified from R12-1-516 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-517. Posting**

A licensee shall post any area in which industrial radiography is performed as required by R9-7-429. Exceptions listed in R9-7-430 do not apply to industrial radiographic operations.

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**Historical Note**

New Section R9-7-517 recodified from R12-1-517 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-518. Labeling, Storage, and Transportation**

- A. A licensee shall not use a source changer or a storage container to store licensed material unless the source changer or the storage container has securely attached to it a durable, legible, and clearly visible label that bears the standard trefoil radiation caution symbol and the standard colors for the symbol specifically: magenta, purple, or black on a yellow background, and the label has a minimum diameter of 25 mm and the wording "CAUTION (or DANGER), RADIOACTIVE MATERIAL NOTIFY CIVIL AUTHORITIES (or "NAME OF COMPANY")"
- B. A licensee shall not transport licensed material unless the material is packaged and the package is labeled, marked, and accompanied with appropriate shipping papers in accordance with 10 CFR 71, January 1, 2004, published by the Office of the Federal Register, National Archives and Records Administration, incorporated by reference, and on file with the Department. This incorporation by reference contains no future editions or amendments.
- C. A licensee shall physically secure locked radiographic exposure devices and storage containers behind a locked door to prevent tampering or removal by unauthorized personnel. The licensee shall store licensed material in a manner that will minimize danger from explosion or fire.
- D. A licensee shall lock each transport package that contains licensed material and physically secure the package behind the locked doors of the transporting vehicle to prevent accidental loss, tampering, or unauthorized removal of the licensed material from the vehicle.

**Historical Note**

New Section R9-7-518 recodified from R12-1-518 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-519. Reserved****Historical Note**

R9-7-519 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-520. Reserved****Historical Note**

R9-7-520 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-521. Reserved****Historical Note**

R9-7-521 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-522. Operating and Emergency Procedures**

- A. A licensee shall ensure that the operating and emergency procedures include, at a minimum, instructions in the following, as applicable:
  1. Handling and use of sealed sources or radiographic exposure devices, so that persons are not exposed to radiation that exceeds the limits in Article 4 of this Chapter;
  2. Methods and occasions for conducting radiation surveys;
  3. Methods for controlling access to radiographic areas;
  4. Methods and occasions for locking and securing radiographic exposure devices, transport and storage containers, and sealed sources;

5. Personnel monitoring and associated equipment;
  6. Transportation of sealed sources to field locations, including packing radiographic exposure devices and storage containers in vehicles, placarding vehicles, and maintaining control of the sealed sources during transportation, as required in 49 CFR 171-173, 2002 edition, published October 1, 2002, by the Office of the Federal Register, National Archives and Records Administration, Washington, D.C. 20408, which is incorporated by reference and on file with the Department. This incorporation contains no future editions or amendments;
  7. Inspection, maintenance, and operability checks of radiographic exposure devices, survey instruments, transport containers, and storage containers;
  8. Actions to be taken immediately by radiography personnel if a pocket dosimeter is found to be off-scale or an alarm rate meter sounds an alarm;
  9. Procedures for identifying and reporting defects and non-compliance, as required by R9-7-448 and R9-7-535;
  10. Procedures for notifying the RSO and the Department in the event of an accident;
  11. Methods for minimizing exposure of persons in the event of an accident;
  12. Procedures for recovering a source if the licensee is responsible for source recovery; and
  13. Maintenance of records.
- B. The licensee shall maintain copies of current operating and emergency procedures until the Department terminates the license. Superseded procedures shall be maintained for three years after being superseded. Additionally, a copy of the procedures shall be maintained at field stations in accordance with R9-7-540.

**Historical Note**

New Section R9-7-522 recodified from R12-1-522 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-523. Personnel Monitoring**

- A. A licensee shall not permit any individual to act as a radiographer or a radiographer's assistant unless, at all times during radiographic operations, each individual wears, on the trunk of the body, a direct reading dosimeter, an operating alarm rate meter, and a personnel dosimeter. At permanent radiography installations where other appropriate alarming or warning devices are in routine use, the wearing of an alarm rate meter is not required. A licensee shall:
  1. Use a pocket dosimeter with a range from zero to 2 milisieverts (200 millirems) and ensure that each dosimeter is recharged at the start of each shift. Electronic personnel dosimeters are permitted in place of ion-chamber pocket dosimeters;
  2. Assign a personnel dosimeter to each individual, who shall wear the assigned equipment;
  3. Replace film badges at least monthly and ensure that all other personnel dosimeters that require replacement are replaced at least quarterly; and
  4. Ensure that all personnel dosimeters are evaluated at least quarterly or promptly after replacement, whichever is more frequent.
- B. A licensee shall record exposures noted from direct reading dosimeters, such as pocket dosimeters or electronic personnel dosimeters, at the beginning and end of each shift. The licensee shall maintain the records for at least three years after the Department terminates the license.

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- C. A licensee shall check pocket dosimeters and electronic personnel dosimeters for correct response to radiation at periods that do not exceed 12 months. The licensee shall record the results of each check and maintain the records for three years after the dosimeter check is performed. The licensee shall discontinue use of a dosimeter if it is not accurate within plus or minus 20 percent of the true radiation exposure.
- D. If an individual's pocket dosimeter is found to be off-scale, or the individual's electronic personnel dosimeter reads greater than 2 millisieverts (200 millirems), and the possibility of radiation exposure cannot be ruled out as the cause, a licensee shall ensure that:
1. If the individual's personnel dosimeter requires processing, the personnel dosimeter is sent for processing and evaluation within 24 hours after the suspected exposure;
  2. If the individual's personnel dosimeter does not require processing, the evaluation of the personnel dosimeter is started within 24 hours after the suspected exposure;
  3. The individual is not allowed to resume work associated with licensed material until the individual's radiation exposure has been determined by the licensee's RSO or the RSO's designee; and
  4. The results of the determination in subsection (D)(2) is included in the personnel monitoring records maintained in accordance with subsection (B).
- E. If the personnel dosimeter that is required by subsection (A) is lost or damaged, the licensee shall ensure that the worker ceases work immediately until the licensee provides a replacement personnel dosimeter that meets the requirements in subsection (A) and the RSO or the RSO's designee calculates the exposure for the time period from issuance to discovery of the lost or damaged personnel dosimeter. The licensee shall maintain a record of the calculated exposure and the time period for which the personnel dosimeter was lost or damaged in accordance with subsection (B).
- F. The licensee shall maintain dosimetry reports in accordance with subsection (B).
- G. For each alarm rate meter a licensee shall ensure that:
1. At the start of each shift, the alarm functions (sounds) properly before an individual uses the device;
  2. Each device is set to give an alarm signal at a preset dose rate of 5 mSv/hr (500 mrem/hr); with an accuracy of plus or minus 20 percent of the true radiation dose rate;
  3. A special means is necessary to change the preset alarm function on the device; and
  4. Each device is calibrated at periods that do not exceed 12 months for correct response to radiation. The licensee shall maintain records of alarm rate meter calibrations in accordance with subsection (B).

**Historical Note**

New Section R9-7-523 recodified from R12-1-523 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).  
Amended by final expedited rulemaking at 28 A.A.R. 3533 (November 18, 2022), with an immediate effective date of November 2, 2022 (Supp. 22-4).

**R9-7-524. Supervision of a Radiographer's Assistant**

If a radiographer's assistant uses a radiographic exposure device, associated equipment, or a sealed source or conducts a radiation survey required by R9-7-533(B) to determine that the sealed source has returned to the shielded position after an exposure, the licensee shall ensure that the assistant is under the personal supervision of a radiographer. For purposes of this Section "personal supervision" means:

1. The radiographer is physically present at the site where the sealed source is being used,
2. The radiographer is available to give immediate assistance if required, and
3. The radiographer is able to observe the assistant's performance directly.

**Historical Note**

New Section R9-7-524 recodified from R12-1-524 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-525. Notification of Field Work**

Each day radioactive material is used for industrial radiography, a licensee shall notify the Department of any planned field radiography. The notice shall be in writing and specify the location of the field work, the name of the supervising individual at the job site, and the expected duration of the work at the job site listed in the notice. A facsimile that provides the required information is sufficient notice.

**Historical Note**

New Section R9-7-525 recodified from R12-1-525 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-526. Reserved****Historical Note**

R9-7-526 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-527. Reserved****Historical Note**

R9-7-527 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-528. Reserved****Historical Note**

R9-7-528 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-529. Reserved****Historical Note**

R9-7-529 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-530. Reserved****Historical Note**

R9-7-530 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-531. Security**

During each radiographic operation, the radiographer or radiographer's assistant shall maintain continuous direct visual surveillance of the operation to protect against unauthorized entry into a high radiation area, as defined in Article 1, unless:

1. The high radiation area is equipped with a control device or an alarm system as prescribed in R9-7-420(A), or
2. The high radiation area is locked to protect against unauthorized or accidental entry.

**Historical Note**

New Section R9-7-531 recodified from R12-1-531 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-532. Posting**

Notwithstanding any provisions in R9-7-430, areas in which radiography is being performed shall be conspicuously posted as required by R9-7-429(A) and (B).

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**Historical Note**

New Section R9-7-532 recodified from R12-1-532 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-533. Radiation Surveys**

- A. A licensee shall conduct surveys with a calibrated and operable radiation survey instrument that meets the requirements of R9-7-504.
- B. Using a survey instrument that complies with subsection (A), the licensee shall conduct a survey of the radiographic exposure device and the guide tube after each exposure before approaching the device or the guide tube. The survey shall be performed to determine that the sealed source is in the shielded position before the radiographer or radiographer's assistant exchanges films, repositions the exposure head, or dismantles the equipment.
- C. The licensee shall conduct a survey of the radiographic exposure device with a calibrated radiation survey instrument any time the source is exchanged or the device is placed in a storage area, as defined in R9-7-102, to ensure that the sealed source is in the shielded position.
- D. The licensee shall maintain a record of each exposure device survey conducted before the device is placed in storage under subsection (C), if that survey is the last one performed during the workday. Each record shall be maintained for three years after the record is made.

**Historical Note**

New Section R9-7-533 recodified from R12-1-533 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-534. Reserved****Historical Note**

R9-7-534 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-535. Notifications**

- A. In addition to the reporting requirements specified in Article 4, each licensee shall provide a written report to the Department if any of the following incidents involving radiography equipment occur:
  - 1. Unintentional disconnection of the source assembly from the control cable;
  - 2. Inability to retract the source assembly to the fully shielded position or secure it in this position; or
  - 3. Failure of any component (critical to safe operation of the device) to properly perform its intended function;
- B. A licensee shall include the following information in any report submitted under this Section, regarding radiography equipment, or Article 4, regarding an overexposure, if the report concerns the failure of safety components of radiography equipment:
  - 1. A description of the equipment problem;
  - 2. Cause of the incident, if known;
  - 3. Name of manufacturer and model number of the equipment involved in the incident;
  - 4. Place, date, and time of the incident;
  - 5. Actions taken to establish normal operations;
  - 6. Corrective actions taken or planned to prevent recurrence; and
  - 7. Qualifications of personnel involved in the incident.
- C. Any licensee that conducts radiographic operations, or stores radioactive material at a location not listed on the license or for a period longer than 180 days during a calendar year, shall notify the Department of these activities before the 180 days has elapsed.

**Historical Note**

New Section R9-7-535 recodified from R12-1-535 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-536. Reserved****Historical Note**

R9-7-536 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-537. Reserved****Historical Note**

R9-7-537 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-538. Reserved****Historical Note**

R9-7-538 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-539. Permanent Radiographic Installations**

- A. If a licensee maintains a permanent radiographic installation that does not fall within the definition of "enclosed radiography" in R9-7-102, the licensee shall ensure that each entrance, used for personnel access to the high radiation area, has either:
  - 1. An entrance control device of the type described in R9-7-420(A)(1) that reduces the radiation level upon entry into the area, or
  - 2. Both conspicuous visible and audible alarm signals to warn of the presence of radiation. The licensee shall ensure that the visible signal is actuated by radiation if a source is exposed and the audible signal is actuated if someone attempts to enter the installation while a source is exposed.
- B. A licensee with an alarm signal shall test the alarm signal for proper operation with a radiation source each day before the installation is used for radiographic operations. The test shall include a check of both the visible and audible signals. A licensee with an entrance control device shall test the device monthly. If an entrance control device or alarm signal is operating improperly, the licensee shall immediately label the device or signal as "defective" and repair the device or signal within seven calendar days. The licensee may continue to use the facility during this seven-day period, if the licensee implements continuous surveillance requirements of R9-7-509 and uses an alarming rate meter.
- C. A licensee shall maintain each record an alarm system or entrance control device test for three years after the record is made.

**Historical Note**

New Section R9-7-539 recodified from R12-1-539 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-540. Location of Documents and Records**

- A. A licensee shall maintain a copy of each record required by this Article and other applicable Articles of this Chapter at a location specified under R9-7-502(I).
- B. A licensee shall maintain a copy of each record listed below at each field station and temporary job site:
  - 1. The license that authorizes use of radioactive material;
  - 2. A copy of Articles 4, 5, and 10 of this Chapter;
  - 3. Utilization logs for each radiographic exposure device dispatched from that location, as required by R9-7-507;
  - 4. Records of equipment problems identified in daily checks of equipment, as required by R9-7-508(A);

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5. Records of alarm system and entrance control checks as required by R9-7-539;
6. Records of direct-reading dosimeters, such as pocket dosimeters and electronic personnel dosimeters as required by R9-7-523;
7. Operating and emergency procedures as required by R9-7-522;
8. A report on the most recent calibration of the radiation survey instruments in use at the site as required by R9-7-504;
9. A report on the most recent calibration of each alarm rate meter, and operability check of each pocket dosimeter and electronic personnel dosimeter as required in R9-7-523;
10. Most recent survey record as required by R9-7-533;
11. The shipping papers for the transportation of radioactive material required by 10 CFR 71.5, 2003 edition, published January 1, 2003, by the Office of the Federal Register, National Archives and Records Administration, Washington, D.C. 20408, which is incorporated by reference and on file with the Department (this incorporation contains no future editions or amendments); and
12. If operating under reciprocity in accordance with R9-7-320, a copy of the NRC or Agreement State license authorizing the use of radioactive materials.

**Historical Note**

New Section R9-7-540 recodified from R12-1-540 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-541. Reserved****Historical Note**

R9-7-541 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-542. Reserved****Historical Note**

R9-7-542 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-543. Training**

- A. A licensee shall not allow an individual to act as a radiographer until the individual has received training in the subjects in subsection (G), has participated in a minimum of two months of on-the-job training, and is certified through a radiographer certification program by a independent certifying organization in accordance with the criteria specified in Appendix A.
  1. A licensee shall provide the Department with proof of an individuals's certification and a written request that the individual be added to a license as a certified radiographer.
  2. A licensee shall maintain proof of certification at the job site where a radiographer is performing field radiography.
  3. A licensee that employs certified radiographers in Arizona shall ensure that:
    - a. Each radiographer has obtained initial certification within the last five years, and
    - b. An uncertified radiographer works only as a radiographer's assistant until certified.
  4. A radiographer shall recertify every five years by:
    - a. Taking an approved radiography certification examination in accordance with this subsection; or
    - b. Providing written evidence that the radiographer is active in the practice of industrial radiography and

has participated in continuing education during the previous five-year period.

5. If an individual cannot provide the written evidence required in subsection (4)(b), the individual shall retake the certification examination.
6. A radiographer shall provide the licensee with proof of certification in the form of a card issued by the certifying organization that contains:
  - a. A picture of the certified radiographer,
  - b. The radiographer's certification number,
  - c. The date the certification expires, and
  - d. The radiographer's signature.
- B. A licensee shall not allow an individual to act as a radiographer until the individual:
  1. Has received copies of and instruction in the requirements of this Article; applicable Sections of Articles 4 and 10 and R9-7-107; applicable DOT regulations in 10 CFR 71, January 1, 2003 edition, by the Office of the Federal Register, National Archives and Records Administration, Washington, D.C. 20408, which is incorporated by reference, contains no future editions or amendments, and is on file with Department; the Department license or licenses under which the radiographer will perform industrial radiography; and the licensee's operating and emergency procedures;
  2. Has demonstrated an understanding of the licensee's license and operating and emergency procedures by successfully completing a written or oral examination that covers the relevant material;
  3. Has received training in:
    - a. Use of the licensee's radiographic exposure devices and sealed sources,
    - b. Daily inspection of devices and associated equipment, and
    - c. Use of radiation survey instruments; and
  4. Has demonstrated an understanding of the use of radiographic exposure devices, sources, survey instruments, and associated equipment described in subsection (B)(3) by successfully completing a practical examination covering this material.
- C. A licensee shall not allow an individual to act as a radiographer's assistant until the individual:
  1. Has received copies of and instruction in the requirements of this Article; applicable Sections of Articles 4 and 10 and R9-7-107; applicable DOT regulations in 10 CFR 71, January 1, 2003 edition, by the Office of the Federal Register, National Archives and Records Administration, Washington, D.C. 20408, which is incorporated by reference, contains no future editions or amendments, and is on file with the Department; the Department license or licenses under which the radiographer's assistant will perform industrial radiography; and the licensee's operating and emergency procedures;
  2. Has developed competence to use, under the personal supervision of the radiographer, the licensee's radiographic exposure devices, sealed sources, associated equipment, and radiation survey instruments; and
  3. Has demonstrated understanding of the instructions provided under subsection (C)(1) by successfully completing a written test on the subjects covered and has demonstrated competence using the hardware described in subsection (C)(2) by successfully completing a practical examination.

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- D. A licensee shall provide refresher safety training for each radiographer and radiographer's assistant at intervals not to exceed 12 months.
- E. Unless an individual serves as both a radiographer and an RSO, the RSO or the RSO's designee shall design and implement an inspection program to examine the job performance of each radiographer and radiographer's assistant and to ensure that the Department's rules and license requirements, and the licensee's operating and emergency procedures are followed. The inspection program shall:
  - 1. Include observation of the performance of each radiographer and radiographer's assistant during an actual industrial radiographic operation, at intervals that do not exceed six months; and
  - 2. If a radiographer or a radiographer's assistant has not participated in an industrial radiographic operation for more than six months, the radiographer shall demonstrate knowledge of the training requirements in subsection (B)(3) and the radiographer's assistant shall demonstrate knowledge of the training requirements of subsection (C)(2) by a practical examination before participating in a radiographic operation.
- F. A licensee shall maintain records of the training required in this Section including certification documents, written and practical examinations, refresher safety training documents, and inspection documents, in accordance with subsection (I).
- G. A licensee shall include the following subjects in the training required under subsection (A):
  - 1. Fundamentals of radiation safety, including:
    - a. Characteristics of gamma radiation,
    - b. Units of radiation dose and quantity of radioactivity,
    - c. Hazards of exposure to radiation,
    - d. Levels of radiation from licensed material, and
    - e. Methods of controlling radiation dose (time, distance, and shielding);
  - 2. Radiation detection instruments, including:
    - a. Use, operation, calibration, and limitations of radiation survey instruments;
    - b. Survey techniques; and
    - c. Use of personnel monitoring equipment;
  - 3. Equipment topics, including:
    - a. Operation and control of radiographic exposure equipment, use of remote handling equipment, and use of storage containers, using pictures or models of source assemblies (pigtailed);
    - b. Storage, control, and disposal of licensed material; and
    - c. Inspection and maintenance of equipment;
  - 4. The requirements of pertinent Department rules; and
  - 5. Case histories of accidents in radiography.
- H. A licensee shall maintain records of radiographer certification in accordance with subsection (I)(1) and provide proof of certification as required in subsection (A)(1).
- I. A licensee shall maintain the following records for three years after each record is made:
  - 1. Records of training for each radiographer and each radiographer's assistant. For radiographers, the records shall include radiographer certification documents and verification of certification status. All records shall include copies of written tests, dates of oral and practical examinations, and names of individuals who conducted and took the oral and practical examinations; and
  - 2. Records of annual refresher safety training and semi-annual inspections of job performance for each radiogra-

pher and each radiographer's assistant. The records for the annual refresher safety training shall list topics discussed during training, the date of training, and names of each instructor and attendee. For inspections of job performance, the records shall include a list of the items checked during the inspection and any non-compliance observed by the RSO.

**Historical Note**

New Section R9-7-543 recodified from R12-1-543 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**Appendix A. Standards for Organizations that Provide Radiography Certification**

Note: For purposes of this Article an "independent certifying organization" means an organization that meets all of the criteria in this Appendix.

**I. Requirements for an Organization that Provides Radiographer Certification**

To qualify to provide radiographer certification an organization shall:

- A. Be a society or association, with members who participate in, or have an interest in, the field of industrial radiography;
- B. Not restrict membership because of race, color, religion, sex, age, national origin, or disability;
- C. Have a certification program that is open to nonmembers, as well as members;
- D. Be an incorporated, nationally recognized organization that is involved in setting national standards of practice within its fields of expertise;
- E. Have a staff comparable to other nationally recognized organizations, a viable system for financing its operations, and a policy-and decision-making review board;
- F. Have a set of written, organizational by-laws and policies that address conflicts of interest and provide a system for monitoring and enforcing the by-laws and policies;
- G. Have a committee, with members who can carry out their responsibilities impartially, review and approve the certification guidelines and procedures, and advise the organization's staff in implementing the certification program;
- H. Have a committee, with members who can carry out their responsibilities impartially, review complaints against certified individuals and determine sanctions;
- I. Have written procedures describing all aspects of the organization's certification program;
- J. Maintain records of the current status of each individual's certification and administration of the certification program;
- K. Have procedures to ensure that certified individuals are provided due process with respect to administration of the certification program, including a process for becoming certified and a process for imposing sanctions against certified individuals;
- L. Have procedures for proctoring examinations and qualifying proctors. The organization, through these procedures, shall ensure that an individual who proctors an examination is not employed by the same company or corporation (or a wholly-owned subsidiary of the company or corporation) that employs an examinee;
- M. Exchange information about certified individuals with the Department, other independent certifying organizations, the NRC, or Agreement States and allow periodic review of its certification program and related records; and
- N. Provide a description to the Department of its procedures for choosing examination sites and providing a favorable examination environment.



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## II. Requirements for a Certification Program

An independent certifying organization shall ensure that its certification program:

- A. Requires an applicant for certification to:
  1. Obtain training in the subjects listed in R9-7-543(G) or equivalent NRC or Agreement State regulations, and
  2. Satisfactorily complete a written examination that covers these subjects;
- B. Requires an applicant for certification to provide documentation demonstrating that the applicant has:
  1. Received training in the subjects listed in R9-7-543(G) or equivalent NRC or Agreement State regulations;
  2. Satisfactorily completed the on-the-job training required in R9-7-543(A); and
  3. Received verification by an Agreement State or a NRC licensee that the applicant has demonstrated the capability of independently working as a radiographer;
- C. Provides procedures that protect examination questions from disclosure;
- D. Provides procedures for denying certification to an applicant and revoking, suspending, and reinstating a certificate;
- E. Provides a certification period that is not less than three years or more than five years, procedures for renewing certifications and, if the procedures allow renewals without examination, a system for assessing evidence of recent full-time employment and annual refresher training; and
- F. Provides a timely response to inquiries, by telephone or letter, from members of the public, about an individual's certification status.

## III. Requirements for a Written Examination

An independent certifying organization shall ensure that its examination:

- A. Is designed to test an individual's knowledge and understanding of the subjects listed in R9-7-543(G);
- B. Is written in a multiple-choice format; and
- C. Has psychometrically valid questions drawn from a question bank and based on the material in R9-7-543(G).

**Historical Note**

New Article 5, Appendix A recodified from 12 A.A.C. 1, Article 5, Appendix A at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**ARTICLE 6. USE OF X-RAYS IN THE HEALING ARTS****R9-7-601. Reserved****Historical Note**

R9-7-601 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-602. Definitions**

The following definitions apply in this Article, unless the context otherwise requires:

"Accessible surface" means the external surface of the enclosure or housing provided by the manufacturer.

"Added filter" means the filter added to the inherent filtration.

"Aluminum equivalent" means the thickness of aluminum (type 1100 alloy) that affords equivalent attenuation, under specified conditions, as the material in question. (The nominal chemical composition of type 1100 aluminum alloy is 99.00 percent minimum aluminum, 0.12 percent copper).

"Annual" means annually within two months of the anniversary due date as determined by the original installation date,

inspection date, survey date, or a reset date created by conducting a full survey before the anniversary date has arrived.

"Assembler" means any person engaged in the business of assembling, replacing, or installing one or more components into an x-ray system or subsystem.

"Attenuation block" means a block or stack, having dimensions 20 cm by 20 cm by 3.8 cm (7.9 inches by 7.9 inches by 1.5 inches) of type 1100 aluminum alloy or other materials that afford equivalent attenuation.

"Automatic exposure control" means a device that automatically controls one or more technique factors in order to obtain, at a preselected location or locations, a required quantity of radiation.

"Barrier" (See "Protective barrier")

"Beam axis" means a line from the source through the center of the x-ray field.

"Beam-limiting device" means a device that provides a means to restrict the dimensions of the x-ray field.

"C-arm x-ray system" means an x-ray system that has the image receptor and x-ray tube housing assembly connected by a common mechanical support system to maintain a desired spatial relationship. This system is designed to allow a change in the projection of the beam through the patient without a change in the position of the patient.

"Changeable filter" means any filter, exclusive of inherent filtration, which can be removed from the useful beam by an electronic, mechanical, or physical process.

"Cinefluorography" means fluorography that uses a movie camera to record fluorograph images on film for later playback.

"Coefficient of variation" means the ratio of the standard deviation to the mean value of a population of observations.

"Collimator" means an adjustable device, generally made of lead, that is fixed to an x-ray tube housing to intercept or collimate the useful beam and, if not made of lead, has a lead equivalency of not less than that of the tube housing assembly.

"Compression device" means a device used to bring object structures closer to the image plane of a radiograph and make a part of the human body a more uniform thickness so the optical density of the radiograph will be more uniform.

"Computed tomography" means the production of a tomogram by the acquisition and computer processing of x-ray transmission data. For purposes of these rules this term has the same meaning as "CT."

"Contact therapy system" means that the x-ray tube port is put in contact with or within 5 centimeters (2 inches) of the surface being treated.

"Control panel" means that part of the x-ray machine where switches, knobs, push-buttons, or other hardware necessary for manually setting the technique factors are located.

"Cooling curve" means the graphical relationship between heat units stored and cooling time.

"CT gantry" means the tube housing assemblies, beam-limiting devices, detectors, and the supporting structure, frame, and cover which hold or enclose these components.

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“Dead-man switch” means a switch constructed so that a circuit-closing contact can be maintained only by continuous pressure on the switch by the operator.

“Diagnostic source assembly” means the tube housing assembly with a beam-limiting device attached.

“Diagnostic x-ray system” means an x-ray system designed for irradiation of any part of a human or animal body for the purpose of diagnosis or visualization.

“Direct scattered radiation” means scattered radiation that has been deviated in direction only by materials irradiated by the useful beam (see “Scattered radiation”).

“Electronic brachytherapy” means a method of radiation therapy where an electrically generated source of ionizing radiation is placed in or near the tumor or target tissue to deliver therapeutic radiation dosage.

“Entrance exposure rate” means the roentgens per unit time at the point where the center of the useful beam enters the patient.

“Equipment” (See “X-ray equipment”)

“Filter” means material placed in the useful beam to absorb undesirable radiation.

“Fluoroscopic imaging assembly” means a subsystem in which x-ray photons produce a fluoroscopic image. It includes the image receptor or receptors such as the image intensifier and spot-film device, electrical interlocks, if any, and structural material that provides a linkage between the image receptor and diagnostic source assembly.

“Fluoroscopic system” means a radiographic x-ray system used to directly visualize internal structure, the motion of internal structures, and fluids in real time, or near real-time, to aid in the treatment or diagnosis of disease, or the performance of other medical procedures.

“Focal spot” means the region of the anode target in an x-ray tube where electrons from the cathode interact to produce x-rays.

“General purpose radiographic x-ray system” means any radiographic x-ray system that, by design, is not limited to radiographic examination of a specific anatomical region.

“Gonadal shield” means a protective barrier for the testes or ovaries.

“Grid” means a device used to improve the image detail in a radiograph by reducing the intensity of x-ray scatter radiation exiting the film side of the patient.

“Half-value layer” or “HVL” means the thickness of a specified material that attenuates the beam of radiation to an exposure rate that is one-half of its original value. In this definition, the contribution of any scattered radiation, other than that which is present initially in the beam, is excluded.

“Healing arts radiography” means the application of x-radiation to human patients for diagnostic or therapeutic purposes by a licensed practitioner or a person certified in accordance with R9-7-603(B)(1), at the direction of a licensed practitioner. Healing arts radiography includes:

- Positioning the x-ray beam with respect to the patient,
- Anatomical positioning of the patient,

Selecting exposure factors, or

Initiating the exposure.

“Healing arts screening” means the application of radiation from an x-ray machine to a human for the detection or evaluation of health indications when the tests are not specifically and individually ordered by a licensed practitioner.

“Image intensifier” means an electronic device, installed in an x-ray system housing, which instantaneously converts an x-ray pattern into a corresponding light image of higher intensity.

“Image receptor” means any device, such as a fluorescent screen or radiographic film, which transforms incident x-ray photons either into a visible image or into another form which can be made into a visible image by further transformation.

“Inherent filtration” means the filtration of the useful beam by permanently installed components of the tube housing assembly.

“Kilovolts peak” or “kVp” (See “Peak tube potential”)

“Lateral fluoroscope” means the x-ray tube and image receptor combination in a biplane system dedicated to the lateral projection. It consists of the lateral x-ray tube housing assembly and the lateral image receptor that are fixed in position relative to the table with the x-ray beam axis parallel to the plane of the table.

“Lead equivalent” means the thickness of lead affording the same attenuation, under specified conditions, as the material in question.

“Leakage radiation” means all radiation emanating from the tube housing except the useful beam and radiation produced when the exposure switch or timer is not activated.

“Leakage technique factors” means the technique factors associated with the diagnostic source assembly that are used in measuring leakage radiation. Included are:

For capacitor energy storage equipment, the maximum-rated peak tube potential and the maximum-rated number of exposures in an hour for operation at the maximum-rated peak tube potential with the quantity of charge per exposure being 10 millicoulombs (mAs) or the minimum obtainable from the unit, whichever is larger;

For field emission equipment rated for pulsed operation, the maximum-rated peak tube potential and maximum-rated number of x-ray pulses in an hour for operation at the maximum-rated peak tube potential; and

For all other source assemblies, the maximum-rated peak tube potential and maximum-rated continuous tube current for the maximum-rated peak tube potential.

“mA” means milliamperes.

“Mammographic x-ray system” means an x-ray system that is specifically engineered to image human breasts.

“mAs” means milliamperes second.

“Mobile equipment” (See “X-ray equipment”)

“Peak tube potential” means the maximum value of the potential difference across the x-ray tube during an exposure.

“Phantom” means a volume of material that behaves in a manner similar to tissue with respect to the attenuation and scattering of radiation. (i.e. “Breast phantom” means an artificial test

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object that simulates the average composition of, and various structures in the breast.)

“Phototimer” (See “Automatic exposure control”)

“Portable equipment” (See “X-ray equipment”)

“Primary protective barrier” (See “Protective barrier”)

“Protective apron” means an apron made of radiation, absorbing material used to reduce radiation exposure.

“Protective barrier” means a barrier of radiation-absorbing material used to reduce radiation exposure.

“Primary protective barrier” means the material, excluding filters, placed in the useful beam.

“Secondary protective barrier” means the material which attenuates stray radiation.

“Protective glove” means a glove made of radiation- absorbing material used to reduce radiation exposure.

“Radiologic physicist” means an individual who:

Is certified by the American Board of Radiology, American Board of Medical Physics, or the American Board of Health Physics;

Possesses documentation of state approval;

Holds a master’s degree or higher in a physical science; and

Meets the training and certification requirements in R9-7-615(A)(1)(c).

“Scattered radiation” means radiation that, during passage through matter, has been deviated in direction. (See “Direct scattered radiation”)

“Screen” or “intensifying screen” means a device that converts the energy of the x-ray beam into visible light that interacts with the radiographic film, forming a latent image, or contains photostimulable phosphor plates that upon exposure, emit visible or nonvisible light to create an image.

“Secondary protective barrier” (See “Protective barrier”)

“Shutter” (See “Collimator”)

“Source” means the focal spot of the x-ray tube.

“Source-to-image receptor distance” or “SID” means the distance from the source to the center of the input surface of the image receptor.

“Spot check” means an abbreviated calibration procedure which is performed to assure that a previous calibration continues to be valid. Also, a spot film may be taken to improve visualization by arresting motion and to document medical observations. Note that in some cases, a film may not be created.

“Stationary equipment” (See “X-ray equipment”)

“Stray radiation” means the sum of leakage and scattered radiation.

“System” (See “X-ray system”)

“Technique chart” means a tabulation of technique factors.

“Technique factors” means the following conditions of operation:

For capacitor energy storage equipment, peak tube potential in kV and quantity of charge in mAs;

For field emission equipment rated for pulsed operation, peak tube potential in kV, and number of x-ray pulses;

For CT x-ray systems designed for pulsed operation, peak tube potential in kV, scan time in seconds, and either tube current in mA, x-ray pulse width in seconds, and number of x-ray pulses per scan, or the product of tube current, x-ray pulse width, and number of x-ray pulses in mAs;

For CT x-ray systems not designed for pulsed operation, peak tube potential in kV, and either tube current in mA and scan time in seconds, or the product of tube current, exposure time in mAs, when the scan time and exposure time are equivalent; and

For all other equipment, peak tube potential in kV, and either tube current in mA and exposure time in seconds, or the product of tube current and exposure time in mAs.

“Treatment simulator” means a diagnostic x-ray system that duplicates a medical particle accelerator or other teletherapy in terms of its geometrical, mechanical, and optical qualities; the main function of which, is to display radiation treatment fields so that the target volume may be accurately included in the area of irradiation without delivering excess radiation to surrounding normal tissue.

“Tube” means x-ray tube unless otherwise specified.

“Tube housing assembly” means the tube housing with the tube installed. It includes high-voltage or filament transformers and other elements contained within the tube housing.

“Tube rating chart” means the set of curves that specify the rated limits of operation of the tube in terms of the technique factors.

“Useful beam” means the radiation emanating from the tube housing port or the radiation head and passing through the aperture of the beam-limiting device when the exposure controls are in a mode that causes the system to produce radiation.

“Visible area” means that portion of the input surface on the image receptor over which incident x-ray photons are producing a visible image.

“X-ray equipment” means an x-ray system, subsystem, or component described further by the following terms:

“Hand-held” means x-ray equipment designed to be held by an operator while being used.

“Mobile” means x-ray equipment mounted on a permanent base with wheels or casters for moving while completely assembled.

“Portable” means x-ray equipment designed to be hand-carried, but used with a cord or delayed timer system that allows the operator to be six feet or more away from the useful beam.

“Stationary” means x-ray equipment installed in a fixed location.

“Transportable mobile” means x-ray equipment installed in a vehicle or trailer.

“X-ray system” means an assemblage of components for the controlled production of x-rays. It includes, at minimum, an x-ray high-voltage generator, an x-ray control, a tube housing

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assembly, a beam-limiting device, and the necessary supporting structures. Additional components that function with the system are considered integral parts of the system.

“X-ray tube” means any electron tube that is designed for the conversion of electrical energy into x-ray energy. For purposes of the rules contained in 9 A.A.C. 7, this term is synonymous with “tube.”

**Historical Note**

New Section R9-7-602 recodified from R12-1-602 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-603. Operational Standards, Shielding, and Darkroom Requirements**

- A.** A person shall not make, sell, lease, transfer, lend, or install x-ray equipment or the supplies used in connection with the equipment unless the supplies and equipment, when properly placed in operation and properly used, meets the requirements of 9 A.A.C. 7.
- B.** A registrant shall direct the operation of x-ray machines under the registrant’s control and assure that all of the following provisions are met in the operation of x-ray machines:
  1. The registrant shall not permit any individual to engage in the practice of “Healing Arts Radiography” using equipment under the registrant’s control, unless the individual possesses, and displays in the primary employer’s facility, an official certificate issued by, or is exempt from, the Medical Radiologic Technology Board of Examiners that contains an original signature of its Director or designee. A copy of the certificate shall be posted at any secondary employment location with documentation that verifies that the employer has physically seen the official certificate and has annotated on the copy the location where the official certificate may be viewed by Department staff.
  2. The registrant shall maintain records documenting compliance with subsection (B)(1) for each individual practicing “Healing Arts Radiography” using equipment under the registrant’s control,
  3. The registrant shall provide safety rules to each individual operating x-ray equipment under the registrant’s control, including any restrictions in operating procedures necessary for the safe use of the equipment and require that the operator demonstrate familiarity with 9 A.A.C. 7.
- C. Shielding**
  1. Each registrant shall provide each installation with primary and secondary protective barriers that are necessary to assure compliance with 9 A.A.C. 7, Article 4.
  2. A registrant shall ensure that attenuation provided by a protective barrier meets or exceeds the level of protection established in Report No. 147 Structural Shielding Design for Medical X-ray Imaging Facilities, November 19, 2004, by the National Council on Radiation Protection and Measurements, (NCRP), NCRP Publications, 7910 Woodmount Ave., Suite 400, Bethesda, MD 20814-3095. This report is incorporated by reference and available under R9-7-101. The incorporated material contains no future editions or amendments. Copies of the report are available from NCRP Publications: online at <http://www.ncrppublications.org>; toll free at (800) 229-2652 (Ext. 25); or e-mail at [NCRPpubs@NCRPonline.org](mailto:NCRPpubs@NCRPonline.org). Each registrant shall use this incorporated material to provide sufficient shielding to prevent a public exposure that exceeds the limits in R9-7-416.
  3. A registrant shall:

- a. Mount each lead barrier so that the barrier will not sag or cold flow because of its own weight and protect the barrier from damage;
  - b. Use barriers designed so that joints between different ends of protective material do not impair the overall protection of the barriers;
  - c. Use barriers designed so that joints at the floor and ceiling do not impair the overall protection of the barriers;
  - d. Use windows, window frames, doors, and door frames that have the same lead equivalence required in the adjacent walls; and
  - e. Cover holes in protective barriers so that overall attenuation is not impaired.
4. A registrant shall also meet the structural shielding requirements in R9-7-607(C), if the x-ray system in question is not a mobile fluoroscopic unit, dental panoramic, cephalometric, dental CT, or intraoral radiographic system.
- D. Film Processing and Darkroom Requirements.** A registrant shall:
    1. Ensure that the darkroom is light-tight and use proper safe-lighting such that any film type in use exposed in a cassette to x-ray radiation sufficient to produce an optical density from 1 to 2 when processed shall not suffer an increase in density greater than 0.1 (0.05 for mammography) when exposed in the darkroom for two minutes with all safe-lights illuminated. (A processor with a daylight loader satisfies this requirement.);
    2. Ensure that film is stored in a cool, dry place and is protected from radiation exposure; and that film located in open packages is stored in a light-tight container;
    3. Ensure that film cassettes and intensifying screens are inspected annually, cleaned, and replaced as necessary;
    4. Ensure that film cassettes contain film and intensifying screens that have the same sensitivity;
    5. Ensure that automatic film processors develop film in accordance with time-temperature relationships recommended by the film manufacturer;
    6. Ensure that manually developed film is developed in accordance with the time-temperature relationships recommended by the manufacturer, and that a timer, thermometer, and a time-temperature chart are available and used in the darkroom;
    7. Ensure that film processing solutions are prepared and maintained in accordance with the directions of the manufacturer;
    8. Ensure that outdated film is not used for diagnostic radiographs;
    9. Follow manufacturer’s recommendations for cleaning or inspection of computed radiography (CR) cassettes, but not less than annually;
    10. Follow manufacturer’s recommendations for preventive maintenance on digital radiography panels or cassettes, but not less than annually; and
    11. Maintain documentation that demonstrates that requirements of this subsection are being met for three years for Department review from the date of inspection.

**Historical Note**

New Section R9-7-603 recodified from R12-1-603 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-604. General Procedures**

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- A. Each registrant shall ensure the following procedural requirements are met in the operation of x-ray equipment:
1. An x-ray machine which does not meet the provisions of this Chapter shall not be operated for diagnostic or therapeutic purposes, unless specifically exempted by the Department.
  2. Except for patients who cannot be moved out of the room, only the individuals required for the radiological procedure or in training may be present in the room during radiographic exposure, and all the following requirements apply:
    - a. All individuals shall be positioned such that no part of the body, including the extremities not protected by 0.5 mm lead equivalent, will be struck by the useful beam.
    - b. Staff and ancillary personnel shall be protected from the direct scatter radiation by protective aprons or whole body protective barriers of not less than 0.25 mm lead equivalent.
    - c. Individuals, other than the patient to be examined, who cannot be removed from the room during mobile or portable radiography shall be protected from the direct scatter radiation by whole body protective barriers of 0.25 millimeters lead equivalent or shall be so positioned that the nearest portion of the body is at least 2 meters (6.5 feet) from both the tube head and the nearest edge of the image receptor.
    - d. If a portion of the body of any staff or ancillary personnel is potentially subjected to stray radiation that could result in that individual receiving 10 percent of the maximum permissible dose as defined in Article 4 of this Chapter, the registrant shall provide additional protective devices as specified by the Department.
  3. An individual shall not be exposed to the useful beam except for a healing arts purpose authorized by a licensed practitioner of the healing arts. The following acts are prohibited:
    - a. Exposure of an individual without meeting the required healing art requirements and without a valid directive from a licensed practitioner;
    - b. Exposure of an individual for training, demonstration, or other non-healing arts purpose;
    - c. Exposure of an individual for the purpose of healing arts screening, except as authorized by the Department after submitting to the Department the information listed in Appendix A of this Article. (If any information submitted to the Department changes, the registrant shall immediately notify the Department of the changes.);
    - d. Routinely holding film or a patient during an exposure to x-ray radiation; or
    - e. Exposure of an individual to fluoroscopy as a positioning method for general purpose radiological procedures.
  4. All persons who are associated with the operation of an x-ray system are subject to the occupational exposure limits specified in Article 4. Exposure of a personnel monitoring device to deceptively indicate a dose delivered to an individual is prohibited.
  5. The registrant shall check radiation protective equipment for reliability and integrity defects on an annual basis, as follows:
    - a. Aprons, gloves, and shields shall be checked for holes, tears, and breaks.
    - b. If defects are found in the equipment, the registrant shall replace or remove it from service. Equipment removed from service shall not be put back into service until it is repaired.
    - c. A record of the annual reliability and integrity check and any equipment replacement shall be maintained for three years.
- B. The registrant shall maintain the following records for each x-ray machine:
1. Survey, calibration, maintenance, and modification records regarding the x-ray machine or room, which include the name of the person who performed the service; and
  2. Correspondence with the Department regarding the x-ray machine facility.
- Historical Note**  
New Section R9-7-604 recodified from R12-1-604 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).
- R9-7-605. X-ray Machine Standards**
- A. A registrant shall prevent leakage radiation from the diagnostic source assembly measured at a distance of 1 meter in any direction from the source assembly from exceeding 25.8  $\mu\text{C}/\text{kg}$  (100 milliroentgens) in one hour when the x-ray tube is operated at its leakage technique factors. The Department shall determine compliance by obtaining measurements averaged over an area of 100 square centimeters (15.5 square inches) with no linear dimension greater than 20 centimeters (7.9 inches).
- B. The registrant shall prevent radiation emitted by a component other than the diagnostic source assembly from exceeding 516 nC/kg (2 milliroentgens) in one hour at 5 centimeters from any accessible surface of the component when it is operated in an assembled x-ray system under any conditions for which it was designed. The Department shall determine compliance by obtaining measurements averaged over an area of 100 square centimeters (15.5 square inches) with no linear dimension greater than 20 centimeters (7.9 inches).
- C. Beam quality.
1. The registrant shall prevent the useful beam half-value layer (HVL) for diagnostic x-ray given x-ray tube potential from falling below the values shown in Table I. If it is necessary to determine the HVL at an x-ray tube potential that is not listed in Table I, the registrant shall use linear interpolation or extrapolation to make the determination.

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**Table I**

Design operating range (kilovolts peak)	Measured potential (kilovolts peak)	HVL (millimeters of aluminum) Dental Intraoral Units manufactured after December 1, 1980	Medical X-ray Units manufactured before June 10, 2006 and Dental Intraoral Units manufactured on or before December 1, 1980	Medical X-ray Units manufactured on or after June 10, 2006
Below 51	30	1.5	0.3	0.3
	40	1.5	0.4	0.4
	50	1.5	0.5	0.5
51 to 70	51	1.5	1.2	1.3
	60	1.5	1.3	1.5
	70	1.5	1.5	1.8
Above 70	71	2.1	2.1	2.5
	80	2.3	2.3	2.9
	90	2.5	2.5	3.2
	100	2.7	2.7	3.6
	110	3.0	3.0	3.9
	120	3.2	3.2	4.3
	130	3.5	3.5	4.7
	140	3.8	3.8	5.0
	150	4.1	4.1	5.4

2. If the registrant demonstrates that the aluminum equivalent of the total filtration in the primary beam is not less than that shown in Table II, the registrant is considered to have met the criteria in subsection (C)(1).

**Table II - Filtration Required vs. Operating Voltage**

Operating Voltage (kVp)	Total Filtration (inherent plus added) (millimeters aluminum equivalent)
Below 51	0.5 millimeters
51 - 70	1.5 millimeters
Above 70	2.5 millimeters

3. The registrant shall use beryllium window tubes that have a minimum of 0.5 millimeters aluminum equivalent filtration permanently mounted in the useful beam.
4. For capacitor energy storage equipment, the Department shall determine compliance with the maximum quantity of charge per exposure.
5. When determining the minimum aluminum equivalent filtration, the registrant shall include the filtration contributed by all materials that are always present between the focal spot of the tube and the patient (for example, a tabletop when the tube is mounted "under the table" and inherent filtration of the tube).
- D. Multiple tubes. If two or more radiographic tubes are controlled by one exposure switch, the operator shall clearly indicate which tube or tubes have been selected before initiation of the exposure, activating one light on the x-ray control panel and a second light at or near the tube housing assembly, each indicating the tube or tubes that have been selected.
- E. Mechanical support of tube head. The registrant shall adjust the tube housing assembly supports so that the tube housing assembly will remain stable during an exposure, unless the

tube housing movement is a designed function of the x-ray system.

- F. Exposure reproducibility. The coefficient of variation shall not exceed 0.10 when all technique factors are held constant. This requirement is satisfied if the value of the average exposure (E) is greater than or equal to five times the difference between the maximum exposure (E<sub>max</sub>) and minimum exposure (E<sub>min</sub>) when four exposures are made at identical technique factors,  $[E \geq 5(E_{\max} - E_{\min})]$ .
- G. Accuracy deviation. A registrant shall not use an x-ray machine if the measured technique factors for kVp and time duration are not within the limits specified by the manufacturer. In the absence of the manufacturer's specifications, a registrant shall not use an x-ray machine if the measured kVp is not within 10 percent of the indicated kVp value and the measured time duration is not within 20 percent of the indicated time.

**Historical Note**

New Section R9-7-605, including Tables I and II, recodified from R12-1-605, Tables I and II, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-606. Fluoroscopic and Fluoroscopic Treatment Simulator Systems**

- A. Useful beam limitation. A registrant shall:
1. Provide beam-limiting devices that restrict the entire cross section of the useful beam to less than the area of the primary barrier at any Source-to-Image Receptor Distance (SID);
  2. Ensure that the x-ray field size produced by fluoroscopic systems without image intensification does not extend beyond the visible area of the image receptor at any SID;
  3. Ensure that the x-ray field size produced by fluoroscopic systems with image intensification and automatic shutter

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control does not exceed the diameter of the image receptor at any SID;

4. Ensure that the x-ray field size produced by fluoroscopic systems with image intensification and manual shutter control does not exceed the diameter of the image receptor with the fluoroscopic imaging assembly positioned at the maximum usable distance above the table top; and
  5. Ensure that the x-ray field size produced by fluoroscopic systems with image intensification and manual shutter control, where the fluoroscopic tube is above the table top, does not exceed the diameter of the image receptor with the shutters open to the fullest extent, and at the maximum SID which the fluoroscopic tube is capable of producing radiation.
- B. Fluoroscopic primary protective barrier.** A registrant shall:
1. Provide the fluoroscopic imaging assembly with a primary protective barrier that always intercepts the entire cross section of the useful beam at any SID.
  2. Ensure that the fluoroscopic tube is not capable of producing radiation unless the primary protective barrier is in a position to intercept the entire cross section of the useful beam.
  3. Ensure that fluoroscopic radiation production automatically terminates if the primary protective barrier is removed from the useful beam.
  4. Ensure that the fluoroscopic primary protective barrier meets the following requirements for attenuation of the useful beam:
    - a. For equipment installed before November 15, 1967, the required lead equivalent of the barrier is not less than 1.5 millimeters for fluoroscopes that produce less than 100 kVp, 1.8 millimeters for fluoroscopes that produce at least 100 kVp but less than 125 kVp, and 2.0 millimeters for fluoroscopes that produce 125 or more kVp. (For conventional fluoroscopes, these requirements may be assumed to have been met if the exposure rate measured at the viewing surface of the fluorescent screen does not exceed 12.9 microcoulombs per kilogram (50 milliroentgens) per hour with the screen in the primary beam of the fluoroscope without a patient, under normal operating conditions.) For equipment installed or reinstalled, the required lead equivalent of the barrier is 2.0 millimeters for fluoroscopes that produce less than 125 kVp or 2.7 millimeters for fluoroscopes that produce 125 or more kVp.
    - b. For fluoroscopic systems that use image intensification, the exposure rate, due to transmission through the primary protective barrier, does not exceed 516 nC/kg (2 milliroentgens) per hour at 10 centimeters (4 inches) from any accessible surface of the fluoroscopic imaging assembly, beyond the plane of the image receptor for each 258  $\mu$ C/kg (1 roentgen) per minute of entrance exposure rate.
    - c. Compliance with subsections (B)(4)(a) and (b) is determined with the image receptor positioned 35.5 centimeters (14 inches) from the panel or table top, at normal operating technical factors and with the attenuation block in the useful beam for systems with image intensification.
- C. Entrance exposure rate limits.** A registrant shall ensure that:
1. The exposure rate, measured at the point where the center of the useful beam enters the patient does not exceed 2.6 mC/kg (10 roentgens) per minute at any combination of tube potential and current, except during recording of fluoroscopic images or if provided with optional high-level control.
2. If provided with optional high-level control, the equipment is not operable at any combination of tube potential and current that will result in an exposure rate in excess of 2.6 mC/kg (10 roentgens) per minute at the point where the center of the useful beam enters the patient, unless the high-level control is activated, in which case an exposure rate in excess of 5.2 mC/kg (20 roentgens) per minute is prohibited.
    - a. Special means of activation of high-level controls, such as additional pressure applied continuously by the operator, are required to avoid accidental use.
    - b. A continuous signal audible to the fluoroscopist is required to indicate that the high-level control is being employed.
  3. The Department shall determine compliance with subsections (C)(1) and (2) as follows:
    - a. Remove grids and compression devices from the useful beam during the measurement;
    - b. If the source is below the table, measure the exposure rate 1 centimeter above the table top or cradle; and
    - c. If the source is above the table, measure the exposure rate 30 centimeters (11.8 inches) above the table top with the end of the beam-limiting device or spacer positioned as closely as possible to the point of measurement;
    - d. For fluoroscopy involving a mobile C-arm x-ray system, measure the exposure rate 30 centimeters (11.8 inches) from the input surface of the fluoroscopic imaging assembly;
    - e. For fluoroscopy involving a C-arm x-ray system, measure the exposure rate 30 centimeters (11.8 inches) from the input surface of the fluoroscope imaging assembly, with the x-ray source positioned at any available SID, provided that the end of the beam-limiting device or spacer is not closer than 30 centimeters (11.8 inches) from the input surface of the fluoroscopic image assembly; and
    - f. For a lateral fluoroscope, measure the exposure rate 15 centimeters (5.9 inches) from the centerline of the x-ray table and in the direction of the x-ray source with the end of the beam-limiting device or spacer positioned as closely as possible to the point of measurement. If the tabletop is movable, it shall be positioned as closely as possible to the lateral x-ray source, with the end of the beam-limiting device or spacer no closer than 15 centimeters (5.9 inches) to the centerline of the x-ray table.
- D.** The registrant shall ensure that the source-to-skin distance is not less than:
1. 38 centimeters (15 inches) on stationary fluoroscopes installed after January 2, 1996;
  2. 35.5 centimeters (14 inches) on stationary fluoroscopes which are in operation before January 2, 1996;
  3. 30 centimeters (11.8 inches) on all mobile fluoroscopes; and
  4. 20 centimeters (8 inches) for image-intensified fluoroscopes used for a specific surgical application. The registrant shall follow any precautionary measures in the users operating manual.

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- E.** Each fluoroscopic system installation is subject to all of the following requirements for the control of stray radiation. A registrant shall:
1. Provide a shielding device of at least 0.25 millimeter lead equivalent for covering the Bucky-slot during fluoroscopy;
  2. Except for fluoroscopy performed using portable or mobile C-arm x-ray systems or during surgical procedures or cardiac catheterization, provide protective drapes, or hinged or sliding panels of at least 0.25 millimeters lead equivalent, between the patient and fluoroscopist to intercept scattered radiation that would otherwise reach the fluoroscopist and others near the machine, but not substitute drapes and panels for a protective apron; and
  3. Ensure that protective aprons of at least 0.25 millimeter lead equivalent are worn in the fluoroscopy room by each person, except the patient, whose body is likely to be exposed to 50  $\mu$ Sv/hr (5 mR/hr) or more.
- F.** Exposure control. A registrant shall:
1. Ensure that activation of the fluoroscopic tube is controlled by a "dead-man" switch;
  2. Provide a manual reset cumulative timing device, which is activated only during production of radiation in the fluoroscopic mode, to indicate elapsed time by an audible signal or terminate production of radiation;
  3. Provide a device for exposure control in the "spot film" mode that terminates exposure either automatically, or after a preset time interval, preset number of pulses, preset product of current and time, or preset exposure; and
  4. Ensure that the x-ray tube potential and current are continuously indicated.
- G.** A registrant shall provide systems used for mobile fluoroscopy with image intensification.
- H.** Fluoroscopic treatment simulators. Simulators are exempt from subsections (A) through (G). A registrant shall:
1. Use a beam limiting device that restricts the beam to the area of clinical interest.
  2. Include and label devices for settings or physical factors, such as kVp, mA, or exposure time on the control panel;
  3. Ensure that the fluoroscopic exposure switch or switches are of the "deadman" type;
  4. Ensure that each person whose presence is necessary is in the simulator room during exposure and protected with a lead apron of at least 0.5 millimeter lead equivalent or a portable shield. Any person who places their hands in the useful x-ray beam shall wear leaded gloves; and
  5. Ensure that the operator stands behind a barrier and is able to observe the patient during simulator exposures.
- I.** Devices that project a circular radiation field restrict the diameter of the useful beam, not to exceed the diagonal dimension of the image receptor by greater than 2 percent of the SID;
- J.** Devices that project a rectangular or square radiation field restrict the useful beam to the longitudinal and transverse dimensions of the image receptor to within 2 percent of the SID;
- K.** Beam limiting devices that do not incorporate light beams to define the projected radiation field are clearly labeled, indicating the SID and image receptor size at which each device complies with the applicable requirements of subsection (A)(2)(a) or (b);
- L.** Adjustable beam-limiting devices installed after July 31, 1971, incorporate light beams to define the projected dimensions of the useful beam and provide an average illumination of not less than 100 lux (9 foot-candles) at 1 meter (3.3 feet) or at the maximum SID, whichever is less. The average illumination shall be based upon measurements made in the approximate center of each quadrant of the light field; and
- M.** All beam-limiting devices installed, on general purpose fixed and mobile radiographic systems, provide stepless means of continuous adjustment of the projected radiation field size.
- N.** Provide a means to align the center of the radiation field to the center of the image receptor to within 2 percent of the SID.
- B.** Radiation exposure control. A registrant shall:
1. Provide a means to terminate the exposure at a preset time interval, preset product of current and time, preset number of pulses, or a preset exposure to the image receptor. The registrant shall ensure that it is not possible to make an exposure when the exposure control device is set to a "zero" or "off" position if either position is provided.
  2. Ensure that the exposure switch is a "dead-man" switch, and except for those used with "spot-film" devices in fluoroscopy, is arranged so that it cannot be conveniently operated outside a shielded area.
  3. Provide x-ray systems with automatic exposure control, which indicates at the control panel when this mode is selected, and a visual and audible signal, which indicates termination of the exposure.
  4. Use a control panel that includes:
    - a. A device (usually a milliamp meter) that will give a positive indication during radiation production; and
    - b. Control setting indicators or meters that indicate the appropriate technical factors: kVp, mAs, mA, or exposure time, and any special mode selected for the exposure.
- C.** Structural shielding. A registrant shall:
1. Ensure that all wall, floor and ceiling areas struck by the useful beam have primary protective barriers. Primary protective barriers in walls shall extend from the finished floor to a minimum height of 2.13 meters (7 feet);
  2. Ensure that secondary protective barriers are provided in all wall, floor, and ceiling areas that do not have primary protective barriers or where the primary protective barrier requirements are lower than the secondary barrier requirements;
- R9-7-607. Additional X-ray Machine Standards, Shielding Requirements, and Procedures, Except Mobile Fluoroscopic, Dental Panoramic, Cephalometric, Dental CT, or Dental Intra-oral Radiographic Systems**
- A.** Useful beam limitation. A registrant shall:
1. Provide a means to restrict the useful beam to the area of clinical interest for any combination of SID and image receptor size employed.
  2. Ensure that beam-limiting devices meet the following requirements:

**Historical Note**

New Section R9-7-606 recodified from R12-1-606 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).



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3. Ensure that the operator's station is behind a protective barrier sufficient to ensure compliance with R9-7-408, R9-7-414, and R9-7-416, and the operator is able to communicate with the patient from the operator's station.
4. Provide a window of transparent material equal in attenuation to that required by the adjacent barrier, or a mirror system, that is large enough and placed so that the operator can see the patient during exposure without having to leave the protected area.

**D. Operating procedures.** A registrant shall:

1. Use mechanical supporting or restraining devices, if a patient must be held in position for radiography. If the patient must be held by an individual, the registrant shall ensure that the individual is protected with appropriate shielding devices, such as protective gloves and apron, and is positioned so that no part of the body of the individual holding the patient is struck by the useful beam;
2. Ensure that only individuals required for the radiographic procedure are in the radiographic room during exposure, and, except for the patient, all these individuals are equipped with protective devices;
3. Restrict the useful beam to the clinical area of interest;
4. Provide a chart in the vicinity of the diagnostic x-ray system's control panel that specifies, for all routine examinations performed with the system, the following information:
  - a. Patient's anatomical size and technique factors;
  - b. Type and size of the film or film screen combination;
  - c. Type and focal distance of the grid, if any;
  - d. X-ray source-to-image receptor distance; and
  - e. Type and location of gonad shielding.
5. Provide documentation of the following items:
  - a. The patient's identity;
  - b. The x-ray examination, as recorded in a radiographic log;
  - c. The date the examination is performed;
  - d. The number of projections (if applicable), or on-time, or dose factors depending upon the unit; and
  - e. A method of identifying the individual who performed the examination.
6. The registrant shall maintain in chronological order, the documentation required in subsection (D)(5) in written or readily available electronic form. The documentation shall be maintained for three years from the date the examination is performed.

**Historical Note**

New Section R9-7-607 recodified from R12-1-607 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-608. Mobile Diagnostic Radiographic and Mobile Fluoroscopic Systems, Except Dental Panoramic, Cephalometric, Dental CT, or Dental Intraoral Radiographic Systems****A. Equipment**

1. All requirements of R9-7-607(A) and (B) apply.
2. For mobile radiographic units the registrant shall provide a "dead-man" switch, together with an electrical cord of sufficient length so that the operator can stand out of the useful beam and at least 1.82 meters (6 feet) from the patient during all x-ray exposures.
3. A registrant shall ensure that a cone, spacer frame, or inherent provision is made so that the equipment is not operated at source-skin distances of less than 20.3 centimeters (8 inches).

- B. Structural shielding.** If a mobile unit is used routinely in one location, it is considered a fixed installation subject to the shielding requirements in R9-7-603(C), and R9-7-607(C).

**C. Operating procedures**

1. All provisions of R9-7-607(D) apply.
2. An individual who operates a mobile x-ray system shall comply with R9-7-419(B).

**Historical Note**

New Section R9-7-608 recodified from R12-1-608 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-609. Expired****Historical Note**

New Section R9-7-609 recodified from R12-1-609 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4407 (November 21, 2025), effective November 4, 2025 (Supp. 25-4).

**R9-7-610. Dental Intraoral Radiographic Systems****A. Equipment.** A registrant shall:

1. Use a protective tube housing of diagnostic type;
2. Use diaphragms or cones for restricting the useful beam and to provide the same degree of protection as the housing. The diameter of the useful beam at the end of the cone or spacer frame shall not be more than 7.6 centimeters (3 inches) for intraoral radiography;
3. Ensure that a cone or spacer frame provides a source-to-skin distance of not less than 17.8 centimeters (7 inches) with apparatus operating above 50 kVp or 10 centimeters (4 inches) with apparatus operating at 50 kVp or below for intraoral radiography;
4. Provide a timer to terminate the exposure at a preset time interval, a preset product of current and time, a preset number of pulses, or a preset radiation exposure to the image receptor;
5. Ensure that it is not possible to make an exposure if the timer is set to the "zero" or "off" position;
6. Ensure that the tube head remains stationary if placed in the exposure position;
7. Ensure that the exposure initiating device is a "dead-man" switch;
8. Use a control panel that includes:
  - a. A means to provide visual or audible indication, detectable at or from the operator's position, during x-ray production or exposure termination; and
  - b. Indication of technique factors for kVp, mA, exposure time, and any special mode that may be selected for the exposure;
9. Use technique factors, where deviation of measured values from indicated values for kVp and exposure time do not exceed the limits specified by the manufacturer. In the absence of the manufacturer's specifications, the deviation shall not exceed plus or minus 10 percent of the indicated value for kVp and plus or minus 20 percent for exposure time duration;
10. For a digital system that uses an electronic sensor, use digital radiography techniques that permit reducing x-ray beam on-time to 25 percent of the exposure time required for "D" speed film or lower, reducing radiation to the patient by the same rate; and
11. For a computed radiography (imaging plate (IP) made of photostimulable phosphor) system that uses an imaging plate, use radiography techniques that permit reducing x-

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ray beam on-time to 50 percent of the exposure time required for "D" speed film or lower, reducing radiation to the patient by the same rate.

**B. Structural shielding.** The registrant shall:

1. Provide dental installations with primary and secondary barriers to ensure compliance with the personnel exposure requirements in Article 4 of this Chapter; (Note: In many cases, structural materials of ordinary walls suffice as a protective barrier without addition of special shielding material.)
2. Install primary protective barriers between rooms or areas if dental x-ray units are used in adjacent rooms or areas;
3. Provide each installation with a protective barrier for the operator or arrange the installation so that the operator can stand at least 1.82 meters (6 feet) from the patient and well away from the useful beam;
4. Arrange the operator's position to allow visual contact with the patient during exposure; and
5. Comply with fixed installation requirements, if a mobile unit is used routinely in one location.

**C. Operating procedures**

1. A dentist or other persons shall not hold patients or films during exposure. Only persons required for the radiographic procedure are allowed in the radiographic room during exposures.
2. An operator shall stand at least 1.82 meters (6 feet) from the patient or behind a protective barrier during each exposure.
3. An operator shall ensure that only the patient is in the useful beam.
4. The licensed practitioner or other person shall not hold the tube housing or the cone during the exposure.
5. A registrant shall not perform dental fluoroscopy without an image intensifier.

**Historical Note**

New Section R9-7-610 recodified from R12-1-610 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-610.01. Hand-held Intraoral Dental Radiographic Unit Requirements For Use**

**A.** Registrants are subject to the following requirements for Intraoral dental radiographic units designed to be operated as a hand-held unit:

1. For all uses:
  - a. Operators of hand-held intraoral dental radiographic units shall be specifically trained to operate such equipment.
  - b. A hand-held intraoral dental radiographic unit shall be held without any motion during a patient examination. A tube stand may be utilized to immobilize a hand-held intraoral dental radiographic unit during patient examination.
  - c. The operator shall ensure there are no bystanders within a radius of at least six feet from the patient being examined with a hand-held intraoral radiographic unit.
2. Additional requirements for operatories in permanent facilities:
  - a. Hand-held intraoral dental radiographic units shall be used for patient examinations in dental operatories that meet the structural shielding requirements specified by the Department or by a qualified health or medical physicist.

- b. Hand-held intraoral dental radiographic units shall not be used for patient examinations in hallways and waiting rooms.

**B.** Hand-held units may only be used in a manner as specified on the registration issued by the Department.

**Historical Note**

New Section R9-7-610.01 recodified from R12-1-610.01 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-611. Therapeutic X-ray Systems of Less Than 1 MeV**

**A.** Equipment requirements.

1. Leakage radiation. When the x-ray tube is operated at its maximum rated tube current for the maximum kVp, the leakage air kerma rate shall not exceed the value specified at the distance specified for that classification of therapeutic radiation machine. For each therapeutic radiation machine, the registrant shall determine, or obtain from the manufacturer, the leakage radiation existing at the positions specified:
  - a. 5-50 kVp Systems. The leakage air kerma rate measured at any position 5 centimeters from the tube housing assembly shall not exceed 1 mGy (100 mrad) in any one hour.
  - b. Greater than 50 kVp and less than 1MeV Systems. The leakage air kerma rate measured at a distance of 1 meter from the target in any direction shall not exceed 1 centigray (1 rad) in any 1 hour. This air kerma rate measurement may be averaged over areas no larger than 100 square centimeters (100 cm<sup>2</sup>). In addition, the air kerma rate at a distance of 5 centimeters from the surface of the tube housing assembly shall not exceed 30 centigray (30 rad) per hour.
2. Permanent beam limiting devices. A registrant shall ensure that fixed diaphragms or cones used for limiting the useful beam provide the same or higher degree of attenuation as required for the tube housing assembly.
3. Removable and adjustable beam-limiting devices. A registrant shall ensure that:
  - a. Removable and adjustable beam-limiting devices, for the portion of the useful beam to be blocked by these devices, transmit not more than 1 percent of the original x-ray beam at the maximum kilovoltage and maximum treatment filter; and
  - b. When adjustable beam limiting devices are used, the position and shape of the radiation field shall be indicated by a light beam.
4. Filter system. A registrant shall ensure that the filter system is designed so that:
  - a. Filters cannot be accidentally displaced from the useful beam at any possible tube orientation;
  - b. For equipment installed after January 1, 2011, an interlock system prevents irradiation if the proper filter is not in place;
  - c. The air kerma rate escaping from the filter slot shall not exceed 1 centigray (1 rad) per hour at one (1) meter under any operating conditions; and
  - d. Each filter is marked regarding its material of construction and its thickness or wedge angle for wedge filters.
5. X-ray tube immobilization. A registrant shall ensure that the tube housing assembly is capable of being immobilized during stationary treatments and the x-ray tube shall be so mounted that it cannot accidentally turn or slide with respect to the housing aperture.

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6. Focal spot marking. A registrant shall ensure that the tube housing assembly is marked so that it is possible to determine the location of the focal spot to within 5 millimeters, and the marking is readily accessible for use during calibration procedures.
  7. Therapy treatment timers. A registrant shall:
    - a. Provide a timer that has a display at the treatment control panel. The timer shall have a preset time selector and an elapsed time indicator;
    - b. Ensure that the timer is a cumulative timer that activates with the radiation, retains its reading after irradiation is interrupted or terminated, and requires the operator to reset the preset time selector after irradiation is terminated and before irradiation can be reinitiated;
    - c. Ensure that the timer terminates irradiation when a preselected time has elapsed;
    - d. Ensure that the timer permits accurate presetting and determination of exposure times as short as one second;
    - e. Ensure that the timer does not permit an exposure if set at zero; and
    - f. Ensure that the timer does not activate until the shutter is opened if irradiation is controlled by a shutter mechanism.
  8. Control panel functions. In addition to the displays required in other provisions of this Section, a registrant shall ensure that a control panel has:
    - a. An indication of whether electrical power is available at the control panel and if activation of the x-ray tube is possible;
    - b. An indication of whether x-rays are being produced;
    - c. A means for indicating kVp and x-ray tube current;
    - d. A means for terminating an exposure at any time;
    - e. A locking device that will prevent unauthorized use of the x-ray system; and
    - f. For x-ray equipment installed after January 2, 1996, a positive display of specific filters in the beam.
  9. Multiple tubes. If one control panel is used to energize more than one x-ray tube a registrant shall ensure that:
    - a. It is possible to activate only one x-ray tube during any time interval,
    - b. There is an indication at the control panel that identifies which x-ray tube is energized, and
    - c. There is an indication at the tube housing assembly when that tube is energized.
  10. Source-to-patient distance. A registrant shall ensure that there is a means of determining the source-to-patient distance to within 1 centimeter.
  11. Shutters. Unless it is possible to bring the x-ray output to the prescribed exposure parameters within five seconds, a registrant shall ensure that the entire useful beam is automatically attenuated by a shutter with a lead equivalency not less than that of the tube housing assembly. In addition the registrant shall ensure that:
    - a. After the unit is at operating parameters, the operator controls the shutter electrically from the control panel; and
    - b. An indication of shutter position appears at the control panel.
  12. Low filtration x-ray tubes. A registrant shall ensure that each x-ray system equipped with a beryllium or other low-filtration window is clearly labeled as low-filtration equipment on the tube housing assembly and at the control panel.
- B. Facility design requirements.** In addition to shielding necessary to meet the requirements of Article 4 of this Chapter, a registrant shall ensure that:
1. Warning lights. A treatment room to which access is possible through more than one entrance has a warning light, in a readily observable position near the outside of any access doors, which will indicate when the useful beam is "on."
  2. Voice communication. Two-way oral communication is possible between the patient and the operator at the control panel; or where excessive noise levels make oral communication impractical, another effective method of communication.
  3. Viewing systems. Windows, mirrors, closed-circuit television, or an equivalent system, permits continuous observation of the patient during irradiation and is located so that the operator can observe the patient from the control panel. If the primary viewing system is by electronic means (for example, television), the registrant shall have an alternate viewing system for use in the event of electronic failure.
  4. Systems above 150 kVp. For treatment rooms that contain an x-ray system capable of operating above 150 kVp a registrant shall ensure that:
    - a. All necessary shielding, except for any beam interceptor, is provided by fixed barriers;
    - b. The control panel is within a protective booth equipped with an interlocked door, or located outside the treatment rooms;
    - c. All doors of the treatment room are electrically connected to the control panel so that x-ray production cannot occur unless all doors are closed; and
    - d. Opening of any door to the treatment room during exposure results in automatic termination of x-ray production or reduction of radiation levels to an average of no more than 516 nC/kg (2 milliroentgens) per hour and a maximum of 2.6  $\mu$ C/kg (10 milliroentgens) per hour at a distance of 1 meter (3.3 feet) from the target in any direction, and restoration of the machine to full operation is possible only from the control panel after the termination or reduction.
- C. Surveys.** A registrant shall ensure that:
1. All facilities, both new and existing, or not previously surveyed, are surveyed before being put into service for the treatment of patients by, or under the direction of, a person trained and experienced in the principles of radiation protection, and perform additional surveys of a facility after any change in the facility or a facility's equipment that might cause a significant increase in radiation hazard, before being put into service for the treatment of patients.
  2. The person conducting the survey reports the survey findings in writing to the individual in charge of the facility and maintains a copy of the survey report for inspection by the Department.
  3. The installation is operated in compliance with any limitations indicated by the protection survey required by subsection (C)(1).
- D. Calibrations.** A registrant shall ensure that:
1. The calibration of a therapeutic x-ray system includes, but is not limited to, the following determinations:

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- a. Verification that the x-ray system is operating in compliance with the design specifications;
  - b. The dose rate equivalent for each combination of field size, technique factors, filter, and treatment distance used;
  - c. The degree of congruence between the radiation field and the field indicated by the localizing device if a localizing device is used; and
  - d. An evaluation of the uniformity of the radiation field symmetry for the field sizes used and any dependence upon source housing assembly orientation;
2. The calibration of an x-ray system is performed at intervals not to exceed annually and after any change or replacement of components that could cause a change in the radiation output;
  3. The calibration of the radiation output of the x-ray system is performed by, or under the direction of, a person trained and experienced in performing calibrations, who is physically present at the facility during calibration;
  4. Calibration of the radiation output of an x-ray system is performed with a calibrated instrument. The registrant shall ensure that calibration of the instrument is directly traceable to the National Institute of Standards and Technology (NIST) and that the instrument has been calibrated within the preceding 24 months;
  5. Records of calibration performed under subsection (D)(3) are maintained for at least three years after completion of the calibration and are made available for inspection by the Department; and
  6. A copy of the most recent calibration is available for use by the operator at the control panel.
- E.** Spot checks. A registrant shall ensure that spot checks are performed on therapeutic x-ray systems capable of operation at greater than 150 kVp. The registrant shall ensure that spot checks meet the following requirements:
1. The spot-check procedures are in writing and have been developed by a qualified expert;
  2. The measurements taken during the spot checks demonstrate the degree of consistency of the operating characteristics that can affect the radiation output of the x-ray system;
  3. The written spot-check procedure specifies the frequency of the tests or measurements, made at intervals not to exceed monthly;
  4. The spot-check procedure identifies conditions that require recalibration of the system in accordance with subsection (D)(1); and
  5. Records of spot-check measurements performed as required by subsection (E)(3) are maintained, available for inspection by the Department, for three years following the measurements.
- F.** Operating procedures. A registrant shall ensure that:
1. Therapeutic x-ray systems are not left unattended unless the system is secured according to subsection (A)(8)(e);
  2. If a patient must be held in position for radiation therapy, mechanical supporting or restraining devices are used;
  3. The tube housing assembly is not held by an individual during exposures; and
  4. At 150 kVp or more the patient is the only person in the treatment room during production of radiation. At less than 150 kVp an individual may be in the room with patient, provided the individual is protected by a barrier sufficient to meet the requirements of Article 4 of this Chapter.
- G.** Electronic Brachytherapy units are exempt from the requirements of this Section.

**Historical Note**

New Section R9-7-611 recodified from R12-1-611 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-611.01. Electronic Brachytherapy to Deliver Interstitial and Intracavitary Therapeutic Radiation Dosage**

- A.** Electronic brachytherapy devices used to deliver interstitial and intracavitary therapeutic radiation dosage shall be subject to the requirements of this Section, and unless otherwise specified in this Section shall be exempt from the requirements of R9-7-611.
1. An electronic brachytherapy device that does not meet the requirements of this Section shall not be used for irradiation of patients; and
  2. An electronic brachytherapy device shall only be utilized for human use applications specifically approved by the U.S. Food and Drug Administration (FDA), unless participating in a research study approved by the registrant's Institutional Review Board (IRB).
- B.** Each facility location authorized to use an electronic brachytherapy device in accordance with this Section shall possess appropriately calibrated portable monitoring equipment. At a minimum, such equipment shall include a portable survey instrument capable of measuring dose rates over the range 10  $\mu$ Sv (1 mrem) per hour to 10 mSv (1000 mrem) per hour. The survey instrument shall be capable of measuring as low as 10  $\mu$ Sv (1 mrem) per hour in the energy range of the electronic brachytherapy unit for which the survey instrument is to be used. Published correction factors utilized in conjunction with the instrument's readings may be used to achieve sensitivity. The survey instrument or instruments shall be operable and calibrated before first use, at intervals not to exceed 12 months, and after survey instrument repairs.
- C.** Facility Design Requirements for Electronic Brachytherapy Devices. In addition to shielding adequate to meet requirements of R9-7-603(C), the treatment room shall meet the following design requirements:
1. If applicable, provision shall be made to prevent simultaneous operation of more than one therapeutic radiation machine in a treatment room.
  2. Access to the treatment room shall be controlled by a door at each entrance.
  3. Each treatment room shall have provisions to permit continuous oral communication and visual observation of the patient from the treatment control panel during irradiation. The electronic brachytherapy device shall not be used for patient irradiation unless the patient can be observed.
  4. For electronic brachytherapy devices capable of operating below 150 kVp, radiation shielding for the staff in the treatment room may be available, either as a portable shield or as localized shielded material around the treatment site or both, in lieu of the requirements for room shielding. The shielding shall meet the requirements of R9-7-603(C).
  5. For electronic brachytherapy devices capable of operating at or greater than 150 kVp, the facility must meet the requirements of R9-7-611(B)(4).
- D.** Control Panel Functions. The control panel, in addition to the displays required by other provisions in this Section, shall:

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1. Provide an indication of whether electrical power is available at the control panel and if activation of the electronic brachytherapy source is possible;
  2. Provide an indication of whether x-rays are being produced;
  3. Provide a means for indicating electronic brachytherapy source potential and current;
  4. Provide the means for terminating an exposure at any time; and
  5. Include an access control (locking) device that will prevent unauthorized use of the electronic brachytherapy device.
- E. Timer. A suitable irradiation control device (timer) shall be provided to terminate the irradiation after a pre-set time interval or integrated charge on a dosimeter-based monitor.
1. A timer shall be provided at the treatment control panel. The timer shall indicate the planned setting and the time elapsed or remaining;
  2. The timer shall not permit an exposure if set at zero;
  3. The timer shall be a cumulative device that activates with an indication of "BEAM-ON" that retains its reading after irradiation is interrupted or terminated. After irradiation is terminated and before irradiation can be reinitiated, it shall be necessary to reset the elapsed time indicator;
  4. The timer shall terminate irradiation when a pre-selected time has elapsed, if any dose monitoring system has not previously terminated irradiation.
  5. The timer shall permit setting of exposure times as short as 0.1 second; and
  6. The timer shall be accurate to within one percent of the selected value or 0.1 second, whichever is greater.
- F. Qualified Medical Physicist Support.
1. The services of a Qualified Medical Physicist shall be required in facilities having electronic brachytherapy devices. The Qualified Medical Physicist shall be responsible for:
    - a. Evaluation of the output from the electronic brachytherapy source;
    - b. Generation of the necessary dosimetric information;
    - c. Supervision and review of treatment calculations prior to initial treatment of any treatment site;
    - d. Establishing the periodic and day-of-use quality assurance checks and reviewing the data from those checks as required in subsection (J);
    - e. Consultation with the authorized user in treatment planning, as needed; and
    - f. Performing calculations/assessments regarding patient treatments that may constitute a medical event.
  2. If the Qualified Medical Physicist is not a full-time employee of the registrant, then the operating procedures required by subsection (G) shall also specifically address how the Qualified Medical Physicist is to be contacted for problems or emergencies, as well as the specific actions, if any, to be taken until the Qualified Medical Physicist can be contacted.
- G. Operating Procedures.
1. Only individuals approved by the authorized user, Radiation Safety Officer, or Qualified Medical Physicist shall be present in the treatment room during treatment;
  2. Electronic brachytherapy devices shall not be made available for medical use unless the requirements of subsections (A), (H), and (I) have been met;
  3. The electronic brachytherapy device shall be inoperable, either by hardware or password, when unattended by qualified staff or service personnel;
  4. During operation, the electronic brachytherapy device operator shall monitor the position of all persons in the treatment room, and all persons entering the treatment room, to prevent entering persons from unshielded exposure from the treatment beam;
  5. If a patient must be held in position during treatment, mechanical supporting or restraining devices shall be used;
  6. Written procedures shall be developed, implemented, and maintained for responding to an abnormal situation. These procedures shall include:
    - a. Instructions for responding to equipment failures and the names of the individuals responsible for implementing corrective actions; and
    - b. The names and telephone numbers of the authorized users, the Qualified Medical Physicist, and the Radiation Safety Officer to be contacted if the device or console operates abnormally.
  7. A copy of the current operating and emergency procedures shall be physically located at the electronic brachytherapy device control console;
  8. Instructions shall be maintained with the electronic brachytherapy device control console to inform the operator of the names and telephone numbers of the authorized users, the Qualified Medical Physicist, and the Radiation Safety Officer to be contacted if the device or console operates abnormally; and
  9. The Radiation Safety Officer, or the Radiation Safety Officer's designee, and an authorized user shall be notified immediately if the patient has a medical emergency, suffers injury or dies. The Radiation Safety Officer or the Qualified Medical Physicist shall inform the manufacturer of the event.
- H. Safety Precautions for Electronic Brachytherapy Devices.
1. Any person in the treatment room, other than the person being treated, shall wear personnel monitoring devices;
  2. An authorized user and a Qualified Medical Physicist shall be physically present during the initiation of all new patient treatments involving the electronic brachytherapy device;
  3. After the first treatment one of the following individuals shall be physically present during continuation of all patient treatments involving the electronic brachytherapy device:
    - a. A Qualified Medical Physicist, or
    - b. An authorized user, or
    - c. A certified therapy technologist (CTT) certified by the Arizona Medical Radiologic Technology Board of Examiners, under the direct supervision of an authorized user, who has been trained in the operation and emergency response for the electronic brachytherapy device;
  4. When shielding is required by subsection (C)(4), surveys shall be conducted to ensure that the requirements of R9-7-408, R9-7-414, and R9-7-416 are met. Alternatively, a Qualified Medical Physicist shall designate shield locations sufficient to meet the requirements of R9-7-603(C) and R9-7-607(C) for any individual, other than the patient, in the treatment room; and
  5. All personnel in the treatment room are required to remain behind shielding during treatment. A Qualified

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Medical Physicist shall approve any deviation from this requirement and shall designate alternative radiation safety protocols, compatible with patient safety, to provide an equivalent degree of protection.

**I. Electronic Brachytherapy Source Calibration Measurements.**

1. Calibration of the electronic brachytherapy source output shall be performed by, or under the direct supervision of, a Qualified Medical Physicist. If the control console is integral to the electronic brachytherapy device, the required procedures shall be kept where the operator is located during electronic brachytherapy device operation;
2. Calibration of the electronic brachytherapy source output shall be made for each electronic brachytherapy source, or after any repair affecting the x-ray beam generation, or when indicated by the electronic brachytherapy source quality assurance checks;
3. Calibration of the electronic brachytherapy source output shall utilize a dosimetry system appropriate for the energy output of the unit and calibrated by the National Institute for Standards and Technology (NIST) or by an American Association of Physicists in Medicine (AAPM) Accredited Dosimetry Calibration Laboratory (ADCL). The calibration shall have been performed within the previous 24 months and after any servicing that may have affected system calibration;
4. Calibration of the electronic brachytherapy source output shall include, as applicable, determination of:
  - a. The output within two percent of the expected value, if applicable, or determination of the output if there is no expected value;
  - b. Timer accuracy and linearity over the typical range of use;
  - c. Proper operation of back-up exposure control devices;
  - d. Evaluation that the relative dose distribution about the source is within five percent of that expected; and
  - e. Source positioning accuracy to within one millimeter within the applicator;
5. Calibration of the x-ray source output required shall be in accordance with current published recommendations from a recognized national professional association with expertise in electronic brachytherapy (when available). In the absence of a calibration protocol published by a national professional association, the manufacturer's calibration protocol shall be followed.
6. The registrant shall maintain a record of each calibration in an auditable form for the duration of the registration. The record shall include: the date of the calibration; the manufacturer's name, model number and serial number for the electronic brachytherapy device and a unique identifier for its electronic instrument or instruments brachytherapy source; the model numbers and serial numbers of the instrument or instruments used to calibrate the electronic brachytherapy device; and the name and signature of the Qualified Medical Physicist responsible for performing the calibration.

**J. Periodic and Day-of-Use Quality Assurance Checks for Electronic Brachytherapy Devices.**

1. Quality assurance checks shall be performed on each electronic brachytherapy device:
  - a. At the beginning of each day of use;
  - b. Each time the device is moved to a new room or site; and

- c. After each x-ray tube installation.
2. The registrant shall perform periodic quality assurance checks required in accordance with procedures established by the Qualified Medical Physicist;
3. To satisfy the requirements of this subsection, radiation output quality assurance checks shall include at a minimum:
  - a. Verification that output of the electronic brachytherapy source falls within three percent of expected values, as appropriate for the device, as determined by:
    - i. Output as a function of time, or
    - ii. Output as a function of setting on a monitor chamber.
  - b. Verification of the consistency of the dose distribution to within three percent (or the manufacturer's or Qualified Medical Physicist's documented recommendation not to exceed five percent), observed at the source calibration required by subsection (I); and
  - c. Validation of the operation of positioning methods to ensure that the treatment dose exposes the intended location within one millimeter; and
4. The registrant shall use a dosimetry system that has been intercompared within the previous 12 months with the dosimetry system described in this Section to make the quality assurance checks required in subsection (J)(3);
5. The registrant shall review the results of each radiation output quality assurance check to ensure that:
  - a. An authorized user and Qualified Medical Physicist are immediately notified if any parameter is not within its acceptable tolerance, and the electronic brachytherapy device is not used until the Qualified Medical Physicist has determined that all parameters are within their acceptable tolerances;
  - b. If all radiation output quality assurance check parameters appear to be within their acceptable range, the acceptable quality assurance checklist shall be reviewed and signed by either the authorized user or Qualified Medical Physicist prior to the next patient use of the unit. In addition, the Qualified Medical Physicist shall review and sign the results of each radiation output quality assurance check at intervals not to exceed 30 days.
6. To satisfy the requirements of subsection (J)(1), safety device quality assurance checks shall, at a minimum, assure:
  - a. Proper operation of radiation exposure indicator lights on the electronic brachytherapy device and on the control console;
  - b. Proper operation of viewing and intercom systems in each electronic brachytherapy facility, if applicable;
  - c. Proper operation of radiation monitors, if applicable;
  - d. The integrity of all cables, catheters or parts of the device that carry high voltages; and
  - e. Connecting guide tubes, transfer tubes, transfer-tube-applicator interfaces, and treatment spacers are free from any defects that interfere with proper operation.
7. If the results of the safety device quality assurance checks required in subsection (J)(6) indicate the malfunction of any system, a registrant shall secure the control console in the OFF position and not use the electronic brachytherapy device except as may be necessary to repair, replace, or check the malfunctioning system.

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8. The registrant shall maintain a record of each quality assurance check required by this Section in a legible form for three years.
  - a. The record shall include the date of the quality assurance check; the manufacturer's name, model number and serial number for the electronic brachytherapy device; the name and signature of the individual who performed the periodic quality assurance check and the name and signature of the Qualified Medical Physicist who reviewed the quality assurance check;
  - b. For radiation output quality assurance checks required by subsection (J)(3), the record shall also include the unique identifier for the electronic brachytherapy source and the manufacturer's name; model number and serial number for the instrument or instruments used to measure the radiation output of the electronic brachytherapy device.
- K. Therapy-related Computer Systems. The registrant shall perform acceptance testing on the treatment planning system of electronic brachytherapy-related computer systems in accordance with current published recommendations from a recognized national professional association with expertise in electronic brachytherapy (when available). In the absence of an acceptance testing protocol published by a national professional association, the manufacturer's acceptance testing protocol shall be followed.
  1. Acceptance testing shall be performed by, or under the direct supervision of a Qualified Medical Physicist. At a minimum, the acceptance testing shall include, as applicable, verification of:
    - a. The source-specific input parameters required by the dose calculation algorithm;
    - b. The accuracy of dose, dwell time, and treatment time calculations at representative points;
    - c. The accuracy of isodose plots and graphic displays;
    - d. The accuracy of the software used to determine radiation source positions from radiographic images; and
    - e. If the treatment planning system is different from the treatment delivery system, the accuracy of electronic transfer of the treatment delivery parameters to the treatment delivery unit from the treatment planning system.
  2. The position indicators in the applicator shall be compared to the actual position of the source or planned dwell positions, as appropriate, at the time of commissioning.
  3. Prior to each patient treatment regimen, the parameters for the treatment shall be evaluated for correctness and approved by the authorized user and the Qualified Medical Physicist through means independent of that used for the determination of the parameters.
- L. Training for e-brachytherapy Authorized Users.
  1. The registrant for any therapeutic radiation machine subject to this Section shall require the authorized user to be a physician who is:
    - a. Certified in:
      - i. Radiation oncology or therapeutic radiology by the American Board of Radiology or radiology (combined diagnostic and therapeutic radiology program) by the American Board of Radiology prior to 1976; or
      - ii. Radiation oncology by the American Osteopathic Board of Radiology; or
      - iii. Radiology, with specialization in radiotherapy, as a British "Fellow of the Faculty of Radiology" or "Fellow of the Royal College of Radiology"; or
      - iv. Therapeutic radiology by the Canadian Royal College of Physicians and Surgeons; or
    - b. In the active practice of therapeutic radiology, and has completed 200 hours of instruction in basic radiation techniques applicable to the use of an external beam radiation therapy unit, 500 hours of supervised work experience, and a minimum of three years of supervised clinical experience.
  2. To satisfy the requirement in subsection (L)(1)(b) for:
    - a. Instruction, the classroom and laboratory training shall include:
      - i. Radiation physics and instrumentation;
      - ii. Radiation protection;
      - iii. Mathematics pertaining to the use and measurement of ionization radiation; and
      - iv. Radiation biology;
    - b. Supervised work experience, training shall be under the supervision of an authorized user and shall include:
      - i. Review of the full calibration measurements and periodic quality assurance checks;
      - ii. Evaluation of prepared treatment plans and calculation of treatment times or patient treatment settings or both;
      - iii. Using administrative controls to prevent medical events as described in R9-7-444;
      - iv. Implementing emergency procedures to be followed in the event of the abnormal operation of an external beam radiation therapy unit or console; and
      - v. Checking and using radiation survey meters; and
    - c. A period of supervised clinical experience, training shall include one year in a formal training program approved by the Residency Review Committee for Radiology of the Accreditation Council for Graduate Medical Education or the Council on Postdoctoral Training of the American Osteopathic Association and an additional two years of clinical experience in therapeutic radiology under the supervision of an authorized user. The supervised clinical experience shall include:
      - i. Examining individuals and reviewing their case histories to determine their suitability for external beam radiation therapy treatment, and any limitations or contraindications or both;
      - ii. Selecting proper dose and how it is to be administered;
      - iii. Calculating the therapeutic radiation machine doses and collaborating with the authorized user in the review of patients' progress and consideration of the need to modify originally prescribed doses or treatment plans as warranted by patients' reaction to radiation or both; and
      - iv. Post-administration follow-up and review of case histories.
  3. A physician shall not act as an authorized user until such time as the physician's training has been reviewed and approved by the Department.

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4. Notwithstanding the requirements of subsections (L)(1) through (L)(3), the registrant for any therapeutic radiation machine subject to this Section may also submit the training of the prospective authorized user physician for Department review on a case-by-case basis if the training includes substantially equivalent training as that listed in subsections (L)(1)(b) and (L)(2) and the training includes dosimetry calculation training and experience.
- M.** Training for Qualified Medical Physicist. The registrant for any therapeutic radiation machine subject to this Section shall require the Qualified Medical Physicist to:
1. Be certified with the Department, as a provider of radiation services in the area of calibration and compliance surveys of external beam radiation therapy units; and
  2. Be certified by the American Board of Radiology in:
    - a. Therapeutic radiological physics; or
    - b. Roentgen-ray and gamma-ray physics; or
    - c. X-ray and radium physics; or
    - d. Radiological physics; or
  3. Be certified by the American Board of Medical Physics in Radiation Oncology Physics; or
  4. Be certified by the Canadian College of Physicists in Medicine; or
  5. Hold a master's or doctor's degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university, and have completed one year of full-time training in medical physics and an additional year of full-time work experience under the supervision of a Qualified Medical Physicist at a medical institution. This training and work experience shall be conducted in clinical radiation facilities that provide high-energy external beam radiation therapy (photons and electrons with energies greater than or equal to one MV/one MeV). To meet this requirement, the individual shall have performed the tasks listed in this subsection under the supervision of a Qualified Medical Physicist during the year of work experience.
- N.** Qualifications of Operators. Individuals who will be operating a therapeutic radiation machine for medical use shall be certified by the Department as a CTT by the Arizona Medical Radiologic Technology Board of Examiners.
- O.** Additional training requirements.
1. A registrant shall provide instruction, initially and at least annually, to all individuals who operate the electronic brachytherapy device, as appropriate to the individual's assigned duties, in the operating procedures identified in subsection (G). If the interval between patients exceeds one year, retraining of the individuals shall be provided.
  2. In addition to the requirements of subsection (L) for therapeutic radiation machine authorized users and subsection (M) for Qualified Medical Physicists, these individuals shall also receive device-specific instruction initially from the manufacturer, and annually from either the manufacturer or other qualified trainer. The training shall be of a duration recommended by a recognized national professional association with expertise in electronic brachytherapy (when available). In the absence of any training protocol recommended by a national professional association, the manufacturer's training protocol shall be followed. The training shall include, but not be limited to:
    - a. Device-specific radiation safety requirements;
    - b. Device operation;
    - c. Clinical use for the types of use approved by the FDA;
    - d. Emergency procedures, including an emergency drill; and
    - e. The registrant's quality assurance program.
3. A registrant shall retain a record of individuals receiving manufacturer's instruction for three years. The record shall include a list of the topics covered, the date of the instruction, the name or names of the attendee or attendees, and the name or names of the individual or individuals who provided the instruction.
- P.** Mobile Electronic Brachytherapy Service. A registrant providing mobile electronic brachytherapy service shall, at a minimum:
1. Check all survey instruments before medical use at each address of use or on each day of use, whichever is more restrictive;
  2. Account for the electronic brachytherapy x-ray tube in the electronic brachytherapy device before departure from the client's address; and
  3. Perform, at each location on each day of use, all of the required quality assurance checks specified in this Section to assure proper operation of the device.
- Q.** Medical events shall be reported to the Department. For purposes of this Section "medical event" means a therapeutic radiation dose from a machine:
1. Delivered to the wrong patient;
  2. Delivered using the wrong mode of treatment;
  3. Delivered to the wrong treatment site; or
  4. Delivered in one week to the correct patient, using the correct mode, to the correct therapy site, but greater than 130 percent of the prescribed weekly dose; or
- R.** A therapeutic radiation dose from a machine with errors in the calibration, time of exposure, or treatment geometry that result in a calculated total treatment dose differing from the final, prescribed total treatment dose by more than 20 percent, except for treatments given in 1 to 3 fractions, in which case a difference of more than 10 percent constitutes a medical event.
- S.** Reports of therapy medical events:
1. Within 24 hours after discovery of a medical event, a registrant shall notify the Department by telephone by speaking to a Department staff member. The registrant shall also notify the referring physician of the affected patient and the patient or a responsible relative or guardian, unless the referring physician personally informs the registrant either that he or she will inform the patient, or that in his or her medical judgment, telling the patient or the patient's responsible relative or guardian would be harmful to one or the other, respectively. If the Department staff member, referring physician, or the patient's responsible relative or guardian cannot be reached within 24 hours, the registrant shall notify them as soon as practicable. The registrant shall not delay medical care for the patient because of notification problems.
  2. Within 15 days following the verbal notification to the Department, the registrant shall report, in writing, to the Department and individuals notified under subsection (S)(1). The written report shall include the registrant's name, the referring physician's name, a brief description of the event, the effect on the patient, the action taken to prevent recurrence, whether the registrant informed the patient or the patient's responsible relative or guardian, and if not, why not. The report shall not include the



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patient's name or other information that could lead to identification of the patient.

3. Each registrant shall maintain records of all medical events for Department inspection. The records shall:
  - a. Contain the names of all individuals involved in the event, including:
    - i. The physician,
    - ii. The allied health personnel,
    - iii. The patient,
    - iv. The patient's referring physician,
    - v. The patient's identification number if one has been assigned,
    - vi. A brief description of the event,
    - vii. The effect on the patient, and
    - viii. The action taken to prevent recurrence.
  - b. Be maintained for three years beyond the termination date of the affected registration.

**Historical Note**

New Section R9-7-611.01 recodified from R12-1-611.01 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1). Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3). Amended by final expedited rulemaking at 28 A.A.R. 3533 (November 18, 2022), with an immediate effective date of November 2, 2022 (Supp. 22-4).

**R9-7-611.02. Other Use of Electronically-Produced Radiation to Deliver Superficial Therapeutic Radiation Dosage**

A person shall not utilize any device which is designed to electrically generate a source of ionizing radiation to deliver superficial therapeutic radiation dosage, and which is not appropriately regulated under any existing category of therapeutic radiation machine, until:

1. The applicant or registrant has, at a minimum, provided the Department with:
  - a. A detailed description of the device and its intended application or applications;
  - b. Facility design requirements, including shielding and access control;
  - c. Documentation of appropriate training for authorized user physician or physicians and qualified medical physicist or physicists;
  - d. Methodology for measurement of dosages to be administered to patients or human research subjects;
  - e. Documentation regarding calibration, maintenance, and repair of the device, as well as instruments and equipment necessary for radiation safety;
  - f. Radiation safety precautions and instructions; and
  - g. Other information requested by the Department in its review of the application; and
2. The applicant or registrant has received written approval from the Department to utilize the device in accordance with the regulations and specific conditions the Department considers necessary for the medical use of the device; and
3. The applicant or registrant has submitted the application information and forms required by Article 2.
4. In addition to the requirements of this Section, a registrant using a device for x-ray radiation therapy shall meet the requirements of R9-7-611.01(Q), (R), and (S).

**Historical Note**

New Section R9-7-611.02 recodified from R12-1-611.02 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-612. Computed Tomography Systems****A. Definitions:**

1. "CT" means computed tomography.
2. "CT conditions of operation" means all selectable parameters governing the operation of a CT including nominal tomographic section thickness, and technique factors.
3. "CTDI" means computed tomography dose index, the integral of the dose profile along a line perpendicular to the tomographic plane divided by the product of the nominal tomographic thickness and the number of tomogram produced in a single scan.
4. "CTDI vol" means a value of a volume-weighted tomography dose index. The unit of the CTDI vol is Gray or subunits of the Gray. The value of the CTDI vol for patient scan is used to trigger a notification when the value exceeds or will exceed a threshold value.
5. "CTN" means CT number, the number used to represent the x-ray attenuation associated with each elemental area of the CT image.
6. "Dose profile" means the dose as a function of position along a line.
7. "DLP" means the dose-length product. The DLP is the mathematical product of the CTDI vol and the length of the scan. The unit DLP is the Gray-cm of subunits of the Gray-cm. The DLP is used to trigger a notification when the value exceeds or will exceed a threshold value.
8. "Elemental area" means the smallest area within a tomogram for which the x-ray attenuation properties of a body are depicted.
9. "Multiple tomogram system" means a CT system that obtains x-ray transmissions data simultaneously during a single scan to produce more than one tomogram.
10. "Nominal tomographic section thickness" means the full width at half-maximum of the sensitivity profile taken at the center of the cross section volume over which x-ray transmission data are collected.
11. "Reference plane" means a plane that is displaced from and parallel to the tomographic plane.
12. "Scan" means the complete process of collecting x-ray transmission data for the production of a tomogram. Data can be collected simultaneously during a single scan for the production of one or more tomograms.

**B. Facility:** A registrant shall ensure that a CT facility has:

1. An operable two-way communication system between the patient and the operator in each CT room.
2. A viewing system that will allow the operator to continuously view the patient from the control panel during each examination. If the viewing system malfunctions the CT shall not be used until the viewing system is repaired.

**C. Equipment:** A registrant shall ensure that:

1. There is a means to terminate x-ray exposure automatically in the event of equipment failure by:
  - a. De-energizing the x-ray source, or
  - b. Shuttering the x-ray beam.
2. The equipment shall provide the operator the ability to terminate the x-ray exposure at any time during the examination, provided the scan or series of scans is greater than one-half second duration.
  - a. If an operator terminates an x-ray exposure, the operator shall reset the CT conditions of operation before the initiation of another scan.

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- b. A visible signal shall indicate when an x-ray exposure has been terminated because of equipment failure.
  - 3. A means is provided to permit visual determination of the tomographic plane for a single tomogram system, or the location of a reference plane offset from a single tomograph or multiple tomogram system.
    - a. If a light source is used to satisfy this requirement, it shall provide illumination of the tomographic plane or reference plane under ambient light conditions.
    - b. The difference between the actual plane location and the indicated location of a tomographic plane or reference plane shall not exceed 5 millimeters.
    - c. The deviation of indicated scan increment versus actual increment shall not exceed plus or minus 1 millimeter with any mass from 0 to 100 kilograms resting on the patient support device.
  - 4. The control panel and gantry provides a visual indication, if x-rays are produced.
  - 5. Emergency buttons and switches are marked by function.
  - 6. Parameters of CT operation used during a patient examination are visible to the operator upon initiation of the scan. If an operational parameter is not adjustable by the operator, this subsection may be met by indicating on the control panel the parameter is not adjustable by the operator.
  - 7. Radiation exposure does not exceed 100 mR in one hour at one meter in any direction from the tube port of an operating CT.
  - 8. The angular position or positions where the maximum surface CTDI occurs is identified to allow for reproducible positioning of a CT dosimetry phantom, except in those cases where the x-ray tubes are designed to move, in which case, the maximum dose and associated tube position shall be evaluated according to manufacturer recommendations.
- D. Operating Procedures.** A registrant shall ensure that:
- 1. Operating procedures are available at the control panel, or by electronic means, regarding the operation of a CT and evaluation of a CT's operation.
  - 2. The operating procedures contain the following information:
    - a. A copy of the latest evaluation of the CT's operation, to include output for each CT procedure, performed by a qualified expert;
    - b. Instructions on the use of the CT performance phantom by the qualified expert, a schedule of quality control tests with the results of the most recent quality control test, and the allowable variations for the indicated parameters;
    - c. The distance in millimeters between the tomographic plane and the reference plane if a reference plane is used; and
    - d. A current technique chart that contains the information required in R9-7-607(D)(4)(a) for both adult and pediatric patients, as applicable, is available at the CT operating console, and a procedure for determining whether a CT has been performed according to instructions of a physician.
    - e. A written or electronic log that contains the information required in R9-7-607(D)(5) as well as an entry in the record of any displayed values for the exam from either a CTDI vol or DLP measurement for each patient exam completed on equipment manufactured on or after January 1, 2011.
3. If the evaluation of the CT's operation or quality control test identifies a parameter exceeding the tolerance established by a qualified expert, the use of a CT for patient examination is limited to those uses established in written instructions from the qualified expert.
- E. Quality control tests.** A registrant shall have a written quality control test procedure, developed by a qualified expert, and ensure that the quality control test procedure:
- 1. Incorporates the use of a CT performance phantom that is compatible with an approved accreditation program approved by the Medicare Improvements for Patients and Providers Act (MIPPA) or supplied by or approved for use by the manufacturer of the unit.
  - 2. Is followed in the evaluation of the CT's operation, that the interval between tests does not exceed those set forth in the application for accreditation or quarterly if not accredited by an organization approved by (MIPPA), and that system conditions are specified by the registrant's qualified expert.
  - 3. Includes obtaining quality control test images with the CT performance phantom using the same processing mode and CT conditions of operation that are used to perform the evaluation of the CT's operation.
  - 4. Requires that images obtained under subsection (E)(3) be retained until a new evaluation of the CT's operation is performed.
  - 5. Requires that any Alerts and Notification settings using CTDI vol or DLP are reviewed against preloaded techniques in the system and any missing fields are reviewed with the staff radiologist and noted in the annual report.
  - 6. Requires the quality control test procedure and records of quality control tests performed be maintained for three years for Department inspection.
- F. Evaluation of a CT's operation.** A registrant shall ensure that:
- 1. The evaluation of a CT's operation is performed by, or under the direct supervision of, a qualified expert who is physically present at the facility during the evaluation of the CT's operation.
  - 2. The evaluation of a CT's operation:
    - a. Is performed before initial patient use and annually (within two months of the annual due date) and after any change or replacement of components that could, in the opinion of the qualified expert, cause a change in radiation output; and
    - b. Shall measure the CTDI in a dosimetry phantom along the two axes specified in subsection (F)(4)(b).
    - c. A complete evaluation of a CT unit, performed before the annual due date shall clearly list if the new survey changes the annual due date for the unit. It shall be clearly noted on all documentation for the next three years that the survey has established a new annual due date based upon the date of the new survey.
  - 3. The evaluation of a CT's x-ray system is performed with a calibrated dosimetry system that:
    - a. Has been calibrated using a method that is traceable to the National Institute of Standards and Technology (NIST), and
    - b. Has been calibrated within the preceding two years.
  - 4. CT dosimetry phantoms used in determining radiation output are compatible with an approved accreditation

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program approved by (MIPPA) or supplied by or approved for use by the manufacturer of the unit; and

- a. Are constructed in a way that the parameters used to image the most commonly imaged parts of the human body are evaluated; and
- b. At a minimum, provide means for placement of a dosimeter along the axis of rotation and along a line parallel to the axis of rotation 1.0 centimeter from the outer surface and within the phantom.

5. Any effects on the measured dose due to the removal of phantom material to accommodate the dosimeter are accounted for in the reported data or included in the statement of maximum deviation for the measured values.

- G.** CT units designated for simulator use, veterinary use, dental use, podiatry use, and non-diagnostic use on humans are exempt from the annual requirements in subsections (E) and (F) provided an initial evaluation is conducted by a qualified expert and the output does not exceed the manufacturers specified limits. The initial evaluation shall be maintained for Department review.

**Historical Note**

New Section R9-7-612 recodified from R12-1-612 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-613. Veterinary Medicine Radiographic Systems**

- A.** Equipment. A registrant shall ensure that:

1. The total filtration permanently in the useful beam is not less than 1.5 millimeters aluminum-equivalent for equipment operating at up to 70 kVp and 2.0 millimeters aluminum-equivalent for equipment operating in excess of 70 kVp;
2. A device is provided to terminate the exposure after a preset time or exposure;
3. Each radiographic system has a "dead-man" exposure switch with an electrical cord of sufficient length to allow the operator to stand at least 1.82 meters (six feet) away from the useful beam during x-ray exposures.

- B.** Procedures: A registrant shall ensure that:

1. Unless required to restrain an animal, the operator stands at least 1.82 meters (6 feet) away from the useful beam and the animal during a radiographic exposure;
2. An individual other than the operator is not in the x-ray room or area while an exposure is being made, unless the individual's assistance is required;
3. If possible, an animal is held in position during an x-ray exposure using mechanical supporting or restraining devices;
4. An individual holding an animal during an x-ray exposure is:
  - a. Wearing protective gloves and an apron of not less than 0.5 millimeter lead equivalent or positioned behind a whole-body protective barrier;
  - b. Wearing required personnel monitoring devices; and
  - c. Positioned so that no part of the person's body, except hands and arms, will be struck by the useful beam;
5. If an individual holds or supports an animal or a film during an x-ray exposure, the name of the individual is recorded in an x-ray log that contains the animal's name, the type of x-ray procedure, the number of exposures, and the date of the procedure; and

6. As a condition of employment an individual is not required to routinely hold or support animals, or hold film during radiation exposures.

**Historical Note**

New Section R9-7-613 recodified from R12-1-613 at 24

A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

Amended by final expedited rulemaking at 24 A.A.R.

2151, effective July 12, 2018 (Supp. 18-3).

**R9-7-614. Mammography Systems**

- A.** Equipment. A registrant shall ensure that:

1. Only radiation machines specifically designed for mammographic examinations are used;
2. The film processor used in the registrant's facility is maintained in accordance with the film processor's and film manufacturer's recommendations;
3. Each facility has an image development system onsite unless the Department has approved an alternate system;
4. If used with screen-film image receptors, and the contribution to filtration made by the compression device is included, the useful beam has a half-value layer between the values of: "measured kVp/100 and measured kVp/100 + L millimeters" of aluminum equivalent, where L = 0.12 for Mo/Mo, L = 0.19 for Mo/Rh, L = 0.22 for Rh/Rh, L = 0.30 for W/Rh target filtration combinations and L = 0.33 for other target filtration combinations not otherwise specified.
5. The combination of focal spot size, source-to-image distance and magnification produces a radiograph with a resolution of at least 12 line pairs per millimeter at an object-to-image receptor distance of 4.5 centimeters; or the standards in Table 3-3 of the American Association of Physicists in Medicine (AAPM), Report No. 29, Equipment Requirements and Quality Control for Mammography, August 1990, published by the American Institute of Physics, Suite 1NO1, 2 Huntington Quadrangle, Melville, NY 11747 (This report is incorporated by reference and available under R9-7-101. The incorporated material contains no future editions or amendments. The report is available online at: <http://www.aapm.org/pubs/reports>; print copies may be purchased from Medical Physics Publishing, 4513 Vernon Blvd., Madison, WI 53705; toll free at (800) 442-5778.);
6. The compression device used with the mammographic unit, unless specifically manufactured otherwise, is parallel to the imaging plane, not varying at any spot by more than 1 centimeter;
7. The mammographic x-ray system with initial power drive:
  - a. Has compression paddles compatible with each size of image receptor;
  - b. Is capable of compressing the breast with a force of at least 25 pounds, but not more than 45 pounds, and maintaining the compression for at least three seconds; and
  - c. Is used in a manner so that the chest wall edge of the compression device is aligned just beyond the chest wall edge of the image receptor so that the chest wall edge of the compression device does not appear on the image receptor;
8. A mammographic x-ray system using screen-film image receptors has:

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- a. At least two different sizes of moving anti-scatter grids, including one for each size of image receptor utilized; and
    - b. Automatic exposure control;
  9. All mammographic x-ray systems indicate or provide a means of determining, the mAs resulting from each exposure made with automatic exposure control;
  10. The collimation provided limits the useful beam to the image receptor so that the beam does not extend beyond any edge of the image receptor at any designated source to image receptor distance by more than 2 percent of the source to image receptor distance;
  11. The accuracy of the indicated kVp is within plus or minus 2kVp;
  12. Mammographic x-ray systems operating with automatic exposure control are capable of maintaining a film density within plus or minus 0.15 optical density units over the clinical range of kVp used, for a breast having an equivalent phantom thickness from 2 to 6 centimeters. If a technique chart is used, the operator shall maintain the film density within plus or minus 0.15 optical density units of the mean optical density;
  13. At a kVp of 28, the mammographic x-ray system is capable of generating at least 2.0  $\mu\text{C/kg/mAs}$  (8mR/mAs) and at least 200  $\mu\text{C/kg/second}$  (800 mR/second), measured at a point 4.5 centimeters above the surface of the patient support device when the Source-image receptor distance is at its maximum;
  14. Screens are not used for mammography if one or more areas of greater than 1 centimeter squared of poor screen-film contact are seen when tested, using a 40 mesh screen test;
  15. Mammographic image quality meets the minimum mammography film standards for phantom performance in Mammography Quality Control Manual, 1999 edition, published by the American College of Radiology (ACR). (This manual is incorporated by reference and available under R9-7-101. The incorporated material contains no future editions or amendments. The manual is available from ACR Publication Sales, P.O. Box 533, Annapolis Junction, MD 20701: toll free at (800) 227-7762; e-mail at: [acr@brightkey.net](mailto:acr@brightkey.net)).
  16. The mean glandular dose for one cranio-caudal view of a 4.2 centimeter (1.8 inch) compressed breast, composed of 50 percent adipose and 50 percent glandular tissue, does not exceed 300 millirads (3 milligray); and
  17. A radiologic physicist who meets the requirements in R9-7-615(A)(1)(c) evaluates the operation of a mammographic x-ray system:
    - a. When first installed and annually thereafter,
    - b. Following any major change in equipment or replacement of parts, and
    - c. When quality assurance tests indicate calibration is necessary.
- B. Operating Procedures.** A registrant shall ensure that:
1. Each mammographic facility has a quality assurance program, and that the quality assurance program includes performance and documentation of the quality control tests in subsection (B)(2), conducted at the required time intervals. Test results shall fall within the specified limits in subsection (B)(2) or the registrant shall take corrective action and maintain documentation that the results are within specified limits before performing or processing any further examinations using the system that failed. A radiologic physicist, as defined in R9-7-615(A)(1)(c), shall review the program and make any recommendations necessary for the facility to comply with this Section;
  2. The quality assurance program meets federal requirements (Contained in 21 CFR 900.12(d)(1), and (e)(1) through (e)(10), revised April 1, 2013, incorporated by reference and available under R9-7-101. This incorporated material contains no future editions or amendments.); or the following requirements:
    - a. Daily sensitometric and densitometric evaluation of the image processing system demonstrates that Base + Fog < +0.03 optical density of operating level, Mid Density  $\pm$  0.15 optical density of operating level, and Density Difference  $\pm$  0.15 optical density of operating level;
    - b. Weekly phantom image quality evaluations demonstrate the visualization of at least four fibers, three speck groups, and three masses with a background of greater than 1.40 optical density, not varying by 0.20 optical density of operating level;
    - c. Monthly technique chart evaluations demonstrate updates for all equipment changes and that all examinations are being performed according to a physicist's density control recommendation;
    - d. Quarterly fixer retention evaluations demonstrate an acceptable limit of less than or equal to 5.0 micrograms per square centimeter;
    - e. Quarterly repeat analysis demonstrates an acceptable limit of less than 2 percent increase in repeats;
    - f. Semiannual darkroom fog evaluations meet the limit of less than or equal to 0.05 optical density of fog, using the two minute exposed film method;
    - g. Semiannual screen film contact evaluations meet the limit of less than one area of poor contact of 1 centimeter squared, using a 40 mesh screen on all clinically-used screens;
    - h. Semiannual automatic compression force evaluations meet the limit of greater than or equal to 25 pounds (111 Newtons) and less than 45 pounds (200 Newtons);
    - i. A survey shall be conducted annually and whenever indicated for installation, major repairs, parts replacement, or as deemed necessary by a qualified expert when quality control test results indicate a survey is necessary; the survey shall include all of the following tests:
      - i. Automatic exposure control performance and thickness response;
      - ii. Accuracy and reproducibility of kVp;
      - iii. System resolution;
      - iv. Breast entrance air kerma and automatic exposure control reproducibility;
      - v. Average glandular dose;
      - vi. X-ray field, light field, and image receptor alignment;
      - vii. Compression paddle alignment;
      - viii. Uniformity of screen speed;
      - ix. System artifacts;
      - x. Radiation output;
      - xi. Decompression;
      - xii. Beam quality and half value layer;
    - j. For systems with image receptor modalities other than screen film:

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- i. The quality assurance and quality control program for the acquisition system meets or exceeds the recommendations by the manufacturer;
    - ii. The quality assurance and quality control program for the printer meets or exceeds the recommendations by the image receptor manufacturer. In the absence of recommendations by the image receptor manufacturer for the specified printer, the quality control and assurance program meets or exceeds the recommendations of the printer manufacturer; and
    - iii. The quality assurance and quality control program for the interpretation monitors meets or exceeds the recommendations by the image receptor manufacturer. In the absence of recommendations by the image receptor manufacturer for the specified monitor or monitors, the quality control and assurance program meets or exceeds the recommendations of the interpretation monitor or monitors manufacturer; and
    - k. The registrant maintains records documenting compliance with the provisions in this subsection for three years from the date each requirement is met. The records shall be made available for Department inspection.
  - C. Mammographic films and reports.
    - 1. A registrant shall maintain films and reports for a minimum of five years. In those cases where no subsequent mammographic procedures are performed, the registrant shall maintain films and associated reports for 10 years. If the mammographic facility is closed, the registrant shall make arrangements for storage of the films and associated reports for five years after the closure; and
    - 2. A registrant shall make films and reports available for comparison upon request for temporary or permanent transfer to other mammographic facilities.
- Historical Note**
- New Section R9-7-614 recodified from R12-1-614 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).
- R9-7-615. Mammography Personnel**
- A. Personnel.
    - 1. Each registrant shall require personnel who perform mammography, which includes the production, processing, and interpretation of mammograms and related quality assurance activities, to meet the following requirements:
      - a. An interpreting physician shall meet federal requirements (Contained in 21 CFR 900.12(a)(1), revised April 1, 2013, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.); or
        - i. Be licensed under A.R.S. Title 32, Chapters 13 or 17;
        - ii. Have initially completed 40 hours of medical education credits in mammography;
        - iii. Be certified by the American Board of Radiology or the American Osteopathic Board of Radiology or meet the requirements of the mammography quality standards act regulations for quality standards of interpreting physicians;
        - iv. Have interpreted or reviewed an average of 300 mammograms per year during the preceding two years or have completed a radiology residency that included mammogram image interpretation in the preceding two years;
        - v. Have completed 15 hours of continuing medical education credits in mammography during the preceding three years; and
        - vi. Have received at least eight hours of training specific to each mammographic modality before engaging in independent interpretation.
      - b. A mammographic technologist shall meet federal requirements (Contained in 21 CFR 900.12(a)(2), revised April 1, 2013, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.); or
        - i. Possess a valid mammographic technologist certificate issued by the Medical Radiologic Technology Board of Examiners, as required in A.R.S. § 32-2841, or be pursuing mammography certification by training under the direct supervision of a technologist who possesses a valid mammographic technologist certificate;
        - ii. Have performed at least 200 mammographic examinations in the preceding two years;
        - iii. Have completed 15 hours of continuing medical education credits in mammography during the preceding three years; and
        - iv. Have received at least eight hours of training specific to each mammographic modality to be used by the technologist in performing mammographic examinations.
      - c. A radiologic physicist shall meet federal requirements (Contained in 21 CFR 900.12(a)(3), revised April 1, 2013, incorporated by reference and available under R9-7-101. This incorporated material contains no future editions or amendments.); or
        - i. Be certified by the American Board of Radiology, American Board of Medical Physics, or the American Board of Health Physics;
        - ii. Possess documentation of state approval;
        - iii. Hold a master's degree or higher in a physical science;
        - iv. Have, upon initial employment as a radiologic physicist, experience conducting, at least one mammographic facility survey and evaluating at least 10 mammographic units;
        - v. Have, after completing the experience requirements in subsection (A)(1)(c)(iv), continuing experience surveying two mammographic facilities and evaluating six mammographic units during the preceding two years;
        - vi. Have completed 15 hours of continuing medical education credits in mammography during the three preceding years; or
        - vii. Have received at least eight hours of training specific to any modality surveyed; and
    - 2. Each registrant shall maintain records documenting the requirements in subsection (A)(1) for three years from the date the requirement is met and make the records available for Department inspection.
  - B. Radiologic physicists shall apply for and renew their certification on Department-approved forms. In addition to the Department-

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ment-approved forms, applicants must also submit documentation showing education, mammography specific training, education, and board certification. Upon renewal, an applicant must submit documentation showing current continuing education requirements are met.

**Historical Note**

New Section R9-7-615 recodified from R12-1-615 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**Appendix A. Information Submitted to the Department According to R9-7-604(A)(3)(c)**

- A. Name and address of the applicant and, if applicable, the name and address of any person within this state that is authorized to act on behalf of the applicant;
- B. Disease or conditions to be diagnosed using the proposed x-ray examination;
- C. A detailed description of each x-ray examination that will be used in the diagnosis;
- D. A description of the population to be examined in the screening program, using characteristics such as age, sex, physical condition, and other descriptive information;
- E. An evaluation of any known alternative diagnostic modalities not involving ionizing radiation that could achieve the same diagnosis as a screening program and why these modalities have not been chosen;
- F. An evaluation by a qualified expert of the x-ray equipment used in the screening program, which demonstrates that the x-ray equipment satisfies the requirements of this Article;
- G. A description of the quality control program;
- H. A copy of the technique chart for the planned x-ray examination;
- I. The qualifications of each individual who will be operating the x-ray equipment;
- J. The qualifications of the individual who will be supervising each operator of the x-ray equipment;
- K. The name and address of the individual who will interpret each radiographic image;
- L. A description of the planned procedures for advising a screened individual and the screened individual's physician of the screening procedure results, and the need for further medical care, and
- M. A description of the procedures for retention or disposition of the radiographic images and other records pertaining to the x-ray examination.

**Historical Note**

New Appendix A, recodified from 12 A.A.C. 1, Article 6, Appendix A at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**ARTICLE 7. MEDICAL USES OF RADIOACTIVE MATERIAL****R9-7-701. License Required**

- A. A person may manufacture, produce, acquire, receive, possess, prepare, use, or transfer radioactive material for medical use only in accordance with a specific license issued by the Department, the NRC, or another Agreement State, or as allowed in subsection (B)(1) or (B)(2).
- B. A specific license is not needed for an individual who:
  1. Receives, possesses, uses, or transfers radioactive material in accordance with the rules in this Chapter under the supervision of an authorized user as provided in R9-7-706, unless prohibited by license condition; or
  2. Prepares unsealed radioactive material for medical use in accordance with the rules in this Chapter under the super-

vision of an authorized nuclear pharmacist or authorized user.

**Historical Note**

New Section R9-7-701 recodified from R12-1-701 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-702. Definitions**

"Authorized medical physicist" means an individual who meets the requirements in R9-7-711. For purposes of ensuring that personnel are adequately trained, an authorized medical physicist is a "qualified expert" as defined in Article 1.

"Authorized nuclear pharmacist" means a pharmacist who meets the requirements in R9-7-712.

"Authorized user" means a physician, dentist, or podiatrist who meets the requirements in R9-7-719, R9-7-721, R9-7-723, R9-7-727, R9-7-728, or R9-7-744.

"Brachytherapy" means a method of radiation therapy in which a sealed source or group of sealed sources is utilized to deliver beta or gamma radiation at a distance of up to a few centimeters, by surface, intracavitary, intraluminal, or interstitial application.

"CT" means computerized tomography.

"High dose rate afterloading brachytherapy" means the treating of human disease using the radiation from a radioactive sealed source containing more than 1 curie of radioactive material. The radioactive material is introduced into a patient's body using a device that allows the therapist to indirectly handle the radiation source during the treatment. For purposes of the requirements in this Article "pulse dose rate afterloading brachytherapy" is included in this definition.

"Human research subject" means an individual who is or becomes a participant in research overseen by an IRB, either as a recipient of the test article or as a control. A subject may be either a healthy human, in research overseen by the RDRC, or a patient.

"Institutional review board" (IRB) is defined in R9-7-704(B).

"Manual brachytherapy" means a type of brachytherapy in which the brachytherapy sources (e.g., seeds, ribbons) are manually placed topically on or inserted either into the body cavities that are in close proximity to a treatment site or directly into the tissue volume.

"Medical event" means an event that meets the criteria in R9-7-745.

"Medical institution" means an organization in which several medical disciplines are practiced.

"Medical use" means the intentional internal or external administration of radioactive material, or the radiation from it, to an individual under the supervision of an authorized user.

"Nuclear cardiology" means the diagnosis of cardiac disease using radiopharmaceuticals.

"PET" means positron emission tomography.

"Physically present" means that a supervising medical professional is in proximity to the patient during a radiation therapy procedure so that immediate emergency orders can be communicated to ancillary staff, should the occasion arise.

"Prescribed dosage" means the specified activity or range of activity of unsealed radioactive material as documented:

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In a written directive; or

In accordance with the directions of the authorized user for procedures performed in accordance with the uses described in Exhibit A.

“Prescribed dose” means:

For gamma stereotactic radiosurgery, the total dose as documented in the written directive;

For teletherapy, the total dose and dose per fraction as documented in the written directive;

For manual brachytherapy, either the total source strength and exposure time or the total dose, as documented in the written directive; or

For remote brachytherapy afterloaders, the total dose and dose per fraction as documented in the written directive.

“Radiation Safety Officer” (RSO) for purposes of this Article, and in addition to the definition in Article 1 means an individual who:

Meets the requirements in R9-7-710, or

Is identified as a radiation safety officer on:

A specific medical use license issued by the NRC or Agreement State; or

A medical use permit issued by a NRC master material licensee.

“Radioactive drug” is defined in 21 CFR 310.3(c) and includes a “radioactive biological product” as defined in 21 CFR 600.3, April 1, 2006, both of which are incorporated by reference, published by the Office of Federal Register, National Archives and Records Administration, Washington, DC 20408, and on file with the Department. These incorporated materials contain no future editions or amendments.

“Radioactive Drug Research Committee” (RDRC) means the committee established by the licensee to review all basic research involving the administration of a radioactive drug to human research subjects, taken from 21 CFR 361.1, April 1, 2006, which is incorporated by reference, published by the Office of Federal Register, National Archives and Records Administration, Washington, DC 20408, and on file with the Department. This incorporation by reference contains no future editions or amendments. Research is considered basic research if it is done for the purpose of advancing scientific knowledge, which includes basic information regarding the metabolism (including kinetics, distributions, dosimetry, and localization) of a radioactive drug or regarding human physiology, pathophysiology, or biochemistry. Basic research is not intended for immediate therapeutic or diagnostic purposes and is not intended to determine the safety and effectiveness of a radioactive drug in humans.

“Radiopharmaceutical” means any drug that exhibits spontaneous disintegration of unstable nuclei with the emission of nuclear particles or photons and includes any nonradioactive reagent kit or nuclide generator that is intended to be used in the preparation of any such substance. For purposes of this Article radiopharmaceutical is equivalent to radioactive drug.

“Remote afterloading brachytherapy device” means a device used in radiation therapy that allows the authorized user to insert, from a remote location, a radiation source into an appli-

cator that has been previously inserted in an individual requiring treatment.

“Sealed Source and Device Registry” means the national registry that contains all the registration certificates, generated by both NRC and the Agreement States, that summarize the radiation safety information for the sealed sources and devices and describe the licensing and use conditions approved for the product.

“Stereotactic radiosurgery” means the use of external radiation in conjunction with a stereotactic guidance device to very precisely deliver a dose.

“Teletherapy” means therapeutic irradiation in which the sealed source of radiation is at a distance from the body.

“Therapeutic dosage” means a dosage of unsealed radioactive material that is intended to deliver a radiation dose to a patient or human research subject for palliative or curative treatment.

“Therapeutic dose” means a radiation dose delivered from a source containing radioactive material to a patient or human research subject for palliative or curative treatment.

“Treatment site” means the anatomical description of the tissue intended to receive a radiation dose, as described in a written directive.

“Unit dosage” means a dosage prepared for medical use for administration as a single dosage to a patient or human research subject without any further manipulation of the dosage after it is initially prepared.

“Written directive” means an authorized user’s written order for the administration of radioactive material or radiation from radioactive material to a specific patient or human research subject, as specified in R9-7-707.

#### Historical Note

New Section R9-7-702 recodified from R12-1-702 at 24

A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

Amended by final expedited rulemaking at 28 A.A.R.

3533 (November 18, 2022), with an immediate effective date of November 2, 2022 (Supp. 22-4).

#### R9-7-703. License for Medical Use of Radioactive Material

A. In addition to the requirements set forth in R9-7-309, the Department shall issue a specific license for medical use of radioactive material if:

1. The applicant has appointed a radiation safety committee, meeting the requirements in R9-7-705, that will oversee the use of licensed material throughout the licensee’s facility and associated radiation safety program;
2. The applicant possesses facilities for the clinical care of patients or human research subjects; and
3. The individual designated on the application as an authorized user has met the training and experience requirements in R9-7-719, R9-7-721, R9-7-723, R9-7-727, R9-7-728, or R9-7-744.

B. Specific licenses to individual authorized users for medical use of radioactive material:

1. The Department shall approve an application by a prospective individual authorized user or prospective group of authorized users for a specific license governing the medical use of radioactive material if:
  - a. The applicant satisfies the general requirements in R9-7-309;

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- b. The application is for use in the applicant's practice at an office outside of a medical institution;
  - c. The applicant meets the training and experience requirements in subsection (A)(3); and
  - d. The applicant has a radiation safety committee, if the criteria in R9-7-705 are applicable and a RDRC, if the use is basic research involving humans.
2. The Department shall not approve an application by a prospective authorized user or group of prospective authorized users for a specific license to receive, possess, or use radioactive material on the premises of a medical institution unless:
  - a. The use of radioactive material is limited to:
    - i. The administration of radiopharmaceuticals for diagnostic or therapeutic purposes;
    - ii. The performance of diagnostic studies on patients or human research subjects to whom a radiopharmaceutical has been administered;
    - iii. The performance of in vitro diagnostic studies; or
    - iv. The calibration and quality control checks of radioactive assay instrumentation, radiation safety instrumentation, or diagnostic instrumentation;
  - b. The authorized user brings the radioactive material and removes the radioactive material upon departure; and
  - c. The medical institution does not hold a radioactive materials license under subsection (A).
- C. Specific licenses for certain groups of medical uses of radioactive material:
  1. The Department shall approve an application for a specific license under subsections (A) or (B), for any medical use or uses of radioactive material specified in Groups 100 through 1,000, in Exhibit A of this Article, for all of the materials within each group requested in the application if:
    - a. The applicant satisfies the requirements of subsections (A) and (B);
    - b. Each person involved in the preparation and use of the radioactive material is an authorized user, an authorized nuclear pharmacist, or certified as a nuclear medicine technologist by the Medical Radiologic Technology Board of Examiners (MRTBE);
    - c. The applicant's radiation detection and measuring instrumentation is adequate for conducting the procedures involved in the authorized uses selected from Group 100 through Group 1,000; and
    - d. The applicant's radiation safety operating procedures are adequate for handling and disposal of the radioactive material involved in the authorized uses selected from Group 100 through Group 1,000.
  2. Any licensee who is authorized to use radioactive material:
    - a. In unsealed form under Groups 100, 200, 300 or 1,000 listed in Exhibit A of this Article, shall do so using radiopharmaceuticals prepared in accordance with R9-7-311(I); or
    - b. In sealed source form under Groups 400, 500, 600, or 1,000 listed in Exhibit A of this Article, shall do so using sealed sources that have been manufactured and distributed in accordance with R9-7-311(K);
    - c. In any form under group 1,000 listed in Exhibit A of this Article, shall do so using sealed and unsealed sources that have been manufactured and distributed in accordance with the specific license issued by the Department.
  3. Any licensee who is licensed according to subsection (C)(1), for one or more of the medical use groups in Exhibit A also is authorized to use radioactive material under the general license in R9-7-306(E) for the specified in vitro uses without filing Form ARRA-9 as required by R9-7-306(E)(2); provided, that the licensee is subject to the other provisions of R9-7-306(E).
- D. In addition to the other license application requirements in this Section, each applicant shall include in the radiation safety program required under subsection (A)(1) a system for ensuring that each syringe and vial that contains unsealed radioactive material is labeled in accordance with R9-7-431(D).

**Historical Note**

New Section R9-7-703 recodified from R12-1-703 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-704. Provisions for the Protection of Human Research Subjects**

- A. A licensee may conduct basic research involving human research subjects and research involving patients receiving investigational new drugs or devices if the licensee only uses the radioactive material specified on the license for the uses authorized on the license.
- B. If research is conducted, funded, supported, or regulated by a federal agency that has implemented the federal Policy for Protection of Human Research Subjects (45 CFR 46, June 23, 2005, which is incorporated by reference, published by the Office of Federal Register, National Archives and Records Administration, Washington, DC 20408, on file with the Department, and contains no future editions or amendments), the licensee shall:
  1. Obtain review and approval of the research from an Institutional Review Board (IRB); and
  2. Obtain informed consent from the human research subject.
- C. If research will not be conducted, funded, supported, or regulated by a federal agency that has implemented the federal policy in subsection (B), a medical licensee shall, before conducting research, apply for and receive a specific amendment to its use license. The amendment request shall include a written commitment that the licensee will, before conducting research:
  1. Obtain review and approval of the research from an IRB, as defined and described in the federal policy; and
  2. Obtain informed consent from the human research subject.
- D. Before conducting the research described in subsection (A) the licensee shall apply to the Department for and receive a specific amendment to its medical use license. The amendment request shall include a written commitment that the licensee will, before conducting research:
  1. Obtain any review and approval required by this Section, and
  2. Obtain informed consent from the human research subject if applicable.
- E. Nothing in this Section relieves a licensee from complying with the other requirements in this Article.



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**Historical Note**

New Section R9-7-704 recodified from R12-1-704 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-705. Authority and Responsibilities for the Radiation Protection Program**

- A.** A licensee's management shall appoint in writing a Radiation Safety Officer, who agrees, in writing, to be responsible for implementing the radiation protection program. The licensee, through the Radiation Safety Officer, shall ensure that radiation safety activities are being performed in accordance with licensee-approved procedures and regulatory requirements. A licensee's management may appoint, in writing, one or more Associate Radiation Safety Officers to support the Radiation Safety Officer. The Radiation Safety Officer, with written agreement of the licensee's management, must assign the specific duties and tasks to each Associate Radiation Safety Officer. These duties and tasks are restricted to the types of use for which the Associate Radiation Safety Officer is listed on a license. The Radiation Safety Officer may delegate duties and tasks to the Associate Radiation Safety Officer but shall not delegate the authority or responsibilities for implementing the radiation protection program. Each time the Radiation Safety Officer is changed, the licensee shall provide to the Department within 30 days an amendment request and a copy of the correspondence between the licensee's management and the candidate, accepting the position of Radiation Safety Officer.
- B.** Licensees that are authorized for two or more different types of uses of radioactive material listed in Groups 300, 400, 600, and 1,000, or two or more types of units under group 600 or 1,000, shall establish a Radiation Safety Committee (RSC) to oversee all uses of radioactive material permitted by the license. At a minimum, the RSC shall include an authorized user of each type of use permitted by the license, the Radiation Safety Officer, a representative of the nursing service, and a representative of management who is neither an authorized user nor a Radiation Safety Officer.
- C.** If a licensee or applicant is not a health care institution and is unable to meet the RSC membership requirements in subsection (B), the licensee or applicant may request an exemption in accordance with A.R.S. § 30-654(B)(13). The request for exemption shall be made to the Department in writing and list the reasons why the health care institution is unable to meet the requirements.
- D.** A licensee shall ensure that the RSC meets, at a minimum, on an annual basis and maintain the RSC meeting minutes for Department review for three years after the date of the RSC meeting.
- E.** A licensee shall notify the Department no later than 30 days after:
  1. An authorized user, an authorized nuclear pharmacist, a Radiation Safety Officer, an Associate Radiation Safety Officer, an authorized medical physicist, or ophthalmic physicist permanently discontinues performance of duties under the license or has a name change;
  2. The licensee permits an individual qualified to be a Radiation Safety Officer under R9-7-710 to function as a temporary Radiation Safety Officer and to perform the functions of a Radiation Safety Officer;
  3. The licensee's mailing address changes;
  4. The licensee's name changes, but the name change does not constitute a transfer of control of the license as described in R9-7-313(B);
  5. The licensee has added to or changed the areas of use identified in the application or on the license where

byproduct material is used in accordance with R9-7-301, if the change does not include addition or relocation of either an area where PET radionuclides are produced or a PET radioactive drug delivery line from the PET radionuclide/PET radioactive drug production area; or

6. The licensee obtains a sealed source for use in manual brachytherapy from a different manufacturer or with a different model number than authorized by its license for which it did not require a license amendment as provided in R9-7-701. The notification must include the manufacturer and model number of the sealed source, the isotope, and the quantity per sealed source.

**Historical Note**

New Section R9-7-705 recodified from R12-1-705 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).  
Amended by final expedited rulemaking at 25 A.A.R. 3561, effective December 3, 2019 (Supp. 19-4).

**R9-7-706. Supervision**

- A.** For purposes of this rule, "supervision" means the exercise of control over or direction of the use of radioactive material in the practice of medicine by an authorized user named on a radioactive material license. Supervision does not require a supervising physician's constant physical presence if the supervising physician can be easily contacted by radio, telephone, or telecommunication.
- B.** A physician may use radioactive material if the person is licensed by the Arizona Medical Board or Board of Osteopathic Examiners in Medicine and Surgery and is listed as an authorized user on the Arizona radioactive material license under which the radioactive material is obtained.
- C.** A licensee that permits the receipt, possession, use, or transfer of radioactive material by an individual under the supervision of an authorized user, shall:
  1. Instruct the supervised individual in the licensee's written radiation protection procedures, written directive procedures, rules, and license conditions with respect to the use of radioactive material; and
  2. Require the supervised individual to follow the instructions of the supervising authorized user for medical uses of radioactive material, written radiation protection procedures established by the licensee, written directive procedures, rules, and license conditions with respect to the medical use of radioactive material.
- D.** A licensee that permits the preparation of radioactive material for medical use by an individual who is supervised by an authorized nuclear pharmacist or a physician, who is an authorized user, shall:
  1. Instruct the supervised individual in the preparation of radioactive material for medical use, as appropriate to that individual's involvement with radioactive material; and
  2. Require the supervised individual to follow the instructions of the supervising authorized user or authorized nuclear pharmacist regarding the preparation of radioactive material for medical use, written radiation protection procedures established by the licensee, the rules, and license conditions.
- E.** A licensee that permits supervised activities under subsections (C) and (D) is responsible for the acts and omissions of the supervised individual.
- F.** A limited-service nuclear pharmacy licensee shall dispense radiopharmaceuticals only to a physician listed as an authorized user on a valid radioactive material license issued by the

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Department, an Agreement State, or the NRC. For purposes of this rule “limited-service nuclear pharmacy” is defined in R4-23-110.

**Historical Note**

New Section R9-7-706 recodified from R12-1-706 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-707. Written Directives**

- A.** A licensee shall ensure that a written directive is dated and signed by an authorized user before the administration of I-131 sodium iodide greater than 1.11 MBq (30 microcuries ( $\mu\text{Ci}$ )), any therapeutic dosage of unsealed radioactive material or any therapeutic dose of radiation from radioactive material. If, because of the emergent nature of the patient’s condition, a delay in order to provide a written directive would jeopardize the patient’s health, an oral directive is acceptable. The information contained in the oral directive shall be documented as soon as possible in writing in the patient’s record. A written directive shall be prepared within 48 hours of the oral directive.
- B.** A written directive shall contain the patient or human research subject’s name and the following information:
1. For any administration of quantities greater than 1.11 MBq (30  $\mu\text{Ci}$ ) of sodium iodide I-131: the dosage;
  2. For an administration of a therapeutic dosage of unsealed radioactive material other than sodium iodide I-131: the radiopharmaceutical, dosage, and route of administration;
  3. For gamma stereotactic radiosurgery: the total dose, treatment site, and values for the target coordinate settings per treatment for each anatomically distinct treatment site;
  4. For teletherapy: the total dose, dose per fraction, number of fractions, and treatment site;
  5. For high dose-rate remote afterloading brachytherapy: the radionuclide, treatment site, dose per fraction, number of fractions, and total dose;
  6. For permanent implant brachytherapy:
    - a. Before implantation: the treatment site, radionuclide, and total strength; and
    - b. After implantation but before the patient leaves the post-treatment recovery area: the treatment site, number of sources implanted, total source strength implanted, and date; or
  7. For all other brachytherapy, including low, medium, and pulsed dose rate remote afterloaders:
    - a. Before implantation: the treatment site, radionuclide, and dose; and
    - b. After implantation but before completion of the procedure: the radionuclide, treatment site, number of sources, total source strength and exposure time (or the total dose), and date.
- C.** The licensee shall retain a copy of the written directive for three years after creation of the record.

**Historical Note**

New Section R9-7-707 recodified from R12-1-707 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1). Amended by final expedited rulemaking at 25 A.A.R. 3561, effective December 3, 2019 (Supp. 19-4).

**R9-7-708. Procedures for Administrations Requiring a Written Directive**

- A.** For any administration requiring a written directive, the licensee shall develop, implement, and maintain written procedures to provide high confidence that:

1. The patient’s or human research subject’s identity is verified before each administration; and
  2. Each administration is in accordance with the written directive.
- B.** At a minimum, the procedures required by subsection (A) must address the following items that are applicable to the licensee’s use of byproduct material:
1. Verifying the identity of the patient or human research subject;
  2. Verifying that the administration is in accordance with the treatment plan, if applicable, and the written directive;
  3. Checking both manual and computer-generated dose calculations;
  4. Verifying that any computer-generated dose calculations are correctly transferred into the consoles of therapeutic medical units authorized by Exhibit A Group 600 or 1000 of this Article;
  5. Determining if a medical event, as defined in R9-7-745, has occurred; and
  6. Determining, for permanent implant brachytherapy, within 60 calendar days after the date the implant was performed, the total source strength administered outside of the treatment site compared to the total source strength documented in the post-implantation portion of the written directive, unless a written justification of patient unavailability is documented.

**Historical Note**

New Section R9-7-708 recodified from R12-1-708 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1). Section amended by final expedited rulemaking at 31 A.A.R. 4744 (December 26, 2025), with an immediate effective date of December 3, 2025 (Supp. 25-4).

**R9-7-709. Sealed Sources or Devices for Medical Use**

For medical use, a licensee may only use:

1. Sealed sources or devices manufactured, labeled, packaged, and distributed in accordance with a license issued under Article 3 of this Chapter or equivalent requirements of the NRC or another Agreement State;
2. Sealed sources or devices noncommercially transferred from another licensee under this Article or a licensee under equivalent requirements of the NRC or another Agreement State; or
3. Teletherapy sources manufactured and distributed in accordance with a license issued by the Department under Article 3 of this Chapter or the equivalent requirements of the NRC or another Agreement State.

**Historical Note**

New Section R9-7-709 recodified from R12-1-709 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1). Amended by final expedited rulemaking at 30 A.A.R. 2681 (August 30, 2024), with an immediate effective date of August 7, 2024 (Supp. 24-3).

**R9-7-710. Radiation Safety Officer and Associate Radiation Safety Officer Training**

- A.** A licensee shall require an individual fulfilling the responsibilities of the Radiation Safety Officer, described in R9-7-705, to be an individual who:
1. Is certified by a specialty board whose certification process includes all of the requirements in subsection (A)(2)(a) and (B) and whose certification has been recognized by the Department, the NRC, or another Agreement State. To have its certification process recognized, a spe-

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cialty board shall require all candidates for certification to:

- a. Meet the following minimum requirements:
    - i. Hold a bachelor's or graduate degree from an accredited college or university in physical science or engineering or biological science with a minimum of 20 college credits in physical science;
    - ii. Have five or more years of professional experience in health physics (graduate training may be substituted for no more than two years of the required experience), including at least three years in applied health physics; and
    - iii. Pass an examination administered by diplomates of the specialty board, which evaluates knowledge and competence in radiation physics and instrumentation, radiation protection, mathematics pertaining to the use and measurement of radioactivity, radiation biology, and radiation dosimetry; or
  - b. Meet the following minimum requirements:
    - i. Hold a master's or doctor's degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university;
    - ii. Have at least two years of full-time practical training and/or supervised experience in medical physics;
      - (1) Under the supervision of a medical physicist who is certified in medical physics by a specialty board recognized by the Department, the NRC, or another Agreement State; or
      - (2) In clinical nuclear medicine facilities providing diagnostic and/or therapeutic services under the direction of physicians who meet the requirements for authorized users qualified under subsection (B), R9-7-721, or R9-7-723; and
    - iii. Pass an examination, administered by diplomates of the specialty board, that assesses knowledge and competence in clinical diagnostic radiological or nuclear medicine physics and in radiation safety;
2. Has:
- a. Completed a structured educational program consisting of both:
    - i. 200 hours of didactic and laboratory training in the following areas:
      - (1) Radiation physics and instrumentation;
      - (2) Radiation protection;
      - (3) Mathematics pertaining to the use and measurement of radioactivity;
      - (4) Radiation biology; and
      - (5) Radiation dosimetry; and
    - ii. One year of full-time radiation safety experience under the supervision of the individual identified as the Radiation Safety Officer on a Department, a NRC, or another Agreement State license or permit issued by a NRC master material licensee that authorizes a similar type or types of use or uses of radioactive material involving the following:
      - (1) Shipping, receiving, and performing related radiation surveys;
  - (2) Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and instruments used to measure radionuclides;
  - (3) Securing and controlling radioactive material;
  - (4) Using administrative controls to avoid mistakes in the administration of radioactive material;
  - (5) Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures;
  - (6) Using emergency procedures to control radioactive material; and
  - (7) Disposing of radioactive material; and
- b. Obtained written certification, signed by a preceptor Radiation Safety Officer or Associate Radiation Safety Officer, that the individual has satisfactorily completed the requirements in subsection (A)(2)(a) and has achieved a level of radiation safety knowledge sufficient to function independently as a Radiation Safety Officer or as an Associate Radiation Safety Officer for a medical use licensee;
3. Is:
- a. A medical physicist who has been certified by a specialty board whose certification process has been recognized by the Department, the NRC, or another Agreement State under R9-7-711(A) or equivalent, has experience with radiation safety aspects of similar types of use of radioactive material for which the licensee seeks the approval of the individual as Radiation Safety Officer or an Associate Radiation Safety Officer, and meets the requirements in subsection (B); or
  - b. An authorized user, authorized medical physicist, or authorized nuclear pharmacist identified on the licensee's license and has experience with the radiation safety aspects of similar types of use of radioactive material for which the individual has Radiation Safety Officer responsibilities; or
4. Has experience with the radiation safety aspects of the types of use of radioactive material for which the individual is seeking simultaneous approval both as the Radiation Safety Officer and the authorized user on the same new medical license and meets the requirements in subsection (B).
- B.** A licensee shall require an individual fulfilling the responsibilities of the Radiation Safety Officer to have training in the radiation safety, regulatory issues, and emergency procedures for the types of use for which the licensee seeks approval. This training requirement may be satisfied by completing training that is supervised by a Radiation Safety Officer, an Associate Radiation Safety Officer, authorized medical physicist, authorized nuclear pharmacist, or authorized user, as appropriate, who is authorized for the type or types of use for which the licensee is seeking approval.
- C.** The training and experience required in this Section shall be obtained within the seven years preceding the date of application or the individual shall have had related continuing education and experience since the required training and experience was completed.

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D. Individuals who, under R9-7-712.01, need not comply with training requirements described in this Section may serve as preceptors for, and supervisors of, applicants seeking authorization on Department licenses for the same uses for which these individuals are authorized.

E. Records Retention.

1. The licensee shall retain both a copy of the authority, duties, and responsibilities of the Radiation Safety Officer, as required by this Section, and a signed copy of each Radiation Safety Officer's agreement to be responsible for implementing the radiation safety program for the duration of the license. The records must include the signature of the Radiation Safety Officer and licensee management.
2. For each Associate Radiation Safety Officer appointed under this Section, the licensee shall retain, for at least five years after the Associate Radiation Safety Officer is removed from the license, a copy of the written document appointing the Associate Radiation Safety Officer, signed by the licensee's management.

**Historical Note**

New Section R9-7-710 recodified from R12-1-710 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1). Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3). Amended by final expedited rulemaking at 25 A.A.R. 3561, effective December 3, 2019 (Supp. 19-4). Amended by final expedited rulemaking at 28 A.A.R. 3533 (November 18, 2022), with an immediate effective date of November 2, 2022 (Supp. 22-4). Amended by final expedited rulemaking at 30 A.A.R. 2681 (August 30, 2024), with an immediate effective date of August 7, 2024 (Supp. 24-3).

**R9-7-711. Authorized Medical Physicist Training**

A. A licensee shall require an authorized medical physicist to be an individual who:

1. Is certified by a specialty board whose certification process includes all of the training and experience requirements in subsections (A)(2)(a) and (B) and whose certification has been recognized by the Department, the NRC, or another Agreement State. To have its certification process recognized, a specialty board shall require all candidates for certification to:
  - a. Hold a master's or doctor's degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university;
  - b. Have at least two years of full-time practical training and/or supervised experience in medical physics:
    - i. Under the supervision of a medical physicist who is certified in medical physics by a specialty board recognized by the NRC or an Agreement State; or
    - ii. In clinical radiation facilities providing high-energy, external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services under the direction of physicians who meet the requirements for authorized users in R9-7-710, R9-7-719, R9-7-721, R9-7-723, R9-7-727, R9-7-728, or R9-7-744; and
  - c. Pass an examination, administered by diplomates of the specialty board, that assesses knowledge and competence in clinical radiation therapy, radiation

safety, calibration, quality assurance, and treatment planning for external beam therapy, brachytherapy, and stereotactic radiosurgery; or

2. Meets the following alternative training requirements:

- a. Holds a master's or doctor's degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university; and has completed one year of full-time training in medical physics and an additional year of full-time work experience under the supervision of an individual who meets the requirements for an authorized medical physicist for the type or types of use for which the individual is seeking authorization. This training and work experience must be conducted in clinical radiation facilities that provide high-energy, external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services and must include:
    - i. Performing sealed source leak tests and inventories;
    - ii. Performing decay corrections;
    - iii. Performing full calibration and periodic spot checks of external beam treatment units, stereotactic radiosurgery units, and remote afterloading units as applicable; and
    - iv. Conducting radiation surveys around external beam treatment units, stereotactic radiosurgery units, and remote afterloading units as applicable; and
  - b. Has obtained written attestation that the individual has satisfactorily completed the requirements in both subsections (A)(2)(a) and (B); and has achieved a level of competency sufficient to function independently as an authorized medical physicist for each type of therapeutic medical unit for which the individual is requesting authorized medical physicist status. The written attestation must be signed by a preceptor authorized medical physicist who meets the requirements in this Section, or equivalent Agreement State or NRC requirements for an authorized medical physicist for each type of therapeutic medical unit for which the individual is requesting authorized medical physicist status.
- B. A licensee shall require an authorized medical physicist to be an individual who has training for the type or types of use for which authorization is sought that includes hands-on device operation, safety procedures, clinical use, and the operation of a treatment planning system. This training requirement may be satisfied by satisfactorily completing either a training program provided by the vendor or by training supervised by an authorized medical physicist authorized for the type or types of use for which the individual is seeking authorization.
- C. The training and experience required in this Section shall be obtained within the seven years preceding the date of application or the individual shall have had related continuing education and experience since the required training and experience was completed.
- D. Individuals who, under R9-7-712.01, need not comply with training requirements described in this Section may serve as preceptors for, and supervisors of, applicants seeking authorization on Department licenses for the same uses for which these individuals are authorized.

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**Historical Note**

New Section R9-7-711 recodified from R12-1-711 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3). Amended by final expedited rulemaking at 25 A.A.R. 3561, effective December 3, 2019 (Supp. 19-4). Amended by final expedited rulemaking at 28 A.A.R. 3533 (November 18, 2022), with an immediate effective date of November 2, 2022 (Supp. 22-4). Amended by final expedited rulemaking at 30 A.A.R. 2681 (August 30, 2024), with an immediate effective date of August 7, 2024 (Supp. 24-3).

**R9-7-712. Authorized Nuclear Pharmacist Training**

**A.** A licensee shall require the authorized nuclear pharmacist to be a pharmacist who:

1. Is certified as a nuclear pharmacist by a specialty board whose certification process has been recognized by the Department, the NRC, or another Agreement State. To have its certification process recognized, a specialty board shall require all candidates for certification to:
  - a. Have graduated from a pharmacy program accredited by the American Council on Pharmaceutical Education (ACPE) or have passed the Foreign Pharmacy Graduate Examination Committee (FPGEC) examination;
  - b. Hold a current, active license to practice pharmacy in Arizona;
  - c. Provide evidence of having acquired at least 4000 hours of training/experience in nuclear pharmacy practice. Academic training may be substituted for no more than 2000 hours of the required training and experience; and
  - d. Pass an examination in nuclear pharmacy administered by diplomates of the specialty board, that assesses knowledge and competency in procurement, compounding, quality assurance, dispensing, distribution, health and safety, radiation safety, provision of information and consultation, monitoring patient outcomes, research and development; or
2. Has completed 700 hours in a structured educational program consisting of both:
  - a. 200 hours of classroom and laboratory training in the following areas:
    - i. Radiation physics and instrumentation;
    - ii. Radiation protection;
    - iii. Mathematics pertaining to the use and measurement of radioactivity;
    - iv. Chemistry of radioactive material for medical use; and
    - v. Radiation biology; and
  - b. Supervised practical experience in a nuclear pharmacy involving:
    - i. Shipping, receiving, and performing related radiation surveys;
    - ii. Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and, if appropriate, instruments used to measure alpha- or beta-emitting radionuclides;
    - iii. Calculating, assaying, and safely preparing dosages for patients or human research subjects;

iv. Using administrative controls to avoid medical events in the administration of radioactive material; and

v. Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures; and

3. Has obtained written attestation, signed by a preceptor authorized nuclear pharmacist, that the individual has satisfactorily completed the requirements in subsection (A)(2) and has achieved a level of competency sufficient to function independently as an authorized nuclear pharmacist.

**B.** The training and experience required in this Section shall be obtained within the seven years preceding the date of application or the individual shall have had related continuing education and experience since the required training and experience was completed.

**C.** Individuals who, under R9-7-712.01, need not comply with training requirements described in this Section may serve as preceptors for, and supervisors of, applicants seeking authorization on Department licenses for the same uses for which these individuals are authorized.

**Historical Note**

New Section R9-7-712 recodified from R12-1-712 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

Amended by final expedited rulemaking at 28 A.A.R. 3533 (November 18, 2022), with an immediate effective date of November 2, 2022 (Supp. 22-4).

**R9-7-712.01. Training for Experienced Radiation Safety Officers, Teletherapy or Medical Physicists, Authorized Medical Physicists, Authorized Users, Nuclear Pharmacists, and Authorized Nuclear Pharmacists**

**A.** Exemptions from required training:

1. An individual identified on a Department, a NRC, or another Agreement State license or a permit issued by the NRC or an Agreement State broad scope licensee or master material license permit or by a master material license permittee of broad scope as a Radiation Safety Officer, a teletherapy or medical physicist, an authorized medical physicist, a nuclear pharmacist or an authorized nuclear pharmacist on or before January 14, 2019, need not comply with the training requirements of R9-7-710, R9-7-711, or R9-7-712, respectively, except the Radiation Safety Officers and authorized medical physicists identified in this subsection must meet the training requirements in R9-7-710(B) or R9-7-711(B), as appropriate, for any material or uses for which they were not authorized prior to January 14, 2019.
2. Any individual certified by the American Board of Health Physics in Comprehensive Health Physics; American Board of Radiology; American Board of Nuclear Medicine; American Board of Science in Nuclear Medicine; Board of Pharmaceutical Specialties in Nuclear Pharmacy; American Board of Medical Physics in radiation oncology physics; Royal College of Physicians and Surgeons of Canada in nuclear medicine; American Osteopathic Board of Radiology; or American Osteopathic Board of Nuclear Medicine on or before October 24, 2005, need not comply with the training requirements of R9-7-710 to be identified as a Radiation Safety Officer or as an Associate Radiation Safety Officer on a Department, a NRC, or another Agreement State license or NRC master material license permit for those materials and

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uses that these individuals performed on or before October 24, 2005.

3. Any individual certified by the American Board of Radiology in therapeutic radiological physics, Roentgen ray and gamma ray physics, x-ray and radium physics, or radiological physics, or certified by the American Board of Medical Physics in radiation oncology physics, on or before October 24, 2005, need not comply with the training requirements for an authorized medical physicist described in R9-7-711, for those materials and uses that these individuals performed on or before October 24, 2005.
  4. A Radiation Safety Officer, a medical physicist, or a nuclear pharmacist, who used only accelerator-produced radioactive materials, discrete sources of radium-226, or both, for medical uses or in the practice of nuclear pharmacy at a Government agency or Federally recognized Indian Tribe before November 30, 2007, or at all other locations of use before August 8, 2009, or an earlier date as noticed by the NRC, need not comply with the training requirements of R9-7-710, R9-7-711, or R9-7-712, respectively, when performing the same uses. A nuclear pharmacist, who prepared only radioactive drugs containing accelerator-produced radioactive materials, or a medical physicist, who used only accelerator-produced radioactive materials, at the locations and during the time period identified in this subsection, qualifies as an authorized nuclear pharmacist or an authorized medical physicist, respectively, for those materials and uses performed before these dates, for the purposes of this Section.
- B. Exemptions from required training for physicians, dentists, or podiatrists:**
1. Physicians, dentists, or podiatrists identified as authorized users for the medical use of byproduct material on a license issued by the Department, the NRC, or another Agreement State, a permit issued by a NRC master material licensee, a permit issued by a NRC or an Agreement State broad scope licensee, or a permit issued by a NRC master material license broad scope permittee on or before January 14, 2019, who perform only those medical uses for which they were authorized on or before January 14, 2019, need not comply with the training requirements of Article 7, Exhibit A, Groups 100 through 600.
  2. Physicians, dentists, or podiatrists not identified as authorized users for the medical use of byproduct material on a license issued by the Department, the NRC, or another Agreement State, a permit issued by a NRC master material licensee, a permit issued by a NRS or an Agreement State broad scope licensee, or a permit issued in accordance with a NRC master material broad scope license on or before October 24, 2005, need not comply with the training requirements of Article 7, Exhibit A, Groups 100 through 600 for those materials and uses that these individuals performed on or before October 24, 2005, as follows:
    - a. For uses authorized under Article 7, Exhibit A, Group 100 or 200, or oral administration of sodium iodide I-131 requiring a written directive for imaging and localization purposes, a physician who was certified on or before October 24, 2005, in nuclear medicine by the American Board of Nuclear Medicine; diagnostic radiology by the American Board of Radiology; diagnostic radiology or radiology by the American Osteopathic Board of Radiology; nuclear medicine by the Royal College of Physicians and Surgeons of Canada; or American Osteopathic Board of Nuclear Medicine in nuclear medicine;
    - b. For uses authorized under Article 7, Exhibit A, Group 300, a physician who was certified on or before October 24, 2005, by the American Board of Nuclear Medicine; the American Board of Radiology in radiology, therapeutic radiology, or radiation oncology; nuclear medicine by the Royal College of Physicians and Surgeons of Canada; or the American Osteopathic Board of Radiology after 1984;
    - c. For uses authorized under Article 7, Exhibit A, Group 400 or 600, a physician who was certified on or before October 24, 2005, in radiology, therapeutic radiology or radiation oncology by the American Board of Radiology; radiation oncology by the American Osteopathic Board of Radiology; radiology, with specialization in radiotherapy, as a British "Fellow of the Faculty of Radiology" or "Fellow of the Royal College of Radiology"; or therapeutic radiology by the Canadian Royal College of Physicians and Surgeons; and
    - d. For uses authorized under Article 7, Exhibit A, Group 500, a physician who was certified on or before October 24, 2005, in radiology, diagnostic radiology, therapeutic radiology, or radiation oncology by the American Board of Radiology; nuclear medicine by the American Board of Nuclear Medicine; diagnostic radiology or radiology by the American Osteopathic Board of Radiology; or nuclear medicine by the Royal College of Physicians and Surgeons of Canada.
  3. Physicians, dentists, or podiatrists who used only accelerator-produced radioactive materials, discrete sources of radium-226, or both, for medical uses performed at a Government agency or Federally recognized Indian Tribe before November 30, 2007, or at all other locations of use before August 8, 2009, or an earlier date as noticed by the NRC, need not comply with the training requirements Article 7, Exhibit A, Groups 100 through 600 when performing the same medical uses. A physician, dentist, or podiatrist, who used only accelerator-produced radioactive materials, discrete sources of radium-226, or both, for medical uses at the locations and time period identified in this subsection, qualifies as an authorized user for those materials and uses performed before these dates, for the purposes of this Section.
- C. Individuals who need not comply with training requirements as described in this Section may serve as preceptors for, and supervisors of, applicants seeking authorization on Department or NRC licenses for the same uses for which these individuals are authorized.**

#### Historical Note

New Section made by final expedited rulemaking at 30 A.A.R. 2681 (August 30, 2024), with an immediate effective date of August 7, 2024 (Supp. 24-3).

#### R9-7-713. Determination of Prescribed Dosages, and Possession, Use, and Calibration of Instruments

- A.** A licensee shall determine and record the activity of each dosage before medical use.
- B.** For a unit dosage, this determination shall be made by:
  1. Direct measurement of radioactivity; or

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2. Decay correction, based on the activity or activity concentration determined by:
  - a. A manufacturer or preparer licensed under R9-7-311 or equivalent NRC or Agreement State requirements; or
  - b. A Department, a NRC, or an Agreement State licensee for use in research in accordance with a Radioactive Drug Research Committee-approved protocol or an Investigational New Drug (IND) protocol accepted by FDA or;
  - c. A PET radioactive drug producer licensed under 1 R9-7-311 or equivalent NRC or Agreement State requirements.
- C. For other than unit dosages, this determination shall be made by:
  1. Direct measurement of radioactivity;
  2. Combination of measurement of radioactivity and mathematical calculations; or
  3. Combination of volumetric measurements and mathematical calculations based on the measurement made by a manufacturer or preparer licensed under R9-7-311, or equivalent NRC or Agreement State requirements.
- D. Unless otherwise directed by the authorized user, a licensee may not use a dosage if the dosage does not fall within the prescribed dosage range or if the dosage differs from the prescribed dosage by more than 20 percent.
- E. A licensee shall retain a record of the dosage determination required by this Section for Department inspection for three years.
- F. For direct measurements performed in accordance with subsection (B)(1), a licensee shall possess and use instrumentation to measure the activity of the dosage before it is administered to each patient or human research subject.
- G. A licensee shall calibrate the instrumentation required in subsection (F) in accordance with nationally recognized standards, the manufacturer's instructions, or the following procedures.
  1. The procedures that may be followed are:
    - a. Check each dose calibrator for constancy with a dedicated check source at the beginning of each day of use;
    - b. Test each dose calibrator for accuracy upon installation and at least annually thereafter by assaying at least two sealed sources containing different radionuclides whose activity the manufacturer has determined within 5 percent of its stated activity, whose activity is at least 10 microcuries for radium-226 and 50 microcuries for any other photon-emitting radionuclide, and at least one of which has a principal photon energy between 100 keV and 500 keV;
    - c. Test each dose calibrator for linearity upon installation and at least quarterly thereafter over a range from the highest dosage that will be administered to a patient or human research subject to 1.1 megabecquerels (30 microcuries);
    - d. Test each dose calibrator for geometry dependence upon installation over the range of volumes and volume configurations for which it will be used. The licensee shall keep a record of this test for the duration of the use of the dose calibrator;
    - e. Perform appropriate checks and tests required by this Section following adjustment or repair of the dose calibrator; and
    - f. Mathematically correct dosage readings for any geometry or linearity error that exceeds 10 percent if the dosage is greater than 10 microcuries and shall repair or replace the dose calibrator if the accuracy or constancy error exceeds 10 percent.
- H. A licensee shall maintain the dose calibrator in accordance with this subsection, even though the dose calibrator is only used to "verify" a dosage prepared by a supplier authorized in subsection (B)(2).
- I. A licensee shall maintain on file for Department review nationally recognized standards or manufacturer's instructions used to maintain a dose calibrator and meet the requirements of subsection (G).
- H. A licensee shall calibrate the survey instruments before first use, annually, and following a repair that affects the calibration. A licensee shall:
  1. Calibrate all scales with readings up to 10 mSv (1000 mrem) per hour with a radiation source;
  2. Calibrate two separated readings on each scale or decade that will be used to show compliance; and
  3. Conspicuously note on the instrument the date of calibration.
- I. A licensee may not use survey instruments if the difference between the indicated exposure rate and the calculated exposure rate is more than 20 percent.
- J. A licensee shall retain records of instrument calibration for three years following the calibration.

**Historical Note**

New Section R9-7-713 recodified from R12-1-713 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-714. Authorization for Calibration, Transmission, and Reference Sources**

Any person authorized by R9-7-703 for medical use of radioactive material may receive, possess, and use any of the following radioactive material for check, calibration, transmission, and reference use.

1. Sealed sources, not exceeding 1.11 GBq (30 mCi) each, manufactured and distributed by a person licensed under Article 3 of this Chapter or equivalent NRC or Agreement State regulations.
2. Sealed sources, not exceeding 1.11 GBq (30 mCi) each, redistributed by a licensee authorized to redistribute the sealed sources manufactured and distributed by a person licensed under Article 3 of this Chapter, providing the redistributed sealed sources are in the original packaging and shielding and are accompanied by the manufacturer's approved instructions.
3. Any radioactive material with a half-life not longer than 120 days in individual amounts not to exceed 0.56 GBq (15 mCi).
4. Any radioactive material with a half-life longer than 120 days in individual amounts not to exceed the smaller of 7.4 MBq (200 µCi) or 1000 times the quantities in Article 4, Appendix B of this Chapter.
5. Technetium-99m in amounts as needed.
6. A licensee is limited to five sources of radiation authorized under subsections (1) through (3), unless otherwise specified in the licensee's radioactive material license.

**Historical Note**

New Section R9-7-714 recodified from R12-1-714 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-715. Requirements for Possession of Sealed Sources**

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**and Brachytherapy Sources**

- A. A licensee in possession of any sealed source or brachytherapy source shall follow the radiation safety and handling instructions supplied by the manufacturer.
- B. A licensee in possession of a sealed source shall test the source for leakage in accordance with R9-7-417.
- C. A licensee in possession of sealed sources or brachytherapy sources, except for gamma stereotactic radiosurgery sources, shall conduct a physical inventory every six months of all sources in its possession. During the period of time between the inventories, the licensee shall add each acquired sealed source to the inventory record and remove from the inventory record each source that leaves the licensee's control.
- D. A licensee shall document the inventories conducted under subsection (C) and maintain inventory records in accordance with R9-7-450.

**Historical Note**

New Section R9-7-715 recodified from R12-1-715 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-716. Surveys of Ambient Radiation Exposure Rate, Surveys for Contamination, and PET Radiation Exposure Concerns**

- A. In addition to the surveys required in Article 4 of this Chapter, a licensee shall survey with a radiation detection survey instrument at the end of each day of use all areas where unsealed radioactive material, requiring a written directive, is prepared for use or administered. In areas of routine use, that are to be released for unrestricted use, a licensee shall perform a survey of the area using an instrument appropriate for detecting contamination before releasing the area for unrestricted use.
- B. A licensee shall obtain the services of a person, experienced in the principles of radiation protection and installation design, to design a PET facility and perform a radiation survey when the facility is ready for patient imaging. The licensee shall provide a copy of the installation radiation survey to the Department within 30 days of imaging the first patient.
- C. The licensee shall use engineering controls or shield each PET use area with protective barriers necessary to comply with the radiation exposure limits in R9-7-408 and R9-7-416.
  - 1. At the time of application for a new license or amendment to an existing license, and before imaging of the first patient, the licensee shall provide to the Department a copy of the installation report signed by the contractor who installed the shielding material recommended by a person meeting the requirements in subsection (B) and a copy of the installation radiation survey required in subsection (B).
  - 2. The licensee shall perform shielding calculations in accordance with *AAPM Task Group 108: PET and PET/CT Shielding Requirements*, in Medical Physics, Vol. 33, No. 1, January 2006, which is incorporated by reference, published by the American Association of Physicists in Medicine, One Physics Ellipse, College Park, MD 20740, and on file with the Department. This incorporation by reference contains no future editions or amendments. In lieu of these procedures, the licensee may use equivalent calculations approved by the Department.
- D. As part of the annual ALARA review required in R9-7-407, the licensee shall document a review of the PET patient workload and associated change, if any, in public exposure resulting from the installed facility shielding and other public radiation exposure controls in use at the time of the review.

**Historical Note**

New Section R9-7-716 recodified from R12-1-716 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-717. Release of Individuals Containing Radioactive Material or Implants Containing Radioactive Material**

- A. A licensee may authorize the release from its control of any individual who has been administered unsealed radioactive material or implants containing radioactive material, if the total effective dose equivalent to any other individual from exposure to the released individual is not likely to exceed 5 millisieverts (0.5 rem).
- B. A licensee shall provide the released individual, or the individual's parent or guardian, with instructions, including written instructions, on actions recommended to maintain doses to other individuals as low as is reasonably achievable if the total effective dose equivalent to any other individual is likely to exceed 1 millisievert (0.1 rem). If the total effective dose equivalent to a nursing infant or child could exceed 1 millisievert (0.1 rem) assuming there were no interruption of breast-feeding, the instructions shall also include:
  - 1. Guidance on the interruption or discontinuation of breast-feeding; and
  - 2. Information on the potential consequences, if any, of failure to follow the guidance.
- C. A licensee shall maintain a record of the basis for authorizing the release of an individual and instructions provided to a breast-feeding female for three years from the date of the administration performed under subsection (A). Nothing in this rule relieves the licensee from the personnel exposure requirements in Article 4.

**Historical Note**

New Section R9-7-717 recodified from R12-1-717 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-718. Mobile Medical Service**

- A. A licensee providing mobile medical service shall:
  - 1. Obtain a letter signed by the management of each client for which services are rendered that permits the use of radioactive material at the client's address and clearly delineates the authority and responsibility of the licensee and the client;
  - 2. Check instruments used to measure the activity of unsealed radioactive material for proper function before medical use at each client's address or on each day of use, whichever is more frequent. At a minimum, the check for proper function required by this sub-section shall include a constancy check;
  - 3. Check survey instruments for proper operation with a dedicated check source before use at each client's address; and
  - 4. Before leaving a client's address, survey all areas of use to ensure compliance with the requirements in Article 4 of this Chapter.
- B. A mobile medical service may not have radioactive material delivered from the manufacturer or the distributor to the client unless the client has a license allowing its possession. If applicable, radioactive material delivered to the client shall be received and handled in conformance with the client's license.
- C. A licensee providing mobile medical services shall retain the record of each survey required in subsection (A)(4) for at least three years after the date of the survey.



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**Historical Note**

New Section R9-7-718 recodified from R12-1-718 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1). Amended by final expedited rulemaking at 30 A.A.R. 2681 (August 30, 2024), with an immediate effective date of August 7, 2024 (Supp. 24-3).

**R9-7-719. Training for Uptake, Dilution, and Excretion Studies**

A. Except as provided in R9-7-712.01, a licensee shall require an authorized user of unsealed radioactive material for the uses authorized under Group 100 in Exhibit A, Medical Use Groups of this Article to be a physician who:

1. Is certified by a medical specialty board whose certification process has been recognized by the NRC or an Agreement State, the names of which are specified in the NRC's Medical Uses Licensee Toolkit available through <https://www.nrc.gov>. To have its certification process recognized, a specialty board shall require all candidates for certification to:
  - a. Complete 60 hours of training and experience in basic radionuclide handling techniques and radiation safety applicable to the medical use of unsealed radioactive material for uptake, dilution, and excretion studies as described in subsections (A)(3)(a)(i) and (ii); and
  - b. Pass an examination, administered by diplomates of the specialty board, that assesses knowledge and competence in radiation safety, radionuclide handling, and quality control;
2. Is an authorized user under R9-7-721, R9-7-723, or equivalent requirements of the NRC or another Agreement State; or
3. Has:
  - a. Completed 60 hours of training and experience, including a minimum of eight hours of classroom and laboratory training, in basic radionuclide handling techniques applicable to the medical use of unsealed radioactive material for uptake, dilution, and excretion studies. The training and experience must include:
    - i. Classroom and laboratory training in the following areas:
      - (1) Radiation physics and instrumentation;
      - (2) Radiation protection;
      - (3) Mathematics pertaining to the use and measurement of radioactivity;
      - (4) Chemistry of radioactive material for medical use; and
      - (5) Radiation biology; and
    - ii. Work experience, under the supervision of an authorized user who meets the requirements in this Section, R9-7-712.01, R9-7-721, or R9-7-723, or equivalent requirements of the NRC or another Agreement State, involving:
      - (1) Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys;
      - (2) Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters;
      - (3) Calculating, measuring, and safely preparing patient or human research subject dosages;

- (4) Using administrative controls to prevent a medical event involving the use of unsealed radioactive material;
  - (5) Using procedures to contain spilled radioactive material safely and using proper decontamination procedures; and
  - (6) Administering dosages of radioactive drugs to patients or human research subjects; and
- b. Obtained written attestation that the individual has satisfactorily completed the requirements in subsection (A)(1) or subsection (A)(3)(a) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under Group 100 in Exhibit A, Medical Use Groups of this Article. The attestation must be obtained from either:
- i. A preceptor authorized user who meets the requirements in this Section, R9-7-712.01, R9-7-721, or R9-7-723 or equivalent requirements of the NRC or another Agreement State; or
  - ii. A residency program director who affirms in writing that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements in this Section, R9-7-712.01, R9-7-721, or R9-7-723 or equivalent requirements of the NRC or another Agreement State, and concurs with the attestation provided by the residency program director. The residency training program must be approved by the Residency Review Committee of the Accreditation Council for Graduate Medical Education or the Royal College of Physicians and Surgeons of Canada or the Council on Postdoctoral Training of the American Osteopathic Association and must include training and experience specified in subsection (A)(3)(a).

- B. The training and experience in subsections (A)(1)(a) or (3)(a) shall have been obtained within the seven years preceding the date of application or the individual shall have had related continuing education and experience since the required training and experience was completed.
- C. Individuals who, under R9-7-710(B), need not comply with training requirements described in this Section may serve as preceptors for, and supervisors of, applicants seeking authorization on Department licenses for the same uses for which these individuals are authorized.

**Historical Note**

New Section R9-7-719 recodified from R12-1-719 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1). Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3). Amended by final expedited rulemaking at 25 A.A.R. 3561, effective December 3, 2019 (Supp. 19-4). Amended by final expedited rulemaking at 30 A.A.R. 2681 (August 30, 2024), with an immediate effective date of August 7, 2024 (Supp. 24-3).

**R9-7-720. Permissible Molybdenum-99, Strontium-82, and Strontium-85 Concentrations**

- A. A licensee may not administer to humans a radiopharmaceutical that contains more than 0.15 kilobecquerel of molybde-

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num-99 per megabecquerel of technetium-99m (0.15 microcurie of molybdenum-99 per millicurie of technetium-99m) or, more than 0.02 kilobecquerel of strontium-82 per megabecquerel of rubidium-82 chloride injection (0.02 microcurie of strontium-82 per millicurie of rubidium-82 chloride); or more than 0.2 kilobecquerel of strontium-85 per megabecquerel of rubidium-82 chloride injection (0.2 microcurie of strontium-85 per millicurie of rubidium-82).

- B. A licensee that uses molybdenum-99/technetium-99m generators for preparing a technetium-99m radiopharmaceutical shall measure the molybdenum-99 concentration in each eluate from a generator to demonstrate compliance with subsection (A).
- C. A licensee that uses a strontium-82/rubidium-82 generator for preparing a rubidium-82 radiopharmaceutical shall, before the first patient use of the day, measure the concentration of radionuclides strontium-82 and strontium-85 to demonstrate compliance with subsection (A).
- D. A licensee shall maintain a record of each molybdenum-99 concentration measurement or strontium-82 and strontium-85 concentrations measurements for at least three years following completion of the measurement.
- E. A licensee shall notify by telephone the Department and the distributor of the generator within seven calendar days after discovery that an eluate exceeded the permissible concentration listed in subsection (A) at the time of generator elution. The telephone report to the Department must include the manufacturer, model number, and serial number (or lot number) of the generator; the results of the measurement; the date of the measurement; whether dosages were administered to patients or human research subjects; when the distributor was notified; and the action taken.
- F. A licensee shall submit a written report, according to R9-7-1907(1) through (3), to the Department within 30 calendar days after discovery of an eluate exceeding the permissible concentration at the time of generator elution. The written report must include the action taken by the licensee; the patient dose assessment; the methodology used to make this dose assessment if the eluate was administered to patients or human research subjects; and the probable cause and an assessment of failure in the licensee's equipment, procedures, or training that contributed to the excessive readings if an error occurred in the licensee's breakthrough determination; and the information in the telephone report required by subsection (E).

**Historical Note**

New Section R9-7-720 recodified from R12-1-720 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).  
Amended by final expedited rulemaking at 25 A.A.R. 3561, effective December 3, 2019 (Supp. 19-4).  
Amended by final expedited rulemaking at 30 A.A.R. 2681 (August 30, 2024), with an immediate effective date of August 7, 2024 (Supp. 24-3).

**R9-7-721. Training for Imaging and Localization Studies Not Requiring a Written Directive**

Except as provided in R9-7-712.01, a licensee shall require an authorized user of unsealed radioactive material for the uses authorized under Group 200 in Exhibit A, Medical Use Groups of this Article to be a physician who:

- 1. Is certified by a medical specialty board whose certification process has been recognized by the NRC or an Agreement State, the names of which are specified in the NRC's Medical Uses Licensee Toolkit available through <https://www.nrc.gov>. To have its certification process rec-

ognized, a specialty board shall require all candidates for certification to:

- a. Complete 700 hours of training and experience in basic radionuclide handling techniques and radiation safety applicable to the medical use of unsealed radioactive material for imaging and localization studies as described in subsection (3)(a); and
  - b. Pass an examination, administered by diplomates of the specialty board, that assesses knowledge and competence in radiation safety, radionuclide handling, and quality control;
- 2. Is an authorized user under R9-7-723 and meets the requirements in subsection (3)(a)(ii)(7) or equivalent NRC or Agreement State requirements; or
  - 3. Has:
    - a. Completed 700 hours of training and experience, including a minimum of 80 hours of classroom and laboratory training, in basic radionuclide handling techniques applicable to the medical use of unsealed radioactive material for imaging and localization studies. The training and experience must include:
      - i. Classroom and laboratory training in the following areas:
        - (1) Radiation physics and instrumentation;
        - (2) Radiation protection;
        - (3) Mathematics pertaining to the use and measurement of radioactivity;
        - (4) Chemistry of radioactive material for medical use; and
        - (5) Radiation biology; and
      - ii. Work experience, under the supervision of an authorized user who meets the requirements in this Section; R9-7-712.01; or both subsection (3)(a)(ii)(7) and R9-7-723; or the equivalent requirements of the NRC or another Agreement State. An authorized nuclear pharmacist who meets the requirements in R9-7-712 may provide the supervised work experience for subsection (3)(a)(ii)(7). Work experience must involve:
        - (1) Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys;
        - (2) Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters;
        - (3) Calculating, measuring, and safely preparing patient or human research subject dosages;
        - (4) Using administrative controls to prevent a medical event involving the use of unsealed radioactive material;
        - (5) Using procedures to contain spilled radioactive material safely and using proper decontamination procedures;
        - (6) Administering dosages of radioactive drugs to patients or human research subjects; and
        - (7) Eluting generator systems appropriate for preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclide purity, and processing the eluate with

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reagent kits to prepare labeled radioactive drugs; and

- b. Obtained written attestation that the individual has satisfactorily completed the requirements in subsection (3)(a) and is able to independently fulfill the radiation safety-related duties as an authorized user for the medical uses authorized under Groups 100 and 200 in Exhibit A, Medical Use Groups of this Article. The attestation must be obtained from either:
  - i. A preceptor authorized user who meets the requirements in this Section; R9-7-712.01; or both subsection (3)(a)(ii)(7) and R9-7-723; or equivalent NRC or Agreement State requirements; or
  - ii. A residency program director who affirms in writing that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements in this Section; R9-7-712.01; or both subsection (3)(a)(ii)(7) and R9-7-723; or equivalent NRC or Agreement State requirements, and concurs with the attestation provided by the residency program director. The residency training program must be approved by the Residency Review Committee of the Accreditation Council for Graduate Medical Education or the Royal College of Physicians and Surgeons of Canada or the Council on Postdoctoral Training of the American Osteopathic Association and must include training and experience specified in subsection (3)(a).

**Historical Note**

New Section R9-7-721 recodified from R12-1-721 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3). Amended by final expedited rulemaking at 25 A.A.R. 3561, effective December 3, 2019 (Supp. 19-4). Amended by final expedited rulemaking at 30 A.A.R. 2681 (August 30, 2024), with an immediate effective date of August 7, 2024 (Supp. 24-3).

**R9-7-722. Safety Instruction and Precautions for Use of Unsealed Radioactive Material Requiring a Written Directive**

- A. A licensee shall provide radiation safety instruction, initially and at least annually, for all personnel caring for the patient or human research subject receiving radiopharmaceutical therapy and hospitalized for compliance with R9-7-717. To satisfy this requirement, the instruction shall describe the licensee's procedures for:
  1. Patient or human research subject control,
  2. Visitor control,
  3. Contamination control, and
  4. Waste control.
- B. For each patient or human research subject who cannot be released under R9-7-717, a licensee shall:
  1. Quarter the patient or the human research subject in a private room with a private sanitary facility;
  2. Visibly post the patient's or the human research subject's room with a "Radioactive Materials" sign;

3. Note on the door or in the patient's or human research subject's chart where and how long visitors may stay in the patient's or the human research subject's room; and
  4. Monitor material and items removed from the patient's or the human research subject's room to determine that their radioactivity cannot be distinguished from the natural background radiation level with a radiation detection survey instrument set on its most sensitive scale and with no interposed shielding, or handle the material and items as radioactive waste.
- C. A licensee shall notify the Radiation Safety Officer, or his or her designee, and the authorized user as soon as possible if the patient or human research subject has a medical emergency or dies.
  - D. A licensee may use any unsealed byproduct material identified in R9-7-723(A)(2)(b)(vi) prepared for medical use and for which a written directive is required that is:
    1. Obtained from:
      - a. A manufacturer or preparer licensed under R9-7-311 or equivalent Agreement State requirements, or
      - b. A PET radioactive drug producer licensed under R9-7-311 or equivalent Agreement State requirements;
    2. Excluding production of PET radionuclides, prepared by:
      - a. An authorized nuclear pharmacist;
      - b. A physician who is an authorized user and who meets the requirements specified R-7-723; or
      - c. An individual under the supervision, as specified in R9-7-712, of the authorized nuclear pharmacist in subsection (D)(2)(a) or the physician who is an authorized user in subsection (D)(2)(b);
    3. Obtained from and prepared by an NRC or Agreement State licensee for use in research in accordance with an Investigational New Drug (IND) protocol accepted by FDA; or
    4. Prepared by the licensee for use in research in accordance with an Investigational New Drug (IND) protocol accepted by FDA.
  - E. A licensee shall retain records of instruction and safety procedures performed under this rule for three years from the date of the activity.

**Historical Note**

New Section R9-7-722 recodified from R12-1-722 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

Amended by final expedited rulemaking at 25 A.A.R. 3561, effective December 3, 2019 (Supp. 19-4).

**R9-7-723. Training for Use of Unsealed Radioactive Material Requiring a Written Directive, Including Treatment of Hyperthyroidism, and Treatment of Thyroid Carcinoma**

- A. Except as provided in R9-7-712.01, a licensee shall require an authorized user of unsealed radioactive material for the uses authorized under Group 300 in Exhibit A, Medical Use Groups of this Article to be a physician who:
  1. Is certified by a medical specialty board whose certification process has been recognized by the NRC or an Agreement State, the names of which are specified in the NRC's Medical Uses Licensee Toolkit available through <https://www.nrc.gov>, and who meets the requirements in subsection (A)(2). To have its certification process recognized, a specialty board shall require all candidates for certification to:
    - a. Successfully complete residency training in a radiation therapy or nuclear medicine training program or a program in a related medical specialty. These resi-

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gency training programs must include 700 hours of training and experience as described in subsection (A)(2)(a). Eligible training programs must be approved by the Residency Review Committee of the Accreditation Council for Graduate Medical Education, the Royal College of Physicians and Surgeons of Canada, or the Committee on Post-Graduate Training of the American Osteopathic Association; and

- b. Pass an examination, administered by diplomates of the specialty board, which tests knowledge and competence in radiation safety, radionuclide handling, and quality assurance, and clinical use of unsealed radioactive material for which a written directive is required; or
2. Has:
    - a. Completed 700 hours of training and experience, including a minimum of 200 hours of classroom and laboratory training, in basic radionuclide handling techniques applicable to the medical use of unsealed radioactive material requiring a written directive. The training and experience must include:
      - i. Classroom and laboratory training in the following areas:
        - (1) Radiation physics and instrumentation;
        - (2) Radiation protection;
        - (3) Mathematics pertaining to the use and measurement of radioactivity;
        - (4) Chemistry of radioactive material for medical use; and
        - (5) Radiation biology; and
      - ii. Work experience, under the supervision of an authorized user who meets the requirements in this Section, R9-7-712.01, or equivalent NRC or Agreement State requirements. A supervising authorized user, who meets the requirements in subsection (A)(2), must also have experience in administering dosages in the same dosage category or categories, as specified in subsection (A)(2)(a)(ii)(6), as the individual requesting authorized user status. The work experience must involve:
        - (1) Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys;
        - (2) Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters;
        - (3) Calculating, measuring, and safely preparing patient or human research subject dosages;
        - (4) Using administrative controls to prevent a medical event involving the use of unsealed radioactive material;
        - (5) Using procedures to contain spilled radioactive material safely and using proper decontamination procedures;
        - (6) Administering dosages of radioactive drugs to patients or human research subjects from the following three categories, with radioactive drugs containing radionuclides in categories not included being regulated under Group 1000 in Exhibit A,

Medical Use Groups of this Article. This work experience must involve a minimum of three cases in each of the following categories for which the individual is requesting authorized user status:

- (a) Oral administration of less than or equal to 1.22 gigabecquerels (33 millicuries) of sodium iodide I-131, for which a written directive is required (Experience with at least three cases in the Category specified in subsection (A)(2)(a)(ii)(6)(b) also satisfies this requirement;
  - (b) Oral administration of greater than 1.22 gigabecquerels (33 millicuries) of sodium iodide I-131; and
  - (c) Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for the radionuclide's electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy less than 150 keV, for which a written directive is required; and
- b. Obtained written attestation, that the individual has satisfactorily completed the requirements in subsection (A)(2)(a) and is able to independently fulfill the radiation safety-related duties as an authorized user for the medical uses authorized under Group 300 in Exhibit A, Medical Use Groups of this Article for which the individual is requesting authorized user status. The attestation must be obtained from either:
    - i. A preceptor authorized user who meets the requirements in this Section or equivalent Agreement State or NRC requirements and has experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status; or
    - ii. A residency program director who affirms in writing that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements in this Section, R9-7-712.01, or equivalent Agreement State or NRC requirements, has experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status, and concurs with the attestation provided by the residency program director. The residency training program must be approved by the Residency Review Committee of the Accreditation Council for Graduate Medical Education or the Royal College of Physicians and Surgeons of Canada or the Council on Postdoctoral Training of the American Osteopathic Association and must include training and experience specified in subsection (A)(2)(a).
- B. Except as provided in R9-7-712.01, a licensee shall require an authorized user of iodine-131 for the oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries) to be a physician who has completed the training requirements in 10 CFR 35.392, July 16, 2018, which is incorporated by refer-

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ence, available under R9-7-101, and containing no future editions or amendments.

- C. Except as provided in R9-7-712.01, a licensee shall require an authorized user of iodine-131 for the oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries) to be a physician who has completed the training requirements in 10 CFR 35.394, July 16, 2018, which is incorporated by reference, available under R9-7-101, and containing no future editions or amendments.
- D. Except as provided in R9-7-712.01, a licensee shall require an authorized user for the parenteral administration of unsealed radioactive material requiring a written directive to be a physician who has completed the training requirements in 10 CFR 35.396, July 16, 2018, which is incorporated by reference, available under R9-7-101, and containing no future editions or amendments.
- E. The training and experience shall have been obtained within the seven years preceding the date of application or the individual shall have had related continuing education and experience since the required training and experience was completed.

**Historical Note**

New Section R9-7-723 recodified from R12-1-723 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1). Amended by final expedited rulemaking at 25 A.A.R. 3561, effective December 3, 2019 (Supp. 19-4). Amended by final expedited rulemaking at 28 A.A.R. 3533 (November 18, 2022), with an immediate effective date of November 2, 2022 (Supp. 22-4). Amended by final expedited rulemaking at 30 A.A.R. 2681 (August 30, 2024), with an immediate effective date of August 7, 2024 (Supp. 24-3). Amended by final expedited rulemaking at 30 A.A.R. 2681 (August 30, 2024), with an immediate effective date of August 7, 2024 (Supp. 24-3).

**R9-7-724. Surveys after Brachytherapy Source Implant and Removal; Accountability**

- A. A licensee shall make a survey to locate and account for all sources that have not been implanted immediately after implanting sources in a patient or a human research subject.
- B. A licensee shall make a survey of the patient or the human research subject with a radiation detection survey instrument immediately after removing the last temporary implant source to confirm that all sources have been removed.
- C. A licensee shall maintain accountability at all times for all sources in storage or use.
- D. A licensee shall return brachytherapy sources to a secure storage area as soon as possible after removing sources from a patient or a human research subject.
- E. A licensee shall record the procedures performed in subsections (A) through (D) and retain the records for three years following completion of the record.
- F. A licensee must use only brachytherapy sources:
  - 1. Approved in the Sealed Source and Device Registry for manual brachytherapy medical use. The manual brachytherapy sources may be used for manual brachytherapy uses that are not explicitly listed in the Sealed Source and Device Registry, but must be used in accordance with the radiation safety conditions and limitations described in the Sealed Source and Device Registry; or
  - 2. In research to deliver therapeutic doses for medical use in accordance with an active Investigational Device Exem-

tion (IDE) application accepted by the U.S. Food and Drug Administration, provided the requirements of R9-7-450(A) are met.

**Historical Note**

New Section R9-7-724 recodified from R12-1-724 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1). Amended by final expedited rulemaking at 25 A.A.R. 3561, effective December 3, 2019 (Supp. 19-4).

**R9-7-725. Safety Instructions and Precautions for Brachytherapy Patients that Cannot be Released Under R9-7-717**

- A. In addition to the training requirements in Article 10, a licensee shall provide radiation safety instruction, initially and at least annually, to personnel caring for patients or human research subjects who are receiving brachytherapy and cannot be released under R9-7-717. To satisfy this requirement, the instruction shall be commensurate with the duties of the personnel and include the:
  - 1. Size and appearance of the brachytherapy sources;
  - 2. Safe handling and shielding instructions;
  - 3. Patient or human research subject control;
  - 4. Visitor control, including both:
    - a. Routine visitation of hospitalized individuals in accordance with Article 4 of this Chapter,
    - b. Visitation authorized in accordance with Article 4 of this Chapter, and
  - 5. Notification of the radiation safety officer, or his or her designee, and an authorized user if the patient or the human research subject has a medical emergency or dies.
- B. For each patient or human research subject who is receiving brachytherapy and cannot be released under R9-7-717, a licensee shall:
  - 1. Not quarter the patient or the human research subject in the same room as an individual who is not receiving brachytherapy;
  - 2. Visibly post the patient's or human research subject's room with a "Radioactive Materials" sign; and
  - 3. Note on the door or in the patient's or human research subject's chart where and how long visitors may stay in the patient's or human research subject's room.
- C. A licensee shall have applicable emergency response equipment available near each treatment room to respond to a source:
  - 1. Dislodged from the patient; and
  - 2. Lodged within the patient following removal of the source applicators.
- D. A licensee shall notify the radiation safety officer, or the RSO's designee, and an authorized user as soon as possible if the patient or human research subject has a medical emergency or dies.
- E. A licensee shall record the instructions given under subsection (A) and retain the records for three years after recording the instructions.

**Historical Note**

New Section R9-7-725 recodified from R12-1-725 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-726. Calibration Measurements of Brachytherapy Sources, Decay of Sources Used for Ophthalmic Treatments, and Computerized Treatment Planning Systems**

- A. Before the first medical use of a brachytherapy source after the effective date of this rule, a licensee shall have:

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1. Determined the source output or activity using a dosimetry system that meets the requirements of R9-7-733(A);
  2. Determined source positioning accuracy within applicators; and
  3. Used published protocols currently accepted by nationally recognized bodies to meet the requirements of subsections (A)(1) and (A)(2).
- B.** A licensee may use measurements provided by the source manufacturer or by a calibration laboratory accredited by the American Association of Physicists in Medicine that are made in accordance with subsection (A).
- C.** A licensee shall mathematically correct the outputs or activities determined in subsection (A) for physical decay at intervals consistent with one percent physical decay.
- D.** Only an authorized medical physicist shall calculate the activity of each strontium-90 source that is used to determine the treatment times for ophthalmic treatments. The decay shall be based on the activity determined under subsection (A).
- E.** A licensee shall perform acceptance testing on the treatment planning system of therapy-related computer systems in accordance with published protocols accepted by nationally recognized bodies. At a minimum, the acceptance testing shall include, as applicable, verification of:
1. The source-specific input parameters required by the dose calculation algorithm;
  2. The accuracy of dose, dwell time, and treatment time calculations at representative points;
  3. The accuracy of isodose plots and graphic displays; and
  4. The accuracy of the software used to determine sealed source positions from radiographic images.
- F.** A licensee shall retain records of each source activity determination and ophthalmic source decay correction, and documentation of the acceptance testing protocol required under subsection (E) for three years after the date of the procedure required in subsections (A) and (D), and for the records created in conjunction with subsection (E), the record shall be maintained for three years from the last date of the protocol's use.
- b. Pass an examination, administered by diplomates of the specialty board, that tests knowledge and competence in radiation safety, radionuclide handling, treatment planning, quality assurance, and clinical use of manual brachytherapy; or
2. Has completed a structured educational program in basic radionuclide handling techniques applicable to the use of manual brachytherapy sources that includes:
- a. 200 hours of classroom and laboratory training in the following areas:
    - i. Radiation physics and instrumentation;
    - ii. Radiation protection;
    - iii. Mathematics pertaining to the use and measurement of radioactivity;
    - iv. Radiation biology;
  - b. 500 hours of work experience, under the supervision of an authorized user who meets the requirements in this Section, R9-7-712.01, or equivalent NRC or Agreement State requirements at a medical institution authorized to use byproduct materials under Group 400 in Exhibit A, Medical Use Groups of this Article, involving:
    - i. Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys;
    - ii. Checking survey meters for proper operation;
    - iii. Preparing, implanting, and removing brachytherapy sources;
    - iv. Maintaining running inventories of material on hand;
    - v. Using administrative controls to prevent a medical event involving the use of radioactive material;
    - vi. Using emergency procedures to control radioactive material;
  - c. At least three years of supervised clinical experience in radiation oncology, under an authorized user who meets the requirements in this Section, R9-7-712.01, or equivalent NRC or Agreement State requirements, as part of a formal training program approved by the Residency Review Committee for Radiation Oncology of the Accreditation Council for Graduate Medical Education or the Royal College of Physicians and Surgeons of Canada or the Committee on Postdoctoral Training of the American Osteopathic Association. This experience may be obtained concurrently with the supervised work experience required by subsection (A)(2)(b); and
  - d. Obtaining written attestation that the individual has satisfactorily completed the requirements in subsections (A)(2)(a) through (c) and is able to independently fulfill the radiation safety-related duties as an authorized user of manual brachytherapy sources for the medical uses authorized under Group 400 in Exhibit A, Medical Use Groups of this Article. The attestation must be obtained from either:
    - i. A preceptor authorized user who meets the requirements in this Section, R9-7-712.01, or equivalent Agreement State or NRC requirements; or
    - ii. A residency program director who affirms in writing that the attestation represents the con-

**Historical Note**

New Section R9-7-726 recodified from R12-1-726 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-727. Training for Use of Manual Brachytherapy Sources and Training for the Use of Strontium-90 Sources for Treatment of Ophthalmic Disease**

- A.** Except as provided in R9-7-712.01, a licensee shall require an authorized user of a manual brachytherapy source for the uses authorized under Group 400 in Exhibit A, Medical Use Groups of this Article to be a physician who:
1. Is certified by a medical specialty board whose certification process has been recognized by the NRC or an Agreement State, the names of which are specified in the NRC's Medical Uses Licensee Toolkit available through <https://www.nrc.gov>, and who meets the requirements in subsection (A)(2). To have its certification process recognized, a specialty board shall require all candidates for certification to:
    - a. Successfully complete a minimum of three years of residency training in a radiation oncology program approved by the Residency Review Committee of the Accreditation Council for Graduate Medical Education or the Royal College of Physicians and Surgeons of Canada or the Committee on Post-Grad-

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sensus of the residency pro-gram faculty where at least one faculty member is an authorized user who meets the requirements in this Section, R9-7-712.01, or equivalent Agreement State or NRC requirements, and concurs with the attestation provided by the residency program director. The residency training program must be approved by the Residency Review Committee of the Accreditation Council for Graduate Medical Education or the Royal College of Physicians and Surgeons of Canada or the Council on Postdoctoral Training of the American Osteopathic Association and must include training and experience specified in subsections (A)(2)(a) through (c).

- B.** Except as provided in R9-7-712.01, a licensee shall require the authorized user of strontium-90 for ophthalmic radiotherapy to be a physician who:
1. Is an authorized user under subsection (A) or equivalent Agreement State or NRC requirements; or
  2. Has:
    - a. Completed at least 24 hours of classroom and laboratory training applicable to the medical use of strontium-90 for ophthalmic radiotherapy, including:
      - i. Radiation physics and instrumentation,
      - ii. Radiation protection,
      - iii. Mathematics pertaining to the use and measurement of radioactivity, and
      - iv. Radiation biology;
    - b. Supervised clinical training in ophthalmic radiotherapy under the supervision of an authorized user at a medical institution, clinic, or private practice that includes the use of strontium-90 for the ophthalmic treatment of five individuals, including:
      - i. Examination of each individual to be treated,
      - ii. Calculation of the dose to be administered,
      - iii. Administration of the dose, and
      - iv. Follow up and review of each individual's case history; and
    - c. Obtained written attestation, signed by a preceptor authorized user who meets the requirements in subsection (A) or (B), R9-7-712.01, or equivalent Agreement State or NRC requirements, that the individual has satisfactorily completed the requirements in subsections (B)(2)(a) and (b) and is able to independently fulfill the radiation safety-related duties as an authorized user of strontium-90 for ophthalmic use.
- C.** A licensee who uses strontium-90 for ophthalmic treatments must ensure that certain activities as specified in subsection (D) are performed by either:
1. An authorized medical physicist; or
  2. An individual who:
    - a. Is identified as an ophthalmic physicist on a:
      - i. Specific medical use license issued by the Department, the NRC, or another Agreement State,
      - ii. Permit issued by the Department or an NRC or other Agreement State broad scope medical use licensee,
      - iii. Medical use permit issued by an NRC master material licensee, or
      - iv. Permit issued by an NRC master material licensee broad scope medical use permittee;
    - b. Holds a master's or doctor's degree in physics, medical physics, other physical sciences, engineering, or applied mathematics from an accredited college or university;
    - c. Has successfully completed one year of full-time training in medical physics and an additional year of full-time work experience under the supervision of a medical physicist; and
    - d. Has documented training in:
      - i. The creation, modification, and completion of written directives;
      - ii. Procedures for administrations requiring a written directive; and
      - iii. Performing the calibration measurements of brachytherapy sources as detailed in R9-7-726.
- D.** The individuals who are identified in subsection (C)(1) or (2) shall:
1. Calculate the activity of each strontium-90 source that is used to determine the treatment times for ophthalmic treatments. The decay must be based on the activity determined under R9-7-726; and
  2. Assist the licensee in developing, implementing, and maintaining written procedures to provide high confidence that the administration is in accordance with the written directive. These procedures must include the frequencies that the individual meeting the requirements in subsection (A) will observe treatments, review the treatment methodology, calculate treatment time for the prescribed dose, and review records to verify that the administrations were in accordance with the written directives.
- E.** Licensees shall retain a record of the activity of each strontium-90 source in accordance with R9-7-313.
- F.** The training and experience shall have been obtained within the seven years preceding the date of application or the individual shall have had related continuing education and experience since the required training and experience was completed.

**Historical Note**

New Section R9-7-727 recodified from R12-1-727 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).  
 Amended by final expedited rulemaking at 25 A.A.R. 3561, effective December 3, 2019 (Supp. 19-4).  
 Amended by final expedited rulemaking at 28 A.A.R. 3533 (November 18, 2022), with an immediate effective date of November 2, 2022 (Supp. 22-4). Amended by final expedited rulemaking at 30 A.A.R. 2681 (August 30, 2024), with an immediate effective date of August 7, 2024 (Supp. 24-3).

**R9-7-728. Training for Use of Sealed Sources for Diagnosis**

- A.** Except as provided in R9-7-712.01, a licensee shall require the authorized user of a diagnostic sealed source for use in a device authorized under Group 500 in Exhibit A, Medical Use Groups of this Article to be a physician, dentist, or podiatrist who:
1. Is certified by a medical specialty board whose certification process has been recognized by the NRC or an Agreement State, the names of which are specified in the NRC's Medical Uses Licensee Toolkit available through <https://www.nrc.gov>, and who meets the requirements in subsections (A)(3) and (B);

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2. Is an authorized user for uses listed in Group 200 of Exhibit A, Medical Use Groups of this Article or equivalent NRC or Agreement State requirements; or
  3. Has completed at least eight hours of classroom and laboratory training in basic radionuclide handling techniques specifically applicable to the use of the device, including:
    - a. Radiation physics and instrumentation;
    - b. Radiation protection;
    - c. Mathematics pertaining to the use and measurement of radioactivity;
    - d. Radiation biology.
- B.** A licensee shall require the authorized user of a diagnostic sealed source for use in a device authorized under Group 500 in Exhibit A, Medical Use Groups of this Article to have completed training in the use of the device for the uses requested.
- C.** The training and experience shall have been obtained within the seven years preceding the date of application or the individual shall have had related continuing education and experience since the required training and experience was completed.

**Historical Note**

New Section R9-7-728 recodified from R12-1-728 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).  
 Amended by final expedited rulemaking at 25 A.A.R. 3561, effective December 3, 2019 (Supp. 19-4).  
 Amended by final expedited rulemaking at 30 A.A.R. 2681 (August 30, 2024), with an immediate effective date of August 7, 2024 (Supp. 24-3).

**R9-7-729. Surveys of Patients and Human Research Subjects Treated with a Remote Afterloader Unit**

- A.** Before releasing a patient or a human research subject from licensee control, a licensee shall survey the patient or the human research subject and the remote afterloader unit with a portable radiation detection survey instrument to confirm that each source has been removed from the patient or human research subject and returned to the safe shielded position.
- B.** A licensee shall make records of these surveys conducted under subsection (A) and retain them for three years from the date of each survey.

**Historical Note**

New Section R9-7-729 recodified from R12-1-729 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-730. Installation, Maintenance, Adjustment, and Repair of an Afterloader Unit, Teletherapy Unit, or Gamma Stereotactic Radiosurgery Unit**

- A.** Only a person specifically licensed by the Department, the NRC, or an Agreement State shall install, maintain, adjust, or repair a remote afterloader unit, teletherapy unit, or gamma stereotactic radiosurgery unit that involves work on any source shielding, the source's driving unit, or other electronic or mechanical component that could expose a source, reduce the shielding around a source, or compromise the radiation safety of a unit or a source.
- B.** Except for low dose-rate remote afterloader units, only a person specifically licensed by the Department, the NRC, or an Agreement State shall install, replace, relocate, or remove a sealed source or source contained in other remote afterloader units, teletherapy units, or gamma stereotactic radiosurgery units.
- C.** For a low dose-rate remote afterloader unit, only a person specifically licensed by the Department, the NRC, or an Agreement State or an authorized medical physicist shall install,

replace, relocate, or remove a sealed source contained in the unit.

- D.** A licensee shall retain a record of the installation, maintenance, adjustment, and repair of remote afterloader units, teletherapy units, and gamma stereotactic radiosurgery units for three years from the completion date of the activity listed in this Section.

**Historical Note**

New Section R9-7-730 recodified from R12-1-730 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-731. Safety Procedures and Instructions for Remote Afterloader Units, Teletherapy Units, and Gamma Stereotactic Radiosurgery Units**

- A.** A licensee shall:
1. Secure the unit, the console, the console keys, and the treatment room when not in use or unattended;
  2. Permit only individuals approved by the authorized user, Radiation Safety Officer, or authorized medical physicist to be present in the treatment room during treatment with a source;
  3. Prevent dual operation of more than one radiation producing device in a treatment room if applicable; and
  4. Develop, implement, and maintain written procedures for responding to an abnormal situation when the operator is unable to place a source in the shielded position, or remove the patient or human research subject from the radiation field with controls from outside the treatment room. These procedures shall include:
    - a. Instructions for responding to equipment failures and the names of the individuals responsible for implementing corrective actions;
    - b. The process for restricting access to and posting of the treatment area to minimize the risk of inadvertent exposure; and
    - c. The names and telephone numbers of the authorized users, the authorized medical physicist, and the Radiation Safety Officer to be contacted if the unit or console operates abnormally.
- B.** A licensee shall post instructions at the unit console to inform the operator of:
1. The location of the procedures required by subsection (A)(4); and
  2. The names and telephone numbers of the authorized users, the authorized medical physicist, and the Radiation Safety Officer to be contacted if the unit or console operates abnormally.
- C.** A licensee shall provide instruction, initially and at least annually, to all individuals who operate the unit, as appropriate to the individual's assigned duties, in:
1. The procedures identified in subsection (A)(4); and
  2. The operating procedures for the unit.
- D.** A licensee shall ensure that operators, authorized medical physicists, and authorized users participate in drills of the emergency procedures, initially and at least annually.
- E.** A licensee shall retain a record of individuals receiving instruction required by subsection (C) for three years from the date of the instruction.
- F.** A licensee shall maintain a copy of the procedures required by subsections (A)(4) and (C)(2) for Department review. The copy shall be maintained for three years beyond the termination date of the activities for which the procedures were written.



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- G. Prior to the first use for patient treatment of a new unit or an existing unit with a manufacturer upgrade that affects the operation and safety of the unit, a licensee shall ensure that vendor operational and safety training is provided to all individuals who will operate the unit. The vendor operational and safety training must be provided by the device manufacturer or by an individual certified by the device manufacturer to provide the operational and safety training.
- H. A licensee shall have each teletherapy unit and gamma stereotactic radiosurgery unit fully inspected and serviced during each source replacement to assure proper functioning of the source exposure mechanism and other safety components. The interval between each full-inspection servicing shall not exceed five years for each teletherapy unit and shall not exceed seven years for each gamma stereotactic radiosurgery unit.
- I. A licensee shall:
  1. Ensure that inspection and servicing are performed only by persons specifically licensed to do so by the Department, the NRC or another Agreement State, and
  2. Keep a record of the inspection and servicing for three years after termination.
- J. A licensee shall maintain a record of safety instruction required by R9-7-722, R9-7-725 and this Section and the operational and safety instructions for three years after the date of the instruction. The record must include a list of the topics covered, the date of the instruction, the name(s) of the attendee(s), and the name(s) of the individual(s) who provided the instruction.

**Historical Note**

New Section R9-7-731 recodified from R12-1-731 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).  
Amended by final expedited rulemaking at 25 A.A.R. 3561, effective December 3, 2019 (Supp. 19-4).

**R9-7-732. Safety Precautions for Remote Afterloader Units, Teletherapy Units, and Gamma Stereotactic Radiosurgery Units**

- A. A licensee shall control access at each entrance to a treatment room.
- B. A licensee shall equip each entrance to the treatment room with an electrical interlock system that will:
  1. Prevent the operator from initiating the treatment cycle unless each treatment room entrance door is closed;
  2. Cause each source to be shielded when an entrance door is opened; and
  3. Prevent any source from being exposed following an interlock interruption until all treatment room entrance doors are closed and the source's on-off control is reset at the console.
- C. A licensee shall require any individual entering the treatment room to assure, through the use of appropriate radiation monitors, that radiation levels have returned to ambient levels.
- D. Except for low-dose remote afterloader units, a licensee shall construct or equip each treatment room with viewing and intercom systems to permit continuous observation of the patient or the human research subject from the treatment console during irradiation.
- E. For licensed activities where sources are placed within the patient's or human research subject's body, a licensee shall only conduct treatments which allow for expeditious removal of a decoupled or jammed source.
- F. In addition to the requirements specified in subsections (A) through (E), a licensee shall:
  1. For medium dose-rate and pulsed dose-rate remote afterloader units, require:
    - a. An authorized medical physicist and either an authorized user or a physician, under the supervision of an authorized user, who has been trained in the operation and emergency response for the unit, to be physically present during the initiation of all patient treatments involving the unit; and
    - b. An authorized medical physicist and either an authorized user or an individual, under the supervision of an authorized user, who has been trained to remove each source applicator in the event of an emergency involving the unit, to be immediately available during continuation of all patient treatments involving the unit.
  2. For high dose-rate remote afterloader units, require:
    - a. An authorized user and an authorized medical physicist to be physically present during the initiation of all patient treatments involving the unit; and
    - b. An authorized medical physicist and either an authorized user or a physician, under the supervision of an authorized user, who has been trained in the operation and emergency response for the unit, to be physically present during continuation of all patient treatments involving the unit.
  3. For gamma stereotactic radiosurgery units, require an authorized user and an authorized medical physicist to be physically present throughout all patient treatments involving the unit. As used in this provision, physically present means to be within hearing distance of normal voice, and does not include the use of portable communication devices, intercoms, or other devices that could be used to amplify the human voice.
  4. Notify the radiation safety officer, or radiation safety officer's designee, and an authorized user as soon as possible if the patient or human research subject has a medical emergency or dies.

- G. A licensee shall have applicable emergency response equipment available near each treatment room to respond to a source:
  1. Remaining in the unshielded position; or
  2. Lodged within the patient following completion of the treatment.

**Historical Note**

New Section R9-7-732 recodified from R12-1-732 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-733. Dosimetry Equipment**

- A. Except for low dose-rate remote afterloader sources where the source output or activity is determined by the manufacturer, a licensee shall have a calibrated dosimetry system available for use. To satisfy this requirement, one of the following two conditions shall be met.
  1. The system shall have been calibrated using a system or source traceable to the National Institute of Science and Technology (NIST) and published protocols accepted by nationally recognized bodies; or by a calibration laboratory accredited by the American Association of Physicists in Medicine (AAPM). The calibration shall have been performed within the previous two years and after any servicing that may have affected system calibration; or
  2. The system shall have been calibrated within the previous four years. Eighteen to 30 months after that calibration, the system shall have been intercompared with another

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dosimetry system that was calibrated within the past 24 months by NIST or by a calibration laboratory accredited by the AAPM. The results of the intercomparison shall indicate that the calibration factor of the licensee's system had not changed by more than two percent. The licensee may not use the intercomparison result to change the calibration factor. When intercomparing dosimetry systems to be used for calibrating sealed sources for therapeutic units, the licensee shall use a comparable unit with beam attenuators or collimators, as applicable, and sources of the same radionuclide as the source used at the licensee's facility.

- B. The licensee shall have a dosimetry system available for use for spot-check output measurements, if applicable. To satisfy this requirement, the system may be compared with a system that has been calibrated in accordance with subsection (A). This comparison shall have been performed within the previous year and after each servicing that may have affected system calibration. The spot-check system may be the same system used to meet the requirement in subsection (A).
- C. The licensee shall retain, for three years from the date of the procedure, a record of each calibration, intercomparison, and comparison.

**Historical Note**

New Section R9-7-733 recodified from R12-1-733 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-734. Full Calibration Measurements on Teletherapy Units**

- A. A licensee authorized to use a teletherapy unit for medical use shall perform full calibration measurements on each teletherapy unit:
  1. Before the first medical use of the unit; and
  2. Before medical use under the following conditions:
    - a. Whenever spot-check measurements indicate that the output differs by more than 5 percent from the output obtained at the last full calibration corrected mathematically for radioactive decay;
    - b. Following replacement of the source or following reinstallation of the teletherapy unit in a new location;
    - c. Following any repair of the teletherapy unit that includes removal of the source or major repair of the components associated with the source exposure assembly; and
  3. At intervals not exceeding one year.
- B. To satisfy the requirement of subsection (A), full calibration measurements shall include determination of:
  1. The output within  $\pm 3$  percent for the range of field sizes and for the distance or range of distances used for medical use;
  2. The coincidence of the radiation field and the field indicated by the light beam localizing device;
  3. The uniformity of the radiation field and its dependence on the orientation of the useful beam;
  4. Timer accuracy and linearity over the range of use;
  5. On-off error; and
  6. The accuracy of all distance measuring and localization devices in medical use.
- C. A licensee shall use the dosimetry system described in R9-7-733(A) to measure the output for one set of exposure conditions. The remaining radiation measurements required in subsection (B)(1) may be made using a dosimetry system that indicates relative dose rates.

- D. A licensee shall make full calibration measurements required by subsection (A) in accordance with published protocols accepted by nationally recognized bodies.
- E. A licensee shall mathematically correct the outputs determined in subsection (B)(1) for physical decay for intervals not exceeding one month for cobalt-60, six months for cesium-137, or at intervals consistent with 1 percent decay for all other nuclides.
- F. Full calibration measurements required by subsection (A) and physical decay corrections required by subsection (E) shall be performed by an authorized medical physicist.
- G. A licensee shall retain a record of each calibration for three years from the date it was completed.

**Historical Note**

New Section R9-7-734 recodified from R12-1-734 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-735. Full Calibration Measurements on Remote Afterloader Units**

- A. A licensee authorized to use a remote afterloader unit for medical use shall perform full calibration measurements on each unit:
  1. Before the first medical use of the unit;
  2. Before medical use under the following conditions:
    - a. Following replacement of the source or following reinstallation of the unit in a new location outside the facility; and
    - b. Following any repair of the unit that includes removal of the source or major repair of the components associated with the source exposure assembly; and
  3. At intervals not exceeding one quarter for high dose-rate, medium dose-rate, and pulsed dose-rate remote afterloader units with sources whose half-life exceeds 75 days; and
  4. At intervals not exceeding one year for low dose-rate remote afterloader units.
- B. To satisfy the requirement of subsection (A), full calibration measurements shall include, as applicable, determination of:
  1. The output within  $\pm 5$  percent;
  2. Source positioning accuracy to within  $\pm 1$  millimeter;
  3. Source retraction with backup battery upon power failure;
  4. Length of the source transfer tubes;
  5. Timer accuracy and linearity over the typical range of use;
  6. Length of the applicators; and
  7. Function of the source transfer tubes, applicators, and transfer tube-applicator interfaces.
- C. A licensee shall use the dosimetry system described in R9-7-733(A) to measure the output.
- D. A licensee shall make full calibration measurements required by subsection (A) in accordance with published protocols accepted by nationally recognized bodies.
- E. In addition to the requirements for full calibrations for low dose-rate remote afterloader units in subsection (B), a licensee shall perform an autoradiograph of the sources to verify inventory and source arrangement at intervals not exceeding one quarter.
- F. For low dose-rate remote afterloader units, a licensee may use measurements provided by the source manufacturer that are made in accordance with subsections (A) through (E).
- G. A licensee shall mathematically correct the outputs determined in subsection (B)(1) for physical decay at intervals consistent with 1 percent physical decay.

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- H. Full calibration measurements required by subsection (A) and physical decay corrections required by subsection (G) shall be performed by an authorized medical physicist.
- I. A licensee shall retain a record of each calibration for three years from the date it was completed.

**Historical Note**

New Section R9-7-735 recodified from R12-1-735 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-736. Full Calibration Measurements on Gamma Stereotactic Radiosurgery Units**

- A. A licensee authorized to use a gamma stereotactic radiosurgery unit for medical use shall perform full calibration measurements on each unit:
  1. Before the first medical use of the unit;
  2. Before medical use under the following conditions:
    - a. Whenever spot-check measurements indicate that the output differs by more than 5 percent from the output obtained at the last full calibration corrected mathematically for radioactive decay;
    - b. Following replacement of the sources or following reinstallation of the gamma stereotactic radiosurgery unit in a new location; and
    - c. Following any repair of the gamma stereotactic radiosurgery unit that includes removal of the sources or major repair of the components associated with the source assembly; and
  3. At intervals not exceeding one year, with the exception that relative helmet factors need only be determined before the first medical use of a helmet and following any damage to a helmet.
- B. To satisfy the requirement of subsection (A), full calibration measurements shall include determination of:
  1. The output within  $\pm 3$  percent;
  2. Relative helmet factors;
  3. Isocenter coincidence;
  4. Timer accuracy and linearity over the range of use;
  5. On-off error;
  6. Trunnion centricity;
  7. Treatment table retraction mechanism, using backup battery power or hydraulic backups with the unit off;
  8. Helmet microswitches;
  9. Emergency timing circuits; and
  10. Stereotactic frames and localizing devices (trunnions).
- C. A licensee shall use the dosimetry system described in R9-7-733(A) to measure the output for one set of exposure conditions. The remaining radiation measurements required in subsection (B)(1) may be made using a dosimetry system that indicates relative dose rates.
- D. A licensee shall make full calibration measurements required by subsection (A) in accordance with published protocols accepted by nationally recognized bodies.
- E. A licensee shall mathematically correct the outputs determined in subsection (B)(1) at intervals not exceeding one month for cobalt-60 and at intervals consistent with 1 percent physical decay for all other radionuclides.
- F. Full calibration measurements required by subsection (A) and physical decay corrections required by subsection (E) shall be performed by an authorized medical physicist.
- G. A licensee shall retain a record of each calibration for three years from the date of the procedure.

**Historical Note**

New Section R9-7-736 recodified from R12-1-736 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-737. Periodic Spot-checks for Teletherapy Units**

- A. A licensee authorized to use teletherapy units for medical use shall perform output spot-checks on each teletherapy unit once in each calendar month that include determination of:
  1. Timer accuracy, and timer linearity over the range of use;
  2. On-off error;
  3. The coincidence of the radiation field and the field indicated by the light beam localizing device;
  4. The accuracy of all distance measuring and localization devices used for medical use;
  5. The output for one typical set of operating conditions measured with the dosimetry system described in R9-7-733(B); and
  6. The difference between the measurement made in subsection (A)(5) and the anticipated output, expressed as a percentage of the anticipated output.
- B. A licensee shall perform measurements required by subsection (A) in accordance with written procedures established by an authorized medical physicist. That individual need not actually perform the spot-check measurements.
- C. A licensee shall have an authorized medical physicist review the results of each spot-check within 15 days. The authorized medical physicist shall notify the licensee as soon as possible in writing of the results of each spot-check.
- D. A licensee authorized to use a teletherapy unit for medical use shall perform safety spot-checks of each teletherapy facility once in each calendar month and after each source installation to assure proper operation of:
  1. Electrical interlocks at each teletherapy room entrance;
  2. Electrical or mechanical stops installed for the purpose of limiting use of the primary beam of radiation (restriction of source housing angulation or elevation, carriage or stand travel and operation of the beam on-off mechanism);
  3. Source exposure indicator lights on the teletherapy unit, on the control console, and in the facility;
  4. Viewing and intercom systems;
  5. Treatment room doors from inside and outside the treatment room; and
  6. Electrically assisted treatment room doors with the teletherapy unit electrical power turned off.
- E. If the results of the checks required in subsection (D) indicate the malfunction of any system, a licensee shall lock the control console in the off position and not use the unit except as may be necessary to repair, replace, or check the malfunctioning system.
- F. A licensee shall retain a record of each spot-check required by subsections (A) and (D) for three years from the date of the procedure, and a copy of the procedures required by subsection (B) until licensee terminates all medical activities involving the teletherapy unit.

**Historical Note**

New Section R9-7-737 recodified from R12-1-737 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-738. Periodic Spot-checks for Remote Afterloader Units**

- A. A licensee authorized to use a remote afterloader unit for medical use shall perform spot-checks of each remote afterloader facility and on each unit:

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1. Before the first use of a high dose-rate, medium dose-rate, or pulsed dose-rate remote afterloader unit on a given day;
  2. Before each patient treatment with a low dose-rate remote afterloader unit; and
  3. After each source installation.
- B.** A licensee shall perform the measurements required by subsection (A) in accordance with written procedures established by an authorized medical physicist. That individual need not actually perform the spot-check measurements.
- C.** A licensee shall have an authorized medical physicist review the results of each spot-check within 15 days. The authorized medical physicist shall notify the licensee as soon as possible in writing of the results of each spot-check.
- D.** To satisfy the requirements of subsection (A), spot-checks shall, at a minimum, assure proper operation of:
1. Electrical interlocks at each remote afterloader unit room entrance;
  2. Source exposure indicator lights on the remote afterloader unit, on the control console, and in the facility;
  3. Viewing and intercom systems in each high dose-rate, medium dose-rate, and pulsed dose-rate remote afterloader facility;
  4. Emergency response equipment;
  5. Radiation monitors used to indicate the source position;
  6. Timer accuracy;
  7. Clock (date and time) in the unit's computer; and
  8. Decayed source activity in the unit's computer.
- E.** If the results of the checks required in subsection (D) indicate the malfunction of any system, a licensee shall lock the control console in the off position and not use the unit except as may be necessary to repair, replace, or check the malfunctioning system.
- F.** A licensee shall retain a record of each spot-check required by subsections (A) and (D) for three years from the date of the procedure, and a copy of the procedures required by subsection (B) until licensee terminates all medical activities involving the afterloader unit.
- b. Helmet microswitches;
  - c. Emergency timing circuits; and
  - d. Stereotactic frames and localizing devices (trunnions).
2. Determine:
- a. The output for one typical set of operating conditions measured with the dosimetry system described in R9-7-733(B);
  - b. The difference between the measurement made in subsection (C)(2)(a) and the anticipated output, expressed as a percentage of the anticipated output;
  - c. Source output against computer calculation;
  - d. Timer accuracy and linearity over the range of use;
  - e. On-off error; and
  - f. Trunnion centricity.
- D.** To satisfy the requirements of subsections (A)(2) and (A)(3), spot-checks shall assure proper operation of:
1. Electrical interlocks at each gamma stereotactic radiosurgery room entrance;
  2. Source exposure indicator lights on the gamma stereotactic radiosurgery unit, on the control console, and in the facility;
  3. Viewing and intercom systems;
  4. Timer termination;
  5. Radiation monitors used to indicate room exposures; and
  6. Emergency off buttons.
- E.** A licensee shall arrange for the repair of any system identified in subsection (C) that is not operating properly as soon as possible.
- F.** If the results of the checks required in subsection (D) indicate the malfunction of any system, a licensee shall lock the control console in the off position and not use the unit except as may be necessary to repair, replace, or check the malfunctioning system.
- G.** A licensee shall retain a record of each check required by subsections (C) and (D) for three years from the date of the procedure, and a copy of the procedures required by subsection (B) until licensee terminates all medical activities involving the radiosurgery unit.

**Historical Note**

New Section R9-7-738 recodified from R12-1-738 at 24  
A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-739. Periodic Spot-checks for Gamma Stereotactic Radiosurgery Units**

- A.** A licensee authorized to use a gamma stereotactic radiosurgery unit for medical use shall perform spot-checks of each gamma stereotactic radiosurgery facility and on each unit:
1. Monthly;
  2. Before the first use of the unit on a given day; and
  3. After each source installation.
- B.** A licensee shall:
1. Perform the measurements required by subsection (A) in accordance with written procedures established by an authorized medical physicist. That individual need not actually perform the spot-check measurements.
  2. Have the authorized medical physicist review the results of each spot-check within 15 days. The authorized medical physicist shall notify the licensee as soon as possible in writing of the results of each spot-check.
- C.** To satisfy the requirements of subsection (A)(1), spot-checks shall, at a minimum:
1. Assure proper operation of:
    - a. Treatment table retraction mechanism, using backup battery power or hydraulic backups with the unit off;

**Historical Note**

New Section R9-7-739 recodified from R12-1-739 at 24  
A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-740. Additional Requirements for Mobile Remote Afterloader Units**

- A.** A licensee providing mobile remote afterloader service shall:
1. Check survey instruments before medical use at each address of use or on each day of use, whichever is more frequent; and
  2. Account for all sources before departure from a client's address of use.
- B.** In addition to the periodic spot-checks required by R9-7-738, a licensee authorized to use mobile afterloaders for medical use shall perform checks on each remote afterloader unit before use at each address of use. At a minimum, checks shall be made to verify the operation of:
1. Electrical interlocks on treatment area access points;
  2. Source exposure indicator lights on the remote afterloader unit, on the control console, and in the facility;
  3. Viewing and intercom systems;
  4. Applicators, source transfer tubes, and transfer tube-applicator interfaces;
  5. Radiation monitors used to indicate room exposures;
  6. Source positioning (accuracy); and

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7. Radiation monitors used to indicate whether the source has returned to a safe shielded position.
- C. In addition to the requirements for checks in subsection (B), a licensee shall ensure overall proper operation of the remote afterloader unit by conducting a simulated cycle of treatment before use at each address of use.
- D. If the results of the checks required in subsection (B) indicate the malfunction of any system, a licensee shall lock the control console in the off position and not use the unit except as may be necessary to repair, replace, or check the malfunctioning system.
- E. A licensee shall retain a record of each check required by subsection (B) for three years from the date of the procedure.

**Historical Note**

New Section R9-7-740 recodified from R12-1-740 at 24  
A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-741. Additional Radiation Surveys of Sealed Sources used in Radiation Therapy**

- A. In addition to the survey requirement in Article 4 of this Chapter, a person licensed to use sealed sources in the practice of radiation therapy shall make surveys to ensure that the maximum radiation levels and average radiation levels from the surface of the main source safe with each source in the shielded position do not exceed the levels stated in the Sealed Source and Device Registry.
- B. A licensee shall make the survey required by subsection (A) at installation of a new source and following repairs to any source shielding, a source's driving unit, or other electronic or mechanical component that could expose the source, reduce the shielding around a source, or compromise the radiation safety of the unit or the source.
- C. A licensee shall retain a record of the radiation surveys required by subsection (A) for three years from the date of each survey.

**Historical Note**

New Section R9-7-741 recodified from R12-1-741 at 24  
A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-742. Five-year Inspection for Teletherapy and Gamma Stereotactic Radiosurgery Units**

- A. A licensee shall have each teletherapy unit and gamma stereotactic radiosurgery unit fully inspected and serviced during source replacement or at intervals not to exceed five years, whichever comes first, to assure proper functioning of the source exposure mechanism.
- B. This inspection and servicing may only be performed by persons specifically licensed to do so by the Department, the NRC, or an Agreement State.
- C. A licensee shall keep a record of each five-year inspection for three years from the date of the inspection, if the inspection determined that service was unnecessary, and three years from the date of the completed service if the inspection determined that service was needed.

**Historical Note**

New Section R9-7-742 recodified from R12-1-742 at 24  
A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-743. Therapy-related Computer Systems**

The licensee shall perform acceptance testing on the treatment planning system of therapy-related computer systems in accordance with published protocols accepted by nationally recognized bodies. At a minimum, the acceptance testing shall include, as applicable, verification of:

1. The source-specific input parameters required by the dose calculation algorithm;
2. The accuracy of dose, dwell time, and treatment time calculations at representative points;
3. The accuracy of isodose plots and graphic displays;
4. The accuracy of the software used to determine sealed source positions from radiographic images; and
5. The accuracy of electronic transfer of the treatment delivery parameters to the treatment delivery unit from the treatment planning system.

**Historical Note**

New Section R9-7-743 recodified from R12-1-743 at 24  
A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-744. Training for Use of Remote Afterloader Units, Teletherapy Units, and Gamma Stereotactic Radiosurgery Units**

- A. Except as provided in R9-7-712.01, a licensee shall require an authorized user of a sealed source for a use authorized under Group 600 in Exhibit A, Medical Use Groups of this Article to be a physician who:
  1. Is certified by a medical specialty board whose certification process has been recognized by the Department, the NRC or another Agreement State and who meets the requirements in subsection (A)(2)(e). The names of board certifications that have been recognized by the Department, the NRC or another Agreement State are specified in the NRC's Medical Uses Licensee Toolkit available through <https://www.nrc.gov>. To have its certification process recognized, a specialty board shall require all candidates to:
    - a. Successfully complete a minimum of three years of residency training in a radiation therapy program approved by the Residency Review Committee of the Accreditation Council for Graduate Medical Education or the Royal College of Physicians and Surgeons of Canada or the Committee on Post-Graduate Training of the American Osteopathic Association; and
    - b. Pass an examination, administered by diplomates of the specialty board, which tests knowledge and competence in radiation safety, radionuclide handling, treatment planning, quality assurance, and clinical use of stereotactic radiosurgery, remote after-loaders and external beam therapy; or
  2. Has completed a structured educational program in basic radionuclide techniques applicable to the use of a sealed source in a therapeutic medical unit that includes:
    - a. 200 hours of classroom and laboratory training in the following areas:
      - i. Radiation physics and instrumentation;
      - ii. Radiation protection;
      - iii. Mathematics pertaining to the use and measurement of radioactivity;
      - iv. Chemistry of radioactive material for medical use; and
      - v. Radiation biology;
    - b. 500 hours of work experience, under the supervision of an authorized user who meets the requirements in subsection (A), R9-7-712.01, or equivalent Agreement State or NRC requirements at a medical institution, involving:
      - i. Reviewing full calibration measurements and periodic spot-checks;

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- ii. Preparing treatment plans and calculating treatment doses and times;
  - iii. Using administrative controls to prevent a medical event involving the use of radioactive material;
  - iv. Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console;
  - v. Checking and using survey meters; and
  - vi. Selecting the proper dose and how it is to be administered;
- c. Completing at least three years of supervised clinical experience in radiation therapy, under an authorized user who meets the requirements in subsection (A), R9-7-712.01, or equivalent Agreement State or NRC requirements, as part of a formal training program approved by the Residency Review Committee for Radiation Oncology of the Accreditation Council for Graduate Medical Education or the Royal College of Physicians and Surgeons of Canada or the Committee on Postdoctoral Training of the American Osteopathic Association. This experience may be obtained concurrently with the supervised work experience required by subsection (A)(2)(b); and
- d. Obtaining written attestation that the individual has satisfactorily completed the requirements in subsections (A)(2)(a) through (c) and (B), and is able to independently fulfill the radiation safety-related duties as an authorized user of each type of therapeutic medical unit for which the individual is requesting authorized user status. The written attestation must be obtained from either:
- i. A preceptor authorized user who meets the requirements in subsection (A), R9-7-712.01, NRC requirements, or equivalent Agreement State requirements for the type or types of therapeutic medical unit for which the individual is requesting authorized user status; or
  - ii. A residency program director who affirms in writing that the attestation represents the consensus of the residency pro-gram faculty where at least one faculty member is an authorized user who meets the requirements in this Section, NRC requirements, or equivalent Agreement State requirements, for the type or types of therapeutic medical unit for which the individual is requesting authorized user status, and concurs with the attestation provided by the residency program director. The residency training program must be approved by the Residency Review Committee of the Accreditation Council for Graduate Medical Education or the Royal College of Physicians and Surgeons of Canada or the Council on Postdoctoral Training of the American Osteopathic Association and must include training and experience specified in subsection (A)(2)(a) through (c).
- B. A licensee shall require an authorized user of a sealed source for a use authorized under Group 600 in Exhibit A, Medical Use Groups of this Article to receive training in device operation, safety procedures, and clinical use for the type or types of use for which authorization is sought. This training requirement may be satisfied by satisfactory completion of a training program provided by the vendor for new users or by receiving training supervised by an authorized user or authorized medical physicist, as appropriate, who is authorized for the type or types of use for which the individual is seeking authorization.
- C. The training and experience shall have been obtained within the seven years preceding the date of application or the individual shall have had related continuing education and experience since the required training and experience was completed.

**Historical Note**

New Section R9-7-744 recodified from R12-1-744 at 24

A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

Amended by final expedited rulemaking at 25 A.A.R.

3561, effective December 3, 2019 (Supp. 19-4).

Amended by final expedited rulemaking at 28 A.A.R.

3533 (November 18, 2022), with an immediate effective

date of November 2, 2022 (Supp. 22-4). Amended by

final expedited rulemaking at 30 A.A.R. 2681 (August

30, 2024), with an immediate effective date of August 7,

2024 (Supp. 24-3).

**R9-7-745. Report and Notification of a Medical Event**

- A. A licensee shall report any "medical" event, except for an event that results from patient intervention, in which the administration of radioactive material or radiation from radioactive material results in:
- 1. A dose that differs from the prescribed dose or dose that would have resulted from the prescribed dosage by more than 0.05 Sv (5 rem) effective dose equivalent, 0.5 Sv (50 rem) to an organ or tissue, or 0.5 Sv (50 rem) shallow dose equivalent to the skin; and
    - a. The total dose delivered differs from the prescribed dose by 20 percent or more;
    - b. The total dosage delivered differs from the prescribed dosage by 20 percent or more or falls outside the prescribed dosage range; or
    - c. The fractionated dose delivered differs from the prescribed dose, for a single fraction, by 50 percent or more.
  - 2. A dose that exceeds 0.05 Sv (5 rem) effective dose equivalent, 0.5 Sv (50 rem) to an organ or tissue, or 0.5 Sv (50 rem) shallow dose equivalent to the skin from any of the following:
    - a. An administration of a wrong radiopharmaceutical containing radioactive material;
    - b. An administration of a radiopharmaceutical containing radioactive material by the wrong route of administration;
    - c. An administration of a dose or dosage to the wrong individual or human research subject;
    - d. An administration of a dose or dosage delivered by the wrong mode of treatment; or
    - e. A leaking sealed source.
  - 3. A dose to the skin or an organ or tissue other than the treatment site that exceeds by 0.5 Sv (50 rem) to an organ or tissue and 50 percent or more of the dose expected from the administration defined in the written directive (excluding, for permanent implants, seeds that were implanted in the correct site but migrated outside the treatment site).
- B. A licensee shall report any event resulting from intervention of a patient or human research subject in which the administration of radio-active material or radiation from radioactive material results or will result in unintended permanent func-

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tional damage to an organ or a physiological system, as determined by a physician.

- C. The licensee shall notify by telephone the Department no later than the next calendar day after discovery of the medical event.
- D. The licensee shall submit a written report to the Department within 15 days after discovery of the medical event.
  - 1. The written report shall include:
    - a. The licensee's name;
    - b. The name of the prescribing physician;
    - c. A brief description of the event;
    - d. Why the event occurred;
    - e. The effect, if any, on each individual who received the administration;
    - f. What actions, if any, have been taken or are planned to prevent recurrence; and
    - g. Certification that the licensee notified each individual (or the individual's responsible relative or guardian), and if not, why not.
  - 2. The report may not contain an individual's name or any other information that could lead to identification of the individual.
- E. The licensee shall provide notification of the event to the referring physician and also notify the individual who is the subject of the medical event no later than 24 hours after its discovery, unless the referring physician personally informs the licensee either that he or she will inform the individual or that, based on medical judgment, telling the individual would be harmful. The licensee is not required to notify the individual without first consulting the referring physician. If the referring physician or the affected individual cannot be reached within 24 hours, the licensee shall notify the individual as soon as possible thereafter. The licensee may not delay any appropriate medical care for the individual, including any necessary remedial care as a result of the medical event, because of any delay in notification. To meet the requirements of this subsection, the notification of the individual who is the subject of the medical event may be made instead to that individual's responsible relative or guardian. If a verbal notification is made, the licensee shall inform the individual, or appropriate responsible relative or guardian, that a written description of the event can be obtained from the licensee upon request. The licensee shall provide such a written description if requested.
- F. Aside from the notification requirement, nothing in this Section affects any rights or duties of licensees and physicians in relation to each other, to individuals affected by the medical event, or to that individual's responsible relatives or guardians.
- G. A licensee shall:
  - 1. Annotate a copy of the report provided to the Department with the:
    - a. Name of the individual who is the subject of the event; and
    - b. Identification number or, if no other identification number is available, the Social Security number of the individual who is the subject of the event; and
  - 2. Provide a copy of the annotated report to the referring physician, if other than the licensee, no later than 15 days after the discovery of the event.

**Historical Note**

New Section R9-7-745 recodified from R12-1-745 at 24

A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

Amended by final expedited rulemaking at 28 A.A.R.

3533 (November 18, 2022), with an immediate effective date of November 2, 2022 (Supp. 22-4).

**R9-7-746. Report and Notification of a Dose to an Embryo, Fetus, or Nursing Child**

- A. A licensee shall report any dose to an embryo/fetus that is greater than 50 mSv (5 rem) dose equivalent that is a result of an administration of radioactive material or radiation from radioactive material to a pregnant individual unless the dose to the embryo/fetus was specifically approved, in advance, by the authorized user.
- B. A licensee shall report any dose to a nursing child that is a result of an administration of radioactive material to a breastfeeding individual that:
  - 1. Is greater than 50 mSv (5 rem) total effective dose equivalent; or
  - 2. Has resulted in unintended permanent functional damage to an organ or a physiological system of the child, as determined by a physician.
- C. The licensee shall notify the Department by telephone no later than the next calendar day after discovery of a dose to the embryo, fetus, or nursing child that requires a report in subsections (A) or (B).
- D. The licensee shall submit a written report to the Department within 15 days after discovery of a dose to the embryo, fetus, or nursing child that requires a report in subsections (A) or (B). The written report shall include:
  - 1. The licensee's name;
  - 2. The name of the prescribing physician;
  - 3. A brief description of the event;
  - 4. Why the event occurred;
  - 5. The effect, if any, on the embryo/fetus or the nursing child;
  - 6. What actions, if any, have been taken or are planned to prevent recurrence; and
  - 7. Certification that the licensee notified the pregnant individual or mother (or the mother's or child's responsible relative or guardian), and if not, why not.
- E. The report, required in subsection (D), shall not contain the individual's or child's name or any other information that could lead to identification of the individual or child.
- F. The licensee shall provide notification of the event to the referring physician and also notify the pregnant individual or mother, both here-after referred to as the mother, no later than 24 hours after discovery of an event that would require reporting under subsections (A) or (B), unless the referring physician personally informs the licensee either that he or she will inform the mother or that, based on medical judgment, telling the mother would be harmful. The licensee is not required to notify the mother without first consulting with the referring physician. If the referring physician or mother cannot be reached within 24 hours, the licensee shall make the appropriate notifications as soon as possible thereafter. The licensee shall not delay any appropriate medical care for the embryo, fetus, or for the nursing child, including any necessary remedial care as a result of the event, because of any delay in notification. To meet the requirements of this subsection, the notification may be made to the mother's or child's responsible relative or guardian instead of the mother. If a verbal notification is made, the licensee shall inform the mother, or the mother's or child's responsible relative or guardian, that a written description of the event can be obtained from the licensee upon request. The licensee shall provide the written description upon request.
- G. A licensee shall:

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1. Make a copy of the report provided to the Department and include with it the:
  - a. Name of the pregnant individual or the nursing child who is the subject of the event; and
  - b. Identification number or, if no other identification number is available, the Social Security number of the pregnant individual or the nursing child who is the subject of the event; and
2. Provide the copy of the information required in subsection (G)(1) to the referring physician, if other than the licensee, no later than 15 days after the discovery of the event.

**Historical Note**

New Section R9-7-746 recodified from R12-1-746 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).  
 Amended by final expedited rulemaking at 28 A.A.R. 3533 (November 18, 2022), with an immediate effective date of November 2, 2022 (Supp. 22-4).

**Exhibit A. Medical Use Groups****Group 100**

Included is the use of any unsealed radioactive material for use in uptake, dilution, or excretion studies and not requiring a written directive: Except for quantities that require a written directive under R9-7-707, a licensee may use unsealed byproduct material prepared for medical use for uptake, dilution, or excretion studies that is:

1. Obtained from:
  - a. A manufacturer or preparer licensed under R9-7-703(C)(2)(a), or equivalent NRC or Agreement State requirements; or
  - b. A PET radioactive drug producer licensed under R9-7-703 or equivalent NRC or an Agreement State license;
2. Excluding production of PET radionuclides, prepared by:
  - a. An authorized nuclear pharmacist who meets the requirements in R9-7-712;
  - b. A physician who is an authorized user and who meets the requirements specified in R9-7-721 or both R9-7-721(3)(a)(ii)(7) and R9-7-723; or
  - c. An individual under the supervision, as specified in R9-7-706, of the authorized nuclear pharmacist in subsection (2)(a) or the physician who is an authorized user in subsection (2)(b); or
3. If a research protocol:
  - a. Obtained from and prepared by a Department, NRC, or another Agreement State licensee for use in research in accordance with a Radioactive Drug Research Committee-approved protocol or an Investigational New Drug (IND) protocol accepted by FDA; or
  - b. Prepared by the licensee for use in research in accordance with a Radioactive Drug Research Committee-approved application or an Investigational New Drug (IND) protocol accepted by FDA.

**Group 200**

Included is the use of any unsealed radioactive material for use in imaging and localization not requiring a written directive. Except for quantities that require a written directive under R9-7-707, a licensee may use unsealed byproduct material prepared for medical use for imaging and localization studies that is:

1. Obtained from:

- a. A manufacturer or preparer licensed under R9-7-703(C)(2)(a), or equivalent NRC or Agreement State requirements; or
  - b. A PET radioactive drug producer licensed under R9-7-703 or equivalent NRC or an Agreement State license;
2. Excluding production of PET radionuclides, prepared by:
    - a. An authorized nuclear pharmacist who meets the requirements in R9-7-712;
    - b. A physician who is an authorized user and who meets the requirements specified in R9-7-721 or both R9-7-721(3)(a)(ii)(7) and R9-7-723; or
    - c. An individual under the supervision, as specified in R9-7-706, of the authorized nuclear pharmacist in subsection (2)(a) or the physician who is an authorized user in subsection (2)(b); or
  3. If a research protocol:
    - a. Obtained from and prepared by a Department, NRC, or another Agreement State licensee for use in research in accordance with a Radioactive Drug Research Committee-approved protocol or an Investigational New Drug (IND) protocol accepted by FDA; or
    - b. Prepared by the licensee for use in research in accordance with a Radioactive Drug Research Committee-approved application or an Investigational New Drug (IND) protocol accepted by FDA.

**Group 300**

Included is the use of any unsealed byproduct radioactive material, identified in R9-7-723(A)(2)(a)(ii)(6), prepared for use and for which a written directive is required that is:

1. Obtained from:
  - a. A manufacturer or preparer licensed under R9-7-703(C)(2)(a), or equivalent NRC or Agreement State requirements; or
  - b. A PET radioactive drug producer licensed under R9-7-703 or equivalent NRC or an Agreement State license;
2. Excluding production of PET radionuclides, prepared by:
  - a. An authorized nuclear pharmacist who meets the requirements in R9-7-712;
  - b. A physician who is an authorized user and who meets the requirements specified in R9-7-721 or R9-7-723; or
  - c. An individual under the supervision, as specified in R9-7-706, of the authorized nuclear pharmacist in subsection (2)(a) or the physician who is an authorized user in subsection (2)(b); or
3. If a research protocol:
  - a. Obtained from and prepared by a Department, NRC, or another Agreement State licensee for use in research in accordance with a Radioactive Drug Research Committee-approved protocol or an Investigational New Drug (IND) protocol accepted by FDA; or
  - b. Prepared by the licensee for use in research in accordance with a Radioactive Drug Research Committee-approved application or an Investigational New Drug (IND) protocol accepted by FDA.

**Group 400**

Included is the use of sources for manual brachytherapy. A licensee must use only brachytherapy sources:



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1. Approved in the Sealed Source and Device Registry for manual brachytherapy medical use. The manual brachytherapy sources may be used for manual brachytherapy uses that are not explicitly listed in the Sealed Source and Device Registry, but must be used in accordance with the radiation safety conditions and limitations described in the Sealed Source and Device Registry; or
2. In research to deliver therapeutic doses for medical use in accordance with an active Investigational Device Exemption (IDE) application accepted by the FDA, provided that the requirements of R9-7-709 are met.
2. In research in accordance with an active Investigational Device Exemption (IDE) application accepted by the FDA provided the requirements of R9-7-709(1) are met.

**Group 1000**

A licensee may use byproduct material or a radiation source approved for medical use which is not specifically addressed in this Article if:

1. The applicant or licensee has submitted the information required by this Article; and
2. The applicant or licensee has received written approval from the Department in a license or license amendment and uses the material in accordance with the rules and specific conditions the Department considers necessary for the medical use of the material.

**Group 500**

Included is the use of sealed sources and medical devices for diagnosis.

1. A licensee may only use sealed sources that are not in medical devices for diagnostic medical uses if the sealed sources are approved in the Sealed Source and Device Registry for diagnostic medicine. The sealed sources may be used for diagnostic medical uses that are not explicitly listed in the Sealed Source and Device Registry, but must be used in accordance with the radiation safety conditions and limitations described in the Sealed Source and Device Registry.
2. A licensee may only use medical devices containing sealed sources for diagnostic medical uses if both the sealed sources and medical devices are approved in the Sealed Source and Device Registry for diagnostic medical uses. The diagnostic medical devices may be used for diagnostic medical uses that are not explicitly listed in the Sealed Source and Device Registry, but must be used in accordance with the radiation safety conditions and limitations described in the Sealed Source and Device Registry.
3. Sealed sources and devices for diagnostic medical uses may be used in research in accordance with an active Investigational Device Exemption (IDE) application accepted by the U.S. Food and Drug Administration provided the requirements of R9-7-709(1) are met.

**Group 600**

Included is the use of sealed sources in remote afterloader units, teletherapy units, or gamma stereotactic radiosurgery units.

- A. A licensee must only use sealed sources:
  1. Approved and as provided for in the Sealed Source and Device Registry in photon emitting remote afterloader units, teletherapy units, or gamma stereotactic radiosurgery units to deliver therapeutic doses for medical uses; or
  2. In research involving photon-emitting remote afterloader units, teletherapy units, or gamma stereotactic radiosurgery units in accordance with an active Investigational Device Exemption (IDE) application accepted by the U.S. Food and Drug Administration provided the requirements of R9-7-709(1) are met.
- B. A licensee must use photon-emitting remote afterloader units, teletherapy units, or gamma stereotactic radiosurgery units:
  1. Approved in the Sealed Source and Device Registry to deliver a therapeutic dose for medical use. These devices may be used for therapeutic medical treatments that are not explicitly provided for in the Sealed Source and Device Registry, but must be used in accordance with radiation safety conditions and limitations described in the Sealed Source and Device Registry; or

**Historical Note**

New Article 7, Exhibit A recodified from 12 A.A.C. 1., Article 7, Exhibit A at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1). Exhibit A, Group 100, Group 200, and Group 1000 amended by final exempt rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3). Exhibit A, Groups 100 through 600 and Group 1000 amended by final expedited rulemaking at 30 A.A.R. 2681 (August 30, 2024), with an immediate effective date of August 7, 2024 (Supp. 24-3).

**ARTICLE 8. RADIATION SAFETY REQUIREMENTS FOR ANALYTICAL X-RAY OPERATIONS****R9-7-801. Scope**

The rules in this Article establish requirements for the use of analytical x-ray equipment by persons registered under R9-7-204. The provisions of this Article supplement other applicable provisions of this Chapter.

**Historical Note**

New Section R9-7-801 recodified from R12-1-801 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-802. Definitions**

"Analytical x-ray equipment" means devices or machines used for x-ray diffraction or x-ray induced fluorescence analysis.

"Analytical x-ray system" means a group of components utilizing x-rays to determine the elemental composition or to examine the microstructure of materials.

"Enclosed beam x-ray system" means an analytical x-ray system constructed in such a way that access to the interior of the enclosure housing the x-ray source is precluded during operation except through bypassing of interlocks or other safety devices to perform maintenance or servicing.

"Fail-safe characteristic" means a design feature which causes beam port shutters to close, or otherwise prevents emergence of the primary beam, upon the failure of a safety or warning device.

"Local component" means part of an analytical x-ray system and includes each area that is struck by x-rays, such as radiation source housings, port and shutter assemblies, collimators, sample holders, cameras, goniometers, detectors and shielding, but does not include power supplies, transformers, amplifiers, readout devices, and control panels.

"Normal operating procedures" means instructions or procedures including, but not limited to, sample insertion and manipulation, equipment alignment, routine maintenance by

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the registrant, and data recording procedures which are related to radiation safety.

“Open beam x-ray system” means an analytical x-ray system which permits an individual to place some body part in the primary beam path during normal operation.

“Primary beam” means radiation which passes through an aperture of the source housing on a direct path from the x-ray tube.

**Historical Note**

New Section R9-7-802 recodified from R12-1-802 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-803. Enclosed-beam X-ray Systems**

- A. Enclosed beam x-ray systems are exempt from other equipment requirements contained in this Article provided the enclosed beam x-ray systems are designed and constructed so that radiation levels measured at 5 cm from any accessible surface of the enclosure housing the x-ray source do not exceed 5  $\mu$ Sv (0.5 mrem) in one hour.
- B. A registrant using enclosed beam x-ray systems shall comply with applicable provisions R9-7-804(A), R9-7-805(B), and 9 A.A.C. 7, Article 4.
- C. A person who maintains or services analytical x-ray systems, shall:
  - 1. Obtain permission in advance from the radiation safety officer before bypassing interlocks or other safety devices,
  - 2. Label equipment as “out of service” until maintenance or service is completed,
  - 3. Wear extremity personnel monitoring devices, and
  - 4. Ensure that interlocks or other safety devices are operating upon completion of maintenance or service.

**Historical Note**

New Section R9-7-803 recodified from R12-1-803 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-804. Open-beam X-ray Systems**

- A. A registrant shall label open beam x-ray systems with a readily discernible sign or signs bearing the radiation symbol and the words:
  - 1. “CAUTION -- HIGH INTENSITY X-RAY BEAM,” or a similar warning, on the x-ray source housing; and
  - 2. “CAUTION RADIATION -- THIS EQUIPMENT PRODUCES RADIATION WHEN ENERGIZED” or a similar warning, near any switch that energizes an x-ray tube if the radiation source is an x-ray tube.
- B. A registrant shall ensure that an open beam x-ray system has all of the following warning devices:
  - 1. X-ray tube status (On-Off) indicator in systems where the primary beam is controlled in this fashion;
  - 2. Shutter status (Open-Closed) indicators near each port on the radiation housing for systems which control the primary beam; and
  - 3. A clearly visible warning light labeled with the words “X-RAY ON,” or a similar warning located near any switch that energizes an x-ray tube, illuminated only when the tube is energized; and
  - 4. The warning devices in subsections (B)(1) through (3) shall be labeled so that their purpose is easily identified.
- C. A registrant shall ensure that any apparatus utilized in beam alignment procedures is designed in such a way that excessive radiation will not strike the operator. Particular attention shall be given to viewing devices, in order to ascertain that lenses

and other transparent components attenuate the beam to an acceptable level.

- D. A registrant shall provide an interlock device which prevents entry of any portion of an individual’s body into the primary beam or causes the primary beam to be shut off upon entry into its path on all open-beam x-ray systems. A registrant may apply to the Department for an exemption from the requirements of a safety device. An application for exemption shall include:
  - 1. A description of the various safety devices that have been evaluated;
  - 2. The reason each device cannot be used; and
  - 3. A description of the alternative methods that will be used to minimize accidental exposure, including procedures to assure that operators and others in the area will be informed of the absence of safety devices.
- E. A registrant shall use only systems constructed so that:
  - 1. Each x-ray tube housing is equipped with an interlock that automatically shuts off the tube if the tube is removed from the radiation source housing or the housing is disassembled; and
  - 2. With all shutters closed, radiation measured at a distance of 5 centimeters from the surface of the system is not capable of producing a dose that exceeds 25 Sv (2.5 mRem) in one hour for the specified tube rating of the x-ray tube.
- F. A registrant shall supply each x-ray generating system with a protective cabinet that limits leakage radiation measured at a distance of 5 cm (2 in) from the cabinet surface, so that the system is not capable of producing a dose equivalent that exceeds 25  $\mu$ Sv (2.5 mrem) in one hour.
- G. A registrant shall ensure that the local components of an analytical x-ray system are located and arranged and have sufficient shielding or access control for the specified tube rating to prevent the radiation level in any area adjacent to the local component group from exceeding the dose limits in R9-7-416.
- H. A registrant shall perform a radiation survey of the local component group of each analytical x-ray system to demonstrate compliance with subsection (G) upon:
  - 1. Installation,
  - 2. Change in configuration, or
  - 3. Maintenance that affects the radiation level in any area adjacent to the local component group.
- I. A registrant shall maintain a record of each survey for three years or until the analytical x-ray system is no longer used, whichever period is shorter.

**Historical Note**

New Section R9-7-804 recodified from R12-1-804 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-805. Administrative Responsibilities**

- A. A registrant shall designate a radiation safety officer who shall:
  - 1. Establish and maintain operational procedures so that the radiation exposure of each worker is kept ALARA;
  - 2. Instruct all personnel who work with or near radiation producing machines in safety practices;
  - 3. Maintain a system of personnel monitoring;
  - 4. Establish radiation control areas, including placement of appropriate radiation warning signs or devices;
  - 5. Provide a radiation safety inspection of radiation producing machines on a routine basis;

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6. Review modifications to x-ray systems, including x-ray tube housing, cameras, diffractometers, shielding, and safety interlocks;
  7. Investigate and report proper authorities any case of excessive exposure to personnel and take remedial action; and,
  8. Be familiar with all applicable rules for control of ionizing radiation.
- B.** An individual shall not be permitted to operate or maintain an open beam analytical x-ray system unless the individual has received instruction in and demonstrated competence in all of the following:
1. Identification of radiation hazards associated with the use of the equipment;
  2. Significance of all radiation warning and safety devices, interlocks incorporated into the equipment, or the reasons that devices or interlocks have not been installed on certain pieces of equipment and the extra precautions required in lieu of these precautions;
  3. Proper operating procedures for the equipment;
  4. Recognition of symptoms of acute localized radiation exposure; and
  5. Proper procedure for reporting an actual or suspected exposure.
- C.** A registrant shall maintain records of instruction and competence for Department inspection for three years from the date of course completion or demonstration.

**Historical Note**

New Section R9-7-805 recodified from R12-1-805 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-806. Operating Requirements**

- A.** A radiation safety officer shall establish written emergency procedures and post the procedures in a conspicuous location. The procedures shall include the telephone number of the radiation safety officer.
- B.** A registrant shall ensure that written operating procedures are available for all analytical x-ray equipment workers. An individual shall not operate analytical x-ray equipment in any manner other than that specified in the procedures unless the individual obtains the radiation safety officer's written approval.
- C.** An individual shall not bypass a safety device or interlock unless the individual has obtained Radiation Safety Officer approval. The approval shall be for a specific period of time. When a safety device or interlock has been bypassed, the Radiation Safety Officer shall place a readily discernible sign on the radiation source housing, warning the reader of the unsafe condition. A registrant shall maintain the written record of the bypass approval for three years after the approval expires.
- D.** Except as authorized in subsection (C), an individual shall not perform an operation involving removal of covers, shielding materials, or tube housings or modification of shutters, collimators, or beam stops without ascertaining that the tube is off and that it will remain off until all protective devices have been restored to the normal operating condition. An individual repairing analytical x-ray equipment shall use the main switch, rather than interlocks, for routine shutdown in preparation for repairs.
- E.** A registrant shall ensure that unused ports on radiation source housings are closed and secured against unauthorized access to the radiation source.
- F.** Finger or wrist personnel monitoring devices shall be used by:

1. Operators of open beam analytical x-ray equipment not equipped with a safety device; and
  2. Personnel performing maintenance procedures that require the presence of a primary x-ray beam when any local component is disassembled or removed.
- G.** A registrant shall ensure that each safety and warning device is tested for proper operation at intervals that do not exceed one month and maintain a record of each test for three years from the date the test is completed.

**Historical Note**

New Section R9-7-806 recodified from R12-1-806 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-807. Surveys**

- A.** To ensure that personnel exposure does not result in a dose to an individual that exceeds the dose limits specified in Article 4, a registrant shall perform a radiation survey upon:
1. Installation of the equipment and at least once each year after installation;
  2. Change in the initial arrangement, number, or type of local components in the system;
  3. Maintenance that involves disassembly or removal of a local component in the system;
  4. Maintenance that involves alignment, if alignment requires the generation of the primary x-ray beam while any local component of the system is disassembled or removed;
  5. A visual inspection of the local components in the system that reveals an abnormal condition; or
  6. Determination that personnel are being exposed to radiation in excess of established levels recorded in monitoring records for personnel during previous monitoring periods or the occupational dose limits specified in Article 4.
- B.** The radiation surveys in subsection (A) are not required if the registrant demonstrates that the local components of an analytical x-ray system are located and arranged, and have sufficient shielding or access control, to limit personnel exposure to a level that is ALARA and below the occupational dose limits in Article 4. The Department shall determine ALARA radiation levels based on the specified x-ray tube rating.

**Historical Note**

New Section R9-7-807 recodified from R12-1-807 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-808. Posting**

A registrant shall conspicuously post each area or room that contains analytical x-ray equipment with a sign or signs that bear the radiation symbol and the words "CAUTION – X-RAY EQUIPMENT" or words with a similar meaning.

**Historical Note**

New Section R9-7-808 recodified from R12-1-808 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-809. Training**

A registrant shall not be allow an individual to operate or maintain analytical x-ray equipment unless the individual has received training and demonstrated competence in:

1. Identifying radiation hazards associated with use of the equipment;
2. Recognizing and using radiation warning and safety devices, including interlocks that are incorporated into the equipment, and understanding why these devices are sometimes not installed;

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3. Taking precautions associated with use of the equipment;
4. Recognizing symptoms of an acute localized exposure; and
5. Following proper procedure for reporting a suspected personnel exposure.

**Historical Note**

New Section R9-7-809 recodified from R12-1-809 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**ARTICLE 9. PARTICLE ACCELERATORS****R9-7-901. Purpose and Scope**

- A. This Article establishes procedures and requirements for the registration and the use of particle accelerators.
- B. In addition to the requirements of this Article, all registrants are subject to the requirements of Articles 1, 2, 4 and 10. Registrants engaged in industrial radiographic operations are subject to the requirements of Article 11, and registrants engaged in the healing arts are subject to the requirements of Article 6 of this Chapter. Registrants using a particle accelerator for the production of radioactive material are subject to the requirements of Article 3, and if the radioactive material is used for medical purposes, Article 7.

**Historical Note**

New Section R9-7-901 recodified from R12-1-901 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-902. Definitions**

The following definitions apply in this Article, unless the context otherwise requires:

“Added filter” (See R9-7-602).

“Arc therapy” means radiation therapy that uses electrons to treat large, superficial volumes that follow curved surfaces, as in post-mastectomy patients.

“Authorized medical physicist” means an individual who meets the requirements in R9-7-711. For purposes of ensuring that personnel are adequately trained, an authorized medical physicist is a “qualified expert” as defined in Article 1.

“Beam-limiting device” (See R9-7-602)

“Beam-monitoring system” means a set of devices that will monitor the useful beam, as defined in R9-7-602, during irradiation and terminate irradiation when a preselected number of monitor units has been accumulated.

“Collimator” (See R9-7-602)

“Control panel” (See R9-7-602)

“Full beam detector” means a radiation detector of such size that the total cross section of the maximum size useful beam is intercepted.

“Gantry” means that part of a linear accelerator that supports the radiation source so that it can rotate about a horizontal axis.

“General supervision” means that a radiation therapy technologist is furnished with a procedure for performing therapy under an authorized user’s overall direction and control, and the authorized user is responsible for ensuring that the procedure is followed, but the authorized user’s presence is not required in a medical institution during the performance of the procedure.

“Intensity-Modulated Radiation Therapy (IMRT)” means an advanced mode of high-precision radiotherapy that uses com-

puter-controlled linear accelerators to deliver precise radiation doses to a tumor or specific areas within the tumor.

“Isocenter” means the point of intersection of the collimator axis and the axis of rotation of the gantry.

“Monitor unit” means a unit response from the beam monitoring system from which the absorbed dose can be calculated.

“Moving beam therapy” means radiation therapy in which there is displacement of the useful beam relative to the patient. Moving beam therapy includes arc therapy, skip therapy, and rotational beam therapy.

“Radiation therapy technologist” means an individual certified according to 9 A.A.C. 16, Article 6, whose scope of practice is specified according to A.A.C. R9-16-608(D).

“Rotational beam therapy” means radiation therapy that is administered to a patient from a radiation source that rotates around the patient’s body or the patient is rotated while the beam is held fixed.

“Skip therapy” means rotational beam therapy that is administered in a way that maximizes the dose to an area of interest and minimizes the dose to surrounding healthy tissue.

“Special procedure” means a type of therapy through which radiation is delivered to a patient through five or fewer fractions or with a dose per fraction greater than 6 Gy.

“Spot check” (See R9-7-602)

“Stationary beam therapy” means radiation therapy that involves a beam from a radiation source that is aimed at the patient from different directions. The distance of the source from the isocenter remains constant irrespective of the beam direction.

“Virtual source” means a point from which radiation appears to originate.

**Historical Note**

New Section R9-7-902 recodified from R12-1-902 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).  
Amended by final expedited rulemaking at 30 A.A.R. 385 (March 1, 2024), with an immediate effective date of February 8, 2024 (Supp. 24-1).

**R9-7-903. General Registration Requirements**

- A. The requirements in this Section supplement the registration requirements in 9 A.A.C. 7, Article 2.
- B. The Department shall approve a registration application for use of a particle accelerator only if the Department determines that:
  1. The applicant is qualified by training and experience to use the accelerator for the purpose in the application submitted to the Department under Article 2;
  2. The applicant’s proposed equipment, facilities, and operating and emergency procedures are adequate to protect public health;
  3. The applicant satisfies any other applicable requirements in this Section; and
  4. The applicant has appointed a radiation safety officer.

**Historical Note**

New Section R9-7-903 recodified from R12-1-903 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-904. Registration of Particle Accelerators Used in the Practice of Medicine or Human Research**

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- A. The requirements in this Section supplement the registration requirements in R9-7-903.
- B. An applicant that is a "medical institution," as defined in Article 7 of this Chapter, and performing human research shall appoint a radiation safety committee that:
  - 1. Consists of at least four individuals including:
    - a. An authorized user of each type of use permitted by the registration,
    - b. The Radiation Safety Officer,
    - c. A representative of the nursing service,
    - d. A representative of management who is neither an authorized user nor a Radiation Safety Officer, and
    - e. Any other members the registrant selects;
  - 2. Meets at least once in each 12-month period, unless otherwise specified by registration condition;
  - 3. Only conducts business if at least 50 percent of the membership of the committee are present including the Radiation Safety Officer and the management representative;
  - 4. Includes in the minutes of each radiation safety committee meeting a reference to any discussion or documents related to the review required in R9-7-407(C);
  - 5. Reviews the radiation safety program for all sources of radiation as required in R9-7-407(C);
  - 6. Establishes a table that contains investigational levels for occupational and public dose that, when exceeded, will initiate an investigation and consideration of actions by the Radiation Safety Officer; and
  - 7. Establishes the safety objectives of the quality management program required by subsection (E).
- C. The applicant shall ensure that an individual designated as an authorized user is an Arizona licensed physician, approved by the radiation safety committee, if applicable, who has documentation that the individual is either:
  - 1. Certified in radiation oncology by the:
    - a. American Board of Radiology;
    - b. American Osteopathic Board of Radiology; or
    - c. Royal College of Physicians and Surgeons of Canada; or
  - 2. Engaged in the active practice of therapeutic radiology and has completed:
    - a. At least 200 hours of instruction in basic techniques applicable to the use of a particle accelerator, including classroom and laboratory training in all of the following subjects:
      - i. Radiation physics and instrumentation,
      - ii. Radiation protection,
      - iii. Mathematics pertaining to the use and measurement of radiotherapy, and
      - iv. Radiation biology;
    - b. At least 500 hours of supervised work experience under the supervision of an authorized user at a medical institution, including:
      - i. Reviewing full calibration measurements and periodic spot checks,
      - ii. Preparing treatment plans and calculating treatment times,
      - iii. Using administrative controls to prevent misadministration,
      - iv. Implementing emergency procedures to be followed in the event of the abnormal operation of a particle accelerator, and
      - v. Checking and using survey meters;
    - c. A minimum of three years of supervised clinical experience:
      - i. Consisting of:
        - (1) At least one year in a formal training program approved by the Residency Review Committee for Radiology of the Accreditation Council for Graduate Medical Education or the Committee on Postdoctoral Training of the American Osteopathic Association, and
        - (2) At least an additional two years of clinical experience in therapeutic radiology under the supervision of an authorized user at a medical institution; and
      - ii. Including:
        - (1) Examining individuals and reviewing their case histories to determine their suitability for treatment, noting any limitations or contraindications;
        - (2) Selecting the proper dose and how it is to be administered;
        - (3) Calculating the therapy doses and collaborating with the authorized user in the review of patients' or human research subjects' progress and consideration of the need to modify originally prescribed doses, as warranted by patients' or human research subjects' reaction to radiation; and
        - (4) Post-administration follow up and review of case histories; and
    - d. Is qualified to independently act as an authorized user, signed by the individual supervising the clinical experience in subsection (C)(2)(c).
- D. With the application the applicant shall provide the name of each authorized user to the Department so the names can be listed on the registration form, and so that the Department can determine whether the authorized user's training and experience satisfies the requirements in subsection (C).
- E. Each registrant shall establish and maintain a written quality management program to provide high confidence that the radiation produced by the particle accelerator will be administered as directed by an authorized user. The quality management program shall include, at minimum, the tests and checks listed in Appendix A.
- F. Each registrant shall ensure that a particle accelerator is calibrated by an authorized medical physicist who meets the training and experience qualifications in R9-7-711.
- G. At the time of application for registration or when a therapy program is expanded to multiple sites, each applicant or registrant shall provide the Department with:
  - 1. A description of the quality management program, developed, maintained, and implemented according to the American Society for Radiation Oncology's 2019 "Safety is No Accident: A Framework for Quality Radiation Oncology Care," incorporated by reference, available under R9-7-101, and containing no future editions;
  - 2. A listing of the professional staff assigned to the facility; and
  - 3. The expected ratio of patient workload to staff member.
- H. If the staffing ratio exceeds the recommended levels in the document incorporated by reference in subsection (G)(1), the applicant shall provide to the Department for approval the justification for the larger ratio and the safety considerations that have been addressed in establishing the program.
- I. A registrant shall ensure that:

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1. Two radiation therapy technologists are at the treatment console for all procedures;
  2. An authorized user and authorized medical physicist are:
    - a. At the treatment console for all single fraction special procedures, such as stereotactic radiosurgery (SRS), a method of external beam radiotherapy that delivers a precisely targeted high dose of radiation in a single session;
    - b. At the treatment console for the first fraction of all special procedures using multiple fractions, such as:
      - i. Stereotactic radiotherapy (SRT), a method of external beam radiotherapy in which radiotherapy is delivered from many different angles around the body of a patient, with the beams meeting at the tumor in such a manner that the tumor receives a high dose of radiation and the tissues around the tumor receive a much lower dose; or
      - ii. Stereotactic body radiation therapy (SBRT), a method of external beam radiotherapy that delivers a precisely targeted high dose of radiation to an extracranial target in five or fewer fractions; and
    - c. On-site and within range for patient care access for subsequent fractions of the special procedures specified in subsection (I)(2)(b);
  3. For all Intensity-Modulated Radiation Therapy (IMRT), the planned doses are verified by direct measurement;
  4. Except as provided in subsection (J), an authorized user is on-site and available for consultation about patient care; and
  5. The health and safety of a patient are maintained.
- J.** If a registrant meets the requirements of a Critical Access Hospital, according to 42 CFR, Part 485, Subpart F, Conditions of Participation: Critical Access Hospitals, the registrant may allow a radiation therapy technologist to perform a procedure under general supervision if the registrant ensures that:
1. The registrant or an authorized user:
    - a. Has established a written protocol for the application of radiation to a patient for each procedure that may be conducted by a radiation therapy technologist under the general supervision of an authorized user, including follow-up instructions for the patient;
    - b. Reviews and, as necessary, revises the written protocols in subsection (J)(1)(a) at least annually; and
    - c. Documents the review in subsection (J)(1)(b) with a signature and date of signature;
  2. The procedure is not a special procedure;
  3. A radiation therapy technologist follows the applicable written protocol established according to subsection (J)(1)(a) when delivering radiation to a patient; and
  4. At least every six months, an authorized user:
    - a. Observes each radiation therapy technologist, while the radiation therapy technologist is performing a procedure, for adherence to the applicable written protocol in subsection (J)(1)(a); and
    - b. Documents the observation and the assessment in subsection (J)(4)(a);
  5. An authorized user is on-site and available for consultation about patient care at least once every five working days, as shown in documentation maintained by the registrant; and
  6. The health and safety of a patient are maintained.
- K.** A registrant that uses the general supervision in compliance with subsection (J) shall develop, maintain, and implement policies and procedures to monitor:
1. The performance of a procedure by a radiation therapy technologist under general supervision, and
  2. The quality of patient care.
- Historical Note**
- New Section R9-7-904 recodified from R12-1-904 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1). Amended by final expedited rulemaking at 28 A.A.R. 3533 (November 18, 2022), with an immediate effective date of November 2, 2022 (Supp. 22-4). Amended by final expedited rulemaking at 30 A.A.R. 385 (March 1, 2024), with an immediate effective date of February 8, 2024 (Supp. 24-1).
- R9-7-905. Medical Particle Accelerator Equipment, Facility and Shielding, and Spot Checks**
- A. Equipment**
1. Leakage radiation
    - a. X-ray leakage radiation from the source housing assembly shall not exceed 0.1 percent of the maximum dose equivalent rate of the unattenuated useful beam.
    - b. Neutron leakage radiation from the source housing assembly shall not exceed 0.5 percent of the maximum dose equivalent rate of the unattenuated useful beam.
    - c. Leakage radiation measurements made at any point 1 meter from the path of the charged particle between its point of origin and the target, window or scattering foil shall meet the requirements of subsection (A)(1)(a) and (b) when computed as a percentage of the dose rate equivalent of the unattenuated useful beam measured at 1 meter from the virtual source. Leakage radiation measurements at each point shall be averaged over an area up to but not exceeding 100 square centimeters (15.5 square inches).
    - d. The registrant shall maintain, for inspection by the Department, records that show leakage radiation measurements for the life of the operation.
  2. Beam limiting devices (not to include blocks or wedges). Adjustable or interchangeable beam limiting devices shall be provided and shall transmit no more than 2 percent of the useful beam for the portion of the useful beam that is to be attenuated by the beam limiting device. The neutron component of the useful beam shall not be included in this requirement. Measurements shall be averaged over an area up to but not exceeding 100 square centimeters (15.5 square inches) at the normal treatment distance.
  3. Filters. The following requirements apply to systems that use a system of wedge filters, interchangeable field flattening filters, or interchangeable beam scattering filters:
    - a. Irradiation shall not be possible until a selection of a filter has been made at the treatment control panel;
    - b. An interlock system shall be provided to prevent irradiation if the filter selected is not in the correct position;
    - c. An indication of the wedge filter orientation with respect to the treatment field shall be provided at the control panel, by direct observation, or by electronic means, when wedge filters are used;

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- d. A display shall be provided at the treatment control panel showing the filter or filters in use;
  - e. Each filter that is removable from the system shall be clearly identified as to that filter's material of construction, thickness, and the nominal wedge angle for wedge filters, or a record tracing these factors for each filter shall be maintained at the system console; and
  - f. An interlock shall be provided to prevent irradiation if any filter selection operation carried out in the treatment room does not agree with the filter selection operation carried out at the treatment control panel.
4. Beam monitor. Equipment installed after the effective date of this Section shall be provided with at least one radiation detector in the radiation head. This detector shall be incorporated into a primary system so that all of the following criteria are met:
- a. Each primary system shall have a detector that is a transmission detector and a full beam detector and that is placed on the patient side of any fixed added filters other than a wedge filter;
  - b. The detectors shall be removable only with tools and shall be interlocked to prevent incorrect positioning;
  - c. Each detector shall be capable of independently monitoring and controlling the useful beam;
  - d. Each detector shall form part of a dose-monitoring system from which the absorbed dose can be calculated at a reference point in the treatment volume;
  - e. Each dose monitoring system shall have a legible display at the treatment control panel that:
    - i. Maintains a reading until intentionally reset to zero;
    - ii. Has only one scale and no scale multiplying factors in replacement equipment; and
    - iii. Utilizes a design such that increasing dose is displayed by increasing numbers and is designed so that, in the event of an overdosage of radiation, the absorbed dose may be accurately determined under all nominal conditions of use or foreseeable failures;
  - f. In the event of power failure, the dose monitoring information required in subsection (A)(4) displayed at the control panel at the time of failure shall be retrievable in at least one system; and
  - g. Selection and display of dose monitor units;
    - i. Irradiation shall not be possible until a selection of dose monitor units has been made at the treatment control panel.
    - ii. Each primary system shall terminate irradiation when the preselected number of dose monitor units has been detected by the system.
    - iii. Each secondary system shall terminate irradiation when 110 percent of the preselected number of dose monitor units has been detected by the system.
    - iv. It shall be possible to interrupt irradiation and equipment movements at any time from the operator's position at the treatment control panel. Following an interruption, it shall be possible to restart irradiation by operator action without any reselection of operating conditions. If any change is made of a preselected value during an interruption the equipment shall go to termination condition.
5. Beam monitoring system. All accelerator systems shall be provided with a beam monitoring system in the radiation head capable of monitoring and terminating irradiation.
- a. Each beam monitoring system shall have a display at the treatment control panel that registers the accumulated monitor units.
  - b. The beam monitoring system shall terminate irradiation if the preselected number of monitor units has been detected by the system.
  - c. For units with a secondary beam monitoring system, the primary beam monitoring system shall terminate irradiation if the preselected number of monitor units has been detected. The secondary beam monitoring system shall terminate irradiation if the primary system fails.
  - d. In the event of a power failure, the display information required in subsection (A)(5)(a) shall be retained in at least one system following the power failure.
  - e. An interlock device shall prevent irradiation if any beam monitoring system is inoperable.
  - f. For purposes of this rule:
    - i. "Beam monitoring system" means a system of devices that will monitor the useful beam during irradiation and will terminate irradiation if a preselected number of monitor units is accumulated.
    - ii. "Monitor unit" means a unit response from the beam monitoring system from which the absorbed dose can be calculated.
6. Treatment beam mode selection. In equipment capable of both x-ray and electron therapy:
- a. Irradiation shall not be possible until a selection of radiation type is made at the treatment control panel;
  - b. An interlock system shall be provided to prevent irradiation if any selected operations carried out in the treatment room do not agree with the selected operations indicated at the treatment control panel;
  - c. An interlock system shall be available and in operating condition on a therapy machine, and shall be used to prevent unwanted x-ray or electron irradiation when preparing for, or performing radiation therapy procedures. The interlock system need not be available for use, if the therapy machine is only used to make an image of an inanimate object; and
  - d. The radiation type selected shall be displayed at the treatment control panel before and during irradiation.
7. Treatment beam energy selection. Equipment capable of generating radiation beams of different energies shall meet all of the following requirements:
- a. Irradiation shall not be possible until a selection of energy is made at the treatment control panel;
  - b. An interlock system shall be provided to ensure that the equipment can emit only the energy of radiation that is selected;

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- c. An interlock system shall be provided to prevent irradiation if any selected operations carried out in the treatment room do not agree with the selected operations indicated at the treatment control panel; and
    - d. The energy selected shall be displayed at the treatment control panel before and during irradiation.
  - 8. Selection of stationary or moving beam therapy. Equipment capable of both stationary and moving beam therapy modes shall meet all of the following requirements:
    - a. Irradiation shall not be possible until a selection of stationary beam therapy or moving beam therapy is made at the treatment control panel;
    - b. An interlock system shall be provided to ensure that the equipment can operate only in the mode that is selected;
    - c. An interlock system shall be provided to prevent irradiation if any selected operations carried out in the treatment room do not agree with the selected operations indicated at the treatment control panel;
    - d. An interlock system shall be provided to terminate irradiation if the movement stops during moving beam therapy;
    - e. Moving beam therapy shall be so controlled that the required relationship between the number of dose monitor units and movement is obtained; and
    - f. The mode of operation shall be displayed at the treatment control panel.
  - 9. Focal spot location and beam orientation. The registrant shall determine, or obtain from the manufacturer, the location in reference to an accessible point on the radiation head of all of the following:
    - a. The x-ray target or the virtual source of x-rays,
    - b. The electron window or the scattering foil, and
    - c. All possible orientations of the useful beam.
  - 10. System checking facilities. Capabilities shall be provided for checking of all safety interlock systems.
- B. Facility and shielding requirements.
  - 1. In addition to protective barriers sufficient to ensure compliance with R9-7-907, all of the following design requirements apply:
    - a. Except for entrance doors or beam interceptors, all the required barriers shall be fixed barriers;
    - b. The treatment control panel shall be located outside the treatment room;
    - c. Windows, mirrors, operable closed-circuit television, or other equivalent viewing systems shall be provided to permit continuous observation of the patient during irradiation and shall be so located that the operator may observe the patient from the treatment control panel;
    - d. Provision shall be made for two-way oral communication between the patient and the operator at the treatment control panel;
    - e. Each point of entry into the treatment room shall be provided with warning lights that will indicate when the useful beam is "on" in a readily observable position outside of the room; and
    - f. Interlocks shall be provided and shall result in all entrance doors being closed before treatment can be initiated or continued. If the radiation beam is interrupted by any door opening, it shall be possible to restore the machine to operation only by closing the door and reinitiating exposure by manual action at the control panel.
  - 2. An authorized medical physicist, trained and experienced in the principles of radiation protection, shall perform a radiation protection survey on all installations before human use and after any change in an installation that might produce a radiation hazard. The authorized medical physicist shall provide the survey results in writing to the individual in charge of the installation and transmit a copy of the survey results to the Department.
  - 3. Calibrations.
    - a. Calibration of the therapy system, including radiation output calibration, shall be performed before placing new installations into operation for the purpose of irradiation of patients. Subsequent calibrations shall be made at intervals not to exceed 12 months, and after any change that may cause the calibration of the therapy system to change.
    - b. Calibration of the radiation output of the therapy beam shall be performed with an instrument that has been calibrated using a method that is traceable to the National Institute of Standards and Technology (NIST), within the preceding two years.
    - c. Calibration of a particle accelerator shall be performed by, or under the supervision of an authorized medical physicist who meets the qualification requirements specified in R9-7-711, and a copy of the calibration report shall be maintained by the registrant for inspection by the Department.
    - d. Calibration of the therapy beam shall include, but not necessarily be limited to, all of the following determinations:
      - i. Verification that the equipment is operating within the design specifications concerning the light localizer, the side light and back pointer alignment with the isocenter, when applicable, variation in the axis of rotation for the table, gantry and jaw system, and beam flatness and symmetry at specific depths;
      - ii. The exposure rate or dose rate in air or at various depths of water for the range of field sizes used for each effective energy, and for each treatment distance used for radiation therapy;
      - iii. The congruence between the radiation field and the field defined by the localizing device;
      - iv. The uniformity of the radiation field and its dependency upon the direction of the useful beam; and
      - v. The calibration determinations above shall be provided in sufficient detail, to allow the absorbed dose to tissue in the useful beam to be calculated to within plus or minus 5 percent.
    - e. Records of calibrations shall be maintained for three years following the date the calibration was performed.
    - f. A copy of the current calibration report shall be available in the therapy facility for use by the operator, and the report shall contain the following information:
      - i. The action taken by the authorized medical physicist performing the calibration if it indicates a change has occurred since the last calibration,



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- ii. A listing of the persons informed of the change in calibration results, and
- iii. A statement as to the effect the change in calibration has had on the therapy doses prior to the current calibration finding.

**C. Spot checks.**

1. The spot check procedures shall be in writing and shall have been developed by an authorized medical physicist trained and experienced in performing calibrations.
2. The measurements taken during spot checks shall demonstrate the degree of consistency of the operating characteristics which can affect the radiation output of the system or the radiation dose delivered to a patient during a therapy procedure.
3. The written spot check procedure shall indicate the frequency at which tests or measurements are to be performed, not to exceed monthly.
4. The spot check procedure shall note conditions that require recalibration of the therapy system before further human irradiation.
5. Records of spot checks shall be maintained and available for inspection by the Department for three years following the spot check measurements. Records of spot checks not performed by an authorized medical physicist shall be signed by an authorized medical physicist within 15 days of the spot check.

**D. Operating procedures.**

1. Only the patient shall be in the treatment room during irradiation.
2. If a patient must be held in position during treatment only, mechanical supporting or restraining devices shall be used for this purpose.

**Historical Note**

New Section R9-7-905 recodified from R12-1-905 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-906. Limitations****A. A registrant shall not permit an individual to act as:**

1. A particle accelerator operator of any type unless the individual:
  - a. Has received copies of and instruction in this Article and the registrant's operating and emergency procedures,
  - b. Demonstrates an understanding of the material, and
  - c. Has demonstrated competence in the use the particle accelerator, related equipment, and survey instruments that will be employed during the operation of the particle accelerator;
2. A medical particle accelerator operator unless the individual is certified as required in A.R.S. § 32-2811 or the operator meets the requirements in R9-7-603(B); or
3. An industrial particle accelerator operator unless the individual has been instructed in radiation safety.

**B. A registrant shall provide either the Radiation Safety Committee or the Radiation Safety Officer with the authority to terminate operations at a particle accelerator facility if this is necessary to protect health and safety or property.****C. If equipment is capable of both stationary and moving beam therapy, the registrant shall ensure that:**

1. Irradiation is not possible unless either stationary or moving beam therapy has been selected at the control panel,
2. An interlock is provided to ensure that the machine will operate only in the mode that has been selected,

3. An interlock is provided that terminates irradiation if the gantry fails to move properly during moving beam therapy,
4. A means is provided to prevent movement during stationary therapy, and
5. The mode of operation is displayed at the control panel.

**Historical Note**

New Section R9-7-906 recodified from R12-1-906 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-907. Shielding and Safety Design**

- A.** An authorized medical physicist experienced in the principles of radiation protection and installation design shall be consulted in the design of a particle accelerator installation and called upon to perform a radiation survey when the accelerator is first capable of producing radiation. The registrant shall provide a copy of the installation radiation survey to the Department before a Department inspection conducted according to R9-7-914.
- B.** The registrant shall shield each particle accelerator installation with the primary and secondary protective barriers necessary to comply with R9-7-408 and R9-7-416.
- C.** At the time of application for registration and before treatment of the first patient, the applicant shall provide to the Department a copy of an installation report, signed by the contractor who installed required shielding material recommended by the authorized medical physicist who performed the shielding calculations for the particle accelerator facility.
- D.** As part of the annual radiation protection program review required in R9-7-407(C), the registrant shall document installed facility shielding and other radiation exposure controls, review patient workload, and note associated changes, if any, in public exposure that are the result of installed facility shielding, increased workload, and other radiation exposure controls in use at the time of the review.

**Historical Note**

New Section R9-7-907 recodified from R12-1-907 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-908. Particle Accelerator Controls and Interlock Systems**

A registrant shall ensure that:

1. Instrumentation, readouts and controls on the particle accelerator control panel are clearly identified and easily discernible;
2. All entrances into the area that contains the particle accelerator room, target room, or other high radiation area, are provided with interlocks that shut down the machine if an entrance door is opened;
3. If an interlock system connected to an entrance door that provides access to the therapy suite has been tripped, it is not possible to resume operation of the particle accelerator by resetting the interlock switch at the entrance where it had been tripped;
4. Each safety interlock is on a circuit that allows it to operate independently of all other safety interlocks;
5. If possible, the interlock system is fail-safe in design, so that any defect or component failure in the interlock system prevents operation of the particle accelerator; and
6. A scram button or other emergency power cutoff switch is located and easily identifiable in the area that contains the particle accelerator. The registrant shall ensure that the scram button prevents persons from restarting the par-

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particle accelerator at the accelerator control panel without resetting the button or switch.

**Historical Note**

New Section R9-7-908 recodified from R12-1-908 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-909. Warning Systems**

A registrant shall ensure that:

1. High radiation areas and entrances to the high radiation areas in medical facilities are equipped with a continuously-operating warning light system that operates when, and only when, radiation is produced;
2. High radiation areas and entrances to the high radiation areas in nonmedical facilities are equipped with an easily-observable flashing or rotating warning light system that operates when, and only when, radiation is produced;
3. High radiation areas associated with nonmedical particle accelerators have an audible warning device that is activated for 15 seconds before creation of the high radiation area; and the warning device is clearly discernible in all high radiation areas and all radiation areas; and
4. High radiation areas associated with any particle accelerator are posted according to R9-7-428 and R9-7-429.

**Historical Note**

New Section R9-7-909 recodified from R12-1-909 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-910. Operating Procedures**

- A. A registrant shall secure from use a particle accelerator when it is not being used to prevent unauthorized use.
- B. A particle accelerator operator shall use the switch on the control panel to turn the accelerator beam on and off during normal operations. The safety interlock system may be used to turn off the accelerator beam in emergencies.
- C. A registrant shall ensure that all safety and warning systems, including interlocks, are tested for proper operation at intervals not to exceed three months, and maintain a record of each test for Department inspection for at least three years from the date of the test.
- D. A registrant shall keep current electrical circuit diagrams of a particle accelerator and the associated interlock systems, and maintain the diagrams for inspection by the Department.
- E. A registrant shall not bypass an interlock unless the by-pass is:
  1. Authorized in writing by the Radiation Safety Committee or Radiation Safety Office,
  2. Recorded in a permanent log with a notice of the by-pass posted at any affected interlock and at the control panel, and
  3. Terminated as soon as possible.
- F. A registrant shall maintain a copy of the current operating and emergency procedures at the particle accelerator control panel.

**Historical Note**

New Section R9-7-910 recodified from R12-1-910 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-911. Radiation Surveys**

- A. The registrant shall ensure that a portable survey instrument is available at all times in a particle accelerator facility.
- B. An authorized medical physicist shall:
  1. Check the operation of the portable survey instrument required in subsection (A), using a known radiation source, before each use;

2. Perform and document a radiation protection survey when changes have been made in shielding, operation, equipment, or occupancy of adjacent areas;
  3. For particle accelerator facilities greater than 30 Mev, establish a program of radiation protection surveys that will evaluate the airborne radiation hazards, and ensure that the particulate radioactivity present in the accelerator facility will not result in personnel exposure that exceeds the limits in Article 4; and
  4. Perform radiation protection surveys, including smear surveys of the particle accelerator facility, as prescribed in the written procedures established by the Radiation Safety Officer of the particle accelerator facility and approved by the Department at the time of application for registration.
- C. The registrant shall maintain the following records:
1. Radiation protection surveys required in subsection (B)(2), and the associated facility description, required in R9-7-202, until the registration is terminated; and
  2. Records of the surveys required in subsections (B)(3) and (4) for three years following the measurement.

**Historical Note**

New Section R9-7-911 recodified from R12-1-911 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-912. Reserved****Historical Note**

Section R9-7-912 reserved when this Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-913. Misadministration**

A. For purposes of this rule "misadministration" means:

1. A therapeutic radiation dose from a machine:
  - a. Delivered to the wrong patient;
  - b. Delivered using the wrong mode of treatment;
  - c. Delivered to the wrong treatment site; or
  - d. Delivered in one week to the correct patient, using the correct mode, to the correct therapy site, but greater than 130 percent of the prescribed weekly dose; or
2. A therapeutic radiation dose from a machine with errors in the calibration, time of exposure, or treatment geometry that result in a calculated total treatment dose differing from the final, prescribed total treatment dose by more than 20 percent, except for treatments given in 1 to 3 fractions, in which case a difference of more than 10 percent constitutes a misadministration.

B. Reports of therapy misadministration

1. Within 24 hours after discovery of a misadministration, a registrant shall notify the Department by telephone. The registrant shall also notify the referring physician of the affected patient and the patient or a responsible relative or guardian, unless the referring physician personally informs the registrant either that he or she will inform the patient, or that in his or her medical judgment, telling the patient or the patient's responsible relative or guardian would be harmful to one or the other, respectively. If the referring physician or the patient's responsible relative or guardian cannot be reached within 24 hours, the registrant shall notify them as soon as practicable. The registrant shall not delay medical care for the patient because of notification problems.
2. Within 15 days following the verbal notification to the Department, the registrant shall report, in writing, to the

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Department and individuals notified under subsection (B)(1). The written report shall include the registrant's name, the referring physician's name, a brief description of the event, the effect on the patient, the action taken to prevent recurrence, whether the registrant informed the patient or the patient's responsible relative or guardian, and if not, why not. The report shall not include the patient's name or other information that could lead to identification of the patient.

3. Each registrant shall maintain records of all misadministrations for Department inspection. The records shall:
  - a. Contain the names of all individuals involved in the event, including:
    - i. The physician,
    - ii. The allied health personnel,
    - iii. The patient,
    - iv. The patient's referring physician,
    - v. The patient's identification number if one has been assigned,
    - vi. A brief description of the event,
    - vii. The effect on the patient, and
    - viii. The action taken to prevent recurrence.
  - b. Be maintained for three years beyond the termination date of the affected registration.

**Historical Note**

New Section R9-7-913 recodified from R12-1-913 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-914. Initial Inspections of Particle Accelerators Used in the Practice of Medicine**

The Department shall inspect a particle accelerator, used in the practice of medicine, before its initial use to treat human disease.

**Historical Note**

New Section R9-7-914 recodified from R12-1-914 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**Appendix A. Quality Control Program****A. Mechanical Tests**

1. Patient support assembly motions,
2. Gantry angle indicators,
3. Optical distance indicators,
4. Alignment lights,
5. Congruence of radiation beam and light field,
6. Accuracy of field size indicators,
7. Mechanical isocenter-gantry and collimator,
8. Mechanical interlocks.

**B. Radiation Beam Tests**

1. Machine operating parameters,
2. Dose per monitor unit for x-ray and electron beams,
3. Dose per degree for moving beam therapy,
4. Radiation isocenter,
5. Flatness and symmetry,
6. Wedge transmission factors,
7. Shadow tray transmission factors,
8. Energy check on central axis,
9. Radiation output versus field size.

**C. Control Panel Checks**

1. Radiation "ON" condition,
2. Indicator lamp check,
3. Computer control of accelerator,
4. Interlock display,
5. Digital display,
6. Analog display,
7. Status display,

8. Reset display.

**D. Facility Checks**

1. Patient audio-visual communication,
2. Entrance door interlock,
3. Warning lights,
4. Emergency off button.

**E. Dose Output Check**

1. Each registrant shall use the services of a third party authorized medical physicist or third party TLD system to verify the accelerator's radiation output every two years.
2. If the output check is not within plus or minus 5 percent of the calibrated output, the accelerator shall be recalibrated and the discrepancy investigated.
3. Records of output checks shall be maintained for three years.

**F. Patient Dosimetry Calculation Checks**

1. Calculation of patient treatment times,
2. Computer calculation of patient treatment times.

**Historical Note**

New Article 9, Appendix A recodified from 12 A.A.C. 1, Article 9, Appendix A, 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**ARTICLE 10. NOTICES, INSTRUCTIONS, AND REPORTS TO RADIATION WORKERS; INSPECTIONS****R9-7-1001. Purpose and Scope**

This Article establishes requirements for notices, instructions, and reports by licensees or registrants to individuals working for a licensee or registrant. This Article explains the options available to these individuals in connection with Department inspections of licensees or registrants regarding radiological working conditions. The rules in this Article apply to all persons who receive, possess, use, own, or transfer sources of radiation licensed or registered by the Department.

**Historical Note**

New Section R9-7-1001 recodified from R12-1-1001 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1002. Posting of Notices for Workers**

- A. Each licensee or registrant shall post current copies of the following documents:

1. The rules in this Chapter;
2. The license, certificate of registration, conditions, or documents incorporated into the license or registration by reference, and any amendments to the license or registration;
3. The operating procedures applicable to work under the license or registration;
4. Any notice of violation involving radiological working conditions, proposed imposition of a civil penalty, or order issued under 9 A.A.C. 7, Article 12, and any response from the licensee or registrant.

- B. If posting of a document specified in subsections (A)(1), (2) and (3) is not practicable, the licensee or registrant may post a notice which describes the document and states where it may be examined.

- C. Form ARRA-6 (shown following R9-7-1008), "Notice to Employees" shall be posted by each licensee or registrant wherever individuals work in or frequent any portion of a restricted area.

- D. Each licensee or registrant shall post documents, notices, or forms, as required by this Section, so that they are conspicuous and appear in a sufficient number of places to permit individuals engaged in work under the license or registration to

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observe them on the way to or from any particular work location to which the document applies and shall replace any document if it is defaced or altered.

- E. Department documents posted as required in subsection (A)(4) shall be posted within two working days after receipt of the documents from the Department; the licensee's or registrant's response, if any, shall be posted within two working days after dispatch from the licensee or registrant. The documents shall remain posted for a minimum of five working days or until action correcting the violation has been completed, whichever is later.

**Historical Note**

New Section R9-7-1002 recodified from R12-1-1002 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1003. Instructions for Workers**

- A. A licensee or registrant shall ensure that each individual who, in the course of employment, is likely to receive in a year an occupational dose in excess of 1 mSv (100 mrem), receives instruction in all of the following subjects:
1. Storage, transfer, or use of radiation and radioactive material;
  2. Health protection problems associated with exposure to radiation or radioactive material, precautions or procedures to minimize exposure, and purposes and functions of protective devices;
  3. Applicable provisions in Department rules, licenses, and registrations that protect of personnel from exposure to radiation or radioactive material, with an emphasis on the duties of workers;
  4. The duty to promptly report to the licensee or registrant any condition that may lead to or cause a violation of a provision in a Department rule, license, or registration or unnecessary exposure to radiation or radioactive material;
  5. Correct response to warnings in the event of any unusual occurrence or malfunction that may involve exposure to radiation or radioactive material; and
  6. Radiation exposure reports that a worker may request according to R9-7-1004.
- B. In determining whether subsection (A) applies to an individual, a licensee or registrant shall take into consideration assigned activities during normal and abnormal situations that involve exposure to radiation or radioactive material and could reasonably be expected to occur during the life of a facility. The licensee or registrant shall provide instruction that is commensurate with potential radiological health protection problems present in the work place.

**Historical Note**

New Section R9-7-1003 recodified from R12-1-1003 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1004. Notifications and Reports to Individuals**

- A. A licensee or registrant shall report radiation exposure data for an individual and the results of any measurements, analyses, and calculations of radioactive material deposited or retained in the body to the individual as specified in this Section. The information reported shall include data and results obtained under Department rules, orders, or license conditions, as shown in records maintained by the licensee or registrant. Each notification and report shall be in writing; include appropriate identifying data, such as the name of the licensee or registrant, the name of the individual, and the individual's Social Security number; include the individual's exposure information; and contain the following statement:

"This report is furnished to you under the provisions of 9 A.A.C. 7. You should preserve this report for future reference."

- B. Each licensee or registrant shall make dose information available to workers as shown in records maintained by the licensee or registrant under the provisions of Article 4. Each licensee or registrant shall provide annual notification of exposure to radiation or radioactive material for each worker, as shown in records maintained by the licensee or registrant under R9-7-419(E) if:
1. The individual's occupational dose exceeds 1 mSv (100 mrem) TEDE or 1 mSv (100 mrem) to any individual organ or tissue; or
  2. The individual requests his or her annual dose report.
- C. At the request of a worker formerly engaged in work controlled by the licensee or the registrant, each licensee or registrant shall furnish to the worker a report of the worker's exposure to radiation or radioactive material. The report shall be furnished within 30 days from the time the request is made, or within 30 days after the exposure of the individual has been determined by the licensee or registrant, whichever is later; the report shall cover, within the period of time specified in the request, each calendar quarter in which the worker's activities involved exposure to radiation from radioactive material licensed by, or radiation machines registered with, the Department; and the report shall include the dates and locations of work under the license or registration in which the worker participated during this period.
- D. Reports to individuals of their exposure to radiation shall be made according to R9-7-446.

**Historical Note**

New Section R9-7-1004 recodified from R12-1-1004 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1005. Licensee, Registrant, and Worker Representation During Department Inspection**

- A. As a condition of licensure or registration, each licensee or registrant shall afford to the Department, at all reasonable times and without undue delay, an opportunity to inspect materials, machines, activities, facilities, premises, and records.
- B. During an inspection, the licensee or registrant shall permit Department inspectors to consult privately with workers as specified in R9-7-1006. The licensee or registrant may accompany Department inspectors during other phases of an inspection.
- C. A worker authorized to consult with an Department inspector under R9-7-1006 may authorize another individual to represent the worker's interests during the Department inspection. The licensee or registrant shall notify the inspectors of the worker's authorization and give the worker's representative an opportunity to accompany the inspectors during the inspection of physical working conditions.
- D. Each worker's representative shall be routinely engaged in work under control of the licensee or registrant or shall have received instructions under R9-7-1003.
- E. Different representatives of licensees or registrants and workers may accompany the inspectors during different phases of an inspection if there is no resulting interference with the inspection. However, only one worker's representative at a time may accompany the inspectors.
- F. With the approval of the licensee or registrant and the worker's representative an individual who is not routinely engaged in work under control of the licensee or registrant, for example, a consultant to the licensee or registrant or to the worker's repre-

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sentative, shall be afforded the opportunity to accompany Department inspectors during the inspection of physical working conditions.

- G.** Notwithstanding the other provisions of this Section, Department inspectors are authorized to refuse to permit accompaniment by any individual who deliberately interferes with a fair and orderly inspection. With regard to any area containing proprietary information the worker's representative for that area shall be an individual previously authorized by the licensee or registrant to enter that area. With regard to areas containing information classified by an agency of the U.S. Government in the interest of national security, any individual who accompanies an inspector may have access to such information only if authorized by the classifying agency.

**Historical Note**

New Section R9-7-1005 recodified from R12-1-1005 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1006. Consultation with Workers During Inspections**

- A.** A licensee or registrant shall afford Department inspectors talking to a licensee or registrant representative the opportunity to consult privately with workers concerning matters of occupational radiation protection and other matters related to applicable provisions of Department rules, licenses, and registrations to the extent the inspectors deem consultation necessary for conducting an effective and thorough inspection.
- B.** During the course of an inspection, any worker may privately bring to the attention of the inspectors, either orally or in writing, any past or present condition which the worker has reason to believe may have contributed to or caused any violation of the Act, these rules, or a license or registration condition, or any unnecessary exposure of an individual to radiation from licensed radioactive material or a registered radiation machine under the licensee's or registrant's control. If this notification is in writing, the worker shall comply with the requirements of R9-7-1007(A).
- C.** The provisions of subsection (B) shall not be interpreted as authorization to disregard instructions required by R9-7-1003.

**Historical Note**

New Section R9-7-1006 recodified from R12-1-1006 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).  
Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3).

**R9-7-1007. Inspection Requests by Workers**

- A.** Any worker or representative of workers who believes that a violation of the Act, these rules, license, or registration conditions exists, or has occurred with regard to radiological working conditions in which the worker is engaged, may request an inspection of the facility by the Department. Any request shall be in writing, addressed to the Director, set forth the specific grounds for the request, and be signed by the worker or representative of the workers. The Department shall provide a copy to the licensee or registrant no later than at the time of inspection except that, upon the request of the worker, the Department shall protect the worker's name and the name of individuals referred to in the request to the extent authorized by law, except for good cause shown.
- B.** If, upon receipt of a request for inspection, the Department Director determines that there are reasonable grounds to believe that the alleged violation exists or has occurred, the Director shall initiate an inspection as soon as practicable, to determine if the alleged violation exists or has occurred. Inspections performed under this subsection need not be limited to matters referred to in the complaint.
- C.** A licensee or registrant shall not discharge or in any manner discriminate against any worker because the worker has filed any complaint or caused to be instituted any proceeding under these rules or has testified or is about to testify in the instituted proceeding or because the worker exercises on behalf of the worker or others, any option afforded by this Article.

**Historical Note**

New Section R9-7-1007 recodified from R12-1-1007 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1008. Inspection not Warranted; Review**

If the Department determines, with respect to a complaint under R9-7-1007, that an inspection is not warranted or there are no reasonable grounds to believe that a violation exists or has occurred, the Department shall notify the complainant in writing of the determination. The complainant may obtain review of the determination by submitting a written request for hearing to the Department. The Department shall provide for a hearing before the Radiation Regulatory Hearing Board under 9 A.A.C. 7, Article 12 and A.R.S. Title 41, Chapter 6, Article 10.

**Historical Note**

New Section R9-7-1008 recodified from R12-1-1008 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

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**Exhibit A. Form ARRA-6 (2012) Notice to Employees****ARRA-6 (2012) Arizona Department of Health Services, Bureau of Radiation Control****NOTICE TO EMPLOYEES****STANDARDS FOR PROTECTION AGAINST RADIATION;  
NOTICES, INSTRUCTIONS, AND REPORTS TO WORKERS;  
INSPECTIONS**

In Article 4 of the Arizona Department of Health Services, Bureau of Radiation Control rules for the Control of Radiation, the Arizona Department of Health Services, Bureau of Radiation Control has established standards for your protection against radiation hazards. In Article 10 of the rules for the Control of Radiation, the Arizona Department of Health Services, Bureau of Radiation Control has established certain provisions for the options of workers engaged in work under a license or registration issued by the Arizona Department of Health Services, Bureau of Radiation Control.

**YOUR EMPLOYER'S RESPONSIBILITY**

Your employer is required to -

1. Apply these rules to work involving sources of radiation.
2. Post or otherwise make available to you a copy of the Arizona Department of Health Services, Bureau of Radiation Control rules, licenses, and operating procedures which apply to work you are engaged in, and explain their provisions to you.
3. Post notice of violation involving radiological working conditions, proposed imposition of civil penalties, and orders.

**YOUR RESPONSIBILITY AS A WORKER**

You should familiarize yourself with those provisions of the Arizona Department of Health Services, Bureau of Radiation Control rules and the operating procedures which apply to the work you are engaged in. You should observe their provisions for your own protection and protection of your co-workers.

**WHAT IS COVERED BY THESE RULES**

1. Limits on exposure to radiation and radioactive material in restricted and unrestricted areas;
2. Measures to be taken after accidental exposure;
3. Personnel monitoring, surveys, and equipment;
4. Caution signs, labels, and safety interlock equipment;
5. Exposure records and reports;
6. Options for workers regarding inspections by the Arizona Department of Health Services, Bureau of Radiation Control; and
7. Related matters.

**REPORTS ON YOUR RADIATION EXPOSURE HISTORY**

1. The Arizona Department of Health Services, Bureau of Radiation Control rules require that your employer give you a written report if you receive an exposure in excess of any applicable limit set forth in the rules or in the

license. The basic limits for exposure to employees are set forth in Article 4 of the rules. These Sections specify limits on exposure to radiation and exposure to concentrations of radioactive material in air and water.

2. If you work where personnel monitoring is required, and if you request information on your radiation exposures,
  - a. Your employer must give you a written report, upon termination of your employment, of your radiation exposures; and
  - b. Your employer must advise you annually of your exposure to radiation.

**INSPECTIONS**

All licensed or registered activities are subject to inspection by representatives of the Arizona Department of Health Services, Bureau of Radiation Control. In addition, any worker or representative of workers who believes that there is a violation of the regulations issued thereunder, or the terms of the employer's license or rules with regard to radiological working conditions in which the worker is engaged, may request an inspection by sending a notice of the alleged violation to the Arizona Department of Health Services, Bureau of Radiation Control. The request must set forth the specific grounds for the notice and must be signed by the worker on his own behalf or as a representative of the workers. During inspections, inspectors of the Arizona Department of Health Services, Bureau of Radiation Control may confer privately with workers, and any worker may bring to the attention of the inspectors any past or present condition which he believes contributed to or caused any violation as described above.

**INQUIRIES**

Inquiries dealing with the matters outlined above can be sent to the:

**ARIZONA DEPARTMENT OF HEALTH SERVICES,  
BUREAU OF RADIATION CONTROL**

**POSTING REQUIREMENT**

IN ACCORDANCE WITH A.A.C. R9-7-1002, COPIES OF THIS NOTICE SHALL BE POSTED IN SUCH A MANNER TO PERMIT EMPLOYEES WORKING IN OR FREQUENTING ANY PORTION OF A RESTRICTED AREA, USED FOR ACTIVITIES LICENSED OR REGISTERED PURSUANT TO ARTICLE 2 OR ARTICLE 3 OF THE ARIZONA DEPARTMENT OF HEALTH SERVICES, BUREAU OF RADIATION CONTROL'S RULES, TO OBSERVE A COPY OR COPIES ON THE WAY TO OR FROM THEIR WORK AREA.

**Historical Note**

New Article 10, Exhibit A recodified from 12 A.A.C.1, Article 10, Exhibit A at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**ARTICLE 11. INDUSTRIAL USES OF X-RAYS, NOT  
INCLUDING ANALYTICAL X-RAY SYSTEMS**

**R9-7-1101. Reserved**

**Historical Note**

Section R9-7-1101 reserved when this Chapter was recodified (Supp. 18-1).

**R9-7-1102. Definitions**

"Access point" means any door or cover that is designed to be removed or opened for maintenance or service purposes,

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opened using tools, and used to provide access to the interior of a cabinet x-ray unit.

“Annual refresher safety training” means a review provided by the registrant for its employees on radiation safety aspects of industrial radiography. The review shall include, as applicable, the results of internal inspections, new procedures or equipment, new or revised statutes or rules, accidents, or errors that have occurred, and provide opportunities for employees to ask safety questions.

“Aperture” means any opening in the outside surface of a cabinet x-ray unit, other than a port, which remains open during generation of x-radiation.

“Door” means any barrier that is designed to be movable or opened for routine operation purposes, rather than opened using tools, and used to provide access to the interior of the cabinet x-ray unit.

“Ground fault” means an accidental electrical grounding of an electrical conductor.

“Hands-on experience” means the accumulation of knowledge or skill in any area relevant to radiography.

“Port” means any opening in the outside surface of a cabinet x-ray unit that is designed to remain open, during generation of x-rays, for conveying material that is being irradiated into and out of the cabinet, or for partial insertion of an object for irradiation if the dimensions of the object do not permit complete insertion into the cabinet x-ray unit.

“Practical examination” means a demonstration, through practical application of safety rules and principles of industrial radiography, which includes use of all radiography equipment and tests knowledge of radiography procedures.

“Radiographic operations” means all activities associated with use of a radiographic x-ray system. This includes performing surveys to confirm the adequacy of boundaries, setting up equipment, and conducting any activity inside restricted area boundaries.

**Historical Note**

New Section R9-7-1102 recodified from R12-1-1102 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1103. Reserved****Historical Note**

Section R9-7-1103 reserved when this Chapter was recodified (Supp. 18-1).

**R9-7-1104. Registration Requirements**

- A. The Department shall review an application for registration of a radiation machine for use in industrial radiography and approve the registration if an applicant meets all of the following requirements:
  1. The applicant satisfies the general requirements in Article 2 and any special requirements contained in this Article,
  2. The applicant submits a program for training radiographer’s assistants that complies with R9-7-1146, and
  3. The applicant submits procedures for verifying and documenting the certification status of each radiographer and for ensuring that the certification remains valid.
- B. An applicant shall submit written operating and emergency procedures, as prescribed in R9-7-1128.
- C. An applicant shall submit a description of a program for review of job performance of each radiographer and radiogra-

pher’s assistant at intervals that do not exceed six months, as prescribed in R9-7-1146(E).

- D. An applicant shall submit a description of the applicant’s overall organizational structure as it applies to radiation safety responsibilities in industrial radiography, including specified delegation of authority and responsibility.
- E. An applicant shall submit and list the qualifications of each individual designated as an RSO under R9-7-1120 and indicate which designee is responsible for ensuring that the registrant’s radiation safety program is implemented.
- F. If an applicant intends to perform “in-house” calibrations of survey instruments, the applicant shall describe each calibration method to be used, the relevant experience of each person who will perform a calibration, and procedures to ensure that all calibrations are performed according to the procedures prescribed in R9-7-1108.
- G. An applicant shall identify and describe the location of all field stations and permanent radiographic installations.
- H. An applicant shall identify each location where records required by this Chapter will be maintained.

**Historical Note**

New Section R9-7-1104 recodified from R12-1-1104 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1105. Reserved****Historical Note**

Section R9-7-1105 reserved when this Chapter was recodified (Supp. 18-1).

**R9-7-1106. Equipment Performance**

A registrant shall ensure that each x-ray machine has a lock or other security system designed to prevent unauthorized use or accidental production of radiation and is secured against unauthorized use at all times, except when under the direct surveillance of a radiographer or radiographer’s assistant.

**Historical Note**

New Section R9-7-1106 recodified from R12-1-1106 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1107. Reserved****Historical Note**

Section R9-7-1107 reserved when this Chapter was recodified (Supp. 18-1).

**R9-7-1108. Radiation Survey Instruments**

- A. A registrant shall maintain at least two calibrated and operable radiation survey instruments at each location where sources of radiation are present to make radiation surveys required by this Article and Article 4 of this Chapter. Instrumentation required by this Section shall be capable of measuring a range from 0.02 millisieverts (2 millirems) per hour through 0.01 sievert (1 rem) per hour.
- B. A registrant shall ensure that each radiation survey instrument required under subsection (A) is calibrated:
  1. At intervals that do not exceed six months, and after instrument servicing, except for battery changes;
  2. For linear scale instruments, at two points located approximately one-third and two-thirds of full-scale on each scale; for logarithmic scale instruments, at mid-range of each decade, and at two points of at least one decade; and for digital instruments, at 3 points between 0.02 and 10 millisieverts (2 and 1000 millirems) per hour; and

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3. So that an accuracy within plus or minus 20% of the calibration source can be demonstrated at each point checked.
- C. A registrant shall make a record each time a radiation survey instrument is calibrated, and maintain each record for three years after it is made.

**Historical Note**

New Section R9-7-1108 recodified from R12-1-1108 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1109. Reserved****Historical Note**

Section R9-7-1109 reserved when this Chapter was recodified (Supp. 18-1).

**R9-7-1110. Quarterly Inventory**

- A. A registrant shall conduct a quarterly physical inventory to account for all x-ray machines received and possessed under the registration.
- B. A registrant shall maintain a record of the quarterly inventory required under subsection (A) for three years after it is made.
- C. The record required by subsection (B) shall include the date of the inventory, name of the individual who conducted the inventory, location of each x-ray machine, and manufacturer, model, and serial number of each x-ray machine.

**Historical Note**

New Section R9-7-1110 recodified from R12-1-1110 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1111. Reserved****Historical Note**

Section R9-7-1111 reserved when this Chapter was recodified (Supp. 18-1).

**R9-7-1112. Utilization Logs**

- A. A registrant shall maintain for each x-ray machine a utilization log that provides all of the following information:
1. A description, including the make, model, and serial number of each x-ray machine;
  2. The identity and signature of the radiographer using the machine; and
  3. The plant or site where the machine is used and dates of use, including each date when the machine is removed from or returned to storage.
- B. A registrant shall retain a log required by subsection (A) for three years after the log is made.

**Historical Note**

New Section R9-7-1112 recodified from R12-1-1112 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1113. Reserved****Historical Note**

Section R9-7-1113 reserved when this Chapter was recodified (Supp. 18-1).

**R9-7-1114. Inspection and Maintenance of Radiation Machines, Survey Instruments, and Associated Equipment**

- A. A registrant shall perform visual and operability checks on survey instruments and radiation machines before use on each day the equipment is to be used to ensure that the equipment is in good working condition and required labeling is present. Survey instrument operability checks shall be performed using check sources or other authorized means. If equipment prob-

lems are found, the registrant shall remove the equipment from service until it is repaired.

- B. A registrant shall have written inspection and maintenance procedures for radiation machines and survey instruments that require inspection and maintenance, at intervals that do not exceed three months or before first use of the equipment and to ensure the proper functioning of components important to safety. Replacement components shall meet design specifications. If equipment problems are discovered, the registrant shall remove the equipment from service until the equipment is repaired.
- C. A registrant shall maintain records of equipment problems found in daily checks and quarterly inspections and retain each record for three years after it is made. The record shall include the date of the check or inspection, name of the inspector, equipment involved, any problems found, and any repair or needed maintenance performed.

**Historical Note**

New Section R9-7-1114 recodified from R12-1-1114 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1115. Reserved****Historical Note**

Section R9-7-1115 reserved when this Chapter was recodified (Supp. 18-1).

**R9-7-1116. Surveillance**

During each radiographic operation a radiographer, or the radiographer's assistant as permitted by R9-7-1118, shall maintain continuous direct visual surveillance of the operation to protect against unauthorized entry into a high radiation area, except at permanent radiographic installations where all entrances are locked and the registrant is in compliance with R9-7-1136.

**Historical Note**

New Section R9-7-1116 recodified from R12-1-1116 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1117. Reserved****Historical Note**

Section R9-7-1117 reserved when this Chapter was recodified (Supp. 18-1).

**R9-7-1118. Industrial Radiographic Operations**

- A. If industrial radiography is performed at a location other than a permanent radiographic installation, a registrant shall ensure that the radiographer is accompanied by at least one other radiographer or radiographer's assistant, qualified under R9-7-1146. The additional radiographer or radiographer's assistant shall observe the operations and be capable of providing immediate assistance to prevent unauthorized entry. The registrant shall not allow industrial radiography if only one qualified individual is present.
- B. A registrant shall ensure that each industrial radiographic operation is conducted at a location of use authorized on the registration of a permanent radiographic installation, unless another permanent location is specifically authorized by the Department.

**Historical Note**

New Section R9-7-1118 recodified from R12-1-1118 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1119. Reserved**



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**Historical Note**

Section R9-7-1119 reserved when this Chapter was recodified (Supp. 18-1).

**R9-7-1120. Radiation Safety Officer (RSO)**

- A. A registrant shall have a radiation safety officer (RSO) who is responsible for implementing procedures and regulatory requirements in the daily operation of the radiation safety program.
- B. A registrant shall ensure that the RSO has satisfied the following minimum requirements:
1. The training and testing requirements in R9-7-1146;
  2. Two thousand hours of hands-on experience as a qualified radiographer for an industrial radiographic operation; and
  3. Formal training in the establishment and maintenance of a radiation safety program.
- C. A registrant may use an individual in the position of RSO who does not have the training and experience required in subsection (B), if the registrant provides the Department with a description of the individual's training and experience in the field of ionizing radiation and training with respect to the establishment and maintenance of a radiation safety protection program.
- D. The specific duties and authorities of the RSO include, but are not limited to:
1. Establishing and overseeing operating, emergency, and ALARA procedures as required in Article 4 of this Chapter, and reviewing the procedures every year to ensure that they conform to current Department rules and registration conditions;
  2. Overseeing and approving all phases of the training program for radiographic personnel, ensuring that appropriate and effective radiation protection practices are taught;
  3. Overseeing radiation surveys and associated documentation to ensure that the surveys are performed in accordance with the rules and taking corrective measures if levels of radiation exceed established action limits;
  4. Overseeing the personnel monitoring program to ensure that monitoring devices are calibrated and used properly by occupationally exposed personnel and ensuring that records are kept of the monitoring results and timely notifications are made as required in R9-7-444; and
  5. Overseeing operations to ensure that they are conducted safely and instituting corrective actions, which may include ceasing operations if necessary.

**Historical Note**

New Section R9-7-1120 recodified from R12-1-1120 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1121. Reserved****Historical Note**

Section R9-7-1121 reserved when this Chapter was recodified (Supp. 18-1).

**R9-7-1122. Expired****Historical Note**

New Section R9-7-1122 recodified from R12-1-1122 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).  
Section R9-7-1122 expired under A.R.S. § 41-1056(J) at 24 A.A.R. 3240, effective September 28, 2018 (Supp. 18-4).

**R9-7-1123. Reserved****Historical Note**

Section R9-7-1123 reserved when this Chapter was recodified (Supp. 18-1).

**R9-7-1124. Reserved****Historical Note**

Section R9-7-1124 reserved when this Chapter was recodified (Supp. 18-1).

**R9-7-1125. Reserved****Historical Note**

Section R9-7-1125 reserved when this Chapter was recodified (Supp. 18-1).

**R9-7-1126. Posting**

A registrant shall post any area in which industrial radiography is being performed as required by R9-7-429. Exceptions listed in R9-7-430 do not apply to industrial radiographic operations.

**Historical Note**

New Section R9-7-1126 recodified from R12-1-1126 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1127. Reserved****Historical Note**

Section R9-7-1127 reserved when this Chapter was recodified (Supp. 18-1).

**R9-7-1128. Operating and Emergency Procedures**

- A. A registrant shall have operating and emergency procedures that include, at minimum, instructions in the following, as applicable:
1. Use of radiation machines, so that persons are not exposed to radiation that exceeds the limits in Article 4 of this Chapter;
  2. Methods and occasions for conducting radiation surveys;
  3. Methods for controlling access to radiographic areas;
  4. Methods and occasions for locking and securing a radiation machine;
  5. Personnel monitoring and associated equipment;
  6. Inspection, maintenance, and operability checks of a radiation machine and survey instruments;
  7. Actions to be taken immediately by radiography personnel if a pocket dosimeter is found to be off-scale or an alarm rate meter sounds an alarm;
  8. Procedures for identifying and reporting defects and non-compliance, as required by R9-7-448;
  9. The procedure for notifying the RSO and the Department in the event of an accident;
  10. Minimizing exposure of persons in the event of an accident, and
  11. Maintenance of records.
- B. The registrant shall maintain copies of current operating and emergency procedures until the Department terminates the registration. Superseded procedures shall be maintained for three years after a change is made. Additionally, records shall be maintained in accordance with R9-7-1138.

**Historical Note**

New Section R9-7-1128 recodified from R12-1-1128 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1129. Reserved**

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**Historical Note**

Section R9-7-1129 reserved when this Chapter was recodified (Supp. 18-1).

**R9-7-1130. Personnel Monitoring**

- A.** An individual shall not act as a radiographer or a radiographer's assistant unless, at all times during radiographic operations, the individual wears, on the trunk of the body, a direct reading dosimeter, an operating alarm rate meter, and either a film badge, a TLD, or an optically stimulated luminescence (OSL) dosimeter. At permanent radiography installations where other required alarm or warning devices are in routine use, an alarm rate meter is not required.
1. A registrant shall provide pocket dosimeters that have a range from zero to 2 millisieverts (200 millirems) and ensure that the dosimeters are recharged at the start of each shift. Electronic personnel dosimeters are permitted in place of ion-chamber pocket dosimeters.
  2. The registrant shall assign a film badge, TLD, or OSL dosimeter to one individual, who shall wear the assigned equipment.
  3. The registrant shall replace film badges at least monthly and replace TLDs or OSL dosimeters at least quarterly.
  4. After replacement, the registrant shall ensure that each film badge or TLD is processed as soon as possible.
- B.** A radiographer or radiographer's assistant shall record exposures noted from direct reading dosimeters, such as pocket dosimeters or electronic personnel dosimeters, at the beginning and end of each shift.
- C.** A registrant shall check each pocket dosimeter or electronic personnel dosimeter at least yearly for correct response to radiation, and discontinue use of a dosimeter if it is not accurate within plus or minus 20% of the true radiation exposure.
- D.** If an individual's pocket dosimeter has an off-scale reading, or the electronic personnel dosimeter reads greater than 2 millisieverts (200 millirems), and radiation exposure cannot be ruled out as the cause, a registrant shall send the individual's film badge, TLD, or OSL dosimeter for processing within 24 hours. The registrant shall not allow the individual to work with a radiation machine until the individual's radiation exposure is determined. Using the information from the badge or dosimeter, the RSO or the RSO's designee shall calculate the affected individual's cumulative radiation exposure, as prescribed in Article 4 of this Chapter and include the results in records maintained in accordance with subsection (G).
- E.** If an individual's monitoring device is lost or damaged, the individual shall cease work immediately until the registrant provides a replacement film badge, TLD, or OSL dosimeter and the RSO or the RSO's designee calculates the exposure for the time period from issuance to discovery of a lost or damaged film badge, TLD, or OSL dosimeter. The registrant shall include the calculated exposure and the time period for which the film badge, TLD, or OSL dosimeter was lost or damaged in the records maintained in accordance with subsection (G).
- F.** For each alarm rate meter a registrant shall ensure that:
1. At the start of a shift each individual with an alarm rate meter checks that the alarm functions (sounds) before using the device;
  2. Each device is set to give an alarm signal at a preset dose rate of 5 mSv/hr (500 mrem/hr) with an accuracy of plus or minus 20% of the true radiation dose rate;
  3. A special means is necessary to change the preset alarm function on the device; and
  4. Each device is calibrated at periods that do not to exceed 12 months for correct response to radiation

- G.** Each registrant shall maintain the following personnel monitoring records:

1. Each dosimeter reading and the yearly operability check required by subsections (B) and (C) for three years after each record is made;
2. A record of each alarm rate meter calibration for three years after the record is made;
3. Any report received from the film badge, TLD, or OSL processor. The registrant shall maintain these records until the Department terminates the registration; and
4. Any estimation of an exposure evidenced by an off-scale personnel direct-reading dosimeter or a lost or damaged film badge, TLD, or OSL dosimeter. The records shall be maintained until the Department terminates the registration.

**Historical Note**

New Section R9-7-1130 recodified from R12-1-1130 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1131. Reserved****Historical Note**

Section R9-7-1131 reserved when this Chapter was recodified (Supp. 18-1).

**R9-7-1132. Supervision of a Radiographer's Assistant**

If a radiographer's assistant uses a radiation machine or conducts a radiation survey required by R9-7-1134(B), the registrant shall ensure that the assistant is under the personal supervision of a radiographer. For purposes of this Section "personal supervision" means:

1. The radiographer is physically present at the site where the radiation machine is being used;
2. The radiographer is available to give immediate assistance if required; and
3. The radiographer is able to observe directly the assistant's performance.

**Historical Note**

New Section R9-7-1132 recodified from R12-1-1132 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1133. Reserved****Historical Note**

Section R9-7-1133 reserved when this Chapter was recodified (Supp. 18-1).

**R9-7-1134. Radiation Surveys**

- A.** A registrant shall conduct surveys with a calibrated and operable radiation survey instrument that meets the requirements of R9-7-1108.
- B.** A registrant shall conduct a survey of a radiographic machine any time the machine is placed in storage to ensure that the machine will not expose personnel to radiation.
- C.** A registrant shall maintain a record of each exposure survey conducted before a machine is placed in storage under subsection (B), if that survey is the last one performed during the workday. Each record shall be maintained for three years after it is made.

**Historical Note**

New Section R9-7-1134 recodified from R12-1-1134 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1135. Reserved**

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**Historical Note**

Section R9-7-1135 reserved when this Chapter was recodified (Supp. 18-1).

**R9-7-1136. Permanent Radiographic Installations**

- A. If a registrant maintains a permanent radiographic installation that does not fall within the definition of “enclosed radiography” in R9-7-102, the registrant shall ensure that each entrance used for personnel access to the high radiation area has either:
1. An entrance control device of the type described in R9-7-420(A)(1), which reduces the radiation level upon entry into the area, or
  2. Both conspicuous visible and audible alarm signals to warn of the presence of radiation. The registrant shall ensure that the visible signal is actuated by radiation if the x-ray tube is energized and the audible signal is actuated if a person attempts to enter the installation while the x-ray tube is energized.
- B. A registrant shall test the alarm system for proper operation with a radiation source each day before the installation is used for radiographic operations. The test shall include a check of both the visible and audible signals. The registrant shall test each device referenced in subsection (A)(1) monthly. If an entrance control device or alarm signal is operating improperly, the registrant shall immediately label the device or signal as “defective” and repair the device or signal within seven calendar days. The registrant may continue to use the facility during this seven-day period, if the registrant implements continuous surveillance requirements of R9-7-1116 and uses an alarm rate meter.
- C. A registrant shall maintain each record of alarm system and entrance control device tests for three years after the record is made.

**Historical Note**

New Section R9-7-1136 recodified from R12-1-1136 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1137. Reserved****Historical Note**

Section R9-7-1137 reserved when this Chapter was recodified (Supp. 18-1).

**R9-7-1138. Location of Documents and Records**

- A. A registrant shall maintain a copy of each record required by this Article and other applicable Articles of this Chapter at the location specified on the registration application.
- B. A registrant shall maintain a copy of the following at each field station and temporary job site:
1. The registration that authorizes use of a radiation machines;
  2. A copy of Articles 4, 10, and 11 of this Chapter;
  3. Utilization logs for each radiation machine dispatched from that location, as required by R9-7-1112;
  4. Records of equipment problems identified in daily checks of equipment, as required by R9-7-1114;
  5. Records of alarm system and entrance control device checks, as required by R9-7-1136;
  6. Records of direct-reading dosimeters such as pocket dosimeters and electronic personnel dosimeters, as required by R9-7-1130;
  7. Operating and emergency procedures, as required by R9-7-1128;

8. A report on the most recent calibration of the radiation survey instruments in use at the site, as required by R9-7-1108;
9. A report on the most recent calibration of each alarm rate meter and operability check of each pocket dosimeter, or electronic personnel dosimeter, as required by R9-7-1130;
10. Most recent survey record, as required by R9-7-1134; and
11. If a registrant is operating in the state under R9-7-207, a copy of the out-of-state machine registration and a written authorization from the Department to operate in the state.

**Historical Note**

New Section R9-7-1138 recodified from R12-1-1138 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1139. Reserved****Historical Note**

Section R9-7-1139 reserved when this Chapter was recodified (Supp. 18-1).

**R9-7-1140. Enclosed Radiography**

- A. The Department has determined that any certified or certifiable cabinet x-ray system, as defined in Article 1, is exempt from the requirements of Article 11, provided that both of the following conditions are met:
1. The registrant makes, or causes to be made, an evaluation of each certified and certifiable cabinet x-ray system, at intervals that do not exceed 12 months, to determine whether the system conforms to the standards for certified and certifiable cabinet x-ray systems defined in Article 1. Records of each evaluation shall be maintained for three years from the date the record is created; and
  2. The registrant performs a physical radiation survey with a survey instrument calibrated within the preceding 12 months and designed for the energy range and levels of radiation that will be assessed.
- B. A registrant with a cabinet x-ray system that is not exempt under subsection (A) shall comply with the recordkeeping requirements of this Article and the following special requirements. The registrant shall:
1. Ensure that radiation levels measured at 5 centimeters (2 inches) from any accessible exterior surface of the enclosure do not exceed 50 microsievert (0.5 milliroentgen) in one hour for any combination of technical factors (i.e., mA, kVp);
  2. Ensure that access to the interior of the enclosure is possible only through interlocked doors or panels that prevent production of radiation unless all interlocked doors or panels are securely closed. The registrant shall ensure that opening a door or panel results in immediate termination of radiation production and subsequent reactivation of the x-ray tube is only possible at the control panel;
  3. Provide visible warning signals, activated only during production of radiation, at the control panel and at each access point to the interior of the enclosure;
  4. Before using an x-ray system make, or cause to be made, an initial evaluation of the x-ray system to determine compliance with this Article, and subsequently evaluate the x-ray system at intervals that do not exceed three months. The registrant shall maintain a record of each evaluation for two years, and

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5. Using instrumentation that complies with R9-7-1108, perform a physical radiation survey to satisfy the requirements of subsection (B)(4).
- C. A registrant with a shielded room x-ray systems shall comply with the recordkeeping requirements of this Article and the following special requirements. The registrant shall:
  1. Shield each x-ray room so that every location on the exterior meets the requirements for an "unrestricted area" as specified in R9-7-416;
  2. Provide access to the interior of a shielded x-ray room only through doors or panels that are interlocked. The registrant shall ensure that radiation production is possible only when all interlocked doors and panels are securely closed, opening of any interlocked door or panel results in immediate termination of radiation production; and subsequent reactivation of the x-ray tube is only possible at the control panel;
  3. Provide each access point with two interlocks, each on a separate circuit, so that failure of one interlock will not affect the performance of the other interlock;
  4. Provide visible warning signals, activated only during production of radiation at the control panel and each access point to the shielded room;
  5. Make, or cause to be made, an initial evaluation of each shielded room x-ray system to determine compliance with this Article, and subsequently evaluate the x-ray system at intervals that do not exceed three months. The registrant shall maintain a record of each evaluation for two years;
  6. Perform radiation surveys to determine exposure with an instrument that meets the requirements of R9-7-1108;
  7. Inspect electrical interlocks and warning devices for correct operation before each use, and maintain a record of each inspection for two years;
  8. Not permit an individual to operate an x-ray machine for shielded room radiography unless the individual has received a copy of, and instruction in, the operating procedures and demonstrated competence in the safe use of the equipment;
  9. Ensure that an individual does not occupy the interior of any shielded room x-ray system during production of radiation;
  10. Provide personnel monitoring devices that meet the requirements of R9-7-1130 to each shielded room x-ray machine operator, and require that each operator use the devices;
  11. Maintain records of:
    - a. Quarterly inventories for mobile systems, as prescribed in R9-7-1110; and
    - b. Utilization logs for all systems, as prescribed in R9-7-1112; and
  12. Maintain records for three years from the date of the quarterly inventory or utilization log.
- D. A registrant shall connect an enclosed radiography machine to the electrical system in a manner that will prevent a ground fault from generating x-radiation.

**Historical Note**

New Section R9-7-1140 recodified from R12-1-1140 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1141. Reserved****Historical Note**

Section R9-7-1141 reserved when this Chapter was recodified (Supp. 18-1).

**R9-7-1142. Baggage and Package Inspection Systems**

- A. For x-ray systems designed to screen carry-on baggage or packages at airlines, railroads, bus terminals, package inspection facilities, or similar facilities, a registrant shall ensure the x-ray system has an operator present at the control area in a position that permits surveillance of the ports and doors during generation of x-radiation to prevent exposure to passengers and other members of the public.
- B. For an exposure or preset succession of exposures of one-half second or greater duration, a registrant shall use a system that enables the operator to terminate the exposure or preset succession of exposures at any time.
- C. For an exposure or preset succession of exposures of less than one-half second duration, a registrant shall use a system that allows the operator to complete the exposure in progress, but prevent additional exposures.
- D. A registrant shall operate a baggage or package inspection system according to the manufacturer's instructions.
- E. A registrant shall not disconnect or otherwise tamper with the safety systems of a baggage or package inspection system, except for maintenance purposes.
- F. In addition to the requirements in this Section, a registrant using a baggage or package inspection system shall meet the requirements in R9-7-1140(A), (B), and (D).

**Historical Note**

New Section R9-7-1142 recodified from R12-1-1142 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1143. Reserved****Historical Note**

Section R9-7-1143 reserved when this Chapter was recodified (Supp. 18-1).

**R9-7-1144. Reserved****Historical Note**

Section R9-7-1144 reserved when this Chapter was recodified (Supp. 18-1).

**R9-7-1145. Reserved****Historical Note**

Section R9-7-1145 reserved when this Chapter was recodified (Supp. 18-1).

**R9-7-1146. Training**

- A. A registrant shall not allow an individual to act as a radiographer until the individual has received training in the subjects in subsection (G), has participated in a minimum of two months of on-the-job training, and is certified through a radiographer certification program by a independent certifying organization in accordance with the criteria specified in Appendix A.
  1. A registrant shall provide the Department with proof of an individual's certification upon request.
  2. A registrant shall maintain proof of an individual's certification at the job site where the individual is performing field radiography.
  3. A registrant that employs a certified radiographer in Arizona shall ensure that:
    - a. The radiographer has obtained initial certification or recertification within the last five years; and

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- b. An uncertified radiographer works only as a radiographer's assistant until certified.
- 4. A radiographer shall recertify every five years by:
  - a. Taking an approved radiography certification examination in accordance with this subsection; or
  - b. Providing written evidence that the radiographer is active in the practice of industrial radiography and has participated in continuing education during the previous five-year period.
- 5. If an individual cannot provide the written evidence required in subsection (4)(b), the individual shall retake the certification examination.
- 6. A radiographer shall provide the registrant with proof of certification in the form of a card issued by the certifying organization that contains:
  - a. A picture of the certified radiographer,
  - b. The radiographer's certification number,
  - c. The date the certification expires, and
  - d. The radiographer's signature.
- B.** A registrant shall not allow an individual to act as a radiographer until the individual:
  - 1. Receives copies of and instruction in the requirements of this Article, applicable Sections of Articles 4 and 10 and R9-7-107, the Department registration or registrations under which the individual will perform industrial radiography, and the registrant's operating and emergency procedures;
  - 2. Demonstrates an understanding of the registrant's registration and operating and emergency procedures by successful completion of a written or oral examination that covers the relevant material;
  - 3. Receives training in:
    - a. Use of the registrant's radiation machine,
    - b. Daily inspection of the radiation machine, and
    - c. Use of radiation survey instruments; and
  - 4. Demonstrates an understanding of the use of the radiation machines and survey instruments described in subsection (B)(3) by successful completion of a practical examination covering this material.
- C.** A registrant shall not allow an individual to act as a radiographer's assistant until the individual:
  - 1. Receives copies of and instruction in the requirements of this Article, applicable Sections of Articles 4 and 10 and R9-7-107, the Department registration or registrations under which the radiographer will perform industrial radiography, and the registrant's operating and emergency procedures;
  - 2. Develops competence to use, under the personal supervision of the radiographer, the registrant's radiation machine and radiation survey instruments; and
  - 3. Demonstrates understanding of the instructions provided under subsection (C)(1) by successfully completing a written test on the subjects covered and demonstrates competence using the hardware described in subsection (C)(2) by successfully completing a practical examination.
- D.** A registrant shall provide refresher safety training for each radiographer and radiographer's assistant at intervals that do not exceed 12 months.
- E.** Except where an individual serves both as a radiographer and an RSO, the RSO or the RSO's designee shall design and implement an inspection program to examine the job performance of each radiographer and radiographer's assistant and ensure that the Department's rules and registration requirements, and the registrant's operating and emergency procedures, are followed. The inspection program shall:
  - 1. Include observation of the performance of each radiographer and radiographer's assistant during an actual industrial radiographic operation, at intervals that do not exceed six months; and
  - 2. Provide that, if a radiographer or a radiographer's assistant has not participated in an industrial radiographic operation for more than six months since the last inspection, each radiographer shall demonstrate knowledge of the training requirements in subsection (B)(3) and each radiographer's assistant shall demonstrate knowledge of the training requirements of subsection (C)(2) by a practical examination before these workers can participate in a radiographic operation.
- F.** A registrant shall maintain records of the training required in this Section, including certification documents, written and practical examinations, refresher safety training documents, and inspection documents, in accordance with subsection (I).
- G.** A registrant shall include the following subjects in the training required under subsection (A):
  - 1. Fundamentals of radiation safety, including:
    - a. Characteristics of x-ray radiation;
    - b. Units of radiation dose and quantity of radioactivity;
    - c. Hazards of exposure to radiation;
    - d. Levels of radiation from x-ray machines; and
    - e. Methods of controlling radiation dose (time, distance, and shielding);
  - 2. Radiation detection instruments, including:
    - a. Use, operation, calibration, and limitations of radiation survey instruments;
    - b. Survey techniques; and
    - c. Use of personnel monitoring equipment;
  - 3. Equipment topics, including:
    - a. Operation and control of radiation machines; and
    - b. Inspection and maintenance of each radiation machine and survey instrument;
  - 4. The requirements of pertinent Department rules; and
  - 5. Case histories of accidents in radiography.
- H.** A registrant shall maintain records of radiographer certification in accordance with subsection (I)(1) and provide proof of certification as required in subsection (A)(1).
- I.** A registrant shall maintain the following records for three years after each record is made:
  - 1. Records of training for each radiographer and each radiographer's assistant. For radiographers, the records shall include radiographer certification documents and verification of certification status. All records shall include copies of written tests, dates of oral and practical examinations, and names of individuals who conducted and took the oral and practical examinations; and
  - 2. Records of annual refresher safety training and semi-annual inspections of job performance for each radiographer and each radiographer's assistant. The records for the annual refresher safety training shall list topics discussed during training, the date of training, and names of each instructor and attendee. For inspections of job performance, the records shall include a list of items checked during the inspection and any non-compliance observed by the RSO.

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**Historical Note**

New Section R9-7-1146 recodified from R12-1-1146 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**Appendix A. Standards for Organizations that Provide Radiography Certification**

Note: For purposes of this Article an “independent certifying organization” means an organization that meets all of the criteria in this Appendix.

I. Requirements for an Organization that Provides Radiographer Certification

To qualify to provide radiography certification, an organization shall:

- A. Be a society or association, with members who participate in, or have an interest in, the field of industrial radiography;
- B. Not restrict membership because of race, color, religion, sex, age, national origin, or disability;
- C. Have a certification program that is open to nonmembers, as well as members;
- D. Be an incorporated, nationally recognized organization that is involved in setting national standards of practice within its fields of expertise;
- E. Have a staff comparable to other nationally recognized organizations, a viable system for financing its operations, and a policy-and decision-making review board;
- F. Have a set of written, organizational by-laws and policies that address conflicts of interest and provide a system for monitoring and enforcing the by-laws and policies;
- G. Have a committee, with members who can carry out their responsibilities impartially, review and approve the certification guidelines and procedures, and advise the organization’s staff in implementing the certification program;
- H. Have a committee, with members who can carry out their responsibilities impartially, review complaints against certified individuals, and determine sanctions;
- I. Have written procedures that describe all aspects of the organization’s certification program;
- J. Maintain records of the current status of each individual’s certification and administration of the certification program;
- K. Have procedures to ensure that certified individuals are provided due process with respect to administration of the certification program, including a process for becoming certified and a process for imposing sanctions against certified individuals;
- L. Have procedures for proctoring examinations and qualifying proctors. The organization, through these procedures, shall ensure that an individual who proctors an examination is not employed by the same company or corporation (or a wholly-owned subsidiary of the company or corporation) that employs an examinee;
- M. Exchange information about certified individuals with the Department, other independent certifying organizations, the NRC, or Agreement States and allow periodic review of its certification program and related records; and
- N. Provide a description to the Department of its procedures for choosing examination sites and providing a favorable examination environment.

II. Requirements for a Certification Program

An independent certifying organization shall ensure that its certification program:

- A. Requires an applicant for certification to:
  1. Obtain training in the subjects listed in R9-7-1146(G), and
  2. Satisfactorily complete a written examination that covers these subjects;

- B. Require an applicant for certification to provide documentation demonstrating that the applicant has:
  1. Received training in the subjects listed in R9-7-1146(G);
  2. Satisfactorily completed the on-the-job training required in R9-7-1146(A); and
  3. Received verification from a registrant that the applicant has demonstrated the capability of independently working as a radiographer;
- C. Provides procedures that protect examination questions from disclosure;
- D. Provides procedures for denying certification to an applicant and revoking, suspending, and reinstating a certificate;
- E. Provides a certification period that is not less than three years or more than five years, procedures for renewing certifications and, if the procedures allow renewals without examination, a system for assessing evidence of recent full-time employment and annual refresher training; and
- F. Provides a timely response to inquiries, by telephone or letter, from members of the public, about an individual’s certification status.

III. Requirements for a Written Examination

An independent certifying organization shall ensure that its examination:

- A. Is designed to test an individual’s knowledge and understanding of the subjects listed in R9-7-1146(G) or equivalent NRC or Agreement State requirements;
- B. Is written in a multiple-choice format; and
- C. Has psychometrically valid questions drawn from a question bank and based on the material in R9-7-1146(G).

**Historical Note**

New Article 11, Appendix A, recodified from 12 A.A.C. 1, Article 11, Appendix A at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**ARTICLE 12. ADMINISTRATIVE PROVISIONS****R9-7-1201. Timeliness**

- A. Any application, request, response, or report required by any rule, order, application, or letter shall be considered timely if it is postmarked on or before the due date, or hand-delivered to the Department office before 5:00 p.m. on the due date. If the due date falls on a Saturday, a Sunday, or a legal holiday, the due date is extended to the end of the next day that is not a Saturday, a Sunday, or legal holiday.
- B. As used in this Article, “working days” are all days other than Saturdays, Sundays, or legal holidays prescribed in A.R.S. § 1-301.

**Historical Note**

New Section R9-7-1201 recodified from R12-1-1201 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1202. Administrative Hearings**

- A. All hearings shall be governed by Title 41, Chapter 6, Article 10.
- B. If the Radiation Regulatory Hearing Board is conducting a hearing, all motions and rulings shall be in writing, except those made during the hearing may be oral. The Board shall ensure that any agreements reached during a conference are incorporated in the record, and that all hearings are recorded.
- C. If it is necessary for an administrative law judge or the Board to visit the site of an alleged violation or activity that is regulated by the Department in order to supplement testimonial or documentary evidence presented at the hearing, the party that proposed the visit shall enter the purpose of the visit and all pertinent observations into the record.

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**Historical Note**

New Section R9-7-1202 recodified from R12-1-1202 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1203. Expired****Historical Note**

New Section R9-7-1203 recodified from R12-1-1203 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).  
Section R9-7-1203 expired under A.R.S. § 41-1056(J) at 27 A.A.R. 826, effective November 3, 2020 (Supp. 21-2).

**R9-7-1204. Expired****Historical Note**

New Section R9-7-1204 recodified from R12-1-1204 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).  
Section R9-7-1204 expired under A.R.S. § 41-1056(J) at 27 A.A.R. 826, effective November 3, 2020 (Supp. 21-2).

**R9-7-1205. Expired****Historical Note**

New Section R9-7-1205 recodified from R12-1-1205 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).  
Section R9-7-1205 expired under A.R.S. § 41-1056(J) at 27 A.A.R. 826, effective November 3, 2020 (Supp. 21-2).

**R9-7-1206. Reserved****Historical Note**

Section R9-7-1206 reserved when this Chapter was recodified (Supp. 18-1).

**R9-7-1207. Expired****Historical Note**

New Section R9-7-1207 recodified from R12-1-1207 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).  
Section R9-7-1207 expired under A.R.S. § 41-1056(J) at 27 A.A.R. 826, effective November 3, 2020 (Supp. 21-2).

**R9-7-1208. Reserved****Historical Note**

Section R9-7-1208 reserved when this Chapter was recodified (Supp. 18-1).

**R9-7-1209. Expired****Historical Note**

New Section R9-7-1209 recodified from R12-1-1209 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).  
Section R9-7-1209 expired under A.R.S. § 41-1056(J) at 27 A.A.R. 826, effective November 3, 2020 (Supp. 21-2).

**R9-7-1210. Expired****Historical Note**

New Section R9-7-1210 recodified from R12-1-1210 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).  
Section R9-7-1210 expired under A.R.S. § 41-1056(J) at 27 A.A.R. 826, effective November 3, 2020 (Supp. 21-2).

**R9-7-1211. Expired****Historical Note**

New Section R9-7-1211 recodified from R12-1-1211 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).  
Section R9-7-1211 expired under A.R.S. § 41-1056(J) at 27 A.A.R. 826, effective November 3, 2020 (Supp. 21-2).

**R9-7-1212. Expired****Historical Note**

New Section R9-7-1212 recodified from R12-1-1212 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).  
Section R9-7-1212 expired under A.R.S. § 41-1056(J) at 27 A.A.R. 826, effective November 3, 2020 (Supp. 21-2).

**R9-7-1213. Severity Levels of Violations****A.** The following violations are classified as severity level I violations:

1. Any failure, malfunction, or insufficiency of a safety system which may result in:
  - a. Radiation exposure to a person,
  - b. A concentration of radionuclides; or
  - c. A radiation level, in excess of 10 times the limits specified in 9 A.A.C. 7, or 10 times the prescribed therapeutic patient dose.
2. Any inaccurate or incomplete information that is intentionally provided by a licensee or registrant official, and if the information had been complete and accurate at the time it was provided, would have likely resulted in action such as an immediate order required to protect the public health and safety.
3. Any information that the Department requires be kept by a licensee or registrant that is incomplete or inaccurate because of falsification by or with the knowledge of a licensee or registrant official, and if the information had been complete and accurate at the time it was reviewed by the Department, would have likely resulted in action such as an immediate order required to protect the public health and safety.
4. Any concealment or attempted concealment of a severity level I violation of the Act, 9 A.A.C. 7, or a license condition. This is a separate violation in addition to the original violation.
5. Any concealment or attempted concealment of a severity level II violation of the Act, 9 A.A.C. 7, or a license condition. This violation shall increase the severity level of the original violation by one level.
6. For the purposes of subsections (A)(2) and (3) above the term "licensee or registrant official" means the owner, a partner, a corporate officer, a radiation safety officer, the individual signing an application for a license or registration, or the chairman of any radiation safety committee supervising the radiation safety program of the licensee or registrant.

**B.** The following violations are classified as severity level II violations:

1. Any failure, malfunction, or insufficiency of a safety system which may result in:
  - a. Radiation exposure to a person,
  - b. A concentration of radionuclides, or
  - c. A radiation level, in excess of two times the limits specified in 9 A.A.C. 7, or two times the prescribed therapeutic patient dose.
2. Any attempt to prevent a Department inspection.
3. Any concealment or attempted concealment of a severity level III violation of the Act, 9 A.A.C. 7, or a license condition by a licensee or registrant official as defined in subsection (A)(6). This violation shall increase the severity level of the original violation by one level.
4. Significant information provided and designated by a licensee or registrant and not previously provided to the Department because of careless disregard on the part of a licensee official or registrant.

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**C.** The following violations are classified as severity level III violations:

1. Any failure, malfunction, or insufficiency of a safety system, or loss of control over a radiation source, which may result in:
  - a. Radiation exposure to a person,
  - b. A concentration of radionuclides, or
  - c. A radiation level in excess of the limits specified in 9 A.A.C. 7, or 20% higher than the prescribed therapeutic patient dose.
2. Any concealment or attempted concealment of a severity level IV or V violation of the Act, 9 A.A.C. 7, or a registration or license condition. This violation shall increase the severity level of the original violation by one level.
3. Any violation of the safety requirements for the use, storage, disposal, or the preparation for transportation of sources of radiation, as prescribed in the Act, 9 A.A.C. 7, or in a license or registration condition, provided the violation does not meet the criteria for a severity level I or II violation and the licensee or registrant does not maintain a radiation protection program meeting the requirements of R9-7-407.
4. Any factually incorrect statement upon which the Department relied or would have relied in consideration of any action.
5. Any unlawful attempt to interfere with the progress of an inspection by the Department.
6. The acquisition of any source of radiation without the applicable current registration or license, unless otherwise authorized by these rules; or use of the source outside the scope of the current registration or license.
7. The continued use of sources of radiation after April 1, if the annual fee has not been paid for the current year.

**D.** The following violations are classified as severity level IV violations:

1. Any violation of R9-7-407;
2. Any violation of the safety requirements for the use, storage, disposal, or preparation for transportation of sources of radiation, prescribed in the Act, 9 A.A.C. 7, or in a license or registration condition, provided the violation does not meet the criteria for a severity level I, II or III violation;
3. Failure to maintain records of mammography quality control tests required in R9-7-614.
4. Any failure to comply with the reporting requirements in the Act or 9 A.A.C. 7.

**E.** The following violations are classified as severity level V violations:

1. Failure of a registrant or a licensee to comply with the recordkeeping requirements of:
  - a. The Act;
  - b. 9 A.A.C. 7; or
  - c. A registration or facility certification, or license condition, provided that all safety requirements prescribed in the Act, 9 A.A.C. 7, or in a license or registration condition are met or otherwise demonstrated.
2. If compliance with all safety requirements cannot be demonstrated by the registrant or licensee the failure to comply with the recordkeeping requirements is classified as a level IV violation.

**Historical Note**

New Section R9-7-1213 recodified from R12-1-1213 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1214. Mitigating Factors****A.** The Department may refrain from issuing a Notice of Violation for Severity Level IV or V violations identified by the registrant or licensee provided the severity level IV or V violations are identified in an inspection report, the report includes a brief description of the corrective action, and the violation meets all of the following criteria:

1. It was identified by the licensee, as a result of an event discovered by the licensee or registrant;
2. It was not a violation that could reasonably be expected to have been prevented by the licensee's or registrant's corrective action for a previous violation or a previous licensee or registrant finding;
3. It was or will be corrected within a reasonable time, by specific corrective action committed to by the registrant or licensee by the end of the inspection. The corrective action shall include comprehensive measures that will prevent reoccurrence;
4. It was not a willful violation or, if it was willful:
  - a. The violation was reported to the Department;
  - b. The violation appears to be the isolated action of an employee without management involvement and the violation was not caused by lack of management oversight;
  - c. Significant remedial action was taken by the licensee or registrant, demonstrating the seriousness of the violation to all affected personnel.

**B.** The Director may:

1. Reduce the scheduled civil penalty, including any augmentation, by 50% for the discovery, remedy, and voluntary reporting of a severity level I or II violation by the registrant or licensee; or
2. Waive the scheduled civil penalty, including augmented civil penalties, for the discovery, remedy, and voluntary reporting of a severity level III, IV, or V violation by the registrant or licensee. For the purposes of this rule, "voluntary reporting" means that the registrant or licensee has notified the Department of a violation, the reporting of which may or may not be required under 9 A.A.C. 7.

**Historical Note**

New Section R9-7-1214 recodified from R12-1-1214 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1215. License and Registration Divisions****A.** Each registrant or license type is classified into one of three administrative sanction divisions.

1. Division I licenses and registrations:
  - a. Broad Academic Class A,
  - b. Broad Academic Class B,
  - c. Broad Academic Class C,
  - d. Broad Industrial Class A,
  - e. Broad Medical,
  - f. Class C Laser Facility,
  - g. Distribution,
  - h. Fixed Gauge Class A,
  - i. Industrial Radiography Class A,
  - j. Low Level Radioactive Waste Disposal Site,
  - k. Major Accelerator Facility,
  - l. Medical Materials Class A,
  - m. Medical Teletherapy,
  - n. NORM Commercial Disposal Site,



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- o. Nuclear Laundry,
  - p. Nuclear Pharmacy,
  - q. Open Field Irradiator,
  - r. Secondary Uranium Recovery,
  - s. Waste Processor Class A,
  - t. Well Logging,
  - u. X-Ray Machine Class A.
2. Division II licenses and registrations:
- a. Broad Industrial Class B,
  - b. Broad Industrial Class C,
  - c. Class B Industrial Radiofrequency Facility,
  - d. Class B Laser Facility,
  - e. Class C Industrial Radiofrequency Facility,
  - f. Fixed Gauge Class B,
  - g. Health Physics Class A,
  - h. Industrial Radiation Machine,
  - i. Industrial Radiography Class B,
  - j. Laser Light Show,
  - k. Limited Academic,
  - l. Medical Imaging Facility,
  - m. Medical Laser,
  - n. Medical Materials Class B,
  - o. Medical Radiofrequency Device Facility,
  - p. NORM Commercial Disposal Site,
  - q. Research and Development,
  - r. Self Shielded Irradiator,
  - s. Tanning Facility,
  - t. Waste Processor Class B,
  - u. X-Ray Machine Class B.
3. Division III licenses and registrations:
- a. Class A Industrial Radiofrequency Facility,
  - b. Class A Laser Facility,
  - c. Gas Chromatograph,
  - d. General Depleted Uranium,
  - e. General Industrial,
  - f. General Medical,
  - g. General Veterinary Medicine,
  - h. Health Physics Class B,
  - i. Laboratory,
  - j. Leak Detector,
  - k. Limited Industrial,
  - l. Medical Materials Class C,
  - m. Other Ionizing Radiation Machine,
  - n. Other Nonionizing Radiation Machine,
  - o. Portable Gauge,
  - p. Possession Only,
  - q. Radioactive waste transfer-for-disposal,
  - r. Unclassified,
  - s. Veterinary Medicine,
  - t. X-ray Machine Class C,
  - u. Class A Medical (non-cosmetic) Radiofrequency Facility,
  - v. Class B Medical (non-cosmetic) Radiofrequency Facility,
  - w. Class C Medical (non-cosmetic) Radiofrequency Facility,
  - x. Class D Medical (non-cosmetic) Radiofrequency Facility.
- B.** Any person required by the Act to register the use of a general license with the Department, or to obtain a specific license from the Department, is considered a licensee of the appropriate type notwithstanding the failure of the person to register or obtain a license.
- C.** The Department shall classify each person that possesses an out-of-state specific license for the use of radioactive material and operates in Arizona under reciprocal recognition, as prescribed in R9-7-320 and authorized in R9-7-1302(D)(16), by placing the person into the administrative sanction division listed in subsection (A) that best defines the out-of-state, licensed activities.
- D.** For administrative purposes, the following persons are classified with the Division III licensees and registrants in subsection (A)(3):
- 1. Any person not required to register the use of a general license,
  - 2. Any person not required to obtain a specific license,
  - 3. Any person not required to register a source of radiation who violates the Act or 9 A.A.C. 7, and
  - 4. Any person registered to provide x-ray machine service.
- Historical Note**  
New Section R9-7-1215 recodified from R12-1-1215 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).
- R9-7-1216. Civil Penalties**
- A.** Except as augmented by R9-7-1217, the schedule of civil penalties is as follows:
- 1. Severity level I violations:
    - a. Division I registration or license -- \$4,000;
    - b. Division II registration or license -- \$3,000;
    - c. Division III registration or license -- \$2,000.
  - 2. Severity level II violations:
    - a. Division I registration or license -- \$3,000;
    - b. Division II registration or license -- \$2,000;
    - c. Division III registration or license -- \$1,000.
  - 3. Severity level III violations:
    - a. Division I registration or license -- \$2,000;
    - b. Division II registration or license -- \$1,000;
    - c. Division III registration or license -- \$500.
  - 4. Severity level IV violations:
    - a. Division I registration or license -- \$1,000;
    - b. Division II registration or license -- \$500;
    - c. Division III registration or license -- \$250.
  - 5. Severity level V violations:
    - a. Division I registration or license -- \$500,
    - b. Division II registration or license -- \$250,
    - c. Division III registration or license -- \$125.
- B.** Payment of civil penalties for severity level I and severity level II violations may not be avoided merely by rectifying the condition; however, the Board may mitigate or waive the penalty upon determining a violation meets all of the following:
- 1. It was not a violation that could reasonably be expected to have been prevented by the licensee's or registrant's corrective action for a previous violation or a previous licensee or registrant finding;
  - 2. It was or will be corrected within the time given for corrections, by specific corrective action committed to by the licensee or registrant by the end of the inspection, which includes immediate and comprehensive measures to prevent recurrence;
  - 3. It was not a willful violation.
- C.** The Director or Board shall waive payment of penalties for severity level III through severity level V violations provided:
- 1. The violation is not subject to augmentation under R9-7-1217; and
  - 2. The registrant or licensee submits a timely and adequate response to the notice; rectifies the conditions which

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appear to have caused the violation; and complies with the Act, 9 A.A.C. 7, registration, and license conditions.

**Historical Note**

New Section R9-7-1216 recodified from R12-1-1216 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1217. Augmentation of Civil Penalties**

- A. A continuing violation, for the purposes of calculating the proposed civil penalty, is considered a separate violation for each day it continues. The second (or successive) day of a continuing violation is not considered a repeat violation of the violation occurring on the first day.
- B. If a second severity level I violation is committed within five years, the Department shall increase the base civil penalty by 100%, provided the registration or license is not revoked under R9-7-1219.
- C. If a second severity level II violation is committed within a period of five years, the Department shall increase the base civil penalty by 50%, provided the registration or license is not revoked under R9-7-1219.
- D. If a severity level III violation is repeated within five years, the Department shall increase the base civil penalty by 50%. If the same severity level III violation is repeated a second time within five years, the base civil penalty shall be increased by 100%, provided the registration or license is not revoked under R9-7-1219.
- E. If a severity level IV violation is repeated within five years, the Department shall propose the base civil penalty.
  1. If the same violation occurs three times within five years, the Department shall increase the base civil penalty by 50%.
  2. If the same violation occurs four times within five years, the Department shall increase the base civil penalty by 100%, provided the registration or license is not revoked under R9-7-1219.
- F. If more than three severity level V violations are observed during two consecutive inspections, the Department shall impose a civil penalty for each violation. The base civil penalty for each violation is the base civil penalty assessed for a severity level V violation. If the inspection shows repetition of a violation the base civil penalty for each repeat violation is the base civil penalty assessed for a severity level IV violation. Subsection (E) does not apply to penalties under this subsection.
- G. Other rights and procedures are not affected by the repeat nature of a violation.
- H. A person may avoid the penalties in subsections (D) and (E) by demonstrating to the Director in the response to the penalty that the violation meets all of the following criteria:
  1. It was not a violation that could reasonably be expected to have been prevented by the licensee's or registrant's corrective action for a previous violation or a previous licensee or registrant finding;
  2. It was or will be corrected within the time given for correction, by specific corrective action committed to by the licensee or registrant by the end of the inspection, which includes immediate and comprehensive measures to prevent recurrence;
  3. It was not a willful violation.
- I. Notwithstanding any other provision of this Section, the Department shall not impose a penalty that exceeds a maximum of \$5,000 for each violation for each day up to a maximum of \$25,000 for any 30-day period.

**Historical Note**

New Section R9-7-1217 recodified from R12-1-1217 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1218. Expired****Historical Note**

New Section R9-7-1218 recodified from R12-1-1218 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).  
Section R9-7-1218 expired under A.R.S. § 41-1056(J) at 27 A.A.R. 826, effective November 3, 2020 (Supp. 21-2).

**R9-7-1219. Additional Sanctions-Show Cause**

- A. If a severity level I violation is repeated or if any second severity level I violation is committed within 10 years, the Department shall require the registrant or licensee to show cause why the registration or license should not be suspended or revoked.
- B. If any second severity level II violation is committed within five years, or if a severity level II violation involving radioactive effluent releases, excessive radiation levels, or radiation overexposure to an individual is committed within five years of a similar severity level I violation, the Department shall require the registrant or licensee to show cause why the registration or license should not be suspended or revoked.
- C. If repeated or different severity level III violations are committed on three separate occasions within any five year period, the Department may require the registrant or licensee to show cause why the registration or license should not be suspended or revoked.

**Historical Note**

New Section R9-7-1219 recodified from R12-1-1219 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1220. Escalated Enforcement**

- A. The Director may issue an order to suspend, revoke, or modify a registration or license, or impound a radiation source for:
  1. Any severity level I violation; or
  2. Any of the following occurring within a five-year period:
    - a. A repeat severity level II violation,
    - b. A different second severity level II violation, or
    - c. A severity level II violation after a severity level I violation.
- B. The Director may issue an order impounding the radiation source or suspending, revoking, or modifying the registration or license upon determining that conditions exist which cause a potential for a severity level I or severity level II violation.
- C. The Department shall hold hearings according to A.R.S. § 30-688.
- D. An order to impound a radiation source, or an order to suspend, revoke, or modify a registration or a license shall remain in effect until the order is suspended or modified by the Board according to A.R.S. § 30-688.

**Historical Note**

New Section R9-7-1220 recodified from R12-1-1220 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1221. Reserved****Historical Note**

Section R9-7-1221 reserved when this Chapter was recodified (Supp. 18-1).

**R9-7-1222. Expired****Historical Note**

New Section R9-7-1222 recodified from R12-1-1222 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

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Section R9-7-1222 expired under A.R.S. § 41-1056(J) at 27 A.A.R. 826, effective November 3, 2020 (Supp. 21-2).

**R9-7-1223. Registration and Licensing Time-frames**

The Department shall perform an administrative completeness review and substantive review of an application for a new or renewal license or registration; or an amendment to a license or registration within the time-frames in Table A. The Department shall

review an application for an amendment to an existing license or registration that changes the license category listed in R9-7-1306, using the time-frames specified for the requested category.

**Historical Note**

New Section R9-7-1223 recodified from R12-1-1223 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**Table A. Registration and Licensing Time-frames****REGISTRATION AND LICENSING TIME-FRAMES**

License or Registration category in R9-7-1306	Administrative Completeness Review Time-frame, in days	Substantive Review Time-frame, in days	Overall Time-frame, in days
A1	90	30	120
A2	90	30	120
A3	90	30	120
A4	60	30	90
B1	90	30	120
B2	90	30	120
B3	90	30	120
B4	90	30	120
B5	90	30	120
B6	40	20	60
C1	60	30	90
C2	60	30	90
C3	60	30	90
C4	60	30	90
C5	60	30	90
C6	60	30	90
C7	60	30	90
C8	90	30	120
C9	60	30	90
C10	40	20	60
C11	90	30	120
C12	90	30	120
C13	90	30	120
C14	90	30	120
C15	90	30	120
C16	90	30	120
C17	90	30	120
D1	90	30	120
D2	90	30	120
D3	90	30	120
D4	40	20	60
D5	40	20	60
D6	90	30	120
D7	40	20	60
D8	60	30	90
D9	90	30	120
D10	90	30	120
D11	1095	365	1460

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D12	730	180	910
D13	365	90	455
D14	90	30	120
D15	40	20	60
D16	20	10	30
D17	40	20	60
D18	90	30	120
D19	365	120	485
E1	40	20	60
E2	40	20	60
E3	40	20	60
E4	40	20	60
E5	90	30	120
E6	90	30	120
F1	40	20	60
F2	40	20	60
F3	40	20	60
F4	40	20	60
F5	20	10	30
F6	40	20	60
F7	40	20	60
F8	40	20	60
F9	40	20	60
F10	40	20	60
F11	40	20	60
F12	40	20	60
F13	40	20	60
F14	40	20	60
F15	40	20	60
F16	90	30	120

Footnote: “administrative completeness review time-frame”; “substantive review time-frame,” and “overall time-frame” are defined in A.R.S. § 41-1072.

**Historical Note**

New Article 12, Table 1, recodified from 12 A.A.C. 1, Article 12, Table 1 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**ARTICLE 13. LICENSE AND REGISTRATION FEES****R9-7-1301. Definition**

“Combined” means the Department has granted authorized activities contained in two or more license types in a single license document, requiring the payment of a single license fee for the more expensive license of the planned combination.

**Historical Note**

New Section R9-7-1301 recodified from R12-1-1301 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1302. License and Registration Categories**

**A.** Category A licenses are those specific licenses that authorize a school, college, university, or other teaching facility to possess and use radioactive materials for instructional or research purposes.

1. A broad academic class A license is any category A license that meets the specifications of R9-7-310(A)(1).

2. A broad academic class B license is any category A license other than a broad academic class A license that meets the specifications of R9-7-310(A)(2).
3. A broad academic class C license is any category A license other than a broad academic class A or B license that meets the specifications of R9-7-310(A)(3).
4. A limited academic license is any category A license that authorizes only those radioisotopes, forms, and quantities individually specified in the license.

**B.** Category B licenses are those specific or general licenses that authorize the application of radioactive material or the radiation from it to a human being for medical diagnostic, therapeutic, or research purposes, or the use of radioactive material in medical laboratory testing. Except for a type B6, general medical license, the Department shall not combine a category B license with a license of any other category.

1. A broad medical license is any category B license that meets the specifications of R9-7-310(A)(1) and meets the requirements of 9 A.A.C. 7, Article 7. A broad medical

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license may authorize any medical use other than teletherapy.

2. A medical materials class A license is any specific category B license other than a broad medical license, that authorizes the use of radiopharmaceuticals and sealed sources containing radioactive materials for a therapeutic purpose in quantities that require hospitalization of the patient for radiation safety purposes. The license may authorize other radioactive materials and other medical uses, except teletherapy.
  3. A medical materials class B license is any specific category B license that authorizes the diagnostic or therapeutic use, other than teletherapy, of radioactive materials only in limited quantities such that the patient need not be hospitalized for radiation safety purposes.
  4. A medical materials class C license is any specific category B license that authorizes possession of specified radioisotopes only in the form of sealed sources for treatment of the eye or skin or for use in diagnostic medical imaging devices.
  5. A medical teletherapy license is a specific category B license that solely authorizes radioisotopes in the form of multi-curie sealed sources for use in external beam therapy. The Department shall not combine a medical teletherapy license with any other type of category B license.
  6. A general medical license is one that authorizes the use of radioactive material pursuant to R9-7-306(D) or R9-7-306(E). A general medical license may be combined into a broad medical, medical materials class A, or medical materials class B license.
- C. Category C licenses are those specific or general licenses that authorize the use of radioactive materials in any activity other than those authorized by a category A, B, or D license. Except as specifically authorized in this Section, the Department shall not combine a category C license with any other type of license.
1. A broad industrial class A license is any category C license that meets the specifications of R9-7-310(A)(1). The Department may combine a broad industrial class A license with any other category C license except industrial radiography, open field irradiator, or well logging licenses.
  2. A broad industrial class B license is any category C license other than a broad industrial class A license that meets the specifications of R9-7-310(A)(2). The Department may combine a broad industrial class B license with any other category C license except industrial radiography, open field irradiator, or well logging licenses.
  3. A broad industrial class C license is any category C license other than a broad industrial class A or B license that meets the specifications of R9-7-310(A)(3). The Department may combine a broad industrial class C license with any other category C license except industrial radiography, open field irradiator, or well logging licenses.
  4. A limited industrial license is a specific category C license that authorizes the possession of the radioactive materials authorized in R9-7-305(A), or R9-7-306(A), (C), or (F) for uses authorized in those subsections, but in quantities greater than authorized by those subsections.
  5. A portable gauge license is a specific category C license that authorizes radioactive materials in the form of sealed sources for use in measuring or gauging devices designed and manufactured to be transported to the location of use.
- The Department may combine a portable gauge license with any broad scope industrial license or a fixed gauge class A license.
6. A fixed gauge class A license is a specific category C license that authorizes the possession of 50 or more measuring or gauging devices containing radioactive materials, where each device is permanently mounted for use at a single location.
  7. A fixed gauge class B license is a specific category C license that authorizes the possession of 1 through 49 measuring or gauging devices containing radioactive materials, where each device is permanently mounted for use at a single location.
  8. A leak detector license is a specific category C license that authorizes the use of radioisotopes in the form of a gas to test hermetic seals on electronic packages.
  9. A gas chromatograph license is a specific category C license that authorizes the use of radioactive materials as ionization sources in gas chromatography or electron capture devices.
  10. A general industrial license is one that authorizes the use of a material, source, or device generally licensed pursuant to R9-7-305 or R9-7-306, except R9-7-305(B), R9-7-306(D), or R9-7-306(E).
  11. An industrial radiography class A license is a specific category C license that authorizes industrial radiography using sealed radioisotope sources at specific facilities identified in the license conditions or at temporary field job sites.
  12. An industrial radiography class B license is a specific category C license that authorizes industrial radiography using sealed radioisotope sources only at specific facilities identified in the license conditions.
  13. An open field irradiator license is a specific category C license that authorizes the use of radioisotopes in the form of sealed sources not permanently mounted within a shielding container, for irradiation of materials.
  14. A self-shielded irradiator license is a specific category C license that authorizes the use of radioisotopes in the form of sealed sources for irradiation of materials in a shielding device from which the sources are not removed during irradiation. The Department may combine a self-shielded irradiator license with any broad license.
  15. A well logging license is a specific category C license that authorizes the use of radioactive material in sealed or unsealed sources for wireline services or field tracer studies.
  16. A research and development license is a specific category C license that authorizes a licensee to utilize radioactive material in unsealed and sealed form for industrial, scientific, or biomedical research, not including administration of radiation or radioactive material to human beings.
  17. A laboratory license is a specific category C license that authorizes a licensee to perform specific in-vitro or in-vivo medical or veterinary testing, while possessing quantities of radioactive material greater than the general license quantities authorized in R9-7-306.
- D. Category D licenses are the following specific or general radioactive material licenses. Except for type D4, general industrial; type D5, depleted uranium; type D8 and D9, health physics; and type D14, additional facilities licenses, the Department shall not combine a category D license with any other license.

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1. A distribution license is one that authorizes the commercial distribution of radioactive materials or radioisotopes in products to persons holding an appropriate general or specific license. The Department shall ensure that a distribution license does not:
  - a. Authorize distribution of radiopharmaceuticals or distribution to persons exempt from regulatory control, or
  - b. Authorize any other use of the radioactive material. An appropriate category C license is required for possession of radioisotopes and their incorporation into products.
2. A nuclear pharmacy license is one that authorizes the preparation, compounding, packaging, or dispensing of radiopharmaceuticals for use by other licensees.
3. A nuclear laundry license is one that authorizes the collection and cleaning of items contaminated with radioactive materials.
4. A general industrial gauging device license is one that authorizes the use of a gauging device in accordance with R9-7-306(A). The Department may combine a general industrial gauging device license with a class A, B, or C broad industrial, limited industrial, portable gauge, or class A or B fixed gauge license.
5. A general depleted uranium license is one that authorizes the use of the general license authorized pursuant to R9-7-305(C) or the use of depleted uranium as a concentrated mass or as shielding for another radiation source within a device or machine. The Department may combine a general depleted uranium license with a medical teletherapy; class A, B, or C broad industrial; portable gauge; class A or B fixed gauge; class A or B industrial radiography; or self-shielded irradiator license. For licensing purposes, an applicant shall follow the requirements in R9-7-305(C).
6. A veterinary medicine license is one that authorizes the use of radioactive materials for specific applications in veterinary medicine as authorized in the license.
7. A general veterinary medicine license is one that authorizes the use of the general license authorized in R9-7-306(E) in veterinary medicine.
8. A health physics class A license is one that authorizes the use of radioactive materials for performing instrument calibrations, processing leak test or environmental samples, or providing radiation dosimetry services or the performance of maintenance on devices containing radioactive materials.
9. A health physics class B license is one that authorizes only the collection, possession, and transfer of radioactive materials in the form of leak test samples for processing by others.
10. A secondary uranium recovery license is one that authorizes the extraction of natural uranium or thorium from an ore stream or tailing that is being or has been processed primarily for the extraction of another mineral. The Department shall not combine a secondary uranium recovery license with any other license.
11. A low-level, radioactive waste disposal facility license is a license that is issued for a "disposal facility," as that term is used in R9-7-439 and R9-7-442, that has a closure or long-term care plan and is constructed and operated according to the requirements in 10 CFR 61, revised January 1, 2015, incorporated by reference, available under R9-7-101 and containing no future editions or amendments.
12. A waste processor class A license is one that authorizes the incineration, compaction, repackaging, or any other treatment or processing of low-level radioactive waste prior to transfer to another person authorized to receive or dispose of the waste. The Department shall not combine a waste processor class A license with any other license.
13. A waste processor class B license is one that authorizes a waste broker to receive prepackaged, low-level radioactive waste from other licensees; combine the waste into shipments; and transfer the waste without treating or processing the waste in any manner and without repackaging except to place damaged or leaking packages into over-packs. The Department shall not combine a waste processor class B license with any other license.
14. An additional storage and use site license is an endorsement, by license condition to an existing specific license, authorizing one or more additional separate facilities where radioactive material may be stored or used for a period exceeding six months.
15. A possession-only license is a license of any other category that authorizes only the possession in storage, but no use of, the authorized materials. A license that has been suspended as an enforcement action is not considered a possession-only license.
16. A reciprocal license is the general license authorized by R9-7-320. This license is subject to a special fee as provided by R9-7-1306(C) but is exempt from annual fees.
17. Reserved
18. An "unclassified" radioactive material license is one that authorizes radioisotopes, physical or chemical forms, possession limits, or uses not included in any other type of license specified in this Section.
19. A NORM commercial disposal site license is one that authorizes the receipt of waste material contaminated with naturally occurring radioactive material from other licensees for permanent disposal, provided the concentration of the radioactive material does not exceed 74kBq (2,000 picocuries)/gram.
- E. Category E registrations are those that register the possession of x-ray machine(s) under 9 A.A.C. 7, Article 2. The Department shall not combine category E registrations with any other registration.
  1. An X-ray machine class A registration is one authorizing the possession of X-ray machines in a hospital or other facility offering inpatient care.
  2. An X-ray machine class B registration is one authorizing the possession of X-ray machines in a medical, osteopathic, or chiropractic office or clinic not offering inpatient care; or the possession of X-ray machines in a school, college, university, or other teaching facility.
  3. An X-ray machine class C registration is one authorizing the possession of X-ray machines in dental, podiatry, or veterinarian offices or clinics.
  4. An industrial radiation machine registration is one authorizing the possession of X-ray machines, or the possession of particle accelerators not capable of producing a high radiation area, in a nonmedical facility.
  5. An accelerator facility registration is one authorizing the possession and operation of one or more particle accelerators of any kind capable of accelerating any particle and producing a high radiation area.
  6. An "other" ionizing radiation machine registration is one authorizing possession or use of an ionizing radiation

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machine not included in any other category specified in subsection (E).

- F.** Category F registrations are those that register non-ionizing radiation producing sources regulated under 9 A.A.C. 7, Article 14. The Department shall not combine category F registrations with any other registration categories that have a difference in fee per unit.
1. A tanning registration authorizes the commercial operation of one or more tanning booths, beds, cabinets, or other devices in a single establishment.
  2. A Class A laser registration authorizes the operation of one to 10 laser devices subject to R9-7-1433.
  3. A Class B laser registration authorizes the operation of 11 to 49 laser devices subject to R9-7-1433.
  4. A Class C laser registration authorizes operation of 50 or more laser devices subject to R9-7-1433.
  5. A laser light show or laser demonstration registration authorizes the operation of a laser device subject to R9-7-1441.
  6. A medical laser registration authorizes the operation of one or more laser devices subject to R9-7-1440.
  7. A Class II surgical device registration authorizes the operation of one or more Class II surgical devices subject to R9-7-1438. A device is designated as a Class II surgical device by the USFDA and is labeled as such by the manufacturer.
  8. A cosmetic radiofrequency device registration authorizes the operation of one or more medical radiofrequency devices for non-ionizing cosmetic procedures.
  9. A class A industrial radiofrequency device registration authorizes the operation of one to five radiofrequency devices.
  10. A class B industrial radiofrequency device registration authorizes the operation of six to 20 radiofrequency devices.
  11. A class C industrial radiofrequency device registration authorizes the operation more than 20 radiofrequency devices.
  12. A medical radiofrequency device registration authorizes the operation of one or more medical radiofrequency devices for non-ionizing, non-cosmetic procedures.
  13. An "other" non-ionizing radiation device registration authorizes the operation of a non-ionizing radiation device or other device not included in any other category specified in subsection (F).

**Historical Note**

New Section R9-7-1302 recodified from R12-1-1302 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1). Amended by final rulemaking at 26 A.A.R. 2939, with an immediate effective date of November 3, 2020 (Supp. 20-4). Amended by final expedited rulemaking at 28 A.A.R. 1855 (July 29, 2022), effective July 6, 2022 (Supp. 22-3).

**R9-7-1303. Fee for Initial License and Initial Registration**

An applicant shall remit for a new license or new registration the appropriate fee as prescribed in R9-7-1306 and Table 13.1. Table of Fees.

**Historical Note**

New Section R9-7-1303 recodified from R12-1-1303 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1). Amended by final rulemaking at 26 A.A.R. 2939, with an

immediate effective date of November 3, 2020 (Supp. 20-4).

**R9-7-1304. Annual Fees for Licenses and Registrations**

- A.** Each license or registration issued by the Department shall identify the category by a letter and number corresponding to the appropriate subsection of R9-7-1302 or the category and type listed in Table 13.1. Table of Fees.
- B.** Except as specified in R9-7-1306(C), (D), and (E), each licensee or registrant shall submit payment of the annual fee in the amount prescribed in Table 13.1 Table of Fees on or before January 1 of each year. This single annual fee will cover any and all renewals, amendments, and regular inspections of the license during the forthcoming calendar year.
- C.** If a licensee or registrant fails to pay the annual fee by January 1, the license is not current.
- D.** If a licensee or registrant fails to pay the annual fee by April 1, the Department shall apply administrative sanction provisions of Article 12 of this Chapter.
- E.** A licensee who is required to pay an annual fee under this Article may qualify as a small entity and pay the reduced annual fee in Table 13.2 if the licensee has the following characteristics:
1. For a business not engaged in manufacturing or a not-for-profit organization, having a three-year average of gross annual receipts of \$6.5 million or less;
  2. For an entity engaged in manufacturing, having an annual average of no more than 500 employees;
  3. For a government jurisdiction, not including publicly supported educational institutions, having no more than 50,000 residents in the jurisdiction;
  4. For a publicly supported educational institution, having no more than 50,000 faculty, staff, and students; and
  5. For an educational institution that is not publicly supported, having no more than 500 faculty and staff.
- F.** A licensee who seeks to establish status as a small entity for the purpose of paying an annual fee in Table 13.2, rather than the annual fee in Table 13.1, shall file with the Department a certification statement annually on Department Form 333, accessed through the Department website at <https://azdhs.gov/documents/licensing/radiation-regulatory/forms/ram-small-entity-form.pdf>, for each license under which the licensee is billed.
- G.** If a licensee qualifies as a small entity and provides the Department with the certification required in subsection (F), the licensee may pay the applicable reduced annual fee shown in Table 13.2. Small Entity Fees. Failure to file a small entity certification, according to subsection (F), in a timely manner may result in the licensee being required to pay the applicable fee in Table 13.1. Table of Fees.

**Historical Note**

New Section R9-7-1304 recodified from R12-1-1304 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1). Amended by final rulemaking at 26 A.A.R. 2939, with an immediate effective date of November 3, 2020 (Supp. 20-4).

**R9-7-1305. Method of Payment**

- A.** An applicant licensee or registrant shall pay fees by check or money order, payable to the "State of Arizona" at the address shown on the application, license, registration, or renewal notice.
- B.** Once a license or registration has been issued, no portion of the application fee or any annual fee will be refunded.

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**Historical Note**

New Section R9-7-1305 recodified from R12-1-1305 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1306. Application Fees and Annual Fees**

- A. The application fee or annual fee for each category and type is shown in Table 13.1. Table of Fees.
- B. The fee for a category D11 license, for a low-level radioactive waste disposal site, is \$6,000,000 for years one through five. Based on data gathered during the first five years, the Department shall set a reasonable fee after consideration of the following factors:
  1. Unrecovered costs that the Department may charge under A.R.S. § 30-654(B)(18), and
  2. Actual costs incurred by the Department in regulating the licensee.
- C. The fee for a category D16 license, providing reciprocal recognition under R9-7-320 of a radioactive materials license issued by the NRC or another Agreement state, is half of the annual fee for an Arizona license of the appropriate category and type. If there is no Arizona license of the appropriate category and type, the Department shall assess the "Full Cost" fee according to subsection (D) or (E), as applicable. The fee is due and payable at the time reciprocity is requested, and the general license does not become current until the fee is paid.
- D. "Full Cost" for an application fee is based on professional personnel time for preparation, travel, onsite inspection, any reports, review of findings, and preparation of the license or registration or denial charged at \$99 per hour and mileage charged at 44.5¢ per mile. The Department shall assess the licensee or registrant 90% of the estimated full cost of issuing the license or registration. The Department will assess for any remaining costs when it is prepared to issue the license, registration, denial, or if Department costs for the requested activity exceed \$10,000.
- E. "Full Cost" for an annual fee is based on professional personnel time for preparation, travel, onsite inspection, preparation of reports, review of findings, and preparation for any inspections or completion of any amendments to the license, registration or denials charged at \$99 per hour and mileage charged at 44.5¢ per mile for the preceding 12 months.

**Historical Note**

New Section R9-7-1306 and Table 13.1 recodified from R12-1-1306 and Table 13.1 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1). Table 13.1 under subsection (A) repealed; Section amended by final rulemaking at 26 A.A.R. 2939, with an immediate effective date of November 3, 2020 (Supp. 20-4).

**R9-7-1307. Repealed****Table 13.1. Table of Fees**

Category	Type	Application/Annual Fee
A1	Broad academic class A	\$10,000
A2	Broad academic class B	\$10,000
A3	Broad academic class C	\$10,000
A4	Limited academic	\$2,500
B1	Broad medical	\$20,000
B2	Medical materials class A	\$4,000
B3	Medical materials class B	\$4,000
B4	Medical materials class C	\$4,000

**Historical Note**

New Section R9-7-1307 recodified from R12-1-1307 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1). Repealed by final rulemaking at 26 A.A.R. 2939, with an immediate effective date of November 3, 2020 (Supp. 20-4).

**R9-7-1308. Fee for Requested Inspections**

- A. A licensee or registrant may request an inspection of its facility at any time. The Department shall assess the licensee or registrant the full cost of the inspection, based on personnel time for preparation, travel, onsite inspection, review of findings, and preparation of a report, charged at \$99 per hour and mileage charged at 44.5¢ per mile.
- B. The fee specified in this Section does not apply to:
  1. Regular inspections as scheduled by the Department,
  2. Enforcement reinspections conducted to ensure the correction of violations or safety hazards, or
  3. Inspections requested by workers pursuant to R9-7-1007.

**Historical Note**

New Section R9-7-1308 recodified from R12-1-1308 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1309. Abandonment of License or Registration Application**

- A. Any license or registration application for which the applicant has been provided a written notification of deficiencies in the application and for which the applicant does not make a written attempt to supply the requested information or request an extension in writing within 90 days of the date of the written notice of deficiencies, is considered abandoned and will not be processed.
- B. If an applicant does not act in the time-frame specified in subsection (A), the applicant shall submit a new application with the appropriate fee.

**Historical Note**

New Section R9-7-1309 recodified from R12-1-1309 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**Table 1. Repealed****Historical Note**

New Article 13, Table 1, recodified from 12 A.A.C. 1, Article 13, Table 1 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1). Table 1, Small Entity Fees repealed by final rulemaking at 26 A.A.R. 2939, with an immediate effective date of November 3, 2020 (Supp. 20-4).



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B5	Medical teletherapy	\$8,000
B6	General medical	\$500
C1	Broad industrial class A	\$20,000
C2	Broad industrial class B	\$20,000
C3	Broad industrial class C	\$6,000
C4	Limited industrial	\$1,500
C5	Portable gauge	\$2,000
C6	Fixed gauge class A	\$2,000
C7	Fixed gauge class B	\$2,000
C8	Leak detector	\$2,000
C9	Gas chromatograph	\$2,000
C10	General industrial	\$300
C11	Industrial radiography class A	\$10,000
C12	Industrial radiography class B	\$10,000
C13	Open field irradiator	\$10,000
C14	Shelf-shielded irradiator	\$5,000
C15	Well logging	\$5,000
C16	Research and development	\$5,000
C17	Laboratory	\$3,000
D1	Distribution	\$5,000
D2	Nuclear pharmacy	\$10,000
D3	Nuclear laundry	\$25,000
D4	General industrial gauging device	\$500
D5	General depleted uranium	\$200
D6	Veterinary medicine	\$2,000
D7	General veterinary medicine	\$500
D8	Health physics class A	\$5,000
D9	Health physics class B	\$3,000
D10	Secondary uranium recovery	\$8,000
D11	Low-level radioactive waste disposal facility	According to R9-7-1306(B)
D12	Waste processor class A	\$10,000
D13	Waste processor class B	\$8,000
D14	Additional storage and use site	30% of the applicable fee for each additional site
D15	Possession-only	50% of the applicable fee for the category under which storage will occur
D16	Reciprocal	According to R9-7-1306(C)
D17	Reserved	
D18	Unclassified radioactive material	Full Cost, according to R9-7-1306(D) or (E)
D19	NORM commercial disposal site	\$600,000
E1	X-ray machine class A (per tube)	\$145
E2	X-ray machine class B (per tube)	\$95
E3	X-ray machine class C (per tube)	\$90
E4	Industrial radiation machine (per device)	\$95
E5	Accelerator facility	\$2,500
E6	Other ionizing radiation machine	Full Cost, according to R9-7-1306(D) or (E)
F1	Tanning device (per device)	\$50

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F2	Class A laser (1 to 10 laser devices)	\$300
F3	Class B laser (11 to 49 laser devices)	\$600
F4	Class C laser (50 or more laser devices)	\$1,000
F5	Laser light show or laser demonstration	\$500
F6	Medical laser (per laser device)	\$100
F7	Class II surgical device (per device)	\$100
F8	Cosmetic radiofrequency device (per device)	\$100
F9	Class A industrial (1 to 5 radiofrequency devices)	\$150
F10	Class B industrial (6 to 20 radiofrequency devices)	\$350
F11	Class C industrial (more than 20 radiofrequency devices)	\$600
F12	Medical radiofrequency (one or more device)	\$100
F13	Other non-ionizing radiation device	Full Cost, according to R9-7-1306(D) or (E)

**Historical Note**

Table 13.1 under subsection R9-7-1306(A) repealed; new Table 13.1 Table of Fees made by final rulemaking at 26 A.A.R. 2939, with an immediate effective date of November 3, 2020 (Supp. 20-4). Amended by final expedited rulemaking at 28 A.A.R. 1855 (July 29, 2022), effective July 6, 2022 (Supp. 22-3).

**Table 13.2. Small Entity Fees**

<b>Licensee qualifying as a small entity under R9-7-1304(E)(1)</b>	
<i>Gross Annual Receipts</i>	<i>Fee</i>
\$350,000 to \$6.5 million	\$2,200
<\$350,000	\$500
<b>Licensee qualifying as a small entity under R9-7-1304(E)(2)</b>	
<i>Number of Employees</i>	<i>Fee</i>
35 to 500 employees	\$2,200
<35 employees	\$500
<b>Licensee qualifying as a small entity under R9-7-1304(E)(3)</b>	
<i>Number of Residents</i>	<i>Fee</i>
20,000 to 50,000	\$2,200
<20,000	\$500
<b>Licensee qualifying as a small entity under R9-7-1304(E)(4)</b>	
<i>Number of Faculty, Staff, and Students</i>	<i>Fee</i>
20,000 to 50,000	\$2,200
<20,000	\$500
<b>Licensee qualifying as a small entity under R9-7-1304(E)(5)</b>	
<i>Number of Faculty and Staff</i>	<i>Fee</i>
35 to 500 employees	\$2,200
<35 employees	\$500

**Historical Note**

Table 13.2, Small Entity Fees made by final rulemaking at 26 A.A.R. 2939, with an immediate effective date of November 3, 2020 (Supp. 20-4).

# **ARTICLE 14. REGISTRATION OF NONIONIZING RADIATION SOURCES AND STANDARDS FOR PROTECTION AGAINST NONIONIZING RADIATION**

## **R9-7-1401. Registration of Nonionizing Radiation Sources and Service Providers**

A. A person shall not use a nonexempt nonionizing radiation source, unless the source is registered by the Department.

B. A person who possesses a nonexempt nonionizing source shall submit to the Department an application for registration within 30 days of its first use.

1. A person who possesses a nonexempt source listed in R9-7-1302(F) shall register the source with the Department.

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2. A person applying for the registration of a nonexempt source shall use an application form provided by the Department.
3. An applicant shall provide the information identified in Appendix B of this Article.
- C. A registrant shall notify the Department within 30 days of any change to the information contained in the registration, or sale of a source that results in termination of the activities conducted under the registration.
- D. In addition to the application form, an applicant shall remit the applicable registration fee, specified in R9-7-1306.
- E. A person who is operating more than one facility, where one or more nonexempt nonionizing sources are used, shall apply for a separate registration for each facility.
- F. A person in the business of installing or servicing nonexempt nonionizing sources shall apply to the Department for registration 30 days before furnishing the service. The person shall apply for registration on a form furnished by the Department and shall provide the information required by A.R.S. § 30-672.01.

**Historical Note**

New Section R9-7-1401 recodified from R12-1-1401 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1402. Definitions**

## General definitions:

“Controlled area” means any area to which human access is restricted for the purpose of protection from nonionizing radiation.

“Direct supervision” means that a licensed practitioner supervises the use of a source for medical purposes while the practitioner is present inside the facility where the source is being used.

“Indirect supervision” means for lasers or IPL devices used for hair removal procedures, there is at a minimum, responsible supervision and control by a licensed practitioner who is easily accessible by telecommunication.

“Licensed practitioner” (See R9-7-102)

“Medical director” means a licensed practitioner, as defined in R9-7-102, who delegates a laser, IPL, or other light-emitting medical device procedure to a non-physician and is qualified to perform the procedure within the scope of practice of the license.

“Nonexempt nonionizing source” means any system or device that contains a nonionizing source listed in R9-7-1302(F).

“Operator” means a person who is trained in accordance with this Article and knowledgeable about the control and function of a nonionizing device regulated under this Article.

“Other cosmetic procedure” means a method of using medical lasers or intense pulse light (IPL) devices approved by the Federal Food and Drug Administration (FDA), for the cosmetic purpose of spider vein removal, skin rejuvenation, non-ablative skin resurfacing, skin resurfacing, port wine stain removal, epidermal pigmented skin lesion removal, or tattoo removal; and does not include hair removal.

## Laser definitions:

“Accessible emission limit (AEL)” means the maximum accessible emission level of laser or collateral radiation permitted within a particular class.

“Accessible radiation” means laser or collateral radiation to which human access is possible.

“Angular subtense” means the apparent visual angle,  $\alpha$ , as calculated from the source size and distance from the eye.

“Aperture” means an opening in the protective housing or other enclosure of a laser product, through which laser or collateral radiation is emitted, allowing human access to the radiation.

“Aperture stop” means an opening serving to limit the size and to define the shape of the area over which radiation is measured.

“Certified laser product” means that the product is certified by a manufacturer in accordance with the requirements of 21 CFR 1040.10, April 1, 2004, which is incorporated by reference, published by the Office of Federal Register National Archives and Records Administration, Washington, D.C. 20408, and on file with the Department. This incorporation by reference contains no future editions or amendments.

“CDRH” means the Center for Devices and Radiological Health.

“Classes of lasers” means the following categories of lasers, defined in 21 CFR 1040.10, April 1, 2004, which is incorporated by reference, published by the Office of Federal Register National Archives and Records Administration, Washington, D.C. 20408, and on file with the Department: Class 1, Class 2, Class 2a, Class 3, Class 3a, Class 3b, and Class 4. This incorporation by reference contains no future editions or amendments.

“Collateral radiation” means any electronic product radiation, except laser radiation, emitted by a laser product as a result of operation of the laser or any component of the laser product that is physically necessary for operation of the laser. The accessible emission limits for collateral radiation are specified in 21 CFR 1040.10, April 1, 2004, which is incorporated by reference, published by the Office of Federal Register National Archives and Records Administration, Washington, D.C. 20408, and on file with the Department. This incorporation by reference contains no future editions or amendments.

“Continuous wave” (cw) means the output of a laser that is operated in a continuous rather than a pulsed mode. For purposes of this Article, a laser operating with a continuous output for a period  $\geq 0.25$  seconds, is regarded as a cw laser.

“Cosmetic procedure protocol” means a delegated written authorization to select specific laser or IPL settings, initiate a laser or IPL procedure, and conduct necessary follow-up procedures.

“Demonstration laser” means any laser manufactured, designed, intended, or used for purposes of demonstration, entertainment, advertising display, or artistic composition.

“Embedded laser” means an enclosed laser with an assigned class number higher than the inherent capability of the laser system in which it is incorporated, where the system’s lower classification is due to engineering features that limit accessible emission.

“Enclosed laser” means a laser that is contained within its own protective housing or the protective housing of a laser or laser system in which it is incorporated. Opening or removing the protective housing provides more access to laser radiation

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above the applicable MPE than is possible with the protective housing in place. (An embedded laser is a type of enclosed laser.)

“Federal performance standards for light-emitting products” means the regulations in 21CFR 1040.10, April 1, 2004, which is incorporated by reference, published by the Office of Federal Register National Archives, and Records Administration, Washington, D.C. 20408, and on file with the Department. This incorporation by reference contains no future editions or amendments.

“Human access” means the capacity to intercept laser or collateral radiation by any part of the human body.

“Incident” means an event or occurrence that results in actual or suspected accidental exposure to laser radiation that has caused or is likely to cause biological damage.

“Integrated radiance” means radiant energy per unit area of a radiating surface per unit solid angle of emission, expressed in joules per square centimeter per steradian.

“Irradiance” means the time-averaged radiant power incident on an element of a surface divided by the area of that element, expressed in watts per square centimeter.

“Laser” See the definition in Article 1.

“Laser energy source” means any device intended for use in conjunction with a laser to supply energy for the operation of the laser. General energy sources, such as electrical supply mains or batteries, are not considered laser energy sources by the Department.

“Laser facility” means a facility where one or more lasers are used. For purposes of this definition a Class 1 facility is a facility that has one or more Class 1 lasers; a Class 2 facility is a facility that has one or more Class 2 or 2a lasers; a Class 3 facility is a facility that has one or more Class 3, 3a, or 3b lasers, and a Class 4 facility is a facility that has one or more Class 4 lasers. Facilities that contain more than one laser class are classified according to the highest laser class in use at the facility.

“Laser product” means any manufactured product or assemblage of components that constitutes, incorporates, or is intended to incorporate a laser or laser system. A laser or laser system that is intended for use as a component of an electronic product is itself considered a laser product.

“Laser protective device” means any device used to reduce or prevent exposure of personnel to laser radiation. This includes: protective eyewear, garments, engineering controls, and operational controls.

“Laser radiation” means all electromagnetic radiation emitted by a laser product, within the spectral range specified in the definition of “laser,” which is produced as a result of controlled stimulated emission or that is detectable with radiation so produced through the appropriate aperture stop and within the appropriate solid angle of acceptance.

“Laser Safety Officer (LSO)” means any individual, qualified by training and experience in the evaluation and control of laser hazards, who is designated by the registrant and has the authority and responsibility to establish and administer the laser radiation protection program for a particular class of facility.

“Laser system” means a laser in combination with an appropriate laser energy source with or without additional incorporated components.

“Limited exposure duration ( $T_{\max}$ )” means an exposure duration that is specifically limited by design or intended use.

“Maintenance” means performance of those adjustments or procedures specified in operator information provided by the manufacturer with the laser product, which are to be performed by the operator to ensure the intended performance of the product. The term does not include operation or service as defined in this Section.

“Maximum permissible exposure (MPE)” means the level of laser radiation to which a person may be exposed without hazardous effect or adverse biological changes in the eye or skin. MPE values for eye and skin exposure are listed in ANSI Z136.1-2000, American National Standard for Safe Use of Lasers, 2000 edition, which is incorporated by reference, published by the Laser Institute of America, 13501 Ingenuity Drive, Suite 128, Orlando, FL 32826, and on file with the Department. This incorporation by reference contains no future editions or amendments.

“Medical laser product” means any laser product that is a medical device defined in 21 U.S.C. 321(h) and is manufactured, designed, intended, or promoted for in vivo laser irradiation of any part of the human body for the purpose of: diagnosis, surgery, therapy, or relative positioning of the human body.

“Operation” means the performance of the laser product over the full range of its function. It does not include maintenance or service as defined in this Section.

“Protective housing” means those portions of a laser product that are designed to prevent human access to laser or collateral radiation in excess of the prescribed accessible emission limits under conditions specified in this Article.

“Pulse duration” means the time increment measured between the half-peak-power points at the leading and trailing edges of a pulse.

“Pulse interval” means the period of time between identical points on two successive pulses.

“Radiance” means the time-averaged radiant power per unit area of a radiating surface per unit solid angle of emission, expressed in watts per square centimeter per steradian.

“Radiant energy” means energy emitted, transferred, or received in the form of radiation, expressed in joules.

“Radiant exposure” means the radiant energy incident on an element of a surface divided by the area of that element, expressed in joules per square centimeter.

“Radiant power” means the time-averaged power emitted, transferred, or received in the form of radiation, expressed in watts.

“Rule of nines” means a method for estimating the extent of burns, expressed as a percentage of total body surface. In this method the body is divided into sections of 9 percent or multiples of 9 percent, each: head and neck, 9 percent; anterior trunk, 18 percent; posterior trunk, 18 percent; upper limbs, 18 percent; lower limbs, 36 percent; and genitalia and perineum, 1 percent.

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“Safety interlock” means a device associated with the protective housing of a laser product to prevent human access to excessive radiation.

“Sampling interval” means the time interval during which the level of accessible laser or collateral radiation is sampled by a measurement process. The magnitude of the sampling interval in units of seconds is represented by the symbol “t”.

“Secured enclosure” means an area to which casual access is impeded by various means, such as a door secured by a lock, latch, or screws.

“Service” means the performance of those procedures or adjustments described in the manufacturer’s service instructions that may affect any aspect of the product’s performance. The term does not include maintenance or operation as defined in this Section.

“T<sub>max</sub>” See limited exposure duration.

“Uncertified laser product” means any laser that has not been certified in accordance with the requirements of 21CFR 1040.10, April 1, 2004, which is incorporated by reference, published by the Office of Federal Register National Archives and Records Administration, Washington, D.C. 20408, and on file with the Department. This incorporation by reference contains no future editions or amendments.

Radio frequency and microwave radiation definitions:

“Accessible emission level” means the level of radio frequency radiation emitted from any source, expressed in terms of power density in milliwatts per square centimeter or electric and magnetic field strength, as applicable, and to which human access is normally possible.

“Far field region” means the area in which locally uniform distribution of electric and magnetic field strengths exists in planes transverse to the direction of propagation. The far field region is presumed to exist at distances greater than  $2D^2/\lambda$  from the antenna, where  $\lambda$  is the wavelength and D is the largest antenna aperture dimension.

“Maximum permissible exposure MPE” means the rms and peak electric and magnetic field strengths, their squares, or the plane-wave equivalent power densities associated with these fields and the induced and contact currents to which a person may be exposed without harmful effect and with an acceptable safety factor.

“Near field region” means the area near an antenna in which the electric and magnetic field components vary considerably in strength from point to point. For most antennas the outer boundary of the region is presumed to exist at a distance  $\lambda/2\pi$  from the antenna surface, where  $\lambda$  is the wavelength.

“Radio frequency controlled area” means any location to which access is controlled for the purpose of protection from radio frequency radiation.

“Radio frequency source” means a source or system that produces electromagnetic radiation in the radio frequency spectrum.

“Radio frequency radiation” means electromagnetic radiation (including microwave radiation) with frequencies in the range of 0.3 megahertz to 100 gigahertz.

“Root-mean-square (rms)” means the effective value, or the value associated with joule heating, of a periodic electromag-

netic wave. The rms is obtained by taking the square root of the mean of the squared value of a function.

“Safety device” means any mechanism incorporated into a radio frequency source that is designed to prevent human access to excessive levels of radio frequency radiation.

Ultraviolet, high intensity light, and intense pulsed light source definitions:

“EPA” means the United States Environmental Protection Agency.

“FDA” means the United States Food and Drug Administration.

“High intensity mercury vapor discharge (HID) lamp” means any lamp, including a mercury vapor or metal halide lamp that incorporates a high-pressure arc discharge tube with a fill that consists primarily of mercury and is contained within an outer envelope, except the tungsten filament self-ballasted mercury vapor lamp.

“Intense pulsed light device (IPL)” means, for purposes of R9-7-1438, any lamp-based device that produces an incoherent, filtered, and intense light.

“Maximum exposure time” means the greatest continuous exposure time interval recommended by the manufacturer of a product.

“Protective sunlamp eyewear” means any device designed to be worn by a user of a product to reduce exposure of the eyes to radiation emitted by the product.

“Sanitize” means treat the surfaces of equipment and devices using an EPA or FDA registered product that provides a specified concentration of chemicals, for a specified period of time, to reduce the bacterial count, including pathogens, to a safe level.

“Self-extinguishing lamp” means any HID lamp that ceases operation in conformance with the requirements of the performance standard in 21 CFR 1040.30(d), April 1, 2004, which is incorporated by reference, published by the Office of Federal Register National Archives and Records Administration, Washington, D.C. 20408, and on file with the Department. This incorporation by reference contains no future editions or amendments.

“Sunlamp product” means any electronic product designed to incorporate one or more ultraviolet lamps and intended for irradiation of any part of the living human body, by ultraviolet radiation with wavelengths in air between 200 and 400 nanometers, to induce skin tanning.

“Timer” means any device incorporated into a product that terminates radiation emission after a preset time interval.

“Ultraviolet lamp” means any light source that produces ultraviolet radiation and that is intended for use in any sunlamp product.

“Ultraviolet radiation” means electromagnetic radiation in the wavelength interval from 200 to 400 nanometers in air.

“User” means any member of the public who is provided access to a tanning device in exchange for a fee or other compensation, or any individual who, in exchange for a fee or other compensation, is afforded use of a tanning device as a condition or benefit of membership or access.

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**Historical Note**

New Section R9-7-1402 recodified from R12-1-1402 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1403. General Safety Provisions and Exemptions**

- A. Based on consideration of the following factors, the Department may waive compliance with specific requirements of this Article:
- Whether compliance requires product replacement or substantial modification of a product's current installation, and
  - Whether the registrant provided information requested by the Department to determine if there are alternative methods of achieving the same or a greater level of radiation protection.
- B. The registrant shall:
- Ensure that any nonionizing source is operated by an individual who is trained and has demonstrated competence in the safe use of the source.
  - Provide safety rules to each individual who operates a nonionizing radiation source and determine whether the individual is aware of operating restrictions and procedures associated with the safe use of the source.
  - Make, or cause to be made, any physical radiation surveys required by this Article.
  - Maintain the following records for three years for Department review:
    - Results of any physical survey or calibration required by this Article;
    - Radiation source inventories;
    - Maintenance, service, and modification records; and
    - Incident reports of known or suspected exposure to nonionizing radiation that exceeds any MPE specified in this Article.
- C. A registrant shall not operate a nonionizing radiation source unless the source complies with all of the applicable requirements of this Article.

**Historical Note**

New Section R9-7-1403 recodified from R12-1-1403 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1404. Radio Frequency Equipment**

- A. A registrant shall operate a radiation source that emits radio frequency radiation in a radio frequency controlled area, in a manner that will prevent human exposure that exceeds the MPE specified in IEEE Std C95.1-1999, Institute of Electrical and Electronics Engineers Standard for Safety Levels with Respect to Human Exposure to Radio Frequency Electromagnetic Fields, 3kHz to 300 GHz, 1999 edition, which is incorporated by reference, published by the Institute of Electrical and Electronic Engineers, Inc., 345 East 47th Street, New York, NY 10017, and on file with the Department. This incorporation by reference contains no future editions or amendments. The registrant shall post each point of access into a radio frequency controlled area according to R9-7-1406.
- B. If a registrant is required to operate a radio frequency source in a controlled area, the registrant shall employ visual or audible emission indicators that function only during production of radiation.
- C. If a source of radio frequency emissions is physically separate from the source's means of activation by a distance greater than 2 meters, the registrant shall place a visual or an audible emission indicator at the source and the point of activation.

- D. A registrant shall place each visual emission indicator so that the location of the indicator does not require human exposure to radio frequency radiation that exceeds the applicable MPE.
- E. A registrant shall inspect each safety device designed to prevent human exposure to excessive radio frequency radiation for proper operation at intervals that do not exceed one month.
- F. If a machine emits mechanically scanned radio frequency radiation, a registrant shall ensure that the machine cannot, as the result of scan failure or any other malfunction, cause a change in angular velocity or amplitude, allowing human exposure that exceeds the applicable MPE.
- G. A registrant shall physically secure each radio frequency sources to prevent unauthorized use and tampering.

**Historical Note**

New Section R9-7-1404 recodified from R12-1-1404 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1405. Radio Frequency Radiation: Maximum Permissible Exposure**

- A. A registrant shall not expose a person to radio frequency radiation that exceeds the applicable MPE specified in IEEE Std C95.1-1999, Institute of Electrical and Electronics Engineers Standard for Safety Levels with Respect to Human Exposure to Radio Frequency Electromagnetic Fields, 3kHz to 300 GHz, 1999 edition, which is incorporated by reference, published by the Institute of Electrical and Electronic Engineers, Inc., 345 East 47th Street, New York, NY 10017, and on file with the Department. This incorporation by reference contains no future editions or amendments.
- B. At frequencies between 300 kHz and 100 GHz a registrant may exceed the applicable MPE if exposure conditions can be shown by laboratory procedures to produce specific absorption rates (SARs) above 0.4 watts per kilogram, averaged over the whole body, and spatial peak SAR values above 8 watts per kilogram, averaged over 1 gram of tissue.
- C. At frequencies between 300 kHz and 1 GHz, a registrant may exceed the applicable MPE, if the radio frequency input power to the radiating device is seven watts or less.

**Historical Note**

New Section R9-7-1405 recodified from R12-1-1405 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1406. Radio Frequency Hazard Caution Signs, Symbols, Labeling, and Posting**

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- A. A registrant shall post each point of access to a controlled area with caution signs of the type designated in Figure 1.

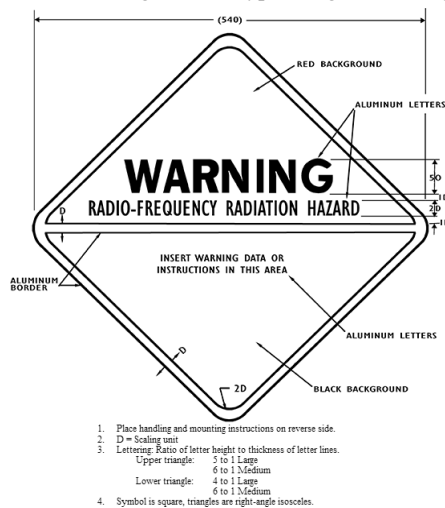


Fig. 1

- B. A registrant shall post operating procedure restrictions or limitations, used to prevent unnecessary or excessive exposure to radio frequency radiation, in a location visible to the operator.
- C. A registrant shall place each warning sign or label so that an observer is not exposed to radio frequency radiation that exceeds the applicable MPE.

**Historical Note**

New Section R9-7-1406 recodified from R12-1-1406 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1407. Microwave Ovens**

A person shall register with the Department any microwave oven that does not meet the requirements in 21 CFR 1030.10, April 1, 2004, which is incorporated by reference, published by the Office of Federal Register National Archives and Records Administration, Washington, D.C. 20408, and on file with the Department. This incorporation by reference contains no future editions or amendments.

**Historical Note**

New Section R9-7-1407 recodified from R12-1-1407 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1408. Reporting of Radio Frequency Radiation Incidents**

- A. A registrant shall report in writing to the Department within 15 days of a known or suspected personnel exposure to radiation that exceeds the applicable MPE incorporated by reference in R9-7-1405.
- B. A registrant shall report to the Department within 24 hours of a known or suspected personnel exposure to radiation that exceeds 150% of an applicable MPE incorporated by reference in R9-7-1405.
- C. A registrant shall immediately report to the Department a known or suspected personnel exposure to radiation that exceeds 500% of an applicable MPE incorporated by reference in R9-7-1405.

**Historical Note**

New Section R9-7-1408 recodified from R12-1-1408 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1409. Medical Surveillance for Workers Who May Be Exposed to Radio Frequency Radiation**

- A. Upon request by the Department, a registrant shall provide a medical examination to an individual exposed to radiation reported to the Department according to R9-7-1408.
- B. A registrant shall provide a copy of the results to the Department if an individual undergoes a medical examination, requested under subsection (A).

**Historical Note**

New Section R9-7-1409 recodified from R12-1-1409 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1410. Radio Frequency Compliance Measurements**

- A. For obtaining measurements to determine compliance with R9-7-1405, the Department shall use an instrument capable of measuring the field strength and frequency of radiation.
- B. The Department shall ensure that each instrument used for compliance measurements is calibrated every 12 months. The calibration shall be performed in a manner that meets the standards in IEEE Std C95.1-1999, incorporated by reference in R9-7-1404(A).
- C. For compliance measurements of exposure conditions in the near field, the Department shall obtain measurements of both the electric and magnetic field components. The applicable protection standards for near field measurements are the mean squared electric and magnetic field strengths (using the applicable MPE) referenced in R9-7-1405.
- D. If the Department is obtaining measurements to determine compliance in far field exposure conditions, the Department may use measurements of power density in milliwatts per square centimeter or the calculated equivalent plane wave power density, based on measurement of either the electric or magnetic field strength. The applicable protection standards are the power density values (using the applicable MPE) referenced in R9-7-1405.
- E. In obtaining measurements in accordance with this Section, the Department shall measure the electric and magnetic field strength:
1. Obtained at an emission frequency of 300 megahertz or less; and
  2. Expressed in terms of power density.
- F. For mixed or broadband fields at frequencies for which there are different protection standards, the Department shall determine the fraction of the applicable MPE incurred within each frequency interval. To achieve compliance the sum of all the fractions shall not exceed unity (1).
- G. The Department shall obtain compliance measurements at a distance of five centimeters or greater from any object.
- H. A registrant shall obtain measurements that are averaged over a six-minute period for pulsed and non-pulsed modes of radio frequency emission and make a correction for duty cycle in determining the average field strength.

**Historical Note**

New Section R9-7-1410 recodified from R12-1-1410 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1411. Reserved****Historical Note**

Section R9-7-1411 reserved when this Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1412. Tanning Operations**

A registrant shall establish and maintain written policies and procedures that are part of a radiation safety program to assure compliance with the requirements in R9-7-1412 through R9-7-1416.

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**Historical Note**

New Section R9-7-1412 recodified from R12-1-1412 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1413. Tanning Equipment Standards**

- A.** A registrant operating a tanning facility shall use sunlamp products that are certified by the manufacturer to comply with 21 CFR 1040.20, April 1, 2004, which is incorporated by reference, published by the Office of Federal Register National Archives and Records Administration, Washington, D.C. 20408, and on file with the Department. This incorporation by reference contains no future editions or amendments. For sunlamp products in use before the effective date of this Article, the Department shall determine compliance based on the standard in effect at the time of manufacture, as shown on the equipment identification label.
- B.** A registrant shall replace burned-out or defective lamps or filters, before any use of a tanning device.
- C.** A registrant shall replace a burned-out or defective lamp or filter with a lamp or filter intended for use in that equipment, as specified on the sunlamp product label, or that is equivalent to a lamp or filter specified on the sunlamp product label under the FDA regulations and policies applicable to the sunlamp product at the time of manufacture. If an equivalent lamp or filter is used instead of the Original Equipment Manufacturer (OEM) lamp or filter specified on the product label, the registrant shall maintain a copy of the equivalency certification, provided by the lamp supplier, on file for review by Department inspectors.
- D.** A registrant shall ensure that each sunlamp product has a timer and control system that complies with 21 CFR 1040.20(c), April 1, 2004, which is incorporated by reference, published by the Office of Federal Register National Archives and Records Administration, Washington, D.C. 20408, and on file with the Department. This incorporation by reference contains no future editions or amendments. In addition the registrant shall ensure that:
  1. The timer interval does not exceed the manufacturer's maximum, recommended exposure time;
  2. The timer is functional and accurate to within +/- 10% of the maximum timer interval of the product;
  3. The timer does not automatically reset and cause radiation emission to resume for a period greater than the unused portion of the timer cycle;
  4. The timer is tested annually for accuracy;
  5. For a new facility (including existing facilities with change of ownership) a remote timer control system is installed before operation of sunlamp products. For an existing facility that has sunlamp products not equipped with a remote timer control system, a remote timer control system (outside of the sunlamp product room) is installed no later than 6 months after the effective date of this Section; and
  6. Each sunlamp product is equipped with an emergency shutoff mechanism that allows manual termination of the UV exposure by the user.
- E.** A registrant shall provide physical barriers between each sunlamp product to protect users from injury caused by touching or breaking a lamp.
- F.** A registrant that employs a stand-up sunlamp product shall:
  1. Use physical barriers, handrails, floor markings, or other methods to indicate the proper exposure distance between the ultraviolet lamps and the user's skin;
  2. Construct each tanning booth so that it can withstand the stress of use and the impact of a falling person;

3. Provide access to a tanning booth with doors of rigid construction that open outward, handrails, and non-slip floors; and
4. Control the interior temperature of a sunlamp product so that it never exceeds 100 degrees Fahrenheit (38 degrees Centigrade).

**Historical Note**

New Section R9-7-1413 recodified from R12-1-1413 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1414. Tanning Equipment Operators**

- A.** A registrant shall ensure that at least one operator is present during operating hours. The operator shall:
  1. Limit the occupancy of the tanning room to one person when the tanning equipment is in use;
  2. Prevent use of the tanning equipment by anyone under 18 years of age unless the person has written permission from a parent or guardian;
  3. Limit exposure time to the manufacturer's recommendation on the equipment label or in the operator's manual;
  4. Limit exposure time during a 24-hour period to the maximum recommended for a 24-hour period by the manufacturer; and
  5. Maintain a record of each user's total number of tanning visits and exposure times for Department inspection. The registrant shall maintain the records for three years from the date on the record.
- B.** Before use of tanning equipment, an operator shall:
  1. Provide the user sanitized protective sunlamp eyewear and directions for its use;
  2. Demonstrate the use of any physical aids, necessary to maintain correct exposure distance for the user, as recommended by the manufacturer of the tanning equipment;
  3. Set the exposure timer so that the user is not exposed to excess radiation;
  4. Instruct the user on the maximum exposure time and correct distance from the radiation source as recommended by the manufacturer of the tanning equipment; and
  5. Instruct the user about the location and correct operation of the emergency shutoff switch.
- C.** An operator shall control a sunlamp's timer. A registrant shall:
  1. Provide training to operators that covers:
    - a. The requirements of this Section;
    - b. Facility operating procedures, including:
      - i. Determination of skin type and associated duration of exposure;
      - ii. Procedures for use of minor and adult user consent forms;
      - iii. Potential harm associated with photosensitizing foods, cosmetics, and medications;
      - iv. Requirements for use of protective eyewear by users of the equipment; and
      - v. Proper sanitizing procedures for the facility, equipment, and eyewear;
    - c. The manufacturer's procedures for operation and maintenance of tanning equipment;
    - d. Recognition of injury or overexposure; and
    - e. Emergency procedures used in the case of an injury.
  2. Maintain records of training for Department review, which include dates and material covered, for three years from the date the training is provided.
  3. Post a list of operators at the facility.
- D.** Before the first use of a tanning facility in each calendar year by a user:



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1. An operator shall request that the user read a copy of the warnings in R9-7-1415(A);
2. The operator shall obtain the user's signature on a statement as an acknowledgment that the user has heard or read and understands the warnings in R9-7-1415(A); and
3. For illiterate or visually handicapped persons, the operator shall read the warnings in R9-7-1415(A) in the presence of a witness. Both the witness and the operator shall sign the statement described in subsection (D)(2).

**Historical Note**

New Section R9-7-1414 recodified from R12-1-1414 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1415. Tanning Facility Warning Signs**

- A. A registrant shall post the warning sign shown in this subsection within 1 meter (39.37 inches) of each tanning device,

ensuring that the sign is clearly visible and easily viewed by the user before the tanning device is operated.

- B. A registrant shall post a warning sign, which contains the statement shown, at or near the reception area.

PERSONS UNDER AGE 18 ARE REQUIRED TO HAVE PARENT OR LEGAL GUARDIAN SIGN AN AUTHORIZATION TO TAN IN THE PRESENCE OF A TANNING FACILITY OPERATOR

- C. The lettering on each warning sign shall be at least 10 millimeters high for all words shown in capital letters and at least 5 millimeters high for all lower case letters.

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**DANGER - ULTRAVIOLET RADIATION**

1. Follow instructions.
2. Avoid overexposure. As with natural sunlight, exposure can cause eye and skin injury and allergic reactions. Repeated exposure may cause premature aging of the skin, dryness, wrinkling, and skin cancer.
3. Wear protective eyewear.

FAILURE TO USE PROTECTIVE EYEWEAR MAY RESULT IN SEVERE BURNS OR LONG TERM INJURY TO THE EYES.

4. Medications or cosmetics may increase your sensitivity to the ultraviolet radiation. Consult a physician before using a sunlamp if you are using medications or have a history of skin problems or believe you are especially sensitive to sunlight.
5. If you do not tan in the sun, you are unlikely to tan from use of this device.

**Historical Note**

New Section R9-7-1415 recodified from R12-1-1415 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1416. Reporting of Tanning Injuries**

- A. A registrant shall report any incident involving an eye injury; skin burn; fall injury, if the fall occurs within the tanning device or while entering or exiting the device; laceration; infection believed to have been transmitted by use of the tanning device; or any other injury reasonably related to the use of the tanning device.
- B. A registrant shall provide a written report of an incident to the Department within 10 working days of its occurrence or within 10 working days of the date the registrant became aware of the incident.
- C. The report shall include:
1. The name of the user;
  2. The name and location of the tanning facility;
  3. A description of and the circumstances associated with the injury;
  4. The name and address of the health care provider treating the user, if any; and
  5. Any other information the registrant considers relevant to the incident.

**Historical Note**

New Section R9-7-1416 recodified from R12-1-1416 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1417. Reserved****Historical Note**

Section R9-7-1417 reserved when this Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1418. High Intensity Mercury Vapor Discharge (HID) Lamps**

A person shall register with the Department any HID lamp that does not meet the requirements in 21 CFR 1040.30, April 1, 2004, which is incorporated by reference, published by the Office of Federal Register National Archives and Records Administration, Washington, D.C. 20408, and on file with the Department. This incorporation by reference contains no future editions or amendments.

**Historical Note**

New Section R9-7-1418 recodified from R12-1-1418 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1419. Reserved****Historical Note**

Section R9-7-1419 reserved when this Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1420. Reserved****Historical Note**

Section R9-7-1420 reserved when this Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1421. Laser Safety**

- A. The requirements contained in this Section apply to laser products that are used in accordance with the manufacturer's classification and instructions. If certain engineering controls are impractical during manufacture or research and development

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activities, the LSO shall specify alternate requirements to obtain equivalent laser safety protection.

- B. A registrant shall establish and maintain a laser radiation safety program.
- C. If R9-7-1433 is applicable, a registrant shall conduct a laser radiation protection survey to ensure compliance with R9-7-1433 before initial use, following system modifications, and at intervals that do not exceed six months. During a survey the registrant shall:
  - 1. Determine whether each laser protective device is labeled correctly, functioning within the design specifications, and meets required standards for the type and class of laser in use;
  - 2. Determine whether each warning device is functioning within design specifications;
  - 3. Determine whether each controlled area is identified, controlled, and posted with accurate warning signs in accordance with this Article;
  - 4. Reevaluate potential hazards from surfaces that are associated with Class 3 and Class 4 beam paths; and
  - 5. Evaluate the laser and collateral radiation hazard incident to the use of lasers.
- D. The registrant shall maintain records of:
  - 1. Results of all physical surveys made to determine compliance with this Article;
  - 2. Any restriction in operating procedures necessary to prevent unnecessary or excessive exposure to laser or collateral radiation;
  - 3. Any incident for which reporting to the Department is required pursuant to R9-7-1436;
  - 4. Results of medical surveillance to determine extent of injury resulting from exposure to laser or collateral radiation;
  - 5. Inventory to account for all sources of radiation possessed by the licensee.
- E. A registrant shall provide the Laser Safety Officer with training that covers the subjects listed in Appendix D.

**Historical Note**

New Section R9-7-1421 recodified from R12-1-1421 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1422. Laser Protective Devices**

- A. A registrant shall ensure that each laser product has a protective housing that prevents access to laser and collateral radiation if it exceeds the exposure limits for Class 1 lasers in R9-7-1426. If a laser's accessible emission levels must exceed the limits for Class 1 lasers, the registrant shall use a laser from the lowest class that will enable the registrant to perform the intended function.
- B. To prevent access to radiation above the applicable MPE, a registrant shall ensure that each laser has a safety interlock, which prevents operation of the laser if a person has removed any portion of the protective housing that can be removed or displaced without the use of tools during normal operation or maintenance. The registrant shall ensure that:
  - 1. Service, testing, or maintenance of a laser does not render the interlocks inoperative or increase radiation outside the protective housing to levels that exceed the applicable MPE, unless a controlled area is established as specified in R9-7-1433;
  - 2. For pulsed lasers, interlocks are designed to prevent the laser from firing;
  - 3. For Class 3b and 4 continuous wave (cw) lasers, interlocks turn off the power supply or interrupt the beam.

- 4. An interlock does not allow automatic accessibility to radiation emission above the applicable MPE when the interlock is closed; and
- 5. Multiple safety interlocks or a means to preclude removal or displacement of the interlocked portion of the protective housing is provided if failure of a single interlock could result in:
  - a. Human access to levels of laser radiation that exceed the radiant power accessible emission limit for Class 3a laser radiation, or
  - b. Laser radiation that exceeds the accessible emission limit for Class 2, emitted directly through the opening created by removal or displacement of a portion of the protective housing.

- C. A registrant shall ensure that a laser with viewing ports, viewing optics, or display screens, included as an integral part of the enclosed laser or laser system has:
  - 1. A suitable means to attenuate laser and collateral radiation transmitted through the optical system to less than the accessible emission limit for collateral radiation required by 21 CFR 1040.10, April 1, 2004, which is incorporated by reference, published by the Office of Federal Register National Archives and Records Administration, Washington, D.C. 20408, and on file with the Department. This incorporation by reference contains no future editions or amendments; and
  - 2. Specific written administrative procedures developed by the LSO, and use controls, such as interlocks or filters, if there is increased hazard to the eye or skin associated with the use of optical systems such as lenses, telescopes, or microscopes.
- D. A registrant shall ensure that each Class 3 or 4 laser product provides a visual or audible indication before the emission of accessible laser radiation that exceeds the limits for Class 1, as follows:
  - 1. For Class 3, except for laser products that allow access to less than 5 milliwatts peak visible laser radiation, and Class 4 lasers, the indication occurs before the emission of the radiation and allows enough time for action to avoid exposure;
  - 2. Any visual indicator is clearly visible through protective eyewear designed specifically for the wavelength of the emitted laser radiation;
  - 3. If the laser and laser energy source are housed separately and can be operated at a separation distance of greater than 2 meters, both the laser and laser energy source incorporate visual or audible indicators; and
  - 4. Any visual indicators are positioned so that viewing does not require human access to laser radiation that exceeds the applicable MPE.
- E. In addition to the information signs, symbols, and labels prescribed in R9-7-1427, R9-7-1428, and R9-7-1429, each registrant shall provide, near the signs, symbols, and labels within the laser facility, operating procedure restrictions and any other safety information required to ensure compliance with this Article and minimize exposure to laser and collateral radiation.

**Historical Note**

New Section R9-7-1422 recodified from R12-1-1422 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1423. Laser Prohibitions**

- A. A registrant shall not require or permit an individual to look directly into a laser beam or directly at specular reflections of a

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laser beam, or align a laser by eye while looking along the axis of the laser beam if the intensity of the beam or the beam's reflections exceeds the applicable MPE.

- B. A registrant shall not permit an individual to enter a controlled area if the skin exposure exceeds the applicable MPE, unless the registrant provides and requires the use of protective clothing, gloves, and shields.
- C. A registrant shall ensure that any laser product, emitting spatially scanned laser radiation, does not, as a result of scan failure or any other failure that causes a change in angular velocity or amplitude, permit human access to laser radiation that exceeds the accessible emission limits applicable to that class of product.

**Historical Note**

New Section R9-7-1423 recodified from R12-1-1423 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1424. Reserved****Historical Note**

Section R9-7-1424 reserved when this Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1425. Laser Product Classification**

- A. Each laser product is classified on the basis of emission level, emission duration, and wavelength of accessible laser radiation emitted over the full range of resulting operational capability, any time during the useful life of the product, according to the federal performance standards for light-emitting products contained in 21 CFR 1040.10, April 1, 2004, which is incorporated by reference, published by the Office of Federal Register National Archives and Records Administration, Washington, D.C. 20408, and on file with the Department. This incorporation by reference contains no future editions or amendments.
- B. Any person that modifies a certified laser product in a manner that affects any aspect of performance or intended functions of the product, shall recertify and reidentify the product in accordance with 21 CFR 1040.10, April 1, 2004, which is incorporated by reference, published by the Office of Federal Register National Archives and Records Administration, Washington, D.C. 20408, and on file with the Department. This incorporation by reference contains no future editions or amendments.
- C. Any laser system that is incorporated into a laser product that is subject to the requirements of this Article, and capable, without modification, of producing laser radiation when removed from the laser product, is considered a laser product, subject to the applicable requirements of this Article. Upon removal of the laser system described in this subsection, the laser product is classified on the basis of accessible laser radiation emission.

**Historical Note**

New Section R9-7-1425 recodified from R12-1-1425 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1426. Laser and Collateral Radiation Exposure Limits**

- A. A registrant shall not use, or permit the use of a laser product that will result in a human exposure that exceeds the applicable MPE or accessible emission limit (AEL) listed in ANSI Z136.1-2000, American National Standard for Safe Use of Lasers, 2000 edition, which is incorporated by reference, published by the Laser Institute of America, 13501 Ingenuity Drive, Suite 128, Orlando, FL 32826, and on file with the Department. Accessible emission limits are listed in 21 CFR 1040.10, April 1, 2004, which is incorporated by reference,

published by the Office of Federal Register National Archives and Records Administration, Washington, D.C. 20408, and on file with the Department. These incorporations by reference contain no future editions or amendments.

- B. A registrant shall not allow exposure to collateral radiation that exceeds any accessible emission limit in 21 CFR 1040.10, April 1, 2004, which is incorporated by reference, published by the Office of Federal Register National Archives and Records Administration, Washington, D.C. 20408, and on file with the Department. This incorporation by reference contains no future editions or amendments.

**Historical Note**

New Section R9-7-1426 recodified from R12-1-1426 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1427. Laser Caution Signs, Symbols, and Labels**

- A. Except as otherwise authorized by the Department, a registrant shall use signs, symbols, and labels prescribed by this Section and the design and colors specified in ANSI Z136.1-2000, American National Standard for Safe Use of Lasers, 2000 edition, which is incorporated by reference, published by the Laser Institute of America, 13501 Ingenuity Drive, Suite 128, Orlando, FL 32826, and on file with the Department. This incorporation by reference contains no future editions or amendments.
- B. A registrant shall ensure that the word "invisible" immediately precedes the word "radiation" on labels and signs required by this Section for lasers that only produce wavelengths of laser and collateral radiation that are outside of the range of 400 to 710 nanometers.
- C. A registrant shall ensure that the words "visible and invisible" immediately precede the word "radiation" on labels and signs required by this Section for lasers that produce wavelengths of laser and collateral radiation that are both within and outside the range of 400 to 710 nanometers.
- D. A registrant shall position any label placed on lasers or signs posted in laser facilities so that the reader of the label or sign is not exposed to laser or collateral radiation that exceeds the applicable MPE or accessible emission limit while reading the label or sign.
- E. A registrant shall use labels and signs that are clearly visible, legible, and permanently attached to the laser or facility.
- F. A registrant shall ensure that a permanent and legible label is affixed to each laser, identifying the classification of the laser in accordance with 21 CFR 1040.10, April 1, 2004, which is incorporated by reference, published by the Office of Federal Register National Archives and Records Administration, Washington, D.C. 20408, and on file with the Department. This incorporation by reference contains no future editions or amendments.
- G. For a Class 3 or Class 4 laser a registrant shall ensure that a permanent and legible label is affixed to each laser, specifying the maximum output of laser radiation, the pulse duration if applicable, and the laser medium or emitted wavelength.
- H. For a Class 3 or Class 4 laser, used in the practice of medicine, a registrant shall ensure that a permanent and legible label is affixed to each laser providing one or more of the following warnings near each aperture that emits laser radiation or collateral radiation that exceeds the applicable MPE, as follows:
  1. "AVOID EXPOSURE - Laser radiation is emitted from this aperture" if the radiation emitted through the aperture is laser radiation;

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2. "AVOID EXPOSURE - Hazardous electromagnetic radiation is emitted from this aperture" if the radiation emitted through the aperture is collateral radiation; or
  3. "AVOID EXPOSURE - Hazardous x-rays are emitted from this aperture" if the radiation emitted through the aperture is collateral x-ray radiation.
- I.** A registrant shall ensure that there is a label on each non-interlocked or defeatable interlocked portion of the protective housing or enclosure that permits human access to laser or collateral radiation. The label shall include one or more of the following warnings, as applicable:
1. For laser radiation that exceeds the applicable accessible emission limit for a Class 1 or Class 2 laser, but does not exceed the applicable accessible emission limit for a Class 3 laser, the warning: "DANGER - Laser radiation when open, AVOID DIRECT EXPOSURE TO THE BEAM."
  2. For laser radiation that exceeds the applicable accessible emission limit for a Class 3 laser, the warning: "DANGER - Laser radiation when open, AVOID EYE OR SKIN EXPOSURE TO DIRECT OR SCATTERED RADIATION."
  3. For collateral radiation that exceeds an applicable accessible emission limit:
    - a. If the applicable limit for collateral laser radiation is exceeded, the warning: "CAUTION - Hazardous electromagnetic radiation when open"; and
    - b. If the applicable limit for collateral x-ray radiation is exceeded, the warning: "CAUTION - Hazardous x-ray radiation".
  4. For a protective housing or an enclosure that has a defeatable interlock, the warning "and interlock defeated" in addition to the warnings in subsections (1) through (3).

**Historical Note**

New Section R9-7-1427 recodified from R12-1-1427 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1428. Reserved****Historical Note**

Section R9-7-1428 reserved when this Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1429. Posting of Laser Facilities**

Unless other methods are approved by the Department, a registrant shall post each laser facility in accordance with ANSI Z136.1-2000, American National Standard for Safe Use of Lasers, 2000 edition, which is incorporated by reference, published by the Laser Institute of America, 13501 Ingenuity Drive, Suite 128, Orlando, FL 32826, and on file with the Department. This incorporation by reference contains no future editions or amendments.

**Historical Note**

New Section R9-7-1429 recodified from R12-1-1429 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1430. Reserved****Historical Note**

Section R9-7-1430 reserved when this Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1431. Reserved****Historical Note**

Section R9-7-1431 reserved when this Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1432. Reserved****Historical Note**

Section R9-7-1432 reserved when this Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1433. Laser Use Areas that are Controlled**

- A.** A registrant shall establish a controlled area for a laser if it is possible for a person to be exposed to laser radiation from a Class 3b laser, except a Class 3b laser of less than 5 milliwatts visible peak power, or a Class 4 laser that exceeds the applicable MPE or AEL in R9-7-1426.
- B.** A registrant shall ensure that a controlled area associated with a Class 3b laser is:
  1. The responsibility of a LSO;
  2. Posted in accordance with this Article; and
  3. Access controlled by the LSO or a trained, designated representative.
- C.** A registrant shall ensure that a controlled area associated with a Class 4 laser is:
  1. The responsibility of a LSO;
  2. Posted in accordance with this Article;
  3. Access controlled by the LSO or a trained, designated representative; and
  4. If an indoor controlled area:
    - a. Equipped with latches, interlocks, or another means of preventing unexpected entry into the controlled area;
    - b. Equipped with a control-disconnect switch, panic button, or an equivalent device for deactivating the laser during an emergency;
    - c. Operated so that the person in charge of the controlled area can momentarily override the safety interlocks during tests that require continuous operation to provide access to other personnel if there is no optical radiation hazard at the point of entry and the entering personnel are wearing required protective devices; and
    - d. Controlled in a way that reduces the transmitted values of laser radiation through optical paths such as windows, to levels at or below the applicable ocular MPE and AEL in R9-7-1426. If a laser beam with an irradiance or radiant-exposure above the applicable MPE or AEL will exit the indoor controlled area (as in the case of exterior atmospheric beam paths), the registrant and the operator are responsible for ensuring that the beam path is limited to controlled air space or controlled ground space.
- D.** If a panel or protective cover is removed or an interlock bypassed for service, testing, or maintenance, a registrant shall establish an accessible controlled area. The registrant, through a LSO or a designated representative, shall comply with laser safety requirements for all potentially-exposed individuals.

**Historical Note**

New Section R9-7-1433 recodified from R12-1-1433 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1434. Laser Safety Officer (LSO)**

- A.** Each registrant shall designate a Laser Safety Officer (LSO).
- B.** The LSO shall administer the laser radiation protection program and shall:

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1. Ensure that maintenance or service for Class 3b and Class 4 lasers is performed only by technicians trained to provide the maintenance or service by either the manufacturer's service organization or the registrant;
2. Approve or reject written service, maintenance, and operating procedures;
3. Investigate, document, and report all incidents as required by R9-7-1436;
4. Select protective eyewear as required by R9-7-1435, along with any other protective equipment;
5. For health care facilities, establish authorization and operating procedures, including preoperative and postoperative checklists, for use by operating room personnel;
6. Ensure that authorized personnel are trained in the assessment and control of laser hazards;
7. Select signs, symbols, and labels as required by R9-7-1427;
8. Perform laser radiation protection surveys as required by R9-7-1421 and R9-7-1441;
9. Classify or verify the classification of lasers and laser systems used under the LSO's jurisdiction;
10. Evaluate the hazard of laser use areas, treatment areas, and controlled areas, as required by R9-7-1421(C).

**Historical Note**

New Section R9-7-1434 recodified from R12-1-1434 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1435. Laser Protective Eyewear**

- A. A registrant shall require that protective eyewear, as specified by the LSO, be worn by an individual who has access to:
  1. Class 4 laser radiation; or
  2. Class 3b laser radiation.
- B. A registrant shall, through the LSO, provide protective eyewear that is:
  1. Marked with a label that indicates the optical density protection afforded for the relevant laser wavelength;
  2. Maintained so that the protective properties of the eyewear are preserved;
  3. Inspected at intervals that do not exceed six months to ensure integrity of the protective properties; and
  4. Removed from service if the protective properties of the eyewear fall below the optical density on the label.
- C. A registrant shall maintain records of protective eyewear maintenance, inspection, and removal from service for five years.

**Historical Note**

New Section R9-7-1435 recodified from R12-1-1435 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1436. Reporting Laser Incidents**

- A. A registrant shall notify the Department by telephone within 24 hours of any incident that has caused or may have caused:
  1. Permanent loss of sight in either eye; or
  2. Third-degree burns of the skin involving more than 5 percent of the body surface as estimated by the rule of nines.
- B. A registrant shall notify the Department by telephone within five working days of any incident that has or may have caused:
  1. Any second-degree burn of the skin larger than one inch (2.54 centimeter) in greatest diameter; or
  2. Any third-degree burn of the skin; or
  3. An eye injury with any potential loss of sight.
- C. Each registrant shall file a written report with the Department of any known exposure of an individual to laser radiation or collateral radiation within 30 days of its discovery, describing:

1. Each exposure of the individual to laser or collateral radiation that exceeds the applicable MPE; and
  2. Any incident that triggered a notice requirement in subsections (A) or (B).
- D. Each report required by subsection (C) shall describe the extent of exposure to each individual including:
    1. An estimate of the individual's exposure;
    2. The level of laser or collateral radiation involved;
    3. The cause of the exposure; and
    4. The corrective steps taken or planned to prevent a recurrence.
  - E. A registrant shall not operate or permit the operation of any laser product or system that does not meet the applicable requirements in this Article.

**Historical Note**

New Section R9-7-1436 recodified from R12-1-1436 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1437. Special Lasers**

A registrant operating a laser system with an unenclosed beam path shall:

1. Conduct an evaluation before operating the laser to determine the expected beam path and the potential hazards from reflective surfaces. Based on the evaluation the registrant shall exclude reflective surfaces from the beam path at all points where the laser radiation exceeds an applicable MPE;
2. Evaluate the stability of the laser platform to determine the constraints placed upon the beam traverse and the extent of the range of control; and
3. Refrain from operating or making a laser ready for operation until the area along all points of the beam path, where the laser radiation will exceed the applicable MPE, is clear of individuals, unless the individuals are wearing the correct protective devices.

**Historical Note**

New Section R9-7-1437 recodified from R12-1-1437 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1438. Hair Removal and Other Cosmetic Procedures Using Laser and Intense Pulsed Light**

- A. In addition to the definitions in A.R.S. § 32-516 and R9-7-102 and R9-7-1402, the following definitions apply in this Section and R9-7-1439 unless otherwise specified:
  1. "Prescribing health professional" means a health professional who is authorized by the health professional's regulatory board to order and use a "prescription-only device," as defined in A.R.S. § 32-1901.
  2. "Cosmetic procedure" means any of the following:
    - a. Hair reduction,
    - b. Skin rejuvenation,
    - c. Non-ablative skin resurfacing,
    - d. Spider vein reduction,
    - e. Skin tightening,
    - f. Wrinkle reduction,
    - g. Laser peel,
    - h. Telangiectasia reduction,
    - i. Acquired adult hemangioma reduction,
    - j. Facial erythema reduction,
    - k. Solar lentigo reduction (age spots),
    - l. Ephelis reduction (freckles),
    - m. Acne scar reduction,
    - n. Photo facial,
    - o. Tattoo removal,

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- p. Cellulite reduction, or
  - q. Another, as approved by the Department after consultation with other health professional boards as defined in A.R.S. § 32-516(F)(3) or 32-3233(D)(1).
- B.** A person who seeks to perform hair removal or other cosmetic procedures shall apply for registration, under R9-7-1302(F)(7), of any medical laser or IPL device that is a Class II surgical device, certified by the manufacturer as complying with the labeling standards in 21 CFR 801.109, revised June 15, 2016, incorporated by reference, available under R9-7-101, and including no future editions or amendments.
- C.** An applicant for registration shall submit to the Department:
1. The following information, in a Department-provided format:
    - a. The name, mailing address, billing address if different from the mailing address, telephone number, and email address of the applicant;
    - b. Any other names by which the applicant is known;
    - c. The applicant's type of business organization, including:
      - i. For a corporation, information as registered with the Arizona Corporation Commission;
      - ii. For a partnership, the name and address of each partner and percentage of ownership;
      - iii. For a sole proprietorship, the name of the owner; and
      - iv. For a governmental entity, documentation showing the applicant is a governmental entity;
    - d. The type of facility;
    - e. For the medical laser or IPL device, as applicable:
      - i. The class and type, and
      - ii. The name of the manufacturer and model of the medical laser or IPL device;
    - f. The physical address of the location at which the medical laser or IPL device, as applicable, will be used;
    - g. The name, title, telephone number, and e-mail address of:
      - i. A point of contact for the applicant at the location of use, and
      - ii. A billing point of contact;
    - h. The name, telephone number, and e-mail address of the prescribing health professional who will be responsible for the use of the medical laser or IPL device in subsection (C)(1)(e), including the prescribing health professional's regulatory board and professional license number;
    - i. The name, telephone number, and e-mail address of the Laser Safety Officer required in R9-7-1434;
    - j. Whether the applicant agrees to allow the Department to submit supplemental requests for information under A.R.S. § 41-1075(A);
    - k. Attestation that the prescribing health professional in subsection (C)(1)(h):
      - i. Is qualified in accordance with A.R.S. § 32-516 or 32-3233 and subsection (E);
      - ii. Is responsible for the use of the medical laser or IPL device;
      - iii. If applicable, will provide indirect supervision of a laser technician certified under 9 A.A.C. 16, Article 7, using the medical laser or IPL device for hair removal; and
      - iv. If applicable, will provide direct supervision of a laser technician certified under 9 A.A.C. 16, Article 7, using the medical laser or IPL device for a cosmetic procedure other than hair removal;
  2. Attestation that the information or documents submitted to the Department are true and correct; and
  - m. The signature of both the applicant and prescribing health professional and the date signed;
- 2.** Documentation for the individual specified according to subsection (C)(1)(c)(iii) or (g)(i), as applicable, that complies with A.R.S. § 41-1080;
- 3.** Documentation demonstrating that the prescribing health professional in subsection (C)(1)(h) meets the requirements in subsection (E);
- 4.** Documentation demonstrating that the Laser Safety Officer in subsection (C)(1)(i) has completed the training specified according to Appendix D; and
- 5.** The fee in Table 13.1(F)(7).
- D.** If a registrant is using a medical laser or an IPL device in subsection (A), the registrant shall:
1. Designate a Laser Safety Officer, as required in R9-7-1434, who:
    - a. May be the registrant or the prescribing health professional; and
    - b. Has completed the training in Appendix D, as required in R9-7-1421(E);
  2. Ensure that policies and procedures are developed, documented, and implemented that:
    - a. Address the applicable requirements in R9-7-1403, R9-7-1421, R9-7-1427, R9-7-1429, R9-7-1433, R9-7-1434, R9-7-1435, and R9-7-1436;
    - b. Include procedures to ensure that the prescribing health professional purchases or orders the medical laser or IPL device;
    - c. If applicable, cover situations in which the prescribing health professional is not present in the facility, according to subsection (D)(8); and
    - d. Cover the knowledge, skills, and experience of individuals authorized to use the medical laser or IPL device;
  3. Ensure that the prescribing health professional:
    - a. Has established a written protocol for the application of radiation to a patient for each cosmetic procedure that may be conducted using the medical laser or IPL device, including follow-up instructions for the patient;
    - b. Reviews and, as necessary revises, the written protocols in subsection (D)(3)(a) at least annually; and
    - c. Documents the review in subsection (D)(3)(b) with a signature and date of signature;
  4. Ensure that the registrant has a written order from the prescribing health professional before the application of radiation to a patient;
  5. Ensure that the medical laser or IPL device is only used by:
    - a. A health professional described in A.R.S. §§ 32-516(F)(3) and 32-3233(D)(1) who meets the requirements in subsection (E);
    - b. A laser technician, certified under 9 A.A.C. 16, Article 7, for the cosmetic procedure to be performed, who:
      - i. When performing a hair removal procedure, is working under the indirect supervision of a prescribing health professional described in A.R.S.

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- §§ 32-516(C)(1) and 32-3233(D) and (H)(1); and
- ii. When performing a cosmetic procedure other than hair removal, is working under the direct supervision of a prescribing health professional described in A.R.S. §§ 32-516(C)(1) and 32-3233(D) and (H)(1); or
  - c. An individual who has a provisional certificate for course completion issued according to R9-7-1439(E)(3) and:
    - i. Is receiving hands-on training under the supervision of an individual qualified according to R9-7-1439(F)(2); and
    - ii. If applicable, when a prescribing health professional is providing indirect supervision to a supervising laser technician in R9-7-1439(F)(2)(b);
  6. Ensure that a laser technician follows the applicable written protocol established by the prescribing health professional according to subsection (D)(3)(a) when applying radiation to a patient using the medical laser or IPL device;
  7. Ensure that, at least every six months, the prescribing health professional:
    - a. Observes each laser technician, while the laser technician is performing a hair removal procedure, for adherence to the applicable written protocol in subsection (D)(3)(a); and
    - b. Documents the observation and the assessment in subsection (D)(7)(a);
  8. If the registrant is authorized by the Department to conduct hair removal procedures or other cosmetic procedures without a prescribing health professional being present in the facility:
    - a. Establish a method for emergency medical care of a patient; and
    - b. Assume legal liability for the services rendered in the facility by:
      - i. An indirectly-supervised certified laser technician performing hair removal procedures, or
      - ii. A health professional performing any cosmetic procedure;
  9. Ensure that a laser technician using the medical laser or IPL device displays a valid original certificate, as issued by the Department under A.A.C. R9-16-703, R9-16-704, or R9-16-705, in a location that is viewable by the public;
  10. Ensure that labels and signs are used, according to the applicable requirements in R9-7-1427 and R9-7-1429; and
  11. Maintain on the premises of the facility:
    - a. The policies and procedures in subsection (D)(2),
    - b. The written protocols in subsection (D)(3)(a),
    - c. Documentation of the review of the written protocols in subsection (D)(3)(b) for at least three years after the date of the review,
    - d. Documentation of the observation and assessment in subsection (D)(7)(b) for at least three years after the date of the assessment,
    - e. Documentation of the radiation safety training required in subsection (F) for at least three years after the last date of employment, and
    - f. Documentation of the training required in subsection (D)(1)(b) for as long as the individual is acting as a Laser Safety Officer.
  - E. A registrant shall verify that a health professional is qualified to perform a cosmetic procedure using a medical laser or IPL device by obtaining documentation that the health professional:
    1. Meets the requirements in A.R.S. §§ 32-516(F)(3) and 32-3233(D)(1); and
    2. Has:
      - a. A certificate of completion of 24 hours of didactic training issued to the health professional by a training program according to Appendix C; or
      - b. Has been in practice since before October 1, 2010 and has at least 24 hours of training on the subjects in Appendix C.
  - F. A registrant shall:
    1. Provide radiation safety training to all individuals involved with performing cosmetic procedures under subsection (D), consistent with the individual's knowledge, skills, and duties; and
    2. Document the radiation safety training, including the date of the training, topics covered, name and qualifications of the individual providing the training, and names of individuals receiving the training.
  - G. A registrant shall ensure that:
    1. A medical laser or IPL device is secured so that the medical laser or IPL device cannot be removed from the facility, and
    2. The on/off switch is turned to the "off" position with the key removed when a laser technician or a health professional is not present in the room where the medical laser or IPL device is located.

**Historical Note**

New Section R9-7-1438 recodified from R12-1-1438 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1). Amended by final expedited rulemaking at 30 A.A.R. 164 (January 26, 2004), with an immediate effective date of January 4, 2024 (Supp. 24-1).

**R9-7-1438.01. Repealed****Historical Note**

New Section R9-7-1438.01 recodified from R12-1-1438.01 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1). Repealed by final expedited rulemaking at 30 A.A.R. 164 (January 26, 2004), with an immediate effective date of January 4, 2024 (Supp. 24-1).

**R9-7-1439. Laser Technician Training Programs**

- A. The Department shall maintain a list of Department-certified training programs for laser technicians according to A.R.S. § 32-3233 on the Department's website at [https://docs.google.com/document/u/3/d/e/2PACX-1vT\\_KRgZkYEV-vg5VRGZzvpWZ-RzMVOWSCo8clPNrxMGQ6z-Lkuyci-UQ\\_7EEbT7dn6Ps8Lxysg6JNmdd/pub](https://docs.google.com/document/u/3/d/e/2PACX-1vT_KRgZkYEV-vg5VRGZzvpWZ-RzMVOWSCo8clPNrxMGQ6z-Lkuyci-UQ_7EEbT7dn6Ps8Lxysg6JNmdd/pub).
- B. An applicant may request to become a Department-certified training program for laser technicians or renew approval as a Department-certified training program for laser technicians by submitting to the Department an application packet that contains:
  1. The following information, in a Department-provided format:
    - a. The name and address of the school providing the training program;
    - b. The name, title, telephone number, and email address of the administrator or designee of the school;

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- c. A list of each training course for which approval is being requested;
    - d. A statement that the applicant will comply with the requirements in subsection (E); and
    - e. The signature and date of signature of the individual specified according to subsection (B)(1)(b);
  - 2. A copy of the syllabus for each course that contains:
    - a. The course title and course description,
    - b. The number of hours of instruction provided,
    - c. The duration of the course,
    - d. The subjects covered,
    - e. Any included learning activities, and
    - f. The name and license number or other credentials of each instructor for the course; and
  - 3. A nonrefundable fee of \$100.
- C.** The Department shall:
- 1. Review each application packet specified in subsection (B) according to R9-7-1223;
  - 2. If the application is approved:
    - a. Notify the applicant that certification is issued for 12 months and expires on the last day of the month;
    - b. For an initial certification, add the applicant's school to the list of Department-certified training programs in subsection (A); and
    - c. For a renewal of certification, retain the applicant's school on the list of Department-certified training programs in subsection (A); and
  - 3. If the Department learns of non-compliance with the requirements in subsection (E) or, if applicable (F), remove the training program's school from the list of Department-certified training programs in subsection (A).
- D.** A certified training program may provide a course in any of the cosmetic procedures included in the definition in R9-7-1438(A)(2).
- E.** The administrator of a Department-certified training program shall ensure that:
- 1. A course to prepare an individual to become a laser technician:
    - a. Includes at least 40 hours of didactic training;
    - b. Includes federal and state legal requirements;
    - c. Is specific to the medical laser or IPL device in use and the clinical procedures to be performed, including:
      - i. A description of the medical laser or IPL device;
      - ii. Fundamentals of laser radiation or IPL device radiation;
      - iii. The potential biological effects of laser or IPL device light, including absorption and wavelength effects;
      - iv. Operation of the medical laser or IPL device;
      - v. Typical laser or IPL device settings for hair removal or cosmetic procedures; and
      - vi. Criteria for setting the levels of Maximum Permissible Exposure (MPE) for eye and skin associated hazards;
  - d. Addresses hazards associated with laser or IPL device use, including:
    - i. The bioeffects of laser radiation on the eye and skin;
    - ii. Explosive, electrical, chemical, and other hazards; and
    - iii. Thermal effects;
  - e. Addresses safety considerations and methods to minimize the hazards associated with laser or IPL device use, including:
    - i. Controlled access to an area while the laser or IPL device is in use;
    - ii. Use of protective eyewear or other protective devices, as applicable; and
    - iii. Other methods to minimize the hazards associated with laser or IPL device use and to improve safety;
  - f. Addresses treatment considerations, including:
    - i. Anatomy and physiology of skin areas to be treated,
    - ii. Pre- and post-care of a patient,
    - iii. Expected patient response to treatment, and
    - iv. Potential adverse reactions to treatment
  - g. Is provided by a:
    - i. Health professional acting within the health professional's scope of practice; or
    - ii. Laser technician, who is certified under 9 A.A.C. 16, Article 7, with a minimum of 100 hours of hands-on experience using a medical laser or IPL device; and
  - h. Includes an examination for the course that consists of at least 50 multiple-choice questions on the subjects covered;
- 2. The minimum score for passing the examination in subsection (E)(1)(h) is 80%;
  - 3. An individual who completes the course in subsection (E)(1) and achieves a score of at least 80% on the examination required according to subsection (E)(1)(h) is provided with a provisional certificate for course completion, as specified in A.R.S. § 32-3233(E)(1), that includes:
    - a. Identification of the training program,
    - b. Identification of the 40-hour didactic course completed,
    - c. The name of the individual who completed the course,
    - d. The date the individual completed all course requirements,
    - e. Attestation that the individual has met all course requirements, and
    - f. The signature or electronic signature of the training program administrator and the date of signature or electronic signature; and
  - 4. Documentation related to a course is maintained for at least three years after the end of a course session and includes:
    - a. The syllabus for the course,
    - b. The name and credentials of the individual providing the course,
    - c. The name and attendance record of each individual taking the course, and
    - d. The results of the examination for each individual taking the course.
- F.** A Department-certified training program may offer hands-on training in the use of a medical laser or IPL device if:
- 1. The individual receiving the hands-on training has a provisional certificate for course completion issued according to subsection (E)(3);
  - 2. The hands-on training is supervised by a:
    - a. Health professional acting within the health professional's scope of practice; or



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- b. Laser technician, who is certified under 9 A.A.C. 16, Article 7, with a minimum of 100 hours of hands-on experience using a medical laser or IPL device;
  3. For hands-on training in the use of a medical laser or IPL device for hair removal:
    - a. The hands-on training includes at least 24 hours of use of a medical laser or IPL device by the individual while the supervising health professional or laser technician in subsection (F)(2) is present in the room with the individual, and
    - b. The supervising health professional or laser technician verifies the successful completion of the hands-on training by the individual according to subsection (G);
  4. For hands-on training in the use of a medical laser or IPL device for a cosmetic procedure other than hair removal:
    - a. The individual receiving the hands-on training has documentation of the successful completion of the hands-on training in subsection (F)(3);
    - b. The individual specifies the types of cosmetic procedures, as specified in subsection (D), on which the individual will receive hands-on training and for which the individual will request certification;
    - c. The hands-on training includes at least 24 hours of use of a medical laser or IPL device for each type of cosmetic procedure specified according to subsection (F)(4)(b) while the supervising health professional or laser technician in subsection (F)(2) is present in the room with the individual;
    - d. The individual performs at least 10 cosmetic procedures of each type specified according to subsection (F)(4)(b); and
    - e. The supervising health professional or laser technician verifies the successful completion of the hands-on training by the individual according to subsection (G); and
  5. Documentation related to the hands-on training is maintained for at least three years after the end of the hands-on training and includes:
    - a. The type of cosmetic procedure,
    - b. The type of each medical laser or IPL device used during the hands-on training,
    - c. The name and credentials of the individual providing the hands-on training,
    - d. The name of each individual taking the hands-on training, and
    - e. Any assessments by the individual providing the hands-on training of an individual taking the hands-on training.
- G. A supervising health professional or laser technician in subsection (F)(2) verifying the successful completion of an individual's hands-on training shall specify the following:
  1. The name of the individual completing the hands-on training;
  2. The name, title, e-mail address, and telephone number of the supervising health professional or laser technician, including, as applicable:
    - a. The health professional's professional license number, or
    - b. The laser technician's certification number;
  3. The type of license or certification held by the supervising health professional or laser technician;
  4. Each type of cosmetic procedure on which the individual has completed hands-on training;
5. An attestation by the supervising health professional or laser technician that:
  - a. The individual specified according to subsection (G)(1) has completed the training according to subsection (F)(3) or (4), as applicable, for each cosmetic procedure specified according to subsection (G)(4);
  - b. The supervising health professional or laser technician was present in the room during the use of a medical laser or IPL device by the individual;
  - c. The supervising health professional or laser technician is qualified, according to A.R.S. § 32-3233, to provide the supervision; and
  - d. The supervising health professional or laser technician understands that, if the Department determines that the supervising health professional or laser technician has falsified documentation related to the hands-on training, the Department may, as applicable:
    - i. Report the falsification to the health professional's licensing board, or
    - ii. Take disciplinary action against the laser technician; and
6. The signature of the supervising health professional or laser technician and date of signing.

**Historical Note**

New Section R9-7-1439 recodified from R12-1-1439 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).  
 Amended by final expedited rulemaking at 30 A.A.R. 164 (January 26, 2004), with an immediate effective date of January 4, 2024 (Supp. 24-1).

**R9-7-1440. Medical Lasers**

- A. A registrant shall ensure that a Class 3 and Class 4 laser product used in the practice of medicine has a means for measuring the level of laser radiation with an error in measurement of no greater than +20%, when calibrated in accordance with the laser product manufacturer's calibration procedure.
- B. A registrant shall calibrate a laser used in the practice of medicine according to the manufacturer's specified calibration procedure, at intervals that do not exceed those specified by the manufacturer.
- C. In a medical facility where several medical disciplines or a number of different practitioners use Class 3b and Class 4 lasers, a registrant shall form a Laser Safety Committee to govern laser activity, establish use criteria, and approve operating procedures, as follows:
  1. With regard to membership of the committee the registrant shall include at least one representative of the Nursing staff, the LSO, one management representative, and one representative of each medical discipline that uses the lasers;
  2. The committee shall review actions by the LSO related to hazard evaluation and the monitoring and control of laser hazards; and
  3. The committee shall approve or deny requests by potential operators and ancillary personnel to operate or assist in the operation of a laser under the direction of a licensed practitioner.
- D. A registrant shall use Class 3b and Class 4 Lasers that have a guard mechanism on the switch to control patient exposure and prevent inadvertent exposure.
- E. A registrant shall establish a written laser safety training program that provides a thorough understanding of established procedures for each type of laser in use and the medical proce-

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dures associated with use of the laser. The registrant shall make program documentation available for Department review and, at minimum, address all of the following in the documentation:

1. Regulatory requirements and the laser classification system;
2. Fundamentals of laser operation and the significance of specular and diffuse reflections;
3. Biological effects of laser radiation on the eye and skin;
4. Non-beam hazards (for example: electrical, chemical, and reaction by-product hazards) and ionizing radiation hazards (for example: x-rays from power sources and target interactions, if applicable) of lasers; and
5. Responsibilities of management and employees regarding control measures.

**Historical Note**

New Section R9-7-1440 recodified from R12-1-1440 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1441. Laser Light Shows and Demonstrations**

- A. Before a conducting laser light show or laser demonstration, a registrant shall provide documentation to the Department that a variance from 21 CFR 1040.10 has been obtained from the FDA.
- B. A registrant shall notify the Department in writing, at least three working days in before a proposed laser light show or demonstration, and include all of the following information:
  1. The location, time, and date of the light show or demonstration;
  2. Sketches showing the locations of each laser, operator, performer, laser beam path, viewing screen, wall, mirror ball, or any other reflective or diffuse surface that could be hit by or reflect the laser beam;
  3. Scanning beam patterns, scan velocity, and frequency in occupied areas; and
  4. Physical surveys and calculations made to comply with this Article.
- C. A registrant shall supply any additional information required by the Department for the safety evaluation of the proposed activity.
- D. Before an outdoor laser light show, a registrant shall notify the Federal Aviation Administration of the proposed show.
- E. If a light show or demonstration involves laser radiation emissions outside the spectral range of 400 to 700 nanometers, a registrant shall prevent the emissions from exceeding the applicable Class 1 accessible emission limit.
- F. If it is likely that an audience member or any operator, performer, or employee will view laser or collateral radiation, a registrant shall prevent the radiation from exceeding the applicable Class 1 accessible emission limit.
- G. Even if it is unlikely that an individual, including any operator, performer, or employee in the vicinity of a laser light show or demonstration will view or be exposed to laser or collateral radiation, a registrant shall prevent the radiation from exceeding the applicable Class 2 accessible emission limit.
- H. A registrant shall identify any area where levels of laser radiation exceed the applicable Class 2 accessible emission limit by posting warning signs and using barriers or guards to prevent entry.
- I. If a registrant uses a scanning device, the registrant shall not use a device which, as a result of scan failure or any other failure, can change its angular velocity or amplitude, permitting audience exposure to laser radiation that exceeds the applicable Class 1 accessible emission limit.

- J. If a mirror ball is used with a scanning laser, a registrant shall meet the requirements of subsections (F) and (G) when the mirror ball is stationary or during any failure mode that results in a change in the rotational speed of the mirror ball.
- K. A registrant shall ensure that an operator is at all times directly and personally supervising a laser light show or demonstration, except in cases where the maximum laser power output level is less than 5 milliwatts (all spectral lines) and the laser beam path is located at all times at least 6 meters above any surface upon which an individual in the audience is permitted to stand, and at any point, more than 2.5 meters in lateral separation from any position where an individual in the audience is permitted during the performance.
- L. A registrant shall prevent laser radiation levels from exceeding the applicable Class 2 accessible emission limit at any point less than three meters above any surface upon which an individual in the audience is permitted to stand and 2.5 meters in lateral separation from any position where an individual in the audience is permitted, unless physical barriers are present that prevent human access to the radiation.
- M. A registrant shall limit the maximum power output of any laser to a level sufficient to produce the desired effect.
- N. If a registrant is required to limit output power to a level less than the available power to meet the requirements of this Article, the registrant shall adjust, measure, and record the laser output power before the laser light show or demonstration.
- O. A registrant shall functionally test and evaluate all safety devices and procedures necessary to comply with this Article after setup, and before a laser light show or demonstration.
- P. A registrant shall secure a laser system, when not in use, against unauthorized operation or tampering.
- Q. A registrant shall perform laser alignment procedures with the laser output power reduced to the lowest practicable level, and ensure that any operator, performer, or other employee wears protective eyewear as necessary to prevent exposure to radiation levels that exceed the applicable MPE. The registrant shall only allow individuals who are performing the alignment be present during alignment procedures.
- R. A registrant shall not conduct a laser light show or demonstration unless the Department has specifically exempted the show or demonstration from the requirements of 21 CFR 1040.10, April 1, 2004, which is incorporated by reference, published by the Office of Federal Register National Archives and Records Administration, Washington, D.C. 20408, and on file with the Department. This incorporation by reference contains no future editions or amendments.

**Historical Note**

New Section R9-7-1441 recodified from R12-1-1441 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1442. Measurements and Calculations to Determine MPE Limits for Lasers**

A registrant shall take measurements to determine MPE values in a manner consistent with the procedures contained in ANSI Z136.1-2000, American National Standard for Safe Use of Lasers, 2000 edition, which is incorporated by reference, published by the Laser Institute of America, 13501 Ingenuity Drive, Suite 128, Orlando, FL 32826, and on file with the Department. This incorporation by reference contains no future editions or amendments.

**Historical Note**

New Section R9-7-1442 recodified from R12-1-1442 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1443. Laser Compliance Measurement Instruments**

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A registrant shall ensure that the radiation output measurement is performed with an instrument that is calibrated and designed for use with the laser that is being evaluated for compliance. The registrant shall specify the date of calibration, accuracy of calibration, wavelength range, and power or energy of calibration on a legible, clearly visible label attached to the instrument.

**Historical Note**

New Section R9-7-1443 recodified from R12-1-1443 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1444. Laser Classification Measurements**

- A.** A registrant shall measure accessible emission for classification:
1. Under the operational conditions and procedures that maximize accessible emission levels, including start-up, stabilized operation, and shutdown of the laser or laser facility;
  2. With all controls and adjustments listed in the operating and service instructions adjusted for the maximum accessible emission level of laser radiation that is not expected to be detrimental to the functional integrity of the laser or enclosure;
  3. At points in space to which human access is possible for a given laser configuration. If operations include the defeat of safety interlocks or removal of portions of the protective housing or enclosure, the registrant shall measure accessible emission at points accessible in that configuration;
  4. With the measuring instrument detector positioned so that the maximum possible radiation is measured by the instrument; and
  5. With the laser coupled to the type of laser energy source specified as compatible by the laser manufacturer and producing the maximum emission of accessible laser radiation.
- B.** A registrant shall perform measurements of accessible emission levels, used to classify laser and collateral radiation in accordance with 21 CFR 1040.10, April 1, 2004, which is incorporated by reference, published by the Office of Federal Register National Archives and Records Administration, Washington, D.C. 20408, and on file with the Department. This incorporation by reference contains no future editions or amendments.

**Historical Note**

New Section R9-7-1444 recodified from R12-1-1444 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**Appendix A. Radio Frequency Devices (Include, but are not limited to, the following)**

Dielectric heaters and sealers  
 Medical diathermy units  
 Radar  
 R.F. activated alarm systems  
 Sputter devices  
 R.F. activated lasers  
 Edge gluers  
 Industrial microwave ovens and dryers  
 Asher-etcher equipment  
 R.F. welding equipment  
 Medical surgical coagulators

**Historical Note**

New Article 14, Appendix A recodified from 12 A.A.C. 1, Article 14, Appendix A at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**Appendix B. Application Information**

The Department shall issue a registration if an applicant provides the following information and fee as required in R9-7-1401(D). The Department shall provide an application form to the applicant with a guide and upon request, assist the applicant to ensure that correct information is provided on the application form.

Name and mailing address of applicant  
 Person responsible for radiation safety program  
 Type of facility  
 Legal structure and ownership  
 Radiation source information  
 Shielding information  
 Equipment operator instructions and restrictions  
 Classification of professional in charge  
 Type of request: amendment, new, or renewal  
 Protection survey results, if applicable  
 Radiation Safety Officer name, if applicable  
 Laser class and type, if applicable  
 Information required by Article 14 for the specific source  
 Use location  
 Telephone number  
 Facility subtype  
 Signature of certifying agent  
 Equipment identifiers  
 Scale drawing  
 Physicist name and training, if applicable  
 Contact person  
 Applicable fee listed in Article 13 schedule

**Historical Note**

New Article 14, Appendix B recodified from 12 A.A.C. 1, Article 14, Appendix B at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**Appendix C. Health Professional Training Program**

1. General Considerations. An applicant shall ensure that:
  - a. The training program is specific to the medical laser or IPL device in use and the clinical procedures to be performed;
  - b. Program content is consistent with facility policy and procedure and applicable federal and state law; and
  - c. The training program addresses hazards associated with laser or IPL device use.
2. Technical Considerations. The applicant's training program shall cover all of the following technical subjects:
  - a. Laser and IPL device descriptions
  - b. Definitions
  - c. Laser and IPL device radiation fundamentals
  - d. Laser mediums, types of lasers, and other light-emitting devices – solid, liquid, gas, and IPL devices
  - e. Biological effects of laser or IPL device light
  - f. Damage mechanisms
    - i. Eye hazard
    - ii. Skin hazard (includes information regarding skin type and skin anatomy)
    - iii. Absorption and wavelength effects
    - iv. Thermal effects
  - g. Photo chemistry
  - h. Criteria for setting the Maximum Permissible Exposure (MPE) for eye and skin associated hazards

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- i. Explosive, electrical, and chemical hazards
- j. Photosensitive medications
- k. Fire, ionizing radiation, cryogenic hazards, and other hazards, as applicable
- 3. Medical Considerations. The applicant's training program shall cover all of the following medical subjects:
  - a. Local anesthesia techniques, including ice, EMLA cream, and other applicable topical treatments
  - b. Typical laser and IPL device settings for hair removal and cosmetic procedures
  - c. Expected patient response to treatment
  - d. Potential adverse reactions to treatment
  - e. Anatomy and physiology of skin areas to be treated
  - f. Indications and contraindications for use of pigment and vascular-specific lasers for cutaneous procedures
- 4. General Laser or IPL device safety. The applicant's training program shall cover the following general safety subjects:
  - a. Laser and IPL device classifications
  - b. Control measures (includes information regarding protective equipment)
  - c. Manager and operator responsibilities
  - d. Medical surveillance practices
  - e. Federal and state legal requirements
  - f. Related safety issues
    - i. Controlled access
    - ii. Plume management
    - iii. Equipment testing, aligning, and troubleshooting
  - c. Laser types, wavelengths, pulse shapes, modes, power and energy
  - d. Basic radiometric units and measurement devices
  - e. MPE levels for eye and skin under all conditions
  - f. Laser hazard evaluations, range equations, and other calculations
- 3. Technical Considerations
  - a. Laser and IPL device descriptions
  - b. Definitions
  - c. Laser and IPL device radiation fundamentals
  - d. Laser mediums, types of lasers, and other light-emitting devices (includes information regarding diodes and solid, liquid, gas, and IPL devices)
  - e. Biological effects of laser or IPL device light
  - f. Damage mechanisms
    - i. Eye hazard
    - ii. Skin hazard (includes information regarding skin type and skin anatomy)
    - iii. Absorption and wavelength effects
    - iv. Thermal effects
  - g. Photo chemistry
  - h. Photosensitive medications
  - i. Criteria for setting the Maximum Permissible Exposure (MPE) levels for eye and skin associated hazards
  - j. Explosive, electrical, and chemical hazards
  - k. Fire, ionizing radiation, cryogenic hazards, and other hazards as applicable.

**Historical Note**

New Article 14, Appendix C recodified from 12 A.A.C. 1, Article 14, Appendix C at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1). Amended by final expedited rulemaking at 30 A.A.R. 164 (January 26, 2004), with an immediate effective date of January 4, 2024 (Supp. 24-1).

**Appendix D. Laser Operator and Laser Safety Officer Training**

- 1. Operators and personnel that work around lasers:
  - a. Fundamentals of laser operation (for example: physical principles, construction, and other basic information)
  - b. Bioeffects of laser radiation on the eye and skin
  - c. Significance of specular and diffuse reflections
  - d. Non-beam hazards of lasers (for example: electrical, chemical, and reaction byproducts)
  - e. Ionizing radiation hazards (includes information regarding x-rays from power sources and target interactions, if applicable)
  - f. Laser and laser system classifications
  - g. Control measures
  - h. Responsibilities of managers and operators
  - i. Medical surveillance practices (if applicable)
  - j. CPR for personnel servicing lasers with exposed high voltages, the capability of producing potentially lethal electrical currents, or both.
- 2. The LSO or other individual responsible for the safety program, evaluation of hazards, and implementation of control measures, or any others, if directed by management to obtain a thorough knowledge of laser safety:
  - a. The subjects covered in subsection (1)
  - b. Laser terminology

**Historical Note**

New Article 14, Appendix D recodified from 12 A.A.C. 1, Article 14, Appendix D at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**ARTICLE 15. TRANSPORTATION****R9-7-1501. Requirement for License**

- A. A person shall not transport radioactive material or deliver radioactive material to a carrier for transport unless the person is authorized in a general or specific license issued by the Department or exempt under R9-7-103(A).
- B. This Article applies to any licensee to transfer licensed material if the licensee delivers that material to a carrier for transport, transports the material outside the site of usage as specified in the license, or transports that material on public highways. No provision of this Article authorizes possession of licensed material.

**Historical Note**

New Section R9-7-1501 recodified from R12-1-1501 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1502. Definitions**

Terms defined in Article 1 have the same meaning when used in this Article.

**Historical Note**

New Section R9-7-1502 recodified from R12-1-1502 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1503. Transportation of Licensed Material**

Each licensee that transports licensed material outside the site of usage, as specified in a Department license, or where transport is on public highways, or that delivers licensed material to a carrier for transport, shall comply with the applicable requirements of the U.S. Department of Transportation regulations listed in 10 CFR 71.5, revised January 1, 2008, incorporated by reference and available

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under R9-7-101. This incorporated material contains no future editions or amendments.

**Historical Note**

New Section R9-7-1503 recodified from R12-1-1503 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1504. Intrastate Transportation and Storage of Radioactive Materials****A.** A general license is issued to:

1. Any common or contract carrier not exempt under R9-7-103 to receive, possess, transport, and store radioactive material in the regular course of carriage for others or to store radioactive material incident to the transport activities, provided the transportation or storage is in accordance with applicable requirements for the mode of transport of the U.S. Department of Transportation, 49 CFR 171 through 180, revised October 1, 2007, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.
2. Any private carrier or licensee who transports and stores radioactive material, provided the transportation and storage are in accordance with the requirements applicable to the mode of transport, of the U.S. Department of Transportation, 49 CFR 171 through 180, revised October 1, 2007, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.

**B.** Any notification of incidents required under federal regulations in subsection (A) shall also be filed with, or made to, the Department.**C.** A person who transports or stores radioactive material according to the general license in this Section is exempt from the requirements of Article 4 and Article 10 of this Chapter to the extent that this Section applies to transportation of the radioactive material.**Historical Note**

New Section R9-7-1504 recodified from R12-1-1504 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1505. Storage of Radioactive Material in Transport****A.** A carrier shall not store, for any period in excess of 72 hours, any package that contains radioactive material bearing a Department of Transportation Yellow II or Yellow III label, unless the radioactive material is stored in an area other than, and not adjacent to, any food storage area or area that is normally occupied by an individual.**B.** A carrier shall not store a package that contains radioactive material with other hazardous materials, except as authorized by U.S. Department of Transportation regulations in 49 CFR 177.848, revised October 1, 2007, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.**C.** Whenever a package containing radioactive material is stored in excess of 48 hours, the storage area shall be conspicuously posted according to the requirements of Article 4.**D.** When transit is interrupted and storage is required for an extended period, the following requirements apply:

1. When radioactive materials are stored for longer than 48 hours during transit, the carrier shall notify the local fire department and provide the following information:
  - a. Warehouse location and carrier name and telephone number;
  - b. Radionuclide(s);

- c. Activity per package in curies or becquerels and number of packages;
- d. Form (solid, metallic, liquid, gas);
- e. Flammability (if flammable);
- f. Specific location in warehouse;
- g. Estimated date of departure;
- h. Toxicity (if toxic).

## 2. If the radioactive material will be, or has been in storage for longer than 90 days, the carrier shall notify the Department in writing and include the information required in subsection (D)(1).

## 3. The licensee or carrier shall immediately notify the Department of Public Safety of an accident involving radioactive material.

**Historical Note**

New Section R9-7-1505 recodified from R12-1-1505 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1506. Preparation of Radioactive Material for Transport**

A licensee shall not deliver any package that contains radioactive material to a carrier for transport or transport radioactive material, unless the licensee:

1. Complies with the U.S. Department of Transportation packaging, monitoring, manifesting, marking, and labeling regulations applicable to the mode of transport, (Contained in 49 CFR 171 through 180, revised October 1, 2007, or 39 CFR 111.1, revised July 1, 2007, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.); and
2. Establishes procedures for safely opening and closing packages in which radioactive material is transported; and
3. Prior to delivery of a package to a carrier for transport, assures that:
  - a. The package is properly closed, and
  - b. Any special instructions needed to safely open the package are made available to the consignee.

**Historical Note**

New Section R9-7-1506 recodified from R12-1-1506 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1507. Packaging Quality Assurance****A.** A licensee that transports radioactive material in the course of business or delivers radioactive material to a carrier for transport in a package for which a license, certificate of compliance, applicant for a certificate of compliance, or other approval has been issued by the Nuclear Regulatory Commission, or meets the applicable criteria (10 CFR 71, Subpart H), shall establish, maintain, and execute the quality assurance program specified in 10 CFR 71, Subpart H.**B.** The transportation of radioactive material shall be in accordance with the requirements in 10 CFR Part 71, with the exception of the following sections: 71.2, 71.6, 71.11, 71.14(b), 71.19, 71.31, 71.33, 71.35, 71.37, 71.38, 71.39, 71.41, 71.43, 71.45, 71.51, 71.52, 71.53, 71.55, 71.59, 71.61, 71.63, 71.64, 71.65, 71.70, 71.71, 71.73, 71.74, 71.75, 71.77, 71.85(a)-(c), 71.91(b), 71.99, 71.100, 71.101(c)(2), 71.101(g), 71.107, 71.109, 71.111, 71.113, 71.115, 71.117, 71.119, 71.121, 71.123 and 71.125. The provisions of this subsection apply to the transportation of radioactive material, or delivery of radioactive material to a carrier for transportation, regardless of whether or not the carrier is also subject to the rules and

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regulations of the NRC contained in 10 CFR Part 71 and other agencies of the United States having jurisdiction.

- C. In addition to the requirements in subsection (A) for a quality assurance program, a licensee shall verify by procedures such as checking or inspection, that deficiencies or defective material or equipment relative to the shipment of packages containing radioactive material are promptly identified and corrected.
- D. Before the first use of any Type B packaging, a licensee shall obtain approval of its quality assurance program by the Department.
- E. A licensee shall maintain sufficient written records to demonstrate compliance with the quality assurance program. Records of quality assurance pertaining to the use of a Type B package for shipment of radioactive material shall be maintained for three years after the package is used for a shipment.

**Historical Note**

New Section R9-7-1507 recodified from R12-1-1507 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1). Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3). Amended by final expedited rulemaking at 26 A.A.R. 1067, with an immediate effective date of May 6, 2020 (Supp. 20-2).

**R9-7-1508. Advance Notification of Nuclear Waste Transportation**

- A. Prior to the transport of any nuclear waste, as defined in Article 1, outside of the confines of the licensee's facility or other place of use or storage, or prior to the delivery of any nuclear waste to a carrier for transport, each licensee shall provide advance notification of such transport to the Department.
- B. Each advance notification required in subsection (A) above shall contain the following information:
  1. The name, address, and telephone number of the shipper, carrier, and receiver of the shipment;
  2. A description of the nuclear waste contained in the shipment as required by 49 CFR 172.202 and 172.203(d) (Revised October 1, 2007, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.);
  3. The point of origin of the shipment and the seven-day period during which departure of the shipment will occur;
  4. The seven-day period during which arrival of the shipment at state boundaries will occur;
  5. The destination of the shipment, and the seven-day period during which arrival of the shipment will occur; and
  6. A point of contact with a telephone number for current shipment information.
- C. The licensee shall make the notification required by subsection (A) in writing to the Department. A notification delivered by mail must be postmarked at least seven days before the beginning of the seven-day period during which departure of the shipment is estimated to occur. The licensee shall maintain a copy of the notification for one year.
- D. The licensee shall notify the Department of any changes in shipment plans, including cancellations, rerouting, or rescheduling, provided pursuant to subsection (A). Such notification shall be by telephoning the Department. The licensee shall maintain for one year a record of the name of the individual contacted.
- E. After June 11, 2013, each licensee shall provide advance notification to the Tribal official of participating Tribes referenced in paragraph (c)(3)(iii) of 10 CFR 71.97, or the official's designee, of the shipment of licensed material, within or across the boundary of the Tribe's reservation, before the transport, or

delivery to a carrier, for transport, of licensed material outside the confines of the licensee's plant or other place of use or storage.

**Historical Note**

New Section R9-7-1508 recodified from R12-1-1508 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1). Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3).

**R9-7-1509. General License: Plutonium-Beryllium Special Form Material**

- A. A general license is issued to any licensee of the Department to transport fissile material in the form of plutonium-beryllium (Pu-Be) special form sealed sources, or to deliver Pu-Be sealed sources to a carrier for transport, if the material is shipped in accordance with this Article. This material must be contained in a Type A package. The Type A package must also meet the DOT requirements of 49 CFR 173.417(a), revised October 1, 2010, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.
- B. The general license applies only to a licensee who has a quality assurance program approved by the Department as satisfying the provisions of R9-7-1507.
- C. The general license applies only when a package's contents:
  1. Contain no more than a Type A quantity of radioactive material; and
  2. Contain less than 1000 g of plutonium, provided that: plutonium-239, plutonium-241, or any combination of these radionuclides, constitutes less than 240 g of the total quantity of plutonium in the package.
- D. The general license applies only to packages labeled with a CSI which:
  1. Has been determined in accordance with subsection (E);
  2. Has a value less than or equal to 100; and
  3. For a shipment of multiple packages containing Pu-Be sealed sources, the sum of the CSIs must be less than or equal to 50 (for shipment on a nonexclusive use conveyance) and less than or equal to 100 (for shipment on an exclusive use conveyance).
- E. The value for the CSI must be greater than or equal to the number calculated by the following equation:
  1.  $CSI = 10[(\text{grams of } ^{239}\text{Pu} + \text{grams of } ^{241}\text{Pu})/24]$ .
  2. The calculated CSI must be rounded up to the first decimal place.

**Historical Note**

New Section R9-7-1509 recodified from R12-1-1509 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1510. Packaging**

- A. A general license is issued to any licensee to transport, or to deliver to a carrier for transport, licensed material in a package for which a license, certificate of compliance, or other approval has been issued by the NRC.
  1. This general license applies only to a licensee that has a quality assurance program approved by the Department as satisfying R9-7-1507;
  2. This general license applies only to a licensee that:
    - a. Has a copy of the license, certificate of compliance, or other approval of the package, and has the drawings and other documents referenced in the approval relating to the use and maintenance of the packaging and to the actions to be taken before shipment;

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- b. Complies with the terms and conditions of the license, certificate, or other approval, as applicable, and the applicable requirements of this Article;
  - c. Before the licensee's first use of the package, submits in writing to the Department and to ATTN: Document Control Desk, Director, Division of Fuel Management, Office of Nuclear Material Safety and Safeguards, using an appropriate method listed in 10 CFR 71.1(a), the licensee's name, license number, and the package identification number specified in the package approval;
  - d. The licensee shall make available to the Department for inspection, upon reasonable notice, all records required by this part. Records are only valid if stamped, initialed, or signed and dated by authorized personnel, or otherwise authenticated; and
  - e. The licensee shall maintain sufficient written records to furnish evidence of the quality of packaging. The records to be maintained include results of the determinations required by 10 CFR 71.85; design, fabrication, and assembly records; results of reviews, inspections, tests, and audits; results of monitoring work performance and materials analyses; and results of maintenance, modification, and repair activities. Inspection, test, and audit records must identify the inspector or data recorder, the type of observation, the results, the acceptability, and the action taken in connection with any deficiencies noted. These records must be retained for three years after the life of the packaging to which they apply.
3. This general license applies only when the package approval authorizes use of the package under this general license.
  4. For a Type B or fissile material package, the design of which was approved by NRC before April 1, 1996, the general license is subject to the additional restrictions of subsection (B).
- B. Type B packages.**
1. Before the first use of any packaging for the shipment of licensed material, refer to 10 CFR 71.85 (a), (b) and (c).
  2. A Type B(U) package, a Type B(M) package, a low specific activity (LSA) material package or a fissile material package, previously approved by the NRC but without the "-85" designation in the identification number of the NRC certificate of compliance, may be used under the general license of subsection (A) with the following additional conditions:
    - a. Fabrication of the packaging is satisfactorily completed by April 1, 1999 as demonstrated by application of its model number in accordance with 10 CFR 71.85(c);
    - b. A package that is used for a shipment to a location outside the United States is subject to multilateral approval as defined in 49 CFR 173.403, revised January 8, 2015, incorporated by reference, available under R9-7-101, and containing no future editions or amendments; and
    - c. A serial number which uniquely identifies each package which conforms to the approved design and is assigned to, and legibly and durably marked on, the outside of each package.
  3. A licensee may modify the design and authorized contents of a Type B package, or a fissile material package, previously approved by NRC, provided:
    - a. The modifications of a Type B package are not significant with respect to the design, operating characteristics, or safe performance of the containment system, when the package is subjected to the tests specified in 10 CFR 71.71 and 71.73;
    - b. The modifications of a fissile material package are not significant, with respect to the prevention of criticality, when the package is subjected to the tests specified in 10 CFR 71.71 and 71.73; and
    - c. The modifications to the package satisfy the requirements of this Section.
  4. The NRC will revise the package identification number to designate previously approved package designs as B(U), B(M), AF, BF, or A as applicable, and with the identification number suffix "-85" after receipt of an application demonstrating that the design meets the requirements of this Section.
  5. For purposes of this Section, package types are defined in 10 CFR 71.4.
- C. A general license is issued to any licensee of the Department to transport fissile material, or to deliver to a carrier for transport, licensed material in a specification container for fissile material or for a Type B quantity of radioactive material as specified in 49 CFR 173, revised July 16, 2018, and 49 CFR 178, revised March 11, 2013, incorporated by reference, available under R9-7-101, and containing no future editions or amendments, if the following requirements are met:**
1. The licensee maintains a quality assurance program approved by the Department as satisfying R9-7-1507;
  2. The licensee:
    - a. Maintains a copy of the specification; and
    - b. Complies with the terms and conditions of the specification and the applicable requirements in 10 CFR 71, Subparts A, G, and H;
  3. The licensee does not use the specification container for a shipment to a location outside the United States, except by multilateral approval, as defined in 49 CFR 173.403, revised January 1, 2015, incorporated by reference, available under R9-7-101, and containing no future editions or amendments;
  4. The general license applies only when a package's contents:
    - a. Contain no more than a Type A quantity of radioactive material; and
    - b. Contain less than 500 total grams of beryllium, graphite, or hydrogenous material enriched in deuterium;
  5. The general license applies only to packages containing fissile material that are labeled with a CSI which:
    - a. Has been determined in accordance with subsection (E);
    - b. Has a value less than or equal to 10; and
    - c. For a shipment of multiple packages containing fissile material, the sum of the CSIs must be less than or equal to 50 (for shipment on a nonexclusive use conveyance) and less than or equal to 100 (for shipment on an exclusive use conveyance); and
  6. The CSI value meets the following requirements:
    - a. The value for the CSI must be greater than or equal to the number calculated by the following equation:  $CSI = 10[(\text{grams of } 235\text{U}/X) + (\text{grams of } 235\text{U}/Y) + (\text{grams of } 235\text{U}/Z)]$ ;
    - b. The calculated CSI must be rounded up to the first decimal place;

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- c. The values of X, Y, and Z used in the CSI equation must be taken from Tables 71-1 or 71-2 as appropriate located in 10 CFR 71.22;
  - d. If Table 71-2 is used to obtain the value of X, then the values for the terms in the equation for uranium-233 and plutonium must be assumed to be zero; and
  - e. Table 71-1 values for X, Y, and Z must be used to determine the CSI if:
    - i. Uranium-233 is present in the package;
    - ii. The mass of plutonium exceeds 1 percent of the mass of uranium-235;
    - iii. The uranium is of unknown uranium-235 enrichment or greater than 24 weight percent enrichment; or
    - iv. Substances having a moderating effectiveness (i.e., an average hydrogen density greater than H<sub>2</sub>O) (e.g., certain hydrocarbon oils or plastics) are present in any form, except as polyethylene used for packing or wrapping.
- D. Foreign packaging.**
- 1. A general license is issued to any licensee of the Department to transport, or to deliver to a carrier for transport, licensed material in a package the design of which has been approved in a foreign national competent authority certificate that has been revalidated by the Federal Department of Transportation as meeting the applicable requirements of 49 CFR 171.23, revised March 30, 2017, incorporated by reference, available under R9-7-101, and containing no future editions or amendments.
  - 2. Except as otherwise provided in this Section, the general license applies only to a licensee who has a quality assurance program approved by the Department as satisfying the applicable provisions of R9-7-1507.
  - 3. This general license applies only to:
    - a. Shipments made to or from locations outside the United States.
    - b. A licensee that:
      - i. Has a copy of the applicable certificate, the revalidation, and the drawings and other documents referenced in the certificate, relating to the use and maintenance of the packaging and to the actions to be taken before shipment; and
      - ii. Complies with the terms and conditions of the certificate and revalidation, and with the applicable requirements in 10 CFR 71, Subparts A, G, and H, revised September 9, 2015.
- E. Routine determination before each shipment of licensed material shall ensure that the package with its contents satisfies the applicable requirements of this Article and of the license. The licensee shall determine that:**
- 1. The package is proper for the contents to be shipped;
  - 2. The package is in unimpaired physical condition except for superficial defects such as marks or dents;
  - 3. Each closure device of the packaging, including any required gasket, is properly installed and secured and free of defects;
  - 4. Any system for containing liquid is adequately sealed and has adequate space or other specified provision for expansion of the liquid;
  - 5. Any pressure relief device is operable and set in accordance with written procedures;
  - 6. The package has been loaded and closed in accordance with written procedures;
  - 7. For fissile material, any moderator or neutron absorber, if required, is present and in proper condition;
  - 8. Any structural part of the package that could be used to lift or tie down the package during transport is rendered inoperable for that purpose, unless it satisfies the design requirements of 10 CFR 71.45;
  - 9. The level of non-fixed (removable) radioactive contamination on the external surfaces of each package offered for shipment is as low as reasonably achievable, and within the limits specified in DOT regulations in 49 CFR 173.443, revised July 11, 2014, incorporated by reference, available under R9-7-101, and containing no future editions or amendments;
  - 10. External radiation levels around the package and around the vehicle, if applicable, will not exceed the limits specified in 10 CFR 71.47, at any time during transportation; and
  - 11. Accessible package surface temperatures will not exceed the limits specified in 10 CFR 71.43(g), at any time during transportation.
- F. Fissile material meeting the requirements of at least one of the conditions in subsections (F)(1) through (F)(6) are exempt from classification as fissile material and from the fissile material package standards of 10 CFR 71.55 and 71.59, but are subject to all other requirements of this part, except as noted.**
- 1. Individual package containing 2 grams or less fissile material.
  - 2. Individual or bulk packaging containing 15 grams or less of fissile material provided the package has at least 200 grams of solid nonfissile material for every gram of fissile material. Lead, beryllium, graphite, and hydrogenous material enriched in deuterium may be present in the package but must not be included in determining the required mass for solid nonfissile material.
  - 3. Low concentrations of solid fissile material commingled with solid nonfissile material, provided that:
    - a. There is at least 2000 grams of solid nonfissile material for every gram of fissile material;
    - b. There is no more than 180 grams of fissile material distributed within 360 kg of contiguous nonfissile material; and
    - c. Lead, beryllium, graphite, and hydrogenous material enriched in deuterium may be present in the package but must not be included in determining the required mass of solid nonfissile material.
  - 4. Uranium enriched in uranium-235 to a maximum of 1 percent by weight, and with total plutonium and uranium-233 content of up to 1 percent of the mass of uranium-235, provided that the mass of any beryllium, graphite, and hydrogenous material enriched in deuterium constitutes less than 5 percent of the uranium mass, and that the fissile material is distributed homogeneously and does not form a lattice arrangement within the package.
  - 5. Liquid solutions of uranyl nitrate enriched in uranium-235 to a maximum of 2 percent by mass, with a total plutonium and uranium-233 content not exceeding 0.002 percent of the mass of uranium, and with a minimum nitrogen to uranium atomic ratio (N/U) of 2. The material must be contained in at least a DOT Type A package.
  - 6. Packages containing, individually, a total plutonium mass of not more than 1000 grams, of which not more than 20 percent by mass may consist of plutonium-239, plutonium-241, or any combination of these radionuclides.



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**Historical Note**

New Section R9-7-1510 recodified from R12-1-1510 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3). Amended by final expedited rulemaking at 26 A.A.R. 1067, with an immediate effective date of May 6, 2020 (Supp. 20-2).

**R9-7-1511. Air Transport of Plutonium**

A. Notwithstanding the provisions of any general licenses and notwithstanding any exemptions stated directly in this Section or included indirectly by citation of 49 CFR 107, and 171 through 180, previously incorporated in this Article, as may be applicable, the licensee shall ensure that plutonium in any form, whether for import, export, or domestic shipment, is not transported by air or delivered to a carrier for air transport unless:

1. The plutonium is contained in a medical device designed for individual human application; or
2. The plutonium is contained in a material in which the specific activity is less than or equal to the activity concentration values for Plutonium specified in 10 CFR 71, Appendix A, Table A-2 (Revised January 1, 2008, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.), and in which the radioactivity is essentially uniformly distributed; or
3. The plutonium is shipped in a single package containing no more than an A2 quantity of plutonium in any isotope or form, and is shipped in accordance with R9-7-1503 and 10 CFR 71.5 (Revised January 1, 2008, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.); or
4. The plutonium is shipped in a package specifically authorized for the shipment of plutonium by air in the Certificate of Compliance for that package issued by the NRC.

B. Nothing in subsection (A) is to be interpreted as removing or diminishing the requirements of 10 CFR 73.24, January 1, 2008, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.

C. For a shipment of plutonium by air that is subject to subsection (A)(4), the licensee shall, through special arrangement with the carrier, require compliance with 49 CFR 175.704, revised October 1, 2007, incorporated by reference, and available under R9-7-101. This U.S. Department of Transportation regulation is applicable to the air transport of plutonium. This incorporated material contains no future editions or amendments.

**Historical Note**

New Section R9-7-1511 recodified from R12-1-1511 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1512. Advance Notification of Shipment of Irradiated Reactor Fuel and Nuclear Waste**

A. A licensee shall provide advance notification to the Governor, or the Director of the Department, of the shipment of licensed material as specified in 10 CFR 71.97, revised January 1, 2015, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.

B. After June 11, 2013, each licensee shall provide advance notification to the Tribal official of participating Tribes referenced in paragraph (c)(3)(iii) of 10 CFR 71.97, or the Tribal official's

designee, of the shipment of licensed material, within or across the boundary of the Tribe's reservation, before the transport, or delivery to a carrier, for transport, of licensed material outside the confines of the licensee's plant or other place of use or storage.

C. Advance notification is also required under this Section for the shipment of licensed material, other than irradiated fuel, meeting the following three conditions:

1. The licensed material is required by this Chapter to be in Type B packaging for transportation;
2. The licensed material is being transported to or across a State boundary en route to a disposal facility or to a collection point for transport to a disposal facility; and
3. The quantity of licensed material in a single package exceeds the least of the following:
  - a. 3000 times the A1 value of the radionuclides as specified in appendix A, Table A-1 for special form radioactive material;
  - b. 3000 times the A2 value of the radionuclides as specified in appendix A, Table A-1 for normal form radioactive material; or
  - c. 1000 TBq (27,000 Ci).

D. Procedures for submitting advance notification.

1. The advance notification shall be made in writing to:
  - a. The office of each appropriate Governor or Governor's designee;
  - b. For the portion of the route through Arizona, the Department;
  - c. The office of each appropriate Tribal official or Tribal official's designee; and
  - d. The Director, Division of Security Policy, Office of Nuclear Security and Incident Response.
2. A notification delivered by:
  - a. Mail must be postmarked at least seven days before the beginning of the seven-day period during which departure of the shipment is estimated to occur; and
  - b. Any means other than mail must reach the Office of the Governor or of the Governor's designee or the Tribal official or Tribal official's designee at least four days before the beginning of the seven-day period during which departure of the shipment is estimated to occur.
3. Contact information for each State and participating Tribes, including telephone and mailing addresses of Governors and Governors' designees and of Tribal officials and Tribal official's designees, including telephone and mailing addresses, is available:
  - a. At <https://scp.nrc.gov/special/designee.pdf>; or
  - b. Or on request from the Director, Division of Materials Safety, Security, State, and Tribal Programs, Office of Nuclear Material Safety and Safeguards, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001.
4. Notification to the Department:
  - a. By mail addressed to: ATTN: Arizona Department of Health Services; Bureau of Radiation Control; Radioactive Materials Program; 4814 South 40th Street, Phoenix, Arizona 85040;
  - b. By hand delivery to the Department's offices at 4814 South 40th Street, Phoenix, Arizona 85040;
  - c. By electronic submission, [ram@azdhs.gov](mailto:ram@azdhs.gov); and
  - d. By telephone at 480-202-4982.
5. Each advance notification shall contain the following information:

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- a. The name, address, and telephone number of the shipper, carrier, and receiver of the irradiated reactor fuel or nuclear waste shipment;
  - b. The license numbers of the shipper and receiver;
  - c. A description of the irradiated reactor fuel or nuclear waste contained in the shipment, including the radionuclides and quantity;
  - d. The point of origin of the shipment and the estimated time and date that departure of the shipment will occur;
  - e. The estimated time and date that the shipment is expected to enter each State or Tribal reservation boundary along the route;
  - f. The destination of the shipment, and the estimated time and date of arrival of the shipment at the destination; and
  - g. A point of contact, with a telephone number, for current shipment information.
- E.** Revision notice: A licensee shall contact by telephone each individual previously notified according to subsection (D)(1) to provide any information not previously available at the time of the initial notification or any changes to the information previously provided as soon as the information becomes available.
- F.** Cancellation notice: Each licensee who cancels a shipment for which advance notification has been sent shall send a cancellation notice:
1. To each individual previously notified according to subsections (D)(1) through (4),
  2. Before the shipment would have commenced or as soon thereafter as possible, and
  3. Identifying the advance notification to which the notice of cancellation pertains and stating in the notice that the shipment is cancelled.
- G.** Records: A licensee shall retain a copy of the advance notification and any revision notices or cancellation notices as a record for at least three years.
2. Verification that there are no significant defects in the packaging, as shipped;
  3. Volume and identification of coolant;
  4. Type and quantity of licensed material in each package, and the total quantity of each shipment;
  5. For each item of irradiated fissile material:
    - a. Identification by model number and serial number;
    - b. Irradiation and decay history to the extent appropriate to demonstrate that its nuclear and thermal characteristics comply with license conditions; and
    - c. Any abnormal or unusual condition relevant to radiation safety;
  6. Date of the shipment;
  7. For fissile packages and for Type B packages, any special controls exercised;
  8. Name and address of the transferee;
  9. Address to which the shipment was made; and
  10. Results of the determinations required by R9-7-1510(E) and by the conditions of the package approval.
- B.** The licensee shall make available to the Department for inspection, upon reasonable notice, all records required by this Chapter. Records are only valid if stamped, initialed, or signed and dated by authorized personnel, or otherwise authenticated.
- C.** The licensee shall maintain sufficient written records to furnish evidence of the quality of packaging. The records to be maintained include results of the determinations required by R9-7-1507; design, fabrication, and assembly records; results of reviews, inspections, tests, and audits; results of monitoring work performance and materials analyses; and results of maintenance, modification, and repair activities. Inspection, test, and audit records must identify the inspector or data recorder, the type of observation, the results, the acceptability, and the action taken in connection with any deficiencies noted. These records must be retained for three years after the life of the packaging to which they apply.
- D.** Each record required by this Chapter must be legible throughout the retention period specified by each Department regulation. The record may be the original or a reproduced copy or a microform provided that the copy or microform is authenticated by authorized personnel and that the microform is capable of producing a clear copy throughout the required retention period. The record may also be stored in electronic media with the capability for producing legible, accurate, and complete records during the required retention period. Records such as letters, drawings, and specifications must include all pertinent information such as stamps, initials, and signatures. The licensee shall maintain adequate safeguards against tampering with and loss of records.

**Historical Note**

New Section R9-7-1512 recodified from R12-1-1512 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3). Amended by final expedited rulemaking at 28 A.A.R. 3533 (November 18, 2022), with an immediate effective date of November 2, 2022 (Supp. 22-4).

**R9-7-1513. Opening Instructions**

Before delivery of a package to a carrier for transport, the licensee shall ensure that any special instructions needed to safely open the package have been sent to, or otherwise made available to, the consignee for the consignee's use in accordance with 10 CFR 20.1906(e) revised January 1, 2010, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.

**Historical Note**

New Section R9-7-1513 recodified from R12-1-1513 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1514. Records**

- A.** Each licensee shall maintain, for a period of three years after shipment, a record of each shipment of licensed material not exempt under R9-7-1515, showing where applicable:
1. Identification of the packaging by model number and serial number;

**Historical Note**

Section R9-7-1514 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1). New Section made by final expedited rulemaking at 26 A.A.R. 1067, with an immediate effective date of May 6, 2020 (Supp. 20-2).

**R9-7-1515. Exemption for Low-level Radioactive Materials**

- A.** A licensee is exempt from all the requirements of 10 CFR 71 with respect to shipment or carriage of the low-level materials listed in 10 CFR 71.14(a), revised January 1, 2008, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.
- B.** Natural material and ores containing naturally occurring radionuclides that are either in their natural state, or have only been processed for purposes other than for the extraction of the radionuclides, and which are not intended to be processed for

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the use of these radionuclides, provided the activity concentration of the material does not exceed 10 times the applicable radionuclide activity concentration values specified in appendix A, Table A-2, or Table A-3 of this part.

- C. Materials for which the activity concentration is not greater than the activity concentration values specified in appendix A, Table A-2, or Table A-3 of this part, or for which the consignment activity is not greater than the limit for an exempt consignment found in appendix A, Table A-2, or Table A-3 of 10 CFR 71 Appendix A.
- D. Non-radioactive solid objects with radioactive substances present on any surfaces in quantities not in excess of the levels cited in the definition of contamination in 10 CFR 71.4.

**Historical Note**

New Section R9-7-1515 recodified from R12-1-1515 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3).

**ARTICLE 16. RESERVED****ARTICLE 17. WIRELINE SERVICE OPERATIONS AND SUBSURFACE TRACER STUDIES****R9-7-1701. Definitions**

“Energy compensation source (ECS)” means a small sealed source, with activity that does not exceed 3.7 Mbq (100 microcuries), contained within a logging tool or other tool component.

“Tritium neutron generator target source” means a tritium source contained within a tritium neutron generator tube that produces neutrons for use in well logging applications.

**Historical Note**

New Section R9-7-1701 recodified from R12-1-1701 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1702. Agreement with Well Owner or Operator**

- A. A licensee that performs wireline service (well logging) with a sealed source shall enter into a written agreement with the employing well owner or operator that identifies the party responsible for complying with each of the following requirements. The responsible party shall:
  1. Make a reasonable effort to recover any sealed source that may be lodged in the well;
  2. Not attempt to recover a sealed source in a manner which, in the licensee’s opinion, is likely to result in its rupture;
  3. Perform the radiation monitoring required in R9-7-1723(A);
  4. Decontaminate anyone or anything contaminated with licensed material before releasing personnel or equipment from the site or releasing the site for unrestricted use; and
  5. If a source is classified by the Department as irretrievable after reasonable efforts at recovery, implement the following requirements within 30 days:
    - a. Immobilize the irretrievable well logging source and seal it in place with a cement plug;
    - b. Provide a means to prevent inadvertent intrusion that could damage the source, unless the site is rendered inaccessible to subsequent drilling operations; and
    - c. Mount a permanent identification plaque, constructed of long-lasting material, such as stainless steel, brass, bronze, or Monel, in a conspicuous location adjacent to the well. The responsible party shall ensure that the plaque size is at least 17 cm (7

inches) square and 3 mm (1/8 inch) thick and the following information is written on the plaque:

- i. The word “CAUTION,”
  - ii. The radiation symbol (the color requirement in R9-7-428(A) does not apply),
  - iii. The date the source was abandoned,
  - iv. The name of the well owner or operator that employed the licensee;
  - v. The well name and identification number or other designation,
  - vi. An identification of each source by radionuclide and quantity of radionuclide,
  - vii. The depth of the source and depth to the top of the plug, and
  - viii. The following warning, “DO NOT RE-ENTER THIS WELL,” and
- d. Notify the Oil and Gas Conservation Commission, Department of Water Resources, or Department of Environmental Quality of the abandoned source, as required by law.

- B. A licensee shall maintain a copy of the agreement at the field station during logging operations. The licensee shall retain a copy of the written agreement for three years after completion of the well logging operation.
- C. A licensee may apply in accordance with A.R.S. § 30-654(B)(13) for Department approval, on a case-by-case basis, of proposed procedures to abandon an irretrievable well logging source in a manner not otherwise authorized in subsection (A)(5).
- D. A written agreement between the licensee and the well owner or operator is not required if the licensee and the well owner or operator are employed by the same corporation or other business entity. If so, the licensee shall comply with the requirements in subsections (A)(1) through (A)(5).

**Historical Note**

New Section R9-7-1702 recodified from R12-1-1702 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1703. Limits on Levels of Radiation**

A person in possession of any source of radiation shall transport the source according to 9 A.A.C. 7, Article 15, and use or store the source in a manner that is consistent with the dose limits in 9 A.A.C. 7, Article 4.

**Historical Note**

New Section R9-7-1703 recodified from R12-1-1703 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1704. Reserved****Historical Note**

Section R9-7-1704 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1705. Reserved****Historical Note**

Section R9-7-1705 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1706. Reserved****Historical Note**

Section R9-7-1706 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1707. Reserved**

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**Historical Note**

Section R9-7-1707 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1708. Reserved****Historical Note**

Section R9-7-1708 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1709. Reserved****Historical Note**

Section R9-7-1709 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1710. Reserved****Historical Note**

Section R9-7-1710 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1711. Reserved****Historical Note**

Section R9-7-1711 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1712. Storage Precautions**

- A. A person storing or transporting a source of radiation shall place the source in an approved storage container, transport container, or both. The container or combination of containers shall have a lock, or tamper-proof seal for calibration sources, to prevent unauthorized removal of the source and exposure to radiation.
- B. A person storing or transporting a source of radiation shall store the source in a manner that will minimize danger from explosion or fire.

**Historical Note**

New Section R9-7-1712 recodified from R12-1-1712 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1713. Transportation Precautions**

Each licensee shall ensure that transport containers are physically secured in the transporting vehicle to prevent accidental movement, loss, tampering, or unauthorized removal.

**Historical Note**

New Section R9-7-1713 recodified from R12-1-1713 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1714. Radiation Survey Instruments**

- A. A licensee shall maintain at each field station and temporary job site a calibrated and operable radiation survey instrument capable of detecting beta and gamma radiation. The licensee shall ensure that the radiation survey instrument is capable of measuring 1.0 microsievert (0.1 millirem) per hour through 500 microsievert (50 millirem) per hour.
- B. A licensee shall ensure that additional calibrated and operable radiation detection instruments are available as needed and that the instruments are sensitive enough to detect the low radiation and contamination levels that could be encountered if a sealed source is ruptured.
- C. A licensee shall ensure that the radiation survey instrument required in subsection (A) is calibrated
  1. At intervals not to exceed six months and after each instrument servicing;
  2. At energies comparable to the energies of the radiation sources used;

3. For linear scale instruments, at two points located approximately 1/3 and 2/3 of full-scale on each scale or for logarithmic scale instruments, at mid-range of each decade, and at two points of at least one decade; and
4. So that accuracy within plus or minus 20 percent of the true radiation level can be demonstrated on each scale.

- D. A licensee shall retain calibration records for a period of three years from the date of calibration.

**Historical Note**

New Section R9-7-1714 recodified from R12-1-1714 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1715. Leak Testing of Sealed Sources**

- A. A licensee that uses a sealed source shall ensure that the source is tested for leakage according to subsection (C). The licensee shall maintain a record of leak test results in units of Becquerels (Bq) or microcuries, for inspection by the Department for three years after the leak test is performed.
- B. A person authorized under R9-7-417(C) shall wipe a sealed source using a leak test kit or a similar method approved by the Department, the NRC, or another Agreement State. The authorized person shall take the wipe sample from the nearest accessible point to the sealed source where contamination might accumulate, and ensure the wipe sample is analyzed for radioactive contamination. The authorized person shall use a method of analysis capable of detecting the presence of 185 Bq (0.005 microcuries) of radioactive material on the test sample.
- C. Test frequency.
  1. A licensee shall ensure that each sealed source (except an energy compensation source (ECS)) is tested in accordance with R9-7-417. In the absence of a certificate from a transferor that a test has been performed within six months before transfer, a licensee shall not use the sealed source until it is tested.
  2. A licensee shall ensure that each ECS that is not exempt from testing under subsection (E) is tested at intervals that do not exceed three years. In the absence of a certificate from a transferor that a test has been performed within three years before transfer, a licensee shall not use the ECS until it is tested.
- D. Removal of leaking source from service.
  1. If a test conducted according to this Section reveals the presence of 185 Bq (0.005 microcuries) or more of removable radioactive material, a licensee shall remove the sealed source from service immediately and have it decontaminated, repaired, or disposed of by a Department, a NRC, or an Agreement State licensee that is authorized to perform these functions. The licensee shall check the equipment associated with the leaking source for radioactive contamination and, if the equipment is contaminated, have it decontaminated or disposed of by a Department, a NRC, or an Agreement State licensee that is authorized to perform the chosen function.
  2. A licensee shall submit a report to the Department, within five days of receiving positive test results. The report shall describe the equipment involved in the leak, the test results, any contamination that resulted from the leaking source, and each corrective action taken up to the date on the report.
- E. The following sealed sources are exempt from the periodic leak test requirements in subsections (A) through (D):
  1. Hydrogen-3 (tritium) sources;

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2. Sources that contain licensed material with a half-life of 30 days or less;
3. Sealed sources that contain licensed material in gaseous form;
4. Sources of beta- or gamma-emitting radioactive material with an activity of 3.7 MBq [100 microcuries] or less; and
5. Sources of alpha- or neutron-emitting radioactive material with an activity of 0.37 MBq [10 microcuries] or less.

**Historical Note**

New Section R9-7-1715 recodified from R12-1-1715 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1716. Inventory**

A licensee shall conduct a physical inventory every six months to account for all licensed material received and possessed under the license. The licensee shall maintain records of the inventory for three years from the date of the inventory for inspection by the Department. The inventory shall indicate the quantity and kind of licensed material, the location of the licensed material, the date of the inventory, and the name of each individual who conducted the inventory. Physical inventory records may be combined with leak test records.

**Historical Note**

New Section R9-7-1716 recodified from R12-1-1716 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1717. Utilization Records**

Each licensee shall maintain records of use for three years from the date of the recorded event, that contain the following information for each source of radiation:

1. Make, model number, and serial number or a description of each source of radiation used;
2. The identity of the well-logging supervisor or the field unit to which the source is assigned;
3. Locations and dates of use; and
4. In the case of tracer materials and radioactive markers, the radionuclide and activity undertaken in a particular well.

**Historical Note**

New Section R9-7-1717 recodified from R12-1-1717 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1718. Design and Performance Criteria for Sealed Sources**

- A. A licensee shall use a sealed source for well logging applications if the sealed source:
  1. Is doubly encapsulated;
  2. Contains licensed material in a chemical and physical form that is insoluble and nondispersible; and
  3. Meets the requirements of subsection (B), (C), or (D).
- B. For a sealed source manufactured on or before July 14, 1989, a licensee may use a sealed source in well logging applications that meets the requirements of USASI N5.4-1968, Classification of Sealed Radioactive Sources, available from the American National Standards Institute at 25 West 43rd Street, 4th floor, New York, NY 10036, which is incorporated by reference and on file with the Department, or the requirements in subsection (C) or (D). This incorporation by reference contains no future editions or amendments.
- C. For a sealed source manufactured after July 14, 1989, a licensee may use a sealed source in well logging applications that meets the oil-well logging requirements of ANSI/HPN 43.6-1997, Sealed Radioactive Sources--Classification,

available from the American National Standards Institute at 25 West 43rd Street, 4th floor, New York, NY 10036, which is incorporated by reference and on file with the Department. This incorporation by reference contains no future editions or amendments.

- D. For a sealed source manufactured after July 14, 1989, a licensee may use a sealed source in well logging applications if the sealed source's prototype has been tested and found to maintain its integrity after each of the following required tests:
  1. Temperature. The test source is held at -40° C for 20 minutes and 600° C for one hour, and then subjected to a thermal shock with a temperature drop from 600° C to 20° C within 15 seconds.
  2. Impact. A 5 kg steel hammer, 2.5 cm in diameter, is dropped from a height of 1 m onto the test source.
  3. Vibration. The test source is subjected to vibration in the 25 Hz to 500 Hz range at 5 g amplitude for 30 minutes.
  4. Puncture. A 1 gram hammer with a pin, 0.3 cm in diameter, is dropped from a height of 1 m onto the test source.
  5. Pressure. The test source is subjected to an external pressure of 1.695 x 10<sup>7</sup> pascals (24,600 pounds per square inch absolute).
- E. The requirements in subsections (A), (B), (C), and (D) do not apply to a sealed source that contains licensed material in gaseous form.
- F. The requirements in subsections (A), (B), (C), and (D) do not apply to an energy compensation source (ECS).

**Historical Note**

New Section R9-7-1718 recodified from R12-1-1718 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1719. Labeling**

- A. A licensee shall mark each source, source holder, or logging tool that contains radioactive material with a durable, legible, and clearly visible marking or label, consisting at minimum of the standard radiation caution symbol, without the conventional color requirement, and the following wording:

DANGER (or: CAUTION)  
RADIOACTIVE

This labeling is required for each component transported as a separate piece of equipment regardless of size.

- B. A licensee shall permanently attach to each transport container a durable, legible, and a clearly visible label consisting at minimum, of the standard radiation caution symbol and the following wording:

DANGER (or: CAUTION)  
RADIOACTIVE  
NOTIFY CIVIL AUTHORITIES (or name of company)

**Historical Note**

New Section R9-7-1719 recodified from R12-1-1719 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1720. Inspection, Maintenance, and Opening of a Source or Source Holder**

- A. Each licensee shall visually check source holders, logging tools, and source handling tools for defects before each use to ensure that the equipment is in good working condition and that required labeling is present. If defects are found, the licensee shall remove equipment from service until it is repaired, and make a record listing: date of check, name of inspector, equipment involved, each defect found, and repairs

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made. The licensee shall maintain each record for three years after a defect is found.

- B. Each licensee shall have a program for semiannual visual inspection and routine maintenance of source holders, logging tools, injection tools, source handling tools, storage containers, transport containers, and uranium sinker bars to ensure that the required labeling is legible and that no physical damage is visible. If any defect is found, the licensee shall remove the equipment from service until it is repaired, and make a record listing: date of inspection, equipment involved, inspection and maintenance operations performed, each defect found, and each action taken to correct a defect. The licensee shall maintain each record for three years after a defect is found.
- C. A licensee shall not remove a sealed source from a source holder or logging tool, or perform maintenance on a sealed source or source holder that contains a sealed source without written permission from the Department.
- D. If a sealed source is stuck in the source holder, a licensee shall not perform any operation, such as drilling, cutting, or chiseling, on the source holder unless the licensee is specifically authorized to perform the operation by the Department.
- E. The opening, repair, or modification of any sealed source is prohibited, unless authorized by the Department, the NRC, or an Agreement State.

**Historical Note**

New Section R9-7-1720 recodified from R12-1-1720 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1721. Training**

- A. A licensee shall not permit an individual to act as a logging supervisor until that person has:
  - 1. Completed training in the subjects outlined in subsection (E);
  - 2. Received copies of, and instruction in:
    - a. The applicable rules contained in 9 A.A.C. 7;
    - b. The Department license under which the logging supervisor will perform well logging; and
    - c. The licensee's operating and emergency procedures, required by R9-7-1722;
  - 3. Completed on-the-job training and demonstrated competence during a field evaluation in the use of licensed materials, remote handling tools, and radiation survey instruments; and
  - 4. Demonstrated understanding of the requirements in subsections (A)(1) and (A)(2) by successfully completing a written test.
- B. The licensee shall not permit an individual to act as a logging assistant until that person has:
  - 1. Received instruction in applicable rules of 9 A.A.C. 7;
  - 2. Received copies of, and instruction in, the licensee's operating and emergency procedures required by R9-7-1722;
  - 3. Demonstrated understanding of the materials listed in subsections (B)(1) and (B)(2) by successfully completing a written or oral test; and
  - 4. Received instruction in the use of licensed materials, remote handling tools, and radiation survey instruments that is related to the logging assistant's intended job responsibilities.
- C. A licensee shall provide a safety training review for logging supervisors and logging assistants at least once during each calendar year. Each logging supervisor and logging assistant shall attend a safety training review at least once during the current calendar year.

- D. A licensee shall maintain a record of each logging supervisor's and logging assistant's initial training and annual safety training review. The training records shall include copies of written tests and dates of oral tests given after the effective date of this Section. The licensee shall maintain the initial training records for three years following termination of employment, and maintain records of each annual safety training review, including a list of subjects covered during the review, for three years.
- E. A licensee shall provide instruction in the following subjects in the training required by subsection (A)(1):
  - 1. Fundamentals of radiation safety, including:
    - a. Characteristics of radiation;
    - b. Units of radiation dose and quantity of radioactivity;
    - c. Hazards of exposure to radiation;
    - d. Levels of radiation from licensed material;
    - e. Methods of controlling radiation dose (time, distance, and shielding); and
    - f. Radiation safety practices, including prevention of contamination and methods of decontamination;
  - 2. Radiation detection instruments, including:
    - a. Use, operation, calibration, and limitations of radiation survey instruments;
    - b. Survey techniques; and
    - c. Use of personnel monitoring equipment;
  - 3. Equipment, including:
    - a. Operation of equipment, including source handling equipment and remote handling tools;
    - b. Storage, control, and disposal of licensed material; and
    - c. Maintenance of equipment;
  - 4. The requirements of pertinent federal and state law, and
  - 5. Case histories of accidents in well logging.

**Historical Note**

New Section R9-7-1721 recodified from R12-1-1721 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1722. Operating and Emergency Procedures**

Each licensee shall develop operating and emergency procedures on the following subjects:

- 1. Procedures designed to prevent individuals from being exposed to radiation in excess of the limits in Article 4 of this Chapter. This subject includes:
  - a. Use of a sealed source in a well without a surface casing for the purposes of protecting a fresh water aquifer, as appropriate;
  - b. Methods employed to minimize exposure from inhalation or ingestion of licensed tracer materials; and
  - c. Methods for minimizing exposure of individuals in the event of an accident;
- 2. Use of remote handling tools for manipulating a radioactive sealed source or tracer;
- 3. Methods and occasions for conducting a radiation survey;
- 4. Methods and occasions for locking and securing a source of radiation;
- 5. Personnel monitoring and the use of personnel monitoring equipment;
- 6. Transportation of a source to a temporary job site or field station, including packaging and placing the source of radiation in a vehicle, placarding the vehicle, and securing the source of radiation during transportation;
- 7. Procedure for notifying the Department if there is an accident;
- 8. Maintenance of records;

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9. Inspection and maintenance of source holders, logging tools, source handling tools, storage containers, transport containers, and injection tools;
10. Procedure required if a sealed source is:
  - a. Lost or lodged downhole; or
  - b. Ruptured, including safeguards to prevent job site and personnel contamination, inhalation; and ingestion;
11. Procedures required for picking up, receiving, and opening packages that contain radioactive material; and
12. Procedures required for site and equipment surveys and decontamination following tracer studies.

**Historical Note**

New Section R9-7-1722 recodified from R12-1-1722 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1723. Personnel Monitoring**

- A. A licensee shall not permit an individual to act as a logging supervisor or logging assistant unless that person wears a personnel dosimeter at all times during the handling of licensed radioactive materials.
- B. A licensee shall assign a personnel dosimeter to each individual, who shall wear the assigned equipment.
- C. A licensee shall replace film badges at least monthly and replace all other personnel dosimeters that require replacement at least quarterly. After replacement, a licensee shall evaluate all personnel dosimeters at least quarterly or promptly after replacement, whichever is more frequent.
- D. A licensee shall provide bioassay services to each individual who uses licensed materials in subsurface tracer studies if required by the license.
- E. A licensee shall record exposures noted from personnel dosimeters required by subsection (A) and bioassay results and maintain these records for three years after the Department terminates the radioactive material license.

**Historical Note**

New Section R9-7-1723 recodified from R12-1-1723 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).  
Amended by final expedited rulemaking at 28 A.A.R. 3533 (November 18, 2022), with an immediate effective date of November 2, 2022 (Supp. 22-4).

**R9-7-1724. Radioactive Contamination Control**

- A. If a licensee detects evidence that a sealed source has ruptured or licensed materials have caused contamination, the licensee shall immediately initiate the emergency procedures required by R9-7-1722.
- B. If contamination results from the use of licensed material in well logging, the licensee shall decontaminate all affected areas, equipment, and personnel.
- C. During efforts to recover a source lodged in a well, the licensee shall continuously monitor, with a radiation detection instrument that complies with R9-7-1714 or a logging tool with a radiation detector, the well and any circulating fluids from the well to check for contamination resulting from damage to the source.

**Historical Note**

New Section R9-7-1724 recodified from R12-1-1724 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1725. Uranium Sinker Bars**

A licensee may use a uranium sinker bar for a well logging application only if it is legibly impressed with the words "Caution Radio-

active-Depleted Uranium" and "Notify Civil Authorities (or company name) if Found."

**Historical Note**

New Section R9-7-1725 recodified from R12-1-1725 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1726. Energy Compensation Source**

- A. A licensee may use an energy compensation source (ECS) in a logging tool, or other tool component, if the ECS contains a quantity of radioactive material that does not exceed 3.7 MBq (100 microcuries).
- B. If used in a well with a surface casing, an ECS is subject to all Sections of this Article except R9-7-1702, R9-7-1728, and R9-7-1751.
- C. If used in a well logging hole without a surface casing, an ECS is subject to all Sections of this Article.

**Historical Note**

New Section R9-7-1726 recodified from R12-1-1726 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1727. Neutron Generator Source**

- A. A licensee may use a tritium neutron generator source to produce neutrons for well logging applications.
- B. If the activity of a tritium neutron generator source does not exceed 1.11 TBq (30 Curies) and the source is used in a well with a surface casing, the source is subject to all Sections of this Article except R9-7-1702 and R9-7-1751.
- C. If the activity of a neutron generator source is equal to or exceeds 1.11 TBq (30 Curies) or the source is used in a well without a surface casing, the source is subject to all Sections of this Article.

**Historical Note**

New Section R9-7-1727 recodified from R12-1-1727 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1728. Use of a Sealed Source in a Well Without a Surface Casing**

A licensee may use a sealed source in a well without a surface casing if the licensee follows a procedure for reducing the probability that the source will be lodged in the well. The procedure shall be separately approved by the Department or in a license issued by the Department, the NRC, or another Agreement State.

**Historical Note**

New Section R9-7-1728 recodified from R12-1-1728 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1729. Reserved****Historical Note**

Section R9-7-1729 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1730. Reserved****Historical Note**

Section R9-7-1730 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1731. Security**

- A. A logging supervisor shall be physically present at a temporary job site whenever licensed material is being handled or is not stored and locked in a vehicle or storage place. The logging supervisor may leave the job site to obtain assistance if a source becomes lodged in a well.
- B. During well logging, except when a radiation source is below ground or in a shipping or storage container, the logging super-

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visor or other individual designated by the logging supervisor shall maintain direct surveillance of the operation to prevent unauthorized entry into a restricted area, as defined in R9-7-102.

**Historical Note**

New Section R9-7-1731 recodified from R12-1-1731 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1732. Handling Tools**

The licensee shall provide and require the use of tools that will assure remote handling of sealed sources other than low-activity calibration sources.

**Historical Note**

New Section R9-7-1732 recodified from R12-1-1732 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1733. Subsurface Tracer Studies**

- A. Any person who handles radioactive tracer material shall wear protective gloves and other appropriate protective clothing and equipment. Precautions shall be taken to avoid ingestion or inhalation of radioactive material.
- B. A licensee shall not inject radioactive material into potable aquifers without authority granted in a radioactive material license issued by the Department.
- C. A licensee shall dispose of tracer study waste contaminated with radioactive material in accordance with R9-7-434.

**Historical Note**

New Section R9-7-1733 recodified from R12-1-1733 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1734. Use of a Sealed Source in a Well Without a Surface Casing and Particle Accelerators**

- A. A licensee or registrant may use a sealed source in a well without a surface casing to protect a fresh water aquifer if the licensee follows the correct procedure for reducing the probability that the source will become lodged in the well.
- B. A licensee or registrant shall not begin well logging operations in a well without a surface casing unless the Department has approved the licensee's procedure for logging in an uncased hole.
- C. A licensee or registrant shall not permit above-ground testing of a particle accelerator, designed for use in well-logging, which results in the production of radiation, unless the area or facility affected is controlled or shielded in a manner consistent with applicable requirements in Article 4 of this Chapter.

**Historical Note**

New Section R9-7-1734 recodified from R12-1-1734 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1735. Reserved****Historical Note**

Section R9-7-1735 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1736. Reserved****Historical Note**

Section R9-7-1736 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1737. Reserved****Historical Note**

Section R9-7-1737 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1738. Reserved****Historical Note**

Section R9-7-1738 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1739. Reserved****Historical Note**

Section R9-7-1739 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1740. Reserved****Historical Note**

Section R9-7-1740 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1741. Radiation Surveys**

- A. A licensee shall perform and make a record of a radiation survey using instruments or calculations of radiation levels in each area where radioactive material is stored.
- B. A licensee shall make and record a radiation survey using instruments or calculations of radiation levels in occupied positions and on the exterior of each vehicle used to transport radioactive material. The survey or calculation shall include each source of radiation or combination of sources to be transported in the vehicle.
- C. After removal of the sealed source from the logging tool and before departing the job site, a licensee shall ensure that the logging tool detector is energized, or a survey meter is used to test the logging tool for contamination. The licensee shall record the test for contamination.
- D. The licensee shall make and record each survey using an appropriate survey instrument for the radionuclide being used, at the job site or wellhead for each tracer operation, except those using Hydrogen-3, Carbon-14 and Sulfur-35. Each survey shall include measurements of radiation levels before and after each tracer operation.
- E. Records of surveys conducted according to subsections (A) through (D) shall include the date of each survey, the identification of each individual making the survey, identification of each survey instrument used, each radiation measurement in millirem or microsievert per hour, and an exact description of the location of the survey. A licensee shall retain records of a survey for three years after completion of the survey.

**Historical Note**

New Section R9-7-1741 recodified from R12-1-1741 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1742. Documents and Records Required at Field Stations**

Each licensee shall maintain the following documents and records at the field station:

1. A copy of 9 A.A.C. 7;
2. The license, authorizing use of licensed material;
3. Operating and emergency procedures required by R9-7-1722;
4. The record of radiation survey instrument calibrations required by R9-7-1714;
5. The record of leak test results required by R9-7-1715;
6. Physical inventory records required by R9-7-1716;
7. Utilization records required by R9-7-1717;



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8. Records of inspection and maintenance required by R9-7-1720;
9. Training records required by R9-7-1721; and
10. Survey records required by R9-7-1741.

**Historical Note**

New Section R9-7-1742 recodified from R12-1-1742 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1743. Documents and Records Required at Temporary Job Sites**

Each licensee that conducts operations at a temporary job site shall maintain the following documents and records at the temporary job site until the well logging operation is completed:

1. Operating and emergency procedures required by R9-7-1722;
2. The most current calibration records for the radiation survey instruments in use at the site required by R9-7-1714;
3. The most current survey records required by R9-7-1741.
4. The shipping papers for transportation of radioactive materials required by license condition; and
5. If operating under reciprocity in accordance with R9-7-320, a copy of the Department authorization for use of radioactive material in Arizona.

**Historical Note**

New Section R9-7-1743 recodified from R12-1-1743 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1744. Reserved****Historical Note**

Section R9-7-1744 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1745. Reserved****Historical Note**

Section R9-7-1745 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1746. Reserved****Historical Note**

Section R9-7-1746 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1747. Reserved****Historical Note**

Section R9-7-1747 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1748. Reserved****Historical Note**

Section R9-7-1748 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1749. Reserved****Historical Note**

Section R9-7-1749 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1750. Reserved****Historical Note**

Section R9-7-1750 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1751. Notification of Incidents and Lost Sources; Aban-****donment Procedures for Irretrievable Sources**

- A. If, after making a reasonable effort to recover a sealed source or device that contains radioactive material using methods that are not likely to result in damage or rupture and contamination, a licensee determines that the source or device is lodged in a well, the licensee shall:
  1. Immediately notify the Department by telephone of the circumstances that resulted in the inability to retrieve the source and, if there is no evidence of contamination, obtain the following from the Department:
    - a. A determination that the source is irretrievable and abandonment is necessary because further efforts to recover the source are likely to result in an immediate threat to public health and safety, and
    - b. An approval to implement abandonment procedures;
  2. Advise the well owner or operator, as applicable, of the abandonment procedures implemented under R9-7-1702(A) and (C); and
  3. Either ensure that abandonment procedures are implemented within 30 days after the Department classifies the source as irretrievable or request an extension of time if unable to complete abandonment procedures.
- B. A licensee shall immediately notify the Department by telephone and subsequently, within 30 days, by confirmatory letter if the licensee knows or has reason to believe that a sealed source has been ruptured or the well has otherwise been contaminated. The letter shall describe the well location, the magnitude and extent of radioactive contamination, the consequences of the rupture, and the efforts planned or initiated to mitigate the consequences.
- C. A licensee shall notify the Department of the theft or loss of any radioactive material, radiation overexposure, excessive levels and concentrations of radiation, and incidents as required by R9-7-443, R9-7-444, and R9-7-445.
- D. A licensee shall, within 30 days after a sealed source has been classified as irretrievable, report in writing to the Department. The licensee shall send a copy of the report to each state or federal agency that issued permits or otherwise approved of the drilling operation. The report shall contain the following information:
  1. Date of occurrence;
  2. A description of the irretrievable well logging source involved, including the name of the radionuclide and its quantity, and the chemical and physical form of the radionuclide;
  3. Surface location and identification of the well;
  4. Results of efforts to immobilize and seal the source in place;
  5. A brief description of the attempted recovery effort;
  6. Depth of the source;
  7. Depth of the top of the cement plug;
  8. Depth of the well;
  9. The reasons why further efforts to recover the source are likely to result in an immediate threat to public health and safety, necessitating abandonment;
  10. Information contained on the permanent identification plaque; and
  11. State and federal agencies receiving a copy of the report.

**Historical Note**

New Section R9-7-1751 recodified from R12-1-1751 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

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**ARTICLE 18. RESERVED****ARTICLE 19. PHYSICAL PROTECTION OF CATEGORY 1 AND CATEGORY 2 QUANTITIES OF RADIOACTIVE MATERIAL****R9-7-1901. Purpose**

This Article has been established to provide the requirements for the physical protection program for any licensee that possesses an aggregated category 1 or category 2 quantity of radioactive material listed in Appendix A to this Article. These requirements provide reasonable assurance of the security of category 1 or category 2 quantities of radioactive material by protecting these materials from theft or diversion. Specific requirements for access to material, use of material, transfer of material, and transport of material are included. No provision of this Article authorizes possession of licensed material.

**Historical Note**

New Section R9-7-1901 recodified from R12-1-1901 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1902. Reserved****Historical Note**

Section R9-7-1902 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1903. Scope**

- A. R9-7-1921 through R9-7-1957 of this Article apply to any person who, under the rules in this chapter, possesses or uses at any site, an aggregated category 1 or category 2 quantity of radioactive material.
- B. R9-7-1971 through R9-7-1981 of this Article applies to any person who, under the rules of this chapter:
  1. Transports or delivers to a carrier for transport in a single shipment, a category 1 or category 2 quantity of radioactive material; or
  2. Imports or exports a category 1 or category 2 quantity of radioactive material; the provisions only apply to the domestic portion of the transport.

**Historical Note**

New Section R9-7-1903 recodified from R12-1-1903 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1904. Reserved****Historical Note**

Section R9-7-1904 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1905. Definitions**

The following definitions apply in this Article, unless the context otherwise requires:

“Access control means a system for allowing only approved individuals to have unescorted access to the security zone and for ensuring that all other individuals are subject to escorted access.

“Act” means the Atomic Energy Act of 1954 (68 Stat. 919), including any amendments thereto.

“Aggregated” means accessible by the breach of a single physical barrier that would allow access to radioactive material in any form, including any devices that contain the radioactive material, when the total activity equals or exceeds a category 2 quantity of radioactive material.

“Agreement State” means any state with which the Atomic Energy Commission or the U.S. Nuclear Regulatory Commis-

sion has entered into an effective agreement under subsection 274b. of the Act. Non-agreement State means any other State.

“Approved individual” means an individual whom the licensee has determined to be trustworthy and reliable for unescorted access in accordance with R9-7-1921 through R9-7-1933 of this Article and who has completed the training required by R9-7-1943(C).

“Background investigation” means the investigation conducted by a licensee or applicant to support the determination of trustworthiness and reliability.

“Becquerel (Bq)” means one disintegration per second.

“Byproduct material” means the same as in R9-7-102.

“Category 1 quantity of radioactive material” means a quantity of radioactive material meeting or exceeding the category 1 threshold in Table 1 of Appendix A to this Article. This quantity is determined by calculating the ratio of the total activity of each radionuclide to the category 1 threshold for that radionuclide and adding the ratios together. If the sum is equal to or exceeds 1, the quantity would be considered a category 1 quantity. Category 1 quantities of radioactive material do not include the radioactive material contained in any fuel assembly, subassembly, fuel rod, or fuel pellet.

“Category 2 quantity of radioactive material” means a quantity of radioactive material meeting or exceeding the category 2 threshold but less than the category 1 threshold in Table 1 of Appendix A to this Article. This quantity is determined by calculating the ratio of the total activity of each radionuclide to the category 2 threshold for that radionuclide and adding the ratios together. If the sum is equal to or exceeds 1, the quantity would be considered a category 2 quantity. Category 2 quantities of radioactive material do not include the radioactive material contained in any fuel assembly, subassembly, fuel rod, or fuel pellet.

“Commission” means the U.S. Nuclear Regulatory Commission or its duly authorized representatives.

“Curie” means the same as in R9-7-102.

“Diversion” means the unauthorized movement of radioactive material subject to this Article to a location different from the material’s authorized destination inside or outside of the site at which the material is used or stored.

“Escorted access” means accompaniment while in a security zone by an approved individual who maintains continuous direct visual surveillance at all times over an individual who is not approved for unescorted access.

“Fingerprint orders” means the orders issued by the U.S. Nuclear Regulatory Commission or the legally binding requirements issued by Agreement States that require fingerprints and criminal history records checks for individuals with unescorted access to category 1 and category 2 quantities of radioactive material or safeguards information-modified handling.

“Government agency” means any executive department, commission, independent establishment, corporation, wholly or partly owned by the United States of America which is an instrumentality of the United States, or any board, bureau, division, service, office, officer, authority, administration, or other establishment in the executive branch of the Government.

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“License”, except where otherwise specified, means a license for byproduct material issued pursuant to the rules in Articles 3, 5, 7, and 15 of this chapter.

“License issuing authority” means the licensing agency that issued the license, i.e. the Department, the U.S. Nuclear Regulatory Commission, or the appropriate agency of an Agreement State.

“Local law enforcement agency (LLEA)” means a public or private organization that has been approved by a federal, state, or local government to carry firearms and make arrests, and is authorized and has the capability to provide an armed response in the jurisdiction where the licensed category 1 or category 2 quantity of radioactive material is used, stored, or transported.

“Lost or missing licensed material” means licensed material whose location is unknown. It includes material that has been shipped but has not reached its destination and whose location cannot be readily traced in the transportation system.

“Mobile device” means a piece of equipment containing licensed radioactive material that is either mounted on wheels or casters, or is otherwise equipped for moving without a need for disassembly or dismounting; or designed to be hand carried. Mobile devices do not include stationary equipment installed in a fixed location.

“Movement control center” means an operations center that is remote from transport activity and that maintains position information on the movement of radioactive material, receives reports of attempted attacks or thefts, provides a means for reporting these and other problems to appropriate agencies and can request and coordinate appropriate aid.

“No-later-than arrival time” means the date and time that the shipping licensee and receiving licensee have established as the time at which an investigation will be initiated if the shipment has not arrived at the receiving facility. The no-later-than arrival time may not be more than 6 hours after the estimated arrival time for shipments of category 2 quantities of radioactive material.

“Person” means:

Any individual, corporation, partnership, firm, association, trust, estate, public or private institution, group, Government agency other than the Commission or the DOE (except that the DOE shall be considered a person within the meaning of the rules in 10 CFR chapter I to the extent that its facilities and activities are subject to the licensing and related regulatory authority of the Commission under section 202 of the Energy Reorganization Act of 1974 (88 Stat. 1244), the Uranium Mill Tailings Radiation Control Act of 1978 (92 Stat. 3021), the Nuclear Waste Policy Act of 1982 (96 Stat. 2201), and section 3(b)(2) of the Low-Level Radioactive Waste Policy Amendments Act of 1985 (99 Stat. 1842)), any State or any political subdivision of or any political entity within a State, any foreign government or nation or any political subdivision of any such government or nation, or other entity; and

Any legal successor, representative, agent, or agency of the foregoing.

“Reviewing official” means the individual who shall make the trustworthiness and reliability determination of an individual to determine whether the individual may have, or continue to

have, unescorted access to the category 1 or category 2 quantities of radioactive materials that are possessed by the licensee.

“Sabotage” means deliberate damage, with malevolent intent, to a category 1 or category 2 quantity of radioactive material, a device that contains a category 1 or category 2 quantity of radioactive material, or the components of the security system.

“Safe haven” means a readily recognizable and readily accessible site at which security is present or from which, in the event of an emergency, the transport crew can notify and wait for the local law enforcement authorities.

“Security zone” means any temporary or permanent area determined and established by the licensee for the physical protection of category 1 or category 2 quantities of radioactive material.

“State” means a State of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.

“Telemetric position monitoring system” means a data transfer system that captures information by instrumentation and/or measuring devices about the location and status of a transport vehicle or package between the departure and destination locations.

“Trustworthiness and reliability” means characteristics of an individual considered dependable in judgment, character, and performance, such that unescorted access to category 1 or category 2 quantities of radioactive material by that individual does not constitute an unreasonable risk to the public health and safety or security. A determination of trustworthiness and reliability for this purpose is based upon the results from a background investigation.

“Unescorted access” means solitary access to an aggregated category 1 or category 2 quantity of radioactive material or the devices that contain the material.

“United States” when used in a geographical sense, includes Puerto Rico and all territories and possessions of the United States.

**Historical Note**

New Section R9-7-1905 recodified from R12-1-1905 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1906. Reserved****Historical Note**

Section R9-7-1906 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1907. Communications**

Except where otherwise specified or covered under licensing program as provided in this Chapter, all communications and reports concerning the rules in this Article may be sent as follows:

1. By mail addressed to: ATTN: Arizona Department of Health Services; Bureau of Radiation Control; Radioactive Materials Program; 4814 South 40th Street, Phoenix, Arizona 85040;
2. By hand delivery to the Department’s offices at 4814 South 40th Street, Phoenix, Arizona 85040; or
3. Where practicable, by electronic submission, for example, Electronic Information Exchange, or CD-ROM. Electronic submissions shall be made in a manner that enables the Department to receive, read, authenticate, dis-

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tribute, and archive the submission, and process and retrieve it a single page at a time. Electronic submissions can be made by email to ram@azdhs.gov.

**Historical Note**

New Section R9-7-1907 recodified from R12-1-1907 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1). Amended by final expedited rulemaking at 26 A.A.R. 1067, with an immediate effective date of May 6, 2020 (Supp. 20-2).

**R9-7-1908. Reserved****Historical Note**

Section R9-7-1908 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1909. Renumbered****Historical Note**

New Section R9-7-1909 recodified from R12-1-1909 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1). Section R9-7-1909 renumbered to R9-7-101.01 by final expedited rulemaking at 30 A.A.R. 2681 (August 30, 2024), with an immediate effective date of August 7, 2024 (Supp. 24-3).

**R9-7-1910. Reserved****Historical Note**

Section R9-7-1910 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1911. Specific Exemptions**

- A. The Department may, upon application of any interested person or upon its own initiative, grant such exemptions from the requirements of the rules in this Article as it determines are authorized by law and will not endanger life or property or the common defense and security, and are otherwise in the public interest.
- B. Any licensee's NRC-licensed activities are exempt from the requirements of R9-7-1921 through R9-7-1957 of this Article to the extent that its activities are included in a security plan required by 10 CFR part 73 revised January 1, 2015, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.
- C. A licensee that possesses radioactive waste that contains category 1 or category 2 quantities of radioactive material is exempt from the requirements of R9-7-1921 through R9-7-1981 of this Article, except that any radioactive waste that contains discrete sources, ion-exchange resins, or activated material that weighs less than 2,000 kg (4,409 lbs.) is not exempt from the requirements of this Article. The licensee shall implement the following requirements to secure the radioactive waste:
  1. Use continuous physical barriers that allow access to the radioactive waste only through established access control points;
  2. Use a locked door or gate with monitored alarm at the access control point;
  3. Assess and respond to each actual or attempted unauthorized access to determine whether an actual or attempted theft, sabotage, or diversion occurred; and
  4. Immediately notify the LLEA and request an armed response from the LLEA upon determination that there was an actual or attempted theft, sabotage, or diversion of the radioactive waste that contains category 1 or category 2 quantities of radioactive material.

**Historical Note**

New Section R9-7-1911 recodified from R12-1-1911 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1912. Reserved****Historical Note**

Section R9-7-1912 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1913. Reserved****Historical Note**

Section R9-7-1913 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1914. Reserved****Historical Note**

Section R9-7-1914 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1915. Reserved****Historical Note**

Section R9-7-1915 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1916. Reserved****Historical Note**

Section R9-7-1916 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1917. Reserved****Historical Note**

Section R9-7-1917 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1918. Reserved****Historical Note**

Section R9-7-1918 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1919. Reserved****Historical Note**

Section R9-7-1919 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1920. Reserved****Historical Note**

Section R9-7-1920 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1921. Personnel Access Authorization Requirements for Category 1 or Category 2 Quantities of Radioactive Material****A. General:**

1. Each licensee that possesses an aggregated quantity of radioactive material at or above the category 2 threshold shall establish, implement, and maintain its access authorization program in accordance with the requirements of this Article.
2. An applicant for a new license and each licensee that would become newly subject to the requirements of this Article upon application for modification of its license shall implement the requirements of this Article, as appropriate, before taking possession of an aggregated category 1 or category 2 quantity of radioactive material.

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3. Any licensee that has not previously implemented the Security Orders or been subject to the provisions of R9-7-1921 through R9-7-1933 shall implement the provisions of R9-7-1921 through R9-7-1933 before aggregating radioactive material to a quantity that equals or exceeds the category 2 threshold.
  - B.** General performance objective: The licensee's access authorization program shall ensure that the individuals specified in subsection (C)(1) are trustworthy and reliable.
  - C.** Applicability:
    1. Licensees shall subject the following individuals to an access authorization program:
      - a. Any individual whose assigned duties require unescorted access to category 1 or category 2 quantities of radioactive material or to any device that contains the radioactive material; and
      - b. Reviewing officials.
    2. Licensees need not subject the categories of individuals listed in R9-7-1929(A) to the investigation elements of the access authorization program.
    3. Licensees shall approve for unescorted access to category 1 or category 2 quantities of radioactive material only those individuals with job duties that require unescorted access to category 1 or category 2 quantities of radioactive material.
    4. Licensees may include individuals in the access authorization program under R9-7-1921 through R9-7-1933 and needing access to safeguards information-modified handling under 10 CFR part 73 revised January 1, 2015, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.
- Historical Note**  
New Section R9-7-1921 recodified from R12-1-1921 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).
- R9-7-1922. Reserved**
- Historical Note**  
Section R9-7-1922 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).
- R9-7-1923. Access Authorization Program Requirements**
- A.** Granting unescorted access authorization:
    1. Licensees shall implement the requirements of this Article for granting initial or reinstated unescorted access authorization.
    2. Individuals who have been determined to be trustworthy and reliable shall also complete the security training required by R9-7-1943(C) before being allowed unescorted access to category 1 or category 2 quantities of radioactive material.
  - B.** Reviewing officials:
    1. Reviewing officials are the only individuals who may make trustworthiness and reliability determinations that allow individuals to have unescorted access to category 1 or category 2 quantities of radioactive materials possessed by the licensee.
    2. Each licensee shall name one or more individuals to be reviewing officials. After completing the background investigation on the reviewing official, the licensee shall provide under oath or affirmation, a certification, to the ATTN: Bureau Chief, Bureau of Radiation Control, Arizona Department of Health Services, 4814 S. 40th Street, Phoenix, Arizona 85040, that the reviewing official is deemed trustworthy and reliable by the licensee. The fingerprints of the named reviewing official shall be taken by a law enforcement agency, Federal or State agencies that provide fingerprinting services to the public, or commercial fingerprinting services authorized by a State to take fingerprints. The licensee shall recertify that the reviewing official is deemed trustworthy and reliable every 10 years in accordance with R9-7-1925(C).
  3. Reviewing officials shall be permitted to have unescorted access to category 1 or category 2 quantities of radioactive materials or access to safeguards information or safeguards information-modified handling, if the licensee possesses safeguards information or safeguards information-modified handling. Reviewing officials permitted unescorted access to category 1 or category 2 quantities of radioactive materials shall receive appropriate radiation safety training initially and at a frequency not to exceed 12 months. The licensee shall maintain records of the initial and refresher training for three years from the date of training for Department review.
  4. Reviewing officials cannot approve other individuals to act as reviewing officials.
  5. A reviewing official does not need to undergo a new background investigation before being named by the licensee as the reviewing official if:
    - a. The individual has undergone a background investigation that included fingerprinting and an FBI criminal history records check and has been determined to be trustworthy and reliable by the licensee; or
    - b. The individual is subject to a category listed in R9-7-1929(A).
  - C.** Informed consent:
    1. Licensees may not initiate a background investigation without the informed and signed consent of the subject individual. This consent shall include authorization to share personal information with other individuals or organizations as necessary to complete the background investigation. Before a final adverse determination, the licensee shall provide the individual with an opportunity to correct any inaccurate or incomplete information that is developed during the background investigation. Licensees do not need to obtain signed consent from those individuals that meet the requirements of R9-7-1925(B). A signed consent shall be obtained prior to any reinvestigation.
    2. The subject individual may withdraw his or her consent at any time. Licensees shall inform the individual that:
      - a. If an individual withdraws his or her consent, the licensee may not initiate any elements of the background investigation that were not in progress at the time the individual withdrew his or her consent; and
      - b. The withdrawal of consent for the background investigation is sufficient cause for denial or termination of unescorted access authorization.
  - D.** Personal history disclosure: Any individual who is applying for unescorted access authorization shall disclose the personal history information that is required by the licensee's access authorization program for the reviewing official to make a determination of the individual's trustworthiness and reliability. Refusal to provide, or the falsification of, any personal history information required by this Article is sufficient cause for denial or termination of unescorted access.
  - E.** Determination basis:

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1. The reviewing official shall determine whether to permit, deny, unfavorably terminate, maintain, or administratively withdraw an individual's unescorted access authorization based on an evaluation of all of the information collected to meet the requirements of this Article.
  2. The reviewing official may not permit any individual to have unescorted access until the reviewing official has evaluated all of the information collected to meet the requirements of this Article and determined that the individual is trustworthy and reliable. The reviewing official may deny unescorted access to any individual based on information obtained at any time during the background investigation.
  3. The licensee shall document the basis for concluding whether or not there is reasonable assurance that an individual is trustworthy and reliable.
  4. The reviewing official may terminate or administratively withdraw an individual's unescorted access authorization based on information obtained after the background investigation has been completed and the individual granted unescorted access authorization.
  5. Licensees shall maintain a list of persons currently approved for unescorted access authorization. When a licensee determines that a person no longer requires unescorted access or meets the access authorization requirement, the licensee shall remove the person from the approved list as soon as possible, but no later than 7 working days, and take prompt measures to ensure that the individual is unable to have unescorted access to the material.
- F.** Procedures: Licensees shall develop, implement, and maintain written procedures for implementing the access authorization program. The procedures shall include provisions for the notification of individuals who are denied unescorted access. The procedures shall include provisions for the review, at the request of the affected individual, of a denial or termination of unescorted access authorization. The procedures shall contain a provision to ensure that the individual is informed of the grounds for the denial or termination of unescorted access authorization and allow the individual an opportunity to provide additional relevant information.
- G.** Right to correct and complete information:
1. Prior to any final adverse determination, licensees shall provide each individual subject to this Article with the right to complete, correct, and explain information obtained as a result of the licensee's background investigation. Confirmation of receipt by the individual of this notification shall be maintained by the licensee for a period of 1 year from the date of the notification.
  2. If, after reviewing his or her criminal history record, an individual believes that it is incorrect or incomplete in any respect and wishes to change, correct, update, or explain anything in the record, the individual may initiate challenge procedures. These procedures include direct application by the individual challenging the record to the law enforcement agency that contributed the questioned information or a direct challenge as to the accuracy or completeness of any entry on the criminal history record to the Federal Bureau of Investigation, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306 as set forth in 28 CFR 16.30 through 16.34. In the latter case, the Federal Bureau of Investigation (FBI) will forward the challenge to the agency that submitted the data,

and will request that the agency verify or correct the challenged entry. Upon receipt of an official communication directly from the agency that contributed the original information, the FBI Identification Division makes any changes necessary in accordance with the information supplied by that agency. Licensees shall provide at least 10 days for an individual to initiate action to challenge the results of an FBI criminal history records check after the record being made available for his or her review. The licensee may make a final adverse determination based upon the criminal history records only after receipt of the FBI's confirmation or correction of the record.

**H. Records:**

1. The licensee shall retain documentation regarding the trustworthiness and reliability of individual employees for 3 years from the date the individual no longer requires unescorted access to category 1 or category 2 quantities of radioactive material.
2. The licensee shall retain a copy of the current access authorization program procedures as a record for 3 years after the procedure is no longer needed. If any portion of the procedure is superseded, the licensee shall retain the superseded material for 3 years after the record is superseded.
3. The licensee shall retain the list of persons approved for unescorted access authorization for 3 years after the list is superseded or replaced.

**Historical Note**

New Section R9-7-1923 recodified from R12-1-1923 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1). Amended by final expedited rulemaking at 26 A.A.R. 1067, with an immediate effective date of May 6, 2020 (Supp. 20-2).

**R9-7-1924. Reserved****Historical Note**

Section R9-7-1924 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1925. Background Investigations**

- A.** Initial investigation: Before allowing an individual unescorted access to category 1 or category 2 quantities of radioactive material or to the devices that contain the material, licensees shall complete a background investigation of the individual seeking unescorted access authorization. The scope of the investigation shall encompass at least the 7 years preceding the date of the background investigation or since the individual's eighteenth birthday, whichever is shorter. The background investigation shall include at a minimum:
1. Fingerprinting and an FBI identification and criminal history records check in accordance with R9-7-1927;
  2. Verification of true identity. Licensees shall verify the true identity of the individual who is applying for unescorted access authorization to ensure that the applicant is who he or she claims to be. A licensee shall review official identification documents (e.g., driver's license; passport; government identification; certificate of birth issued by the state, province, or country of birth) and compare the documents to personal information data provided by the individual to identify any discrepancy in the information. Licensees shall document the type, expiration, and identification number of the identification document, or maintain a photocopy of identifying documents on file in accordance with R9-7-1931. Licensees shall certify in

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writing that the identification was properly reviewed, and shall maintain the certification and all related documents for review upon inspection;

3. Employment history verification. Licensees shall complete an employment history verification, including military history. Licensees shall verify the individual's employment with each previous employer for the most recent 7 years before the date of application;
4. Verification of education. Licensees shall verify that the individual participated in the education process during the claimed period;
5. Character and reputation determination. Licensees shall complete reference checks to determine the character and reputation of the individual who has applied for unescorted access authorization. Unless other references are not available, reference checks may not be conducted with any person who is known to be a close member of the individual's family, including but not limited to the individual's spouse, parents, siblings, or children, or any individual who resides in the individual's permanent household. Reference checks under this Section shall be limited to whether the individual has been and continues to be trustworthy and reliable;
6. The licensee shall also, to the extent possible, obtain independent information to corroborate that provided by the individual (e.g., seek references not supplied by the individual); and
7. If a previous employer, educational institution, or any other entity with which the individual claims to have been engaged fails to provide information or indicates an inability or unwillingness to provide information within a time frame deemed appropriate by the licensee but at least after 10 business days of the request or if the licensee is unable to reach the entity, the licensee shall document the refusal, unwillingness, or inability in the record of investigation; and attempt to obtain the information from an alternate source.

**B. Grandfathering:**

1. Individuals who have been determined to be trustworthy and reliable for unescorted access to category 1 or category 2 quantities of radioactive material under the Fingerprint Orders may continue to have unescorted access to category 1 and category 2 quantities of radioactive material without further investigation. These individuals shall be subject to the reinvestigation requirement.
2. Individuals who have been determined to be trustworthy and reliable under the provisions of 10 CFR part 73 revised January 1, 2015, incorporated by reference, available under R9-7-101, and containing no future editions or amendments; or the security orders for access to safeguards information, safeguards information-modified handling, or risk-significant material may have unescorted access to category 1 and category 2 quantities of radioactive material without further investigation. The licensee shall document that the individual was determined to be trustworthy and reliable under the provisions of 10 CFR part 73 revised January 1, 2015, incorporated by reference, available under R9-7-101, and containing no future editions or amendments; or a security order. Security order, in this context, refers to any order that was issued by the NRC that required fingerprints and an FBI criminal history records check for access to safeguards information, safeguards information-modified handling, or risk significant material such as special nuclear mate-

rial or large quantities of uranium hexafluoride. These individuals shall be subject to the reinvestigation requirement.

- C. Re-investigations: Licensees shall conduct a reinvestigation every 10 years for any individual with unescorted access to category 1 or category 2 quantities of radioactive material. The reinvestigation shall consist of fingerprinting and an FBI identification and criminal history records check in accordance with R9-7-1927. The re-investigations shall be completed within 10 years of the date on which these elements were last completed.

**Historical Note**

New Section R9-7-1925 recodified from R12-1-1925 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1926. Reserved****Historical Note**

Section R9-7-1926 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1927. Requirements for Criminal History Records Checks of Individuals Granted Unescorted Access to Category 1 or Category 2 Quantities of Radioactive Material****A. General performance objective and requirements:**

1. Except for those individuals listed in R9-7-1929 and those individuals grandfathered under R9-7-1925(B), each licensee subject to the provisions of this Article shall fingerprint each individual who is to be permitted unescorted access to category 1 or category 2 quantities of radioactive material. Licensees shall transmit all collected fingerprints to the NRC for transmission to the FBI. The licensee shall use the information received from the FBI as part of the required background investigation to determine whether to grant or deny further unescorted access to category 1 or category 2 quantities of radioactive materials for that individual.
2. The licensee shall notify each affected individual that his or her fingerprints will be used to secure a review of his or her criminal history record, and shall inform him or her of the procedures for revising the record or adding explanations to the record.
3. Fingerprinting is not required if a licensee is reinstating an individual's unescorted access authorization to category 1 or category 2 quantities of radioactive materials if:
  - a. The individual returns to the same facility that granted unescorted access authorization within 365 days of the termination of his or her unescorted access authorization; and
  - b. The previous access was terminated under favorable conditions.
4. Fingerprints do not need to be taken if an individual who is an employee of a licensee, contractor, manufacturer, or supplier has been granted unescorted access to category 1 or category 2 quantities of radioactive material, access to safeguards information, or safeguards information-modified handling by another licensee, based upon a background investigation conducted under this Article, the Fingerprint Orders, or 10 CFR part 73, revised December 12, 2018, incorporated by reference, available under R9-7-101, and containing no future editions or amendments. An existing criminal history records check file may be transferred to the licensee asked to grant unescorted access in accordance with the provisions of R9-7-1931(C).

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5. Licensees shall use the information obtained as part of a criminal history records check solely for the purpose of determining an individual's suitability for unescorted access authorization to category 1 or category 2 quantities of radioactive materials, access to safeguards information, or safeguards information-modified handling.

**B. Prohibitions:**

1. Licensees may not base a final determination to deny an individual unescorted access authorization to category 1 or category 2 quantities of radioactive material solely on the basis of information received from the FBI involving:
  - a. An arrest more than 1 year old for which there is no information of the disposition of the case; or
  - b. An arrest that resulted in dismissal of the charge or an acquittal.
2. Licensees may not use information received from a criminal history records check obtained under this Section in a manner that would infringe upon the rights of any individual under the First Amendment to the Constitution of the United States, nor shall licensees use the information in any way that would discriminate among individuals on the basis of race, religion, national origin, gender, or age.

**C. Procedures for processing of fingerprint checks:**

1. For the purpose of complying with this Article, licensees shall use an appropriate method listed in 10 CFR 37.7, revised November 29, 2019, incorporated by reference, available under R9-7-101, and containing no future editions or amendments; to submit to the U.S. Nuclear Regulatory Commission, Division of Physical and Cyber Security Policy, 11545 Rockville Pike, ATTN: Criminal History Program/Mail Stop T-07D04M, Rockville, MD 20852, one completed, legible standard fingerprint card (Form FD-258, ORIMDNRCOOOZ), electronic fingerprint scan or, where practicable, other fingerprint record for each individual requiring unescorted access to category 1 or category 2 quantities of radioactive material. Copies of these forms may be obtained by emailing [MAILSVS.Resource@nrc.gov](mailto:MAILSVS.Resource@nrc.gov). Guidance on submitting electronic fingerprints can be found at <https://www.nrc.gov/security/chp.html>.
2. Fees for the processing of fingerprint checks are due upon application. Licensees shall submit payment with the application for the processing of fingerprints through corporate check, certified check, cashier's check, money order, or electronic payment, made payable to "U.S. NRC." (For guidance on making electronic payments, contact the Division of Physical and Cyber Security Policy by e-mailing [Crimhist.Resource@NRC.gov](mailto:Crimhist.Resource@NRC.gov).) Combined payment for multiple applications is acceptable. The Commission publishes the amount of the fingerprint check application fee on the NRC's public website. (To find the current fee amount, go to the Licensee Criminal History Records Checks & Firearms Background Check information page at <https://www.nrc.gov/security/chp.html> and see the link for "How do I determine how much to pay for the request?")
3. The U.S. Nuclear Regulatory Commission will forward to the submitting licensee all data received from the FBI as a result of the licensee's application or applications for criminal history records checks.

**Historical Note**

New Section R9-7-1927 recodified from R12-1-1927 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).  
Amended by final expedited rulemaking at 24 A.A.R.

2151, effective July 12, 2018 (Supp. 18-3). Amended by final expedited rulemaking at 26 A.A.R. 1067, with an immediate effective date of May 6, 2020 (Supp. 20-2).  
Amended by final expedited rulemaking at 28 A.A.R. 3533 (November 18, 2022), with an immediate effective date of November 2, 2022 (Supp. 22-4).

**R9-7-1928. Reserved****Historical Note**

Section R9-7-1928 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1929. Relief From Fingerprinting, Identification, and Criminal History Records Checks and Other Elements of Background Investigations for Designated Categories of Individuals Permitted Unescorted Access to Certain Radioactive Materials**

- A. Fingerprinting, and the identification and criminal history records checks required by section 149 of the Atomic Energy Act of 1954, as amended, and other elements of the background investigation are not required for the following individuals prior to granting unescorted access to category 1 or category 2 quantities of radioactive materials:
  1. An employee of the U.S. Nuclear Regulatory Commission or of the Executive Branch of the U.S. Government who has undergone fingerprinting for a prior U.S. Government criminal history records check;
  2. A Member of Congress;
  3. An employee of a member of Congress or Congressional committee who has undergone fingerprinting for a prior U.S. Government criminal history records check;
  4. The Governor of a State or his or her designated State employee representative;
  5. Federal, State, or local law enforcement personnel;
  6. State Radiation Control Program Directors and State Homeland Security Advisors or their designated State employee representatives;
  7. Agreement State employees conducting security inspections on behalf of the NRC under an agreement executed under section 274.i. of the Atomic Energy Act;
  8. Representatives of the International Atomic Energy Agency (IAEA) engaged in activities associated with the U.S./IAEA Safeguards Agreement who have been certified by the NRC;
  9. Emergency response personnel who are responding to an emergency;
  10. Commercial vehicle drivers for road shipments of category 1 and category 2 quantities of radioactive material;
  11. Package handlers at transportation facilities such as freight terminals and railroad yards;
  12. Any individual who has an active Federal security clearance, provided that he or she makes available the appropriate documentation. Written confirmation from the agency/employer that granted the Federal security clearance or reviewed the criminal history records check shall be provided to the licensee. The licensee shall retain this documentation for a period of 3 years from the date the individual no longer requires unescorted access to category 1 or category 2 quantities of radioactive material; and
  13. Any individual employed by a service provider licensee for which the service provider licensee has conducted the background investigation for the individual and approved the individual for unescorted access to category 1 or category 2 quantities of radioactive material. Written verification from the service provider shall be provided to the



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licensee. The licensee shall retain the documentation for a period of 3 years from the date the individual no longer requires unescorted access to category 1 or category 2 quantities of radioactive material.

- B.** Fingerprinting, and the identification and criminal history records checks required by section 149 of the Atomic Energy Act of 1954, as amended, are not required for an individual who has had a favorably adjudicated U.S. Government criminal history records check within the last 5 years, under a comparable U.S. Government program involving fingerprinting and an FBI identification and criminal history records check provided that he or she makes available the appropriate documentation. Written confirmation from the agency/employer that reviewed the criminal history records check shall be provided to the licensee. The licensee shall retain this documentation for a period of 3 years from the date the individual no longer requires unescorted access to category 1 or category 2 quantities of radioactive material. These programs include, but are not limited to:
1. National Agency Check;
  2. Transportation Worker Identification Credentials (TWIC) under 49 CFR part 1572;
  3. Bureau of Alcohol, Tobacco, Firearms, and Explosives background check and clearances under 27 CFR part 555;
  4. Health and Human Services security risk assessments for possession and use of select agents and toxins under 42 CFR part 73;
  5. Hazardous Material security threat assessment for hazardous material endorsement to commercial driver's license under 49 CFR part 1572; and
  6. Customs and Border Protection's Free and Secure Trade (FAST) Program.

**Historical Note**

New Section R9-7-1929 recodified from R12-1-1929 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1930. Reserved****Historical Note**

Section R9-7-1930 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1931. Protection of Information**

- A.** Each licensee who obtains background information on an individual under this Article shall establish and maintain a system of files and written procedures for protection of the record and the personal information from unauthorized disclosure.
- B.** The licensee may not disclose the record or personal information collected and maintained to persons other than the subject individual, his or her representative, or to those who have a need to have access to the information in performing assigned duties in the process of granting or denying unescorted access to category 1 or category 2 quantities of radioactive material, safeguards information, or safeguards information-modified handling. No individual authorized to have access to the information may disseminate the information to any other individual who does not have a need to know.
- C.** The personal information obtained on an individual from a background investigation may be provided to another licensee:
1. Upon the individual's written request to the licensee holding the data to disseminate the information contained in his or her file; and
  2. The recipient licensee verifies information such as name, date of birth, social security number, gender, and other applicable physical characteristics.

- D.** The licensee shall make background investigation records obtained under this Article available for examination by an authorized representative of the Department to determine compliance with the rules and laws.
- E.** The licensee shall retain all fingerprint and criminal history records (including data indicating no record) received from the FBI, or a copy of these records if the individual's file has been transferred, on an individual for 3 years from the date the individual no longer requires unescorted access to category 1 or category 2 quantities of radioactive material.

**Historical Note**

New Section R9-7-1931 recodified from R12-1-1931 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1932. Reserved****Historical Note**

Section R9-7-1932 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1933. Access Authorization Program Review**

- A.** Each licensee shall be responsible for the continuing effectiveness of the access authorization program. Each licensee shall ensure that access authorization programs are reviewed to confirm compliance with the requirements of this Article and that comprehensive actions are taken to correct any noncompliance that is identified. The review program shall evaluate all program performance objectives and requirements. Each licensee shall periodically (at least annually) review the access program content and implementation.
- B.** The results of the reviews, along with any recommendations, shall be documented. Each review report shall identify conditions that are adverse to the proper performance of the access authorization program, the cause of the condition(s), and, when appropriate, recommend corrective actions, and corrective actions taken. The licensee shall review the findings and take any additional corrective actions necessary to preclude repetition of the condition, including reassessment of the deficient areas where indicated.
- C.** Review records shall be maintained for 3 years.

**Historical Note**

New Section R9-7-1933 recodified from R12-1-1933 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1934. Reserved****Historical Note**

Section R9-7-1934 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1935. Reserved****Historical Note**

Section R9-7-1935 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1936. Reserved****Historical Note**

Section R9-7-1936 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1937. Reserved****Historical Note**

Section R9-7-1937 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1938. Reserved**

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**Historical Note**

Section R9-7-1938 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1939. Reserved****Historical Note**

Section R9-7-1939 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1940. Reserved****Historical Note**

Section R9-7-1940 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1941. Security Program****A. Applicability:**

1. Each licensee that possesses an aggregated category 1 or category 2 quantity of radioactive material shall establish, implement, and maintain a security program in accordance with the requirements of this Article.
2. An applicant for a new license and each licensee that would become newly subject to the requirements of this Article upon application for modification of its license shall implement the requirements of this Article, as appropriate, before taking possession of an aggregated category 1 or category 2 quantity of radioactive material.
3. Any licensee that has not previously implemented the Security Orders or been subject to the provisions of R9-7-1941 through R9-7-1957 shall provide written notification to the Department, as specified in R9-7-1907, at least 90 days before aggregating radioactive material to a quantity that equals or exceeds the category 2 threshold.

**B. General performance objective:** Each licensee shall establish, implement, and maintain a security program that is designed to monitor and, without delay, detect, assess, and respond to an actual or attempted unauthorized access to category 1 or category 2 quantities of radioactive material.**C. Program features:** Each licensee's security program shall include the program features, as appropriate, described in R9-7-1943, R9-7-1945, R9-7-1947, R9-7-1949, R9-7-1951, R9-7-1953, and R9-7-1955.**Historical Note**

New Section R9-7-1941 recodified from R12-1-1941 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1942. Reserved****Historical Note**

Section R9-7-1942 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1943. General Security Program Requirements****A. Security plan:**

1. Each licensee identified in R9-7-1941(A) shall develop a written security plan specific to its facilities and operations. The purpose of the security plan is to establish the licensee's overall security strategy to ensure the integrated and effective functioning of the security program required by this Article. The security plan shall, at a minimum:
  - a. Describe the measures and strategies used to implement the requirements of this Article; and
  - b. Identify the security resources, equipment, and technology used to satisfy the requirements of this Article.

2. The security plan shall be reviewed and approved by the individual with overall responsibility for the security program.
3. A licensee shall revise its security plan as necessary to ensure the effective implementation of Department requirements. The licensee shall ensure that:
  - a. The revision has been reviewed and approved by the individual with overall responsibility for the security program; and
  - b. The affected individuals are instructed on the revised plan before the changes are implemented.
4. The licensee shall retain a copy of the current security plan as a record for at least three years after the security plan is no longer required. If any portion of the plan is superseded, the licensee shall retain the superseded material for at least three years after the record is superseded.

**B. Implementing procedures:**

1. The licensee shall develop and maintain written procedures that document how the requirements of this Article and the security plan will be met.
2. The implementing procedures and revisions to these procedures shall be approved in writing by the individual with overall responsibility for the security program.
3. The licensee shall retain a copy of the current procedure as a record for at least three years after the procedure is no longer needed. Superseded portions of the procedure shall be retained for at least three years after the record is superseded.

**C. Training:**

1. Each licensee shall conduct training to ensure that those individuals implementing the security program possess and maintain the knowledge, skills, and abilities to carry out their assigned duties and responsibilities effectively. The training shall include instruction in:
  - a. The licensee's security program and procedures to secure category 1 or category 2 quantities of radioactive material, and in the purposes and functions of the security measures employed;
  - b. The responsibility to report promptly to the licensee any condition that causes or may cause a violation of Department requirements;
  - c. The responsibility of the licensee to report promptly to the local law enforcement agency and licensee any actual or attempted theft, sabotage, or diversion of category 1 or category 2 quantities of radioactive material; and
  - d. The appropriate response to security alarms.
2. In determining those individuals who shall be trained on the security program, the licensee shall consider each individual's assigned activities during authorized use and response to potential situations involving actual or attempted theft, diversion, or sabotage of category 1 or category 2 quantities of radioactive material. The extent of the training shall be commensurate with the individual's potential involvement in the security of category 1 or category 2 quantities of radioactive material.
3. Refresher training shall be provided at a frequency not to exceed 12 months and when significant changes have been made to the security program. This training shall include:
  - a. Review of the training requirements of subsection (c) and any changes made to the security program since the last training;

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- b. Reports on any relevant security issues, problems, and lessons learned;
  - c. Relevant results of Department inspections; and
  - d. Relevant results of the licensee's program review and testing and maintenance.
4. The licensee shall maintain records of the initial and refresher training for at least three years after the date of the training. The training records shall include dates of the training, topics covered, a list of licensee personnel in attendance, and related information.

**D. Protection of information:**

1. Licensees authorized to possess category 1 or category 2 quantities of radioactive material shall limit access to and unauthorized disclosure of their security plan, implementing procedures, and the list of individuals that have been approved for unescorted access.
2. Efforts to limit access shall include the development, implementation, and maintenance of written policies and procedures for controlling access to, and for proper handling and protection against unauthorized disclosure of, the security plan, implementing procedures, and the list of individuals that have been approved for unescorted access.
3. Before granting an individual access to the security plan or implementing procedures, licensees shall:
  - a. Evaluate an individual's need to know the security plan, implementing procedures, or the list of individuals that have been approved for unescorted access; and
  - b. If the individual has not been authorized for unescorted access to category 1 or category 2 quantities of radioactive material, safeguards information, or safeguards information-modified handling, the licensee shall complete a background investigation to determine the individual's trustworthiness and reliability. A trustworthiness and reliability determination shall be conducted by the reviewing official and shall include the background investigation elements contained in R9-7-1925(A)(2) through (A)(7).
4. Licensees need not subject the following individuals to the background investigation elements for protection of information:
  - a. The categories of individuals listed in R9-7-1929(A); or
  - b. Security service provider employees, provided written verification that the employee has been determined to be trustworthy and reliable, by the required background investigation in R9-7-1925(A)(2) through (A)(7), has been provided by the security service provider.
5. The licensee shall document the basis for concluding that an individual is trustworthy and reliable and should be granted access to the security plan, implementing procedures, or the list of individuals that have been approved for unescorted access.
6. Licensees shall maintain a list of persons currently approved for access to the security plan, implementing procedures, or the list of individuals that have been approved for unescorted access. When a licensee determines that a person no longer needs access to the security plan, implementing procedures, or the list of individuals that have been approved for unescorted access, or no longer meets the access authorization requirements for access to the information, the licensee shall remove the

person from the approved list as soon as possible, but no later than seven working days, and take prompt measures to ensure that the individual is unable to obtain the security plan or implementing procedures.

7. When not in use, the licensee shall store its security plan, implementing procedures, and the list of individuals that have been approved for unescorted access in a manner to prevent unauthorized access. Information stored in non-removable electronic form shall be password protected.
8. The licensee shall retain as a record for at least three years after the document is no longer needed:
  - a. A copy of the information protection procedures; and
  - b. The list of individuals approved for access to the security plan, implementing procedures, or the list of individuals that have been approved for unescorted access.
9. State officials, State employees, and other individuals, whether or not licensees of the Commission or an Agreement State, who receive schedule information of the kind specified in subsection (D)(1) shall protect that information against unauthorized disclosure as specified in subsection (D)(2).

**Historical Note**

New Section R9-7-1943 recodified from R12-1-1943 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1). Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3). Amended by final expedited rulemaking at 30 A.A.R. 2681 (August 30, 2024), with an immediate effective date of August 7, 2024 (Supp. 24-3).

**R9-7-1944. Reserved****Historical Note**

Section R9-7-1944 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1945. Local Law Enforcement Agency (LLEA) Coordination**

- A.** A licensee subject to this Article shall coordinate, to the extent practicable, with an LLEA for responding to threats to the licensee's facility, including any necessary armed response. The information provided to the LLEA shall include:
  1. A description of the facilities and the category 1 and category 2 quantities of radioactive materials along with a description of the licensee's security measures that have been implemented to comply with this Article; and
  2. A notification that the licensee will request a timely armed response by the LLEA to any actual or attempted theft, sabotage, or diversion of category 1 or category 2 quantities of material.
- B.** The licensee shall notify the Department as listed in R9-7-1907 of this Article within 3 business days if:
  1. The LLEA has not responded to the request for coordination within 60 days of the coordination request; or
  2. The LLEA notifies the licensee that the LLEA does not plan to participate in coordination activities.
- C.** The licensee shall document its efforts to coordinate with the LLEA. The documentation shall be kept for 3 years.
- D.** The licensee shall coordinate with the LLEA at least every 12 months, or when changes to the facility design or operation adversely affect the potential vulnerability of the licensee's material to theft, sabotage, or diversion.

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**Historical Note**

New Section R9-7-1945 recodified from R12-1-1945 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1946. Reserved****Historical Note**

Section R9-7-1946 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1947. Security Zones**

- A. Licensees shall ensure that all aggregated category 1 and category 2 quantities of radioactive material are used or stored within licensee established security zones. Security zones may be permanent or temporary.
- B. Temporary security zones shall be established as necessary to meet the licensee's transitory or intermittent business activities, such as periods of maintenance, source delivery, and source replacement.
- C. Security zones shall, at a minimum, allow unescorted access only to approved individuals through:
  1. Isolation of category 1 and category 2 quantities of radioactive materials by the use of continuous physical barriers that allow access to the security zone only through established access control points. A physical barrier is a natural or man-made structure or formation sufficient for the isolation of the category 1 or category 2 quantities of radioactive material within a security zone; or
  2. Direct control of the security zone by approved individuals at all times; or
  3. A combination of continuous physical barriers and direct control.
- D. For category 1 quantities of radioactive material during periods of maintenance, source receipt, preparation for shipment, installation, or source removal or exchange, the licensee shall, at a minimum, provide sufficient individuals approved for unescorted access to maintain continuous surveillance of sources in temporary security zones and in any security zone in which physical barriers or intrusion detection systems have been disabled to allow such activities.
- E. Individuals not approved for unescorted access to category 1 or category 2 quantities of radioactive material shall be escorted by an approved individual when in a security zone.

**Historical Note**

New Section R9-7-1947 recodified from R12-1-1947 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1948. Reserved****Historical Note**

Section R9-7-1948 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1949. Monitoring, Detection, and Assessment**

- A. Monitoring and detection:
  1. Licensees shall establish and maintain the capability to continuously monitor and detect without delay all unauthorized entries into its security zones. Licensees shall provide the means to maintain continuous monitoring and detection capability in the event of a loss of the primary power source, or provide for an alarm and response in the event of a loss of this capability to continuously monitor and detect unauthorized entries.
  2. Monitoring and detection shall be performed by:
    - a. A monitored intrusion detection system that is linked to an onsite or offsite central monitoring facility; or
    - b. Electronic devices for intrusion detection alarms that will alert nearby facility personnel; or
    - c. A monitored video surveillance system; or
    - d. Direct visual surveillance by approved individuals located within the security zone; or
    - e. Direct visual surveillance by a licensee designated individual located outside the security zone.

3. A licensee subject to this Article shall also have a means to detect unauthorized removal of the radioactive material from the security zone. This detection capability shall provide:
  - a. For category 1 quantities of radioactive material, immediate detection of any attempted unauthorized removal of the radioactive material from the security zone. Such immediate detection capability shall be provided by:
    - i. Electronic sensors linked to an alarm; or
    - ii. Continuous monitored video surveillance; or
    - iii. Direct visual surveillance.
  - b. For category 2 quantities of radioactive material, weekly verification through physical checks, tamper indicating devices, use, or other means to ensure that the radioactive material is present.

- B. Assessment: Licensees shall immediately assess each actual or attempted unauthorized entry into the security zone to determine whether the unauthorized access was an actual or attempted theft, sabotage, or diversion.
- C. Personnel communications and data transmission: For personnel and automated or electronic systems supporting the licensee's monitoring, detection, and assessment systems, licensees shall:
  1. Maintain continuous capability for personnel communication and electronic data transmission and processing among site security systems; and
  2. Provide an alternative communication capability for personnel, and an alternative data transmission and processing capability, in the event of a loss of the primary means of communication or data transmission and processing. Alternative communications and data transmission systems may not be subject to the same failure modes as the primary systems.
- D. Response: Licensees shall immediately respond to any actual or attempted unauthorized access to the security zones, or actual or attempted theft, sabotage, or diversion of category 1 or category 2 quantities of radioactive material at licensee facilities or temporary job sites. For any unauthorized access involving an actual or attempted theft, sabotage, or diversion of category 1 or category 2 quantities of radioactive material, the licensee's response shall include requesting, without delay, an armed response from the LLEA.

**Historical Note**

New Section R9-7-1949 recodified from R12-1-1949 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1950. Reserved****Historical Note**

Section R9-7-1950 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1951. Maintenance and Testing**

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- A. Each licensee subject to this R9-7-1941 through R9-7-1957 shall implement a maintenance and testing program to ensure that intrusion alarms, associated communication systems, and other physical components of the systems used to secure or detect unauthorized access to radioactive material are maintained in operable condition and are capable of performing their intended function when needed. The equipment relied on to meet the security requirements of this part shall be inspected and tested for operability and performance at the manufacturer's suggested frequency. If there is no suggested manufacturer's suggested frequency, the testing shall be performed at least annually, not to exceed 12 months.
- B. The licensee shall maintain records on the maintenance and testing activities for 3 years. The record shall include:
1. The date of activity;
  2. Type of activity performed;
  3. A list of the equipment involved;
  4. The results of the activity;
  5. The name of the individual that conducted the activity;
  6. The repair or maintenance (if applicable) that was performed.

**Historical Note**

New Section R9-7-1951 recodified from R12-1-1951 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1952. Reserved****Historical Note**

Section R9-7-1952 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1953. Requirements for Mobile Devices**

Each licensee that possesses mobile devices containing category 1 or category 2 quantities of radioactive material shall:

- A. Have two independent physical controls that form tangible barriers to secure the material from unauthorized removal when the device is not under direct control and constant surveillance by the licensee; and
- B. For devices in or on a vehicle or trailer, unless the health and safety requirements for a site prohibit the disabling of the vehicle, the licensee shall utilize a method to disable the vehicle or trailer when not under direct control and constant surveillance by the licensee. Licensees shall not rely on the removal of an ignition key to meet this requirement.

**Historical Note**

New Section R9-7-1953 recodified from R12-1-1953 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1954. Reserved****Historical Note**

Section R9-7-1954 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1955. Security Program Review**

- A. Each licensee shall be responsible for the continuing effectiveness of the security program. Each licensee shall ensure that the security program is reviewed to confirm compliance with the requirements of this Article and that comprehensive actions are taken to correct any noncompliance that is identified. The review shall include the radioactive material security program content and implementation. Each licensee shall periodically (at least annually) review the security program content and implementation.
- B. The results of the review, along with any recommendations, shall be documented. Each review report shall identify condi-

tions that are adverse to the proper performance of the security program, the cause of the condition(s), and, when appropriate, recommend corrective actions, and corrective actions taken. The licensee shall review the findings and take any additional corrective actions necessary to preclude repetition of the condition, including reassessment of the deficient areas where indicated.

- C. The licensee shall maintain the review documentation for 3 years.

**Historical Note**

New Section R9-7-1955 recodified from R12-1-1955 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1956. Reserved****Historical Note**

Section R9-7-1956 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1957. Reporting of Events**

- A. The licensee shall immediately notify the LLEA after determining that an unauthorized entry resulted in an actual or attempted theft, sabotage, or diversion of a category 1 or category 2 quantity of radioactive material. As soon as possible after initiating a response, but not at the expense of causing delay or interfering with the LLEA response to the event, the licensee shall notify the Department. Notification shall be to a live person, a voice mail is not considered adequate notification. In no case shall the notification to the Department be later than 4 hours after the discovery of any attempted or actual theft, sabotage, or diversion.
- B. The licensee shall assess any suspicious activity related to possible theft, sabotage, or diversion of category 1 or category 2 quantities of radioactive material and notify the LLEA as appropriate. As soon as possible but not later than 4 hours after notifying the LLEA, the licensee shall notify the Department.
- C. The initial telephonic notification required by subsection (A) shall be followed within a period of 30 days by a written report submitted to the Department by an appropriate method listed in R9-7-1907. The report shall include sufficient information for Department analysis and evaluation, including identification of any necessary corrective actions to prevent future instances.

**Historical Note**

New Section R9-7-1957 recodified from R12-1-1957 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1958. Reserved****Historical Note**

Section R9-7-1958 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1959. Reserved****Historical Note**

Section R9-7-1959 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1960. Reserved****Historical Note**

Section R9-7-1960 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1961. Reserved**

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**Historical Note**

Section R9-7-1961 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1962. Reserved****Historical Note**

Section R9-7-1962 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1963. Reserved****Historical Note**

Section R9-7-1963 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1964. Reserved****Historical Note**

Section R9-7-1964 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1965. Reserved****Historical Note**

Section R9-7-1965 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1966. Reserved****Historical Note**

Section R9-7-1966 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1967. Reserved****Historical Note**

Section R9-7-1967 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1968. Reserved****Historical Note**

Section R9-7-1968 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1969. Reserved****Historical Note**

Section R9-7-1969 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1970. Reserved****Historical Note**

Section R9-7-1970 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1971. Additional Requirements for Transfer of Category 1 and Category 2 Quantities of Radioactive Material**

A licensee transferring a category 1 or category 2 quantity of radioactive material to a licensee of the Department, the NRC, or an Agreement State shall meet the license verification provisions listed below instead of those listed in sections of this chapter:

1. Any licensee transferring category 1 quantities of radioactive material to a licensee of the Department, the NRC, or an Agreement State, prior to conducting such transfer, shall verify with the Department's license verification system or the license issuing authority that the transferee's license authorizes the receipt of the type, form, and quantity of radioactive material to be transferred and that the licensee is authorized to receive radioactive material at the location requested for delivery. If the verification

is conducted by contacting the license issuing authority, the transferor shall document the verification. For transfers within the same organization, the licensee does not need to verify the transfer.

2. Any licensee transferring category 2 quantities of radioactive material to a licensee of the Department, the NRC, or an Agreement State, prior to conducting such transfer, shall verify with the Department's license verification system or the license issuing authority that the transferee's license authorizes the receipt of the type, form, and quantity of radioactive material to be transferred. If the verification is conducted by contacting the license issuing authority, the transferor shall document the verification. For transfers within the same organization, the licensee does not need to verify the transfer.
3. In an emergency where the licensee cannot reach the license issuing authority and the license verification system is nonfunctional, the licensee may accept a written certification by the transferee that it is authorized by license to receive the type, form, and quantity of radioactive material to be transferred. The certification shall include the license number, current revision number, issuing agency, expiration date, and for a category 1 shipment the authorized address. The licensee shall keep a copy of the certification. The certification shall be confirmed by use of the NRC's license verification system or by contacting the license issuing authority by the end of the next business day.
4. The transferor shall keep a copy of the verification documentation as a record for 3 years.

**Historical Note**

New Section R9-7-1971 recodified from R12-1-1971 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1972. Reserved****Historical Note**

Section R9-7-1972 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1973. Applicability of Physical Protection of Category 1 and Category 2 Quantities of Radioactive Material During Transit**

- A. For shipments of category 1 quantities of radioactive material, each shipping licensee shall comply with the requirements for physical protection contained in Sections R9-7-1975(A) and (E); R9-7-1977; R9-7-1979(A)(1), (B)(1), and (C); and R9-7-1981(A), (C), (E), (G) and (H).
- B. For shipments of category 2 quantities of radioactive material, each shipping licensee shall comply with the requirements for physical protection contained in R9-7-1975(B) through (E); R9-7-1979(A)(2), (A)(3), (B)(2), and (C); and R9-7-1981(B), (D), (F), (G), and (H). For those shipments of category 2 quantities of radioactive material that meet the criteria of Article 15 of this Chapter, the shipping licensee shall also comply with the advance notification provisions of R9-7-1508 or R9-7-1512 as appropriate.
- C. The shipping licensee shall be responsible for meeting the requirements of R9-7-1971 through R9-7-1981 unless the receiving licensee has agreed in writing to arrange for the in-transit physical protection required under R9-7-1971 through R9-7-1981.
- D. Each licensee that imports or exports category 1 quantities of radioactive material shall comply with the requirements for physical protection during transit contained in R9-7-

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1975(A)(2) and (E); R9-7-1977; R9-7-1979(A)(1), (B)(1), and (C); and R9-7-1981(A), (C), (E), (G), and (H) for the domestic portion of the shipment.

- E. Each licensee that imports or exports category 2 quantities of radioactive material shall comply with the requirements for physical protection during transit contained in R9-7-1979(A)(2), (A)(3), and (B)(2); and R9-7-1981(B), (D), (F), (G), and (H) for the domestic portion of the shipment.

**Historical Note**

New Section R9-7-1973 recodified from R12-1-1973 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1974. Reserved****Historical Note**

Section R9-7-1974 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1975. Preplanning and Coordination of Shipment of Category 1 or Category 2 Quantities of Radioactive Material**

- A. Each licensee that plans to transport, or deliver to a carrier for transport, licensed material that is a category 1 quantity of radioactive material outside the confines of the licensee's facility or other place of use or storage shall:
1. Preplan and coordinate shipment arrival and departure times with the receiving licensee;
  2. Preplan and coordinate shipment information with the governor or the governor's designee of any State through which the shipment will pass to:
    - a. Discuss the State's intention to provide law enforcement escorts; and
    - b. Identify safe havens; and
  3. Document the preplanning and coordination activities.
- B. Each licensee that plans to transport, or deliver to a carrier for transport, licensed material that is a category 2 quantity of radioactive material outside the confines of the licensee's facility or other place of use or storage shall coordinate the shipment no-later-than arrival time and the expected shipment arrival with the receiving licensee. The licensee shall document the coordination activities.
- C. Each licensee who receives a shipment of a category 2 quantity of radioactive material shall confirm receipt of the shipment with the originator. If the shipment has not arrived by the no-later-than arrival time, the receiving licensee shall notify the originator.
- D. Each licensee, who transports or plans to transport a shipment of a category 2 quantity of radioactive material, and determines that the shipment will arrive after the no-later-than arrival time provided pursuant to paragraph (B), shall promptly notify the receiving licensee of the new no-later-than arrival time.
- E. The licensee shall retain a copy of the documentation for preplanning and coordination and any revision thereof, as a record for 3 years.

**Historical Note**

New Section R9-7-1975 recodified from R12-1-1975 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1976. Reserved****Historical Note**

Section R9-7-1976 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1977. Advance Notification of Shipment of Category 1 Quantities of Radioactive Material**

Each licensee shall provide advance notification to the Department and the governor of a State, or the governor's designee, of the shipment of licensed material in a category 1 quantity, through or across the boundary of the State, before the transport, or delivery to a carrier for transport of the licensed material outside the confines of the licensee's facility or other place of use or storage.

1. Procedures for submitting advance notification:

- a. The notification shall be made to the Department and to the office of each appropriate governor or governor's designee. The contact information, including telephone and mailing addresses, of governors and governors' designees and participating Tribes is available on the NRC's website at <https://sep.nrc.gov/special/designee.pdf>. A list of the contact information is also available upon request from the Director, Division of Material Safety, Security, State, and Tribal Programs, Office of Nuclear Material Safety and Safeguards, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001. The notification to the Department may be made by email to [ram@azdhs.gov](mailto:ram@azdhs.gov) or by fax to (602) 437-0705.
  - b. A notification delivered by mail shall be postmarked at least 7 days before transport of the shipment commences at the shipping facility.
  - c. A notification delivered by any means other than mail shall reach the Department at least 4 days before the transport of the shipment commences and shall reach the office of the governor or the governor's designee at least 4 days before transport of a shipment within or through the State.
2. Information to be furnished in advance notification of shipment: Each advance notification of shipment of category 1 quantities of radioactive material shall contain the following information, if available at the time of notification:
    - a. The name, address, and telephone number of the shipper, carrier, and receiver of the category 1 radioactive material;
    - b. The license numbers of the shipper and receiver;
    - c. A description of the radioactive material contained in the shipment, including the radionuclides and quantity;
    - d. The point of origin of the shipment and the estimated time and date that shipment will commence;
    - e. The estimated time and date that the shipment is expected to enter each State along the route;
    - f. The estimated time and date of arrival of the shipment at the destination; and
    - g. A point of contact, with a telephone number, for current shipment information.
  3. Revision notice:
    - a. The licensee shall provide any information not previously available at the time of the initial notification, as soon as the information becomes available but not later than commencement of the shipment, to the governor of the State or the governor's designee and to the Department at the contact information available in R9-7-1907.
    - b. A licensee shall promptly notify the governor of the state or the governor's designee of any changes to the information provided in accordance with subsections (B) and (C)(1). The licensee shall also immediately notify the Department at the contact

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information available in R9-7-1907 of any such changes.

4. Cancellation notice: Each licensee who cancels a shipment for which advance notification has been sent shall send a cancellation notice to the governor of each State or to the governor's designee previously notified and to the Department Director at the contact information available in R9-7-1907. The licensee shall send the cancellation notice before the shipment would have commenced or as soon thereafter as possible. The licensee shall state in the notice that it is a cancellation and identify the advance notification that is being cancelled.
5. Records: The licensee shall retain a copy of the advance notification and any revision and cancellation notices as a record for 3 years.
6. Protection of information: State officials, State employees, and other individuals, whether or not licensees of the Department, the NRC, or an Agreement State, who receive schedule information of the kind specified in this Section shall protect that information against unauthorized disclosure as specified in R9-7-1943(D) of this Article.

**Historical Note**

New Section R9-7-1977 recodified from R12-1-1977 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1). Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3). Amended by final expedited rulemaking at 26 A.A.R. 1067, with an immediate effective date of May 6, 2020 (Supp. 20-2).

**R9-7-1978. Reserved****Historical Note**

Section R9-7-1978 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1979. Requirements for Physical Protection of Category 1 and Category 2 Quantities of Radioactive Material During Shipment****A. Shipments by road:**

1. Each licensee who transports, or delivers to a carrier for transport, in a single shipment, a category 1 quantity of radioactive material shall:
  - a. Ensure that movement control centers are established that maintain position information from a remote location. These control centers shall monitor shipments 24 hours a day, 7 days a week, and have the ability to communicate immediately, in an emergency, with the appropriate law enforcement agencies.
  - b. Ensure that redundant communications are established that allow the transport to contact the escort vehicle (when used) and movement control center at all times. Redundant communications may not be subject to the same interference factors as the primary communication.
  - c. Ensure that shipments are continuously and actively monitored by a telemetric position monitoring system or an alternative tracking system reporting to a movement control center. A movement control center shall provide positive confirmation of the location, status, and control over the shipment. The movement control center shall be prepared to promptly implement preplanned procedures in response to deviations from the authorized route or a

notification of actual, attempted, or suspicious activities related to the theft, loss, or diversion of a shipment. These procedures will include, but not be limited to, the identification of and contact information for the appropriate LLEA along the shipment route.

- d. Provide an individual to accompany the driver for those highway shipments with a driving time period greater than the maximum number of allowable hours of service in a 24-hour duty day as established by the Department of Transportation Federal Motor Carrier Safety Administration. The accompanying individual may be another driver.
  - e. Develop written normal and contingency procedures to address:
    - i. Notifications to the communication center and law enforcement agencies;
    - ii. Communication protocols. Communication protocols shall include a strategy for the use of authentication codes and duress codes and provisions for refueling or other stops, detours, and locations where communication is expected to be temporarily lost;
    - iii. Loss of communications; and
    - iv. Responses to an actual or attempted theft or diversion of a shipment.
  - f. Each licensee who makes arrangements for the shipment of category 1 quantities of radioactive material shall ensure that drivers, accompanying personnel, and movement control center personnel have access to the normal and contingency procedures.
2. Each licensee that transports category 2 quantities of radioactive material shall maintain constant control and/or surveillance during transit and have the capability for immediate communication to summon appropriate response or assistance.
  3. Each licensee who delivers to a carrier for transport, in a single shipment, a category 2 quantity of radioactive material shall:
    - a. Use carriers that have established package tracking systems. An established package tracking system is a documented, proven, and reliable system routinely used to transport objects of value. In order for a package tracking system to maintain constant control and/or surveillance, the package tracking system shall allow the shipper or transporter to identify when and where the package was last and when it should arrive at the next point of control.
    - b. Use carriers that maintain constant control and/or surveillance during transit and have the capability for immediate communication to summon appropriate response or assistance; and
    - c. Use carriers that have established tracking systems that require an authorized signature prior to releasing the package for delivery or return.
- B. Shipments by rail:**
1. Each licensee who transports, or delivers to a carrier for transport, in a single shipment, a category 1 quantity of radioactive material shall:
    - a. Ensure that rail shipments are monitored by a telemetric position monitoring system or an alternative tracking system reporting to the licensee, third-party, or railroad communications center. The communications center shall provide positive confirmation of



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the location of the shipment and its status. The communications center shall implement preplanned procedures in response to deviations from the authorized route or to a notification of actual, attempted, or suspicious activities related to the theft or diversion of a shipment. These procedures will include, but not be limited to, the identification of and contact information for the appropriate LLEA along the shipment route.

- b. Ensure that periodic reports to the communications center are made at preset intervals.
2. Each licensee who transports, or delivers to a carrier for transport, in a single shipment, a category 2 quantity of radioactive material shall:
  - a. Use carriers that have established package tracking systems. An established package tracking system is a documented, proven, and reliable system routinely used to transport objects of value. In order for a package tracking system to maintain constant control and/or surveillance, the package tracking system shall allow the shipper or transporter to identify when and where the package was last and when it should arrive at the next point of control.
  - b. Use carriers that maintain constant control and/or surveillance during transit and have the capability for immediate communication to summon appropriate response or assistance; and
  - c. Use carriers that have established tracking systems that require an authorized signature prior to releasing the package for delivery or return.
- C. Investigations: Each licensee who makes arrangements for the shipment of category 1 quantities of radioactive material shall immediately conduct an investigation upon the discovery that a category 1 shipment is lost or missing. Each licensee who makes arrangements for the shipment of category 2 quantities of radioactive material shall immediately conduct an investigation, in coordination with the receiving licensee, of any shipment that has not arrived by the designated no-later-than arrival time.

**Historical Note**

New Section R9-7-1979 recodified from R12-1-1979 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1980. Reserved****Historical Note**

Section R9-7-1980 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1981. Reporting of Events**

- A. Within one hour of its determination that a shipment of category 1 quantities of radioactive material is lost or missing, a shipping licensee shall notify the appropriate LLEA and the Department. The Department shall be notified by calling (602) 255-4845 during business hours, or by calling the after-hours emergency Department of Public Safety dispatch line, at (602) 223-2212. The appropriate LLEA is the law enforcement agency in the area of the shipment's last confirmed location. During the investigation required by R9-7-1979(C), the shipping licensee shall provide agreed upon updates to the Department on the status of the investigation.
- B. Within four (4) hours of its determination that a shipment of category 2 quantities of radioactive material is lost or missing, a shipping licensee shall notify the appropriate LLEA and the Department. The Department shall be notified by calling (602)

255-4845 during business hours, or by calling the after-hours emergency Department of Public Safety dispatch line, at (602) 223-2212. If, after 24 hours of its determination that the shipment is lost or missing, the radioactive material has not been located and secured, the licensee shall immediately notify the Department.

- C. The shipping licensee shall notify the designated LLEA along the shipment route as soon as possible upon discovery of any actual or attempted theft or diversion of a shipment or suspicious activities related to the theft or diversion of a shipment of a category 1 quantity of radioactive material. As soon as possible after notifying the LLEA, the licensee shall notify the Department upon discovery of any actual or attempted theft or diversion of a shipment, or any suspicious activity related to the shipment of category 1 radioactive material. The Department shall be notified by calling (602) 255-4845 during business hours, or by calling the after-hours emergency Department of Public Safety dispatch line, at (602) 223-2212.
- D. The shipping licensee shall notify the Department as soon as possible upon discovery of any actual or attempted theft or diversion of a shipment, or any suspicious activity related to the shipment, of a category 2 quantity of radioactive material. The Department shall be notified by calling (602) 255-4845 during business hours, or by calling the after-hours emergency Department of Public Safety dispatch line, at (602) 223-2212.
- E. The shipping licensee shall notify the Department and the LLEA as soon as possible upon recovery of any lost or missing category 1 quantities of radioactive material. The Agency shall be notified by calling (602) 255-4845 during business hours, or by calling the after-hours emergency Department of Public Safety dispatch line, at (602) 223-2212.
- F. The shipping licensee shall notify the Department as soon as possible upon recovery of any lost or missing category 2 quantities of radioactive material. The Department shall be notified by calling (602) 255-4845 during business hours, or by calling the after-hours emergency Department of Public Safety dispatch line, at (602) 223-2212.
- G. The initial telephonic notification required by subsections (A) through (D) shall be followed within a period of 30 days by a written report submitted to the Department by an appropriate method listed in R9-7-1907. A written report is not required for notifications on suspicious activities required by subsections (C) and (D). The report shall set forth the following information:
  1. A description of the licensed material involved, including kind, quantity, and chemical and physical form;
  2. A description of the circumstances under which the loss or theft occurred;
  3. A statement of disposition, or probable disposition, of the licensed material involved;
  4. Actions that have been taken, or will be taken, to recover the material; and
  5. Procedures or measures that have been, or will be, adopted to ensure against a recurrence of the loss or theft of licensed material.
- H. Subsequent to filing the written report, the licensee shall also report any additional substantive information on the loss or theft within 30 days after the licensee learns of such information.

**Historical Note**

New Section R9-7-1981 recodified from R12-1-1981 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-1982. Reserved**

## TITLE 9. HEALTH SERVICES

## CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

**Historical Note**

Section R9-7-1982 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1983. Reserved****Historical Note**

Section R9-7-1983 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1984. Reserved****Historical Note**

Section R9-7-1984 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1985. Reserved****Historical Note**

Section R9-7-1985 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1986. Reserved****Historical Note**

Section R9-7-1986 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1987. Reserved****Historical Note**

Section R9-7-1987 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1988. Reserved****Historical Note**

Section R9-7-1988 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1989. Reserved****Historical Note**

Section R9-7-1989 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1990. Reserved****Historical Note**

Section R9-7-1990 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1991. Reserved****Historical Note**

Section R9-7-1991 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1992. Reserved****Historical Note**

Section R9-7-1992 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1993. Reserved****Historical Note**

Section R9-7-1993 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1994. Reserved****Historical Note**

Section R9-7-1994 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1995. Reserved****Historical Note**

Section R9-7-1995 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1996. Reserved****Historical Note**

Section R9-7-1996 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1997. Reserved****Historical Note**

Section R9-7-1997 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1998. Reserved****Historical Note**

Section R9-7-1998 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-1999. Reserved****Historical Note**

Section R9-7-1999 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-19100. Reserved****Historical Note**

Section R9-7-19100 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-19101. Form of Records**

- A. Each record required by this Article shall be legible throughout the retention period specified by each Department rule. The record may be the original or a reproduced copy or a microform, provided that the copy or microform is authenticated by authorized personnel and that the microform is capable of producing a clear copy throughout the required retention period. The record may also be stored in electronic media with the capability for producing legible, accurate, and complete records during the required retention period. Records such as letters, drawings, and specifications, shall include all pertinent information such as stamps, initials, and signatures. The licensee shall maintain adequate safeguards against tampering with and loss of records.
- B. The licensee who transferred the material shall retain each record of the transfer of source or byproduct material until the Department terminates each license that authorizes the activity that is subject to the recordkeeping requirement.

**Historical Note**

New Section R9-7-19101 recodified from R12-1-19101 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3).

**R9-7-19102. Reserved****Historical Note**

Section R9-7-19102 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-19103. Record Retention**

## TITLE 9. HEALTH SERVICES

## CHAPTER 7. DEPARTMENT OF HEALTH SERVICES - RADIATION CONTROL

Licensees shall maintain the records that are required by the rules in this Article for the period specified by the appropriate rule. If a retention period is not otherwise specified, these records shall be retained until the Department terminates the facility's license. All records related to this Article may be destroyed upon Department termination of the facility's license.

**Historical Note**

New Section R9-7-19103 recodified from R12-1-19103 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-19104. Reserved****Historical Note**

Section R9-7-19104 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-19105. Inspections**

- A. Each licensee shall afford to the Department, at all reasonable times, opportunity to inspect category 1 or category 2 quantities of radioactive material and the premises and facilities wherein the nuclear material is used, produced, or stored.
- B. Each licensee shall make available to the Department for inspection, upon reasonable notice, records kept by the licensee pertaining to its receipt, possession, use, acquisition, import, export, or transfer of category 1 or category 2 quantities of radioactive material.

**Historical Note**

New Section R9-7-19105 recodified from R12-1-19105 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-19106. Reserved****Historical Note**

Section R9-7-19106 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-19107. Violations**

- A. The Department may obtain an injunction or other court order to prevent a violation of the provisions of:
  - 1. A.R.S. § 30-685, as amended;
  - 2. A.A.C. Title 9, Chapter 7; or
  - 3. A rule or order issued by the Department pursuant to Statute or the rules under A.A.C. Title 9, Chapter 7.
- B. The Department may obtain a court order for the payment of a civil penalty imposed under A.R.S. § 30-687, as amended:
  - 1. For violations of:
    - a. The rules in A.A.C. Title 9, Chapter 7, as amended;
    - b. Nonpayment of fees listed in A.A.C. Title 9, Chapter 7, Article 13;
    - c. Any rule, or order issued pursuant to the sections specified in subsection (B)(1)(a);
    - d. Any term, condition, or limitation of any license issued under the sections specified in subsection (B)(1)(a).
  - 2. For any violation for which a license may be revoked.

**Historical Note**

New Section R9-7-19107 recodified from R12-1-19107 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**R9-7-19108. Reserved****Historical Note**

Section R9-7-19108 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

**R9-7-19109. Criminal Penalties**

Arizona Revised Statutes § 30-673, as amended, provides for criminal sanctions for willful violation of, attempted violation of, or conspiracy to violate, any rule issued under A.A.C. Title 9, Chapter 7. For purposes of this Section, all the rules in this Article are issued under A.R.S. § 30-673 or the rules of the Department.

**Historical Note**

New Section R9-7-19109 recodified from R12-1-19109 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

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**Appendix A. - Table 1 - Category 1 and Category 2 Threshold**

The terabecquerel (TBq) values are the regulatory standard. The curie (Ci) values specified are obtained by converting from the TBq value. The curie values are provided for practical usefulness only.

Radioactive Material	Category 1 (TBq)	Category 1 (Ci)	Category 2 (TBq)	Category 2 (Ci)
Americium-241	60	1,620	0.6	16.2
Americium-241/Be	60	1,620	0.6	16.2
Californium-252	20	540	0.2	5.40
Cobalt-60	30	810	0.3	8.10
Curium-244	50	1,350	0.5	13.5
Cesium-137	100	2,700	1	27.0
Gadolinium-153	1,000	27,000	10	270
Iridium-192	80	2,160	0.8	21.6
Plutonium-238	60	1,620	0.6	16.2
Plutonium-239/Be	60	1,620	0.6	16.2
Promethium-147	40,000	1,080,000	400	10,800
Radium-226	40	1,080	0.4	10.8
Selenium-75	200	5,400	2	54.0
Strontium-90	1,000	27,000	10	270
Thulium-170	20,000	540,000	200	5,400
Ytterbium-169	300	8,100	3	81.0

*Note: Calculations Concerning Multiple Sources or Multiple Radionuclides*

The “sum of fractions” methodology for evaluating combinations of multiple sources or multiple radionuclides is to be used in determining whether a location meets or exceeds the threshold and is thus subject to the requirements of this part.

1. If multiple sources of the same radionuclide and/or multiple radionuclides are aggregated at a location, the sum of the ratios of the total activity of each of the radionuclides shall be determined to verify whether the activity at the location is less than the category 1 or category 2 thresholds of Table 1, as appropriate. If the calculated sum of the ratios, using the equation below, is greater than or equal to 1.0, then the applicable requirements of this part apply.
2. First determine the total activity for each radionuclide from Table 1. This is done by roadding the activity of each individual source, material in any device, and any loose or bulk material that contains the radionuclide. Then use the equation below to calculate the sum of the ratios by inserting the total activity of the applicable radionuclides from Table 1 in the numerator of the equation and the corresponding threshold activity from Table 1 in the denominator of the equation.

Calculations shall be performed in metric values (i.e., TBq) and the numerator and denominator values shall be in the same units.

$R_1$  = total activity for radionuclide 1

$R_2$  = total activity for radionuclide 2

$R_n$  = total activity for radionuclide n

$AR_1$  = activity threshold for radionuclide 1

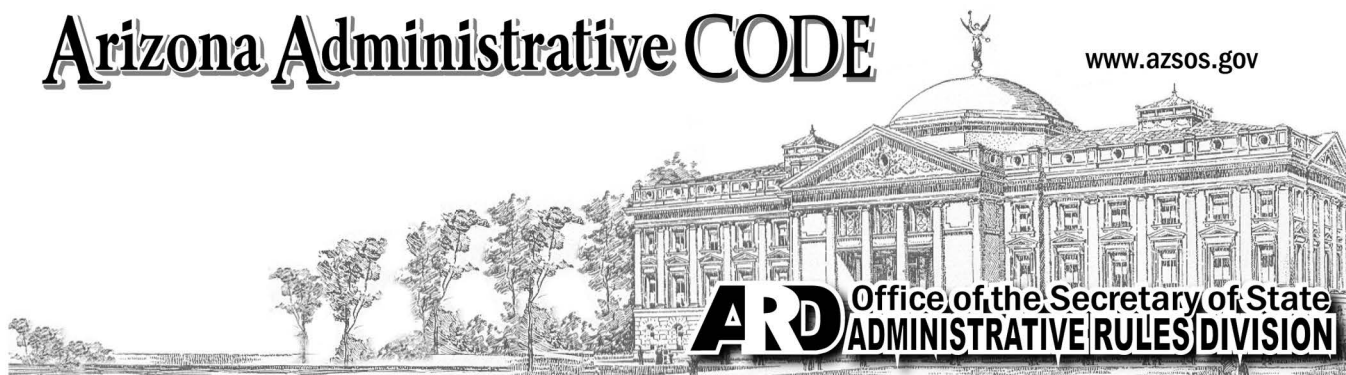
$AR_2$  = activity threshold for radionuclide 2

$AR_n$  = activity threshold for radionuclide n

$$\frac{R_1}{AR_1} + \frac{R_2}{AR_2} + \dots + \frac{R_n}{AR_n} \geq 1.0$$

**Historical Note**

New Article 19, Appendix A, Table 1 recodified from 12 A.A.C. 1, Article 19, Appendix A, Table 1 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1). Amended by final expedited rulemaking at 28 A.A.R. 3533 (November 18, 2022), with an immediate effective date of November 2, 2022 (Supp. 22-4).



**TITLE 9. HEALTH SERVICES**  
**CHAPTER 9. DEPARTMENT OF HEALTH SERVICES - HUMAN REMAINS**  
**9 A.A.C. 9**

**Supplement Information**  
**Supp. 25-4**

Rules recodified between October 1, 2025 through December 31, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-4 replaces Supp. 24-4, 1-17 pages.**

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

## PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “*Rule*’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

### THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

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### HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at [www.azsos.gov/rules](http://www.azsos.gov/rules), click on the *Administrative Register* link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

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*Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.*

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## Administrative Rules Division

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## TITLE 9. HEALTH SERVICES

## CHAPTER 9. DEPARTMENT OF HEALTH SERVICES - HUMAN REMAINS

Authority: A.R.S. §§ 32-1307(A)(1). See also, Laws 2023, Ch. 194.

## Supp. 25-4

**Editor's Note:** The Department amended the name of this Chapter from "Department of Health Services - Procurement Organizations" to "Department of Health Services - Human Remains" by final expedited rulemaking at 30 A.A.R. 3657 (November 29, 2024), with an immediate effective date of November 5, 2024 (Supp. 24-4).

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New Article 1, consisting of Sections R9-9-101 through R9-9-108 and Table 1.1, made by final rulemaking at 28 A.A.R. 1517 (July 1, 2022), with an immediate effective date of June 8, 2022 (Supp. 22-2).

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New Article 2, consisting of Sections R9-9-201 through R9-9-205, made by final rulemaking at 28 A.A.R. 1517 (July 1, 2022), with an immediate effective date of June 8, 2022 (Supp. 22-2).

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## SUBCHAPTER 9A. PROCUREMENT ORGANIZATIONS

Authority: A.R.S. § 36-851.01

**Editor's Note:** The Department created a Subchapter titled "Procurement Organizations" by final expedited rulemaking at 30 A.A.R. 3657 (November 29, 2024), with an immediate effective date of November 5, 2024 (Supp. 24-4).

ARTICLE 1. PROCUREMENT ORGANIZATION  
LICENSURE

Article 1, consisting of Sections R9-9A-101 through R9-9A-109, and Table 1.1, made by final expedited rulemaking at 30 A.A.R. 3657 (November 29, 2024), with an immediate effective date of November 5, 2024 (Supp. 24-4).

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*Editor's Note: Laws 2023, Chapter 95 and Laws 2023, Chapter 194 repealed the Board of Funeral Directors and Embalmers and transferred the authority, powers, duties, and responsibilities of the Board to the Arizona Department of Health Services, effective April 1, 2023. The Department has recodified rules from 4 A.A.C. 12 to Subchapter B, titled "Funeral Industry" at 32 A.A.R. 177 (January 9, 2026, Issue 2), effective January 1, 2026. Some rules in 4 A.A.C. 12 were not recodified and are referenced in this Subchapter (Supp. 25-4).*

*Editor's Note: The Department reserved Subchapter B at 30 A.A.R. 3657 (November 29, 2024).*

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**ARTICLE 1. REPEALED****R9-9-101. Repealed****Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1517 (July 1, 2022), with an immediate effective date of June 8, 2022 (Supp. 22-2). Section repealed by final expedited rulemaking at 30 A.A.R. 3657 (November 29, 2024), with an immediate effective date of November 5, 2024 (Supp. 24-4).

**R9-9-102. Repealed****Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1517 (July 1, 2022), with an immediate effective date of June 8, 2022 (Supp. 22-2). Section repealed by final expedited rulemaking at 30 A.A.R. 3657 (November 29, 2024), with an immediate effective date of November 5, 2024 (Supp. 24-4).

**R9-9-103. Repealed****Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1517 (July 1, 2022), with an immediate effective date of June 8, 2022 (Supp. 22-2). Section repealed by final expedited rulemaking at 30 A.A.R. 3657 (November 29, 2024), with an immediate effective date of November 5, 2024 (Supp. 24-4).

**R9-9-104. Repealed****Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1517 (July 1, 2022), with an immediate effective date of June 8, 2022 (Supp. 22-2). Section repealed by final expedited rulemaking at 30 A.A.R. 3657 (November 29, 2024), with an immediate effective date of November 5, 2024 (Supp. 24-4).

**R9-9-105. Repealed****Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1517 (July 1, 2022), with an immediate effective date of June 8, 2022 (Supp. 22-2). Section repealed by final expedited rulemaking at 30 A.A.R. 3657 (November 29, 2024), with an immediate effective date of November 5, 2024 (Supp. 24-4).

**R9-9-106. Repealed****Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1517 (July 1, 2022), with an immediate effective date of June 8, 2022 (Supp. 22-2). Section repealed by final expedited rulemaking at 30 A.A.R. 3657 (November 29, 2024), with an immediate effective date of November 5, 2024 (Supp. 24-4).

**R9-9-107. Repealed****Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1517 (July 1, 2022), with an immediate effective date of June 8, 2022 (Supp. 22-2). Section repealed by final expedited rulemaking at 30 A.A.R. 3657 (November 29,

2024), with an immediate effective date of November 5, 2024 (Supp. 24-4).

**R9-9-108. Repealed****Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1517 (July 1, 2022), with an immediate effective date of June 8, 2022 (Supp. 22-2). Section repealed by final expedited rulemaking at 30 A.A.R. 3657 (November 29, 2024), with an immediate effective date of November 5, 2024 (Supp. 24-4).

**Table 1.1. Repealed****Historical Note**

New Table 1.1 made by final rulemaking at 28 A.A.R. 1517 (July 1, 2022), with an immediate effective date of June 8, 2022 (Supp. 22-2). Table 1.1, following Section R9-9-108 repealed by final expedited rulemaking at 30 A.A.R. 3657 (November 29, 2024), with an immediate effective date of November 5, 2024 (Supp. 24-4).

**ARTICLE 2. REPEALED****R9-9-201. Repealed****Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1517 (July 1, 2022), with an immediate effective date of June 8, 2022 (Supp. 22-2). Section repealed by final expedited rulemaking at 30 A.A.R. 3657 (November 29, 2024), with an immediate effective date of November 5, 2024 (Supp. 24-4).

**R9-9-202. Repealed****Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1517 (July 1, 2022), with an immediate effective date of June 8, 2022 (Supp. 22-2). Section repealed by final expedited rulemaking at 30 A.A.R. 3657 (November 29, 2024), with an immediate effective date of November 5, 2024 (Supp. 24-4).

**R9-9-203. Repealed****Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1517 (July 1, 2022), with an immediate effective date of June 8, 2022 (Supp. 22-2). Section repealed by final expedited rulemaking at 30 A.A.R. 3657 (November 29, 2024), with an immediate effective date of November 5, 2024 (Supp. 24-4).

**R9-9-204. Repealed****Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1517 (July 1, 2022), with an immediate effective date of June 8, 2022 (Supp. 22-2). Section repealed by final expedited rulemaking at 30 A.A.R. 3657 (November 29, 2024), with an immediate effective date of November 5, 2024 (Supp. 24-4).

**R9-9-205. Repealed****Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1517 (July 1, 2022), with an immediate effective date of June 8, 2022 (Supp. 22-2). Section repealed by final

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expedited rulemaking at 30 A.A.R. 3657 (November 29, 2024), with an immediate effective date of November 5, 2024 (Supp. 24-4).

**ARTICLE 3. REPEALED****R9-9-301. Repealed****Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1517 (July 1, 2022), with an immediate effective date of June 8, 2022 (Supp. 22-2). Section repealed by final expedited rulemaking at 30 A.A.R. 3657 (November 29, 2024), with an immediate effective date of November 5, 2024 (Supp. 24-4).

**R9-9-302. Repealed****Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1517 (July 1, 2022), with an immediate effective date of June 8, 2022 (Supp. 22-2). Section repealed by final expedited rulemaking at 30 A.A.R. 3657 (November 29, 2024), with an immediate effective date of November 5, 2024 (Supp. 24-4).

**R9-9-303. Repealed****Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1517 (July 1, 2022), with an immediate effective date of June 8, 2022 (Supp. 22-2). Section repealed by final expedited rulemaking at 30 A.A.R. 3657 (November 29, 2024), with an immediate effective date of November 5, 2024 (Supp. 24-4).

**R9-9-304. Repealed****Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1517 (July 1, 2022), with an immediate effective date of June 8, 2022 (Supp. 22-2). Section repealed by final expedited rulemaking at 30 A.A.R. 3657 (November 29, 2024), with an immediate effective date of November 5, 2024 (Supp. 24-4).

**R9-9-305. Repealed****Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1517 (July 1, 2022), with an immediate effective date of June 8, 2022 (Supp. 22-2). Section repealed by final expedited rulemaking at 30 A.A.R. 3657 (November 29, 2024), with an immediate effective date of November 5, 2024 (Supp. 24-4).

**ARTICLE 4. REPEALED****R9-9-401. Repealed****Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1517 (July 1, 2022), with an immediate effective date of June 8, 2022 (Supp. 22-2). Section repealed by final expedited rulemaking at 30 A.A.R. 3657 (November 29, 2024), with an immediate effective date of November 5, 2024 (Supp. 24-4).

**R9-9-402. Repealed****Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1517 (July 1, 2022), with an immediate effective date of June 8, 2022 (Supp. 22-2). At the request of the Department a clerical error was corrected under subsection (3)(a); “and” was changed to “or” under file number R22-220 (Supp. 22-3). Amended by final expedited rulemaking at 29 A.A.R. 3429 (October 27, 2023), with an immediate effective date of October 4, 2023 (Supp. 23-4). Section repealed by final expedited rulemaking at 30 A.A.R. 3657 (November 29, 2024), with an immediate effective date of November 5, 2024 (Supp. 24-4).

**R9-9-403. Repealed****Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1517 (July 1, 2022), with an immediate effective date of June 8, 2022 (Supp. 22-2). Section repealed by final expedited rulemaking at 30 A.A.R. 3657 (November 29, 2024), with an immediate effective date of November 5, 2024 (Supp. 24-4).

**SUBCHAPTER 9A. PROCUREMENT ORGANIZATIONS****ARTICLE 1. PROCUREMENT ORGANIZATION LICENSURE****R9-9A-101. Applicability**

This Subchapter does not apply to a procurement organization identified in A.R.S. § 36-851.01(F).

**Historical Note**

R9-9A-101 made under Subchapter A, Article 1, by final expedited rulemaking at 30 A.A.R. 3657 (November 29, 2024), with an immediate effective date of November 5, 2024 (Supp. 24-4).

**R9-9A-102. Definitions**

In addition to the definitions in A.R.S. § 36-841, the following apply in this Subchapter, unless otherwise specified:

1. “Acceptability assessment” means the evaluation by a procurement organization of available medical and social information about a donor to determine whether the donor meets criteria for making a non-transplant anatomical donation.

2. “Accredited” means having a current and valid certificate of accreditation as a procurement organization from a nationally recognized agency that is approved by the Department.
3. “Acquisition” means activities required to obtain a non-transplant anatomical donation.
4. “Administrator” means the individual responsible for the provision by a procurement organization of services and related activities.
5. “Applicant” means an individual or business organization requesting approval to operate a procurement organization.
6. “Application” means the information, documents, and fees required by the Department for licensure of a procurement organization.
7. “Business organization” means the same as “entity” in A.R.S. § 10-140.
8. “Calendar day” means each day, not including the day of the act, event, or default from which a designated period of time begins to run, but including the last day of the

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- period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.
9. "Department" means the Arizona Department of Health Services.
  10. "Distribution" means the process for release and transfer of non-transplant anatomical material to another procurement organization, an education facility, or a research facility, including the selection and evaluation of non-transplant anatomical material for the intended use.
  11. "Donor consent form" means the same as "document of gift" as defined in A.R.S. § 36-841.
  12. "Exceptional release" means the distribution of non-transplant anatomical material that:
    - a. Has been approved for usage before a donor acceptability assessment has been completed; or
    - b. Would not normally meet the established acceptability criteria, at the request of a researcher.
  13. "Final disposition" means the same as in A.R.S. § 36-301.
  14. "Licensee" means a person to whom the Department has issued a license to operate a procurement organization.
  15. "Medical director" means a physician who meets the requirements in A.R.S. § 36-851.03.
  16. "Non-transplant anatomical donation" means an anatomical gift intended to be used for education or research.
  17. "Non-transplant anatomical material" means a non-transplant anatomical donation that has been prepared, packaged, labeled, and released to distribution inventory.
  18. "Personnel member" means an individual who is identified as an employee, student, or volunteer for a procurement organization and performs activities directly related to acquisition, evaluation of a non-transplant anatomical donation, preparation, or distribution of non-transplant anatomical material.
  19. "Physical assessment" means a postmortem evaluation of a non-transplant anatomical donation to determine whether there is evidence of a condition, such as a viral or bacterial infection, that may affect the suitability of the non-transplant anatomical donation for use in education or research.
  20. "Premises" mean a facility and surrounding grounds that are designated by an applicant or a licensee and licensed by the Department as part of a procurement organization.
  21. "Preparation" means an activity:
    - a. Performed to make a non-transplant anatomical donation ready for distribution; and
    - b. Includes cleaning, preservation, disarticulation, dissection, skeletonization, plastination, packaging, and labeling of the non-transplant anatomical donation.
  22. "Procurement organization" means the same as "non-transplant anatomical donation organization," as defined in A.R.S. § 36-841, and includes both accredited and non-accredited facilities.
  23. "Quality management program" means ongoing activities designed and implemented by a procurement organization to improve acquisition, evaluation of a non-transplant anatomical donation, preparation, or distribution of non-transplant anatomical material.
  24. "Standard operating procedure" means a documented process for carrying on business, providing services, or performing activities, with instructions for performing routine or repetitive tasks.

25. "Storage" means the process of maintaining non-transplant anatomical donations and non-transplant anatomical material in a designated area that contains relevant equipment, instruments, and supplies until distribution or final disposition.
26. "Transfer" means to convey responsibility and oversight for non-transplant anatomical material to another person.

**Historical Note**

R9-9A-102 made under Subchapter A, Article 1, by final expedited rulemaking at 30 A.A.R. 3657 (November 29, 2024), with an immediate effective date of November 5, 2024 (Supp. 24-4).

**R9-9A-103. Individuals to Act for an Applicant or a Licensee**

When an applicant or a licensee is required by this Subchapter to provide information on or sign an application form or other document, the following shall satisfy the requirement on behalf of the applicant or licensee:

1. If the applicant or licensee is an individual, the individual; and
2. If the applicant or licensee is a business organization, the individual who the business organization has designated to act on the business organization's behalf for purposes of this Subchapter and who:
  - a. Is a U.S. citizen or legal resident;
  - b. Has an Arizona address; and
  - c. Meets one of the following, as applicable:
    - i. If the business organization is a partnership, is a general partner or is a limited partner who holds at least 10% of the voting rights of the partnership;
    - ii. If the business organization is a corporation, association, or limited liability company, is the president, the chief executive officer, the incorporator, an agent, or any individual who owns or controls at least 10% of the voting securities; or
    - iii. Holds a beneficial interest in 10% or more of the liabilities of the business organization.

**Historical Note**

R9-9A-103 made under Subchapter A, Article 1, by final expedited rulemaking at 30 A.A.R. 3657 (November 29, 2024), with an immediate effective date of November 5, 2024 (Supp. 24-4).

**R9-9A-104. Application for Licensure**

- A. A person may not act as a procurement organization in this state unless the person is licensed by the Department as a procurement organization.
- B. An applicant for a procurement organization license shall submit to the Department an application that contains:
  1. The following, according to A.R.S. § 36-851.01(A), in a Department-provided format:
    - a. The applicant's name, mailing address, email address, and telephone number;
    - b. The name or proposed name of the procurement organization, including the:
      - i. Physical address;
      - ii. Mailing address, if different from the physical address;
      - iii. Telephone number;
      - iv. Email address; and
      - v. Tax ID number;

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- c. Whether the applicant is a business organization and, if so, the type of business organization;
  - d. Whether the applicant is accredited as a procurement organization;
  - e. If the applicant is not accredited as a procurement organization, the name, email address, telephone number, and professional license number of the medical director;
  - f. Whether the facility is ready for a licensing inspection by the Department;
  - g. If the facility is not ready for a licensing inspection specified in subsection (B)(1)(f), the date the facility will be ready for a licensing inspection;
  - h. The name, title, and contact information of an individual acting on behalf of the applicant, as specified in R9-9A-103;
  - i. Whether the applicant complies with local zoning ordinances, building codes, and fire codes;
  - j. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-9A-109; and
  - k. The applicant's signature and the date signed;
- 2. If applicable, documentation that the procurement organization is accredited;
  - 3. A floor plan, drawn to scale, of each building where the procurement organization will be located, showing the function of each room;
  - 4. Documentation for the applicant that complies with A.R.S. § 41-1080;
  - 5. Documentation that shows that the applicant is in good standing with the Arizona Corporation Commission; and
  - 6. An application fee of \$2,000.
- C. Upon receipt of the application in subsection (B), the Department shall conduct an inspection of the procurement organization, if applicable.
  - D. The Department shall issue or deny a license to an applicant as specified in R9-9A-109.

**Historical Note**

R9-9A-104 made under Subchapter A, Article 1, by final expedited rulemaking at 30 A.A.R. 3657 (November 29, 2024), with an immediate effective date of November 5, 2024 (Supp. 24-4).

**R9-9A-105. Application for License Renewal**

- A. A license is valid for two years from the date of issuance or renewal as specified in A.R.S. § 36-851.01(C).
- B. At least 30 calendar days before the expiration date indicated on a procurement organization's license, a licensee shall submit to the Department an application for renewal that contains:
  - 1. The following, in a Department-provided format:
    - a. The licensee's name, mailing address, email address, and telephone number;
    - b. The procurement organization's license number;
    - c. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-9A-109; and
    - d. The licensee's signature and the date signed;
  - 2. If applicable, documentation that the procurement organization is accredited; and
  - 3. An application fee of \$2,000.
- C. The Department shall renew or deny renewal of a license as specified in R9-9A-109.

**Historical Note**

R9-9A-105 made under Subchapter A, Article 1, by final expedited rulemaking at 30 A.A.R. 3657 (November 29, 2024), with an immediate effective date of November 5, 2024 (Supp. 24-4).

**R9-9A-106. Changes Affecting a License**

- A. A licensee shall notify the Department in writing at least 30 calendar days before the effective date of termination of procurement organization operations, including the following information, in a Department-provided format:
  - 1. The name and license number of the licensee;
  - 2. The name, email address, and telephone number of an individual who may be contacted by the Department;
  - 3. The proposed termination date; and
  - 4. The address and contact information for the location where the procurement organization records will be retained, according to R9-9A-201(B)(1)(b).
- B. A licensee of an accredited procurement organization, whose certificate of accreditation has expired or has been revoked, suspended, or denied, shall notify the Department in writing no later than 14 calendar days after expiration or the receipt of a revocation, suspension, or denial.
- C. A licensee shall:
  - 1. Notify the Department in writing at least 30 calendar days before a change in the legal name of a procurement organization that does not affect the structure or ownership of the business organization, including the following information:
    - a. The name and license number of the licensee;
    - b. The current name of the procurement organization;
    - c. The proposed name of the procurement organization; and
    - d. The name, email address, and telephone number of an individual who may be contacted by the Department; and
  - 2. Within seven calendar days after the effective date of the name change, submit to the Department documentation of the name change from the Arizona Corporation Commission that indicates no change in structure or ownership of the procurement organization.
- D. A licensee shall:
  - 1. Notify the Department in writing at least 30 calendar days before a change in the legal name of the licensee, which does not affect the structure or ownership of the business organization if the licensee is a business organization, including the following information:
    - a. The current name and license number of the licensee,
    - b. The proposed name of the licensee, and
    - c. The name, email address, and telephone number of an individual who may be contacted by the Department; and
  - 2. Within seven calendar days after the effective date of the name change, submit to the Department either:
    - a. If the licensee is an individual, documentation of the individual's legal name change; or
    - b. If the licensee is a business organization, documentation of the name change from the Arizona Corporation Commission that indicates no change in structure or ownership of the business organization.
- E. A licensee shall notify the Department in writing no later than 30 calendar days after a change in any of the following, including the name and license number of the procurement organization:

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1. The email address or mailing address of the procurement organization, including the new email address or mailing address;
  2. The email address or telephone number of the licensee, including the new email address or telephone number;
  3. An administrator, including the name, telephone number, and email address of the new administrator;
  4. A medical director, including the name, email address, and professional license number of the new medical director; or
  5. The name, telephone number, and email address of the individual acting on behalf of the licensee specified in R9-9A-103.
- F.** A licensee shall notify the Department in writing at least 30 calendar days before the effective date of a proposed modification, which includes a substantial improvement, enlargement, reduction, alteration, or other substantial change in the facility or another structure on the premises at the procurement organization, including:
1. The following information:
    - a. The name and license number of the licensee;
    - b. A description of the proposed modification;
    - c. Whether the modification will comply with local zoning ordinances, building codes, and fire codes;
    - d. The estimated date of completion of the modification;
    - e. The date the facility will be ready for a licensing inspection; and
    - f. The name, email address, and telephone number of an individual who may be contacted by the Department;
  2. A floor plan, drawn to scale, of each building in which a change will be made:
    - a. Showing the function of each room, and
    - b. Indicating the changes to be made; and
  3. A plan for ensuring the quality and security of non-transplant anatomical donations and non-transplant anatomical material are maintained during the modification.
- G.** For an anticipated change in the address of a procurement organization, a licensee shall:
1. Notify the Department in writing at least 30 calendar days before the anticipated change in the address, including:
    - a. The name and license number of the licensee;
    - b. The new address of the procurement organization;
    - c. The estimated date that the procurement organization plans to suspend acquisition, preparation, and distribution at the current address in anticipation of the change of address; and
    - d. The estimated date that the procurement organization plans to be ready to begin operations at the new address;
  2. Submit to the Department:
    - a. The application information, documentation, and fee required in R9-9A-104(B);
    - b. A plan for ensuring the quality and security of non-transplant anatomical donations and non-transplant anatomical material are maintained during the change of location; and
    - c. Documentation from the Arizona Corporation Commission that shows the change of address and indicates no change in structure or ownership of the procurement organization;
3. Ensure that the quality and security of non-transplant anatomical donations and non-transplant anatomical material are maintained during the change of address; and
  4. Not begin procurement organization activities at the new address until a new license has been issued according to subsection (M).
- H.** For an anticipated change of ownership of a procurement organization:
1. A licensee shall:
    - a. Notify the Department in writing at least 30 calendar days before the anticipated change of ownership, including the following information, in a Department-provided format:
      - i. The name and license number of the licensee;
      - ii. The name, email address, and telephone number of the person who is anticipated to assume ownership of the procurement organization;
      - iii. The estimated date that the procurement organization plans to suspend acquisition, preparation, and distribution in anticipation of the change of ownership;
      - iv. The estimated date that the change of ownership will occur;
      - v. The address and contact information for the location where the procurement organization records will be retained, according to R9-9A-201(B)(1)(b); and
      - vi. The name, email address, and telephone number of an individual who may be contacted by the Department;
    - b. If the licensee anticipates that any non-transplant anatomical donations or non-transplant anatomical material in the possession of the licensee will be transferred to the new owner, submit to the Department a plan for ensuring that the quality and security of the non-transplant anatomical donations and non-transplant anatomical material are maintained during the change of ownership; and
    - c. If the licensee anticipates that any non-transplant anatomical donations or non-transplant anatomical material in the possession of the licensee will not be transferred to the new owner, submit to the Department a plan for final disposition of the non-transplant anatomical donations and non-transplant anatomical material, consistent with the standard operating procedure for the final disposition of non-transplant anatomical donations and non-transplant anatomical material, according to R9-9A-201(B)(8); and
  2. The person identified in subsection (H)(1)(b) shall:
    - a. Submit to the Department the application information, documentation, and fee required in R9-9A-104(B);
    - b. Ensure that the quality and security of non-transplant anatomical donations and non-transplant anatomical material transferred from the licensee are maintained during the change of ownership; and
    - c. Not begin procurement organization activities until a license has been issued by the Department to the person according to R9-9A-109(C)(4).
- I.** If the Department receives the notification of termination of operation in subsection (A) or notice of a change in ownership in subsection (H)(1), the Department shall void the licensee's

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license to operate a procurement organization as of the termination date specified by the licensee.

- J. If the Department receives a notification in subsection (B) of a procurement organization's loss of accreditation, the Department may conduct an inspection of the procurement organization to ensure compliance with the requirements in A.R.S. § 36-851.03 and this Subchapter.
- K. If the Department receives a notification in subsection (C) or (D) of a change in the legal name of the procurement organization or licensee, the Department shall:
  - 1. Determine whether the change affects the structure or ownership of the business organization;
  - 2. If the change does not affect the structure or ownership of the business organization, issue to the licensee an amended license showing the new legal name of the procurement organization or licensee and keeping the current license expiration date; and
  - 3. If the change affects the structure or ownership of the business organization:
    - a. Notify the licensee that the procurement organization is required to suspend acquisition, preparation, and distribution as of the date of the documentation required in subsection (C)(2) or (D)(2)(b), as applicable;
    - b. Require the licensee to specify the address and contact information for the location where the procurement organization records will be retained, according to R9-9A-201(B)(1)(b);
    - c. Notify the licensee that the licensee is responsible for ensuring that the quality and security of non-transplant anatomical donations and non-transplant anatomical material are maintained until:
      - i. A new license is issued under the new structure or ownership of the business organization; or
      - ii. The licensee no longer possesses any non-transplant anatomical donations or non-transplant anatomical material;
    - d. If the procurement organization plans to continue operations under the new structure or ownership of the business organization:
      - i. Require the submission of the application information, documentation, and fee required in R9-9A-104(B);
      - ii. Conduct an inspection of the procurement organization if appropriate; and
      - iii. Specify that procurement organization activities may not resume until a new license has been issued by the Department according to R9-9A-109(C)(4); and
    - e. Terminate the licensee's current license when the Department:
      - i. Issues a new license to the procurement organization under the new structure or ownership of the business organization, or
      - ii. Receives notification that the licensee no longer possesses any non-transplant anatomical donations or non-transplant anatomical material.
- L. If the Department receives a notification in subsection (F) of a proposed modification, the Department:
  - 1. May conduct an inspection of the premises; and
  - 2. If the procurement organization is compliant with A.R.S. Title 36, Chapter 7, Article 3, and this Subchapter, shall issue to the licensee an amended license that incorporates

the modification and retains the expiration date of the existing license.

- M. If the Department receives a notification, information, and documentation in subsection (G) for a change of address, regardless of whether the change affects the structure or ownership of the business organization, or a notification in subsection (H) that indicates a change in ownership, the Department:
  - 1. Shall notify the licensee that:
    - a. The procurement organization is required to suspend acquisition, preparation, and distribution as of the date specified in subsection (G)(1)(c) or (H)(1)(a)(iii), as applicable;
    - b. The licensee is responsible for ensuring that the quality and security of non-transplant anatomical donations and non-transplant anatomical material are maintained until:
      - i. A new license is issued to the licensee at the new address or to the new owner, as applicable; or
      - ii. The licensee no longer possesses any non-transplant anatomical donations or non-transplant anatomical material; and
    - c. Procurement organization activities may not occur after the date specified in subsection (G)(1)(c) or (H)(1)(a)(iii), as applicable, until a new license has been issued by the Department according to R9-9A-109(C)(4);
  - 2. May conduct an inspection of the procurement organization;
  - 3. If the application is compliant with A.R.S. Title 36, Chapter 7, Article 3, and this Subchapter, shall issue a new license to the applicant according to R9-9A-109(C)(4); and
  - 4. Shall terminate the licensee's current license when the Department:
    - a. Issues a new license to the procurement organization at the new address or to the new owner, as applicable; or
    - b. Receives notification that the licensee no longer possesses any non-transplant anatomical donations or non-transplant anatomical material.

**Historical Note**

R9-9A-106 made under Subchapter A, Article 1, by final expedited rulemaking at 30 A.A.R. 3657 (November 29, 2024), with an immediate effective date of November 5, 2024 (Supp. 24-4).

**R9-9A-107. Inspections**

- A. A non-accredited procurement organization is subject to inspection by the Department at any time to evaluate compliance with A.R.S. Title 36, Chapter 7, Article 3, and this Subchapter according to A.R.S. § 36-851.03(A)(5)(a) and (C).
- B. An accredited procurement organization is subject to inspection by the Department at any time to evaluate compliance with requirements in A.R.S. § 36-851.02(2) and the rules adopted pursuant to A.R.S. § 36-851.02(2).
- C. If the Department determines that a procurement organization is not in compliance with the applicable requirements in A.R.S. Title 36, Chapter 7, Article 3, and the rules in this Subchapter, the Department may:
  - 1. Take an enforcement action as described in R9-9A-108; or
  - 2. Require that the licensee submit to the Department, within 30 calendar days after written notice from the

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Department, a plan of correction acceptable to the Department to address issues of compliance that:

- a. Describes how each identified instance of noncompliance will be corrected and reoccurrence prevented,
- b. Includes a date for correcting each instance of noncompliance that is appropriate to the actions necessary to correct the instance of noncompliance, and
- c. Includes the signature of the individual acting for the licensee according to R9-9A-102 and date signed.

**Historical Note**

R9-9A-107 made under Subchapter A, Article 1, by final expedited rulemaking at 30 A.A.R. 3657 (November 29, 2024), with an immediate effective date of November 5, 2024 (Supp. 24-4).

**R9-9A-108. Denial, Suspension, Revocation, Enforcement**

- A. The Department may:
  1. Deny a license as specified in subsection (B),
  2. Suspend or revoke a license under A.R.S. § 36-851.01(E) and subsection (B), or
  3. Assess or impose a civil penalty under A.R.S. § 36-851.01(E) and subsection (B).
- B. The Department may impose civil penalties, deny an application, or suspend or revoke a license to operate a procurement organization, if:
  1. An applicant or a licensee does not meet the application requirements contained in R9-9A-104 or R9-9A-105, as applicable;
  2. A licensee does not comply with applicable requirements in A.R.S. §§ 36-851.01 through 36-851.03 and this Subchapter;
  3. A licensee does not correct the deficiencies identified during an inspection according to the plan of correction;
  4. An applicant or a licensee provides false or misleading information to the Department; or
  5. The nature or number of violations revealed by any type of inspection or investigation of a procurement organization poses a direct risk to the life, health, or safety of a personnel member or member of the public.
- C. In determining which action in subsection (A) is appropriate, the Department shall consider:
  1. Repeated violations of statutes or rules,
  2. The pattern of violations,
  3. The severity of violations, and
  4. The number of violations.
- D. If the Department receives notice that a previously accredited procurement organization's accreditation has expired or has been suspended or revoked, the Department may suspend or revoke the procurement organization's license if the procurement organization does not comply with A.R.S. § 36-851.03 and this Subchapter.
- E. An applicant or a licensee may appeal the Department's determination in this Section according to A.R.S. Title 41, Chapter 6, Article 10.

**Historical Note**

R9-9A-108 made under Subchapter A, Article 1, by final expedited rulemaking at 30 A.A.R. 3657 (November 29, 2024), with an immediate effective date of November 5, 2024 (Supp. 24-4).

**R9-9A-109. Time-frames**

- A. The overall time-frame, as defined in A.R.S. § 41-1072, for a license granted by the Department under this Subchapter is set

forth in Table 1.1. The applicant or licensee and the Department may agree in writing to extend the substantive review time-frame, as defined in A.R.S. § 41-1072, and the overall time-frame. An extension of the substantive review time-frame and the overall time-frame may not exceed 25% of the overall time-frame.

- B. The administrative completeness review time-frame, as defined in A.R.S. § 41-1072, for a license granted by the Department under this Subchapter is set forth in Table 1.1 and begins on the date that the Department receives an application from an applicant or a licensee.
  1. The Department shall send a notice of administrative completeness or deficiencies to the applicant or licensee within the administrative completeness review time-frame:
    - a. A notice of deficiencies shall list each deficiency and the information or items needed to complete the application;
    - b. The administrative completeness review time-frame and the overall time-frame are suspended from the date that the notice of deficiencies is sent until the date that the Department receives all of the missing information or items from the applicant or licensee; and
    - c. If an applicant or a licensee fails to submit to the Department all of the information or items listed in the notice of deficiencies within the time-frame in Table 1.1 after the date that the Department sent the notice of deficiencies or within a time period the applicant or licensee and the Department agree upon in writing, the Department shall:
      - i. Consider the application withdrawn, and
      - ii. Send to the applicant or licensee a written notice setting forth the information required by A.R.S. § 41-1092.03.
  2. If the Department issues a license during the administrative completeness review time-frame, the Department shall not issue a separate written notice of administrative completeness.
- C. The substantive review time-frame is set forth in Table 1.1 and begins on the date of the notice of administrative completeness.
  1. As part of the substantive review of an application for a license, the Department may conduct an inspection that may require more than one visit to complete.
  2. The Department shall issue a license or send a written notice of denial of a license within the substantive review time-frame.
  3. During the substantive review time-frame, the Department may make one comprehensive written request for additional information, unless the applicant or licensee has agreed in writing to allow the Department to submit supplemental requests for information:
    - a. The Department shall send a comprehensive written request for additional information that includes a written statement of deficiencies, stating each statute and rule upon which noncompliance is based, if the Department determines that an applicant or a licensee, or the procurement organization, including the premises, are not in substantial compliance with A.R.S. Title 36, Chapter 7, Article 3, or this Subchapter;
    - b. An applicant or a licensee shall submit to the Department all of the information requested in a



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comprehensive written request for additional information or a supplemental request for information, including, if applicable, documentation of the corrections required in a statement of deficiencies, within the time-frame in Table 1.1 after the date of the comprehensive written request for additional information or the supplemental request for information or within a time period the applicant or licensee and the Department agree upon in writing;

- c. The substantive review time-frame and the overall time-frame are suspended from the date that the Department sends a comprehensive written request for additional information or a supplemental request for information until the date that the Department receives all of the information requested, including, if applicable, documentation of corrections required in a statement of deficiencies; and
- d. If an applicant or a licensee fails to submit to the Department all of the information requested in a comprehensive written request for additional infor-

mation or a supplemental request for information, including, if applicable, documentation of corrections required in a statement of deficiencies, within the time-frame in Table 1.1, the Department shall:

- i. Deny the license, and
  - ii. Send to the applicant or licensee a written notice of denial setting forth the reasons for denial and all other information required by A.R.S. §§ 41-1076 and 41-1092.03.
4. The Department shall issue a license if the Department determines that the applicant or licensee and the procurement organization, including the premises, are in substantial compliance with A.R.S. Title 36, Chapter 7, Article 3, and this Subchapter.

**Historical Note**

R9-9A-109 made under Subchapter A, Article 1, by final expedited rulemaking at 30 A.A.R. 3657 (November 29, 2024), with an immediate effective date of November 5, 2024 (Supp. 24-4).

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Table 1.1. Time-frames (in calendar days)

Type of approval	Authority (A.R.S. § or A.A.C.)	Overall Time-frame	Time-frame for applicant to complete application	Administrative Completeness Time-frame	Substantive Review Time-frame	Response Time for Request in R9-9A-603(X)
Application for an initial procurement organization license	A.R.S. § 36-851.01 and R9-9A-104	90	90	30	60	30
Renewal of a procurement organization license	A.R.S. § 36-851.01 and R9-9A-105	30	30	10	20	30
Application for a facility or licensee name change	A.R.S. § 36-851.01 and R9-9A-106(C)	60	30	30	30	30
Application for another change affecting licensure	A.R.S. § 36-851.01 and R9-9A-106(C)	90	90	30	60	30

**Historical Note**

New Table 1.1. made under Subchapter A, Article 1, by final expedited rulemaking at 30 A.A.R. 3657 (November 29, 2024), with an immediate effective date of November 5, 2024 (Supp. 24-4).

**ARTICLE 2. ADMINISTRATION AND OPERATIONS FOR A PROCUREMENT ORGANIZATION****R9-9A-201. General Administration Requirements for a Procurement Organization****A.** A licensee of a procurement organization:

1. Is responsible for all issues of liability, ethical considerations, fiduciary issues, and compliance with applicable laws and regulations;
2. Shall comply with:
  - a. A.R.S. § 36-325 and, as applicable, A.A.C. R9-19-303 or A.A.C. R9-19-304 related to death certificate registration; and
  - b. A.R.S. § 36-326, A.A.C. R9-19-301, A.A.C. R9-19-308, and, if applicable, A.A.C. R9-19-311 related to the movement of non-transplant anatomical donations and non-transplant anatomical material; and
3. Shall adopt, maintain, and implement standard operating procedures, as applicable to the procurement organization.

**B.** A licensee of a procurement organization shall ensure that standard operating procedures are established, documented, and implemented that cover:

1. The proper use and maintenance of donor consent forms, including that a donor consent form:
  - a. Includes:
    - i. The intended use of the non-transplant anatomical material,
    - ii. How the non-transplant anatomical material may be used,
    - iii. A statement that the non-transplant anatomical material will be treated with dignity at all times, and
    - iv. A statement that the non-transplant anatomical material may require international export to an end-user; and
  - b. Is maintained in the donor's record and retained for at least 10 years beyond the date of final disposition;
2. An electronic identification system for donors, which is established and maintained for non-transplant anatomical donations and non-transplant anatomical material, that:
  - a. Assigns a unique identification number to the donor and the associated non-transplant anatomical donation and non-transplant anatomical material,
  - b. Tracks the complete history of all non-transplant anatomical material, and
  - c. Records the date and staff member involved in each significant step of the operation from the time of

acquisition of the non-transplant anatomical donation through final disposition;

## 3. The screening of end-users prior to release and transfer of non-transplant anatomical material that:

- a. Require a written request for non-transplant anatomical material, containing:
  - i. The name and address of the educational or research establishment making the request;
  - ii. The name, title, and contact information of the individual at the educational or research establishment who will be accepting responsibility for the receipt, use, and disposition of the non-transplant anatomical material;
  - iii. A description of the intended use;
  - iv. The date and the approximate duration of use of the non-transplant anatomical material;
  - v. A description of the venue in which the non-transplant anatomical material will be used and the environmental and security measures of the venue to ensure the safe and ethical utilization of the non-transplant anatomical material;
  - vi. An assurance that universal precautions will be used when handling the non-transplant anatomical material;
  - vii. The proposed final disposition of the non-transplant anatomical material;
  - viii. An outline of proposed descriptive materials to be disseminated in connection with the use of the non-transplant anatomical material; and
  - ix. Other supporting documentation that is relevant to the request; and
- b. Include the criteria for approving requested non-transplant anatomical material for use, including:
  - i. The standards for acceptability of the educator or researcher for the use of non-transplant anatomical material;
  - ii. The appropriateness of the intended use;
  - iii. The types of venues in which the non-transplant anatomical material may be used;
  - iv. What final disposition of the non-transplant anatomical material may be proposed, unless the non-transplant anatomical material is returned to the procurement organization; and
  - v. The suitability of the proposed descriptive materials;

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4. The process for requesting and criteria for approving the exceptional release of non-transplant anatomical material;
  5. The labeling of non-transplant anatomical donations and non-transplant anatomical material with:
    - a. The unique identification number specified in subsection (B)(2)(a),
    - b. That the non-transplant anatomical donation or non-transplant anatomical material is not for transplant or clinical use,
    - c. Any condition or limitation regarding the use of the non-transplant anatomical donation or non-transplant anatomical material,
    - d. That universal precautions must be used in handling the non-transplant anatomical donation or non-transplant anatomical material,
    - e. A disclosure of any disease state in the non-transplant anatomical donation or non-transplant anatomical material, and
    - f. The name and contact information for the procurement organization;
  6. The packaging and transport of non-transplant anatomical donations and non-transplant anatomical material to:
    - a. Preserve the quality of the non-transplant anatomical donation or non-transplant anatomical material,
    - b. Prevent potential cross-contamination between non-transplant anatomical donations or non-transplant anatomical material, and
    - c. Protect the health and safety of personnel members and the public;
  7. The distribution of non-transplant anatomical donations and non-transplant anatomical material, including methods for:
    - a. Ensuring the quality and suitability of non-transplant anatomical donations and non-transplant anatomical material;
    - b. Handling non-transplant anatomical donations and non-transplant anatomical material that do not meet quality control standards;
    - c. Ensuring the eligibility of an end-user or other person to which non-transplant anatomical donations and non-transplant anatomical material may be transferred;
    - d. Handling an end-user request that does not meet the criteria in subsection (B)(3)(b);
    - e. The release of:
      - i. Non-transplant anatomical donations to use, and
      - ii. Non-transplant anatomical material to an end-user or other person to which non-transplant anatomical material may be transferred; and
    - f. The exceptional release of the non-transplant anatomical material; and
  8. The final disposition of non-transplant anatomical donations or non-transplant anatomical material, consistent with requirements in:
    - a. A.R.S. Title 32, Chapter 12; A.R.S. Title 36, Chapter 7; and Subchapter B, related to funeral arrangements, cremation, or other final dispositions;
    - b. A.R.S. Title 36, Chapter 3, and 9 A.A.C. 19, related to the movement of non-transplant anatomical donations or non-transplant anatomical material and reporting of the final disposition; and
    - c. A.R.S. Title 36, Chapter 6, Articles 1, 2, and 4, related to non-transplant anatomical donations or non-transplant anatomical material infected with an agent causing a communicable disease.
- C.** A licensee of a procurement organization shall ensure that copies of standard operating procedures are:
1. Maintained at the procurement organization, and
  2. Available for review by the Department within two hours of the Department's request.
- Historical Note**
- R9-9A-201 made under Subchapter A, Article 2, by final expedited rulemaking at 30 A.A.R. 3657 (November 29, 2024), with an immediate effective date of November 5, 2024 (Supp. 24-4).
- R9-9A-202. Additional Administrative Requirements for an Accredited Procurement Organization**
- A.** A licensee of an accredited procurement organization shall provide a copy of a renewed accreditation to the Department within 30 calendar days after the date of issuance.
- B.** A licensee of an accredited procurement organization shall ensure that a procurement organization facility is in a building that provides a separate and designated area for tissue recovery, according to A.R.S. § 36-851.02(3).
- Historical Note**
- R9-9A-202 made under Subchapter A, Article 2, by final expedited rulemaking at 30 A.A.R. 3657 (November 29, 2024), with an immediate effective date of November 5, 2024 (Supp. 24-4).
- R9-9A-203. Additional Administrative Requirements for a Non-accredited Procurement Organization**
- A.** A licensee of a non-accredited procurement organization shall:
1. Appoint an administrator who:
    - a. Has at least a bachelor's degree in a health science or other science-related field,
    - b. Has at least three years of experience in tissue banking or other related fields, and
    - c. Is responsible for all services and activities at the procurement organization;
  2. Appoint a medical director who:
    - a. Is licensed under A.R.S. Title 32, Chapter 13 or 17;
    - b. Provides medical guidance to determine donor eligibility; and
    - c. May be the same individual as the administrator, if the individual's qualifications satisfy the requirements in both subsections (A)(1) and (2)(a);
  3. Adopt a quality management program that, at a minimum, includes:
    - a. A method to identify, document, and evaluate incidents;
    - b. A method to collect data to evaluate the provision of procurement organization services;
    - c. A method to evaluate the data collected to identify a concern about the provision of procurement organization services;
    - d. A method to make changes or take action as a result of the identification of a concern about the provision of procurement organization services; and
    - e. The frequency of submitting a documented report required in subsection (A)(4) to the licensee;
  4. Ensure that a documented report of quality management program activities is:
    - a. Submitted to the licensee that includes:

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- i. An identification of each concern about the provision of procurement organization services, and
      - ii. Any changes made or actions taken as a result of the identification of a concern about the provision of procurement organization services; and
    - b. Maintained by the procurement organization for at least 12 months after the date of the report;
  - 5. Review and evaluate the effectiveness of the quality management program in subsection (A)(3) at least once every 12 months;
  - 6. If any instance of use of a non-transplant anatomical donation or non-transplant anatomical material for a purpose other than for research, education, or another use specified in the donor consent form is detected:
    - a. Report the incident to the Department within seven calendar days after the incident is detected,
    - b. Maintain documentation of the report in a donor record, and
    - c. Ensure that the incident is reviewed through the quality assurance process with any steps taken to prevent a reoccurrence;
  - 7. Unless otherwise specified in this Subchapter, ensure that any records or documentation required by this Subchapter are maintained for at least three years after the latest date entered on the report or document; and
  - 8. Ensure that the following information is conspicuously posted on the premises:
    - a. The procurement organization's current license,
    - b. The names of the administrator and medical director,
    - c. The hours of operation, and
    - d. The evacuation plan listed in R9-9A-302(A)(5).
- B.** An administrator of a non-accredited procurement organization:
- 1. Is directly accountable to the licensee for the operations of the procurement organization, including all services and activities provided by or at the procurement organization;
  - 2. Has the authority and responsibility to manage the procurement organization, as specified in standard operating procedures; and
  - 3. Shall designate, in writing, an individual who is on the procurement organization's premises and is available and responsible for procurement organization operations when the administrator is not present on the premises.
- C.** A licensee of a non-accredited procurement organization shall ensure that the medical director:
- 1. Establishes, reviews, and approves standard operating procedures related to:
    - a. Donor eligibility, including:
      - i. The content and conducting of an acceptability assessment;
      - ii. The content and conducting of a physical assessment; and
      - iii. Screening for a condition, such as a viral or bacterial infection, that may affect the suitability of the non-transplant anatomical donation for use in education or research;
    - b. The criteria for and methods of verifying the suitability of a non-transplant anatomical donation for release for preparation;
    - c. The criteria and processes for the exceptional release of non-transplant anatomical material; and
  - d. Pre-established criteria for release of non-transplant anatomical material to an end-user;
  - 2. Reviews and, if necessary, revises all standard operating procedures of a medical nature at least every three years;
  - 3. Establishes a process for determining the eligibility of a donor, based on a comparison of the non-transplant anatomical donation with predetermined donor criteria;
  - 4. Prior to release for use or distribution, signs the donor eligibility statement and non-transplant anatomical material disposition or release statement;
  - 5. If designating another individual to perform tasks or functions assigned by the medical director, ensures that the individual:
    - a. Has the required training and education for performing the tasks or functions;
    - b. Has oversight when performing the tasks or functions assigned by the medical director; and
    - c. Performs the tasks or functions assigned by the medical director according to standard operating procedures, including, if applicable, the functions described in subsections (C)(3) and (4);
  - 6. Reviews activities performed by a designee at least once every three months according to standard operating procedures established by the licensee; and
  - 7. Establishes the criteria for ensuring that all appropriate parties are notified of confirmed positive infectious disease test results.
- D.** A licensee of a non-accredited procurement organization shall ensure that:
- 1. The following are established, maintained, and implemented in compliance with applicable state and federal laws and regulations:
    - a. A safety awareness and blood-borne pathogen training program, and
    - b. A cleaning program that mitigates potential cross-contamination between non-transplant anatomical donations; and
  - 2. The medical director reviews and approves standard operating procedures related to the programs in subsections (D)(1)(a) and (b).
- E.** A licensee of a non-accredited procurement organization shall ensure that the administrator:
- 1. Specifies activities involving non-transplant anatomical donations and non-transplant anatomical material that a technician may provide;
  - 2. Specifies the methods used to provide clinical oversight and training to personnel members, including when clinical oversight and training are provided to an individual or a group; and
  - 3. Creates and maintains a technician's personnel record that includes:
    - a. Documentation of all completed training and education; and
    - b. A written job description, including all primary duties.
- F.** A licensee of a non-accredited procurement organization shall ensure that a technician:
- 1. Is only assigned duties described in a written job description;
  - 2. Has the educational background, experience, and training sufficient to ensure that assigned tasks will be performed in accordance with the applicable standard operating procedures;

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3. Provides a copy of a transcript or diploma in health science or other field of science for which the technician received a degree or certificate, if applicable; and
  4. Demonstrates competency to perform assigned tasks.
- G.** A licensee of a non-accredited procurement organization shall ensure that:
1. The qualifications, skill, and knowledge required for each type of personnel member is based on the activities and services the personnel member may provide, as established in the personnel member's job description; and
  2. A personnel member's qualifications, skills, and knowledge are verified and documented:
    - a. Before the personnel member provides procurement organization services, and
    - b. According to standard operating procedures.
- H.** A licensee of a non-accredited procurement organization shall ensure that a personnel member does not have direct interaction with non-transplant anatomical donations or non-transplant anatomical material unless specifically authorized by the licensee or administrator.
- I.** A licensee of a non-accredited procurement organization shall ensure a personnel record is established for the administrator, technicians, and other personnel members that includes:
1. The individual's name, date of birth, home address, and contact telephone number;
  2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
  3. Documentation applicable to an individual's duties, as required by standard operating procedures, including the individual's:
    - a. Education and experience;
    - b. In-service education and continuing education, if applicable; and
    - c. Evidence of Hepatitis B vaccination or refusal of Hepatitis B vaccine for individuals whose job-related responsibilities involve the potential exposure to blood-borne pathogens.
- J.** A licensee of a non-accredited procurement organization shall ensure that a personnel record is:
1. Maintained throughout an individual's period of employment or volunteer service in or for the procurement organization,
  2. Maintained for at least three years after the last date that an individual's employment or volunteer service in or for the procurement organization, and
  3. Provided to the Department when requested.
- K.** A licensee of a non-accredited procurement organization shall ensure that a donor record:
1. Includes:
    - a. A copy of the donor consent form and any amendment to the consent form;
    - b. The name and contact information of the person responsible for the donor's anatomical gift; if applicable;
    - c. The donor's unique identifying number specified in R9-9A-201(B)(2)(a);
    - d. Documentation for registering the donor's death, as specified in A.A.C. R9-19-303 or A.A.C. R9-19-304, as applicable;
    - e. A disposition-transit permit specified in A.A.C. R9-19-308;
    - f. Any information from the donor referral source, including, as applicable:
      - ii. Donor eligibility;
- L.** A technician or other personnel member of a non-accredited procurement organization shall report to the administrator or medical director:
1. Any concern related to receiving, preparing, packaging, distributing, or transporting non-transplant anatomical donations or non-transplant anatomical material that may adversely affect the health and safety of others; and
- g.** All documents and permits that establish the chain of custody and identification of the individuals and organizations that had physical custody of the non-transplant anatomical donation or non-transplant anatomical material;
- h.** Medical records, including as applicable:
- i. The donor's physical assessment,
  - ii. Pathology and laboratory testing and reports,
  - iii. Physician summaries,
  - iv. Serological results,
  - v. Transfusion or infusion information, and
  - vi. Plasma dilution calculations;
- i.** Documentation related to activities involved in:
- i. Recovery of the non-transplant anatomical donation,
  - ii. Preparation and storage of the non-transplant anatomical material, and
  - iii. Distribution of the non-transplant anatomical material; and
- j.** Final disposition documentation, including all records related to chain of custody;
- 2.** Includes, if applicable:
- a. A human remains release form specified in A.A.C. R9-19-301;
  - b. Information for transporting human remains, as defined in A.R.S. § 36-301, into the state, as specified in A.A.C. R9-19-311;
  - c. The release of information by a medical examiner, as specified in A.R.S. § 36-861;
  - d. Cremation authorization documents; and
  - e. Documentation related to the use of the non-transplant anatomical donation or non-transplant anatomical material for a purpose other than for research, education, or another use specified in the donor consent form; and
- 3.** Is:
- a. Confidential and kept in a location with controlled access;
  - b. Stored in a manner to prevent unauthorized access;
  - c. Maintained in a manner to preserve the donor record's completeness and accuracy; and
  - d. Made available to:
    - i. The donor's known consentor;
    - ii. An agent legally authorized by the donor or other individual designated at the time a donor gives consent;
    - iii. An individual appointed by a court or authorized by state laws;
    - iv. An individual of a procurement organization as identified by standard operating procedures;
    - v. An individual from an approving accrediting body, if applicable; and
    - vi. An individual from the Department or other regulatory agency authorized by state and federal laws or regulations.

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2. Any personal health condition experienced by the technician or other personnel member related to receiving, preparing, packaging, distributing, or transporting non-transplant anatomical donations or non-transplant anatomical material.
- M.** If an administrator or medical director of a non-accredited procurement organization receives a report specified in subsection (L), the administrator or medical director shall:
  1. Follow standard operating procedures to secure the area and eliminate exposure to others;
  2. Notify appropriate health and law enforcement agencies, as applicable; and
  3. Report the incident to the Department within seven calendar days after determining that a health condition in subsection (L) has occurred.
- N.** If a non-accredited procurement organization owns or maintains a vehicle for transporting non-transplant anatomical donations and non-transplant anatomical material, an administrator shall ensure the vehicle is:
  1. Not used for a purpose other than transporting non-transplant anatomical donations and non-transplant anatomical material or conducting procurement organization business, and
  2. Only operated by a procurement organization technician or designated and authorized individual when transporting non-transplant anatomical donations or non-transplant anatomical material.
- O.** If using another vehicle or type of transport for non-transplant anatomical donations or non-transplant anatomical material, an administrator of a non-accredited procurement organization shall ensure that the other vehicle or type of transport:
  1. Is properly equipped for the transportation of non-transplant anatomical donations or non-transplant anatomical material;
  2. Is compliant with all state laws and rules pertaining to transporting human remains; and
  3. If transport is by air, complies with applicable standards established by the International Air Transport Association and Transport Security Administration.
2. Has premises that are:
  - a. Sufficient to provide for a procurement organization's services and activities;
  - b. Cleaned and disinfected according to the procurement organization's standard operating procedures to prevent, minimize, and control illness and infection and mitigate potential cross-contamination between non-transplant anatomical donations and non-transplant anatomical material;
  - c. Clean and free from accumulations of dirt, garbage, and rubbish; and
  - d. Free from a condition or situation that may cause an individual to suffer physical injury;
3. Provides a restroom for clients that:
  - a. Is free from contamination from a non-transplant anatomical donation or non-transplant anatomical material;
  - b. Does not contain any items, materials, or devices associated with the preparation of non-transplant anatomical donations or non-transplant anatomical material; and
  - c. Is not used by technicians or other personnel members unless personal protective equipment is removed before entering; and
4. If the non-accredited procurement organization owns or maintains a vehicle for transporting non-transplant anatomical donations and non-transplant anatomical material:
  - a. Maintains the vehicle in a clean and sanitary condition,
  - b. Ensures that the floor of the vehicle or other locations on which non-transplant anatomical donations and non-transplant anatomical material are placed during transport have a surface capable of being cleaned and sanitized or disinfected, and
  - c. Requires that the vehicle is locked and secured at all times during transport of non-transplant anatomical donations or non-transplant anatomical material.
- B.** A licensee of a non-accredited procurement organization shall ensure that:
  1. A pest control program is implemented and documented that requires:
    - a. A pest control service that uses certified applicators as specified in 3 A.A.C. 8, Article 2; and
    - b. Annual pest control service records to be retained for at least 12 months after the date of service; and
  2. The procurement organization does not engage in any practice or create any condition that would constitute a public health nuisance, as specified in A.R.S. § 36-601, or is contrary to the health laws of this state.
- C.** A licensee of a non-accredited procurement organization shall ensure that:
  1. Areas used to receive or prepare non-transplant anatomical donations or to label or package non-transplant anatomical material:
    - a. Are properly ventilated;
    - b. Have sanitary flooring and drainage;
    - c. Are protected from dust, dirt, flies, and other contamination;
    - d. Are only used, as applicable, for examining and preparing non-transplant anatomical donations or for labeling or packaging non-transplant anatomical material;

**Historical Note**

R9-9A-203 made under Subchapter A, Article 2, by final expedited rulemaking at 30 A.A.R. 3657 (November 29, 2024), with an immediate effective date of November 5, 2024 (Supp. 24-4).

### **ARTICLE 3. ENVIRONMENTAL AND PHYSICAL PLANT STANDARDS FOR A NON-ACCREDITED PROCUREMENT ORGANIZATION**

#### **R9-9A-301. Environmental and Physical Plant Standards**

- A.** A licensee of a non-accredited procurement organization shall ensure that the procurement organization:
  1. Is in a building that:
    - a. Has a commercial occupancy according to the local zoning jurisdiction;
    - b. Is free of any plumbing, electrical, ventilation, mechanical, or structural hazard that may jeopardize:
      - i. The security or quality of non-transplant anatomical donations or non-transplant anatomical material, or
      - ii. The health or safety of a personnel member or the public; and
    - c. Provides a separate and designated area for tissue recovery;

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- e. Are thoroughly cleansed and disinfected with a 1% solution of chlorinated soda, or other suitable and effective disinfectant, immediately after an obvious spill of blood or other potentially infectious bodily fluid or material;
  - f. Contain the equipment, instruments, and supplies necessary for accomplishing the tasks for which the areas are used that are:
    - i. Sufficient to accomplish the tasks;
    - ii. Maintained in working condition;
    - iii. Maintained in a clean and sanitary condition and disinfected or sanitized, as applicable, after each use;
    - iv. Used according to the manufacturer's recommendations; and
    - v. If applicable, tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in standard operating procedures;
  - g. Are disinfected after each use to protect the health and safety of technicians and other personnel members;
  - h. Are maintained in a clean and sanitary condition at all times; and
  - i. Have proper and convenient receptacles for refuse, bandages, and all other waste materials; and
2. All refuse and waste products produced from receiving, preparing, packaging, distributing, and transporting non-transplant anatomical donations or non-transplant anatomical material are removed from the premises as needed.
- D.** A licensee of a non-accredited procurement organization shall ensure that the procurement organization has refrigerated areas for storing non-transplant anatomical donations and non-transplant anatomical material that:
1. Are only used for non-transplant anatomical donations or non-transplant anatomical material;
  2. Are maintained in working order;
  3. Are kept in a clean and sanitary condition;
  4. If a walk-in cooler, maintains a temperature between 36°F and 45°F;
  5. If a freezer, maintains a temperature at or below 32°F; and
  6. Are monitored by a temperature sensor system that:
    - a. Measures temperatures continuously and documents when a unit is out of the required temperature range, and
    - b. Alerts technicians or other designated individuals when temperatures are outside of the acceptable limits.
- E.** A licensee of a non-accredited procurement organization shall maintain documentation of equipment tests, calibrations, and repairs for at least 12 months after the date of testing, calibration, or repair.
- F.** A licensee of a non-accredited procurement organization shall ensure that:
1. Biohazardous material or medical waste and other potentially hazardous materials are removed and disposed of by a facility licensed by the Arizona Department of Environmental Quality pursuant to 18 A.A.C. 8 and 13; and
  2. Combustible or flammable liquids are stored in labeled containers or safety containers in a secured area and properly identified to ensure the health and safety of personnel members and the public.

**Historical Note**

R9-9A-301 made under Subchapter A, Article 3, by final expedited rulemaking at 30 A.A.R. 3657 (November 29, 2024), with an immediate effective date of November 5, 2024 (Supp. 24-4).

**R9-9A-302. Emergency and Safety Standards**

- A.** An administrator of a non-accredited procurement organization shall ensure that:
1. Standard operating procedures are developed, documented, and maintained for the emergency transfer of non-transplant anatomical donations and non-transplant anatomical material to a designated back-up storage facility when the quality or security of non-transplant anatomical donations or non-transplant anatomical material may be compromised, including:
    - a. The situations that would require an emergency transfer, including time limits and temperature tolerance for loss of refrigeration capability;
    - b. The location of the back-up storage facility;
    - c. The actions to be taken by the administrator and personnel members;
    - d. The methods to be used for the emergency transfer;
    - e. Specific labeling indicating that the transported non-transplant anatomical donations and non-transplant anatomical material must remain untouched until returned to the licensed non-accredited procurement facility after the situation has been resolved; and
    - f. Requirements for the situation that resulted in an emergency transfer to be reviewed through the quality management program in R9-9A-203(A)(3) to prevent a recurrence;
  2. A first aid kit is available at the procurement organization;
  3. Smoke detectors are:
    - a. Installed according to building size and the requirements of the local zoning jurisdiction;
    - b. Maintained in an operable condition; and
    - c. Either battery operated or, if hard-wired into the electrical system of the procurement organization, have a back-up battery;
  4. A portable fire extinguisher that is labeled 2A-10-BC by the Underwriters Laboratory:
    - a. Is readily available for use;
    - b. For a disposable fire extinguisher, is replaced when the fire extinguisher's indicator reaches the red zone; and
    - c. For a non-disposable fire extinguisher, is serviced at least every 12 months and has a tag attached to the fire extinguisher that includes the date of service; and
  5. A written fire and evacuation plan is established and maintained.
- B.** An administrator of a non-accredited procurement organization shall:
1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
  2. Make any repairs or corrections stated on the fire inspection report, and
  3. Maintain documentation of a current fire inspection.

**Historical Note**

R9-9A-302 made under Subchapter A, Article 3, by final expedited rulemaking at 30 A.A.R. 3657 (November 29,

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2024), with an immediate effective date of November 5, 2024 (Supp. 24-4).

**R9-9A-303. Security Standards; Inventory Controls**

- A. A licensee of a non-accredited procurement organization shall ensure that access to the enclosed-locked areas where non-transplant anatomical donations and non-transplant anatomical material are located is limited to individuals authorized by the licensee or administrator.
- B. An administrator of a non-accredited procurement organization shall ensure that:
  - 1. Standard operating procedures are developed, documented, and maintained to prevent unauthorized access to non-transplant anatomical donation or non-transplant anatomical material inventory that:
    - a. Restricts access to the areas of the building that contain non-transplant anatomical donations or non-transplant anatomical material inventory and donor records,
    - b. Provides for identification of authorized individuals, and
    - c. Specifies the methods for conducting electronic monitoring;
  - 2. Personnel or security equipment to deter and prevent unauthorized entrance into limited access areas are present and operational and include:
    - a. Devices or a series of devices to detect unauthorized intrusion, which may include a signal system interconnected with a radio-frequency device or other mechanical or electronic devices;
    - b. Exterior lighting to facilitate surveillance; and
    - c. Electronic monitoring using video cameras to provide coverage of:
      - i. Entrances to and exits from limited access areas, and
      - ii. Entrances to and exits from the buildings;
  - 3. Video recordings from the video cameras required in subsection (B)(2)(c) are retained for at least 30 calendar days;
  - 4. The electronic monitoring system in subsection (B)(2)(c) has a failure notification system that provides an audible

and visual notification of any failure in the electronic monitoring system; and

- 5. Battery backup is present and operational to ensure the functioning of video cameras and recording equipment in the event of a power outage.
- C. A licensee of a non-accredited procurement organization shall establish and implement an inventory tracking system for non-transplant anatomical donations and non-transplant anatomical material that:
  - 1. Contains information about all non-transplant anatomical donations received and non-transplant anatomical material released for distribution;
  - 2. Includes release documentation related to requirements in R9-9A-201(B), and R9-9A-203(C) and (K), for each item of non-transplant anatomical material prior to transferring the item of non-transplant anatomical material to inventory;
  - 3. Documents the date, time, and location for non-transplant anatomical material transferred for use, including:
    - a. The name of the individual performing the transfer, and
    - b. The name and contact information for an end-user or other person to which non-transplant anatomical material may be transferred;
  - 4. Documents the date, time, and location for items of non-transplant anatomical material that are moved between locations controlled by the procurement organization, including the name of the individual overseeing the move; and
  - 5. Ensures non-transplant anatomical material that can no longer be used is removed from inventory and disposed of according to applicable standard operating procedures for final disposition.

**Historical Note**

R9-9A-303 made under Subchapter A, Article 3, by final expedited rulemaking at 30 A.A.R. 3657 (November 29, 2024), with an immediate effective date of November 5, 2024 (Supp. 24-4).

**SUBCHAPTER B. FUNERAL INDUSTRY****ARTICLE 1. GENERAL PROVISIONS****R9-9B-101. Definitions**

In addition to the definitions in A.R.S. § 32-1301, the following definitions apply in this Subchapter:

- 1. "Applicant" means:
  - a. An individual requesting to take a state equivalent examination;
  - b. An individual requesting a reinstatement or an initial or renewal license or registration issued by the Department; or
  - c. One of the following if requesting an interim permit or an initial or renewal funeral establishment license, crematory license, or prearranged funeral sales establishment endorsement:
    - i. The individual, if a sole proprietorship;
    - ii. Any two of the corporation's officers, if a corporation;
    - iii. The managing partner, if a partnership or limited liability partnership; or
    - iv. The designated manger, or if no manger is designated, any two members of the limited liability company, if a limited liability company.
- 2. "Application packet" means the documents, forms, and additional information required by the Department for an initial or renewal application for a license, registration, endorsement, or reinstatement.
- 3. "Burial" means a disposition of human remains, other than direct cremation.
- 4. "Cash advance item" means any service or merchandise such as pallbearers, transportation, clergy, flowers, motorcycle escorts, hair dressers, barbers, nurses, obituary notices, or death certificates, which is paid for by a funeral establishment on behalf of a purchaser and charged to the purchaser at the same amount as originally purchased.
- 5. "Continuing education" means a workshop, seminar, lecture, conference, class, or instruction related to funeral practices.
- 6. "Credit hour" means 60 minutes of participation in continuing education.



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7. "Day" means calendar day.
8. "Direct cremation" means cremation of human remains without a formal viewing, ceremony, or visitation of the human remains except for identification purposes.
9. "Disposition-transit permit" means the document that meets the requirements in A.R.S. § 36-326 and A.A.C. R9-19-302.
10. "Endorsement" means a written authorization issued by the Department to a funeral establishment to offer or sell prearranged funeral agreements under Article 4 of this Subchapter.
11. "Fraud," "misleading," or "false" means the actions described in A.R.S. § 44-1522.
12. "Funeral establishment that provides for cremation" means a funeral establishment that owns a crematory on or off the funeral establishment's premises or contracts with a crematory for cremation.
13. "Immediate burial" means a disposition of human remains, other than direct cremation, without a formal viewing, ceremony, or visitation except for identification purposes.
14. "Harmful" means to cause damage or impairment to an individual's body.
15. "Manager" means an individual who manages according to A.R.S. § 32-1301.
16. "Party" has the meaning in A.R.S. § 41-1001.
17. "Permanent" means everlasting and existing perpetually.
18. "Previous owner" means a person who owned 10 percent or more of a funeral establishment before the current owner.
19. "Refrigerated" means the act of maintaining human remains at or below a temperature of 38 degrees Fahrenheit.
20. "Registrant" means an individual authorized by the Department to act as an embalmer's assistant or a prearranged funeral salesperson.
21. "Unfinished wood box" means an unornamented receptacle or casket for human remains.
22. "Week" means seven consecutive days.
- b. For approval or denial of a license, when the Department receives an application packet; or
- c. For approval or denial of an endorsement, a registration, or a permit, when the Department receives an application packet.
2. If the application packet is incomplete, the Department shall send to the applicant a written notice specifying the missing document or incomplete information. The administrative completeness review time-frame and the overall time-frame are suspended from the postmark date of the notice until the date the Department receives a complete application packet from the applicant.
3. If the application packet is complete, the Department shall send a written notice of administrative completeness to the applicant.
4. If the Department grants a license, registration, endorsement, or approval during the time provided to assess administrative completeness, the Department shall not issue a separate written notice of administrative completeness.
- C. The substantive review time-frame described in A.R.S. § 41-1072(3) is listed in Table 1.1 and begins on the postmark date of the notice of administrative completeness.
  1. As part of the substantive review for a funeral establishment license, the Department shall conduct an inspection of the funeral establishment that may require more than one visit.
  2. During the substantive review time-frame, the Department may make one comprehensive written request for additional information or documentation. The time-frame for the Department to complete the substantive review is suspended from the postmark date of the comprehensive written request for additional information or documentation until the Department receives the additional information or documentation.
  3. The Department shall send a written notice of approval to an applicant who meets the qualifications in A.R.S. Title 32, Chapter 12 and this Subchapter.
  4. The Department shall send a written notice of denial to an applicant who fails to meet the qualifications in A.R.S. Title 32, Chapter 12 and this Subchapter.
- D. The Department shall consider an application withdrawn if within 360 days from the application submission date the applicant fails to:
  1. Supply the missing information under subsection (B)(2) or (C)(2); or
  2. Pass a national board, state equivalent, or state laws and rules examination, as applicable.
- E. An applicant who does not wish an application withdrawn may request a denial in writing within 360 days from the application submission date.
- F. If a time-frame's last day falls on a Saturday, Sunday, or official state holiday, the Department shall consider the next business day as the time-frame's last day.

**Historical Note**

New Section R9-9B-101 recodified from R4-12-101 and amended at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-102. Time-frames for Approval**

- A. The overall time-frame described in A.R.S. § 41-1072(2) for each type of approval granted by the Department is listed in Table 1.1. The applicant and the Department may agree in writing to extend the overall time-frame. The substantive review time-frame may not be extended by more than 25 percent of the overall time-frame.
- B. The administrative completeness review time-frame described in A.R.S. § 41-1072(1) for each type of approval granted by the Department is listed in Table 1.1.
  1. The administrative completeness review time-frame begins:
    - a. For approval to take a state equivalent examination, when the Department receives an application packet required in A.A.C. R4-12-201;

**Historical Note**

New Section R9-9B-102 recodified from R4-12-106 and amended at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

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Table 1.1. Time-frames (in days)

Type of Approval	Statutory Authority	Overall Time-frame	Administrative Completeness Time-frame	Substantive Review Time-frame
Approval to take a state equivalent examination A.A.C. R4-12-201	A.R.S. §§ 32-1309, 32-1327, 32-1329	50	20	30
Approval to take an Embalmer Assistant Practical Examination A.A.C. R4-12-201	A.R.S. § 32-1309	50	20	30
Intern, embalmer, or funeral director license R9-9B-203	A.R.S. §§ 32-1309, 32-1322, 32-1323	110	20	90
Embalmer or funeral director license by an applicant who holds an out-of-state-license R9-9B-203	A.R.S. §§ 32-1309, 32-1335	110	20	90
Multiple funeral director license R9-9B-203	A.R.S. §§ 32-1309, 32-1324	110	20	90
Embalmer's assistant registration R9-9B-104	A.R.S. § 32-1309	110	20	90
Funeral establishment license R9-9B-301	A.R.S. §§ 32-1309, 32-1383	110	20	90
Prearranged funeral sales establishment endorsement R9-9B-302	A.R.S. §§ 32-1309, 32-1391.12	60	20	40
Prearranged funeral salesperson registration A.A.C. R4-12-206	A.R.S. § 32-1309	110	20	90
Crematory license R9-9B-401	A.R.S. §§ 32-1309, 32-1395	110	20	90
Cremationist license R9-9B-204	A.R.S. §§ 32-1309, 32-1394.01	110	20	90
License, registration, or endorsement renewal R9-9B-104	A.R.S. §§ 32-1338, 32-1391.12, 32-1391.14	60	30	30

**Historical Note**

New Table 1.1 recodified from 4 A.A.C. 12, Table 1 and amended at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-103. Fees**

**A.** The Department shall charge the following nonrefundable fees for filing an annual trust report under A.R.S. § 32-1391.16:

1. For each funeral establishment that has a prearranged funeral trust account and files an annual trust report in the time and manner required in A.R.S. § 32-1391.16, \$150.00.
2. For each funeral establishment that has a prearranged funeral trust account and files an annual trust report late or incomplete, \$200.00.

**B.** The Department shall charge the following fees for the duplication or copying of public records under A.R.S. § 39-121.03:

1. Noncommercial and commercial copy, 25¢ per page;
2. Copying requiring more than 15 minutes, \$5.00 for each 15-minutes in excess of 15 minutes;
3. Directories for noncommercial use, 5¢ per name and address;

4. Directories for noncommercial use printed on labels, 10¢ per name and address;

5. Directories for commercial use, 25¢ per name and address;

6. Directories for commercial use printed on labels, 30¢ per name and address;

7. A directory in subsection (B)(3), (4), (5), or (6) issued on a diskette, \$5.00 and the applicable name and address fee;

**C.** For the consumer information pamphlet, entitled Arizona Funerals Information, the Department shall charge a funeral establishment the Department's actual cost of publishing, distributing, and mailing the pamphlet.

**D.** The Department may waive any of the fees in subsection (B) for charitable organizations or governmental entities.

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**Historical Note**

New Section R9-9B-103 recodified from R4-12-108 and amended at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-104. Renewal**

- A.** An applicant for a renewal of a license, registration, or endorsement shall file a renewal application so the Department receives it on or before the following dates:
1. July 1 for an intern, embalmer, funeral director, funeral establishment, cremationist, or crematory license;
  2. July 1 for an embalmer's assistant registration; or
  3. July 31 for a prearranged funeral sales establishment endorsement or prearranged funeral salesperson registration.
- B.** An applicant for a renewal license, registration, or endorsement shall submit to the Department:
1. A renewal form, provided by the Department, that is signed and dated by the applicant and contains the applicant's:
    - a. Name,
    - b. Social security number,
    - c. Residence and practice addresses, and
    - d. Telephone number; and
  2. The fee required by the Department under A.R.S. § 32-1309.
- C.** In addition to the requirements in subsection (B), an applicant renewing an intern, embalmer, or funeral director license or an embalmer's assistant registration shall submit to the Department a list of continuing education completed by the licensee or registrant or a continuing education waiver statement that meets the requirements in R9-9B-205 through R9-9B-208.

**Historical Note**

New Section R9-9B-104 recodified from R4-12-211 and amended at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**ARTICLE 2. FUNERAL INDUSTRY PROFESSIONAL LICENSING****R9-9B-201. Reserved****Historical Note**

Section R9-9B-201 reserved at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-202. Reserved****Historical Note**

Section R9-9B-202 reserved at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-203. Application for an Intern, an Embalmer, or a Funeral Director License**

- A.** An applicant for an intern, an embalmer, or a funeral director license shall submit an application packet to the Department that contains the information required in A.R.S. § 32-1323, and the following:
1. An application form provided by the Department, signed and dated by the applicant, and notarized that contains:
    - a. The applicant's name, mailing address, telephone number, and social security number;
    - b. The applicant's date and place of birth;
    - c. Any prior name or alias of the applicant;
    - d. The name and address of the high school from which the applicant graduated and the graduation date or

- date applicant received a general equivalency diploma;
- e. The name and address of the mortuary school from which the applicant graduated and graduation date;
  - f. The name, address, and telephone number of the funeral establishment employing the applicant;
  - g. Whether the applicant has ever been convicted of or entered into a plea of no contest to a class 1 or 2 felony, including the information in subsection (A)(1)(h)(i) through (A)(1)(h)(vi);
  - h. Whether the applicant, within five years from the date of the application, has been convicted of or entered into a plea of no contest to a felony or to a misdemeanor that is reasonably related to the applicant's proposed area of licensure including the:
    - i. Charged felony or misdemeanor;
    - ii. Date of conviction;
    - iii. Court having jurisdiction over the felony or misdemeanor;
    - iv. Probation officer's name, address, and telephone number, if applicable;
    - v. A copy of the notice of expungement, if applicable; and
    - vi. A copy of the notice of restoration of civil rights, if applicable;
  - i. Whether the applicant, within five years from the date of the application, has committed any act involving dishonesty, fraud, misrepresentation, breach of fiduciary duty, gross negligence, or incompetence reasonably related to the applicant's proposed area of licensure;
  - j. Whether the applicant is currently incarcerated or on community supervision after a period of imprisonment in a local, state, or federal penal institution or on criminal probation;
  - k. Whether the applicant, within five years from the date of the application, has had an application for a license, registration, certificate, or endorsement denied or rejected by any state funeral licensing authority including the:
    - i. Reason for the denial or rejection,
    - ii. Date of the denial or rejection, and
    - iii. Name and address of the agency that denied or rejected the application;
  - l. Whether the applicant has, within five years from the date of the application, had a license, registration, certificate, or endorsement suspended or revoked by any state funeral licensing authority including the:
    - i. Reason for the suspension or revocation,
    - ii. Date of the suspension or revocation, and
    - iii. Name and address of the state licensing authority that suspended or revoked the license;
  - m. Whether the applicant has ever surrendered a license, registration, certificate, or endorsement to the Department or any state funeral licensing authority;
  - n. The dates the applicant served as an apprentice embalmer or intern, location of apprenticeship or internship, and the number of human bodies embalmed, if applicable;
  - o. A statement of whether the applicant has passed a national board examination or state equivalent examination, if applicable; and

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- p. A notarized statement by the applicant verifying the information on the application is true and correct;
- 2. A copy of the applicant's high school or general equivalency diploma;
- 3. A copy of the transcript from each mortuary college attended by the applicant and, if applicable, each diploma issued to the applicant; and
- 4. The fee required by the Department.
- B.** In addition to the requirements in subsection (A), an applicant for an intern license shall submit on the application form the name and license number of the embalmer who will supervise the applicant.
- C.** In addition to the requirements in subsection (A), an applicant for an embalmer license shall submit to the Department:
  - 1. On the application form:
    - a. Whether the applicant has embalmed 25 or more human bodies;
    - b. Apprenticeship or internship information including:
      - i. Beginning and ending dates,
      - ii. The state in which the apprenticeship or internship was served,
      - iii. The applicant's state registration number and date of issuance, and
      - iv. The number of human bodies embalmed by the applicant during the apprenticeship or internship;
    - c. The following information:
      - i. The name of each state in which the applicant has been licensed or registered as an embalmer or funeral director,
      - ii. The date of issuance of each funeral director or embalmer license or registration, and
      - iii. The license or registration number in each state in which the applicant is or has been licensed or registered as an embalmer or funeral director;
    - d. The name of each mortuary at which the applicant practiced as an embalmer or funeral director for five years immediately before the application date, beginning and ending dates of the practice, and a description of the practice, if applicable; and
    - e. A notarized statement from a funeral director licensed or registered in any state that contains the funeral director's:
      - i. State in which licensed;
      - ii. License number and issuance date;
      - iii. Statement of length of time that the funeral director has known the applicant;
      - iv. Statement attesting to the applicant's good character, reputation, and professional ability; and
      - v. Recommendation for the Department's approval of the applicant; and
  - 2. A report of apprenticeship or internship containing:
    - a. The applicant's name,
    - b. The name of the funeral establishment in which the apprenticeship or internship was served,
    - c. The name of the embalmer supervising the applicant,
    - d. The beginning and ending dates covered in the report,
    - e. The number of hours worked each month during the apprenticeship or internship,
    - f. The number of human bodies embalmed each month during the apprenticeship or internship, and
- g. For each human body embalmed:
  - i. The name of the deceased,
  - ii. The date of death,
  - iii. A statement of whether an autopsy was performed, and
  - iv. The supervising embalmer's signature and license number.
- D.** In addition to the requirements in subsection (A), an applicant for a funeral director license shall submit to the Department a report containing:
  - 1. The applicant's name;
  - 2. The name of the funeral establishment in which one year of funeral directing experience was obtained;
  - 3. The name of the responsible funeral director;
  - 4. The beginning and ending dates covered in the report; and
  - 5. For each burial, immediate burial, or direct cremation conducted by the applicant:
    - a. The name of the deceased;
    - b. The date of the burial, immediate burial, or direct cremation;
    - c. A statement of whether the applicant conducted a burial, immediate burial, or direct cremation; and
    - d. The supervising funeral director's signature and license number.
- E.** In addition to the requirements in subsection (A), an applicant for an embalmer or funeral director license who holds an out-of-state embalmer or funeral director license shall:
  - 1. Submit on the application form, the name of each state in which the applicant is licensed or registered as an embalmer or funeral director; and
  - 2. Arrange for the out-of-state licensing authority to complete the following on the application form to be submitted with the application packet:
    - a. Certification of current licensure of the applicant;
    - b. Type of license, license number, and date license was issued;
    - c. A statement of whether the applicant qualified by examination or by being licensed by another state;
    - d. A statement of whether the licensing authority has ever suspended, revoked, or taken any other action against the applicant's license; and
    - e. Notarized signature and title of agency official.
- F.** An applicant for a multiple funeral director license shall submit an application form that is signed and dated by the applicant, and notarized that includes the information in subsections (A)(1)(a) through (A)(1)(c) and:
  - 1. The name and address of the funeral establishment for which the applicant:
    - a. Currently acts as the responsible funeral director, and
    - b. Is applying to act as the responsible funeral director;
  - 2. The distance, stated in miles, between the current funeral establishment and the funeral establishment for which application is being made;
  - 3. For the funeral establishment for which application is being made and for 12 months immediately preceding the application, the number of:
    - a. Funerals and cremations conducted at the funeral establishment, and
    - b. Transportations of human remains arranged through the funeral establishment;
  - 4. The fee required by the Department; and
  - 5. Other information required by the Department.

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**Historical Note**

New Section R9-9B-203 recodified from R4-12-202 and amended at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-204. Application for a Cremationist License**

An applicant for a cremationist license shall submit an application packet to the Department that contains all of the following:

1. An application form provided by the Department, signed and dated by the applicant that contains:
    - a. The applicant's name, mailing address, telephone number, and social security number;
    - b. The applicant's date and place of birth;
    - c. Any prior name or alias of the applicant;
    - d. The name, address, and telephone number of the crematory or funeral establishment employing the applicant, if applicable;
    - e. Whether the applicant has ever been convicted of or entered into a plea of no contest to a class 1 or 2 felony, including the information in subsections (1)(f)(i) through (1)(f)(vi) for each felony;
    - f. Whether the applicant, within the five years before the date of the application, has been convicted of or entered into a plea of no contest to a felony or to a misdemeanor that is reasonably related to the applicant's proposed area of licensure and the:
      - i. Charged felony or misdemeanor;
      - ii. Date of conviction;
      - iii. Court that has jurisdiction over the felony or misdemeanor;
      - iv. Probation officer's name, address, and telephone number, if applicable;
      - v. A copy of the notice of expungement, if applicable; and
      - vi. A copy of the notice of restoration of civil rights, if applicable;
    - g. Whether the applicant, within five years from the date of the application, has committed any act involving dishonesty, fraud, misrepresentation, breach of fiduciary duty, gross negligence, or incompetence reasonably related to the applicant's proposed area of licensure;
    - h. Whether the applicant is currently incarcerated, on community supervision after a period of incarceration in a local, state, or federal penal institution, or on criminal probation;
    - i. Whether the applicant, within five years from the date of the application, has had an application for a license, registration, certificate, or endorsement denied or rejected by any state funeral licensing authority and the:
      - i. Reason for the denial or rejection,
      - ii. Date of the denial or rejection, and
      - iii. Name and address of the agency that denied or rejected the application;
    - j. Whether the applicant has, within five years from the date of the application, had a license, registration, certificate, or endorsement suspended or revoked by any state funeral licensing authority and the:
      - i. Reason for the suspension or revocation,
      - ii. Date of the suspension or revocation, and
      - iii. Name and address of the state licensing authority that suspended or revoked the license;
  - k. Whether the applicant has ever surrendered a license, registration, certificate, or endorsement to the Department or any other state funeral licensing authority; and
  - l. A notarized statement by the applicant verifying that the information on the application is true and correct.
2. A copy of a certificate of completion of a crematory certification program issued by:
    - a. The manufacturer of a retort, or
    - b. An accredited organization that provides instruction for crematory operation;
  3. A completed and legible fingerprint card; and
  4. The fee required by the Department under A.R.S. § 32-1309.

**Historical Note**

New Section R9-9B-204 recodified from R4-12-210 and amended at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-205. Continuing Education Hours Required**

- A. Unless a funeral director or embalmer obtains a waiver under R9-9B-206, the funeral director or embalmer shall complete 12 credit hours or more of continuing education every calendar year as follows:
  1. At least three credit hours in mortuary sciences;
  2. At least three credit hours in ethical considerations in business practices and state and federal laws; and
  3. At least six other credit hours intended to enhance professional development or competence.
- B. Unless an embalmer's assistant obtains a waiver under R9-9B-206, the embalmer's assistant shall complete six credit hours or more of continuing education every calendar year as follows:
  1. At least three credit hours in mortuary sciences, and
  2. At least three credit hours covering compliance with state and federal laws.
- C. A licensee who has been licensed for less than 12 months during a calendar year shall complete one credit hour of continuing education for each month of licensure.
- D. A registrant who has been registered for less than 12 months during a calendar year shall complete one credit hour of continuing education for every two months of registration.

**Historical Note**

New Section R9-9B-205 recodified from R4-12-413 and amended at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-206. Waiver of Continuing Education**

- A. The Department shall waive the continuing education requirements in R9-9B-205 for a funeral director or an embalmer whose license or registration has been placed on inactive status or who was serving in the United States Armed Forces in time of war.
- B. The Department may waive the continuing education requirements in R9-9B-205 upon request and for good cause, which includes:
  1. For an embalmer's assistant, that the embalmer's assistant:
    - a. Was serving in the United States Armed Forces in time of war, or
    - b. Has not practiced as an embalmer's assistant during the year in which continuing education is required;

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2. That the funeral director, embalmer, or embalmer's assistant was prevented from completing continuing education due to extreme hardship, a disability, or a mental or physical illness; or
  3. That the funeral director, embalmer, or embalmer's assistant was prevented from completing continuing education because of absence from the United States.
- C. A funeral director, embalmer, or embalmer's assistant who is unable to complete the continuing education required in R9-9B-205 may submit, before a renewal application is due or with a renewal application, a written request to the Department for a waiver from the continuing education required in R9-9B-205 that contains:
1. The name, address, and telephone number of the licensee or registrant,
  2. An explanation of why the licensee was unable to meet the Department's continuing education requirements that includes one of the reasons in subsection (A) or (B);
  3. Any documents that support the explanation; and
  4. The signature of the licensee or registrant.
- D. The Department shall send written notice of approval or denial of the request for waiver within seven days of receipt of the request.

**Historical Note**

New Section R9-9B-206 recodified from R4-12-414 and amended at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-207. Continuing Education Determinations**

- A. To obtain a determination that continuing education satisfies the requirements of A.R.S. § 32-1338 and R9-9B-205, a licensee or registrant shall submit a written request to the Department before submission of a renewal application.
- B. A request under subsection (A) shall contain:
1. A brief summary of the continuing education;
  2. The date and place where the continuing education was provided;
  3. The number of credit hours of the continuing education;
  4. The name of the individual providing the continuing education, if available; and
  5. The name of the organization providing the continuing education, if applicable.
- C. In making the continuing education determination, the Department shall consider whether the continuing education:
1. Is designed to provide current developments, skills, and procedures related to funeral practices;
  2. Is developed and provided by an individual with knowledge and experience in the subject area; and
  3. Contributes directly to the professional competence of the licensee or registrant.

**Historical Note**

New Section R9-9B-207 recodified from R4-12-415 and amended at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-208. Documentation of Continuing Education**

A licensee or registrant shall submit a written document of completed continuing education with a renewal application that includes:

1. The name of the licensee or registrant;
2. The title of each continuing education;
3. A brief summary of the content of each continuing education;
4. The date of completion of each continuing education;

5. The number of credit hours of each continuing education; and
6. A statement, signed and dated by the licensee or registrant, verifying that the information in the document is true and correct.

**Historical Note**

New Section R9-9B-208 recodified from R4-12-416 at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-209. Reinstatement**

- A. An applicant requesting reinstatement under A.R.S. § 32-1334 shall submit to the Department:
1. An application form that contains the applicant's:
    - a. Name,
    - b. Social security number,
    - c. Residence and practice addresses,
    - d. Telephone number, and
    - e. Signature, and
  2. The renewal and reinstatement fees required by the Department under A.R.S. § 32-1309.
- B. In addition to the requirements in subsection (A), an applicant requesting reinstatement of a prearranged funeral sales endorsement shall submit to the Department the information required in A.R.S. § 32-1391.12(C).
- C. The Department shall send written notice of approval or denial of reinstatement within seven days of receiving the fees and application for reinstatement.

**Historical Note**

New Section R9-9B-209 recodified from R4-12-212 and amended at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**ARTICLE 3. FUNERAL ESTABLISHMENT LICENSING****R9-9B-301. Application for a Funeral Establishment License or Interim Funeral Establishment Permit**

- A. An applicant for a funeral establishment license shall submit an application packet to the Department that contains the fee required by the Department, information required in A.R.S. § 32-1383, and an application form that contains:
1. The funeral establishment's current and previous name, if any;
  2. The address of the physical location and telephone number of the funeral establishment;
  3. The responsible funeral director's name and license number;
  4. The name of the funeral establishment's current and previous owner;
  5. Whether the funeral establishment is a proprietorship, a corporation, a partnership, a limited liability company, or a subsidiary of a corporation, a partnership, or a limited liability company;
  6. If the previous owner was a corporation, the name of the corporation;
  7. The name and address of each person owning 10 percent or more of the establishment or corporation common stock;
  8. If a corporation, partnership, or limited liability company:
    - a. The state and date of incorporation or formation;
    - b. The name and address of the Arizona statutory agent or agent appointed to receive process; and
    - c. The name, address, and title of each officer, director, general partner, or member;

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9. Whether the applicant has ever been convicted of or entered into a plea of no contest to a class 1 or 2 felony, including the information in subsections (A)(10)(a) through (A)(10)(f);
  10. Whether the applicant, within five years from the date of the application, has been convicted of or entered into a plea of no contest to a felony or to a misdemeanor that is reasonably related to the applicant's proposed area of licensure including the:
    - a. Charged felony or misdemeanor;
    - b. Date of conviction;
    - c. Court having jurisdiction over the felony or misdemeanor;
    - d. Probation officer's name, address, and telephone number, if applicable;
    - e. A copy of the notice of expungement, if applicable; and
    - f. A copy of the notice of restoration of civil rights, if applicable;
  11. Whether the applicant, within five years from the date of the application, has committed any act involving dishonesty, fraud, misrepresentation, breach of fiduciary duty, gross negligence, or incompetence reasonably related to the applicant's proposed area of licensure;
  12. Whether the applicant is currently incarcerated or on community supervision after a period of imprisonment in a local, state, or federal penal institution or on criminal probation;
  13. Whether the applicant, within five years from the date of the application, has had an application for a license, registration, certificate, or endorsement denied or rejected by any state funeral licensing authority including the:
    - a. Reason for the denial or rejection,
    - b. Date of the denial or rejection, and
    - c. Name and address of the agency that denied or rejected the application;
  14. Whether the applicant has, within five years from the date of the application, had a license, registration, certificate, or endorsement suspended or revoked by any state funeral licensing authority including the:
    - a. Reason for the suspension or revocation,
    - b. Date of the suspension or revocation, and
    - c. Name and address of the state licensing authority that suspended or revoked the license;
  15. Whether the applicant has ever surrendered a license, registration, certificate, or endorsement to the Department or any state funeral licensing authority;
  16. A statement, signed by the responsible funeral director and notarized, affirming licensure in Arizona and confirming responsibility for the funeral establishment's compliance with Arizona state laws and rules; and
  17. The applicant's signature.
- B.** An applicant for an interim funeral establishment permit shall submit an application packet to the Department that contains the information required in A.R.S. § 32-1388 and an application form that contains:
1. The funeral establishment's current and previous name, if any;
  2. The address of the physical location and telephone number of the funeral establishment;
  3. The name of the funeral establishment's current and previous owner;
  4. The responsible funeral director's name and license number;
  5. Whether the funeral establishment is a proprietorship, a corporation, a partnership, a limited liability company, or a subsidiary of a corporation, a partnership, or a limited liability company;
  6. If the previous owner was a corporation, the name of the corporation;
  7. The name and address of each person owning 10 percent or more of the establishment or corporation common stock;
  8. If a corporation, partnership, or limited liability company:
    - a. The state and date of incorporation or formation;
    - b. The name and address of the Arizona statutory agent or agent appointed to receive process; and
    - c. The name, address, and title of each officer, director, general partner, or member;
  9. The name of the previous licensed owner;
  10. A statement, signed by the responsible funeral director and notarized, affirming licensure in Arizona and confirming responsibility for the funeral establishment's compliance with Arizona state laws and rules; and
  11. The applicant's signature.

**Historical Note**

New Section R9-9B-301 recodified from R4-12-204 and amended at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-302. Application for a Prearranged Funeral Sales Endorsement**

An owner and the owner's responsible funeral director applying for a prearranged funeral sales endorsement for a funeral establishment shall submit an application packet to the Department that contains the fee required by the Department, information required in A.R.S. § 32-1391.12, and an application form that contains:

1. The funeral establishment's name, mailing address, and telephone number;
2. The funeral establishment's designated funeral director's, manager's, corporate officers', owner's, trustee's, or any controlling person's:
  - a. Current name and any prior name or alias;
  - b. Current address, telephone number, and social security number;
  - c. Date and place of birth; and
  - d. Former addresses, including dates of residence, for seven years immediately preceding the date of the application;
3. The total amount of trust funds, including accrued interest, for 12 months immediately preceding the application date;
4. The total number of currently existing prearranged funeral agreements entered into before January 1, 1985;
5. The total number of prearranged funeral agreements sold by the funeral establishment for the calendar year immediately preceding the date of the application;
6. Whether the designated funeral director, a manager, a corporate officer, a trustee, or an owner, within seven years preceding the date of application, in any state or federal jurisdiction, has:
  - a. Been convicted of or entered into a plea of no contest to a felony or to a misdemeanor involving dishonesty, fraud, deception, misrepresentation, embezzlement, or breach of fiduciary duty; or
  - b. Been issued a judgment or consent order for consumer fraud, securities violation, or civil racketeering;

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7. The name, address, alias, and telephone number of each individual named in subsection (6) and the following:
  - a. The charged felony or misdemeanor;
  - b. Date of conviction or judgment;
  - c. Court having jurisdiction over the felony or misdemeanor;
  - d. Probation officer's name, address, and telephone number, if applicable; and
  - e. A copy of the notice of expungement, if applicable; and
  - f. A copy of the notice of restoration of civil rights, if applicable; and
8. A notarized statement signed by the owner and designated funeral director verifying the information on the application is true and correct.

**Historical Note**

New Section R9-9B-302 recodified from R4-12-205 and amended at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-303. Reserved****Historical Note**

Section R9-9B-303 reserved at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-304. General Funeral Services Requirements**

**A.** Any funeral director, embalmer, funeral establishment or other person licensed by the Department shall comply with the following general funeral service requirements:

1. Licensees shall deal with funeral services consumers in an honest and truthful manner, and shall be responsive and sensitive to particular requirements or needs concerning funeral arrangements. Licensees shall not engage in any conduct that causes or results in disrespect for the deceased person, disruption of the funeral services or any injury to the decedent's family, contrary to the prevailing standards and practices of the profession in this state.
2. Licensees shall perform their respective responsibilities concerning the care, handling, transportation and disposition of human remains and concerning all transactions with funeral services consumers in a careful and competent manner in accordance with the prevailing standards and practices of the profession in this state.
3. Licensees shall comply with all laws and regulations pertaining to their activities in the care, handling, transportation and disposition of human remains including, without limitation, the provisions of the Funeral Directors Act (A.R.S. § 32-1301 et seq.), the Prearranged Funeral Plan Act (A.R.S. § 44-1721 et seq.), and these rules. Licensees shall comply with all health laws and regulations that pertain to the embalming and preparation of human remains. The following health laws and rules should be reviewed and followed to the extent applicable:

Subject	Law or Rule
Vital statistics	A.R.S. § 36-301 et seq. and 9 A.A.C. 19, Article 3
Health menaces	A.R.S. § 36-601 et seq.
Disposition of bodies	A.R.S. § 36-803 et seq.
Communicable diseases	A.R.S. § 36-621 and A.A.C. R9-6-102

4. Licensees should also make reasonable efforts to cooperate with the customs of all religions and creeds according to the desires of the decedent or his family.

5. Licensees shall not make statements nor engage in activities that foreseeably could result in needless infliction of emotional distress on members of the decedent's family or result in exposing the remains to unnecessary indignity, including without limitation:

- a. Making statements to members of the family designed to offend their sensibilities during grief, including unsolicited comments concerning graphic details of the embalming, or of the condition, decomposition or decay of the remains, except those statements that are necessary under the circumstances to adequately inform the family concerning the advisability of viewing the remains or having an open-casket funeral ceremony are not prohibited by this subsection;
- b. Permitting the remains to be exposed or displayed to members of the family or the public in a manner not consistent with public health; or
- c. Permitting the remains to be exposed or displayed to members of the family or the public in a manner designed to offend their sensibilities during grief, including exposing or displaying the remains:
  - i. During the embalming or preparation process;
  - ii. Without clothing or suitable covering of the trunk and limbs of the remains;
  - iii. For any promotional or commercial purpose; or
  - iv. For photographs, videotape, or other reproductive process without clothing or suitable covering or during the embalming or preparation process. This subsection does not apply where public officials in the discharge of their duties view or examine the remains.

6. Licensees shall not disclose or divulge any privacy, secrecy, confidence or secret of the domestic or private life of any deceased or the family thereof or of any home or circle learned as a result of professional employment, unless such disclosure is required by law, or is necessary to conduct the legitimate business of the funeral establishment in accordance with law. Licensees shall not discuss facts concerning the cause of death, expenditures for the funeral, the source of funds, or other matters of a personal nature except with the members of the family or their authorized representatives. Such information may be released to the Department during an investigation or inspection if a release or other permission is obtained or received from a family member or if pursuant to a subpoena or other court or administrative directive.
7. Licensees shall not pay or cause to be paid to any person, including without limitation a nurse, attendant, doctor, ambulance personnel, hospital personnel, health care facility personnel, clergy, or law enforcement officers, money or other valuable consideration to secure business from or through such person.

- B.** Failure to substantially comply with the provisions of this Section shall be deemed to be evidence of gross negligence, repeated or continuing negligence, or other professional incompetence.

**Historical Note**

New Section R9-9B-304 recodified from R4-12-301 and amended at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-305. Deceptive Practices Prohibited**



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- A.** In selling or offering to sell funeral goods or funeral services to funeral services consumers, it is a deceptive act or practice for a funeral establishment, funeral director, embalmer, or agents or employees of a funeral establishment:
1. To advertise for or solicit business through the use of deceptive, misleading, or inaccurate statements or other information;
  2. To display or represent funeral merchandise or services in a deceptive or misleading manner. Failure to display to or show funeral services consumers inexpensive caskets and containers regularly offered for sale and stocked by the funeral establishment is deemed to be a misleading display practice. Display of inexpensive caskets or containers, or photos or facsimiles thereof, under less favorable conditions or circumstances, including poor lighting, merchandise damage or defacement, or conditions inhibiting the consumer's free choice of merchandise is also deemed to be a misleading display practice;
  3. To embalm a deceased human body unless:
    - a. State or local law or regulation requires embalming in the particular circumstances regardless of any funeral choice the family might make;
    - b. Prior approval for embalming (expressly so described) has been obtained from a family member or other authorized person; or
    - c. The funeral establishment is unable to contact a family member or other authorized person after exercising due diligence, has no reason to believe the family does not want embalming performed, and obtains subsequent approval for embalming already performed (expressly so described). In seeking approval, the funeral establishment shall disclose that a fee will be charged if the family selects a funeral that requires embalming, such as a funeral with viewing, and that no fee will be charged if the family selects a service that does not require embalming, such as direct cremation or immediate burial;
  4. To fail to promptly release upon request, deceased human remains to a family member, representative of the family, or other person authorized by the family to take possession of the remains;
  5. To make any false, misleading, or unsubstantiated statements or claims, or in any manner imply that natural decomposition or decay of human remains can be prevented by embalming, or certain caskets, vaults, or other burial containers, or to otherwise make any false, misleading, or unsubstantiated statements or claims of watertightness or airtightness of caskets, vaults, or other burial containers;
  6. To reuse a casket or container previously purchased by or delivered to another decedent's family and intended for or used in connection with the burial, cremation, or other final disposition of the previous decedent. This provision does not apply to the rental of caskets, containers, casket shells, or other devices used in connection with the funeral services if the funeral services consumer is informed of the rental arrangement;
  7. To bill or otherwise charge a purchaser for merchandise or services not actually provided by or arranged through the funeral establishment;
  8. To represent that the price charged for a cash advance item is the same as the cost to the funeral establishment for the item when such is not the case, or to fail to disclose to purchasers that the price being charged for a cash advance item is not the same as the cost to the funeral establishment for the item when such is the case;
  9. To make disparaging statements concerning the quality, utility, suitability or durability of inexpensive caskets or containers without basis in fact;
  10. To make false or misleading statements concerning or otherwise engage in deceptive, misleading or fraudulent practices in connection with the advertising, solicitation, or sale of prearranged funeral plans;
  11. To make any misrepresentations or omissions of material fact concerning funeral services, prices, or the merchandise and services included in a stated price;
  12. To represent or insinuate that a direct cremation, immediate burial, inexpensive funeral arrangements, or inexpensive casket, container, or unfinished wood box would be disrespectful or inconsiderate to the decedent or family members, or friends, neighbors, or associates of the decedent or family; or
  13. To disrupt the funeral arrangement process or funeral service, intimidate, harass, or coerce a family member, with the intent to prevent such family member from exercising existing contractual or legal rights.
- B.** Failure to substantially comply with the provisions of this Section shall be deemed to be evidence of gross negligence, repeated or continuous negligence, or other professional incompetence.
- Historical Note**  
New Section R9-9B-305 recodified from R4-12-302 and amended at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).
- R9-9B-306. Misrepresentation of Legal or Cemetery Requirements**
- A.** In selling or offering to sell funeral goods or funeral services to funeral services consumers, it is a deceptive act or practice for a funeral establishment, funeral director, embalmer, or agents or employees of a funeral establishment to:
1. Represent that state or local law requires that a deceased person be embalmed when such is not the case, or fail to disclose that embalming is not required by law except where burial or cremation will not occur within 24 hours or where the body is not refrigerated immediately after death;
  2. Represent that state or local law requires a casket for direct cremation, or represent that a casket (other than an unfinished wood box) is required for direct cremations;
  3. Represent that state or local laws or regulations, or particular cemeteries require burial vaults, grave boxes, or grave liners when such is not the case, or fail to disclose to persons arranging funerals that state law does not require the purchase of an outside receptacle; or
  4. Represent that federal, state, or local laws, or particular cemeteries or crematories require the purchase of any funeral goods or funeral services when such is not the case.
- B.** Failure to substantially comply with the provisions of this Section shall be deemed to be evidence of gross negligence, repeated or continuous negligence, or other professional incompetence.
- Historical Note**  
New Section R9-9B-306 recodified from R4-12-303 and amended at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

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**R9-9B-307. Consumer Disclosures**

- A.** The consumer notice required by A.R.S. § 32-1391.09(A) and (C) shall be conspicuously printed on either the first or signature page of the prearranged funeral agreement.
- B.** At the time the purchaser signs the agreement the funeral establishment shall provide a copy of the prearranged funeral agreement for retention by the purchaser.
- C.** At the time of the inquiry or solicitation the funeral establishment shall provide a copy of its current price list for retention by the person who inquires about or is personally solicited regarding a prearranged funeral agreement.
- D.** Pursuant to A.R.S. § 32-1373, each contract for prearranged funeral services also shall contain one of the following notices, as appropriate, conspicuously printed near the top of the first page:
1. THIS FUNERAL CONTRACT IS FUNDED BY INSURANCE.
  2. THIS FUNERAL CONTRACT IS FUNDED BY A PRE-ARRANGED FUNERAL TRUST ACCOUNT.

**Historical Note**

New Section R9-9B-307 recodified from R4-12-541 and amended at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-308. Annual Report Format**

- A.** The annual report concerning prearranged funeral sales and trust account activities filed by funeral establishments pursuant to A.R.S. § 32-1391.15 shall contain the information indicated by the annual report format in Appendix E of 4 A.A.C. 12, Article 5. If a funeral establishment does not offer or sell prearranged funerals on or after January 1, 1985, it shall annually provide to the Department the information required by Appendix E of 4 A.A.C. 12, Article 5, concerning:
1. Each prearranged funeral trust account established before January 1, 1985, and in existence during any portion of the preceding calendar year; and
  2. Trust account deposits, withdrawals and service fees during the preceding calendar year.
- B.** If a funeral establishment offers or sells prearranged funeral agreements on or after January 1, 1985, it shall annually provide to the Department the information required by Appendix E of 4 A.A.C. 12, Article 5, concerning:
1. Each prearranged funeral trust account established before January 1, 1985, and in existence during any portion of the preceding calendar year;
  2. Each prearranged funeral agreement sold after January 1, 1985, and in existence during any portion of the preceding calendar year; and
  3. Trust account deposits, withdrawals, and service fees during the preceding calendar year.

**Historical Note**

New Section R9-9B-308 recodified from R4-12-561 and amended at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-309. Equipment and Sanitation Requirements**

- A.** The Department recommends that the following instruments, equipment, and supplies be maintained in the preparation room of a funeral establishment:
1. 1 set metal or rubber drain tubes (large, medium, small);
  2. 1 set metal injection tubes (large, medium, small);
  3. 1 grooved director or equal;
  4. 1 aneurysm needle;
  5. 1 large trocar;

6. 1 small trocar;
  7. 1 scalpel;
  8. 1 pair scissors;
  9. 6 hemostats;
  10. 2 forceps;
  11. 1 hypodermic syringe;
  12. hypodermic needles (assorted);
  13. aspirator;
  14. suture needles;
  15. suture thread;
  16. disinfectant;
  17. 1 set of cream or liquid cosmetics;
  18. 1 powder brush;
  19. 1 application brush;
  20. wax for restorative work;
  21. soap;
  22. cotton;
  23. head rest;
  24. hardening compound;
  25. arterial embalming fluid;
  26. cavity embalming fluid;
  27. embalming machine or percolator gravity injector and bulb syringe if latter used; and
  28. sheets or covers for remains.
- B.** All funeral establishments shall be kept and maintained in a clean and sanitary condition, and all embalming tables, hoppers, sinks, receptacles, instruments, and other appliances used in embalming human remains shall be thoroughly cleansed and disinfected with a 1% solution of chlorinated soda, or other suitable and effective disinfectant immediately after the embalming of each remains.
- C.** Every preparation room shall be equipped with a sanitary embalming table, and such table should be provided with running water.
- D.** Every preparation room should be provided with proper and convenient receptacles for refuse, bandages, cotton, and other waste materials and supplies, and all such waste materials shall be properly disposed of.
- E.** At no time shall the operation of the establishment constitute or create a health nuisance or hazard.

**Historical Note**

New Section R9-9B-309 recodified from R4-12-312 and amended at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-310. Reserved****Historical Note**

Section R9-9B-310 reserved at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-311. Reserved****Historical Note**

Section R9-9B-311 reserved at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-312. Telephone Price Disclosures Requirement**

- A.** Each funeral establishment shall tell persons who contact the establishment by telephone and ask about terms, conditions, or prices of funeral goods or funeral services offered that price information is available over the telephone. The funeral establishment shall provide accurate information from the funeral price list required by R9-9B-313 that reasonably answers the question and any other information that reasonably answers

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the question about the retail prices of funeral goods or funeral services readily available for sale to the caller.

- B.** If the caller requests a funeral price list, the funeral establishment shall mail its funeral price list required by R9-9B-313 to the caller. If a funeral establishment mails a funeral price list to a caller, it may charge a reasonable postage and handling fee not to exceed two dollars. The establishment shall mail the price list to the caller within five days after receipt of the handling charge, or if the establishment does not require a handling charge, within seven days after the caller's price list request.

**Historical Note**

New Section R9-9B-312 recodified from R4-12-304 and amended at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-313. Price Lists Requirement**

- A.** Each funeral establishment, funeral director, or embalmer shall provide a casket price list, an outside receptacle price list, and a general price list in the form and in the manner required by Federal Trade Commission rules 16 CFR 453.2(b)(2), (3) and (4) issued pursuant to the Federal Trade Commission Act as amended and in effect on June 1, 1984. The items required by the Federal rules shall be included before additional items.
- B.** A copy of Federal Trade Commission rule 16 CFR 453.2(b) is incorporated by reference.

**Historical Note**

New Section R9-9B-313 recodified from R4-12-305 and amended at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-314. Merchandise Price Card Requirement**

Each funeral establishment shall place a price card on each casket, container, and outside receptacle the establishment makes available for sale to funeral services consumers. Each price card shall be placed on or attached to each item of merchandise in a conspicuous manner that permits a potential purchaser to see the information on the price card when standing near the casket or other item of merchandise. Each price card shall conspicuously disclose the separate retail price of the merchandise item available for sale. Price cards on caskets or outside receptacles shall also disclose the construction or type, manufacturer or assembler, and model number or popular name of the casket or outside receptacle. Price cards on containers shall also disclose the construction or type and manufacturer or assembler of the container. Photographs or accurate pictures of merchandise items may be used if conspicuously displayed with the price card information required by this Section.

**Historical Note**

New Section R9-9B-314 recodified from R4-12-306 and amended at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-315. Funeral Goods and Services Memorandum**

- A.** Each funeral establishment, funeral director, or embalmer shall give an itemized written or printed memorandum of funeral goods and services ("statement") for retention to each potential purchaser of funeral goods or services at the conclusion of the discussion of any funeral arrangements and before the establishment enters into a contract with a purchaser of funeral goods or services. The itemized statement shall list at least the following information:
1. The name and address of the funeral establishment;
  2. A caption entitled "Statement of Funeral Goods and Services Selected"; and

3. The funeral goods and services selected by that person and the prices to be paid for each item, specifically itemized cash advance items, the total cost of the goods and services selected and other information contained in or indicated by the "Statement of Funeral Goods and Services Selected" format in Appendix B of 4 A.A.C. 12, Article 5.

- B.** The information required by this Section may be included on any contract, statement, or other document that the funeral establishment would otherwise provide at the conclusion of discussion of arrangements. The itemized disclosures required by this Section shall be made in a clear and conspicuous manner. The establishment shall indicate immediately adjacent to the appropriate items under the "funeral arrangements" and "automotive equipment" categories the funeral services, facilities, and automotive equipment items selected by the purchaser. A funeral establishment may include additional itemized disclosures on the statement concerning goods and services selected. If certain charges required to be itemized on the statement are not known or reasonably ascertainable at the time the contract is signed, a good faith estimate of the charges shall be given on the statement, and the establishment shall provide a written description of the actual charges to the purchaser within fifteen (15) days after the information becomes available to the establishment.

- C.** If an establishment uses the "statement of funeral goods and services selected" as a final bill, the following disclosures must be added to the statement:

"If you elected a funeral that requires embalming, such as a funeral with a viewing, you may have to pay for the embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain why in writing."

If an establishment does not use the "statement of funeral goods and services selected" as a final bill, the disclosures concerning embalming required by this subsection must be added to the final bill, contract, or other written evidence of the agreement or obligation given to the purchaser, and the establishment may use the "statement of funeral goods and services selected" format as shown in Appendix B of 4 A.A.C. 12, Article 5. The establishment shall disclose in writing to the purchaser on the statement any legal, cemetery, or crematory requirement that mandates that the consumer purchase a specific funeral good or service. The establishment also shall disclose on the statement the "Notice to Purchaser" concerning casket and container legal requirements required by A.R.S. § 32-1373(B).

**Historical Note**

New Section R9-9B-315 recodified from R4-12-307 and amended at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-316. Minimum Embalming Requirements**

- A.** Embalmers and apprentice embalmers shall comply with the following minimum embalming procedures when embalming human remains:
1. All persons participating in the embalming procedure shall be either a licensed embalmer or a registered apprentice embalmer. Apprentice embalmers shall be under the direct supervision of a licensed embalmer during the embalming. "Direct supervision," as used in this subsection, means that the licensed embalmer shall at all times be immediately available on the funeral estab-

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lishment premises to supervise the apprentice embalmer, except that if the apprentice embalmer has embalmed at least ten adult human remains and has been registered with the Department for a minimum of six months, the supervision requirement is deemed to have been met if the apprentice has immediate access to and is performing according to the directions of a licensed embalmer.

2. Regulations of the Department and of county health departments pertaining to sewage, sanitation and public health requirements shall be observed.
  3. All persons engaged in the embalming process shall wear a clean smock or gown and wear impervious rubber gloves.
  4. All clothing shall be removed from the remains and a visual inspection of the condition of the remains shall be conducted.
  5. To the extent feasible under the circumstances, the entire remains, including all extremities (legs, arms, feet, hands and head), shall be washed with an antiseptic or detergent solution.
  6. To the extent feasible under the circumstances, the arterial injection technique shall be used in the embalming process. If the arterial circulation of any portion of the remains is materially incomplete or impaired due to advanced decomposition or autopsy, then the embalming may be done by hypodermically injecting those areas.
  7. Embalming solution shall be injected into the entire remains, including extremities (legs, arms, feet, hands and head), and shall be injected in such dilutions and pressures as warranted by the condition of the remains in accordance with prevailing professional practice.
  8. The abdominal and thoracic cavities of the remains shall be injected with a concentrated cavity chemical after liquids and materials have been substantially removed through a trocar. The cavity chemical shall be injected into and thoroughly distributed in such cavities in accordance with prevailing professional practice.
  9. If the body is to be viewed at a funeral service, cosmetic procedures should be employed in accordance with the wishes of the family and prevailing professional practice.
  10. Within 24 hours after the embalming procedure, an embalming case report shall be prepared describing the elapsed time since death, condition of the remains before and after embalming, and embalming procedures used.
  11. After embalming procedures have been completed, the remains shall be covered and diligent effort shall be made to maintain the privacy of the remains.
- B.** The care and preparation for burial or other disposition of human remains shall be strictly private, and no one shall be allowed in the embalming room while a dead human body is being embalmed, except licensees or other authorized employees of the establishment, instructors of the science of embalming and their students, public officials in the discharge of their duties, or other persons having the legal right to be present.
- C.** Each funeral establishment and responsible funeral director shall adopt and implement adequate procedures concerning the supervision of embalming personnel to assure compliance with this rule.
- D.** Failure to substantially comply with the minimum embalming standards contained in this Section shall be deemed to be evidence of gross negligence, repeated or continuing negligence, or other professional incompetence.

**Historical Note**

New Section R9-9B-316 recodified from R4-12-311 and amended at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-317. Surety Bond Requirements**

- A.** A funeral establishment applying for a prearranged funeral sales endorsement shall provide the Department with the number of prearranged funeral agreements sold during the immediately preceding calendar year and provide the applicable surety bond as follows:

1. \$15,000 if the establishment sold fewer than 100 prearranged funeral agreements during the immediately preceding calendar year;
2. \$30,000 if the establishment sold 100 or more, but fewer than 250 prearranged funeral agreements during the immediately preceding calendar year; or
3. \$50,000 if the establishment sold 250 or more prearranged funeral agreements during the immediately preceding calendar year.

The amount of the surety bond shall be increased by \$5,000 for each salesperson currently registered by the Department for the establishment.

- B.** The corporate surety bond provided to the Department shall contain the language specified by Appendix D of 4 A.A.C. 12, Article 5.

**Historical Note**

New Section R9-9B-317 recodified from R4-12-523 and amended at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-318. Deceptive, Misleading, or Professionally Negligent Practices**

In selling or offering to sell prearranged funerals, or in handling the trust funds or accounts of a prearranged funeral consumer, it is a deceptive, misleading, or professionally negligent practice for anyone licensed under A.R.S. Title 32, Chapter 12, or his agent:

1. To misstate or omit to state any material fact upon which a prearranged funeral consumer detrimentally relies concerning the transaction or the prearranged funeral;
2. To represent or imply that the prices of funeral goods and services to be provided pursuant to a fixed price prearranged funeral agreement are guaranteed, frozen, or otherwise an absolute economic certainty;
3. To guarantee or promise that the funeral establishment will be in business at any indefinite time in the future;
4. To fail to disclose to the purchaser or beneficiary, within ten business days after a request, the most currently available information concerning the purchaser's principal payments, all earned interest on the principal, and total service fees charged concerning that purchase;
5. To intentionally mislead or deceive by entering into a contract with a prearranged funeral purchaser, while any blank in the contract, other than for the account number, has not been completed; or
6. To enter into a prearranged funeral agreement to provide funeral goods and services not regularly sold by the funeral establishment at the time of execution of the agreement.

**Historical Note**

New Section R9-9B-318 recodified from R4-12-545 and amended at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-319. Description of Casket**

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A prearranged funeral agreement shall be deemed misleading unless it describes the following information concerning any casket to be provided under the agreement:

1. Specific construction and type;
2. Interior fabric;
3. Manufacturer and model number or popular name;
4. Special features, if any; and
5. Casket retail price.

**Historical Note**

New Section R9-9B-319 recodified from R4-12-546 and amended at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-320. Possession of Trust Account Passbook**

With respect to individual trust accounts, the funeral establishment shall offer a prearranged funeral purchaser the option of either obtaining a copy of the financial institution passbook, certificate of deposit, or other similar documentation of the prearranged funeral trust account for his personal possession, or authorizing the funeral establishment to maintain such documentation on behalf of the purchaser. This Section does not apply to common trust accounts.

**Historical Note**

New Section R9-9B-320 recodified from R4-12-548 and amended at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-321. Certificate of Entitlement**

- A. The certificate of entitlement which a funeral establishment delivers to the financial institution servicing a prearranged funeral trust account or accounts shall contain the following information:
  1. Name of the funeral establishment,
  2. Name and location of financial institution,
  3. Prearranged funeral trust account number(s),
  4. The amount of trust funds to be withdrawn as the annual service fee, and
  5. Certification by the funeral establishment that it is contractually entitled to an annual service fee for the preceding calendar year pursuant to the terms of the prearranged funeral agreement(s).
- B. The certificate shall be signed and dated by the owner or responsible funeral director of the establishment and sworn to before a notary public. On receipt of an appropriately completed certificate of entitlement, the financial institution shall release a portion of the trust funds equal to the annual service fee to the funeral establishment. The portion of trust funds released to the establishment shall not exceed 10 percent of the interest which has accrued on the trust funds during the preceding calendar year.

**Historical Note**

New Section R9-9B-321 recodified from R4-12-551 and amended at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-322. Certificate of Performance**

- A. The certificate of performance which a funeral establishment delivers to the financial institution servicing a prearranged funeral trust account after the death of the beneficiary of a prearranged funeral agreement shall contain the following information:
  1. Name of the funeral establishment,
  2. Name and location of financial institution and trust account number,
  3. Name of deceased beneficiary,

4. Certification of the total charges for the funeral goods and services provided in the funeral arrangements, and
5. Certification that it provided the funeral goods and services pursuant to the prearranged funeral agreement.

- B. If the certificate of performance concerns a fixed price prearranged funeral agreement, it shall also contain certification that the establishment agreed in the prearranged funeral agreement to fix the prices of the funeral goods and services provided under the agreement at the price levels in effect at the time of the execution of the agreement by the purchaser.
- C. The certificate shall be signed and dated by the owner or responsible funeral director of the establishment and sworn to before a notary public. The certified death certificate of the deceased beneficiary shall accompany the certificate of performance when it is delivered to the financial institution. On receipt of the certified death certificate and appropriately completed certificate of performance, the financial institution shall release a portion of the trust funds equal to the establishment's charges for funeral goods and services for the beneficiary's funeral arrangements. If the certificate of performance concerns a fixed price prearranged funeral agreement, the financial institution may release an additional portion of the trust funds to the establishment equal to that portion of the total accrued interest on principal payments deposited in the trust account during the term of the prearranged funeral agreement which the purchaser agreed to convey to the establishment.

**Historical Note**

New Section R9-9B-322 recodified from R4-12-552 and amended at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-323. Statement of Accrued Taxes**

The statement of accrued taxes which a funeral establishment delivers to the financial institution servicing a prearranged funeral trust account or accounts shall contain the following information:

1. Name of the funeral establishment,
2. Name and location of financial institution,
3. Prearranged funeral trust account number(s), and
4. Statement identifying the person by whom taxes are due and payable concerning income earned from funds deposited in the trust account(s). The statement shall describe the taxing authority to which the taxes are due, the amount of taxes due and payable concerning each trust account and the fiscal period the taxes concern. The statement shall be signed and dated by the owner or responsible funeral director and one other employee of the establishment. On receipt of an appropriately completed statement of accrued taxes, the financial institution shall release a portion of the trust funds equal to the accrued taxes, payable to the taxing authority, to the funeral establishment.

**Historical Note**

New Section R9-9B-323 recodified from R4-12-554 and amended at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-324. Notice of Trust Account Transfer**

- A. If a funeral establishment directs a financial institution to transfer a common prearranged funeral trust account pursuant to A.R.S. § 32-1391.04(C), it shall provide written notice by first class mail to the last known address of each participant not less than ten business days before transfer of the account. The notice shall advise each participant that the account is being transferred and give the name and location of the new

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financial institution and trust account number. The notice also shall contain a conspicuous statement that the establishment will provide specific information concerning the trust account status upon request.

- B.** If a funeral establishment is sold, or its name or location is changed or the prearranged funeral trust account is in any way transferred to another entity, the funeral establishment shall notify the Department of the disposition of the trust account within ten business days after the change in the status of the trust account. The funeral establishment also shall provide written notice by certified mail to the last known address of each participant in the prearranged funeral trust account within thirty business days after the change in the status of the trust account. The notice shall advise each participant of the change of status of the trust account and shall contain a conspicuous statement that the establishment, or its successor in interest, will provide specific information concerning the trust account status upon request.

**Historical Note**

New Section R9-9B-324 recodified from R4-12-556 and amended at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-325. Purchaser Cancellation Requests**

- A.** The written request from a purchaser of a prearranged funeral agreement or designated person to terminate the agreement and refund the trust funds shall contain the following information:
1. Name of funeral establishment,
  2. Full name of the prearranged funeral purchaser or designated person making the request, and
  3. Statement of purchaser or designated or legally responsible person requesting refund of the trust funds.
- B.** The cancellation request shall be signed by the purchaser, designated or legally responsible person. Within five days following receipt of a properly signed cancellation request, the financial institution shall release the trust funds, payable to the person making the cancellation request, to the establishment for refund to the requesting person.

**Historical Note**

New Section R9-9B-325 recodified from R4-12-559 and amended at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-326. Records Retention Requirement**

Each funeral establishment shall retain and make available for inspection by Department representatives true and accurate copies of the following records during the term of the prearranged funeral agreement and for three years following the death of the beneficiary or the termination of the agreement:

1. The prearranged funeral agreement;
2. Each notice of the transfer of the trust account to another financial institution, together with a record of the names and last known addresses of the purchasers and the dates on which the notice was mailed;
3. The certificate of performance from the funeral establishment stating that it provided the requested funeral goods and services which is delivered to a financial institution;
4. Each certificate from the funeral establishment concerning entitlement to service fees concerning the trust account;
5. Each statement of accrued taxes from the funeral establishment concerning the trust account;

6. Each cancellation or termination request from a purchaser; and
7. Detailed financial institution statements and accounting records concerning the trust account.

**Historical Note**

New Section R9-9B-326 recodified from R4-12-565 and amended at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**ARTICLE 4. CREMATORY LICENSING****R9-9B-401. Application for a Crematory License**

An applicant for a crematory license shall submit an application packet to the Department that contains the fee required by the Department, information required in A.R.S. § 32-1395, and the following:

1. An application form that contains:
  - a. The name of the crematory;
  - b. The address of the physical location and telephone number of the crematory;
  - c. Whether the crematory is a proprietorship, a corporation, a partnership, a limited liability company, or a subsidiary of a corporation, a partnership, or a limited liability company;
  - d. The name and license number of the responsible funeral director or cremationist;
  - e. The name and address of each person owning 10 percent or more of the establishment or corporation common stock;
  - f. A statement, signed by the responsible funeral director or cremationist and notarized, affirming licensure in Arizona and confirming responsibility for the crematory's compliance with Arizona state laws and rules;
  - g. If a corporation, partnership, or limited liability company:
    - i. The state and date of incorporation or formation;
    - ii. The name and address of the Arizona statutory agent or agent appointed to receive process; and
    - iii. The name, address, and title of each officer, director, general partner, or member;
  - h. Whether the applicant has ever been convicted of or entered into a plea of no contest to a class 1 or 2 felony, including the information in subsection (1)(i)(i) through (1)(i)(vi);
  - i. Whether the applicant, within five years from the date of the application, has been convicted of or entered into a plea of no contest to a felony or to a misdemeanor that is reasonably related to the applicant's proposed area of licensure including the:
    - i. Charged felony or misdemeanor;
    - ii. Date of conviction;
    - iii. Court having jurisdiction over the felony or misdemeanor;
    - iv. Probation officer's name, address, and telephone number, if applicable;
    - v. A copy of the notice of expungement, if applicable; and
    - vi. A copy of the notice of restoration of civil rights, if applicable;
  - j. Whether the applicant, within five years from the date of the application, has committed any act involving dishonesty, fraud, misrepresentation,

## TITLE 9. HEALTH SERVICES

## CHAPTER 9. DEPARTMENT OF HEALTH SERVICES - HUMAN REMAINS

breach of fiduciary duty, gross negligence, or incompetence reasonably related to the applicant's proposed area of licensure;

- k. Whether the applicant is currently incarcerated or on community supervision after a period of imprisonment in a local, state, or federal penal institution or on criminal probation;
  - l. Whether the applicant, within five years from the date of the application, has had an application for a license, registration, certificate, or endorsement denied or rejected by any state funeral licensing authority including the:
    - i. Reason for the denial or rejection,
    - ii. Date of the denial or rejection, and
    - iii. Name and address of the agency that denied or rejected the application;
  - m. Whether the applicant has, within five years from the date of the application, had a license, registration, certificate, or endorsement suspended or revoked by any state funeral licensing authority including the:
    - i. Reason for the suspension or revocation,
    - ii. Date of the suspension or revocation, and
    - iii. Name and address of the state licensing authority that suspended or revoked the license;
  - n. Whether the applicant has ever surrendered a license, registration, certificate, or endorsement to the Department or any state funeral licensing authority; and
  - o. The applicant's signature; and
2. A copy of a funeral establishment license or crematory authority certificate issued by the Arizona Department of Real Estate to a cemetery that operates a crematory.

**Historical Note**

New Section R9-9B-401 recodified from R4-12-207 and amended at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-402. Reserved****Historical Note**

Section R9-9B-402 reserved at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-403. Reserved****Historical Note**

Section R9-9B-403 reserved at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-404. Reserved****Historical Note**

Section R9-9B-404 reserved at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-405. Reserved****Historical Note**

Section R9-9B-405 reserved at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-406. Crematory Requirements**

In addition to the requirements in A.R.S. § 32-1394, the responsible cremationist of a crematory shall ensure:

1. The crematory is maintained free from dirt and debris,
2. Equipment and supplies maintained in the crematory do not impede passage through the crematory, and

3. Human remains that are not embalmed are held in a refrigerated holding facility at the crematory or sent to a funeral establishment or another crematory for refrigeration.

**Historical Note**

New Section R9-9B-406 recodified from R4-12-612 and amended at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-407. Reserved****Historical Note**

Section R9-9B-407 reserved at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-408. Reserved****Historical Note**

Section R9-9B-408 reserved at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-409. Reserved****Historical Note**

Section R9-9B-409 reserved at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-410. Reserved****Historical Note**

Section R9-9B-410 reserved at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-411. Reserved****Historical Note**

Section R9-9B-411 reserved at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-412. Requirements for a Funeral Establishment that Provides for Cremation**

- A. A funeral establishment that owns a crematory on or off the funeral establishment's premises shall designate a responsible cremationist.
- B. The responsible funeral director of a funeral establishment that provides for cremation shall ensure that:
  1. The cost of cremation is included on its general price list required by A.R.S. § 32-1371;
  2. A price card for cremation is placed as required by A.R.S. § 32-1372;
  3. If the funeral establishment contracts with a licensed crematory to perform the cremation, the information required in A.R.S. § 32-1373(A) and (B) is provided to the purchaser of the cremation;
  4. A consumer who chooses cremation is informed that human remains may be cremated in a cremation container capable of being entirely consumed or reduced to fine residue during the cremation process, such as a casket, unfinished wood box, or fiberboard container; and
  5. Caskets or containers constructed of metal or of a substance that may emit harmful fumes when subjected to the cremation process are not sold or used for cremation.

**Historical Note**

New Section R9-9B-412 recodified from R4-12-613 and amended at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

**R9-9B-413. Records Requirements for Crematories and Funeral Establishments that Provide for Cremation**

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## CHAPTER 9. DEPARTMENT OF HEALTH SERVICES - HUMAN REMAINS

- A. The responsible cremationist of a crematory or funeral establishment that provides for cremation shall ensure for each cremation performed that the following records are established and maintained for five years from the date of the cremation:
1. The name of the decedent and date of death;
  2. The authorization document required by A.R.S. § 32-1365.01, if applicable, or a record of the oral or written consent of the authorizing agent that meets the requirements in A.R.S. § 32-1365.02; and
  3. A copy of the completed disposition-transit permit that meets the requirements in A.R.S. § 36-326 and A.A.C. R9-19-302.
- B. The responsible cremationist of a crematory or funeral establishment that provides for cremation shall establish and maintain a written permanent chronological log of cremations that includes the identification number and identification information required in A.R.S. § 32-1399(1) and the following for each cremation performed:
1. The day, month, and year the human remains were received at the crematory or funeral establishment that provides for cremation;
  2. Name of the decedent;
  3. The name of the responsible cremationist;
  4. The type of receptacle in which the human remains were received at the crematory, such as a wooden casket or a cardboard, fiberboard, or wooden container;
  5. A check list showing receipt of the following:
    - a. The authorization document required in subsection (A)(2); and
    - b. The disposition-transit permit;
  6. The time, day, month, and year of the cremation;
  7. The printed name and signature of the cremationist who performed the cremation; and
  8. The following information regarding the cremated remains:
    - a. The time, day, month, and year the cremated remains were disposed of according to the authority set forth in A.R.S. § 32-1365.01 or § 32-1365.02;
    - b. The name of the crematory, funeral establishment, or authorizing agent authorized according to A.R.S. § 32-1365.01 or § 32-1365.02 to dispose of cremated remains; and
- c. The place and manner of disposal according to A.R.S. § 32-1399(7).
- C. If the uncremated human remains are returned to a funeral establishment, the responsible cremationist shall ensure that the time, day, month, and year the human remains were picked up and the name of the individual who picked up the human remains are recorded on the written chronological log required in subsection (B).
- D. If a funeral establishment returns human remains that have been sent back according to subsection (C), the responsible cremationist shall ensure that a new entry that meets the requirements of subsection (B) is made.

**Historical Note**

New Section R9-9B-413 recodified from R4-12-631 and amended at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).

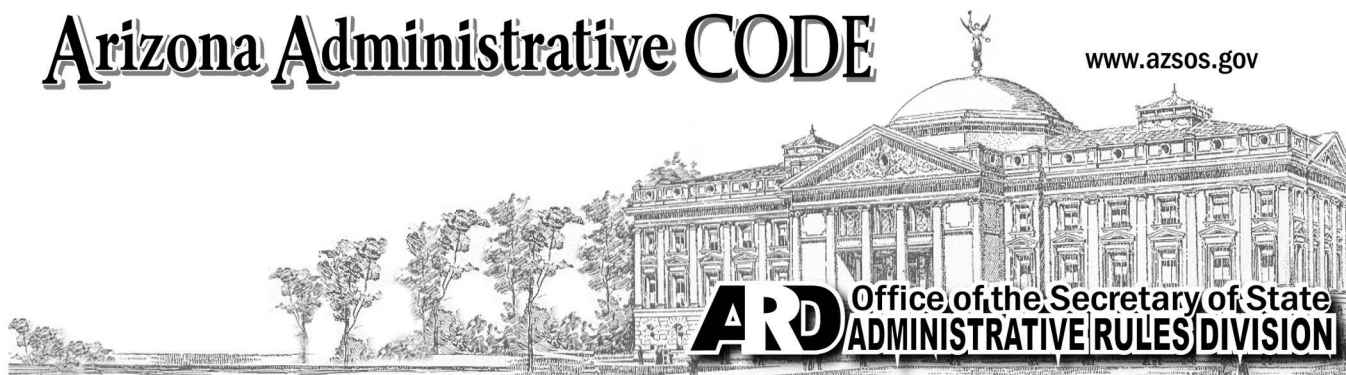
**R9-9B-414. Disposition of Records**

- A. If the crematory of a funeral establishment that provides for cremation or a crematory changes ownership, the responsible funeral director or responsible cremationist shall ensure the records described in R9-9B-413 are provided to the new responsible funeral director of the funeral establishment or responsible cremationist of the crematory.
- B. If a funeral establishment that provides for cremation or a crematory ceases operations, within 20 days from the date of cessation, the responsible funeral director of the funeral establishment that provides for cremation or responsible cremationist of a crematory shall ensure that the records required in R9-9B-413 are:
1. Provided to the Department office in person or by certified delivery mail, or
  2. Provided to another funeral establishment or crematory and the location of the records is provided to the Department.

**Historical Note**

New Section R9-9B-414 recodified from R4-12-633 and amended at 32 A.A.R. 177 (January 9, 2026), effective January 1, 2026 (Supp. 25-4).





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### CHAPTER 10. DEPARTMENT OF HEALTH SERVICES - HEALTH CARE INSTITUTIONS: LICENSING

#### 9 A.A.C. 10

#### Supplement Information

#### Supp. 25-4

Rules codified between October 1, 2025 through December 31, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-4 replaces Supp. 25-3, 1-340 pages.**

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

## PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “*Rule*’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

### THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

### HOW TO USE THE CODE

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### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at [www.azsos.gov/rules](http://www.azsos.gov/rules), click on the *Administrative Register* link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

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*Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.*

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## Administrative Rules Division

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## TITLE 9. HEALTH SERVICES

## CHAPTER 10. DEPARTMENT OF HEALTH SERVICES - HEALTH CARE INSTITUTIONS: LICENSING

Authority: A.R.S. §§ 36-132(A)(1), 36-136, 36-405, and 36-406

## Supp. 25-4

*Editor's Note: The heading for 9 A.A.C. 10 changed from "Licensure" to "Licensing" per a request from the Department of Health Services (Supp. 03-4).*

*Editor's Note: The Office of the Secretary of State publishes all Chapters on white paper (Supp. 01-2).*

*Editor's Note: This Chapter contains rules which were adopted, amended, and repealed under exemptions from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to Laws 1993, Ch. 163, § 3(B); Laws 1996, Ch. 329, § 5; Laws 1998, Ch. 178 § 17, and Laws 1999, Ch. 311. Exemption from A.R.S. Title 41, Chapter 6 means that the Department of Health Services did not submit these rules to the Governor's Regulatory Review Council for review; the Department may not have submitted notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Department was not required to hold public hearings on these rules; and the Attorney General did not certify these rules. Because this Chapter contains rules which are exempt from the regular rulemaking process, the Chapter is printed on blue paper.*

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*Former Article 2, consisting of Sections R9-10-201 through R9-10-250, renumbered as Sections R9-10-301 through R9-10-335 as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days.*

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*Article 3, consisting of Sections R9-10-301 through R9-10-333, adopted effective February 4, 1981.*

*Former Article 3, consisting of Sections R9-10-301 through R9-10-335, repealed effective February 4, 1981.*

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*Article 5, consisting of Sections R9-10-501 through R9-10-518, renumbered to New Article 21, R9-10-2101 through R9-10-2118; New Article 5, consisting of Sections R9-10-501 through R9-10-525 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).*

*Article 5, consisting of Sections R9-10-501 through R9-10-514, adopted effective April 4, 1994 (Supp. 94-2).*

*Article 5, consisting of Sections R9-10-501 through R9-10-518, repealed effective April 4, 1994 (Supp. 94-2).*

*Article 5, consisting of Sections R9-10-501 through R9-10-518, adopted as permanent rules effective October 30, 1989.*

*Article 5, consisting of Sections R9-10-501 through R9-10-518, readopted as an emergency effective July 31, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.*

*Article 5, consisting of Sections R9-10-501 through R9-10-518, readopted as an emergency effective April 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.*

*Article 5, consisting of Sections R9-10-501 through R9-10-*

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518, readopted as an emergency effective January 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.

New Article 5, consisting of Sections R9-10-501 through R9-10-518, adopted as an emergency effective October 26, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days. Emergency expired.

Former Article 5, consisting of Sections R9-10-501 through R9-10-574, repealed effective October 20, 1982.

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Article 6, consisting of Sections R9-10-611 through R9-10-624, repealed effective November 1, 1998, under an exemption from the Administrative Procedure Act; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

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**ARTICLE 7. BEHAVIORAL HEALTH RESIDENTIAL FACILITIES**

Article 7, consisting of Sections R9-10-701 through R9-7-710, repealed; New Article 7, consisting of Sections R9-10-701 through R9-7-724 adopted; both actions effective November 1, 1998 under an exemption from the Administrative Procedure Act; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

Article 7, consisting of Sections R9-10-701 through R9-10-710, adopted as permanent rules effective October 30, 1989.

Article 7, consisting of Sections R9-10-701 through R9-10-710, readopted as an emergency effective July 31, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.

Article 7, consisting of Sections R9-10-701 through R9-10-710, readopted as an emergency effective April 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.

Article 7, consisting of Sections R9-10-701 through R9-10-710, readopted as an emergency effective January 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.

New Article 7, consisting of Sections R9-10-701 through R9-10-710, adopted as an emergency effective October 26, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days. Emergency expired.

Former Article 7, consisting of Sections R9-10-701 through R9-10-737, repealed effective October 20, 1982.

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**ARTICLE 8. ASSISTED LIVING FACILITIES**

*Article 8 (Sections R9-10-801 through R9-10-812) adopted as permanent rules effective October 30, 1989.*

*Article 8, consisting of Sections R9-10-801 through R9-10-812, readopted as an emergency effective July 31, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.*

*Article 8, consisting of Sections R9-10-801 through R9-10-812, readopted as an emergency effective April 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.*

*Article 8, consisting of Sections R9-10-801 through R9-10-812, readopted as an emergency effective January 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.*

*New Article 8, consisting of Sections R9-10-801 through R9-10-812, adopted as an emergency effective October 26, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days. Emergency expired.*

*Former Article 8, consisting of Sections R9-10-801 through R9-10-867, repealed effective October 20, 1982.*

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**ARTICLE 9. OUTPATIENT SURGICAL CENTERS**

*Article 9, consisting of Sections R9-10-901 through R9-10-917 adopted effective February 17, 1995 (Supp. 95-1).*

*Article 9, consisting of Sections R9-10-911 through R9-10-925, repealed effective February 17, 1995 (Supp. 95-1).*

*Article 9, consisting of Sections R9-10-911 through R9-10-925, adopted effective October 20, 1982 (Supp. 82-5).*

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**ARTICLE 10. OUTPATIENT TREATMENT CENTERS**

*Article 10, consisting of Sections R9-10-1001 through R9-10-1017, made new by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1).*

*Article 10, consisting of Sections R9-10-1011 through R9-10-1030, repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2).*

*The proposed summary action repealing R9-10-1011 through R9-10-1030 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rules. Sections in effect before the proposed summary action have been restored (Supp. 97-1).*

*Article 10, consisting of R9-10-1011 through R9-10-1030, repealed by summary action, interim effective date of July 21, 1995.*

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**ARTICLE 11. ADULT DAY HEALTH CARE FACILITIES**

*Article 11, consisting of Sections R9-10-1101 through R9-10-1109 adopted effective July 22, 1994 (Supp. 94-3).*

*Article 11, consisting of Sections R9-10-1111 through R9-10-1127 repealed effective July 22, 1994 (Supp. 94-3).*

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**ARTICLE 12. HOME HEALTH AGENCIES**

*Article 12, consisting of Sections R9-10-1201 through R9-10-1230, repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).*

*Article 12, consisting of Sections R9-10-1201 through R9-10-1230, adopted effective February 4, 1981.*

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**ARTICLE 13. BEHAVIORAL HEALTH SPECIALIZED TRANSITIONAL FACILITY**

*New Article 13, consisting of Sections R9-10-1301 through R9-10-1317, made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).*

*Article 13, consisting of Sections R9-10-1301 through R9-10-1314, repealed effective November 1, 1998, under an exemption from the Administrative Procedure Act; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).*

*Article 13, consisting of Sections R9-10-1301 through R9-10-1314, adopted as permanent rules effective November 25, 1992 (Supp. 92-4).*

*Article 13, consisting of Sections R9-10-1301 through R9-10-1314, adopted again as an emergency effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3).*

*Article 13, consisting of Sections R9-10-1301 through R9-10-1314, adopted again as an emergency effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2).*

*Article 13, consisting of Sections R9-10-1301 through R9-10-1314, adopted again as an emergency effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1).*

*Article 13, consisting of Sections R9-10-1301 through R9-10-1314, adopted as an emergency effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4).*

*Article 13, consisting of Sections R9-10-1301 through R9-10-1306, adopted as an emergency effective March 29, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-1). Emergency expired.*

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*Article 14, consisting of Sections R9-10-1401 through R9-10-1412, adopted effective February 1, 1994 (Supp. 94-1).*

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*Article 15, consisting of Sections R9-10-1501 through R9-10-1515, were either amended, renumbered and repealed by final rulemaking which means the public had the opportunity to comment on the rules and they were reviewed and approved by the Governor's Regulatory Review Council. Section editor's notes referring to the adoption under an exemption have been removed in this Article (Supp. 18-4).*

*Selected Sections in Article 15 were subsequently amended by final rulemaking in Supp. 10-2 which means the public had the opportunity to comment on the rules and they were reviewed and approved by the Governor's Regulatory Review Council. Refer to the historical notes for more information (Supp. 18-4).*

*Article 15, consisting of Sections R9-10-1501 through R9-10-1514, adopted under an exemption from the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311, filed in the Office of the Secretary of State December 23, 1999 (Supp. 99-4).*

*Article 15, consisting of Sections R9-10-1501 through R9-10-1514, repealed effective November 1, 1998, under an exemption from the Administrative Procedure Act; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).*

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#### ARTICLE 16. BEHAVIORAL HEALTH RESPITE HOMES

*Article 16, consisting of Sections R9-10-1601 through R9-10-1611, made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).*

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*Article 17, consisting of Sections R9-10-1701 through R9-10-1713, adopted effective July 6, 1994 (Supp. 94-3).*

*Article 17, consisting of Sections R9-10-1711 through R9-10-1713, R9-10-1715 through R9-10-1723, and R9-10-1731 through R9-10-1734, repealed effective July 6, 1994 (Supp. 94-3).*

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*Article 18, consisting of Sections R9-10-1801 through R9-10-1810, made by exempt rulemaking, pursuant to Laws 2013, Ch. 10, § 13 effective July 1, 2014 (Supp. 14-2).*

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**ARTICLE 1. GENERAL****R9-10-101. Definitions**

In addition to the definitions in A.R.S. §§ 36-401(A) and 36-439, the following definitions apply in this Chapter unless otherwise specified:

1. "Abortion clinic" has the same meaning as in A.R.S. § 36-449.01.
2. "Abuse" means:
  - a. The same:
    - i. For an individual 18 years of age or older, as in A.R.S. § 46-451; and
    - ii. For an individual less than 18 years of age, as in A.R.S. § 8-201;
  - b. A pattern of ridiculing or demeaning a patient;
  - c. Making derogatory remarks or verbally harassing a patient; or
  - d. Threatening to inflict physical harm on a patient.
3. "Accredited" has the same meaning as in A.R.S. § 36-422.
4. "Active malignancy" means a cancer for which:
  - a. A patient is undergoing treatment, such as through:
    - i. One or more surgical procedures to remove the cancer;
    - ii. Chemotherapy, as defined in A.A.C. R9-4-401; or
    - iii. Radiation treatment, as defined in A.A.C. R9-4-401;
  - b. There is no treatment; or
  - c. A patient is refusing treatment.
5. "Activities of daily living" means ambulating, bathing, toileting, grooming, eating, and getting in or out of a bed or a chair.
6. "Acuity" means a patient's need for medical services, nursing services, or behavioral health services based on the patient's medical condition or behavioral health issue.
7. "Acuity plan" means a method for establishing nursing personnel requirements by unit based on a patient's acuity.
8. "Adjacent" means not intersected by:
  - a. Property owned, operated, or controlled by a person other than the applicant or licensee; or
  - b. A public thoroughfare.
9. "Administrative completeness review time-frame" has the same meaning as in A.R.S. § 41-1072.
10. "Administrative office" means a location used by personnel for recordkeeping and record retention but not for providing medical services, nursing services, behavioral health services, or health-related services.
11. "Admission" or "admitted" means, after completion of an individual's screening or registration by a health care institution, the individual begins receiving physical health services or behavioral health services and is accepted as a patient of the health care institution.
12. "Adult" has the same meaning as in A.R.S. § 1-215.
13. "Adult behavioral health therapeutic home" means a residence that provides room and board, assists in acquiring daily living skills, coordinates transportation to scheduled appointments, monitors behaviors, assists in the self-administration of medication, and provides feedback to a case manager related to behavior for an individual 18 years of age or older based on the individual's behavioral health issue and need for behavioral health services and may provide behavioral health services under the clinical oversight of a behavioral health professional.
14. "Adult residential care institution" means a subclass of behavioral health residential facility that only admits residents 18 years of age and older and provides recidivism reduction services.
15. "Adverse reaction" means an unexpected outcome that threatens the health or safety of a patient as a result of a medical service, nursing service, or health-related service provided to the patient.
16. "Affiliated counseling facility" means a counseling facility that shares administrative support with one or more other counseling facilities that operate under the same governing authority.
17. "Affiliated outpatient treatment center" means an outpatient treatment center authorized by the Department to provide behavioral health services that provides administrative support to a counseling facility or counseling facilities that operate under the same governing authority as the outpatient treatment center.
18. "Alternate licensing fee due date" means the last calendar day in a month each year, other than the anniversary date of a facility's health care institution license, by which a licensee is required to pay the applicable fees in R9-10-106.
19. "Ancillary services" means services other than medical services, nursing services, or health-related services provided to a patient.
20. "Anesthesiologist" means a physician granted clinical privileges to administer anesthesia.
21. "Applicant" means a governing authority requesting:
  - a. Approval of a health care institution's architectural plans and specifications for construction or modification,
  - b. Approval of a modification,
  - c. Approval of an alternate licensing fee due date, or
  - d. A health care institution license.
22. "Application packet" means the information, documents, and fees required by the Department for the:
  - a. Approval of a health care institution's architectural plans and specifications for construction or modification,
  - b. Approval of a modification,
  - c. Approval of an alternate licensing fee due date, or
  - d. Licensing of a health care institution.
23. "Assessment" means an analysis of a patient's need for physical health services or behavioral health services to determine which services a health care institution will provide to the patient.
24. "Assistance in the self-administration of medication" means restricting a patient's access to the patient's medication and providing support to the patient while the patient takes the medication to ensure that the medication is taken as ordered.
25. "Attending physician" means a physician designated by a patient to participate in or coordinate the medical services provided to the patient.
26. "Authenticate" means to establish authorship of a document or an entry in a medical record by:
  - a. A written signature;
  - b. An individual's initials, if the individual's written signature appears on the document or in the medical record;
  - c. A rubber-stamp signature; or
  - d. An electronic signature code.

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27. "Authorized service" means specific medical services, nursing services, behavioral health services, or health-related services provided by a specific health care institution class or subclass for which the health care institution is required to obtain approval from the Department before providing the medical services, nursing services, or health-related services.
28. "Available" means:
- For an individual, the ability to be contacted and to provide an immediate response by any means possible;
  - For equipment and supplies, physically retrievable at a health care institution; and
  - For a document, retrievable by a health care institution or accessible according to the applicable time-frames in this Chapter.
29. "Behavioral care"
- Means limited behavioral health services, provided to a patient whose primary admitting diagnosis is related to the patient's need for physical health services, that include:
    - Assistance with the patient's psychosocial interactions to manage the patient's behavior that can be performed by an individual without a professional license or certificate including:
      - Direction provided by a behavioral health professional, and
      - Medication ordered by a medical practitioner or behavioral health professional; or
    - Behavioral health services provided by a behavioral health professional on an intermittent basis to address the patient's significant psychological or behavioral response to an identifiable stressor or stressors; and
  - Does not include court-ordered behavioral health services.
30. "Behavioral health facility" means a behavioral health inpatient facility, a behavioral health residential facility, a substance abuse transitional facility, a behavioral health specialized transitional facility, an outpatient treatment center that only provides behavioral health services, an adult behavioral health therapeutic home, a behavioral health respite home, or a counseling facility.
31. "Behavioral health inpatient facility" means a health care institution other than a general hospital, rural general hospital, or special hospital that provides continuous treatment to an individual experiencing a behavioral health issue that causes the individual to:
- Have a limited or reduced ability to meet the individual's basic physical needs;
  - Suffer harm that significantly impairs the individual's judgment, reason, behavior, or capacity to recognize reality;
  - Be a danger to self;
  - Be a danger to others;
  - Be persistently or acutely disabled, as defined in A.R.S. § 36-501; or
  - Be gravely disabled.
32. "Behavioral health issue" means an individual's condition related to a mental disorder, a personality disorder, substance abuse, or a significant psychological or behavioral response to an identifiable stressor or stressors.
33. "Behavioral health observation/stabilization services" means crisis services provided, in an outpatient setting, to an individual whose behavior or condition indicates that the individual:
- Requires nursing services,
  - May require medical services, and
  - May be a danger to others or a danger to self.
34. "Behavioral health paraprofessional" means an individual who is not a behavioral health professional who provides the following services to a patient to address the patient's behavioral health issue:
- Under supervision by a behavioral health professional, services that, if provided in a setting other than a health care institution, would be required to be provided by an individual licensed under A.R.S. Title 32, Chapter 33; or
  - Health-related services.
35. "Behavioral health professional" means the following licensed professionals that provide services specifically within the scope of practices defined by their profession:
- An individual licensed under A.R.S. Title 32, Chapter 33, whose scope of practice allows the individual to:
    - Independently engage in the practice of behavioral health, as defined in A.R.S. § 32-3251; or
    - Except for a licensed substance abuse technician, engage in the practice of behavioral health, as defined in A.R.S. § 32-3251, under direct supervision as defined in A.A.C. R4-6-101;
  - A psychiatrist as defined in A.R.S. § 36-501;
  - A psychologist as defined in A.R.S. § 32-2061;
  - A physician;
  - A behavior analyst as defined in A.R.S. § 32-2091; or
  - A registered nurse practitioner licensed as an adult psychiatric and mental health nurse;
  - A clinical nurse specialist as described in A.R.S. § 32-1601; or
  - Psychiatric physician assistant.
36. "Behavioral health residential facility" means a health care institution that provides treatment to an individual experiencing a behavioral health issue that:
- Limits the individual's ability to be independent, or
  - Causes the individual to require treatment to maintain or enhance independence.
37. "Behavioral health respite home" means a residence where respite care services, which may include assistance in the self-administration of medication, are provided to an individual based on the individual's behavioral health issue and need for behavioral health services.
38. "Behavioral health specialized transitional facility" means a health care institution that provides inpatient behavioral health services and physical health services to an individual determined to be a sexually violent person according to A.R.S. Title 36, Chapter 37 and 9 A.A.C. 10 Article 13.
39. "Behavioral health technician" means an individual who is not a behavioral health professional who provides the following services to a patient to address the patient's behavioral health issue:
- With clinical oversight by a behavioral health professional, services that, if provided in a setting other than a health care institution, would be required to be provided by an individual licensed under A.R.S. Title 32, Chapter 33; or

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- b. Health-related services.
40. "Benzodiazepine" means any one of a class of sedative-hypnotic medications, characterized by a chemical structure that includes a benzene ring linked to a seven-membered ring containing two nitrogen atoms, that are commonly used in the treatment of anxiety.
  41. "Biohazardous medical waste" has the same meaning as in A.A.C. R18-13-1401.
  42. "Calendar day" means each day, not including the day of the act, event, or default from which a designated period of time begins to run, but including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.
  43. "Case manager" means an individual assigned by an entity other than a health care institution to coordinate the physical health services or behavioral health services provided to a patient at the health care institution.
  44. "Certification" means, in this Article, a written statement that an item or a system complies with the applicable requirements incorporated by reference in R9-10-104.01.
  45. "Certified health physicist" means an individual recognized by the American Board of Health Physics as complying with the health physics criteria and examination requirements established by the American Board of Health Physics.
  46. "Change in ownership" means conveyance of the ability to appoint, elect, or otherwise designate a health care institution's governing authority from an owner of the health care institution to another person.
  47. "Chief administrative officer" or "administrator" means an individual designated by a governing authority to implement the governing authority's direction in a health care institution.
  48. "Clinical laboratory services" means the biological, microbiological, serological, chemical, immunohematological, hematological, biophysical, cytological, pathological, or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of a disease or impairment of a human being, or for the assessment of the health of a human being, including procedures to determine, measure, or otherwise describe the presence or absence of various substances or organisms in the body.
  49. "Clinical oversight" means:
    - a. Monitoring the behavioral health services provided by a behavioral health technician to ensure that the behavioral health technician is providing the behavioral health services according to the health care institution's policies and procedures and, if applicable, a patient's treatment plan;
    - b. Providing on-going review of a behavioral health technician's skills and knowledge related to the provision of behavioral health services;
    - c. Providing guidance to improve a behavioral health technician's skills and knowledge related to the provision of behavioral health services; and
    - d. Recommending training for a behavioral health technician to improve the behavioral health technician's skills and knowledge related to the provision of behavioral health services.
  50. "Clinical privileges" means authorization to a medical staff member to provide medical services granted by a governing authority or according to medical staff bylaws.
  51. "Collaborating health care institution" means a health care institution licensed to provide outpatient behavioral health services that has a written agreement with an adult behavioral health therapeutic home or a behavioral health respite home to:
    - a. Coordinate behavioral health services provided to a resident at the adult behavioral health therapeutic home or a recipient at a behavioral health respite home, and
    - b. Work with the provider to ensure a resident at the adult behavioral health therapeutic home or a recipient at a behavioral health respite home receives behavioral health services according to the resident's treatment plan.
  52. "Common area" means licensed space in health care institution that is:
    - a. Not a resident's bedroom or a residential unit,
    - b. Not restricted to use by employees or volunteers of the health care institution, and
    - c. Available for use by visitors and other individuals on the premises.
  53. "Communicable disease" has the same meaning as in A.R.S. § 36-661.
  54. "Conspicuously posted" means placed:
    - a. At a location that is visible and accessible; and
    - b. Unless otherwise specified in the rules, within the area where the public enters the premises of a health care institution.
  55. "Consultation" means an evaluation of a patient requested by a medical staff member or personnel member.
  56. "Contracted services" means medical services, nursing services, behavioral health services, health-related services, ancillary services, or environmental services provided according to a documented agreement between a health care institution and the person providing the medical services, nursing services, health-related services, ancillary services, or environmental services.
  57. "Contractor" has the same meaning as in A.R.S. § 32-1101.
  58. "Controlled substance" has the same meaning as in A.R.S. § 36-2501.
  59. "Counseling" has the same meaning as "practice of professional counseling" in A.R.S. § 32-3251.
  60. "Counseling facility" means a health care institution that only provides counseling, which may include:
    - a. DUI screening, education, or treatment according to the requirements in 9 A.A.C. 20, Article 1; or
    - b. Misdemeanor domestic violence offender treatment according to the requirements in 9 A.A.C. 20, Article 2.
  61. "Court-ordered evaluation" has the same meaning as "evaluation" in A.R.S. § 36-501.
  62. "Court-ordered treatment" means treatment provided according to A.R.S. Title 36, Chapter 5.
  63. "Crisis services" means immediate and unscheduled behavioral health services provided to a patient to address an acute behavioral health issue affecting the patient.
  64. "Current" means up-to-date, extending to the present time.

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65. "Daily living skills" means activities necessary for an individual to live independently and include meal preparation, laundry, house-cleaning, home maintenance, money management, and appropriate social interactions.
66. "Danger to others" has the same meaning as in A.R.S. § 36-501.
67. "Danger to self" has the same meaning as in A.R.S. § 36-501.
68. "Detoxification services" means behavioral health services and medical services provided to an individual to:
  - a. Treat the individual's signs or symptoms of withdrawal from alcohol or other drugs, and
  - b. Reduce or eliminate the individual's dependence on alcohol or other drugs.
69. "Diagnostic procedure" means a method or process performed to determine whether an individual has a medical condition or behavioral health issue.
70. "Dialysis" means the process of removing dissolved substances from a patient's body by diffusion from one fluid compartment to another across a semipermeable membrane.
71. "Dialysis services" means medical services, nursing services, and health-related services provided to a patient receiving dialysis.
72. "Dialysis station" means a designated treatment area approved by the Department for use by a patient receiving dialysis or dialysis services.
73. "Dialyzer" means an apparatus containing semi-permeable membranes used as a filter to remove wastes and excess fluid from a patient's blood.
74. "Disaster" means an unexpected occurrence that adversely affects a health care institution's ability to provide services.
75. "Discharge" means a documented termination of services to a patient by a health care institution.
76. "Discharge instructions" means documented information relevant to a patient's medical condition or behavioral health issue provided by a health care institution to the patient or the patient's representative at the time of the patient's discharge.
77. "Discharge planning" means a process of establishing goals and objectives for a patient in preparation for the patient's discharge.
78. "Discharge summary" means a documented brief review of services provided to a patient, current patient status, and reasons for the patient's discharge.
79. "Disinfect" means to clean in order to prevent the growth of or to destroy disease-causing microorganisms.
80. "Documentation" or "documented" means information in written, photographic, electronic, or other permanent form.
81. "Drill" means a response to a planned, simulated event.
82. "Drug" has the same meaning as in A.R.S. § 32-1901.
83. "Electronic" has the same meaning as in A.R.S. § 44-7002.
84. "Electronic signature" has the same meaning as in A.R.S. § 44-7002.
85. "Emergency" means an immediate threat to the life or health of a patient.
86. "Emergency medical services provider" has the same meaning as in A.R.S. § 36-2201.
87. "Emergency services" means unscheduled medical services provided in a designated area to an outpatient in an emergency.
88. "End-of-life" means that a patient has a documented life expectancy of six months or less.
89. "Environmental services" means activities such as house-keeping, laundry, facility maintenance, or equipment maintenance.
90. "Equipment" means, in this Article, an apparatus, a device, a machine, or a unit that is required to comply with the specifications incorporated by reference in R9-10-104.01.
91. "Exploitation" has the same meaning as in A.R.S. § 46-451.
92. "Factory-built building" has the same meaning as in A.R.S. § 41-4001.
93. "Family" or "family member" means an individual's spouse, sibling, child, parent, grandparent, or another individual designated by the individual.
94. "Follow-up instructions" means information relevant to a patient's medical condition or behavioral health issue that is provided to the patient, the patient's representative, or a health care institution.
95. "Food services" means the storage, preparation, serving, and cleaning up of food intended for consumption in a health care institution.
96. "Full-time" means 40 hours or more every consecutive seven calendar days.
97. "Garbage" has the same meaning as in A.A.C. R18-13-302.
98. "General consent" means documentation of an agreement from an individual or the individual's representative to receive physical health services to address the individual's medical condition or behavioral health services to address the individual's behavioral health issues.
99. "General hospital" means a subclass of hospital that provides surgical services and emergency services.
100. "Gravely disabled" has the same meaning as "grave disability" in A.R.S. § 36-501.
101. "Habilitation services" means activities provided to an individual to assist the individual with habilitation, as defined in A.R.S. § 36-551.
102. "Hazard" or "hazardous" means a condition or situation where a patient or other individual may suffer physical injury.
103. "Health care directive" has the same meaning as in A.R.S. § 36-3201.
104. "Hemodialysis" means the process for removing wastes and excess fluids from a patient's blood by passing the blood through a dialyzer.
105. "Home health agency" has the same meaning as in A.R.S. § 36-151.
106. "Home health aide" means an individual employed by a home health agency to provide home health services under the direction of a registered nurse or therapist.
107. "Home health aide services" means those tasks that are provided to a patient by a home health aide under the direction of a registered nurse or therapist.
108. "Home health services" has the same meaning as in A.R.S. § 36-151.
109. "Hospice inpatient facility" means a subclass of hospice that provides hospice services to a patient on a continuous basis with the expectation that the patient will remain on the hospice's premises for 24 hours or more.
110. "Hospital" means a class of health care institution that provides, through an organized medical staff, inpatient

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- beds, medical services, continuous nursing services, and diagnosis or treatment to a patient.
111. "Immediate" means without delay.
  112. "Immediate jeopardy" means a situation in which a patient or resident has suffered or is likely to suffer serious injury, serious harm, serious impairment, or death as a result of a licensee's noncompliance with one or more health and safety requirements.
  113. "Incident" means an unexpected occurrence that harms or has the potential to harm a patient, while the patient is:
    - a. On the premises of a health care institution, or
    - b. Not on the premises of a health care institution but directly receiving physical health services or behavioral health services from a personnel member who is providing the physical health services or behavioral health services on behalf of the health care institution.
  114. "Infection control" means to identify, prevent, monitor, and minimize infections.
  115. "Infectious tuberculosis" has the same meaning as "infectious active tuberculosis" in A.A.C. R9-6-101.
  116. "Informed consent" means:
    - a. Advising a patient of a proposed treatment, surgical procedure, psychotropic medication, opioid, or diagnostic procedure; alternatives to the treatment, surgical procedure, psychotropic medication, opioid, or diagnostic procedure; and associated risks and possible complications; and
    - b. Obtaining documented authorization for the proposed treatment, surgical procedure, psychotropic medication, opioid, or diagnostic procedure from the patient or the patient's representative.
  117. "In-service education" means organized instruction or information that is related to physical health services or behavioral health services and that is provided to a medical staff member, personnel member, employee, or volunteer.
  118. "Interdisciplinary team" means a group of individuals consisting of a resident's attending physician, a registered nurse responsible for the resident, and other individuals as determined in the resident's comprehensive assessment or, if applicable, placement evaluation.
  119. "Intermediate care facility for individuals with intellectual disabilities" or "ICF/IID" has the same meaning as in A.R.S. § 36-551.
  120. "Interval note" means documentation updating a patient's:
    - a. Medical condition after a medical history and physical examination is performed, or
    - b. Behavioral health issue after an assessment is performed.
  121. "Isolation" means the separation, during the communicable period, of infected individuals from others, to limit the transmission of infectious agents.
  122. "Leased facility" means a facility occupied or used during a set time period in exchange for compensation.
  123. "License" means:
    - a. Written approval issued by the Department to a person to operate a class or subclass of health care institution at a specific location; or
    - b. Written approval issued to an individual to practice a profession in this state.
  124. "Licensed occupancy" means the total number of individuals for whom a health care institution is authorized by the Department to provide crisis services in a unit providing behavioral health observation/stabilization services.
  125. "Licensee" means an owner approved by the Department to operate a health care institution.
  126. "Manage" means to implement policies and procedures established by a governing authority, an administrator, or an individual providing direction to a personnel member.
  127. "Medical condition" means the state of a patient's physical or mental health, including the patient's illness, injury, or disease.
  128. "Medical director" means a physician who is responsible for the coordination of medical services provided to patients in a health care institution.
  129. "Medical history" means an account of a patient's health, including past and present illnesses, diseases, or medical conditions.
  130. "Medical practitioner" means a physician, physician assistant, or registered nurse practitioner.
  131. "Medical record" has the same meaning as "medical records" in A.R.S. § 12-2291.
  132. "Medical staff" means physicians and other individuals licensed pursuant to A.R.S. Title 32 who have clinical privileges at a health care institution.
  133. "Medical staff bylaws" means standards, approved by the medical staff and the governing authority, that provide the framework for the organization, responsibilities, and self-governance of the medical staff.
  134. "Medical staff member" means an individual who is part of the medical staff of a health care institution.
  135. "Medication" means one of the following used to maintain health or to prevent or treat a medical condition or behavioral health issue:
    - a. Biologicals as defined in A.A.C. R18-13-1401,
    - b. Prescription medication as defined in A.R.S. § 32-1901, or
    - c. Nonprescription drug as defined in A.R.S. § 32-1901.
  136. "Medication administration" means restricting a patient's access to the patient's medication and providing the medication to the patient or applying the medication to the patient's body, as ordered by a medical practitioner.
  137. "Medication error" means:
    - a. The failure to administer an ordered medication;
    - b. The administration of a medication not ordered; or
    - c. The administration of a medication:
      - i. In an incorrect dosage,
      - ii. More than 60 minutes before or after the ordered time of administration unless ordered to do so, or
      - iii. By an incorrect route of administration.
  138. "Mental disorder" means the same as in A.R.S. § 36-501.
  139. "Mobile clinic" means a movable structure that:
    - a. Is not physically attached to a health care institution's facility;
    - b. Provides medical services, nursing services, behavioral health services, or health related service to an outpatient under the direction of the health care institution's personnel; and
    - c. Is not intended to remain in one location indefinitely.
  140. "Monitor" or "monitoring" means to check systematically on a specific condition or situation.
  141. "Neglect" has the same meaning:

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- a. For an individual less than 18 years of age, as in A.R.S. § 8-201; and
  - b. For an individual 18 years of age or older, as in A.R.S. § 46-451.
142. "Nephrologist" means a physician who is board eligible or board certified in nephrology by a professional credentialing board.
143. "Nurse" has the same meaning as "registered nurse" or "practical nurse" as defined in A.R.S. § 32-1601.
144. "Nursing care institution administrator" means an individual licensed according to A.R.S. Title 36, Chapter 4, Article 6.
145. "Nursing personnel" means individuals authorized according to A.R.S. Title 32, Chapter 15 to provide nursing services.
146. "Observation chair" means a physical piece of equipment that:
- a. Is located in a designated area where behavioral health observation/stabilization services are provided,
  - b. Allows an individual to fully recline, and
  - c. Is used by the individual while receiving crisis services.
147. "Occupational therapist" has the same meaning as in A.R.S. § 32-3401.
148. "Occupational therapy assistant" has the same meaning as in A.R.S. § 32-3401.
149. "Ombudsman" means a resident advocate who performs the duties described in A.R.S. § 46-452.02.
150. "On-call" means a time during which an individual is available and required to come to a health care institution when requested by the health care institution.
151. "Opioid" means a controlled substance, as defined in A.R.S. § 36-2501, that meets the definition of "opiate" in A.R.S. § 36-2501.
152. "Opioid agonist treatment medication" means a prescription medication that is approved by the U.S. Food and Drug Administration under 21 U.S.C. § 355 for use in the treatment of opioid-related substance use disorder.
153. "Opioid antagonist" means a prescription medication, as defined in A.R.S. § 32-1901, that:
- a. Is approved by the U.S. Department of Health and Human Services, Food and Drug Administration; and
  - b. When administered, reverses, in whole or in part, the pharmacological effects of an opioid in the body.
154. "Opioid treatment" means providing medical services, nursing services, behavioral health services, health-related services, and ancillary services to a patient receiving an opioid agonist treatment medication for opioid-related substance use disorder.
155. "Order" means instructions to provide:
- a. Physical health services to a patient from a medical practitioner or as otherwise provided by law; or
  - b. Behavioral health services to a patient from a behavioral health professional.
156. "Orientation" means the initial instruction and information provided to an individual before the individual starts work or volunteer services in a health care institution.
157. "Outing" means a social or recreational activity that:
- a. Occurs away from the premises,
  - b. Is not part of a behavioral health inpatient facility's or behavioral health residential facility's daily routine, and
  - c. Lasts longer than two hours.
158. "Outpatient surgical center" means a class of health care institution that has the facility, staffing, and equipment to provide surgery and anesthesia services to a patient whose recovery, in the opinions of the patient's surgeon and, if an anesthesiologist would be providing anesthesia services to the patient, the anesthesiologist, does not require inpatient care in a hospital.
159. "Outpatient treatment center" means a class of health care institution without inpatient beds that provides physical health services, or physical health services and behavioral health services, including medication services for the diagnosis and treatment of patients.
160. "Overall time-frame" means the same as in A.R.S. § 41-1072.
161. "Owner" means a person who appoints, elects, or designates a health care institution's governing authority.
162. "Pain management clinic" has the same meaning as in A.R.S. § 36-448.01.
163. "Participant" means a patient receiving physical health services or behavioral health services from an adult day health care facility or a substance abuse transitional facility.
164. "Participant's representative" means the same as "patient's representative" for a participant.
165. "Patient" means an individual receiving physical health services or behavioral health services from a health care institution.
166. "Patient's representative" means:
- a. A patient's legal guardian;
  - b. If a patient is less than 18 years of age and not an emancipated minor, the patient's parent;
  - c. If a patient is 18 years of age or older or an emancipated minor, an individual acting on behalf of the patient with the written consent of the patient or patient's legal guardian; or
  - d. A surrogate as defined in A.R.S. § 36-3201.
167. "Person" means the same as in A.R.S. § 1-215 and includes a governmental agency.
168. "Personnel member" means, except as defined in specific Articles in this Chapter and excluding a medical staff member, a student, or an intern, an individual providing physical health services or behavioral health services to a patient.
169. "Pest control program" means activities that minimize the presence of insects and vermin in a health care institution to ensure that a patient's health and safety is not at risk.
170. "Pharmacist" has the same meaning as in A.R.S. § 32-1901.
171. "Physical examination" means to observe, test, or inspect an individual's body to evaluate health or determine the cause of illness, injury, or disease.
172. "Physical health services" means medical services, nursing services, health-related services, or ancillary services provided to an individual to address the individual's medical condition.
173. "Physical therapist" has the same meaning as in A.R.S. § 32-2001.
174. "Physical therapist assistant" has the same meaning as in A.R.S. § 32-2001.
175. "Physician assistant" has the same meaning as in A.R.S. § 32-2501.
176. "Placement evaluation" means the same as in A.R.S. § 36-551.



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177. "Pre-petition screening" has the same meaning as "prepetition screening" in A.R.S. § 36-501.
178. "Premises" means property that is designated by an applicant or licensee and licensed by the Department as part of a health care institution where physical health services or behavioral health services are provided to a resident or patient.
179. "Prescribe" means to issue written or electronic instructions to a pharmacist to deliver to the ultimate user, or another individual on the ultimate user's behalf, a specific dose of a specific medication in a specific quantity and route of administration.
180. "Professional credentialing board" means a non-governmental organization that designates individuals who have met or exceeded established standards for experience and competency in a specific field.
181. "Progress note" means documentation by a medical staff member, nurse, or personnel member of:
- An observed patient response to a physical health service or behavioral health service provided to the patient,
  - A patient's significant change in condition, or
  - Observed behavior of a patient related to the patient's medical condition or behavioral health issue.
182. "PRN" means pro re nata or given as needed.
183. "Project" means specific construction or modification of a facility stated on an architectural plans and specifications approval application.
184. "Provider" means an individual to whom the Department issues a license to operate an adult behavioral health therapeutic home or a behavioral health respite home in the individual's place of residence.
185. "Provisional license" means the Department's written approval to operate a health care institution issued to an applicant or licensee that is not in substantial compliance with the applicable laws and rules for the health care institution.
186. "Psychiatric services" means the diagnosis, treatment, and management of a mental disorder under the direction of a licensed psychiatrist or licensed nurse practitioner.
187. "Psychotropic medication" means a chemical substance that:
- Crosses the blood-brain barrier and acts primarily on the central nervous system where it affects brain function, resulting in alterations in perception, mood, consciousness, cognition, and behavior; and
  - Is provided to a patient to address the patient's behavioral health issue.
188. "Quality management program" means ongoing activities designed and implemented by a health care institution to improve the delivery of medical services, nursing services, health-related services, and ancillary services provided by the health care institution.
189. "Recovery care center" has the same meaning as in A.R.S. § 36-448.51.
190. "Referral" means providing an individual with a list of the class or subclass of health care institution or type of health care professional that may be able to provide the behavioral health services or physical health services that the individual may need and may include the name or names of specific health care institutions or health care professionals.
191. "Registered dietitian" means an individual approved to work as a dietitian by the American Dietetic Association's Commission on Dietetic Registration.
192. "Registered nurse" has the same meaning as in A.R.S. § 32-1601.
193. "Registered nurse practitioner" has the same meaning as A.R.S. § 32-1601.
194. "Regular basis" means at recurring, fixed, or uniform intervals.
195. "Rehabilitation services" means medical services provided to a patient to restore or to optimize functional capability.
196. "Research" means the use of a human subject in the systematic study, observation, or evaluation of factors related to the prevention, assessment, treatment, or understanding of a medical condition or behavioral health issue.
197. "Resident" means an individual living in and receiving physical health services or behavioral health services, including rehabilitation services or habilitation services if applicable, from a nursing care institution, an intermediate care facility for individuals with intellectual disabilities, a behavioral health residential facility, an assisted living facility, or an adult behavioral health therapeutic home.
198. "Resident's representative" means the same as "patient's representative" for a resident.
199. "Respiratory care services" has the same meaning as "practice of respiratory care" as defined in A.R.S. § 32-3501.
200. "Respiratory therapist" has the same meaning as in A.R.S. § 32-3501.
201. "Respite capacity" means the total number of children who do not stay overnight for whom an outpatient treatment center or a behavioral health residential facility is authorized by the Department to provide respite services on the premises of the outpatient treatment center or behavioral health residential facility.
202. "Respite services" means respite care services provided to an individual who is receiving behavioral health services.
203. "Restraint" means any physical or chemical method of restricting a patient's freedom of movement, physical activity, or access to the patient's own body.
204. "Risk" means potential for an adverse outcome.
205. "Room" means space contained by a floor, a ceiling, and walls extending from the floor to the ceiling that has at least one door.
206. "Rural general hospital" means a subclass of hospital:
- Having 50 or fewer inpatient beds,
  - Located more than 20 surface miles from a general hospital or another rural general hospital, and
  - Requesting to be and being licensed as a rural general hospital rather than a general hospital.
207. "Satellite facility" has the same meaning as in A.R.S. § 36-422.
208. "Scope of services" means a list of the behavioral health services or physical health services the governing authority of a health care institution has designated as being available to a patient at the health care institution.
209. "Seclusion" means the involuntary solitary confinement of a patient in a room or an area where the patient is prevented from leaving.

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210. "Secure behavioral health residential facility" has the same meaning as in A.R.S. § 36.425.06.
211. "Self-injury" means any intentional act of causing harm or injury to oneself and may include, but is not limited to, actions such as cutting, burning, hitting, scratching, or other forms of physical harm which as a result may require care from a health care provider.
212. "Sedative-hypnotic medication" means any one of several classes of drugs that have sleep-inducing, anti-anxiety, anti-convulsant, and muscle-relaxing properties.
213. "Self-administration of medication" means a patient having access to and control of the patient's medication and may include the patient receiving limited support while taking the medication.
214. "Sexual abuse" means the same as in A.R.S. § 13-1404(A).
215. "Sexual assault" means the same as in A.R.S. § 13-1406(A).
216. "Shift" means the beginning and ending time of a continuous work period established by a health care institution's policies and procedures.
217. "Short-acting opioid antagonist" means an opioid antagonist that, when administered, quickly but for a small period of time reverses, in whole or in part, the pharmacological effects of an opioid in the body.
218. "Signature" means:
- A handwritten or stamped representation of an individual's name or a symbol intended to represent an individual's name, or
  - An electronic signature.
219. "Significant change" means an observable deterioration or improvement in a patient's physical, cognitive, behavioral, or functional condition that may require an alteration to the physical health services or behavioral health services provided to the patient.
220. "Single dwelling unit" has the same meaning as "single family residence" in A.R.S. § 33-1310.
221. "Single group license" means a license that includes authorization to operate health care institutions according to A.R.S. § 36-422(F) or (G).
222. "Speech-language pathologist" means an individual licensed according to A.R.S. Title 36, Chapter 17, Article 4 to engage in the practice of speech-language pathology, as defined in A.R.S. § 36-1901.
223. "Special hospital" means a subclass of hospital that:
- Is licensed to provide hospital services within a specific branch of medicine; or
  - Limits admission according to age, gender, type of disease, or medical condition.
224. "Student" means an individual attending an educational institution and working under supervision in a health care institution through an arrangement between the health care institution and the educational institution.
225. "Substance abuse" means an individual's misuse of alcohol or other drug or chemical that:
- Alters the individual's behavior or mental functioning;
  - Has the potential to cause the individual to be psychologically or physiologically dependent on alcohol or other drug or chemical; and
  - Impairs, reduces, or destroys the individual's social or economic functioning.
226. "Substance abuse transitional facility" means a class of health care institution that provides behavioral health services to an individual over 18 years of age who is intoxicated or may have a substance abuse problem.
227. "Substance use disorder" means a condition in which the misuse or dependence on alcohol or a drug results in adverse physical, mental, or social effects on an individual.
228. "Substance use risk" means an individual's unique likelihood for addiction, misuse, diversion, or another adverse consequence resulting from the individual being prescribed or receiving treatment with opioids.
229. "Substantial" when used in connection with a modification means:
- An addition or removal of an authorized service;
  - The addition or removal of a colocator;
  - A change in a health care institution's licensed capacity, licensed occupancy, respite capacity, or the number of dialysis stations;
  - A change in the physical plant, including facilities or equipment, that costs more than \$300,000; or
  - A change in the building where a health care institution is located that affects compliance with:
    - Applicable physical plant codes and standards incorporated by reference in R9-10-104.01, or
    - Physical plant requirements in the specific Article in this Chapter applicable to the health care institution.
230. "Substantive review time-frame" means the same as in A.R.S. § 41-1072.
231. "Supportive services" has the same meaning as in A.R.S. § 36-151.
232. "Surgical procedure" means the excision of or incision in a patient's body for the:
- Correction of a deformity or defect;
  - Repair of an injury; or
  - Diagnosis, amelioration, or cure of disease.
233. "Swimming pool" has the same meaning as "semipublic swimming pool" in A.A.C. R18-5-201.
234. "System" means interrelated, interacting, or interdependent elements that form a whole.
235. "Tapering" means the gradual reduction in the dosage of a medication administered to a patient, often with the intent of eventually discontinuing the use of the medication for the patient.
236. "Tax ID number" means a numeric identifier that a person uses to report financial information to the United States Internal Revenue Service.
237. "Telehealth" has the same meaning as in A.R.S. § 36-3601.
238. "Therapeutic diet" means foods or the manner in which food is to be prepared that are ordered for a patient.
239. "Therapist" means an occupational therapist, a physical therapist, a respiratory therapist, or a speech-language pathologist.
240. "Time-out" means providing a patient a voluntary opportunity to regain self-control in a designated area from which the patient is not physically prevented from leaving.
241. "Transfer" means a health care institution discharging a patient and sending the patient to another licensed health care institution as an inpatient or resident without intending that the patient be returned to the sending health care institution.
242. "Transport" means a licensed health care institution:

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- a. Sending a patient to a receiving licensed health care institution for outpatient services with the intent of the patient returning to the sending licensed health care institution, or
  - b. Discharging a patient to return to a sending licensed health care institution after the patient received outpatient services from the receiving licensed health care institution.
243. "Treatment" means a procedure or method to cure, improve, or palliate an individual's medical condition or behavioral health issue.
244. "Treatment plan" means a description of the specific physical health services or behavioral health services that a health care institution anticipates providing to a patient.
245. "Unclassified health care institution" means a health care institution not classified or subclassified in statute or in rule.
246. "Vascular access" means the point on a patient's body where blood lines are connected for hemodialysis.
247. "Volunteer" means an individual authorized by a health care institution to work for the health care institution on a regular basis without compensation from the health care institution and does not include a medical staff member who has clinical privileges at the health care institution.
248. "Working day" means a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state and federal holiday or a statewide furlough day.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by exempt rulemaking at 22 A.A.R. 1035, pursuant to Laws 2015, Ch. 158, § 3; effective May 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4). Amended by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Amended by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2). Amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-102. Health Care Institution Classes and Subclasses; Requirements**

- A. A person may apply for a license as one of the following classes or subclasses of health care institution:
- 1. General hospital;
  - 2. Rural general hospital;
  - 3. Special hospital;
  - 4. Behavioral health inpatient facility;
  - 5. Nursing care institution;
  - 6. Intermediate care facility for individuals with intellectual disabilities;

- 7. Recovery care center;
- 8. Hospice inpatient facility;
- 9. Hospice service agency;
- 10. Behavioral health residential facility;
- 11. Adult residential care institution;
- 12. Assisted living center;
- 13. Assisted living home;
- 14. Adult foster care home;
- 15. Outpatient surgical center;
- 16. Outpatient treatment center; unless exempt pursuant to A.R.S. § 36-402;
- 17. Abortion clinic;
- 18. Adult day health care facility;
- 19. Home health agency;
- 20. Substance abuse transitional facility;
- 21. Behavioral health specialized transitional facility;
- 22. Counseling facility;
- 23. Adult behavioral health therapeutic home;
- 24. Behavioral health respite home;
- 25. Unclassified health care institution;
- 26. Pain management clinic; or
- 27. Secure behavioral health residential facility.

- B. A person shall apply for a license for the class or subclass that authorizes the provision of the highest level of physical health services or behavioral health services the proposed health care institution plans to provide.
- C. The Department shall review a proposed health care institution's scope of services to determine whether the requested health care institution class or subclass is appropriate.
- D. A health care institution shall comply with the requirements in Article 17 of this Chapter if:
- 1. There are no specific rules in another Article of this Chapter for the health care institution's class or subclass, or
  - 2. The Department determines that the health care institution is an unclassified health care institution.
- E. The Department may conduct on-site monitoring inspections of health care institutions that are found to not be in substantial compliance with the applicable licensure requirements specified in this Chapter, as outlined in Table 1.2.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4). Amended by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2). Amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-103. Licensing Exceptions**

- A. A health care institution license is required for each health care institution facility except:

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1. A facility exempt from licensing under A.R.S. § 36-402, or
  2. A health care institution's administrative office.
- B.** Unless required by another Article in this Chapter, the Department does not require a separate health care institution license for:
1. A satellite facility of a hospital under A.R.S. § 36-422(F);
  2. An accredited facility of an accredited hospital under A.R.S. § 36-422(G);
  3. A facility operated by a licensed health care institution that is:
    - a. Adjacent to and contiguous with the licensed health care institution premises; or
    - b. Not adjacent to or contiguous with the licensed health care institution but connected to the licensed health care institution facility by an all-weather enclosure and:
      - i. Owned by the health care institution, or
      - ii. Leased by the health care institution with exclusive rights of possession;
  4. A mobile clinic operated by a licensed health care institution; or
  5. A facility located on grounds that are not adjacent to or contiguous with the health care institution premises where only ancillary services are provided to a patient of the health care institution; or
  6. A home health agency or hospice agency that provides off-site services, as specified as medical services, nursing services, behavioral health services, health-screening services, or health-related services provided by a licensed health care institution in an area that is:
    - a. Not located on the health care institution's premises;
    - b. Used to provide medical services, nursing services, behavioral health services, health-screening services, or health-related services of a limited duration; and
    - c. Used for purposes other than providing medical services, nursing services, behavioral health services, health-screening services, or health-related services when not used by the health care institution.
- C.** A health care institution shall maintain at the health care institution, a current and valid documentation of any certificate or permit issued by a local jurisdiction related to the operation of the health care institution and provide copies to the Department for review upon request.
- Historical Note**
- New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).
- R9-10-104. Architectural Plans and Specifications**
- A.** For the construction or modification of a health care institution that is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in R9-10-104.01, an applicant shall submit as part of the health care institution license application to the Department an application packet including:
1. An application in a Department-provided format that contains:
    - a. For construction of a new health care institution:
      - i. The health care institution's name, street address, city, state, zip code, telephone number, and e-mail address;
      - ii. The name and mailing address of the health care institution's governing authority;
      - iii. The requested health care institution class or subclass; and
      - iv. If applicable, the requested licensed capacity, licensed occupancy, respite capacity, and number of dialysis stations for the health care institution;
    - b. For modification of a licensed health care institution that requires approval of architectural plans and specifications:
      - i. The health care institution's license number,
      - ii. The name and mailing address of the licensee,
      - iii. The health care institution's class or subclass, and
      - iv. The health care institution's existing licensed capacity, licensed occupancy, respite capacity, or number of dialysis stations; and the requested licensed capacity, licensed occupancy, respite capacity, or number of dialysis stations for the health care institution;
    - c. The health care institution's contact person's name, street mailing address, city, state, zip code, telephone number, and email address;
    - d. A notarized attestation from an architect registered pursuant to A.R.S. Title 32, Chapter 1 that verifies the architectural plans and specifications meet or exceed standards adopted by the Department. For a modification of a health care institution, authorities having jurisdiction may grant approval to renovate portions of a structure, space, or system if the facility operations and patient safety in renovated and existing areas are not jeopardized by existing features of areas retained without complete corrective measures which minimize restriction on those improvements where total compliance would create an unreasonable hardship and would not substantially improve safety;
    - e. A narrative description of the project;
    - f. The estimated total project cost including the costs of:
      - i. Site acquisition,
      - ii. General construction,
      - iii. Architect fees,
      - iv. Fixed equipment, and
      - v. Movable equipment;
    - g. If providing or planning to provide medical services, nursing services, or health-related services that require compliance with specific physical plant codes and standards incorporated by reference in R9-10-104.01, the number of rooms or inpatient beds designated for providing the medical services, nursing services, or health-related services;
    - h. If providing or planning to provide behavioral health observation/stabilization services, the number of behavioral health observation/stabilization observation chairs designated for providing the behavioral health observation/stabilization services;
    - i. If construction or modification of a health care institution requires a project engineer, a statement signed

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and sealed by the project engineer, according to the requirements in 4 A.A.C. 30, Article 3, that the project engineer has complied with A.A.C. R4-30-301; and

- j. A statement signed by the governing authority or the licensee that the architectural plans and specifications comply with applicable licensing requirements in A.R.S. Title 36, Chapter 4 and this Chapter;
2. If the health care institution is located on land under the jurisdiction of a local governmental agency, one of the following:
  - a. A building permit for the construction or modification issued by the local governmental agency; or
  - b. If a building permit issued by the local governmental agency is not required, zoning clearance issued by the local governmental agency that includes:
    - i. The health care institution's name, street address, city, state, zip code, and county;
    - ii. The health care institution's class or subclass and each type of medical services, nursing services, or health-related services to be provided; and
    - iii. A statement signed by a representative of the local governmental agency stating that the address listed is zoned for the health care institution's class or subclass;
3. The following information that is as necessary to demonstrate that the project described on the application complies with applicable codes and standards incorporated by reference in R9-10-104.01:
  - a. A site plan, drawn to scale, of the entire premises showing streets, property lines, facilities, parking areas, outdoor areas, fences, swimming pools, fire access roads, fire hydrants, and access to water mains;
  - b. For each facility, on architectural plans and specifications, a floor plan, drawn to scale, for each level of the facility, showing the layout and dimensions of each room, the name and function of each room, means of egress, and natural and artificial lighting sources;
4. The estimated total project cost including the costs of:
  - a. Site acquisition,
  - b. General construction,
  - c. Architect fees,
  - d. Fixed equipment, and
  - e. Movable equipment;
5. If the health care institution is located on land under the jurisdiction of a local governmental agency, one of the following provided by the local governmental agency:
  - a. A copy of the certificate of occupancy for the facility,
  - b. Documentation that the facility was approved for occupancy, or
  - c. Documentation that a certificate of occupancy for the facility is not available.
- B. The Department may conduct on-site facility reviews during the construction or modification of a health care institution.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13;

effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Publication error corrected in R9-10-104(A)(1) removing "provided by the Department;" publication error corrected in R9-10-104(B) removing "submitting;" with both amendments made at 25 A.A.R. 1583. Publication error corrected in R9-10-104(A), incorporated by reference Section updated as amended at 25 A.A.R. 3481 (Supp. 21-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-104.01. Codes and Standards**

- A. For a health care institution that is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in this Section, an applicant shall follow the requirements in subsection (B), except as follows:
  1. Physical plant standards specified in applicable Articles of this Chapter shall govern over the codes and standards incorporated by reference in subsection (B); and
  2. If a conflict occurs among the codes and standards incorporated by reference in subsection (B), the more restrictive codes and standards shall govern over the less restrictive.
- B. The following physical plant health and safety codes and standards are incorporated by reference as modified, are on file with the Department, and include no future editions or amendments:
  1. Guidelines for Design and Construction of Health Care Facilities (2018 ed.), published by the American Society for Healthcare Engineering and available from The Facility Guidelines Institute at [www.fgiguidelines.org](http://www.fgiguidelines.org);
  2. The following National Fire Codes (2012), published by and available from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269, and at [www.nfpa.org/catalog](http://www.nfpa.org/catalog):
    - a. NFPA70 National Electrical Code,
    - b. NFPA101 Life Safety Code, and
    - c. 2012 Supplements;
  3. ICC/A117.1-2017, American National Standard: Accessible and Usable Buildings and Facilities (2017), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at [www.iccsafe.org](http://www.iccsafe.org);
  4. International Building Code (2018), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at [www.iccsafe.org](http://www.iccsafe.org), with the following modifications:
    - a. Section 101.1 is modified by deleting "of [NAME OF JURISDICTION]";
    - b. Section 101.2 is modified by deleting the "Exception";
    - c. Section 101.4.7 is deleted,
    - d. Sections 103.1 through 103.3 are deleted,
    - e. Sections 104.1 through 104.11.2 are deleted,
    - f. Sections 105.1 through 105.7 are deleted,
    - g. Sections 106.1 through 106.3 are deleted,
    - h. Sections 107.1 through 107.5 are deleted,
    - i. Sections 108.1 through 108.4 are deleted,
    - j. Sections 109.1 through 109.6 are deleted,
    - k. Sections 110.1 through 110.6 are deleted,
    - l. Sections 111.1 through 111.4 are deleted,

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- m. Sections 112.1 through 112.3 are deleted,
  - n. Sections 113.1 through 113.3 are deleted,
  - o. Sections 114.1 through 114.4 are deleted,
  - p. Sections 115.1 through 115.3 are deleted,
  - q. Sections 116.1 through 116.5 are deleted, and
  - r. Appendices A, B, C, D, K, L, and M are deleted;
5. International Mechanical Code (2018), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at [www.iccsafe.org](http://www.iccsafe.org), with the following modifications:
    - a. Section 101.1 is modified by deleting “of [NAME OF JURISDICTION]”,
    - b. Sections 103.1 through 103.4.1 are deleted,
    - c. Sections 104.1 through 104.7 are deleted,
    - d. Sections 105.1 through 105.5 are deleted,
    - e. Sections 106.1 through 106.5.3 are deleted,
    - f. Sections 107.1 through 107.6 are deleted,
    - g. Sections 108.1 through 108.7.3 are deleted,
    - h. Sections 109.1 through 109.7 are deleted,
    - i. Sections 110.1 through 110.4 are deleted, and
    - j. Appendix B is deleted;
  6. International Plumbing Code (2018), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at [www.iccsafe.org](http://www.iccsafe.org), with the following modifications:
    - a. Section 101.1 is modified by deleting “of [NAME OF JURISDICTION]”,
    - b. Sections 103.1 through 103.4.1 are deleted,
    - c. Sections 104.1 through 104.7 are deleted,
    - d. Sections 105.1 through 105.4.1 are deleted,
    - e. Sections 106.1 through 106.6.3 are deleted,
    - f. Sections 107.1 through 107.7 are deleted,
    - g. Sections 108.1 through 108.7.3 are deleted,
    - h. Sections 109.1 through 109.7 are deleted,
    - i. Sections 110.1 through 110.4 are deleted, and
    - j. Appendix A is deleted;
  7. As adopted by the Office of the State Fire Marshal;
  8. International Fuel Gas Code (2018), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at [www.iccsafe.org](http://www.iccsafe.org), with the following modifications:
    - a. Section 101.1 is modified by deleting “of [NAME OF JURISDICTION]”,
    - b. Section 101.2 is modified by deleting the “Exception”,
    - c. Sections 103.1 through 103.4.1 are deleted,
    - d. Sections 104.1 through 104.7 are deleted,
    - e. Sections 105.1 through 105.5 are deleted,
    - f. Sections 106.1 through 106.6.3 are deleted,
    - g. Sections 107.1 through 107.6 are deleted,
    - h. Sections 108.1 through 108.7.3 are deleted,
    - i. Sections 109.1 through 109.7 are deleted, and
    - j. Sections 110.1 through 110.4 are deleted;
  9. International Private Sewage Disposal Code (2018), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at [www.iccsafe.org](http://www.iccsafe.org), with the following modifications:
    - a. Section 101.1 is modified by deleting “of [NAME OF JURISDICTION]”,
    - b. Sections 103.1 through 103.4.1 are deleted,
- c. Sections 104.1 through 104.7 are deleted,
  - d. Sections 105.1 through 105.5 are deleted,
  - e. Sections 106.1 through 106.4.3 are deleted,
  - f. Sections 107.1 through 107.9 are deleted,
  - g. Sections 108.1 through 108.7.2 are deleted,
  - h. Sections 109.1 through 109.7 are deleted, and
  - i. Sections 110.1 through 110.4 are deleted.
- C. The Department shall not assess any penalty or fee specified in the physical plant health and safety codes and standards that are incorporated by reference in this Section.

**Historical Note**

New Section made by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-105. License Application**

- A. A person applying for an initial a health care institution license shall submit to the Department an application packet that contains:
  1. An application in a Department-provided format provided by the Department including:
    - a. The health care institution's:
      - i. Name;
      - ii. Street address, city, state, zip code;
      - iii. Mailing address;
      - iv. Telephone number;
      - v. Email address;
      - vi. Tax ID number; and
      - vii. Class or subclass listed in R9-10-102 for which licensing is requested;
    - b. Except for a home health agency, or hospice service agency, or behavioral health facility, whether the health care institution is located within 1/4 mile of agricultural land;
    - c. Whether the health care institution is located in a leased facility;
    - d. Whether the health care institution is ready for a licensing inspection by the Department;
    - e. If the health care institution is not ready for a licensing inspection by the Department, the date the health care institution will be ready for a licensing inspection;
    - f. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-10-108;
    - g. Owner information including:
      - i. The owner's name, mailing address, telephone number, and email address;
      - ii. Whether the owner is a sole proprietorship, a corporation, a partnership, a limited liability partnership, a limited liability company, or a governmental agency;
      - iii. If the owner is a partnership or a limited liability partnership, the name of each partner;
      - iv. If the owner is a limited liability company, the name of the designated manager or, if no manager is designated, the names of any two members of the limited liability company;
      - v. If the owner is a corporation, the name and title of each corporate officer;
      - vi. If the owner is a governmental agency, the name and title of the individual in charge of the

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- governmental agency or the name of an individual in charge of the health care institution designated in writing by the individual in charge of the governmental agency;
- vii. If the owner is a sole proprietorship, a copy of the applicant's;
    - (1) U.S. Passport, current or expired;
    - (2) Birth certificate;
    - (3) Naturalization documents; or
    - (4) Documentation of legal resident alien status.
  - viii. Whether the owner or any person with 10% or more business interest in the health care institution has had a license to operate a health care institution denied, revoked, or suspended; the reason for the denial, suspension, or revocation; the date of the denial, suspension, or revocation; and the name and address of the licensing agency that denied, suspended, or revoked the license;
  - ix. Whether the owner or any person with 10% or more business interest in the health care institution has had a health care professional license or certificate denied, revoked, or suspended; the reason for the denial, suspension, or revocation; the date of the denial, suspension, or revocation; and the name and address of the licensing agency that denied, suspended, or revoked the license or certificate; and
  - x. The name, title, address, and telephone number of the owner's statutory agent or the individual designated by the owner to accept service of process and subpoenas;
  - h. The name and mailing address of the governing authority;
  - i. The chief administrative officer's:
    - i. Name,
    - ii. Title,
    - iii. Highest educational degree, and
    - iv. Work experience related to the health care institution class or subclass for which licensing is requested; and
  - j. Signature required in A.R.S. § 36-422(B);
2. Documentation from the property owner that the property owner approves the health care institution to operate and has exclusive rights of possession on the specified property;
  3. If applicable, a copy of the owner's articles of incorporation, partnership or joint venture documents, or limited liability documents;
  4. If applicable, the name and mailing address of each owner or lessee of any agricultural land regulated under A.R.S. § 3-365 and a copy of the written agreement between the applicant and the owner or lessee of agricultural land as prescribed in A.R.S. § 36-421(D);
  5. Except for a home health agency, a hospice service agency, or a nursing-supported group home, one of the following:
    - a. If the health care institution or a part of the health care institution is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in R9-10-104.01, an application packet as required in R9-10-104(A); or
    - b. If the health care institution or a part of the health care institution is not required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in R9-10-104.01:
      - i. One of the following:
        - (1) Documentation from the local jurisdiction of compliance with applicable local building codes and zoning ordinances, specific to the class or subclass of the health care institution;
        - (2) A certificate of occupancy specific to the class or subclass of the health care institution; or
        - (3) If documentation from the local jurisdiction is not available, documentation of the unavailability of the local jurisdiction compliance and documentation of a general contractor's inspection of the facility that states the facility is safe for occupancy as the applicable health care institution class or subclass;
      - ii. The licensed capacity requested by the applicant for the health care institution;
      - iii. If applicable, the licensed occupancy requested by the applicant for the health care institution;
      - iv. If applicable, the respite capacity requested by the applicant for the health care institution;
      - v. A site plan showing each facility, the property lines of the health care institution, each street and walkway adjacent to the health care institution, parking for the health care institution, fencing and each gate on the health care institution premises, and, if applicable, each swimming pool on the health care institution premises; and
      - vi. A floor plan showing, for each story of a facility, the room layout, room usage, each door and each window, plumbing fixtures, each exit, and the location of each fire protection device;
  6. The health care institution's proposed scope of services; and
  7. The applicable application fee required by R9-10-106.
- B.** In addition to the initial license application requirements in this Section, an applicant shall comply with the supplemental application requirements in specific rules in this Chapter for the health care institution class or subclass for which licensing is requested.
- C.** The Department shall approve or deny a license application in this Section according to R9-10-108.
- D.** A health care institution license is valid:
1. Unless, as specified in A.R.S. § 36-425(C):
    - a. The Department revokes or suspends the license according to R9-10-112, or
    - b. The license is considered void because the licensee did not pay the applicable fees in R9-10-106 according to R9-10-107; or
  2. Until a licensee voluntarily surrenders the license to the Department when terminating the operation of the health care institution, according to R9-10-109(B).

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October

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1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-106. Fees**

- A.** An applicant submitting an application for a health care institution license shall submit to the Department a nonrefundable application fee of \$50.
- B.** Except as provided in subsection (C), an applicant submitting an application for a health care institution license or a licensee submitting an annual healthcare institution licensing fee shall submit the fees specified in Table 1.3.
- C.** Subsection (B) and Table 1.3 does not apply to a health care institution operated by a state agency according to state or federal law or to an adult foster care home licensed according to Article 8.
- D.** In addition to the applicable fees in subsection (B), a licensee shall submit a late payment fee of \$250 if submitting annual licensing fees according to R9-10-107(E)(1) or (2)(d).
- E.** All fees are nonrefundable except as provided in A.R.S. § 41-1077.

- F.** The Department may charge up to \$1,000 per visit for an onsite monitoring inspection fee, as determined by a provider agreement or notice, according to A.R.S. § 36-405(D).
- G.** If the Department provides in-service training to a health care institution that requests in-service training relating to regulatory compliance outside of the survey process, the Department may charge up to \$500 an hour for the in-service training, according to A.R.S. § 36-405(E).

**Historical Note**

New Section R9-10-106 renumbered from R9-10-122 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4). Amended by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2). Amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3). Amended by final rulemaking at 31 A.A.R. 4400 (November 21, 2025), effective January 3, 2026 (Supp. 25-4).



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**Table 1.3. Fees**

Healthcare Institution Class or Subclass	Fees for the following licensed capacities					
	No licensed capacity	1 to 59 beds	60 to 99 beds	100 to 149 beds	150 beds or more	Plus the licensed capacity times
Abortion clinic, according to Article 15	\$482	-	-	-	-	-
Adult behavioral health therapeutic home, according to Article 18	\$495	\$495	-	-	-	\$132
Adult day health care facility, according to Article 11	\$370	-	-	-	-	-
Adult foster care home, according to Article 8	-	-	-	-	-	-
Adult residential care institution, according to Article 8	\$495	\$495	-	-	-	\$132
Assisted living center, according to Article 8	\$370	\$370	\$739	\$1,109	\$1,848	\$98
Assisted living home, according to Article 8	\$370	\$370	-	-	-	\$98
Behavioral health inpatient facility, according to Article 3	\$495	\$495	\$990	\$1,485	\$2,475	\$132
Behavioral health residential facility, according to Article 7	\$495	\$495	\$990	\$1,485	\$2,475	\$132
Behavioral health respite home, according to Article 16	\$495	\$495	-	-	-	\$132
Behavioral health specialized transitional facility, according to Article 13	\$495	\$495	-	-	-	\$132
Counseling facility, according to Article 19	\$495	-	-	-	-	-
Home health agency, according to Article 12	\$482	-	-	-	-	-
Hospice inpatient facility, according to Article 6	\$482	\$482	-	-	-	\$127
Hospice service agency, according to Article 12	\$482	-	-	-	-	-
Hospital license according to Article 2, including a general hospital, a rural hospital, or a special hospital	\$482	\$482	\$964	\$1,445	\$2,409	\$127
	If providing behavioral health observation or stabilization services, in addition to the fee, the licensed occupancy times \$91.					
Intermediate care facility for individuals with intellectual disabilities, according to Article 5	-	\$383	\$766	\$1,148	\$1,914	\$102
Nursing care institution, according to Article 4	-	\$383	\$766	\$1,148	\$1,914	\$102
Nursing-supported group home, according to Article 22	\$383	\$383	-	-	-	\$102
Outpatient surgical center, according to Article 9	\$482	-	-	-	-	-
Outpatient treatment center, according to Article 10	\$482	-	-	-	-	-
	If providing dialysis services, in addition to the licensing fee, the number of dialysis stations times \$91.					
Pain management clinic, according to Article 20	\$482	-	-	-	-	-
Recovery care center, according to Article 21	\$482	\$482	-	-	-	\$127
Single Group Hospital License or Licensee with a Single Group License	\$482	\$482	\$964	\$1,445	\$2,409	\$127
Substance abuse transitional facility, according to Article 14	\$495	-	-	-	-	-
Unclassified health care institution, according to Article 17	\$482	-	-	-	-	-

**Historical Note**

Table 1.3 Fees made by final rulemaking at 31 A.A.R. 4400 (November 21, 2025), effective January 3, 2026 (Supp. 25-4).

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**R9-10-107. Submission of Health Care Institution Licensing Fees**

- A.** An applicant for a health care institution license shall submit the applicable licensing fees in R9-10-106 to the Department:
1. Within 60 calendar days after the date of the written notice of approval in R9-10-108(C)(3); or
  2. Within 90 calendar days after the date of the written notice of approval in R9-10-108(C)(3), with the payment of an additional late payment fee of \$250.
- B.** Except as specified in subsection (D), a licensee shall submit to the Department, no earlier than 60 calendar days before the anniversary date of the facility's health care institution license:
1. The following information in a Department-provided format:
    - a. The licensee's name, and
    - b. The facility's name and license number;
  2. The applicable annual licensing fees in R9-10-106.
- C.** If any information in the Department's current records for a health care institution is incorrect, before a licensee submits annual licensing fees according to subsection (B), the licensee shall comply with the applicable requirements in R9-10-109 or R9-10-110 to update the Department's records for the health care institution.
- D.** A licensee may submit to the Department the information in subsection (B)(1) and applicable annual licensing fees in R9-10-106:
1. Within 30 calendar days after the anniversary date of the facility's health care institution license, with the payment of the additional late payment fee in R9-10-106(F); or
  2. If an alternate licensing fee due date has been established for the licensee according to subsections (E) and (F):
    - a. By the anniversary date of the facility's health care institution license, with the appropriate fee amount to prorate the annual licensing fees in R9-10-106 for a facility to the alternate licensing fee due date;
    - b. By the alternate licensing fee due date;
    - c. If a new alternate licensing fee due date has been established, by the current alternate licensing fee due date, with the appropriate fee amount to prorate the annual licensing fees in R9-10-106 for a facility to the new alternate licensing fee due date; or
    - d. Within 30 calendar days after the alternate licensing fee due date, with the payment of the additional late payment fee in R9-10-106(F).
- E.** Except as specified in subsection (G), a licensee may request a licensing fee due date for a facility that is different from the anniversary date of a facility's health care institution license by submitting an application for an alternate licensing fee due date to the Department, at least 30 calendar days before the anniversary date of the facility's health care institution license, that includes the following information in a Department-provided format:
1. The licensee's name and email address,
  2. The facility's name and license number,
  3. The current licensing fee due date,
  4. The proposed alternate licensing fee due date,
  5. The reason the licensee is requesting an alternate licensing fee due date, and
  6. The name of the health care institution's administrator or individual representing the health care institution as designated in A.R.S. § 36-422 and the dated signature of the administrator or individual.
- F.** The Department shall review a request made according to subsection (E) according to R9-10-108.

- G.** A licensee may not request an alternate licensing fee due date according to subsection (E):
1. More frequently than once in each three-year period, or
  2. For a facility for which the payment of licensing fees is not up-to-date.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section repealed; new Section made by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-108. Time-frames**

- A.** The overall time-frame for each type of approval granted by the Department is listed in Table 1.1. The applicant and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame. The substantive review time-frame and the overall time-frame may not be extended by more than 25% of the overall time-frame.
- B.** The administrative completeness review time-frame for each type of approval granted by the Department as prescribed in this Article is listed in Table 1.1. The administrative completeness review time-frame begins on the date the Department receives an application packet or a written request for an alternate licensing fee due date.
1. The application packet for a health care institution license is not complete until the applicant provides the Department with written notice that the health care institution is ready for a licensing inspection by the Department.
  2. If the application packet or written request is incomplete, the Department shall provide a written notice to the applicant specifying the missing document or incomplete information. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice until the date the Department receives the missing document or information from the applicant.
  3. When an application packet or written request is complete, the Department shall provide a written notice of administrative completeness to the applicant.
  4. For a health care institution license application packet, an application packet for a modification or a written request for an alternate licensing fee due date, the Department shall consider the application or written request withdrawn if the applicant fails to supply the missing documents or information included in the notice described in subsection (B)(2) within 60 calendar days after the date of the notice described in subsection (B)(2).
  5. If the Department issues a license or grants an approval during the time provided to assess administrative completeness, the Department shall not issue a separate written notice of administrative completeness.
- C.** The substantive review time-frame is listed in Table 1.1 and begins on the date of the notice of administrative completeness.
1. The Department may conduct an onsite inspection of the facility:
    - a. As part of the substantive review for issuing a health care institution license; or

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- b. As part of the substantive review for approving a modification of a health care institution's license.
2. During the substantive review time-frame, the Department may make one comprehensive written request for additional information or documentation. If the Department and the applicant agree in writing, the Department may make supplemental requests for additional information or documentation. The time-frame for the Department to complete the substantive review is suspended from the date of a written request for additional information or documentation until the Department receives the additional information or documentation.
3. The Department shall send a written notice of approval to an applicant that is in substantial compliance with applicable requirements in A.R.S. Title 36, Chapter 4 and this Chapter.
4. After an applicant for a health care institution license receives the written notice of approval in subsection (C)(3), the applicant shall submit the applicable health care institution license fee in R9-10-106 according to R9-10-107(A).
5. After receiving the applicable health care institution licensing fee from an applicant according to subsection (C)(4) and R9-10-107(A), the Department shall send a health care institution license to the applicant.
6. The Department shall provide a written notice of denial that complies with A.R.S. § 41-1076 to an applicant who does not:
  - a. For a health care institution license application or modification of a health care institution requiring architectural plans and specifications, submit the information or documentation in subsection (C)(2) within 120 calendar days after the Department's written request to the applicant;
  - b. For a modification of a health care institution not requiring architectural plans and specifications or a written request for an alternate licensing fee due date, submit the information or documentation in subsection (C)(2) within 30 calendar days after the Department's written request to the applicant;
  - c. Comply with the applicable requirements in A.R.S. Title 36, Chapter 4 and this Chapter; or
  - d. If applicable, submit a fee required in R9-10-106 or R9-10-107.
7. An applicant may file a written notice of appeal with the Department within 30 calendar days after receiving the notice described in subsection (C)(6). The appeal shall be conducted according to A.R.S. Title 41, Chapter 6, Article 10.
8. If a time-frame's last day falls on a Saturday, a Sunday, or an official state holiday, the Department shall consider the next working day to be the time-frame's last day.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 859, effective April 2, 2005 (Supp. 05-1). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**Table 1.1 Time-frames**

Type of Approval	Statutory Authority	Overall Time-frame	Administrative Completeness Time-frame	Substantive Review Time-frame
Health care institution license R9-10-105	A.R.S. §§ 36-405, 36-407, 36-421, 36-422, 36-424, and 36-425	120 calendar days	30 calendar days	90 calendar days
Approval of an alternate licensing fee due date R9-10-107	A.R.S. § 36-405	30 calendar days	10 calendar days	20 calendar days
Approval of a modification of a health care institution R9-10-110	A.R.S. §§ 36-405, 36-407, and 36-422	75 calendar days	15 calendar days	60 calendar days

**Historical Note**

New Table 1 made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 859, effective April 2, 2005 (Supp. 05-1). Table 1 number amended to Table 1.1 and contents amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Table 1.1 amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Table 1.1 amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Table 1.1 heading added for clarity by the Division (Supp. 21-2). Table 1.1 amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-109. Changes Affecting a License**

**A. A licensee shall ensure that:**

1. The Department is notified in writing at least 30 calendar days before the effective date of:
  - a. Except as provided in subsection (H), a change in the name of:
    - i. A health care institution, or
    - ii. The licensee;
  - b. A change in the hours of operation:
    - i. Of an administrative office, or
    - ii. For providing physical health services or behavioral health services to patients of the health care institution;
  - c. A change in the address of a health care institution that does not provide medical services, nursing services, behavioral health services, or health-related services; or

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- d. A change in the geographic region to be served by the hospice service agency or home health agency; and
- 2. Documentation supporting the change is provided to the Department with the notification required in subsection (A)(1).
- B. If a licensee intends to terminate the operation of a health care institution, the licensee shall ensure that the Department is notified in writing of:
  - 1. The termination of the health care institution's operations, as required in A.R.S. § 36-422(D), at least 30 calendar days before the termination, and
  - 2. The address and contact information for the location where the health care institution's medical records will be retained as required in A.R.S. § 12-2297.
- C. A licensee shall ensure that the Department is notified in writing, according to A.R.S. § 36-425(I), of a change in the chief administrative officer of the health care institution.
- D. If a health care institution is accredited by a nationally recognized accrediting organization, a licensee may submit to the Department the health care institution's current accreditation report.
- E. If a licensee is an adult behavioral health therapeutic home or a behavioral health respite home, the licensee shall ensure that:
  - 1. The Department is notified in writing if the licensee does not have a written agreement with a collaborating health care institution, as required in R9-10-1603(A)(3) or R9-10-1803(A)(3) as applicable; and
  - 2. The adult behavioral health therapeutic home or behavioral health respite home does not accept an individual as a resident or recipient, as applicable, or provide services to a resident or recipient, as applicable, until:
    - a. The adult behavioral health therapeutic home or behavioral health respite home has a written agreement with a collaborating health care institution;
    - b. The collaborating health care institution has approved the adult behavioral health therapeutic home's or behavioral health respite home's:
      - i. Scope of services, and
      - ii. Policies and procedures; and
    - c. The collaborating health care institution has verified the provider's skills and knowledge.
- F. If a licensee is an affiliated outpatient treatment center, the licensee shall ensure that if the affiliated outpatient treatment center:
  - 1. Plans to begin providing administrative support to a counseling facility at a time other than during the affiliated outpatient treatment center's license application process, the following information for each counseling facility is submitted to the Department before the affiliated outpatient treatment center begins providing administrative support:
    - a. The counseling facility's name,
    - b. The license number assigned to the counseling facility by the Department, and
    - c. The date the affiliated outpatient treatment center will begin providing administrative support to the counseling facility; or
  - 2. No longer provides administrative support to a counseling facility previously identified by the affiliated outpatient treatment center as receiving administrative support from the affiliated outpatient treatment center, the following information for each counseling facility is submitted to the Department within 30 calendar days after the affiliated outpatient treatment center no longer provides administrative support:
    - a. The counseling facility's name,
    - b. The license number assigned to the counseling facility by the Department, and
    - c. The date the affiliated outpatient treatment center stopped providing administrative support to the counseling facility.
- G. If a licensee is a counseling facility, the licensee shall ensure that if the counseling facility:
  - 1. Plans to begin receiving administrative support from an affiliated outpatient treatment center at a time other than during the counseling facility's license application process, the following information for the affiliated outpatient treatment center is submitted to the Department before the counseling facility begins receiving administrative support:
    - a. The affiliated outpatient treatment center's name,
    - b. The license number assigned to the affiliated outpatient treatment center by the Department, and
    - c. The date the counseling facility will begin receiving administrative support;
  - 2. No longer receives administrative support from an affiliated outpatient treatment center previously identified by the counseling facility as providing administrative support to the counseling facility, the following information for the affiliated outpatient treatment center is submitted to the Department within 30 calendar days after the counseling facility no longer receives administrative support from the affiliated outpatient treatment center:
    - a. The affiliated outpatient treatment center's name,
    - b. The license number assigned to the affiliated outpatient treatment center by the Department, and
    - c. The date the counseling facility stopped receiving administrative support from the affiliated outpatient treatment center;
  - 3. Plans to begin sharing administrative support with an affiliated counseling facility at a time other than during the counseling facility's license application process, the following information for each affiliated counseling facility sharing administrative support with the counseling facility is submitted to the Department before the counseling facility and affiliated counseling facility begin sharing administrative support:
    - a. The affiliated counseling facility's name,
    - b. The license number assigned to the affiliated counseling facility by the Department, and
    - c. The date the counseling facility and the affiliated counseling facility will begin sharing administrative support; or
  - 4. No longer shares administrative support with an affiliated counseling facility previously identified by the counseling facility as sharing administrative support with the counseling facility, the following information is submitted for each affiliated counseling facility within 30 calendar days after the counseling facility and affiliated counseling facility no longer share administrative support:
    - a. The affiliated counseling facility's name,
    - b. The license number assigned to the affiliated counseling facility by the Department, and
    - c. The date the counseling facility and affiliated counseling facility will no longer be sharing administrative support.

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- H.** A governing authority shall submit a license application required in R9-10-105 for:
1. A change in ownership of a health care institution;
  2. A change in the address or location of a health care institution that provides medical services, nursing services, health-related services, or behavioral health services; or
  3. A change in a health care institution's class or subclass.
- I.** A governing authority is not required to submit the documentation required in R9-10-105(A)(5) for a license application if:
1. The health care institution has not ceased operations for more than 30 calendar days,
  2. A modification has not been made to the health care institution,
  3. The services the health care institution is authorized by the Department to provide are not changed, and
  4. The location of the health care institution's premises is not changed.
- J.** To request a duplicate license, a licensee shall submit a written request to the Department for the duplicate license in a format provided by the Department that includes:
1. The licensee's name and address,
  2. The licensee's license number and expiration date,
  3. The licensee's signature and date of signature, and
  4. If applicable, the fee in R9-10-106.
- Historical Note**
- New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).
- R9-10-110. Modification of a Health Care Institution**
- A.** A licensee shall submit a request for approval of a modification of a health care institution when planning to make:
1. An addition or removal of an authorized service;
  2. An addition or removal of a collocator;
  3. A change in a health care institution's licensed capacity, licensed occupancy, respite capacity, or the number of dialysis stations;
  4. A change in the physical plant, including facilities or equipment, that costs more than \$300,000; or
  5. A change in the building where a health care institution is located that affects compliance with:
    - a. Applicable physical plant codes and standards incorporated by reference in R9-10-104.01, or
    - b. Physical plant requirements in the specific Article in this Chapter applicable to the health care institution.
- B.** A licensee of a health care institution that is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in R9-10-104.01 shall submit an application, according to R9-10-104(A), for a modification of the health care institution described in subsections (A)(3) through (5).
- C.** A licensee of a health care institution shall submit an application for a modification of the health care institution in a Department-provided format that contains:
1. The following information in a Department-provided format:
    - a. The health care institution's name, mailing address, email address, and license number;
    - b. A narrative description of the modification, including as applicable:
      - i. The services the licensee is requesting be added or removed as an authorized service;
      - ii. The name and license number of an associated licensed provider being added or removed as a collocator;
      - iii. The name and professional license number of an exempt health care provider being added or removed as a collocator;
      - iv. If an associated licensed provider or exempt health care provider is being added as a collocator, the proposed scope of services;
      - v. The current and proposed licensed capacity, licensed occupancy, respite capacity, and number of dialysis stations;
      - vi. The change being made in the physical plant; and
      - vii. The change being made that affects compliance with applicable physical plant codes and standards incorporated by reference in R9-10-104.01; and
    - c. The name and email address of the health care institution's administrator's or individual representing the health care institution as designated in according to A.R.S. § 36-422 and the dated signature of the administrator or individual; and
  2. Documentation that demonstrates that the requested modification complies with applicable requirements in this Chapter, including as applicable:
    - a. A floor plan showing the location of each collocator's proposed treatment area and the areas of the collaborating outpatient treatment center's premises shared with a collocator;
    - b. For a change in the licensed capacity, licensed occupancy, respite capacity, or number of dialysis stations or a modification of the physical plant:
      - i. A floor plan showing, for each story of the facility affected by the modification, the room layout, room usage, each door and each window, plumbing fixtures, each exit, and the location of each fire protection device; or
      - ii. For a health care institution or part of the health care institution that is required to comply with the physical plant codes and standards incorporated by reference in R9-10-104.01 or the building, documentation of the Department's approval of the health care institution's architectural plans and specifications in R9-10-104(D); and
    - c. Any other documentation to support the requested modification; and
  3. If applicable, a copy of the written agreement the associated licensed provider or exempt health care provider has with the collaborating outpatient treatment center.
- D.** The Department shall approve or deny a request for a modification described in subsection (C) according to R9-10-108.

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- E. A licensee shall not implement a modification described in subsection (C) until an approval or amended license is issued by the Department.
- F. A licensee shall submit the applicable fee according to R9-10-106.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-110 renumbered to Section R9-10-111; new Section R9-10-110 made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-111. Enforcement Actions**

- A. If the Department determines that an applicant or licensee is violating applicable statutes or rules, the Department may take action according to A.R.S. Title 36, Chapter 4, R9-10-112 or, Table 1.2.
- B. The Department may impose civil money penalties on a licensed health care institution that violates Title 36 or this Chapter, with penalties assessed per resident or patient impacted by the violation as determined by the Department based on the following factors:
  1. The civil penalty may be up to \$1,000 per violation, pursuant to A.R.S. § 36-431.01, if one or more of the following aggravating factors apply:
    - a. The violation is repeated;
    - b. Actual harm occurred;
    - c. The violation poses a potential threat for actual harm or to health and safety, including to patients, staff, or residents;
    - d. Immediate jeopardy exists due to the type and severity of the violation;
    - e. The licensee fails to correct the violation in a reasonable timely manner, which may be a threat to health and safety;
    - f. The length of time the violation occurred;
    - g. Patterns of noncompliance; or
    - h. The total number of violations; and
  2. In determining the final penalty, the Department shall consider and reduce the penalty if one or more of the following mitigating factors apply:
    - a. The violation was isolated,
    - b. No actual harm occurred,
    - c. No immediate jeopardy was present,
    - d. The facility reported the violation to the Department,
    - e. The facility promptly corrected the violation,
    - f. The number of persons affected by the violation,
    - g. The size of the facility and the financial impact of the penalty, or
    - h. The length of time the violation occurred.

**Historical Note**

Amended effective February 4, 1981 (Supp. 81-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015,

effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 97, effective January 1, 2014 (Supp. 13-4). Section R9-10-111 renumbered to Section R9-10-112; new Section R9-10-111 renumbered from R9-10-110 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

**R9-10-112. Denial, Revocation, or Suspension of License**

- A. The Department may deny, revoke, or suspend a license to operate a health care institution if an applicant, a licensee, or a controlling person of the health care institution:
  1. Provides false or misleading information to the Department;
  2. Has had in any state or jurisdiction any of the following:
    - a. An application or license to operate a health care institution denied, suspended, or revoked, unless the denial was based on failure to complete the licensing process or to pay a required licensing fee within a required time-frame; or
    - b. A health care professional license or certificate denied, revoked, or suspended;
  3. Does not comply with the applicable requirements in A.R.S. Title 36, Chapter 4 and this Chapter;
  4. Has operated a health care institution, within the preceding ten years, in violation of A.R.S. Title 36, Chapter 4 or this Chapter, that posed a direct risk to the life, health, or safety of a patient; or
  5. Has operated a health care institution without seeing a patient within twelve consecutive months.
- B. The Department shall suspend or revoke a hospital's license if the Department receives, pursuant to A.R.S. § 36-2901.08(H), notice from the Arizona Health Care Cost Containment System that the hospital's provider agreement registration with the Arizona Health Care Cost Containment System has been suspended or revoked.

**Historical Note**

Amended effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section made by exempt rulemaking at 9 A.A.R. 526, effective April 1, 2003 (Supp. 03-1). Section R9-10-112 renumbered to R9-10-113; new Section R9-10-112 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-112 renumbered to Section R9-10-113; new Section R9-10-112 renumbered from R9-10-111 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-113. Tuberculosis Screening**

- A. If a health care institution is subject to the requirements of this Section, as specified in an Article in this Chapter, the health care institution's chief administrative officer shall ensure that the health care institution establishes, documents, and implements tuberculosis infection control activities that:

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1. Are consistent with recommendations in Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019, published by the U.S. Department of Health and Human Services, Atlanta, GA 30333, available at <https://www.cdc.gov/mmwr/volumes/68/wr/mm6819a3.htm>, incorporated by reference, on file with the Department, and including no future editions or amendments; and
  2. Include:
    - a. For each individual who is employed by the health care institution, provides volunteer services for the health care institution, or is admitted to the health care institution and who is subject to the requirements of this Section, baseline screening, on or before the date specified in the applicable Article of this Chapter, that consists of:
      - i. Assessing risks of prior exposure to infectious tuberculosis,
      - ii. Determining if the individual has signs or symptoms of tuberculosis, and
      - iii. Obtaining documentation of the individual's freedom from infectious tuberculosis according to subsection (B)(1);
    - b. If an individual may have a latent tuberculosis infection, as defined in A.A.C. R9-6-1201:
      - i. Referring the individual for assessment or treatment; and
      - ii. Annually obtaining documentation of the individual's freedom from symptoms of infectious tuberculosis, signed by a medical practitioner, occupational health provider, as defined in A.A.C. R9-6-801, or local health agency, as defined in A.A.C. R9-6-101;
    - c. Annually providing training and education related to recognizing the signs and symptoms of tuberculosis to individuals employed by or providing volunteer services for the health care institution;
    - d. Annually assessing the health care institution's risk of exposure to infectious tuberculosis;
    - e. Reporting, as specified in A.A.C. R9-6-202, an individual who is suspected of exposure to infectious tuberculosis; and
    - f. If an exposure to infectious tuberculosis occurs in the health care institution, coordinating and sharing information with the local health agency, as defined in A.A.C. R9-6-101, for identifying, locating, and investigating contacts, as defined in A.A.C. R9-6-101.
- B.** A health care institution's chief administrative officer shall:
1. For an individual for whom baseline screening and documentation of freedom from infectious tuberculosis is required by an Article in this Chapter, as specified in subsection (A)(2)(a), obtain one of the following as evidence of freedom from infectious tuberculosis:
    - a. Documentation of a negative Mantoux skin test or other tuberculosis screening test that:
      - i. Is recommended by the U.S. Centers for Disease Control and Prevention (CDC),
      - ii. Was administered within 12 months before the date the individual begins providing services at or on behalf of the health care institution or is admitted to the health care institution, and
    - iii. Includes the date and the type of tuberculosis screening test;
    - b. If the individual had a history of tuberculosis or documentation of latent tuberculosis infection, as defined in A.A.C. R9-6-1201, compliance with subsection (A)(2)(b); or
    - c. If the individual had a positive Mantoux skin test or other tuberculosis screening test according to subsection (B)(1)(a) and does not have history of tuberculosis or documentation of latent tuberculosis infection, as defined in A.A.C. R9-6-1201, a written statement:
      - i. That the individual is free from infectious tuberculosis, signed by a medical practitioner or local health agency, as defined in A.A.C. R9-6-101; and
      - ii. Dated within 12 months before the date the individual begins providing services at or on behalf of the health care institution or is admitted to the health care institution; and
  2. As part of the annual assessment of the health care institution's risk of exposure to infectious tuberculosis according to subsection (A)(2)(d), ensure that documentation is obtained for each individual required to be screened for infectious tuberculosis that:
    - a. Indicates the individual's freedom from symptoms of infectious tuberculosis; and
    - b. Is signed by a medical practitioner, occupational health provider, as defined in A.A.C. R9-6-801, or local health agency, as defined in A.A.C. R9-6-101.

**Historical Note**

Former Section R9-10-113 repealed, new Section R9-10-113 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section R9-10-113 renumbered from R9-10-112 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-113 renumbered to Section R9-10-114; new Section R9-10-113 renumbered from R9-10-112 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 28 A.A.R. 1113 (May 27, 2022), with an immediate effective date of May 4, 2022 (Supp. 22-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-114. Clinical Practice Restrictions for Hemodialysis Technician Trainees**

- A.** The following definitions apply in this Section:
1. "Assess" means collecting data about a patient by:
    - a. Obtaining a history of the patient,
    - b. Listening to the patient's heart and lungs, and
    - c. Checking the patient for edema.
  2. "Blood-flow rate" means the quantity of blood pumped into a dialyzer per minute of hemodialysis.
  3. "Blood lines" means the tubing used during hemodialysis to carry blood between a vascular access and a dialyzer.
  4. "Central line catheter" means a type of vascular access created by surgically implanting a tube into a large vein.

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5. "Clinical practice restriction" means a limitation on the hemodialysis tasks that may be performed by a hemodialysis technician trainee.
6. "Conductivity test" means a determination of the electrolytes in a dialysate.
7. "Dialysate" means a mixture of water and chemicals used in hemodialysis to remove wastes and excess fluid from a patient's body.
8. "Dialysate-flow rate" means the quantity of dialysate pumped per minute of hemodialysis.
9. "Directly observing" or "direct observation" means a medical person stands next to an inexperienced hemodialysis technician trainee and watches the inexperienced hemodialysis technician trainee perform a hemodialysis task.
10. "Direct supervision" has the same meaning as "supervision" in A.R.S. § 36-401.
11. "Electrolytes" means chemical compounds that break apart into electrically charged particles, such as sodium, potassium, or calcium, when dissolved in water.
12. "Experienced hemodialysis technician trainee" means an individual who has passed all didactic, skills, and competency examinations provided by a health care institution that measure the individual's knowledge and ability to perform hemodialysis.
13. "Fistula" means a type of vascular access created by a surgical connection between an artery and vein.
14. "Fluid-removal rate" means the quantity of wastes and excess fluid eliminated from a patient's blood per minute of hemodialysis to achieve the patient's prescribed weight, determined by:
  - a. Dialyzer size,
  - b. Blood-flow rate,
  - c. Dialysate-flow rate, and
  - d. Hemodialysis duration.
15. "Germicide-negative test" means a determination that a chemical used to kill microorganisms is not present.
16. "Germicide-positive test" means a determination that a chemical used to kill microorganisms is present.
17. "Graft" means a vascular access created by a surgical connection between an artery and vein using a synthetic tube.
18. "Hemodialysis machine" means a mechanical pump that controls:
  - a. The blood-flow rate,
  - b. The mixing and temperature of dialysate,
  - c. The dialysate-flow rate,
  - d. The addition of anticoagulant, and
  - e. The fluid-removal rate.
19. "Hemodialysis technician" has the same meaning as in A.R.S. § 36-423(A).
20. "Hemodialysis technician trainee" means an individual who is working in a health care institution to assist in providing hemodialysis and who is not certified as a hemodialysis technician according to A.R.S. § 36-423(A).
21. "Inexperienced hemodialysis technician trainee" means an individual who has not passed all didactic, skills, and competency examinations provided by a health care institution that measure the individual's knowledge and ability to perform hemodialysis.
22. "Medical person" means:
  - a. A physician who is experienced in dialysis;
  - b. A registered nurse practitioner who is experienced in dialysis;
  - c. A nurse who is experienced in dialysis;
  - d. A hemodialysis technician who meets the requirements in A.R.S. § 36-423(A) approved by the governing authority; and
  - e. An experienced hemodialysis technician trainee approved by the governing authority.
23. "Not established" means not approved by a patient's nephrologist for use in hemodialysis.
24. "Patient" means an individual who receives hemodialysis.
25. "pH test" means a determination of the acidity of a dialysate.
26. "Preceptor course" means a health care institution's instruction and evaluation provided to a nurse, hemodialysis technician, or hemodialysis technician trainee that enables the nurse, hemodialysis technician, or hemodialysis technician trainee to provide direct observation and education to hemodialysis technician trainees.
27. "Respond" means to mute, shut off, reset, or troubleshoot an alarm.
28. "Safety check" means successful completion of tests recommended by the manufacturer of a hemodialysis machine, a dialyzer, or a water system used for hemodialysis before initiating a patient's hemodialysis.
29. "Water-contaminant test" means a determination of the presence of chlorine or chloramine in a water system used for hemodialysis.
- B.** An experienced hemodialysis technician trainee may:
  1. Perform hemodialysis under direct supervision, and
  2. Provide direct observation to another hemodialysis technician trainee only after completing the health care institution's preceptor course approved by the governing authority.
- C.** An experienced hemodialysis technician trainee shall not access a patient's:
  1. Fistula that is not established, or
  2. Graft that is not established.
- D.** An inexperienced hemodialysis technician trainee may perform the following hemodialysis tasks only under direct observation:
  1. Access a patient's central line catheter;
  2. Respond to a hemodialysis-machine alarm;
  3. Draw blood for laboratory tests;
  4. Perform a water-contaminant test on a water system used for hemodialysis;
  5. Inspect a dialyzer and perform a germicide-positive test before priming a dialyzer;
  6. Set up a hemodialysis machine and blood lines before priming a dialyzer;
  7. Prime a dialyzer;
  8. Test a hemodialysis machine for germicide presence;
  9. Perform a hemodialysis machine safety check;
  10. Prepare a dialysate;
  11. Perform a conductivity test and a pH test on a dialysate;
  12. Assess a patient;
  13. Check and record a patient's vital signs, weight, and temperature;
  14. Determine the amount and rate of fluid removal from a patient;
  15. Administer local anesthetic at an established fistula or graft, administer anticoagulant, or administer replacement saline solution;
  16. Perform a germicide-negative test on a dialyzer before initiating hemodialysis;



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17. Initiate or discontinue a patient's hemodialysis;
  18. Adjust blood-flow rate, dialysate-flow rate, or fluid-removal rate during hemodialysis; or
  19. Prepare a blood, water, or dialysate culture to determine microorganism presence.
- E.** An inexperienced hemodialysis technician trainee shall not:
1. Access a patient's:
    - a. Fistula that is not established, or
    - b. Graft that is not established; or
  2. Provide direct observation.
- F.** When a hemodialysis technician trainee performs hemodialysis tasks for a patient, the patient's medical record shall include:
1. The name of the hemodialysis technician trainee;
  2. The date, time, and hemodialysis task performed;
  3. The name of the medical person directly observing or the nurse or physician directly supervising the hemodialysis technician trainee; and
  4. The initials or signature of the medical person directly observing or the nurse or physician directly supervising the hemodialysis technician trainee.
- G.** If the Department determines that a health care institution is not in substantial compliance with this Section, the Department may take enforcement action according to R9-10-111.

**Historical Note**

Former Section R9-10-114 repealed, new Section R9-10-114 adopted effective February 4, 1981 (Supp. 81-1).

Amended by adding paragraph (7) as an emergency effective November 17, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Amended by adding paragraph (7) as a permanent amendment effective August 2, 1984 (Supp. 84-4). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section R9-10-114 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-114 renumbered to Section R9-10-115; new Section R9-10-114 renumbered from R9-10-113 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-115. Behavioral Health Paraprofessionals; Behavioral Health Technicians**

If a health care institution is a behavioral health facility or is authorized by the Department to provide behavioral health services, an administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented that:
  - a. Delineate the services a behavioral health paraprofessional is allowed to provide at or for the health care institution;
  - b. Cover supervision of a behavioral health paraprofessional, including documentation of supervision;
  - c. Establish the qualifications for a behavioral health professional providing supervision to a behavioral health paraprofessional;
  - d. Delineate the services a behavioral health technician is allowed to provide at or for the health care institution;
  - e. Cover clinical oversight for a behavioral health technician, including documentation of clinical oversight;

- f. Establish the qualifications for a behavioral health professional providing clinical oversight to a behavioral health technician;
  - g. Delineate the methods used to provide clinical oversight, including when clinical oversight is provided on an individual basis or in a group setting; and
  - h. Establish the process by which information pertaining to services provided by a behavioral health technician is provided to the behavioral health professional who is responsible for the clinical oversight of the behavioral health technician;
2. A behavioral health paraprofessional receives supervision according to policies and procedures;
  3. Clinical oversight is provided to a behavioral health technician to ensure that patient needs are met based on, for each behavioral health technician:
    - a. The scope and extent of the services provided,
    - b. The acuity of the patients receiving services, and
    - c. The number of patients receiving services;
  4. A behavioral health technician receives clinical oversight at least once during each two week period, if the behavioral health technician provides services related to patient care at the health care institution during the two week period;
  5. When clinical oversight is provided electronically:
    - a. The clinical oversight is provided verbally with direct and immediate interaction between the behavioral health professional providing and the behavioral health technician receiving the clinical oversight,
    - b. A secure connection is used, and
    - c. The identities of the behavioral health professional providing and the behavioral health technician receiving the clinical oversight are verified before clinical oversight is provided; and
  6. A behavioral health professional provides supervision to a behavioral health paraprofessional or clinical oversight to behavioral health technician within the behavioral health professional's scope of practice established in the applicable licensing requirements under A.R.S. Title 32.

**Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1).

Amended by final rulemaking 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-115 renumbered to Section R9-10-116; new Section R9-10-115 renumbered from R9-10-114 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-116. Nutrition and Feeding Assistant Training Programs**

- A.** For the purposes of this Section, "agency" means an entity other than a nursing care institution that provides the nutrition and feeding assistant training required in A.R.S. § 36-413.
- B.** An agency shall apply for approval to operate a nutrition and feeding assistant training program by submitting:
1. An application in a Department-provided format that contains:
    - a. The name of the agency;

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- b. The name, telephone number, and e-mail address of the individual in charge of the proposed nutrition and feeding assistant training program;
  - c. The address where the nutrition and feeding assistant training program records are maintained;
  - d. A description of the training course being offered by the nutrition and feeding assistant training program including for each topic in subsection (I):
    - i. The information presented for each topic,
    - ii. The amount of time allotted to each topic,
    - iii. The skills an individual is expected to acquire for each topic, and
    - iv. The testing method used to verify an individual has acquired the stated skills for each topic;
  - e. Whether the agency agrees to allow the Department to submit supplemental requests for information as specified in subsection (F)(2); and
  - f. The signature of the individual in charge of the proposed nutrition and feeding assistant training program and the date signed; and
2. A copy of the materials used for providing the nutrition and feeding assistant training program.
- C.** For an application for an approval of a nutrition and feeding assistant training program, the administrative review time-frame is 30 calendar days, the substantive review time-frame is 30 calendar days, and the overall time-frame is 60 calendar days.
- D.** Within 30 calendar days after the receipt of an application in subsection (B), the Department shall:
- 1. Issue an approval of the agency's nutrition and feeding assistant training program;
  - 2. Provide a notice of administrative completeness to the agency that submitted the application; or
  - 3. Provide a notice of deficiencies to the agency that submitted the application, including a list of the information or documents needed to complete the application.
- E.** If the Department provides a notice of deficiencies to an agency:
- 1. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice of deficiencies until the date the Department receives the missing information or documents from the agency;
  - 2. If the agency does not submit the missing information or documents to the Department within 30 calendar days, the Department shall consider the application withdrawn; and
  - 3. If the agency submits the missing information or documents to the Department within 30 calendar days, the substantive review time-frame begins on the date the Department receives the missing information or documents.
- F.** Within the substantive review time-frame, the Department:
- 1. Shall issue or deny an approval of a nutrition and feeding assistant training program; and
  - 2. May make one written comprehensive request for more information, unless the Department and the agency agree in writing to allow the Department to submit supplemental requests for information.
- G.** If the Department issues a written comprehensive request or a supplemental request for information:
- 1. The substantive review time-frame and the overall time-frame are suspended from the date of the written comprehensive request or the supplemental request for information until the date the Department receives the information requested, and
2. The agency shall submit to the Department the information and documents listed in the written comprehensive request or supplemental request for information within 10 working days after the date of the comprehensive written request or supplemental request for information.
- H.** The Department shall issue:
- 1. An approval for an agency to operate a nutrition and feeding assistant training program if the Department determines that the agency and the application comply with A.R.S. § 36-413 and this Section; or
  - 2. A denial for an agency that includes the reason for the denial and the process for appeal of the Department's decision if:
    - a. The Department determines that the agency does not comply with A.R.S. § 36-413 and this Section; or
    - b. The agency does not submit information and documents listed in the written comprehensive request or supplemental request for information within 10 working days after the date of the comprehensive written request or supplemental request for information.
- I.** An individual in charge of a nutrition and feeding assistant training program shall ensure that:
- 1. The materials and coursework for the nutrition and feeding assistant training program demonstrate the inclusion of the following topics:
    - a. Feeding techniques;
    - b. Assistance with feeding and hydration;
    - c. Communication and interpersonal skills;
    - d. Appropriate responses to resident behavior;
    - e. Safety and emergency procedures, including the Heimlich maneuver;
    - f. Infection control;
    - g. Resident rights;
    - h. Recognizing a change in a resident that is inconsistent with the resident's normal behavior; and
    - i. Reporting a change in subsection (I)(1)(h) to a nurse at a nursing care institution;
  - 2. An individual providing the training course is:
    - a. A physician,
    - b. A physician assistant,
    - c. A registered nurse practitioner,
    - d. A registered nurse,
    - e. A registered dietitian,
    - f. A licensed practical nurse,
    - g. A speech-language pathologist, or
    - h. An occupational therapist; and
  - 3. An individual taking the training course completes:
    - a. At least eight hours of classroom time, and
    - b. Demonstrates that the individual has acquired the skills the individual was expected to acquire.
- J.** An individual in charge of a nutrition and feeding assistant training program shall issue a certificate of completion to an individual who completes the training course and demonstrates the skills the individual was expected to acquire as a result of completing the training course that contains:
- 1. The name of the agency approved to operate the nutrition and feeding assistant training program;
  - 2. The name of the individual completing the training course;
  - 3. The date of completion;

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4. The name, signature, and professional license of the individual providing the training course; and
  5. The name and signature of the individual in charge of the nutrition and feeding assistant training program.
- K.** The Department may deny, revoke, or suspend an approval to operate a nutrition and feeding assistant training program if an agency operating or applying to operate a nutrition and feeding assistance training program:
1. Provides false or misleading information to the Department;
  2. Does not comply with the applicable statutes and rules;
  3. Issues a training completion certificate to an individual who did not:
    - a. Complete the nutrition and feeding assistant training program, or
    - b. Demonstrate the skills the individual was expected to acquire; or
  4. Does not implement the nutrition and feeding assistant training program as described in or use the materials submitted with the agency's application.
- L.** In determining which action in subsection (K) is appropriate, the Department shall consider the following:
1. Repeated violations of statutes or rules,
  2. Pattern of non-compliance,
  3. Types of violations,
  4. Severity of violations, and
  5. Number of violations.

**Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-116 renumbered to Section R9-10-117; new Section R9-10-116 renumbered from R9-10-115 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-117. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-117 renumbered to Section R9-10-118; new Section R9-10-117 renumbered from R9-10-116 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Repealed by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4).

**R9-10-118. Collaborating Health Care Institution**

- A.** An administrator of a collaborating health care institution shall ensure that:
1. A list is maintained of adult behavioral health therapeutic homes and behavioral health respite homes for which the collaborating health care institution serves as a collaborating health care institution;
  2. For each adult behavioral health therapeutic home or behavioral health respite home in subsection (A)(1), the

collaborating health care institution maintains the following information:

- a. A copy of the documented agreement that establishes the responsibilities of the adult behavioral health therapeutic home or behavioral health respite home and the collaborating health care institution consistent with the requirements in this Chapter;
  - b. For the adult behavioral health therapeutic home or behavioral health respite home, the following information:
    - i. Provider's name;
    - ii. Street address;
    - iii. License number;
    - iv. Whether the residence is an adult behavioral health therapeutic home or a behavioral health respite home;
    - v. If the residence is a behavioral health respite home, whether the behavioral health respite home provides respite care services to:
      - (1) Individuals 18 years of age or older, or
      - (2) Individuals less than 18 years of age;
    - vi. The beginning and ending dates of the documented agreement in subsection (A)(2)(a); and
    - vii. The name and contact information for the individual assigned by the collaborating health care institution to monitor the adult behavioral health therapeutic home or behavioral health respite home;
  - c. For the adult behavioral health therapeutic home or behavioral health respite home, a copy of the following that have been approved by the collaborating health care institution:
    - i. Scope of services,
    - ii. Policies and procedures, and
    - iii. Documentation of the review and update of policies and procedures;
  - d. A description of the required skills and knowledge for a provider, based on the scope of services of the adult behavioral health therapeutic home or behavioral health respite home, as established by the collaborating health care institution; and
  - e. For a provider in the adult behavioral health therapeutic home or behavioral health respite home, documentation of:
    - i. The provider's skills and knowledge;
    - ii. If applicable, the provider's completion of training in assistance in the self-administration of medication;
    - iii. Verification of the provider's skills and knowledge; and
    - iv. If the provider is required to have clinical oversight according to R9-10-1805(C), the provider's receiving clinical oversight;
3. A provider's skills and knowledge are verified by a personnel member according to policies and procedures;
  4. A provider who provides behavioral health services receives clinical oversight, required in R9-10-1805(C), from a behavioral health professional; and
  5. A provider, other than a provider who is a medical practitioner or nurse, receives training in assistance in the self-administration of medication:
    - a. From a medical practitioner or registered nurse or from a personnel member of the collaborating health

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care institution trained by a medical practitioner or registered nurse;

b. That includes:

- i. A demonstration of the provider's skills and knowledge necessary to provide assistance in the self-administration of medication,
- ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
- iii. The process for notifying the appropriate entities when an emergency medical intervention is needed; and

c. That is documented.

**B.** For a patient referred to an adult behavioral health therapeutic home or a behavioral health respite home, an administrator shall ensure that:

1. A resident or recipient accepted by and receiving services from the adult behavioral health therapeutic home or behavioral health respite home does not present a threat to the referred patient, based on the resident's or recipient's developmental levels, social skills, verbal skills, and personal history;
2. The referred patient does not present a threat to a resident or recipient accepted by and receiving services from the adult behavioral health therapeutic home or behavioral health respite home based on the referred patient's developmental levels, social skills, verbal skills, and personal history;
3. The referred patient requires services within the adult behavioral health therapeutic home's or behavioral health respite home's scope of services;
4. A provider of the adult behavioral health therapeutic home or behavioral health respite home has the verified skills and knowledge to provide behavioral health services to the referred patient;
5. A treatment plan for the referred patient, which includes information necessary for a provider to meet the referred patient's needs for behavioral health services, is completed and forwarded to the provider before the referred patient is accepted as a resident or recipient;
6. A patient's treatment plan is reviewed and updated at least once every 12 months, and a copy of the patient's updated treatment plan is forwarded to the patient's provider;
7. If documentation of a significant change in a patient's behavioral, physical, cognitive, or functional condition and the action taken by a provider to address patient's changing needs is received by the collaborating health care institution, a behavioral health professional or behavioral health technician reviews the documentation and:
  - a. Documents the review; and
  - b. If applicable:
    - i. Updates the patient's treatment plan, and
    - ii. Forwards the updated treatment plan to the provider within 10 working days after receipt of the documentation of a significant change;
8. If the review and updated treatment plan required in subsection (B)(7) is performed by a behavioral health technician, a behavioral health professional reviews and signs the review and updated treatment plan to ensure the patient is receiving the appropriate behavioral health services; and

9. In addition to the requirements for a medical record for a patient in this Chapter, a referred patient's medical record contains:

- a. The provider's name and the street address and license number of the adult behavioral health therapeutic home or behavioral health respite home to which the patient is referred,
- b. A copy of the treatment plan provided to the adult behavioral health therapeutic home or behavioral health respite home,
- c. Documentation received according to and required by subsection (B)(7),
- d. Any information about the patient received from the adult behavioral health therapeutic home or behavioral health respite home, and
- e. Any follow-up actions taken by the collaborating health care institution related to the patient.

**C.** For a patient referred to an adult behavioral health therapeutic home, an administrator shall ensure that the collaborating health care institution has documentation in the patient's medical record of evidence of freedom from infectious tuberculosis that meets the requirements in R9-10-113.

**Historical Note**

New Section R9-10-118 renumbered from R9-10-117 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). The word twelve has been changed to the numeral 12 in subsection (B)(6) for consistency in Chapter style and format (Supp. 21-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-119. Abortion Reporting**

- A.** A licensed health care institution where abortions are performed shall submit to the Department, in a Department-provided format and according to A.R.S. § 36-2161(D) and (E), a report that contains the information required in A.R.S. § 36-2161(A) and the following:
1. The final disposition of the fetal tissue from the abortion; and
  2. Except as provided in subsection (B), if custody of the fetal tissue is transferred to another person or persons:
    - a. The name and address of the person or persons accepting custody of the fetal tissue,
    - b. The amount of any compensation received by the licensed health care institution for the transferred fetal tissue, and
    - c. Whether a patient provided informed consent for the transfer of custody of the fetal tissue.
- B.** A licensed health care institution where abortions are performed is not required to include the information specified in subsections (A)(2)(a) through (c) in the report required in subsection (A) if the licensed health care institution where abortions are performed:
1. Transfers custody of the fetal tissue:
    - a. To a funeral establishment, as defined in A.R.S. § 32-1301;
    - b. To a crematory, as defined in A.R.S. § 32-1301; or
    - c. According to requirements in A.A.C. R18-13-1406, A.A.C. R18-13-1407, and A.A.C. R18-13-1408; or
  2. Complies with requirements in A.A.C. R18-13-1405.

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- C. For purposes of this Section, the following definition applies: “Fetal tissue” means cells, or groups of cells with a specific function, obtained from an aborted human embryo or fetus.

**Historical Note**

New Section made by emergency rulemaking at 21 A.A.R. 1787, effective August 14, 2015 for 180 days (Supp. 15-3). Emergency expired February 10, 2016. Section amended by emergency rulemaking at 22 A.A.R. 420, effective February 11, 2016, for an additional 180 days; filed in the Office February 8, 2016 (Supp. 16-1). New Section made by final rulemaking at 22 A.A.R. 1343, with an immediate effective date upon filing under A.R.S. § 41-1032(A)(1) and (4) of May 5, 2016 (Supp. 16-2). Amended by final expedited rulemaking at 25 A.A.R. 1893, effective July 2, 2019 (Supp. 19-3).

**R9-10-120. Opioid Prescribing and Treatment**

- A. This Section does not apply to a health care institution licensed under Article 20 of this Chapter.
- B. In addition to the definitions in A.R.S. §§ 32-3248.01 and 36-401(A) and R9-10-101, the following definitions apply in this Section:
1. “Episode of care” means medical services, nursing services, or health-related services provided by a health care institution to a patient for a specific period of time, ending in discharge, the completion of the patient’s treatment plan, or 90 days from the start of service provision to the patient, whichever is later.
  2. “Order” means to issue written, verbal, or electronic instructions for a specific dose of a specific medication in a specific quantity and route of administration to be obtained and administered to a patient in a health care institution.
- C. An administrator of a health care institution where opioids are prescribed or ordered as part of treatment shall:
1. Establish, document, and implement policies and procedures for prescribing or ordering an opioid as part of treatment, to protect the health and safety of a patient, that:
    - a. Cover which personnel members may prescribe or order an opioid in treating a patient and the required knowledge and qualifications of these personnel members;
    - b. As applicable and except when contrary to medical judgment for a patient, are consistent with A.R.S. § 32-3248.01 and the Arizona Opioid Prescribing Guidelines or national opioid-prescribing guidelines, such as guidelines developed by the:
      - i. Centers for Disease Control and Prevention, or
      - ii. U.S. Department of Veterans Affairs and the U.S. Department of Defense;
    - c. As applicable, include how, when, and by whom:
      - i. A patient’s profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database is reviewed;
      - ii. An assessment is conducted of a patient’s substance use risk;
      - iii. The potential risks, adverse outcomes, and complications, including death, associated with the use of opioids are explained to a patient or the patient’s representative;
      - iv. Alternatives to a prescribed or ordered opioid are explained to a patient or the patient’s representative;
  2. Include in the plan for the health care institution’s quality management program a process for:
    - a. Review of known incidents of opioid-related adverse reactions or other negative outcomes a patient experiences or opioid-related deaths, and
    - b. Surveillance and monitoring of adherence to the policies and procedures in subsection (C)(1);
  3. Except as prohibited by 42 CFR, Chapter I, Subchapter A, Part 2, or as provided in subsection (H)(1), ensure that, if a patient’s death may be related to an opioid prescribed or ordered as part of treatment, written notification, in a Department-provided format, is provided to the Department of the patient’s death within one working day after the health care institution learns of the patient’s death; and
  4. Ensure that informed consent, if required from a patient or the patient’s representative, includes:
    - a. The patient’s:
      - i. Name,
- v. Informed consent is obtained from a patient or the patient’s representative and, if applicable, in what situations, described in subsection (G), (H), or (I), informed consent would not be obtained before an opioid is prescribed or ordered for a patient;
  - vi. A patient receiving an opioid is monitored; and
  - vii. The actions taken according to subsections (C)(1)(c)(i) through (vi) are documented;
- d. Address conditions that may impose a higher risk to a patient when prescribing or ordering an opioid as part of treatment, including:
- i. Concurrent use of a benzodiazepine or other sedative-hypnotic medication,
  - ii. History of substance use disorder,
  - iii. Co-occurring behavioral health issue, or
  - iv. Pregnancy;
- e. Cover the criteria for co-prescribing a short-acting opioid antagonist for a patient who is not an inpatient, as defined in R9-10-201;
- f. Include that, if continuing control of a patient’s pain after discharge is medically indicated due to the patient’s medical condition, a method for continuing pain control will be addressed as part of discharge planning;
- g. Include the frequency of the following for a patient being prescribed an opioid for longer than a 30-calendar-day period:
- i. Face-to-face interactions with the patient,
  - ii. Conducting an assessment of a patient’s substance use risk,
  - iii. Renewal of a prescription for an opioid without a face-to-face interaction with the patient, and
  - iv. Monitoring the effectiveness of the treatment;
- h. If applicable according to A.R.S. § 36-2608, include documenting a dispensed opioid in the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
- i. As applicable and consistent with A.R.S. § 32-3248.01, cover the criteria and procedures for tapering opioid prescription or ordering as part of treatment; and
  - j. Cover the criteria and procedures for offering or referring a patient for treatment for substance use disorder;

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- ii. Date of birth or other patient identifier, and
    - iii. Condition for which opioids are being prescribed;
  - b. That an opioid is being prescribed or ordered;
  - c. The potential risks, adverse reactions, complications, and medication interactions associated with the use of an opioid;
  - d. If applicable, the potential risks, adverse outcomes, and complications associated with the concurrent use of an opioid and a benzodiazepine or another sedative-hypnotic medication;
  - e. Alternatives to a prescribed or ordered opioid;
  - f. The name and signature of the individual explaining the use of an opioid to the patient; and
  - g. The signature of the patient or the patient's representative and the date signed.
- D.** Except as provided in subsection (H) or (I), an administrator of a health care institution where opioids are prescribed as part of treatment shall ensure that a medical practitioner authorized by policies and procedures to prescribe an opioid in treating a patient:
1. Before prescribing an opioid for a patient of the health care institution:
    - a. Conducts a physical examination of the patient or reviews the documentation from a physical examination conducted during the patient's same episode of care;
    - b. Except as exempted by A.R.S. § 36-2606(H), reviews the patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
    - c. Conducts an assessment of the patient's substance use risk or reviews the documentation from an assessment of the patient's substance use risk conducted during the same episode of care by an individual licensed under A.R.S. Title 32 and authorized by policies and procedures to conduct an assessment of the patient's substance use risk;
    - d. Explains to the patient or the patient's representative the risks and benefits associated with the use of opioids or ensures that the patient or the patient's representative understands the risks and benefits associated with the use of opioids, as explained to the patient or the patient's representative by an individual licensed under A.R.S. Title 32 and authorized by policies and procedures to explain to the patient or the patient's representative the risks and benefits associated with the use of opioids;
    - e. Explains alternatives to a prescribed opioid; and
    - f. Obtains informed consent from the patient or the patient's representative that meets the requirements in subsection (C)(4), including the potential risks, adverse outcomes, and complications associated with the concurrent use of an opioid and a benzodiazepine or another sedative-hypnotic medication, if the patient:
      - i. Is also prescribed or ordered a sedative-hypnotic medication, or
      - ii. Has been prescribed a sedative-hypnotic medication by another medical practitioner;
  2. Includes the following information in the patient's medical record, an existing treatment plan, or a new treatment plan developed for the patient:
    - a. The patient's diagnosis;
    - b. The patient's medical history, including co-morbidities;
    - c. The opioid to be prescribed;
    - d. Other medications or herbal supplements being taken by the patient;
    - e. If applicable:
      - i. The effectiveness of the patient's current treatment,
      - ii. The duration of the current treatment, and
      - iii. Alternative treatments tried by or planned for the patient;
    - f. The expected benefit of the treatment and, if applicable, the benefit of the new treatment compared with continuing the current treatment; and
    - g. Other factors relevant to the patient's being prescribed an opioid; and
- E.** Except as provided in subsection (G) or (H), an administrator of a health care institution where opioids are ordered for administration to a patient in the health care institution as part of treatment shall ensure that a medical practitioner authorized by policies and procedures to order an opioid in treating a patient:
1. Before ordering an opioid for a patient of the health care institution:
    - a. Conducts a physical examination of the patient or reviews the documentation from a physical examination conducted:
      - i. During the patient's same episode of care; or
      - ii. Within the previous 30 calendar days, at a health care institution transferring the patient to the health care institution or by the medical practitioner who referred the patient for admission to the health care institution;
    - b. Except as exempted by A.R.S. § 36-2606(H), reviews the patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
    - c. Conducts an assessment of the patient's substance use risk or reviews the documentation from an assessment of the patient's substance use risk conducted within the previous 30 calendar days by an individual licensed under A.R.S. Title 32 and authorized by policies and procedures to conduct an assessment of the patient's substance use risk;
    - d. Explains to the patient or the patient's representative the risks and benefits associated with the use of opioids or ensures that the patient or the patient's representative understands the risks and benefits associated with the use of opioids, as explained to the patient or the patient's representative by an individual licensed under A.R.S. Title 32 and authorized by policies and procedures to explain to the patient or the patient's representative the risks and benefits associated with the use of opioids;
    - e. If applicable, explains alternatives to an ordered opioid; and
    - f. Obtains informed consent from the patient or the patient's representative, according to subsection (D)(1)(f); and

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2. Includes the following information in the patient's medical record, an existing treatment plan, or a new treatment plan developed for the patient:
    - a. The patient's diagnosis;
    - b. The patient's medical history, including co-morbidities;
    - c. The opioid being ordered and the reason for the order;
    - d. Other medications or herbal supplements being taken by the patient; and
    - e. If applicable:
      - i. The effectiveness of the patient's current treatment,
      - ii. The duration of the current treatment,
      - iii. Alternative treatments tried by or planned for the patient,
      - iv. The expected benefit of a new treatment compared with continuing the current treatment, and
      - v. Other factors relevant to the patient's being ordered an opioid.
- F.** For a health care institution where opioids are administered as part of treatment or where a patient is provided assistance in the self-administration of medication for a prescribed opioid, including a health care institution in which an opioid may be prescribed or ordered as part of treatment, an administrator, a manager as defined in R9-10-801, or a provider, as applicable to the health care institution, shall:
1. Establish, document, and implement policies and procedures for administering an opioid as part of treatment or providing assistance in the self-administration of medication for a prescribed opioid, to protect the health and safety of a patient, that:
    - a. Cover which personnel members may administer an opioid in treating a patient and the required knowledge and qualifications of these personnel members;
    - b. Cover which personnel members may provide assistance in the self-administration of medication for a prescribed opioid and the required knowledge and qualifications of these personnel members;
    - c. Include how, when, and by whom a patient's need for opioid administration is assessed;
    - d. Include how, when, and by whom a patient receiving an opioid is monitored; and
    - e. Cover how, when, and by whom the actions taken according to subsections (F)(1)(c) and (d) are documented;
  2. Include in the plan for the health care institution's quality management program a process for:
    - a. Review of incidents of opioid-related adverse reactions or other negative outcomes a patient experiences or opioid-related deaths, and
    - b. Surveillance and monitoring of adherence to the policies and procedures in subsection (F)(1);
  3. Except as prohibited by 42 CFR, Chapter I, Subchapter A, Part 2, or as provided in subsection (H)(1), ensure that, if a patient's death may be related to an opioid administered as part of treatment, written notification, in a Department-provided format, is provided to the Department of the patient's death within one working day after the patient's death; and
  4. Except as provided in subsection (H), ensure that an individual authorized by policies and procedures to administer an opioid in treating a patient or to provide assistance in the self-administration of medication for a prescribed opioid:
    - a. Before administering an opioid or providing assistance in the self-administration of medication for a prescribed opioid in compliance with an order as part of the treatment for a patient, identifies the patient's need for the opioid;
    - b. Monitors the patient's response to the opioid; and
    - c. Documents in the patient's medical record:
      - i. An identification of the patient's need for the opioid before the opioid was administered or assistance in the self-administration of medication for a prescribed opioid was provided, and
      - ii. The effect of the opioid administered or for which assistance in the self-administration of medication for a prescribed opioid was provided.
- G.** A medical practitioner authorized by a health care institution's policies and procedures to order an opioid in treating a patient is exempt from the requirements in subsection (E), if:
1. The health care institution's policies and procedures, required in subsection (C)(1) or the applicable Article in 9 A.A.C. 10, contain procedures for:
    - a. Providing treatment without obtaining the consent of a patient or the patient's representative,
    - b. Ordering and administering opioids in an emergency situation, and
    - c. Complying with the requirements in subsection (E) after the emergency is resolved;
  2. The order for the administration of an opioid is:
    - a. Part of the treatment for a patient in an emergency, and
    - b. Issued in accordance with policies and procedures; and
  3. The emergency situation is documented in the patient's medical record.
- H.** The requirements in subsections (D), (E), and (F)(4), as applicable, do not apply to a health care institution's:
1. Prescribing, ordering, or administration of an opioid as part of treatment for a patient with an end-of-life condition or pain associated with an active malignancy;
  2. Prescribing an opioid as part of treatment for a patient when changing the type or dosage of an opioid, which had previously been prescribed by a medical practitioner of the health care institution for the patient according to the requirements in subsection (D):
    - a. Before a pharmacist dispenses the opioid for the patient; or
    - b. If changing the opioid because of an adverse reaction to the opioid experienced by the patient, within 72 hours after the opioid was dispensed for the patient by a pharmacist;
  3. Ordering an opioid as part of treatment for no longer than three calendar days for a patient remaining in the health care institution and receiving continuous medical services or nursing services from the health care institution; or
  4. Ordering an opioid as part of treatment:
    - a. For a patient receiving a surgical procedure or other invasive procedure; or
    - b. When changing the type, dosage, or route of administration of an opioid, which had previously been ordered by a medical practitioner of the health care institution for a patient according to the requirements in subsection (E), to meet the patient's needs.

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- I. The requirements in subsections (D)(1)(c) through (f) do not apply to a health care institution's prescribing an opioid as part of treatment for a patient with chronic, intractable pain who has had an established health professional-patient relationship with the prescribing medical practitioner for at least 90 days before the opioid is prescribed.

**Historical Note**

New Section made by emergency rulemaking at 23 A.A.R. 2203, effective July 28, 2017, for 180 days (Supp. 17-3). Emergency expired; new Section renewed by emergency rulemaking at 24 A.A.R. 303, effective January 25, 2018, for 180 days; new Section made by final rulemaking at 24 A.A.R. 657, with an immediate effective date of March 6, 2018 (Supp. 18-1). Amended by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4). Amended by final expedited rulemaking at 28 A.A.R. 3568 (November 18, 2022), with an immediate effective date November 2, 2022 (Supp. 22-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-121. Disease Prevention and Control**

- A. This Section applies:
1. When the Governor has declared a state of emergency, as defined in A.R.S. § 26-301, to address a situation described under A.R.S. § 36-787; and
  2. To health care institutions licensed under Article 4, 5, or 8 of this Chapter.
- B. The following definitions apply in this Section:
1. "Communicable disease" has the same meaning as in A.A.C. R9-6-101.
  2. "Infection" has the same meaning as in A.A.C. R9-6-101.
  3. "Respiratory symptoms" means coughing, shortness of breath, or wheezing not known to be caused by asthma or another chronic lung-related disease.
- C. An administrator or manager, as applicable, shall ensure that policies and procedures are established, documented, and implemented, to protect the health and safety of a resident, that:
1. Cover screening and triage of personnel members, employees, visitors, and, except as provided in subsection (E), any other individuals entering the facility;
  2. Cover the manner and frequency of assessing residents to determine a change in a resident's medical condition;
  3. Establish disinfection protocols and schedules for frequently touched surfaces; and
  4. Specify requirements for distancing residents who exhibit symptoms of a communicable disease from other residents to reduce the chance for infection of another individual.
- D. An administrator or manager, as applicable, shall ensure that:
1. Except as provided in subsection (E), before entering the facility, each individual, including a personnel member, employee, or visitor, is screened for fever or respiratory symptoms indicative of a communicable disease;
  2. If an individual refuses to be screened, the individual is excluded from entry to the facility;
  3. If an individual is determined to have a fever or respiratory symptoms, the individual is excluded from entry to the facility until symptoms have resolved or the individual has been evaluated and cleared by a medical practitioner;
  4. If an individual, other than a resident, develops a fever or respiratory symptoms while in the facility, the individual is required to leave the facility and not return until symptoms have resolved or the individual has been evaluated and cleared by a medical practitioner; and
5. If insufficient personnel members are available to meet the needs of all residents in the facility, the administrator or manager, as applicable, implements the disaster plan required in R9-10-424, R9-10-523, or R9-10-819, as applicable, which may include moving a resident to a different facility.
- E. An administrator or manager, as applicable, may allow an emergency medical care technician, as defined in A.R.S. § 36-2201, to enter the facility without screening if the emergency medical care technician is responding to a call for providing emergency medical services, as defined in A.R.S. § 36-2201, to a resident or other individual in the facility.
- F. An administrator or manager, as applicable, shall ensure that:
1. An assessment of a resident includes whether the resident has a fever or respiratory symptoms indicative of a communicable disease and is documented in the resident's medical record; and
  2. If a resident is found to have a fever or respiratory symptoms indicative of a communicable disease:
    - a. The resident is evaluated by a medical practitioner within 24 hours to determine what services need to be provided to the resident and what precautions need to be taken by the facility, and the evaluation is documented in the resident's medical record;
    - b. To reduce the chance for infection of another individual, the resident is:
      - i. Kept at a distance of at least six feet from other residents; or
      - ii. If not possible to keep the resident at a distance from other residents, required to wear a face-mask;
    - c. A personnel member:
      - i. Takes precautions, which may include the use of gloves and a facemask or other personal protection equipment, while providing services to the resident; and
      - ii. Removes and, if applicable, disposes of the personal protection equipment and washes the personnel member's hands with soap and water for at least 20 seconds or, if soap and water are not available, uses a hand sanitizer containing at least 60% alcohol immediately after providing services to the resident and before providing services to another resident;
    - d. Linens, dishes, utensils, and other items used by the resident are:
      - i. Kept separate from similar items used by a resident who does not have a fever or respiratory symptoms indicative of a communicable disease; and
      - ii. Disinfected or disposed of in a manner to reduce the chance for infection of another individual; and
    - e. Surfaces touched by the resident are disinfected before another individual touches the surface.
- G. An administrator or manager, as applicable, shall ensure that door handles, tables, chair backs and arm rests, light switches, and other frequently touched surfaces are cleaned and disinfected, according to policies and procedures, with:
1. An alcohol solution containing at least 70% alcohol;



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2. A bleach solution containing four teaspoons of bleach per quart of water; or
3. An EPA-approved household disinfectant.

**Historical Note**

Amended effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section made by emergency rulemaking at 26 A.A.R. 509, with an immediate effective date of March 16, 2020, for 180 days (Supp. 19-1). Emergency expired. New Section made by final rulemaking at 26 A.A.R. 2793, with an immediate effective date of October 7, 2020 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-122. Memory Care Services Training Program Application and Renewal**

A. An applicant shall apply for approval to operate a memory care services training program by submitting:

1. An application in a Department-provided format that contains:
  - a. The name of the entity;
  - b. The name, telephone number, and email address of the individual in charge of the proposed memory care services training program;
  - c. The address where the memory care services training program records are maintained;
  - d. The address and telephone number of each facility from which training services will be provided;
  - e. A description of the minimum eight hours of initial memory care services training for staff and contractors, that includes:
    - i. One of the following:
      - (1) Dementia care training curriculum from a nationally recognized organization; or
      - (2) The evidence-based information presented for each of the following required topics, along with any additional relevant topics:
        - aa. Understanding cognitive impairments and the impact on residents, including the progression of the neurodegenerative disease;
        - bb. Communication techniques with cognitively impaired residents;
        - cc. Managing challenging behaviors such as aggression, wandering, and agitation;
        - dd. Techniques for promoting dignity, comfort, and emotional well-being of residents;
        - ee. Implementation of individualized service planning for residents receiving memory care services;
        - ff. Emergency and safety protocols specific to memory care;
        - gg. Recognizing, preventing, and reporting abuse, neglect, or exploitation;
        - hh. Activities of daily living specific to residents receiving memory care services;
      - ii. Palliative care and end-of-life training; and

- jj. Medication management and administration; and
- ii. In addition to R9-10-122(A)(1)(e)(i):
  - (1) The amount of time allotted to each topic;
  - (2) The skills an individual is expected to acquire for each topic; and
  - (3) The testing method used to verify an individual has acquired the stated skills for each topic;
- f. A description of the minimum four hours of annual memory care services training for staff and contractors, including:
  - i. The evidence-based information presented for each of the following required topics, along with any additional relevant topics:
    - (1) Managing challenging behaviors such as aggression, wandering, and agitation;
    - (2) Techniques for promoting dignity, comfort, and emotional well-being of residents;
    - (3) Recognizing, preventing, reporting abuse, neglect, or exploitation; and
    - (4) Implementation of individualized service planning for residents receiving memory care services;
  - ii. The amount of time allotted to each topic;
  - iii. The skills an individual is expected to acquire for each topic; and
  - iv. The testing method used to verify an individual has acquired the stated skills for each topic;
- g. A description of the minimum four hours of memory care services training for a manager, including:
  - i. The evidence-based information presented for each of the following required topics:
    - (1) Development and implementation of individualized service planning for residents receiving memory care services; and
    - (2) Staffing levels and resource allocation;
  - ii. Any additional relevant topics, which may include evidence-based information or facility-specific information, such as:
    - (1) Supervisory skills for leading interdisciplinary teams;
    - (2) Effective delegation and team-building strategies;
    - (3) Conflict resolution and managing workplace dynamics;
    - (4) In-depth understanding of state regulations specific to memory care services;
    - (5) Monitoring care outcomes and resident satisfaction;
    - (6) Engaging with families during crises or challenging situations;
    - (7) Leading meetings and facilitating collaboration among staff;
    - (8) Advocacy for residents and families;
    - (9) Coaching and mentoring staff for professional growth;
    - (10) Staying updated on advancements in dementia care;
    - (11) Developing emergency protocols;
    - (12) Cultural competency to ensure inclusivity and sensitivity in care;
    - (13) Strategies to improve staff retention and

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- job satisfaction;
      - (14) Supporting mental health and wellness among team members;
      - (15) Room assignments, operations, and environmental standards; or
      - (16) Identification and implementation of control measures for infectious diseases;
    - iii. The amount of time allotted to each topic;
    - iv. The skills an individual is expected to acquire for each topic; and
    - v. The testing method used to verify an individual has acquired the stated skills for each topic;
  - h. Whether the applicant agrees to allow the Department to submit supplemental requests for information as specified in subsection (H)(2); and
  - i. The signature of the individual in charge of the proposed memory care services training program and the date signed; and
2. A copy of the materials used for providing the memory care services training program.
- B.** The memory care services training program shall include in-person components and may incorporate online components. The in-person component shall include a demonstration of the individual's skills and knowledge necessary to provide memory care services.
- C.** The memory care services training program shall review the topics and materials provided in the memory care services training at least once every 12 months to ensure the information is current and evidence-based, and if necessary, update the materials based on the most up-to-date source or sources for evidence-based practice or practices.
- D.** For annual renewal, at least 60 days before the expiration of approval, a memory care services training program shall submit to the Department, in a Department-provided format:
- 1. The memory care services training program's approval number; and
  - 2. The information in subsection (A).
- E.** For an application for an approval of a memory care services training program, the administrative review time-frame is 30 calendar days, the substantive review time-frame is 30 calendar days, and the overall time-frame is 60 calendar days.
- F.** Within 30 calendar days after the receipt of an application in subsection (A), the Department shall:
- 1. Issue an approval of the applicant's memory care services training program;
  - 2. Provide a notice of administrative completeness to the applicant that submitted the application; or
  - 3. Provide a notice of deficiencies to the applicant that submitted the application, including a list of the information or documents needed to complete the application.
- G.** If the Department provides a notice of deficiencies to an applicant:
- 1. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice of deficiencies until the date the Department receives the missing information or documents from the applicant;
  - 2. If the applicant does not submit the missing information or documents to the Department within 30 calendar days, the Department shall consider the application withdrawn; and
  - 3. If the applicant submits the missing information or documents to the Department within 30 calendar days, the substantive review time-frame begins on the date the Department receives the missing information or documents.
- H.** Within the substantive review time-frame, the Department:
- 1. Shall issue or deny an approval of a memory care services training program; and
  - 2. May make one written comprehensive request for more information, unless the Department and the applicant agree in writing to allow the Department to submit supplemental requests for information.
- I.** If the Department issues a written comprehensive request or a supplemental request for information:
- 1. The substantive review time-frame and the overall time-frame are suspended from the date of the written comprehensive request or the supplemental request for information until the date the Department receives the information requested, and
  - 2. The applicant shall submit to the Department the information and documents listed in the written comprehensive request or supplemental request for information within 10 working days after the date of the comprehensive written request or supplemental request for information.
- J.** The Department shall issue:
- 1. An approval for an applicant to operate a memory care services training program if the Department determines that the applicant and the application comply with A.R.S. § 36-405.03 and this Section, or
  - 2. A denial for an applicant that includes the reason for the denial and the process for appeal of the Department's decision if:
    - a. The Department determines that the applicant does not comply with A.R.S. § 36-405.03 and this Section, or
    - b. The applicant does not submit information and documents listed in the written comprehensive request or supplemental request for information within 10 working days after the date of the comprehensive written request or supplemental request for information.
- K.** The Department may deny, revoke, or suspend an approval to operate a memory care services training program if a memory care services training program provider or an applicant applying to operate a memory care services training program:
- 1. Provides false or misleading information to the Department,
  - 2. Does not comply with the applicable statutes and rules,
  - 3. Issues a training certificate of completion to an individual who did not,
    - a. Complete the memory care services training program, or
    - b. Demonstrate the skills the individual was expected to acquire, or
  - 4. Does not implement the memory care services training program as described in or use the materials submitted with the application.
- L.** In determining which action in subsection (K) is appropriate, the Department shall consider the following:
- 1. Repeated violations of statutes or rules,
  - 2. Pattern of non-compliance,
  - 3. Types of violations,
  - 4. Severity of violations, and
  - 5. Number of violations.

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**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2145, effective May 1, 2001 (Supp. 01-2). Amended by final rulemaking at 8 A.A.R. 3578, effective July 26, 2002 (Supp. 02-3). Amended by exempt rulemaking at 14 A.A.R. 3958, effective September 26, 2008 (Supp. 08-3). Amended by exempt rulemaking at 15 A.A.R. 2100, effective January 1, 2010 (Supp. 09-4). Section repealed by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). New Section made by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

**R9-10-123. Notification of Change**

- A.** A memory care services training program provider shall notify the Department in writing at least 30 days before the effective date of:
1. Termination of the provision of the memory care services training program, or
  2. A change in the:
    - a. Name under which the memory care services training program provider does business,
    - b. Address or telephone number of a facility where memory care services trainings are provided,
    - c. Administrator, or
    - d. Memory care services training program topics provided, and
- B.** The Department shall review the notification of change for subsection (A) and:
1. If the information complies with the requirements in this Article, the Department shall approve the change, or
  2. If the information does not comply with the requirements in this Article, the Department shall send notification to the memory care services training program provider with reasons for the determination of non-compliance.
- C.** The Department may conduct an on-site inspection as part of the notification of change process.
- D.** The memory care services training program provider retains the existing expiration date of the application approval.

**Historical Note**

Amended effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section made by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

**R9-10-124. Administration, Monitoring**

- A.** A memory care services training program provider shall designate an administrator who meets the qualifications established by the memory care services training program provider.
- B.** An applicant or memory care services training program provider shall provide the Department access to records and all areas of a facility according to A.R.S. § 41-1009 within two hours after the Department's request.

**Historical Note**

Former Section R9-10-124 repealed, new Section R9-10-124 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section made by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

**R9-10-125. Memory Care Services Trainer Eligibility**

- A.** An individual is eligible to be a memory care services trainer if the individual:
1. Is a registered nurse with:
    - a. A Certified Dementia Practitioner (CDP) or an equivalent certification, demonstrating knowledge in dementia care best practices and behavioral management;
    - b. An Alzheimer's Disease and Dementia Care Training (ADCT) certification or an equivalent program recognized by a national or state accrediting body;
    - c. A Gerontological Nurse Certification (RN-BC) issued by the American Nurses Credentialing Center or an equivalent certification specializing in the care of older adults;
    - d. An End-of-Life and Palliative Care Certification from a recognized body, emphasizing care for late-stage dementia and end-of-life situations; or
    - e. Two years of experience providing memory care services; or
  2. Has a current memory care services certificate of completion.
- B.** An individual, who is not a registered nurse, is eligible to become a memory care services trainer,
1. If the individual has a:
    - a. Bachelor's degree or higher in a relevant field, including but not limited to:
      - i. Gerontology,
      - ii. Psychology,
      - iii. Social Work,
      - iv. Education, or
      - v. Nursing-related disciplines; or
    - b. Minimum of three years of direct experience in memory care, dementia care, or a related field, such as:
      - i. Providing care for individuals with Alzheimer's disease or other forms of dementia, or
      - ii. Developing and implementing memory care programs; and
  2. Holds one or more of the following certifications:
    - a. Certified Dementia Practitioner (CDP),
    - b. Certified Alzheimer's Disease and Dementia Care Trainer (CADDCT),
    - c. Certified Activity Director (ADC) with a specialization in memory care, or
    - d. Any equivalent certification recognized by a national accrediting body;
  3. Demonstrates experience in adult education or staff training, including:
    - a. Conducting workshops, seminars, or training sessions in a health care or memory care setting; or
    - b. Developing training materials specific to memory care;
  4. Has completed cultural competency training to ensure inclusivity and sensitivity in care and training approaches;
  5. Possesses strong communication skills and the ability to tailor training to diverse audiences, including care staff and family members; or
  6. Has a valid certificate of completion issued according to R9-10-126.
- C.** An individual is ineligible to become a memory care services trainer if the individual has:

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1. A history of substantiated allegation or allegations of abuse, neglect, or exploitation of a vulnerable individual or individuals; or
2. A record of disciplinary action or actions related to professional misconduct.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

**R9-10-126. Memory Care Services Certificate of Completion**

- A.** Memory care services training programs, approved by the Department according to R9-10-122, shall provide staff and contractors who complete the training, a certificate of completion that may be used to work at an assisted living facility that is licensed to provide directed care services with the following information:
1. The title of the certificate is clearly stated as, "Certificate of Completion";
  2. The name, address, email address, and telephone number of the individual completing the memory care services training;
  3. Title of the training program;
  4. Name of the training organization or provider;
  5. Contact information for the training organization;
  6. The date the individual successfully completed the memory care services training;
  7. The address where the memory care services training and assessment was held;
  8. The name of the memory care services trainer;
  9. The number of hours completed;
  10. The training topics covered;
  11. A statement confirming the trainee's successful completion of the training;
  12. Signature of the trainer; and
  13. Date of issuance.

- B.** A memory care services trainer shall ensure that each individual seeking a memory care services certificate of completion has completed comprehensive training, demonstrated understanding of the topics covered in R9-10-122(A), and achieved a passing score of at least 70% on an examination covering the applicable topics.
- C.** The memory care services training program and an assisted living facility providing memory care services shall maintain a record of the certificate of completion that is kept on file and available with the information specific in subsection (A).
- D.** A memory care services trainer shall comply with:
1. A.R.S. § 36-405.03, and
  2. Applicable requirements in this Article.
- E.** A Department-approved training program shall issue the certificate of completion to the individual who has successfully completed the training program within 10 calendar days of completion.
- F.** An assisted living facility may accept a certificate of completion issued under this Section if:
1. The certificate is issued by a Department-approved training program; and
  2. The certificate holder does not have a lapse of working at an assisted living facility that is licensed to provide directed care services for a period of 12 or more consecutive months, pursuant to A.R.S. § 36-405.03.
- G.** Before the date of issuance of a memory care services certificate of completion, an individual seeking the certificate shall complete the minimum eight hours of initial memory care services training and complete the minimum four hours of annual continuing education training within the preceding 12 consecutive months and achieve a passing score of at least 70% on an examination covering the memory care services training topics specified in R9-10-122(A).

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

**Table 1.2. Violation Severity and Remedy Matrix**

Severity Level	Criteria	Action
Level 1	If the violation is isolated and has no actual physical or psychosocial harm with no potential of physical or psychosocial harm.	Technical Assistance, or Written plan of correction.
Level 2	If the violation is isolated and has no actual physical or psychosocial harm, with potential for minimal physical or psychosocial harm.	Written plan of correction, Provider agreement, or Civil money penalties up to \$500.
Level 3	If the violation is isolated and has no actual physical or psychosocial harm, with potential for more than minimal physical or psychosocial harm.	Written plan of correction, Directed plan of correction, Provider agreement, On-site monitoring inspection fee up to \$500, or Civil money penalties up to \$1,000.
Level 4	The violation resulted in actual physical or psychosocial harm that is not immediate jeopardy; The licensee provided false or misleading information; The licensee fails to correct the violation in a reasonable timely manner, which may be a threat to health and safety; or If the violation is repeated, or if there is a pattern with no actual physical or psychosocial harm, with potential for minimal or more than minimal physical or psychosocial harm.	Written plan of correction, On-site plan of correction, or Provider agreement. On-site monitoring inspection fee up to \$750, Civil money penalties, Suspension, Intermediate sanctions, or Revocation.

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Level 5	Immediate jeopardy to health and safety.	Directed plan of correction; Provider agreement; On-site monitoring inspection fee up to \$1,000; Civil money penalties; Suspension; Intermediate sanctions; Revocation; or Other remedies, as applicable, in Title 41, Chapter 6.
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**Historical Note**

Table 1.2 made by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

**ARTICLE 2. HOSPITALS****R9-10-201. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definitions apply in this Article unless otherwise specified:

1. "Adult" means an individual the hospital designates as an adult based on the hospital's criteria.
2. "Aftercare" means assistance provided to a patient by another individual in the patient's residence, which is not part of a health care institution, following care provided at a hospital, and may include:
  - a. Assisting the patient with activities of daily living, and
  - b. Following the discharge instructions provided by the hospital.
3. "Aftercare provider" means an individual who:
  - a. May be a friend or relative of a patient or be the patient's representative,
  - b. Is designated by the patient or the patient's representative to perform aftercare tasks, and
  - c. Is not compensated for performing aftercare tasks for the patient.
4. "Care plan" means a documented guide for providing nursing services and rehabilitation services to a patient that includes measurable objectives and the methods for meeting the objectives.
5. "Continuing care nursery" means a nursery where medical services and nursing services are provided to a neonate who does not require intensive care services.
6. "Critically ill inpatient" means an inpatient whose severity of medical condition requires the nursing services of specially trained registered nurses for:
  - a. Continuous monitoring and multi-system assessment,
  - b. Complex and specialized rapid intervention, and
  - c. Education of the inpatient or inpatient's representative.
7. "Device" has the same meaning as in A.R.S. § 32-1901.
8. "Diet" means food and drink provided to a patient.
9. "Diet manual" means a written compilation of diets.
10. "Dietary services" means providing food and drink to a patient according to an order.
11. "Diversion" means notification to an emergency medical services provider, as defined in A.R.S. § 36-2201, that a hospital is unable to receive a patient from an emergency medical services provider.
12. "Drug formulary" means a written list of medications available and authorized for use developed according to R9-10-218.
13. "Gynecological services" means medical services for the diagnosis, treatment, and management of conditions or diseases of the female reproductive organs or breasts.
14. "Hospital services" means medical services, nursing services, and health-related services provided in a hospital.
15. "Infection control risk assessment" means determining the probability for transmission of communicable diseases.
16. "Inpatient" means an individual who:
  - a. Is admitted to a hospital as an inpatient according to policies and procedures,
  - b. Is admitted to a hospital with the expectation that the individual will remain and receive hospital services for 24 consecutive hours or more, or
  - c. Receives hospital services for 24 consecutive hours or more.
17. "Intensive care services" means hospital services provided to a critically ill inpatient who requires the services of specially trained nursing and other personnel members as specified in policies and procedures.
18. "Medical staff regulations" means standards, approved by the medical staff, that govern the day-to-day conduct of the medical staff members.
19. "Multi-organized service unit" means an inpatient unit in a hospital where more than one organized service may be provided to a patient in the inpatient unit.
20. "Neonate" means an individual:
  - a. From birth until discharge following birth, or
  - b. Who is designated as a neonate by hospital criteria.
21. "Nurse anesthetist" has the same meaning as "certified registered nurse anesthetist" in A.R.S. § 32-1601.
22. "Nurse executive" means a registered nurse accountable for the direction of nursing services provided in a hospital.
23. "Nursery" means an area in a hospital designated only for neonates.
24. "Nutrition assessment" means a process for determining a patient's dietary needs using information contained in the patient's medical record.
25. "On duty" means that an individual is at work and performing assigned responsibilities.
26. "Organized service" means specific medical services, such as surgical services or emergency services, provided in an area of a hospital designated for the provision of those medical services.
27. "Outpatient" means an individual who:
  - a. Is admitted to a hospital with the expectation that the individual will receive hospital services for less than 24 consecutive hours; or
  - b. Except as provided in subsection (17) receives, hospital services for less than 24 consecutive hours.

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28. "Pathology" means an examination of human tissue for the purpose of diagnosis or treatment of an illness or disease.
29. "Patient care" means hospital services provided to a patient by a personnel member or a medical staff member.
30. "Pediatric" means pertaining to an individual designated by a hospital as a child based on the hospital's criteria.
31. "Perinatal services" means medical services for the treatment and management of obstetrical patients and neonates.
32. "Post-anesthesia care unit" means a designated area for monitoring a patient following a medical procedure for which anesthesia was administered to the patient.
33. "Private duty staff" means an individual, excluding a personnel member, compensated by a patient or the patient's representative.
34. "Social services" means assistance, other than medical services or nursing services, provided by a personnel member to a patient to assist the patient to cope with concerns about the patient's illness or injury while in the hospital or the anticipated needs of the patient after discharge.
35. "Surgical services" means medical services involving a surgical procedure.
36. "Transfusion" means the introduction of blood or blood products from one individual into the body of another individual.
37. "Unit" means a designated area of an organized service.
38. "Well-baby bassinet" means a receptacle used for holding a neonate who does not require treatment and whose anticipated discharge is within 96 hours after birth.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 14 A.A.R. 4646, effective December 2, 2008 (Supp. 08-4).

Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 26 A.A.R. 2797, with an effective date of January 1, 2021 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-202. Supplemental Application, Notification, and Documentation Submission Requirements**

- A. In addition to the license application requirements in A.R.S. § 36-422 and Article 1 of this Chapter, an applicant for a hospital license shall include:
  1. On the application the requested licensed capacity for the hospital, including:
    - a. The number of inpatient beds for each organized service, not including well-baby bassinets; and
    - b. If applicable, the number of inpatient beds for each multi-organized service unit;
  2. On the application, if applicable, the requested licensed occupancy for providing behavioral health observation/stabilization services to:
    - a. Individuals who are under 18 years of age, and
    - b. Individuals 18 years of age and older; and

3. A list, in a Department-provided format, of medical staff specialties and subspecialties, as in a specific branch of medicine practiced by a licensed individual who has obtained education or qualifications in the specific branch in addition to the education or qualifications required for the individual's license.
- B. For a single group license authorized in A.R.S. § 36-422(F), in addition to the requirements in subsection (A), a governing authority applying for a license shall submit the following to the Department, in a Department-provided format, for each satellite facility under the single group license:
  1. The name, address, email address, and telephone number of the satellite facility;
  2. The class or subclass of the satellite facility, according to R9-10-102;
  3. The name and email address of the administrator;
  4. A list of services to be provided at the satellite facility; and
  5. The hours of operation during which the satellite facility provides medical services, nursing services, behavioral health services, or health-related services.
- C. For a single group license authorized in A.R.S. § 36-422(G), in addition to the requirements in subsection (A), a governing authority applying for a license shall submit the following to the Department in a Department-provided format for each accredited satellite facility under the single group license:
  1. The name, address, email address, and telephone number of the accredited satellite facility;
  2. The class or subclass of the accredited satellite facility, according to R9-10-102;
  3. The name and email address of the administrator;
  4. A list of services to be provided at the accredited satellite facility;
  5. The hours of operation during which the accredited satellite facility provides medical services, nursing services, behavioral health services, or health-related services; and
  6. A copy of the accredited satellite facility's current accreditation report.
- D. A licensee with a single group license shall submit to the Department, with the relevant fees required in R9-10-106(D) and in a Department-provided format, the following, as applicable:
  1. The information required in subsections (B)(1) through (5), or
  2. The information and documentation required in subsections (C)(1) through (6).
- E. A governing authority shall:
  1. Notify the Department:
    - a. At least 30 calendar days before a satellite facility or an accredited satellite facility on a single group license terminates operations;
    - b. Within 30 calendar days after adding a satellite facility or an accredited satellite facility under a single group license and provide, as applicable:
      - i. The information required in subsections (B)(1) through (5), or
      - ii. The information and documentation required in subsections (C)(1) through (6); and
    - c. At least 60 calendar days before a satellite facility or an accredited satellite facility licensed under a single group license anticipates providing medical services, nursing services, behavioral health services, or health-related services under a license separate from the single group license; and

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2. Upon notifying the Department according to subsection (E)(1)(c), submit an application, according to the requirements in 9 A.A.C. 10, Article 1, at least 60 calendar days but not more than 120 calendar days before a satellite facility or an accredited satellite facility licensed under a single group license anticipates providing medical services, nursing services, behavioral health services, or health-related services under a license separate from the single group license.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 14 A.A.R. 4646, effective December 2, 2008 (Supp. 08-4). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-203. Administration****A.** A governing authority shall:

1. Consist of one or more individuals responsible for the organization, operation, and administration of a hospital;
2. Establish, in writing:
  - a. A hospital's scope of services,
  - b. Qualifications for an administrator,
  - c. Which organized services are to be provided in the hospital, and
  - d. The organized services that are to be provided in a multi-organized service unit according to R9-10-228(A);
3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
4. Grant, deny, suspend, or revoke a clinical privilege of a medical staff member or delegate authority to an individual to grant or suspend a clinical privilege for a limited time, according to medical staff bylaws;
5. Adopt a quality management program according to R9-10-204;
6. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
7. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
  - a. Expected not to be present on a hospital's premises for more than 30 calendar days, or
  - b. Not present on a hospital's premises for more than 30 calendar days;
8. Except as provided in subsection (A)(7), notify the Department according to A.R.S. § 36-425(I) if there is a change of administrator and identify the name and qualifications of the new administrator; and
9. For a health care institution under a single group license, except for outpatient treatment centers, that are exempt pursuant to A.R.S. § 36-402, ensure that the health care institution complies with the applicable requirements in this Chapter for the class or subclass of the health care institution.

**B.** An administrator:

1. Is directly accountable to the governing authority of a hospital for the daily operation of the hospital and hospi-

tal services and environmental services provided by or at the hospital;

2. Has the authority and responsibility to manage the hospital; and
3. Except as provided in subsection (A)(7), shall designate, in writing, an individual who is present on a hospital's premises and available and accountable for hospital services and environmental services when the administrator is not present on the hospital's premises.

**C.** An administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
  - a. Cover job descriptions, duties, and qualifications, including required skills and knowledge for personnel members, employees, volunteers, and students;
  - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
  - c. Include how a personnel member may submit a complaint relating to patient care;
  - d. Cover the prevention and reporting of abuse, neglect, and exploitation of minors and vulnerable adults in compliance with A.R.S. §§ 13-3620 and 46-454 including:
    - i. Annual training for personnel members who have patient interaction, prescribed in the hospital's policies and procedures on how to recognize the signs and symptoms of minor or vulnerable adult abuse, neglect, and exploitation;
    - ii. Reporting suspected abuse, neglect or exploitation of a minor or vulnerable adult;
    - iii. Submitting to the Department reports of suspected abuse, neglect or exploitation that are filed with law enforcement or the Department of Economic Security; and
    - iv. Maintaining documentation relating to an abuse, neglect, or exploitation investigation for at least 12 months after an initial allegation, including any steps taken to stop or deter substantiated abuse, neglect, or exploitation;
  - e. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
  - f. Cover cardiopulmonary resuscitation training required in R9-10-206(5) including:
    - i. The method and content of cardiopulmonary resuscitation training,
    - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
    - iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
    - iv. The documentation that verifies an individual has received cardiopulmonary resuscitation training;
  - g. Cover use of private duty staff, if applicable;
  - h. Cover diversion, including:
    - i. The criteria for initiating diversion;
    - ii. The categories or levels of personnel or medical staff that may authorize or terminate diversion;
    - iii. The method for notifying emergency medical services providers of initiation of diversion, the

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- type of diversion, and termination of diversion;  
and
- iv. When the need for diversion will be reevaluated;
  - i. Include a method to identify a patient to ensure the patient receives hospital services as ordered;
  - j. Cover patient rights, including assisting a patient who does not speak English or who has a disability to become aware of patient rights;
  - k. Cover health care directives;
  - l. Cover medical records, including electronic medical records;
  - m. Cover quality management, including incident reports and supporting documentation;
  - n. Cover contracted services;
  - o. Cover tissue and organ procurement and transplant;
  - p. Cover when an individual may visit a patient in a hospital, including visiting a neonate in a nursery, if applicable, that comply with A.R.S. § 36-407.03; and
  - q. Cover a workplace violence prevention plan according to A.R.S. § 36-420.03;
2. Policies and procedures for hospital services are established, documented, and implemented to protect the health and safety of a patient that:
    - a. Cover patient screening, admission, transport, and transfer;
    - b. Cover discharge planning and discharge, including the requirements in R9-10-225(B) for an inpatient who was admitted after a suicide attempt or who exhibits suicidal ideation;
    - c. Cover the provision of hospital services;
    - d. Cover acuity, including a process for obtaining sufficient nursing personnel to meet the needs of patients;
    - e. Include when general consent and informed consent are required;
    - f. Include the age criteria for providing hospital services to pediatric patients;
    - g. Cover dispensing, administering, and disposing of medication;
    - h. Cover prescribing a controlled substance to minimize substance abuse by a patient;
    - i. Cover infection control;
    - j. Cover restraints that:
      - i. Require an order, including the frequency of monitoring and assessing the restraint; or
      - ii. Are necessary to prevent imminent harm to self or others, including how personnel members will respond to a patient's sudden, intense, or out-of-control behavior;
    - k. Cover seclusion of a patient including:
      - i. The requirements for an order, and
      - ii. The frequency of monitoring and assessing a patient in seclusion;
    - l. Cover communicating with a midwife when the midwife's client begins labor and ends labor;
    - m. Cover telehealth, if applicable; and
    - n. Cover environmental services that affect patient care;
  3. Policies and procedures are reviewed at least once every three years and updated as needed;
  4. Policies and procedures are available to personnel members;
  5. The licensed capacity in an organized service is not exceeded, except for an emergency admission of a patient;
  6. A patient is only admitted to an organized service that has exceeded the organized service's licensed capacity after a medical staff member reviews the medical history of the patient and determines that the patient's admission is an emergency; and
  7. Unless otherwise stated:
    - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
    - b. When documentation or information is required by this Chapter to be submitted on behalf of a hospital, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the hospital.
- D.** An administrator of a special hospital shall ensure that:
1. Medical services are available to an inpatient in an emergency based on the inpatient's medical conditions and the scope of services provided by the special hospital; and
  2. A physician or nurse, qualified in cardiopulmonary resuscitation, is on the hospital premises.
- E.** An administrator shall provide written notification to the Department of a patient's:
1. Death associated with the use of restraints or seclusion by the hospital, within one working day after the patient's death;
  2. Death caused by suicide occurring within the hospital, within one working day after the patient's death; and
  3. Self-injury, within two working days after the patient inflicts a self-injury on the premises that requires medical treatment by a physician.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 4004, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 14 A.A.R. 4646, effective December 2, 2008 (Supp. 08-4). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-204. Quality Management**

- A.** A governing authority shall ensure that an ongoing quality management program is established that:
1. Complies with the requirements in A.R.S. § 36-445; and
  2. Evaluates the quality of hospital services and environmental services related to patient care.
- B.** An administrator shall ensure that:
1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:



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- a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate hospital services and environmental services related to patient care;
  - c. A method to evaluate the data collected to identify a concern about the delivery of hospital services or environmental services related to patient care;
  - d. A method to make changes or take action as a result of the identification of a concern about the delivery of hospital services or environmental services related to patient care;
  - e. A method to identify and document each occurrence of exceeding licensed capacity, as described in R9-10-203(C)(5), and to evaluate the occurrences of exceeding licensed capacity, including the actions taken for resolving occurrences of exceeding licensed capacity; and
  - f. The frequency of submitting a documented report required in subsection (B)(2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
    - a. An identification of each concern about the delivery of hospital services or environmental services related to patient care, and
    - b. Any changes made or actions taken as a result of the identification of a concern about the delivery of hospital services or environmental services related to patient care;
  3. The acuity plan required in R9-10-214(C)(2) is reviewed and evaluated at least once every 12 months and the results are documented and reported to the governing authority;
  4. The reports required in subsections (B)(2) and (3) and the supporting documentation for the reports are maintained for at least 12 months after the date the report is submitted to the governing authority; and
  5. Except for information or documentation that is confidential under federal or state law, a report or documentation required in this Section is provided to the Department for review within two hours after the Department's request.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-205. Contracted Services**

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. A documented list of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by

exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

**R9-10-206. Personnel**

An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
  - a. Are based on:
    - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
    - ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
  - b. Include:
    - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
    - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
    - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
  - a. Before the personnel member provides physical health services or behavioral health services, and
  - b. According to policies and procedures;
3. Sufficient personnel members are present on a hospital's premises with the qualifications, skills, and knowledge necessary to:
  - a. Provide the services in the hospital's scope of services,
  - b. Meet the needs of a patient, and
  - c. Ensure the health and safety of a patient;
4. Orientation occurs within the first 30 calendar days after a personnel member begins providing hospital services and includes:
  - a. Informing a personnel member about Department rules for licensing and regulating hospitals and where the rules may be obtained,
  - b. Reviewing the process by which a personnel member may submit a complaint about patient care to a hospital, and
  - c. Providing the information required by policies and procedures;
5. Policies and procedures designate the categories of personnel providing medical services or nursing services who are:
  - a. Required to be qualified in cardiopulmonary resuscitation within 30 calendar days after the individual's starting date, and
  - b. Required to maintain current qualifications in cardiopulmonary resuscitation;

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6. A personnel record for each personnel member is established and maintained and includes:
  - a. The personnel member's name, date of birth, and contact telephone number;
  - b. The personnel member's starting date and, if applicable, ending date;
  - c. Verification of a personnel member's certification, license, or education, if necessary for the position held;
  - d. Documentation of evidence of freedom from infectious tuberculosis required in R9-10-230(5);
  - e. Verification of current cardiopulmonary resuscitation qualifications, if necessary for the position held; and
  - f. Orientation documentation;
7. Personnel receive in-service education according to criteria established in policies and procedures;
8. In-service education documentation for a personnel member includes:
  - a. The subject matter,
  - b. The date of the in-service education, and
  - c. The signature of the personnel member;
9. Personnel records and in-service education documentation are maintained by the hospital for at least 24 months after the last date the personnel member worked; and
10. Personnel records and in-service education documentation, for a personnel member who has not worked in the hospital during the previous 12 months, are provided to the Department within 72 hours after the Department's request.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-207. Medical Staff**

- A.** A governing authority shall ensure that:
  1. The organized medical staff is directly accountable to the governing authority for the quality of care provided by a medical staff member to a patient in a hospital;
  2. The medical staff bylaws and medical staff regulations are approved according to the medical staff bylaws and governing authority requirements;
  3. A medical staff member complies with medical staff bylaws and medical staff regulations;
  4. The medical staff of a general hospital or a special hospital includes at least two physicians who have clinical privileges to admit inpatients to the general hospital or special hospital;
  5. The medical staff of a rural general hospital includes at least one physician who has clinical privileges to admit inpatients to the rural general hospital and one additional physician who serves on a committee according to subsection (A)(7)(c);
  6. A medical staff member is available to direct patient care;
  7. Medical staff bylaws or medical staff regulations are established, documented, and implemented for the process of:
    - a. Conducting peer review according to A.R.S. Title 36, Chapter 4, Article 5;
    - b. Appointing members to the medical staff, subject to approval by the governing authority;
    - c. Establishing committees including identifying the purpose and organization of each committee;
    - d. Appointing one or more medical staff members to a committee;
    - e. Obtaining and documenting permission for an autopsy of a patient, performing an autopsy, and notifying, if applicable, the medical practitioner coordinating the patient's medical services when an autopsy is performed;
    - f. Requiring that each inpatient has a medical practitioner who coordinates the inpatient's care;
    - g. Defining the responsibilities of a medical staff member to provide medical services to the medical staff member's patient;
    - h. Defining a medical staff member's responsibilities for the transport or transfer of a patient;
    - i. Specifying requirements for oral, telephone, and electronic orders, including which orders require identification of the time of the order;
    - j. Establishing a time-frame for a medical staff member to complete a patient's medical record;
    - k. Establishing criteria for granting, denying, revoking, and suspending clinical privileges;
    - l. Specifying pre-anesthesia and post-anesthesia responsibilities for medical staff members; and
    - m. Approving the use of medication and devices under investigation by the U.S. Department of Health and Human Services, Food and Drug Administration including:
      - i. Establishing criteria for patient selection;
      - ii. Obtaining informed consent before administering the investigational medication or device; and
      - iii. Documenting the administration of and, if applicable, the adverse reaction to an investigational medication or device; and
8. The organized medical staff reviews the medical staff bylaws and the medical staff regulations at least once every three years and updates the bylaws and regulations as needed.
- B.** An administrator shall ensure that:
  1. A medical staff member provides evidence of freedom from infectious tuberculosis according to the requirements in R9-10-230(5);
  2. A record for each medical staff member is established and maintained that includes:
    - a. A completed application for clinical privileges;
    - b. The dates and lengths of appointment and reappointment of clinical privileges;
    - c. The specific clinical privileges granted to the medical staff member, including revision or revocation dates for each clinical privilege; and
    - d. A verification of current Arizona health care professional active license according to A.R.S. Title 32; and
  3. Except for documentation of peer review conducted according to A.R.S. § 36-445, a record under subsection (B)(2) is provided to the Department for review:

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- a. As soon as possible, but not more than two hours after the time of the Department's request, if the individual is a current medical staff member; and
- b. Within 72 hours after the time of the Department's request if the individual is no longer a current medical staff member.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-208. Admission**

- A.** An administrator shall ensure that:
1. A patient is admitted as an inpatient on the order of a medical staff member;
  2. An individual, authorized by policies and procedures, is available to accept a patient for admission;
  3. Except in an emergency, informed consent is obtained from a patient or the patient's representative before or at the time of admission;
  4. The informed consent obtained in subsection (A)(3) or the lack of consent in an emergency is documented in the patient's medical record;
  5. A physician or other medical staff member performs a medical history and physical examination on a patient within 30 calendar days before admission or within 48 hours after admission and documents the medical history and physical examination in the patient's medical record within 48 hours after admission;
  6. If a physician or other medical staff member performs a medical history and physical examination on a patient before admission, the physician or the medical staff member enters an interval note into the patient's medical record at the time of admission; and
  7. A patient or the patient's representative is given an opportunity to:
    - a. Designate an individual who is willing to participate in discharge planning and act as the patient's aftercare provider;
    - b. Provide contact information for the patient's aftercare provider; and
    - c. Change the patient's designated aftercare provider before discharge.
- B.** If a patient is admitted after a suicide attempt or exhibits suicidal ideation, an administrator shall ensure that the requirements in R9-10-225(B) are met as part of an inpatient assessment.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-208 renumbered to R9-10-214; new Section R9-10-208 renumbered from R9-10-210 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 26 A.A.R. 2797, with an effective date of January 1, 2021 (Supp. 20-4).

Amended by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2).

**R9-10-209. Discharge Planning; Discharge**

- A.** For an inpatient, an administrator shall ensure that discharge planning:
1. Is completed before discharge occurs;
  2. Identifies the specific needs of the patient after discharge, if applicable;
  3. Includes the participation of the patient or patient's representative and, if applicable, the patient's aftercare provider;
  4. If the patient is being discharged to the patient's residence, which is not part of a health care institution:
    - a. Includes at least one attempt, which is documented in the patient's medical record, to notify the patient's aftercare provider, if designated, before the patient's discharge; and
    - b. Prepares the patient, the patient's representative, or the patient's aftercare provider, as applicable, to carry out the discharge instructions required in subsection (B)(3)(a), including:
      - i. Answering questions about the discharge instructions and aftercare; and
      - ii. Providing a demonstration of the aftercare tasks to the patient, the patient's representative, or the patient's aftercare provider, as applicable;
  5. Provides the patient or the patient's representative with written information identifying classes or subclasses of health care institutions and the level of care that the health care institutions provide that may meet the patient's assessed and anticipated needs after discharge, if applicable; and
  6. Is documented in the patient's medical record.
- B.** For an inpatient discharge or a transfer of an inpatient, an administrator shall ensure that:
1. There is a discharge summary that includes:
    - a. A description of the patient's medical condition and the medical services provided to the patient, and
    - b. The signature of the medical practitioner coordinating the patient's medical services;
  2. There is a documented discharge order for the patient by a medical practitioner coordinating the patient's medical services before discharge unless the patient leaves the hospital against a medical staff member's advice;
  3. If the patient is not being transferred:
    - a. There are documented discharge instructions; and
    - b. The patient or patient's representative and the patient's aftercare provider, if designated, is provided with a copy of the discharge instructions; and
  4. If the patient is being transferred, the transfer complies with R9-10-211.
  5. If applicable, the discharge or transfer information required in A.R.S. § 36-420.04.
- C.** For an inpatient discharge or a transfer of an inpatient who was admitted after a suicide attempt or who exhibits suicidal ideation, an administrator shall ensure that the requirements in R9-10-225(B) are met as part of discharge planning.
- D.** Except as provided in subsection (E), an administrator shall ensure that an outpatient is discharged according to policies and procedures.
- E.** For a discharge of an outpatient receiving emergency services, an administrator shall ensure that:
1. A discharge order is documented by a medical practitioner who provided medical services to the patient

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before the patient is discharged, unless the patient leaves against a medical staff member's advice; and

2. Discharge instructions are documented and provided to the patient or patient's representative and the patient's aftercare provider, if designated before the patient is discharged, unless the patient leaves the hospital against a medical staff member's advice.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-209 renumbered to R9-10-212; new Section R9-10-209 renumbered from R9-10-211 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by final rulemaking at 26 A.A.R. 2797, with an effective date of January 1, 2021 (Supp. 20-4). Amended by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-210. Transport**

- A. For a transport of a patient, the administrator of a sending hospital shall ensure that:
  1. Policies and procedures are established, documented, and implemented that:
    - a. Specify the process by which the sending hospital personnel members coordinate the transport and the medical services provided to a patient to protect the health and safety of the patient;
    - b. Require an assessment of the patient by a registered nurse or a medical staff member before transporting the patient and after the patient's return;
    - c. Specify the information in the sending hospital's patient medical record that is required to accompany the patient, which shall include the information related to the medical services to be provided to the patient at the receiving health care institution;
    - d. Specify how the sending hospital personnel members communicate patient medical record information that the sending hospital does not provide at the time of transport but is requested by the receiving health care institution; and
    - e. Specify how a medical staff member explains the risks and benefits of a transport to the patient or the patient's representative based on the:
      - i. Patient's medical condition, and
      - ii. Mode of transport; and
  2. Documentation in the patient's medical record includes:
    - a. Consent for transport by the patient or the patient's representative or why consent could not be obtained;
    - b. The acceptance of the patient by and communication with an individual at the receiving health care institution;
    - c. The date and the time of the transport to the receiving health care institution;
    - d. The date and time of the patient's return to the sending hospital, if applicable;
    - e. The mode of transportation; and
    - f. The type of personnel member or medical staff member assisting in the transport if an order requires that a patient be assisted during transport.

- B. For a transport of a patient to a receiving hospital, the administrator of the receiving hospital shall ensure that:

1. Policies and procedures are established, documented, and implemented that:
  - a. Specify the process by which the receiving hospital personnel members coordinate the transport and the medical services provided to a patient to protect the health and safety of the patient;
  - b. Require an assessment of the patient by a registered nurse or a medical staff member upon arrival of the patient and before the patient is returned to the sending health care institution unless the receiving facility is a satellite facility, as established in A.R.S. § 36-422, and does not have a registered nurse or a medical staff member at the satellite facility;
  - c. Specify the information in the receiving hospital's patient medical record required to accompany the patient when the patient is returned to the sending health care institution, if applicable; and
  - d. Specify how the receiving hospital personnel members communicate patient medical record information to the sending health care institution that is not provided at the time of the patient's return; and
2. Documentation in the patient's medical record includes:
  - a. The date and time the patient arrived at the receiving hospital;
  - b. The medical services provided to the patient at the receiving hospital;
  - c. Any adverse reaction or negative outcome the patient experienced at the receiving hospital, if applicable;
  - d. The date and time the receiving hospital returned the patient to the sending health care institution, if applicable;
  - e. The mode of transportation to return the patient to the sending health care institution, if applicable; and
  - f. The type of personnel member or medical staff member assisting in the transport if an order requires that a patient be assisted during transport.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-210 renumbered to R9-10-208; new Section R9-10-210 renumbered from R9-10-212 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-211. Transfer**

For a transfer of a patient, the administrator of a sending hospital shall ensure that:

1. Policies and procedures are established, documented, and implemented that:
  - a. Specify the process by which the sending hospital personnel members coordinate the transfer and the medical services provided to a patient to protect the health and safety of the patient during the transfer;
  - b. Require an assessment of the patient by a registered nurse or a medical staff member of the sending hospital before the patient is transferred;

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- c. Specify how the sending hospital personnel members communicate medical record information that is not provided at the time of the transfer; and
- d. Specify how a medical staff member explains the risks and benefits of a transfer to the patient or the patient's representative based on the:
  - i. Patient's medical condition, and
  - ii. Mode of transfer;
- 2. One of the following accompanies the patient during transfer:
  - a. A copy of the patient's medical record for the current inpatient admission; or
  - b. All of the following for the current inpatient admission:
    - i. A medical staff member's summary of medical services provided to the patient,
    - ii. A care plan containing up-to-date information,
    - iii. Consultation reports,
    - iv. Laboratory and radiology reports,
    - v. A record of medications administered to the patient for the seven calendar days before the date of transfer,
    - vi. Medical staff member's orders in effect at the time of transfer, and
    - vii. Any known allergy; and
- 3. Documentation in the patient's medical record includes:
  - a. Consent for transfer by the patient or the patient's representative, except in an emergency;
  - b. The acceptance of the patient by and communication with an individual at the receiving health care institution;
  - c. The date and the time of the transfer to the receiving health care institution;
  - d. The mode of transportation; and
  - e. The type of personnel member or medical staff member assisting in the transfer if an order requires that a patient be assisted during transfer.
- 1. A patient is treated with dignity, respect, and consideration;
- 2. A patient is not subjected to:
  - a. Abuse;
  - b. Neglect;
  - c. Exploitation;
  - d. Coercion;
  - e. Manipulation;
  - f. Sexual abuse;
  - g. Sexual assault;
  - h. Seclusion, except as allowed under R9-10-217 or R9-10-225;
  - i. Restraint, if not necessary to prevent imminent harm to self or others or as allowed under R9-10-225;
  - j. Retaliation for submitting a complaint to the Department or another entity; or
  - k. Misappropriation of personal and private property by a hospital's medical staff, personnel members, employees, volunteers, or students; and
- 3. A patient or the patient's representative:
  - a. Except in an emergency, either consents to or refuses treatment;
  - b. May refuse examination or withdraw consent for treatment before treatment is initiated;
  - c. Is informed of:
    - i. Except in an emergency, alternatives to a proposed psychotropic medication or surgical procedure and associated risks and possible complications of the proposed psychotropic medication or surgical procedure;
    - ii. How to obtain a schedule of hospital rates and charges required in A.R.S. § 36-436.01(B);
    - iii. The patient complaint policies and procedures, including the telephone number of hospital personnel to contact about complaints, and the Department's telephone number if the hospital is unable to resolve the patient's complaint; and
    - iv. Except as authorized by the Health Insurance Portability and Accountability Act of 1996, proposed involvement of the patient in research, experimentation, or education, if applicable;
  - d. Except in an emergency, is provided a description of the health care directives policies and procedures:
    - i. If an inpatient, at the time of admission; or
    - ii. If an outpatient:
      - (1) Before any invasive procedure, except phlebotomy for obtaining blood for diagnostic purposes; or
      - (2) If the hospital services include a planned series of treatments, at the start of each series;
  - e. Consents to photographs of the patient before the patient is photographed, except that a patient may be photographed when admitted to a hospital for identification and administrative purposes; and
  - f. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
    - i. Medical record, or
    - ii. Financial records.

**Historical Note**

Former Section R9-10-211 renumbered as R9-10-311 as an emergency effective February 22, 1979, new Section R9-10-211 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-211 renumbered to R9-10-209; new Section R9-10-211 renumbered from R9-10-213 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

**R9-10-212. Patient Rights**

**A.** An administrator shall ensure that:

- 1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the hospital's premises;
- 2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
- 3. Policies and procedures include:
  - a. How and when a patient or the patient's representative is informed of patient rights in subsection (C), and
  - b. Where patient rights are posted as required in subsection (A)(1).

**B.** An administrator shall ensure that:

**C.** A patient has the following rights:

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1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
  2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
  3. To receive privacy in treatment and care for personal needs;
  4. To have access to a telephone;
  5. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
  6. To receive a referral to another health care institution if the hospital is not authorized or not able to provide physical health services or behavioral health services needed by the patient;
  7. To participate or have the patient's representative participate in the development of, or decisions concerning, treatment;
  8. To participate or refuse to participate in research or experimental treatment;
  9. To participate in visitation, in compliance with A.R.S. § 36-407.03; and
  10. To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the patient's rights.
5. A patient's medical record is available to personnel members and medical staff members authorized by policies and procedures to access the medical record;
  6. Policies and procedures include the maximum time-frame to retrieve an onsite or off-site patient's medical record at the request of a medical staff member or authorized personnel member; and
  7. A patient's medical record is protected from loss, damage, or unauthorized use.
- B.** If a hospital maintains patients' medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
  2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a medical record for an inpatient contains:
1. Patient information that includes:
    - a. The patient's name;
    - b. The patient's address;
    - c. The patient's date of birth; and
    - d. Any known allergy, including medication allergies or sensitivities;
  2. Medication information that includes:
    - a. A medication ordered for the patient; and
    - b. A medication administered to the patient including:
      - i. The date and time of administration;
      - ii. The name, strength, dosage, amount, and route of administration;
      - iii. The identification and authentication of the individual administering the medication; and
      - iv. Any adverse reaction the patient has to the medication;
  3. Documentation of general consent and, if applicable, informed consent for treatment by the patient or the patient's representative, except in an emergency;
  4. A medical history and results of a physical examination or an interval note;
  5. If the patient provides a health care directive, the health care directive signed by the patient;
  6. An admitting diagnosis;
  7. The date of admission and, if applicable, the date of discharge;
  8. Names of the admitting medical staff member and medical practitioners coordinating the patient's care;
  9. If applicable, the name and contact information of the patient's representative and:
    - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
    - b. If the patient's representative:
      - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
      - ii. Is a legal guardian, a copy of the court order establishing guardianship;
  10. Orders;
  11. Care plans;
  12. Documentation of hospital services provided to the patient;
  13. Progress notes;
  14. The disposition of the patient after discharge;

**Historical Note**

Former Section R9-10-212 renumbered as R9-10-312 as an emergency effective February 22, 1979, new Section R9-10-212 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-212 renumbered to R9-10-210; new Section R9-10-212 renumbered from R9-10-209 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-213. Medical Records****A.** An administrator shall ensure that:

1. A medical record is established and maintained for each patient according to A.R.S. § Title 12, Chapter 13, Article 7.1;
2. An entry in a patient's medical record is:
  - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
  - b. Dated, legible, and authenticated; and
  - c. Not changed to make the initial entry illegible;
3. An order is:
  - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
  - b. Authenticated by a medical staff member according to policies and procedures; and
  - c. If the order is a verbal order, authenticated by a medical staff member or medical practitioner;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;

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15. Discharge planning, including discharge instructions required in R9-10-209(B)(3);
  16. A discharge summary; and
  17. If applicable:
    - a. A laboratory report,
    - b. A pathology report,
    - c. An autopsy report,
    - d. A radiologic report,
    - e. A diagnostic imaging report,
    - f. Documentation of restraint or seclusion, and
    - g. A consultation report.
- D.** An administrator shall ensure that a hospital's medical record for an outpatient contains:
1. Patient information that includes:
    - a. The patient's name;
    - b. The patient's address;
    - c. The patient's date of birth;
    - d. The name and contact information of the patient's representative, if applicable; and
    - e. Any known allergy including medication allergies or sensitivities;
  2. If necessary for treatment, medication information that includes:
    - a. A medication ordered for the patient; and
    - b. A medication administered to the patient including:
      - i. The date and time of administration;
      - ii. The name, strength, dosage, amount, and route of administration;
      - iii. The identification and authentication of the individual administering the medication; and
      - iv. Any adverse reaction the patient has to the medication;
  3. Documentation of general and, if applicable, informed consent for treatment by the patient or the patient's representative, except in an emergency;
  4. An admitting diagnosis or reason for outpatient medical services;
  5. Orders;
  6. Documentation of hospital services provided to the patient; and
  7. If applicable:
    - a. A laboratory report,
    - b. A pathology report,
    - c. An autopsy report,
    - d. A radiologic report,
    - e. A diagnostic imaging report,
    - f. Documentation of restraint or seclusion, and
    - g. A consultation report.
- E.** In addition to the requirements in subsection (D), an administrator shall ensure that the hospital's record of emergency services provided to a patient contains:
1. Documentation of treatment the patient received before arrival at the hospital, if available;
  2. The patient's medical history;
  3. An assessment, including the name of the individual performing the assessment;
  4. The patient's chief complaint;
  5. The name of the individual who treated the patient in the emergency room, if applicable; and
  6. The disposition of the patient after discharge.
- Historical Note**
- Former Section R9-10-213 renumbered as R9-10-313 as an emergency effective February 23, 1979, new Section R9-10-213 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-213 renumbered to R9-10-211; new Section R9-10-213 renumbered from R9-10-228 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).
- R9-10-214. Nursing Services**
- A.** An administrator shall ensure that:
1. Nursing services are provided 24 hours a day, and
  2. A nurse executive is appointed who is qualified according to policies and procedures.
- B.** A nurse executive shall designate a registered nurse who is present on the hospital's premises to be accountable for managing the nursing services when the nurse executive is not present in the hospital.
- C.** A nurse executive shall ensure that:
1. Policies and procedures for nursing services are established, documented, and implemented;
  2. An acuity plan is established, documented, and implemented that includes:
    - a. A method that establishes the types and numbers of nursing personnel that are required for each unit in the hospital;
    - b. An assessment of a patient's need for nursing services made by a registered nurse providing nursing services directly to the patient; and
    - c. A policy and procedure stating the steps a hospital will take to:
      - i. Obtain the necessary nursing personnel to meet patient acuity, and
      - ii. Make assignments for patient care according to the acuity plan;
  3. Registered nurses, including registered nurses providing nursing services directly to a patient, are knowledgeable about the acuity plan and implement the acuity plan established under subsection (C)(2);
  4. If licensed capacity in an organized service is exceeded or patients are kept in areas without licensed beds, nursing personnel are assigned according to the specific rules for the organized service in this Chapter;
  5. There is at least one registered nurse on the hospital's premises whether or not there is a patient;
  6. A general hospital has at least two registered nurses on the general hospital's premises when there is more than one patient;
  7. A special hospital offering emergency services or obstetrical services has at least two registered nurses on the special hospital's premises when there is more than one patient;
  8. A special hospital not offering emergency services or obstetrical services has at least one registered nurse and one other nurse on the special hospital's premises when there is more than one patient;
  9. A rural general hospital with more than one patient has at least one registered nurse and at least one other nursing personnel member on the rural general hospital's premises. If there is only one registered nurse on the rural general hospital's premises, an additional registered nurse is on-call who is able to be present on the rural general hospital's premises within 15 minutes after being called;

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10. If a hospital has a patient in a unit, there is at least one registered nurse present in the unit;
11. If a hospital has more than one patient in a unit, there is at least one registered nurse and one additional nursing personnel member present in the unit;
12. At least one registered nurse is present and accountable for the nursing services provided to a patient:
  - a. During the delivery of a neonate,
  - b. In an operating room, and
  - c. In a post-anesthesia care unit;
13. Nursing personnel work schedules are planned, reviewed, adjusted, and documented to meet patient needs and emergencies;
14. A registered nurse assesses, plans, directs, and evaluates nursing services provided to a patient;
15. There is a care plan for each inpatient based on the inpatient's need for nursing services; and
16. Nursing personnel document nursing services in a patient's medical record.

**Historical Note**

Former Section R9-10-214 renumbered as R9-10-314 as an emergency effective February 22, 1979, new Section R9-10-214 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-214 renumbered to R9-10-215; new Section R9-10-214 renumbered from R9-10-208 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-215. Surgical Services**

An administrator of a general hospital shall ensure that:

1. There is an organized service that provides surgical services under the direction of a medical staff member;
2. There is a designated area for providing surgical services as an organized service;
3. The area of the hospital designated for surgical services is managed by a registered nurse or a physician;
4. Documentation is available in the surgical services area that specifies each medical staff member's clinical privileges to perform surgical procedures in the surgical services area;
5. Postoperative orders are documented in the patient's medical record;
6. There is a chronological log of surgical procedures performed in the surgical services area that contains:
  - a. The date of the surgical procedure,
  - b. The patient's name,
  - c. The type of surgical procedure,
  - d. The time in and time out of the operating room,
  - e. The name and title of each individual performing or assisting in the surgical procedure,
  - f. The type of anesthesia used,
  - g. An identification of the operating room used, and
  - h. The disposition of the patient after the surgical procedure;
7. The chronological log required in subsection (6) is maintained in the surgical services area for at least 12 months after the date of the surgical procedure and then maintained by the hospital for an additional 12 months;

8. The medical staff designate in writing the surgical procedures that may be performed in areas other than the surgical services area;
9. The hospital has the medical staff members, personnel members, and equipment to provide the surgical procedures offered in the surgical services area;
10. A patient and the surgical procedure to be performed on the patient are identified before initiating the surgical procedure;
11. Except in an emergency, a medical staff member or a surgeon performs a medical history and physical examination within 30 calendar days before performing a surgical procedure on a patient;
12. Except as provided in subsection (14), a medical staff member or a surgeon enters an interval note in the patient's medical record before performing a surgical procedure;
13. Except as provided in subsection (14), the following are documented in a patient's medical record before a surgical procedure:
  - a. A preoperative diagnosis;
  - b. Each diagnostic test performed in the hospital;
  - c. A medical history and physical examination as required in subsection (11) and an interval note as required in subsection (12);
  - d. A consent or refusal for blood or blood products signed by the patient or the patient's representative, if applicable; and
  - e. Informed consent according to policies and procedures;
14. In an emergency, the documentation required in subsections (12) and (13) is completed within 24 hours after a surgical procedure on a patient is completed;
15. A physician discharges a patient from the designated area in subsection (2); and
16. A smoke evacuation system is used in each designated area to prevent exposure to surgical smoke as described in A.R.S. § 36-434.01.

**Historical Note**

Former Section R9-10-215 renumbered as R9-10-315 as an emergency effective February 22, 1979, new Section R9-10-215 adopted effective February 23, 1979 (Supp. 79-1). Amended subsection (D) effective August 31, 1988 (Supp. 88-3). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-215 renumbered to R9-10-216; new Section R9-10-215 renumbered from R9-10-214 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-216. Anesthesia Services**

An administrator shall ensure that:

1. Anesthesia services provided in conjunction with surgical services performed in the operating room are provided as an organized service under the direction of a medical staff member;



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2. Documentation is available in the surgical services area that specifies the medical staff member's clinical privileges to administer anesthesia;
3. Except in an emergency, an anesthesiologist or a nurse anesthetist performs a pre-anesthesia evaluation within 48 hours before anesthesia is administered in conjunction with surgical services;
4. Anesthesia administration is documented in a patient's medical record and includes:
  - a. A pre-anesthesia evaluation, if applicable;
  - b. An intra-operative anesthesia record;
  - c. The postoperative status of the patient upon leaving the operating room; and
  - d. Post-anesthesia documentation by the individual performing the post-anesthesia evaluation that includes the information required by the medical staff bylaws and medical staff regulations; and
5. A registered nurse or a physician documents resuscitative measures in the patient's medical record.

**Historical Note**

Adopted as an emergency effective April 2, 1976 (Supp. 76-2). Adopted effective August 25, 1977 (Supp. 77-4). Former Section R9-10-216 renumbered as R9-10-316 as an emergency effective February 22, 1979, new Section R9-10-216 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-216 renumbered to R9-10-217; new Section R9-10-216 renumbered from R9-10-215 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

**R9-10-217. Emergency Services**

- A. An administrator of a general hospital or a rural general hospital shall ensure that:
  1. Emergency services are provided 24 hours a day in a designated area of the hospital;
  2. Emergency services are provided as an organized service under the direction of a medical staff member;
  3. The scope and extent of emergency services offered are documented in the hospital's scope of services;
  4. Emergency services are provided to an individual, including a woman in active labor, requesting emergency services;
  5. If emergency services cannot be provided at the hospital to meet the needs of a patient in an emergency, measures and procedures are implemented to minimize risk to the patient until the patient is transported or transferred to another hospital;
  6. A roster of on-call medical staff members is available in the emergency services area;
  7. There is a chronological log of emergency services provided to patients that includes:
    - a. The patient's name;
    - b. The date, time, and mode of arrival; and
    - c. The disposition of the patient including discharge, transfer, or admission; and
  8. The chronological log required in subsection (A)(7) is maintained:
    - a. In the emergency services area for at least 12 months after the date of the emergency services; and
    - b. By the hospital for at least an additional four years.
- B. An administrator of a special hospital that provides emergency services shall comply with subsection (A).

- C. An administrator of a hospital that provides emergency services, but does not provide perinatal organized services, shall ensure that emergency perinatal services are provided within the hospital's capabilities to meet the needs of a patient and a neonate, including the capability to deliver a neonate and to keep the neonate warm until transfer to a hospital providing perinatal organized services.
- D. An administrator of a hospital that provides emergency services shall ensure that a room used for seclusion in a designated area of the hospital used for providing emergency services, complies with applicable physical plant health and safety codes and standards for a secure hold room as described in the American Institute of Architects and Facilities Guidelines Institute, Guidelines for Design and Construction of Health Care Facilities, incorporated by reference in R9-10-104.01.

**Historical Note**

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-217 renumbered to R9-10-218; new Section R9-10-217 renumbered from R9-10-216 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**R9-10-218. Pharmaceutical Services**

An administrator shall ensure that:

1. Pharmaceutical services are provided under the direction of a pharmacist according to A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23;
2. A copy of the pharmacy license is provided to the Department for review upon the Department's request;
3. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures, is established to:
  - a. Develop a drug formulary,
  - b. Update the drug formulary at least once every 12 months,
  - c. Develop medication usage and medication substitution policies and procedures, and
  - d. Specify which medications and medication classifications are required to be automatically stopped after a specified time period unless the ordering medical staff member specifically orders otherwise;
4. An expired, mislabeled, or unusable medication is disposed of according to policies and procedures;
5. A medication administration error or an adverse reaction is reported to the ordering medical staff member or the medical staff member's designee;
6. A pharmacy medication dispensing error is reported to the pharmacist;
7. In a pharmacist's absence, personnel members designated by policies and procedures have access to a locked area containing a medication;
8. A medication is maintained at temperatures recommended by the manufacturer;
9. A cart used for an emergency:

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- a. Contains medication, supplies, and equipment as specified in policies and procedures;
- b. Is available to a unit; and
- c. Is sealed until opened in an emergency;
10. Emergency cart contents and sealing of the emergency cart are verified and documented according to policies and procedures;
11. Policies and procedures specify individuals who may:
  - a. Order medication, and
  - b. Administer medication;
12. A medication is administered in compliance with an order;
13. A medication administered to a patient is documented as required in R9-10-213;
14. If pain medication is administered to a patient, documentation in the patient's medical record includes:
  - a. An assessment of the patient's pain before administering the medication, and
  - b. The effect of the pain medication administered; and
15. Policies and procedures specify a process for review through the quality management program of:
  - a. A medication administration error,
  - b. An adverse reaction to a medication, and
  - c. A pharmacy medication dispensing error.
16. If applicable, policies and procedures are established for donated medicine according to A.R.S. § 32-1909.
- c. Has the examination of the specimens performed by a clinical laboratory on the special hospital's premises or by arrangement with a clinical laboratory not on the special hospital's premises;
5. A hospital that provides clinical laboratory services 24 hours a day has on duty or on-call laboratory personnel authorized by policies and procedures to perform testing;
6. A hospital that offers surgical services provides pathology services on the hospital's premises or by contracted service to meet the needs of a patient;
7. Clinical laboratory and pathology test results are:
  - a. Available to the medical staff:
    - i. Within 24 hours after the test is completed if the test is performed at a laboratory on the hospital's premises, or
    - ii. Within 24 hours after the test result is received if the test is performed at a laboratory not on the hospital's premises; and
  - b. Documented in a patient's medical record;
8. If a test result is obtained that indicates a patient may have an emergency medical condition, as established by medical staff, laboratory personnel notify the ordering medical staff member or a registered nurse in the patient's assigned unit;
9. If a clinical laboratory report, a pathology report, or an autopsy report is completed on a patient, a copy of the report is included in the patient's medical record;
10. Policies and procedures are established, documented, and implemented for:
  - a. Procuring, storing, transfusing, and disposing of blood and blood products;
  - b. Blood typing, antibody detection, and blood compatibility testing; and
  - c. Investigating transfusion adverse reactions that specify a process for review through the quality management program;
11. If blood and blood products are provided by contract, the contract includes:
  - a. The availability of blood and blood products through the contract, and
  - b. The process for delivery of blood and blood products through the contract; and
12. Expired laboratory supplies are discarded according to policies and procedures.

**Historical Note**

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-218 renumbered to R9-10-219; new Section R9-10-218 renumbered from R9-10-217 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-219. Clinical Laboratory Services and Pathology Services**

An administrator shall ensure that:

1. Clinical laboratory services and pathology services are provided by a hospital through a laboratory that holds a certificate of accreditation or certificate of compliance issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
2. A copy of the certificate of accreditation or certificate of compliance in subsection (1) is provided to the Department for review upon the Department's request;
3. A general hospital or a rural general hospital provides clinical laboratory services 24 hours a day on the hospital's premises to meet the needs of a patient in an emergency;
4. A special hospital whose patients require clinical laboratory services:
  - a. Is able to provide clinical laboratory services when needed by the patients,
  - b. Obtains specimens for clinical laboratory services without transporting the patients from the special hospital's premises, and

**Historical Note**

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-219 renumbered to R9-10-220; new Section R9-10-219 renumbered from R9-10-218 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-220. Radiology Services and Diagnostic Imaging Services**

A. An administrator shall ensure that:

1. Radiology services and diagnostic imaging services are provided in compliance with A.R.S. Title 30, Chapter 4 and 9 A.A.C. 7;

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2. A copy of a certificate documenting compliance with subsection (A)(1) is provided to the Department for review upon the Department's request;
  3. A general hospital or a rural general hospital provides radiology services 24 hours a day on the hospital's premises to meet the emergency needs of a patient;
  4. A hospital that provides surgical services has radiology services and diagnostic imaging services on the hospital's premises to meet the needs of patients;
  5. A general hospital or a rural general hospital has a radiologic technologist on duty or on-call; and
  6. Except as provided in subsection (A)(4), a special hospital whose patients require radiology services and diagnostic imaging services is able to provide the radiology services and diagnostic imaging services when needed by the patients:
    - a. On the special hospital's premises, or
    - b. By arrangement with a radiology and diagnostic imaging facility that is not on the special hospital's premises.
- B.** An administrator of a hospital that provides radiology services or diagnostic imaging services on the hospital's premises shall ensure that:
1. Radiology services and diagnostic imaging services are provided:
    - a. Under the direction of a medical staff member; and
    - b. According to an order that includes:
      - i. The patient's name,
      - ii. The name of the ordering individual,
      - iii. The radiological or diagnostic imaging procedure ordered, and
      - iv. The reason for the procedure;
  2. A medical staff member or radiologist interprets the radiologic or diagnostic image;
  3. A radiologic or diagnostic imaging patient report is prepared that includes:
    - a. The patient's name;
    - b. The date of the procedure;
    - c. A medical staff member's or radiologist's interpretation of the image;
    - d. The type and amount of radiopharmaceutical used, if applicable; and
    - e. The adverse reaction to the radiopharmaceutical, if any; and
  4. A radiologic or diagnostic imaging report is included in the patient's medical record.
1. Intensive care services are provided as an organized service in a designated area under the direction of a medical staff member;
  2. An inpatient admitted for intensive care services is personally visited by a physician at least once every 24 hours;
  3. Admission and discharge criteria for intensive care services are established;
  4. A personnel member's responsibilities for initiation of medical services in an emergency to a patient in an intensive care unit pending the arrival of a medical staff member are established and documented in policies and procedures;
  5. In addition to the requirements in R9-10-214(C), an intensive care unit is staffed:
    - a. With at least one registered nurse assigned for every two patients, and
    - b. According to an acuity plan as required in R9-10-214;
  6. Each intensive care unit has a policy and procedure that provides for meeting the needs of the patients;
  7. If the medical services of an intensive care patient are reduced to a lesser level of care in the hospital, but the patient is not physically relocated, the nurse to patient ratio is based on the needs of the patient;
  8. Private duty staff do not provide hospital services in an intensive care unit;
  9. At least one registered nurse assigned to a patient in an intensive care unit is certified in advanced cardiac life support specific to the age of the patient;
  10. Resuscitation, emergency, and other equipment are available to meet the needs of a patient including:
    - a. Ventilatory assistance equipment,
    - b. Respiratory and cardiac monitoring equipment,
    - c. Suction equipment,
    - d. Portable radiologic equipment, and
    - e. A patient weighing device for patients restricted to a bed; and
  11. An intensive care unit has at least one emergency cart that is maintained according to R9-10-218.

**Historical Note**

Former Section R9-10-221 renumbered as R9-10-317 as an emergency effective February 22, 1979, new Section R9-10-221 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-221 renumbered to R9-10-222; new Section R9-10-221 renumbered from R9-10-220 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-222. Respiratory Care Services**

An administrator of a hospital that provides respiratory care services shall ensure that:

1. Respiratory care services are provided under the direction of a medical staff member;
2. Respiratory care services are provided according to an order that includes:
  - a. The patient's name;
  - b. The name and signature of the ordering individual;

**Historical Note**

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-220 renumbered to R9-10-221; new Section R9-10-220 renumbered from R9-10-219 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-221. Intensive Care Services**

Except for a special hospital that provides only psychiatric services, an administrator of a hospital that provides intensive care services shall ensure that:

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- c. The type, frequency, and, if applicable, duration of treatment;
- d. The type and dosage of medication and diluent; and
- e. The oxygen concentration or oxygen liter flow and method of administration;
- 3. Respiratory care services provided to a patient are documented in the patient's medical record and include:
  - a. The date and time of administration;
  - b. The type of respiratory care services;
  - c. The effect of respiratory care services;
  - d. If applicable, any adverse reaction to respiratory care services; and
  - e. The authentication of the individual providing the respiratory care services; and
- 4. Any area or unit that performs blood gases or clinical laboratory tests complies with the requirements in R9-10-219.

**Historical Note**

Former Section R9-10-222 renumbered as R9-10-318 as an emergency effective February 22, 1979, new Section R9-10-222 adopted effective February 23, 1979 (Supp. 79-1). Correction, subsection (D)(3) reference to paragraph (E)(2) should read subsection (D)(2). (Supp. 79-6). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-222 renumbered to R9-10-223; new Section R9-10-222 renumbered from R9-10-221 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-223. Perinatal Services**

- A. An administrator of a hospital that provides perinatal organized services shall ensure that:
  - 1. Perinatal services are provided in a designated area under the direction of a medical staff member;
  - 2. Only medical and surgical procedures approved by the medical staff are performed in the perinatal services unit;
  - 3. The perinatal services unit has the capability to initiate an emergency cesarean delivery within the time-frame established by the medical staff and documented in policies and procedures;
  - 4. Only a patient in need of perinatal services or gynecological services receives perinatal services or gynecological services in the perinatal services unit;
  - 5. A patient receiving gynecological services does not share a room with a patient receiving perinatal services;
  - 6. A chronological log of perinatal services provided to patients is maintained that includes:
    - a. The patient's name;
    - b. The date, time, and mode of the patient's arrival;
    - c. The disposition of the patient including discharge, transfer, or admission time;
    - d. The following information for a delivery of a neonate:
      - i. The neonate's name or other identifier;
      - ii. The name of the medical staff member who delivered the neonate;
      - iii. The delivery time and date; and
      - iv. Complications of delivery, if any; and

- e. If an abortion procedure was performed at or after 20 weeks gestational age, whether the fetus was delivered alive;
- 7. The chronological log required in subsection (A)(6) is maintained by the hospital in the perinatal services unit for at least 12 months after the date the perinatal services are provided and then maintained by the hospital for at least an additional 12 months;
- 8. The perinatal services unit provides fetal monitoring;
- 9. The perinatal services unit has ultrasound capability;
- 10. Except in an emergency, a neonate is identified as required by policies and procedures before moving the neonate from a delivery area;
- 11. Policies and procedures specify:
  - a. Security measures to prevent neonatal abduction, and
  - b. How the hospital determines to whom a neonate may be discharged;
- 12. A neonate is discharged only to an individual who:
  - a. Is authorized according to subsection (A)(11), and
  - b. Provides identification;
- 13. A neonate's medical record identifies the individual to whom the neonate is discharged;
- 14. A patient or the individual to whom the neonate is discharged receives perinatal education, discharge instructions, and a referral for follow-up care for a neonate in addition to the discharge planning requirements in R9-10-209;
- 15. Intensive care services for neonates comply with the requirements in R9-10-221;
- 16. At least one registered nurse is on duty in a nursery when there is a neonate in the nursery except as provided in subsection (A)(17);
- 17. A nursery occupied only by a neonate, who is placed in the nursery for the convenience of the neonate's mother and does not require treatment as established in this Article, is staffed by a nurse;
- 18. Equipment and supplies are available to a nursery, labor-delivery-recovery room, or labor-delivery-recovery-postpartum room to meet the needs of each neonate; and
- 19. In a nursery, only a neonate's bed or bassinet is used for changing diapers, bathing, or dressing the neonate.
- B. An administrator of a hospital that does not provide perinatal organized services shall comply with the requirements in R9-10-217(C).
- C. In addition to applicable requirements in A.R.S. Title 36, Chapter 20, an administrator of a hospital in which an abortion procedure is performed shall ensure that:
  - 1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that require:
    - a. For an abortion procedure performed at or after 20 weeks gestational age, a personnel member or medical staff member qualified according to policies and procedures to perform neonatal resuscitation, other than the physician performing the abortion procedure, is in the room in which the abortion procedure is performed before the delivery of the fetus;
    - b. Compliance with A.R.S. § 36-2301.01, if applicable;
    - c. Neonatal resuscitation of a fetus delivered alive, according to A.R.S. § 36-2301(D)(3); and
    - d. A medical record to be established and maintained for a fetus delivered alive;

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2. The medical record of a patient receiving an abortion procedure contains:
  - a. Documentation from the physician providing the abortion procedure and other personnel members present certifying that the fetus was not delivered alive, or
  - b. A link to the medical record of a fetus delivered alive; and
3. For a fetus delivered alive, a medical record contains:
  - a. An identification of the fetus, including:
    - i. The name of the patient from whom the fetus was delivered alive, and
    - ii. The date the fetus was delivered alive;
  - b. Orders issued by a physician, physician assistant, or registered nurse practitioner;
  - c. A record of medical services, nursing services, and health-related services provided to the fetus delivered alive;
  - d. If applicable, information about medication administered to the fetus delivered alive; and
  - e. If the fetus had a lethal fetal condition, the results of the confirmation of the lethal fetal condition.

**Historical Note**

Former Section R9-10-223 renumbered as R9-10-319 as an emergency effective February 22, 1979, new Section R9-10-223 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-223 renumbered to R9-10-224; new Section R9-10-223 renumbered from R9-10-222 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

**R9-10-224. Pediatric Services**

- A. An administrator of a hospital that provides pediatric services or pediatric organized services according to the requirements in this Section shall ensure that:
  1. Consistent with the health and safety of a pediatric patient, arrangements are made for a parent or a guardian of the pediatric patient to stay overnight;
  2. Policies and procedures are established, documented, and implemented for:
    - a. Infection control for shared toys, books, stuffed animals, and other items in a community playroom; and
    - b. Visitation of a pediatric patient, including age limits if applicable;
  3. A pediatric inpatient is only admitted if the hospital has the staff, equipment, and supplies available to meet the needs of the pediatric patient based on the pediatric patient's medical condition and the hospital's scope of services; and
  4. If the hospital provides pediatric intensive care services, the pediatric intensive care services comply with intensive care services requirements in R9-10-221.
- B. An administrator of a hospital that provides pediatric organized services shall ensure that pediatric services are provided in a designated area under the direction of a medical staff member.
- C. An administrator shall ensure that in a multi-organized service unit or a patient care unit that is providing medical and nursing

services to an adult patient and a pediatric patient according to this Section:

1. A pediatric patient is not placed in a patient room with an adult patient, and
  2. A medication for a pediatric patient that is stored in the patient care unit is stored separately from a medication for an adult patient.
- D. A hospital may use a bed in a pediatric organized services patient care unit for an adult patient if an administrator establishes, documents, and implements policies and procedures that:
    1. Delineate the specific conditions under which an adult patient is placed in a bed in the pediatric organized services unit, and
    2. Except as provided in subsections (H) and (I), ensure that an adult patient is:
      - a. Not placed in a pediatric organized services patient care unit if a pediatric patient is admitted to and present in the pediatric organized services patient care unit, and
      - b. Transferred out of the pediatric organized services patient care unit to an appropriate level of care when a pediatric patient is admitted to the pediatric organized services patient care unit.
  - E. Except as provided in subsections (F) and (G), an administrator of a hospital that does not provide pediatric organized services may admit a pediatric inpatient only in an emergency.
  - F. Subsection (G) only applies to a general hospital or rural general hospital that:
    1. Does not provide pediatric organized services;
    2. Has designated in the general hospital's or rural general hospital's scope of services, inpatient services that are available to a pediatric patient;
    3. Has a licensed capacity of less than 100; and
    4. Is located in a county with a population of less than 500,000.
  - G. An administrator of a general hospital or rural general hospital that meets the criteria in subsection (F) shall ensure that:
    1. There are pediatric-appropriate equipment and supplies available, based on the hospital services designated for pediatric patients in the general hospital or rural general hospital's scope of services; and
    2. Personnel members that are or may be assigned to provide hospital services to a pediatric patient have the appropriate skills and knowledge for providing hospital services to a pediatric patient, based on the general hospital's or rural general hospital's scope of services.
  - H. Subsection (I) only applies to a general hospital or a rural general hospital that:
    1. Provides pediatric organized services in a patient care unit;
    2. Has designated in the general hospital's or rural general hospital's scope of services, inpatient services that are available to an adult patient in a pediatric organized services patient care unit;
    3. Has a licensed capacity of less than 100; and
    4. Is located in a county with a population of less than 500,000.
  - I. An administrator of a general hospital or rural general hospital that meets the criteria in subsection (H) shall comply with the requirements in subsection (D)(1).

**Historical Note**

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8

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A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by exempt rulemaking at 18 A.A.R. 1719, effective June 30, 2012 (Supp. 12-2). Section R9-10-224 renumbered to R9-10-225; new Section R9-10-224 renumbered from R9-10-223 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-225. Psychiatric Services**

- A.** An administrator of a hospital that contains an organized psychiatric services unit or a special hospital licensed to provide psychiatric services shall ensure that in the organized psychiatric unit or special hospital:
1. Psychiatric services are provided under the direction of a medical staff member;
  2. An inpatient admitted to the organized psychiatric services unit or special hospital has a principal diagnosis of a mental disorder, a personality disorder, substance abuse, or a significant psychological or behavioral response to an identifiable stressor;
  3. Except in an emergency, a patient receives a nursing assessment before treatment for the patient is initiated;
  4. An individual whose medical needs cannot be met while the individual is an inpatient in an organized psychiatric services unit or a special hospital is not admitted to or is transferred out of the organized psychiatric services unit or special hospital;
  5. Policies and procedures for the organized psychiatric services unit or special hospital are established, documented, and implemented that:
    - a. Establish qualifications for medical staff members and personnel members who provide clinical oversight to behavioral health technicians;
    - b. Establish the process for patient assessment, including identification of a patient's medical conditions and criteria for the on-going monitoring of any identified medical condition;
    - c. Establish the process for developing and implementing a patient's care plan including:
      - i. Obtaining the patient's or the patient's representative's participation in the development of the patient's care plan;
      - ii. Ensuring that the patient is informed of the modality, frequency, and duration of any treatments that are included in the patient's care plan;
      - iii. Informing the patient that the patient has the right to refuse any treatment;
      - iv. Updating the patient's care plan and informing the patient of any changes to the patient's care plan; and
      - v. Documenting the actions in subsection (A)(5)(c)(i) through (iv) in the patient's medical record;
    - d. Establish the process for warning an identified or identifiable individual, as described in A.R.S. § 36-517.02 (B) through (C), if a patient communicates to a medical staff member or personnel member a threat of imminent serious physical harm or death to the individual and the patient has the apparent intent and ability to carry out the threat;
- e. Establish the criteria for determining when an inpatient's absence is unauthorized, including whether the inpatient:
    - i. Was admitted under A.R.S. Title 36, Chapter 5, Articles 1, 2, or 3;
    - ii. Is absent against medical advice; or
    - iii. Is under 18 years of age;
  - f. Identify each type of restraint and seclusion used in the organized psychiatric services unit or special hospital and include for each type of restraint and seclusion used:
    - i. The qualifications of a medical staff member or personnel member who can:
      - (1) Order the restraint or seclusion,
      - (2) Place a patient in the restraint or seclusion,
      - (3) Monitor a patient in the restraint or seclusion,
      - (4) Evaluate a patient's physical and psychological well-being after being placed in the restraint or seclusion and when released from the restraint or seclusion, or
      - (5) Renew the order for restraint or seclusion;
    - ii. On-going training requirements for a medical staff member or personnel member who has direct patient contact while the patient is in a restraint or in seclusion; and
    - iii. Criteria for monitoring and assessing a patient including:
      - (1) Frequencies of monitoring and assessment based on a patient's condition, cognitive status, situational factors, and risks associated with the specific restraint or seclusion;
      - (2) For the renewal of an order for restraint or seclusion, whether an assessment is required before the order is renewed and, if an assessment is required, who may conduct the assessment;
      - (3) Assessment content, which may include, depending on a patient's condition, the patient's vital signs, respiration, circulation, hydration needs, elimination needs, level of distress and agitation, mental status, cognitive functioning, neurological functioning, and skin integrity;
      - (4) If a mechanical restraint is used, how often the mechanical restraint is monitored or loosened; and
      - (5) A process for meeting a patient's nutritional needs and elimination needs;
  - g. Establish the criteria and procedures for renewing an order for restraint or seclusion;
  - h. Establish procedures for internal review of the use of restraint or seclusion;
  - i. Establish requirements for notifying the parent or guardian of a patient who is under 18 years of age and who is restrained or secluded; and
  - j. Establish medical record and personnel record documentation requirements for restraint and seclusion, if applicable;
6. If time-out is used in the organized psychiatric services unit or special hospital, a time-out:
    - a. Takes place in an area that is unlocked, lighted, quiet, and private;

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- b. Does not take place in the room approved for seclusion by the Department under R9-10-104;
  - c. Is time-limited and does not exceed two hours per incident or four hours per day;
  - d. Does not result in a patient's missing a meal if the patient is in time-out at mealtime;
  - e. Includes monitoring of the patient by a medical staff member or personnel member at least once every 15 minutes to ensure the patient's health, safety, and welfare and to determine if the patient is ready to leave time-out; and
  - f. Is documented in the patient's medical record, to include:
    - i. The date of the time-out,
    - ii. The reason for the time-out,
    - iii. The duration of the time-out, and
    - iv. The action planned and taken to address the reason for the time-out;
7. Restraint or seclusion is:
- a. Not used as a means of coercion, discipline, convenience, or retaliation;
  - b. Only used when all of the following conditions are met:
    - i. Except as provided in subsection (A)(8), after obtaining an order for the restraint or seclusion;
    - ii. For the management of a patient's aggressive, violent, or self-destructive behavior;
    - iii. When less restrictive interventions have been determined to be ineffective; and
    - iv. To ensure the immediate physical safety of the patient, to prevent imminent harm to the patient or another individual, or to stop physical harm to another individual; and
  - c. Discontinued at the earliest possible time;
8. If as a result of a patient's aggressive, violent, or self-destructive behavior, harm to the patient or another individual is imminent or the patient or another individual is being physically harmed, a personnel member:
- a. May initiate an emergency application of restraint or seclusion for the patient before obtaining an order for the restraint or seclusion, and
  - b. Obtains an order for the restraint or seclusion of the patient during the emergency application of the restraint or seclusion;
9. Restraint or seclusion is:
- a. Only ordered by a physician or a registered nurse practitioner, and
  - b. Not written as a standing order or on an as-needed basis;
10. An order for restraint or seclusion includes:
- a. The name of the individual ordering the restraint or seclusion;
  - b. The date and time that the restraint or seclusion was ordered;
  - c. The specific restraint or seclusion ordered;
  - d. If a drug is ordered as a chemical restraint, the drug's name, strength, dosage, and route of administration;
  - e. The specific criteria for release from restraint or seclusion without an additional order; and
  - f. The maximum duration authorized for the restraint or seclusion;
11. An order for restraint or seclusion is limited to the duration of the emergency situation and does not exceed:
- a. Four continuous hours for a patient who is 18 years of age or older,
  - b. Two continuous hours for a patient who is between the ages of nine and 17 years of age, or
  - c. One continuous hour for a patient who is younger than nine years of age;
12. If restraint and seclusion are used on a patient simultaneously, the patient receives continuous:
- a. Face-to-face monitoring by a medical staff member or personnel member, or
  - b. Video and audio monitoring by a medical staff member or personnel member who is in close proximity to the patient;
13. If an order for restraint or seclusion of a patient is not provided by a medical practitioner coordinating the patient's medical services, the medical practitioner is notified as soon as possible;
14. A medical staff member or personnel member does not participate in restraint or seclusion, monitor a patient during restraint or seclusion, or evaluate a patient after restraint or seclusion until the medical staff member or personnel member completes education and training that:
- a. Includes:
    - i. Techniques to identify medical staff member, personnel member, and patient behaviors; events; and environmental factors that may trigger circumstances that require restraint or seclusion;
    - ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods;
    - iii. Techniques for identifying the least restrictive intervention based on an assessment of the patient's medical or behavioral health condition;
    - iv. The safe use of restraint and the safe use of seclusion, including training in how to recognize and respond to signs of physical and psychological distress in a patient who is restrained or secluded;
    - v. Clinical identification of specific behavioral changes that indicate that the restraint or seclusion is no longer necessary;
    - vi. Monitoring and assessing a patient while the patient is in restraint or seclusion according to policies and procedures; and
    - vii. Training exercises in which medical staff members and personnel members successfully demonstrate the techniques that the medical staff members and personnel members have learned for managing emergency situations; and
  - b. Is provided by individuals qualified according to policies and procedures;
15. When a patient is placed in restraint or seclusion:
- a. The restraint or seclusion is conducted according to policies and procedures;
  - b. The restraint or seclusion is proportionate and appropriate to the severity of the patient's behavior and the patient's:
    - i. Chronological and developmental age;
    - ii. Size;
    - iii. Gender;

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- iv. Physical condition;
  - v. Medical condition;
  - vi. Psychiatric condition; and
  - vii. Personal history, including any history of physical or sexual abuse;
  - c. The physician or registered nurse practitioner who ordered the restraint or seclusion is available for consultation throughout the duration of the restraint or seclusion;
  - d. A patient is monitored and assessed according to policies and procedures;
  - e. A physician or other health professional authorized by policies and procedures assesses the patient within one hour after the patient is placed in the restraint or seclusion and determines:
    - i. The patient's current behavior,
    - ii. The patient's reaction to the restraint or seclusion used,
    - iii. The patient's medical and behavioral condition, and
    - iv. Whether to continue or terminate the restraint or seclusion;
  - f. The patient is given the opportunity:
    - i. To eat during mealtime, and
    - ii. To use the toilet; and
  - g. The restraint or seclusion is discontinued at the earliest possible time, regardless of the length of time identified in the order;
16. If a patient is placed in seclusion, the room used for seclusion:
- a. Is approved for use as a seclusion room by the Department under R9-10-104;
  - b. Is not used as a patient's bedroom or a sleeping area;
  - c. Allows full view of the patient in all areas of the room;
  - d. Is free of hazards, such as unprotected light fixtures or electrical outlets;
  - e. Contains at least 60 square feet of floor space; and
  - f. Except as provided in subsection (A)(17), contains a non-adjustable bed that:
    - i. Consists of a mattress on a solid platform that is:
      - (1) Constructed of a durable, non-hazardous material; and
      - (2) Raised off of the floor;
    - ii. Does not have wire springs or a storage drawer; and
    - iii. Is securely anchored in place;
17. If a room used for seclusion does not contain a non-adjustable bed required in subsection (A)(16)(f):
- a. A piece of equipment is available for use in the room used for seclusion that:
    - i. Is commercially manufactured to safely and humanely restrain a patient's body;
    - ii. Provides support to the trunk and head of a patient's body;
    - iii. Provides restraint to the trunk of a patient's body;
    - iv. Is able to restrict movement of a patient's arms, legs, trunk, and head;
    - v. Allows a patient's body to recline; and
    - vi. Does not inflict harm on a patient's body; and
  - b. Documentation of the manufacturer's specifications for the piece of equipment in subsection (A)(17)(a) is maintained;
18. A seclusion room may be used for services or activities other than seclusion if:
- a. A sign stating the service or activity scheduled or being provided in the room is conspicuously posted outside the room;
  - b. No permanent equipment other than the bed required in subsection (A)(16)(f) is in the room;
  - c. Policies and procedures are established, documented, and implemented that:
    - i. Delineate which services or activities other than seclusion may be provided in the room,
    - ii. List what types of equipment or supplies may be placed in the room for the delineated services, and
    - iii. Provide for the prompt removal of equipment and supplies from the room before the room is used for seclusion; and
  - d. The sign required in subsection (A)(18)(a) and equipment and supplies in the room, other than the bed required in subsection (A)(16)(f), are removed before a patient is placed in seclusion in the room;
19. A medical staff member or personnel member documents the following information in a patient's medical record before the end of the shift in which the patient is placed in restraint or seclusion or, if the patient's restraint or seclusion does not end during the shift in which it began, during the shift in which the patient's restraint or seclusion ends:
- a. The emergency situation that required the patient to be restrained or put in seclusion;
  - b. The times the patient's restraint or seclusion actually began and ended;
  - c. The time of the face-to-face assessment required in subsection (A)(12)(a);
  - d. The monitoring required in subsection (A)(12)(b) or (15)(d), as applicable;
  - e. The times the patient was given the opportunity to eat or use the toilet according to subsection (A)(15)(f); and
  - f. The names of the medical staff members and personnel members with direct patient contact while the patient was in the restraint or seclusion; and
20. If an emergency situation continues beyond the time limit of an order for restraint or seclusion, the order is renewed according to policies and procedures.
- B.** For a patient who was admitted after a suicide attempt or who exhibits suicidal ideation, in addition to the admission requirements in R9-10-208 and discharge planning requirements in R9-10-209, an administrator shall ensure that:
- 1. The patient receives a suicide assessment; and
  - 2. The patient or the patient's representative receives:
    - a. The results of the suicide assessment in subsection (B)(1);
    - b. Information about the availability of age-appropriate, suicide crisis services, including contact information;
    - c. Specific information about or a referral to one of the following for ongoing or follow-up treatment related to suicide, including scheduling an appointment for the patient when practicable:
      - i. Another health care institution;



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- ii. A medical practitioner or, for a patient going to another state after discharge, a similarly licensed individual in the other state; or
- iii. A behavioral health professional certified or licensed under A.R.S. Title 32 to provide treatment related to suicide or, for a patient going to another state after discharge, a similarly certified or licensed individual in the other state; and
- d. Information about and instructions on how to access the Department of Insurance and Financial Institution's website, available through [difi.az.gov](http://difi.az.gov), developed in compliance with A.R.S. § 20-3503(B), including how to file an appeal of an insurance determination.

- C. An administrator of a hospital that provides opioid treatment services to an outpatient shall comply with the requirements in R9-10-1020.

**Historical Note**

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-225 renumbered to R9-10-227; new Section R9-10-225 renumbered from R9-10-224 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2).

**R9-10-226. Behavioral Health Observation/Stabilization Services**

An administrator of a hospital that is authorized to provide behavioral health observation/stabilization services shall ensure that:

- 1. Behavioral health observation/stabilization services are provided according to the requirements in R9-10-1012, and
- 2. Restraint and seclusion are provided according to the requirements for restraint and seclusion in R9-10-225.

**Historical Note**

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-226 renumbered to R9-10-229; new Section R9-10-226 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-227. Rehabilitation Services**

An administrator shall ensure that:

- 1. If rehabilitation services are provided as an organized service, the rehabilitation services are provided under the direction of an individual qualified according to policies and procedures;
- 2. Rehabilitation services are provided according to an order; and
- 3. The medical record of a patient receiving rehabilitation services includes:

- a. An order for rehabilitation services that includes the name of the ordering individual and a referring diagnosis,
- b. A documented care plan that is developed in coordination with the ordering individual and the individual providing the rehabilitation services,
- c. The rehabilitation services provided,
- d. The patient's response to the rehabilitation services, and
- e. The authentication of the individual providing the rehabilitation services.

**Historical Note**

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-227 renumbered to R9-10-231; new Section R9-10-227 renumbered from R9-10-225 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

**R9-10-228. Multi-organized Service Unit**

- A. A governing authority may designate the following as a multi-organized service unit:

- 1. An adult unit that provides both intensive care services and medical and nursing services other than intensive care services,
- 2. A pediatric unit that provides both intensive care services and medical and nursing services other than intensive care services,
- 3. A unit that provides both perinatal services and intensive care services for obstetrical patients,
- 4. A unit that provides both intensive care services for neonates and a continuing care nursery, or
- 5. A unit that provides medical and nursing services to adult and pediatric patients.

- B. An administrator shall ensure that:

- 1. For a patient in a multi-organized service unit, a medical staff member designates in the patient's medical record which organized service is to be provided to the patient;
- 2. A multi-organized service unit is in compliance with the requirements in this Article that would apply if each organized service were offered as a single organized service unit; and
- 3. A multi-organized service unit and each bed in the unit are in compliance with physical plant health and safety codes and standards incorporated by reference in R9-10-104.01 for all organized services provided in the multi-organized service unit.

**Historical Note**

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-228 renumbered to R9-10-213; new Section R9-10-228 renumbered from R9-10-234 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**R9-10-229. Social Services**

An administrator of a hospital that provides social services shall ensure that:

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1. A registered nurse or another personnel member designated according to policies and procedures coordinates social services;
2. If a personnel member provides social services that require a license under A.R.S. Title 32, Chapter 33, Article 5, the personnel member is licensed under A.R.S. Title 32, Chapter 33, Article 5;
3. A medical staff member, nurse, patient, patient's representative, or member of the patient's family may request social services;
4. A personnel member providing social services participates in discharge planning as necessary to meet the needs of a patient;
5. The patient has privacy when communicating with a personnel member providing social services; and
6. Social services provided to a patient are documented in the patient's medical record and the entries are authenticated by the individual providing the social services.

**Historical Note**

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-229 renumbered to R9-10-230; new Section R9-10-229 renumbered from R9-10-226 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-230. Infection Control**

An administrator shall ensure that:

1. An infection control program that meets the requirements of this Section is established under the direction of an individual qualified according to policies and procedures;
2. An infection control program has a procedure for documenting:
  - a. The collection and analysis of infection control data,
  - b. The actions taken relating to infections and communicable diseases, and
  - c. Reports of communicable diseases to the governing authority and state and county health departments;
3. Infection control documents are maintained for at least 12 months after the date of the document;
4. Policies and procedures are established, documented, and implemented:
  - a. To prevent or minimize, identify, report, and investigate infections and communicable diseases that include:
    - i. Isolating a patient;
    - ii. Sterilizing equipment and supplies;
    - iii. Maintaining and storing sterile equipment and supplies;
    - iv. Using personal protective equipment such as gowns, masks, or face protection;
    - v. Disposing of biohazardous medical waste; and
    - vi. Moving and processing soiled linens and clothing;
  - b. That specify communicable diseases, medical conditions, or criteria that prevent an individual, a personnel member, or a medical staff member from:
    - i. Working in the hospital,
    - ii. Providing patient care, or
    - iii. Providing environmental services;
  - c. That establish criteria for determining whether a medical staff member is at an increased risk of exposure to infectious tuberculosis based on:
    - i. The level of risk in the area of the hospital premises where the medical staff member practices, and
    - ii. The work that the medical staff member performs; and
  - d. That establish the frequency of tuberculosis screening for an individual determined to be at an increased risk of exposure;
5. Tuberculosis screening is performed for a personnel member or medical staff member:
  - a. On or before the date the personnel member or medical staff member begins providing services at or on behalf of the hospital, and
  - b. As part of a tuberculosis infection control program according to R9-10-113;
6. Soiled linen and clothing are:
  - a. Collected in a manner to minimize or prevent contamination,
  - b. Bagged at the site of use, and
  - c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas;
7. A personnel member washes hands or uses a hand disinfection product after each patient contact and after handling soiled linen, soiled clothing, or potentially infectious material;
8. An infection control committee is established according to policies and procedures and consists of:
  - a. At least one medical staff member,
  - b. The individual directing the infection control program, and
  - c. Other personnel identified in policies and procedures; and
9. The infection control committee:
  - a. Develops a plan for preventing, tracking, and controlling infections;
  - b. Reviews the type and frequency of infections and develops recommendations for improvement;
  - c. Meets and provides a quarterly written report for inclusion by the quality management program; and
  - d. Maintains a record of actions taken and minutes of meetings.

**Historical Note**

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-230 renumbered to R9-10-233; new Section R9-10-230 renumbered from R9-10-229 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 28 A.A.R. 1113 (May 27, 2022), with an immediate effective date of May 4, 2022 (Supp. 22-2).

**R9-10-231. Dietary Services**

An administrator shall ensure that:

1. Dietary services are provided according to 9 A.A.C. 8, Article 1;

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2. A copy of the hospital's food establishment license or permit under 9 A.A.C. 8, Article 1, is maintained;
3. For a hospital that contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the hospital, a copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1, is maintained;
4. If a hospital contracts with a food establishment to prepare and deliver food to the hospital, the hospital is able to store, refrigerate, and reheat food to meet the dietary needs of a patient;
5. Dietary services are provided under the direction of an individual qualified to direct the provision of dietary services according to policies and procedures;
6. There are personnel members on duty to meet the dietary needs of patients;
7. Personnel members providing dietary services are qualified to provide dietary services according to policies and procedures;
8. A nutrition assessment of a patient is:
  - a. Performed according to policies and procedures, and
  - b. Communicated to the medical practitioner coordinating the patient's medical services if the nutrition assessment reveals a specific dietary need;
9. A medical staff member documents an order for a diet for each patient in the patient's medical record;
10. A current diet manual approved by a registered dietitian is available to personnel members and medical staff members; and
11. A patient's dietary needs are met 24 hours a day.

**Historical Note**

Former Section R9-10-231 renumbered as R9-10-320 as an emergency effective February 22, 1979, new Section R9-10-231 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-231 renumbered to R9-10-232; new Section R9-10-231 renumbered from R9-10-227 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-232. Disaster Management**

An administrator shall ensure that:

1. A disaster plan is developed and documented that includes:
  - a. Procedures for protecting the health and safety of patients and other individuals;
  - b. Assigned personnel responsibilities; and
  - c. Instructions for the evacuation, transport, or transfer of patients, maintenance of medical records, and arrangements to provide any other hospital services to meet the patients' needs;
2. A plan exists for back-up power and water supply;
3. A fire drill is performed on each shift at least once every three months;
4. A disaster drill is performed on each shift at least once every 12 months;
5. Documentation of a fire drill required in subsection (3) and a disaster drill required in subsection (4) includes:
  - a. The date and time of the drill;
  - b. A critique of the drill; and
  - c. Recommendations for improvement, if applicable; and
6. Documentation of a fire drill or a disaster drill is maintained by the hospital for at least 12 months after the date of the drill.

**Historical Note**

Former Section R9-10-232 renumbered as R9-10-321 as an emergency effective February 22, 1979, new Section R9-10-232 adopted effective February 23, 1979 (Supp. 79-1). Section amended by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-232 renumbered to R9-10-234; new Section R9-10-232 renumbered from R9-10-231 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-233. Environmental Standards**

An administrator shall ensure that:

1. An individual providing environmental services who has the potential to transmit infectious tuberculosis to patients, as determined by the infection control risk assessment criteria in R9-10-230(4)(c), provides evidence of freedom from infectious tuberculosis:
  - a. On or before the date the individual begins providing environmental services at or on behalf of the hospital, and
  - b. According to R9-10-113;
2. The hospital premises and equipment are:
  - a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control infection or illness; and
  - b. Free from a condition or situation that may cause a patient or other individual to suffer physical injury;
3. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
4. The hospital maintains a tobacco smoke-free environment;
5. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14, and policies and procedures;
6. Equipment used to provide hospital services is:
  - a. Maintained in working order;
  - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
  - c. Used according to the manufacturer's recommendations; and
7. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair.

**Historical Note**

Former Section R9-10-233 renumbered as R9-10-322 as an emergency effective February 22, 1979, new Section R9-10-233 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section expired under A.R.S. § 41-1056(E) at 14 A.A.R. 2374, effective February 29, 2008 (Supp. 08-2). New Section R9-10-233 renumbered from R9-10-230 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended

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by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 28 A.A.R. 1113 (May 27, 2022), with an immediate effective date of May 4, 2022 (Supp. 22-2).

**R9-10-234. Physical Plant Standards****A.** An administrator shall ensure that:

1. A hospital complies with the applicable physical plant health and safety codes and standards incorporated by reference in R9-10-104.01 in effect on the date the hospital submitted the application packet including the notarized attestation of architectural plans according to R9-10-104;
2. A hospital's premises or any part of the hospital premises is not leased to or used by another person;
3. A unit with inpatient beds is not used as a passageway to another health care institution; and
4. A hospital's premises are not licensed as more than one health care institution.

**B.** An administrator shall:

1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
2. Make any repairs or corrections stated on the inspection report, and
3. Maintain documentation of a current fire inspection report.

**Historical Note**

New Section made by final rulemaking 14 A.A.R. 4646, effective December 2, 2008 (Supp. 08-4). Section R9-10-234 renumbered to R9-10-228; new Section R9-10-234 renumbered from R9-10-232 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Duplicate language in subsection (A)(1) corrected (Supp. 22-2).

**R9-10-235. Administrative Separation**

- A.** In addition to the definitions in A.R.S. § 36-401, R9-10-101, and R9-10-201, the following definition applies in this Section: "Administrative separation" means the temporary isolation of a patient for the purpose of preserving the integrity of evidence during the course of a criminal investigation or for a situation where not isolating the patient presents a risk of serious harm to other individuals or a serious risk to the safety or security of a hospital.
- B.** Only a hospital established according to A.R.S. § 36-202 may use administrative separation.
- C.** An administrator appointed according to A.R.S. § 36-205 shall ensure that:
  1. Administrative separation:
    - a. Is only used for a patient admitted to the hospital pursuant to a criminal court order; and
    - b. Is not used:
      - i. In conjunction with a restraint,
      - ii. As a method to manage behaviors, or
      - iii. If prohibited by law; and

2. Policies and procedures are established, documented, and implemented for administrative separation that:
  - a. Include the process and criteria for requesting an administrative separation;
  - b. Include the process and deadlines for approving a request for an administrative separation;
  - c. Cover patient notification of the right to appeal the administrative separation and to file a complaint;
  - d. Include the process for providing a patient access to:
    - i. Incoming mail, and
    - ii. An advocate or legal representative;
  - e. Include the process for providing treatment to a patient while in administrative separation;
  - f. Include the process for establishing investigative goals; and
  - g. Include the process for determining when administrative separation will no longer be used for a patient.

**Historical Note**

New Section R9-10-235 made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**ARTICLE 3. BEHAVIORAL HEALTH INPATIENT FACILITIES**

*Article 3, consisting of Sections R9-10-311 through R9-10-333, repealed at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).*

**R9-10-301. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following applies in this Article unless otherwise specified:

"Child and adolescent residential treatment services" means behavioral health services and physical health services provided in or by a behavioral health inpatient facility to a patient who is:

- Under 18 years of age, or
- Under 21 years of age and meets the criteria in R9-10-318(B).

**Historical Note**

New Section R9-10-301 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-302. Supplemental Application Requirements**

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as a behavioral health inpatient facility shall include in a Department-provided format whether the applicant is requesting authorization to provide:

1. Inpatient services to individuals 18 years of age and older, including the licensed capacity requested;
2. Pre-petition screening;
3. Court-ordered evaluation;
4. Court-ordered treatment;
5. Behavioral health observation/stabilization services, including the licensed occupancy requested for providing behavioral health observation/stabilization services to individuals:
  - a. Under 18 years of age, and
  - b. 18 years of age and older;
6. Child and adolescent residential treatment services, including the licensed capacity requested;
7. Detoxification services;

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8. Seclusion;
9. Clinical laboratory services;
10. Radiology services; or
11. Diagnostic imaging services.

**Historical Note**

New Section R9-10-302 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-303. Administration****A.** A governing authority shall:

1. Consist of one or more individuals responsible for the organization, operation, and administration of a behavioral health in-patient facility;
2. Establish, in writing:
  - a. A behavioral health inpatient facility's scope of services, and
  - b. Qualifications for an administrator;
3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
4. Adopt a quality management program according to R9-10-304;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b), if the administrator is:
  - a. Expected not to be present on the behavioral health inpatient facility's premises for more than 30 calendar days, or
  - b. Not present on the behavioral health inpatient facility's premises for more than 30 calendar days; and
7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.

**B.** An administrator:

1. Is directly accountable to the governing authority of a behavioral health inpatient facility for the daily operation of the behavioral health inpatient facility and for all services provided by or at the behavioral health inpatient facility;
2. Has the authority and responsibility to manage the behavioral health inpatient facility; and
3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the behavioral health inpatient facility's premises and accountable for the behavioral health inpatient facility when the administrator is not present on the behavioral health inpatient facility's premises.

**C.** An administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
  - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
  - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;

- c. Include how a personnel member may submit a complaint relating to services provided to a patient;
  - d. Include methods to prevent abuse or neglect of a patient, including:
    - i. Training of personnel members, at least annually, on how to recognize the signs and symptoms of abuse or neglect; and
    - ii. Reporting of abuse or neglect of a patient;
  - e. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
  - f. Cover cardiopulmonary resuscitation training including:
    - i. The method and content of cardiopulmonary resuscitation training,
    - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
    - iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
    - iv. The documentation that verifies that the individual has received cardiopulmonary resuscitation training;
  - g. Cover first aid training;
  - h. Cover the requirements in subsection (J), if applicable;
  - i. Include a method to identify a patient to ensure the patient receives physical health and behavioral health services as ordered;
  - j. Cover patient rights, including assisting a patient who does not speak English or who has a physical or other disability to become aware of patient rights;
  - k. Cover specific steps for:
    - i. A patient to file a complaint, and
    - ii. The behavioral health inpatient facility to respond to a patient's complaint;
  - l. Cover health care directives;
  - m. Cover medical records, including electronic medical records;
  - n. Cover quality management, including incident reports and supporting documentation;
  - o. Cover contracted services; and
  - p. Cover when an individual may visit a patient in the behavioral health inpatient facility;
2. Policies and procedures for behavioral health services and physical health services are established, documented, and implemented to protect the health and safety of a patient that:
    - a. Cover patient screening, admission, assessment, treatment plan, transport, and transfer;
    - b. Cover discharge planning and discharge, including the requirements in R9-10-309(B) for a patient who was admitted after a suicide attempt or who exhibits suicidal ideation;
    - c. Cover the provision of behavioral health services and physical health services;
    - d. Include when general consent and informed consent are required;
    - e. Cover restraint and, if applicable, seclusion;
    - f. Cover dispensing, administering, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;
    - g. Cover prescribing a controlled substance to minimize substance abuse by a patient;
    - h. Cover infection control;

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- i. Cover telehealth, if applicable;
  - j. Cover environmental services that affect patient care;
  - k. Cover patient outings;
  - l. Cover whether pets and animals are allowed on the premises, including procedures to ensure that any pets or animals allowed on the premises do not endanger the health or safety of patients or the public;
  - m. If the behavioral health inpatient facility is involved in research, cover the establishment or use of a Human Subject Review Committee;
  - n. Cover the process for receiving a fee from a patient and refunding a fee to a patient;
  - o. Cover the process for obtaining patient preferences for social, recreational, or rehabilitative activities and meals and snacks;
  - p. Cover the security of a patient's possessions that are allowed on the premises; and
  - q. Cover smoking and the use of tobacco products on the premises;
3. Policies and procedures are reviewed at least once every three years and updated as needed;
  4. Policies and procedures are available to personnel members, employees, volunteers, and students; and
  5. Unless otherwise stated:
    - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
    - b. When documentation or information is required by this Chapter to be submitted on behalf of a behavioral health inpatient facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the behavioral health inpatient facility.
- D.** An administrator shall designate a:
1. Medical director who:
    - a. Provides direction for physical health services provided by or at the behavioral health inpatient facility;
    - b. Is a physician or registered nurse practitioner; and
    - c. May be the same individual as the administrator, if the individual meets the qualifications in subsections (A)(2)(b) and (D)(1)(a) and (b);
  2. Clinical director who:
    - a. Provides direction for the behavioral health services provided by or at the behavioral health inpatient facility;
    - b. Is a behavioral health professional; and
    - c. May be the same individual as the administrator, if the individual meets the qualifications in subsections (A)(2)(b) and (D)(2)(a) and (b); and
  3. Registered nurse to provide direction for nursing services provided by or at the behavioral health inpatient facility.
- E.** An administrator shall provide written notification to the Department of a patient's:
1. Death, if the patient's death is required to be reported according to A.R.S. § 11-593, within one working day after the patient's death; and
  2. Self-injury, within two working days after the patient inflicts a self-injury that requires immediate intervention by an emergency medical services provider.
- F.** Except as specified in R9-10-318(A)(1), if abuse, neglect, or exploitation of a patient is alleged or suspected to have occurred before the patient was admitted or while the patient is not on the premises and not receiving services from a behavioral health inpatient facility's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the patient according to A.R.S. § 46-454.
- G.** If an administrator has a reasonable basis, according to A.R.S. § 46-454, to believe abuse, neglect, or exploitation has occurred on the premises or while a patient is receiving services from a behavioral health inpatient facility's employee or personnel member, the administrator shall:
1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
  2. Report the suspected abuse, neglect, or exploitation of the patient according to A.R.S. § 46-454;
  3. Document:
    - a. The suspected abuse, neglect, or exploitation;
    - b. Any action taken according to subsection (G)(1); and
    - c. The report in subsection (G)(2);
  4. Maintain the documentation in subsection (G)(3) for at least 12 months after the date of the report in subsection (G)(2);
  5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (G)(2):
    - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
    - b. A description of any injury to the patient related to the suspected abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;
    - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
    - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
  6. Maintain a copy of the documented information required in subsection (G)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- H.** An administrator shall establish and document the criteria for determining when a patient's absence is unauthorized, including the criteria for a patient who:
1. Was admitted under A.R.S. Title 36, Chapter 5, Articles 1, 2, or 3;
  2. Is absent against medical advice; or
  3. Is under the age of 18.
- I.** An administrator shall:
1. For a patient who is under a court's jurisdiction, within an hour after determining that the patient's absence is unauthorized according to the criteria in subsection (H), notify the appropriate court or a person designated by the appropriate court;
  2. Document the notification in subsection (I)(1) and the written log required in subsection (I)(3);
  3. Maintain a written log of unauthorized absences for at least 12 months after the date of a patient's absence that includes the:
    - a. Name of a patient absent without authorization;
    - b. If applicable, name of the person notified as required in subsection (I)(1); and
    - c. Date of the notification; and

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4. Evaluate and take action related to unauthorized absences under the quality management program in R9-10-304.
- J. If a behavioral health inpatient facility has a physician or registered nurse practitioner on-call to comply with R9-10-306(J)(1), an administrator shall ensure that:
  1. The on-call schedule is documented;
  2. Personnel members are aware of:
    - a. The location at which the on-call schedule is available to personnel members of the behavioral health inpatient facility,
    - b. The process through which the on-call physician or registered nurse practitioner is contacted,
    - c. The circumstances that would require the on-call physician or registered nurse practitioner to come to the behavioral health inpatient facility, and
    - d. The process through which a request is made for the on-call physician or registered nurse practitioner to come to the behavioral health inpatient facility;
  3. A request for the on-call physician or registered nurse practitioner to come to the behavioral health inpatient facility is documented, including:
    - a. The time that a request for the on-call physician or registered nurse practitioner to come to the behavioral health inpatient facility is made,
    - b. The name of the individual making the request,
    - c. The reason for the request,
    - d. The name of the physician or registered nurse practitioner contacted and requested to come to the behavioral health in-patient facility, and
    - e. The time the on-call physician or registered nurse practitioner arrives at the behavioral health inpatient facility in response to a request;
  4. The documentation in subsections (J)(1) and (3) is maintained for at least 12 months after the last date on the documentation; and
  5. Documentation related to the request is included in the medical record of the applicable patient.

**Historical Note**

New Section R9-10-303 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-304. Quality Management**

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to patients;
  - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
  - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and

- e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
  - a. An identification of each concern about the delivery of services related to patient care, and
  - b. Any changes made or actions taken as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

New Section R9-10-304 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-305. Contracted Services**

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

New Section R9-10-305 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-306. Personnel**

A. An administrator shall ensure that:

1. A personnel member, an employee, or a student is at least 18 years old; and
2. A volunteer is at least 21 years old.

B. An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
  - a. Are based on:
    - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
    - ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
  - b. Include:
    - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
    - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and

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- iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
  - 2. A personnel member's skills and knowledge are verified and documented:
    - a. Before the personnel member provides physical health services or behavioral health services, and
    - b. According to policies and procedures;
- C. An administrator shall comply with the requirements for behavioral health technicians and behavioral health paraprofessionals in R9-10-115.
- D. An administrator shall ensure that an individual who is licensed under A.R.S. Title 32, Chapter 33 as a baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision, as defined in A.A.C. R4-6-101.
- E. An administrator shall ensure that a personnel member, or an employee, a volunteer, or a student who has or is expected to have direct interaction with a participant for more than eight hours in a week, provides evidence of freedom from infectious tuberculosis:
  - 1. On or before the date the individual begins providing services at or on behalf of the behavioral health inpatient facility, and
  - 2. As specified in R9-10-113.
- F. An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:
  - 1. The individual's name, date of birth, and contact telephone number;
  - 2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
  - 3. Documentation of:
    - a. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
    - b. The individual's education and experience applicable to the employee's job duties;
    - c. The individual's completed orientation and in-service education as required by policies and procedures;
    - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
    - e. The individual's qualifications and on-going training for each type of restraint or seclusion used, as required in R9-10-316;
    - f. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
    - g. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-303(C)(1)(e);
    - h. First aid training, if required for the individual according to this Article or policies and procedures; and
    - i. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (D).
- G. An administrator shall ensure that personnel records are:
  - 1. Maintained:
    - a. Throughout an individual's period of providing services in or for the behavioral health inpatient facility, and
    - b. For at least 24 months after the last date the individual provided services in or for the behavioral health inpatient facility; and
  - 2. For a personnel member who has not provided physical health services or behavioral health services at or for the behavioral health inpatient facility during the previous 12 months, provided to the Department within 72 hours after the Department's request.
- H. An administrator shall ensure that:
  - 1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
  - 2. A personnel member completes orientation before providing behavioral health services or physical health services;
  - 3. An individual's orientation is documented, to include:
    - a. The individual's name,
    - b. The date of the orientation, and
    - c. The subject or topics covered in the orientation;
  - 4. A clinical director develops, documents, and implements a plan to provide in-service education specific to the duties of a personnel member; and
  - 5. A personnel member's in-service education is documented, to include:
    - a. The personnel member's name,
    - b. The date of the training, and
    - c. The subject or topics covered in the training.
- I. An administrator shall ensure that a behavioral health inpatient facility has a daily staffing schedule that:
  - 1. Indicates the date, scheduled work hours, and name of each employee assigned to work, including on-call personnel members;
  - 2. Includes documentation of the employees who work each calendar day and the hours worked by each employee; and
  - 3. Is maintained for at least 12 months after the last date on the daily staffing schedule.
- J. An administrator shall ensure that:
  - 1. A physician or registered nurse practitioner is present on the behavioral health inpatient facility's premises or on-call,
  - 2. A registered nurse is present on the behavioral health inpatient facility's premises, and
  - 3. A registered nurse who provides direction for the nursing services provided at the behavioral health inpatient facility is present at the behavioral health inpatient facility at least 40 hours every week.

**Historical Note**

New Section R9-10-306 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4).

**R9-10-307. Admission; Assessment**

- A. Except as provided in R9-10-315(E) or (F), an administrator shall ensure that:



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1. A patient is admitted based upon the patient's presenting behavioral health issue and treatment needs and the behavioral health inpatient facility's ability and authority to provide physical health services, behavioral health services, and ancillary services consistent with the patient's treatment needs;
2. A patient is admitted on the order of a medical practitioner or clinical director;
3. A medical practitioner or clinical director, authorized by policies and procedures to accept a patient for admission, is available;
4. Except in an emergency or as provided in subsections (A)(6) and (7), general consent is obtained from a patient or, if applicable, the patient's representative before or at the time of admission;
5. The general consent obtained in subsection (A)(4) or the lack of consent in an emergency is documented in the patient's medical record;
6. General consent is not required from a patient receiving a court-ordered evaluation or court-ordered treatment;
7. General consent is not required from a patient receiving treatment according to A.R.S. § 36-512;
8. A medical practitioner performs a medical history and physical examination on a patient within 30 calendar days before admission or within 24 hours after admission and documents the medical history and physical examination in the patient's medical record within 24 hours after admission;
9. If a medical practitioner performs a medical history and physical examination on a patient before admission, the medical practitioner enters an interval note into the patient's medical record within seven calendar days after admission;
10. Except when a patient needs crisis services, a behavioral health assessment of a patient is completed to determine the acuity of the patient's behavioral health issue and to identify the behavioral health services needed by the patient before treatment for the patient is initiated and whenever the patient has a significant change in condition or experiences an event that affects treatment;
11. If the patient was admitted after a suicide attempt or exhibits suicidal ideation, the behavioral health assessment in subsection (A)(10) includes a suicide assessment;
12. If a behavioral health assessment in subsection (A)(10), including a suicide assessment in subsection (A)(11) if applicable, is conducted by a:
  - a. Behavioral health technician or registered nurse, within 24 hours a behavioral health professional, certified or licensed under A.R.S. Title 32 to provide the behavioral health services needed by the patient, reviews and signs the behavioral health assessment to ensure that the behavioral health assessment identifies the behavioral health services needed by and the acuity of the patient; or
  - b. Behavioral health paraprofessional, a behavioral health professional, certified or licensed under A.R.S. Title 32 to provide the behavioral health services needed by the patient, supervises the behavioral health paraprofessional during the completion of the behavioral health assessment and signs the behavioral health assessment to ensure that the behavioral health assessment identifies the behavioral health services needed by and the acuity of the patient;
13. When a patient is admitted, a registered nurse:
  - a. Conducts a nursing assessment of a patient's medical condition and history;
  - b. Determines whether the:
    - i. Patient requires immediate physical health services, and
    - ii. Patient's behavioral health issue may be related to the patient's medical condition and history;
  - c. Determines the acuity of the patient's medical condition;
  - d. Documents the patient's nursing assessment and the determinations required in subsection (A)(13)(b) and (c) in the patient's medical record; and
  - e. Signs the patient's medical record;
14. A behavioral health assessment:
  - a. Documents the patient's:
    - i. Presenting issue, including the acuity of the patient's presenting issue;
    - ii. Substance abuse history;
    - iii. Co-morbidity;
    - iv. Legal history, including:
      - (1) Custody,
      - (2) Guardianship, and
      - (3) Pending litigation;
    - v. Court-ordered evaluation;
    - vi. Court-ordered treatment;
    - vii. Criminal justice record;
    - viii. Family history;
    - ix. Behavioral health treatment history;
    - x. Symptoms reported by the patient; and
    - xi. Referrals needed by the patient, if any; and
  - b. Includes:
    - i. Recommendations for further assessment or examination of the patient's needs;
    - ii. Recommendations for staffing levels or personnel member qualifications related to the patient's treatment to ensure patient health and safety;
    - iii. For a patient who:
      - (1) Is admitted to receive crisis services, the behavioral health services and physical health services that will be provided to the patient; or
      - (2) Does not need crisis services, the behavioral health services or physical health services that will be provided to the patient until the patient's treatment plan is completed; and
    - iv. The signature and date signed of the personnel member conducting the behavioral health assessment;
15. A patient is referred to a medical practitioner if a determination is made that the patient requires immediate physical health services or the patient's behavioral health issue may be related to the patient's medical condition;
16. A request for participation in a patient's behavioral health assessment is made to the patient or the patient's representative;
17. An opportunity for participation in the patient's behavioral health assessment is provided to the patient or the patient's representative;
18. The request in subsection (A)(16) and the opportunity in subsection (A)(17) are documented in the patient's medical record;

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19. For a patient who is admitted to receive crisis services, the patient's behavioral health assessment is documented in the patient's medical record within eight hours after admission;
  20. Except as provided in subsection (A)(19), a patient's behavioral health assessment is documented in the patient's medical record within 24 hours after completing the assessment; and
  21. If the information listed in subsection (A)(14) is obtained about a patient after the patient's behavioral health assessment is completed, an interval note, including the information, is documented in the patient's medical record within 48 hours after the information is obtained.
- B.** If the results of a suicide assessment required in subsection (A)(11) indicate that the patient could be a danger to self upon discharge, an administrator shall ensure that the information in R9-10-309(B)(2) is made available to the patient or the patient's representative as part of the opportunity for participation in the patient's behavioral health assessment required in subsection (A)(17).

**Historical Note**

New Section R9-10-307 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-308. Treatment Plan**

- A.** Except for a patient admitted to receive crisis services or as provided in R9-10-315(E) or (F), an administrator shall ensure that a treatment plan is developed and implemented for a patient that:
1. Is based on the behavioral health assessment and on-going changes to the behavioral health assessment of the patient;
  2. Is completed:
    - a. By a behavioral health professional or by a behavioral health technician under the clinical oversight of a behavioral health professional, and
    - b. Before the patient receives treatment;
  3. Is documented in the patient's medical record within 24 hours after the patient first receives treatment;
  4. Includes:
    - a. The patient's presenting issue, including the acuity of the patient's presenting issue;
    - b. The behavioral health services and physical health services to be provided to the patient;
    - c. If the patient was admitted after a suicide attempt or who exhibits suicidal ideation:
      - i. The results of the suicide assessment required in R9-10-307(11), and
      - ii. Information specific to helping prevent a recurrence;
    - d. The signature of the patient or the patient's representative and date signed, or documentation of the refusal to sign;
    - e. The date when the patient's treatment plan will be reviewed;

- f. If a discharge date has been determined, the treatment needed after discharge; and
  - g. The signature of the personnel member who developed the treatment plan and the date signed;
5. If the treatment plan was completed by a behavioral health technician, is reviewed and signed by a behavioral health professional within 24 hours after the completion of the treatment plan to ensure that the treatment plan identifies the acuity of the patient and meets the patient's treatment needs; and
  6. Is reviewed and updated on an on-going basis:
    - a. According to the review date specified in the treatment plan,
    - b. When a treatment goal is accomplished or changes,
    - c. When additional information that affects the patient's behavioral health assessment is identified, and
    - d. When a patient has a significant change in condition or experiences an event that affects treatment.
- B.** An administrator shall ensure that:
1. A request for participation in developing a patient's treatment plan is made to the patient or the patient's representative;
  2. An opportunity for participation in developing the patient's treatment plan is provided to the patient or the patient's representative; and
  3. The request in subsection (B)(1) and the opportunity in subsection (B)(2) are documented in the patient's medical record.
- C.** If a patient who is admitted to receive crisis services remains admitted as a patient after the patient no longer needs crisis services, an administrator shall ensure that a treatment plan for the patient is:
1. Except for subsection (A)(3), completed according to the requirements in subsection (A); and
  2. Documented in the patient's medical record within 24 hours after the patient no longer needs crisis services.

**Historical Note**

New Section R9-10-308 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2).

**R9-10-309. Discharge**

- A.** Except as provided in R9-10-315(E) or (F), an administrator shall ensure that a discharge plan for a patient is:
1. Developed that:
    - a. Identifies any specific needs of the patient after discharge;
    - b. If the discharge date has been determined, includes the discharge date;
    - c. Is completed before discharge occurs; and
    - d. Includes a description of the level of care that may meet the patient's assessed and anticipated needs after discharge;
  2. Documented in the patient's medical record within 48 hours after the discharge plan is completed; and
  3. Provided to the patient or the patient's representative before the discharge occurs.

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- B.** For a patient who was admitted after a suicide attempt or who exhibits suicidal ideation, in addition to the discharge planning requirements in subsection (A), an administrator shall ensure that:
1. The patient receives a suicide assessment; and
  2. The patient or the patient's representative receives:
    - a. The results of the suicide assessment;
    - b. Information about the availability of age-appropriate, suicide crisis services, including contact information; and
    - c. Information about and instructions on how to access the Department of Insurance and Financial Institution's website, available through [difi.az.gov](http://difi.az.gov), developed in compliance with A.R.S. § 20-3503(B), including how to file an appeal of an insurance determination.
- C.** An administrator shall ensure that:
1. A request for participation in developing a patient's discharge plan is made to the patient or the patient's representative,
  2. An opportunity for participation in developing the patient's discharge plan is provided to the patient or the patient's representative, and
  3. The request in subsection (C)(1) and the opportunity in subsection (C)(2) are documented in the patient's medical record.
- D.** An administrator shall ensure that a patient is discharged from a behavioral health inpatient facility when the patient's treatment needs are not consistent with the services that the behavioral health inpatient facility is authorized and able to provide.
- E.** An administrator shall ensure that there is a documented discharge order by a medical practitioner or behavioral health professional before a patient is discharged unless the patient leaves the behavioral health inpatient facility against a medical practitioner's or behavioral health professional's advice.
- F.** An administrator shall ensure that, at the time of discharge, a patient receives:
1. A referral for treatment or ancillary services that the patient may need after discharge, if applicable; and
  2. For a patient who was admitted after a suicide attempt or who exhibits suicidal ideation, specific information about or a referral to one of the following for ongoing or follow-up treatment related to suicide, including scheduling an appointment for the patient when practicable:
    - a. Another health care institution;
    - b. A medical practitioner or, for a patient going to another state after discharge, a similarly licensed individual in the other state; or
    - c. A behavioral health professional certified or licensed under A.R.S. Title 32 to provide treatment related to suicide or, for a patient going to another state after discharge, a similarly certified or licensed individual in the other state.
- G.** If a patient is discharged to any location other than a health care institution, an administrator shall ensure that:
1. Discharge instructions are documented, and
  2. The patient or the patient's representative is provided with a copy of the discharge instructions.
- H.** An administrator shall ensure that a discharge summary:
1. Is entered into the patient's medical record within 10 working days after a patient's discharge; and
  2. Includes:
    - a. The following information authenticated by a medical practitioner or behavioral health professional:
      - i. The patient's presenting issue and other physical health and behavioral health issues identified in the patient's nursing assessment, behavioral health assessment, or treatment plan;
      - ii. A summary of the treatment provided to the patient;
      - iii. The patient's progress in meeting treatment goals, including treatment goals that were and were not achieved; and
      - iv. The name, dosage, and frequency of each medication ordered for the patient by a medical practitioner at the behavioral health inpatient facility at the time of the patient's discharge;
    - b. For a patient who was admitted after a suicide attempt or who exhibits suicidal ideation, the following information:
      - i. A description of the specific information about ongoing or follow-up treatment related to suicide provided to the patient or the patient's representative;
      - ii. Whether a referral was made for the patient according to subsection (F)(2) for ongoing or follow-up treatment related to suicide and, if so, information about the referral; and
      - iii. Whether an appointment was scheduled for the patient according to subsection (F)(2) for ongoing or follow-up treatment related to suicide and, if so, the date and time of the appointment; and
    - c. A description of the disposition of the patient's possessions, funds, or medications brought to the behavioral health inpatient facility by the patient.
- I.** An administrator shall ensure that a patient who is dependent upon a prescribed medication is offered detoxification services, opioid treatment, or a written referral to detoxification services or opioid treatment before the patient is discharged from the behavioral health inpatient facility if a medical practitioner for the behavioral health inpatient facility will not be prescribing the medication for the patient at or after discharge.

**Historical Note**

New Section R9-10-309 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2).

**R9-10-310. Transport; Transfer**

- A.** Except as provided in subsection (B), an administrator shall ensure that:
1. A personnel member coordinates the transport and the services provided to the patient;
  2. According to policies and procedures:
    - a. An evaluation of the patient is conducted before and after the transport,
    - b. Information from the patient's medical record is provided to a receiving health care institution,
    - c. A personnel member explains risks and benefits of the transport to the patient or the patient's representative, and
    - d. A personnel member communicates or documents why the personnel member did not communicate

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with an individual at a receiving health care institution; and

3. The patient's medical record includes documentation of:
  - a. Communication or lack of communication with an individual at a receiving health care institution;
  - b. The date and time of the transport;
  - c. The mode of transportation; and
  - d. If applicable, the name of the personnel member accompanying the patient during a transport.

**B.** Subsection (A) does not apply to:

1. Transportation to a location other than a licensed health care institution,
2. Transportation provided for a patient by the patient or the patient's representative,
3. Transportation provided by an outside entity that was arranged for a patient by the patient or the patient's representative, or
4. A transport to another licensed health care institution in an emergency.

**C.** Except for a transfer of a patient due to an emergency, an administrator shall ensure that:

1. A personnel member coordinates the transfer and the services provided to the patient;
2. According to policies and procedures:
  - a. An evaluation of the patient is conducted before the transfer;
  - b. Information from the patient's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
  - c. A personnel member explains risks and benefits of the transfer to the patient or the patient's representative; and
3. Documentation in the patient's medical record includes:
  - a. Communication with an individual at a receiving health care institution;
  - b. The date and time of the transfer;
  - c. The mode of transportation; and
  - d. If applicable, the name of the personnel member accompanying the patient during a transfer.

**Historical Note**

Adopted as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 4, 1979 (Supp. 79-3). Amended effective January 28, 1980 (Supp. 80-1). Repealed effective February 4, 1981 (Supp. 81-1). New Section R9-10-310 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-311. Patient Rights**

**A.** An administrator shall ensure that:

1. The requirements in subsection (B) and the patient rights in subsection (D) are conspicuously posted on the premises;
2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (D); and
3. Policies and procedures include:

- a. How and when a patient or the patient's representative is informed of patient rights in subsection (D), and
- b. Where patient rights are posted as required in subsection (A)(1).

**B.** An administrator shall ensure that:

1. A patient is treated with dignity, respect, and consideration;
2. A patient is not subjected to:
  - a. Abuse;
  - b. Neglect;
  - c. Exploitation;
  - d. Coercion;
  - e. Manipulation;
  - f. Sexual abuse;
  - g. Sexual assault;
  - h. Except as allowed under R9-10-316, restraint or seclusion;
  - i. Retaliation for submitting a complaint to the Department or another entity;
  - j. Misappropriation of personal and private property by the behavioral health inpatient facility's personnel members, employees, volunteers, or students;
  - k. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the patient's treatment needs, except as established in a fee agreement signed by the patient or the patient's representative; or
  - l. Treatment that involves the denial of:
    - i. Food,
    - ii. The opportunity to sleep, or
    - iii. The opportunity to use the toilet;
3. Except as provided in subsection (C), a patient is allowed to:
  - a. Associate with individuals of the patient's choice, receive visitors, and make telephone calls during the hours established by the behavioral health inpatient facility;
  - b. Have privacy in correspondence, communication, visitation, financial affairs, and personal hygiene; and
  - c. Unless restricted by a court order, send and receive uncensored and unopened mail; and
4. Except as provided in R9-10-318, a patient or, if applicable, the patient's representative:
  - a. Except in an emergency, either consents to or refuses treatment;
  - b. May refuse or withdraw consent for treatment before treatment is initiated, unless the treatment is ordered by a court according to A.R.S. Title 36, Chapter 5; is necessary to save the patient's life or physical health; or is provided according to A.R.S. § 36-512;
  - c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication and the associated risks and possible complications of the proposed psychotropic medication;
  - d. Is informed of the following:
    - i. The policy on health care directives, and
    - ii. The patient complaint process; and
  - e. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
    - i. Medical record, or
    - ii. Financial records.

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- C. If a medical director or clinical director determines that a patient's treatment requires the behavioral health inpatient facility to restrict the patient's ability to participate in an activity in subsection (B)(3), the medical director or clinical director shall:

1. Document a specific treatment purpose in the patient's medical record that justifies restricting the patient from the activity,
2. Inform the patient of the reason why the activity is being restricted, and
3. Inform the patient of the patient's right to file a complaint and the procedure for filing a complaint.

- D. A patient has the following rights:

1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that:
  - a. Supports and respects the patient's individuality, choices, strengths, and abilities;
  - b. Supports the patient's personal liberty and only restricts the patient's personal liberty according to a court order, by the patient's or the patient's representative's general consent, or as permitted in this Chapter; and
  - c. Is provided in the least restrictive environment that meets the patient's treatment needs;
3. To receive privacy in treatment and care for personal needs, including the right not to be fingerprinted, photographed, or recorded without consent, except:
  - a. A patient may be photographed when admitted to a behavioral health inpatient facility for identification and administrative purposes;
  - b. For a patient receiving treatment according to A.R.S. Title 36, Chapter 37; or
  - c. For video recordings used for security purposes that are maintained only on a temporary basis;
4. Not to be prevented or impeded from exercising the patient's civil rights unless the patient has been adjudicated incompetent or a court of competent jurisdiction has found that the patient is not able to exercise a specific right or category of rights;
5. To review, upon written request, the patient's own medical record according to A.R.S. §§12-2293, 12-2294, and 12-2294.01;
6. To receive a referral to another health care institution if the behavioral health inpatient facility is not authorized or not able to provide physical health services or behavioral health services needed by the patient;
7. To participate or have the patient's representative participate in the development of a treatment plan or decisions concerning treatment;
8. To participate or refuse to participate in research or experimental treatment; and
9. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

**Historical Note**

Section R9-10-311, formerly numbered as R9-10-211, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-311 repealed, new Section R9-10-311 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8

A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-311 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-312. Medical Records**

- A. An administrator shall ensure that:

1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a patient's medical record is:
  - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
  - b. Dated, legible, and authenticated; and
  - c. Not changed to make the initial entry illegible;
3. An order is:
  - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
  - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
  - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
5. A patient's medical record is available to an individual:
  - a. Authorized according to policies and procedures to access the patient's medical record;
  - b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative, or
  - c. As permitted by law; and
6. A patient's medical record is protected from loss, damage, or unauthorized use.

- B. If a behavioral health inpatient facility maintains patients' medical records electronically, an administrator shall ensure that:

1. Safeguards exist to prevent unauthorized access, and
2. The date and time of an entry in a medical record is recorded by the computer's internal clock.

- C. An administrator shall ensure that a patient's medical record contains:

1. Patient information that includes:
  - a. The patient's name;
  - b. The patient's address;
  - c. The patient's date of birth; and
  - d. Any known allergy, including medication allergies;
2. Medication information that includes:
  - a. Documentation of medication ordered for the patient; and
  - b. Documentation of medication administered to the patient that includes:
    - i. The date and time of administration;
    - ii. The name, strength, dosage, amount, and route of administration;
    - iii. For a medication administered for pain on a PRN basis:
      - (1) An assessment of the patient's pain before administering the medication, and

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- (2) The effect of the medication administered;
  - iv. For a psychotropic medication administered on a PRN basis:
    - (1) An assessment of the patient's behavior before administering the psychotropic medication, and
    - (2) The effect of the psychotropic medication administered;
  - v. The identification and authentication of the individual administering the medication or providing assistance in the self-administration of the medication; and
  - vi. Any adverse reaction the patient has to the medication;
3. If applicable, documented general consent and informed consent by the patient or the patient's representative;
  4. If applicable, the name and contact information of the patient's representative and:
    - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
    - b. If the patient's representative:
      - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
      - ii. Is a legal guardian, a copy of the court order establishing guardianship;
  5. The patient's medical history and results of a physical examination or an interval note;
  6. If the patient provides a health care directive, the health care directive signed by the patient or the patient's representative;
  7. An admitting diagnosis or presenting symptoms;
  8. The date of admission and, if applicable, the date of discharge;
  9. The name of the admitting medical practitioner or behavioral health professional;
  10. Orders;
  11. The patient's nursing assessment and behavioral health assessment and any interval notes;
  12. Treatment plans;
  13. Documentation of behavioral health services and physical health services provided to the patient;
  14. Progress notes;
  15. If applicable, documentation of restraint or seclusion;
  16. If applicable, documentation that evacuation from the behavioral health inpatient facility would cause harm to the patient;
  17. The disposition of the patient after discharge;
  18. The discharge plan;
  19. The discharge summary; and
  20. If applicable:
    - a. A laboratory report,
    - b. A radiologic report,
    - c. A diagnostic report, and
    - d. A consultation report.

**Historical Note**

Section R9-10-312, formerly numbered as R9-10-212, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979

(Supp. 79-3). Former Section R9-10-312 repealed, new Section R9-10-312 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-312 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-313. Transportation; Patient Outings**

- A. An administrator of a behavioral health inpatient facility that uses a vehicle owned or leased by the behavioral health inpatient facility to provide transportation to a patient shall ensure that:
  1. The vehicle:
    - a. Is safe and in good repair,
    - b. Contains a first aid kit,
    - c. Contains drinking water sufficient to meet the needs of each patient present in the vehicle, and
    - d. Contains a working heating and air conditioning system;
  2. Documentation of current vehicle insurance and a record of maintenance performed or a repair of the vehicle is maintained;
  3. A driver of the vehicle:
    - a. Is 21 years of age or older;
    - b. Has a valid driver license;
    - c. Operates the vehicle in a manner that does not endanger a patient in the vehicle;
    - d. Does not leave in the vehicle an unattended:
      - i. Child;
      - ii. Patient who may be a threat to the health, safety, or welfare of the patient or another individual; or
      - iii. Patient who is incapable of independent exit from the vehicle; and
    - e. Ensures the safe and hazard-free loading and unloading of patients; and
  4. Transportation safety is maintained as follows:
    - a. An individual in the vehicle is sitting in a seat and wearing a working seat belt while the vehicle is in motion, and
    - b. Each seat in the vehicle is securely fastened to the vehicle and provides sufficient space for a patient's body.
- B. An administrator shall ensure that an outing is consistent with the age, developmental level, physical ability, medical condition, and treatment needs of each patient participating in the outing.
- C. An administrator shall ensure that:
  1. At least two personnel members are present on an outing;
  2. In addition to the personnel members required in subsection (C)(1), a sufficient number of personnel members are present on an outing to ensure the health and safety of a patient on the outing;
  3. Each personnel member on the outing has documentation of current training in cardiopulmonary resuscitation according to R9-10-303(C)(1)(e) and first aid training;
  4. Documentation is developed before an outing that includes:
    - a. The name of each patient participating in the outing;
    - b. A description of the outing;
    - c. The date of the outing;
    - d. The anticipated departure and return times;

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- e. The name, address, and, if available, telephone number of the outing destination; and
- f. If applicable, the license plate number of a vehicle used to provide transportation for the outing;
- 5. The documentation described in subsection (C)(4) is updated to include the actual departure and return times and is maintained for at least 12 months after the date of the outing; and
- 6. Emergency information for a patient participating in the outing is maintained by a personnel member participating in the outing or in the vehicle used to provide transportation for the outing and includes:
  - a. The patient's name;
  - b. Medication information, including the name, dosage, route of administration, and directions for each medication needed by the patient during the anticipated duration of the outing;
  - c. The patient's allergies; and
  - d. The name and telephone number of a designated individual, to notify in case of an emergency, who is present on the behavioral health inpatient facility's premises.

**Historical Note**

Section R9-10-313, formerly numbered as R9-10-213, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-313 repealed, new Section R9-10-313 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-313 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-314. Physical Health Services**

- A.** An administrator shall ensure that:
  - 1. Medical services are provided under the direction of a physician or registered nurse practitioner;
  - 2. Nursing services are provided:
    - a. Under the direction of a registered nurse,
    - b. According to an acuity plan developed for the behavioral health inpatient facility, and
    - c. To meet the needs of a patient based on the patient's acuity; and
  - 3. If a behavioral health inpatient facility is authorized to provide:
    - a. Clinical laboratory services, as defined in R9-10-101, the behavioral health inpatient facility complies with the requirements for clinical laboratory services in R9-10-219; or
    - b. Radiology services or diagnostic imaging services, the behavioral health inpatient facility complies with the requirements in R9-10-220.
- B.** An administrator shall ensure that, if a patient requires immediate medical services to ensure the patient's health and safety that the behavioral health inpatient facility is not authorized or not able to provide, a personnel member arranges for the patient to be transported to a hospital, another health care institution, or a health care provider where the medical services can be provided.

**Historical Note**

Section R9-10-314, formerly numbered as R9-10-214, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-314 repealed, new Section R9-10-314 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-314 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-315. Behavioral Health Services**

- A.** An administrator shall ensure that:
  - 1. Behavioral health services listed in the behavioral health inpatient facility's scope of services are provided to meet the needs of a patient;
  - 2. When behavioral health services are:
    - a. Listed in the behavioral health inpatient facility's scope of services, the behavioral health services are provided on the behavioral health inpatient facility's premises; and
    - b. Provided in a setting or activity with more than one patient participating, before a patient participates, the diagnoses, treatment needs, developmental levels, social skills, verbal skills, and personal histories, including any history of physical abuse or sexual abuse, of the patients participating are reviewed to ensure that the:
      - i. Health and safety of each patient is protected, and
      - ii. Treatment needs of each patient participating in the setting or activity are being met;
  - 3. An acuity plan is developed, documented, and implemented for each unit in the behavioral health inpatient facility that:
    - a. Includes:
      - i. A method that establishes the types and numbers of personnel members that are required for each unit in the behavioral health inpatient facility to ensure patient health and safety, and
      - ii. A policy and procedure stating the steps the behavioral health inpatient facility will take to obtain or assign the necessary personnel members to address patient acuity;
    - b. Is used when making assignments for patient treatment; and
    - c. Is reviewed and updated, as necessary, at least once every 12 months;
  - 4. A patient is assigned to a unit in the behavioral health inpatient facility based, as applicable, on the patient's:
    - a. Presenting issue,
    - b. Substance abuse history,
    - c. Behavioral health treatment history,
    - d. Acuity, and
    - e. Treatment needs; and
  - 5. A patient does not share any space, participate in any activity or treatment, or verbally or physically interact with any other patient that, based on the other patient's documented diagnosis, treatment needs, developmental

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levels, social skills, verbal skills, and personal history, may present a threat to the patient's health and safety.

- B. An administrator shall ensure that counseling is:
  1. Offered as described in the behavioral health inpatient facility's scope of services,
  2. Provided according to the frequency and number of hours identified in the patient's treatment plan, and
  3. Provided by a behavioral health professional or a behavioral health technician.
- C. An administrator shall ensure that each counseling session is documented in a patient's medical record to include:
  1. The date of the counseling session;
  2. The amount of time spent in the counseling session;
  3. Whether the counseling was individual counseling, family counseling, or group counseling;
  4. The treatment goals addressed in the counseling session; and
  5. The signature of the personnel member who provided the counseling and the date signed.
- D. An administrator of a behavioral health inpatient facility authorized to provide pre-petition screening shall ensure pre-petition screening is provided according to the pre-petition screening requirements in A.R.S. Title 36, Chapter 5.
- E. An administrator of a behavioral health inpatient facility authorized to provide court-ordered evaluation shall ensure that court-ordered evaluation is provided according to the court-evaluation requirements in A.R.S. Title 36, Chapter 5.
- F. Except as specified in subsection (G), an administrator is not required to comply with the following provisions in this Chapter for a patient receiving court-ordered evaluation:
  1. Admission requirements in R9-10-307,
  2. Patient assessment requirements in R9-10-307,
  3. Treatment plan requirements in R9-10-308, and
  4. Discharge requirements in R9-10-309.
- G. For a patient receiving court-ordered evaluation who attempts suicide or exhibits suicidal ideation, an administrator shall ensure that the following requirements are met:
  1. Patient assessment requirements in R9-10-307(10), (11), and (12);
  2. Treatment plan requirements in R9-10-308(A)(4)(c); and
  3. Discharge requirements in R9-10-309(B), (F)(2), and (H)(2)(b).
- H. An administrator of a behavioral health inpatient facility authorized to provide court-ordered treatment shall ensure that court-ordered treatment is provided according to the court-ordered treatment requirements in A.R.S. Title 36, Chapter 5.

**Historical Note**

Section R9-10-315, formerly numbered as R9-10-215, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-315 repealed, new Section R9-10-315 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-315 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended

by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2).

**R9-10-316. Seclusion; Restraint**

- A. An administrator shall ensure that restraint is provided according to the requirements in subsection (C).
- B. An administrator of a behavioral health inpatient facility authorized to provide seclusion shall ensure that:
  1. Seclusion is provided according to the requirements in subsection (C);
  2. If a patient is placed in seclusion, the room used for seclusion:
    - a. Is approved for use as a seclusion room by the Department;
    - b. Is not used as a patient's bedroom or a sleeping area;
    - c. Allows full view of the patient in all areas of the room;
    - d. Is free of hazards, such as unprotected light fixtures or electrical outlets;
    - e. Contains at least 60 square feet of floor space; and
    - f. Except as provided in subsection (B)(3), contains a non-adjustable bed that:
      - i. Consists of a mattress on a solid platform that is:
        - (1) Constructed of a durable, non-hazardous material; and
        - (2) Raised off of the floor;
      - ii. Does not have wire springs or a storage drawer; and
      - iii. Is securely anchored in place;
  3. If a room used for seclusion does not contain a non-adjustable bed required in subsection (B)(2)(f):
    - a. A piece of equipment is available that:
      - i. Is commercially manufactured to safely and humanely restrain a patient's body;
      - ii. Provides support to the trunk and head of a patient's body;
      - iii. Provides restraint to the trunk of a patient's body;
      - iv. Is able to restrict movement of a patient's arms, legs, body, and head;
      - v. Allows a patient's body to recline; and
      - vi. Does not inflict harm on a patient's body; and
    - b. Documentation of the manufacturer's specifications for the piece of equipment in subsection (B)(3)(a) is maintained; and
  4. A seclusion room may be used for services or activities other than seclusion if:
    - a. A sign stating the service or activity scheduled or being provided in the room is conspicuously posted outside the room;
    - b. No permanent equipment other than the bed required in subsection (B)(2)(f) is in the room;
    - c. Policies and procedures:
      - i. Delineate which services or activities other than seclusion may be provided in the room,
      - ii. List what types of equipment or supplies may be placed in the room for the delineated services, and
      - iii. Provide for the prompt removal of equipment and supplies from the room before the room is used for seclusion; and
    - d. The sign required in subsection (B)(4)(a) and equipment and supplies in the room, other than the bed



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required in subsection (B)(2)(f), are removed before being used for seclusion.

C. An administrator shall ensure that:

1. Policies and procedures for providing restraint or seclusion are established, documented, and implemented to protect the health and safety of a patient that:
  - a. Establish the process for patient assessment, including identification of a patient's medical conditions and criteria for the on-going monitoring of any identified medical condition;
  - b. Identify each type of restraint or seclusion used and include for each type of restraint or seclusion used:
    - i. The qualifications of a personnel member who can:
      - (1) Order the restraint or seclusion,
      - (2) Place a patient in the restraint or seclusion,
      - (3) Monitor a patient in the restraint or seclusion,
      - (4) Evaluate a patient's physical and psychological well-being after being placed in the restraint or seclusion and when released from the restraint or seclusion, or
      - (5) Renew the order for restraint or seclusion;
    - ii. On-going training requirements for a personnel member who has direct patient contact while the patient is in a restraint or seclusion; and
    - iii. Criteria for monitoring and assessing a patient including:
      - (1) Frequencies of monitoring and assessment based on a patient's medical condition and risks associated with the specific restraint or seclusion;
      - (2) For the renewal of an order for restraint or seclusion, whether an assessment is required before the order is renewed and, if an assessment is required, who may conduct the assessment;
      - (3) Assessment content, which may include, depending on a patient's condition, the patient's vital signs, respiration, circulation, hydration needs, elimination needs, level of distress and agitation, mental status, cognitive functioning, neurological functioning, and skin integrity;
      - (4) If a mechanical restraint is used, how often the mechanical restraint is loosened; and
      - (5) A process for meeting a patient's nutritional needs and elimination needs;
  - c. Establish the criteria and procedures for renewing an order for restraint or seclusion;
  - d. Establish procedures for internal review of the use of restraint or seclusion; and
  - e. Establish medical record and personnel record documentation requirements for restraint and seclusion, if applicable;
2. An order for restraint or seclusion is:
  - a. Obtained from a physician or registered nurse practitioner, and
  - b. Not written as a standing order or on an as-needed basis;
3. Restraint or seclusion is:
  - a. Not used as a means of coercion, discipline, convenience, or retaliation;
  - b. Only used when all of the following conditions are met:
    - i. Except as provided in subsection (C)(4), after obtaining an order for the restraint or seclusion;
    - ii. For the management of a patient's aggressive, violent, or self-destructive behavior;
    - iii. When less restrictive interventions have been determined to be ineffective; and
    - iv. To ensure the immediate physical safety of the patient, to prevent imminent harm to the patient or another individual, or to stop physical harm to another individual; and
  - c. Discontinued at the earliest possible time;
4. If as a result of a patient's aggressive, violent, or self-destructive behavior, harm to the patient or another individual is imminent or the patient or another individual is being physically harmed, a personnel member:
  - a. May initiate an emergency application of restraint or seclusion for the patient before obtaining an order for the restraint or seclusion, and
  - b. Obtains an order for the restraint or seclusion of the patient during the emergency application of the restraint or seclusion;
5. An order for restraint or seclusion includes:
  - a. The name of the physician or registered nurse practitioner ordering the restraint or seclusion;
  - b. The date and time that the restraint or seclusion was ordered;
  - c. The specific restraint or seclusion ordered;
  - d. If a drug is ordered as a chemical restraint, the drug's name, strength, dosage, and route of administration;
  - e. The specific criteria for release from restraint or seclusion without an additional order; and
  - f. The maximum duration authorized for the restraint or seclusion;
6. An order for restraint or seclusion is limited to the duration of the emergency situation and does not exceed three continuous hours;
7. If an order for restraint or seclusion of a patient is not provided by the patient's attending physician, the patient's attending physician is notified as soon as possible;
8. A medical practitioner or personnel member does not participate in restraint or seclusion, assess or monitor a patient during restraint or seclusion, or evaluate a patient after restraint or seclusion, and a physician or registered nurse practitioner does not order restraint or seclusion, until the medical practitioner or personnel member, completes education and training that:
  - a. Includes:
    - i. Techniques to identify medical practitioner, personnel member, and patient behaviors, events, and environmental factors that may trigger circumstances that require restraint or seclusion;
    - ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods;
    - iii. Techniques for identifying the least restrictive intervention based on an assessment of the

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- patient's medical or behavioral health condition;
    - iv. The safe use of restraint and the safe use of seclusion, including training in how to recognize and respond to signs of physical and psychological distress in a patient who is restrained or secluded;
    - v. Clinical identification of specific behavioral changes that indicate that the restraint or seclusion is no longer necessary;
    - vi. Monitoring and assessing a patient while the patient is in restraint or seclusion according to policies and procedures; and
    - vii. Except for the medical practitioner, training exercises in which the personnel member successfully demonstrates the techniques that the medical practitioner or personnel member has learned for managing emergency situations; and
  - b. Is provided by individuals qualified according to policies and procedures;
9. When a patient is placed in restraint or seclusion:
- a. The restraint or seclusion is conducted according to policies and procedures;
  - b. The restraint or seclusion is proportionate and appropriate to the severity of the patient's behavior and the patient's:
    - i. Chronological and developmental age;
    - ii. Size;
    - iii. Gender;
    - iv. Physical condition;
    - v. Medical condition;
    - vi. Psychiatric condition; and
    - vii. Personal history, including any history of physical or sexual abuse;
  - c. The physician or registered nurse practitioner who ordered the restraint or seclusion is available for consultation throughout the duration of the restraint or seclusion;
  - d. The patient is monitored and assessed according to policies and procedures;
  - e. A physician or registered nurse assesses the patient within one hour after the patient is placed in the restraint or seclusion and determines:
    - i. The patient's current behavior,
    - ii. The patient's reaction to the restraint or seclusion used,
    - iii. The patient's medical and behavioral condition, and
    - iv. Whether to continue or terminate the restraint or seclusion;
  - f. The patient is given the opportunity:
    - i. To eat during mealtime, and
    - ii. To use the toilet; and
  - g. The restraint or seclusion is discontinued at the earliest possible time, regardless of the length of time identified in the order;
10. A medical practitioner or personnel member documents the following information in a patient's medical record before the end of the shift in which the patient is placed in restraint or seclusion or, if the patient's restraint or seclusion does not end during the shift in which it began, during the shift in which the patient's restraint or seclusion ends:
- a. The emergency situation that required the patient to be restrained or put in seclusion;
  - b. The times the patient's restraint or seclusion actually began and ended;
  - c. The time of the assessment required in subsection (C)(9)(e);
  - d. The monitoring required in subsection (C)(9)(d);
  - e. The names of the medical practitioners and personnel members with direct patient contact while the patient was in the restraint or seclusion;
  - f. The times the patient was given the opportunity to eat or use the toilet according to subsection (C)(9)(f); and
  - g. The patient evaluation required in subsection (C)(12);
11. If an emergency situation continues beyond the time limit of an order for restraint or seclusion, the order is renewed according to policies and procedures that include:
- a. The specific criteria for release from restraint or seclusion without an additional order, and
  - b. The maximum duration authorized for the restraint or seclusion; and
12. A patient is evaluated after restraint or seclusion is no longer being used for the patient.

**Historical Note**

Section R9-10-316, formerly numbered as R9-10-216, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-316 repealed, new Section R9-10-316 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-316 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-317. Behavioral Health Observation/Stabilization Services**

- A. An administrator of a behavioral health inpatient facility authorized to provide behavioral health observation/stabilization services shall comply with the requirements for behavioral health observation/stabilization services in R9-10-1012.
- B. If a behavioral health inpatient facility is authorized to provide behavioral health observation/stabilization services to individuals under 18 years of age, an administrator shall ensure that, in addition to complying with the requirements in R9-10-1012, the behavioral health inpatient facility complies with the requirements for a patient under 18 years of age, personnel records, and physical plant in R9-10-318.

**Historical Note**

Section R9-10-317, formerly numbered as R9-10-221, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-317 repealed, new Section R9-10-317 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-317 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

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Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-318. Child and Adolescent Residential Treatment Services**

A. An administrator of a behavioral health inpatient facility authorized to provide child and adolescent residential treatment services shall:

1. If abuse, neglect, or exploitation of a patient under 18 years of age is alleged or suspected to have occurred before the patient was accepted or while the patient is not on the premises and not receiving services from an employee or personnel member of the behavioral health inpatient facility, report the alleged or suspected abuse, neglect, or exploitation of the patient according to A.R.S. § 13-3620;
2. If the administrator has a reasonable basis, according to A.R.S. § 13-3620, to believe that abuse, neglect, or exploitation of a patient under 18 years of age has occurred on the premises or while the patient is receiving services from an employee or a personnel member:
  - a. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
  - b. Report the suspected abuse, neglect, or exploitation of the patient according to A.R.S. § 13-3620;
  - c. Document:
    - i. The suspected abuse, neglect, or exploitation;
    - ii. Any action taken according to subsection (A)(2)(a); and
    - iii. The report in subsection (A)(2)(b);
  - d. Maintain the documentation in subsection (A)(2)(c) for at least 12 months after the date of the report in subsection (A)(2)(b);
  - e. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (A)(2)(b):
    - i. The dates, times, and description of the suspected abuse, neglect, or exploitation;
    - ii. A description of any injury to the patient related to the suspected abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;
    - iii. The names of witnesses to the suspected abuse, neglect, or exploitation; and
    - iv. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
  - f. Maintain a copy of the documented information required in subsection (A)(2)(e) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated;
3. If a patient who is under 18 years of age is absent and the absence is unauthorized as determined according to the criteria in R9-10-303(H), within an hour after determining that the patient's absence is unauthorized, notify:
  - a. Except as provided in subsection (A)(3)(b), the patient's parent or legal guardian; and
  - b. For a patient who is under a court's jurisdiction, the appropriate court or a person designated by the appropriate court;
4. Document the notification in subsection (A)(3) in the patient's medical record and the written log required in R9-10-303(I)(3);
5. In addition to the personnel records requirements in R9-10-306(F), ensure that a personnel record for each employee, volunteer, and student contains documentation of the individual's compliance with the finger-printing requirements in A.R.S. § 36-425.03;
6. Ensure that the patient's representative for a patient who is under 18 years of age:
  - a. Except in an emergency, either consents to or refuses treatment;
  - b. May refuse or withdraw consent to treatment before treatment is initiated, unless the treatment is ordered by a court according to A.R.S. Title 36, Chapter 5 or A.R.S. § 8-341.01; is necessary to save the patient's life or physical health; or is provided according to A.R.S. § 36-512;
  - c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication and the associated risks and possible complications of the proposed psychotropic medication;
  - d. Is informed of the following:
    - i. The policy on health care directives, and
    - ii. The patient complaint process; and
  - e. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
    - i. Medical record, or
    - ii. Financial records;
7. In addition to the restrictions provided in R9-10-311(C), ensure that a parent of a patient under 18 years of age is allowed to restrict the patient from:
  - a. Associating with individuals of the patient's choice, receiving visitors, and making telephone calls during the hours established by the behavioral health inpatient facility;
  - b. Having privacy in correspondence, communication, visitation, financial affairs, and personal hygiene; and
  - c. Sending and receiving uncensored and unopened mail;
8. Establish, document, and implement policies and procedures to ensure that a patient is protected from the following from other patients at the behavioral health inpatient facility:
  - a. Threats,
  - b. Ridicule,
  - c. Verbal harassment,
  - d. Punishment, or
  - e. Abuse;
9. Ensure that:
  - a. The interior of the behavioral health inpatient facility has furnishings and decorations appropriate to the ages of the patients receiving services at the behavioral health inpatient facility;
  - b. A patient older than three years of age does not sleep in a crib;
  - c. Clean and non-hazardous toys, educational materials, and physical activity equipment are available and accessible to patients in a quantity sufficient to meet each patient's needs and are appropriate to each patient's age, developmental level, and treatment needs; and

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- d. A patient's educational needs are addressed according to A.R.S. Title 15, Chapter 7, Article 4;
- 10. In addition to the requirements for seclusion or restraint in R9-10-316, ensure that:
  - a. An order for restraint or seclusion is limited to the duration of the emergency situation and does not exceed:
    - i. Two continuous hours for a patient who is between the ages of nine and 17, or
    - ii. One continuous hour for a patient who is younger than nine; and
  - b. Requirements are established for notifying the parent or guardian of a patient who is under 18 years of age and who is restrained or secluded; and
- 11. Prohibit a patient under 18 years of age from possessing or using tobacco products on the premises.
- B.** An administrator of a behavioral health inpatient facility authorized to provide child and adolescent residential treatment services may continue to provide behavioral health services to a patient who is 18 years of age or older:
  - 1. If the patient:
    - a. Was admitted to the behavioral health inpatient facility before the patient's 18th birthday,
    - b. Is not 21 years of age or older, and
    - c. Is completing high school or a high school equivalency diploma or participating in a job training program; or
  - 2. Through the last calendar day of the month of the patient's 18th birthday.

**Historical Note**

Section R9-10-318, formerly numbered as R9-10-222, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-318 repealed, new Section R9-10-318 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-318 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-318 renumbered to R9-10-319; new Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1).

**R9-10-319. Detoxification Services**

An administrator of a behavioral health inpatient facility authorized to provide detoxification services shall ensure that:

- 1. Detoxification services are available;
- 2. Policies and procedures state:
  - a. Whether the behavioral health inpatient facility is authorized to provide involuntary, court-ordered alcohol treatment;
  - b. Whether the behavioral health inpatient facility includes a local alcoholism reception center, as defined in A.R.S. § 36-2021;
  - c. The types of substances for which the behavioral health inpatient facility provides detoxification services;
  - d. The detoxification process or processes used by the behavioral health inpatient facility; and

- e. When an adjustable bed can be used by a patient and what actions are necessary, including supervision, to protect the patient's health and safety when the patient is in an adjustable bed; and
- 3. A physician or registered nurse practitioner with skills and knowledge in providing detoxification services is present at the behavioral health inpatient facility or on-call.

**Historical Note**

Section R9-10-319, formerly numbered as R9-10-223, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-319 repealed, new Section R9-10-319 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-319 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-319 renumbered to R9-10-320; new Section R9-10-319 renumbered from R9-10-318 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-320. Medication Services**

**A.** An administrator shall ensure that policies and procedures for medication services:

- 1. Include:
  - a. A process for providing information to a patient about medication prescribed for the patient including:
    - i. The prescribed medication's anticipated results,
    - ii. The prescribed medication's potential adverse reactions,
    - iii. The prescribed medication's potential side effects, and
    - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
  - b. Procedures for preventing, responding to, and reporting:
    - i. A medication error,
    - ii. An adverse reaction to a medication, or
    - iii. A medication overdose;
  - c. Procedures to ensure that a patient's medication regimen is reviewed by a medical practitioner to ensure the medication regimen meets the patient's needs;
  - d. Procedures for documenting medication administration and assistance in the self-administration of medication;
  - e. Procedures for assisting a patient in obtaining medication; and
  - f. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
  - g. If applicable, donated medicine according to A.R.S. § 32-1909.
- 2. Specify a process for review through the quality management program of:
  - a. A medication administration error, and
  - b. An adverse reaction to a medication.

**B.** If a behavioral health inpatient facility provides medication administration, an administrator shall ensure that:

- 1. Policies and procedures for medication administration:

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- a. Are reviewed and approved by a medical practitioner;
  - b. Specify the individuals who may:
    - i. Order medication, and
    - ii. Administer medication;
  - c. Ensure that medication is administered to a patient only as prescribed; and
  - d. Cover the documentation of a patient's refusal to take prescribed medication in the patient's medical record;
- 2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
- 3. A medication administered to a patient is:
  - a. Administered in compliance with an order, and
  - b. Documented in the patient's medical record.
- C. If a behavioral health inpatient facility provides assistance in the self-administration of medication, an administrator shall ensure that:
  - 1. A patient's medication is stored by the behavioral health inpatient facility;
  - 2. The following assistance is provided to a patient:
    - a. A reminder when it is time to take the medication;
    - b. Opening the medication container for the patient;
    - c. Observing the patient while the patient removes the medication from the container;
    - d. Verifying that the medication is taken as ordered by the patient's medical practitioner by confirming that:
      - i. The patient taking the medication is the individual stated on the medication container label,
      - ii. The patient is taking the dosage of the medication stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label, and
      - iii. The patient is taking the medication at the time stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label; or
    - e. Observing the patient while the patient takes the medication;
  - 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or registered nurse;
  - 4. Training for a personnel member, other than a medical practitioner or registered nurse, in assistance in the self-administration of medication:
    - a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse; and
    - b. Includes:
      - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
      - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
      - iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;
  - 5. A personnel member, other than a medical practitioner or registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
- 6. Assistance in the self-administration of medication provided to a patient:
  - a. Is in compliance with an order, and
  - b. Is documented in the patient's medical record.
- D. An administrator shall ensure that:
  - 1. A current drug reference guide is available for use by personnel members;
  - 2. A current toxicology reference guide is available for use by personnel members; and
  - 3. If pharmaceutical services are provided on the premises:
    - a. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures, is established to:
      - i. Develop a drug formulary,
      - ii. Update the drug formulary at least once every 12 months,
      - iii. Develop medication usage and medication substitution policies and procedures, and
      - iv. Specify which medications and medication classifications are required to be stopped automatically after a specific time period unless the ordering medical practitioner specifically orders otherwise;
    - b. The pharmaceutical services are provided under the direction of a pharmacist;
    - c. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
    - d. A copy of the pharmacy license is provided to the Department upon request.
- E. When medication is stored at a behavioral health inpatient facility, an administrator shall ensure that:
  - 1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
  - 2. Medication is stored according to the instructions on the medication container; and
  - 3. Policies and procedures are established, documented, and implemented for:
    - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication;
    - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
    - c. A medication recall and notification of patients who received recalled medication; and
    - d. Storing, inventorying, and dispensing controlled substances.
- F. An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the behavioral health inpatient facility's clinical director.

**Historical Note**

Section R9-10-320, formerly numbered as R9-10-231, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-320 repealed, new Section R9-10-320 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8

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A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).  
 New Section R9-10-320 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).  
 R9-10-320 renumbered to R9-10-321; new Section R9-10-320 renumbered from R9-10-319 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).  
 Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-321. Food Services****A.** An administrator shall ensure that:

1. The behavioral health inpatient facility obtains a license or permit as a food establishment under 9 A.A.C. 8, Article 1;
2. A copy of the behavioral health inpatient facility's food establishment license or permit is maintained;
3. If a behavioral health inpatient facility contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the behavioral health inpatient facility:
  - a. A copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the behavioral health inpatient facility; and
  - b. The behavioral health inpatient facility is able to store, refrigerate, and reheat food to meet the dietary needs of a patient;
4. A registered dietitian is employed full-time, part-time, or as a consultant; and
5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to meet the nutritional needs of the patients.

**B.** A registered dietitian or director of food services shall ensure that:

1. A food menu:
  - a. Is prepared at least one week in advance,
  - b. Includes the foods to be served each day,
  - c. Is conspicuously posted at least one calendar day before the first meal on the food menu will be served,
  - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
  - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
2. Meals and snacks provided by the behavioral health inpatient facility are served according to posted menus;
3. Meals and snacks for each day are planned using:
  - a. The applicable guidelines in the most recent dietary guidelines according to the U.S. Department of Health and Human Services and U.S. Department of Agriculture, and
  - b. Preferences for meals and snacks obtained from patients;
4. A patient is provided:
  - a. A diet that meets the patient's nutritional needs as specified in the patient's assessment or treatment plan;
  - b. Three meals a day with not more than 14 hours between the evening meal and breakfast except as provided in subsection (B)(4)(d);
  - c. The option to have a daily evening snack identified in subsection (B)(4)(d)(ii) or other snack; and

- d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
  - i. A patient group agrees; and
  - ii. The patient is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;

5. A patient requiring assistance to eat is provided with assistance that recognizes the patient's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and

6. Water is available and accessible to patients.

**C.** An administrator shall ensure that food is obtained, prepared, served, and stored as follows:

1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
2. Food is protected from potential contamination;
3. Food is prepared:
  - a. Using methods that conserve nutritional value, flavor, and appearance; and
  - b. In a form to meet the needs of a patient such as cut, chopped, ground, pureed, or thickened;
4. Potentially hazardous food is maintained as follows:
  - a. Foods requiring refrigeration are maintained at 41° F or below; and
  - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
    - i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
    - ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
    - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
    - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
    - v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
    - vi. Leftovers are reheated to a temperature of at least 165° F;
5. A refrigerator contains a thermometer, accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
6. Frozen foods are stored at a temperature of 0° F or below; and
7. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

**Historical Note**

Section R9-10-321, formerly numbered as R9-10-232, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-321 repealed, new Section R9-10-321 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-321 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-321 renumbered to R9-10-322; new Section R9-10-321 renumbered from R9-10-320 and amended by

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exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-322. Emergency and Safety Standards**

**A.** An administrator shall ensure that a behavioral health inpatient facility has:

1. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-104.01, and a sprinkler system installed according to the National Fire Protection Association 13 Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01, that are in working order; or
2. An alternative method to ensure a patient's safety, documented and approved by the local jurisdiction.

**B.** An administrator shall ensure that:

1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
  - a. When, how, and where patients will be relocated;
  - b. How a patient's medical record will be available to individuals providing services to the patient during a disaster;
  - c. A plan to ensure each patient's medication will be available to administer to the patient during a disaster; and
  - d. A plan for obtaining food and water for individuals present in the behavioral health inpatient facility or the behavioral health inpatient facility's relocation site during a disaster;
2. The disaster plan required in subsection (B)(1) is reviewed at least once every 12 months;
3. Documentation of a disaster plan review required in subsection (B)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
  - a. The date and time of the disaster plan review;
  - b. The name of each personnel member, employee, volunteer, or student participating in the disaster plan review;
  - c. A critique of the disaster plan review; and
  - d. If applicable, recommendations for improvement;
4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
5. An evacuation drill for employees and patients:
  - a. Is conducted at least once every six months; and
  - b. Includes all individuals on the premises except for:
    - i. A patient whose medical record contains documentation that evacuation from the behavioral health inpatient facility would cause harm to the patient, and
    - ii. Sufficient personnel members to ensure the health and safety of patients not evacuated according to subsection (B)(5)(b)(i);
6. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
  - a. The date and time of the evacuation drill;
  - b. The amount of time taken for employees and patients to evacuate to a designated area;
  - c. If applicable:

- i. An identification of patients needing assistance for evacuation, and
  - ii. An identification of patients who were not evacuated;
  - d. Any problems encountered in conducting the evacuation drill; and
  - e. Recommendations for improvement, if applicable; and
7. An evacuation path is conspicuously posted on each hallway of each floor of the behavioral health inpatient facility.
- C.** An administrator shall:
1. Obtain a fire inspection conducted according to the timeframe established by the local fire department or the State Fire Marshal,
  2. Make any repairs or corrections stated on the fire inspection report, and
  3. Maintain documentation of a current fire inspection.

**Historical Note**

Section R9-10-322, formerly numbered as R9-10-233, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-322 repealed, new Section R9-10-322 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-322 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-322 renumbered to R9-10-323; new Section R9-10-322 renumbered from R9-10-321 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**R9-10-323. Environmental Standards**

**A.** An administrator shall ensure that:

1. The premises and equipment are:
  - a. Cleaned and, if applicable, disinfected according to policies and procedures designed to prevent, minimize, and control illness or infection; and
  - b. Free from a condition or situation that may cause a patient or other individual to suffer physical injury;
2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
3. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
4. Equipment used at the behavioral health inpatient facility is:
  - a. Maintained in working order;
  - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
  - c. Used according to the manufacturer's recommendations;
5. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
6. Garbage and refuse are:

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- a. In areas used for food storage, food preparation, or food service, stored in covered containers lined with plastic bags;
  - b. In areas not used for food storage, food preparation, or food service, stored:
    - i. According to the requirements in subsection (6)(a), or
    - ii. In a paper-lined container that is cleaned and sanitized as often as necessary to ensure that the container is clean; and
  - c. Removed from the premises at least once a week;
  7. Heating and cooling systems maintain the behavioral health inpatient facility at a temperature between 70° F and 84° F;
  8. Common areas:
    - a. Are lighted to assure the safety of patients, and
    - b. Have lighting sufficient to allow personnel members to monitor patient activity;
  9. Hot water temperatures are maintained between 95° F and 120° F in the areas of a behavioral health inpatient facility used by patients;
  10. The supply of hot and cold water is sufficient to meet the personal hygiene needs of patients and the cleaning and sanitation requirements in this Article;
  11. Soiled linen and soiled clothing stored by the behavioral health inpatient facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;
  12. Oxygen containers are secured in an upright position;
  13. Poisonous or toxic materials stored by the behavioral health inpatient facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to patients;
  14. Combustible or flammable liquids and hazardous materials stored by a behavioral health inpatient facility are stored in the original labeled containers or safety containers in a locked area inaccessible to patients;
  15. If pets or animals are allowed in the behavioral health inpatient facility, pets or animals are:
    - a. Controlled to prevent endangering the patients and to maintain sanitation;
    - b. Licensed consistent with local ordinances; and
    - c. For a dog or cat, vaccinated against rabies;
  16. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
    - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
    - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
    - c. Documentation of testing is maintained for at least 12 months after the date of the test; and
  17. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to applicable state laws and rules.
- B.** An administrator shall ensure that:
1. Smoking tobacco products is not permitted within a behavioral health inpatient facility; and
  2. Except as provided in R9-10-318(A)(11), smoking tobacco products may be permitted on the premises outside a behavioral health inpatient facility if:
    - a. Signs designating smoking areas are conspicuously posted, and
    - b. Smoking is prohibited in areas where combustible materials are stored or in use.
- C.** If a swimming pool is located on the premises, an administrator shall ensure that:
1. At least one personnel member with cardiopulmonary resuscitation training that meets the requirements in R9-10-303(C)(1)(e) is present in the pool area when a patient is in the pool area, and
  2. At least two personnel members are present in the pool area when two or more patients are in the pool area.

**Historical Note**

Section R9-10-323, formerly numbered as R9-10-234, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-323 repealed, new Section R9-10-323 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-323 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-323 renumbered to R9-10-324; new Section R9-10-323 renumbered from R9-10-322 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

**R9-10-324. Physical Plant Standards**

- A.** An administrator shall ensure that the premises and equipment are sufficient to accommodate:
1. The services stated in the behavioral health inpatient facility's scope of services, and
  2. An individual accepted as a patient by the behavioral health inpatient facility.
- B.** An administrator shall ensure that:
1. A behavioral health inpatient facility has a:
    - a. Waiting area with seating for patients and visitors;
    - b. Room that provides privacy for a patient to receive treatment or visitors; and
    - c. Common area and a dining area that:
      - i. Are not converted, partitioned, or otherwise used as a sleeping area; and
      - ii. Contain furniture and materials to accommodate the recreational and socialization needs of the patients and other individuals in the behavioral health inpatient facility;
  2. A bathroom is available for use by visitors during the behavioral health inpatient facility's hours of operation and:
    - a. Provides privacy; and
    - b. Contains:
      - i. A working sink with running water,
      - ii. A working toilet that flushes and has a seat,
      - iii. Toilet tissue,
      - iv. Soap for hand washing,
      - v. Paper towels or a mechanical air hand dryer,
      - vi. Lighting, and
      - vii. A window that opens or another means of ventilation;



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3. For every six patients, there is at least one working toilet that flushes and has a seat and one sink with running water;
  4. For every eight patients, there is at least one working bathtub or shower with a slip-resistant surface;
  5. A patient bathroom complies with the following:
    - a. Provides privacy when in use;
    - b. Contains:
      - i. A shatterproof mirror, unless the patient's treatment plan requires otherwise;
      - ii. A window that opens or another means of ventilation; and
      - iii. Nonporous surfaces for shower enclosures and slip-resistant surfaces in tubs and showers;
    - c. Has plumbing, piping, ductwork, or other potentially hazardous elements concealed above a ceiling;
    - d. If the bathroom or shower area has a door, the door swings outward to allow for staff emergency access;
    - e. If grab bars for the toilet and tub or shower or other assistive devices are identified in the patient's treatment plan, has grab bars or other assistive devices to provide for patient safety;
    - f. If a grab bar is provided, has the space between the grab bar and the wall filled to prevent a cord being tied around the grab bar;
    - g. Does not contain a towel bar, a shower curtain rod, or a lever handle that is not a specifically designed anti-ligature lever handle;
    - h. Has tamper-resistant lighting fixtures, sprinkler heads, and electrical outlets; and
    - i. For a bathroom with a sprinkler head where a patient is not supervised while the patient is in the bathroom, has a sprinkler head that is recessed or designed to minimize patient access;
  6. If a patient bathroom door locks from the inside, an employee has a key and access to the bathroom;
  7. Each patient is provided a bedroom for sleeping;
  8. A patient bedroom complies with the following:
    - a. Is not used as a common area;
    - b. Is not used as a passageway to another bedroom or bathroom unless the bathroom is for the exclusive use of a patient occupying the bedroom;
    - c. Contains a door that opens into a hallway, common area, or outdoors and, except as provided in subsection (E), another means of egress;
    - d. Is constructed and furnished to provide unimpeded access to the door;
    - e. Has window or door covers that provide patient privacy;
    - f. Has floor to ceiling walls;
    - g. Is a:
      - i. Private bedroom that contains at least 60 square feet of floor space, not including the closet; or
      - ii. Shared bedroom that:
        - (1) Is shared by no more than four patients;
        - (2) Contains, except as provided in subsection (B)(9), at least 60 square feet of floor space, not including a closet, for each patient occupying the bedroom; and
        - (3) Provides sufficient space between beds to ensure that a patient has unobstructed access to the bedroom door;
    - h. Contains for each patient occupying the bedroom:
      - i. A bed that is: at least 36 inches wide and at least 72 inches long, and consists of at least a frame and mattress and linens that is not a threat to health and safety; and
      - ii. Individual storage space for personnel effects and clothing such as shelves, a dresser, or chest of drawers;
    - i. Has clean linen for each bed including mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, bedspread, waterproof mattress covers as needed, and blankets to ensure warmth and comfort for each patient;
    - j. Has sufficient lighting for a patient occupying the bedroom to read; and
    - k. If applicable, has a drawer pull that is recessed to eliminate the possibility of use as a tie-off point;
  9. If a behavioral health inpatient facility licensed before November 1, 2003 was approved for 50 square feet of floor space for each patient in a bedroom, ensure that the bedroom contains at least 50 square feet for each patient not including the closet;
  10. In a patient bathroom or a patient bedroom:
    - a. The ceiling is secured from access or at least 9 feet in height; and
    - b. A ventilation grille is:
      - i. Secured and has perforations that are too small to use as a tie-off point, or
      - ii. Of sufficient height to prevent patient access;
  11. For a door located in an area of the behavioral health inpatient facility that is accessible to patients:
    - a. A door closing device, if used on a patient bedroom door, is mounted on the public side of the door;
    - b. A door's hinges are designed to minimize points for hanging;
    - c. Except for a door lever handle that contains specifically designed anti-ligature hardware, a door lever handle points downward when in the latched or unlatched position; and
    - d. Hardware has tamper-resistant fasteners; and
  12. A window located in an area of the behavioral health inpatient facility that is accessible to patients is fabricated with laminated safety glass or protected by polycarbonate, laminate, or safety screens.
- C. An administrator of a licensed behavioral health inpatient facility may submit a request, in a Department-provided format, for additional time to comply with a physical plant requirement in subsection (B)(5)(c) through (B)(5)(i), (B)(10), (B)(11), or (B)(12) that includes:
1. The rule citation for the specific plant requirement,
  2. The current physical plant condition that does not comply with the physical plant requirement,
  3. How the current physical plant condition will be changed to comply with the physical plant requirement,
  4. Estimated completion date of the identified physical plant change, and
  5. Specific actions taken to ensure the health and safety of a patient until the physical plant requirement is met.
- D. When the Department receives a request for additional time to comply with a physical plant requirement in subsection (B)(5)(c) through (B)(5)(i), (B)(10), (B)(11), or (B)(12) submitted according to subsection (C), the Department may approve the request for up to 24 months after the effective date of these rules based on:

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1. The behavioral health inpatient facility's scope of services,
  2. The expected patient acuity based on the behavioral health inpatient facility's scope of services,
  3. The specific physical plant requirement in the request, and
  4. The threat to patients' health and safety.
- E.** A bedroom in a behavioral health inpatient facility is not required to have a second means of egress if:
1. An administrator ensures that policies and procedures are established, documented, and implemented that provide for the safe evacuation of a patient in the bedroom based on the patient's physical and mental limitations and the location of the bedroom; or
  2. The building where the bedroom is located has a fire alarm system and a sprinkler system required in R9-10-322(A)(1).
- F.** If a swimming pool is located on the premises, an administrator shall ensure that:
1. The swimming pool is enclosed by a wall or fence that:
    - a. Is at least five feet in height as measured on the exterior of the wall or fence;
    - b. Has no vertical openings greater than four inches across;
    - c. Has no horizontal openings, except as described in subsection (F)(1)(e);
    - d. Is not chain-link;
    - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
    - f. Has a self-closing, self-latching gate that:
      - i. Opens away from the swimming pool,
      - ii. Has a latch located at least 54 inches from the ground, and
      - iii. Is locked when the swimming pool is not in use; and
  2. A life preserver or shepherd's crook is available and accessible in the pool area.
- G.** An administrator shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (F)(1) is covered and locked when not in use.

**Historical Note**

Section R9-10-324, formerly numbered as R9-10-235, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-324 repealed, new Section R9-10-324 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-324 renumbered from R9-10-323 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-325. Repealed****Historical Note**

Section R9-10-325, formerly numbered as R9-10-236, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-325 repealed, new Section R9-10-325 adopted effective February 4, 1981

(Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-326. Repealed****Historical Note**

Section R9-10-326, formerly numbered as R9-10-237, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-326 repealed, new Section R9-10-326 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-327. Repealed****Historical Note**

Section R9-10-327, formerly numbered as R9-10-241, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-327 repealed, new Section R9-10-327 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-328. Repealed****Historical Note**

Section R9-10-328, formerly numbered as R9-10-242, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-328 repealed, new Section R9-10-328 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-329. Repealed****Historical Note**

Section R9-10-329, formerly numbered as R9-10-243, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-329 repealed, new Section R9-10-329 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-330. Repealed****Historical Note**

Section R9-10-330, formerly numbered as R9-10-244, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-330 repealed, new Section R9-10-330 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-331. Repealed****Historical Note**

Section R9-10-331, formerly numbered as R9-10-245, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979

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(Supp. 79-3). Former Section R9-10-331 repealed, new Section R9-10-331 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-332. Repealed****Historical Note**

Section R9-10-332, formerly numbered as R9-10-246, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-332 repealed, new Section R9-10-332 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-333. Repealed****Historical Note**

Section R9-10-333, formerly numbered as R9-10-247, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-333 repealed, new Section R9-10-333 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-334. Repealed****Historical Note**

Section R9-10-334, formerly numbered as R9-10-249, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Repealed effective February 4, 1981 (Supp. 81-1).

**R9-10-335. Repealed****Historical Note**

Section R9-10-335, formerly numbered as R9-10-250, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Repealed effective February 4, 1981 (Supp. 81-1).

**ARTICLE 4. NURSING CARE INSTITUTIONS**

*Article 4, consisting of Sections R9-10-411 through R9-10-438, repealed at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).*

**R9-10-401. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definitions apply in this Article unless otherwise specified:

1. "Administrator" has the same meaning as in A.R.S. § 36-446.
2. "Care plan" means a documented description of physical health services and behavioral health services expected to be provided to a resident, based on the resident's comprehensive assessment, that includes measurable objectives and the methods for meeting the objectives.
3. "Direct care" means medical services, nursing services, or social services provided to a resident.

4. "Director of nursing" means an individual who is responsible for the nursing services provided in a nursing care institution.
5. "Highest practicable" means a resident's optimal level of functioning and well-being based on the resident's current functional status and potential for improvement as determined by the resident's comprehensive assessment.
6. "Intermittent" means not on a regular basis.
7. "Nursing care institution services" means medical services, nursing services, behavioral care, health-related services, ancillary services, social services, and environmental services provided to a resident.
8. "Resident group" means residents or residents' family members who:
  - a. Plan and participate in resident activities, or
  - b. Meet to discuss nursing care institution issues and policies.
9. "Secured" means the use of a method, device, or structure that:
  - a. Prevents a resident from leaving an area of the nursing care institution's premises, or
  - b. Alerts a personnel member of a resident's departure from the nursing care institution.
10. "Social services" means assistance provided to or activities provided for a resident to maintain or improve the resident's physical, mental, and psychosocial capabilities.
11. "Total health condition" means a resident's overall physical and psychosocial well-being as determined by the resident's comprehensive assessment.
12. "Unnecessary drug" means a medication that is not required because:
  - a. There is no documented indication for a resident's use of the medication;
  - b. The medication is duplicative;
  - c. The medication is administered before determining whether the resident requires the medication; or
  - d. The resident has experienced an adverse reaction from the medication, indicating that the medication should be reduced or discontinued.
13. "Ventilator" means a device designed to provide, to a resident who is physically unable to breathe or who is breathing insufficiently, the mechanism of breathing by mechanically moving breathable air into and out of the resident's lungs.

**Historical Note**

New Section R9-10-401 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-402. Supplemental Application Requirements**

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as a nursing care institution shall include:

1. In a Department-provided format whether the applicant:
  - a. Has:
    - i. A secured area for a resident with Alzheimer's disease or other dementia, or
    - ii. An area for a resident on a ventilator;
  - b. Is requesting authorization to provide to a resident:

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- i. Behavioral health services,
  - ii. Clinical laboratory services,
  - iii. Dialysis services, or
  - iv. Radiology services and diagnostic imaging services; and
- c. Is requesting authorization to operate a nutrition and feeding assistant training program; and
- 2. If the governing authority is requesting authorization to operate a nutrition and feeding assistant training program, the information and documentation in R9-10-116(B)(1)(a), (B)(1)(c), and (B)(2).

**Historical Note**

New Section R9-10-402 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-403. Administration**

- A.** A governing authority shall:
  - 1. Consist of one or more individuals responsible for the organization, operation, and administration of a nursing care institution;
  - 2. Establish, in writing, the nursing care institution's scope of services;
  - 3. Designate, in writing, a nursing care institution administrator licensed according to A.R.S. Title 36, Chapter 4, Article 6;
  - 4. Adopt a quality management program according to R9-10-404;
  - 5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
  - 6. Designate, in writing, an acting administrator licensed according to A.R.S. § Title 36, Chapter 4, Article 6, if the administrator is:
    - a. Expected not to be present on the nursing care institution's premises for more than 30 calendar days, or
    - b. Not present on the nursing care institution's premises for more than 30 calendar days; and
  - 7. Except as permitted in subsection (A)(6), when there is a change of administrator, notify the Department according to A.R.S. § 36-425(I) and submit a copy of the new administrator's license under A.R.S. Title 36, Chapter 4, Article 6 to the Department.
- B.** An administrator:
  - 1. Is directly accountable to the governing authority of a nursing care institution for the daily operation of the nursing care institution and all services provided by or at the nursing care institution;
  - 2. Has the authority and responsibility to manage the nursing care institution;
  - 3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the nursing care institution's premises and accountable for the nursing care institution when the administrator is not present on the nursing care institution's premises;
  - 4. Ensures the nursing care institution's compliance with A.R.S. § 36-411; and
- 5. If the nursing care institution provides feeding and nutrition assistant training, ensures the nursing care institution complies with the requirements for the operation of a feeding and nutrition assistant training program in R9-10-116.
- C.** An administrator shall ensure that:
  - 1. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident that:
    - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
    - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students, including the training required in A.R.S. § 36-420.01;
    - c. Include how a personnel member may submit a complaint relating to resident care;
    - d. Include methods to prevent abuse or neglect of a resident and reporting requirements in compliance with A.R.S. §§ 13-3620 and 46-454, including:
      - i. Training of personnel members, at least annually, on how to recognize the signs and symptoms of abuse or neglect; and
      - ii. Reporting of abuse or neglect of a resident;
    - e. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
    - f. Cover requirements related to cardiopulmonary resuscitation including:
      - i. Which personnel members are required to obtain cardiopulmonary resuscitation training;
      - ii. The method and content of cardiopulmonary resuscitation training, which includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation;
      - iii. The qualifications for an individual to provide cardiopulmonary resuscitation training;
      - iv. The time-frame for renewal of cardiopulmonary resuscitation training;
      - v. The documentation that verifies an individual has received cardiopulmonary resuscitation training; and
      - vi. The circumstances for providing cardiopulmonary resuscitation to a resident, consistent with A.R.S. § 36-420(B);
    - g. Cover requirements related to first aid, including training and the circumstances for providing first aid to a resident, consistent with A.R.S. § 36-420(B);
    - h. Include a method to identify a resident to ensure the resident receives physical health services and behavioral health services as ordered;
    - i. Cover resident rights, including assisting a resident who does not speak English or who has a disability to become aware of resident rights;
    - j. Cover specific steps for:
      - i. A resident to file a complaint, and
      - ii. The nursing care institution to respond to a resident's complaint;
    - k. Cover health care directives;
    - l. Cover medical records, including electronic medical records;
    - m. Cover a quality management program, including incident reports and supporting documentation;

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- n. Cover contracted services;
  - o. Cover resident's personal accounts;
  - p. Cover petty cash funds;
  - q. Cover fees and refund policies;
  - r. Cover misappropriation of resident property;
  - s. Cover when an individual may visit a resident in a nursing care institution; and
  - t. Cover religious visitation by a clergy member in compliance with A.R.S. § 36-407.02; and
2. Policies and procedures for physical health services and behavioral health services are established, documented, and implemented to protect the health and safety of a resident that:
- a. Cover resident screening, admission, transport, transfer, discharge planning, and discharge;
  - b. Cover the provision of physical health services and behavioral health services;
  - c. Include when general consent and informed consent are required;
  - d. Cover storing, dispensing, administering, and disposing of medication;
  - e. Cover infection control;
  - f. Cover how personnel members will respond to a resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;
  - g. Cover telehealth, if applicable; and
  - h. Cover environmental services that affect resident care;
3. Policies and procedures are reviewed at least once every three years and updated as needed;
4. Policies and procedures are available to personnel members, employees, volunteers, and students; and
5. Unless otherwise stated:
- a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
  - b. When documentation or information is required by this Chapter to be submitted on behalf of a nursing care institution, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the nursing care institution.
- D.** Except for health screening services, an administrator shall ensure that medical services, nursing services, health-related services, behavioral health services, or ancillary services provided by a nursing care institution are only provided to a resident.
- E.** If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was admitted or while the resident is not on the premises and not receiving services from a nursing care institution's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the resident as follows:
- 1. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
  - 2. For a resident under 18 years of age, according to A.R.S. § 13-3620.
- F.** If an administrator has a reasonable basis, according to A.R.S. § 13-3620 or § 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a resident is receiving services from a nursing care institution's employee or personnel member, an administrator shall:
- 1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
  - 2. Report the suspected abuse, neglect, or exploitation of the resident as follows:
    - a. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
    - b. For a resident under 18 years of age, according to A.R.S. § 13-3620;
  - 3. Document:
    - a. The suspected abuse, neglect, or exploitation;
    - b. Any action taken according to subsection (F)(1); and
    - c. The report in subsection (F)(2);
  - 4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
  - 5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
    - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
    - b. A description of any injury to the resident related to the suspected abuse or neglect and any change to the resident's physical, cognitive, functional, or emotional condition;
    - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
    - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
  - 6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- G.** An administrator shall:
- 1. Allow a resident advocate to assist a resident, the resident's representative, or a resident group with a request or recommendation, and document in writing any complaint submitted to the nursing care institution;
  - 2. Ensure that a monthly schedule of recreational activities for residents is developed, documented, and implemented; and
  - 3. Ensure that the following are conspicuously posted on the premises:
    - a. The current nursing care institution license and quality rating issued by the Department;
    - b. The name, address, and telephone number of:
      - i. The Department's Office of Long Term Care,
      - ii. The State Long-Term Care Ombudsman Program, and
      - iii. Adult Protective Services of the Department of Economic Security;
    - c. A notice that a resident may file a complaint with the Department concerning the nursing care institution;
    - d. The monthly schedule of recreational activities; and
    - e. One of the following:
      - i. A copy of the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect; or
      - ii. A notice that the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect are available for review upon request.

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- H.** An administrator shall provide written notification to the Department of a resident's:
1. Death, if the resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death; and
  2. Self-injury, within two working days after the resident inflicts a self-injury that requires immediate intervention by an emergency medical services provider.
- I.** If an administrator administers a resident's personal account at the request of the resident or the resident's representative, the administrator shall:
1. Comply with policies and procedures established according to subsection (C)(1)(n);
  2. Designate a personnel member who is responsible for the personal accounts;
  3. Maintain a complete and separate accounting of each personal account;
  4. Obtain written authorization from the resident or the resident's representative for a personal account transaction;
  5. Document an account transaction and provide a copy of the documentation to the resident or the resident's representative upon request and at least every three months;
  6. Transfer all money from the resident's personal account in excess of \$50.00 to an interest-bearing account and credit the interest to the resident's personal account; and
  7. Within 30 calendar days after the resident's death, transfer, or discharge, return all money in the resident's personal account and a final accounting to the resident, the resident's representative, or the probate jurisdiction administering the resident's estate.
- J.** If a petty cash fund is established for use by residents, the administrator shall ensure that:
1. The policies and procedures established according to subsection (C)(1)(o) include:
    - a. A prescribed cash limit of the petty cash fund, and
    - b. The hours of the day a resident may access the petty cash fund; and
  2. A resident's written acknowledgment is obtained for a petty cash transaction.

**Historical Note**

New Section R9-10-403 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-404. Quality Management**

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to residents;
  - c. A method to evaluate the data collected to identify a concern about the delivery of services related to resident care;

- d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care; and
  - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
    - a. An identification of each concern about the delivery of services related to resident care; and
    - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to resident care; and
  3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

New Section R9-10-404 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

**R9-10-405. Contracted Services**

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

New Section R9-10-405 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-406. Personnel**

- A.** An administrator shall ensure that a behavioral health technician or behavioral health paraprofessional is at least 18 years old.
- B.** An administrator shall ensure that:
1. The qualifications, skills, and knowledge required for each type of personnel member:
    - a. Are based on:
      - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
      - ii. The acuity of the residents receiving physical health services or behavioral health services from the personnel member according to the established job description; and
    - b. Include:
      - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
      - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
      - iii. The type and duration of experience that may allow the personnel member to have acquired

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- the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
    - a. Before the personnel member provides physical health services or behavioral health services, and
    - b. According to policies and procedures;
  3. Sufficient personnel members are present on a nursing care institution's premises with the qualifications, skills, and knowledge necessary to:
    - a. Provide the services in the nursing care institution's scope of services,
    - b. Meet the needs of a resident, and
    - c. Ensure the health and safety of a resident.
- C.** An administrator shall ensure that a fall prevention and fall recovery program that complies with requirements in A.R.S. § 36-420.01 is developed, documented, and implemented.
- D.** Except as provided in R9-10-415, an administrator shall ensure that, if a personnel member provides social services that require a license under A.R.S. Title 32, Chapter 33, Article 5, the personnel member is licensed under A.R.S. Title 32, Chapter 33, Article 5.
- E.** An administrator shall ensure that an individual who is a licensed baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision as defined in 4 A.A.C. 6, Article 1.
- F.** An administrator shall ensure that a personnel member or an employee or volunteer who has or is expected to have direct interaction with a resident for more than eight hours a week provides evidence of freedom from infectious tuberculosis:
  1. On or before the date the individual begins providing services at or on behalf of the nursing care institution, and
  2. As specified in R9-10-113.
- G.** An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:
  1. The individual's name, date of birth, and contact telephone number;
  2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
  3. Documentation of:
    - a. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
    - b. The individual's education and experience applicable to the individual's job duties;
    - c. The individual's compliance with the requirements in A.R.S. § 36-411;
    - d. Orientation and in-service education as required by policies and procedures;
    - e. The individual's compliance with the requirements in A.R.S. § 36-420.01 regarding fall prevention and fall recovery training;
    - f. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
    - g. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
    - h. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-403(C)(1)(f);
    - i. First aid training, if required for the individual according to this Article or policies and procedures; and
    - j. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (F); and
    - k. If the individual is a nutrition and feeding assistant:
      - i. Completion of the nutrition and feeding assistant training course required in R9-10-116, and
      - ii. A nurse's observations required in R9-10-423(C)(6).
- H.** An administrator shall ensure that personnel records are:
  1. Maintained:
    - a. Throughout the individual's period of providing services in or for the nursing care institution, and
    - b. For at least 24 months after the last date the individual provided services in or for the nursing care institution; and
  2. For a personnel member who has not provided physical health services or behavioral health services at or for the nursing care institution during the previous 12 months, provided to the Department within 72 hours after the Department's request.
- I.** An administrator shall ensure that:
  1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
  2. A personnel member completes orientation before providing behavioral health services or physical health services;
  3. An individual's orientation is documented, to include:
    - a. The individual's name,
    - b. The date of the orientation, and
    - c. The subject or topics covered in the orientation;
  4. A plan to provide in-service education specific to the duties of a personnel member is developed, documented, and implemented;
  5. A personnel member's in-service education is documented, to include:
    - a. The personnel member's name,
    - b. The date of the training, and
    - c. The subject or topics covered in the training; and
  6. A work schedule of each personnel member is developed and maintained at the nursing care institution for at least 12 months after the date of the work schedule.
- J.** An administrator shall designate a qualified individual to provide:
  1. Social services, and
  2. Recreational activities.

**Historical Note**

New Section R9-10-406 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-407. Admission**

An administrator shall ensure that:

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1. A resident is admitted only on a physician's order;
  2. The physician's admitting order includes the nursing care institution services required to meet the immediate needs of a resident, such as medication and food services;
  3. At the time of a resident's admission, a registered nurse conducts or coordinates an initial assessment on a resident to ensure the resident's immediate needs for nursing care institution services are met;
  4. A resident's needs do not exceed the medical services and nursing services available at the nursing care institution as established in the nursing care institution's scope of services;
  5. Before or at the time of admission, a resident or the resident's representative:
    - a. Receives a documented agreement with the nursing care institution that includes rates and charges,
    - b. Is informed of third-party coverage for rates and charges,
    - c. Is informed of the nursing care institution's refund policy, and
    - d. Receives written information concerning the nursing care institution's policies and procedures related to a resident's health care directives;
  6. Within 30 calendar days before admission or 10 working days after admission, a medical history and physical examination is completed on a resident by:
    - a. A physician, or
    - b. A physician assistant or a registered nurse practitioner designated by the attending physician;
  7. Except as specified in subsection (8), a resident provides evidence of freedom from infectious tuberculosis:
    - a. Before or within seven calendar days after the resident's admission, and
    - b. As specified in R9-10-113;
  8. A resident who transfers from a nursing care institution to another nursing care institution is not required to be rescreened for tuberculosis as specified in R9-10-113 if:
    - a. Fewer than 12 months have passed since the resident was screened for tuberculosis, and
    - b. The documentation of freedom from infectious tuberculosis required in subsection (7) accompanies the resident at the time of transfer; and
  9. Compliance with the requirements in subsection (6) is documented in the resident's medical record.
2. Documentation of a resident's transfer or discharge includes:
    - a. The date of the transfer or discharge;
    - b. The reason for the transfer or discharge;
    - c. A 30-day written notice except:
      - i. In an emergency, or
      - ii. If the resident no longer requires nursing care institution services as determined by a physician or the physician's designee;
    - d. A notation by a physician or the physician's designee if the transfer or discharge is due to any of the reasons listed in subsection (A)(1); and
    - e. If applicable, actions taken by a personnel member to protect the resident or other individuals if the resident's behavior is a threat to the health and safety of the resident or other individuals in the nursing care institution.
  - B. An administrator may transfer or discharge a resident for failure to pay for residency if:
    1. The resident or resident's representative receives a 30-day written notice of transfer or discharge, and
    2. The 30-day written notice includes an explanation of the resident's right to appeal the transfer or discharge.
  - C. Except for a transfer of a resident due to an emergency, an administrator shall ensure that:
    1. A personnel member coordinates the transfer and the services provided to the resident;
    2. According to policies and procedures:
      - a. An evaluation of the resident is conducted before the transfer;
      - b. Information from the resident's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
      - c. A personnel member explains risks and benefits of the transfer to the resident or the resident's representative; and
    3. Documentation in the resident's medical record includes:
      - a. Communication with an individual at a receiving health care institution;
      - b. The date and time of the transfer;
      - c. The mode of transportation; and
      - d. If applicable, the name of the personnel member accompanying the resident during a transfer.
  - D. Except in an emergency, a director of nursing shall ensure that before a resident is discharged:
    1. Written follow-up instructions are developed with the resident or the resident's representative that includes:
      - a. Information necessary to meet the resident's need for medical services and nursing services; and
      - b. The state long-term care ombudsman's name, address, and telephone number;
    2. A copy of the written follow-up instructions is provided to the resident or the resident's representative; and
    3. A discharge summary is developed by a personnel member and authenticated by the resident's attending physician or designee and includes:
      - a. The resident's medical condition at the time of transfer or discharge,
      - b. The resident's medical and psychosocial history,
      - c. The date of the transfer or discharge, and
      - d. The location of the resident after discharge.

**Historical Note**

New Section R9-10-407 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 28 A.A.R. 1113 (May 27, 2022), with an immediate effective date of May 4, 2022 (Supp. 22-2).

**R9-10-408. Transfer; Discharge**

- A. An administrator shall ensure that:
1. A resident is transferred or discharged if:
    - a. The nursing care institution is not authorized or not able to meet the needs of the resident, or
    - b. The resident's behavior is a threat to the health or safety of the resident or other individuals at the nursing care institution; and



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**Historical Note**

New Section R9-10-408 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-409. Transport**

A. Except as provided in subsection (B), an administrator shall ensure that:

1. A personnel member coordinates the transport and the services provided to the resident;
2. According to policies and procedures:
  - a. An evaluation of the resident is conducted before and after the transport;
  - b. Information from the resident's medical record is provided to a receiving health care institution, and
  - c. A personnel member explains risks and benefits of the transport to the resident or the resident's representative; and
3. Documentation in the resident's medical record includes:
  - a. Communication with an individual at a receiving health care institution;
  - b. The date and time of the transport;
  - c. The mode of transportation; and
  - d. If applicable, the name of the personnel member accompanying the resident during a transport.

B. Subsection (A) does not apply to:

1. Transportation to a location other than a licensed health care institution,
2. Transportation provided for a resident by the resident or the resident's representative,
3. Transportation provided by an outside entity that was arranged for a resident by the resident or the resident's representative, or
4. A transport to another licensed health care institution in an emergency.

**Historical Note**

New Section R9-10-409 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-410. Resident Rights**

A. An administrator shall ensure that:

1. The requirements in subsection (B) and the resident rights in subsection (C) are conspicuously posted on the premises;
2. At the time of admission, a resident or the resident's representative receives a written copy of the requirements in subsection (B) and the resident rights in subsection (C); and
3. Policies and procedures include:
  - a. How and when a resident or the resident's representative is informed of resident rights in subsection (C), and
  - b. Where resident rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:

1. A resident has privacy in:
  - a. Treatment,
  - b. Bathing and toileting,

- c. Room accommodations, and
- d. A visit or meeting with another resident or an individual;
2. A resident is treated with dignity, respect, and consideration;
3. A resident is not subjected to:
  - a. Abuse;
  - b. Neglect;
  - c. Exploitation;
  - d. Coercion;
  - e. Manipulation;
  - f. Sexual abuse;
  - g. Sexual assault;
  - h. Seclusion;
  - i. Restraint;
  - j. Retaliation for submitting a complaint to the Department or another entity; or
  - k. Misappropriation of personal and private property by a nursing care institution's personnel members, employees, volunteers, or students; and
4. A resident or the resident's representative:
  - a. Except in an emergency, either consents to or refuses treatment;
  - b. May refuse or withdraw consent for treatment before treatment is initiated;
  - c. Except in an emergency, is informed of proposed alternatives to psychotropic medication or a surgical procedure and the associated risks and possible complications of the psychotropic medication or surgical procedure;
  - d. Is informed of the following:
    - i. The health care institution's policy on health care directives, and
    - ii. The resident complaint process;
  - e. Consents to photographs of the resident before the resident is photographed, except that the resident may be photographed when admitted to a nursing care institution for identification and administrative purposes;
  - f. May manage the resident's financial affairs;
  - g. May review the nursing care institution's current license survey report and, if applicable, plan of correction in effect;
  - h. Has access to and may communicate with any individual, organization, or agency;
  - i. May participate in a resident group;
  - j. May review the resident's financial records within two working days and medical record within one working day after the resident's or the resident's representative's request;
  - k. May obtain a copy of the resident's financial records and medical record within two working days after the resident's request and in compliance with A.R.S. § 12-2295;
  - l. Except as otherwise permitted by law, consents, in writing, to the release of information in the resident's:
    - i. Medical record, and
    - ii. Financial records;
  - m. May select a pharmacy of choice if the pharmacy complies with policies and procedures and does not pose a risk to the resident;
  - n. Is informed of the method for contacting the resident's attending physician;

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- o. Is informed of the resident's total health condition;
  - p. Is provided with a copy of those sections of the resident's medical record that are required for continuity of care free of charge, according to A.R.S. § 12-2295, if the resident is transferred or discharged;
  - q. Is informed in writing of a change in rates and charges at least 60 calendar days before the effective date of the change; and
  - r. Except in the event of an emergency, is informed orally or in writing before the nursing care institution makes a change in a resident's room or roommate assignment and notification is documented in the resident's medical record.
- C. A resident has the following rights:**
- 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
  - 2. To receive treatment that supports and respects the resident's individuality, choices, strengths, and abilities;
  - 3. To choose activities and schedules consistent with the resident's interests that do not interfere with other residents;
  - 4. To participate in social, religious, political, and community activities that do not interfere with other residents;
  - 5. To retain personal possessions including furnishings and clothing as space permits unless use of the personal possession infringes on the rights or health and safety of other residents;
  - 6. To share a room with the resident's spouse if space is available and the spouse consents;
  - 7. To receive a referral to another health care institution if the nursing care institution is not authorized or not able to provide physical health services or behavioral health services needed by the resident;
  - 8. To participate or have the resident's representative participate in the development of, or decisions concerning, treatment;
  - 9. To participate or refuse to participate in research or experimental treatment;
  - 10. To participate in religious visitation by a clergy member according to A.R.S. § 36-407.02; and
  - 11. To receive assistance from a family member, the resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.
- Historical Note**
- New Section R9-10-410 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).
- R9-10-411. Medical Records**
- A.** An administrator shall ensure that:
- 1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
  - 2. An entry in a resident's medical record is:
    - a. Recorded only by an individual authorized by policies and procedures to make the entry;
    - b. Dated, legible, and authenticated; and
    - c. Not changed to make the initial entry illegible;
  - 3. An order is:
    - a. Dated when the order is entered in the resident's medical record and includes the time of the order;
    - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
    - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
  - 4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
  - 5. A resident's medical record is available to an individual:
    - a. Authorized to access the resident's medical record according to policies and procedures;
    - b. If the individual is not authorized to access the resident's medical record according to policies and procedures, with the written consent of the resident or the resident's representative; or
    - c. As permitted by law; and
  - 6. A resident's medical record is protected from loss, damage, or unauthorized use.
- B.** If a nursing care institution maintains residents' medical records electronically, an administrator shall ensure that:
- 1. Safeguards exist to prevent unauthorized access, and
  - 2. The date and time of an entry in a resident's medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a resident's medical record contains:
- 1. Resident information that includes:
    - a. The resident's name;
    - b. The resident's date of birth; and
    - c. Any known allergies, including medication allergies;
  - 2. The admission date and, if applicable, the date of discharge;
  - 3. The admitting diagnosis or presenting symptoms;
  - 4. Documentation of general consent and, if applicable, informed consent;
  - 5. If applicable, the name and contact information of the resident's representative and:
    - a. The document signed by the resident consenting for the resident's representative to act on the resident's behalf; or
    - b. If the resident's representative:
      - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
      - ii. Is a legal guardian, a copy of the court order establishing guardianship;
  - 6. The medical history and physical examination required in R9-10-407(6);
  - 7. A copy of the resident's living will or other health care directive, if applicable;
  - 8. The name and telephone number of the resident's attending physician;
  - 9. Orders;
  - 10. Care plans;
  - 11. Behavioral care plans, if the resident is receiving behavioral care;

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12. Documentation of nursing care institution services provided to the resident;
13. Progress notes;
14. If applicable, documentation of any actions taken to comply with A.R.S. § 36-420;
15. If applicable, documentation of any actions taken to control the resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;
16. If applicable, documentation that evacuation from the nursing care institution would cause harm to the resident;
17. The disposition of the resident after discharge;
18. The discharge plan;
19. The discharge summary;
20. Transfer documentation;
21. If applicable:
  - a. A laboratory report,
  - b. A radiologic report,
  - c. A diagnostic report, and
  - d. A consultation report;
22. Documentation of freedom from infectious tuberculosis required in R9-10-407(7);
23. Documentation of a medication administered to the resident that includes:
  - a. The date and time of administration;
  - b. The name, strength, dosage, and route of administration;
  - c. The type of vaccine, if applicable;
  - d. For a medication administered for pain on a PRN basis:
    - i. An evaluation of the resident's pain before administering the medication, and
    - ii. The effect of the medication administered;
  - e. For a psychotropic medication administered on a PRN basis:
    - i. An evaluation of the resident's symptoms before administering the psychotropic medication, and
    - ii. The effect of the psychotropic medication administered;
  - f. The identification, signature, and professional designation of the individual administering the medication; and
  - g. Any adverse reaction a resident has to the medication;
24. If the resident has been assessed for receiving nutrition and feeding assistance from a nutrition and feeding assistant, documentation of the assessment and the determination of eligibility; and
25. If applicable, a copy of written notices, including follow-up instructions, provided to the resident or the resident's representative.

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-411 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final

rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-412. Nursing Services**

- A. An administrator shall ensure that:
  1. Nursing services are provided 24 hours a day in a nursing care institution;
  2. A director of nursing is appointed who:
    - a. Is a registered nurse,
    - b. Works full-time at the nursing care institution, and
    - c. Is responsible for the direction of nursing services;
  3. The director of nursing or an individual designated by the administrator participates in the quality management program; and
  4. If the daily census of the nursing care institution is 60 or more, the director of nursing does not provide direct care to residents on a regular basis.
- B. A director of nursing shall ensure that:
  1. A method is established and documented that identifies the types and numbers of nursing personnel that are necessary to provide nursing services to residents based on the residents' comprehensive assessments, orders for physical health services and behavioral health services, and care plans and the nursing care institution's scope of services;
  2. Sufficient nursing personnel, as determined by the method in subsection (B)(1), are on the nursing care institution premises to meet the needs of a resident for nursing services;
  3. At least one nurse is present on the nursing care institution's premises and responsible for providing direct care to not more than 64 residents;
  4. Documentation of nursing personnel present on the nursing care institution's premises each day is maintained and includes:
    - a. The date,
    - b. The number of residents,
    - c. The name and license or certification title of each nursing personnel member who worked that day, and
    - d. The actual number of hours each nursing personnel member worked that day;
  5. The documentation of nursing personnel required in subsection (B)(4) is maintained for at least 12 months after the date of the documentation;
  6. As soon as possible but not more than 24 hours after one of the following events occur, a nurse notifies a resident's attending physician and, if applicable, the resident's representative, if the resident:
    - a. Is injured,
    - b. Is involved in an incident that may require medical services, or
    - c. Has a significant change in condition; and
  7. An unnecessary drug is not administered to a resident.

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-412 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final

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rulemaking at 25 A.A.R. 1583, effective October 1, 2019  
(Supp. 19-3).

**R9-10-413. Medical Services**

**A.** An administrator shall appoint a medical director.

**B.** A medical director shall ensure that:

1. A resident has an attending physician;
2. An attending physician is available 24 hours a day;
3. An attending physician designates a physician who is available when the attending physician is not available;
4. A physical examination is performed on a resident at least once every 12 months after the date of admission by an individual listed in R9-10-407(6);
5. As required in A.R.S. § 36-406, vaccinations for influenza and pneumonia are available to each resident at least once every 12 months unless:
  - a. The attending physician provides documentation that the vaccination is medically contraindicated;
  - b. The resident or the resident's representative refuses the vaccination or vaccinations and documentation is maintained in the resident's medical record that the resident or the resident's representative has been informed of the risks and benefits of a vaccination refused; or
  - c. The resident or the resident's representative provides documentation that the resident received a pneumonia vaccination within the previous five years or the current recommendation from the U.S. Department of Health and Human Services, Center for Disease Control and Prevention; and
6. If the any of the following services are not provided by the nursing care institution and needed by a resident, the resident is assisted in obtaining, at the resident's expense:
  - a. Vision services;
  - b. Hearing services;
  - c. Dental services;
  - d. Clinical laboratory services from a laboratory that holds a certificate of accreditation or certificate of compliance issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
  - e. Psychosocial services;
  - f. Physical therapy;
  - g. Speech therapy;
  - h. Occupational therapy;
  - i. Behavioral health services; and
  - j. Services for an individual who has a developmental disability, as defined in A.R.S. Title 36, Chapter 5.1, Article 1.

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-413 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-414. Comprehensive Assessment; Care Plan**

**A.** A director of nursing shall ensure that:

1. A comprehensive assessment of a resident:

- a. Is conducted or coordinated by a registered nurse in collaboration with an interdisciplinary team;
- b. Is completed for the resident within 14 calendar days after the resident's admission to a nursing care institution;
- c. Is updated:
  - i. No later than 12 months after the date of the resident's previous comprehensive assessment, and
  - ii. When the resident experiences a significant change;
- d. Includes the following information for the resident:
  - i. Identifying information;
  - ii. An evaluation of the resident's hearing, speech, and vision;
  - iii. An evaluation of the resident's ability to understand and recall information;
  - iv. An evaluation of the resident's mental status;
  - v. Whether the resident's mental status or behaviors:
    - (1) Put the resident at risk for physical illness or injury,
    - (2) Significantly interfere with the resident's care,
    - (3) Significantly interfere with the resident's ability to participate in activities or social interactions,
    - (4) Put other residents or personnel members at significant risk for physical injury,
    - (5) Significantly intrude on another resident's privacy, or
    - (6) Significantly disrupt care for another resident;
  - vi. Preferences for customary routine and activities;
  - vii. An evaluation of the resident's ability to perform activities of daily living;
  - viii. Need for a mobility device;
  - ix. An evaluation of the resident's ability to control the resident's bladder and bowels;
  - x. Any diagnosis that impacts nursing care institution services that the resident may require;
  - xi. Any medical conditions that impact the resident's functional status, quality of life, or need for nursing care institution services;
  - xii. An evaluation of the resident's ability to maintain adequate nutrition and hydration;
  - xiii. An evaluation of the resident's oral and dental status;
  - xiv. An evaluation of the condition of the resident's skin;
  - xv. Identification of any medication or treatment administered to the resident during a seven-day calendar period that includes the time the comprehensive assessment was conducted;
  - xvi. Identification of any treatment or medication ordered for the resident;
  - xvii. A description of the resident or resident's representative's participation in the comprehensive assessment;
  - xviii. The name and title of the interdisciplinary team members who participated in the resident's comprehensive assessment;
  - xix. Potential for rehabilitation; and

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- xx. Potential for discharge; and
  - e. Is signed and dated by:
    - i. The registered nurse who conducts or coordinates the comprehensive assessment or review; and
    - ii. If a behavioral health professional is required to review according to subsection (A)(2), the behavioral health professional who reviewed the comprehensive assessment or review;
  - 2. If any of the conditions in (A)(1)(d)(v) are answered in the affirmative during the comprehensive assessment or review, a behavioral health professional reviews a resident's comprehensive assessment or review and care plan to ensure that the resident's needs for behavioral health services are being met;
  - 3. A new comprehensive assessment is not required for a resident who is hospitalized and readmitted to a nursing care institution unless a physician, an individual designated by the physician, or a registered nurse determines the resident has a significant change in condition; and
  - 4. A resident's comprehensive assessment is reviewed by a registered nurse at least once every three months after the date of the current comprehensive assessment and if there is a significant change in the resident's condition.
- B.** An administrator shall ensure that a care plan for a resident:
- 1. Is developed, documented, and implemented for the resident within seven calendar days after completing the resident's comprehensive assessment required in subsection (A)(1);
  - 2. Is reviewed and revised based on any change to the resident's comprehensive assessment; and
  - 3. Ensures that a resident is provided nursing care institution services that:
    - a. Address any medical condition or behavioral health issue identified in the resident's comprehensive assessment, and
    - b. Assist the resident in maintaining the resident's highest practicable well-being according to the resident's comprehensive assessment.

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-414 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-415. Behavioral Health Services**

Except for behavioral care, if a nursing care institution is authorized to provide behavioral health services, an administrator shall ensure that:

- 1. The behavioral health services are provided:
  - a. Under the direction of a behavioral health professional licensed or certified to provide the type of behavioral health services in the nursing care institution's scope of services; and
  - b. In compliance with the requirements:

- i. For behavioral health paraprofessionals and behavioral health technicians, in R9-10-115; and
    - ii. For an assessment, in R9-10-1011(B); and
  - 2. Except for a psychotropic drug ordered by a medical practitioner for a resident's out-of-control behavior or administered according to an order from a court of competent jurisdiction, informed consent is obtained from a resident or the resident's representative for a psychotropic drug and documented in the resident's medical record before the psychotropic drug is administered to the resident.

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-415 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-416. Clinical Laboratory Services**

If clinical laboratory services are authorized to be provided on a nursing care institution's premises, an administrator shall ensure that:

- 1. Clinical laboratory services and pathology services are provided through a laboratory that holds a certificate of accreditation, certificate of compliance, or certificate of waiver issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
- 2. A copy of the certificate of accreditation, certificate of compliance, or certificate of waiver in subsection (1) is provided to the Department for review upon the Department's request;
- 3. The nursing care institution:
  - a. Is able to provide the clinical laboratory services delineated in the nursing care institution's scope of services when needed by the residents,
  - b. Obtains specimens for the clinical laboratory services delineated in the nursing care institution's scope of services without transporting the residents from the nursing care institution's premises, and
  - c. Has the examination of the specimens performed by a clinical laboratory;
- 4. Clinical laboratory and pathology test results are:
  - a. Available to the ordering physician:
    - i. Within 24 hours after the test is complete with results if the test is performed at a laboratory on the nursing care institution's premises, or
    - ii. Within 24 hours after the test result is received if the test is performed at a laboratory outside of the nursing care institution's premises; and
  - b. Documented in a resident's medical record;
- 5. If a test result is obtained that indicates a resident may have an emergency medical condition, as established in policies and procedures, personnel notify:
  - a. The ordering physician,
  - b. A registered nurse in the resident's assigned unit,
  - c. The nursing care institution's administrator, or

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- d. The director of nursing;
6. If a clinical laboratory report is completed on a resident, a copy of the report is included in the resident's medical record;
7. If the nursing care institution provides blood or blood products, policies and procedures are established, documented, and implemented for:
  - a. Procuring, storing, transfusing, and disposing of blood or blood products;
  - b. Blood typing, antibody detection, and blood compatibility testing; and
  - c. Investigating transfusion adverse reactions that specify a process for review through the quality management program; and
8. Expired laboratory supplies are discarded according to policies and procedures.

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-416 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-417. Dialysis Services**

If dialysis services are authorized to be provided on a nursing care institution's premises, an administrator shall ensure that the dialysis services are provided in compliance with the requirements in R9-10-1018.

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-417 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-418. Radiology Services and Diagnostic Imaging Services**

If radiology services or diagnostic imaging services are authorized to be provided on a nursing care institution's premises, an administrator shall ensure that:

1. Radiology services and diagnostic imaging services are provided in compliance with A.R.S. Title 30, Chapter 4 and 9 A.A.C. 7;
2. A copy of a certificate documenting compliance with subsection (1) is maintained by the nursing care institution;
3. When needed by a resident, radiology services and diagnostic imaging services delineated in the nursing care institution's scope of services are provided on the nursing care institution's premises;
4. Radiology services and diagnostic imaging services are provided:
  - a. Under the direction of a physician; and
  - b. According to an order that includes:
    - i. The resident's name,
    - ii. The name of the ordering individual,
    - iii. The radiological or diagnostic imaging procedure ordered, and

- iv. The reason for the procedure;
5. A medical director, attending physician, or radiologist interprets the radiologic or diagnostic image;
6. A radiologic or diagnostic imaging report is prepared that includes:
  - a. The resident's name;
  - b. The date of the procedure;
  - c. A medical director, attending physician, or radiologist's interpretation of the image;
  - d. The type and amount of radiopharmaceutical used, if applicable; and
  - e. The resident's adverse reaction to the radiopharmaceutical, if any; and
7. A radiologic or diagnostic imaging report is included in the resident's medical record.

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-418 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-419. Respiratory Care Services**

If respiratory care services are provided on a nursing care institution's premises, an administrator shall ensure that:

1. Respiratory care services are provided under the direction of a medical director or attending physician;
2. Respiratory care services are provided according to an order that includes:
  - a. The resident's name;
  - b. The name and signature of the ordering individual;
  - c. The type, frequency, and, if applicable, duration of treatment;
  - d. The type and dosage of medication and diluent; and
  - e. The oxygen concentration or oxygen liter flow and method of administration;
3. Respiratory care services provided to a resident are documented in the resident's medical record and include:
  - a. The date and time of administration;
  - b. The type of respiratory care services provided;
  - c. The effect of the respiratory care services;
  - d. The resident's adverse reaction to the respiratory care services, if any; and
  - e. The authentication of the individual providing the respiratory care services; and
4. Any area or unit that performs blood gases or clinical laboratory tests complies with the requirements in R9-10-416.

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-419 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20

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A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-420. Rehabilitation Services**

If rehabilitation services are provided on a nursing care institution's premises, an administrator shall ensure that:

1. Rehabilitation services are provided:
  - a. Under the direction of an individual qualified according to policies and procedures,
  - b. By an individual licensed to provide the rehabilitation services, and
  - c. According to an order; and
2. The medical record of a resident receiving rehabilitation services includes:
  - a. An order for rehabilitation services that includes the name of the ordering individual and a referring diagnosis,
  - b. A documented care plan that is developed in coordination with the ordering individual and the individual providing the rehabilitation services,
  - c. The rehabilitation services provided,
  - d. The resident's response to the rehabilitation services, and
  - e. The authentication of the individual providing the rehabilitation services.

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-420 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-421. Medication Services**

A. An administrator shall ensure that policies and procedures for medication services:

1. Include:
  - a. A process for providing information to a resident about medication prescribed for the resident including:
    - i. The prescribed medication's anticipated results,
    - ii. The prescribed medication's potential adverse reactions,
    - iii. The prescribed medication's potential side effects, and
    - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
  - b. Procedures for preventing, responding to, and reporting:
    - i. A medication error,
    - ii. An adverse response to a medication, or
    - iii. A medication overdose;
  - c. Procedures to ensure that a pharmacist reviews a resident's medications at least once every three months and provides documentation to the resident's attending physician and the director of nursing indicating potential medication problems such as incompatible or duplicative medications;
  - d. Procedures for documenting medication services; and
  - e. Procedures for assisting a resident in obtaining medication; and
2. Specify a process for review through the quality management program of:

- a. A medication administration error, and
- b. An adverse reaction to a medication.

B. An administrator shall ensure that:

1. Policies and procedures for medication administration:
  - a. Are reviewed and approved by the director of nursing;
  - b. Specify the individuals who may:
    - i. Order medication, and
    - ii. Administer medication;
  - c. Ensure that medication is administered to a resident only as prescribed; and
  - d. Cover the documentation of a resident's refusal to take prescribed medication in the resident's medical record;
2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
3. A medication administered to a resident:
  - a. Is administered in compliance with an order, and
  - b. Is documented in the resident's medical record; and
4. If a psychotropic medication is administered to a resident, the psychotropic medication:
  - a. Is only administered to a resident for a diagnosed medical condition; and
  - b. Unless clinically contraindicated or otherwise ordered by an attending physician or the attending physician's designee, is gradually reduced in dosage while the resident is simultaneously provided with interventions such as behavior and environment modification in an effort to discontinue the psychotropic medication, unless a dose reduction is attempted and the resident displays behavior justifying the need for the psychotropic medication, and the attending physician documents the necessity for the continued use and dosage.

C. An administrator shall ensure that:

1. A current drug reference guide is available for use by personnel members; and
2. If pharmaceutical services are provided:
  - a. The pharmaceutical services are provided under the direction of a pharmacist;
  - b. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
  - c. A copy of the pharmacy license is provided to the Department upon request.

D. When medication is stored at a nursing care institution, an administrator shall ensure that:

1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
2. Medication is stored according to the instructions on the medication container; and
3. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident for:
  - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
  - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
  - c. A medication recall and notification of residents who received recalled medication; and
  - d. Storing, inventorying, and dispensing controlled substances.

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- e. If applicable, donated medicine according to A.R.S. § 32-1909.
- E. An administrator shall ensure that a personnel member immediately reports a medication error or a resident's adverse reaction to a medication to the medical practitioner who ordered the medication and the nursing care institution's director of nursing.

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-421 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-422. Infection Control**

An administrator shall ensure that:

1. An infection control program is established, under the direction of an individual qualified according to policies and procedures, to prevent the development and transmission of infections and communicable diseases including:
  - a. A method to identify and document infections occurring at the nursing care institution;
  - b. Analysis of the types, causes, and spread of infections and communicable diseases at the nursing care institution;
  - c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the nursing care institution; and
  - d. Documentation of infection control activities including:
    - i. The collection and analysis of infection control data,
    - ii. The actions taken related to infections and communicable diseases, and
    - iii. Reports of communicable diseases to the governing authority and state and county health departments;
2. Infection control documentation is maintained for at least 12 months after the date of the documentation;
3. Policies and procedures are established, documented, and implemented that cover:
  - a. Handling and disposal of biohazardous medical waste;
  - b. Sterilization, disinfection, and storage of medical equipment and supplies;
  - c. Using personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable;
  - d. Cleaning of an individual's hands when the individual's hands are visibly soiled and before and after providing a service to a resident;
  - e. Training of personnel members, employees, and volunteers in infection control practices; and
  - f. Work restrictions for a personnel member with a communicable disease or infected skin lesion;
4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;

5. Soiled linen and clothing are:
  - a. Collected in a manner to minimize or prevent contamination;
  - b. Bagged at the site of use; and
  - c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas; and
6. A personnel member, an employee, or a volunteer washes hands or uses a hand disinfection product after a resident contact and after handling soiled linen, soiled clothing, or potentially infectious material.

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-422 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-423. Food Services**

A. An administrator shall ensure that:

1. The nursing care institution has a license or permit as a food establishment under 9 A.A.C. 8, Article 1;
2. A copy of the nursing care institution's food establishment license or permit is maintained;
3. If a nursing care institution contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the nursing care institution:
  - a. A copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the nursing care institution; and
  - b. The nursing care institution is able to store, refrigerate, and reheat food to meet the dietary needs of a resident;
4. A registered dietitian:
  - a. Reviews a food menu before the food menu is used to ensure that a resident's nutritional needs are being met,
  - b. Documents the review of a food menu, and
  - c. Is available for consultation regarding a resident's nutritional needs; and
5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to ensure that the nutritional needs of a resident are met.

B. A registered dietitian or director of food services shall ensure that:

1. Food is prepared:
  - a. Using methods that conserve nutritional value, flavor, and appearance; and
  - b. In a form to meet the needs of a resident such as cut, chopped, ground, pureed, or thickened;
2. A food menu:
  - a. Is prepared at least one week in advance,
  - b. Includes the foods to be served on each day,
  - c. Is conspicuously posted at least one day before the first meal on the food menu will be served,
  - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
  - e. Is maintained for at least 60 calendar days after the last day included in the food menu;



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3. Meals and snacks for each day are planned and served using the applicable guidelines in the most recent dietary guidelines according to the U.S. Department of Health and Human Services and U.S. Department of Agriculture;
  4. A resident is provided:
    - a. A diet that meets the resident's nutritional needs as specified in the resident's comprehensive assessment and care plan;
    - b. Three meals a day with not more than 14 hours between the evening meal and breakfast, except as provided in subsection (B)(4)(d);
    - c. The option to have a daily evening snack identified in subsection (B)(4)(d)(ii) or other snack; and
    - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
      - i. A resident group agrees; and
      - ii. The resident is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
  5. A resident is provided with food substitutions of similar nutritional value if the resident:
    - a. Refuses to eat the food served, or
    - b. Requests a substitution;
  6. Recommendations and preferences are requested from a resident or the resident's representative for meal planning;
  7. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils;
  8. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair;
  9. A resident eats meals in a dining area unless the resident chooses to eat in the resident's room or is confined to the resident's room for medical reasons documented in the resident's medical record; and
  10. Water is available and accessible to residents.
- C. If a nursing care institution has nutrition and feeding assistants, an administrator shall ensure that:
1. A nutrition and feeding assistant:
    - a. Is at least 16 years of age;
    - b. If applicable, complies with the fingerprint clearance card requirements in A.R.S. § 36-411;
    - c. Completes a nutrition and feeding assistant training course within 12 months before initially providing nutrition and feeding assistance;
    - d. Provides nutrition and feeding assistance where nursing personnel are present;
    - e. Immediately reports an emergency to a nurse or, if a nurse is not present in the common area, to nursing personnel; and
    - f. If the nutrition and feeding assistant observes a change in a resident's physical condition or behavior, reports the change to a nurse or, if a nurse is not present in the common area, to nursing personnel;
  2. A resident is not eligible to receive nutrition and feeding assistance from a nutrition and feeding assistant if the resident:
    - a. Has difficulty swallowing,
    - b. Has had recurrent lung aspirations,
    - c. Requires enteral feedings,
    - d. Requires parenteral feedings, or
    - e. Has any other eating or drinking difficulty that may cause the resident's health or safety to be compromised if the resident receives nutrition and feeding assistance from a nutrition and feeding assistant;
  3. Only an eligible resident receives nutrition and feeding assistance from a nutrition and feeding assistant;
  4. A nurse determines if a resident is eligible to receive nutrition and feeding assistance from a nutrition and feeding assistant, based on:
    - a. The resident's comprehensive assessment,
    - b. The resident's care plan, and
    - c. An assessment conducted by the nurse when making the determination;
  5. A method is implemented that identifies eligible residents that ensures only eligible residents receive nutrition and feeding assistance from a nutrition and feeding assistant;
  6. When a nutrition and feeding assistant initially provides nutrition and feeding assistance and at least once every three months, a nurse observes the nutrition and feeding assistant while the nutrition and feeding assistant is providing nutrition and feeding assistance to ensure that the nutrition and feeding assistant is providing nutrition and feeding assistance appropriately;
  7. A nurse documents the nurse's observations required in subsection (C)(6); and
  8. A nutrition and feeding assistant is provided additional training:
    - a. According to policies and procedures, and
    - b. If a nurse identifies a need for additional training based on the nurse's observation in subsection (C)(6).

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-423 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-424. Emergency and Safety Standards**

- A. An administrator shall ensure that:
1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
    - a. When, how, and where residents will be relocated, including:
      - i. Instructions for the evacuation or transfer of residents,
      - ii. Assigned responsibilities for each employee and personnel member, and
      - iii. A plan for continuing to provide services to meet a resident's needs;
    - b. How a resident's medical record will be available to individuals providing services to the resident during a disaster;
    - c. A plan for back-up power and water supply;

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- d. A plan to ensure a resident's medications will be available to administer to the resident during a disaster;
- e. A plan to ensure a resident is provided nursing services and other services required by the resident during a disaster; and
- f. A plan for obtaining food and water for individuals present in the nursing care institution or the nursing care institution's relocation site during a disaster;
- 2. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months;
- 3. Documentation of a disaster plan review required in subsection (A)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
  - a. The date and time of the disaster plan review;
  - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
  - c. A critique of the disaster plan review; and
  - d. If applicable, recommendations for improvement;
- 4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
- 5. An evacuation drill for employees and residents:
  - a. Is conducted at least once every six months; and
  - b. Includes all individuals on the premises except for:
    - i. A resident whose medical record contains documentation that evacuation from the nursing care institution would cause harm to the resident, and
    - ii. Sufficient personnel members to ensure the health and safety of residents not evacuated according to subsection (A)(5)(b)(i);
- 6. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the drill, and includes:
  - a. The date and time of the evacuation drill;
  - b. The amount of time taken for employees and residents to evacuate to a designated area;
  - c. If applicable:
    - i. An identification of residents needing assistance for evacuation, and
    - ii. An identification of residents who were not evacuated;
  - d. Any problems encountered in conducting the evacuation drill; and
  - e. Recommendations for improvement, if applicable; and
- 7. An evacuation path is conspicuously posted on each hallway of each floor of the nursing care institution.
- B.** An administrator shall ensure that, if applicable, a sign is placed at the entrance to a room or area indicating that oxygen is in use.
- C.** An administrator shall:
  - 1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
  - 2. Make any repairs or corrections stated on the fire inspection report, and
  - 3. Maintain documentation of a current fire inspection.

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-424 made by exempt rulemaking at 19 A.A.R. 2015, effective

October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-425. Environmental Standards**

- A.** An administrator shall ensure that:
  - 1. A nursing care institution's premises and equipment are:
    - a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness and infection; and
    - b. Free from a condition or situation that may cause a resident or an individual to suffer physical injury;
  - 2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
  - 3. Equipment used to provide direct care is:
    - a. Maintained in working order;
    - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
    - c. Used according to the manufacturer's recommendations;
  - 4. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
  - 5. Garbage and refuse are:
    - a. In areas used for food storage, food preparation, or food service, stored in a covered container lined with a plastic bag;
    - b. In areas not used for food storage, food preparation, or food service, stored:
      - i. According to the requirements in subsection (A)(5)(a), or
      - ii. In a paper-lined or plastic-lined container that is cleaned and sanitized as often as necessary to ensure that the container is clean; and
    - c. Removed from the premises at least once a week;
  - 6. Heating and cooling systems maintain the nursing care institution at a temperature between 70° F and 84° F;
  - 7. Common areas:
    - a. Are lighted to assure the safety of residents, and
    - b. Have lighting sufficient to allow personnel members to monitor resident activity;
  - 8. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;
  - 9. Linens are clean before use, without holes and stains, and not in need of repair;
  - 10. Oxygen containers are secured in an upright position;
  - 11. Poisonous or toxic materials stored by the nursing care institution are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to residents;
  - 12. Combustible or flammable liquids stored by the nursing care institution are stored in the original labeled containers or safety containers in a locked area inaccessible to residents;
  - 13. If pets or animals are allowed in the nursing care institution, pets or animals are:
    - a. Controlled to prevent endangering the residents and to maintain sanitation;

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- b. Licensed consistent with local ordinances; and
- c. For a dog or cat, vaccinated against rabies;
- 14. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
  - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
  - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
  - c. Documentation of testing is retained for at least 12 months after the date of the test; and
- 15. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.
- B.** An administrator shall ensure that:
  - 1. Smoking tobacco products is not permitted within a nursing care institution, and
  - 2. Smoking tobacco products may be permitted outside a nursing care institution if:
    - a. Signs designating smoking areas are conspicuously posted, and
    - b. Smoking is prohibited in areas where combustible materials are stored or in use.
- C.** If a swimming pool is located on the premises, an administrator shall ensure that:
  - 1. At least one personnel member with cardiopulmonary resuscitation training that meets the requirements in R9-10-403(C)(1)(e) is present in the pool area when a resident is in the pool area, and
  - 2. At least two personnel members are present in the pool area when two or more residents are in the pool area.
- 3. A nursing care institution is ventilated by windows or mechanical ventilation, or a combination of both;
- 4. The corridors are equipped with handrails on each side that are firmly attached to the walls and are not in need of repair;
- 5. No more than two individuals reside in a resident room unless:
  - a. The nursing care institution was operating before October 31, 1982; and
  - b. The resident room has not undergone a modification as defined in A.R.S. § 36-401;
- 6. A resident has a separate bed, a nurse call system, and furniture to meet the resident's needs in a resident room or suite of rooms;
- 7. A resident room has:
  - a. A window to the outside with window coverings for controlling light and visual privacy, and the location of the window permits a resident to see outside from a sitting position;
  - b. A closet with clothing racks and shelves accessible to the resident; and
  - c. If the resident room contains more than one bed, a curtain or similar type of separation between the beds for privacy; and
- 8. A resident room or a suite of rooms:
  - a. Is accessible without passing through another resident's room; and
  - b. Does not open into any area where food is prepared, served, or stored.
- B.** If a swimming pool is located on the premises, an administrator shall ensure that:
  - 1. The swimming pool is enclosed by a wall or fence that:
    - a. Is at least five feet in height as measured on the exterior of the wall or fence;
    - b. Has no vertical openings greater than four inches across;
    - c. Has no horizontal openings, except as described in subsection (B)(1)(e);
    - d. Is not chain-link;
    - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
    - f. Has a self-closing, self-latching gate that:
      - i. Opens away from the swimming pool,
      - ii. Has a latch located at least 54 inches from the ground, and
      - iii. Is locked when the swimming pool is not in use; and
  - 2. A life preserver or shepherd's crook is available and accessible in the pool area.
- C.** An administrator shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (B)(1) is covered and locked when not in use.

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-425 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-426. Physical Plant Standards**

- A.** An administrator shall ensure that:
  - 1. A nursing care institution complies with:
    - a. The applicable physical plant health and safety codes and standards, incorporated by reference in R9-10-104.01, that were in effect on the date the nursing care institution submitted the application including the notarized attestation of architectural plans according to R9-10-104; and
    - b. The requirements for Existing Health Care Occupancies in National Fire Protection Association 101, Life Safety Code, incorporated by reference in R9-10-104.01;
  - 2. The premises and equipment are sufficient to accommodate:
    - a. The services stated in the nursing care institution's scope of services, and
    - b. An individual accepted as a resident by the nursing care institution;

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-426 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Amended by final rulemaking at 31

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A.A.R. 2457 (July 25, 2025), effective August 30, 2025  
(Supp. 25-3).

**R9-10-427. Quality Rating**

- A.** As required in A.R.S. § 36-425.02(A), the Department shall issue a quality rating to each licensed nursing care institution based on the results of a compliance inspection.
- B.** The following quality ratings are established:
1. A quality rating of "A" for excellent is issued if the nursing care institution achieves a score of 90 to 100 points,
  2. A quality rating of "B" is issued if the nursing care institution achieves a score of 80 to 89 points,
  3. A quality rating of "C" is issued if the nursing care institution achieves a score of 70 to 79 points, and
  4. A quality rating of "D" is issued if the nursing care institution achieves a score of 69 or fewer points.
- C.** The quality rating is determined by the total number of points awarded based on the following criteria:
1. Nursing Services:
    - a. 15 points: The nursing care institution is implementing a system that ensures residents are provided nursing services to maintain the resident's highest practicable physical, mental, and psychosocial well-being according to the resident's comprehensive assessment and care plan.
    - b. 5 points: The nursing care institution ensures that each resident is free from medication errors that resulted in actual harm.
    - c. 5 points: The nursing care institution ensures the resident's representative is notified and the resident's attending physician is consulted if a resident has a significant change in condition or if the resident is in an incident that requires medical services.
  2. Resident Rights:
    - a. 10 points: The nursing care institution is implementing a system that ensures a resident's privacy needs are met.
    - b. 10 points: The nursing care institution ensures that a resident is free from physical and chemical restraints for purposes other than to treat the resident's medical condition.
    - c. 5 points: The nursing care institution ensures that a resident or the resident's representative is allowed to participate in the planning of, or decisions concerning treatment including the right to refuse treatment and to formulate a health care directive.
  3. Administration:
    - a. 10 points: The nursing care institution has no repeat deficiencies that resulted in actual harm or immediate jeopardy to residents that were cited during the last compliance inspection or a complaint investigation conducted between the last compliance inspection and the current compliance inspection.
    - b. 5 points: The nursing care institution is implementing a system to prevent abuse of a resident and misappropriation of resident property, investigate each allegation of abuse of a resident and misappropriation of resident's property, and report each allegation of abuse of a resident and misappropriation of resident's property to the Department and as required by A.R.S. § 46-454.
    - c. 5 points: The nursing care institution is implementing a quality management program that addresses nursing care institution services provided to residents, resident complaints, and resident concerns,
- and documents actions taken for response, resolution, or correction of issues about nursing care institution services provided to residents, resident complaints, and resident concerns.
- d. 1 point: The nursing care institution is implementing a system to provide social services and a program of ongoing recreational activities to meet the resident's needs based on the resident's comprehensive assessment.
  - e. 1 point: The nursing care institution is implementing a system to ensure that records documenting freedom from infectious pulmonary tuberculosis are maintained for each personnel member, volunteer, and resident.
  - f. 2 points: The nursing care institution is implementing a system to ensure that a resident is free from unnecessary drugs.
  - g. 1 point: The nursing care institution is implementing a system to ensure a personnel member attends in-service education according to policies and procedures.
4. Environment and Infection Control:
- a. 5 points: The nursing care institution environment is free from a condition or situation within the nursing care institution's control that may cause a resident injury.
  - b. 1 point: The nursing care institution establishes and maintains a pest control program that complies with A.A.C. R3-8-201(C)(4).
  - c. 1 point: The nursing care institution develops a written disaster plan that includes procedures for protecting the health and safety of residents.
  - d. 1 point: The nursing care institution ensures orientation to the disaster plan for each personnel member is completed within the first scheduled week of employment.
  - e. 1 point: The nursing care institution maintains a clean and sanitary environment.
  - f. 5 points: The nursing care institution is implementing a system to prevent and control infection.
  - g. 1 point: An employee cleans the employee's hands after each direct resident contact or when hand cleaning is indicated to prevent the spread of infection.
5. Food Services:
- a. 1 point: The nursing care institution complies with 9 A.A.C. 8, Article 1, for food preparation, storage and handling as evidenced by a current food establishment license.
  - b. 3 points: The nursing care institution provides each resident with food that meets the resident's needs as specified in the resident's comprehensive assessment and care plan.
  - c. 2 points: The nursing care institution obtains input from each resident or the resident's representative and implements recommendations for meal planning and food choices consistent with the resident's dietary needs.
  - d. 2 points: The nursing care institution provides assistance to a resident who needs help in eating so that the resident's nutritional, physical, and social needs are met.
  - e. 1 point: The nursing care institution prepares menus at least one week in advance, conspicuously posts

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each menu, and adheres to each planned menu unless an uncontrollable situation such as food spoilage or non-delivery of a specified food requires substitution.

- f. 1 point: The nursing care institution provides food substitution of similar nutritive value for residents who refuse the food served or who request a substitution.

- D. A nursing care institution's quality rating remains in effect until a subsequent compliance inspection or complaint investigation is conducted by the Department except as provided in subsection (E).
- E. If the Department issues a provisional license, the current quality rating is terminated. A provisional licensee may submit an application for a substantial compliance inspection. If the Department determines that, as a result of a substantial compliance inspection, the nursing care institution is in substantial compliance, the Department shall issue a new quality rating according to subsection (C).
- F. The issuance of a quality rating does not preclude the Department from seeking a civil penalty as provided in A.R.S. § 36-431.01, or suspension or revocation of a license as provided in A.R.S. § 36-427.

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-427 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-428. Repealed****Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-429. Repealed****Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-430. Repealed****Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-431. Repealed****Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-432. Repealed****Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-433. Repealed****Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-434. Repealed****Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-435. Repealed****Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-436. Repealed****Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-437. Repealed****Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-438. Repealed****Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-439. Repealed****Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1).  
Repealed effective October 30, 1989 (Supp. 89-4).

**ARTICLE 5. INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES****R9-10-501. Definitions**

In addition to the definitions in A.R.S. §§ 36-401 and 36-551 and R9-10-101, the following definitions apply in this Article unless otherwise specified:

1. "Active treatment" means rehabilitative services and habilitation services provided to a resident to address the resident's developmental disability and, if applicable, medical condition.
2. "Acuity" means a resident's need for medical services, nursing services, rehabilitative services, or habilitation services based on the patient's medical condition or developmental disability.
3. "Acuity plan" means a method for establishing requirements for nursing personnel or therapists by unit based on a resident's acuity.
4. "Advocate" means an individual who:

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- a. Assists a resident or the resident's representative to make the resident's wants and needs known,
  - b. Recommends a course of action to address the resident's wants and needs, and
  - c. Supports the resident or the resident's representative in addressing the resident's wants and needs.
5. "Assistive device" means a piece of equipment or mechanism that is designed to enable an individual to better carry out activities of daily living.
  6. "Dental services" means activities, methods, and procedures included in the practice of dentistry, as described in A.R.S. § 32-1202.
  7. "Direct care" means medical services, nursing services, rehabilitation services, or habilitation services provided to a resident.
  8. "ICF/IID" means intermediate care facility for individuals with intellectual disabilities.
  9. "Inappropriate behavior" means actions by a resident that may:
    - a. Put the resident at risk for physical illness or injury,
    - b. Significantly interfere with the resident's care,
    - c. Significantly interfere with the resident's ability to participate in activities or social interactions,
    - d. Put other residents or personnel members at significant risk for physical injury,
    - e. Significantly intrude on another resident's privacy, or
    - f. Significantly disrupt care for another resident.
  10. "Medical care plan" means a documented guide for providing medical services and nursing services to a resident requiring continuous nursing services that includes measurable objectives and the methods for meeting the objectives.
  11. "Nursing care plan" means a documented guide for providing intermittent nursing services to a resident that includes measurable objectives and the methods for meeting the objectives.
  12. "Outing" means a social or recreational activity or habilitation services that:
    - a. Occur away from the premises, and
    - b. May be part of a resident's individual program plan.
  13. "Qualified intellectual disabilities professional" means one of the following who has at least a bachelor's degree and one year of experience working directly with individuals who have developmental disabilities, consistent with the requirements in 42 CFR 483.430:
    - a. A physician;
    - b. A registered nurse;
    - c. A physical therapist;
    - d. An occupational therapist;
    - e. A psychologist, as defined in A.R.S. § 32-2061;
    - f. A speech-language pathologist;
    - g. An audiologist, as defined in A.R.S. § 36-1901;
    - h. A registered dietitian, as defined in A.R.S. § 36-416;
    - i. A licensed clinical social worker under A.R.S. § 32-3293; or
    - j. A nursing care institution administrator.
  14. "Resident's representative" has the same meaning as "responsible person" in A.R.S. § 36-551.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pur-

suant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Emergency expired. Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-501 renumbered to R9-10-2101; new Section R9-10-501 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4). Amended by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

**R9-10-502. Supplemental Application Requirements and Documentation Submission Requirements**

- A. In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as an ICF/IID shall include:
  1. In a Department-provided format, whether the applicant is requesting authorization:
    - a. To admit residents who:
      - i. Require continuous nursing services,
      - ii. Require intermittent nursing services, or
      - iii. Do not require nursing services; and
    - b. To provide:
      - i. Active treatment to individuals under 18 years of age, including the licensed capacity requested;
      - ii. Seclusion;
      - iii. Clinical laboratory services;
      - iv. Respiratory care services, or
      - v. Services to residents who have a nursing care plan or medical care plan; and
  2. Documentation of the applicant's certification as an ICF/IID by the federal Centers for Medicare and Medicaid Services.
- B. A licensee shall submit to the Department, with the relevant fees required in R9-10-106(C) and in a Department-provided format:
  1. The information required in subsection (A)(1), as applicable, and
  2. The documentation specified in subsection (A)(2).

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an

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emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-502 renumbered to R9-10-2102; new Section R9-10-502 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4).

**R9-10-503. Administration****A. A governing authority shall:**

1. Consist of one or more individuals responsible for the organization, operation, and administration of an ICF/IID;
2. Establish, in writing, the ICF/IID's scope of services;
3. Designate, in writing, an administrator for the ICF/IID who:
  - a. Is at least 21 years old; and
  - b. Either:
    - i. Is a nursing care institution administrator, or
    - ii. Has a minimum of three-years' experience working in an ICF/IID;
4. Adopt a quality management program according to R9-10-504;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate, in writing, an acting administrator who meets the requirements in subsection (A)(3), if the administrator is:
  - a. Expected not to be present on the premises of the ICF/IID for more than 30 calendar days, or
  - b. Not present on the premises of the ICF/IID for more than 30 calendar days; and
7. Except as permitted in subsection (A)(6), when there is a change of administrator, notify the Department according to A.R.S. § 36-425(I) and, if applicable, submit a copy of the new administrator's license under A.R.S. § 36-446.04 to the Department.

**B. An administrator:**

1. Is directly accountable to the governing authority of an ICF/IID for the daily operation of the ICF/IID and all services provided by or at the ICF/IID;
2. Has the authority and responsibility to manage the ICF/IID;
3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the premises of the ICF/IID and accountable for the ICF/IID when the administrator is not present on the ICF/IID's premises; and
4. Ensures the ICF/IID's compliance with A.R.S. § 36-411 and, as applicable, A.R.S. § 8-804 or § 46-459.

**C. An administrator shall ensure that:**

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident that:
  - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;

- b. Cover the process for checking on a personnel member through the adult protective services registry established according to A.R.S. § 46-459;
  - c. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
  - d. Include methods to prevent abuse or neglect of a resident, including:
    - i. Training of personnel members, at least annually, on how to recognize the signs and symptoms of abuse or neglect; and
    - ii. Reporting of abuse or neglect of a resident;
  - e. Include how a personnel member may submit a complaint relating to resident care;
  - f. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
  - g. Cover cardiopulmonary resuscitation training including:
    - i. Which personnel members are required to obtain cardiopulmonary resuscitation training,
    - ii. The method and content of cardiopulmonary resuscitation training,
    - iii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
    - iv. The time-frame for renewal of cardiopulmonary resuscitation training, and
    - v. The documentation that verifies an individual has received cardiopulmonary resuscitation training;
  - h. Cover first aid training;
  - i. Include a method to identify a resident to ensure the resident receives active treatment and other physical health services and behavioral care as ordered;
  - j. Cover resident rights, including assisting a resident who does not speak English or who has a disability to become aware of resident rights;
  - k. Cover specific steps for:
    - i. A resident to file a complaint, and
    - ii. The ICF/IID to respond to a resident's complaint;
  - l. Cover health care directives;
  - m. Cover medical records, including electronic medical records;
  - n. Cover a quality management program, including incident reports and supporting documentation;
  - o. Cover contracted services;
  - p. Cover the process for receiving a fee for a resident and refunding a fee for a resident;
  - q. Cover resident's personal accounts;
  - r. Cover petty cash funds;
  - s. Cover fees and refund policies;
  - t. Cover smoking and the use of tobacco products on the premises; and
  - u. Cover when an individual may visit a resident in an ICF/IID; and
2. Policies and procedures for active treatment and other physical health services and behavioral care are established, documented, and implemented to protect the health and safety of a resident that:
    - a. Cover resident screening, admission, transport, transfer, discharge planning, and discharge;
    - b. Cover the provision of active treatment and other physical health services and behavioral care;

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- c. Cover acuity, including a process for obtaining sufficient nursing personnel and therapists to meet the needs of residents;
  - d. Include when general consent and informed consent are required;
  - e. Cover storing, dispensing, administering, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;
  - f. Cover infection control;
  - g. Cover interventions to address a resident's inappropriate behavior, including:
    - i. The hierarchy for use;
    - ii. Use of time outs for inappropriate behavior; and
    - iii. Except in an emergency, require positive techniques for behavior modification to be used before more restrictive methods are used;
  - h. Cover restraints, both chemical restraints and physical restraints if applicable, that:
    - i. Require an order, including the frequency of monitoring and assessing the restraint; and
    - ii. Are necessary to prevent imminent harm to self or others, including how personnel members will respond to a resident's sudden, intense, or out-of-control behavior;
  - i. Cover seclusion of a resident including:
    - i. The requirements for an order, and
    - ii. The frequency of monitoring and assessing a resident in seclusion;
  - j. Cover telehealth, if applicable;
  - k. Cover environmental services that affect resident care;
  - l. Cover the security of a resident's possessions that are allowed on the premises;
  - m. Cover methods to encourage participation of a resident's family or friends or other individuals in activities planned according to R9-10-513(C)(2);
  - n. Include a method for obtaining an advocate for a resident, if necessary;
  - o. Cover resident outings;
  - p. Cover the process for obtaining resident preferences for social, recreational, or rehabilitative activities and meals and snacks; and
  - q. Cover whether pets and animals are allowed on the premises, including procedures to ensure that any pets or animals allowed on the premises do not endanger the health or safety of residents or the public;
3. Policies and procedures are reviewed at least once every three years and updated as needed;
  4. Policies and procedures are available to personnel members, employees, volunteers, and students; and
  5. Unless otherwise stated:
    - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
    - b. When documentation or information is required by this Chapter to be submitted on behalf of an ICF/IID, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the ICF/IID.
- D.** An administrator shall designate an individual who is:
1. A qualified intellectual disabilities professional to oversee rehabilitation services provided by or on behalf of the ICF/IID; and
  2. If the facility is authorized to admit patients who require intermittent nursing services or continuous nursing services, a registered nurse is appointed as director of nursing to oversee nursing services provided by or on behalf of the ICF/IID.
- E.** If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was admitted or while the resident is not on the premises and not receiving services from an ICF/IID's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the resident as follows:
1. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
  2. For a resident under 18 years of age, according to A.R.S. § 13-3620.
- F.** If an administrator has a reasonable basis, according to A.R.S. §§ 13-3620 or 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a resident is receiving services from an ICF/IID's employee or personnel member, an administrator shall:
1. Take immediate action to stop the suspected abuse, neglect, or exploitation;
  2. Report the suspected abuse, neglect, or exploitation of the resident as follows:
    - a. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
    - b. For a resident under 18 years of age, according to A.R.S. § 13-3620;
    - c. Report to the Department:
      - i. Immediately but not later than two hours if the alleged violation involves abuse or results in serious bodily injury; or
      - ii. Not later than 24 hours if the alleged violation involves neglect, exploitation, mistreatment, or misappropriation of resident property; and does not result in serious bodily injury;
  3. Document:
    - a. The suspected abuse, neglect, or exploitation;
    - b. Any action taken according to subsection (F)(1); and
    - c. The report in subsection (F)(2);
  4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
  5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
    - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
    - b. A description of any injury to the resident related to the suspected abuse or neglect and any change to the resident's physical, cognitive, functional, or emotional condition;
    - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
    - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
  6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained



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during the investigation for at least 12 months after the date the investigation was initiated.

**G.** An administrator shall:

1. Allow a resident advocate to assist a resident or the resident's representative with a request or recommendation, and document in writing any complaint submitted to the ICF/IID;
2. Ensure that a monthly schedule of recreational activities for residents is developed, documented, and implemented; and
3. Ensure that the following are conspicuously posted on the premises:
  - a. The current ICF/IID license issued by the Department;
  - b. The name, address, and telephone number of:
    - i. The Department's Office of Long Term Care, and
    - ii. Adult Protective Services of the Department of Economic Security;
  - c. A notice that a resident may file a complaint with the Department concerning the ICF/IID;
  - d. The monthly schedule of recreational activities; and
  - e. One of the following:
    - i. A copy of the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect; or
    - ii. A notice that the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect are available for review upon request.

**H.** An administrator shall provide written notification to the Department of a resident's:

1. Death, if the resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death; and
2. Self-injury, within two working days after the resident inflicts a self-injury that requires immediate intervention by an emergency medical services provider.

**I.** An administrator shall:

1. Notify a resident's representative, family member, or other individual designated by the resident immediately, with no delay between staff awareness of the occurrence and reporting unless the situation is unstable in which case reporting should occur as soon as the safety of the resident is assured, after:
  - a. The resident's death,
  - b. There is a significant change in the resident's medical condition, or
  - c. The resident has an illness or injury that requires immediate intervention by an emergency medical services provider or treatment by a health care provider; and
2. For an illness or injury in subsection (I)(1)(c), document the following:
  - a. The date and time of the illness or injury;
  - b. A description of the illness or injury;
  - c. If applicable, the names of individuals who observed the injury;
  - d. The actions taken by personnel members, according to policies and procedures;
  - e. The individuals notified by the personnel members; and

f. Any action taken to prevent the illness or injury from occurring in the future.

**J.** If an administrator administers a resident's personal account at the request of the resident or the resident's representative, the administrator shall:

1. Comply with policies and procedures established according to subsection (C)(1)(q);
2. Designate a personnel member who is responsible for the personal accounts;
3. Maintain a complete and separate accounting of each personal account;
4. Obtain written authorization from the resident or the resident's representative for a personal account transaction;
5. Document an account transaction and provide a copy of the documentation to the resident or the resident's representative upon request and at least every three months;
6. Transfer all money from the resident's personal account in excess of \$50.00 to an interest-bearing account and credit the interest to the resident's personal account; and
7. Within 30 calendar days after the resident's death, transfer, or discharge, return all money in the resident's personal account and a final accounting to the resident, the resident's representative, or the probate jurisdiction administering the resident's estate.

**K.** If a petty cash fund is established for use by residents, the administrator shall ensure that:

1. The policies and procedures established according to subsection (C)(1)(r) include:
  - a. A prescribed cash limit of the petty cash fund, and
  - b. The hours of the day a resident may access the petty cash fund; and
2. A resident's written acknowledgment is obtained for a petty cash transaction.

**L.** An administrator shall ensure that an acuity plan is developed, documented, and implemented for each unit in the ICF/IID that:

1. Includes:
  - a. A method that establishes the types and numbers of personnel members that are required for each unit in the ICF/IID to ensure resident health and safety, and
  - b. A policy and procedure stating the steps the ICF/IID will take to obtain or assign the necessary personnel members to address resident acuity;
2. Is used when making assignments for resident treatment; and
3. Is reviewed and updated, as necessary, at least once every 12 months.

**M.** An administrator shall establish and document the criteria for determining when a resident's absence is unauthorized, including the criteria for a resident who:

1. Is absent against medical advice,
2. Is under the age of 18, or
3. Does not return to the ICF/IID at the expected time after an authorized absence.

**N.** An administrator shall ensure that the following are on the premises of the ICF/IID:

1. The most recent inspection report of the ICF/IID conducted by the Arizona Department of Economic Security under A.R.S. § 36-557(G)(1), and
2. Documentation of the most recent monitoring of the ICF/IID conducted by the Arizona Department of Economic Security under A.R.S. § 36-557(G)(2).

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**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-503 renumbered to R9-10-2103; new Section R9-10-503 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

**R9-10-504. Quality Management**

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to residents;
  - c. A method to evaluate the data collected to identify a concern about the delivery of services related to resident care;
  - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care; and
  - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
  - a. An identification of each concern about the delivery of services related to resident care; and
  - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to resident care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S.

§ 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-504 renumbered to R9-10-2104; new Section R9-10-504 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-505. Contracted Services**

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-505 renumbered to R9-10-2105; new Section R9-10-505 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-506. Personnel**

**A.** An administrator shall ensure that:

1. A personnel member is:
  - a. At least 21 years old, or
  - b. At least 18 years old and is licensed or certified under A.R.S. Title 32 and providing services within the personnel member's scope of practice;
2. An employee is at least 18 years old;
3. A student is at least 18 years old; and
4. A volunteer is at least 21 years old.

**B.** An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
  - a. Are based on:
    - i. The type of active treatment or other physical health services or behavioral care expected to be provided by the personnel member according to the established job description, and
    - ii. The acuity of the residents receiving active treatment or other physical health services or

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- behavioral care from the personnel member according to the established job description; and
- b. Include:
  - i. The specific skills and knowledge necessary for the personnel member to provide the expected active treatment or other physical health services and behavioral care listed in the established job description,
  - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected active treatment or other physical health services or behavioral care listed in the established job description, and
  - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected active treatment or other physical health services or behavioral care listed in the established job description;
- 2. A personnel member's skills and knowledge are verified and documented:
  - a. Before the personnel member provides active treatment or other physical health services or behavioral care, and
  - b. According to policies and procedures; and
- 3. Sufficient personnel members are present on an ICF/IID's premises with the qualifications, skills, and knowledge necessary to:
  - a. Provide the services in the ICF/IID's scope of services,
  - b. Meet the needs of a resident, and
  - c. Ensure the health and safety of a resident.
- C. An administrator shall ensure that an organizational chart of the ICF/IID is established, updated as necessary, and maintained on the premises:
  - 1. Outlining the roles, responsibilities, and relationships within the ICF/IID; and
  - 2. Including the name and, if applicable, the license or certification credential of each individual shown on the organizational chart.
- D. An administrator shall ensure that, if a personnel member provides services that require a license under A.R.S. Title 32 or 36, the personnel member is licensed under A.R.S. Title 32 or 36, as applicable.
- E. An administrator shall ensure that an individual who is a licensed baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision as defined in 4 A.A.C. 6, Article 1.
- F. An administrator shall ensure that a personnel member or an employee or volunteer who has or is expected to have direct interaction with a resident for more than eight hours a week provides evidence of freedom from infectious tuberculosis:
  - 1. On or before the date the individual begins providing services at or on behalf of the ICF/IID, and
  - 2. As specified in R9-10-113.
- G. An administrator shall ensure that:
  - 1. The types and numbers of nurses or therapists required according to the acuity plan in R9-10-503(L) are present in each unit in the ICF/IID;
  - 2. Documentation of the nurses or therapists present on the ICF/IID's premises each day is maintained and includes:
    - a. The date;
    - b. The number of residents;
    - c. The name, license or certification credential, and assigned duties of each nurse or therapist who worked that day; and
    - d. The actual number of hours each nurse or therapist worked that day; and
  - 3. The documentation of nurses or therapists required in subsection (G)(2) is maintained for at least 12 months after the date of the documentation.
- H. An administrator shall ensure that a personnel member is:
  - 1. On duty, on the premises, awake, and able to respond, according to policies and procedures, to injuries, symptoms of illness, or fire or other emergencies on the premises if the ICF/IID provides services to:
    - a. More than 16 residents;
    - b. A resident who has a nursing care plan or medical care plan; or
    - c. A resident who requires additional supervision because the resident:
      - i. Is aggressive,
      - ii. May cause harm to self or others, or
      - iii. May attempt an unauthorized absence; and
  - 2. On duty, on the premises, and able to respond, according to policies and procedures, to injuries, symptoms of illness, or fire or other emergencies on the premises if:
    - a. The ICF/IID provides services to 16 or fewer residents, and
    - b. None of the residents has a nursing care plan or medical care plan or requires additional supervision according to subsection (H)(1)(c).
- I. An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:
  - 1. The individual's name, date of birth, and contact telephone number;
  - 2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
  - 3. Documentation of:
    - a. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
    - b. The individual's education and experience applicable to the individual's job duties;
    - c. The individual's compliance with the requirements in A.R.S. § 36-411;
    - d. The ICF/IID's check on the individual in the adult protective services registry established according to A.R.S. § 46-459;
    - e. Orientation and in-service education as required by policies and procedures;
    - f. Training in preventing, recognizing, and reporting abuse or neglect, required according to R9-10-503(C)(1)(d)(i);
    - g. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
    - h. The individual's qualifications and on-going training for each type of restraint or seclusion used, as required in R9-10-515;
    - i. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-503(C)(1)(g);

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- j. First aid training, if required for the individual according to this Article or policies and procedures; and
  - k. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (F).
- J.** An administrator shall ensure that personnel records are:
- 1. Maintained:
    - a. Throughout the individual's period of providing services in or for the ICF/IID, and
    - b. For at least 24 months after the last date the individual provided services in or for the ICF/IID; and
  - 2. For a personnel member who has not provided active treatment or other physical health services or behavioral care at or for the ICF/IID during the previous 12 months, provided to the Department within 72 hours after the Department's request.
- K.** An administrator shall ensure that:
- 1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
  - 2. A personnel member completes orientation before providing active treatment or other physical health services or behavioral care;
  - 3. An individual's orientation is documented, to include:
    - a. The individual's name,
    - b. The date of the orientation, and
    - c. The subject or topics covered in the orientation;
  - 4. A plan to provide in-service education specific to the duties of a personnel member is developed, documented, and implemented;
  - 5. A personnel member's in-service education is documented, to include:
    - a. The personnel member's name,
    - b. The date of the training, and
    - c. The subject or topics covered in the training; and
  - 6. A work schedule of each personnel member is developed and maintained at the ICF/IID for at least 12 months after the date of the work schedule.
- L.** An administrator shall designate a qualified individual to provide:
- 1. Social services, and
  - 2. Recreational activities.
- M.** An administrator shall ensure that a fall prevention and fall recovery program that complies with requirements in A.R.S. § 36-420.01 is developed, documented, and implemented.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, §

13; effective July 1, 2014 (Supp. 14-2). Section R9-10-506 renumbered to R9-10-2106; new Section R9-10-506 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Section R9-10-506 renumbered to R9-10-2106; new Section R9-10-506 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

**R9-10-507. Admission**

An administrator shall ensure that:

- 1. A resident is admitted only:
  - a. On a physician's order;
  - b. If the resident has a developmental disability or cognitive disability, as defined in A.R.S. § 36-551;
  - c. If the resident's placement evaluation indicates that the resident's needs can be met by the ICF/IID; and
  - d. Except when the resident's placement evaluation states that the resident would benefit from being part of a group that includes residents of different ages, developmental levels, or social needs, if the resident can be assigned to a room or unit within the ICF/IID with other residents of similar ages, developmental levels, or social needs;
- 2. The physician's admitting order or placement evaluation documentation includes the active treatment or other physical health services or behavioral care required to meet the immediate needs of a resident, such as habilitation services, medication, and food services;
- 3. At the time of a resident's admission, a registered nurse conducts or coordinates an initial assessment of a resident to determine the resident's acuity and ensure the resident's immediate needs are met;
- 4. A resident's needs do not exceed the medical services, rehabilitation services, and nursing services available at the ICF/IID as established in the ICF/IID's scope of services;
- 5. A resident is assigned to a unit in the ICF/IID based, as applicable, on the patient's:
  - a. Documented diagnosis,
  - b. Treatment needs,
  - c. Developmental level,
  - d. Social skills,
  - e. Verbal skills, and
  - f. Acuity;
- 6. A resident does not share any space, participate in any activity or treatment, or verbally or physically interact with any other resident that, based on the other resident's documented diagnosis, treatment needs, developmental level, social skills, verbal skills, and personal history, may present a threat to the resident's health and safety;
- 7. Within 30 calendar days before admission or 10 working days after admission, a medical history and physical examination is completed on a resident by:
  - a. A physician, or
  - b. A physician assistant or a registered nurse practitioner designated by the attending physician;
- 8. Compliance with the requirements in subsection (7) is documented in the resident's medical record;
- 9. Except as specified in subsection (10), a resident provides evidence of freedom from infectious tuberculosis:

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- a. Before or within seven calendar days after the resident's admission, and
  - b. As specified in R9-10-113; and
10. A resident who transfers from an ICF/IID or nursing care institution to the ICF/IID is not required to be rescreened for tuberculosis as specified in R9-10-113 if:
- a. Fewer than 12 months have passed since the resident was screened for tuberculosis, and
  - b. The documentation of freedom from infectious tuberculosis required in subsection (9) accompanies the resident at the time of transfer.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-507 renumbered to R9-10-2107; new Section R9-10-507 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final expedited rulemaking at 28 A.A.R. 1113 (May 27, 2022), with an immediate effective date of May 4, 2022 (Supp. 22-2). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

**R9-10-508. Transfer; Discharge**

- A. An administrator, in coordination with the Arizona Department of Economic Security, Division of Developmental Disabilities, shall ensure that:
1. A resident is transferred or discharged if:
    - a. The ICF/IID is not authorized or not able to meet the needs of the resident, or
    - b. The resident's behavior is a threat to the health or safety of the resident or other individuals at the ICF/IID; and
  2. Documentation of a resident's transfer or discharge includes:
    - a. The date of the transfer or discharge;
    - b. The reason for the transfer or discharge;
    - c. A 30-day written notice except:
      - i. In an emergency, or
      - ii. If the resident no longer requires rehabilitation services or habilitation services as determined by a physician or the physician's designee;
    - d. A notation by a physician or the physician's designee if the transfer or discharge is due to any of the reasons listed in subsection (A)(1); and
    - e. If applicable, actions taken by a personnel member to protect the resident or other individuals if the resident's behavior is a threat to the health and safety of

the resident or other individuals in the ICF/IID and beyond the ICF/IID's scope of services.

- B. Except for a transfer of a resident due to an emergency, an administrator shall ensure that:
1. A qualified intellectual disabilities professional or, if the resident has a nursing care plan or medical care plan, a registered nurse coordinates the transfer and the services provided to the resident;
  2. According to policies and procedures:
    - a. An evaluation of the resident is conducted before the transfer;
    - b. Information from the resident's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
    - c. A personnel member explains the risks and benefits of the transfer to the resident or the resident's representative; and
  3. Documentation in the resident's medical record includes:
    - a. Communication with an individual at a receiving health care institution;
    - b. The date and time of the transfer;
    - c. The mode of transportation; and
    - d. If applicable, the name of the personnel member accompanying the resident during a transfer.
- C. Except in an emergency, a qualified intellectual disabilities professional or, if the resident has a nursing care plan or medical care plan, a registered nurse shall ensure that before a resident is discharged:
1. Written follow-up instructions are developed with the resident or the resident's representative that include:
    - a. Information necessary to meet the resident's need for medical services and nursing services; and
    - b. The state long-term care ombudsman's name, address, and telephone number;
  2. A copy of the written follow-up instructions is provided to the resident or the resident's representative; and
  3. A discharge summary:
    - a. Is developed by a qualified intellectual disabilities professional or, if the resident has a nursing care plan or medical care plan, a registered nurse;
    - b. Authenticated by the resident's attending physician or designee; and
    - c. Includes:
      - i. The resident's need for rehabilitation services or habilitation services at the time of transfer or discharge;
      - ii. The resident's need for medical services or nursing services;
      - iii. The resident's developmental, behavioral, social, and nutritional status;
      - iv. The resident's medical and psychosocial history;
      - v. The date of the discharge; and
      - vi. The location of the resident after discharge.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2).

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Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-508 renumbered to R9-10-2108; new Section R9-10-508 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

**R9-10-509. Transport**

- A.** Except as provided in subsections (B) and (C), an administrator shall ensure that:
1. A personnel member authorized by policies and procedures coordinates the transport and the services provided to the resident;
  2. According to policies and procedures:
    - a. An evaluation of the resident is conducted before and after the transport,
    - b. Information from the resident's medical record is provided to a receiving health care institution, and
    - c. A personnel member explains the risks and benefits of the transport to the resident or the resident's representative; and
  3. Documentation in the resident's medical record includes:
    - a. Communication with an individual at a receiving health care institution;
    - b. The date and time of the transport;
    - c. The mode of transportation; and
    - d. If applicable, the name of the personnel member accompanying the resident during a transport.
- B.** If the transport of a resident is to provide the resident with rehabilitation services or habilitation services off the premises, an administrator shall ensure that:
1. The rehabilitation services or habilitation services are included in the resident's individual program plan,
  2. A qualified intellectual disabilities professional coordinates the transport and the services provided to the resident, and
  3. The resident is transported according to R9-10-510(A).
- C.** Subsection (A) does not apply to:
1. Except as provided in subsection (B), transportation according to R9-10-510 to a location other than a licensed health care institution;
  2. Transportation provided for a resident by the resident or the resident's representative;
  3. Transportation provided by an outside entity that was arranged for a resident by the resident or the resident's representative; or
  4. A transport to another licensed health care institution in an emergency.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pur-

suant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-509 renumbered to R9-10-2109; new Section R9-10-509 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

**R9-10-510. Transportation; Resident Outings**

- A.** An administrator of an ICF/IID that uses a vehicle owned or leased by the ICF/IID to provide transportation to a resident shall ensure that:
1. The vehicle:
    - a. Is safe and in good repair,
    - b. Contains a first aid kit,
    - c. Contains drinking water sufficient to meet the needs of each resident present in the vehicle, and
    - d. Contains a working heating and air conditioning system;
  2. Documentation of current vehicle insurance and a record of maintenance performed or a repair of the vehicle is maintained;
  3. A driver of the vehicle:
    - a. Is 21 years of age or older;
    - b. Has a valid driver license;
    - c. Operates the vehicle in a manner that does not endanger a resident in the vehicle;
    - d. Does not leave in the vehicle an unattended:
      - i. Child;
      - ii. Resident who may be a threat to the health, safety, or welfare of the resident or another individual; or
      - iii. Resident who is incapable of independent exit from the vehicle; and
    - e. Ensures the safe and hazard-free loading and unloading of residents; and
  4. Transportation safety is maintained as follows:
    - a. An individual in the vehicle is sitting in a seat, which may include the seat of a wheel chair, and wearing a working seat belt while the vehicle is in motion; and
    - b. Each seat in the vehicle is securely fastened to the vehicle and provides sufficient space for a resident's body.
- B.** An administrator shall ensure that an outing is consistent with the age, developmental level, physical ability, medical condition, and treatment needs of each resident participating in the outing.
- C.** An administrator shall ensure that:
1. Except when only one resident is participating in an outing, at least two personnel members are present on the outing;

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2. In addition to the personnel members required in subsection (C)(1), a sufficient number of personnel members are present on an outing to ensure the health and safety of a resident on the outing;
3. Each personnel member on the outing has documentation of current training in cardiopulmonary resuscitation according to R9-10-503(C)(1)(g) and first aid training according to R9-10-503(C)(1)(h);
4. Documentation is developed before an outing that includes:
  - a. The name of each resident participating in the outing;
  - b. A description of the outing;
  - c. The date of the outing;
  - d. The anticipated departure and return times;
  - e. The name, address, and, if available, telephone number of the outing destination; and
  - f. If applicable, the license plate number of a vehicle used to provide transportation for the outing;
5. The documentation described in subsection (C)(4) is updated to include the actual departure and return times and is maintained for at least 12 months after the date of the outing; and
6. Emergency information for a resident participating in the outing is maintained by a personnel member participating in the outing or in the vehicle used to provide transportation for the outing and includes:
  - a. The resident's name;
  - b. Medication information, including the name, dosage, route of administration, and directions for each medication needed by the resident during the anticipated duration of the outing;
  - c. The resident's allergies; and
  - d. The name and telephone number of a designated individual, who is present on the ICF/IID's premises, to notify in case of an emergency.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-510 renumbered to R9-10-2110; new Section R9-10-510 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April

18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

**R9-10-511. Resident Rights**

- A. An administrator shall ensure that:
  1. The requirements in subsection (B) and the resident rights in subsection (C) are conspicuously posted on the premises;
  2. At the time of admission, a resident or the resident's representative receives a written copy of the requirements in subsection (B) and the resident rights in subsection (C); and
  3. Policies and procedures include:
    - a. How and when a resident or the resident's representative is informed of resident rights in subsection (C), and
    - b. Where resident rights are posted as required in subsection (A)(1).
- B. An administrator shall ensure that:
  1. A resident has privacy in:
    - a. Treatment,
    - b. Bathing and toileting,
    - c. Room accommodations, and
    - d. Visiting or meeting with another resident or an individual;
  2. A resident is treated with dignity, respect, and consideration;
  3. A resident is not subjected to:
    - a. Abuse;
    - b. Neglect;
    - c. Exploitation;
    - d. Coercion;
    - e. Manipulation;
    - f. Sexual abuse;
    - g. Sexual assault;
    - h. Except as allowed in R9-10-515, seclusion or restraint;
    - i. Retaliation for submitting a complaint to the Department or another entity;
    - j. Misappropriation of personal and private property by an ICF/IID's personnel members, employees, volunteers, or students; or
    - k. Segregation solely based on the resident's disability; and
  4. A resident or the resident's representative:
    - a. Except in an emergency, either consents to or refuses treatment;
    - b. May refuse or withdraw consent for treatment before treatment is initiated;
    - c. Except in an emergency, is informed of proposed alternatives to psychotropic medication and the associated risks and possible complications of the psychotropic medication;
    - d. Is informed of the following:
      - i. The health care institution's policy on health care directives, and
      - ii. The resident complaint process;
    - e. Consents to photographs of the resident before the resident is photographed, except that the resident may be photographed when admitted to an ICF/IID for identification and administrative purposes;
    - f. May manage the resident's financial affairs;
    - g. Has access to and may communicate with any individual, organization, or agency;

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- h. Except as provided in the resident's individual program plan, has privacy:
    - i. In interactions with other residents or visitors to the ICF/IID,
    - ii. In the resident's mail, and
    - iii. For telephone calls made by or to the resident;
  - i. May review the ICF/IID's current license survey report and, if applicable, plan of correction in effect;
  - j. May review the resident's financial records within two working days and medical records within one working day after the resident's or the resident's representative's request;
  - k. May obtain a copy of the resident's financial records and medical records within two working days after the resident's request and in compliance with A.R.S. § 12-2295;
  - l. Except as otherwise permitted by law, consents, in writing, to the release of information in the resident's:
    - i. Medical record, and
    - ii. Financial records;
  - m. May select a pharmacy of choice if the pharmacy complies with policies and procedures and does not pose a risk to the resident;
  - n. Is informed of the method for contacting the resident's attending physician;
  - o. Is informed of the resident's overall physical and psychosocial well-being, as determined by the resident's comprehensive assessment;
  - p. Is provided with a copy of those sections of the resident's medical record that are required for continuity of care free of charge, according to A.R.S. § 12-2295, if the resident is transferred or discharged; and
  - q. Except in the event of an emergency, is informed orally or in writing before the ICF/IID makes a change in a resident's room or roommate assignment and notification is documented in the resident's medical record.
- C. In addition to the rights in A.R.S. § 36-551.01, a resident has the following rights:
- 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
  - 2. To receive treatment that supports and respects the resident's individuality, choices, strengths, and abilities;
  - 3. To choose activities and schedules consistent with the resident's interests that do not interfere with other residents;
  - 4. To participate in social, religious, political, and community activities that do not interfere with other residents;
  - 5. To retain personal possessions including furnishings and clothing as space permits unless the use of the personal possession infringes on the rights or health and safety of other residents;
  - 6. To share a room with the resident's spouse if space is available and the spouse consents;
  - 7. To receive a referral to another health care institution if the ICF/IID is not authorized or not able to provide active treatment or other physical health services or behavioral care needed by the resident;
  - 8. To participate or have the resident's representative participate in the development of the resident's individual program plan or decisions concerning treatment;
  - 9. To participate or refuse to participate in research or experimental treatment; and
  - 10. To receive assistance from a family member, the resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-511 renumbered to R9-10-2111; new Section R9-10-511 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

**R9-10-512. Medical Records****A.** An administrator shall ensure that:

- 1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
- 2. An entry in a resident's medical record is:
  - a. Recorded only by an individual authorized by policies and procedures to make the entry;
  - b. Dated, legible, and authenticated; and
  - c. Not changed to make the initial entry illegible;
- 3. An order is:
  - a. Dated when the order is entered in the resident's medical record and includes the time of the order;
  - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
  - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
- 4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
- 5. A resident's medical record is available to an individual:
  - a. Authorized to access the resident's medical record according to policies and procedures;
  - b. If the individual is not authorized to access the resident's medical record according to policies and procedures, with the written consent of the resident or the resident's representative; or
  - c. As permitted by law; and
- 6. A resident's medical record is protected from loss, damage, or unauthorized use.



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- B.** If an ICF/IID maintains residents' medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
  2. The date and time of an entry in a resident's medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a resident's medical record contains:
1. Resident information that includes:
    - a. The resident's name;
    - b. The resident's date of birth; and
    - c. Any known allergies, including medication allergies;
  2. The admission date and, if applicable, the date of discharge;
  3. The admitting diagnosis or presenting symptoms;
  4. Documentation of the resident's placement evaluation;
  5. Documentation of general consent and, if applicable, informed consent;
  6. If applicable, the name and contact information of the resident's representative and:
    - a. The document signed by the resident consenting for the resident's representative to act on the resident's behalf; or
    - b. If the resident's representative:
      - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
      - ii. Is a legal guardian, a copy of the court order establishing guardianship;
  7. The name and contact information of the resident's representative, family member, or other individual designated by the resident;
  8. Documentation of the initial assessment required in R9-10-507(3) to determine acuity;
  9. The medical history and physical examination required in R9-10-516(A)(4);
  10. A copy of the resident's living will or other health care directive, if applicable;
  11. The name and telephone number of the resident's attending physician;
  12. Orders;
  13. Documentation of the resident's comprehensive assessment;
  14. Individual program plans, including nursing care plans or medical care plans, if applicable;
  15. Documentation of active treatment and other physical health services or behavioral care provided to the resident;
  16. Progress notes, including data needed to evaluate the effectiveness of the methods, schedule, and strategies being used to accomplish the goals in the resident's individual program plan;
  17. If applicable, documentation of restraint or seclusion;
  18. If applicable, documentation of any actions other than restraint or seclusion taken to control or address the resident's behavior to prevent harm to the resident or another individual or to improve the resident's social interactions;
  19. If applicable, documentation that evacuation from the ICF/IID would cause harm to the resident;
  20. The disposition of the resident after discharge;
  21. Transfer documentation;
  22. The discharge plan and summary;
  23. If applicable:
    - a. A laboratory report,
    - b. A radiologic report,
    - c. A diagnostic report, and
    - d. A consultation report;
  24. Documentation of freedom from infectious tuberculosis required in R9-10-507(9);
  25. Documentation of a medication administered to the resident that includes:
    - a. The date and time of administration;
    - b. The name, strength, dosage, and route of administration;
    - c. The type of vaccine, if applicable;
    - d. For a medication administered for pain on a PRN basis:
      - i. An evaluation of the resident's pain before administering the medication, and
      - ii. The effect of the medication administered;
    - e. For a psychotropic medication administered on a PRN basis:
      - i. An evaluation of the resident's symptoms before administering the psychotropic medication, and
      - ii. The effect of the psychotropic medication administered;
    - f. The identification, signature, and professional designation of the individual administering the medication; and
    - g. Any adverse reaction a resident has to the medication; and
  26. If applicable, a copy of written notices, including follow-up instructions, provided to the resident or the resident's representative.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-512 renumbered to R9-10-2112; new Section R9-10-512 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

**R9-10-513. Rehabilitation Services and Habilitation Services**

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- A.** Except as provided in subsection (D), an administrator shall ensure that:
- Personnel members are available to provide the following rehabilitation services:
    - Physical therapy, as defined in A.R.S. § 32-2001;
    - Occupational therapy, A.R.S. § 32-3401;
    - Psychological service, as defined in A.R.S. § 32-2061;
    - Speech-language pathology, as defined in A.R.S. § 36-1901; and
    - Audiology, as defined in A.R.S. § 36-1901;
  - Rehabilitation services are provided:
    - Under the direction of a qualified intellectual disabilities professional according to policies and procedures, and
    - According to an order;
  - A resident receives the rehabilitation services required in the resident's individual program plan;
  - Unless otherwise required in the resident's individual program plan:
    - A resident does not remain in bed or in the resident's bedroom;
    - If the resident is not able to independently move from place to place, even with the use of an assistive device, the resident is moved from place to place in the ICF/IID; and
    - A resident receiving rehabilitation services is encouraged to participate in activities that are planned according to subsection (C)(2) and are appropriate to objectives in the resident's individual program plan;
  - A qualified intellectual disabilities professional reviews the rehabilitation services provided to a resident and revises the frequency, duration, method, or type of rehabilitation services being provided in the resident's individual program plan:
    - As necessary, if the resident is losing skills or failing to progress; or
    - If a goal in the resident's individual program plan has been accomplished and a new objective is to be initiated; and
  - The medical record of a resident receiving rehabilitation services includes:
    - An order for rehabilitation services that includes the name of the ordering individual and a referring diagnosis;
    - The resident's individual program plan, including all updates;
    - The rehabilitation services provided;
    - The resident's response to the rehabilitation services; and
    - The authentication of the individual providing the rehabilitation services.
- B.** Except as provided in subsection (D), an administrator shall ensure that:
- Personnel members are available to provide a resident with habilitation services required in the resident's individual program plan;
  - A personnel member is only assigned to provide the habilitation services the personnel member has the documented skills and knowledge to perform;
  - A resident receives the habilitation services in the resident's individual program plan;
  - If applicable, a personnel member:
    - Suggests techniques a resident may use to maintain or improve the resident's independence in performing activities of daily living; and
    - Provides assistance with, supervises, or directs a resident's personal hygiene according to the resident's individual program plan;
  - A resident receiving habilitation services is encouraged to participate in activities of the resident's choosing that are planned according to subsection (C)(2); and
  - The medical record of a resident receiving habilitation services includes:
    - The resident's individual program plan, including all updates;
    - The habilitation services provided;
    - The resident's response to the habilitation services; and
    - The authentication of the individual providing the habilitation services.
- C.** An administrator shall ensure that:
- Multiple media sources, such as daily newspapers, current magazines, internet sources, and a variety of reading materials, are available and accessible to a resident to maintain the resident's continued awareness of current news, social events, and other noteworthy information;
  - Daily social or recreational activities are planned according to residents' preferences, needs, and abilities;
  - A calendar of planned activities is:
    - Prepared at least one week in advance of the date the activity is provided,
    - Posted in a location that is easily seen by residents,
    - Updated as necessary to reflect substitutions in the activities provided, and
    - Maintained for at least 12 months after the last scheduled activity;
  - Equipment and supplies are available and accessible to accommodate a resident who chooses to participate in a planned activity on the premises;
  - Outings are provided according to R9-10-510(B) and (C); and
  - If necessary and unless otherwise required in the resident's individual program plan, a resident is assisted to participate in outings and other opportunities to leave the premises of the ICF/IID.
- D.** An administrator is not required to ensure that personnel members providing rehabilitation services or habilitation services are on the premises if no resident of the ICF/IID is on the premises because the residents are:
- Receiving rehabilitation services off the premises,
  - Receiving habilitation services off the premises,
  - Participating in an outing, or
  - Otherwise absent from the ICF/IID.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4).

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Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-513 renumbered to R9-10-2113; new Section R9-10-513 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-514. Individual Program Plan****A.** An administrator shall ensure that:**1.** A comprehensive assessment of a resident:

- a. Is conducted or coordinated by a qualified intellectual disabilities professional, in collaboration with an interdisciplinary team that includes:
  - i. The resident's attending physician or designee;
  - ii. A registered nurse;
  - iii. If the resident is receiving medications as part of active treatment, a pharmacist; and
  - iv. Personnel members qualified to provide each type of rehabilitation services identified in a placement evaluation or the initial assessment required in R9-10-507(3);
- b. Is completed for the resident within 30 calendar days after the resident's admission to an ICF/IID;
- c. Is updated:
  - i. No later than 12 months after the date of the resident's last comprehensive assessment, and
  - ii. When the resident experiences a significant change;
- d. Includes the following information for the resident:
  - i. Identifying information;
  - ii. An evaluation of the resident's hearing, speech, and vision;
  - iii. An evaluation of the resident's ability to understand and recall information;
  - iv. An evaluation of the resident's mental status;
  - v. Whether the resident demonstrates inappropriate behavior;
  - vi. Preferences for customary routine and activities;
  - vii. An evaluation of the resident's ability to perform activities of daily living;
  - viii. Need for a mobility device;
  - ix. An evaluation of the resident's ability to control the resident's bladder and bowels;
  - x. Any diagnosis that impacts rehabilitation services or other physical health services or behavioral care that the resident may require;
  - xi. Any medical conditions that impact the resident's functional status, quality of life, or need for nursing services;
  - xii. An evaluation of the resident's ability to maintain adequate nutrition and hydration;
  - xiii. An evaluation of the resident's oral and dental status;
  - xiv. An evaluation of the condition of the resident's skin;
  - xv. Identification of any medication or treatment administered to the resident during a seven-day calendar period that includes the time

the comprehensive assessment was conducted;

- xvi. Identification of any treatment or medication ordered for the resident;
- xvii. Identification of interventions that may support the resident towards independence;
- xviii. Identification of any assistive devices needed by the resident;
- xix. Identification of the active treatment needed by the resident, including active treatment not provided by the ICF/IID;
- xx. Identification of measurable goals and behavioral objective for the active treatment, in priority order, with time limits for attainment;
- xxi. Identification of the methods, schedule, and strategies to accomplish the goals, including the personnel member responsible;
- xxii. Evaluation procedures for determining if the methods and strategies in subsection (A)(1)(d)(xix) are working, including the type of data required and frequency of collection;
- xxiii. Whether any restraints have been used for the resident during a seven-day calendar period that includes the time the comprehensive assessment was conducted;
- xxiv. If the resident demonstrates inappropriate behavior, as reported according to subsection (A)(1)(d)(v), identification of the methods, schedule, and strategies for replacement of the inappropriate behavior with appropriate behavioral expressions, including the hierarchy for use;
- xxv. If restraint or seclusion is included in subsection (A)(1)(d)(xxiii), the specific restraints or conditions of seclusion that may be used because of the resident's inappropriate behavior;
- xxvi. A description of the resident or resident's representative's participation in the comprehensive assessment;
- xxvii. The name and title of the interdisciplinary team members who participated in the resident's comprehensive assessment;
- xxviii. Potential for rehabilitation, including the resident's strengths and specific developmental or behavioral health needs; and
- xxix. Potential for discharge;
- e. Is signed and dated by the qualified intellectual disabilities professional who conducts or coordinates the comprehensive assessment or review; and
- f. Is used to determine or update the resident's acuity;
2. If the condition in subsection (A)(1)(d)(v) is answered in the affirmative during the comprehensive assessment or review, a behavioral health professional reviews a resident's comprehensive assessment or review and individual program plan to ensure that the resident's needs for behavioral care are being met;
3. A new comprehensive assessment is not required for a resident who is hospitalized and readmitted to an ICF/IID unless a physician, an individual designated by the physician, a qualified intellectual disabilities professional, or a

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registered nurse determines the resident has a significant change in condition; and

4. A resident's comprehensive assessment is reviewed at least once every three months after the date of the current comprehensive assessment and if there is a significant change in the resident's condition by:
  - a. A qualified intellectual disabilities professional; and
  - b. If the resident has a nursing care plan or medical care plan, a registered nurse.

**B.** An administrator shall ensure that an individual program plan for a resident:

1. Is developed, documented, and implemented for the resident within seven calendar days after completing the resident's comprehensive assessment required in subsection (A)(1);
2. Includes the acuity of the resident;
3. Is reviewed at least annually by the interdisciplinary team required in subsection (A)(1)(a) and revised based on any change to the resident's comprehensive assessment; and
4. Ensures that a resident is provided rehabilitation services and other physical health services or behavioral care that:
  - a. Address any medical condition or behavioral care issue identified in the resident's comprehensive assessment, and
  - b. Assist the resident in maintaining the resident's highest practicable well-being according to the resident's comprehensive assessment.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-514 renumbered to R9-10-2114; new Section R9-10-514 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

**R9-10-515. Seclusion; Restraint**

**A.** An administrator shall ensure that:

1. An ICF/IID's policies and procedures for managing a resident's inappropriate behavior, as described in R9-10-503(C)(2)(g) are reviewed, approved, and monitored through the quality management process in R9-10-504; and
2. Restraint is provided according to the requirements in subsection (C).

**B.** An administrator of an ICF/IID authorized to provide seclusion shall ensure that:

1. Seclusion is provided according to the requirements in subsection (C);
2. If a resident is placed in seclusion, the room used for seclusion:
  - a. Is approved for use as a seclusion room by the Department;
  - b. Is not used as a resident's bedroom or a sleeping area;
  - c. Allows full view of the resident in all areas of the room;
  - d. Is free of hazards, such as unprotected light fixtures or electrical outlets;
  - e. Contains at least 60 square feet of floor space; and
  - f. Except as provided in subsection (B)(3), contains a non-adjustable bed that:
    - i. Consists of a mattress on a solid platform that is:
      - (1) Constructed of a durable, non-hazardous material; and
      - (2) Raised off of the floor;
    - ii. Does not have wire springs or a storage drawer; and
    - iii. Is securely anchored in place;
3. If a room used for seclusion does not contain a non-adjustable bed required in subsection (B)(2)(f):
  - a. A piece of equipment is available that:
    - i. Is commercially manufactured to safely and humanely restrain a resident's body;
    - ii. Provides support to the trunk and head of a resident's body;
    - iii. Provides restraint to the trunk of a resident's body;
    - iv. Is able to restrict movement of a resident's arms, legs, body, and head;
    - v. Allows a resident's body to recline; and
    - vi. Does not inflict harm on a resident's body; and
  - b. Documentation of the manufacturer's specifications for the piece of equipment in subsection (B)(3)(a) is maintained; and
4. A seclusion room may be used for services or activities other than seclusion if:
  - a. A sign stating the service or activity scheduled or being provided in the room is conspicuously posted outside the room;
  - b. No permanent equipment other than the bed required in subsection (B)(2)(f) is in the room;
  - c. Policies and procedures:
    - i. Delineate which services or activities other than seclusion may be provided in the room,
    - ii. List what types of equipment or supplies may be placed in the room for the delineated services, and
    - iii. Provide for the prompt removal of equipment and supplies from the room before the room is used for seclusion; and
  - d. The sign required in subsection (B)(4)(a) and equipment and supplies in the room, other than the bed required in subsection (B)(2)(f), are removed before use as a seclusion room.

**C.** An administrator shall ensure that:

1. Policies and procedures for providing restraint or seclusion are established, documented, and implemented to protect the health and safety of a resident that:

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- a. Establish the process for resident assessment, including identification of a resident's medical conditions and criteria for the on-going monitoring of any identified medical condition;
  - b. Identify each type of restraint or seclusion used and include for each type of restraint or seclusion used:
    - i. The qualifications of a personnel member who can:
      - (1) Order the restraint or seclusion,
      - (2) Place a resident in the restraint or seclusion,
      - (3) Monitor a resident in the restraint or seclusion,
      - (4) Evaluate a resident's physical and psychological well-being after being placed in the restraint or seclusion and when released from the restraint or seclusion, or
      - (5) Renew the order for restraint or seclusion;
    - ii. On-going training requirements for a personnel member who has direct resident contact while the resident is in a restraint or seclusion; and
    - iii. Criteria for monitoring and assessing a resident including:
      - (1) Frequencies of monitoring and assessment based on a resident's medical condition and risks associated with the specific restraint or seclusion;
      - (2) For the renewal of an order for restraint or seclusion, whether an assessment is required before the order is renewed and, if an assessment is required, who may conduct the assessment;
      - (3) Assessment content, which may include, depending on a resident's condition, the resident's vital signs, respiration, circulation, hydration needs, elimination needs, level of distress and agitation, mental status, cognitive functioning, neurological functioning, and skin integrity;
      - (4) If a mechanical restraint is used, how often the mechanical restraint is loosened; and
      - (5) A process for meeting a resident's nutritional needs and elimination needs;
  - c. Establish the criteria and procedures for renewing an order for restraint or seclusion;
  - d. Establish procedures for internal review of the use of restraint or seclusion; and
  - e. Establish medical record and personnel record documentation requirements for restraint and seclusion, if applicable;
2. An order for restraint or seclusion is:
    - a. Obtained from a physician or registered nurse practitioner, and
    - b. Not written as a standing order or on an as-needed basis;
  3. Restraint or seclusion is:
    - a. Not used as a means of coercion, discipline, convenience, or retaliation;
    - b. Only used when all of the following conditions are met:
      - i. Except as provided in subsection (C)(4), after obtaining an order for the restraint or seclusion;
      - ii. For the management of a resident's aggressive, violent, or self-destructive behavior;
      - iii. When less restrictive interventions have been determined to be ineffective; and
      - iv. To ensure the immediate physical safety of the resident, to prevent imminent harm to the resident or another individual, or to stop physical harm to another individual; and
  - c. Discontinued at the earliest possible time;
4. If as a result of a resident's aggressive, violent, or self-destructive behavior, harm to the resident or another individual is imminent or the resident or another individual is being physically harmed, a personnel member:
    - a. May initiate an emergency application of restraint or seclusion for the resident before obtaining an order for the restraint or seclusion, and
    - b. Obtains an order for the restraint or seclusion of the resident during the emergency application of the restraint or seclusion;
  5. An order for restraint or seclusion includes:
    - a. The name of the physician or registered nurse practitioner ordering the restraint or seclusion;
    - b. The date and time that the restraint or seclusion was ordered;
    - c. The specific restraint or seclusion ordered;
    - d. If a drug is ordered as a chemical restraint, the drug's name, strength, dosage, and route of administration;
    - e. The specific criteria for release from restraint or seclusion without an additional order; and
    - f. The maximum duration authorized for the restraint or seclusion;
  6. An order for restraint or seclusion is limited to the duration of the emergency situation and does not exceed three continuous hours;
  7. If an order for restraint or seclusion of a resident is not provided by the resident's attending physician, the resident's attending physician is notified as soon as possible;
  8. A medical practitioner or personnel member does not participate in restraint or seclusion, assess or monitor a resident during restraint or seclusion, or evaluate a resident after restraint or seclusion, and a physician or registered nurse practitioner does not order restraint or seclusion, until the medical practitioner or personnel member, completes education and training that:
    - a. Includes:
      - i. Techniques to identify medical practitioner, personnel member, and resident behaviors, events, and environmental factors that may trigger circumstances that require restraint or seclusion;
      - ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods;
      - iii. Techniques for identifying the least restrictive intervention based on an assessment of the resident's medical or behavioral health condition;
      - iv. The safe use of restraint and the safe use of seclusion, including training in how to recognize and respond to signs of physical and psychological distress in a resident who is restrained or secluded;

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- v. Clinical identification of specific behavioral changes that indicate that the restraint or seclusion is no longer necessary;
  - vi. Monitoring and assessing a resident while the resident is in restraint or seclusion according to policies and procedures; and
  - vii. Except for the medical practitioner, training exercises in which the personnel member successfully demonstrates the techniques that the medical practitioner or personnel member has learned for managing emergency situations; and
- b. Is provided by individuals qualified according to policies and procedures;
- 9. When a resident is placed in restraint or seclusion:
  - a. The restraint or seclusion is conducted according to policies and procedures;
  - b. The restraint or seclusion is proportionate and appropriate to the severity of the resident's behavior and the resident's:
    - i. Chronological and developmental age;
    - ii. Size;
    - iii. Gender;
    - iv. Physical condition;
    - v. Medical condition;
    - vi. Psychiatric condition; and
    - vii. Personal history, including any history of physical or sexual abuse;
  - c. The physician or registered nurse practitioner who ordered the restraint or seclusion is available for consultation throughout the duration of the restraint or seclusion;
  - d. The resident is monitored and assessed according to policies and procedures;
  - e. A physician or registered nurse assesses the resident within one hour after the resident is placed in the restraint or seclusion and determines:
    - i. The resident's current behavior,
    - ii. The resident's reaction to the restraint or seclusion used,
    - iii. The resident's medical and behavioral condition, and
    - iv. Whether to continue or terminate the restraint or seclusion;
  - f. The resident is given the opportunity:
    - i. To eat during mealtime, and
    - ii. To use the toilet; and
  - g. The restraint or seclusion is discontinued at the earliest possible time, regardless of the length of time identified in the order;
- 10. A medical practitioner or personnel member documents the following information in a resident's medical record before the end of the shift in which the resident is placed in restraint or seclusion or, if the resident's restraint or seclusion does not end during the shift in which it began, during the shift in which the resident's restraint or seclusion ends:
  - a. The emergency situation that required the resident to be restrained or put in seclusion,
  - b. The times the resident's restraint or seclusion actually began and ended,
  - c. The monitoring and time of the assessment,
  - d. The names of the medical practitioners and personnel members with direct resident contact while the resident was in the restraint or seclusion,
  - e. The times the resident was given the opportunity to eat or use the toilet according to subsection (C)(9)(f), and
  - f. The resident evaluation required in subsection (C)(12);
- 11. If an emergency situation continues beyond the time limit of an order for restraint or seclusion, the order is renewed according to policies and procedures that include:
  - a. The specific criteria for release from restraint or seclusion without an additional order, and
  - b. The maximum duration authorized for the restraint or seclusion; and
- 12. A resident is evaluated after restraint or seclusion is no longer being used for the resident.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed effective April 4, 1994 (Supp. 94-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-515 renumbered to R9-10-2115; new Section R9-10-515 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

**R9-10-516. Physical Health Services**

- A. An administrator shall ensure that:
  - 1. A resident has an attending physician;
  - 2. An attending physician is available 24 hours a day;
  - 3. An attending physician designates a physician who is available when the attending physician is not available;
  - 4. A physical examination is performed on a resident by a physician or by a physician assistant or registered nurse practitioner designated by the resident's attending physician:
    - a. If indicated, based on the resident's placement evaluation or comprehensive assessment; and
    - b. At least once every 12 months after the date of admission, including an assessment of the acuity of the resident's medical condition;
  - 5. If a resident's physical examination, placement evaluation, or comprehensive assessment indicates a need for:
    - a. Intermittent nursing services, the resident's attending physician, in conjunction with the director of nursing, develops a nursing care plan of treatment for the resident, which is integrated into the resident's individual program plan; or

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- b. Continuous nursing services, the resident's attending physician, in conjunction with the director of nursing, develops a medical care plan of treatment for the resident, which is integrated into the resident's individual program plan; and
    - 6. Vaccinations for influenza and pneumonia are available to each resident at least once every 12 months unless:
      - a. The attending physician provides documentation that the vaccination is medically contraindicated;
      - b. The resident or the resident's representative refuses the vaccination or vaccinations and documentation is maintained in the resident's medical record that the resident or the resident's representative has been informed of the risks and benefits of a vaccination refused; or
      - c. The resident or the resident's representative provides documentation that the resident received a pneumonia vaccination within the last five years or the current recommendation from the U.S. Department of Health and Human Services, Center for Disease Control and Prevention.
  - B. An administrator shall ensure that:
    - 1. Nursing services are available 24 hours a day in an ICF/IID;
    - 2. For an ICF/IID authorized to admit a resident requiring:
      - a. Continuous nursing services, a registered nurse is on the premises; or
      - b. Intermittent nursing services, a nurse is on the premises according to the schedule in a resident's nursing care plan; and
    - 3. The director of nursing or an individual designated by the director of nursing participates in the quality management program.
  - C. A director of nursing shall ensure that:
    - 1. A method is established and documented that identifies the types and numbers of nursing personnel that are necessary to provide nursing services to residents based on:
      - a. The acuity of the residents, and
      - b. The ICF/IID's scope of services;
    - 2. Sufficient nursing personnel, as determined by the method in subsection (C)(1), are on the ICF/IID's premises to meet the needs of a resident for nursing services;
    - 3. A registered nurse participates in the development, review, and updating of a resident's nursing care plan or medical care plan;
    - 4. Personnel members providing direct care to a resident with a nursing care plan or medical care plan receive direction from a nurse;
    - 5. At least once every three months, a nurse:
      - a. Assesses the health of a resident without a nursing care plan or medical care plan;
      - b. Documents the results in the resident's medical record; and
      - c. If the assessment indicates the need for physical health services or behavioral care, initiate action, according to policies and procedures, to address the resident's needs;
    - 6. Nursing personnel provide education and training to:
      - a. Residents on hygiene and other behaviors that promote health; and
      - b. Personnel members on:
        - i. Detecting signs of illness or injury or significant changes in condition,
        - ii. First aid, and
        - iii. Basic skills for caring for residents;
  - 7. A nurse notifies a resident's attending physician and, if applicable, the resident's representative immediately or within 24 hours after one of the following events occur:
    - a. Is injured,
    - b. Is involved in an incident that requires medical services, or
    - c. Has a significant change in condition; and
  - 8. Only a medication required by an order is administered to a resident.
- D. An administrator shall ensure that:
- 1. Dental services are provided to a resident by an individual licensed as:
    - a. A dentist under A.R.S. Title 32, Chapter 11, Article 2; or
    - b. A dental hygienist under A.R.S. Title 32, Chapter 11, Article 4;
  - 2. If needed, based on a resident's initial assessment, a dentist or dental hygienist in subsection (D)(1) participates as part of an interdisciplinary team in the development of the resident's individual program plan;
  - 3. A resident is provided with a complete dental examination within one month after admission, unless the ICF/IID has documentation of the resident's dental examination completed within 12 months before admission;
  - 4. If a resident's dental examination indicates the resident needs dental treatment:
    - a. A dentist or dental hygienist in subsection (D)(1) participates as part of an interdisciplinary team in the review and updating of the resident's individual program plan, and
    - b. The resident is provided with dental treatment;
  - 5. A dental examination is performed by a dentist or dental hygienist in subsection (D)(1) on a resident at least once every 12 months and treatment is provided as needed;
  - 6. If needed, a resident is provided with emergency dental services;
  - 7. A resident is provided with education and training in oral hygiene; and
  - 8. A resident's medical record contains documentation of:
    - a. Each dental examination of the resident,
    - b. All dental treatment provided to the resident, and
    - c. The resident's education and training in oral hygiene.
- E. An administrator shall ensure that:
- 1. A resident's vision and hearing are assessed as part of the resident's comprehensive assessment and, if applicable, as part of the update of the comprehensive assessment; and
  - 2. If an issue is identified with the resident's vision or hearing, the resident is provided, as applicable, with:
    - a. Treatment to address the identified issue, or
    - b. An assistive device to address an issue.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. §

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41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed effective April 4, 1994 (Supp. 94-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-516 renumbered to R9-10-2116; new Section R9-10-516 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

**R9-10-517. Behavioral Care****A.** An administrator shall ensure that:

1. A resident who receives behavioral care from the ICF/IID is evaluated by a behavioral health professional or medical practitioner:
  - a. Within 30 calendar days before the resident is admitted to the ICF/IID or before the resident begins receiving behavioral care, and
  - b. At least once every six months throughout the duration of the resident's need for behavioral care;
2. A behavioral health professional or medical practitioner:
  - a. Documents that the behavioral care needed by the resident is within the ICF/IID's scope of services, and
  - b. Includes measurable objectives for the behavioral care and the methods for meeting the objectives in the resident's individual program plan; and
3. The documentation in subsection (A)(2) is included in the resident's medical record.

**B.** If a resident of an ICF/IID requires behavioral health services provided by a behavioral health professional on an intermittent basis as part of behavioral care, an administrator shall ensure that:

1. The behavioral health services are provided by a behavioral health professional licensed or certified to provide the type of behavioral health services required by the resident; and
2. Except for a psychotropic drug used as a chemical restraint or administered according to an order from a court of competent jurisdiction, informed consent is obtained from a resident or the resident's representative for a psychotropic drug and documented in the resident's medical record before the psychotropic drug is administered to the resident.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Section repealed effective April 4, 1994 (Supp. 94-2).

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1). Section R9-10-517 renumbered to R9-10-2117; new Section R9-10-517 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-518. Clinical Laboratory Services**

If clinical laboratory services are authorized to be provided on an ICF/IID's premises, an administrator shall ensure that:

1. Clinical laboratory services and pathology services are provided through a laboratory that holds a certificate of accreditation, certificate of compliance, or certificate of waiver issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
2. A copy of the certificate of accreditation, certificate of compliance, or certificate of waiver in subsection (1) is provided to the Department for review upon the Department's request;
3. The ICF/IID:
  - a. Is able to provide the clinical laboratory services delineated in the ICF/IID's scope of services when needed by the residents,
  - b. Obtains specimens for the clinical laboratory services delineated in the ICF/IID's scope of services without transporting the residents from the ICF/IID's premises, and
  - c. Has the examination of the specimens performed by a clinical laboratory;
4. Clinical laboratory and pathology test results are:
  - a. Available to the ordering physician within 24 hours after the test:
    - i. Is complete with results if the test is performed at a laboratory on the ICF/IID's premises, or
    - ii. Result is received if the test is performed at a laboratory outside of the ICF/IID's premises; and
  - b. Documented in a resident's medical record;
5. If a test result is obtained that indicates a resident may have an emergency medical condition, as established in policies and procedures, personnel notify:
  - a. The ordering physician,
  - b. A registered nurse in the resident's assigned unit,
  - c. The ICF/IID's administrator, or
  - d. The director of nursing;
6. If a clinical laboratory report is completed on a resident, a copy of the report is included in the resident's medical record;
7. If the ICF/IID provides blood or blood products, policies and procedures are established, documented, and implemented for:
  - a. Procuring, storing, transfusing, and disposing of blood or blood products;
  - b. Blood typing, antibody detection, and blood compatibility testing; and
  - c. Investigating transfusion adverse reactions that specify a process for review through the quality management program; and
8. Expired laboratory supplies are discarded according to policies and procedures.



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**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Section repealed effective April 4, 1994 (Supp. 94-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-518 renumbered to R9-10-2118; new Section R9-10-518 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

**R9-10-519. Respiratory Care Services**

If respiratory care services are authorized to be provided on an ICF/IID's premises, an administrator shall ensure that:

1. Respiratory care services are provided under the direction of an attending physician;
2. Respiratory care services are provided according to an order that includes:
  - a. The resident's name;
  - b. The name and signature of the ordering individual;
  - c. The type, frequency, and, if applicable, duration of treatment;
  - d. The type and dosage of medication and diluent; and
  - e. The oxygen concentration or oxygen liter flow and method of administration;
3. Respiratory care services provided to a resident are documented in the resident's medical record and include:
  - a. The date and time of administration;
  - b. The type of respiratory care services provided;
  - c. The effect of the respiratory care services;
  - d. The resident's adverse reaction to the respiratory care services, if any; and
  - e. The authentication of the individual providing the respiratory care services; and
4. Any area or unit that performs blood gases or clinical laboratory tests complies with the requirements in R9-10-518.

**Historical Note**

R9-10-519 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-520. Medication Services**

A. An administrator shall ensure that policies and procedures for medication services:

1. Include:
  - a. A process for providing information to a resident about medication prescribed for the resident including:
    - i. The prescribed medication's anticipated results,
    - ii. The prescribed medication's potential adverse reactions,

- iii. The prescribed medication's potential side effects, and
      - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
    - b. Procedures for preventing, responding to, and reporting:
      - i. A medication error,
      - ii. An adverse response to a medication, or
      - iii. A medication overdose;
    - c. Procedures to ensure that a pharmacist reviews a resident's medications at least once every three months and provides documentation to the resident's attending physician and the director of nursing indicating potential medication problems such as incompatible or duplicative medications;
    - d. Procedures for documenting medication services; and
    - e. Procedures for assisting a resident in obtaining medication; and
  2. Specify a process for review through the quality management program of:
    - a. A medication administration error, and
    - b. An adverse reaction to a medication.
- B. An administrator shall ensure that:
1. Policies and procedures for medication administration:
    - a. Are reviewed and approved by a pharmacist;
    - b. Specify the individuals who may:
      - i. Order medication, and
      - ii. Administer medication;
    - c. Ensure that medication is administered to a resident only as prescribed; and
    - d. Cover the documentation of a resident's refusal to take prescribed medication in the resident's medical record;
  2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
  3. A medication administered to a resident:
    - a. Is administered in compliance with an order, and
    - b. Is documented in the resident's medical record; and
  4. If a psychotropic medication is administered to a resident, the psychotropic medication:
    - a. Is only administered to a resident for a diagnosed medical condition; and
    - b. Unless clinically contraindicated or otherwise ordered by an attending physician or the attending physician's designee, is gradually reduced in dosage while the resident is simultaneously provided with interventions such as behavior and environment modification in an effort to discontinue the psychotropic medication, unless a dose reduction is attempted and the resident displays behavior justifying the need for the psychotropic medication, and the attending physician documents the necessity for the continued use and dosage.
- C. If an ICF/IID provides assistance in the self-administration of medication, an administrator shall ensure that:
1. A resident's medication is stored by the ICF/IID;
  2. The following assistance is provided to a resident:
    - a. A reminder when it is time to take the medication;
    - b. Opening the medication container for the resident;
    - c. Observing the resident while the resident removes the medication from the container;

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- d. Verifying that the medication is taken as ordered by the resident's attending physician by confirming that:
  - i. The resident taking the medication is the individual stated on the medication container label,
  - ii. The resident is taking the dosage of the medication stated on the medication container label or according to an order from the resident's attending physician dated later than the date on the medication container label, and
  - iii. The resident is taking the medication at the time stated on the medication container label or according to an order from the resident's attending physician dated later than the date on the medication container label; or
- e. Observing the resident while the resident takes the medication;
- 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by the resident's attending physician or registered nurse;
- 4. Training for a personnel member, other than a physician, physician assistant, or registered nurse, in assistance in the self-administration of medication:
  - a. Is provided by the resident's attending physician, another physician, a physician assistant, or a registered nurse or an individual trained by a physician, physician assistant, or registered nurse; and
  - b. Includes:
    - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
    - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
    - iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;
- 5. A personnel member, other than a physician, physician assistant, or registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
- 6. Assistance in the self-administration of medication provided to a resident:
  - a. Is in compliance with an order, and
  - b. Is documented in the resident's medical record.
- D.** An administrator shall ensure that:
  - 1. A current drug reference guide is available for use by personnel members;
  - 2. If applicable, pharmaceutical services are provided under the direction of a pharmacist and comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
  - 3. A copy of the pharmacy license is provided to the Department upon request.
- E.** When medication is stored at an ICF/IID, an administrator shall ensure that:
  - 1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
  - 2. Medication is stored according to the instructions on the medication container; and
  - 3. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident for:
    - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
    - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
    - c. A medication recall and notification of residents who received recalled medication; and
    - d. Storing, inventorying, and dispensing controlled substances.
- F.** An administrator shall ensure that a personnel member immediately reports a medication error or a resident's adverse reaction to a medication to the resident's attending physician or the physician who ordered the medication and the ICF/IID's director of nursing.

**Historical Note**

R9-10-520 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

**R9-10-521. Infection Control**

An administrator shall ensure that:

- 1. An infection control program is established, under the direction of an individual qualified according to policies and procedures, to prevent the development and transmission of infections and communicable diseases including:
  - a. A method to identify and document infections occurring at the ICF/IID;
  - b. Analysis of the types, causes, and spread of infections and communicable diseases at the ICF/IID;
  - c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the ICF/IID; and
  - d. Documentation of infection control activities including:
    - i. The collection and analysis of infection control data,
    - ii. The actions taken related to infections and communicable diseases, and
    - iii. Reports of communicable diseases to the governing authority and state and county health departments;
- 2. Infection control documentation is maintained for at least 12 months after the date of the documentation;
- 3. Policies and procedures are established, documented, and implemented that cover:
  - a. Handling and disposal of biohazardous medical waste;
  - b. Sterilization, disinfection, and storage of medical equipment and supplies;
  - c. Using personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable;
  - d. Cleaning of an individual's hands when the individual's hands are visibly soiled and before and after providing a service to a resident;
  - e. Cleaning of a resident's bedroom, furniture, and bedding after the resident's discharge before the bedroom is reassigned to another resident;
  - f. Training of personnel members, employees, and volunteers in infection control practices; and

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- g. Work restrictions for a personnel member with a communicable disease or infected skin lesion;
- 4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
- 5. Soiled linen and clothing are:
  - a. Collected in a manner to minimize or prevent contamination;
  - b. Bagged at the site of use; and
  - c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas;
- 6. A resident's personal laundry is washed separately from towels, sheets, and bedding; and
- 7. A personnel member, an employee, or a volunteer washes hands or uses a hand disinfection product after a resident contact and after handling soiled linen, soiled clothing, or potentially infectious material.

**Historical Note**

R9-10-521 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-522. Food Services****A.** An administrator shall ensure that:

- 1. The ICF/IID has a license or permit as a food establishment under 9 A.A.C. 8, Article 1;
- 2. A copy of the ICF/IID's food establishment license or permit is maintained;
- 3. If the ICF/IID contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the ICF/IID:
  - a. A copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the ICF/IID; and
  - b. The ICF/IID is able to store, refrigerate, and reheat food to meet the dietary needs of a resident;
- 4. A registered dietitian:
  - a. Participates as part of an interdisciplinary team for a resident requiring a modified or special diet,
  - b. Reviews a food menu before the food menu is used to ensure that a resident's nutritional needs are being met,
  - c. Documents the review of a food menu, and
  - d. Is available for consultation regarding a resident's nutritional needs; and
- 5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to ensure that the nutritional needs of a resident are met.

**B.** A registered dietitian or director of food services shall ensure that:

- 1. Food is prepared:
  - a. Using methods that conserve nutritional value, flavor, and appearance; and
  - b. In a form to meet the needs of a resident such as cut, chopped, ground, pureed, or thickened;
- 2. A food menu:
  - a. Is prepared at least one week in advance,
  - b. Includes the foods to be served on each day,
  - c. Is conspicuously posted at least one day before the first meal on the food menu will be served,
  - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and

- e. Is maintained for at least 60 calendar days after the last day included in the food menu;
- 3. Meals and snacks for each day are planned and served using the applicable guidelines in the most recent dietary guidelines according to the U.S. Department of Health and Human Services and U.S. Department of Agriculture;
- 4. A resident is provided:
  - a. A diet that meets the resident's nutritional needs as specified in the resident's comprehensive assessment and individual program plan;
  - b. Food served in sufficient quantities to meet the resident's nutritional needs and at an appropriate temperature;
  - c. Three meals a day with not more than 14 hours between the evening meal and breakfast, except as provided in subsection (B)(4)(e);
  - d. The option to have a daily evening snack identified in subsection (B)(4)(e)(ii) or other snack; and
  - e. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
    - i. A resident group agrees; and
    - ii. The resident is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
- 5. A resident is provided with food substitutions of similar nutritional value if:
  - a. The resident refuses to eat the food served, or
  - b. The resident requests a substitution;
- 6. Recommendations and preferences are requested from a resident or the resident's representative for meal planning;
- 7. If food is used as a part of a program to manage a resident's inappropriate behavior:
  - a. A special diet is included as part of the resident's individual program plan, and
  - b. The special diet is reviewed and evaluated by a physician and a dietitian to ensure the special diet meets the resident's nutritional needs;
- 8. Meals are served to residents at tables in a dining area and in a manner that allows the resident to eat from an upright position, unless otherwise specified in the resident's individual program plan or by an attending physician;
- 9. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils;
- 10. Personnel members supervise meals in dining areas to:
  - a. Direct a resident's self-help dining procedures,
  - b. Ensure a resident consumes enough food to meet the resident's nutritional needs, and
  - c. Ensure that a resident eats in a manner consistent with the resident's developmental level;
- 11. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair; and
- 12. Water is available and accessible to residents.

**Historical Note**

R9-10-522 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18,

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2025), with an immediate effective date of April 1, 2025  
(Supp. 25-2).

**R9-10-523. Emergency and Safety Standards****A.** An administrator shall ensure that:

1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
  - a. A floor plan of the facility showing emergency protection equipment, evacuation routes, and exits;
  - b. When, how, and where residents will be relocated, including:
    - i. Instructions for the evacuation or transfer of residents,
    - ii. Assigned responsibilities for each employee and personnel member, and
    - iii. A plan for continuing to provide services to meet a resident's needs;
  - c. How a resident's medical record will be available to individuals providing services to the resident during a disaster;
  - d. A plan for back-up power and water supply;
  - e. A plan to ensure a resident's medications will be available to administer to the resident during a disaster;
  - f. A plan to ensure a resident is provided nursing services, rehabilitation services, and other services required by the resident during a disaster; and
  - g. A plan for obtaining food and water for individuals present in the ICF/IID or the ICF/IID's relocation site during a disaster;
2. Personnel members receive training on the content and use of the disaster plan required in subsection (A)(1);
3. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months;
4. Documentation of a disaster plan review required in subsection (A)(3) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
  - a. The date and time of the disaster plan review;
  - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
  - c. A critique of the disaster plan review; and
  - d. If applicable, recommendations for improvement;
5. A disaster drill for employees is conducted on each shift at least once every three months and documented;
6. An evacuation drill for employees is conducted on each shift at least once every three months and documented;
7. An evacuation drill for residents:
  - a. Is conducted at least once each year on each shift and documented; and
  - b. Includes all residents on the premises except for:
    - i. A resident whose medical record contains documentation that evacuation from the ICF/IID would cause harm to the resident, and
    - ii. Sufficient personnel members to ensure the health and safety of residents not evacuated according to subsection (A)(7)(b)(i);
8. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the drill, and includes:
  - a. The date and time of the evacuation drill;
  - b. The amount of time taken for employees and residents to evacuate to a designated area;
  - c. If applicable:

- i. An identification of residents needing assistance for evacuation, and
- ii. An identification of residents who were not evacuated;
- d. Any problems encountered in conducting the evacuation drill; and
- e. Recommendations for improvement, if applicable; and

9. An evacuation path is conspicuously posted on each hallway of each floor of the ICF/IID.

**B.** An administrator shall ensure that, if an ICF/IID has:

1. More than 16 residents or a resident who has a medical care plan or whose medical record contains documentation that evacuation from the ICF/IID would cause harm to the resident:
  - a. A fire alarm system is installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-104.01, and is in working order; and
  - b. A sprinkler system is installed according to the National Fire Protection Association 13 Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01, and is in working order; and
2. Sixteen or fewer residents, none of whom have a medical care plan or whose medical record contains documentation that evacuation from the ICF/IID would cause harm to the resident:
  - a. A fire alarm system and a sprinkler system meeting the requirements in subsection (B)(1) are installed and in working order; or
  - b. The ICF/IID has:
    - i. A fire extinguisher that is:
      - (1) Labeled as rated at least 2A-10-BC by the Underwriters Laboratories;
      - (2) Accessible to personnel members and inaccessible to residents;
      - (3) If a disposable fire extinguisher, replaced when its indicator reaches the red zone; and
      - (4) If a rechargeable fire extinguisher, is serviced at least once every 12 months, as documented by a tag attached to the fire extinguisher that specifies the date of the last servicing and the identification of the person who serviced the fire extinguisher; and
    - ii. Smoke detectors that are:
      - (1) Installed in each bedroom, hallway that adjoins a bedroom, storage room, laundry room, attached garage, and room or hallway adjacent to the kitchen, and other places recommended by the manufacturer;
      - (2) Either battery operated or, if hard-wired into the electrical system of the ICF/IID, has a back-up battery;
      - (3) In working order; and
      - (4) Tested at least once a month, with documentation of the test maintained for at least 12 months after the date of the test.

**C.** An administrator shall:

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1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
  2. Make any repairs or corrections stated on the fire inspection report, and
  3. Maintain documentation of a current fire inspection.
- D.** An administrator shall ensure that, if applicable, a sign is placed at the entrance to a room or area indicating that oxygen is in use.

**Historical Note**

R9-10-523 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4).

**R9-10-524. Environmental Standards**

- A.** An administrator shall ensure that:
1. An ICF/IID's premises and equipment are:
    - a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness and infection; and
    - b. Free from a condition or situation that may cause a resident or an individual to suffer physical injury;
  2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
  3. Equipment used to provide direct care is:
    - a. Maintained in working order;
    - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
    - c. Used according to the manufacturer's recommendations;
  4. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
  5. Garbage and refuse are:
    - a. In areas used for food storage, food preparation, or food service, stored in a covered container lined with a plastic bag;
    - b. In areas not used for food storage, food preparation, or food service, stored:
      - i. According to the requirements in subsection (A)(5)(a), or
      - ii. In a paper-lined or plastic-lined container that is cleaned and sanitized as often as necessary to ensure that the container is clean; and
    - c. Removed from the premises at least once a week;
  6. Heating and cooling systems maintain the ICF/IID at a temperature between 70° F and 84° F;
  7. Common areas:
    - a. Are lighted to assure the safety of residents, and
    - b. Have lighting sufficient to allow personnel members to monitor resident activity;
  8. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;
  9. The temperature of the hot water does not exceed 120° F;
  10. Linens are clean before use, without holes and stains, and not in need of repair;
  11. Oxygen containers are secured in an upright position;
  12. Poisonous or toxic materials stored by the ICF/IID are maintained in labeled containers in a locked area separate

- from food preparation and storage, dining areas, and medications and are inaccessible to residents;
  13. Combustible or flammable liquids stored by the ICF/IID are stored in the original labeled containers or safety containers in a locked area inaccessible to residents;
  14. If pets or animals are allowed in the ICF/IID, pets or animals are:
    - a. Controlled to prevent endangering the residents and to maintain sanitation;
    - b. Licensed consistent with local ordinances; and
    - c. For a dog or cat, vaccinated against rabies;
  15. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
    - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
    - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
    - c. Documentation of testing is retained for at least 12 months after the date of the test; and
  16. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.
- B.** An administrator shall ensure that:
1. Smoking tobacco products are not permitted within an ICF/IID; and
  2. Smoking tobacco products may be permitted outside an ICF/IID if:
    - a. Signs designating smoking areas are conspicuously posted, and
    - b. Smoking is prohibited in areas where combustible materials are stored or in use.
- C.** If a swimming pool is located on the premises, an administrator shall ensure that:
1. At least one personnel member with cardiopulmonary resuscitation training that meets the requirements in R9-10-503(C)(1)(g) is present in the pool area when a resident is in the pool area, and
  2. At least two personnel members are present in the pool area when two or more residents are in the pool area.

**Historical Note**

R9-10-524 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-525. Physical Plant Standards**

- A.** An administrator shall ensure that, if an ICF/IID has:
1. More than 16 residents, the ICF/IID complies with:
    - a. The applicable physical plant health and safety codes and standards, incorporated by reference in R9-10-104.01, that were in effect on the earlier of:
      - i. The date the ICF/IID was originally certified as an ICF/IID by the federal Centers for Medicare and Medicaid Services, or
      - ii. The date the ICF/IID submitted the application packet including the notarized attestation of architectural plans according to R9-10-104; and
    - b. The requirements for Existing Health Care Occupancies in National Fire Protection Association 101, Life Safety Code, incorporated by reference in R9-10-104.01; and
  2. Sixteen or fewer residents, the ICF/IID complies with the requirements for Existing Health Care Occupancies in

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National Fire Protection Association 101, Life Safety Code, incorporated by reference in R9-10-104.01.

**B.** An administrator shall ensure that:

1. The premises and equipment are sufficient to accommodate:
  - a. The services stated in the ICF/IID's scope of services, and
  - b. An individual accepted as a resident by the ICF/IID;
2. A common area for use by residents is provided that has sufficient space and furniture to accommodate the recreational and socialization needs of residents;
3. A dining area has sufficient space and tables and chairs to accommodate the needs of the residents;
4. At least one bathroom is accessible from a common area and:
  - a. May be used by residents and visitors;
  - b. Does not open into an area in which food is prepared;
  - c. Provides privacy when in use; and
  - d. Contains the following:
    - i. At least one working sink with running water,
    - ii. At least one working toilet that flushes and has a seat,
    - iii. Toilet tissue for each toilet,
    - iv. Soap in a dispenser accessible from each sink,
    - v. Paper towels in a dispenser or a mechanical air hand dryer,
    - vi. Lighting, and
    - vii. A window that opens or another means of ventilation;
5. An outside activity space is provided and available that:
  - a. Is on the premises,
  - b. Has a hard-surfaced section for wheelchairs, and
  - c. Has an available shaded area;
6. Exterior doors are equipped with ramps or other devices to allow use by a resident using a wheelchair or other assistive device; and
7. The key to the door of a lockable bathroom or bedroom is available to a personnel member.

**C.** An administrator shall ensure that:

1. For every eight residents there is at least one working toilet that flushes and has a seat and one sink with running water;
2. For every eight residents there is at least one working bathtub or shower;
3. A resident bathroom provides privacy when in use and contains:
  - a. A mirror;
  - b. Toilet tissue for each toilet;
  - c. Soap accessible from each sink;
  - d. Paper towels in a dispenser or a mechanical air hand dryer for a bathroom that is used by more than one resident;
  - e. A window that opens or another means of ventilation;
  - f. Grab bars for the toilet and, if applicable, the bathtub or shower and other assistive devices, if required to provide for resident safety; and
  - g. Nonporous surfaces for shower enclosures and slip-resistant surfaces in tubs and showers;
4. An ICF/IID is ventilated by windows or mechanical ventilation, or a combination of both;

5. If required for the residents of the ICF/IID, the corridors are equipped with handrails on each side that are firmly attached to the walls and are not in need of repair;
6. No more than two individuals reside in a resident bedroom; and
7. A resident's bedroom;
  - a. Is accessible without passing through a storage area, an equipment room, or another resident's bedroom;
  - b. Is constructed and furnished to provide unimpeded access to the door;
  - c. Has floor-to-ceiling walls with at least one door;
  - d. Does not open into any area where food is prepared, served, or stored;
  - e. If a private bedroom, has at least 80 square feet of floor space, not including a closet or bathroom;
  - f. If a shared bedroom, has at least 60 square feet of floor space for each individual occupying the shared bedroom, not including a closet or bathroom;
  - g. Has a separate bed, at least 36 inches in width and 72 inches in length, for each resident, consisting of at least a frame and mattress that is clean and in good repair;
  - h. Has clean linen, including a mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, a bedspread, waterproof mattress covers as needed, and blankets to ensure warmth and comfort for the resident;
  - i. Has furniture to meet the resident's needs and sufficient light for reading;
  - j. Has an openable window to the outside with window coverings for controlling light and visual privacy, and the location of the window permits a resident to see outside from a sitting position;
  - k. Has individual storage space for a resident's possessions and assistive devices; and
  - l. Has a closet with clothing racks and shelves accessible to the resident.

**D.** If a swimming pool is located on the premises, an administrator shall ensure that:

1. The swimming pool is enclosed by a wall or fence that:
  - a. Is at least five feet in height as measured on the exterior of the wall or fence;
  - b. Has no vertical openings greater than four inches across;
  - c. Has no horizontal openings, except as described in subsection (D)(1)(e);
  - d. Is not chain-link;
  - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
  - f. Has a self-closing, self-latching gate that:
    - i. Opens away from the swimming pool,
    - ii. Has a latch located at least 54 inches from the ground, and
    - iii. Is locked when the swimming pool is not in use; and
2. A life preserver or shepherd's crook is available and accessible in the pool area.

**E.** An administrator shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (D)(1) is covered and locked when not in use.

**Historical Note**

R9-10-525 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by

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exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

**ARTICLE 6. HOSPICES****R9-10-601. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following apply in this Article unless otherwise specified:

1. "Medical social services" means assistance, other than medical services or nursing services, provided by a personnel member to a patient to assist the patient to cope with concerns about the patient's illness, finances, or personal issues and may include problem-solving, interventions, and identification of resources to address the patient's or the patient's family's concerns.
2. "Palliative care" means medical services or nursing services provided to a patient that is not curative and is designed for pain control or symptom management.

**Historical Note**

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-602. Supplemental Application Requirements**

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as a hospice service agency or hospice inpatient facility shall include on the application:

1. For an application as a hospice service agency:
  - a. The hours of operation for the hospice's administrative office, and
  - b. The geographic region to be served by the hospice service agency; and
2. For an application as a hospice inpatient facility, the requested licensed capacity.

**Historical Note**

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-603. Administration****A. A governing authority shall:**

1. Consist of one or more individuals responsible for the organization, operation, and administration of the hospice;
2. Establish, in writing:
  - a. A hospice's scope of services, and
  - b. Qualifications for an administrator;
3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
4. Adopt a quality management plan according to R9-10-604;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b), if the administrator is:
  - a. Expected not to be present:

- i. At a hospice service agency's administrative office for more than 30 calendar days, or
  - ii. On a hospice inpatient facility's premises for more than 30 calendar days; or
- b. Not present:
    - i. At a hospice service agency's administrative office for more than 30 calendar days, or
    - ii. On a hospice inpatient facility's premises for more than 30 calendar days; and

7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.

**B. An administrator:**

1. Is directly accountable to the governing authority of a hospice for the daily operation of the hospice and all services provided by or through the hospice;
2. Has the authority and responsibility to manage the hospice;
3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the hospice's premises and accountable for the:
  - a. Hospice service agency when the administrator is not present at the hospice service agency's administrative office, or
  - b. Inpatient hospice facility when the administrator is not on hospice inpatient facility's premises; and
4. Designates a personnel member to provide direction for volunteers.

**C. An administrator shall ensure that:**

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
  - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
  - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
  - c. Include how a personnel member may submit a complaint relating to patient care;
  - d. Include methods to prevent abuse or neglect of a patient, including:
    - i. Training of personnel members, at least annually, on how to recognize the signs and symptoms of abuse or neglect; and
    - ii. Reporting of abuse or neglect of a patient;
  - e. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
  - f. Include a method to identify a patient to ensure the patient receives hospice services as ordered;
  - g. Cover patient rights, including assisting a patient who does not speak English or who has a disability to become aware of patient rights;
  - h. Cover specific steps for:
    - i. A patient to file a complaint, and
    - ii. The hospice service agency or hospice inpatient facility to respond to a patient's complaint;
  - i. Cover health care directives;
  - j. Cover medical records, including electronic medical records;
  - k. Cover a quality management program, including incident reports and supporting documentation;

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- l. Cover contracted services; and
  - m. Cover information and education to a patient or a patient's representative of proper disposal of schedule II controlled substances in compliance with A.R.S. § 36-425.04;
  2. Policies and procedures for hospice services are established, documented, and implemented to protect the health and safety of a patient that:
    - a. Cover patient screening, admission, transfer, discharge planning, and discharge;
    - b. Cover the provision of hospice services;
    - c. Include when general consent and informed consent are required;
    - d. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
    - e. Cover dispensing, administering, and disposing of medication;
    - f. Cover infection control; and
    - g. Cover telemedicine, if applicable;
    - h. Cover clergy visitation procedures in compliance with A.R.S. § 36-407.02;
  3. For a hospice inpatient facility, policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
    - a. Cover visitation of a patient, including:
      - i. Allowing visitation by individuals 24 hours a day, and
      - ii. Allowing a visitor to bring a pet to visit the patient;
    - b. Cover the use and display of a patient's personal belongings; and
    - c. Cover environmental services that affect patient care;
  4. Policies and procedures are reviewed and updated at least once every three years;
  5. Policies and procedures are available to personnel members, employees, volunteers, and students; and
  6. Unless otherwise stated:
    - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
    - b. When documentation or information is required by this Chapter to be submitted on behalf of a hospice, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the hospice.
- D.** An administrator shall designate, in writing, a:
1. Physician as the medical director who has the authority and responsibility for providing direction for the medical services provided by the hospice, and
  2. Registered nurse as the director of nursing who has the authority and responsibility for managing nursing services provided by the hospice.
- E.** An administrator shall ensure that the following are conspicuously posted:
1. The current Department-issued license;
  2. The current telephone number of the Department; and
  3. The location at which the following are available for review:
    - a. A copy of the most recent Department inspection report;
    - b. A list of the services provided by the hospice; and

- c. A written copy of rates and charges, as required in A.R.S. § 36-436.03.

**Historical Note**

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 30 A.A.R. 2499 (August 2, 2024), with an immediate effective date of July 8, 2024 (Supp. 24-3).

**R9-10-604. Quality Management**

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to patients;
  - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
  - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
  - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
  - a. An identification of each concern about the delivery of services related to patient care, and
  - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-605. Contracted Services**

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-606. Personnel**

**A.** An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:



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- a. Are based on:
    - i. The type of physical health services expected to be provided by the personnel member according to the established job description, and
    - ii. The acuity of the patients receiving physical health services from the personnel member according to the established job description; and
  - b. Include:
    - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services listed in the established job description,
    - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services listed in the established job description, and
    - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services listed in the established job description;
  2. A personnel member's skills and knowledge are verified and documented:
    - a. Before the personnel member provides physical health services, and
    - b. According to policies and procedures;
  3. Sufficient personnel members are available and, for a hospice inpatient facility, present on the hospice inpatient facility's premises, with the qualifications, skills, and knowledge necessary to:
    - a. Provide the services in the hospice's scope of services,
    - b. Meet the needs of a patient, and
    - c. Ensure the health and safety of a patient;
  4. Orientation occurs within the first week of providing hospice services and includes:
    - a. Informing personnel about Department rules for licensing and regulating hospices and where the rules may be obtained,
    - b. Reviewing the process by which a personnel member may submit a complaint about patient care to a hospice, and
    - c. Providing the information required by hospice policies and procedures;
  5. Personnel receive in-service education according to criteria established in hospice policies and procedures;
  6. In-service education documentation for a personnel member includes:
    - a. The subject matter,
    - b. The date of the in-service education, and
    - c. The signature of each individual who participated in the in-service education; and
  7. A personnel member, or an employee or a volunteer who has or is expected to have direct interaction with a patient, provides evidence of freedom from infectious tuberculosis:
    - a. On or before the date the individual begins providing services at or on behalf of the hospice service facility or hospice inpatient facility, and
    - b. As specified in R9-10-113; and
  8. A fall prevention and fall recovery program that complies with requirements in A.R.S. § 36-420.01 is developed, documented, and implemented.
- B.** An administrator shall ensure that record is maintained for each personnel member, employee, volunteer, or student that includes:
1. The individual's name, date of birth, and contact telephone number;
  2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
  3. Documentation of:
    - a. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
    - b. The individual's education and experience applicable to the individual's job duties;
    - c. The individual's completed orientation and in-service education as required by policies and procedures;
    - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures; and
    - e. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (A)(7).
    - f. The individual's compliance with the requirements in A.R.S. § 36-420.01 regarding fall prevention and fall recovery training;
- C.** An administrator shall ensure that personnel records are:
1. Maintained:
    - a. Throughout the individual's period of providing services in or for the hospice, and
    - b. For at least 24 months after the last date the individual provided services in or for the hospice; and
  2. For a personnel member who has not provided physical health services at or for the hospice during the previous 12 months, provided to the Department within 72 hours after the Department's request.

**Historical Note**

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-607. Admission**

- A.** Before admitting an individual as a patient, an administrator shall obtain:
1. The name of the individual's physician;
  2. Documentation that the individual has a diagnosis by a physician that indicates that the individual has a specific, progressive, normally irreversible disease that is likely to cause the individual's death in six months or less; and
  3. Documentation from the individual or the individual's representative acknowledging that:
    - a. Hospice services include palliative care and supportive services and are not curative, and
    - b. The individual or individual's representative has received a list of services to be provided by the hospice.
- B.** At the time of admission, a physician or registered nurse shall:
1. Assess a patient's medical, social, nutritional, and psychological needs; and

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2. As applicable, obtain informed consent or general consent.
- C. Before or at the time of admission, a personnel member qualified according to policies and procedures shall assess the social and psychological needs of a patient's family, if applicable.

**Historical Note**

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-608. Care Plan**

- A. An administrator shall ensure that a care plan is developed for each patient:
  1. Based on the:
    - a. Assessment of the:
      - i. Patient; and
      - ii. Patient's family, if applicable;
    - b. Hospice service agency's or inpatient hospice facility's scope of service;
  2. With participation from a:
    - a. Physician,
    - b. Registered nurse, and
    - c. Another personnel member as designated in R9-10-612(A)(4); and
  3. That includes:
    - a. The patient's diagnosis;
    - b. The patient's health care directives;
    - c. The patient's cognitive awareness of self, location, and time;
    - d. The patient's functional abilities and limitations;
    - e. Goals for pain control and symptom management;
    - f. The type, duration, and frequency of services to be provided to the patient and, if applicable, the patient's family;
    - g. Treatments the patient is receiving from a health care institution or health care professional other than the hospice, if applicable;
    - h. Medications ordered for the patient;
    - i. Any known allergies;
    - j. Nutritional requirements and preferences; and
    - k. Specific measures to improve the patient's safety and protect the patient against injury.
- B. An administrator shall ensure that:
  1. A request for participation in a patient's care plan is made to the patient or patient's representative;
  2. An opportunity for participation in the patient's care plan is provided to the patient, patient's representative, or patient's family; and
  3. The request in subsection (B)(1) and the opportunity in subsection (B)(2) are documented in the patient's medical record.
- C. An administrator shall ensure that:
  1. Hospice services are provided to a patient and, if applicable, the patient's family according to the patient's care plan;
  2. A patient's care plan is reviewed and updated:
    - a. Whenever there is a change in the patient's condition that indicates a need for a change in the type, duration, or frequency of the services being provided;

- b. If the patient's physician orders a change in the care plan; and
- c. At least every 30 calendar days; and
3. A patient's physician authenticates the care plan with a signature within 14 calendar days after the care plan is initially developed and whenever the care plan is reviewed or updated.

**Historical Note**

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-608 renumbered to R9-10-609; new Section R9-10-608 renumbered from R9-10-611 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-609. Transfer**

Except for a transfer of a patient due to an emergency, an administrator shall ensure that:

1. A personnel member coordinates the transfer and the services provided to the patient;
2. According to policies and procedures:
  - a. An evaluation of the patient is conducted before the transfer;
  - b. Information from the patient's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
  - c. A personnel member explains risks and benefits of the transfer to the patient or the patient's representative; and
3. Documentation in the patient's medical record includes:
  - a. Communication with an individual at a receiving health care institution;
  - b. The date and time of the transfer;
  - c. The mode of transportation; and
  - d. If applicable, the name of the personnel member accompanying the patient during a transfer.

**Historical Note**

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-609 renumbered to R9-10-610; new Section R9-10-609 renumbered from R9-10-608 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-610. Patient Rights**

- A. An administrator shall ensure that:
  1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
  2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
  3. Policies and procedures include:
    - a. How and when a patient or the patient's representative is informed of patient rights in subsection (C), and
    - b. Where patient rights are posted as required in subsection (A)(1).
- B. An administrator shall ensure that:
  1. A patient is treated with dignity, respect, and consideration;
  2. A patient is not subjected to:

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- a. Abuse;
  - b. Neglect;
  - c. Exploitation;
  - d. Coercion;
  - e. Manipulation;
  - f. Sexual abuse;
  - g. Sexual assault;
  - h. Seclusion;
  - i. Restraint;
  - j. Retaliation for submitting a complaint to the Department or another entity; or
  - k. Misappropriation of personal and private property by the hospice's personnel members, employees, volunteers, or students; and
3. A patient or the patient's representative:
    - a. Except in an emergency, either consents to or refuses treatment;
    - b. May refuse or withdraw consent for treatment before treatment is initiated;
    - c. Except in an emergency, is informed of proposed treatment alternatives, associated risks, and possible complications;
    - d. Consents to photographs of the patient before the patient is photographed, except that a patient may be photographed when admitted to a hospice for identification and administrative purposes;
    - e. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
      - i. Medical record, or
      - ii. Financial records;
    - f. Is informed of:
      - i. The components of hospice services provided by the hospice;
      - ii. The rates and charges for the components of hospice services before the components are initiated and before a change in rates, charges, or services;
      - iii. The hospice's policy on health care directives; and
      - iv. The patient complaint process; and
    - g. Is informed that a written copy of rates and charges, as required in A.R.S. § 36-436.03, may be requested.
  - C. A patient has the following rights:
    1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
    2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
    3. To receive privacy in treatment and care for personal needs;
    4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
    5. To receive a referral to another health care institution if the hospice inpatient facility is not authorized or not able to provide physical health services needed by the patient;
    6. To participate or have the patient's representative participate in the development of, or decisions concerning, treatment;
    7. To participate or refuse to participate in research or experimental treatment;
    8. To participate in religious visitation by a clergy member according to A.R.S. § 36-407.02; and
    9. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

**Historical Note**

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-610 renumbered to R9-10-611; new Section R9-10-610 renumbered from R9-10-609 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 30 A.A.R. 2499 (August 2, 2024), with an immediate effective date of July 8, 2024 (Supp. 24-3).

**R9-10-611. Medical Records**

- A. An administrator shall ensure that:
  1. A patient's medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
  2. An entry in a patient's medical record is:
    - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
    - b. Dated, legible, and authenticated; and
    - c. Not changed to make the initial entry illegible;
  3. An order is:
    - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
    - b. Authenticated by a medical practitioner according to policies and procedures; and
    - c. If the order is a verbal order, authenticated by the medical practitioner issuing the order;
  4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
  5. A patient's medical record is available to an individual:
    - a. Authorized according to policies and procedures to access the patient's medical record;
    - b. If the individual is not authorized according to policies and procedures, with the written consent of a patient or the patient's representative; or
    - c. As permitted by law; and
  6. A patient's medical record is protected from loss, damage, or unauthorized use.
- B. If a hospice maintains patients' medical records electronically, an administrator shall ensure that:
  1. Safeguards exist to prevent unauthorized access, and
  2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.
- C. An administrator shall ensure that a patient's medical record contains:
  1. Patient information that includes:
    - a. The patient's name,
    - b. The patient's address,
    - c. The patient's telephone number,
    - d. The patient's date of birth, and
    - e. Any known allergy;
  2. The admission date and, if applicable, the date that the patient stopped receiving services from the hospice;
  3. The name and telephone number of the patient's physician;
  4. If applicable, the name and contact information of the patient's representative and:

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- a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
- b. If the patient's representative;
  - i. Is a legal guardian, a copy of the court order establishing guardianship; or
  - ii. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney;
5. The admitting diagnosis;
6. If applicable, documented general consent and informed consent, by the patient or the patient's representative;
7. Documentation of medical history;
8. A copy of the patient's living will, health care power of attorney, or other health care directive, if applicable;
9. Orders;
10. The assessment required in R9-10-607(B)(1);
11. Care plans;
12. Progress notes for each patient contact, including:
  - a. The date of the patient contact,
  - b. The services provided,
  - c. A description of the patient's condition, and
  - d. Instructions given to the patient or patient's representative;
13. Documentation of hospice services provided to the patient;
14. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
15. Documentation of coordination of patient care;
16. Documentation of contacts with the patient's physician by a personnel member;
17. The discharge summary, if applicable;
18. If applicable, transfer documentation from a sending health care institution; and
19. Documentation of a medication administered to the patient that includes:
  - a. The date and time of administration;
  - b. The name, strength, dosage, and route of administration;
  - c. For a medication administered for pain, when initially administered or when administered on a PRN basis:
    - i. An assessment of the patient's pain before administering the medication, and
    - ii. The effect of the medication administered;
  - d. For a psychotropic medication, when initially administered or when administered on a PRN basis:
    - i. An assessment of the patient's behavior before administering the psychotropic medication, and
    - ii. The effect of the psychotropic medication administered;
  - e. The identification, signature, and professional designation of the individual administering the medication; and
  - f. Any adverse reaction a patient has to the medication.

**Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-611 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, §

17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-611 renumbered to R9-10-608; new Section R9-10-611 renumbered from R9-10-610 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-612. Hospice Services**

- A. An administrator shall ensure that the following are included in the hospice services provided by the hospice:
  1. Medical services;
  2. Nursing services;
  3. Nutritional services, including menu planning and the designation of the kind and amount of food appropriate for a patient;
  4. Medical social services, provided as follows by a personnel member:
    - a. Qualified according to policies and procedures to coordinate medical social services; and
    - b. Who is licensed under A.R.S. Title 32, Chapter 33, Article 5, if applicable;
  5. Bereavement counseling for a patient's family for at least one year after the death of the patient; and
  6. Spiritual counseling services, consistent with a patient's customs, religious preferences, cultural background, and ethnicity.
- B. In addition to the services specified in subsection (A), an administrator of a hospice service agency shall ensure that the following are included in the hospice services provided by the hospice:
  1. Home health aide services;
  2. Respite care services; and
  3. Supportive services, as defined in A.R.S. § 36-151.
- C. An administrator shall ensure that the medical director provides direction for medical services provided by or through the hospice.
- D. A medical director shall ensure that:
  1. A patient's need for medical services is met, according to the patient's care plan and the hospice's scope of services; and
  2. If a patient is receiving medical services not provided by or through the hospice, hospice services are coordinated with the physician providing medical services to the patient.
- E. A director of nursing shall ensure that:
  1. A registered nurse or practical nurse provides nursing services according to the hospice's policies and procedures;
  2. A sufficient number of nurses are available to provide the nursing services identified in each patient's care plan;
  3. The care plan for a patient is implemented;
  4. A personnel member is only assigned to provide services the personnel member can competently perform;
  5. A registered nurse:
    - a. Assigns tasks in writing to a home health aide who is providing home health aide service to a patient,
    - b. Provides direction for the home health aide services provided to a patient, and
    - c. Verifies the competency of the home health aide in performing assigned tasks;
  6. A registered dietitian or a personnel member under the direction of a registered dietitian plans menus for a patient;

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7. A patient's condition and the services provided to the patient are documented in the patient's medical record after each patient contact;
8. A patient's physician is immediately informed of a change in the patient's condition that requires medical services; and
9. The implementation of a patient's care plan is coordinated among the personnel members providing hospice services to the patient.

**Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-612 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 30 A.A.R. 2499 (August 2, 2024), with an immediate effective date of July 8, 2024 (Supp. 24-3).

**R9-10-613. Medication Services**

**A.** An administrator shall ensure that policies and procedures for medication services:

1. Include:
  - a. A process for providing information to a patient about medication prescribed for the patient including:
    - i. The prescribed medication's anticipated results,
    - ii. The prescribed medication's potential adverse reactions,
    - iii. The prescribed medication's potential side effects, and
    - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
  - b. Procedures for preventing, responding to, and reporting:
    - i. A medication error,
    - ii. An adverse reaction to a medication, or
    - iii. A medication overdose;
  - c. Procedures to ensure that a patient's medication regimen and method of administration is reviewed by a medical practitioner to ensure the medication regimen meets the patient's needs;
  - d. Procedures for:
    - i. Documenting medication administration; and
    - ii. Monitoring a patient who self-administers medication;
  - e. Procedures for assisting a patient in obtaining medication; and
  - f. If applicable, procedures for providing medication administration off the premises; and
2. Specify a process for review through the quality management program of:
  - a. A medication administration error, and
  - b. An adverse reaction to a medication.

**B.** If a hospice provides medication administration, an administrator shall ensure that:

1. Policies and procedures for medication administration:
  - a. Are reviewed and approved by a medical practitioner;

- b. Specify the individuals who may:
  - i. Order medication, and
  - ii. Administer medication;
- c. Ensure that medication is administered to a patient only as prescribed; and
- d. Cover the documentation of a patient's refusal to take prescribed medication in the patient's medical record;

2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and

3. A medication administered to a patient:
  - a. Is administered in compliance with an order, and
  - b. Is documented in the patient's medical record.

**C.** An administrator shall ensure that:

1. A current drug reference guide is available for use by personnel members;
2. A current toxicology reference guide is available for use by personnel members;
3. If pharmaceutical services are provided on the premises:
  - a. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by the hospice's policies and procedures is established to:
    - i. Develop a drug formulary,
    - ii. Update the drug formulary at least every 12 months,
    - iii. Develop medication usage and medication substitution policies and procedures, and
    - iv. Specify which medications and medication classifications are required to be stopped automatically after a specific time period unless the ordering medical practitioner specifically orders otherwise;
  - b. The pharmaceutical services are provided under the direction of a pharmacist;
  - c. The pharmaceutical services comply with ARS Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
  - d. A copy of the pharmacy license is provided to the Department upon request.

**D.** When medication is stored at a hospice inpatient facility, an administrator shall ensure that:

1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
2. Medication is stored according to the instructions on the medication container; and
3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient for:
  - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
  - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
  - c. A medication recall and notification of patients who received recalled medication;
  - d. Storing, inventorying, and dispensing controlled substances; and
  - e. If applicable, donated medicine according to A.R.S. § 32-1909.

**E.** An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered

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the medication and, if applicable, the hospice's director of nursing.

**Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-613 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-614. Infection Control**

An administrator shall ensure that:

1. An infection control program is established, under the direction of an individual qualified according to policies and procedures, to prevent the development and transmission of infections and communicable diseases including:
  - a. A method to identify and document infections;
  - b. Analysis of the types, causes, and spread of infections and communicable diseases;
  - c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases; and
  - d. Documenting infection control activities including:
    - i. The collection and analysis of infection control data,
    - ii. The actions taken relating to infections and communicable diseases, and
    - iii. Reports of communicable diseases to the governing authority and state and county health departments;
2. Infection control documents are maintained for at least 12 months after the date of the documents;
3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
  - a. Handling and disposal of biohazardous medical waste;
  - b. Sterilization and disinfection of medical equipment and supplies;
  - c. Use of personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable;
  - d. Cleaning of an individual's hands when the individual's hands are visibly soiled and before and after providing a service to a patient;
  - e. Training of personnel members in infection control practices; and
  - f. Work restrictions for a personnel member with a communicable disease or infected skin lesion;
4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures; and
5. A personnel member washes hands or use a hand disinfection product after each patient contact and after handling soiled linen, soiled clothing, or potentially infectious material.

**Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-614 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-615. Food Services for a Hospice Inpatient Facility**

**A.** An administrator of a hospice inpatient facility shall ensure that:

1. Meals and snacks provided by the hospice inpatient facility are served according to a patient's dietary needs and preferences;
2. Meals and snacks for each day are planned using:
  - a. The applicable most recent dietary guidelines according to the U.S. Department of Health and Human Services and U.S. Department of Agriculture, and
  - b. Preferences for meals and snacks obtained from patients;
3. A patient requiring assistance to eat is provided with assistance that recognizes the patient's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
4. Water is available and accessible to patients at all times, unless otherwise stated in a patient's care plan.

**B.** An administrator of a hospice inpatient facility shall ensure that food is obtained, prepared, served, and stored as follows:

1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
2. Food is protected from potential contamination;
3. Food is prepared:
  - a. Using methods that conserve nutritional value, flavor, and appearance; and
  - b. In a form to meet the needs of a patient, such as cut, chopped, ground, pureed, or thickened;
4. Potentially hazardous food is maintained as follows:
  - a. Foods requiring refrigeration are maintained at 41° F or below;
  - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
    - i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
    - ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
    - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
    - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
    - v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
    - vi. Leftovers are reheated to a temperature of at least 165° F;
5. A refrigerator contains a thermometer, accurate to plus or minus 3° F, at the warmest part of the refrigerator;

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6. Frozen foods are stored at a temperature of 0° F or below; and
  7. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.
- C. An administrator shall ensure that:
1. For a hospice inpatient facility with a licensed capacity of more than 20 beds, the hospice inpatient facility:
    - a. Has a license or permit as a food establishment under 9 A.A.C. 8, Article 1, and
    - b. Maintains a copy of the hospice inpatient facility's food establishment license or permit;
  2. If the hospice inpatient facility contracts with food establishment, as defined in 9 A.A.C. 8, Article 1, to prepare and deliver food to the hospice inpatient facility a copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the hospice inpatient facility; and
  3. Food is stored, refrigerated, and reheated to meet the dietary needs of a patient.

**Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-615 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 30 A.A.R. 2499 (August 2, 2024), with an immediate effective date of July 8, 2024 (Supp. 24-3).

**R9-10-616. Emergency and Safety Standards for a Hospice Inpatient Facility**

- A. An administrator of a hospice inpatient facility shall ensure that:
1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
    - a. When, how, and where patients will be relocated, including:
      - i. Instructions for the evacuation or transfer of patients,
      - ii. Assigned responsibilities for each employee and personnel member, and
      - iii. A plan for providing continuing services to meet patient's needs;
    - b. How each patient's medical record will be available to individuals providing services to the patient during a disaster;
    - c. A plan to ensure each patient's medication will be available to administer to the patient during a disaster; and
    - d. A plan for obtaining food and water for individuals present in the hospice inpatient facility or the hospice inpatient facility's relocation site during a disaster;
  2. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months;
  3. Documentation of a disaster plan review required in subsection (A)(2) is created, is maintained for at least 12

months after the date of the disaster plan review, and includes:

- a. The date and time of the disaster plan review;
  - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
  - c. A critique of the disaster plan review; and
  - d. If applicable, recommendations for improvement;
4. A disaster drill for employees is conducted on each shift at least once every three months and documented; and
  5. An evacuation path is conspicuously posted on each hallway of each floor of the hospice inpatient facility.
- B. An administrator shall:
1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
  2. Make any repairs or corrections stated on the fire inspection report, and
  3. Maintain documentation of a current fire inspection.

**Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-616 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-617. Environmental Standards for a Hospice Inpatient Facility**

- A. An administrator of a hospice inpatient facility shall ensure that:
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
    - a. Cleaning and storing of soiled linens and clothing,
    - b. Housekeeping procedures that ensure a clean environment, and
    - c. Isolation of a patient who may spread an infection;
  2. The premises and equipment are:
    - a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness or infection; and
    - b. Free from a condition or situation that may cause a patient or other individual to suffer physical injury or illness;
  3. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
  4. Equipment used at the hospice inpatient facility is:
    - a. Maintained in working order;
    - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in the hospice inpatient facility's policies and procedures; and
    - c. Used according to the manufacturer's recommendations;
  5. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
  6. Garbage and refuse are:
    - a. Stored in covered containers lined with plastic bags, and

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- b. Removed from the premises at least once a week;
- 7. Soiled linen and clothing are:
  - a. Collected in a manner to minimize or prevent contamination;
  - b. Bagged at the site of use; and
  - c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas;
- 8. Heating and cooling systems maintain the hospice inpatient facility at a temperature between 70° F and 84° F at all times;
- 9. Common areas:
  - a. Are lighted to assure the safety of patients, and
  - b. Have lighting sufficient to allow personnel members to monitor patient activity;
- 10. The supply of hot and cold water is sufficient to meet the personal hygiene needs of patients and the cleaning and sanitation requirements in this Article;
- 11. Oxygen containers are secured in an upright position;
- 12. Poisonous or toxic materials stored by the hospice inpatient facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to patients;
- 13. Except for medical supplies needed by a patient, combustible or flammable liquids and hazardous materials are stored by the hospice inpatient facility in the original labeled containers or safety containers in a locked area inaccessible to patients;
- 14. If pets or animals are allowed in the hospice inpatient facility, pets or animals are:
  - a. Controlled to prevent endangering the patients and to maintain sanitation, and
  - b. Licensed consistent with local ordinances;
- 15. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
  - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
  - b. If necessary, corrective action is taken to ensure the water is safe to drink, and
  - c. Documentation of testing is retained for at least 12 months after the date of the test; and
- 16. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.
- B. An administrator of a hospice inpatient facility shall ensure that a patient is allowed to use and display personal belongings.

**Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-617 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expe-

dated rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

**R9-10-618. Physical Plant Standards for a Hospice Inpatient Facility**

- A. An administrator shall ensure that a hospice inpatient facility complies with applicable physical plant health and safety codes and standards, incorporated by reference in R9-10-104.01.
- B. An administrator of a hospice inpatient facility shall ensure that the premises and equipment are sufficient to accommodate:
  - 1. The services stated in the hospice inpatient facility's scope of services, and
  - 2. An individual accepted as a patient by the hospice inpatient facility.
- C. An administrator of a hospice inpatient facility shall ensure that a patient's sleeping area:
  - 1. Is shared by no more than four patients;
  - 2. Measures at least 80 square feet of floor space per patient, not including a closet;
  - 3. Has walls from floor to ceiling;
  - 4. Contains a door that opens into a hallway, common area, or outdoors;
  - 5. Is at or above ground level;
  - 6. Is vented to the outside of the hospice inpatient facility;
  - 7. Has a working thermometer for measuring the temperature in the sleeping area;
  - 8. For each patient, has a:
    - a. Bed,
    - b. Bedside table,
    - c. Bedside chair,
    - d. Reading light,
    - e. Privacy screen or curtain, and
    - f. Closet or drawer space;
  - 9. Is equipped with a bell, intercom, or other mechanical means for a patient to alert a personnel member;
  - 10. Is no farther than 20 feet from a room containing a toilet and a sink;
  - 11. Is not used as a passageway to another sleeping area, a toilet room, or a bathing room;
  - 12. Contains one of the following to provide sunlight:
    - a. A window to the outside of the hospice inpatient facility, or
    - b. A transparent or translucent door to the outside of the hospice inpatient facility; and
  - 13. Has coverings for windows and for transparent or translucent doors that provide patient privacy.
- D. An administrator of a hospice inpatient facility shall ensure that there is:
  - 1. For every six patients, a toilet room that contains:
    - a. At least one working toilet that flushes and has a seat;
    - b. At least one working sink with running water;
    - c. Soap for hand washing;
    - d. Paper towels or a mechanical air hand dryer;
    - e. Grab bars attached to a wall that an individual may hold onto to assist the individual in becoming or remaining erect;
    - f. A mirror;
    - g. Lighting;
    - h. Space for a personnel member to assist a patient;
    - i. A bell, intercom, or other mechanical means for a patient to alert a personnel member; and



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- j. An operable window to the outside of the hospice inpatient facility or other means of ventilation;
2. For every 12 patients, at least one working bathtub or shower accessible to a wheeled shower chair, with a slip-resistant surface, located in a toilet room or in a separate bathing room;
3. For a patient occupying a sleeping area with one or more other patients, a separate room in which the patient can meet privately with family members;
4. Space in a lockable closet, drawer, or cabinet for a patient to store the patient's private or valuable items;
5. A room other than a sleeping area that can be used for social activities;
6. Sleeping accommodations for family members;
7. A designated toilet room, other than a patient toilet room, for personnel and visitors that:
  - a. Provides privacy; and
  - b. Contains:
    - i. A working sink with running water,
    - ii. A working toilet that flushes and has a seat,
    - iii. Toilet tissue,
    - iv. Soap for hand washing,
    - v. Paper towels or a mechanical air hand dryer,
    - vi. Lighting, and
    - vii. A window that opens or another means of ventilation;
8. If the hospice inpatient facility has a kitchen with a stove or oven, a mechanism to vent the stove or oven to the outside of the hospice inpatient facility; and
9. Space designated for administrative responsibilities that is separate from sleeping areas, toilet rooms, bathing rooms, and drug storage areas.

**Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-618 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**R9-10-619. Repealed****Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-619 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

**R9-10-620. Repealed****Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-620 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, §

17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

**R9-10-621. Repealed****Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Correction, subsection (H), after "... 105° F" added "nor more than 110° F" as certified effective November 6, 1978 (Supp. 87-2). Section R9-10-621 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

**R9-10-622. Repealed****Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-622 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

**R9-10-623. Repealed****Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-623 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

**R9-10-624. Repealed****Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-624 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

**ARTICLE 7. BEHAVIORAL HEALTH RESIDENTIAL FACILITIES****R9-10-701. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following applies in this Article unless otherwise specified:

"Emergency safety response" means physically holding a resident to manage the resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted without changes effective October 30, 1989 (Supp. 89-4). Section R9-10-701 repealed, new Section

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R9-10-701 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

#### **R9-10-702. Supplemental Application and Documentation Submission Requirements**

- A.** In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as a behavioral health residential facility shall include on the application:
1. Whether the applicant is planning to provide:
    - a. Behavioral health services to individuals under 18 years of age, including the licensed capacity requested;
    - b. Behavioral health services to individuals 18 years of age and older, including the licensed capacity requested; or
    - c. Respite services;
  2. Whether the applicant is requesting authorization to provide an outdoor behavioral health care program, including:
    - a. The requested licensed capacity for providing the outdoor behavioral health care program to individuals 12 to 17 years of age, and
    - b. The requested licensed capacity for providing the outdoor behavioral health care program to individuals 18 to 24 years of age;
  3. Whether the applicant is requesting authorization to provide:
    - a. Court-ordered evaluation,
    - b. Court-ordered treatment,
    - c. Behavioral health services to individuals 18 years of age or older whose behavioral health issue limits the individuals' ability to function independently, or
    - d. Personal care services;
  4. Whether the applicant is requesting authorization to provide recidivism reduction services as an adult residential care institution, including the requested licensed capacity for providing recidivism reduction services;
  5. For a behavioral health residential facility requesting authorization to provide respite services, the requested number of individuals the behavioral health residential facility plans to admit for respite services who:
    - a. Are included in the requested licensed capacities in subsections (A)(1)(a) and (b),
    - b. Are under 18 years of age and who do not stay overnight in the behavioral health residential facility, and
    - c. Are 18 years of age and older and who do not stay overnight in the behavioral health residential facility; and
  6. For an outdoor behavioral health care program, a copy of the outdoor behavioral health care program's current accreditation report.
- B.** A licensee of an outdoor behavioral health care program shall submit a copy of the outdoor behavioral health care program's current accreditation report to the Department with the relevant fees required in R9-10-106(C).

#### **Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-702 repealed, new Section R9-10-702 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1).

#### **R9-10-703. Administration**

- A.** A governing authority shall:
1. Consist of one or more individuals responsible for the organization, operation, and administration of a behavioral health residential facility;
  2. Establish, in writing:
    - a. A behavioral health residential facility's scope of services, and
    - b. Qualifications for an administrator;
  3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
  4. Adopt a quality management program according to R9-10-704;
  5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
  6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b), if the administrator is:
    - a. Expected not to be present on the behavioral health residential facility's premises for more than 30 calendar days, or
    - b. Not present on the behavioral health residential facility's premises for more than 30 calendar days; and
  7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.
- B.** An administrator:
1. Is directly accountable to the governing authority of a behavioral health residential facility for the daily operation of the behavioral health residential facility and all services provided by or at the behavioral health residential facility;
  2. Has the authority and responsibility to manage the behavioral health residential facility; and

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3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the behavioral health residential facility's premises and accountable for the behavioral health residential facility when the administrator is not present on the behavioral health residential facility's premises.
- C. An administrator shall ensure that:
  1. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident that:
    - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
    - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
    - c. Include how a personnel member may submit a complaint relating to services provided to a resident;
    - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
    - e. Cover cardiopulmonary resuscitation training including:
      - i. The method and content of cardiopulmonary resuscitation training, which includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation;
      - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training;
      - iii. The time-frame for renewal of cardiopulmonary resuscitation training; and
      - iv. The documentation that verifies that the individual has received cardiopulmonary resuscitation training;
    - f. Cover implementation of the requirements in A.R.S. §§ 36-411, 36-411.01, and 36-425.03, as applicable;
    - g. Cover implementation of the requirements in A.R.S. § 8-804, if applicable;
    - h. Cover first aid training;
    - i. Include a method to identify a resident to ensure the resident receives physical health services and behavioral health services as ordered;
    - j. Cover resident rights, including assisting a resident who does not speak English or who has a physical or other disability to become aware of resident rights;
    - k. Cover specific steps for:
      - i. A resident to file a complaint, and
      - ii. The behavioral health residential facility to respond to a resident complaint;
    - l. Cover health care directives;
    - m. Cover medical records, including electronic medical records;
    - n. Cover a quality management program, including incident reports and supporting documentation;
    - o. Cover contracted services; and
    - p. Cover when an individual may visit a resident in a behavioral health residential facility;
  2. Policies and procedures for behavioral health services and physical health services are established, documented, and implemented to protect the health and safety of a resident that:
    - a. Cover resident screening, admission, assessment, treatment plan, transport, transfer, discharge planning, and discharge;
    - b. Cover the provision of behavioral health services and physical health services;
    - c. Include when general consent and informed consent are required;
    - d. Cover emergency safety responses;
    - e. Cover a resident's personal funds account;
    - f. Cover dispensing medication, administering medication, assistance in the self-administration of medication, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;
    - g. Cover prescribing a controlled substance to minimize substance abuse by a resident;
    - h. Cover respite services, including, as applicable, respite services for individuals who are admitted:
      - i. To receive respite services for up to 30 calendar days as a resident of the behavioral health residential facility, and
      - ii. For respite services and do not stay overnight in the behavioral health residential facility;
    - i. Cover services provided by an outdoor behavioral health care program, if applicable;
    - j. Cover infection control;
    - k. Cover resident time-out;
    - l. Cover resident outings;
    - m. Cover environmental services that affect resident care;
    - n. Cover whether pets and other animals are allowed on the premises, including procedures to ensure that any pets or other animals allowed on the premises do not endanger the health or safety of residents or the public;
    - o. If animals are used as part of a therapeutic program, cover:
      - i. Inoculation/vaccination requirements, and
      - ii. Methods to minimize risks to a resident's health and safety;
    - p. Cover the process for receiving a fee from a resident and refunding a fee to a resident;
    - q. Cover the process for obtaining resident preferences for social, recreational, or rehabilitative activities and meals and snacks;
    - r. Cover the security of a resident's possessions that are allowed on the premises;
    - s. Cover smoking and the use of tobacco products on the premises; and
    - t. Cover how the behavioral health residential facility will respond to a resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;
  3. Policies and procedures are reviewed at least once every three years and updated as needed;
  4. Policies and procedures are available to personnel members, employees, volunteers, and students; and
  5. Unless otherwise stated:
    - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
    - b. When documentation or information is required by this Chapter to be submitted on behalf of a behavioral health residential facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the behavioral health residential facility.

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- D.** If an applicant requests or a behavioral health residential facility has a licensed capacity of 10 or more residents, an administrator shall designate a clinical director who:
1. Provides direction for the behavioral health services provided by or at the behavioral health residential facility;
  2. Is a behavioral health professional; and
  3. May be the same individual as the administrator, if the individual meets the qualifications in subsections (A)(2)(b) and (D)(1) and (2).
- E.** Except for respite services, an administrator shall ensure that medical services, nursing services, health-related services, or ancillary services provided by a behavioral health residential facility are only provided to a resident who is expected to be present in the behavioral health residential facility for more than 24 hours.
- F.** The administrator of a behavioral health residential facility providing services to children shall notify the Department within 30 calendar days after:
1. Beginning to contract exclusively with the federal government, and
  2. Receiving only federal monies for services provided.
- G.** An administrator shall provide written notification to the Department of a resident's:
1. Death, if the resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death; and
  2. Self-injury, within two working days after the resident inflicts a self-injury or has an accident that requires immediate intervention by an emergency medical services provider.
- H.** If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was admitted or while the resident is not on the premises and not receiving services from a behavioral health residential facility's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the resident as follows:
1. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
  2. For a resident under 18 years of age, according to A.R.S. § 13-3620.
- I.** If an administrator has a reasonable basis, according to A.R.S. § 13-3620 or 46-454, to believe abuse, neglect, or exploitation has occurred on the premises or while a resident is receiving services from a behavioral health residential facility's employee or personnel member, the administrator shall:
1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
  2. Report the suspected abuse, neglect, or exploitation of the resident:
    - a. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
    - b. For a resident under 18 years of age, according to A.R.S. § 13-3620;
  3. Document:
    - a. The suspected abuse, neglect, or exploitation;
    - b. Any action taken according to subsection (I)(1); and
    - c. The report in subsection (I)(2);
  4. Maintain the documentation in subsection (I)(3) for at least 12 months after the date of the report in subsection (I)(2);
  5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in (I)(2):
    - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
    - b. A description of any injury to the resident related to the suspected abuse or neglect and any change to the resident's physical, cognitive, functional, or emotional condition;
    - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
    - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
  6. Maintain a copy of the documented information required in subsection (I)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- J.** In addition to the notification requirements in subsections (F), (G), (H), and (I), an administrator of a behavioral health residential facility providing services to children that contracts exclusively with the federal government and receives only federal monies for services provided shall comply with A.R.S. § 36-418.
- K.** An administrator shall:
1. Establish and document requirements regarding residents, personnel members, employees, and other individuals entering and exiting the premises;
  2. For a behavioral health residential facility licensed according to A.R.S. § 36-425.06 and in addition to the requirements in subsection (K)(1), establish and document requirements for a resident admitted according to A.R.S. § 36-550.09, consistent with R9-10-722(D);
  3. Establish and document guidelines for meeting the needs of an individual residing at a behavioral health residential facility with a resident, such as a child accompanying a parent in treatment, if applicable;
  4. If children under the age of 12, who are not admitted to a behavioral health residential facility, are residing at the behavioral health residential facility and being cared for by employees or personnel members, ensure that:
    - a. An employee or personnel member caring for children has current cardiopulmonary resuscitation and first aid training specific to the ages of children being cared for; and
    - b. The staff-to-children ratios in A.A.C. R9-5-404(A) are maintained, based on the age of the youngest child in the group;
  5. Establish and document the process for responding to a resident's need for immediate and unscheduled behavioral health services or physical health services;
  6. Establish and document the criteria for determining when a resident's absence is unauthorized, including criteria for a resident who:
    - a. Was admitted under A.R.S. Title 36, Chapter 5, Articles 3, 4, 5, or 10;
    - b. Is absent against medical advice; or
    - c. Is under the age of 18;
  7. If a resident's absence is unauthorized as determined according to the criteria in subsection (K)(5), within an hour after determining that the resident's absence is unauthorized, notify:
    - a. For a resident who is under 18 years of age, the resident's parent or legal guardian; and

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- b. For a resident who is under a court's jurisdiction, the appropriate court;
- 8. Maintain a written log of unauthorized absences for at least 12 months after the date of a resident's absence that includes the:
  - a. Name of a resident absent without authorization,
  - b. Name of the individual to whom the report required in subsection (K)(6) was submitted, and
  - c. Date of the report; and
- 9. Evaluate and take action related to unauthorized absences under the quality management program in R9-10-704.
- L.** An administrator shall ensure that a personnel member who is able to read, write, understand, and communicate in English is on the premises of the behavioral health residential facility.
- M.** An administrator shall ensure that the following information or documents are conspicuously posted on the premises and are available upon request to a personnel member, employee, resident, or a resident's representative:
  - 1. The behavioral health residential facility's current license,
  - 2. The location at which inspection reports required in R9-10-720(C) are available for review or can be made available for review, and
  - 3. The calendar days and times when a resident may accept visitors or make telephone calls.
- N.** An administrator shall ensure that:
  - 1. Labor performed by a resident for the behavioral health residential facility is consistent with A.R.S. § 36-510;
  - 2. A resident who is a child is only released to the child's custodial parent, guardian, or custodian or as authorized in writing by the child's custodial parent, guardian, or custodian;
  - 3. The administrator obtains documentation of the identity of the parent, guardian, custodian, or family member authorized to act on behalf of a resident who is a child; and
  - 4. A resident, who is an incapacitated person according to A.R.S. § 14-5101 or who is gravely disabled, is assisted in obtaining a resident's representative to act on the resident's behalf.
- O.** If an administrator determines that a resident is incapable of handling the resident's financial affairs, the administrator shall:
  - 1. Notify the resident's representative or contact a public fiduciary or a trust officer to take responsibility of the resident's financial affairs, and
  - 2. Maintain documentation of the notification required in subsection (O)(1) in the resident's medical record for at least 12 months after the date of the notification.
- P.** If an administrator manages a resident's money through a personal funds account, the administrator shall ensure that:
  - 1. Policies and procedure are established, developed, and implemented for:
    - a. Using resident's funds in a personal funds account,
    - b. Protecting resident's funds in a personal funds account,
    - c. Investigating a complaint about the use of resident's funds in a personal funds account and ensuring that the complaint is investigated by an individual who does not manage the personal funds account,
    - d. Processing each deposit into and withdrawal from a personal funds account, and
    - e. Maintaining a record for each deposit into and withdrawal from a personal funds account; and
  - 2. The personal funds account is only initiated after receiving a written request that:
    - a. Is provided:
      - i. Voluntarily by the resident,
      - ii. By the resident's representative, or
      - iii. By a court of competent jurisdiction;
    - b. May be withdrawn at any time; and
    - c. Is maintained in the resident's record.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-703 repealed, new Section R9-10-703 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1). At the request of the Department clerical errors have been corrected to R9-10-703(K)(7) and (8)(b), referencing subsections that were not amended when subsection (I) was renamed to subsection (K) at 26 A.A.R. 551 (Supp. 21-2).

**R9-10-704. Quality Management**

An administrator shall ensure that:

- 1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to residents;
  - c. A method to evaluate the data collected to identify a concern about the delivery of services related to resident care;
  - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care; and
  - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
- 2. A documented report is submitted to the governing authority that includes:
  - a. An identification of each concern about the delivery of services related to resident care, and
  - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to resident care; and

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3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-704 repealed, new Section R9-10-704 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

**R9-10-705. Contracted Services**

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-705 repealed, new Section R9-10-705 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-706. Personnel**

A. An administrator shall ensure that:

1. A personnel member, an employee, or a student is at least 18 years old; and
2. A volunteer is at least 21 years old.

B. An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
  - a. Are based on:
    - i. The type of behavioral health services or physical health services expected to be provided by the personnel member according to the established job description, and
    - ii. The acuity of the residents receiving behavioral health services or physical health services from the personnel member according to the established job description; and
  - b. Include:
    - i. The specific skills and knowledge necessary for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description,
    - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description, and
    - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
  - a. Before the personnel member provides physical health services or behavioral health services, and
  - b. According to policies and procedures; and
3. Sufficient personnel members are present on a behavioral health residential facility's premises with the qualifications, experience, skills, and knowledge necessary to:
  - a. Provide the services in the behavioral health residential facility's scope of services,
  - b. Meet the needs of a resident, and
  - c. Ensure the health and safety of a resident.
- C. An administrator shall comply with the requirements for behavioral health technicians and behavioral health paraprofessionals in R9-10-115.
- D. An administrator shall ensure that an individual who is licensed under A.R.S. Title 32, Chapter 33 as a baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision, as defined in A.A.C. R4-6-101.
- E. An administrator shall ensure that:
  1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
  2. A personnel member completes orientation before providing behavioral health services or physical health services;
  3. An individual's orientation is documented, to include:
    - a. The individual's name,
    - b. The date of the orientation, and
    - c. The subject or topics covered in the orientation;
  4. A written plan is developed and implemented to provide in-service education specific to the duties of a personnel member; and

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5. A personnel member's in-service education is documented, to include:
  - a. The personnel member's name,
  - b. The date of the training, and
  - c. The subject or topics covered in the training.
- F. An administrator shall ensure that a personnel member, or an employee, a volunteer, or a student who has or is expected to have more than eight hours of direct interaction per week with residents, provides evidence of freedom from infectious tuberculosis:
  1. On or before the date the individual begins providing services at or on behalf of the behavioral health residential facility, and
  2. As specified in R9-10-113.
- G. An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:
  1. The individual's name, date of birth, and contact telephone number;
  2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
  3. Documentation of:
    - a. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
    - b. The individual's education and experience applicable to the individual's job duties;
    - c. The individual's completed orientation and in-service education as required by policies and procedures;
    - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
    - e. The individual's compliance with requirements in A.R.S. §§ 36-411, 36-411.01, and 36-425.03, as applicable;
    - f. The individual's compliance with the requirements in A.R.S. § 8-804, if applicable;
    - g. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
    - h. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-703(C)(1)(e);
    - i. First aid training, if required for the individual according to this Article or policies and procedures; and
    - j. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (F).
- H. An administrator shall ensure that personnel records are:
  1. Maintained:
    - a. Throughout an individual's period of providing services at or for the behavioral health residential facility, and
    - b. For at least 24 months after the last date the individual provided services in or for the behavioral health residential facility; and
  2. For a personnel member who has not provided physical health services or behavioral health services at or for the behavioral health residential facility during the previous 12 months, provided to the Department within 72 hours after the Department's request.
- I. An administrator shall ensure that a personnel member who is recidivism reduction staff at an adult residential care institution:
  1. Submits an application for a fingerprint clearance card according to A.R.S. § 36-411; and
  2. If the personnel member is denied a fingerprint clearance card, is evaluated to determine whether the personnel member:
    - a. Has successfully completed treatment for recidivism reduction as shown by:
      - i. Documentation of completion of treatment for recidivism reduction;
      - ii. If applicable, continued negative results on random drug screening tests;
      - iii. If applicable, continued participation in a self-help group, such as Alcoholics Anonymous or Narcotics Anonymous, or a support group related to the personnel member's behavioral health issue; and
      - iv. No arrests or convictions of the personnel member related to the reason for denial of the fingerprint clearance card within the previous two years; and
    - b. Is not likely to be a threat to the health or safety of staff or residents through:
      - i. Review of the reasons for denial of a fingerprint clearance card;
      - ii. Assessment of the situations or circumstances that may have contributed to the reasons for denial of a fingerprint clearance card;
      - iii. Review of the steps taken by the personnel member to address the situations or circumstances that may have contributed to the reasons for denial of a fingerprint clearance card;
      - iv. Observation of the personnel member's interactions with residents while under direct visual supervision, as defined in A.R.S. § 36-411, by personnel members having a valid fingerprint clearance card; and
      - v. Institution of any other methods, according to policies and procedures, specific to the:
        - (1) Behavioral health residential facility;
        - (2) Issues of the residents that place them at risk for a future threat of prosecution, diversion, or incarceration; and
        - (3) Recidivism reduction services that are expected to be provided by the personnel member.
  - J. An administrator shall ensure that the following personnel members have first-aid and cardiopulmonary resuscitation training specific to the populations served by the behavioral health residential facility:
    1. At least one personnel member who is present at the behavioral health residential facility during hours of operation of the behavioral health residential facility, and
    2. Each personnel member participating in an outing.
  - K. An administrator shall ensure that:
    1. At least one personnel member is present and awake at the behavioral health residential facility when a resident is on the premises;
    2. In addition to the personnel member in subsection (K)(1), at least one personnel member is on-call and available to come to the behavioral health residential facility if needed;
    3. There is a daily staffing schedule that:

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- a. Indicates the date, scheduled work hours, and name of each employee assigned to work, including on-call personnel members;
- b. Includes documentation of the employees who work each calendar day and the hours worked by each employee; and
- c. Is maintained for at least 12 months after the last date on the documentation;
4. A behavioral health professional is present at the behavioral health residential facility or on-call;
5. A registered nurse is present at the behavioral health residential facility or on-call; and
6. If a resident requires services that the behavioral health residential facility is not authorized or not able to provide, a personnel member arranges for the resident to be transported to a hospital or another health care institution where the services can be provided.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-706 repealed, new Section R9-10-706 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4). The Notice of Final Expedited rulemaking filed by the Department and published at 26 A.A.R. 3041 (File no. R20-200), contained omissions of amended rule text previously codified. This notice did not include amendments made to subsections R9-10-706(G)(3)(e), and R9-10-706(I), (J), and (K) as published at 25 A.A.R. 1583 (File no. R19-115); amendments to subsections R9-10-706(G)(3)(f), (g), (h), (i) and (j) as published at 25 A.A.R. 551 (File no. R20-42); the new Section R9-10-706 as made with subsection R9-10-706(B)(2)(b), including the word “and” after the semicolon as published at 19 A.A.R. 2015 (File no. R13-15). This notice also erroneously included a change to the reference of a subsection in (G)(3)(h) which has been corrected to R9-10-703(C)(1)(e) as originally made at 19 A.A.R. 2015 and amended at 20 A.A.R. 1409 (File no. R14-68). The omission of amendments to these subsections were published as filed by the Department and have been corrected as amended in the original notices at the

Department’s request (Supp. 21-2). Due to a Department error published at 26 A.A.R. 551, subsections R9-10-706(I), (J), and (K) have been corrected as amended at 25 A.A.R. 1583 (Supp. 21-3).

**R9-10-707. Admission; Assessment****A.** An administrator shall ensure that:

1. A resident is admitted based upon:
  - a. The resident’s primary condition for which the resident is admitted to the behavioral health residential facility being a behavioral health issue, and
  - b. The resident’s behavioral health issue and treatment needs are within the behavioral health residential facility’s scope of services;
2. A behavioral health professional, authorized by policies and procedures to admit a resident, is available;
3. Except as provided in subsection (A)(4), general consent is obtained from:
  - a. An adult resident or the resident’s representative before or at the time of admission, or
  - b. A resident’s representative, if the resident is not an adult;
4. General consent is not required from a patient receiving a court-ordered evaluation or court-ordered treatment;
5. The general consent obtained in subsection (A)(3) is documented in the resident’s medical record;
6. Except as provided in subsection (E)(1)(a), a medical practitioner performs a medical history and physical examination or a registered nurse performs a nursing assessment on a resident within 30 calendar days before admission or within 72 hours after admission and documents the medical history and physical examination or nursing assessment in the resident’s medical record within 72 hours after admission;
7. If a medical practitioner performs a medical history and physical examination or a nurse performs a nursing assessment on a resident before admission, the medical practitioner enters an interval note or the nurse enters a progress note in the resident’s medical record within seven calendar days after admission;
8. If a behavioral health assessment is conducted by a:
  - a. Behavioral health technician or registered nurse, within 24 hours a behavioral health professional, certified or licensed to provide the behavioral health services needed by the resident, reviews and signs the behavioral health assessment to ensure that the behavioral health assessment identifies the behavioral health services needed by the resident; or
  - b. Behavioral health paraprofessional, a behavioral health professional, certified or licensed to provide the behavioral health services needed by the resident, supervises the behavioral health paraprofessional during the completion of the assessment and signs the assessment to ensure that the assessment identifies the behavioral health services needed by the resident;
9. Except as provided in subsection (A)(10), a behavioral health assessment for a resident is completed before treatment for the resident is initiated;
10. If a behavioral health assessment that complies with the requirements in this Section is received from a behavioral health provider other than the behavioral health residential facility or if the behavioral health residential facility has a medical record for the resident that contains a behavioral health assessment that was completed within



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12 months before the date of the resident's current admission:

- a. The resident's assessment information is reviewed before treatment for the resident is initiated and updated if additional information that affects the resident's assessment is identified, and
- b. The review and update of the resident's assessment information is documented in the resident's medical record within 48 hours after the review is completed;

11. A behavioral health assessment:

- a. Documents a resident's:
  - i. Presenting issue;
  - ii. Substance abuse history;
  - iii. Co-occurring disorder;
  - iv. Legal history, including:
    - (1) Custody,
    - (2) Guardianship, and
    - (3) Pending litigation;
  - v. Criminal justice record;
  - vi. Family history;
  - vii. Behavioral health treatment history;
  - viii. Symptoms reported by the resident; and
  - ix. Referrals needed by the resident, if any;
- b. Includes:
  - i. Recommendations for further assessment or examination of the resident's needs,
  - ii. The physical health services or ancillary services that will be provided to the resident until the resident's treatment plan is completed, and
  - iii. The signature and date signed of the personnel member conducting the behavioral health assessment; and
- c. Is documented in resident's medical record;

12. A resident is referred to a medical practitioner if a determination is made that the resident requires immediate physical health services or the resident's behavioral health issue may be related to the resident's medical condition; and

13. Except as provided in subsection (E)(1)(d), a resident provides evidence of freedom from infectious tuberculosis:

- a. Before or within seven calendar days after the resident's admission, and
- b. As specified in R9-10-113.

**B.** An administrator shall ensure that:

1. A request for participation in a resident's behavioral health assessment is made to the resident or the resident's representative,
2. An opportunity for participation in the resident's behavioral health assessment is provided to the resident or the resident's representative, and
3. The request in subsection (B)(1) and the opportunity in subsection (B)(2) are documented in the resident's medical record.

**C.** An administrator shall ensure that a resident's behavioral health assessment information is documented in the medical record within 48 hours after completing the behavioral health assessment.

**D.** If information in subsection (A)(10) is obtained about a resident after the resident's behavioral health assessment is completed, an administrator shall ensure that an interval note, including the information, is documented in the resident's medical record within 24 hours after the information is obtained.

**E.** If a behavioral health residential facility is authorized to provide respite services, an administrator shall ensure that:

1. Upon admission of a resident for respite services:

- a. Except as provided in subsection (F), a medical history and physical examination of the resident:
  - i. Is performed; or
  - ii. If dated within the previous 12 months, is available in the resident's medical record from a previous admission to the behavioral health residential facility;
- b. A treatment plan that meets the requirements in R9-10-708:
  - i. Is developed; or
  - ii. If dated within the previous 12 months, is available in the resident's medical record from a previous admission to the behavioral health residential facility;
- c. If a treatment plan, dated within the previous 12 months, is available, the treatment plan is reviewed, updated, and documented in the resident's medical record; and
- d. The resident is not required to comply with the requirements in subsection (A)(13) if the resident is not expected to be present in the behavioral health residential facility:
  - i. For more than seven consecutive days, or
  - ii. For 10 days or more days in a 90-consecutive-day period;

2. The common area required in R9-10-722(B)(1)(b) provides at least 25 square feet for each resident, including residents who do not stay overnight; and

3. In addition to the requirements in R9-10-722(B)(3), toilets and hand-washing sinks are available to residents, including residents who do not stay overnight, as follows:

- a. There is at least one working toilet that flushes and has a seat and one sink with running water for every 10 residents,
- b. There are at least two working toilets that flush and have seats and two sinks with running water if there are 11 to 25 residents, and
- c. There is at least one additional working toilet that flushes and has a seat and one additional sink with running water for each additional 20 residents.

**F.** A medical history and physical examination is not required for a child who is admitted or expected to be admitted to a residential behavioral health facility for less than 10 days in a 90-consecutive-day period.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-707 repealed, new Section R9-10-707 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed

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with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 22 A.A.R. 1035, pursuant to Laws 2015, Ch. 158, § 3; effective May 1, 2016 (Supp. 16-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1).

**R9-10-708. Treatment Plan**

- A.** An administrator shall ensure that a treatment plan is developed and implemented for each resident that:
1. Is based on the medical history and physical examination or nursing assessment required in R9-10-707(A)(6) or (E)(1)(a) and the behavioral health assessment required in R9-10-707(A)(9) or (10) and on-going changes to the behavioral health assessment of the resident;
  2. Is completed:
    - a. By a behavioral health professional or a behavioral health technician under the clinical oversight of a behavioral health professional, and
    - b. Before the resident receives physical health services or behavioral health services or within 48 hours after the assessment is completed;
  3. Is documented in the resident's medical record within 48 hours after the resident first receives physical health services or behavioral health services;
  4. Includes:
    - a. The resident's presenting issue;
    - b. The physical health services or behavioral health services to be provided to the resident;
    - c. The signature of the resident or the resident's representative and date signed, or documentation of the refusal to sign;
    - d. The date when the resident's treatment plan will be reviewed;
    - e. If a discharge date has been determined, the treatment needed after discharge; and
    - f. The signature of the personnel member who developed the treatment plan and the date signed;
  5. If the treatment plan was completed by a behavioral health technician, is reviewed and signed by a behavioral health professional within 24 hours after the completion of the treatment plan to ensure that the treatment plan is complete and accurate and meets the resident's treatment needs; and
  6. Is reviewed and updated on an on-going basis:
    - a. According to the review date specified in the treatment plan,
    - b. When a treatment goal is accomplished or changed,
    - c. When additional information that affects the resident's behavioral health assessment is identified, and
    - d. When a resident has a significant change in condition or experiences an event that affects treatment.
- B.** An administrator shall ensure that:
1. A request for participation in developing a resident's treatment plan is made to the resident or the resident's representative,

2. An opportunity for participation in developing the resident's treatment plan is provided to the resident or the resident's representative, and
3. The request in subsection (B)(1) and the opportunity in subsection (B)(2) are documented in the resident's medical record.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-708 repealed, new Section R9-10-708 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1).

**R9-10-709. Discharge**

- A.** An administrator shall ensure that a discharge plan for a resident is:
1. Developed that:
    - a. Identifies any specific needs of the resident after discharge,
    - b. Is completed before discharge occurs, and
    - c. Includes a description of the level of care that may meet the resident's assessed and anticipated needs after discharge;
  2. Documented in the resident's medical record within 48 hours after the discharge plan is completed; and
  3. Provided to the resident or the resident's representative before the discharge occurs.
- B.** An administrator shall ensure that:
1. A request for participation in developing a resident's discharge plan is made to the resident or the resident's representative,
  2. An opportunity for participation in developing the resident's discharge plan is provided to the resident or the resident's representative, and
  3. The request in subsection (B)(1) and the opportunity in subsection (B)(2) are documented in the resident's medical record.
- C.** An administrator shall ensure that a resident is discharged from a behavioral health residential facility when the resident's treatment needs are not consistent with the services that the behavioral health residential facility is authorized and able to provide.

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- D. An administrator shall ensure that there is a documented discharge order by a medical practitioner or behavioral health professional before a resident is discharged unless the resident leaves the behavioral health residential facility against a medical practitioner's or behavioral health professional's advice.
- E. An administrator shall ensure that, at the time of discharge, a resident receives a referral for treatment or ancillary services that the resident may need after discharge, if applicable.
- F. If a resident is discharged to any location other than a health care institution, an administrator shall ensure that:
  - 1. Discharge instructions are documented, and
  - 2. The resident or the resident's representative is provided with a copy of the discharge instructions.
- G. An administrator shall ensure that a discharge summary for a resident:
  - 1. Is entered into the resident's medical record within 10 working days after a resident's discharge; and
  - 2. Includes:
    - a. The following information authenticated by a medical practitioner or behavioral health professional:
      - i. The resident's presenting issue and other physical health and behavioral health issues identified in the resident's treatment plan;
      - ii. A summary of the treatment provided to the resident;
      - iii. The resident's progress in meeting treatment goals, including treatment goals that were and were not achieved; and
      - iv. The name, dosage, and frequency of each medication ordered for the resident by a medical practitioner at the behavioral health residential facility at the time of the resident's discharge; and
    - b. A description of the disposition of the resident's possessions, funds, or medications brought to the behavioral health residential facility by the resident.
- H. An administrator shall ensure that a resident who is dependent upon a prescribed medication is offered a written referral to detoxification services or opioid treatment before the resident is discharged from the behavioral health residential facility if a medical practitioner for the behavioral health residential facility will not be prescribing the medication for the resident at or after discharge.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-709 repealed, new Section R9-10-709 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at

20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-710. Transport; Transfer**

- A. Except as provided in subsection (B), an administrator shall ensure that:
  - 1. A personnel member coordinates the transport and the services provided to the resident;
  - 2. According to policies and procedures:
    - a. An evaluation of the resident is conducted before and after the transport,
    - b. Information from the resident's medical record is provided to a receiving health care institution, and
    - c. A personnel member explains risks and benefits of the transport to the resident or the resident's representative; and
  - 3. Documentation in the resident's medical record includes:
    - a. Communication with an individual at a receiving health care institution;
    - b. The date and time of the transport;
    - c. The mode of transportation; and
    - d. If applicable, the name of the personnel member accompanying the resident during a transport.
- B. Subsection (A) does not apply to:
  - 1. Transportation to a location other than a licensed health care institution,
  - 2. Transportation provided for a resident by the resident or the resident's representative,
  - 3. Transportation provided by an outside entity that was arranged for a resident by the resident or the resident's representative, or
  - 4. A transport to another licensed health care institution in an emergency.
- C. Except for a transfer of a resident due to an emergency, an administrator shall ensure that:
  - 1. A personnel member coordinates the transfer and the services provided to the resident;
  - 2. According to policies and procedures:
    - a. An evaluation of the resident is conducted before the transfer;
    - b. Information from the resident's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
    - c. A personnel member explains risks and benefits of the transfer to the resident or the resident's representative; and
  - 3. Documentation in the resident's medical record includes:
    - a. Communication with an individual at a receiving health care institution;
    - b. The date and time of the transfer;
    - c. The mode of transportation; and
    - d. If applicable, the name of the personnel member accompanying the resident during a transfer.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an

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emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4).

Section R9-10-710 repealed, new Section R9-10-710 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-711. Resident Rights****A.** An administrator shall ensure that:

1. The requirements in subsection (B) and the resident rights in subsection (E) are conspicuously posted on the premises;
2. At the time of admission, a resident or the resident's representative receives a written copy of the requirements in subsection (B) and the resident rights in subsection (E); and
3. Policies and procedures include:
  - a. How and when a resident or the resident's representative is informed of the resident rights in subsection (E), and
  - b. Where resident rights are posted as required in subsection (A)(1).

**B.** An administrator shall ensure that:

1. A resident is treated with dignity, respect, and consideration;
2. A resident is not subjected to:
  - a. Abuse;
  - b. Neglect;
  - c. Exploitation;
  - d. Coercion;
  - e. Manipulation;
  - f. Sexual abuse;
  - g. Sexual assault;
  - h. Seclusion;
  - i. Restraint;
  - j. Retaliation for submitting a complaint to the Department or another entity;
  - k. Misappropriation of personal and private property by the behavioral health residential facility's personnel members, employees, volunteers, or students;
  - l. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the resident's treatment needs, except as established in a fee agreement signed by the resident or the resident's representative; or
  - m. Treatment that involves the denial of:
    - i. Food,
    - ii. The opportunity to sleep, or
    - iii. The opportunity to use the toilet;
3. Except as provided in subsection (C) or (D), and unless restricted by the resident's representative, a resident is allowed to:
  - a. Associate with individuals of the resident's choice, receive visitors, and make telephone calls during the hours established by the behavioral health residential facility;

- b. Have privacy in correspondence, communication, visitation, financial affairs, and personal hygiene; and
  - c. Unless restricted by a court order, send and receive uncensored and unopened mail; and
4. A resident or the resident's representative:
    - a. Except in an emergency, either consents to or refuses treatment;
    - b. May refuse or withdraw consent for treatment before treatment is initiated, unless the treatment is:
      - i. Ordered by a court according to A.R.S. Title 36, Chapter 5 or A.R.S. § 8-341.01;
      - ii. Necessary to save the resident's life or physical health; or
      - iii. Provided according to A.R.S. § 36-512;
    - c. Except in an emergency, is informed of proposed treatment alternatives, associated risks, and possible complications;
    - d. Is informed of the following:
      - i. The behavioral health residential facility's policy on health care directives, and
      - ii. The resident complaint process; and
    - e. Except as otherwise permitted by law, provides written consent to the release of information in the resident's:
      - i. Medical record, or
      - ii. Financial records.

**C.** For a behavioral health residential facility with licensed capacity of less than 10 residents, if a behavioral health professional determines that a resident's treatment requires the behavioral health residential facility to restrict the resident's ability to participate in the activities in subsection (B)(3), the behavioral health professional shall:

1. Document a specific treatment purpose in the resident's medical record that justifies restricting the resident from the activity,
2. Inform the resident or resident's representative of the reason why the activity is being restricted, and
3. Inform the resident or resident's representative of the resident's right to file a complaint and the procedure for filing a complaint.

**D.** For a behavioral health residential facility with a licensed capacity of 10 or more residents, if a clinical director determines that a resident's treatment requires the behavioral health residential facility to restrict the resident's ability to participate in the activities in subsection (B)(3), the clinical director shall comply with the requirements in subsections (C)(1) through (3).**E.** A resident has the following rights:

1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that:
  - a. Supports and respects the resident's individuality, choices, strengths, and abilities;
  - b. Supports the resident's personal liberty and only restricts the resident's personal liberty according to a court order, by the resident's or the resident's representative's general consent, or as permitted in this Chapter; and
  - c. Is provided in the least restrictive environment that meets the resident's treatment needs;

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3. To receive privacy in treatment and care for personal needs, including the right not to be fingerprinted, photographed, or recorded without consent, except:
    - a. A resident may be photographed when admitted to a behavioral health residential facility for identification and administrative purposes;
    - b. For a resident receiving treatment according to A.R.S. Title 36, Chapter 37; or
    - c. For video recordings used for security purposes that are maintained only on a temporary basis;
  4. Not to be prevented or impeded from exercising the resident's civil rights unless the resident has been adjudicated incompetent or a court of competent jurisdiction has found that the resident is not able to exercise a specific right or category of rights;
  5. To review, upon written request, the resident's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
  6. To be provided locked storage space for the resident's belongings while the resident receives treatment;
  7. To have opportunities for social contact and daily social, recreational, or rehabilitative activities;
  8. To be informed of the requirements necessary for the resident's discharge or transfer to a less restrictive physical environment;
  9. To receive a referral to another health care institution if the behavioral health residential facility is not authorized or not able to provide physical health services or behavioral health services needed by the resident;
  10. To participate or have the resident's representative participate in the development of a treatment plan or decisions concerning treatment;
  11. To participate or refuse to participate in research or experimental treatment; and
  12. To receive assistance from a family member, the resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.
- b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
  - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
  5. A resident's medical record is available to an individual:
    - a. Authorized according to policies and procedures to access the resident's medical record;
    - b. If the individual is not authorized according to policies and procedures, with the written consent of the resident or the resident's representative; or
    - c. As permitted by law;
  6. Policies and procedures include the maximum time-frame to retrieve a resident's medical record at the request of a medical practitioner, behavioral health professional, or authorized personnel member; and
  7. A resident's medical record is protected from loss, damage, or unauthorized use.
- B.** If a behavioral health residential facility maintains residents' medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
  2. The date and time of an entry in a resident's medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a resident's medical record contains:
1. Resident information that includes:
    - a. The resident's name;
    - b. The resident's address;
    - c. The resident's date of birth; and
    - d. Any known allergies, including medication allergies;
  2. The name of the admitting medical practitioner or behavioral health professional;
  3. An admitting diagnosis or presenting behavioral health issues;
  4. The date of admission and, if applicable, date of discharge;
  5. If applicable, the name and contact information of the resident's representative and:
    - a. If the resident is 18 years of age or older or an emancipated minor, the document signed by the resident consenting for the resident's representative to act on the resident's behalf; or
    - b. If the resident's representative:
      - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
      - ii. Is a legal guardian, a copy of the court order establishing guardianship;
  6. If applicable, documented general consent and informed consent for treatment by the resident or the resident's representative;
  7. Documentation of medical history and results of a physical examination;
  8. A copy of resident's health care directive, if applicable;

**Historical Note**

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-712. Medical Records****A.** An administrator shall ensure that:

1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a resident's medical record is:
  - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
  - b. Dated, legible, and authenticated; and
  - c. Not changed to make the initial entry illegible;
3. An order is:
  - a. Dated when the order is entered in the resident's medical record and includes the time of the order;

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9. Orders;
10. If applicable, documentation that evaluation or treatment was ordered by a court according to A.R.S. Title 36, Chapter 5 or A.R.S. § 8-341.01;
11. Assessment;
12. Treatment plans;
13. Interval notes;
14. Progress notes;
15. Documentation of behavioral health services and physical health services provided to the resident;
16. If applicable, documentation of the use of an emergency safety response;
17. If applicable, documentation of time-out required in R9-10-714(6);
18. Except as allowed in R9-10-707(E)(1)(d), documentation of freedom from infectious tuberculosis required in R9-10-707(A)(13);
19. The disposition of the resident after discharge;
20. The discharge plan;
21. The discharge summary, if applicable;
22. If applicable:
  - a. Laboratory reports,
  - b. Radiologic reports,
  - c. Diagnostic reports, and
  - d. Consultation reports; and
23. Documentation of medication administered to the resident that includes:
  - a. The date and time of administration;
  - b. The name, strength, dosage, and route of administration;
  - c. For a medication administered for pain, when administered initially or on a PRN basis:
    - i. An assessment of the resident's pain before administering the medication, and
    - ii. The effect of the medication administered;
  - d. For a psychotropic medication, when administered initially or on a PRN basis:
    - i. An assessment of the resident's behavior before administering the psychotropic medication, and
    - ii. The effect of the psychotropic medication administered;
  - e. The identification, signature, and professional designation of the individual administering or providing assistance in the self-administration of the medication; and
  - f. Any adverse reaction a resident has to the medication.

**Historical Note**

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1).

**R9-10-713. Transportation; Resident Outings**

- A. An administrator of a behavioral health residential facility that uses a vehicle owned or leased by the behavioral health residential facility to provide transportation to a resident shall ensure that:
  1. The vehicle:
    - a. Is safe and in good repair,
    - b. Contains a first aid kit,
    - c. Contains drinking water sufficient to meet the needs of each resident present in the vehicle, and
    - d. Contains a working heating and air conditioning system;
  2. Documentation of current vehicle insurance and a record of maintenance performed or a repair of the vehicle are maintained;
  3. A driver of the vehicle:
    - a. Is 21 years of age or older;
    - b. Has a valid driver license;
    - c. Operates the vehicle in a manner that does not endanger a resident in the vehicle;
    - d. Does not leave in the vehicle an unattended:
      - i. Child,
      - ii. Resident who may be a threat to the health or safety of the resident or another individual, or
      - iii. Resident who is incapable of independent exit from the vehicle; and
    - e. Ensures the safe and hazard-free loading and unloading of residents; and
  4. Transportation safety is maintained as follows:
    - a. Each individual in the vehicle is sitting in a seat and wearing a working seat belt while the vehicle is in motion, and
    - b. Each seat in the vehicle is securely fastened to the vehicle and provides sufficient space for a resident's body.
- B. An administrator shall ensure that:
  1. An outing is consistent with the age, developmental level, physical ability, medical condition, and treatment needs of each resident participating in the outing;
  2. At least two personnel members are present on an outing;
  3. In addition to the personnel members required in subsection (B)(2), a sufficient number of personnel members are present to ensure each resident's health and safety on the outing;
  4. Documentation is developed before an outing that includes:
    - a. The name of each resident participating in the outing;
    - b. A description of the outing;
    - c. The date of the outing;
    - d. The anticipated departure and return times;
    - e. The name, address, and, if available, telephone number of the outing destination; and
    - f. If applicable, the license plate number of each vehicle used to transport a resident;
  5. The documentation described in subsection (B)(4) is updated to include the actual departure and return times and is maintained for at least 12 months after the date of the outing; and
  6. Emergency information for each resident participating in the outing is maintained by a personnel member participating in the outing or in the vehicle used to provide transportation for the outing and includes:
    - a. The resident's name;

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- b. Medication information, including the name, dosage, route of administration, and directions for each medication needed by the resident during the anticipated duration of the outing;
- c. The resident's allergies; and
- d. The name and telephone number of a designated individual to notify in case of an emergency, who is present on the behavioral health residential facility's premises.

**Historical Note**

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-714. Resident Time-Out**

An administrator shall ensure that a time-out:

1. Is provided to a resident who voluntarily decides to go in a time-out;
2. Takes place in an area that is unlocked, lighted, quiet, and private;
3. Is time-limited and does not exceed the amount of time as determined by the resident;
4. Does not result in a resident missing a meal if the resident is in time-out at mealtime;
5. Includes monitoring of the resident by a personnel member at least once every 15 minutes to ensure the resident's health and safety and to discuss with the resident if the resident is ready to leave time-out; and
6. Is documented in the resident's medical record, to include:
  - a. The date of the time-out,
  - b. The reason for the time-out,
  - c. The duration of the time-out, and
  - d. The action planned and taken by the administrator to prevent the use of time-out in the future.

**Historical Note**

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-715. Physical Health Services**

An administrator of a behavioral health residential facility that is authorized to provide personal care services shall ensure that:

1. Personnel members who provide personal care services have documentation of completion of a caregiver training program that complies with A.A.C. R4-33-702(A)(5);
2. Residents receive personal care services according to the requirements in R9-10-814(A), (D), (E), and (F); and

3. A resident who has a stage 3 or stage 4 pressure sore is not admitted to the behavioral health residential facility.

**Historical Note**

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-716. Behavioral Health Services**

A. An administrator shall ensure that:

1. If a behavioral health residential facility is authorized to provide court-ordered evaluation or court-ordered treatment:
  - a. Court-ordered evaluation is provided in compliance with the requirements in A.R.S. Title 36, Chapter 5, Article 4; and
  - b. Court-ordered treatment is provided in compliance with the requirements in A.R.S. Title 36, Chapter 5, Article 5;
2. If a behavioral health residential facility is authorized to provide behavioral health services to individuals whose behavioral health issue limits the individuals' ability to function independently, a resident admitted to the behavioral health residential facility with limited ability to function independently receives:
  - a. Behavioral health services and personal care services as indicated in the resident's treatment plan, and
  - b. Continuous protective oversight;
3. A resident admitted to the behavioral health residential facility who needs behavioral health services to maintain or enhance the resident's ability to function independently:
  - a. Receives behavioral health services, and, if indicated in the resident's treatment plan, personal care services; and
  - b. Is provided an opportunity to participate in activities designed to maintain or enhance the resident's ability to function independently while:
    - i. The resident receives services to maintain the resident's health, safety, or personal hygiene; or
    - ii. Homemaking functions are performed for the resident;
4. Behavioral health services are provided to meet the needs of a resident and are consistent with a behavioral health residential facility's scope of services;
5. Behavioral health services listed in the behavioral health residential facility's scope of services are provided on the premises;
6. Before a resident participates in behavioral health services provided in a setting or activity with more than one resident participating, the diagnoses, treatment needs, developmental levels, social skills, verbal skills, and personal histories, including any history of physical or sexual abuse, of the residents participating are reviewed to ensure that the:
  - a. Health and safety of each resident is protected, and

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- b. Treatment needs of each resident participating are being met; and
- 7. A resident does not:
  - a. Use or have access to any materials, furnishings, or equipment or participate in any activity or treatment that may present a threat to the resident's health or safety based on the resident's documented diagnosis, treatment needs, developmental levels, social skills, verbal skills, or personal history; or
  - b. Share any space, participate in any activity or treatment, or verbally or physically interact with any other resident that may present a threat to the resident's health or safety, based on the other resident's documented diagnosis, treatment needs, developmental levels, social skills, verbal skills, and personal history.
- B. An administrator shall ensure that counseling is:
  - 1. Offered as described in the behavioral health residential facility's scope of services,
  - 2. Provided according to the frequency and number of hours identified in the resident's treatment plan, and
  - 3. Provided by a behavioral health professional or a behavioral health technician.
- C. An administrator shall ensure that:
  - 1. A personnel member providing counseling that addresses a specific type of behavioral health issue has the skills and knowledge necessary to provide the counseling that addresses the specific type of behavioral health issue; and
  - 2. Each counseling session is documented in a resident's medical record to include:
    - a. The date of the counseling session;
    - b. The amount of time spent in the counseling session;
    - c. Whether the counseling was individual counseling, family counseling, or group counseling;
    - d. The treatment goals addressed in the counseling session; and
    - e. The signature of the personnel member who provided the counseling and the date signed.
- D. An administrator of a behavioral health residential facility authorized to provide behavioral health services to individuals under 18 years of age:
  - 1. May continue to provide behavioral health services to a resident who is 18 years of age or older:
    - a. If the resident:
      - i. Was admitted to the behavioral health residential facility before the resident's 18th birthday;
      - ii. Is not 21 years of age or older; and
      - iii. Is:
        - (1) Attending classes or completing coursework to obtain a high school or a high school equivalency diploma, or
        - (2) Participating in a job training program; or
    - b. Through the last calendar day of the month of the resident's 18th birthday; and
  - 2. Shall ensure that:
    - a. A resident does not receive the following from other residents at the behavioral health residential facility:
      - i. Threats,
      - ii. Ridicule,
      - iii. Verbal harassment,
      - iv. Punishment, or
      - v. Abuse;
    - b. The interior of the behavioral health residential facility has furnishings and decorations appropriate to the ages of the residents receiving services at the behavioral health residential facility;
- c. A resident older than three years of age does not sleep in a crib;
- d. Clean and non-hazardous toys, educational materials, and physical activity equipment are available and accessible to residents on the premises in a quantity sufficient to meet each resident's needs and are appropriate to each resident's age, developmental level, and treatment needs; and
- e. A resident's educational needs are addressed according to A.R.S. Title 15, Chapter 7, Article 4.

- E. An administrator shall ensure that:
  - 1. An emergency safety response is:
    - a. Only used:
      - i. By a personnel member trained to use an emergency safety response,
      - ii. For the management of a resident's violent or self-destructive behavior, and
      - iii. When less restrictive interventions have been determined to be ineffective; and
    - b. Discontinued at the earliest possible time, but no longer than five minutes after the emergency safety response is initiated;
  - 2. Within 24 hours after an emergency safety response is used for a resident, the following information is entered into the resident medical record:
    - a. The date and time the emergency safety response was used;
    - b. The name of each personnel member who used an emergency safety response;
    - c. The specific emergency safety response used;
    - d. The personnel member or resident behavior, event, or environmental factor that caused the need for the emergency safety response; and
    - e. Any injury that resulted from the use of the emergency safety response;
  - 3. Within 10 working days after an emergency safety response is used for a resident, the administrator or clinical director reviews the information in subsection (E)(2); and
  - 4. After the review required in subsection (E)(3), the following information is entered, according to policies and procedures, into the resident's medical record:
    - a. Actions taken or planned actions to prevent the need for the use of an emergency safety response for the resident,
    - b. A determination of whether the resident is appropriately placed at the behavioral health residential facility, and
    - c. Whether the resident's treatment plan was reviewed or needs to be reviewed and amended to ensure that the resident's treatment plan is meeting the resident's treatment needs.

- F. An administrator shall ensure that:
  - 1. A personnel member whose job description includes the ability to use an emergency safety response:
    - a. Completes training in crisis intervention that includes:
      - i. Techniques to identify personnel member and resident behaviors, events, and environmental factors that may trigger the need for the use of an emergency safety response;



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- ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods; and
    - iii. The safe use of an emergency safety response including the ability to recognize and respond to signs of physical distress in a client who is receiving an emergency safety response; and
  - b. Completes training required in subsection (F)(1)(a):
    - i. Before providing behavioral health services, and
    - ii. At least once every 12 months after the date the personnel member completed the initial training;
- 2. Documentation of the completed training in subsection (F)(1)(a) includes:
  - a. The name and credentials of the individual providing the training,
  - b. Date of the training, and
  - c. Verification of a personnel member's ability to use the training; and
- 3. The materials used to provide the completed training in crisis intervention, including handbooks, electronic presentations, and skills verification worksheets, are maintained for at least 12 months after each personnel member who received training using the materials no longer provides services at the behavioral health residential facility.

**Historical Note**

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1).

**R9-10-717. Outdoor Behavioral Health Care Programs**

- A. An administrator of a behavioral health residential facility authorized to provide an outdoor behavioral health care program shall ensure that:
  - 1. Behavioral health services are provided to a resident participating in the outdoor behavioral health care program consistent with the age, developmental level, physical ability, medical condition, and treatment needs of the resident;
  - 2. Continuous protective oversight is provided to a resident;
  - 3. Transportation is provided to a resident from the behavioral health residential facility's administrative office for the outdoor behavioral health care program to the location where the outdoor behavioral health care program is provided and from the location where the outdoor behavioral health care program is provided to the behavioral health residential facility's administrative office for the outdoor behavioral health care program; and
  - 4. Communication is available between the outdoor behavioral health care program personnel and:
    - a. A behavioral health professional,
    - b. A registered nurse,
    - c. An emergency medical response team, and
    - d. The behavioral health residential facility's administrative office for the outdoor behavioral health care program.
- B. An administrator of a behavioral health residential facility authorized to provide an outdoor behavioral health care program shall ensure that:
  - 1. Food is prepared:
    - a. Using methods that conserve nutritional value, flavor, and appearance; and
    - b. In a form to meet the needs of a resident such as cut, chopped, ground, pureed, or thickened;
  - 2. A food menu is prepared based on the number of calendar days scheduled for the behavioral health care program;
  - 3. Meals and snacks provided by the behavioral health care program are served according to menus;
  - 4. Meals and snacks for each day are planned using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2015>;
  - 5. A resident is provided:
    - a. A diet that meets the resident's nutritional needs as specified in the resident's assessment or treatment plan;
    - b. Three meals a day with not more than 14 hours between the evening meal and breakfast, except as provided in subsection (B)(5)(d);
    - c. The option to have a daily evening snack or other snack; and
    - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if the resident agrees;
  - 6. Water is available and accessible to residents unless otherwise stated in a resident's treatment plan;
  - 7. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
  - 8. Food is protected from potential contamination; and
  - 9. Food being maintained in coolers containing ice is not in direct contact with ice or water if water may enter the food because of the nature of the food's packaging, wrapping, or container or the positioning of the food in the ice or water.
- C. An administrator of a behavioral health residential facility authorized to provide an outdoor behavioral health care program shall ensure that:
  - 1. The location and, if applicable, equipment used by the outdoor behavioral health care program are sufficient to accommodate the activities, treatment, and ancillary services required by the residents participating in the behavioral health care program;
  - 2. The location and equipment are maintained in a condition that allows the location and equipment to be used for the original purpose of the location and equipment;
  - 3. Garbage and refuse are:
    - a. Stored in plastic bags in covered containers, and
    - b. Removed from the location used by the outdoor behavioral health care program at least once a week;
  - 4. Common areas:
    - a. Are lighted when in use to assure the safety of residents, and
    - b. Have sufficient lighting to allow personnel members to monitor resident activity;
  - 5. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;

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6. Soiled clothing is stored in closed containers away from food storage, medications, and eating areas;
7. Poisonous or toxic materials are maintained in labeled containers, secured, and separate from food preparation and storage, eating areas, and medications and inaccessible to residents;
8. Combustible or flammable liquids and hazardous materials are stored in the original labeled containers or safety containers, secured, and inaccessible to residents;
9. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
  - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
  - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
  - c. Documentation of testing is retained for at least 12 months after the date of the test; and
10. Smoking or the use of tobacco products may be permitted away from the residents.

**Historical Note**

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-717.01. Recidivism Reduction Services**

An administrator of a behavioral health residential facility that is an adult residential care institution and is authorized to provide recidivism reduction services shall ensure that:

1. A personnel member who is recidivism reduction staff at the adult residential care institution does not provide:
  - a. Behavioral health services other than recidivism reduction services; or
  - b. Recidivism reduction services to a resident who has not been referred by a physician, behavioral health professional, or court of competent jurisdiction to receive recidivism reduction services;
2. The adult residential care institution accepts an individual as a resident only if the individual:
  - a. Is at least 18 years of age; and
  - b. Has documentation of a referral to receive recidivism reduction services that:
    - i. Was made by a physician, behavioral health professional, or court of competent jurisdiction; and
    - ii. Complies with the requirements in A.R.S. § 36-411.01(D);
3. The referral is included in the resident's medical record; and
4. The recidivism reduction services provided to a resident are:
  - a. Consistent with the age, developmental level, physical ability, medical condition, and treatment needs of the resident; and

- b. Provided by recidivism reduction staff whose experience is compatible with the experience of the resident.

**Historical Note**

New Section made by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-718. Medication Services**

- A. An administrator shall ensure that policies and procedures for medication services:
  1. Include:
    - a. A process for providing information to a resident about medication prescribed for the resident including:
      - i. The prescribed medication's anticipated results,
      - ii. The prescribed medication's potential adverse reactions,
      - iii. The prescribed medication's potential side effects, and
      - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
    - b. Procedures for preventing, responding to, and reporting any of the following:
      - i. A medication error,
      - ii. An adverse reaction to a medication, or
      - iii. A medication overdose;
    - c. Procedures to ensure that a resident's medication regimen is reviewed by a medical practitioner to ensure the medication regimen meets the resident's needs;
    - d. Procedures for documenting, as applicable, medication administration and assistance in the self-administration of medication;
    - e. A process for monitoring a resident who self-administers medication;
    - f. Procedures for assisting a resident in obtaining medication; and
    - g. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
  2. Specify a process for review through the quality management program of:
    - a. A medication administration error, and
    - b. An adverse reaction to a medication.
- B. If a behavioral health residential facility provides medication administration, an administrator shall ensure that:
  1. Policies and procedures for medication administration:
    - a. Are reviewed and approved by a medical practitioner;
    - b. Specify the individuals who may:
      - i. Order medication, and
      - ii. Administer medication;
    - c. Ensure that medication is administered to a resident only as ordered; and
    - d. Cover the documentation of a resident's refusal to take prescribed medication in the resident's medical record;
  2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
  3. A medication administered to a resident:
    - a. Is administered in compliance with an order, and
    - b. Is documented in the resident's medical record.

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- C. If a behavioral health residential facility provides assistance in the self-administration of medication, an administrator shall ensure that:
1. A resident's medication is stored by the behavioral health residential facility;
  2. The following assistance is provided to a resident:
    - a. A reminder when it is time to take the medication;
    - b. Opening the medication container for the resident;
    - c. Observing the resident while the resident removes the medication from the container;
    - d. Verifying that the medication is taken as prescribed by the resident's medical practitioner by confirming that:
      - i. The resident taking the medication is the individual stated on the medication container label,
      - ii. The resident is taking the dosage of the medication stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label, and
      - iii. The resident is taking the medication at the time stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label; or
    - e. Observing the resident while the resident takes the medication;
  3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or registered nurse;
  4. Training for a personnel member, other than a medical practitioner or registered nurse, in assistance in the self-administration of medication:
    - a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse; and
    - b. Includes:
      - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
      - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
      - iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;
  5. A personnel member, other than a medical practitioner or registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
  6. Assistance in the self-administration of medication provided to a resident:
    - a. Is in compliance with an order, and
    - b. Is documented in the resident's medical record.
- D. An administrator shall ensure that:
1. A current drug reference guide is available for use by personnel members;
  2. A current toxicology reference guide is available for use by personnel members; and
  3. If pharmaceutical services are provided on the premises:
    - a. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures, is established to:
- i. Develop a drug formulary,
  - ii. Update the drug formulary at least once every 12 months,
  - iii. Develop medication usage and medication substitution policies and procedures, and
  - iv. Specify which medications and medication classifications are required to be stopped automatically after a specific time period unless the ordering medical practitioner specifically orders otherwise;
- b. The pharmaceutical services are provided under the direction of a pharmacist;
  - c. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
  - d. A copy of the pharmacy license is provided to the Department upon request.
- E. When medication is stored at a behavioral health residential facility, an administrator shall ensure that:
1. Medication is stored in a separate locked room, closet, cabinet, or self-contained unit used only for medication storage;
  2. Medication is stored according to the instructions on the medication container; and
  3. Policies and procedures are established, documented, and implemented for:
    - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication;
    - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
    - c. A medication recall and notification of residents who received recalled medication; and
    - d. Storing, inventorying, and dispensing controlled substances.
- F. An administrator shall ensure that a personnel member immediately reports a medication error or a resident's adverse reaction to a medication to the medical practitioner who ordered or prescribed the medication and, if applicable, the behavioral health residential facility's clinical director.

**Historical Note**

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-719. Food Services**

- A. Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that:
1. For a behavioral health residential facility that has a licensed capacity of more than 10 residents:

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- a. The behavioral health residential facility obtains a license or permit as a food establishment under 9 A.A.C. 8, Article 1; and
- b. A copy of the behavioral health residential facility's food establishment license or permit is maintained;
2. If a behavioral health residential facility contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the behavioral health residential facility, a copy of the food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the behavioral health residential facility;
3. Food is stored, refrigerated, and reheated to meet the dietary needs of a resident;
4. A registered dietitian is employed full-time, part-time, or as a consultant; and
5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to meet the nutritional needs of the residents.
- B.** Except for an outdoor behavioral health care program provided by a behavioral health residential facility, a registered dietitian or director of food services shall ensure that:
  1. Food is prepared:
    - a. Using methods that conserve nutritional value, flavor, and appearance; and
    - b. In a form to meet the needs of a resident, such as cut, chopped, ground, pureed, or thickened;
  2. A food menu:
    - a. Is prepared at least one week in advance,
    - b. Includes the foods to be served each day,
    - c. Is conspicuously posted at least one calendar day before the first meal on the food menu will be served,
    - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
    - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
  3. Meals and snacks provided by the behavioral health residential facility are served according to posted menus;
  4. Meals and snacks for each day are planned using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2015>;
  5. A resident is provided:
    - a. A diet that meets the resident's nutritional needs as specified in the resident's assessment or treatment plan;
    - b. Three meals a day with not more than 14 hours between the evening meal and breakfast, except as provided in subsection (B)(5)(d);
    - c. The option to have a daily evening snack identified in subsection (B)(5)(d)(ii) or other snack; and
    - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
      - i. The resident agrees; and
      - ii. The resident is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
  6. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
  7. Water is available and accessible to residents unless otherwise stated in a resident's treatment plan.
- C.** Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that food is obtained, prepared, served, and stored as follows:
  1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
  2. Food is protected from potential contamination;
  3. Potentially hazardous food is maintained as follows:
    - a. Foods requiring refrigeration are maintained at 41° F or below; and
    - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
      - i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
      - ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
      - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
      - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
      - v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
      - vi. Leftovers are reheated to a temperature of at least 165° F;
  4. A refrigerator contains a thermometer, accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
  5. Frozen foods are stored at a temperature of 0° F or below; and
  6. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

**Historical Note**

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-720. Emergency and Safety Standards**

- A.** Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that a behavioral health residential facility has:
  1. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-104.01, and a sprinkler system installed according to the National Fire Protection Association 13: Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01, that are in working order; or
  2. An alternative method to ensure resident's safety that is documented and approved by the local jurisdiction.

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**B.** Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that:

1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
  - a. When, how, and where residents will be relocated;
  - b. How each resident's medical record will be available to individuals providing services to the resident during a disaster;
  - c. A plan to ensure each resident's medication will be available to administer to the resident during a disaster; and
  - d. A plan for obtaining food and water for individuals present in the behavioral health residential facility, under the care and supervision of personnel members, or in the behavioral health residential facility's relocation site during a disaster;
2. The disaster plan required in subsection (B)(1) is reviewed at least once every 12 months;
3. Documentation of a disaster plan review required in subsection (B)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
  - a. The date and time of the disaster plan review;
  - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
  - c. A critique of the disaster plan review; and
  - d. If applicable, recommendations for improvement;
4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
5. An evacuation drill for employees and residents on the premises is conducted at least once every six months on each shift;
6. Documentation of each evacuation drill is created, is maintained for 12 months after the date of the evacuation drill, and includes:
  - a. The date and time of the evacuation drill;
  - b. The amount of time taken for all employees and residents to evacuate the behavioral health residential facility;
  - c. Names of employees participating in the evacuation drill;
  - d. An identification of residents needing assistance for evacuation;
  - e. Any problems encountered in conducting the evacuation drill; and
  - f. Recommendations for improvement, if applicable; and
7. An evacuation path is conspicuously posted on each hallway of each floor of the behavioral health residential facility.

**C.** An administrator shall:

1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
2. Make any repairs or corrections stated on the fire inspection report, and
3. Maintain documentation of a current fire inspection.

#### Historical Note

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp.

98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

#### **R9-10-721. Environmental Standards**

**A.** Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that:

1. The premises and equipment are:
  - a. Maintained in a condition that allows the premises and equipment to be used for the original purpose of the premises and equipment;
  - b. Cleaned and, if applicable, disinfected according to policies and procedures designed to prevent, minimize, and control illness or infection; and
  - c. Free from a condition or situation that may cause a resident or other individual to suffer physical injury;
2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
3. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
4. Equipment used at the behavioral health residential facility is:
  - a. Maintained in working order;
  - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
  - c. Used according to the manufacturer's recommendations;
5. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
6. Garbage and refuse are:
  - a. Stored in covered containers lined with plastic bags, and
  - b. Removed from the premises at least once a week;
7. Heating and cooling systems maintain the behavioral health residential facility at a temperature between 70° F and 84° F;
8. A space heater is not used;
9. Common areas:
  - a. Are lighted to assure the safety of residents, and
  - b. Have lighting sufficient to allow personnel members to monitor resident activity;
10. Hot water temperatures are maintained between 95° F and 120° F in the areas of the behavioral health residential facility used by residents;
11. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;
12. Soiled linen and soiled clothing stored by the behavioral health residential facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;
13. Oxygen containers are secured in an upright position;
14. Poisonous or toxic materials stored by the behavioral health residential facility are maintained in labeled con-

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tainers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to residents;

15. Combustible or flammable liquids and hazardous materials stored by a behavioral health residential facility are stored in the original labeled containers or safety containers in a locked area inaccessible to residents;
16. If pets or animals are allowed in the behavioral health residential facility, pets or animals are:
  - a. Controlled to prevent endangering the residents and to maintain sanitation;
  - b. Licensed consistent with local ordinances; and
  - c. For a dog or cat, vaccinated against rabies;
17. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
  - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
  - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
  - c. Documentation of testing is retained for at least 12 months after the date of the test; and
18. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.

**B.** An administrator shall ensure that:

1. Smoking tobacco products is not permitted within a behavioral health residential facility; and
2. Smoking tobacco products may be permitted on the premises outside a behavioral health residential facility if:
  - a. Signs designating smoking areas are conspicuously posted, and
  - b. Smoking is prohibited in areas where combustible materials are stored or in use.

**C.** If a swimming pool is located on the premises, an administrator shall ensure that:

1. On each day that a resident uses the swimming pool, an employee:
  - a. Tests the swimming pool's water quality at least once for compliance with one of the following chemical disinfection standards:
    - i. A free chlorine residual between 1.0 and 3.0 ppm as measured by the N, N-Diethyl-phenylenediamine test;
    - ii. A free bromine residual between 2.0 and 4.0 ppm as measured by the N, N-Diethyl-phenylenediamine test; or
    - iii. An oxidation-reduction potential equal to or greater than 650 millivolts; and
  - b. Records the results of the water quality tests in a log that includes each testing date and test result;
2. Documentation of the water quality test is maintained for at least 12 months after the date of the test;
3. A swimming pool is not used by a resident if a water quality test shows that the swimming pool water does not comply with subsection (C)(1)(a);
4. At least one personnel member, with cardiopulmonary resuscitation training that meets the requirements in R9-10-703(C)(1)(e), is present in the pool area when a resident is in the pool area; and
5. At least two personnel members are present in the pool area if two or more residents are in the pool area.

**Historical Note**

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

**R9-10-722. Physical Plant Standards**

- A.** Except for a behavioral health outdoor program, an administrator shall ensure that the premises and equipment are sufficient to accommodate:
  1. The services in the behavioral health residential facility's scope of services, and
  2. An individual admitted as a resident by the behavioral health residential facility.
- B.** An administrator shall ensure that:
  1. A behavioral health residential facility has a:
    - a. Room that provides privacy for a resident to receive treatment or visitors; and
    - b. Common area and a dining area that contain furniture and materials to accommodate the recreational and socialization needs of the residents and other individuals in the behavioral health residential facility;
  2. At least one bathroom is accessible from a common area that:
    - a. May be used by residents and visitors;
    - b. Provides privacy when in use; and
    - c. Contains the following:
      - i. At least one working sink with running water,
      - ii. At least one working toilet that flushes and has a seat,
      - iii. Toilet tissue for each toilet,
      - iv. Soap in a dispenser accessible from each sink,
      - v. Paper towels in a dispenser or a mechanical air hand dryer,
      - vi. Lighting, and
      - vii. A window that opens or another means of ventilation;
  3. For every six residents who stay overnight at the behavioral health residential facility, there is at least one working toilet that flushes and has a seat, and one sink with running water;
  4. For every eight residents who stay overnight at the behavioral health residential facility, there is at least one working bathtub or shower;
  5. A resident bathroom provides privacy when in use and contains:
    - a. A shatter-proof mirror, unless the resident's treatment plan allows for otherwise;
    - b. A window that opens or another means of ventilation; and
    - c. Nonporous surfaces for shower enclosures and slip-resistant surfaces in tubs and showers;
  6. If a resident bathroom door locks from the inside, an employee has a key and access to the bathroom;
  7. Each resident is provided a sleeping area that is in a bedroom; and
  8. A resident bedroom complies with the following:

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- a. Is not used as a common area;
  - b. Is not used as a passageway to another bedroom or bathroom unless the bathroom is for the exclusive use of an individual occupying the bedroom;
  - c. Contains a door that opens into a hallway, common area, or outdoors;
  - d. Is constructed and furnished to provide unimpeded access to the door;
  - e. Has window or door covers that provide resident privacy;
  - f. Has floor to ceiling walls;
  - g. Is a:
    - i. Private bedroom that contains at least 60 square feet of floor space, not including the closet; or
    - ii. Shared bedroom that:
      - (1) Is shared by no more than eight residents;
      - (2) Except as provided in subsection (C), contains at least 60 square feet of floor space, not including a closet, for each individual occupying the shared bedroom; and
      - (3) Provides at least three feet of floor space between beds or bunk beds;
  - h. Contains for each resident occupying the bedroom:
    - i. A bed that is at least 36 inches wide and at least 72 inches long, and consists of at least a frame and mattress and linens; and
    - ii. Individual storage space for personal effects and clothing such as shelves, a dresser, or chest of drawers;
  - i. Has clean linen for each bed including mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, bedspread, waterproof mattress covers as needed, and blankets to ensure warmth and comfort for each resident;
  - j. Has sufficient lighting for a resident occupying the bedroom to read; and
  - k. Has a clothing rod or hook in the bedroom designed to minimize the opportunity for a resident to cause self-injury.
- C.** A behavioral health residential facility that was licensed as a Level 4 transitional agency before October 1, 2013 may continue to use a shared bedroom that provides at least 40 square feet of floor space, not including a closet, for each individual occupying the shared bedroom. If there is a modification to the shared bedroom, the behavioral health residential facility shall comply with the requirement in subsection (B)(8)(g).
- D.** For a behavioral health residential facility licensed according to A.R.S. § 36-425.06, an administrator shall ensure that:
- 1. The premises are secure, as defined in A.R.S. § 36-425.06; and
  - 2. There is a means of exiting the facility for a resident who does not have special knowledge for egress that meets one of the following:
    - a. Provides access to an outside area that:
      - i. Allows the resident to be at least 30 feet away from the facility, and
      - ii. Controls or alerts employees of the egress of a resident from the facility;
    - b. Provides access to an outside area:
      - i. From which a resident may exit to a location at least 30 feet away from the facility, and
      - ii. Controls or alerts employees of the egress of a resident from the facility; or
  - c. Uses a mechanism that meets the Special Egress-Control Devices provisions in the Uniform Building Code incorporated by reference in A.A.C. R9-10-104.01.
- E.** If a swimming pool is located on the premises, an administrator shall ensure that:
- 1. The swimming pool is equipped with the following:
    - a. An operational water circulation system that clarifies and disinfects the swimming pool water continuously and that includes at least:
      - i. A removable strainer,
      - ii. Two swimming pool inlets located on opposite sides of the swimming pool, and
      - iii. A drain located at the swimming pool's lowest point and covered by a grating that cannot be removed without using tools; and
    - b. An operational vacuum cleaning system;
  - 2. The swimming pool is enclosed by a wall or fence that:
    - a. Is at least five feet in height as measured on the exterior of the wall or fence;
    - b. Has no vertical openings greater than four inches across;
    - c. Has no horizontal openings, except as described in subsection (E)(2)(e);
    - d. Is not chain-link;
    - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
    - f. Has a self-closing, self-latching gate that:
      - i. Opens away from the swimming pool,
      - ii. Has a latch located at least 54 inches from the ground, and
      - iii. Is locked when the swimming pool is not in use; and
  - 3. A life preserver or shepherd's crook is available and accessible in the pool area.
- F.** An administrator shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (E)(2) is covered and locked when not in use.

**Historical Note**

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1).

**R9-10-723. Repealed****Historical Note**

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Repealed by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

**R9-10-724. Repealed**

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**Historical Note**

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**ARTICLE 8. ASSISTED LIVING FACILITIES****R9-10-801. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definitions apply in this Article, unless the context otherwise requires:

1. "Accept" or "acceptance" means:
  - a. An individual begins living in and receiving assisted living services from an assisted living facility; or
  - b. An individual begins receiving adult day health care services or respite care services from an assisted living facility.
2. "Assistant caregiver" means an employee or volunteer who helps a manager or caregiver provide supervisory care services, personal care services, or directed care services to a resident, and does not include a family member of the resident.
3. "Assisted living services" means supervisory care services, personal care services, directed care services, behavioral care, memory care services, or ancillary services provided to a resident by or on behalf of an assisted living facility.
4. "Caregiver" means an individual who provides supervisory care services, personal care services, or directed care services to a resident, and does not include a family member of the resident.
5. "Elopement" means when a resident who is cognitively, physically, mentally, emotionally, or chemically impaired wanders away, walks away, runs away, or otherwise leaves the premises of an assisted living facility authorized to provide directed care services unsupervised or unnoticed, without the knowledge of the licensee's personnel.
6. "Manager" means an individual designated by a governing authority to act on behalf of the governing authority in the on-site management of the assisted living facility.
7. "Medication organizer" means a container that is designed to hold doses of medication and is divided according to date or time increments.
8. "Memory care services" means the same as defined in A.R.S. § 36-405.03(D).
9. "Primary care provider" means a physician, a physician's assistant, or registered nurse practitioner who directs a resident's medical services.
10. "Residency agreement" means a document signed by a resident or the resident's representative and a manager, detailing the terms of residency.
11. "Service plan" means a written description of a resident's need for supervisory care services, personal care services, directed care services, ancillary services, or behavioral health services and the specific assisted living services to be provided to the resident.
12. "Termination of residency" or "terminate residency" means a resident is no longer living in and receiving assisted living services from an assisted living facility.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

**R9-10-802. Supplemental Application Requirements; Exemption**

- A. In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as an assisted living facility shall include in a Department-provided format:
  1. Which of the following levels of assisted living services the applicant is requesting authorization to provide:
    - a. Supervisory care services,
    - b. Personal care services, or
    - c. Directed care services; and
  2. Whether the applicant is requesting authorization to provide:
    - a. Adult day health care services, or
    - b. Behavioral health services other than behavioral care.
- B. The Arizona Pioneers' Home is exempt from:
  1. Architectural plans and specifications for a health care institution specified in R9-10-104; and
  2. Physical plant codes and standards for a health care institution specified in R9-10-105(A)(5)(a).

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R.



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1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 28 A.A.R. 869 (April 29, 2022), with an immediate effective date of April 8, 2022 (Supp. 22-2).

**R9-10-803. Administration****A. A governing authority shall:**

1. Consist of one or more individuals responsible for the organization, operation, and administration of an assisted living facility;
2. Establish, in writing, an assisted living facility's scope of services;
3. Designate, in writing, a manager who:
  - a. Is 21 years of age or older; and
  - b. Except for the manager of an adult foster care home, has either a:
    - i. Certificate as an assisted living facility manager issued under A.R.S. § 36-446.04(C), or
    - ii. A temporary certificate as an assisted living facility manager issued under A.R.S. § 36-446.06;
4. Adopt a quality management program that complies with R9-10-804;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate, in writing, an acting manager who has the qualifications established in subsection (A)(3), if the manager is:
  - a. Expected not to be present on the assisted living facility's premises for more than 30 calendar days, or
  - b. Not present on the assisted living facility's premises for more than 30 calendar days;
7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the manager and identify the name and qualifications of the new manager;
8. Ensure that a manager or caregiver who is able to read, write, understand, and communicate in English is on an assisted living facility's premises;
9. Ensure compliance with A.R.S. § 36-411; and
10. Ensure the health, safety, or welfare of a resident is not placed at risk of harm.

**B. A manager:**

1. Is directly accountable to the governing authority of an assisted living facility for the daily operation of the assisted living facility and all services provided by or at the assisted living facility;
2. Has the authority and responsibility to manage the assisted living facility; and
3. Except as provided in subsection (A)(6), designates, in writing, a caregiver who is:
  - a. At least 21 years of age, and
  - b. Present on the assisted living facility's premises and accountable for the assisted living facility when the manager is not present on the assisted living facility premises.

**C. A manager shall ensure that policies and procedures are:**

1. Established, documented, and implemented to protect the health and safety of a resident that:
  - a. Cover job descriptions, duties, and qualifications, including required skills and knowledge, education, and experience for employees and volunteers;
  - b. Cover orientation and in-service education for employees and volunteers;

- c. Include how an employee may submit a complaint related to resident care;
- d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
- e. Except as provided in subsection (M), cover cardiopulmonary resuscitation training for applicable employees and volunteers, including:
  - i. The method and content of cardiopulmonary resuscitation training, which includes a demonstration of the employee's or volunteer's ability to perform cardiopulmonary resuscitation;
  - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training;
  - iii. The time-frame for renewal of cardiopulmonary resuscitation training; and
  - iv. The documentation that verifies that the employee or volunteer has received cardiopulmonary resuscitation training;
- f. Cover first aid training;
- g. Cover how a caregiver will respond to a resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;
- h. Cover staffing and recordkeeping;
- i. Cover resident acceptance and resident rights;
- j. Cover termination of residency, including:
  - i. Termination initiated by the manager of an assisted living facility, and
  - ii. Termination initiated by a resident or the resident's representative;
- k. Cover the provision of assisted living services, including:
  - i. Coordinating the provision of assisted living services,
  - ii. Making vaccination for influenza and pneumonia available to residents according to A.R.S. § 36-406(1)(d), and
  - iii. Obtaining resident preferences for food and the provision of assisted living services;
- l. Cover the provision of respite services or adult day health services, if applicable;
- m. Cover methods by which the assisted living facility is aware of the general or specific whereabouts of a resident, based on the level of assisted living services provided to the resident and the assisted living services the assisted living facility is authorized to provide;
- n. Cover resident medical records, including electronic medical records;
- o. Cover personal funds accounts, if applicable;
- p. Cover specific steps for:
  - i. A resident to file a complaint, and
  - ii. The assisted living facility to respond to a resident's complaint;
- q. Cover health care directives;
- r. Cover assistance in the self-administration of medication, and medication administration;
- s. Cover food services;
- t. Cover contracted services;
- u. Cover equipment inspection and maintenance, if applicable;
- v. Cover infection control; and
- w. Cover a quality management program, including incident report and supporting documentation;

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2. Available to employees and volunteers of the assisted living facility; and
  3. Reviewed at least once every three years and updated as needed.
- D.** A manager shall ensure that the following are conspicuously posted:
1. A list of resident rights;
  2. The assisted living facility's license;
  3. Current phone numbers of:
    - a. The unit in the Department responsible for licensing and monitoring the assisted living facility,
    - b. Adult Protective Services in the Department of Economic Security,
    - c. The State Long-Term Care Ombudsman, and
    - d. The Arizona Center for Disability Law; and
  4. The location at which a copy of the most recent Department inspection report and any plan of correction resulting from the Department inspection may be viewed.
- E.** A manager shall ensure that, unless otherwise stated:
1. Documentation required by this Article is provided to the Department within two hours after a Department request; and
  2. When documentation or information is required by this Chapter to be submitted on behalf of an assisted living facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the assisted living facility.
- F.** If a requirement in this Article states that a manager shall ensure an action or condition or sign a document:
1. A governing authority or licensee may ensure the action or condition or sign the document and retain the responsibility to ensure compliance with the requirement in this Article;
  2. The manager may delegate ensuring the action or condition or signing the document to another individual, but the manager retains the responsibility to ensure compliance with the requirement in the Article; and
  3. If the manager delegates ensuring an action or condition or signing a document, the delegation is documented and the documentation includes the name of the individual to whom the action, condition, or signing is delegated and the effective date of the delegation.
- G.** A manager shall:
1. Not act as a resident's representative and not allow an employee or a family member of an employee to act as a resident's representative for a resident who is not a family member of the employee;
  2. If the assisted living facility administers personal funds accounts for residents and is authorized in writing by a resident or the resident's representative to administer a personal funds account for the resident:
    - a. Ensure that the resident's personal funds account does not exceed \$2,000;
    - b. Maintain a separate record for each resident's personal funds account, including receipts and expenditures;
    - c. Maintain the resident's personal funds account separate from any account of the assisted living facility; and
    - d. Provide a copy of the record of the resident's personal funds account to the resident or the resident's representative at least once every three months;
  3. Notify the resident's representative, family member, public fiduciary, or trust officer if the manager determines that a resident is incapable of handling financial affairs; and
4. Except when a resident's need for assisted living services changes, as documented in the resident's service plan, ensure that a resident receives at least 30 calendar days written notice before any increase in a fee or charge.
- H.** A manager shall permit the Department to interview an employee, a volunteer, a resident, or a resident's representative as part of a compliance survey or a complaint investigation.
- I.** If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was accepted or while the resident is not on the premises and not receiving services from an assisted living facility's manager, caregiver, or assistant caregiver, the manager shall report the alleged or suspected abuse, neglect, or exploitation of the resident according to A.R.S. § 46-454.
- J.** If a manager has a reasonable basis, according to A.R.S. § 46-454, to believe abuse, neglect or exploitation has occurred on the premises or while a resident is receiving services from an assisted living facility's manager, caregiver, or assistant caregiver, the manager shall:
1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
  2. Report the suspected abuse, neglect, or exploitation of the resident according to A.R.S. § 46-454;
  3. Document:
    - a. The suspected abuse, neglect, or exploitation;
    - b. Any action taken according to subsection (J)(1); and
    - c. The report in subsection (J)(2);
  4. Maintain the documentation in subsection (J)(3) for at least 12 months after the date of the report in subsection (J)(2);
  5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (J)(2):
    - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
    - b. A description of any injury to the resident related to the suspected abuse or neglect and any change to the resident's physical, cognitive, functional, or emotional condition;
    - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
    - d. The actions taken by the manager to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
  6. Maintain a copy of the documented information required in subsection (J)(5) for at least 12 months after the date the investigation was initiated.
- K.** A manager shall provide written notification to the Department of a resident's:
1. Death, if the resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death;
  2. Self-injury, within two working days after the resident inflicts a self-injury that requires immediate intervention by an emergency services provider; and
  3. Elopement, within 24 hours of the elopement being discovered.
- L.** If a resident is receiving services from a home health agency or hospice service agency, a manager shall ensure that:
1. The resident's medical record contains:

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- a. The name, address, and contact individual, including contact information, of the home health agency or hospice service agency;
  - b. Any information provided by the home health agency or hospice service agency; and
  - c. A copy of resident follow-up instructions provided to the resident by the home health agency or hospice service agency; and
2. Any care instructions for a resident provided to the assisted living facility by the home health agency or hospice service agency are:
    - a. Within the assisted living facility's scope of services,
    - b. Communicated to a caregiver, and
    - c. Documented in the resident's service plan.

**M.** A manager of an assisted living home may establish, in policies and procedures, requirements that a caregiver obtains and provides documentation of cardiopulmonary resuscitation training specific to adults, which includes a demonstration of the caregiver's ability to perform cardiopulmonary resuscitation, from one of the following organizations:

1. American Red Cross,
2. American Heart Association, or
3. National Safety Council.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Former Section R9-10-803 renumbered to R9-10-804; new Section R9-10-803 made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

**R9-10-804. Quality Management**

A manager shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to residents;
  - c. A method to evaluate the data collected to identify a concern about the delivery of services related to resident care;

- d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care; and
  - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
    - a. An identification of each concern about the delivery of services related to resident care, and
    - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to resident care; and
  3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Section repealed; new Section R9-10-804 renumbered from R9-10-803 and amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-805. Contracted Services**

A manager shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted as an emergency and (A)(1)(a)(i)(1) amended effective January 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R.

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1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-806. Personnel****A.** A manager shall ensure that:

1. A caregiver:
  - a. Is 18 years of age or older; and
  - b. Provides documentation of:
    - i. Completion of a caregiver training program approved by the Department or the Board of Examiners for Nursing Care Institution Administrators and Assisted Living Facility Managers;
    - ii. For supervisory care services, employment as a manager or caregiver of a supervisory care home before November 1, 1998;
    - iii. For supervisory care services or personal care services, employment as a manager or caregiver of a supportive residential living center before November 1, 1998; or
    - iv. For supervisory care services, personal care services, or directed services, one of the following:
      - (1) A nursing care institution administrator's license issued by the Board of Examiners;
      - (2) A nurse's license issued to the individual under A.R.S. Title 32, Chapter 15;
      - (3) Documentation of employment as a manager or caregiver of an unclassified residential care institution before November 1, 1998; or
      - (4) Documentation of sponsorship of or employment as a caregiver in an adult foster care home before November 1, 1998;
2. An assistant caregiver:
  - a. Is 16 years of age or older, and
  - b. Interacts with residents under the supervision of a manager or caregiver;
3. The qualifications, skills, and knowledge required for a caregiver or assistant caregiver:
  - a. Are based on:
    - i. The type of assisted living services, behavioral health services, or behavioral care expected to be provided by the caregiver or assistant caregiver according to the established job description; and
    - ii. The acuity of the residents receiving assisted living services, behavioral health services, or behavioral care from the caregiver or assistant caregiver according to the established job description; and
  - b. Include:
    - i. The specific skills and knowledge necessary for the caregiver or assistant caregiver to provide the expected assisted living services, behavioral health services, or behavioral care listed in the established job description;
    - ii. The type and duration of education that may allow the caregiver or assistant caregiver to have acquired the specific skills and knowledge for the caregiver or assistant caregiver to provide the expected assisted living services, behavioral health services, or behavioral care listed in the established job description; and

iii. The type and duration of experience that may allow the caregiver or assistant caregiver to have acquired the specific skills and knowledge for the caregiver or assistant caregiver to provide the expected assisted living services, behavioral health services or behavioral care listed in the established job description;

4. A caregiver's or assistant caregiver's skills and knowledge are verified and documented:
  - a. Before the caregiver or assistant caregiver provides physical health services or behavioral health services, and
  - b. According to policies and procedures;
5. An assisted living facility has a manager, caregivers, and assistant caregivers with the qualifications, experience, skills, and knowledge necessary to:
  - a. Provide the assisted living services, behavioral health services, behavioral care, and ancillary services in the assisted living facility's scope of services;
  - b. Meet the needs of a resident; and
  - c. Ensure the health and safety of a resident;
6. At least one manager or caregiver is present and awake at an assisted living center when a resident is on the premises;
7. Documentation is maintained for at least 12 months after the last date on the documentation of the caregivers and assistant caregivers working each day, including the hours worked by each;
8. A manager, a caregiver, and an assistant caregiver, or an employee or a volunteer who has or is expected to have more than eight hours per week of direct interaction with residents, provides evidence of freedom from infectious tuberculosis:
  - a. On or before the date the individual begins providing services at or on behalf of the assisted living facility, and
  - b. As specified in R9-10-113;
9. Before providing assisted living services to a resident, a caregiver or an assistant caregiver receives orientation that is specific to the duties to be performed by the caregiver or assistant caregiver; and
10. Before providing assisted living services to a resident, a manager or caregiver provides current documentation of first aid training and cardiopulmonary resuscitation training certification specific to adults.

**B.** A manager of an assisted living home shall ensure that:

1. An individual residing in an assisted living home, who is not a resident, a manager, a caregiver, or an assistant caregiver:
  - a. Either:
    - i. Complies with the fingerprinting requirements in A.R.S. § 36-411, or
    - ii. Interacts with residents only under the supervision of an individual who has a valid fingerprint clearance card; and
  - b. If the individual is 12 years of age or older, provides evidence of freedom from infectious tuberculosis as specified in R9-10-113;
2. Documentation of compliance with the requirements in subsection (B)(1)(a) and evidence of freedom from infectious tuberculosis, if required under subsection (B)(1)(b), is maintained for an individual residing in the assisted liv-

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ing home who is not a resident, a manager, a caregiver, or an assistant caregiver;

3. As part of the policies and procedures required in R9-10-803(C)(1)(h), a plan is established, documented, and implemented to ensure that the manager or a caregiver is available as back-up to provide assisted living services to a resident if the manager or a caregiver assigned to work is not available or not able to provide the required assisted living services; and
  4. At least the manager or a caregiver is present at an assisted living home when a resident is present in the assisted living home and:
    - a. Except for nighttime hours, the manager or caregiver is awake; and
    - b. If the manager or caregiver is not awake during nighttime hours:
      - i. The manager or caregiver can hear and respond to a resident needing assistance; and
      - ii. If the assisted living home is authorized to provide directed care services, policies and procedures are developed, documented, and implemented to establish a process for checking on a resident receiving directed care services during nighttime hours to ensure the resident's health and safety.
- C. A manager shall ensure that a personnel record for each employee or volunteer:
1. Includes:
    - a. The individual's name, date of birth, and contact telephone number;
    - b. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
    - c. Documentation of:
      - i. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
      - ii. The individual's education and experience applicable to the individual's job duties;
      - iii. The individual's completed orientation and in-service education required by policies and procedures;
      - iv. The individual's license or certification, if the individual is required to be licensed or certified in this Article or in policies and procedures;
      - v. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
      - vi. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (A)(8);
      - vii. Cardiopulmonary resuscitation training, if required for the individual in this Article or policies and procedures;
      - viii. First aid training, if required for the individual in this Article or policies and procedures;
      - ix. Compliance with the requirements in A.R.S. § 36-411(A) and (C); and
      - x. The certificate of completion, according to R9-10-126;
  2. Is maintained:
    - a. Throughout the individual's period of providing services in or for the assisted living facility, and

- b. For at least 24 months after the last date the individual provided services in or for the assisted living facility; and

3. For a manager, a caregiver, or an assistant caregiver who has not provided physical health services or behavioral health services at or for the assisted living facility during the previous 12 months, is provided to the Department within 72 hours after the Department's request.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

**R9-10-807. Residency and Residency Agreements**

- A. Except as provided in R9-10-808(B)(2), a manager shall ensure that a resident provides evidence of freedom from infectious tuberculosis:
  1. Before or within seven calendar days after the resident's date of occupancy, and
  2. As specified in R9-10-113.
- B. A manager shall ensure that before or at the time of acceptance of an individual, the individual submits documentation that is dated within 90 calendar days before the individual is accepted by an assisted living facility and:
  1. If an individual is requesting or is expected to receive supervisory care services, personal care services, or directed care services:
    - a. Includes whether the individual requires:
      - i. Continuous medical services,
      - ii. Continuous or intermittent nursing services, or
      - iii. Restraints; and
    - b. Is dated and signed by a:
      - i. Physician,
      - ii. Registered nurse practitioner,
      - iii. Registered nurse, or
      - iv. Physician assistant; and
  2. If an individual is requesting or is expected to receive behavioral health services, other than behavioral care, in addition to supervisory care services, personal care services, or directed care services from an assisted living facility:
    - a. Includes whether the individual requires continuous behavioral health services, and

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- b. Is signed and dated by a behavioral health professional.
- C. A manager shall not accept or retain an individual if:
- The individual requires continuous:
    - Medical services;
    - Nursing services, unless the assisted living facility complies with A.R.S. § 36-401(C); or
    - Behavioral health services;
  - The primary condition for which the individual needs assisted living services is a behavioral health issue;
  - The services needed by the individual are not within the assisted living facility's scope of services and a home health agency or hospice service agency is not involved in the care of the individual;
  - The assisted living facility does not have the ability to provide the assisted living services needed by the individual; or
  - The individual requires restraints, including the use of bedrails.
- D. Before or at the time of an individual's acceptance by an assisted living facility, a manager shall ensure that there is a documented residency agreement with the assisted living facility that includes:
- The individual's name;
  - Terms of occupancy, including:
    - Date of occupancy or expected date of occupancy,
    - Resident responsibilities, and
    - Responsibilities of the assisted living facility;
  - A list of the services to be provided by the assisted living facility to the resident;
  - A list of the services available from the assisted living facility at an additional fee or charge;
  - For an assisted living home, whether the manager or a caregiver is awake during nighttime hours;
  - The policy for refunding fees, charges, or deposits;
  - The policy and procedure for a resident to terminate residency, including terminating residency because services were not provided to the resident according to the resident's service plan;
  - The policy and procedure for an assisted living facility to terminate residency;
  - The complaint process; and
  - The manager's signature and date signed.
- E. Before or within five working days after a resident's acceptance by an assisted living facility, a manager shall obtain on the documented agreement, required in subsection (D), the signature of one of the following individuals:
- The resident,
  - The resident's representative,
  - The resident's legal guardian, or
  - Another individual who has been designated by the individual under A.R.S. § 36-3221 to make health care decisions on the individual's behalf.
- F. A manager shall:
- Before or at the time of an individual's acceptance by an assisted living facility, provide to the resident or resident's representative a copy of:
    - The residency agreement in subsection (D),
    - Resident's rights, and
    - The policy and procedure on health care directives; and
  - Maintain the original of the residency agreement in subsection (D) in the resident's medical record.
- G. A manager may terminate residency of a resident as follows:
- Without notice, if the resident exhibits behavior that is an immediate threat to the health and safety of the resident or other individuals in an assisted living facility;
  - With a 14-calendar-day written notice of termination of residency:
    - For nonpayment of fees, charges, or deposit; or
    - Under any of the conditions in subsection (C); or
  - With a 30-calendar-day written notice of termination of residency, for any other reason.
- H. A manager shall ensure that the written notice of termination of residency in subsection (G) includes:
- The date of notice;
  - The reason for termination;
  - The policy for refunding fees, charges, or deposits;
  - The deposition of a resident's fees, charges, and deposits; and
  - Contact information for the State Long-Term Care Ombudsman.
- I. A manager shall provide the following to a resident when the manager provides the written notice of termination of residency in subsection (G):
- A copy of the resident's current service plan, and
  - Documentation of the resident's freedom from infectious tuberculosis.
- J. If an assisted living facility issues a written notice of termination of residency as provided in subsection (G) to a resident or the resident's representative because the resident needs services the assisted living facility is either not licensed to provide or is licensed to provide but not able to provide, a manager shall ensure that the written notice of termination of residency includes a description of the specific services that the resident needs that the assisted living facility is either not licensed to provide or is licensed to provide but not able to provide.

**Historical Note**

Adopted as an emergency effective October 26, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-808. Service Plans**

- A. Except as required in subsection (B), a manager shall ensure that a resident has a service plan that is established, documented, and implemented that:
- Is completed no later than 14 calendar days after the resident's date of acceptance;
  - Is developed with assistance and review from:
    - The resident or resident's representative,

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- b. The manager, and
  - c. Any individual requested by the resident or the resident's representative;
- 3. Includes the following:
  - a. A description of the resident's medical or health problems, including physical, behavioral, cognitive, or functional conditions or impairments;
  - b. The level of service the resident is expected to receive;
  - c. The amount, type, and frequency of assisted living services and ancillary services being provided to the resident, including medication administration or assistance in the self-administration of medication;
  - d. For a resident who requires intermittent nursing services or medication administration, review by a nurse or medical practitioner;
  - e. For a resident who requires behavioral care:
    - i. Any of the following that is necessary to provide assistance with the resident's psychosocial interactions to manage the resident's behavior:
      - (1) The psychosocial interactions or behaviors for which the resident requires assistance,
      - (2) Psychotropic medications ordered for the resident,
      - (3) Planned strategies and actions for changing the resident's psychosocial interactions or behaviors, and
      - (4) Goals for changes in the resident's psychosocial interactions or behaviors; and
    - ii. Review by a medical practitioner or behavioral health professional; and
  - f. For a resident who will be storing medication in the resident's bedroom or residential unit, how the medication will be stored and controlled;
- 4. Is reviewed and updated based on changes in the requirements in subsections (A)(3)(a) through (f):
  - a. No later than 14 calendar days after a significant change in the resident's physical, cognitive, or functional condition; and
  - b. As follows:
    - i. At least once every 12 months for a resident receiving supervisory care services,
    - ii. At least once every six months for a resident receiving personal care services, and
    - iii. At least once every three months for a resident receiving directed care services; and
- 5. When initially developed and when updated, is signed and dated by:
  - a. The resident or resident's representative;
  - b. The manager;
  - c. If a review is required in subsection (A)(3)(d), the nurse or medical practitioner who reviewed the service plan; and
  - d. If a review is required in subsection (A)(3)(e)(ii), the medical practitioner or behavioral health professional who reviewed the service plan.
- B.** For a resident receiving respite care services, a manager shall ensure that:
  - 1. A written service plan is:
    - a. Based on a determination of the resident's current needs and:
      - i. Is completed no later than three working days after the resident's date of acceptance; or
      - ii. If the resident has a service plan in the resident's medical record that was developed within the previous 12 months, is reviewed and updated based on changes in the requirements in subsections (A)(3)(a) through (f) within three working days after the resident's date of acceptance; and
    - b. If a significant change in the resident's physical, cognitive, or functional condition occurs while the resident is receiving respite care services, updated based on changes in the requirements in subsections (A)(3)(a) through (f) within three working days after the significant change occurs; and
  - 2. If the resident is not expected to be present in the assisted living facility for more than seven calendar days, the resident is not required to comply with the requirements in R9-10-807(A).
- C.** A manager shall ensure that:
  - 1. A caregiver or an assistant caregiver:
    - a. Provides a resident with the assisted living services in the resident's service plan;
    - b. Is only assigned to provide the assisted living services the caregiver or assistant caregiver has the documented skills and knowledge to perform;
    - c. Provides assistance with activities of daily living according to the resident's service plan;
    - d. If applicable, suggests techniques a resident may use to maintain or improve the resident's independence in performing activities of daily living;
    - e. Provides assistance with, supervises, or directs a resident's personal hygiene according to the resident's service plan;
    - f. Encourages a resident to participate in activities planned according to subsection (E); and
    - g. Documents the services provided in the resident's medical record; and
  - 2. A volunteer or an assistant caregiver who is 16 or 17 years of age does not provide:
    - a. Assistance to a resident for:
      - i. Bathing,
      - ii. Toileting, or
      - iii. Moving the resident's body from one surface to another surface;
    - b. Assistance in the self-administration of medication;
    - c. Medication administration; or
    - d. Nursing services.
- D.** A manager of an assisted living facility that is authorized to provide adult day health services shall ensure that the adult day health care services are provided as specified in R9-10-1113.
- E.** A manager shall ensure that:
  - 1. Daily social, recreational, or rehabilitative activities are planned according to residents' preferences, needs, and abilities;
  - 2. A calendar of planned activities is:
    - a. Prepared at least one week in advance of the date the activity is provided,
    - b. Posted in a location that is easily seen by residents,
    - c. Updated as necessary to reflect substitutions in the activities provided, and
    - d. Maintained for at least 12 months after the last scheduled activity;

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3. Equipment and supplies are available and accessible to accommodate a resident who chooses to participate in a planned activity; and
  4. Multiple media sources, such as daily newspapers, current magazines, internet sources, and a variety of reading materials, are available and accessible to a resident to maintain the resident's continued awareness of current news, social events, and other noteworthy information.
- F.** If a resident is not receiving assistance with the resident's psychosocial interactions under the direction of a behavioral health professional or any other behavioral health services at an assisted living facility, the resident is not considered to be receiving behavioral care or behavioral health services from the assisted living facility if the resident:
1. Is prescribed a psychotropic medication, or
  2. Is receiving directed care services and has a primary diagnosis of:
    - a. Dementia,
    - b. Alzheimer's disease-related dementia, or
    - c. Traumatic brain injury.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

**R9-10-809. Transport; Transfer**

- A.** Except as provided in subsection (B), a manager shall ensure that:
1. A caregiver or employee coordinates the transport and the services provided to the resident;
  2. According to policies and procedures:
    - a. An evaluation of the resident is conducted before and after the transport, and
    - b. Information from the resident's medical record is provided to a receiving health care institution; and
  3. Documentation includes:
    - a. If applicable, any communication with an individual at a receiving health care institution;
    - b. The date and time of the transport; and
    - c. If applicable, the name of the caregiver accompanying the resident during a transport.
- B.** Subsection (A) does not apply to:
1. Transportation to a location other than a licensed health care institution,

2. Transportation provided for a resident by the resident or the resident's representative,
  3. Transportation provided by an outside entity that was arranged for a resident by the resident or the resident's representative, or
  4. A transport to another licensed health care institution in an emergency.
- C.** Except for a transfer of a resident due to an emergency, a manager shall ensure that:
1. A caregiver coordinates the transfer and the services provided to the resident;
  2. According to policies and procedures:
    - a. An evaluation of the resident is conducted before the transfer;
    - b. Information from the resident's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
    - c. A caregiver explains risks and benefits of the transfer to the resident or the resident's representative; and
  3. Documentation in the resident's medical record includes:
    - a. Communication with an individual at a receiving health care institution;
    - b. The date and time of the transfer;
    - c. The mode of transportation; and
    - d. If applicable, the name of the caregiver accompanying the resident during a transfer.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Former Section R9-10-809 renumbered to R9-10-812; new Section R9-10-809 made by final rulemaking at 9 A.A.R. 319, effective March 31, 2003 (Supp. 03-1). R9-10-809(E) reflects a corrected reference to Article 14 from Article 4 (05-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-810. Resident Rights**

- A.** A manager shall ensure that, at the time of acceptance, a resident or the resident's representative receives a written copy of the requirements in subsection (B) and the resident rights in subsection (C).
- B.** A manager shall ensure that:
1. A resident is treated with dignity, respect, and consideration;
  2. A resident is not subjected to:
    - a. Abuse;
    - b. Neglect;
    - c. Exploitation;
    - d. Coercion;



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- e. Manipulation;
  - f. Sexual abuse;
  - g. Sexual assault;
  - h. Seclusion;
  - i. Restraint;
  - j. Retaliation for submitting a complaint to the Department or another entity; or
  - k. Misappropriation of personal and private property by the assisted living facility's manager, caregivers, assistant caregivers, employees, or volunteers; and
3. A resident or the resident's representative:
- a. Is informed of the following:
    - i. The policy on health care directives, and
    - ii. The resident complaint process;
  - b. Consents to photographs of the resident before the resident is photographed, except that a resident may be photographed when accepted as a resident by an assisted living facility for identification and administrative purposes;
  - c. Except as otherwise permitted by law, provides written consent before the release of information in the resident's:
    - i. Medical record, or
    - ii. Financial records;
  - d. May:
    - i. Request or consent to relocation within the assisted living facility; and
    - ii. Except when relocation is necessary based on a change in the resident's condition as documented in the resident's service plan, refuse relocation within the assisted living facility;
  - e. Has access to the resident's records during normal business hours or at a time agreed upon by the resident or resident's representative and the manager; and
  - f. Is informed of:
    - i. The rates and charges for services before the services are initiated;
    - ii. A change in rates or charges at least 30 calendar days before the change is implemented, unless the change in rates or charges results from a change in services; and
    - iii. A change in services at least 30 calendar days before the change is implemented, unless the resident's service plan changes.
- C. A resident has the following rights:
- 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
  - 2. To receive assisted living services that support and respect the resident's individuality, choices, strengths, and abilities;
  - 3. To receive privacy in:
    - a. Care for personal needs;
    - b. Correspondence, communications, and visitation; and
    - c. Financial and personal affairs;
  - 4. To maintain, use, and display personal items unless the personal items constitute a hazard;
  - 5. To choose to participate or refuse to participate in social, recreational, rehabilitative, religious, political, or community activities;
  - 6. To review, upon written request, the resident's own medical record;

- 7. To receive a referral to another health care institution if the assisted living facility is not authorized or not able to provide physical health services or behavioral health services needed by the patient;
- 8. To choose to access services from a health care provider, health care institution, or pharmacy other than the assisted living facility where the resident is residing and receiving services or a health care provider, health care institution, or pharmacy recommended by the assisted living facility;
- 9. To participate or have the resident's representative participate in the development of, or decisions concerning, the resident's service plan; and
- 10. To receive assistance from a family member, the resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Former Section R9-10-810 renumbered to R9-10-813; new Section R9-10-810 made by final rulemaking at 9 A.A.R. 319, effective March 31, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-811. Medical Records**

- A. A manager shall ensure that:
- 1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
  - 2. An entry in a resident's medical record is:
    - a. Only recorded by an individual authorized by policies and procedures to make the entry;
    - b. Dated, legible, and authenticated; and
    - c. Not changed to make the initial entry illegible;
  - 3. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
  - 4. A resident's medical record is available to an individual:
    - a. Authorized according to policies and procedures to access the resident's medical record;
    - b. If the individual is not authorized according to policies and procedures, with the written consent of the resident or the resident's representative; or
    - c. As permitted by law; and
  - 5. A resident's medical record is protected from loss, damage, or unauthorized use.

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- B.** If an assisted living facility maintains residents' medical records electronically, a manager shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
  2. The date and time of an entry in a resident's medical record is recorded by the computer's internal clock.
- C.** A manager shall ensure that a resident's medical record contains:
1. Resident information that includes:
    - a. The resident's name, and
    - b. The resident's date of birth;
  2. The names, addresses, and telephone numbers of:
    - a. The resident's primary care provider;
    - b. Other persons, such as a home health agency or hospice service agency, involved in the care of the resident; and
    - c. An individual to be contacted in the event of an emergency, significant change in the resident's condition, or termination of residency;
  3. If applicable, the name and contact information of the resident's representative and:
    - a. The document signed by the resident consenting for the resident's representative to act on the resident's behalf; or
    - b. If the resident's representative:
      - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
      - ii. Is a legal guardian, a copy of the court order establishing guardianship;
  4. The date of acceptance and, if applicable, the date of termination of residency;
  5. Documentation of the resident's needs required in R9-10-807(B);
  6. Documentation of general consent and informed consent, if applicable;
  7. Except as allowed in R9-10-808(B)(2), documentation of freedom from infectious tuberculosis as required in R9-10-807(A);
  8. A copy of the resident's health care directive, if applicable;
  9. The resident's signed residency agreement and any amendments;
  10. Resident's service plan and updates;
  11. Documentation of assisted living services provided to the resident;
  12. A medication order from a medical practitioner for each medication that is administered to the resident or for which the resident receives assistance in the self-administration of the medication;
  13. Documentation of medication administered to the resident or for which the resident received assistance in the self-administration of medication that includes:
    - a. The date and time of administration or assistance;
    - b. The name, strength, dosage, and route of administration;
    - c. The name and signature of the individual administering or providing assistance in the self-administration of medication; and
    - d. An unexpected reaction the resident has to the medication;
  14. Documentation of the resident's refusal of a medication, if applicable;
  15. If applicable, documentation of any actions taken to control the resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;
  16. If applicable, documentation of a determination by a medical practitioner that evacuation from the assisted living facility during an evacuation drill would cause harm to the resident;
  17. Documentation of notification of the resident of the availability of vaccination for influenza and pneumonia, according to A.R.S. § 36-406(1)(d);
  18. Documentation of the resident's orientation to exits from the assisted living facility required in R9-10-819(B);
  19. If a resident is receiving behavioral health services other than behavioral care, documentation of the determination in R9-10-813(3);
  20. If a resident is receiving behavioral care, documentation of the determination in R9-10-812(3);
  21. If applicable, for a resident who is unable to direct self-care, the information required in R9-10-815(F);
  22. Documentation of any significant change in a resident's behavior, physical, cognitive, or functional condition and the action taken by a manager or caregiver to address the resident's changing needs;
  23. Documentation of the notification required in R9-10-803(G) if the resident is incapable of handling financial affairs; and
  24. If the resident no longer resides and receives assisted living services from the assisted living facility:
    - a. A written notice of termination of residency; or
    - b. If the resident terminated residency, the date the resident terminated residency.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Former Section R9-10-811 renumbered to R9-10-814; new Section R9-10-811 made by final rulemaking at 9 A.A.R. 319, effective March 31, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

**R9-10-812. Behavioral Care**

A manager shall ensure that for a resident who requests or receives behavioral care from the assisted living facility, a behavioral health professional or medical practitioner:

1. Evaluates the resident:
  - a. Within 30 calendar days before acceptance of the resident or before the resident begins receiving behavioral care, and

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- b. At least once every six months throughout the duration of the resident's need for behavioral care;
2. Reviews the assisted living facility's scope of services; and
3. Signs and dates a determination stating that the resident's need for behavioral care can be met by the assisted living facility within the assisted living facility's scope of services and, for retention of a resident, are being met by the assisted living facility.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989 (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989 (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed; new Section R9-10-812 renumbered from R9-10-809 and amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-813. Behavioral Health Services**

If an assisted living facility is authorized to provide behavioral health services other than behavioral care, a manager shall ensure that:

1. Policies and procedures are established, documented, and implemented that cover when general consent and informed consent are required and by whom general consent and informed consent may be given;
2. The behavioral health services:
  - a. Are provided under the direction of a behavioral health professional; and
  - b. Comply with the requirements:
    - i. For behavioral health paraprofessionals and behavioral health technicians, in R9-10-115; and
    - ii. For an assessment, in R9-10-1011(B); and
3. For a resident who requests or receives behavioral health services from the assisted living facility, a behavioral health professional:
  - a. Evaluates the resident within 30 calendar days before acceptance of the resident and at least once every six months throughout the duration of the resident's need for behavioral health services;
  - b. Reviews the assisted living facility's scope of services; and
  - c. Signs and dates a determination stating that the resident's needs can be met by the assisted living facility within the assisted living facility's scope of services and, for retention of a resident, are being met by the assisted living facility.

**Historical Note**

New Section renumbered from R9-10-810 and amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective Octo-

ber 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-814. Personal Care Services**

- A. A manager of an assisted living facility authorized to provide personal care services shall not accept or retain a resident who:
  1. Is unable to direct self-care;
  2. Except as specified in subsection (B), is confined to a bed or chair because of an inability to ambulate even with assistance; or
  3. Except as specified in subsection (C), has a stage 3 or stage 4 pressure sore, as determined by a registered nurse or medical practitioner.
- B. A manager of an assisted living facility authorized to provide personal care services may accept or retain a resident who is confined to a bed or chair because of an inability to ambulate even with assistance if:
  1. The condition is a result of a short-term illness or injury; or
  2. The following requirements are met at the onset of the condition or when the resident is accepted by the assisted living facility:
    - a. The resident or resident's representative requests that the resident be accepted by or remain in the assisted living facility;
    - b. The resident's primary care provider or other medical practitioner:
      - i. Examines the resident at the onset of the condition, or within 30 calendar days before acceptance, and at least once every six months throughout the duration of the resident's condition;
      - ii. Reviews the assisted living facility's scope of services; and
      - iii. Signs and dates a determination stating that the resident's needs can be met by the assisted living facility within the assisted living facility's scope of services and, for retention of a resident, are being met by the assisted living facility; and
    - c. The resident's service plan includes the resident's increased need for personal care services.
- C. A manager of an assisted living facility authorized to provide personal care services may accept or retain a resident who has a stage 3 or stage 4 pressure sore, as determined by a registered nurse or medical practitioner, if the requirements in subsection (B)(2) are met.
- D. A manager of an assisted living facility authorized to provide personal care services may accept or retain a resident who:
  1. Is receiving nursing services from a home health agency or a hospice service agency; or
  2. Requires intermittent nursing services if:
    - a. The resident's condition for which nursing services are required is a result of a short-term illness or injury, and
    - b. The requirements of subsection (B)(2) are met.
- E. A manager shall ensure that a bell, intercom, or other mechanical means to alert employees to a resident's needs or emergencies is available and accessible in a bedroom or residential unit being used by a resident receiving personal care services.
- F. In addition to the requirements in R9-10-808(A)(3), a manager shall ensure that the service plan for a resident receiving personal care services includes:

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1. Skin maintenance to prevent and treat bruises, injuries, pressure sores, and infections;
  2. Offering sufficient fluids to maintain hydration;
  3. Incontinence care that ensures that a resident maintains the highest practicable level of independence when toileting; and
  4. If applicable, the determination in subsection (B)(2)(b)(iii).
- G.** A manager shall ensure that an employee does not provide non-prescription medication to a resident receiving personal care services unless the resident has an order from the resident's primary care provider or another medical practitioner for the non-prescription medication.

**Historical Note**

New Section renumbered from R9-10-811 and amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-815. Directed Care Services**

- A.** A manager shall ensure that a resident's representative is designated for a resident who is unable to direct self-care.
- B.** A manager of an assisted living facility authorized to provide directed care services shall not accept or retain a resident who, except as provided in R9-10-814(B)(2):
1. Is confined to a bed or chair because of an inability to ambulate even with assistance; or
  2. Has a stage 3 or stage 4 pressure sore, as determined by a registered nurse or medical practitioner.
- C.** In addition to the requirements in R9-10-808(A)(3), a manager shall ensure that the service plan for a resident receiving directed care services includes:
1. The requirements in R9-10-814(F)(1) through (3);
  2. If applicable, the determination in R9-10-814(B)(2)(b)(iii);
  3. Cognitive stimulation and activities to maximize functioning;
  4. Strategies to ensure a resident's personal safety;
  5. Encouragement to eat meals and snacks;
  6. Documentation:
    - a. Of the resident's weight, or
    - b. From a medical practitioner stating that weighing the resident is contraindicated;
  7. Coordination of communications with the resident's representative, family members, and, if applicable, other individuals identified in the resident's service plan; and
  8. If the resident is receiving memory care services:
    - a. Identification of specialized environmental features to support memory care services, such as secure areas to prevent wandering and spaces designed for cognitive stimulation and engagement;
    - b. Strategies for providing person-centered care that aligns with the principles of dementia-friendly environments, including familiar surroundings, optimized sensory stimulation, and meaningful activities; and
    - c. Strategies for administering medications as ordered.
- D.** A manager shall ensure that an employee does not provide non-prescription medication to a resident receiving directed

care services unless the resident has an order from a medical practitioner for the non-prescription medication.

- E.** A manager shall ensure that:
1. A bell, intercom, or other mechanical means to alert employees to a resident's needs or emergencies is available in a bedroom being used by a resident receiving directed care services; or
  2. An assisted living facility has implemented another means to alert a caregiver or assistant caregiver to a resident's needs or emergencies.
- F.** A manager of an assisted living facility authorized to provide directed care services shall ensure that:
1. Policies and procedures are established, documented, and implemented that ensure the safety of a resident who may wander;
  2. There is a means of exiting the facility for a resident who does not have a key, special knowledge for egress, or the ability to expend increased physical effort that meets one of the following:
    - a. Provides access to an outside area that:
      - i. Allows the resident to be at least 30 feet away from the facility that is secure, and
      - ii. Monitors or alerts employees of the egress of a resident from the facility;
    - b. Provides access to an outside area:
      - i. From which a resident may exit to a location at least 30 feet away from the facility that is secure, and
      - ii. Monitors or alerts employees of the egress of a resident from the facility; or
    - c. Uses a mechanism that meets the Special Egress-Control Devices provisions in the International Building Code incorporated by reference in R9-10-104.01; and
  3. A caregiver or an assistant caregiver complies with the requirements for incidents in R9-10-804 when a resident who is unable to direct self-care wanders into an area not designated by the governing authority for use by the resident.

**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

**R9-10-816. Memory Care Services**

- A.** If an assisted living facility is authorized to provide directed care services, a manager shall ensure that:
1. Policies and procedures for memory care services are established, documented, and implemented to cover the following:
    - a. Skills and knowledge necessary for the personnel member to provide the expected memory care services;
    - b. Interventions used for behavior management;

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- c. Systems to accommodate visitors, staff, and residents who do not need controlled egress;
  - d. The requirements in R9-10-815(C)(8) regarding the prevention of unsafe wandering or exit seeking, which may include the use of tracking systems;
  - e. Promotion of nutrition and hydration care;
  - f. Evacuation and emergency procedures specific to residents receiving memory care services, that include the requirements in R9-10-819(A)(5);
  - g. Prevention techniques of elopement and responding to elopement incidents promptly and effectively;
  - h. Monitoring residents receiving memory care services in outdoor areas on the premises;
  - i. Specialized environmental features to support memory care that include:
    - i. Secure areas to prevent wandering and spaces designed for cognitive stimulation and engagement; and
    - ii. Strategies for providing person-centered care that aligns with the principles of dementia-friendly environments, including familiar surroundings, optimized sensory stimulation, and meaningful activities; and
  - j. Specialized accommodations and progressive support for activities of daily living tailored to persons living with dementia following evidence-based best practices;
2. Activities that match the resident's cognitive ability, memory, attention span, language, reasoning ability, and physical function;
  3. For a resident who requests or receives memory care services from the assisted living facility, a medical practitioner:
    - a. Evaluates the resident within 30 calendar days before acceptance of the resident and at least once every six months throughout the duration of the resident's need for memory care services;
    - b. Reviews the assisted living facility's scope of services; and
    - c. Signs and dates a determination stating that the resident's needs can be met by the assisted living facility within the assisted living facility's scope of services and, for retention of a resident, are being met by the assisted living facility;
  4. There is staffing to ensure adequate supervision and care for residents receiving memory care services;
  5. In an assisted living facility where residents are housed in two or more detached buildings, or if a building has distinct and segregated areas, a designated caregiver must be awake and available in each building and each segregated area at all times; and
  6. If applicable, staffing is increased to compensate for the evaluated care and service needs of residents at move-in or for the changing physical or cognitive needs of the residents.
- B.** A manager shall ensure that staff obtain a certificate of completion, as specified in R9-10-126, including the minimum eight hours of initial memory care services training within the first 30 days of hire or provide a copy of a certificate of completion, as specified in R9-10-126, obtained within the preceding 12 months from the date of hire. If a staff member or contractor has not worked at an assisted living facility that is licensed to provide directed care services for a period of 12 months, the staff member or contractor must complete the minimum eight hours of initial memory care services training within 30 days after the date of hire, rehire, or returning to work.
- C.** In addition to the minimum eight hours of initial memory care services training, a manager shall complete a minimum of four hours of memory care services training specific to assisted living facility managers.
  - D.** Each resident receiving memory care services must have a service plan that meets the requirements specified in R9-10-815(C).
  - E.** Service planning for residents receiving memory care services shall be person-centered involving comprehensive assessments that consider the resident's medical history, preference, and social context, and should actively include input from the resident and the resident's representative. Service planning for residents receiving memory care services shall be individualized, regularly reviewed according to R9-10-808, and adjusted to meet the changing needs of residents as their condition progresses.
  - F.** The assisted living facility shall only admit or retain residents whose cognitive and physical care needs can be safely managed within the area or areas in an assisted living facility where memory care services are provided.
  - G.** An assisted living facility authorized to provide directed care services and is providing memory care services shall incorporate evidence-based specialized environmental features that:
    1. Use clear, easy-to-understand signage and visual cues to help residents navigate their surroundings;
    2. Reduce environmental factors that may cause confusion or distress, such as loud noises or overly bright lighting;
    3. Prevent residents from accessing materials, furnishings, equipment, activities, or treatments that may pose a health or safety risk;
    4. Support resident movement and engagement;
    5. Promote independence and overall well-being;
    6. Ensure easy access and intuitive wayfinding; and
    7. Facilitate engagement and encourage participation in meaningful daily tasks and activities.

**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section repealed; new Section made by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

**R9-10-817. Medication Services**

- A.** A manager shall ensure that:
1. Policies and procedures for medication services include:
    - a. Procedures for preventing, responding to, and reporting a medication error;
    - b. Procedures for responding to and reporting an unexpected reaction to a medication;
    - c. Procedures to ensure that a resident's medication regimen and method of administration is reviewed by a medical practitioner to ensure the medication regimen meets the resident's needs;
    - d. Procedures for:

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- i. Documenting, as applicable, medication administration and assistance in the self-administration of medication; and
  - ii. Monitoring a resident who self-administers medication;
- e. Procedures for assisting a resident in procuring medication;
- f. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
- g. Procedures for administering medication to residents receiving memory care services; and
- 2. If a verbal order for a resident's medication is received from a medical practitioner by the assisted living facility:
  - a. The manager or a caregiver takes the verbal order from the medical practitioner,
  - b. The verbal order is documented in the resident's medical record, and
  - c. A written order verifying the verbal order is obtained from the medical practitioner within 14 calendar days after receiving the verbal order.
- B.** If an assisted living facility provides medication administration, a manager shall ensure that:
  - 1. Medication is stored by the assisted living facility;
  - 2. Policies and procedures for medication administration:
    - a. Are reviewed and approved by a medical practitioner, registered nurse, or pharmacist;
    - b. Include a process for documenting an individual authorized, according to the definition of "administer" in A.R.S. § 32-1901, by a medical practitioner to administer medication under the direction of the medical practitioner;
    - c. Ensure that medication is administered to a resident only as prescribed; and
    - d. Cover the documentation of a resident's refusal to take prescribed medication in the resident's medical record; and
  - 3. A medication administered to a resident:
    - a. Is administered by an individual under the direction of a medical practitioner,
    - b. Is administered in compliance with a medication order, and
    - c. Is documented in the resident's medical record.
- C.** If an assisted living facility provides assistance in the self-administration of medication, a manager shall ensure that:
  - 1. A resident's medication is stored by the assisted living facility;
  - 2. The following assistance is provided to a resident:
    - a. A reminder when it is time to take the medication;
    - b. Opening the medication container or medication organizer for the resident;
    - c. Observing the resident while the resident removes the medication from the container or medication organizer;
    - d. Except when a resident uses a medication organizer, verifying that the medication is taken as ordered by the resident's medical practitioner by confirming that:
      - i. The resident taking the medication is the individual stated on the medication container label,
      - ii. The resident is taking the dosage of the medication stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label, and
  - iii. The resident is taking the medication at the time stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label;
  - e. For a resident using a medication organizer, verifying that the resident is taking the medication in the medication organizer according to the schedule specified on the medical practitioner's order; or
  - f. Observing the resident while the resident takes the medication;
  - 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or nurse; and
  - 4. Assistance in the self-administration of medication provided to a resident:
    - a. Is in compliance with an order, and
    - b. Is documented in the resident's medical record.
- D.** A manager shall ensure that:
  - 1. A current drug reference guide is available for use by personnel members, and
  - 2. A current toxicology reference guide is available for use by personnel members.
- E.** A manager shall ensure that a resident's medication organizer is only filled by:
  - 1. The resident;
  - 2. The resident's representative;
  - 3. A family member of the resident;
  - 4. A personnel member of a home health agency or hospice service agency; or
  - 5. The manager or a caregiver who has been designated and is under the direction of a medical practitioner, according to subsection (B)(2)(b).
- F.** When medication is stored by an assisted living facility, a manager shall ensure that:
  - 1. Medication is stored in a separate locked room, closet, cabinet, or self-contained unit used only for medication storage;
  - 2. Medication is stored according to the instructions on the medication container; and
  - 3. Policies and procedures are established, documented, and implemented for:
    - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
    - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
    - c. A medication recall and notification of residents who received recalled medication; and
    - d. Storing, inventorying, and dispensing controlled substances.
- G.** A manager shall ensure that a caregiver immediately reports a medication error or a resident's unexpected reaction to a medication to the medical practitioner who ordered the medication or, if the medical practitioner who ordered the medication is not available, another medical practitioner.
- H.** If medication is stored by a resident in the resident's bedroom or residential unit, a manager shall ensure that:
  - 1. The medication is stored according to the resident's service plan; or

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2. If the medication is not being stored according to the resident's service plan, the resident's service plan is updated to include how the medication is being stored by the resident

**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). R9-10-817 renumbered to R9-10-818; new Section R9-10-817 made by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

**R9-10-818. Food Services****A.** A manager shall ensure that:

1. A food menu:
  - a. Is prepared at least one week in advance,
  - b. Includes the foods to be served each day,
  - c. Is conspicuously posted at least one calendar day before the first meal on the food menu is served,
  - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
  - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
2. Meals and snacks provided by the assisted living facility are served according to posted menus;
3. If the assisted living facility contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the assisted living facility, a copy of the food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the assisted living facility;
4. The assisted living facility is able to store, refrigerate, and reheat food to meet the dietary needs of a resident;
5. Meals and snacks for each day are planned using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2015>;
6. A resident is provided a diet that meets the resident's nutritional needs as specified in the resident's service plan;
7. Water is available and accessible to residents at all times, unless otherwise stated in a medical practitioner's order; and
8. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the provision of adaptive eating equipment or utensils, such as a plate guard, rocking fork, or assistive hand device, if not provided by the resident.

**B.** If the assisted living facility offers therapeutic diets, a manager shall ensure that:

1. A current therapeutic diet manual is available for use by employees, and
2. The therapeutic diet is provided to a resident according to a written order from the resident's primary care provider or another medical practitioner.

**C.** A manager shall ensure that food is obtained, prepared, served, and stored as follows:

1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
  2. Food is protected from potential contamination;
  3. Food is prepared:
    - a. Using methods that conserve nutritional value, flavor, and appearance; and
    - b. In a form to meet the needs of a resident, such as cut, chopped, ground, pureed, or thickened;
  4. Potentially hazardous food is maintained as follows:
    - a. Foods requiring refrigeration are maintained at 41° F or below; and
    - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
      - i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
      - ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
      - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
      - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
      - v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
      - vi. Leftovers are reheated to a temperature of at least 165° F;
  5. A refrigerator used by an assisted living facility to store food or medication contains a thermometer, accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
  6. Frozen foods are stored at a temperature of 0° F or below; and
  7. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.
- D.** A manager of an assisted living center shall ensure that:
1. The assisted living center has a license or permit as a food establishment under 9 A.A.C. 8, Article 1; and
  2. A copy of the assisted living center's food establishment license or permit is maintained.

**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). R9-10-818 renumbered to R9-10-819; new Section R9-10-818 renumbered from R9-10-817 by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

**R9-10-819. Emergency and Safety Standards****A.** A manager shall ensure that:

1. A disaster plan is developed, documented, maintained in a location accessible to caregivers and assistant caregivers, and, if necessary, implemented that includes:
  - a. When, how, and where residents will be relocated;

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- b. How a resident's medical record will be available to individuals providing services to the resident during a disaster;
    - c. A plan to ensure each resident's medication will be available to administer to the resident during a disaster; and
    - d. A plan for obtaining food and water for individuals present in the assisted living facility or the assisted living facility's relocation site during a disaster;
  - 2. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months;
  - 3. Documentation of the disaster plan review required in subsection (A)(2) includes:
    - a. The date and time of the disaster plan review;
    - b. The name of each employee or volunteer participating in the disaster plan review;
    - c. A critique of the disaster plan review; and
    - d. If applicable, recommendations for improvement;
  - 4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
  - 5. An evacuation drill for employees and residents:
    - a. Is conducted at least once every six months; and
    - b. Includes all individuals on the premises except for:
      - i. A resident whose medical record contains documentation that evacuation from the assisted living facility would cause harm to the resident, and
      - ii. Sufficient caregivers to ensure the health and safety of residents not evacuated according to subsection (A)(5)(b)(i);
  - 6. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
    - a. The date and time of the evacuation drill;
    - b. The amount of time taken for employees and residents to evacuate the assisted living facility;
    - c. If applicable:
      - i. An identification of residents needing assistance for evacuation, and
      - ii. An identification of residents who were not evacuated;
    - d. Any problems encountered in conducting the evacuation drill; and
    - e. Recommendations for improvement, if applicable; and
  - 7. If the assisted living facility is authorized to provide directed care services, an elopement drill for employees:
    - a. Conduct an elopement drill every six months on each shift and document the date, time, and description of each drill; and
    - b. Immediately investigate any elopement and notify the designated family member or members, legal guardian, or other responsible person within 24 hours.
  - 8. An evacuation path is conspicuously posted in each hallway of each floor of the assisted living facility.
- B.** A manager shall ensure that:
- 1. A resident receives orientation to the exits from the assisted living facility and the route to be used when evacuating the assisted living facility within 24 hours after the resident's acceptance by the assisted living facility, and
  - 2. The resident's orientation is documented.
- C.** A manager shall ensure that a first-aid kit is maintained in the assisted living facility in a location accessible to caregivers and assistant caregivers.
- D.** When a resident has an accident, emergency, or injury that results in the resident needing medical services, a manager shall ensure that a caregiver or an assistant caregiver:
- 1. Immediately notifies the resident's emergency contact and primary care provider; and
  - 2. Documents the following:
    - a. The date and time of the accident, emergency, or injury;
    - b. A description of the accident, emergency, or injury;
    - c. The names of individuals who observed the accident, emergency, or injury;
    - d. The actions taken by the caregiver or assistant caregiver;
    - e. The individuals notified by the caregiver or assistant caregiver; and
    - f. Any action taken to prevent the accident, emergency, or injury from occurring in the future.
- E.** A manager of an assisted living center shall ensure that:
- 1. Unless the assisted living center has documentation of having received an exception from the Department before October 1, 2013, in the areas of the assisted living center providing personal care services or directed care services:
    - a. A fire alarm system is installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-104.01, and is in working order; and
    - b. A sprinkler system is installed according to the National Fire Protection Association 13: Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01, and is in working order;
  - 2. For the areas of the assisted living center providing only supervisory care services:
    - a. A fire alarm system and a sprinkler system meeting the requirements in subsection (E)(1) are installed and in working order, or
    - b. The assisted living center complies with the requirements in subsection (F);
  - 3. A fire inspection is conducted by a local fire department or the State Fire Marshal before licensing and according to the time-frame established by the local fire department or the State Fire Marshal;
  - 4. Any repairs or corrections stated on the fire inspection report are made; and
  - 5. Documentation of a current fire inspection is maintained.
- F.** A manager of an assisted living home shall ensure that:
- 1. A fire extinguisher that is labeled as rated at least 2A-10-BC by the Underwriters Laboratories is mounted and maintained in the assisted living home;
  - 2. A disposable fire extinguisher is replaced when its indicator reaches the red zone;
  - 3. A rechargeable fire extinguisher:
    - a. Is serviced at least once every 12 months, and
    - b. Has a tag attached to the fire extinguisher that specifies the date of the last servicing and the identification of the person who serviced the fire extinguisher;
  - 4. Except as provided in subsection (G):
    - a. A smoke detector is:
      - i. Installed in each bedroom, hallway that adjoins a bedroom, storage room, laundry room,



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- attached garage, and room or hallway adjacent to the kitchen, and other places recommended by the manufacturer;
- ii. Either battery operated or, if hard-wired into the electrical system of the assisted living home, has a back-up battery;
  - iii. In working order; and
  - iv. Tested at least once a month; and
- b. Documentation of the test required in subsection (F)(4)(a)(iv) is maintained for at least 12 months after the date of the test;
5. An appliance, light, or other device with a frayed or spliced electrical cord is not used at the assisted living home; and
  6. An electrical cord, including an extension cord, is not run under a rug or carpeting, over a nail, or from one room to another at the assisted living home.
- G.** A manager of an assisted living home may use a fire alarm system and a sprinkler system to ensure the safety of residents if the fire alarm system and sprinkler system:
1. Are installed and in working order; and
  2. Meet the requirements in subsection (E)(1).
- Historical Note**
- New Section made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1). R9-10-819 renumbered to R9-10-820; new Section R9-10-819 renumbered from R9-10-818 and amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).
- R9-10-820. Environmental Standards**
- A.** A manager shall ensure that:
1. The premises and equipment used at the assisted living facility are:
    - a. Cleaned and, if applicable, disinfected according to policies and procedures designed to prevent, minimize, and control illness or infection; and
    - b. Free from a condition or situation that may cause a resident or other individual to suffer physical injury;
  2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
  3. Garbage and refuse are:
    - a. Stored in covered containers lined with plastic bags, and
    - b. Removed from the premises at least once a week;
  4. Heating and cooling systems maintain the assisted living facility at a temperature between 70° F and 84° F at all times, unless individually controlled by a resident;
  5. Common areas:
    - a. Are lighted to ensure the safety of residents, and
    - b. Have lighting sufficient to allow caregivers and assistant caregivers to monitor resident activity;
  6. Hot water temperatures are maintained between 95° F and 120° F in areas of an assisted living facility used by residents;
  7. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;
  8. A resident has access to a laundry service or a washing machine and dryer in the assisted living facility;
  9. Soiled linen and soiled clothing stored by the assisted living facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;
  10. Oxygen containers are secured in an upright position;
  11. Poisonous or toxic materials stored by the assisted living facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to residents;
  12. Combustible or flammable liquids and hazardous materials stored by the assisted living facility are stored in the original labeled containers or safety containers in a locked area inaccessible to residents;
  13. Equipment used at the assisted living facility is:
    - a. Maintained in working order;
    - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
    - c. Used according to the manufacturer's recommendations;
  14. If pets or animals are allowed in the assisted living facility, pets or animals are:
    - a. Controlled to prevent endangering the residents and to maintain sanitation;
    - b. Licensed consistent with local ordinances; and
    - c. For a dog or cat, vaccinated against rabies;
  15. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
    - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
    - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
    - c. Documentation of testing is retained for at least 12 months after the date of the test; and
  16. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to applicable state laws and rules.
- B.** If a swimming pool is located on the premises, a manager shall ensure that:
1. On a day that a resident uses the swimming pool, an employee:
    - a. Tests the swimming pool's water quality at least once for compliance with one of the following chemical disinfection standards:
      - i. A free chlorine residual between 1.0 and 3.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test;
      - ii. A free bromine residual between 2.0 and 4.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test; or
      - iii. An oxidation-reduction potential equal to or greater than 650 millivolts; and
    - b. Records the results of the water quality tests in a log that includes the date tested and test result;
  2. Documentation of the water quality test is maintained for at least 12 months after the date of the test; and
  3. A swimming pool is not used by a resident if a water quality test shows that the swimming pool water does not comply with subsection (B)(1)(a).

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**Historical Note**

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). R9-10-820 renumbered to R9-10-821; new Section R9-10-820 renumbered from R9-10-819, by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

**R9-10-821. Physical Plant Standards**

- A.** A manager shall ensure that an assisted living center complies with the applicable physical plant health and safety codes and standards, incorporated by reference in R9-10-104.01, that:
  1. Are applicable to the level of services planned to be provided or being provided; and
  2. Were in effect on the date the assisted living facility submitted architectural plans and specifications to the Department for approval, according to R9-10-104.
- B.** A manager shall ensure that:
  1. The premises and equipment are sufficient to accommodate:
    - a. The services stated in the assisted living facility's scope of services; and
    - b. An individual accepted as a resident by the assisted living facility;
  2. A common area for use by residents is provided that has sufficient space and furniture to accommodate the recreational and socialization needs of residents;
  3. A dining area has sufficient space and tables and chairs to accommodate the needs of the residents;
  4. At least one bathroom is accessible from a common area and:
    - a. May be used by residents and visitors;
    - b. Provides privacy when in use; and
    - c. Contains the following:
      - i. At least one working sink with running water,
      - ii. At least one working toilet that flushes and has a seat,
      - iii. Toilet tissue for each toilet,
      - iv. Soap in a dispenser accessible from each sink,
      - v. Paper towels in a dispenser or a mechanical air hand dryer,
      - vi. Lighting, and
      - vii. A window that opens or another means of ventilation;
  5. An outside activity space is provided and available that:
    - a. Is on the premises,
    - b. Has a hard-surfaced section for wheelchairs, and
    - c. Has an available shaded area;
  6. Exterior doors are equipped with ramps or other devices to allow use by a resident using a wheelchair or other assistive device; and
  7. The key to the door of a lockable bathroom, bedroom, or residential unit is available to a manager, caregiver, and assistant caregiver.
- C.** A manager shall ensure that:
  1. For every eight residents there is at least one working toilet that flushes and has a seat and one sink with running water;
  2. For every eight residents there is at least one working bathtub or shower; and
  3. A resident bathroom provides privacy when in use and contains:
    - a. A mirror;
    - b. Toilet tissue for each toilet;
    - c. Soap accessible from each sink;
    - d. Paper towels in a dispenser or a mechanical air hand dryer for a bathroom that is not in a residential unit and used by more than one resident;
    - e. A window that opens or another means of ventilation;
    - f. Grab bars for the toilet and, if applicable, the bathtub or shower and other assistive devices, if required to provide for resident safety; and
    - g. Nonporous surfaces for shower enclosures and slip-resistant surfaces in tubs and showers.
- D.** A manager shall ensure that:
  1. Each resident is provided with a sleeping area in a residential unit or a bedroom;
  2. For an assisted living home, a resident's sleeping area is on the ground floor of the assisted living home unless:
    - a. The resident is able to direct self-care;
    - b. The resident is ambulatory without assistance; and
    - c. There are at least two unobstructed, usable exits to the outside from the sleeping area that the resident is capable of using;
  3. Except as provided in subsection (E), no more than two individuals reside in a residential unit or bedroom;
  4. A resident's sleeping area:
    - a. Is not used as a common area;
    - b. Is not used as a passageway to a common area, another sleeping area, or common bathroom unless the resident's sleeping area:
      - i. Was used as a passageway to a common area, another sleeping area, or common bathroom before October 1, 2013; and
      - ii. Written consent is obtained from the resident or the resident's representative;
    - c. Is constructed and furnished to provide unimpeded access to the door;
    - d. Has floor-to-ceiling walls with at least one door;
    - e. Has access to natural light through a window or a glass door to the outside; and
    - f. Has a window or door that can be used for direct egress to outside the building;
  5. If a resident's sleeping area is in a bedroom, the bedroom has:
    - a. For a private bedroom, at least 80 square feet of floor space, not including a closet or bathroom;
    - b. For a shared bedroom, at least 60 square feet of floor space for each individual occupying the shared bedroom, not including a closet or bathroom; and
    - c. A door that opens into a hallway, common area, or outdoors;
  6. If a resident's sleeping area is in a residential unit, the residential unit has:
    - a. Except as provided in subsection (E)(2), at least 220 square feet of floor space, not including a closet or bathroom, for one individual residing in the residential unit and an additional 100 square feet of floor space, not including a closet or bathroom, for each additional individual residing in the residential unit;
    - b. An individually keyed entry door;

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- c. A bathroom that provides privacy when in use and contains:
  - i. A working toilet that flushes and has a seat;
  - ii. A working sink with running water;
  - iii. A working bathtub or shower;
  - iv. Lighting;
  - v. A mirror;
  - vi. A window that opens or another means of ventilation;
  - vii. Grab bars for the toilet and, if applicable, the bathtub or shower and other assistive devices, if required to provide for resident safety; and
  - viii. Nonporous surfaces for shower enclosures and slip-resistant surfaces in bathtubs and showers;
- d. A resident-controlled thermostat for heating and cooling;
- e. A kitchen area equipped with:
  - i. A working sink and refrigerator,
  - ii. A cooking appliance that can be removed or disconnected,
  - iii. Space for food preparation, and
  - iv. Storage for utensils and supplies; and
- f. If not furnished by a resident:
  - i. An armchair, and
  - ii. A table where a resident may eat a meal; and
- 7. If not furnished by a resident, each sleeping area has:
  - a. A bed, at least 36 inches in width and 72 inches in length, consisting of at least a frame and mattress that is clean and in good repair;
  - b. Clean linen, including a mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, a bedspread, waterproof mattress covers as needed, and blankets to ensure warmth and comfort for the resident;
  - c. Sufficient light for reading;
  - d. Storage space for clothing;
  - e. Individual storage space for personal effects; and
  - f. Adjustable window covers that provide resident privacy.
- E. A manager may allow more than two individuals to reside in a residential unit or bedroom if:
  - 1. There is at least 60 square feet for each individual living in the bedroom;
  - 2. There is at least 100 square feet for each individual living in the residential unit; and
  - 3. The manager has documentation that the assisted living facility has been operating since before November 1, 1998, with more than two individuals living in the residential unit or bedroom.
- F. If there is a swimming pool on the premises of the assisted living facility, a manager shall ensure that:
  - 1. Unless the assisted living facility has documentation of having received an exception from the Department before October 1, 2013, the swimming pool is enclosed by a wall or fence that:
    - a. Is at least five feet in height as measured on the exterior of the wall or fence;
    - b. Has no vertical openings greater than four inches across;
    - c. Has no horizontal openings, except as described in subsection (F)(1)(e);
    - d. Is not chain-link;
  - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
  - f. Has a self-closing, self-latching gate that:
    - i. Opens away from the swimming pool,
    - ii. Has a latch located at least 54 inches from the ground, and
    - iii. Is locked when the swimming pool is not in use;
  - 2. A life preserver or shepherd's crook is available and accessible in the swimming pool area; and
  - 3. Pool safety requirements are conspicuously posted in the swimming pool area.
- G. A manager shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (F)(1) is covered and locked when not in use.

**Historical Note**

New Section R9-10-821 renumbered from R9-10-820, by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

**ARTICLE 9. OUTPATIENT SURGICAL CENTERS****R9-10-901. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following apply in this Article, unless otherwise specified:

- 1. "Inpatient care" means postsurgical services provided in a hospital.
- 2. "Outpatient surgical services" means anesthesia and surgical services provided to a patient in an outpatient surgical center.
- 3. "Surgical suite" means an area of an outpatient surgical center that includes one or more operating rooms, one or more procedure rooms, and one or more recovery rooms.

**Historical Note**

Adopted effective February 17, 1995 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Amended by final rulemaking at 9 A.A.R. 3792, effective October 4, 2003 (Supp. 03-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-902. Administration**

- A. A governing authority shall:
  - 1. Consist of one or more individuals responsible for the organization, operation, and administration of an outpatient surgical center;
  - 2. Establish, in writing:
    - a. An outpatient surgical center's scope of services, and
    - b. Qualifications for an administrator;
  - 3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
  - 4. Grant, deny, suspend, or revoke clinical privileges of a physician and other members of the medical staff and delineate, in writing, the clinical privileges of each medical staff member, according to the medical staff bylaws;
  - 5. Adopt a quality management plan according to R9-10-903;

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6. Review and evaluate the effectiveness of the quality management plan at least once every 12 months;
  7. Designate in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
    - a. Expected not to be present on an outpatient surgical center's premises for more than 30 calendar days, or
    - b. Not present on an outpatient surgical center's premises for more than 30 calendar days; and
  8. Except as provided in subsection (A)(7), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.
- B. An administrator:**
1. Is directly accountable to the governing authority of an outpatient surgical center for the daily operation of the outpatient surgical center and for all services provided by or at the outpatient surgical center;
  2. Has the authority and responsibility to manage the outpatient surgical center; and
  3. Except as provided in subsection (A)(7), designates, in writing, an individual who is present on an outpatient surgical center's premises and accountable for the outpatient surgical center when the administrator is not present on the outpatient surgical center's premises.
- C. An administrator shall ensure that:**
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
    - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
    - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
    - c. Include how a personnel member may submit a complaint relating to patient care;
    - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
    - e. Include a method to identify a patient to ensure that the patient receives services as ordered;
    - f. Cover patient rights, including assisting a patient who does not speak English or who has a disability to become aware of patient rights;
    - g. Cover specific steps for:
      - i. A patient to file a complaint, and
      - ii. The outpatient surgical center to respond to a patient complaint;
    - h. Cover health care directives;
    - i. Cover medical records, including electronic medical records;
    - j. Cover a quality management program, including incident reports and supporting documentation; and
    - k. Cover contracted services;
  2. Policies and procedures for medical services and nursing services provided by an outpatient surgical center are established, documented, and implemented to protect the health and safety of a patient that:
    - a. Cover patient screening, admission, transfer, and discharge;
    - b. Cover the provision of medical services, nursing services, and health-related services in the outpatient surgical center's scope of services;
    - c. Include when general consent and informed consent are required;
    - d. Cover dispensing, administering, and disposing of medications;
    - e. Cover prescribing a controlled substance to minimize substance abuse by a patient;
    - f. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
    - g. Cover infection control;
    - h. Cover environmental services that affect patient care; and
    - i. Cover prevention of surgical smoke exposure in compliance with A.R.S. § 36-434.01, if applicable;
  3. Policies and procedures are:
    - a. Available to personnel members, employees, volunteers, and students of the outpatient surgical center; and
    - b. Reviewed at least once every three years and updated as needed;
  4. A pharmacy maintained by the outpatient surgical center is licensed according to A.R.S. Title 32, Chapter 18;
  5. Pathology services are provided by a laboratory that holds a certificate of accreditation, certificate of compliance, or certificate of waiver issued by the U.S. Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Act of 1967;
  6. If the outpatient surgical center meets the definition of "abortion clinic" in A.R.S. § 36-449.01, abortions and related services are provided in compliance with the requirements in Article 15 of this Chapter; and
  7. Unless otherwise stated:
    - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
    - b. When documentation or information is required by this Chapter to be submitted on behalf of an outpatient surgical center, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the outpatient surgical center.

**Historical Note**

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-903. Quality Management**

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to patients;

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- c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
- d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
- e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
- 2. A documented report is submitted to the governing authority that includes:
  - a. An identification of each concern about the delivery of services related to patient care, and
  - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and
- 3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-904. Contracted Services**

An administrator shall ensure that:

- 1. Contracted services are provided according to the requirements in this Article, and
- 2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-905. Personnel**

**A.** An administrator shall ensure that:

- 1. The qualifications, skills, and knowledge required for each type of personnel member:
  - a. Are based on:
    - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
    - ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
  - b. Include:
    - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health

- services listed in the established job description,
- ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
- iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;

- 2. A personnel member's skills and knowledge are verified and documented:
  - a. Before the personnel member provides physical health services or behavioral health services, and
  - b. According to policies and procedures;
- 3. Sufficient personnel members are present on an outpatient surgical center's premises with the qualifications, skills, and knowledge necessary to:
  - a. Provide the services in the outpatient surgical center's scope of services,
  - b. Meet the needs of a patient, and
  - c. Ensure the health and safety of a patient;
- 4. A personnel member, or an employee, a volunteer, or a student who has or is expected to have more than eight hours of direct interaction per week with patients, provides evidence of freedom from infectious tuberculosis:
  - a. On or before the date the individual begins providing services at or on behalf of the outpatient surgical center, and
  - b. As specified in R9-10-113;
- 5. A plan to provide orientation, specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
- 6. A personnel member completes orientation before providing physical health services or behavioral health services;
- 7. An individual's orientation is documented, to include:
  - a. The individual's name,
  - b. The date of the orientation, and
  - c. The subject or topics covered in the orientation;
- 8. A plan to provide in-service education specific to the job duties of a personnel member is developed, documented, and implemented; and
- 9. A personnel member's in-service education is documented, to include:
  - a. The personnel member's name,
  - b. The date of the training, and
  - c. The subject or topics covered in the in-service education.
- B.** An administrator shall ensure that a personnel member:
  - 1. Is 18 years of age or older; and
  - 2. Is certified in cardiopulmonary resuscitation within the first month of employment or volunteer service, and maintains current certification in cardiopulmonary resuscitation.
- C.** An administrator shall ensure that a personnel record for each personnel member, employee, volunteer, or student includes:
  - 1. The individual's name, date of birth, and contact telephone number;

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2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
3. Documentation of:
  - a. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
  - b. The individual's education and experience applicable to the individual's job duties;
  - c. The individual's completed orientation and in-service education as required by policies and procedures;
  - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
  - e. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
  - f. Cardiopulmonary resuscitation training, if required for the individual according to subsection (B);
  - g. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (A)(4); and
  - h. The individual's compliance with the requirements in A.R.S. § 36-420.01 regarding fall prevention and fall recovery training.
- D. An administrator shall ensure that personnel records are:
  1. Maintained:
    - a. Throughout the individual's period of providing services in or for the outpatient surgical center, and
    - b. For at least 24 months after the last date the individual provided services in or for the outpatient surgical center; and
  2. For a personnel member who has not provided physical health services or behavioral health services at or for the outpatient surgical center during the previous 12 months, provided to the Department within 72 hours after the Department's request.

**Historical Note**

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Amended by final rulemaking at 9 A.A.R. 3792, effective October 4, 2003 (Supp. 03-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-906. Medical Staff**

A governing authority shall ensure that:

1. The medical staff approve bylaws for the conduct of medical staff activities according to medical staff bylaws and governing authority requirements;
2. The medical staff physicians conduct medical peer review according to A.R.S. Title 36, Chapter 4, Article 5 and submit recommendations to the governing authority for approval; and
3. The medical staff establish written policies and procedures that define the extent of emergency treatment to be performed in the outpatient surgical center.

**Historical Note**

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

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**R9-10-907. Admission**

- A. A medical staff member shall only admit patients to the outpatient surgical center who:
  1. Do not require planned inpatient care, and
  2. Are discharged from the outpatient surgical center within 24 hours.
- B. Within 30 calendar days before a patient is admitted to an outpatient surgical center, a medical staff member shall complete a medical history and physical examination of the patient.
- C. The individual who is responsible for performing a patient's surgical procedure shall document the preoperative diagnosis and the surgical procedure to be performed in the patient's medical record.
- D. An administrator shall ensure that the following documents are in a patient's medical record before the patient's surgery:
  1. A medical history and the physical examination required in subsection (B),
  2. A preoperative diagnosis and the results of any laboratory tests or diagnostic procedures relative to the surgery and the condition of the patient,
  3. Evidence of informed consent by the patient or patient's representative for the surgical procedure and care of the patient,
  4. Health care directives, and
  5. Physician orders.

**Historical Note**

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

**R9-10-908. Transfer**

Except for a transfer of a patient due to an emergency, an administrator shall ensure that:

1. A personnel member coordinates the transfer and the services provided to the patient;
2. According to policies and procedures:
  - a. An evaluation of the patient is conducted before the transfer;
  - b. Information in the patient's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
  - c. A personnel member explains risks and benefits of the transfer to the patient or the patient's representative; and
3. Documentation in the patient's medical record includes:
  - a. Communication with an individual at a receiving health care institution;
  - b. The date and time of the transfer;
  - c. The mode of transportation; and
  - d. If applicable, the name of the personnel member accompanying the patient during a transfer.

**Historical Note**

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9

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A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Amended by final rulemaking at 9 A.A.R. 3792, effective October 4, 2003 (Supp. 03-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-909. Patient Rights****A.** An administrator shall ensure that:

1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
3. Policies and procedures include:
  - a. How and when a patient or the patient's representative is informed of patient rights in subsection (C), and
  - b. Where patient rights are posted as required in subsection (A)(1).

**B.** An administrator shall ensure that:

1. A patient is treated with dignity, respect, and consideration;
2. A patient is not subjected to:
  - a. Abuse;
  - b. Neglect;
  - c. Exploitation;
  - d. Coercion;
  - e. Manipulation;
  - f. Sexual abuse;
  - g. Sexual assault;
  - h. Seclusion;
  - i. Restraint;
  - j. Retaliation for submitting a complaint to the Department or another entity; or
  - k. Misappropriation of personal and private property by the outpatient surgical center's medical staff, personnel members, employees, volunteers, or students; and
3. A patient or the patient's representative:
  - a. Except in an emergency, either consents to or refuses treatment;
  - b. May refuse or withdraw consent for treatment before treatment is initiated;
  - c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication or surgical procedure and the associated risks and possible complications of the proposed psychotropic medication or surgical procedure;
  - d. Is informed of the following:
    - i. Policies and procedures on health care directives, and
    - ii. The patient complaint process;
  - e. Consents to photographs of the patient before a patient is photographed, except that a patient may be photographed when admitted to an outpatient surgical center for identification and administrative purposes; and
  - f. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
    - i. Medical record, or

## ii. Financial records.

**C.** A patient has the following rights:

1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
3. To receive privacy in treatment and care for personal needs;
4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
5. To receive a referral to another health care institution if the outpatient surgical center is not authorized or not able to provide physical health services needed by the patient;
6. To participate, or have the patient's representative participate, in the development of or decisions concerning treatment;
7. To participate or refuse to participate in research or experimental treatment; and
8. To receive assistance from a family member, a patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

**Historical Note**

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-910. Medical Records****A.** An administrator shall ensure that:

1. A medical record is established and maintained for a patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a patient's medical record is:
  - a. Recorded only by an individual authorized by policies and procedures to make the entry;
  - b. Dated, legible, and authenticated; and
  - c. Not changed to make the initial entry illegible;
3. An order is:
  - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
  - b. Authenticated by a medical staff member according to policies and procedures; and
  - c. If the order is a verbal order, authenticated by the medical staff member issuing the order;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
5. A patient's medical record is available to an individual:
  - a. Authorized according to policies and procedures to access the patient's medical record;
  - b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative; or
  - c. As permitted by law; and
6. A patient's medical record is protected from loss, damage, or unauthorized use.

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- B.** If an outpatient surgical center maintains patients' medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
  2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a patient's medical record contains:
1. Patient information that includes:
    - a. The patient's name;
    - b. The patient's address;
    - c. The patient's date of birth; and
    - d. Any known allergies, including medication allergies;
  2. The admitting medical practitioner;
  3. An admitting diagnosis;
  4. Documentation of general consent and informed consent for treatment by the patient or the patient's representative, except in an emergency;
  5. If applicable, the name and contact information of the patient's representative and:
    - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
    - b. If the patient's representative:
      - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
      - ii. Is a legal guardian, a copy of the court order establishing guardianship;
  6. The date of admission and, if applicable, date of discharge;
  7. Documentation of medical history and results of a physical examination;
  8. A copy of patient's health care directive, if applicable;
  9. Orders;
  10. Progress notes;
  11. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
  12. Documentation of outpatient surgical center services provided to the patient;
  13. A discharge summary, if applicable;
  14. Documentation of receipt of written discharge instructions by the patient or patient's representative;
  15. If applicable:
    - a. Laboratory reports,
    - b. Radiologic report, and
    - c. Diagnostic reports;
  16. The anesthesia report, required in R9-10-911(C)(2);
  17. The operative report of the surgical procedure, required in R9-10-911(C)(1); and
  18. Documentation of a medication administered to the patient that includes:
    - a. The date and time of administration;
    - b. The name, strength, dosage, and route of administration;
    - c. For a medication administered for pain:
      - i. An assessment of the patient's pain before administering the medication, and
      - ii. The effect of the medication administered;
    - d. For a psychotropic medication:
      - i. An assessment of the patient's behavior before administering the psychotropic medication, and
      - ii. The effect of the psychotropic medication administered;
    - e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication; and
    - f. Any adverse reaction a patient has to the medication.

**Historical Note**

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-911. Surgical Services**

- A.** An administrator shall ensure that:
1. A current listing of surgical procedures offered by an outpatient surgical center is maintained on the outpatient surgical center's premises, and
  2. A chronological register of surgical procedures performed in the outpatient surgical center is maintained for at least 24 months after the date of the last entry.
- B.** An administrator shall ensure that a roster of medical staff members who have clinical privileges at the outpatient surgical center is available to the medical staff, specifying the privileges and limitations of each medical staff member on the roster.
- C.** An administrator shall ensure that the individual responsible for:
1. Performing a surgical procedure completes an operative report of the surgical procedure and any necessary discharge instructions according to medical staff bylaws and policies and procedures, and
  2. Administering anesthesia during a surgical procedure completes an anesthesia report and any necessary discharge instructions according to medical staff bylaws and policies and procedures.
- D.** An administrator shall ensure that a physician medically discharges a patient from surgery.
- E.** An administrator shall ensure that a physician or an anesthesia provider licensed pursuant to Title 32, Chapter 13, 15, or 17, discharges a patient from the recovery room.
- F.** An administrator shall ensure that one of the following remains on the outpatient surgical center's premises until all patients are discharged from the recovery room:
1. A physician; or
  2. An individual authorized under A.R.S. Title 32, Chapter 13, 15, or 17 to administer anesthesia.

**Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final



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rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-912. Nursing Services**

An administrator shall appoint a registered nurse as the director of nursing who:

1. Is responsible for the management of the outpatient surgical center's nursing services;
2. Ensures that policies and procedures are established, documented, and implemented for nursing services provided in the outpatient surgical center;
3. Ensures that the outpatient surgical center is staffed with sufficient nursing personnel, based on the number of patients, the health care needs of the patients, and the outpatient surgical center's scope of services;
4. Participates in quality management activities;
5. Designates a registered nurse, in writing, to manage an outpatient surgical center's nursing services when the director of nursing is not present on the outpatient surgical center's premises;
6. Ensures that a nurse who is not directly assisting the surgeon is responsible for the functioning of an operating room while a surgical procedure is being performed in the operating room;
7. Ensures that a registered nurse is present in the:
  - a. Recovery room when a patient is present in the recovery room, and
  - b. Outpatient surgical center until all patients are discharged; and
8. Ensures that a nurse documents in a patient's medical record that the patient or the patient's representative has received written discharge instructions.

**Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-913. Behavioral Health Services**

If an outpatient surgical center is authorized to provide behavioral health services, an administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented that cover when informed consent is required and by whom informed consent may be given; and
2. The behavioral health services:
  - a. Are provided under the direction of a behavioral health professional; and
  - b. Comply with the requirements:
    - i. For behavioral health paraprofessionals and behavioral health technicians, in R9-10-115; and
    - ii. For an assessment, in R9-10-1011(B).

**Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made

by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-914. Medication Services**

**A.** An administrator shall ensure that policies and procedures for medication services:

1. Include:
  - a. A process for providing information to a patient about medication prescribed for the patient including:
    - i. The prescribed medication's anticipated results,
    - ii. The prescribed medication's potential adverse reactions,
    - iii. The prescribed medication's potential side effects, and
    - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
  - b. Procedures for preventing, responding to, and reporting:
    - i. A medication error,
    - ii. An adverse reaction to a medication, or
    - iii. A medication overdose; and
  - c. Procedures to ensure that a patient's medication regimen is reviewed by a medical practitioner to ensure the medication regimen meets the patient's needs; and
2. Specify a process for review through the quality management program of:
  - a. A medication administration error, and
  - b. An adverse reaction to a medication.

**B.** An administrator shall ensure that:

1. Policies and procedures for medication administration:
  - a. Are reviewed and approved by a medical practitioner;
  - b. Specify the individuals who may:
    - i. Order medication, and
    - ii. Administer medication;
  - c. Ensure that medication is administered to a patient only as prescribed; and
  - d. Cover the documentation of a patient's refusal to take prescribed medication in the patient's medical record;
2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
3. A medication administered to a patient:
  - a. Is administered in compliance with an order, and
  - b. Is documented in the patient's medical record.

**C.** An administrator shall ensure that:

1. A current drug reference guide is available for use by personnel members;
2. A current toxicology reference guide is available for use by personnel members; and
3. If pharmaceutical services are provided on the premises:
  - a. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures, is established to:
    - i. Develop a drug formulary,
    - ii. Update the drug formulary at least once every 12 months,
    - iii. Develop medication usage and medication substitution policies and procedures, and

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- iv. Specify which medications and medication classifications are required to be stopped automatically after a specific time period unless the ordering medical staff member specifically orders otherwise;
  - b. The pharmaceutical services are provided under the direction of a pharmacist;
  - c. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
  - d. A copy of the pharmacy license is provided to the Department upon request.
- D.** When medication is stored at an outpatient surgical center, an administrator shall ensure that:
- 1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
  - 2. Medication is stored according to the instructions on the medication container; and
  - 3. Policies and procedures are established, documented, and implemented for:
    - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication;
    - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
    - c. A medication recall and notification of patients who received recalled medication;
    - d. Storing, inventorying, and dispensing controlled substances; and
    - e. If applicable, donated medicine according to A.R.S. § 32-1909.
- E.** An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the outpatient surgical center's director of nursing.
- d. Documenting infection control activities including:
    - i. The collection and analysis of infection control data,
    - ii. The actions taken related to infections and communicable diseases, and
    - iii. Reports of communicable diseases to the governing authority and state and county health departments;
  - 2. Infection control documentation is maintained for at least 12 months after the date of the documentation;
  - 3. Policies and procedures are established, documented, and implemented that cover:
    - a. Compliance with the requirements in 9 A.A.C. 6 for reporting and control measures for communicable diseases and infestations;
    - b. Handling and disposal of biohazardous medical waste;
    - c. Sterilization, disinfection, distribution, and storage of medical equipment and supplies;
    - d. Using personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable;
    - e. Training personnel members, employees, and volunteers in infection control practices; and
    - f. Work restrictions for a personnel member with a communicable disease or infected skin lesion;
  - 4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
  - 5. Soiled linen and clothing are:
    - a. Collected in a manner to minimize or prevent contamination,
    - b. Bagged at the site of use, and
    - c. Maintained separate from clean linen and clothing; and
  - 6. A personnel member, employee, or volunteer washes hands or uses a hand disinfection product after patient contact and after handling soiled linen, soiled clothing, or potentially infectious material.

**Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-915. Infection Control**

An administrator shall ensure that:

- 1. An infection control program is established, under the direction of an individual qualified according to policies and procedures, to prevent the development and transmission of infections and communicable diseases including:
  - a. A method to identify and document infections occurring at the outpatient surgical center;
  - b. Analysis of the types, causes, and spread of infections and communicable diseases at the outpatient surgical center;
  - c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the outpatient surgical center; and

**Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-916. Emergency and Safety Standards**

- A.** An administrator shall ensure that policies and procedures for providing medical emergency treatment to a patient are established, documented, and implemented and include:
- 1. A list of the medications, supplies, and equipment required on the premises for the medical emergency treatment provided by the outpatient surgical center;
  - 2. A system to ensure medications, supplies, and equipment are available, have not been tampered with, and, if applicable, have not expired;
  - 3. A requirement that a cart or a container is available for medical emergency treatment that contains medications, supplies, and equipment specified in policies and procedures;

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4. A method to verify and document that the contents of the cart or container are available for medical emergency treatment; and
  5. A method for ensuring a patient may be transferred to a hospital or other health care institution to receive treatment for a medical emergency that the outpatient surgical center is not authorized or not able to provide.
- B.** An administrator shall ensure that medical emergency treatment is provided to a patient admitted to the outpatient surgical center according to policies and procedures.
- C.** An administrator shall ensure that:
1. A disaster plan is developed, documented, maintained in a location accessible to medical staff and employees, and, if necessary, implemented that includes:
    - a. Procedures to be followed in the event of a fire or threat to patient safety;
    - b. Assigned personnel responsibilities;
    - c. Instructions for the evacuation or transfer of patients;
    - d. Maintenance of patient medical records; and
    - e. A plan to provide any other services related to patient care to meet the patients' needs;
  2. The disaster plan required in subsection (C)(1) is reviewed at least once every 12 months;
  3. Documentation of a disaster plan review required in subsection (C)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
    - a. The date and time of the disaster plan review;
    - b. The name of each personnel member, employee, medical staff member, or volunteer participating in the disaster plan review;
    - c. A critique of the disaster plan review; and
    - d. If applicable, recommendations for improvement;
  4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
  5. An evacuation drill for employees is conducted at least once every six months for employees on the premises;
  6. Documentation of an evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
    - a. The date and time of the evacuation drill;
    - b. The amount of time taken for employees to evacuate the outpatient surgical center;
    - c. Any problems encountered in conducting the evacuation drill; and
    - d. Recommendations for improvement, if applicable; and
  7. An evacuation path is conspicuously posted on each hallway of each floor of the outpatient surgical center and every room where patients may be present.
- D.** An administrator shall ensure that, if applicable, a sign is placed at the entrance to a room or area indicating that oxygen is in use.
- E.** An administrator shall:
1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
  2. Make any repairs or corrections stated on the fire inspection report, and
  3. Maintain documentation of a current fire inspection.

**Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17,

1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-917. Environmental Standards**

- A.** An administrator shall ensure that:
1. An outpatient surgical center's premises and equipment are:
    - a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness or infection; and
    - b. Free from a condition or situation that may cause a patient or an individual to suffer physical injury;
  2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
  3. Equipment used at the outpatient surgical center to provide care to a patient is:
    - a. Maintained in working order;
    - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
    - c. Used according to the manufacturer's recommendations;
  4. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
  5. Garbage and refuse are:
    - a. Stored in covered containers lined with plastic bags, and
    - b. Removed from the premises at least once a week;
  6. Heating and cooling systems maintain the outpatient surgical center at a temperature between 70° F and 84° F at all times;
  7. Common areas:
    - a. Are lighted to assure the safety of patients, and
    - b. Have lighting sufficient to allow personnel members to monitor patient activity; and
  8. The supply of hot and cold water is sufficient to meet the personal hygiene needs of patients and the cleaning and sanitation requirements in this Article.
- B.** An administrator shall ensure that an outpatient surgical center has a functional emergency power source.

**Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5). Repealed effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

**R9-10-918. Physical Plant Standards**

- A.** An administrator shall ensure that the outpatient surgical center complies with the applicable physical plant health and safety codes and standards, incorporated by reference in R9-10-104.01, that were in effect on the date the outpatient surgi-

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cal center submitted the application packet including the notarized attestation of architectural plans according to R9-10-104.

- B.** An administrator shall ensure that the premises and equipment are sufficient to accommodate:
1. The services stated in the outpatient surgical center's scope of services, and
  2. An individual accepted as a patient by the outpatient surgical center.
- C.** An administrator shall ensure that:
1. There are two recovery beds for each operating room, for up to four operating rooms, whenever general anesthesia is administered;
  2. One additional recovery bed is available for each additional operating room; and
  3. Recovery beds are located in a space that provides for a minimum of 70 square feet per bed, allowing three feet or more between beds and between the sides of a bed and the wall.
- D.** An administrator may provide chairs in the recovery room area that allow a patient to recline for patients who have not received general anesthesia.
- E.** An administrator shall ensure that the following are available in the surgical suite:
1. Oxygen and the means of administration;
  2. Mechanical ventilator assistance equipment including airways, manual breathing bag, and suction apparatus;
  3. Cardiac monitor;
  4. Defibrillator; and
  5. Cardiopulmonary resuscitation drugs as determined by the policies and procedures.

**Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5).  
 Repealed effective February 17, 1995 (Supp. 95-1). New Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-919. Repealed****Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5).  
 Repealed effective February 17, 1995 (Supp. 95-1). New Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

**R9-10-920. Repealed****Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5).  
 Repealed effective February 17, 1995 (Supp. 95-1).

**R9-10-921. Repealed****Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5).  
 Repealed effective February 17, 1995 (Supp. 95-1).

**R9-10-922. Repealed****Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5).  
 Repealed effective February 17, 1995 (Supp. 95-1).

**R9-10-923. Repealed****Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5).  
 Repealed effective February 17, 1995 (Supp. 95-1).

**R9-10-924. Repealed****Historical Note**

Adopted effective June 2, 1983 (Supp. 82-5). Former Section R9-10-924 repealed, new Section R9-10-924 adopted effective November 6, 1985 (Supp. 85-6).  
 Repealed effective February 17, 1995 (Supp. 95-1).

**R9-10-925. Repealed****Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5).  
 Repealed effective February 17, 1995 (Supp. 95-1).

**Attachment 1. Repealed****Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5).  
 Repealed effective February 17, 1995 (Supp. 95-1).

**Attachment 2. Repealed****Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5).  
 Repealed effective November 6, 1985 (Supp. 85-6).

*Editor's Note: The proposed summary action repealing R9-10-1011 through R9-10-1030 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rules. Sections in effect before the proposed summary action have been restored (Supp. 97-1). Subsequently, those Sections were repealed by final rulemaking (Supp. 99-2).*

**ARTICLE 10. OUTPATIENT TREATMENT CENTERS****R9-10-1001. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following applies in this Article unless otherwise specified:

1. "Emergency room services" means medical services provided to a patient in an emergency.
2. "Pain management services" means medical services, nursing services, or health-related services provided to a patient to reduce or relieve the patient's chronic pain.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

**R9-10-1002. Supplemental Application and Documentation Submission Requirements**

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- A.** In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, a governing authority applying for a license as an outpatient treatment center shall submit, in a Department-provided format:
1. The days and hours of clinical operation and, if different from the days and hours of clinical operation, the days and hours of administrative operation; and
  2. A request to provide one or more of the following services:
    - a. Behavioral health services and, if applicable;
      - i. Behavioral health observation/stabilization services,
      - ii. Children's behavioral health services,
      - iii. Court-ordered evaluation,
      - iv. Court-ordered treatment,
      - v. Counseling,
      - vi. Crisis services,
      - vii. Opioid treatment services,
      - viii. Pre-petition screening,
      - ix. Respite services,
      - x. Respite services for children on the premises,
      - xi. DUI education,
      - xii. DUI screening,
      - xiii. DUI treatment, or
      - xiv. Misdemeanor domestic violence offender treatment;
    - b. Diagnostic imaging services;
    - c. Clinical laboratory services;
    - d. Dialysis services;
    - e. Emergency room services;
    - f. Pain management services;
    - g. Physical health services;
    - h. Rehabilitation services;
    - i. Sleep disorder services; or
    - j. Urgent care services provided in a freestanding urgent care center setting.
- B.** In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, a governing authority of an:
1. Affiliated outpatient treatment center applying for a license for the affiliated outpatient treatment center shall submit, in a Department-provided format, the following information for each counseling facility for which the affiliated outpatient treatment center is providing administrative support:
    - a. Name, and
    - b. Either:
      - i. The license number assigned to the counseling facility by the Department; or
      - ii. If the counseling facility is not currently licensed, the:
        - (1) Counseling facility's street address, and
        - (2) Date the counseling facility submitted to the Department an application for a health care institution license; and
  2. Outpatient treatment center, applying for a license that includes a request for authorization to provide respite services for children on the premises, shall include the requested respite capacity.
- C.** A licensee of an affiliated outpatient treatment center shall submit to the Department the information required in subsection (B)(1) with the relevant fees required in R9-10-106(C) or (D), as applicable.
- D.** A licensee of an outpatient treatment center authorized to provide respite services for children on the premises shall submit to the Department with the relevant fees in R9-10-106(C) or (D), as applicable:
1. The respite capacity, and
  2. The specific 10 continuous hours per day during which the outpatient treatment center provides respite services on the premises.
- E.** A licensee of an outpatient treatment center authorized to operate as a collaborating outpatient treatment center shall submit to the Department with the relevant fees in R9-10-106(C) or (D), as applicable:
1. The information and documentation required in R9-10-1031(D)(1); and
  2. A floor plan that shows:
    - a. Each colocator's proposed treatment area, and
    - b. The areas of the collaborating outpatient treatment center shared by a colocator and collaborating outpatient treatment center.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by exempt rulemaking at 22 A.A.R. 1035, pursuant to Laws 2015, Ch. 158, § 3; effective May 1, 2016 (Supp. 16-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-1003. Administration**

- A.** If an outpatient treatment center is operating under a single group license issued to a hospital according to A.R.S. § 36-422(F) or (G), the hospital's governing authority is the governing authority for the outpatient treatment center.
- B.** A governing authority shall:
1. Consist of one or more individuals accountable for the organization, operation, and administration of an outpatient treatment center;
  2. Establish, in writing:
    - a. An outpatient treatment center's scope of services, and
    - b. Qualifications for an administrator;
  3. Designate, in writing, an administrator who has the qualifications established in subsection (B)(2)(b);
  4. Adopt a quality management program according to R9-10-1004;
  5. Review and evaluate the effectiveness of the quality management program in R9-10-1004 at least once every 12 months;
  6. Designate, in writing, an acting administrator who has the qualifications established in subsection (B)(2)(b) if the administrator is:
    - a. Expected not to be present on an outpatient treatment center's premises for more than 30 calendar days, or
    - b. Not present on an outpatient treatment center's premises for more than 30 calendar days; and
  7. Except as provided in subsection (B)(6), notify the Department according to A.R.S. § 36-425(I) when there

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is a change in an administrator and identify the name and qualifications of the new administrator.

## C. An administrator:

1. Is directly accountable to the governing authority for the daily operation of the outpatient treatment center and all services provided by or at the outpatient treatment center;
2. Has the authority and responsibility to manage the outpatient treatment center; and
3. Except as provided in subsection (B)(6), designates, in writing, an individual who is present on the outpatient treatment center's premises and accountable for the outpatient treatment center when the administrator is not available.

## D. An administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
  - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
  - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
  - c. Include how a personnel member may submit a complaint relating to services provided to a patient;
  - d. Cover the requirements in Title 36, Chapter 4, Article 11;
  - e. Cover cardiopulmonary resuscitation training including:
    - i. The method and content of cardiopulmonary resuscitation training which includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation,
    - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
    - iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
    - iv. The documentation that verifies that an individual has received cardiopulmonary resuscitation training;
  - f. Cover first aid training;
  - g. Include a method to identify a patient to ensure the patient receives the services ordered for the patient;
  - h. Cover patient rights, including assisting a patient who does not speak English or who has a physical or other disability to become aware of patient rights;
  - i. Cover health care directives;
  - j. Cover medical records, including electronic medical records;
  - k. Cover quality management, including incident report and supporting documentation; and
  - l. Cover contracted services;
2. Policies and procedures for services provided at or by an outpatient treatment center are established, documented, and implemented to protect the health and safety of a patient that:
  - a. Cover patient screening, admission, assessment, transport, transfer, discharge plan, and discharge;
  - b. Cover the provision of medical services, nursing services, behavioral health services, health-related services, and ancillary services;
  - c. Include when general consent and informed consent are required;

- d. Cover obtaining, administering, storing, and disposing of medications, including provisions for controlling inventory and preventing diversion of controlled substances;
  - e. Cover prescribing a controlled substance to minimize substance abuse by a patient;
  - f. Cover infection control;
  - g. Cover telehealth, if applicable;
  - h. Cover environmental services that affect patient care;
  - i. Cover specific steps for:
    - i. A patient to file a complaint, and
    - ii. An outpatient treatment center to respond to a complaint;
  - j. Cover smoking tobacco products on an outpatient treatment center's premises; and
  - k. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
3. Outpatient treatment center policies and procedures are:
    - a. Reviewed at least once every three years and updated as needed, and
    - b. Available to personnel members and employees;
  4. Unless otherwise stated:
    - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
    - b. When documentation or information is required by this Chapter to be submitted on behalf of an outpatient treatment center, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the outpatient treatment center;
  5. The following are conspicuously posted:
    - a. The current license for the outpatient treatment center issued by the Department;
    - b. The name, address, and telephone number of the Department;
    - c. A notice that a patient may file a complaint with the Department about the outpatient treatment center;
    - d. One of the following:
      - i. A schedule of rates according to A.R.S. § 36-436.01(C), or
      - ii. A notice that the schedule of rates required in A.R.S. § 36-436.01(C) is available for review upon request;
    - e. A list of patient rights;
    - f. A map for evacuating the facility; and
    - g. A notice identifying the location on the premises where current license inspection reports required in A.R.S. § 36-425(D), with patient information redacted, are available; and
  6. Patient follow-up instructions are:
    - a. Provided, orally or in written form, to a patient or the patient's representative before the patient leaves the outpatient treatment center unless the patient leaves against a personnel member's advice; and
    - b. Documented in the patient's medical record.

## E. If abuse, neglect, or exploitation of a patient is alleged or suspected to have occurred before the patient was admitted or while the patient is not on the premises and not receiving services from an outpatient treatment center's employee or personnel member, an administrator shall report the alleged or

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suspected abuse, neglect, or exploitation of the patient as follows:

1. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
  2. For a patient under 18 years of age, according to A.R.S. § 13-3620.
- F.** If an administrator has a reasonable basis, according to A.R.S. § 13-3620 or 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a patient is receiving services from an outpatient treatment center's employee or personnel member, an administrator shall:
1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
  2. Report the suspected abuse, neglect, or exploitation of the patient as follows:
    - a. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
    - b. For a patient under 18 years of age, according to A.R.S. § 13-3620;
  3. Document:
    - a. The suspected abuse, neglect, or exploitation;
    - b. Any action taken according to subsection (F)(1); and
    - c. The report in subsection (F)(2);
  4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
  5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
    - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
    - b. A description of any injury to the patient related to the suspected abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;
    - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
    - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
  6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- G.** If an outpatient treatment center is an affiliated outpatient treatment center, an administrator shall ensure that the outpatient treatment center complies with the requirements for an affiliated outpatient treatment center in 9 A.A.C. 10, Article 19.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final

rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-1004. Quality Management**

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to patients;
  - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
  - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
  - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
  - a. An identification of each concern about the delivery of services related to patient care, and
  - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1005. Contracted Services**

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1006. Personnel**

An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
  - a. Are based on:
    - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and

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- ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
  - b. Include:
    - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
    - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
    - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
- 2. A personnel member's skills and knowledge are verified and documented:
  - a. Before the personnel member provides physical health services or behavioral health services, and
  - b. According to policies and procedures;
- 3. Sufficient personnel members are present on an outpatient treatment center's premises with the qualifications, skills, and knowledge necessary to:
  - a. Provide the services in the outpatient treatment center's scope of services,
  - b. Meet the needs of a patient, and
  - c. Ensure the health and safety of a patient;
- 4. A personnel member only provides physical health services or behavioral health services the personnel member is qualified to provide;
- 5. A plan is developed, documented, and implemented to provide orientation specific to the duties of personnel members, employees, volunteers, and students;
- 6. A personnel member completes orientation before providing medical services, nursing services or health-related services to a patient;
- 7. An individual's orientation is documented, to include:
  - a. The individual's name,
  - b. The date of the orientation, and
  - c. The subject or topics covered in the orientation;
- 8. A plan is developed, documented, and implemented to provide in-service education specific to the duties of a personnel member;
- 9. A personnel member's in-service education is documented, to include:
  - a. The personnel member's name,
  - b. The date of the in-service education, and
  - c. The subject or topics covered in the in-service education;
- 10. A personnel member who is a behavioral health technician or behavioral health paraprofessional complies with the applicable requirements in R9-10-115;
- 11. A record for a personnel member, an employee, a volunteer, or a student is maintained that includes:
  - a. The individual's name, date of birth, and contact telephone number;
  - b. The individual's starting date of employment or volunteer service, and if applicable, the ending date;
  - c. Documentation of:
    - i. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
    - ii. The individual's education and experience applicable to the individual's job duties;
    - iii. The individual's completed orientation and in-service education as required by policies and procedures;
    - iv. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
    - v. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
    - vi. The individual's compliance with the fingerprinting requirements in A.R.S. § 36-425.03, if applicable; and
    - vii. Cardiopulmonary resuscitation training, if the individual is required to have cardiopulmonary resuscitation training according to this Article or policies and procedures; and
- 12. The record in subsection (A)(11) is:
  - a. Maintained while an individual provides services for or at the outpatient treatment center and for at least 24 months after the last date the employee or volunteer provided services for or at the outpatient treatment center; and
  - b. If the ending date of employment or volunteer service was 12 or more months before the date of the Department's request, provided to the Department within 72 hours after the Department's request.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1007. Transport; Transfer**

- A. Except as provided in subsection (B), an administrator shall ensure that:
  - 1. A personnel member coordinates the transport and the services provided to the patient;
  - 2. According to policies and procedures:
    - a. An evaluation of the patient is conducted before and after the transport,
    - b. Information from the patient's medical record is provided to a receiving health care institution,
    - c. A personnel member explains risks and benefits of the transport to the patient or the patient's representative; and
    - d. A personnel member communicates or documents why the personnel member did not communicate with an individual at a receiving health care institution;
  - 3. The patient's medical record includes documentation of:
    - a. Communication or lack of communication with an individual at a receiving health care institution;
    - b. The date and time of the transport;
    - c. The mode of transportation; and



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- d. If applicable, the name of the personnel member accompanying the patient during a transport.
- B.** Subsection (A) does not apply to:
  1. Transportation to a location other than a licensed health care institution,
  2. Transportation provided for a patient by the patient or the patient's representative,
  3. Transportation provided by an outside entity that was arranged for a patient by the patient or the patient's representative, or
  4. A transport to another licensed health care institution in an emergency.
- C.** Except for a transfer of a patient due to an emergency, an administrator shall ensure that:
  1. A personnel member coordinates the transfer and the services provided to the patient;
  2. According to policies and procedures:
    - a. An evaluation of the patient is conducted before the transfer;
    - b. Information from the patient's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
    - c. A personnel member explains risks and benefits of the transfer to the patient or the patient's representative; and
  3. Documentation in the patient's medical record includes:
    - a. Communication with an individual at a receiving health care institution;
    - b. The date and time of the transfer;
    - c. The mode of transportation; and
    - d. If applicable, the name of the personnel member accompanying the patient during a transfer.
- b. Neglect;
- c. Exploitation;
- d. Coercion;
- e. Manipulation;
- f. Sexual abuse;
- g. Sexual assault;
- h. Except as allowed in R9-10-1012(B), restraint or seclusion;
- i. Retaliation for submitting a complaint to the Department or another entity; or
- j. Misappropriation of personal and private property by an outpatient treatment center's personnel member, employee, volunteer, or student; and
- 3. A patient or the patient's representative:
  - a. Except in an emergency, either consents to or refuses treatment;
  - b. May refuse or withdraw consent for treatment before treatment is initiated;
  - c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication or surgical procedure and associated risks and possible complications of a proposed psychotropic medication or surgical procedure;
  - d. Is informed of the following:
    - i. The outpatient treatment center's policy on health care directives, and
    - ii. The patient complaint process;
  - e. Consents to photographs of the patient before a patient is photographed, except that a patient may be photographed when admitted to an outpatient treatment center for identification and administrative purposes; and
  - f. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
    - i. Medical record, or
    - ii. Financial records.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1008. Patient Rights**

- A.** An administrator shall ensure that:
  1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
  2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
  3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that include:
    - a. How and when a patient or the patient's representative is informed of patient rights in subsection (C); and
    - b. Where patient rights are posted as required in subsection (A)(1).
- B.** An administrator shall ensure that:
  1. A patient is treated with dignity, respect, and consideration;
  2. A patient is not subjected to:
    - a. Abuse;
- 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
- 2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
- 3. To receive privacy in treatment and care for personal needs;
- 4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
- 5. To receive a referral to another health care institution if the outpatient treatment center is not authorized or not able to provide physical health services or behavioral health services needed by the patient;
- 6. To participate or have the patient's representative participate in the development of, or decisions concerning, treatment;
- 7. To participate or refuse to participate in research or experimental treatment; and
- 8. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective Octo-

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ber 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-1009. Medical Records****A.** An administrator shall ensure that:

1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a patient's medical record is:
  - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
  - b. Dated, legible, and authenticated; and
  - c. Not changed to make the initial entry illegible;
3. An order is:
  - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
  - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
  - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
5. A patient's medical record is available to an individual:
  - a. Authorized according to policies and procedures to access the patient's medical record;
  - b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative; or
  - c. As permitted by law;
6. Policies and procedures include the maximum time-frame to retrieve a patient's medical record at the request of a medical practitioner, behavioral health professional, or authorized personnel member; and
7. A patient's medical record is protected from loss, damage, or unauthorized use.

**B.** If an outpatient treatment center maintains patients' medical records electronically, an administrator shall ensure that:

1. Safeguards exist to prevent unauthorized access, and
2. The date and time of an entry in a medical record is recorded by the computer's internal clock.

**C.** An administrator shall ensure that a patient's medical record contains:

1. Patient information that includes:
  - a. Except as specified in A.A.C. R9-6-1005, the patient's name and address;
  - b. The patient's date of birth; and
  - c. Any known allergies, including medication allergies;
2. A diagnosis or reason for outpatient treatment center services;
3. Documentation of general consent and, if applicable, informed consent for treatment by the patient or the patient's representative, except in an emergency;
4. If applicable, the name and contact information of the patient's representative and:
  - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient

consenting for the patient's representative to act on the patient's behalf; or

**b.** If the patient's representative:

- i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
- ii. Is a legal guardian, a copy of the court order establishing guardianship;

5. Documentation of medical history and, if applicable, results of a physical examination;
6. Orders;
7. Assessment;
8. Treatment plans;
9. Interval notes;
10. Progress notes;
11. Documentation of outpatient treatment center services provided to the patient;
12. The name of each individual providing treatment or a diagnostic procedure;
13. Disposition of the patient upon discharge;
14. Documentation of the patient's follow-up instructions provided to the patient;
15. A discharge summary;
16. If applicable:
  - a. Laboratory reports,
  - b. Radiologic reports,
  - c. Sleep disorder reports,
  - d. Diagnostic reports, and
  - e. Consultation reports;
17. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual, other than actions taken while providing behavioral health observation/stabilization services; and
18. Documentation of a medication administered to the patient that includes:
  - a. The date and time of administration;
  - b. The name, strength, dosage, and route of administration;
  - c. For a medication administered for pain:
    - i. An assessment of the patient's pain before administering the medication, and
    - ii. The effect of the medication administered;
  - d. For a psychotropic medication:
    - i. An assessment of the patient's behavior before administering the psychotropic medication, and
    - ii. The effect of the psychotropic medication administered;
  - e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication;
  - f. Any adverse reaction a patient has to the medication; and
  - g. For prepacked or sample medication provided to the patient for self-administration, the name, strength, dosage, amount, route of administration, and expiration date.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemak-

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ing at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1010. Medication Services**

- A.** If an outpatient treatment center provides medication administration or assistance in the self-administration of medication, an administrator shall ensure that policies and procedures for medication services:
1. Include:
    - a. A process for providing information to a patient about medication prescribed for the patient including:
      - i. The prescribed medication's anticipated results,
      - ii. The prescribed medication's potential adverse reactions,
      - iii. The prescribed medication's potential side effects, and
      - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
    - b. Procedures for preventing, responding to, and reporting:
      - i. A medication error,
      - ii. An adverse reaction to a medication, or
      - iii. A medication overdose;
    - c. Procedures to ensure that a patient's medication regimen is reviewed by a medical practitioner and meets the patient's needs;
    - d. Procedures for documenting medication administration and assistance in the self-administration of medication;
    - e. Procedures for assisting a patient in obtaining medication; and
    - f. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
  2. Specify a process for review through the quality management program of:
    - a. A medication administration error, and
    - b. An adverse reaction to a medication.
- B.** If an outpatient treatment center provides medication administration, an administrator shall ensure that:
1. Policies and procedures for medication administration:
    - a. Are reviewed and approved by a medical practitioner;
    - b. Specify the individuals who may:
      - i. Order medication, and
      - ii. Administer medication;
    - c. Ensure that medication is administered to a patient only as prescribed; and
    - d. Cover the documentation of a patient's refusal to take prescribed medication in the patient's medical record;
  2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
  3. A medication administered to a patient is:
    - a. Administered in compliance with an order, and
    - b. Documented in the patient's medical record.
- C.** If an outpatient treatment center provides assistance in the self-administration of medication, an administrator shall ensure that:
1. A patient's medication is stored by the outpatient treatment center;
  2. The following assistance is provided to a patient:
    - a. A reminder when it is time to take the medication;
    - b. Opening the medication container for the patient;
    - c. Observing the patient while the patient removes the medication from the container;
    - d. Verifying that the medication is taken as ordered by the patient's medical practitioner by confirming that:
      - i. The patient taking the medication is the individual stated on the medication container label,
      - ii. The patient is taking the dosage of the medication stated on the medication container label, and
      - iii. The patient is taking the medication at the time stated on the medication container label; or
    - e. Observing the patient while the patient takes the medication;
3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or registered nurse;
4. Training for a personnel member, other than a medical practitioner or registered nurse, in assistance in the self-administration of medication:
- a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse; and
  - b. Includes:
    - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
    - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
    - iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;
5. A personnel member, other than a medical practitioner or registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
6. Assistance in the self-administration of medication provided to a patient is:
- a. In compliance with an order, and
  - b. Documented in the patient's medical record.
- D.** An administrator shall ensure that:
1. A current drug reference guide is available for use by personnel members;
  2. A current toxicology reference guide is available for use by personnel members;
  3. If pharmaceutical services are provided:
    - a. The pharmaceutical services are provided under the direction of a pharmacist;
    - b. The pharmaceutical services comply with ARS Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
    - c. A copy of the pharmacy license is provided to the Department upon request.
- E.** When medication is stored at an outpatient treatment center, an administrator shall ensure that:
1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
  2. Medication is stored according to the instructions on the medication container; and
  3. Policies and procedures are established, documented, and implemented for:

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- a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
  - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
  - c. A medication recall and notification of patients who received recalled medication; and
  - d. Storing, inventorying, and dispensing controlled substances.
  - e. If applicable, donated medicine according to A.R.S. § 32-1909.
- F.** An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the outpatient treatment center's clinical director.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-1011. Behavioral Health Services**

- A.** An administrator of an outpatient treatment center that is authorized to provide behavioral health services shall ensure that:
- 1. The outpatient treatment center does not provide a behavioral health service the outpatient treatment center is not authorized to provide;
  - 2. The behavioral health services provided by or at the outpatient treatment center:
    - a. Are provided under the direction of a behavioral health professional; and
    - b. Comply with the requirements:
      - i. For behavioral health paraprofessionals and behavioral health technicians in R9-10-115, and
      - ii. For an assessment, in subsection (B);
  - 3. A personnel member who provides behavioral health services is at least 18 years old; and
  - 4. If an outpatient treatment center provides behavioral health services to a patient who is less than 18 years of age, the owner and an employee or a volunteer comply with the fingerprint clearance card requirements in A.R.S. § 36-425.03.
- B.** An administrator of an outpatient treatment center that is authorized to provide behavioral health services shall ensure that:
- 1. Except as provided in subsection (B)(2), a behavioral health assessment for a patient is completed before treatment for the patient is initiated;
  - 2. If a behavioral health assessment that complies with the requirements in this Section is received from a behavioral health provider other than the outpatient treatment center or the outpatient treatment center has a medical record for the patient that contains an assessment that was completed within 12 months before the date of the patient's current admission:
    - a. The patient's assessment information is reviewed and updated if additional information that affects the patient's assessment is identified, and
    - b. The review and update of the patient's assessment information is documented in the patient's medical record within 48 hours after the review is completed;
3. If a behavioral health assessment is conducted by a:
- a. Behavioral health technician or a registered nurse, within 72 hours a behavioral health professional certified or licensed to provide the behavioral health services needed by the patient reviews and signs the behavioral health assessment to ensure that the behavioral health assessment identifies the behavioral health services needed by the patient; or
  - b. Behavioral health paraprofessional, a behavioral health professional certified or licensed to provide the behavioral health services needed by the patient supervises the behavioral health paraprofessional during the completion of the behavioral health assessment and signs the behavioral health assessment to ensure that the assessment identifies the behavioral health services needed by the patient;
4. A behavioral health assessment:
- a. Documents a patient's:
    - i. Presenting issue;
    - ii. Substance abuse history;
    - iii. Co-morbidity;
    - iv. Medical condition and history;
    - v. Legal history, including:
      - (1) Custody,
      - (2) Guardianship, and
      - (3) Pending litigation;
    - vi. Criminal justice record;
    - vii. Family history;
    - viii. Behavioral health treatment history; and
    - ix. Symptoms reported by the patient and referrals needed by the patient, if any;
  - b. Includes:
    - i. Recommendations for further assessment or examination of the patient's needs;
    - ii. The behavioral health services, physical health services, or ancillary services that will be provided to the patient;
    - iii. Prescribing medication to treat or manage a mental health or substance abuse condition; and
    - iv. The signature and date signed of the personnel member conducting the behavioral health assessment; and
  - c. Is documented in patient's medical record;
5. A patient is referred to a medical practitioner if a determination is made that the patient requires immediate physical health services or the patient's behavioral health issue may be related to the patient's medical condition;
6. A request for participation in a patient's behavioral health assessment is made to the patient or the patient's representative;
7. An opportunity for participation in the patient's behavioral health assessment is provided to the patient or the patient's representative;
8. Documentation of the request in subsection (B)(6) and the opportunity in subsection (B)(7) is in the patient's medical record;

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9. A patient's behavioral health assessment information is documented in the medical record within 48 hours after completing the assessment;
  10. If information in subsection (B)(4)(a) is obtained about a patient after the patient's behavioral health assessment is completed, an interval note, including the information, is documented in the patient's medical record within 48 hours after the information is obtained;
  11. Counseling is:
    - a. Offered as described in the outpatient treatment center's scope of services,
    - b. Provided according to the frequency and number of hours identified in the patient's assessment, and
    - c. Provided by a behavioral health professional or a behavioral health technician;
  12. A personnel member providing counseling that addresses a specific type of behavioral health issue has the skills and knowledge necessary to provide the counseling that addresses the specific type of behavioral health issue; and
  13. Each counseling session is documented in the patient's medical record to include:
    - a. The date of the counseling session;
    - b. The amount of time spent in the counseling session;
    - c. Whether the counseling was individual counseling, family counseling, or group counseling;
    - d. The treatment goals addressed in the counseling session; and
    - e. The signature of the personnel member who provided the counseling and the date signed.
- C. An administrator of an outpatient treatment center authorized to provide behavioral health services may request to provide any of the following to individuals required to attend by a referring court:
1. DUI screening,
  2. DUI education,
  3. DUI treatment, or
  4. Misdemeanor domestic violence offender treatment.
- D. An administrator of an outpatient treatment center authorized to provide the services in subsection (C):
1. Shall comply with the requirements for the specific service in 9 A.A.C. 20, and
  2. May have a behavioral health technician who has the appropriate skills and knowledge established in policies and procedures provide the services.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1011 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1011 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final

expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-1012. Behavioral Health Observation/Stabilization Services**

- A. An administrator of an outpatient treatment center that is authorized to provide behavioral health observation/stabilization services shall ensure that:
1. Behavioral health observation/stabilization services are available 24 hours a day, every calendar day;
  2. Behavioral health observation/stabilization services are provided in a designated area that:
    - a. Is used exclusively for behavioral health observation/stabilization services;
    - b. Has the space for a patient to receive privacy in treatment and care for personal needs; and
    - c. For every 15 observation chairs or less, has at least one bathroom that contains:
      - i. A working sink with running water,
      - ii. A working toilet that flushes and has a seat,
      - iii. Toilet tissue,
      - iv. Soap for hand washing,
      - v. Paper towels or a mechanical air hand dryer,
      - vi. Lighting, and
      - vii. A means of ventilation;
  3. If the outpatient treatment center is authorized to provide behavioral health observation/stabilization services to individuals under 18 years of age:
    - a. There is a separate designated area for providing behavioral health observation/stabilization services to individuals under 18 years of age that:
      - i. Meets the requirements in subsection (B)(2), and
      - ii. Has floor to ceiling walls that separate the designated area from other areas of the outpatient treatment center;
    - b. A registered nurse is present in the separate designated area; and
    - c. A patient under 18 years of age does not share any space, participate in any activity or treatment, or have verbal or visual interaction with a patient 18 years of age or older;
  4. A medical practitioner is available;
  5. If the medical practitioner present at the outpatient treatment center is a registered nurse practitioner or a physician assistant, a physician is on-call;
  6. A registered nurse is present and provides direction for behavioral health observation/stabilization services in the designated area;
  7. A nurse monitors each patient at the intervals determined according to subsection (A)(12) and documents the monitoring in the patient's medical record;
  8. An individual who arrives at the designated area for behavioral health observation/stabilization services in the outpatient treatment center is screened within 30 minutes, by a qualified person who is on the premises, after entering the designated area to determine whether the individual is in need of immediate physical health services;
  9. If a screening indicates that an individual needs immediate physical health services that the outpatient treatment center is:
    - a. Able to provide according to the outpatient treatment center's scope of services, the individual is

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- examined by a medical practitioner within 30 minutes after being screened; or
- b. Not able to provide, the individual is transferred to a health care institution capable of meeting the individual's immediate physical health needs;
10. If a screening indicates that an individual needs behavioral health observation/stabilization services and the outpatient treatment center has the capabilities to provide the behavioral health observation/stabilization services, the individual is admitted to the designated area for behavioral health observation/stabilization services and may remain in the designated area and receive observation/stabilization services for up to 23 hours and 59 minutes;
  11. Before a patient is discharged from the designated area for behavioral health observation/stabilization services, a medical practitioner determines whether the patient will be:
    - a. If the behavioral health observation/stabilization services are provided in a health care institution that also provides inpatient services and is capable of meeting the patient's needs, admitted to the health care institution as an inpatient;
    - b. Transferred to another health care institution capable of meeting the patient's needs;
    - c. Provided a referral to another entity capable of meeting the patient's needs; or
    - d. Discharged and provided patient follow-up instructions;
  12. When a patient is admitted to a designated area for behavioral health observation/stabilization services, an assessment of the patient includes the interval for monitoring the patient based on the patient's medical condition, behavior, suspected drug or alcohol abuse, and medication status to ensure the health and safety of the patient;
  13. If a patient is not being admitted as an inpatient to a health care institution, before discharging the patient from a designated area for behavioral health observation/stabilization services, a personnel member:
    - a. Identifies the specific needs of the patient after discharge necessary to assist the patient to function independently;
    - b. Identifies any resources, including family members, community social services, peer support services, and Regional Behavioral Health Agency staff, that may be available to assist the patient; and
    - c. Documents the information in subsection (A)(13)(a) and the resources in subsection (A)(13)(b) in the patient's medical record;
  14. When a patient is discharged from a designated area for behavioral health observation/stabilization services, a personnel member:
    - a. Provides the patient with discharge information that includes:
      - i. The identified specific needs of the patient after discharge, and
      - ii. Resources that may be available for the patient; and
    - b. Contacts any resources identified as required in subsection (A)(13)(b);
  15. Except as provided in subsection (A)(16), a patient is not re-admitted to the outpatient treatment center for behavioral health observation/stabilization services within two hours after the patient's discharge from a designated area for behavioral health observation/stabilization services;
  16. A patient may be re-admitted to the outpatient treatment center for behavioral health observation/stabilization services within two hours after the patient's discharge if:
    - a. It is at least one hour since the time of the patient's discharge;
    - b. A law enforcement officer or the patient's case manager accompanies the patient to the outpatient treatment center;
    - c. Based on a screening of the patient, it is determined that re-admission for behavioral health observation/stabilization is necessary for the patient; and
    - d. The name of the law enforcement officer or the patient's case manager and the reasons for the determination in subsection (A)(16)(c) are documented in the patient's medical record;
  17. A patient admitted for behavioral health observation/stabilization services is provided:
    - a. An observation chair; or
    - b. A separate piece of equipment for the patient to use to sit or recline that:
      - i. Is at least 12 inches from the floor; and
      - ii. Has sufficient space around the piece of equipment to allow a personnel member to provide behavioral health services and physical health services, including emergency services, to the patient;
  18. If an individual is not admitted for behavioral health observation/stabilization services because there is not an observation chair available for the individual's use, a personnel member provides support to the individual to access the services or resources necessary for the individual's health and safety, which may include:
    - a. Admitting the individual to the outpatient treatment center to provide behavioral health services other than behavioral health observation/stabilization services;
    - b. Establishing a method to notify the individual when there is an observation chair available;
    - c. Referring or providing transportation to the individual to another health care institution;
    - d. Assisting the individual to contact the individual's support system; and
    - e. If the individual is enrolled with a Regional Behavioral Health Authority, contacting the appropriate person to request assistance for the individual;
  19. Personnel members establish a log of individuals who were not admitted because there was not an observation chair available and document the individual's name, actions taken to provide support to the individual to access the services or resources necessary for the individual's health and safety, and date and time the actions were taken;
  20. The log required in subsection (A)(19) is maintained for at least 12 months after the date of documentation in the log;
  21. An observation chair or, as provided in subsection (A)(17)(b), a piece of equipment used by a patient to sit or recline is visible to a personnel member;
  22. Except as provided in subsection (A)(23), a patient admitted to receive behavioral health observation/stabilization services is visible to a personnel member;
  23. A patient admitted to receive behavioral health observation/stabilization services may use the bathroom and not

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be visible to a personnel member, if the personnel member:

- a. Determines that the patient is capable of using the bathroom unsupervised,
- b. Is aware of the patient's location, and
- c. Is able to intervene in the patient's actions to ensure the patient's health and safety; and

24. An observation chair:

- a. Effective until July 1, 2015, has space around the observation chair that allows a personnel member to provide behavioral health services and physical health services, including emergency services, to a patient in the observation chair; and
- b. Effective on July 1, 2015, has at least three feet of clear floor space:
  - i. On at least two sides of the observation chair, and
  - ii. Between the observation chair and any other observation chair.

B. An administrator of an outpatient treatment center that is authorized to provide behavioral health observation/stabilization services shall:

1. Have a room used for seclusion that complies with requirements for seclusion rooms in R9-10-316, and
2. Comply with the requirements for restraint and seclusion in R9-10-316.

C. An administrator of an outpatient treatment center that is authorized to provide behavioral health observation/stabilization services shall ensure that:

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
  - a. Cover the process for:
    - i. Evaluating a patient previously admitted to the designated area to determine whether the patient is ready for admission to an inpatient setting or discharge, including when to implement the process;
    - ii. Contacting other health care institutions that provide behavioral health observation/stabilization services to determine if the patient could be admitted for behavioral health observation/stabilization services in another health care institution, including when to implement the process; and
    - iii. Ensuring that sufficient personnel members, space, and equipment are available to provide behavioral health observation/stabilization services to patients admitted to receive behavioral health observation/stabilization services; and
  - b. Establish a maximum capacity of the number of patients for whom the outpatient treatment center is capable of providing behavioral health observation/stabilization services;
2. The outpatient treatment center does not:
  - a. Exceed the maximum capacity established by the outpatient treatment center in subsection (C)(1)(b); or
  - b. Admit an individual if the outpatient treatment center does not have personnel members, space, and equipment available to provide behavioral health observation/stabilization services to the individual; and
3. Effective on July 1, 2015:

- a. If an admission of an individual causes the outpatient treatment center to exceed the outpatient treatment center's licensed occupancy, the individual is only admitted for behavioral health observation/stabilization services after:
  - (i.) A behavioral health professional reviews the individual's screening and determines the admission is an emergency; and
  - (ii.) Documents the determination in the individual's medical record; and
- b. The outpatient treatment center's quality management program's plan, required in R9-10-1004(1), includes a method to identify and document each occurrence of exceeding licensed occupancy, to evaluate the occurrences of exceeding licensed occupancy, and to review the actions taken to reduce future occurrences of exceeding licensed occupancy.

#### Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1012 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1012 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

#### R9-10-1013. Court-ordered Evaluation

An administrator of an outpatient treatment center that is authorized to provide court-ordered evaluation shall comply with the requirements for court-ordered evaluation in A.R.S. Title 36, Chapter 5, Article 4.

#### Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1013 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1013 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, §

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13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-1014. Court-ordered Treatment**

An administrator of an outpatient treatment center that is authorized to provide court-ordered treatment shall comply with the requirements for court-ordered treatment in A.R.S. Title 36, Chapter 5, Article 5.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1014 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1014 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-1015. Clinical Laboratory Services**

An administrator of an outpatient treatment center that is authorized to provide clinical laboratory services shall ensure that:

1. If clinical laboratory services are provided on the premises or at another location, the clinical laboratory services are provided by a laboratory that holds a certificate of accreditation, certificate of compliance, or certificate of waiver issued by the U.S. Department of Health and Human Services under the Clinical Laboratory Improvement Act of 1967, 42 U.S.C. 263a, as amended by Public Law 100-578, October 31, 1988; and
2. A clinical laboratory test result is documented in a patient's medical record including:
  - a. The name of the clinical laboratory test;
  - b. The patient's name;
  - c. The date of the clinical laboratory test;
  - d. The results of the clinical laboratory test; and
  - e. If applicable, any adverse reaction related to or as a result of the clinical laboratory test.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1015 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1015 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222,

effective April 5, 1999 (Supp. 99-2). New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1016. Crisis Services**

- A. An administrator of an outpatient treatment center that is authorized to provide crisis services shall comply with the requirements for behavioral health services in R9-10-1011.
- B. An administrator of an outpatient treatment center that is authorized to provide crisis services shall ensure that:
  1. Crisis services are available during clinical hours of operation;
  2. A behavioral health technician, qualified to provide crisis services according to the outpatient treatment center's policies and procedures, is present in the outpatient treatment center during clinical hours of operation; and
  3. The following individuals, qualified to provide crisis services according to policies and procedures, are available during clinical hours of operation:
    - a. A behavioral health professional,
    - b. A medical practitioner, and
    - c. A registered nurse.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1016 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1016 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1017. Diagnostic Imaging Services**

An administrator of an outpatient treatment center that is authorized to provide diagnostic imaging services shall:

1. Designate an individual to provide direction for diagnostic imaging services who is a:
  - a. Radiologic technologist, certified under A.R.S. Title 32, Chapter 28, Article 2, who has at least 12 months experience in an outpatient treatment center;
  - b. Physician; or
  - c. Radiologist; and
2. Ensure that:
  - a. Diagnostic imaging services are provided in compliance with A.R.S. Title 30, Chapter 4 and 9 A.A.C. 7;
  - b. Written documentation of compliance with subsection (2)(a) is maintained;
  - c. Diagnostic imaging services are provided to a patient according to an order that includes:
    - i. The patient's name,



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- ii. The name of the ordering individual,
- iii. The diagnostic imaging procedure ordered, and
- iv. The reason for the diagnostic imaging procedure;
- d. A medical staff member or radiologist interprets the diagnostic image; and
- e. A diagnostic imaging patient report is completed that includes:
  - i. The patient's name,
  - ii. The date of the procedure, and
  - iii. A physician's or radiologist's interpretation of the diagnostic image.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1017 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1017 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-1018. Dialysis Services**

A. In addition to the definitions in A.R.S. § 36-401, R9-10-101, and R9-10-1001, the following definitions apply in this Section:

1. "Caregiver" means an individual designated by a patient or a patient's representative to perform self-dialysis in the patient's stead.
2. "Chief clinical officer" means a physician appointed to provide direction for dialysis services provided by an outpatient treatment center.
3. "Long-term care plan" means a written plan of action for a patient with kidney failure that is developed to achieve long-term optimum patient outcome.
4. "Modality" means a method of treatment for kidney failure, including transplant, hemodialysis, and peritoneal dialysis.
5. "Nutritional assessment" means an analysis of a patient's weight, height, lifestyle, medication, mobility, food and fluid intake, and diagnostic procedures to identify conditions and behaviors that indicate whether the patient's nutritional needs are being met.
6. "Patient care plan" means a written document for a patient receiving dialysis that identifies the patient's needs for medical services, nursing services, and health-related services and the process by which the medical services, nursing services, or health-related services will be provided to the patient.

7. "Peritoneal dialysis" means the process of using the peritoneal cavity for removing waste products by fluid exchange.
  8. "Psychosocial evaluation" means an analysis of an individual's mental and social conditions to determine the individual's need for social work services.
  9. "Reprocessing" means cleaning and sterilizing a dialyzer previously used by a patient so that the dialyzer can be reused by the same patient.
  10. "Self-dialysis" means dialysis performed by a patient or a caregiver on the patient's body.
  11. "Social worker" means an individual licensed according to A.R.S. Title 32, Chapter 33 to engage in the "practice of social work" as defined in A.R.S. § 32-3251.
  12. "Stable means" that a patient's blood pressure, temperature, pulse, respirations, and diagnostic procedure results are within medically recognized acceptable ranges or consistent with the patient's usual medical condition so that medical intervention is not indicated.
  13. "Transplant surgeon" means a physician who:
    - a. Is board eligible or board certified in general surgery or urology by a professional credentialing board, and
    - b. Has at least 12 months of training or experience performing renal transplants and providing care for patients with renal transplants.
- B. A governing authority of an outpatient treatment center that is authorized to provide dialysis services shall:
1. Ensure that the administrator appointed as required in R9-10-1003(B)(3) has at least 12 months of experience in an outpatient treatment center providing dialysis services; and
  2. Appoint a chief clinical officer to direct the dialysis services provided by or at the outpatient treatment center who is a physician who:
    - a. Is board eligible or board certified in internal medicine or pediatrics by a professional credentialing board, and
    - b. Has at least 12 months of experience or training in providing dialysis services.
- C. An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that:
1. In addition to the policies and procedures required in R9-10-1003(D), policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
    - a. Long-term care plans and patient care plans,
    - b. Assigning a patient an identification number,
    - c. Personnel members' response to a patient's adverse reaction during dialysis, and
    - d. Personnel members' response to an equipment malfunction during dialysis;
  2. A personnel member complies with the requirements in A.R.S. § 36-423 and R9-10-114 for hemodialysis technicians and hemodialysis technician trainees, if applicable;
  3. A personnel member completes basic cardiopulmonary resuscitation training specific to the age of the patients receiving dialysis from the outpatient treatment center:
    - a. Before providing dialysis services, and
    - b. At least once every 12 months after the initial date of employment or volunteer service;
  4. A personnel member wears a name badge that displays the individual's first name, job title, and professional license or certification; and

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5. At least one registered nurse or medical practitioner is on the premises while a patient receiving dialysis services is on the premises.
- D. An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that:
  1. The premises of the outpatient treatment center where dialysis services are provided complies with the applicable physical plant health and safety codes and standards for outpatient treatment centers providing dialysis services, incorporated by reference in R9-10-104.01, that were in effect on the date listed on the building permit or zoning clearance submitted, as required by R9-10-104, as part of the application including the notarized attestation of architectural plans and specifications submitted before initial approval of the inclusion of dialysis services in the outpatient treatment center's scope of services;
  2. Before a modification of the premises of an outpatient treatment center where dialysis services are provided is made, an application including the notarized attestation of architectural plans and specifications of the outpatient treatment center required in R9-10-104(A):
    - a. Is submitted to the Department; and
    - b. Demonstrates compliance with the applicable physical plant health and safety codes and standards for outpatient treatment centers providing dialysis services, incorporated by reference in R9-10-104.01, in effect on the date:
      - i. Listed on the building permit or zoning clearance submitted as part of the application including the notarized attestation of architectural plans and specifications for the modification, or
      - ii. The application including the notarized attestation of architectural plans and specifications of the modification of the outpatient treatment center required in R9-10-104(A) is submitted to the Department; and
  3. A modification of the outpatient treatment center complies with applicable physical plant health and safety codes and standards for outpatient treatment centers providing dialysis services, incorporated by reference in R9-10-104.01 in effect on the date:
    - a. Listed on the building permit or zoning clearance submitted as part of the application including the notarized attestation of architectural plans and specifications for the modification, or
    - b. The application including the notarized attestation of architectural plans and specifications required in R9-10-104(A) is submitted to the Department.
- E. An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that for a patient receiving dialysis services:
  1. The dialysis services provided to the patient meet the needs of the patient;
  2. A physician:
    - a. Performs a medical history and physical examination on the patient within 30 calendar days before admission or within 48 hours after admission, and
    - b. Documents the medical history and physical examination in the patient's medical record within 48 hours after admission;
  3. If the patient's medical history and physical examination required in subsection (E)(2) is not performed by the patient's nephrologist, the patient's nephrologist, within 30 calendar days after the date of the medical history and physical examination:
    - a. Reviews and authenticates the patient's medical history and physical examination, documents concurrence with the medical history and physical examination, and includes information specific to nephrology; or
    - b. Performs a medical history and physical examination that includes information specific to nephrology;
  4. The patient's nephrologist or the nephrologist's designee:
    - a. Performs a medical history and physical examination on the patient at least once every 12 months after the date of the patient's admission to the outpatient treatment center, and
    - b. Documents monthly notes related to the patient's progress in the patient's medical record;
  5. A registered nurse responsible for the nursing services provided to the patient receiving dialysis services:
    - a. Reviews with the patient the results of any diagnostic tests performed on the patient;
    - b. Assesses the patient's medical condition before the patient begins receiving hemodialysis and after the patient has received hemodialysis;
    - c. If the patient returns to another health care institution after receiving dialysis services at the outpatient treatment center, provides an oral or written notice of information related to the patient's medical condition to the registered nurse responsible for the nursing services provided to the patient at the health care institution or, if there is not a registered nurse responsible, the individual responsible for the medical services, nursing services, or health-related services provided to the patient at the health care institution;
    - d. Informs the patient's nephrologist of any changes in the patient's medical condition or needs; and
    - e. Documents in the patient's medical record:
      - i. Any notice provided as required in subsection (E)(5)(c), and
      - ii. Monthly notes related to the patient's progress;
  6. If the patient is not stable, before dialysis is provided to the patient, a nephrologist is notified of the patient's medical condition and dialysis is not provided until the nephrologist provides direction;
  7. The patient:
    - a. Is under the care of a nephrologist;
    - b. Is assigned a patient identification number according to the policy and procedure in subsection (C)(1)(b);
    - c. Is identified by a personnel member before beginning dialysis;
    - d. Receives the dialysis services ordered for the patient by a medical practitioner;
    - e. Is monitored by a personnel member while receiving dialysis at least once every 30 minutes; and
    - f. If the outpatient treatment center reprocesses and reuses dialyzers, is informed that the outpatient treatment center reprocesses and reuses dialyzers before beginning hemodialysis;
  8. Equipment used for hemodialysis is inspected and tested according to the manufacturer's recommendations or the outpatient treatment center's policies and procedures before being used to provide hemodialysis to a patient;

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9. The equipment inspection and testing required in subsection (E)(8) is documented in the patient's medical record;
  10. Supplies and equipment used for dialysis services for the patient are used, stored, and discarded according to manufacturer's recommendations;
  11. If hemodialysis is provided to the patient, a personnel member:
    - a. Inspects the dialyzer before use to ensure that the:
      - i. External surface of the dialyzer is clean;
      - ii. Dialyzer label is intact and legible;
      - iii. Dialyzer, blood port, and dialysate port are free from leaks and cracks or other structural damage; and
      - iv. Dialyzer is free of visible blood and other foreign material;
    - b. Verifies the order for the dialyzer to ensure the correct dialyzer is used for the correct patient;
    - c. Verifies the duration of dialyzer storage based on the type of germicide used or method of sterilization or disinfection used;
    - d. If the dialyzer has been reprocessed and is being reused, verifies that the label on the dialyzer includes:
      - i. The patient's name and the patient's identification number,
      - ii. The number of times the dialyzer has been used in patient treatments,
      - iii. The date of the last use of the dialyzer by the patient, and
      - iv. The date of the last reprocessing of the dialyzer;
    - e. If the patient's name is similar to the name of another patient receiving dialysis in the same outpatient treatment center, informs other personnel members, employees, and volunteers, of the similar names to ensure that the name or other identifying information on the label corresponds to the correct patient; and
    - f. Ensures that a patient's vascular access is visible to a personnel member during dialysis;
  12. A patient receiving dialysis is visible to a nurse at a location used by nurses to coordinate patients and treatment;
  13. If the patient has an adverse reaction during dialysis, a personnel member responds by implementing the policy and procedure required in subsection (C)(1)(c);
  14. If the equipment used during the patient's dialysis malfunctions, a personnel member responds by implementing the policy and procedure required in subsection (C)(1)(d); and
  15. After a patient's discharge from an outpatient treatment center, the nephrologist responsible for the dialysis services provided to the patient documents the patient's discharge in the patient's medical record within 30 calendar days after the patient's discharge and includes:
    - a. A description of the patient's medical condition and the dialysis services provided to the patient, and
    - b. The signature of the nephrologist.
- F. If an outpatient treatment center provides support for self-dialysis services, an administrator shall ensure that:
1. A patient or the patient's caregiver is:
    - a. Instructed to use the equipment to perform self-dialysis by a personnel member trained to provide the instruction, and
    - b. Monitored in the patient's home to assess the patient's or patient caregiver's ability to use the equipment to perform self-dialysis;
  2. Instruction provided to a patient as required in subsection (F)(1)(a) and monitoring in the patient's home as required in subsection (F)(1)(b) is documented in the patient's medical record;
  3. All supplies for self-dialysis necessary to meet the needs of the patient are provided to the patient;
  4. All equipment necessary to meet the needs of the patient's self-dialysis is provided for the patient and maintained by the outpatient treatment center according to the manufacturer's recommendations;
  5. The water used for hemodialysis is tested and treated according to the requirements in subsection (N);
  6. Documentation of the self-dialysis maintained by the patient or the patient's caregiver is:
    - a. Reviewed to ensure that the patient is receiving continuity of care, and
    - b. Placed in the patient's medical record; and
  7. If a patient uses self-dialysis and self-administers medication:
    - a. The medical practitioner responsible for the dialysis services provided to the patient reviews the patient's diagnostic laboratory tests;
    - b. The patient and the patient's caregiver are informed of any potential:
      - i. Side effects of the medication; and
      - ii. Hazard to a child having access to the medication and, if applicable, a syringe used to inject the medication; and
    - c. The patient or the patient's caregiver is:
      - i. Taught the route and technique of administration and is able to administer the medication, including injecting the medication;
      - ii. Taught and able to perform sterile techniques if the patient or the patient's caregiver will be injecting the medication;
      - iii. Provided with instructions for the administration of the medication, including the specific route and technique the patient or the patient's caregiver has been taught to use;
      - iv. Able to read and understand the directions for using the medication;
      - v. Taught and able to self-monitor the patient's blood pressure; and
      - vi. Informed how to store the medication according to the manufacturer's instructions.
- G. An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that a social worker is employed by the outpatient treatment center to meet the needs of a patient receiving dialysis services including:
1. Conducting an initial psychosocial evaluation of the patient within 30 calendar days after the patient's admission to the outpatient treatment center;
  2. Participating in reviewing the patient's need for social work services;
  3. Recommending changes in treatment based on the patient's psychosocial evaluation;
  4. Assisting the patient and the patient's representative in obtaining and understanding information for making decisions about the medical services provided to the patient;

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5. Identifying community agencies and resources and assisting the patient and the patient's representative to utilize the community agencies and resources;
  6. Documenting monthly notes related to the patient's progress in the patient's medical record; and
  7. Conducting a follow-up psychosocial evaluation of the patient at least once every 12 months after the date of the patient's admission to the outpatient treatment center.
- H.** An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that a registered dietitian is employed by the outpatient treatment center to assist a patient receiving dialysis services to meet the patient's nutritional and dietetic needs including:
1. Conducting an initial nutritional assessment of the patient within 30 calendar days after the patient's admission to the outpatient treatment center;
  2. Consulting with the patient's nephrologist and recommending a diet to meet the patient's nutritional needs;
  3. Providing advice to the patient and the patient's representative regarding a diet prescribed by the patient's nephrologist;
  4. Monitoring the patient's adherence and response to a prescribed diet;
  5. Reviewing with the patient any diagnostic test performed on the patient that is related to the patient's nutritional or dietetic needs;
  6. Documenting monthly notes related to the patient's progress in the patient's medical record; and
  7. Conducting a follow-up nutritional assessment of the patient at least once every 12 months after the date of the patient's admission to the outpatient treatment center.
- I.** An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that a long-term care plan for each patient:
1. Is developed by a team that includes at least:
    - a. The chief clinical officer of the outpatient treatment center;
    - b. If the chief clinical officer is not a nephrologist, the patient's nephrologist;
    - c. A transplant surgeon or the transplant surgeon's designee;
    - d. A registered nurse responsible for nursing services provided to the patient;
    - e. A social worker;
    - f. A registered dietitian; and
    - g. The patient or patient's representative, if the patient or patient's representative chooses to participate in the development of the long-term care plan;
  2. Identifies the modality of treatment and dialysis services to be provided to the patient;
  3. Is reviewed and approved by the chief clinical officer;
  4. Is signed and dated by each personnel member participating in the development of the long-term care plan;
  5. Includes documentation signed by the patient or the patient's representative that the patient or the patient's representative was provided an opportunity to participate in the development of the long-term care plan;
  6. Is signed and dated by the patient or the patient's representative; and
  7. Is reviewed at least once every 12 months by the team in subsection (I)(1) and updated according to the patient's needs.
- J.** An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that a patient care plan for each patient:
1. Is developed by a team that includes at least:
    - a. The patient's nephrologist;
    - b. A registered nurse responsible for nursing services provided to the patient;
    - c. A social worker;
    - d. A registered dietitian; and
    - e. The patient or the patient's representative, if the patient or patient's representative chooses to participate in the development of the patient care plan;
  2. Includes an assessment of the patient's need for dialysis services;
  3. Identifies treatment and treatment goals;
  4. Is signed and dated by each personnel member participating in the development of the patient care plan;
  5. Includes documentation signed by the patient or the patient's representative that the patient or the patient's representative was provided an opportunity to participate in the development of the patient care plan;
  6. Is signed and dated by the patient or the patient's representative;
  7. Is implemented;
  8. Is evaluated by:
    - a. The registered nurse responsible for the dialysis services provided to the patient,
    - b. The registered dietitian providing services to the patient related to the patient's nutritional or dietetic needs, and
    - c. The social worker providing services to the patient related to the patient's psychosocial needs;
  9. Includes documentation of interventions, resolutions, and outcomes related to treatment goals; and
  10. Is reviewed and updated according to the needs of the patient:
    - a. At least once every six months for a patient whose medical condition is stable, and
    - b. At least once every 30 calendar days for a patient whose medical condition is not stable.
- K.** In addition to the requirements in R9-10-1009(C), an administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that a medical record for each patient contains:
1. An annual medical history;
  2. An annual physical examination;
  3. Monthly notes related to the patient's progress by a medical practitioner, registered dietitian, social worker, and registered nurse;
  4. If applicable, documentation of:
    - a. The equipment inspection and testing required in subsection (E)(9), and
    - b. The self-dialysis required in subsection (F)(2); and
  5. If applicable, documentation of the patient's discharge.
- L.** For a patient who received dialysis services, an administrator shall ensure that after the patient's discharge from an outpatient treatment center that is authorized to provide dialysis services, the nephrologist responsible for the dialysis services provided to the patient documents the patient's discharge in the patient's medical record within 30 calendar days after the patient's discharge and includes:
1. A description of the patient's medical condition and the dialysis services provided to the patient, and
  2. The signature of the nephrologist.

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- M. If an outpatient treatment center reuses dialyzers or other dialysis supplies, an administrator shall ensure that the outpatient treatment center complies with the guidelines adopted by the Association for the Advancement of Medical Instrumentation in Reprocessing of Hemodialyzers, ANSI/AAMI RD47:2008/(R)2013, incorporated by reference, available through <http://my.aami.org/store/>, on file with the Department, and including no future editions or amendments.
- N. A chief clinical officer shall ensure that the quality of water used in dialysis conforms to the guidelines adopted by the Association for the Advancement of Medical Instrumentation in Dialysis Water and Dialysate Recommendations: A User Guide, incorporated by reference, available through <http://my.aami.org/store/>, on file with the Department, and including no future editions or amendments.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1018 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1018 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-1019. Emergency Room Services**

An administrator of an outpatient treatment center that is authorized to provide emergency room services shall ensure that:

1. Emergency room services are:
  - a. Available on the premises:
    - i. At all times, and
    - ii. To stabilize an individual's emergency medical condition; and
  - b. Provided:
    - i. In a designated area, and
    - ii. Under the direction of a physician;
2. Clinical laboratory services are available on the premises;
3. Diagnostic imaging services are available on the premises;
4. An area designated for emergency room services complies with the physical plant codes and standards for a freestanding emergency care facility in R9-10-104.01;
5. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that specify requirements for the use of a room used for seclusion that meets the requirements in R9-10-217(D);
6. A physician is present in an area designated for emergency room services;

7. A registered nurse is present in an area designated for emergency room services and provides direction for nursing services in the designated area;
8. The outpatient treatment center has a documented transfer agreement with a general hospital;
9. Emergency room services are provided to an individual, including a woman in active labor, requesting medical services in an emergency;
10. If emergency room services cannot be provided at the outpatient treatment center, measures and procedures are implemented to minimize the risk to the patient until the patient is transferred to the general hospital with which the outpatient treatment center has a transfer agreement as required in subsection (8);
11. There is a chronological log of emergency room services provided to a patient that includes:
  - a. The patient's name;
  - b. The date, time, and mode of arrival; and
  - c. The disposition of the patient, including discharge or transfer; and
12. The chronological log required in subsection (11) is maintained:
  - a. In the designated area for emergency room services for at least 12 months after the date the emergency room services were provided; and
  - b. By the outpatient treatment center for a total of at least 24 months after the date the emergency room services were provided.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1019 adopted as an emergency now adopted as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1019 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**R9-10-1020. Opioid Treatment Services**

- A. A governing authority of an outpatient treatment center that is authorized to provide opioid treatment services shall:
  1. Ensure that the outpatient treatment center obtains certification by the Substance Abuse and Mental Health Services Administration before providing opioid treatment;
  2. Maintain a current Substance Abuse and Mental Health Services Administration certificate for the outpatient treatment center on the premises, and
  3. Ensure that the administrator appointed as required in R9-10-1003(B)(3) is named on the Substance Abuse and Mental Health Services Administration certificate as the

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individual responsible for the opioid treatment services provided by or at the outpatient treatment center.

**B.** An administrator of an outpatient treatment center that is authorized to provide opioid treatment services shall ensure that:

1. In addition to the policies and procedures required in R9-10-1003(D), policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
  - a. Include the criteria for receiving opioid treatment services and address:
    - i. Comprehensive maintenance treatment consisting of dispensing or administering an opioid agonist treatment medication at stable dosage levels to a patient for a period in excess of 21 calendar days and providing medical and health-related services to the patient, and
    - ii. Detoxification treatment that occurs over a continuous period of more than 30 calendar days;
  - b. Include the criteria and procedures for discontinuing opioid treatment services;
  - c. Address the needs of specific groups of patients, such as patients who:
    - i. Are pregnant;
    - ii. Are children;
    - iii. Have chronic or acute medical conditions such as HIV infection, hepatitis, diabetes, tuberculosis, or cardiovascular disease;
    - iv. Have a mental disorder;
    - v. Abuse alcohol or other drugs; or
    - vi. Are incarcerated or detained;
  - d. Contain a method of patient identification to ensure the patient receives the opioid treatment services ordered;
  - e. Contain methods to assess whether a patient is receiving concurrent opioid treatment services from more than one health care institution;
  - f. Contain methods to ensure that the opioid treatment services provided to a patient by or at the outpatient treatment center meet the patient's needs;
  - g. Include relapse prevention procedures;
  - h. Include for laboratory testing:
    - i. Criteria for the assessment of a patient's opioid agonist blood levels,
    - ii. Procedures for specimen collection and processing to reduce the risk of fraudulent results, and
    - iii. Procedures for conducting random drug testing of patients receiving an opioid agonist treatment medication;
  - i. Include procedures for the response of personnel members to a patient's adverse reaction during opioid treatment; and
  - j. Include criteria for dispensing one or more doses of an opioid agonist treatment medication to a patient for use off the premises and address:
    - i. Who may authorize dispensing,
    - ii. Restrictions on dispensing, and
    - iii. Information to be provided to a patient or the patient's representative before dispensing;
2. A physician provides direction for the opioid treatment services provided at the outpatient treatment center;

3. If a patient requires administration of an opioid agonist treatment medication as a result of chronic pain, the patient:

- a. Receives consultation with or a referral for consultation with a physician or registered nurse practitioner who specializes in chronic pain management, and
- b. Is not admitted for opioid treatment services:
  - i. Unless the patient is physically addicted to an opioid drug, as manifested by the symptoms of withdrawal in the absence of the opioid drug; and
  - ii. A medical practitioner at the outpatient treatment center coordinates with the physician or registered nurse practitioner who is providing chronic pain management to the patient; and

4. In addition to the requirements in R9-10-1009(C), a medical record for each patient contains:

- a. If applicable, documentation of the dispensing of doses of an opioid agonist treatment medication to the patient for use off the premises; and
- b. If applicable, documentation of the patient's discharge from receiving opioid treatment services.

**C.** An administrator of an outpatient treatment center that is authorized to provide opioid treatment services shall ensure that for a patient receiving opioid treatment services:

1. The opioid treatment services provided to the patient meet the needs of the patient;
2. A physician or a medical practitioner under the direction of a physician:
  - a. Performs a medical history and physical examination on the patient within 30 calendar days before admission or within 48 hours after admission, and
  - b. Documents the medical history and physical examination in the patient's medical record within 48 hours after admission;
3. Before receiving opioid treatment, the patient is informed of the following:
  - a. The progression of opioid addiction and the patient's apparent stage of opioid addiction;
  - b. The goal and benefits of opioid treatment;
  - c. The signs and symptoms of overdose and when to seek emergency assistance;
  - d. The characteristics of opioid agonist treatment medication, including common side-effects and potential interaction effects with other drugs;
  - e. The requirement for a staff member to report suspected or alleged abuse or neglect of a child or an incapacitated or vulnerable adult according to state law;
  - f. Confidentiality requirements;
  - g. Drug screening and urinalysis procedures;
  - h. Requirements for dispensing to a patient one or more doses of an opioid agonist treatment medication for use by the patient off the premises;
  - i. Testing and treatment available for HIV and other communicable diseases; and
  - j. The patient complaint process;
4. Documentation of the provision of the information specified in subsection (C)(3) is included in the patient's medical record;
5. The patient receives a dose of an opioid agonist treatment medication only on the order of a medical practitioner;
6. The patient begins detoxification treatment only at the request of the patient or according to the outpatient treat-

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ment center's policy and procedure for discontinuing opioid treatment services required in subsection (B)(1)(b);

7. If the patient has an adverse reaction during opioid treatment, a personnel member and, if appropriate, a medical practitioner responds by implementing the policy and procedure required in subsection (B)(1)(i);
8. Before the patient's discharge from opioid treatment services, the patient is provided with patient follow-up instructions that:
  - a. Include information that may reduce the risk of relapse; and
  - b. May include a referral for counseling, support groups, or medication for depression or sleep disorders; and
9. After the patient's discharge from opioid treatment services provided by or at the outpatient treatment center, the medical practitioner responsible for the opioid treatment services provided to the patient documents the patient's discharge in the patient's medical record within 30 calendar days after the patient's discharge and includes:
  - a. A description of the patient's medical condition and the opioid treatment services provided to the patient, and
  - b. The signature of the medical practitioner.

**D.** An administrator of an outpatient treatment center that is authorized to provide opioid treatment services shall ensure that an assessment for each patient receiving opioid treatment services:

1. Includes, in addition to the information in R9-10-1010(B):
  - a. An assessment of the patient's need for opioid treatment services,
  - b. An assessment of the patient's medical conditions that may be affected by opioid treatment,
  - c. An assessment of other medications being taken by the patient and conditions that may be affected by opioid treatment, and
  - d. A plan to prevent relapse;
2. Identifies the treatment to be provided to the patient and treatment goals; and
3. Specifies whether the patient may receive an opioid agonist treatment medication for use off the premises and, if so, the number of doses that may be dispensed.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1020 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1020 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1021. Pain Management Services**

A medical director of an outpatient treatment center that is authorized to provide pain management services shall ensure that:

1. Pain management services are provided under the direction of:
  - a. A physician; or
  - b. A nurse practitioner licensed according to A.R.S. Title 32, Chapter 15 with advanced pain management certification from a nationally recognized accreditation or certification entity;
2. A personnel member certified in cardiopulmonary resuscitation is available on the outpatient treatment center's premise;
3. If a controlled substance is used to provide pain management services:
  - a. A medical practitioner discusses the risks and benefits of using a controlled substance with a patient;
  - b. If the controlled substance is an opioid, the outpatient treatment center complies with the requirements in R9-10-2006; and
  - c. The following information is included in a patient's medical record:
    - i. The patient's history of substance use disorder,
    - ii. Documentation of the discussion in subsection (3)(a),
    - iii. The nature and intensity of the patient's pain, and
    - iv. The objectives used to determine whether the patient is being successfully treated; and
4. If an injection or a nerve block is used to provide pain management services:
  - a. Before the injection or nerve block is initially used on a patient, an evaluation of the patient is performed by a physician or nurse anesthetist;
  - b. An injection or nerve block is administered by a physician or nurse anesthetist; and
  - c. The following information is included in a patient's medical record:
    - i. The evaluation of the patient required in subsection (4)(a),
    - ii. A record of the administration of the injection or nerve block, and
    - iii. Any resuscitation measures taken; and
5. An outpatient treatment center that meets the definition of a pain management clinic in A.R.S. § 36-448.01 and complies with 9 Article 20 of this Chapter.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1021 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1021 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final

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rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

**R9-10-1022. Physical Health Services**

An administrator of an outpatient treatment center that is authorized to provide physical health services shall ensure that:

1. Medical services provided at or by the outpatient treatment center are provided under A.R.S. § 36-401(A)(33),
2. Nursing services provided at or by the outpatient treatment center are provided under the direction of a registered nurse, and
3. A personnel member certified in cardiopulmonary resuscitation is available on the outpatient treatment center's premise.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1022 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1022 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-1023. Pre-petition Screening**

An administrator of an outpatient treatment center that is authorized to provide pre-petition screening shall comply with the requirements for pre-petition screening in A.R.S. Title 36, Chapter 5, Article 4.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1023 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1023 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1024. Rehabilitation Services**

An administrator shall ensure that if an outpatient treatment center is authorized to provide:

1. Occupational therapy services, an occupational therapist provides direction for the occupational therapy services provided at or by the outpatient treatment center;

2. Physical therapy services, a physical therapist provides direction for the physical therapy services provided at or by the outpatient treatment center; or
3. Speech-language pathology services, a speech-language pathologist provides direction for the speech-language pathology services provided at or by the outpatient treatment center.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). New Section R9-10-1024 adopted as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1024 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1025. Respite Services**

- A. In addition to the definitions in A.R.S. § 36-401, R9-10-101, and R9-10-1001, the following definitions apply in this Section:
  1. "Emergency safety response" has the same meaning as in R9-10-701.
  2. "Outing" means travel by a child, who is receiving respite services provided by an outpatient treatment center, to a location away from the outpatient treatment center premises or, if applicable, the child's residence for a specific activity.
  3. "Parent" means a child's:
    - a. Mother or father, or
    - b. Legal guardian.
- B. An administrator of an outpatient treatment center that is authorized to provide respite services shall ensure that:
  1. Respite services are not provided in a personnel member's residence unless the personnel member's residence is licensed as a behavioral health respite home;
  2. Except for an outpatient treatment center that is authorized to provide respite services for children on the premises, respite services are provided:
    - a. In a patient's residence; or
    - b. Up to 10 continuous hours in a 24-hour time period while the individual who is receiving the respite services is:
      - i. Supervised by a personnel member;
      - ii. Awake;
      - iii. Except as stated in subsection (B)(3), provided food;
      - iv. Allowed to rest;
      - v. Provided an opportunity to use the toilet and meet the individual's hygiene needs; and
      - vi. Participating in activities in the community but is not in a licensed health care institution or child care facility; and
  3. If a child is provided respite services according to subsection (B)(2)(b), the child is provided the appropriate meals or snacks in subsection (J)(1) for the amount of time the



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child is receiving respite services from the outpatient treatment center.

- C. If an outpatient treatment center that is authorized to provide respite services for children includes outings in the outpatient treatment center's scope of services, an administrator shall ensure that:
1. Before a personnel member takes a child receiving respite services on an outing, written permission is obtained from the child's parent that includes:
    - a. The child's name;
    - b. A description of the outing;
    - c. The name of the outing destination, if applicable;
    - d. The street address and, if available, the telephone number of the outing destination;
    - e. Either:
      - i. The date or dates of the outing; or
      - ii. The time period, not to exceed 12 months, during which the permission is given;
    - f. The projected time of departure from the outpatient treatment center or, if applicable, the child's residence;
    - g. The projected time of arrival back at the outpatient treatment center or, if applicable, the child's residence; and
    - h. The dated signature of the child's parent;
  2. Each motor vehicle used on an outing by a personnel member for a child receiving respite services from the outpatient treatment center:
    - a. Is maintained in a mechanically safe condition;
    - b. Is free from hazards;
    - c. Has an operational heating system;
    - d. Has an operational air-conditioning system; and
    - e. Is equipped with:
      - i. A first-aid kit that meets the requirements in subsection (S)(1), and
      - ii. Two large, clean towels or blankets;
  3. On an outing, a child does not ride in a truck bed, camper, or trailer attached to a motor vehicle;
  4. The Department is notified within 24 hours after a motor vehicle accident that involves a child who is receiving respite services while riding in the motor vehicle on an outing; and
  5. A personnel member who drives a motor vehicle with children receiving respite services from the outpatient treatment center in the motor vehicle:
    - a. Requires that each door be locked before the motor vehicle is set in motion and keeps the doors locked while the motor vehicle is in motion;
    - b. Does not permit a child to be seated in front of a motor vehicle's air bag;
    - c. Requires that a child remain seated and entirely inside the motor vehicle while the motor vehicle is in motion;
    - d. Requires that a child is secured, as required in A.R.S. § 28-907 or A.R.S. § 28-909, before the motor vehicle is set in motion and while the motor vehicle is in motion;
    - e. Assists a child into or out of the motor vehicle away from moving traffic at curbside or in a driveway, parking lot, or other location designated for this purpose;
    - f. Carries drinking water in an amount sufficient to meet the needs of each child on the outing and a sufficient number of cups or other drinking receptacles so that each child can drink from a different cup or receptacle; and
    - g. Accounts for each child while on the outing.
- D. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:
1. Respite services are only provided on the premises for up to 10 continuous hours per day between the hours of 6:00 a.m. and 10:00 p.m.;
  2. The specific 10 continuous hours per day during which the outpatient treatment center provides respite services on the premises is stated in the outpatient treatment center's hours of operation that is submitted as part of the outpatient treatment center's license application and according to R9-10-1002(D);
  3. A personnel member, who is expected to provide respite services eight or more hours a week, complies with the requirements for tuberculosis screening in R9-10-113;
  4. At least one personnel member who has current training in first aid and cardiopulmonary resuscitation is available on the premises when a child is receiving respite services on the premises;
  5. At least one personnel member who has completed training in crisis intervention according to R9-10-716(F) is available on the premises when a child is receiving respite services on the premises;
  6. A personnel member does not use or possess any of the following items when a child receiving respite services is on the premises:
    - a. A controlled substance as listed in A.R.S. Title 36, Chapter 27, Article 2, except where used as a prescription medication in the manner prescribed;
    - b. A dangerous drug as defined in A.R.S. § 13-3401, except where used as a prescription medication in the manner prescribed;
    - c. A prescription medication as defined in A.R.S. § 32-1901, except where used in the manner prescribed; or
    - d. A firearm as defined in A.R.S. § 13-105;
  7. An unannounced fire and emergency evacuation drill is conducted at least once a month, and at different times of the day, and each personnel member providing respite services for children on the premises and each child receiving respite services on the premises participates in the fire and emergency evacuation drill;
  8. Each fire and emergency evacuation drill is documented, and the documentation is maintained for at least 12 months after the date of the fire and emergency evacuation drill;
  9. Before a child receives respite services on the premises of the outpatient treatment center, in addition to the requirements in R9-10-1009, the following information is obtained and maintained in the child's medical record;
    - a. The name, home address, city, state, zip code, and contact telephone number of each parent of the child;
    - b. The name and contact telephone number of at least two additional individuals authorized by the child's parent to collect the child from the outpatient treatment center;
    - c. The name and contact telephone number of the child's health care provider;

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- d. The written authorization for emergency medical care of the child when the parent cannot be contacted at the time of an emergency;
  - e. The name of the individual to be contacted in case of injury or sudden illness of the child;
  - f. If applicable, a description of any dietary restrictions or needs due to a medical condition or diagnosed food sensitivity or allergy;
  - g. A written record completed by the child's parent or health care provider noting the child's susceptibility to illness, physical conditions of which a personnel member should be aware, and any specific requirements for health maintenance; and
10. Documentation is obtained and maintained in the child's medical record each time the child receives respite services on the premises that includes:
    - a. The date and time of each admission to and discharge from receiving respite services; and
    - b. A signature, which contains at least a first initial of a first name and the last name of the child's parent or other individual designated by the child's parent, each time the child is admitted or discharged from receiving respite services on the premises;
  11. Policies and procedures are developed, documented, and implemented to ensure that the identity of an individual is known to a personnel member or is verified with picture identification before the personnel member discharges a child to the individual;
  12. A child is not discharged to an individual other than the child's parent or other individual designated according to subsection (D)(9)(b), except:
    - a. When the child's parent authorizes the administrator by telephone or electronic means to release the child to an individual not so designated, and
    - b. The administrator can verify the telephone or electronic authorization using a means of verification that has been agreed to by the administrator and the child's parent and documented in the child's medical record; and
  13. The number of personnel members providing respite services for children on the premises is determined by the needs of the children present, with a minimum of at least:
    - a. One personnel member providing supervision for every five children receiving respite services on the premises; and
    - b. Two personnel members on the premises when a child is receiving respite services on the premises.
- E.** If swimming activities are conducted at a swimming pool for a child receiving respite services on the premises of an outpatient treatment center, an administrator shall ensure that there is an individual at the swimming pool on the premises who has current lifeguard certification that includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation. If the individual is a personnel member, the personnel member cannot be counted in the personnel member-to-children ratio required by subsection (D)(13).
- F.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that in each area designated for providing respite services:
1. Drinking water is provided sufficient for the needs of and accessible to each child in both indoor and outdoor areas;
  2. Indoor areas used by children are decorated with age-appropriate articles such as bulletin boards, pictures, and posters;
  3. Storage space is provided for indoor and outdoor toys, materials, and equipment in areas accessible to children;
  4. Clean clothing is available to a child when the child needs a change of clothing;
  5. At least one indoor area in the outpatient treatment center where respite services are provided for children is equipped with at least one cot or mat, a sheet, and a blanket, where a child can rest quietly away from the other children;
  6. Except as provided in subsection (AA)(2)(a), outdoor or large muscle development activities are scheduled to allow not less than 75 square feet for each child occupying the outdoor area or indoor area substituted for outdoor area at any time;
  7. The premises, including the buildings, are maintained free from hazards;
  8. Toys and play equipment, required in this Section, are maintained:
    - a. Free from hazards, and
    - b. In a condition that allows the toy or play equipment to be used for the original purpose of the toy or play equipment;
  9. Temperatures are maintained between 70° F and 84° F in each room or indoor area used by children;
  10. Except when a child is napping or sleeping or for a child who has a sensory issue documented in the child's behavioral health assessment, each room or area used by a child is maintained at a minimum of 30 foot candles of illumination;
  11. When a child is napping or sleeping in a room, the room is maintained at a minimum of five foot candles of illumination;
  12. Each child's toothbrush, comb, washcloth, and cloth towel that are provided for the child's use by the child's parent are maintained in a clean condition and stored in an identified space separate from those of other children;
  13. Except as provided in subsection (F)(14), the following are stored separate from food storage areas and are inaccessible to a child:
    - a. All materials and chemicals labeled as a toxic or flammable substance;
    - b. All substances that have a child warning label and may be a hazard to a child; and
    - c. Lawn mowers, ladders, toilet brushes, plungers, and other equipment that may be a hazard to a child;
  14. Hand sanitizers:
    - a. When being stored, are stored separate from food storage areas and are inaccessible to children; and
    - b. When being provided for use, are accessible to children; and
  15. Except when used as part of an activity, the following are stored in an area inaccessible to a child:
    - a. Garden tools, such as a rake, trowel, and shovel; and
    - b. Cleaning equipment and supplies, such as a mop and mop bucket.
- G.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that a personnel member:
1. Supervises each child at all times;
  2. Does not smoke or use tobacco;

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- a. In any area where respite services may be provided for a child, or
    - b. When transporting or transferring a child;
  3. Except for a child who can change the child's own clothing, changes a child's clothing when wet or soiled;
  4. Empties clothing soiled with feces into a toilet without rinsing;
  5. Places a child's soiled clothing in a plastic bag labeled with the child's name, stores the clothing in a container used for this purpose, and sends the clothing home with the child's parent;
  6. Prepares and posts in each indoor area, before the first child arrives to receive respite services that day, a current schedule of age-appropriate activities that meet the needs of the children receiving respite services that day, including the times the following are provided:
    - a. Meals and snacks,
    - b. Naps,
    - c. Indoor activities,
    - d. Outdoor or large muscle development activities,
    - e. Quiet and active activities,
    - f. Personnel member-directed activities,
    - g. Self-directed activities, and
    - h. Activities that develop small muscles;
  7. Provides activities and opportunities, consistent with a child's behavioral health assessment, for each child to:
    - a. Gain a positive self-concept;
    - b. Develop and practice social skills;
    - c. Acquire communication skills;
    - d. Participate in large muscle physical activity;
    - e. Develop habits that meet health, safety, and nutritional needs;
    - f. Express creativity;
    - g. Learn to respect cultural diversity of children and staff;
    - h. Learn self-help skills; and
    - i. Develop a sense of responsibility and independence;
  8. Implements the schedule in subsection (G)(6);
  9. If an activity on the schedule in subsection (G)(6) is not implemented, writes on the schedule the activity that was not implemented and what activity was substituted;
  10. Ensures that each indoor area has a supply of age-appropriate toys, materials, and equipment, necessary to implement the schedule required in subsection (G)(6), in a quantity sufficient for the number of children receiving respite services at the outpatient treatment center that day, including:
    - a. Art and crafts supplies;
    - b. Books;
    - c. Balls;
    - d. Puzzles, blocks, and toys to enhance manipulative skills;
    - e. Creative play toys;
    - f. Musical instruments; and
    - g. Indoor and outdoor equipment to enhance large muscle development;
  11. Does the following when a parent permits or asks a personnel member to apply personal products, such as petroleum jelly, diaper rash ointments, sun screen or sun block preparations, toothpaste, and baby diapering preparations on the parent's child:
    - a. Obtains the child's personal products and written approval for use of the personal products from the child's parent;
    - b. Labels the personal products with the child's name; and
    - c. Keeps the personal products inaccessible to children; and
  12. Monitors a child for overheating or overexposure to the sun.
- H.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises and includes in the outpatient treatment center's scope of respite services for children wearing diapers shall ensure that there is a diaper changing space in the area designated for providing respite services for children that contains:
1. A nonabsorbent, sanitizable diaper changing surface that is:
    - a. Seamless and smooth, and
    - b. Kept clear of items not required for diaper changing;
  2. A hand-washing sink adjacent to the diaper changing surface, for a personnel member's use when changing diapers and for washing a child during or after diapering, that provides:
    - a. Running water,
    - b. Soap from a dispenser, and
    - c. Single-use paper hand towels from a dispenser;
  3. At least one waterproof, sanitizable container with a waterproof liner and a tight-fitting lid for soiled diapers; and
  4. At least one waterproof, sanitizable container with a waterproof liner and a tight-fitting lid for soiled clothing.
- I.** In a diaper changing space, an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:
1. A diaper changing procedure is established, documented, and implemented that states that a child's diaper is changed as soon as it is soiled and that a personnel member when diapering:
    - a. Washes and dries the child, using a separate wash cloth and towel only once for each child;
    - b. If applicable, applies the child's individual personal products labeled with the child's name;
    - c. Uses single-use non-porous gloves;
    - d. Washes the personnel member's own hands with soap and running water according to the requirements in R9-10-1028(5);
    - e. Washes each child's hands with soap and running water after each diaper change; and
    - f. Cleans, sanitizes, and dries the diaper changing surface following each diaper change; and
  2. A personnel member:
    - a. Removes disposable diapers and disposable training pants from a diaper changing space as needed or at least twice every 24 hours to a waste receptacle outside the building; and
    - b. Does not:
      - i. Permit a bottle, formula, food, eating utensil, or food preparation in a diaper changing space;
      - ii. Draw water for human consumption from the hand-washing sink adjacent to a diaper changing surface, required in subsection (H)(2); or
      - iii. If responsible for food preparation, change diapers until food preparation duties have been completed for the day.
- J.** Except as provided in subsection (K)(3), an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall:

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1. Serve the following meals or snacks to a child receiving respite services on the premises:
    - a. For the following periods of time:
      - i. Two to four hours, one or more snacks;
      - ii. Four to eight hours, one or more snacks and one or more meals; and
      - iii. More than eight hours, two snacks and one or more meals;
    - b. Make breakfast available to a child receiving respite services on the premises before 8:00 a.m.;
    - c. Serve lunch to a child who is receiving respite services on the premises between 11:00 a.m. through 1:00 p.m.; and
    - d. Serve dinner to a child who is receiving respite services on the premises from 5:00 p.m. through 7:00 p.m. and who will remain on the premises after 7:00 p.m.;
  2. Ensure that a meal or snack provided by the outpatient treatment center meets the meal pattern requirements in Table 10.1; and
  3. If the outpatient treatment center provides a meal or snack to a child:
    - a. Make a second serving of a food component of a provided snack or meal available to a child who requests a second serving; and
    - b. Substitute a food that is equivalent to a specific food component if a requested second serving of a specific food component is not available.
- K.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises:
1. May serve food provided for a child by the child's parent;
  2. If a child's parent does not provide a sufficient number of meals or snacks to meet the requirements in subsection (J)(1), shall supplement, according to the requirements in Table 10.1, the meals or snacks provided by the child's parent; and
  3. If applicable, shall serve food to a child at the times and in quantities consistent with the information documented according to subsection (D)(9)(f) for the child and the child's behavioral health assessment, to meet the child's dietary and nutritional needs.
- L.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises that has a respite capacity of more than 10 shall obtain a food establishment license or permit according to the requirements in 9 A.A.C. 8, Article 1, and, if applicable, maintain documentation of the current food establishment license or permit.
- M.** If an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises serves food to a child receiving respite services on the premises that is not prepared by the outpatient treatment center or provided by the child's parent, the administrator shall ensure that the food was prepared by a food establishment, as defined according to A.A.C. R9-8-101.
- N.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:
1. Children, except infants and children who cannot wash their own hands, wash their hands with soap and running water before and after handling or eating food;
  2. A personnel member:
    - a. Washes the hands of an infant or a child who cannot wash the child's own hands before and after the infant or child handles or eats food, using:
      - i. A washcloth,
      - ii. A single-use paper towel, or
      - iii. Soap and running water; and
    - b. If using a washcloth, uses each washcloth on only one child and only one time before it is laundered or discarded;
  3. Non-single-use utensils and equipment used in preparing, eating, or drinking food are:
    - a. After each use:
      - i. Washed in an automatic dishwasher and air dried or heat dried; or
      - ii. Washed in hot soapy water, rinsed in clean water, sanitized, and air dried or heat dried; and
    - b. Stored in a clean area protected from contamination;
  4. Single-use utensils and equipment are disposed of after being used;
  5. Perishable foods are covered and stored in a refrigerator at a temperature of 41° F or less;
  6. A refrigerator at the outpatient treatment center maintains a temperature of 41° F or less, as shown by a thermometer kept in the refrigerator at all times;
  7. A freezer at the outpatient treatment center maintains a temperature of 0° F or less, as shown by a thermometer kept in the freezer at all times; and
  8. Foods are prepared as close as possible to serving time and, if prepared in advance, are either:
    - a. Cold held at a temperature of 45° F or less or hot held at a temperature of 130° F or more until served, or
    - b. Cold held at a temperature of 45° F or less and then reheated to a temperature of at least 165° F before being served.
- O.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises:
1. May allow a personnel member to separate a child who is receiving respite services on the premises from other children for unacceptable behavior for no longer than three minutes after the child has regained self-control, but not more than 10 minutes without the personnel member interacting with the child, consistent with the child's behavioral health assessment;
  2. Shall ensure that:
    - a. A personnel member, consistent with the child's behavioral health assessment:
      - i. Defines and maintains consistent and reasonable guidelines and limitations for a child's behavior;
      - ii. Teaches, models, and encourages orderly conduct, personal control, and age-appropriate behavior; and
      - iii. Explains to a child why a particular behavior is not allowed, suggests an alternative, and assists the child to become engaged in an alternative activity;
    - b. An emergency safety response is:
      - i. Only used:
        - (1) By a personnel member trained according to R9-10-716(F)(1) to use an emergency safety response,
        - (2) For the management of a child's violent or

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- self-destructive behavior, and
    - (3) When less restrictive interventions have been determined to be ineffective; and
  - ii. Discontinued at the earliest possible time, but no longer than five minutes after the emergency safety response is initiated;
  - c. If an emergency safety response was used for a child, a personnel member, when the child is discharged to the child's parent:
    - i. Notifies the child's parent of the use of the emergency safety response for the child and the behavior, event, or environmental factor that caused the need for the emergency safety response; and
    - ii. Documents in the child's medical record that the child's parent was notified of the use of the emergency safety response;
  - d. Within 24 hours after an emergency safety response is used for a child receiving respite services on the premises, the following information is entered into the child's medical record:
    - i. The date and time the emergency safety response was used;
    - ii. The name of each personnel member who used an emergency safety response;
    - iii. The specific emergency safety response used;
    - iv. The behavior, event, or environmental factor that caused the need for the emergency safety response; and
    - v. Any injury that resulted from the use of the emergency safety response;
  - e. Within 10 working days after an emergency safety response is used for a child receiving respite services on the premises, a behavioral health professional reviews the information in subsection (O)(2)(d) and documents the review in the child's medical record;
  - f. After the review required in subsection (O)(2)(e), the following information is entered into the child's medical record:
    - i. Actions taken or planned to prevent the need for a subsequent use of an emergency safety response for the child,
    - ii. A determination of whether the child is appropriately placed at the outpatient treatment center providing respite services for children on the premises, and
    - iii. Whether the child's treatment plan was reviewed or needs to be reviewed and amended to ensure that the child's treatment plan is meeting the child's treatment needs;
  - g. Emergency safety response training is documented according to the requirements in R9-10-716(F)(2); and
  - h. Materials used for emergency safety response training are maintained according to the requirements in R9-10-716(F)(3); and
3. A personnel member does not use or permit:
  - a. A method of discipline that could cause harm to the health, safety, or welfare of a child;
  - b. Corporal punishment;
  - c. Abusive language;
  - d. Discipline associated with:
    - i. Eating, napping, sleeping, or toileting;
    - ii. Medication; or
    - iii. Mechanical restraint; or
  - e. Discipline administered to any child by another child.
- P. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall:
  - 1. Provide each child who naps or sleeps on the premises with a separate cot or mat and ensure that:
    - a. A cot or mat used by the child accommodates the child's height and weight;
    - b. A personnel member covers each cot or mat with a clean sheet that is laundered when soiled, or at least once every seven days and before use by a different child;
    - c. A clean blanket or sheet is available for each child;
    - d. A rug, carpet, blanket, or towel is not used as a mat; and
    - e. Each cot or mat is maintained in a clean and repaired condition;
  - 2. Not use bunk beds or waterbed mattresses for a child receiving respite services;
  - 3. Provide an unobstructed passageway at least 18 inches wide between each row of cots or mats to allow a personnel member access to each child;
  - 4. Ensure that if a child naps or sleeps while receiving respite services at the outpatient treatment center, the administrator:
    - a. Does not permit the child to lie in direct contact with the floor while napping or sleeping;
    - b. Prohibits the operation of a television in a room where the child is napping or sleeping; and
    - c. Requires that a personnel member remain awake while supervising the napping or sleeping child; and
  - 5. Ensure that storage space is provided on the premises for cots, mats, sheets, and blankets, that is:
    - a. Accessible to an area used for napping or sleeping; and
    - b. Separate from food service and preparation areas, toilet rooms, and laundry rooms.
- Q. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall, in the area of the premises where the respite services are provided:
  - 1. Maintain the premises and furnishings:
    - a. Free of insects and vermin,
    - b. In a clean condition, and
    - c. Free from odor; and
  - 2. Ensure that:
    - a. Floor coverings are:
      - i. Clean; and
      - ii. Free from:
        - (1) Dampness,
        - (2) Odors, and
        - (3) Hazards;
    - b. Toilet bowls, lavatory fixtures, and floors in toilet rooms and kitchens are cleaned and sanitized as often as necessary to maintain them in a clean and sanitized condition or at least once every 24 hours;
    - c. Each toilet room used by children receiving respite services on the premises contains, within easy reach of children:
      - i. Mounted toilet tissue;
      - ii. A sink with running water;
      - iii. Soap contained in a dispenser; and

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- iv. Disposable, single-use paper towels, in a mounted dispenser, or a mechanical hand dryer;
  - d. Personnel members wash their hands with soap and running water after toileting;
  - e. A child's hands are washed with soap and running water after toileting;
  - f. Except for a cup or receptacle used only for water, food waste is stored in a covered container and the container is clean and lined with a plastic bag;
  - g. Food waste and other refuse is removed from the area of the premises where respite services are provided for children at least once every 24 hours or more often as necessary to maintain a clean condition and avoid odors;
  - h. A personnel member or a child does not draw water for human consumption from a toilet room hand-washing sink;
  - i. Toys, materials, and equipment are maintained in a clean condition;
  - j. Plumbing fixtures are maintained in a clean and working condition; and
  - k. Chipped or cracked sinks and toilets are replaced or repaired.
- R.** If laundry belonging to an outpatient treatment center providing respite services for children on the premises is done on the premises, an administrator shall:
- 1. Not use a kitchen or food storage area for sorting, handling, washing, or drying laundry;
  - 2. Locate the laundry equipment in an area that is separate from areas used by children and inaccessible to children;
  - 3. Not permit a child to be in a laundry room or use a laundry area as a passageway for children; and
  - 4. Ensure that laundry soiled by vomitus, urine, feces, blood, or other body fluid is stored, cleaned, and sanitized separately from other laundry.
- S.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that there is a first aid kit in the designated area of the outpatient treatment center where respite services are provided that:
- 1. Contains first aid supplies in a quantity sufficient to meet the needs of the children receiving respite services, including the following:
    - a. Sterile bandages including:
      - i. Self-adhering bandages of assorted sizes,
      - ii. Sterile gauze pads, and
      - iii. Sterile gauze rolls;
    - b. Antiseptic solution or sealed antiseptic wipes;
    - c. A pair of scissors;
    - d. Self-adhering tape;
    - e. Single-use, non-porous gloves; and
    - f. Reclosable plastic bags of at least one-gallon size; and
  - 2. Is accessible to personnel members but inaccessible to children receiving respite services on the premises.
- T.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall:
- 1. Prepare and date a written fire and emergency plan that contains:
    - a. The location of the first aid kit;
    - b. The names of personnel members who have first aid training;
  - c. The names of personnel members who have cardio-pulmonary resuscitation training;
  - d. The directions for:
    - i. Initiating notification of a child's parent by telephone or other equally expeditious means within 60 minutes after a fire or emergency; and
    - ii. Providing written notification to the child's parent within 24 hours after a fire or emergency; and
  - e. The outpatient treatment center's street address and the emergency telephone numbers for the local fire department, police department, ambulance service, and poison control center;
- 2. Maintain the plan required in subsection (T)(1) in the area designated for providing respite services;
  - 3. Post the plan required in subsection (T)(1) in any indoor area where respite services are provided that does not have an operable telephone service or two-way voice communication system that connects the indoor area where respite services are provided with an individual who has direct access to an in-and-out operable telephone services; and
  - 4. Update the plan in subsection (T)(1) at least once every 12 months after the date of initial preparation of the plan or when any information changes.
- U.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall in the area designated for providing respite services:
- 1. Post, near a room's designated exit, a building evacuation plan that details the designated exits from the room and the facility where the outpatient treatment center is located; and
  - 2. Maintain and use a communication system that contains:
    - a. A direct-access, in-and-out, operating telephone service in the area where respite services are provided; or
    - b. A two-way voice communication system that connects the area where respite services are provided with an individual who has direct access to an in-and-out, operating telephone service.
- V.** If, while receiving respite services at an outpatient treatment center authorized to provide respite services for children on the premises, a child has an accident, injury, or emergency that, based on an evaluation by a personnel member, requires medical treatment by a health care provider, an administrator shall ensure that a personnel member:
- 1. Notifies the child's parent immediately after the accident, injury, or emergency;
  - 2. Documents:
    - a. A description of the accident, injury, or emergency, including the date, time, and location of the accident, injury, or emergency;
    - b. The method used to notify the child's parent; and
    - c. The time the child's parent was notified; and
  - 3. Maintains the documentation required in subsection (V)(2) for at least 12 months after the date the child last received respite services on the outpatient treatment center's premises.
- W.** If a parent of a child who received respite services at an outpatient treatment center authorized to provide respite services for children on the premises informs a personnel member that the child's parent obtained medical treatment for the child from a health care provider for an accident, injury, or emergency the

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child had while on the premises, an administrator shall ensure that a personnel member:

1. Documents any information about the child's accident, injury, or emergency received from the child's parent; and
  2. Maintains the documentation required in subsection (W)(1) for at least 12 months after the date the child last received respite services on the outpatient treatment center's premises.
- X.** If a child exhibits signs of illness or infestation at an outpatient treatment center authorized to provide respite services for children on the premises, an administrator shall ensure that a personnel member:
1. Immediately separates the child from other children,
  2. Immediately notifies the child's parent by telephone or other expeditious means to arrange for the child's discharge from the outpatient treatment center,
  3. Documents the notification required in subsection (X)(2), and
  4. Maintains documentation of the notification required in subsection (X)(3) for at least 12 months after the date of the notification.
- Y.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall comply with the following physical plant requirements:
1. Toilets and hand-washing sinks are available to children in the area designated for providing respite services or on the premises as follows:
    - a. At least one flush toilet and one hand-washing sink for 10 or fewer children;
    - b. At least two flush toilets and two hand-washing sinks for 11 to 25 children; and
    - c. At least one flush toilet and one hand-washing sink for each additional 20 children;
  2. A hand-washing sink provides running water with a drain connected to a sanitary sewer as defined in A.R.S. § 45-101;
  3. A glass mirror, window, or other glass surface that is located within 36 inches of the floor is made of safety glass that has been manufactured, fabricated, or treated to prevent the glass from shattering or flying when struck or broken, or is shielded by a barrier to prevent impact by or physical injury to a child; and
  4. There is at least 30 square feet of unobstructed indoor space for each child who may be receiving respite services on the premises, which excludes floor space occupied by:
    - a. The interior walls;
    - b. A kitchen, a bathroom, a closet, a hallway, a stair, an entryway, an office, an area designated for isolating a child from other children, a storage room, or a room or floor space designated for the sole use of personnel members;
    - c. Room space occupied by desks, file cabinets, storage cabinets, or hand-washing sinks for a personnel member's use; or
    - d. Indoor area that is substituted for required outdoor area.
- Z.** An administrator of an outpatient treatment center authorized to provide respite services for children on the premises shall ensure that, in addition to the policies and procedures required in this Article, policies and procedures are established, documented, and implemented for the children's use of a toilet and hand-washing sink that ensure the children's health and safety and include:
1. Supervision requirements for children using the toilet, based on a child's age, gender, and behavioral health issue; and
  2. If the outpatient treatment center does not have a toilet and hand-washing sink available for the exclusive use of children receiving respite services, a method to ensure that an individual, other than a child receiving respite services or a personnel member providing respite services, is not present in the toilet and hand-washing sink area when a child receiving respite services is present in the toilet and hand-washing sink area.
- AA.** To provide activities that develop large muscles and an opportunity to participate in structured large muscle physical activities, an administrator of an outpatient treatment center authorized to provide respite services for children on the premises shall:
1. Provide at least 75 square feet of outdoor area per child for at least 50% of the outpatient treatment center's respite capacity; or
  2. Comply with one of the following:
    - a. If no child receives respite services on the premises for more than four hours per day, provide at least 50 square feet of indoor area for each child, based on the outpatient treatment center's respite capacity;
    - b. If a child receives respite services on the premises for more than four hours but less than six hours per day, provide at least 75 square feet of indoor area per child for at least 50% of the outpatient treatment center's respite capacity, in addition to the indoor area required in subsection (Y)(4); or
    - c. Provide at least 37.5 square feet of outdoor area and 37.5 square feet of indoor area per child for at least 50% of the outpatient treatment center's respite capacity, in addition to the activity area required in subsection (Y)(4).
- BB.** If an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises is substituting indoor area for outdoor area, the administrator shall:
1. Designate, on the site plan and the floor plan submitted with the license application or a request for an intended change or modification, the indoor area that is being substituted for an outdoor area; and
  2. In the indoor area substituted for outdoor area, install and maintain a mat or pad designed to provide impact protection in the fall zone of indoor swings and climbing equipment.
- CC.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:
1. An outdoor area used by children receiving respite services:
    - a. Is enclosed by a fence:
      - i. A minimum of 4.0 feet high,
      - ii. Secured to the ground, and
      - iii. With either vertical or horizontal open spaces on the fence or gate that do not exceed 4.0 inches;
    - b. Is maintained free from hazards, such as exposed concrete footings and broken toys; and
    - c. Has gates that are kept closed while a child is in the outdoor area;

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2. The following is provided and maintained within the fall zones of swings and climbing equipment in an outdoor area:
    - a. A shock-absorbing unitary surfacing material manufactured for such use in outdoor activity areas; or
    - b. A minimum depth of 6.0 inches of a nonhazardous, resilient material such as fine loose sand or wood chips;
  3. Hard surfacing material such as asphalt or concrete is not installed or used under swings or climbing equipment unless used as a base for shock-absorbing unitary surfacing material;
  4. A swing or climbing equipment is not located in the fall zone of another swing or climbing equipment; and
  5. A shaded area for each child occupying an outdoor area at any time of the day is provided.
- DD.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall install and maintain a portable, pressurized fire extinguisher that meets, at a minimum, a 2A-10-BC rating of the Underwriters Laboratories in an outpatient treatment center's kitchen and any other location required for Existing Health Care Occupancies in National Fire Protection Association 101, Life Safety Code, incorporated by reference in R9-10-104.01.
- EE.** In addition to the requirements in R9-10-1029(F), an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:
1. Combustible material, such as paper, boxes, or rags, is not permitted to accumulate inside or outside the premises;
  2. An unvented or open-flame space heater or portable heater is not used on the premises;
  3. A gas valve on an unused gas outlet is removed and capped where it emerges from the wall or floor;
  4. Heating and cooling equipment is inaccessible to a child;
  5. Fans are mounted and inaccessible to a child;
  6. Toilet rooms are ventilated to the outside of the building, either by a screened window open to the outside air or by an exhaust fan and duct system that is operated when the toilet room is in use;
  7. A toilet room with a door that opens to the exterior of a building is equipped with a self-closing device that keeps the door closed except when an individual is entering or exiting; and
  8. A toilet room door does not open into a kitchen or laundry.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1025 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1025 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 22 A.A.R. 1035, pursuant to Laws 2015, Ch. 158, § 3; effective May 1, 2016 (Supp. 16-2). Sequential numbering corrections made under subsection R9-10-1025(G) at the request of the Department of Health Services on June 27, 2016; file number M16-185 (Supp. 16-3). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).



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**Table 10.1 Meal Pattern Requirements for Children**

<b>Food Components</b>	<b>Ages 1 through 2 years</b>	<b>Ages 3 through 5 years</b>	<b>Ages 6 and older</b>
Breakfast: 1. Milk, fluid 2. Vegetable, fruit, or full-strength juice 3. Bread and bread alternates (whole grain or enriched): Bread or cornbread, rolls, muffins, or biscuits or cold dry cereal (volume or weight, whichever is less) or cooked cereal, pasta, noodle products, or cereal grains	1/2 cup 1/4 cup  1/2 slice 1/2 serving 1/4 cup 1/4 cup	3/4 cup 1/2 cup  1/2 slice 1/2 serving 1/3 cup 1/4 cup	1 cup 1/2 cup  1 slice 1 serving 3/4 cup 1/2 cup
Lunch or Supper: 1. Milk, fluid 2. Vegetable and/or fruit (2 or more kinds) 3. Bread and bread alternates (whole grain or enriched): Bread or cornbread, rolls, muffins, or biscuits or cold dry cereal (volume or weight, whichever is less) or cooked cereal, pasta, noodle products, or cereal grains 4. Meat or meat alternates: Lean meat, fish, or poultry (edible portion as served) or cheese or egg or cooked dry beans or peas* or peanut butter, soy nut butter, or other nut or seed butters or peanuts, soy nuts, tree nuts, or seeds or an equivalent quantity of any combination of the above meat/meat alternates or yogurt	1/2 cup 1/4 cup total  1/2 slice 1/2 serving 1/4 cup 1/4 cup  1 oz. 1 oz. 1/2 egg 1/4 cup 2 tbsp.**  1/2 oz.**  4 oz.	3/4 cup 1/2 cup total  1/2 slice 1/2 serving 1/3 cup 1/4 cup  1 1/2 oz. 1 1/2 oz. 3/4 egg 3/8 cup 3 tbsp.**  3/4 oz.**  6 oz.	1 cup 3/4 cup total  1 slice 1 serving 3/4 cup 1/2 cup  2 oz. 2 oz. 1 egg 1/2 cup 4 tbsp.**  1 oz.**  8 oz.
Lunch or Supper: 1. Milk, fluid 2. Vegetable and/or fruit (2 or more kinds) 3. Bread and bread alternates (whole grain or enriched): Bread or cornbread, rolls, muffins, or biscuits or cold dry cereal (volume or weight, whichever is less) or cooked cereal, pasta, noodle products, or cereal grains 4. Meat or meat alternates: Lean meat, fish, or poultry (edible portion as served) or cheese or egg or cooked dry beans or peas* or peanut butter, soy nut butter, or other nut or seed butters or peanuts, soy nuts, tree nuts, or seeds or an equivalent quantity of any combination of the above meat/meat alternates or yogurt	1/2 cup 1/2 cup  1/2 slice 1/2 serving 1/4 cup 1/4 cup  1/2 oz. 1/2 oz. 1/2 egg 1/8 cup 1 tbsp.  1/2 oz.  2 oz.	1/2 cup 1/2 cup  1/2 slice 1/2 serving 1/3 cup 1/4 cup  1/2 oz. 1/2 oz. 1/2 egg 1/8 cup 1 tbsp.  1/2 oz.  2 oz.	1 cup 3/4 cup  1 slice 1 serving 3/4 cup 1/2 cup  1 oz. 1 oz. 1/2 egg 1/4 cup 2 tbsp.  1 oz.  4 oz.
<p>* In the same meal service, dried beans or dried peas may be used as a meat alternate or as a vegetable; however, such use does not satisfy the requirement for both components.</p> <p>** At lunch and supper, no more than 50% of the requirement shall be met with nuts, seeds, or nut butters. Nuts, seeds, or nut butters shall be combined with another meat or meat alternative to fulfill the requirement. Two tablespoons of nut butter or one ounce of nuts or seeds equals one ounce of meat.</p> <p>*** Juice may not be served when milk is served as the only other component.</p>			

**Historical Note**

Table 10.1 made by exempt rulemaking at 22 A.A.R. 1035, pursuant to Laws 2015, Ch. 158, § 3; effective May 1, 2016 (Supp. 16-2).

**R9-10-1026. Sleep Disorder Services**

An administrator of an outpatient treatment center that is authorized to provide sleep disorder services shall ensure that:

1. A physician provides direction for the sleep disorder services provided by the outpatient treatment center;

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2. At least one of the following is present on the premise of the outpatient treatment center:
  - a. A polysomnographic technician certified by the Board of Registered Polysomnographic Technologists (BRPT),
  - b. A polysomnographic technician accepted by the BRPT to sit for the BRPT certification examination, or
  - c. A respiratory therapist;
3. There is at least one patient testing room having a minimum of 140 square feet and no dimension less than 10 feet;
4. There is a bathroom available for use by a patient that contains:
  - a. A working sink with running water,
  - b. A working toilet that flushes and has a seat,
  - c. Toilet tissue,
  - d. Soap for hand washing,
  - e. Paper towels or a mechanical air hand dryer,
  - f. Lighting, and
  - g. A means of ventilation;
5. A personnel member certified in cardiopulmonary resuscitation is available on the outpatient treatment center's premise; and
6. Equipment for the delivery of continuous positive airway pressure and bi-level positive airway pressure, including remote control of the airway pressure, is available on the premises of the outpatient treatment center.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1026 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1026 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1027. Urgent Care Services Provided in a Freestanding Urgent Care Setting**

An administrator of an outpatient treatment center that is authorized to provide urgent care services in a freestanding urgent care setting shall ensure that:

1. In addition to the policies and procedures required in R9-10-1003(D)(1), policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
  - a. Basic life support training and pediatric basic life support training including:
    - i. Method and content of training,
    - ii. Qualifications of individuals providing the training, and
    - iii. Documentation that verifies a medical practitioner has received the training; and

- b. A workplace violence prevention plan according to A.R.S. § 36-420.03.
2. A medical practitioner is on the premises during hours of clinical operation to provide the medical services, nursing services, and health-related services included in the outpatient treatment center's scope of services;
3. If a physician is not on the premises during hours of operation, a notice stating this fact is conspicuously posted in the waiting room according to A.R.S. § 36-432;
4. If a patient's death occurs at the outpatient treatment center, a written report is submitted to the Department as required in A.R.S. § 36-445.04;
5. A medical practitioner completes basic life support training and pediatric basic life support training:
  - a. Before providing medical services, nursing services, or health-related services at the outpatient treatment center, and
  - b. At least once every 24 months after the initial date of employment;
6. Except as provided in subsection (5), a personnel member completes basic adult and pediatric cardiopulmonary resuscitation training:
  - a. Before providing medical services, nursing services, or health-related services at the outpatient treatment center; and
  - b. At least once every 24 months after the initial date of employment or volunteer service; and
7. In addition to the requirements in R9-10-1006(11), a medical practitioner's record includes documentation of completion of basic life support training and pediatric basic life support training.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1027 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1027 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-1028. Infection Control**

An administrator shall ensure that:

1. An infection control program is established, under the direction of an individual qualified according to the outpatient treatment center's policies and procedures, to prevent the development and transmission of infections and communicable diseases including:
  - a. A method to identify and document infections occurring at the outpatient treatment center;
  - b. Analysis of the types, causes, and spread of infections and communicable diseases at the outpatient treatment center;

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- c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the outpatient treatment center; and
  - d. Documentation of infection control activities including:
    - i. The collection and analysis of infection control data,
    - ii. The actions taken related to infections and communicable diseases, and
    - iii. Reports of communicable diseases to the governing authority and state and county health departments;
  - 2. Infection control documentation is maintained for at least 12 months after the date of the documentation;
  - 3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
    - a. If applicable:
      - i. Handling and disposal of biohazardous medical waste;
      - ii. Isolation of a patient;
      - iii. Sterilization and disinfection of medical equipment and supplies;
      - iv. Use of personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable; and
      - v. Collection, storage, and cleaning of soiled linens and clothing;
    - b. Cleaning an individual's hands when the individual's hands are visibly soiled;
    - c. Training of personnel members, employees, and volunteers in infection control practices; and
    - d. Work restrictions for a personnel member, employee, or volunteer with a communicable disease or infected skin lesion;
  - 4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures; and
  - 5. A personnel member, employee, or volunteer washes his or her hands with soap and water or uses a hand disinfection product before and after each patient contact and after handling soiled linen, soiled clothing, or a potentially infectious material.
- A. An administrator shall ensure that policies and procedures for providing emergency treatment are established, documented, and implemented that protect the health and safety of patients and include:
    - 1. A list of the medications, supplies, and equipment required on the premises for the emergency treatment provided by the outpatient treatment center;
    - 2. A system to ensure medications, supplies, and equipment are available, have not been tampered with, and, if applicable, have not expired;
    - 3. A requirement that a cart or a container is available for emergency treatment that contains the medication, supplies, and equipment specified in the outpatient treatment center's policies and procedures; and
    - 4. A method to verify and document that the contents of the cart or container are available for emergency treatment.
  - B. An administrator shall ensure that emergency treatment is provided to a patient admitted to the outpatient treatment center according to the outpatient treatment center's policies and procedures.
  - C. An administrator shall ensure that:
    - 1. A disaster plan is developed, documented, maintained in a location accessible to personnel members, and, if necessary, implemented that includes:
      - a. Procedures for protecting the health and safety of patients and other individuals on the premises;
      - b. Assigned responsibilities for each personnel member, employee, or volunteer;
      - c. Instructions for the evacuation of patients and other individuals on the premises; and
      - d. Arrangements to provide medical services, nursing services, and health-related services to meet patients' needs;
    - 2. The disaster plan required in subsection (C)(1) is reviewed at least once every 12 months;
    - 3. An evacuation drill is conducted on each shift at least once every 12 months;
    - 4. A disaster plan review required in subsection (C)(2) or an evacuation drill required in subsection (C)(3) is documented as follows:
      - a. The date and time of the evacuation drill or disaster plan review;
      - b. The name of each personnel member, employee, or volunteer participating in the evacuation drill or disaster plan review;
      - c. A critique of the evacuation drill or disaster plan review; and
      - d. If applicable, recommendations for improvement;
    - 5. Documentation required in subsection (C)(4) is maintained for at least 12 months after the date of the evacuation drill or disaster plan review; and
    - 6. An evacuation path is conspicuously posted on each hallway of each floor of the outpatient treatment center.
  - D. An administrator shall ensure that an outpatient treatment center has either:
    - 1. Both of the following that are tested and serviced at least once every 12 months:
      - a. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-104.01, that is in working order; and
      - b. A sprinkler system installed according to the National Fire Protection Association 13 Standard for

**Historical Note**

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**R9-10-1029. Emergency and Safety Standards**

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the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01, that is in working order; or

2. The following:
  - a. A smoke detector installed in each hallway of the outpatient treatment center that is:
    - i. Maintained in an operable condition;
    - ii. Either battery operated or, if hard-wired into the electrical system of the outpatient treatment center, has a back-up battery; and
    - iii. Tested monthly; and
  - b. A portable, operable fire extinguisher, labeled as rated at least 2A-10-BC by the Underwriters Laboratories, that:
    - i. Is available at the outpatient treatment center;
    - ii. Is mounted in a fire extinguisher cabinet or placed on wall brackets so that the top handle of the fire extinguisher is not over five feet from the floor and the bottom of the fire extinguisher is at least four inches from the floor;
    - iii. If a disposable fire extinguisher, is replaced when its indicator reaches the red zone; and
    - iv. If a rechargeable fire extinguisher, is serviced at least once every 12 months and has a tag attached to the fire extinguisher that specifies the date of the last servicing and the name of the servicing person.

E. An administrator shall ensure that documentation of a test required in subsection (D) is maintained for at least 12 months after the date of the test.

F. An administrator shall ensure that:

1. Exit signs are illuminated, if the local fire jurisdiction requires illuminated exit signs;
2. Except as provided in subsection (G), a corridor in the outpatient treatment center is at least 44 inches wide;
3. Corridors and exits are kept clear of any obstructions;
4. A patient can exit through any exit during hours of operation;
5. An extension cord is not used instead of permanent electrical wiring;
6. Each electrical outlet and electrical switch has a cover plate that is in good repair;
7. If applicable, a sign is placed at the entrance of a room or an area indicating that oxygen is in use; and
8. Oxygen and medical gas containers:
  - a. Are maintained in a secured, upright position; and
  - b. Are stored in a room with a door:
    - i. In a building with sprinklers, at least five feet from any combustible materials; or
    - ii. In a building without sprinklers, at least 20 feet from any combustible materials.

G. If an outpatient treatment center licensed before October 1, 2013 has a corridor less than 44 inches wide, an administrator shall ensure that:

1. The corridor is wide enough to allow for:
  - a. Unobstructed movement of patients within the outpatient treatment center, and
  - b. The safe evacuation of patients from the outpatient treatment center; and
2. The corridor is used only as a passageway.

H. An administrator shall:

1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,

2. Make any repairs or corrections stated on the fire inspection report, and
3. Maintain documentation of a current fire inspection.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1029 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1029 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**R9-10-1030. Physical Plant, Environmental Services, and Equipment Standards**

A. An administrator shall ensure that:

1. An outpatient treatment center's premises are:
  - a. Sufficient to provide the outpatient treatment center's scope of services;
  - b. Cleaned and disinfected according to the outpatient treatment center's policies and procedures to prevent, minimize, and control illness and infection; and
  - c. Free from a condition or situation that may cause an individual to suffer physical injury;
2. If an outpatient treatment center collects urine or stool specimens from a patient, except as provided in subsection (B), or is authorized to provide respite services for children on the premises, the outpatient treatment center has at least one bathroom on the premises that:
  - a. Contains:
    - i. A working sink with running water,
    - ii. A working toilet that flushes and has a seat,
    - iii. Toilet tissue,
    - iv. Soap for hand washing,
    - v. Paper towels or a mechanical air hand dryer,
    - vi. Lighting, and
    - vii. A means of ventilation; and
  - b. Is for the exclusive use of the outpatient treatment center;
3. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
4. A tobacco smoke-free environment is maintained on the premises;
5. A refrigerator used to store a medication is:
  - a. Maintained in working order, and
  - b. Only used to store medications;
6. Equipment at the outpatient treatment center is:
  - a. Sufficient to provide the outpatient treatment center's scope of services;
  - b. Maintained in working condition;
  - c. Used according to the manufacturer's recommendations; and

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- d. If applicable, tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
7. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of testing, calibration, or repair.
- B.** An outpatient treatment center may have a bathroom used for the collection of a patient's urine or stool that is not for the exclusive use of the outpatient treatment center if:
1. The bathroom is located in the same contiguous building as the outpatient treatment center's premises,
  2. The bathroom is of a sufficient size to support the outpatient treatment center's scope of services, and
  3. There is a documented agreement between the licensee and the owner of the building stating that the bathroom complies with the requirements in this Section and allowing the Department access to the bathroom to verify compliance.
- C.** If an outpatient treatment center has a bathroom that is not for the exclusive use of the outpatient treatment center as allowed in subsection (B), an administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented to:
    - a. Protect the health and safety of an individual using the bathroom; and
    - b. Ensure that the bathroom is cleaned and sanitized to prevent, minimize, and control illness and infection;
  2. Documented instructions are provided to a patient that cover:
    - a. Infection control measures when a patient uses the bathroom, and
    - b. The safe return of a urine or stool specimen to the outpatient treatment center;
  3. The bathroom complies with the requirements in subsection (A)(2)(a); and
  4. The bathroom is free from a condition or situation that may cause an individual using the bathroom to suffer a physical injury.
- Historical Note**
- Adopted effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1030 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 22 A.A.R. 1035, pursuant to Laws 2015, Ch. 158, § 3; effective May 1, 2016 (Supp. 16-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).
- R9-10-1031. Colocation Requirements**
- A.** In addition to the definitions in A.R.S. §§ 36-401 and 36-439 and R9-10-101 and R9-10-1001, the following definition applies in this Section:
- "Patient" means an individual who enters the premises of a collaborating outpatient treatment center to obtain physical health services or behavioral health services from the collaborating outpatient treatment center or a colocator that shares areas of the collaborating outpatient treatment center's premises.
- B.** Only one outpatient treatment center in a facility may be designated as a collaborating outpatient treatment center for the facility.
- C.** The following health care institutions are not permitted to be a collaborating outpatient treatment center or a colocator in a collaborating outpatient treatment center:
1. An affiliated counseling facility;
  2. An outpatient treatment center authorized by the Department to provide dialysis services according to R9-10-1018;
  3. An outpatient treatment center authorized by the Department to provide emergency room services according to R9-10-1019; or
  4. An outpatient treatment center operating under a single group license according to A.R.S. § 36-422(F) or (G).
- D.** In addition to the requirements for a license application in R9-10-105, a governing authority of an outpatient treatment center requesting authorization to operate or continue to operate as a collaborating outpatient treatment center shall submit, in a Department-provided format:
1. The following information for each proposed colocator that may share an area of the collaborating outpatient treatment center's premises and nontreatment personnel at the collaborating outpatient treatment center:
    - a. For each proposed associated licensed provider:
      - i. Name,
      - ii. The associated licensed provider's license number or the date the associated licensed provider submitted to the Department a license application for an outpatient treatment center or a counseling facility license,
      - iii. Proposed scope of services, and
      - iv. A copy of the written agreement with the collaborating outpatient treatment center required in subsection (E); and
    - b. For each exempt health care provider, unless exempt pursuant to A.R.S. § 36-402:
      - i. Name,
      - ii. Current health care professional license number,
      - iii. Proposed scope of services, and
      - iv. A copy of the written agreement required in subsection (F) with the collaborating outpatient treatment center; and
  2. In addition to the requirements in R9-10-105(A)(5)(b)(vi), a floor plan that shows:
    - a. Each colocator's proposed treatment area, and
    - b. The areas of the collaborating outpatient treatment center's premises shared with a colocator.
- E.** An administrator of a collaborating outpatient treatment center shall have a written agreement with each associated licensed provider that includes:
1. In a Department-provided format:
    - a. The associated licensed provider's name;
    - b. The name of the associated licensed provider's governing authority;
    - c. Whether the associated licensed provider plans to share medical records with the collaborating outpatient treatment center;

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- d. If the associated licensed provider plans to share medical records with the collaborating outpatient treatment center, specific information about which party will obtain a patient's:
    - i. General consent or informed consent, as applicable;
    - ii. Consent to allow a colocator access to the patient's medical record; and
    - iii. Advance directives;
  - e. How the associated licensed provider will transport or transfer a patient to another colocator within the collaborating outpatient treatment center;
  - f. How the associated licensed provider will ensure controlled substances stored in the associated licensed provider's licensed premises are not diverted;
  - g. How the associated licensed provider will ensure environmental services in the associated licensed provider's licensed premises will not affect patient care in the collaborating outpatient treatment center;
  - h. How the associated licensed provider's personnel members will respond to a patient's sudden, intense, or out-of-control behavior, in the associated licensed provider's treatment area, to prevent harm to the patient or another individual in the collaborating outpatient treatment center;
  - i. A statement that, if any of the colocators include children's behavioral health services in the colocator's scope of services, the associated licensed provider will ensure that all employees and personnel members of the associated licensed provider comply the fingerprint clearance card requirements in A.R.S. § 36-425.03;
  - j. A statement that the associated licensed provider will:
    - i. Document the following each time another colocator provides emergency health care services in the associated licensed provider's treatment area:
      - (1) The name of the colocator;
      - (2) If different from the name of the colocator, the name of the physician, physician assistant, registered nurse practitioner, or behavioral health professional providing the emergency health care services;
      - (3) A description of the emergency health care services provided; and
      - (4) The date and time the emergency health care services were provided;
    - ii. Maintain the documentation in subsection (E)(1)(j)(i) for at least 12 months after the emergency health care services were provided; and
    - iii. Submit a copy of the documentation to the collaborating outpatient treatment center within 48 hours after the provision of the emergency health care services;
  - k. A statement that the associated licensed provider will:
    - i. Document the following each time the associated licensed provider provides emergency health care services in another colocator's treatment area:
      - (1) If different from the name of the associated licensed provider, the name of the physician, physician assistant, registered nurse practitioner, or behavioral health professional providing the emergency health care services;
      - (2) The name of the colocator;
      - (3) A description of the emergency health care services provided; and
      - (4) The date and time the emergency health care services were provided;
    - ii. Maintain the documentation in subsection (E)(1)(k)(i) for at least 12 months after the emergency health care services were provided; and
    - iii. Submit a copy of the documentation to the collaborating outpatient treatment center within 48 hours after the provision of the emergency health care services;
  - l. An attestation that the associated licensed provider will comply with the written agreement;
  - m. The signature of the associated licensed provider's governing authority according to A.R.S. § 36-422(B) and the date signed; and
  - n. The signature of the collaborating outpatient treatment center's governing authority according to A.R.S. § 36-422(B) and the date signed; and
2. A copy of the associated licensed provider's scope of services, including whether the associated licensed provider plans to provide behavioral health services for children.
- F. An administrator of a collaborating outpatient treatment center shall have a written agreement with each exempt health care provider that includes:
- 1. In a Department-provided format:
    - a. The exempt health care provider's name;
    - b. The exempt health care provider license type and license number;
    - c. Whether the exempt health care provider plans to share medical records with the collaborating outpatient treatment center;
    - d. If the exempt health care provider plans to share medical records with the collaborating outpatient treatment center, specific information about which party will obtain a patient's:
      - i. General consent or informed consent, as applicable;
      - ii. Consent to allow a colocator access to the patient's medical record; and
      - iii. Advance directives;
    - e. How the exempt health care provider will transport or transfer a patient to another colocator within the collaborating outpatient treatment center;
    - f. How the exempt health care provider will ensure controlled substances stored in the exempt health care provider's designated premises are not diverted;
    - g. How the exempt health care provider will ensure environmental services in the exempt health care provider's licensed premises will not affect patient care in the collaborating outpatient treatment center;
    - h. How the exempt health care provider and any staff of the exempt health care provider will respond to a patient's sudden, intense, or out-of-control behavior, in the exempt health care provider's treatment area, to prevent harm to the patient or another individual in the collaborating outpatient treatment center;

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- i. A statement that, if any of the colocators include children's behavioral health services in the colocator's statement of services, the exempt health care provider will ensure that all employees and staff of the exempt health care provider comply with the fingerprint clearance card requirements A.R.S. § 36-425.03;
  - j. A statement that the exempt health care provider will:
    - i. Document the following each time another colocator provides emergency health care services in the exempt health care provider's treatment area:
      - (1) The name of the colocator;
      - (2) If different from the name of the colocator, the name of the physician, physician assistant, registered nurse practitioner, or behavioral health professional providing the emergency health care services;
      - (3) A description of the emergency health care services provided; and
      - (4) The date and time the emergency health care services were provided;
    - ii. Maintain the documentation in subsection (F)(1)(j)(i) for at least 12 months after the emergency health care services were provided; and
    - iii. Submit a copy of the documentation to the collaborating outpatient treatment center within 48 hours after the provision of the emergency health care services;
  - k. A statement that the exempt health care provider will:
    - i. Document the following each time the exempt health care provider provides emergency health care services in another colocator's treatment area:
      - (1) If different from the name of the exempt health care provider, the name of the physician, physician assistant, registered nurse practitioner, or behavioral health professional providing the emergency health care services;
      - (2) The name of the colocator;
      - (3) A description of the emergency health care services provided; and
      - (4) The date and time the emergency health care services were provided;
    - ii. Maintain the documentation in subsection (F)(1)(k)(i) for at least 12 months after the emergency health care services were provided; and
    - iii. Submit a copy of the documentation to the collaborating outpatient treatment center within 48 hours after the provision of the emergency health care services;
  - l. An attestation that the exempt health care provider will comply with the written agreement;
  - m. The signature of the exempt health care provider and the date signed; and
  - n. The signature of the collaborating outpatient treatment center's governing authority according to A.R.S. § 36-422(B) and the date signed; and
  - 2. A copy of the exempt health care provider's scope of services, including whether the exempt health care provider plans to provide behavioral health services for children.
- G.** As part of the policies and procedures required in this Article, an administrator of a collaborating outpatient treatment center shall ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a patient based on the scopes of services of all colocators that:
- 1. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for nontreatment personnel who may provide services in the areas of the collaborating outpatient treatment center's premises shared with a colocator;
  - 2. Cover orientation and in-service education for nontreatment personnel who may provide services in the areas of the collaborating outpatient treatment center's premises shared with a colocator;
  - 3. Cover cardiopulmonary resuscitation training, including:
    - a. The method and content of cardiopulmonary resuscitation training, which includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation;
    - b. The qualifications for an individual to provide cardiopulmonary resuscitation training;
    - c. The time-frame for renewal of cardiopulmonary resuscitation training; and
    - d. The documentation that verifies that an individual has received cardiopulmonary resuscitation training;
  - 4. Cover first aid training;
  - 5. Cover patient screening, including a method to ensure that, if a patient identifies a specific colocator, the patient is directed to the identified colocator;
  - 6. Cover the provision of emergency treatment to protect the health and safety of a patient or individual present in an area of the collaborating outpatient treatment center's premises shared with a colocator according to the requirements for emergency treatment policies and procedures in R9-10-1029(A);
  - 7. If medication is stored in an area of the collaborating outpatient treatment center's premises shared with a colocator, cover obtaining, storing, accessing, and disposing of medications, including provisions for controlling inventory and preventing diversion of controlled substances;
  - 8. Cover biohazardous wastes, if applicable;
  - 9. Cover environmental services in an area of the collaborating outpatient treatment center's premises shared with a colocator that affect patient care; and
  - 10. Cover how personnel members and nontreatment personnel will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual in an area of the collaborating outpatient treatment center's premises shared with a colocator.
- H.** An administrator of a collaborating outpatient treatment center shall ensure that:
- 1. Areas of the collaborating outpatient treatment center's premises shared with a colocator are:
    - a. Sufficient to accommodate the outpatient treatment center's and any colocators' scopes of services;
    - b. Cleaned and disinfected according to the outpatient treatment center's policies and procedures to prevent, minimize, and control illness and infection; and
    - c. Free from a condition or situation that may cause an individual to suffer physical injury;

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2. A written log is maintained that documents the date, time, and circumstances each time a colocator provides emergency health care services in another colocator's designated treatment area; and
  3. The documentation in the written log required in subsection (H)(2) is maintained for at least 12 months after the date the colocator provides emergency health care services in another colocator's designated treatment area.
- I.** If any colocator at a collaborating outpatient treatment center includes children's behavioral health services as part of the colocator's scope of services, an administrator of the collaborating outpatient treatment center shall ensure that the governing authority, employees, personnel members, nontreatment personnel, and volunteers of the collaborating outpatient treatment center comply with the fingerprint clearance card requirements in A.R.S. § 36-425.03.

**Historical Note**

New Section made by exempt rulemaking at 22 A.A.R. 1035, pursuant to Laws 2015, Ch. 158, § 3; effective May 1, 2016 (Supp. 16-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**ARTICLE 11. ADULT DAY HEALTH CARE FACILITIES****R9-10-1101. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following applies in this Article, unless otherwise specified:

"Care plan" means a written program of action for a participant's care based upon an assessment of the participant's physical, nutritional, psychosocial, economic, and environmental strengths and needs and implemented according to established short- and long-term goals.

**Historical Note**

Adopted effective July 22, 1994 (Supp. 94-3). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1102. Supplemental Application Requirements**

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as an adult day health care facility shall include on the application the number of participants for whom the applicant is requesting authorization to provide adult day health services.

**Historical Note**

Adopted effective July 22, 1994 (Supp. 94-3). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1102 renumbered to Section R9-10-1103; new Section R9-10-1102 made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-1103. Administration**

- A.** A governing authority shall:
1. Consist of one or more individuals responsible for the organization, operation, and administration of an adult day health care facility;
  2. Establish, in writing:
    - a. An adult day health care facility's scope of services, and

- b. Qualifications for an administrator;
  3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
  4. Adopt a quality management program according to R9-10-1104;
  5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
  6. Designate in writing, an acting administrator, who has the qualifications established in subsection (A)(2)(b) if the administrator is:
    - a. Expected not to be present on an adult day health care facility's premises for more than 30 calendar days, or
    - b. Not present on an adult day health care facility's premises for more than 30 calendar days; and
  7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I), when there is a change in an administrator and identify the name and qualifications of the new administrator.
- B.** An administrator:
1. Is 21 years of age or older;
  2. Is directly accountable to the governing authority of an adult day health care facility for the daily operation of the adult day health care facility and all services provided by or at the adult day health care facility;
  3. Has the authority and responsibility to manage the adult day health care facility; and
  4. Except as provided in subsection (A)(6), designates, in writing, an individual who is 21 years of age or older and present on the adult day health care facility's premises and accountable for the adult day health care facility when the administrator is not present on the adult day health care facility premises and participants are present on the adult day health care facility's premises.
- C.** An administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a participant that:
    - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
    - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
    - c. Cover certification in cardiopulmonary resuscitation and first aid training;
    - d. Include how a personnel member may submit a complaint relating to services provided to a participant;
    - e. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
    - f. Include a method to identify a participant to ensure that the participant receives the appropriate services;
    - g. Cover participant rights, including assisting a participant who does not speak English or who has a disability to become aware of participant rights;
    - h. Cover specific steps for:
      - i. A participant to file a complaint, and
      - ii. The adult day health care facility to respond to a participant complaint;
    - i. Cover medical records, including electronic medical records; and



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- j. Cover a quality management program, including incident reports and supporting documentation;
- 2. Policies and procedures for services provided by an adult day health care facility are established, documented, and implemented to protect the health and safety of a participant that:
  - a. Cover screening, enrollment, and discharge;
  - b. Cover the provision of the services in the adult day health care facility's scope of services;
  - c. Cover dispensing, administering, and disposing of medications, including provisions for inventory control and preventing diversion of controlled substances;
  - d. Cover how personnel members will respond to a participant's sudden, intense, or out-of-control behavior to prevent harm to the participant or another individual;
  - e. Cover food services;
  - f. Cover environmental services;
  - g. Cover infection control;
  - h. Cover contracted services;
  - i. Cover emergency treatment provided at the adult day health care facility; and
  - j. Designate which employees or personnel members are required to have current certification in cardiopulmonary resuscitation and first aid training;
- 3. Policies and procedures are:
  - a. Available to personnel members, employees, volunteers, and students, and
  - b. Reviewed at least once every three years and updated as needed; and
- 4. Unless otherwise stated:
  - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
  - b. When documentation or information is required by this Chapter to be submitted on behalf of an adult day health care facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the adult day health care facility.

**D. An administrator shall:**

- 1. Maintain, and make available to individuals upon request, a schedule of rates and charges;
- 2. Ensure that a monthly calendar of planned activities is:
  - a. Posted before the beginning of a month, and
  - b. Maintained on the premises for at least 90 calendar days after the end of the month;
- 3. Ensure that materials, supplies, and equipment are provided for the planned activities; and
- 4. Assist in the formation of a participants' council according to R9-10-1112.

**Historical Note**

Adopted effective July 22, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1103 renumbered to Section R9-10-1104; new Section R9-10-1103 renumbered from Section R9-10-1102 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1104. Quality Management**

An administrator shall ensure that:

- 1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to participants;
  - c. A method to evaluate the data collected to identify a concern about the delivery of services related to participant care;
  - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to participant care; and
  - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
- 2. A documented report is submitted to the governing authority that includes:
  - a. An identification of each concern about the delivery of services related to participant care, and
  - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to participant care; and
- 3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

Adopted effective July 22, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1104 renumbered to Section R9-10-1105; new Section R9-10-1104 renumbered from Section R9-10-1103 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1105. Contracted Services**

An administrator shall ensure that:

- 1. Contracted services are provided according to the requirements in this Article, and
- 2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

Adopted effective July 22, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1105 renumbered to Section R9-10-1106; new Section R9-10-1105 renumbered from Section R9-10-1104 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1106. Personnel**

**A.** An administrator shall ensure that:

- 1. The qualifications, skills, and knowledge required for each type of personnel member:
  - a. Are based on:
    - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
    - ii. The acuity of the participants receiving physical health services or behavioral health services

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- from the personnel member according to the established job description; and
  - b. Include:
    - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
    - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
    - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
  - 2. A personnel member's skills and knowledge are verified and documented:
    - a. Before the personnel member provides physical health services or behavioral health services, and
    - b. According to policies and procedures;
  - 3. Sufficient personnel members are present on an adult day health care facility's premises when participants are present and have the qualifications, skills, and knowledge necessary to:
    - a. Provide the services in the adult day health care facility's scope of services,
    - b. Meet the needs of a participant, and
    - c. Ensure the health and safety of a participant;
  - 4. A personnel member, or an employee or a volunteer who has or is expected to have direct interaction with a participant for more than eight hours a week, provides evidence of freedom from infectious tuberculosis:
    - a. On or before the date the individual begins providing services at or on behalf of the adult day health care facility, and
    - b. As specified in R9-10-113; and
  - 5. A fall prevention and fall recovery program that complies with requirements in A.R.S. § 36-420.01 is developed, documented, and implemented.
- B.** An administrator shall ensure that a personnel member:
1. Is 18 years of age or older, and
  2. Is not a participant of the adult day health care facility.
- C.** An administrator shall ensure that a personnel record for each personnel member, employee, volunteer, or student:
1. Includes:
    - a. The individual's name, date of birth, and contact telephone number;
    - b. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
    - c. Documentation of:
      - i. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
      - ii. The individual's education and experience applicable to the individual's job duties;
      - iii. The individual's completed orientation and in-service education as required by policies and procedures;
  - iv. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
  - v. Cardiopulmonary resuscitation training, if required for the individual according to this Article and policies and procedures;
  - vi. First aid training, if required for the individual according to this Article and policies and procedures; and
  - vii. Evidence of freedom from infectious tuberculosis, if required for the individual according to this Article or policies and procedures;
2. Is maintained:
- a. Throughout the individual's period of providing services in or for the adult day health care facility, and
  - b. For at least 24 months after the last date the individual provided service in or for the adult day health care facility; and
3. For a personnel member who has not provided physical health services or behavioral health services at or for the adult day health care facility during the previous 12 months, is provided to the Department within 72 hours after the Department's request.
4. The individual's compliance with the requirements in A.R.S. § 36-420.01 regarding fall prevention and fall recovery training;
- D.** An administrator shall ensure that:
1. At least two personnel members are present on the premises whenever two or more participants are in the adult day health care facility;
  2. At least one personnel member with cardiopulmonary resuscitation and first-aid certification is on the premises at all times;
  3. A registered nurse manages the nursing services and provides direction for health-related services provided by the adult day health care facility; and
  4. A nurse is on the premises daily to:
    - a. Administer medications and treatments, and
    - b. Monitor a participant's health status.

**Historical Note**

Adopted effective July 22, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1106 renumbered to Section R9-10-1107; new Section R9-10-1106 renumbered from Section R9-10-1105 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-1107. Enrollment**

- A.** An administrator shall ensure that a participant provides evidence of freedom from infectious tuberculosis:
1. Before the participant's participation, and
  2. As specified in R9-10-113.
- B.** Before or at the time of enrollment, an administrator shall ensure that a participant or the participant's representative signs a written agreement with the adult day health care facility that includes:
1. The participant's name and date of birth,
  2. Enrollment requirements,
  3. A list of the customary services that the adult day health care facility provides,

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4. A list of services that are available at an additional cost,
  5. A list of fees and charges,
  6. Procedures for termination of the agreement,
  7. The requirements of the adult day health care facility,
  8. The names and telephone numbers of individuals designated by the participant to be notified in the event of an emergency, and
  9. A copy of the adult day health care facility's procedure on health care directives.
- C.** An administrator shall give a copy of the agreement in subsection (B) to the participant or the participant's representative and keep the original in the participant's medical record.
- D.** An administrator shall ensure that a participant has a signed written medical assessment that:
1. Was completed by the participant's medical practitioner within 60 calendar days before enrollment; and
  2. Includes:
    - a. Information that addresses the participant's:
      - i. Physical health;
      - ii. Cognitive awareness of self, location, and time; and
      - iii. Deficits in cognitive awareness;
    - b. Physical, mental, and emotional problems experienced by the participant;
    - c. A schedule of the participant's medications;
    - d. A list of treatments the participant is receiving;
    - e. The participant's special dietary needs; and
    - f. The participant's known allergies.
- E.** At the time of enrollment, an administrator shall ensure that the participant or participant's representative:
1. Documents whether the participant may sign in and out of the adult day health care facility; and
  2. Provides the following:
    - a. The name and telephone number of the:
      - i. Participant's representative;
      - ii. Family member to be contacted in an emergency;
      - iii. Participant's medical practitioner; and
      - iv. Adult who provides the participant with supervision and assistance in the preparation of meals, housework, and personal grooming, if applicable; and
    - b. If applicable, a copy of the participant's health care directive.
- F.** An administrator shall ensure that a comprehensive assessment of the participant:
1. Is completed by a registered nurse before the participant's tenth visit or within 30 calendar days after enrollment, whichever comes first;
  2. Documents the participant's:
    - a. Physical health,
    - b. Mental and emotional status, and
    - c. Social history; and
  3. Includes:
    - a. Medical practitioner orders,
    - b. Adult day health care services recommended for the participant's care plan, and
    - c. The signature of the registered nurse conducting the comprehensive assessment and date signed.

**Historical Note**

Adopted effective July 22, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1107 renumbered to Section R9-10-1108;

new Section R9-10-1107 renumbered from Section R9-10-1106 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-1108. Care Plan**

An administrator shall ensure that a care plan for a participant:

1. Is developed within seven calendar days after the completion of the participant's comprehensive assessment;
2. Has input from:
  - a. The participant or participant's representative,
  - b. The registered nurse who performed the comprehensive assessment, and
  - c. Personnel who have provided services to the participant;
3. Is based on the participant's comprehensive assessment;
4. Includes:
  - a. A summary of the participant's medical or health problems, including physical, mental, and emotional disabilities or impairments;
  - b. Adult day health services to be provided;
  - c. Goals and objectives of care that are time-limited and measurable;
  - d. Interventions required to achieve objectives, including recommendations for therapy and referrals to other service providers; and
  - e. Discharge instructions according to R9-10-1109(B); and
5. Is reviewed and updated at least once every six months and whenever there is a significant change in the participant's condition.

**Historical Note**

Adopted effective July 22, 1994 (Supp. 94-3). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1108 renumbered to Section R9-10-1109; new Section R9-10-1108 renumbered from Section R9-10-1107 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1109. Discharge**

- A.** An administrator may discharge a participant from an adult day health care facility by terminating the agreement in R9-10-1107(B):
1. After giving the participant or participant's representative five working days written notice; and
  2. For any of the following reasons:
    - a. Evidence of repeated failure to comply with the requirements of the adult day health care facility,
    - b. Documented proof of failure to pay,
    - c. Behavior that is dangerous to self or that interferes with the physical or psychological well-being of other participants, or
    - d. The participant requires services not in the adult day health care facility's scope of services.
- B.** An administrator shall ensure that discharge instructions for a participant are:
1. Developed that:
    - a. Identify any specific needs of the participant after discharge,
    - b. Are completed before discharge occurs,

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- c. Include a description of the level of care that may meet the participant's assessed and anticipated needs after discharge, and
  - d. Are documented in the participant's medical record within 48 hours after the discharge instructions are completed; and
2. Provided to the participant or the participant's representative before the discharge occurs.

**Historical Note**

Adopted effective July 22, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1109 renumbered to Section R9-10-1110; new Section R9-10-1109 renumbered from Section R9-10-1108 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1110. Participant Rights****A.** An administrator shall ensure that:

- 1. The requirements in subsection (B) and the participant rights in subsection (C) are conspicuously posted on the premises;
- 2. At the time of enrollment, a participant or the participant's representative receives a written copy of the requirements in subsection (B) and the participant rights in subsection (C); and
- 3. Policies and procedures include:
  - a. How and when a participant or the participant's representative is informed of participant rights in subsection (C), and
  - b. Where participant rights are posted as required in subsection (A)(1).

**B.** An administrator shall ensure that:

- 1. A participant is treated with dignity, respect, and consideration;
- 2. A participant is not subjected to:
  - a. Abuse;
  - b. Neglect;
  - c. Exploitation;
  - d. Coercion;
  - e. Manipulation;
  - f. Sexual abuse;
  - g. Sexual assault;
  - h. Seclusion;
  - i. Restraint;
  - j. Retaliation for submitting a complaint to the Department or another entity; or
  - k. Misappropriation of personal and private property by the adult day health care facility's personnel members, employees, volunteers, or students; and
- 3. A participant or the participant's representative:
  - a. Except in an emergency, either consents to or refuses treatment;
  - b. May refuse or withdraw consent for treatment before treatment is initiated;
  - c. Except in an emergency, is informed of proposed alternatives to the treatment, associated risks, and possible complications;
  - d. Is informed of the following:
    - i. The policy on health care directives,
    - ii. The participant complaint process,
    - iii. Rates and charges for participating at the adult day health care facility, and

- iv. The process for contacting the local office of Adult Protective Services;
- e. Consents to photographs of the participant before the participant is photographed, except that a participant may be photographed when enrolled at an adult day health care facility for identification and administrative purposes; and
- f. Except as otherwise permitted by law, provides written consent to the release of information in the participant's:
  - i. Medical record, or
  - ii. Financial records.

**C.** A participant has the following rights:

- 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
- 2. To receive treatment that supports and respects the participant's individuality, choices, strengths, and abilities;
- 3. To communicate, associate, and meet privately with individuals of the participant's choice;
- 4. To have access to a telephone, to make and receive calls, and to send and receive correspondence without interception or interference by the adult day health care facility;
- 5. To arrive and depart from the adult day health care facility, consistent with the participant's care plan and personal safety;
- 6. To receive privacy in treatment and care for personal needs;
- 7. To review, upon written request, the participant's own records;
- 8. To receive a referral to another health care institution if the adult day health care facility is not authorized or not able to provide physical health services or behavioral health services needed by the participant;
- 9. To participate or have the participant's representative participate in the development of a care plan or decisions concerning treatment;
- 10. To participate or refuse to participate in research or experimental treatment; and
- 11. To receive assistance from a family member, the participant's representative, or other individual in understanding, protecting, or exercising the participant's rights.

**Historical Note**

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1110 renumbered to Section R9-10-1111; new Section R9-10-1110 renumbered from Section R9-10-1109 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1111. Medical Records****A.** An administrator shall ensure that:

- 1. A medical record is established and maintained for a participant according to A.R.S. Title 12, Chapter 13, Article 7.1;
- 2. An entry in a participant's medical record is:
  - a. Recorded only by an individual authorized by policies and procedures to make the entry;
  - b. Dated, legible, and authenticated; and
  - c. Not changed to make the initial entry illegible;
- 3. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature

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represents is accountable for the use of the rubber-stamp signature or electronic signature;

4. A participant's medical record is available to an individual:
  - a. Authorized according to policies and procedures to access the participant's medical record;
  - b. If the individual is not authorized according to policies and procedures, with the written consent of the participant or the participant's representative; or
  - c. As permitted by law; and
5. A participant's medical record is protected from loss, damage, or unauthorized use.
- B.** If an adult day health care facility maintains participant's medical records electronically, an administrator shall ensure that:
  1. Safeguards exist to prevent unauthorized access, and
  2. The date and time of an entry in a participant's medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a participant's medical record contains:
  1. Participant information that includes:
    - a. The participant's name;
    - b. The participant's address;
    - c. The participant's date of birth; and
    - d. Any known allergies, including medication allergies;
  2. The name of the participant's medical practitioner or other individuals involved in the care of the participant;
  3. An enrollment agreement and date of the participant's first visit;
  4. If applicable, documented general consent and informed consent by the participant or the participant's representative;
  5. If applicable, the name and contact information of the participant's representative and:
    - a. The document signed by the participant consenting for the participant's representative to act on the participant's behalf; or
    - b. If the participant's representative:
      - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
      - ii. Is a legal guardian, a copy of the court order establishing guardianship;
  6. Documentation of medical history;
  7. A copy of the participant's health care directive, if applicable;
  8. Orders;
  9. The medical assessment required in R9-10-1107(D);
  10. A care plan;
  11. The comprehensive assessment required in R9-10-1107(F);
  12. Progress notes;
  13. If applicable, documentation of any actions taken to control the participant's sudden, intense, or out-of-control behavior to prevent harm to the participant or another individual;
  14. Documentation of adult day health services provided to the participant;
  15. The disposition of the participant upon discharge;
  16. The discharge date, if applicable;
  17. Documentation of a medication administered to the participant that includes:
    - a. The date and time of administration;
    - b. The name, strength, dosage, and route of administration;
    - c. The identification and signature of the individual administering, providing assistance in the self-administration of medication, or observing the participant's self-administration of the medication;
    - d. If medication for pain is administered on a PRN basis to a participant:
      - i. An identification of the participant's pain before administering the medication, and
      - ii. The effect of the medication administered; and
    - e. Any adverse reaction a participant has to the medication;
  18. If applicable, documentation of:
    - a. A significant change in the participant's condition,
    - b. An injury or accident that occurred at the adult day health care facility and required medical services, and
    - c. Notification provided to the participant's medical practitioner or the participant's representative of the significant change in subsection (C)(18)(a) or the injury or accident in subsection (C)(18)(b);
  19. Documentation of whether the participant may sign in or out of the adult day health care facility;
  20. Documentation of freedom from infectious tuberculosis required in R9-10-1107(A); and
  21. Names and telephone numbers of individuals to be notified in the event of an emergency.

**Historical Note**

Amended effective September 2, 1977 (Supp. 77-5).  
 Repealed effective July 22, 1994 (Supp. 94-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1111 renumbered to Section R9-10-1112; new Section R9-10-1111 renumbered from Section R9-10-1110 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1112. Participant's Council**

- A.** A participants' council:
  1. Is composed of participants, who are willing to serve on the council and take part in scheduled meetings;
  2. May develop guidelines that govern the council's activities;
  3. May meet quarterly;
  4. May record minutes of the meetings; and
  5. May provide written input on planned activities and policies of the adult day health care facility.
- B.** A participants' council may invite personnel or the administrator to attend their meetings.
- C.** An administrator shall act as a liaison between the participants' council and personnel members, employees, and volunteers.

**Historical Note**

Amended effective September 2, 1977 (Supp. 77-5).  
 Repealed effective July 22, 1994 (Supp. 94-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1112 renumbered to Section R9-10-1113; new Section R9-10-1112 renumbered from Section R9-10-1111 and amended by exempt rulemaking at 20 A.A.R. 1409, pur-

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suant to Laws 2013, Ch. 10, § 13; effective July 1, 2014  
(Supp. 14-2).

**R9-10-1113. Adult Day Health Services**

- A. An administrator shall ensure that a personnel member provides supervision for a participant, except during periods of the day when the participant signs out or is signed out according to policies and procedures.
- B. An administrator shall ensure that a personnel member provides assistance with activities of daily living and supervision of personal hygiene according to the participant's care plan and policies and procedures.
- C. An administrator shall ensure that a personnel member provides a participant with planned therapeutic individual and group activities:
  1. According to the:
    - a. Participant's care plan,
    - b. Policies and procedures, and
    - c. Monthly calendar of planned activities required in R9-10-1103(D)(2); and
  2. That include:
    - a. Physical activities,
    - b. Group discussion,
    - c. Techniques a participant may use to maintain or improve the participant's independence in performing activities of daily living,
    - d. Assessment of deficits in cognitive awareness and reinforcement of remaining cognitive awareness,
    - e. Activities of daily living,
    - f. Participants' council meetings, and
    - g. Leisure time.
- D. An administrator shall ensure that a nurse monitors the health status of a participant according to the participant's care plan and policies and procedures by:
  1. Observing the participant's mental and physical condition, including monthly monitoring of the participant's vital signs and nutritional status;
  2. Documenting changes in the participant's mental and physical condition in the participant's medical record; and
  3. Reporting any changes to the participant's representative or medical practitioner.
- E. If an adult day health care facility administers medication or provides assistance in the self-administration of medication, an administrator shall ensure that policies and procedures for medication administration or assistance in the self-administration of medication:
  1. Include:
    - a. A process for providing information to a participant about medication prescribed for the participant including:
      - i. The prescribed medication's anticipated results,
      - ii. The prescribed medication's potential adverse reactions,
      - iii. The prescribed medication's potential side effects, and
      - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
    - b. Procedures for preventing, responding to, and reporting:
      - i. A medication error,
      - ii. An adverse response to a medication, or
      - iii. A medication overdose; and
  2. Specify a process for review through the quality management program of:
    - a. A medication administration error, and
    - b. An adverse reaction to a medication.
- F. An administrator shall ensure that:
  1. Policies and procedures for medication administration:
    - a. Are reviewed and approved by a pharmacist, medical practitioner, or registered nurse; and
    - b. Ensure that medication is administered to a participant only as prescribed;
  2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
  3. A medication administered to a participant:
    - a. Is administered in compliance with an order, and
    - b. Is documented in the participant's medical record.
- G. If an adult day health care facility provides assistance in the self-administration of medication, an administrator shall ensure that:
  1. A participant's medication is stored by the adult day health care facility;
  2. The following assistance is provided to a participant:
    - a. A reminder when it is time to take the medication;
    - b. Opening the medication container for the participant;
    - c. Observing the participant while the participant removes the medication from the container;
    - d. Verifying that the medication is taken as ordered by the participant's medical practitioner by confirming that:
      - i. The participant taking the medication is the individual stated on the medication container label,
      - ii. The participant is taking the dosage of the medication stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label, and
      - iii. The participant is taking the medication at the time stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label; or
    - e. Observing the participant while the participant takes the medication;
  3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a pharmacist, medical practitioner, or registered nurse;
  4. Training for a personnel member, other than a medical practitioner or registered nurse, in assistance in the self-administration of medication:
    - a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse; and
    - b. Includes:
      - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
      - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and

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- iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;
- 5. A personnel member, other than a medical practitioner or registered nurse, completes the training in subsection (G)(4) before the personnel member provides assistance in the self-administration of medication; and
- 6. Assistance in the self-administration of medication provided to a participant:
  - a. Is in compliance with an order, and
  - b. Is documented in the participant's medical record.
- H.** An administrator shall ensure that:
  - 1. A current drug reference guide is available for use by personnel members, and
  - 2. A current toxicology reference guide is available for use by personnel members.
- I.** When medication is stored at an adult day health care facility, an administrator shall ensure that:
  - 1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
  - 2. Medication is stored according to the instructions on the medication container; and
  - 3. Policies and procedures are established, documented, and implemented to protect the health and safety of a participant for:
    - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication; and
    - b. Storing, inventorying, and dispensing controlled substances.
- J.** A medication error or a participant's refusal to take a medication is:
  - 1. Reported to the participant's representative within 12 hours, and
  - 2. Documented in the participant's medical record within 24 hours.
- K.** An adverse reaction is:
  - 1. Reported to the participant's representative and medical practitioner within 12 hours, and
  - 2. Documented in the participant's medical record within 24 hours.
- L.** An administrator shall:
  - 1. Immediately notify a participant's representative and medical practitioner of an injury that may require medical services;
  - 2. Report an injury to Adult Protective Services according to A.R.S. § 46-454, when applicable;
  - 3. Prepare a written report on the day of occurrence or when any injury of unknown origin is detected that includes the:
    - a. Name of the participant;
    - b. Type of injury;
    - c. Names of witnesses, if applicable; and
    - d. Action taken;
  - 4. Investigate the injury within 24 hours and documenting any corrective action in the report; and
  - 5. Retain the report for at least 12 months after the date of the injury.
- M.** For a participant whose care plan includes counseling on an individual or group basis, an administrator shall ensure that:
  - 1. If the counseling needed by the participant is within the adult day health care facility's scope of services, a personnel member provides the counseling to the participant according to policies and procedures; or
  - 2. If the counseling needed by the participant is not within the adult day health care facility's scope of services, a personnel member assists the participant or the participant's representative to obtain counseling for the participant according to policies and procedures.

**Historical Note**

Amended effective September 2, 1977 (Supp. 77-5).  
 Repealed effective July 22, 1994 (Supp. 94-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1113 renumbered to Section R9-10-1114; new Section R9-10-1113 renumbered from Section R9-10-1112 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1114. Food Services**

- A.** An administrator shall:
  - 1. Designate a food service supervisor who is responsible for food service in an adult day health care facility; and
  - 2. If an adult day health care facility provides a therapeutic diet to participants, ensure that:
    - a. The therapeutic diet is prescribed in writing by:
      - i. The participant's medical practitioner, or
      - ii. A registered dietitian; and
    - b. A current therapeutic diet reference manual is available to the food service supervisor.
- B.** A food service supervisor shall ensure that:
  - 1. A food menu:
    - a. Is prepared at least one week in advance,
    - b. Includes the foods to be served each day,
    - c. Is conspicuously posted at least one calendar day before the first meal on the food menu will be served,
    - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
    - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
  - 2. Meals and snacks provided by the adult day health care facility are served according to posted menus;
  - 3. Meals and snacks for each day are planned using the applicable guidelines in the most recent dietary guidelines according to the U.S. Department of Health and Human Services and U.S. Department of Agriculture;
  - 4. A participant is provided a diet that meets the participant's nutritional needs as specified in the participant's comprehensive assessment, under R9-10-1107(F), or the participant's care plan;
  - 5. Water is available and accessible to participants at all times, unless otherwise stated by the participant's medical practitioner; and
  - 6. A participant requiring assistance to eat is provided with assistance that recognizes the participant's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils, such as a plate guard, rocking fork, or assistive hand device, if not provided by the participant.
- C.** An administrator shall ensure that food is obtained, prepared, served, and stored as follows:
  - 1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
  - 2. Food is protected from potential contamination;
  - 3. Food is prepared:

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- a. Using methods that conserve nutritional value, flavor, and appearance; and
  - b. In a form to meet the needs of a participant, such as cut, chopped, ground, pureed, or thickened;
  4. Potentially hazardous food is maintained as follows:
    - a. Foods requiring refrigeration are maintained at 41° F or below;
    - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
      - i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
      - ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
      - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
      - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
      - v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
      - vi. Leftovers are reheated to a temperature of at least 165° F;
  5. A refrigerator contains a thermometer, accurate to plus or minus 3° F, at the warmest part of the refrigerator;
  6. Frozen foods are stored at a temperature of 0° F or below; and
  7. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.
  - D.** An administrator shall ensure that:
    1. If an adult day health care facility is licensed to provide adult day health services to more than 15 participants, the adult day health care facility:
      - a. Has a license or permit as a food establishment under 9 A.A.C. 8, Article 1; and
      - b. Maintains a copy of the adult day health care facility's food establishment license or permit;
    2. If the adult day health care facility contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the adult day health care facility, a copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the adult day health care facility; and
    3. The adult day health care facility is able to store, refrigerate, and reheat food to meet the dietary needs of a participant.
- Historical Note**  
 Amended effective September 2, 1977 (Supp. 77-5).  
 Repealed effective July 22, 1994 (Supp. 94-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1114 renumbered to Section R9-10-1115; new Section R9-10-1114 renumbered from Section R9-10-1113 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-1115. Emergency and Safety Standards**

- A.** An administrator shall ensure that:

1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and employees, and, if necessary, implemented that includes:
  - a. Procedures for protecting the health and safety of participants and other individuals on the premises;
  - b. Assigned responsibilities for each personnel member and employee;
  - c. Instructions for the evacuation of participants, including:
    - i. When, how, and where participants will be relocated; and
    - ii. A plan for notifying the emergency contact for each participant;
  - d. A plan to ensure each participant's medications will be available to administer to the participant during a disaster; and
  - e. A plan for providing water, food, and needed services to participants present in the adult day health care facility or the adult day health care facility's relocation site during a disaster;
2. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months;
3. Documentation of a disaster plan review required in subsection (A)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
  - a. The date and time of the disaster plan review;
  - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
  - c. A critique of the disaster plan review; and
  - d. If applicable, recommendations for improvement; and
4. A disaster drill for assigned personnel is conducted on each shift at least once every three months and documented.
- B.** An administrator shall ensure that:
  1. A participant receives orientation to the exits from the adult day health care facility and the route to be used when evacuating participants within two visits after the participant's enrollment, and
  2. A participant's orientation is documented in the participant's medical record.
- C.** An administrator shall ensure that:
  1. An evacuation drill for employees and participants is conducted at least once every six months;
  2. Documentation of an evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
    - a. The date and time of the evacuation drill;
    - b. The amount of time taken for all employees and participants to evacuate to a designated area;
    - d. Any problems encountered in conducting the evacuation drill; and
    - e. Recommendations for improvement, if applicable; and
  3. An evacuation path is conspicuously posted on each hallway of each floor of the adult day health care facility.

**Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).  
 Repealed effective July 22, 1994 (Supp. 94-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1115 renumbered to Section R9-10-1116; new Section



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R9-10-1115 renumbered from Section R9-10-1114 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1116. Environmental Standards****A.** An administrator shall ensure that:

1. The adult day health care facility's premises are:
  - a. Cleaned and disinfected according to policies and procedures to prevent, minimize, and control illness and infection; and
  - b. Free from a condition or situation that may cause a participant or an individual to suffer physical injury;
2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
3. Windows and doors opening to the outside are screened if they are kept open at any time for ventilation or other purposes;
4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
5. Equipment used at the adult day health care facility is:
  - a. Maintained in working order;
  - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
  - c. Used according to the manufacturer's recommendations;
6. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
7. Garbage and refuse are:
  - a. Stored in covered containers lined with plastic bags, and
  - b. Removed from the premises at least once a week;
8. Heating and cooling systems maintain the adult day health care facility at a temperature between 70° F and 84° F;
9. The supply of hot and cold water is sufficient to meet the personal hygiene needs of participants and the cleaning and sanitation requirements in this Article;
10. Soiled linen and soiled clothing stored by the adult day health care facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;
11. Oxygen containers are secured in an upright position;
12. Poisonous or toxic materials stored by the adult day health care facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to participants;
13. Combustible or flammable liquids and hazardous materials stored by the adult day health care facility are stored in the original labeled containers or safety containers in a locked area inaccessible to participants; and
14. Pets or animals are:
  - a. Controlled to prevent endangering the participants and to maintain sanitation;
  - b. Not allowed in treatment, food storage, food preparation, or dining areas;
  - c. Licensed consistent with local ordinances; and
  - d. For a dog or cat, vaccinated against rabies.

**B.** If a swimming pool is located on the premises, an administrator shall ensure that:

1. On a day that a participant uses the swimming pool, an employee:
  - a. Tests the swimming pool's water quality at least once for compliance with one of the following chemical disinfection standards:
    - i. A free chlorine residual between 1.0 and 3.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test;
    - ii. A free bromine residual between 2.0 and 4.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test; or
    - iii. An oxidation-reduction potential equal to or greater than 650 millivolts; and
  - b. Records the results of the water quality tests in a log that includes the date tested and test result;
2. Documentation of the water quality test is maintained for at least 12 months after the date of the test;
3. A swimming pool is not used by a participant if a water quality test shows that the swimming pool water does not comply with subsection (B)(1)(a);
4. At least one personnel member with cardiopulmonary resuscitation training, required in R9-10-1106(D), is present in the pool area when a participant is in the pool area; and
5. At least two personnel members are present in the pool area if two or more participants are in the pool area.

**Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5). Repealed effective July 22, 1994 (Supp. 94-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1116 renumbered to Section R9-10-1117; new Section R9-10-1116 renumbered from Section R9-10-1115 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

**R9-10-1117. Physical Plant Standards**

- A.** An administrator shall ensure that an adult day health care facility complies with the physical plant health and safety codes and standards incorporated by reference in R9-10-104.01, in effect on the date the adult day health care facility submitted the application including the notarized attestation of architectural plans according to R9-10-104.
- B.** An administrator shall ensure that the premises and equipment are sufficient to accommodate:
  1. The services stated in the adult day health care facility's scope of services, and
  2. An individual accepted as a participant by the adult day health care facility.
- C.** An administrator shall ensure that an adult day health care facility has at least 40 square feet of indoor activity space for each participant, excluding bathrooms, halls, storage areas, kitchens, wall thicknesses, and rooms designated for use by individuals who are not participants.
- D.** An administrator shall ensure that an outside activity space is provided and available that:
  1. Is on the premises,
  2. Has a hard-surfaced section for wheelchairs,
  3. Has an available shaded area, and
  4. Has a means of egress without entering the adult day health care facility.
- E.** An administrator shall ensure that:

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1. There is at least one working toilet that flushes and has a seat and one sink with running water for each ten participants;
  2. A bathroom for use by participants provides privacy when in use and contains in a location accessible to participants:
    - a. A mirror;
    - b. Toilet paper for each toilet;
    - c. Soap accessible from each sink;
    - d. Paper towels in a dispenser or an air hand dryer; and
    - e. Grab bars for the toilet and other assistive devices, if required, to provide for participant safety;
  3. A bathroom has a window that opens or another means of ventilation;
  4. If a bathing facility is provided:
    - a. The bathing facility provides privacy when in use;
    - b. Shower enclosures have nonporous surfaces;
    - c. Showers and tubs have grab bars for participant safety; and
    - d. Tub and shower floors have slip-resistant surfaces;
  5. Dining areas are furnished with dining tables and chairs and large enough to accommodate participants;
  6. There is a wall or other means of physical separation between dining facilities and food preparation areas;
  7. If the adult day health care facility serves food, areas are designated for food preparation, storage, and handling and are not used as a passageway by participants; and
  8. All flooring is slip-resistant.
- F.** If the adult day health care facility has a swimming pool on the premises, an administrator shall ensure that:
1. The swimming pool is equipped with the following:
    - a. An operational water circulation system that clarifies and disinfects the swimming pool water continuously and that includes at least:
      - i. A removable strainer;
      - ii. Two swimming pool inlets located on opposite sides of the swimming pool; and
      - iii. A drain located at the swimming pool's lowest point and covered by a grating that cannot be removed without using tools; and
    - b. An operational vacuum cleaning system;
  2. The swimming pool is enclosed by a wall or fence that:
    - a. Is at least five feet in height as measured on the exterior of the wall or fence;
    - b. Has no vertical openings greater than four inches across;
    - c. Has no horizontal openings, except as described in subsection (F)(2)(e);
    - d. Is not chain-link;
    - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
    - f. Has a self-closing, self-latching gate that:
      - i. Opens away from the swimming pool;
      - ii. Has a latch located at least 54 inches from the ground; and
      - iii. Is locked when the swimming pool is not in use;
  3. A life preserver or shepherd's crook is available and accessible in the pool area; and
  4. If the swimming pool is used by participants, pool safety requirements are conspicuously posted in the pool area.

**Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).  
 Repealed effective July 22, 1994 (Supp. 94-3). New Section R9-10-1117 renumbered from Section R9-10-1116 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-1118. Repealed****Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).  
 Repealed effective July 22, 1994 (Supp. 94-3).

**R9-10-1119. Repealed****Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).  
 Repealed effective July 22, 1994 (Supp. 94-3).

**R9-10-1120. Repealed****Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).  
 Repealed effective July 22, 1994 (Supp. 94-3).

**R9-10-1121. Repealed****Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).  
 Repealed effective July 22, 1994 (Supp. 94-3).

**R9-10-1122. Repealed****Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).  
 Repealed effective July 22, 1994 (Supp. 94-3).

**R9-10-1123. Repealed****Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).  
 Repealed effective July 22, 1994 (Supp. 94-3).

**R9-10-1124. Repealed****Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).  
 Repealed effective July 22, 1994 (Supp. 94-3).

**R9-10-1125. Repealed****Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).  
 Repealed effective July 22, 1994 (Supp. 94-3).

**R9-10-1126. Repealed****Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).  
 Repealed effective July 22, 1994 (Supp. 94-3).

**R9-10-1127. Repealed****Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).  
 Repealed effective July 22, 1994 (Supp. 94-3).

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**ARTICLE 12. HOME HEALTH AGENCIES****R9-10-1201. Definitions**

In addition to the definitions in A.R.S. §§ 36-401, 36-151 and R9-10-101, the following apply in this Article, unless otherwise specified:

1. "Branch office" means a location other than a home health agency's main administrative office that:
  - a. Operates under the license of the home health agency, and
  - b. Is under the control of the home health agency's administrator.
2. "Home health services director" means an individual who provides direction for the home health services provided by or through a home health agency.
3. "Medical social services" means activities that assist a patient to cope with concerns about the patient's illness or injury, and may include helping to find resources to address the patient's concerns.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 651 (February 28, 2025), effective April 6, 2025 (Supp. 25-1).

**R9-10-1202. Supplemental Application Requirements**

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as a home health agency shall:

1. Include on the application:
  - a. The name and address of each proposed branch office, if applicable; and
  - b. The geographic region to be served by:
    - i. The proposed home health agency's administrative office, and
    - ii. Each proposed branch office; and
2. Submit to the Department a copy of a valid fingerprint clearance card issued according to A.R.S. Title 41, Chapter 12, Article 3.1 for:
  - a. The applicant, if the applicant is an individual; or
  - b. Each individual with a 10% or greater ownership of the business organization, if the applicant is a business organization.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1203. Administration****A. A governing authority shall:**

1. Consist of one or more individuals responsible for the organization, operation, and administration of the home health agency;
2. Establish, in writing:
  - a. A home health agency's scope of services, and
  - b. Qualifications for an administrator;
3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
4. Adopt a quality management program according to R9-10-1204;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;

6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
  - a. Expected not to be present in a home health agency's administrative office for more than 30 calendar days, or
  - b. Not present in a home health agency's administrative office for more than 30 calendar days;
7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator;
8. Appoint, according to A.R.S. § 36-151(5)(b), an advisory group that consists of four or more members that include:
  - a. A physician;
  - b. A registered nurse who has at least one year of experience as a registered nurse providing home health services; and
  - c. Two or more individuals who represent a medical, nursing, or health-related profession; and
9. Ensure that the advisory group appointed according to subsection (A)(8):
  - a. Meets at least once every 12 months,
  - b. Documents meetings, and
  - c. Assists in establishing and evaluating policies and procedures for the home health agency.

**B. An administrator:**

1. Shall serve no more than five home health agencies;
2. Is directly accountable to the governing authority of a home health agency for all services provided by the home health agency;
3. Has the authority and responsibility to manage the home health agency;
4. Except as provided in subsection (A)(6), designates, in writing, an individual who is present at the home health agency's administrative office and accountable for services provided by the home health agency when the administrator is not present at the home health agency's administrative office; and
5. Ensures compliance with A.R.S. § 36-411.

**C. An administrator shall:**

1. Ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
  - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, and volunteers;
  - b. Cover orientation and in-service education for personnel members, employees, and volunteers;
  - c. Cover how a personnel member may submit a complaint relating to patient care;
  - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
  - e. Include a method to identify a patient to ensure the patient receives the appropriate services;
  - f. Cover patient rights, including assisting a patient who does not speak English or who has a disability to become aware of patient rights;
  - g. Cover specific steps for:
    - i. A patient to file a complaint, and
    - ii. The home health agency to respond to a patient complaint;
  - h. Cover health care directives;

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- i. Cover medical records, including electronic medical records;
  - j. Cover a quality management program, including incident reports and supporting documentation;
  - k. Cover contracted services; and
  - l. Cover and designate which personnel members or employees are required to have current certification in cardiopulmonary resuscitation and first aid training;
2. Ensure that policies and procedures for services provided by a home health agency are established, documented, and implemented to protect the health and safety of a patient that:
  - a. Cover patient admission, discharge planning, and discharge;
  - b. Cover the provision of home health services and, if applicable, specific types of supportive services and medical social services;
  - c. Include when general consent and informed consent are required;
  - d. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
  - e. Cover medication procurement, if applicable, and administration; and
  - f. Cover infection control;
3. Ensure that policies and procedures are:
  - a. Available to personnel members, employees, and volunteers, and
  - b. Reviewed at least once every three years and updated as needed;
4. Ensure that records of advisory group meetings are maintained for at least 24 months after the date of the meeting;
5. Designate, in writing, a home health services director who is:
  - a. A physician with at least 24 months of experience working for or with a home health agency; or
  - b. A registered nurse with at least three years of nursing experience, including at least 24 months of experience as a registered nurse providing home health services;
6. Ensure that:
  - a. Speech therapy or speech-language pathology services are provided by a speech-language pathologist according to A.R.S. § 36-1940.01 or speech-language pathologist assistant licensed according to A.R.S. § 36-1940.04;
  - b. Nutritional services are provided by a registered dietitian;
  - c. Occupational therapy services are provided by an occupational therapist or occupational therapy assistant;
  - d. Physical therapy services are provided by a physical therapist or a physical therapist assistant;
  - e. Respiratory care services are provided by a respiratory therapist, respiratory therapy technician licensed according to A.R.S. Title 32, Chapter 35, or a practical nurse or registered nurse licensed according to A.R.S. Title 32, Chapter 15;
  - f. Pharmacy services are provided by a pharmacist; and
  - g. Medical social services are provided:
    - i. By a personnel member qualified according to policies and procedures that coordinates medical social services; and
    - ii. For medical social services, related to the practice of social work in A.R.S. § 32-3251, by a personnel member licensed under A.R.S. Title 32, Chapter 33, Article 5;
7. Ensure that the services specified in subsection (C)(6) are provided to a patient only under an order by the patient's physician, registered nurse practitioner, or podiatrist, as applicable; and
8. Unless otherwise stated, ensure that:
  - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
  - b. When documentation or information is required by this Chapter to be submitted on behalf of a home health agency, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the home health agency.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3391 with an immediate effective date of November 6, 2019 (Supp. 19-4). Amended by final rulemaking at 31 A.A.R. 651 (February 28, 2025), effective April 6, 2025 (Supp. 25-1).

**R9-10-1204. Quality Management**

An administrator shall ensure that:

1. A plan for a quality management program for the home health agency is established, documented, and implemented that includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate the provision of services, including oversight of personnel members;
  - c. A method to evaluate the data collected to identify a concern about the provision of services;
  - d. A method to make changes or take action as a result of the identification of a concern about the provision of services;
  - e. A method to determine whether actions taken improved the provision of services; and
  - f. The frequency of submitting the documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
  - a. Each identified concern about the delivery of services related to patient care, and
  - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by

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exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1205. Contracted Services**

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1206. Personnel**

A. An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
  - a. Are based on:
    - i. The type of services expected to be provided by the personnel member according to the established job description, and
    - ii. The acuity of the patients receiving services from the personnel member according to the established job description; and
  - b. Include:
    - i. The specific skills and knowledge necessary for the personnel member to provide the expected services listed in the established job description,
    - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected services listed in the established job description, and
    - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
  - a. Before the personnel member provides physical health services, and
  - b. According to policies and procedures;
3. Sufficient personnel members are available with the qualifications, skills, and knowledge necessary to:
  - a. Provide the services in the home health agency's scope of services,
  - b. Meet the needs of a patient, and
  - c. Ensure the health and safety of a patient; and
4. A personnel member, an employee, a volunteer, or a student who has or is expected to have direct interaction with a patient, provides evidence of freedom from infectious tuberculosis:
  - a. On or before the date the individual begins providing services at or on behalf of the home health agency, and
  - b. As specified in R9-10-113.

B. An administrator shall ensure that a personnel record for each personnel member, employee, or volunteer:

1. Includes:

- a. The individual's name, date of birth, and contact telephone number;
- b. The individual's starting date of employment or volunteer service, and if applicable, ending date; and
- c. Documentation of:
  - i. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
  - ii. The individual's education and experience applicable to the individual's job duties;
  - iii. The individual's completed orientation and in-service education as required by policies and procedures;
  - iv. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
  - v. The individual's compliance with the requirements in A.R.S. § 36-411;
  - vi. Cardiopulmonary resuscitation training, if required for the individual according to this Article and policies and procedures;
  - vii. First aid training, if required for the individual according to this Article and policies and procedures; and
  - viii. Evidence of freedom from infectious tuberculosis, if required according to subsection (A)(4);
2. Is maintained:
  - a. Throughout the individual's period of providing services in or for the home health agency; and
  - b. For at least 24 months after the last date the individual provided services in or for the home health agency; and
3. For a personnel member who has not provided services for the home health agency during the previous 12 months, provided to the Department within 72 hours after the Department's request.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3391 with an immediate effective date of November 6, 2019 (Supp. 19-4). Amended by final expedited rulemaking, at 25 A.A.R. 3391 with an immediate effective date of November 6, 2019 (Supp. 19-4).

**R9-10-1207. Care Plan**

A. An administrator shall ensure that a care plan is developed for each patient:

1. Based on an assessment of the patient as required in R9-10-1210(D)(1) or (F)(2)(e)(i);
2. With participation from:
  - a. The patient's physician, registered nurse practitioner, or podiatrist, as applicable; and
  - b. A registered nurse;
3. That includes:
  - a. The patient's diagnosis;
  - b. Surgery dates relevant to home health services, if applicable;
  - c. The patient's cognitive awareness of self, location, and time;
  - d. Functional abilities and limitations;
  - e. Goals for functional rehabilitation, if applicable;

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- f. The type, duration, and frequency of each service to be provided;
  - g. Treatments the patient is receiving from a source other than the home health agency;
  - h. Medications and herbal supplements reported by the patient or the patient's representative as being used by the patient, and the dose, route of administration, and schedule for administration of each medication or herbal supplement;
  - i. Any known drug allergies;
  - j. Nutritional requirements and preferences;
  - k. Specific measures to improve the patient's safety and protect the patient against injury; and
  - l. A discharge plan for the patient including, if applicable, a plan for assessing the accomplishment of treatment or therapy goals for the patient; and
4. That is established and implemented within five days of start of care.

**B. An administrator shall ensure that:**

- 1. Home health services are provided to a patient by the home health agency according to the patient's care plan;
- 2. The patient's care plan is reviewed and updated:
  - a. Whenever there is a change in the patient's condition that indicates a need for a change in the type, duration, or frequency of the services being provided;
  - b. If the patient's physician, registered nurse practitioner, or podiatrist, as applicable, orders a change in the care plan; and
  - c. At least every 60 calendar days;
- 3. The patient's care plan is reviewed and documented by a registered nurse, an occupational therapist, an occupational therapist assistant, a physical therapist, or a physical therapist assistant, with the patient or the patient's representative at least every 30 calendar days;
- 4. The patient's physician, physician assistant, registered nurse practitioner, or podiatrist, as applicable, authenticates the care plan with a signature within 30 calendar days after the care plan is initially developed and whenever the care plan is updated; and
- 5. A home health agency documents and responds to a referral from a health care provider within 48 hours of receiving the referral.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 651 (February 28, 2025), effective April 6, 2025 (Supp. 25-1).

**R9-10-1208. Patient Rights****A. An administrator shall ensure that:**

- 1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted at the home health agency's administrative office;
- 2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
- 3. Policies and procedures include:
  - a. How and when a patient or the patient's representative is informed of patient rights in subsection (C); and

- b. Where patient rights are posted as required in subsection (A)(1).

**B. An administrator shall ensure that:**

- 1. A patient is treated with dignity, respect, and consideration;
- 2. A patient is not subjected to:
  - a. Abuse;
  - b. Neglect;
  - c. Exploitation;
  - d. Coercion;
  - e. Manipulation;
  - f. Sexual abuse;
  - g. Sexual assault;
  - h. Seclusion;
  - i. Restraint;
  - j. Retaliation for submitting a complaint to the Department or another entity; or
  - k. Misappropriation of personal and private property by a home health agency's personnel members, employees, or volunteers; and
- 3. A patient or the patient's representative:
  - a. Except in an emergency, either consents to or refuses treatment;
  - b. May refuse or withdraw consent for treatment before treatment is initiated;
  - c. Except in an emergency, is informed of proposed alternatives to a psychotropic medication and the associated risks and possible complications of a psychotropic medication;
  - d. Is informed of the following:
    - i. The home health agency's policy on health care directives;
    - ii. The patient complaint process;
    - iii. Home health services provided by or through the home health agency; and
    - iv. The rates and charges for services before the services are initiated and before a change in rates, charges, or services;
  - e. Consents to photographs of the patient before the patient is photographed, except that a patient may be photographed when admitted to a home health agency for identification and administrative purposes; and
  - f. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
    - i. Medical record, or
    - ii. Financial records.

**C. A patient has the following rights:**

- 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
- 2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
- 3. To receive privacy in treatment and care for personal needs;
- 4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
- 5. To receive a referral to another health care institution if the home health agency is not authorized or not able to provide physical health services needed by the patient;

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6. To participate or have the patient's representative participate in the development of a care plan or decisions concerning treatment;
7. To participate or refuse to participate in research or experimental treatment; and
8. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1209. Medical Records****A.** An administrator shall ensure that:

1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a patient's medical record is:
  - a. Recorded only by an individual authorized by policies and procedures to make the entry;
  - b. Dated, timed, legible, and authenticated; and
  - c. Not changed to make the initial entry illegible;
3. An order is:
  - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
  - b. Authenticated by a physician, registered nurse practitioner, or podiatrist according to policies and procedures; and
  - c. If the order is a verbal order, authenticated by the physician, registered nurse practitioner, or podiatrist issuing the order;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
5. A patient's medical record is available to personnel members, physicians, registered nurse practitioners, or podiatrists authorized by policies and procedures to access the patient's medical record;
6. Information in a patient's medical record is disclosed to an individual not authorized under subsection (A)(5) only with the written consent of a patient or the patient's representative or as permitted by law; and
7. A patient's medical record is protected from loss, damage, or unauthorized use.

**B.** If a home health agency maintains patients' medical records electronically, an administrator shall ensure that:

1. Safeguards exist to prevent unauthorized access, and
2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.

**C.** An administrator shall ensure that a patient's medical record contains:

1. Patient information that includes:
  - a. The patient's name;
  - b. The patient's address and telephone number;
  - c. The patient's date of birth; and
  - d. Any known allergies, including medication allergies;
2. The date the patient began receiving services from the home health agency and, if applicable, the date the patient stopped receiving services from the home health agency;

3. The name and telephone of the patient's physician or registered nurse practitioner;
4. The name and telephone number of patient's podiatrist, if applicable;
5. Documentation of general consent and, if applicable, informed consent;
6. Documentation of medical history and current diagnoses;
7. A copy of the patient's health care directive, if applicable;
8. If applicable, the name and contact information of the patient's representative and:
  - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
  - b. If the patient's representative:
    - i. Is a legal guardian, a copy of the court order establishing guardianship; or
    - ii. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney;
9. Orders;
10. Assessments;
11. Care plan;
12. Progress notes;
13. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
14. Documentation of meetings with the patient to assess the home health services and supportive services provided to the patient;
15. The disposition of the patient upon discharge;
16. The discharge plan;
17. Discharge instructions and discharge summary, if applicable;
18. If applicable:
  - a. Laboratory reports,
  - b. Radiologic reports,
  - c. Diagnostic reports, and
  - d. Consultation reports;
19. Documentation of a medication administered to the patient that includes:
  - a. The date and time of administration;
  - b. The name, strength, dosage, and route of administration;
  - c. For a medication administered for pain:
    - i. An assessment of the patient's pain before administering the medication, and
    - ii. The effect of the medication administered;
  - d. For a psychotropic medication:
    - i. An assessment of the patient's behavior before administering the psychotropic medication, and
    - ii. The effect of the psychotropic medication administered;
  - e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication; and
  - f. Any adverse reaction a patient has to the medication;
20. Documentation of tasks assigned to a home health aide or other personnel member;
21. Documentation of coordination of patient care;

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22. Copies of patient summary reports sent to the patient's physician, registered nurse practitioner, or podiatrist, as applicable; and
23. Documentation of contacts with the patient's physician, registered nurse practitioner, or podiatrist, as applicable, by a personnel member or the patient.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 651 (February 28, 2025), effective April 6, 2025 (Supp. 25-1).

**R9-10-1210. Home Health Services**

- A.** An administrator shall ensure that an individual admitted to the home health agency has an order from a physician, registered nurse practitioner, physician assistant, or podiatrist for home health services.
- B.** An administrator shall ensure that the home health services director provides direction for home health services provided by or through the home health agency.
- C.** A home health services director shall ensure that nursing services are provided by a registered nurse or practical nurse, according to policies and procedures.
- D.** A home health services director shall ensure that a registered nurse:
  1. Unless a patient's physician, physician assistant, or registered nurse practitioner orders only speech therapy, occupational therapy, or physical therapy for the patient, within 48 hours after the patient begins receiving home health services provided by or through the home health agency, conducts and document an initial assessment of the patient to determine:
    - a. The needs of the patient;
    - b. Resources available to address the patient's needs;
    - c. The patient's home and family environment;
    - d. Goals for patient care;
    - e. Medications used by the patient, including non-compliance, drug interactions, side effects, and contraindications; and
    - f. Medical supplies or equipment needed by the patient;
  2. Reviews a patient's health care directives at the time of the initial assessment;
  3. Implements a patient's care plan, developed as specified in R9-10-1207;
  4. Coordinates patient care with other individuals providing home health services or other services to the patient;
  5. Immediately informs the patient's physician or registered nurse practitioner of a change in a patient's condition that requires medical services; and
  6. At least every 60 calendar days until a patient is discharged:
    - a. Reassesses the patient based on the patient's care plan, needs, and medical condition; and
    - b. Summarizes the patient's condition and needs for the patient's physician, registered nurse practitioner, or podiatrist, as applicable.
- E.** A home health services director shall ensure that:
  1. A patient's condition and the services provided to the patient are documented in the patient's medical record after each patient contact; and
  2. Verbal orders from a patient's physician, registered nurse practitioner, or podiatrist, as applicable, are:
    - a. Except as specified in subsection (F)(2)(d), received by a registered nurse and documented by the registered nurse in the patient's medical record; and
    - b. Authenticated by the patient's physician, registered nurse practitioner, or podiatrist, as applicable, with a signature, within 30 calendar days.
- F.** A home health services director shall ensure that:
  1. A registered nurse:
    - a. Except as specified in subsection (F)(2)(b)(i) and (ii):
      - i. Assigns tasks in writing to a home health aide or licensed health aide who is providing home health services to a patient; and
      - ii. Verifies the competency of the home health aide or licensed health aide in performing assigned tasks;
    - b. Except as specified in subsection (F)(2)(b)(iii), provides direction for the home health aide or licensed health aide services provided to a patient; and
    - c. Except as specified in subsection (F)(2)(e)(ii), meets with a patient who is receiving home health aide or licensed health aide services to assess the home health services provided by the home health aide or licensed health aide:
      - i. At least every two weeks when the patient is also receiving nursing services or therapy services, and
      - ii. At least every 60 calendar days when the patient is only receiving home health aide or licensed health aide services;
  2. When a patient's physician or registered nurse practitioner orders speech therapy, occupational therapy, or physical therapy for the patient, an individual specified in R9-10-1203(C)(6)(a), (c), or (d), as applicable:
    - a. Provides the applicable therapy service to the patient according to the patient's care plan;
    - b. If a home health aide or licensed health aide is assigned to assist the patient in performing activities related to the therapy service:
      - i. Assigns tasks in writing to the home health aide or licensed health aide who is assisting the patient;
      - ii. Verifies the competency of the home health aide or licensed health aide in performing assigned tasks; and
      - iii. Provides direction to the home health aide or licensed health aide in performing the assigned tasks related to the therapy service;
    - c. Coordinates the provision of the therapy service to the patient with the registered nurse providing direction for other home health services for the patient;
    - d. Documents in the patient's medical record any orders by the patient's physician or registered nurse practitioner received concerning the therapy service; and
    - e. If the only home health services ordered for the patient are speech therapy, occupational therapy, or physical therapy:
      - i. Within 48 hours after the patient begins receiving home health services provided by or through the home health agency, conducts an



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- initial assessment of the patient as specified in subsections (D)(1)(a) through (f); and
- ii. Meets with a patient who is receiving home health services from a home health aide or licensed health aide every two weeks to assess the home health services provided by the home health aide; and
3. A home health aide:
    - a. Is only assigned to provide services the home health aide can competently perform; and
    - b. Only performs tasks assigned to the home health aide in writing by a registered nurse or as specified in subsection (F)(2)(b)(i).
  4. A licensed health aide:
    - a. Is only licensed to provide services the licensed health aide can competently perform, and
    - b. Only performs tasks assigned to the licensed health aide in writing by a registered nurse and as specified under A.R.S. § 32-1601(14).

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 651 (February 28, 2025), effective April 6, 2025 (Supp. 25-1).

**R9-10-1211. Supportive Services**

- A. A governing authority may include supportive services, including personal care services, in the scope of services for a home health agency.
- B. An administrator:
  1. May allow:
    - a. Supportive services to be provided to a patient without an order from a physician, registered nurse practitioner, or podiatrist; and
    - b. A personnel member who is not a home health aide to perform personal care services; and
  2. Shall ensure that:
    - a. Supportive services are provided to a patient according to policies and procedures;
    - b. A registered nurse:
      - i. Assesses a patient's need for supportive services,
      - ii. Assigns specific tasks in writing to a home health aide providing supportive services other than personal care services,
      - iii. Assigns specific tasks in writing to a personnel member providing personal care services,
      - iv. Provides direction for supportive services, and
      - v. Includes supportive services in the reassessment of a patient required in R9-10-1210(D)(6); and
    - c. Supportive services are documented in a patient's medical record.

**Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at

20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1212. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1213. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1214. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1215. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1216. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1217. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1218. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1219. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1220. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1221. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1222. Repealed**

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**Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1223. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1224. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1225. Reserved****R9-10-1226. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1227. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1228. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1229. Reserved****R9-10-1230. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**ARTICLE 13. BEHAVIORAL HEALTH SPECIALIZED TRANSITIONAL FACILITY****R9-10-1301. Definitions**

Definitions in A.R.S. § 36-401 and R9-10-101 apply in this Article unless otherwise specified.

**Historical Note**

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Reference in paragraph (24) corrected (Supp. 94-2). Section R9-10-1301 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

sions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

**R9-10-1302. Administration****A. The governing authority for a behavioral health specialized transitional facility:**

1. Is the superintendent of the state hospital; and
2. Shall:
  - a. Establish, in writing:
    - i. A behavioral health specialized transitional facility's scope of services, and
    - ii. Qualifications for an administrator;
  - b. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(a)(ii);
  - c. Adopt a quality management program according to R9-10-1303;
  - d. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
  - e. Designate an acting administrator, in writing, who has the qualifications established in subsection (A)(2)(a)(ii), if the administrator is:
    - i. Expected not to be present on the behavioral health specialized transitional facility's premises for more than 30 calendar days, or
    - ii. Not present on the behavioral health specialized transitional facility's premises for more than 30 calendar days; and
  - f. Except as provided in subsection (A)(2)(e), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.

**B. An administrator:**

1. Is directly accountable to the superintendent of the state hospital for the daily operation of the behavioral health specialized transitional facility and for all services provided by or at the behavioral health specialized transitional facility;
2. Has the authority and responsibility to manage the behavioral health specialized transitional facility; and
3. Except as provided in subsection (A)(2)(e), designates, in writing, an individual who is present on the behavioral health specialized transitional facility's premises and accountable for the behavioral health specialized transitional facility when the administrator is not present on the behavioral health specialized transitional facility's premises.

**C. An administrator shall ensure that:**

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
  - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
  - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
  - c. Cover patient admission, assessment, treatment plan, transfer, discharge planning, and recordkeeping;

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- d. Cover discharge, including the amount of medication provided to a patient at discharge, based on an assessment of the patient's medical condition;
  - e. Cover patient rights, including assisting a patient who does not speak English or who has a physical or other disability to become aware of patient rights;
  - f. Cover the requirements in A.R.S. §§ 36-3708, 36-3709, and 36-3714;
  - g. Establish the process for warning an identified or identifiable individual, as described in A.R.S. § 36-517.02 (B) through (C), if a patient communicates to a personnel member a threat of imminent serious physical harm or death to the identified or identifiable individual and the patient has the apparent intent and ability to carry out the threat;
  - h. Cover when informed consent is required and how informed consent is obtained;
  - i. Cover the criteria and process for conducting research using patients or patients' medical records;
  - j. Include the establishment of, disbursing from, and recordkeeping for a patient personal funds account;
  - k. Include a method of patient identification to ensure a patient receives the services ordered for the patient;
  - l. Cover contracted services;
  - m. Cover health care directives;
  - n. Cover medical records, including electronic medical records;
  - o. Cover medication procurement, storage, inventory monitoring and control, and disposal;
  - p. Cover infection control;
  - q. Cover and designate which personnel members or employees are required to have current certification in cardiopulmonary resuscitation and first aid training;
  - r. Cover environmental services that affect patient care;
  - s. Cover training of personnel members, at least annually, on how to recognize the signs and symptoms of abuse or neglect and reporting suspected or alleged abuse, neglect, exploitation, or other criminal activity;
  - t. Cover quality management, including incident reports and supporting documentation;
  - u. Cover emergency treatment and disaster plan;
  - v. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
  - w. Include security of the facility, patients and their possessions, personnel members, and visitors at the behavioral health specialized transitional facility;
  - x. Include preventing unauthorized patient absences;
  - y. Cover transportation of patients, including the criteria for using a locking mechanism to restrict a patient's movement during transportation;
  - z. Cover specific steps for:
    - i. A patient to file a complaint, and
    - ii. The behavioral health specialized transitional facility to respond to a patient's complaint;
  - aa. Cover visitation, telephone usage, sending or receiving mail, computer usage, and other recreational activities;
  - bb. Include equipment inspection and maintenance; and
  - cc. Cover religious visitation by a clergy member in compliance with A.R.S. § 36-407.02;
- 2. Policies and procedures are available to each personnel member;
  - 3. Laboratory services are provided by a laboratory that holds a certificate of accreditation or certificate of compliance issued by the U.S. Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
  - 4. Food services are provided as specified in R9-10-1314;
  - 5. The following individuals have access to a patient:
    - a. The patient's representative,
    - b. An individual assigned by a court of law to provide services to the patient, and
    - c. An attorney hired by the patient or patient's family;
  - 6. Labor performed by a patient for the behavioral health specialized transitional facility is consistent with A.R.S. § 36-510 and applicable state and federal law; and
  - 7. The following information is posted in an area easily viewed by a patient or an individual entering or leaving the behavioral health specialized transitional facility:
    - a. Patient rights,
    - b. Telephone number for the Department and the Office of Human Rights,
    - c. Location of inspection reports,
    - d. Complaint procedures, and
    - e. Visitation hours and procedures.
- D. An administrator shall:**
- 1. Provide written notification to the Department of a patient's:
    - a. Death, if the patient's death is required to be reported according to A.R.S. § 11-593, within one working day after the patient's death;
    - b. Self-injury, within two working days after the patient inflicts a self-injury that requires immediate intervention by an emergency medical service provider; and
    - c. Absence, within one working day after an unauthorized patient absence from the behavioral health specialized transitional facility is discovered;
  - 2. Maintain the documentation required in subsection (D)(1) for at least 12 months after the date of the notification; and
  - 3. Ensure that sufficient personnel are present at the behavioral health specialized transitional facility at all times to maintain safe and secure conditions.
- E. If an administrator has a reasonable basis, according to A.R.S. § 46-454, to believe abuse, neglect, or exploitation has occurred on the premises or while the patient is receiving services from an employee or personnel member of the behavioral health specialized transitional facility, the administrator shall:**
- 1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
  - 2. Report the suspected abuse, neglect, or exploitation of the patient according to A.R.S. § 46-454;
  - 3. Document:
    - a. The suspected abuse, neglect, or exploitation of the patient;
    - b. Any action taken according to subsection (E)(1); and
    - c. The report in subsection (E)(2);
  - 4. Maintain the documentation required in subsection (E)(3) for at least 12 months after the date of the report;
  - 5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information

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within five working days after the report required in subsection (E)(2):

- a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
  - b. A description of any injury to the patient related to the abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;
  - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
  - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
6. Maintain a copy of the documented information required in subsection (E)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.

**F. An administrator shall:**

1. Unless otherwise stated, ensure that:
  - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
  - b. When documentation or information is required by this Chapter to be submitted on behalf of a behavioral health specialized transitional facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the behavioral health specialized transitional facility;
2. Appoint a medical director, to direct the medical and nursing services provided by or at the behavioral health specialized transitional facility, who:
  - a. Is a medical staff member, and
  - b. Has at least two years of experience providing services in an organized psychiatric services unit of a hospital or in a behavioral health facility; and
3. Appoint a clinical director, to provide direction for the behavioral health services provided by or at the behavioral health specialized transitional facility, who:
  - a. Is a psychiatrist or a psychologist;
  - b. Has at least two years of experience providing services in an organized psychiatric services unit of a hospital or in a behavioral health facility; and
  - c. May, if qualified, also serve as the medical director.

**G. A medical director:**

1. Is responsible for the medical services, nursing services, and physical health-related services provided to patients consistent with the patients behavioral treatment plan; and
2. Shall ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
  - a. Restraint and seclusion, according to R9-10-225;
  - b. The process for patient assessments, including the identification of and criteria for the on-going monitoring of a patient's physical health conditions;
  - c. Dispensing and administration of medications, including the process and criteria for determining whether a patient is capable of and eligible to self-administer medication;
  - d. The process by which emergency medical treatment will be provided to a patient; and
  - e. The requirements for completion of medication records and recording of adverse events.

**H. A clinical director:**

1. Is responsible for the behavioral health services provided to patients;
2. Shall ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
  - a. Assessing the competency and proficiency of a behavioral health personnel member for each type of service the personnel member provides and each type of patient to which the personnel member is assigned;
  - b. Providing:
    - i. Supervision to behavioral health paraprofessionals, according to R9-10-115(2); and
    - ii. Clinical oversight to behavioral health technicians, according to R9-10-115(3);
  - c. The qualifications for personnel members who provide clinical oversight;
  - d. The process for patient assessments, including the identification of and criteria for the on-going monitoring of a patient's behavioral health issues;
  - e. The process for developing and implementing a patient's treatment plan;
  - f. The frequency of and process for reviewing and modifying a patient's treatment plan, based on the ongoing monitoring of the patient's response to treatment; and
  - g. The process for determining whether a patient is eligible for discharge or conditional release to a less restrictive alternative;
3. Shall ensure that patient services are provided by personnel that are competent and proficient in providing the services; and
4. Shall ensure that clinical oversight of personnel members is provided according to the policies and procedures.

**Historical Note**

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1302 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 24 A.A.R. 2764, effective September 11, 2018 (Supp. 18-3). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-1303. Quality Management**

An administrator shall ensure that:

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1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to patients;
  - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
  - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
  - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
  - a. An identification of each concern about the delivery of services related to patient care, and
  - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1303 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1304. Contracted Services**

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3).

Adopted without change effective November 25, 1992 (Supp. 92-4). Section R9-10-1304 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1305. Personnel Requirements and Records**

- A. An administrator shall ensure that a personnel member:
  1. Is at least 18 years old; and
  2. Either:
    - a. Holds a valid fingerprint clearance card issued under A.R.S. Title 41, Chapter 12, Article 3.1; or
    - b. Submits to the administrator a copy of a fingerprint clearance card application showing that the personnel member submitted the application to the fingerprint division of the Department of Public Safety under A.R.S. § 41-1758.02 within seven working days after becoming a personnel member.
- B. An administrator shall ensure that each personnel member submits to the administrator a copy of the individual's valid fingerprint clearance card:
  1. Except as provided in subsection (A)(2)(b), before the personnel member's starting date of employment; and
  2. Each time the fingerprint clearance card is issued or renewed.
- C. If a personnel member holds a fingerprint clearance card that was issued before the individual became a personnel member, an administrator shall:
  1. Contact the Department of Public Safety within seven working days after the individual becomes a personnel member to determine whether the fingerprint clearance card is valid; and
  2. Make a record of this determination, including the name of the personnel member, the date of the contact with the Department of Public Safety, and whether the fingerprint clearance card is valid.
- D. An administrator shall ensure:
  1. The qualifications, skills, and knowledge required for each type of personnel member:
    - a. Are based on:
      - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
      - ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
    - b. Include:
      - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
      - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and

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- iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
  - 2. A personnel member's skills and knowledge are verified and documented:
    - a. Before the personnel member provides physical health services or behavioral health services, and
    - b. According to policies and procedures; and
  - 3. Personnel members are present on a behavioral health specialized transitional facility's premises with the qualifications, skills, and knowledge necessary to:
    - a. Provide the services in the behavioral health specialized transitional facility's scope of services,
    - b. Meet the needs of a patient, and
    - c. Ensure the health and safety of a patient.
- E. An administrator shall comply with the requirements for behavioral health technicians and behavioral health paraprofessionals in R9-10-115.
- F. An administrator shall ensure that a personnel member or an employee or volunteer who has or is expected to have direct interaction with a patient for more than eight hours a week, provides evidence of freedom from infectious tuberculosis:
  - 1. On or before the date the individual begins providing service at or on behalf of the behavioral health specialized transition facility, and
  - 2. As specified in R9-10-113.
- G. An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:
  - 1. The individual's name, date of birth, and contact telephone number;
  - 2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
  - 3. Documentation of:
    - a. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
    - b. The individual's education and experience applicable to the individual's job duties;
    - c. The individual's completed orientation and in-service education as required by policies and procedures;
    - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
    - e. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
    - f. Cardiopulmonary resuscitation training, if required for the individual according to this Article or policies and procedures;
    - g. First aid training, if required for the individual according to this Article or policies and procedures;
    - h. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (F); and
    - i. The individual's compliance with the requirements in A.R.S. § 36-420.01 regarding fall prevention and fall recovery training.
- H. An administrator shall ensure that personnel records are maintained:
  - 1. Throughout an individual's period of providing services in or for the behavioral health specialized transitional facility; and
  - 2. For at least 24 months after the last date the individual provided services in or for the behavioral health specialized transitional facility.
- I. An administrator shall ensure that:
  - 1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented.
  - 2. A personnel member completes orientation before providing behavioral health services or physical health services;
  - 3. An individual's orientation is documented, to include:
    - a. The individual's name,
    - b. The date of the orientation, and
    - c. The subject or topics covered in the orientation;
  - 4. A plan to provide in-service education specific to the duties of a personnel member is developed, documented and implemented;
  - 5. A personnel member's in-service education is documented, to include:
    - a. The personnel member's name,
    - b. The date of the training, and
    - c. The subject or topics covered in the training; and
  - 6. A fall prevention and fall recovery program that complies with requirements in A.R.S. § 36-420.01 is developed, documented, and implemented.

**Historical Note**

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1305 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-1306. Admission Requirements**

- A. An administrator shall ensure that, before a patient is admitted to the behavioral health specialized transitional facility, a court of competent jurisdiction has ordered the patient to be:
  - 1. Detained under A.R.S. § 36-3705(B) or § 36-3713(B); or
  - 2. Committed under A.R.S. § 36-3707.
- B. An administrator shall ensure that, at the time a patient is admitted to the behavioral health specialized transitional facility:

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1. The administrator receives a copy of the court order for the patient to be detained at or committed to the behavioral health specialized transitional facility;
  2. The patient's possessions are taken to the bedroom to which the patient has been assigned, and
  3. The patient is provided with a written list and verbal explanation of the patient's rights and responsibilities.
- C. Within seven calendar days after a patient is admitted to the behavioral health specialized transitional facility, a medical director shall ensure that:
1. A medical history is taken from the patient and a physical examination performed on the patient;
  2. Except as specified in subsection (C)(3), a patient provides evidence of freedom from infectious tuberculosis as required in R9-10-113;
  3. A patient is not required to be rescreened for tuberculosis as specified in R9-10-113 if:
    - a. Fewer than 12 months have passed since the patient was screened for tuberculosis, and
    - b. The documentation of freedom from infectious tuberculosis required in subsection (C)(2) accompanies the patient at the time of the patient's admission to the behavioral health specialized transitional facility; and
  4. An assessment for the patient is completed:
    - a. According to the behavioral health specialized transitional facility's policies and procedures;
    - b. That includes the patient's:
      - i. Legal history, including criminal justice record;
      - ii. Behavioral health treatment history;
      - iii. Medical conditions and history; and
      - iv. Symptoms reported by the patient and referrals needed by the patient, if any; and
    - c. That includes:
      - i. Recommendations for further assessment or examination of the patient's needs;
      - ii. The physical health services or ancillary services that will be provided to the patient until the patient's treatment plan is completed; and
      - iii. The signature of the personnel member conducting the assessment and the date signed.

**Historical Note**

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1306 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 28 A.A.R. 1113 (May 27, 2022), with an immediate effective date of May 4, 2022 (Supp. 22-2). Amended by final rulemaking

at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-1307. Discharge or Conditional Release to a Less Restrictive Alternative**

- A. An administrator shall ensure that annual written notice is given to a patient of the patient's right to petition for:
1. Conditional release to a less restrictive alternative under A.R.S. § 36-3709, or
  2. Discharge under A.R.S. § 36-3714.
- B. An administrator shall ensure that a patient who is detained at or committed to the behavioral health specialized transitional facility is transported to a hearing to determine the patient's continued detention at or commitment to the behavioral health specialized transitional facility.
- C. An administrator shall ensure that a patient is not discharged or conditionally released to a less restrictive alternative before the behavioral health specialized transitional facility receives documentation from a court of competent jurisdiction of the patient's:
1. Conditional release to a less restrictive alternative, or
  2. Discharge including the disposition of the patient upon discharge.
- D. A clinical director shall ensure that before a patient is discharged or conditionally released to a less restrictive alternative:
1. The clinical director or the clinical director's designee, as specified in the behavioral health specialized transitional facility's discharge policies and procedures, receives the name of the health care provider or behavioral health professional to whom a copy of the patient's discharge summary will be sent; and
  2. The patient receives:
    - a. Written follow-up instructions including as applicable to the patient:
      - i. On-going behavioral health issues and physical health conditions;
      - ii. A list of the patient's medications and, for each medication, directions for taking the medication, possible side-effects, and possible results of not taking the medication; and
      - iii. Counseling goals; and
    - b. A supply of medications determined according to the policies and procedures specified in R9-10-1302(C)(1)(d).

**Historical Note**

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1307 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015,

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effective October 1, 2013 (Supp. 13-2). Amended by final expedited rulemaking at 24 A.A.R. 2764, effective September 11, 2018 (Supp. 18-3).

**R9-10-1308. Transportation**

An administrator of a behavioral health specialized transitional facility that uses a vehicle owned or leased by the behavioral health specialized transitional facility to provide transportation to a patient shall ensure that:

1. The vehicle:
  - a. Is safe and in good repair,
  - b. Contains a locked first aid kit,
  - c. Contains a working heating and air conditioning system, and
  - d. Contains drinking water sufficient to meet the needs of each patient present in the vehicle;
2. Documentation of current vehicle insurance and a record of maintenance performed or a repair of the vehicle is maintained;
3. A driver of the vehicle:
  - a. Is 21 years of age or older,
  - b. Has a valid driver license,
  - c. Operates the vehicle in a manner that does not endanger a patient in the vehicle,
  - d. Does not leave a patient in the vehicle unattended, and
  - e. Ensures the safe and hazard-free loading and unloading of patients; and
4. Transportation safety is maintained as follows:
  - a. Each individual in the vehicle is sitting in a seat and wearing a working seat belt while the vehicle is in motion, and
  - b. Each seat in the vehicle is securely fastened to the vehicle and provides sufficient space for a patient's body.

**Historical Note**

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1308 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1309. Patient Rights**

An administrator shall ensure that:

1. A patient:
  - a. Has privacy in treatment and personal care needs;
  - b. Has the opportunity for and privacy in correspondence, communications, and visitation unless:
    - i. Restricted by court order; or

- ii. Contraindicated on the basis of clinical judgment, as documented in the patient's medical record;
- c. Is given the opportunity to seek, speak to, and be assisted by legal counsel:
  - i. Whom the court assigns to the patient, or
  - ii. Whom the patient obtains at the patient's own expense; and
- d. Is not subjected to:
  - i. Abuse;
  - ii. Neglect;
  - iii. Exploitation;
  - iv. Coercion;
  - v. Manipulation;
  - vi. Seclusion, if not necessary to prevent imminent harm to self or others;
  - vii. Restraint, if not necessary to prevent imminent harm to self or others;
  - viii. Sexual abuse according to A.R.S. § 13-1404; or
  - ix. Sexual assault according to A.R.S. § 13-1406; and
2. A patient or the patient's representative:
  - a. Is provided with the opportunity to participate in the development of the patient's treatment plan and in treatment decisions before the treatment is initiated, except in a medical emergency;
  - b. Is provided with information about proposed treatments, alternatives to treatments, associated risks, and possible complications;
  - c. Is allowed to control the patient's finances and have access to the patient's personal funds account according to the behavioral health specialized transitional facility's policies and procedures specified in R9-10-1302(C)(1)(j);
  - d. Has an opportunity to review the medical record for the patient according to the behavioral health specialized transitional facility's policies and procedures; and
  - e. Receives information about the behavioral health specialized transitional facility's policies and procedures for:
    - i. Health care directives;
    - ii. Filing complaints, including the telephone number of an individual at the behavioral health specialized transitional facility to contact about a complaint and the Department's telephone number; and
    - iii. Petitioning a court for a patient's discharge or conditional release to a less restrictive alternative.

**Historical Note**

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1309 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to



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Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 24 A.A.R. 2764, effective September 11, 2018 (Supp. 18-3).

**R9-10-1310. Behavioral Health Services****A.** A clinical director shall ensure that:

1. A treatment plan is developed and implemented for the patient:
  - a. According to the behavioral health specialized transitional facility's policies and procedures;
  - b. Based on the assessment conducted under R9-10-1306(C)(4) and on-going changes to the assessment of the patient's behavioral health issues, mental disorders, and physical health conditions, as applicable; and
  - c. Including:
    - i. The physical health services, behavioral health services, and ancillary services to be provided to the patient until completion of the treatment plan;
    - ii. The type, frequency, and duration of counseling or other treatment ordered for the patient;
    - iii. The name of each individual who ordered medication, counseling, or other treatment for the patient;
    - iv. The signature of the patient or the patient's representative and dated signed, or documentation of the refusal to sign;
    - v. The date when the patient's treatment plan will be reviewed;
    - vi. If a discharge date has been determined, the treatment needed after discharge; and
    - vii. The signature of the personnel member who developed the treatment plan and the date signed; and
2. A patient's treatment plan is reviewed and updated:
  - a. According to the review date specified in the treatment plan,
  - b. When a treatment goal is accomplished or changes,
  - c. When additional information that affects the patient's assessment is identified, and
  - d. When a patient has a significant change in condition or experiences an event that affects treatment.

**B.** A clinical director shall ensure that treatment is:

1. Offered to a patient according to the patient's treatment plan;
2. Except for a patient obtaining treatment under A.R.S. § 36-512, only provided after obtaining informed consent to the treatment from the patient; and
3. Documented in the patient's medical record as specified in R9-10-1312.

**C.** The clinical director shall ensure that restraint and seclusion are used, performed, and documented according to the behavioral health specialized transitional facility's policies and procedures.**D.** A clinical director shall ensure that:

1. A patient receives the annual examination required by A.R.S. § 36-3708, and

2. A report of the patient's annual examination is prepared according to the behavioral health specialized transitional facility's policies and procedures.

**Historical Note**

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1310 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 24 A.A.R. 2764, effective September 11, 2018 (Supp. 18-3).

**R9-10-1311. Physical Health Services****A.** A medical director shall ensure that:

1. A patient's physical health is assessed during the physical examination specified in R9-10-1306(C)(1), and
  2. Any physical health conditions identified through the assessment are addressed in the patient's treatment plan.
- B.** A medical director shall ensure that on-going assessment or treatment of a patient's physical health condition is:
1. Offered to a patient according to the patient's treatment plan;
  2. Except for a patient obtaining treatment under A.R.S. § 36-512, only provided after obtaining informed consent to the assessment or treatment from the patient; and
  3. Documented in the patient's medical record as specified in R9-10-1312.

**C.** An administrator shall ensure that, if a patient requires assessment or treatment not available at the behavioral health specialized transitional facility, the patient is provided with transportation to the location where assessment or treatment may be provided to the patient.**Historical Note**

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1311 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by

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exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1312. Medical Records****A.** An administrator shall ensure that:

1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a patient's medical record is:
  - a. Recorded only by an individual authorized by facility policies and procedures to make the entry;
  - b. Dated, legible, and authenticated; and
  - c. Not changed to make the initial entry illegible;
3. An order is:
  - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
  - b. Authenticated by a medical practitioner or behavioral health professional according to facility policies and procedures; and
  - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or the electronic signature;
5. A patient's medical record is available to an individual:
  - a. Authorized according to policies and procedures to access the patient's medical record;
  - b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative; or
  - c. As permitted by law;
6. A patient's medical record is available to the patient or patient's representative upon request at a time agreed upon by the patient or patient's representative and the administrator; and
7. A patient's medical record is protected from loss, damage, or unauthorized use.

**B.** If a behavioral health specialized transitional facility maintains patient's medical records electronically, an administrator shall ensure that:

1. Safeguards exist to prevent unauthorized access, and
2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.

**C.** An administrator shall ensure that a patient's medical record contains:

1. A copy of the court order requiring the patient to be detained at or committed to the behavioral health specialized transitional facility;
2. The date the patient was detained at or committed to the behavioral health specialized transitional facility;
3. Patient information that includes:
  - a. The patient's name;
  - b. The patient's address;
  - c. The patient's date of birth; and
  - d. Any known allergies, including medication allergies;
4. Documentation of the patient's freedom from infectious tuberculosis as required in R9-10-1306(C)(2);
5. Documentation of general consent and, if applicable, informed consent for treatment by the patient or the patient's representative, except in an emergency;

## 6. If applicable, the name and contact information of the patient's representative and:

- a. The document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
- b. If the patient's representative:
  - i. Is a legal guardian, a copy of the court order establishing guardianship; or
  - ii. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney;
7. Documentation of medical history and physical examination of the patient;
8. A copy of patient's health care directives, if applicable;
9. Orders;
10. The patient's assessment including updates;
11. The patient's treatment plan including updates;
12. Progress notes;
13. Documentation of transportation provided to the patient;
14. Documentation of behavioral health services and physical health services provided to the patient;
15. Documentation of patient's annual examination and report required by A.R.S. § 36-3708;
16. Documentation of the annual written notice of the patient of the patient's right to petition for:
  - a. Conditional release to a less restrictive alternative as required by A.R.S. § 36-3709, or
  - b. Discharged as required by A.R.S. § 36-3714;
17. A copy of any petition for discharge or conditional release to a less restrictive alternative filed by the patient and provided to the behavioral health specialized transitional facility and the outcome of the petition;
18. Documentation of the patient's, if applicable:
  - a. Conditional release to a less restrictive alternative; or
  - b. Discharge, including the disposition of the patient upon discharge;
19. If a patient has been discharged, a discharge summary that includes:
  - a. A summary of the treatment provided to the patient;
  - b. The patient's progress in meeting treatment goals, including treatment goals that were and were not achieved;
  - c. The name, dosage, and frequency of each medication for the patient ordered at the time of the patient's discharge from the behavioral health specialized transitional facility;
  - d. A description of the disposition of the patient's possessions, funds, or medications; and
  - e. The date the patient was discharged from the behavioral health specialized transitional facility;
20. If applicable:
  - a. Laboratory reports,
  - b. Radiologic reports,
  - c. Diagnostic reports,
  - d. Documentation of restraint or seclusion,
  - e. Patient follow-up instructions, and
  - f. Consultation reports; and
21. Documentation of a medication administered to the patient that includes:
  - a. The date and time of administration;

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- b. The name, strength, dosage, and route of administration;
- c. For a medication administered for pain:
  - i. An assessment of the patient's pain before administering the medication, and
  - ii. The effect of the medication administered;
- d. For a psychotropic medication:
  - i. An assessment of the patient's behavior before administering the psychotropic medication, and
  - ii. The effect of the psychotropic medication administered;
- e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication;
- f. Any adverse reaction a patient has to the medication; and
- g. If applicable, a patient's refusal to take medication ordered for the patient.

**Historical Note**

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1312 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 24 A.A.R. 2764, effective September 11, 2018 (Supp. 18-3).

**R9-10-1313. Medication Services**

- A. An administrator shall ensure that policies and procedures for medication services:
  - 1. Include:
    - a. A process for providing information to a patient about medication prescribed for the patient, including:
      - i. The prescribed medication's anticipated results,
      - ii. The prescribed medication's potential adverse reactions,
      - iii. The prescribed medication's potential side effects, and
      - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
    - b. Procedures for preventing, responding to, and reporting:
      - i. A medication error,
      - ii. An adverse response to a medication, or
      - iii. A medication overdose;
    - c. Procedures for documenting medication services and assistance in the self-administration of medication; and
  - d. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
- 2. Specify a process for review through the quality management program of:
  - a. A medication administration error, and
  - b. An adverse reaction to a medication.
- B. A medical director shall ensure that:
  - 1. Policies and procedures for medication administration:
    - a. Are reviewed and approved by a medical practitioner;
    - b. Specify the individuals who may:
      - i. Order medication, and
      - ii. Administer medication; and
    - c. Ensure that medication is administered to a patient only as prescribed;
  - 2. A patient's refusal to take prescribed medication is documented in the patient's medical record;
  - 3. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
  - 4. A medication administered to a patient:
    - a. Is administered in compliance with an order, and
    - b. Is documented in the patient's medical record; and
  - 5. If pain medication is administered to a patient on a PRN basis, documentation in the patient's medical record includes:
    - a. An identification of the patient's pain before administering the medication, and
    - b. The effect of the pain medication administered.
- C. If a behavioral health specialized transitional facility provides assistance in the self-administration of medication, a medical director shall ensure that:
  - 1. A patient's medication is stored by the behavioral health specialized transitional facility;
  - 2. The following assistance is provided to a patient:
    - a. A reminder when it is time to take the medication;
    - b. Opening the medication container for the patient;
    - c. Observing the patient while the patient removes the medication from the container;
    - d. Verifying that the medication is taken as ordered by the patient's medical practitioner by confirming that:
      - i. The patient taking the medication is the individual stated on the medication container label,
      - ii. The dosage of the medication is the same as stated on the medication container label, and
      - iii. The medication is being taken by the patient at the time stated on the medication container label; and
    - e. Observing the patient while the patient takes the medication;
  - 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or registered nurse;
  - 4. Training for a personnel member, other than a medical practitioner or nurse, in assistance in the self-administration of medication:
    - a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse; and
    - b. Includes:
      - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,

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- ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
  - iii. Process for notifying the appropriate entities when an emergency medical intervention is needed;
- 5. A personnel member, other than a medical practitioner or nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
- 6. Assistance in the self-administration of medication provided to a patient:
  - a. Is in compliance with an order, and
  - b. Is documented in the patient's medical record.
- D.** An administrator shall ensure that:
  - 1. A current drug reference guide is available for use by personnel members;
  - 2. A current toxicology reference guide is available for use by personnel members; and
  - 3. If pharmaceutical services are provided:
    - a. The pharmaceutical services are provided under the direction of a pharmacist;
    - b. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
    - c. A copy of the pharmacy license is provided to the Department upon request.
- E.** When medication is stored at a behavioral health specialized transitional facility, an administrator shall ensure that:
  - 1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication;
  - 2. Medication is stored according to the instructions on the medication container; and
  - 3. Policies and procedures are established, documented, and implemented for:
    - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
    - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
    - c. A medication recall and notification of patients who received recalled medication;
    - d. Storing, inventorying, and dispensing controlled substances; and
    - e. Documenting the maintenance of a medication requiring refrigeration.
- F.** An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the behavioral health specialized transitional facility's medical director.

**Historical Note**

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1313 repealed effective

November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-1314. Food Services**

- A.** An administrator shall ensure that:
  - 1. The behavioral health specialized transitional facility has a license or permit as a food establishment under 9 A.A.C. 8, Article 1;
  - 2. A copy of the behavioral health specialized transitional facility's food establishment license is maintained;
  - 3. If a behavioral health specialized transitional facility contracts with a food establishment, as defined in 9 A.A.C. 8, Article 1, to prepare and deliver food to the behavioral health specialized transitional facility:
    - a. A copy of the food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the behavioral health specialized transitional facility; and
    - b. The behavioral health specialized transitional facility is able to store, refrigerate, and reheat food to meet the dietary needs of a patient;
  - 4. A registered dietitian is employed full-time, part-time, or as a consultant; and
  - 5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to meet the nutritional needs of the patients.
- B.** A registered dietitian or director of food services shall ensure that:
  - 1. A food menu:
    - a. Is prepared at least one week in advance,
    - b. Includes the foods to be served each day,
    - c. Is conspicuously posted at least one day before the first meal on the food menu will be served,
    - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
    - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
  - 2. Meals and snacks provided by the behavioral health specialized transitional facility are served according to posted menus;
  - 3. Meals for each day are planned using the applicable dietary guidelines according to the U.S. Department of Health and Human Services and the U.S. Department of Agriculture;
  - 4. A patient is provided:
    - a. A diet that meets the patient's nutritional needs as specified in the patient's assessment plan;
    - b. Three meals a day with not more than 14 hours between the evening meal and breakfast except as provided in subsection (B)(4)(d);
    - c. The option to have a daily evening snack identified in subsection (B)(4)(d)(ii) or other snack; and
    - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:

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- i. A patient group agrees; and
  - ii. The patient is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
- 5. A patient requiring assistance to eat is provided with assistance that recognizes the patient's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
- 6. Water is available and accessible to a patient at all times, unless otherwise specified in the patient's treatment plan.
- C. An administrator shall ensure that food is obtained, prepared, served, and stored as follows:
  - 1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
  - 2. Food is protected from potential contamination;
  - 3. Food is prepared:
    - a. Using methods that conserve nutritional value, flavor, and appearance; and
    - b. In a form to meet the needs of a patient such as cut, chopped, ground, pureed, or thickened;
  - 4. Potentially hazardous food is maintained as follows:
    - a. Foods requiring refrigeration are maintained at 41° F or below; and
    - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
      - i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
      - ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
      - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
      - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
      - v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
      - vi. Leftovers are reheated to a temperature of at least 165° F;
  - 5. A refrigerator contains a thermometer, accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
  - 6. Frozen foods are stored at a temperature of 0° F or below; and
  - 7. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

**Historical Note**

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1314 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the

Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-1315. Emergency and Safety Standards**

- A. A medical director shall ensure that policies and procedures for providing medical emergency treatment to a patient are established, documented, and implemented and include:
  - 1. The medications, supplies, and equipment required on the premises for the medical emergency treatment provided by the behavioral health specialized transitional facility;
  - 2. A system to ensure all medications, supplies, and equipment are available, have not been tampered with, and, if applicable, have not expired;
  - 3. A requirement that a cart or container is available for medical emergency treatment that contains all of the medication, supplies, and equipment specified in the behavioral health specialized transitional facility's policies and procedures;
  - 4. A method to verify and document that the contents of the cart or container in subsection (A)(3) are available for medical emergency treatment; and
  - 5. A method for ensuring a patient may be transported to a hospital or other health care institution to receive treatment for a medical emergency that the behavioral health specialized transitional facility is not able or not authorized to provide.
- B. An administrator shall ensure that medical emergency treatment is provided to a patient admitted to the behavioral health specialized transitional facility according to the behavioral health specialized transitional facility's policies and procedures.
- C. An administrator shall ensure that the behavioral health specialized transitional facility has:
  - 1. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-104.01, that is in working order; and a sprinkler system installed according to the National Fire Protection Association 13 Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01, that is in working order; or
  - 2. An alternative method to ensure a patient's safety, documented and approved by the local jurisdiction.
- D. An administrator shall ensure that:
  - 1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
    - a. Procedures for protecting the health and safety of patients and other individuals at the behavioral health specialized transitional facility;
    - b. When, how, and where patients will be relocated;
    - c. How each patient's medical record will be available to personnel providing services to the patient during a disaster;
    - d. A plan to ensure each patient's medication will be available to administer to the patient during a disaster; and

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- e. A plan for obtaining food and water for individuals present in the behavioral health specialized transitional facility or the behavioral health specialized transitional facility's relocation site during a disaster;
  - 2. The disaster plan required in subsection (D)(1) is reviewed at least once every 12 months;
  - 3. A disaster drill is performed on each shift at least once every 12 months;
  - 4. Documentation of a disaster plan review required in subsection (D)(2) and a disaster drill required in subsection (D)(3) is created, is maintained for at least 12 months after the date of the disaster plan review or disaster drill, and includes:
    - a. The date and time of the disaster plan review or disaster drill;
    - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review or disaster drill;
    - c. A critique of the disaster plan review or disaster drill; and
    - d. If applicable, recommendations for improvement;
  - 5. An evacuation drill for employees and patients:
    - a. Is conducted on each shift at least once every three months;
    - b. Includes all individuals on the premises except for:
      - i. A patient whose medical record contains documentation that evacuation from the behavioral health inpatient facility would cause harm to the patient, and
      - ii. Sufficient personnel members to ensure the health and safety of patients not evacuated according to subsection (B)(5)(b)(i);
  - 6. Documentation of an evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
    - a. The date and time of the evacuation drill;
    - b. The amount of time taken for all employees and patients to evacuate the behavioral health specialized transitional facility;
    - c. If applicable, an identification of patients needing assistance for evacuation;
    - d. Any problems encountered in conducting the evacuation drill; and
    - e. Recommendations for improvement, if applicable; and
  - 7. An evacuation path is conspicuously posted on each hallway of each floor of the behavioral health specialized transitional facility.
    - a. Cleaned and, if applicable, disinfected according to policies and procedures designed to prevent, minimize, and control illness or infection; and
    - b. Free from a condition or situation that may cause a patient or other individual to suffer physical injury;
  - 2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
  - 3. Biohazardous medical wastes are identified, stored, and disposed of according to 18 A.A.C. 13, Article 14;
  - 4. Equipment used at the behavioral health specialized transitional facility is:
    - a. Maintained in working order;
    - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
    - c. Used according to the manufacturer's recommendations;
  - 5. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
  - 6. Garbage and refuse are:
    - a. Stored in covered containers, and
    - b. Removed from the premises at least once a week;
  - 7. Heating and cooling systems maintain the behavioral health specialized transitional facility at a temperature between 70° F and 84° F;
  - 8. Common areas:
    - a. Are lighted to assure the safety of patients, and
    - b. Have lighting sufficient to allow personnel members to monitor patient activity;
  - 9. Hot water temperatures are maintained between 95° F and 120° F in the areas of a behavioral health specialized transitional facility used by patients;
  - 10. The supply of hot and cold water is sufficient to meet the personal hygiene needs of patients and the cleaning and sanitation requirements in this Article;
  - 11. Soiled linen and soiled clothing stored by the behavioral health specialized transitional facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas; and
  - 12. Pets and animals, except for service animals, are prohibited on the premises.
- B.** An administrator shall ensure that smoking or tobacco products are not permitted within or on the premises of the facility.
- C.** An administrator shall ensure that:
- 1. Poisonous or toxic materials stored by the behavioral health specialized transitional facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to patients;
  - 2. Combustible or flammable liquids and hazardous materials stored by a behavioral health specialized transitional facility are stored in the original labeled containers or safety containers in an area inaccessible to patients; and
  - 3. Poisonous, toxic, combustible, or flammable medical supplies in use for a patient are stored in a locked area according to the behavioral health specialized transitional facility's policies and procedures.
- D.** An administrator shall ensure that:
- 1. A patient's bedroom is provided with:
    - a. An individual storage space, such as a dresser or chest;

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-1316. Environmental Standards****A.** An administrator shall ensure that:

- 1. The premises and equipment are:

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- b. A bed that:
  - i. Consists of at least a mattress and frame, and
  - ii. Is at least 36 inches wide and 72 inches long; and
- c. A pillow and linens that include:
  - i. A mattress pad;
  - ii. A top sheet and a bottom sheet are large enough to tuck under the mattress;
  - iii. A pillow case;
  - iv. A waterproof mattress cover, if needed; and
  - v. A blanket or bedspread sufficient to ensure the patient's warmth;
- 2. Clean linens and bath towels are provided to a patient as needed and at least once every seven calendar days; and
- 3. A patient's clothing may be cleaned according to policies and procedures.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

**R9-10-1317. Physical Plant Standards**

- A. An administrator shall ensure that a behavioral health specialized transitional facility complies with the applicable physical plant health and safety codes and standards for secure residential facilities, incorporated by reference in R9-10-104.01, in effect on the date the behavioral health specialized transitional facility submitted the application including the notarized attestation of architectural plans according to R9-10-104.
- B. An administrator shall ensure that the premises and equipment are sufficient to accommodate:
  - 1. The services stated in the behavioral health specialized transitional facility's scope of services, and
  - 2. An individual accepted as a patient by the behavioral health specialized transitional facility.
- C. An administrator shall ensure that a behavioral health specialized transitional facility has:
  - 1. An area in which a patient may meet with a visitor,
  - 2. Areas where patients may receive individual treatment,
  - 3. Areas where patients may receive group counseling or other group treatment,
  - 4. An area for community dining; and
  - 5. Sufficient space in one or more common areas for individual and group activities.
- D. An administrator shall ensure that the behavioral health specialized transitional facility has:
  - 1. A bathroom adjacent to a common area for use by patients and visitors that:
    - a. Provides privacy to the user; and
    - b. Contains:
      - i. A working sink with running water,
      - ii. A working toilet that flushes and has a seat,
      - iii. Toilet tissue dispenser,
      - iv. Dispensed soap for hand washing,
      - v. Single use paper towels or a mechanical air hand dryer,
      - vi. Lighting, and
      - vii. A means of ventilation;
  - 2. An indoor common area that is not used as a sleeping area and that has:

- a. A working telephone that allows a patient to make a private telephone call;
- b. A distortion-free mirror;
- c. A current calendar and an accurate clock;
- d. A variety of books, current magazines and newspapers, and arts and crafts supplies appropriate to the age, educational, cultural, and recreational needs of patients; and
- e. A working television and access to a radio;
- 3. A dining room or dining area that:
  - a. Is lighted and ventilated,
  - b. Contains tables and seats, and
  - c. Is not used as a sleeping area;
- 4. An outdoor area that:
  - a. Is accessible to patients,
  - b. Has sufficient space to accommodate the social and recreational needs of patients, and
  - c. Has shaded and unshaded areas;
- 5. For every ten patients, at least one working toilet that flushes and has a seat and dispensed toilet tissue;
- 6. For every 12 patients, at least one sink with running water, dispensed soap for hand washing, and single use paper towels or a mechanical air hand dryer;
- 7. For every 12 patients, at least one working bathtub or shower with a slip resistant surface; and
- 8. For each patient, a private bedroom that:
  - a. Contains at least 60 square feet of floor space, not including the closet;
  - b. Has walls from floor to ceiling;
  - c. Has a door that opens into a hallway or common area;
  - d. Is constructed and furnished to provide unimpeded access to the door;
  - e. Is not used as a passageway to another bedroom or a bathroom, unless the bathroom is for the exclusive use of the patient occupying the bedroom; and
  - f. Has sufficient lighting for a patient to read.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**ARTICLE 14. SUBSTANCE ABUSE TRANSITIONAL FACILITIES****R9-10-1401. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following applies in this Article unless otherwise specified:  
 "Emergency medical care technician" has the same meaning as in A.R.S. § 36-2201.

**Historical Note**

Adopted effective February 1, 1994 (Supp. 94-1). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1402. Administration**

- A. A governing authority shall:

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1. Consist of one or more individuals accountable for the organization, operation, and administration of a substance abuse transitional facility;
  2. Establish, in writing:
    - a. A substance abuse transitional facility's scope of services, and
    - b. Qualifications for an administrator;
  3. Designate, in writing, an administrator who meets the qualifications established in subsection (A)(2)(b);
  4. Adopt a quality management program according to R9-10-1403;
  5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
  6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
    - a. Expected not to be present on a substance abuse transitional facility's premises for more than 30 calendar days, or
    - b. Not present on a substance abuse transitional facility's premises for more than 30 calendar days; and
  7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.
- B. An administrator:**
1. Is directly accountable to the governing authority for the daily operation of the substance abuse transitional facility and all services provided by or at the substance abuse transitional facility;
  2. Has the authority and responsibility to manage the substance abuse transitional facility; and
  3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on a substance abuse transitional facility's premises and accountable for the substance abuse transitional facility when the administrator is not present on the substance abuse transitional facility's premises.
- C. An administrator shall ensure that:**
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a participant that:
    - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
    - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
    - c. Include how a personnel member may submit a complaint relating to services provided to a participant;
    - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
    - e. Cover cardiopulmonary resuscitation training, including:
      - i. The method and content of cardiopulmonary resuscitation training, which includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation;
      - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training;
      - iii. The time-frame for renewal of cardiopulmonary resuscitation training; and
    - iv. The documentation that verifies that the individual has received cardiopulmonary resuscitation training;
  - f. Include a method to identify a participant to ensure the participant receives physical health services and behavioral health services as ordered;
  - g. Cover first aid training;
  - h. Cover participant rights, including assisting a participant who does not speak English or who has a physical or other disability to become aware of participant rights;
  - i. Cover specific steps for:
    - i. A participant to file a complaint, and
    - ii. The substance abuse transitional facility to respond to a participant's complaint;
  - j. Cover medical records, including electronic medical records;
  - k. Cover quality management, including incident reports and supporting documentation;
  - l. Cover contracted services; and
  - m. Cover when an individual may visit a participant in the substance abuse transitional facility;
2. Policies and procedures for services are established, documented, and implemented to protect the health and safety of a participant that:
  - a. Cover participant screening, admission, assessment, transfer, discharge planning, and discharge;
  - b. Include when general consent and informed consent are required;
  - c. Cover the provision of behavioral health services and physical health services;
  - d. Cover medication administration, assistance in the self-administration of medication, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;
  - e. Cover infection control;
  - f. Cover environmental services that affect participant care;
  - g. Cover the process for receiving a fee from and refunding a fee to a participant or the participant's representative;
  - h. Cover the security of a participant's possessions that are allowed on the premises;
  - i. Cover smoking tobacco products on the premises;
  - j. Cover how the facility will respond to a participant's sudden, intense, or out-of-control behavior to prevent harm to the participant or another individual; and
  - k. Cover how often periodic monitoring occurs based on a participant's condition;
3. Policies and procedures are reviewed at least once every three years and updated as needed;
4. Policies and procedures are available to employees; and
5. Unless otherwise stated:
  - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
  - b. When documentation or information is required by this Chapter to be submitted on behalf of a substance abuse transitional facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the substance abuse transitional facility.



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- D.** An administrator shall provide written notification to the Department of a participant's:
1. Death, if the participant's death is required to be reported according to A.R.S. § 11-593, within one working day after the participant's death; and
  2. Self-injury, within two working days after the participant inflicts a self-injury that requires immediate intervention by an emergency medical services provider.
- E.** If abuse, neglect, or exploitation of a participant is alleged or suspected to have occurred before the participant was admitted or while the participant is not on the premises and not receiving services from a substance abuse transitional facility's employee or personnel member, an administrator shall immediately report the alleged or suspected abuse, neglect, or exploitation of the participant according to A.R.S. § 46-454.
- F.** If an administrator has a reasonable basis, according to A.R.S. § 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a participant is receiving services from a substance abuse transitional facility's employee or personnel member, the administrator shall:
1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
  2. Report the suspected abuse, neglect, or exploitation of the participant according to A.R.S. § 46-454;
  3. Document:
    - a. The suspected abuse, neglect, or exploitation;
    - b. Any action taken according to subsection (F)(1); and
    - c. The report in subsection (F)(2);
  4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
  5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
    - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
    - b. A description of any injury to the participant and any change to the participant's physical, cognitive, functional, or emotional condition;
    - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
    - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
  6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- G.** An administrator shall establish, document, and implement a process for responding to a participant's need for immediate and unscheduled behavioral health services or physical health services.
- H.** An administrator shall ensure that the following information or documents are conspicuously posted on the premises and are available upon request to a personnel member, an employee, a participant, or a participant's representative:
1. The participant rights listed in R9-10-1409,
  2. The facility's current license,
  3. The location at which inspection reports are available for review or can be made available for review, and
  4. The days and times when a participant may accept visitors and make telephone calls.

**Historical Note**

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1402 repealed; new Section R9-10-1402 renumbered from Section R9-10-1403 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1403. Quality Management**

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to participants;
  - c. A method to evaluate the data collected to identify a concern about the delivery of services related to participant care;
  - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to participant care; and
  - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
  - a. An identification of each concern about the delivery of services related to participant care, and
  - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to participant care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1403 renumbered to R9-10-1402; new Section R9-10-1403 renumbered from R9-10-1404 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1404. Contracted Services**

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1404 renumbered to R9-10-1403; new Section R9-10-1404 renumbered from R9-10-1405 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1405. Personnel**

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- A.** An administrator shall ensure that:
1. A personnel member is:
    - a. At least 21 years old, or
    - b. If providing behavioral health services, at least 18 years old;
  2. An employee is at least 18 years old;
  3. A student is at least 18 years old; and
  4. A volunteer is at least 21 years old.
- B.** An administrator shall ensure that:
1. The qualifications, skills, and knowledge required for each type of personnel member:
    - a. Are based on:
      - i. The type of behavioral health services or physical health services expected to be provided by the personnel member according to the established job description, and
      - ii. The acuity of participants receiving behavioral health services or physical health services from the personnel member according to the established job description;
    - b. Include:
      - i. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description;
      - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description, and
      - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description;
  2. A personnel member's skills and knowledge are verified and documented:
    - a. Before the personnel member provides behavioral health services or physical health services, and
    - b. According to policies and procedures;
  3. An emergency medical care technician complies with the requirements in 9 A.A.C. 25 for certification and medical direction;
  4. A substance abuse transitional facility has sufficient personnel members with the qualifications, education, experience, skills, and knowledge necessary to:
    - a. Provide the behavioral health services and physical health services in the substance abuse transitional facility's scope of services,
    - b. Meet the needs of a participant, and
    - c. Ensure the health and safety of a participant;
  5. A written plan is developed and implemented to provide orientation specific to the duties of a personnel member;
  6. A personnel member's orientation is documented, to include:
    - a. The personnel member's name,
    - b. The date of the orientation, and
    - c. The subject or topics covered in the orientation;
  7. In addition to the training required in subsections (B)(1) and (B)(5), a written plan is developed and implemented to provide a personnel member with in-service education specific to the duties of the personnel member;
  8. A personnel member's skills and knowledge are verified and documented:
    - a. Before providing services related to participant care, and
    - b. At least once every 12 months after the date the personnel member begins providing services related to participant care; and
  9. An individual's in-service education and, if applicable, training in how to respond to a participant's sudden, intense, or out-of-control behavior is documented, to include:
    - a. The personnel member's name,
    - b. The date of the training, and
    - c. The subject or topics covered in the training.
- C.** An administrator shall ensure that an individual who is licensed under A.R.S. Title 32, Chapter 33 as a baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor receives direct supervision as defined in A.A.C. R4-6-101.
- D.** An administrator shall ensure that a personnel member, or an employee, a volunteer, or a student who has or is expected to have direct interaction with a participant for more than eight hours in a week, provides evidence of freedom from infectious tuberculosis:
1. On or before the date the individual begins providing services at or on behalf of the substance abuse transitional facility, and
  2. As specified in R9-10-113.
- E.** An administrator shall comply with the requirements for behavioral health technicians and behavioral health paraprofessionals in R9-10-115.
- F.** An administrator shall ensure that a personnel record is maintained for a personnel member, employee, volunteer, or student that contains:
1. The individual's name, date of birth, and contact telephone number;
  2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
  3. Documentation of:
    - a. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
    - b. The individual's education and experience applicable to the individual's job duties;
    - c. The individual's completed orientation and in-service education as required by policies and procedures;
    - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
    - e. The individual's completion of the training required in subsection (B)(8), if applicable;
    - f. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
    - g. Cardiopulmonary resuscitation training, if required for the individual according to subsection (H) or policies and procedures;
    - h. First aid training, if required for the individual according to subsection (H) or policies and procedures;

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- i. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (D); and
  - j. The individual's compliance with the requirements in A.R.S. § 36-420.01 regarding fall prevention and fall recovery training.
- G.** An administrator shall ensure that personnel records are:
- 1. Maintained:
    - a. Throughout an individual's period of providing services at or for a substance abuse transitional facility, and
    - b. For at least 24 months after the last date the individual provided services at or for a substance abuse transitional facility; and
  - 2. For a personnel member who has not provided physical health services or behavioral health services at or for the substance abuse transitional facility during the previous 12 months, provided to the Department within 72 hours after the Department's request.
- H.** An administrator shall ensure at least one personnel member who is present at the substance abuse transitional facility during hours of facility operation has first-aid and cardiopulmonary resuscitation training certification specific to the populations served by the facility.
- I.** An administrator shall ensure that:
- 1. At least one personnel member is present and awake at a substance abuse transitional facility at all times when a participant is on the premises;
  - 2. In addition to the personnel member in subsection (I)(1), at least one personnel member is on-call and available to come to the substance abuse transitional facility if needed;
  - 3. A substance abuse transitional facility has sufficient personnel members to provide general participant supervision and treatment and sufficient personnel members or employees to provide ancillary services to meet the scheduled and unscheduled needs of each participant;
  - 4. There is a daily staffing schedule that:
    - a. Indicates the date, scheduled work hours, and name of each individual assigned to work, including on-call individuals;
    - b. Includes documentation of the employees who work each day and the hours worked by each employee; and
    - c. Is maintained for at least 12 months after the last date on the documentation;
  - 5. A behavioral health professional is present on the substance abuse transitional facility's premises or on-call;
  - 6. A registered nurse is present on the substance abuse transitional facility's premises or on-call; and
  - 7. A fall prevention and fall recovery program that complies with requirements in A.R.S. § 36-420.01 is developed, documented, and implemented.

**Historical Note**

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1405 renumbered to R9-10-1404; new Section R9-10-1405 renumbered from R9-10-1406 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4). Amended by final

rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-1406. Admission; Assessment**

An administrator shall ensure that:

- 1. A participant is admitted based upon the participant's presenting behavioral health issue and treatment needs and the substance abuse transitional facility's ability and authority to provide behavioral health services or physical health services consistent with the participant's needs;
- 2. General consent is obtained from a participant or the participant's representative before or at the time of admission;
- 3. The general consent obtained in subsection (2) is documented in the participant's medical record;
- 4. An assessment of a participant is completed or updated by an emergency medical care technician or a registered nurse;
- 5. If an assessment is completed or updated by an emergency medical care technician, a registered nurse reviews the assessment within 24 hours after the completion of the assessment to ensure that the assessment identifies the behavioral health services and physical health services needed by the participant;
- 6. If an assessment that complies with the requirements in this Section is received from a behavioral health provider other than the substance abuse transitional facility or the substance abuse transitional facility has a medical record for the participant that contains an assessment that was completed within 12 months before the date of the participant's current admission:
  - a. The participant's assessment information is reviewed and updated if additional information that affects the participant's assessment is identified, and
  - b. The review and update of the participant's assessment information is documented in the participant's medical record within 48 hours after the review is completed;
- 7. An assessment:
  - a. Documents a participant's:
    - i. Presenting issue;
    - ii. Substance abuse history;
    - iii. Co-morbidity;
    - iv. Medical condition and history;
    - v. Behavioral health treatment history;
    - vi. Symptoms reported by the participant; and
    - vii. Referrals needed by the participant, if any;
  - b. Includes:
    - i. Recommendations for further assessment or examination of the participant's needs,
    - ii. The behavioral health services and physical health services that will be provided to the participant, and
    - iii. The signature and date signed of the personnel member conducting the assessment; and
  - c. Is documented in participant's medical record;
- 8. A participant is referred to a medical practitioner if a determination is made that the participant requires immediate physical health services or the participant's behavioral health issue may be related to the participant's medical condition;
- 9. If a participant requires behavioral health services that the substance abuse transitional facility is not authorized or not able to provide, a personnel member arranges for the participant to be provided transportation to transfer to

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another health care institution where the behavioral health services can be provided;

10. A request for participation in a participant's assessment is made to the participant or the participant's representative;
11. An opportunity for participation in the participant's assessment is provided to the participant or the participant's representative;
12. Documentation of the request in subsection (10) and the opportunity in subsection (11) is in the participant's medical record; and
13. A participant's assessment information is:
  - a. Documented in the medical record within 48 hours after completing the assessment, and
  - b. Reviewed and updated when additional information that affects the participant's assessment is identified.

**Historical Note**

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1406 renumbered to R9-10-1405; new Section R9-10-1406 renumbered from R9-10-1407 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-1407. Discharge**

- A. An administrator shall ensure that:
  1. If a participant is not being transferred to another health care institution, before discharging the participant from a substance abuse transitional facility, a personnel member:
    - a. Identifies the specific needs of the participant after discharge necessary to assist the participant to address the participant's substance abuse issues;
    - b. Identifies any resources, including family members, community social services, peer support services, and Regional Behavioral Health Agency staff, that may be available to assist the participant; and
    - c. Documents the information in subsection (A)(1)(a) and the resources in subsection (A)(1)(b) in the participant's medical record; and
  2. When an individual is discharged, a personnel member:
    - a. Provides the participant with discharge information that includes:
      - i. The identified specific needs of the participant after discharge, and
      - ii. Resources that may be available for the participant; and
    - b. Contacts any resources identified as required in subsection (A)(1)(b).
- B. An administrator shall ensure that there is a documented discharge order by a medical practitioner before a participant is discharged unless the participant leaves the facility against a medical practitioner's advice.
- C. An administrator shall ensure that, at the time of discharge, a participant receives a referral for behavioral health services that the participant may need after discharge, if applicable.
- D. An administrator shall ensure that a discharge summary:
  1. Is entered into the participant's medical record within 10 working days after a participant's discharge; and
  2. Includes the following information completed by an individual authorized by policies and procedures:

- a. The participant's presenting issue and other behavioral health and physical health issues identified in the participant's assessment;
- b. A summary of the behavioral health services and physical health services provided to the participant;
- c. The name, dosage, and frequency of each medication for the participant ordered at the time of the participant's discharge by a medical practitioner at the facility; and
- d. A description of the disposition of the participant's possessions, funds, or medications brought to the facility by the participant.

- E. An administrator shall ensure that a participant who is dependent upon a prescribed medication is offered a written referral to detoxification services or opioid treatment before the participant is discharged.

**Historical Note**

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1407 renumbered to R9-10-1406; new Section R9-10-1407 renumbered from R9-10-1408 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1408. Transfer**

Except for a transfer of a participant due to an emergency, an administrator shall ensure that:

1. A personnel member coordinates the transfer and the services provided to the participant;
2. According to policies and procedures:
  - a. An evaluation of the participant is conducted before the transfer;
  - b. Information in the participant's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
  - c. A personnel member explains risks and benefits of the transfer to the participant or the participant's representative; and
3. Documentation in the participant's medical record includes:
  - a. Communication with an individual at a receiving health care institution;
  - b. The date and time of the transfer;
  - c. The mode of transportation; and
  - d. If applicable, the name of the personnel member accompanying the participant during a transfer.

**Historical Note**

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1408 renumbered to R9-10-1407; new Section R9-10-1408 renumbered from R9-10-1409 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1409. Participant Rights**

- A. An administrator shall ensure that:
  1. The requirements in subsection (B) and the participant rights in subsection (C) are conspicuously posted on the premises;

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2. At the time of admission, a participant or the participant's representative receives a written copy of the requirements in subsection (B) and the participant rights in subsection (C); and
  3. Policies and procedures are established, documented, and implemented to protect the health and safety of a participant that include:
    - a. How and when a participant or the participant's representative is informed of participant rights in subsection (C), and
    - b. Where participant rights are posted as required in subsection (A)(1).
- B.** An administrator shall ensure that:
1. A participant is treated with dignity, respect, and consideration;
  2. A participant is not subjected to:
    - a. Abuse;
    - b. Neglect;
    - c. Exploitation;
    - d. Coercion;
    - e. Manipulation;
    - f. Sexual abuse;
    - g. Sexual assault;
    - h. Seclusion;
    - i. Restraint;
    - j. Retaliation for submitting a complaint to the Department or another entity;
    - k. Misappropriation of personal and private property by the substance abuse transitional facility's personnel members, employees, volunteers, or students; or
    - l. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the participant's treatment needs, except as established in a fee agreement signed by the participant or the participant's representative; and
  3. A participant or the participant's representative:
    - a. Except in an emergency, either consents to or refuses treatment;
    - b. May refuse or withdraw consent for treatment before treatment is initiated;
    - c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication, associated risks, and possible complications;
    - d. Is informed of the participant complaint process; and
    - e. Except as otherwise permitted by law, provides written consent to the release of information in the participant's:
      - i. Medical record, or
      - ii. Financial records.
- C.** A participant has the following rights:
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
  2. To receive treatment that:
    - a. Supports and respects the participant's individuality, choices, strengths, and abilities;
    - b. Supports the participant's personal liberty and only restricts the participant's personal liberty according to a court order, by the participant's or the participant's representative's general consent, or as permitted in this Chapter; and
    - c. Is provided in the least restrictive environment that meets the participant's treatment needs;
  3. To receive privacy in treatment and care for personal needs, including the right not to be fingerprinted, photographed, or recorded without consent, except:
    - a. A participant may be photographed when admitted to a substance abuse transitional facility for identification and administrative purposes;
    - b. For a participant receiving treatment according to A.R.S. Title 36, Chapter 37; or
    - c. For video recordings used for security purposes that are maintained only on a temporary basis;
  4. To review, upon written request, the participant's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
  5. To receive a referral to another health care institution if the substance abuse transitional facility is not authorized or not able to provide behavioral health services or physical health services needed by the participant;
  6. To participate or have the participant's representative participate in the development of or decisions concerning treatment;
  7. To receive assistance from a family member, the participant's representative, or other individual in understanding, protecting, or exercising the participant's rights;
  8. To be provided locked storage space for the participant's belongings while the participant receives services; and
  9. To be informed of the requirements necessary for the participant's discharge.

**Historical Note**

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1409 renumbered to R9-10-1408; new Section R9-10-1409 renumbered from R9-10-1410 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1410. Medical Records**

- A.** An administrator shall ensure that:
1. A medical record is established and maintained for each participant according to A.R.S. Title 12, Chapter 13, Article 7.1;
  2. An entry in a participant's medical record is:
    - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
    - b. Dated, legible, and authenticated; and
    - c. Not changed to make the initial entry illegible;
  3. An order is:
    - a. Dated when the order is entered in the participant's medical record and includes the time of the order;
    - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
    - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
  4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
  5. A participant's medical record is available to an individual:

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- a. Authorized according to policies and procedures to access the participant's medical record;
- b. If the individual is not authorized according to policies and procedures, with the written consent of the participant or the participant's representative; or
- c. As permitted by law; and
- 6. A participant's medical record is protected from loss, damage, or unauthorized use.
- B.** If a substance abuse transitional agency maintains participants' medical records electronically, an administrator shall ensure that:
  - 1. Safeguards exist to prevent unauthorized access, and
  - 2. The date and time of an entry in a medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a participant's medical record contains:
  - 1. Participant information that includes:
    - a. The participant's name;
    - b. The participant's address;
    - c. The participant's date of birth; and
    - d. Any known allergies, including medication allergies;
  - 2. A participant's presenting behavioral health issue;
  - 3. Documentation of general consent and, if applicable, informed consent for treatment by the participant or the participant's representative, except in an emergency;
  - 4. If applicable, the name and contact information of the participant's representative and:
    - a. The document signed by the participant consenting for the participant's representative to act on the participant's behalf; or
    - b. If the participant's representative:
      - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
      - ii. Is a legal guardian, a copy of the court order establishing guardianship;
  - 5. Documentation of medical history and results of a physical examination;
  - 6. The date of admission and, if applicable, date of discharge;
  - 7. Orders;
  - 8. Assessment;
  - 9. Progress notes;
  - 10. Documentation of substance abuse transitional agency services provided to the participant;
  - 11. If applicable, documentation of any actions taken to control the participant's sudden, intense, or out-of-control behavior to prevent harm to the participant or another individual;
  - 12. The disposition of the participant upon discharge;
  - 13. The discharge plan;
  - 14. A discharge summary, if applicable; and
  - 15. Documentation of a medication administered to a participant that includes:
    - a. The date and time of administration;
    - b. The name, strength, dosage, and route of administration;
    - c. For a medication administered for pain:
      - i. An evaluation of the participant's pain before administering the medication, and
      - ii. The effect of the medication administered;
    - d. For a psychotropic medication:
      - i. An evaluation of the participant's behavior before administering the psychotropic medication, and
      - ii. The effect of the psychotropic medication administered;
    - e. The signature of the individual administering the medication; and
    - f. Any adverse reaction a participant has to the medication.

**Historical Note**

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1410 renumbered to R9-10-1409; new Section R9-10-1410 renumbered from R9-10-1411 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1411. Behavioral Health Services**

- A.** An administrator shall ensure that counseling is:
  - 1. Offered as described in the substance abuse transitional facility's scope of services,
  - 2. Provided according to the frequency and number of hours identified in the participant's assessment, and
  - 3. Provided by a behavioral health professional.
- B.** An administrator shall ensure that:
  - 1. A behavioral health professional providing counseling that addresses a specific type of behavioral health issue has the skills and knowledge necessary to provide the counseling that addresses the specific type of behavioral health issue; and
  - 2. Each counseling session is documented in a participant's medical record to include:
    - a. The date of the counseling session;
    - b. The amount of time spent in the counseling session;
    - c. Whether the counseling was individual counseling, family counseling, or group counseling;
    - d. The treatment goals addressed in the counseling session; and
    - e. The signature of the personnel member who provided the counseling and the date signed.

**Historical Note**

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1411 renumbered to R9-10-1410; new Section R9-10-1411 renumbered from R9-10-1412 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1412. Medication Services**

- A.** If a facility provides medication administration or assistance in the self-administration of medication, an administrator shall ensure that policies and procedures for medication services:
  - 1. Include:
    - a. A process for providing information to a participant about medication prescribed for the participant including:
      - i. The prescribed medication's anticipated results,
      - ii. The prescribed medication's potential adverse reactions,

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- iii. The prescribed medication's potential side effects, and
      - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
    - b. Procedures for preventing, responding to, and reporting:
      - i. A medication error,
      - ii. An adverse reaction to a medication, or
      - iii. A medication overdose;
    - c. Procedures to ensure that a participant's medication regimen is reviewed by a medical practitioner to ensure the medication regimen meets the participant's needs;
    - d. Procedures for documenting medication administration and assistance in the self-administration of medication;
    - e. Procedures for assisting a participant in obtaining medication; and
    - f. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
  - 2. Specify a process for review through the quality management program of:
    - a. A medication administration error, and
    - b. An adverse reaction to a medication.
- B.** If a substance abuse transitional facility provides medication administration, an administrator shall ensure that:
- 1. Policies and procedures for medication administration:
    - a. Are reviewed and approved by a medical practitioner;
    - b. Specify the individuals who may:
      - i. Order medication, and
      - ii. Administer medication;
    - c. Ensure that medication is administered to a participant only as prescribed;
    - d. Cover the documentation of a participant's refusal to take prescribed medication in the participant's medical record;
  - 2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
  - 3. A medication administered to a participant:
    - a. Is administered in compliance with an order, and
    - b. Is documented in the participant's medical record.
- C.** If a substance abuse transitional facility provides assistance in the self-administration of medication, an administrator shall ensure that:
- 1. A participant's medication is stored by the substance abuse transitional facility;
  - 2. The following assistance is provided to a participant:
    - a. A reminder when it is time to take the medication;
    - b. Opening the medication container for the participant;
    - c. Observing the participant while the participant removes the medication from the container;
    - d. Verifying that the medication is taken as ordered by the participant's medical practitioner by confirming that:
      - i. The participant taking the medication is the individual stated on the medication container label,
      - ii. The participant is taking the dosage of the medication stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label, and
  - 3. The participant is taking the medication at the time stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label; or
  - e. Observing the participant while the participant takes the medication;
- 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or registered nurse;
  - 4. Training for a personnel member, other than a medical practitioner or registered nurse, in assistance in the self-administration of medication:
    - a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse;
    - b. Includes:
      - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
      - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
      - iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;
  - 5. A personnel member, other than a medical practitioner or registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
  - 6. Assistance in the self-administration of medication provided to a participant:
    - a. Is in compliance with an order, and
    - b. Is documented in the participant's medical record.
- D.** An administrator shall ensure that:
- 1. A current drug reference guide is available for use by personnel members, and
  - 2. A current toxicology reference guide is available for use by personnel members.
- E.** When medication is stored at the substance abuse transitional facility, an administrator shall ensure that:
- 1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
  - 2. Medication is stored according to the instructions of the medication container; and
  - 3. Policies and procedures are established, documented, and implemented for:
    - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication;
    - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
    - c. A medication recall and notification of participants who received recalled medication;
    - d. Storing, inventorying, and dispensing controlled substances;
    - e. If applicable, donated medicine according to A.R.S. § 32-1909; and
    - f. Documenting the maintenance of a medication requiring refrigeration.

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- F. An administrator shall ensure that a personnel member immediately reports a medication error or a participant's adverse reaction to a medication to the medical practitioner who ordered the medication and the registered nurse required in R9-10-1405(I)(6).

**Historical Note**

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1412 renumbered to R9-10-1411; new Section R9-10-1412 renumbered from R9-10-1413 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-1413. Food Services**

- A. An administrator shall ensure that:

1. If a substance abuse transitional facility has a licensed capacity of more than 10 participants:
  - a. Food services are provided in compliance with 9 A.A.C. 8, Article 1; and
  - b. A copy of the substance abuse transitional facility's food establishment license or permit required according to subsection (A)(1) is maintained;
2. If a substance abuse transitional facility contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the facility:
  - a. A copy of the contracted food establishment's license or permit is maintained by the substance abuse transitional facility; and
  - b. The substance abuse transitional facility is able to store, refrigerate, and reheat food to meet the dietary needs of a participant;
3. A registered dietitian is employed full-time, part-time, or as a consultant; and
4. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to meet the nutritional needs of the participants.

- B. A registered dietitian or director of food services shall ensure that:

1. Food is prepared:
  - a. Using methods that conserve nutritional value, flavor, and appearance; and
  - b. In a form to meet the needs of a participant such as cut, chopped, ground, pureed, or thickened;
2. A food menu is:
  - a. Prepared at least one week in advance,
  - b. Conspicuously posted, and
  - c. Maintained for at least 60 calendar days after the last day included in the food menu;
3. If there is a change to a posted food menu, the change is noted on the posted menu no later than the morning of the day the change occurs;
4. Meals and snacks provided by the substance abuse transitional facility are served according to posted menus;
5. Meals and snacks for each day are planned using the applicable guidelines in the most recent dietary guidelines according to the U.S. Department of Health and Human Services and U.S. Department of Agriculture;
6. A participant is provided:

- a. A diet that meets the participant's nutritional needs as specified in the participant's assessment;
- b. Three meals a day with not more than 14 hours between the evening meal and breakfast, except as provided in subsection (B)(6)(d);
- c. The option to have a daily evening snack identified in subsection (B)(6)(d)(ii) or other snack; and
- d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
  - i. The participant agrees; and
  - ii. The participant is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;

7. A participant requiring assistance to eat is provided with assistance that recognizes the participant's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
8. Water is available and accessible to participants at all times, unless otherwise stated in a participant's assessment.

- C. An administrator shall ensure that food is obtained, prepared, served, and stored as follows:

1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
2. Food is protected from potential contamination;
3. Potentially hazardous food is maintained as follows:
  - a. Foods requiring refrigeration are maintained at 41° F or below; and
  - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
    - i. Ground beef and any food containing ground beef are cooked to heat all parts of the food to at least 155° F;
    - ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
    - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
    - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
    - v. If the facility serves a population that is not a highly susceptible population, rare roast beef may be served cooked to an internal temperature of at least 145° F for at least three minutes and a whole muscle intact beef steak may be served cooked on both top and bottom to a surface temperature of at least 145° F; and
    - vi. Leftovers are reheated to a temperature of at least 165° F;
4. A refrigerator contains a thermometer, accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
5. Frozen foods are stored at a temperature of 0° F or below; and
6. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-



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1413 renumbered to R9-10-1412; new Section R9-10-1413 renumbered from R9-10-1414 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-1414. Emergency and Safety Standards**

- A.** An administrator shall ensure that:
1. An evacuation drill for employees and participants on the premises is conducted at least once every six months on each shift;
  2. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
    - a. The date and time of the drill;
    - b. The amount of time taken for all employees and participants to evacuate the substance abuse transitional facility;
    - c. Any problems encountered in conducting the drill; and
    - d. Recommendations for improvement, if applicable;
  3. An evacuation path is conspicuously posted on each hallway of each floor of the facility;
  4. A disaster plan is developed, documented, maintained in a location accessible to personnel members, and, if necessary, implemented that includes:
    - a. When, how, and where participants will be relocated;
    - b. How a participant's medical record will be available to individuals providing services to the participant during a disaster;
    - c. A plan to ensure a participant's medication will be available to administer to the participant during a disaster; and
    - d. A plan for obtaining food and water for individuals present in the substance abuse transitional facility or the substance abuse transitional facility's relocation site during a disaster;
  5. The disaster plan required in subsection (A)(4) is reviewed at least once every 12 months;
  6. Documentation of a disaster plan review required in subsection (A)(5) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
    - a. The date and time of the disaster plan review;
    - b. The name of each employee or volunteer participating in the disaster plan review;
    - c. A critique of the disaster plan review; and
    - d. If applicable, recommendations for improvement; and
  7. A disaster drill for employees is conducted on each shift at least once every three months and documented.
- B.** An administrator shall ensure that:
1. A fire inspection is conducted by a local fire department or the State Fire Marshal before licensing and according to the time-frame established by the local fire department or the State Fire Marshal,
  2. Any repairs or corrections stated on the fire inspection report are made, and
  3. Documentation of a current fire inspection is maintained.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-

1414 renumbered to R9-10-1413; new Section R9-10-1414 renumbered from R9-10-1415 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-1415. Environmental Standards**

- A.** An administrator shall ensure that:
1. The premises and equipment are sufficient to accommodate the activities, treatment, and ancillary services stated in the substance abuse transitional facility's scope of services;
  2. The premises and equipment are:
    - a. Maintained in a condition that allows the premises and equipment to be used for the original purpose of the premises and equipment,
    - b. Clean, and
    - c. Free from a condition or situation that may cause a participant or other individual to suffer physical injury or illness;
  3. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
  4. Biohazardous waste and hazardous waste are identified, stored, used, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
  5. Equipment used at the substance abuse transitional facility is:
    - a. Maintained in working order;
    - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
    - c. Used according to the manufacturer's recommendations;
  6. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
  7. Garbage and refuse are:
    - a. Stored in plastic bags in covered containers, and
    - b. Removed from the premises at least once a week;
  8. Heating and cooling systems maintain the facility at a temperature between 70° F and 84° F at all times;
  9. A space heater is not used;
  10. Common areas:
    - a. Are lighted to assure the safety of participants, and
    - b. Have lighting sufficient to allow personnel members to monitor participant activity;
  11. Hot water temperatures are maintained between 95° F and 120° F in the areas of the substance abuse transitional facility used by participants;
  12. The supply of hot and cold water is sufficient to meet the personal hygiene needs of participants and the cleaning and sanitation requirements in this Article;
  13. Soiled linen and soiled clothing stored by the substance abuse transitional facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;
  14. Oxygen containers are secured in an upright position;
  15. Poisonous or toxic materials stored by the substance abuse transitional facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to participants;

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16. Combustible or flammable liquids and hazardous materials stored by the substance abuse transitional facility are stored in the original labeled containers or safety containers in a locked area inaccessible to participants;
17. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
  - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
  - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
  - c. Documentation of testing is retained for at least 12 months after the date of the test; and
18. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.

**B. An administrator shall ensure that:**

1. Smoking tobacco products is not permitted within a substance abuse transitional facility; and
2. Smoking tobacco products may be permitted on the premises outside a substance abuse transitional facility if:
  - a. Signs designating smoking areas are conspicuously posted, and
  - b. Smoking is prohibited in areas where combustible materials are stored or in use.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1415 renumbered to R9-10-1414; new Section R9-10-1415 renumbered from R9-10-1416 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

**R9-10-1416. Physical Plant Standards****A. An administrator shall ensure that a substance abuse transitional facility has:**

1. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-104.01, that is in working order; and a sprinkler system installed according to the National Fire Protection Association 13 Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01, that is in working order; or
2. An alternative method to ensure participant safety that is documented and approved by the local jurisdiction.

**B. An administrator shall ensure that:**

1. If a participant has a mobility, sensory, or other physical impairment, modifications are made to the premises to ensure that the premises are accessible to and usable by the participant; and
2. A substance abuse transitional facility has:
  - a. A room that provides privacy for a participant to receive treatment or visitors; and
  - b. A common area and a dining area that:
    - i. Are not converted, partitioned, or otherwise used as a sleeping area; and
    - ii. Contain furniture and materials to accommodate the recreational and socialization needs of the participants and other individuals in the facility.

**C. An administrator shall ensure that:**

1. For every six participants, there is at least one working toilet that flushes and one sink with running water;
2. For every eight participants, there is at least one working bathtub or shower;
3. A participant bathroom provides privacy when in use and contains:
  - a. A shatter-proof mirror;
  - b. Toilet tissue for each toilet;
  - c. Soap accessible from each sink;
  - d. Paper towels in a dispenser or a mechanical air hand dryer for a bathroom that is used by more than one participant;
  - e. A window that opens or another means of ventilation; and
  - f. Nonporous surfaces for shower enclosures, clean usable shower curtains, and slip-resistant surfaces in tubs and showers;
4. Each participant is provided a bedroom for sleeping; and
5. A participant bedroom complies with the following:
  - a. Is not used as a common area;
  - b. Except as provided in subsection (D):
    - i. Contains a door that opens into a hallway, common area, or outdoors; and
    - ii. In addition to the door in subsection (C)(5)(b)(i), contains another means of egress;
  - c. Is constructed and furnished to provide unimpeded access to the door;
  - d. Has window or door covers that provide participant privacy;
  - e. Except as provided in subsection (D), is not used as a passageway to another bedroom or bathroom unless the bathroom is for the exclusive use of an individual occupying the bedroom;
  - f. Has floor to ceiling walls;
  - g. Is a:
    - i. Private bedroom that contains at least 60 square feet of floor space, not including the closet; or
    - ii. Shared bedroom that, except as provided in subsection (D):
      - (1) Is shared by no more than eight participants;
      - (2) Contains at least 60 square feet of floor space, not including a closet, for each individual occupying the bedroom; and
      - (3) Provides at least three feet of floor space between beds or bunk beds;
  - h. Except as provided in subsection (D), contains for each participant occupying the bedroom:
    - i. A bed that is at least 36 inches wide and at least 72 inches long, and consists of at least a frame and mattress and linens; and
    - ii. Individual storage space for personnel effects and clothing such as a dresser or chest; and
  - i. Has sufficient lighting for participant occupying the bedroom to read.

**D. An administrator of a substance abuse transitional facility that uses a building that was licensed as a rural substance abuse transitional center before October 1, 2013 shall ensure that:**

1. A bedroom has a door that allows egress from the bedroom,
2. A shared bedroom contains enough space to allow each participant occupying the bedroom to freely move about the bedroom,

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3. A bed is of a sufficient size to accommodate a participant using the bed and provide space for all parts of the participant's body on the bed's mattress, and
4. A participant is provided storage space on a substance abuse transitional facility's premises that is accessible to the participant.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1416 renumbered to R9-10-1415; new Section R9-10-1416 renumbered from R9-10-1417 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**R9-10-1417. Renumbered****Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1417 renumbered to R9-10-1416 by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**ARTICLE 15. ABORTION CLINICS****R9-10-1501. Definitions**

In addition to the definitions in A.R.S. §§ 36-401, 36-449.01, 36-449.03, 36-2151, 36-2158, and 36-2301.01 and R9-10-101, the following definitions apply in this Article, unless otherwise specified:

1. "Admitting privileges" means permission extended by a hospital to a physician to allow admission of an individual as an inpatient, as defined in R9-10-201:
  - a. By the patient's own physician, or
  - b. Through a written agreement between the patient's physician and another physician that states that the other physician has permission to personally admit the patient to a hospital in this state and agrees to do so.
2. "Course" means training or education, including hands-on practice under the supervision of a physician.
3. "Employee" means an individual who receives compensation from a licensee, but does not provide medical services, nursing services, or health-related services.
4. "First trimester" means 1 through 14 weeks as measured from the first day of the last menstrual period or 1 through 12 weeks as measured from the date of fertilization.
5. "Incident" means an abortion-related patient death or serious injury to a patient or fetus delivered alive.
6. "Local" means under the jurisdiction of a city or county in Arizona.
7. "Medical director" means a physician who is responsible for the direction of the medical services, nursing services, and health-related services provided to patients at an abortion clinic.
8. "Medical evaluation" means obtaining a patient's medical history, performing a physical examination of a patient's body, and conducting laboratory tests as provided in R9-10-1509.
9. "Monitor" means to observe and document, continuously or intermittently, the values of certain physiologic variables on a patient such as pulse, blood pressure, oxygen saturation, respiration, and blood loss.
10. "Neonatal resuscitation" means procedures to assist in maintaining the life of a fetus delivered alive, as described in A.R.S. § 36-2301(D)(3).
11. "Patient" means a female receiving medical services, nursing services, or health-related services related to an abortion.
12. "Patient care staff member" means a physician, registered nurse practitioner, nurse, physician assistant, or surgical assistant who provides medical services, nursing services, or health-related services to a patient.
13. "Patient transfer" means relocating a patient requiring medical services from an abortion clinic to another health care institution.
14. "Personally identifiable patient information" means:
  - a. The name, address, telephone number, e-mail address, Social Security number, and birth date of:
    - i. The patient,
    - ii. The patient's representative,
    - iii. The patient's emergency contact,
    - iv. The patient's children,
    - v. The patient's spouse,
    - vi. The patient's sexual partner, and
    - vii. Any other individual identified in the patient's medical record other than patient care staff;
  - b. The patient's place of employment;
  - c. The patient's referring physician;
  - d. The patient's insurance carrier or account;
  - e. Any "individually identifiable health information" as proscribed in 45 CFR 164-514; and
  - f. Any other information in the patient's medical record that could reasonably lead to the identification of the patient.
15. "Personnel" means patient care staff members, employees, and volunteers.
16. "Serious injury" means a life-threatening physical condition related to an abortion procedure.
17. "Surgical assistant" means an individual who is not licensed as a physician, physician assistant, registered nurse practitioner, or nurse who performs duties as directed by a physician, physician assistant, registered nurse practitioner, or nurse.
18. "Volunteer" means an individual who, without compensation, performs duties as directed by a patient care staff member at an abortion clinic.

**Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 20 A.A.R. 448, effective April

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1, 2014 (Supp. 14-1). Amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

**R9-10-1502. Application Requirements and Documentation Submission**

- A.** An applicant shall submit an application for licensure that meets the requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1.
- B.** A licensee shall submit to the Department the documentation required according to A.R.S. § 36-449.02(B) with the applicable fees required in R9-10-106(C).

**Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

**Exhibit A. Repealed****Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

**R9-10-1503. Administration**

- A.** A licensee is responsible for the organization and management of an abortion clinic.
- B.** A licensee shall:
  - 1. Adopt policies and procedures for the administration and operation of an abortion clinic;
  - 2. Designate a medical director who:
    - a. Is licensed according to A.R.S. Title 32, Chapter 13, 17, or 29; and
    - b. May be the same individual as the licensee;
  - 3. Ensure the following documents are conspicuously posted on the premises:
    - a. Current abortion clinic license issued by the Department,
    - b. Current telephone number and address of the unit in the Department responsible for licensing the abortion clinic,
    - c. Evacuation map, and
    - d. Signs that comply with A.R.S. § 36-2153(H); and
  - 4. Except as specified in R9-10-1512(D)(4), ensure that documentation required by this Article is provided to the Department within two hours after a Department request.

- C.** A medical director shall ensure written policies and procedures are established, documented, and implemented to protect the health and safety of a patient including:
  - 1. Personnel qualifications, duties, and responsibilities;
  - 2. Individuals qualified to provide counseling in the abortion clinic and the amount and type of training required for an individual to provide counseling;
  - 3. If the abortion clinic performs an abortion procedure at or after 20 weeks gestational age:
    - a. Individuals qualified in neonatal resuscitation and the amount and type of training required for an individual to provide neonatal resuscitation, and
    - b. Designation of an individual to arrange the transfer to a hospital of a fetus delivered alive;
  - 4. Verification of the competency of the physician performing an abortion according to R9-10-1506;
  - 5. The storage, administration, accessibility, disposal, and documentation of a medication or controlled substance;
  - 6. Accessibility and security of medical records;
  - 7. Abortion procedures including:
    - a. Recovery and follow-up care;
    - b. The minimum length of time a patient remains in the recovery room or area based on:
      - i. The type of abortion performed,
      - ii. The estimated gestational age of the fetus,
      - iii. The type and amount of medication administered, and
      - iv. The physiologic signs including vital signs and blood loss; and
    - c. If the abortion clinic performs an abortion procedure at or after 20 weeks gestational age, the requirements in A.R.S. § 36-2301(D);
  - 8. Infection control including methods of sterilizing equipment and supplies;
  - 9. Medical emergencies; and
  - 10. Patient discharge and patient transfer.
- D.** For an abortion clinic that is not in substantial compliance or that is in substantial compliance but refuses to carry out a plan of correction acceptable to the Department, the Department may take enforcement action as specified in R9-10-111.

**Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Amended by exempt rulemaking at 20 A.A.R. 2078, effective July 24, 2014 (Supp. 14-3). Amended by final

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rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

**R9-10-1504. Quality Management**

A medical director shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to patients;
  - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
  - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
  - e. The frequency of submitting a documented report required in subsection (2) to the licensee;
2. A documented report is submitted to the licensee that includes:
  - a. An identification of each concern about the delivery of services related to patient care, and
  - b. Any changes made or actions taken as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the licensee.

**Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1504 renumbered to R9-10-1505; new Section R9-10-1504 made by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

**R9-10-1505. Incident Reporting**

- A. A licensee shall ensure that the Department is notified of an incident as follows:
  1. For the death of a patient, verbal notification the next working day;
  2. For a fetus delivered alive, verbal notification the next working day; and
  3. For a serious injury of a patient or viable fetus, written notification within 10 calendar days after the date of the serious injury.
- B. A medical director shall conduct an investigation of an incident and document an incident report that includes:
  1. The date and time of the incident;

2. The name of the patient;
  3. A description of the incident, including, if applicable, information required in A.R.S. § 36-2161(A)(15);
  4. Names of individuals who observed the incident;
  5. Action taken by patient care staff members and employees during the incident and immediately following the incident; and
  6. Action taken by the patient care staff members and employees to prevent the incident from occurring in the future.
- C. A medical director shall ensure that the incident report is:
1. Submitted to the Department and, if the incident involved a licensed individual, the applicable professional licensing board within 10 calendar days after the date of the notification in subsection (A); and
  2. Maintained on the premises for at least two years after the date of the incident.

**Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1505 renumbered to R9-10-1506; new Section R9-10-1505 renumbered from R9-10-1504 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4). Amended by final expedited rulemaking at 25 A.A.R. 1893, effective July 2, 2019 (Supp. 19-3).

**R9-10-1506. Personnel Qualifications and Records**

A licensee shall ensure that:

1. A physician who performs an abortion demonstrates to the medical director that the physician is competent to perform an abortion by:
  - a. The submission of documentation of education and experience, and
  - b. Observation by or interaction with the medical director;
2. Surgical assistants and volunteers who provide counseling and patient advocacy receive training in these specific responsibilities and any other responsibilities assigned and that documentation of the training received is maintained in the individual's personnel file;
3. An individual who performs an ultrasound provides documentation that the individual is:
  - a. A physician;
  - b. A physician assistant, registered nurse practitioner, or nurse who completed a course in performing ultrasounds under the supervision of a physician; or
  - c. An individual who:

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- i. Completed a course in performing ultrasounds under the supervision of a physician, and
  - ii. Is not otherwise precluded by law from performing an ultrasound;
4. An individual has completed a course for the type of ultrasound the individual performs;
5. If the abortion clinic performs an abortion procedure at or after 20 weeks gestational age, an individual who is available to perform neonatal resuscitation provides documentation that the individual:
  - a. Is a:
    - i. Physician,
    - ii. Physician assistant,
    - iii. Registered nurse practitioner, or
    - iv. Nurse; and
  - b. Has completed a course in performing neonatal resuscitation that is consistent with training provided by the American Academy of Pediatrics Neonatal Resuscitation Program and includes:
    - i. Instruction in the use of resuscitation devices for positive-pressure ventilation, tracheal intubation, medications that may be necessary for neonatal resuscitation and their administration, and resuscitation of pre-term newborns; and
    - ii. Assessment of the individual's skill in applying the information provided through the instruction in subsection (5)(b)(i);
6. A personnel file for each patient care staff member and each volunteer is maintained either electronically or in writing and includes:
  - a. The individual's name and position title;
  - b. The first and, if applicable, the last date of employment or volunteer service;
  - c. Verification of qualifications, training, or licensure, as applicable;
  - d. Documentation of cardiopulmonary resuscitation certification, as applicable;
  - e. Documentation of verification of competency, as required in subsection (1), and signed and dated by the medical director;
  - f. Documentation of training for surgical assistants and volunteers;
  - g. Documentation of completion of a course as required in subsection (3), for an individual performing ultrasounds; and
  - h. Documentation of competency to perform neonatal resuscitation, as required in subsection (5), if applicable; and
7. Personnel files are maintained on the premises for at least two years after the ending date of employment or volunteer service.

**Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative

Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1506 renumbered to R9-10-1507; new Section R9-10-1506 renumbered from R9-10-1505 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

**R9-10-1507. Staffing Requirements**

- A. A licensee shall ensure that there is a sufficient number of patient care staff members and employees to:
  1. Meet the requirements of this Article,
  2. Ensure the health and safety of a patient, and
  3. Meet the needs of a patient based on the patient's medical evaluation.
- B. A licensee shall ensure that:
  1. A patient care staff member other than a surgical assistant, who is current in cardiopulmonary resuscitation certification, is on the premises until all patients are discharged;
  2. A physician, with admitting privileges at a health care institution that is classified by the director as a hospital according to A.R.S. § 36-405(B), remains on the premises of the abortion clinic until all patients who received a medication abortion are stable and ready to leave;
  3. A physician, with admitting privileges at a health care institution that is classified by the director as a hospital according to A.R.S. § 36-405(B) and that is within 30 miles of the abortion clinic by road, as defined in A.R.S. § 17-451, remains on the abortion clinic's premises until all patients who received a surgical abortion are stable and discharged from the recovery room;
  4. A patient care staff member is on the premises to comply with R9-10-1509(H); and
  5. If the abortion clinic performs an abortion procedure at or after 20 weeks gestational age, a patient care staff member qualified according to policies and procedures to perform neonatal resuscitation is available for the abortion procedure.

**Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1507 renumbered to

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R9-10-1508; new Section R9-10-1507 renumbered from R9-10-1506 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

**R9-10-1508. Patient Rights**

A licensee shall ensure that a patient is afforded the following rights, and is informed of these rights:

1. To refuse treatment, or withdraw consent for treatment;
2. To have medical records kept confidential; and
3. To be informed of:
  - a. Billing procedures and financial liability before abortion services are provided;
  - b. Proposed medical or surgical procedures, associated risks, possible complications, and alternatives;
  - c. Counseling services that are provided on the premises;
  - d. The right to review the ultrasound results with a physician, a physician assistant, a registered nurse practitioner, or a registered nurse before the abortion procedure; and
  - e. The right to receive a print of the ultrasound image.

**Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1508 renumbered to R9-10-1509; new Section R9-10-1508 renumbered from R9-10-1507 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

**R9-10-1509. Abortion Procedures**

A. A medical director shall ensure that a medical evaluation of a patient is conducted before the patient's abortion is performed that includes:

1. A medical history including:
  - a. Allergies to medications, antiseptic solutions, or latex;
  - b. Obstetrical and gynecological history;
  - c. Past surgeries;
  - d. Medication the patient is currently taking; and
  - e. Other medical conditions;
2. A physical examination, performed by a physician that includes a bimanual examination to estimate uterine size and palpation of adnexa;
3. The following laboratory tests:
  - a. A urine or blood test to determine pregnancy;
  - b. Rh typing, unless the patient provides written documentation of blood type acceptable to the physician;
  - c. Anemia screening; and

d. Other laboratory tests recommended by the physician or medical director on the basis of the physical examination; and

4. An ultrasound imaging study of the fetus, performed as required in A.R.S. §§ 36-2156 and 36-2301.02(A).

B. If the medical evaluation indicates a patient is Rh negative, a medical director shall ensure that:

1. The patient receives information from a physician on this condition;
2. The patient is offered RhO(d) immune globulin within 72 hours after the abortion procedure;
3. If a patient refuses RhO(d) immune globulin, the patient signs and dates a form acknowledging the patient's condition and refusing the RhO(d) immune globulin;
4. The form in subsection (B)(3) is maintained in the patient's medical record; and
5. If a patient refuses RhO(d) immune globulin or if a patient refuses to sign and date an acknowledgment and refusal form, the physician documents the patient's refusal in the patient's medical record.

C. A physician shall estimate the gestational age of the fetus, based on one of the following criteria, and record the estimated gestational age in the patient's medical record:

1. Ultrasound measurements of the biparietal diameter, length of femur, abdominal circumference, visible pregnancy sac, or crown-rump length or a combination of these; or
2. The date of the last menstrual period or the date of fertilization and a bimanual examination of the patient.

D. A medical director shall ensure that:

1. The ultrasound of a patient required in subsection (A)(4) is performed by an individual who meets the requirements in R9-10-1506(3);
2. An ultrasound estimate of gestational age of a fetus is performed using methods and tables or charts in a publication distributed nationally that contains peer-reviewed medical information, such as medical information derived from a publication describing research in obstetrics and gynecology or in diagnostic imaging;
3. An original patient ultrasound image is:
  - a. Interpreted by a physician, and
  - b. Maintained in the patient's medical record in either electronic or paper form; and
4. If requested by the patient, the ultrasound image is reviewed with the patient by a physician, physician assistant, registered nurse practitioner, or registered nurse.

E. A medical director shall ensure that before an abortion is performed on a patient:

1. Written consent, that meets the requirements in A.R.S. § 36-2152 or 36-2153, as applicable, and A.R.S. § 36-2158 is signed and dated by the patient or the patient's representative;
2. Information is provided to the patient on the abortion procedure, including alternatives, risks, and potential complications;
3. Information specified in A.R.S. § 36-2161(A)(12) is requested from the patient; and
4. If applicable, information required in A.R.S. § 36-2161(C) is provided to the patient.

F. A medical director shall ensure that an abortion is performed according to the abortion clinic's policies and procedures and this Article.

G. A medical director shall ensure that:

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1. A patient care staff member monitors a patient's vital signs throughout an abortion procedure to ensure the patient's health and safety;
  2. Intravenous access is established and maintained on a patient undergoing an abortion after the first trimester unless the physician determines that establishing intravenous access is not appropriate for the particular patient and documents that fact in the patient's medical record;
  3. If an abortion procedure is performed at or after 20 weeks gestational age, a patient care staff member qualified in neonatal resuscitation, other than the physician performing the abortion procedure, is in the room in which the abortion procedure takes place before the delivery of the fetus; and
  4. If a fetus is delivered alive:
    - a. Resuscitative measures, including the following, are used to support life:
      - i. Warming and drying of the fetus,
      - ii. Clearing secretions from and positioning the airway of the fetus,
      - iii. Administering oxygen as needed to the fetus, and
      - iv. Assessing and monitoring the cardiopulmonary status of the fetus;
    - b. A determination is made of whether the fetus is a viable fetus;
    - c. A viable fetus is provided treatment to support life;
    - d. A viable fetus is transferred as required in R9-10-1510; and
    - e. Resuscitative measures and the transfer, as applicable, are documented.
- H.** To ensure a patient's health and safety, a medical director shall ensure that following the abortion procedure:
1. A patient's vital signs and bleeding are monitored by:
    - a. A physician;
    - b. A physician assistant;
    - c. A registered nurse practitioner;
    - d. A nurse; or
    - e. If a physician is able to provide direct supervision, as defined in A.R.S. § 32-1401 or A.R.S. § 32-1800, as applicable, to a medical assistant, as defined in A.R.S. § 32-1401 or A.R.S. § 32-1800, a medical assistant under the direct supervision of the physician; and
  2. A patient remains in the recovery room or recovery area until a physician, physician assistant, registered nurse practitioner, or nurse examines the patient and determines that the patient's medical condition is stable and the patient is ready to leave the recovery room or recovery area.
- I.** A medical director shall ensure that follow-up care:
1. For a surgical abortion is offered to a patient that includes:
    - a. With a patient's consent, a telephone call made to the patient to assess the patient's recovery:
      - i. By a patient care staff member other than a surgical assistant; and
      - ii. Within 24 hours after the patient's discharge following a surgical abortion; and
    - b. A follow-up visit scheduled, if requested, no more than 21 calendar days after the abortion that includes:
      - i. A physical examination,
      - ii. A review of all laboratory tests as required in subsection (A)(3), and
      - iii. A urine pregnancy test;
  2. For a medication abortion includes a follow-up visit, scheduled between seven and 21 calendar days after the initial dose of a substance used to induce an abortion, that includes:
    - a. A urine pregnancy test, and
    - b. An assessment of the degree of bleeding; and
  3. Is documented in the patient's medical record, including:
    - a. A patient's acceptance or refusal of a follow-up visit following a surgical abortion;
    - b. If applicable, the results of the follow-up visit; and
    - c. If applicable, whether the patient consented to a telephone call and, if so, whether the patient care staff member making the telephone call to the patient:
      - i. Spoke with the patient about the patient's recovery, or
      - ii. Was unable to speak with the patient.
- J.** If a continuing pregnancy is suspected as a result of the follow-up visit in subsection (I)(1)(b) or (I)(2), a physician who performs abortions shall be consulted.

**Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1509 renumbered to R9-10-1510; new Section R9-10-1509 renumbered from R9-10-1508 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4). Amended by final expedited rulemaking at 25 A.A.R. 1893, effective July 2, 2019 (Supp. 19-3).

**R9-10-1510. Patient Transfer and Discharge**

- A.** A medical director shall ensure that:
1. For a patient:
    - a. A patient is transferred to a hospital for an emergency involving the patient;
    - b. A patient transfer is documented in the patient's medical record; and
    - c. Documentation of a medical evaluation, treatment provided, and laboratory and diagnostic information is transferred with a patient; and
  2. For a viable fetus:
    - a. A viable fetus requiring emergency care is transferred to a hospital,
    - b. The transfer of a viable fetus is documented in the viable fetus's medical record, and
    - c. Documentation of an assessment of cardiopulmonary function and treatment provided to a viable fetus is transferred with the viable fetus.
- B.** A medical director shall ensure that before a patient is discharged:
1. A physician signs the patient's discharge order; and



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2. A patient receives follow-up instructions at discharge that include:
  - a. Signs of possible complications,
  - b. When to access medical services in response to complications,
  - c. A telephone number of an individual or entity to contact for medical emergencies,
  - d. Information and precautions for resuming vaginal intercourse after the abortion, and
  - e. Information specific to the patient's abortion or condition.

**Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1510 renumbered to R9-10-1511; new Section R9-10-1510 renumbered from R9-10-1509 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

**R9-10-1511. Medications and Controlled Substances**

A medical director shall ensure that:

1. The abortion clinic complies with the requirements for medications and controlled substances in A.R.S. Title 32, Chapter 18, and A.R.S. Title 36, Chapter 27;
2. A medication is administered in compliance with an order from a physician, physician assistant, registered nurse practitioner, or as otherwise provided by law;
3. A medication is administered to a patient or to a viable fetus by a physician or as otherwise provided by law;
4. Medications and controlled substances are maintained in a locked area on the premises;
5. Only personnel designated by policies and procedures have access to the locked area containing medications and controlled substances;
6. Expired, mislabeled, or unusable medications and controlled substances are disposed of according to policies and procedures;
7. A medication error or an adverse reaction, including any actions taken in response to the medication error or adverse reaction, is immediately reported to the medical director and licensee, and recorded in the patient's medical record;
8. Medication information for a patient is maintained in the patient's medical record and contains:
  - a. The patient's name, age, and weight;
  - b. The medications the patient is currently taking;
  - c. Allergies or sensitivities to medications, antiseptic solutions, or latex; and
  - d. If medication is administered to the patient:
    - i. The date and time of administration;

- ii. The name, strength, dosage form, amount of medication, and route of administration; and
  - iii. The identification and signature of the individual administering the medication; and
9. If administered to a fetus delivered alive, the following are documented in the fetus's medical record:
  - a. The date and time of oxygen administration;
  - b. The amount and flow rate of the oxygen;
  - c. The identification and signature of the individual administering the oxygen; and
  - d. For a viable fetus:
    - i. The date and time of medication administration;
    - ii. The name, strength, dosage form, amount of medication, and route of administration; and
    - iii. The identification and signature of the individual administering the medication.

**Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Amended by exempt rulemaking at 20 A.A.R. 2078, effective July 24, 2014 (Supp. 14-3). Section R9-10-1511 renumbered to R9-10-1512; new Section R9-10-1511 renumbered from R9-10-1510 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

**R9-10-1512. Medical Records**

- A. A licensee shall ensure that a medical record is established and maintained for a patient that contains:
  1. Patient identification including:
    - a. The patient's name, address, and date of birth;
    - b. The designated patient's representative, if applicable; and
    - c. The name and telephone number of an individual to contact in an emergency;
  2. The patient's medical history required in R9-10-1509(A)(1);
  3. The patient's physical examination required in R9-10-1509(A)(2);
  4. The laboratory test results required in R9-10-1509(A)(3);
  5. The ultrasound results, including the original print, required in R9-10-1509(A)(4);
  6. The physician's estimated gestational age of the fetus required in R9-10-1509(C);
  7. Each consent form signed by the patient or the patient's representative;
  8. Orders issued by a physician, physician assistant, or registered nurse practitioner;

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9. A record of medical services, nursing services, and health-related services provided to the patient;
  10. The patient's medication information;
  11. Documentation related to follow-up care specified in R9-10-1509(I); and
  12. If the abortion procedure was performed at or after 20 weeks gestational age and the fetus was not delivered alive, documentation from the physician and other patient care staff member present certifying that the fetus was not delivered alive.
- B.** A licensee shall ensure that a medical record is established and maintained for a fetus delivered alive that contains:
1. An identification of the fetus, including:
    - a. The name of the patient from whom the fetus was delivered alive, and
    - b. The date the fetus was delivered alive;
  2. Orders issued by a physician, physician assistant, or registered nurse practitioner;
  3. A record of medical services, nursing services, and health-related services provided to the fetus delivered alive;
  4. If applicable, information about medication administered to the fetus delivered alive; and
  5. If the abortion procedure was performed at or after 20 weeks gestational age:
    - a. Documentation of the requirements in R9-10-1509(G)(4); and
    - b. If the fetus had a lethal fetal condition, the results of the confirmation of the lethal fetal condition.
- C.** A licensee shall ensure that:
1. A medical record is accessible only to the Department or personnel authorized by policies and procedures;
  2. Medical record information is confidential and released only with the written informed consent of a patient or the patient's representative or as otherwise permitted by law;
  3. A medical record is protected from loss, damage, or unauthorized use and is maintained and accessible for at least seven years after the date of an adult patient's discharge or if the patient is a child, either for at least three years after the child's 18th birthday or for at least seven years after the patient's discharge, whichever date occurs last;
  4. A medical record is maintained at the abortion clinic for at least six months after the date of the patient's discharge; and
  5. Vital records and vital statistics are retained according to A.R.S. § 36-343.
- D.** If the Department requests patient medical records for review, the licensee:
1. Is not required to produce any patient medical records created or prepared by a referring physician's office;
  2. May provide patient medical records to the Department either in paper or in an electronic format that is acceptable to the Department;
  3. Shall provide the Department with the following patient medical records related to medical services associated with an abortion, including any follow-up visits to the abortion clinic in connection with the abortion:
    - a. The patient's medical history required in R9-10-1509(A)(1);
    - b. The patient's physical examination required in R9-10-1509(A)(2);
    - c. The laboratory test results required in R9-10-1509(A)(3);
    - d. The physician's estimate of gestational age of the fetus required in R9-10-1509(C);
    - e. The ultrasound results required in R9-10-1509(D)(2);
    - f. Each consent form signed by the patient or the patient's representative;
    - g. Orders issued by a physician, physician assistant, or registered nurse practitioner;
    - h. A record of medical services, nursing services, and health-related services provided to the patient; and
    - i. The patient's medication information;
- E.** If the Department's request is in connection with a licensing or compliance inspection:
- a. Is not required to produce any patient medical records associated with an abortion that occurred before the licensing inspection or a previous compliance inspection of the abortion clinic; and
  - b. Shall:
    - i. Redact only personally identifiable patient information from the patient medical records before the licensee discloses the patient medical records to the Department;
    - ii. Upon request by the Department, code the requested patient medical records by a means that allows the Department to track all patient medical records related to a specific patient without the personally identifiable patient information; and
    - iii. Unless the Department and the licensee agree otherwise, provide redacted copies of patient medical records to the Department:
      - (1) For one to ten patients, within two working days after the request, and
      - (2) For every additional five patients, within an additional two working days; and
- F.** If the Department's request is in connection with a complaint investigation, shall:
- a. Not redact patient information from the patient medical records before the licensee discloses the patient medical records to the Department; and
  - b. Ensure the patient medical records include:
    - i. The patient's name, address, and date of birth;
    - ii. The patient's representative, if applicable; and
    - iii. The name and telephone number of an individual to contact in an emergency.
- G.** A medical director shall ensure that only personnel authorized by policies and procedures, records or signs an entry in a medical record and:
1. An entry in a medical record is dated and legible;
  2. An entry is authenticated by:
    - a. A signature; or
    - b. An individual's initials if the individual's signature already appears in the medical record;
  3. An entry is not changed after it has been recorded, but additional information related to an entry may be recorded in the medical record;
  4. When a verbal or telephone order is entered in the medical record, the entry is authenticated within 21 calendar days by the individual who issued the order;
  5. If a rubber-stamp signature or an electronic signature is used:
    - a. An individual's rubber stamp or electronic signature is not used by another individual;

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- b. The individual who uses a rubber stamp or electronic signature signs a statement that the individual is responsible for the use of the rubber stamp or the electronic signature; and
  - c. The signed statement is included in the individual's personnel record; and
  - 6. If an abortion clinic maintains medical records electronically, the medical director shall ensure the date and time of an entry is recorded by the computer's internal clock.
- F. As required by A.R.S. § 36-449.03(J), the Department shall not release any personally identifiable patient or physician information.

**Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1512 renumbered to R9-10-1513; new Section R9-10-1512 renumbered from R9-10-1511 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

**R9-10-1513. Environmental and Safety Standards**

A licensee shall ensure that:

- 1. The premises:
  - a. Provide lighting and ventilation to ensure the health and safety of a patient,
  - b. Are maintained in a clean condition,
  - c. Are free from a condition or situation that may cause a patient to suffer physical injury,
  - d. Are maintained free from insects and vermin, and
  - e. Are smoke-free;
- 2. A warning notice is placed at the entrance to a room or area where oxygen is in use;
- 3. Soiled linen and clothing are kept:
  - a. In a covered container, and
  - b. Separate from clean linen and clothing;
- 4. Personnel wash hands after each direct patient contact and after handling soiled linen, soiled clothing, or biohazardous medical waste;
- 5. A written emergency plan is established, documented, and implemented that includes procedures for protecting the health and safety of patients and other individuals in a fire, natural disaster, loss of electrical power, or threat or incidence of violence;
- 6. An evacuation drill is conducted at least once every six months that includes all personnel on the premises on the day of the evacuation drill; and
- 7. Documentation of the evacuation drill is maintained on the premises for at least one year after the date of the evacuation drill and includes:
  - a. The date and time of the evacuation drill, and
  - b. The names of personnel participating in the evacuation drill.

**Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1513 renumbered to R9-10-1514; new Section R9-10-1513 renumbered from R9-10-1512 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

**R9-10-1514. Equipment Standards**

A licensee shall ensure that:

- 1. Equipment and supplies are maintained in a:
  - a. Clean condition, and
  - b. Quantity sufficient to meet the needs of patients present in the abortion clinic;
- 2. Equipment to monitor vital signs is in each room in which an abortion is performed;
- 3. A surgical or gynecologic examination table is used for an abortion;
- 4. The following equipment and supplies are available in the abortion clinic:
  - a. Equipment to measure blood pressure;
  - b. A stethoscope;
  - c. A scale for weighing a patient;
  - d. Supplies for obtaining specimens and cultures and for laboratory tests; and
  - e. Equipment and supplies for use in a medical emergency including:
    - i. Ventilatory assistance equipment,
    - ii. Oxygen source,
    - iii. Suction apparatus, and
    - iv. Intravenous fluid equipment and supplies; and
  - f. Ultrasound equipment;
- 5. In addition to the requirements in subsection (4), the following equipment is available for an abortion procedure performed after the first trimester:
  - a. Drugs to support cardiopulmonary function of a patient, and
  - b. Equipment to monitor the cardiopulmonary status of a patient;
- 6. In addition to the requirements in subsections (4) and (5), if the abortion clinic performs an abortion procedure at or after 20 weeks gestational age, the following equipment is available for the abortion procedure:
  - a. Equipment to provide warmth and drying of a fetus delivered alive,
  - b. Equipment necessary to clear secretions from and position the airway of a fetus delivered alive,
  - c. Equipment necessary to administer oxygen to a fetus delivered alive,
  - d. Equipment to assess and monitor the cardiopulmonary status of a fetus delivered alive, and
  - e. Drugs to support cardiopulmonary function in a viable fetus;

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7. Equipment and supplies are clean and, if applicable, sterile before each use;
8. Equipment required in this Section is maintained in working order, tested and calibrated at least once every 12 months or according to the manufacturer's recommendations, and used according to the manufacturer's recommendations; and
9. Documentation of each equipment test, calibration, and repair is maintained on the premises for at least 12 months after the date of the testing, calibration, or repair and provided to the Department for review within two hours after the Department requests the documentation.

**Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1514 renumbered to R9-10-1515; new Section R9-10-1514 renumbered from R9-10-1513 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

**R9-10-1515. Physical Plant Standards**

- A. A licensee shall ensure that an abortion clinic complies with all local building codes, ordinances, fire codes, and zoning requirements. If there are no local building codes, ordinances, fire codes, or zoning requirements, the abortion clinic shall comply with the applicable codes and standards incorporated by reference in R9-10-104.01 that were in effect on the date the abortion clinic submitted the application including the notarized attestation of architectural plans according to R9-10-104.
- B. A licensee shall ensure that an abortion clinic provides areas or rooms:
  1. That provide privacy for:
    - a. A patient's interview, medical evaluation, and counseling;
    - b. A patient to dress; and
    - c. Performing an abortion procedure;
  2. For personnel to dress;
  3. With a sink and a flushable toilet in working order;
  4. For cleaning and sterilizing equipment and supplies;
  5. For storing medical records;
  6. For storing equipment and supplies;
  7. For hand washing before the abortion procedure; and
  8. For a patient recovering after an abortion.
- C. A licensee shall ensure that an abortion clinic has an emergency exit to accommodate a stretcher or gurney.

**Historical Note**

New Section R9-10-1515 made by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section repealed; new Section renumbered from R9-10-1514 and amended by final rulemaking at 24 A.A.R. 3043,

effective October 2, 2018 (Supp. 18-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**ARTICLE 16. BEHAVIORAL HEALTH RESPITE HOMES****R9-10-1601. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following apply in this Article unless otherwise specified:

1. "Acceptance" means, after a referral from a collaborating health care institution, an individual receives services from a provider in a behavioral health respite home.
2. "Provider" means an individual who lives in a behavioral health respite home and ensures that a recipient receives the behavioral health services and ancillary services in the recipient's treatment plan.
3. "Recipient" means an individual referred by a collaborating health care institution to and accepted by a behavioral health respite home.
4. "Release" means a documented termination of services by a provider to a recipient that is authorized by a collaborating health care institution.
5. "Sibling" means one of two or more individuals having one or both parents in common.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1602. Supplemental Application Requirements**

In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, an applicant shall include, in a format provided by the Department, the following information for the behavioral health respite home's collaborating health care institution:

1. Name,
2. Address,
3. Class or subclass,
4. License number, and
5. Name and contact information for an individual assigned by the collaborating health care institution to monitor the behavioral health respite home.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1602 renumbered to R9-10-1603; new Section R9-10-1602 made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1603. Administration**

- A. A governing authority of a behavioral health respite home:
  1. Consists of no more than two providers, who live in the behavioral health respite home;
  2. Has the authority and responsibility to manage the behavioral health respite home;
  3. Has a documented agreement with a collaborating health care institution that establishes the responsibilities of the behavioral health respite home and the collaborating health care institution, consistent with the requirements in this Chapter;
  4. Shall establish, in writing, the behavioral health respite home's scope of services, which are approved by the collaborating health care institution; and

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5. Shall ensure that:
  - a. Except as provided in R9-10-1612(A), no more than three recipients are accepted by the behavioral health respite home;
  - b. A provider is on the premises whenever a recipient is present in the behavioral health respite home;
  - c. Documentation required by this Article is provided to the Department within two hours after a Department request; and
  - d. When documentation or information is required by this Chapter to be submitted on behalf of the behavioral health respite home, the documentation or information is provided to the unit in the Department that is responsible for licensing the behavioral health respite home.
- B. A provider:
  1. Is at least 21 years of age;
  2. Holds current certification in cardiopulmonary resuscitation and first aid training applicable to the ages of recipients;
  3. Has the skills and knowledge established by the collaborating health care institution as specified in R9-10-118;
  4. Has documentation of completion of training in assistance in the self-administration of medication as specified in R9-10-118; and
  5. Has documentation of evidence of freedom from infectious tuberculosis:
    - a. On or before the date the provider begins providing services at or on behalf of the behavioral health respite home, and
    - b. As specified in R9-10-113.
- C. A provider shall ensure that policies and procedures are:
  1. Established, documented, and implemented to protect the health and safety of a recipient that cover:
    - a. Recordkeeping;
    - b. Recipient acceptance and release;
    - c. The release of a recipient under 18 years of age to an individual other than the recipient's parent or guardian;
    - d. Recipient rights;
    - e. The provision of respite care services, including coordinating the provision of behavioral health services;
    - f. Recipients' medical records, including electronic medical records;
    - g. Assistance in the self-administration of medication;
    - h. Infection control; and
    - i. How a provider will respond to a recipient's sudden, intense, or out-of-control behavior to prevent harm to the recipient or another individual;
  2. Approved, in writing, by the behavioral health respite home's collaborating health care institution before implementation and when the policies and procedures are reviewed or updated; and
  3. Reviewed by the provider and the behavioral health respite home's collaborating health care institution at least once every three years and updated as needed.
- D. A provider shall provide written notification to the Department and the collaborating health care institution of a recipient's:
  1. Death, if the recipient's death is required to be reported according to A.R.S. § 11-593, within one working day after the recipient's death; and
  2. Self-injury, within two working days after the recipient inflicts a self-injury that requires immediate intervention by an emergency medical services provider.
- E. If abuse, neglect, or exploitation of a recipient is alleged or suspected to have occurred before the recipient was accepted or while the recipient is not at a behavioral health respite home and not receiving services from the behavioral health respite home, a provider shall report the alleged or suspected abuse, neglect, or exploitation of the recipient as follows:
  1. For a recipient 18 years of age or older, according to A.R.S. § 46-454; or
  2. For a recipient under 18 years of age, according to A.R.S. § 13-3620.
- F. If a provider has a reasonable basis, according to A.R.S. § 13-3620 or 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a recipient is receiving behavioral health respite home services, the provider shall:
  1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
  2. Report the suspected abuse, neglect, or exploitation of the recipient as follows:
    - a. To the behavioral health respite home's collaborating health care institution; and
    - b. For a:
      - i. Recipient 18 years of age or older, according to A.R.S. § 46-454; and
      - ii. Recipient under 18 years of age, according to A.R.S. § 13-3620;
  3. Document:
    - a. The suspected abuse, neglect, or exploitation;
    - b. Any action taken according to subsection (F)(1); and
    - c. The report in subsection (F)(2);
  4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
  5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
    - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
    - b. A description of any injury to the recipient related to the suspected abuse or neglect and any change to the recipient's physical, cognitive, functional, or emotional condition;
    - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
    - d. The action taken by the provider to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
  6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- G. A provider shall ensure that a recipient under 18 years of age is only released to an individual who, according to policies and procedures:
  1. Is designated by the recipient's parent or guardian to release the recipient, and
  2. Presents documentation at the time of the recipient's release that verifies the individual's identity.
- H. A provider shall maintain a record for each provider that includes:
  1. The provider's:

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- a. Name,
- b. Date of birth, and
- c. Contact telephone number; and
2. Documentation of:
  - a. Verification of skills and knowledge, completed by the behavioral health respite home's collaborating health care institution;
  - b. Certification in cardiopulmonary resuscitation and first aid training;
  - c. Completion of training in assistance in the self-administration of medication, provided by the behavioral health respite home's collaborating health care institution; and
  - d. Evidence of freedom from infectious tuberculosis.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1603 renumbered to R9-10-1604; new Section R9-10-1603 renumbered from R9-10-1602 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1604. Recipient Rights**

- A. A provider shall ensure that:
  1. A recipient is treated with dignity, respect, and consideration;
  2. A recipient is not subjected to:
    - a. Abuse;
    - b. Neglect;
    - c. Exploitation;
    - d. Coercion;
    - e. Manipulation;
    - f. Sexual abuse;
    - g. Sexual assault;
    - h. Seclusion;
    - i. Restraint;
    - j. Retaliation for submitting a complaint to the Department or another entity; or
    - k. Misappropriation of personal and private property by:
      - i. A behavioral health respite home's provider, or
      - ii. An individual other than a recipient residing in the behavioral health respite home; and
  3. A recipient or the recipient's representative:
    - a. Is informed of the recipient complaint process;
    - b. Consents to photographs of the recipient before the recipient is photographed, except that a recipient may be photographed when accepted by a behavioral health respite home for identification and administrative purposes; and
    - c. Except as otherwise permitted by law, provides written consent to the release of information in the recipient's medical record.
- B. A recipient has the following rights:
  1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
  2. To receive services that support and respect the recipient's individuality, choices, strengths, and abilities;
  3. To receive privacy in care for personal needs;
  4. To review, upon written request, the recipient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;

5. To receive a referral to another health care institution if the provider is not authorized or not able to provide physical health services or behavioral health services needed by the recipient; and
6. To receive assistance from a family member, recipient's representative, or other individual in understanding, protecting, or exercising the recipient's rights.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1604 renumbered to R9-10-1605; new Section R9-10-1604 renumbered from R9-10-1603 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1605. Providing Services**

- A. A provider shall ensure that behavioral health services and ancillary services are provided to a recipient according to the recipient's treatment plan obtained from the behavioral health respite home's collaborating health care institution.
- B. A provider shall submit to the behavioral health respite home's collaborating health care institution and, if applicable, the recipient's case manager:
  1. Documentation of any significant change in a recipient's behavior or physical, cognitive, or functional condition and the action taken by a provider to address the recipient's changing needs; and
  2. Notification of a recipient's unexpected self-release.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1605 renumbered to R9-10-1606; new Section R9-10-1605 renumbered from R9-10-1604 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1606. Assistance in the Self-Administration of Medication**

- A. If a provider provides assistance in the self-administration of medication, the provider shall ensure that:
  1. If a recipient is receiving assistance in the self-administration of medication, the recipient's medication is stored by the provider;
  2. The following assistance is provided to a recipient:
    - a. A reminder when it is time to take the medication;
    - b. Opening the medication container or medication organizer for the recipient;
    - c. Observing the recipient while the recipient removes the medication from the medication container or medication organizer;
    - d. Verifying that the medication is taken as ordered by the recipient's medical practitioner by confirming that:
      - i. The recipient taking the medication is the individual stated on the medication container label,
      - ii. The recipient is taking the dosage of the medication as stated on the medication container label, and
      - iii. The recipient is taking the medication at the time stated on the medication container label; or
    - e. Observing the recipient while the recipient takes the medication; and

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3. Assistance in the self-administration of medication provided to a recipient is documented in the recipient's medical record.
- B. When medication is stored by a provider, the provider shall ensure that:
  1. A locked cabinet, closet, or self-contained unit is used for medication storage;
  2. Medication is stored according to the instructions on the medication container; and
  3. Medication, including expired medication, that is no longer being used is discarded.
- C. A provider shall immediately report a medication error or a recipient's adverse reaction to a medication to the:
  1. Medical practitioner who ordered the medication, or
  2. Contact individual at the behavioral health respite home's collaborating health care institution.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1606 renumbered to R9-10-1607; new Section R9-10-1606 renumbered from R9-10-1605 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1607. Medical Records**

- A. A provider shall ensure that:
  1. A medical record is established and maintained for each recipient according to A.R.S. Title 12, Chapter 13, Article 7.1;
  2. An entry in a recipient's medical record is:
    - a. Only recorded by the provider or an individual designated by the provider to record an entry;
    - b. Dated, legible, and authenticated; and
    - c. Not changed to make the initial entry illegible;
  3. A recipient's medical record is available to an individual:
    - a. Authorized by policies and procedures to access the recipient's medical record;
    - b. If the individual is not authorized according to policies and procedures, with the written consent of the recipient or the recipient's representative; or
    - c. As permitted by law; and
  4. A recipient's medical record is protected from loss, damage, or unauthorized use.
- B. If a provider maintains recipients' medical records electronically, the provider shall ensure that safeguards exist to prevent unauthorized access.
- C. A provider shall ensure that a recipient's medical record contains:
  1. Recipient information that includes:
    - a. The recipient's name,
    - b. The recipient's date of birth,
    - c. Any known allergies, and
    - d. Medication information for the recipient;
  2. The names, addresses, and telephone numbers of:
    - a. The recipient's medical practitioner;
    - b. The recipient's case manager, if applicable;
    - c. The behavioral health professional assigned to the recipient by the behavioral health respite home's collaborating health care institution; and
    - d. An individual to be contacted in the event of an emergency;
  3. The date and time of the recipient's acceptance by the behavioral health respite home and, if applicable, the date

- and time of the recipient's release from the behavioral health respite home;
4. If applicable, the name and contact information of the recipient's representative and:
  - a. If the recipient is 18 years of age or older or an emancipated minor, the document signed by the recipient consenting for the recipient's representative to act on the recipient's behalf; or
  - b. If the recipient's representative:
    - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
    - ii. Is a legal guardian, a copy of the court order establishing guardianship;
5. A copy of the recipient's treatment plan and any updates to the recipient's treatment plan obtained from the behavioral health respite home's collaborating health care institution;
6. For a recipient receiving assistance in the self-administration of medication, documentation that includes for each medication:
  - a. The date and time of assistance;
  - b. The name, strength, dosage, and route of administration;
  - c. The provider's signature or first and last initials; and
  - d. Any adverse reaction the recipient has to the medication;
7. Documentation of the recipient's refusal of a medication, if applicable;
8. Documentation of any significant change in the recipient's behavior or physical, cognitive, or functional condition and the action taken by a provider to address the recipient's changing needs;
9. If applicable, documentation of any actions taken to control the recipient's sudden, intense, or out-of-control behavior to prevent harm to the recipient or another individual;
10. If applicable, documentation of a notification to the behavioral health respite home's collaborating health care institution of an unexpected self-release of the recipient; and
11. A written notice of release from the behavioral health respite home, if applicable.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1607 renumbered to R9-10-1608; new Section R9-10-1607 renumbered from R9-10-1606 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1608. Food Services**

A provider shall ensure that:

1. Food is obtained, handled, and stored to prevent contamination, spoilage, or a threat to the health of a recipient;
2. Three nutritionally balanced meals are served each day;
3. Nutritious snacks are available between meals;
4. Food served meets any special dietary needs of a recipient as prescribed by the recipient's physician or registered dietitian; and
5. Chemicals and detergents are not stored with food.

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**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1608 renumbered to R9-10-1609; new Section R9-10-1608 renumbered from R9-10-1607 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1609. Emergency and Safety Standards**

A provider shall ensure that:

1. A first aid kit is available at a behavioral health respite home sufficient to meet the needs of recipients;
2. If a firearm or ammunition for a firearm is stored at a behavioral health respite home:
  - a. The firearm is stored separate from the ammunition for the firearm; and
  - b. The firearm and the ammunition for the firearm are:
    - i. Stored in a locked closet, cabinet, or container; and
    - ii. Inaccessible to a recipient;
3. A smoke detector is installed in:
  - a. A bedroom used by a recipient,
  - b. A hallway in a behavioral health respite home, and
  - c. A behavioral health respite home's kitchen;
4. A smoke detector required in subsection (3):
  - a. Is maintained in operable condition; and
  - b. Is battery operated or, if hard-wired into the electrical system of a behavioral health respite home, has a back-up battery;
5. A behavioral health respite home has a portable fire extinguisher that is labeled 1A-10-BC by the Underwriters Laboratory and available in the behavioral health respite home's kitchen;
6. A portable fire extinguisher required in subsection (5) is:
  - a. If a disposable fire extinguisher, replaced when the fire extinguisher's indicator reaches the red zone; or
  - b. Serviced at least once every 12 months and has a tag attached to the fire extinguisher that includes the date of service;
7. A written evacuation plan is maintained and available for use by the provider and any recipient in a behavioral health respite home;
8. An evacuation drill is conducted at least once every six months; and
9. A record of an evacuation drill required in subsection (8) is maintained for at least 12 months after the date of the evacuation drill.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1609 renumbered to R9-10-1610; new Section R9-10-1609 renumbered from R9-10-1608 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1610. Environmental Standards**

A. A provider shall ensure that a behavioral health respite home:

1. Is in a building that:
  - a. Is arranged, designed, and used for the living, sleeping, and housekeeping activities for one family on a permanent basis; and
  - b. Is free of any plumbing, electrical, ventilation, mechanical, chemical, or structural hazard that may jeopardize the health or safety of a recipient;
2. Has a living room accessible at all times to a recipient;

3. Has a dining area furnished for group meals that is accessible to the provider, recipients, and any other individuals present in the behavioral health respite home;
  4. For each six individuals residing in the behavioral health respite home, including recipients, has at least one bathroom equipped with:
    - a. A working toilet that flushes and has a seat; and
    - b. A sink with running water accessible for use by a recipient;
  5. Has equipment and supplies to maintain a recipient's personal hygiene accessible to the recipient;
  6. Is clean and free from accumulations of dirt, garbage, and rubbish; and
  7. Implements a pest control program that complies with A.A.C. R3-8-201(C)(4) to minimize the presence of insects and vermin at the behavioral health respite home.
- B. A provider shall ensure that any pets or other animals allowed on the premises are:
1. Controlled to prevent endangering a recipient and to maintain sanitation;
  2. Licensed consistent with local ordinances; and
  3. For a dog or cat, vaccinated against rabies.
- C. If a swimming pool is located on the premises, a provider shall ensure that:
1. The swimming pool is equipped with the following:
    - a. An operational water circulation system that clarifies and disinfects the swimming pool water continuously and that includes at least:
      - i. A removable strainer,
      - ii. Two swimming pool inlets located on opposite sides of the swimming pool, and
      - iii. A drain located at the swimming pool's lowest point and covered by a grating that cannot be removed without using tools; and
    - b. An operational cleaning system;
  2. The swimming pool is enclosed by a wall or fence that:
    - a. Is at least five feet in height as measured on the exterior of the wall or fence;
    - b. Has no vertical openings greater than four inches across;
    - c. Has no horizontal openings, except as described in subsection (C)(2)(e);
    - d. Is not chain-link;
    - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
    - f. Has a self-closing, self-latching gate that:
      - i. Opens away from the swimming pool,
      - ii. Has a latch located at least 54 inches from the ground, and
      - iii. Is locked when the swimming pool is not in use; and
  3. A life preserver or shepherd's crook is available and accessible in the pool area.
- D. A provider shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (C)(2) is covered and locked when not in use.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1610 renumbered to R9-10-1611; new Section R9-10-1610 renumbered from R9-10-1609 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).



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Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

**R9-10-1611. Adult Behavioral Health Respite Services**

A provider shall ensure that:

1. A bedroom for use by a recipient:
  - a. Is separated from a hall, corridors, or other habitable room by floor to ceiling walls containing no interior openings except doors and is not used as a passageway to another bedroom or habitable room;
  - b. Provides sufficient space for an individual in the bedroom to have unobstructed access to the bedroom door;
  - c. Contains for each recipient using the bedroom:
    - i. A separate, adult-sized, single bed or larger bed with a clean mattress in good repair;
    - ii. Clean bedding appropriate for the season; and
    - iii. Storage space for personal effects and clothing such as shelves, a dresser, or chest of drawers; and
  - d. If used for:
    - i. Single occupancy, contains at least 60 square feet of floor space; or
    - ii. Double occupancy, contains at least 100 square feet of floor space;
2. A mirror is available to a recipient for grooming;
3. A recipient does not share a bedroom with an individual who is not a recipient;
4. No more than two recipients share a bedroom;
5. If two recipients share a bedroom, each recipient agrees, in writing, to share the bedroom; and
6. A recipient's bedroom is not used to store anything that may be a hazard to the recipient or another individual.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1611 renumbered to R9-10-1612; new Section R9-10-1611 renumbered from R9-10-1610 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1612. Children's Behavioral Health Respite Services**

- A. A provider may provide children's behavioral health respite services for up to four recipients if at least two of the recipients are siblings.
- B. For a behavioral health respite home that provides children's behavioral health respite services, a provider shall:
  1. Have a valid fingerprint clearance card according to A.R.S. § 36-425.03; and
  2. Ensure that:
    - a. If an adult other than a provider is present in the behavioral health respite home, the provider supervises the adult when and where a recipient is present;
    - b. A recipient does not share a bedroom with:
      - i. An individual that, based on the other individual's developmental levels, social skills, verbal skills, and personal history, may present a threat to the recipient;
      - ii. Except as provided in subsection (C), an adult; or
      - iii. Except as provided in subsection (B)(2)(c), an individual that is not the same gender;

- c. A recipient may share a bedroom with an individual that is not the same gender if the individual is the recipient's sibling;
- d. A bedroom used by a recipient:
  - i. If the bedroom is a private bedroom, contains at least 60 square feet of floor space, not including the closet; or
  - ii. If the bedroom is a shared bedroom:
    - (1) Contains at least 100 square feet of floor space, not including a closet, for two individual occupying the bedroom or contains at least 140 square feet of floor space, not including a closet, for three individuals occupying the bedroom;
    - (2) If there are four siblings occupying the bedroom, contains at least 140 square feet of floor space, not including a closet;
    - (3) Provides space between beds or bunk beds; and
    - (4) Provides sufficient space for an individual in the bedroom to have unobstructed access to the bedroom door;
  - iii. For a recipient under three years of age, may contain a crib;
  - iv. Except for a recipient under three years of age who has a crib, contains a bed for the recipient that is at least 36 inches wide and at least 72 inches long, and consists of at least a frame and mattress and clean linens; and
  - v. Contains individual storage space for personal effects and clothing such as shelves, a dresser, or chest of drawers;
- e. Clean linens for a bed include a mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, waterproof mattress covers as needed, and blankets to ensure warmth and comfort of a recipient;
- f. A recipient older than three years of age does not sleep in a crib;
- g. Clean and non-hazardous toys, educational materials, and physical activity equipment are available and accessible to recipients in a quantity sufficient to meet each recipient's needs and are appropriate to each recipient's age and developmental level; and
- h. The following are stored in a labeled container separate from food storage areas and inaccessible to a recipient:
  - i. Materials and chemicals labeled as a toxic substance, and
  - ii. Substances that have a child warning label and may be a hazard to a recipient.

- C. If a recipient is younger than 2 years of age and sleeps in a crib, the recipient may sleep in a crib placed in a provider's bedroom.

**Historical Note**

New Section R9-10-1612 renumbered from R9-10-1611 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**ARTICLE 17. UNCLASSIFIED HEALTH CARE INSTITUTIONS****R9-10-1701. Definitions**

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Definitions in A.R.S. § 36-401 and R9-10-101 apply in this Article unless otherwise specified.

**Historical Note**

Adopted effective July 6, 1994 (Supp. 94-3). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

**R9-10-1702. Administration**

- A.** A governing authority for a health care institution not otherwise classified or subclassified in A.R.S. Title 36, Chapter 4 or 9 A.A.C. 10 shall:
1. Consist of one or more individuals responsible for the organization, operation, and administration of the health care institution;
  2. Establish, in writing:
    - a. A health care institution's scope of services, and
    - b. Qualifications for an administrator;
  3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
  4. Adopt a quality management program according to R9-10-1703;
  5. Review and evaluate the effectiveness of the quality management program in R9-10-1703 at least once every 12 months;
  6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
    - a. Expected not to be present on a health care institution's premises for more than 30 calendar days, or
    - b. Not present on a health care institution's premises for more than 30 calendar days; and
  7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425 when there is a change in an administrator and identify the name and qualifications of the new administrator.
- B.** An administrator:
1. Is directly accountable to the governing authority of a health care institution for the daily operation of the health care institution and all services provided by or at the health care institution;
  2. Has the authority and responsibility to manage the health care institution; and
  3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the health care institution's premises and accountable for the health care institution when the administrator is not present on the health care institution's premises.
- C.** An administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
    - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers and students;
    - b. Cover orientation and in-service education for personnel members, employees, volunteers and students;
    - c. Include how a personnel member may submit a complaint relating to services provided to a patient;
    - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
    - e. Cover cardiopulmonary resuscitation training, including:
      - i. The method and content of cardiopulmonary resuscitation training,
      - ii. The qualifications for an individual providing cardiopulmonary resuscitation training,
      - iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
      - iv. The documentation that verifies that the individual has received cardiopulmonary resuscitation training;
    - f. Include a method to identify a patient to ensure the patient receives services as ordered;
    - g. Cover first aid training;
    - h. Cover patient rights, including assisting a patient who does not speak English or who has a physical or other disability to become aware of patient rights;
    - i. Cover specific steps for:
      - i. A patient to file a complaint, and
      - ii. The health care institution to respond to and resolve a patient complaint;
    - j. Cover medical records, including electronic medical records;
    - k. Cover a quality management program, including incident report and supporting documentation;
    - l. Cover contracted services;
    - m. Cover health care directives;
    - n. Cover when an individual may visit a patient in a health care institution; and
    - o. Cover fall prevention and fall recovery that complies with requirements in A.R.S. § 36-420.01;
  2. Policies and procedures for health care institution services are established, documented, and implemented to protect the health and safety of a patient that:
    - a. Cover patient screening, admission, assessment, treatment plan, transport, transfer, and discharge, if applicable;
    - b. Cover patient outings, if applicable;
    - c. Include when general consent and informed consent are required;
    - d. Cover the provision of services listed in the health care institution's scope of services;
    - e. Cover administering medication, assistance in the self-administration of medication, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances, if applicable;
    - f. Cover infection control;
    - g. Cover telehealth, if applicable;
    - h. Cover environmental services that affect patient care;
    - i. Cover smoking and the use of tobacco products on the health care institution's premises;
    - j. Cover how the health care institution will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
    - k. Cover how incidents are reported and investigated; and
    - l. Designate which employees or personnel members are required to have current certification in cardiopulmonary resuscitation and first aid training;
  3. Policies and procedures are reviewed at least once every three years and updated as needed;
  4. Policies and procedures are available to personnel members, employees, volunteers, and students; and

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5. Unless otherwise stated:
  - a. Documentation required by this Article is provided to the Department within two hours after the Department's request; and
  - b. When documentation or information is required by this Chapter to be submitted on behalf of a health care institution, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the health care institution.
- D. If applicable, an administrator shall designate a clinical director who:
  1. Provides direction for behavioral health services provided at the health care institution, and
  2. Is a behavioral health professional.
- E. An administrator shall provide written notification to the Department of a patient's:
  1. Death, if the patient's death is required to be reported according to A.R.S. § 11-593, within one working day after the patient's death; and
  2. Self-injury, within two working days after the patient inflicts a self-injury that requires immediate intervention by an emergency medical services provider.
- F. If abuse, neglect, or exploitation of a patient is alleged or suspected to have occurred before the patient was admitted or while the patient is not on the premises and not receiving services from a health care institution's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the patient as follows:
  1. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
  2. For a patient under 18 years of age, according to A.R.S. § 13-3620.
- G. If an administrator has a reasonable basis, according to A.R.S. § 13-3620 or § 46-454, to believe abuse, neglect, or exploitation has occurred on the premises or while the patient is receiving unclassified healthcare services, the administrator shall:
  1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
  2. Report the suspected abuse, neglect, or exploitation of the patient:
    - a. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
    - b. For a patient under 18 years of age, according to A.R.S. § 13-3620;
  3. Document:
    - a. The suspected abuse, neglect, or exploitation;
    - b. Any action taken according to subsection (G)(1); and
    - c. The report in subsection (G)(2);
  4. Maintain the documentation in subsection (G)(3) for at least 12 months after the date of the report in subsection (G)(2);
  5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in (G)(2):
    - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
    - b. A description of any injury to the patient related to the suspected abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;
    - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
    - d. The action taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
6. Maintain a copy of the documented information required in subsection (G)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- H. An administrator shall ensure that the following information or documents are conspicuously posted on the premises and are available upon request to a personnel member, an employee, a patient, or a patient's representative:
  1. The health care institution's current license,
  2. The evacuation plan listed in R9-10-1711, and
  3. The location at which inspection reports required in R9-10-1711(B) are available for review or can be made available for review.

**Historical Note**

Adopted effective July 6, 1994 (Supp. 94-3). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Subsection reference for inspection reports corrected at R9-10-1702(H)(3), file number R20-03 at the request of the Department (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-1703. Quality Management**

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to patients;
  - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
  - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
  - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
  - a. An identification of each concern about the delivery of services related to patient care, and
  - b. Any changes made or actions taken as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pur-

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suant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1704. Contracted Services**

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article,
2. Documentation of current contracted services that includes a description of the contracted services provided is maintained.

**Historical Note**

Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-1705. Personnel**

**A.** An administrator shall ensure that:

1. A personnel member is:
  - a. At least 21 years old, or
  - b. If providing behavioral health services, at least 18 years old;
2. An employee is at least 18 years old;
3. A student is at least 18 years old; and
4. A volunteer is at least 21 years old.

**B.** An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
  - a. Are based on:
    - i. The type of behavioral health services or physical health services expected to be provided by the personnel member according to the established job description, and
    - ii. The acuity of participants receiving behavioral health services or physical health services from the personnel member according to the established job description;
  - b. Include:
    - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
    - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
    - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
  - a. Before the personnel member provides physical health services or behavioral health services, and
  - b. According to policies and procedures;

3. Sufficient personnel members are present on a health care institution's premises with the qualifications, skills, and knowledge necessary to:
  - a. Provide the services in the health care institution's scope of services,
  - b. Meet the needs of a patient, and
  - c. Ensure the health and safety of a patient.

**C.** An administrator shall ensure that:

1. A plan to provide orientation specific to the duties of a personnel member, employee, volunteer, and student is developed, documented, and implemented;
2. A personnel member completes orientation before providing behavioral health services or physical health services;
3. An individual's orientation is documented, to include:
  - a. The individual's name,
  - b. The date of the orientation, and
  - c. The subject or topics covered in the orientation;
4. A plan to provide in-service education specific to the duties of a personnel member is developed;
5. A personnel member's in-service education is documented, to include:
  - a. The personnel member's name,
  - b. The date of the training, and
  - c. The subject or topics covered in the training; and
6. A work schedule of each personnel member is developed and maintained at the health care institution for at least 12 months after the date of the work schedule.

**D.** An administrator shall ensure that a personnel member, or an employee, a volunteer, or a student who has or is expected to have direct interaction with a patient, provides evidence of freedom from infectious tuberculosis:

- a. On or before the date the individual begins providing services at or on behalf of the unclassified healthcare institution, and
- b. As specified in R9-10-113.

**E.** An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:

1. The individual's name, date of birth, and contact telephone number;
2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
3. Documentation of:
  - a. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
  - b. The individual's education and experience applicable to the individual's job duties;
  - c. The individual's completed orientation and in-service education as required by policies and procedures;
  - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
  - e. If the health care institution provides services to children, the individual's compliance with the fingerprinting requirements in A.R.S. § 36-425.03;
  - f. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-1702(C)(2)(I);
  - g. First aid training, if required for the individual according to this Article or policies and procedures; and

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- h. Evidence of freedom from infectious tuberculosis, if the individual is required to provide evidence of freedom according to subsection (D).
- F.** An administrator shall ensure that personnel records are:
1. Maintained:
    - a. Throughout an individual's period of providing services in or for the health care institution, and
    - b. For at least 24 months after the last date the individual provided services in or for the health care institution; and
  2. For a personnel member who has not provided physical health services or behavioral health services at or for the health care institution during the previous 12 months, provided to the Department within 72 hours after the Department's request.
- G.** An administrator shall ensure that at least one personnel member who is present at the health care institution during the hours of the health care institution operation has first-aid training and cardiopulmonary resuscitation certification specific to the populations served by the health care institution.
- H.** An administrator shall ensure that a fall prevention and fall recovery program that complies with requirements in A.R.S. § 36-420.01 is developed, documented, and implemented.
4. A transport to another licensed health care institution in an emergency.
- C.** Except for a transfer of a patient due to an emergency, an administrator shall ensure that:
1. A personnel member coordinates the transfer and the services provided to the patient;
  2. According to policies and procedures:
    - a. An evaluation of the patient is conducted before the transfer;
    - b. Information in the patient's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
    - c. A personnel member explains the risks and benefits of the transfer to the patient or the patient's representative; and
  3. Documentation in the patient's medical record includes:
    - a. Communication with an individual at a receiving health care institution;
    - b. The date and time of the transfer;
    - c. The mode of transportation; and
    - d. If applicable, the name of the personnel member accompanying the patient during a transfer.

**Historical Note**

Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**Historical Note**

Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-1706. Transport; Transfer**

- A.** Except as provided in subsection (B), an administrator shall ensure that:
1. A personnel member coordinates the transport and the services provided to the patient;
  2. According to policies and procedures:
    - a. An evaluation of the patient is conducted before and after the transport,
    - b. Information in the patient's medical record is provided to a receiving health care institution, and
    - c. A personnel member explains risks and benefits of the transport to the patient or the patient's representative; and
  3. Documentation in the patient's medical record includes:
    - a. Communication with an individual at a receiving health care institution;
    - b. The date and time of the transport;
    - c. The mode of transportation; and
    - d. If applicable, the personnel member accompanying the patient during a transport.
- B.** Subsection (A) does not apply to:
1. Transportation to a location other than a licensed health care institution,
  2. Transportation provided for a patient by the patient or the patient's representative,
  3. Transportation provided by an outside entity that was arranged for a patient by the patient or the patient's representative, or
- R9-10-1707. Patient Rights**
- A.** An administrator shall ensure that:
1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
  2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
  3. Policies and procedures include:
    - a. How and when a patient or the patient's representative is informed of patient rights in subsection (C), and
    - b. Where patient rights are posted as required in subsection (A)(1).
- B.** An administrator shall ensure that:
1. A patient is treated with dignity, respect, and consideration;
  2. A patient is not subjected to:
    - a. Abuse;
    - b. Neglect;
    - c. Exploitation;
    - d. Coercion;
    - e. Manipulation;
    - f. Sexual abuse;
    - g. Sexual assault;
    - h. Seclusion;
    - i. Restraint;
    - j. Retaliation for submitting a complaint to the Department or another entity; or

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- k. Misappropriation of personal and private property by the unclassified health care institution's personnel members, employees, volunteers, or students; and
    - 3. A patient or the patient's representative:
      - a. Is informed of the patient complaint process;
      - b. Consents to photographs of the patient before the patient is photographed, except that a patient may be photographed when admitted to a health care institution for identification and administrative purposes; and
      - c. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
        - i. Medical record, or
        - ii. Financial records.
  - C. A patient has the following rights:
    - 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
    - 2. To receive services that support and respect the patient's individuality, choices, strengths, and abilities;
    - 3. To receive privacy in care for personal needs;
    - 4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
    - 5. To receive a referral to another health care institution if the provider is not authorized or not able to provide physical health services or behavioral health services needed by the patient; and
    - 6. To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the patient's rights.
- Historical Note**
- Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).
- R9-10-1708. Medical Records**
- A. An administrator shall ensure that:
    - 1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
    - 2. An entry in a patient's medical record is:
      - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
      - b. Dated, legible, and authenticated; and
      - c. Not changed to make the entry illegible;
    - 3. An order is:
      - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
      - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
      - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
    - 4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
  - 5. A patient's medical record is available to an individual:
    - a. Authorized according to policies and procedures to access the patient's medical record;
    - b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative; or
    - c. As permitted by law;
  - 6. Policies and procedures include the maximum time-frame to retrieve a patient's medical record at the request of a medical practitioner, behavioral health professional, or authorized personnel member; and
  - 7. A patient's medical record is protected from loss, damage, or unauthorized use.
- B.** If a health care institution maintains a patient's medical records electronically, an administrator shall ensure that:
- 1. Safeguards exist to prevent unauthorized access, and
  - 2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a patient's medical record contains:
- 1. Patient information that includes:
    - a. The patient's name;
    - b. The patient's address;
    - c. The patient's date of birth; and
    - d. Any known allergies, including medication allergies;
  - 2. The name of the admitting medical practitioner or behavioral health professional;
  - 3. The date of admission and, if applicable, the date of discharge;
  - 4. An admitting diagnosis;
  - 5. If applicable, the name and contact information of the patient's representative and:
    - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
    - b. If the patient's representative:
      - i. Is a legal guardian, a copy of the court order establishing guardianship; or
      - ii. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney;
  - 6. If applicable, documented general consent and informed consent by the patient or the patient's representative;
  - 7. Documentation of medical history and results of a physical examination;
  - 8. A copy of the patient's health care directive, if applicable;
  - 9. Orders;
  - 10. Assessment;
  - 11. Treatment plans;
  - 12. Interval note;
  - 13. Progress notes;
  - 14. Documentation of health care institution services provided to the patient;
  - 15. Disposition of the patient after discharge;
  - 16. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
  - 17. Discharge plan;

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18. A discharge summary, if applicable;
  19. If applicable:
    - a. Laboratory reports,
    - b. Radiologic reports,
    - c. Diagnostic reports, and
    - d. Consultation reports; and
  20. Documentation of a medication administered to the patient that includes:
    - a. The date and time of administration;
    - b. The name, strength, dosage, and route of administration;
    - c. For a medication administered for pain, when initially administered or PRN:
      - i. An assessment of the patient's pain before administering the medication, and
      - ii. The effect of the medication administered;
    - d. For a psychotropic medication, when initially administered or PRN:
      - i. An assessment of the patient's behavior before administering the psychotropic medication, and
      - ii. The effect of the psychotropic medication administered;
    - e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication; and
    - f. Any adverse reaction a patient has to the medication.
2. A process is specified for review through the quality management program of:
    - a. A medication administration error, and
    - b. An adverse reaction to a medication.
  - B. If a health care institution provides medication administration, an administrator shall ensure that:
    1. Medication is stored by the health care institution;
    2. Policies and procedures for medication administration:
      - a. Are reviewed and approved by a medical practitioner;
      - b. Specify the individuals who may:
        - i. Order medication, and
        - ii. Administer medication;
      - c. Ensure that medication is administered to a patient only as prescribed; and
      - d. Cover the documentation of a patient's refusal to take prescribed medication in the patient's medical record;
    3. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
    4. A medication administered to a patient:
      - a. Is administered in compliance with an order, and
      - b. Is documented in the patient's medical record.
  - C. If a health care institution provides assistance in the self-administration of medication, an administrator shall ensure that:
    1. A patient's medication is stored by the health care institution;
    2. The following assistance is provided to a patient:
      - a. A reminder when it is time to take the medication;
      - b. Opening the medication container for the patient;
      - c. Observing the patient while the patient removes the medication from the container;
      - d. Verifying that the medication is taken as ordered by the patient's medical practitioner by confirming that:
        - i. The patient taking the medication is the individual stated on the medication container label,
        - ii. The patient is taking the dosage of the medication as stated on the medication container label, and
        - iii. The patient is taking the medication at the time stated on the medication container label; or
      - e. Observing the patient while the patient takes the medication;
    3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or registered nurse;
    4. Training for a personnel member, other than a medical practitioner or registered nurse, in assistance in the self-administration of medication:
      - a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse; and
      - b. Includes:
        - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
        - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
        - iii. Process for notifying the appropriate entities when an emergency medical intervention is needed;

**Historical Note**

Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1709. Medication Services****A. An administrator shall ensure that:**

1. Policies and procedures for medication services include:
  - a. A process for providing information to a patient about medication prescribed for the patient including the prescribed medications:
    - i. Anticipated results,
    - ii. Potential adverse reactions,
    - iii. Potential side effects, and
    - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
  - b. Procedures for preventing, responding to, and reporting a medication error;
  - c. Procedures for responding to and reporting an unexpected reaction to a medication;
  - d. Procedures to ensure that a patient's medication regimen and method of administration is reviewed by a medical practitioner and to ensure the medication regimen meets the patient's needs;
  - e. Procedures for:
    - i. Documenting, as applicable, medication administration and assistance in the self-administration of medication; and
    - ii. Monitoring a patient who self-administers medication;
  - f. Procedures for assisting a patient in obtaining medication; and
  - g. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and

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5. A personnel member, other than a medical practitioner or registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
6. Assistance in the self-administration of medication provided to a patient:
  - a. Is in compliance with an order, and
  - b. Is documented in the patient's medical record.
- D. An administrator shall ensure that:
  1. A current drug reference guide is available for use by personnel members;
  2. A current toxicology reference guide is available for use by personnel members; and
  3. If pharmaceutical services are provided on the premises:
    - a. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures, is established to:
      - i. Develop a drug formulary,
      - ii. Update the drug formulary at least once every 12 months,
      - iii. Develop medication usage and medication substitution policies and procedures, and
      - iv. Specify which medications and medication classifications are required to be automatically stopped after a specific time period unless the ordering medical practitioner specifically orders otherwise;
    - b. The pharmaceutical services are provided under the direction of a pharmacist;
    - c. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
    - d. A copy of the pharmacy license is provided to the Department upon request.
- E. When medication is stored at a health care institution, an administrator shall ensure that:
  1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
  2. Medication is stored according to the instructions on the medication container; and
  3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient for:
    - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
    - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
    - c. A medication recall and notification of patients who received recalled medication;
    - d. Storing, inventorying, and dispensing controlled substances;
    - e. If applicable, donated medicine according to A.R.S. § 32-1909.
- F. An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the health care institution's clinical director.

**Historical Note**

Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19

A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-1710. Food Services**

If food services are provided, an administrator shall ensure:

1. Food is obtained, handled, and stored to prevent contamination, spoilage, or a threat to the health of a patient;
2. Three nutritionally balanced meals are served each day;
3. Nutritious snacks are available between meals;
4. Food served meets any special dietary needs of a patient as prescribed by the patient's physician or dietitian; and
5. Chemicals and detergents are not stored with food.

**Historical Note**

Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

**R9-10-1711. Emergency and Safety Standards**

A. An administrator shall ensure that:

1. A first aid kit is available at a health care institution;
2. If a firearm or ammunition for a firearm are stored at a health care institution:
  - a. The firearm is stored separate from the ammunition for the firearm; and
  - b. The firearm and the ammunition for the firearm are:
    - i. Stored in a locked closet, cabinet, or container; and
    - ii. Inaccessible to a patient;
3. If applicable, there is a smoke detector installed in:
  - a. A bedroom used by a patient,
  - b. A hallway in a health care institution, and
  - c. A health care institution's kitchen;
4. A smoke detector required in subsection (A)(3):
  - a. Is maintained in operable condition; and
  - b. Is battery operated or, if hard-wired into the electrical system of a health care institution, has a back-up battery;
5. A health care institution has a portable fire extinguisher that is labeled 1A-10-BC by the Underwriters Laboratory and is available to a personnel member;
6. A portable fire extinguisher required in subsection (A)(5) is:
  - a. If a disposable fire extinguisher, replaced when the fire extinguisher's indicator reaches the red zone; or
  - b. Serviced at least once every 12 months and has a tag attached to the fire extinguisher that includes the date of service;
7. A written evacuation plan is maintained and available for use by personnel members and any patient in a health care institution;
8. An evacuation drill is conducted at least once every six months; and
9. A record of an evacuation drill required in subsection (A)(8) is maintained for at least 12 months after the date of the evacuation drill.

B. An administrator shall:

1. Obtain a fire inspection conducted according to the timeframe established by the local fire department or the State Fire Marshal,
2. Make any repairs or corrections stated on the fire inspection report, and



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3. Maintain documentation of a current fire inspection.

**Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Section repealed; new Section adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1712. Physical Plant, Environmental Services, and Equipment Standards**

- A. If applicable, an administrator shall ensure that a health care institution:

1. Is in a building that:
  - a. Has a certificate of occupancy from the local jurisdiction; and
  - b. Is free of any plumbing, electrical, ventilation, mechanical, or structural hazard that may jeopardize the health or safety of a patient;
2. Has a living room accessible at all times to a patient;
3. Has a dining area furnished for group meals that is accessible to the provider, patients, and any other individuals present in the health care institution;
4. Has:
  - a. At least one bathroom for every six individuals residing in the health care institution, including patients; and
  - b. A bathroom accessible for use by a patient that contains:
    - i. A working sink with running water, and
    - ii. A working toilet that flushes and has a seat; and
5. Has equipment and supplies to maintain a patient's personal hygiene that are accessible to the patient.

- B. An administrator shall ensure that:

1. A health care institution's premises are:
  - a. Sufficient to provide the health care institution's scope of services;
  - b. Cleaned and disinfected according to the health care institution's policies and procedures to prevent, minimize, and control illness and infection;
  - c. Clean and free from accumulations of dirt, garbage, and rubbish; and
  - d. Free from a condition or situation that may cause an individual to suffer physical injury;
2. If a health care institution collects urine or stool specimens from a patient, the health care institution has at least one bathroom that:
  - a. Contains:
    - i. A working sink with running water,
    - ii. A working toilet that flushes and has a seat,
    - iii. Toilet tissue,
    - iv. Soap for hand washing,
    - v. Paper towels or a mechanical air hand dryer,
    - vi. Lighting, and
    - vii. A means of ventilation; and
  - b. Is for the exclusive use of the health care institution;
3. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
4. If pets or animals are allowed in the health care institution, pets or animals are:
  - a. Controlled to prevent endangering the patients and to maintain sanitation;
  - b. Licensed consistent with local ordinances; and

- c. For a dog or a cat, vaccinated against rabies;
5. A smoke-free environment is maintained on the premises;
6. A refrigerator used to store a medication is:
  - a. Maintained in working order, and
  - b. Only used to store medications;
7. Equipment at the health care institution is:
  - a. Sufficient to provide the health care institution's scope of service;
  - b. Maintained in working condition;
  - c. Used according to the manufacturer's recommendations; and
  - d. If applicable, tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures;
8. Documentation of an equipment test, calibration, and repair is maintained for at least 12 months after the date of testing, calibration, or repair; and
9. Combustible or flammable liquids and hazardous materials stored by the health care institution are stored in the original labeled containers or safety containers in a storage area that is locked and inaccessible to patients.

**Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Section repealed, new Section adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-1713. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Section repealed, new Section adopted effective July 6, 1994 (Supp. 94-3). Section repealed by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

**R9-10-1714. Reserved****R9-10-1715. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

**R9-10-1716. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

**R9-10-1717. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

**R9-10-1718. Repealed**

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**Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

**R9-10-1719. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

**R9-10-1720. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

**R9-10-1721. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

**R9-10-1722. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

**R9-10-1723. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

**R9-10-1724. Reserved****R9-10-1725. Reserved****R9-10-1726. Reserved****R9-10-1727. Reserved****R9-10-1728. Reserved****R9-10-1729. Reserved****R9-10-1730. Reserved****R9-10-1731. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

**R9-10-1732. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

**R9-10-1733. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Corrections: R9-10-1733(B)(2), correction in spelling, "architectural"; R9-10-1733(C)(1)(d), 100 square feet, corrected to read "1000" square feet, as certified effective July 24, 1978 (Supp. 87-2). Repealed effective July 6, 1994 (Supp. 94-3).

**R9-10-1734. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

**ARTICLE 18. ADULT BEHAVIORAL HEALTH THERAPEUTIC HOMES****R9-10-1801. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definitions apply in this Article unless otherwise specified:

1. "Acceptance" means, after a referral from a collaborating health care institution, an individual begins to live in and receive services from a provider in an adult behavioral health therapeutic home.
2. "Backup provider" means an individual designated by a provider to be present in an adult behavioral health therapeutic home, when a provider is not present, who ensures that a resident receives the behavioral health services and ancillary services in the resident's treatment plan.
3. "Provider" means an individual who lives in an adult behavioral health therapeutic home and ensures that a resident receives the behavioral health services and ancillary services in the resident's treatment plan.
4. "Release" means a documented termination of services to a resident by a provider that is authorized by a collaborating health care institution.
5. "Resident" means an individual referred by a collaborating health care institution to and accepted by an adult behavioral health therapeutic home.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1802. Supplemental Application Requirements; Exemption**

- A.** In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, an applicant shall include, in a format provided by the Department:
1. The name of the backup provider; and
  2. For the adult behavioral health therapeutic home's collaborating health care institution:
    - a. Name,
    - b. Address,
    - c. Class or subclass,
    - d. License number, and
    - e. Name and contact information for an individual assigned by the collaborating health care institution to monitor the adult behavioral health therapeutic home.
- B.** An adult behavioral health therapeutic home is exempt from complying with building codes or zoning standards required in 9 A.A.C. 10, Article 1 specified in A.R.S. § 36-421.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 28 A.A.R. 871 (April 29, 2022), with an immediate effective date of April 8, 2022 (Supp. 22-2).

**R9-10-1803. Administration**

- A.** A governing authority of an adult behavioral health therapeutic home:
1. Consists of no more than two providers, who live in the adult behavioral health therapeutic home;
  2. Has the authority and responsibility to manage the adult behavioral health therapeutic home;

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3. Has a documented agreement with a collaborating health care institution that establishes the responsibilities of the adult behavioral health therapeutic home and the collaborating health care institution, consistent with the requirements in this Chapter;
  4. Shall establish, in writing, the adult behavioral health therapeutic home's scope of services, which are approved by the collaborating health care institution;
  5. Shall designate a back-up provider to be present in the adult behavioral health therapeutic home and accountable for services provided by the adult behavioral health therapeutic home when the provider is not present at the adult behavioral health therapeutic home; and
  6. Shall ensure that:
    - a. No more than three residents are accepted by the adult behavioral health therapeutic home;
    - b. Documentation required by this Article is provided to the Department within two hours after a Department request; and
    - c. When documentation or information is required by this Chapter to be submitted on behalf of the adult behavioral health therapeutic home, the documentation or information is provided to the unit in the Department that is responsible for licensing the adult behavioral health therapeutic home.
- B.** A provider or back-up provider:
1. Is at least 21 years of age;
  2. Holds current certification in cardiopulmonary resuscitation and first aid training applicable to the ages of residents;
  3. Has the skills and knowledge established by the collaborating health care institution as specified in R9-10-118;
  4. Has documentation of completion of training in assistance in the self-administration of medication as specified in R9-10-118; and
  5. Has documentation of evidence of freedom from infectious tuberculosis:
    - a. On or before the date the provider or back-up provider begins providing services at or on behalf of the adult behavioral health therapeutic home, and
    - b. As specified in R9-10-113.
- C.** A provider shall ensure that policies and procedures are:
1. Established, documented, and implemented to protect the health and safety of a resident that cover:
    - a. Recordkeeping;
    - b. Resident acceptance and release;
    - c. Resident rights;
    - d. The provision of services, including coordinating the provision of behavioral health services;
    - e. Residents' medical records, including electronic medical records;
    - f. Assistance in the self-administration of medication;
    - g. Infection control; and
    - h. How a provider will respond to a resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;
  2. Approved, in writing, by an adult behavioral health therapeutic home's collaborating health care institution before implementation and when the policies and procedures are reviewed or updated; and
  3. Reviewed by the provider and an adult behavioral health therapeutic home's collaborating health care institution at least once every three years and updated as needed.
- D.** A provider shall provide written notification to the Department and the adult behavioral health therapeutic home's collaborating health care institution of a resident's:
1. Death, if the resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death; and
  2. Self-injury, within two working days after the resident inflicts a self-injury that requires immediate intervention by an emergency medical services provider.
- E.** If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was accepted or while the resident is not at an adult behavioral health therapeutic home and not receiving services from the adult behavioral health therapeutic home, a provider shall report the alleged or suspected abuse, neglect, or exploitation of the resident according to A.R.S. § 46-454.
- F.** If a provider has a reasonable basis, according to A.R.S. § 46-454, to believe abuse, neglect, or exploitation has occurred on the premises or while a resident is receiving adult behavioral health therapeutic services, the provider shall:
1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
  2. Immediately report the suspected abuse, neglect, or exploitation of the resident as follows:
    - a. To the adult behavioral health therapeutic home's collaborating health care institution; and
    - b. According to A.R.S. § 46-454;
  3. Document:
    - a. The suspected abuse, neglect, or exploitation;
    - b. Any action taken according to subsection (F)(1); and
    - c. The report in subsection (F)(2);
  4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
  5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
    - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
    - b. A description of any injury to the resident related to the suspected abuse or neglect and any change to the resident's physical, cognitive, functional, or emotional condition;
    - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
    - d. The actions taken by the provider to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
  6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- G.** A provider shall maintain a record for each provider and backup provider that includes:
1. For the provider and the backup provider:
    - a. Name;
    - b. Date of birth;
    - c. Contact telephone number; and
    - d. Documentation of:
      - i. Verification of skills and knowledge, completed by the adult behavioral health therapeutic home's collaborating health care institution;

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- ii. Certification in cardiopulmonary resuscitation and first aid training;
  - iii. Completion of training in assistance in the self-administration of medication, provided by the adult behavioral health therapeutic home's collaborating health care institution;
  - iv. If the provider or backup provider provides behavioral health services, clinical oversight as required in R9-10-1805(C); and
  - v. Evidence of freedom from infectious tuberculosis; and
2. For the backup provider, home address.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1804. Resident Rights**

- A.** A provider shall ensure that:
- 1. A resident is treated with dignity, respect, and consideration;
  - 2. A resident is not subjected to:
    - a. Abuse;
    - b. Neglect;
    - c. Exploitation;
    - d. Coercion;
    - e. Manipulation;
    - f. Sexual abuse;
    - g. Sexual assault;
    - h. Seclusion;
    - i. Restraint;
    - j. Retaliation for submitting a complaint to the Department or another entity; or
  - k. Misappropriation of personal and private property by:
    - i. An adult behavioral health therapeutic home's provider or backup provider, or
    - ii. An individual other than a resident residing in the adult behavioral health therapeutic home; and
  - 3. A resident or the resident's representative:
    - a. Is informed of the resident complaint process;
    - b. Consents to photographs of the resident before the resident is photographed, except that the resident may be photographed when accepted by an adult behavioral health therapeutic home for identification and administrative purposes; and
    - c. Except as otherwise permitted by law, provides written consent to the release of information in the resident's medical record.
- B.** A resident has the following rights:
- 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
  - 2. To receive services that support and respect the resident's individuality, choices, strengths, and abilities;
  - 3. To receive privacy in care for personal needs;
  - 4. To review, upon written request, the resident's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
  - 5. To receive a referral to another health care institution if the provider is not authorized or not able to provide physical health services or behavioral health services needed by the resident; and

- 6. To receive assistance from a family member, resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1805. Providing Services**

- A.** A provider shall ensure that behavioral health services and ancillary services are provided to a resident according to the resident's treatment plan obtained from the adult behavioral health therapeutic home's collaborating health care institution.
- B.** A provider shall submit documentation of any significant change in a resident's behavior or physical, cognitive, or functional condition and the action taken by the provider to address the resident's changing needs to the adult behavioral health therapeutic home's collaborating health care institution or, if applicable, the resident's case manager.
- C.** A provider who provides behavioral health services to a resident:
- 1. For the purpose of an exception to licensing in A.R.S. § 32-3271, is considered a behavioral health technician; and
  - 2. Shall comply with the requirements for clinical oversight for a behavioral health technician in R9-10-115.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1806. Assistance in the Self-Administration of Medication**

- A.** If a provider provides assistance in the self-administration of medication, the provider shall ensure that:
- 1. If a resident is receiving assistance in the self-administration of medication, the resident's medication is stored by the provider;
  - 2. The following assistance is provided to a resident:
    - a. A reminder when it is time to take the medication;
    - b. Opening the medication container or medication organizer for the resident;
    - c. Observing the resident while the resident removes the medication from the medication container or medication organizer;
    - d. Verifying that the medication is taken as ordered by the resident's medical practitioner by confirming that:
      - i. The resident taking the medication is the individual stated on the medication container label,
      - ii. The resident is taking the dosage of the medication as stated on the medication container label, and
      - iii. The resident is taking the medication at the time stated on the medication container label; or
    - e. Observing the resident while the resident takes the medication; and
  - 3. Assistance in the self-administration of medication provided to a resident is documented in the resident's medical record.
- B.** When medication is stored by a provider, the provider shall ensure that:

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1. A locked cabinet, closet, or self-contained unit is used for medication storage;
  2. Medication is stored according to the instructions on the medication container; and
  3. Medication, including expired medication, that is no longer being used is discarded.
- C. A provider shall immediately report a medication error or a resident's adverse reaction to a medication to the:
1. Medical practitioner who ordered the medication, or
  2. Contact individual at an adult behavioral health therapeutic home's collaborating health care institution.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1807. Medical Records**

- A. A provider shall ensure that:
1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
  2. An entry in a resident's medical record is:
    - a. Only recorded by the provider or individual designated by the provider to record an entry;
    - b. Dated, legible, and authenticated; and
    - c. Not changed to make the initial entry illegible;
  3. A resident's medical record is available to an individual:
    - a. Authorized by policies and procedures to access the resident's medical record;
    - b. If the individual is not authorized according to policies and procedures, with the written consent of the resident or the resident's representative; or
    - c. As permitted by law; and
  4. A resident's medical record is protected from loss, damage, or unauthorized use.
- B. If a provider maintains residents' medical records electronically, the provider shall ensure that safeguards exist to prevent unauthorized access.
- C. A provider shall ensure that a resident's medical record contains:
1. Resident information that includes:
    - a. The resident's name,
    - b. The resident's date of birth,
    - c. Any known allergies, and
    - d. Medication information for the resident;
  2. The names, addresses, and telephone numbers of:
    - a. The resident's medical practitioner;
    - b. The resident's case manager, if applicable;
    - c. The behavioral health professional assigned to the resident by the adult behavioral health therapeutic home's collaborating health care institution; and
    - d. An individual to be contacted in the event of an emergency;
  3. The date of the resident's acceptance by the adult behavioral health therapeutic home and, if applicable, the date of the resident's release from the adult behavioral health therapeutic home;
  4. If applicable, the name and contact information of the resident's representative and:
    - a. The document signed by the resident consenting for the resident's representative to act on the resident's behalf; or
    - b. If the resident's representative:

- i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
  - ii. Is a legal guardian, a copy of the court order establishing guardianship;
5. A copy of the resident's treatment plan and any updates to the resident's treatment plan, obtained from the adult behavioral health therapeutic home's collaborating health care institution;
  6. For a resident receiving assistance in the self-administration of medication, documentation that includes for each medication:
    - a. The date and time of assistance;
    - b. The name, strength, dosage, and route of administration;
    - c. The provider's signature or first and last initials; and
    - d. Any adverse reaction the resident has to the medication;
  7. Documentation of the resident's refusal of a medication, if applicable;
  8. Documentation of any significant change in a resident's behavior or physical, cognitive, or functional condition and the action taken by a provider to address the resident's changing needs;
  9. If applicable, documentation of any actions taken to control the resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual; and
  10. If applicable, a written notice of termination of residency.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1808. Food Services**

A provider shall ensure that:

1. Food is obtained, handled, and stored to prevent contamination, spoilage, or a threat to the health of a resident;
2. Three nutritionally balanced meals are served each day;
3. Nutritious snacks are available between meals;
4. Food served meets any special dietary needs of a resident as prescribed by the resident's physician or registered dietitian; and
5. Chemicals or detergents are not stored with food.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1809. Emergency and Safety Standards**

A provider shall ensure that:

1. A first aid kit is available at an adult behavioral health therapeutic home sufficient to meet the needs of residents;
2. If a firearm or ammunition for a firearm is stored at an adult behavioral health therapeutic home:
  - a. The firearm is stored separate from the ammunition for the firearm; and
  - b. The firearm and the ammunition for the firearm are:
    - i. Stored in a locked closet, cabinet, or container; and
    - ii. Inaccessible to a resident;

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3. A smoke detector is installed in:
  - a. A bedroom used by a resident,
  - b. A hallway in an adult behavioral health therapeutic home, and
  - c. An adult behavioral health therapeutic home's kitchen;
4. A smoke detector required in subsection (3):
  - a. Is maintained in operable condition; and
  - b. Is battery operated or, if hard-wired into the electrical system of an adult behavioral health therapeutic home, has a back-up battery;
5. An adult behavioral health therapeutic home has a portable fire extinguisher that is labeled 1A-10-BC by the Underwriters Laboratory and available in the adult behavioral health therapeutic home's kitchen;
6. A portable fire extinguisher required in subsection (5) is:
  - a. If a disposable fire extinguisher, replaced when the fire extinguisher's indicator reaches the red zone; or
  - b. Serviced at least once every 12 months and has a tag attached to the fire extinguisher that includes the date of service;
7. A written evacuation plan is maintained and available for use by the provider and any resident in an adult behavioral health therapeutic home;
8. An evacuation drill is conducted at least once every six months; and
9. A record of an evacuation drill required in subsection (8) is maintained for at least one year after the date of the evacuation drill.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1810. Physical Plant, Environmental Services, and Equipment Standards**

- A. A provider shall ensure that an adult behavioral health therapeutic home:
  1. Is in a building that:
    - a. Is arranged, designed, and used for the living, sleeping, and housekeeping activities for one family on a permanent basis; and
    - b. Is free of any plumbing, electrical, ventilation, mechanical, chemical, or structural hazard that may jeopardize the health or safety of a resident;
  2. Has a living room accessible at all times to a resident;
  3. Has a dining area furnished for group meals that is accessible to the provider, residents, and any other individuals present in the adult behavioral health therapeutic home;
  4. For each six individuals residing in the adult behavioral health therapeutic home, including residents, has at least one bathroom equipped with:
    - a. A working toilet that flushes and has a seat; and
    - b. A sink with running water accessible for use by a resident;
  5. Has equipment and supplies to maintain a resident's personal hygiene that are accessible to the resident;
  6. Is clean and free from accumulations of dirt, garbage, and rubbish; and
  7. Implements a pest control program that complies with A.A.C. R3-8-201(C)(4) to minimize the presence of insects and vermin at the adult behavioral health therapeutic home.
- B. A provider shall ensure that pets and animals are:

1. Controlled to prevent endangering the residents and to maintain sanitation;
  2. Licensed consistent with local ordinances; and
  3. For a dog or cat, vaccinated against rabies.
- C. If a swimming pool is located on the premises, a provider shall ensure that:
    1. The swimming pool is equipped with the following:
      - a. An operational water circulation system that clarifies and disinfects the swimming pool water continuously and that includes at least:
        - i. A removable strainer,
        - ii. Two swimming pool inlets located on opposite sides of the swimming pool, and
        - iii. A drain located at the swimming pool's lowest point and covered by a grating that cannot be removed without using tools; and
      - b. An operational cleaning system;
    2. The swimming pool is enclosed by a wall or fence that:
      - a. Is at least five feet in height as measured on the exterior of the wall or fence;
      - b. Has no vertical openings greater than four inches across;
      - c. Has no horizontal openings, except as described in subsection (C)(2)(e);
      - d. Is not chain-link;
      - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
      - f. Has a self-closing, self-latching gate that:
        - i. Opens away from the swimming pool,
        - ii. Has a latch located at least 54 inches from the ground, and
        - iii. Is locked when the swimming pool is not in use; and
    3. A life preserver or shepherd's crook is available and accessible in the pool area.
  - D. A provider shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (C)(2) is covered and locked when not in use.
  - E. A provider shall ensure that:
    1. A bedroom for use by a resident:
      - a. Is separated from a hall, corridors, or other habitable room by floor-to-ceiling walls containing no interior openings except doors and is not used as a passageway to another bedroom or habitable room;
      - b. Provides sufficient space for an individual in the bedroom to have unobstructed access to the bedroom door;
      - c. Contains for each resident using the bedroom:
        - i. A separate, adult-sized, single bed or larger bed with a clean mattress in good repair;
        - ii. Clean bedding appropriate for the season; and
        - iii. An individual dresser and closet for storage of personal possessions and clothing; and
      - d. If used for:
        - i. Single occupancy, contains at least 60 square feet of floor space; or
        - ii. Double occupancy, contains at least 100 square feet of floor space; and
    2. A mirror is available to a resident for grooming;
    3. A resident does not share a bedroom with an individual who is not a resident;
    4. No more than two residents share a bedroom;

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5. If two residents share a bedroom, each resident agrees, in writing, to share the bedroom; and
6. A resident's bedroom is not used to store anything other than the furniture and articles used by the resident and the resident's belongings.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

**ARTICLE 19. COUNSELING FACILITIES****R9-10-1901. Repealed****Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Repealed by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-1902. Supplemental Application Requirements**

In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, a governing authority applying for a license as a counseling facility shall submit, in a format provided by the Department:

1. The days and hours of clinical operation and, if different from the days and hours of clinical operation, the days and hours of administrative operation;
2. If applicable, a request to provide one of more of the following:
  - a. DUI screening,
  - b. DUI education,
  - c. DUI treatment, or
  - d. Misdemeanor domestic violence offender treatment;
3. Whether the counseling facility has an affiliated outpatient treatment center;
4. If the counseling facility has an affiliated outpatient treatment center:
  - a. The affiliated outpatient treatment center's name; and
  - b. Either:
    - i. The license number assigned to the affiliated outpatient treatment center by the Department; or
    - ii. If the affiliated outpatient treatment center is not currently licensed, the:
      - (1) Street address of the affiliated outpatient treatment center, and
      - (2) Date the affiliated outpatient treatment center submitted to the Department an application for a health care institution license;
5. Whether the counseling facility is sharing administrative support with an affiliated counseling facility; and
6. If the counseling facility is sharing administrative support with an affiliated counseling facility, for each affiliated counseling facility sharing administrative support with the counseling facility:
  - a. The affiliated counseling facility's name; and
  - b. Either:
    - i. The license number assigned to the affiliated counseling facility by the Department; or

- ii. If the affiliated counseling facility is not currently licensed, the:

- (1) Street address of the affiliated counseling facility, and
- (2) Date the affiliated counseling facility submitted to the Department an application for a health care institution license.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-1903. Administration****A. A governing authority shall:**

1. Consist of one of more individuals accountable for the organization, operation, and administration of a counseling facility;
2. Establish, in writing:
  - a. A counseling facility's scope of services, and
  - b. Qualifications for an administrator;
3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
4. Adopt a quality management program according to R9-10-1904;
5. Review and evaluate the effectiveness of the quality management program in R9-10-1904 at least once every 12 months;
6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
  - a. Expected not to be present on the premises for more than 30 calendar days, or
  - b. Not present on the premises for more than 30 calendar days; and
7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in an administrator and identify the name and qualifications of the new administrator.

**B. An administrator:**

1. Is directly accountable to the governing authority for the daily operation of the counseling facility and all services provided by or at the counseling facility;
2. Has the authority and responsibility to manage the counseling facility; and
3. Except as provided in subsection (A)(6), designates in writing, an individual who is present on the counseling facility's premises and accountable for the counseling facility when the administrator is not available.

**C. An administrator or the administrator of the counseling facility's affiliated outpatient treatment center shall establish policies and procedures to protect the health and safety of a patient that:**

1. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience, for personnel members, employees, volunteers, and students;
2. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
3. Include how a personnel member may submit a complaint relating to services provided to a patient;
4. Cover the requirements in Title 36, Chapter 4, Article 11;

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5. Cover patient screening, admission, assessment, discharge planning, and discharge;
  6. Cover medical records;
  7. Cover the provision of counseling and any services listed in the counseling facility's scope of services;
  8. Include when general consent and informed consent are required;
  9. Cover telehealth, if applicable;
  10. Cover specific steps for:
    - a. A patient or a patient's representative to file a complaint, and
    - b. A counseling facility to respond to a complaint; and
  11. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual.
- D.** An administrator shall ensure that:
1. Policies and procedures established according to subsection (C) are documented and implemented;
  2. Counseling facility policies and procedures are:
    - a. Reviewed at least once every three years and updated as needed, and
    - b. Available to personnel members and employees;
  3. Unless otherwise stated:
    - a. Documentation required by this Article is maintained and provided to the Department within two hours after a Department request; and
    - b. When documentation or information is required by this Chapter to be submitted on behalf of a counseling facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the counseling facility;
  4. The following are conspicuously posted:
    - a. The current license for the counseling facility issued by the Department;
    - b. The name, address, and telephone number of the Department;
    - c. A notice that a patient may file a complaint with the Department about the counseling facility;
    - d. A list of patient rights;
    - e. A map for evacuating the facility; and
    - f. A notice identifying the location on the premises where current license inspection reports required in A.R.S. § 36-425(H), with patient information redacted, are available;
  5. Patient follow-up instructions are:
    - a. Provided, orally or in written form, to a patient or the patient's representative before the patient leaves the counseling facility unless the patient leaves against a personnel member's advice; and
    - b. Documented in the patient's medical record; and
  6. Cardiopulmonary resuscitation training includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation.
- E.** If abuse, neglect, or exploitation of a patient is alleged or suspected to have occurred before the patient was admitted or while the patient is not on the premises and not receiving services from a counseling facility's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the patient as follows:
1. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
  2. For a patient under 18 years of age, according to A.R.S. § 13-3620.
- F.** If an administrator has a reasonable basis, according to A.R.S. §§ 13-3620 or 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a patient is receiving services from a counseling facility's employee or personnel member, an administrator shall:
1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
  2. Report the suspected abuse, neglect, or exploitation of the patient as follows:
    - a. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
    - b. For a patient under 18 years of age, according to A.R.S. § 13-3620;
  3. Document:
    - a. The suspected abuse, neglect, or exploitation;
    - b. Any action taken according to subsection (F)(1); and
    - c. The report in subsection (F)(2);
  4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
  5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
    - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
    - b. A description of any injury to the patient related to the suspected abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;
    - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
    - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
  6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-1904. Quality Management**

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to patients;
  - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
  - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and



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- e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
- 2. A documented report is submitted to the governing authority that includes:
  - a. An identification of each concern about the delivery of services related to patient care, and
  - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and
- 3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4).

**R9-10-1905. Contracted Services**

An administrator shall ensure that:

- 1. Contracted services are provided according to the requirements in this Article, and
- 2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4).

**R9-10-1906. Personnel**

An administrator shall ensure that:

- 1. The qualifications, skills, and knowledge required for each type of personnel member:
  - a. Are based on:
    - i. The type of counseling expected to be provided by the personnel member according to the established job description, and
    - ii. The acuity of the patients expected to be receiving the counseling from the personnel member according to the established job description; and
  - b. Include:
    - i. The specific skills and knowledge necessary for the personnel member to provide the counseling listed in the established job description,
    - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the counseling listed in the established job description, and
    - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the counseling listed in the established job description;
- 2. A personnel member's skills and knowledge are verified and documented:
  - a. Before the personnel member provides counseling, and
  - b. According to policies and procedures;
- 3. Sufficient personnel members are present on a counseling facility's premises during hours of clinical operation with the qualifications, skills, and knowledge necessary to:

- a. Provide the counseling in the counseling facility's scope of services,
- b. Meet the needs of a patient, and
- c. Ensure the health and safety of a patient;
- 4. At least one personnel member with cardiopulmonary resuscitation training is present on a counseling facility's premises during hours of clinical operation;
- 5. At least one personnel member with first aid training is present on a counseling facility's premises during hours of clinical operation;
- 6. A personnel member only provides counseling the personnel member is qualified to provide;
- 7. A plan is developed, documented, and implemented to provide orientation specific to the duties of personnel members, employees, volunteers, and students;
- 8. A personnel member completes orientation before providing counseling to a patient;
- 9. An individual's orientation is documented, to include:
  - a. The individual's name,
  - b. The date of the orientation, and
  - c. The subject or topics covered in the orientation;
- 10. A plan is developed, documented, and implemented to provide in-service education specific to the duties of a personnel member;
- 11. A personnel member's in-service education is documented, to include:
  - a. The personnel member's name,
  - b. The date of the in-service education, and
  - c. The subject or topics covered in the in-service education;
- 12. A personnel member who is a behavioral health technician or behavioral health paraprofessional complies with the applicable requirements in R9-10-115;
- 13. A record for a personnel member, an employee, a volunteer, or a student is maintained that includes:
  - a. The individual's name, date of birth, and contact telephone number;
  - b. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
  - c. Documentation of:
    - i. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
    - ii. The individual's education and experience applicable to the individual's job duties;
    - iii. The individual's completed orientation and in-service education as required by policies and procedures;
    - iv. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
    - v. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
    - vi. The individual's compliance with the fingerprinting requirements in A.R.S. § 36-425.03, if applicable;
    - vii. If applicable, cardiopulmonary resuscitation training; and
    - viii. If applicable, first aid training; and
- 14. The record in subsection (13) is:
  - a. Maintained while an individual provides services for or at the counseling facility and for at least 24

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months after the last date the individual provided services for or at the counseling facility; and

- b. If the ending date of employment or volunteer service was 12 or more months before the date of the Department's request, provided to the Department within 72 hours after the Department's request.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4).

**R9-10-1907. Patient Rights**

- A. An administrator shall ensure that at the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C).
- B. An administrator shall ensure that:
  1. A patient is treated with dignity, respect, and consideration;
  2. A patient is not subjected to:
    - a. Abuse;
    - b. Neglect;
    - c. Exploitation;
    - d. Coercion;
    - e. Manipulation;
    - f. Sexual abuse;
    - g. Sexual assault;
    - h. Restraint or seclusion;
    - i. Retaliation for submitting a complaint to the Department or another entity; or
    - j. Misappropriation of personal and private property by a counseling facility's personnel member, employee, volunteer, or student; and
  3. A patient or the patient's representative:
    - a. Either consents to or refuses counseling;
    - b. May refuse or withdraw consent for receiving counseling before counseling is initiated;
    - c. Is informed of the following:
      - i. The counseling facility's policy on health care directives, and
      - ii. The patient complaint process;
    - d. Consents to photographs of the patient before the patient is photographed, except that a patient may be photographed when admitted to a counseling facility for identification and administrative purposes; and
    - e. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
      - i. Medical record, or
      - ii. Financial records.
- C. A patient has the following rights:
  1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
  2. To receive counseling that supports and respects the patient's individuality, choices, strengths, and abilities;
  3. To receive privacy during counseling;
  4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
  5. To receive a referral to another health care institution if the counseling facility is not authorized or not able to provide the behavioral health services needed by the patient;

6. To participate or have the patient's representative participate in the development of, or decisions concerning, the counseling provided to the patient;
7. To participate or refuse to participate in research or experimental treatment; and
8. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4).

**R9-10-1908. Medical Records**

- A. An administrator shall ensure that:
  1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
  2. An entry in a patient's medical record is:
    - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
    - b. Dated, legible, and authenticated; and
    - c. Not changed to make the initial entry illegible;
  3. An order is:
    - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
    - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
    - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
  4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
  5. A patient's medical record is available to an individual:
    - a. Authorized according to policies and procedures to access the patient's medical record;
    - b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative; or
    - c. As permitted by law; and
  6. A patient's medical record is protected from loss, damage, or unauthorized use.
- B. If a counseling facility maintains patients' medical records electronically, an administrator shall ensure that:
  1. Safeguards exist to prevent unauthorized access, and
  2. The date and time of an entry in a medical record is recorded by the computer's internal clock.
- C. An administrator shall ensure that a patient's medical record contains:
  1. Patient information that includes:
    - a. The patient's name and address, and
    - b. The patient's date of birth;
  2. A diagnosis or reason for counseling;
  3. Documentation of general consent and, if applicable, informed consent for counseling by the patient or the patient's representative;
  4. If applicable, the name and contact information of the patient's representative and:
    - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient

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- consenting for the patient's representative to act on the patient's behalf; or
- b. If the patient's representative:
  - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
  - ii. Is a legal guardian, a copy of the court order establishing guardianship;
- 5. Documentation of medical history;
- 6. Orders;
- 7. Assessment;
- 8. Interval notes;
- 9. Progress notes;
- 10. Documentation of counseling provided to the patient;
- 11. The name of each individual providing counseling;
- 12. Disposition of the patient upon discharge;
- 13. Documentation of the patient's follow-up instructions provided to the patient;
- 14. A discharge summary; and
- 15. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4).

**R9-10-1909. Counseling**

- A.** An administrator of a counseling facility shall ensure that:
    - 1. Counseling provided at the counseling facility is provided under the direction of a behavioral health professional;
    - 2. A personnel member who provides counseling is at least 18 years old; and
    - 3. If a counseling facility provides counseling to a patient who is less than 18 years of age, an employee or a volunteer and the owner comply with the fingerprint clearance card requirements in A.R.S. § 36-425.03.
  - B.** An administrator of a counseling facility shall ensure that:
    - 1. Before counseling for a patient is initiated, there is a behavioral health assessment for the patient that complies with the requirements in this Section that is:
      - a. Available:
        - i. In the patient's medical record maintained by the counseling facility;
        - ii. If the counseling facility is an affiliated counseling facility, in the patient's integrated medical record; or
        - iii. If the counseling facility has an affiliated outpatient treatment center, in the patient's integrated medical record maintained by the counseling facility's affiliated outpatient treatment center; and
      - b. Either:
        - i. Completed by a personnel member at the counseling facility; or
        - ii. Obtained from a behavioral health provider other than the counseling facility;
    - 2. A behavioral health assessment, obtained from a behavioral health provider other than the counseling facility or available in a medical record or integrated medical record, was completed within 12 months before the date of the patient's current admission;
- 3. If a behavioral health assessment is obtained from a behavioral health provider other than the counseling facility or is available as stated in subsection (B)(1)(a), the information in the behavioral health assessment is reviewed and updated if additional information that affects the patient's behavioral health assessment is identified;
  - 4. The review and update of the patient's assessment information in subsection (B)(3) is documented in the patient's medical record within 48 hours after the review is completed;
  - 5. If a behavioral health assessment is conducted by a:
    - a. Behavioral health technician or a registered nurse, within 72 hours after the behavioral health assessment is conducted, a behavioral health professional certified or licensed to provide the counseling needed by the patient reviews and signs the behavioral health assessment to ensure that the behavioral health assessment identifies the counseling needed by the patient; or
    - b. Behavioral health paraprofessional, a behavioral health professional certified or licensed to provide the counseling needed by the patient supervises the behavioral health paraprofessional during the completion of the behavioral health assessment and signs the behavioral health assessment to ensure that the assessment identifies the counseling needed by the patient;
  - 6. A behavioral health assessment:
    - a. Documents a patient's:
      - i. Presenting issue;
      - ii. Substance use history;
      - iii. Co-morbidity;
      - iv. Medical condition and history;
      - v. Legal history, including:
        - (1) Custody,
        - (2) Guardianship, and
        - (3) Pending litigation;
      - vi. Criminal justice record;
      - vii. Family history;
      - viii. Behavioral health treatment history; and
      - ix. Symptoms reported by the patient or the patient's representative and referrals needed by the patient, if any;
    - b. Includes:
      - i. Recommendations for further assessment or examination of the patient's needs;
      - ii. A description of the counseling, including type, frequency, and number of hours, that will be provided to the patient; and
      - iii. The signature and date signed of the personnel member conducting the behavioral health assessment; and
    - c. Is documented in patient's medical record;
  - 7. A patient is referred to a medical practitioner if a determination is made that the patient requires immediate physical health services or the patient's behavioral health issue may be related to the patient's medical condition;
  - 8. A request for participation in a patient's behavioral health assessment is made to the patient or the patient's representative;
  - 9. An opportunity for participation in the patient's behavioral health assessment is provided to the patient or the patient's representative;

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10. Documentation of the request in subsection (B)(8) and the opportunity in subsection (B)(9) is in the patient's medical record;
  11. A patient's behavioral health assessment information is documented in the medical record within 48 hours after completing the assessment;
  12. If information in subsection (B)(6)(a) is obtained about a patient after the patient's behavioral health assessment is completed, an interval note, including the information, is documented in the patient's medical record within 48 hours after the information is obtained;
  13. Counseling is:
    - a. Offered as described in the counseling facility's scope of services;
    - b. Provided according to the type, frequency, and number of hours identified in the patient's assessment; and
    - c. Provided by a behavioral health professional or a behavioral health technician;
  14. A personnel member providing counseling to address a specific type of behavioral health issue has the skills and knowledge necessary to provide the counseling that addresses the specific type of behavioral health issue; and
  15. Each counseling session is documented in the patient's medical record to include:
    - a. The date of the counseling session;
    - b. The amount of time spent in the counseling session;
    - c. Whether the counseling was individual counseling, family counseling, or group counseling;
    - d. The treatment goals addressed in the counseling session; and
    - e. The signature of the personnel member who provided the counseling and the date signed.
- C.** An administrator may provide any of the following, according to the applicable requirements in 9 A.A.C. 20, to individuals required to attend by a referring court, if approved by the Department to provide the services:
1. DUI screening,
  2. DUI education,
  3. DUI treatment, or
  4. Misdemeanor domestic violence offender treatment.
- D.** An administrator of a counseling facility authorized to provide the services in subsection (C):
1. Shall comply with the requirements for the specific service in 9 A.A.C. 20, and
  2. May have a behavioral health technician who has the appropriate skills and knowledge established in policies and procedures provide the services.
- Historical Note**
- New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).
- R9-10-1910. Physical Plant, Environmental Services, and Safety Standards**
- A.** An administrator shall ensure that a counseling facility has either:
1. Both of the following:
    - a. A smoke detector installed in each hallway of the counseling facility that is:
      - i. Maintained in an operable condition;
      - ii. Either battery operated or, if hard-wired into the electrical system of the outpatient treatment center, has a back-up battery; and
      - iii. Tested monthly; and
    - b. A portable, operable fire extinguisher, labeled as rated at least 2A-10-BC by the Underwriters Laboratories, that:
      - i. Is available at the counseling facility;
      - ii. Is mounted in a fire extinguisher cabinet or placed on wall brackets so that the top handle of the fire extinguisher is not over five feet from the floor and the bottom of the fire extinguisher is at least four inches from the floor;
      - iii. If a disposable fire extinguisher, is replaced when its indicator reaches the red zone; and
      - iv. If a rechargeable fire extinguisher, is serviced at least once every 12 months and has a tag attached to the fire extinguisher that specifies the date of the last servicing and the name of the servicing person; or
  2. Both of the following that are tested and serviced at least once every 12 months:
    - a. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-104.01, that is in working order; and
    - b. A sprinkler system installed according to the National Fire Protection Association 13: Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01, that is in working order.
- B.** An administrator shall ensure that documentation of a test required in subsection (A) is maintained for at least 12 months after the date of the test.
- C.** An administrator shall ensure that on a counseling facility's premises:
1. Exit signs are illuminated, if the local fire jurisdiction requires illuminated exit signs;
  2. Corridors and exits are kept clear of any obstructions;
  3. A patient can exit through any exit during hours of clinical operation;
  4. An extension cord is not used instead of permanent electrical wiring; and
  5. Each electrical outlet and electrical switch has a cover plate that is in good repair.
- D.** An administrator shall:
1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
  2. Make any repairs or corrections stated on the fire inspection report, and
  3. Maintain documentation of a current fire inspection.
- E.** An administrator shall ensure that:
1. A counseling facility's premises are:
    - a. Sufficient to provide the counseling facility's scope of services;
    - b. Cleaned and disinfected to prevent, minimize, and control illness and infection; and
    - c. Free from a condition or situation that may cause an individual to suffer physical injury;
  2. If a bathroom is on the premises, the bathroom contains:
    - a. A working sink with running water,

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- b. A working toilet that flushes and has a seat,
- c. Toilet tissue,
- d. Soap for hand washing,
- e. Paper towels or a mechanical air hand dryer,
- f. Lighting, and
- g. A means of ventilation;
- 3. If a bathroom is not on the premises, a bathroom is:
  - a. Available for a patient's use,
  - b. Located in a building in contiguous proximity to the counseling facility, and
  - c. Free from a condition or situation that may cause an individual using the bathroom to suffer a physical injury; and
- 4. A tobacco smoke-free environment is maintained on the premises.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4).

**R9-10-1911. Integrated Information**

- A. An administrator of an affiliated outpatient treatment center may maintain the following information, required in this Article for a counseling facility for which the affiliated outpatient treatment center provides administrative support, integrated with information required in 9 A.A.C. 10, Article 10 for the outpatient treatment center:
  - 1. Quality management plan, documented incidents, and reports required in R9-10-1904;
  - 2. Contracted services information in R9-10-1905;
  - 3. Orientation plan, in-service education plan, and personnel records in R9-10-1906; and
  - 4. Medical records in R9-10-1908.
- B. An administrator of an affiliated counseling facility that shares administrative support with one or more other affiliated counseling facilities may maintain the information in subsections (A)(1) through (A)(4) integrated with information maintained by the other affiliated counseling facilities.
- C. If an administrator of an affiliated outpatient treatment center or an affiliated counseling facility maintains integrated information according to subsection (A) or (B), the administrator shall develop, document, and implement a method to ensure that:
  - 1. If the quality management plan is integrated, the incidents documented, concerns identified, and changes or actions taken are identified for each facility;
  - 2. If a person provides contracted services at more than one facility, the types of services the person provides at each facility is identified in the contract information;
  - 3. If an orientation plan is applicable to more than one facility, the orientation a personnel member is expected to obtain for each facility is identified in the orientation plan;
  - 4. If an in-service education plan is applicable to more than one facility, the in-service education a personnel member is expected to obtain for each facility is identified in the in-service education plan;

- 5. If a personnel member provides counseling at more than one facility, the following is identified in the personnel member's record:
  - a. The days and hours the personnel member provides counseling for each facility;
  - b. If the personnel member's job description is different for each facility:
    - i. Each job description for the personnel member, and
    - ii. Verification of the skills and knowledge to provide counseling according to each of the personnel member's job descriptions; and
  - c. If a personnel member is a behavioral health technician, documentation of the clinical oversight provided to the personnel member, based on the number and acuity of the patients to whom the personnel member provided counseling at each facility; and
- 6. If a patient receives counseling at more than one facility, the counseling received and any information related to the counseling received at each facility is identified in the patient's medical record.

- D. An administrator of a counseling facility receiving administrative support from an affiliated outpatient treatment center or an affiliated counseling facility shall ensure that if the counseling facility:
  - 1. Has integrated information, the integrated information is provided to the Department for review within two hours after the Department's request:
    - a. In a written or electronic format at the counseling facility's premises; or
    - b. Electronically directly to the Department.
  - 2. No longer receives or shares administrative support that includes integrating the information in subsection (A), the information for the counseling facility required in this Article is maintained by the counseling facility and provided to the Department according to the requirements in this Article.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4).

**ARTICLE 20. PAIN MANAGEMENT CLINICS****R9-10-2001. Definitions**

In addition to the definitions in R9-10-101, the following definitions apply in this Article, unless otherwise specified:

- 1. "Order" means to issue written, verbal, or electronic instructions for a specific dose of a specific medication in a specific quantity and route of administration to be obtained and administered to a patient in a health care institution.
- 2. "Physician" means an individual licensed as a physician according to A.R.S. Title 32, Chapter 13, 14, or 17.

**Historical Note**

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

**R9-10-2002. Application and Documentation Submission Requirements**

- A. An applicant shall submit an application for licensure that meets the requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1.

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- B.** An applicant or licensee shall submit to the Department:
1. The applicable fees required in R9-10-106(C), and
  2. The documentation required according to A.R.S. § 36-448.02(C)(1).

**Historical Note**

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4). For clarity, the citation to Arizona Revised Statutes in subsection (B)(2) has been corrected to include "A.R.S." and the § (section) symbol (Supp. 21-2).

**R9-10-2003. Administration**

- A.** A licensee is responsible for the organization and management of a pain management clinic.
- B.** A licensee shall:
1. Adopt policies and procedures for the administration and operation of a pain management clinic;
  2. Designate a medical director who:
    - a. Is licensed:
      - i. As a physician according to A.R.S. Title 32, Chapter 13 or 17; or
      - ii. As a nurse practitioner according to A.R.S. Title 32, Chapter 15 with advanced pain management certification from a nationally recognized accreditation or certification entity; and
    - b. May be the same individual as the licensee;
  3. Ensure that there are a sufficient number of personnel members and employees with the required knowledge and qualifications to:
    - a. Meet the requirements of this Article,
    - b. Ensure the health and safety of a patient, and
    - c. Meet the needs of a patient based on the patient's medical evaluation; and
  4. Ensure the following are conspicuously posted on the premises:
    - a. The current pain management clinic license issued by the Department;
    - b. The current telephone number and address of the unit in the Department responsible for licensing the pain management clinic;
    - c. An evacuation map posted in all hallways; and
    - d. A phone number for:
      - i. An opioid assistance and referral hotline, and
      - ii. A poison control hotline.
- C.** A medical director shall ensure that:
1. Pain management services are provided under the direction of:
    - a. A physician, or
    - b. A nurse practitioner licensed according to A.R.S. Title 32, Chapter 15 with advanced pain management certification from a nationally recognized accreditation or certification entity;
  2. A record that includes cardiopulmonary resuscitation training is maintained for each personnel member, employee, volunteer, or student who is required by policies and procedures to obtain cardiopulmonary resuscitation training; and
  3. A personnel member certified in cardiopulmonary resuscitation is available on the pain management clinic's premises while patients are present.
- D.** A medical director shall ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
1. Cover personnel member qualifications, duties, and responsibilities, including who may order, prescribe, or administer an opioid and the required knowledge and qualifications of those personnel members;
  2. Cover cardiopulmonary resuscitation training, including:
    - a. The method and content of cardiopulmonary resuscitation training, including a demonstration of an individual's ability to perform cardiopulmonary resuscitation;
    - b. The qualifications required for an individual to provide cardiopulmonary resuscitation training;
    - c. The time-frame for renewal of cardiopulmonary resuscitation training; and
    - d. The documentation that verifies that an individual has received cardiopulmonary resuscitation training;
  3. Cover the storage, accessibility, disposal, and documentation of a medication;
  4. Cover the prescribing or ordering of an opioid:
    - a. Including how, when, and by whom:
      - i. A patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database is reviewed;
      - ii. An assessment is conducted of a patient's substance use risk;
      - iii. The potential risks, adverse outcomes, and complications, including death, associated with the use of opioids are explained to a patient or the patient's representative;
      - iv. Alternatives to a prescribed or ordered opioid are explained to a patient or the patient's representative;
      - v. Informed consent is obtained from a patient or the patient's representative;
      - vi. A patient receiving an opioid is monitored; and
      - vii. The actions taken according to subsections (D)(4)(a)(i) through (vi) are documented;
    - b. Addressing conditions that may impose a higher risk to a patient when prescribing or ordering an opioid, including:
      - i. Concurrent use of a benzodiazepine or other sedative-hypnotic medication,
      - ii. History of substance use disorder,
      - iii. Co-occurring behavioral health issue, or
      - iv. Pregnancy;
    - c. Addressing the criteria for co-prescribing a short-acting opioid antagonist for a patient;
    - d. Including the frequency of the following for a patient prescribed an opioid for longer than a 30-calendar-day period:
      - i. Face-to-face interactions with the patient,
      - ii. Assessment of a patient's substance use risk,
      - iii. Urine drug testing,
      - iv. Renewal of an opioid prescription without a face-to-face interaction with the patient, and
      - v. Monitoring the effectiveness of the treatment;
    - e. If applicable according to A.R.S. § 36-2608, including documenting a dispensed opioid in the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
    - f. Addressing the criteria and procedures for tapering opioid prescription or ordering;
    - g. Addressing the criteria and procedures for offering or referring a patient for treatment for substance use disorder; and

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- h. If opioids are administered at the pain management clinic, including how, when, and by whom:
  - i. A patient's need for opioid administration is assessed,
  - ii. A patient receiving an opioid is monitored, and
  - iii. The actions taken according to subsections (D)(4)(h)(i) and (ii) are documented;
- 5. Cover accessibility and security of medical records;
- 6. Cover infection control, including methods for sterilizing equipment and supplies and methods for identifying, storing, and disposing of biohazardous medical waste; and
- 7. Cover emergency treatment, including:
  - a. A list of the medications, supplies, and equipment kept on the premises to provide treatment in response to an emergency caused by a procedure or medication administered at the pain management clinic;
  - b. A requirement that a cart or a container is available for emergency treatment that contains the medications, supplies, and equipment specified in the policies and procedures according to subsection (D)(7)(a);
  - c. A method to verify and document that the contents of the cart or container are available for emergency treatment; and
  - d. A method for ensuring a patient is transferred to a hospital or other health care institution to receive treatment for a medical emergency that the pain management clinic is not authorized or not able to provide.
- E. As applicable and except when contrary to medical judgment for a patient, a medical director shall ensure that the policies and procedures in subsection (D)(4) are consistent with the Arizona Opioid Prescribing Guidelines or national opioid-prescribing guidelines, such as guidelines developed by the:
  - 1. Centers for Disease Control and Prevention, or
  - 2. The U.S. Department of Veterans Affairs and the U.S. Department of Defense.
- F. A medical director shall, except as prohibited by Title 42 Code of Federal Regulations, Chapter I, Subchapter A, Part 2, ensure that:
  - 1. If an opioid may have contributed to a patient's death:
    - a. Written notification of the patient's death is provided to the Department in a Department-provided format if:
      - i. A personnel member of the pain management clinic prescribed, ordered, or administered the opioid that may have contributed to the patient's death, or
      - ii. The patient's death occurred while the patient was on the premises of the pain management clinic; and
    - b. The written notification required by subsection (F)(1)(a)(i) is provided within one working day:
      - i. After the patient's death, if an opioid administered as part of treatment may have contributed to the death; or
      - ii. After a personnel member of the pain management clinic learns of the patient's death, if a prescribed opioid may have contributed to the patient's death; and
    - c. The written notification required by subsection (F)(1)(a)(ii) is provided according to R9-4-602; and
  - 2. Written notification of a suspected opioid overdose is provided to the Department according to R9-4-602.
- G. If the Department requests a patient's medical record for review, the licensee:
  - 1. May provide the patient medical record to the Department either in paper or in an electronic format that is acceptable to the Department, and
  - 2. Shall ensure that documentation required by this Article is provided to the Department within two hours after a Department request.
- H. The Department may take enforcement action as specified in R9-10-111 if a pain management clinic:
  - 1. Is not in substantial compliance with applicable requirements in 9 A.A.C. 10, Article 1 or this Article; or
  - 2. Is in substantial compliance, but refuses to carry out a plan of correction acceptable to the Department.

**Historical Note**

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

**R9-10-2004. Quality Management**

A medical director shall ensure that:

- 1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate opioid-related adverse reactions or other incidents;
  - b. A method to collect data on services provided to patients;
  - c. A method to use the data to identify concerns about the delivery of services related to patient care;
  - d. A method to make changes or take action in response to a concern identified according to subsection (1)(c); and
  - e. The frequency with which the documented report required in subsection (2) will be submitted to the licensee;
- 2. A documented report is submitted to the licensee that includes:
  - a. Each concern about the delivery of services related to patient care, and
  - b. Any changes made or actions taken in response to that concern; and
- 3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the licensee.

**Historical Note**

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

**R9-10-2005. Medication Services**

A medical director shall ensure that:

- 1. Medications are stored in a locked area on the premises;
- 2. Only personnel members designated by policies and procedures have access to the locked area containing medications;
- 3. Expired, mislabeled, or unusable medications are disposed of according to policies and procedures;
- 4. If an opioid is administered at a pain management clinic, an opioid antagonist is available on the premises;
- 5. A medication error or an adverse reaction, including any actions taken in response to the medication error or adverse reaction, is:

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- a. Immediately reported to the medical director and licensee, and
- b. Recorded in the patient's medical record; and
6. Medication information for a patient is maintained in the patient's medical record.

**Historical Note**

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

**R9-10-2006. Pain Management Services**

- A. A medical director shall ensure that a medical practitioner or nurse anesthetist remains on the premises until all patients who received a procedure at the pain management clinic are discharged.
- B. A medical director shall ensure that, if a procedure other than the administration of an opioid is used to provide pain management services:
  1. Before the procedure is initially used on a patient, the patient is evaluated by:
    - a. A medical practitioner or
    - b. A nurse anesthetist, according to A.R.S. § 32-1634.04;
  2. The procedure is performed by a personnel member qualified according to policies and procedures to perform the procedure; and
  3. The following information is included in the patient's medical record:
    - a. The evaluation of the patient required in subsection (B)(1),
    - b. A record of the procedure, and
    - c. Any adverse reaction to the procedure and any measures taken to address an adverse reaction.
- C. Except as provided in subsection (E), a medical director shall ensure that a medical practitioner:
  1. Before prescribing an opioid for a patient of the pain management clinic:
    - a. Conducts a physical examination of the patient;
    - b. Except as exempted by A.R.S. § 36-2606(G), reviews the patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
    - c. Conducts an assessment of the patient's substance use risk;
    - d. Explains to the patient or the patient's representative the risks and benefits associated with use of an opioid;
    - e. Explains alternatives to a prescribed opioid; and
    - f. Obtains informed consent from the patient or the patient's representative that meets the requirements in R9-10-2007(B), including the potential risks, adverse outcomes, and complications associated with the concurrent use of an opioid and a benzodiazepine or another sedative-hypnotic medication, if the patient:
      - i. Is also prescribed or ordered a sedative-hypnotic medication, or
      - ii. Has been prescribed a sedative-hypnotic medication by another medical practitioner;
  2. Before ordering an opioid for a patient of the pain management clinic:
    - a. Conducts a physical examination of the patient;
    - b. Except as exempted by A.R.S. § 36-2606(G), reviews the patient's profile on the Arizona Board of

Pharmacy Controlled Substances Prescription Monitoring Program database;

- c. Conducts an assessment of the patient's substance use risk;
- d. Explains to the patient or the patient's representative the risks and benefits associated with the use of opioids or ensures that the patient or the patient's representative understands the risks and benefits associated with the use of an opioid as explained to the patient or the patient's representative by an individual licensed under A.R.S. Title 32 and authorized by policies and procedures to explain to the patient or the patient's representative the risks and benefits associated with the use of an opioid;
- e. If applicable, explains alternatives to an ordered opioid; and
- f. Obtains informed consent from the patient or the patient's representative, according to R9-10-2007(B);
3. When administering or causing administration of an opioid to a patient:
  - a. Before administration, identifies the patient's need for the opioid; and
  - b. Monitors the patient's response to the opioid; and
4. Documents the pain management services provided in the patient's medical record according to R9-10-2008.
- D. A medical practitioner is exempt from the requirements in subsection (C)(2), if:
  1. An order for an opioid is part of treatment for a patient in an emergency;
  2. The order is issued according to policies and procedures that include procedures for:
    - a. Providing treatment without obtaining the consent of a patient or the patient's representative,
    - b. Ordering and administering an opioid in an emergency situation, and
    - c. Complying with the requirements in subsection (C)(2) after the emergency is resolved; and
  3. The emergency situation is documented in the patient's medical record.
- E. The requirements in subsections (C)(1), (2), and (3), as applicable, do not apply when:
  1. A personnel member of a pain management clinic prescribes, orders, or administers an opioid as part of treatment for a patient with an end-of-life condition or pain associated with an active malignancy; or
  2. A prescription for an opioid changes only the type or dosage of an opioid previously prescribed to the patient according to subsection (C)(1):
    - a. Before a pharmacist dispenses the opioid for the patient; or
    - b. If changing the opioid because the patient experienced an adverse reaction to the opioid, within 72 hours after a pharmacist dispensed the opioid for the patient.

**Historical Note**

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

**R9-10-2007. Patient Rights**

- A. A licensee shall ensure that a patient is afforded the following rights and is informed of these rights:
  1. To refuse treatment or withdraw consent for treatment;
  2. To have patient medical records kept confidential; and



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3. To be informed of proposed treatment and associated risks, possible complications, and alternatives before pain management services are provided.
- B.** A medical director shall ensure that before an opioid is prescribed or ordered for a patient, a medical practitioner obtains informed consent from the patient or patient's representative that includes:
  1. The patient's:
    - a. Name,
    - b. Date of birth or other patient identifier, and
    - c. Condition for which an opioid is being prescribed or ordered;
  2. That an opioid is being prescribed or ordered;
  3. The potential risks, adverse reactions, complications, and medication interactions associated with the use of an opioid;
  4. If applicable, the potential risks, adverse outcomes, and complications associated with the concurrent use of an opioid and a benzodiazepine or another sedative-hypnotic medication;
  5. Alternatives to a prescribed or ordered opioid;
  6. The name and signature of the individual explaining the use of an opioid to the patient; and
  7. The signature of the patient or the patient's representative and the date signed.
- d. Other factors relevant to prescribing or ordering an opioid for the patient;
11. Medications administered to the patient and, if an opioid is administered:
  - a. The patient's need for the opioid before the opioid was administered, and
  - b. The effect of the opioid administered; and
12. A record of services provided to the patient.
- B.** A licensee shall ensure that:
  1. A medical record is accessible only to the Department or personnel members authorized by policies and procedures;
  2. Medical record information is confidential and released only with the written informed consent of a patient or the patient's representative or as otherwise permitted by law; and
  3. A medical record is protected from loss, damage, or unauthorized use and is retained according to A.R.S. § 12-2297.
- C.** A medical director shall ensure that:
  1. Only personnel authorized by policies and procedures record or sign an entry in a medical record;
  2. An entry in a medical record is dated and legible;
  3. An entry is authenticated;
  4. An entry is not changed after it has been recorded, but additional information related to an entry may be recorded in the medical record;
  5. When a verbal or telephone order is entered in the medical record, the entry is authenticated according to policies and procedures by the individual who issued the order;
  6. If a rubber-stamp signature or an electronic signature is used:
    - a. An individual's rubber-stamp or electronic signature is not used by another individual; and
    - b. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature; and
  7. If a pain management clinic maintains medical records electronically, the date and time of an entry is recorded by the computer's internal clock.

**Historical Note**

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

**R9-10-2008. Medical Records**

- A.** A medical director shall ensure that a medical record is established and maintained for a patient that contains:
  1. Patient identification, including:
    - a. The patient's name, address, and date of birth;
    - b. The patient's representative, if applicable; and
    - c. The name and telephone number of an individual to contact in an emergency;
  2. The patient's medical history;
  3. The patient's physical examination;
  4. Laboratory test results;
  5. The patient's diagnosis, including co-occurring disorders;
  6. The patient's treatment plan;
  7. If applicable:
    - a. The effectiveness of the patient's current treatment,
    - b. The duration of the current treatment,
    - c. Alternative treatments tried by or planned for the patient, and
    - d. The expected benefit of a new treatment compared with continuing the current treatment;
  8. Each consent form signed by the patient or the patient's representative;
  9. The patient's medication information, including:
    - a. The patient's age and weight;
    - b. The medications and herbal supplements the patient is currently taking; and
    - c. Allergies or sensitivities to medications, antiseptic solutions, or latex;
  10. Prescriptions ordered for the patient and, if an opioid is prescribed or ordered:
    - a. The nature and intensity of the patient's pain,
    - b. The specific opioid and the reason for the prescription or order,
    - c. The objectives used to determine whether the patient is being successfully treated, and

**Historical Note**

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

**R9-10-2009. Equipment and Safety Standards**

- A.** A medical director shall ensure that:
  1. The equipment is:
    - a. Sufficient to accommodate:
      - i. The services stated in the pain management clinic's scope of services, and
      - ii. An individual accepted as a patient by the pain management clinic;
    - b. Maintained in working order;
    - c. Tested and calibrated at least once every 12 months or according to the manufacturer's recommendations; and
    - d. Used according to the manufacturer's recommendations;
  2. Documentation of each equipment test, calibration, and repair is maintained on the premises for at least 12 months after the date of the testing, calibration, or repair;

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3. Equipment and supplies are clean and, if applicable, sterile before each use;
  4. Personnel members wash hands after each direct patient contact and after handling soiled linen, soiled clothing, or biohazardous medical waste; and
  5. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures.
- B.** A medical director shall establish an infection control program and ensure that:
1. The infection control program includes:
    - a. A method to identify and document infections that occur at the pain management clinic;
    - b. Analysis of the types, causes, and spread of infections and communicable diseases at the pain management clinic;
    - c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the pain management clinic; and
    - d. Documentation of infection control activities, including:
      - i. The collection and analysis of infection control data,
      - ii. The actions taken related to infections and communicable diseases, and
      - iii. Reports of communicable diseases; and
  2. Infection control documentation is maintained for at least 12 months after the date of documentation.
- C.** A medical director shall ensure that soiled linen and clothing are kept:
1. In a covered container, and
  2. Separate from clean linen and clothing.
- D.** A licensee shall:
1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal;
  2. Make and document any repairs or corrections stated on the fire inspection report;
  3. Maintain documentation of a current fire inspection;
  4. Ensure that a written emergency plan is established, documented, and implemented that includes procedures for protecting the health and safety of patients and other individuals if circumstances arise in the pain management clinic that immediately threaten the life or health of patients and other individuals, such as a fire, natural disaster, loss of electrical power, or threat or incidence of violence; and
  5. Ensure that an evacuation drill is conducted at least once every six months that includes all personnel members on the premises on the day of the evacuation drill.
- E.** A licensee shall ensure that a pain management clinic has either:
1. Both of the following that are tested and serviced at least once every 12 months:
    - a. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in A.A.C. R9-1-412, that is in working order; and
    - b. A sprinkler system installed according to the National Fire Protection Association 13 Standard for the Installation of Sprinkler Systems, incorporated by reference in A.A.C. R9-1-412, that is in working order; or
  2. Both of the following:
    - a. A smoke detector installed in each hallway of the pain management clinic that is:
      - i. Maintained in an operable condition;
      - ii. Either battery operated or, if hard-wired into the electrical system of the pain management clinic, has a back-up battery; and
      - iii. Tested monthly; and
    - b. A portable, operable fire extinguisher, labeled as rated at least 2A-10-BC by the Underwriters Laboratories, that:
      - i. Is available at the pain management clinic;
      - ii. Is mounted in a fire extinguisher cabinet or placed on wall brackets so that the top handle of the fire extinguisher is not over five feet from the floor and the bottom of the fire extinguisher is at least four inches from the floor;
      - iii. If a disposable fire extinguisher, is replaced when its indicator reaches the red zone; and
      - iv. If a rechargeable fire extinguisher, is serviced at least once every 12 months and has a tag attached to the fire extinguisher that specifies the date of the last servicing and the name of the servicing person.

**Historical Note**

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

**R9-10-2010. Environmental and Physical Plant Standards**

- A.** A licensee shall ensure that the premises:
1. Provide lighting and ventilation to ensure the health and safety of a patient;
  2. Are maintained in a clean condition;
  3. Are free from a condition or situation that may cause a patient to suffer physical injury;
  4. Are maintained free from insects and vermin;
  5. Are smoke-free; and
  6. Are sufficient to accommodate:
    - a. The services stated in the pain management center's scope of services, and
    - b. An individual accepted as a patient by the pain management center.
- B.** A licensee shall ensure that if a pain management clinic collects urine specimens from a patient, the pain management clinic has at least one bathroom on the premises that:
1. Contains:
    - a. A working sink with running water,
    - b. A working toilet that flushes and has a seat,
    - c. Toilet tissue,
    - d. Soap for hand washing,
    - e. Paper towels or a mechanical air hand dryer,
    - f. Lighting, and
    - g. A means of ventilation; and
  2. Is for the exclusive use of the pain management clinic.

**Historical Note**

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

**ARTICLE 21. RECOVERY CARE CENTERS****R9-10-2101. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following applies in this Article unless otherwise specified:  
 "Recovery care services" has the same meaning as in A.R.S. § 36-448.51.

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**Historical Note**

New Section R9-10-2101 renumbered from R9-10-501 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2102. Administration****A.** A governing authority shall:

1. Consist of one or more individuals responsible for the organization, operation, and administration of a recovery care center;
2. Establish in writing:
  - a. A recovery care center's scope of services, and
  - b. Qualifications for an administrator;
3. Designate an administrator, in writing, who has the qualifications established in subsection (A)(2)(b);
4. Grant, deny, suspend, or revoke the clinical privileges of a medical staff member according to medical staff bylaws;
5. Adopt a quality management program according to R9-10-2103;
6. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
7. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
  - a. Expected not to be present on a recovery care center's premises for more than 30 calendar days, or
  - b. Not present on a recovery care center's premises for more than 30 calendar days; and
8. Except as provided in subsection (A)(7), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.

**B.** An administrator:

1. Is directly accountable to the governing authority of a recovery care center for the daily operation of the recovery care center and all services provided by or at the recovery care center;
2. Has the authority and responsibility to manage a recovery care center; and
3. Except as provided in subsection (A)(7), designates, in writing, an individual who is present on the recovery care center's premises and accountable for the recovery care center when the administrator is not present on the recovery care center premises.

**C.** An administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
  - a. Cover job descriptions, duties, and qualifications including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
  - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
  - c. Include how a personnel member may submit a complaint relating to patient care;
  - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
  - e. Cover cardiopulmonary resuscitation training required in R9-10-2105(G) including:
    - i. The method and content of cardiopulmonary resuscitation training,

- ii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
- iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
- iv. The documentation that verifies an individual has received cardiopulmonary resuscitation training;

- f. Cover first aid training;
  - g. Include a method to identify a patient to ensure the patient receives services as ordered;
  - h. Cover patient rights including assisting a patient who does not speak English or who has a disability to become aware of patient rights;
  - i. Cover specific steps for:
    - i. A patient to file a complaint, and
    - ii. The recovery care center to respond to a patient's complaint;
  - j. Cover health care directives;
  - k. Cover medical records, including electronic medical records;
  - l. Cover a quality management program, including incident reports and supporting documentation;
  - m. Cover contracted services;
  - n. Cover tissue and organ procurement and transplant; and
  - o. Cover when an individual may visit a patient in a recovery care center;
2. Policies and procedures for recovery care services are established, documented, and implemented to protect the health and safety of a patient that:
    - a. Cover patient screening, admission, transfer, discharge planning, and discharge;
    - b. Cover the provision of recovery care services;
    - c. Include when general consent and informed consent are required;
    - d. Cover prescribing a controlled substance to minimize substance abuse by a patient;
    - e. Cover dispensing, administering, and disposing of medications;
    - f. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
    - g. Cover infection control; and
    - h. Cover environmental services that affect patient care;
  3. Policies and procedures are reviewed at least once every three years and updated as needed;
  4. Policies and procedures are available to personnel members, employees, volunteers, and students; and
  5. Unless otherwise stated:
    - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
    - b. When documentation or information is required by this Chapter to be submitted on behalf of a recovery care center, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the recovery care center.

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**Historical Note**

New Section R9-10-2102 renumbered from R9-10-502 and amended by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2103. Quality Management**

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to patients;
  - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
  - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
  - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
  - a. An identification of each concern about the delivery of services related to patient care, and
  - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

New Section R9-10-2103 renumbered from R9-10-503 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2104. Contracted Services**

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

New Section R9-10-2104 renumbered from R9-10-504 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2105. Personnel**

A. An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
  - a. Are based on:
    - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
    - ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
  - b. Include:
    - i. The specific skills and knowledge necessary for the personnel member to provide the expected

physical health services and behavioral health services listed in the established job description,

- ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and

- iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;

2. A personnel member's skills and knowledge are verified and documented:

- a. Before the personnel member provides physical health services or behavioral health services, and
- b. According to policies and procedures; and

3. Sufficient personnel members are present on a recovery care center's premises with the qualifications, skills, and knowledge necessary to:

- a. Provide the services in the recovery care center's scope of services,
- b. Meet the needs of a patient, and
- c. Ensure the health and safety of a patient.

- B. An administrator shall ensure that an individual who is a baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision as defined in 4 A.A.C. 6, Article 1.

- C. An administrator shall ensure that a personnel member, or an employee or a volunteer who has or is expected to have direct interaction with a patient, provides evidence of freedom from infectious tuberculosis:

1. On or before the date the individual begins providing services at or on behalf of the recovery care center, and
2. As specified in R9-10-113.

- D. An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:

1. The individual's name, date of birth, and contact telephone number;
2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and

3. Documentation of:

- a. The individual's qualifications, including skills and knowledge applicable to the employee's job duties;
- b. The individual's education and experience applicable to the employee's job duties;
- c. The individual's completed orientation and in-service education as required by policies and procedures;
- d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
- e. The individual's compliance with the requirements in A.R.S. § 36-411;
- f. Cardiopulmonary resuscitation training, if required for the individual, according to R9-10-2102(C)(1)(e);

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- g. First aid training, if the individual is required to have according to this Article and policies and procedures; and
  - h. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (C).
- E.** An administrator shall ensure that personnel records are:
- 1. Maintained:
    - a. Throughout the individual's period of providing services in or for the recovery care center, and
    - b. For at least 24 months after the last date the individual provided services in or for the recovery care center; and
  - 2. For a personnel member who has not provided physical health services or behavioral health services at or for the recovery care center during the previous 12 months, provided to the Department within 72 hours after the Department's request.
- F.** An administrator shall ensure that:
- 1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
  - 2. A personnel member completes orientation before providing behavioral health services or physical health services;
  - 3. An individual's orientation is documented, to include:
    - a. The individual's name,
    - b. The date of the orientation, and
    - c. The subject or topics covered in the orientation;
  - 4. A director of nursing develops, documents, and implements a plan to provide in-service education specific to the duties of a personnel member;
  - 5. A personnel member's in-service education is documented, to include:
    - a. The personnel member's name,
    - b. The date of the training, and
    - c. The subject or topics covered in the training; and
  - 6. A work schedule of each personnel member is developed and maintained at the recovery care center for at least 12 months from the date of the work schedule.
- G.** An administrator shall ensure that a nursing personnel member:
- 1. Is 18 years of age or older,
  - 2. Is certified in cardiopulmonary resuscitation within the first month of employment,
  - 3. Maintains current certification in cardiopulmonary resuscitation, and
  - 4. Attends additional orientation that includes patient care and infection control policies and procedures.
- Historical Note**
- New Section R9-10-2105 renumbered from R9-10-505 and amended by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).
- R9-10-2106. Medical Staff**
- A.** A governing authority shall require that:
- 1. The organized medical staff is directly accountable to the governing authority for the quality of care provided by a medical staff member to a patient in a recovery care center;
  - 2. The medical staff bylaws and medical staff regulations are approved according to the medical staff bylaws and governing authority requirements;
  - 3. A medical staff member complies with medical staff bylaws and medical staff regulations;
  - 4. The medical staff includes at least two physicians who have clinical privileges to admit patients to the recovery care center;
  - 5. A medical staff member is available to direct patient care;
  - 6. Medical staff bylaws or medical staff regulations are established, documented, and implemented for the process of:
    - a. Conducting peer review according to A.R.S. Title 36, Chapter 4, Article 5;
    - b. Appointing members to the medical staff, subject to approval by the governing authority;
    - c. Establishing committees, including identifying the purpose and organization of each committee;
    - d. Appointing one or more medical staff members to a committee;
    - e. Requiring that each patient has a medical staff member who coordinates the patient's care;
    - f. Defining the responsibilities of a medical staff member to provide medical services to the medical staff member's patient;
    - g. Defining a medical staff member's responsibilities for the transfer of a patient;
    - h. Specifying requirements for oral, telephone, and electronic orders, including which orders require identification of the time of the order;
    - i. Establishing a time-frame for a medical staff member to complete a patient's medical record; and
    - j. Establishing criteria for granting, denying, revoking, and suspending clinical privileges; and
  - 7. The organized medical staff reviews the medical staff bylaws and the medical staff regulations at least once every three years and updates the bylaws and regulations as needed.
- B.** An administrator shall ensure that:
- 1. A medical staff member provides evidence of freedom from infectious tuberculosis as specified in R9-10-113 before providing services at the recovery care center and at least once every 12 months thereafter;
  - 2. A record for each medical staff member is established and maintained that includes:
    - a. A completed application for clinical privileges,
    - b. The dates and lengths of appointment and reappointment of clinical privileges,
    - c. The specific clinical privileges granted to the medical staff member including revision or revocation dates for each clinical privilege, and
    - d. A verification of current Arizona health care professional active license according to A.R.S. Title 32; and
  - 3. Except for documentation of peer review conducted according to A.R.S. § 36-445, a record under subsection (B)(2) is provided to the Department for review:
    - a. For a current medical staff member, within 2 hours after the Department's request, or
    - b. Within 72 hours after the time of the Department's request if the individual is no longer a current medical staff member.

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**Historical Note**

New Section R9-10-2106 renumbered from R9-10-506 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2107. Admission**

- A.** An administrator shall ensure that a physician only admits patients to the recovery care center who require recovery care services, as defined in A.R.S. § 36-448.51.
- B.** An administrator shall ensure that the following documents are in a patient's medical record at the time the patient is admitted to the recovery care center:
  1. A medical history and physical examination performed or approved by a member of the recovery care center's medical staff within 30 calendar days before the patient's admission to the recovery care center;
  2. A discharge summary from the referring health care institution or physician;
  3. Physician orders; and
  4. Documentation concerning health care directives.

**Historical Note**

New Section R9-10-2107 renumbered from R9-10-507 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2108. Discharge**

- A.** For a patient, an administrator shall ensure that discharge planning:
  1. Identifies the specific needs of the patient after discharge, if applicable;
  2. If a discharge date has been determined, identifies the anticipated discharge date;
  3. Includes the participation of the patient or the patient's representative;
  4. Is completed before discharge occurs;
  5. Provides the patient or the patient's representative with written information identifying classes or subclasses of health care institutions and the level of care that the health care institutions provide that may meet the patient's assessed and anticipated needs after discharge, if applicable; and
  6. Is documented in the patient's medical record.
- B.** For a patient discharge or a transfer of the patient, an administrator shall ensure that:
  1. A discharge summary is developed that includes:
    - a. A description of the patient's medical condition and the medical services provided to the patient; and
    - b. The signature of the medical practitioner coordinating the patient's medical services;
  2. A discharge order for the patient is received from a medical practitioner coordinating the patient's medical services before discharge, unless the patient leaves the recovery care center against a medical staff member's advice;
  3. Discharge instructions are developed and documented; and
  4. The patient or the patient's representative is provided with a copy of the discharge instructions.

**Historical Note**

New Section R9-10-2108 renumbered from R9-10-508 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2109. Transfer**

Except for a transfer of a patient due to an emergency, an administrator shall ensure that:

1. A personnel member coordinates the transfer and the services provided to the patient;
2. According to policies and procedures:
  - a. An evaluation of the patient is conducted before the transfer;
  - b. Information from the patient's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
  - c. A personnel member explains risks and benefits of the transfer to the patient or the patient's representative; and
3. Documentation in the patient's medical record includes:
  - a. Communication with an individual at a receiving health care institution;
  - b. The date and time of the transfer;
  - c. The mode of transportation; and
  - d. If applicable, the name of the personnel member accompanying the patient during a transfer.

**Historical Note**

New Section R9-10-2109 renumbered from R9-10-509 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2110. Patient Rights**

- A.** An administrator shall ensure:
  1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
  2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
  3. Policies and procedures include:
    - a. How and when a patient or the patient's representative is informed of the patient rights in subsection (C), and
    - b. Where patient rights are posted as required in subsection (A)(1).
- B.** An administrator shall ensure that:
  1. A patient is treated with dignity, respect, and consideration;
  2. A patient is not subjected to:
    - a. Abuse;
    - b. Neglect;
    - c. Exploitation;
    - d. Coercion;
    - e. Manipulation;
    - f. Sexual abuse;
    - g. Sexual assault;
    - h. Seclusion;
    - i. Restraint;
    - j. Retaliation for submitting a complaint to the Department or another entity; or
    - k. Misappropriation of personal and private property by a recovery care center's medical staff, personnel members, employees, volunteers, or students; and
  3. A patient or the patient's representative:
    - a. Except in an emergency, either consents to or refuses treatment;
    - b. May refuse or withdraw consent for treatment before treatment is initiated;

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- c. Except in an emergency, is informed of proposed treatment alternatives, associated risks, and possible complications;
  - d. Is informed of the following:
    - i. The recovery care center's policy on health care directives, and
    - ii. The patient complaint process;
  - e. Consents to photographs of the patient before the patient is photographed, except that a patient may be photographed when admitted to a recovery care center for identification and administrative purposes; and
  - f. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
    - i. Medical record, or
    - ii. Financial records.
- C. A patient has the following rights:**
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
  2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
  3. To receive privacy in treatment and care for personal needs;
  4. To have access to a telephone;
  5. To be advised of the recovery care center's policy regarding health care directives;
  6. To associate and communicate privately with individuals of the patient's choice;
  7. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
  8. To receive a referral to another health care institution if the health care institution is not authorized or not able to provide physical health services or behavioral health services needed by the patient;
  9. To participate or have the patient's representative participate in the development of, or decisions concerning treatment;
  10. To participate or refuse to participate in research or experimental treatment; and
  11. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.
- Historical Note**
- New Section R9-10-2110 renumbered from R9-10-510 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).
- R9-10-2111. Medical Records**
- A.** An administrator shall ensure that:
1. A patient's medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
  2. An entry in a patient's medical record is:
    - a. Recorded only by an individual authorized by policies and procedures to make the entry;
    - b. Dated, legible, and authenticated; and
    - c. Not changed to make the initial entry illegible;
  3. An order is:
    - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
    - b. Authenticated by a medical staff according to policies and procedures; and
    - c. If the order is a verbal order, authenticated by the medical staff issuing the order;
  4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
  5. A patient's medical record is available to an individual:
    - a. Authorized according by policies and procedures to access the patient's medical record;
    - b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative; or
    - c. As permitted by law;
  6. Policies and procedures that include the maximum time-frame to retrieve an onsite or off-site patient's medical record at the request of a medical staff or authorized personnel member; and
  7. A patient's medical record is protected from loss, damage, or unauthorized use.
- B.** If a recovery care center maintains patients' medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
  2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a patient's medical record contains:
1. Patient information that includes:
    - a. The patient's name,
    - b. The patient's address,
    - c. The patient's date of birth, and
    - d. Any known allergies;
  2. The date of admission and, if applicable, the date of discharge;
  3. The admitting diagnosis;
  4. A discharge summary from the referring health care institution or physician;
  5. If applicable, documented general consent and informed consent by the patient or the patient's representative;
  6. The medical history and physical examination required in R9-10-2107(B)(1);
  7. A copy of the patient's health care directive, if applicable;
  8. The name and telephone number of the patient's medical practitioner;
  9. If applicable, the name and contact information of the patient's representative and:
    - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
    - b. If the patient's representative:
      - i. Is a legal guardian, a copy of the court order establishing guardianship; or
      - ii. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney;
  10. Orders;
  11. Nursing assessment;
  12. Treatment plans;
  13. Progress notes;

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14. Documentation of recovery care center services provided to a patient;
  15. The disposition of the patient after discharge;
  16. The discharge plan;
  17. A discharge summary, if applicable;
  18. Transfer documentation from the referring health care institution or physician;
  19. If applicable:
    - a. A laboratory report,
    - b. A radiologic report,
    - c. A diagnostic report, and
    - d. A consultation report;
  20. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
  21. If applicable, documentation that evacuation from the recovery care center would cause harm to the patient; and
  22. Documentation of a medication administered to the patient that includes:
    - a. The date and time of administration;
    - b. The name, strength, dosage, and route of administration;
    - c. For a medication administered for pain on a PRN basis:
      - i. An assessment of the patient's pain before administering the medication, and
      - ii. The effect of the medication administered;
    - d. For a psychotropic medication administered on a PRN basis:
      - i. An assessment of the patient's behavior before administering the psychotropic medication, and
      - ii. The effect of the psychotropic medication administered;
    - e. The signature of the individual administering or observing the patient self-administer the medication; and
    - f. Any adverse reaction a patient has to the medication.
- D.** An administrator shall ensure that a patient's medical record is completed within 30 calendar days after the patient's discharge.

**Historical Note**

New Section R9-10-2111 renumbered from R9-10-511 and amended by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2112. Nursing Services**

- A.** An administrator shall appoint a registered nurse as the director of nursing who has the authority and responsibility to manage nursing services at a recovery care center.
- B.** A director of nursing shall:
1. Ensure that policies and procedures are developed, documented, and implemented to protect the health and safety of a patient that cover nursing assessments;
  2. Designate, in writing, a registered nurse to manage nursing services when the director of nursing is not present on a recovery care center's premises;
  3. Ensure that a recovery care center is staffed with nursing personnel according to the number of patients and their health care needs;
  4. Ensure that a patient receives medical services, nursing services, and health-related services based on the patient's nursing assessment and the physician's orders; and

5. Ensure that medications are administered by a nurse licensed according to A.R.S. Title 32, Chapter 15 or as otherwise provided by law.

- C.** An administrator shall ensure that a registered nurse completes a nursing assessment of each patient, which addresses patient care needs, when the patient is admitted to the recovery care center.
- D.** An administrator shall ensure that a licensed nurse provides a patient with written discharge instructions, based on the patient's health care needs and physician's instructions, before the patient is discharged from the recovery care center.

**Historical Note**

New Section R9-10-2112 renumbered from R9-10-512 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2113. Medication Services**

- A.** An administrator shall ensure that policies and procedures for medication services:
1. Include:
    - a. A process for providing information to a patient about medication prescribed for the patient including:
      - i. The prescribed medication's anticipated results,
      - ii. The prescribed medication's potential adverse reactions,
      - iii. The prescribed medication's potential side effects, and
      - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
    - b. Procedures for preventing, responding to, and reporting:
      - i. A medication error,
      - ii. An adverse reaction to a medication, or
      - iii. A medication overdose;
    - c. Procedures for documenting medication administration; and
    - d. Procedures to ensure that a patient's medication regimen and method of administration is reviewed by a medical practitioner to ensure the medication regimen meets the patient's needs; and
  2. Specify a process for review through the quality management program of:
    - a. A medication administration error, and
    - b. An adverse reaction to a medication.
- B.** An administrator shall ensure that:
1. Policies and procedures for medication administration:
    - a. Are reviewed and approved by a medical practitioner;
    - b. Specify the individuals who may:
      - i. Order medication, and
      - ii. Administer medication;
    - c. Ensure that medication is administered to a patient only as prescribed; and
    - d. Cover the documentation of a patient's refusal to take prescribed medication is documented in the patient's medical record;
  2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
  3. A medication administered to a patient:
    - a. Is administered in compliance with an order, and
    - b. Is documented in the patient's medical record.
- C.** An administrator shall ensure that:



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1. A current drug reference guide is available for use by personnel members;
2. A current toxicology reference guide is available for use by personnel members; and
3. If pharmaceutical services are provided on the premises:
  - a. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures, is established to:
    - i. Develop a drug formulary,
    - ii. Update the drug formulary at least every 12 months,
    - iii. Develop medication usage and medication substitution policies and procedures, and
    - iv. Specify which medications and medication classifications are required to be stopped automatically after a specific time period unless the ordering medical staff member specifically orders otherwise;
  - b. The pharmaceutical services are provided under the direction of a pharmacist;
  - c. The pharmaceutical services comply with ARS Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
  - d. A copy of the pharmacy license is provided to the Department upon request.

**D.** When medication is stored at a recovery care center, an administrator shall ensure that:

1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
2. Medication is stored according to the instructions on the medication container; and
3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient for:
  - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication;
  - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
  - c. A medication recall and notification of patients who received recalled medication; and
  - d. Storing, inventorying, and dispensing controlled substances.

**E.** An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the recovery care center's director of nursing.

**Historical Note**

New Section R9-10-2113 renumbered from R9-10-513 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2114. Ancillary Services**

An administrator shall ensure that:

1. Laboratory services are provided on the premises, or are available through contract, with a laboratory that holds a certificate of accreditation or certificate of compliance issued by the U.S. Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967; and

2. Pharmaceutical services are provided on the premises, or are available through contract, by a pharmacy licensed according to A.R.S. Title 32, Chapter 18.

**Historical Note**

New Section R9-10-2114 renumbered from R9-10-514 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2115. Food Services**

**A.** An administrator shall ensure that:

1. The recovery care center has a license or permit as a food establishment under 9 A.A.C. 8, Article 1;
2. A copy of the recovery care center's food establishment license or permit is maintained; and
3. If a recovery care center contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the recovery care center:
  - a. A copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the recovery care center; and
  - b. The recovery care center is able to store, refrigerate, and reheat food to meet the dietary needs of a patient.

**B.** An administrator shall:

1. Designate a food service manager who is responsible for food service in the recovery care center; and
2. Ensure that a current therapeutic diet reference manual is available to the food service manager.

**C.** A food service manager shall ensure that:

1. Food is prepared:
  - a. Using methods that conserve nutritional value, flavor, and appearance; and
  - b. In a form to meet the needs of a patient such as cut, chopped, ground, pureed, or thickened;
2. A food menu:
  - a. Is prepared at least one week in advance,
  - b. Includes the foods to be served each day,
  - c. Is conspicuously posted at least one day before the first meal on the food menu will be served,
  - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
  - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
3. Meals and snacks provided by the recovery care center are served according to posted menus;
4. Meals and snacks for each day are planned using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2010.asp>;
5. A patient is provided:
  - a. A diet that meets the patient's nutritional needs and, if applicable, the orders of the patient's physician;
  - b. Three meals a day with not more than 14 hours between the evening meal and breakfast except as provided in subsection (C)(5)(d);
  - c. The option to have a daily evening snack identified in subsection (C)(5)(d)(ii) or other snack; and
  - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
    - i. A patient agrees; and
    - ii. The patient is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and veg-

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- etable food group or the bread and cereal food group;
6. A patient requiring assistance to eat is provided with assistance that recognizes the patient's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
  7. Water is available and accessible to a patient.

**Historical Note**

New Section R9-10-2115 renumbered from R9-10-515 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2116. Emergency and Safety Standards**

- A. An administrator shall ensure that policies and procedures for providing emergency treatment are established, documented, and implemented that protect the health and safety of patients and include:
  1. Basic life support procedures, including the administration of oxygen and cardiopulmonary resuscitation; and
  2. Transfer arrangements for patients who require care not provided by the recovery care center.
- B. An administrator shall ensure that emergency treatment is provided to a patient admitted to the recovery care center according to policies and procedures.
- C. An administrator shall ensure that:
  1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
    - a. When, how, and where patients will be relocated, including:
      - i. Instructions for the evacuation or transfer of patients,
      - ii. Assigned responsibilities for each employee and personnel member, and
      - iii. A plan for providing continuing services to meet patient's needs;
    - b. How each patient's medical record will be available to individuals providing services to the patient during a disaster;
    - c. A plan to ensure each patient's medication will be available to administer to the patient during a disaster; and
    - d. A plan for obtaining food and water for individuals present in the recovery care center or the recovery care center's relocation site during a disaster;
  2. The disaster plan required in subsection (C)(1) is reviewed at least once every 12 months;
  3. Documentation of a disaster plan review required in subsection (C)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
    - a. The date and time of the disaster plan review;
    - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
    - c. A critique of the disaster plan review; and
    - d. If applicable, recommendations for improvement;
  4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
  5. An evacuation drill for employees and patients:
    - a. Is conducted at least once every six months;
    - b. Includes all individuals on the premises except for:
      - i. A patient whose medical record contains documentation that evacuation from the recovery

care center would cause harm to the patient, and

- ii. Sufficient personnel members to ensure the health and safety of patients not evacuated according to subsection (C)(5)(b)(i);
6. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
  - a. The date and time of the evacuation drill;
  - b. The amount of time taken for employees and patients to evacuate to a designated area;
  - c. If applicable:
    - i. An identification of patients needing assistance for evacuation, and
    - ii. An identification of patients who were not evacuated;
  - d. Any problems encountered in conducting the evacuation drill; and
  - e. Recommendations for improvement, if applicable; and
7. An evacuation path is conspicuously posted on each hallway of each floor of the recovery care center.
- D. An administrator shall:
  1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
  2. Make any repairs or corrections stated on the inspection report, and
  3. Maintain documentation of a current fire inspection.

**Historical Note**

New Section R9-10-2116 renumbered from R9-10-516 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2117. Environmental Standards**

- A. An administrator shall ensure the recovery care center's infection control policies and procedures include:
  1. Development and implementation of a written plan for preventing, detecting, reporting, and controlling communicable diseases and infection;
  2. Handling and disposal of biohazardous medical waste; and
  3. Sterilization, disinfection, and storage of medical equipment and supplies.
- B. An administrator shall ensure that:
  1. A recovery care center's premises and equipment are:
    - a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness or infection; and
    - b. Free from a condition or situation that may cause a patient or an individual to suffer physical injury;
  2. A pest control program is implemented and documented;
  3. Equipment used to provide recovery care services is:
    - a. Maintained in working order;
    - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
    - c. Used according to the manufacturer's recommendations;
  4. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;

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5. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
  6. Soiled linen and clothing are:
    - a. Collected in a manner to minimize or prevent contamination;
    - b. Bagged at the site of use; and
    - c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas;
  7. Garbage and refuse are:
    - a. Stored in covered containers lined with plastic bags, and
    - b. Removed from the premises at least once a week;
  8. Heating and cooling systems maintain the recovery care center at a temperature between 70° F and 84° F;
  9. Common areas:
    - a. Are lighted to assure the safety of patients, and
    - b. Have lighting sufficient to allow personnel members to monitor patient activity;
  10. The supply of hot and cold water is sufficient to meet the personal hygiene needs of patients and the cleaning and sanitation requirements in this Article;
  11. Oxygen containers are secured in an upright position;
  12. Poisonous or toxic materials stored by the recovery care center are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to patients;
  13. Combustible or flammable liquids and hazardous materials stored by the recovery care center are stored in the original labeled containers or safety containers in a locked area inaccessible to patients;
  14. If pets or animals are allowed in the recovery care center, pets or animals are:
    - a. Controlled to prevent endangering the patients and to maintain sanitation; and
    - b. Licensed consistent with local ordinances;
  15. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
    - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
    - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
    - c. Documentation of testing is retained for at least 12 months after the date of the test; and
  16. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to applicable state laws and rules.
- C. An administrator shall ensure that:
1. Smoking tobacco products is not permitted within a recovery care center; and
  2. Smoking tobacco products may be permitted outside a recovery care center if:
    - a. Signs designating smoking areas are conspicuously posted, and
    - b. Smoking is prohibited in areas where combustible materials are stored or in use.

**Historical Note**

New Section R9-10-2117 renumbered from R9-10-517 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2118. Physical Plant Standards**

- A. An administrator shall ensure that recovery care center's patient rooms and service areas comply with the applicable physical plant health and safety codes and standards, incorporated by reference in R9-10-104.01, in effect on the date the recovery care center submitted architectural plans and specifications to the Department for approval, according to R9-10-104.
- B. An administrator shall ensure that the premises and equipment are sufficient to accommodate:
  1. The services stated in the recovery care center's scope of services; and
  2. An individual accepted as a patient by the recovery care center.
- C. An administrator shall ensure that the recovery care center does not allow more than two beds per room.

**Historical Note**

New Section R9-10-2118 renumbered from R9-10-518 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**ARTICLE 22. NURSING-SUPPORTED GROUP HOMES****R9-10-2201. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the definitions in A.R.S. § 36-551 apply in this Article unless otherwise specified.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2202. Supplementary Application Requirements and Documentation Submission Requirements**

- A. In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as a nursing-supported group home shall include:
  1. In a Department-provided format, whether the applicant is requesting authorization:
    - a. To admit residents who:
      - i. Are on a ventilator,
      - ii. Have a tracheostomy tube, or
      - iii. Receive total parenteral nutrition; or
    - b. To provide:
      - i. Services to individuals under 18 years of age, including the licensed capacity requested;
      - ii. Restraint;
      - iii. Clinical laboratory services; or
      - iv. Respiratory care services; and
  2. A copy of the applicant's service provider award letter with the Division.
- B. A licensee shall submit to the Department, with the relevant fees required in R9-10-106(C) and in a Department-provided format:
  1. The information required in subsection (A)(1), as applicable; and
  2. Documentation of the licensee's service provider contract with the Division.

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**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2203. Administration****A.** A governing authority shall:

1. Consist of one or more individuals responsible for the organization, operation, and administration of a nursing-supported group home;
2. Establish, in writing, the nursing-supported group home's scope of services;
3. Designate, in writing, an administrator for the nursing-supported group home who:
  - a. Is at least 21 years old; and
  - b. Meets one of the following:
    - i. Is a registered nurse,
    - ii. Is a nursing care institution administrator, or
    - iii. Has a minimum of three-years' experience working as an administrator or personnel member in a nursing-supported group home or other health care institution licensed under this Chapter;
4. Adopt a quality management program according to R9-10-2204;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate, in writing, an acting administrator who meets the requirements in subsection (A)(3), if the administrator is:
  - a. Expected not to be present on the premises of the nursing-supported group home for more than 30 calendar days, or
  - b. Not present on the premises of the nursing-supported group home for more than 30 calendar days; and
7. Except as permitted in subsection (A)(6), when there is a change of administrator:
  - a. Notify the Department according to A.R.S. § 36-425(I), and
  - b. Submit to the Department a copy of documentation demonstrating the new administrator's compliance with the requirements in subsection (A)(3).

**B.** An administrator:

1. Is directly accountable to the governing authority of a nursing-supported group home for the daily operation of the nursing-supported group home and all services provided by or at the nursing-supported group home;
2. Has the authority and responsibility to manage the nursing-supported group home;
3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the premises of the nursing-supported group home and accountable for the nursing-supported group home when the administrator is not present on the nursing-supported group home's premises; and
4. Ensures the nursing-supported group home's compliance with A.R.S. § 36-411 and, as applicable, A.R.S. § 8-804 or § 46-459.

**C.** An administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident that:
  - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and

experience for personnel members, employees, volunteers, and students;

- b. Cover the process for checking on a personnel member through the adult protective services registry, established according to A.R.S. § 46-459, or the central registry, established according to A.R.S. § 8-804, as applicable;
- c. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
- d. Include methods to prevent abuse or neglect of a resident, including:
  - i. Training of personnel members, at least annually, on how to recognize the signs and symptoms of abuse or neglect; and
  - ii. Reporting of abuse or neglect of a resident;
- e. Include how a personnel member may submit a complaint relating to resident care;
- f. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
- g. Cover cardiopulmonary resuscitation training including:
  - i. Which personnel members are required to obtain cardiopulmonary resuscitation training;
  - ii. The method and content of cardiopulmonary resuscitation training, which includes a demonstration of the ability to perform cardiopulmonary resuscitation;
  - iii. The qualifications for an individual to provide cardiopulmonary resuscitation training;
  - iv. The time-frame for renewal of cardiopulmonary resuscitation training; and
  - v. The documentation that verifies an individual has received cardiopulmonary resuscitation training;
- h. Cover first aid training;
- i. Include a method to identify a resident to ensure the resident receives physical health services, habilitation services, and behavioral care as ordered;
- j. Cover resident rights, including assisting a resident who does not speak English or who has a disability to become aware of resident rights;
- k. Cover specific steps for:
  - i. A resident to file a complaint, and
  - ii. The nursing-supported group home to respond to a resident's complaint;
- l. Cover health care directives;
- m. Cover medical records, including electronic medical records;
- n. Cover a quality management program, including incident reports and supporting documentation;
- o. Cover contracted services;
- p. Cover resident's personal accounts;
- q. Cover petty cash funds;
- r. If the nursing-supported group home may admit a resident who is not placed in the nursing-supported group home by the Division, cover:
  - i. Fees and the process for receiving a fee for a resident,
  - ii. The reasons and process for terminating residency, and
  - iii. The process for refunding a fee for a resident;
- s. Cover smoking and the use of tobacco products on the premises;

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- t. Cover the storage and use of alcoholic beverages on the premises; and
  - u. Cover when an individual may visit a resident in a nursing-supported group home;
- 2. Policies and procedures for physical health services, habilitation services, and behavioral care are established, documented, and implemented to protect the health and safety of a resident that:
  - a. Cover resident screening, admission, transport, transfer, discharge planning, and discharge;
  - b. Cover the provision of physical health services, habilitation services, and behavioral care;
  - c. Cover acuity, including a process for obtaining sufficient nursing personnel and other personnel members to meet the needs of residents;
  - d. Include when general consent and informed consent are required;
  - e. Cover storing, dispensing, administering, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;
  - f. Cover infection control;
  - g. Cover interventions to address a resident's inappropriate behavior, including:
    - i. The hierarchy for use;
    - ii. Use of time-outs for inappropriate behavior; and
    - iii. Except in an emergency, require positive techniques for behavior modification to be used before more restrictive methods are used;
  - h. Cover restraints, both chemical restraints and physical restraints if applicable, that:
    - i. Require an order, including the frequency of monitoring and assessing the restraint; and
    - ii. Are necessary to prevent imminent harm to self or others, including how personnel members will respond to a resident's sudden, intense, or out-of-control behavior;
  - i. Cover telehealth, if applicable;
  - j. Cover environmental services that affect resident care;
  - k. Cover the security of a resident's possessions that are allowed on the premises;
  - l. Cover methods to encourage participation of a resident's family or friends or other individuals in activities planned according to R9-10-2210(B);
  - m. Include a method for obtaining an advocate for a resident, if necessary;
  - n. Cover resident outings;
  - o. Cover the process for obtaining resident preferences for social, recreational, or rehabilitative activities and meals and snacks; and
  - p. Cover whether pets and animals are allowed on the premises, including procedures to ensure that any pets or animals allowed on the premises do not endanger the health or safety of residents or the public;
- 3. Policies and procedures are reviewed at least once every three years and updated as needed;
- 4. Policies and procedures are available to personnel members, employees, volunteers, and students; and
- 5. Unless otherwise stated:
  - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
  - b. When documentation or information is required by this Chapter to be submitted on behalf of a nursing-supported group home, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the nursing-supported group home.
- D. If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was admitted or while the resident is not on the premises and not receiving services from a nursing-supported group home's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the resident as follows:
  - 1. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
  - 2. For a resident under 18 years of age, according to A.R.S. § 13-3620.
- E. If an administrator has a reasonable basis, according to A.R.S. §§ 13-3620 or 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a resident is receiving services from a nursing-supported group home's employee or personnel member, an administrator shall:
  - 1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
  - 2. Report the suspected abuse, neglect, or exploitation of the resident as follows:
    - a. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
    - b. For a resident under 18 years of age, according to A.R.S. § 13-3620;
  - 3. Document:
    - a. The suspected abuse, neglect, or exploitation;
    - b. Any action taken according to subsection (E)(1); and
    - c. The report in subsection (E)(2);
  - 4. Maintain the documentation in subsection (E)(3) for at least 12 months after the date of the report in subsection (E)(2);
  - 5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (E)(2):
    - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
    - b. A description of any injury to the resident related to the suspected abuse or neglect and any change to the resident's physical, cognitive, functional, or emotional condition;
    - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
    - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
  - 6. Maintain a copy of the documented information required in subsection (E)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- F. An administrator shall:
  - 1. Allow a resident advocate to assist a resident or the resident's representative with a request or recommendation, and document in writing any complaint submitted to the nursing-supported group home;

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2. Ensure that a monthly schedule of recreational activities for residents is developed, documented, and implemented; and
3. Ensure that the following are conspicuously posted on the premises:
  - a. The current nursing-supported group home license issued by the Department;
  - b. The name, address, and telephone number of:
    - i. The Department's Bureau of Assisted Living Facilities Licensing;
    - ii. Adult Protective Services of the Department of Economic Security; and
    - iii. If applicable, Child Protective Services of the Department of Child Safety;
  - c. A notice that a resident may file a complaint with the Department concerning the nursing-supported group home;
  - d. The monthly schedule of recreational activities; and
  - e. One of the following:
    - i. A copy of the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect; or
    - ii. A notice that the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect are available for review upon request.
- G.** An administrator shall provide written notification to the Department of a resident's:
  1. Death, if the resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death; and
  2. Self-injury, within two working days after the resident inflicts a self-injury that requires immediate intervention by an emergency medical services provider.
- H.** An administrator shall:
  1. Notify a resident's representative, family member, or other individual designated by the resident within one calendar day after:
    - a. The resident's death,
    - b. There is a significant change in the resident's medical condition, or
    - c. The resident has an illness or injury that requires immediate intervention by an emergency medical services provider or treatment by a health care provider; and
  2. For an illness or injury in subsection (H)(1)(c), document the following:
    - a. The date and time of the illness or injury;
    - b. A description of the illness or injury;
    - c. If applicable, the names of individuals who observed the injury;
    - d. The actions taken by personnel members, according to policies and procedures;
    - e. The individuals notified by the personnel members; and
    - f. Any action taken to prevent the illness or injury from occurring in the future.
- I.** If an administrator administers a resident's personal account at the request of the resident or the resident's representative, the administrator shall:
  1. Comply with policies and procedures established according to subsection (C)(1)(p);
  2. Designate a personnel member who is responsible for the personal accounts;
  3. Maintain a complete and separate accounting of each personal account;
  4. Obtain written authorization from the resident or the resident's representative for a personal account transaction;
  5. Document an account transaction and provide a copy of the documentation to the resident or the resident's representative upon request and at least every three months;
  6. Transfer all money from the resident's personal account in excess of \$50.00 to an interest-bearing account and credit the interest to the resident's personal account; and
  7. Within 30 calendar days after the resident's death, transfer, or discharge, return all money in the resident's personal account and a final accounting to the resident, the resident's representative, or the probate jurisdiction administering the resident's estate.
- J.** If a petty cash fund is established for use by residents, the administrator shall ensure that:
  1. The policies and procedures established according to subsection (C)(1)(q) include:
    - a. A prescribed cash limit of the petty cash fund, and
    - b. The hours of the day a resident may access the petty cash fund; and
  2. A resident's written acknowledgment is obtained for a petty cash transaction.
- K.** An administrator shall ensure that an acuity plan is developed, documented, and implemented for the nursing-supported group home that:
  1. Includes:
    - a. A method that establishes the types and numbers of personnel members that are required in the nursing-supported group home to ensure resident health and safety, and
    - b. A policy and procedure stating the steps the nursing-supported group home will take to obtain or assign the necessary personnel members to address resident acuity;
  2. Is used when making assignments for resident treatment; and
  3. Is reviewed and updated, as necessary, at least once every 12 months.
- L.** An administrator shall establish and document the criteria for determining when a resident's absence is unplanned, including the criteria for a resident who:
  1. Is absent against medical advice,
  2. Is under the age of 18, or
  3. Does not return to the nursing-supported group home at the expected time after a planned absence.
- M.** An administrator shall ensure that documentation of the most recent monitoring of the nursing-supported group home, conducted by the Arizona Department of Economic Security under A.R.S. § 36-557(G)(2), is on the premises of the nursing-supported group home.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-2204. Quality Management**

An administrator shall ensure that:

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1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
    - a. A method to identify, document, and evaluate incidents;
    - b. A method to collect data to evaluate services provided to residents;
    - c. A method to evaluate the data collected to identify a concern about the delivery of services related to resident care;
    - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care; and
    - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
  2. A documented report is submitted to the governing authority that includes:
    - a. An identification of each concern about the delivery of services related to resident care, and
    - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to resident care; and
  3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.
- b. Include:
    - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services, habilitation services, or behavioral care listed in the established job description;
    - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services, habilitation services, or behavioral care listed in the established job description; and
    - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services, habilitation services, or behavioral care listed in the established job description;
  2. A personnel member's skills and knowledge are verified and documented:
    - a. Before the personnel member provides physical health services, habilitation services, or behavioral care; and
    - b. According to policies and procedures; and
  3. Sufficient personnel members are present on a nursing-supported group home's premises with the qualifications, skills, and knowledge necessary to:
    - a. Provide the services in the nursing-supported group home's scope of services,
    - b. Meet the needs of a resident, and
    - c. Ensure the health and safety of a resident.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2205. Contracted Services**

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2206. Personnel**

**A.** An administrator shall ensure that:

1. A personnel member is:
  - a. At least 21 years old, or
  - b. At least 18 years old and is licensed or certified under A.R.S. Title 32 and providing services within the personnel member's scope of practice;
2. An employee is at least 18 years old;
3. A student is at least 18 years old; and
4. A volunteer is at least 21 years old.

**B.** An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
  - a. Are based on:
    - i. The type of physical health services, habilitation services, or behavioral care expected to be provided by the personnel member according to the established job description; and
    - ii. The acuity of the residents receiving physical health services, habilitation services, or behavioral care from the personnel member according to the established job description; and

- C.** An administrator shall ensure that an organizational chart of the nursing-supported group home is established, updated as necessary, and maintained on the premises:
  1. Outlining the roles, responsibilities, and relationships within the nursing-supported group home; and
  2. Including the name and, if applicable, the license or certification credential of each individual shown on the organizational chart.
- D.** An administrator shall ensure that, if a personnel member provides services that require a license under A.R.S. Title 32 or 36, the personnel member is licensed under A.R.S. Title 32 or 36, as applicable.
- E.** An administrator shall ensure that an individual who is a licensed baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision as defined in 4 A.A.C. 6, Article 1.
- F.** An administrator shall ensure that a personnel member or an employee or volunteer who has or is expected to have direct interaction with a resident for more than eight hours a week provides evidence of freedom from infectious tuberculosis:
  1. On or before the date the individual begins providing services at or on behalf of the nursing-supported group home, and
  2. As specified in R9-10-113.
- G.** An administrator shall ensure that:
  1. The types and numbers of nurses and other personnel members required according to the acuity plan in R9-10-

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- 2203(K) are present in the nursing-supported group home;
2. Documentation of the nurses and other personnel members present on the nursing-supported group home's premises each day is maintained and includes:
    - a. The date;
    - b. The number of residents;
    - c. The name, license or certification credential if applicable, and assigned duties of each nurse or other personnel member who worked that day; and
    - d. The actual number of hours each nurse or other personnel member worked that day; and
  3. The documentation of nurses and other personnel members required in subsection (G)(2) is maintained for at least 12 months after the date of the documentation.
- H.** An administrator shall ensure that a personnel member is on duty, on the premises, awake, and able to respond, according to policies and procedures, to injuries, symptoms of illness, or fire or other emergencies on the premises.
- I.** An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:
1. The individual's name, date of birth, and contact telephone number;
  2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
  3. Documentation of:
    - a. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
    - b. The individual's education and experience applicable to the individual's job duties;
    - c. The individual's compliance with the requirements in A.R.S. § 36-411;
    - d. The nursing-supported group home's check on the individual in the adult protective services registry, established according to A.R.S. § 46-459, or the central registry, established according to A.R.S. § 8-804, as applicable;
    - e. Orientation and in-service education as required by policies and procedures;
    - f. Training in preventing, recognizing, and reporting abuse or neglect, required according to R9-10-2203(C)(1)(d)(i);
    - g. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
    - h. If applicable, the individual's qualifications and ongoing training for each type of restraint used, as required in R9-10-2217;
    - i. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-2203(C)(1)(g);
    - j. First aid training, if required for the individual according to this Article or policies and procedures;
    - k. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (F); and
    - l. The individual's compliance with the requirements in A.R.S. § 36-420.01 regarding fall prevention and fall recovery training.
- J.** An administrator shall ensure that personnel records are:
1. Maintained:
    - a. Throughout the individual's period of providing services in or for the nursing-supported group home, and
    - b. For at least 24 months after the last date the individual provided services in or for the nursing-supported group home; and
  2. For a personnel member who has not provided physical health services, habilitation services, or behavioral care at or for the nursing-supported group home during the previous 12 months, provided to the Department within 72 hours after the Department's request.
- K.** An administrator shall ensure that:
1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
  2. A personnel member completes orientation before providing physical health services, habilitation services, or behavioral care;
  3. An individual's orientation is documented, to include:
    - a. The individual's name,
    - b. The date of the orientation, and
    - c. The subject or topics covered in the orientation;
  4. A plan to provide in-service education specific to the duties of a personnel member is developed, documented, and implemented;
  5. A personnel member's in-service education is documented, to include:
    - a. The personnel member's name,
    - b. The date of the training, and
    - c. The subject or topics covered in the training; and
  6. A work schedule of each personnel member is developed and maintained at the nursing-supported group home for at least 12 months after the date of the work schedule.
- L.** An administrator shall ensure that a fall prevention and fall recovery program that complies with requirements in A.R.S. § 36-420.01 is developed, documented, and implemented.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-2207. Admissions**

An administrator shall ensure that:

1. A resident is admitted only:
  - a. On a physician's order or based on a placement evaluation by the Division;
  - b. If the resident has or is at risk for having a developmental disability or cognitive disability;
  - c. If the resident's placement evaluation indicates that the resident requires continuous nursing services;
  - d. If the resident's placement evaluation indicates that the resident's needs can be met by the nursing-supported group home; and
  - e. Except when the resident's placement evaluation states that the resident would benefit from being part of a group that includes residents of different ages or social needs, if the resident can be assigned to a room within the nursing-supported group home with other residents of similar ages or social needs;
2. The physician's admitting order or placement evaluation documentation in subsection (1)(a) includes the physical health services, habilitation services, and behavioral care



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required to meet the immediate needs of a resident, including medication and food services;

3. At the time of a resident's admission, a registered nurse conducts or coordinates an initial assessment on a resident to determine the resident's acuity and ensure the resident's immediate needs are met;
4. The resident's individual service and program plan, as required by A.A.C. R6-6-602, accompanies the resident;
5. A resident's needs do not exceed the medical services, rehabilitation services, and nursing services available at the nursing-supported group home as established in the nursing-supported group home's scope of services;
6. A resident is assigned to the nursing-supported group home based, as applicable, on the patient's:
  - a. Documented diagnosis,
  - b. Treatment needs,
  - c. Developmental level,
  - d. Social skills,
  - e. Verbal skills, and
  - f. Acuity;
7. A resident does not share any space, participate in any activity or treatment, or verbally or physically interact with any other resident that, based on the other resident's documented diagnosis, treatment needs, developmental level, social skills, verbal skills, and personal history, may present a threat to the resident's health and safety;
8. Within 30 calendar days before admission or 10 working days after admission, a medical history and physical examination is completed on a resident by:
  - a. A medical practitioner designated for the resident, or
  - b. A physician assistant or a registered nurse practitioner designated by the resident's designated medical practitioner;
9. Compliance with the requirements in subsection (8) is documented in the resident's medical record;
10. Except as specified in subsection (11), a resident provides evidence of freedom from infectious tuberculosis:
  - a. Before or within seven calendar days after the resident's admission, and
  - b. As specified in R9-10-113; and
11. A resident who transfers from a nursing care institution or another nursing-supported group home to the nursing-supported group home is not required to be rescreened for tuberculosis as specified in R9-10-113 if:
  - a. Fewer than 12 months have passed since the resident was screened for tuberculosis, and
  - b. The documentation of freedom from infectious tuberculosis required in subsection (10) accompanies the resident at the time of transfer.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2208. Transfer; Discharge**

- A.** An administrator, in coordination with the Division if applicable, shall ensure that:
1. A resident is transferred or discharged if:
    - a. The nursing-supported group home is not authorized or not able to meet the needs of the resident,
    - b. The resident no longer requires continuous nursing services, or

- c. The resident's behavior is a threat to the health or safety of the resident or other individuals at the nursing-supported group home; and
2. Documentation of a resident's transfer or discharge includes:
  - a. The date of the transfer or discharge,
  - b. The reason for the transfer or discharge,
  - c. A notation by a physician or the physician's designee if the transfer or discharge is due to any of the reasons listed in subsection (A)(1), and
  - d. If applicable, actions taken by a personnel member to protect the resident or other individuals if the resident's behavior is a threat to the health and safety of the resident or other individuals in the nursing-supported group home and beyond the nursing-supported group home's scope of services.
- B.** Except for a transfer of a resident due to an emergency, an administrator shall ensure that:
  1. A registered nurse coordinates the transfer and the services provided to the resident;
  2. According to policies and procedures:
    - a. An evaluation of the resident is conducted before the transfer;
    - b. Information from the resident's medical record, including the following, is provided to a receiving health care institution:
      - i. Orders that are in effect at the time of the transfer; and
      - ii. The resident's need for nursing services, rehabilitation services, or habilitation services at the time of transfer; and
    - c. A personnel member explains risks and benefits of the transfer to the resident or the resident's representative; and
  3. Documentation in the resident's medical record includes:
    - a. Communication with an individual at a receiving health care institution;
    - b. The date and time of the transfer;
    - c. The mode of transportation; and
    - d. If applicable, the name of the personnel member accompanying the resident during a transfer.
- C.** Except in an emergency, a registered nurse shall ensure that before a resident is discharged:
  1. Written follow-up instructions are developed with the resident or the resident's representative that include:
    - a. Information necessary to meet the resident's need for medical services and nursing services, including specific care instructions and whether the resident requires any durable medical equipment or supplies; and
    - b. The state long-term care ombudsman's name, address, and telephone number;
  2. A copy of the written follow-up instructions is provided to the resident or the resident's representative; and
  3. A discharge summary:
    - a. Is developed by a registered nurse;
    - b. Authenticated by the resident's designated medical practitioner or designee; and
    - c. Includes:
      - i. The resident's need for nursing services, rehabilitation services, or habilitation services at the time of discharge;
      - ii. The resident's need for medical services;

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- iii. The resident's developmental, behavioral, social, and nutritional status;
- iv. The resident's medical and psychosocial history;
- v. The date of the discharge; and
- vi. The location of the resident after discharge.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2209. Transport**

- A.** Except as provided in subsections (B) and (C), an administrator shall ensure that:
1. A personnel member authorized by policies and procedures coordinates the transport and the services provided to the resident;
  2. According to policies and procedures:
    - a. An evaluation of the resident is conducted before and after the transport,
    - b. Information from the resident's medical record is provided to a receiving health care institution, and
    - c. A personnel member explains risks and benefits of the transport to the resident or the resident's representative; and
  3. Documentation in the resident's medical record includes:
    - a. Communication with an individual at a receiving health care institution;
    - b. The date and time of the transport;
    - c. The mode of transportation; and
    - d. If applicable, the name of the personnel member accompanying the resident during a transport.
- B.** If the transport of a resident is to provide the resident with rehabilitation services or habilitation services off the premises, an administrator shall ensure that:
1. The rehabilitation services or habilitation services are included in the resident's individual program plan,
  2. A registered nurse coordinates the transport and the services provided to the resident, and
  3. The resident is transported according to R9-10-2210(A).
- C.** Subsection (A) does not apply to:
1. Except as provided in subsection (B), transportation according to R9-10-2210 to a location other than a licensed health care institution;
  2. Transportation provided for a resident by the resident or the resident's representative;
  3. Transportation provided by an outside entity that was arranged for a resident by the resident or the resident's representative; or
  4. A transport to another licensed health care institution in an emergency.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2210. Transportation; Resident Outings**

- A.** An administrator of a nursing-supported group home that uses a vehicle owned or leased by the nursing-supported group home to provide transportation to a resident shall ensure that:
1. The vehicle:
    - a. Is safe and in good repair,
    - b. Contains a first aid kit,

- c. Contains drinking water sufficient to meet the needs of each resident present in the vehicle, and
  - d. Contains a working heating and air conditioning system;
2. Documentation of current vehicle insurance and a record of maintenance performed or a repair of the vehicle is maintained;
  3. A driver of the vehicle:
    - a. Is 21 years of age or older;
    - b. Has a valid driver license and no driving restriction on the driver's documentation of compliance with the requirements in A.R.S. § 36-411;
    - c. Operates the vehicle in a manner that does not endanger a resident in the vehicle;
    - d. Does not leave in the vehicle an unattended:
      - i. Child;
      - ii. Resident who may be a threat to the health, safety, or welfare of the resident or another individual; or
      - iii. Resident who is incapable of independent exit from the vehicle; and
    - e. Ensures the safe and hazard-free loading and unloading of residents; and
  4. Transportation safety is maintained as follows:
    - a. An individual in the vehicle is sitting in a seat, which may include the seat of a wheel chair, and wearing a working seat belt while the vehicle is in motion; and
    - b. Each seat in the vehicle is securely fastened to the vehicle and provides sufficient space for a resident's body.
- B.** An administrator shall ensure that an outing is consistent with the age, physical ability, medical condition, and treatment needs of each resident participating in the outing.
- C.** An administrator shall ensure that:
1. A sufficient number of personnel members are present on an outing to ensure the health and safety of a resident on the outing;
  2. Each personnel member on the outing has documentation of current training in cardiopulmonary resuscitation according to R9-10-2203(C)(1)(g) and first aid training;
  3. Documentation is developed before an outing that includes:
    - a. The name of each resident participating in the outing;
    - b. A description of the outing;
    - c. The date of the outing;
    - d. The anticipated departure and return times;
    - e. The name, address, and, if available, telephone number of the outing destination; and
    - f. If applicable, the license plate number of a vehicle used to provide transportation for the outing;
  4. The documentation described in subsection (C)(3) is updated to include the actual departure and return times and is maintained for at least 12 months after the date of the outing; and
  5. Emergency information for a resident participating in the outing is maintained by a personnel member participating in the outing or in the vehicle used to provide transportation for the outing and includes:
    - a. The resident's name;
    - b. Medication information, including the name, dosage, route of administration, and directions for each

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medication needed by the resident during the anticipated duration of the outing;

- c. The resident's allergies; and
- d. The name and telephone number of a designated individual, who is present on the nursing-supported group home's premises, to notify in case of an emergency.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2211. Resident Rights****A.** An administrator shall ensure that:

1. The requirements in subsection (B) and the resident rights in subsection (C) are conspicuously posted on the premises;
2. At the time of admission, a resident or the resident's representative receives a written copy of the requirements in subsection (B) and the resident rights in subsection (C); and
3. Policies and procedures include:
  - a. How and when a resident or the resident's representative is informed of resident rights in subsection (C), and
  - b. Where resident rights are posted as required in subsection (A)(1).

**B.** An administrator shall ensure that:

1. A resident has privacy in:
  - a. Treatment,
  - b. Bathing and toileting,
  - c. Room accommodations, and
  - d. Visiting or meeting with another resident or an individual;
2. A resident is treated with dignity, respect, and consideration;
3. A resident is not subjected to:
  - a. Abuse;
  - b. Neglect;
  - c. Exploitation;
  - d. Coercion;
  - e. Manipulation;
  - f. Sexual abuse;
  - g. Sexual assault;
  - h. Seclusion;
  - i. Except as allowed in R9-10-2217, restraint;
  - j. Retaliation for submitting a complaint to the Department or another entity;
  - k. Misappropriation of personal and private property by a nursing-supported group home's personnel members, employees, volunteers, or students; or
  - l. Segregation solely on the basis of the resident's disability; and
4. A resident or the resident's representative:
  - a. Except in an emergency, either consents to or refuses treatment;
  - b. May refuse or withdraw consent for treatment before treatment is initiated;
  - c. Except in an emergency, is informed of proposed alternatives to psychotropic medication and the associated risks and possible complications of the psychotropic medication;
  - d. Is informed of the following:

- i. The health care institution's policy on health care directives;
  - ii. If applicable, the policies in R9-10-2203(C)(1)(r); and
  - iii. The resident complaint process;
- e. Consents to photographs of the resident before the resident is photographed, except that the resident may be photographed when admitted to a nursing-supported group home for identification and administrative purposes;
  - f. May manage the resident's financial affairs;
  - g. Has access to and may communicate with any individual, organization, or agency;
  - h. Except as provided in the resident's individual program plan, has privacy:
    - i. In interactions with other residents or visitors to the nursing-supported group home,
    - ii. In the resident's mail, and
    - iii. For telephone calls made by or to the resident;
  - i. May review the nursing-supported group home's current license survey report and, if applicable, plan of correction in effect;
  - j. May review the resident's financial records within two working days and medical record within one working day after the resident's or the resident's representative's request;
  - k. May obtain a copy of the resident's financial records and medical record within two working days after the resident's request and in compliance with A.R.S. § 12-2295;
  - l. Except as otherwise permitted by law, consents, in writing, to the release of information in the resident's:
    - i. Medical record, and
    - ii. Financial records;
  - m. May select a pharmacy of choice if the pharmacy complies with policies and procedures and does not pose a risk to the resident;
  - n. Is informed of the method for contacting the resident's designated medical practitioner;
  - o. Is informed of the resident's overall physical and psychosocial well-being, as determined by the resident's comprehensive assessment;
  - p. Is provided with a copy of those sections of the resident's medical record that are required for continuity of care free of charge, according to A.R.S. § 12-2295, if the resident is transferred or discharged; and
  - q. Except in the event of an emergency, is informed orally or in writing before the nursing-supported group home makes a change in a resident's room or roommate assignment and notification is documented in the resident's medical record.

**C.** In addition to the rights in A.R.S. § 36-551.01, a resident has the following rights:

1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that supports and respects the resident's individuality, choices, strengths, and abilities;
3. To choose activities and schedules consistent with the resident's interests that do not interfere with other residents;
4. To participate in social, religious, political, and community activities that do not interfere with other residents;

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5. To retain personal possessions including furnishings and clothing as space permits unless use of the personal possession infringes on the rights or health and safety of other residents;
6. To share a room with the resident's spouse if space is available and the spouse consents;
7. To receive a referral to another health care institution if the nursing-supported group home is not authorized or not able to provide physical health services, habilitation services, and behavioral care needed by the resident;
8. To participate or have the resident's representative participate in the development of the resident's individual program plan or decisions concerning treatment;
9. To participate or refuse to participate in research or experimental treatment; and
10. To receive assistance from a family member, the resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2212. Medical Records**

- A. An administrator shall ensure that:
  1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
  2. An entry in a resident's medical record is:
    - a. Recorded only by an individual authorized by policies and procedures to make the entry;
    - b. Dated, legible, and authenticated; and
    - c. Not changed to make the initial entry illegible;
  3. An order is:
    - a. Dated when the order is entered in the resident's medical record and includes the time of the order;
    - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
    - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
  4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
  5. A resident's medical record is available to an individual:
    - a. Authorized to access the resident's medical record according to policies and procedures;
    - b. If the individual is not authorized to access the resident's medical record according to policies and procedures, with the written consent of the resident or the resident's representative; or
    - c. As permitted by law; and
  6. A resident's medical record is protected from loss, damage, or unauthorized use.
- B. If a nursing-supported group home maintains residents' medical records electronically, an administrator shall ensure that:
  1. Safeguards exist to prevent unauthorized access, and
  2. The date and time of an entry in a resident's medical record is recorded by the computer's internal clock.
- C. An administrator shall ensure that a resident's medical record contains:
  1. Resident information that includes:
    - a. The resident's name;
    - b. The resident's date of birth; and
    - c. Any known allergies, including medication allergies;
  2. The admission date and, if applicable, the date of discharge;
  3. The admitting diagnosis or presenting symptoms;
  4. Documentation of the resident's placement evaluation;
  5. Documentation of the resident's individual service and program plan, as required by A.A.C. R6-6-602;
  6. Documentation of:
    - a. The resident's last periodic evaluation, conducted according to A.A.C. R6-6-604, before the resident's admission; and
    - b. Each periodic evaluation, conducted according to A.A.C. R6-6-604, while the resident was admitted to the nursing-supported group home;
  7. Documentation of general consent and, if applicable, informed consent;
  8. If applicable, the name and contact information of the resident's representative and:
    - a. The document signed by the resident consenting for the resident's representative to act on the resident's behalf; or
    - b. If the resident's representative:
      - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
      - ii. Is a legal guardian, a copy of the court order establishing guardianship;
  9. The name and contact information of an individual to be contacted under R9-10-2203(H)(1);
  10. Documentation of the initial assessment required in R9-10-2207(3) to determine acuity;
  11. The medical history and physical examination required in R9-10-2215(A)(2);
  12. A copy of the resident's living will or other health care directive, if applicable;
  13. The name and telephone number of the resident's designated medical practitioner;
  14. Orders;
  15. Documentation of the resident's comprehensive assessment;
  16. Individual program plans, including nursing care plans or medical care plans, if applicable;
  17. Documentation of physical health services, habilitation services, and behavioral care provided to the resident;
  18. Progress notes, including data needed to evaluate the effectiveness of the methods, schedule, and strategies being used to accomplish the goals in the resident's individual program plan;
  19. If applicable, documentation of restraint;
  20. If applicable, documentation of any actions other than restraint taken to control or address the resident's behavior to prevent harm to the resident or another individual or to improve the resident's social interactions;
  21. If applicable, documentation that evacuation from the nursing-supported group home would cause harm to the resident;
  22. The disposition of the resident after discharge;
  23. The discharge plan;

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24. The discharge summary;
25. Transfer documentation;
26. If applicable:
  - a. A laboratory report,
  - b. A radiologic report,
  - c. A diagnostic report, and
  - d. A consultation report;
27. Documentation of freedom from infectious tuberculosis required in R9-10-2207(10);
28. Documentation of a medication administered to the resident that includes:
  - a. The date and time of administration;
  - b. The name, strength, dosage, and route of administration;
  - c. The type of vaccine, if applicable;
  - d. For a medication administered for pain on a PRN basis:
    - i. An evaluation of the resident's pain before administering the medication, and
    - ii. The effect of the medication administered;
  - e. For a psychotropic medication administered on a PRN basis:
    - i. An evaluation of the resident's symptoms before administering the psychotropic medication, and
    - ii. The effect of the psychotropic medication administered;
  - f. The identification, signature, and professional designation of the individual administering the medication; and
  - g. Any adverse reaction a resident has to the medication; and
29. If applicable, a copy of written notices, including follow-up instructions, provided to the resident or the resident's representative.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2213. Nursing Services**

- A.** An administrator shall ensure that:
  1. Nursing services are provided 24 hours a day in a nursing-supported group home;
  2. A director of nursing is appointed who:
    - a. Is a registered nurse, and
    - b. Is responsible for the direction of nursing services;
  3. The director of nursing or an individual designated by the administrator participates in the quality management program; and
  4. If the director of nursing is responsible for nursing services for 30 or more residents, the director of nursing does not provide direct care to residents on a regular basis.
- B.** A director of nursing shall ensure that:
  1. A method is established and documented that identifies the types and numbers of nursing personnel that are necessary to provide nursing services to residents based on the residents' comprehensive assessments; orders for physical health services, rehabilitation services, and behavioral care; and individual program plans and the nursing-supported group home's scope of services;
  2. Sufficient nursing personnel, as determined by the method in subsection (B)(1), are assigned to be on the

- nursing-supported group home premises to meet the needs of a resident for nursing services;
3. At least one nurse is present on the nursing-supported group home's premises;
4. As soon as possible but not more than 24 hours after one of the following events occur, a nurse notifies a resident's designated medical practitioner and, if applicable, the resident's representative, if the resident:
  - a. Is injured,
  - b. Is involved in an incident that may require medical services, or
  - c. Has a significant change in condition; and
5. Only a medication required by an order is administered to a resident.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2214. Individual Program Plan**

- A.** An administrator shall ensure that:
  1. A comprehensive assessment of a resident:
    - a. Is conducted or coordinated by the director of nursing, in collaboration with an interdisciplinary team that includes:
      - i. The resident's designated medical practitioner or designee;
      - ii. A registered nurse;
      - iii. If the resident is receiving medications as part of physical health services or behavioral care, a pharmacist; and
      - iv. Personnel members qualified to provide each type of habilitation services or rehabilitation services identified in a placement evaluation in R9-10-2207(1)(a) or the initial assessment required in R9-10-2207(3);
    - b. Is completed for the resident within 30 calendar days after the resident's admission to a nursing-supported group home;
    - c. Is updated:
      - i. No later than 12 months after the date of the resident's last comprehensive assessment, and
      - ii. When the resident experiences a significant change;
    - d. Includes the following information for the resident:
      - i. Identifying information;
      - ii. An evaluation of the resident's hearing, speech, and vision;
      - iii. An evaluation of the resident's ability to understand and recall information;
      - iv. An evaluation of the resident's mental status;
      - v. Whether the resident demonstrates inappropriate behavior;
      - vi. Preferences for customary routine and activities;
      - vii. An evaluation of the resident's ability to perform activities of daily living;
      - viii. Need for a mobility device;
      - ix. An evaluation of the resident's ability to control the resident's bladder and bowels;
      - x. Any diagnosis that impacts rehabilitation services or other physical health services or behavioral care that the resident may require;

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- xi. Any medical conditions that impact the resident's functional status, quality of life, or need for nursing services;
  - xii. An evaluation of the resident's ability to maintain adequate nutrition and hydration;
  - xiii. An evaluation of the resident's oral and dental status;
  - xiv. An evaluation of the condition of the resident's skin;
  - xv. Identification of any medication or treatment administered to the resident during a seven-day calendar period that includes the time the comprehensive assessment was conducted;
  - xvi. Identification of any treatment or medication ordered for the resident;
  - xvii. Identification of interventions that may support the resident towards independence;
  - xviii. Identification of any assistive devices needed by the resident;
  - xix. Identification of the physical health services needed by the resident, including physical health services not provided by the nursing-supported group home;
  - xx. Identification of measurable goals and behavioral objective for the physical health services, habilitation services, and behavioral care, in priority order, with time limits for attainment;
  - xxi. Identification of the methods, schedule, and strategies to accomplish the goals in subsection (A)(1)(d)(xviii), including the personnel member responsible;
  - xxii. Evaluation procedures for determining if the methods and strategies in subsection (A)(1)(d)(xix) are working, including the type of data required and frequency of collection;
  - xxiii. Whether any restraints have been used for the resident during a seven-day calendar period that includes the time the comprehensive assessment was conducted;
  - xxiv. If the resident demonstrates inappropriate behavior, as reported according to subsection (A)(1)(d)(v), identification of the methods, schedule, and strategies for replacement of the inappropriate behavior with appropriate behavioral expressions, including the hierarchy for use;
  - xxv. If restraint is included in subsection (A)(1)(d)(xxiv), the specific restraints that may be used because of the resident's inappropriate behavior;
  - xxvi. A description of the resident or resident's representative's participation in the comprehensive assessment;
  - xxvii. The name and title of the interdisciplinary team members who participated in the resident's comprehensive assessment;
  - xxviii. Potential for rehabilitation, including the resident's strengths and specific developmental or behavioral health needs; and
  - xxix. Potential for discharge;
- e. Is signed and dated by the director of nursing; and
- f. Is used to determine or update the resident's acuity;
- 2. If any of the conditions in subsection (A)(1)(d)(v) are answered in the affirmative during the comprehensive assessment or review, a behavioral health professional reviews a resident's comprehensive assessment or review and individual program plan to ensure that the resident's needs for behavioral care are being met;
  - 3. A new comprehensive assessment is not required for a resident who is hospitalized and readmitted to a nursing-supported group home unless a physician, an individual designated by the physician, or a registered nurse determines the resident has a significant change in condition; and
  - 4. A resident's comprehensive assessment is reviewed at least once every three months after the date of the current comprehensive assessment and if there is a significant change in the resident's condition by:
    - a. The director of nursing;
    - b. A registered nurse providing nursing services to the resident; and
    - c. If there is a significant change in the resident's ability to maintain adequate nutrition and hydration, a registered dietitian.
- B.** An administrator shall ensure that an individual program plan for a resident:
- 1. Is developed, documented, and implemented for the resident within seven calendar days after completing the resident's comprehensive assessment required in subsection (A)(1);
  - 2. Includes the acuity of the resident;
  - 3. Is reviewed at least annually by the interdisciplinary team required in subsection (A)(1)(a) and revised based on any change to the resident's comprehensive assessment; and
  - 4. Ensures that a resident is provided physical health services, rehabilitation services, habilitation services, and other services or behavioral care that:
    - a. Address any medical condition or behavioral care issue identified in the resident's comprehensive assessment, and
    - b. Assist the resident in maintaining the resident's highest practicable well-being according to the resident's comprehensive assessment.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2215. Physical Health Services**

- A.** An administrator shall ensure that:
- 1. A resident has a designated medical practitioner;
  - 2. A physical examination is performed on a resident by the resident's designated medical practitioner or by a physician, physician assistant, or registered nurse practitioner designated by the resident's designated medical practitioner:
    - a. If indicated, based on the resident's placement evaluation or comprehensive assessment; and
    - b. At least once every 12 months after the date of admission, including an assessment of the acuity of the resident's medical condition;
  - 3. The resident's designated medical practitioner, in conjunction with the director of nursing, develops a medical care plan of treatment for the resident, which is integrated into the resident's individual program plan; and

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4. Vaccinations for influenza and pneumonia are available to each resident at least once every 12 months unless:
  - a. The resident's designated medical practitioner provides documentation that the vaccination is medically contraindicated;
  - b. The resident or the resident's representative refuses the vaccination or vaccinations and documentation is maintained in the resident's medical record that the resident or the resident's representative has been informed of the risks and benefits of a vaccination refused; or
  - c. The resident or the resident's representative provides documentation that the resident received a pneumonia vaccination within the last five years or the current recommendation from the U.S. Department of Health and Human Services, Center for Disease Control and Prevention.
- B.** A director of nursing shall ensure that:
  1. A registered nurse participates in the development, review, and updating of a resident's nursing care plan or medical care plan;
  2. Personnel members providing direct care to a resident with a nursing care plan or medical care plan receive direction from a nurse; and
  3. Nursing personnel provide education and training to:
    - a. Residents on hygiene and other behaviors that promote health; and
    - b. Personnel members on:
      - i. Detecting signs of illness or injury or significant changes in condition,
      - ii. First aid, and
      - iii. Basic skills for caring for residents.
- C.** An administrator shall ensure that:
  1. A resident's need for dental services is determined as part of the resident's initial assessment in R9-10-2207(3);
  2. Unless a resident's eligibility for third-party payment for dental services is determined before the resident's initial comprehensive assessment in R9-10-2214(A)(1)(b) due to the resident's immediate need for dental services, the resident's eligibility for third-party payment for dental services is determined as part of the resident's comprehensive assessment;
  3. Within one month after the initial comprehensive assessment in R9-10-2214(A)(1)(b), a personnel member coordinates for a resident the scheduling of a dental examination and, if needed, dental treatment:
    - a. If the resident is eligible for third-party payment for dental services, and
    - b. Unless the nursing-supported group home has documentation that the resident received a dental examination within 12 months before admission;
  4. If a resident is eligible for third-party payment for dental services:
    - a. A dental examination is scheduled for the resident according to guidelines by the entity providing third-party payment for dental services and at least once every 12 months, and
    - b. Dental treatment is scheduled according to guidelines by the entity providing third-party payment for dental services and as needed;
  5. Except as provided in subsection (C)(6), if a dental examination of a resident indicates a need for dental treatment, the resident's individual program plan includes the scheduling of dental treatment for the resident when the resident is eligible for third-party payment for dental services;
  6. If needed, a resident is provided with emergency dental services;
  7. A resident is provided with education and training in oral hygiene; and
  8. A resident's medical record contains documentation of:
    - a. Each dental examination of the resident,
    - b. All dental treatment received by the resident, and
    - c. The resident's education and training in oral hygiene.
- D.** An administrator shall ensure that:
  1. A resident's vision and hearing are assessed as part of the resident's comprehensive assessment in R9-10-2214(A)(1)(b) and, if applicable, as part of the update of the comprehensive assessment in R9-10-2214(A)(1)(c); and
  2. If an issue is identified with the resident's vision or hearing:
    - a. The issue is included in the resident's individual program plan,
    - b. A personnel member contacts and coordinates with applicable entities to determine any vision or hearing benefits for which the resident may be eligible, and
    - c. The nursing-supported group home makes reasonable accommodations to address the issue in compliance with applicable federal and state disability laws.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2216. Behavioral Care**

- A.** An administrator shall ensure that:
  1. A resident who receives behavioral care from the nursing-supported group home is evaluated by a behavioral health professional or medical practitioner:
    - a. Within 30 calendar days before the resident is admitted to the nursing-supported group home or before the resident begins receiving behavioral care, and
    - b. At least once every six months throughout the duration of the resident's need for behavioral care;
  2. A behavioral health professional or medical practitioner:
    - a. Documents that the behavioral care needed by the resident is within the nursing-supported group home's scope of services, and
    - b. Includes measurable objectives for the behavioral care and the methods for meeting the objectives in the resident's individual program plan; and
  3. The documentation in subsection (A)(2) is included in the resident's medical record.
- B.** If a resident of a nursing-supported group home requires behavioral health services provided by a behavioral health professional on an intermittent basis as part of behavioral care, an administrator shall ensure that:
  1. The behavioral health services are provided by a behavioral health professional licensed or certified to provide the type of behavioral health services required by the resident; and
  2. Except for a psychotropic drug used as a chemical restraint or administered according to an order from a court of competent jurisdiction, informed consent is

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obtained from a resident or the resident's representative for a psychotropic drug and documented in the resident's medical record before the psychotropic drug is administered to the resident.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2217. Restraint**

If a nursing-supported group home is authorized to provide restraint, an administrator shall ensure that:

1. Policies and procedures for providing restraint are established, documented, and implemented to protect the health and safety of a resident that:
  - a. Establish the process for resident assessment, including identification of a resident's medical conditions and criteria for the on-going monitoring of any identified medical condition;
  - b. Identify each type of restraint used and include for each type of restraint used:
    - i. The qualifications of a personnel member who can:
      - (1) Order the restraint,
      - (2) Place a resident in the restraint,
      - (3) Monitor a resident in the restraint,
      - (4) Evaluate a resident's physical and psychological well-being after being placed in the restraint and when released from the restraint, or
      - (5) Renew the order for restraint;
    - ii. On-going training requirements for a personnel member who has direct resident contact while the resident is in a restraint; and
    - iii. Criteria for monitoring and assessing a resident including:
      - (1) Frequencies of monitoring and assessment based on a resident's medical condition and risks associated with the specific restraint;
      - (2) For the renewal of an order for restraint, whether an assessment is required before the order is renewed and, if an assessment is required, who may conduct the assessment;
      - (3) Assessment content, which may include, depending on a resident's condition, the resident's vital signs, respiration, circulation, hydration needs, elimination needs, level of distress and agitation, mental status, cognitive functioning, neurological functioning, and skin integrity;
      - (4) If a mechanical restraint is used, how often the mechanical restraint is loosened; and
      - (5) A process for meeting a resident's nutritional needs and elimination needs;
  - c. Establish the criteria and procedures for renewing an order for restraint;
  - d. Establish procedures for internal review of the use of restraint; and
  - e. Establish medical record and personnel record documentation requirements for restraint, if applicable;
2. An order for restraint is:
  - a. Obtained from a physician or registered nurse practitioner, and
  - b. Not written as a standing order or on an as-needed basis;
3. Restraint is:
  - a. Not used as a means of coercion, discipline, convenience, or retaliation;
  - b. Only used when all of the following conditions are met:
    - i. Except as provided in subsection (4), after obtaining an order for the restraint;
    - ii. For the management of a resident's aggressive, violent, or self-destructive behavior;
    - iii. When less restrictive interventions have been determined to be ineffective; and
    - iv. To ensure the immediate physical safety of the resident, to prevent imminent harm to the resident or another individual, or to stop physical harm to another individual; and
  - c. Discontinued at the earliest possible time;
4. If as a result of a resident's aggressive, violent, or self-destructive behavior, harm to the resident or another individual is imminent or the resident or another individual is being physically harmed, a personnel member:
  - a. May initiate an emergency application of restraint for the resident before obtaining an order for the restraint, and
  - b. Obtains an order for the restraint of the resident during the emergency application of the restraint;
5. An order for restraint includes:
  - a. The name of the physician or registered nurse practitioner ordering the restraint;
  - b. The date and time that the restraint was ordered;
  - c. The specific restraint ordered;
  - d. If a drug is ordered as a chemical restraint, the drug's name, strength, dosage, and route of administration;
  - e. The specific criteria for release from restraint without an additional order; and
  - f. The maximum duration authorized for the restraint;
6. An order for restraint is limited to the duration of the emergency situation and does not exceed three continuous hours;
7. If an order for restraint of a resident is not provided by the resident's designated medical practitioner, the resident's designated medical practitioner is notified as soon as possible;
8. A medical practitioner or personnel member does not participate in restraint, assess or monitor a resident during restraint, or evaluate a resident after restraint, and a physician or registered nurse practitioner does not order restraint, until the medical practitioner or personnel member, completes education and training that:
  - a. Includes:
    - i. Techniques to identify medical practitioner, personnel member, and resident behaviors, events, and environmental factors that may trigger circumstances that require restraint;
    - ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods;



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- iii. Techniques for identifying the least restrictive intervention based on an assessment of the resident's medical or behavioral health condition;
  - iv. The safe use of restraint, including training in how to recognize and respond to signs of physical and psychological distress in a resident who is restrained or secluded;
  - v. Clinical identification of specific behavioral changes that indicate that the restraint is no longer necessary;
  - vi. Monitoring and assessing a resident while the resident is in restraint according to policies and procedures; and
  - vii. Except for the medical practitioner, training exercises in which the personnel member successfully demonstrates the techniques that the medical practitioner or personnel member has learned for managing emergency situations; and
- b. Is provided by individuals qualified according to policies and procedures;
- 9. When a resident is placed in restraint:
  - a. The restraint is conducted according to policies and procedures;
  - b. The restraint is proportionate and appropriate to the severity of the resident's behavior and the resident's:
    - i. Chronological and developmental age;
    - ii. Size;
    - iii. Gender;
    - iv. Physical condition;
    - v. Medical condition;
    - vi. Psychiatric condition; and
    - vii. Personal history, including any history of physical or sexual abuse;
  - c. The physician or registered nurse practitioner who ordered the restraint is available for consultation throughout the duration of the restraint;
  - d. The resident is monitored and assessed according to policies and procedures;
  - e. A physician or registered nurse assesses the resident within one hour after the resident is placed in the restraint and determines:
    - i. The resident's current behavior;
    - ii. The resident's reaction to the restraint used;
    - iii. The resident's medical and behavioral condition; and
    - iv. Whether to continue or terminate the restraint;
  - f. The resident is given the opportunity:
    - i. To eat during mealtime; and
    - ii. To use the toilet; and
  - g. The restraint is discontinued at the earliest possible time, regardless of the length of time identified in the order;
- 10. A medical practitioner or personnel member documents the following information in a resident's medical record before the end of the shift in which the resident is placed in restraint or, if the resident's restraint does not end during the shift in which it began, during the shift in which the resident's restraint ends:
  - a. The emergency situation that required the resident to be restrained;
  - b. The times the resident's restraint actually began and ended;
  - c. The monitoring required in subsection (9)(d),
  - d. The time of the assessment required in subsection (9)(e);
  - e. The names of the medical practitioners and personnel members with direct resident contact while the resident was in the restraint;
  - f. The times the resident was given the opportunity to eat or use the toilet according to subsection (9)(f); and
  - g. The resident evaluation required in subsection (12);
- 11. If an emergency situation continues beyond the time limit of an order for restraint, the order is renewed according to policies and procedures that include:
  - a. The specific criteria for release from restraint without an additional order; and
  - b. The maximum duration authorized for the restraint; and
- 12. A resident is evaluated after restraint is no longer being used for the resident.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2218. Rehabilitation Services**

If rehabilitation services are provided on a nursing-supported group home's premises, an administrator shall ensure that:

- 1. Rehabilitation services are provided:
  - a. Under the direction of an individual qualified according to policies and procedures;
  - b. By an individual licensed to provide the rehabilitation services; and
  - c. According to an order; and
- 2. The medical record of a resident receiving rehabilitation services includes:
  - a. An order for rehabilitation services that includes the name of the ordering individual and a referring diagnosis;
  - b. A documented individual program plan that is developed in coordination with the ordering individual and the individual providing the rehabilitation services;
  - c. The rehabilitation services provided;
  - d. The resident's response to the rehabilitation services; and
  - e. The authentication of the individual providing the rehabilitation services.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2219. Clinical Laboratory Services**

If clinical laboratory services are authorized to be provided on a nursing-supported group home's premises, an administrator shall ensure that:

- 1. Clinical laboratory services and pathology services are provided through a laboratory that holds a certificate of accreditation, certificate of compliance, or certificate of waiver issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
- 2. A copy of the certificate of accreditation, certificate of compliance, or certificate of waiver in subsection (1) is

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- provided to the Department for review upon the Department's request;
3. The nursing-supported group home:
    - a. Is able to provide the clinical laboratory services delineated in the nursing-supported group home's scope of services when needed by the residents,
    - b. Obtains specimens for the clinical laboratory services delineated in the nursing-supported group home's scope of services without transporting the residents from the nursing-supported group home's premises, and
    - c. Has the examination of the specimens performed by a clinical laboratory;
  4. Clinical laboratory and pathology test results are:
    - a. Available to the ordering physician:
      - i. Within 24 hours after the test is complete with results if the test is performed at a laboratory on the nursing-supported group home's premises, or
      - ii. Within 24 hours after the test result is received if the test is performed at a laboratory outside of the nursing-supported group home's premises; and
    - b. Documented in a resident's medical record;
  5. If a test result is obtained that indicates a resident may have an emergency medical condition, as established in policies and procedures, a personnel member notifies:
    - a. The ordering physician,
    - b. A registered nurse in the nursing-supported group home,
    - c. The nursing-supported group home's administrator, or
    - d. The director of nursing;
  6. If a clinical laboratory report is completed on a resident, a copy of the report is included in the resident's medical record;
  7. If the nursing-supported group home provides blood or blood products, policies and procedures are established, documented, and implemented for:
    - a. Procuring, storing, transfusing, and disposing of blood or blood products;
    - b. Blood typing, antibody detection, and blood compatibility testing; and
    - c. Investigating transfusion adverse reactions that specify a process for review through the quality management program; and
  8. Expired laboratory supplies are discarded according to policies and procedures.
- c. The type, frequency, and, if applicable, duration of treatment;
  - d. The type and dosage of medication and diluent; and
  - e. The oxygen concentration or oxygen liter flow and method of administration;
3. Respiratory care services provided to a resident are documented in the resident's medical record and include:
    - a. The date and time of administration;
    - b. The type of respiratory care services provided;
    - c. The effect of the respiratory care services;
    - d. The resident's adverse reaction to the respiratory care services, if any; and
    - e. The authentication of the individual providing the respiratory care services; and
  4. Any area or unit that performs blood gases or clinical laboratory tests complies with the requirements in R9-10-2219.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2221. Medication Services**

- A. An administrator shall ensure that policies and procedures for medication services:
  1. Include:
    - a. A process for providing information to a resident or the resident's representative about medication prescribed for the resident including:
      - i. The prescribed medication's anticipated results,
      - ii. The prescribed medication's potential adverse reactions,
      - iii. The prescribed medication's potential side effects, and
      - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
    - b. Procedures for preventing, responding to, and reporting:
      - i. A medication error,
      - ii. An adverse response to a medication, or
      - iii. A medication overdose;
    - c. Procedures to ensure that a pharmacist reviews a resident's medications at least once every three months and provides documentation to the resident's designated medical practitioner and the director of nursing indicating potential medication problems such as incompatible or duplicative medications;
    - d. Procedures for documenting medication services; and
    - e. Procedures for assisting a resident in obtaining medication; and
  2. Specify a process for review through the quality management program of:
    - a. A medication administration error, and
    - b. An adverse reaction to a medication.
- B. An administrator shall ensure that:
  1. Policies and procedures for medication administration:
    - a. Are reviewed and approved by a pharmacist;
    - b. Specify the individuals who may:
      - i. Order medication, and
      - ii. Administer medication;
    - c. Ensure that medication is administered to a resident only as prescribed; and

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2220. Respiratory Care Services**

If respiratory care services are authorized to be provided on a nursing-supported group home's premises, an administrator shall ensure that:

1. Respiratory care services are provided under the direction of a resident's designated medical practitioner;
2. Respiratory care services are provided according to an order that includes:
  - a. The resident's name;
  - b. The name and signature of the ordering individual;

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- d. Cover the documentation of a resident's refusal to take prescribed medication in the resident's medical record;
- 2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
- 3. A medication administered to a resident:
  - a. Is administered in compliance with an order, and
  - b. Is documented in the resident's medical record; and
- 4. If a psychotropic medication is administered to a resident, the psychotropic medication:
  - a. Is only administered to a resident for a diagnosed medical condition; and
  - b. Unless clinically contraindicated or otherwise ordered by the resident's designated medical practitioner or the designated medical practitioner's designee, is gradually reduced in dosage while the resident is simultaneously provided with interventions such as behavior and environment modification in an effort to discontinue the psychotropic medication, unless a dose reduction is attempted and the resident displays behavior justifying the need for the psychotropic medication, and the designated medical practitioner documents the necessity for the continued use and dosage.
- C. If a nursing-supported group home provides assistance in the self-administration of medication, an administrator shall ensure that:
  - 1. A resident's medication is stored by the nursing-supported group home;
  - 2. The following assistance is provided to a resident:
    - a. A reminder when it is time to take the medication;
    - b. Opening the medication container for the resident;
    - c. Observing the resident while the resident removes the medication from the container;
    - d. Verifying that the medication is taken as ordered by the resident's designated medical practitioner by confirming that:
      - i. The resident taking the medication is the individual stated on the medication container label,
      - ii. The resident is taking the dosage of the medication stated on the medication container label or according to an order from the resident's designated medical practitioner dated later than the date on the medication container label, and
      - iii. The resident is taking the medication at the time stated on the medication container label or according to an order from the resident's designated medical practitioner dated later than the date on the medication container label; or
    - e. Observing the resident while the resident takes the medication;
  - 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by the resident's designated medical practitioner or a registered nurse;
  - 4. Training for a personnel member, other than a physician, physician assistant, or registered nurse, in assistance in the self-administration of medication:
    - a. Is provided by the resident's designated medical practitioner; another physician, physician assistant, or registered nurse; or an individual trained by a physician, physician assistant, or registered nurse; and
    - b. Includes:
      - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
      - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
      - iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;
- 5. A personnel member, other than a physician, physician assistant, or registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
- 6. Assistance in the self-administration of medication provided to a resident:
  - a. Is in compliance with an order, and
  - b. Is documented in the resident's medical record.
- D. An administrator shall ensure that:
  - 1. A current drug reference guide is available for use by personnel members; and
  - 2. If pharmaceutical services are provided:
    - a. The pharmaceutical services are provided under the direction of a pharmacist;
    - b. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
    - c. A copy of the pharmacy license is provided to the Department upon request.
- E. When medication is stored at a nursing-supported group home, an administrator shall ensure that:
  - 1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
  - 2. Medication is stored according to the instructions on the medication container; and
  - 3. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident for:
    - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
    - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
    - c. A medication recall and notification of residents who received recalled medication; and
    - d. Storing, inventorying, and dispensing controlled substances.
    - e. If applicable, donated medicine according to A.R.S. § 32-1909.
- F. An administrator shall ensure that a personnel member immediately reports a medication error or a resident's adverse reaction to a medication to the resident's designated medical practitioner or the physician who ordered the medication and the nursing-supported group home's director of nursing.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

**R9-10-2222. Infection Control**

An administrator shall ensure that:

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1. An infection control program is established, under the direction of an individual qualified according to policies and procedures, to prevent the development and transmission of infections and communicable diseases including:
  - a. A method to identify and document infections occurring at the nursing-supported group home;
  - b. Analysis of the types, causes, and spread of infections and communicable diseases at the nursing-supported group home;
  - c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the nursing-supported group home; and
  - d. Documentation of infection control activities including:
    - i. The collection and analysis of infection control data,
    - ii. The actions taken related to infections and communicable diseases, and
    - iii. Reports of communicable diseases to the governing authority and state and county health departments;
2. Infection control documentation is maintained for at least 12 months after the date of the documentation;
3. Policies and procedures are established, documented, and implemented that cover:
  - a. Handling and disposal of biohazardous medical waste;
  - b. Sterilization, disinfection, and storage of medical equipment and supplies;
  - c. Using personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable;
  - d. Cleaning of an individual's hands when the individual's hands are visibly soiled and before and after providing a service to a resident;
  - e. Cleaning of a resident's bedroom, furniture, and bedding after the resident's discharge before the bedroom is reassigned to another resident;
  - f. Training of personnel members, employees, and volunteers in infection control practices; and
  - g. Work restrictions for a personnel member with a communicable disease or infected skin lesion;
4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
5. Soiled linen and clothing are:
  - a. Collected in a manner to minimize or prevent contamination;
  - b. Bagged at the site of use; and
  - c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas;
6. A resident's personal laundry is washed separately from towels, sheets, and bedding; and
7. A personnel member, an employee, or a volunteer washes hands or uses a hand disinfection product after a resident contact and after handling soiled linen, soiled clothing, or potentially infectious material.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2223. Food Services**

- A. An administrator shall ensure that a registered nurse who is part of the interdisciplinary team for a resident requiring a modified or special diet:
  1. Consults with a registered dietitian or the resident's designated medical practitioner, as needed, about the resident's modified or special diet;
  2. Reviews a food menu before the food menu is used to ensure that the resident's nutritional needs are being met;
  3. Documents the review of a food menu; and
  4. Is available for consultation regarding the resident's nutritional needs.
- B. An administrator shall ensure that:
  1. Food is prepared:
    - a. Using methods that conserve nutritional value, flavor, and appearance;
    - b. Taking into consideration the food allergies and preferences of the residents;
    - c. Including for a resident the modified or special diet for the resident; and
    - d. In a form to meet the needs of a resident, such as cut, chopped, ground, pureed, or thickened;
  2. A food menu:
    - a. Is prepared at least one week in advance,
    - b. Includes the foods to be served on each day,
    - c. Is conspicuously posted at least one day before the first meal on the food menu will be served,
    - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
    - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
  3. Meals and snacks for each day are planned and served using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2015.asp>;
  4. A resident is provided:
    - a. A diet that meets the resident's nutritional needs as specified in the resident's comprehensive assessment and individual program plan;
    - b. Food served in sufficient quantities to meet the resident's nutritional needs and at an appropriate temperature;
    - c. Three meals a day with not more than 14 hours between the evening meal and breakfast; and
    - d. The opportunity to have additional food between meals, unless a restrictive diet is specified in the resident's individual program plan;
  5. A resident is provided with food substitutions of similar nutritional value if:
    - a. The resident refuses to eat the food served, or
    - b. The resident requests a substitution;
  6. Recommendations and preferences are requested from a resident or the resident's representative for meal planning;
  7. If food is used as a part of a program to manage a resident's inappropriate behavior:
    - a. A special diet is included as part of the resident's individual program plan, and

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- b. The special diet is reviewed and evaluated by a physician and a dietitian to ensure the special diet meets the resident's nutritional needs;
- 8. Meals are served to residents at tables in a dining area and in a manner that allows the resident to eat from an upright position, unless otherwise specified in the resident's individual program plan or by the resident's designated medical practitioner;
- 9. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils;
- 10. Personnel members supervise meals in dining areas to:
  - a. Direct a resident's self-help dining procedures,
  - b. Ensure a resident consumes enough food to meet the resident's nutritional needs, and
  - c. Ensure that a resident eats in a manner consistent with the resident's developmental level;
- 11. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair; and
- 12. Water is available and accessible to residents.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2224. Emergency and Safety Standards****A.** An administrator shall ensure that:

- 1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
  - a. A floor plan of the facility showing emergency protection equipment, evacuation routes, and exits;
  - b. When, how, and where residents will be relocated, including:
    - i. Instructions for the evacuation or transfer of residents,
    - ii. Assigned responsibilities for each employee and personnel member, and
    - iii. A plan for continuing to provide services to meet a resident's needs;
  - c. How a resident's medical record will be available to individuals providing services to the resident during a disaster;
  - d. A plan for back-up power and water supply;
  - e. A plan to ensure a resident's medications will be available to administer to the resident during a disaster;
  - f. A plan to ensure a resident is provided nursing services, rehabilitation services, and other services required by the resident during a disaster; and
  - g. A plan for obtaining food and water for individuals present in the nursing-supported group home or the nursing-supported group home's relocation site during a disaster;
- 2. Personnel members receive training on the content and use of the disaster plan required in subsection (A)(1);
- 3. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months;
- 4. Documentation of a disaster plan review required in subsection (A)(3) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
  - a. The date and time of the disaster plan review;

- b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
  - c. A critique of the disaster plan review; and
  - d. If applicable, recommendations for improvement;
  - 5. A disaster drill for employees is conducted on each shift at least once every three months and documented;
  - 6. An evacuation drill for employees is conducted on each shift at least once every three months and documented;
  - 7. An evacuation drill for residents:
    - a. Is conducted at least once each year on each shift and documented; and
    - b. Includes all residents on the premises except for:
      - i. A resident whose medical record contains documentation that evacuation from the nursing-supported group home would cause harm to the resident, and
      - ii. Sufficient personnel members to ensure the health and safety of residents not evacuated according to subsection (A)(7)(b)(i);
  - 8. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the drill, and includes:
    - a. The date and time of the evacuation drill;
    - b. The amount of time taken for employees and residents to evacuate to a designated area;
    - c. If applicable:
      - i. An identification of residents needing assistance for evacuation, and
      - ii. An identification of residents who were not evacuated;
    - d. Any problems encountered in conducting the evacuation drill; and
    - e. Recommendations for improvement, if applicable; and
  - 9. An evacuation path is conspicuously posted on each hallway of each floor of the nursing-supported group home.
- B.** An administrator shall ensure that a nursing-supported group home has either:
- 1. A fire alarm system and a sprinkler system meeting the following requirements installed and in working order:
    - a. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-104.01; and
    - b. A sprinkler system installed according to the National Fire Protection Association 13: Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01; or
  - 2. Both of the following:
    - a. A fire extinguisher that is:
      - i. Labeled as rated at least 2A-10-BC by the Underwriters Laboratories;
      - ii. Accessible to personnel members and inaccessible to residents;
      - iii. If a disposable fire extinguisher, replaced when its indicator reaches the red zone; and
      - iv. If a rechargeable fire extinguisher, is serviced at least once every 12 months, as documented by a tag attached to the fire extinguisher that specifies the date of the last servicing and the identification of the person who serviced the fire extinguisher; and
    - b. Smoke detectors that are:

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- i. Installed in each bedroom, hallway that adjoins a bedroom, storage room, laundry room, attached garage, and room or hallway adjacent to the kitchen, and other places recommended by the manufacturer;
  - ii. Either battery operated or, if hard-wired into the electrical system of the nursing-supported group home, have a back-up battery;
  - iii. Capable of alerting all residents in the nursing-supported group home, including a resident with a mobility or sensory impairment;
  - iv. In working order; and
  - v. Tested at least once a month, with documentation of the test maintained for at least 12 months after the date of the test.
- C. An administrator shall:
  - 1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
  - 2. Make any repairs or corrections stated on the fire inspection report, and
  - 3. Maintain documentation of a current fire inspection.
- D. An administrator shall ensure that, if applicable, a sign is placed at the entrance to a room or area indicating that oxygen is in use.
  - c. In sufficiently good repair that no object, equipment, or condition present constitutes a hazard; and
- 3. Standing water is not allowed to accumulate on the premises, except in an area or vessel the purpose of which is to hold standing water.
- C. An administrator shall ensure that:
  - 1. An unvented space heater or open-flame space heater is not used on the premises;
  - 2. An electric portable heater or electric radiant heater is not used on the premises unless the electric portable heater or electric radiant heater:
    - a. Has:
      - i. Either a non-porous casing or a grill with a mesh small enough to prevent cloth or a child's finger from entering the casing,
      - ii. A tilt switch that shuts off power to the electric portable heater if the electric portable heater tips over,
      - iii. An automatic shutoff control to prevent overheating, and
      - iv. A thermostat control; and
    - b. Is plugged directly into a wall outlet; and
  - 3. A vented space heater used on the premises is:
    - a. Safety-approved;
    - b. Professionally installed in accordance with the requirements of the local jurisdiction; and
    - c. Mounted as a permanent fixture in a wall, floor, or ceiling.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2225. Environmental Standards**

- A. An administrator shall ensure that:
  - 1. The premises and equipment are free from a condition or situation that may cause a resident or other individual to suffer physical injury;
  - 2. The premises are free of accumulations of garbage or refuse;
  - 3. Garbage and refuse in the facility are:
    - a. Stored in cleanable containers or in sealable plastic bags and
    - b. Removed from the facility at least once every seven days;
  - 4. Cleaning compounds and toxic substances are maintained in labeled containers that:
    - a. Are stored to prevent a hazard;
    - b. Are appropriate to the contents of each container;
    - c. If appropriate based on a resident's disability, are locked; and
    - d. Are stored in a separate location from food or medicine;
  - 5. Combustible or flammable materials are not stored within three feet of a furnace, heater, water heater, or usable fireplace;
  - 6. Unused furniture, equipment, fabrics, or devices are removed from the facility or maintained in a covered area on the premises that is designated by the licensee for storage in a manner that does not create a hazard; and
  - 7. There are no firearms or ammunition on the premises;
- B. An administrator shall ensure that:
  - 1. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
  - 2. The premises and its structures and furnishings are:
    - a. In a clean condition,
    - b. Free of odors, such as urine or rotting food; and

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2226. Physical Plant Standards**

- A. An administrator shall ensure that:
  - 1. A nursing-supported group home is in compliance with applicable federal and state disability laws;
  - 2. If a nursing-supported group home has a resident with a mobility, sensory, or other physical impairment, documentation is available for review at the nursing-supported group home that:
    - a. Is provided by the Division; and
    - b. Identifies modifications, if any, needed to the premises to ensure that the premises are:
      - i. Accessible to and usable by the resident, and
      - ii. Contribute to the resident's health and safety;
  - 3. The premises have been modified as identified by the Division in subsection (A)(2)(b);
  - 4. Ramps, stairs, or steps on the premises are secured firmly to the ground or a permanent structure and have slip-resistant surfaces; and
  - 5. If handrails and grab bars are installed in a nursing-supported group home, handrails and grab bars are securely attached and stationary.
- B. An administrator shall ensure that:
  - 1. A method of heating and cooling maintains the nursing-supported group home between 65° F and 85° F in areas of the nursing-supported group home occupied by residents;
  - 2. A usable fireplace is covered by a protective screen or covering at all times;
  - 3. Ventilation is provided by an openable window, air conditioning, or other mechanical device;

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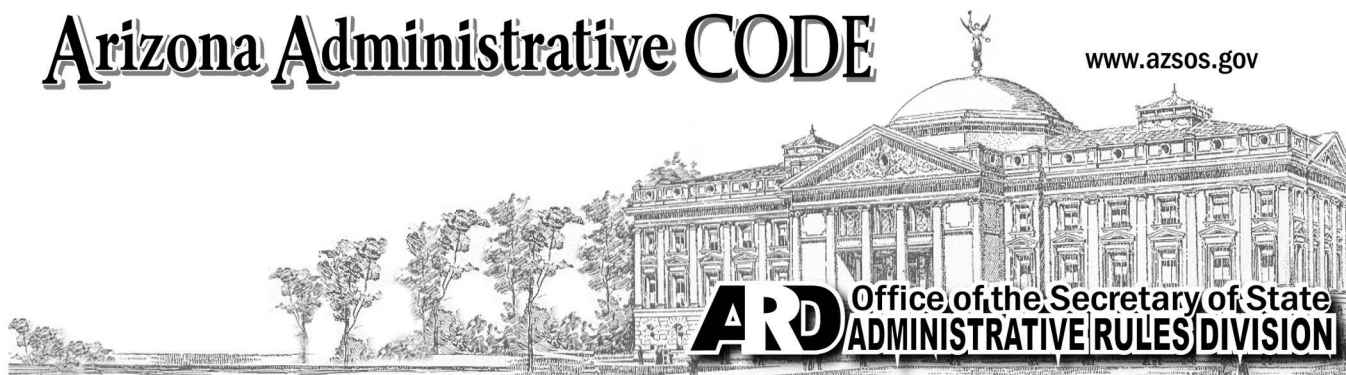
4. Working, safe appliances for cooling and cooking food are provided in the nursing-supported group home that:
    - a. Are safety-approved;
    - b. If used to refrigerate food, maintain the food at a temperature of 40° F or below at all times; and
    - c. If used to freeze food, maintain the food at a temperature of 0° F or below at all times;
  5. Hot water temperatures in the nursing-supported group home are maintained between 95° F and 120° F; and
  6. Bathtubs and showers contain slip-resistant strips, rubber bath mats, or slip-resistant surfaces.
- C. An administrator shall ensure that:
1. Electrical lighting is contained in each room in the nursing-supported group home;
  2. Electrical devices and equipment on the premises are safety-approved, safe, and in working order;
  3. Electrical outlets on the premises are safe, covered with a faceplate, and installed in accordance with the requirements of the local jurisdiction;
  4. Any electrical outlet located within 3 feet of a water source includes a ground fault circuit interrupt (GFCI);
  5. An appliance, light, or other device with a frayed or spliced electrical cord is not used on the premises; and
  6. An electrical cord, including an extension cord, on the premises is not:
    - a. Used as a substitute for permanent wiring,
    - b. Run under a rug or carpeting,
    - c. Run over a nail, or
    - d. Run from one room to another.
- D. An administrator shall ensure that:
1. A nursing-supported group home contains a safe, working plumbing system;
  2. If a nursing-supported group home's plumbing system is connected to a non-municipal sewage disposal system, the plumbing system and connective piping are free of visible leakage; and
  3. The premises do not contain unfenced or uncovered wells, ditches, or holes into which an individual may step or fall.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

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#### 9 A.A.C. 18

#### Supplement Information

#### Supp. 25-4

Rules codified between October 1, 2025 through December 31, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-4 replaces Supp. 24-4, 1-37 pages.**

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

## PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “*Rule*’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

### THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

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### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at [www.azsos.gov/rules](http://www.azsos.gov/rules), click on the *Administrative Register* link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

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*Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.*

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## Administrative Rules Division

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## TITLE 9. HEALTH SERVICES

## CHAPTER 18. DEPARTMENT OF HEALTH SERVICES - ADULT-USE MARIJUANA PROGRAM

Authorizing statutes: A.R.S. §§ 36-136(G) and 36-2854

Implementing statutes: A.R.S. §§ 36-2854, 36-2855, 36-2858, 36-2859, 36-2860, 36-2864 and 36-2865

## Supp. 25-4

*Editor's Note: The rules under the Chapter named Department of Health Services - Local Health Department Services, Article 1, Sections R9-18-101 through R9-18-107 were recodified to 9 A.A.C. 1, Article 6, Sections R9-1-601 through R9-1-607, at 26 A.A.R. 3319, with an immediate effective date of December 7, 2020. A new Chapter named Department of Health Services - Adult-Use Marijuana Program was adopted by exempt rulemaking at 27 A.A.R. 140 with rules made effective January 15, 2021. Although exempt from the regular rulemaking process under Proposition 207 § 8, the Department was required to accept public comments on the exempt rulemaking. To assist with compliance of these rules, the Administrative Rules Division has expedited the publication of this Chapter and released it in Supp. 20-4.*

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## CHAPTER 18. DEPARTMENT OF HEALTH SERVICES - ADULT-USE MARIJUANA PROGRAM

## ARTICLE 1. GENERAL

**R9-18-101. Definitions**

In addition to the definitions in A.R.S. § 36-2850, the following definitions apply in this Chapter unless otherwise stated:

1. "Accreditation" means being deemed as technically competent under ISO 17025 by the:
  - a. American Association of Laboratory Accreditation,
  - b. Perry Johnson Laboratory Accreditation,
  - c. ANSI National Accreditation Board,
  - d. International Accreditation Services, or
  - e. Commission on Office Laboratory Accreditation.
2. "Accuracy testing" means a mechanism in which a laboratory performs testing on samples with known characteristics, prepared by the laboratory, to determine a laboratory agent's ability to analyze samples within specific acceptance criteria.
3. "Acquire" means to obtain through any type of transaction and from any source.
4. "Analyte" means a specific substance for which testing is performed by a marijuana testing facility or laboratory with a laboratory registration certificate issued under 9 A.A.C. 17.
5. "Applicant" means:
  - a. An individual submitting an application for a marijuana facility agent license;
  - b. An entity submitting an application for a marijuana establishment license, to make a change affecting a marijuana establishment license, or for an approval to operate a marijuana establishment; or
  - c. An individual or entity submitting an application for a marijuana testing facility license, for an approval to test, or for an approval to change parameters.
6. "Batch" means:
  - a. When referring to cultivated marijuana, a specific lot of marijuana that is uniform in strain, grown from one or more seeds or cuttings that are planted and harvested at the same time, and cultivated under the same conditions;
  - b. When referring to marijuana products, a specific amount of a marijuana product infused, manufactured, or prepared for sale from the same set of ingredients at the same time; and
  - c. When referring to a laboratory testing marijuana or a marijuana product according to R9-18-408, a specific set of no more than 20 samples prepared and tested during the same run using the same equipment.
7. "Batch number" means a unique numeric or alphanumeric identifier assigned to a batch by a marijuana establishment when:
  - a. The batch of marijuana is planted; or
  - b. The batch of a marijuana product is infused, manufactured, or prepared for sale.
8. "Calendar day" means each day, not including the day of the act, event, or default from which a designated period of time begins to run, but including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.
9. "Change" means:
  - a. When used in relation to a marijuana facility agent license, adding or deleting information about a marijuana facility agent;
  - b. When used in relation to a place, moving to a different location, or increasing or decreasing the size of the licensed premises at a current location;
  - c. When used in relation to a marijuana establishment license, adding or removing the activities that a licensee is approved to do at the marijuana establishment's retail site, cultivation site, or manufacturing site;
  - d. When used in relation to parameters, revising a marijuana testing facility's standard operating procedures or quality assurance plan, required in R9-18-409(B), due to:
    - i. Adding or removing a parameter,
    - ii. Altering a testing method, or
    - iii. Using a different instrument for performing a test; and
  - e. When used in relation to testing results, altering the testing results in any way and for any reason.
10. "Commercial device" means a "commercial device," as defined in A.R.S. § 3-3401, that is licensed or certified according to A.R.S. § 3-3451.
11. "Contaminant" means matter, a pollutant, a hazardous substance, or another substance that is not intended to be part of marijuana or a marijuana product.
12. "Cultivation site" means the single off-site location where marijuana may be cultivated and processed and where marijuana products may be manufactured for a marijuana establishment.
13. "Current photograph" means an image of an individual, taken no more than 60 calendar days before the submission of the individual's application, in a Department-approved electronic format capable of producing an image that:
  - a. Has a resolution of at least 600 x 600 pixels but not more than 1200 x 1200 pixels;
  - b. Is 2 inches by 2 inches in size;
  - c. Is in natural color, without any filter or digital alterations or enhancements;
  - d. Is a front view of the individual's full face, without a hat or headgear that obscures the hair or hairline;
  - e. Has a plain white or off-white background; and
  - f. Has between 1 and 1 3/8 inches from the bottom of the chin to the top of the head.
14. "Dispensary" means the same as "nonprofit medical marijuana dispensary" in A.R.S. § 36-2801, whether or not the entity is operated on a not-for-profit basis.
15. "Dispensary agent" means the same as "nonprofit medical marijuana dispensary agent" as defined in A.R.S. § 36-2801, whether or not the associated dispensary is operated on a not-for-profit basis.
16. "Edible marijuana product" means a substance, beverage, or ingredient, containing marijuana or a marijuana product, used or intended for use or for sale in whole or in part for human oral or sublingual consumption.
17. "Entity" means the same as in A.R.S. § 29-2102.
18. "Inhalable" means intended for use, in whole or in part, through intake into the lungs of an individual.
19. "Laboratory" means a facility in which testing of a substance is performed through chemical analyses or microbial analyses to determine the level of contaminants in the substance.
20. "Laboratory agent" means the same as "independent third-party laboratory agent" as defined in A.R.S. § 36-2801.

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21. "License" means the same as in A.R.S. § 41-1001.
  22. "Limited access area" means any location in a marijuana establishment's cultivation site, manufacturing site, or retail site where marijuana or marijuana products are cultivated, processed, manufactured, stored, or moved from one place to another.
  23. "Manufacturing site" means the single off-site location where marijuana products may be manufactured and packaged and marijuana and marijuana products stored for a marijuana establishment.
  24. "Parameter" means the combination of a particular type of sample with a specific instrument or equipment by which the sample will be tested for a specific analyte or characteristic.
  25. "Proficiency testing" means a mechanism to determine the ability of a marijuana facility agent to analyze samples within specific acceptance criteria in which the characteristics of the samples are known by the source of the samples but are unknown to a marijuana testing facility receiving the samples from the source.
  26. "Proficiency testing service" means an independent company or other person with ISO/IEC 17043:2010 certification, that:
    - a. Is the source for samples with known characteristics for proficiency testing, and
    - b. Assesses the acceptability of the testing results generated by a marijuana facility agent of a marijuana testing facility from the samples with known characteristics during proficiency testing.
  27. "Retail site" means the single location at which a marijuana establishment may sell marijuana and marijuana products to consumers, cultivate marijuana, and manufacture marijuana products.
  28. "Sample" means:
    - a. A representative portion of a larger quantity marijuana or a marijuana product,
    - b. A specific quantity of a substance or set of substances to be used for testing purposes, or
    - c. To collect the representative portion in subsection (28)(a).
  29. "Time/temperature control for safety food" means the same as in the Food Code: 2017 Recommendations of the United States Public Health Service, Food and Drug Administration, § 1-201.10.
  30. "Topical" means intended for use through application to the surface of the skin of an individual.
  31. "Working day" means a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state holiday or a state-wide furlough day.
1. Except as specified in subsection (B), for a marijuana facility agent license:
    - a. For an initial license for an applicant submitting the applicant's fingerprints on a fingerprint card, \$300;
    - b. For renewal of a license for an applicant submitting the applicant's fingerprints on a fingerprint card, \$300;
    - c. For an initial license for an applicant submitting a copy of the applicant's current level 1 fingerprint clearance card issued pursuant to A.R.S. § 41-1758.07, \$150; and
    - d. For renewal of a license for an applicant submitting a copy of the applicant's current level 1 fingerprint clearance card issued pursuant to A.R.S. § 41-1758.07, \$150;
  2. For changing information on a marijuana facility agent's license, \$10;
  3. For requesting a replacement marijuana facility agent license, \$10;
  4. For a marijuana establishment license:
    - a. An application fee for an initial license, \$25,000; and
    - b. A license fee for license renewal, \$5,000;
  5. For applying for an approval to operate a marijuana establishment, \$2,500;
  6. To change the location of a marijuana establishment's retail site, cultivation site, or manufacturing site, \$2,500;
  7. To add a cultivation site or manufacturing site for a marijuana establishment, \$2,500;
  8. To add to the approved activities for a marijuana establishment's retail site, cultivation site, or manufacturing site, \$2,500; and
  9. For a marijuana testing facility license:
    - a. For an initial license, \$25,000; and
    - b. For license renewal, \$5,000.
- B.** An applicant for an initial marijuana facility agent license is not required to submit the applicable fee in subsection (A)(1) if the applicant, as part of the application packet in R9-18-201, submits an attestation that the applicant meets the criteria for waiver of licensing fees in A.R.S. § 41-1080.01.

**Historical Note**

New Section made by exempt rulemaking at 27 A.A.R. 140, effective January 15, 2021 (Supp. 20-4). Amended by exempt rulemaking at 27 A.A.R. 897, effective June 1, 2021 (Supp. 21-2). Amended by exempt rulemaking at 27 A.A.R. 2604, with an immediate effective date of October 13, 2021 (Supp. 21-4). Amended by exempt rulemaking at 29 A.A.R. 2453 (October 13, 2023), effective October 1, 2023 (Supp. 23-3). Amended by exempt rulemaking at 30 A.A.R. 3451 (November 15, 2024), with a delayed effective date of November 1, 2024; filed October 25, 2024 (Supp. 24-4). Amended by exempt rulemaking at 31 A.A.R. 4620 (December 19, 2025), effective July 1, 2026 (Supp. 25-4).

**R9-18-103. Time-frames**

- A.** Within the administrative completeness review time-frame for each type of approval in Table 1.1, the Department shall:
1. Issue:
    - a. A marijuana facility agent license;
    - b. An initial marijuana establishment license;
    - c. Renewal of a marijuana establishment license;
    - d. An approval to operate a marijuana establishment;

**R9-18-102. Fees**

- A.** An applicant submitting an application to the Department shall submit the following nonrefundable fees:

**Historical Note**

New Section made by exempt rulemaking at 27 A.A.R. 140, effective January 15, 2021 (Supp. 20-4). Amended by exempt rulemaking at 27 A.A.R. 696, effective May 1, 2021 (Supp. 21-2). Amended by exempt rulemaking at 28 A.A.R. 2481 (September 23, 2022), with an immediate effective date of September 8, 2022 (Supp. 22-3). Amended by exempt rulemaking at 29 A.A.R. 2453 (October 13, 2023), effective October 1, 2023 (Supp. 23-3). Amended by exempt rulemaking at 31 A.A.R. 4620 (December 19, 2025), effective July 1, 2026 (Supp. 25-4).

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- e. An approval to change the location of a marijuana establishment's retail site;
  - f. An approval to add or change the location of a marijuana establishment's cultivation site or manufacturing site;
  - g. An approval to increase the size of the licensed premises at a current location;
  - h. An approval to add an activity that a licensee may do at the marijuana establishment's retail site, cultivation site, or manufacturing site;
  - i. An initial marijuana testing facility license;
  - j. An approval to change the person with controlling legal or equitable interest in a marijuana testing facility;
  - k. Renewal of a marijuana testing facility license;
  - l. An approval for testing; or
  - m. An approval to add a parameter;
  - 2. Provide a notice of administrative completeness to an applicant; or
  - 3. Provide a notice of deficiencies to an applicant, including a list of the information or documents needed to complete the application.
- B.** An application for approval to operate a marijuana establishment is not complete until the date the applicant states on a written notice provided to the Department according to R9-18-304 that the marijuana establishment is ready for an inspection by the Department.
- C.** An application for approval to make a change to a marijuana establishment license is not complete until the date the applicant states on a written notice provided to the Department according to R9-18-306 that the marijuana establishment is ready for an inspection by the Department.
- D.** A marijuana testing facility's application for approval for testing or to add a parameter is not complete until the date the applicant states on a written notice provided to the Department according to R9-18-403 or R9-18-411, as applicable, that the marijuana testing facility is ready for an inspection by the Department.
- E.** If the Department provides a notice of deficiencies to an applicant:
- 1. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice of deficiencies until the date the Department receives the missing information or documents from the applicant, and
  - 2. The Department shall consider the application withdrawn if the applicant does not submit the missing information or documents to the Department within the time-frame in Table 1.1.
- F.** Within the substantive review time-frame for each type of approval in Table 1.1, the Department:
- 1. According to subsection (H), shall issue or deny:
    - a. A marijuana facility agent license, marijuana establishment license renewal, or marijuana testing facility license; or
    - b. Approval to operate a marijuana establishment, approval to make a change affecting the marijuana establishment license, approval to change the person with controlling legal or equitable interest in a marijuana testing facility, approval for testing, or approval to add a parameter;
  - 2. Shall notify an applicant for an initial marijuana establishment license according to subsection (H)(3)(b)(i) or (4), as applicable;
  - 3. May complete an inspection that may require more than one visit to a marijuana establishment;
  - 4. May complete an inspection that may require more than one visit to a marijuana testing facility; and
  - 5. May make one written comprehensive request for more information, unless the applicant agrees in writing to allow the Department to submit supplemental requests for information.
- G.** If the Department issues a written comprehensive request or a supplemental request for information:
- 1. The substantive review time-frame and the overall time-frame are suspended from the date of the written comprehensive request or the supplemental request for information until the date the Department receives all of the information requested, and
  - 2. The applicant shall submit to the Department all of the information and documents listed in the written comprehensive request or supplemental request for information within the time-frame in Table 1.1.
- H.** The Department shall issue:
- 1. The following, as applicable, if the Department determines that the applicant complies with A.R.S. Title 36, Chapter 28.2, and this Chapter:
    - a. A marijuana facility agent license;
    - b. Renewal of a marijuana establishment license;
    - c. An approval to operate a marijuana establishment;
    - d. An approval to change the location of a marijuana establishment's retail site;
    - e. An approval to add or change the location of a marijuana establishment's cultivation site or manufacturing site;
    - f. An approval to increase the size of the licensed premises at a current location;
    - g. An approval to add an activity that a licensee may do at the marijuana establishment's retail site, cultivation site, or manufacturing site;
    - h. An initial marijuana testing facility license;
    - i. An approval to change the person with controlling legal or equitable interest in a marijuana testing facility;
    - j. Renewal of a marijuana testing facility license;
    - k. An approval for testing; or
    - l. An approval to add a parameter;
  - 2. For an applicant for a marijuana facility agent license, a denial that includes the reason for the denial and the process for requesting review if:
    - a. The Department determines that the applicant does not comply with A.R.S. Title 36, Chapter 28.2, or this Chapter; or
    - b. The applicant does not submit all of the information and documents listed in the written comprehensive request or supplemental request for information within the time-frame in Table 1.1 after the date of the comprehensive written request or supplemental request for information;
  - 3. For an applicant for an initial marijuana establishment license, if the Department determines that the marijuana establishment license application complies with A.R.S. Title 36, Chapter 28.2, and this Chapter:
    - a. A marijuana establishment license, if not all available marijuana establishment licenses have been allocated according to the criteria and processes in R9-18-302; or
    - b. Written notice that:

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- i. The marijuana establishment license application complies with A.R.S. Title 36, Chapter 28.2, and this Chapter;
  - ii. The applicant was not allocated a marijuana establishment license according to the criteria and processes in R9-18-302 because all available marijuana establishment licenses have been allocated according to the criteria and processes in R9-18-302; and
  - iii. The written notice is not a denial and is not considered a final decision of the Department subject to administrative review; or
4. For an applicant for a marijuana establishment license, an approval to operate, an approval to change the location of a marijuana establishment's retail site, an approval to add or change the location of a marijuana establishment's cultivation site or manufacturing site, an approval to increase the size of the licensed premises at a current location, an approval to add an activity, a marijuana testing facility license, an approval to change the person with controlling legal or equitable interest in a marijuana testing facility, an approval for testing, or an approval to add a parameter, a denial that includes the reason for the denial and the process for administrative review if:
- a. The Department determines that the applicant does not comply with A.R.S. Title 36, Chapter 28.2, or this Chapter or, as applicable, A.R.S. Title 36, Chapter 28.1, or 9 A.A.C. 17; or
  - b. The applicant does not submit all of the information and documents listed in the written comprehensive request or supplemental request for information within the time-frame in Table 1.1 after the date of the comprehensive written request or supplemental request for information.

**Historical Note**

New Section made by exempt rulemaking at 27 A.A.R. 140, effective January 15, 2021 (Supp. 20-4). Amended by exempt rulemaking at 27 A.A.R. 696, effective May 1, 2021 (Supp. 21-2). Amended by exempt rulemaking at 28 A.A.R. 2481 (September 23, 2022), with an immediate effective date of September 8, 2022 (Supp. 22-3). Amended by exempt rulemaking at 29 A.A.R. 2453 (October 13, 2023), effective October 1, 2023 (Supp. 23-3).

**Table 1.1. Time-frames**

Type of approval	Authority (A.R.S. § or A.A.C.)	Overall Time-frame (in working days)	Time-frame for applicant to complete application (in working days)	Administrative Completeness Time-frame (in working days)	Substantive Review Time-frame (in working days)	Response Time for Request in R9-18-103(G)(2) (in working days)
Applying for a marijuana facility agent license	§ 36-2855 R9-18-201	15	30	5	10	10
Renewing a marijuana facility agent license	§ 36-2855 R9-18-202	15	30	5	10	10
Applying for a marijuana establishment license	§ 36-2854 R9-18-303	90	10	30	60	10
Applying for approval to operate a marijuana establishment	§ 36-2854 R9-18-304	45	90	15	30	60
Changing the location of a marijuana establishment's retail site or adding or changing a marijuana establishment's cultivation site or manufacturing site location	§ 36-2854 R9-18-306	90	90	30	60	60
Increasing the size of the licensed premises at a current location	§ 36-2854 R9-18-306	90	90	30	60	60
Adding an activity	§ 36-2854 R9-18-306	90	90	30	60	60
Renewing a marijuana establishment license	§ 36-2854 R9-18-307	15	30	5	10	10
Applying for a marijuana testing facility license	§ 36-2854	90	90	30	60	60
Changing the person with controlling legal or equitable interest in a marijuana testing facility	§ 36-2854	90	90	30	60	60
Applying for approval for testing	§ 36-2854	90	90	30	60	120



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Renewing a marijuana testing facility license	§ 36-2854	15	30	5	10	60
Applying to add a parameter	§ 36-2854	90	90	30	60	120

**Historical Note**

Table 1. Time-frames made by exempt rulemaking at 27 A.A.R. 140, effective January 15, 2021 (Supp. 20-4). Amended by exempt rulemaking at 27 A.A.R. 2604, with an immediate effective date of October 13, 2021 (Supp. 21-4). Amended by exempt rulemaking at 28 A.A.R. 2481 (September 23, 2022), with an immediate effective date of September 8, 2022 (Supp. 22-3). Amended by exempt rulemaking at 29 A.A.R. 2453 (October 13, 2023), effective October 1, 2023 (Supp. 23-3). Amended by exempt rulemaking at 31 A.A.R. 4620 (December 19, 2025), effective July 1, 2026 (Supp. 25-4).

**ARTICLE 2. MARIJUANA FACILITY AGENTS****R9-18-201. Initial Application for a Marijuana Facility Agent License**

To apply for a marijuana facility agent license, an applicant who is at least 21 years of age shall submit to the Department in a Department-provided format:

1. The following:
  - a. The applicant's first name, middle initial if applicable, last name, and suffix if applicable;
  - b. The applicant's date of birth;
  - c. The applicant's residence address and Arizona mailing address;
  - d. The county where the applicant resides;
  - e. The identifying number on the applicable card or document in subsection (2); and
  - f. The signature of the individual and the date the individual signed;
2. A copy of the applicant's:
  - a. Arizona driver's license issued on or after October 1, 1996;
  - b. Arizona identification card issued on or after October 1, 1996;
  - c. Arizona registry identification card issued according to 9 A.A.C. 17;
  - d. Marijuana facility agent license;
  - e. Photograph page in the applicant's U.S. passport or a U.S. passport card; or
  - f. Arizona driver's license or identification card issued before October 1, 1996 and one of the following for the applicant:
    - i. Birth certificate verifying U.S. citizenship,
    - ii. U.S. Certificate of Naturalization, or
    - iii. U.S. Certificate of Citizenship;
3. A current photograph of the applicant;
4. For the Department's criminal records check authorized in A.R.S. § 36-2855(B)(2):
  - a. The applicant's fingerprints on a fingerprint card, dated no more than six months before the submission of the application, that includes:
    - i. The applicant's first name; middle initial, if applicable; and last name;
    - ii. The applicant's signature;
    - iii. If different from the applicant, the signature of another individual physically rolling the applicant's fingerprints;
    - iv. The applicant's address;
    - v. If applicable, the applicant's surname before marriage and any names previously used by the applicant;
    - vi. The applicant's date of birth;
    - vii. The applicant's Social Security number;
    - viii. The applicant's citizenship status;

- ix. The applicant's gender;
- x. The applicant's race;
- xi. The applicant's height;
- xii. The applicant's weight;
- xiii. The applicant's hair color;
- xiv. The applicant's eye color; and
- xv. The applicant's place of birth; or

- b. If the applicant's fingerprints and information required in subsection (4)(a) were submitted to the Department as part of an application for a designated caregiver registry identification card, dispensary agent registry identification card, or laboratory agent registry identification card, within the previous six months, the registry identification number on the registry identification card issued to the applicant as a result of the application; or
- c. Documentation that the applicant has a valid level I fingerprint clearance card issued according to A.R.S. § 41-1758.07;
5. An attestation that the applicant has not been convicted of an excluded felony offense;
6. An attestation that the information provided in the application is true and correct; and
7. The applicable fee in R9-18-102 for applying for an initial license as a marijuana facility agent.

**Historical Note**

New Section made by exempt rulemaking at 27 A.A.R. 140, effective January 15, 2021 (Supp. 20-4). Amended by exempt rulemaking at 29 A.A.R. 2453 (October 13, 2023), effective October 1, 2023 (Supp. 23-3). Amended by exempt rulemaking at 31 A.A.R. 4620 (December 19, 2025), effective July 1, 2026 (Supp. 25-4).

**R9-18-202. Application to Renew a Marijuana Facility Agent License**

To renew a license as a marijuana facility agent, an applicant shall submit to the Department, at least 30 calendar days before the expiration of the license as a marijuana facility agent and in a Department-provided format:

1. The applicant's license number on the marijuana facility agent license;
2. A current photograph of the applicant;
3. For the Department's criminal records check authorized in A.R.S. § 36-2855(B)(2):
  - a. The applicant's fingerprints on a fingerprint card, dated no more than six months before the submission of the application, that includes:
    - i. The applicant's first name; middle initial, if applicable; and last name;
    - ii. The applicant's signature;
    - iii. If different from the applicant, the signature of another individual physically rolling the applicant's fingerprints;



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- iv. The applicant's address;
- v. If applicable, the applicant's surname before marriage and any names previously used by the applicant;
- vi. The applicant's date of birth;
- vii. The applicant's Social Security number;
- viii. The applicant's citizenship status;
- ix. The applicant's gender;
- x. The applicant's race;
- xi. The applicant's height;
- xii. The applicant's weight;
- xiii. The applicant's hair color;
- xiv. The applicant's eye color; and
- xv. The applicant's place of birth;
- b. If the applicant's fingerprints and information required in subsection (3)(a) were submitted to the Department as part of an application for a designated caregiver registry identification card, dispensary agent registry identification card, or laboratory agent registry identification card, within the previous six months, the registry identification number on the registry identification card issued to the applicant as a result of the application; or
- c. Documentation that the applicant has a valid level I fingerprint clearance card issued according to A.R.S. § 41-1758.07;
- 4. An attestation that the applicant has not been convicted of an excluded felony offense;
- 5. An attestation that the information provided in the application is true and correct; and
- 6. The applicable fee in R9-18-102 for renewal of a license as a marijuana facility agent.

**Historical Note**

New Section made by exempt rulemaking at 27 A.A.R. 140, effective January 15, 2021 (Supp. 20-4). Amended by exempt rulemaking at 29 A.A.R. 2453 (October 13, 2023), effective October 1, 2023 (Supp. 23-3). Amended by exempt rulemaking at 30 A.A.R. 3451 (November 15, 2024), with a delayed effective date of November 1, 2024; filed October 25, 2024 (Supp. 24-4). Amended by exempt rulemaking at 31 A.A.R. 4620 (December 19, 2025), effective July 1, 2026 (Supp. 25-4).

**R9-18-203. Updating Information for a Marijuana Facility Agent**

- A. A marijuana facility agent shall:
  - 1. Notify the Department, in a Department-provided format and within 10 working days, if any of the following information submitted to the Department changes:
    - a. The marijuana facility agent's name,
    - b. The marijuana facility agent's residential address or mailing address, or
    - c. The marijuana facility agent's email address; and
  - 2. Submit to the Department, in a Department-provided format:
    - a. For a change in the marijuana facility agent's name, one of the following with the marijuana facility agent's new name:
      - i. An Arizona driver's license,
      - ii. An Arizona identification card, or
      - iii. The photograph page in the marijuana facility agent's U.S. passport or a U.S. passport card;
    - b. If the documentation in subsection (A)(2)(a) is not available, legal documentation supporting a change

- in the marijuana facility agent's name, such as a marriage certificate, divorce decree, or court order;
- c. For a change in address, the new address and the county where the new address is located;
- d. For a change in email address, the new email address;
- e. The effective date of the marijuana facility agent's new name or address; and
- f. The fee in R9-18-102 for changing marijuana facility agent information.

- B. A marijuana facility agent shall notify the Department within 48 hours after the following:

- 1. Beginning employment or other association with a marijuana establishment, dispensary according to A.R.S. § 36-2804.01(F), or marijuana testing facility, or
- 2. Ending employment or other association with a marijuana establishment, dispensary according to A.R.S. § 36-2804.01(F), or marijuana testing facility.

**Historical Note**

New Section made by exempt rulemaking at 27 A.A.R. 140, effective January 15, 2021 (Supp. 20-4). Amended by exempt rulemaking at 29 A.A.R. 2453 (October 13, 2023), effective October 1, 2023 (Supp. 23-3). Amended by exempt rulemaking at 31 A.A.R. 4620 (December 19, 2025), effective July 1, 2026 (Supp. 25-4).

**R9-18-204. Requesting a Replacement Marijuana Facility Agent License**

To request a replacement for a marijuana facility agent license that has been lost, stolen, or destroyed, a marijuana facility agent shall submit to the Department, in a Department-provided format and within 10 working days after the marijuana facility agent license was lost, stolen, or destroyed, a request for a replacement marijuana facility agent license that includes:

- 1. The marijuana facility agent's name and date of birth;
- 2. The license number on the lost, stolen, or destroyed marijuana facility agent license;
- 3. A copy of one of the following documents that the marijuana facility agent submitted with an application for the license or to renew the license:
  - a. Arizona driver's license,
  - b. Arizona identification card, or
  - c. Photograph page in the marijuana facility agent's U.S. passport or a U.S. passport card; and
- 4. The fee in R9-18-102 for requesting a replacement marijuana facility agent license.

**Historical Note**

New Section made by exempt rulemaking at 27 A.A.R. 140, effective January 15, 2021 (Supp. 20-4). Amended by exempt rulemaking at 29 A.A.R. 2453 (October 13, 2023), effective October 1, 2023 (Supp. 23-3). Amended by exempt rulemaking at 31 A.A.R. 4620 (December 19, 2025), effective July 1, 2026 (Supp. 25-4).

**R9-18-205. Denial, Suspension, or Revocation of a Marijuana Facility Agent License**

- A. The Department shall deny an application for or renewal of a marijuana facility agent license if a marijuana facility agent does not meet the definition "marijuana facility agent" in A.R.S. § 36-2850.
- B. The Department may deny an application for or renewal of a license of a marijuana facility agent if the marijuana facility agent:

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1. Previously had a registry identification card revoked for not complying with A.R.S. Title 36, Chapter 28.1 or 9 A.A.C. 17;
  2. Previously had a marijuana facility agent license revoked for not complying with A.R.S. Title 36, Chapter 28.2 or this Chapter or, if the marijuana facility agent is acting as a dispensary agent pursuant to A.R.S. § 36-2804.01, A.R.S. Title 36, Chapter 28.1, or 9 A.A.C. 17;
  3. Does not comply with A.R.S. Title 36, Chapter 28.2, or this Chapter or, if the marijuana facility agent is acting as a dispensary agent pursuant to A.R.S. § 36-2804.01, A.R.S. Title 36, Chapter 28.1, or 9 A.A.C. 17; or
  4. Provides false or misleading information to the Department.
- C. The Department may suspend or revoke the license of a marijuana facility agent and may assess a civil penalty if the marijuana facility agent:
1. Diverts marijuana or a marijuana product to an individual who or entity that is not allowed to possess marijuana, pursuant to A.R.S. Title 36, Chapter 28.1 or 28.2;
  2. Has been convicted of an excluded felony offense;
  3. Provides false or misleading information to the Department; or
  4. Violates A.R.S. Title 36, Chapter 28.2, or this Chapter or, if the marijuana facility agent is acting as a dispensary agent pursuant to A.R.S. § 36-2804.01, A.R.S. Title 36, Chapter 28.1, or 9 A.A.C. 17.
- D. If the Department denies, suspends, or revokes the license of a marijuana facility agent, the Department shall provide notice to a marijuana facility agent that includes:
1. The specific reason or reasons for the denial, suspension, or revocation; and
  2. The process for requesting a review of the Department's decision pursuant to A.R.S. Title 41, Chapter 6, Article 10.

**Historical Note**

New Section made by exempt rulemaking at 27 A.A.R. 140, effective January 15, 2021 (Supp. 20-4). Amended by exempt rulemaking at 29 A.A.R. 2453 (October 13, 2023), effective October 1, 2023 (Supp. 23-3). Amended by exempt rulemaking at 30 A.A.R. 3451 (November 15, 2024), with a delayed effective date of November 1, 2024; filed October 25, 2024 (Supp. 24-4).

**ARTICLE 3. MARIJUANA ESTABLISHMENTS****R9-18-301. Principal Officers and Board Members**

- A. For the purposes of this Chapter, a principal officer or board member of a marijuana establishment is an individual whom the marijuana establishment has designated as a principal officer or board member for purposes of licensing under this Article according to one of the following:
1. In an application for an initial license as a marijuana establishment, according to R9-18-303(A)(1)(e); or
  2. As part of an approved change affecting the marijuana establishment license, according to R9-18-305(F) and R9-18-308(B)(10).
- B. If an entity is a dual licensee, both the marijuana establishment and the dispensary shall have the same set of principal officers and board members.

**Historical Note**

New Section made by exempt rulemaking at 27 A.A.R. 140, effective January 15, 2021 (Supp. 20-4). Amended

by exempt rulemaking at 31 A.A.R. 4620 (December 19, 2025), effective July 1, 2026 (Supp. 25-4).

**R9-18-302. Marijuana Establishment License Allocation Process**

- A. The Department may periodically review current valid marijuana establishment licenses to determine if the Department may issue additional marijuana establishment licenses pursuant to A.R.S. § 36-2854(A)(1)(b).
1. If the Department determines that the Department may issue additional marijuana establishment licenses, the Department shall post, on the Department's website, that the Department is accepting marijuana establishment license applications, including the deadline for accepting marijuana establishment license applications.
    - a. The Department shall post the information in subsection (A)(1) at least 30 calendar days before the date the Department begins accepting applications.
    - b. The deadline for submission of marijuana establishment license applications is 10 working days after the date the Department begins accepting applications.
    - c. Ninety working days after the date the Department begins accepting applications, the Department shall determine if the Department received more marijuana establishment license applications that are complete and in compliance with A.R.S. Title 36, Chapter 28.2 and this Chapter to participate in the allocation process than the Department is allowed to issue.
      - i. If the Department received more marijuana establishment license applications than the Department is allowed to issue, the Department shall allocate any available marijuana establishment licenses according to the priorities established in subsection (B).
      - ii. If the Department is allowed to issue a marijuana establishment license for each marijuana establishment license application the Department received, the Department shall allocate the marijuana establishment licenses to those applicants.
  2. If the Department determines that the Department is not allowed to issue additional marijuana establishment licenses, the Department shall, on the Department's website:
    - a. Post the information that the Department is not accepting marijuana establishment license applications, and
    - b. Maintain the information until the next review.
- B. If the Department receives more marijuana establishment license applications according to R9-18-303 that are complete and compliant with A.R.S. Title 36, Chapter 28.2, and this Chapter to participate in the allocation process than the number of licenses the Department is allowed to issue, the Department shall allocate the marijuana establishment licenses based on random drawing.
- C. If an entity is allocated a marijuana establishment license under subsection (A)(1)(c)(ii) or (B), the entity shall ensure that each principal officer or board member, specified according to R9-18-301, obtains a marijuana facility agent license according to R9-18-201 before the entity submits an application for an approval to operate according to R9-18-304.
- D. If the Department does not allocate a marijuana establishment license to an applicant that had submitted a marijuana estab-

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lishment license application according to R9-18-303 that the Department determined was complete and compliant with A.R.S. Title 36, Chapter 28.2, and this Chapter to participate in the allocation process, the Department shall provide a written notice to the applicant that states that, although the applicant's marijuana establishment license application was complete and compliant with A.R.S. Title 36, Chapter 28.2, and this Chapter, the Department did not allocate the applicant a marijuana establishment license under the processes in this Section.

- E. If the Department receives a marijuana establishment license application at a time other than during the application period stated in subsection (A)(1), the Department shall return the application, including the application fee, to the entity that submitted the application.

**Historical Note**

New Section made by exempt rulemaking at 27 A.A.R. 140, effective January 15, 2021 (Supp. 20-4). Amended by exempt rulemaking at 27 A.A.R. 897, effective June 1, 2021 (Supp. 21-2). Amended by exempt rulemaking at 29 A.A.R. 2453 (October 13, 2023), effective October 1, 2023 (Supp. 23-3). Amended by exempt rulemaking at 31 A.A.R. 4620 (December 19, 2025), effective July 1, 2026 (Supp. 25-4).

**R9-18-303. Applying for an Initial Marijuana Establishment License**

- A. To apply for an initial marijuana establishment license, an applicant shall electronically submit to the Department, during the application period specified according to R9-18-302(A)(1):

1. The following information in a Department-provided format:
  - a. The legal name of the proposed marijuana establishment;
  - b. The physical address of the proposed marijuana establishment's retail site;
  - c. The county in which the proposed marijuana establishment's retail site is located;
  - d. The following information for the applicant:
    - i. Name of the entity applying,
    - ii. Type of business organization,
    - iii. Arizona mailing address,
    - iv. Telephone number, and
    - v. Email address;
  - e. The name, residence address, and date of birth of each principal officer or board member, according to R9-18-301;
  - f. Whether the applicant agrees to allow the Department to submit supplemental requests for information;
  - g. An attestation that, if the applicant is issued a marijuana establishment license, the proposed marijuana establishment will not operate until the proposed marijuana establishment is inspected and obtains an approval to operate from the Department;
  - h. An attestation that the applicant understands and will comply with the requirements in A.R.S. Title 36, Chapter 28.2, and this Chapter;
  - i. An attestation that information provided to the Department to apply for a marijuana establishment license is true and correct;
  - j. An attestation that the submission of the application is authorized by the marijuana establishment; and

- k. The signatures of each principal officer or board member of the proposed marijuana establishment according to R9-18-301 and the date signed;
2. Documentation that the applicant is in good standing with the Arizona Corporation Commission;
  3. For each principal officer or board member listed according to subsection (A)(1)(e), documentation of the principal officer's or board member's marijuana facility agent license;
  4. An attestation, in a Department-provided format, signed and dated by each principal officer or board member listed according to subsection (A)(1)(e) that the principal officer or board member:
    - a. Does not have an excluded felony offense, as defined in A.R.S. § 36-2801;
    - b. Does not have a direct or indirect familial or financial relationship with a marijuana testing facility or a laboratory with a laboratory registration certificate issued under 9 A.A.C. 17; and
    - c. Has not had an ownership interest in a marijuana business, licensed in Arizona or any other state, that had the license to operate the marijuana business revoked; and
  5. The application fee in R9-18-102 for a marijuana establishment license.
- B. An applicant shall ensure that no principal officer or board member of the applying entity is a principal officer or board member on more than one other marijuana establishment license application, for a total of no more than two marijuana establishment license applications, submitted according to subsection (A).
- C. Before an entity with a marijuana establishment license begins operating a marijuana establishment, the entity shall apply for and obtain an approval to operate a marijuana establishment from the Department.

**Historical Note**

New Section made by exempt rulemaking at 27 A.A.R. 140, effective January 15, 2021 (Supp. 20-4). Amended by exempt rulemaking at 27 A.A.R. 897, effective June 1, 2021 (Supp. 21-2). Amended by exempt rulemaking at 27 A.A.R. 2604 (November 5, 2021), with an immediate effective date of October 13, 2021; amended by exempt rulemaking at 27 A.A.R. 2764 (November 26, 2021) with an immediate effective date of November 5, 2021; amended by exempt rulemaking at 27 A.A.R. 2862 (December 10, 2021) with an effective date of November 5, 2021. Refer to Register publication dates to view versioning of amendments of this Section in the fourth quarter of 2021 (Supp. 21-4). Amended by exempt rulemaking at 29 A.A.R. 2453 (October 13, 2023), effective October 1, 2023 (Supp. 23-3). Amended by exempt rulemaking at 30 A.A.R. 3451 (November 15, 2024), with a delayed effective date of November 1, 2024; filed October 25, 2024 (Supp. 24-4). Amended by exempt rulemaking at 31 A.A.R. 4620 (December 19, 2025), effective July 1, 2026 (Supp. 25-4).

**R9-18-304. Applying for Approval to Operate a Marijuana Establishment**

- A. To apply for approval to operate a marijuana establishment, a principal officer or board member of the entity holding a marijuana establishment license shall electronically submit to the Department, within 18 months after the marijuana establishment license was issued:

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1. The following information in a Department-provided format:
    - a. The name and license number of the marijuana establishment;
    - b. The physical address of the marijuana establishment's retail site;
    - c. The county in which the marijuana establishment's retail site is located;
    - d. The marijuana establishment's Transaction Privilege Tax Number issued by the Arizona Department of Revenue;
    - e. The marijuana establishment's proposed hours of operation;
    - f. Which of the following activities the marijuana establishment plans to provide at the retail site:
      - i. Cultivate marijuana;
      - ii. Manufacture marijuana products;
      - iii. Prepare edible marijuana products; or
      - iv. Sell edible marijuana products that are either:
        - (1) A time/temperature control for safety food, or
        - (2) Not prepared in individually packaged containers;
    - g. Whether the marijuana establishment agrees to allow the Department to submit supplemental requests for information;
    - h. Whether the marijuana establishment's retail site is ready for an inspection by the Department;
    - i. If the marijuana establishment's retail site is not ready for an inspection by the Department, the date the marijuana establishment's retail site will be ready for an inspection by the Department;
    - j. An attestation that the information provided to the Department to apply for approval to operate a marijuana establishment is true and correct;
    - k. An attestation that the submission of the application is authorized by the marijuana establishment; and
    - l. The signature of each principal officer or board member of the marijuana establishment according to R9-18-301 and the date signed;
  2. A copy of documentation issued by the local jurisdiction to the marijuana establishment authorizing occupancy of the building as a marijuana establishment's retail site, such as a certificate of occupancy, a special use permit, or a conditional use permit;
  3. A statement, in a Department-provided format, signed and dated within 60 calendar days before the date of the application by a representative of the local jurisdiction:
    - a. Certifying that the marijuana establishment is in compliance with any local zoning restrictions; and
    - b. Including:
      - i. Information identifying the local jurisdiction and the local jurisdiction's representative,
      - ii. The legal name of the marijuana establishment, and
      - iii. The physical address of the marijuana establishment's retail site as specified according to subsection (A)(1)(b);
  4. Documentation, in a Department-provided format, of:
    - a. Ownership of the physical address of the marijuana establishment's retail location, signed and dated within 60 calendar days before the date of application; or
    - b. Permission from the owner of the physical address of the marijuana establishment's retail location for the applicant to operate a marijuana establishment at the physical address, signed, notarized, and dated within 60 calendar days before the date of application;
  5. A copy of the marijuana establishment's license or permit of the location as a food establishment, issued under 9 A.A.C. 8, Article 1, if the marijuana establishment plans to:
    - a. Prepare edible marijuana products, as specified in subsection (A)(1)(f)(iii); or
    - b. Sell edible marijuana products, as specified in subsection (A)(1)(f)(iv);
  6. A site plan drawn to scale of the marijuana establishment's retail site showing streets, property lines of the contiguous premises, buildings, parking areas, outdoor areas if applicable, fences, security features, fire hydrants if applicable, and access to water mains;
  7. A floor plan drawn to scale of the building where the marijuana establishment's retail site is located showing the:
    - a. Layout and dimensions of each room,
    - b. Name and function of each room,
    - c. Location of each hand washing sink,
    - d. If planning to conduct any of the activities specified according to subsection (A)(1)(f), location of each piece of fixed equipment required to conduct the activity;
    - e. Location of each toilet room,
    - f. Means of egress,
    - g. Location of each video camera,
    - h. Location of each panic button, and
    - i. Location of natural and artificial lighting sources;
  8. Documentation of the marijuana facility agent license for each principal officer or board member according to R9-18-301; and
  9. The applicable fee in R9-18-102 for applying for an approval to operate.
- B.** The Department shall process, as provided in R9-18-103, a request submitted according to subsection (A) for approval to operate a marijuana establishment.

**Historical Note**

New Section made by exempt rulemaking at 27 A.A.R. 140, effective January 15, 2021 (Supp. 20-4). Amended by exempt rulemaking at 27 A.A.R. 696, effective May 1, 2021 (Supp. 21-2). Amended by exempt rulemaking at 27 A.A.R. 897, effective June 1, 2021 (Supp. 21-2). Amended by exempt rulemaking at 28 A.A.R. 2481 (September 23, 2022), with an immediate effective date of September 8, 2022 (Supp. 22-3). Amended by exempt rulemaking at 29 A.A.R. 2453 (October 13, 2023), effective October 1, 2023 (Supp. 23-3). Amended by exempt rulemaking at 31 A.A.R. 4620 (December 19, 2025), effective July 1, 2026 (Supp. 25-4).

**R9-18-305. Changes Affecting a Marijuana Establishment License**

- A.** An entity that is a dual licensee may not separately transfer or assign the dispensary registration certificate or the marijuana establishment license.
- B.** Except as provided in subsections (C) and (D), a marijuana establishment may change the location of the marijuana estab-

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lishment's retail site, manufacturing site, or cultivation site to another location in the state.

- C. For an entity that is a dual licensee, the marijuana establishment shall ensure that:
  - 1. The marijuana establishment's retail site and the dispensary are at the same location; and
  - 2. No changes are requested, including a change of location, that are not in compliance with requirements for both:
    - a. A marijuana establishment license under A.R.S. Title 36, Chapter 28.2, and this Chapter; and
    - b. A dispensary registration certificate under A.R.S. Title 36, Chapter 28.1, and 9 A.A.C. 17.
- D. For a marijuana establishment that received a marijuana establishment license under A.R.S. § 36-2854(A)(1)(c), the marijuana establishment may only change the location of the marijuana establishment's retail site to another location in the same county for which the original marijuana establishment license was issued.
- E. A marijuana establishment shall not cultivate, manufacture, distribute, dispense, or sell marijuana or a marijuana product at a new location of the marijuana establishment's retail site, manufacturing site, or cultivation site or make a change in the activities conducted at a current location until the marijuana establishment:
  - 1. Submits an application for a change in R9-18-306; and
  - 2. Receives from the Department an amended marijuana establishment license or an approval for:
    - a. The new location of the marijuana establishment's retail site, manufacturing site, or cultivation site; or
    - b. The requested change in the activities conducted at a current location.
- F. A marijuana establishment shall notify the Department according to R9-18-308(B)(10) when an individual is to be added or removed as a principal officer or board member for the marijuana establishment.

**Historical Note**

New Section made by exempt rulemaking at 27 A.A.R. 140, effective January 15, 2021 (Supp. 20-4). Amended by exempt rulemaking at 27 A.A.R. 897, effective June 1, 2021 (Supp. 21-2). Amended by exempt rulemaking at 31 A.A.R. 4620 (December 19, 2025), effective July 1, 2026 (Supp. 25-4).

**R9-18-306. Applying to Make a Change Affecting a Marijuana Establishment License**

- A. A marijuana establishment may submit an application to the Department according to subsections (B) and (C) to request any of the following:
  - 1. To change the location of the marijuana establishment's retail site, manufacturing site, or cultivation site;
  - 2. To add a manufacturing site or cultivation site;
  - 3. To increase the size of the licensed premises at a current location; or
  - 4. To add an activity that the marijuana establishment is approved to do at the retail site, cultivation site, or manufacturing site.
- B. A marijuana establishment shall submit a separate application to the Department for each request for one of the possible changes in subsection (A).
- C. To request any of the changes specified in subsection (A), a marijuana establishment shall submit to the Department:
  - 1. The following information in a Department-provided format:
    - a. The legal name of the marijuana establishment;

- b. The marijuana establishment license number for the marijuana establishment;
- c. Whether the request is for a change in the location of the marijuana establishment's:
  - i. Retail site,
  - ii. Cultivation site, or
  - iii. Manufacturing site;
- d. As applicable, the anticipated date of the change of location;
- e. Whether the marijuana establishment is requesting to add a:
  - i. Cultivation site and, if so, the physical address of the proposed cultivation site; or
  - ii. Manufacturing site and, if so, the physical address of the proposed manufacturing site;
- f. Whether the marijuana establishment is requesting to increase the size of the licensed premises at the marijuana establishment's:
  - i. Retail site,
  - ii. Cultivation site, or
  - iii. Manufacturing site;
- g. The current physical address of the marijuana establishment's retail site, cultivation site, or manufacturing site, as applicable to the request;
- h. Whether the marijuana establishment's proposed retail site or the marijuana establishment's proposed cultivation site or manufacturing site, as applicable to the request, is ready for an inspection by the Department;
- i. If the marijuana establishment's proposed retail site or the marijuana establishment's proposed cultivation site or manufacturing site, as applicable, is not ready for an inspection by the Department, the date the marijuana establishment's retail site or the marijuana establishment's proposed cultivation site or manufacturing site will be ready for an inspection by the Department;
- j. Whether the marijuana establishment is requesting approval to add any of the following activities at a current location or include any of the following activities at a new location and, if so, whether the activity is planned to occur at the retail site or cultivation site:
  - i. On-site cultivation;
  - ii. Manufacturing of marijuana products on-site;
  - iii. Preparation of edible marijuana products; or
  - iv. Sale of edible marijuana products that are either:
    - (1) A time/temperature control for safety food, or
    - (2) Not prepared in individually packaged containers;
- k. Whether the marijuana establishment is requesting approval to add any of the following activities at the current location of the manufacturing site or include any of the following activities at a new location of a manufacturing site:
  - i. Packaging and storing marijuana or marijuana products,
  - ii. Manufacturing of marijuana products on-site, or
  - iii. Preparation of edible marijuana products;
- l. If applicable, the anticipated date of the change of activities;

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- m. An attestation that the information provided to the Department as part of the application is true and correct;
  - n. An attestation that the submission of the application is authorized by the marijuana establishment; and
  - o. The signatures of each principal officer or board member of the marijuana establishment according to R9-18-301 and the date signed;
2. A copy of documentation issued by the local jurisdiction to the marijuana establishment authorizing occupancy, as applicable, of the building as a marijuana establishment's proposed retail site or of the location as the marijuana establishment's proposed cultivation site or manufacturing site, such as a certificate of occupancy, a special use permit, or a conditional use permit;
  3. If requesting to change the location of a marijuana establishment's retail site, cultivation site, or manufacturing site, or when requesting to add a cultivation site or manufacturing site or increase the size of the licensed premises, documentation, in a Department-provided format, of:
    - a. Ownership of the physical address of the proposed change to the marijuana establishment location, signed and dated within 60 calendar days before the days of application; or
    - b. Permission from the owner of the physical address of the proposed change to the location for the marijuana establishment to operate a retail site, cultivation site, or manufacturing site, as applicable, at the physical address, signed, notarized, and dated within 60 calendar days before the days of application;
  4. For a change in location of the marijuana establishment's retail site, cultivation site, or manufacturing site, including when any of the activities specified according to subsection (C)(1)(j) or (k) are to be conducted at the new location:
    - a. A site plan drawn to scale of the proposed marijuana establishment location, showing streets, property lines of the contiguous premises, buildings, parking areas, outdoor areas if applicable, fences, security features, fire hydrants if applicable, and access to water mains; and
    - b. A floor plan, drawn to scale, of the building of the proposed retail site, cultivation site, or manufacturing site, as applicable, showing the:
      - i. Layout and dimensions of each room;
      - ii. Name and function of each room;
      - iii. Location of each hand washing sink;
      - iv. If applicable, location of each piece of fixed equipment required to conduct the activity;
      - v. Location of each toilet room;
      - vi. Means of egress;
      - vii. Location of each video camera;
      - viii. Location of each panic button; and
      - ix. Location of natural and artificial lighting sources, as applicable;
  5. For increasing the size of the licensed premises of the marijuana establishment's retail site, cultivation site, or manufacturing site, including when any of the activities specified according to subsection (C)(1)(j) or (k) are to be conducted in the added space:
    - a. A site plan drawn to scale of the location at which the licensed premises is to be increased, showing streets and current and, as applicable, expanded property lines of the contiguous premises, buildings, parking areas, outdoor areas if applicable, fences, security features, fire hydrants if applicable, and access to water mains; and
    - b. A floor plan, drawn to scale, of any building additions to the proposed premises, showing the:
      - i. Layout and dimensions of each room;
      - ii. Name and function of each room;
      - iii. Location of each hand washing sink;
      - iv. If applicable, location of each piece of fixed equipment required to conduct the activity;
      - v. Location of each toilet room;
      - vi. Means of egress;
      - vii. Location of each video camera;
      - viii. Location of each panic button; and
      - ix. Location of natural and artificial lighting sources, as applicable;
  6. For adding an activity to be conducted at a current location, a floor plan, drawn to scale, of the building where the activity will occur showing the:
    - a. Layout and dimensions of each room,
    - b. Name and function of each room,
    - c. Location of each hand washing sink,
    - d. Location of each piece of fixed equipment required to conduct the activity,
    - e. Means of egress,
    - f. Location of each video camera,
    - g. Location of each panic button, and
    - h. Location of natural and artificial lighting sources;
  7. A copy of the marijuana establishment's license or permit of the location as a food establishment, issued under 9 A.A.C. 8, Article 1, if the marijuana establishment plans to:
    - a. Prepare edible marijuana products, as specified in subsection (C)(1)(j)(iii) or (C)(1)(k)(iii); or
    - b. Sell edible marijuana products, as specified in subsection (C)(1)(j)(iv); and
  8. The applicable fee in R9-18-102 for applying for:
    - a. A change in location,
    - b. The addition of a cultivation site or manufacturing site,
    - c. The increase of the size of the licensed premises at a current location, or
    - d. The addition of approved activities at a location.
- D. If the information and documents submitted by the marijuana establishment comply with A.R.S. Title 36, Chapter 28.2, and this Chapter, the Department shall, if applicable, issue an amended marijuana establishment license that includes the new address of the new location or amended approved activities and retains the expiration date of the previous marijuana establishment license.
  - E. An application to request any of the possible changes in subsection (A) may not be combined with an application for renewing a marijuana establishment license. A separate application is required for each change, and the Department shall process each application separately according to the applicable time-frame established in R9-18-103 and Table 1.1.
  - F. A marijuana establishment shall submit written notification to the Department according to R9-18-308(B)(12) when the marijuana establishment no longer:
    1. Uses a previously approved cultivation site or manufacturing site; or
    2. Performs any of the activities that the marijuana establishment had previously been approved to perform at the

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marijuana establishment's retail site, cultivation site, or manufacturing site.

**Historical Note**

New Section made by exempt rulemaking at 27 A.A.R. 140, effective January 15, 2021 (Supp. 20-4). Amended by exempt rulemaking at 27 A.A.R. 696, effective May 1, 2021 (Supp. 21-2). Amended by exempt rulemaking at 28 A.A.R. 2481 (September 23, 2022), with an immediate effective date of September 8, 2022 (Supp. 22-3).

Amended by exempt rulemaking at 29 A.A.R. 2453 (October 13, 2023), effective October 1, 2023 (Supp. 23-3). Amended by exempt rulemaking at 31 A.A.R. 4620 (December 19, 2025), effective July 1, 2026 (Supp. 25-4).

**R9-18-307. Renewing a Marijuana Establishment License**

To renew a marijuana establishment license, a marijuana establishment that has an approval to operate a marijuana establishment issued by the Department shall submit to the Department, at least 30 calendar days before the expiration date of the marijuana establishment's current marijuana establishment license, the following:

1. An application in a Department-provided format that includes:
  - a. The legal name of the marijuana establishment,
  - b. The marijuana establishment license number for the marijuana establishment,
  - c. An attestation that the information provided to the Department to renew the marijuana establishment license is true and correct,
  - d. An attestation that the submission of the application is authorized by the marijuana establishment, and
  - e. The signature of each principal officer or board member of the marijuana establishment according to R9-18-301 and the date signed; and
2. The license fee in R9-18-102 for applying to renew a marijuana establishment license.

**Historical Note**

New Section made by exempt rulemaking at 27 A.A.R. 140, effective January 15, 2021 (Supp. 20-4). Amended by exempt rulemaking at 31 A.A.R. 4620 (December 19, 2025), effective July 1, 2026 (Supp. 25-4).

**R9-18-308. Administration****A.** For an entity that is a dual licensee:

1. The dual licensee's marijuana establishment license is subject to all requirements applicable to marijuana establishments under A.R.S. Title 36, Chapter 28.2 and this Chapter;
2. The dual licensee's dispensary registration certificate is subject to all requirements applicable to dispensaries under A.R.S. Title 36, Chapter 28.1 and 9 A.A.C. 17; and
3. Except as otherwise specified in this Chapter, the entity shall comply with the more restrictive requirement in subsection (A)(1) or (2).

**B.** A marijuana establishment shall:

1. Ensure that the marijuana establishment's retail site is operating and available to provide marijuana and marijuana products to consumers:
  - a. At least 30 hours weekly between the hours of 7:00 a.m. and 10:00 p.m.; and
  - b. Within 18 months after receiving the marijuana establishment license;
2. Develop, document, and implement policies and procedures regarding:

- a. Job descriptions and employment contracts, including:
  - i. Personnel duties, authority, responsibilities, and qualifications; and
  - ii. Supervision;
- b. Training of marijuana facility agents, including the requirements of A.R.S. Title 36, Chapter 28.2, and this Chapter;
- c. Inventory control, including:
  - i. Tracking,
  - ii. Packaging,
  - iii. Acquiring marijuana or marijuana products from a dispensary or another marijuana establishment, and
  - iv. Providing marijuana or marijuana products to another marijuana establishment or a dispensary;
- d. Laboratory testing, including:
  - i. The analytes, including possible contaminants, to be tested for;
  - ii. The process for separating a batch of marijuana or of a marijuana product until laboratory testing has been completed and testing results received by the marijuana establishment, as specified in R9-18-311(B)(1);
  - iii. The process for collecting samples of marijuana or a marijuana product for laboratory testing, according to R9-18-311(B)(2), including:
    - (1) The amount to be collected from each batch,
    - (2) The method for ensuring that a sample collected is representative of the batch,
    - (3) The packaging of the sample,
    - (4) The method for documenting chain of custody for the sample, and
    - (5) Methods to deter tampering with the sample and to determine whether tampering has occurred;
  - iv. The process for specifying the analytes to be tested for, consistent with R9-18-311(A), and either:
    - (1) Providing samples for testing of marijuana or marijuana products to a marijuana testing facility or laboratory with a laboratory registration certificate issued under 9 A.A.C. 17, or
    - (2) Allowing a marijuana facility agent associated with a marijuana testing facility or laboratory agent associated with a laboratory with a laboratory registration certificate issued under 9 A.A.C. 17 access to marijuana or marijuana products to collect samples for testing by the marijuana testing facility or laboratory;
- e. Remediation, including:
  - i. Criteria for when a batch of marijuana or marijuana product can be remediated;

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- ii. The process by which each type of marijuana or marijuana product is remediated, including the methods for remediation and subsequent retesting; and
- iii. Documentation of the remediation process;
- f. Disposal of marijuana or a marijuana product, including:
  - i. Destroying a batch of marijuana or a marijuana product that does not meet the requirements in Table 3.1 and documenting the destruction;
  - ii. Submitting marijuana that is not usable marijuana, as defined in A.R.S. § 36-2801, to a local law enforcement agency and documenting the submission; or
  - iii. Otherwise disposing of marijuana or a marijuana product such that the marijuana or marijuana product is unrecognizable or cannot otherwise be used and documenting the method of disposal, the marijuana facility agent overseeing the disposal, and the date of disposal;
- g. For a marijuana establishment that received the marijuana establishment license under A.R.S. § 36-2854(A)(1)(f), how the marijuana establishment will provide a benefit to one or more communities disproportionately affected by the enforcement of Arizona's previous marijuana laws, such as through:
  - i. Specific hiring or interning practices; or
  - ii. Donation of a percentage of gross profits to one or more non-profit, community-based organizations, not affiliated directly or indirectly with the marijuana establishment, that focus on social or health inequities in a community; and
- h. Advertising that complies with the requirements in A.R.S. § 36-2859;
- i. Labeling of marijuana or a marijuana product provided by the marijuana establishment's retail site to a consumer, consistent with subsection (B)(14) and R9-18-310(A)(2); and
- j. If applicable, delivery to a consumer, including:
  - i. The process for taking an order from a consumer for delivery of marijuana, marijuana plants, or marijuana products;
  - ii. Ensuring that only marijuana facility agents associated with the marijuana establishment transport marijuana, marijuana plants, or marijuana products for delivery to a consumer;
  - iii. What to do if a vehicle transporting marijuana, marijuana plants, or marijuana products for delivery to a consumer breaks down or is in a traffic accident;
  - iv. How to update a trip plan, as required in R9-18-312(F)(1), if the wrong item is delivered, the marijuana facility agent cannot verify that an individual wanting to accept delivery is the ordering consumer and eligible to receive delivery, or any other event occurs that may require a change to the trip plan; and
  - v. Requiring the marijuana facility agent transporting marijuana, marijuana plants, or marijuana products for delivery to a consumer to return to the marijuana establishment's retail site if any marijuana, marijuana plants, or marijuana products remain in the vehicle at the completion of the trip plan specified according to R9-18-312(D)(1);
- 3. Maintain copies of the policies and procedures at the marijuana establishment's retail site and provide copies to the Department for review upon request;
- 4. Maintain at the marijuana establishment current and valid documentation of any certificate or permit issued by a local jurisdiction related to the operation of the marijuana establishment and provide copies to the Department for review upon request;
- 5. Review marijuana establishment policies and procedures at least once every 12 months from the issue date of the marijuana establishment license and update as needed;
- 6. Ensure that all principal officers, board members, employees, and other individuals volunteering or otherwise providing services for the marijuana establishment maintain valid marijuana facility agent licenses with the Department and that the marijuana facility agent licenses are linked to the marijuana establishment through the Department's electronic system;
- 7. Ensure that neither the marijuana establishment nor a principal officer or board member:
  - a. Has a direct or indirect familial or financial relationship with a marijuana testing facility or a laboratory with a laboratory registration certificate issued under 9 A.A.C. 17; or
  - b. Had or has an ownership interest in a marijuana business, licensed in Arizona or any other state, that had the license to operate the marijuana business revoked;
- 8. Ensure that each marijuana facility agent has the marijuana facility agent's license in the marijuana facility agent's immediate possession when the marijuana facility agent is:
  - a. On the premises of the marijuana establishment's retail site or the marijuana establishment's cultivation site or manufacturing site, or
  - b. Transporting marijuana or a marijuana product for the marijuana establishment;
- 9. Not allow an individual who does not possess a marijuana facility agent license or who does not meet the requirements in A.R.S. § 36-2855(E) to:
  - a. Serve as a principal officer or board member for the marijuana establishment,
  - b. Be employed by the marijuana establishment, or
  - c. Provide services at or on behalf of the marijuana establishment, except as provided in R9-18-312(B);
- 10. Provide written notice to the Department, in a Department-provided format, when an individual is to be added and within 10 working days after an individual is removed as a principal officer or board member for the marijuana establishment, including the following:
  - a. The legal name of the marijuana establishment;
  - b. The license number of the marijuana establishment;
  - c. Whether the marijuana establishment is adding or removing an individual as a principal officer or board member;
  - d. The effective date of the addition or removal;
  - e. When removing an individual as a principal officer or board member, the name of the individual;
  - f. If an individual is to be added as a principal officer or board member:
    - i. The name of the individual, and



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- ii. The individual's license number on the individual's marijuana facility agent license;
  - g. For an individual to be added as a principal officer or board member, an attestation, in a Department-provided format, signed and dated by the individual that the individual:
    - i. Does not have an excluded felony offense, as defined in A.R.S. § 36-2801;
    - ii. Does not have a direct or indirect familial or financial relationship with a marijuana testing facility or a laboratory with a laboratory registration certificate issued under 9 A.A.C. 17; and
    - iii. Has not had an ownership interest in a marijuana business, licensed in Arizona or any other state, that had the license to operate the marijuana business revoked;
  - h. An attestation that the information provided to the Department as part of the notification is true and correct;
  - i. An attestation that the notification is authorized by the marijuana establishment; and
  - j. The signatures of each principal officer or board member of the marijuana establishment, including the principal officer or board member being added or removed, and the date signed;
11. Provide written notice to the Department, including the date of the event, in a Department-provided format and within 10 working days after the date, when a marijuana facility agent no longer:
- a. Is employed by the marijuana establishment, or
  - b. Provides services at or on behalf of the marijuana establishment;
12. If the marijuana establishment ceases to use a cultivation site or manufacturing site specified according to R9-18-306(C) or discontinues a previously approved activity specified in R9-18-304(A)(1)(f) or R9-18-306(C)(1)(j) or (k), provide written notice to the Department, in a Department-provided format and within 10 working days, including:
- a. The legal name of the marijuana establishment;
  - b. The marijuana establishment license number for the marijuana establishment;
  - c. Whether the marijuana establishment is ceasing to use a cultivation site or manufacturing site or discontinuing a previously approved activity;
  - d. The effective date of the change;
  - e. An attestation that the information provided to the Department as part of the notification is true and correct;
  - f. An attestation that the notification is authorized by the marijuana establishment; and
  - g. The signatures of each principal officer or board member of the marijuana establishment and the date signed;
13. Document and report to the appropriate law enforcement agency any loss or theft of marijuana or a marijuana product from the marijuana establishment's retail site, cultivation site, or manufacturing site within 10 working days after the loss or theft is discovered;
14. Maintain the quick response code link and webpage required in R9-18-310(A)(2)(j), as specified in policies and procedures, for at least 30 calendar days after the last date the marijuana establishment's retail site provides the marijuana or marijuana product to which the quick response code link and webpage pertain;
15. Maintain copies of any documentation required in this Chapter for at least 12 months after the date on the documentation and provide copies of the documentation to the Department for review upon request; and
16. Post the following information in a place that can be viewed by individuals entering the marijuana establishment's retail site:
- a. If applicable, the marijuana establishment's approval to operate;
  - b. The marijuana establishment license;
  - c. A sign in a Department-provided format that contains the following language:
    - i. "WARNING: There may be potential dangers to fetuses caused by smoking or ingesting marijuana while pregnant or to infants while breastfeeding," and
    - ii. "WARNING: Use of marijuana during pregnancy may result in a risk of being reported to the Department of Child Safety during pregnancy or at the birth of the child by persons who are required to report;" and
  - d. The hours of operation during which the marijuana establishment will sell or otherwise transfer marijuana or a marijuana product to a consumer.
- C. If the Department receives the notification in subsection (B)(10) that an individual is to be added or removed as a principal officer or board member for the marijuana establishment or in subsection (B)(12) that the marijuana establishment has ceased to use a cultivation site or manufacturing site or discontinued a previously approved activity, the Department shall review the information provided with the notification and, within 15 working days, notify the marijuana establishment that:
- 1. The Department's records have been updated to reflect the change; or
  - 2. Either:
    - a. The Department needs additional information or documentation before the Department's records can be changed:
      - i. Specifying the additional information or documentation; and
      - ii. Stating that, if the requested information or documentation is not received within 15 working days after the notification in subsection (C)(2)(a), no changes would be made to the Department's records and no further action would be taken based on the notification in subsection (B)(10); or
    - b. For a notification that an individual is to be added as a principal officer or board member, the individual does not meet requirements in A.R.S. Title 36, Chapter 28.2, or this Chapter, specifying the applicable requirements.
- D. If a marijuana establishment cultivates marijuana, the marijuana establishment shall cultivate the marijuana in a secure location according to R9-18-312.
- E. Except as provided in A.R.S. § 41-1009, if the Department determines that a marijuana establishment is not in compliance with the applicable requirements in A.R.S. Title 36, Chapter 28.2, and this Chapter or, if applicable, A.R.S. Title 36, Chapter 28.1, and 9 A.A.C. 17, the Department may:
- 1. Take an enforcement action as described in R9-18-317;

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2. Assess a civil penalty according to A.R.S. §§ 36-2854(B)(2) and 36-2858(B); or
3. Require that the licensee submit to the Department, within 20 working days after written notice from the Department, a corrective action plan acceptable to the Department to address issues of noncompliance that:
  - a. Describes how each identified instance of noncompliance will be corrected and reoccurrence prevented, and
  - b. Includes a date for correcting each instance of noncompliance that is appropriate to the actions necessary to correct the instance of noncompliance.

**Historical Note**

New Section made by exempt rulemaking at 27 A.A.R. 140, effective January 15, 2021 (Supp. 20-4). Amended by exempt rulemaking at 27 A.A.R. 897, effective June 1, 2021 (Supp. 21-2). Amended by exempt rulemaking at 29 A.A.R. 2453 (October 13, 2023), effective October 1, 2023 (Supp. 23-3). Amended by exempt rulemaking at 30 A.A.R. 3451 (November 15, 2024), with a delayed effective date of November 1, 2024; filed October 25, 2024 (Supp. 24-4). Amended by exempt rulemaking at 31 A.A.R. 4620 (December 19, 2025), effective July 1, 2026 (Supp. 25-4).

**R9-18-309. Selling or Otherwise Transferring Marijuana or a Marijuana Product**

- A. Before a marijuana facility agent of a marijuana establishment sells or otherwise transfers marijuana or a marijuana product to a consumer, the marijuana facility agent shall:
  1. Verify the consumer's age through one of the documents in A.R.S. § 4-241(K);
  2. Make available the results of testing of the marijuana or marijuana product required in R9-18-311, if requested by the consumer; and
  3. Ensure that the amount of marijuana or marijuana product to be sold or otherwise transferred to the consumer in the entire transaction does not exceed one ounce of marijuana, with not more than five grams in the entire transaction being in the form of a marijuana concentrate.
- B. A marijuana establishment shall ensure that marijuana or a marijuana product provided by the marijuana establishment to a consumer is sold or otherwise transferred in a container made of material that will not react with or leach into the marijuana or marijuana product.
- C. A marijuana establishment shall ensure that any marijuana or marijuana products sold to a consumer meet the requirements in A.A.C. R9-17-317.01.

**Historical Note**

New Section made by exempt rulemaking at 27 A.A.R. 140, effective January 15, 2021 (Supp. 20-4). Amended by exempt rulemaking at 31 A.A.R. 4620 (December 19, 2025), effective July 1, 2026 (Supp. 25-4).

**R9-18-310. Product Labeling and Packaging**

- A. A marijuana establishment shall ensure that marijuana or a marijuana product provided by the marijuana establishment's retail site to a consumer:
  1. Complies with packaging and labeling requirements in A.R.S. §§ 36-2854.01 and 36-2860(A);
  2. Is labeled with:
    - a. The marijuana establishment license number;
    - b. The amount, strain, and batch number of the marijuana or marijuana product;

- c. For a marijuana product, the amount of marijuana contained in the marijuana product;
- d. The form of the marijuana or marijuana product;
- e. As applicable, the weight of the marijuana or marijuana product;
- f. In compliance with Table 3.1, the potency of the marijuana or marijuana product, based on the results of testing by a marijuana testing facility or a laboratory with a laboratory registration certificate issued under 9 A.A.C. 17, including the number of milligrams per designated unit or percentage of:
  - i. Total tetrahydrocannabinol, reported according to R9-18-408(F)(3)(b)(i);
  - ii. Total cannabidiol, reported according to R9-18-408(F)(3)(b)(ii); and
  - iii. Any other cannabinoid for which the marijuana establishment is making a claim related to the effect of the cannabinoid on the human body;
- g. The following statement: "ARIZONA DEPARTMENT OF HEALTH SERVICES' WARNING: Marijuana use can be addictive and can impair an individual's ability to drive a motor vehicle or operate heavy machinery. Marijuana smoke contains carcinogens and can lead to an increased risk for cancer, tachycardia, hypertension, heart attack, and lung infection. Marijuana use may affect the health of a pregnant woman and the unborn child. KEEP OUT OF REACH OF CHILDREN";
- h. If applicable, the following statement: "NOTICE: This product contains a cannabinoid that was chemically synthesized from another cannabinoid extracted from a cannabis plant.";
- i. For a marijuana product, the ingredients in order of abundance; and
- j. As required by A.R.S. § 36-2854.01, a quick response code linking to a webpage that contains the following:
  - i. The tetrahydrocannabinol strain of the marijuana, according to Table 3.1;
  - ii. The following statement: Using marijuana during pregnancy could cause birth defects or other health issues to your unborn child;
  - iii. Distribution chain information, including:
    - (1) The name of the marijuana establishment;
    - (2) If not cultivated by the marijuana establishment, the name and the license number or registry identification number, as applicable, of the marijuana establishment or dispensary that cultivated the marijuana; and
    - (3) If not infused or prepared for sale by the marijuana establishment, the name and the license number or registry identification number, as applicable, of the marijuana establishment or dispensary that infused or prepared the marijuana product for sale;
  - iv. A link to the final report of testing marijuana or a marijuana product, specified in R9-18-410(B)(3) or A.A.C. R9-17-404.06(B)(3), as applicable, from a marijuana testing facility or laboratory with a laboratory registration certificate issued under 9 A.A.C. 17;
  - v. If applicable, the method used to extract tetrahydrocannabinol from the marijuana, includ-

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- ing any solvents or other compounds used in the extraction process;
- vi. If applicable, the method used to synthesize a cannabinoid from another cannabinoid extracted from a cannabis plant, including any compounds used in the synthesis process;
- vii. The batch number and date of harvest of each batch of marijuana that is included in the marijuana or marijuana product provided to the consumer; and
- viii. If applicable, the date of manufacture of the marijuana product; and

3. Is placed in child-resistant packaging on exit from the marijuana establishment.

**B.** If a marijuana establishment provides marijuana cultivated, or a marijuana product infused or prepared for sale, by the marijuana establishment to another marijuana establishment or to a dispensary, the marijuana establishment shall ensure that:

1. The marijuana or marijuana product is labeled with:
  - a. The marijuana establishment license number;
  - b. The amount, strain, and batch number of the marijuana or marijuana product;
  - c. For a marijuana product, the amount of marijuana contained in the marijuana product;
  - d. If applicable, the date of manufacture of the marijuana product; and
  - e. The date of sale of the marijuana or marijuana product provided to the other marijuana establishment or to the dispensary;
2. For a marijuana product, a list of the batch number and date of harvest of each batch of marijuana used to prepare the marijuana product is provided to the receiving marijuana establishment or dispensary; and
3. If the marijuana or marijuana product has been tested according to R9-18-311 and Table 3.1 at the request of the marijuana establishment, a copy of results of testing by a marijuana testing facility or laboratory with a laboratory registration certificate issued under 9 A.A.C. 17 for the marijuana or marijuana product is provided to the receiving marijuana establishment or dispensary.

**Historical Note**

New Section made by exempt rulemaking at 27 A.A.R. 140, effective January 15, 2021 (Supp. 20-4). Amended by exempt rulemaking at 27 A.A.R. 696, effective May 1, 2021 (Supp. 21-2). Amended by exempt rulemaking at 29 A.A.R. 2453 (October 13, 2023), effective October 1, 2023 (Supp. 23-3). Amended by exempt rulemaking at 29 A.A.R. 3532 (November 10, 2023), with an immediate effective date of October 18, 2023 (Supp. 23-4).

Amended by exempt rulemaking at 30 A.A.R. 3451 (November 15, 2024), with a delayed effective date of November 1, 2024; filed October 25, 2024 (Supp. 24-4).

Amended by exempt rulemaking at 31 A.A.R. 4620 (December 19, 2025), effective July 1, 2026 (Supp. 25-4).

**R9-18-311. Analysis of Marijuana or a Marijuana Product**

**A.** Before offering a batch of marijuana or of a marijuana product for sale or otherwise transferring marijuana or a marijuana product to a consumer, a marijuana establishment shall ensure that:

1. Except as provided in subsection (A)(2) or (3), each batch of marijuana is tested in compliance with requirements in R9-18-408 and Table 3.1;

2. Each batch of a marijuana product is tested according to requirements in R9-18-408 and Table 3.1 for, as applicable:

- a. At least potency and microbial contaminants other than mycotoxins if the marijuana product was prepared from another marijuana product, such as a marijuana concentrate or tincture, that is in compliance with requirements in R9-18-408 and Table 3.1, using none of the following:
  - i. A temperature above which any analyte could chemically decompose or react with a component of the marijuana product;
  - ii. A pressure above which any analyte could chemically decompose or react with a component of the marijuana product;
  - iii. A process by which any analyte in the marijuana product that is in compliance with requirements in R9-18-408 and Table 3.1 may be further concentrated; or
  - iv. A solvent other than water; or
- b. All analytes except:
  - i. Ethanol if the marijuana product is intended to contain ethanol; or
  - ii. For a marijuana product intended for topical application, isopropanol if the marijuana product is intended to contain isopropanol; and

3. If the results of testing of the marijuana establishment's marijuana and marijuana products for heavy metals, according to R9-18-408, indicate that the marijuana and marijuana products are in compliance with Table 3.1 for a period of at least six consecutive months:

- a. Each batch of marijuana or a marijuana product is tested according to requirements in R9-18-408 and Table 3.1 for all analytes except heavy metals; and
- b. At least once every three months, each batch of marijuana or a marijuana product is tested according to requirements in R9-18-408 and Table 3.1 for heavy metals.

**B.** A marijuana establishment shall ensure that:

1. Until testing of the marijuana or marijuana product has been completed and testing results received by the marijuana establishment that comply with requirements in R9-18-408 and Table 3.1, a batch of marijuana or of a marijuana product is stored in a location away from marijuana and marijuana products offered for sale or transfer;
2. Except as provided in subsection (D), only one sample of each batch of marijuana or marijuana product is collected according to ANSI/ASQ Standard Z14 (2018), General Inspection Level II, incorporated by reference, including no future editions, and available at <https://asq.org/quality-resources/z14-z19>, including:
  - a. Use, as applicable, of one of the following sampling methods:
    - i. Top, middle, and bottom sampling using a sample thief, a device consisting of two nested tubes with one or more aligned slots through which a sample may be collected and then sealed into the inner tube by rotating the outer tube;
    - ii. Star pattern sampling from the top, middle, and bottom of each storage container;
    - iii. Collecting discrete incremental units of a batch, such as every 10th unit or every 20th drop; or

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- iv. Quartering until the sample reaches the size specified in subsection (B)(3); and
    - b. For sampling methods specified in subsections (B)(2)(a)(i) through (iii), quartering the volume of the aggregated portions collected to obtain the sample size specified in subsection (B)(3);
  - 3. The size of the sample provided to a marijuana testing facility or laboratory with a laboratory registration certificate issued under 9 A.A.C. 17 is sufficient for testing and, if necessary, retesting;
  - 4. Each sample in subsection (B)(3) is packaged in a container made of:
    - a. The same material that would be used for sale or transfer, or
    - b. Another material that will not react with or leach into the sample;
  - 5. Each packaged sample is labeled with:
    - a. The marijuana establishment's license number;
    - b. The amount, strain, and batch number of the marijuana or marijuana product;
    - c. The analytes for which testing is being requested;
    - d. The storage temperature for the marijuana or marijuana product; and
    - e. The date of sampling;
  - 6. A packaged sample in subsection (B)(4) is submitted to a marijuana testing facility or laboratory with a laboratory registration certificate issued under 9 A.A.C. 17 that is approved for testing by the Department for each analyte for which testing is being requested;
  - 7. Except as specified in subsections (A)(2) and (3) and (C)(1), as applicable, the samples in subsection (B)(4) are tested for each analyte specified in Table 3.1 by a marijuana testing facility or laboratory with a laboratory registration certificate issued under 9 A.A.C. 17 that is approved by the Department for testing the analyte;
  - 8. Only batches of marijuana or marijuana products for which testing results in subsection (B)(7) are in compliance with the requirements in R9-18-408 and Table 3.1 are offered for sale or transfer; and
  - 9. Except as provided in subsection (C), any batch of marijuana or marijuana product that does not comply with the requirements in R9-18-408 and Table 3.1 is remediated, if applicable, or destroyed according to policies and procedures.
- C.** If a marijuana establishment receives a final report of testing, specified in R9-18-410(B)(3) or A.A.C. R9-17-404.06(B)(3), from a marijuana testing facility or laboratory with a laboratory registration certificate issued under 9 A.A.C. 17, respectively, that indicates that a batch of marijuana or marijuana product does not comply with the requirements in R9-18-408 and Table 3.1, the marijuana establishment:
- 1. Within seven days after receiving the final report of testing, may request retesting of the remaining portion of the sample in subsection (B)(4) for all analytes that do not comply with the requirements in R9-18-408 and Table 3.1 by no more than two other marijuana testing facilities or laboratories with a laboratory registration certificate issued under 9 A.A.C. 17 that are approved by the Department for testing the analytes and independent of any marijuana testing facility or laboratory with a laboratory registration certificate issued under 9 A.A.C. 17 that conducted a test included in the final report of testing;
  - 2. If the final report of testing conducted according to subsection (C)(1) from another, independent marijuana testing facility or laboratory with a laboratory registration certificate issued under 9 A.A.C. 17 indicates that any analyte tested for according to subsection (C)(1) does not comply with the requirements in R9-18-408 and Table 3.1, shall remediate, if applicable, or destroy the batch of marijuana or marijuana product according to policies and procedures; and
- 3.** If the final report of testing from each of the two other independent marijuana testing facilities or laboratories with a laboratory registration certificate issued under 9 A.A.C. 17, allowed according to subsection (C)(1), indicates that all analytes tested for according to subsection (C)(1) comply with the requirements in R9-18-408 and Table 3.1 may offer the batch of marijuana or marijuana product for sale or transfer.
- D.** A marijuana establishment may request retesting of a batch of marijuana or marijuana product using a second sample only if:
- 1. The batch of marijuana or marijuana product is still in the possession of the marijuana establishment;
  - 2. The marijuana establishment receives notification from the Department indicating that the final report of testing from a marijuana testing facility, specified in R9-18-410(B)(3), or laboratory with a laboratory registration certificate issued under 9 A.A.C. 17, specified in A.A.C. R9-17-404.06(B)(3), for the batch of marijuana or marijuana product may be inaccurate;
  - 3. The marijuana establishment:
    - a. Collects the second sample according to subsections (B)(2) and (3);
    - b. Packages and labels the sample according to subsections (B)(4) and (5); and
    - c. Submits the sample to a second, independent marijuana testing facility or laboratory with a laboratory registration certificate issued under 9 A.A.C. 17 that is approved by the Department for testing the analytes; and
  - 4. The marijuana establishment follows the requirements in subsections (C)(1) through (3) in determining whether the batch of marijuana or marijuana product:
    - a. May be offered for sale or transfer; or
    - b. Is required to be remediated, if applicable, or destroyed.
- E.** A marijuana establishment shall ensure that remediation of a batch of marijuana or of a marijuana product that has undergone testing and does not comply with the requirements in R9-18-408 and Table 3.1:
- 1. Is performed according to policies and procedures,
  - 2. Uses a method that is appropriate to address an analyte not in compliance with Table 3.1, and
  - 3. Does not introduce or produce a substance in a concentration that is known to be harmful to humans.
- F.** If a batch of marijuana or a marijuana product is remediated, a marijuana establishment shall submit samples from the remediated batch for testing according to subsection (B).
- G.** A marijuana establishment shall provide to the Department upon request a sample of the marijuana establishment's inventory of marijuana or a marijuana product of sufficient quantity to enable the Department to conduct an analysis of the marijuana or marijuana product.

**Historical Note**

Section reserved by exempt rulemaking at 27 A.A.R. 140, effective January 15, 2021 (Supp. 20-4). New Section made by exempt rulemaking at 27 A.A.R. 696, effective May 1, 2021 (Supp. 21-2). Amended by exempt rulemak-

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ing at 29 A.A.R. 2453 (October 13, 2023), effective October 1, 2023 (Supp. 23-3). Amended by exempt rulemaking at 31 A.A.R. 4620 (December 19, 2025), effective July 1, 2026 (Supp. 25-4).

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**Table 3.1. Analytes**

Key:

CAS Number = Chemical Abstract Services Registry number

CFU = Colony-forming unit, a method to estimate the number of viable bacteria or fungal cells in a sample

\* = Required for marijuana products only

A. Microbial Contaminants			
Analyte	Maximum Allowable Contaminants	Required Action	
<i>Escherichia coli</i>	10 CFU/g for edible marijuana or an edible marijuana product 100 CFU/g for all other marijuana and marijuana products	Remediate and retest, or Destroy	
<i>Salmonella</i> spp.	Detectable in 1 gram	Destroy	
<i>Aspergillus flavus</i> <i>Aspergillus fumigatus</i> <i>Aspergillus niger</i> <i>Aspergillus terreus</i>	Inhalable: Detectable in 1 gram	Remediate and retest, Remediate and use for preparing an extract or a concentrate, or Destroy	
Mycotoxins: Aflatoxin B1, B2, G1, and G2 Ochratoxin A	Marijuana product, except a marijuana product intended for topical application, prepared from an extract or concentrate of marijuana: 20 µg/kg (ppb) of total aflatoxins 20 µg/kg (ppb) of ochratoxin	Destroy	
B. Heavy Metals			
Analyte	Maximum Allowable Concentration	Required Action	
Arsenic	0.4 ppm	Remediate and retest, or Destroy	
Cadmium	0.4 ppm		
Lead	1.0 ppm		
Mercury	0.2 ppm for inhalable marijuana or an inhalable marijuana product 1.2 ppm for non-inhalable marijuana and all other marijuana products 1.2 ppm		
C. *Residual Solvents			
Analyte	CAS Number	Maximum Allowable Concentration	Required Action
Acetone	67-64-1	1,000 ppm	Remediate and retest, or Destroy
Acetonitrile	75-05-8	410 ppm	
Benzene	71-43-2	2 ppm	
Butanes (measured as the cumulative residue of n-butane and iso-butane)	106-97-8 and 75-28-5, respectively	5,000 ppm	
Chloroform	67-66-3	60 ppm	
Dichloromethane	75-09-2	600 ppm	
Ethanol	64-17-5	5,000 ppm	
Ethyl Acetate	141-78-6	5,000 ppm	
Ethyl Ether	60-29-7	5,000 ppm	
Heptane	142-82-5	5,000 ppm	
Hexanes (measured as the cumulative residue of n-hexane, 2-methylpentane, 3-methylpentane, 2,2-dimethylbutane, and 2,3-dimethylbutane)	110-54-3, 107-83-5, 96-14-0, 75-83-2, and 79-29-8, respectively	290 ppm	
Isopropyl Acetate	108-21-4	5,000 ppm	
Methanol	67-56-1	3,000 ppm	
Pentanes (measured as the cumulative residue of n-pentane, iso-pentane, and neo-pentane)	109-66-0, 78-78-4, and 463-82-1, respectively	5,000 ppm	
2-Propanol (IPA)	67-63-0	5,000 ppm	
Toluene	108-88-3	890 ppm	
Xylenes (measured as the cumulative residue of 1,2-dimethylbenzene, 1,3-dimethylbenzene, and 1,4-dimethylbenzene, and the non-xylene, ethyl benzene)	1330-20-7 (95-47-6, 108-38-3, and 106-42-3, respectively, and 100-41-4)	2,170 ppm	
D. Pesticides, Fungicides, Growth Regulators			
Analyte	CAS Number	Maximum Allowable Concentration	Required Action

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Abamectin (B1a)	71751-41-2	0.5 ppm	Remediate and retest, or Destroy
Acephate	30560-19-1	0.4 ppm	
Acetamiprid	135410-20-7	0.2 ppm	
Aldicarb	116-06-3	0.4 ppm	
Azoxystrobin	131860-33-8	0.2 ppm	
Bifenazate	149877-41-8	0.2 ppm	
Bifenthrin	82657-04-3	0.2 ppm	
Boscalid	188425-85-6	0.4 ppm	
Carbaryl	63-25-2	0.2 ppm	
Carbofuran	1563-66-2	0.2 ppm	
Chlorantraniliprole	500008-45-7	0.2 ppm	
Chlorfenapyr	122453-73-0	1.0 ppm	
Chlorpyrifos	2921-88-2	0.2 ppm	
Clofentezine	74115-24-5	0.2 ppm	
Cyfluthrin	68359-37-5	1.0 ppm	
Cypermethrin	52315-07-8	1.0 ppm	
Daminozide	1596-84-5	1.0 ppm	
DDVP (Dichlorvos)	62-73-7	0.1 ppm	
Diazinon	333-41-5	0.2 ppm	
Dimethoate	60-51-5	0.2 ppm	
Ethoprophos	13194-48-4	0.2 ppm	
Etofenprox	80844-07-1	0.4 ppm	
Etoxazole	153233-91-1	0.2 ppm	
Fenoxycarb	72490-01-8	0.2 ppm	
Fenpyroximate	134098-61-6	0.4 ppm	
Fipronil	120068-37-3	0.4 ppm	
Flonicamid	158062-67-0	1.0 ppm	
Fludioxonil	131341-86-1	0.4 ppm	
Hexythiazox	78587-05-0	1.0 ppm	
Imazalil	35554-44-0	0.2 ppm	
Imidacloprid	138261-41-3	0.4 ppm	
Kresoxim-methyl	143390-89-0	0.4 ppm	
Malathion	121-75-5	0.2 ppm	
Metalaxyl	57837-19-1	0.2 ppm	
Methiocarb	2032-65-7	0.2 ppm	
Methomyl	16752-77-5	0.4 ppm	
Myclobutanil	88671-89-0	0.2 ppm	
Naled	300-76-5	0.5 ppm	
Oxamyl	23135-22-0	1.0 ppm	
Paclobutrazol	76738-62-0	0.4 ppm	
Permethrins (measured as the cumulative residue of cis- and trans- isomers)	52645-53-1 (54774-45-7 and 51877-74-8)	0.2 ppm	
Phosmet	732-11-6	0.2 ppm	
Piperonyl butoxide	51-03-6	2.0 ppm	
Prallethrin	23031-36-9	0.2 ppm	
Propiconazole	60207-90-1	0.4 ppm	
Propoxur	114-26-1	0.2 ppm	
Pyrethrins (measured as the cumulative residue of pyrethrin I and II)	8003-34-7 (121-21-1, 25402-06-6, and 4466-14-2)	1.0 ppm	
Pyridaben	96489-71-3	0.2 ppm	
Spinosad (measured as the cumulative residue of Spinosyn A and Spinosyn D)	168316-95-8	0.2 ppm	
Spiromesifen	283594-90-1	0.2 ppm	
Spirotetramat	203313-25-1	0.2 ppm	
Spiroxamine	118134-30-8	0.4 ppm	
Tebuconazole	107534-96-3	0.4 ppm	
Thiacloprid	111988-49-9	0.2 ppm	
Thiamethoxam	153719-23-4	0.2 ppm	
Trifloxystrobin	141517-21-7	0.2 ppm	

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E. Potency			
Analyte	CAS Number	Maximum Allowable Concentration	Required Action
Tetrahydrocannabinolic acid (THC-A)	Label claim is not within +/- 20% of tested value		Revise label as necessary
Delta-8-tetrahydrocannabinol ( $\Delta$ 8-THC)			
Delta-9-tetrahydrocannabinol ( $\Delta$ 9-THC)			
Delta-10-tetrahydrocannabinol ( $\Delta$ 10-THC)			
Cannabidiolic acid (CBD-A)			
Cannabidiol (CBD)			

**Historical Note**

New Table 3.1 Analytes made by exempt rulemaking at 27 A.A.R. 696, effective May 1, 2021 (Supp. 21-2). Amended by exempt rulemaking at 28 A.A.R. 2481 (September 23, 2022), with an immediate effective date of September 8, 2022 (Supp. 22-3). Amended by exempt rulemaking at 29 A.A.R. 2453 (October 13, 2023), effective October 1, 2023 (Supp. 23-3). Amended by exempt rulemaking at 31 A.A.R. 4620 (December 19, 2025), effective July 1, 2026 (Supp. 25-4).

**R9-18-312. Security**

- A.** A marijuana establishment shall ensure that, if the marijuana establishment cultivates marijuana:
- If cultivation takes place indoors, the marijuana is cultivated in a closed, locked room; and
  - If cultivation takes place outdoors, the location:
    - Is surrounded by solid, 10-foot walls that are constructed of metal, concrete, or stone that prevent viewing of the marijuana plants; and
    - Has a one-inch thick metal gate.
- B.** A marijuana establishment shall ensure that only the marijuana establishment's authorized marijuana facility agents are allowed entry into limited access areas, unless the individual is supervised by a marijuana facility agent who is:
- Associated with the marijuana establishment, and
  - Authorized entry into the limited access area.
- C.** A marijuana facility agent may transport marijuana, marijuana plants, and marijuana products between:
- The marijuana establishment's retail site, cultivation site, and manufacturing site;
  - The marijuana establishment's retail site, cultivation site, or manufacturing site and another marijuana establishment's retail site, cultivation site, or manufacturing site;
  - The marijuana establishment's retail site, cultivation site, or manufacturing site and a dispensary or cultivation site of a dispensary with a dispensary registration certificate issued under 9 A.A.C. 17;
  - The marijuana establishment's retail site and a consumer:
    - Consistent with A.R.S. § 36-2854(D) and R9-18-312.01; and
    - If the owner of the property at the delivery address provided by the consumer, according to R9-18-312.01(B)(2)(c), has not posted or otherwise notified the marijuana establishment that no deliveries are allowed to the owner's property location; and
  - The marijuana establishment's retail site, cultivation site, or manufacturing site and a marijuana testing facility or a laboratory with a laboratory registration certificate issued under 9 A.A.C. 17.
- D.** Before transportation, a marijuana facility agent of a marijuana establishment shall:
- Complete a trip plan that includes:
    - The name of the marijuana facility agent in charge of transporting the marijuana, marijuana plants, or marijuana products;
    - If applicable, the license plate number of the vehicle being used to transport the marijuana, marijuana plants, or marijuana products;
    - The date and start time of the trip;
    - A description of the marijuana, marijuana plants, or marijuana products being transported;
    - Any anticipated stops during the trip, including the locations of the stops and estimated arrival time and departure time for each location; and
    - The anticipated route of transportation; and
  - Provide a copy of the trip plan in subsection (D)(1) to the marijuana establishment.
- E.** During transportation using a vehicle, a marijuana facility agent shall:
- Carry a copy of the trip plan in subsection (D)(1) with the marijuana facility agent for the duration of the trip;
  - Use a vehicle that has a current registration with the Arizona Department of Motor Vehicles, issued according to A.R.S. Title 28, Chapter 7, Article 2:
    - Without any marijuana identification;
    - Equipped with a global positioning system or other means for the marijuana establishment to track the current location of the vehicle at any point in time;
    - Capable of providing electronic information about where the vehicle has been during at least the previous 90 days;
    - With operational video surveillance and recording equipment that:
      - Shows the interior of the vehicle, including the driver's seat and location of the marijuana, marijuana plants, or marijuana products being transported;
      - Is turned on for the duration of a trip while marijuana or a marijuana product is in the vehicle; and
      - Either stores the recording for at least 30 calendar days or transmits the recorded images at the time of recording to another location, where the recorded images are stored for at least 30 calendar days; and
    - With a locked compartment, attached or affixed to the vehicle, in which any marijuana, marijuana plants, or marijuana products being transported may be stored during a trip;
  - Have a means of communication with the marijuana establishment;



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4. Notate the arrival time and departure time for each stop; and
  5. Ensure that the marijuana, marijuana plants, or marijuana products are stored in the locked compartment specified in subsection (E)(2)(e) and are not visible.
- F.** After transportation, a marijuana facility agent shall:
1. Enter the end time of the trip and any changes to the trip plan on the trip plan required in subsection (D)(1), and
  2. Ensure that the updated trip plan is provided to the marijuana establishment.
- G.** A marijuana establishment shall:
1. Maintain the documents required in subsection (D)(2) and (F) for at least two years after the date of the documentation;
  2. If transporting a sample to a marijuana testing facility or laboratory with a laboratory registration certificate issued under 9 A.A.C. 17 for testing, provide a copy of the trip plan in subsection (D)(1) to the marijuana testing facility or laboratory; and
  3. Provide a copy of the documents required in subsection (D)(2) and (F) to the Department for review upon request.
- H.** A marijuana establishment shall not transport marijuana, marijuana plants, or marijuana products to a consumer except as specified in R9-18-312.01.
- I.** To prevent unauthorized access to marijuana or marijuana products at the marijuana establishment's retail site and, if applicable, the marijuana establishment's cultivation site or manufacturing site, the marijuana establishment shall have the following:
1. Security equipment to deter and prevent unauthorized entrance into limited access areas that include:
    - a. Devices or a series of devices to detect unauthorized intrusion, which may include a signal system interconnected with a radio-frequency method, such as cellular, private radio signals, or other mechanical or electronic device;
    - b. Exterior lighting to facilitate surveillance;
    - c. Electronic monitoring including:
      - i. At least one 19-inch or greater call-up monitor;
      - ii. A printer capable of immediately producing a clear still photo from any video camera image;
      - iii. Video cameras in locations specified according to subsection (I)(1)(d) with a recording resolution of at least 704 x 480 or the equivalent;
      - iv. Storage of video recordings from the video cameras for at least 30 calendar days;
      - v. A failure notification system that provides an audible and visual notification of any failure in the electronic monitoring system; and
      - vi. Sufficient battery backup for video cameras and recording equipment to support at least five minutes of recording in the event of a power outage;
    - d. Video cameras located and with the capabilities as follows:
      - i. Video cameras providing coverage of all entrances to and exits from a building, capable of detecting any activity occurring in, or adjacent to the outside perimeter of, the building;
      - ii. Video cameras providing coverage of all entrances to and exits from limited access areas;
      - iii. Video cameras providing coverage of activity in all limited access areas, including, as applicable, limited access areas maintained in low light or unlit conditions; and
  - iv. A video camera at each point of sale location within the marijuana establishment's retail site allowing for the identification of any consumer purchasing marijuana or a marijuana product; and
  - e. Panic buttons in the interior of each building; and
- 2. Policies and procedures:**
- a. That provide for the identification of authorized individuals;
  - b. That deter unauthorized removal of marijuana or marijuana products from the premises, including:
    - i. Restricting access to the areas of the marijuana establishment's retail site where marijuana is cultivated, processed or stored and, if applicable, the marijuana establishment's cultivation site or manufacturing site; and
    - ii. Ensuring that an individual other than a principal officer, board member, or marijuana facility agent associated with the marijuana facility is supervised by a marijuana facility agent associated with the marijuana establishment when in an area specified in subsection (I)(2)(b)(i);
  - c. That prevent loitering;
  - d. For conducting electronic monitoring; and
  - e. For the use of a panic button.

**Historical Note**

New Section made by exempt rulemaking at 27 A.A.R. 140, effective January 15, 2021 (Supp. 20-4). Amended by exempt rulemaking at 27 A.A.R. 696, effective May 1, 2021 (Supp. 21-2). Amended by exempt rulemaking at 29 A.A.R. 2453 (October 13, 2023), effective October 1, 2023 (Supp. 23-3). Amended by exempt rulemaking at 30 A.A.R. 3451 (November 15, 2024), with a delayed effective date of November 1, 2024; filed October 25, 2024 (Supp. 24-4). Amended by exempt rulemaking at 31 A.A.R. 4620 (December 19, 2025), effective July 1, 2026 (Supp. 25-4).

**R9-18-312.01. Delivery to Consumers**

- A.** In addition to the requirements in R9-18-312(E)(2), for any vehicles used for delivery to a consumer, a marijuana establishment shall:
1. Maintain a list of the vehicles used for delivery to a consumer, including the make, model, and license plate number of the vehicle;
  2. Keep a daily log of vehicle usage, including the date, time period of usage, and retail price of the marijuana, marijuana plants, or marijuana products transported during a trip; and
  3. Make a vehicle used for delivery to a consumer available at the retail location for the Department's inspection, within two hours after a Department request.
- B.** A marijuana establishment shall ensure that no marijuana, marijuana plants, or marijuana products are transported to a consumer unless:
1. The marijuana establishment's retail site has received an order for delivery of the marijuana, marijuana plants, or marijuana products from the consumer during the retail site's regular hours of operation, as posted according to R9-18-308(B)(16);
  2. The consumer provides:
    - a. The consumer's name and date of birth;

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- b. The identifying number on the document that will be used to verify the consumer's age upon delivery; and
  - c. The property address of the building and, if applicable, an apartment number for the delivery;
3. A marijuana facility agent at the marijuana establishment's retail site documents the order and includes:
  - a. The date and time of the order;
  - b. The name of the marijuana facility agent taking the order;
  - c. The consumer's name, date of birth, identifying number on the document that will be used to verify the consumer's age, and delivery address;
  - d. The amount and retail price of the marijuana, marijuana plants, or marijuana products ordered; and
  - e. The total retail price of the marijuana, marijuana plants, or marijuana products in the order;
4. A copy of the order is attached to the trip plan required in R9-18-312(D)(1);
5. The delivery originates at the marijuana establishment's retail site; and
6. Before transferring the delivered marijuana, marijuana plants, or marijuana products to the consumer, the marijuana facility agent providing delivery of the marijuana, marijuana plants, or marijuana products:
  - a. Ensures that the individual wanting to accept delivery is the ordering consumer,
  - b. Verifies the identity and age of the consumer according to the requirements in R9-18-309(A)(1),
  - c. Complies with the requirements in R9-18-309(A)(2) and (3), and
  - d. Obtains the hand-written signature of the consumer on the order.
- C. Except as specified in subsection (E), when transporting marijuana, marijuana plants, or marijuana products for delivery to a consumer, a marijuana establishment shall ensure that:
  1. No delivery is made to any property owned or leased by the United States, this state, a political subdivision of this state, or the Arizona board of regents;
  2. No delivery is made to any property address for which the property's owner has informed the marijuana establishment that delivery to a consumer is not permitted at the address;
  3. No more than a total retail price of \$10,000 of marijuana, marijuana plants, and marijuana products for delivery to a consumer is in a vehicle providing transportation for delivery; and
  4. Only marijuana, marijuana plants, or marijuana products associated with one or more orders made according to subsection (B)(1) are in a vehicle providing delivery to a consumer.
- D. A marijuana establishment shall ensure that a marijuana facility agent providing delivery:
  1. Returns to the marijuana establishment's retail site at the completion of the trip plan if any marijuana, marijuana plants, or marijuana products associated with one or more orders made according to subsection (B)(1) have not been transferred to the ordering consumer and remain in the vehicle; and
  2. Does not pick up or otherwise receive marijuana, marijuana plants, or marijuana products from a consumer for transport to the marijuana establishment once a delivery has been completed according to subsection (B)(6).
- E. For providing on-site delivery to a consumer, a marijuana establishment shall ensure that:
  1. The distance from the entrance to the retail site and the locations where on-site delivery would occur does not exceed 200 feet;
  2. There are no more than 10 locations at which on-site delivery to a consumer would occur;
  3. The locations for on-site delivery in subsection (E)(2) are contiguous with each other and visible from the entrance to the retail site;
  4. The trip plan required according to R9-18-312(D)(1) contains only one order made according to subsections (B)(1) and (2);
  5. A marijuana agent delivering marijuana or a marijuana product to a consumer at a location in subsection (E)(2):
    - a. Carries a copy of the trip plan in R9-18-312(D)(1) with the marijuana facility agent,
    - b. Has a means of immediate communication with the marijuana establishment,
    - c. Transports the marijuana or marijuana product that was ordered according to subsections (B)(1) and (2) directly to the consumer's location from the entrance to the retail site,
    - d. Only delivers one order at a time,
    - e. Notates the arrival time and departure time for the on-site delivery, and
    - f. Complies with subsection (B)(6);
  6. In addition to the video cameras required according to R9-18-312(I)(1)(d), video cameras provide coverage of:
    - a. The pathway between the entrance to the retail site and a location where on-site delivery would occur, and
    - b. Each location where on-site delivery would occur, as the point of sale; and
  7. The pathway in subsection (E)(6)(a) and each location in subsection (E)(6)(b) have sufficient lighting to allow a clear image to be recorded, according to subsection (E)(6), of:
    - a. A marijuana agent walking along the pathway, and
    - b. A consumer waiting an on-site delivery location.

**Historical Note**

New Section made by exempt rulemaking at 30 A.A.R. 3451 (November 15, 2024), with a delayed effective date of November 1, 2024; filed October 25, 2024 (Supp. 24-4). Amended by exempt rulemaking at 31 A.A.R. 4620 (December 19, 2025), effective July 1, 2026 (Supp. 25-4).

**R9-18-313. Edible Marijuana Products**

- A. A marijuana establishment that prepares, sells, or otherwise transfers edible marijuana products shall:
  1. Before preparing an edible marijuana product under R9-18-304(A)(1)(f)(iii) or selling or otherwise transferring an edible marijuana product under R9-18-304(A)(1)(f)(iv), obtain a license or permit as a food establishment under 9 A.A.C. 8, Article 1, and maintain a valid license or permit as a food establishment until the marijuana establishment ceases to prepare, sell, or otherwise transfer edible marijuana products;
  2. If the marijuana establishment prepares the edible marijuana products, ensure that the edible marijuana products are prepared according to the applicable requirements in 9 A.A.C. 8, Article 1;
  3. If the edible marijuana products are not prepared at the marijuana establishment, ensure that the other marijuana establishment or dispensary that prepares the edible marijuana products for the marijuana establishment has a cur-

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rent license or permit as a food establishment under 9 A.A.C. 8, Article 1, to prepare edible marijuana products; and

4. If a marijuana establishment sells or otherwise transfers edible marijuana products, ensure that the edible marijuana products:
  - a. Are sold or otherwise transferred according to applicable requirements in 9 A.A.C. 8, Article 1;
  - b. In compliance with A.R.S. § 36-2854(A)(7), contain no more total tetrahydrocannabinol than:
    - i. 10 mg per serving; or
    - ii. 100 mg per package; and
  - c. If packaged as more than one serving, are:
    - i. Scored or otherwise delineated into standard serving size, and
    - ii. Of homogeneous consistency to ensure uniform disbursement of total tetrahydrocannabinol throughout the edible marijuana product.

- B. A marijuana establishment is responsible for the content and quality of any edible product sold or dispensed by the marijuana establishment, even edible products that do not contain marijuana or a marijuana product.

**Historical Note**

New Section made by exempt rulemaking at 27 A.A.R. 140, effective January 15, 2021 (Supp. 20-4). Amended by exempt rulemaking at 28 A.A.R. 2481 (September 23, 2022), with an immediate effective date of September 8, 2022 (Supp. 22-3). Amended by exempt rulemaking at 29 A.A.R. 2453 (October 13, 2023), effective October 1, 2023 (Supp. 23-3). Amended by exempt rulemaking at 31 A.A.R. 4620 (December 19, 2025), effective July 1, 2026 (Supp. 25-4).

**R9-18-314. Inventory Control System**

- A. A marijuana establishment shall designate in writing a marijuana facility agent associated with the marijuana establishment who has oversight of the marijuana establishment's marijuana inventory control system.
- B. A marijuana establishment shall only acquire marijuana from:
  1. The marijuana establishment's cultivation site or manufacturing site,
  2. Another marijuana establishment, or
  3. A dispensary with a dispensary registration certificate issued under 9 A.A.C. 17.
- C. A marijuana establishment shall establish and implement an inventory control system for the marijuana establishment's marijuana and marijuana products that documents:
  1. The following amounts:
    - a. Each day's beginning inventory of marijuana and marijuana products,
    - b. Acquisitions according to subsection (B),
    - c. Marijuana harvested by the marijuana establishment,
    - d. Marijuana and marijuana products provided to a dispensary or another marijuana establishment,
    - e. Marijuana and marijuana products sold,
    - f. Marijuana and marijuana products submitted to a marijuana testing facility or laboratory with a laboratory registration certificate issued under 9 A.A.C. 17 for testing according to R9-18-311,
    - g. Marijuana and marijuana products that were disposed of, and
    - h. The day's ending marijuana and marijuana products inventory;

2. For acquiring marijuana or a marijuana product from another marijuana establishment or a dispensary:
  - a. A description of the marijuana or marijuana product acquired including:
    - i. The amount, batch number, and strain of the marijuana or marijuana product;
    - ii. For a marijuana product, the ingredients in order of abundance and date of manufacture; and
    - iii. In addition, for an edible marijuana product, the total weight of the edible marijuana product and the estimated amount and batch number of the marijuana or marijuana product contained in the edible marijuana product;
  - b. As applicable, either:
    - i. The name and license number of the marijuana establishment providing the marijuana or marijuana product, or
    - ii. The name and registry identification number of the dispensary providing the marijuana or marijuana product;
  - c. The name and license number or registry identification number, as applicable, of the marijuana facility agent or dispensary agent providing the marijuana or marijuana product;
  - d. The name and license number of the marijuana facility agent receiving the marijuana or marijuana product on behalf of the marijuana establishment; and
  - e. The date of acquisition;
3. For each batch of marijuana cultivated:
  - a. The batch number;
  - b. Whether the batch originated from marijuana seeds or marijuana cuttings;
  - c. The origin and strain of the marijuana seeds or marijuana cuttings planted;
  - d. The number of marijuana seeds or marijuana cuttings planted;
  - e. The date the marijuana seeds or cuttings were planted;
  - f. A list of all chemical additives, including nonorganic pesticides, herbicides, and fertilizers used in the cultivation;
  - g. The number of plants grown to maturity; and
  - h. Harvest information including:
    - i. Date of harvest;
    - ii. Final yield weight of processed usable marijuana, as defined in A.R.S. § 36-2801; and
    - iii. Name and license number of the marijuana facility agent responsible for the harvest;
4. For transferring marijuana or a marijuana product to another marijuana establishment or a dispensary:
  - a. A description of the marijuana or marijuana product being transferred, including:
    - i. The amount, batch number, and strain of the marijuana or marijuana product;
    - ii. For a marijuana product, the ingredients in order of abundance and date of manufacture; and
    - iii. In addition, for an edible marijuana product, the total weight of the edible marijuana product and the estimated amount and batch number of the marijuana or marijuana product contained in the edible marijuana product;

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- b. The name and marijuana establishment license number or registry identification number, as applicable, of the other marijuana establishment or the dispensary;
  - c. The name and license number or registry identification number, as applicable, of the marijuana facility agent or dispensary agent who received the marijuana or marijuana product on behalf of the other marijuana establishment or the dispensary; and
  - d. The date the marijuana or marijuana product was provided;
5. For submitting marijuana or marijuana products for testing:
    - a. The amount, strain, and batch number of the marijuana or marijuana product submitted;
    - b. As applicable, either:
      - i. The name and license number of the marijuana testing facility, or
      - ii. The name and registry identification number of the laboratory with a laboratory registration certificate issued under 9 A.A.C. 17;
    - c. The name and license number of the marijuana facility agent who received the marijuana or marijuana product on behalf of the marijuana testing facility or the name and registry identification number of the laboratory agent who received the marijuana or marijuana product on behalf of a laboratory with a laboratory registration certificate issued under 9 A.A.C. 17; and
    - d. The date the marijuana or marijuana product was submitted to the marijuana testing facility or laboratory with a laboratory registration certificate issued under 9 A.A.C. 17; and
  6. For disposal of marijuana or a marijuana product that is not to be sold, transferred, or used for making a marijuana product:
    - a. Description of and reason for the marijuana or marijuana product being disposed of including, if applicable:
      - i. The number of failed or other unusable plants, and
      - ii. The results of laboratory testing;
    - b. Date of disposal;
    - c. Method of disposal; and
    - d. Name and license number of the marijuana facility agent responsible for the disposal.
- D.** The individual designated in subsection (A) shall conduct and document an audit of the marijuana establishment's inventory at least once every 30 calendar days.
1. If the audit identifies a reduction in the amount of marijuana or a marijuana product in the marijuana establishment's inventory not due to documented causes, the marijuana establishment shall determine and document where the loss has occurred and take and document corrective action.
  2. If the reduction in the amount of marijuana or a marijuana product in the marijuana establishment's inventory is due to suspected criminal activity by a marijuana facility agent, the marijuana establishment shall report the marijuana facility agent to the Department and to the local law enforcement authorities.
- E.** A marijuana establishment shall:
1. Maintain the documentation required in subsections (C) and (D) at the marijuana establishment for at least five years after the date on the document, and
  2. Provide the documentation required in subsections (C) and (D) to the Department for review upon request.

**Historical Note**

New Section made by exempt rulemaking at 27 A.A.R. 140, effective January 15, 2021 (Supp. 20-4). R9-18-314 renumbered to R9-18-315; new Section made by exempt rulemaking at 29 A.A.R. 2453 (October 13, 2023), effective October 1, 2023 (Supp. 23-3). Amended by exempt rulemaking at 30 A.A.R. 3451 (November 15, 2024), with a delayed effective date of November 1, 2024; filed October 25, 2024 (Supp. 24-4). Amended by exempt rulemaking at 31 A.A.R. 4620 (December 19, 2025), effective July 1, 2026 (Supp. 25-4).

**R9-18-315. Cleaning and Sanitation**

- A.** A marijuana establishment shall ensure that:
1. Any building or equipment used by a marijuana establishment for the cultivation, harvest, preparation, packaging, storage, infusion, or sale of marijuana or marijuana products is maintained in a clean and sanitary condition;
  2. Marijuana or marijuana products, in the process of production, preparation, manufacture, packing, storage, sale, distribution, or transportation, are protected from flies, dust, dirt, and all other contamination;
  3. Refuse or waste products incident to the manufacture, preparation, packing, selling, distributing, or transportation of marijuana or marijuana products are removed from the building used as a marijuana establishment's retail site and, if applicable, a building at the marijuana establishment's cultivation site or manufacturing site at least once every 24 hours or more often as necessary to maintain a clean condition;
  4. All trucks, trays, buckets, other receptacles, platforms, racks, tables, shelves, knives, saws, cleavers, other utensils, or the machinery used in moving, handling, cutting, chopping, mixing, canning, packaging, or other processes are cleaned daily;
  5. Any equipment used in the preparation of marijuana products is clean, in good repair, and, if applicable, calibrated according to the manufacturer's recommendations;
  6. Any supplies used in the preparation of marijuana products, including flammable or volatile chemicals, are stored in a manner to avoid a hazardous condition from occurring; and
  7. All stored marijuana products are securely covered.
- B.** A marijuana establishment shall ensure that a marijuana facility agent at the marijuana establishment or the marijuana establishment's cultivation site or manufacturing site:
1. Cleans the marijuana facility agent's hands and exposed portions of the marijuana facility agent's arms in a hand washing sink:
    - a. Before preparing marijuana or marijuana products, including working with food, equipment, and utensils;
    - b. During preparation, as often as necessary to remove soil and contamination and to prevent cross-contamination when changing tasks;
    - c. After handling soiled equipment or utensils;
    - d. After touching bare human body parts other than the marijuana facility agent's clean hands and exposed portions of arms; and

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- e. After using the toilet room;
- 2. If working directly with the preparation of marijuana or non-edible marijuana products:
  - a. Keeps the marijuana facility agent's fingernails trimmed, filed, and maintained so that the edges and surfaces are cleanable;
  - b. Unless wearing intact gloves in good repair, does not have fingernail polish or artificial fingernails on the marijuana facility agent's fingernails; and
  - c. Wears protective apparel such as coats, aprons, gowns, or gloves to prevent contamination;
- 3. If working directly with the preparation of edible marijuana products or marijuana to be used in the preparation of edible marijuana products, follows all applicable requirements in 9 A.A.C. 8, Article 1;
- 4. Wears clean clothing appropriate to assigned tasks;
- 5. Reports to the marijuana establishment, according to policies and procedures, any health condition experienced by the marijuana facility agent that may adversely affect the safety or quality of any marijuana or marijuana products with which the marijuana facility agent may come into contact; and
- 6. If, according to the marijuana establishment's policies and procedures, a marijuana facility agent has a health condition that may adversely affect the safety or quality of the marijuana or marijuana products, the marijuana facility agent is prohibited from direct contact with any marijuana, marijuana products, or equipment or materials for processing marijuana or manufacturing marijuana products until the marijuana facility agent's health condition will not adversely affect the medical marijuana or marijuana products.

**Historical Note**

New Section made by exempt rulemaking at 27 A.A.R. 140, effective January 15, 2021 (Supp. 20-4). R9-18-315 renumbered to R9-18-316; new Section R9-18-315 renumbered from R9-18-314 by exempt rulemaking at 29 A.A.R. 2453 (October 13, 2023), effective October 1, 2023 (Supp. 23-3). Amended by exempt rulemaking at 31 A.A.R. 4620 (December 19, 2025), effective July 1, 2026 (Supp. 25-4).

**R9-18-316. Physical Plant**

- A. A marijuana establishment shall ensure that the licensed premises are maintained free from hazards.
- B. A marijuana establishment shall provide on-site parking or parking adjacent to the building used as the marijuana establishment's retail site.
- C. A building used as a marijuana establishment's retail site or the location used as a marijuana establishment's cultivation site or manufacturing site shall have:
  - 1. At least one toilet room;
  - 2. Each toilet room shall contain:
    - a. A flushable toilet;
    - b. Mounted toilet tissue;
    - c. A sink with running water;
    - d. Soap contained in a dispenser; and
    - e. Disposable, single-use paper towels in a mounted dispenser or a mechanical air hand dryer;
  - 3. At least one hand washing sink not located in a toilet room, with running water, soap contained in a dispenser, and either disposable, single-use paper towels in a mounted dispenser or a mechanical air hand dryer;

- 4. Designated storage areas for marijuana, marijuana products, or materials used in direct contact with marijuana, separate from storage areas for toxic or flammable materials; and
- 5. If preparation or packaging of marijuana is done in the building, a designated area for the preparation or packaging that:
  - a. Includes work space that can be sanitized, and
  - b. Is only used for the preparation or packaging of marijuana.
- D. For each commercial device used at a marijuana establishment retail site, cultivation site, or manufacturing site, the marijuana establishment shall:
  - 1. Ensure that the commercial device is licensed or certified pursuant to A.R.S. § 3-3451,
  - 2. Maintain documentation of the commercial device's license or certification, and
  - 3. Provide a copy of the commercial device's license or certification to the Department for review upon request.

**Historical Note**

New Section made by exempt rulemaking at 27 A.A.R. 140, effective January 15, 2021 (Supp. 20-4). R9-18-316 renumbered to R9-18-317; new Section R9-18-316 renumbered from R9-18-315 and amended by exempt rulemaking at 29 A.A.R. 2453 (October 13, 2023), effective October 1, 2023 (Supp. 23-3). Amended by exempt rulemaking at 31 A.A.R. 4620 (December 19, 2025), effective July 1, 2026 (Supp. 25-4).

**R9-18-317. Denial, Suspension, or Revocation of a Marijuana Establishment License**

- A. The Department shall deny an application for a marijuana establishment license or a renewal if:
  - 1. A principal officer or board member:
    - a. Has been convicted of an excluded felony offense, or
    - b. Is under 21 years of age; or
  - 2. The application or the marijuana establishment does not comply with the requirements in A.R.S. Title 36, Chapter 28.2, and this Chapter.
- B. The Department may deny an application for or renewal of a marijuana establishment license if a principal officer or board member of the marijuana establishment:
  - 1. Did not obtain an approval to operate the marijuana establishment or a dispensary, as applicable, within 18 months after the dispensary registration certificate or marijuana establishment license was issued;
  - 2. Has had an ownership interest in a marijuana business, licensed in Arizona or any other state, that had the license to operate the marijuana business revoked; or
  - 3. Provides false or misleading information to the Department.
- C. The Department may suspend or revoke a marijuana establishment license if:
  - 1. The marijuana establishment:
    - a. Provides false or misleading information to the Department;
    - b. Operates before obtaining approval to operate a marijuana establishment from the Department;
    - c. Diverts marijuana to an individual who or entity that is not allowed to possess marijuana, pursuant to A.R.S. Title 36, Chapter 28.1 or 28.2;

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- d. Acquires marijuana from an entity that is not allowed to possess marijuana, pursuant to A.R.S. Title 36, Chapter 28.1 or 28.2; or
- e. Obtains testing according to R9-18-311 from a marijuana testing facility or a laboratory with a laboratory registration certificate issued under 9 A.A.C. 17 with which the marijuana establishment has a direct or indirect financial or familial relationship;
- 2. A principal officer or board member:
  - a. Has been convicted of an excluded felony offense,
  - b. Provides false or misleading information to the Department, or
  - c. Has a direct or indirect familial or financial relationship with a marijuana testing facility or a laboratory with a laboratory registration certificate issued under 9 A.A.C. 17; or
- 3. The marijuana establishment does not:
  - a. Comply with:
    - i. The requirements in A.R.S. Title 36, Chapter 28.2, and this Chapter; or
    - ii. The provisions in a corrective action plan submitted according to R9-18-308(E)(3); or
  - b. Implement the policies and procedures or comply with the statements provided to the Department with the marijuana establishment's application.
- D. If an entity is a dual licensee, the Department may suspend or revoke the dual licensee's marijuana establishment license if the entity does not comply with applicable requirements in A.R.S. Title 36, Chapter 28.1, and 9 A.A.C. 17.
- E. If the Department denies a marijuana establishment license application, the Department shall provide notice to the applicant that includes:
  - 1. The specific reason or reasons for the denial, and
  - 2. All other information required by A.R.S. § 41-1076.
- F. If the Department suspends or revokes a marijuana establishment license, the Department shall provide notice to the marijuana establishment that includes:
  - 1. The specific reason or reasons for the suspension or revocation; and
  - 2. The process for requesting a review of the Department's decision pursuant to A.R.S. Title 41, Chapter 6, Article 10.

**Historical Note**

New Section R9-18-317 renumbered from R9-18-316 and amended by exempt rulemaking at 29 A.A.R. 2453 (October 13, 2023), effective October 1, 2023 (Supp. 23-3). Amended by exempt rulemaking at 31 A.A.R. 4620 (December 19, 2025), effective July 1, 2026 (Supp. 25-4).

**ARTICLE 4. MARIJUANA TESTING FACILITIES****R9-18-401. Owner**

- A. For the purposes of this Article, the following persons are considered the owner of a marijuana testing facility:
  - 1. The person that has controlling legal or equitable interest in and authority over a marijuana testing facility; or
  - 2. The individual designated by the marijuana testing facility to be responsible for and have authority over licensing requirements and interactions with the Department.
- B. When a marijuana testing facility is required by this Chapter to provide information, sign documents, or ensure actions are taken, the individual in subsection (A) shall comply with the requirement on behalf of the marijuana testing facility.

**Historical Note**

New Section made by exempt rulemaking at 27 A.A.R. 696, effective May 1, 2021 (Supp. 21-2). Amended by exempt rulemaking at 30 A.A.R. 3451 (November 15, 2024), with a delayed effective date of November 1, 2024; filed October 25, 2024 (Supp. 24-4). Amended by exempt rulemaking at 31 A.A.R. 4620 (December 19, 2025), effective July 1, 2026 (Supp. 25-4).

**R9-18-402. Applying for a Marijuana Testing Facility License**

- A. To apply for a marijuana testing facility license, an applicant that does not have a current laboratory registration certificate issued under 9 A.A.C. 17, Article 4, shall submit to the Department the following:
  - 1. An application in a Department-provided format that includes:
    - a. The following information for the applicant:
      - i. The legal name of the proposed marijuana testing facility,
      - ii. Type of business organization,
      - iii. Arizona mailing address,
      - iv. Telephone number, and
      - v. Email address;
    - b. The physical address of the proposed marijuana testing facility;
    - c. The county in which the proposed marijuana testing facility is located;
    - d. The name, residence address, and date of birth of the owner;
    - e. The name, residence address, and date of birth of the technical laboratory director designated according to R9-18-405(3);
    - f. Whether the applicant agrees to allow the Department to submit supplemental requests for information;
    - g. A statement that, if the applicant is issued a marijuana testing facility license, the marijuana testing facility will not begin testing marijuana pursuant to R9-18-311 until the marijuana testing facility has been inspected and issued an approval for testing by the Department;
    - h. An attestation that the applicant understands and will comply with the requirements in A.R.S. Title 36, Chapter 28.2 and this Chapter;
    - i. An attestation that the information provided to the Department to apply for a marijuana testing facility license is true and correct;
    - j. An attestation that the submission of the application is authorized by the marijuana testing facility; and
    - k. The signatures of the owner of the proposed marijuana testing facility, according to R9-18-401(A), and the technical laboratory director and the date each signed;
  - 2. Policies and procedures that comply with the requirements in this Chapter that contain:
    - a. Inventory control;
    - b. A chain of custody and sample requirement process;
    - c. A records retention process;
    - d. A secure method to transfer the portion of a sample remaining after testing to another marijuana testing facility with an approval for testing issued by the Department:
      - i. For testing of parameters or analytes that the marijuana testing facility receiving the sample

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- from a marijuana establishment is not approved by the Department to conduct, or
      - ii. For retesting at the request of a marijuana establishment according to R9-18-311(C);
    - e. Security; and
    - f. A process for disposal of marijuana or marijuana products that are submitted to the marijuana testing facility for testing;
  - 3. If the applicant is a business organization, a copy of the business organization's articles of incorporation, articles of organization, or partnership documents that include:
    - a. The name of the business organization,
    - b. The type of business organization, and
    - c. The name and title of the individual in R9-18-401(A);
  - 4. For the owner:
    - a. The owner's marijuana facility agent license number; and
    - b. An attestation signed and dated by the owner that the owner does not have a direct or indirect familial or financial relationship with or interest in a dispensary, marijuana establishment, or related marijuana business entity or management company;
  - 5. Documentation that the technical laboratory director specified in subsection (A)(1)(e) meets the requirements in R9-18-405(3);
  - 6. A statement, in a Department-provided format, signed and dated within 60 calendar days before the date of the application by a representative of the local jurisdiction:
    - a. Certifying that the proposed marijuana testing facility is in compliance with any local zoning restrictions; and
    - b. Including:
      - i. Information identifying the local jurisdiction and the local jurisdiction's representative,
      - ii. The legal name of the proposed marijuana testing facility, and
      - iii. The physical address of the proposed marijuana testing facility as specified according to subsection (A)(1)(b);
  - 7. A copy of documentation issued by the local jurisdiction to the applicant authorizing occupancy of the building as a marijuana testing facility, such as a certificate of occupancy, a special use permit, or a conditional use permit;
  - 8. A site plan drawn to scale of the location of the proposed marijuana testing facility showing streets, property lines of the contiguous premises, buildings, parking areas, outdoor areas if applicable, fences, security features, fire hydrants if applicable, and access to water mains;
  - 9. A building plan drawn to scale of the building where the proposed marijuana testing facility is located showing the:
    - a. Layout and dimensions of each room;
    - b. Name and function of each room;
    - c. Fire ratings of the materials used for ceilings, walls, doors, and floors of rooms used to store flammable substances;
    - d. Location of each fire protection device;
    - e. Layout of heating, air conditioning, exhaust, and ventilation systems;
    - f. Location and layout of refrigerated rooms or freezer rooms;
    - g. Location of each sink, safety shower, other water supply, or plumbing fixture;
    - h. Location of fixed or movable equipment and instruments that require dedicated electrical, water, vacuum, gas, or other building systems;
    - i. Location of security measures or equipment to protect from diversion of marijuana or marijuana products; and
    - j. Means of egress;
  - 10. Documentation of accreditation of the location specified according to subsection (A)(1)(b) for which the applicant is applying for a marijuana testing facility license;
  - 11. The applicant's Transaction Privilege Tax Number issued by the Arizona Department of Revenue, if applicable; and
  - 12. The fee in R9-18-102 for applying for a marijuana testing facility license.

**B.** An entity holding a valid laboratory registration certificate issued by the Department under 9 A.A.C. 17, Article 4, may apply for an initial marijuana testing facility license by electronically submitting to the Department, in a Department-provided format:

  - 1. An attestation from the owner listed according to subsection (A)(1)(d) approving the application for a marijuana testing facility license;
  - 2. The license number on the applicant's laboratory registration certificate; and
  - 3. The applicable fee in R9-18-102 for applying for a marijuana testing facility license.

**C.** For a change in the person with a controlling legal or equitable interest in a marijuana testing facility, an owner shall submit an application to the Department, within 10 working days after the change, providing any information or documentation in subsections (A)(1) through (11) that is changing.

**D.** A change in location of the marijuana testing facility's physical address requires a new application to be submitted according to subsection (A).

**E.** A separate marijuana testing facility license is required for each noncontiguous portion of a marijuana testing facility.

**F.** A marijuana testing facility license is valid for two years after the original date of issuance.

**Historical Note**

New Section made by exempt rulemaking at 27 A.A.R. 696, effective May 1, 2021 (Supp. 21-2). Amended by exempt rulemaking at 29 A.A.R. 2453 (October 13, 2023), effective October 1, 2023 (Supp. 23-3). Amended by exempt rulemaking at 31 A.A.R. 4620 (December 19, 2025), effective July 1, 2026 (Supp. 25-4).

**R9-18-403. Applying for Approval for Testing**

- A.** Except as provided in subsection (C), to apply for approval for testing, an applicant shall submit to the Department, at least 60 calendar days before the expiration of the applicant's initial marijuana testing facility license, the following:
- 1. An application in a Department-provided format that includes:
    - a. The name and license number of the marijuana testing facility;
    - b. The physical address of the marijuana testing facility;
    - c. The name of the applicant;
    - d. The name of the technical laboratory director designated according to R9-18-405(3);
    - e. For each parameter for which approval for testing is being requested:
      - i. The analyte to be tested for,

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- ii. The instruments and equipment to be used for testing; and
  - iii. The software to be used at the marijuana testing facility for instrument control and data reduction interpretation;
  - f. The marijuana testing facility's proposed hours of operation;
  - g. Whether the marijuana testing facility agrees to allow the Department to submit supplemental requests for information;
  - h. Whether the marijuana testing facility is ready for an inspection by the Department;
  - i. If the marijuana testing facility is not ready for an inspection by the Department, the date the marijuana testing facility will be ready for an inspection by the Department;
  - j. An attestation that the information provided to the Department to apply for approval for testing is true and correct;
  - k. An attestation that the submission of the application is authorized by the marijuana testing facility; and
  - l. The signatures of the owner of the marijuana testing facility, according to R9-18-401(A), and the technical laboratory director and the date each signed;
2. For each parameter and analyte listed according to subsection (A)(1)(e):
- a. A copy of current accreditation;
  - b. The limit of quantitation for each matrix, according to A.A.C. R9-17-404.03(I);
  - c. A copy of a proficiency testing report;
  - d. A copy of the standard operating procedure; and
  - e. Documentation of the initial demonstration of capabilities for each matrix, according to A.A.C. R9-17-404.03(D);
3. Policies and procedures that comply with the requirements in this Chapter that include:
- a. A quality assurance program and standards;
  - b. A process to ensure marijuana or marijuana products testing results are accurate, precise, and scientifically valid before reporting the results; and
  - c. A process to compile testing results into a single report to be provided to a marijuana establishment; and
4. If different from the building plan submitted according to R9-18-402(A)(8), a building plan drawn to scale of the building where the marijuana testing facility is located showing the:
- a. Layout and dimensions of each room;
  - b. Name and function of each room;
  - c. Fire ratings of the materials used for ceilings, walls, doors, and floors of rooms used to store flammable substances;
  - d. Location of each fire protection device;
  - e. Layout of heating, air conditioning, exhaust, and ventilation systems;
  - f. Location and layout of refrigerated rooms or freezer rooms;
  - g. Location of each sink, safety shower, other water supply, or plumbing fixture;
  - h. Location of fixed or movable equipment and instruments that require dedicated electrical, water, vacuum, gas, or other building systems;
  - i. Location of security equipment to protect from diversion of marijuana or marijuana products; and

j. Means of egress.

- B. The Department shall process, as provided in R9-18-103, a request submitted according to subsection (A) for approval to test.
- C. If an entity receives a marijuana testing facility license according to R9-18-402(B), the entity may begin testing marijuana pursuant to R9-18-311 for any parameters for which the Department has given the entity an approval for testing under A.A.C. R9-17-402.01.
- D. A marijuana testing facility's approval for testing shall have the same expiration date as the marijuana testing facility license associated with the marijuana testing facility's approval to test.

**Historical Note**

New Section made by exempt rulemaking at 27 A.A.R. 696, effective May 1, 2021 (Supp. 21-2). Amended by exempt rulemaking at 29 A.A.R. 2453 (October 13, 2023), effective October 1, 2023 (Supp. 23-3). Amended by exempt rulemaking at 31 A.A.R. 4620 (December 19, 2025), effective July 1, 2026 (Supp. 25-4).

**R9-18-404. Renewing a Marijuana Testing Facility License**

To renew a marijuana testing facility license, an applicant shall submit to the Department, at least 30 calendar days before the expiration date of the current marijuana testing facility license, but no more than 90 days before the expiration date of the current marijuana testing facility license, the following:

- 1. An application in a Department-provided format that includes:
  - a. The legal name of the marijuana testing facility;
  - b. The marijuana testing facility license number;
  - c. The name of the owner;
  - d. The name of the technical laboratory director designated according to R9-18-405(3);
  - e. Whether the marijuana testing facility agrees to allow the Department to submit supplemental requests for information;
  - f. An attestation that the information provided to the Department to renew the marijuana testing facility license is true and correct;
  - g. An attestation that the submission of the application is authorized by the marijuana testing facility; and
  - h. The signatures of the owner of the marijuana testing facility, according to R9-18-401(A), and the technical laboratory director and the date each signed;
- 2. For each current parameter and analyte, documentation of current accreditation;
- 3. If a change has been made to the standard operating procedure for a current parameter, a copy of the revised standard operating procedure;
- 4. If a change has been made in the quality assurance plan, required in R9-18-409(B), for a current parameter, a copy of the revised quality assurance plan; and
- 5. The fee in R9-18-102 for applying to renew a marijuana testing facility license.

**Historical Note**

New Section made by exempt rulemaking at 27 A.A.R. 696, effective May 1, 2021 (Supp. 21-2). Amended by exempt rulemaking at 31 A.A.R. 4620 (December 19, 2025), effective July 1, 2026 (Supp. 25-4).

**R9-18-405. Administration**

- A. An owner of a marijuana testing facility shall:
  - 1. Comply with the:



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- a. Quality assurance requirements in R9-18-409,
- b. Operation requirements in R9-18-410, and
- c. Laboratory records and reports requirements in R9-18-410(B) and (C);
2. Maintain accreditation for each approved parameter and analyte;
3. Designate in writing a technical laboratory director who:
  - a. Has knowledge and experience in overseeing a marijuana testing facility as documented by:
    - i. A doctoral degree in chemistry, biochemistry, microbiology, or a similar laboratory science;
    - ii. A master's degree in chemistry, biochemistry, microbiology, or a similar laboratory science and at least two years of experience working in a laboratory and providing testing; or
    - iii. A bachelor's degree in chemistry, biochemistry, microbiology, or a similar laboratory science and at least four years of experience working in a laboratory and providing testing; and
  - b. Is responsible for:
    - i. Ensuring that all services and tests provided by the marijuana testing facility are performed in compliance with the requirements in this Article;
    - ii. Directing and supervising services and tests provided by the marijuana testing facility;
    - iii. Overseeing the work of all personnel in the marijuana testing facility;
    - iv. Providing ongoing training to marijuana facility agents, as applicable to the functions performed by a marijuana facility agent; and
    - v. Ensuring safety and hazardous substance control in the marijuana testing facility;
4. Notify the Department in writing within 20 working days after any change in the technical laboratory director, providing:
  - a. The name and contact information for the new technical laboratory director, and
  - b. Documentation that the technical laboratory director specified in subsection (A)(4)(a) meets the requirements in R9-18-405(3);
5. Develop, document, and implement policies and procedures regarding:
  - a. Job descriptions and employment contracts, including:
    - i. Personnel duties, authority, responsibilities, and qualifications;
    - ii. Personnel supervision;
    - iii. Ongoing training, applicable to the functions performed by a marijuana facility agent;
    - iv. Training in and adherence to confidentiality requirements;
    - v. Periodic performance evaluations, including proficiency testing on a rotating basis among all marijuana facility agent performing similar functions; and
    - vi. Disciplinary actions;
  - b. Business records, such as manual or computerized records of assets and liabilities, monetary transactions, journals, ledgers, and supporting documents, including agreements, checks, invoices, and vouchers;
  - c. Inventory control, including:
    - i. Tracking, including sample intake weight verification, weights of the portions of the sample that were tested according to subsection (A)(5)(c)(iv), and the weights of any marijuana or a marijuana product disposed of according to subsection R9-18-412(C)(5)(b);
    - ii. Accepting marijuana or marijuana products for testing;
    - iii. Transferring a portion of a sample prepared or selected according to subsection (A)(5)(e)(v) to another marijuana testing facility for testing of parameters or analytes that the marijuana testing facility is not approved by the Department to conduct;
    - iv. Testing marijuana and marijuana products;
    - v. Providing a representative portion of the sample of tested marijuana or a marijuana product, which had been prepared or selected according to subsection (A)(5)(e)(v), to up to two other marijuana testing facilities, with an approval for testing issued by the Department, at the request of a marijuana establishment according to R9-18-311(C);
    - vi. Retaining the residual portion of a sample accepted for testing from a marijuana establishment for at least 14 days after sending the final report of testing required in R9-18-410(B)(3) to the marijuana establishment; and
    - vii. Disposing of marijuana or a marijuana product such that the marijuana or marijuana product is unrecognizable or cannot otherwise be used and documenting:
      - (1) The method of disposal;
      - (2) Whether the marijuana or marijuana product was tested;
      - (3) If not tested, the reason for not testing;
      - (4) The marijuana facility agent overseeing the disposal; and
      - (5) The date of disposal;
  - d. Standard operating procedures, including:
    - i. The review and updating of standard operating procedures;
    - ii. Requirements for a marijuana facility agent to review current, new, or updated standard operating procedures applicable to the functions performed by the marijuana facility agent;
    - iii. Documenting the review of standard operating procedures by applicable marijuana facility agents; and
    - iv. Maintaining a revision log for standard operating procedures;
  - e. Marijuana testing facility records, including:
    - i. Maintenance and monitoring of instruments and equipment;
    - ii. Acceptance of marijuana and marijuana products for testing, including the specification of the analytes to be tested for;
    - iii. The chain of custody and applicable trip plan, according to R9-18-413, for a sample accepted by the marijuana testing facility for testing;
    - iv. The storage of a submitted sample prior to testing to maintain the integrity of the sample and analyte;

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- v. The process for ensuring that a homogeneous portion of a submitted sample is prepared or selected for testing, including:
  - (1) The aseptic removal of a homogeneous portion, with a particle size not greater than 7 mm, of the sample for testing according to R9-18-408;
  - (2) Further preparation of a homogeneous portion, with a particle size not greater than 1 mm, of the sample, if necessary, for testing according to R9-18-408; and
  - (3) Documenting the condition and consistency of a heterogeneous sample with a data qualifier notation of Q2, according to R9-18-408(D)(2) or (J)(4) as applicable;
- vi. Ensuring testing results are accurate, precise, and scientifically valid before reporting the results;
- vii. Reporting of testing results, including:
  - (1) Testing results obtained from another marijuana testing facility for testing of parameters or analytes that the marijuana testing facility is not approved by the Department to conduct, or
  - (2) Testing results provided to another marijuana testing facility from which the marijuana testing facility had received a portion of a sample for testing of parameters or analytes that the other marijuana testing facility is not approved by the Department to conduct;
- viii. If applicable, transfer of a portion of a sample, according to subsection (A)(5)(e)(v), to another marijuana testing facility with an approval for testing issued by the Department for testing of parameters or analytes that the marijuana testing facility is not approved by the Department to conduct, including:
  - (1) The name and marijuana establishment license number of the marijuana establishment from which the sample was obtained,
  - (2) The name and marijuana testing facility license number of the marijuana testing facility to which the portion of the sample is being transferred,
  - (3) The date of the transfer,
  - (4) The amount of sample being transferred,
  - (5) The name and marijuana facility agent license number of the marijuana facility agent receiving the marijuana or marijuana products on behalf of the other marijuana testing facility,
  - (6) The parameters or analytes being tested by the other marijuana testing facility, and
  - (7) The testing results obtained from the other marijuana testing facility;
- ix. If applicable, transfer of the portion of a sample remaining after testing, according to subsection (A)(5)(c)(v), to no more than two other marijuana testing facilities with an applicable approval for testing issued by the Department at the request of a marijuana establishment according to R9-18-311(C), including:
  - (1) The name and marijuana establishment license number of the marijuana establishment,
  - (2) The name and marijuana facility agent license number of the marijuana facility agent requesting the transfer on behalf of the marijuana establishment,
  - (3) The date of the request,
  - (4) The amount of sample being transferred,
  - (5) The name and marijuana testing facility license number of each other marijuana testing facility, and
  - (6) The name and marijuana facility agent license number of the marijuana facility agent receiving the marijuana or marijuana products on behalf of each receiving marijuana testing facility;
- x. Confidentiality; and
- xi. Sample retention;
- f. A quality assurance program and standards;
- g. A records retention process; and
- h. Security;
- 6. Review and document the review of marijuana testing facility policies and procedures at least once every 12 months after the issue date of the marijuana testing facility license and update as needed;
- 7. Ensure that each marijuana facility agent has the marijuana facility agent's license in the marijuana facility agent's immediate possession when the marijuana facility agent is on the premises of the marijuana testing facility or transporting marijuana or marijuana products for testing;
- 8. Ensure that a marijuana facility agent accompanies and supervises any individual other than another marijuana facility agent associated with the marijuana testing facility when the individual is present in the area of the marijuana testing facility where marijuana or marijuana products are being tested or stored for testing;
- 9. Not allow an individual who does not possess a marijuana facility agent license to:
  - a. Serve as the owner for the marijuana testing facility under R9-18-401,
  - b. Be employed by the marijuana testing facility, or
  - c. Provide services at or on behalf of the marijuana testing facility, except as provided in subsection (A)(8);
- 10. Provide written notice to the Department, including the date of the event, within 10 working days after the date, when a marijuana facility agent no longer:
  - a. Is employed by the marijuana testing facility, or
  - b. Provides services at or on behalf of the marijuana testing facility;
- 11. Provide written notice to the Department, in a Department-provided format, when an individual is to be added and within 10 working days after an individual is removed as the owner of the marijuana testing facility, as specified according to R9-18-401(A)(2), including the following:
  - a. The legal name of the marijuana testing facility;
  - b. The license number of the marijuana testing facility;
  - c. Whether the marijuana testing facility is adding or removing an individual as the owner;
  - d. The effective date of the addition or removal;

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- e. If removing an individual as the owner, the name of the individual;
  - f. If an individual is to be added as the owner:
    - i. The name of the individual, and
    - ii. The individual's license number on the individual's marijuana facility agent license;
  - g. For an individual to be added as the owner, an attestation, in a Department-provided format, signed and dated by the individual that the individual:
    - i. Does not have an excluded felony offense, as defined in A.R.S. § 36-2801;
    - ii. Does not have a direct or indirect familial or financial relationship with a marijuana establishment or a dispensary with a dispensary registration certificate issued under 9 A.A.C. 17; and
    - iii. Has not had an ownership interest in a marijuana business, licensed in Arizona or any other state, that had the license to operate the marijuana business revoked;
  - h. An attestation that the information provided to the Department as part of the notification is true and correct;
  - i. An attestation that the notification is authorized by the marijuana testing facility; and
  - j. The signatures of both the owner being added and the owner being removed, and the date signed; and
12. Unless otherwise specified, maintain copies of any documentation required in this Chapter for at least two years after the date on the documentation and provide copies of the documentation to the Department for review upon request.

- B.** If the Department receives the notification in subsection (A)(11) that an individual is to be added or removed as the owner of a the marijuana testing facility, according to R9-18-401(A)(2), the Department shall review the information provided with the notification and, within 15 working days, notify the marijuana testing facility that:
- 1. The Department's records have been updated to reflect the change; or
  - 2. Either:
    - a. The Department needs additional information or documentation before the Department's records can be changed:
      - i. Specifying the additional information or documentation; and
      - ii. Stating that, if the requested information or documentation is not received within 15 working days after the notification in subsection (B)(2)(a), no changes would be made to the Department's records and no further action would be taken based on the notification in subsection (A)(11); or
    - b. The individual does not meet requirements in A.R.S. Title 36, Chapter 28.2, or this Chapter, specifying the applicable requirements.

**Historical Note**

New Section made by exempt rulemaking at 27 A.A.R. 696, effective May 1, 2021 (Supp. 21-2). Amended by exempt rulemaking at 29 A.A.R. 2453 (October 13, 2023), effective October 1, 2023 (Supp. 23-3). Amended by exempt rulemaking at 31 A.A.R. 4620 (December 19, 2025), effective July 1, 2026 (Supp. 25-4).

**R9-18-406. Compliance Monitoring**

- A.** Submission of an application for a marijuana testing facility license constitutes permission for:
- 1. The Department's entry to and inspection of the marijuana testing facility, and
  - 2. The Department to conduct proficiency testing according to R9-18-407.
- B.** The Department shall conduct:
- 1. Except for a marijuana testing facility licensed pursuant to R9-18-402(B), an initial marijuana testing facility inspection; and
  - 2. A follow-up marijuana testing facility inspection, at least annually.
- C.** The Department shall comply with A.R.S. § 41-1009 in conducting a marijuana testing facility inspection or investigation.
- D.** The Department shall not accept allegations of a marijuana testing facility's noncompliance with A.R.S. Title 36, Chapter 28.2 or this Chapter from an anonymous source.
- E.** If the Department receives an allegation of a marijuana testing facility's noncompliance with A.R.S. Title 36, Chapter 28.2 or this Chapter, the Department may conduct an unannounced inspection of the marijuana testing facility.
- F.** If the Department determines that a marijuana testing facility is not in compliance with the requirements of A.R.S. Title 36, Chapter 28.2, or this Chapter, the Department:
- 1. Shall provide the owner, according to R9-18-401(A), and technical laboratory director with a written notice that includes the specific rule or statute that was violated; and
  - 2. May:
    - a. Take an enforcement action as described in R9-18-415;
    - b. Assess a civil penalty according to A.R.S. §§ 36-2854(B)(2) and 36-2858(B); or
    - c. Require that the technical laboratory director submit to the Department, within 30 calendar days after written notice from the Department, a corrective action plan to address issues of compliance that do not directly affect the health or safety of a consumer or marijuana facility agent that:
      - i. Describes how each identified instance of noncompliance will be corrected and reoccurrence prevented, and
      - ii. Includes a date for correcting each instance of noncompliance that is appropriate to the actions necessary to correct the instance of noncompliance.
- G.** Under A.R.S. § 41-1009(G) and (I), the Department's decision regarding whether a technical laboratory director may submit a corrective action plan on behalf of a marijuana testing facility or whether a deficiency has been corrected or has been corrected within a reasonable period of time is not an appealable agency action as defined by A.R.S. § 41-1092.

**Historical Note**

New Section made by exempt rulemaking at 27 A.A.R. 696, effective May 1, 2021 (Supp. 21-2). Amended by exempt rulemaking at 31 A.A.R. 4620 (December 19, 2025), effective July 1, 2026 (Supp. 25-4).

**R9-18-407. Proficiency Testing; Accuracy Testing**

- A.** At least once in each 12-month period, and more often if requested by the Department, a technical laboratory director shall have at least one marijuana facility agent, selected according to policies and procedures, participate in profi-

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ciency testing provided by the Department or a proficiency testing service that:

1. Includes at least one proficiency testing sample, in a matrix similar to the marijuana or marijuana products accepted for testing, for each parameter and analyte for which the marijuana testing facility has been approved or is requesting approval and for which proficiency testing samples are available;
  2. Demonstrates the marijuana facility agent's competence in testing for the parameter; and
  3. If the marijuana testing facility has been approved or has requested approval to test an analyte by different methods, may use the same proficiency testing sample for each method.
- B.** If a proficiency testing sample is not available for a specific parameter and analyte, a technical laboratory director shall have at least one marijuana facility agent, selected according to policies and procedures, participate in accuracy testing for the parameter.
- C.** A technical laboratory director shall consider that a marijuana facility agent has demonstrated competence in testing for a parameter if testing results reported for the parameter are within acceptance limits established by the Department, according to R9-18-408, or the proficiency testing service, as applicable.
- D.** A technical laboratory director shall ensure that:
1. Each sample for proficiency testing accepted at the marijuana testing facility is analyzed at the marijuana testing facility;
  2. Each sample for accuracy testing is analyzed at the marijuana testing facility;
  3. Each sample for proficiency testing or accuracy testing is tested according to R9-18-408, using the same procedures and techniques employed for routine sample testing;
  4. A proficiency testing service provides the results for each proficiency testing sample directly to the marijuana testing facility and the Department;
  5. If proficiency testing is provided by the Department, the marijuana testing facility submits to the Department payment for the actual costs of the materials for proficiency testing;
  6. If proficiency testing is not provided by the Department, the marijuana testing facility selects a proficiency testing service and contracts with and pays the proficiency testing service directly for proficiency testing; and
  7. For any analyte not within the acceptance limit established by the Department or the proficiency testing service in subsection (D)(6), as applicable:
    - a. A corrective action plan:
      - i. Is submitted to the Department within 10 calendar days after failing to demonstrate competency in proficiency testing or accuracy testing,
      - ii. Describes how each identified instance of failing to demonstrate competency will be corrected, and
      - iii. Includes a date for correcting the failure to demonstrate competency that is appropriate to the actions necessary to correct the instance of noncompliance; and
    - b. If the marijuana testing facility fails to demonstrate competency in proficiency testing or accuracy testing for any analyte twice in a row, the marijuana testing facility does not test for the analyte until the

marijuana testing facility has demonstrated competency in testing for the analyte by repeat proficiency testing or accuracy testing.

- E.** The Department may submit blind proficiency testing samples to a marijuana testing facility at any time during the certification period.

**Historical Note**

New Section made by exempt rulemaking at 27 A.A.R. 696, effective May 1, 2021 (Supp. 21-2). Amended by exempt rulemaking at 29 A.A.R. 2453 (October 13, 2023), effective October 1, 2023 (Supp. 23-3). Amended by exempt rulemaking at 31 A.A.R. 4620 (December 19, 2025), effective July 1, 2026 (Supp. 25-4).

**R9-18-408. Method Criteria and References for Laboratory Analyses**

- A.** In addition to the definitions in A.R.S. § 36-2850 and R9-18-101, the definitions in A.A.C. R9-17-404.03(A) apply in this Section unless otherwise stated.
- B.** A technical laboratory director shall ensure that the marijuana testing facility complies with the requirements in A.A.C. R9-17-404.03(B) through (O) when using chemical analytical methods for any of the analytes in Table 3.1.
- C.** A technical laboratory director may release testing results that are scientifically valid and defensible from analyses using chemical analytical methods, according to R9-18-410(B)(3) and (C), with the following data qualifier notations if:
1. The target analyte detected in the calibration blank required in A.A.C. R9-17-404.03(F)(1)(c) or the method blank specified in A.A.C. R9-17-404.03(K)(1) is at or above the limit of quantitation, but the sample result:
    - a. For potency testing, is below the limit of quantitation – B1; or
    - b. When testing for pesticides, fungicides, growth regulators, mycotoxins, heavy metals, or residual solvents, is below the maximum allowable concentration in Table 3.1 for the analyte – B2;
  2. The limit of quantitation and the sample results were adjusted to reflect sample dilution - D1;
  3. The relative intensity of a characteristic ion in a sample analyte exceeded the acceptance criteria in A.A.C. R9-17-404.03(L)(1) with respect to the reference spectra, indicating interference – I1;
  4. When testing for pesticides, fungicides, growth regulators, mycotoxins, heavy metals, or residual solvents, the percent recovery of a laboratory control sample is greater than the acceptance limits in A.A.C. R9-17-404.03(K)(2)(d), but the sample's target analytes were not detected above the maximum allowable concentrations in Table 3.1 for the analytes in the sample – L1;
  5. The recovery from the matrix spike in A.A.C. R9-17-404.03(K)(4) was:
    - a. High, but the recovery from the laboratory control sample in A.A.C. R9-17-404.03(K)(2) was within acceptance criteria – M1,
    - b. Low, but the recovery from the laboratory control sample in A.A.C. R9-17-404.03(K)(2) was within acceptance criteria – M2, or
    - c. Unusable because the analyte concentration was disproportionate to the spike level, but the recovery from the laboratory control sample in A.A.C. R9-17-404.03(K)(2) was within acceptance criteria – M3;
  6. The analysis of a spiked sample required a dilution such that the spike recovery calculation does not provide use-

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- ful information, but the recovery from the associated laboratory control sample in A.A.C. R9-17-404.03(K)(2) was within acceptance criteria – M4;
7. The analyte concentration was determined by the method of standard addition, in which the standard is added directly to the aliquots of the analyzed sample – M5;
  8. A description of the variance is described in the final report of testing according to R9-18-410(B)(3) and (C) – N1;
  9. The relative percent difference for the laboratory control sample and duplicate exceeded the limit in A.A.C. R9-17-404.03(K)(3), but the recovery in A.A.C. R9-17-404.03(K)(2)(d) was within acceptance criteria – R1;
  10. The relative percent difference for a sample and duplicate exceeded the limit in A.A.C. R9-17-404.03(O) – R2; or
  11. The recovery from continuing initial calibration verification standards or continuing calibration verification standards is greater than the acceptance limits in A.A.C. R9-17-404.03(H)(2) or (J)(1)(b) as applicable, but the sample's target analytes were not detected above the maximum allowable concentrations in Table 3.1 for the analytes in the sample – V1.
- D.** A technical laboratory director shall include in the final report of testing from analyses using chemical analytical methods, according to R9-18-410(B)(3) and (C), the following data qualifier notations if:
1. Sample integrity was not maintained – Q1;
  2. The sample is heterogeneous, and sample homogeneity could not be readily achieved using routine laboratory practices – Q2; or
  3. Testing result is for informational purposes only and cannot be used to satisfy marijuana establishment testing requirements in R9-18-311(A) or labeling requirements in R9-18-310 – Q3.
- E.** For batch analysis of samples to determine potency, a technical laboratory director may check precision by using either a duplicate laboratory control sample or a duplicate sample prepared from the marijuana or marijuana product being tested, according to requirements in A.A.C. R9-17-404.03(K)(2) and (3).
- F.** A technical laboratory director shall ensure that the reporting units for:
1. Pesticides, fungicides, growth regulators, heavy metals, or residual solvents is in parts per million (ppm);
  2. Mycotoxins are according to A.A.C. R9-17-404.04(I)(4); and
  3. Potency are:
    - a. In either:
      - i. Percent (w/w) relative to the bulk plant material or marijuana product, as applicable; or
      - ii. Number of milligrams per designated unit; and
    - b. For:
      - i. Total tetrahydrocannabinol, the sum of:
        - (1) Tetrahydrocannabinolic acid (THC-A), multiplied by 0.877;
        - (2) Delta-8-tetrahydrocannabinol ( $\Delta$ 8-THC);
        - (3) Delta-9-tetrahydrocannabinol ( $\Delta$ 9-THC), and
        - (4) Delta-10-tetrahydrocannabinol ( $\Delta$ 10-THC); and
      - ii. Total cannabidiol, the sum of cannabidiolic acid (CBD-A), multiplied by 0.877, and cannabidiol (CBD).
- G.** A technical laboratory director shall ensure that:
1. For samples that do not meet the requirements in Table 3.1, a log is maintained identifying the samples, and
  2. A sample is only retested at the initial laboratory:
    - a. When quality control standards have failed; or
    - b. For a sample tested using a method, developed by an instrument manufacturer, that meets the criteria in A.A.C. R9-17-404.03(B)(2), when recommended by the instrument manufacturer.
- H.** To perform testing for the microbial contaminants in Table 3.1, a marijuana testing facility shall:
1. Use an applicable method described in A.A.C. R9-17-404.04(A)(1) and validated according to A.A.C. R9-17-404.04(A)(2), and
  2. Comply with A.A.C. R9-17-404.04(A)(3) and (4), as applicable.
- I.** A technical laboratory director shall ensure that the marijuana testing facility complies with the requirements in A.A.C. R9-17-404.04(B) through (G) when performing testing for the microbial contaminants in Table 3.1.
- J.** A technical laboratory director shall include in the final report of testing for the microbial contaminants in Table 3.1, according to R9-18-410(B)(3) and (C), the following data qualifier notations if:
1. The limit of quantitation and the sample results were adjusted to reflect sample dilution - D1;
  2. A description of the variance is described in the final report of testing according to A.A.C. R9-18-410(B)(3) and (C) – N1;
  3. Sample integrity was not maintained – Q1;
  4. The sample is heterogeneous, and sample homogeneity could not be readily achieved using routine laboratory practices – Q2; or
  5. Testing result is for informational purposes only and cannot be used to satisfy marijuana establishment testing requirements R9-18-311(A) or labeling requirements in R9-18-310 – Q3.
- K.** A technical laboratory director shall ensure that:
1. The reporting units for *Escherichia coli* are colony forming units per gram (CFU/g);
  2. Reporting for *Salmonella* is “Detected” or “Not detected” in one gram;
  3. Reporting for *Aspergillus* is “Detected” or “Not detected” in one gram; and
  4. Reporting for mycotoxins includes:
    - a. Total aflatoxins in units of micrograms per kilogram ( $\mu$ g/kg), and
    - b. Ochratoxin A in units of micrograms per kilogram ( $\mu$ g/kg).

**Historical Note**

New Section made by exempt rulemaking at 27 A.A.R. 696, effective May 1, 2021 (Supp. 21-2). Amended by exempt rulemaking at 29 A.A.R. 2453 (October 13, 2023), effective October 1, 2023 (Supp. 23-3). Amended by exempt rulemaking at 30 A.A.R. 3451 (November 15, 2024), with a delayed effective date of November 1, 2024; filed October 25, 2024 (Supp. 24-4). Amended by exempt rulemaking at 31 A.A.R. 4620 (December 19, 2025), effective July 1, 2026 (Supp. 25-4).

**R9-18-409. Quality Assurance**

- A.** An owner of a marijuana testing facility or applicant shall ensure that the analytical data produced at the owner's or applicant's marijuana testing facility are of known and acceptable precision and accuracy, as prescribed by the method crite-

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ria for each analyte in R9-18-408, and are scientifically valid and defensible.

**B.** An owner of a marijuana testing facility or applicant shall establish, implement, and comply with a written quality assurance plan that contains the following and is available at the marijuana testing facility for Department review:

1. A title page identifying the marijuana testing facility and date of review and including the technical laboratory director's signature of approval;
2. A table of contents;
3. An organization chart or list of the marijuana testing facility personnel, including names, lines of authority, and identification of principal quality assurance personnel;
4. A copy of the current marijuana testing facility license and a list of approved parameters;
5. A statement of quality assurance objectives, including data quality objectives with precision and accuracy goals and the criteria for determining the acceptability of each testing;
6. Specifications for the preservation of samples;
7. A procedure for documenting receipt of samples by the marijuana testing facility and tracking of samples during testing;
8. A procedure for analytical instrument calibration, including frequency of calibration and complying with the requirements for calibration in subsection (D);
9. A procedure for testing data reduction and validation and reporting of final results, including the identification and treatment of data outliers, the determination of the accuracy of data transcription, and all calculations;
10. If using control limits derived by the marijuana testing facility as a basis for determining acceptance of a testing result, a procedure to ensure that the control limits are:
  - a. Statistically significant, valid, and defensible; and
  - b. Updated at least every 12 months;
11. A statement of the frequency of all quality control checks;
12. A statement of the acceptance criteria for all quality control checks;
13. Preventive maintenance procedures and schedules;
14. Assessment procedures for data acceptability, including appropriate procedures for manual integration of chromatograms and when manual integration is inappropriate;
15. Corrective action procedures to be taken when results from analytical quality control checks are unacceptable, including steps to demonstrate the presence of any interference if the precision, accuracy, or limit of quantitation of the reported testing result is affected by the interference; and
16. Procedures for chain-of-custody documentation, including procedures for the documentation and reporting of any deviation from the sample handling or preservation requirements.

**C.** An owner of a marijuana testing facility or applicant shall ensure that the written quality assurance plan is a separate document available at the marijuana testing facility and includes all of the components required in subsection (B), but an owner or applicant may satisfy the components required in subsections (B)(3) through (16) through incorporating by reference provisions in separate documents, such as standard operating procedures.

**D.** An owner of a marijuana testing facility or applicant shall:

1. Have available at the marijuana testing facility all methods, equipment, reagents, and supplies necessary for the testing for which the owner or applicant is approved or is requesting approval;
  2. Use only reagents of a grade equal to or greater than that required by the applicable method criteria in R9-18-408, and document the use of the reagents;
  3. Maintain and require each marijuana facility agent performing testing on marijuana or a marijuana product to comply with a complete and current standard operating procedure that meets the requirements for each method, as specified in R9-18-408, which shall include at least:
    - a. A description of all procedures to be followed, including the recording of the information required according to R9-18-410(B)(1)(h) and (l), when the method is performed;
    - b. A list of the concentrations for calibration standards, check standards, and spikes;
    - c. Requirements for instrumental conditions and set up;
    - d. A requirement for frequency of calibration;
    - e. The quantitative methods to be used to calculate the final concentration of an analyte in samples, including any factors used in the calculations and the calibration algorithm used; and
    - f. Requirements for preventative maintenance;
  4. Calibrate each instrument as required by the standard operating procedure, as specified in R9-18-408, for which the equipment is used;
  5. Maintain calibration documentation, including documentation that demonstrates the calculations performed using each calibration model;
  6. Develop, document, and maintain a current limit of quantitation, as specified in R9-18-408, for each compliance parameter for each instrument;
  7. For each parameter and analyte tested at the marijuana testing facility, use the quality control acceptance criteria specified according to R9-18-408 and Table 3.1;
  8. Discard or segregate all expired standards or reagents;
  9. Maintain a record showing the traceability of reagents; and
  10. Ensure that a calibration model is not used or changed to avoid necessary instrument maintenance.
- E.** Except as provided in subsection (F), an owner of a marijuana testing facility or applicant shall ensure that each standard operating procedure is a separate document available at the marijuana testing facility and includes all of the components required in subsection (D)(3).
- F.** An owner of a marijuana testing facility or applicant may satisfy the components required in subsections (D)(3)(e) and (f) through incorporating by reference provisions in separate documents, such as other standard operating procedures.

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New Section made by exempt rulemaking at 27 A.A.R. 696, effective May 1, 2021 (Supp. 21-2). Amended by exempt rulemaking at 29 A.A.R. 2453 (October 13, 2023), effective October 1, 2023 (Supp. 23-3). Amended by exempt rulemaking at 31 A.A.R. 4620 (December 19, 2025), effective July 1, 2026 (Supp. 25-4).

**R9-18-410. Operations**

**A.** A technical laboratory director shall ensure that:

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1. A sample of marijuana or a marijuana product accepted at the technical laboratory director's marijuana testing facility is analyzed:
    - a. Either:
      - i. At the marijuana testing facility with methods approved by the Department; or
      - ii. For testing of parameters or analytes that the marijuana testing facility is not approved by the Department to conduct, at another marijuana testing facility or a laboratory with a laboratory registration certificate issued under 9 A.A.C. 17 with an approval for testing issued by the Department;
    - b. As received; and
    - c. Within 10 calendar days after receipt;
  2. If an instrument or equipment used for testing marijuana or a marijuana product has a mechanism to track any changes made to testing results, the tracking mechanism is installed and activated;
  3. The facility and utilities required to operate equipment and perform testing of marijuana or marijuana products are maintained;
  4. Environmental controls are maintained within the marijuana testing facility to ensure that marijuana testing facility environmental conditions do not affect analytical results beyond quality control limits established for the methods performed at the marijuana testing facility;
  5. Storage, handling, and disposal of hazardous materials at the marijuana testing facility are in accordance with all state and federal regulations;
  6. The marijuana testing facility complies with all applicable federal, state, and local occupational safety and health regulations; and
  7. The following information is maintained for all marijuana facility agents providing supervisory, quality assurance, or analytical functions related to testing of marijuana or a marijuana product:
    - a. A summary of each marijuana facility agent's education and professional experience;
    - b. Documentation of each marijuana facility agent's applicable certifications and specialized training;
    - c. Information related to the marijuana facility agent's license;
    - d. Documentation of each marijuana facility agent's review of the quality assurance plan required under R9-18-409(B) and the methods and standard operating procedures for all testing of marijuana or marijuana products performed by the marijuana facility agent or for which the marijuana testing facility agent has supervisory or quality assurance responsibility;
    - e. Documentation of each marijuana facility agent's completion of training on the use of equipment and of proper laboratory technique, including the name of the marijuana facility agent, the name of the instructor, the duration of the training, and the date of completion of the training;
    - f. Documentation of each marijuana facility agent's completion of training classes, continuing education courses, seminars, and conferences that relate to the testing procedures used by the marijuana facility agent for testing of marijuana or marijuana products;
    - g. Documentation of each marijuana facility agent's completion of initial demonstration of capability, as required according to R9-18-408, for each approved method performed by the marijuana facility agent;
    - h. Documentation of each marijuana facility agent's performance of proficiency testing; and
    - i. Documentation of each marijuana facility agent's completion of training related to instrument calibration that includes:
      - i. Instruction on each calibration model that the marijuana facility agent will use or for which the marijuana facility agent will review data;
      - ii. For each calibration model in subsection (A)(7)(i)(i), description of the specific aspects of the calibration model that might compromise the data quality, such as detector saturation, lack of detector sensitivity, the calibration model's not accurately reflecting the calibration points, inappropriate extension of the calibration range, weighting factors, and dropping of mid-level calibration points without justification; and
      - iii. Instruction that a calibration model shall not be used or changed to avoid necessary instrument maintenance.
- B. A technical laboratory director shall ensure that:**
1. A testing record for marijuana or marijuana products contains:
    - a. Sample information, including the following:
      - i. A unique sample identification assigned at the marijuana testing facility;
      - ii. A description of the marijuana or marijuana product from which the submitted sample was taken, including the net weight in appropriate units, matrix, strain, and batch number;
      - iii. The sample collection date and time;
      - iv. The type of testing to be performed, including whether the testing is to satisfy the requirement in R9-18-311(A) or A.A.C. R9-17-317.01 or for a marijuana establishment's or dispensary's information only;
      - v. The analytes to be tested for, as specified by the marijuana establishment, dispensary, or individual submitting the sample to the marijuana testing facility according to subsection (B)(1)(c); and
      - vi. If the sample was submitted for retesting at the request of a marijuana establishment according to R9-18-311(C) or dispensary according to A.A.C. R9-17-317.01(C), the name and, as applicable, the license number of the marijuana establishment or registry identification number of the dispensary;
    - b. A color picture of the sample as submitted and in the original packaging or container in which the sample was submitted;
    - c. The name and one of the following, as applicable, for the marijuana establishment, dispensary, or individual submitting the sample to the marijuana testing facility:
      - i. The marijuana establishment license number,
      - ii. The registry identification number of the dispensary, or
      - iii. The number on the document used to identify the individual;

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- d. If applicable, name and the marijuana facility agent license number of the marijuana facility agent submitting the sample to the marijuana testing facility on behalf of a marijuana establishment;
  - e. If applicable, name and registry identification number of the dispensary agent submitting the sample to the marijuana testing facility on behalf of a dispensary;
  - f. The date and time of receipt of the sample at the marijuana testing facility;
  - g. The name and registry identification number of the marijuana facility agent who received the sample at the marijuana testing facility;
  - h. The dates and times of testing, including the date and time of each critical step;
  - i. Whether testing results related to a sample were changed;
  - j. If testing results related to a sample were changed, what was changed, the name of the marijuana facility agent who changed the testing results, the time and date the data were changed, and why the testing results were changed;
  - k. If testing results were changed due to retesting:
    - i. What was used or done to the sample, and
    - ii. The original and changed testing results;
  - l. The actual results of testing, including all raw data, work sheets, and calculations performed;
  - m. The actual results of quality control data validating the testing results, including the calibration and calculations performed;
  - n. The name of each marijuana facility agent who performed the testing; and
  - o. A copy of the final report;
2. A testing result for marijuana or a marijuana product that is known to be inaccurate is not reported; and
3. Except as specified in subsection (C) or (D) as applicable, a final report of testing of marijuana or marijuana products contains:
- a. The name, address, and telephone number of the marijuana testing facility;
  - b. The marijuana testing facility license number issued by the Department;
  - c. Actual scientifically valid and defensible results of testing of a sample of marijuana or a marijuana product in appropriate units of measure, obtained in accordance with R9-18-408, and the quality assurance plan;
  - d. As applicable:
    - i. A statement that testing results were obtained according to requirements in the quality assurance plan in R9-18-409(B), in the applicable standard operating procedure, and in R9-18-408;
    - ii. A description of any variances from the requirements in the quality assurance plan in R9-18-409(B), the applicable standard operating procedure, or R9-18-408 made to ensure scientifically valid and defensible testing results, and the reason for the variance; or
    - iii. A qualifier, according to R9-18-408(C), (D), or (J), as applicable, located adjacent to the name of the analyte or testing result to which the qualifier pertains;
  - e. A list of each method used to obtain the reported results;
  - f. As applicable, the limit of quantitation;
  - g. Sample information, including the following:
    - i. The unique sample identification assigned at the marijuana testing facility;
    - ii. A color picture of the sample as submitted and in the original packaging or container in which the sample was submitted;
    - iii. A description of the marijuana or marijuana product from which the submitted sample was taken, including the strain and batch number;
    - iv. The sample collection date and time;
    - v. The name and identifying number recorded for the marijuana establishment, dispensary, or individual submitting the sample to the marijuana testing facility according to subsection (B)(1)(c); and
    - vi. Any changes made to the information recorded according to subsection (B)(1)(a) since sample submission;
  - h. The date of testing for each parameter reported;
  - i. The date of the final report; and
  - j. The technical laboratory director's or designee's signature.
- C. If a sample of marijuana or a marijuana product accepted at a marijuana testing facility is analyzed at another marijuana testing facility or a laboratory with a laboratory registration certificate issued under 9 A.A.C. 17, as allowed according to subsection (A)(1)(a)(ii), a technical laboratory director shall ensure that the final report of testing required in subsection (B)(3) includes a copy of the final report of testing from each marijuana testing facility or laboratory to which the marijuana testing facility accepting the sample from a marijuana establishment sent a portion of the sample for testing of parameters or analytes that the marijuana testing facility is not approved by the Department to conduct.
- D. If a final report of testing issued according to subsection (B)(3) needs to be changed, amended, or reissued, a technical laboratory director shall ensure that a changed, amended, or reissued report of testing is generated by the marijuana testing facility and includes:
- 1. The date of the changed, amended, or reissued report of testing;
  - 2. A statement that the changed, amended, or reissued report is an amendment to the original final report of testing, including any unique number or other designator given by the marijuana testing facility to the original final report of testing;
  - 3. If it is necessary to issue a completely new final report of testing, the information required in subsection (B)(3); and
  - 4. The change to the information provided in the original final report of testing and, where appropriate, the reason for the change, located either:
    - a. Adjacent to the testing result to which the change pertains, or
    - b. On the same page of the final report of testing with an indicator located adjacent to the testing result to which the change pertains.
- E. For a sample of marijuana or a marijuana product accepted at the technical laboratory director's marijuana testing facility, a technical laboratory director shall ensure that the final report of testing in subsection (B)(3):



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1. For a sample received from a marijuana establishment or dispensary, is sent to the marijuana establishment or dispensary within 10 calendar days after receipt of the sample;
  2. For a sample received from a marijuana testing facility according to subsection (A)(1)(a)(ii), is sent to the marijuana testing facility from which the sample was sent within seven calendar days after receipt of the sample;
  3. For a sample received from a marijuana testing facility according to R9-18-311(C) or dispensary according to A.A.C. R9-17-317.09(C), to the marijuana establishment or dispensary within seven calendar days after receipt of the sample; and
  4. For a sample received from an individual as recorded according to subsection (B)(1)(c), is sent to the individual within 10 calendar days after receipt of the sample.
- a. A copy of current accreditation;
  - b. A copy of a proficiency testing report;
  - c. A copy of the standard operating procedure; and
  - d. Documentation of the initial demonstration of capabilities, according to A.A.C. R9-17-404.03(D); and
3. If applicable, any changes to the quality assurance plan in R9-18-409(B) made due to the addition or removal of the parameter.
- C. The Department may conduct an inspection of the marijuana testing facility during the substantive review period for a request to have one or more parameters added to a marijuana testing facility license.
  - D. The Department shall process a request to have one or more parameters added to a marijuana testing facility license as provided in R9-18-103.

**Historical Note**

New Section made by exempt rulemaking at 27 A.A.R. 696, effective May 1, 2021 (Supp. 21-2). Amended by exempt rulemaking at 29 A.A.R. 2453 (October 13, 2023), effective October 1, 2023 (Supp. 23-3). Amended by exempt rulemaking at 31 A.A.R. 4620 (December 19, 2025), effective July 1, 2026 (Supp. 25-4).

**Historical Note**

New Section made by exempt rulemaking at 27 A.A.R. 696, effective May 1, 2021 (Supp. 21-2). Amended by exempt rulemaking at 29 A.A.R. 2453 (October 13, 2023), effective October 1, 2023 (Supp. 23-3). Amended by exempt rulemaking at 31 A.A.R. 4620 (December 19, 2025), effective July 1, 2026 (Supp. 25-4).

**R9-18-411. Adding or Removing Parameters for Testing**

- A. During the term of a marijuana testing facility license, a marijuana testing facility may request to have one or more parameters:
  1. Added to the marijuana testing facility license, or
  2. Removed from the marijuana testing facility license.
- B. To request a change to one or more parameters, an applicant shall submit to the Department:
  1. The following information in a Department-provided format:
    - a. The name, address, and telephone number of the applicant;
    - b. The name, address, and telephone number of the marijuana testing facility for which the change is requested;
    - c. If requesting the removal of a parameter, identification of the parameter to be removed;
    - d. If requesting the addition of a parameter:
      - i. The analyte to be tested for;
      - ii. The instruments and equipment to be used for testing;
      - iii. The software to be used at the marijuana testing facility for instrument control and data reduction interpretation, and
      - iv. The limit of quantitation, if applicable;
    - e. Whether the marijuana testing facility is ready for an inspection by the Department;
    - f. If the marijuana testing facility is not ready for an inspection by the Department, the date the marijuana testing facility will be ready for an inspection by the Department;
    - g. An attestation that the information provided to the Department to apply for the addition of a parameter is true and correct;
    - h. An attestation that the submission is authorized by the marijuana testing facility; and
    - i. The signatures of the owner of the marijuana testing facility, according to R9-18-401(A), and the technical laboratory director and the date each signed;
  2. The following for each parameter requested to be added:

**R9-18-412. Inventory Control System**

- A. A marijuana testing facility shall not accept submissions of marijuana or marijuana products for testing from an individual who or entity that is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1 or Chapter 28.2.
- B. A technical laboratory director shall designate in writing a marijuana facility agent who has oversight of the marijuana testing facility's inventory control system.
- C. A technical laboratory director shall establish and implement an inventory control system for the marijuana testing facility's marijuana and marijuana products that documents:
  1. The following amounts in appropriate units:
    - a. Each day's beginning inventory of marijuana and marijuana products;
    - b. Marijuana and marijuana products accepted for testing, including verifying the amount of each sample of marijuana or marijuana product accepted for testing by measuring:
      - i. The net weight, or
      - ii. The gross weight and subtracting the tare weight of the container to calculate the net weight;
    - c. The portions of a sample of marijuana or a marijuana product removed for testing with the name of the marijuana facility agent removing each portion;
    - d. The amount of a sample, as specified in R9-18-405(A)(5)(e)(v)(1), retained for microbial retesting;
    - e. The amount of a sample, as specified in R9-18-405(A)(5)(e)(v)(2), retained for chemical retesting;
    - f. Marijuana and marijuana products transferred to or from another marijuana testing facility or a laboratory with a laboratory registration certificate issued under 9 A.A.C. 17 for testing of parameters or analytes that the marijuana testing facility or laboratory receiving a sample from a marijuana establishment or dispensary is not approved by the Department to conduct;
    - g. Marijuana and marijuana products transferred to another marijuana testing facility or a laboratory with a laboratory registration certificate issued under 9 A.A.C. 17 at the request of a marijuana establish-

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- ment according to R9-18-311(C) or dispensary according to A.A.C. R9-17-317.09(C);
- h. Marijuana or marijuana products that were disposed of, including verifying that the net weight of marijuana or marijuana product being disposed of is consistent with the net weight accepted for testing minus the amounts used for testing or transferred to another marijuana testing facility or a laboratory with a laboratory registration certificate issued under 9 A.A.C. 17; and
  - i. The day's ending marijuana and marijuana products inventory;
2. The chain of custody for each sample of marijuana or a marijuana product submitted to the marijuana testing facility for testing, including, for every step from receiving the sample, through each phase of testing, to disposal of the remaining sample after completion of testing, and including transport to or from the marijuana testing facility according to R9-18-413:
    - a. The name and license number of the marijuana facility agent associated with the marijuana testing facility who handled the sample;
    - b. The reason the marijuana facility agent specified in subsection (C)(2)(a) had contact with the sample, including, if applicable, the amount of marijuana or marijuana product removed from the sample; and
    - c. The date and time the marijuana facility agent specified in subsection (C)(2)(a) had contact with the sample;
  3. Any damage to a sample's container or possible tampering;
  4. As applicable, for submissions of marijuana and marijuana products for testing:
    - a. The information required in R9-18-410(B)(1)(a);
    - b. The name and the license number or registry identification number of the marijuana establishment, marijuana testing facility, dispensary, laboratory with a laboratory registration certificate issued under 9 A.A.C. 17, qualifying patient, or designated caregiver, as applicable, submitting the sample to the marijuana testing facility;
    - c. If applicable, the name and the license number of the marijuana facility agent or the registry identification number of the dispensary agent or laboratory agent submitting the sample to the marijuana testing facility on behalf of a marijuana establishment, another marijuana testing facility, a dispensary, or a laboratory with a laboratory registration certificate issued under 9 A.A.C. 17;
    - d. The date and time of receipt of the sample at the marijuana testing facility; and
    - e. The name and license number of the marijuana facility agent who received the sample at the marijuana testing facility; and
  5. For disposal of the remaining sample of marijuana or a marijuana product after testing:
    - a. The unique sample identification assigned to the sample of medical marijuana or a marijuana product, according to R9-410(B)(1)(a);
    - b. The laboratory-derived control limits for expected sample loss, by weight for each matrix;
    - c. The net weight of the marijuana or marijuana product being disposed of;
    - d. Date of disposal;
    - e. Method of disposal; and
    - f. Name and marijuana facility agent license number of the marijuana facility agent responsible for the disposal.
- D. The individual designated in subsection (B) shall conduct and document an audit of the marijuana testing facility's inventory that is accounted for at least once every 30 calendar days.
    1. If the audit identifies a reduction in the amount of marijuana or marijuana products in the marijuana testing facility's inventory not due to documented causes, the technical laboratory director shall determine where the loss has occurred and take and document corrective action.
    2. If the reduction in the amount of marijuana or marijuana products in the marijuana testing facility's inventory is due to suspected criminal activity by a marijuana facility agent, the technical laboratory director shall report the marijuana facility agent to the Department and to the local law enforcement authorities and document the report.
  - E. A marijuana testing facility shall:
    1. Maintain the documentation required in subsections (C) and (D) at the marijuana testing facility for at least five years after the date on the document, and
    2. Provide the documentation required in subsections (C) and (D) to the Department for review upon request.

**Historical Note**

New Section made by exempt rulemaking at 27 A.A.R. 696, effective May 1, 2021 (Supp. 21-2). Amended by exempt rulemaking at 29 A.A.R. 2453 (October 13, 2023), effective October 1, 2023 (Supp. 23-3). Amended by exempt rulemaking at 31 A.A.R. 4620 (December 19, 2025), effective July 1, 2026 (Supp. 25-4).

**R9-18-413. Security**

- A. Except as provided in R9-18-405(8), a marijuana testing facility shall ensure that access to the area of the marijuana testing facility where marijuana or marijuana products are being tested, transported, or stored for testing is limited to a marijuana testing facility's authorized marijuana facility agents.
- B. A marijuana facility agent associated with a marijuana testing facility may only transport marijuana or marijuana products submitted for testing:
  1. From a marijuana establishment or a dispensary to the marijuana testing facility with which the marijuana facility agent is associated, or
  2. Between the marijuana testing facility with which the marijuana facility agent is associated and another marijuana testing facility or a laboratory with a laboratory registration certificate issued under 9 A.A.C. 17.
- C. Before transportation to a marijuana testing facility or laboratory with a laboratory registration certificate issued under 9 A.A.C. 17, a marijuana facility agent associated with a marijuana testing facility shall:
  1. Complete a trip plan that includes:
    - a. The name and license number of the marijuana facility agent in charge of transporting the marijuana or marijuana products;
    - b. The date and start time of the trip;
    - c. A description of the marijuana or marijuana products being transported, including the net weight of each sample submitted for testing;

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- d. Any anticipated stops during the trip, including the locations of the stops and arrival time and departure time for each location; and
  - e. The anticipated route of transportation; and
- 2. Provide a copy of the trip plan in subsection (C)(1) to the marijuana testing facility with which the marijuana facility agent is associated.
- D.** During transportation to a marijuana testing facility or laboratory with a laboratory registration certificate issued under 9 A.A.C. 17, a marijuana facility agent associated with a marijuana testing facility shall:
  - 1. Carry a copy of the trip plan in subsection (C)(1) with the marijuana facility agent for the duration of the trip;
  - 2. Use a vehicle that has a current registration with the Arizona Department of Motor Vehicles, issued according to A.R.S. Title 28, Chapter 7, Article 2:
    - a. Without any marijuana identification;
    - b. Equipped with a global positioning system or other means of tracking the location of the vehicle at any point in time;
    - c. Capable of providing electronic information about where the vehicle has been during at least the previous 90 calendar days;
    - d. With an operational video surveillance system and recording equipment that:
      - i. Shows the interior of the vehicle, including the driver's seat and location of the marijuana, marijuana plants, or marijuana products being transported;
      - ii. Is turned on for the duration of a trip while marijuana or a marijuana product is in the vehicle; and
      - iii. Either stores the recording for at least 30 calendar days or transmits the recorded images at the time of recording to another location, where the recorded images are stored for at least 30 calendar days; and
    - e. With a locked compartment, attached or affixed to the vehicle, in which any marijuana or marijuana products being transported may be stored during a trip;
  - 3. Have a means of communication with the marijuana testing facility;
  - 4. Notate the arrival and departure time for each stop; and
  - 5. Ensure that the marijuana or marijuana products are stored in the locked compartment specified in subsection (D)(2)(e) and are not visible.
- E.** If transporting marijuana or a marijuana product from the marijuana testing facility with which a marijuana facility agent is associated to another marijuana testing facility or to a laboratory with a laboratory registration certificate issued under 9 A.A.C. 17 for testing for analytes for which the marijuana testing facility is not approved or for retesting under R9-18-311(C) or A.A.C. R9-17-317.01(C), the marijuana facility agent shall provide a copy of the trip plan in subsection (C)(1) to the other marijuana testing facility or the laboratory.
- F.** After transportation, a marijuana facility agent associated with a marijuana testing facility shall:
  - 1. Enter the end time of the trip and any changes to the trip plan on the trip plan required in subsection (C)(1), and
  - 2. Ensure that the updated trip plan is provided to the marijuana testing facility with which the marijuana facility agent is associated.
- G.** If a marijuana facility agent associated with a marijuana establishment transports marijuana or a marijuana product to a marijuana testing facility for testing, the marijuana testing facility shall require that a copy of the trip plan be provided by the marijuana establishment before accepting the marijuana or marijuana product for testing.
- H.** A marijuana testing facility shall:
  - 1. Maintain the documents required in subsections (C)(2), (F), and (G); and
  - 2. Provide a copy of the documents required in subsections (C)(2), (F), and (G) to the Department for review upon request.
- I.** To prevent unauthorized access to marijuana or marijuana products at the marijuana testing facility for testing, the marijuana testing facility shall have the following:
  - 1. Security equipment to deter and prevent unauthorized entrance into limited access areas that include:
    - a. Devices or a series of devices to detect unauthorized intrusion, which may include a signal system interconnected with a radio frequency method, such as cellular, private radio signals, or other mechanical or electronic device;
    - b. Exterior lighting to facilitate surveillance;
    - c. Electronic monitoring including:
      - i. At least one 19-inch or greater call-up monitor;
      - ii. A printer capable of immediately producing a clear still photo from any video camera image;
      - iii. Video cameras in locations specified according to subsection (I)(1)(d) with a recording resolution of at least 704 x 480 or the equivalent;
      - vi. Storage of video recordings from the video cameras for at least 30 calendar days;
      - v. A failure notification system that provides an audible and visual notification of any failure in the electronic monitoring system; and
      - vi. Sufficient battery backup for video cameras and recording equipment to support at least five minutes of recording in the event of a power outage;
  - d. Video cameras located and with the capabilities as follows:
    - i. Video cameras providing coverage of all entrances to and exits from a building, capable of detecting any activity occurring in, or adjacent to the outside perimeter of, the building;
    - ii. Video cameras providing coverage of all entrances to and exits from limited access areas; and
    - iii. Video cameras providing coverage of activity in all limited access areas of the marijuana testing facility where marijuana or marijuana products are being tested or stored for testing, including, as applicable, limited access areas maintained in low light or unlit conditions; and
  - e. Panic buttons in the interior of each building; and
- 2. Policies and procedures that:
  - a. Specify limited access areas and restrict access to the areas of the marijuana testing facility that contain marijuana or marijuana products and, if applicable, to authorized individuals only;
  - b. Provide for the identification of authorized individuals; and
  - c. Prevent loitering.

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**Historical Note**

New Section made by exempt rulemaking at 27 A.A.R. 696, effective May 1, 2021 (Supp. 21-2). Amended by exempt rulemaking at 29 A.A.R. 2453 (October 13, 2023), effective October 1, 2023 (Supp. 23-3). Amended by exempt rulemaking at 31 A.A.R. 4620 (December 19, 2025), effective July 1, 2026 (Supp. 25-4).

**R9-18-414. Physical Plant**

- A.** A marijuana testing facility shall ensure that designated storage areas for marijuana or marijuana products or materials used in direct contact with marijuana or marijuana products are:
1. Separate from storage areas for toxic or flammable materials; and
  2. Maintained in a manner to prevent:
    - a. Microbial contamination and proliferation, and
    - b. Contamination or infestation by insects or rodents.
- B.** A marijuana testing facility shall ensure that:
1. Storage areas are designated for:
    - a. Marijuana and marijuana products awaiting testing;
    - b. Reagents, standards, and other testing related chemicals or materials; and
    - c. The remaining portions of tested marijuana and marijuana products retained according to R9-18-405(5)(c)(vi);
  2. Designated storage areas are monitored to ensure that a:
    - a. Room temperature storage area is maintained between 20°C and 28°C,
    - b. Refrigerated storage area is maintained between 2°C and 8°C, and
    - c. Freezer storage area is maintained at or less than -20°C;
  3. A storage area for the storage of marijuana or marijuana product awaiting testing is labelled to indicate the temperature range and types of marijuana or marijuana products to be stored in the storage area;
  4. Marijuana or a marijuana product awaiting testing is stored at an appropriate temperature, as specified on the packaged sample;
  5. Reagents, standards, and other testing related chemicals or materials are stored according to manufacturer's directions; and
  6. The remaining portions of tested marijuana and marijuana products are stored in a refrigerated storage area or a freezer storage area to reduce microbial proliferation.
- C.** A marijuana testing facility shall ensure that a designated area for testing marijuana or a marijuana product for microbial contaminants is maintained in a manner to prevent exposure of the marijuana or marijuana product to external microbial contaminants.
- D.** A marijuana testing facility shall ensure that a designated area for testing marijuana or a marijuana product for pesticides, fungicides, mycotoxins, growth regulators, heavy metals, or residual solvents is maintained in a manner to prevent exposure of the marijuana or marijuana product to external contamination.

**Historical Note**

New Section made by exempt rulemaking at 27 A.A.R. 696, effective May 1, 2021 (Supp. 21-2). Amended by exempt rulemaking at 29 A.A.R. 2453 (October 13, 2023), effective October 1, 2023 (Supp. 23-3). Amended by exempt rulemaking at 31 A.A.R. 4620 (December 19, 2025), effective July 1, 2026 (Supp. 25-4).

**R9-18-415. Denial, Suspension, or Revocation of a Marijuana Testing Facility License**

- A.** The Department shall deny an application for or renewal of a marijuana testing facility license if:
1. An owner:
    - a. Has been convicted of an excluded felony offense, or
    - b. Is under 21 years of age; or
  2. The application or the marijuana testing facility does not comply with the requirements in A.R.S. Title 36, Chapter 28.2 and this Chapter.
- B.** The Department may deny an application for or renewal of a marijuana testing facility license if an owner of the marijuana testing facility:
1. Has had an ownership interest in a marijuana business, licensed in Arizona or any other state, that had the license to operate the marijuana business revoked; or
  2. Provides false or misleading information to the Department.
- C.** The Department may deny an application for approval of a parameter for testing, submitted according to R9-18-403 or R9-18-411, if the applicant does not demonstrate compliance with the requirements of this Article related to the parameter or testing of an analyte.
- D.** The Department may suspend or revoke a marijuana testing facility license if:
1. The marijuana testing facility:
    - a. Provides false or misleading information to the Department;
    - b. Begins testing marijuana to satisfy requirements in R9-18-311 before obtaining approval for testing from the Department;
    - c. Diverts marijuana to an individual who or entity that is not allowed to possess marijuana, pursuant to A.R.S. Title 36, Chapter 28.1 or 28.2;
    - d. Acquires marijuana from an individual who or entity that is not allowed to possess marijuana, pursuant to A.R.S. Title 36, Chapter 28.1 or 28.2; or
    - e. Provides testing to a marijuana establishment or a dispensary with a dispensary registration certificate issued under 9 A.A.C. 17 with which the marijuana testing facility has a direct or indirect financial or familial relationship;
  2. An owner:
    - a. Has been convicted of an excluded felony offense,
    - b. Provides false or misleading information to the Department, or
    - c. Has a direct or indirect familial or financial relationship with a marijuana establishment, a dispensary with a dispensary registration certificate issued under 9 A.A.C. 17, or a related marijuana business entity or management company for which the marijuana testing facility performs testing or provides testing results under this Chapter;
  3. A marijuana facility agent associated with the marijuana testing facility has a direct or indirect financial or familial relationship with a marijuana establishment, a dispensary with a dispensary registration certificate issued under 9 A.A.C. 17, or a related marijuana business entity or management company for which the marijuana testing facility performs testing or provides testing results under this Chapter; or
  4. The marijuana testing facility does not:
    - a. Comply with:

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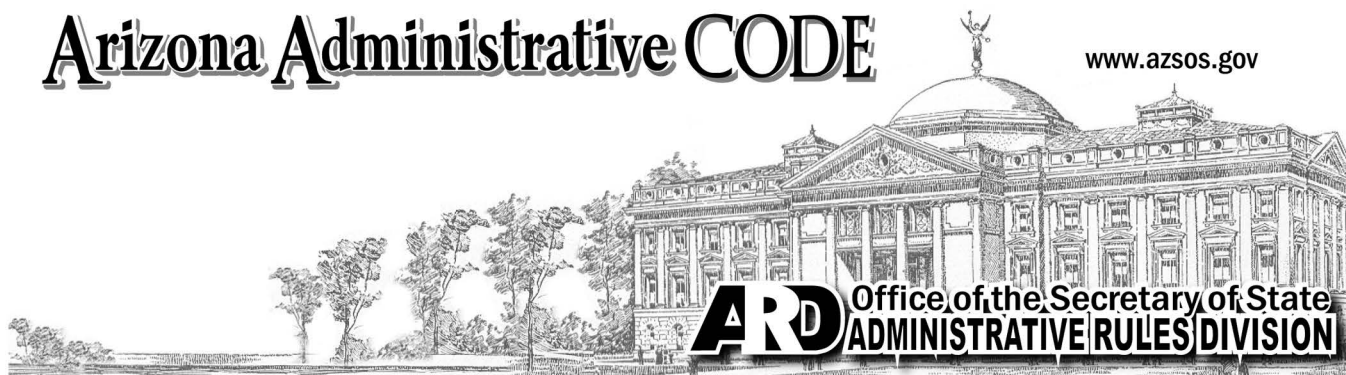
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- i. The requirements in A.R.S. Title 36, Chapter 28.2, and this Chapter; or
    - ii. The provisions in a corrective action plan submitted according to R9-18-406(F)(6)(b); or
  - b. Implement the policies and procedures or comply with the statements provided to the Department with the marijuana testing facility's application.
- E.** The Department may revoke a marijuana testing facility's approval of a parameter for testing if the marijuana testing facility does not continue to demonstrate compliance with the requirements of this Article related to the parameter or testing of an analyte.
- F.** If the Department denies a marijuana testing facility license application, the Department shall provide notice to the applicant that includes:
- 1. The specific reason or reasons for the denial, and
  - 2. All other information required by A.R.S. § 41-1076.
- G.** If the Department suspends or revokes a marijuana testing facility license, the Department shall provide notice to the marijuana testing facility that includes:
- 1. The specific reason or reasons for the revocation; and
  - 2. The process for requesting a review of the Department's decision pursuant to A.R.S. Title 41, Chapter 6, Article 10.

**Historical Note**

New Section made by exempt rulemaking at 27 A.A.R. 696, effective May 1, 2021 (Supp. 21-2). Amended by exempt rulemaking at 29 A.A.R. 2453 (October 13, 2023), effective October 1, 2023 (Supp. 23-3). Amended by exempt rulemaking at 31 A.A.R. 4620 (December 19, 2025), effective July 1, 2026 (Supp. 25-4).

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### CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM - ADMINISTRATION

#### 9 A.A.C. 22

#### Supplement Information

#### Supp. 25-4

Rules codified between October 1, 2025 through December 31, 2025 are underlined in this Chapter's table of contents.

#### For questions, contact:

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**The release of this Chapter in Supp. 25-4 replaces Supp. 25-3, 1-165 pages.**

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

## PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “*Rule*’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

### THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

### HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at [www.azsos.gov/rules](http://www.azsos.gov/rules), click on the *Administrative Register* link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

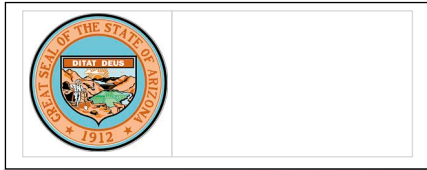
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*Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.*

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## Administrative Rules Division

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## TITLE 9. HEALTH SERVICES

## CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM - ADMINISTRATION

Authority: A.R.S. § 36-2901 et seq.

## Supp. 25-4

*Editor's Note: Historical notes for Sections made, repealed or amended in Supp. 14-1 were updated to reflect the effective date as immediate per the original notice filed by the agency. A number of other publication errors have been corrected in Supplement 20-4 that should have been made in Supp. 14-1. These include: adding new Sections R9-22-301 and R9-22-302; correcting a punctuation error in R9-22-1401; repealing Sections R9-22-1407 and R9-22-1443; and the amending of R9-22-1501 (Supp. 20-4).*

*Editor's Note: The Office of the Secretary of State prints all Code Chapters on white paper (Supp 01-3).*

*Editor's Note: This Chapter contains rules which were adopted or amended under an exemption from the Arizona Administrative Procedure Act (A.R.S. Title 41, Chapter 6), under Laws 1992, Ch. 301, § 61 and Ch. 302, § 13, and Laws 1993, Ch. 6, § 34. Exemption from A.R.S. Title 41, Chapter 6 means that AHCCCS did not submit notice of this rulemaking to the Secretary of State's Office for publication in the Arizona Administrative Register; the Governor's Regulatory Review Council did not review these rules; AHCCCS was not required to hold public hearings on these rules; and the Attorney General did not certify these rules. Because this Chapter contains rules which are exempt from the regular rulemaking process, the Chapter is printed on blue paper.*

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*Article 22, consisting of Sections R9-22-901 through R9-22-908, adopted effective August 29, 1985.*

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*Article 10, consisting of Section R9-22-1001 through R9-22-1002, repealed effective November 7, 1997 (Supp. 97-4).*

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*Article 13, consisting of Sections R9-22-1301 through R9-22-1306, made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3).*

*Article 13, consisting of Sections R9-22-1301 through R9-22-1306, made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Exemption to promulgate rules repealed under Laws 2012, Chapter 299, Section 7 (Supp. 13-3).*

*Article 13, consisting of Sections R9-22-1301 through R9-22-1309, repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004. The subject matter of Article 13 is now in 9 A.A.C. 34 (Supp. 04-1).*

*Article 13, consisting of Sections R9-22-1301 through R9-22-*

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1309, adopted effective September 9, 1998 (Supp. 98-3).

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Article 14, consisting of Sections R9-22-1401 through R9-22-1436, repealed; new Article 14, consisting of Sections R9-22-1401 through R9-22-1433 made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

Article 14, consisting of Sections R9-22-1401 through R9-22-1436, adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

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Article 15, consisting of Sections R9-22-1501 through R9-22-1508, repealed; new Article 15, consisting of Sections R9-22-1501 through R9-22-1505 made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

Article 15, consisting of Sections R9-22-1501 through R9-22-1508, adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

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Article 16, consisting of Section R9-22-1601 made by final rulemaking at 20 A.A.R. 3436, effective January 1, 2015 (Supp. 14-4).

Article 16, consisting of Sections R9-22-1601 through R9-22-1612, R9-22-1614 through R9-22-1616, and R9-22-1618 through R9-22-1619, expired at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

Article 16, consisting of Sections R9-22-1601 through R9-22-1636, repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

Article 16, consisting of Sections R9-22-1601 through R9-22-1613, R9-22-1615 through R9-22-1620, R9-22-1622 through R9-22-1631, R9-22-1633, R9-22-1634, and R9-22-1636, adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

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*New Article 18, consisting of Sections R9-22-1801 through R9-22-1806, made by final rulemaking at 30 A.A.R. 1977 (May 31, 2024), effective June 26, 2024. AHCCCS was granted an earlier effective date one day before the renewed emergency was due to expire to maintain continuity of administering this Article (Supp. 24-2).*

*Article 18, consisting of Sections R9-22-1801 through R9-22-1806, emergency renewed at 30 A.A.R. 69 (January 12, 2024) with an immediate effective date of December 21, 2023 (Supp. 23-4).*

*Article 18, consisting of Sections R9-22-1801 through R9-22-1806, made by emergency rulemaking at 29 A.A.R. 1577 (July 14, 2023), with an immediate effective date of July 3, 2023 (Supp. 23-3).*

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**R9-22-101. Location of Definitions**

- A. Location of definitions. Definitions applicable to this Chapter are found in the following:

Definition	Section or Citation
"Accommodation"	R9-22-701
"Active treatment"	R9-22-1301
"ADHS"	R9-22-101
"Administration"	A.R.S. § 36-2901
"Adult behavioral health therapeutic home"	9 A.A.C. 10, Article 1
"Adverse action"	R9-22-101
"Affiliated corporate organization"	R9-22-101
"Aged"	42 U.S.C. 1382c(a)(1)(A) and R9-22-1501
"Agency"	R9-22-1201
"Aggregate"	R9-22-701
"AHCCCS"	R9-22-101
"AHCCCS inpatient hospital day or days of care"	R9-22-701
"AHCCCS registered provider"	R9-22-101
"Ambulance"	A.R.S. § 36-2201
"Ancillary service"	R9-22-101
"Anticipatory guidance"	R9-22-201
"Annual enrollment choice"	R9-22-1701
"APC"	R9-22-701
"Applicant"	R9-22-101 or R9-22-301
"Application"	R9-22-101
"Assessment"	R9-22-1101 or R9-22-1201
"Assignment"	R9-22-101
"Attending physician"	R9-22-101 or R9-22-202
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"Cash assistance"	R9-22-1401
"Certified psychiatric nurse practitioner"	R9-22-1201
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"Child"	R9-22-1503
"Children's Rehabilitative Services" or "CRS"	R9-22-101 or R9-22-301
"Chronic"	R9-22-1301
"Claim"	R9-22-1101
"Claims paid amount"	R9-22-712.07
"Clean claim"	A.R.S. § 36-2904
"Clinical oversight"	9 A.A.C. 10
"CMDP"	R9-22-1701
"CMS"	R9-22-101
"Continuous stay"	R9-22-101
"Contract"	R9-22-101
"Contract year"	R9-22-101
"Contractor"	A.R.S. § 36-2901 or R9-22-210.01

"Copayment"	R9-22-701
"Cost avoid"	R9-22-1201
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"Court-ordered evaluation"	R9-22-1201
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"Covered charges"	R9-22-701
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"Enrollment"	R9-22-1701
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"FAA"	R9-22-301
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"FBR"	R9-22-101
"Federal financial participation" or "FFP"	42 CFR 400.203
"Federal poverty level" or "FPL"	A.R.S. § 36-2981
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"FESP"	R9-22-101
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"HCPCS"	R9-22-701	"Physical therapy"	R9-22-201
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"Health care practitioner"	R9-22-1201	"Physician assistant"	R9-22-1201
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"NICU"	R9-22-701	"Scope of services"	R9-22-201
"Noncontracted Hospital"	R9-22-718	"Section 1115 Waiver"	A.R.S. § 36-2901
"Noncontracting provider"	A.R.S. § 36-2901	"Service location"	R9-22-101
"Non-FES member"	R9-22-101	"Service site"	R9-22-101
"Non-IHS Acute Hospital"	R9-22-701	"SOBRA"	R9-22-101
"Nursing facility" or "NF"	42 U.S.C. 1396r(a)	"Specialist"	R9-22-101
"Observation day"	R9-22-701	"Specialty facility"	R9-22-701
"Occupational therapy"	R9-22-201	"Speech therapy"	R9-22-201
"Offeror"	R9-22-101	"Spendthrift restriction"	R9-22-1401
"Operating costs"	R9-22-701	"Sponsor"	R9-22-301
"OPPC"	R9-22-701	"Sponsor deemed income"	R9-22-301
"Organized health care delivery system"	R9-22-701	"Sponsoring institution"	R9-22-701
"Outlier"	R9-22-701	"Spouse"	R9-22-101
"Outpatient hospital service"	R9-22-701	"SSA"	42 CFR 1000.10
		"SSI"	42 CFR 435.4
		"SSN"	R9-22-101

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"Stabilize"	42 U.S.C. 1395dd
"Standard of care"	R9-22-101
"Sterilization"	R9-22-201
"Subcontract"	R9-22-101
"Submitted"	A.R.S. § 36-2904
"Substance abuse"	R9-22-201
"SVES"	R9-22-301
"Tax dependent"	42 CFR 435.4
"Taxi"	A.R.S. § 28-101(53)
"Taxpayer"	R9-22-1401
"Third-party"	R9-22-1001
"Third-party liability"	R9-22-1001
"Tier"	R9-22-701
"Tiered per diem"	R9-22-701
"Title IV-D"	R9-22-1401
"Title IV-E"	R9-22-1401
"Total Inpatient payments"	R9-22-712.07
"Trauma and Emergency Services Fund"	A.R.S. § 36-2903.07
"TRBHA" or "Tribal Regional Behavioral Health Authority"	R9-22-1201
"Treatment"	R9-22-2004
"Tribal Facility"	A.R.S. § 36-2981
"Unrecovered trauma center readiness costs"	R9-22-2101
"Urban Contractor"	R9-22-718
"Urban Hospital"	R9-22-718
"USCIS"	R9-22-301
"Utilization management"	R9-22-501
"WWHP"	R9-22-2001

**B. General definitions.** In addition to definitions contained in A.R.S. § 36-2901, the words and phrases in this Chapter have the following meanings unless the context explicitly requires another meaning:

"ADHS" means the Arizona Department of Health Services.

"Adverse action" means an action taken by the Department or Administration to deny, discontinue, or reduce medical assistance.

"Affiliated corporate organization" means any organization that has ownership or control interests as defined in 42 CFR 455.101, and includes a parent and subsidiary corporation.

"AHCCCS" means the Arizona Health Care Cost Containment System, which is composed of the Administration, contractors, and other arrangements through which health care services are provided to a member.

"AHCCCS registered provider" means a provider or non-contracting provider who:

Enters into a provider agreement with the Administration under R9-22-703(A), and

Meets license or certification requirements to provide covered services.

"Ancillary service" means all hospital services for patient care other than room and board and nursing services, including but not limited to, laboratory, radiology, drugs, delivery room (including maternity labor room), operating room (including postanesthesia and postoperative recovery rooms), and therapy services (physical, speech, and occupational).

"Applicant" means a person who submits or whose authorized representative submits a written, signed, and dated application for AHCCCS benefits.

"Application" means an official request for AHCCCS medical coverage made under this Chapter.

"Assignment" means enrollment of a member with a contractor by the Administration.

"Attending physician" means a licensed allopathic or osteopathic doctor of medicine who has primary responsibility for providing or directing preventive and treatment services for a Fee-For-Service member.

"Authorized representative" means a person who is authorized to apply for medical assistance or act on behalf of another person.

"Behavioral health paraprofessional" means an individual who is not a behavioral health professional who provides behavioral health services at or for a health care institution according to the health care institution's policies and procedures that:

If the behavioral health services were provided in a setting other than a licensed health care institution,

If the individual would be required to be licensed as a behavioral professional under A.R.S. Title 32, Chapter 33,

If the behavioral health services were provided in a setting other than a licensed health care institution; and

Are provided under supervision by a behavioral health professional R9-10-101.

"Behavioral Health Professional" has the same meaning as defined A.A.C. R9-10-101 excluding subsection (g).

"Capped fee-for-service" means the payment mechanism by which a provider of care is reimbursed upon submission of a valid claim for a specific covered service or equipment provided to a member. A payment is made in accordance with an upper or capped limit established by the Director. This capped limit can either be a specific dollar amount or a percentage of billed charges.

"Case record" means an individual or family file retained by the Department that contains all pertinent eligibility information, including electronically stored data.

"Children's Rehabilitative Services" or "CRS" means the program that provides covered medical services and covered support services in accordance with A.R.S. § 36-261.

"CMS" means the Centers for Medicare and Medicaid Services.

"Continuous stay" means a period during which a member receives inpatient hospital services without interruption beginning with the date of admission and ending with the date of discharge or date of death.

"Contract" means a written agreement entered into between a person, an organization, or other entity and the Administration to provide health care services to a member under A.R.S. Title 36, Chapter 29, and this Chapter.

"Contract year" means the period beginning on October 1 of a year and continuing until September 30 of the following year.

"Covered services" means the health and medical services described in Articles 2 and 12 of this Chapter as being eligible for reimbursement by AHCCCS.

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“Day” means a calendar day unless otherwise specified.

“DBHS” means the Division of Behavioral Health Services within the Arizona Department of Health Services.

“DES” means the Department of Economic Security.

“Diagnostic services” means services provided for the purpose of determining the nature and cause of a condition, illness, or injury.

“Director” means the Director of the Administration or the Director’s designee.

“Discussion” means an oral or written exchange of information or any form of negotiation.

“DME” means durable medical equipment, which is an item or appliance that can withstand repeated use, is designed to serve a medical purpose, and is not generally useful to a person in the absence of a medical condition, illness, or injury.

“Equity” means the county assessor full cash value or market value of a resource minus valid liens, encumbrances, or both.

“Facility” means a building or portion of a building licensed or certified by the Arizona Department of Health Services as a health care institution under A.R.S. Title 36, Chapter 4, to provide a medical service, a nursing service, or other health care or health-related service.

“FBR” means Federal Benefit Rate, the maximum monthly Supplemental Security Income payment rate for a member or a married couple.

“Fee-For-Service” or “FFS” means a method of payment by the AHCCCS Administration to a registered provider on an amount-per-service basis for a member not enrolled with a contractor.

“FES member” means a person who is eligible to receive emergency medical and behavioral health services through the FESP under R9-22-217.

“FESP” means the federal emergency services program under R9-22-217 which covers services to treat an emergency medical or behavioral health condition for a member who is determined eligible under A.R.S. § 36-2903.03(D).

“FQHC” means federally qualified health center.

“GSA” means a geographical service area designated by the Administration within which a contractor provides, directly or through a subcontract, a covered health care service to a member enrolled with the contractor.

“Hospital” means a health care institution that is licensed as a hospital by the Arizona Department of Health Services under A.R.S. Title 36, Chapter 4, Article 2, and certified as a provider under Title XVIII of the Social Security Act, as amended, or is currently determined, by the Arizona Department of Health Services as the CMS designee, to meet the requirements of certification.

“IHS” means Indian Health Service.

“IMD” or “Institution for Mental Diseases” means an Institution for Mental Diseases as described in 42 CFR 435.1010 that is licensed by ADHS.

“Legal representative” means a custodial parent of a child under 18, a guardian, or a conservator.

“License” or “licensure” means a nontransferable authorization that is granted based on established standards in law by a state or a county regulatory agency or board and allows a health care provider to lawfully render a health care service.

“Mailing date” when used in reference to a document sent first class, postage prepaid, through the United States mail, means the date:

Shown on the postmark;

Shown on the postage meter mark of the envelope, if no postmark; or

Entered as the date on the document, if there is no legible postmark or postage meter mark.

“Medical record” means a document that relates to medical or behavioral health services provided to a member by a physician or other licensed practitioner of the healing arts and that is kept at the site of the provider.

“Medical supplies” means consumable items that are designed specifically to meet a medical purpose.

“Medically necessary” means a covered service is provided by a physician or other licensed practitioner of the healing arts within the scope of practice under state law to prevent disease, disability, or other adverse health conditions or their progression, or to prolong life.

“Medicare claim” means a claim for Medicare-covered services for a member with Medicare coverage.

“Non-FES member” means an eligible person who is entitled to full AHCCCS services.

“Offeror” means an individual or entity that submits a proposal to the Administration in response to an RFP.

“Physician” means a person licensed as an allopathic or osteopathic physician under A.R.S. Title 32, Chapter 13 or Chapter 17.

“Practitioner” means a physician assistant licensed under A.R.S. Title 32, Chapter 25, or a registered nurse practitioner certified under A.R.S. Title 32, Chapter 15.

“Prescription” means an order to provide covered services that is signed or transmitted by a provider authorized to prescribe the services.

“Primary care provider” or “PCP” means an individual who meets the requirements of A.R.S. § 36-2901 (14), and who is responsible for the management of a member’s health care.

“Prior authorization” means the process by which the Administration or contractor, whichever is applicable, authorizes, in advance, the delivery of covered services based on factors including but not limited to medical necessity, cost effectiveness, compliance with this Article and any applicable contract provisions. Prior authorization is not a guarantee of payment.

“Prior period coverage” means the period prior to the member’s enrollment during which a member is eligible for covered services. PPC begins on the first day of the month of application or the first eligible month, which-

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ever is later, and continues until the day the member is enrolled with a contractor.

“Proposal” means all documents, including best and final offers, submitted by an offeror in response to an RFP by the Administration.

“Radiology” means professional and technical services rendered to provide medical imaging, radiation oncology, and radioisotope services.

“Referral” means the process by which a member is directed by a primary care provider or an attending physician to another appropriate provider or resource for diagnosis or treatment.

“Rehabilitation services” means physical, occupational, and speech therapies, and items to assist in improving or restoring a person’s functional level.

“Responsible offeror” means an individual or entity that has the capability to perform the requirements of a contract and that ensures good faith performance.

“Responsive offeror” means an individual or entity that submits a proposal that conforms in all material respects to an RFP.

“Review” means a review of all factors affecting a member’s eligibility.

“Review month” means the month in which the individual’s or family’s circumstances and case record are reviewed.

“RFP” means Request for Proposals, including all documents, whether attached or incorporated by reference, that are used by the Administration for soliciting a proposal under 9 A.A.C. 22, Article 6.

“Service location” means a location at which a member obtains a covered service provided by a physician or other licensed practitioner of the healing arts under the terms of a contract.

“Service site” means a location designated by a contractor as the location at which a member is to receive covered services.

“S.O.B.R.A.” means Section 9401 of the Sixth Omnibus Budget Reconciliation Act, 1986, amended by the Medicare Catastrophic Coverage Act of 1988, 42 U.S.C. 1396a(a)(10)(A)(i)(IV), 42 U.S.C. 1396a(a)(10)(A)(i)(VI), and 42 U.S.C. 1396a(a)(10)(A)(i)(VII).

“Specialist” means a Board-eligible or certified physician who declares himself or herself as a specialist and practices a specific medical specialty. For the purposes of this definition, Board-eligible means a physician who meets all the requirements for certification but has not tested for or has not been issued certification.

“Spouse” means a person who has entered into a contract of marriage recognized as valid by this state.

“SSN” means Social Security number.

“Standard of care” means a medical procedure or process that is accepted as treatment for a specific illness, injury, or medical condition through custom, peer review, or consensus by the professional medical community.

“Subcontract” means an agreement entered into by a contractor with any of the following:

A provider of health care services who agrees to furnish covered services to a member,

A marketing organization, or

Any other organization or person that agrees to perform any administrative function or service for the contractor specifically related to securing or fulfilling the contractor’s obligation to the Administration under the terms of a contract.

“Taxi” is as defined in A.R.S. § 28-101(53).

### Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-101 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-101 repealed, former Sections R9-22-102 and R9-22-301 renumbered as Section R9-22-101 and amended effective October 1, 1983 (Supp. 83-5). Adopted as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended as an emergency by adding new paragraphs (24), (46), (84) and (91) and renumbering accordingly effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Amended as an emergency by adding new paragraphs (2) and (15) and renumbering accordingly effective October 25, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-5). Emergency expired. Permanent amendment added paragraphs (2) and (15) and renumbered accordingly effective February 1, 1985 (Supp. 85-1). Amended effective October 1, 1985 (Supp. 85-5). Amended paragraphs (10) and (15) effective October 1, 1986 (Supp. 86-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective October 1, 1987; amended effective December 22, 1987 (Supp. 87-4). Amended by deleting paragraphs (39) and (62) and renumbering accordingly effective July 1, 1988 (Supp. 88-3). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Amended effective December 13, 1993 (Supp. 93-4). Amended effective January 14, 1997 (Supp. 97-1). Section repealed; new Section adopted effective December 8, 1997 (Supp. 97-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by final rulemaking at 5 A.A.R. 607, effective February 5, 1999 (Supp. 99-1). Amended by final rulemaking at 5 A.A.R. 867, effective March 4, 1999 (Supp. 99-1). Amended by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking

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at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by exempt rulemaking at 7 A.A.R. 5701, effective December 1, 2001 (Supp. 01-4). Amended by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4).

Amended by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Amended by exempt rulemaking at 9 A.A.R. 4001, effective October 19, 2003 (Supp. 03-3). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Amended by final rulemaking at 11 A.A.R. 3830, effective November 12, 2005 (Supp. 05-3). Amended by final rulemaking at 11 A.A.R. 5467, effective December 6, 2005 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 13 A.A.R. 3351, effective November 10, 2007 (Supp. 07-3). Amended by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 461, effective April 1, 2012 (Supp. 12-1). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

**R9-22-102. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-102 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1092 (Supp. 82-4). Former Section R9-22-102 renumbered together with former Section R9-22-301 as Section R9-22-101 and amended effective October 1, 1983 (Supp. 83-5). New Section adopted effective December 8, 1997 (Supp. 97-4). Amended by exempt rulemaking at 7 A.A.R. 5701, effective December 1, 2001 (Supp. 01-4). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 5467, effective December 6, 2005 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Section repealed by final rulemaking at 13 A.A.R. 3351, effective November 10, 2007 (Supp. 07-3).

**R9-22-103. Repealed****Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-104. Reserved****R9-22-105. Repealed****Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Section repealed by final

rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

**R9-22-106. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 607, effective February 5, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Section repealed by final rulemaking at 11 A.A.R. 5467, effective December 6, 2005 (Supp. 05-4).

**R9-22-107. Repealed****Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Section repealed by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2).

**R9-22-108. Repealed****Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

**R9-22-109. Repealed****Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. effective 4484, effective January 6, 2007 (Supp. 06-4).

**R9-22-110. Repealed****Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Section repealed by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1).

**R9-22-111. Reserved****R9-22-112. Repealed****Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Repealed by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1).

**R9-22-113. Reserved****R9-22-114. Repealed****Historical Note**

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New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 11 A.A.R. 5467, effective December 6, 2005 (Supp. 05-4).

**R9-22-115. Repealed****Historical Note**

Final Section adopted at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 11 A.A.R. 5467, effective December 6, 2005 (Supp. 05-4).

**R9-22-116. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-117. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2).

**R9-22-118. Reserved****R9-22-119. Reserved****R9-22-120. Repealed****Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Section repealed by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4).

**ARTICLE 2. SCOPE OF SERVICES****R9-22-201. Scope of Services-related Definitions**

In addition to definitions contained in A.R.S. § 36-2901, the words and phrases in this Chapter have the following meanings unless the context explicitly requires another meaning:

“Anticipatory guidance” means a person responsible for a child receives information and guidance of what the person should expect of the child’s development and how to help the child stay healthy.

“Behavioral health recipient” means a Title XIX or Title XXI acute care member who is eligible for, and is receiving, behavioral health services through ADHS/DBHS.

“Benefit year” means a one-year time period of October 1st through September 30th.

“Emergency behavioral health condition for a non-FES member” means a condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson who possesses an average knowledge of health

and medicine could reasonably expect the absence of immediate medical attention to result in:

Placing the health of the person, including mental health, in serious jeopardy;

Serious impairment to bodily functions;

Serious dysfunction of any bodily organ or part; or

Serious physical harm to another person.

“Emergency behavioral health services for a non-FES member” means those behavioral health services provided for the treatment of an emergency behavioral health condition.

“Emergency medical condition for a non-FES member” means treatment for a medical condition, including labor and delivery, which manifests itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

Placing the member’s health in serious jeopardy,

Serious impairment to bodily functions, or

Serious dysfunction of any bodily organ or part.

“Emergency medical services for a non-FES member” means services provided for the treatment of an emergency medical condition.

“Hearing aid” means an instrument or device designed for, or represented by the supplier as aiding or compensating for impaired or defective human hearing, and includes any parts, attachments, or accessories of the instrument or device.

“Home health services” means services and supplies that are provided by a home health agency that coordinates in-home intermittent services for curative, rehabilitative care, including home-health aide services, licensed nurse services, and medical supplies, equipment, and appliances.

“Occupational therapy” means medically prescribed treatment provided by or under the supervision of a licensed occupational therapist, to restore or improve an individual’s ability to perform tasks required for independent functioning.

“Pharmaceutical service” means medically necessary medications that are prescribed by a physician, practitioner, or dentist under R9-22-209.

“Physical therapy” means treatment services to restore or improve muscle tone, joint mobility, or physical function provided by or under the supervision of a registered physical therapist.

“Post-stabilization services” means covered services related to an emergency medical or behavioral health condition provided after the condition is stabilized.

“Primary care provider services” means healthcare services provided by and within the scope of practice, as defined by law, of a licensed physician, certified nurse practitioner, or licensed physician assistant.

“Psychosocial rehabilitation services” means services that provide education, coaching, and training to address or prevent residual functional deficits and may include services that may assist a member to secure and maintain employment. Psychosocial rehabilitation services may include:

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Living skills training,

Cognitive rehabilitation,

Health promotion,

Supported employment, and

Other services that increase social and communication skills to maximize a member's ability to participate in the community and function independently.

"RBHA" or "Regional Behavioral Health Authority" means the same as in A.R.S. § 36-3401.

"Residual functional deficit" means a member's inability to return to a previous level of functioning, usually after experiencing a severe psychotic break or state of decompensation.

"Respiratory therapy" means treatment services to restore, maintain, or improve respiratory functions that are provided by, or under the supervision of, a respiratory therapist licensed according to A.R.S. Title 32, Chapter 35.

"Scope of services" means the covered, limited, and excluded services under Articles 2 and 12 of this Chapter.

"Speech therapy" means medically prescribed diagnostic and treatment services provided by or under the supervision of a certified speech therapist.

"Sterilization" means a medically necessary procedure, not for the purpose of family planning, to render an eligible person or member barren in order to:

Prevent the progression of disease, disability, or adverse health conditions; or

Prolong life and promote physical health.

"Substance abuse" means the chronic, habitual, or compulsive use of any chemical matter that, when introduced into the body, is capable of altering human behavior or mental functioning and, with extended use, may cause psychological dependence and impaired mental, social or educational functioning. Nicotine addiction is not considered substance abuse for adults who are 21 years of age or older

#### Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-201 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (B) effective May 30, 1989 (Supp. 89-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Amended by final rulemaking at 11 A.A.R. 3217, effective October 1, 2005 (Supp. 05-3). Section repealed; new Section made by final rulemaking at 13 A.A.R. 3351, effective November 10, 2007 (Supp. 07-3). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by exempt rulemaking at 17 A.A.R. 1707, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

#### R9-22-202. General Requirements

A. For the purposes of this Article, the following definitions apply:

1. "Authorization" means written, verbal, or electronic authorization by:
  - a. The Administration for services rendered to a fee-for-service member, or
  - b. The contractor for services rendered to a prepaid capitated member.
2. Use of the phrase "attending physician" applies only to the fee-for-service population.

B. In addition to other requirements and limitations specified in this Chapter, the following general requirements apply:

1. Only medically necessary, cost effective, and federally-reimbursable and state-reimbursable services are covered services.
2. Covered services for the federal emergency services program (FESP) are under R9-22-217.
3. The Administration or a contractor may waive the covered services referral requirements of this Article.
4. Except as authorized by the Administration or a contractor, a primary care provider, attending physician, practitioner, or a dentist shall provide or direct the member's covered services. Delegation of the provision of care to a practitioner does not diminish the role or responsibility of the primary care provider.
5. A contractor shall offer a female member direct access to preventive and routine services from gynecology providers within the contractor's network without a referral from a primary care provider.
6. A member may receive physical and behavioral health services as specified in Articles 2 and 12.
7. The Administration or a contractor shall provide services under the Section 1115 Waiver as defined in A.R.S. § 36-2901.
8. An AHCCCS registered provider shall provide covered services within the provider's scope of practice.
9. In addition to the specific exclusions and limitations otherwise specified under this Article, the following are not covered:
  - a. A service that is determined by the AHCCCS Chief Medical Officer to be experimental or provided primarily for the purpose of research;
  - b. Services or items furnished gratuitously, and
  - c. Personal care items except as specified under R9-22-212.
10. Medical or behavioral health services are not covered services if provided to:
  - a. An inmate of a public institution; or
  - b. A person who is in residence at an institution for the treatment of tuberculosis.

C. The Administration or a contractor may deny payment of non-emergency services if prior authorization is not obtained as specified in this Article and Article 7 of this Chapter. The Administration or a contractor shall not provide prior authorization for services unless the provider submits documentation of the medical necessity of the treatment along with the prior authorization request.

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- D. Services under A.R.S. § 36-2908 provided during the prior period coverage do not require prior authorization.
- E. Prior authorization is not required for services necessary to evaluate and stabilize an emergency medical condition. The Administration or a contractor shall not reimburse services that require prior authorization unless the provider documents the diagnosis and treatment.
- F. A service is not a covered service if provided outside the GSA unless one of the following applies:
  - 1. A member is referred by a primary care provider for medical specialty care outside the GSA. If a member is referred outside the GSA to receive an authorized medically necessary service, the contractor shall also provide all other medically necessary covered services for the member;
  - 2. There is a net savings in service delivery costs as a result of going outside the GSA that does not require undue travel time or hardship for a member or the member's family;
  - 3. The contractor authorizes placement in a nursing facility located out of the GSA; or
  - 4. Services are provided during prior period coverage or during the prior quarter coverage.
- G. If a member is traveling or temporarily residing outside of the GSA, covered services are restricted to emergency care services, unless otherwise authorized by the contractor.
- H. A contractor shall provide at a minimum, directly or through subcontracts, the covered services specified in this Chapter and in contract.
- I. The Administration shall determine the circumstances under which a FFS member may receive services, other than emergency services, from service providers outside the member's county of residence or outside the state. Criteria considered by the Administration in making this determination shall include availability and accessibility of appropriate care and cost effectiveness.
- J. The restrictions, limitations, and exclusions in this Article do not apply to a contractor electing to provide noncovered services.
  - 1. The Administration shall not consider the costs of providing a noncovered service to a member in the development or negotiation of a capitation rate.
  - 2. A contractor shall pay for noncovered services from administrative revenue or other contractor funds that are unrelated to the provision of services under this Chapter.
  - 3. If a member requests a service that is not covered or is not authorized by a contractor, or the Administration, an AHCCCS-registered service provider may provide the service according to R9-22-702.
- K. Subject to CMS approval, the restrictions, limitations, and exclusions specified in the following subsections do not apply to American Indians receiving services through IHS or a tribal health program operating under P.L. 93-638 when those services are eligible for 100 percent federal financial participation:
  - 1. R9-22-205(A)(8),
  - 2. R9-22-206,
  - 3. R9-22-207,
  - 4. R9-22-212(C),
  - 5. R9-22-212(D),
  - 6. R9-22-212(E)(8),
  - 7. R9-22-215(C)(5), (C)(6), and
  - 8. R9-22-215(C)(4).

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-202 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1987; amended effective December 22, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective December 13, 1993 (Supp. 93-4). Amended effective July 1, 1995, under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1994, Ch. 322, § 21; filed with the Office of the Secretary of State June 22, 1995 (Supp. 95-3). Amended effective January 1, 1996, under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1995, Third Special Session, Ch. 1, § 5; filed with the Office of the Secretary of State December 28, 1995 (Supp. 95-4). Section repealed effective September 22, 1997 (Supp. 97-3). New Section made by final rulemaking at 13 A.A.R. 3351, effective November 10, 2007 (Supp. 07-3). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 20 A.A.R. 1949, effective September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4). Amended by final rulemaking at 21 A.A.R. 1225, effective July 7, 2015 (Supp. 15-3).

**R9-22-203. Experimental Services**

- A. Experimental services are not covered. A service is not experimental if:
  - 1. It is generally and widely accepted as a standard of care in the practice of medicine in the United States and is a safe and effective treatment for the condition for which it is intended or used.
  - 2. The service does not meet the standard in subsection (A)(1), but the service has been demonstrated to be safe and effective for the condition for which it is intended or used based on the weight of the evidence in peer-reviewed articles in medical journals published in the United States.
  - 3. The service does not meet the standard in subsection (A)(2) because the condition for which the service is intended or used is rare, but the service has been demonstrated to be safe and effective for the condition for which it is intended or used based on the weight of opinions from specialists who provide the service or related services.
- B. The following factors shall be considered when evaluating the weight of peer-reviewed articles or the opinions of specialists:
  - 1. The mortality rate and survival rate of the service as compared to the rates for alternative non-experimental services.
  - 2. The types, severity, and frequency of complications associated with the services as compared with the complications associated with alternative non-experimental services.
  - 3. The frequency with which the service has been performed in the past.
  - 4. Whether there is sufficient historical information regarding the service to provide reliable data regarding risks and benefits.



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5. The reputation and experience of the authors and/or specialists and their record in related areas.
6. The extent to which medical science in the area develops rapidly and the probability that more definite data will be available in the foreseeable future.
7. Whether the peer reviewed article describes a random controlled trial or an anecdotal clinical case study.

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-203 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1987; amended effective December 22, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2).

Amended effective April 13, 1990 (Supp. 90-2).

Amended effective September 29, 1992 (Supp. 92-3).

Amended under an exemption from the provisions of the Administrative Procedure Act effective March 22, 1993; received in the Office of the Secretary of State March 24, 1993 (Supp. 93-1). Amended effective December 13, 1993 (Supp. 93-4). Section repealed effective September 22, 1997 (Supp. 97-3). New Section made by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3). Section amended by final rulemaking at 20 A.A.R. 1956, effective September 6, 2014 (Supp. 14-3).

**R9-22-204. Inpatient General Hospital Services**

- A. The following limitations apply to inpatient general hospital services that are provided by FFS providers.
  1. Providers shall obtain prior authorization from the Administration for the following inpatient hospital services:
    - a. Nonemergency and elective admission, including psychiatric hospitalization;
    - b. Elective surgery; and
    - c. Services or items provided to cosmetically reconstruct or improve personal appearance after an illness or injury.
  2. The Administration or a contractor may deny a claim if a provider fails to obtain prior authorization.
  3. Providers are not required to obtain prior authorization from the Administration for the following inpatient hospital services:
    - a. Voluntary sterilization,
    - b. Dialysis shunt placement,
    - c. Arteriovenous graft placement for dialysis,
    - d. Angioplasties or thrombectomies of dialysis shunts,
    - e. Angioplasties or thrombectomies of arteriovenous graft for dialysis,
    - f. Hospitalization for vaginal delivery that does not exceed 48 hours,
    - g. Hospitalization for cesarean section delivery that does not exceed 96 hours, and
    - h. Other services identified by the Administration through the Provider Participation Agreement.
  4. The Administration may perform concurrent review for hospitalizations of non-FES members to determine whether there is medical necessity for the hospitalization. A provider shall notify the Administration no later than 72 hours after an emergency admission.
- B. Coverage of in-state and out-of-state inpatient hospital services is limited to 25 days per benefit year for members age 21

and older for claims with discharge dates on or before September 30, 2014. The limit applies for all inpatient hospital services with dates of service during the benefit year regardless of whether the member is enrolled in Fee for Service, is enrolled with one or more contractors, or both, during the benefit year.

1. For purposes of calculating the limit:
  - a. Inpatient days are counted towards the limit if paid by the Administration or a contractor;
  - b. Inpatient days will be counted toward the limit in the order of the adjudication date of a paid claim;
  - c. Paid inpatient days are allocated to the benefit year in which the date of service occurs;
  - d. Each 24 hours of paid observation services is counted as one inpatient day if the patient is not admitted to the same hospital directly following the observation services,
  - e. Observation services, which are directly followed by an inpatient admission to the same hospital are not counted towards the inpatient limit; and
  - f. After 25 days of inpatient hospital services have been paid as provided for in this rule Section:
    - i. Outpatient services that are directly followed by an inpatient admission to the same hospital, including observation services, are not covered.
    - ii. Continuous periods of observation services of less than 24 hours that are not directly followed by an inpatient admission to the same hospital are covered.
    - iii. For continuous periods of observation services of 24 hours or more that are not directly followed by an inpatient admission to the same hospital, 23 hours of observations services are covered.
2. The following inpatient days are not included in the inpatient hospital limitation described in this Section:
  - a. Days reimbursed under specialty contracts between AHCCCS and a transplant facility that are included within the component pricing referred to in the contract;
  - b. Days related to Behavioral Health:
    - i. Inpatient days that qualify for the psychiatric tier under R9-22-712.09 and reimbursed by the Administration or its contractors, or
    - ii. Inpatient days with a primary psychiatric diagnosis code reimbursed by the Administration or its contractors, or
    - iii. Inpatient days paid by the Arizona Department of Health Services Division of Behavioral Health Services or a RBHA or TRBHA.
  - c. Days related to treatment for burns and burn late effects at an American College of Surgeons verified burn center;
  - d. Same Day Admit Discharge services are excluded from the 25 day limit; and
  - e. Subject to approval by CMS, days for which the state claims 100% FFP, such as payments for days provided by IHS or 638 facilities.

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-204 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (A) effective

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tive December 22, 1987 (Supp. 87-4). Amended effective December 13, 1993 (Supp. 93-4). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by exempt rulemaking at 17 A.A.R. 1707, effective October 1, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 1745, effective October 1, 2012 (Supp. 12-2). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 1956, effective September 6, 2014 (Supp. 14-3). The incorrect label C was changed to B (Supp. 22-3).

**R9-22-205. Attending Physician, Practitioner, and Primary Care Provider Services**

- A.** A primary care provider, attending physician, or practitioner shall provide primary care provider services within the provider's scope of practice under A.R.S. Title 32. A member may receive primary care provider services in an inpatient or outpatient setting including at a minimum:
1. Periodic health examination and assessment;
  2. Evaluation and diagnostic workup;
  3. Medically necessary treatment;
  4. Prescriptions for medication and medically necessary supplies and equipment;
  5. Referral to a specialist or other health care professional if medically necessary;
  6. Patient education;
  7. Home visits if medically necessary; and
  8. Preventive health services, such as, well visits, immunizations, colonoscopies, mammograms and PAP smears.
- B.** The following limitations and exclusions apply to attending physician and practitioner services and primary care provider services:
1. Specialty care and other services provided to a member upon referral from a primary care provider, or to a member upon referral from the attending physician or practitioner are limited to the service or condition for which the referral is made, or for which authorization is given by the Administration or a contractor.
  2. A member's physical examination is not covered if the sole purpose is to obtain documentation for one or more of the following:
    - a. Qualification for insurance,
    - b. Pre-employment physical evaluation,
    - c. Qualification for sports or physical exercise activities,
    - d. Pilot's examination for the Federal Aviation Administration,
    - e. Disability certification to establish any kind of periodic payments,
    - f. Evaluation to establish third-party liabilities, or
    - g. Physical ability to perform functions that have no relationship to primary objectives of the services listed in subsection (A).
  3. Orthognathic surgery is covered only for a member who is less than 21 years of age;

4. The following services are excluded from AHCCCS coverage:
  - a. Infertility services, reversal of surgically induced infertility (sterilization), and gender reassignment surgeries;
  - b. Pregnancy termination counseling services;
  - c. Pregnancy terminations, unless required by state or federal law.
  - d. Services or items furnished solely for cosmetic purposes; and
  - e. Hysterectomies unless determined medically necessary.

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-205 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (A), paragraph (15) and added paragraph (20) effective December 22, 1987 (Supp. 87-4). Amended subsection (C)(2) effective May 30, 1989 (Supp. 89-2). Amended under an exemption from the provisions of the Administrative Procedure Act effective March 22, 1993; received in the Office of the Secretary of State March 24, 1993 (Supp. 93-1). Amended effective December 13, 1993 (Supp. 93-4). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3). Amended by final rulemaking at 20 A.A.R. 1949, effective September 6, 2014 (Supp. 14-3).

*Editor's Note: The following Section was renumbered and a new Section adopted under an exemption from the provisions of the Administrative Procedure Act which means that this rule was not published as a proposed rule in the Arizona Administrative Register; the rule was not reviewed or approved by the Governor's Regulatory Review Council; and the agency was not required to hold public hearings on the rule. This Section was subsequently amended through the regular rulemaking process.*

**R9-22-206. Organ and Tissue Transplant Services**

- A.** Organ and tissue transplant services are covered for a member if prior authorized and coordinated with the member's contractor, or the Administration. Only the following transplants are covered for individuals 21 years of age or older:
1. Heart, including transplants for the treatment of non-ischemic cardiomyopathy;
  2. Liver, including transplants for patients with hepatitis C;
  3. Kidney (cadaveric and live donor);
  4. Simultaneous Pancreas/Kidney (SPK);
  5. Autologous and Allogeneic related and unrelated Hematopoietic Cell transplants;
  6. Cornea;
  7. Bone;
  8. Lung; and
  9. Pancreas after a kidney transplant (PAK).
- B.** The following transplants are not covered for members 21 years of age or older:

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1. Pancreas only transplants if it is not performed simultaneously with or following a kidney transplant. Partial pancreas transplants and autologous and allogeneic pancreas islet cell transplants are not covered even if performed simultaneously with or following a kidney transplant,
  2. Intestine transplants, and
  3. Any other type of transplant not specifically listed in subsection (A).
- C. When there is a transplant of multiple organs, reimbursement will only be made for those covered.
- D. Organ and tissue transplant services are not covered for non-qualified aliens or noncitizens members of FESP under A.R.S. § 36-2903.03(D).

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-206 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended effective December 13, 1993 (Supp. 93-4). Former Section R9-22-206 renumbered to R9-22-218, new Section R9-22-206 adopted effective January 1, 1996, under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1995, Third Special Session, Ch. 1, § 5; filed with the Office of the Secretary of State December 28, 1995 (Supp. 95-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by exempt rulemaking at 7 A.A.R. 5701, effective December 1, 2001 (Supp. 01-4). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Amended by exempt rulemaking at 16 A.A.R. 1386, effective July 15, 2010 (Supp. 10-3). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3). Amended by exempt rulemaking at 17 A.A.R. 1122, April 1, 2011 (Supp. 11-2).

**R9-22-207. Dental Services**

- A. The Administration or a contractor shall cover dental services for a member less than 21 years of age under R9-22-213.
- B. For individuals age 21 years of age or older, the Administration or a contractor shall cover medical and surgical services furnished by a dentist only to the extent such services may be performed under state law either by a physician or by a dentist and such services would be considered a physician service if furnished by a physician.
1. Except as specified in subsection (C), such services must be related to the treatment of a medical condition such as acute pain, infection, or fracture of the jaw. Covered dental services include examination of the oral cavity, radiographs, complex oral surgical procedures such as treatment of maxillofacial fractures, administration of an appropriate level of anesthesia and the prescription of pain medication and antibiotics.
  2. Such services do not include services that physicians are not generally competent to perform such as dental cleanings, routine dental examinations, dental restorations including crowns and fillings, extractions, pulpotomies, root canals, and the construction or delivery of complete or partial dentures. Diagnosis and treatment of temporomandibular joint dysfunction are not covered except for the reduction of trauma.

- C. For the purposes of this subsection, simple restorations means silver amalgam or composite resin fillings, stainless steel crowns or preformed crowns. In addition, dental services for an individual 21 years of age or older include:
1. The elimination of oral infections and the treatment of oral disease, which includes dental cleanings, treatment of periodontal disease, medically necessary extractions and the provision of simple restorations as a medically necessary pre-requisite to covered transplantation; and
  2. Prophylactic extraction of teeth in preparation for covered radiation treatment of cancer of the jaw, neck or head.

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-207 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-207 repealed, new Section R9-22-207 adopted effective October 1, 1985 (Supp. 85-5). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3).

**R9-22-208. Laboratory, Radiology, and Medical Imaging Services**

Laboratory, radiology, and medical imaging services are covered services if:

1. Prescribed by the member's attending physician, practitioner, primary care provider or a dentist, or prescribed by a physician or practitioner upon referral from the primary care provider or dentist.
2. Provided by licensed health care providers in a:
  - a. Hospital,
  - b. Clinic,
  - c. Physician's office, or
  - d. Other health care facility.

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-208 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-208 repealed, new Section R9-22-208 adopted effective October 1, 1985 (Supp. 85-5). Amended subsection (C) effective December 22, 1987 (Supp. 87-4). Amended effective December 13, 1993 (Supp. 93-4). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2).

**R9-22-209. Pharmaceutical Services**

- A. An inpatient or outpatient provider, including a hospital, clinic, other appropriately licensed health care facility, and pharmacy may provide covered pharmaceutical services.
- B. The Administration or a contractor shall require a provider to make pharmaceutical services:
1. Available during customary business hours, and
  2. Located within reasonable travel distance of a member's residence.
- C. Pharmaceutical services are covered if:

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1. Prescribed for a member by the member's primary care provider, attending physician, practitioner, or dentist;
2. Prescribed by a specialist upon referral from the primary care provider or attending physician; or
3. The contractor or its designee authorizes the service.
- D.** The following limitations apply to pharmaceutical services:
  1. A medication personally dispensed by a physician, dentist, or a practitioner within the individual's scope of practice is not covered, except in geographically remote areas where there is no participating pharmacy or if accessible pharmacies are closed.
  2. A new prescription or refill in excess of a 30 day supply is not covered unless:
    - a. The member will be out of the provider's service area for an extended period of time and the prescription is limited to the extended time period, not to exceed a 90 day supply; or
    - b. The Contractor authorizes the prescription for an extended time period not to exceed a 90-day supply.
  3. An over-the-counter medication, in place of a covered prescription medication, is covered only if the over-the-counter medication is appropriate, equally effective, safe, and less costly than the covered prescription medication.
- E.** A contractor shall monitor and ensure sufficient services to prevent any gap in the pharmaceutical regimen of a member who requires a continuing or complex regimen of pharmaceutical treatment to restore, improve, or maintain physical well being.

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-209 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended effective September 24, 1986 (Supp. 86-5). Amended subsections (A) and (C) effective December 22, 1987 (Supp. 87-4). Amended subsection (C)(3), effective May 30, 1989 (Supp. 89-2). Amended under an exemption from the Administrative Procedure Act effective March 22, 1993; received in the Office of the Secretary of State March 24, 1993 (Supp. 93-1). Amended effective December 13, 1993 (Supp. 93-4). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 20 A.A.R. 1949, effective September 6, 2014 (Supp. 14-3).

**R9-22-210. Emergency Medical Services for Non-FES Members****A. General provisions.**

1. **Applicability.** This Section applies to emergency medical services for non-FES members. Provisions regarding emergency behavioral health services for non-FES members are in R9-22-210.01. Provisions regarding emergency medical and behavioral health services for FES members are in R9-22-217.
2. **Definitions.**
  - a. For the purposes of this Section, "contractor" has the same meaning as in A.R.S. § 36-2901. Contractor does not include ADHS/DBHS or a subcontractor of ADHS/DBHS.

- b. For the purposes of this Section and R9-22-210.01, "fiscal agent" means a person who bills and accepts payment for a hospital or emergency room provider.
3. **Verification.** A provider of emergency medical services shall verify a person's eligibility status with AHCCCS, and if eligible, determine whether the person is enrolled with AHCCCS as non-FES FFS or is enrolled with a contractor.
4. **Prior authorization.**
  - a. **Emergency medical services.** A provider is not required to obtain prior authorization for emergency medical services.
  - b. **Non-emergency medical services.** If a non-FES member's medical condition does not require emergency medical services, the provider shall obtain prior authorization as required by the terms of the provider agreement under R9-22-714(A) or the provider's subcontract with the contractor, whichever is applicable.
5. **Prohibition against denial of payment.** Neither the Administration nor a contractor shall:
  - a. Limit what constitutes an emergency medical condition on the basis of lists of diagnoses or symptoms,
  - b. Deny or limit payment because the provider failed to obtain prior authorization for emergency services,
  - c. Deny or limit payment because the provider does not have a subcontract.
6. **Grounds for denial.** The Administration and a contractor may deny payment for emergency medical services for reasons including but not limited to:
  - a. The claim was not a clean claim;
  - b. The claim was not submitted timely; and
  - c. The provider failed to provide timely notification under subsection (B)(4) to the contractor or the Administration, as appropriate, and the contractor does not have actual notice from any other source that the member has presented for services.
- B. Additional requirements for emergency medical services for non-FES members enrolled with a contractor.**
  1. **Responsible entity.** A contractor is responsible for the provision of all emergency medical services to non-FES members enrolled with the contractor.
  2. **Prohibition against denial of payment.** A contractor shall not limit or deny payment for emergency medical services when an employee of the contractor instructs the member to obtain emergency medical services.
  3. **Contractor notification.** A contractor shall not deny payment to a hospital, emergency room provider, or fiscal agent for an emergency medical service rendered to a non-FES member based on the failure of the hospital, emergency room provider, or fiscal agent to notify the member's contractor within 10 days from the day that the member presented for the emergency medical service.
  4. **Contractor notification.** A hospital, emergency room provider, or fiscal agent shall notify the contractor no later than the 11th day after presentation of the non-FES member for emergency inpatient medical services. A contractor may deny payment for a hospital's, emergency room provider's, or fiscal agent's failure to provide timely notice, under this subsection.
- C. Post-stabilization services for non-FES members enrolled with a contractor.**
  1. After the emergency medical condition of a member enrolled with a contractor is stabilized, a provider shall

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request prior authorization from the contractor for post-stabilization services.

2. The contractor is financially responsible for medical post-stabilization services obtained within or outside the network that have been prior authorized by the contractor.
3. The contractor is financially responsible for medical post-stabilization services obtained within or outside the network that are not prior authorized by the contractor, but are administered to maintain the member's stabilized condition within one hour of a request to the contractor for prior authorization of further post-stabilization services;
4. The contractor is financially responsible for medical post-stabilization services obtained within or outside the network that are not prior authorized by the contractor, but are administered to maintain, improve, or resolve the member's stabilized condition if:
  - a. The contractor does not respond to a request for prior authorization within one hour;
  - b. The contractor authorized to give the prior authorization cannot be contacted; or
  - c. The contractor representative and the treating physician cannot reach an agreement concerning the member's care and the contractor physician is not available for consultation. In this situation, the contractor shall give the treating physician the opportunity to consult with a contractor physician. The treating physician may continue with care of the member until the contractor physician is reached or:
    - i. A contractor physician with privileges at the treating hospital assumes responsibility for the member's care,
    - ii. A contractor physician assumes responsibility for the member's care through transfer,
    - iii. The contractor's representative and the treating physician reach agreement concerning the member's care, or
    - iv. The member is discharged.
5. Transfer or discharge. The attending physician or practitioner actually treating the member for the emergency medical condition shall determine when the member is sufficiently stabilized for transfer or discharge and that decision shall be binding on the contractor.

**D. Additional requirements for FFS members.**

1. Responsible entity. The Administration is responsible for the provision of all emergency medical services to non-FES FFS members.
2. Grounds for denial. The Administration may deny payment for emergency medical services if a provider fails to provide timely notice to the Administration.
3. Notification. A provider shall notify the Administration no later than 72 hours after a FFS member receiving emergency medical services presents to a hospital for inpatient services. The Administration may deny payment for failure to provide timely notice.

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-210 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-210 repealed, new Section R9-22-210 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (B), para-

graph (1) effective October 1, 1987 (Supp. 87-4). Amended effective December 13, 1993 (Supp. 93-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 5 A.A.R. 867, effective March 4, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 5480, effective December 6, 2005 (Supp. 05-4). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 20 A.A.R. 1949, effective September 6, 2014 (Supp. 14-3).

**R9-22-210.01. Emergency Behavioral Health Services for Non-FES Members**

**A. General provisions.**

1. Applicability. This Section applies to emergency behavioral health services for non-FES members. Provisions regarding emergency medical services for non-FES members are in R9-22-210. Provisions regarding emergency medical and behavioral health services for FES members are in R9-22-217.
2. Definition. For the purposes of this Section, "contractor" has the same meaning as in A.R.S. § 36-2901. Contractor does not include ADHS/DBHS, a subcontractor of ADHS/DBHS, or Children's Rehabilitative Services.
3. Responsible entity for inpatient emergency behavioral health services.
  - a. Members enrolled with a contractor. ADHS/DBHS. ADHS/DBHS or a subcontractor of ADHS/DBHS is responsible for providing all inpatient emergency behavioral health services to non-FES members with psychiatric or substance abuse diagnoses who are enrolled with the contractor.
  - b. FFS members. ADHS/DBHS or a subcontractor of ADHS/DBHS is responsible for providing all inpatient emergency behavioral health services for non-FES FFS members with psychiatric or substance abuse diagnoses unless services are provided in an IHS or tribally operated 638 facility.
4. Responsible entity for non-inpatient emergency behavioral health services for non-FES members. ADHS/DBHS or a subcontractor of ADHS/DBHS is responsible for providing all non-inpatient emergency behavioral health services for non-FES members.
5. Verification. A provider of emergency behavioral health services shall verify a person's eligibility status with AHCCCS, and if eligible, determine whether the person is a member enrolled with AHCCCS as non-FES FFS or is enrolled with a contractor, and determine whether the member is a behavioral health recipient as defined in R9-22-201.
6. Prior authorization.
  - a. Emergency behavioral health services. A provider is not required to obtain prior authorization for emergency behavioral health services.
  - b. Non-emergency behavioral health services. When a non-FES member's behavioral health condition is determined by the provider not to require emergency behavioral health services, the provider shall follow the prior authorization requirements of a contractor

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and ADHS/DBHS or a subcontractor of ADHS/DBHS.

7. Prohibition against limitation or denial of payment. A contractor, TRBHA, the Administration, ADHS/DBHS, or a subcontractor of ADHS/DBHS shall not limit or deny payment to an emergency behavioral health provider for emergency behavioral health services to a non-FES member for the following reasons:
    - a. On the basis of lists of diagnoses or symptoms;
    - b. Prior authorization was not obtained;
    - c. The provider does not have a contract;
    - d. An employee of the contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS instructs the member to obtain emergency behavioral health services; or
    - e. The failure of a hospital, emergency room provider, or fiscal agent to notify the member's contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS within 10 days from the day the member presented for the emergency service.
  8. Grounds for denial. A contractor, the Administration, ADHS/DBHS, or a subcontractor of ADHS/DBHS may deny payment for emergency behavioral health services for reasons including but not limited to the following:
    - a. The claim was not a clean claim;
    - b. The claim was not submitted timely; or
    - c. The provider failed to provide timely notification under subsection (A)(9) to the contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS or the Administration.
  9. Notification.
    - a. A hospital, emergency room provider, or fiscal agent shall notify a contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS, whichever is appropriate, no later than the 11th day from presentation of the non-FES member for emergency inpatient behavioral health services.
    - b. A hospital, emergency room provider, or fiscal agent shall notify the Administration no later than 72 hours after a FFS member receiving emergency behavioral health services presents to a hospital for inpatient services.
  10. Transfer or discharge. The attending physician or the provider actually treating the non-FES member for the emergency behavioral health condition shall determine when the member is sufficiently stabilized for transfer or discharge and that decision shall be binding on the contractor and ADHS/DBHS or a subcontractor of ADHS/DBHS.
- B. Post-stabilization requirements for non-FES members.**
1. A contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS, as appropriate, is financially responsible for behavioral health post-stabilization services obtained within or outside the network that have been prior authorized by the contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS.
  2. The contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS, as appropriate, is financially responsible for behavioral health post-stabilization services obtained within or outside the network that are not prior authorized by the contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS, but are administered to maintain the member's stabilized condition within one hour of a request to the contractor, ADHS/DBHS, or a subcontractor for prior authorization of further post-stabilization services;

3. The contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS, as appropriate, is financially responsible for behavioral health post-stabilization services obtained within or outside the network that are not prior authorized by the contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS, but are administered to maintain, improve, or resolve the member's stabilized condition if:
  - a. The contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS, does not respond to a request for prior authorization within one hour;
  - b. The contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS authorized to give the prior authorization cannot be contacted; or
  - c. The representative of the contractor, ADHS/DBHS, or the subcontractor and the treating physician cannot reach an agreement concerning the member's care and the contractor's, ADHS/DBHS' or the subcontractor's physician, is not available for consultation. The treating physician may continue with care of the member until ADHS/DBHS', the contractor's, or the subcontractor's physician is reached, or:
    - i. A contracted physician with privileges at the treating hospital assumes responsibility for the member's care;
    - ii. ADHS/DBHS', a contractor's, or a subcontractor's physician assumes responsibility for the member's care through transfer;
    - iii. A representative of the contractor, ADHS/DBHS, or the subcontractor and the treating physician reach agreement concerning the member's care; or
    - iv. The member is discharged.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 5480, effective December 6, 2005 (Supp. 05-4). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

**R9-22-211. Transportation Services**

- A. Emergency ambulance services.**
1. A member shall receive medically necessary emergency transportation in a ground or air ambulance:
    - a. To the nearest appropriate provider or medical facility capable of meeting the member's medical needs, and
    - b. If no other appropriate means of transportation is available.
  2. The Administration or a member's contractor shall reimburse a ground or air ambulance transport that originates in response to a 911 call or other emergency response system:
    - a. If the member's medical condition justifies the medical necessity of the type of ambulance transportation received,
    - b. The transport is to the nearest appropriate provider or medical facility capable of meeting the member's medical needs, and
    - c. No prior authorization is required for reimbursement of these transports.
  3. The member's medical condition at the time of transport determines whether the transport is medically necessary.

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4. A ground or air ambulance provider furnishing transport in response to a 911 call or other emergency response system shall notify the member's contractor within 10 working days from the date of transport. Failure of the provider to provide notification is cause for denial.
  5. Notification to the Administration of emergency transportation provided to a FFS member is not required, but the provider shall submit documentation with the claim that justifies the service.
- B.** The Administration or a contractor covers air ambulance services only if at least one criterion in subsection (B)(1) is met and at least one criterion in subsection (B)(2), or the criterion in subsection (B)(3) is met. The criteria are:
1. The air ambulance transport is initiated at the request of:
    - a. An emergency response unit,
    - b. A law enforcement official,
    - c. A clinic or hospital medical staff member, or
    - d. A physician or practitioner, and
  2. The point of pickup:
    - a. Is inaccessible by ground ambulance, or
    - b. Is a great distance from the nearest hospital or other provider with appropriate facilities to treat the member's condition and ground ambulance service will not suffice, or
  3. The medical condition of the member requires immediate intervention from emergency ambulance personnel or providers with the appropriate facilities to treat the member's condition.
- C.** Coverage of medically necessary nonemergency transportation is limited to the cost of transporting the member to an appropriate provider capable of meeting the member's medical needs.
1. As specified in contract, a contractor shall arrange or provide medically necessary nonemergency transportation services for a member who is unable to arrange transportation to a service site or location.
  2. For a fee-for-service member, the Administration shall authorize medically necessary nonemergency transportation for a member who is unable to arrange transportation to a service site or location.
- D.** For the purposes of this subsection, an individual means a person who is not in the business of providing transportation services such as a family or household member, friend, or neighbor. The Administration or a contractor shall cover expenses for transportation in traveling to and returning from an approved and prior authorized health care service site provided by an individual if:
1. The transportation services are authorized by the Administration or the member's contractor or designee,
  2. The individual is an AHCCCS registered provider, and
  3. No other means of appropriate transportation is available.
- E.** The Administration or a contractor shall cover expenses for meals, lodging, and transportation for a member traveling to and returning from an approved health care service site outside of the member's service area or county of residence.
- F.** The Administration or a contractor shall cover the expense of meals, lodging, and transportation for:
1. A family member accompanying a member if:
    - a. The member is traveling to or returning from an approved health care service site outside of the member's service area or county of residence; and
    - b. The meals, lodging, and transportation services are authorized by the Administration or the member's contractor or designee.
  2. An escort who is not a family member as follows:
    - a. If the member is traveling to or returning from an approved and prior authorized health care service site, including an inpatient facility, outside of the member's service area or county of residence;
    - b. If the escort services are authorized by the Administration or the member's contractor or designee; and
    - c. Wage paid to an escort as reimbursement shall not exceed the federal minimum wage.
- G.** A provider shall obtain prior authorization from the Administration for transportation services provided for a member for the following:
1. Medically necessary nonemergency transportation services not originated through a 911 call or other emergency response system when the distance traveled exceeds 100 miles (whether one way or round trip); and
  2. All meals, lodging, and services of an escort accompanying the member under this Section.
- H.** A charitable organization routinely providing transportation service at no cost to an ambulatory or chairbound person shall not charge or seek reimbursement from the Administration or a contractor for the provision of the service to a member but may enter into a subcontract with a contractor for medically necessary transportation services provided to a member.

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-211 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (A) effective October 1, 1986 (Supp. 86-5). Amended effective December 13, 1993 (Supp. 93-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3).

**R9-22-212. Durable Medical Equipment, Orthotic and Prosthetic Devices, and Medical Supplies**

- A.** Durable medical equipment, orthotic and prosthetic devices, and medical supplies, including incontinence briefs as specified in subsection (E), are covered services to the extent permitted in this Section if provided in compliance with requirements of this Chapter; and
1. Prescribed by the primary care provider, attending physician, or practitioner; or
  2. Prescribed by a specialist upon referral from the primary care provider, attending physician, or practitioner; and
  3. Authorized as required by the Administration, contractor, or contractor's designee.
- B.** Covered medical supplies are consumable items that are designed specifically to meet a medical purpose, are disposable, and are essential for the member's health.
- C.** Covered DME is any item, appliance, or piece of equipment that is not a prosthetic or orthotic; and
1. Is designed for a medical purpose, and is generally not useful to a person in the absence of an illness or injury, and
  2. Can withstand repeated use, and
  3. Is generally reusable by others.
- D.** Prosthetics are devices prescribed by a physician or other licensed practitioner to artificially replace missing, deformed or malfunctioning portion of the body. Only those prosthetics

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that are medically necessary for rehabilitation are covered, except as otherwise provided in R9-22-215.

E. The following limitations on coverage apply:

1. The DME is furnished on a rental or purchase basis, whichever is less expensive. The total expense of renting the DME does not exceed the cost of the DME if purchased.
2. Reasonable repair or adjustment of purchased DME is covered if necessary to make the DME serviceable and if the cost of repair or adjustment is less than the cost of renting or purchasing another unit.
3. A change in, or addition to, an original order for DME is covered if approved by the prescriber in subsection (A), or prior authorized by the Administration or contractor, and the change or addition is indicated clearly on the order and initialed by the vendor. No change or addition to the original order for DME may be made after a claim for services is submitted to the member's contractor, or the Administration, without prior written notification of the change or addition to the Administration or the contractor.
4. Reimbursement for rental fees shall terminate:
  - a. No later than the end of the month in which the prescriber in subsection (A) certifies that the member no longer needs the DME;
  - b. If the member is no longer eligible for AHCCCS services; or
  - c. If the member is no longer enrolled with a contractor, with the exception of transitions of care as specified in R9-22-509.
5. Except for incontinence briefs for persons over 3 years old and under 21 years old as provided in subsection (E)(6), personal care items including items for personal cleanliness, body hygiene, and grooming are not covered unless needed to treat a medical condition. Personal care items are not covered services if used solely for preventive purposes.
6. Incontinence briefs, including pull-ups are covered to prevent skin breakdown and enable participation in social, community, therapeutic and educational activities under the following circumstances:
  - a. The member is over 3 years old and under 21 years old;
  - b. The member is incontinent due to a documented disability that causes incontinence of bowel or bladder, or both;
  - c. The PCP or attending physician has issued a prescription ordering the incontinence briefs;
  - d. Incontinence briefs do not exceed 240 briefs per month unless the prescribing physician presents evidence of medical necessity for more than 240 briefs per month for a member diagnosed with chronic diarrhea or spastic bladder;
  - e. The member obtains incontinence briefs from providers in the contractor's network;
  - f. Prior authorization has been obtained as required by the Administration, contractor, or contractor's designee. Contractors may require a new prior authorization to be issued no more frequently than every 12 months. Prior authorization for a renewal of an existing prescription may be provided by the physician through telephone contact with the member rather than an in-person physician visit. Prior authorization will be permitted to ascertain that:

- i. The member is over age 3 and under age 21;
- ii. The member has a disability that causes incontinence of bladder or bowel, or both;
- iii. A physician has prescribed incontinence briefs as medically necessary. A physician prescription supporting medical necessity may be required for specialty briefs or for briefs different from the standard briefs supplied by the contractor; and
- iv. The prescription is for 240 briefs or fewer per month, unless evidence of medical necessity for over 240 briefs is provided.

7. First aid supplies are not covered unless they are provided in accordance with a prescription.
8. The following services are not covered for individuals 21 years of age or older:
  - a. Hearing aids;
  - b. Prescriptive lenses unless they are the sole visual prosthetic device used by the member after a cataract extraction;
  - c. Bone Anchor Hearing Aid (BAHA);
  - d. Cochlear implant;
  - e. Percussive vest;
  - f. Insulin pump;
  - g. Microprocessor-controlled lower limbs or microprocessor-controlled joints for lower limbs; and
  - h. Orthotics, which are defined as devices that are prescribed by a physician or other licensed practitioner of the healing arts to support a weak or deformed portion of the body.

F. Liability and ownership.

1. Purchased DME that is provided to a member and no longer needed by the member may be disposed of in accordance with each contractor's policy.
2. The Administration shall retain title to purchased DME provided to a member who becomes ineligible or no longer requires use of the DME.
3. If customized DME is purchased by the Administration or contractor for a member, the equipment shall remain with the person during times of transition to a different contractor, or upon loss of eligibility. For purposes of this subsection, customized DME refers to equipment that is altered or built to specifications unique to a member's medical needs and that, most likely, cannot be used or reused to meet the needs of another individual.
4. A member shall return DME obtained fraudulently to the Administration or the contractor.

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-212 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-212 repealed, new Section R9-22-212 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (B), paragraph (2), and deleted subsection (C) effective October 1, 1986 (Supp. 86-5). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 3272, effective September 11, 2007 (Supp.



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07-3). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3).

**R9-22-213. Early and Periodic Screening, Diagnosis, and Treatment Services (E.P.S.D.T.)**

A. The following E.P.S.D.T. services are covered for a member less than 21 years of age:

1. Screening services including:
  - a. Comprehensive health and developmental history;
  - b. Comprehensive unclothed physical examination;
  - c. Appropriate immunizations according to age and health history;
  - d. Laboratory tests; and
  - e. Health education, including anticipatory guidance;
2. Vision services including:
  - a. Diagnosis and treatment for defects in vision;
  - b. Eye examinations for the provision of prescriptive lenses;
  - c. Prescriptive lenses; and
  - d. Frames.
3. Hearing services including:
  - a. Diagnosis and treatment for defects in hearing;
  - b. Testing to determine hearing impairment; and
  - c. Hearing aids;
4. Dental services including:
  - a. Emergency dental services as specified in R9-22-207;
  - b. Preventive services including screening, diagnosis, and treatment of dental disease; and
  - c. Therapeutic dental services including fillings, crowns, dentures, and other prosthetic devices;
5. Orthognathic surgery;
6. Medically necessary, nutritional assessment and nutritional therapy as specified in contract to provide complete daily dietary requirements or supplement a member's daily nutritional and caloric intake;
7. Behavioral health services under 9 A.A.C. 22, Article 12;
8. Hospice services do not include home-delivered meals or services provided and covered through Medicare. The following hospice services are covered:
  - a. Hospice services are covered only for a member who is in the final stages of a terminal illness and has a prognosis of death within six months;
  - b. Services available to a member receiving hospice care are limited to those allowable under 42 CFR 418.202, October 1, 2006, incorporated by reference and on file with the Administration. This incorporation by reference contains no future editions or amendments;
9. Incontinence briefs as specified under R9-22-212; and
10. Other necessary health care, diagnostic services, treatment, and measures required by 42 U.S.C. 1396d(r)(5).

B. Providers of E.P.S.D.T. services shall meet the following standards:

1. Ensure that services are provided by or under the direction of the member's primary care provider, attending physician, practitioner, or dentist.
2. Perform tests and examinations under 42 CFR 441 Subpart B, October 1, 2006, which is incorporated by reference and on file with the Administration. This incorporation by reference contains no future editions or amendments.
3. Refer a member as necessary for dental diagnosis and treatment and necessary specialty care.

4. Refer a member as necessary for behavioral health evaluation and treatment services.

C. Contractors shall meet other E.P.S.D.T. requirements as specified in contract.

D. A primary care provider, attending physician, or practitioner shall refer a member with special health care needs under R9-7-301 to CRS.

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-213 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-213 repealed, new Section R9-22-213 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended effective December 13, 1993 (Supp. 93-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 3272, effective September 11, 2007 (Supp. 07-3). Amended by final rulemaking at 20 A.A.R. 1949, effective September 6, 2014 (Supp. 14-3).

**R9-22-214. Repealed**

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-214 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-214 repealed, new Section R9-22-214 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (B), paragraph (4) and added subsection (C), paragraph (2) effective October 1, 1986 (Supp. 86-5). Correction to subsection (C), paragraph (2) (Supp. 87-4). Section repealed effective September 22, 1997 (Supp. 97-3).

**R9-22-215. Other Medical Professional Services**

A. The following medical professional services are covered services if a member receives these services in an inpatient, outpatient, or office:

1. Dialysis;
2. The following family planning services if provided to delay or prevent pregnancy:
  - a. Medications,
  - b. Supplies,
  - c. Devices, and
  - d. Surgical procedures;
3. Family planning services are limited to:
  - a. Contraceptive counseling, medications, supplies, and associated medical and laboratory examinations, including HIV blood screening as part of a package of sexually transmitted disease tests provided with a family planning service;
  - b. Sterilization; and
  - c. Natural family planning education or referral;
4. Midwifery services provided by a certified nurse practitioner in midwifery;
5. Midwifery services for low-risk pregnancies and home deliveries provided by a licensed midwife;
6. Respiratory therapy;

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7. Ambulatory and outpatient surgery facilities services;
  8. Home health services under A.R.S. § 36-2907(D);
  9. Private or special duty nursing services;
  10. Rehabilitation services including physical therapy, occupational therapy, speech therapy, and audiology within limitations in subsection (C);
  11. Total parenteral nutrition services, which are the provision of total caloric needs by intravenous route for individuals with severe pathology of the alimentary tract; and
  12. Chemotherapy.
- B.** Prior authorization from the Administration for a member is required for services listed in subsections (A)(3)(b), and (A)(4) through (11); except for:
1. Voluntary sterilization;
  2. Dialysis shunt placement;
  3. Arteriovenous graft placement for dialysis;
  4. Angioplasties or thrombectomies of dialysis shunts;
  5. Angioplasties or thrombectomies of arteriovenous grafts for dialysis;
  6. Eye surgery for the treatment of diabetic retinopathy;
  7. Eye surgery for the treatment of glaucoma;
  8. Eye surgery for the treatment of macular degeneration;
  9. Home health visits following an acute hospitalization (limited up to five visits);
  10. Hysteroscopies (up to two, one before and one after) when associated with a family planning diagnosis code and done within 90 days of hysteroscopic sterilization;
  11. Physical therapy subject to the limitation in subsection (C);
  12. Facility services related to wound debridement;
  13. Apnea management and training for premature babies up to the age of 1; and
  14. Other services identified by the Administration through the Provider Participation Agreement.
- C.** The following are not covered services:
1. Occupational and speech therapies provided on an outpatient basis for a member age 21 or older;
  2. Abortion counseling;
  3. Services or items furnished solely for cosmetic purposes;
  4. Services provided by a podiatrist; or
  5. More than 15 outpatient physical therapy visits per benefit year for persons age 21 years or older for the purpose of restoring a skill or level of function and maintaining that skill or level of function once restored.
  6. More than 15 outpatient physical therapy visits per benefit year for persons age 21 years or older for the purpose of acquiring a new skill or a new level of function and maintaining that skill or level of function once acquired.

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-215 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by final

rulemaking at 20 A.A.R. 1949, effective September 6, 2014 (Supp. 14-3).

**R9-22-216. NF, Alternative HCBS Setting, or HCBS**

- A.** Services provided in a NF, including room and board, an alternative HCBS setting as defined in R9-28-101, or a HCBS as defined in A.R.S. § 36-2939 are covered for a maximum of 90 days per contract year if the member's medical condition would otherwise require hospitalization.
- B.** Except as otherwise provided in 9 A.A.C. 28, the following services are not itemized for separate billing if provided in a NF, alternative HCBS setting, or HCBS:
1. Nursing services, including:
    - a. Administering medication;
    - b. Tube feedings;
    - c. Personal care services, including but not limited to assistance with bathing and grooming;
    - d. Routine testing of vital signs; and
    - e. Maintenance of a catheter;
  2. Basic patient care equipment and sickroom supplies, including:
    - a. First aid supplies such as bandages, tape, ointments, peroxide, alcohol, and over-the-counter remedies;
    - b. Bathing and grooming supplies;
    - c. Identification device;
    - d. Skin lotion;
    - e. Medication cup;
    - f. Alcohol wipes, cotton balls, and cotton rolls;
    - g. Rubber gloves (non-sterile);
    - h. Laxatives;
    - i. Bed and accessories;
    - j. Thermometer;
    - k. Ice bags;
    - l. Rubber sheeting;
    - m. Passive restraints;
    - n. Glycerin swabs;
    - o. Facial tissue;
    - p. Enemas;
    - q. Heating pad; and
    - r. Incontinence briefs.
  3. Dietary services including preparation and administration of special diets, and adaptive tools for eating;
  4. Any service that is included in a NF's room and board charge or a service that is required of the NF to meet a federal or state licensure standard or county certification requirement;
  5. Physician visits made solely for the purpose of meeting state licensure standards or county certification requirements;
  6. Physical therapy prescribed only as a maintenance regimen; and
  7. Assistive devices and non-customized durable medical equipment.
- C.** A provider shall obtain prior authorization from the Administration for a NF admission for a FFS member.

**Historical Note**

Adopted effective October 1, 1985 (Supp. 85-5). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Subsection (C) amended to correct a typographical error (Supp. 00-4). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 3272, effective September

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11, 2007 (Supp. 07-3). Amended by final rulemaking at 13 A.A.R. 4122, effective November 6, 2007 (Supp. 07-4).

**R9-22-217. Services Included in the Federal Emergency Services Program**

- A.** Definition. Notwithstanding the definition in R9-22-201, for the purposes of this Section, an emergency medical or behavioral health condition for a FES member means a medical condition or a behavioral health condition, including labor and delivery, manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in:
1. Placing the member's health in serious jeopardy,
  2. Serious impairment to bodily functions,
  3. Serious dysfunction of any bodily organ or part, or
  4. Serious physical harm to another person.
- B.** Services. "Emergency services for a FES member" mean those medical or behavioral health services provided for the treatment of an emergency condition. Emergency services include outpatient dialysis services for a FES member with End Stage Renal Disease (ESRD) where a treating physician has certified for the month in which services are received that in the physician's opinion the absence of receiving dialysis at least three times per week would reasonably be expected to result in:
1. Placing the member's health in serious jeopardy, or
  2. Serious impairment of bodily function, or
  3. Serious dysfunction of a bodily organ or part.
- C.** Covered services. Services are considered emergency services if all of the criteria specified in subsection (A) are satisfied at the time the services are rendered. The Administration shall determine whether an emergency condition exists on a case-by-case basis.
- D.** Prior authorization. A provider is not required to obtain prior authorization for emergency services for FES members. Prior authorization for outpatient dialysis services is met when the treating physician has completed and signed a monthly certification as described in subsection (B).
- E.** Services rendered through the Federal Emergency Services Program are subject to all exclusions and limitation on services in this Article including but not limited to the limitations on inpatient hospital services in R9-22-204.

**Historical Note**

Adopted under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by exempt rulemaking at 7 A.A.R. 5701, effective December 1, 2001 (Supp. 01-4). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Amended by final rulemaking at 11 A.A.R. 5480, effective December 6, 2005 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 3351, effective November 10, 2007 (Supp. 07-3). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by exempt rulemaking at 17 A.A.R. 1868, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3). Amended

by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

**R9-22-218. Repealed**

**Historical Note**

Section R9-22-218 renumbered from R9-22-206 effective January 1, 1996, under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1995, Third Special Session, Ch. 1, § 5; filed with the Office of the Secretary of State December 28, 1995 (Supp. 95-4). Section repealed effective September 22, 1997 (Supp. 97-3).

**ARTICLE 3. GENERAL ELIGIBILITY REQUIREMENTS**

**R9-22-301. General Eligibility Definitions**

Definitions. In addition to definitions contained in R9-22-101 and A.R.S. § 36-2901, the words and phrases in this Article, Article 14 and Article 15 have the following meanings unless the context explicitly requires another meaning:

"Applicant," notwithstanding R9-22-101, means a person listed on an application for whom AHCCCS coverage is being sought.

"BHS" means Behavioral Health Services.

"CRS" means the program administered by the Administration or its designee that provides covered medical services and covered support services in accordance with A.R.S. § 36-261.

"DCSS" means the Division of Child Support Services, which is the division within the Department that administers the Title IV-D program and includes a contract agent operating a child support enforcement program on behalf of the Department.

"FAA" means the Family Assistance Administration, the administration within the Department's Division of Benefits and Medical Eligibility with responsibility for providing cash and food stamp assistance to a member and for determining eligibility for AHCCCS medical coverage.

"Income" means combined earned and unearned income.

"Medical support" means to provide health care coverage in the form of health insurance or court-ordered payment for medical care.

"Member" means an applicant who has been determined to qualify for AHCCCS coverage by the Administration or its designee.

"Pre-enrollment process" means the process that provides an applicant the opportunity to choose an AHCCCS health plan before the determination of eligibility is completed.

"Resources" means real and personal property, including liquid assets.

"Sponsor" means an individual who signs the USCIS I-864 Affidavit of Support agreeing to support a non-citizen as a condition of the non-citizen's admission for permanent residence in the United States.

"Sponsor deemed income" means the unearned income deemed available to the applicant named on the USCIS I-864 Affidavit of Support.

"SVES" means the State Verification and Exchange System, a system through which the Department exchanges

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income and benefit information with the Internal Revenue Service, Social Security Administration, and State Wage and Unemployment Insurance Benefit data files. “USCIS” means the United States Citizenship and Immigration Services.

**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-301 renumbered together with former Section R9-22-102 as Section R9-22-101 and amended effective October 1, 1983 (Supp. 83-5). New Section R9-22-301 adopted effective November 20, 1984 (Supp. 84-6).

Amended effective October 1, 1985 (Supp. 85-5).

Amended subsection (B), paragraph (8), subsection (E), paragraph (3), and subsection (J), paragraph (5) effective October 1, 1986 (Supp. 86-5). Amended subsections (C) and (E) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsections (B) and (C) effective October 1, 1987; amended subsection (D) effective December 22, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective September 29, 1992 (Supp. 92-3). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section reserved by final rulemaking at 19 A.A.R.

3309, effective November 30, 2013 (Supp. 13-4). New Section made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014; the adoption of this Section was slated to be codified in Supp. 14-1 but due to a clerical error, was not published. The new Section was published in Supp. 20-4 and no additional amendments have been made to this Section since January 7, 2014 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 1834 (June 6, 2025), effective July 14, 2025 (Supp. 25-2).

**R9-22-302. AHCCCS Eligibility Application**

Application process.

1. Right to apply. A person may apply for AHCCCS medical coverage by submitting an Administration-approved application to the Administration or its designee, an FAA office, or one of the following outstation locations:
  - a. A Federally Qualified Health Center or disproportionate share hospital under 42 U.S.C. 1396r-4; or
  - b. Any other site, including a hospital, approved by the Administration or its designee.
2. Application. To initiate the application process, the Administration or its designee will accept an application from the applicant, an adult who is in the applicant's household, as defined in 42 CFR 435.603(f), or family, as defined in section 36B(d)(1) of the Internal Revenue Service (IRS) Code, an authorized representative, or if the applicant is a minor or incapacitated, someone acting responsibly for the applicant by submitting a written or online application under 42 CFR 435.907.
  - a. A phone or written application must contain at least the following to be submitted to the Administration or its designee:
    - i. Applicant's legible name,
    - ii. Address or location where the applicant can be reached,
    - iii. Signature of the person submitting the application,
    - iv. Date the application was signed.

- v. The Administration or its designee shall require that a third party witness the signing and attest by signing the application if the individual signing the application signs with a mark.
  - b. An online application must be completed in full in order to be submitted to the Administration or its designee.
3. Incomplete application. If the application is incomplete, the Administration or its designee shall do at least one of the following:
  - a. Contact an applicant or an applicant's representative by telephone or electronic medium to obtain the missing information required for an eligibility determination;
  - b. Mail a request for additional information to an applicant or an applicant's representative, allowing 10 days from the date of the request to provide the required additional information; or
  - c. Meet with the applicant, representative, or household member.
4. Date of application. The date of application is the date application is received by the Administration or its designee either on-line or at a location listed in subsection (1).
5. Complete application form. The Administration or its designee shall consider an application complete when all questions are answered. The same person as listed under subsection (2) is the person that must sign the completed application. The application shall be witnessed and signed by a third party if the individual signing the application signs with a mark.
6. Assistance with application. The Administration or its designee shall allow a person of the applicant's choice to accompany, assist, and represent the applicant in the application process.

**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-302 repealed, new Section R9-22-302 adopted effective November 20, 1984 (Supp. 84-6). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section reserved by final rulemaking at 19 A.A.R. 3309, effective November 30, 2013 (Supp. 13-4). New Section made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014; the adoption of this Section was slated to be codified in Supp. 14-1 but due to a clerical error, was not published. The new Section was published in Supp. 20-4 and no additional amendments have been made to this Section since January 7, 2014 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 1834 (June 6, 2025), effective July 14, 2025 (Supp. 25-2).

**R9-22-303. Prior Quarter Eligibility**

- A. Subject to CMS approval, prior quarter coverage eligibility shall be limited to applicants who meet the requirements in subsection (B) and who also:
  1. Are eligible during any of the three months prior to application; and

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2. Received one or more covered services described in 9 A.A.C. 22, Article 2 and Article 12, and 9 A.A.C. 28, Article 2 during the month; and
  3. Would have qualified for Medicaid at the time services were received if the person had applied regardless of whether the person is alive when the application is made.
- B.** Prior quarter coverage eligibility is limited to applicants who are:
1. Under the age of 19, or
  2. Pregnant, or
  3. In the 60 day post-partum period beginning with the last day of the pregnancy.

**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-303 repealed, new Section R9-22-303 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (A) effective February 26, 1988 (Supp. 88-1). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section made by final rulemaking at 19 A.A.R. 3309, effective November 30, 2013 (Supp. 13-4). Amended by final rulemaking at 25 A.A.R. 1849, with an immediate effective date of July 1, 2019 (Supp. 19-3).

**R9-22-304. Verification of Eligibility Information**

- A.** Except as provided in subsection (E), if information provided by or on behalf of an applicant or member on an application, renewal form or otherwise does not conflict with information obtained by the agency through an electronic data match, the Administration or its designee shall determine or renew eligibility based on such information.
- B.** The Administration or its designee shall not require an applicant, member, or representative to provide additional verification unless the verification cannot be obtained electronically or the verification obtained electronically conflicts with information provided by or on behalf of the applicant or member.
- C.** If information provided by or on behalf of an applicant or member does conflict with information obtained through an electronic data match, the applicant or member shall provide the Administration or its designee with information or documentation necessary to verify eligibility, including evidence originating from an agency, organization, or an individual with actual knowledge of the information.
- D.** Income information obtained through an electronic data match shall be considered reasonably compatible with income information provided by or on behalf of an individual if both meet or both exceed the applicable income limit.
- E.** The Administration or its designee shall not accept the applicant's or member's statement by itself as verification of:
1. SSN;
  2. Qualified alien status, except as described under 42 USC 1320b-7(d)(4)(A); or
  3. Citizenship, except as described under 42 USC 1396a(ee)(1).
- F.** The Administration or its designee shall give an applicant or member at least 15 days from the date of a written or electronic request for information to provide required verification. The Administration or its designee may deny the application or discontinue eligibility if an applicant or a member does not provide the required information timely.

**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-304 repealed, new Section R9-22-304 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-304 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1). Amended by final rulemaking at 31 A.A.R. 1834 (June 6, 2025), effective July 14, 2025 (Supp. 25-2).

**R9-22-305. Eligibility Requirements**

As a condition of eligibility, the Administration or its designee must require applicants, and members to do the following:

1. Furnish a SSN under 42 CFR 435.910 and 435.920, or in the absence of an SSN, provide proof of a submitted application of SSN. The Administration or its designee will assist in obtaining or verifying the applicant's SSN under 42 CFR 435.910 if an applicant cannot recall the applicant's SSN or has not been issued a SSN. An applicant is not required to furnish an SSN if the applicant is not able to legally obtain a SSN. The Administration or its designee shall determine eligibility notwithstanding the applicant's lack of a SSN, if the applicant is cooperating with the Administration or its designee to obtain a SSN and obtain a SSN prior to the next scheduled review of eligibility.
2. Provide proof of residency of Arizona. An applicant or a member is not eligible unless the applicant or member is a resident of Arizona under 42 CFR 435.403 effective October 1, 2012, which is incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
3. A declaration must be provided for each person for whom benefits are being sought stating whether the individual is a citizen or national of the United States, and, if that individual is not a citizen or national of the United States, that the individual is a qualified alien. The declaration must be provided by the individual for whom eligibility is being sought or an adult member of the individual's family or household.
4. Each applicant who claims qualified alien status must provide either:
  - a. Alien registration documentation or other proof of immigration registration from the Immigration and Naturalization Service that contains the individual's alien admission number or alien file number (or numbers if the individual has more than one number), or
  - b. Other documents that the Administration or its designee accepts as evidence of immigration status, such as:
    - i. A Form I-94 Departure Record issued by the USCIS,
    - ii. A Foreign Passport,
    - iii. A USCIS Parole Notice,
    - iv. A Victim of Trafficking Certification or Eligibility Letter issued by the US DHHS Office of Refugee Resettlement,
    - v. Other documentation consistent with 42 CFR 435.406 or 435.407.

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- c. Sufficient information for the Administration or its designee to obtain electronic verification of immigration status from the USCIS.
5. If a person for whom eligibility is being sought, states that they are an alien, that person is not required to comply with subsections (4) and (5); however, if they do not comply with those sections, and if they meet all other eligibility criteria, benefits will be limited to those necessary to treat an emergency medical condition.

**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-305 repealed, new Section R9-22-305 adopted effective November 20, 1984 (Supp. 84-6). Amended subsection (A) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (A) effective February 26, 1988 (Supp. 88-1). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-305 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1). Amended by final rulemaking at 31 A.A.R. 1834 (June 6, 2025), effective July 14, 2025 (Supp. 25-2).

**R9-22-306. Administration, Administration's designee or Member Responsibilities**

- A. The Administration or its designee is responsible for the following:
  1. The Administration or its designee shall determine eligibility within 90 days for an applicant applying on the basis of disability and 45 days for all other applicants, unless:
    - a. The agency cannot reach a decision because the applicant or an examining physician delays or fails to take a required action, or
    - b. When there is an administrative or other emergency beyond the agency's control.
  2. If an applicant dies while an application is pending, the Administration or its designee shall complete an eligibility determination for the deceased applicant.
  3. The Administration or its designee shall complete an eligibility determination on an application filed on behalf of a deceased applicant.
  4. During the application process the Administration or its designee shall provide information to the applicant or member explaining the requirements to:
    - a. Cooperate with DCSS in establishing paternity and enforcing medical support, except in circumstances when good cause under 42 CFR 433.147 exists for not cooperating;
    - b. Establish good cause for not cooperating with DCSS in establishing paternity and enforcing medical support, when applicable;
    - c. Report a change listed under subsection (B)(3)(c) no later than 10 days from the date the applicant or member knows of the change;
    - d. Send to the Administration or its designee any medical support payments resulting from a court order;
    - e. Cooperate with the Administration or its designee's assignment of rights and securing payments received from any liable party for a member's medical care.
  5. Offer to help the applicant or member to complete the application form and to obtain the required verification;
  6. Provide the applicant or member with information explaining:

- a. The eligibility and verification requirements for AHCCCS medical coverage;
- b. The requirement that the applicant or member obtain and provide a SSN to the Administration or its designee;
- c. How the Administration or its designee uses the SSN;
7. Explain to the applicant or member the practice of exchange of eligibility and income information through the electronic service established by the Secretary;
8. Explain to the applicant and member the right to appeal an adverse action under R9-22-315;
9. Use any information provided by the member to complete data matches with potentially liable parties;
10. Explain the eligibility review process;
11. Explain the AHCCCS pre-enrollment process;
12. Use the Systematic Alien Verification for Entitlements (SAVE) process to verify qualified alien status;
13. Provide information regarding the penalties for perjury and fraud on the application;
14. Review any verification items provided by the applicant or member and inform the member of any additional verification items and time-frames within which the applicant or member shall provide information to the Administration or its designee;
15. Explain to the applicant or member the applicant's and member's responsibilities under subsection (B);
16. Transfer the applicant's information to other insurance affordability programs as described under 42 CFR 435.1200(e) when the applicant does not qualify for Medicaid;
17. Attain a written record of a collateral contact: such as a verbal statement from a representative of an agency or organization, or an individual with actual knowledge of the information;
18. Complete a review of eligibility:
  - a. Any time there is a change in a member's circumstance that may affect eligibility,
  - b. For a member approved for the MED program under R9-22-1435 through R9-22-1440 before the end of the six-month eligibility period,
  - c. Of each member's continued eligibility for AHCCCS medical coverage once every 12 months;
19. The Administration or its designee shall discontinue eligibility and notify the member of the discontinuance under R9-22-307 if the member:
  - a. Fails to comply with the review of eligibility,
  - b. Fails to comply under 42 CFR 433.148 with the requirements and conditions of eligibility under this Article regarding assignment of rights and cooperation of establishing paternity and obtaining medical support, or
  - c. Does not meet the eligibility requirements; and
20. Redetermine eligibility for a person terminated from the SSI cash program.
  - a. Continuation of AHCCCS medical coverage. The Administration shall continue AHCCCS medical coverage for a person terminated from the SSI cash program until a redetermination of eligibility is completed.
  - b. Coverage group screening. Before terminating a person from the SSI cash program, the Administration shall determine if the person is eligible for coverage

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as a person described in A.R.S. §§ 36-2901(6)(a)(i) through (vi) or 36-2934.

c. Eligibility decision.

- i. If a person is eligible under this Article or 9 A.A.C. 28, Article 4, the Administration shall send a notice informing the applicant that AHCCCS medical coverage is approved.
- ii. If a person is ineligible, the Administration shall send a notice to deny AHCCCS medical coverage.

**B. Applicant and Member Responsibilities.**

1. An applicant or a member shall authorize the Administration or its designee to obtain verification for initial eligibility or continuation of eligibility.
2. As a condition of eligibility, an applicant or a member shall:
  - a. Provide the Administration or its designee with complete and truthful information. The Administration or its designee may deny an application or discontinue eligibility if:
    - i. The applicant or member fails to provide information necessary for initial or continuing eligibility;
    - ii. The applicant or member fails to provide the Administration or its designee with written authorization or electronic authorization to permit the Administration or its designee to obtain necessary initial or continuing eligibility verification;
    - iii. The applicant or member fails to provide verification under R9-22-304 after the Administration or its designee made an effort to obtain the necessary verification but has not obtained the necessary information; or
    - iv. The applicant or member does not assist the Administration or its designee in resolving incomplete, inconsistent, or unclear information that is necessary for initial or continuing eligibility;
  - b. Cooperate with the Division of Child Support Services (DCSS) in establishing paternity and enforcing medical support obligations when requested unless good cause exists for not cooperating under 42 CFR 433.147 as of October 1, 2012, which is incorporated by reference, on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol St., NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments. The Administration or its designee shall not deny AHCCCS eligibility to an applicant who would otherwise be eligible, is a minor child, and whose parent or legal representative does not cooperate with the medical support requirements or first- and third-party liability requirements under Article 10 of this Chapter; and
  - c. Provide the information needed to pursue third party coverage for medical care, such as:
    - i. Name of policyholder,
    - ii. Policyholder's relationship to the applicant or member,
    - iii. Name and address of the insurance company, and
    - iv. Policy number.

3. A member or an applicant shall:

- a. Send to the Administration or its designee any medical support payments received while the member is eligible that result from a medical support order;
- b. Cooperate with the Administration or its designee regarding any issues arising as a result of Eligibility Quality Control described under A.R.S. § 36-2903.01; and
- c. Inform the Administration or its designee of the following changes within 10 days from the date the applicant or member knows of a change:
  - i. In address;
  - ii. In the household's composition;
  - iii. In income;
  - iv. In resources, when required under the Medical Expense Deduction (MED) program;
  - v. In Arizona state residency;
  - vi. In citizenship or immigrant status;
  - vii. In first- or third-party liability that may contribute to the payment of all or a portion of the person's medical costs;
  - viii. That may affect the member's or applicant's eligibility, including a change in a woman's pregnancy status;
  - ix. Death;
  - x. Change in marital status; or
  - xi. Change in school attendance.

4. As a condition of eligibility, an applicant or a member shall cooperate with the assignment of rights as required by R9-22-311. If the applicant or member receives medical care and services for which a first or third party is or may be liable, the applicant or member shall cooperate with the Administration or its designee in assisting, identifying and providing information to assist the Administration or its designee in pursuing any first or third party who is or may be liable to pay for medical care and services.

5. A pregnant woman under A.R.S. § 36-2901(6)(a)(ii) is not required to provide the Administration or its designee with information regarding paternity or medical support from a father of a child born out of wedlock.

**C. Administration or its designee responsibilities at Eligibility Renewal.**

1. The Administration or its designee shall renew eligibility without requiring information from the individual if able to do so based on reliable information available to the agency, including through an electronic data match. If able to renew eligibility based on such information, the Administration or its designee shall send the member notice of:
  - a. The eligibility determination; and
  - b. The member's requirement to notify the Administration or its designee if any of the information contained in the renewal notice is inaccurate.
2. If unable to renew eligibility, the Administration or its designee shall:
  - a. Send a pre-populated renewal form listing the information needed to renew eligibility,
  - b. Give the member 30 days from the date of the renewal form to submit the signed renewal form and the information needed,
  - c. Send the member notice of the renewal decision under R9-22-312 or R9-22-1413(B) as applicable.

**Historical Note**

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Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-306 repealed, new Section R9-22-306 adopted effective November 20, 1984 (Supp. 84-6).

Amended effective October 1, 1985 (Supp. 85-5).

Amended subsection (B), paragraphs (1) and (6) effective October 1, 1986 (Supp. 86-5). Amended subsection (B), paragraph (1) and added a new subsection (N) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6).

Amended subsection (B) effective October 1, 1987; amended subsection (N) effective December 22, 1987 (Supp. 87-4). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-306 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-307. Approval or Denial of Eligibility**

**A.** Approval. If the applicant meets all the eligibility requirements and conditions of eligibility of this Article, the Administration or its designee shall approve the application and provide the applicant with an approval notice. The approval notice shall contain:

1. The name of each approved applicant,
2. The effective date of eligibility for each approved applicant,
3. The reason and the legal citations if a member is approved for only emergency medical services, and
4. The applicant's right to appeal the decision.

**B.** Denial. If an applicant fails to meet the eligibility requirements or conditions of eligibility of this Article, the Administration or its designee shall deny the application and provide the applicant with a denial notice. The denial notice shall contain:

1. The name of each ineligible applicant,
2. The specific reason why the applicant is ineligible,
3. The income and resource calculations for the applicant compared to the income or resource standards for eligibility when the reason for the denial is due to the applicant's income or resources exceeding the applicable standard,
4. The legal citations supporting the reason for the ineligibility,
5. The location where the applicant can review the legal citations,
6. The date of the application being denied; and
7. The applicant's right to appeal the decision and request a hearing.

**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Amended subsections (A) and (C), added subsection (G) and (H) effective October 1, 1983 (Supp. 83-5). Former Section R9-22-307 repealed, new Section R9-22-307 adopted effective November 20, 1984 (Supp. 84-6).

Amended effective October 1, 1985 (Supp. 85-5).

Amended subsection (A) as an emergency effective December 4, 1985 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 85-6). Permanent amendment to subsection (A) effective February 5, 1986 (Supp. 86-1).

Amended subsections (E) and (F) effective October 1, 1986 (Supp. 86-5). Amended effective January 1, 1987,

filed December 31, 1986 (Supp. 86-6). Amended subsection (A) effective February 26, 1988 (Supp. 88-1).

Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective

September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 8,

1996; filed with the Office of the Secretary of State November 6, 1996 (Supp. 96-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-307 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-308. Reinstating Eligibility**

The Administration or its designee shall reopen an application or reinstate eligibility of a member when any of the following conditions are met:

1. The denial or discontinuance of eligibility was due to an administrative error,
2. The discontinuance of eligibility was due to noncompliance with a condition of eligibility and the applicant or member complies prior to the effective date of the discontinuance,
3. The member informs the Administration or its designee of a change of circumstances prior to the effective date of the discontinuance, that would allow for continued eligibility, or
4. Following a discontinuance, the member qualifies for continuation of medical coverage pending an appeal.

**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4).

Amended effective October 1, 1983 (Supp. 83-5).

Amended by adding subsection (C) effective March 2, 1984 (Supp. 84-2). Former Section R9-22-308 repealed, new Section R9-22-308 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Change in heading only effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-308 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-309. Confidentiality and Safeguarding of Information**

The Administration or its designee shall maintain the confidentiality of an applicant or member's records and limit the release of safeguarded information under R9-22-512 and 6 A.A.C. 12, Article 1. In the event of a conflict between R9-22-512 and 6 A.A.C. 12, Article 1, R9-22-512 prevails.

**Historical Note**



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Adopted effective August 30, 1984 (Supp. 82-4). Amended (D)(1)(d) effective October 1, 1983 (Supp. 83-5). Former Section R9-22-309 repealed, new Section R9-22-309 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended subsection (F) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsections (A), (B) and (C) effective October 1, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-309 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-310. Ineligible Person**

A person is not eligible for AHCCCS medical coverage if the person is:

1. An inmate of a public institution, or
2. Over age 64 and is residing in an Institution for Mental Disease under 42 CFR 435.1009 except as allowed in 42 USC 1396d(h) or as allowed under the Administration's Section 1115 waiver.

**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Amended (B)(7) and added subsections (C) and (D) effective October 1, 1983 (Supp. 83-5). Former Section R9-22-310 repealed, new Section R9-22-310 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (B) and deleted subsection (C) effective October 1, 1986 (Supp. 86-5). Amended subsection (B), paragraph (7) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (B) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-310 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-311. Assignment of Rights Under Operation of Law**

By operation of law and under A.R.S. § 36-2903, a person determined eligible assigns rights to the system medical benefits to which the person is entitled.

**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-311 repealed, new Section R9-22-311 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Change in heading only effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective April 13, 1990 (Supp. 90-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-311 made by

final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-312. Member Notices**

- A. Contents of notice. The Administration or its designee shall issue a notice by mail, personal delivery, or electronic means when an action is taken regarding a person's eligibility or premiums. The notice shall contain the following information:
1. The date of the notice issued;
  2. A statement of the action being taken;
  3. The effective date of the action;
  4. The specific reason for the intended action;
  5. If eligibility is being discontinued due to income in excess of the income standards, the actual figures used in the eligibility determination and the amount by which the person exceeds income standards;
  6. If a premium is imposed or increased, the actual figures used in determining the premium amount;
  7. The specific law or regulation that supports the action, or a change in federal or state law that requires an action;
  8. An explanation of the member's rights to an appeal and continued benefits.
- B. Advance notice of changes in eligibility or premiums. "Advance notice" means a notice that is issued to a person at least 10 days before the effective date of the change. Except as specified in subsection (C), advance notice shall be issued whenever the following adverse action is taken:
1. To discontinue or suspend or reduce eligibility or covered services; or
  2. To impose a premium or increase a person's premium.
- C. The Administration or its designee shall issue a Notice of Adverse Action to a member no later than the effective date of action if:
1. The Administration or its designee receives a request to withdraw;
  2. A person provides information that requires termination of eligibility or an increase or imposition of the premium and the person signs a clear written statement waiving advance notice;
  3. A person cannot be located and mail sent to that person has been returned as undeliverable;
  4. A person has been admitted to a public institution where the person is ineligible under R9-22-310;
  5. A person has been approved for Medicaid or CHIP in another state; or
  6. The Administration or its designee has information that confirms the death of the person.

**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Amended subsections (A) and (B), added subsection (D) effective October 1, 1983 (Supp. 83-5). Former Section R9-22-312 repealed, new Section R9-22-312 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (A) effective October 1, 1986 (Supp. 86-5). Change in heading only effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (A) effective October 1, 1987 (Supp. 87-4). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-312

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made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-313. Withdrawal of Application**

- A. An applicant may withdraw an application at any time before the Administration or its designee completes an eligibility determination by making an oral or written request for withdrawal to the Administration or its designee and stating the reason for withdrawal.
- B. If an applicant orally requests withdrawal of the application, the Administration or its designee shall document the:
  - 1. Date of the request,
  - 2. Name of the applicant for whom the withdrawal applies, and
  - 3. Reason for the withdrawal.
- C. An applicant may withdraw an application in writing by:
  - 1. Completing an Administration-approved voluntary withdrawal form; or
  - 2. Submitting a written, signed, and dated request to withdraw the application.
- D. The effective date of the withdrawal is the date of the application.
- E. If an applicant requests to withdraw an application, the Administration or its designee shall:
  - 1. Deny the application, and
  - 2. Notify the applicant of the denial following the notice requirements under R9-22-307.

**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4).  
 Amended effective October 1, 1983 (Supp. 83-5).  
 Amended subsections (C) and (D) as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended subsections (D) and (E) as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Former Section R9-22-313 repealed, new Section R9-22-313 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended subsections (B), (C), (E) and (G) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsections (B) and (C) effective December 22, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Amended effective December 13, 1993 (Supp. 93-4). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 8, 1996; filed with the Office of the Secretary of State November 6, 1996 (Supp. 96-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-313 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-314. Withdrawal from AHCCCS Medical Coverage**

- A. A member may withdraw from AHCCCS medical coverage at any time by giving oral or written notice of withdrawal to the Administration or its designee. The member or the member's

legal or authorized representative shall provide the Administration or its designee with:

- 1. The reason for the withdrawal,
  - 2. The date the notice is effective, and
  - 3. The name of the member for whom AHCCCS medical coverage is being withdrawn.
- B. If a notice of withdrawal does not identify specific members the Administration or its designee shall discontinue eligibility for any members that the person submitting the withdrawal has legal authority to act on behalf of.
  - C. The Administration or its designee shall notify the member of the discontinuance as required by R9-22-312.

**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4).  
 Amended subsection (A) and added subsection (F) as an emergency effective February 28, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Amended subsection (A) and added subsection (F) as a permanent rule effective May 16, 1983; text of the amended rule identical to the emergency (Supp. 83-3). Former Section R9-22-314 repealed, new Section R9-22-314 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective May 30, 1989 (Supp. 89-2). Amended effective September 29, 1992 (Supp. 92-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-314 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-315. Notice of Adverse Action**

- A. Adverse actions. An applicant or member may appeal, as described under Chapter 34, by requesting a hearing from the Administration or its designee concerning any of the following adverse actions:
  - 1. Complete or partial denial of eligibility under R9-22-307 and R9-22-313(E);
  - 2. Suspension, termination, or reduction of AHCCCS medical coverage under R9-22-307, R9-22-312 and R9-22314;
  - 3. Delay in the eligibility determination beyond the timeframes under this Article;
  - 4. The imposition of or increase in a premium or copayment; or
  - 5. The effective date of eligibility.
- B. Notice of Adverse Action. The Administration or its designee shall personally deliver or send, by mail, or electronic means a Notice of Adverse Action to the person affected by the action. For the purpose of this Section, the date of the Notice of Adverse Action shall be the date of personal delivery to the applicant, the postmark date if mailed, or the email date if emailed.
- C. Automatic change and hearing rights.
  - 1. An applicant or a member is not entitled to a hearing if the sole issue is a federal or state law requiring an automatic change adversely affecting some or all recipients.
  - 2. An applicant or a member is entitled to a hearing if a federal or state law requires an automatic change and the applicant or member timely files an appeal that alleges a misapplication of the facts to the law.

**Historical Note**

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Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-315 repealed, new Section R9-22-315 adopted effective November 20, 1984 (Supp. 84-6). Repealed effective October 1, 1985 (Supp. 85-5). New Section R9-22-315 adopted effective February 5, 1986 (Supp. 86-1). Amended effective February 26, 1988 (Supp. 88-1). Amended effective April 13, 1990 (Supp. 90-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-315 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1). Amended by final rulemaking at 31 A.A.R. 1834 (June 6, 2025), effective July 14, 2025 (Supp. 25-2).

**R9-22-316. Exemptions from Sponsor Deemed Income**

- A.** An applicant shall provide proof to the Administration or its designee when claiming an exemption from sponsor deemed income.
- B.** The Administration or its designee shall grant an exemption from deeming a sponsor's income for a Lawful Permanent Resident applicant if the applicant:
  1. Adjusted immigration status to Lawful Permanent Resident from status as a refugee or asylee;
  2. Is the spouse or dependent child of the sponsor and lives with the sponsor;
  3. Is indigent as specified in subsection (C);
  4. Is a victim of domestic violence or extreme cruelty as specified in subsection (D); or
  5. Has acquired 40 qualified quarters of work credit based on earnings as specified in subsection (E).
- C.** Exemption from sponsor deeming based on indigence.
  1. The Administration or its designee shall consider the applicant indigent and grant an exemption from sponsor deemed income for an applicant, for a period of 12 months beginning with the first month of eligibility if all the following are met:
    - a. An applicant is indigent if all of the following are met:
      - i. The applicant does not reside with the applicant's sponsor;
      - ii. The applicant does not receive free room and board; and
      - iii. The applicant's total gross income including monies received from the sponsor and the value of any vendor payments received for food, utilities, or shelter does not exceed 100% of the FPL for the size of the income group.
    2. The Administration or its designee shall send a notice under 8 U.S.C. 1631(e)(2) to the Attorney General's Office when approving an applicant who is exempt from sponsor deemed income due to indigence.
- D.** The Administration or its designee shall grant an exemption from sponsor deemed income for an applicant who is a victim of domestic violence or extreme cruelty under 8 CFR 204.2 for a period of 12 months beginning with the first month of eligibility. The Administration or its designee shall redetermine the exemption status at each renewal.
  1. The Administration or its designee considers an applicant to be a victim of domestic violence or extreme cruelty when all of the following are met:
    - a. The applicant is the victim, the parent of a child victim, or the child of a parent victim;
    - b. The perpetrator of the domestic violence or extreme cruelty was the spouse or parent of the victim or other family member related by blood, marriage or adoption to the victim;
    - c. The perpetrator was residing in the same household as the victim when the abuse occurred;
    - d. The abuse occurred in the United States;
    - e. The applicant did not participate in the domestic violence or cruelty; and
    - f. The victim does not currently live with the perpetrator.
- E.** The Administration or its designee shall grant an exemption from sponsor deemed income for an applicant who has reached 40 qualifying quarters of work credit.
  1. The Administration or its designee shall not count quarters credited after January 1, 1997 that were earned while the applicant was receiving any federal means-tested benefits.
  2. The Administration or its designee shall not count the 40 qualifying quarters of work credit unless the credited quarters are:
    - a. Quarters that the applicant worked;
    - b. Quarters worked by the applicant's spouse or deceased spouse during their marriage; or
    - c. Quarters worked by the applicant's parents when the applicant was under age 18.

**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-316 repealed, new Section R9-22-316 adopted as an emergency effective February 9, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Former Section R9-22-316 repealed, new Section R9-22-316 adopted as a permanent rule effective May 16, 1983; text of permanent rule identical to the emergency (Supp. 83-3). Amended effective October 1, 1983 (Supp. 83-5). Correction subsection (A), paragraph (1) amended effective October 1, 1983, (Supp. 83-6). Amended as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended

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as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Former Section R9-22-316 repealed, new Section R9-22-316 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (C) effective October 1986 (Supp. 86-5). Change in heading only effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-316 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-317. Sponsor Deemed Income**

- A. The Administration or its designee shall use income of a USCIS sponsor to determine eligibility for a non-citizen applicant, whether or not the income is available, to the non-citizen applicant unless exempt under R9-22-316.
- B. Counting the income from a sponsor.
  1. This Section applies to non-citizen applicants who:
    - a. Are Lawful Permanent Residents under 8 CFR 101.3;
    - b. Applied for Lawful Permanent Resident Status on or after December 19, 1997;
    - c. Are sponsored by an individual who signed a USCIS I-864 Affidavit of Support; and
    - d. Are eligible for full AHCCCS medical coverage.
  2. Sponsor deemed income shall be considered the income of the non-citizen applicant only.
  3. The Administration or its designee shall not use the provisions of this Section when:
    - a. The applicant becomes a naturalized U.S. citizen;
    - b. The applicant qualifies for an exemption listed in R9-22-316; or
    - c. The sponsor dies.
- C. Determining income from a sponsor.
  1. For an applicant who is exempt from sponsor deeming under R9-22-316, only cash contributions actually received from the sponsor are countable income to the applicant.
  2. For an applicant to whom the sponsor's income is deemed, the Administration or its designee shall exclude any cash contributions received from the sponsor.
- D. Calculation of income from a sponsor.
  1. The Administration or its designee shall include the total gross income of the sponsor and the sponsor's spouse, when living with the sponsor;
  2. The Administration or its designee shall subtract an amount equal to 100% of the FPL for the sponsor's household size from the total gross income under (D)(1); and
  3. The amount calculated under subsection (D)(2) is deemed as income to the applicant for purposes of determining eligibility.

**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-317 repealed, new Section R9-22-317 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1986 (Supp. 86-5). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-317

made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-318. Repealed****Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1983 (Supp. 83-5). Amended as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Former Section R9-22-318 repealed, new Section R9-22-318 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (A) and added subsection (C) effective October 1, 1986 (Supp. 86-5). Amended subsection (A) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (B) effective October 1, 1987; amended subsection (A) effective December 22, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended effective December 13, 1993 (Supp. 93-4). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 8, 1996; filed with the Office of the Secretary of State November 6, 1996 (Supp. 96-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-319. Repealed****Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Amended as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Former Section R9-22-319 repealed, new Section R9-22-319 adopted effective November 20, 1984 (Supp. 84-6). Amended effective May 30, 1989 (Supp. 89-2). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-320. Repealed****Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-320 repealed, new Section R9-22-320 adopted effective November 20, 1984 (Supp. 84-6). Amended effective April 13, 1990 (Supp. 90-2). Repealed effective December 13, 1993 (Supp. 93-4).

**R9-22-321. Repealed****Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-321 repealed, new Section R9-22-321 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsections (B) through (E) effective October 1, 1986 (Supp. 86-5). Amended effective January 1,

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1987, filed December 31, 1986 (Supp. 86-6). Amended effective October 1, 1987 (Supp. 87-4). Amended subsections (B) and (D) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2).

Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-322. Repealed****Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Amended as an emergency effective May 27, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-3). Former Section R9-22-322 repealed, new Section R9-22-322 adopted effective October 1, 1983 (Supp. 83-5). Amended as an emergency effective May 18, 1984 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Former Section R9-22-322 repealed, new Section R9-22-322 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Change in heading only effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective September 29, 1992 (Supp. 92-3). Amended December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-323. Repealed****Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-323 repealed, new Section R9-22-323 adopted effective October 1, 1983 (Supp. 83-5). Amended as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Former Section R9-22-323 repealed, new Section R9-22-323 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsections (B) through (D) effective October 1, 1986 (Supp. 86-5). Amended subsections (A), (B) and (D) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsections (B), (D) and (E) effective October 1, 1987 (Supp. 87-4). Amended subsections (B) and (D) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-324. Repealed****Historical Note**

Adopted as an emergency effective July 27, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-4). Former Section R9-22-324 adopted as an emergency renumbered as Section R9-22-327. New Section R9-22-324 adopted effective October 1, 1983 (Supp. 83-5). For-

mer Section R9-22-324 repealed, former Section R9-22-323 renumbered as Section R9-22-324 and adopted as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Former

Section R9-22-324 repealed, new Section R9-22-324 adopted as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Former Section R9-22-324 repealed, new Section R9-22-324 adopted effective November 20, 1984 (Supp. 84-6). Change in heading only effective October 1, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-325. Repealed****Historical Note**

Adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-325 repealed, new Section R9-22-325 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1987 (Supp. 87-4). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-326. Repealed****Historical Note**

Adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-326 repealed, new Section R9-22-326 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (A) effective October 1, 1986 (Supp. 86-5). Amended subsection (A) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Change in heading only effective October 1, 1987 (Supp. 87-4). Amended subsection (A) effective May 30, 1989 (Supp. 89-2). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-327. Repealed****Historical Note**

Former Section R9-22-324 adopted as an emergency effective July 27, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days renumbered as Section R9-22-327 and adopted as a permanent rule effective October 1, 1983 (Supp. 83-5). Former Section R9-22-327 repealed, new Section R9-22-327 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsections (A), (D), (E), (G), (H), and (I) effective October 1, 1986 (Supp. 86-5). Amended subsection (D) and added a new subsection (J) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsections (A) and (E) effective October 1, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed by final

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rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-328. Repealed****Historical Note**

Adopted as an emergency effective October 6, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-5). Emergency Expired. New Section R9-22-328 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsections (A) and (E) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (D) effective October 1, 1987 (Supp. 87-4). Amended subsection (D) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-329. Repealed****Historical Note**

Adopted as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Adopted as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. New Section R9-22-329 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (B) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-330. Repealed****Historical Note**

Adopted as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. New Section R9-22-330 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (A) effective October 1, 1986 (Supp. 86-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (A) effective October 1, 1987 (Supp. 87-4). Amended subsection (A) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-331. Repealed****Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective October 1, 1987 (Supp. 87-4). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-332. Repealed****Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective April 13, 1990 (Supp. 90-2).

Amended effective September 29, 1992 (Supp. 92-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-333. Repealed****Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-334. Repealed****Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-335. Repealed****Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended by adding subsection (C) effective October 1, 1986 (Supp. 86-5). Amended subsection (B) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-336. Repealed****Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended by adding subsection (C) effective September 16, 1987 (Supp. 87-3). Amended subsection (A) effective October 1, 1987 (Supp. 87-4). Amended effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-337. Repealed****Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Correction to subsection (B), paragraph (1) (Supp. 87-3). Amended subsection (C) effective December 22, 1987 (Supp. 87-4). Amended subsection (C) effective December 22, 1987 (Supp. 87-4). Amended effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-338. Repealed****Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Heading changed effective October 1, 1985 (Supp. 85-5). Change in heading only effective January 1, 1987, filed

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December 31, 1986 (Supp. 86-6). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-339. Repealed****Historical Note**

Adopted effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended subsection (B) effective October 1, 1987 (Supp. 87-4). Amended effective January 14, 1997 (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-340. Reserved****Historical Note**

Adopted effective October 1, 1986 (Supp. 86-5). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-341. Repealed****Historical Note**

Adopted effective March 1, 1987, filed December 31, 1986 (Supp. 86-6). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-342. Repealed****Historical Note**

Adopted effective September 29, 1992 (Supp. 92-3). Amended effective September 22, 1997 (Supp. 97-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-343. Repealed****Historical Note**

Adopted under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-344. Repealed****Historical Note**

Adopted under an exemption from the provisions of the Administrative Procedure Act, effective October 8, 1996; filed with the Office of the Secretary of State November 6, 1996 (Supp. 96-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**ARTICLE 4. PENALTY FOR OBTAINING ELIGIBILITY BY FRAUD****R9-22-401. Definitions**

Definitions. The following definitions apply specifically to terms used within this Article:

“Amounts incurred by the system” include capitation payments, costs incurred by any contractor in excess of capitation, reinsurance, and other administrative, legal or investigative costs associated with a person who obtained eligibility contrary to A.R.S. § 36-2905.04 and/or A.R.S. § 36-2991.

“Application for eligibility” means any request for benefits administered by AHCCCS under the authority of A.R.S. Title

36, Chapter 29, including applications for presumptive eligibility submitted to hospitals as described under Article 16 of this Chapter.

“Penalty” means an amount not to exceed the amounts incurred by the system during any time period that the person would have been ineligible for benefits but for the false or fraudulent information provided on the application for eligibility. A penalty does not include, and does not need to be reduced by, the amount of any overpayments that AHCCCS may be entitled to recoup from a person who violated A.R.S. § 36-2905.04 and/or A.R.S. § 36-2991.

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-401 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective January 31, 1986 (Supp. 86-1). Amended effective January 31, 1997 (Supp. 97-1). Amended by final rulemaking at 5 A.A.R. 867, effective March 4, 1999 (Supp. 99-1). Section repealed by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

**R9-22-402. Determining the Amount of the Penalty**

- A. AHCCCS shall determine the amount of a penalty according to A.R.S. § 36-2905.04(B) or A.R.S. § 36-2991(B), whichever is applicable, and this Article.
- B. In addition to any penalty imposed pursuant to ARS §§ 36-2905.04 or 36-2991, and this Article, the Administration may also recoup from the person the amounts incurred by the system as a part of the notice and appeal process described in this Article.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-402 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective January 31, 1986 (Supp. 86-1). Amended effective January 14, 1997 (Supp. 97-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Section repealed by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

**R9-22-403. Mitigating and Aggravating Circumstances**

- A. AHCCCS shall consider any of the following to be mitigating circumstances when determining the amount of a penalty for obtaining eligibility by fraud.
  1. Degree of culpability. The degree of culpability of a person is a mitigating circumstance if the person did not intend to provide or cause to be provided false information on the application for eligibility but was negligent as to the truthfulness of the information provided.
  2. Prior Offenses. At the time of the submittal of the application the person:
    - a. Did not have any prior criminal convictions; and
    - b. Had not been held civilly liable for defrauding a public assistance program.
  3. Financial condition. The financial condition of a person who violates A.R.S. §§ 36-2905.04 or 36-2991 is a miti-

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gating circumstance if the imposition of a penalty without reduction will render the person incapable of obtaining necessities of life such as food, clothing, and shelter. AHCCCS may consider the resources available to the person when determining the amount of the penalty.

4. Other matters as justice may require. AHCCCS shall take into account other circumstances of a mitigating nature, if in the interest of justice; the circumstances require a reduction of the penalty.
- B.** AHCCCS shall consider any of the following to be aggravating circumstances when determining the amount of a penalty for obtaining eligibility by fraud.
1. Degree of culpability. The degree of culpability of a person who provides or causes to be provided false information on the application for eligibility is an aggravating circumstance if the person knows or had reason to know that the information provided on the application for eligibility was false, or the person failed to correct the false information prior to AHCCCS incurring a financial loss as a result of the application for eligibility.
  2. Prior offenses. At any time before the submittal of the application for eligibility, the person was held criminally or civilly liable for committing any fraud, waste, or abuse against any public assistance program.
  3. Financial Loss. The person's violation of A.R.S. §§ 36-2905.04 or 36-2991 caused a loss to the system equal to or exceeding \$5,000.00.
  4. Other matters as justice may require. AHCCCS shall take into account other circumstances of an aggravating nature, if in the interest of justice; the circumstances require an increase of the penalty.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-403 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective January 31, 1986 (Supp. 86-1). Amended by adding subsection (C) effective October 1, 1987 (Supp. 87-4). Amended effective January 14, 1997 (Supp. 97-1). Section repealed by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

**R9-22-404. Notice of Intent**

- A.** If AHCCCS imposes a penalty pursuant to this Article, AHCCCS shall hand deliver or send by certified mail, return receipt requested, or Federal Express to the person, a written Notice of Intent to impose a penalty.
- B.** The Notice of Intent shall include:
  1. The legal and factual basis for AHCCCS' determination that there has been a violation of A.R.S. §§ 36-2905.04 and/or 36-2991;
  2. The penalty;
  3. The amounts incurred by the system as a result of the violation of A.R.S. §§ 36-2905.04 and/or 36-2991, if AHCCCS intends to recoup those amounts through this process; and
  4. The procedure for requesting a State Fair Hearing.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-404 adopted as an emergency now adopted and amended as a permanent rule effective

August 30, 1982 (Supp. 82-4). Amended effective January 31, 1986 (Supp. 86-1). Amended effective January 14, 1997 (Supp. 97-1). Section repealed by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

**R9-22-405. Failure to Respond to the Notice of Intent**

If a person fails to respond to the Notice of Intent within the time-frame described in A.A.C. § R9-22-406(A), AHCCCS shall uphold the penalty and recoupment amounts described in the Notice of Intent.

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-405 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended as an emergency effective February 23, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Amended as a permanent rule effective May 16, 1983; text of the amended rule similar to the emergency (Supp. 83-3). Amended effective January 31, 1986 (Supp. 86-1). Amended effective January 14, 1997 (Supp. 97-1). Section repealed by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

**R9-22-406. Request for State Fair Hearing**

- A.** To dispute the agency action described in the Notice of Intent, the person shall file a written Request for State Fair Hearing with AHCCCS within sixty (60) days from the date of receipt of the Notice of Intent.
- B.** If AHCCCS receives a timely request for a State Fair Hearing from the person, AHCCCS shall mail a Notice of Hearing pursuant to the Uniform Administrative Hearing Procedures described in A.R.S. Title 41, Chapter 6, Article 10.
- C.** AHCCCS shall accept a written request for withdrawal of a hearing request if the written request for withdrawal is received from the person before AHCCCS mails a Notice of Hearing under the Uniform Administrative Hearing Procedures described in A.R.S. Title 41, Chapter 6, Article 10.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-406 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-406 repealed, new Section R9-22-406 adopted as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Former Section R9-22-316 repealed, new Section R9-22-316 adopted as a permanent rule effective May 16, 1983; text of the Section identical to the emergency (Supp. 83-3). Amended effective January 31, 1986 (Supp. 86-1). Amended effective January 14, 1997 (Supp. 97-1). Section repealed by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

**R9-22-407. Burden of Proof**

- A.** In any State Fair Hearing conducted under this Article, AHCCCS shall prove a violation of A.R.S. §§ 36-2905.04 and/or



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36-2991, and any aggravating circumstances by a preponderance of the evidence.

- B. AHCCCS does not have to prove any specific intent to defraud.
- C. A person shall bear the burden of producing and proving by a preponderance of the evidence any affirmative defense or any circumstance that would justify reducing the amount of the penalty.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

**R9-22-408. Rescission of the Notice of Intent**

AHCCCS may rescind the Notice of Intent at any time prior to the State Fair Hearing without prejudice.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

**ARTICLE 5. GENERAL PROVISIONS AND STANDARDS****R9-22-501. General Provisions and Standards - Related Definitions**

In addition to definitions contained in A.R.S. § 36-2901, the words and phrases in this Chapter have the following meanings unless the context explicitly requires another meaning:

“Quality management” means a process used by professional health personnel through a formal program involving multiple organizational components and committees to:

- Assess the degree to which services provided conform to desired medical standards and practices; and
- Quality improvement or maintenance of care and services.

“Quality Improvement” means a process designed to achieve, through ongoing measurements and intervention, significant improvement that is sustained over time, in the areas of clinical care and non-clinical care and is expected to have a favorable effect on health outcomes and member satisfaction. Quality Improvement includes focusing organizational efforts on improving performance and utilizing data to develop intervention strategies to improve performance and outcomes.

“Utilization management/review” means a methodology used by professional health personnel to assess the medical indications, appropriateness, and efficiency of care provided. Utilization management applies to a contractor’s process to evaluate and approve or deny the medical necessity, appropriateness, efficacy and efficiency of health care services, procedures, or settings. Utilization review includes processes for prior authorization, concurrent review, retrospective review, and case management.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-501 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-501 repealed, former Section R9-22-502 renumbered and adopted without change as Section R9-22-501 effective October 1, 1983 (Supp. 83-5). Former Section R9-22-501 repealed, former Section R9-22-526 renumbered and amended as Section R9-22-501 effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section repealed; new Section made by final rulemaking

at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

**R9-22-502. Pre-existing Conditions**

- A. A contractor shall not impose a pre-existing condition exclusion with respect to covered services.
- B. A contractor or subcontractor shall not adopt or use any procedure to identify a person who has an existing or anticipated medical or psychiatric condition in order to discourage or exclude the person from enrolling in the contractor’s health plan or encourage the person to enroll in another health plan.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-502 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-502 renumbered without change as Section R9-22-501, former Section R9-22-503 renumbered and amended as Section R9-22-502 effective October 1, 1983 (Supp. 83-5). Former Section R9-22-502 repealed, new Section R9-22-502 adopted effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4). Amended by final rulemaking at 19 A.A.R. 3309, effective November 30, 2013 (Supp. 13-4).

**R9-22-503. Provider Requirements Regarding Records**

The provider shall maintain records that meet uniform accounting standards and generally accepted practices for maintenance of medical records, including detailed specification of all patient services delivered, the rationale for delivery, and the service date. A provider shall maintain and upon request, make available to a contractor and to the Administration, financial and medical records relating to payment for not less than five years from the date of final payment, or for records relating to costs and expenses to which the Administration has taken exception, five years after the date of final disposition or resolution of the exception. Providers shall provide one copy of a medical record at no cost if requested by the member.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-503 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-503 renumbered and amended as Section R9-22-502, new Section R9-22-503 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended effective May 30, 1986 (Supp. 86-3). Amended subsection (D) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsections (F) and (G) effective December 22, 1987 (Supp. 87-4). Amended subsection (I) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). New Section made by final rulemaking at 11 A.A.R. 4277, effective December

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5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

**R9-22-504. Marketing; Prohibition Against Inducements; Misrepresentations; Discrimination; Sanctions**

- A.** A contractor or the contractor's marketing representative shall not offer or give any form of compensation or reward, or engage in any behavior or activity that may be reasonably construed as coercive, to induce or procure AHCCCS enrollment with the contractor. Any marketing solicitation offering a benefit, good, or service in excess of the covered services in Article 2 is deemed an inducement.
- B.** A marketing representative shall not misrepresent itself, the contracting health plan represented, or the AHCCCS program, through false advertising, false statements, or in any other manner to induce a member of another contractor to enroll in the represented health plan. Violations of this subsection include, but are not limited to, false or misleading claims, inferences, or representations such as:
  1. A member will lose benefits under the AHCCCS program or lose any other health or welfare benefits to which a member is legally entitled, if the member does not enroll in the represented contracting health plan;
  2. Marketing representatives are employees of the state or representatives of the Administration, a county, or any health plan other than the health plan by which they are employed, or by which they are reimbursed; and
  3. The represented health plan is recommended or endorsed as superior to its competition by any state or county agency, or any organization, unless the organization has certified its endorsement in writing to the health plan and the Administration.
- C.** A marketing representative shall not engage in any marketing or pre-enrollment practice that discriminates against a member because of race, creed, age, color, sex, religion, national origin, ancestry, marital status, sexual preference, physical or mental disability, or health status.
- D.** The Administration shall hold a contractor responsible for a violation of this Section resulting from the performance of any marketing representative, subcontractor, agent, program, or process under the contractor's employ or direction and shall impose contract sanctions on the contractor as specified in contract.
- E.** A contractor shall produce and distribute informational materials that are approved by the Administration to each enrolled member or designated representative after the contractor receives notification of enrollment from the Administration. The contractor shall ensure that the informational materials include, at a minimum:
  1. A description of all covered services as specified in contract;
  2. An explanation of service limitations and exclusions;
  3. An explanation of the procedure for obtaining services;
  4. An explanation of the procedure for obtaining emergency services;
  5. An explanation of the procedure for filing a grievance and appeal; and
  6. An explanation of when plan changes may occur as specified in contract.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-504 adopted as an emergency now adopted and amended as a permanent rule effective

August 30, 1982 (Supp. 82-4). Former Section R9-22-504 repealed, former Section R9-22-505 renumbered and adopted without change as Section R9-22-504 effective October 1, 1983 (Supp. 83-5). Former Section R9-22-504 repealed, former Section R9-22-528 renumbered and amended as Section R9-22-504 effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

**R9-22-505. Standards, Licensure, and Certification for Providers of Hospital and Medical Services**

A provider shall not provide hospital or medical services to a member unless the provider is licensed by the Arizona Department of Health Services and meets the requirements in 42 CFR 441 and 482, as of October 1, 2007, and 42 CFR 456 Subpart C, as of October 1, 2007, incorporated by reference, on file with the Administration and available from the U.S. Government Printing Office, 732 N. Capitol St., N.W., Washington, D.C. 20401. This incorporation contains no future editions or amendments. An Indian Health Service (IHS) hospital and a Veterans Administration hospital shall not provide services to a member unless accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-505 adopted as an emergency expired, former Section R9-22-506 adopted as an emergency now adopted, amended and renumbered as Section R9-22-505 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-505 renumbered without change as Section R9-22-504, new Section R9-22-505 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-505 renumbered and amended as Section R9-22-509, former Section R9-22-527 renumbered and amended as Section R9-22-505 effective October 1, 1985 (Supp. 85-5). Editorial correction, spelling of "paraphernalia" in subsection (A) (Supp. 87-4). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). New Section made by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

**R9-22-506. Repealed**

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-506 adopted as an emergency adopted, amended and renumbered as Section R9-22-505, former Section R9-22-507 adopted as an emergency now adopted, amended and renumbered as Section R9-22-506 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-506 repealed, new Section R9-22-506 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-506 repealed, new Section R9-22-506 adopted effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended subsection (D) effective December 22, 1987 (Supp. 87-4). Repealed effective April 13, 1990 (Supp. 90-2). New Section adopted effective December 13, 1993

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(Supp. 93-4). Repealed effective December 8, 1997 (Supp. 97-4).

**R9-22-507. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-507 adopted as an emergency adopted, amended and renumbered as Section R9-22-506, former Section R9-22-508 adopted as an emergency now adopted, amended and renumbered as Section R9-22-507 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-507 repealed, new Section R9-22-507 adopted effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

**R9-22-508. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-508 adopted as an emergency adopted, amended and renumbered as Section R9-22-507, former Section R9-22-509 adopted as an emergency now adopted, amended and renumbered as Section R9-22-508 as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

**R9-22-509. Transition and Coordination of Member Care**

A. A contractor shall assist in the transition of members to and from other AHCCCS contractors.

1. Both the receiving and relinquishing contractor shall:
  - a. Coordinate with the other contractor to facilitate and schedule appointments for medically necessary services for the transitioned member within the Administration's timelines specified in the contract. If requested by the Administration, a contractor shall submit the policies and procedures regarding transition of members to the Administration for review and approval;
  - b. Assist in the referral of transitioned members to other community health agencies or county medical assistance programs for medically necessary services not covered by the Administration, as appropriate; and
  - c. Develop policies and procedures to be followed when transitioning members who have significant medical conditions; are receiving ongoing services; or have, at the time of the transition, received prior authorization or approval for undelivered, specific services.
2. The relinquishing contractor shall notify the receiving contractor of relevant information about the member's medical condition and current treatment regimens within the timelines defined in contract;
3. The relinquishing contractor shall forward medical records and other relevant materials to the receiving contractor. The relinquishing contractor shall bear the cost of reproducing and forwarding medical records and other relevant materials;
4. Within the timelines specified in contract, the receiving contractor shall ensure that the member selects or is

assigned to a primary care provider, and provide the member with:

- a. Information regarding the contractor's providers,
- b. Emergency numbers, and
- c. Instructions about how to obtain services.

B. A contractor shall not use a county or noncontracting provider health resource alternative to diminish the contractor's contractual responsibility or accountability for providing the full scope of covered services. The Administration may impose sanctions as described in contract if a contractor makes referrals to other agencies or programs to reduce expenses incurred by the contractor on behalf of its members.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-509 adopted as an emergency adopted, amended and renumbered as Section R9-22-508, former Section R9-22-510 adopted as an emergency now adopted and renumbered as Section R9-22-509 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-509 repealed, former Section R9-22-505 renumbered and amended as Section R9-22-509 effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

**R9-22-510. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-510 adopted as an emergency adopted and renumbered as Section R9-22-509, former Section R9-22-511 adopted as an emergency now adopted, amended and renumbered as Section R9-22-510 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-510 repealed, new Section R9-22-510 adopted effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

**R9-22-511. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-511 adopted as an emergency adopted, amended and renumbered as Section R9-22-510, former Section R9-22-512 adopted as an emergency now adopted, amended and renumbered as Section R9-22-511 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-511 repealed, new Section R9-22-511 adopted effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

**R9-22-512. Release of Safeguarded Information**

A. The Administration, contractors, providers, and noncontracting providers shall limit the release of safeguarded information to persons or agencies for the following purposes in accordance with 45 CFR 160 and 45 CFR 164, October 1, 2004, and 42 CFR 431.300 through 431.307, October 1, 2004, incorpo-

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rated by reference, on file with the Administration and available from the U.S. Government Printing Office, 732 N. Capitol St., N.W., Washington, D.C. 20401. This incorporation by reference contains no future editions or amendments:

1. Official purposes directly related to the administration of the AHCCCS program including:
    - a. Establishing eligibility and post-eligibility treatment of income, as applicable;
    - b. Determining the amount of medical assistance;
    - c. Providing services for members;
    - d. Performing evaluations and analysis of AHCCCS operations;
    - e. Filing liens on property as applicable;
    - f. Filing claims on estates, as applicable; and
    - g. Filing, negotiating, and settling medical liens and claims.
  2. Law enforcement. The Administration may release safeguarded information without the applicant's or member's written or verbal consent, for the purpose of conducting or assisting an investigation, prosecution, or criminal or civil proceeding related to the administration of the AHCCCS program.
  3. The Administration may release safeguarded member information to a review committee in accordance with the provisions of A.R.S. § 36-2917, without the consent of the applicant or member.
- B.** Except as provided in subsection (A), the Administration, contractors, providers, and noncontracting providers shall disclose safeguarded information only to:
1. An applicant;
  2. A member;
  3. An unemancipated minor, with written permission of a parent, custodial relative, or designated representative, if:
    - a. An Administration employee, authorized representative, or responsible caseworker is present during the examination of the safeguarded information; or
    - b. After written notification to the provider, and at a reasonable time and place.
  4. Persons authorized by the applicant or member; or
  5. A court order or subpoena compliant with 45 CFR 164.512(e), October 1, 2004, incorporated by reference, on file with the Administration and available from the U.S. Government Printing Office, 732 N. Capitol St., N.W., Washington, D.C. 20401. This incorporation by reference contains no future editions or amendments.
- C.** The Administration, contractors, providers, and noncontracting providers shall safeguard identifiable information, protected health information as specified in 45 CFR 160, and information obtained in the course of application for or redetermination of eligibility concerning an applicant or member, that includes, but is not limited to the following:
1. Name and address;
  2. Social Security number;
  3. Social and economic conditions or circumstances;
  4. Agency evaluation of personal information;
  5. Medical data and information concerning medical services received, including diagnosis and history of disease or disability;
  6. State Data Exchange (SDX) tapes, and other types of information received from outside sources for the purpose of verifying income eligibility and amount of medical assistance payments; and
  7. Any information received in connection with the identification of legally liable third-party resources.

**D.** The restriction upon disclosure of information in this Section does not apply to:

1. De-identified information as described by 45 CFR 164.514, October 1, 2004, incorporated by reference in subsection (A); or
2. A disclosure, in response to a request for information, that complies with 45 CFR 160 and 45 CFR 164, October 1, 2004, and 42 CFR 431.300 through 431.307, October 1, 2004, incorporated by reference in subsection (A).

**E.** A provider shall furnish records requested by the Administration or a contractor to the Administration or the contractor at no charge.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-512 adopted as an emergency adopted, amended and renumbered as Section R9-22-511, former Section R9-22-513 adopted as an emergency now adopted and renumbered as Section R9-22-512 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-512 repealed, new Section R9-22-512 adopted effective October 1, 1985 (Supp. 85-5). Amended effective December 13, 1993 (Supp. 93-4). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

**R9-22-513. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-513 adopted as an emergency adopted and renumbered as Section R9-22-512, former Section R9-22-514 adopted as an emergency now adopted, amended and renumbered as Section R9-22-513 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-513 repealed, former Section R9-22-526 renumbered and amended as Section R9-22-513 effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

**R9-22-514. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-514 adopted as an emergency adopted, amended and renumbered as Section R9-22-513, former Section R9-22-515 adopted as an emergency now adopted, amended and renumbered as Section R9-22-514 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-514 repealed, former Section R9-22-517 renumbered and amended as Section R9-22-514 effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

**R9-22-515. Repealed****Historical Note**

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Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-515 adopted as an emergency adopted, amended and renumbered as Section R9-22-514, former Section R9-22-517 adopted as an emergency now adopted, amended and renumbered as Section R9-22-515 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-515 repealed, former Section R9-22-522 renumbered and amended as Section R9-22-515 effective October 1, 1985 (Supp. 85-5). Repealed effective December 8, 1997 (Supp. 97-4).

**R9-22-516. Renumbered****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-516 adopted as an emergency expired, former Section R9-22-518 adopted as an emergency now adopted, amended and renumbered as Section R9-22-516 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-516 renumbered as Section R9-22-513 effective October 1, 1985 (Supp. 85-5).

**R9-22-517. Renumbered****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-517 adopted as an emergency adopted, amended and renumbered as Section R9-22-515, former Section R9-22-519 adopted as an emergency now adopted and renumbered and amended as Section R9-22-517 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-517 renumbered and amended as Section R9-22-514 effective October 1, 1985 (Supp. 85-5).

**R9-22-518. Information to Enrolled Members**

- A. Each contractor shall produce and distribute printed informational materials to each member or family unit no later than 10 days of receipt of notification of enrollment from the Administration. The contractor shall ensure that the informational materials meet the requirements specified in the contractor's current contract.
- B. A contractor shall provide a member with the name, address, and telephone number of the member's primary care provider no later than 10 days from the date of enrollment. The contractor shall include information on how the member may change primary care providers.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-518 adopted as an emergency adopted, amended and renumbered as Section R9-22-516, former Section R9-22-520 adopted as an emergency now adopted, amended and renumbered as Section R9-22-518 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-518 repealed, new Section R9-22-518 adopted effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final

rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

**R9-22-519. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-519 adopted as an emergency adopted, amended and renumbered as Section R9-22-517, former Section R9-22-521 adopted as an emergency now adopted, amended and renumbered as Section R9-22-519 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-519 repealed, new Section R9-22-519 adopted effective October 1, 1985 (Supp. 85-5). Repealed effective December 8, 1997 (Supp. 97-4).

**R9-22-520. Expired****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-520 adopted as an emergency adopted, amended and renumbered as Section R9-22-518, former Section R9-22-522 adopted as an emergency now adopted, amended and renumbered as Section R9-22-520 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-520 repealed, new Section R9-22-520 adopted effective October 1, 1985 (Supp. 85-5). Amended effective December 13, 1993 (Supp. 93-4). Amended effective December 8, 1997 (Supp. 97-4). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4851, effective October 9, 2002 (Supp. 02-4).

**R9-22-521. Program Compliance Audits**

- A. The Administration shall conduct an onsite program compliance audit of a contractor at least once every three years during the term of the Administration's contract with the contractor. The Administration may conduct, without prior notice, inspections of contractor facilities or perform other elements of a program compliance audit.
- B. An audit team may perform any or all of the following procedures:
  1. Conduct private interviews and group conferences with members, physicians, other health professionals, and members of the contractor's administrative staff including, but not limited to, the contractor's principal management persons;
  2. Examine records, books, reports, and papers of the contractor and any management company, and all providers or subcontractors providing health care and other services. The examination may include, but need not be limited to: minutes of medical staff meetings, peer review and quality of care review records, duty rosters of medical personnel, appointment records, written procedures for the internal operation of the health plan, contracts and correspondence with members and with providers of health care services and other services to the plan, and additional documentation deemed necessary by the Administration to review the quality of medical care.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-521 adopted as an emergency adopted, amended and renumbered as Section R9-22-519, former Section R9-22-523 adopted as an emergency now

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adopted, amended and renumbered as Section R9-22-521 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-521 repealed, new Section R9-22-521 adopted effective October 1, 1985 (Supp. 85-5).

Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

*Editor's Note: The following Section was amended under an exemption from the provisions of the Administrative Procedure Act which means that this rule was not reviewed by the Governor's Regulatory Review Council; the agency did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the agency was not required to hold public hearings on the rules; and the Attorney General has not certified this rule. This Section was subsequently amended through the regular rulemaking process.*

**R9-22-522. Quality Management/Utilization Management (QM/UM) Requirements**

- A. A contractor shall comply with Quality Management/Utilization Management (QM/UM) requirements specified in this Section and in contract. The contractor shall ensure compliance with QM/UM requirements that are accomplished through delegation or subcontract with another party.
- B. In addition to any requirements specified in contract, a contractor shall:
  1. Submit to the Administration a written QM/UM plan that includes a description of the systems, methodologies, protocols, and procedures to be used in:
    - a. Monitoring and evaluating the types of services provided,
    - b. Identifying the numbers and costs of services provided,
    - c. Assessing and improving the quality and appropriateness of care and services,
    - d. Evaluating the outcome of care provided to members, and
    - e. Determining the actions necessary to improve service delivery;
  2. Submit the QM/UM plan to the Administration on an annual basis within timelines specified in contract. If the QM/UM plan is changed during the year, the contractor shall submit the revised plan to the Administration before implementation;
  3. Receive approval from the Administration before implementing the initial or revised QM/UM plan;
  4. Ensure that a QM/UM committee operates under the control of the contractor's medical director and includes representation from medical and executive management personnel. The committee shall:
    - a. Oversee the development, revision, and implementation of the QM/UM plan; and
    - b. Ensure that there are qualified QM/UM personnel and sufficient resources to implement the contractor's QM/UM activities; and
  5. Ensure that the QM/UM activities include at least:
    - a. Prior authorization for non-emergency or scheduled hospital admissions;
    - b. Concurrent review of inpatient hospitalization;
    - c. Retrospective review of hospital claims;

- d. Program and provider audits designed to detect over- or under-utilization, service delivery effectiveness, and outcome;
- e. Medical records audits;
- f. Surveys to determine satisfaction of members;
- g. Assessment of the adequacy and qualifications of the contractor's provider network;
- h. Review and analysis of QM/UM data;
- i. Measurement of performance using objective quality indicators;
- j. Ensuring individual and systemic quality of care;
- k. Integrating quality throughout the organization;
- l. Process improvement;
- m. Credentialing a provider network;
- n. Resolving quality of care grievances; and
- o. Quality improvement activities focused on improving the quality of care and the efficient, cost-effective delivery and utilization of services.

- C. A member's primary care provider shall maintain medical records that:
  1. Conform to professional medical standards and practices for documentation of medical diagnostic and treatment data;
  2. Facilitate follow-up treatment; and
  3. Permit professional medical review and medical audit processes.
- D. Within 30 days following termination of the contract between a subcontractor and a contractor, the subcontractor or the subcontractor's designee shall forward to the primary care provider medical records or copies of medical records of all members assigned to the subcontractor or for whom the subcontractor has provided services.
- E. The Administration shall monitor each contractor and the contractor's providers to ensure compliance with Administration QM/UM requirements and adherence to the contractor's QM/UM plan.
  1. A contractor and the contractor's providers shall cooperate with the Administration in the performance of the Administration's QM/UM monitoring activities; and
  2. A contractor and the contractor's providers shall develop and implement mechanisms for correcting deficiencies identified through the Administration's QM/UM monitoring.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-522 adopted as an emergency adopted, amended and renumbered as Section R9-22-520, former Section R9-22-524 adopted as an emergency now adopted and renumbered as Section R9-22-522 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-522 renumbered and amended as Section R9-22-515, new Section R9-22-522 adopted effective October 1, 1985 (Supp. 85-5). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended effective December 13, 1993 (Supp. 93-4). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

**R9-22-523. Expired**

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**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-523 adopted as an emergency adopted, amended and renumbered as Section R9-22-521, former Section R9-22-525 adopted as an emergency now adopted, amended and renumbered as Section R9-22-523 as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4851, effective October 9, 2002 (Supp. 02-4).

**R9-22-524. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-524 adopted as an emergency adopted and renumbered as Section R9-22-522, former Section R9-22-526 adopted as an emergency now adopted, amended and renumbered as Section R9-22-524 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-524 repealed, new Section R9-22-524 adopted effective October 1, 1985 (Supp. 85-4). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

**R9-22-525. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-525 adopted as an emergency adopted, amended and renumbered as Section R9-22-523, former Section R9-22-527 adopted as an emergency now adopted, amended and renumbered as Section R9-22-525 as a permanent rule effective August 30, 1982 (Supp. 82-4). Repealed effective October 1, 1985 (Supp. 85-5).

**R9-22-526. Renumbered****Historical Note**

Adopted as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Adopted as a permanent rule effective May 16, 1983; text of the permanent rule identical to the emergency (Supp. 83-3). Former Section R9-22-526 repealed, new Section R9-22-526 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-526 renumbered and amended as Section R9-22-501 effective October 1, 1985 (Supp. 85-1).

**R9-22-527. Renumbered****Historical Note**

Adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-527 renumbered and amended as Section R9-22-505 effective October 1, 1985 (Supp. 85-5).

**R9-22-528. Renumbered****Historical Note**

Adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-528 renumbered and amended as Section R9-22-504 effective October 1, 1985 (Supp. 85-5).

**R9-22-529. Renumbered****Historical Note**

Adopted as Section R9-22-529 effective October 1, 1985, then renumbered as Section R9-22-1002 effective October 1, 1985 (Supp. 85-5).

**ARTICLE 6. RFP AND CONTRACT PROCESS****R9-22-601. General Provisions**

- A. The Director has full operational authority to adopt rules for the RFP process and the award of contracts under A.R.S. § 36-2906.
- B. This Article applies to the award of contracts under A.R.S. §§ 36-2904 and 36-2906 to provide services under A.R.S. § 36-2907 and the expenditure of public monies by the Administration pertaining to covered services when the procurement so states. The Administration shall establish conflict-of-interest safeguards for officers and employees of this state with responsibilities relating to contracts that comply with 42 U.S.C. 1396u-2(d)(3).
- C. The Administration is exempt from the procurement code under A.R.S. § 41-2501.
- D. The Administration and contractors shall retain all contract records for five years under A.R.S. § 36-2903 and dispose of the records under A.R.S. § 41-2550.
- E. The following terms are defined as related to this Article: "Procurement file" means the official records file of the Director whether located in the Office of the Director or at the public procurement unit. The procurement file shall include in electronic or paper form a list of notified vendors, final solicitation, solicitation amendments, bids/offers, final proposal revisions, clarifications, and final evaluation report.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-601 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Repealed effective October 1, 1983 (Supp. 83-5). Adopted effective July 16, 1985 (Supp. 85-4). Amended effective December 13, 1993 (Supp. 93-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 607, effective February 5, 1999 (Supp. 99-1). Amended by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 18 A.A.R. 2340, effective November 11, 2012 (Supp. 12-3).

**R9-22-602. RFP**

- A. RFP content. The Administration shall include the following items in any RFP under this Article:
  1. Instructions and information to an offeror concerning the proposal submission including:
    - a. The deadline for submitting a proposal,
    - b. The address of the office at which a proposal is to be received,
    - c. The period during which the RFP remains open, and
    - d. Any special instructions and information;
  2. The scope of covered services under Article 2 of this Chapter and A.R.S. §§ 36-2906 and 36-2907, covered populations, geographic coverage, service and performance requirements, and a delivery or performance schedule;
  3. The contract terms and conditions, including bonding or other security requirements, if applicable;
  4. The factors used to evaluate a proposal;

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5. The location and method of obtaining documents that are incorporated by reference in the RFP;
  6. A requirement that the offeror acknowledge receipt of all RFP amendments issued by the Administration;
  7. The type of contract to be used and a copy of a proposed contract form or provisions;
  8. The length of the contract service;
  9. A requirement for cost or pricing data;
  10. The minimum RFP requirements; and
  11. A provision requiring an offeror to certify that a submitted proposal does not involve collusion or other anti-competitive practices.
- B. Proposal process.**
1. After the deadline for submitting proposals, the Administration may open a proposal publicly and announce and record the name of the offeror. The Administration shall keep all other information contained in a proposal confidential. The Administration shall open a proposal for public inspection after contract award unless the Administration determines that disclosure is not in the best interest of the state.
  2. The Administration shall evaluate a proposal based on the GSA and the evaluation factors listed in the RFP.
  3. The Administration may initiate discussions with a responsive and responsible offeror to clarify and assure full understanding of an offeror's proposal. The Administration shall provide an offeror fair treatment with respect to discussion and revision of a proposal. The Administration shall not disclose information derived from a proposal submitted by a competing offeror.
  4. The Administration shall allow for the adjustment of covered services by expansion, deletion, segregation, or combination in order to secure the most financially advantageous proposals for the state.
  5. The Administration may conduct an investigation of a person or organization who has ownership or management interests in corporate offerors or affiliated corporate organizations of an offeror.
  6. The Administration may issue a written request for best and final offers. The Administration shall state in the request the date, time, and place for the submission of best and final offers.
  7. The Administration shall not request best and final offers more than once unless the Administration determines that it is advantageous to the state to request additional best and final offers. The Administration shall state in the written request for best and final offers that if the offeror does not submit a notice of withdrawal or a best and final offer, the Administration shall take the most recent offer as the offeror's best and final offer.
- C. Proposal rejection.**
1. The Administration may reject an offeror's proposal if the offeror fails to supply the information requested by the Administration.
  2. The offeror shall not disclose information pertaining to its proposal to any other offeror prior to contract award. The offeror may disclose proposal information to a person other than another offeror if the recipient agrees to keep the information confidential until contract award. Disclosure in violation of this subsection may be grounds for rejecting a proposal.
  3. The Administration shall provide written notification to an offeror whose proposal is rejected. The rejection notice shall be part of the contract file and a public record.
- D. Proposal cancellation.** If the Administration determines that it is in the best interest of the state, the Administration may cancel a RFP. The reasons for cancellation shall be part of the contract file. An offeror shall have no right to damages for any claims against the state, the state's employees, or agents if a RFP is cancelled.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-602 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Repealed effective October 1, 1983 (Supp. 83-5). Adopted effective July 16, 1985 (Supp. 85-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 607, effective February 5, 1999 (Supp. 99-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1).

**R9-22-603. Contract Award**

The Administration shall award a contract to the responsible and responsive offeror whose proposal is determined most advantageous to the state under A.R.S. § 36-2906. If the Administration determines that multiple contracts are in the best interest of the state, the Administration may award multiple contracts. The contract file shall contain the basis on which the award is made.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-603 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Repealed effective October 1, 1983 (Supp. 83-5). Adopted effective July 16, 1985 (Supp. 85-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 607, effective February 5, 1999 (Supp. 99-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1).

**R9-22-604. Contract or Proposal Protests; Appeals**

- A.** Disputes related to contract performance. This Section does not apply to a dispute related to contract performance. A contract performance dispute is governed by 9 A.A.C. 34.
- B.** Resolution of a proposal protest. The procurement officer issuing a RFP shall have the authority to resolve proposal protests. An appeal from the decision of the procurement officer shall be made to the Director.
- C.** Filing of a protest.
1. A person may file a protest with the procurement officer regarding:
    - a. A RFP issued by the Administration,
    - b. A proposed award, or
    - c. An award of a contract.
  2. A protester shall submit a written protest and include the following information:



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- a. The name, address, and telephone number of the protester;
    - b. The signature of the protester or protester's representative;
    - c. Identification of a RFP or contract number;
    - d. A detailed statement of the legal and factual grounds of the protest including copies of any relevant documents; and
    - e. The relief requested.
  - D. Time for filing a protest.**
    - 1. A protester filing a protest alleging improprieties in an RFP or an amendment to an RFP shall file the protest at least 14 days before the due date of receipt of proposals.
    - 2. Any protest alleging improprieties in an amendment issued 14 or fewer days before the due date of the proposal shall be filed before the due date for receipt of proposals.
    - 3. In cases other than those covered in subsections (D)(1) and (2), a protester shall file a protest no later than 10 days after the procurement officer makes the procurement file available for public inspection.
  - E. Stay of procurement during the protest.** If a protester files a protest before the contract award, the procurement officer may issue a written stay of the contract award. In considering whether to issue a written stay of contract, the procurement officer shall consider but is not limited to considering whether:
    - 1. A reasonable probability exists that the protest will be sustained, and
    - 2. The stay of the contract award is in the best interest of the state.
  - F. Stay of contract award during an appeal to the Director.** The Director shall automatically continue the stay of a contract award if:
    - 1. An appeal is filed before a contract award, and
    - 2. The procurement officer issues a stay of the contract award under subsection (E), unless
    - 3. The Director issues a written determination that the contract award is necessary to protect the best interest of the state.
  - G. Decision by the procurement officer.**
    - 1. The procurement officer shall issue a written decision no later than 14 days after a protest has been filed. The decision shall contain an explanation of the basis of the decision.
    - 2. The procurement officer shall furnish a copy of the decision to the protester by:
      - a. Certified mail, return receipt requested; or
      - b. Any other method that provides evidence of receipt.
    - 3. The Administration may extend, for good cause, the time-limit for decisions in subsection (G)(1) for a time not to exceed 30 days. The procurement officer shall notify the protester in writing that the time for the issuance of a decision has been extended and the date by which a decision shall be issued.
    - 4. If the procurement officer fails to issue a decision within the time-limits in subsection (G)(1) or (G)(3), the protester may proceed as if the procurement officer issued an adverse decision.
  - H. Remedies.**
    - 1. If the procurement officer sustains the protest in whole or in part and determines that the RFP, proposed contract award, or contract award does not comply with applicable statutes and rules, the procurement officer shall order an appropriate remedy.
    - 2. In determining an appropriate remedy, the procurement officer shall consider all the circumstances of the procurement or proposed procurement, including:
      - a. Seriousness of the procurement deficiency,
      - b. Degree of prejudice to other interested parties or to the integrity of the RFP process,
      - c. Good faith of the parties,
      - d. Extent of performance,
      - e. Costs to the state, and
      - f. Urgency of the procurement.
      - g. Best interest of the state.
    - 3. An appropriate remedy may include one or more of the following:
      - a. Terminating the contract;
      - b. Reissuing the RFP;
      - c. Issuing a new RFP;
      - d. Awarding a contract consistent with statutes, rules, and the terms of the RFP; or
      - e. Any relief determined necessary to ensure compliance with applicable statutes and rules.
  - I. Appeals to the Director.**
    - 1. A person may file an appeal of a procurement officer's decision with both the Director and the procurement officer no later than five days from the date the decision is received. The date the decision is received shall be determined under subsection (G)(2).
    - 2. The appeal shall contain:
      - a. The information required in subsection (C)(2),
      - b. A copy of the procurement officer's decision,
      - c. The alleged factual or legal error in the decision of the procurement officer on which the appeal to the Director is based, and
      - d. A request for hearing unless the person requests that the Director's decision be based solely upon the procurement file.
  - J. Dismissal.** The Director shall not schedule a hearing and shall dismiss an appeal with a written determination if:
    - 1. The appeal does not state a basis for protest,
    - 2. The appeal is untimely under subsection (I)(1), or
    - 3. The appeal is moot.
  - K. Hearing.** Hearings under this Section shall be conducted using the Arizona Administrative Procedure Act under A.R.S. Title 41, Ch. 6.
- Historical Note**
- Adopted effective July 16, 1985 (Supp. 85-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 607, effective February 5, 1999 (Supp. 99-1). Amended by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 18 A.A.R. 2340, effective November 11, 2012 (Supp. 12-3).
- R9-22-605. Waiver of Contractor's Subcontract with Hospitals**
- If a contractor is unable to obtain a subcontract with a hospital as contractually required, the contractor may request in writing a waiver from the Administration as allowed by A.R.S. § 36-2906. The contractor shall state in the request the reasons a waiver is believed to be necessary and all efforts the contractor has made to secure a subcontract.
- Historical Note**
- Adopted effective January 31, 1986 (Supp. 86-1). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 607,

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effective February 5, 1999 (Supp. 99-1). New Section made by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 18 A.A.R. 2340, effective November 11, 2012 (Supp. 12-3).

**R9-22-606. Contract Compliance Sanction**

- A. The Director may impose sanctions upon a contractor for violation of any provision of this Chapter or of a contract. Sanctions include but are not limited to:
1. Suspension of any or all further member enrollment, by choice and/or assignment for a period of time.
  2. Imposition of a monetary sanction.
- B. The Director shall consider the nature, severity, and length of the violation when determining a sanction.
- C. The Director shall provide a contractor with written notice specifying grounds and terms for the sanction.
- D. Nothing contained in this Section shall be construed to prevent the Administration from imposing sanctions as provided in contract under A.R.S. § 36-2903.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 18 A.A.R. 2340, effective November 11, 2012 (Supp. 12-3).

**ARTICLE 7. STANDARDS FOR PAYMENTS****R9-22-701. Standards for Payments Related Definitions**

In addition to definitions contained in A.R.S. § 36-2901, the words and phrases in this Article have the following meanings unless the context explicitly requires another meaning:

“Accommodation” means room and board services provided to a patient during an inpatient hospital stay and includes all staffing, supplies, and equipment. The accommodation is semi-private except when the member must be isolated for medical reasons. Types of accommodation include hospital routine medical/surgical units, intensive care units, and any other specialty care unit in which room and board are provided.

“Aggregate” means the combined amount of hospital payments for covered services provided within and outside the GSA.

“AHCCCS inpatient hospital day or days of care” means each day of an inpatient stay for a member beginning with the day of admission and including the day of death, if applicable, but excluding the day of discharge, provided that all eligibility, medical necessity, and medical review requirements are met.

“Ancillary service” means all hospital services for patient care other than room and board and nursing services, including but not limited to, laboratory, radiology, drugs, delivery room (including maternity labor room), operating room (including postanesthesia and postoperative recovery rooms), and therapy services (physical, speech, and occupational).

“APC” means the Ambulatory Payment Classification system under 42 CFR 419.31 used by Medicare for grouping clinically and resource-similar procedures and services.

“Billed charges” means charges for services provided to a member that a hospital includes on a claim consistent with the rates and charges filed by the hospital with Arizona Department of Health Services (ADHS).

“Business agent” means a company such as a billing service or accounting firm that renders billing statements and receives payment in the name of a provider.

“Capital costs” means costs as reported by the hospital to CMS as required by 42 CFR 413.20.

“Copayment” means a monetary amount, specified by the Director, that a member pays directly to a contractor or provider at the time covered services are rendered.

“Cost-to-charge ratio” (CCR) means a hospital’s costs for providing covered services divided by the hospital’s charges for the same services. The CCR is the percentage derived from the cost and charge data for each revenue code provided to AHC-CCS by each hospital.

“Covered charges” means billed charges that represent medically necessary, reasonable, and customary items of expense for covered services that meet medical review criteria of AHC-CCS or a contractor.

“CHC” means a Community Health Center, which includes both Federally Qualified Health Centers and Rural Health Clinics.

“CPT” means Current Procedural Terminology, published, and updated by the American Medical Association. CPT is a nationally-accepted listing of descriptive terms and identifying codes for reporting medical services and procedures performed by physicians that provide a uniform language to accurately designate medical, surgical, and diagnostic services.

“Critical Access Hospital” is a hospital certified by Medicare under 42 CFR 485 Subpart F and 42 CFR 440.170(g).

“Direct graduate medical education costs” or “direct program costs” means the costs that are incurred for the education activities of an approved graduate medical education program that are the proximate result of training medical residents in the hospital, including resident salaries and fringe benefits, the portion of teaching physician salaries and fringe benefits that are related to the time spent in teaching and supervision of residents, and other related GME overhead costs.

“DRI inflation factor” means Global Insights Prospective Hospital Market Basket.

“Eligibility posting” means the date a member’s eligibility information is entered into the AHCCCS Pre-paid Medical Management Information System (PMMIS).

“Encounter” means a record of a medically-related service rendered by an AHCCCS-registered provider to a member enrolled with a contractor on the date of service.

“Existing outpatient service” means a service provided by a hospital before the hospital files an increase in its charge master as defined in R9-22-712(G), regardless of whether the service was explicitly described in the hospital charge master before filing the increase or how the service was described in the charge master before filing the increase.

“Expansion funds” means funds appropriated to support GME program expansions as described under A.R.S. § 36-2903.01(G)(9)(b) and (c)(i).

“Factor” means a person or an organization, such as a collection agency or service bureau, that advances money to a provider for accounts receivable that the provider has assigned, sold, or transferred to the organization for an added fee or a

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deduction of a portion of the accounts receivable. Factor does not include a business agent.

“Fiscal intermediary” means an organization authorized by CMS to make determinations and payments for Part A and Part B provider services for a given region.

“Freestanding Children’s Hospital” means a separately standing hospital with at least 120 pediatric beds that is dedicated to providing the majority of the hospital’s services to children.

“GME program approved by the Administration” or “approved GME program” means a graduate medical education program that has been approved by a national organization as described in 42 CFR 415.152.

“Graduate medical education (GME) program” means an approved residency or fellowship program that prepares a physician for independent practice of medicine by providing didactic and clinical education in a medical environment to a medical student who has completed a recognized undergraduate medical education program.

“HCAC” means a health care acquired condition described under 42 CFR 447.26 but does not include Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) as related to total knee replacement or hip replacement surgery in pediatric and obstetric patients.

“HCPCS” means the Health Care Procedure Coding System, published, and updated by Center for Medicare and Medicaid Services (CMS). HCPCS is a listing of codes and descriptive terminology used for reporting the provision of physician services, other health care services, and substances, equipment, supplies, or other items used in health care services.

“HIPAA” means the Health Insurance Portability and Accountability Act of 1996, as specified under 45 CFR 162, that establishes standards and requirements for the electronic transmission of certain health information by defining code sets used for encoding data elements, such as tables of terms, medical concepts, medical diagnostic codes, or medical procedure codes.

“ICU” means the intensive care unit of a hospital.

“Indirect program costs” means the marginal increase in operating costs that a provider experiences as a result of having an approved graduate medical education program and that is not accounted for by the direct program costs.

“Intern and Resident Information System” means a software program used by teaching providers and the provider community for collecting and reporting information on resident training in hospital and non-hospital settings.

“Medical education costs” means direct costs for intern and resident salaries, fringe benefits, program costs, nursing school education, and paramedical education, as described in the Medicare Provider Reimbursement Manual.

“Medical review” means a clinical evaluation of documentation conducted by AHCCCS or a contractor for purposes of prior authorization, concurrent review, post-payment review, or determining medical necessity. The criteria for medical review are established by AHCCCS or a contractor based on medical practice standards that are updated periodically to reflect changes in medical care.

“Medicare Urban or Rural Cost-to-Charge Ratio (CCR)” means statewide average capital cost-to-charge ratio published

annually by CMS added to the urban or rural statewide average operating cost-to-charge ratio published annually by CMS.

“National Standard code sets” means codes that are accepted nationally in accordance with federal requirements under 45 CFR 160 and 45 CFR 164.

“New hospital” means a hospital for which Medicare Cost Report claim and encounter data are not available for the fiscal year used for initial rate setting or rebasing.

“NICU” means the neonatal intensive care unit of a hospital that is classified as a Level II or Level III perinatal center by the Arizona Perinatal Trust.

“Non-IHS Acute Hospital” means a hospital that is not run by Indian Health Services, is not a free-standing psychiatric hospital, such as an IMD, and is paid under ADHS rates.

“Observation day” means a physician-ordered evaluation period of less than 24 hours to determine whether a person needs treatment or needs to be admitted as an inpatient. Each observation day consists of a period of 24 hours or less.

“Operating costs” means AHCCCS-allowable accommodation costs and ancillary department hospital costs excluding capital and medical education costs.

“OPPC” means an Other Provider Preventable Condition that is: (1) a wrong surgical or other invasive procedure performed on a patient, (2) a surgical or other invasive procedure performed on the wrong body part, or (3) a surgical or other invasive procedure performed on the wrong patient.

“Organized health care delivery system” means a public or private organization that delivers health services. It includes, but is not limited to, a clinic, a group practice prepaid capitation plan, and a health maintenance organization.

“Outlier” means a hospital claim or encounter in which the operating costs per day for an AHCCCS inpatient hospital stay meet the criteria described under this Article and A.R.S. § 36-2903.01(G).

“Outpatient hospital service” means a service provided in an outpatient hospital setting that does not result in an admission.

“Ownership change” means a change in a hospital’s owner, lessor, or operator under 42 CFR 489.18(a).

“Participating institution” means an institution at which portions of a graduate medical education program are regularly conducted and to which residents rotate for an educational experience for at least one month.

“Peer group” means hospitals that share a common, stable, and independently definable characteristic or feature that significantly influences the cost of providing hospital services, including specialty hospitals that limit the provision of services to specific patient populations, such as rehabilitative patients or children.

“PPC” means prior period coverage. PPC is the period of time, prior to the member’s enrollment, during which a member is eligible for covered services. The time-frame is the first day of the month of application or the first eligible month, whichever is later, until the day a member is enrolled with a contractor.

“PPS bed” means Medicare-approved Prospective Payment beds for inpatient services as reported in the Medicare cost reports for the most recent fiscal year for which the Administration has a complete set of Medicare cost reports for every

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rural hospital as determined as of the first of February of each year.

“Primary care GME program” means a graduate medical education program that prepares a physician for the practice of internal medicine, family medicine, pediatrics, obstetrics, geriatrics, or psychiatry.

“Procedure code” means the numeric or alphanumeric code listed in the CPT or HCPCS manual by which a procedure or service is identified.

“Prospective rates” means inpatient or outpatient hospital rates set by AHCCCS in advance of a payment period and representing full payment for covered services excluding any quick-pay discounts, slow-pay penalties, and first-and third-party payments regardless of billed charges or individual hospital costs.

“Public hospital” means a hospital that is owned and operated by county, state, or hospital health care district.

“Qualifying health information exchange organization” means a non-profit health information organization as defined in A.R.S. § 36-3801 that provides the statewide exchange of patient health information among disparate health care organizations and providers not owned, operated, or controlled by the health information exchange. A qualifying health information exchange organization must include representation by the administration on its board of directors, and have a significant number of health care participants, including hospitals, laboratories, payers, community physicians and Federally Qualified Health Centers.

“Rebase” means the process by which the most currently available and complete Medicare Cost Report data for a year and AHCCCS claim and encounter data for the same year are collected and analyzed to reset the Inpatient Hospital Tiered per diem rates, or the Outpatient Hospital Capped Fee-For-Service Schedule.

“Reinsurance” means a risk-sharing program provided by AHCCCS to contractors for the reimbursement of specified contract service costs incurred by a member beyond a certain monetary threshold.

“Remittance advice” means an electronic or paper document submitted to an AHCCCS-registered provider by AHCCCS to explain the disposition of a claim.

“Resident” means a physician engaged in postdoctoral training in an accredited graduate medical education program, including an intern and a physician who has completed the requirements for the physician’s eligibility for board certification.

“Revenue code” means a numeric code, that identifies a specific accommodation, ancillary service, or billing calculation, as defined by the National Uniform Billing committee for UB04 forms.

“Sub-acute services” means inpatient care for a patient with an acute illness, injury, or exacerbation of a disease process when the patient does not require acute inpatient hospitalization. Sub-acute care is rendered immediately after, or instead of, acute inpatient hospitalization.

“Specialty facility” means a facility where the service provided is limited to a specific population, such as rehabilitative services for children.

“Sponsoring institution” means the institution or entity that is recognized by the GME accrediting organization and designated as having ultimate responsibility for the assurance of academic quality and compliance with the terms of accreditation.

“Tier” means a grouping of inpatient hospital services into levels of care based on diagnosis, procedure, or revenue codes, peer group, NICU classification level, or any combination of these items.

“Tiered per diem” means an AHCCCS capped fee schedule in which payment is made on a per-day basis depending upon the tier (or tiers) into which an AHCCCS inpatient hospital day of care is assigned.

“Trip” means a one-way transport each time a taxi is called. If the taxi waits for the member, then the transport continues to be part of the one-way trip. If the taxi leaves and is called to pick up the member, that is considered a new one-way trip.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-701 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-701 repealed, new Section R9-22-701 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Section repealed; new Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 2188, effective June 6, 2006 (Supp. 06-2). Amended by final rulemaking at 13 A.A.R. 662, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 13 A.A.R. 1782, effective June 30, 2007 (Supp. 07-2). Amended by exempt rulemaking at 13 A.A.R. 3190, effective October 1, 2007 (Supp. 07-3). Amended by exempt rulemaking at 13 A.A.R. 4032, effective November 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 1956, effective September 6, 2014; amended by exempt rulemaking at 20 A.A.R. 2755, effective January 1, 2015 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4). Amended by final rulemaking at 28 A.A.R. 837 (April 29, 2022), with an immediate effective date of April 5, 2022 (Supp. 22-2).

**R9-22-701.01. Reserved**

**R9-22-701.02. Reserved**

**R9-22-701.03. Reserved**

**R9-22-701.04. Reserved**

**R9-22-701.05. Reserved**

**R9-22-701.06. Reserved**

**R9-22-701.07. Reserved**

**R9-22-701.08. Reserved**

**R9-22-701.09. Reserved**

**R9-22-701.10 Scope of the Administration’s and Contractor’s Liability**

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The Administration shall bear no liability for providing covered services for any member beyond the date of termination of the member's eligibility or during the member's enrollment with a contractor. A contractor has no financial responsibility for services provided to a member beyond the last date of enrollment except as provided in Articles 2 and 5 of this Chapter and as specified in contract.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 662, effective April 7, 2007 (Supp. 07-1).

**R9-22-702. Charges to Members**

- A.** For purposes of this subsection, the term "member" includes the member's financially responsible representative as described under A.R.S. § 36-2903.01.
- B.** Registered providers must accept payment from the Administration or a contractor as payment in full.
- C.** Except as provided in subsection (D) a registered provider shall not request or collect payment from, refer to a collection agency, or report to a credit reporting agency an eligible person or a person claiming to be an eligible person.
- D.** An AHCCCS registered provider may charge, submit a claim to, or demand or collect payment from a member:
  1. To collect the copayment described in R9-22-711;
  2. To recover from a member that portion of a payment made by a third party to the member for an AHCCCS covered service if the member has not transferred the payment to the Administration or the contractor as required by the statutory assignment of rights to AHCCCS;
  3. To obtain payment from a member for medical expenses incurred during a period when the member intentionally withheld information or intentionally provided inaccurate information pertaining to the member's AHCCCS eligibility or enrollment that caused payment to the provider to be reduced or denied;
  4. For a service that is excluded by statute or rule, or provided in an amount that exceeds a limitation in statute or rule, if the member signs a document in advance of receiving the service stating that the member understands the service is excluded or is subject to a limit and that the member will be financially responsible for payment for the excluded service or for the services in excess of the limit;
  5. When the contractor or the Administration has denied authorization for a service if the member signs a document in advance of receiving the service stating that the member understands that authorization has been denied and that the member will be financially responsible for payment for the service;
  6. For services requested for a member enrolled with a contractor, and rendered by a noncontracting provider under circumstances where the member's contractor is not responsible for payment of "out of network" services under R9-22-705(A), if the member signs a document in advance of receiving the service stating that the member understands the provider is out of network, that the member's contractor is not responsible for payment, and that the member will be financially responsible for payment for the excluded service;
  7. For services rendered to a person eligible for the FESP if the provider submits a claim to the Administration in the reasonable belief that the service is for treatment of an emergency medical condition and the Administration

denies the claim because the service does not meet the criteria of R9-22-217; or

8. If the provider has received verification from the Administration that the person was not an eligible person on the date of service.
- E.** The signature requirement of subsections (D)(4), (D)(5), and (D)(6) do not apply if:
  1. The member is unable or incompetent to sign such a document, or
  2. When services are rendered for the purpose of treating an emergency medical condition as defined in R9-22-217 and a delay in providing treatment to obtain a signature would have a significant adverse affect on the member's health.
- F.** Except as provided for in this Section, registered providers shall not bill a member when the provider could have received reimbursement from the Administration or a contractor but for the provider's failure to file a claim in accordance with the requirements of AHCCCS statutes, rules, the provider agreement, or contract, such as, but not limited to, requirements to request and obtain prior authorization, timely filing, and clean claim requirements.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-702 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Amended as a permanent rule effective May 16, 1983; text identical to the emergency (Supp. 83-3). Former Section R9-22-702 repealed, new Section R9-22-702 adopted effective October 1, 1983 (Supp. 83-5). Amended by adding subsection (B) effective October 1, 1985 (Supp. 85-5). Amended by adding subsection (C) effective October 1, 1987 (Supp. 87-4). Amended effective April 13, 1990 (Supp. 90-2). Amended effective December 13, 1993 (Supp. 93-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 3217, effective October 1, 2005 (Supp. 05-3). Amended by exempt rulemaking at 17 A.A.R. 1707, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3).

**R9-22-703. Payments by the Administration**

- A.** General requirements. A provider shall enter into a provider agreement with the Administration that meets the requirements of A.R.S. § 36-2904 and 42 CFR 431.107(b) as of October 1, 2012, which is incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
- B.** Timely submission of claims.
  1. Under A.R.S. § 36-2904, the Administration shall deem a paper claim to be submitted on the date that it is received by the Administration. An electronic claim is deemed received by the Administration when the claim enters the information processing system designated by the Administration for electronic claims in a form that is capable of being processed by the designated information processing

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system. The Administration shall do one or more of the following for each claim it receives:

- a. Place a date stamp on the face of the claim,
  - b. Assign a system-generated claim reference number, or
  - c. Assign a system-generated date-specific number.
2. Unless a shorter time period is specified in contract, the Administration shall not pay a claim for a covered service unless the claim is initially submitted within one of the following time limits, whichever is later:
    - a. Six months from the date of service or for an inpatient hospital claim, six months from the date of discharge; or
    - b. Six months from the date of eligibility posting.
  3. Unless a shorter time period is specified in contract, the Administration shall not pay a claim for a covered service unless the claim is submitted within one of the following time limits, whichever is later:
    - a. Twelve months from the date of service or for an inpatient hospital claim, 12 months from the date of discharge; or
    - b. Twelve months from the date of eligibility posting.
  4. Unless a shorter time period is specified in contract, the Administration shall not pay a claim submitted by an HIS or tribal facility for a covered service unless the claim is initially submitted within 12 months from the date of service, date of discharge, or eligibility posting, whichever is later.
- C. Claims processing.**
1. The Administration shall notify the AHCCCS-registered provider with a remittance advice when a claim is processed for payment.
  2. The Administration shall reimburse a hospital for inpatient hospital admissions and outpatient hospital services rendered on or after March 1, 1993, as follows and in the manner and at the rate described in A.R.S. § 36-2903.01:
    - a. If the hospital bill is paid within 30 days from the date of receipt, the claim is paid at 99 percent of the rate.
    - b. If the hospital bill is paid between 30 and 60 days from the date of receipt, the claim is paid at 100 percent of the rate.
    - c. If the hospital bill is paid after 60 days from the date of receipt, the claim is paid at 100 percent of the rate plus a fee of one percent per month for each month or portion of a month following the 60th day of receipt of the bill until date of payment.
  3. A claim is paid on the date indicated on the disbursement check.
  4. A claim is denied as of the date of the remittance advice.
  5. The Administration shall process a hospital claim under this Article.
- D. Prior authorization.**
1. An AHCCCS-registered provider shall:
    - a. Obtain prior authorization from the Administration for non-emergency hospital admissions, covered services as specified in Articles 2 and 12 of this Chapter, and for administrative days as described in R9-22-712.75,
    - b. Notify the Administration of hospital admissions under Article 2 of this Chapter, and
    - c. Make records available for review by the Administration upon request.
  2. The Administration may deny a claim if the provider fails to comply with subsection (D)(1).
  3. If the Administration issues prior authorization for an inpatient hospital admission, a specific service, or level of care but subsequent medical review indicates that the admission, the service, or level of care was not medically appropriate, the Administration shall adjust the claim payment.
- E. Review of claims and coverage for hospital supplies.**
1. The Administration may conduct prepayment and post-payment review of any claims, including but not limited to hospital claims.
  2. Personal care items supplied by a hospital, including but not limited to the following, are not covered services:
    - a. Patient care kit,
    - b. Toothbrush,
    - c. Toothpaste,
    - d. Petroleum jelly,
    - e. Deodorant,
    - f. Septi soap,
    - g. Razor or disposable razor,
    - h. Shaving cream,
    - i. Slippers,
    - j. Mouthwash,
    - k. Shampoo,
    - l. Powder,
    - m. Lotion,
    - n. Comb, and
    - o. Patient gown.
  3. The following hospital supplies and equipment, if medically necessary and used by the member, are covered services:
    - a. Arm board,
    - b. Diaper,
    - c. Underpad,
    - d. Special mattress and special bed,
    - e. Gloves,
    - f. Wrist restraint,
    - g. Limb holder,
    - h. Disposable item used instead of a durable item,
    - i. Universal precaution,
    - j. Stat charge, and
    - k. Portable charge.
  4. The Administration shall determine in a hospital claims review whether services rendered were:
    - a. Covered services as defined in Article 2;
    - b. Medically necessary;
    - c. Provided in the most appropriate, cost-effective, and least restrictive setting; and
    - d. For claims with dates of admission on and after March 1, 1993, substantiated by the minimum documentation specified in A.R.S. § 36-2903.01.
  5. If the Administration adjudicates a claim, a person may file a claim dispute challenging the adjudication under 9 A.A.C. 34.
- F. Overpayment for AHCCCS services.**
1. An AHCCCS-registered provider shall notify the Administration when the provider discovers the Administration made an overpayment.
  2. The Administration shall recoup an overpayment from a future claim cycle if an AHCCCS-registered provider fails to return the overpaid amount to the Administration.
  3. The Administration shall document any recoupment of an overpayment on a remittance advice.

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4. An AHCCCS-registered provider may file a claim dispute under 9 A.A.C. 34 if the AHCCCS-registered provider disagrees with a recoupment action.
- G. For services subject to limitations or exclusions such as the number of hours, days, or visits covered as described in Article 2 of this Chapter, once the limit is reached the Administration will not reimburse the services.
- H. Prior quarter reimbursement. A provider shall:
  1. Bill the Administration for services provided during a prior quarter eligibility period upon verification of eligibility or upon notification from a member of AHCCCS eligibility.
  2. Reimburse a member when payment has been received from the Administration for covered services during a prior quarter eligibility period. All funds paid by the member shall be reimbursed.
  3. Accept payment received by the Administration as payment in full.
- I. Payment for in-state inpatient hospital services for claims with discharge dates on or before September 30, 2014. The Administration shall reimburse an in-state provider of inpatient hospital services rendered with a discharge date on or before September 30, 2014, the prospective tiered-per-diem amount in A.R.S. § 36-2903.01 and this Article.
- J. Payment for out-of-state inpatient hospital services for claims with discharge dates on or before September 30, 2014. The Administration shall reimburse an out-of-state provider of inpatient hospital services rendered with a discharge date on or before September 30, 2014, for covered inpatient services by multiplying covered charges by the most recent statewide urban cost-to-charge ratio as determined in R9-22-712.01(6)(b).
- K. Payment for inpatient hospital services for claims with discharge dates on and after October 1, 2014 regardless of admission date. The Administration shall reimburse an in-state or out-of-state provider of inpatient hospital services rendered with a discharge date on or after October 1, 2014, the DRG rate established by the Administration.
- L. The Administration may enter into contracts for the provisions of transplant services.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R-22-703 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-703 repealed, new Section R9-22-703 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended subsection (B), paragraph (1) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (A) effective September 16, 1987 (Supp. 87-3). Amended effective May 30, 1989 (Supp. 89-2). Amended effective September 29, 1992 (Supp. 92-3). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 3222, effective October 1, 2005 (Supp. 05-3). Amended by final rulemaking at 13 A.A.R. 662, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by exempt rulemaking at 17 A.A.R. 1707, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective

October 8, 2013 (Supp. 13-3). Amended by final rulemaking at 19 A.A.R. 3309, November 30, 2013 (Supp. 13-4). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 27 A.A.R. 237, effective April 4, 2021 (Supp. 21-1).

**R9-22-704. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-704 adopted as an emergency now adopted and amended as a permanent rule effective August 30 1982 (Supp. 82-4). Amended effective October 1, 1983 (Supp. 83-5). Amended subsection A., Paragraph 2. effective October 1, 1985 (Supp. 85-5). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Section repealed by final rulemaking at 13 A.A.R. 662, effective April 7, 2007 (Supp. 07-1).

**R9-22-705. Payments by Contractors**

- A. General requirements. A contractor shall contract with providers to provide covered services to members enrolled with the contractor. The contractor is responsible for reimbursing providers and coordinating care for services provided to a member. Except as provided in subsection (A)(2), a contractor is not required to reimburse a noncontracting provider for services rendered to a member enrolled with the contractor.
  1. Providers. A provider shall enter into a provider agreement with the Administration that meets the requirements of A.R.S. § 36-2904 and 42 CFR 431.107(b) as of March 6, 1992, which is incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
  2. A contractor shall reimburse a noncontracting provider for services rendered to a member enrolled with the contractor as specified in this Article if:
    - a. The contractor referred the member to the provider or authorized the provider to render the services and the claim is otherwise payable under this Chapter, or
    - b. The service is emergent under Article 2 of this Chapter.
- B. Timely submission of claims.
  1. Under A.R.S. § 36-2904, a contractor shall deem a paper or electronic claim as submitted on the date that the claim is received by the contractor. The contractor shall do one or more of the following for each claim the contractor receives:
    - a. Place a date stamp on the face of the claim,
    - b. Assign a system-generated claim reference number, or
    - c. Assign a system-generated date-specific number.
  2. Unless a shorter time period is specified in subcontract, a contractor shall not pay a claim for a covered service unless the claim is initially submitted within one of the following time limits, whichever is later:
    - a. Six months from the date of service or for an inpatient hospital claim, six months from the date of discharge; or
    - b. Six months from the date of eligibility posting.

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3. Unless a shorter time period is specified in subcontract, a contractor shall not pay a clean claim for a covered service unless the claim is submitted within one of the following time limits, whichever is later:
  - a. Twelve months from the date of service or for an inpatient hospital claim, 12 months from the date of discharge; or
  - b. Twelve months from the date of eligibility posting.
- C. Date of claim.
  1. A contractor's date of receipt of an inpatient or an outpatient hospital claim is the date the claim is received by the contractor as indicated by the date stamp on the claim, the system-generated claim reference number, or the system-generated date-specific number assigned by the contractor.
  2. A hospital claim is considered paid on the date indicated on the disbursement check.
  3. A denied hospital claim is considered adjudicated on the date of the claim's denial.
  4. For a claim that is pending for additional supporting documentation specified in A.R.S. § 36-2903.01 or 36-2904, the contractor shall assign a new date of receipt upon receipt of the additional documentation.
  5. For a claim that is pending for documentation other than the minimum required documentation specified in either A.R.S. § 36-2903.01 or 36-2904, the contractor shall not assign a new date of receipt.
  6. A contractor and a hospital may, through a contract approved as specified in R9-22-715, adopt a method for identifying, tracking, and adjudicating a claim that is different from the method described in this subsection.
- D. Payment for in-state inpatient hospital services for claims with discharge dates on or before September 30, 2014. A contractor shall reimburse an in-state provider of inpatient hospital services rendered with a discharge date on or before September 30, 2014, at either a rate specified by subcontract or, in absence of the subcontract, the prospective tiered-per-diem amount in A.R.S. § 36-2903.01 and this Article. Subcontract rates, terms, and conditions are subject to review and approval or disapproval under A.R.S. § 36-2904 and R9-22-715. This subsection does not apply to an urban contractor as specified in R9-22-718 and A.R.S. § 36-2905.01.
- E. Payment for Inpatient out-of-state hospital payments for claims with discharge dates on or before September 30, 2014. In the absence of a contract with an out-of-state hospital that specifies payment rates, a contractor shall reimburse out-of-state hospitals for covered inpatient services by multiplying covered charges by the most recent statewide urban cost-to-charge ratio as determined in R9-22-712.01(6)(b).
- F. Payment for inpatient hospital services for claims with discharge dates on and after October 1, 2014 regardless of admission date. Subject to R9-22-718 and A.R.S. § 36-2905.01 regarding urban hospitals, a contractor shall reimburse an in-state or out-of-state provider of inpatient hospital services, at either a rate specified by subcontract or, in absence of a subcontract, the DRG rate established by the Administration and this Article. Subcontract rates, terms, and conditions are subject to review and approval or disapproval under A.R.S. § 36-2904 and R9-22-715.
- G. Payment for in-state outpatient hospital services.
 

A contractor shall reimburse an in-state provider of outpatient hospital services rendered on or after July 1, 2005, at either a rate specified by a subcontract or, in absence of a subcontract, as provided under R9-22-712.10, A.R.S. § 36-2903.01 and other Sections of this Article. The terms of the subcontract are subject to review and approval or disapproval under A.R.S. § 36-2904 and R9-22-715.
- H. Outpatient out-of-state hospital payments. In the absence of a contract with an out-of-state hospital that specifies payment rates, a contractor shall reimburse out-of-state hospitals for covered outpatient services by applying the methodology described in R9-22-712.10 through R9-22-712.50. If the outpatient procedure is not assigned a fee schedule amount, the contractor shall pay the claim by multiplying the covered charges for the outpatient services by the statewide outpatient cost-to-charge ratio.
- I. Payment for observation days. A contractor shall reimburse a provider and a noncontracting provider for the provision of observation days at either a rate specified by subcontract or, in the absence of a subcontract, as prescribed under R9-22-712, R9-22-712.10, and R9-22-712.45.
- J. Review of claims and coverage for hospital supplies.
  1. A contractor may conduct a review of any claims submitted and recoup any payments made in error.
  2. A hospital shall obtain prior authorization from the appropriate contractor for nonemergency admissions. When issuing prior authorization, a contractor shall consider the medical necessity of the service, and the availability and cost effectiveness of an alternative treatment. Failure to obtain prior authorization when required is cause for nonpayment or denial of a claim. A contractor shall not require prior authorization for medically necessary services provided during any prior period for which the contractor is responsible. If a contractor and a hospital agree to a subcontract, the parties shall abide by the terms of the subcontract regarding utilization control activities. A hospital shall cooperate with a contractor's reasonable activities necessary to perform concurrent review and shall make the hospital's medical records pertaining to a member enrolled with a contractor available for review.
  3. Regardless of prior authorization or concurrent review activities, a contractor may make prepayment or post-payment review of all claims, including but not limited to a hospital claim. A contractor may recoup an erroneously paid claim. If prior authorization was given for an inpatient hospital admission, a specific service, or level of care but subsequent medical review indicates that the admission, the service, or level of care was not medically appropriate, the contractor shall adjust the claim payment.
  4. A contractor and a hospital may enter into a subcontract that includes hospital claims review criteria and procedures if the subcontract meets the requirements of R9-22-715.
  5. Personal care items supplied by a hospital, including but not limited to the following, are not covered services:
    - a. Patient care kit,
    - b. Toothbrush,
    - c. Toothpaste,
    - d. Petroleum jelly,
    - e. Deodorant,
    - f. Septi soap,
    - g. Razor,
    - h. Shaving cream,
    - i. Slippers,
    - j. Mouthwash,
    - k. Disposable razor,
    - l. Shampoo,



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- m. Powder,
- n. Lotion,
- o. Comb, and
- p. Patient gown.
- 6. The following hospital supplies and equipment, if medically necessary and used by the member, are covered services:
  - a. Arm board,
  - b. Diaper,
  - c. Underpad,
  - d. Special mattress and special bed,
  - e. Gloves,
  - f. Wrist restraint,
  - g. Limb holder,
  - h. Disposable item used instead of a durable item,
  - i. Universal precaution,
  - j. Stat charge, and
  - k. Portable charge.
- 7. The contractor shall determine in a hospital claims review whether services rendered were:
  - a. Covered services as defined in R9-22-201;
  - b. Medically necessary;
  - c. Provided in the most appropriate, cost-effective, and least restrictive setting; and
  - d. For claims with dates of admission on and after March 1, 1993, substantiated by the minimum documentation specified in A.R.S. § 36-2904.
- 8. If a contractor adjudicates a claim or recoups payment for a claim, a person may file a claim dispute challenging the adjudication or recoupment as described under 9 A.A.C. 34.
- K.** Non-hospital claims. A contractor shall pay claims for non-hospital services in accordance with contract, or in the absence of a contract, at a rate not less than the Administration's capped fee-for-service schedule or at a lower rate if negotiated between the two parties.
- L.** Payments to hospitals. A contractor shall pay for inpatient hospital admissions and outpatient hospital services rendered on or after March 1, 1993, as follows and as described in A.R.S. § 36-2904:
  - 1. If the hospital bill is paid within 30 days from the date of receipt, the claim is paid at 99 percent of the rate.
  - 2. If the hospital bill is paid between 30 and 60 days from the date of receipt, the claim is paid at 100 percent of the rate.
  - 3. If the hospital bill is paid after 60 days from the date of receipt, the claim is paid at 100 percent of the rate plus a 1 percent penalty of the rate for each month or portion of the month following the 60th day of receipt of the bill until date of payment.
- M.** Interest payment. In addition to the requirements in subsection (L), a contractor shall pay interest for late claims as defined by contract.
- N.** For services subject to limitations or exclusions such as the number of hours, days, or visits covered as described in Article 2 of this Chapter, once the limit is reached the Administration will not reimburse the services.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-705 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-

1003, valid for only 90 days (Supp. 83-1). Amended as a permanent rule effective May 16, 1983; text of the amended rule identical to emergency (Supp. 83-3). Former Section R9-22-705 repealed, new Section R9-22-705 adopted effective October 1, 1983 (Supp. 83-5). Amended as an emergency effective October 25, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-5). Emergency expired. Permanent amendment adopted effective February 1, 1985 (Supp. 85-1). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (C) effective October 1, 1986 (Supp. 86-5). Amended subsection (C) effective October 1, 1987; amended subsection (C) effective December 22, 1987 (Supp. 87-4). Amended subsections (A) and (C) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 5 A.A.R. 867, effective March 4, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 11 A.A.R. 3222, effective October 1, 2005 (Supp. 05-3). Amended by final rulemaking at 13 A.A.R. 662, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 1439, effective May 31, 2008 (Supp. 08-2). Amended by exempt rulemaking at 17 A.A.R. 1707, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

**R9-22-706. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-706 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-706 repealed, new Section R9-22-706 adopted effective October 1, 1983 (Supp. 83-5). Adopted as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Amended as an emergency effective October 25, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-5). Emergency expired. Permanent amendment adopted effective February 1, 1985 (Supp. 85-1). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended subsections (A), (D), (E), (F), and (G) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (F) effective December 22, 1987 (Supp. 87-4). Amended subsections (A) and (F) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended effective September 22, 1997 (Supp. 97-3). Section repealed by final rulemaking at 10 A.A.R. 4656, effective January 1, 2005 (Supp. 04-4).

**R9-22-707. Repealed**

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**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-707 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Repealed as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Repealed as a permanent action effective May 16, 1983 (Supp. 83-3). New Section R9-22-707 adopted effective October 1, 1983 (Supp. 83-5). Adopted as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Adopted as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Former Section R9-22-707 repealed, new Section R9-22-707 adopted effective October 1, 1985 (Supp. 85-5). Former Section R9-22-707 repealed, new Section R9-22-707 adopted effective October 1, 1986 (Supp. 86-5). Amended subsection (A) effective October 1, 1987 (Supp. 87-4). Amended effective September 29, 1992 (Supp. 92-3). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Section repealed by final rulemaking at 13 A.A.R. 856, effective May 5, 2007 (Supp. 07-1).

**R9-22-708. Payments for Services Provided to Eligible American Indians**

- A. For purposes of this Article "IHS enrolled" or "enrolled with IHS" means an American Indian who has elected to receive covered services through IHS instead of a contractor.
- B. For an American Indian who is enrolled with IHS, AHCCCS shall pay IHS the most recent all-inclusive inpatient, outpatient or ambulatory surgery rates published by Health and Human Services (HHS) in the *Federal Register*, or a separately contracted rate with IHS, for AHCCCS-covered services provided in an IHS facility. AHCCCS shall reimburse providers for the Medicare coinsurance and deductible amounts required to be paid by the Administration or contractor in A.A.C. Chapter 29, Article 3 of this Title.
- C. When IHS refers an American Indian enrolled with IHS to a provider other than an IHS or tribal facility, the provider to whom the referral is made shall obtain prior authorization from AHCCCS for services as required under Articles 2, 7 or 12 of this Chapter.
- D. For an American Indian enrolled with a contractor, AHCCCS shall pay the contractor a monthly capitation payment.
- E. Once an American Indian enrolls with a contractor, AHCCCS shall not reimburse any provider other than IHS or a Tribal facility.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-708 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-708 repealed, new Section R9-22-708 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-708 renumbered and amended as Section R9-22-709, new Section R9-22-708 adopted effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended by final rulemaking at 10 A.A.R. 4656, effective January 1, 2005 (Supp. 04-4). Amended by final

rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

**R9-22-709. Contractor's Liability to Hospitals for the Provision of Emergency and Post-stabilization Care**

A contractor is liable for emergency hospitalization and post-stabilization care as described in R9-22-210 and R9-22-210.01.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-709 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-709 repealed, new Section R9-22-709 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-709 renumbered and amended as Section R9-22-713, former Section R9-22-708 renumbered and amended as Section R9-22-709 effective October 1, 1985 (Supp. 85-5). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 13 A.A.R. 856, effective May 5, 2007 (Supp. 07-1).

*Editor's Note: The following Section was amended under an exemption from the provisions of the Administrative Procedure Act which means that this rule was not reviewed by the Governor's Regulatory Review Council; the agency did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the agency was not required to hold public hearings on the rules; and the Attorney General did not certify this rule. This Section was subsequently amended through the regular rulemaking process.*

**R9-22-710. Payments for Non-hospital Services**

- A. Capped fee-for-service. The Administration shall provide notice of changes in methods and standards for setting payment rates for services in accordance with 42 CFR 447.205, December 19, 1983, incorporated by reference and on file with the Administration and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
  - 1. Non-contracted services. In the absence of a contract that specifies otherwise, a contractor shall reimburse a provider or noncontracting provider for non-hospital services according to the Administration's capped-fee-for-service schedule.
  - 2. Procedure codes. The Administration shall maintain a current copy of the National Standard Code Sets mandated under 45 CFR 160 (October 1, 2004) and 45 CFR 162 (October 1, 2004), incorporated by reference and on file with the Administration and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
    - a. A person shall submit an electronic claim consistent with 45 CFR 160 (October 1, 2004) and 45 CFR 162 (October 1, 2004).
    - b. A person shall submit a paper claim using the National Standard Code Sets as described under 45

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CFR 160 (October 1, 2004) and 45 CFR 162 (October 1, 2004).

- c. The Administration may deny a claim for failure to comply with subsection (A) (2) (a) or (b).
3. Fee schedule. The Administration shall pay providers, including noncontracting providers, at the lesser of billed charges or the capped fee-for-service rates specified in subsections (A)(3)(a) through (A)(3)(d) unless a different fee is specified in a contract between the Administration and the provider, or is otherwise required by law.
  - a. Physician services. Fee schedules for payment for physician services are on file at the central office of the Administration for reference use during customary business hours.
  - b. Dental services. Fee schedules for payment for dental services are on file at the central office of the Administration for reference use during customary business hours.
  - c. Transportation services. Fee schedules for payment for transportation services are on file at the central office of the Administration for reference use during customary business hours. For dates of service beginning:
    - i. October 1, 2012 through September 30, 2013, the Administration and its contractors shall reimburse ambulance services at 68.59 percent of the ADHS rates that are in effect as of August 2, 2012.
    - ii. October 1, 2013 through September 30, 2014, the Administration and its contractors shall reimburse ambulance services at 68.59 percent of the ADHS rates that are in effect as of August 2, 2013.
    - iii. October 1, 2014 through September 30, 2015, the Administration and its contractors shall reimburse ambulance services at 74.74 percent of the ADHS rates that are in effect as of August 2, 2014.
  - d. Medical supplies and durable medical equipment (DME). Fee schedules for payment for medical supplies and DME are on file at the central office of the Administration for reference use during customary business hours. The Administration shall reimburse a provider once for purchase of DME during any two-year period, unless the Administration determines that DME replacement within that period is medically necessary for the member. Unless prior authorized by the Administration, no more than one repair and adjustment of DME shall be reimbursed during any two-year period.
- B. Pharmacy services. The Administration shall not reimburse pharmacy services unless the services are provided by a pharmacy having a subcontract with a Pharmacy Benefit Manager (PBM) contracted with AHCCCS. Except as specified in subsection (C), the Administration shall reimburse pharmacy services according to the terms of the contract.
- C. FQHC Pharmacy reimbursement.
  1. For purposes of this Section the following terms are defined:
    - a. "340B Drug Pricing Program" means the discount drug purchasing program described in 42 U.S.C 256b.
    - b. "340B Ceiling Price" means the maximum price that drug manufacturers can charge covered entities participating in the 340B Drug Pricing Program as reported by the drug manufacturer to HRSA.
    - c. "340B entity" means a covered entity, eligible to participate in the 340B Drug Pricing Program, as defined by the Health Resources and Human Services Administration.
    - d. "Actual Acquisition Cost (AAC)" means the purchase price of a drug paid by a pharmacy net of discounts, rebates, chargebacks and other adjustments to the price of the drug. The AAC excludes dispensing fees.
    - e. "Contracted Pharmacy" means an arrangement through which a 340B entity may contract with an outside pharmacy to provide comprehensive pharmacy services utilizing medications subject to 340B pricing.
    - f. "Dispensing Fee" means the amount paid for the professional services provided by the pharmacist for dispensing a prescription. The Dispensing Fee does not include any payment for the drugs being dispensed.
    - g. "Federally Qualified Health Center" means a public or private non-profit health care organization that has been identified by HRSA and certified by CMS as meeting the criteria under sections 1861(aa)(4) and 1905(l)(2)(B) of the Social Security Act and receives funds under section 330 of the Public Health Service Act.
    - h. "Federally Qualified Health Center Look-Alike" means a public or private non-profit health care organization that has been identified by HRSA and certified by CMS as meeting the definition of "health center" under section 330 of the Public Health Service Act, but does not receive grant funding under section 330.
    - i. "FQHC or FQHC Look-Alike pharmacy" means a pharmacy that dispenses drugs to FQHC or FQHC-LA patients and that is owned and/or operated by an FQHC/FQHC-LA or by an entity that reports the costs of an FQHC/FQHC-LA on its Medicare Cost Report, whether or not collocated with an FQHC or an FQHC Look-Alike.
2. Effective the later of February 1, 2012, or CMS approval of a State Plan Amendment, an FQHC or FQHC Look-Alike shall:
  - a. Notify the AHCCCS provider registration unit of its status as a 340B covered entity no later than:
    - i. 30 days after the effective date of this Section;
    - ii. 30 days after registration with the Health Resources and Services Administration (HRSA) for participation in the 340B program, or
    - iii. The time of application to become an AHCCCS provider.
  - b. Provide the 340B pricing file to the AHCCCS Administration upon request. The 340B pricing file shall be provided in the file format as defined by AHCCCS.
  - c. Identify 340B drug claims submitted to the AHCCCS FFS PBM or the Managed Care Contractors' PBMs for reimbursement. The 340B drug claim identification and claims processing for a drug claim submission shall be consistent with claim instructions.

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tions issued and required by AHCCCS to identify such claims.

3. The FQHC and the FQHC Look-Alike pharmacies shall submit claims for AHCCCS members for drugs that are identified in the 340B pricing file, whether or not purchased under the 340B pricing file, with the lesser of:
  - a. The actual acquisition cost, or
  - b. The 340B ceiling price.
4. The AHCCCS Fee-for-Service and Managed Care Contractors' PBMs shall reimburse claims for drugs which are identified in the 340B pricing file dispensed by FQHC and FQHC Look -Alike pharmacies, whether or not purchased under the 340B pricing file, at the amount submitted under subsection (C)(3) plus a dispensing fee listed in the AHCCCS Capped Fee-For-Service Schedule unless a contract between the 340B entity and a Managed Care Contractor's PBM specifies a different dispensing fee.
5. Contracted pharmacies shall not submit claims for drugs dispensed under an agreement with the 340B entity as part of the 340B drug pricing program, and the AHCCCS Administration and Managed Care Contractors shall not reimburse such claims.
6. The AHCCCS Administration and Managed Care Contractors shall reimburse contracted pharmacies for drugs not dispensed under an agreement with the 340B entity as part of the 340B program at the price and dispensing fee set forth in the contract between the contracted pharmacy and the AHCCCS or its Managed Care Contractors' PBMs. Neither the Administration nor its Managed Care Contractors will reimburse a contracted pharmacy that does not have a contract with the Administration or MCO's PBM.
7. The AHCCCS Administration and its Managed Care Contractors shall reimburse FQHC and FQHC Look-Alike pharmacies for drugs that are not eligible under the 340B Drug Pricing Program at the price and dispensing fee set forth in their contract with the AHCCCS or its Managed Care Contractors' PBMs.
8. AHCCCS may periodically conduct audits to ensure compliance with this Section.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-710 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Amended as a permanent rule effective May 16, 1983; text of amended rule identical to emergency (Supp. 83-3). Former Section R9-22-710 repealed, new Section R9-22-710 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985. The capped fee-for-service schedules, deleted from Section R9-22-710, are now on file at the central office of the Administration (Supp. 85-5). Amended subsections (B) through (D) effective October 1, 1986 (Supp. 86-5). Amended subsection (B) effective July 1, 1988 (Supp. 88-3). Amended subsection (B) effective April 27, 1989 (Supp. 89-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended effective December 13, 1993 (Supp. 93-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 11 A.A.R. 3830, effective

November 12, 2005 (Supp. 05-3). Amended by exempt rulemaking at 18 A.A.R. 212, effective February 1, 2012 (Supp. 12-1). Amended by exempt rulemaking at 18 A.A.R. 1971, effective August 1, 2012 (Supp. 12-3).

Amended by exempt rulemaking at 18 A.A.R. 2630, effective October 1, 2012 (Supp. 12-4). Amended by final rulemaking at 19 A.A.R. 1681, effective August 9, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3525, effective October 18, 2013 (Supp. 13-4)

**R9-22-711. Copayments****A. For purposes of this Article:**

1. A copayment is a monetary amount that a member pays directly to a provider at the time a covered service is rendered.
2. An eligible individual is assigned to a hierarchy established in subsections (B) through (E), for the purposes of establishing a copayment amount.
3. No refunds shall be made for a retroactive period if there is a change in an individual's status that alters the amount of a copayment.

**B. The following services are exempt from AHCCCS copayments for all members:**

1. Family planning services and supplies,
2. Services related to a pregnancy or any other medical condition that may complicate the pregnancy, including tobacco cessation treatment for a pregnant woman,
3. Emergency services as described in 42 CFR 447.56(2)(i),
4. All services paid on a fee-for-service basis,
5. Preventive services, such as well visits, immunizations, pap smears, colonoscopies, and mammograms,
6. Provider preventable services.

**C. The following individuals are exempt from AHCCCS copayments:**

1. An individual under age 19, including individuals eligible for the KidsCare Program in A.R.S. § 36-2982;
2. An individual determined to be Seriously Mentally Ill (SMI) by the Arizona Department of Health Services;
3. An individual eligible for the Arizona Long-Term Care Program in A.R.S. § 36-2931;
4. An individual eligible for QMB under Chapter 29;
5. An individual eligible for the Children's Rehabilitative Services program under A.R.S. § 36-2906(E);
6. An individual receiving nursing facility or HCBS services under R9-22-216;
7. An individual receiving hospice care as defined in 42 U.S.C. 1396d(o);
8. An American Indian individual enrolled in a health plan and has received services through an IHS facility, tribal 638 facility or urban Indian health program;
9. An individual eligible in the Breast and Cervical Cancer program as described under Article 20;
10. An individual who is pregnant including the postpartum period which is the last day of the month in which the 60th day following the date the pregnancy ends;
11. An individual with respect to whom child welfare services are made available under Part B of Title IV of the Social Security Act on the basis of being a child in foster care, without regard to age;
12. An individual with respect to whom adoption or foster care assistance is made available under Part E of Title IV of the Social Security Act, without regard to age; and
13. An adult eligible under R9-22-1427(E), with income at or below 106% of the FPL.

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- D. Non-mandatory copayments.** Unless otherwise listed in subsection (B) or (C), individuals under subsections (D)(1) through (6) are subject to the copayments listed in this subsection. A provider shall not deny a service when a member states to the provider an inability to pay a copayment.
1. A caretaker relative eligible under R9-22-1427(A);
  2. An individual eligible for Young Adult Transitional Insurance (YATI) in A.R.S. § 36-2901(6)(a)(iii);
  3. An individual eligible for State Adoption Assistance in R9-22-1433;
  4. An individual eligible for Supplemental Security Income (SSI);
  5. An individual eligible for SSI Medical Assistance Only (SSI/MAO) in Article 15; and
  6. An individual eligible for the Freedom to Work program in A.R.S. § 36-2901(6)(g).
  7. Copayment amount per service:
    - a. \$2.30 per prescription drug.
    - b. \$3.40 per outpatient visit, excluding an emergency room visit, if any of the services rendered during the visit are coded as evaluation and management services or non-emergent surgical procedures according to the National Standard Code Sets. An outpatient visit includes any setting where these services are performed such as a physician's office, an Ambulatory Surgical Center (ASC), or a clinic.
    - c. \$2.30 per visit, if a copayment is not being imposed under subsection (D)(7)(b) and any of the services rendered during the visit are coded as physical, occupational or speech therapy services according to the National Standard Code Sets.
- E. Mandatory copayments.**
1. Copayments for individuals eligible for Transitional Medical Assistance (TMA) under R9-22-1427(B)(1)(c)(i). Unless otherwise listed in subsection (C), an individual is required to pay the following copayments for prescription drugs and outpatient services unless the service is provided during an emergency room visit or the service is otherwise exempt under subsection (B). An outpatient visit includes any setting where these outpatient services are performed such as, an outpatient hospital, a physician's provider's office, HCBS setting, an Ambulatory Surgical Center (ASC), or a clinic:
    - a. \$2.30 per prescription drug.
    - b. \$4.00 per outpatient visit, if any of the services rendered during the visit are coded as evaluation and management services according to the National Standard Code Sets.
    - c. If a copayment is not being imposed under subsection (E)(1)(b), \$3.00 per visit if any of the services rendered during the visit are coded as physical, occupational or speech therapy services according to the National Standard Code Sets.
    - d. If a copayment is not being imposed under subsection (E)(1)(b) or (c), \$3.00 per visit, if any of the services rendered during the visit are coded as non-emergent surgical procedures according to the National Standard Code Sets.
  2. Copayments for persons eligible under R9-22-1427(E) with income above 106% of the FPL and for persons eligible under A.R.S. §§ 36-2907.10 and 36-2907.11. Subject to CMS approval, unless otherwise listed in subsection (C), these individuals are required to pay the following copayments for prescription drugs and outpatient services unless the service is provided during an emergency room visit or the service is otherwise exempt under subsection (B). An outpatient visit includes any setting where these outpatient services are performed such as, an outpatient hospital, a physician's provider's office, HCBS setting, an Ambulatory Surgical Center (ASC), or a clinic:
    - a. \$4.00 per prescription drug.
    - b. \$5.00 per outpatient visit when the AHCCCS fee schedule for the visit code is a rate from \$50 to less than \$100, if any of the services rendered during the visit are coded as evaluation and management services according to the National Standard Code Sets.
    - c. \$10.00 per outpatient visit when the AHCCCS fee schedule for the visit code is a rate of \$100 or greater, if any of the services rendered during the visit are coded as evaluation and management services according to the National Standard Code Sets.
    - d. If a copayment is not being imposed under subsection (E)(2)(b) or (E)(2)(c), for services coded as physical, occupational or speech therapy services according to the National Standard Code Sets.
      - i. \$2.00 if the rate on the fee schedule is \$20 to \$39.99,
      - ii. \$4.00 if the rate on the fee schedule is \$40 to \$49.99, or
      - iii. \$5.00 if the rate on the fee schedule is \$50 and above per visit.
    - e. If a copayment is not being imposed under subsection (E)(2)(b) –(E)(2)(d), for services coded as non-emergent surgical procedures according to the National Standard Code Sets,
      - i. \$30.00 if the rate on the fee schedule is \$300 to \$499.99, or
      - ii. \$50.00 if the rate on the fee schedule is \$500 and above per visit.
    - f. Unless the individual is otherwise exempt in subsection (C) or the service is exempted under subsection (B) the individual is required to pay \$2.00 per trip for non-emergency transportation in an urban area.
    - g. Unless the individual is otherwise exempt in subsection (C) or the service is exempted under subsection (B) the individual is required to pay \$8.00 for non-emergency use of the emergency room.
    - h. Unless the individual is otherwise exempt in subsection (C) or the service is exempted under subsection (B) the individual is required to pay \$75 for an Inpatient stay.
  3. The provider may deny a service if the member does not pay the copayment required by subsection (E), however, a provider may choose to reduce or waive copayments under this subsection on a case-by-case basis.
- F.** A provider is responsible for collecting any copayment imposed under this Section.
- G.** The total aggregate amount of copayments under subsections (D) or (E) may not exceed 5% of the family's income as applied on a quarterly basis. The member may establish that the aggregate limit has been met on a quarterly basis by providing the Administration with records of copayments incurred during the quarter. In addition, the Administration shall also use claims and encounters information available to the Administration to establish when a member's copayment obligation has reached 5% of the family's income.

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- H.** Reduction in payments to providers. The Administration and its contractors shall reduce the payment it makes to any provider by the amount of a member's copayment obligation under subsection (E), regardless of whether the provider successfully collects the copayments described in this Section.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Sections R9-22-711 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-711 repealed, new Section R9-22-711 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Amended by exempt rulemaking at 9 A.A.R. 4557, effective October 1, 2003 (Supp. 03-4). Amended by exempt rulemaking at 10 A.A.R. 2194, effective May 3, 2004 (Supp. 04-2). Amended by exempt rulemaking at 10 A.A.R. 4266, effective October 1, 2004 (Supp. 04-3). Amended by final rulemaking at 16 A.A.R. 1449, effective October 1, 2010 (Supp. 10-3). Section amended by exempt rulemaking at 18 A.A.R. 461, effective April 1, 2012 (Supp. 12-1). Section amended by final rulemaking at 19 A.A.R. 2954, effective November 11, 2013 (Supp. 13-3). Amended by exempt rulemaking at 20 A.A.R. 128, effective December 30, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 2755, effective January 1, 2015 (Supp. 14-3). Amended by final rulemaking at 29 A.A.R. 1866 (August 25, 2023), with an immediate effective date of August 1, 2023 (Supp. 23-3).

**Editor's Note:** The following Section was adopted and amended under an exemption from the provisions of the Administrative Procedure Act which means that this rule was not reviewed by the Governor's Regulatory Review Council; the agency did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the agency was not required to hold public hearings on the rules; and the Attorney General did not certify this rule. This Section was subsequently amended through the regular rulemaking process.

**R9-22-712. Reimbursement: General**

- A.** Inpatient and outpatient discounts and penalties. If a claim is pending for additional documentation required under A.R.S. § 36-2903.01(G)(4), the period during which the claim is pending is not used in the calculation of the quick-pay discounts and slow-pay penalties under A.R.S. § 36-2903.01(G)(5).
- B.** Inpatient and outpatient in-state or out-of-state hospital payments.
1. Payment for inpatient out-of-state hospital services for claims with discharge dates on or before September 30, 2014. In the absence of a contract with an out-of-state hospital that specifies payment rates, AHCCCS shall reimburse out-of-state hospitals for covered inpatient services by multiplying covered charges by the most recent statewide urban cost-to-charge ratio as determined in R9-22-712.01(6)(d).
  2. Payment for inpatient in-state hospital services for claims with discharge dates on or before September 30, 2014. AHCCCS shall reimburse an in-state provider of inpatient hospital services rendered with a discharge date on or before September 30, 2014, at the prospective tiered-per-diem amount in A.R.S. § 36-2903.01 and this Article.
  3. Payment for inpatient in-state or out-of-state hospital services for claims with discharge dates on and after October 1, 2014 regardless of admission date. Subject to R9-22-718 and A.R.S. § 36-2905.01 regarding urban hospitals, a contractor shall reimburse an in-state or out-of-state provider of inpatient hospital services, at either a rate specified by subcontract or, in the absence of a subcontract, the DRG rate established by the Administration and this Article. Subcontract rates, terms, and conditions are subject to review and approval or disapproval under A.R.S. § 36-2904 and R9-22-715.
  4. Outpatient out-of-state hospital payments. In the absence of a contract with an out-of-state hospital that specifies payment rates, AHCCCS shall reimburse an out-of-state hospital for covered outpatient services by applying the methodology described in R9-22-712.10 through R9-22-712.50. If the outpatient procedure is not assigned a fee schedule amount, the Administration shall pay the claim by multiplying the covered charges for the outpatient services by the statewide outpatient cost-to-charge ratio.
  5. Outpatient in-state hospital payments. A contractor shall reimburse an in-state provider of outpatient hospital services rendered on or after July 1, 2005, at either a rate specified by a subcontract or, in absence of a subcontract, as provided under R9-22-712.10, A.R.S. § 36-2903.01 and other Sections of this Article. The terms of the subcontract are subject to review and approval or disapproval under A.R.S. § 36-2904 and R9-22-715.
- C.** Access to records. Subcontracting and noncontracting providers of outpatient or inpatient hospital services shall allow the Administration access to medical records regarding eligible persons and shall in all other ways fully cooperate with the Administration or the Administration's designated representative in performance of the Administration's utilization control activities. The Administration shall deny a claim for failure to cooperate.
- D.** Prior authorization. The Administration or contractor may deny a claim if a provider fails to obtain prior authorization as required under R9-22-210.
- E.** Review of claims. Regardless of prior authorization or concurrent review activities, the Administration may subject all hospital claims, including outliers, to prepayment medical review or post-payment review, or both. The Administration shall conduct post-payment reviews consistent with A.R.S. § 36-2903.01 and may recoup erroneously paid claims.
- F.** Claim receipt.
1. The Administration's date of receipt of inpatient or outpatient hospital claims is the date the claim is received by the Administration as indicated by the date stamp on the claim and the system-generated claim reference number or system-generated date-specific number.
  2. Hospital claims are considered paid on the date indicated on disbursement checks.
  3. A denied claim is considered adjudicated on the date the claim is denied.
  4. Claims that are denied and are resubmitted are assigned new receipt dates.

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5. For a claim that is pending for additional supporting documentation specified in A.R.S. § 36-2903.01 or 36-2904, the Administration shall assign a new date of receipt upon receipt of the additional documentation.
  6. For a claim that is pending for documentation other than the minimum required documentation specified in either A.R.S. § 36-2903.01 or 36-2904, the Administration shall not assign a new date of receipt.
- G. Outpatient hospital reimbursement.** The Administration shall pay for covered outpatient hospital services provided to eligible persons with dates of service from March 1, 1993 through June 30, 2005, at the AHCCCS outpatient hospital cost-to-charge ratio, multiplied by the amount of the covered charges.
1. **Computation of outpatient hospital reimbursement.** The Administration shall compute the cost-to-charge ratio on a hospital-specific basis by determining the covered charges and costs associated with treating eligible persons in an outpatient setting at each hospital. Outpatient operating and capital costs are included in the computation but outpatient medical education costs that are included in the inpatient medical education component are excluded. To calculate the outpatient hospital cost-to-charge ratio annually for each hospital, the Administration shall use each hospital's Medicare Cost Reports and a database consisting of outpatient hospital claims paid and encounters processed by the Administration for each hospital, subjecting both to the data requirements specified in R9-22-712.01. The Administration shall use the following methodology to establish the outpatient hospital cost-to-charge ratios:
    - a. **Cost-to-charge ratios.** The Administration shall calculate the costs of the claims and encounters for outpatient hospital services by multiplying the ancillary line item cost-to-charge ratios by the covered charges for corresponding revenue codes on the claims and encounters. Each hospital shall provide the Administration with information on how the revenue codes used by the hospital to categorize charges on claims and encounters correspond to the ancillary line items on the hospital's Medicare Cost Report. The Administration shall then compute the overall outpatient hospital cost-to-charge ratio for each hospital by taking the average of the ancillary line items cost-to-charge ratios for each revenue code weighted by the covered charges.
    - b. **Cost-to-charge limit.** To comply with 42 CFR 447.325, the Administration may limit cost-to-charge ratios to 1.00 for each ancillary line item from the Medicare Cost Report. The Administration shall remove ancillary line items that are non-covered or not applicable to outpatient hospital services from the Medicare Cost Report data for purposes of computing the overall outpatient hospital cost-to-charge ratio.
  2. **New hospitals.** The Administration shall reimburse new hospitals at the weighted statewide average outpatient hospital cost-to-charge ratio multiplied by covered charges. The Administration shall continue to use the statewide average outpatient hospital cost-to-charge ratio for a new hospital until the Administration rebases the outpatient hospital cost-to-charge ratios and the new hospital has a Medicare Cost Report for the fiscal year being used in the rebasing.
  3. **Specialty outpatient services.** The Administration may negotiate, at any time, reimbursement rates for outpatient hospital services in a specialty facility.
  4. **Reimbursement requirements.** To receive payment from the Administration, a hospital shall submit claims that are legible, accurate, error free, and have a covered charge greater than zero. The Administration shall not reimburse hospitals for emergency room treatment, observation hours or days, or other outpatient hospital services performed on an outpatient basis, if the eligible person is admitted as an inpatient to the same hospital directly from the emergency room, observation area, or other outpatient department. Services provided in the emergency room, observation area, and other outpatient hospital services provided before the hospital admission are included in the tiered per diem payment.
  5. **Rebasing.** The Administration shall rebase the outpatient hospital cost-to-charge ratios at least every four years but no more than once a year using updated Medicare Cost Reports and claim and encounter data.
  6. If a hospital files an increase in its charge master for an existing outpatient service provided on or after July 1, 2004, and on or before June 30, 2005, which represents an aggregate increase in charges of more than 4.7%, the Administration shall adjust the hospital-specific cost-to-charge ratio as calculated under subsection (G)(1) through (5) by applying the following formula:  

$$CCR * [1.047 / (1 + \% \text{ increase})]$$
 Where "CCR" means the hospital-specific cost-to-charge ratio as calculated under subsection (G)(1) through (5) and "% increase" means the aggregate percentage increase in charges for outpatient services shown on the hospital charge master.  
 "Charge master" means the schedule of rates and charges as described under A.R.S. § 36-436 and the rules that relate to those rates and charges that are filed with the Director of the Arizona Department of Health Services.

**Historical Note**

Adopted as an emergency effective February 23, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Adopted as a permanent rule effective May 16, 1983; text of adopted rule identical to emergency (Supp. 83-3). Former Section R9-22-712 repealed, new Section R9-22-712 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-712 renumbered and amended as Section R9-22-1001 effective October 1, 1985 (Supp. 85-5). New Section R9-22-712 adopted under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended effective January 14, 1997 (Supp. 97-1). Amended by exempt rulemaking at 10 A.A.R. 3831, effective August 25, 2004 (Supp. 04-3). Amended by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 11 A.A.R. 3231, effective October 1, 2005 (Supp. 05-3). Amended by final rulemaking at 14 A.A.R. 1439, effective May 31, 2008 (Supp. 08-2). Amended by exempt rulemaking at 17 A.A.R. 1337, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 17 A.A.R.

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1658, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

**R9-22-712.01. Inpatient Hospital Reimbursement for claims with admission dates and discharge dates from October 1, 1998 through September 30, 2014**

Inpatient hospital reimbursement. The Administration shall pay for covered inpatient acute care hospital services provided to eligible persons for claims with admission dates and discharge dates from October 1, 1998 through September 30, 2014, on a prospective reimbursement basis. The prospective rates represent payment in full, excluding quick-pay discounts, slow-pay penalties, and third-party payments for both accommodation and ancillary department services. The rates include reimbursement for operating and capital costs. The Administration shall make reimbursement for direct graduate medical education as described in A.R.S. § 36-2903.01. For payment purposes, the Administration shall classify each AHC-CCS inpatient hospital day of care into one of several tiers appropriate to the services rendered. The rate for a tier is referred to as the tiered per diem rate of reimbursement. The number of tiers is seven and the maximum number of tiers payable per continuous stay is two. Payment of outlier claims, transplant claims, or payment to out-of-state hospitals, freestanding psychiatric hospitals, and other specialty facilities may differ from the inpatient hospital tiered per diem rates of reimbursement described in this Section.

1. Tier rate data. The Administration shall base tiered per diem rates effective on and after October 1, 1998 on Medicare Cost Reports for Arizona hospitals for the fiscal year ending in 1996 and a database consisting of inpatient hospital claims and encounters for dates of service matching each hospital's 1996 fiscal year end.
  - a. Medicare Cost Report data. Because Medicare Cost Report years are not standard among hospitals and were not audited at the time of the rate calculation, the Administration shall inflate all the costs to a common point in time as described in subsection (2) for each component of the tiered per diem rates. The Administration shall not make any changes to the tiered per diem rates if the Medicare Cost Report data are subsequently updated or adjusted. If a single Medicare Cost Report is filed for more than one hospital, the Administration shall allocate the costs to each of the respective hospitals. A hospital shall submit information to assist the Administration in this allocation.
  - b. Claim and encounter data. For the database, the Administration shall use only those inpatient hospital claims paid by the Administration and encounters that were accepted and processed by the Administration at the time the database was developed for rates effective on and after October 1, 1998. The Administration shall subject the claim and encounter data to a series of data quality, reasonableness, and integrity edits and shall exclude from the database or adjust claims and encounters that fail these edits. The Administration shall also exclude from the database the following claims and encounters:
    - i. Those missing information necessary for the rate calculation,
    - ii. Medicare crossovers,
    - iii. Those submitted by freestanding psychiatric hospitals, and
    - iv. Those for transplant services or any other hospital service that the Administration would pay on a basis other than the tiered per diem rate.
2. Tier rate components. The Administration shall establish inpatient hospital prospective tiered per diem rates based on the sum of the operating and capital components. The rate for the operating component is a statewide rate for each tier except for the NICU and Routine tiers, which are based on peer groups. The rate for the capital component is a blend of statewide and hospital-specific values, as described in A.R.S. § 36-2903.01. The Administration shall use the following methodologies to establish the rates for each of these components.
  - a. Operating component. Using the Medicare Cost Reports and the claim and encounter database, the Administration shall compute the rate for the operating component as follows:
    - i. Data preparation. The Administration shall identify and group into department categories, the Medicare Cost Report data that provide ancillary department cost-to-charge ratios and accommodation costs per day. To comply with 42 CFR 447.271, the Administration shall limit cost-to-charge ratios to 1.00 for each ancillary department.
    - ii. Operating cost calculation. To calculate the rate for the operating component, the Administration shall derive the operating costs from claims and encounters by combining the Medicare Cost Report data and the claim and encounter database for all hospitals. In performing this calculation, the Administration shall match the revenue codes on the claims and encounters to the departments in which the line items on the Medicare Cost Reports are grouped. The ancillary department cost-to-charge ratios for a particular hospital are multiplied by the covered ancillary department charges on each of the hospital's claims and encounters. The AHCCCS inpatient days of care on the particular hospital's claims and encounters are multiplied by the corresponding accommodation costs per day from the hospital's Medicare Cost Report. The ancillary cost-to-charge ratios and accommodation costs per day do not include medical education and capital costs. The Administration shall inflate the resulting operating costs for the claims and encounters of each hospital to a common point in time, December 31, 1996, using the DRI inflation factor and shall reduce the operating costs for the hospital by an audit adjustment factor based on available national data and Arizona historical experience in adjustments to Medicare reimbursable costs. The Administration shall further inflate operating costs to the midpoint of the rate year (March 31, 1999).
    - iii. Operating cost tier assignment. After calculating the operating costs, the Administration shall assign the claims and encounters used in the calculation to tiers based on diagnosis, procedure, or revenue codes, or NICU classification level, or a combination of these. For the NICU tier, the Administration shall further



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- assign claims and encounters to NICU Level II or NICU Level III peer groups, based on the hospital's certification by the Arizona Perinatal Trust. For the Routine tier, the Administration shall further assign claims and encounters to the general acute care hospital or rehabilitation hospital peer groups, based on state licensure by the Department of Health Services. For claims and encounters assigned to more than one tier, the Administration shall allocate ancillary department costs to the tiers in the same proportion as the accommodation costs. Before calculating the rate for the operating component, the Administration shall identify and exclude any claims and encounters that are outliers as defined in subsection (6).
- iv. Operating rate calculation. The Administration shall set the rate for the operating component for each tier by dividing total statewide or peer group hospital costs identified in this subsection within the tier by the total number of AHCCCS inpatient hospital days of care reflected in the claim and encounter database for that tier.
  - b. Capital component. For rates effective October 1, 1999 the capital component is calculated as described in A.R.S. § 36-2903.01.
  - c. Statewide inpatient hospital cost-to-charge ratio. For dates of service prior to October 1, 2007, the statewide inpatient hospital cost-to-charge ratio is used for payment of outliers, as described in subsections (4), (5), and (6), and out-of-state hospitals, as described in R9-22-712(B). The Administration shall calculate the AHCCCS statewide inpatient hospital cost-to-charge ratio by using the Medicare Cost Report data and claim and encounter database described in subsection (1) and used to determine the tiered per diem rates. For each hospital, the covered inpatient days of care on the claims and encounters are multiplied by the corresponding accommodation costs per day from the Medicare Cost Report. Similarly, the covered ancillary department charges on the claims and encounters are multiplied by the ancillary department cost-to-charge ratios. The accommodation costs per day and the ancillary department cost-to-charge ratios for each hospital are determined in the same way described in subsection (2)(a) but include costs for operating and capital. The Administration shall then calculate the statewide inpatient hospital cost-to-charge ratio by summing the covered accommodation costs and ancillary department costs from the claims and encounters for all hospitals and dividing by the sum of the total covered charges for these services for all hospitals.
  - d. Unassigned tiered per diem rates. If a hospital has an insufficient number of claims to set a tiered per diem rate, the Administration shall pay that hospital the statewide average rate for that tier.
3. Tier assignment. The Administration shall assign AHCCCS inpatient hospital days of care to tiers based on information submitted on the inpatient hospital claim or encounter including diagnosis, procedure, or revenue codes, peer group, NICU classification level, or a combination of these.
    - a. Tier hierarchy. In assigning claims for AHCCCS inpatient hospital days of care to a tier, the Administration shall follow the Hierarchy for Tier Assignment through September 30, 2014 in R9-22-712.09. The Administration shall not pay a claim for inpatient hospital services unless the claim meets medical review criteria and the definition of a clean claim. The Administration shall not pay for a hospital stay on the basis of more than two tiers, regardless of the number of interim claims that are submitted by the hospital.
    - b. Tier exclusions. The Administration shall not assign to a tier or pay AHCCCS inpatient hospital days of care that do not occur during a period when the person is eligible. Except in the case of death, the Administration shall pay claims in which the day of admission and the day of discharge are the same, termed a same day admit and discharge, including same day transfers, as an outpatient hospital claim. The Administration shall pay same day admit and discharge claims that qualify for either the maternity or nursery tiers based on the lesser of the rate for the maternity or nursery tier, or the outpatient hospital fee schedule.
    - c. Seven tiers. The seven tiers are:
      - i. Maternity. The Administration shall identify the Maternity Tier by a primary diagnosis code. If a claim has an appropriate primary diagnosis, the Administration shall pay the AHCCCS inpatient hospital days of care on the claim at the maternity tiered per diem rate.
      - ii. NICU. The Administration shall identify the NICU Tier by a revenue code. A hospital does not qualify for the NICU tiered per diem rate unless the hospital is classified as either a NICU Level II or NICU Level III perinatal center by the Arizona Perinatal Trust. The Administration shall pay AHCCCS inpatient hospital days of care on the claim that meet the medical review criteria for the NICU tier and have a NICU revenue code at the NICU tiered per diem rate. The Administration shall pay any remaining AHCCCS inpatient hospital day on the claim that does not meet NICU Level II or NICU Level III medical review criteria at the nursery tiered per diem rate.
      - iii. ICU. The Administration shall identify the ICU Tier by a revenue code. The Administration shall pay AHCCCS inpatient hospital days of care on the claim that meets the medical review criteria for the ICU tier and has an ICU revenue code at the ICU tiered per diem rate. The Administration may classify any AHCCCS inpatient hospital days on the claim without an ICU revenue code, as surgery, psychiatric, or routine tiers.
      - iv. Surgery. The Administration shall identify the Surgery Tier by a revenue code and a valid surgical procedure code that is not on the AHCCCS excluded surgical procedure list. The excluded surgical procedure list identifies minor procedures such as sutures that do not require the same hospital resources as other procedures. The Administration shall only split

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- a surgery tier with an ICU tier. AHCCCS shall pay at the surgery tier rate only when the surgery occurs on a date during which the member is eligible.
- v. Psychiatric. The Administration shall identify the Psychiatric Tier by either a psychiatric revenue code and a psychiatric diagnosis or any routine revenue code if all diagnosis codes on the claim are psychiatric. The Administration shall not split a claim with AHCCCS inpatient hospital days of care in the psychiatric tier with any tier other than the ICU tier.
  - vi. Nursery. The Administration shall identify the Nursery Tier by a revenue code. The Administration shall not split a claim with AHCCCS inpatient hospital days of care in the nursery tier with any tier other than the NICU tier.
  - vii. Routine. The Administration shall identify the Routine Tier by revenue codes. The routine tier includes AHCCCS inpatient hospital days of care that are not classified in another tier or paid under any other provision of this Section. The Administration shall not split the routine tier with any tier other than the ICU tier.
4. Annual update. The Administration shall annually update the inpatient hospital tiered per diem rates through September 30, 2011.
  5. New hospitals. For rates effective on and after October 1, 1998, the Administration shall pay new hospitals the statewide average rate for each tier, as appropriate. The Administration shall update new hospital tiered per diem rates through September 30, 2011.
  6. Outliers. The Administration shall reimburse hospitals for AHCCCS inpatient hospital days of care identified as outliers under this Section by multiplying the covered charges on a claim by the Medicare Urban or Rural Cost-to-Charge Ratio. The Urban cost-to-charge ratio will be used for hospitals located in a county of 500,000 residents or more. The Rural cost-to-charge ratio will be used for hospitals located in a county of fewer than 500,000 residents.
    - a. Outlier criteria. For rates effective on and after October 1, 1998, the Administration set the statewide outlier cost threshold for each tier at the greater of three standard deviations from the statewide mean operating cost per day within the tier, or two standard deviations from the statewide mean operating cost per day across all the tiers. If the covered costs per day on a claim exceed the urban or rural cost threshold for a tier, the claim is considered an outlier. Outliers will be paid by multiplying the covered charges by the applicable Medicare Urban or Rural CCR. The resulting amount will be the outlier payment. If there are two tiers on a claim, the Administration shall determine whether the claim is an outlier by using a weighted threshold for the two tiers. The weighted threshold is calculated by multiplying each tier rate by the number of AHCCCS inpatient hospital days of care for that tier and dividing the product by the total tier days for that hospital. Routine maternity stays shall be excluded from outlier reimbursement. A routine maternity is any one-day stay with a delivery of one or two babies. A routine maternity stay will be paid at tier.
    - b. Update. The CCR is updated annually by the Administration for dates of service beginning October 1, using the most current Medicare cost-to-charge ratios published or placed on display by CMS by August 31 of that year. The Administration shall update the outlier cost thresholds for each hospital through September 30, 2011 as described under A.R.S. § 36-2903.01. For inpatient hospital admissions with begin dates of service on and after October 1, 2011, AHCCCS will increase the outlier cost thresholds by 5% of the thresholds that were effective on September 30, 2011.
    - c. Medicare Cost-to-Charge Ratio Phase-In. AHCCCS shall phase in the use of the Medicare Urban or Rural Cost-to-Charge Ratios for outlier determination, calculation and payment. The three-year phase-in does not apply to out-of-state or new hospitals.
      - i. Medicare Cost-to-Charge Ratio Phase-In outlier determination and threshold calculation. For outlier claims with dates of service on or after October 1, 2007 through September 30, 2008, AHCCCS shall adjust each hospital specific inpatient cost-to-charge ratio in effect on September 30, 2007 by subtracting one-third of the difference between the hospital specific inpatient cost-to-charge ratio and the effective Medicare Urban or Rural Cost-to-Charge Ratio. For outlier claims with dates of service on or after October 1, 2008 through September 30, 2009, AHCCCS shall adjust each hospital specific inpatient cost-to-charge ratio in effect on September 30, 2007 by subtracting two-thirds of the difference between the hospital specific inpatient cost-to-charge ratio and the effective Medicare Urban or Rural Cost-to-Charge Ratio. The adjusted hospital specific inpatient cost-to-charge ratios shall be used for all calculations using the Medicare Urban or Rural Cost-to-Charge Ratios, including outlier determination, and threshold calculation.
      - ii. Medicare Cost-to-Charge Ratio Phase-In calculation for payment. For payment of outlier claims with dates of service on or after October 1, 2007 through September 30, 2008, AHCCCS shall adjust the statewide inpatient hospital cost-to-charge ratio in effect on September 30, 2007 by subtracting one-third of the difference between the statewide inpatient hospital cost-to-charge ratio and the effective Medicare urban or rural cost-to-charge ratio. For payment of outlier claims with dates of service on or after October 1, 2008 through September 30, 2009, AHCCCS shall adjust the statewide inpatient hospital cost-to-charge ratio in effect on September 30, 2007 by subtracting two-thirds of the difference between the statewide inpatient hospital cost-to-charge ratio and the effective Medicare urban or rural cost-to-charge ratio.
      - iii. Medicare Cost-to-Charge Ratio for outlier determination, threshold calculation, and payment. For outlier claims with dates of service on or after October 1, 2009, the full Medicare

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Urban or Rural Cost-to-Charge Ratios shall be utilized for all outlier calculations.

- d. Cost-to-Charge Ratio used for qualification and payment of outlier claims.
  - i. For qualification and payment of outlier claims with begin dates of service on or after April 1, 2011 through September 30, 2011, the CCR will be equal to 95% of the ratios in effect on October 1, 2010.
  - ii. For qualification and payment of outlier claims with begin dates of service on or after October 1, 2011, the CCR will be equal to 90.25% of the most recent published Urban or Rural Medicare CCR as described in subsection (6)(b).
  - iii. For qualification and payment of outlier claims with begin dates of service on or after October 1, 2011 through September 30, 2012, AHCCCS will reduce the cost-to-charge ratio determined under subsection (6)(d)(ii) for a hospital that filed a charge master with ADHS on or after April 1, 2011 by an additional percentage equal to the total percent increase reported on the charge master.
  - iv. Subject to approval by CMS, for qualification and payment of outlier claims with begin dates of service on or after October 1, 2012, AHCCCS will reduce the cost-to-charge ratio determined under subsection (6)(d)(ii) for a hospital that filed a charge master with ADHS on or after June 1, 2012 by an additional percentage equal to the total percent increase reported on the charge master.
7. Transplants. The Administration shall reimburse hospitals for an AHCCCS inpatient stay in which a covered transplant as described in R9-22-206 is performed through the terms of the relevant contract. If the Administration and a hospital that performs transplant surgery on an eligible person do not have a contract for the transplant surgery, the Administration shall not reimburse the hospital more than what would have been paid to the contracted hospital for that same surgery.
8. Ownership change. The Administration shall not change any of the components of a hospital's tiered per diem rates upon an ownership change.
9. Psychiatric hospitals. The Administration shall pay free-standing psychiatric hospitals an all-inclusive per diem rate based on the contracted rates used by the Department of Health Services.
10. Specialty facilities. The Administration may negotiate, at any time, reimbursement rates for inpatient specialty facilities or inpatient hospital services not otherwise addressed in this Section as provided by A.R.S. § 36-2903.01. For purposes of this subsection, "specialty facility" means a facility where the service provided is limited to a specific population, such as rehabilitative services for children.
11. Outliers for new hospitals. Outliers for new hospitals will be calculated using the Medicare Urban or Rural Cost-to-Charge Ratio times covered charges. If the resulting cost is equal to or above the cost threshold, the claim will be paid at the Medicare Urban or Rural Cost-to-Charge ratio.
12. Reductions to tiered per diem payment for inpatient hospital services. Inpatient hospital admissions with begin dates of service on or after October 1, 2011, shall be

reimbursed at 95 percent of the tiered per diem rates in effect on September 30, 2011.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 3231, effective October 1, 2005 (Supp. 05-3). Amended by exempt rulemaking at 13 A.A.R. 3190, effective October 1, 2007 (Supp. 07-3). Amended by exempt rulemaking at 17 A.A.R. 1337, effective October 1, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 1914, effective July 18, 2012 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 3315, effective November 30, 2013 (Supp. 13-4). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

**R9-22-712.02. Reserved**

**R9-22-712.03. Reserved**

**R9-22-712.04. Reserved**

**R9-22-712.05. Graduate Medical Education Fund Allocation**

- A. Graduate medical education (GME) reimbursement as of September 30, 1997. Subject to legislative appropriation, the Administration shall make a distribution based on direct graduate medical education costs as described in A.R.S. § 36-2903.01(G)(9)(a).
- B. Subject to available funds and approval by CMS, the Administration shall annually distribute monies appropriated for the expansions of GME programs approved by the Administration to hospitals for direct program costs eligible for funding under A.R.S. § 36-2903.01(G)(9)(b). A GME program is deemed to be established as of the date of its original accreditation. All determinations that are necessary to make distributions described by this subsection shall be made using information possessed by the Administration as of the date of reporting under subsection (B)(3).
  1. Eligible health care facilities. A health care facility is eligible for distributions under subsection (B) if all of the following apply:
    - a. It is a hospital in Arizona that is the sponsoring institution of, or a participating institution in, one or more of the GME programs in Arizona;
    - b. It incurs direct costs for the training of residents in the GME programs, which costs are or will be reported on the hospital's Medicare Cost Report;
    - c. It is not administered by or does not receive its primary funding from an agency of the federal government.
  2. Eligible resident positions. For purposes of determining program allocation amounts under subsection (B)(4) the following resident positions are eligible for consideration to the extent that the resident training takes place in Arizona and not at a health care facility made ineligible under subsection (B)(1)(c):
    - a. Filled resident positions in approved programs established as of October 1, 1999 at hospitals that receive funding as described in A.R.S. § 36-2903.01(G)(9)(a) that are additional to the number of resident positions that were filled as of October 1, 1999; and
    - b. All filled resident positions in approved programs other than GME programs described in A.R.S. § 36-2903.01(G)(9)(a) that were established before July 1, 2006.
  3. Annual reporting. By April 1st of each year, each GME program and each hospital seeking a distribution under

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subsection (B) shall provide the applicable information listed in this subsection to the Administration:

- a. A GME program shall provide all of the following:
  - i. The program name and number assigned by the accrediting organization;
  - ii. The original date of accreditation;
  - iii. The names of the sponsoring institution and all participating institutions current as of the date of reporting;
  - iv. The number of approved resident positions and the number of filled resident positions current as of the date of reporting;
  - v. For programs established as of October 1, 1999, the number of resident positions that were filled as of October 1, 1999, if the program has not already provided this information to the Administration;
- b. A hospital seeking a distribution under subsection (B) shall provide all of the following that apply:
  - i. If the hospital uses the Intern and Resident Information System (IRIS) for tracking and reporting its resident activity to the fiscal intermediary, copies of the IRIS master and assignment files for the hospital's two most recently completed Medicare cost reporting years as filed with the fiscal intermediary;
  - ii. If the hospital does not use the IRIS or has less than two cost reporting years available in the form of the IRIS master and assignment files, the information normally contained in the IRIS master and assignment files in an alternative format for the hospital's two most recently completed Medicare cost reporting years;
  - iii. At the request of the Administration, a copy of the hospital's Medicare Cost Report or any part of the report for the most recently completed cost reporting year.
4. Allocation of expansion funds. Annually the Administration shall allocate available funds to each approved GME program in the following manner:
  - a. Information provided by hospitals under subsection (B)(3)(b) shall be used to determine the program in which each eligible resident is enrolled and the number of days that each eligible resident worked in any area of the hospital complex or in a non-hospital setting under agreement with the reporting hospital during the period of assignment to that hospital. For this purpose, the Administration shall use data relating to the most recent 12-month period that is common to all information provided under subsections (B)(3)(b)(i) and (ii).
  - b. The number of eligible residents allocated to each participating institution within each approved GME program shall be determined as follows:
    - i. Total the number of days determined for each participating institution under subsection (B)(4)(a) and divide each total by 365.
    - ii. Proportionally adjust the result of subsection (B)(4)(b)(i) for each participating institution within each program according to the number of residents determined to be eligible under subsection (B)(2).
  - c. The number of allocated eligible residents determined under subsection (B)(4)(b)(ii) shall be adjusted for Arizona Medicaid utilization using the most recent Medicare Cost Report information on file with the Administration as of the date of reporting under subsection (B)(3) and the Administration's inpatient hospital claims and encounter data for the time period corresponding to the Medicare Cost Report information for each hospital. The Administration shall use only those inpatient hospital claims paid by the Administration and encounters that were adjudicated by the Administration as of the date of reporting under subsection (B)(3). The Medicaid-adjusted eligible residents shall be determined as follows:
    - i. For each hospital, the total AHCCCS inpatient hospital days of care shall be divided by the total Medicare Cost Report inpatient hospital days, multiplied by 100 and rounded up to the nearest multiple of 5 percent.
    - ii. The number of allocated eligible residents determined for each participating hospital under subsection (B)(4)(b)(ii) shall be multiplied by the percentage derived under subsection (B)(4)(c)(i) for that hospital. The number of allocated eligible residents determined under subsection (B)(4)(b)(ii) for a participating institution that is not a hospital and not a health care facility made ineligible under subsection (B)(1)(c) shall be multiplied by the percentage derived under subsection (B)(4)(c)(i) for the program's sponsoring institution or, if the sponsoring institution is not a hospital, the sponsoring institution's affiliated hospital. The number of allocated eligible residents determined under subsection (B)(4)(b)(ii) for a participating institution that is made ineligible under subsection (B)(1)(c) shall be multiplied by zero percent.
  - d. The total allocation for each approved program shall be determined by multiplying the Medicaid-adjusted eligible residents determined under subsection (B)(4)(c)(ii) by the per-resident conversion factor determined below and totaling the resulting dollar amounts for all participating institutions in the program. The per-resident conversion factor shall be determined as follows:
    - i. Calculate the total direct GME costs from the most recent Medicare Cost Reports on file with the Administration for all hospitals that have reported such costs.
    - ii. Calculate the total allocated residents determined under subsection (B)(4)(b)(i) for those hospitals described under subsection (B)(4)(d)(i).
    - iii. Divide the total GME costs calculated under subsection (B)(4)(d)(i) by the total allocated residents calculated under subsection (B)(4)(d)(ii).
5. Distribution of expansion funds. On an annual basis subject to available funds, the Administration shall distribute the allocated amounts determined under subsection (B)(4) in the following manner:
  - a. The allocated amounts shall be distributed in the following order of priority:
    - i. To eligible hospitals that do not receive funding in accordance with A.R.S. § 36-

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2903.01(G)(9)(a) for the direct costs of programs established before July 1, 2006;

- ii. To eligible hospitals that receive funding in accordance with A.R.S. § 36-2903.01(G)(9)(a) for the direct costs of programs established before July 1, 2006;
  - b. The allocated amounts shall be distributed to the eligible hospitals in each approved program in proportion to the number of Medicaid-adjusted eligible residents allocated to each hospital within that program under subsection (B)(4)(c)(ii).
  - c. If funds are insufficient to cover all distributions within any priority group described under subsection (B)(5)(a), the Administration shall adjust the distributions proportionally within that priority group.
- C. Subject to available funds and approval by CMS, the Administration shall annually distribute monies appropriated for the expansions of GME programs approved by the Administration to hospitals for direct program costs eligible for funding under A.R.S. § 36-2903.01(G)(9)(c)(i). A GME program is deemed to be established as of the date of its original accreditation. All determinations that are necessary to make distributions described by this subsection shall be made using information possessed by the Administration as of the date of reporting under subsection (C)(3).
1. Eligible health care facilities. A health care facility is eligible for distributions under subsection (C) if it meets all the conditions of subsections (B)(1)(a) through (c).
  2. Eligible resident positions. For purposes of determining program allocation amounts under subsection (C)(4), the following resident positions are eligible for consideration to the extent that the resident training takes place in Arizona and not at a health care facility made ineligible under subsection (B)(1)(c):
    - a. All filled resident positions in approved programs established on or after July 1, 2006; and
    - b. For approved programs established on or after July 1, 2006 that have been established for less than one year as of the date of reporting under subsection (C)(3) and have not yet filled their first-year resident positions, all prospective residents reasonably expected by the program to be enrolled as a result of the most recently completed annual resident match.
  3. Annual reporting. By April 1st of each year, each GME program and each hospital seeking a distribution under subsection (C) shall provide to the Administration:
    - a. A GME program shall provide all of the following:
      - i. The requirements of subsections (B)(3)(a)(i) through (iv);
      - ii. The academic year rotation schedule on file with the program current as of the date of reporting; and
      - iii. For programs described under subsection (C)(2)(b), the number of residents expected to be enrolled as a result of the most recently completed annual resident match.
    - b. A hospital seeking a distribution under subsection (C) shall provide the requirements of subsection (B)(3)(b).
  4. Allocation of expansion funds. Annually the Administration shall allocate available funds to approved GME programs in the following manner:
    - a. Information provided by hospitals in accordance with subsection (B)(3)(b) shall be used to determine the program in which each eligible resident is enrolled and the number of days that each eligible resident worked in any area of the hospital complex or in a non-hospital setting under agreement with the reporting hospital during the period of assignment to that hospital. For this purpose, the Administration shall use data relating to the most recent 12-month period that is common to all information provided in accordance with subsections (B)(3)(b)(i) and (ii).
  - b. For approved programs whose resident activity is not represented in the information provided in accordance with subsection (B)(3)(b), information provided by GME programs under subsection (C)(3)(a) shall be used to determine the number of days that each eligible resident is expected to work at each participating institution.
  - c. The number of eligible residents allocated to each participating institution for each approved GME program shall be determined by totaling the number of days determined under subsections (C)(4)(a) and (b) and dividing the totals by 365.
  - d. The number of allocated residents determined under subsection (C)(4)(c) shall be adjusted for Arizona Medicaid utilization in accordance with subsection (B)(4)(c).
  - e. The total allocation for each approved program shall be determined in accordance with subsection (B)(4)(d).
5. Distribution of expansion funds. On an annual basis subject to available funds, the Administration shall distribute the allocated amounts determined under subsection (C)(4) to the eligible hospitals in each approved program in proportion to the number of Medicaid-adjusted eligible residents allocated to each within that program under subsection (C)(4)(d).
- D. Subject to available funds and approval by CMS, the Administration shall annually distribute monies appropriated for GME programs approved by the Administration to hospitals for indirect program costs eligible for funding under A.R.S. § 36-2903.01(G)(9)(c)(ii). A GME program is deemed to be established as of the date of its original accreditation. All determinations that are necessary to make distributions described by this subsection shall be made using information possessed by the Administration as of the date of reporting under subsection (D)(3).
1. Eligible health care facilities. A health care facility is eligible for distributions under subsection (D) if all of the following apply:
    - a. It is a hospital in Arizona that is the sponsoring institution of, or a participating institution in, one or more of the GME programs in Arizona or is the base hospital for one or more of the GME programs in Arizona whose sponsoring institutions are not hospitals;
    - b. It incurs indirect program costs for the training of residents in the GME programs, which are or will be calculated on the hospital's Medicare Cost Report or are reimbursable under the Children's Hospitals Graduate Medical Education Payment Program administered by HRSA;
    - c. It is not administered by or does not receive its primary funding from an agency of the federal government.

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2. Eligible resident positions. For purposes of determining program allocation amounts under subsection (D)(4) the following resident positions are eligible for consideration to the extent that the resident training takes place in Arizona and not at a health care facility made ineligible under subsection (D)(1)(c):
  - a. Any filled resident position in an approved program that includes a rotation of at least one month per year in a county other than Maricopa or Pima whose population was less than 500,000 persons at the time the residency rotation was added to the academic year rotation schedule;
  - b. For approved programs that have been established for less than one year as of the date of reporting under subsection (D)(3) and have not yet filled their first-year resident positions, all prospective residents reasonably expected by the program to be enrolled as a result of the most recently completed annual resident match who will perform rotations of at least one month per year in a county other than Maricopa or Pima whose population was less than 500,000 persons at the time the residency rotation was added to the academic year rotation schedule.
3. Annual reporting. By April 1st of each year, each GME program and each hospital seeking a distribution under subsection (D) shall provide to the Administration:
  - a. A GME program shall provide all of the following:
    - i. The requirements of subsections (B)(3)(a)(i) through (iv);
    - ii. The academic year rotation schedule on file with the program current as of the date of reporting;
    - iii. For programs described under subsection (D)(2)(c), the number of residents expected to be enrolled as a result of the most recently completed annual resident match.
  - b. A hospital seeking a distribution under subsection (D) shall provide the requirements of subsection (B)(3)(b)(iii).
4. Allocation of funds for indirect program costs. Annually the Administration shall allocate available funds to approved GME programs in the following manner:
  - a. Using the information provided by programs under subsection (D)(3), the Administration shall determine for each program the number of residents in the program who are eligible under subsection (D)(2) and the number of months per year that each eligible resident will perform rotations in counties described by subsection (D)(2), multiply the number of eligible residents by the number of months and multiply the result by the per resident per month conversion factor determined under subsection (D)(4)(b).
  - b. Using the most recent Medicare Cost Reports on file with the Administration for all hospitals that have calculated a Medicare indirect medical education payment, the Administration shall determine a per resident per month conversion factor as follows:
    - i. Calculate each hospital's Medicare share by dividing the Medicare inpatient discharges on the Medicare Cost Report by the total inpatient hospital discharges on the Medicare Cost Report.
    - ii. Calculate the ratio of residents to beds by dividing the total allocated residents described in subsection (B)(4)(d)(ii) by the number of bed days available from the Medicare Cost Report and dividing the result by the number of days in the cost reporting period.
    - iii. Calculate the indirect medical education adjustment factor by adding 1 to the value calculated in (D)(4)(b)(ii), multiplying the result by the exponential value 0.405, subtracting 1 from the result, and multiplying that result by 1.35.
    - iv. Calculate each hospital's total indirect medical education cost by adding the DRG amounts other than outlier payments from the Medicare cost report and the managed care simulated payments from the Medicare Cost Report, multiplying the total by the indirect medical education adjustment factor determined in (D)(4)(b)(iii) and dividing the result by the Medicare share determined in (D)(4)(b)(i).
    - v. Calculate each hospital's Medicaid indirect medical education cost by multiplying the amount determined in (D)(4)(b)(iv) by the value determined in subsection (B)(4)(c)(i).
    - vi. Total the amounts determined in (D)(4)(b)(v) for all hospitals, divide the result by the total allocated residents described in subsection (B)(4)(d)(ii) for all hospitals, and divide that result by 12.
5. Distribution of funds for indirect program costs. On an annual basis subject to available funds, the Administration shall distribute to each eligible hospital the amount calculated for the hospital at subsection (D)(4)(a).
- E. Reallocation of funds. If funds appropriated for subsection (B) are not allocated by the Administration and funds appropriated for subsections (C) and (D) are insufficient to cover all distributions under subsections (C)(5) and (D)(5), the funds not allocated under subsection (B) shall be allocated under subsections (C) and (D) to the extent of the calculated distributions. If funds are insufficient to cover all distributions under subsections (C)(5) and (D)(5), the Administration shall adjust the distributions proportionally. If funds appropriated for subsections (C) and (D) are not allocated by the Administration and funds appropriated for subsection (B) are insufficient to cover all distributions under subsection (B)(5), the funds not allocated under subsections (C) and (D) shall be allocated under subsection (B) to the extent of the calculated distributions.
- F. The Administration may enter into intergovernmental agreements with local, county, and tribal governments wherein local, county and tribal governments may transfer funds or certify public expenditures to the Administration. Such funds or certification, subject to approval by CMS, will be used to qualify for additional federal funds. Those funds will be used for the purposes of reimbursing hospitals that are eligible under subsection (D)(1) and specified by the local, county, or tribal government for indirect program costs other than those reimbursed under subsection (D). The Administration shall allocate available funds in accordance with subsection (D) except that reimbursement with such funds is not limited to resident positions or rotations in counties with populations of less than 500,000 persons. On an annual basis subject to available funds, the Administration shall distribute to each eligible hospital the greatest among the following amounts, less any amounts distributed under subsection (D)(5):

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1. The amount that results from multiplying the total number of eligible residents allocated to the hospital under subsection (B)(4)(d)(ii) by 12 by the per resident per month conversion factor determined under subsection (D)(4)(b);
2. The amount calculated for the hospital at subsection (D)(4)(b)(v);
3. The median of all amounts calculated at subsection (D)(4)(b)(v) if the hospital does not have an indirect medical education payment calculated on the Medicare Cost Report because it is a new training hospital; or
4. If the hospital does not have an indirect medical education payment calculated on the Medicare Cost Report because it is a children's hospital, the median Medicaid indirect medical education payment costs shall be calculated as follows:
  - a. For each hospital with indirect medical education costs on the Medicare Cost Report, determine a per resident total indirect medical education cost by dividing the total indirect medical education costs determined under subsection (D)(4)(b) by the number of filled resident positions under subsection (B)(2).
  - b. Determine the median per resident amount under subsection (F)(4)(a).
  - c. For each hospital without an indirect medical education component on the Medicare cost report, multiply the median per resident amount under subsection (F)(4)(b) by the number of filled resident positions under subsection (B)(2) for that hospital and by the Medicaid utilization percent for that hospital determined in subsection (B)(4)(c)(i).
5. It is a hospital in Arizona that is the sponsoring institution of, or a participating institution in, one or more of the GME programs in Arizona;
6. It incurs direct costs for the training of residents in the GME programs, which costs are or will be reported on the hospital's Medicare Cost Report;
7. It is not administered by or does not receive its primary funding from an agency of the federal government;
8. It has established a new GME program or expanded the number of residents or fellows in an existing GME program on or after July 1, 2020.
3. Eligible positions. For purposes of determining distributions under this Section the following resident and fellowship positions qualify to the extent that the training takes place in Arizona at an eligible health care facility:
  - a. Filled resident or fellow positions in approved programs which began on or after July 1, 2020;
  - b. Eligible positions do not include residents or fellows that receive payments for services under the Access to Professional Services Initiative (APSI) program established in the Contractors' prepaid capitation contracts with the Administration.
4. Annual Reporting
  - a. By December 15 of each year, a GME program shall provide all of the following information for GME programs and positions which are expected to be eligible for funding under this Section as of the upcoming academic year (i.e., July 1 to June 30 of each year):
    - i. The program name and number assigned by the accrediting organization if available;
    - ii. The original date of accreditation if available;
    - iii. The names of the sponsoring institution and all participating institutions expected as of the date of reporting;
    - iv. The number of anticipated resident and fellowship positions eligible for funding as of the upcoming academic year;
    - v. The number of months or partial months during the upcoming academic year that each resident or fellow is expected to work in each hospital or in a non-hospital setting under agreement between the non-hospital setting and the reporting hospital;
    - vi. The academic year of anticipated resident and fellowship positions;
    - vii. The length of the program; and
    - viii. The names and other information requested by AHCCCS to ensure the total GME distributions for each eligible position are not greater than the costs for each eligible position in the Intern and Resident Information System (IRIS) file.
  - b. By December 15 of each year, a GME program located in a county with a population of less than 500,000 persons shall provide the estimated one-time and ongoing costs for each program which it expects to be eligible for funding.
  - c. By September 1 of each year, a GME program shall provide the actual name of residents and fellows hired in the current academic year and other information requested by AHCCCS to ensure that total GME distributions for the eligible position are not

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 1782, effective June 30, 2007 (Supp. 07-2). Amended by exempt rulemaking at 13 A.A.R. 4032, effective November 1, 2007 (Supp. 07-4). Amended by final rulemaking at 21 A.A.R. 3469, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 24 A.A.R. 185, effective January 9, 2018 (Supp. 18-1). Amended by final rulemaking at 24 A.A.R. 3321, effective January 5, 2019 (Supp. 18-4).

**R9-22-712.06. Supplemental Graduate Medical Education Fund Allocation**

- A.** Gradual Medical Education (GME) reimbursement as of July 1, 2020.
1. In addition to distributions according to Section R9-22-712.05, and subject to the availability of funds and approval by CMS, the Administration shall annually distribute monies appropriated for the GME programs approved by the Administration to hospitals for direct and indirect costs for graduate medical education programs which were established or expanded on or after July 1, 2020. The Administration shall estimate the distributions using information possessed by the Administration as of December 15 of each calendar year. The actual distributions will be made using information possessed by the Administration as of September first of the year in which the new residency or fellowship begins.
  2. Eligible Hospitals. A hospital is eligible for distributions under this Section if all of the following apply:

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greater than the costs for each eligible position in the IRIS file.

- B.** Preliminary allocation of funds for urban hospitals. Annually by January 15, the Administration shall estimate the annual GME distributions under this Section using the funds appropriated for hospitals in counties with a population of 500,000 persons or more based on the number of new residents and fellows in graduate medical education programs in the following manner:
1. Each eligible resident and fellow is placed into tiers with the following priority:
    - a. Returning residents and fellows. A returning resident or fellow is a resident or fellow whose position received funding under this Section for the previous academic year and who is continuing in the same GME program.
    - b. Residents and fellows that are not a returning resident or fellow but are in a GME program for Family Medicine, Internal Medicine, General Pediatrics, Obstetrics and Gynecology, Psychiatry including Subspecialties, General Surgery, and any other program determined as high needs by the AHCCCS Administration.
    - c. Residents or fellows that are not returning residents or fellows and are not described in subsection (1)(b) but are in a GME program that received funding under this Section in a prior year.
    - d. All other residents and fellows.
  2. The amount of the distribution for each GME program for direct costs is calculated as the product of:
    - a. The number of eligible residents and fellows adjusted for the number of months or partial months worked in each hospital or non-hospital setting under agreement between the non-hospital setting and the reporting hospitals;
    - b. The Arizona Medicaid utilization as determined by R9-22-712.05(B)(4)(c)(i) in the previous calendar year; and,
    - c. The average direct cost per resident determined under R9-22-712.05(B)(4)(d) in the previous calendar year.
  3. If monies are still remaining after direct funding has been allocated, indirect funding shall be allocated based on the priority of each tier and sub-tier. The amount of the distribution for each GME program for indirect costs is calculated as the product of:
    - a. The number of allocated eligible residents and fellows adjusted for the number of months or partial months worked in each hospital or non-hospital setting under agreement between the non-hospital setting and the reporting hospital;
    - b. The indirect cost per resident per month calculated in R9-22-712.05(D)(4)(b)(vi) in the previous calendar year; and
    - c. Twelve months.
    - d. Funds shall be allocated based on the priority of each tier and sub-tier. Distributions for eligible positions in a tier or sub-tier with a lower priority will not receive a distribution until distributions are allocated for the costs of all positions in a higher tier or sub-tier. If funding is insufficient to fully fund a tier or sub-tier, the remainder of funds will be prorated for eligible positions in that tier or sub-tier.
4. Payments are made to participating hospitals based on the FTEs who worked at their hospitals per year.
- C.** Preliminary allocation of funds for rural hospitals. Annually by January 15, the Administration shall estimate the annual GME distributions under this Section using the funds appropriated for rural hospitals based on the number of eligible resident and fellow positions in graduate medical education programs located in a county with a population of less than 500,000 persons in the following manner:
1. Each resident and fellow will then be placed into a tier with the following priority:
    - a. Returning residents and fellows. A returning resident or fellow is a resident or fellow whose position received funding under this Section for the previous academic year and who is continuing in the same GME program.
    - b. Residents and fellows that are not a returning resident or fellow but are in a GME program for Family Medicine, Internal Medicine, General Pediatrics, Obstetrics and Gynecology, Psychiatry including Subspecialties, General Surgery, and any other program determined as high needs by the AHCCCS Administration.
    - c. Residents or fellows that are not returning residents or fellows and are not described in subsection (1)(b) but are in a GME program that received funding under this Section in a prior year.
    - d. All other residents and fellows.
  2. Residents and fellows in each tier are further divided into four sub-tiers with the following priority based on the location of the sponsoring or participating hospital:
    - a. Hospitals in a county designated by the Health Resource and Services Administration of the U.S. Department of Health & Human Services as a HPSA with a greater than 85 percent primary care shortage.
    - b. Hospitals in a county designated as a HPSA with a greater than 50 percent to 85 percent primary care shortage.
    - c. Hospitals in a county designated as a HPSA with a 25-50 percent primary care shortage.
    - d. Hospitals in a county designated as a HPSA with a less than 25 percent primary care shortage.
  3. Funds shall first be allocated for direct and indirect costs based in order of priority of each tier. If not enough funding is available to fully fund a tier or sub-tier, the remainder of funds will be prorated in a tier or sub-tier.
  4. The amount of the distribution for each GME program for direct costs is calculated as the product of:
    - a. The number of eligible residents and fellows adjusted for the number of months or partial months worked in each hospital or non-hospital setting under agreement between the non-hospital setting and the reporting hospitals;
    - b. The Arizona Medicaid utilization determined under R9-22-712.05(B)(4)(c)(i); and,
    - c. The actual direct cost per resident per year.
  5. The amount of the distribution for each GME program for indirect costs is calculated as the product of:
    - a. The number of allocated eligible residents and fellows adjusted for the number of months or partial months worked in each hospital or non-hospital setting under agreement between the non-hospital setting and the reporting hospital;



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- b. The indirect cost per resident per month calculated in R9-22-712.05(D)(4)(b)(vi) in the previous calendar year; and
- c. Twelve months.
- 6. Payments are made to participating hospitals based on the FTEs who worked at their hospitals per year.
- D. Final allocation of funds. Annually no sooner than September 1 following the start of the academic year, the Administration will recalculate the allocation for urban and rural hospitals using the same methodology used to estimate distributions, but using the actual residents and fellows as reported in R9-22-712.06(A)(4)(c).
- F. Exclusions. To ensure that residents and fellows are not double counted residents/fellows which receive funding through R9-22-712.06 shall not receive funding through R9-22-712.05.

**Historical Note**

New Section made by final rulemaking at 27 A.A.R. 2496 (October 29, 2021), with an immediate effective date of October 6, 2021 (Supp. 21-4). Amended by final rulemaking at 29 A.A.R. 923 (April 21, 2023), with an immediate effective date of March 31, 2023 (Supp. 23-1).

**R9-22-712.07. Rural Hospital Inpatient Fund Allocation**

- A. For purposes of this Section, the following words and phrases have the following meanings unless the context specifically requires another meaning:
  - 1. "Calculated inpatient costs" means the sum of inpatient covered charges multiplied by the Milliman study's implied cost-to-charge ratio of .8959.
  - 2. "Claims paid amount" means the sum of all claims paid by the Administration and contractors, as reported by the contractor to the Administration, to a rural hospital for covered inpatient services rendered for dates of service during the previous state fiscal year.
  - 3. "Fund" means any state funds appropriated by the Legislature for the purposes set forth in A.R.S. § 36-2905.02 and any federal funds that are available for matching the state funds.
  - 4. "Inpatient covered charges" means the sum of all covered charges billed by a hospital to the Administration or contractors, as reported by the contractors to the Administration, for inpatient services rendered during the previous state fiscal year.
  - 5. "Milliman study" means the report issued by Milliman USA on March 11, 2004, to the Arizona Hospital and Healthcare Association that updated a portion of a cost study entitled "Evaluation of the AHCCCS Inpatient Hospital Reimbursement System" prepared by Milliman USA for AHCCCS on November 15, 2002. A copy of each report is on file with the Administration.
  - 6. "Rural hospital" means a health care institution that is licensed as an acute care hospital by the Arizona Department of Health Services for the previous state fiscal year and is not an IHS hospital or a tribally owned or operated facility and:
    - a. Has 100 or fewer PPS beds, not including beds reported as sub provider beds on the hospital's

- Medicare Cost Report, and is located in a county with a population of less than 500,000 persons, or
- b. Is designated as a critical access hospital for the majority of the previous state fiscal year.

- B. Each February, the Administration shall allocate the Fund to the following three pools for the fiscal year:
  - 1. Rural hospitals with 25 or fewer PPS beds not including sub provider beds and all Critical Access Hospitals, regardless of the number of beds in the Critical Access Hospital;
  - 2. Rural hospitals other than Critical Access Hospitals with 26 to 75 PPS beds not including sub provider beds; and
  - 3. Rural hospitals other than Critical Access Hospitals with 76 to 100 PPS beds not including sub provider beds.
- C. The Administration shall allocate the Fund to each pool according to the ratio of claims paid amount for all hospitals assigned to the pool to total claims paid amount for all rural hospitals.
- D. The Administration shall determine each hospital's claims paid amount and allocate the funds in each pool to each hospital in the pool based on the ratio of each hospital's claims paid amount to the sum of the claims paid amount for all hospitals assigned to the pool.
- E. The Administration shall not make a Fund payment to a hospital that will result in the hospital's claims paid amount plus that hospital's Fund payment being greater than that hospital's calculated inpatient costs.
  - 1. If a hospital's claims paid amount plus the hospital's Fund payment would be greater than the hospital's calculated inpatient costs, the Administration shall make a Fund payment to the hospital equal to the difference between the hospital's calculated inpatient costs and the hospital's claims paid amount.
  - 2. The Administration shall reallocate any portion of a hospital's Fund allocation that is not paid to the hospital due to the reason in subsection (E)(1) to the other eligible hospitals in the pool based upon the ratio of the claims paid amount for each hospital remaining in the pool to the sum of the claims paid amount for each hospital remaining in the pool.
- F. If funds remain in a pool after allocations to each hospital in the pool under subsections (D) and (E), the Administration shall reallocate the remaining funds to the other pools based upon the ratio of each pool's original allocation of the Fund as determined under subsection (C) to the sum of the remaining pools' original Fund allocations under subsection (C). The Administration shall allocate remaining funds to the hospitals in the remaining pools under subsection (D) and (E). See Exhibit 1 for an example.
- G. Subject to CMS approval of the method and distribution of the Fund, the administration or its contractors will distribute the Fund as a lump sum allocation to the rural hospitals in either one or two installments by the end of each state fiscal year.

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 2188, effective June 6, 2006 (Supp. 06-2). Amended by final rulemaking at 22 A.A.R. 3476, effective January 30, 2016 (Supp. 15-4).

**Exhibit 1. Pool Example**

Pool A receives \$2,000,000. Pool B receives \$7,000,000. Pool C receives \$3,000,000.

If all of the funds in Pool B are paid to eligible hospitals and there is \$1,000,000 remaining, the remaining funds would be allocated to Pool A and Pool C based on the ratio of each pool's original allocation (original allocations of \$2,000,000 and \$3,000,000) to the total of their original allocation ( $\$2,000,000 + \$3,000,000 = \$5,000,000$ ).

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Pool A would receive 2/5 of the remaining funds (\$400,000) and Pool C would receive 3/5 of the remaining funds (\$600,000).

**Historical Note**

Exhibit 1 made by final rulemaking at 12 A.A.R. 2188, effective June 6, 2006 (Supp. 06-2).

**R9-22-712.08. Federally Qualified Health Center and Rural Health Clinic Graduate Medical Education Program**

- A.** Subject to available funds and approval by CMS, the Administration shall annually distribute monies appropriated for primary care GME programs approved by the Administration to Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) for direct and indirect program costs eligible for funding under A.R.S. § 36-2907.06(I).
1. A GME program is deemed to be established as of the date of its original accreditation. All determinations that are necessary to make distributions described by this subsection shall be made using information possessed by the Administration as of the date of reporting under subsection (D).
  2. For purposes of this subsection, the term "FQHC" includes Federally Qualified Health Center Look-Alikes.
- B.** Eligible health care facilities. A health care facility is eligible for a distribution under subsection (G) if all of the following apply:
1. It is an FQHC or RHC in Arizona that is the sponsoring institution of, or a full member of a consortium that is the sponsoring institution of, or a participating institution in, one or more approved primary care GME programs in Arizona;
  2. It incurs direct or indirect costs for the training of residents in Arizona in approved primary care GME programs;
  3. The GME program is not eligible for funding under R9-22-712.05; and
  4. The GME program is not fully funded by the federal government.
- C.** Eligible residents and resident positions. For purposes of determining program allocation amounts under subsections (E) and (F) the following residents and resident positions are eligible for consideration, to the extent that the resident training takes place in Arizona and not at a health care facility made ineligible under subsection (B):
1. All filled resident positions in approved primary care GME programs; or
  2. For approved primary care GME programs established for less than one year as of the date of annual reporting under subsection (D) and that have not yet filled their first-year resident positions, all prospective residents reasonably expected by the program to be enrolled as a result of the most recently completed annual resident match.
- D.** Annual reporting. By April 1st of each year, an FQHC or RHC seeking a distribution under this subsection shall:
1. Provide to the Administration the following information about each approved primary care GME program:
    - a. The program name and number assigned by the accrediting organization;
    - b. The original date of accreditation of the program;
    - c. The names of the sponsoring institution and all participating institutions current as of the date of reporting;
    - d. The number of approved resident positions and the number of filled resident positions current as of the date of reporting;
    - e. The academic year rotation schedule on file with the program current as of the date of reporting; and
  - f. For programs described under subsection (C)(2), the number of residents expected to be enrolled as a result of the most recently completed annual resident match.
2. Provide to the Administration the most recent Medicare Cost Report for the FQHC or RHC seeking the distribution, and
  3. For an FQHC or RHC that is a full member of a consortium that is the sponsoring institution of an approved primary care GME program, provide to the Administration a signed letter attesting to the responsibility of the full member FQHC or RHC for direct or indirect costs of training residents in the program.
- E.** Allocation of funds for direct graduate medical education costs. Annually the Administration shall allocate available funds for direct graduate medical education costs to each eligible FQHC or RHC in the following manner:
1. A Medicaid utilization percent for each FQHC or RHC seeking a distribution shall be calculated using the Medicare Cost Report submitted under subsection (D)(2), dividing the Title XIX visit count by the whole number of visits reported and rounding the result up to the nearest multiple of 5 percent.
  2. A total number of residents eligible for funding in each program shall be calculated using the information submitted under subsection (D)(1), dividing the number of resident rotations in the year that take place in Arizona and not at a health care facility made ineligible under subsection (B) by the total number of resident rotations in the program for that year, multiplying the result by the total number of filled resident positions in the program and rounding to two digits after the decimal.
  3. The allocation for direct graduate medical education costs for each eligible FQHC or RHC shall be calculated by multiplying the number of residents determined under subsection (E)(2) by the statewide average per-resident amount determined under this subsection and multiplying the result by the Medicaid utilization percent calculated for the FQHC or RHC under subsection (E)(1). The statewide average per-resident amount for the academic year ending June 30, 2022 is \$170,090. Annually thereafter, a statewide average per-resident amount shall be calculated by applying the Federally Qualified Health Center PPS Market Basket Update less Productivity Adjustment published by CMS for the calendar year in which the GME academic year begins.
- F.** Allocation of funds for indirect program costs. Annually the Administration shall allocate available funds for indirect program costs to each eligible FQHC or RHC in the following manner:
1. By multiplying the number of residents determined under subsection (E)(2) by the statewide average per-resident amount determined under this subsection and multiplying the result by the Medicaid utilization percent calculated for the FQHC or RHC under subsection (E)(1). The statewide average per-resident amount for the academic year ending June 30, 2022 is \$167,330;
  2. Annually thereafter, a statewide average per-resident amount shall be calculated by applying the Federally Qualified Health Center PPS Market Basket Update less

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Productivity Adjustment published by CMS for the calendar year in which the GME academic year begins.

- G.** Distribution of funds. On an annual basis subject to available funds, the Administration shall distribute to each eligible FQHC and RHC the sum of all amounts calculated for the FQHC or RHC under subsections (E)(3) and (F).
- H.** The Administration may enter into intergovernmental agreements with local, county, and tribal governments and any university under the jurisdiction of the Arizona Board of Regents wherein such entities may transfer funds or certify public expenditures to the Administration. Such funds or certification, subject to approval by CMS, will contribute to the state funding to qualify for federal matching funds. Those funds will be used for the purposes of reimbursing FQHCs and RHCs that are eligible under this rule and designated by the local, county, or tribal governments for receipt of the contributed funds. The Administration shall allocate available funds in accordance with subsections (E) and (F).

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 837 (April 29, 2022), with an immediate effective date of April 5, 2022 (Supp. 22-2).

**R9-22-712.09. Hierarchy for Tier Assignment through September 30, 2014**

TIER	IDENTIFICATION CRITERIA	ALLOWED SPLITS
MATERNITY	A primary diagnosis defined as maternity 640.xx - 643.xx, 644.2x - 676.xx, v22.xx - v24.xx or v27.xx.	None
NICU	Revenue Code of 174 and the provider has a Level II or Level III NICU.	Nursery
ICU	Revenue Codes of 200-204, 207-212, or 219.	Surgery Psychiatric Routine
SURGERY	Surgery is identified by a revenue code of 36x. To qualify in this tier, there must be a valid surgical procedure code that is not on the excluded procedure list.	ICU
PSYCHIATRIC	Psychiatric Revenue Codes of 114, 124, 134, 144, or 154 AND primary Psychiatric Diagnosis = 290.xx - 316.xx. If a routine revenue code is present and all diagnoses codes on the claim are equal to 290.xx - 316.xx, classify as a psychiatric claim.	ICU
NURSERY	Revenue Code of 17x, not equal to 174.	NICU
ROUTINE	Revenue Codes of 100 - 101, 110-113, 116 - 123, 126 - 133, 136 - 143, 146 - 153, 156 - 159, 16x, 206, 213, or 214.	ICU

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 3231, effective October 1, 2005 (Supp. 05-3). Amended by exempt rulemaking at 17 A.A.R. 1707, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3).

Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

**R9-22-712.10. Outpatient Hospital Reimbursement: General**

- A.** Effective rule. The outpatient hospital reimbursement rules apply to dates of service beginning July 1, 2005, subject to Laws 2004, Ch. 279, § 19.
- B.** Basis For Payment. Except as provided under R9-22-712.30, AHCCCS shall pay for designated outpatient procedures provided to AHCCCS members according to the AHCCCS Outpatient Capped Fee-For-Service Schedule as defined in R9-22-712.20.
- C.** Data. AHCCCS shall use Medicare Cost Report and adjudicated claim and encounter data from non-IHS acute care hospitals located in the state of Arizona to develop fees for the AHCCCS Outpatient Capped Fee-For-Service Schedule.
- D.** Hospital Services Subject To Fees. AHCCCS shall reimburse services, in the following outpatient hospital categories under the AHCCCS Outpatient Capped Fee-For-Service Schedule:
1. Surgery,
  2. Emergency Department,
  3. Laboratory,
  4. Radiology,
  5. Clinic, and
  6. Other services.
- E.** Reimbursement. AHCCCS shall reimburse outpatient hospital services by procedure codes, in proper combination with revenue codes, as prescribed by AHCCCS.

**Historical Note**

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2).

**R9-22-712.11. Reserved****R9-22-712.12. Reserved****R9-22-712.13. Reserved****R9-22-712.14. Reserved****R9-22-712.15. Outpatient Hospital Reimbursement: Affected Hospitals**

Except as provided in R9-22-712(G), the AHCCCS Outpatient Capped Fee-For-Service Schedule shall apply to AHCCCS payments for outpatient services in all non-IHS acute hospitals.

**Historical Note**

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2).

**R9-22-712.16. Reserved****R9-22-712.17. Reserved****R9-22-712.18. Reserved****R9-22-712.19. Reserved****R9-22-712.20. Outpatient Hospital Reimbursement: Methodology for the AHCCCS Outpatient Capped Fee-For-Service Schedule**

- A.** To establish the AHCCCS Outpatient Capped Fee-for-service Schedule for all claims with a begin date of service on or before September 30, 2011, AHCCCS shall:
1. Define the dataset of claims and encounters that shall be used to establish the AHCCCS Outpatient Capped Fee-for-service Schedule.
  2. Identify all the claims and encounters from non-IHS acute hospitals located in Arizona for services to be paid

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under the AHCCCS Outpatient Capped Fee-for-service Schedule.

3. Match the revenue code on each detail of each claim and encounter to the ancillary line item CCR as reported on hospital-specific mapping documents and hospital-specific Medicare Cost Report for those hospitals that have submitted Medicare Cost Reports FYE 2002.
  4. Multiply the line item CCR from subsection (A)(3) by the covered billed charge for that revenue code to establish the cost for the service.
  5. Inflate the cost for the service from subsection (A)(4) using Global Insight Health-care Cost Review inflation factors from date of service month to the midpoint of the rate year in which the fees are initially effective.
  6. Include associated costs under R9-22-712.25 to calculate the rates for emergency room and surgery services.
  7. Combine data from all Arizona hospitals identified in subsection (A)(3) for each procedure code to establish the statewide median cost for each procedure.
  8. Group procedure codes according to the Ambulatory Payment Classification (APC) System groups as listed in 69 FR 65682, November 15, 2004, and establish a statewide median cost for each APC. Multiply each statewide median APC cost by 116 percent to establish the AHCCCS-based fee for each procedure in that specific APC group. AHCCCS shall assign each procedure in the group the same fee.
  9. For those procedure codes that are not grouped into any APC, establish a procedure-specific fee using either:
    - a. The AHCCCS Non-hospital Capped Fee-for-service Fee Schedule,
    - b. 116 percent of the procedure-specific median cost AHCCCS-based fee, or
    - c. The Medicare Clinical Laboratory Fee Schedule for laboratory services.
  10. Compare the AHCCCS-based fee established in subsections (A)(8) and (9) against the comparable Medicare fee established for the Medicare APC group as listed in the 69 FR 65682, November 15, 2004. The fee for each procedure shall be the greater of the AHCCCS-based fee or the Medicare fee but no more than 150 percent of the AHCCCS-based fee; however, for those laboratory services for which a limit is established in the Medicare Clinical Laboratory Fee Schedule, the fee shall not exceed that limit.
  11. Assign the 2005 Medicare fee in the AHCCCS Outpatient Capped Fee-for-service Schedule for those procedures for which there are fewer than 20 occurrences of the procedure code in the dataset, either independently, or, if applicable, for all procedure codes within an APC Group.
- B.** For all claims with a begin date of service on or after October 1, 2011, the AHCCCS Outpatient Capped Fee-for-Service Schedule shall be derived from the CMS Medicare Outpatient Prospective Payment System (OPPS) fee schedule modified by an Arizona conversion factor determined annually.
1. When clinic services are billed using 51X revenue codes, the reimbursement to the hospital is the difference between the facility and non-facility rates payable to the practitioner for the procedures listed in the Administration's Capped Fee-for-service Schedule under R9-22-710.
  2. Observation services, when not billed in conjunction with a service for which a single payment is made under R9-22-712.25, are reimbursed at an hourly rate published in the Outpatient Capped Fee-for-service Schedule. This

hourly rate includes reimbursement for associated services.

- C.** The AHCCCS Outpatient Capped Fee-for-service Schedule including the effective date of any changes to the listing are on file and posted on AHCCCS' web site.

**Historical Note**

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 17 A.A.R. 1460, effective October 1, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 1914, effective July 18, 2012 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 3315, effective November 30, 2013 (Supp. 13-4).

**R9-22-712.21. Reserved**

**R9-22-712.22. Reserved**

**R9-22-712.23. Reserved**

**R9-22-712.24. Reserved**

**R9-22-712.25. Outpatient Hospital Fee Schedule Calculations: Associated Service Costs**

- A.** AHCCCS shall include the costs of associated services, as defined by revenue codes and procedure codes, when determining the specific fees for the outpatient hospital procedures for emergency department and surgery services.
- B.** Payment made under subsection (A) or R9-22-712.20(B)(2) is inclusive of all services on the claim regardless of whether the services are provided on one or more days.
- C.** A complete listing of the revenue codes and procedure codes for associated costs included in the payment for emergency and surgery services including the effective date of any changes to the listing are on file and posted on AHCCCS' web site.

**Historical Note**

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 17 A.A.R. 1460, effective October 1, 2011 (Supp. 11-3).

**R9-22-712.26. Reserved**

**R9-22-712.27. Reserved**

**R9-22-712.28. Reserved**

**R9-22-712.29. Reserved**

**R9-22-712.30. Outpatient Hospital Reimbursement: Payment for a Service Not Listed in the AHCCCS Outpatient Capped Fee-For-Service Schedule**

- A.** AHCCCS shall calculate a statewide CCR for a service where a specific fee cannot be determined under R9-22-712.20.
- B.** For claims with a begin date of service on or before September 30, 2011, the statewide CCR shall be calculated based on the costs and covered charges associated with a service under subsection (A) for all Arizona hospitals, using the method specified in R9-22-712.20(A)(3).
- C.** For all claims with a begin date of service on or after October 1, 2011, the statewide CCR calculation shall equal either the CMS Medicare Outpatient Urban Cost-to-charge Ratio or the CMS Medicare Outpatient Rural Cost-to-charge Ratio published by CMS for the state of Arizona. AHCCCS shall use the urban cost-to-charge ratio for hospitals located in a county of 500,000 residents or more and for out-of-state hospitals. AHCCCS shall use the rural cost-to-charge ratio for hospitals

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located in a county of fewer than 500,000 residents. On October 1st of each year, AHCCCS shall adjust urban and rural CCRs to the CCRs as published by CMS in the *Federal Register* on or before August 1st of that year.

- D. To determine the payment amount for procedures where a specific fee is not determined under R9-22-712.20, the statewide CCR is multiplied by the covered charges.
- E. Reductions to payments for outpatient hospital services not listed in the AHCCCS Outpatient Capped Fee-For-Service Schedule. Outpatient hospital services not listed in the AHCCCS Outpatient Capped Fee-For-Service Schedule with dates of service on or after October 1, 2011, shall be reimbursed at 95 percent of the rate published by CMS pursuant to subsection (C) of this Section.

**Historical Note**

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 17 A.A.R. 1460, effective October 1, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 1914, effective July 18, 2012 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 3315, effective November 30, 2013 (Supp. 13-4).

**R9-22-712.31. Reserved**

**R9-22-712.32. Reserved**

**R9-22-712.33. Reserved**

**R9-22-712.34. Reserved**

**R9-22-712.35. Outpatient Hospital Reimbursement: Adjustments to Fees**

- A. For all claims with a begin date of service on or before September 30, 2011, AHCCCS shall increase the Outpatient Capped Fee-for-service Schedule established under R9-22-712.20 (except for laboratory services and out-of-state hospital services) for the following hospitals submitting any claims:
  1. By 48 percent for public hospitals on July 1, 2005, and hospitals that were public anytime during the calendar year 2004;
  2. By 45 percent for hospitals in counties other than Maricopa and Pima with more than 100 Medicare PPS beds during the contract year in which the Outpatient Capped Fee-for-service Schedule rates are effective;
  3. By 50 percent for hospitals in counties other than Maricopa and Pima with 100 or less Medicare PPS beds during the contract year in which the Outpatient Capped Fee-for-service Schedule rates are effective;
  4. By 115 percent for hospitals designated as Critical Access Hospitals or hospitals that have not been designated as Critical Access Hospitals but meet the criteria during the contract year in which the Outpatient Capped Fee-for-service Schedule rates are effective;
  5. By 113 percent for a Freestanding Children's Hospital with at least 110 pediatric beds during the contract year in which the Outpatient Capped Fee-for-service Schedule rates are effective; or
  6. By 14 percent for a University Affiliated Hospital which is a hospital that has a majority of the members of its board of directors appointed by the Board of Regents during the contract year in which the Outpatient Capped Fee-for-service Schedule rates are effective.
- B. For all claims with a begin date of service on or after October 1, 2011, AHCCCS shall increase the Outpatient Capped Fee-for-service Schedule (except for laboratory services, and out-

of-state hospital services) for the following hospitals. A hospital shall receive an increase from only one of the following categories:

1. By 73 percent for public hospitals;
  2. By 31 percent for hospitals in counties other than Maricopa and Pima with more than 100 licensed beds as of October 1 of that contract year;
  3. By 37 percent for hospitals in counties other than Maricopa and Pima with 100 or fewer licensed beds as of October 1 of that contract year;
  4. By 100 percent for hospitals designated as Critical Access Hospitals or hospitals that have not been designated as Critical Access Hospitals but meet the critical access criteria;
  5. By 78 percent for a Freestanding Children's Hospital with at least 110 pediatric beds as of October 1 of that contract year; or
  6. By 41 percent for a University Affiliated Hospital, this is a hospital that has a majority of the members of its board of directors appointed by the Arizona Board of Regents.
- C. In addition to subsections (A) and (B), an Arizona Level 1 trauma center as defined by R9-22-2101 shall receive a 50 percent increase to the Outpatient Capped Fee-for-service Schedule (except for laboratory services and out-of-state hospital services) for Level 2 and 3 emergency department procedures.
  - D. Hospitals with greater than 100 pediatric beds not receiving an increase under subsection (B) shall receive an 18 percent increase to the Outpatient Capped Fee-for-service Schedule (except for laboratory services, and out-of-state hospital services).
  - E. For outpatient services with dates of service from October 1, 2024 through September 30, 2025 (CYE 2025), the payment otherwise required for outpatient hospital services provided by qualifying hospitals shall be increased by a percentage established by the administration. The percentage is published on the Administration's public website as part of its fee schedule subsequent to the public notice published no later than September 1, 2024. If a hospital receives a DAP for CYE 2025 but fails to meet all of the requirements in subsection (F), the hospital shall be disqualified from participating in a DAP for dates of service October 1, 2025 through September 30, 2026 (CYE 2026), if a DAP would be available at that time. A hospital can and will qualify for an increase if it meets the criteria specified below for any of the applicable hospital subtypes.
    1. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: short-term or children's will qualify for an increase if it meets the criteria in subsection (1)(a), (b), (c), (d) (e) or (f):
      - a. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
        - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
        - ii. No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information

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- via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the hospital's Electronic Health Record (EHR) system.
- iii. No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
  - iv. No later than May 31, 2024, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.
  - v. No later than May 1, 2024, hospitals must complete their HIE Integration workbook in its entirety to connect data sender interfaces to ONE Platform.
  - vi. No later than May 1, 2024, the hospital must submit a signed Picture Archiving and Communication System (PACS) Statement of Work (SOW) to participate in sharing images via the HIE.
  - vii. No later than September 1, 2024, hospitals must launch the integration implementation project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
  - viii. No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.
  - ix. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
    - (1) HIE Participation Agreement for ONE Platform.
    - (2) Statement of Work (SOW) to access the ONE Platform Portal.
    - (3) Statement of Work (SOW) to send data to ONE Platform.
  - x. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
  - xi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform HIE portal.
  - b. Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.
    - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
    - ii. No later than October 1, 2024, the hospital must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted.
    - iii. No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal.
    - iv. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
      - (1) HIE Participation Agreement for ONE Platform.
      - (2) Statement of Work (SOW) to access the ONE Platform Portal.
      - (3) Statement of Work (SOW) to send data to ONE Platform.
    - v. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.

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- vi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
- vii. No later than August 1, 2025, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
- viii. No later than August 1, 2025, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
- ix. No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.
- c. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
  - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI) that the hospital requests to participate in the DAP.
  - ii. Within 30 days of sending data into the test environment but no later than December 1, 2024, the hospital must review the results of up to 217 parameters from the HIE Data Quality Report with the HIE organization, identifying the high-risk (red) and moderate risk (orange) scores for each parameter.
  - iii. Within 60 days of sending data into the test environment, but no later than December 1, 2024, the hospital must achieve an HIE Data Quality Report with 0 high-risk (red) test parameters prior to sending data into the HIE production environment.
  - iv. No later than December 1, 2024, the hospital must submit a written resolution plan to Con-texture along with an expected timeline and detailed action plan for resolution to correct the moderate risk (orange) parameters on the HIE Data Quality Report.
- d. Hospitals who participated in the DAP SDOH program in CYE 2023 and/or CYE 2024.
  - i. No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
  - ii. No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal.
  - iii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screening/referrals entered into CommunityCares by the hospital will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referrals average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater. This goal will be defined and discussed in the post-live meeting with the hospital's assigned SDOH Advisor.
  - iv. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
- e. Hospitals who have not participated in the DAP SDOH program in CYE 2023 or CYE 2024.
  - i. No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
  - ii. No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The hospital must utilize Community-

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- Cares by facilitating in-network screenings/referrals within CommunityCares per facility location.
- iii. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
  - iv. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
  - v. No later than November 30, 2024, the hospital must develop and submit a current facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering.
  - vi. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov.
  - f. Hospitals with an Emergency Department that have not participated in the NDP DAP in CYE 2024.
    - i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
    - ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for an NDP.
    - iii. No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.
    - iv. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov.
  2. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: critical access hospital will qualify for an increase if it meets this criteria specified in (2)(a), (b), (c), (d), (e), (f), (g) or (h):
    - a. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
      - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
      - ii. No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the facility's (EHR) system.
      - iii. No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
      - iv. No later than May 31, 2024, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.
      - v. No later than May 1, 2024, the hospital must complete their HIE Integration workbook in its entirety to connect data sender interfaces to ONE platform.
      - vi. No later than May 1, 2024, the hospital must submit a signed Picture Archiving and Communication System (PACS) Statement of Work (SOW) to participate in sharing images via the HIE.
      - vii. No later than September 1, 2024, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
      - viii. No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: ADT information, including data



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- from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.
- ix. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
    - (1) HIE Participation Agreement for ONE Platform.
    - (2) Statement of Work (SOW) to access the ONE Platform Portal.
    - (3) Statement of Work (SOW) to send data to ONE Platform.
  - x. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
  - xi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
- b. Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.
- i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
  - ii. No later than October 1, 2024, the hospital must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted.
  - iii. No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal.
  - iv. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
    - (1) HIE Participation Agreement for ONE Platform.
    - (2) Statement of Work (SOW) to access the ONE Platform Portal.
    - (3) Statement of Work (SOW) to send data to ONE Platform.
  - v. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
  - vi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
  - vii. No later than August 1, 2025, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
  - viii. No later than August 1, 2025, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
  - ix. No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.
- c. Hospitals who participated in the DAP AzHDR program in CYE 2023 and/or CYE 2024.
- i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
  - ii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at

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- least 5 patient document uploads of advanced directives and 15 searches of advance directives per month per registered AHCCCS ID.
- d. Hospitals who have not participated in the DAP AzHDR program in CYE 2023 or CYE 2024.
    - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
    - ii. No later than November 1, 2024, the hospital must submit the AzHDR Subscription Agreement to the HIE organization.
    - iii. No later than April 1, 2025, the hospital must have onboarding completed by working with AzHDR to submit user information to gain credentials to access AzHDR and complete training.
    - iv. No later than May 1, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at least 5 searches/uploads of advance directives per month per AHCCCS ID.
  - e. Hospitals who participated in the DAP SDOH program in CYE 2023 and/or CYE 2024.
    - i. No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
    - ii. No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal.
    - iii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screening/referrals entered into CommunityCares by the hospital will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referrals average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater. This goal will be defined and discussed in the post-live meeting with the hospital's assigned SDOH Advisor.
    - iv. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
  - f. Hospitals who have not participated in the DAP SDOH program in CYE 2023 or CYE 2024.
    - i. No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP, and the total number of patient visits per year.
    - ii. No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The hospital must utilize CommunityCares by facilitating in-network screenings and referrals within CommunityCares per facility location.
    - iii. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist hospitals in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
  - g. Hospitals with an Emergency Department that participated in the NDP DAP in CYE 2024.
    - i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
    - ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering.
    - iii. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov.
  - h. Hospitals with an Emergency Department that have not participated in the NDP DAP in CYE 2024.
    - i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each fac-

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- ity, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
- ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.
  - iii. No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.
  - iv. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCSdap@azahcccs.gov.
3. A hospital designated as type: hospital, subtype: long term, psychiatric, or rehabilitation by the Arizona Department of Health Services Division of Licensing Services will qualify for an increase if it meets the criteria specified in (3)(a), (b), (c), (d) or (e):
    - a. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
      - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
      - ii. No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the hospital's Electronic Health Record (EHR) system.
      - iii. No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
      - iv. No later than May 31, 2024, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable), laboratory, and radiology information (if applicable), transcription, medication information, immunization data, and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.
    - v. No later than May 1, 2024, hospitals must complete their HIE Integration workbook in its entirety to connect data sender interfaces to the ONE platform.
    - vi. No later than May 1, 2024, the hospital must submit a signed Picture Archiving and Communication System (PACS) Statement of Work (SOW) to participate in sharing images via the HIE.
    - vii. No later than September 1, 2024, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
    - viii. No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.
    - ix. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
      - (1) HIE Participation Agreement for ONE Platform.
      - (2) Statement of Work (SOW) to access the ONE Platform Portal.
      - (3) Statement of Work (SOW) to send data to ONE Platform.
    - x. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
    - xi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
  - b. Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.
    - i. No later than April 1, 2024, the hospital must have in place an active Health Information

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- Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
- ii. No later than October 1, 2024, the hospital must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted.
  - iii. No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal.
  - iv. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
    - (1) HIE Participation Agreement for ONE Platform.
    - (2) Statement of Work (SOW) to access the ONE Platform Portal.
    - (3) Statement of Work (SOW) to send data to ONE Platform.
  - v. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
  - vi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
  - vii. No later than August 1, 2025, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
  - viii. No later than August 1, 2025, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
  - ix. No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.
- c. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
    - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI).
    - ii. Within 30 days of sending data into the test environment but no later than December 1, 2024, the hospital must review the results of up to 217 parameters from the HIE Data Quality Report with the HIE organization, identifying the high-risk (red) and moderate risk (orange) scores for each parameter.
    - iii. Within 60 days of sending data into the test environment, but no later than December 1, 2024, the hospital must achieve an HIE Data Quality Report with 0 high-risk (red) test parameters prior to sending data into the HIE production environment.
    - iv. No later than December 1, 2024, the hospital must submit a written resolution plan to Contexture along with an expected timeline and detailed action plan for resolution to correct the moderate risk (orange) parameters on the HIE Data Quality Report.
  - d. Hospitals who participated in the DAP SDOH program in CYE 2023 and/or CYE 2024.
    - i. No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
    - ii. No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal.
    - iii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screenings/referrals entered into CommunityCares by the hospital will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referrals

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- average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater.
- iv. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
  - e. Hospitals who have not participated in the DAP SDOH program in CYE 2023 or CYE 2024.
    - i. No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP, and the total number of patient visits per year.
    - ii. No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The hospital must utilize CommunityCares by facilitating in-network screenings and referrals within CommunityCares per facility location.
    - iii. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
    - iv. Hospitals that meet or fall below the national average for the pressure ulcer performance measure will qualify for a 2.0% DAP increase. On March 15, 2024, AHCCCS will download the most current data from the Medicare Provider Data Catalog website for the rate of changes in skin integrity post-acute care: Pressure Ulcer/Injury. Facility results will be compared to the national average results for the measure. Hospitals that meet or fall below the national average percentage will qualify for the DAP increase.
    - v. Hospitals that meet or fall below the national average for the pressure ulcer performance measure will qualify for a 2.0% DAP increase. On March 15, 2024, AHCCCS will download the most current data from the Medicare Provider Data Catalog website for the rate of changes in skin integrity post-acute care: Pressure Ulcer/Injury. Facility results will be compared to the national average results for the measure. Hospitals that meet or fall below the national average percentage will qualify for the DAP increase.
  4. A hospital designated as type: hospital by the Arizona Department of Health Services Division of Licensing Services and is owned and/or operated by Indian Health Services (IHS) or under Tribal authority will qualify for an increase if it meets these criteria specified in (4)(a), (b), (c), (d), (e), (f), (g) or (h):
    - a. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
      - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
      - ii. No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the hospital's Electronic Health Record (EHR) system.
      - iii. No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
      - iv. No later than May 31, 2024, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If the hospital has ambulatory and/or behavioral health practices, then the facility must submit the following patient identifiable information to the production environment of the HIE: registration, encounter summary, and data elements defined by the HIE specific to individuals with a serious mental illness. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.
      - v. No later than May 1, 2024, the hospital must complete their HIE Integration workbook in its

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- entirety to connect data sender interfaces to the ONE Platform.
- vi. No later than September 1, 2024, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
  - vii. No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If the hospital has ambulatory and/or behavioral health practices, then the facility must submit the following patient identifiable information to the production environment of the HIE: registration, encounter summary, and data elements defined by the HIE specific to individuals with a serious mental illness.
  - viii. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
    - (1) HIE Participation Agreement for ONE Platform.
    - (2) Statement of Work (SOW) to access the ONE Platform Portal.
    - (3) Statement of Work (SOW) to send data to ONE Platform.
  - ix. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
  - x. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
- b. Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.
    - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
    - ii. No later than October 1, 2024, the hospital must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted.
    - iii. No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal.
    - iv. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
      - (1) HIE Participation Agreement for ONE Platform.
      - (2) Statement of Work (SOW) to access the ONE Platform Portal.
    - v. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
    - vi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
  - c. Hospitals who participated in the DAP AzHDR program in CYE 2024.
    - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
    - ii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at least 5 patient document uploads of advanced directives and 15 searches of advance directives per month per registered AHCCCS ID.
  - d. Hospitals who have not participated in the DAP AzHDR program CYE 2023 or CYE 2024.
    - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s)

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- and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
- ii. No later than November 1, 2024, the hospital must complete the AzHDR Subscription Agreement.
  - iii. No later than April 1, 2025, the hospital must have onboarding completed by working with AzHDR to submit user information to gain credentials to access AzHDR and complete training.
  - iv. No later than May 1, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at least 5 searches/uploads of advance directives per month per registered AHCCCS ID.
- e. Hospitals who participated in the DAP SDOH program in CYE 2024.
- i. No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
  - ii. No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal.
  - iii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screenings/referrals entered into CommunityCares by the hospital will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referrals average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater. This goal will be defined and discussed in the post-live meeting with the hospital's assigned SDOH Advisor.
  - iv. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
- f. Hospitals that have not participated in the DAP SDOH program in CYE 2024.
- i. No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP, and the total number of patient visits per year.
  - ii. No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The hospital must utilize CommunityCares by facilitating in-network screenings and referrals within CommunityCares per facility location.
  - iii. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
- g. Hospitals with an Emergency Department that participated in the NDP DAP in CYE 2024.
- i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
  - ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering.
  - iii. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov.
- h. Hospitals with an Emergency Department that have not participated in the NDP DAP in CYE 2024.
- i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
  - ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.
  - iii. No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.
  - iv. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program

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Attestation to AHCCCS to the following email address: AHCCSDAP@azahcccs.gov.

- F. For outpatient services with dates of service from October 1, 2025 through September 30, 2026 (CYE 2026), the payment otherwise required for outpatient hospital services provided by qualifying hospitals shall be increased by a percentage established by the Administration. The percentage is published on the Administration's public website as part of its fee schedule subsequent to the public notice published no later than September 1, 2025. If a hospital receives a DAP for CYE 2026 but fails to meet all of the requirements in subsection (F), the hospital shall be disqualified from participating in a DAP for dates of service October 1, 2026 through September 30, 2027 (CYE 2027), if a DAP would be available at that time. A hospital can and will qualify for an increase if it meets the criteria specified below for any of the applicable hospital subtypes.
1. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: short-term or children's will qualify for an increase if it meets the criteria in subsection (1)(a), (b), (c), (d), (e) and (f):
    - a. To be eligible for this DAP, hospitals must have participated in the DAP HIE program in CYE 2024 and/or CYE 2025.
    - b. No later than April 1, 2025, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI) that the hospital requests to participate in the DAP.
    - c. No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: including standard Admission, Discharge, and Transfer (ADT) information; data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and have the implementation timeline approved to continue meeting DAP requirements.
    - d. No later than March 1, 2026, the hospital must complete the data quality profile, based on January 2026 data, with the HIE organization. Data elements in the following measure categories will be included within the data quality profile:
      - i. Data source and data site information must be submitted on ADT transactions;
      - ii. Patient demographic information must be submitted on ADT transactions;
      - iii. Race must be submitted on ADT transactions;
      - iv. Ethnicity must be submitted on ADT transactions; and
    - e. No later than April 1, 2026, the hospital must complete a data quality improvement plan as defined by the HIE organization to improve the quality of data elements by 3.0% collectively over the March 1, 2026 data quality profile. The quality improvement plan is not required if the data quality profile results are greater than 90% for each measure.
    - f. No later than September 1, 2026, a final data quality profile will be completed, based on July 2026 data to reassess data elements and performance improvement. Hospitals must have improved the quality of data elements by 3.0% collectively from its March 2026 data quality profile. This requirement does not apply if the data quality profile results are greater than 90% for each measure.
  2. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: critical access hospital will qualify for an increase if it meets the criteria in subsection (2)(a) or (b):
    - a. Hospitals that participated in the DAP HIE program in CYE 2024 and/or CYE 2025.
      - i. No later than April 1, 2025, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
      - ii. No later than March 1, 2025, the hospital must launch the integration implementations project, have a Virtual Private Network (VPN) connection in place with the HIE, and electronically submit test patient information to the HIE test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
      - iii. No later than May 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the facility's Electronic Health Record (EHR) system.
      - iv. No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis),
    - v. Language must be submitted on ADT transactions.



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- treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.
- b. Hospitals that have not participated in the DAP HIE program in CYE 2024 or CYE 2025. No later than April 1, 2025, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
    - i. To request a HIE Participation Agreement and a DAP SOW, email DAP@contexture.org.
    - ii. No later than March 1, 2026, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization portal.
    - iii. No later than March 1, 2026, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
    - iv. No later than March 1, 2026, the hospital must launch the integration implementations project, have a Virtual Private Network (VPN) connection in place with the HIE, and electronically submit test patient information to the HIE test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
    - v. No later than August 1, 2026, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.
  3. A hospital designated as type: hospital, subtype: long term, psychiatric, or rehabilitation by the Arizona Department of Health Services Division of Licensing Services will qualify for an increase if it meets the criteria specified in subsections (3)(a), (b), (c), (d), (e) and (f):
    - a. To be eligible for this DAP, Hospitals must have participated in the DAP HIE program in CYE 2024 and/or CYE 2025.
    - b. No later than April 1, 2025, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI) that the hospital requests to participate in the DAP.
    - c. No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: including standard Admission, Discharge, and Transfer (ADT) information, data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and have the implementation timeline approved to continue meeting DAP requirements.
    - d. No later than March 1, 2026, the hospital must complete the data quality profile, based on January 2026 data, with the HIE organization. Data elements in the following measure categories will be included within the data quality profile:
      - i. Data source and data site information must be submitted on ADT transactions;
      - ii. Patient demographic information must be submitted on ADT transactions;
      - iii. Race must be submitted on ADT transactions;
      - iv. Ethnicity must be submitted on ADT transactions; and
      - v. Language must be submitted on ADT transactions.
    - e. No later than April 1, 2026, the hospital must complete a data quality improvement plan as defined by the HIE organization to improve the quality of data elements by 3.0% collectively over the March 1, 2026 data quality profile. The quality improvement plan is not required if the data quality profile results are greater than 90% for each measure, the quality Improvement plan is not required.
    - f. No later than September 1, 2026, a final data quality profile will be completed, based on July 2026 data to reassess data elements and performance improvement. Hospitals must have improved the quality of data elements by 3.0% collectively from its March 2026 data quality profile. This requirement does not apply if the data quality profile results are greater than 90% for each measure.

**Historical Note**

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 3584, effective October 1, 2007 (Supp. 07-4). Amended by final rulemaking at 14 A.A.R. 1439, effective May 31, 2008 (Supp. 08-2). Amended by final rulemaking at 17 A.A.R. 1460, effective

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tive October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4). Amended by final rulemaking at 23 A.A.R. 2338, effective October 1, 2017 (Supp. 17-3). Amended by final rulemaking at 24 A.A.R. 2851, effective October 1, 2018 (Supp. 18-3). Amended by final rulemaking at 25 A.A.R. 3114, effective October 1, 2019 (Supp. 19-4). Amended by final rulemaking at 26 A.A.R. 3025, with an immediate effective date of November 3, 2020 (Supp. 20-4). AHCCCS filed an incorrect version of a final rulemaking which made amendments to this Section published at 27 A.A.R. 2501 (October 29, 2021); AHCCCS filed the correct version of its final rulemaking on December 3, 2021, with this Section amended by final rulemaking at 27 A.A.R. 3015 (December 31, 2021), effective October 1, 2021 (Supp. 21-4). Amended by final rulemaking at 28 A.A.R. 3283 (October 14, 2022), with an immediate effective date of September 23, 2022 (Supp. 22-3). Amended by final rulemaking at 29 A.A.R. 3394 (October 27, 2023), with an immediate effective date of October 4, 2023 (Supp. 23-4). Amended by final rulemaking at 30 A.A.R. 3103 (October 25, 2024), with an immediate effective date of October 1, 2024 (Supp. 24-4). Amended by final rulemaking at 31 A.A.R. 4583 (December 19, 2025), with an immediate effective date of December 2, 2025 (Supp. 25-4).

**R9-22-712.36. Reserved**

**R9-22-712.37. Reserved**

**R9-22-712.38. Reserved**

**R9-22-712.39. Reserved**

**R9-22-712.40. Outpatient Hospital Reimbursement: Annual and Periodic Update**

- A. Procedure codes. When procedure codes are issued by CMS and added to the Current Procedural Terminology published by the American Medical Association, AHCCCS shall add to the Outpatient Capped Fee-for-Service Schedule the new procedure codes for covered outpatient services and shall either assign the default CCR under R9-22-712.40(F)(2), the Medicare rate, or calculate an appropriate fee.
- B. APC changes. AHCCCS may reassign procedure codes to new or different APC groups when APC groups are revised by CMS. AHCCCS may reassign procedure codes to a different APC group than Medicare. If AHCCCS determines that utilization of a procedure code within the Medicare program is substantially different from utilization of the procedure code in the AHCCCS program, AHCCCS may choose not to assign the procedure code to any APC group. For procedure codes not grouped into an APC by Medicare, AHCCCS may assign the code to an APC group when AHCCCS determines that the cost and resources associated with the non-assigned code are substantially similar to those in the APC group.
- C. Annual update for Outpatient Hospital Fee Schedule. Beginning October 1, 2006, through September 30, 2011, AHCCCS shall adjust outpatient fee schedule rates:
  1. Annually by multiplying the rates effective during the prior year by the Global Insight Prospective Hospital Market Basket Inflation Index; or
  2. In a particular year the director may substitute the increases in subsection (C)(1) by calculating the dollar value associated with the inflation index in subsection (C)(1), and applying the dollar value to adjust rates at varying levels.

- D. Reductions to the Outpatient Capped Fee-For-Service Schedule. Claims paid using the Outpatient Capped Fee-For-Service Schedule with dates of service on or after October 1, 2011, shall be reimbursed at 95 percent of the rates in effect on September 30, 2011, subject to the annual adjustments to procedure codes and APCs under this Section.
- E. Rebase. AHCCCS shall rebase the outpatient fees every five years.
- F. Statewide CCR:
  1. For begin dates of service on or before September 30, 2011, the statewide CCR calculated in R9-22-712.30 shall be recalculated at the time of rebasing. When rebasing, AHCCCS may recalculate the statewide CCR based on the costs and charges for services excluded from the outpatient hospital fee schedule.
  2. For begin dates of service on or after October 1, 2011, the statewide CCR shall be set under R9-22-712.30(C).
- G. Other Updates. In addition to the other updates provided for in this Section, the Administration may adjust the Outpatient Capped Fee-For-Service Fee Schedule and the Statewide CCR to the extent necessary to assure that payments are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available at least to the extent that such care and services are available to the general population in the geographic area.

**Historical Note**

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 3584, effective October 1, 2007 (Supp. 07-4). Amended by final rulemaking at 14 A.A.R. 1439, effective May 31, 2008 (Supp. 08-2). Amended by final rulemaking at 17 A.A.R. 1460, effective October 1, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 1914, effective July 18, 2012 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 3315, effective November 30, 2013 (Supp. 13-4). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

**R9-22-712.41. Reserved**

**R9-22-712.42. Reserved**

**R9-22-712.43. Reserved**

**R9-22-712.44. Reserved**

**R9-22-712.45. Outpatient Hospital Reimbursement: Outpatient Payment Restrictions**

- A. AHCCCS shall not reimburse hospitals for emergency room treatment, observation hours, or other outpatient hospital services performed on an outpatient basis if the member is admitted as an inpatient to the same hospital directly from the emergency room, observation, or other outpatient department.
- B. AHCCCS shall include payment for the emergency room, observation, and other outpatient hospital services provided to the member before the hospital admission in the AHCCCS Inpatient Tiered Per Diem Capped Fee-For-Service Schedule under Article 7 of this Chapter.
- C. Same day admit and discharge.
  1. For discharges before September 30, 2014. Same day admit and discharge claims that qualify for either the maternity or nursery tiers shall be paid based on the lesser of the rate for the maternity or nursery tier, or the outpatient hospital fee schedule.

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2. For discharge dates on and after October 1, 2014. Same day admit and discharge claims are paid for through the outpatient fee schedule.

**Historical Note**

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

**R9-22-712.46. Reserved****R9-22-712.47. Reserved****R9-22-712.48. Reserved****R9-22-712.49. Reserved****R9-22-712.50. Outpatient Hospital Reimbursement: Billing**

To receive appropriate reimbursement, hospitals shall:

1. Bill outpatient hospital services on the CMS approved Uniform Billing Form or in electronic format using the appropriate HIPAA transaction.
2. Follow the UB Manual Guidelines, as published by the National Uniform Billing Committee, and use the appropriate revenue code and procedure code combination as prescribed by AHCCCS and on file and online with AHCCCS.

**Historical Note**

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2).

**R9-22-712.51. Reserved****R9-22-712.52. Reserved****R9-22-712.53. Reserved****R9-22-712.54. Reserved****R9-22-712.55. Reserved****R9-22-712.56. Reserved****R9-22-712.57. Reserved****R9-22-712.58. Reserved****R9-22-712.59. Reserved****R9-22-712.60. Diagnosis Related Group Payments**

- A. Inpatient hospital services with discharge dates on or after October 1, 2014, shall be reimbursed using the diagnosis related group (DRG) payment methodology described in this Section and R9-22-712.61 through R9-22-712.81.
- B. Payments made using the DRG methodology shall be the sole reimbursement to the hospital for all inpatient hospital services and related supplies provided by the hospital. Services provided in the emergency room, observation area, or other outpatient departments that are directly followed by an inpatient admission to the same hospital are not reimbursed separately. Are reimbursed through the DRG methodology and not reimbursed separately.
- C. Each claim for an inpatient hospital stay shall be assigned a DRG code and a DRG relative weight based on the All Patient Refined Diagnosis Related Group (APR-DRG) classification system established by 3M Health Information Systems. The applicable version of the APR-DRG classification system shall be available on the agency's website.
- D. Payments for inpatient hospital services reimbursed using the DRG payment methodology are subject to quick pay discounts and slow pay penalties under A.R.S. 36-2904.

- E. Payments for inpatient hospital services reimbursed using the DRG payment methodology are subject to the Urban Hospital Reimbursement Program under R9-22-718.

- F. For purposes of this Section and Sections R9-22-712.61 through R9-22-712.81:

1. "DRG National Average length of stay" means the national arithmetic mean length of stay published in the All Patient Refined Diagnosis Related Group (APR-DRG) classification established by 3M Health Information Systems.
2. "Length of stay" means the total number of calendar days of an inpatient stay beginning with the date of admission through discharge, but not including the date of discharge (including the date of a discharge to another hospital, i.e., a transfer) unless the member expires.
3. "Medicare" means Title XVIII of the Social Security Act, 42 U.S.C. 1395 et seq.
4. "Medicare labor share" means a hospital's labor costs as a percentage of its total costs as determined by CMS for purposes of the Medicare Inpatient Prospective Payment System.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

**R9-22-712.61. DRG Payments: Exceptions**

- A. Notwithstanding Section R9-22-712.60, claims for inpatient services from the following hospitals shall be paid on a per diem basis, including provisions for outlier payments, where rates and outlier thresholds are included in the capped fee schedule published by the Administration on its website and available for inspection during normal business hours at 801 E. Jefferson, Phoenix, Arizona. If the covered costs per day on a claim exceed the published threshold for a day, the claim is considered an outlier. Outliers will be paid by multiplying the covered charges by the outlier CCR. The outlier CCR will be the sum of the urban or rural default operating CCR appropriate to the location of the hospital and the statewide capital cost-to-charge ratio in the data file established as part of the Medicare Inpatient Prospective Payment System by CMS. The resulting amount will be the total reimbursement for the claim. There is no provision for outlier payments for hospitals described under subsection (A)(3).
  1. Hospitals designated as type: hospital, subtype; rehabilitation in the Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website in March of each year;
  2. Hospitals designated as type: hospital, subtype; long term in the Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website for March of each year;
  3. Hospitals designated as type: hospital, subtype; psychiatric in the Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website for March of each year;
- B. Notwithstanding Section R9-22-712.60, claims for inpatient services that are covered by a RBHA or TRBHA, where the principal diagnosis on the claim is a behavioral health diagno-

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sis, shall be reimbursed as prescribed by a per diem rate described by a fee schedule established by the Administration; however, if the principal diagnosis is a physical health diagnosis, the claim shall be processed under the DRG methodology described in this Section, even if behavioral health services are provided during the inpatient stay.

- C. Notwithstanding Section R9-22-712.60, claims for services associated with transplant services shall be paid in accordance with the contract between the AHCCCS administration and the transplant facility.
- D. Notwithstanding Section R9-22-712.60, claims from an IHS facility or 638 Tribal provider shall be paid the all-inclusive rate on a per visit basis in accordance with the rates published annually by IHS in the Federal Register.
- E. For hospitals that have contracts with the Administration for the provision of transplant services, inpatient days associated with transplant services are paid in accordance with the terms of the contract.
- F. For inpatient services with a date of admission from October 1, 2024 through September 30, 2025 (CYE 2025), provided by a hospital in subsection (A) that qualifies, the administration shall pay the hospital an Inpatient Differential Adjusted Payment equal to the sum of the payment otherwise provided for in subsection (A) plus the product of the amount otherwise provided for in subsection (A) and a percentage established by the administration. The percentage is published on the Administration's public website as part of its fee schedule subsequent to the public notice published no later than September 1, 2024. If a hospital receives a DAP for CYE 2025 but fails to meet all of the requirements in subsection (F), the hospital shall be disqualified from participating in a DAP for dates of service October 1, 2025 through September 30, 2026 (CYE 2026), if a DAP would be available at that time. A hospital can and will qualify for an increase if it meets the criteria specified below for any of the applicable hospital subtypes.
  - 1. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: short-term or children's will qualify for an increase if it meets the criteria in subsection (1)(a), (b), (c), (d), (e) or (f):
    - a. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
      - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP. Hospitals must meet the following milestones in maintaining existing connections to the current HIE platform:
        - iii. No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
        - iv. No later than May 31, 2024, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.
        - v. No later than May 1, 2024, hospitals must complete their HIE Integration workbook in its entirety to connect data sender interfaces to ONE Platform.
        - vi. No later than May 1, 2024, the hospital must submit a signed Picture Archiving and Communication System (PACS) Statement of Work (SOW) to participate in sharing images via the HIE.
        - vii. No later than September 1, 2024, hospitals must launch the integration implementation project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
        - viii. No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.
        - ix. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of
      - ii. No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the hospital's Electronic Health Record (EHR) system.

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- the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
- (1) HIE Participation Agreement for ONE Platform.
  - (2) Statement of Work (SOW) to access the ONE Platform Portal.
  - (3) Statement of Work (SOW) to send data to ONE Platform.
- x. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
  - xi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform HIE portal.
- b. Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.
- i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
  - ii. No later than October 1, 2024, the hospital must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted.
  - iii. No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal.
  - iv. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
    - (1) HIE Participation Agreement for ONE Platform.
    - (2) Statement of Work (SOW) to access the ONE Platform Portal.
    - (3) Statement of Work (SOW) to send data to ONE Platform.
  - v. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
  - vi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
  - vii. No later than August 1, 2025, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
  - viii. No later than August 1, 2025, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
  - ix. No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.
- c. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
- i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI) that the hospital requests to participate in the DAP.
  - ii. Within 30 days of sending data into the test environment but no later than December 1, 2024, the hospital must review the results of up to 217 parameters from the HIE Data Quality Report with the HIE organization, identifying the high-risk (red) and moderate risk (orange) scores for each parameter.
  - iii. Within 60 days of sending data into the test environment, but no later than December 1, 2024, the hospital must achieve an HIE Data Quality Report with 0 high-risk (red) test parameters prior to sending data into the HIE production environment.
  - iv. No later than December 1, 2024, the hospital must submit a written resolution plan to Contexture along with an expected timeline and detailed action plan for resolution to correct the moderate risk (orange) parameters on the HIE Data Quality Report.

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- d. Hospitals who participated in the DAP SDOH program in CYE 2023 and/or CYE 2024.
    - i. No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
    - ii. No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal.
    - iii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screening/referrals entered into CommunityCares by the hospital will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referrals average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater. This goal will be defined and discussed in the post-live meeting with the hospital's assigned SDOH Advisor.
    - iv. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
  - e. Hospitals who have not participated in the DAP SDOH program in CYE 2023 or CYE 2024.
    - i. No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
    - ii. No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The hospital must utilize CommunityCares by facilitating in-network screenings/referrals within CommunityCares per facility location.
    - iii. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
  - iv. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
  - v. No later than November 30, 2024, the hospital must develop and submit a current facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering.
  - vi. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov.
  - f. Hospitals with an Emergency Department that have not participated in the NDP DAP in CYE 2024.
    - i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
    - ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for an NDP.
    - iii. No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.
    - iv. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov.
2. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: critical access hospital will qualify for an increase if it meets this criteria specified in (2)(a), (b), (c), (d), (e), (f), (g) or (h):
    - a. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
      - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.

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- ii. No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the facility's (EHR) system.
- iii. No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
- iv. No later than May 31, 2024, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.
- v. No later than May 1, 2024, the hospital must complete their HIE Integration workbook in its entirety to connect data sender interfaces to ONE platform.
- vi. No later than May 1, 2024, the hospital must submit a signed Picture Archiving and Communication System (PACS) Statement of Work (SOW) to participate in sharing images via the HIE.
- vii. No later than September 1, 2024, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
- viii. No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.
- ix. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
  - (1) HIE Participation Agreement for ONE Platform.
  - (2) Statement of Work (SOW) to access the ONE Platform Portal.
  - (3) Statement of Work (SOW) to send data to ONE Platform.
- x. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
- xi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
- b. Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.
  - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
  - ii. No later than October 1, 2024, the hospital must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted.
  - iii. No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal.
  - iv. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
    - (1) HIE Participation Agreement for ONE Platform.
    - (2) Statement of Work (SOW) to access the ONE Platform Portal.
    - (3) Statement of Work (SOW) to send data to ONE Platform.
  - v. No later than May 1, 2025, the hospital must launch the implementation project to access

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- patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
- vi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
  - vii. No later than August 1, 2025, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
  - viii. No later than August 1, 2025, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
  - ix. No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.
- c. Hospitals who participated in the DAP AzHDR program in CYE 2023 and/or CYE 2024.
    - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
    - ii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at least 5 patient document uploads of advanced directives and 15 searches of advance directives per month per registered AHCCCS ID.
  - d. Hospitals who have not participated in the DAP AzHDR program in CYE 2023 or CYE 2024.
    - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
    - ii. No later than November 1, 2024, the hospital must submit the AzHDR Subscription Agreement to the HIE organization.
    - iii. No later than April 1, 2025, the hospital must have onboarding completed by working with AzHDR to submit user information to gain credentials to access AzHDR and complete training.
    - iv. No later than May 1, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at least 5 searches/uploads of advance directives per month per AHCCCS ID.
  - e. Hospitals who participated in the DAP SDOH program in CYE 2023 and/or CYE 2024.
    - i. No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
    - ii. No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal.
    - iii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screening/referrals entered into CommunityCares by the hospital will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referrals average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater. This goal will be defined and discussed in the post-live meeting with the hospital's assigned SDOH Advisor.
    - iv. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written



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- document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
- f. Hospitals who have not participated in the DAP SDOH program in CYE 2023 or CYE 2024.
    - i. No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP, and the total number of patient visits per year.
    - ii. No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The hospital must utilize CommunityCares by facilitating in-network screenings and referrals within CommunityCares per facility location.
    - iii. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist hospitals in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
  - g. Hospitals with an Emergency Department that participated in the NDP DAP in CYE 2024.
    - i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
    - ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering.
    - iii. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov.
  - h. Hospitals with an Emergency Department that have not participated in the NDP DAP in CYE 2024.
    - i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
    - ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.
    - iii. No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.
    - iv. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov.
  - G. For inpatient services with a date of admission from October 1, 2024 through September 30, 2025 (CYE 2025), provided by a hospital in subsection (A) that qualifies, the administration shall pay the hospital an Inpatient Differential Adjusted Payment equal to the sum of the payment otherwise provided for in subsection (A) plus the product of the amount otherwise provided for in subsection (A) and a percentage established by the administration. The percentage is published on the Administration's public website as part of its fee schedule subsequent to the public notice published no later than September 1, 2024. If a hospital receives a DAP for CYE 2025 but fails to meet all of the requirements in subsection (F), the hospital shall be disqualified from participating in a DAP for dates of service October 1, 2025 through September 30, 2026 (CYE 2026), if a DAP would be available at that time. A hospital can and will qualify for an increase if it meets the criteria specified below for any of the applicable hospital subtypes.
    1. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: short-term or children's will qualify for an increase if it meets the criteria in subsection (1)(a), (b), (c), (d), (e) and (f):
      - a. To be eligible for this DAP, hospitals must have participated in the DAP HIE program in CYE 2024 and/or CYE 2025.
      - b. No later than April 1, 2025, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI) that the hospital requests to participate in the DAP.
      - c. No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: including standard Admission, Discharge, and Transfer (ADT) information; data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and have the implementation timeline approved to continue meeting DAP requirements.

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- d. No later than March 1, 2026, the hospital must complete the data quality profile, based on January 2026 data, with the HIE organization. Data elements in the following measure categories will be included within the data quality profile:
  - i. Data source and data site information must be submitted on ADT transactions;
  - ii. Patient demographic information must be submitted on ADT transactions;
  - iii. Race must be submitted on ADT transactions;
  - iv. Ethnicity must be submitted on ADT transactions; and
  - v. Language must be submitted on ADT transactions.
- e. No later than April 1, 2026, the hospital must complete a data quality improvement plan as defined by the HIE organization to improve the quality of data elements by 3.0% collectively over the March 1, 2026 data quality profile. The quality improvement plan is not required if the data quality profile results are greater than 90% for each measure.
- f. No later than September 1, 2026, a final data quality profile will be completed, based on July 2026 data to reassess data elements and performance improvement. Hospitals must have improved the quality of data elements by 3.0% collectively from its March 2026 data quality profile. This requirement does not apply if the data quality profile results are greater than 90% for each measure.
- 2. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: critical access hospital will qualify for an increase if it meets the criteria in subsection (2)(a) or (b):
  - a. Hospitals that participated in the DAP HIE program in CYE 2024 and/or CYE 2025.
    - i. No later than April 1, 2025, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
    - ii. No later than March 1, 2025, the hospital must launch the integration implementations project, have a Virtual Private Network (VPN) connection in place with the HIE, and electronically submit test patient information to the HIE test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
    - iii. No later than May 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the facility's Electronic Health Record (EHR) system.
  - iv. No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.
  - b. Hospitals that have not participated in the DAP HIE program in CYE 2024 or CYE 2025.
    - i. No later than April 1, 2025, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP. To request a HIE Participation Agreement and a DAP SOW, email DAP@contexture.org.
    - ii. No later than March 1, 2026, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization portal.
    - iii. No later than March 1, 2026, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
    - iv. No later than March 1, 2026, the hospital must launch the integration implementations project, have a Virtual Private Network (VPN) connection in place with the HIE, and electronically submit test patient information to the HIE test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
    - v. No later than August 1, 2026, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders,

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discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4). Amended by final rulemaking at 23 A.A.R. 2338, effective October 1, 2017 (Supp. 17-3). Amended by final rulemaking at 24 A.A.R. 2851, effective October 1, 2018 (Supp. 18-3). Amended by final rulemaking at 25 A.A.R. 3111 and at 25 A.A.R. 3114, effective October 1, 2019 (Supp. 19-4). Amended by final rulemaking at 26 A.A.R. 3025, with an immediate effective date of November 3, 2020 (Supp. 20-4). AHCCCS filed an incorrect version of a final rulemaking which made amendments to this Section published at 27 A.A.R. 2501 (October 29, 2021); AHCCCS filed the correct version of its final rulemaking on December 3, 2021, with this Section amended by final rulemaking at 27 A.A.R. 3015 (December 31, 2021), effective October 1, 2021 (Supp. 21-4). Amended by final rulemaking at 28 A.A.R. 3283 (October 14, 2022), with an immediate effective date of September 23, 2022 (Supp. 22-3). Amended by final rulemaking at 29 A.A.R. 3394 (October 27, 2023), with an immediate effective date of October 4, 2023 (Supp. 23-4). Amended by final rulemaking at 30 A.A.R. 3103 (October 25, 2024), with an immediate effective date of October 1, 2024 (Supp. 24-4). Amended by final rulemaking at 31 A.A.R. 4583 (December 19, 2025), with an immediate effective date of December 2, 2025 (Supp. 25-4).

**R9-22-712.62. DRG Base Payment**

- A. The initial DRG base payment is the product of the DRG base rate, the DRG relative weight for the post-HCAC DRG code assigned to the claim, and any applicable provider and service policy adjusters.
- B. The DRG base rate for each hospital is the statewide standardized amount of which the hospital's labor-related share of that amount is adjusted by the hospital's wage index. The hospital's labor share is determined based on the labor share for the Medicare inpatient prospective payment system published in 85 Fed. Reg. 59060 through 59061 (September 18, 2020). The hospital's wage index is determined based on the wage index tables reference in 85 Fed. Reg. 59059 (September 18, 2020). The statewide standardized amount is included in the AHCCCS capped fee schedule available on the agency's website.
- C. Claims shall be assigned both a DRG code derived from all diagnosis and surgical procedure codes included on the claim (the "pre-HCAC" DRG code) and a DRG code derived excluding diagnosis and surgical procedure codes associated with the health care acquired conditions that were not present on admission or any other provider-preventable conditions (the "post-HCAC" DRG code). The DRG code with the lower relative weight shall be used to process claims using the DRG methodology.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4). Amended by final rulemaking at 27 A.A.R.

2512 (October 29, 2021), with an immediate effective date of October 6, 2021 (Supp. 21-4).

**R9-22-712.63. DRG Base Payments Not Based on the Statewide Standardized Amount**

- A. Notwithstanding Section R9-22-712.62, a select specialty hospital standardized amount shall be used in place of the statewide standardized amount in subsection R9-22-712.62(B) to calculate the DRG base rate for the following hospitals:
  - 1. Hospitals located in a city with a population greater than one million, which on average have at least 15 percent of inpatient days for patients who reside outside of Arizona, and at least 50 percent of discharges as reported on the 2011 Medicare Cost Report are reimbursed by Medicare.
  - 2. Hospitals designated as type: hospital, subtype: short term that has a license number beginning "SH" in the Provider & Facility Database for Arizona Medical Facilities posted by the ADHS Division of Licensing Services on its website for March of each year.
- B. The select specialty hospital standardized amount is included in the AHCCCS capped fee schedule available on the agency's website.
- C. Notwithstanding Section R9-22-712.62, a rural hospital standardized amount shall be used in place of the statewide standardized amount in subsection R9-22-712.62(B) to calculate the DRG base rate for the following hospitals:
  - 1. A health care institution that is licensed as an acute care hospital, that has one hundred or fewer beds, and that is located in a county with a population of less than five hundred thousand persons; or
  - 2. A health care institution that is licensed as a critical access hospital.
- D. The rural hospital standardized amount is included in the AHCCCS capped fee schedule available on the agency's website.
- E. Notwithstanding Sections R9-22-712.62 and R9-22-712.63(B), a hospital standardized amount shall be used in place of the statewide standardized amount in subsection R9-22-712.62(B) or R9-22-712.63(B) to calculate the DRG base rate for a health care institution that is licensed as an acute care hospital, that has one hundred or fewer beds, that is located in a county with a population of less than five hundred thousand persons and has greater than twenty percent of Medicaid inpatient reimbursement with a primary diagnosis of behavioral health in the prior federal fiscal year as of April 30th.
- F. The hospital standardized amount is included in the AHCCCS capped fee schedule available on the agency's website.
- G. Notwithstanding Section R9-22-712.62 and R9-22-712.63(B), a hospital standardized amount shall be used in place of the statewide standardized amount in subsection R9-22-712.62(B) or R9-22-712.63(B) to calculate the DRG base rate for a health care institution with two separate ADHS acute care hospital licenses, with one facility that has one hundred or fewer beds, that is located in a county with a population of less than five hundred thousand persons and has one single AHCCCS registration for both licenses.
- H. The hospital standardized amount is included in the AHCCCS capped fee schedule available on the agency's website.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4). Amended by final rulemaking at 29 A.A.R.

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19 (January 6, 2023), with an immediate effective date of December 16, 2022 (Supp. 22-4).

**R9-22-712.64. DRG Base Payments and Outlier CCR for Out-of-State Hospitals****A. DRG Base payment:**

1. For high volume out-of-state hospitals defined in subsection (C), the wage adjusted DRG base payment is determined as described in R9-22-712.62.
2. Notwithstanding subsection R9-22-712.62 the wage adjusted DRG base rate for out-of-state hospitals that are not high volume hospitals shall be included in the AHCCCS capped fee schedule available on the agency's website.

**B. Outlier CCR:**

1. Notwithstanding subsection R9-22-712.68, the CCR used for the outlier calculation for out-of-state hospitals that are not high volume hospitals shall be the sum of the statewide urban default operating cost-to-charge ratio and the statewide capital CCR in the data file established as part of the Medicare Inpatient Prospective Payment System by CMS.
2. The CCR used for the outlier calculation for high volume out-of-state hospitals is the same as in-state hospitals as described in R9-22-712.68.

**C. A high volume out-of-state hospital is a hospital not otherwise excluded under R9-22-712.61, that is located in a county that borders the State of Arizona and had 500 or more AHCCCS covered inpatient days for the fiscal year beginning October 1, 2015.****D. Other than as required by this Section, DRG reimbursement for out-of-state hospitals is determined under R9-22-712.60 through R9-22-712.81.****Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

**R9-22-712.65. DRG Provider Policy Adjustor****A. After calculating the DRG base payment as required in R9-22-712.62, R9-22-712.63, or R9-22-712.64, for claims from a high-utilization hospital, the product of the DRG base rate and the DRG relative weight for the post-HCAC DRG code shall be multiplied by a provider policy adjustor that is included in the AHCCCS capped fee schedule available on the agency's website.****B. A hospital is a high-utilization hospital if the hospital had:**

1. Covered inpatient days subject to DRG reimbursement, determined using adjudicated claim and encounter data during the fiscal year beginning October 1, 2015, equal to at least four hundred percent of the statewide average number of AHCCCS-covered inpatient days at all hospitals;
2. A Medicaid inpatient utilization rate greater than 30 percent calculated as the ratio of AHCCCS-covered inpatient days to total inpatient days as reported in the hospital's Medicare Cost Report for the fiscal year ending 2016; and,
3. Received less than \$2 million in add-on payment for outliers under R9-22-712.68, based on adjudicated claims and encounters for fiscal year beginning October 1, 2015.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

**R9-22-712.66. DRG Service Policy Adjustor**

In addition to Section R9-22-712.65, for claims with DRG codes in the following categories, the product of the DRG base rate, the DRG relative weight for the post-HCAC DRG code, and the DRG provider policy adjustor shall be multiplied by the service policy adjustor listed in the AHCCCS capped fee schedule, available on the agency's website, corresponding to the following DRG codes:

1. Normal newborn DRG codes,
2. Neonates DRG codes,
3. Obstetrics DRG codes,
4. Psychiatric DRG codes,
5. Rehabilitation DRG codes,
6. Burn DRG codes.
7. Claims for members under age 19 assigned DRG codes other than listed above:
  - a. For dates of discharge occurring on or after October 1, 2014 and ending no later than December 31, 2015 regardless of severity of illness level,
  - b. For dates of discharge on or after January 1, 2016, for severity of illness levels 1 and 2,
  - c. For dates of discharge on or after January 1, 2016 and before January 1, 2017, for severity of illness levels 3 and 4.
  - d. For dates of discharge on or after January 1, 2017, and before January 1, 2018 for severity of illness levels 3 and 4.
  - e. For dates of discharge on or after January 1, 2018, for severity of illness levels 3 and 4.
8. Claims for members assigned DRG codes other than listed above.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

**R9-22-712.67. DRG Reimbursement: Transfers**

- A. For purposes of this Section a "transfer" means the transfer of a member from a hospital to a short-term general hospital for inpatient care, a designated cancer center, children's hospital, or a critical access hospital except when a member is moved for the purpose of receiving sub-acute services.
- B. Designated cancer center or children's hospitals are those hospitals identified as such in the UB-04 billing manual published by the National Uniform Billing Committee.
- C. The hospital the member is transferred from shall be reimbursed either the initial DRG base payment or the transfer DRG base payment, whichever is less.
- D. The transfer DRG base payment is an amount equal to the initial DRG base payment, as determined after making any provider or service policy adjustors, divided by the DRG National Average length of stay for the DRG code multiplied by the sum of one plus the length of stay.
- E. The hospital the member is transferred to shall be reimbursed under the DRG payment methodology without a reduction due to the transfer.
- F. Unadjusted DRG base payment. The unadjusted DRG base payment is either the initial DRG base payment, as determined

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after making any provider or service policy adjustors, or the transfer DRG base payment, whichever is less.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4).

**R9-22-712.68. DRG Reimbursement: Unadjusted Outlier Add-on Payment**

- A. Claims for inpatient hospital services qualify for an outlier add-on payment if the claim cost exceeds the outlier cost threshold.
- B. The claim cost is determined by multiplying covered charges by an outlier CCR as described by the following subsections:
  1. For hospitals designated as type: hospital, subtype: children's in the Provider & Facility Database for Arizona Medical Facilities posted by the ADHS Division of Licensing Services on its website for March of each year. The outlier CCR will be calculated by dividing the hospital total costs by the total charges using the most recent Medicare Cost Report available as of September 1 of that year.
  2. For Critical Access Hospitals the outlier CCR will be the sum of the statewide rural default operating cost-to-charge ratio and the statewide capital cost-to-charge ratio in the data file established as part of the Medicare Inpatient Prospective Payment System by CMS.
  3. For all other hospitals the outlier CCR will be the sum of the operating cost-to-charge ratio and the capital cost-to-charge ratio established for each hospital in the impact file established as part of the Medicare Inpatient Prospective Payment System by CMS.
- C. AHCCCS shall update the CCRs described in subsection (B) to conform to the most recent CCRs established by CMS as of September 1 of each year, and the CCRs so updated shall be used for claims with dates of discharge on or after October 1 of that year.
- D. The outlier threshold is equal to the sum of the unadjusted DRG base payment plus the fixed loss amount. The fixed loss amount for critical access hospitals and for all other hospitals are included in the AHCCCS capped fee schedule available on the agency's website.
- E. For those inpatient hospital claims that qualify for an outlier add-on payment, the payment is calculated by subtracting the outlier threshold from the claim cost and multiplying the result by the DRG marginal cost percentage. The DRG marginal cost percentage for claims assigned DRG codes associated with the treatment of burns and for all other claims are included in the AHCCCS capped fee schedule available on the agency's website.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

**R9-22-712.69. DRG Reimbursement: Covered Day Adjusted DRG Base Payment and Covered Day Adjusted Outlier Add-on Payment**

Adjustments to the payments are made to account for days not covered by AHCCCS as follows:

1. A covered day reduction factor unadjusted is determined if the member is not eligible on the first day of the inpa-

tient stay but is eligible for subsequent days during the inpatient stay. In this case, a covered day reduction factor unadjusted is calculated by dividing the number of AHCCCS covered days by the DRG National Average length of stay. The number of AHCCCS covered days is equal to the number of days the member is eligible during the inpatient stay.

2. A covered day reduction factor unadjusted is also determined if the member is eligible on the first day of the inpatient stay but is determined ineligible for one or more days prior to the date of discharge. In this case, a covered day reduction factor unadjusted is calculated by adding one to the number of AHCCCS covered days and dividing the result by the DRG National Average length of stay. The number of AHCCCS covered days is equal to the number of days the member is eligible during the inpatient stay.
3. If the covered day reduction factor unadjusted is greater than one, then the covered day reduction factor final is one; otherwise, the covered day reduction factor final is equal to the covered day reduction factor unadjusted.
4. The covered day adjusted DRG base payment is an amount equal to the product of the unadjusted DRG base payment and the covered day reduction factor final.
5. The covered day adjusted DRG outlier add-on payment is an amount equal to the product of the unadjusted DRG outlier add-on payment and the covered day reduction factor final.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

**R9-22-712.70. Covered Day Adjusted DRG Base Payment and Covered Day Adjusted Outlier Add-on Payment for FES members**

In addition to the covered day reduction factor in R9-22-712.69, a covered day reduction factor unadjusted is determined for an inpatient stay during which an FES member receives services for the treatment of an emergency medical condition and also receives services once the condition no longer meets the criteria as an emergency medical condition described in R9-22-217.

1. A covered day reduction factor unadjusted is calculated by adding one to the AHCCCS covered days and dividing the result by the DRG National Average length of stay. The number of AHCCCS covered days is equal to the number of inpatient days during which an FES member receives services for an emergency medical condition as described in R9-22-217. For purposes of this adjustment, any portion of a day during which the FES member receives treatment for an emergency medical condition is counted as an AHCCCS covered day.
2. If the covered day reduction factor unadjusted is greater than one, then the covered day reduction factor final is one; otherwise, the covered day reduction factor final is equal to the covered day reduction factor unadjusted.
3. The covered day adjusted DRG base payment is an amount equal to the product of the unadjusted DRG base payment and the covered day reduction factor final.
4. The covered day adjusted DRG outlier add-on payment is an amount equal to the product of the unadjusted DRG outlier add-on payment and the covered day reduction factor final.

**Historical Note**

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New Section made by final rulemaking at 20 A.A.R.  
1956, September 6, 2014 (Supp. 14-3).

**R9-22-712.71. Final DRG Payment**

- A. The final DRG payment is the sum of the final DRG base payment, the final DRG outlier add-on payment, and the Differential Adjusted Payment.
- B. The final DRG base payment is an amount equal to the product of the covered day adjusted DRG base payment and a hospital-specific factor established to limit the financial impact to individual hospitals of the transition from the tiered per diem payment methodology and to account for improvements in documentation and coding that are expected as a result of the transition.
- C. The final DRG outlier add-on payment is an amount equal to the product of the covered day adjusted DRG outlier add-on payment and a hospital-specific factor established to limit the financial impact to individual hospitals of the transition from the tiered per diem payment methodology and to account for improvements in documentation and coding that are expected as a result of the transition.
- D. The factor for each hospital and for each federal fiscal year is published as part of the AHCCCS capped fee schedule and is available on the AHCCCS administration's website and is on file for public inspection at the AHCCCS administration located at 801 E. Jefferson Street, Phoenix, Arizona.
- E. For inpatient services with a date of discharge from October 1, 2024 through September 30, 2025 (CYE 2025), the Inpatient Differential Adjusted Payment is the sum of the final DRG base payment and the final DRG outlier add on payment multiplied by a percentage is published on the Administration's public website as part of its fee schedule subsequent to the public notice published no later than September 1, 2024. If a hospital receives a DAP for CYE 2025 but fails to meet all of the requirements in subsection (F), the hospital shall be disqualified from participating in a DAP for dates of service October 1, 2025 through September 30, 2026 (CYE 2026), if a DAP would be available at that time. A hospital can and will qualify for an increase if it meets the criteria specified below for any of the applicable hospital subtypes.
  1. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: short-term or children's will qualify for an increase if it meets the criteria in subsection (1)(a), (b), (c), (d), (e) or (f):
    - a. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
      - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
      - ii. No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the hospital's Electronic Health Record (EHR) system.
    - iii. No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
    - iv. No later than May 31, 2024, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.
    - v. No later than May 1, 2024, hospitals must complete their HIE Integration workbook in its entirety to connect data sender interfaces to ONE Platform.
    - vi. No later than May 1, 2024, the hospital must submit a signed Picture Archiving and Communication System (PACS) Statement of Work (SOW) to participate in sharing images via the HIE.
    - vii. No later than September 1, 2024, hospitals must launch the integration implementation project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
    - viii. No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.

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- ix. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
  - (1) HIE Participation Agreement for ONE Platform.
  - (2) Statement of Work (SOW) to access the ONE Platform Portal.
  - (3) Statement of Work (SOW) to send data to ONE Platform.
- x. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
- xi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform HIE portal.
- b. Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.
  - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
  - ii. No later than October 1, 2024, the hospital must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted.
  - iii. No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal.
  - iv. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
    - (1) HIE Participation Agreement for ONE Platform.
    - (2) Statement of Work (SOW) to access the ONE Platform Portal.
    - (3) Statement of Work (SOW) to send data to ONE Platform.
  - v. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
  - vi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
  - vii. No later than August 1, 2025, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
  - viii. No later than August 1, 2025, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
  - ix. No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.
- c. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
  - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI) that the hospital requests to participate in the DAP.
  - ii. Within 30 days of sending data into the test environment but no later than December 1, 2024, the hospital must review the results of up to 217 parameters from the HIE Data Quality Report with the HIE organization, identifying the high-risk (red) and moderate risk (orange) scores for each parameter.
  - iii. Within 60 days of sending data into the test environment, but no later than December 1, 2024, the hospital must achieve an HIE Data Quality Report with 0 high-risk (red) test parameters prior to sending data into the HIE production environment.
  - iv. No later than December 1, 2024, the hospital must submit a written resolution plan to Con-texture along with an expected timeline and detailed action plan for resolution to correct the

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- moderate risk (orange) parameters on the HIE Data Quality Report.
- d. Hospitals who participated in the DAP SDOH program in CYE 2023 and/or CYE 2024.
    - i. No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
    - ii. No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal.
    - iii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screening/referrals entered into CommunityCares by the hospital will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referrals average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater. This goal will be defined and discussed in the post-live meeting with the hospital's assigned SDOH Advisor.
    - iv. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
  - e. Hospitals who have not participated in the DAP SDOH program in CYE 2023 or CYE 2024.
    - i. No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
    - ii. No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The hospital must utilize CommunityCares by facilitating in-network screenings/referrals within CommunityCares per facility location.
  - iii. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
  - iv. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
  - v. No later than November 30, 2024, the hospital must develop and submit a current facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering.
  - vi. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov.
- f. Hospitals with an Emergency Department that have not participated in the NDP DAP in CYE 2024.
    - i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
    - ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for an NDP.
    - iii. No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.
    - iv. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov.
2. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: critical access hospital will qualify for an increase if it meets this criteria specified in subsections (2)(a), (b), (c), (d), (e), (f), (g) or (h):
    - a. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
      - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, includ-



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- ing AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
- ii. No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the facility's (EHR) system.
  - iii. No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
  - iv. No later than May 31, 2024, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.
  - v. No later than May 1, 2024, the hospital must complete their HIE Integration workbook in its entirety to connect data sender interfaces to ONE platform.
  - vi. No later than May 1, 2024, the hospital must submit a signed Picture Archiving and Communication System (PACS) Statement of Work (SOW) to participate in sharing images via the HIE.
  - vii. No later than September 1, 2024, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
  - viii. No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.
  - ix. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
    - (1) HIE Participation Agreement for ONE Platform.
    - (2) Statement of Work (SOW) to access the ONE Platform Portal.
    - (3) Statement of Work (SOW) to send data to ONE Platform.
  - x. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
  - xi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
- b. Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.
    - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
    - ii. No later than October 1, 2024, the hospital must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted.
    - iii. No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal.
    - iv. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
      - (1) HIE Participation Agreement for ONE Platform.
      - (2) Statement of Work (SOW) to access the ONE Platform Portal.
      - (3) Statement of Work (SOW) to send data to

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- ONE Platform.
- v. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
  - vi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
  - vii. No later than August 1, 2025, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
  - viii. No later than August 1, 2025, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
  - ix. No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.
- c. Hospitals who participated in the DAP AzHDR program in CYE 2023 and/or CYE 2024.
    - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
    - ii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at least 5 patient document uploads of advanced directives and 15 searches of advance directives per month per registered AHCCCSID.
  - d. Hospitals who have not participated in the DAP AzHDR program in CYE 2023 or CYE 2024.
    - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
    - ii. No later than November 1, 2024, the hospital must submit the AzHDR Subscription Agreement to the HIE organization.
    - iii. No later than April 1, 2025, the hospital must have onboarding completed by working with AzHDR to submit user information to gain credentials to access AzHDR and complete training.
    - iv. No later than May 1, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at least 5 searches/uploads of advance directives per month per AHCCCS ID.
  - e. Hospitals who participated in the DAP SDOH program in CYE 2023 and/or CYE 2024.
    - i. No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
    - ii. No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal.
    - iii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screening/referrals entered into CommunityCares by the hospital will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referrals average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater. This goal will be defined and discussed in the post-live meeting with the hospital's assigned SDOH Advisor.
    - iv. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to review progress on goals.

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- If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
- f. Hospitals who have not participated in the DAP SDOH program in CYE 2023 or CYE 2024.
    - i. No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP, and the total number of patient visits per year.
    - ii. No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The hospital must utilize CommunityCares by facilitating in-network screenings and referrals within CommunityCares per facility location.
    - iii. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist hospitals in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
  - g. Hospitals with an Emergency Department that participated in the NDP DAP in CYE 2024.
    - i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
    - ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering.
    - iii. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov.
  - h. Hospitals with an Emergency Department that have not participated in the NDP DAP in CYE 2024.
    - i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
    - ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.
    - iii. No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.
    - iv. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov.
  - F. For inpatient services with a date of discharge service from October 1, 2025 through September 30, 2026 (CYE 2026), the Inpatient Differential Adjusted Payment is the sum of the final DRG base payment and the final DRG outlier add-on payment multiplied by a percentage established by the administration. The percentage is published on the Administration's public website as part of its fee schedule subsequent to the public notice published no later than September 1, 2025. If a hospital receives a DAP for CYE 2026 but fails to meet all of the requirements in subsection (F), the hospital shall be disqualified from participating in a DAP for dates of service October 1, 2026 through September 30, 2027 (CYE 2027), if a DAP would be available at that time. A hospital can and will qualify for an increase if it meets the criteria specified below for any of the applicable hospital subtypes.
    1. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: short-term or children's will qualify for an increase if it meets the criteria in subsection (1)(a), (b), (c), (d), (e) and (f):
      - a. To be eligible for this DAP, hospitals must have participated in the DAP HIE program in CYE 2024 and/or CYE 2025.
      - b. No later than April 1, 2025, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI) that the hospital requests to participate in the DAP.
      - c. No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: including standard Admission, Discharge, and Transfer (ADT) information; data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and have the implementation timeline approved to continue meeting DAP requirements.

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- d. No later than March 1, 2026, the hospital must complete the data quality profile, based on January 2026 data, with the HIE organization. Data elements in the following measure categories will be included within the data quality profile:
    - i. Data source and data site information must be submitted on ADT transactions;
    - ii. Patient demographic information must be submitted on ADT transactions;
    - iii. Race must be submitted on ADT transactions;
    - iv. Ethnicity must be submitted on ADT transactions; and
    - v. Language must be submitted on ADT transactions.
  - e. No later than April 1, 2026, the hospital must complete a data quality improvement plan as defined by the HIE organization to improve the quality of data elements by 3.0% collectively over the March 1, 2026 data quality profile. The quality improvement plan is not required if the data quality profile results are greater than 90% for each measure.
  - f. No later than September 1, 2026, a final data quality profile will be completed, based on July 2026 data to reassess data elements and performance improvement. Hospitals must have improved the quality of data elements by 3.0% collectively from its March 2026 data quality profile. This requirement does not apply if the data quality profile results are greater than 90% for each measure.
2. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: critical access hospital will qualify for an increase if it meets the criteria in subsection (a) or (b):
- a. Hospitals that participated in the DAP HIE program in CYE 2024 and/or CYE 2025.
    - i. No later than April 1, 2025, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
    - ii. No later than March 1, 2025, the hospital must launch the integration implementations project, have a Virtual Private Network (VPN) connection in place with the HIE, and electronically submit test patient information to the HIE test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
    - iii. No later than May 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the facility's Electronic Health Record (EHR) system.
  - b. Hospitals that have not participated in the DAP HIE program in CYE 2024 or CYE 2025.
    - i. No later than April 1, 2025, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP. To request a HIE Participation Agreement and a DAP SOW, email [DAP@contexture.org](mailto:DAP@contexture.org).
    - ii. No later than March 1, 2026, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization portal.
    - iii. No later than March 1, 2026, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
    - iv. No later than March 1, 2026, the hospital must launch the integration implementations project, have a Virtual Private Network (VPN) connection in place with the HIE, and electronically submit test patient information to the HIE test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
    - v. No later than August 1, 2026, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders,
  - iv. No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.

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discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4). Amended by final rulemaking at 23 A.A.R. 2338, effective October 1, 2017 (Supp. 17-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4). Amended by final rulemaking at 24 A.A.R. 2851, effective October 1, 2018 (Supp. 18-3). Amended by final rulemaking at 25 A.A.R. 3114, effective October 31, 2019 (Supp. 19-4). Amended by final rulemaking at 26 A.A.R. 3025, with an immediate effective date of November 3, 2020 (Supp. 20-4). AHCCCS filed an incorrect version of a final rulemaking which made amendments to this Section published at 27 A.A.R. 2501 (October 29, 2021); AHCCCS filed the correct version of its final rulemaking on December 3, 2021, with this Section amended by final rulemaking at 27 A.A.R. 3015 (December 31, 2021), effective October 1, 2021 (Supp. 21-4). Amended by final rulemaking at 28 A.A.R. 3283 (October 14, 2022), with an immediate effective date of September 23, 2022 (Supp. 22-3). Amended by final rulemaking at 29 A.A.R. 3394 (October 27, 2023), with an immediate effective date of October 4, 2023 (Supp. 23-4). Amended by final rulemaking at 30 A.A.R. 3103 (October 25, 2024), with an immediate effective date of October 1, 2024 (Supp. 24-4). Amended by final rulemaking at 31 A.A.R. 4583 (December 19, 2025), with an immediate effective date of December 2, 2025 (Supp. 25-4).

**R9-22-712.72. DRG Reimbursement: Enrollment Changes During an Inpatient Stay**

- A. If a member's enrollment changes during an inpatient stay, including changing enrollment from fee-for-service to a contractor, or vice versa, or changing from one contractor to another contractor, the contractor with whom the member is enrolled on the date of discharge shall be responsible for reimbursing the hospital for the entire length of stay under the DRG payment rules in Sections R9-22-712.60 through R9-22-712.81. If the member is eligible but not enrolled with a contractor on the date of discharge, then the AHCCCS administration shall be responsible for reimbursing the hospital for the entire length of stay under the DRG payment rules in Sections R9-22-712.60 through R9-22-712.81.
- B. When a member's enrollment changes during an inpatient stay, the hospital shall use the date of enrollment with the payer responsible on the date of discharge as the "from" date of service on the claim regardless of the date of admission.
- C. Interim claims submitted to a payer other than the payer responsible on the day of discharge shall be processed in the same manner as other interim claims as described in R9-22-712.76.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final

rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

**R9-22-712.73. DRG Reimbursement: Inpatient Stays for Members Eligible for Medicare**

If the hospital receives less than the full Medicare payment for a member eligible for benefits under Part A of Medicare because the member has exceeded the maximum benefit permitted under Part A of Medicare, the hospital shall submit a separate claim for services performed after the date the maximum Medicare Part A benefit is exceeded. The claim may include all diagnosis codes for the entire inpatient stay, but the hospital is only required to include revenue codes, surgical procedure codes, service units, and charges for services performed after the date the Medicare Part A benefit is exceeded. A claim so submitted shall be reimbursed using the DRG payment methodology.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

**R9-22-712.74. DRG Reimbursement: Third Party Liability**

DRG payments are subject to reduction based on cost avoidance under Section R9-22-1003 and other rules regarding first-and third-party liability under Article 10 of this Chapter including cost avoidance for claims for ancillary services covered under Part B of Medicare.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

**R9-22-712.75. DRG Reimbursement: Payment for Administrative Days**

- A. Categories of Administrative Days. Administrative days fall into one of two categories, either subsection (A)(1) or (A)(2).
  1. Administrative days due to lack of appropriate placement options and not meeting inpatient medical criteria. Administrative days are days in which a member is admitted as an inpatient to an acute care hospital, does not meet the criteria for an acute inpatient stay, but is admitted or not discharged because; (1) an appropriate placement outside the hospital is not available, (2) the member cannot be safely discharged or transferred, or (3) the Administration or the contractor failed to provide for the appropriate placement outside the hospital in a timely manner.
    - a. Administrative days may occur prior to an acute care episode, for example, when a woman with a high-risk pregnancy is admitted to a hospital while awaiting delivery.
    - b. Administrative days may also occur at the end of an acute care episode, for example, when a member is not discharged while awaiting placement in a nursing facility or other sub-acute or post-acute setting.
    - c. Administrative days may also include days in a receiving hospital when the member has been discharged from one acute care hospital for the purpose of receiving sub-acute services at the receiving hospital.
    - d. Administrative days do not include days when the member is awaiting appropriate placement or services that are currently available but the hospital has not transferred or discharged the member because of the hospital's administrative or operational delays.

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- e. Administrative days include inpatient claims covered by a RBHA or TRBHA that otherwise meet the criteria in subsection (A)(1).
- 2. Administrative days for claims with the principal diagnosis of behavioral health meeting inpatient medical criteria. Administrative days are days with dates of discharge on or after October 1, 2018, in which a member is admitted as an inpatient to an acute care hospital, meets the criteria for an acute inpatient stay, and the principal diagnosis on the hospital claim is a behavioral health diagnosis. Inpatient claims covered by a RBHA or TRBHA are not considered administrative days under subsection (A)(2) regardless of the principal diagnosis on the hospital claim.
- B. Reimbursement of Administrative Days.**
  - 1. Administrative days under subsection (A)(1) are reimbursed at the rate the claim would have paid had the services not been provided in an inpatient hospital setting but had been provided at the appropriate level of care such as the rate paid for stays at a nursing facility.
  - 2. Administrative days under subsection (A)(2) are reimbursed at the daily rate found on the Inpatient Behavioral Health Capped Fee-For-Service Schedule meeting the criteria of "Service Description – Psychiatric Stay," regardless of revenue code.
- C.** Prior authorization is required for administrative days.
- D.** A hospital shall submit a claim for administrative days separate from any claim for reimbursement for the inpatient stay otherwise reimbursable under the DRG payment methodology.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4). Amended by final rulemaking at 25 A.A.R. 3111, effective October 1, 2019 (Supp. 19-4).

**R9-22-712.76. DRG Reimbursement: Interim Claims**

- A.** For inpatient stays with a length of stay greater than 29 days, a hospital may submit interim claims for each 30 day period during the inpatient stay.
- B.** Hospitals shall be reimbursed for interim claims at a per diem rate of \$500 per day.
- C.** Following discharge, the hospital shall void all interim claims. In such circumstances, the hospital shall submit a claim to the payer with whom the member is enrolled on the date of discharge, whether the Administration or a contractor, for the entire inpatient stay for which the final claim shall be reimbursed under the DRG payment methodology. Interim claims will be recouped.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

**R9-22-712.77. DRG Reimbursement: Admissions and Discharges on the Same Day**

- A.** Except as provided for in subsection (B), for any claim for inpatient services with an admission date and discharge date that are the same calendar date, the contractor or the Administration shall process the claim as an outpatient claim and the hospital shall be reimbursed under R9-22-712.10 through R9-22-712.50.
- B.** Claims with an admission date and discharge date that are the same calendar date that also indicate that the member expired

on the date of discharge shall be reimbursed under the DRG methodology.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

**R9-22-712.78. DRG Reimbursement: Readmissions**

If a member is readmitted without prior authorization to the same hospital that the member was discharged from within 72 hours and the DRG code assigned to the claim for the prior admission has the same first three digits as the DRG code assigned to the claim for the readmission, then payment for the claim for the readmission will be disallowed only if the readmission could have been prevented by the hospital.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

**R9-22-712.79. DRG Reimbursement: Change of Ownership**

The administration shall not change any of the components of the calculation of reimbursement for inpatient services using the DRG methodology based upon a change in the hospital's ownership except to the extent those components would change under the methodology had the hospital not changed ownership (e.g., updating the hospital's cost-to-charge ratio as of September 1 of each year under R9-22-712.68).

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

**R9-22-712.80. DRG Reimbursement: New Hospitals**

- A.** DRG base payment for new hospitals. For any hospital that does not have a labor share or wage index published by CMS as described in subsection R9-22-712.62(B) because the hospital was not in operation, the DRG base rate described in subsection R9-22-712.62(B) shall be calculated as the statewide standardized amount after adjusting that amount for the labor-related share and the wage index published by CMS as described in subsection R9-22-712.62(B) that is appropriate to the location of the hospital published by CMS as described in subsection R9-22-712.62(B).
- B.** Outlier calculations for new hospitals. For any hospital that does not have an operating cost-to-charge ratio listed in the impact file described in subsection R9-22-712.68(B) because the hospital was not in operation prior to the publication of the impact file, the statewide urban or rural default operating cost-to-charge ratio appropriate to the location of the hospital and the statewide capital cost-to-charge ratio shall be used to determine the unadjusted outlier add-on payment. The statewide urban or rural default operating cost-to-charge ratio and the statewide capital cost-to-charge ratio shall be based on the ratios published by CMS and updated by the Administration as described in subsection R9-22-712.68(C).
- C.** In addition to the requirement of this Section, DRG reimbursement for new hospitals is determined under R9-22-712.60 through R9-22-712.79.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

**R9-22-712.81. DRG Reimbursement: Updates**

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In addition to the other updates provided for in Sections R9-22-712.60 through R9-22-712.80, the Administration may update the version of the APR-DRG classification system established by 3M Health Information Systems, adjust the statewide standardized amount in Section R9-22-712.62, the base payments in R9-22-712.63 and R9-22-712.64, the provider policy adjustor in R9-22-712.65, service policy adjustors in R9-22-712.66, and the fixed loss amounts and marginal cost percentages used to calculate the outlier threshold in R9-22-712.68 to the extent necessary to assure that payments are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available at least to the extent that such care and services are available to the general population in the geographic area. The Administration shall publish any proposed classification system on the agency's website at least 30 days prior to the effective date, to ensure a sufficient period for public comment, as required by 42 C.F.R. § 447.205. In addition, the public notice shall be available for inspection during normal business hours at 701 E. Jefferson, Phoenix, Arizona. The requirements of 42 CFR § 447.205 as of November 2, 2015 are incorporated by reference and do not include any later amendments.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

**R9-22-712.90. Reimbursement of Hospital-based Freestanding Emergency Departments**

- A.** "Hospital-based freestanding emergency department" (hospital-based FSED) means an outpatient treatment center, as defined in R9-10-101, that: (1) provides emergency room services under R9-10-1019, (2) is subject to the requirements of 42 C.F.R. 489.24, and (3) shares an ownership interest with a hospital, regardless of whether the outpatient treatment center operates under a hospital's single group license as described in A.R.S. § 36-422.
- B.** A hospital-based FSED shall register with the Administration separately from the hospital with which an ownership interest is shared and shall obtain a separate provider identification number. The Administration shall not charge a separate provider enrollment fee for registration of a hospital-based FSED. The Administration shall accept a hospital's compliance with the provider screening and enrollment requirements of 42 CFR Part 455 as compliance by the hospital-based FSED.
- C.** For dates of service on and after March 1, 2017, and except as provided in subsection (D), services provided by a hospital-based FSED for evaluation and management CPT codes 99281 through 99285 shall be reimbursed at the following percentages of the amounts otherwise reimbursable under R9-22-712.20 through R9-22-712.30. All other covered codes shall be reimbursed in accordance with R9-22-712.20 through R9-22-712.30 without a percentage reduction.
- 60 percent for a level 1 emergency department visit as indicated by CPT 99281.
  - 80 percent for a level 2 emergency department visit as indicated by CPT 99282.
  - 90 percent for a level 3 emergency department visit as indicated by CPT 99283.
  - 100 percent for a level 4 or 5 emergency department visit as indicated by CPT codes 99284 and 99285.
- D.** A hospital-based FSED located in a city or town in a county with less than 500,000 residents, where the only hospital in the city or town operating an emergency department closed on or after January 1, 2015, shall be reimbursed under R9-22-712.20 through R9-22-712.35 using the adjustment in R9-22-712.35 associated with the nearest hospital with which the freestanding emergency department shares an ownership interest.
- E.** Services provided by an outpatient treatment center that provides emergency room services under R9-10-1019 but does not otherwise meet the criteria in subsection A, shall be reimbursed based on the non-hospital AHCCCS capped fee-for-service schedule under R9-22-710.
- F.** The Administration shall not reimburse a hospital for services provided at a hospital-based FSED if the member is admitted directly from a hospital-based FSED to a hospital with an ownership interest in the hospital-based FSED. As provided in R9-22-712.60(B), payments made for the inpatient stay using the DRG methodology shall be the sole reimbursement.
- G.** For dates of service from October 1, 2024 through September 30, 2025 (CYE 2025), the payment otherwise required for hospital-based FSED services provided by qualifying hospital-based FSEDs shall be increased by a percentage established by the Administration and shall be applied to the payment methodology as described in subsection (C). The percentage is published on the Administration's public website as part of its fee schedule, subsequent to the public notice published no later than September 1, 2024. A hospital-based FSED can and will qualify for an increase if it meets the criteria specified below for any of the applicable hospital-based FSED subtypes. If a hospital-based FSED receives a DAP for CYE 2025 but fails to meet all of the requirements in subsection (G), the hospital-based FSED shall be disqualified from participating in a DAP for dates of service October 1, 2025 through September 30, 2026 (CYE 2026), if a DAP would be available at that time. A outpatient treatment center designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital-based freestanding emergency department will qualify for an increase if it meets the criteria in subsection (1) or (2):
- Hospitals with an Emergency Department that participated in the NDP DAP in CYE 2024.
    - No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
    - No later than November 30, 2024, the hospital must develop and submit a facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering.
    - No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS DAP@azahcccs.gov.
  - Hospitals with an Emergency Department that have not participated in the NDP DAP in CYE 2024.
    - No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.

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- b. No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.
  - c. No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.
  - d. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCSDAP@azahcccs.gov.
- H. For dates of service from October 1, 2025 through September 30, 2026 (CYE 2026), the payment otherwise required for hospital-based FSED services provided by qualifying hospital-based FSEDs shall be increased by a percentage established by the Administration and shall be applied to the payment methodology as described in subsection (C). The percentage is published on the Administration's public website as part of its fee schedule, subsequent to the public notice published no later than September 1, 2025. A hospital-based FSED can and will qualify for an increase if it meets the criteria specified below for any of the applicable hospital-based FSED subtypes. If a hospital-based FSED receives a DAP for CYE 2026 but fails to meet all of the requirements in subsection (G), the hospital-based FSED shall be disqualified from participating in a DAP for dates of service October 1, 2026 through September 30, 2027 (CYE 2027), if a DAP would be available at that time. An outpatient treatment center designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital-based freestanding emergency department will qualify for an increase if it meets the criteria in subsection (1) or (2):
  - 1. Hospital-based FSEDs that participated only in CYE 2025. Hospital-based FSEDs that participated in CYE 2024 and CYE 2025 will not be eligible.
    - a. No later than April 1, 2025, the facility must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCSDAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) NPI(s), that the facility requests to participate in the DAP.
    - b. No later than November 30, 2025, the facility must develop and submit a facility policy that ensures facilities are purchasing Naloxone through standard routine pharmacy ordering.
    - c. No later than February 28, 2026, the facility must submit a Naloxone Distribution Program Attestation regarding the implementation of the NDP, to AHCCCS to the following email address: AHCCSDAP@azahcccs.gov.
  - 2. Hospital-based FSEDs that have not participated in the NDP DAP.
    - a. No later than April 1, 2025, the facility must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCSDAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the facility requests to participate in the DAP.
    - b. No later than November 30, 2025, the facility must develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.
    - c. No later than January 1, 2026, the facility must begin distribution of Naloxone to individuals at risk of overdose as identified through the facility's policy.
    - d. No later than February 28, 2026, the facility must submit a Naloxone Distribution Program Attestation regarding the implementation of the NDP, to AHCCCS to the following email address: AHCCSDAP@azahcccs.gov.
    - e. No later than April 1, 2025, the facility must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCSDAP@azahcccs.gov, indicating that they will participate in the Maternal Syphilis Program. The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the facility requests to participate in the DAP.
    - f. No later than November 30, 2025, develop and submit a facility policy that meets AHCCCS/ADHS standards for testing individuals for syphilis.
    - g. No later than January 1, 2026, begin testing individuals for syphilis as identified through the facility's policy.
    - h. No later than April 1, 2025, the facility must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCSDAP@azahcccs.gov, indicating that they will participate in the Medications for Opioid Use Disorder (MOUD) Enhancement Program. The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the facility requests to participate in the DAP. The LOI must further attest to the following:
      - i. The facility will implement MOUD treatment quality improvement initiatives with internal tracking and review initiatives on at least a quarterly basis; and
      - ii. The facility will spend the preponderance of DAP funds to enhance, expand, and/or strengthen MOUD services.
    - i. No later than April 1, 2025, the facility agrees to participate in the Arizona Statewide Clinical Opioid Workgroup, which includes sharing metrics as determined by the Arizona Department of Health Services (ADHS) in a centralized, and timely manner, providing any best practices and nonsensitive data points for the use of state-driven publications, ensuring leadership attendance at quarterly meetings, and supporting relevant stakeholder participants (e.g., IT, quality improvement, addiction medicine, primary care, operational specialists).
    - j. No later than November 30, 2025, the facility must develop and submit a facility policy that meets AHCCCS/ADHS standards for a Hospital MOUD Enhancement Program that offers MOUD for eligible patients. The policy must be submitted to AHCCCS at the following email address: AHCCSDAP@azahcccs.gov.
    - k. No later than April 1, 2026, the facility must submit a concise narrative summarizing the salient highlights of the progress of their MOUD treatment



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enhancement and utilization of DAP funds. The narrative must be submitted to AHCCCS at the following email address: AHCCSDAP@azahcccs.gov.

**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 22, February 11, 2017 (Supp. 16-4). Amended by final rulemaking at 29 A.A.R. 3394 (October 27, 2023), with an immediate effective date of October 4, 2023 (Supp. 23-4). Amended by final rulemaking at 30 A.A.R. 3103 (October 25, 2024), with an immediate effective date of October 1, 2024 (Supp. 24-4). Amended by final rulemaking at 31 A.A.R. 4583 (December 19, 2025), with an immediate effective date of December 2, 2025 (Supp. 25-4).

**R9-22-713. Overpayment and Recovery of Indebtedness**

- A. If a contractor or a subcontracting provider receives an overpayment from the Administration or otherwise becomes indebted to the Administration, the contractor or subcontracting provider shall immediately remit the amount of the indebtedness or overpayment to the Administration for deposit in the AHCCCS fund.
- B. If the funds described in subsection (A) are not remitted, the Administration may recover the funds paid by the Administration to a contractor or subcontracting provider through:
  1. A repayment agreement executed with the Administration;
  2. Withholding or offsetting against current or future payments to be paid to the contractor or subcontracting provider; or
  3. Enforcement of, or collection against, the performance bond, financial reserve, or other financial security under A.R.S. § 36-2903.

**Historical Note**

Adopted as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Adopted as a permanent rule effective May 16, 1983; text of adopted rule identical to the emergency (Supp. 83-3). Former Section R9-22-713 repealed, new Section R9-22-713 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-713 renumbered and amended as Section R9-22-714, former Section R9-22-709 renumbered and amended as Section R9-22-713 effective October 1, 1985 (Supp. 85-5). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 856, effective May 5, 2007 (Supp. 07-1).

**R9-22-714. Payments to Providers**

- A. Provider agreement. The Administration or a contractor shall not reimburse a covered service provided to a member unless the provider has signed a provider agreement with the Administration that establishes the terms and conditions of participation and payment under A.R.S. § 36-2904.
- B. Provider reimbursement. The Administration or a contractor shall reimburse a provider for a service furnished to a member only if:
  1. The provider personally furnishes the service to a specific member. For purposes of this Section, services personally furnished by a provider include:
    - a. Services provided by medical residents or dental students in a teaching environment; or
    - b. Services provided by a licensed or certified assistant under the general supervision of a licensed practitioner in accordance with 4 A.A.C. 24, 9 A.A.C. 16, 4 A.A.C. 43, or 4 A.A.C. 45;

2. The provider verifies that individuals who have provided services described in subsection (B)(1) have not been placed on the List of Excluded Individuals/Entities (LEIE) maintained by the United States Department of Health and Human Services Office of the Inspector General (OIG), located at OIG's web site;
  3. The service contributes directly to the diagnosis or treatment of the member; and
  4. The service ordinarily requires performance by the type of provider seeking reimbursement.
- C. The Administration or a contractor may make a payment for covered services only:
    1. To the provider;
    2. To anyone specified in a reassignment from the provider to a government agency or reassignment by a court order;
    3. To a business agent, if the agent's compensation for the service is:
      - a. Related to the cost of processing the billing;
      - b. Not related on a percentage or other basis to the amount that is billed or collected; and
      - c. Not dependent upon collection of the payment;
    4. To the employer of the provider, if the provider is required as a condition of employment to turn over the provider's fees to the employer;
    5. To the inpatient facility in which the service is provided, if the provider has a contract under which the inpatient facility submits the claim; or
    6. To a foundation, plan, or similar organization operating an organized health care delivery system, if the provider has a contract under which the foundation, plan or similar organization submits the claim.
  - D. The Administration or a contractor shall not make a payment to or through a factor, either directly or by power of attorney, for a covered service furnished to a member by a provider.
  - E. Reimbursement for a pathology service. Unless otherwise specified in a contract, the Administration or a contractor shall reimburse a pathologist for a pathology service furnished to a member only if the other requirements in this Section are met and the service is:
    1. A surgical pathology service;
    2. A specific cytopathology, hematology, or blood banking pathology service that requires performance by a physician and is listed in the capped fee-for-service schedule;
    3. A clinical consultation service that:
      - a. Is requested by the member's attending physician or primary care physician,
      - b. Is related to a test result that is outside the clinically significant normal or expected range in view of the condition of the member,
      - c. Results in a written narrative report included in the member's medical record,
      - d. Requires the exercise of medical judgment by the consultant pathologist, and
      - e. Is listed in the capped fee-for-service schedule; or
    4. A clinical laboratory interpretative service that:
      - a. Is requested by the member's attending physician or primary care physician,
      - b. Results in a written narrative report included in the member's medical record,
      - c. Requires the exercise of medical judgment by the consultant pathologist, and
      - d. Is listed in the capped fee-for-service schedule.

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**Historical Note**

Adopted as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Adopted as a permanent rule effective May 16, 1983; text of adopted rule is similar to the emergency (Supp. 83-3). Repealed effective October 1, 1983 (Supp. 83-5). Former Section R9-22-713 renumbered and amended as Section R9-22-714 effective October 1, 1985 (Supp. 85-5). Section repealed; new Section made by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 9 A.A.R. 3800, effective October 4, 2003 (Supp. 03-3). Amended by final rulemaking at 13 A.A.R. 662, effective April 7, 2007 (Supp. 07-1).

*Editor's Note: The following Section was amended under an exemption from the provisions of the Administrative Procedure Act which means that this rule was not reviewed by the Governor's Regulatory Review Council; the agency did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the agency was not required to hold public hearings on the rules; and the Attorney General did not certify this rule. This Section was subsequently amended through the regular rulemaking process.*

**R9-22-715. Hospital Rate Negotiations**

- A. A contractor that negotiates with hospitals for inpatient or outpatient services shall reimburse hospitals for services rendered on or after March 1, 1993, as described in A.R.S. § 36-2903.01 and this Article, or at the negotiated rate that, in the aggregate, does not exceed reimbursement levels that would have been paid under A.R.S. § 36-2903.01, and this Article. This subsection does not apply to urban hospitals described under R9-22-718. Contractors may engage in rate negotiations with a hospital at any time during the contract period.
- B. The Administration may negotiate or contract with a hospital on behalf of a contractor for discounted hospital rates and may require that the negotiated discounted rates be included in a subcontract between the contractor and hospital.

**Historical Note**

Adopted as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Adopted as a permanent rule effective May 16, 1983; text of adopted rule identical to the emergency (Supp. 83-3). Repealed effective October 1, 1983 (Supp. 83-5). New Section R9-22-715 adopted effective October 1, 1985 (Supp. 85-5). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended effective January 14, 1997 (Supp. 97-1). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 11 A.A.R. 3222, effective October 1, 2005 (Supp. 05-3). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

*Editor's Note: The following Section was amended under an exemption from the provisions of the Administrative Procedure Act which means that this rule was not reviewed by the Governor's Regulatory Review Council; the agency did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the agency was not required to hold public hearings on the rules; and the Attorney General did not certify this rule. This Section was subsequently amended through the regular rulemaking process.*

**R9-22-716. Repealed****Historical Note**

Adopted effective October 1, 1985 (Supp. 85-5). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended effective January 14, 1997 (Supp. 97-1). Amended by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Section repealed by final rulemaking at 13 A.A.R. 662, effective April 7, 2007 (Supp. 07-1).

**R9-22-717. Repealed****Historical Note**

Adopted effective July 30, 1993 (Supp. 93-3). Amended effective September 22, 1997 (Supp. 97-3). Section repealed by final rulemaking at 11 A.A.R. 3222, effective October 1, 2005 (Supp. 05-3).

*Editor's Note: The following Section was originally adopted under an exemption from the provisions of the Administrative Procedure Act which means that this rule was not reviewed by the Governor's Regulatory Review Council. The agency was required to submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and was required to hold a public hearing. It has since been amended under the regular rulemaking process.*

**R9-22-718. Urban Hospital Inpatient Reimbursement Program**

- A. Definitions. The following definitions apply to this Section:
  1. "Contractor" has the same meaning as set forth in A.R.S. § 36-2901, and includes all contractors regardless of whether the GSA's served by the contractor includes urban or rural counties.
  2. "Noncontracted Hospital" means an urban hospital, including psychiatric hospitals, which does not have a contract under this Section with a contractor.
  3. "Urban Hospital" means a hospital that is not a rural hospital, as defined in R9-22-712.07, and that is physically located in Maricopa or Pima County.
- B. General Provisions.
  1. This Section applies to an urban hospital who receives payment for inpatient hospital services under A.R.S. §§ 36-2903.01 and 36-2904.
  2. AHCCCS shall operate an inpatient hospital reimbursement program under A.R.S. § 36-2905.01 and this Section.
  3. Residency of the member receiving inpatient AHCCCS covered services is not a factor in determining which hospitals are required to contract with which contractors.
  4. A contractor shall enter into a contract for reimbursement for inpatient AHCCCS covered services with one or more urban hospitals located in the same county as the contractor.
  5. A noncontracted urban hospital shall be reimbursed for inpatient services by a contractor at 95 percent of the amount calculated as defined in A.R.S. § 36-2903.01 and this Article, unless otherwise negotiated by both parties.
- C. Contract Begin Date. A contract under this Article shall cover inpatient acute care hospital services for members with hospital admissions on and after October 1, 2003.
- D. Outpatient urban hospital services. Outpatient urban hospital services, including observation days and emergency room treatments that do not result in an admission, shall be reimbursed either through an urban hospital contract negotiated between a contractor and an urban hospital, or the reimburse-

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ment rates set forth in A.R.S. § 36-2903.01. Outpatient services in an urban hospital that result in an admission shall be paid as inpatient services in accordance with this Section.

**E. Urban Hospital Contract.**

1. Provisions of an urban hospital contracts. The urban hospital contract shall contain but is not limited to the following provisions:
  - a. Required provisions as described in the Request for Proposals (RFP);
  - b. Dispute settlement procedures. If the AHCCCS Grievance System prescribed in A.R.S. § 36-2903.01(B) and rule is not used, then arbitration shall be used;
  - c. Arbitration procedure. If arbitration is used, the urban hospital contract shall identify:
    - i. The parties' agreement on arbitrating claims arising from the contract,
    - ii. Whether arbitration is nonbinding or binding,
    - iii. Timeliness of arbitration,
    - iv. What contract provisions may be appealed,
    - v. What rules will govern arbitrations,
    - vi. The number of arbitrators that shall be used,
    - vii. How arbitrators shall be selected, and
    - viii. How arbitrators shall be compensated.
  - d. Timeliness of claims submission and payment;
  - e. Prior authorization;
  - f. Concurrent review;
  - g. Electronic submission of claims;
  - h. Claims review criteria;
  - i. Payment of discounts or penalties such as quick-pay and slow-pay provisions;
  - j. Payment of outliers;
  - k. Claim documentation specifications under A.R.S. § 36-2904.
  - l. Treatment and payment of emergency room services; and
  - m. Provisions for rate changes and adjustments.
2. AHCCCS review and approval of urban hospital contracts:
  - a. AHCCCS may review, approve, or disapprove the hospital contract rates, terms, conditions, and amendments to the contract;
  - b. The AHCCCS evaluation of each urban hospital contract shall include but not be limited to the following areas:
    - i. Availability and accessibility of services to members,
    - ii. Related party interests,
    - iii. Inclusion of required terms pursuant to this Section, and
    - iv. Reasonableness of the rates.

- F. Quick-Pay/Slow-Pay.** A payment made by a contractor to a noncontracted hospital shall be subject to quick-pay discounts and slow-pay penalties under A.R.S. § 36-2904.

**Historical Note**

Adopted under an exemption from the provisions of the Administrative Procedure Act, effective January 29, 1997; pursuant to Laws 1996, Ch. 288, § 24 (Supp. 97-1). Amended by exempt rulemaking at 10 A.A.R. 500, effective February 1, 2004 (Supp. 04-1). Amended by exempt rulemaking at 13 A.A.R. 3190, effective October 1, 2007 (Supp. 07-3). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final

rulemaking at 24 A.A.R. 1515, effective June 30, 2018 (Supp. 18-2).

**R9-22-719. Contractor Performance Measure Outcomes**

The Administration may retain a specified percentage of capitation reimbursement to distribute to contractors based on their performance measure outcomes under A.R.S. § 36-2904. The Administration shall notify contractors 60 days prior to a new contract year if this methodology is implemented. The Administration shall specify the details of the reimbursement methodology in contract.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1).

**R9-22-720. Reinsurance**

- A.** Reinsurance is a stop-loss program provided by the Administration to a contractor for partial reimbursement of the cost of covered services for a member with an acute medical condition when the cost of covered services exceeds a pre-determined deductible level amount within a contract year. The Administration self-insures the reinsurance program through a reduction to capitation rates. The reinsurance program also includes a catastrophic reinsurance program for members diagnosed with specific medical conditions.
- B.** The Administration shall specify in contract guidelines for claims submission, processing, payment, and the types of care and services that are provided to a member whose care is covered by reinsurance.
- C.** When the Administration determines that a contractor does not follow the specified guidelines for care or services and the care or services could have been provided at a lower cost according to the guidelines, the Administration shall reimburse the contractor as if the care or services had been provided as specified in the guidelines.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 856, effective May 5, 2007 (Supp. 07-1).

**R9-22-721. Behavioral Health Inpatient Facilities**

"Behavioral health inpatient facility" means a health care institution, other than Arizona State Hospital, that meets the following requirements:

1. Provides continuous treatment to an individual experiencing a behavioral health issue that causes the individual to:
  - a. Have a limited or reduced ability to meet the individual's basic physical needs;
  - b. Suffer harm that significantly impairs the individual's judgment, reason, behavior, or capacity to recognize reality;
  - c. Be a danger to self;
  - d. Be a danger to others;
  - e. Be persistently or acutely disabled as defined in A.R.S. § 36-501; or
  - f. Be gravely disabled; and
2. Is one of the following facility types:
  - a. Psychiatric hospitals;
  - b. Mental health residential treatment centers;
  - c. Secure residential treatment centers with 17 or more beds;
  - d. Non-secure residential treatment centers with 1-16 beds;
  - e. Non-secure residential treatment centers with 17 or more beds;

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- f. Sub-acute facilities with 1-16 beds;
- g. Sub-acute facilities with 17 or more beds.

**Historical Note**

New Section made by final rulemaking at 25 A.A.R. 3120, effective October 1, 2019 (Supp. 19-4).

<b>R9-22-722.</b>	<b>Reserved</b>
<b>R9-22-723.</b>	<b>Reserved</b>
<b>R9-22-724.</b>	<b>Reserved</b>
<b>R9-22-725.</b>	<b>Reserved</b>
<b>R9-22-726.</b>	<b>Reserved</b>
<b>R9-22-727.</b>	<b>Reserved</b>
<b>R9-22-728.</b>	<b>Reserved</b>
<b>R9-22-729.</b>	<b>Reserved</b>

*Editor's Note: Amendments to Section R9-22-730 were filed as a final exempt rulemaking. AHCCCS provided an opportunity for public comment on the amended rules under Laws 2013, 1st Special Session, Ch. 10. A proposed exempt rulemaking was published in the Arizona Administrative Register at 21 A.A.R. 1041 (Supp. 15-3).*

*Editor's Note: Amendments to Section R9-22-730 were filed as a final exempt rulemaking. AHCCCS provided an opportunity for public comment on the amended rules under Laws 2013, 1st Special Session, Ch. 10. A proposed exempt rulemaking was published in the Arizona Administrative Register at 21 A.A.R. 491 (Supp. 15-2).*

**R9-22-730. Hospital Assessment Fund - Hospital Assessment**

- A.** For purposes of this Section, the following terms are defined as provided below unless the context specifically requires another meaning:
1. "2023 Medicare Cost Report" means: The Medicare Cost Report for the hospital fiscal year ending in calendar year 2023 as reported in the CMS Healthcare Provider Cost Reporting Information System (HCRIS) release dated January 5, 2025.
  2. "2023 Uniform Accounting Report" means the Uniform Accounting Report submitted to the Arizona Department of Health Services as of December 15, 2024 for the hospital's fiscal year ending in calendar year 2023.
  3. "Quarter" means the three month period beginning January 1, April 1, July 1, and October 1 of each year.
  4. A "new hospital" means a licensed hospital that did not hold a license from the Arizona Department of Health Services prior to January 1, 2025.
  5. "Outpatient Net Patient Revenues" means an amount, calculated using data in the hospital's 2023 Uniform Accounting Report or other data sources specified by subsection (N), that is equal to the hospital's 2023 total net patient revenue multiplied by the ratio of the hospital's 2023 gross outpatient revenue to the hospital's 2023 total gross patient revenue.
- B.** Beginning January 1, 2014, for each Arizona licensed hospital not excluded under subsection (L) shall be subject to an assessment payable on a quarterly basis. The assessment shall be levied against the legal owner of each hospital as of the first day of the quarter, and except as otherwise required by subsections (D), (E), (F), (G), (H) and (I). For the period beginning October 1, 2025, the assessment for each hospital shall be

amount equal to the sum of: (1) the number of discharges reported on the hospital's 2023 Medicare Cost Report, excluding discharges reported on the Medicare Cost Report as "Other Long Term Care Discharges," multiplied by the following rates appropriate to the hospital's peer group; and (2) the amount of outpatient net patient revenues multiplied by the following rate appropriate to the hospital's peer group:

1. \$628.25 per discharge and 1.0634% of outpatient net patient revenues for hospitals located in a county with a population less than 500,000 that are designated as type: hospital, subtype: short-term.
  2. \$628.25 per discharge and 0.4431% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: critical access hospital.
  3. \$157.25 per discharge and 0.4431% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: long term.
  4. \$157.25 per discharge and 0.4431% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: psychiatric, that reported 2,500 or more discharges on the 2023 Medicare Cost Report.
  5. \$502.75 per discharge and 1.1520% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: short-term with 20% of total licensed beds licensed as pediatric, pediatric intensive care and neonatal intensive care as reported in the hospital's 2023 Uniform Accounting Report.
  6. \$565.50 per discharge and 1.3292% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: short-term with at least 10% but less than 20% of total licensed beds licensed as pediatric, pediatric intensive care and neonatal intensive care as reported in the hospital's 2023 Uniform Accounting Report.
  7. \$125.75 per discharge and 0.3545% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: children's.
  8. \$628.25 per discharge and 1.7723% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: short-term not included in another peer group.
- C.** Peer groups for the four quarters beginning October 1 of each year are established based on hospital license type and subtype designated in the Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website January 1, 2025.
- D.** Notwithstanding subsection (B), psychiatric discharges from a hospital that reported having a psychiatric sub-provider in the hospital's 2023 Medicare Cost Report, are assessed a rate of \$157.25 for each discharge from the psychiatric sub-provider as reported in the 2023 Medicare Cost Report. All discharges other than those reported as discharges from the psychiatric sub-provider are assessed at the rate required by subsection (B).
- E.** Notwithstanding subsection (B), rehabilitative discharges from a hospital that reported having a rehabilitative sub-provider in the hospital's 2023 Medicare Cost Report, are assessed a rate of \$0 for each discharge from the rehabilitative sub-provider as reported in the 2023 Medicare Cost Report. All discharges other than those reported as discharges from the rehabilitative sub-provider are assessed at the rate required by subsection (B).
- F.** Notwithstanding subsection (B), for any hospital that reported more than 22,800 discharges on the hospital's 2023 Medicare

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Cost Report, discharges in excess of 22,800 are assessed a rate of \$63.00 for each discharge in excess of 22,800. The initial 22,800 discharges are assessed at the rate required by subsection (B).

- G. Notwithstanding subsection (B), for any hospital that reported pediatric outpatient net patient revenues greater than \$375,000,000 on the hospital's 2023 Uniform Accounting Report, pediatric outpatient net patient revenues greater than \$375,000,000 are assessed a rate of .0354% for pediatric outpatient net patient revenues greater than \$375,000,000 from a hospital designated as subtype children's. The initial \$375,000,000 of pediatric outpatient net patient revenues are assessed at the rate required by subsection (B).
- H. Notwithstanding subsection (B), for any short-term hospital with at least 10% but less than 20% of total licensed beds licensed as pediatric, pediatric intensive care and neonatal intensive care as reported in the hospital's 2023 Uniform Accounting Report that reported outpatient net patient revenues greater than \$375,000,000 on the hospital's 2023 Uniform Accounting Report, outpatient net patient revenues greater than \$375,000,000 are assessed a rate of .1329% for outpatient net patient revenues greater than \$375,000,000 from a short-term hospital with at least 10% but less than 20% of total licensed beds licensed as pediatric, pediatric intensive care and neonatal intensive care as reported in the hospital's 2023 Uniform Accounting Report. The initial \$375,000,000 of outpatient net patient revenues are assessed at the rate required by subsection (B).
- I. Notwithstanding subsection (B), for any short-term hospital not included in another peer group that reported outpatient net patient revenues greater than \$375,000,000 on the hospital's 2023 Uniform Accounting Report, outpatient net patient revenues greater than \$375,000,000 are assessed a rate of .1772% for outpatient net patient revenues greater than \$375,000,000 from a short-term hospital not included in another peer group. The initial \$375,000,000 of outpatient net patient revenues are assessed at the rate required by subsection (B).
- J. Assessment notice. On or before the 15th day of the first month of the quarter or upon CMS approval, whichever is later, the Administration shall send to each hospital a notification that the Hospital Assessment Fund assessment invoice is available to be viewed on a secure website. The invoice shall include the hospital's peer group assignment and the assessment due for the quarter.
- K. Assessment due date. The Hospital Assessment Fund assessment must be received by the Administration no later than:
  1. The 15th day of the second month of the quarter, or
  2. In the event CMS approves the assessment after the 15th day of the first month of the quarter, 30 days after notification by the Administration that the assessment invoice is available.
- L. Excluded hospitals. The following hospitals are excluded from the assessment based on the hospital's 2023 Medicare Cost Report and Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website for January 1, 2025:
  1. Hospitals owned and operated by the state, the United States, or an Indian tribe.
  2. Hospitals designated as type: hospital, subtype: short-term that have a license number beginning "SH".
  3. Hospitals designated as type: hospital, subtype: psychiatric that reported fewer than 2,500 discharges on the 2023 Medicare Cost Report.
  4. Hospitals designated as type: hospital, subtype; rehabilitation.
  5. Hospitals designated as type: hospital, subtype: special hospitals, not including subtype: children's.
  6. Hospitals designated as type: hospital, subtype: short-term located in a city with a population greater than one million, which on average have at least 15 percent of inpatient days for patients who reside outside of Arizona, and at least 50 percent of discharges as reported on the 2023 Medicare Cost Report are reimbursed by Medicare.
  7. Hospitals designated as type: hospital, subtype: short-term that have at least 25 percent Medicare swing beds as percentage of total Medicare days, per the 2023 Medicare Cost Report.
  8. Hospitals designated as type: hospital, subtype: short-term that are an urban public acute care hospital.
- M. New hospitals. For hospitals that did not file a 2023 Medicare Cost Report because of the date the hospital began operations:
  1. If the hospital was open on the January 2 preceding the October assessment start date, the hospital assessment will begin on October 1 following the date the hospital began operating.
  2. If the hospital began operating between January 3 and September 30, the assessment will begin on October 1 of the following calendar year.
  3. A hospital is not considered a new hospital based on a change in ownership.
  4. The assessment will be based on the discharges reported in the hospital's first Medicare Cost Report and Uniform Accounting Report, which includes 12 months-worth of data, except when any of the following apply:
    - a. If there is not a complete 12 months-worth of data available, the assessment will be based on the annualized number of discharges from the date hospital operations began through December 31 preceding the October assessment start date. The hospital shall self-report the discharge data and all other data requested by the Administration necessary to determine the appropriate assessment to the Administration no later than January preceding the assessment start date for the new hospitals. "Annualized" means divided by a ratio equal to the number of months of data divided by 12 months.
    - b. If more than 12 months of data is available, the assessment will be based on the most recent 12 months of self-reported data, as of December 31;
  5. For purposes of calculating subpart 4, if a new hospital shares a Medicare Identification Number with an existing hospital, the assessment amount will be based on self-reported data from the new hospital instead of the Medicare Cost Report. The data shall include the number of discharges and all other data requested by the Administration necessary to determine the appropriate assessment.
  6. For hospitals providing self-reported data, described in subpart 4 and 5:
    - a. Psychiatric discharges will be annualized to determine if subsections (B)(4) or (L)(3) apply to the assessment amount.
    - b. Discharges will be annualized to determine if subsection (F) applies to the assessment amount.
- N. Changes of ownership. The parties to a change of ownership shall promptly provide written notice to the Administration of a change of ownership and any agreement regarding the pay-

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ment of the assessment. The assessed amount will continue at the same amount applied to the prior owner. Assessments are the responsibility of the owner of record as of the first day of the quarter; however, this Section is not intended to prohibit the parties to a change of ownership from entering into an agreement for a new owner to assume the assessment responsibility of the owner of record as of the first day of the prior quarter.

- O. Hospital closures. Hospitals that close shall pay a proportion of the quarterly assessment equal to that portion of the quarter during which the hospital operated.
- P. Required information for the inpatient assessment. For any hospital that has not filed a 2023 Medicare Cost report, or if the 2023 Medicare Cost report does not include the reliable information sufficient for the Administration to calculate the inpatient assessment, the Administration shall use data reported on the 2023 Uniform Accounting Report filed by the hospital in place of the 2023 Medicare Cost report to calculate the assessment. If the 2023 Uniform Accounting Report filed by the hospital does not include reliable information sufficient for the Administration to calculate the inpatient assessment amounts, the hospital shall provide the Administration with data specified by the Administration necessary in place of the 2023 Medicare Cost report to calculate the assessment.
- Q. Required information for the outpatient assessment. For any hospital that has not filed a 2023 Uniform Accounting Report, if the 2023 Uniform Accounting Report does not include reliable information sufficient for the Administration to calculate the outpatient assessment amounts, or if the 2023 Uniform Accounting Report does not reconcile to 2023 Audited Financial Statements, the Administration shall use the data reported on 2023 Audited Financial Statements to calculate the outpatient assessment. If the 2023 Audited Financial Statements do not include the reliable information sufficient for the Administration to calculate the outpatient assessment, the Administration shall use data reported on the 2023 Medicare Cost report. If the Medicare Cost report does not include reliable information sufficient for the Administration to calculate the outpatient assessment amounts, the hospital shall provide the Administration with data specified by the Administration necessary in place of the 2023 Medicare Cost report to calculate the outpatient assessment.
- R. The Administration will review and update as necessary rates and peer groups periodically to ensure the assessment is sufficient to fund the state match obligation to cover the cost of the populations as specified in A.R.S. § 36-2901.08.
- S. Enforcement. If a hospital does not comply with this Section, the director may suspend or revoke the hospital's provider agreement. If the hospital does not comply within 180 days after the hospital's provider agreement is suspended or revoked, the director shall notify the director of the Department of Health Services who shall suspend or revoke the hospital's license.

**Historical Note**

New Section R9-22-730 made by exempt rulemaking at 20 A.A.R. 281, effective January 15, 2014 (Supp. 14-1). Amended by exempt rulemaking at 20 A.A.R. 1833, effective July 1, 2014 (Supp. 14-2). Amended by final exempt rulemaking at 21 A.A.R. 637, effective April 15, 2015 (Supp. 15-2). Amended by final exempt rulemaking at 21 A.A.R. 1486, effective July 16, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 22 A.A.R. 2050, effective July 14, 2016 (Supp. 16-4). Amended by final exempt rulemaking at 23 A.A.R. 1945, effective July 1,

2017 (Supp. 17-2). Amended by final exempt rulemaking at 24 A.A.R. 2229, effective July 10, 2018 (Supp. 18-3). Amended by final exempt rulemaking at 25 A.A.R. 1938, effective July 1, 2019 (Supp. 19-3). Amended by final exempt rulemaking at 26 A.A.R. 1702, effective July 1, 2020 (Supp. 20-3). Amended by final exempt rulemaking at 26 A.A.R. 2984, effective October 1, 2020 (Supp. 20-4). Amended by final exempt rulemaking at 27 A.A.R. 2370, effective October 1, 2021 (Supp. 21-3). Amended by final exempt rulemaking at 28 A.A.R. 2213 (September 2, 2022), effective October 1, 2022 (Supp. 22-3). Amended by final exempt rulemaking at 29 A.A.R. 2204 (September 22, 2023), effective October 1, 2023 (Supp. 23-3). Amended by final exempt rulemaking at 30 A.A.R. 3057 (October 18, 2024), effective October 1, 2024 (Supp. 24-3). Amended by final exempt rulemaking at 31 A.A.R. 4040 (October 17, 2025), effective October 1, 2025 (Supp. 25-3).

**R9-22-731. Health Care Investment Fund - Hospital Assessment**

- A. For purposes of this Section, terms are the same as defined in A.A.C. R9-22-730 unless the context specifically requires another meaning.
- B. Beginning October 1, 2025, for each Arizona licensed hospital not excluded under subsection (L) shall be subject to an assessment payable on a quarterly basis. The assessment shall be levied against the legal owner of each hospital as of the first day of the quarter, and except as otherwise required by subsections (D), (E), (F), (G), (H) and (I). For the period beginning October 1, 2025, the assessment for each hospital shall be amount equal to the sum of: (1) the number of discharges reported on the hospital's 2023 Medicare Cost Report, excluding discharges reported on the Medicare Cost Report as "Other Long Term Care Discharges," multiplied by the following rates appropriate to the hospital's peer group; and (2) the amount of outpatient net patient revenues multiplied by the following rate appropriate to the hospital's peer group:
  1. \$1,110.50 per discharge and 5.0464% of outpatient net patient revenues for hospitals located in a county with a population less than 500,000 that are designated as type: hospital, subtype: short-term.
  2. \$1,110.50 per discharge and 2.1026% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: critical access hospital.
  3. \$277.75 per discharge and 2.1026% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: long term.
  4. \$277.75 per discharge and 2.1026% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: psychiatric, that reported 2,500 or more discharges on the 2023 Medicare Cost Report.
  5. \$888.25 per discharge and 5.4669% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: short-term with 20% of total licensed beds licensed as pediatric, pediatric intensive care and neonatal intensive care as reported in the hospital's 2022 Uniform Accounting Report.
  6. \$999.25 per discharge and 6.3079% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: short-term with at least 10% but less than 20% of total licensed beds licensed as pediatric, pediatric intensive care and neonatal intensive care as reported in the hospital's 2023 Uniform Accounting Report.

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7. \$222.25 per discharge and 1.6821% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: children's.
  8. \$1,110.50 per discharge and 8.4106% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: short-term not included in another peer group.
- C.** Peer groups for the four quarters beginning October 1 of each year are established based on hospital license type and subtype designated in the Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website January 1, 2025.
- D.** Notwithstanding subsection (B), psychiatric discharges from a hospital that reported having a psychiatric sub-provider in the hospital's 2023 Medicare Cost Report, are assessed a rate of \$277.75 for each discharge from the psychiatric sub-provider as reported in the 2023 Medicare Cost Report. All discharges other than those reported as discharges from the psychiatric sub-provider are assessed at the rate required by subsection (B).
- E.** Notwithstanding subsection (B), rehabilitative discharges from a hospital that reported having a rehabilitative sub-provider in the hospital's 2023 Medicare Cost Report, are assessed a rate of \$0 for each discharge from the rehabilitative sub-provider as reported in the 2023 Medicare Cost Report. All discharges other than those reported as discharges from the rehabilitative sub-provider are assessed at the rate required by subsection (B).
- F.** Notwithstanding subsection (B), for any hospital that reported more than 22,800 discharges on the hospital's 2023 Medicare Cost Report, discharges in excess of 22,800 are assessed a rate of \$111.25 for each discharge in excess of 22,800. The initial 22,800 discharges are assessed at the rate required by subsection (B).
- G.** Notwithstanding subsection (B), for any hospital that reported pediatric outpatient net patient revenues greater than \$375,000,000 on the hospital's 2023 Uniform Accounting Report, pediatric outpatient net patient revenues greater than \$375,000,000 are assessed a rate of .1682% for pediatric outpatient net patient revenues greater than \$375,000,000 from a hospital designated as subtype children's. The initial \$375,000,000 of pediatric outpatient net patient revenues are assessed at the rate required by subsection (B).
- H.** Notwithstanding subsection (B), for any short- term hospital with at least 10% but less than 20% of total licensed beds licensed as pediatric, pediatric intensive care and neonatal intensive care as reported in the hospital's 2023 Uniform Accounting Report that reported outpatient net patient revenues greater than \$375,000,000 on the hospital's 2023 Uniform Accounting Report, outpatient net patient revenues greater than \$375,000,000 are assessed a rate of .6308% for outpatient net patient revenues greater than \$375,000,000 from a short- term hospital with at least 10% but less than 20% of total licensed beds licensed as pediatric, pediatric intensive care and neonatal intensive care as reported in the hospital's 2023 Uniform Accounting Report. The initial \$375,000,000 of outpatient net patient revenues are assessed at the rate required by subsection (B).
- I.** Notwithstanding subsection (B), for any short- term hospital not included in another peer group that reported outpatient net patient revenues greater than \$375,000,000 on the hospital's 2023 Uniform Accounting Report, outpatient net patient revenues greater than \$375,000,000 are assessed a rate of .8411% for outpatient net patient revenues greater than \$375,000,000 from a short- term hospital not included in another peer group. The initial \$375,000,000 of outpatient net patient revenues are assessed at the rate required by subsection (B).
- J.** Assessment notice. On or before the 10th day of the first month of the quarter or upon CMS approval, whichever is later, the Administration shall send to each hospital a notification that the assessment invoice is available to be viewed on a secure website. The invoice shall include the hospital's peer group assignment and the assessment due for the quarter.
- K.** Assessment due date. The assessment must be received by the Administration no later than the 10th day of the second month of the quarter.
- L.** Excluded hospitals. The following hospitals are excluded from the assessment based on the hospital's 2023 Medicare Cost Report and Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website for January 1, 2025:
1. Hospitals owned and operated by the state, the United States, or an Indian tribe.
  2. Hospitals designated as type: hospital, subtype: short-term that have a license number beginning "SH".
  3. Hospitals designated as type: hospital, subtype: psychiatric that reported fewer than 2,500 discharges on the 2023 Medicare Cost Report.
  4. Hospitals designated as type: hospital, subtype; rehabilitation.
  5. Hospitals designated as type: hospital, subtype: special hospitals, not including subtype: children's.
  6. Hospitals designated as type: hospital, subtype: short-term located in a city with a population greater than one million, which on average have at least 15 percent of inpatient days for patients who reside outside of Arizona, and at least 50 percent of discharges as reported on the 2023 Medicare Cost Report are reimbursed by Medicare.
  7. Hospitals designated as type: hospital, subtype: short-term that have at least 25 percent Medicare swing beds as percentage of total Medicare days, per the 2023 Medicare Cost Report.
  8. Hospitals designated as type: hospital, subtype: short-term that are an urban public acute care hospital.
- M.** New hospitals. For hospitals that did not file a 2023 Medicare Cost Report because of the date the hospital began operations:
1. If the hospital was open on the January 2 preceding the October assessment start date, the hospital assessment will begin on October 1 following the date the hospital began operating.
  2. If the hospital began operating between January 3 and September 30, the assessment will begin on October 1 of the following calendar year.
  3. A hospital is not considered a new hospital based on a change in ownership.
  4. The assessment will be based on the discharges reported in the hospital's first Medicare Cost Report and Uniform Accounting Report, which includes 12 months-worth of data, except when any of the following apply;
    - a. If there is not a complete 12 months-worth of data available, the assessment will be based on the annualized number of discharges from the date hospital operations began through December 31 preceding the October assessment start date. The hospital shall self-report the discharge data and all other data requested by the Administration necessary to deter-

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mine the appropriate assessment to the Administration no later than January preceding the assessment start date for the new hospitals. "Annualized" means divided by a ratio equal to the number of months of data divided by 12 months.

- b. If more than 12 months of data is available, the assessment will be based on the most recent 12 months of self-reported data, as of December 31;
5. For purposes of calculating subpart 4, if a new hospital shares a Medicare Identification Number with an existing hospital, the assessment amount will be based on self-reported data from the new hospital instead of the Medicare Cost Report. The data shall include the number of discharges and all other data requested by the Administration necessary to determine the appropriate assessment.
6. For hospitals providing self-reported data, described in subpart 4 and 5:
  - a. Psychiatric discharges will be annualized to determine if subsections (B)(4) or (L)(3) apply to the assessment amount.
  - b. Discharges will be annualized to determine if subsection (F) applies to the assessment amount.
- N. Changes of ownership. The parties to a change of ownership shall promptly provide written notice to the Administration of a change of ownership and any agreement regarding the payment of the assessment. The assessed amount will continue at the same amount applied to the prior owner. Assessments are the responsibility of the owner of record as of the first day of the quarter; however, this Section is not intended to prohibit the parties to a change of ownership from entering into an agreement for a new owner to assume the assessment responsibility of the owner of record as of the first day of the prior quarter.
- O. Hospital closures. Hospitals that close shall pay a proportion of the quarterly assessment equal to that portion of the quarter during which the hospital operated.
- P. Required information for the inpatient assessment. For any hospital that has not filed a 2023 Medicare Cost report, or if the 2023 Medicare Cost report does not include the reliable information sufficient for the Administration to calculate the inpatient assessment, the Administration shall use data reported on the 2023 Uniform Accounting Report filed by the hospital in place of the 2023 Medicare Cost report to calculate the assessment. If the 2023 Uniform Accounting Report filed by the hospital does not include reliable information sufficient for the Administration to calculate the inpatient assessment amounts, the hospital shall provide the Administration with data specified by the Administration necessary in place of the 2023 Medicare Cost report to calculate the assessment.
- Q. Required information for the outpatient assessment. For any hospital that has not filed a 2023 Uniform Accounting Report, if the 2023 Uniform Accounting Report does not include reliable information sufficient for the Administration to calculate the outpatient assessment amounts, or if the 2023 Uniform Accounting Report does not reconcile to 2023 Audited Financial Statements, the Administration shall use the data reported on 2023 Audited Financial Statements to calculate the outpatient assessment. If the 2023 Audited Financial Statements do not include the reliable information sufficient for the Administration to calculate the outpatient assessment, the Administration shall use data reported on the 2023 Medicare Cost report. If the Medicare Cost report does not include reliable information sufficient for the Administration to calculate the outpa-

tient assessment amounts, the hospital shall provide the Administration with data specified by the Administration necessary in place of the 2023 Medicare Cost report to calculate the outpatient assessment.

- R. Enforcement. If a hospital does not comply with this Section, the director may suspend or revoke the hospital's provider agreement. If the hospital does not comply within 180 days after the hospital's provider agreement is suspended or revoked, the director shall notify the director of the Department of Health Services who shall suspend or revoke the hospital's license.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 2984, effective October 1, 2020 (Supp. 20-4). Amended by final rulemaking at 27 A.A.R. 2514 (October 29, 2021), with an immediate effective date of October 6, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 28 A.A.R. 3351 (October 21, 2022), effective October 1, 2022 (Supp. 22-3). Amended by final rulemaking at 29 A.A.R. 3419 (October 27, 2023) with an immediate effective date of October 4, 2023 (Supp. 23-4). Amended by final exempt rulemaking at 30 A.A.R. 3061 (October 18, 2024), effective October 1, 2024 (Supp. 24-3). Amended by final exempt rulemaking at 31 A.A.R. 4045 (October 17, 2025), effective October 1, 2025 (Supp. 25-3).

**ARTICLE 8. REPEALED**

*Article 8, consisting of R9-22-801 through R9-22-804 and Exhibit A, repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004. The subject matter of Article 8 is now in 9 A.A.C. 34 (Supp. 04-1).*

**R9-22-801. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-801 adopted as an emergency adoption now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-801 repealed, new Section R9-22-801 adopted effective October 29, 1985 (Supp. 85-5). Amended subsections (C), (F), (H), (I), and (K) effective October 1, 1986 (Supp. 86-5). Change of heading only effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (H) effective May 30, 1989 (Supp. 89-2). Amended effective September 29, 1992 (Supp. 92-3). Section heading amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Amended effective December 13, 1993 (Supp. 93-4). Former Section R9-22-801 repealed, new Section R9-22-801 adopted January 14, 1997 (Supp. 97-1). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

**R9-22-802. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-802 adopted as an emergency



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adoption now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 29, 1985 (Supp. 85-5). Amended subsections (A), (B), (C) and (D) effective October 14, 1988 (Supp. 88-4). Amended effective September 29, 1992 (Supp. 92-3). Amended effective December 13, 1993 (Supp. 93-4). Former Section R9-22-802 repealed, new Section R9-22-802 adopted effective January 14, 1997 (Supp. 97-1). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

**R9-22-803. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-803 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-803 repealed, new Section R9-22-803 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-803 renumbered and amended as Section R9-22-804. Adopted effective January 31, 1986 (Supp. 86-1). Amended effective September 29, 1992 (Supp. 92-3). Former Section R9-22-803 repealed, new Section R9-22-803 adopted January 14, 1997 (Supp. 97-1). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

**R9-22-804. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-804 adopted as an emergency adoption now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1983 (Supp. 83-5). Former Section R9-22-804 repealed, former Section R9-22-803 renumbered and amended as Section R9-22-804 effective October 29, 1985 (Supp. 85-5). Amended effective October 14, 1988 (Supp. 88-4). Amended subsections (B) and (C) effective May 30, 1989 (Supp. 89-2). Amended effective September 29, 1992 (Supp. 92-3). Amended effective December 13, 1993 (Supp. 93-4). Former Section R9-22-804 repealed, new Section R9-22-804 adopted effective January 14, 1997 (Supp. 97-1). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

**Exhibit A. Repealed****Historical Note**

New Exhibit adopted by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Exhibit repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

**R9-22-805. Repealed****Historical Note**

Former Section R9-22-805 adopted as an emergency now adopted and amended as a permanent rule effective

August 30, 1982 (Supp. 82-4). Repealed effective January 31, 1986 (Supp. 86-1).

**ARTICLE 9. REPEALED****R9-22-901. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-901 adopted as an emergency adoption now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Repealed effective October 1, 1983 (Supp. 83-5). Adopted effective August 29, 1985 (Supp. 85-4). Amended effective October 1, 1986 (Supp. 86-5). Amended effective May 30, 1989 (Supp. 89-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

**R9-22-902. Repealed****Historical Note**

Adopted effective August 29, 1985 (Supp. 85-4). Former Section R9-22-902 renumbered and amended as Section R9-22-904, former Section R9-22-903 renumbered and amended as Section R9-22-902 effective October 1, 1986 (Supp. 86-5). Former Section R9-22-902 repealed, new Section R9-22-902 adopted effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

**R9-22-903. Repealed****Historical Note**

Adopted effective August 29, 1985 (Supp. 85-4). Former Section R9-22-903 renumbered and amended as Section R9-22-902, former Section R9-22-904 renumbered and amended as Section R9-22-903 effective October 1, 1986 (Supp. 86-5). Former Section R9-22-903 repealed, new Section R9-22-903 adopted effective May 30, 1989 (Supp. 89-2). Section repealed by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). New Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section

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repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

**R9-22-904. Repealed****Historical Note**

Adopted effective August 29, 1985 (Supp. 85-4). Former Section R9-22-904 renumbered and amended as Section R9-22-903, former Section R9-22-902 renumbered and amended as Section R9-22-904 effective October 1, 1986 (Supp. 86-5). Amended effective May 30, 1989 (Supp. 89-2). Section repealed by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). New Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

**R9-22-905. Repealed****Historical Note**

Adopted effective August 29, 1985 (Supp. 85-4). Former Section R9-22-905 renumbered without change as Section R9-22-908, former Section R9-22-907 renumbered and amended as Section R9-22-905 effective October 1, 1986 (Supp. 86-5). Amended effective May 30, 1989 (Supp. 89-2). Section repealed by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). New Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

**R9-22-906. Repealed****Historical Note**

Adopted effective August 29, 1985 (Supp. 85-4). Amended effective October 1, 1986 (Supp. 86-5). Amended effective October 1, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective September 22, 1997 (Supp. 97-3). Section repealed by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). New Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

**R9-22-907. Repealed****Historical Note**

Adopted effective August 29, 1985 (Supp. 85-4). Former Section R9-22-907 renumbered and amended as Section R9-22-905, former Section R9-22-908 renumbered and amended as Section R9-22-907 effective October 1, 1986 (Supp. 86-5). Amended effective May 30, 1989 (Supp. 89-2). Section repealed by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). New Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

**R9-22-908. Repealed****Historical Note**

Adopted effective August 29, 1985 (Supp. 85-4). Former Section R9-22-908 renumbered and amended as Section R9-22-907, former Section R9-22-905 renumbered with-

out change as Section R9-22-908 effective October 1, 1986 (Supp. 86-5). Former R9-22-908 repealed effective May 30, 1989 (Supp. 89-2). New Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

**R9-22-909. Repealed****Historical Note**

New Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

**ARTICLE 10. FIRST- AND THIRD-PARTY LIABILITY AND RECOVERIES****R9-22-1001. Definitions**

In addition to the definitions in A.R.S. §§ 36-2901, 36-2923 and 9 A.A.C. 22, Article 1, the following definitions apply to this Article:

“Absent parent” means an individual who is absent from the home and is legally responsible for providing financial and/or medical support for a dependent child.

“Cost avoid” means to deny a claim and return the claim to the provider for a determination of the amount of first- or third-party liability.

“First-party liability” means the obligation of any insurance plan or other coverage obtained directly or indirectly by a member that provides benefits directly to the member to pay all or part of the expenses for medical services incurred by AHCCCS or a member.

“Third-party” means a person, entity, or program that is, or may be, liable to pay all or part of the medical cost of injury, disease, or disability of an applicant or member.

“Third-party liability” means any individual, entity, or program that is or may be liable to pay all or part of the expenditures for medical assistance furnished to a member under a state plan.

**Historical Note**

Former Section R9-22-712 renumbered and amended as Section R9-22-1001 effective October 1, 1985 (Supp. 85-5). Amended subsections (E) through (H) effective October 1, 1986 (Supp. 86-5). Amended subsections (B), (C), (E), and (F) effective December 22, 1987 (Supp. 87-4). Section repealed; new Section adopted effective November 7, 1997 (Supp. 97-4). Section repealed; new Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 15 A.A.R. 179, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 21 A.A.R. 1237, effective July 7, 2015 (Supp. 15-3).

**R9-22-1002. General Provisions**

AHCCCS is the payor of last resort unless specifically prohibited by applicable state or federal law. AHCCCS is not the payor of last resort when the following entities are the third-party:

1. Indian Health Services (IHS/638), contract health,
2. Title IV-E,
3. Arizona Early Intervention Program (AZEIP),
4. Local educational agencies providing services under the Individuals with Disabilities Education Act under 34 CFR Part 300,

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5. Entities and contractors of entities providing services under grants awarded as part of the HIV Health Care Services Program under 42 USC 300ff et seq., and
6. The Arizona Refugee Resettlement Program operated under 45 CFR Part 400, Subpart (G).

**Historical Note**

Section R9-22-529 adopted effective October 1, 1985, then renumbered as Section R9-22-1002 effective October 1, 1985 (Supp. 85-5). Amended subsections (C) and (D) effective October 1, 1986 (Supp. 86-5). Amended effective December 22, 1987 (Supp. 87-4). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed; new Section adopted effective November 7, 1997 (Supp. 97-4). Section repealed; new Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 15 A.A.R. 179, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 21 A.A.R. 1237, effective July 7, 2015 (Supp. 15-3).

**R9-22-1003. Cost Avoidance**

- A. The Administration's reimbursement responsibility.
  1. The Administration shall pay no more than the difference between the Capped Fee-For-Service schedule and the amount of the third-party liability, unless Medicare is the third-party.
  2. If Medicare is the third-party that is liable, the Administration shall pay the Medicare copayment, coinsurance, and deductible regardless of the Capped Fee-For-Service Schedule, as described under 9 A.A.C. 29, Article 3.
- B. The Contractor's reimbursement responsibility.
  1. If the contract between the contractor and the provider does not state otherwise, a contractor shall pay no more than the difference between the contracted rate and the amount of the third-party liability.
  2. If the provider does not have a contract with the contractor, a contractor shall pay no more than the difference between the Capped Fee-For-Service rate and the amount of the third-party liability.
- C. The following parties shall take reasonable measures to identify potentially legally liable first- or third-party sources:
  1. AHCCCS, the Administration, or a contractor;
  2. A provider;
  3. A noncontracting provider; and
  4. A member.
- D. Except as specified under subsection (E), the Administration or a contractor shall cost avoid a claim for AHCCCS covered services under Article 2 if the Administration or a contractor has established the probable existence of a liable party at the time the claim is filed. Establishing liability takes place when the Administration or the contractor receives confirmation that another party is legally responsible for payment of a health care service under Article 2.
- E. The Administration or contractor shall pay the full amount of the claim according to the Capped-Fee-For-Service Schedule or the contracted rate as described under subsection (B), and then seek reimbursement from any liable parties if the claim is for:
  1. Prenatal care for pregnant women,
  2. Preventive pediatric services, including E.P.S.D.T. and administration of vaccines to children under the Vaccines for Children (VFC) program; or

3. Services covered by third-party liability that is derived from an absent parent whose obligation to pay support is being enforced by the Division of Child Support Enforcement.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 10 A.A.R. 3012, effective September 11, 2004 (Supp. 04-3). Amended by final rulemaking at 15 A.A.R. 179, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 21 A.A.R. 1237, effective July 7, 2015 (Supp. 15-3).

**R9-22-1004. Member Participation**

A member shall cooperate in identifying potentially legally liable first- or third-parties and timely assist the Administration and a contractor, provider, or noncontracting provider in pursuing any first- or third-party who may be liable to pay for covered services.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 15 A.A.R. 179, effective March 7, 2009 (Supp. 09-1).

**R9-22-1005. Collections**

- A. Parties that notify AHCCCS. A provider or noncontracting provider shall cooperate with AHCCCS by identifying all potential sources of first- or third-party liability and notify AHCCCS of these sources.
- B. Parties that pursue collection or reimbursement. AHCCCS, a provider, or noncontracting provider shall pursue collection or reimbursement from all potential sources of first- or third-party liability.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1).

**R9-22-1006. AHCCCS Monitoring Responsibilities**

AHCCCS shall monitor first- or third-party liability payments to a provider or noncontracting provider, which include but are not limited to payments by or for:

1. Private health insurance;
2. Employment-related disability and health insurance;
3. Long-term care insurance;
4. Other federal programs not excluded by statute from recovery;
5. Court ordered or non-court ordered medical support from an absent parent;
6. State worker's compensation;
7. Automobile insurance, including underinsured and uninsured motorists insurance;
8. Court judgment or settlement from a liability insurer including settlement proceeds placed in a trust;
9. First-party probate estate recovery;
10. Adoption-related payment; or
11. A tortfeasor.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1).

**R9-22-1007. Notification for Perfection, Recording, and Assignment of AHCCCS Liens**

- A. Hospital requirements. A hospital providing medical services to a member for an injury or condition resulting from circum-

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stances reflecting the probable liability of a first- or third-party shall within 30 days after a member's discharge:

1. Notify AHCCCS via facsimile or mail under R9-22-1008, or
2. Mail AHCCCS a copy of the lien the hospital proposes to record or has recorded under A.R.S. § 33-932.

- B.** Provider and noncontracting provider requirements. A provider or noncontracting provider, other than a hospital, rendering medical services to a member for an injury or condition resulting from circumstances reflecting the probable liability of a first- or third-party shall notify AHCCCS via facsimile or mail under R9-22-1008 within 30 days after providing the service.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 15 A.A.R. 179, effective March 7, 2009 (Supp. 09-1).

**R9-22-1008. Notification Information for Liens**

- A.** Except as provided in subsection (B), a hospital, provider, and noncontracting provider identified in R9-22-1007 shall provide the following information to AHCCCS in writing:
1. Name of the hospital, provider or noncontracting provider;
  2. Address of the hospital, provider or noncontracting provider;
  3. Name of member;
  4. Member's Social Security Number or AHCCCS identification number;
  5. Address of member;
  6. Date of member's admission or date service is provided;
  7. Amount estimated to be due for care of member;
  8. Date of discharge, if member has been discharged;
  9. Name of county in which injuries were sustained; and
  10. Name and address of all persons, firms, and corporations and their insurance carriers identified by the member or legal representative as being liable for damages.
- B.** If the date of discharge is not known at the time the information in subsection (A) is provided, a party identified in subsection (A) shall notify AHCCCS of the date of discharge within 30 days after the member has been discharged.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 15 A.A.R. 179, effective March 7, 2009 (Supp. 09-1).

**R9-22-1009. Notification of Health Insurance Information**

A provider or noncontracting provider shall notify AHCCCS, in writing, of the following health insurance information within 10 days of receipt of the health insurance information:

1. Name of member,
2. Member's Social Security Number or AHCCCS identification number,
3. Insurance carrier name,
4. Insurance carrier address,
5. Policy number or insurance holder's Social Security Number,
6. Policy begin and end dates, and
7. Insurance holder's name.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1).

**ARTICLE 11. CIVIL MONETARY PENALTIES AND ASSESSMENTS****R9-22-1101. Basis for Civil Monetary Penalties and Assessments for Fraudulent Claims; Definitions**

- A.** Scope. This Article applies to prohibited acts as described under A.R.S. § 36-2918(A), and submissions of encounters to the Administration. The Administration considers a person who aids and abets a prohibited act affecting any of the AHCCCS programs or Health Care Group to be engaging in a prohibited act under A.R.S. § 36-2918(A).
- B.** Purpose. This Article describes the circumstances AHCCCS considers and the process that AHCCCS uses to determine the amount of a penalty, assessment, or penalty and assessment as required under A.R.S. § 36-2918. This Article includes the process and time-frames used by a person to request a State Fair Hearing.
- C.** Definitions. The following definitions apply to this Article:
1. "Assessment" means a monetary amount that does not exceed twice the dollar amount claimed by the person for each service.
  2. "Claim" means a request for payment submitted by a person for payment for a service or line item of service, including a submission of an encounter.
  3. "Day" means calendar day unless otherwise specified.
  4. "File" means the date that AHCCCS receives a written acceptance, request for compromise, request for a counter proposal, or a request for a State Fair Hearing as established by a date stamp on the written document or other record of receipt.
  5. "Penalty" means a monetary amount, based on the number of items of service claimed or reported, that does not exceed \$2,000 times the number of line items of service.
  6. "Person" means an individual or entity as described under A.R.S. § 1-215.
  7. "Reason to know" or "had reason to know" means that a person, acts in deliberate ignorance of the truth or falsity of, or with reckless disregard of the truth or falsity of information. No proof of specific intent to defraud is required.

**Historical Note**

Adopted effective October 1, 1986 (Supp. 86-5).  
Amended subsection A. effective May 30, 1989 (Supp. 89-2). Amended effective September 29, 1992 (Supp. 92-3). Amended effective June 9, 1998 (Supp. 98-2).  
Amended by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3). Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

**R9-22-1102. Determining the Amount of a Penalty and an Assessment**

- A.** AHCCCS shall determine the amount of a penalty and assessment according to A.R.S. § 36-2918(B) and (C), R9-22-1104, and R9-22-1105.
- B.** AHCCCS shall include in the amount of the penalty and assessment the cost incurred by AHCCCS for conducting the following:
1. An investigation,
  2. Audit, or
  3. Inquiry.

**Historical Note**

Adopted effective October 1, 1986 (Supp. 86-5).  
Amended effective December 13, 1993 (Supp. 93-4).

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Amended effective June 9, 1998 (Supp. 98-2). Section repealed; new Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3). Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

**R9-22-1103. Repealed****Historical Note**

Adopted effective October 1, 1986 (Supp. 86-5). Amended effective December 13, 1993 (Supp. 93-4). Amended effective June 9, 1998 (Supp. 98-2). Section repealed; new Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3). Section repealed by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

**R9-22-1104. Mitigating Circumstances**

AHCCCS shall consider any of the following to be mitigating circumstances when determining the amount of penalties and assessments.

1. The following are mitigating circumstances:
  - a. All the services are of the same type,
  - b. All the dates of services occurred within six months or less,
  - c. The number of claims submitted is less than 25,
  - d. The nature and circumstances do not indicate a pattern of inappropriate claims for the services, and
  - e. The total amount claimed for the services is less than \$1,000.
2. The degree of culpability of a person who presents or causes to present a claim is a mitigating circumstance, including but not limited to, if:
  - a. Each service is the result of an unintentional and unrecognized error in the process that the person followed in presenting or in causing to present the service,
  - b. Corrective steps were taken promptly by the person after the error was discovered, and
  - c. The person had a fraud and abuse control plan that was operating effectively at the time each claim was presented or caused to be presented.
3. The financial condition of a person who presents or causes to present a claim is a mitigating circumstance if the imposition of a penalty, assessment, or penalty and assessment without reduction will render the provider incapable to continue providing services. AHCCCS shall consider the resources available to the person when determining the amount of the penalty, assessment, or penalty and assessment.
4. AHCCCS shall take into account other circumstances of a mitigating nature, if in the interest of justice, the circumstances require a reduction of the penalty, assessment, or penalty and assessment.

**Historical Note**

Adopted effective October 1, 1986 (Supp. 86-5). Amended effective June 9, 1998 (Supp. 98-2). Section repealed; new Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3). Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4). Amended by final rulemaking at 30 A.A.R. 925 (May 10, 2024), with an immediate effective date of April 25, 2024 (Supp. 24-2).

**R9-22-1105. Aggravating Circumstances**

AHCCCS shall consider any of the following to be aggravating circumstances when determining the amount of a penalty, assessment, or penalty and assessment.

1. The nature and circumstances of each claim and the circumstances under which the claim is presented or caused to be presented are aggravating circumstances if:
  - a. A person has forged, altered, recreated, destroyed, or failed to maintain records;
  - b. The person refuses to provide pertinent documentation to AHCCCS for a claim or refuses to cooperate with investigators;
  - c. The services are of several billing code types;
  - d. All the dates of services occurred within six months or greater;
  - e. The number of claims submitted is greater than 25;
  - f. The nature and circumstances indicate a pattern of inappropriate claims for the services; and
  - g. The total amount claimed for the services is \$5,000 or greater.
2. The degree of culpability of a person who presents or causes to present each claim is an aggravating circumstance, including but not limited to, if:
  - a. The person knows or had reason to know that each service was not provided as claimed,
  - b. The person knows or had reason to know that no payment could be made because the person had been excluded from reimbursement by AHCCCS, or
  - c. The person knows or had reason to know that the payment would violate the terms of an agreement between the person and AHCCCS system.
  - d. The person knows or had reason to know that the payment would violate state or federal law.
3. The prior offenses of a person who presents or causes to present each claim are an aggravating circumstance if:
  - a. At any time before the submittal of the claim the person was held criminally or civilly liable for any act, or
  - b. The person had received an administrative sanction in connection with:
    - i. A Medicaid program,
    - ii. A Medicare program, or
    - iii. Any other public or private program of reimbursement for medical services.
4. The adverse effect on patient care that resulted, or could have resulted, from the failure to provide medically necessary care by a person in connection with a claim.
5. AHCCCS shall take into account other circumstances of an aggravating nature, if in the interest of justice, the circumstances require an increase of the penalty, assessment, or penalty and assessment.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3). Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4). Amended by final rulemaking at 30 A.A.R. 925 (May 10, 2024), with an immediate effective date of April 25, 2024 (Supp. 24-2).

**R9-22-1106. Notice of Intent**

If AHCCCS imposes a penalty, assessment, or a penalty and assessment, AHCCCS shall hand deliver or send by certified mail return receipt requested or Federal Express to the person, a written Notice of Intent to impose a penalty, assessment, or a penalty and assessment. The Notice of Intent shall include:

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1. The statutory basis for the penalty, assessment, or the penalty and assessment;
2. Identification of the state or federal regulation and state or federal law that AHCCCS alleges has been violated;
3. The factual basis for AHCCCS' determination that the penalty, assessment, or the penalty and assessment should be imposed;
4. The amount of the penalty, assessment, or penalty and assessment;
5. The process for the person to accept or request a compromise of the penalty, assessment, or penalty and assessment; and
6. The process for requesting a State Fair Hearing.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3).  
Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

**R9-22-1107. Reserved****R9-22-1108. Request for a Compromise**

- A. To request a compromise, the person shall file a written request with AHCCCS within 30 days from the date of receipt of the Notice of Intent. The written request for compromise shall contain the person's reasons for the reduction or modification of the penalty, assessment, or penalty and assessment.
- B. Within 30 days from the date of receipt of the request for compromise from the person, AHCCCS shall send a Notice of Compromise Decision that accepts, denies, or offers a counter proposal to the person's request for compromise. If AHCCCS offers a counter proposal the amount of the counter proposal shall represent the penalty, assessment, or penalty and assessment.
  1. If AHCCCS does not withdraw the Notice of Intent under R9-22-1112 or denies the request for compromise the original penalty, assessment, or penalty and assessment is upheld.
  2. To dispute the Compromise Decision, the person shall file a request for a State Fair Hearing under R9-22-1110 within 30 days from the date of receipt of the Notice of Compromise Decision. A failure to respond to the Notice of Compromise Decision will lead to the decision being upheld.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3).  
Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4). Amended by final rulemaking at 30 A.A.R. 925 (May 10, 2024), with an immediate effective date of April 25, 2024 (Supp. 24-2).

**R9-22-1109. Failure to Respond to the Notice of Intent**

If a person fails to respond timely to the Notice of Intent, AHCCCS shall uphold the original penalty, assessment, or penalty and assessment.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3).  
Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

**R9-22-1110. Request for State Fair Hearing**

- A. To request a State Fair Hearing regarding a dispute concerning a penalty, assessment, or penalty and assessment, the person shall file a written request for a State Fair Hearing with AHCCCS within 60 days from the date of the receipt of the Notice of Intent under R9-22-1106 or within 30 days from the date of receipt of the Notice of Compromise Decision under R9-22-1108, if applicable.
- B. AHCCCS shall mail a Notice of Hearing under A.R.S. § 41-1092.05 if AHCCCS receives a timely request for a State Fair Hearing from the person.
- C. AHCCCS shall mail a Director's Decision to the person no later than 30 days after the date the Administrative Law Judge sends the decision of the Office of Administrative Hearings (OAH) to AHCCCS.
- D. AHCCCS shall accept a written request for withdrawal of a hearing request if the written request for withdrawal is received from the person before AHCCCS mails a Notice of Hearing under A.R.S. § 41-1092 et seq. If AHCCCS mailed a Notice of Hearing under A.R.S. § 41-1092 et seq., a person may withdraw the hearing request only by sending a written request for withdrawal to OAH.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3).  
Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

**R9-22-1111. Issues and Burden of Proof**

- A. Preponderance of evidence. In any State Fair Hearing conducted under R9-22-1110, AHCCCS shall prove by a preponderance of the evidence that a person presented or caused to be presented each claim in violation of this Article and any aggravating circumstances under R9-22-1105. A person shall bear the burden of producing and proving by a preponderance of the evidence any circumstance that would justify reducing the amount of the penalty, assessment, or penalty and assessment.
- B. Statistical sampling.
  1. In meeting the burden of proof described in subsection (A), AHCCCS may introduce the results of a statistical sampling study as evidence of the number and amount of claims that were presented or caused to be presented by the person. A statistical sampling study constitutes prima facie evidence of the number and amount of claims if computed by valid statistical methods.
  2. The burden of proof shall shift to the person to produce evidence reasonably calculated to rebut the findings of the statistical sampling study once AHCCCS has made a prima facie case as described in subsection (B)(1). AHCCCS shall be given the opportunity to rebut this evidence.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3).  
Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

**R9-22-1112. Withdrawal and Continuances**

AHCCCS may withdraw the Notice of Intent at any time. Prior to referring a matter to the Office of Administrative Hearings the parties may mutually agree to a continuance.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3).

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**ARTICLE 12. BEHAVIORAL HEALTH SERVICES****R9-22-1201. Definitions**

Definitions. The following definitions apply to this Article:

“Adult behavioral health therapeutic home” as defined in 9 A.A.C. 10, Article 1.

“Agency” for the purposes of this Article means a behavioral health facility, a classification of a health care institution, including a mental health treatment agency defined in A.R.S. § 36-501, that is licensed to provide behavioral health services according to A.R.S. Title 36, Chapter 4.

“Assessment” means an analysis of a patient’s need for physical health services or behavioral health services to determine which services a health care institution will provide to the patient.

“Behavior management services” means services that assist the member in carrying out daily living tasks and other activities essential for living in the community, including personal care services.

“Behavioral health therapeutic home care services” means interactions that teach the client living, social, and communication skills to maximize the client’s ability to live and participate in the community and to function independently, including assistance in the self-administration of medication and any ancillary services indicated by the client’s treatment plan, as appropriate.

“Behavioral health services” means medical services, nursing services, health-related services, or ancillary services provided to an individual to address the individual’s behavioral health issue.

“Behavioral health technician” means an individual who is not a behavioral health professional who provides behavioral health services at or for a health care institution according to the health care institution’s policies and procedures that:

If the behavioral health services were provided in a setting other than a licensed health care institution, the individual would be required to be licensed as a behavioral professional under A.R.S. Title 32, Chapter 33; and

Are provided with clinical oversight by a behavioral health professional.

“Case management” for the purposes of this Article, means services and activities that enhance treatment, compliance, and effectiveness of treatment.

“Certified psychiatric nurse practitioner” means a registered nurse practitioner who meets the psychiatric specialty area requirements under A.A.C. R4-19-505(C).

“Clinical oversight” means as described under 9 A.A.C. 10.

“Cost avoid” means to avoid payment of a third-party liability claim when the probable existence of third-party liability has been established under 42 CFR 433.139(b).

“Court-ordered evaluation” has the same meaning as “evaluation” in A.R.S. § 36-501.

“Court-ordered pre-petition screening” has the same meaning as “pre-petition screening” in A.R.S. § 36-501.

“Court-ordered treatment” means treatment provided according to A.R.S. Title 36, Chapter 5.

“Crisis services” means immediate and unscheduled behavioral health services provided to a patient to address an acute behavioral health issue affecting the patient.

“Direct supervision” has the same meaning as “supervision” in A.R.S. § 36-401.

“Emergency medical services provider” has the same meaning as in A.R.S. § 36-2201.

“Health care institution” has the same meaning as defined in A.R.S. § 36-401.

“Health care practitioner” means a:

Physician;

Physician assistant;

Nurse practitioner; or

Other individual licensed and authorized by law to use and prescribe medication and devices, as defined in A.R.S. § 32-1901.

“Licensee” means the same as in 9 A.A.C. 10, Article 1.

“Medical practitioner” means a physician, physician assistant, or nurse practitioner.

“Partial care” means a day program of services provided to individual members or groups that is designed to improve the ability of a person to function in a community, and includes basic, therapeutic, and medical day programs.

“Physician assistant” means the same as in A.R.S. § 32-2501 except that when providing a behavioral health service, the physician assistant shall be supervised by an AHCCCS-registered psychiatrist.

“Psychiatrist” means a physician who meets the licensing requirements under A.R.S. § 32-1401 or a doctor of osteopathy who meets the licensing requirements under A.R.S. § 32-1800, and meets the additional requirements of a psychiatrist under A.R.S. § 36-501.

“Psychologist” means a person who meets the licensing requirements under A.R.S. §§ 32-2061 and 36-501.

“Qualified behavioral health service provider” means a behavioral health service provider that meets the requirements of R9-22-1206.

“Respite” means a period of care and supervision of a member to provide rest or relief to a family member or other person caring for the member. Respite provides activities and services to meet the social, emotional, and physical needs of the member during respite.

“TRBHA” or “Tribal Regional Behavioral Health Authority” means a Native American tribe under contract with ADHS/DBHS to coordinate the delivery of behavioral health services to eligible and enrolled members of the federally-recognized tribal nation.

**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S.

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Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R.

179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

#### **R9-22-1202. ADHS, Contractor, Administration and CRS Responsibilities**

- A.** ADHS responsibilities. ADHS is responsible for payment of behavioral health services provided to members, except as specified under subsection (D). ADHS' responsibility for payment of behavioral health services includes claims for inpatient hospital services, which may include physical health services, when the principal diagnosis on the hospital claim is a behavioral health diagnosis. Behavioral health diagnoses are identified as "mental disorders" in the latest International Classification of Diseases (ICD) code set as required by AHC-CCS claims and encounters.
- B.** ADHS/DBHS may contract with a TRBHA for the provision of behavioral health services for American Indian members. American Indian members may receive covered behavioral health services:
  1. From an IHS or tribally operated 638 facility,
  2. From a TRBHA, or
  3. From a RBHA.
- C.** Contractor responsibilities. A contractor shall:
  1. Refer a member to a RBHA under the contract terms;
  2. Provide EPSDT developmental and behavioral health screening as specified in R9-22-213;
  3. Coordinate a member's transition of care and medical records; and
  4. Be responsible for providing covered inpatient hospital services, which may include behavioral health inpatient hospital services, when the principal diagnosis on the hospital claim is not a behavioral health diagnosis.
- D.** Administration and CRS responsibilities.
  1. The Administration shall be responsible for payment of behavioral health services provided to an ALTCS FFS or an FES member and for behavioral health services provided by IHS and tribally operated 638 facilities. The Administration is also responsible for payment of behavioral health services provided to these members during prior quarter coverage.
  2. CRS shall be responsible for payment of behavioral health services provided to members enrolled with CRS.

#### **Historical Note**

Adopted under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective

October 1, 2001 (Supp. 01-3). Amended to correct typographical errors, filed in the Office of the Secretary of State October 30, 2001 (Supp. 01-4). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4). Amended by final rulemaking at 21 A.A.R. 1225, effective July 7, 2015 (Supp. 15-3).

#### **R9-22-1203. Eligibility for Covered Services**

Title XIX members. A member determined eligible under A.R.S. § 36-2901(6)(a) or (g) except for the failure to meet U.S. citizenship or qualified alien status requirements, shall receive medically necessary covered services under Article 12 and Article 2.

#### **Historical Note**

Adopted under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Section repealed, new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

#### **R9-22-1204. General Service Requirements**

- A.** Services. Behavioral health services include mental health, substance abuse, and physical services. Medically necessary services shall be covered and service requirements met as described under Article 2 and Article 5.
- B.** Notification to Administration for American Indians enrolled with a tribal contractor. A provider shall notify the Administration no later than 72 hours after an American Indian member enrolled with a tribal contractor presents to a behavioral health hospital for inpatient emergency behavioral health services.
- C.** Restrictions and limitations. Room and board is not a covered service unless provided in a behavioral health inpatient facility under R9-22-1205.

#### **Historical Note**

Adopted under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective January 1, 1996; filed with the Secretary of State December 22, 1995 (Supp. 95-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7



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A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).  
Amended by final rulemaking at 13 A.A.R. 836, effective  
May 5, 2007 (Supp. 07-1). Amended by final rulemaking  
at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-  
4).

**R9-22-1205. Scope and Coverage of Behavioral Health Services**

**A.** Inpatient behavioral health services. The following inpatient services are covered subject to the limitations and exclusions in this Article and Article 2.

1. Covered inpatient behavioral health services include all behavioral health services, medical detoxification, accommodations and staffing, supplies, and equipment, if the service is provided under the direction of a physician in a Medicare-certified:
  - a. General acute care hospital,
  - b. Inpatient psychiatric unit in a general acute care hospital, or
  - c. Behavioral health hospital.
2. Inpatient service limitations:
  - a. Inpatient services, other than emergency services specified in this Section, are not covered unless prior authorization is obtained.
  - b. Inpatient services and room and board are reimbursed on a per diem basis. The per diem rate includes all services, except the following licensed or certified providers may bill independently for services:
    - i. A licensed psychiatrist,
    - ii. A certified psychiatric nurse practitioner,
    - iii. A licensed physician assistant,
    - iv. A licensed psychologist,
    - v. A licensed clinical social worker,
    - vi. A licensed marriage and family therapist,
    - vii. A licensed professional counselor,
    - viii. A licensed independent substance abuse counselor, and
    - ix. A medical practitioner.

**B.** Behavioral Health Inpatient facility for children. Services provided in a Behavioral Health Inpatient facility for children as defined in 9 A.A.C. 10, Article 3 are covered subject to the limitations and exclusions under this Article.

1. Behavioral Health Inpatient facility for children services are not covered unless provided under the direction of a licensed physician in a licensed Behavioral Health Inpatient facility for children accredited by an AHCCCS-approved accrediting body as specified in contract.
2. Covered Behavioral Health Inpatient facility for children services include room and board and treatment services for behavioral health and substance abuse conditions.
3. Inpatient Behavioral Health Inpatient facility for children service limitations.
  - a. Services are not covered unless prior authorized, except for emergency services as specified in this Section.
  - b. Services are reimbursed on a per diem basis. The per diem rate includes all services, except the following licensed or certified providers may bill independently for services:
    - i. A licensed psychiatrist,
    - ii. A certified psychiatric nurse practitioner,
    - iii. A licensed physician assistant,
    - iv. A licensed psychologist,
    - v. A licensed clinical social worker,

- vi. A licensed marriage and family therapist,
- vii. A licensed professional counselor,
- viii. A licensed independent substance abuse counselor, and
- ix. A medical practitioner.

4. The following may be billed independently if prescribed by a provider as specified in this Section who is operating within the scope of practice:
  - a. Laboratory services, and
  - b. Radiology services.

**C.** Covered Inpatient sub-acute agency services. Services provided in a inpatient sub-acute facility as defined in 9 A.A.C. 10, Article 1 are covered subject to the limitations and exclusions under this Article.

1. Inpatient sub-acute facility services are not covered unless provided under the direction of a licensed physician in a licensed inpatient sub-acute facility that is accredited by an AHCCCS-approved accrediting body.
2. Covered Inpatient sub-acute facility services include room and board and treatment services for behavioral health and substance abuse conditions.
3. Services are reimbursed on a per diem basis. The per diem rate includes all services, except the following licensed or certified providers may bill independently for services:
  - a. A licensed psychiatrist,
  - b. A certified psychiatric nurse practitioner,
  - c. A licensed physician assistant,
  - d. A licensed psychologist,
  - e. A licensed clinical social worker,
  - f. A licensed marriage and family therapist,
  - g. A licensed professional counselor,
  - h. A licensed independent substance abuse counselor, and
  - i. A medical practitioner.
4. The following may be billed independently if prescribed by a provider specified in this Section who is operating within the scope of practice:
  - a. Laboratory services, and
  - b. Radiology services.

**D.** Behavioral health residential facility services. Services provided in a licensed behavioral health residential facility as defined in 9 A.A.C. 10, Article 1 are covered subject to the limitations and exclusions under this Article.

1. Behavioral health residential facility services are not covered unless provided by a licensed behavioral health residential facility.
2. Covered services include all non-prescription drugs as defined in A.R.S. § 32-1901, non-customized medical supplies, and clinical oversight or direct supervision of the behavioral health residential facility staff, whichever is applicable. Room and board are not covered services.
3. The following licensed and certified providers may bill independently for services:
  - a. A licensed psychiatrist,
  - b. A certified psychiatric nurse practitioner,
  - c. A licensed physician assistant,
  - d. A licensed psychologist,
  - e. A licensed clinical social worker,
  - f. A licensed marriage and family therapist,
  - g. A licensed professional counselor,
  - h. A licensed independent substance abuse counselor, and

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- E.** Partial care. Partial care services are covered subject to the limitations and exclusions in this Article.
1. Partial care services are not covered unless provided by a licensed and AHCCCS-registered behavioral health agency that provides a regularly scheduled day program of individual member, group, or family activities that are designed to improve the ability of the member to function in the community. Partial care services include basic, therapeutic, and medical day programs.
  2. Partial care services. Educational services that are therapeutic and are included in the member's behavioral health treatment plan are included in per diem reimbursement for partial care services.
- F.** Outpatient services. Outpatient services are covered subject to the limitations and exclusions in this Article and Article 2.
1. Outpatient services include the following:
    - a. Screening provided by a behavioral health professional or a behavioral health technician as defined in R9-22-1201;
    - b. A behavioral health assessment provided by a behavioral health professional or a behavioral health technician;
    - c. Counseling including individual therapy, group therapy, and family therapy provided by a behavioral health professional or a behavioral health technician;
    - d. Behavior management services as defined in R9-22-1201; and
    - e. Psychosocial rehabilitation services as defined in R9-22-201.
  2. Outpatient service limitations.
    - a. The following licensed or certified providers may bill independently for outpatient services:
      - i. A licensed psychiatrist;
      - ii. A certified psychiatric nurse practitioner;
      - iii. A licensed physician assistant as defined in R9-22-1201;
      - iv. A licensed psychologist;
      - v. A licensed clinical social worker;
      - vi. A licensed professional counselor;
      - vii. A licensed marriage and family therapist;
      - viii. A licensed independent substance abuse counselor;
      - ix. A medical practitioner; and
      - x. An outpatient treatment center or substance abuse transitional facility licensed under 9 A.A.C. 10, Article 14, that is an AHCCCS-registered provider.
    - b. A behavioral health practitioner not specified in subsections (F)(2)(a)(i) through (x), who is contracted with or employed by an AHCCCS-registered behavioral health agency shall not bill independently.
- G.** Emergency behavioral health services are covered subject to the limitations and exclusions under this Article. In order to be covered, behavioral health services shall be provided by qualified service providers under R9-22-1206. ADHS/DBHS shall ensure that emergency behavioral health services are available 24 hours per day, seven days per week in each GSA for an emergency behavioral health condition for a non-FES member as defined in R9-22-201.
- H.** Other covered behavioral health services. Other covered behavioral health services include:
1. Case management as defined in 9 A.A.C. 10, Article 1;
  2. Laboratory and radiology services for behavioral health diagnosis and medication management;
  3. Medication;
  4. Monitoring, administration, and adjustment for psychotropic medication and related medications;
  5. Respite care as described within subsection (J);
  6. Behavioral health therapeutic home care services provided by a RBHA in a professional foster home defined in 6 A.A.C. 5, Article 58 or in an adult behavioral health therapeutic home as defined in 9 A.A.C. 10, Article 1;
  7. Other support services to maintain or increase the member's self-sufficiency and ability to live outside an institution.
- I.** Transportation services. Transportation services are covered under R9-22-211.
- J.** Limited Behavioral Health services. Respite services are limited to no more than 600 hours per benefit year.

**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Section repealed, new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 5480, effective December 6, 2005 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Amended by exempt rulemaking at 17 A.A.R. 1870, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

**R9-22-1206. Repealed****Historical Note**

Adopted under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Section repealed, new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Repealed by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

**R9-22-1207. General Provisions for Payment**

- A.** Claims submissions.
1. A provider of behavioral health services shall submit a claim for non-emergency behavioral health services provided to a member to the appropriate RBHA.

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2. A provider of behavioral health services shall submit a claim for non-inpatient emergency behavioral health services provided to a member to the appropriate RBHA.
  3. A provider of behavioral health services shall submit a claim for non-inpatient emergency behavioral health services provided to a member enrolled in a TRBHA to the Administration.
  4. A provider of behavioral health services shall submit a claim for non-emergency behavioral health services provided to a member enrolled in a TRBHA to the Administration.
  5. A provider of emergency behavioral health services, that are the responsibility of ADHS/DBHS or a contractor, shall submit a claim to the entity responsible for emergency behavioral health services under R9-22-210.01(A).
  6. A provider shall comply with the time-frames and other payment procedures in Article 7 of this Chapter, if applicable, and A.R.S. § 36-2904.
  7. ADHS/DBHS or a contractor, whichever entity is responsible for covering behavioral health services, shall cost avoid any behavioral health service claims if it establishes the existence or probable existence of first-party liability or third-party liability.
- B.** Prior authorization. Payment to a provider for behavioral health services or items requiring prior authorization may be denied if a provider does not obtain prior authorization from a RBHA, ADHS/DBHS, a TRBHA, the Administration or a contractor.

**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

**R9-22-1208. Repealed****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 11 A.A.R. 5480, effective December 6, 2005 (Supp. 05-4).

**ARTICLE 13. CHILDREN'S REHABILITATIVE SERVICES (CRS)**

*Article 13, consisting of Sections R9-22-1301 through R9-22-1306, made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3).*

*Article 13, consisting of Sections R9-22-1301 through R9-22-1306, made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Exemption to promulgate rules repealed under Laws 2012, Chapter 299, Section 7 (Supp. 13-3).*

*Article 13, consisting of Sections R9-22-1301 through R9-22-1309, repealed by final rulemaking at 10 A.A.R. 808, effective April*

*3, 2004. The subject matter of Article 13 is now in 9 A.A.C. 34 (Supp. 04-1).*

**R9-22-1301. Children's Rehabilitative Services (CRS) related Definitions**

In addition to definitions contained in A.R.S. § 36-2901, the words and phrases in this Article have the following meanings unless the context explicitly requires another meaning:

"Active treatment" means there is a current need for treatment of the CRS qualifying condition(s) or it is anticipated that treatment or evaluation for continuing treatment of the CRS qualifying condition(s) will be needed within the next 18 months from the last date of service for treatment of any CRS qualifying condition.

"CRS application" means a submitted form with any additional documentation required by the Administration to determine whether an individual is medically eligible for CRS.

"CRS condition" means a list of medical condition(s) in R9-22-1303 and which are referred to as covered conditions in A.R.S. § 36-2912.

"Functionally limiting" means a restriction having a significant effect on an individual's ability to perform an activity of daily living as determined by a provider.

"Medically eligible" means meeting the medical eligibility requirements of R9-22-1303.

"Redetermination" means a decision made by the Administration regarding whether a member continues to meet the requirements in R9-22-1302.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1). Section made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Rulemaking exemption repealed by Laws, 2012, Ch. 299, Section 7; therefore a new Section was made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 2022, effective October 1, 2015 (Supp. 15-3).

**R9-22-1302. Children's Rehabilitative Services (CRS) Eligibility Requirements**

Beginning October 1, 2013, an AHCCCS member who needs active treatment for one or more of the qualifying medical condition(s) in R9-22-1303 shall be given a CRS Designation. An American Indian member can choose to receive CRS services through an American Indian Health Plan or a contractor. A member enrolled in CMDP shall obtain CRS services through CMDP. The contractor shall provide covered services necessary to treat the condition(s) and other services described within the contract. The effective date of the CRS Designation shall be as specified in contract.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1). Section made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Rulemaking exemption repealed by Laws, 2012, Ch. 299, Section 7; therefore a new Section was made by final rulemaking at 19 A.A.R. 2954, effective November 10,

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2013 (Supp. 13-3). Amended by final rulemaking at 24  
A.A.R. 2855, effective November 16, 2018 (Supp. 18-3).

**R9-22-1303. Medical Eligibility**

The following lists identify those medical condition(s) that do qualify for CRS services as well as those that do not qualify for CRS services. The list of condition(s) that qualify for a CRS Designation is all inclusive. The list of condition(s) that do not qualify for a CRS Designation is not an all-inclusive list.

1. Cardiovascular System
  - a. CRS condition(s) that qualify for CRS medical eligibility:
    - i. Arrhythmia,
    - ii. Arteriovenous fistula,
    - iii. Cardiomyopathy,
    - iv. Conduction defect,
    - v. Congenital heart defect other than isolated small Ventricular Septal Defects (VSD), Patent Ductus Arteriosus (PDA), Atrial Septal Defects (ASD),
    - vi. Coronary artery and aortic aneurysm,
    - vii. Renal vascular hypertension,
    - viii. Rheumatic heart disease, and
    - ix. Valvular disorder.
  - b. Condition(s) not medically eligible for CRS:
    - i. Arteriovenous fistula that is not expected to cause cardiac failure or threaten loss of function;
    - ii. Benign heart murmur;
    - iii. Branch artery pulmonary stenosis;
    - iv. Essential hypertension;
    - v. Patent foramen ovale (PFO);
    - vi. Peripheral pulmonary stenosis;
    - vii. Postural orthopedic tachycardia; and
    - viii. Premature atrial, nodal or ventricular contractions that are of no hemodynamic significance.
2. Endocrine system:
  - a. CRS condition(s) that qualify for CRS medical eligibility:
    - i. Addison's disease,
    - ii. Adrenogenital syndrome,
    - iii. Cystic fibrosis (including atypical cystic fibrosis),
    - iv. Diabetes insipidus,
    - v. Hyperparathyroidism,
    - vi. Hyperthyroidism,
    - vii. Hypoparathyroidism, and
    - viii. Panhypopituitarism.
  - b. Condition(s) not medically eligible for CRS
    - i. Diabetes mellitus,
    - ii. Hypopituitarism associated with a malignancy and requiring treatment of less than 90 days,
    - iii. Isolated growth hormone deficiency, and
    - iv. Precocious puberty.
3. Genitourinary system medical condition(s):
  - a. CRS condition(s) that qualify for CRS medical eligibility:
    - i. Ambiguous genitalia,
    - ii. Bladder extrophy,
    - iii. Deformity and dysfunction of the genitourinary system secondary to trauma 90 days or more after the trauma occurred,
    - iv. Ectopic ureter,
    - v. Hydronephrosis, that is not resolved with antibiotics,
    - vi. Polycystic and multicystic kidneys,
    - vii. Pyelonephritis when treatment with drugs or biologicals has failed to cure or ameliorate and surgical intervention is required,
    - viii. Ureteral stricture, and
    - ix. Vesicoureteral reflux, at a grade 3 or higher.
  - b. Condition(s) not medically eligible for CRS:
    - i. Enuresis,
    - ii. Hydrocele,
    - iii. Hypospadias,
    - iv. Meatal stenosis,
    - v. Nephritis, infectious or noninfectious,
    - vi. Nephrosis,
    - vii. Phimosis, and
    - viii. Undescended testicle.
4. Ear, nose, or throat medical condition(s):
  - a. CRS condition(s) that qualify for CRS medical eligibility:
    - i. Cholesteatoma,
    - ii. Congenital/Craniofacial anomaly that is functionally limiting,
    - iii. Deformity and dysfunction of the ear, nose, or throat secondary to trauma, 90 days or more after the trauma occurred,
    - iv. Mastoiditis that continues 90 days or more after the first diagnosis of the condition,
    - v. Microtia that requires multiple surgical interventions,
    - vi. Neurosensory hearing loss, and
    - vii. Significant conductive hearing loss due to an anomaly in one ear or both ears equal to or greater than a pure tone average of 30 decibels that despite medical treatment, requires a hearing aid.
  - b. Condition(s) not medically eligible for CRS:
    - i. A craniofacial anomaly that is not functionally limiting,
    - ii. Adenoiditis,
    - iii. Cranial or temporal mandibular joint syndrome,
    - iv. Hypertrophic lingual frenum,
    - v. Isolated preauricular tag or pit,
    - vi. Nasal polyp,
    - vii. Obstructive apnea,
    - viii. Perforation of the tympanic membrane,
    - ix. Recurrent otitis media,
    - x. Simple deviated nasal septum,
    - xi. Sinusitis,
    - xii. Tonsillitis, and
    - xiii. Uncontrolled salivation.
5. Musculoskeletal system medical condition(s):
  - a. CRS condition(s) that qualify for CRS medical eligibility:
    - i. Achondroplasia,
    - ii. Arthrogryposis (multiple joint contractures),
    - iii. Bone infection that continues 90 days or more after the initial diagnosis,
    - iv. Chondrodysplasia,
    - v. Chondroectodermal dysplasia,
    - vi. Clubfoot,
    - vii. Collagen vascular disease, including but not limited to, ankylosis spondylitis, polymyositis, dermatomyositis, polyarteritis nodosa, psoriatic

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- arthritis, scleroderma, rheumatoid arthritis and lupus,
- viii. Congenital or developmental cervical spine abnormality,
- ix. Congenital spinal deformity,
- x. Diastrophic dysplasia,
- xi. Enchondromatosis,
- xii. Femoral anteversion and tibial torsion,
- xiii. Fibrous dysplasia,
- xiv. Hip dysplasia,
- xv. Hypochondroplasia,
- xvi. Joint infection that continues 90 days or more after the initial diagnosis,
- xvii. Juvenile rheumatoid arthritis,
- xviii. Kyphosis (Scheurmann's Kyphosis) 50 degrees or over,
- xix. Larsen syndrome,
- xx. Leg length discrepancy of two centimeters or more,
- xxi. Legg-Calve-Perthes disease,
- xxii. Limb amputation or limb malformation,
- xxiii. Metaphyseal and epiphyseal dysplasia,
- xxiv. Metatarsus adductus,
- xxv. Muscular dystrophy,
- xxvi. Orthopedic complications of hemophilia,
- xxvii. Osgood Schlatter's disease that requires surgical intervention,
- xxviii. Osteogenesis imperfecta,
- xxix. Rickets,
- xxx. Scoliosis when 25 degrees or greater, or when there is a need for bracing or surgery,
- xxxi. Seronegative spondyloarthropathy such as Reiters, psoriatic arthritis, and ankylosing spondylitis,
- xxxii. Slipped capital femoral epiphysis,
- xxxiii. Spinal muscle atrophy,
- xxxiv. Spondyloepiphyseal dysplasia, and
- xxxv. Syndactyly.
- b. Condition(s) not medically eligible for CRS:
  - i. Back pain with no structural abnormality,
  - ii. Benign bone tumor,
  - iii. Bunion,
  - iv. Carpal tunnel syndrome,
  - v. Deformity and dysfunction secondary to trauma or injury,
  - vi. Ehlers Danlos,
  - vii. Flat foot,
  - viii. Fracture,
  - ix. Ganglion cyst,
  - x. Ingrown toenail,
  - xi. Kyphosis under 50 degrees,
  - xii. Leg length discrepancy of less than two centimeters at skeletal maturity,
  - xiii. Polydactyly without bone involvement,
  - xiv. Popliteal cyst,
  - xv. Trigger finger, and
  - xvi. Varus and valgus deformities.
- 6. Gastrointestinal system medical condition(s):
  - a. CRS condition(s) that qualify for CRS medical eligibility:
    - i. Anorectal atresia,
    - ii. Biliary atresia,
    - iii. Cleft lip,
    - iv. Cleft palate,
    - v. Congenital atresia, stenosis, fistula, or rotational abnormalities of the gastrointestinal tract,
    - vi. Deformity and dysfunction of the gastrointestinal system secondary to trauma, 90 days or more after the trauma occurred,
    - vii. Diaphragmatic hernia,
    - viii. Gastroschisis,
    - ix. Hirschsprung's disease,
    - x. Omphalocele, and
    - xi. Tracheoesophageal fistula.
  - b. Condition(s) not medically eligible for CRS:
    - i. Celiac disease,
    - ii. Crohn's disease,
    - iii. Hernia other than a diaphragmatic hernia,
    - iv. Intestinal polyp,
    - v. Malabsorption syndrome, also known as short bowel syndrome,
    - vi. Pyloric stenosis,
    - vii. Ulcer disease, and
    - viii. Ulcerative colitis.
- 7. Nervous system medical condition(s):
  - a. CRS condition(s) that qualify for CRS medical eligibility:
    - i. Benign intracranial tumor,
    - ii. Benign intraspinal tumor,
    - iii. Central nervous system degenerative disease,
    - iv. Central nervous system malformation or structural abnormality,
    - v. Cerebral palsy,
    - vi. Craniosynostosis requiring surgery,
    - vii. Deformity and dysfunction secondary to trauma in an individual that continues 90 days or more after the incident,
    - viii. Hydrocephalus,
    - ix. Muscular dystrophy or other myopathy,
    - x. Myelomeningocele, also known as spina bifida,
    - xi. Myoneural disorder, including but not limited to, amyotrophic Lateral Sclerosis or ALS, myasthenia gravis, Eaton-Lambert syndrome, muscular dystrophy, troyer sclerosis, polymyositis, dermatomyositis, progressive bulbar palsy, polio,
    - xii. Neurofibromatosis,
    - xiii. Neuropathy/polyneuropathy, hereditary or idiopathic,
    - xiv. Residual dysfunction that continues 90 days or more after a vascular accident, inflammatory condition, or infection of the central nervous system,
    - xv. Residual dysfunction that continues 90 days or more after near drowning,
    - xvi. Residual dysfunction that continues 90 days or more after the spinal cord injury, and
    - xvii. Uncontrolled seizure disorder, in which there have been more than two seizures with documented compliance of one or more medications.
  - b. Condition(s) not medically eligible for CRS:
    - i. Central apnea secondary to prematurity,
    - ii. Febrile seizures,
    - iii. Headaches,
    - iv. Near sudden infant death syndrome,
    - v. Plagiocephaly, and

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- vi. Spina bifida occulta.
- 8. Ophthalmology:
  - a. CRS condition(s) that qualify for CRS medical eligibility:
    - i. Cataracts,
    - ii. Disorder of the iris, ciliary bodies, retina, lens, or cornea,
    - iii. Disorder of the optic nerve,
    - iv. Glaucoma,
    - v. Non-malignant enucleation and post-enucleation reconstruction, and
    - vi. Retinopathy of prematurity.
  - b. Condition(s) not medically eligible for CRS:
    - i. Astigmatism,
    - ii. Ptosis,
    - iii. Simple refraction error, and
    - iv. Strabismus.
- 9. Respiratory system medical condition(s):
  - a. CRS condition(s) that qualify for CRS medical eligibility:
    - i. Anomaly of the larynx, trachea, or bronchi that requires surgery, and
    - ii. Nonmalignant obstructive lesion of the larynx, trachea, or bronchi.
  - b. Condition(s) not medically eligible for CRS:
    - i. Allergies,
    - ii. Asthma,
    - iii. Bronchopulmonary dysplasia,
    - iv. Chronic obstructive pulmonary disease,
    - v. Emphysema, and
    - vi. Respiratory distress syndrome.
- 10. Dermatological system medical condition(s):
  - a. CRS condition(s) that qualify for CRS medical eligibility:
    - i. A burn scar that is functionally limiting,
    - ii. A hemangioma that is functionally limiting that requires laser or surgery,
    - iii. Complicated nevi requiring multiple procedures,
    - iv. Cystic hygroma such as lymphangioma, and
    - v. Malocclusion that is functionally limiting.
  - b. Condition(s) not medically eligible for CRS:
    - i. A deformity that is not functionally limiting,
    - ii. Ectodermal dysplasia,
    - iii. Isolated malocclusion that is not functionally limiting,
    - iv. Pilonidal cyst,
    - v. Port wine stain,
    - vi. Sebaceous cyst,
    - vii. Simple nevi, and
    - viii. Skin tag.
- 11. Metabolic CRS condition(s) that qualify for CRS medical eligibility:
  - a. Amino acid or organic acidopathy,
  - b. Biotinidase deficiency,
  - c. Homocystinuria,
  - d. Inborn error of metabolism,
  - e. Maple syrup urine disease,
  - f. Phenylketonuria, and
  - g. Storage disease.
- 12. Hemoglobinopathies CRS condition(s) that qualify for CRS medical eligibility:
  - a. Sickle cell anemia, and
  - b. Thalassemia.

- 13. Additional medical/behavioral condition(s) which are not medically eligible for CRS:
  - a. Allergies,
  - b. Anorexia nervosa or obesity,
  - c. Attention deficit disorder,
  - d. Autism,
  - e. Cancer,
  - f. Depression or other mental illness,
  - g. Developmental delay,
  - h. Dyslexia or other learning disabilities,
  - i. Failure to thrive,
  - j. Hyperactivity, and
  - k. Immunodeficiency, such as AIDS and HIV.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1). Section made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Rulemaking exemption repealed by Laws, 2012, Ch. 299, Section 7; therefore a new Section was made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 2022, effective October 1, 2015 (Supp. 15-3). Amended by final rulemaking at 24 A.A.R. 2855, effective November 16, 2018 (Supp. 18-3).

**R9-22-1304. Referral and Disposition of CRS Medical Eligibility Determination**

- A. To refer an individual for a CRS medical eligibility determination a person shall submit to the Administration the following information:
  - 1. CRS application;
  - 2. Documentation from a specialist who diagnosed the individual, stating the individual's diagnosis;
  - 3. Diagnostic test results that support the individual's diagnosis; and
  - 4. Documentation of the individual's need for specialized treatment of the CRS condition through medical, surgical, or therapy modalities.
- B. The Administration shall notify the CRS applicant, member or authorized representative of the outcome of the determination within 60 days of receipt of information required under subsection (A). The member may appeal the determination under Chapter 34.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1). Section made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Rulemaking exemption repealed by Laws, 2012, Ch. 299, Section 7; therefore a new Section was made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 2022, effective October 1, 2015 (Supp. 15-3).

**R9-22-1305. CRS Redetermination**

- A. Continued eligibility for CRS services shall be redetermined by verifying active treatment status of the CRS qualifying medical condition(s) as follows:

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1. The contractor is responsible for notifying the AHCCCS Administration of the date when a member with a CRS Designation is no longer in active treatment for the qualifying condition(s).
  2. The Administration may request, at any time, that the contractor submit the medical documentation to the Administration for a CRS medical redetermination within the specified time-frames in contract.
  3. The Administration shall notify the member or authorized representative of the outcome of the redetermination.
- B.** If the Administration determines that a member is no longer medically eligible for a CRS Designation, the Administration shall provide the member or authorized representative a written notice that informs the member that the Administration is ending the member's CRS Designation. The member may appeal the redetermination under A.A.C. Title 9, Chapter 34.
- C.** Upon reaching his or her 21st birthday, the member's CRS Designation will be ended.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1). Section made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Rulemaking exemption repealed by Laws, 2012, Ch. 299, Section 7; therefore a new Section was made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 24 A.A.R. 2855, effective November 16, 2018 (Supp. 18-3).

**R9-22-1306. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1). Section made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Rulemaking exemption repealed by Laws, 2012, Ch. 299, Section 7; therefore a new Section was made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3). Repealed by final rulemaking at 24 A.A.R. 2855, effective November 16, 2018 (Supp. 18-3).

**R9-22-1307. Covered Services**

The Administration will cover medically necessary services as described within Article 2 unless otherwise specified in contract.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1). Section made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Rulemaking exemption repealed by Laws, 2012, Ch. 299, Section 7; therefore a new Section was made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3).

**R9-22-1308. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final

rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

**R9-22-1309. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

**ARTICLE 14. AHCCCS MEDICAL COVERAGE FOR HOUSEHOLDS****R9-22-1401. General Information**

- A.** Scope. This Article contains eligibility criteria to determine whether a household or individual is eligible for AHCCCS medical coverage. Eligibility criteria described under Article 3 applies to this Article.

- B.** Definitions. In addition to definitions contained in R9-22-101 and A.R.S. § 36-2901, the words and phrases in this Article, Article 3 and Article 15 have the following meanings unless the context explicitly requires another meaning:

“Burial plot” means a space reserved in a cemetery, crypt, vault, or mausoleum for the remains of a deceased person.

“Caretaker relative” means:

A parent of a dependent child with whom the child is living;

When the dependent child does not live with a parent or the parent in the home is incapacitated, another relative of the child by blood, adoption, or marriage in the home who assumes primary responsibility for the child's care; or

A woman in her third trimester of pregnancy with no other dependent children.

“Cash assistance” means a program administered by the Department that provides assistance to needy families with dependent children under 42 U.S.C. 601 et seq.

“Dependent child” means a child under the age of 18, or if age 18 is a full-time student in secondary school or equivalent vocational or technical training, if reasonably expected to complete such school or training before turning age 19.

“MAGI – based income” means Modified Adjusted Gross Income as defined under 42 CFR 435.603(e).

“Medical expense deduction” or “MED” means the cost of the following expenses if incurred in the United States:

A medical service or supply that would be covered if provided to an AHCCCS member of any age under Articles 2 and 12 of this Chapter;

A medical service or supply that would be covered if provided to an Arizona Long-term Care System member under 9 A.A.C. 28, Articles 2 and 11;

Other necessary medical services provided by a licensed practitioner or physician;

Assistance with daily living if the assistance is documented in an individual plan of care by a nurse, social service worker, registered therapist, or dietitian under the supervision of a physician except

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when provided by the spouse of an applicant or the parent of a minor child;

Medical services provided in a licensed nursing home or in an alternative HCBS setting under R9-28-101;

Purchasing and maintaining an animal guide or service animal for the assistance of a member of the MED family unit under R9-22-1436; and

Health insurance premiums, deductibles, and coinsurance, if the insured is a member of the MED family unit.

“Monthly income” means the gross countable income received or projected to be received during the month or the monthly equivalent.

“Monthly equivalent” means a monthly countable income amount established by averaging, prorating, or converting a person's income.

“Spendthrift restriction” means a legal restriction on the use of a resource that prevents a payee or beneficiary from alienating the resource.

“Tax dependent” is described under 42 CFR 435.4.

“Taxpayer” means a person who expects to file a tax return, and does not expect to be claimed as a tax dependent by another person.

“Title IV-D” means Title IV-D of the Social Security Act, 42 U.S.C. 651-669, the statutes establishing the child support enforcement and paternity program.

“Title IV-E” means Title IV-E of the Social Security Act 42 U.S.C. 670-679, the statutes establishing the foster care and adoption assistance programs.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1). Punctuation error corrected with a parenthesis added at the beginning of the definition “Caretaker” (Supp. 20-4).

**R9-22-1402. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1403. Agency Responsible for Determining Eligibility**

The Administration or its designee shall determine eligibility under the provisions of this Article. The Administration or its designee shall not discriminate against an applicant or member because of

race, color, creed, religion, ancestry, national origin, age, sex, or physical or mental disability.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1404. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1405. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1406. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1407. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 19 A.A.R. 3309, November 30, 2013 (Supp. 13-4). Section repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014; this Section was slated to be codified as repealed in Supp. 14-1. Due to a clerical



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error the Section wasn't repealed in this Chapter until Supp. 20-4.

**R9-22-1408. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1409. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1410. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Section repealed; new Section made by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1411. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1412. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by exempt rulemaking at 10 A.A.R. 23, effective December 9, 2003 (Supp. 03-4). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Section repealed; new Section

made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1413. Time-frames, Reinstatement of an Application**

**A.** The Administration or its designee shall complete an eligibility determination under R9-22-306(A)(1) unless:

1. The applicant is pregnant. The Administration or its designee shall complete an eligibility determination for a pregnant woman within 20 days after the application date unless additional information is required to determine eligibility; or
2. The applicant is in a hospital as an inpatient at the time of application. Within seven days of the Administration or its designee's receipt of a signed application the Administration or its designee shall complete an eligibility determination if the Administration or its designee does not need additional information or verification to determine eligibility.

**B.** The Administration or its designee shall redetermine eligibility of an individual who is discontinued for failure to submit the renewal form or necessary information, without requiring a new application, if the individual submits the renewal form or necessary information within 90 days after the date of discontinuance.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1). Amended by final rulemaking at 30 A.A.R. 3749 (December 13, 2024), effective February 2, 2025 (Supp. 24-4).

**R9-22-1414. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1415. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192,

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with an immediate effective date of January 7, 2014  
(Supp. 14-1).

**R9-22-1416. Effective Date of Eligibility**

- A. Except as provided in R9-22-303 and subsections (B), (C) and (D), the effective date of eligibility is the first day of the month that the applicant files an application if the applicant is eligible that month, or the first day of the first eligible month following the application month except for:
1. The MED program under R9-22-1439, and
  2. Eligibility for a newborn under R9-22-1429.
- B. The effective date of eligibility for an applicant who moves into Arizona is no sooner than the date Arizona residency is established.
- C. The effective date of eligibility for an inmate applying for medical coverage is the date the applicant no longer meets the definition of an inmate of a public institution.
- D. The effective date of eligibility for a newborn is no sooner than the date of birth.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1417. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1418. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1419. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final

rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1419.01. Repealed****Historical Note**

New Section made by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Section repealed by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

**R9-22-1419.02. Repealed****Historical Note**

New Section made by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Section repealed by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

**R9-22-1419.03. Repealed****Historical Note**

New Section made by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Section repealed by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

**R9-22-1419.04. Repealed****Historical Note**

New Section made by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Section repealed by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

**R9-22-1420. Income Eligibility Criteria**

- A. Evaluation of income. In determining eligibility, the Administration or its designee shall evaluate the following types of income received by a person identified in subsection (B):
1. Earned income, including in-kind income, before any deductions. For purposes of this Section, in-kind income means room, board, or provision for other needs in exchange for work performed. The person identified in subsection (B) shall ensure that the provider of the in-kind income establishes and verifies the monetary value of the item provided. The provider may be, but is not limited to:
    - a. A landlord who provides all or a portion of rent or utilities in exchange for services;
    - b. A store owner who gives goods such as groceries, clothes, or furniture in exchange for services; or
    - c. An individual who trades goods such as a car, tools, trailer, building material, or gasoline in exchange for services;
  2. Self-employment income under R9-22-1424, including gross business receipts minus business expenses; and
  3. Unearned income, including deemed income under R9-22-317 from the sponsor of a non-citizen applicant.
- B. MAGI income group. The Administration or its designee shall include the following persons in the MAGI income group:
1. When the applicant is a taxpayer include:
    - a. The applicant,
    - b. Everyone the applicant expects to claim as a tax dependent for the current year, and
    - c. The applicant's spouse, when living with the applicant.

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2. Except as provided in subsection (B)(3), when the applicant expects to be claimed as a tax dependent for the current year include:
    - a. The taxpayer claiming the applicant,
    - b. Everyone else the taxpayer expects to claim as a tax dependent,
    - c. The taxpayer's spouse when living with the taxpayer, and
    - d. The applicant's spouse, when living with the applicant.
  3. When any of the following apply, determine the persons whose income is included as described in subsection (4)(a) or (4)(b) based on the applicant's age:
    - a. The applicant expects to be claimed as a tax dependent by someone other than a spouse or natural, adopted or step-parent;
    - b. The applicant is under age 19, expects to be claimed as a tax dependent by a natural, adopted or step-parent, lives with more than one such parent and the parents do not expect to file a joint tax return; or
    - c. The applicant is under age 19 and expects to be claimed as a tax dependent by a non-custodial parent.
  4. When the applicant is not a taxpayer, does not expect to be claimed as a tax dependent and is:
    - a. Under age 19. Include the income of the applicant and when living with the applicant, the applicant's:
      - i. Spouse;
      - ii. Natural, adopted and step-children;
      - iii. Natural, adopted and step-parents;
      - iv. Natural, adopted and step-siblings; and
    - b. Age 19 or older. Include the income of the applicant and when living with the applicant, the applicant's:
      - i. Spouse;
      - ii. Natural, adopted and step-children under age 19.
  5. When the applicant is a pregnant woman, the Administration or its designee shall also include the number of expected babies only for the pregnant woman's income group.
  6. When the taxpayer cannot reasonably establish that a person is the taxpayer's tax dependent, inclusion of the person in the taxpayer's MAGI income group is determined as provided in subsection (B)(4).
- C. A person whose income is counted. The Administration or its designee shall count the MAGI-based income of all members of an applicant's MAGI income group with the following exceptions:
1. The income of an individual who is included in the MAGI income group of his or her natural, adoptive or step parent and is not expected to be required to file a tax return for the year in which eligibility for Medicaid is being determined, is not counted whether or not the individual files a tax return.
  2. The income of a tax dependent other than the taxpayer's spouse or biological, adopted or stepchild who is not expected to be required to file a tax return for the year in which eligibility for Medicaid is being determined is not counted when the tax dependent is included in the taxpayer's MAGI income group, whether or not the tax dependent files a tax return.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section

repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1421. MAGI-based Income Eligibility**

- A. In determining eligibility, if an individual would otherwise be ineligible under this Article due to excess income, the Administration or its designee shall subtract an amount equivalent to five percentage points of the Federal Poverty Level (FPL) from the household income.
- B. A person is eligible under this Article when:
1. Subject to subsection (A), the monthly household income does not exceed the appropriate percentage of the FPL under R9-22-1427;
  2. If ineligible under (B)(1), the household income determined in accordance with 26 CFR 1.36B-1(e) is below 100 percent FPL; or
  3. For eligibility under R9-22-1437, the person's income during the period defined in R9-22-1437(C) does not exceed the percentage of the FPL under R9-22-1437(B).
- C. The Administration or its designee shall consider the following factors when determining the income period to use to determine monthly income:
1. Type of income,
  2. Frequency of income,
  3. If source of income is new or terminated, or
  4. Income fluctuation.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1). Amended by final rulemaking at 30 A.A.R. 3749 (December 13, 2024), effective February 2, 2025 (Supp. 24-4).

**R9-22-1422. Methods for Calculating Monthly Income**

- A. Projecting income.
1. Description. Projecting income is a method of determining the amount of income that a person will receive.
  2. Calculation. The Administration or its designee shall project income by:
    - a. Converting income to a monthly equivalent,
    - b. Using unconverted income, or
    - c. Prorating income to determine a monthly equivalent.
  3. Exclusion. When calculating projected monthly income, the Administration or its designee shall exclude an unusual variation in income under R9-22-1424(E), except for a month in which the variation is anticipated to occur.
- B. Averaged income.
1. Description. Averaging income proportionally distributes the person's income received on a regular basis.
  2. Calculation. To average income, the Administration or its designee shall add the amount of the income and divide by the total number of pay periods. If the amount of income received per pay period fluctuates, and the fluctu-

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ation is expected to continue, the Administration or its designee shall:

- a. Use the averaged weekly or bi-weekly amounts to convert weekly or bi-weekly income to a monthly equivalent;
- b. Use the averaged monthly or semi-monthly amounts to project monthly income; and
- c. Use the averaged hours worked and multiply the average by the current rate of pay. If there is a change in the rate of pay, use the new rate of pay when calculating projected income under subsection (A).

**C. Prorated income.**

1. Description. Prorated income evenly distributes a person's income over the period the income is intended to cover to calculate a monthly equivalent.
2. Calculation. To prorate income, the Administration or its designee shall divide the total amount of the person's income received during the period by the number of months that the income is intended to cover.

**D. Converted income.**

1. Description. Converted income is income received weekly or biweekly that is changed to a monthly equivalent.
2. Calculation.
  - a. The Administration or its designee shall average the weekly or bi-weekly income amounts before converting to the monthly equivalent if the person's past income fluctuates and the fluctuation is expected to recur.
  - b. To convert income paid weekly to a monthly equivalent, the Administration or its designee shall multiply the weekly average by 4.3 weeks.
  - c. To convert income paid bi-weekly to a monthly equivalent, the Administration or its designee shall multiply the bi-weekly average by 2.15 weeks.

**E. Unconverted income.**

1. Description. Unconverted income is the actual amount of income received or projected to be received during a month.
2. Calculation. The Administration or its designee shall sum the actual amount of income received or projected to be received during a month.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1423. Calculations and Use of Methods Listed in R9-22-1422 Based on Frequency of Income**

- A. Monthly income.** If otherwise countable income is received monthly or in a lump sum, the Administration or its designee shall use the unconverted method for calculating monthly income.
1. Lump sum means a nonrecurring payment that serves as a complete payment.
  2. Lump sum payments include but are not limited to: rebates or credits; inheritances; insurance settlements;

and payments for prior months from such sources as Social Security, Railroad Retirement, or other benefits.

3. A lump sum payment may include a portion intended for the current month.

- B. Weekly income.** If income is received weekly, the Administration or its designee shall convert the income to a monthly equivalent under R9-22-1422(D).
- C. Bi-weekly income.** If income is received bi-weekly, the Administration or its designee shall convert the income to a monthly equivalent under R9-22-1422(D).
- D. Semi-monthly or daily income.** If income is received semi-monthly or daily, the Administration or its designee shall use the unconverted method for calculating monthly income under R9-22-1422(E).
- E. Bimonthly, quarterly, semi-annual, or annual income.** If income is received bimonthly, quarterly, semi-annually, or annually, the Administration or its designee shall prorate the income received or projected to be received under R9-22-1422(C).

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1424. Use of Methods Listed in R9-22-1423 Based on Type of Income**

- A. New income.**
1. Description. New income is income received from a new source during the first calendar month that the income is received from the source.
  2. Calculating monthly income.
    - a. If a full month's income is received, the Administration or its designee shall use the appropriate method described in R9-22-1423 to calculate the monthly income.
    - b. If less than a full month's income is received, the Administration or its designee shall use the unconverted method to calculate the monthly income.
- B. Terminated income.**
1. Terminated income is income received during the last calendar month when no more income is expected to be received from that source.
  2. Calculating monthly income.
    - a. If a full month's income is received, the Administration or its designee shall use the appropriate method described in R9-22-1423 to calculate the monthly income.
    - b. If less than a full month's income is received, the Administration or its designee shall use the unconverted method to calculate the monthly income.
- C. Break in income.**
1. Description. A break in income is a break in established frequency of income of one calendar month or more.
  2. Calculating monthly income.
    - a. If a full month's income is received, the Administration or its designee shall use the appropriate method described in R9-22-1423 to calculate the monthly income.

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- b. If less than a full month's income is received, the Administration or its designee shall use the unconverted method to calculate the monthly income.
- D. Contract or regular seasonal income.**
  - 1. Descriptions.
    - a. Contract income is income a person earns under a contract that specifies a length of time the contract covers, the amount of income to be paid, and the frequency of payment.
    - b. Regular seasonal income is income that fluctuates based on season or is only received during a certain season, and can reasonably be anticipated based on history or other verification.
  - 2. Calculating monthly income.
    - a. When the contract or regular seasonal income will not fluctuate over the 12-month period beginning with the month the application or renewal is submitted, the Administration or its designee shall use the appropriate income calculation method in R9-22-1423 for the frequency of receipt.
    - b. When the contract or regular seasonal income is anticipated to fluctuate over the 12-month period beginning with the month the application or renewal is submitted, the Administration or its designee shall calculate the monthly income as follows:
      - i. For a one-time contract that ends between the month the application or renewal is submitted and the end of the calendar year, divide the income that will be received from the application or renewal month through the end of the calendar year by the number of months in that period to get a monthly equivalent;
      - ii. For contracts that extend into the next calendar year, contracts that are anticipated to be renewed and regular seasonal income, the Administration or its designee shall divide the income that will be received in the 12-month period beginning with the application or renewal month by 12 to get the monthly equivalent.
- E. Unusual variation in the amount of income.**
  - 1. Description. Unusual variation is an amount of income that is different from the established amount received and is not projected to continue or recur.
  - 2. Calculating monthly income.
    - a. When calculating income for the month in which an unusual variation in income occurs, the Administration or its designee shall include the unusual variation in the income calculation.
    - b. When an unusual variation in income occurs during the month, the Administration or its designee shall use the converted method for calculating monthly income if income is received weekly or bi-weekly.
    - c. When projecting income for the months following the month in which the unusual variation occurs, the Administration or its designee shall exclude the unusual variation in income from the income calculation.
- F. Self-employment income.**
  - 1. Description. Self-employment income is income a person earns from the person's own trade or business less allowable expenses.
  - 2. Calculating monthly income. The Administration or its designee shall prorate the income under R9-22-1422.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1425. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1426. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1427. Eligibility Under MAGI**

- A. Caretaker Relatives.** An individual is eligible for AHCCCS medical coverage as a Caretaker Relative when the individual meets the following requirements:
  - 1. Is a caretaker relative as defined in R9-22-1401.
  - 2. The total countable income under R9-22-1420(B) does not exceed 106 percent of the FPL for the number of people in the MAGI income group.
- B. Continued medical coverage.**
  - 1. A caretaker relative eligible under subsection (A) and all dependent children eligible under subsection (D) in the caretaker relative's MAGI income group are entitled to continued AHCCCS coverage for up to 12 months if eligible under subsection (B)(1)(c)(i) and up to four months if eligible under subsection (B)(1)(c)(ii) if the MAGI income group's income exceeds the limit for the income group's size and the following conditions are met:
    - a. The caretaker relative still lives with a dependent child;
    - b. A caretaker relative in the income group received AHCCCS medical coverage under this Section for three calendar months out of the most recent six months; and
    - c. The loss of AHCCCS coverage under this Section is due to:
      - i. Increased earned income of a caretaker relative, or
      - ii. Increased spousal support.
  - 2. An applicant may be added to the continued medical coverage under subsection (B)(1), if the applicant did not

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reside in the household at the time continued medical coverage under this Section was determined and the applicant is:

- a. The spouse or dependent child of a caretaker relative receiving continued medical coverage, or
  - b. The parent of a dependent child who is receiving continued medical coverage.
- C. Pregnant Women.** A pregnant woman is eligible for AHCCCS medical coverage when the total countable income under R9-22-1420(B) does not exceed 156 percent of the FPL for the number of people in the MAGI income group. A pregnant woman who applies for AHCCCS medical coverage during the pregnancy or postpartum period and is determined eligible, remains eligible throughout the postpartum period. The postpartum period begins the day the pregnancy terminates and ends the last day of the month in which the 60th day following pregnancy termination occurs.
- D. Children.** A child less than 19 years of age is eligible for AHCCCS medical coverage when the total countable income under R9-22-1420(B) does not exceed the following percentage of the FPL for the number of people in the MAGI income group:
1. 147 percent for a child under one year of age,
  2. 141 percent for a child age one through five years of age, or
  3. 133 percent for all other persons.
- E. Adults.** An individual is eligible for AHCCCS medical coverage when the individual meets the following eligibility requirements:
1. Is 19 years of age or older but less than 65 years of age;
  2. Is not pregnant;
  3. Is not eligible for AHCCCS Medical Coverage under any other coverage group listed in 42 U.S.C. 1396a(a)(10)(A)(i);
  4. Is not entitled to or enrolled for Medicare benefits under Part A or Part B;
  5. The total countable income under R9-22-1420(B) does not exceed 133 percent of the FPL for the number of people in the MAGI income group; and
  6. When the individual is a caretaker relative, but has income exceeding the limit in subsection (A)(2), each child under age 19 living with the individual is receiving AHCCCS medical coverage or KidsCare, or is enrolled in minimum essential coverage as defined in 42 CFR 435.4.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Section R9-22-1427 repealed; new Section R9-22-1427 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1428. Postpartum Extended Eligibility**

- A.** Eligibility for 12-months postpartum coverage. Individuals who applied and were determined eligible while pregnant, including prior quarter months under R9-22-303(A), remain eligible through the last day of the month in which a 12-month postpartum period, beginning on the last day of the pregnancy, ends.
- B.** Copayments during the Postpartum Extended Eligibility period. Individuals eligible under this section are subject to

copayments after the end of the 60-day postpartum period described in R9-22-1427.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1). New Section made by final rulemaking at 29 A.A.R. 1866 (August 25, 2023), with an immediate effective date of August 1, 2023 (Supp. 23-3).

**R9-22-1429. Eligibility for a Newborn**

A child born to a mother eligible for and receiving medical coverage under this Article, Article 15 of the Chapter, or 9 A.A.C. 28, is automatically eligible for AHCCCS medical coverage for a period not to exceed 12 months. Automatic eligibility begins on the child's date of birth and ends with the last day of the month in which the child turns age one.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1430. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1431. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 2633, effective July 10, 2007 (Supp. 07-3). Amended by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014

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(Supp. 14-1). Repealed by final rulemaking at 21 A.A.R. 1241, effective September 5, 2015 (Supp. 15-3).

**R9-22-1432. Young Adult Transitional Insurance**

An individual is eligible for AHCCCS medical coverage when the individual meets all of the following eligibility requirements:

1. Is 18 through 25 years of age;
2. Was in foster care under the responsibility of the State or Tribe within the State on the individual's 18th birthday;
3. Was eligible for and receiving AHCCCS Medical Coverage on the individual's 18th birthday; and
4. Is not eligible for AHCCCS Medical Coverage under 42 U.S.C. 1396a(a)(10)(A)(i)(I) - (VII).

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1). Amended by final rulemaking at 30 A.A.R. 3749 (December 13, 2024), effective February 2, 2025 (Supp. 24-4).

**R9-22-1433. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1434. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 7 A.A.R. 5701, effective December 1, 2001 (Supp. 01-4). Section repealed by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4).

**R9-22-1435. Eligibility for a Person With Medical Expenses Whose Income is Over 100 Percent FPL**

An applicant who is not eligible for AHCCCS medical coverage due to excess income may become AHCCCS eligible by deducting medical expenses from the applicant's income. This coverage is called Medical Expense Deduction (MED).

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

**R9-22-1436. MED Family Unit**

- A. For the purpose of this Section, a child is an unmarried person under age 18.
- B. The Department shall consider each of the following to be a family when living together:
  1. A parent and the parent's children;
  2. A married couple without children;
  3. A married couple and the children of either or both spouses;
  4. Unmarried parents who live with at least one child in common, and the parents' other children, whether in common or not; and
  5. A person without children.
- C. If an applicant is pregnant, the family unit includes the number of unborn children.
- D. A child of the children included in subsections (B)(1), (B)(3), or (B)(4) is considered part of the family unit when living together.
- E. The Department shall not include a SSI-cash recipient in the MED family unit even if the SSI-cash recipient is a parent, spouse, or child.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

**R9-22-1437. MED Income Eligibility Requirements**

- A. Income exclusions. The exclusions in R9-22-1420(C) apply to the MED family unit.
- B. Income standard.
  1. The Department shall divide the annual FPL for the MED family unit that is in effect during each month of the income period by 12 to determine the monthly FPL.
  2. The Department shall add the monthly FPLs for the income period and multiply the resulting amount by 40 percent.
  3. Changes to the annual FPL are implemented in April of each year.
- C. Income period. The income period is the month of application and the next two months. The Department shall add together the three months' income to establish the MED family unit's income amount.
- D. Medical expense deduction period. The medical expense deduction period is a three-month period consisting of:
  1. For a new application, the month before the application month, the month of application, and month following the application month; or
  2. For a MED eligibility review, the last month of the prior MED eligibility period and the following two months.
- E. The Department shall calculate the amount of countable monthly income as follows:
  1. Subtract a \$90 cost of employment allowance from the gross amount of earned income for each person whose earned income is counted;
  2. Disregard from the remaining earned income an amount billed by the provider for the care of each dependent child under age 18 or incapacitated adult member of the MED family unit if the care is for the purpose of allowing the person to work. If more than one person in the household is responsible for and billed for the care of a dependent child, the disregard may be split between the wage earn-

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ers if splitting the disregard is to the benefit of the family, but shall not exceed the maximum disregards as follows:

- a. A maximum of \$200 for a child under age two and \$175 for other dependents for a wage-earner employed full-time (86 or more hours per month); and
  - b. A maximum of \$100 for a child under age two, and \$88 for other dependents for a wage earner employed part-time (less than 86 hours a month);
3. Add the remaining earned income for each MED family member to the unearned income of all MED family members;
  4. Compare the MED family's unit countable income amount to the income standard in subsection (B). The difference is the amount of medical expenses the family shall incur during the medical expense deduction period to become eligible;
  5. Subtract allowable medical expense deductions that were incurred by:
    - a. A member of the MED family unit;
    - b. A deceased spouse or minor child of a MED family unit if this person would have been a member of the MED unit during the MED expense deduction period;
    - c. A person who was a minor child of a MED family unit member when the expense was incurred but who is no longer a minor child; or
    - d. A minor child, including a child who is a runaway, who left home before the date of application to live with someone other than a parent; and
  6. Compare the net MED family income to the income standard listed in subsection (B).
- F. The family is eligible if the net income in subsection (E)(6) does not exceed the income standard in subsection (B).

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

**R9-22-1438. MED Resource Eligibility Requirements**

- A. Including countable resources. The Department shall include the resources not excluded that belong to and are available to members of the family of a qualified alien under A.R.S. § 36-2903.03 and the sponsor and sponsor's spouse of a person who is a qualified alien.
- B. Ownership and availability. The Department shall evaluate the ownership of resources to determine the availability of resources to a person listed in subsection (A).
  1. Jointly owned resources with ownership records containing the words "and" or "and/or" between the owners' names are available to each owner except if one of the owners refuses to sell. A consent to sale is not required if all owners are members of the MED family unit.
  2. Jointly owned resources with ownership records containing the word "or" between the owners' names are presumed to be available in full to each owner. The applicant or member may rebut the presumption by providing clear and convincing evidence of intent to establish a different type of ownership. If the presumption is rebutted, the resource is available to the owners:
    - a. Consistent with the intent of the owners, or
    - b. Based on each owner's proportionate net contribution if there is not clear and convincing evidence of a different allocation.

3. The Department shall establish availability of a trust under 42 U.S.C. 1396p(d)(4)(A) or (C).
- C. Unavailability. The Department shall consider the following resources unavailable:
1. Property subject to spendthrift restriction, such as:
    - a. Accounts established by the SSA, Veteran's Administration, or similar sources that mandate that the funds in the account be used for the benefit of a person not residing with the MED family unit; or
    - b. Trusts established by a will or funded solely by the income and resources of someone other than a member of the MED family unit.
  2. A resource being disputed in a divorce proceeding or probate matter;
  3. Real property located on a Native American reservation;
  4. A resource held by a conservator to the extent court-imposed restrictions make the resource unavailable to the applicant, member, or member of the family unit for:
    - a. Medical care,
    - b. Food,
    - c. Clothing, or
    - d. Shelter.
- D. Resource exclusion. The Department shall exclude the following resources from the calculation of resources under subsection (E):
1. One burial plot for each person listed in R9-22-1436;
  2. Household furnishings and personal items that are necessary for day-to-day living;
  3. Up to \$1500 of the value of one prepaid funeral plan for each person listed in R9-22-1436 that specifically covers only funeral-related expenses as evidenced by a written contract;
  4. The value of one motor vehicle regularly used for transportation. If the MED family unit owns more than one vehicle, the exclusion is applied to the vehicle with the highest equity value;
  5. The value of a vehicle used to earn income and not used simply for transportation to and from employment;
  6. The value of a vehicle in which a SSI-cash recipient has an ownership interest; and
  7. The value of any vehicle used for medical treatment, employment, or transportation of a SSI-cash disabled child, and that is excluded by SSI for that reason.
  8. Funds set aside in an Individual Development Account under 6 A.A.C. 12, Article 4; and
  9. Any other resource specifically excluded by federal law.
- E. Calculation of resources. The Department shall determine the value of all household resources as follows:
1. Calculate the total amount of countable liquid resources;
  2. Calculate the equity value of each countable non-liquid resource. The Department shall determine the equity value of a countable non-liquid resource by subtracting the amount of valid encumbrances on that resource from:
    - a. The market value of real property if there is no assessor's evaluation of the property,
    - b. The market value of real property if the assessor's value of the real property does not include the value of permanent structures on that property,
    - c. The assessor's full cash value if subsections (E)(2)(a) and (E)(2)(b) do not apply, and
    - d. The market value of a non-liquid resource that is not real property;
  3. Not assign an equity value to a resource that is less than zero; and



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4. Determine the MED family unit's resources by adding the totals determined in subsections (1) and (2).
- F. Resource standard to be eligible for MED. A person is not eligible for MED if the resources determined in subsection (E) exceed \$100,000 or if more than \$5,000 are liquid resources.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

**R9-22-1439. MED Effective Date of Eligibility**

- A. A MED family unit is eligible on the day the income and resource eligibility requirements are met but no earlier than the first day of the month of application. If the family unit meets the income requirements in the application month but does not meet the resource limit until the following month, the family unit's effective date of eligibility is the first day of the month following the month of application.
- B. The Department shall adjust the effective date of eligibility under subsection (A) to an earlier date if:
  1. A member presents verification of additional allowable medical expenses incurred on an earlier date during the medical expense deduction period that allow the member to meet the income requirements, and
  2. The member presents the verification within 60 days of approval of eligibility under this Section.
- C. The Department shall not adjust an effective date of eligibility more than one time per application.
- D. The Department shall adjust the effective date no later than 30 days after the end of the 60-day period under subsection (B)(2).
- E. The Department shall deny an application and provide the applicant a denial notice when the applicant does not meet the MED requirements under this Article during the month of application or the month following the month of application.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

**R9-22-1440. MED Eligibility Period**

The Department shall approve eligibility for six months. Changes in circumstances do not affect eligibility for the first three months.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

**R9-22-1441. Eligibility Appeals**

- A. Adverse actions. An applicant or member may appeal by requesting a hearing from the Department concerning any of the following adverse actions:
  1. Complete or partial denial of eligibility under R9-22-1413;
  2. Suspension, termination, or reduction of AHCCCS medical coverage under R9-22-1415;
  3. Delay in the eligibility determination beyond the timeframes under this Article;
  4. The imposition of or increase in a premium or copayment; or
  5. The effective date of eligibility.
- B. Notice of Adverse Action. The Department shall personally deliver or send, by regular mail, a Notice of Adverse Action to the person affected by the action. For the purpose of this Section, the date of the Notice of Adverse Action shall be the date of personal delivery to the applicant or the postmark date, if mailed.

**C. Automatic change and hearing rights.**

1. An applicant or a member is not entitled to a hearing if the sole issue is a federal or state law requiring an automatic change adversely affecting some or all recipients.
2. An applicant or a member is entitled to a hearing if a federal or state law requires an automatic change and the applicant or member timely files an appeal that alleges a misapplication of the facts to the law.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

**R9-22-1442. Cessation of MED Coverage**

The Department shall not approve any individual or family who has applied on or after May 1, 2011 as eligible for MED coverage. With respect to any applications that are pending as of May 1, 2011, the Department shall not approve any individual or family as eligible for MED coverage who has not met all eligibility requirements prior to May 1, 2011.

**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 1028, effective May 1, 2011 (Supp. 11-2).

**R9-22-1443. Repealed****Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 1345, effective July 8, 2011 (Supp. 11-3). Amended by exempt rulemaking at 17 A.A.R. 2624, effective July 8, 2011 (Supp. 11-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**ARTICLE 15. AHCCCS MEDICAL COVERAGE FOR PEOPLE WHO ARE AGED, BLIND, OR DISABLED****R9-22-1501. General Information**

- A. General. The Administration shall determine eligibility for AHCCCS medical coverage for the following applicants or members using the eligibility criteria and requirements in this Article and Article 3:
  1. A person who is aged, blind, or disabled and does not receive SSI cash; and
  2. A person terminated from the SSI cash program under R9-22-1505.
- B. Definitions. In addition to definitions contained in A.R.S. § 36-2901, the words and phrases in this Chapter have the following meanings unless the context explicitly requires another meaning:

"Aged" means a person who is 65 years of age or older as specified in 42 U.S.C. 1382c(a)(1)(A).

"Blind" means a person who has been determined blind by the Department of Economic Security, Disability Determination Services Administration, under 42 U.S.C. 1382c(a)(2) and 42 CFR 435.530 as of October 1, 2012, which are incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW Washington, DC, 20401. This incorporated by reference contains no future editions or amendments.

"Disabled" means a person who has been determined disabled by the Department of Economic Security, Disability Determination Services Administration, under 42 U.S.C. 1382c(a)(3)(A) through (E) and 42 CFR 435.540 as of October

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1, 2012, which are incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.

**C. Eligibility effective date.**

1. Eligibility is effective on the first day of the month that all eligibility requirements are met, including the period described under R9-22-303.
2. The effective date of eligibility for an applicant who moves into Arizona is no sooner than the date Arizona residency is established.
3. The effective date of eligibility for an inmate applying for medical coverage is the date the applicant no longer meets the definition of an inmate of a public institution.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Amended by exempt rulemaking at 10 A.A.R. 23, effective December 9, 2003 (Supp. 03-4). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1). Amended by final rulemaking at 19 A.A.R. 3309, effective November 30, 2013 (Supp. 13-4). Section amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014; amendments to this Section were slated to be codified in Supp. 14-1 but due to a clerical error, were not published. The amendments to this Section were published in Supp. 20-4 and no additional amendments have been made to this Section since January 7, 2014 (Supp. 20-4).

**R9-22-1502. Repealed**

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1503. Financial Eligibility Criteria**

- A.** General income eligibility. Except as provided under subsection (B) of this rule, the Administration or its designee shall count the identified income under 42 U.S.C. 1382a and 20 CFR 416 Subpart K.
- B.** Exceptions.
  1. In-kind support and maintenance under 42 U.S.C. 1382a(a)(2)(A) is excluded.
  2. For a person living with a spouse, the Administration or its designee calculates net income for an eligible couple under 20 CFR 416.1160 as of April 1, 2013, which is incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference

contains no future editions or amendments, even if the spouse is not eligible for or applying for SSI or coverage under this Article.

3. In determining the net income of a married couple living with a child or the net income of a person who is not living with a spouse but living with a child, a child allocation is allowed as a deduction from the combined net income of the couple for each child regardless of whether the child is ineligible or eligible. For the purposes of this Section, a child means a person who is unmarried, natural or adopted, and under age 18 or under age 22 if a full-time student. Each child's allocation deduction is reduced by that child's income, including public income maintenance payments, using the methodology under 20 CFR 416.1163(b)(1) and (2) as of April 1, 2013, which is incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
4. In determining the income deemed available to an applicant who is a child from an ineligible parent or parents, an allocation for each eligible or ineligible child of the parent is allowed as a deduction from the parent's income under 20 CFR 416.1165(b). The child's allocation is reduced by that child's income, including public income maintenance payments.
5. In determining the income of a person who receives an annual Title II Cost of Living Allowance (COLA) increase, the COLA amount is disregarded from January until the Administration applies the effective income limits under R9-22-1504 based on the FPL for the calendar year.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1504. Eligibility For A Person Who is Aged, Blind, or Disabled**

- A.** To be eligible for AHCCCS medical coverage, an applicant shall meet the conditions of eligibility and requirements in this Article and:
  1. Meet one of the income tests described in subsection (B) or (C), or
  2. The special requirements in R9-22-1505.
- B.** The Administration shall determine whether the applicant's countable income, as described in R9-22-1503, is less than or equal to 100 percent of the SSI FBR, as adjusted annually.
- C.** The Administration shall determine whether the applicant's countable income, as described in R9-22-1503, without deducting the amount from earned income under 42 U.S.C. 1382a(b)(4)(B)(iii), is less than or equal to 100 percent FPL as adjusted annually.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

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Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

**R9-22-1505. Eligibility for Special Groups****A.** The following are considered special groups:

1. A person meeting the requirements in A.R.S. § 36-2903.03 who:
  - a. Is aged, blind, or disabled under 42 CFR 435.520, 42 CFR 435.530, or 42 CFR 435.540 as of October 1, 2012, which are incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
  - b. Received SSI cash or AHCCCS medical coverage under this subsection, or subsections (A)(2), (A)(3), or (A)(4) on or before August 21, 1996;
  - c. Was residing in the United States under color of law on or before August 21, 1996; and
  - d. Meets the requirements under this Article;
2. A disabled child (DC) under 42 U.S.C. 1396a(a)(10)(A)(i)(II). A disabled child is a child who:
  - a. Was receiving SSI cash benefits as a disabled child on August 22, 1996;
  - b. Lost SSI cash benefits effective July 1, 1997, or later, due to a disability determination under Section 211(d) of Subtitle B of P.L. 104-193;
  - c. Continues to meet the disability requirements for a child that were in effect on August 21, 1996; and
  - d. Meets the requirements under this Article;
3. A disabled adult child (DAC), under 42 U.S.C. 1383c(c) who:
  - a. Was determined disabled by the Social Security Administration before attaining the age of 22 years,
  - b. Became entitled to or received an increase in child's insurance benefits under Title II of the Act on the basis of blindness or disability,
  - c. Was terminated from SSI cash benefits due to entitlement to or an increase in income under Title II of the Act,
  - d. Meets the requirements under this Article, and
  - e. Is 18 years of age or older;
4. A disabled widow or widower (DWW) under 42 U.S.C. 1383c(b) and (d) who:
  - a. Is blind or disabled,
  - b. Is ineligible for Medicare Part A benefits,
  - c. Received SSI cash benefits the month before Title II of the Act benefit payments began,
  - d. Meets the requirements under this Article;
  - e. Is at least 50 years of age but under age 65; and
  - f. Is unmarried.
5. Under 42 CFR 435.135, a person who:
  - a. Is aged, blind, or disabled;
  - b. Receives benefits under Title II of the Act;
  - c. Received SSI cash benefits in the past;
  - d. Received SSI cash benefits and Title II of the Social Security Act benefits concurrently for at least one month anytime after April 1977;
  - e. Became ineligible for SSI cash benefits while receiving SSI and benefits under Title II of the Act concurrently; and
  - f. Meets the requirements under this Article.

**B.** Income for special groups.

1. Except as provided in subsection (B)(2), income eligibility is determined using the income criteria in R9-22-1503.
2. Exceptions to income for special groups.
  - a. For a person in the DAC coverage group under subsection (A)(3), the applicant's Title II of the Social Security Act benefits are disregarded in determining income eligibility under 42 U.S.C. 1383c(c).
  - b. For a person in the DWW coverage group, under subsection (A)(4), the applicant's Title II of the Social Security Act benefits are disregarded in determining income eligibility under 42 U.S.C. 1383c(b) and (d).
  - c. For an applicant or member in the coverage group under subsection (A)(5), the portion of the applicant's or member's Title II of the Social Security Act benefits attributed to cost-of-living adjustments received by the applicant since the effective date of SSI ineligibility is disregarded in determining income eligibility under 42 CFR 435.135.
- C. 100 percent FBR. As a condition of eligibility for all special groups, countable income shall be equal to or less than 100 percent of the SSI FBR, as adjusted annually.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1506. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1507. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1508. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**ARTICLE 16. HOSPITAL PRESUMPTIVE ELIGIBILITY****R9-22-1601. General Eligibility Requirements**

- A. Notwithstanding Article 3, a qualified hospital may determine Hospital Presumptive Eligibility (HPE), on the basis of preliminary information, that an individual is eligible for AHCCCS medical coverage during the presumptive eligibility period described in this Section, if the individual is a United States citizen or eligible qualified alien, and the individual is:
  1. Pregnant with gross household income that does not exceed 156% of the FPL;

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2. An adult who meets the requirements of R9-22-1427(E);
  3. A caretaker relative as defined in R9-22-1401(B) with gross household income that does not exceed 106% of the FPL;
  4. Under age 19 with gross household income that does not exceed the limit set in R9-22-1427(D) for the child's age;
  5. A woman screened for breast or cervical cancer by an Arizona program of the National Breast and Cervical Cancer Early Detection Program who meets the requirements of R9-22-2003(A); or
  6. A former foster care child who meets the requirements of R9-22-1432.
- B.** Definitions. In addition to definitions contained in R9-22-101 and A.R.S. § 36-2901, the words and phrases in this Article have the following meanings unless the context explicitly requires another meaning: "Qualified hospital" means a hospital that has signed an agreement with the Administration to process HPE applications and has not been disqualified.
- C.** Application Process:
1. Right to apply. A person may apply for presumptive eligibility for AHCCCS medical coverage by submitting an Administration-approved application to the qualified hospital.
  2. Application. To initiate the application process, the qualified hospital will accept an application from the applicant, an adult who is in the applicant's household, as defined in 42 CFR 435.603(f), or family, as defined in section 36B(d)(1) of the Internal Revenue Service (IRS) Code, an authorized representative, or if the applicant is a minor or incapacitated, someone acting responsibly for the applicant by submitting a written or online application under 42 CFR 435.907.
- D.** To establish presumptive eligibility, an applicant must complete and submit an AHCCCS-approved presumptive eligibility application signed under penalty of perjury to a qualified hospital. The applicant must attest to the name(s), relationship(s), and income of all persons in the household. In addition, the applicant must provide and attest to the following information regarding each household member on whose behalf AHCCCS medical coverage is sought:
1. The individual's date of birth;
  2. Whether the individual is pregnant;
  3. Whether the individual has been determined eligible for Breast and Cervical Cancer Treatment Program, described under Article 20;
  4. Whether the individual is a former foster child, described under R9-22-1432;
  5. The U.S. citizenship status or eligible qualified alien status under A.R.S. 36-2903.03 of the individual; and
  6. The individual's permanent and mailing addresses;
  7. The individual's Arizona residency status; and
  8. Whether the individual has Medicare coverage.
- E.** Presumptive eligibility begins on the date the hospital determines an individual's presumptive eligibility and ends with the earlier of:
1. In the case of an individual on whose behalf an application has been submitted to AHCCCS or its designee under Article 3, the day on which AHCCCS or its designee makes a determination on that application; or
  2. In the case of an individual on whose behalf an application has not been submitted to AHCCCS or its designee under Article 3, on the last day of the following month in which the determination of presumptive eligibility was made by the qualified hospital.
- F.** An individual may not be determined presumptively eligible more often than once every two years.
- G.** Coverage and reimbursement of services.
1. The Administration shall provide coverage of medically necessary services described under Article 2 to persons determined eligible for HPE on a fee-for-service basis.
  2. Providers shall submit claims for services provided to persons determined eligible for HPE to the Administration as described under Article 7.
- H.** A member may withdraw from HPE coverage by notifying the Administration or its designee.
- I.** Upon determining an individual presumptively eligible, the qualified hospital shall:
1. Notify the applicant at the time a determination regarding presumptive eligibility is made, in writing and orally if appropriate, of the determination for each individual on whose behalf presumptive eligibility was requested and the effective date of the presumptive eligibility;
  2. Provide the applicant with a regular AHCCCS-approved application form and inform the applicant that the applicant may file an application for Medicaid with the Administration or its designee;
  3. Notify AHCCCS of the presumptive eligibility determination;
  4. Notify the applicant at the time the determination is made that presumptive eligibility ends with the earlier of:
    - a. In the case of an individual on whose behalf an application has been submitted to AHCCCS or its designee under Article 3, the day on which AHCCCS or its designee makes a determination on that application; or
    - b. In the case of an individual on whose behalf an application has not been submitted to AHCCCS or its designee under Article 3, on the last day of the following month in which the determination of presumptive eligibility was made by the qualified hospital.
- J.** A determination by a qualified hospital that an individual is not presumptively eligible is not appealable under Chapter 34. If a qualified hospital denies an individual presumptive eligibility, the individual may apply for coverage by submitting an application to the Administration or its designee.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4). New Section made by final rulemaking at 20 A.A.R. 3436, effective January 1, 2015 (Supp. 14-4).

**R9-22-1602. Expired****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-

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New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section

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expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

**R9-22-1615. Expired****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

**R9-22-1616. Expired****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

**R9-22-1617. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1618. Expired****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

**R9-22-1619. Expired****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

**R9-22-1620. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1621. Reserved****R9-22-1622. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1623. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1624. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1625. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1626. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1627. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1628. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1629. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1630. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1631. Repealed**

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**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1632. Reserved**

**R9-22-1633. Repealed**

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1634. Repealed**

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1635. Reserved**

**R9-22-1636. Repealed**

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**ARTICLE 17. ENROLLMENT****R9-22-1701. Enrollment-Related Definitions**

In addition to definitions contained in A.R.S. § 36-2901, the words and phrases in this Chapter have the following meanings unless the context explicitly requires another meaning:

“Annual enrollment choice” means the annual opportunity for a person to change contractors.

“Auto-assignment algorithm” or “Algorithm” means a formula used by the Administration to assign to a contractor a member who did not make a timely choice under R9-22-1702.

“CMDP” means Comprehensive Medical and Dental Program.

“Disenrollment” means the discontinuance of a person’s entitlement to receive covered services from a contractor of record.

“Enrollment” means the process by which an eligible person becomes a member of a contractor’s plan.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended to correct a typographical error, filed in the Office of the Secretary of State October 30, 2001 (Supp. 01-4). Amended by exempt rulemaking at 7 A.A.R. 5701, effective December 1, 2001 (Supp. 01-4). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Section repealed; new Section made by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2).

**R9-22-1702. Enrollment of a Member with an AHCCCS**

**Contractor**

**A.** General enrollment requirements. The Administration shall enroll a member with a contractor as described in this Section, unless the member has pre-selected a contractor on the application:

1. Except as provided in subsections (A)(3), (A)(5), and (C), a member who is determined to be eligible under this Chapter and resides in an area served by more than one contractor, may choose an available contractor serving the member’s GSA within 30 days from the date of notice of enrollment. A Native American member may select IHS or another available contractor.
2. If the member does not make a choice under subsection (A)(1), the Administration shall immediately auto-assign the member to:
  - a. IHS if the member is a Native American living on a reservation,
  - b. A contractor based on family continuity, or
  - c. A contractor by using the auto-assignment algorithm.
3. If the member’s period of ineligibility and disenrollment from the contractor of record is for a period of less than 90 days, the Administration shall enroll the member with the member’s most recent contractor of record, if available, except if:
  - a. The member no longer resides in the contractor’s GSA;
  - b. The contractor’s contract is suspended or terminated;
  - c. The member was previously enrolled with CMDP but at the time of re-enrollment the member is not a foster care child;
  - d. The member chooses another contractor or chooses IHS, if available to the member, during the annual enrollment choice period; or
  - e. The member was previously enrolled with a contractor but at the time of re-enrollment the member is a foster care child.
4. When the member’s disenrollment period is more than 90 days, the member may select a contractor as described in subsection (A)(1).
5. The Administration shall not enroll a member with a contractor if a member:
  - a. Is eligible for the FESP under R9-22-1419;
  - b. Is eligible for less than 30 days from the date the Administration receives notification of a member’s eligibility, except for a member who is enrolled with CMDP or IHS;
  - c. Is eligible only for a retroactive period of eligibility, except for a member who is enrolled with CMDP or IHS; or
  - d. Resides in an area not served by a contractor.
- B.** Fee-for-service coverage. A member not enrolled with a contractor under subsection (A)(5) shall obtain covered medical services from an AHCCCS-registered provider on a fee-for-service basis under Article 7.
- C.** Foster care child. The Administration shall enroll a member with CMDP if the member is a foster care child under A.R.S. § 8-512.
- D.** Family Planning Services Extension Program. A member eligible for the Family Planning Services Extension Program under R9-22-1431, shall remain enrolled with the member’s contractor of record or IHS.
- E.** Contractor or IHS enrollment change for a member.

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1. The Administration shall change a member's enrollment if the member requests a change to an available contractor or IHS during an annual enrollment period. A Native American may change from an available contractor to IHS or from IHS to an available contractor at any time.
2. The Administration shall approve a change in enrollment for any member if the change is a result of the final outcome of a grievance under 9 A.A.C. 34.
3. A member may choose a different contractor if the member moves into a GSA not served by the current contractor or if the contractor is no longer available. If the member does not select a contractor, the Administration shall auto-assign the member as provided in subsection (A)(2).
4. The Administration shall provide the member 60-day advance notice of the member's option to change plans by the member's annual enrollment date.
5. A member may disenroll from a plan if:
  - a. The member moves out of the GSA;
  - b. The plan does not, because of moral or religious objections, cover the service a member seeks; or
  - c. The member needs related services to be performed at the same time; not all related services are available within the network; and the member's primary care provider or another provider determines that receiving the services separately would subject the member to unnecessary risk.
6. For exceptions to this Article, the Administration shall approve a change for an enrolled member as determined by the Director.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2).

**R9-22-1703. Effective Date of Enrollment with a Contractor**

- A. Effective date of enrollment. A member's date of enrollment is the date enrollment action is taken by the Administration. However, if a plan change occurs for an annual enrollment choice, the effective date is the month of the member's enrollment anniversary date.
- B. Financial liability of the contractor. The contractor shall be financially liable for an enrolled member's care as specified in contract.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2).

**R9-22-1704. Newborn Enrollment**

- A. General.
  1. The Administration shall enroll a newborn child of an eligible mother with an available contractor or IHS, based on the mother's enrollment.
  2. The Administration shall auto-assign a newborn child of an eligible mother who is not enrolled with a contractor or IHS or who is enrolled with CMDP. When a mother enrolled in CMDP has a newborn and the newborn is sur-

rendered to Administration on Children, Youth and Families (ACYF), the newborn is then enrolled with CMDP.

3. The Administration shall notify the mother of the right to choose a different contractor for her newborn child. The mother may make her choice within 30 days from the date of notice of enrollment.
- B. Financial liability for newborns. The contractor shall be financially liable for the medical care of a newborn as specified in contract.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended to correct a typographical error, filed in the Office of the Secretary of State October 30, 2001 (Supp. 01-4). Section repealed; new Section made by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2).

**R9-22-1705. Guaranteed Enrollment Period**

- A. General. Except for members enrolled with IHS or CMDP, the Administration shall provide a guaranteed enrollment period for a one-time period that begins on the effective date of the member's initial enrollment with a contractor and ends on the last day of the fifth full calendar month after the date of the member's initial enrollment.
- B. Exceptions to guaranteed period. The Administration shall not grant a guaranteed enrollment period or shall terminate a guaranteed enrollment period as provided in subsection (C), if the member:
  1. Did not meet the conditions of eligibility when initially enrolled with the contractor;
  2. Except as provided in 9 A.A.C. 22, Article 12, is an inmate of a public institution as defined in 42 CFR 435.1010;
  3. Dies;
  4. Moves out-of-state;
  5. Voluntarily withdraws from the AHCCCS program;
  6. Is adopted; or
  7. Has whereabouts that are unknown.
- C. Disenrollment effective date. The Administration shall terminate any guaranteed enrollment period to which the member is not entitled effective on:
  1. The date the member is admitted to a public institution under subsection (B);
  2. The member's date of death;
  3. The last day of the month in which the Administration receives notification that a member moved out-of-state;
  4. The date the Administration receives written notification of the member's voluntary withdrawal from the AHCCCS program;
  5. The last day of the month in which the Administration receives notification that a member's adoption proceedings are finalized; or
  6. The last day of the month in which the Administration receives notification that a member's whereabouts are unknown.
- D. Retroactive adjustments. The Administration shall adjust the member's eligibility and enrollment retroactively under subsection (C).

**Historical Note**



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New Section made by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2).

**ARTICLE 18. PROVIDER EXCLUSION RULES****R9-22-1801. Definitions**

“Administration” has the meaning defined in A.R.S. § 36-2901.

“Affiliation” has the meaning defined in 42 C.F.R. § 424.502.

“Managing employee” has the meaning defined in 42 C.F.R. § 455.101.

“Member” has the meaning defined in A.R.S. § 36-2901.

“Person with an ownership or control interest” has the meaning defined in 42 C.F.R. § 455.101 and 42 C.F.R. § 455.102.

“System” has the meaning defined in A.R.S. § 36-2901.

**Historical Note**

Section made by emergency rulemaking at 29 A.A.R. 1577 (July 14, 2023), with an immediate effective date of July 3, 2023; effective for 180 days (Supp. 23-3). Emergency renewed at 30 A.A.R. 69 (January 12, 2024), with an immediate effective date of December 21, 2023; effective for 180 days (Supp. 23-4). New Section made by final rulemaking at 30 A.A.R. 1977 (May 31, 2024), effective June 26, 2024; AHCCCS was granted an earlier effective date one day before the renewed emergency was due to expire to maintain continuity of administering this Section (Supp. 24-2).

**R9-22-1802. Basis for Exclusion**

- A. In addition to such grounds for exclusion set for in subsections A and B of A.R.S. § 36-2930.05, the Administration, in its sole discretion, may exclude:
  1. Any individual or entity which has failed to comply with any requirement, term, or condition set forth in any agreement with the Administration;
  2. Any individual or entity which has failed to remit any indebtedness or overpayment as required by A.A.C. R9-22-713;
  3. Any entity which has a managing employee or any entity with a person with an ownership or control interest that:
    - a. Has failed to remit any indebtedness or overpayment as required by A.A.C. R9-22-713;
    - b. Has an affiliation with an organization which has failed to remit any indebtedness or overpayment as required by A.A.C. R9-22-713;
  4. Any individual or any entity with a managing employee or a person with an ownership or control interest that has been convicted of a criminal offense which the Administration, in its sole discretion, determines may represent an undue risk of fraud, waste, or abuse of the system or an undue risk of harm to members;
  5. Any individual or entity who employs any person to furnish items or services who has been excluded from participation in the system pursuant to A.R.S. § 36-2930.05;
  6. Any individual who is or was a managing employee or a person with an ownership or control interest who participated in, condoned, or was willfully ignorant of any action or failure to act of an entity which was or could have been the basis for exclusion of the entity;
  7. Any individual who was an organizer, leader, manager, or supervisor of any entity activity which was or could have been the basis for exclusion of the entity; or

8. Any individual or entity in order to protect the health of members.

- B. The delineation of grounds for exclusion herein does not exclude any other basis for exclusion pursuant to A.R.S. § 36-2930.05(C).

**Historical Note**

Section made by emergency rulemaking at 29 A.A.R. 1577 (July 14, 2023), with an immediate effective date of July 3, 2023; effective for 180 days (Supp. 23-3). Emergency renewed at 30 A.A.R. 69 (January 12, 2024), with an immediate effective date of December 21, 2023; effective for 180 days (Supp. 23-4). New Section made by final rulemaking at 30 A.A.R. 1977 (May 31, 2024), effective June 26, 2024; AHCCCS was granted an earlier effective date one day before the renewed emergency was due to expire to maintain continuity of administering this Section (Supp. 24-2).

**R9-22-1803. Period of Exclusion**

- A. Pursuant to A.R.S. § 36-2930.05 and 42 C.F.R. § 1002.210, any exclusion from participation in the system shall be for such period as determined in the discretion of the Administration, but in no event shall such period be less than five years.
- B. In determining the period of exclusion, the Administration, in its sole discretion, may consider aggravating and mitigating factors set forth in any provision of Code of Federal Regulations Chapter 42 part 1001, Subpart C or part 1003.

**Historical Note**

Section made by emergency rulemaking at 29 A.A.R. 1577 (July 14, 2023), with an immediate effective date of July 3, 2023; effective for 180 days (Supp. 23-3). Emergency renewed at 30 A.A.R. 69 (January 12, 2024), with an immediate effective date of December 21, 2023; effective for 180 days (Supp. 23-4). New Section made by final rulemaking at 30 A.A.R. 1977 (May 31, 2024), effective June 26, 2024; AHCCCS was granted an earlier effective date one day before the renewed emergency was due to expire to maintain continuity of administering this Section (Supp. 24-2).

**R9-22-1804. Appeal of Exclusion**

- A. Any exclusion of an individual or entity pursuant to A.R.S. § 36-2930.05 is an appealable agency action subject to the Uniform Administrative Appeals Procedures, A.R.S. § 41-1092, et seq.
- B. The Administration shall set forth in the notice of an appealable agency action required by A.R.S. § 41-1092.03 the period of exclusion and the earliest date on which AHCCCS will consider a request for reinstatement.

**Historical Note**

Section made by emergency rulemaking at 29 A.A.R. 1577 (July 14, 2023), with an immediate effective date of July 3, 2023; effective for 180 days (Supp. 23-3). Emergency renewed at 30 A.A.R. 69 (January 12, 2024), with an immediate effective date of December 21, 2023; effective for 180 days (Supp. 23-4). New Section made by final rulemaking at 30 A.A.R. 1977 (May 31, 2024), effective June 26, 2024; AHCCCS was granted an earlier effective date one day before the renewed emergency was due to expire to maintain continuity of administering this Section (Supp. 24-2).

**R9-22-1805. Reinstatement of Participation**

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- A. If the period of exclusion has expired, an individual or entity may apply for reinstatement of participation in the system by submission of the following:
1. An application for participation as a provider.
  2. Information to demonstrate reasonable assurances that the type of actions that formed the basis for the original exclusion have not recurred and will not recur.
  3. Such other information as may be requested by the Administration.
- B. In making the reinstatement determination, the Administration may consider:
1. Conduct of the individual or entity occurring prior to the date of the exclusion, if not known to the Administration at the time of the exclusion;
  2. Conduct of the individual or entity after the date of the exclusion;
  3. Whether all fines and all debts due and owing (including overpayments) to any Federal, State, or local government that relate to Medicare, Medicaid, and all other Federal health care programs have been paid;
  4. Whether the individual or entity otherwise qualifies for participation in the system;
  5. Whether reinstatement is in the best interest of the system;
  6. Such other information as deemed relevant by the Administration.

**Historical Note**

Section made by emergency rulemaking at 29 A.A.R. 1577 (July 14, 2023), with an immediate effective date of July 3, 2023; effective for 180 days (Supp. 23-3). Emergency renewed at 30 A.A.R. 69 (January 12, 2024), with an immediate effective date of December 21, 2023; effective for 180 days (Supp. 23-4). New Section made by final rulemaking at 30 A.A.R. 1977 (May 31, 2024), effective June 26, 2024; AHCCCS was granted an earlier effective date one day before the renewed emergency was due to expire to maintain continuity of administering this Section (Supp. 24-2).

**R9-22-1806. Denial of Reinstatement**

- A. If an application for reinstatement is denied, the Administration shall give written notice to the requesting individual or entity.
- B. Within 30 days of the date on the notice of denial of reinstatement, the excluded individual or entity may submit documentary evidence and written argument against the continued exclusion.
- C. After evaluating any additional evidence submitted by the excluded individual or entity (or at the end of the 30-day period if none is submitted), the Administration will send written notice either confirming the denial and indicating that a subsequent request for reinstatement will not be considered until at least one year after the date of the denial or approving the request for reinstatement of participation.
- D. Any notice confirming a denial of reinstatement is an appealable agency action subject to the Uniform Administrative Appeals Procedures, A.R.S. § 41-1092, et seq.

**Historical Note**

Section made by emergency rulemaking at 29 A.A.R. 1577 (July 14, 2023), with an immediate effective date of July 3, 2023; effective for 180 days (Supp. 23-3). Emergency renewed at 30 A.A.R. 69 (January 12, 2024), with an immediate effective date of December 21, 2023; effective for 180 days (Supp. 23-4). New Section made by

final rulemaking at 30 A.A.R. 1977 (May 31, 2024), effective June 26, 2024; AHCCCS was granted an earlier effective date one day before the renewed emergency was due to expire to maintain continuity of administering this Section (Supp. 24-2).

**ARTICLE 19. FREEDOM TO WORK**

*Article 19, consisting of Sections R9-22-1901 through R9-22-1922, made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4).*

**R9-22-1901. General Freedom to Work Requirements**

Under 42 U.S.C. 1396a(a)(10)(A)(ii)(XV) and (XVI), the Administration shall determine eligibility for AHCCCS medical services, under Article 2 of this Chapter, using the eligibility criteria and requirements under this Article for an applicant or member who is:

1. At least 16 years of age, but less than 65 years of age,
2. Employed, and
3. Not income eligible under A.R.S. § 36-2901(6)(a).

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4).

**R9-22-1902. General Administration Requirements**

The Administration shall comply with the confidentiality rule under R9-22-512(C).

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

**R9-22-1903. Application for Coverage**

- A. A person may apply by submitting an application to an Administration office.
- B. The application date is the date the application is received at an Administration office or outstation location approved by the Director as described under R9-22-1406(A).
- C. The provisions in R9-22-302 apply to this Section.
- D. The applicant or representative who files the application may withdraw the application for coverage either orally or in writing. An applicant withdrawing an application shall receive a denial notice under R9-22-1904.
- E. Except as provided in 42 CFR 435.911, the Administration shall determine eligibility within 45 days.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 30 A.A.R. 2674 (August 30, 2024), effective October 8, 2024 (Supp. 24-3).

**R9-22-1904. Notice of Approval or Denial**

The Administration shall send an applicant a written notice of the decision regarding the application. This notice shall include a statement of the action, and:

1. If approved, the notice shall contain:
  - a. The effective date of eligibility,
  - b. The amount the person shall pay, and
  - c. An explanation of the person's hearing rights specified in 9 A.A.C. 34.
2. If denied, R9-22-307 applies.

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**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 30 A.A.R. 2674 (August 30, 2024), effective October 8, 2024 (Supp. 24-3).

**R9-22-1905. Reporting and Verifying Changes**

An applicant or member shall report and verify changes, as described under R9-22-306, to the Administration.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 30 A.A.R. 2674 (August 30, 2024), effective October 8, 2024 (Supp. 24-3).

**R9-22-1906. Actions that Result from a Redetermination or Change**

The processing of a redetermination or change shall result in one of the following actions:

1. No change in eligibility or premium,
2. Discontinuance of eligibility if a condition of eligibility is no longer met,
3. A change in premium amount, or
4. A change in the coverage group under which a person receives AHCCCS medical coverage.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4).

**R9-22-1907. Notice of Adverse Action Requirements**

- A. The requirements under R9-22-312 apply.
- B. Advance notice of a change in eligibility or premium amount. Advance notice means a notice of proposed action that is issued to the member at least 10 days before the effective date of the proposed action. Except under subsection (C), advance notice shall be issued whenever an adverse action is taken to discontinue eligibility, or increase the premium amount.
- C. Exceptions from advance notice. A notice shall be issued to the member to discontinue eligibility no later than the effective date of action if:
  1. A member provides a clearly written statement, signed by that member, that services are no longer wanted.
  2. A member provides information that requires termination of eligibility or reduction of services, indicates that the member understands that this must be the result of supplying that information, and the member signs a written statement waiving advance notice;
  3. A member cannot be located and mail sent to the member's last known address has been returned as undeliverable subject to reinstatement of discontinued services under 42 CFR 431.231(d);
  4. A member has been admitted to a public institution where a person is ineligible for coverage;
  5. A member has been approved for Medicaid in another state; or
  6. The Administration receives information confirming the death of a member.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final

rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 30 A.A.R. 2674 (August 30, 2024), effective October 8, 2024 (Supp. 24-3).

**R9-22-1908. Request for Hearing**

An applicant or member may request a hearing under 9 A.A.C. 34.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

**R9-22-1909. Conditions of Eligibility**

An applicant or member shall meet the following conditions to qualify for the Freedom to Work program:

1. Furnish a valid Social Security Number (SSN);
2. Be a resident of Arizona;
3. Be a citizen of the United States, or meet requirements for a qualified alien under A.R.S. § 36-2903.03(B);
4. Be at least 16 years of age, but less than 65 years of age;
5. Have countable income that does not exceed 250 percent of FPL. The Administration shall count the income under 42 U.S.C. 1382a and 20 CFR 416 Subpart K with the following exceptions:
  - a. The unearned income of the applicant or member shall be disregarded,
  - b. The income of a spouse or other family member shall be disregarded, and
  - c. The deduction for a minor child shall not apply;
6. Comply with the member responsibility provisions under R9-22-306.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1). Section repealed; new Section made by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 30 A.A.R. 2674 (August 30, 2024), effective October 8, 2024 (Supp. 24-3).

**R9-22-1910. Prior Quarter Eligibility**

A person may be made eligible during a prior quarter period when applying for the Freedom to Work program, as described under Article 3.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1). New Section made by final rulemaking at 19 A.A.R. 3309, effective November 30, 2013 (Supp. 13-4).

**R9-22-1911. Repealed****Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

**R9-22-1912. Repealed****Historical Note**

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New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

**R9-22-1913. Premium Requirements**

- A.** As a condition of eligibility, an applicant or member shall:
1. Pay the premium required under subsection (B).
  2. Not have any unpaid premiums for more than one month's premium amount.
- B.** The Administration shall process premiums under 9 A.A.C. 31, R9-31-1409 through R9-31-1419 with the following exceptions:
1. A member who has countable income:
    - a. Under \$500, the monthly premium payment shall be \$0.
    - b. Over \$500 but not greater than \$750, the monthly premium payment shall be \$10.
  2. The premium for a member shall be increased by \$5 for each \$250 increase in countable income above \$750.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 30 A.A.R. 2674 (August 30, 2024), effective October 8, 2024 (Supp. 24-3).

**R9-22-1914. Repealed****Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

**R9-22-1915. Institutionalized Person**

- A.** A person is not eligible for AHCCCS medical coverage if the person is:
1. An inmate of a public institution if federal financial participation (FFP) is not available, or
  2. Age 22 through age 64 and is residing in an ICF/IID except when allowed under the Administration's Section 1115 Demonstration Project or allowed under a managed care contract approved by CMS.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 30 A.A.R. 2674 (August 30, 2024), effective October 8, 2024 (Supp. 24-3).

**R9-22-1916. Repealed****Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

**R9-22-1917. Repealed****Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Section repealed

by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

**R9-22-1918. Additional Eligibility Criteria for the Basic Coverage Group**

An applicant or member shall meet the following eligibility criteria:

1. Disabled. As a condition of eligibility, an applicant or member shall be disabled. Disabled means a person who has been determined disabled by the Department of Economic Security, Disability Determination Services Administration, under 42 U.S.C. 1382c(a)(3)(A) through (E), except employment activity, earnings, and substantial gainful activity shall not be considered in determining whether the individual meets the definition of disability.
2. Employed. As a condition of eligibility, an applicant or member shall be employed. Employed means that an applicant or member is paid for working and Social Security or Medicare taxes are paid on the applicant or member's work.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4).

**R9-22-1919. Additional Eligibility Criteria for the Medically Improved Group**

As a condition of eligibility for the Medically Improved Group, a member shall:

1. Be employed. Under this Section, employed means an individual who:
  - a. Earns at least the minimum wage and works at least 40 hours per month, or
  - b. Has gross monthly earnings at least equal to those earned by an individual who is earning the minimum wage working 40 hours per month.
2. Cease to be eligible for medical coverage under R9-22-1918 or a similar Basic Coverage Group program administered by another state because the member, by reason of medical improvement, is determined at the time of a regularly scheduled continuing disability review to no longer be disabled; and
3. Continues to have a severe medically determinable impairment, as determined under 42 U.S.C. 1396d(v)(1).

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 30 A.A.R. 2674 (August 30, 2024), effective October 8, 2024 (Supp. 24-3).

**R9-22-1920. Repealed****Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

**R9-22-1921. Enrollment**

The Administration shall enroll members under Article 17 of this Chapter. If a member has not paid a required premium, the Administration shall not grant a guaranteed enrollment period.

**Historical Note**

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New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4).

**R9-22-1922. Redetermination of Eligibility**

- A. Redetermination. Except as provided in subsection (B), the Administration shall complete a redetermination of eligibility at least once a year.
- B. Change in circumstance. The Administration shall complete a redetermination of eligibility if there is a change in the member's circumstances, including a change in disability or employment that may affect eligibility.
- C. Medical Improvement. If a member is no longer disabled under R9-22-1918, the Administration shall determine if the member is eligible under other coverage groups including the medically improved group.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 30 A.A.R. 2674 (August 30, 2024), effective October 8, 2024 (Supp. 24-3).

**ARTICLE 20. BREAST AND CERVICAL CANCER TREATMENT PROGRAM****R9-22-2001. Breast and Cervical Cancer Treatment Program Related Definitions**

In addition to definitions contained in A.R.S. § 36-2901, the words and phrases in this Chapter have the following meaning unless the context explicitly requires another meaning:

“AZ-NBCCEDP” means the Arizona programs of the National Breast and Cervical Cancer Early Detection Program. AZ-NBCCEDP provides breast and cervical cancer screening and diagnosis in Arizona.

“Cryotherapy” means the destruction of abnormal tissue using an extremely cold temperature.

“LEEP” means the loop electrosurgical excision procedure that passes an electric current through a thin wire loop.

“Peer-reviewed study” means that, prior to publication, a medical study has been subjected to the review of medical experts who:

- Have expertise in the subject matter of the study,
- Evaluate the science and methodology of the study,
- Are selected by the editorial staff of the publication, and
- Review the study without knowledge of the identity or qualifications of the author.

“WWHP” means the Well Women Healthcheck Program administered by the Arizona Department of Health Services. The WWHP is one of the programs within AZ-NBCCEDP that provides breast and cervical cancer screening and diagnosis.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Section repealed; new Section made by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4).

**R9-22-2002. General Requirements**

- A. Confidentiality. The Administration shall maintain the confidentiality of a woman's records and shall not disclose a woman's financial, medical, or other confidential information except as allowed under R9-22-512.
- B. Covered services. A woman who is eligible under this Article receives all medically necessary services under Articles 2 and 12 of this Chapter.

- C. Choice of health plan. A woman who is eligible under this Article shall be enrolled with a contractor under Article 17 of this Chapter.
- D. A woman qualified under this Article shall be exempt from co-pays as described in R9-22-711(C)(9).

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Section repealed; new Section made by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4). Amended by final rulemaking at 31 A.A.R. 1838 (June 6, 2025), effective July 14, 2025 (Supp. 25-2).

**R9-22-2003. Eligibility Criteria**

- A. General. To be eligible under this Article, a woman shall meet the requirements of this Article and:
  1. Be screened for breast and cervical cancer through AZN-BCCEDP;
  2. Be less than 65 years of age;
  3. Be ineligible for Title XIX under Articles 14 and 15 in this Chapter and under 9 A.A.C. 28;
  4. Receive a positive screen under subsection (A)(1), a confirmed diagnosis through AZ-NBCCEDP, and need treatment for breast cancer or cervical cancer, including a precancerous cervical lesion, as specified in R9-22-2004;
  5. Not be covered under creditable coverage as specified in Section 2701(c) of the Public Health Services Act, 42 U.S.C. 300gg(c). For purposes of this Article, IHS or Tribal health coverage is not considered creditable coverage as specified in 42 U.S.C. 1396a(a)(10)(A)(ii), as amended by the Native American Breast and Cervical Cancer Treatment Technical Amendment Act of 2002; and
  6. Meet the requirements under R9-22-305.
- B. Ineligible woman. A woman is ineligible under this Article if the woman:
  1. Is an inmate of a public institution and federal financial participation (FFP) is not available,
  2. Is at least age 21 but less than age 65 and resides in an Institution for Mental Disease (IMD) as defined in R922-112, except if allowed under the Administration's Section 1115 waiver.
- C. Metastasized cancer. The AHCCCS Administration may continue a woman's eligibility under this Article if a metastasized cancer is found in another part of the woman's body and that metastasized cancer is a known or a presumed complication of the breast or cervical cancer as determined by the treating physician.
- D. Reoccurrence of cancer. A woman's eligibility under this Article shall be reinstated if, after her initial eligibility ends, she undergoes screening through the AZ-NBCCEDP program and is diagnosed with breast cancer, cervical cancer, or a precancerous cervical lesion.
- E. Ineligible male. A male is precluded from receiving screening and diagnostic services under the AZ-NBCCEDP program and is ineligible under this Article.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Amended by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4). Amended by final rulemaking at 31

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A.A.R. 1838 (June 6, 2025), effective July 14, 2025  
(Supp. 25-2).

**R9-22-2004. Treatment**

- A.** Breast cancer. Coverage for treatment for breast cancer under this Article shall conclude on the last provider visit for the specific treatment of the cancer or at the end of hormonal therapy for the cancer, whichever is later. For purposes of this subsection treatment means:
1. Lumpectomy or surgical removal of breast cancer;
  2. Chemotherapy;
  3. Radiation therapy; and
  4. A treatment for breast cancer that, as determined by the AHCCCS Administration, is considered the standard of care as supported by a peer-reviewed study published in a medical journal.
- B.** Pre-cancerous cervical lesion. Coverage for treatment for a pre-cancerous cervical lesion under this Article, including moderate or severe cervical dysplasia or carcinoma in situ, shall conclude on the last provider visit for specific treatment for the pre-cancerous lesion. For purposes of this subsection treatment means:
1. Conization;
  2. LEEP;
  3. Cryotherapy; and
  4. A treatment for pre-cancerous cervical lesion that, as determined by the AHCCCS Administration, is considered the standard of care as supported by a peer-reviewed study published in a medical journal.
- C.** Cervical cancer. Coverage for treatment for cervical cancer under this Article shall conclude on the last provider visit for the specific treatment for the cancer. For purposes of this subsection treatment means:
1. Surgery;
  2. Radiation therapy;
  3. Chemotherapy; and
  4. A treatment for cervical cancer that, as determined by the AHCCCS Administration, is considered the standard of care as supported by a peer-reviewed study published in a medical journal.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Section repealed; new Section made by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4). Amended by final rulemaking at 31 A.A.R. 1838 (June 6, 2025), effective July 14, 2025 (Supp. 25-2).

**R9-22-2005. Application Process**

- A.** Application. A woman may apply for eligibility under this Article by submitting a complete application.
- B.** Submitting the application. The woman may complete and submit an application at the time of the AZ-NBCCEDP screening. The AZ-NBCCEDP staff may mail or fax the application directly to the Administration.
- C.** Date of application. The date of the application is the date of the diagnostic procedure that results in a positive diagnosis for breast cancer or cervical cancer, including a pre-cancerous cervical lesion.
- D.** Responsibility of a woman who is applying or who is a member. A woman who is applying or who is a member shall:
1. Provide medical insurance information, including any changes in medical insurance; and
  2. Inform the Administration about a change in address, residence, and alienage status.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Section repealed; new Section made by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4). Amended by final rulemaking at 31 A.A.R. 1838 (June 6, 2025), effective July 14, 2025 (Supp. 25-2).

**R9-22-2006. Approval, Denial, or Discontinuance of Eligibility**

- A.** Eligibility determination. The Administration shall determine eligibility under this Article and send the notice under subsection (B) or (C) within seven days of receiving a complete application.
- B.** Approval. If a woman meets all the eligibility requirements in this Article, the Administration shall provide the woman with an approval notice. The approval notice shall contain:
1. The name of the eligible woman, and
  2. The effective date of eligibility.
- C.** Denial. If the Administration denies eligibility, the Administration shall provide the woman with a denial notice. The denial notice shall contain:
1. The name of the ineligible woman,
  2. The specific reason why the woman is ineligible,
  3. The legal citations supporting the reason for the denial,
  4. The location where the woman can review the legal citations, and
  5. Information regarding the woman's appeal and request for hearing rights.
- D.** Discontinuance.
1. Except as specified in subsection (D)(2), if a woman no longer meets an eligibility requirement under this Article, the Administration shall provide the woman a Notice of Action no later than 10 days before the effective date of the discontinuance.
  2. The Administration may mail the Notice of Action no later than the effective date of the discontinuance if the Administration:
    - a. Receives a written statement from the woman voluntarily withdrawing from AHCCCS,
    - b. Receives information confirming the death of the woman,
    - c. Receives returned mail with no forwarding address from the post office and the woman's whereabouts are unknown, or
    - d. Receives information confirming that the woman has been approved for Title XIX services outside the state of Arizona.
  3. The Notice of Action shall contain the:
    - a. Name of the ineligible woman,
    - b. Effective date of the discontinuance,
    - c. Specific reason why the woman is discontinued,
    - d. Legal citations supporting the reason for the discontinuance,
    - e. Location where the woman can review the legal citations, and
    - f. Information regarding the woman's appeal and request for hearing rights.
- E.** Request for hearing. A woman who is denied, or discontinued for the Breast and Cervical Cancer Treatment Program may request a hearing under Chapter 34.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Section

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repealed; new Section made by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4).

**R9-22-2007. Effective and End Date of Eligibility**

- A. Eligibility is effective on the first day of the month that all eligibility requirements are met, including the period described under R9-22-303.
- B. The end date of eligibility:
  1. For breast cancer, is 12 months after the last provider visit for a treatment specified in R9-22-2004 for the cancer or at the end of hormonal therapy for the cancer, whichever is later.
  2. For pre-cancerous cervical lesion, is four months after the last provider visit for a treatment specified in R9-22-2004 for the pre-cancerous lesion.
  3. For cervical cancer, is 12 months after the last provider visit for a treatment specified in R9-22-2004 for the cancer.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Section repealed; new Section made by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4). Section amended by final rulemaking at 19 A.A.R. 3309, effective November 30, 2013 (Supp. 13-4).

**R9-22-2008. Redetermination of Eligibility**

- A. Redetermination. Except as provided in subsection (B), the Administration shall redetermine eligibility at least once a year. If a woman continues to meet the requirements of eligibility for the Breast and Cervical Cancer Treatment Program under this Article, the Administration shall notify the woman of continued eligibility. A woman is not required to be screened for breast and cervical cancer through AZ-NBC-CEDP at redetermination.
- B. Change in circumstance. The Administration shall complete a redetermination of eligibility if there is a change in the woman's circumstances that may affect eligibility, including a change in treatment.

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4).

**ARTICLE 21. TRAUMA AND EMERGENCY SERVICES FUND**

*Article 21, consisting of Sections R9-22-2101 through R9-22-2103, made by exempt rulemaking at 9 A.A.R. 4001, effective October 19, 2003 (Supp. 03-3).*

**R9-22-2101. General Provisions**

- A. A.R.S. § 36-2903.07 establishes the Administration as the authority to administer the Trauma and Emergency Services Fund.
- B. The Administration shall distribute 90% of monies from the trauma and emergency services fund to a level I trauma center, as defined in subsection (F) of this Section, for unrecovered trauma center readiness costs as defined in subsection (F) of this Section. Reimbursement is limited to no more than the amount of unrecovered trauma center readiness costs as determined in subsections (D) and (E) of this Section. Unexpended funds may be used to reimburse unrecovered emergency room costs under subsection (C) of this Section.
- C. The Administration shall distribute 10% of monies from the trauma and emergency services fund, for unrecovered emergency services costs, to a hospital having an emergency

department, using criteria under R9-22-2103. Reimbursement is limited to no more than the amount of unrecovered emergency services costs as determined in R9-22-2103. The Administration may distribute more than 10% of the monies for unrecovered emergency room costs when there are unexpended monies under subsection (B) of this Section.

- D. The Administration shall distribute a reporting tool and guidelines to level I trauma centers to determine, on an annual basis, the unrecovered trauma center readiness costs for level I trauma centers as defined in subsection (F) of this Section. The reporting time-frame is July 1 of the prior year through June 30 of the reporting year. A level I trauma center shall submit the requested data and a copy of the most recently completed uniform accounting report under A.R.S. § 36-125.04 to the Administration no later than October 31 of each reporting year.
- E. When a level I trauma center closes in a county where there are one or more level I trauma center(s) remaining in operation, the following shall occur:
  1. The closing level I trauma center shall submit the requested data under subsection (D) of this Section for the months of the reporting time-frame in which it met the definition of a level I trauma center, and
  2. The data under subsection (D) of this Section, which is submitted by the closing level I trauma center, shall be added to the remaining level I trauma center(s) in that county for the current reporting time-frame only.
- F. In addition to definitions contained in A.R.S. § 36-2901, the words and phrases in this Chapter have the following meanings unless the context explicitly requires another meaning:
  1. "Level I trauma center" means any acute care hospital designated by the Arizona Department of Health Services as a level I trauma center, a provisional level I trauma center, a pediatric level I trauma center or an initial level I trauma center.
  2. "Unrecovered trauma center readiness costs" means losses incurred treating trauma patients:
    - a. Determined in accordance with Generally Accepted Accounting Principles,
    - b. Based on both clinical and professional costs incurred by a level I trauma center necessary for the provision of level I trauma care, and
    - c. Based on administrative and overhead costs directly associated with providing level I trauma care.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 4001, effective October 19, 2003 (Supp. 03-3). Amended by final rulemaking at 24 A.A.R. 2855, effective November 16, 2018 (Supp. 18-3).

**R9-22-2102. Distribution of Trauma and Emergency Services Fund: Level I Trauma Centers**

- A. On or after November 1, 2003, the Administration shall distribute monies, under R9-22-2101(B), to level I trauma centers using monies available in the trauma and emergency services fund at the time of payment. The Administration shall take into consideration the proportion of those hospitals' trauma case volume. The Administration shall:
  1. Recalculate the November 2003 payments in July 2004 using the formula in subsection (B) of this Section;
  2. Recoup November 2003 overpayments by reducing the July 2004 distributions under subsection (C) as appropriate; and

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3. Redistribute recouped funds, with the July 2004 payment, to level I trauma centers underpaid in November 2003.
- B. On or after January 31 of each year, the Administration shall distribute monies, under R9-22-2101(B), to level I trauma centers using monies available in the trauma and emergency services fund at the time of payment. The Administration shall determine each hospital's unrecovered trauma center readiness costs for the current fiscal year using data from the most recent reporting year as provided under R9-22-2101(D) and (E). The proportion of each hospital's share of the fund for unrecovered trauma center readiness costs is determined after considering:
  1. The professional, clinical, administrative, and overhead costs directly associated with providing level I trauma care, and
  2. The volume and acuity of trauma care provided by each hospital.
- C. On or after July 31 of each year, the Administration shall distribute monies to level I trauma centers using monies, under R9-22-2101(B), available in the trauma and emergency services fund at the time of payment according to the proportions calculated and used for the January payments in the same year, under subsection (B) of this Section.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 4001, effective October 19, 2003 (Supp. 03-3).

**R9-22-2103. Distribution of Trauma and Emergency Services Fund: Emergency Services**

On or after June 30 of each year, the Administration shall distribute monies available in the trauma and emergency services fund at the time of payment as follows:

1. As allocated under R9-22-2101(C),
2. To hospitals that had an emergency department from July 1 through June 30 of the prior year, and
3. On a pro rata share of each hospital's cost of uncompensated emergency care as a percentage of the total statewide cost of uncompensated emergency care provided by hospitals under subsection (2) as reported in the uniform accounting reports to the Arizona Department of Health Services under A.R.S. § 36-125.04.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 4001, effective October 19, 2003 (Supp. 03-3). Amended by exempt rulemaking at 18 A.A.R. 1748, effective July 1, 2012 (Supp. 12-2).

**R9-22-2104. Additional Trauma and Emergency Services Payments under the Section 1115 Waiver**

- A. Notwithstanding R9-22-2101(D), for the reporting years ending June 30, 2011 and June 30, 2012, the Administration shall distribute an amount equal to the balance of the Trauma and Emergency Services fund in the following manner:
  1. Ninety percent of the amount shall be distributed to Level I trauma centers based upon each center's pro rata share of each center's acuity-adjusted volume as a percentage of the total acuity-adjusted volume for all centers in the state. The acuity-adjusted volume is calculated by multi-

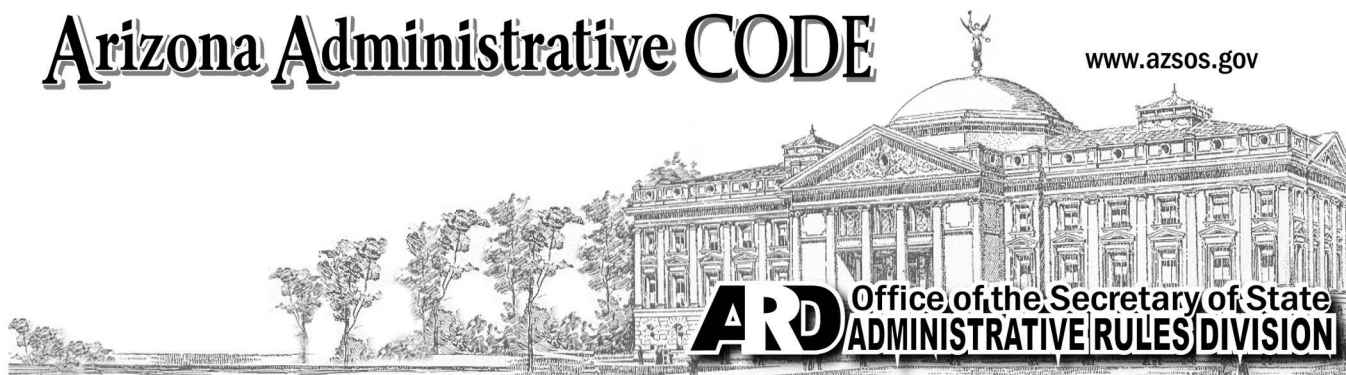
plying the Injury Severity Score employed by trauma.org by the number of trauma cases at that level treated at the center during the reporting year. Hospitals shall report trauma scores and case volume on a worksheet prescribed by the Administration.

2. Ten percent of the amount shall be distributed proportionately to hospitals that had an emergency department from July 1 through June 30 of the reporting year based the pro rata share of each hospital's cost of emergency care as a percentage of the total statewide cost of emergency care provided by hospitals as reported on the Worksheet B, column 27, line 61 of the hospital's most current Medicare Cost Report as of January 31 following the end of each reporting year.
- B. For the reporting years ending June 30, 2011 and June 30, 2012, the Administration shall distribute an amount equal to the federal financial participation made available under the section 1115 waiver for the purpose of making payments for unrecovered trauma and emergency services as follows:
  1. Thirty percent of such funds to a Level I trauma center, in amounts calculated in the same manner as described in subsection (A)(1) of this Section, for any unrecovered trauma center readiness costs not reimbursed under subsection (A) of this Section;
  2. Thirty percent of such funds to a hospital having an emergency department from July 1 through June 30 of the reporting year, in amounts calculated in the same manner as described in subsection (A)(2) of this Section, for any unrecovered emergency services costs not reimbursed under subsection (A) of this Section; and
  3. Forty percent of such funds to rural hospitals, as defined in R9-22-718 that are not Level 1 trauma centers as defined in R9-22-2101(F), having an emergency department from July 1 through June 30 of the reporting year, in amounts calculated in the same manner as described in subsection (A)(2) of this Section, for any unrecovered emergency services costs not reimbursed under subsections (A) and (B)(2) of this Section.
- C. For the reporting years ending June 30, 2011 and June 30, 2012, payments made under this Article shall not be made in an amount that results in aggregate payments to the hospital by the Administration and contractors exceeding of the upper payment limit for the hospital services as calculated in accordance with 42 CFR 447.
- D. For the reporting years ending June 30, 2011 and June 30, 2012, to ensure compliance with subsection (C), payments under this Article shall be reconciled to the federal fiscal year that is two years subsequent to the payment.
- E. Any payments that are determined under subsection (D) to exceed the limit in subsection (C) shall be distributed as described in this Article to hospitals that have not received payments in excess of the limit in subsection (C).

**Historical Note**

New Section made by exempt rulemaking at 18 A.A.R. 1748, effective July 1, 2012 (Supp. 12-2).





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### CHAPTER 28. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM - ARIZONA LONG-TERM CARE SYSTEM

#### 9 A.A.C. 28

#### Supplement Information

#### Supp. 25-4

Rules codified between October 1, 2025 through December 31, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-4 replaces Supp. 24-3 1-45 pages.**

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

## PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “*Rule*’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

### THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

### HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at [www.azsos.gov/rules](http://www.azsos.gov/rules), click on the *Administrative Register* link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

### PERSONAL USE/COMMERCIAL USE

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*Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.*

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## Administrative Rules Division

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## TITLE 9. HEALTH SERVICES

## CHAPTER 28. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM - ARIZONA LONG-TERM CARE SYSTEM

Authority: A.R.S. §§ 36-2903.01, 36-2903, 36-2932

## Supp. 25-4

*Editor's note: This Chapter contains rules made in a Notice of Emergency Rulemaking. Since an emergency rulemaking is effective for 180 days, the original codified rules are published in the Chapter below the emergency rules for reference if the emergency rules expire. In this case, the Article and Section headings titled "Repealed" remain in the Chapter with historical notes. AHCCCS may choose to renew the emergency for an additional 180 days; or choose to let the emergency expire after 180 days. AHCCCS has stated in Notice of Emergency Rulemaking Preamble published at 31 A.A.R. 4227 (October 31, 2025, Issue 44) it will "pursue regular rulemaking" while the emergency rules are enforced.*

*Editor's Note: The Office of the Secretary of State publishes all Code Chapters on white paper (Supp. 01-3).*

*Editor's Note: This Chapter contains rules which were adopted under an exemption from the rulemaking provisions of the Arizona Administrative Procedure Act (A.R.S. Title 41, Chapter 6, §§ 1001 et seq.) as specified in Laws 1992, Ch. 301, § 61 and Ch. 302, § 13, and Laws 1994, Ch. 322, § 21. Exemption from A.R.S. Title 41, Chapter 6 means that AHCCCS did not submit notice of this rulemaking to the Secretary of State's Office for publication in the Arizona Administrative Register; AHCCCS did not submit these rules to the Governor's Regulatory Review Council; AHCCCS was not required to hold public hearings on these rules; and the Attorney General did not certify these rules. Because this Chapter contains rules which are exempt from the regular rulemaking process, the Chapter is printed on blue paper. The rules affected by this exemption appear throughout this Chapter.*

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*Article 8, consisting of Sections R9-28-801 through R9-28-803, repealed by final rulemaking at 10 A.A.R. 820, effective April 3, 2004. The subject matter of Article 8 is now in 9 A.A.C. 34 (Supp. 04-1).*

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*Article 11, consisting of Sections R9-28-1101 through R9-28-1106, repealed; new Article 11, consisting of Sections R9-28-1101 through R9-28-1108, adopted by final rulemaking at 6 A.A.R. 200,*

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*Article 12, consisting of Sections R9-28-1201 through R9-28-1207, and Tables 1 and 2, made by emergency rulemaking at 31 A.A.R. 4227 (October 31, 2025), with an immediate effective date of October 15, 2025; effective for 180 days (Supp. 25-4).*

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### ARTICLE 12. REPEALED

*Article 12, consisting of Section R9-28-1201, repealed by final rulemaking at 10 A.A.R. 820, effective April 3, 2004. The subject matter of Article 12 is now in 9 A.A.C. 34 (Supp. 04-1).*

*Article 12, consisting of Section R9-28-1201, adopted effective September 9, 1998 (Supp. 98-3).*

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### ARTICLE 13. FREEDOM TO WORK

*Article 13, consisting of Sections R9-28-1301 through R9-28-1324, made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4).*

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## ARTICLE 1. DEFINITIONS

**R9-28-101. General Definitions**

- A. Location of definitions. Definitions applicable to Chapter 28 are found in the following:

Definition	Section or Citation
"210"	42 CFR 435.211
"217"	42 CFR 435.217
"236"	42 CFR 435.236
"Acute"	R9-28-301
"ADHS"	R9-22-101
"ADL"	R9-28-101
"Administration"	A.R.S. § 36-2931
"Advance notice"	R9-28-411
"Aged"	R9-28-402
"Aggregate"	R9-22-701
"Aggression"	R9-28-301
"AHCCCS"	R9-22-101
"AHCCCS registered provider"	R9-22-101
"ALTCS"	R9-28-101
"ALTCS acute care services"	R9-28-401
"Alternative HCBS setting"	R9-28-101
"Ambulance"	A.R.S. § 36-2201
"Ambulation"	R9-28-301
"Applicant"	R9-22-101
"Assessor"	R9-28-301
"Auto-assignment algorithm" or "Algorithm"	R9-22-1701
"Bathing"	R9-28-301
"Bathing or showering"	R9-28-301
"Bed hold"	R9-28-102
"Behavior intervention"	R9-28-102
"Behavior management services"	R9-22-1201
"Behavioral health evaluation"	R9-22-1201
"Behavioral health medical practitioner"	R9-22-1201
"Behavioral health professional"	R9-20-101
"Behavioral health service"	R9-20-101
"Behavioral health technician"	R9-20-101
"Billed charges"	R9-22-701
"Blind"	42 U.S.C. 1382c(a)(2)
"Capped fee-for-service"	R9-22-101
"Case management plan"	R9-28-101
"Case management"	R9-28-1101
"Case manager"	R9-28-101
"Case record"	R9-22-101
"Categorically-eligible"	R9-22-101
"Certification"	R9-28-501
"Certified psychiatric nurse practitioner"	R9-22-1201
"CFR"	R9-28-101
"Child"	R9-22-1503
"Clarity of communication"	R9-28-301
"Clean claim"	A.R.S. § 36-2904
"Clinical supervision"	R9-22-201
"CMS"	R9-22-101
"Community mobility"	R9-28-301
"Community spouse"	R9-28-401
"Consecutive days"	R9-28-801
"Continence"	R9-28-301
"Contract"	R9-22-101
"Contract year"	R9-22-101
"Contractor"	A.R.S. § 36-2901
"Cost avoid"	R9-22-1201 or R9-22-1001
"County of fiscal responsibility"	R9-28-701
"Covered services"	R9-28-101
"CPT"	R9-22-701
"Crawling and standing"	R9-28-301

"CSRD"	R9-28-401
"Current"	R9-28-301
"Day"	R9-22-101 or R9-22-1101
"De novo hearing"	42 CFR 431.201
"Department"	A.R.S. § 36-2901
"Developmental disability" or "DD"	A.R.S. § 36-551
"Diagnostic services"	R9-22-101
"Director"	R9-22-101
"Disabled"	R9-28-402
"Disenrollment"	R9-22-1701
"Disruptive behavior"	R9-28-301
"DME"	R9-22-101
"Dressing"	R9-28-301
"Eating"	R9-28-301
"Eating or drinking"	R9-28-301
"Emergency medical services for the non-FES member"	R9-22-201
"Emotional and cognitive functioning"	R9-28-301
"Employed"	R9-28-1320
"Encounter"	R9-22-701
"Enrollment"	R9-22-1701
"EPD"	R9-28-301
"E.P.S.D.T. services"	42 CFR 440.40(b)
"Estate"	A.R.S. § 14-1201
"Experimental services"	R9-22-203
"Expressive verbal communication"	R9-28-301
"Facility"	R9-22-101
"Factor"	42 CFR 447.10
"Fair consideration"	R9-28-401
"FBR"	R9-22-101
"Federal financial participation" or "FFP"	42 CFR 400.203
"Fee-For-Service" or "FFS"	R9-22-101
"File" R9-28-801"First continuous period of institutionalization"	R9-28-401
"Food preparation"	R9-28-301
"Frequency"	R9-28-301
"Functional assessment"	R9-28-301
"Grievance"	R9-34-202
"Grooming"	R9-28-301
"GSA"	R9-22-101
"Guardian"	A.R.S. § 14-5311
"Hand use"	R9-28-301
"HCBS" or "Home and community based services"	A.R.S. § 36-2931
"Health care practitioner"	R9-22-1201
"History"	R9-28-301
"Home"	R9-28-101 and R9-28-801
"Home health services"	R9-22-201
"Hospice"	A.R.S. § 36-401
"Hospital"	R9-22-101
"ICF-MR" or "Intermediate care facility for the mentally retarded"	42 U.S.C. 1396d(d)
"IADL"	R9-28-101
"IHS"	R9-22-101
"IMD" or "Institution for mental diseases"	42 CFR 435.1010
"Immediate risk of institutionalization"	R9-28-301
"Individual Representative"	R9-28-509
"Institutionalized"	R9-28-401
"Institutionalized spouse"	R9-28-101
"Interested Party"	R9-28-106
"Intergovernmental agreement" or "IGA"	R9-28-1101
"Intervention"	R9-28-301
"JCAHO"	R9-28-101



## TITLE 9. HEALTH SERVICES

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"License" or "licensure"	R9-22-101	"SSI"	42 CFR 435.4
"Medical assessment"	R9-28-301	"Subcontract"	R9-22-101
"Medical or nursing services and treatments"	R9-28-301	"TEFRA lien"	R9-28-801
or "services and treatments"	R9-28-301	"Therapeutic leave"	R9-28-501
"Medical record"	R9-22-101	"Toileting"	R9-28-301
"Medical services"	A.R.S. § 36-401	"Transferring"	R9-28-301
"Medically eligible"	R9-28-401	"TRBHA"	R9-22-1201
"Medically necessary"	R9-22-101	"Tribal contractor"	R9-28-1101
"Member"	A.R.S. § 36-2931 and R9-28-901	"Tribal facility"	A.R.S. § 36-2981
"Mental disorder"	A.R.S. § 36-501	"Utilization management/review"	R9-22-501
"MMMNA"	R9-28-401	"Ventilator dependent"	R9-28-102
"Mobility"	R9-28-301	"Verbal or physical threatening"	R9-28-301
"Natural Support Services"	R9-28-101	"Vision"	R9-28-301
"Noncontracting provider"	A.R.S. § 36-2931	"Wandering"	R9-28-301
"Nursing facility" or "NF"	42 U.S.C. 1396r(a)	"Wheelchair mobility"	R9-28-301
"Occupational therapy"	R9-22-201	<b>B.</b> General definitions. In addition to definitions contained in A.R.S. §§ 36-551, 36-2901, 36-2931, and 9 A.A.C. 22, Article 1, the following words and phrases have the following meanings unless the context of the Chapter explicitly requires another meaning:	
"Orientation"	R9-28-301		
"Partial care"	R9-22-1201	"ADL" or "Activities of Daily Living" mean activities a member must perform daily for the member's regular day-to-day necessities, including but not limited to mobility, transferring, bathing, dressing, grooming, eating, and toileting.	
"PAS"	R9-28-103	"ALTCS" means the Arizona Long-term Care System as authorized by A.R.S. § 36-2932.	
"Personal hygiene"	R9-28-301	"Alternative HCBS setting" means a living arrangement approved by the Director and licensed or certified by a regulatory agency of the state, where a member may reside and receive HCBS, including:	
"Pharmaceutical service"	R9-22-201	For a person with a developmental disability specified in A.R.S. § 36-551:	
"Physical therapy"	R9-22-201	Community residential setting defined in A.R.S. § 36-551;	
"Physically disabled"	R9-28-301	Group home defined in A.R.S. § 36-551;	
"Physician"	R9-22-101	State-operated group home under A.R.S. § 36-591;	
"Physician consultant"	R9-28-301	Group foster home under R6-5-5903;	
"Post-stabilization care services"	42 CFR 438.114	Licensed residential facility for a person with traumatic brain injury under A.R.S. § 36-2939;	
"Practitioner"	R9-22-101	Behavioral health adult therapeutic home under 9 A.A.C. 20, Articles 1 and 15;	
"Primary care provider" or "(PCP)"	R9-22-101	Level 2 and Level 3 behavioral health residential agencies under 9 A.A.C. 20, Articles 1, 4, 5, and 6; and	
"Primary care provider services"	R9-22-201	Rural substance abuse transitional centers under 9 A.A.C. 20, Articles 1 and 14; and	
"Prior authorization"	R9-22-101	For a person who is Elderly and Physically Disabled (EPD) under R9-28-301, and the facility, setting, or institution is registered with AHCCCS:	
"Prior period coverage" or "PPC"	R9-22-101	Adult foster care defined in A.R.S. § 36-401 and as authorized in A.R.S. § 36-2939;	
"Program contractor"	A.R.S. § 36-2931	Assisted living home or assisted living center, units only, under A.R.S. § 36-401, and as authorized in A.R.S. § 36-2939;	
"Provider"	A.R.S. § 36-2931	Licensed residential facility for a person with a traumatic brain injury specified in A.R.S. § 36-2939;	
"Psychiatrist"	R9-22-1201	Behavioral health adult therapeutic home under 9 A.A.C. 20, Articles 1 and 15;	
"Psychologist"	R9-22-1201	Level 2 and Level 3 behavioral health residential agencies under 9 A.A.C. 20, Articles 1, 4, 5, and 6; and	
"Psychosocial rehabilitation services"	R9-22-201		
"Qualified behavioral health service provider"	R9-28-1101		
"Quality management"	R9-22-501		
"Radiology"	R9-22-101		
"Reassessment"	R9-28-103		
"Recover"	R9-28-901		
"Redetermination"	R9-28-401		
"Referral"	R9-22-101		
"Regional behavioral health authority" or "RBHA"	A.R.S. § 36-3401		
"Reinsurance"	R9-22-701		
"Representative"	R9-28-401		
"Resistiveness"	R9-28-301		
"Respiratory therapy"	R9-22-201		
"Respite care"	R9-28-102		
"RFP"	R9-22-101		
"Room and board"	R9-28-102		
"Rolling and sitting"	R9-28-301		
"Running or wandering away"	R9-28-301		
"Scope of services"	R9-28-102		
"Section 1115 Waiver"	A.R.S. § 36-2901		
"Self-injurious behavior"	R9-28-301		
"Sensory"	R9-28-301		
"Seriously mentally ill" or "SMI"	A.R.S. § 36-550		
"Social worker"	R9-28-301		
"Special diet"	R9-28-301		
"Speech therapy"	R9-22-201		
"Spouse"	R9-28-401		
"SSA"	42 CFR 1000.10		

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Rural substance abuse transitional centers under 9 A.A.C. 20, Articles 1 and 14.

“Case management plan” means a service plan developed by a case manager that involves the overall management of a member’s care, and the continued monitoring and reassessment of the member’s need for services.

“Case manager” means a person who is either a degreed social worker, a licensed registered nurse, or has a minimum of two years of experience in providing case management services to a person who is EPD.

“CFR” means Code of Federal Regulations, unless otherwise specified in this Chapter.

“Covered services” means the health and medical services described in Articles 2 and 11 of this Chapter as being eligible for reimbursement by AHCCCS.

“Home” means a residential dwelling that is owned, rented, leased, or occupied by a member, at no cost to the member, including a house, a mobile home, an apartment, or other similar shelter. A home is not a facility, a setting, or an institution, or a portion of any of these that is licensed or certified by a regulatory agency of the state as a:

Health care institution under A.R.S. § 36-401;  
Residential care institution under A.R.S. § 36-401;  
Community residential setting under A.R.S. § 36-551; or  
Behavioral health facility under 9 A.A.C. 20, Articles 1, 4, 5, and 6.

“IADL” or “Instrumental Activities of Daily Living” mean activities related to independent living that a member must perform, including but not limited to:

Preparing meals,  
Managing money,  
Shopping for groceries or personal items,  
Performing light or heavy housework, and  
Use of the telephone.

“IHS” means the Indian Health Service.

“Institutionalized spouse” means the same as defined in 42 U.S.C. 1396r-5.

“JCAHO” means the Joint Commission on Accreditation of Healthcare Organizations.

“Natural Support Services” are services provided voluntarily by a person not legally obligated to provide those services. The services are specified in the service plan as described under R9-28-510 and cannot supplant other covered services.

#### Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective June 6, 1989 (Supp. 89-2). Amended effective July 13, 1992 (Supp. 92-3). Amended effective November 5, 1993 (Supp. 93-4). Section repealed; new Section adopted effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 5 A.A.R. 369, effective January 6, 1999 (Supp. 99-1). Amended by final rulemaking at 5 A.A.R. 874, effective March 4, 1999 (Supp. 99-1). Subsection (A)(69) amended to correct a printing error, filed in the Office of the Secretary of State August 13, 1999 (Supp. 99-3). Amended by final rulemaking at 6 A.A.R. 200, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 2461, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 6 A.A.R.

3365, effective August 7, 2000 (Supp. 00-3). Amended by exempt rulemaking at 7 A.A.R. 4691, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 444, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 2356, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 8 A.A.R. 3340, effective July 15, 2002 (Supp. 02-3). Amended by final rulemaking at 9 A.A.R. 3810, effective October 4, 2003 (Supp. 03-3). Amended by final rulemaking at 10 A.A.R. 1312, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 11 A.A.R. 3165, effective October 1, 2005 (Supp. 05-3). Amended by final rulemaking at 11 A.A.R. 4286, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 1090, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 2090, effective July 5, 2008 (Supp. 08-2). Amended by final rulemaking at 18 A.A.R. 3380, effective January 1, 2013 (Supp. 12-4).

#### R9-28-102. Covered Services Related Definitions

Definitions. The following words and phrases, in addition to definitions contained in A.R.S. §§ 36-2901 and 36-2931, and 9 A.A.C. 22, Article 1, have the following meanings unless the context of the Chapter explicitly requires another meaning:

“Bed hold” means a 24 hour per day unit of service that is authorized by an ALTCS case manager or designee during a period of short-term hospitalization or therapeutic leave that meets the requirement specified in 42 CFR 483.12.

“Behavior intervention” means the planned interruption of a member’s inappropriate behavior using techniques such as reinforcement, training, behavior modification, and other systematic procedures intended to result in more acceptable behavior.

“Respite care” means a short-term service provided in a NF or a home and community based service setting to an individual if necessary to relieve a family member or other person caring for the individual.

“Room and board” means lodging and meals.

“Scope of services” means the covered, limited, and excluded services under Articles 2 and 12 of this Chapter.

“Ventilator dependent,” for purposes of ALTCS eligibility, means an individual is medically dependent on a ventilator for life support at least six hours per day and has been dependent on ventilator support as an inpatient in a hospital, NF, or ICF-MR for at least 30 consecutive days.

#### Historical Note

Adopted effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 6 A.A.R. 2461, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 9 A.A.R. 3810, effective October 4, 2003 (Supp. 03-3).

#### R9-28-103. Preadmission Screening Related Definitions

Definitions. The following words and phrases, in addition to definitions contained in A.R.S. §§ 36-2901 and 36-2931, and 9 A.A.C. 22, Article 1, have the following meanings unless the context of the Chapter explicitly requires another meaning:

“Developmental disability” is defined in A.R.S. § 36-551.

“PAS” means preadmission screening, which is the process of determining an individual’s risk of institutionalization at a NF or ICF-MR level of care, as specified in Article 3 of this Chapter.



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“Reassessment” means the process of redetermining PAS eligibility for ALTCS services as appropriate, for all members.

**Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4).  
Amended by final rulemaking at 6 A.A.R. 2461, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 9 A.A.R. 3810, effective October 4, 2003 (Supp. 03-3).  
Amended by final rulemaking at 10 A.A.R. 1312, effective May 1, 2004 (Supp. 04-1).

**R9-28-104. Repealed****Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4).  
Amended effective November 4, 1998 (Supp. 98-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 369, effective January 6, 1999 (Supp. 99-1).  
Amended by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1). Amended by final rulemaking at 6 A.A.R. 2461, effective June 9, 2000 (Supp. 00-2). Repealed by final rulemaking at 14 A.A.R. 2090, effective July 5, 2008 (Supp. 08-2).

**R9-28-105. Repealed****Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4).  
Amended by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1). Section repealed by final rulemaking at 11 A.A.R. 4286, effective December 5, 2005 (Supp. 05-4).

**R9-28-106. Request for Proposals and Contract Process Related Definitions**

Definitions. The following words and phrases, in addition to definitions contained in A.R.S. §§ 36-2901 and 36-2931, and 9 A.A.C. 22 Article 1, have the following meanings unless the context of the Chapter explicitly requires another meaning: “Interested Party” means an actual or prospective offeror whose economic interest may be affected substantially and directly by the issuance of a request for proposals, the award of a contract, or the failure to award a contract.

**Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4).  
Amended by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1).

**R9-28-107. Repealed****Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4).  
Amended effective November 4, 1998 (Supp. 98-4).  
Amended by final rulemaking at 6 A.A.R. 2461, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 9 A.A.R. 3810, effective October 4, 2003 (Supp. 03-3).  
Section repealed by final rulemaking at 11 A.A.R. 3165, effective October 1, 2005 (Supp. 05-3).

**R9-28-108. Repealed****Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4).  
Amended by final rulemaking at 6 A.A.R. 3365, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 820, effective April 3, 2004 (Supp. 04-1).

**R9-28-109. Repealed****Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 10 A.A.R. 1308, effective May 1, 2004 (Supp. 04-1).

**R9-28-110. Reserved****R9-28-111. Behavioral Health Services Related Definitions**

Definitions. The words and phrases in this Chapter, in addition to definitions contained in A.R.S. §§ 36-2901 and 36-2931, have the same meaning as specified in 9 A.A.C. 22, Article 1.

**Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4).  
Amended by final rulemaking at 6 A.A.R. 200, effective December 13, 1999 (Supp. 99-4).

**ARTICLE 2. COVERED SERVICES****R9-28-201. General Requirements**

In addition to the exclusions and limitations specified in this Article, services provided to a member are covered services if:

1. Medically necessary, cost effective, and federally reimbursable;
2. Coordinated by a case manager in accordance with requirements specified in R9-28-510;
3. The provider obtains prior authorization as required by a member’s program contractor or by the Administration:
  - a. Failure of the provider to obtain prior authorization is cause for denial.
  - b. Services provided during prior period coverage are exempt from prior authorization requirements;
4. Provided in facilities or areas of facilities that are licensed or certified under Article 5 of this Chapter, or meet other requirements described in Article 5 of this Chapter;
5. Rendered by AHCCCS registered providers as permitted under this Chapter and within their scope of practice; and
6. Provided at an appropriate level of care, as determined by the case manager or the primary care provider.

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Section repealed; new Section adopted effective September 22, 1997 (Supp. 97-3).  
Amended by final rulemaking at 8 A.A.R. 2356, effective May 9, 2002 (Supp. 02-2).

**R9-28-202. Scope of Services**

- A. The Administration or a contractor shall cover medical services specified in 9 A.A.C. 22, Article 2 for a member, subject to the limitations and exclusions specified in Article 2, unless otherwise specified in this Chapter.
- B. In addition, for members living in an HCBS setting, incontinence briefs for a member 21 years of age and older, including pull-ups, are covered in order to:
  1. Treat a medical condition; and
  2. Prevent skin breakdown when all the following are met:
    - a. The member is incontinent due to a documented medical condition that causes incontinence of bowel and/or bladder,
    - b. The PCP or attending physician has issued a prescription ordering the incontinence briefs,
    - c. Incontinence briefs do not exceed 180 briefs per month unless the prescribing physician presents evidence of medical necessity for more than 180 briefs per month,
    - d. The member obtains incontinence briefs from vendors within the Contractor’s network, and

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- e. Prior authorization has been obtained if required by the Administration, Contractor, or Contractor's designee, as appropriate. Contractors shall not require prior authorization more frequently than every twelve months.
- C. Incontinence brief coverage for a member under age 21 is described under R9-22-212.

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective June 6, 1989 (Supp. 89-2). Amended under an exemption from the provisions of the Administrative Procedure Act effective March 22, 1993; received in the Office of the Secretary of State March 24, 1993 (Supp. 93-1). Amended effective November 5, 1993 (Supp. 93-4). Section repealed; new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 2356, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 21 A.A.R. 1243, effective July 7, 2015 (Supp. 15-3).

**R9-28-203. Coverage for CRS Services**

- A. Beginning October 1, 2013, ALTCS DD members who need active treatment for one or more of the qualifying medical condition(s) in A.A.C. R9-22-1303 shall receive CRS services through the CRS contractor as described under Chapter 22, Article 13.
- B. Beginning October 1, 2013, AHCCCS ALTCS EPD members who need active treatment for one or more of the qualifying medical conditions in A.A.C. R9-22-1303 shall not receive CRS services through the CRS contractor as described under Chapter 22, Article 13. These members shall receive treatment for those conditions through their assigned ALTCS EPD contractor. However, an American Indian member with a CRS condition(s) who is enrolled with a tribal contractor or Native American Community Health (NACH) shall obtain CRS services through the CRS contractor.

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective June 6, 1989 (Supp. 89-2). Amended effective July 13, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act effective March 22, 1993; received in the Office of the Secretary of State March 24, 1993 (Supp. 93-1). Repealed effective September 22, 1997 (Supp. 97-3). New Section R9-28-203 made by final rulemaking at 19 A.A.R. 2963, effective November 10, 2013 (Supp. 13-3).

**R9-28-204. Institutional Services**

- A. Institutional services are provided in:
  - 1. A NF;
  - 2. An ICF-MR; or
  - 3. A facility identified in R9-28-1105(A)(1)(b), (B), or (C).
- B. The Administration and a contractor shall include the following services in the per diem rate for a facility listed in subsection (A):
  - 1. Nursing care services;
  - 2. Rehabilitative services prescribed as a maintenance regimen;
  - 3. Restorative services, such as range of motion;
  - 4. Social services;
  - 5. Nutritional and dietary services;
  - 6. Recreational therapies and activities;

- 7. Medical supplies and non-customized durable medical equipment under 9 A.A.C. 22, Article 2;
  - 8. Overall management and evaluation of a member's care plan;
  - 9. Observation and assessment of a member's changing condition;
  - 10. Room and board services, including supporting services such as food and food preparation, personal laundry, and housekeeping;
  - 11. Non-prescription and stock pharmaceuticals; and
  - 12. Respite care services not to exceed 600 hours per benefit year.
- C. Each facility listed in subsection (A) is responsible for coordinating the delivery of at least the following auxiliary services:
- 1. Under 9 A.A.C. 22, Article 2:
    - a. Attending physician, practitioner, and primary care provider services;
    - b. Pharmaceutical services;
    - c. Diagnostic services under A.A.C. R9-22-208;
    - d. Emergency medical services; and
    - e. Emergency and medically necessary transportation services.
  - 2. Therapy services under R9-28-206.
- D. Limitations. The following limitations apply:
- 1. A private room in a NF, ICF-MR, or facility identified in R9-28-1105(A)(1)(b), (B), or (C) is covered only if:
    - a. The member or has a medical condition that requires isolation, and
    - b. The member's primary care provider or attending physician provides written authorization;
  - 2. Each ICF-MR shall meet the standards in A.R.S. § 36-2939(B)(1), and in 42 CFR 483, Subpart I, February 28, 1992, incorporated by reference and on file with the Administration and available from the U.S. Government Printing Office, 732 N. Capitol St., N.W., Washington, D.C. 20401. This incorporation contains no future editions or amendments;
  - 3. Bed hold days as authorized by the Administration or its designee for a fee-for-service provider shall meet the following criteria:
    - a. Short-term hospitalization leave for a member age 21 and over is limited to 12 days per AHCCCS benefit year, and is available if a member is admitted to a hospital for a short stay. After the short-term hospitalization, the member is returned to the institutional facility from which leave is taken, and to the same bed if the level of care required can be provided in that bed; and
    - b. Therapeutic leave for a member age 21 and older is limited to nine days per AHCCCS benefit year. A physician order is required for therapeutic leave from the facility for one or more overnight stays to enhance psycho-social interaction, or as a trial basis for discharge planning. After the therapeutic leave, the member is returned to the same bed within the institutional facility;
    - c. Therapeutic leave and short-term hospitalization leave are limited to any combination of 21 days per benefit year for a member under age 21;
  - 4. The Administration or a contractor shall cover services that are not part of a per diem rate but are ALTCS covered services included in this Article, and deemed necessary by a member's case manager or the case manager's designee if:

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- a. The services are ordered by the member's primary care provider; and
- b. The services are specified in a case management plan under R9-28-510;
5. A member age 21 through 64 is eligible for behavioral health services provided in a facility under subsection (A)(3) that has more than 16 beds, for up to 30 days per admission and no more than 60 days per benefit year as allowed under the Administration's Section 1115 Waiver with CMS and except as specified by 42 CFR 441.151, May 22, 2001, incorporated by reference, on file with the Administration and available from the U.S. Government Printing Office, 732 N. Capitol St., N.W., Washington, D.C. 20401. This incorporation contains no future editions or amendments; and
6. The limitations in subsection (D)(5) do not apply to a member:
  - a. Under age 21 or age 65 or over, or
  - b. In a facility with 16 beds or less.

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended subsections (A) and (D) effective June 6, 1989 (Supp. 89-2). Amended effective November 5, 1993 (Supp. 93-4). Section repealed; new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by exempt rulemaking at 7 A.A.R. 4691, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 2356, effective May 9, 2002 (Supp. 02-2). Amended by exempt rulemaking at 17 A.A.R. 1876, effective October 1, 2011 (Supp. 11-3). Exemption to amend rules to expire December 31, 2013 under Laws 2012, Chapter 299, Section 8 therefore this Section was amended by final rulemaking at 19 A.A.R. 2758, effective October 8, 2013 (Supp. 13-3).

**R9-28-205. Home and Community Based Services (HCBS)**

- A. Subject to the availability of federal funds, HCBS are covered services if provided to a member residing in the member's own home or an alternative residential setting. Room and board services are not covered in a HCBS setting.
- B. The case manager shall authorize and specify in a case management plan any additions, deletions, or changes in home and community based services provided to a member or in accordance with R9-28-510.
- C. Home and community based services include the following:
  1. Home health services provided on a part-time or intermittent basis. These services include:
    - a. Nursing care;
    - b. Home health aide;
    - c. Medical supplies, equipment, and appliances;
    - d. Physical therapy;
    - e. Occupational therapy;
    - f. Respiratory therapy; and
    - g. Speech and audiology services;
  2. Private duty nursing services;
  3. Medical supplies and durable medical equipment, including customized DME, as described in 9 A.A.C. 22, Article 2;
  4. Transportation services to obtain covered medically necessary services;
  5. Adult day health services provided to a member in an adult day health care facility licensed under 9 A.A.C. 10, Article 5, including:

- a. Supervision of activities specified in the member's care plan;
- b. Personal care;
- c. Personal living skills training;
- d. Meals and health monitoring;
- e. Preventive, therapeutic, and restorative health related services; and
- f. Behavioral health services, provided either directly or through referral, if medically necessary;
6. Personal care services;
7. Homemaker services;
8. Home delivered meals, that provide at least one-third of the recommended dietary allowance, for a member who does not have a developmental disability under A.R.S. § 36-551;
9. Respite care services for no more than 600 hours per benefit year;
10. Habilitation services including:
  - a. Physical therapy;
  - b. Occupational therapy;
  - c. Speech and audiology services;
  - d. Training in independent living;
  - e. Special development skills that are unique to the member;
  - f. Sensory-motor development;
  - g. Behavior intervention; and
  - h. Orientation and mobility training;
11. Developmentally disabled day care provided in a group setting during a portion of a 24-hour period, including:
  - a. Supervision of activities specified in the member's care plan;
  - b. Personal care;
  - c. Activities of daily living skills training; and
  - d. Habilitation services;
12. Supported employment services provided to a member in the ALTCS transitional program under R9-28-306 who is developmentally disabled under A.R.S. § 36-551.

**Historical Note**

Adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 2356, effective May 9, 2002 (Supp. 02-2). Amended by exempt rulemaking at 17 A.A.R. 1876, effective October 1, 2011 (Supp. 11-3). Exemption to amend rules to expire December 31, 2013 under Laws 2012, Chapter 299, Section 8 therefore this Section was amended by final rulemaking at 19 A.A.R. 2758, effective October 8, 2013 (Supp. 13-3).

**R9-28-206. ALTCS Services that may be Provided to a Member Residing in either an Institutional or HCBS Setting**

The Administration shall cover the following services if the services are provided to a member within the limitations listed:

1. Occupational and physical therapies, speech and audiology services, and respiratory therapy:
  - a. The duration, scope, and frequency of each therapeutic modality or service is prescribed by the member's primary care provider or attending physician;
  - b. The therapy or service is authorized by the member's contractor or the Administration; and
  - c. The therapy or service is included in the members case management plan;
  - d. AHCCCS will not cover more than 15 outpatient physical therapy visits for the contract year with the exception of the required Medicare coinsurance and

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- deductible payment as described in 9 A.A.C. 29, Article 3.
2. Medical supplies, durable medical equipment, and customized durable medical equipment, which conform with the requirements and limitations of 9 A.A.C. 22, Article 2 and as described under R9-28-202 for persons in HCBS settings;
  3. Ventilator dependent services:
    - a. Inpatient or institutional services are limited to services provided in a general hospital, special hospital, NF, or ICF-MR. Services provided in a general or special hospital are included in the hospital's unit tier rate under 9 A.A.C. 22, Article 7;
    - b. A ventilator dependent member may receive the array of home and community based services under R9-28-205 as appropriate.
  4. Hospice services:
    - a. Hospice services are covered only for a member who is in the final stages of a terminal illness and has a prognosis of death within six months;
    - b. Covered hospice services for a member are those allowable under 42 CFR 418.202, December 20, 1994, incorporated by reference and on file with the Administration and the Office of the Secretary of State. This incorporation by reference contains no future editions or amendments; and
    - c. Covered hospice services do not include:
      - i. Medical services provided that are not related to the terminal illness, or
      - ii. Home delivered meals.
    - d. Medicare is the primary payor of hospice services for a member if applicable.

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective June 6, 1989 (Supp. 89-2). Amended effective July 13, 1992 (Supp. 92-3). Amended effective November 5, 1993 (Supp. 93-4). Section repealed; new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 2356, effective May 9, 2002 (Supp. 02-2). Amended by exempt rulemaking at 16 A.A.R. 1664, effective October 1, 2010 (Supp. 10-3). Amended by final rulemaking at 21 A.A.R. 1243, effective July 7, 2015 (Supp. 15-3).

**ARTICLE 3. PREADMISSION SCREENING (PAS)****R9-28-301. Definitions**

- A. Common definitions. In addition to definitions contained in A.R.S. Title 36, Chapter 29, and 9 A.A.C. 28, Article 1, the words and phrases in this Article have the following meanings for an individual who is elderly or physically disabled (EPD) or developmentally disabled (DD) unless the context explicitly requires another meaning:

“Applicant” is defined in A.A.C. R9-22-101.

“Assessor” means a social worker as defined in this subsection or a licensed registered nurse (RN) who:

Is employed by the Administration to conduct PAS assessments,  
Completes a minimum of 30 hours of classroom training in both EPD and DD PAS for a total of 60 hours, and  
Receives intensive oversight and monitoring by the Administration during the first 30 days of employ-

ment and ongoing oversight by the Administration during all periods of employment.

“Current” means belonging to the present time.

“Disruptive behavior” means inappropriate behavior by the applicant or member including urinating or defecating in inappropriate places, sexual behavior inappropriate to time, place, or person or excessive whining, crying, or screaming that interferes with an applicant's or member's normal activities or the activities of others and requires intervention to stop or interrupt the behavior.

“Frequency” means the number of times a specific behavior occurs within a specified interval.

“Functional assessment” means an evaluation of information about an applicant's or member's ability to perform activities related to:

Developmental milestones,  
Activities of daily living,  
Communication, and  
Behavior.

“Immediate risk of institutionalization” means the status of an applicant or member under A.R.S. § 36-2934(A)(5) and as specified in A.R.S. § 36-2936 and in the Administration's Section 1115 Waiver with Centers for Medicare and Medicaid Services (CMS).

“Intervention” means therapeutic treatment, including the use of medication, behavior modification, and physical restraints to control behavior. Intervention may be formal or informal and includes actions taken by friends or family to control the behavior.

“Medical assessment” means an evaluation of an applicant's or member's medical condition and the applicant's or member's need for medical services.

“Medical or nursing services and treatments” or “services and treatments” means specific, ongoing medical, psychiatric, or nursing intervention used actively to resolve or prevent deterioration of a medical condition. Durable medical equipment and activities of daily living assistive devices are not treatment unless the equipment or device is used specifically and actively to resolve the existing medical condition.

“Physician consultant” means a physician who contracts with the Administration.

“Social worker” means an individual with two years of case management-related experience or a baccalaureate or master's degree in:

Social work,  
Rehabilitation,  
Counseling,  
Education,  
Sociology,  
Psychology, or  
Other closely related field.

“Special diet” means a diet planned by a dietitian, nutritionist, or nurse that includes high fiber, low sodium, or pureed food.

“Toileting” means the process involved in an applicant's or member's managing of the elimination of urine and feces in an appropriate place.

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“Vision” means the ability to perceive objects with the eyes.

- B. EPD.** In addition to definitions contained in subsection (A), the following also apply to an applicant or member who is EPD:

“Aggression” means physically attacking another, including:

- Throwing an object,
- Punching,
- Biting,
- Pushing,
- Pinching,
- Pulling hair,
- Scratching, and
- Physically threatening behavior.

“Bathing” means the process of washing, rinsing, and drying all parts of the body, including an applicant’s or member’s ability to transfer to a tub or shower and to obtain bath water and equipment.

“Continence” means the applicant’s or member’s ability to control the discharge of body waste from bladder and bowel.

“Dressing” means the physical process of choosing, putting on, securing fasteners, and removing clothing and footwear. Dressing includes choosing a weather-appropriate article of clothing but excludes aesthetic concerns. Dressing includes the applicant’s or member’s ability to put on artificial limbs, braces, and other appliances that are needed daily.

“Eating” means the process of putting food and fluids by any means into the digestive system.

“Emotional and cognitive functioning” means an applicant’s or member’s orientation and mental state, as evidenced by aggressive, self-injurious, wandering, disruptive, and resistive behaviors.

“EPD” means an applicant or member who is elderly or physically disabled.

“Grooming” means an applicant’s or member’s process of tending to appearance. Grooming includes: combing or brushing hair; washing face and hands; shaving; oral hygiene (including denture care); and menstrual care. Grooming does not include aesthetics such as styling hair, skin care, nail care, and applying cosmetics.

“Mobility” means the extent of an applicant’s or member’s purposeful movement within a residential environment.

“Orientation” means an applicant’s or member’s awareness of self in relation to person, place, and time.

“Physically disabled” means an applicant or member who is determined to be physically impaired by the Administration through the PAS assessment as allowed under the Administration’s Section 1115 Waiver with CMS.

“Resistiveness” means inappropriately obstinate and uncooperative behaviors, including passive or active obstinate behaviors, or refusing to participate in self-care or to take necessary medications. Resistiveness does not include difficulties with auditory processing or reasonable expressions of self-advocacy.

“Self-injurious behavior” means repeated self-induced, abusive behavior that is directed toward infliction of immediate physical harm to the body.

“Sensory” means of or relating to the senses.

“Transferring” means an applicant’s or member’s ability to move horizontally or vertically between two surfaces within a residential environment, excluding transfer for toileting or bathing.

“Wandering” means an applicant’s or member’s moving about with no rational purpose and with a tendency to go beyond the physical parameter of the residential environment.

- C. DD.** In addition to definitions contained in subsection (A), the following also apply to an applicant or member who is DD:

“Acute” means an active medical condition having a sudden onset, lasting a short time, and requiring immediate medical intervention.

“Aggression” means physically attacking another, including:

- Throwing objects,
- Punching,
- Biting,
- Pushing,
- Pinching,
- Pulling hair, and
- Scratching.

“Ambulation” means the ability to walk and includes quality of the walking and the degree of independence in walking.

“Bathing or showering” means an applicant’s or member’s ability to complete the bathing process including drawing the bath water, washing, rinsing, and drying all parts of the body, and washing the hair.

“Clarity of communication” means an ability to speak in recognizable language or use a formal symbolic substitution, such as American-Sign Language.

“Community mobility” means the applicant’s or member’s ability to move about a neighborhood or community independently, by any mode of transportation.

“Crawling and standing” means an applicant’s or member’s ability to crawl and stand with or without support.

“DD” means developmentally disabled.

“Developmental milestone” means a measure of an applicant’s or member’s functional abilities, including:

- Fine motor skills,
- Gross motor skills,
- Communication,
- Socialization,
- Daily living skills, and
- Behaviors.

“Dressing” means the ability to put on and remove an article of clothing. Dressing does not include the ability to put on or remove braces nor does it reflect an applicant’s or member’s ability to match colors or choose clothing appropriate for the weather.

“Eating or drinking” means the process of putting food and fluid by any means into the digestive system.

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“Expressive verbal communication” means an applicant’s or member’s ability to communicate thoughts with words or sounds.

“Food preparation” means the ability to prepare a simple meal including a sandwich, cereal, or a frozen meal.

“Hand use” means the applicant’s or member’s ability to use both hands, or one hand if an applicant or member has only one hand or has the use of only one hand.

“History” means a medical condition that occurred in the past, regardless of whether the medical condition required treatment in the past, and is not now active.

“Personal hygiene” means the process of tending to one’s appearance. Personal hygiene may include: combing or brushing hair, washing face and hands, shaving, performing routine nail care, oral hygiene including denture care, and menstrual care. This does not include aesthetics such as styling hair, skin care, and applying cosmetics.

“Rolling and sitting” means an applicant’s or member’s ability to roll and sit independently or with the physical support of another person or with a device such as a pillow or specially-designed chair.

“Running or wandering away” means an applicant or member leaving a physical environment without notifying or receiving permission from the appropriate individuals.

“Self-injurious behavior” means an applicant’s or member’s repeated behavior that causes injury to the applicant or member.

“Verbal or physical threatening” means any behavior in which an applicant or member uses words, sounds, or action to threaten harm to self, others, or an object.

“Wheelchair mobility” means an applicant’s or member’s mobility using a wheelchair and does not include the ability to transfer to and from the wheelchair.

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended subsection (C) effective June 6, 1989 (Supp. 89-2). Amended effective July 13, 1992 (Supp. 92-3). Amended effective November 5, 1993 (Supp. 93-4). Section repealed by emergency action, new Section adopted by emergency action, subsection (A) effective June 30, 1995, subsection (B) effective September 1, 1995, pursuant to A.R.S. § 41-1026, valid for 180 days; entire Section filed in the Secretary of State’s Office June 30, 1995 (Supp. 95-2). Section repealed by emergency action, new Section adopted again by emergency action with changes effective January 2, 1996, pursuant to A.R.S. § 41-1026, valid for 180 days (Supp. 96-1). Emergency expired June 1, 1996. Section in effect before emergency action restored. Section repealed; new Section adopted effective January 14, 1997 (Supp. 97-1). Amended by final rulemaking at 7 A.A.R. 5824, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 12 A.A.R. 4007, effective October 5, 2006 (Supp. 06-4). Amended by final rulemaking at 17 A.A.R. 167, effective March 12, 2011 (Supp. 11-1). Amended by final expedited rulemaking at 28 A.A.R. 3303 (October 14, 2022), with an immediate effective date of September 23, 2022 (Supp. 22-3).

**R9-28-302. General Provisions**

To qualify for services described in A.R.S. § 36-2939:

1. An applicant shall meet the financial criteria described in Article 4, and
2. AHCCCS shall determine that the applicant is at immediate risk of institutionalization under the PAS assessment as specified in this Article.

**Historical Note**

New Section adopted by emergency action, subsection (A) effective June 30, 1995, subsection (B) effective September 1, 1995, pursuant to A.R.S. § 41-1026, valid for 180 days; entire Section filed in the Office of the Secretary of State June 30, 1995 (Supp. 95-2). New Section adopted again by emergency action with changes effective January 2, 1996, pursuant to A.R.S. § 41-1026 (Supp. 96-1). Emergency expired June 1, 1996. New Section adopted effective January 14, 1997 (Supp. 97-1). Amended by final rulemaking at 7 A.A.R. 5824, effective December 7, 2001 (Supp. 01-4).

**R9-28-303. Preadmission Screening (PAS) Process**

- A. The assessor shall use the PAS instrument to determine whether the following applicants or members are at immediate risk of institutionalization:
  1. The assessor shall use the PAS instrument prescribed in R9-28-304 to assess an applicant or member who is EPD.
  2. The assessor shall use the age-specific PAS instrument prescribed in R9-28-305 to assess an applicant or member who is physically disabled and less than 6 years old. After assessing the child, the assessor shall refer the child for physician consultant review under subsections (G) through (J).
  3. The assessor shall use the PAS instrument prescribed in R9-28-305 to assess an applicant or member who is DD, except as specified in subsection (A)(4) for an applicant or member who is DD and residing in a NF. After assessing a child who is DD and less than 6 months of age, the assessor shall refer the child for physician consultant review under subsections (G) through (J).
  4. The assessor shall use the PAS instrument prescribed in R9-28-304 for an applicant or a member who is DD and residing in a NF.
  5. The assessor shall use the PAS instrument prescribed in R9-28-304 or R9-28-305, whichever is applicable, to assess an applicant or member who is classified as ventilator-dependent, under Section 1902(e)(9) of the Social Security Act.
- B. For an initial assessment of an applicant who is in a hospital or other acute care setting:
  1. A registered nurse assessor shall complete the PAS assessment; or
  2. In the event that a registered nurse assessor is not available, a social worker assessor shall complete the PAS assessment; and
- C. An assessor shall conduct a PAS assessment with an applicant or member, except as provided in subsection (F). The assessor shall make reasonable efforts to obtain the applicant’s or member’s available medical records. The assessor may also obtain information for the PAS assessment from interviews with the:
  1. Applicant or member,
  2. Parent,
  3. Guardian,
  4. Caregiver, or

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5. Any person familiar with the applicant's or member's functional or medical condition.
- D. Using the information described in subsection (C), an assessor shall complete the PAS assessment based on the assessor's education, experience, professional judgment, and training.
- E. After the assessor completes the PAS assessment, the assessor shall calculate a PAS score. The assessor shall compare the PAS score to an established threshold score. The scoring methodology and threshold scores are specified in R9-28-304 and R9-28-305. Except as determined by physician consultant review as provided in subsections (G) through (J), the threshold score is the point at which an applicant or member is determined to be at immediate risk of institutionalization.
- F. Upon request from a person acting on behalf of the applicant, the Administration shall conduct a PAS assessment to determine whether a deceased applicant would have been eligible to receive ALTCS benefits for those months.
- G. In the following circumstances, the Administration shall request that a physician consultant review the PAS assessment, the available medical records, and use professional judgment to make the determination that an applicant or member has a developmental disability or has a nonpsychiatric medical condition that, by itself or in combination with other medical conditions, places an applicant or member at immediate risk of institutionalization:
  1. The PAS score of an applicant or member who is EPD is less than the threshold specified in R9-28-304, but is at least 56;
  2. The PAS score of an applicant or member who is DD is less than the threshold specified in R9-28-305, but is at least 38;
  3. An applicant or member scores below the threshold specified in R9-28-304, but the Administration has reasonable cause to believe that the applicant's or member's unique functional abilities or medical condition may place the applicant or member at immediate risk of institutionalization;
  4. An applicant or member scores below the threshold specified in R9-28-304 and has a documented diagnosis of autism, autistic-like behavior, or pervasive developmental disorder;
  5. An applicant or member who is seriously mentally ill as defined in A.R.S. § 36-550 who scores at or above the threshold specified in R9-28-304, but may not meet the requirements of A.R.S. § 36-2936. When an applicant or member who is seriously mentally ill scores at or above the threshold, the physician consultant shall exercise professional judgment to determine whether the applicant or member meets the requirements of A.R.S. § 36-2936.
  6. An applicant is an AHCCCS acute care member and scores at or above the threshold specified in R9-28-304 but the Administration has reasonable cause to believe that the applicant's condition is convalescent and requires less than 90 days of institutional care;
  7. An applicant or member is a child who is physically disabled and is at least 6 but less than 12 years of age;
  8. An applicant or member is a child who is physically disabled and is under 6 years of age; and
  9. An applicant is under 6 months of age.
- H. The physician consultant shall consider the following:
  1. Activities of daily living dependence;
  2. Delay in development;
  3. Continence;
  4. Orientation;
  5. Behavior;
  6. Any medical condition, including stability and prognosis of the condition;
  7. Any medical nursing treatment provided to the applicant or member including skilled monitoring, medication, and therapeutic regimens;
  8. The degree to which the applicant or member must be supervised;
  9. The skill and training required of the applicant or member's caregiver; and
  10. Any other factor of significance to the individual case.
- I. If the physician consultant is unable to make the determination from the PAS assessment and the available medical records, the physician consultant may conduct a face-to-face review with the applicant or member or contact others familiar with the applicant's or member's needs, including a primary care physician or other caregiver, to make the determination.
- J. The physician consultant shall state the reasons for the determination in the physician review comment section of the PAS instrument.

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective July 13, 1992 (Supp. 92-3). Amended under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61, effective July 1, 1993 (Supp. 93-3). Amended effective November 5, 1993 (Supp. 93-4). Section repealed by emergency action, new Section adopted by emergency action effective June 30, 1995, pursuant to A.R.S. § 41-1026, valid for 180 days (Supp. 95-2). Section repealed by emergency action, new Section adopted again by emergency action effective January 2, 1996, pursuant to A.R.S. § 41-1026, valid for 180 days (Supp. 96-1). Emergency expired June 1, 1996. Section in effect before emergency action restored. Section repealed; new Section adopted effective January 14, 1997 (Supp. 97-1). Former Section R9-28-303 renumbered to R9-28-304; new Section R9-28-303 made by final rulemaking at 7 A.A.R. 5824, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 12 A.A.R. 4007, effective October 5, 2006 (Supp. 06-4). Amended by final rulemaking at 17 A.A.R. 167, effective March 12, 2011 (Supp. 11-1). Amended by final expedited rulemaking at 28 A.A.R. 3303 (October 14, 2022), with an immediate effective date of September 23, 2022 (Supp. 22-3).

**R9-28-304. Preadmission Screening Criteria for an Applicant or Member who is Elderly or Physically Disabled (EPD)**

- A. The PAS instrument for an applicant or member who is EPD includes the following categories:
  1. Intake information category. The assessor solicits intake information category information on an applicant's or member's demographic background. The components of the intake information category are not included in the calculated PAS score.
  2. Functional assessment category. The assessor solicits functional assessment category information on an applicant's or member's:
    - a. Need for assistance with activities of daily living, including:
      - i. Bathing,
      - ii. Dressing,
      - iii. Grooming,
      - iv. Eating,

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- v. Mobility,
      - vi. Transferring, and
      - vii. Toileting in the residential environment or other routine setting;
    - b. Communication and sensory skills, including hearing, expressive communication, and vision; and
    - c. Continence, including bowel and bladder functioning.
  3. Emotional and cognitive functioning category. The assessor solicits emotional and cognitive functioning category information on an applicant's or member's:
    - a. Orientation to person, place, and time. In soliciting this information, the assessor shall also take into account the caregiver's judgment; and
    - b. Behavior, including:
      - i. Wandering
      - ii. Self-injurious behavior,
      - iii. Aggression,
      - iv. Resistiveness, and
      - v. Disruptive behavior.
  4. Medical assessment category. The assessor solicits medical assessment category information on an applicant's or member's:
    - a. Medical conditions that have an impact on the applicant's or member's functional ability in relation to activities of daily living, continence, and vision;
    - b. Medical condition that requires medical or nursing service and treatment;
    - c. Medication, treatment, and allergies;
    - d. Specific services and treatments that the applicant or member is currently receiving; and
    - e. Physical measurements, hospitalization history, and ventilator dependency.
- B.** The assessor shall use the PAS instrument to assess an applicant or member who is EPD as specified in this Section. A copy of the PAS instrument is available from the Administration. The Administration uses the assessor's PAS assessment to calculate three scores: a functional score, a medical score, and a total score.
1. Functional score:
    - a. The Administration calculates the functional score from responses to scored items in the functional assessment and emotional and cognitive functioning categories. For each response to a scored item, a number of points is assigned, which is multiplied by a weighted numerical value. The result is a weighted score for each response.
    - b. In the functional assessment matrix, all items in the following categories are scored according to subsection (C):
      - i. Activities of daily living,
      - ii. Continence,
      - iii. Sensory,
      - iv. Orientation, and
      - v. Behavior.
  2. Medical score.
    - a. In the medical assessment matrix, all items in the following categories are scored according to:
      - i. Medical conditions as specified in subsection (C), and
      - ii. Medical or nursing services and treatments in subsection (C).
    - b. The Administration calculates the medical score based on the applicant's or member's:
      - i. Diagnosis of Alzheimer's, or dementia, or organic brain syndrome (OBS);
      - ii. Diagnosis of paralysis; and
      - iii. Current use of oxygen.
    - c. The maximum medical score attainable by an applicant or member is 31.5.
  3. Total score.
    - a. The sum of an applicant's or member's functional and medical scores equals the total score.
    - b. The total score is compared to the established threshold score as calculated under this Section. The threshold score is 60.
    - c. As defined in R9-28-303, an applicant or member is determined at immediate risk of institutionalization if the total score is equal to or greater than 60.
- C.** The following matrices represent the number of points available and the respective weight for each scored item.
1. Table 1, Functional assessment points. The lowest value in the range of points available per item in the functional assessment category, zero, indicates minimal to no impairment. Conversely, the highest value indicates severe impairment.
  2. Table 2, Medical assessment points. The lowest value in the range of points available per item in the medical assessment category, zero, indicates that the applicant or member:
    - a. Does not have the scored medical condition,
    - b. Does not need the scored medical or nursing services, or
    - c. Does not receive the scored medical or nursing services.

**Table 1. Functional Assessment**

FUNCTIONAL ASSESSMENT	# of Points Available Per Item (P)	Weight (W)	Range of Possible Weighted Score Per Item (P) x (W)
Activities of Daily Living Section			
Mobility	0-3	5	0-15
Transfer	0-3	5	0-15
Bathing	0-3	5	0-15
Dressing	0-3	5	0-15
Grooming	0-3	5	0-15
Eating	0-3	5	0-15
Toileting	0-3	5	0-15
Continence Section			



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Bowel	0-3	1	0-3
Bladder	0-3	1	0-3
Sensory Section			
Vision	0-3	2	0-6
Orientation Section			
Place	0-4	.5	0-2
Time	0-4	.5	0-2
Emotional or Cognitive Behavior Section			
Aggression-Frequency	0-3	1.5	0-4.5
Aggression-Intervention	0-3	1.5	0-4.5
Self-injurious-Frequency	0-3	1.5	0-4.5
Self-injurious-Intervention	0-3	1.5	0-4.5
Wandering-Frequency	0-3	1.5	0-4.5
Wandering-Intervention	0-3	1.5	0-4.5
Resistiveness-Frequency	0-3	1.5	0-4.5
Resistiveness-Intervention	0-3	1.5	0-4.5
Disruptive-Frequency	0-3	1.5	0-4.5
Disruptive-Intervention	0-3	1.5	0-4.5

**Table 2. Medical Assessment**

MEDICAL ASSESSMENT	# of Points Available Per Item (P)	Weight (W)	Range of Possible Weighted Score Per Item (P) x (W)
Medical Conditions Section			
Paralysis	0-1	6.5	0 or 6.5
Alzheimer's, or OBS, or Dementia	0-1	20	0 or 20
Services and Treatments Section			
Oxygen	0-1	5	0 or 5

**Historical Note**

New Section adopted by emergency action, subsection (A) effective June 30, 1995, subsection (B) effective September 1, 1995, pursuant to A.R.S. § 41-1026, valid for 180 days; entire Section filed as an emergency rule with the Secretary of State's Office June 30, 1995 (Supp. 95-2). New Section adopted again by emergency action with changes effective January 2, 1996, pursuant to A.R.S. § 41-1026, valid for 180 days (Supp. 96-1). Emergency expired. New Section adopted effective January 14, 1997 (Supp. 97-1). Former Section R9-28-304 renumbered to R9-28-305; new Section R9-28-304 renumbered from R9-28-303 and amended by final rulemaking at 7 A.A.R. 5824, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 12 A.A.R. 4007, effective October 5, 2006 (Supp. 06-4). Amended by final expedited rulemaking at 28 A.A.R. 3303 (October 14, 2022), with an immediate effective date of September 23, 2022; the functional and medical assessment matrices following subsection (C)(2)(c) have been named Table 1 and 2 (Supp. 22-3).

**R9-28-305. Preadmission Screening Criteria for an Applicant or Member who is Developmentally Disabled (DD)**

**A.** The Administration shall conduct a PAS assessment of an applicant or member who is DD using one of three PAS instruments specifically designed to assess an applicant or member in the following age groups:

1. Twelve years of age and older,
2. Six through 11 years of age, and
3. Birth through 5 years of age.

**B.** The PAS instruments for an applicant or member who is DD include three major categories:

1. Intake information category. The assessor solicits intake information category information on an applicant's or member's demographic background. The components of this category are not included in the calculated PAS score.
2. Functional assessment category. The functional assessment category differs by age group as indicated in subsections (B)(2)(a) through (e):
  - a. For an applicant or member 12 years of age and older, the assessor solicits the functional assessment category information on an applicant's or member's:

- i. Need for assistance with independent living skills, including hand use, ambulation, wheelchair mobility, transfer, eating or drinking, dressing, personal hygiene, bathing or showering, food preparation, community mobility, and toileting;
  - ii. Communication skills and cognitive abilities, including expressive verbal communication, clarity of communication, associating time with an event and action, and remembering an instruction and a demonstration; and
  - iii. Behavior, including aggression, verbal or physical threatening, self-injurious behavior, and resistive or rebellious behavior.
- b.** For an applicant or member 6 through 11 years of age, the assessor solicits the functional assessment category information on an applicant's or member's:
- i. Need for assistance with independent living skills, including rolling and sitting, crawling and standing, ambulation, climbing stairs or ramps, wheelchair mobility, dressing, personal hygiene, bathing or showering, toileting, level

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- of bladder control, and orientation to familiar settings;
- ii. Communication, including expressive verbal communication and clarity of communication; and
  - iii. Behavior, including aggression, verbal or physical threatening, self-injurious behavior, running or wandering away, and disruptive behavior.
- c. For an applicant or member 6 months through 5 years of age, the assessor solicits the functional assessment category information on an applicant's or member's performance with respect to a series of developmental milestones that measure an applicant's or member's degree of functional growth.
  - d. For an applicant or member less than 6 months of age, the assessor shall not complete a functional assessment. The assessor shall include a description of the applicant's or member's development in the PAS instrument narrative summary.
3. Medical assessment category. The assessor solicits medical assessment category information on an applicant's or member's:
    - a. Medical condition;
    - b. Specific services and treatments the applicant or member receives or needs and the frequency of those services and treatments;
    - c. Current medication;
    - d. Medical stability;
    - e. Sensory functioning;
    - f. Physical measurements; and
    - g. Current living arrangement, ventilator dependency and eligibility for DES Division of Developmental Disabilities program services.
- C. The assessor shall use the PAS instrument to assess an applicant or member who is DD. A copy of the PAS instrument is available from the Administration. The Administration uses the assessor's PAS instrument responses to calculate three scores: a functional score, a medical score, and a total score.
1. Functional score.
    - a. The Administration calculates the functional score from responses to scored items in the functional assessment category. Each response is assigned a number of points which is multiplied by a weighted numerical value, resulting in a weighted score for each response.
    - b. The following items are scored as indicated in subsection (D), under the Functional Assessment matrix:
      - i. For an applicant or member 12 years of age and older, all items in the behavior section are scored. Designated items in the independent living skills, communication skills, and cognitive abilities sections are also scored;
      - ii. For an applicant or member 6 through 11 years of age, all items in the communication section are scored. Designated items in the independent living skills and behavior sections are scored;
      - iii. For an applicant or member 6 months of age through 5 years of age, items in the developmental milestones section are scored based on the age of the applicant.
    - c. The sum of the weighted scores equals the functional score. The range of weighted score per item
- and maximum functional score for each age group is presented below:
- | AGE GROUP | RANGE FOR WEIGHTED SCORE PER ITEM | MAXIMUM FUNCTIONAL SCORE ATTAINABLE |
|-----------|-----------------------------------|-------------------------------------|
| 12+       | 0 - 11.2                          | 124.1                               |
| 6-11      | 0 - 24                            | 112.5                               |
| 0-5       | 0 - 5.0                           | 106.02                              |
- d. No minimum functional score is required.
2. Medical score.
    - a. Subsections (C)(2)(a)(i) through (iii) are scored as indicated in subsection (D), under the Medical Assessment matrix:
      - i. The assessor shall score designated items in the medical conditions for an applicant or member 12 years of age and older and 6 years of age through 11 years of age.
      - ii. The assessor shall score designated items in the medical conditions and medical stability sections for an applicant or member 6 months of age through 5 years of age.
      - iii. The assessor shall complete only the medical assessment section of the PAS for an applicant or member less than 6 months of age. There is no weighted or calculated score assigned. The assessor shall refer the applicant or member for physician consultant review.
    - b. The Administration calculates the medical score from information obtained in the medical assessment category. Each response to a scored item is assigned a number of points. The sum of the points equals the medical score. The range of points per item and the maximum medical score attainable by an applicant or member is presented below:
- | AGE GROUP | RANGE OF POINTS PER ITEM | MAXIMUM MEDICAL SCORE ATTAINABLE |
|-----------|--------------------------|----------------------------------|
| 12+       | 0 - 20.6                 | 21.4                             |
| 6-11      | 0 - 2.5                  | 5                                |
| 0-5       | 0 - 10                   | 60                               |
- c. No minimum medical score is required.
3. Total score.
    - a. The sum of an applicant's or member's functional and medical scores equals the total score.
    - b. The total score is compared to an established threshold score in R9-28-304. For an applicant or member who is DD, the threshold score is 40. Based upon the PAS instrument an applicant or member with a total score equal to or greater than 40 is at immediate risk of institutionalization.
- D. The following matrices represent the number of points available and the weight for each scored item.
1. Functional assessment points. An applicant or member age group 0 to 5: The value is received for each negative response. An applicant or member age groups 6 to 11 and 12+: the lowest value in the range of points available per item in the functional assessment category indicates minimal to no impairment. Conversely, the highest value indicates severe impairment.
  2. Medical assessment points. The lowest value in the range of points available per item in the medical assessment category, zero, indicates that the applicant or member:

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- a. Does not have a medical condition specified in the following matrices,
- b. Does not need medical or nursing service as specified in the following matrices, or
- c. Does not receive any medical or nursing service as specified in the following matrices.

**Table 3. Age Group 12 and Older Assessment**

FUNCTIONAL ASSESSMENT	# of Points Available Per Item (P)	Weight (W)	Range of Possible Weighted Score Per Item (P) x (W)
<b>Independent Living Skills Section</b>			
Hand Use, Food Preparation	0-3	3.5	0-10.5
Ambulation, Toileting, Eating, Dressing, Personal Hygiene	0-4	2.8	0-11.2
<b>Communicative Skills and Cognitive Abilities Section</b>			
Associating Time, Remembering Instructions	0-3	0.5	0-1.5
<b>Behavior Section</b>			
Aggression, Threatening, Self Injurious	0-4	2.8	0-11.2
Resistive	0-3	3.5	0-10.5
MEDICAL ASSESSMENT	# of Points Available Per Item (P)	Weight (W)	Range of Possible Weighted Score Per Item (P) x (W)
<b>Medical Condition Section</b>			
Cerebral Palsy	0-1	0-4	0-4
Epilepsy	0-1	0-4	0-4
Moderate, Severe or Profound Mental Retardation	0-1	0-20.6	0-20.6

**Table 4. Age Group 6-11 Assessment**

FUNCTIONAL ASSESSMENT	# of Points Available Per Item (P)	Weight (W)	Range of Possible Weighted Score Per Item (P) x (W)
<b>Independent Living Skills Section</b>			
Climbing Stairs, Wheelchair Mobility, Bladder Control	0-3	1.875	0-5.625
Ambulation, Dressing, Bathing, Toileting	0-4	1.5	0-6
Crawling or Standing	0-5	1.25	0-6.25
Rolling or Sitting	0-8	0.833	0-6.66
<b>Communication Section</b>			
Clarity	0-4	1.5	0-6
Expressive Communication	0-5	1.25	0-6.25
<b>Behavior Section</b>			
Wandering	0-4	6	0-24
Disruptive	0-3	7.5	0-22.5
MEDICAL ASSESSMENT	# of Points Available Per Item (P)	Weight (W)	Range of Possible Weighted Score Per Item (P) x (W)
<b>Medical Condition Section</b>			
Cerebral Palsy	0-1	0-2.5	0-2.5
Epilepsy	0-1	0-2.5	0-2.5

**Table 5. Age Group 0 – 5 Assessment**

FUNCTIONAL ASSESSMENT	Weight (W)
6 -9 Months	5.0
9-11 Months	4.1
12-17 Months	2.9
18-23 Months	2.125
24-29 Months	1.75
30-35 Months	1.55
36-47 Months	1.34
48-59 Months	1.14
60 Months+	1.03
MEDICAL ASSESSMENT	Weight (W)
Cerebral Palsy	5.0
Epilepsy	5.0
Moderate, Severe, or Profound Mental Retardation (36 Months and older only)	15.0

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Autism + M-CHAT (18 Months and older only) Fails at least six M-CHAT based questions	7.0
Autism + Behaviors (30-35 Months only) Exhibits at least 3 of 4 specific behaviors	5.0
Autism + Behaviors (36 Months and older only) Exhibits at least 6 of 8 specific behaviors	10.0
Drug Regulation + Administration (6 Months to 35 Months)	1.0
Drug Regulation + Administration (36 Months and older)	1.5
Non-Bowel/Bladder Ostomy Care (6 Months to 35 Months)	7.0
Non-Bowel/Bladder Ostomy Care (36 Months and older)	5.0
Tube Feeding (6 Months to 35 Months)	7.0
Tube Feeding (36 Months and older)	5.0
Physical Therapy or Occupational Therapy (6 Months to 35 Months)	1.0
Physical Therapy or Occupational Therapy (36 Months and older)	1.5
Acute Hospital Admission (One)	1.0
Acute Hospital Admissions (Two or more)	2.0
Direct Care Staff Trained (6 Months to 11 Months)	0.5
Direct Care Staff Trained (12 Months and older)	1.0
Special Diet	2.0

**Historical Note**

Section adopted by emergency action effective June 30, 1995, pursuant to A.R.S. § 41-1026, valid for 180 days (Supp. 95-2). Section adopted again by emergency action effective January 2, 1996, pursuant to A.R.S. § 41-1026, valid for 180 days (Supp. 96-1). Emergency expired. New Section adopted effective January 14, 1997 (Supp. 97-1). Former Section R9-28-305 renumbered to R9-28-306; new Section R9-28-305 renumbered from R9-28-304 and amended by final rulemaking at 7 A.A.R. 5824, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 17 A.A.R. 167, effective March 12, 2011 (Supp. 11-1). Amended by final expedited rulemaking at 28 A.A.R. 3303 (October 14, 2022), with an immediate effective date of September 23, 2022; the functional and medical assessment matrices following subsection (D)(2)(c) have been named Table 3 through 5 (Supp. 22-3).

**R9-28-306. Reassessments**

- A.** An assessor shall reassess an ALTCS member to determine continued eligibility:
1. In connection with a routine audit of the PAS assessment by AHCCCS;
  2. In connection with a request by a provider, program contractor, case manager, or other party, if AHCCCS determines that continued eligibility is uncertain due to substantial evidence of a change in the member's circumstances or error in the PAS assessment; or
  3. Annually when part of a population group identified by the Director in a written report as having an increased likelihood of becoming ineligible.
- B.** An assessor shall determine continued eligibility for ALTCS using the same criteria used for the initial PAS assessment as prescribed in R9-28-303.
- C.** An assessor shall refer the reassessment to physician consultant review if the member is:
1. Determined ineligible,
  2. In the ALTCS Transitional Program under R9-28-307 and resides in a NF or ICF-IID, or
  3. Seriously mentally ill and no longer has a non-psychiatric medical condition that impacts the member's ability to function.

**Historical Note**

Adopted effective September 1, 1995, under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1994, Ch. 322, § 21; filed with the Office of the Secretary of State June 29, 1995 (Supp. 95-3). Former Section R9-28-306 renumbered to R9-28-307; new Section R9-28-306 renumbered from R9-28-305 and amended by final rulemaking at 7 A.A.R. 5824, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 10 A.A.R. 1312, effective May 1, 2004 (Supp. 04-1). Amended by

final rulemaking at 17 A.A.R. 167, effective March 12, 2011 (Supp. 11-1). Amended by final expedited rulemaking at 28 A.A.R. 3303 (October 14, 2022), with an immediate effective date of September 23, 2022 (Supp. 22-3).

**R9-28-307. The ALTCS Transitional Program for a Member who is Elderly or Physically Disabled (EPD) or Developmentally Disabled (DD)**

- A.** The ALTCS transitional program serves members enrolled in the ALTCS program who, at the time of reassessment as described in R9-28-306, no longer meet the threshold specified in R9-28-304 for EPD or in R9-28-305 for DD but do meet all other ALTCS eligibility criteria. The Administration shall compare the member's PAS assessment to a scoring methodology for eligibility in the ALTCS transitional program as defined in subsections (B) and (C).
- B.** The Administration shall transfer a member who is DD from the ALTCS program to the ALTCS transitional program if, at the time of a reassessment, the total PAS score is less than the threshold described in R9-28-305 but is at least 30, or the member is diagnosed with moderate, severe, or profound mental retardation.
- C.** The Administration shall transfer a member who is EPD from the ALTCS program to the ALTCS transitional program if, at the time of a reassessment, the PAS score is less than the threshold described in R9-28-304 but is at least 40.
- D.** For a member residing in a NF or ICF-IID, the program contractor or the Administration shall ensure that the member is moved to an approved home- and community-based setting within 90 continuous days from the enrollment date of the member's eligibility for the ALTCS transitional program.
- E.** A member in the ALTCS transitional program shall continue to receive all medically necessary covered services as specified in Article 2.

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- F. A member in the ALTCS transitional program is eligible to receive up to 90 continuous days per NF or ICF-IID admission when the member's condition worsens to the extent that an admission is medically necessary.
- G. For a member requiring medically necessary NF or ICF-IID services for longer than 90 days, the program contractor shall request the Administration to conduct a reassessment under R9-28-306.

**Historical Note**

New Section renumbered from R9-28-306 and amended by final rulemaking at 7 A.A.R. 5824, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 12 A.A.R. 4007, effective October 5, 2006 (Supp. 06-4). Amended by final expedited rulemaking at 28 A.A.R. 3303 (October 14, 2022), with an immediate effective date of September 23, 2022 (Supp. 22-3).

**ARTICLE 4. ELIGIBILITY AND ENROLLMENT**

**R9-28-401. Eligibility and Enrollment-Related Definitions.** Definitions. For purposes of this Article, the following words and phrases, in addition to definitions contained in A.R.S. §§ 36-2901 and 36-2931, and 9 A.A.C. 22, Article 1, have the following meanings unless the context of the Chapter explicitly requires another meaning:

"ALTCS acute care services" means services under 9 A.A.C. 22, Articles 2 and 12, that are provided to a person who meets ALTCS eligibility requirements in 9 A.A.C. 28, Article 4 and who:

- Lives in an acute care living arrangement described in R9-28-406; or
- Is not eligible for long-term care benefits, described in R9-28-409, due to a transfer under R9-28-409 without receiving fair consideration, or
- Has refused institutionalized or HCBS services.

"Community spouse" means the husband or wife of an institutionalized person who has entered into a contract of marriage, recognized as valid by the state of Arizona, and who does not live in a medical institution.

"CSRD" means Community Spouse Resource Deduction, the amount of a married couple's resources that is excluded in the eligibility determination to prevent impoverishment of the community spouse as determined under R9-28-410.

"Fair consideration" means income, real or personal property, services, or support and maintenance equal to or exceeding the fair market value of the income or resources that were transferred.

"First continuous period of institutionalization" means the first period beginning on or after September 30, 1989 that the applicant was institutionalized for 30 consecutive days or more. To be considered institutionalized, the applicant must:

- Have resided in a medical institution;
- Have received paid formal Home and Community Based Services (HCBS);
- Have received a combination of medical institutionalization and HCBS, or
- Intend to receive HCBS and either:

- Requests a Resource Assessment and is determined in need of institutional services by a Resource Assessment Medical Evaluation; or
- Applies for ALTCS and is determined medically eligible by the Pre-Admission Screening (PAS).

"Institutionalized" means residing in a medical institution or receiving or expecting to receive HCBS that prevent the person from being placed in a medical institution as determined by the PAS.

"Medically eligible" means meeting the ALTCS medical eligibility criteria under Article 3 of this Chapter.

"MMMNA" means Minimum Monthly Maintenance Needs Allowance.

"Redetermination" means a periodic review of all eligibility factors for a recipient.

"Representative" means a person other than a spouse or a parent of a dependent child, who applies for ALTCS on behalf of another person.

"Share of costs" means the amount an ALTCS recipient is required to pay toward the cost of long term care services.

"Spouse" means a person legally married under Arizona law, a person eligible for Social Security benefits as the spouse of another person, or a person living with another person of the opposite sex and the couple represents themselves in the community as husband and wife.

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective June 6, 1989 (Supp. 89-2). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 369, effective January 6, 1999 (Supp. 99-1). Amended by exempt rulemaking at 7 A.A.R. 4691, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 9 A.A.R. 5138, effective January 3, 2004 (Supp. 03-4). Section repealed; new Section made by final rulemaking at 14 A.A.R. 2090, effective July 5, 2008 (Supp. 08-2). Amended by final rulemaking at 20 A.A.R. 234, effective January 7, 2014 (Supp. 14-1).

**R9-28-401.01. General**

- A. Application for ALTCS coverage.
1. The Administration shall provide a person the opportunity to apply for ALTCS as described under Chapter 22, Article 3, unless specified otherwise in this Section.
  2. To apply for ALTCS, a person shall submit an application to an ALTCS eligibility office.
    - a. The application shall contain the applicant's name and address.
    - b. Before the application is approved, a person listed in A.A.C. R9-22-302(2) shall sign the application.
    - c. A witness shall also sign the application if an applicant signs the application with a mark.
    - d. The date of application is the date the application is received by the Administration or its designee as described in R9-22-302.
  3. Except as provided in R9-22-306, the Administration shall determine eligibility within 45 days from the date of application.
  4. An applicant or representative who files an ALTCS application may withdraw the application for ALTCS coverage either orally or in writing to the ALTCS eligibility office where the application was filed. The Administration shall provide the applicant with a denial notice under subsection (E).

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5. If an applicant dies while an application is pending, the Administration shall complete an eligibility determination for the deceased applicant.
  6. If a person dies before an application is filed, the Administration shall complete an eligibility determination on an application filed on behalf of the deceased applicant, if the application is filed in the month of the person's death.
- B.** Conditions of ALTCS eligibility. Except for persons identified in subsection (C), the Administration shall approve a person for ALTCS if all conditions of eligibility are met. The conditions of eligibility are:
1. Citizenship and alien status under Chapter 22, Article 3;
  2. SSN under Chapter 22, Article 3;
  3. Living arrangements under R9-28-406;
  4. Resources under R9-28-407;
  5. Income under R9-28-408;
  6. Transfers under R9-28-409;
  7. A legally authorized person shall assign rights to the Administration for medical support and for payment of medical care from any first- and third-parties as described under R9-22-311;
  8. A person shall take all necessary steps to obtain annuity, pension, retirement, and disability benefits for which a person may be entitled;
  9. State residency under R9-22-305;
  10. Medical eligibility as specified in Chapter 28, Article 3; and
  11. Providing information and verification as specified under Chapter 22, Article 3.
- C.** Persons eligible for Title IV-E or Title XVI are only required to meet the conditions under subsection (B)(6), (B)(10), (B)(11) and with respect to trusts, A.R.S. § 36-2934.01.
- D.** Eligibility effective date.
1. Eligibility is effective on the first day of the month that all eligibility requirements are met, including the period described under R9-22-303.
  2. The effective date of eligibility for an applicant who moves into Arizona is no sooner than the date Arizona residency is established.
  3. The effective date of eligibility for an inmate applying for medical coverage is the date the applicant no longer meets the definition of an inmate of a public institution.
- E.** Notice. The Administration shall send a person a notice of the decision regarding the person's application. The notice shall include a statement of the action and an explanation of the person's hearing rights as specified in 9 A.A.C. 34 and:
1. Approval. If the applicant meets all the eligibility requirements and conditions of eligibility of this Article, the Administration or its designee shall approve the application and provide the applicant with an approval notice. The approval notice shall contain:
    - a. The name of each approved applicant,
    - b. The effective date of eligibility for each approved applicant,
    - c. The amount of share of cost, and
    - d. The applicant's right to appeal the decision.
  2. Denial. If an applicant fails to meet the eligibility requirements or conditions of eligibility of this Article, the Administration or its designee shall deny the application and provide the applicant with a denial notice. The denial notice shall contain:
    - a. The name of each ineligible applicant,
    - b. The specific reason why the applicant is ineligible,
    - c. The income and resource calculations for the applicant compared to the income or resource standards for eligibility when the reason for the denial is due to the applicant's income or resources exceeding the applicable standard,
    - d. The legal citations supporting the reason for the ineligibility,
    - e. The location where the applicant can review the legal citations, and
    - f. The applicant's right to appeal the decision and request a hearing.
- F.** Confidentiality. The Administration shall maintain the confidentiality of a person's record under A.A.C. R9-22-512.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 2090, effective July 5, 2008 (Supp. 08-2). Amended by final rulemaking at 19 A.A.R. 3320, effective November 30, 2013 (Supp. 13-4). Amended by final rulemaking at 20 A.A.R. 234, effective January 7, 2014 (Supp. 14-1).

**R9-28-402. Repealed****Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective June 6, 1989 (Supp. 89-2). Amended effective July 13, 1992 (Supp. 92-3). Amended effective November 5, 1993 (Supp. 93-4). Repealed effective November 4, 1998 (Supp. 98-4).

New Section adopted by final rulemaking at 5 A.A.R. 369, effective January 6, 1999 (Supp. 99-1). Amended by exempt rulemaking at 7 A.A.R. 4691, effective October 1, 2001 (Supp. 01-3). Repealed by final rulemaking at 20 A.A.R. 234, effective January 7, 2014 (Supp. 14-1).

**R9-28-403. Repealed****Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective April 25, 1990 (Supp. 90-2). Amended effective July 13, 1992 (Supp. 92-3). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 369, effective January 6, 1999 (Supp. 99-1). Repealed by final rulemaking at 20 A.A.R. 234, effective January 7, 2014 (Supp. 14-1).

**R9-28-404. Repealed****Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective April 25, 1990 (Supp. 90-2). Amended effective July 13, 1992 (Supp. 92-3). Amended effective November 5, 1993 (Supp. 93-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 369, effective January 6, 1999 (Supp. 99-1). Repealed by final rulemaking at 20 A.A.R. 234, effective January 7, 2014 (Supp. 14-1).

**R9-28-405. Repealed****Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective June 6, 1989 (Supp. 89-2). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 369, effective January 6, 1999 (Supp. 99-1). Repealed by final rulemaking at 20 A.A.R. 234, effective January 7, 2014 (Supp. 14-1).

**R9-28-406. ALTCS Living Arrangements**

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- A.** Long-term care living arrangements. A person may be eligible for ALTCS services, under Article 2, while living in one of the following settings:
1. Institutional settings:
    - a. A Nursing Facility (NF) defined in 42 U.S.C. 1396r(a),
    - b. An Institution for Mental Diseases (IMD) for a person who is either under age 21 or age 65 or older,
    - c. An Intermediate Care Facility for the Mentally Retarded (ICF-MR) for a person with developmental disabilities,
    - d. A hospice (free-standing, hospital, or nursing facility subcontracted beds) defined in A.R.S. § 36-401; or
  2. Home and community-based services (HCBS) settings:
    - a. A person's home defined in R9-28-101(B), or
    - b. Alternative HCBS settings defined in R9-28-101(B).
- B.** ALTCS acute care living arrangements.
1. A person applying for and otherwise entitled to receive ALTCS coverage shall receive only ALTCS acute care coverage if residing in one of the following living arrangements, settings, or locations:
    - a. A noncertified medical facility, or
    - b. A medical facility that is registered with AHCCCS but does not have a contract with an ALTCS program contractor, or
    - c. At home or in an alternative HCBS setting when the person refuses HCBS services, or
    - d. A licensed or certified HCBS facility that is not registered with AHCCCS.
  2. Eligibility income limits.
    - a. For a person residing in a setting described in subsection (1)(a) or (1)(b), the gross income limit is 300 percent of the Federal Benefit Rate (FBR).
    - b. For a person residing in a setting described in subsection (1)(c) or (1)(d), the net income limit is 100 percent of the FBR.
- C.** Inmate of a public institution. An inmate of a public institution is not eligible for the ALTCS program if federal financial participation (FFP) is not available as described under R9-22-310.
- C.** The Administration permits the following exceptions to the resource criteria for a person identified in subsection (B):
1. Resources of the spouse or parent of a minor child are disregarded beginning the first day in the month the person is institutionalized.
  2. The value of household goods and personal effects is excluded.
  3. The value of oil, timber, and mineral rights is excluded.
  4. The value of all of the following shall be disregarded:
    - a. Term insurance;
    - b. Burial insurance;
    - c. Assets that a person has irrevocably assigned to fund the expense of a burial;
    - d. The cash value of all life insurance if the face value does not exceed \$1,500 total per insured person and the policy has not been assigned to fund a pre-need burial plan or has a legally binding designation as a burial fund;
    - e. The value of any burial space held for the purpose of providing a place for the burial of the person, a spouse, or any other member of the immediate family;
    - f. \$1,500 of the equity value of an asset that has a legally binding designation as a burial fund or a revocable burial arrangement if there is no irrevocable burial arrangement;
    - g. During the time a person remains continuously eligible, all appreciation in the value of the assets in subsection (C)(4)(f) will be disregarded; and
    - h. The amount of a payment refunded by a nursing facility after ALTCS approval is only excluded for six months beginning with the month the refund was received. The Administration shall evaluate the refund in accordance with R9-28-409 if transferred without receiving something of equal value.
- D.** For an institutionalized spouse, a resource disregard is allowed under 42 U.S.C. 1396r-5(c).
- E.** Trusts are evaluated in accordance with federal and state laws to determine eligibility.
- F.** A person shall provide information and verification necessary to determine the countable value of resources.

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 369, effective January 6, 1999 (Supp. 99-1). Amended by exempt rulemaking at 7 A.A.R. 4691, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 20 A.A.R. 234, effective January 7, 2014 (Supp. 14-1).

**R9-28-407. Resource Criteria for Eligibility**

- A.** The following Medicaid-eligible persons shall be deemed to meet the resource requirements for ALTCS eligibility unless ineligible due to federal and state laws regarding trusts.
1. A person receiving Supplemental Security Income (SSI);
  2. A person receiving Title IV-E Foster Care Maintenance payment; or
  3. A person receiving a Title IV-E Adoption Assistance.
- B.** Except as provided in subsection (C), if a person's ALTCS eligibility is most closely related to SSI and is not included in subsection (A), the Administration shall determine eligibility using resource criteria in 42 U.S.C. 1382(a)(1)(B), 42 U.S.C. 1382b, and 20 CFR 416 Subpart L. The resource limit for an individual is \$2,000 or \$3,000 for a couple under 20 CFR 416.1205.

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective June 6, 1989 (Supp. 89-2). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 369, effective January 6, 1999 (Supp. 99-1). Amended by exempt rulemaking at 7 A.A.R. 4691, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 14 A.A.R. 2090, effective July 5, 2008 (Supp. 08-2). Amended by final rulemaking at 20 A.A.R. 234, effective January 7, 2014 (Supp. 14-1).

**R9-28-408. Income Criteria for Eligibility**

- A.** The following Medicaid-eligible persons shall be deemed to meet the income requirements for ALTCS eligibility unless ineligible due to federal and state laws regarding trusts.
1. A person receiving Supplemental Security Income (SSI);
  2. A person receiving Title IV-E Foster Care Maintenance Payments; or
  3. A person receiving Title IV-E Adoption Assistance.
- B.** If the person is not included in subsection (A), the Administration shall count the income described in 42 U.S.C. 1382a and

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20 CFR 416 Subpart K to determine eligibility with the following exceptions:

1. Income types excluded by 42 U.S.C. 1382a(b) for determining net income are also excluded in determining gross income to determine eligibility;
  2. Income of the parent or spouse of a minor child is counted as part of income under 42 CFR 435.602, except that the income of the parent or spouse is disregarded for the month beginning when the person is institutionalized;
  3. In-kind support and maintenance, under 42 U.S.C. 1382a(a)(2)(A), are excluded for both net and gross income tests;
  4. The income exceptions under A.A.C. R9-22-1503(B) apply to the net income test; and
  5. Income described in subsection (C) is excluded.
- C.** The following are income exceptions:
1. Disbursements from a trust are considered in accordance with federal and state law; and
  2. For an institutionalized spouse, a person defined in 42 U.S.C. 1396r-5(h)(1), income is calculated in accordance with 42 U.S.C. 1396r-5(b).
- D.** Income eligibility. Except as provided in R9-28-406(B)(2)(b), countable income shall not exceed 300 percent of the FBR.
- E.** The Administration shall determine the amount a person shall pay for the cost of ALTCS services and the post-eligibility treatment of income (share-of-cost) under A.R.S. § 36-2932(L) and 42 CFR 435.725 or 42 CFR 435.726. The Administration shall consider the following in determining the share-of-cost:
1. Income types excluded by 42 U.S.C. 1382a(b) for determining net income are excluded in determining share-of-cost.
  2. SSI benefits paid under 42 U.S.C. 1382(e)(1)(E) and (G) to a person who receives care in a hospital or nursing facility are not included in calculating the share-of-cost.
  3. The share-of-cost of a person with a spouse is calculated as follows:
    - a. If an institutionalized person has a community spouse under 42 U.S.C. 1396r-5(h), share-of-cost is calculated under R9-28-410 and 42 U.S.C. 1396r-5(b) and (d); and
    - b. If an institutionalized person does not have a community spouse, share of cost is calculated solely on the income of the institutionalized person.
  4. Income assigned to a trust is considered in accordance with federal and state law.
  5. The following expenses are deducted from the share-of-cost of an eligible person to calculate the person's share-of-cost:
    - a. A personal-needs allowance (PNA) equal to 300 percent of the FBR for a person who receives or intends to receive HCBS or who resides in a medical institution for less than the full calendar month. A personal-needs allowance equal to 15 percent of the FBR for a person residing in a medical institution for a full calendar month, except:
      - i. The PNA shall be increased above 15% of the FBR by the amount of income garnished for child support under a court order, including administrative fees garnished for collection efforts, but only to the extent that the amount garnished is not deducted as a monthly allowance for the dependent under any other provision of the post-eligibility process. The increase to the PNA due to the garnishment shall not exceed the actual garnishment paid in the month for which the PNA is calculated; and
      - ii. The PNA shall be increased above 15% of the FBR by the amount of income garnished for spousal maintenance under a judgment and decree for dissolution of marriage, including administrative fees garnished for collection efforts, but only to the extent that the amount garnished is not deducted as a monthly allowance for the spouse under any other provision of the post-eligibility process. The increase to the PNA due to the garnishment shall not exceed the actual garnishment paid in the month for which the PNA is calculated.
    - b. A spousal allowance, equal to the FBR minus the income of the spouse, if a spouse but no children remain at home;
    - c. A household allowance equal to the standard specified in Section 2 of the Aid for Families with Dependent Children (AFDC) State Plan as it existed on July 16, 1996 for the number of household members minus the income of the household members if a spouse and children remain at home;
    - d. Expenses for medical and remedial care services if the expenses were for services rendered to the applicant or beneficiary and prescribed by a health care practitioner acting within the scope of practice as defined by State law. The applicant or recipient must have, or have had, a legal obligation to pay the medical or remedial expense. Deductions do not include the cost of services to the extent a third party paid for, or is liable for, the service. Deductions for expenses incurred prior to application are limited to expenses incurred during the three months prior to the filing of an application. Documents shall be submitted within a reasonable time as determined by the Director.
    - e. An amount determined by the Director for the maintenance of a single person's home for not longer than six months if a physician certifies that the person is likely to return home within that period; or
    - f. An amount for Medicare and other health insurance premiums, deductibles, or coinsurance not subject to third-party reimbursement; and
  6. The deductible expense under subsection (5)(d) shall not include any amount for a service covered under the Title XIX State Plan.
- F.** A person shall provide information and verification of income under A.R.S. § 36-2934(G) and 20 CFR 416.203.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 369, effective January 6, 1999 (Supp. 99-1). Amended by exempt rulemaking at 7 A.A.R. 4691, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 14 A.A.R. 2090, effective July 5, 2008 (Supp. 08-2). Amended by final rulemaking at 20 A.A.R. 234, effective January 7, 2014 (Supp. 14-1). Amended by final rulemaking at 24 A.A.R. 667, effective March 6, 2018 (Supp. 18-1).

**R9-28-409. Transfer of Assets**

- A.** The provisions in this Section apply to an institutionalized person who has, or whose spouse has, transferred assets and



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received less than the fair market value (uncompensated value) as specified in A.R.S. § 36-2934(B) and 42 U.S.C. 1396p(c)(1)(A), July 1, 2009, which is incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.

- B. A person shall report transfer of assets. The Administration shall evaluate all transfers made during or after the look-back period under 42 U.S.C. 1396p(c)(1)(B), July 1, 2009, which is incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments. The person shall provide verification of any transfer.
- C. Certain transfers are permitted under 42 U.S.C. 1396p(c)(2), July 1, 2009, which is incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
- D. If the Administration determines a disqualification period applies due to a transfer, and the person is otherwise eligible, the person may remain eligible for ALTCS acute care services but shall be disqualified for receiving ALTCS coverage under 42 U.S.C. 1396p(c)(1)(E), July 1, 2009, which is incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
- E. Period of disqualification for transfers.
  - 1. Calculating a period of disqualification at application. The uncompensated value of all transfers shall be divided by the monthly private pay rate. The result of this calculation equals the number of months of ineligibility.
  - 2. Calculating a period of disqualification after approval:
    - a. For one or more transfers occurring in one calendar month or in consecutive months, the period of disqualification is determined under subsection (E)(1). The period of disqualification begins with the month that the first transfer was made.
    - b. For transfers occurring in nonconsecutive calendar months, the period of disqualification for each transfer of assets shall be determined separately under subsection (E)(1) to determine if the periods of disqualification overlap.
      - i. Periods of disqualification that overlap shall be added together and shall run consecutively, beginning with the month the first transfer was made.
      - ii. Periods of disqualification that do not overlap are each applied separately beginning the month that the transfer was made.
- F. Transfers of assets for less than fair market value are presumed to have been made to establish eligibility for ALTCS services.
- G. Rebuttal of disqualification.
  - 1. A person found ineligible for ALTCS services by reason of a transfer of assets for uncompensated value shall have the right to rebut the disqualification for reasons stated under 42 U.S.C. 1396p(c)(2)(C), July 1, 2009, which is incorporated by reference and on file with the Administration, and available from the U.S. Government Printing

Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.

- 2. The person shall have the burden of rebutting the presumption.
- 3. If a person rebuts a transfer on the basis of debt repayment, the Administration shall determine the validity of the debt and payment amount under A.R.S. § 44-101.
- H. Undue hardship. The transfer penalty period may be waived if denial of eligibility for long term care services creates an undue hardship.
  - 1. The Administration shall consider whether the transfer penalty period can be waived when:
    - a. The individual is otherwise eligible for ALTCS benefits and application of the transfer of assets provision would deprive the individual of medical care such that the individual's life or health would be endangered, or
    - b. The individual is otherwise eligible for ALTCS benefits and is deprived of food, clothing, shelter or other necessities of life as evidenced by the fact that the individual's income is less than or equal to the Federal Poverty Level (FPL);
  - 2. The transfer penalty period shall be waived when:
    - a. The individual is incapacitated as established by the Court or by a physician; and
    - b. The individual who had the legal authority to handle the applicant's finances has violated the terms of that legal authority; and
    - c. An individual acting on the applicant's behalf has exhausted all legal remedies to regain the asset, such as but not limited to, filing a police report and seeking recovery through civil court.
  - 3. The transfer penalty period shall not be waived when:
    - a. The applicant was mentally competent and would have been aware of the consequences of the transfers at the time the transfers occurred; or
    - b. The applicant gave another person specific legal authority to make the transfers, such as a conservator, or a person granted the applicant's financial power of attorney when the applicant was competent to do so, and the person did not violate the limits of that authority in making the transfers.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 369, effective January 6, 1999 (Supp. 99-1). Amended by final rulemaking at 20 A.A.R. 234, effective January 7, 2014 (Supp. 14-1).

**R9-28-410. Community Spouse**

- A. The methodology in this Section applies to an institutionalized person who has a community spouse.
- B. If the institutionalized person's most current period of continuous institutionalization began on or after September 30, 1989, the Administration shall use the methodology for the treatment of resources under 42 U.S.C. 1396r-5(c).
  - 1. The following resource criteria shall be used in addition to the criteria specified in R9-28-407 to be eligible:
    - a. Resources owned by a couple at the beginning of the first continuous period of institutionalization from and after September 30, 1989, shall be computed from the first day of institutionalization. The total value of resources owned by the institutionalized spouse and the community spouse, and a spousal

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share equal to one-half of the total value, are computed under 42 U.S.C. 1396r-5(c)(1).

b. The Community Spouse Resource Deduction (CSRSD) is calculated under 42 U.S.C. 1396r-5(f)(2).

c. The CSRSD is subtracted from the total resources of the couple to determine the amount of the couple's resources considered available to the institutionalized spouse at the time of application under 42 U.S.C. 1396r-5(c)(2).

i. Resources in excess of the CSRSD must be equal to or less than the standard for a person specified in R9-28-407.

ii. The CSRSD is allowed as a deduction for 12 consecutive months beginning with the first month in which the institutionalized spouse is eligible for ALTCS benefits. Beginning with the 13th month, the separate property of the institutionalized spouse must be within the resource standard for a person specified in R9-28-407.

iii. If a person who was previously eligible for ALTCS as an institutionalized person with a community spouse reapplies for ALTCS after a break in institutionalization of more than 30 days, the CSRSD will be allowed as a deduction from resources for a 12-month period in addition to the period in subsection (c)(ii).

2. Resources are excluded as specified in R9-28-407, except that one vehicle is totally excluded regardless of its value, and any additional vehicles are included using equity value.

3. The Director may grant eligibility if the Administration determines that a denial of eligibility would create an undue hardship for the institutionalized spouse.

C. This Section applies to the income eligibility and post-eligibility treatment of income beginning September 30, 1989, regardless of when the first period of institutionalization began.

1. Income payments are attributed to the institutionalized person and the community spouse under 42 U.S.C. 1396r-5(b)(2).

2. Income is excluded as specified in R9-28-408.

3. The institutionalized spouse's income eligibility is determined by combining the income of the institutionalized person and the community spouse and dividing by two. If the institutionalized person is not eligible using this method, the income eligibility shall be based on the income received in the person's name.

4. The following allowances described in 42 U.S.C. 1396r-5(d)(1) and (2) are allowed as deductions from the institutionalized spouse's income in determining share-of-cost:

a. A personal-needs allowance specified in R9-28-408(E)(5);

b. A community spouse monthly income allowance, but only to the extent that the institutionalized spouse's income is made available to or for the benefit of the community spouse;

c. A family allowance for each family member equal to one-third of the amount remaining after deducting the countable income of the household member from a Minimum Monthly Maintenance Needs Allowance (MMMNA);

d. An amount for medical or remedial services as specified in R9-28-408; and

e. An amount for Medicare and other health insurance premiums, deductibles, or coinsurance not subject to third-party reimbursement.

D. Transfers.

1. The institutionalized spouse may transfer to any of the following an amount of resources equal to the CSRSD without affecting eligibility under 42 U.S.C. 1396r-5(f). The institutionalized spouse may transfer resources to:

a. The community spouse; or

b. Someone other than the community spouse if the resources are for the sole benefit of the community spouse.

2. The institutionalized spouse is allowed a period of 12 consecutive months, beginning with the first month of eligibility, to transfer resources in excess of the resource standard in R9-28-407 to the persons listed in subsection (D)(1).

3. All other transfers by the institutionalized person or transfers by the community spouse are treated under the provisions in R9-28-409.

E. Specific hearing rights as described under 9 A.A.C. 34 apply to a person whose eligibility is determined under this Section.

1. The institutionalized spouse or the community spouse is entitled to a fair hearing if dissatisfied with the determination of any of the following:

a. The community spouse monthly income allowance,

b. The amount of monthly income allocated to the community spouse,

c. The computation of the spousal share of resources,

d. The attribution of resources, or

e. The CSRSD.

2. The hearing officer may increase the amount of the MMMNA if either the community spouse or institutionalized spouse establishes that the community spouse needs income above the established MMMNA due to exceptional circumstances.

3. The hearing officer may increase the amount of the CSRSD to allow the community spouse to retain enough resources to generate income to meet the MMMNA. The hearing officer may allow the community spouse to retain an amount of resources necessary to purchase a single premium life annuity that would furnish monthly income sufficient to bring the community spouse's total monthly income up to the MMMNA.

#### Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 369, effective January 6, 1999 (Supp. 99-1). Amended by final rulemaking at 14 A.A.R. 2090, effective July 5, 2008 (Supp. 08-2). Amended by final rulemaking at 20 A.A.R. 234, effective January 7, 2014 (Supp. 14-1).

#### R9-28-411. Changes, Redeterminations, and Notices

A. Reporting and verifying changes.

1. A person shall report to the ALTCS eligibility office the following changes for a person, a person's spouse, or a person's dependent children under 42 CFR 435.916:

a. A change of address;

b. An admission to or discharge from a medical facility, public institution, or private institution;

c. A change in the household's composition;

d. A change in income;

e. A change in resources;

f. A determination of eligibility for other benefits;

g. A death;

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- h. A change in marital status;
  - i. An improvement in the person's medical condition;
  - j. A change in school attendance;
  - k. A change in Arizona state residency;
  - l. A change in citizenship or alien status;
  - m. Receipt of an SSN under R9-22-305;
  - n. A transfer of assets under R9-28-409;
  - o. A change in trust income and disbursements in accordance with state and federal law;
  - p. A change in first- or third-party liability that may be responsible for payment of all or a portion of the person's medical costs;
  - q. A change in first-party medical insurance premiums;
  - r. A change in the household expenses used to calculate the community spouse monthly income allowance described in R9-28-410;
  - s. A change in the amount of the community spouse monthly income allowance that is provided to the community spouse by the institutionalized spouse under R9-28-410; and
  - t. Any other change that may affect the person's eligibility or share-of-cost.
2. A change shall be reported either orally or in writing as described under R9-22-306.
- B.** Processing of changes and redeterminations. A person's eligibility shall be redetermined at least one time every 12 months and when changes occur, under 42 CFR 435.916. A person's share-of-cost, specified in R9-28-408, shall be redetermined whenever a change occurs that may affect the post-eligibility computation of income.
- C.** Actions that may result from a redetermination or change. Processing a redetermination or change shall result in one of the following findings:
- 1. No change in eligibility or the post-eligibility computation of income;
  - 2. Discontinuance of eligibility if a condition of eligibility is no longer met;
  - 3. Suspension of eligibility if a condition of eligibility is temporarily not met;
  - 4. A change in the post-eligibility computation of income and the person's share-of-cost; or
  - 5. A change in service from ALTCS to ALTCS acute care services, or from ALTCS acute care services to ALTCS, caused by changes in a person's living arrangement, specified in R9-28-406, or a transfer of assets specified in R9-28-409.
- D.** Notices.
- 1. Contents of notice. The Administration shall issue a notice when an action is taken regarding a person's eligibility or computation of share-of-cost. The notice shall contain the following information:
    - a. A statement of the action being taken;
    - b. The effective date of the action;
    - c. The specific reason for the intended action;
    - d. The actual figures used in the eligibility determination and specify the amount by which the person exceeds income standards if eligibility is being discontinued because either a person's resources exceed the resource limit, or a person's income exceeds the income limit;
    - e. The specific law or regulation that supports the action, or a change in federal or state law that requires an action;
    - f. An explanation of a person's right to request an evidentiary hearing as described under 9 A.A.C. 34; and
    - g. An explanation of the date by which a request for hearing must be received so that eligibility or the current share-of-cost may be continued.
2. Advance notice of changes in eligibility or share-of-cost. "Advance notice" means a notice that is issued to a person at least 10 days before the effective date of change. Except as specified in subsection (D)(3), advance notice shall be issued whenever the following adverse action is taken:
- a. To discontinue or suspend eligibility if an eligible person no longer meets a condition of eligibility, either ongoing or temporarily;
  - b. To affect post-eligibility computation of income and increase a person's share-of-cost; or
  - c. To reduce benefits from ALTCS to ALTCS acute care services due to a change from a long-term care living arrangement to an acute care living arrangement, specified in R9-28-406(B), or due to a transfer with uncompensated value, specified in R9-28-409.
3. Adverse actions. An applicant or member may appeal, as described under 9 A.A.C. 34, by requesting a hearing from the Administration or its designee concerning any of the adverse actions if:
- a. A person provides a clear, written statement, signed by the person, that a person no longer desires services;
  - b. A person provides information that requires termination of eligibility or an increase in the share-of-cost and the person signs a clear written statement waiving advance notice;
  - c. A person cannot be located and mail sent to that person has been returned as undeliverable;
  - d. A person has been admitted to a public institution where the person is ineligible for ALTCS under R9-28-406; or
  - e. A person has been approved for Medicaid in another state;
  - f. The Administration has information that confirms the death of the person;
  - g. The person's primary care provider has prescribed a change in the level of medical care; or
  - h. The notice involves an adverse determination regarding the PAS, specified in A.R.S. § 36-2936.
- E.** Transitional. HCBS services may be provided to a person who is no longer at risk of institutionalization but who continues to require significant long-term care services under A.R.S. § 36-2936(D).

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 369, effective January 6, 1999 (Supp. 99-1). Amended by final rulemaking at 20 A.A.R. 234, effective January 7, 2014 (Supp. 14-1).

**R9-28-412. General Enrollment**

- A.** Program contractors. The Administration shall enroll each ALTCS member with:
- 1. An elderly and physically disabled (EPD) program contractor,
  - 2. The developmentally disabled (DD) program contractor,
  - 3. A tribal program contractor, or
  - 4. The AHCCCS fee-for-service program.

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- B.** Enrollment choice. An ALTCS member may choose a program contractor:
  1. At the time of application, or
  2. If the ALTCS member establishes a home outside of the GSA.
- C.** Annual enrollment. If an ALTCS member is elderly or physically disabled and lives in a GSA served by more than one program contractor, a member may change to an available program contractor during the annual enrollment choice period.
- D.** A program contractor is responsible for the enrolled ALTCS member as described in R9-28-712, County-of-Fiscal Responsibility.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 369, effective January 6, 1999 (Supp. 99-1). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1). Amended by final rulemaking at 14 A.A.R. 2090, effective July 5, 2008 (Supp. 08-2).

**R9-28-413. Enrollment with an Elderly and Physically Disabled (EPD) Program Contractor**

- A.** A member's enrollment with an EPD program contractor. The Administration shall enroll an ALTCS elderly or physically disabled member with an EPD program contractor assigned to that GSA.
- B.** New member makes a choice of an EPD program contractor. The Administration shall provide a new member an opportunity to choose an EPD program contractor, if an ALTCS member is elderly or physically disabled, and lives in a GSA served by more than one EPD program contractor.
- C.** New member who makes no choice of an EPD program contractor. The Administration shall enroll an elderly or physically disabled new member that lives in a GSA with more than one EPD program contractor and who makes no choice of an EPD program contractor under the following:
  1. Criteria. The Administration will prioritize enrollment based on continuity of care and enroll a member with an EPD program contractor chosen under the following criteria, including but not limited to:
    - a. A member's living arrangement, and
    - b. A member's primary care practitioner.
  2. Algorithm. The Administration shall enroll a member through an algorithm as specified in contract, when a member has a choice of more than one EPD program contractor and the criteria in subsection (C)(1) does not apply.

**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1). Amended by final rulemaking at 20 A.A.R. 234, effective January 7, 2014 (Supp. 14-1).

**R9-28-414. Enrollment with the DD Program Contractor**

A member's DD program contractor. The Administration shall enroll a member including an American Indian with the DES Division of Developmental Disabilities as specified in A.R.S. § 36-2940, if the ALTCS member is eligible for services for the developmentally disabled.

**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1). Amended

by final rulemaking at 20 A.A.R. 234, effective January 7, 2014 (Supp. 14-1).

**R9-28-415. Enrollment with a Tribal Program Contractor**

- A.** On-reservation. Notwithstanding R9-28-412, the Administration shall enroll an American Indian ALTCS member who is elderly or physically disabled with the ALTCS tribal program contractor as specified in A.R.S. § 36-2932 if the person:
  1. Lives on-reservation of a tribe participating as an ALTCS tribal program contractor, or
  2. Lived on-reservation of a tribe participating as an ALTCS tribal program contractor immediately prior to placement in an off-reservation NF or alternative HCBS setting.
- B.** Off-reservation. The Administration shall enroll an American Indian ALTCS member who is elderly or physically disabled with an EPD program contractor under R9-28-413, if the member lives off-reservation, and does not have on-reservation status as specified in subsection (A)(2).

**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1). Amended by final rulemaking at 14 A.A.R. 2090, effective July 5, 2008 (Supp. 08-2). Amended by final rulemaking at 20 A.A.R. 234, effective January 7, 2014 (Supp. 14-1).

**R9-28-416. Enrollment with the Fee-for-Service (FFS) Program**

- A.** No tribal or EPD program contractor in GSA. The Administration shall enroll an ALTCS elderly or physically disabled member who resides in an area with no ALTCS tribal program contractor or EPD program contractor in the AHCCCS FFS program under A.R.S. § 36-2945.
- B.** Prior period coverage. The Administration shall enroll a member in AHCCCS fee-for-service program if a member is eligible for ALTCS services only during prior period coverage.
- C.** The Administration shall enroll a member in the AHCCCS fee-for-service program if the member is eligible for ALTCS services during the prior quarter period.

**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1). Amended by exempt rulemaking at 7 A.A.R. 4691, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 20 A.A.R. 234, effective January 7, 2014 (Supp. 14-1).

**R9-28-417. Notification Requirements**

- A.** Administration responsibilities. The Administration shall notify a member's program contractor when a member is enrolled or disenrolled from the ALTCS program. The Administration shall include the following in the notification:
  1. The member's name,
  2. The member's identification number,
  3. The member's effective date of enrollment or disenrollment, and
  4. The member's share-of-cost on a monthly enrollment roster.
- B.** Program contractor's responsibilities. The program contractor shall notify the Administration if an ALTCS member has any change that may affect eligibility including but not limited to:
  1. A change in residential address,
  2. A change in medical or functional condition,
  3. A change in living arrangement including:
    - a. Alternative HCBS setting,
    - b. Home,
    - c. Nursing facility, or

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- d. Other living arrangement not specified in this subsection,
4. Change in resource or income, or
5. Death.

**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1).

**R9-28-418. Disenrollment**

The Administration shall disenroll an ALTCS member on the last day of the month following receipt of appropriate notification under R9-28-411 except:

1. The Administration shall disenroll an ALTCS member who dies. A member's last day of enrollment shall be the date of death.
2. The Administration shall disenroll a member immediately when the member voluntarily withdraws from the ALTCS program.
3. If ALTCS benefits have been continued pending an eligibility appeal decision and the discontinuance is upheld as specified in 9 A.A.C. 34, the Administration shall disenroll a member effective on the date of the hearing decision.

**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1). Amended by final rulemaking at 14 A.A.R. 2090, effective July 5, 2008 (Supp. 08-2). Amended by final rulemaking at 20 A.A.R. 234, effective January 7, 2014 (Supp. 14-1).

**ARTICLE 5. PROGRAM CONTRACTOR AND PROVIDER STANDARDS****R9-28-501. Program Contractor and Provider Standards – Related Definitions**

Definitions. The following words and phrases, in addition to definitions contained in A.R.S. §§ 36-2901 and 36-2931, and 9 A.A.C. 22, Article 1, have the following meanings unless the context of the Chapter explicitly requires another meaning:

“Certification” means a voluntary process by which a federal or state regulatory entity grants recognition to a person, facility, or organization that has met certain qualifications specified by the regulatory entity, allowing the person, facility, or organization to use the word “certified” in a title or designation.

“Therapeutic leave” means that a member leaves an institutional facility for a period that does not exceed nine days per contract year.

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1). New Section made by final rulemaking at 11 A.A.R. 4286, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4406, effective January 3, 2009 (Supp. 08-4).

**R9-28-501.01. Pre-Existing Conditions**

A program contractor shall comply with the pre-existing condition requirements in A.A.C. R9-22-502.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 4406, effective January 3, 2009 (Supp. 08-4).

**R9-28-502. Long-term Care Provider Requirements**

- A. A provider shall obtain any necessary authorization from the program contractor or the Administration for services provided to a member.
- B. A provider shall maintain and make available to a program contractor and to the Administration, financial, and medical records for not less than five years from the date of final payment, or for records relating to costs and expenses to which the Administration has taken exception, five years after the date of final disposition or resolution of the exception. The provider shall maintain records that meet uniform accounting standards and generally accepted practices for maintenance of medical records, including detailed specification of all patient services delivered, the rationale for delivery, and the service date.

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended subsection (E) effective June 6, 1989 (Supp. 89-2). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4286, effective December 5, 2005 (Supp. 05-4).

**R9-28-503. Licensure and Certification for Long-term Care Institutional Facilities**

- A. A nursing facility shall not provide services to a member unless the facility is licensed by Arizona Department of Health Services, Medicare- and Medicaid-certified, and meets the requirements in 42 CFR 442, as of October 1, 2004, and 42 CFR 483, as of October 1, 2004, incorporated by reference, on file with the Administration, and available from the U.S. Government Printing Office, 732 N. Capitol St., N.W., Washington, D.C. 20401. This incorporation by reference contains no future editions or amendments.
- B. An ICF-MR shall not provide services to a member unless the ICF-MR is Medicaid-certified and meets the requirements in A.R.S. § 36-2939(B)(1) and 42 CFR 442, Subpart C, as of October 1, 2004, and 42 CFR 483, as of October 1, 2004, incorporated by reference, on file with the Administration and available from the U.S. Government Printing Office, 732 N. Capitol St., N.W., Washington, D.C. 20401. This incorporation by reference contains no future editions or amendments.
- C. A nursing facility or ICF-MR that provides services to a member shall register as a provider with the Administration to receive reimbursement. The Administration shall not register a provider unless the provider meets the licensure and certification requirements of subsection (A) or (B).

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective June 6, 1989 (Supp. 89-2). Amended effective November 5, 1993 (Supp. 93-4). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4286, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4406, effective January 3, 2009 (Supp. 08-4).

**R9-28-504. Standards of Participation, Licensure, and Certification for HCBS Providers**

- A. A noninstitutional long-term care provider shall not register with the Administration unless the provider meets the requirements of the Arizona Department of Health Services' rules for licensure, if applicable.
- B. Additional qualifications to provide services to a member:
  1. A community residential setting and a group home for a person with developmental disabilities shall be licensed

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- by the appropriate regulatory agency of the state as described in A.A.C. R9-33-107 and A.A.C. R6-6-714;
2. An adult foster care home shall be certified or licensed under 9 A.A.C. 10;
  3. A home health agency shall be Medicare-certified and licensed under 9 A.A.C. 10;
  4. A person providing a homemaker service shall meet the requirements specified in the contract between the person and the Administration;
  5. A person providing a personal care service shall meet the requirements specified in the contract between the person and the Administration;
  6. An adult day health care provider shall be licensed under 9 A.A.C. 10;
  7. A therapy provider shall meet the following requirements:
    - a. A physical therapy provider shall meet the requirements in 4 A.A.C. 24;
    - b. A speech therapist provider shall meet the applicable requirements under 9 A.A.C. 16, Article 2.
    - c. An occupational therapy provider shall meet the requirements in 4 A.A.C. 43; and
    - d. A respiratory therapy provider shall meet the requirements in 4 A.A.C. 45;
  8. A respite provider shall meet the requirements specified in contract;
  9. A hospice provider shall be Medicare-certified and licensed under 9 A.A.C. 10;
  10. A provider of home-delivered meal service shall comply with the requirements in 9 A.A.C. 8;
  11. A provider of non-emergency transportation shall be licensed by the Arizona Department of Transportation, Motor Vehicle Division;
  12. A provider of emergency transportation shall meet the licensure requirements in 9 A.A.C. 13;
  13. A day care provider for the developmentally disabled under A.R.S. § 36-2939 shall meet the licensure requirements in 6 A.A.C. 6;
  14. A habilitation provider shall meet the requirements in A.A.C. R6-6-1523 or the therapy requirements in this Section;
  15. A service provider, other than a provider specified in subsections (B)(1) through (B)(14), approved by the Director shall meet the requirements specified in a program contractor's contract with the Administration;
  16. A behavioral health provider shall have all applicable state licenses or certifications and meet the service specifications in A.A.C. R9-22-1205; and
  17. An assisted living home or a residential unit shall meet the requirements as defined in A.R.S. § 36-401 and as authorized in A.R.S. § 36-2939.

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective June 6, 1989 (Supp. 89-2). Amended effective July 13, 1992 (Supp. 92-3). Amended effective November 5, 1993 (Supp. 93-4). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 5 A.A.R. 874, effective March 4, 1999 (Supp. 99-1). Amended by final rulemaking at 11 A.A.R. 4286, effective December 5, 2005 (Supp. 05-4).

**R9-28-505. Standards, Licensure, and Certification for Providers of Hospital and Medical Services**

A provider shall not provide hospital services to a member unless the hospital is licensed by the Arizona Department of Health Services, and meets the requirements in 42 CFR 441 and 482, as of October 1, 2004, and 42 CFR 456, Subpart C, as of October 1, 2004, incorporated by reference, on file with the Administration and available from the U.S. Government Printing Office, 732 N. Capitol St., N.W., Washington, D.C. 20401. This incorporation contains no future editions or amendments. An Indian Health Service (IHS) hospital and a Veterans Administration hospital shall not provide services to a member unless accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4286, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4406, effective January 3, 2009 (Supp. 08-4).

**R9-28-506. Requirements for Spouse as Paid Caregiver**

- A. For purposes of this Section, the following definitions apply:
  1. "Extraordinary care" means care that exceeds the range of activities that a spouse would ordinarily perform in the household on behalf of the ALTCS member if the member did not have a disability or chronic illness, and that is necessary to ensure the health and welfare of the member and avoid institutionalization.
  2. "Personal care or similar services" means assistance provided to an ALTCS member with a disability or chronic illness to enable the member to perform Activities of Daily Living (ADL) or Instrumental Activities of Daily Living (IADL) that the member would normally perform for himself or herself if the member did not have a disability or chronic illness. Assistance may involve performing a personal care task for the member or cuing the member so that the member performs the task for himself or herself.
- B. As authorized by the Section 1115 Waiver, a member may choose to have personal care or similar services provided by the member's spouse as a paid caregiver if the following conditions and limitations are met:
  1. The member resides in his or her own home;
  2. The Administration or a Program Contractor offers the member the choice of a provider of personal care or similar services other than the member's spouse;
  3. The personal care or similar services is described in the member's plan of care prepared by the member's case manager;
  4. The case manager records at least annually in the member's plan of care the member's choice to have personal care or similar services provided by the member's spouse as a paid caregiver;
  5. The personal care or similar services provided by the spouse are extraordinary care;
  6. The spouse is one of the following:
    - a. Employed by a provider that subcontracts with the member's Program Contractor;
    - b. If the member is developmentally disabled, the spouse is either employed by a provider that subcontracts with the member's Program Contractor, or registered with AHCCCS as an independent provider; or
    - c. If the member is a Native American enrolled in FFS, the spouse is either employed by an AHCCCS regis-

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tered provider or registered with AHCCCS as an independent provider;

7. The spouse meets the training and other qualifications that apply to other providers of personal care or similar services registered with AHCCCS;
  8. The Program Contractor does not pay a spouse providing personal care or similar services at a rate that exceeds the rate that would be paid to a provider of personal care or similar services who is not a spouse and the Administration does not pay a spouse providing personal care or similar services at a rate that exceeds the capped fee-for-service payment for personal care or similar services; and
  9. A spouse providing personal care or similar services as a paid caregiver is not paid for more than 40 hours of services in a seven-day period.
- C. For a member who elects to have the member's spouse provide personal care or similar services as a paid caregiver, personal care or similar services in excess of 40 hours in a seven-day period are not covered. If a spouse elects to provide less than the hours authorized by the Administration or Program Contractor, the remaining hours of medically necessary personal care or similar services may be provided by another personal caregiver, but the total hours of care provided by the spouse and any other personal caregiver shall not exceed 40 hours in a seven-day period.
- D. By electing to have the member's spouse provide personal care and similar services as a paid caregiver, the member is not precluded from receiving medically necessary, cost effective home and community based services other than personal care or similar services.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 3587, effective October 2, 2007 (Supp. 07-4).

**R9-28-507. Program Contractor General Requirements**

- A. To participate in the ALTCS program, through a program contractor or directly through the Administration, a provider of ALTCS-covered services shall be registered with the Administration.
- B. An ALTCS program contractor shall ensure that providers of service meet the requirements of this Article.
- C. Each ALTCS program contractor shall maintain member service records for five years, that include, at a minimum, a case management plan, medical records, encounter data, grievances, complaints, and service information for each ALTCS member.
- D. An ALTCS program contractor shall produce and distribute informational materials that are approved by the Administration to each enrolled ALTCS member or designated representative within 12 business days after the program contractor receives notification of enrollment from the Administration. The program contractor shall ensure that the informational materials include:
  1. A description of all covered services as specified in contract;
  2. An explanation of service limitations and exclusions;
  3. An explanation of the procedure for obtaining services, including a notice stating that the program contractor is liable only for those services authorized by an ALTCS member's case manager;
  4. An explanation of the procedure for obtaining emergency services;
  5. An explanation of the procedure for filing a grievance and appeal; and

6. An explanation of when plan changes may occur as specified in contract.

- E. A subcontractor shall collect the member's share of cost and report to the program contractor the amount collected as specified in the subcontractor contract. The program contractor shall report the share of cost collected to the Administration.
- F. An ALTCS program contractor shall monitor a trust fund account for an institutionalized ALTCS member to verify that expenditures from the member's trust fund account are in compliance with federal regulations 42 U.S.C. 1396p(d)(4) and A.R.S. § 36-2934.01.
- G. A program contractor shall ensure that an institutionalized ALTCS member transferred to an acute care facility to receive services is, whenever possible, returned to the original institution upon completion of acute care.
- H. A program contractor shall ensure that an institutionalized ALTCS member granted therapeutic leave is, whenever medically appropriate, returned to the same bed in the original institution upon completion of the therapeutic leave.
- I. A program contractor shall ensure that services are paid under A.A.C. R9-22-705.
- J. A program contractor shall comply with the marketing provisions in A.A.C. R9-22-504.

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective June 6, 1989 (Supp. 89-2). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1). Amended by final rulemaking at 11 A.A.R. 4286, effective December 5, 2005 (Supp. 05-4).

**R9-28-508. Self-directed Attendant Care (SDAC)**

- A. For purposes of this Article the following terms are defined:
 

"Competent member" means a person who is oriented, exhibits evidence of logical thought, and can provide directions.

"Fiscal and Employer Agent" or "FEA" is a company specified by the program contractor or the Administration in contract to serve as an employment/payroll processing center for attendant care workers employed by the member to provide SDAC services.

"Medically stable" means the member's skilled-care medical needs are routine and not subject to frequent change because of health issues.

"Personal care" means activities of daily life such as dressing, bathing, eating and mobility.
- B. In lieu of receiving other attendant care services a competent member who meets the requirements of A.R.S. § 36-2951 or the member's legal guardian may choose to employ through the FEA a person to provide Self-directed Attendant Care (SDAC) services. A paid caregiver described under R9-28-506 and a parent of a minor child shall not receive reimbursement for SDAC services.
- C. The attendant care worker chosen to provide SDAC services does not need to be a registered provider. The attendant care worker shall have, at a minimum, hands-on training in First Aid, CPR, Universal Precautions, and state and federal laws regarding privacy of health information or training of similar efficacy as approved by the Administration.
- D. The Administration or Program Contractor shall cover SDAC services only if the member resides in the member's home, and shall not cover SDAC services if the member is institutionalized or residing in an alternative residential setting. If the

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member has a legal guardian, the legal guardian shall be present when SDAC services are provided.

- E. A member who chooses to receive SDAC services is not precluded from receiving medically necessary, cost-effective home health services from other agencies or providers if the services provided are not duplicative of the specific attendant care or skilled service already received through the program contractor.
- F. A competent member or legal guardian may employ an SDAC attendant care worker to provide personal care, homemaker and general supervision services.
- G. A competent member, who is medically stable, or the member's legal guardian may employ an attendant care worker to also provide the following skilled services:
  1. Bowel care, including suppositories, enemas, manual evacuation, and digital stimulation;
  2. Bladder catheterizations (non-indwelling) that do not require a sterile procedure;
  3. Wound care (non-sterile);
  4. Glucose monitoring;
  5. Glucagon as directed by the health care provider;
  6. Insulin by subcutaneous injection only if the member is not able to self-inject;
  7. Permanent gastrostomy tube feeding; and
  8. Additional services requested in writing with the approval of the Director and the Arizona State Board of Nursing.
- H. The Administration or program contractor shall not cover services under subsection (G) unless:
  1. For each SDAC attendant care worker employed by a member or legal guardian, a registered nurse licensed under A.R.S. Title 32, Chapter 15 visits the member and SDAC attendant care worker before a skilled service is provided. The registered nurse will assess, educate, and train the member and SDAC attendant care worker regarding the specific skilled service that the member requires; and
  2. The registered nurse determines in writing that the attendant care worker understands how and demonstrates the skill to perform the processes or procedures required to provide the specific skilled service.

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective April 25, 1990 (Supp. 90-2). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1). New Section made by final rulemaking at 16 A.A.R. 2386, effective January 16, 2011 (Supp. 10-4). Amended by final rulemaking at 18 A.A.R. 2344, effective November 11, 2012 (Supp. 12-3).

**R9-28-509. Agency with Choice**

- A. Definitions. The following words and phrases, in addition to definitions contained in A.R.S. §§ 36-2901 and 36-2931, and 9 A.A.C. 22, Article 1, have the following meanings specific to this Section:

“Agency” means a provider of home and community based services, other than an individual, that has a co-employment relationship with one or more members for purposes of this Section.

“Co-employment relationship” means a situation where the Agency serves as the legal employer of record and the ALTCS member or authorized representative assumes

certain responsibilities related to directing and or managing care.

“Individual’s representative” means a parent, family member, guardian, advocate, or other person authorized by the member to serve as a representative in connection with the provision of services and supports. This authorization should be in writing, when feasible, or by another method that clearly indicates the individual’s free choice. An individual’s representative may not also be a paid caregiver of an individual receiving services and supports.

“Standardized training” means minimum training standards required of all paid caregivers by the Administration as specified in contract.

- B. Purpose. The Agency with Choice program is an ALTCS member directed service model for the provision of home and community based services. Under this model, the ALTCS member or individual’s representative and the agency enter into a co-employment relationship.
- C. In lieu of receiving HCBS services under a traditional service model, a member or the member’s individual’s representative may choose to participate in the Agency with Choice service model. Under the Agency with Choice service model, the agency shall maintain the authority to hire and fire paid caregivers and provide standardized training to the caregiver, and the member or individual representative may elect to recruit, select, dismiss, determine duties, schedule, specify training to meet the unique needs of the member, and supervise the paid caregivers on a day-to-day basis.
- D. Setting. This program is applicable to ALTCS members who reside in their own home.
- E. A member who chooses to receive services under the Agency with Choice service model is not precluded from receiving medically necessary, cost-effective services and supports from other agencies or providers if the services provided are not duplicative of the specific attendant care or skilled service already received through the contractor.

**Historical Note**

Section made by final rulemaking at 18 A.A.R. 3380, effective January 1, 2013 (Supp. 12-4).

**R9-28-510. Case Management**

- A. A program contractor shall assign to each member a case manager to identify, plan, coordinate, monitor, and reassess the need for and provision of long-term care services.
- B. A case manager shall:
  1. Ensure that appropriate ALTCS placement and services are provided for a member within 30 days of enrollment;
  2. Develop a service plan by:
    - a. Completing a case management plan when a member is enrolled in ALTCS and authorizing services for a member who continues to be financially and medically eligible for services;
    - b. Ensuring that a member participates in the preparation of the member’s case management plan;
    - c. Specifying the paid and natural support services to be received by the member, including the duration, scope of services, units of service, frequency of service delivery, provider of services, and effective time period; and
    - d. Coordinating with the primary care provider in determining the necessary services for the member, including hospital and medical services;



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3. Submit a written justification to the case manager's supervisor to include HCBS in the case management plan if the services exceed 80 percent of the institutional cost;
4. Manage a case management plan by:
  - a. Re-evaluating and revising the case management plan when the member transfers to another facility, transfers to a hospital, has a change in level of care; and
  - b. Monitoring receipt of services by a member;
5. Assist the member to maintain or progress toward the highest level of functioning;
6. Ensure that records are transferred when the member is transferred from a facility or provider to a new facility or provider;
7. Perform additional monitoring of a member with rehabilitation potential and whose condition is fragile or unstable, whose case management plan is marginally cost effective, or whose use of medical and hospital services is unusual;
8. Arrange behavioral health services, if necessary. The case manager shall have initial and quarterly consultation and collaboration with a behavioral health professional to review the treatment plan, unless the case manager meets the definition of a behavioral health professional under A.A.C. R9-20-101.

- C. A program contractor shall submit a service plan and other information related to the case management plan upon request to the Administration.

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective June 6, 1989 (Supp. 89-2). Amended effective July 13, 1992 (Supp. 92-3). Amended effective November 5, 1993 (Supp. 93-4). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4286, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 18 A.A.R. 3380, effective January 1, 2013 (Supp. 12-4).

**R9-28-511. Quality Management/Utilization Management (QM/UM) Requirements**

A program contractor shall:

1. Comply with all requirements specified in A.A.C. R9-22-522; and
2. Submit a quarterly utilization control report within time lines specified in contract, and meet the requirements in 42 CFR 456 Subparts C, D, and F, October 1, 2004, incorporated by reference in R9-28-505.

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective June 6, 1989 (Supp. 89-2). Amended under an exemption from the provisions of the Administrative Procedure Act effective March 1, 1993 (Supp. 93-1). Amended effective November 5, 1993 (Supp. 93-4). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 5 A.A.R. 874, effective March 4, 1999 (Supp. 99-1). Amended by final rulemaking at 11 A.A.R. 4286, effective December 5, 2005 (Supp. 05-4).

**R9-28-512. Expired****Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective December 8, 1997

(Supp. 97-4). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4851, effective October 9, 2002 (Supp. 02-4).

**R9-28-513. Program Compliance Audits**

The Administration shall meet the requirements specified under A.A.C. R9-22-521 for a program contractor.

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4286, effective December 5, 2005 (Supp. 05-4).

**R9-28-514. Release of Safeguarded Information by the Administration and Contractors**

The Administration, program contractors, providers, and noncontracting providers shall meet the requirements specified under A.A.C. R9-22-512 for an ALTCS applicant, or member.

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4286, effective December 5, 2005 (Supp. 05-4).

**R9-28-515. Repealed****Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Section repealed by final rulemaking at 11 A.A.R. 4286, effective December 5, 2005 (Supp. 05-4).

**ARTICLE 6. RFP AND CONTRACT PROCESS**

*Article 6, consisting of Sections R9-28-601 through R9-28-610, repealed; new Article 6, consisting of Sections R9-28-601 through R9-28-608, adopted by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1).*

**R9-28-601. General Provisions**

- A. The Director has full operational authority to adopt rules for the RFP process and the award of contract under A.R.S. § 36-2944.
- B. The Administration shall follow the provisions under 9 A.A.C. 22, Article 6 for members, subject to limitations and exclusions under that Article, unless otherwise specified in this Chapter.
- C. The Administration shall award contracts under A.R.S. § 36-2932 to provide services under A.R.S. § 36-2939.
- D. The Administration is exempt from the procurement code under A.R.S. § 41-2501.
- E. The Administration and contractors shall retain all records relating to contract compliance for five years under A.R.S. § 36-2932 and dispose of the records under A.R.S. § 41-2550.

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective August 11, 1997 (Supp. 97-3). Amended by final rulemaking at 5 A.A.R. 874, effective March 4, 1999 (Supp. 99-1). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1). Amended by final rulemaking at 8 A.A.R. 444, effective January 10, 2002 (Supp. 02-1).

**R9-28-602. RFP**

The ALTCS RFP for a program contractor serving members who are EPD shall meet the requirements of A.R.S. §§ 36-2944, A.R.S.

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§ 36-2939, A.A.C. R9-22-602, and Articles 2 and 11 of this Chapter.

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective June 6, 1989 (Supp. 89-2). Amended effective August 11, 1997 (Supp. 97-3). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1). Amended by final rulemaking at 8 A.A.R. 444, effective January 10, 2002 (Supp. 02-1).

**R9-28-603. Contract Award**

The Administration shall award a contract under A.R.S. § 36-2944 and A.A.C. R9-22-603.

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective August 11, 1997 (Supp. 97-3). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 444, effective January 10, 2002 (Supp. 02-1).

**R9-28-604. Contract or Proposal Protests; Appeals**

Contract or proposal protests or appeals shall be under A.A.C. R9-22-604 and 9 A.A.C. 34.

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective August 11, 1997 (Supp. 97-3). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 444, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 18 A.A.R. 2502, effective November 13, 2012 (Supp. 12-3).

**R9-28-605. Waiver of Contractor's Subcontract with Hospitals**

A contractor's subcontract with hospitals may be waived under A.A.C. R9-22-605.

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective August 11, 1997 (Supp. 97-3). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 444, effective January 10, 2002 (Supp. 02-1).

**R9-28-606. Contract Compliance Sanction**

- A. The Administration shall follow sanction provisions under A.A.C. R9-22-606.
- B. The Administration shall apply remedies found in 42 CFR 488, Subpart F, effective January 1, 2012, incorporated by reference and on file with the Administration and the Office of the Secretary of State, for a nursing facility that does not meet requirements of participation under 42 U.S.C. 1396r. This incorporation by reference contains no future editions or amendments.

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective August 11, 1997

(Supp. 97-3). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 444, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 18 A.A.R. 2502, effective November 13, 2012 (Supp. 12-3).

**R9-28-607. Repealed****Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective November 5, 1993 (Supp. 93-4). Amended effective August 11, 1997 (Supp. 97-3). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1). Section repealed by final rulemaking at 8 A.A.R. 444, effective January 10, 2002 (Supp. 02-1).

**R9-28-608. Repealed****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1). Section repealed by final rulemaking at 8 A.A.R. 444, effective January 10, 2002 (Supp. 02-1).

**R9-28-609. Repealed****Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Section repealed by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1).

**R9-28-610. Repealed****Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended under an exemption from the provisions of the Administrative Procedure Act effective March 1, 1993 (Supp. 93-1). Section repealed by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1).

**ARTICLE 7. STANDARDS FOR PAYMENTS****R9-28-701. Standards for Payment Related Definitions**

Definitions. In this Article, in addition to definitions contained in A.R.S. §§ 36-2901 and 36-2931, and 9 A.A.C. 22, Article 1, the following phrase has the following meaning unless the context of the Article explicitly requires another meaning:

"County of fiscal responsibility" means the county that is financially responsible for the state's share of ALTCS funding.

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended by final rulemaking at 8 A.A.R. 444, effective January 10, 2002 (Supp. 02-1). Section repealed; new Section made by final rulemaking at 11 A.A.R. 3165, effective October 1, 2005 (Supp. 05-3).

**R9-28-701.10. General Requirements**

The following Sections of A.A.C. Chapter 22, Articles 2 and 7, are applicable to reimbursement for services provided under the ALTCS program, except that the term "program contractor" shall be substituted for "contractor."

1. Scope of the Administration's and Contractor's Liability, R9-22-701.10;
2. Charges to Members, R9-22-702;

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3. Payments by the Administration or by a program contractor, R9-22-703 and R9-22-705;
4. Contractor's Liability to Hospitals for the Provision of Emergency and Post-stabilization Care, R9-22-709;
5. Payment for Non-hospital services, R9-22-710;
6. Specialty Contracts, R9-22-712(G)(3), R9-22-712.01 (10) and Article 2;
7. Payments by the Administration for Hospital Services Provided to an Eligible Person, R9-22-712; R9-22-712.01 and R9-22-712.10;
8. Overpayment and Recovery of Indebtedness, R9-22-713;
9. Payments to Providers, R9-22-714;
10. Hospital Rate Negotiations, R9-22-715; and
11. Reinsurance, R9-22-720.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 458, effective April 7, 2007 (Supp. 07-1).

**R9-28-702. Nursing Facility Assessment**

- A.** For purposes of R9-28-702 and R9-28-703, in addition to the definitions under A.R.S. § 36-2999.51, the following terms have the following meaning unless the context specifically requires another meaning:

"820 transaction" means the standard health care premium payments transaction required by 45 CFR 162.1702.

"Assessment year" means the 12 month period beginning October 1st each year.

"Medicaid patient days" means patient days reported on the Nursing Care Institution Uniform Accounting Report (UAR) as attributable to AHCCCS and its contractors as the primary payor.

"Medicare days" means resident days where the Medicare program, a Medicare advantage or special needs plan, or the Medicare hospice program is the primary payor.

"Medicare patient days" means patient days reported on the Nursing Care Institution UAR as Skilled Medicare Patient Days or Part C/Advantage/Medicare Replacement Days.

"Nursing Care Institution UAR" means the Nursing Care Institution Uniform Accounting Report described by R911-204.

- B.** Subject to Centers for Medicare and Medicaid Services (CMS) approval, effective October 1, 2012, nursing facilities shall be subject to a provider assessment payable on a quarterly basis.
- C.** All nursing facilities licensed in the state of Arizona shall be subject to the provider assessment except for:
1. A continuing care retirement community,
  2. A facility with 58 or fewer beds, according to the Arizona Department of Health Services, Division of Licensing Services, Provider & Facility Database,
  3. A facility designated by the Arizona Department of Health Services as an Intermediate Care Facility for the Intellectually Disabled,
  4. A tribally owned or operated facility located on a reservation,
  5. Arizona Veteran's Homes, or
  6. Facilities located outside of the State of Arizona.
- D.** The Administration shall calculate the prospective nursing facility provider assessment for qualifying nursing facilities as follows:
1. In September of each year, the Administration shall obtain from the Arizona Department of Health Services

- the most recently published Nursing Care Institution UAR and the information required in subsection (C)(2). At the request of the Administration, a nursing facility shall provide the Administration with any additional information necessary to determine the assessment.
2. The Administration shall use the information obtained under subsection (D)(1) to determine:
    - a. Each nursing facility's total annual Medicaid patient days,
    - b. Each nursing facility's total annual Medicare patient days,
    - c. Each nursing facility's total annual patient days,
    - d. The aggregate net patient service revenue of all assessed providers, and
    - e. The slope described under 42 CFR 433.68(e)(2).
  3. For each nursing facility, other than a nursing facility exempted in subsection (C) or described in subsection (D)(4), the provider assessment is calculated by multiplying the nursing facility's total annual patient days, other than Medicare patient days, by \$20.80.
  4. For a nursing facility, other than a nursing facility exempted in subsection (C), with the number of total annual Medicaid patient days greater than or equal to the number required to achieve a slope of at least 1 applying the uniformity tax waiver test described in 42 CFR 433.68(e)(2), the provider assessment is calculated by multiplying the nursing facility's total annual patient days, other than Medicare patient days, by \$2.40.
  5. For each assessment year the slope described under 42 CFR 433.68(e)(2) shall be recalculated.
  6. The assessment calculated under subsections (D)(3), (D)(4) and (D)(5), shall not exceed 3.5 percent of the aggregate net patient service revenue of all assessed providers as reported on the Nursing Care Institution UAR obtained under subsection (D)(1). If the rates listed in (D)(3) and (D)(4) produce a total annual assessment that exceeds 3.5 percent of the aggregate net patient service revenue of all assessed providers as reported on the Nursing Care Institution UAR obtained under subsection (D)(1), the rates listed in (D)(3) and (D)(4) will be reduced to not exceed the 3.5 percent limit.
  7. All calculations and determinations necessary for the provider assessment shall be based on information possessed by the Administration on or before November 1 of the assessment year.
  8. The Administration will forward the provider assessment by facility to the Arizona Department of Revenue on or before December 1 of the assessment year.
  9. In the event a nursing facility closes during the assessment year, the nursing facility shall cease to be responsible for the portion of the assessment applied to the dates the nursing facility is not operating.
  10. In the event a nursing facility begins operation during the assessment year, that facility will have no responsibility for the assessment until such time as the facility has submitted to the Arizona Department of Health Services the report required by R9-11-204(A) covering a full year of operation.
  11. In the event a nursing facility has a change of ownership such that the facility remains open and the ownership of the facility changes, the assessment liability transfers with the change in ownership.

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Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 3340, effective July 15, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 3244, effective October 1, 2005 (Supp. 05-3). Section repealed by final rulemaking at 13 A.A.R. 458, effective April 7, 2007 (Supp. 07-1). New Section made by final rulemaking at 19 A.A.R. 137, effective January 8, 2013 (Supp. 13-1). Amended by final rulemaking at 19 A.A.R. 4168, effective February 1, 2014 (Supp. 13-4). Amended by final rulemaking at 20 A.A.R. 1989, effective September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 3332, effective January 3, 2017 (Supp. 16-4). Amended by final rulemaking at 28 A.A.R. 3298 (October 14, 2022), with an immediate effective date of September 22, 2022 (Supp. 22-3).

**R9-28-703. Nursing Facility Supplemental Payments****A. Determination of amounts available for payment.**

1. Using Medicaid resident bed day information from the most recent and complete 12 months of paid claim and adjudicated encounter data, for every facility eligible for a supplemental payment, the Administration shall determine annually:
  - a. A ratio equal to the number of bed days paid by the Administration's contractors divided by the total number of bed days paid, and
  - b. A ratio equal to the number of bed days paid by the Administration divided by the total number of bed days paid.
2. The Administration shall determine quarterly the amount available in the nursing facility assessment fund established by A.R.S. § 36-2999.53 plus the corresponding federal financial participation and divide the total amount as follows:
  - a. The total amount multiplied by the ratio determined in subsection (A)(1)(a) shall be distributed according to subsection (B).
  - b. The total amount multiplied by the ratio determined in subsection (A)(1)(b) shall be distributed according to subsection (C).

**B. Payments to facilities by contractors.**

1. The Administration shall distribute quarterly to its contractors an amount equal to the total amount of Nursing Facility Enhanced Payments made by the Administration's contractors for the period of October 1, 2015 through September 30, 2016 divided by 4, which shall be paid to eligible facilities as follows:
  - a. Using the adjudicated encounter data described in subsection (A)(1), the Administration shall determine annually for each facility a ratio equal to the number of bed days for the facility paid by each contractor divided by the total number of bed days paid to all facilities by all contractors.
  - b. Each contractor shall make payments quarterly to each facility in an amount equal to 98% of the amounts identified as Nursing Facility Enhanced Payments in the 820 transaction sent by the Administration to the contractor for the quarter multiplied by the ratio determined in subsection (B)(1)(a) applicable to the contractor and to each facility. In the event the Administration does not produce an 820 transaction, each contractor shall distribute

quarterly an amount equal to 98% of the payment received from AHCCCS for Nursing Facility Enhanced Payments.

- c. Contractors shall not be required to make quarterly payments to a facility until the Administration has made a retroactive adjustment to the capitation rates paid to contractors to correct the Nursing Facility Enhanced Payments based on actual member months for the specified quarter.
  - d. Beginning October 1, 2018, any amounts that would otherwise have been distributed under subsection (B)(1) shall be distributed under subsection (B)(2).
2. Subject to annual approval by CMS in accordance with 42 CFR § 438.6(c), the Administration shall distribute quarterly to its contractors an amount equal to the amount determined in subsection (A)(2)(a) minus the amount distributed under subsection (B)(1), which shall be paid to eligible facilities as follows:
    - a. Using the Medicaid resident bed day information described by subsection (A)(1), the Administration shall determine quarterly a per bed day enhanced support uniform increase by dividing the quarterly distribution amount by one fourth of the total resident bed days paid by the Administration's contractors. Using the same Medicaid resident bed day information, the Administration shall determine the quarterly bed days paid to each facility by each contractor by summing the total bed days paid to each facility by each contractor and dividing by 4.
    - b. The Administration shall communicate to the contractors quarterly the per bed day enhanced support uniform increase and the quarterly bed days paid to each facility by the contractor.
    - c. Each contractor shall distribute quarterly an amount equal to 98% of the payment received from AHCCCS, to be paid to each facility in an amount equal to the per bed day enhanced support uniform increase multiplied by the number of bed days paid by the contractor to the facility.
  3. Each contractor must pay each eligible facility the amounts required under subsections (B)(1) and (B)(2) within 20 calendar days of receiving the Nursing Facility Enhanced Payment from the Administration. The contractors must confirm each payment and payment date to the Administration within 20 calendar days from receipt of the funds.
- C. Payments to facilities by the Administration.
    1. Using the paid claim data described in subsection (A)(1), the Administration shall determine annually for each facility a ratio equal to the number of bed days for the facility paid by the Administration divided by the total number of bed days paid to all facilities by the Administration.
    2. The Administration shall make payments quarterly to each eligible facility in an amount equal to 99% of the amount determined in subsection (A)(2)(b) multiplied by the ratio determined in subsection (C)(1) applicable to the facility.
    3. The Administration shall make the supplemental payments to the eligible facilities within 20 calendar days of determining the amounts required under subsection (C)(2).
  - D. Assurance of sufficient funds for payments. Neither the Administration nor its contractors shall be required to make

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quarterly payments to facilities otherwise required by subsections (B) and (C) until the amount available in the nursing facility assessment fund established by A.R.S. § 36-2999.53, plus the corresponding federal financial participation, is equal to or greater than 101% of the amount necessary to make such payments in full.

**E. General requirements for all payments.**

1. A facility must be open on the date the supplemental payment is made in order to receive a payment. In the event a nursing facility closes during the assessment year, the nursing facility shall cease to be eligible for supplemental payments.
2. In the event a nursing facility begins operation during the assessment year, that facility shall not receive a supplemental payment until such time as the facility has claim and encounter data that falls within the collection period for the payment calculation.
3. In the event a nursing facility has a change of ownership, payments shall be made to the owner of the facility as of the date of the supplemental payment.
4. Subsection (E)(3) shall not be interpreted to prohibit the current and prior owner from agreeing to a transfer of the payment from the current owner to the prior owner.
5. The Arizona State Veterans' Homes are not eligible for supplemental payments.

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective November 5, 1993 (Supp. 93-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 3340, effective July 15, 2002 (Supp. 02-3). Section repealed by final rulemaking at 13 A.A.R. 458, effective April 7, 2007 (Supp. 07-1). New Section made by final rulemaking at 19 A.A.R. 137, effective January 8, 2013 (Supp. 13-1). Amended by final rulemaking at 19 A.A.R. 4168, effective February 1, 2014 (Supp. 13-4). Amended by final rulemaking at 20 A.A.R. 1989, effective September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 24 A.A.R. 191, effective January 9, 2018 (Supp. 18-1).

**R9-28-704. Repealed**

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 3340, effective July 15, 2002 (Supp. 02-3). Section repealed by final rulemaking at 13 A.A.R. 458, effective April 7, 2007 (Supp. 07-1).

**R9-28-705. Repealed**

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective April 25, 1990 (Supp. 90-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended effective November 5, 1993 (Supp. 93-4). Amended by final rulemaking at 5 A.A.R. 874, effective March 4, 1999 (Supp. 99-1). Amended by final rulemaking at 11 A.A.R. 3165, effective October 1, 2005 (Supp. 05-3). Section repealed by final rulemaking at 13 A.A.R. 458, effective April 7, 2007 (Supp. 07-1).

**R9-28-706. Repealed**

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended subsections (A) and (B) effective June 6, 1989 (Supp. 89-2). Amended effective April 25, 1990 (Supp. 90-2). Amended effective November 5, 1993 (Supp. 93-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 10 A.A.R. 4658, effective January 1, 2005 (Supp. 04-4). Amended by final rulemaking at 11 A.A.R. 3852, effective November 12, 2005 (Supp. 05-3). Section repealed by final rulemaking at 13 A.A.R. 458, effective April 7, 2007 (Supp. 07-1).

**R9-28-707. Repealed**

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 444, effective January 10, 2002 (Supp. 02-1). Section repealed by final rulemaking at 13 A.A.R. 458, effective April 7, 2007 (Supp. 07-1).

*Editor's Note: The following Section was amended under an exemption from the provisions of the Administrative Procedure Act which means that the amendment was not reviewed by the Governor's Regulatory Review Council; the agency did not submit a notice of proposed rulemaking for publication in the Arizona Administrative Register; the agency was not required to hold public hearings on the rulemaking; and the Attorney General has not certified the rule. This Section was subsequently amended through the regular rulemaking process.*

**R9-28-708. Repealed**

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective April 26, 1989 (Supp. 89-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended effective November 5, 1993 (Supp. 93-4). Amended by final rulemaking at 11 A.A.R. 3852, effective November 12, 2005 (Supp. 05-3). Section repealed by final rulemaking at 13 A.A.R. 458, effective April 7, 2007 (Supp. 07-1).

**R9-28-709. Repealed**

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended subsection (B) effective June 6, 1989 (Supp. 89-2). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 3340, effective July 15, 2002 (Supp. 02-3). Section repealed by final rulemaking at 13 A.A.R. 458, effective April 7, 2007 (Supp. 07-1).

**R9-28-710. Repealed**

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended subsections (C) and (D) effective June 6, 1989 (Supp. 89-2). Amended effective September 22, 1997 (Supp. 97-3). Section repealed by final rulemaking at 8 A.A.R. 444, effective January 10, 2002 (Supp. 02-1).

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**R9-28-711. Repealed****Historical Note**

Adopted effective November 5, 1993 (Supp. 93-4).  
 Amended effective September 22, 1997 (Supp. 97-3).  
 Amended by final rulemaking at 8 A.A.R. 3340, effective July 15, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 3165, effective October 1, 2005 (Supp. 05-3). Section repealed by final rulemaking at 13 A.A.R. 458, effective April 7, 2007 (Supp. 07-1).

**R9-28-712. County of Fiscal Responsibility****A. General requirements.**

1. The Administration shall determine the county of fiscal responsibility under A.R.S. § 36-2913 for an applicant or member who is elderly or physically disabled.
2. A program contractor shall cover services and provisions specified in 9 A.A.C. 22, Articles 2 and 7 and Article 11 of this Chapter.

**B. Criteria for determining county of fiscal responsibility for an applicant.**

1. If the applicant resides in the applicant's own home, the county of fiscal responsibility is the county where the applicant currently resides.
2. This applies only if subsection (B)(3) does not apply. If the applicant is residing in a NF or alternative HCBS setting, the county of fiscal responsibility is the county in which the applicant last resided in the applicant's own home.
3. If the applicant moves from another state directly into a NF or alternative HCBS setting in this state, the county of fiscal responsibility is the county in which the person currently resides.
4. If the applicant moves from the Arizona State Hospital (ASH) into a NF or alternative HCBS setting, or is an inmate of a public institution moving from the public institution into a NF or alternative HCBS setting, the county of fiscal responsibility is the county in which the applicant resided in the applicant's own home prior to admission to ASH or the public institution.

**C. Criteria for determining if there is a change in county of fiscal responsibility for a member moving from one county to another county.**

1. No change in the county of fiscal responsibility. There is no change in the county of fiscal responsibility for a member if:
  - a. The member moves from a NF to another NF in a different county,
  - b. The member moves from a NF to an alternative HCBS setting in a different county,
  - c. The member moves from an alternative HCBS setting to another alternative HCBS setting in a different county,
  - d. The member moves from an alternative HCBS setting to a NF in a different county,
  - e. The member moves from the member's own home to an alternative HCBS setting in a different county,
  - f. The member moves from the member's own home to a NF in a different county,
  - g. The member moves from a NF or alternative HCBS setting into ASH, or
  - h. The member moves from ASH to a NF or alternative HCBS setting.
2. Change in the county of fiscal responsibility. If a member moves from one county to another, the county of fiscal of

responsibility changes to the new county if the member moves from:

- a. An alternative HCBS setting to the member's own home in a different county,
  - b. A NF to the member's own home in a different county,
  - c. The member's own home to the member's own home in a different county, or
  - d. ASH to the member's own home.
3. Transfers between program contractors. The county of fiscal responsibility changes if the Administration transfers a member from one program contractor to a different program contractor and if:
    - a. Both program contractors agree, or
    - b. The Administration determines that it is in the best interest of the member.

**Historical Note**

Adopted effective November 4, 1998 (Supp. 98-4).  
 Amended by final rulemaking at 8 A.A.R. 3340, effective July 15, 2002 (Supp. 02-3).

**R9-28-713. Repealed****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1). Amended by final rulemaking at 11 A.A.R. 3165, effective October 1, 2005 (Supp. 05-3). Section repealed by final rulemaking at 13 A.A.R. 458, effective April 7, 2007 (Supp. 07-1).

**R9-28-714. Repealed****Historical Note**

New Section made by final rulemaking at 8 A.A.R. 444, effective January 10, 2002 (Supp. 02-1). Section repealed by final rulemaking at 13 A.A.R. 458, effective April 7, 2007 (Supp. 07-1).

**R9-28-715. Repealed****Historical Note**

New Section made by final rulemaking at 8 A.A.R. 444, effective January 10, 2002 (Supp. 02-1). Section repealed by final rulemaking at 13 A.A.R. 458, effective April 7, 2007 (Supp. 07-1).

**ARTICLE 8. TEFRA LIENS AND RECOVERIES****R9-28-801. Definitions Related to TEFRA Liens**

In addition to the definitions in A.R.S. §§ 36-2901 and 36-2931, 9 A.A.C. 22, Article 1, and 9 A.A.C. 28, Article 1, the following definitions apply to this Article:

"Consecutive days" means days following one after the other without an interruption resulting from a discharge.

"File" means the date that AHCCCS receives a request for a State Fair Hearing under R9-28-805, as established by a date stamp on the request or other record of receipt.

"Home" means property in which a member has an ownership interest and that serves as the member's principal place of residence. This property includes the shelter in which a member resides, the land on which the shelter is located, and related outbuildings.

"Recover" means that AHCCCS takes action to collect from a claim.

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“TEFRA lien” means a lien under 42 U.S.C. 1396p of the Tax Equity and Fiscal Responsibility Act of 1982. This type of lien is placed on an AHCCCS member’s interest in any real property before the member is deceased.

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective November 5, 1993 (Supp. 93-4). Section repealed; new Section adopted effective August 11, 1997 (Supp. 97-3). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 3365, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 820, effective April 3, 2004 (Supp. 04-1). New Section made by final rulemaking at 14 A.A.R. 3791, effective November 8, 2008 (Supp. 08-3). Amended by final rulemaking at 24 A.A.R. 670, effective May 5, 2018 (Supp. 18-1).

**R9-28-801.01. Repealed****Historical Note**

New Section made by final rulemaking at 14 A.A.R. 3791, effective November 8, 2008 (Supp. 08-3). Repealed by final rulemaking at 24 A.A.R. 670, effective May 5, 2018 (Supp. 18-1).

**R9-28-802. TEFRA Liens – Filings**

- A. Except for members under R9-28-803, AHCCCS shall file a TEFRA lien against the real property of all members who are:
  1. Receiving ALTCS services, and
  2. Permanently institutionalized.
- B. A rebuttable presumption exists that a member is permanently institutionalized if the member has continually resided in a nursing facility, Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), or other medical institution defined in 42 CFR 435.1010 for 90 or more consecutive days. A member may rebut the presumption by providing a written opinion from a treating physician, rendered to a reasonable degree of medical certainty, that the member’s condition is likely to improve to the point that the member will be discharged from the medical institution and will be capable of returning home by a date certain.
- C. A TEFRA lien may also be imposed against the property of a member where a court judgment determined that benefits were incorrectly paid on behalf of the member.

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective November 5, 1993 (Supp. 93-4). Section repealed; new Section adopted effective August 11, 1997 (Supp. 97-3). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 3365, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 820, effective April 3, 2004 (Supp. 04-1). New Section made by final rulemaking at 14 A.A.R. 3791, effective November 8, 2008 (Supp. 08-3). Amended by final rulemaking at 24 A.A.R. 670, effective May 5, 2018 (Supp. 18-1).

**R9-28-803. TEFRA Liens – Prohibitions**

AHCCCS shall not file a TEFRA lien against a member’s home if one of the following individuals is lawfully residing in the member’s home:

1. Member’s spouse;
2. Member’s child who is under the age of 21;
3. Member’s child who is blind or disabled under 42 U.S.C. 1382c; or

4. Member’s sibling who has an equity interest in the home and who was residing in the member’s home for at least one year immediately before the date the member was admitted to a nursing facility, ICF/IID, or other medical institution as defined under 42 CFR 435.1010.

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Section repealed; new Section adopted effective August 11, 1997 (Supp. 97-3). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 3365, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 820, effective April 3, 2004 (Supp. 04-1). New Section made by final rulemaking at 14 A.A.R. 3791, effective November 8, 2008 (Supp. 08-3). Amended by final rulemaking at 24 A.A.R. 670, effective May 5, 2018 (Supp. 18-1).

**R9-28-804. TEFRA Liens – AHCCCS Notice of Intent**

- A. Time-frame. At least 30 days before filing a TEFRA lien, AHCCCS shall send the member or member’s representative a Notice of Intent.
- B. Content of the Notice of Intent. The Notice of Intent shall include the following information:
  1. A description of a TEFRA lien and the action that AHCCCS intends to take,
  2. How a TEFRA lien affects a member’s property,
  3. The legal authority for filing a TEFRA lien,
  4. The time-frames and procedures involved in filing a TEFRA lien, and
  5. The member’s right to request an exemption.
- C. Request for exemption. A member or a member’s representative may request an exemption. To request an exemption the member or the member’s representative shall submit a written statement to AHCCCS within 30 days from the receipt of the Notice of Intent describing the factual basis for a claim that the property should be exempt from placement of a TEFRA lien or from recovery of lien based on R9-28-802, R9-28-803, or R9-28-806. AHCCCS shall respond to the member or member’s representative in writing within 30 days of receiving a request for exemption, unless the parties mutually agree to a longer period of time.

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective April 25, 1990 (Supp. 90-2). Section repealed effective August 11, 1997 (Supp. 97-3). New Section made by final rulemaking at 14 A.A.R. 3791, effective November 8, 2008 (Supp. 08-3).

**R9-28-805. TEFRA Liens and Estate Recovery – Member’s Request for a State Fair Hearing**

- A. If the member or member’s representative does not request an exemption under R9-28-804(C), the Administration shall send the member or representative a Notice of TEFRA Lien. The member or representative may file a request for a State Fair Hearing within 30 days of the receipt of the Notice of TEFRA Lien.
- B. If the member requests an exemption and the request is denied, the Administration shall send the member or representative a Denial of a Request for Exemption. The member or representative may file a request for a State Fair Hearing within 30 days of the receipt of the Denial of Request for Exemption. After the 30-day time-frame to file a State Fair Hearing, the member or representative is sent a Notice of a TEFRA Lien.

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- C. Hearings regarding TEFRA liens shall be conducted under 9 A.A.C. 34.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 3791, effective November 8, 2008 (Supp. 08-3).

**R9-28-806. TEFRA Liens – Recovery**

- A. AHCCCS shall seek to recover a TEFRA lien for the amount of the medical assistance provided up to the amount of the sale upon the sale or transfer of the real property subject to the lien made prior to the member's death.
- B. After the member's death, AHCCCS shall seek to recover a TEFRA lien for the amount of the medical assistance received by the member at the age of 55 years or older from the member's estate after the sale or transfer of the real property subject to the lien. However, AHCCCS shall not seek to recover the TEFRA lien or attempt recovery against any real property subject to the TEFRA lien so long as the member is survived by the member's:
1. Spouse;
  2. Child under the age of 21; or
  3. Child who receives benefits under either Title II or Title XVI of the Social Security Act as blind or disabled, as defined under 42 U.S.C. 1382c.
- C. AHCCCS shall not seek to recover a TEFRA lien on an individual's home if the member is survived by:
1. A sibling of the member who currently resides in the deceased member's home and who has resided in the member's home on a continuous basis since at least one year immediately before the date of the member's admission to the nursing facility, ICF/IID, or other medical institution as defined under 42 CFR 435.1010 and has; or
  2. A child of the member who resides in the deceased member's home and who:
    - a. Was residing in the member's home for a period of at least two years immediately before the date of the member's admission to the nursing facility, ICF/IID, or other medical institution as defined under 42 CFR 435.1010;
    - b. Provided care to the member that allowed the member to reside at home rather than in an institution; and
    - c. Has resided in the member's home on a continuous basis since the admission of the deceased member to the medical institution.
- D. To determine whether a child of the member provided care under subsection (B)(2), AHCCCS shall require the following information:
1. A physician's written statement that describes the member's physical condition and service needs for the previous two years before the member's death;
  2. Verification that the child actually lived in the member's home;
  3. A written statement from the child providing the services that describes and attests to the services provided;
  4. A written statement, if any, made by the member prior to death regarding the services received; and
  5. A written statement from physician, friend, or relative as witness to the care provided.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 3791, effective November 8, 2008 (Supp. 08-3).  
Amended by final rulemaking at 24 A.A.R. 670, effective May 5, 2018 (Supp. 18-1).

**R9-28-807. TEFRA Liens – Release**

AHCCCS shall issue a release of a TEFRA lien within 30 days of:

1. Satisfaction of the lien; or
2. Notice that the member has been discharged from the nursing facility, ICF/IID, or other medical institution, defined under 42 CFR 435.1010, and the member has returned home and is physically residing in the home with the intention of remaining in the home. Discharge to an alternative HCBS setting defined at R9-28-101 does not constitute a return to the home.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 3791, effective November 8, 2008 (Supp. 08-3).  
Amended by final rulemaking at 24 A.A.R. 670, effective May 5, 2018 (Supp. 18-1).

**ARTICLE 9. FIRST- AND THIRD-PARTY LIABILITY AND RECOVERIES****R9-28-901. Definitions**

In addition to the definitions in A.R.S. §§ 36-2901 and 36-2931, 9 A.A.C. 22, Article 1, and 9 A.A.C. 28, Article 1, the following definitions apply to this Article:

"Estate" has the meaning in A.R.S. § 14-1201.

"Member" means a person eligible for AHCCCS-covered services under A.R.S. Title 36, Chapter 29, Article 2.

"Recover" means that AHCCCS takes action to collect from a claim.

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective November 7, 1997 (Supp. 97-4). Section repealed; new Section made by final rulemaking at 10 A.A.R. 1308, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 10 A.A.R. 3013, effective September 11, 2004 (Supp. 04-3). Amended by final rulemaking at 14 A.A.R. 3791, effective November 8, 2008 (Supp. 08-3).

**R9-28-902. General Provisions**

The provisions in A.A.C. R9-22-1002 apply to this Section.

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61, effective July 1, 1993 (Supp. 93-3). Amended effective November 7, 1997 (Supp. 97-4). Amended by final rulemaking at 10 A.A.R. 1308, effective May 1, 2004 (Supp. 04-1).

**R9-28-903. Cost Avoidance**

The provisions in A.A.C. R9-22-1003 apply to this Section.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 1308, effective May 1, 2004 (Supp. 04-1).

**R9-28-904. Member Participation**

The provisions in A.A.C. R9-22-1004 apply to this Section.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 1308, effective May 1, 2004 (Supp. 04-1).

**R9-28-905. Collections**

The provisions in A.A.C. R9-22-1005 apply to this Section.



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**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 1308, effective May 1, 2004 (Supp. 04-1).

**R9-28-906. AHCCCS Monitoring Responsibilities**

The provisions in A.A.C. R9-22-1006 apply to this Section.

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective November 7, 1997 (Supp. 97-4). Section repealed; new Section made by final rulemaking at 10 A.A.R. 1308, effective May 1, 2004 (Supp. 04-1).

**R9-28-907. Notification for Perfection, Recording, and Assignment of AHCCCS Liens**

The provisions in A.A.C. R9-22-1007 apply to this Section.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 1308, effective May 1, 2004 (Supp. 04-1).

**R9-28-908. Notification Information for Liens**

The provisions in A.A.C. R9-22-1008 apply to this Section.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 1308, effective May 1, 2004 (Supp. 04-1).

**R9-28-909. Notification of Health Insurance Information**

The provisions in A.A.C. R9-22-1009 apply to this Section.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 1308, effective May 1, 2004 (Supp. 04-1).

**R9-28-910. Recoveries**

AHCCCS shall recover funds paid before or after the death of a member for ALTCS benefits including: capitation payments, Medicare Parts A and B premium payments, coinsurance and deductibles paid by AHCCCS, fee-for-service payments, and reinsurance payments from:

1. The estate of a member who was 55 years of age or older when the member received benefits; or
2. The estate or the property of a member under A.R.S. §§ 36-2935, 36-2956, and 42 U.S.C. 1396p.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 1308, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 14 A.A.R. 3791, effective November 8, 2008 (Supp. 08-3).

**R9-28-911. Estate Recovery and Undue Hardship**

**A.** Any recovery of a claim by AHCCCS against a member's estate shall be made only after the death of the member's surviving spouse and only at a time:

1. When there exists no surviving minor child under age 21; and
2. When there exists no surviving child who receives benefits under either Title II or Title XVI of the Social Security Act because the child is blind or disabled as defined in 42 U.S.C. 1382c.

**B.** Undue hardship exemption request. A member's representative may request an undue hardship exemption. If the member's representative wishes to request an undue hardship exemption, the member's representative shall submit the request within 30 days from the receipt of the notification of the AHCCCS claim against the estate. The member's repre-

sentative shall submit a written statement to AHCCCS describing the factual basis for a claim that the property should be exempt from estate recovery as provided under this Section. AHCCCS shall respond to the member or member's representative in writing within 30 days of receiving an undue hardship exemption request, unless the parties mutually agree to a longer period of time.

**C.** AHCCCS shall waive a claim against a member's estate because of undue hardship if any of the following situations exist:

1. The estate consists only of real property that is listed as residential property by the Arizona Department of Revenue or County Assessor's Office, and the heir or devisee:
  - a. Owns a business that is located at the residential property and:
    - i. The business was in operation at the residential property for at least 12 months preceding the death of the member,
    - ii. The business provides more than 50 percent of the heir's or devisee's livelihood, and
    - iii. The recovery of the property would result in the heir or devisee losing the heir's or devisee's means of livelihood; or
  - b. Currently resides in the residence and:
    - i. Resided there at the time of the member's death,
    - ii. Made the residence his or her primary residence for the 12 months immediately before the death of the member, and
    - iii. Owns no other residence; or
2. The estate consists only of personal property and:
  - a. The heir's or devisee's gross annual income for the household size is less than 100 percent of the Federal Poverty Level (FPL). New sources of income such as employment or Social Security that may not have yet been received are included in determining the household's annual gross income; and
  - b. The heir or devisee does not own a home, land, or other real property.

**D.** When the estate consists of both personal property and real property that qualify for the undue hardship exemption criteria under subsections (B) and (C), AHCCCS shall not grant an undue hardship waiver; however, AHCCCS shall adjust its claim to the value of the personal property.

**E.** AHCCCS shall exempt the following income, resources, and property of Native Americans (NA) and Alaska Natives (AN) from estate recovery:

1. Income and resources from tribal land and other resources currently held in trust and judgment funds from the Indian Claims Commission or U.S. Claims Court;
2. Ownership interest in trust or non-trust property;
3. Ownership interests left as a remainder in an estate in rents, leases, royalties, or usage rights related to natural resources;
4. Any other ownership interests or rights in a property that has unique religious, spiritual, traditional, or cultural significance or rights that support subsistence or a traditional life style according to applicable Tribal law or custom; and
5. Income left as a remainder in an estate derived from any property listed in subsection (E)(1) through (4), that was either collected by a NA, or by a Tribe or Tribal organization and distributed to a NA.

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**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 1308, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 10 A.A.R. 3013, effective September 11, 2004 (Supp. 04-3). Amended by final rulemaking at 14 A.A.R. 3791, effective November 8, 2008 (Supp. 08-3).

**R9-28-912. Partial Recovery**

AHCCCS shall use the following factors in determining whether to seek a partial recovery of funds when an heir or devisee does not meet the requirements of R9-28-911 and requests a partial recovery:

1. Financial and medical hardship to the heir or devisee;
2. Income of the heir or devisee and whether the heir or devisee's household gross annual income is less than 100 percent of the FPL;
3. Resources of the heir or devisee;
4. Value and type of assets;
5. Amount of AHCCCS' claim against the estate; and
6. Whether other creditors have filed claims against the estate or have foreclosed on the property.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 1308, effective May 1, 2004 (Supp. 04-1).

**R9-28-913. Repealed****Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3013, effective September 11, 2004 (Supp. 04-3). Repealed by final rulemaking at 14 A.A.R. 3791, effective November 8, 2008 (Supp. 08-3).

**R9-28-914. Repealed****Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3013, effective September 11, 2004 (Supp. 04-3). Repealed by final rulemaking at 14 A.A.R. 3791, effective November 8, 2008 (Supp. 08-3).

**R9-28-915. Repealed****Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3013, effective September 11, 2004 (Supp. 04-3). Repealed by final rulemaking at 14 A.A.R. 3791, effective November 8, 2008 (Supp. 08-3).

**R9-28-916. Repealed****Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3013, effective September 11, 2004 (Supp. 04-3). Repealed by final rulemaking at 14 A.A.R. 3791, effective November 8, 2008 (Supp. 08-3).

**R9-28-917. Repealed****Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3013, effective September 11, 2004 (Supp. 04-3). Repealed by final rulemaking at 14 A.A.R. 3791, effective November 8, 2008 (Supp. 08-3).

**R9-28-918. Repealed****Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3013, effective September 11, 2004 (Supp. 04-3).

Repealed by final rulemaking at 14 A.A.R. 3791, effective November 8, 2008 (Supp. 08-3).

**R9-28-919. Repealed****Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3013, effective September 11, 2004 (Supp. 04-3). Repealed by final rulemaking at 14 A.A.R. 3791, effective November 8, 2008 (Supp. 08-3).

**ARTICLE 10. CIVIL MONETARY PENALTIES AND ASSESSMENTS****R9-28-1001. Basis for Civil Monetary Penalties and Assessments for Fraudulent Claims**

AHCCCS shall use the provisions in 9 A.A.C. 22, Article 11 for the determination and collection of penalties and assessments.

**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective June 6, 1989 (Supp. 89-2). Amended effective June 9, 1998 (Supp. 98-2). Amended by final rulemaking at 10 A.A.R. 3065, effective September 11, 2004 (Supp. 04-3). Amended by final expedited rulemaking at 30 A.A.R. 928 (May 10, 2024), with an immediate effective date of April 25, 2024 (Supp. 24-2).

**R9-28-1002. Repealed****Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective November 5, 1993 (Supp. 93-4). Repealed effective June 9, 1998 (Supp. 98-2).

**R9-28-1003. Repealed****Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective November 5, 1993 (Supp. 93-4). Repealed effective June 9, 1998 (Supp. 98-2).

**R9-28-1004. Repealed****Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Repealed effective June 9, 1998 (Supp. 98-2).

**ARTICLE 11. BEHAVIORAL HEALTH SERVICES****R9-28-1101. General Requirements**

General requirements. The following general requirements apply to behavioral health services provided under this Article, and Chapter 22 subject to all exclusions and limitations.

1. Definitions. The definitions in A.A.C. R9-22-1201 and R9-22-101 apply to this Article, in addition to the following definitions:

"Case manager" means an individual responsible for coordinating the physical health services or behavioral health services provided to a patient at the health care institution.

"Contractor" means an ALTCS contractor or as previously known as program contractor.

"Cost avoid" means the same as in A.A.C. R9-22-1201.

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“Intergovernmental agreement” or “IGA” means an agreement for services or joint or cooperative action between the Administration and a tribal contractor.

“Qualified behavioral health service provider” means a behavioral health service provider that meets the requirements of R9-28-1106.

“Tribal contractor” means a tribal organization (The Tribe) or urban Indian organization defined in 25 U.S.C. 1603 and recognized by CMS as meeting the requirements of 42 U.S.C. 1396d(b), that provides or is accountable for providing the services or delivering the items described in the intergovernmental agreement.

2. Case management. A tribal contractor shall provide case management services to FFS American Indian members living on or off-reservation as delineated in the IGA.
3. Reimbursement. For FFS American Indians, the Administration is exclusively responsible for providing reimbursement for covered behavioral health services that are authorized by a tribal contractor or the Administration under the intergovernmental agreement as specified in this Article. A contractor is exclusively responsible for providing reimbursement for covered behavioral health services that are authorized by a contractor as specified in this Article.

**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 200, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4691, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 1090, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 20 A.A.R. 3122, effective January 4, 2015 (Supp. 14-4).

**R9-28-1102. ALTCS Contractor or Tribal Contractor Responsibilities**

- A. ALTCS contractor. A contractor shall arrange for behavioral health services to all enrolled members, including American Indian members who are not enrolled with a tribal contractor.
- B. Tribal contractor. A tribal contractor shall provide behavioral health services to an American Indian member who is enrolled with a tribal contractor as prescribed in R9-28-1101. When a tribal contractor determines that an EPD American Indian member residing on a reservation needs behavioral health services under R9-28-415, the member shall receive services as authorized by the Administration or a tribal contractor under A.A.C. R9-22-1205 from any AHCCCS-registered provider.
- C. A program or tribal contractor shall cooperate when a transition of care occurs and ensure that medical records are transferred in accordance with A.R.S. §§ 36-2932, 36-509, and R9-28-514 when a member transitions from:
  1. A behavioral health provider to another behavioral health provider,
  2. A RBHA or TRBHA to a contractor,
  3. A contractor or tribal contractor to a RBHA or TRBHA, or
  4. A contractor to a tribal contractor or vice versa.

- D. The Administration, a tribal contractor, or a contractor, as appropriate, shall authorize medical necessary behavioral health services for American Indian members.

**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Office of the Secretary of State September 29, 1995 (Supp. 95-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 200, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 13 A.A.R. 1090, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 20 A.A.R. 3122, effective January 4, 2015 (Supp. 14-4).

**R9-28-1103. Eligibility for Covered Services**

- A. Eligibility for covered services. A member determined eligible under A.R.S. § 36-2934 shall receive medically necessary covered services specified under Chapter 22, Article 2 and 12.
- B. Behavioral health services are covered as specified in Chapter 22, Article 2 and 12.

**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Office of the Secretary of State September 29, 1995 (Supp. 95-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 200, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4691, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 1090, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 20 A.A.R. 3122, effective January 4, 2015 (Supp. 14-4).

**R9-28-1104. General Service Requirements**

- A. Services. Behavioral health services include both mental health and substance abuse services and are subject to the provisions under Chapter 22, Article 2 and 12.
- B. Enrollment of American Indian member. The Administration shall enroll an EPD American Indian member with a tribal contractor on a FFS basis if:
  1. The member lives on-reservation of an American Indian tribal organization that is an ALTCS tribal contractor, or
  2. The member lived on-reservation of an American Indian tribal organization that is an ALTCS tribal contractor immediately before placement in an off-reservation Nursing Facility or an alternative HCBS setting.
- C. Services. A tribal contractor or the Administration may authorize behavioral health services for FFS American Indian members enrolled with a tribal contractor as delineated in the intergovernmental agreement.

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- D.** Enrollment of American Indian members off-reservation. Except as provided in R9-28-1104(B)(2), an EPD American Indian who resides off-reservation shall be enrolled with an ALTCS contractor to receive behavioral health services, including case management, under R9-28-415.
- E.** Enrollment of developmentally disabled American Indian member. A developmentally disabled American Indian member who resides on or off-reservation shall be enrolled with the Department of Economic Security's Division of Developmental Disabilities under R9-28-414 and shall receive behavioral health services from the Department of Economic Security's Division of Developmental Disabilities.

**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61, effective July 1, 1993; amended under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Amended under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1995, Ch. 204, § 11, effective January 1, 1996; filed with the Office of the Secretary of State December 22, 1995 (Supp. 95-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 200, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4691, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 1090, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 20 A.A.R. 3122, effective January 4, 2015 (Supp. 14-4).

**R9-28-1105. Scope of Behavioral Health Services**

Scope of Services. The provisions of A.A.C. R9-22-1205 are the scope of behavioral health services for a member under this Article.

**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Office of the Secretary of State September 29, 1995 (Supp. 95-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 200, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4691, effective October 1, 2001 (Supp. 01-3). Amended by exempt rulemaking at 8 A.A.R. 933, effective February 12, 2002 (Supp. 02-1). Amended by final rulemaking at 13 A.A.R. 1090, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 20 A.A.R. 3122, effective January 4, 2015 (Supp. 14-4).

**R9-28-1106. Standards for Service Providers**

- A.** Applicability. The provisions of A.A.C. R9-22-1206 are the general provisions and standards for service providers. Refer-

ences in A.A.C. R9-22-1206 to ADHS/DBHS or to a RBHA apply to a contractor.

- B.** The Administration or a contractor shall cost avoid any behavioral health service claims if the Administration or the contractor establishes the probable existence of first-party liability or third-party liability.

**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61, effective July 1, 1993 (Supp. 93-3). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 200, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4691, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 1090, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 20 A.A.R. 3122, effective January 4, 2015 (Supp. 14-4).

**R9-28-1107. Repealed****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 200, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 13 A.A.R. 1090, effective May 5, 2007 (Supp. 07-1). Repealed by final rulemaking at 20 A.A.R. 3122, effective January 4, 2015 (Supp. 14-4).

**R9-28-1108. Repealed****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 200, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 3365, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 13 A.A.R. 1090, effective May 5, 2007 (Supp. 07-1).

## EMERGENCY RULEMAKING

**ARTICLE 12. HCBS NEEDS TOOL AND EXTRAORDINARY CARE REVIEW**

*Article 12, consisting of Sections R9-28-1201 through R9-28-1207, and Tables 1 and 2, made by emergency rulemaking at 31 A.A.R. 4227 (October 31, 2025), with an immediate effective date of October 15, 2025; effective for 180 days (Supp. 25-4).*

**ARTICLE 12. REPEALED**

*Article 12, consisting of Section R9-28-1201, repealed by final rulemaking at 10 A.A.R. 820, effective April 3, 2004. The subject matter of Article 12 is now in 9 A.A.C. 34 (Supp. 04-1).*

## EMERGENCY RULEMAKING

**R9-28-1201. Definitions**

1. "Activities of Daily Living" or "ADL" means activities a member shall perform daily for the member's regular day-to-day necessities, including but not limited to mobility, transferring, bathing, dressing, grooming, eating, and toileting as specified in Title 9 Chapter 28 Article 1.
2. "Arizona Long Term Care System" or "ALTCS" means a Medicaid program administered by the AHCCCS Administration pursuant to Arizona Revised Statutes, Title 36,

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Chapter 29, Article 2 for an individual who is elderly or who has a physical or developmental disability.

3. "Case Manager" means an individual assigned as responsible for locating, accessing, and monitoring the provision of service to an individual in conjunction with a clinical team as specified in A.A.C. Title 9, Chapter 28, and Title 6, Chapter 6.
4. "Direct Care Services" means the services provided by Direct Care Workers or "DCW" that are collectively known as Direct Care Services. There are three types of services within ALTCS that are provided by DCW which consist of Attendant Care, Personal Care, and Home-maker services.
5. "Extraordinary Care" means care that exceeds the range of activities that a spouse or a legally responsible parent of a minor child would ordinarily perform in the household on behalf of the ALTCS member if the member did not have a disability or chronic illness, and which is necessary to assure the health and welfare of the member.
6. "Extraordinary Care Review" or "ECR" means a review process available to each member under the age of 18 who disagrees with the number of assessed hours for Direct Care Services, Habilitation Service, or both as a result of the age limitations set forth in the HNT.
7. "Habilitation Service" means the services that help a person get and keep skills and functioning for daily living.
8. "HCBS Needs Tool" or "HNT" means a standardized assessment instrument created by AHCCCS to evaluate the functional and support needs of ALTCS members who may benefit from receiving certain HCBS to support ADL and IADL. The HNT is specific to assessment of member need for Direct Care and Habilitation Service.
9. "Health Care Decision Maker" or "HCDM" means an individual who is authorized to make health care treatment decisions for the patient. As applicable to the situation, this may include a parent of an unemancipated minor or an individual lawfully authorized to make health care treatment decisions as specified in Arizona Revised Statutes, Title 14, Chapter 5, Article 2 or 3 or A.R.S. §§ 8-514.05, 36-3221, 36-3231 or 36-3281.
10. "Home and Community Based Services" or "HCBS" means home and community-based services, as specified in A.R.S. §§ 36-2931 and 36-2939.
11. "Instrumental Activities of Daily Living" or "IADL" means activities a member shall perform that are more complex in nature and necessary for independent living and community participation, such as managing money, preparing meals, shopping, doing laundry, and using transportation as specified in Title 9 Chapter 28 Article 1.
12. "Person-Centered Service Plan" or "PCSP" means a written plan developed through an assessment of functional need that reflects each service and support, both paid and unpaid, that are important for and important to the member in meeting the identified needs and preferences for the delivery of each service and support. The PCSP shall also reflect the member's strengths and preferences that meet the member's social, cultural, and linguistic needs, individually identified and prioritized goals and desired outcomes, and reflect risk factors (including risks to member rights) and measures in place to minimize them, including individualized back-up plans and other strategies as needed.

**Historical Note**

New Section made by emergency rulemaking at 31 A.A.R. 4227 (October 31, 2025), with an immediate effective date of October 15, 2025; effective for 180 days (Supp. 25-4).

**R9-28-1201. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3365, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 820, effective April 3, 2004 (Supp. 04-1).

## EMERGENCY RULEMAKING

**R9-28-1202. General Provisions**

The Administration shall require the ALTCS Case Manager to conduct a PCSP for each ALTCS member in each instance prescribed by 42 CFR § 441.725.

1. The PCSP process is an in-person meeting with the member, the HCDM, if applicable, and any other person included in the Planning Team in order to develop a comprehensive PCSP.
2. The PCSP process is used to assess the member's specific HCBS needs which includes assessment for the ADL or IADL specific to Direct Care Services and Habilitation Service, utilizing the HNT as set forth in R9-28-1203.
3. The member will be assessed for Direct Care Services and Habilitation Service, if applicable, and if the member resides in their own home, the member or HCDM is interested in receiving HCBS, and the care team determines that HCBS services are appropriate.

**Historical Note**

New Section made by emergency rulemaking at 31 A.A.R. 4227 (October 31, 2025), with an immediate effective date of October 15, 2025; effective for 180 days (Supp. 25-4).

## EMERGENCY RULEMAKING

**R9-28-1203. HCBS Needs Tool Process**

- A. The Case Manager shall utilize the HNT when appropriate as outlined in R9-28-1202 to assess or re-assess need for Direct Care Services and Habilitation Service:
  1. At least annually if the member is currently receiving a service,
  2. The initial or annual PCSP indicates a potential need for the service,
  3. The member experiences a significant change in condition that causes the member's health to improve or decline,
  4. At any time the member requests to receive an updated assessment, or
  5. When the member or HCDM request to be evaluated for HCBS in lieu of institutional care.
- B. The ALTCS Case Manager shall use the HNT to determine if Direct Care Services, Habilitation Service, or both will be authorized as part of the member's HCBS service array.
  1. The HNT shall be reviewed during each quarterly case management review meeting.
  2. The HNT shall be completed in collaboration with the member, their HCDM or anyone else requested to participate by the member or HCDM.

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3. The HNT will include documentation of the member's or HCDM's description of unique need for each task on the tool.
4. The HNT shall identify and document each service need regardless of cost-effectiveness or service delivery method.
5. The completed HNT shall be incorporated by reference into the member's PCSP.

**Historical Note**

New Section made by emergency rulemaking at 31 A.A.R. 4227 (October 31, 2025), with an immediate effective date of October 15, 2025; effective for 180 days (Supp. 25-4).

## EMERGENCY RULEMAKING

**R9-28-1204. HNT Criteria for ALTCS Members Under the**

## EMERGENCY RULEMAKING

**Table 1. Direct Care Services for Members Under the Age of 18**

Direct Care Services Task	Age Limitation
Housekeeping	Shall not be assessed for children under the age of 18
Laundry	Shall not be assessed for children under the age of 18
Food Shopping	Shall not be assessed for children under the age of 18
Medication Pick Up	No age limitation
Meal Preparation and Clean Up	Shall not be assessed for children under the age of 12
Specialty Meal Preparation	No age limitation
Eating and Feeding	Shall not be assessed for children under the age of 8
Specialty Eating and Feeding	No age limitation
Bathing	Shall not be assessed for children under the age of 8
Dressing	Shall not be assessed for children under the age of 7
Grooming	Shall not be assessed for children under the age of 8
Toileting	Shall not be assessed for children under the age of 4
Specialty Toileting Needs	No age limitation
Mobility	Shall not be assessed for children under the age of 4
Transferring	Shall not be assessed for children under the age of 4
General Supervision	Shall not be assessed for children under the age of 10

**Historical Note**

New Table 1 made by emergency rulemaking at 31 A.A.R. 4227 (October 31, 2025), with an immediate effective date of October 15, 2025; effective for 180 days (Supp. 25-4).

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**Table 2. Habilitation Service for Members Under the Age of 18**

Member Ages	Weekly Service Limits
Members under the age of 3	Habilitation Service shall not be assessed
Ages 3-5	Not to exceed 5 hours in a 7-day period
Ages 6-9	Not to exceed 9 hours in a 7-day period
Ages 10-12	Not to exceed 11 hours in a 7-day period
Ages 13-17	Not to exceed 14 hours in a 7-day period

**Historical Note**

New Table 2 made by emergency rulemaking at 31 A.A.R. 4227 (October 31, 2025), with an immediate effective date of October 15, 2025; effective for 180 days (Supp. 25-4).

## EMERGENCY RULEMAKING

**R9-28-1205. HNT Criteria for ALTCS Members Age 18 and Older**

- A. A copy of the HNT shall be made available on the Administration's website.
- B. Tasks assessed for a member aged 18 and older are not subject to age limitations.

**Age of 18**

- A. A copy of the HNT for a member under the age of 18 shall be made available on the Administration's website.
- B. For each Direct Care Services category identified in Table 1, a member under the age of 18 will be age-limited by the HNT, except when it is determined that the member requires Extraordinary Care according to Section R9-28-1206.
- C. For Habilitation Service identified in Table 2, a member under the age of 18 years will be age-limited by the HNT, except when it is determined that the member requires Extraordinary Care according to Section R9-28-1206.

**Historical Note**

New Section made by emergency rulemaking at 31 A.A.R. 4227 (October 31, 2025), with an immediate effective date of October 15, 2025; effective for 180 days (Supp. 25-4).

**Historical Note**

New Section made by emergency rulemaking at 31 A.A.R. 4227 (October 31, 2025), with an immediate effective date of October 15, 2025; effective for 180 days (Supp. 25-4).

## EMERGENCY RULEMAKING

**R9-28-1206. Extraordinary Care Review**

## TITLE 9. HEALTH SERVICES

## CHAPTER 28. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM - ARIZONA LONG-TERM CARE SYSTEM

- A. Each ALTCS Contractor, including DES/DDD, shall develop an ECR process to be submitted to the Administration for review prior to implementation.
- B. The ECR process shall adhere to the provisions of this Section and shall include:
  - 1. The purpose;
  - 2. The notification process to members of the availability of ECR;
  - 3. How the ECR may be requested, including the information that must be provided;
  - 4. The type of clinician performing the ECR according to subsection (C); and
  - 5. Description of how the ECR records shall be maintained.
- C. The ECR process shall be conducted by a clinician with relevant professional experience and licensure or certification.
- D. When a member or HCDM disagrees with the time assessed on the HNT, the ALTCS Contractor, including DES/DDD, shall notify members, in writing, of the ECR process.
- E. A request for ECR shall be made in writing.
  - 1. The request shall be made by the member or HCDM.
  - 2. The request shall include:
    - a. Whether the member is seeking additional Direct Care Services, Habilitation Service, or both;
    - b. How many additional hours are requested for each service type, and for Direct Care services, task-specific rationale must be provided; and
    - c. The reason the member should be granted additional time for Extraordinary Care. Any additional supporting documentation can be included for review.
- F. Upon request for ECR, each ALTCS Contractor, including DES/DDD, shall:
  - 1. Complete an ECR for Direct Care Services, Habilitation Service, or both, consistent with the request.
  - 2. Render a decision in writing.
    - a. Inform the member, the HCDM, and the member's Case Manager of the ECR determination which shall be incorporated into the member's PCSP by the ALTCS Case Manager.
    - b. When the total time assessed for Direct Care Services, Habilitation Service, or both, is increased from the prior authorized hours, the services shall be authorized for service delivery by the ALTCS Case Manager.
    - c. When the total time assessed for Direct Care Services and Habilitation Service, or both, is less than the amount of time requested by the member in the ECR process, the ALTCS Contractor, including DES/DDD, shall issue a Notice of Adverse Benefit Determination according to A.A.C. R9-34-205.

**Historical Note**

New Section made by emergency rulemaking at 31 A.A.R. 4227 (October 31, 2025), with an immediate effective date of October 15, 2025; effective for 180 days (Supp. 25-4).

## EMERGENCY RULEMAKING

**R9-28-1207. Reporting and Oversight**

- A. Each ALTCS Contractor, including DES/DDD, shall maintain records of all ECR requests and outcomes, as prescribed by the Administration.
- B. The Administration shall conduct a periodic audit to ensure compliance with this rule and evaluate the effectiveness of the ECR process.

**Historical Note**

New Section made by emergency rulemaking at 31 A.A.R. 4227 (October 31, 2025), with an immediate effective date of October 15, 2025; effective for 180 days (Supp. 25-4).

**ARTICLE 13. FREEDOM TO WORK**

*Article 13, consisting of Sections R9-28-1301 through R9-28-1324, made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4).*

**R9-28-1301. General Freedom to Work Requirements**

The Administration shall determine eligibility for AHCCCS medical services under A.A.C. R9-22-1901.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4). Section amended by final rulemaking at 15 A.A.R. 269, effective March 7, 2009 (Supp. 09-1). Section amended by final rulemaking at 30 A.A.R. 2677 (August 30, 2024), effective October 8, 2024 (Supp. 24-3).

**R9-28-1302. General Administration Requirements**

The Administration shall comply with the confidentiality rule under A.A.C. R9-22-512(C).

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4). Section amended by final rulemaking at 15 A.A.R. 269, effective March 7, 2009 (Supp. 09-1).

**R9-28-1303. Application for Coverage**

- A. A person may apply by submitting an application to an Administration office.
- B. The application date is the date the application is received at an Administration office.
- C. The provisions of R9-22-302 apply to this Section.
- D. An applicant or representative who files an application may withdraw the application either orally or in writing. The Administration shall send an applicant withdrawing an application a denial notice under R9-28-1304.
- E. Except as provided in 42 CFR 435.911, the Administration shall determine eligibility within 45 days.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 9 A.A.R. 5138, effective January 3, 2004 (Supp. 03-4). Section amended by final rulemaking at 15 A.A.R. 269, effective March 7, 2009 (Supp. 09-1). Section amended by final rulemaking at 30 A.A.R. 2677 (August 30, 2024), effective October 8, 2024 (Supp. 24-3).

**R9-28-1304. Notice of Approval or Denial**

The Administration shall send an applicant a written notice of the decision regarding the application. This notice shall include a statement of the action and:

- 1. If approved:
  - a. The effective date of eligibility,
  - b. An explanation of the person's hearing rights specified in 9 A.A.C. 34; or
- 2. If denied, the information required by R9-28-401.01(E)(2).

## TITLE 9. HEALTH SERVICES

## CHAPTER 28. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM - ARIZONA LONG-TERM CARE SYSTEM

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4). Section amended by final rulemaking at 15 A.A.R. 269, effective March 7, 2009 (Supp. 09-1). Section amended by final rulemaking at 30 A.A.R. 2677 (August 30, 2024), effective October 8, 2024 (Supp. 24-3).

**R9-28-1305. Reporting and Verifying Changes**

An applicant or member shall report and verify changes as described under R9-28-411(A), to the Administration, including any changes in the spouse's income that may affect the share of cost.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4). Section amended by final rulemaking at 15 A.A.R. 269, effective March 7, 2009 (Supp. 09-1).

**R9-28-1306. Actions that Result from a Redetermination or Change**

The processing of a redetermination or change shall result in one of the following actions:

1. No change in eligibility, share-of-cost, or premium,
2. Discontinuance of eligibility if a condition of eligibility is no longer met,
3. A change in the person's share-of-cost,
4. A change in premium amount, or
5. A change in the coverage group under which a person receives AHCCCS medical coverage.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4).

**R9-28-1307. Notice of Adverse Action**

- A. The requirements under R9-28-411(D)(1) apply.
- B. Advance notice of a change in eligibility, share of cost, or premium amount. Advance notice means a notice of proposed action that is issued to the member at least 10 days before the effective date of the proposed action. Except under subsection (C), advance notice shall be issued whenever an adverse action is taken to:
  1. Discontinue eligibility,
  2. Increase a person's share-of-cost,
  3. Increase the premium amount, or
  4. Reduce benefits from ALTCS to acute care services.
- C. Exceptions from advance notice. A notice shall be issued to the member to discontinue eligibility no later than the effective date of action if:
  1. A member provides a clearly written statement, signed by that member, that services are no longer wanted;
  2. A member provides information that requires termination of eligibility or reduction of services, indicates that the member understands that termination of eligibility or reduction of services will be the result of supplying the information and signs a written statement waiving advance notice;
  3. A member cannot be located and mail sent to the member's last known address has been returned as undeliverable. A member whose eligibility is discontinued under this subsection is subject to reinstatement of discontinued services under 42 CFR 431.231(d);
  4. A member has been admitted to a public institution where a person is ineligible for coverage;

5. A member has been approved for Medicaid in another state; or
6. The Administration receives information confirming the death of a member.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4). Section amended by final rulemaking at 15 A.A.R. 269, effective March 7, 2009 (Supp. 09-1).

**R9-28-1308. Request for Hearing**

An applicant or member may request a hearing under 9 A.A.C. 34.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4). Section amended by final rulemaking at 15 A.A.R. 269, effective March 7, 2009 (Supp. 09-1).

**R9-28-1309. Conditions of Eligibility**

An applicant or member shall meet the following conditions to qualify for the Freedom to Work program:

1. Furnish a valid Social Security Number (SSN);
2. Be a resident of Arizona;
3. Be a citizen of the United States, or meet requirements for a qualified alien under A.R.S. § 36 2903.03(B);
4. Be at least 16 years of age, but less than 65 years of age;
5. Have countable income that does not exceed 250 percent of FPL. The Administration shall count income under 42 U.S.C. 1382a and 20 CFR 416 Subpart K with the following exceptions:
  - a. The unearned income of the applicant or member shall be disregarded,
  - b. The income of a spouse or other family members shall be disregarded, and
  - c. The deduction for a minor child shall not apply;
6. Reside in a living arrangement specified under R9-28-406(A);
7. Be determined as physically or developmentally disabled by meeting the medical criteria under Article 3 of this Chapter; and
8. Comply with the member responsibility provisions under R9-22-306.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4). Section repealed; new Section made by final rulemaking at 15 A.A.R. 269, effective March 7, 2009 (Supp. 09-1). Section amended by final rulemaking at 30 A.A.R. 2677 (August 30, 2024), effective October 8, 2024 (Supp. 24-3).

**R9-28-1310. Repealed****Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 269, effective March 7, 2009 (Supp. 09-1).

**R9-28-1311. Repealed****Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 269, effective March 7, 2009 (Supp. 09-1).



## TITLE 9. HEALTH SERVICES

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**R9-28-1312. Repealed****Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 269, effective March 7, 2009 (Supp. 09-1).

**R9-28-1313. Premium Requirements**

- A.** As a condition of eligibility, an applicant or member shall:
1. Pay the premium required under subsection (B).
  2. Not have any unpaid premiums that exceed the premium amount for one month.
- B.** The Administration shall process premiums under 9 A.A.C. 31, R9-31-1409 through R9-31-1419 with the following exceptions:
1. A member who has countable income:
    - a. Under \$500, the monthly premium payment shall be \$0.
    - b. Over \$500 but not greater than \$750, the monthly premium payment shall be \$10.
  2. The premium for a member shall be increased by \$5 for each \$250 increase in countable income above \$750.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4). Section amended by final rulemaking at 15 A.A.R. 269, effective March 7, 2009 (Supp. 09-1). Section amended by final rulemaking at 30 A.A.R. 2677 (August 30, 2024), effective October 8, 2024 (Supp. 24-3).

**R9-28-1314. Repealed****Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 269, effective March 7, 2009 (Supp. 09-1).

**R9-28-1315. Repealed****Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 269, effective March 7, 2009 (Supp. 09-1).

**R9-28-1316. Institutionalized Person**

A person is not eligible for AHCCCS medical coverage if the person is:

1. An inmate of a public institution and federal financial participation (FFP) is not available, or
2. Age 22 through age 64 and is residing in an ICF/IID except when allowed under the Administration's Section 1115 Demonstration Project or allowed under a managed care contract approved by CMS.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4). Section amended by final rulemaking at 15 A.A.R. 269, effective March 7, 2009 (Supp. 09-1). Section amended by final rulemaking at 30 A.A.R. 2677 (August 30, 2024), effective October 8, 2024 (Supp. 24-3).

**R9-28-1317. Repealed****Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 269, effective March 7, 2009 (Supp. 09-1).

**R9-28-1318. Repealed****Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 269, effective March 7, 2009 (Supp. 09-1).

**R9-28-1319. Repealed****Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 269, effective March 7, 2009 (Supp. 09-1).

**R9-28-1320. Additional Eligibility Criteria for the Basic Coverage Group**

As a condition of eligibility, an applicant or member shall be employed. Employed means that an applicant or member is paid for working and Social Security or Medicare taxes are paid on the applicant's or member's income.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4). Section amended by final rulemaking at 15 A.A.R. 269, effective March 7, 2009 (Supp. 09-1).

**R9-28-1321. Share of Cost**

The Director shall determine the amount a person shall pay for the cost of ALTCS services (share-of-cost) under A.R.S. § 36-2932(L) and 42 CFR 435.725 or 42 CFR 435.726. Share of cost shall be calculated for people who reside in a medical institution for an entire calendar month under R9-28-408(G) and R9-28-410(C) except that the personal-needs allowance shall be increased by 50 percent of the member's earned income.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4).

**R9-28-1322. Repealed****Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 269, effective March 7, 2009 (Supp. 09-1).

**R9-28-1323. Enrollment**

The Administration shall enroll members under R9-28-412 through R9-28-418.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4).

**R9-28-1324. Redetermination of Eligibility**

- A.** Redetermination. Except as provided in subsection (B), the Administration shall complete a redetermination of eligibility at least once a year.
- B.** Change in circumstance. The Administration shall complete a redetermination of eligibility if there is a change in the mem-

## TITLE 9. HEALTH SERVICES

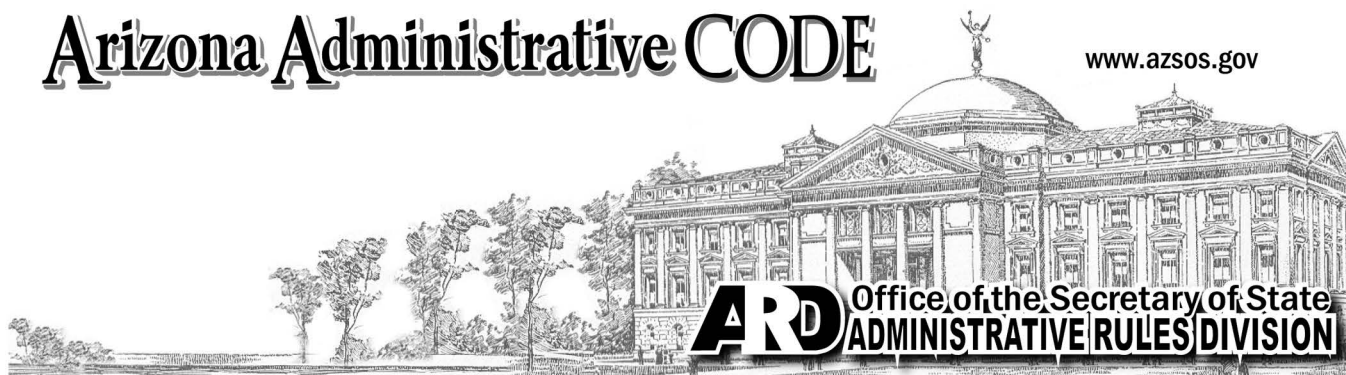
## CHAPTER 28. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM - ARIZONA LONG-TERM CARE SYSTEM

ber's circumstances, including a change in disability or employment that may affect eligibility.

- C. Medical Improvement. If a member is no longer disabled under Article 3 of this Chapter, the Administration shall determine if the member is eligible under other coverage groups.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4). Section amended by final rulemaking at 30 A.A.R. 2677 (August 30, 2024), effective October 8, 2024 (Supp. 24-3).



**TITLE 12. NATURAL RESOURCES**  
**CHAPTER 4. GAME AND FISH COMMISSION**  
**12 A.A.C. 4**

**Supplement Information**  
**Supp. 25-4**

Rules codified between October 1, 2025 through December 31, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-4 replaces Supp. 25-3, 1-160 pages.**

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

## PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “*Rule*’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

### THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

### HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at [www.azsos.gov/rules](http://www.azsos.gov/rules), click on the *Administrative Register* link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

### PERSONAL USE/COMMERCIAL USE

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*Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.*

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## Administrative Rules Division

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## TITLE 12. NATURAL RESOURCES

## CHAPTER 4. GAME AND FISH COMMISSION

Authority: A.R.S. § 17-201 et seq.

## Supp. 25-4

*Editor's Note: The Office of the Secretary of State publishes all Chapters on white paper (Supp. 01-2).*

*Editor's Note: This Chapter contains rules which were adopted or amended under an exemption from the Arizona Administrative Procedure Act (A.R.S. Title 41, Chapter 6), pursuant to A.R.S. § 41-1005(A)(1). Exemption from A.R.S. Title 41, Chapter 6 means that the Game and Fish Commission did not submit notice of this rulemaking to the Secretary of State's Office for publication in the Arizona Administrative Register; the Governor's Regulatory Review Council did not review these rules; the Commission was not required to hold public hearings on these rules; and the Attorney General did not certify these rules. Because this Chapter contains rules which are exempt from the regular rulemaking process, the Chapter is printed on blue paper.*

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*Former Article 4, Commission Orders, consisting of Sections R12-4-401 through R12-4-424, R12-4-429 through R12-4-431, R12-4-440 through R12-4-443 expired. See R12-4-118.*

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*New Article 11, consisting of Sections R12-4-1101 and R12-4-1102, renumbered from Article 9 by final expedited rulemaking at 24 A.A.R. 407, effective February 6, 2018 (Supp. 18-1).*

*Article 9, consisting of Sections R12-4-901 through R12-4-906, expired under A.R.S. § 41-1056(J) at 21 A.A.R. 757, effective March 31, 2015 (Supp. 15-2).*

*Article 9, consisting of Sections R12-4-901 through R12-4-906, made by final rulemaking at 11 A.A.R. 1109, effective April 30, 2005 (Supp. 05-1).*

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*Article 11, consisting of Sections R12-4-1101 and R12-4-1102, renumbered to Article 9 by final expedited rulemaking at 24 A.A.R. 407, effective February 6, 2018 (Supp. 18-1).*

*Article 11, consisting of Sections R12-4-1101 and R12-4-1102, made by final rulemaking at 18 A.A.R. 196, effective January 10, 2012 (Supp. 12-1).*

*Article 11, consisting of Sections R12-4-1103 and R12-4-1104, made by emergency rulemaking at 17 A.A.R. 1218, effective June 2, 2011 for 180 days (Supp. 11-2). Article 11 renewed by emergency rulemaking at 17 A.A.R. 2376 for 180 days, effective November 3, 2012 (Supp. 11-4).*

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**ARTICLE 1. DEFINITIONS AND GENERAL PROVISIONS****R12-4-101. Definitions**

- A. In addition to the definitions provided under A.R.S. § 17-101, R12-4-301, R12-4-401, and R12-4-501, the following definitions apply to this Chapter, unless otherwise specified:

“Arizona Conservation Education” means the conservation education course provided by Arizona Game and Fish Department in hunting safety, responsibility, and conservation.

“Arizona Hunter Education” means the hunter education course provided by Arizona Game and Fish Department in hunting safety, responsibility, and conservation meeting Association of Fish and Wildlife agreed upon reciprocity standards along with Arizona-specific requirements.

“Attach” means to fasten or affix a tag to a legally harvested animal. An electronic tag is considered attached once the validation code is fastened to the legally harvested animal.

“Bobcat seal” means the tag a person is required to attach to the raw pelt or unskinned carcass of any bobcat taken by trapping in Arizona or exported out of Arizona regardless of the method of take.

“Bonus point” means a credit that authorizes the Department to issue an applicant an additional computer-generated random number.

“Bow” means a long bow, flat bow, recurve bow, or compound bow of which the bowstring is drawn and held under tension entirely by the physical power of the shooter through all points of the draw cycle until the shooter purposely acts to release the bowstring either by relaxing the tension of the toes, fingers, or mouth or by triggering the release of a hand-held release aid.

“Certificate of insurance” means an official document, issued by the sponsor’s and sponsor’s vendors, or subcontractor’s insurance carrier, providing insurance against claims for injury to persons or damage to property which may arise from, or in connection with, the solicitation or event as determined by the Department.

“Cervid” means a mammal classified as a Cervidae, which includes but is not limited to caribou, elk, moose, mule deer, reindeer, wapiti, and whitetail deer; as defined in the taxonomic classification from the Integrated Taxonomic Information System, available online at [www.itis.gov](http://www.itis.gov).

“Commission Order” means a document adopted by the Commission that does one or more of the following:

- Open, close, or alter seasons,
- Open areas for taking wildlife,
- Set bag or possession limits for wildlife,
- Set the number of permits available for limited hunts, or
- Specify wildlife that may or may not be taken.

“Crossbow” means a device consisting of a bow affixed on a stock having a trigger mechanism to release the bowstring.

“Day-long” means the 24-hour period from one midnight to the following midnight.

“Department property” means those buildings or real property and wildlife areas under the jurisdiction of the Arizona Game and Fish Commission.

“Electronic signature” means symbols or other data in digital form attached to an electronically transmitted document as verification of the sender’s intent to sign the document. The electronic signature is used to indicate the person’s intent to agree to payment, conditions, terms, etc. as applicable to an online application, form, report, etc.

“Electronic tag” means a tag that is provided by the Department through an electronic device that syncs with the Department’s computer systems.

“Export” means to carry, send, or transport wildlife or wildlife parts out of Arizona to another state or country.

“Firearm” means any loaded or unloaded handgun, pistol, revolver, rifle, shotgun, or other weapon that will discharge, is designed to discharge, or may readily be converted to discharge a projectile by the action of an explosion caused by the burning of smokeless powder, black powder, or black powder substitute.

“Hunt area” means a management unit, portion of a management unit, or group of management units, or any portion of Arizona described in a Commission Order and not included in a management unit, opened to hunting.

“Hunt number” means the number assigned by Commission Order to any hunt area where a limited number of hunt permits are available.

“Hunt permits” means the number of hunt permit-tags made available to the public as a result of a Commission Order.

“Hunt permit-tag” means a tag for a hunt for which a Commission Order has assigned a hunt number.

“Identification number” means the number assigned to each applicant or license holder by the Department as established under R12-4-111.

“Import” means to bring, send, receive, or transport wildlife or wildlife parts into Arizona from another state or country.

“License dealer” means a business authorized to sell hunting, fishing, and other licenses as established under R12-4-105.

“Limited-entry permit-tag” means a permit made available for a limited-entry fishing or hunting season.

“Live baitfish” means any species of live freshwater fish designated by Commission Order as lawful for use in taking aquatic wildlife under R12-4-313 and R12-4-314.

“Management unit” means an area established by the Commission for management purposes.

“Nonpermit-tag” means a tag for a hunt for which a Commission Order does not assign a hunt number and the number of tags is not limited.

“Nonprofit organization” means an organization that is recognized under Section 501© of the U.S. Internal Revenue Code.



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“Person” has the meaning as provided under A.R.S. § 1-215.

“Proof of purchase,” for the purposes of A.R.S. § 17-331, means an original, or any authentic and verifiable form of the original, of any Department-issued license, permit, or stamp that establishes proof of actual purchase.

“Pursue” means to chase, tree, corner or hold wildlife at bay.

“Pursuit-only” means a person may pursue, but not kill, a bear, mountain lion, or raccoon on any management unit that is open to pursuit-only season, as defined under R12-4-318, by Commission Order.

“Pursuit-only permit” means a permit for a pursuit-only hunt for which a Commission Order does not assign a hunt number and the number of permits are not limited.

“Restricted nonpermit-tag” means a tag issued for a supplemental hunt as established under R12-4-115.

“Signature” means a notation that signifies an individual’s acceptance of the terms and conditions applicable to the application or contract and is used to identify who is signing and what their intention is; includes electronic signatures.

“Solicitation” means any activity that may be considered or interpreted as promoting, selling, or transferring products, services, memberships, or causes, or participation in an event or activity of any kind, including organizational, educational, public affairs, or protest activities, including the distribution or posting of advertising, handbills, leaflets, circulars, posters, or other printed materials for these purposes.

“Solicitation material” means advertising, circulars, flyers, handbills, leaflets, posters, or other printed information.

“Sponsor” means the person or persons conducting a solicitation or event.

“Stamp” means a form of authorization in addition to a license that authorizes the license holder to take wildlife specified by the stamp.

“Tag” means the Department authorization a person is required to obtain before taking certain wildlife as established under A.R.S. Title 17 and 12 A.A.C. 4.

“Validation code” means the unique code provided by the Department and associated with an electronic tag.

“Waterdog” means the larval or metamorphosing stage of a salamander.

“Wildlife area” means an area established under 12 A.A.C. 4, Article 8.

**B.** If the following terms are used in a Commission Order, the following definitions apply:

“Antlered” means having an antler fully erupted through the skin and capable of being shed.

“Antlerless” means not having an antler, antlers, or any part of an antler erupted through the skin.

“Bearded turkey” means a turkey with a beard that extends beyond the contour feathers of the breast.

“Buck pronghorn” means a male pronghorn.

“Adult bull bison” means a male bison of any age or any bison designated by a Department employee during an adult bull bison hunt.

“Adult cow bison” means a female bison of any age or any bison designated by a Department employee during an adult cow bison hunt.

“Bull elk” means an antlered elk.

“Designated” means the gender, age, or species of wildlife or the specifically identified wildlife the Department authorizes to be taken and possessed with a valid tag.

“One-horned ram” means any bighorn sheep ram having one horn that is less than one half the length of its other horn.

“Ram” means any male bighorn sheep.

“Rooster” means a male pheasant.

“Yearling bison” means any bison less than three years of age or any bison designated by a Department employee during a yearling bison hunt.

**Historical Note**

Amended effective May 3, 1976 (Supp. 76-3). Amended effective October 22, 1976 (Supp. 76-5). Amended effective June 29, 1978 (Supp. 78-3). Amended effective April 22, 1980 (Supp. 80-2). Former Section R12-4-01 renumbered as Section R12-4-101 without change effective August 13, 1981 (Supp. 81-4). Amended effective April 22, 1982 (Supp. 82-2). Amended subsection (A), paragraph (10) effective April 7, 1983 (Supp. 83-2). Amended effective June 4, 1987 (Supp. 87-2). Amended subsection (A) effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read “Amended subsection (A) effective January 1, 1989, filed December 30, 1988” (Supp. 89-2). Amended effective May 27, 1992 (Supp. 92-2). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 6 A.A.R. 211, effective January 1, 2000 (Supp. 99-4). Amended by final rulemaking at 9 A.A.R. 610, effective April 6, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 845, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 11 A.A.R. 991, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1). Amended by final rulemaking at 27 A.A.R. 2966 (December 24, 2021), effective February 7, 2022; when amended the Commission inadvertently removed the definitions of “Arizona Conservation Education” and “Arizona Hunter Education.” These definitions are included as originally published (Supp. 21-4). Under the definition of “non-profit organization” a citation error to the U.S. Internal

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Revenue Code, has been corrected to Section 501(c) as published at 27 A.A.R. 2966 (December 24, 2021), effective February 7, 2022 (Supp. 22-2). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2). Amended by final rulemaking at 31 A.A.R. 1442 (May 2, 2025), effective June 9, 2025 (Supp. 25-2).

**R12-4-102. License, Permit, Stamp, and Tag Fees**

- A.** A person who purchases a license, tag, stamp, or permit listed in this Section shall pay at the time of purchase all applicable fees prescribed under this Section or the fees the Director authorizes under R12-4-115.
- B.** A person who applies to purchase a hunt permit-tag shall submit with the application all applicable fees using acceptable forms of payment as required under R12-4-104(F) and (G).
- C.** As authorized under A.R.S. § 17-345, the license fees in this Section include a \$3 surcharge, except Youth and High Achievement Scout licenses.
- D.** A person desiring a replacement of a Migratory Bird Stamp shall repurchase the stamp.

Hunting and Fishing License Fees	Resident	Nonresident
General Fishing License	\$37	\$55
General Hunting License	\$37	Not available
Combination Hunting and Fishing License	\$57	\$160
Youth Combination Hunting and Fishing License, fee applies until the applicant's 18th birthday.	\$5	\$5
High Achievement Scout License, as authorized under A.R.S. § 17-333(C). Fee applies until the applicant's 21st birthday.	\$5	Not available
Short-term Combination Hunting and Fishing License	\$15	\$20
Youth Group Two-day Fishing License	\$25	Not available

Hunt Permit-tag Fees	Resident	Nonresident
Bear	\$25	\$150
Bighorn Sheep	\$300	\$1,800
Bison		
Adult Bulls or any Bison	\$1,100	\$5,400
Adult Cows	\$650	\$3,250
Yearling	\$350	\$1,750
Cow or Yearling	\$650	\$3,250
Deer and Archery Deer	\$45	\$300
Youth	\$25	\$25
Elk	\$135	\$650
Youth	\$50	\$50
Javelina	\$25	\$100
Youth	\$15	\$15
Pheasant non-archery, non-falconry	Application fee only	Application fee only
Pronghorn	\$90	\$550
Raptor	Not applicable	\$175
Sandhill Crane	\$10	\$10
Turkey and Archery Turkey	\$25	\$90
Youth	\$10	\$10

Nonpermit-tag and Restricted Nonpermit-tag Fees	Resident	Nonresident
Bear	\$25	\$150
Bison		
Adult Bulls or any Bison	\$1,100	\$5,400
Adult Cows	\$650	\$3,250
Yearling	\$350	\$1,750
Cow or Yearling	\$650	\$3,250
Deer	\$45	\$300
Youth	\$25	\$25
Elk	\$135	\$650
Youth	\$50	\$50
Javelina	\$25	\$100
Youth	\$15	\$15
Mountain Lion	\$15	\$75
Pronghorn	\$90	\$550
Sandhill Crane	\$10	\$10
Raptor	Not applicable	\$175
Turkey	\$25	\$90
Youth	\$10	\$10

Stamps and Special Use Fees	Resident	Nonresident
Bobcat Seal	\$3	\$3
Limited-entry Permit	Application fee only	Application fee only
State Migratory Bird Stamp	\$5	\$5

Other License Fees	Resident	Nonresident
Challenged Hunter Access/Mobility Permit (CHAMP)	Application fee only	Application fee only
Crossbow Permit	Application fee only	Application fee only
Fur Dealer's License	\$115	\$115
Reduced-fee Disabled Veteran's License, available to a resident disabled veteran who receives compensation from the U.S. government for a service-connected disability. This fee shall be equal to the fee required for the resident Combination Hunting and Fishing License, reduced by 25%, and then rounded down to the nearest even dollar.	\$42	Not available
Reduced-fee Purple Heart Medal License, available to a resident who is a bona fide Purple Heart Medal recipient. This fee shall be equal to the fee required for the resident Combination Hunting and Fishing License, reduced by 50%, and then rounded down to the nearest even dollar.	\$28	Not available
Guide License	\$300	\$300
License Dealer's License	\$100	\$100
License Dealer's Outlet License	\$25	\$25
Pursuit-only Permit	\$20	\$100
Taxidermist Registration	\$100	\$100
Trapping License	\$30	\$275
Youth	\$10	\$10

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Administrative Fees	Resident	Nonresident
Duplicate License Fee, in the event the Department is unable to verify the expiration date of the original license, the duplicate license shall expire on December 31 of the current year.	\$8	\$8
Application Fee	\$13	\$15

**Historical Note**

Amended effective May 3, 1976 (Supp. 76-3). Amended effective March 31, 1977 (Supp. 77-2). Amended effective June 28, 1977 (Supp. 77-3). Amended effective October 20, 1977 (Supp. 77-5). Amended effective January 1, 1979 (Supp. 78-6). Amended effective June 4, 1979 (Supp. 79-3). Amended effective January 1, 1980 (Supp. 79-6). Amended paragraphs (1), (7) through (11), (13), (15), (29), (30), and (32) effective January 1, 1981 (Supp. 80-5). Former Section R12-4-30 renumbered as Section R12-4-102 without change effective August 13, 1981. Amended effective August 31, 1981 (Supp. 81-4). Amended effective September 15, 1982 unless otherwise noted in subsection (D) (Supp. 82-5). Amended effective January 1, 1984 (Supp. 83-4). Amended subsections (A) and (C) effective January 1, 1985 (Supp. 84-5). Amended effective January 1, 1986 (Supp. 85-5). Amended subsection (A), paragraphs (1), (2), (8) and (9) effective January 1, 1987; Amended by adding a new subsection (A), paragraph (31) and renumbering accordingly effective July 1, 1987. Both amendments filed November 5, 1986 (Supp. 86-6). Amended subsections (A) and (C) effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read “Amended subsections (A) and (C) filed December 30, 1988, effective January 1, 1989”; Amended subsection (C) effective April 28, 1989 (Supp. 89-2). Section R12-4-102 repealed, new Section R12-4-102 filed as adopted November 26, 1990, effective January 1, 1991 (Supp. 90-4). Amended effective September 1, 1992; filed August 7, 1992 (Supp. 92-3). Amended effective January 1, 1993; filed December 18, 1993 (Supp. 92-4). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended effective December 16, 1995 (Supp. 94-4). Amended effective January 1, 1997; filed in the Office of the Secretary of State November 14, 1995 (Supp. 95-4). Amended subsection (D), paragraph (4), and subsection (E), paragraph (10), effective October 1, 1996; filed in the Office of the Secretary of State July 12, 1996 (Supp. 96-3). Amended subsection (B), paragraph (6) and subsection (E) paragraph (4), effective January 1, 1997; filed with the Office of the Secretary of State November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 6 A.A.R. 211, effective January 1, 2000 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 1146, effective July 1, 2000 or January 1, 2001, as designated within the text of the Section (Supp. 00-1). Amended by final rulemaking at 9 A.A.R. 610, effective April 6, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 1157, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 10 A.A.R. 2823, effective August 13, 2004 (Supp. 04-2). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 12 A.A.R. 1391, effective June 4, 2006 (Supp. 06-2). Amended by

final rulemaking at 13 A.A.R. 462, effective February 6, 2007 (Supp. 07-1). Amended by final rulemaking at 17 A.A.R. 1472, effective July 12, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 25 A.A.R. 1854, effective July 2, 2019 (Supp. 19-3). Amended by final exempt rulemaking at 27 A.A.R. 400, effective July 1, 2021 (Supp. 21-1). Amended by final exempt rulemaking at 27 A.A.R. 1076, effective August 21, 2021 (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 2916 (December 17, 2021), effective February 7, 2022 (Supp. 21-4). Amended by final exempt rulemaking at 28 A.A.R. 3355 (October 21, 2022), effective September 26, 2022 (Supp. 22-3). Amended by final rulemaking at 31 A.A.R. 1442 (May 2, 2025), effective June 9, 2025; When this Section was amended by final exempt rulemaking at 27 A.A.R. 400, the Commission did not use the text as amended at 29 A.A.R. 1854 (July 19, 2019); Taxidermist “License” has been corrected to “Registration” and fees corrected from “\$150” to “\$100” (Supp. 25-2).

**R12-4-102.01. License Fee Waiver; Eligibility; Application**

- A. The Department shall waive the initial license fee when an eligible applicant as identified under subsection (B) requests an initial license for any license listed under subsection (C). At the time of application, the eligible applicant shall submit to the Department the applicable license application and a signed licensing fee waiver form affirming the information provided on the form is true and accurate. The license application and licensing fee waiver forms are available from any Department office and on the Department’s website. The applicant shall provide all of the following information:
  1. Type of exemption, see subsection (B); and
  2. Applicant’s:
    - a. Name;
    - b. Date of birth;
    - c. Mailing address;
    - d. Email, if available;
    - e. Telephone number;
    - f. Customer ID number;
    - g. Affirmation that the information provided on the application is true and accurate; and
    - h. Signature and date.
- B. Under A.R.S. § 41-1080.01, persons eligible for the initial license fee waiver are limited to any:
  1. Individual whose family income does not exceed 200% of the current federal poverty guidelines,
  2. Active military service member’s spouse, or
  3. Honorably discharged veteran who has been discharged not more than two years before application.
- C. The Department has determined the following licenses may be used for the purpose of operating a business or providing a service in Arizona and are subject to A.R.S. § 41-1080.01:
  1. Aquatic Wildlife Stocking License,
  2. Fur Dealer’s License,
  3. Game Bird Field Training License,
  4. Game Bird Field Trial License,
  5. Game Bird Shooting Preserve License,
  6. Guide License,
  7. Live Bait Dealer’s License,
  8. Private Game Farm License,
  9. Sport Falconry License,
  10. License Dealer’s License,
  11. Taxidermist License,

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- 12. Trapping License,
- 13. Wildlife Holding License,
- 14. Wildlife Service, and
- 15. Zoo License.

- D. An applicant for a license fee waiver shall certify they meet the eligibility criteria proscribed in subsection (B), as applicable.
- E. All information and documentation provided by the applicant is subject to Department verification.

**Historical Note**

New Section made by final rulemaking at 29 A.A.R. 2196 (September 22, 2023), with an immediate effective date of September 1, 2023 (Supp. 23-3).

**R12-4-102.02. Refund of Permit-Tag Fee; Active-duty Military; Peace Officer; Professional Firefighter**

- A. The Department shall refund the fee paid for a big game permit-tag, nonpermit-tag, or limited-entry tag when an eligible person as identified under subsection (B) requests a refund at any time during the time period in which the tag is valid. To request a refund, the eligible person shall submit to the Department:
  - 1. The tag for which the refund is requested,
  - 2. The big game tag refund form, and
  - 3. Proof of order or special assignment as identified under subsection (C).
  - 4. A person requesting a refund under this Section shall certify the information provided on the big game tag refund form is true and accurate;
  - 5. The big game tag refund form is available from any Department office and on the Department's website.
- B. Under A.R.S. § 17-332, persons eligible for a refund are limited to:
  - 1. A person who is ordered to leave Arizona as an active duty member of the U.S. Armed Forces;
  - 2. A peace officer assigned to special duty; or
  - 3. A professional firefighter who is a member of a state, federal, tribal, city, town, county, district or private fire department and who is assigned to special duty.
- C. An eligible person requesting a refund shall provide the following as applicable:
  - 1. For an active duty member of the U.S. Armed Forces, an official order or letter.
  - 2. For a peace officer assigned to special duty, an official letter of assignment to special duty showing evidence of assignment status during the time period in which the big game tag is valid.
  - 3. For a professional firefighter who is a member of a state, federal, tribal, city, town, county, district or private fire department and who is assigned to special duty, an official letter of assignment to special duty showing evidence of assignment status during the time period in which the big game tag is valid.
  - 4. All information and documentation provided by the applicant is subject to Department verification.
- D. For subsections (C)(1), (2), and (3), the official order or letter, as applicable, shall provide the eligible person's name and the dates of the assignment.
- E. When an eligible person submits a request for a refund for a big game hunt permit-tag awarded through a computer draw, the Department shall reinstate any expended bonus points for a successful Hunt Permit-tag Application and award the bonus point the person would have accrued had the person been

unsuccessful in the computer draw for the refunded big game tag.

**Historical Note**

New Section made by final rulemaking at 29 A.A.R. 2196 (September 22, 2023), with an immediate effective date of September 1, 2023 (Supp. 23-3).

**R12-4-103. Duplicate Tags and Licenses**

- A. Under A.R.S. § 17-332(C), the Department and its license dealers may issue a duplicate license, tag, or electronic tag to an applicant who:
  - 1. Pays the applicable fee prescribed under R12-4-102, and
  - 2. Signs an affidavit. The affidavit is furnished by the Department and is available at any Department office or license dealer.
- B. The applicant shall provide the following information on the affidavit:
  - 1. The applicant's personal information:
    - a. Name;
    - b. Department identification number, when applicable;
    - c. Residency status and number of years of residency immediately preceding application, when applicable;
  - 2. The original license or tag information:
    - a. Type of license, tag, or electronic tag;
    - b. Place of purchase;
    - c. Purchase date, when available; and
  - 3. Disposition of the original tag for which a duplicate is being purchased:
    - a. The tag was not used and is lost, destroyed, mutilated, or otherwise unusable; or
    - b. The tag was attached to a harvested animal that was subsequently condemned and the carcass and all parts of the animal were surrendered to a Department employee as required under R12-4-112(B) and (C). An applicant applying for a duplicate tag under this subsection shall also submit the condemned meat duplicate tag authorization form issued by the Department.
- C. In the event the Department is unable to verify the expiration date of the original license, the duplicate license shall expire on December 31 of the current year.

**Historical Note**

Amended effective June 7, 1976 (Supp. 76-3). Amended effective October 20, 1977 (Supp. 77-5). Former Section R12-4-07 renumbered as Section R12-4-103 without change effective August 13, 1981 (Supp. 81-4). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 2966 (December 24, 2021), effective February 7, 2022 (Supp. 21-4). Amended by final rulemaking at 31 A.A.R. 1442 (May 2, 2025), effective June 9, 2025 (Supp. 25-2).

**R12-4-104. Application Procedures for Issuance of Hunt Permit-tags by Computer Draw and Purchase of Bonus Points**

- A. For the purposes of this Section, "group" means all applicants who placed their names on a single application as part of the same application.
- B. A person is eligible to apply for a:
  - 1. Hunt permit-tag for big game if the person:

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- a. Is at least 10 years of age at the start of the hunt for which the person is applying;
    - b. Has successfully completed a Department-sanctioned hunter education course by the start date of the hunt for which the person is applying, when the person is between 9 and 14 years of age;
    - c. Has not reached the bag limit established under subsection (J) for that genus; and
    - d. Is not suspended or revoked in this state as a result of an action under A.R.S. §§ 17-340 or 17-502 at the time the person submits an application.
  2. Bonus point for big game if the person:
    - a. Is at least 10 years of age by the application deadline date; and
    - b. Is not suspended or revoked in this state as a result of an action under A.R.S. §§ 17-340 or 17-502 at the time the person submits an application.
  3. Bonus point for wildlife other than big game if the person is not suspended or revoked in this state as a result of an action under A.R.S. §§ 17-340 or 17-502 at the time the person submits an application.
- C.** An applicant shall apply at the times, locations, and in the manner and method established by the hunt permit-tag application schedule published by the Department and available at any Department office, on the Department's website, or a license dealer.
1. The Commission shall set application deadline dates for hunt permit-tag computer draw applications through the hunt permit-tag application schedule.
  2. The Director has the authority to extend any application deadline date if a problem occurs that prevents the public from submitting a hunt permit-tag application within the deadlines set by the Commission.
  3. The Commission, through the hunt permit-tag application schedule, shall designate the manner and method of submitting an application, which may require an applicant to apply online only. If the Commission requires applicants to use the online method, the Department shall accept paper applications only in the event of a Department systems failure.
- D.** An applicant for a hunt permit-tag or a bonus point shall complete and submit a Hunt Permit-tag Application. The application form is available from any Department office, a license dealer, or on the Department's website.
- E.** An applicant shall provide the following information on the Hunt Permit-tag Application:
1. The applicant's personal information:
    - a. Name;
    - b. Date of birth;
    - c. Social security number, as required under A.R.S. §§ 25-320(P) and 25-502(K);
    - d. Department identification number, when applicable;
    - e. Residency status and number of years of residency immediately preceding application, when applicable;
    - f. Mailing address, when applicable;
    - g. Physical address;
    - h. Telephone number, when available; and
    - i. Email address, when available;
  2. If the applicant possesses a valid license authorizing the take of wildlife in this state, the number of the applicant's license;
  3. If the applicant does not possess a valid license at the time of the application, the applicant shall purchase a license as established under subsection (K). The applicant shall provide all of the following information on the license application portion of the Hunt Permit-tag Application:
    - a. Physical description, to include the applicant's eye color, hair color, height, and weight;
    - b. Residency status and number of years of residency immediately preceding application, when applicable;
    - c. Type of license for which the person is applying; and
4. Certify the information provided on the application is true and accurate;
5. An applicant who is:
- a. Under the age of 10 and is submitting an application for a hunt other than big game is not required to have a license under this Chapter. The applicant shall indicate "youth" in the space provided for the license number on the Hunt Permit-tag Application.
  - b. Age nine or older and is submitting an application for a big game hunt is required to purchase an appropriate license as required under this Section. The applicant shall either enter the appropriate license number in the space provided for the license number on the Hunt Permit-tag Application Form or purchase a license at the time of application, as applicable.
- F.** In addition to the information required under subsection (E), an applicant shall also submit all applicable fees established under R12-4-102, as follows:
1. When applying electronically:
    - a. The permit application fee; and
    - b. The license fee, when the applicant does not possess a valid license at the time of application. The applicant shall submit payment in U.S. currency using valid credit or debit card.
    - c. If an applicant is successful in the computer draw, the Department shall charge the hunt permit-tag fee using the credit or debit card furnished by the applicant.
  2. When applying manually:
    - a. The fee for the applicable hunt permit-tag;
    - b. The permit application fee; and
    - c. The license fee if the applicant does not possess a valid license at the time of application. The applicant shall submit payment by certified check, cashier's check, or money order made payable in U.S. currency to the Arizona Game and Fish Department.
- G.** An applicant shall apply for a specific hunt or a bonus point by the current hunt number. If all hunts selected by the applicant are filled at the time the application is processed in the computer draw, the Department shall deem the application unsuccessful, unless the application is for a bonus point.
1. An applicant shall make all hunt choices for the same genus within one application.
  2. An applicant shall not include applications for different genera of wildlife in the same envelope.
- H.** An applicant shall submit only one valid application per genus of wildlife for any calendar year, except:
1. If the bag limit is one per calendar year, an unsuccessful applicant may re-apply for remaining hunt permit-tags in unfilled hunt areas, as specified in the hunt permit-tag application schedule.

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2. For genera that have multiple draws within a single calendar year, a person who successfully draws a hunt permit-tag during an earlier season may apply for a later season for the same genus if the person has not taken the bag limit for that genus during a preceding hunt in the same calendar year.
3. If the bag limit is more than one per calendar year, a person may apply for remaining hunt permit-tags in unfilled hunt areas as specified in the hunt permit-tag application schedule.
- I.** All members of a group shall apply for the same hunt numbers and in the same order of preference.
  1. No more than four persons may apply as a group.
  2. The Department shall not issue a hunt permit-tag to any group member unless sufficient hunt permit-tags are available for all group members.
- J.** A person shall not apply for a hunt permit-tag for:
  1. Rocky Mountain or desert bighorn sheep if the person has met the lifetime bag limit for that sub-species.
  2. Bison if the person has met the lifetime bag limit for that species.
  3. Any species when the person has reached the bag limit for that species during the same calendar year for which the hunt permit-tag applies.
- K.** To participate in:
  1. The computer draw system, an applicant shall possess an appropriate hunting license that shall be valid, either:
    - a. On the last day of the application deadline for that computer draw, as established by the hunt permit-tag application schedule published by the Department, or
    - b. On the last day of an extended deadline date, as authorized under subsection (C)(2).
    - c. If an applicant does not possess an appropriate hunting license that meets the requirements of this subsection, the applicant shall purchase the license at the time of application.
  2. The bonus point system, an applicant shall comply with the requirements established under R12-4-107.
- L.** The Department shall reject as invalid a Hunt Permit-Tag Application not prepared or submitted in accordance with this Section or not prepared in a legible manner.
- M.** Any hunt permit-tag issued for an application that is subsequently found not to be in accordance with this Section is invalid.
- N.** The Department or its authorized agent shall deliver hunt permit-tags to successful applicants. The Department shall return application overpayments to the applicant designated "A" on the Hunt Permit-tag Application. The Department shall not refund:
  1. A permit application fee.
  2. A license fee submitted with a valid application for a hunt permit-tag or bonus point.
  3. An overpayment of five dollars or less. The Department shall consider the overpayment to be a donation to the Arizona Game and Fish Fund.
- O.** The Department shall award a bonus point for the appropriate species to an applicant when the payment submitted is less than the required fees, but is sufficient to cover the application fee and, when applicable, license fee.
- P.** When the Department determines a Department error, as defined under subsection (P)(3), caused the rejection or denial of a valid application:
  1. The Director may authorize either:
    - a. The issuance of an additional hunt permit-tag, provided the issuance of an additional hunt permit-tag will have no significant impact on the wildlife population to be hunted and the application for the hunt permit-tag would have otherwise been successful based on its random number, or
    - b. The awarding of a bonus point when a hunt permit-tag is not issued.
2. A person who is denied a hunt permit-tag or a bonus point under this subsection may appeal to the Commission as provided under A.R.S. Title 41, Chapter 6, Article 10.
3. For the purposes of this subsection, "Department error" means an internal processing error that:
  - a. Prevented a person from lawfully submitting an application for a hunt permit-tag,
  - b. Caused a person to submit an invalid application for a hunt permit-tag,
  - c. Caused the rejection of an application for a hunt permit-tag,
  - d. Failed to apply an applicant's bonus points to a valid application for a hunt permit-tag, or
  - e. Caused the denial of a hunt permit-tag.

**Historical Note**

Amended effective May 3, 1976 (Supp. 76-3). Amended effective June 28, 1977 (Supp. 77-3). Amended effective July 24, 1978 (Supp. 78-4). Former Section R12-4-06 renumbered as Section R12-4-104 without change effective August 13, 1981. Amended subsections (N), (O), and (P) effective August 31, 1981 (Supp. 81-4). Former Section R12-4-104 repealed, new Section R12-4-104 adopted effective May 12, 1982 (Supp. 82-3). Amended subsection (D) as an emergency effective December 27, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-6). Emergency expired. Amended effective June 20, 1983 (Supp. 83-3). Amended subsection (F)(3) effective September 12, 1984. Amended subsection (F)(9) and added subsections (F)(10) and (G)(3) effective October 31, 1984 (Supp. 84-5). Amended effective May 5, 1986 (Supp. 86-3). Amended effective June 4, 1987 (Supp. 87-2). Section R12-4-104 repealed, new Section R12-4-104 adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 6 A.A.R. 211, effective January 1, 2000 (Supp. 99-4). Amended by final rulemaking at 9 A.A.R. 610, effective April 6, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 845, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 11 A.A.R. 991, effective April 2, 2005; amended by final rulemaking at 11 A.A.R. 1177, effective May 2, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1). Subsection (E)(3) contained a clerical error to a subsection label; "established under subsection (L)" corrected to "established under subsection (K)" file number R22-77 (Supp. 22-2). Amended by final rulemaking at 31 A.A.R. 1442 (May 2, 2025), effective June 9, 2025 (Supp. 25-2).

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**R12-4-105. License Dealer's License**

- A.** For the purposes of this Section, unless the context otherwise requires:

“Dealer number” means the unique number assigned by the Department to a dealer outlet.

“Dealer outlet” means a specified location authorized to sell licenses under a license dealer's license.

“License” means any hunting or fishing license, permit, stamp, or tag that may be sold by a dealer or dealer outlet under this Section.

“License dealer” means a business licensed by the Department to sell licenses from one or more dealer outlets.

“License Dealer Portal” means the secure website provided by the Department for issuing licenses and permits and accessing a license dealer's account.

- B.** A person shall not sell or issue licenses without authorization from the Department. A license dealer's license authorizes a person to issue licenses on behalf of the Department. A person is eligible to apply for a license dealer's license, provided all of the following criteria are met:
1. The person's privilege to sell licenses for the Department has not been revoked or canceled under A.R.S. §§ 17-334, 17-338, or 17-339 within the two calendar years immediately preceding the date of application;
  2. The person's credit record or assets assure the Department that the value of the licenses shall be adequately protected;
  3. The person agrees to assume financial responsibility for licenses provided by the Department at the maximum value established under R12-4-102.
- C.** A person shall apply for a license dealer's license by submitting an application to any Department office. The application is furnished by the Department and is available at any Department office. A license dealer license applicant shall provide all of the following information on the application:
1. The principal business or corporation information:
    - a. Name,
    - b. Physical address, and
    - c. Telephone number;
    - d. If not a corporation, the applicant shall provide the information required under subsections (C)(1)(a), (b), and (c) for each owner;
  2. The contact information for the person responsible for ensuring compliance with this Section:
    - a. Name,
    - b. Business address, and
    - c. Business telephone number;
  3. Whether the applicant has previously sold licenses under A.R.S. § 17-334;
  4. Whether the applicant is seeking renewal of an existing license dealer's license;
  5. Credit references and a statement of assets and liabilities; and
  6. Dealer outlet information:
    - a. Name,
    - b. Physical address,
    - c. Telephone number, and
    - d. Name of the person responsible for ensuring compliance with this Section at each dealer outlet.
- D.** A license dealer may request to add dealer outlets to the license dealer's license, at any time during the license year, by

submitting the application form containing the information required under subsection (C) to the Department and paying the fee established under R12-4-102.

- E.** An applicant who is denied a license dealer's license under this Section may appeal to the Commission as provided under A.R.S. Title 41, Chapter 6, Article 10.
- F.** The Department shall:
1. Provide to the license dealer all licenses that the license dealer will make available to the public for sale,
  2. Authorize the license dealer to use the dealer's own license stock, or
  3. Authorize the license dealer to issue licenses and permits online via the Department's License Dealer Portal.
- G.** Upon receipt of licenses provided by the Department, the license dealer shall verify the licenses received are the licenses identified on the shipment inventory provided by the Department with the shipment.
1. Within five working days from receipt of shipment, the person performing the verification shall:
    - a. Clearly designate any discrepancies on the shipment inventory,
    - b. Sign and date the shipping inventory, and
    - c. Return the signed shipping inventory to the Department.
  2. The Department shall verify any discrepancies identified by the license dealer and credit or debit the license dealer's inventory accordingly.
- H.** A license dealer shall maintain an inventory of licenses for sale to the public at each outlet.
- I.** A license dealer's license holder shall transmit to the Department all collected license or permit fees established under R12-4-102.
1. A license dealer's license holder may collect and retain a reasonable and commensurate fee for its services.
  2. Each license dealer's license holder shall identify to the public the Department's license fees separately from any other costs.
- J.** A license dealer may request additional licenses in writing or verbally.
1. The request shall include:
    - a. The name of the license dealer,
    - b. The assigned dealer number,
    - c. A list of the licenses needed, and
    - d. The name of the person making the request.
  2. Within 10 calendar days from receipt of a request, the Department shall provide the licenses requested, unless:
    - a. The license dealer failed to acknowledge licenses previously provided to the license dealer, as required under subsection (G);
    - b. The license dealer failed to transmit license fees, as required under subsection (J); or
    - c. The license dealer is not in compliance with this Section and all applicable statutes and rules.
- K.** A license dealer shall transmit to the Department all license fees collected by the tenth day of each month, prescribed under A.R.S. § 17-338(A). Failure to comply with the requirements of this subsection shall result in the cancellation of the license dealer's license, as authorized under A.R.S. § 17-338(A).
- L.** A license dealer shall submit a monthly report to the Department by the tenth day of each month, as prescribed under A.R.S. § 17-339.
1. The monthly report form is furnished by the Department.

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2. A monthly report is required regardless of whether or not activities were performed.
3. Failure to submit the monthly report in compliance with this subsection shall be cause to cancel the license dealer's license.
4. The license dealer shall include in the monthly report all of the following information for each outlet:
  - a. Name of the dealer;
  - b. The assigned dealer number;
  - c. Reporting period;
  - d. Number of sales and dollar amount of sales for reporting period, by type of license sold;
  - e. Debit and credit adjustments for previous reporting periods, if any;
  - f. Number of affidavits received for which a duplicate license was issued under R12-4-103;
  - g. List of lost or missing licenses; and
  - h. Printed name and signature of the preparer.
5. In addition to the information required under subsection (L), the license dealer shall also provide the affidavit for each duplicate license issued by the dealer during the reporting period.
  - a. The affidavit is furnished by the Department and is included in the license book.
  - b. A license dealer who fails to submit the affidavit for a duplicate license issued by the license dealer shall remit to the Department the actual cash value of the original license replaced.
- L.** The Department shall provide written notice of suspension and demand the return of all inventory within five calendar days from any license dealer who:
  1. Fails to transmit monies due the Department under A.R.S. § 17-338 by the deadline established under subsection (J);
  2. Issues to the Department more than one check with insufficient funds during a calendar year; or
  3. Otherwise fails to comply with this Section and all applicable statutes and rules.
- M.** As prescribed under A.R.S. § 17-338, the actual cash value of licenses not returned to the Department is due and payable to the Department within 15 working days from the date the Department provides written notice to the license dealer. This includes, but is not limited to:
  1. Licenses not returned upon termination of business by a license dealer; or
  2. Licenses reported by a dealer outlet or discovered by the Department to be lost, missing, stolen, or destroyed for any reason.
- N.** In addition to those violations that may result in revocation, suspension, or cancellation of a license dealer's license as prescribed under A.R.S. §§ 17-334, 17-338, and 17-339, the Commission may revoke a license dealer's license if the license dealer or an employee of the license dealer is convicted of counseling, aiding, or attempting to aid any person in obtaining a fraudulent license.

**Historical Note**

Amended effective June 7, 1976 (Supp. 77-3). Former Section R12-4-08 renumbered as Section R12-4-105 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-105 repealed, new Section R12-4-105 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-105 repealed, new Section R12-4-105 adopted effective January 1, 1989, filed December 30,

1988" (Supp. 89-2). Amended effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1).

**R12-4-106. Special Licenses Licensing Time-frames**

- A.** For the purposes of this Section, the following definitions apply:
 

"Administrative review time-frame" has the same meaning as prescribed under A.R.S. § 41-1072(1).

"License" means any permit or authorization issued by the Department and listed under subsection (H).

"Overall time-frame" has the same meaning as prescribed under A.R.S. § 41-1072(2).

"Substantive review time-frame" has the same meaning as prescribed under A.R.S. § 41-1072(3).
- B.** As required under A.R.S. § 41-1072 et seq., within the overall time-frames listed in the Table 1. Time-Frames, the Department shall either:
  1. Grant a license to an applicant after determining the applicant meets all of the criteria required by statute and the governing rule; or
  2. Deny a license to an applicant when the Department determines the applicant does not meet all of the criteria required by statute and the governing rule.
    - a. The Department may deny a license at any point during the review process if the information provided by the applicant demonstrates the applicant is not eligible for the license as prescribed under statute or the governing rule.
    - b. The Department shall issue a written denial notice when it is determined that an applicant does not meet all of the criteria for the license.
    - c. The written denial notice shall provide:
      - i. The Department's justification for the denial, and
      - ii. When a hearing or appeal is authorized, an explanation of the applicant's right to a hearing or appeal.
- C.** During the overall time-frame:
  1. The applicant and the Department may agree in writing to extend the overall time-frame.
  2. The substantive review time-frame shall not be extended by more than 25% of the overall time-frame.
- D.** An applicant may withdraw an application at any time.
- E.** The administrative review time-frame shall begin upon the Department's receipt of an application.
  1. During the administrative review time-frame, the Department may return to the applicant, without denial, an application that is missing any of the information required under R12-4-409 and the rule governing the specific license. The Department shall issue to the applicant a written notice that identifies all missing information and indicates the applicant has 30 days in which to provide the missing information.
  2. The administrative review time-frame and the overall time-frame listed for the applicable license under this



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- Section are suspended from the date on the notice until the date the Department receives the missing information.
3. If an applicant fails to respond to a request for missing information within 30 days, the Department shall consider the application withdrawn.
- F.** The substantive review time-frame shall begin when the Department determines an application is complete.
1. During the substantive review time-frame, the Department may make one comprehensive written request for additional information. The written notice shall:
    - a. Identify the additional information, and
    - b. Indicate the applicant has 30 days in which to submit the additional information.
    - c. The Department and the applicant may mutually agree in writing to allow the agency to submit supplemental requests for additional information.
  - d. If an applicant fails to respond to a request for additional information within 30 days, the Department shall consider the application withdrawn.
  2. The substantive review time-frame and the overall time-frame listed for the applicable license under this Section are suspended from the date on the request until the date the Department receives the additional information.
- G.** If the last day of the time-frame period falls on a Saturday, Sunday, or an official State holiday, the Department shall consider the next business day the time-frame period's last day. All periods listed are:
1. Calendar days, and
  2. Maximum time periods.
- H.** The Department may grant or deny a license in less time than specified in Table 1. Time-Frames.

**Table 1. Time-Frames**

Name of Special License	Governing Rule	Administrative Review Time-frame	Substantive Review Time-frame	Overall Time-frame
Aquatic Wildlife Stocking License	R12-4-410	10 days	170 days	180 days
Authorization for Use of Drugs on Wildlife	R12-4-309	20 days	70 days	90 days
Challenged Hunter Access/Mobility Permit	R12-4-217	1 day	29 days	30 days
Crossbow Permit	R12-4-216	1 day	29 days	30 days
Disabled Veteran's License	R12-4-202	1 day	29 days	30 days
Fishing Permits	R12-4-310	10 days	20 days	30 days
Game Bird License	R12-4-414	10 days	20 days	30 days
Guide License	R12-4-208	10 days	20 days	30 days
License Dealer's License	R12-4-105	10 days	20 days	30 days
Live Bait Dealer's License	R12-4-411	10 days	20 days	30 days
Pioneer License	R12-4-201	1 day	29 days	30 days
Private Game Farm License	R12-4-413	10 days	20 days	30 days
Scientific Activity License	R12-4-418	10 days	20 days	30 days
Small Game Depredation Permit	R12-4-113	10 days	20 days	30 days
Sport Falconry License	R12-4-422	10 days	20 days	30 days
Taxidermy Registration	R12-4-204	10 days	20 days	30 days
Watercraft Agents	R12-4-509	10 days	20 days	30 days
White Amur Stocking License	R12-4-424	10 days	20 days	30 days
Wildlife Holding License	R12-4-417	10 days	20 days	30 days
Wildlife Rehabilitation License	R12-4-423	10 days	50 days	60 days
Wildlife Service License	R12-4-421	10 days	50 days	60 days
Zoo License	R12-4-420	10 days	20 days	30 days

**Historical Note**

Editorial correction subsections (F) through (G) (Supp. 78-5). Former Section R12-4-09 renumbered as Section R12-4-106 without change effective August 13, 1981 (Supp. 81-4). Repealed effective May 27, 1992 (Supp. 92-2). New Section adopted June 10, 1998 (Supp. 98-2). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 25 A.A.R. 1854, effective July 2, 2019 (Supp. 19-3). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1).

**R12-4-107. Bonus Point System**

- A.** For the purpose of this Section, the following definitions apply:

"Bonus point hunt number" means the hunt number assigned in a Commission Order for use by an applicant who is applying for a bonus point only.

"Loyalty bonus point" means a bonus point awarded to a person who has submitted a valid application for a hunt permit-tag or a bonus point for a specific genus identified in subsection (B) at least once annually for a consecutive five-year period.

- B.** The bonus point system grants a person one random number entry in each computer draw for bear, bighorn sheep, bison, deer, elk, javelina, pronghorn, Sandhill crane, or turkey for each bonus point that person has accumulated under this Section.

1. Each bonus point random number entry is in addition to the entry normally granted under R12-4-104.
2. When processing a "group" application, as defined under R12-4-104, the Department shall use the average number of bonus points accumulated by all persons in the group, rounded to the nearest whole number. If the average num-

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- ber of bonus points is equal to or greater than .5, the total will be rounded to the next higher number.
3. The Department shall credit a bonus point under an applicant's Department identification number for the genus on the application.
  4. The Department shall not transfer bonus points between persons or genera.
- C.** The Department shall award one bonus point to an applicant who submits a valid Hunt Permit-tag Application provided the following apply:
1. The application is unsuccessful in the computer draw or the application is for a bonus point only;
  2. The application is unsuccessful in the computer draw:
    - a. The applicant is age 10 or younger, and is applying for a hunt for wildlife other than big game; or
    - b. The application is for a bonus point for wildlife other than big game only;
  3. The application is not for a hunt permit-tag leftover after the computer draw and available on a first-come, first-served basis as established under R12-4-114; and
  4. The applicant either provides the appropriate hunting license number on the application, or submits an application and fees for the applicable license with the Hunt Permit-tag Application Form, as applicable.
- D.** An applicant who purchases a bonus point only shall:
1. Submit a valid Hunt Permit-tag Application, as prescribed under R12-4-104 at the times, locations, and in the manner and method established by the schedule published by the Department and available at any Department office, on the Department's website, or a license dealer.
    - a. When the application is submitted for a hunt permit-tag or bonus point, the Department shall reject any application that:
      - i. Indicates the bonus point only hunt number as any choice other than the first-choice,
      - ii. Includes any other hunt number on the application,
      - iii. Includes more than one Hunt Permit-tag Application per genus per computer draw, or
      - iv. Is submitted after the application deadline for that specific computer draw.
    - b. When the application is submitted for a bonus point during the extended bonus point period, the Department shall reject any application that:
      - i. Includes more than one Hunt Permit-tag Application per genus, or
      - ii. Is submitted after the application deadline for that extended bonus point period.
  2. Include the applicable fees:
    - a. Application fee, and
    - b. Applicable license fee, required when the applicant does not possess a valid license at the time of application and the applicant is applying for a hunt permit-tag.
- E.** With the exception of the conservation education and hunter education bonus points, each accumulated bonus point is valid only for the genus designated on the Hunt Permit-tag Application.
- F.** With the exception of a permanent bonus point awarded for conservation education or hunter education and a loyalty bonus point which is accrued and forfeited as established under subsection (L), a person's accumulated bonus points for a genus are expended if:
1. The person is issued a hunt permit-tag for that genus in a computer draw;
  2. The person fails to submit a Hunt Permit-tag Application for that genus for five consecutive years; or
  3. The person purchases a surrendered tag as prescribed under R12-4-118(F)(1), (2), or (3).
- G.** Notwithstanding subsection (F), the Department shall restore any expended bonus points to a person who surrenders or transfers a tag in compliance with R12-4-118 or R12-4-121.
- H.** An applicant issued a first-come, first-served hunt permit-tag under R12-4-114(C)(2)(e) after the computer draw does not expend bonus points for that genus.
- I.** An applicant who is unsuccessful for a first-come, first-served hunt permit-tag made available by the Department after the computer draw is not eligible to receive a bonus point.
- J.** The Department shall award one permanent bonus point for each genus upon a person's first graduation from either:
1. A Department-sanctioned Arizona Hunter Education Course completed after January 1, 1980, or
  2. The Department's Arizona Conservation Education Course completed after January 1, 2021.
    - a. Course participants are required to provide the following information upon registration, the participants:
      - i. Name;
      - ii. Mailing address;
      - iii. Telephone number;
      - iv. Email address, when available;
      - v. Date of birth; and
      - vi. Department ID number, when applicable.
    - b. The Arizona Game and Fish Department-certified Instructor shall submit the course paperwork to the Department within 10 business days of course completion. Course paperwork must be received by the Department no less than 30 days before the computer draw application deadline, as specified in the hunt permit-tag application schedule in order for the Department to assign hunter education bonus points in the next computer draw.
    - c. Any person who is nine years of age or older may participate in a hunter education course or the Department's conservation education course. When the person is under 10 years of age, the hunter education completion card and certificate shall become valid on the person's 10th birthday.
    - d. The Department shall not award hunter education bonus points for any of the following specialized hunter education courses:
      - i. Bowhunter Education,
      - ii. Trapper Education, or
      - iii. Advanced Hunter Education.
- K.** The Department provides an applicant's total number of accumulated bonus points on the Department's application website or IVR telephone system.
1. If a person believes the total number of accumulated bonus points is incorrect, the person may request proof of compliance with this Section, from the Department, to prove Department error.
  2. In the event of an error, the Department shall correct the person's record.
- L.** The following provisions apply to the loyalty bonus point program:
1. An applicant who submits a valid application at least once a year for a hunt permit-tag or a bonus point for a

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specific genus consecutively for a five-year period shall accrue a loyalty bonus point for that genus.

2. Except as established under subsection (N), once a loyalty bonus point is accrued, the applicant shall retain the loyalty bonus point provided the applicant annually submits an application, with funds sufficient to cover all application fees and applicable license fees for each applicant listed on the application, for a hunt permit-tag or a bonus point for the genus for which the loyalty bonus point was accrued.
  3. An applicant who fails to apply in any calendar year for a hunt permit-tag or bonus point for the genus for which the loyalty bonus point was accrued shall forfeit the loyalty bonus point for that genus.
  4. A loyalty bonus point is accrued in addition to all other bonus points.
- M.** It is unlawful for a person to purchase or accrue a bonus point by fraud or misrepresentation and any bonus point so obtained shall be removed from the person's Department record.

**Historical Note**

Former Section R12-4-03 renumbered as Section R12-4-107 without change effective August 13, 1981 (Supp. 81-4). Section R12-4-107 repealed, new Section R12-4-107 adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective July 29, 1992 (Supp. 92-3). Section R12-4-107 repealed, new Section R12-4-107 adopted effective January 1, 1999; filed with the Office of the Secretary of State February 9, 1998 (Supp. 98-1). Amended by final rulemaking at 9 A.A.R. 610, effective April 6, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 845, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 11 A.A.R. 991, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 11 A.A.R. 991, effective April 2, 2005; amended by final rulemaking at 11 A.A.R. 1177, effective May 2, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1). Amended by final rulemaking at 29 A.A.R. 2196 (September 22, 2023), with an immediate effective date of September 1, 2023 (Supp. 23-3). Amended by final rulemaking at 31 A.A.R. 1442 (May 2, 2025), effective June 9, 2025 (Supp. 25-2).

**R12-4-108. Management Unit Boundaries**

- A.** For the purpose of this Section, parentheses mean "also known as," and the following definitions shall apply:

"FH" means forest highway.

"FR" means forest road.

"Hwy" means Highway.

"I-8" means Interstate Highway 8.

"I-10" means Interstate Highway 10.

"I-15" means Interstate Highway 15.

"I-17" means Interstate Highway 17.

"I-19" means Interstate Highway 19.

"I-40" means Interstate Highway 40.

"mp" means "milepost."

- B.** The state is divided into units for the purpose of managing wildlife. Each unit is identified by a number, or a number and letter. For the purpose of this Section, Indian reservation land contained within any management unit is not under the jurisdiction of the Arizona Game and Fish Commission or the Arizona Game and Fish Department.

- C.** Management unit descriptions are as follows:

Unit 1 – Beginning at the New Mexico state line and U.S. Hwy 60; west on U.S. Hwy 60 to Vernon Junction; southerly on the Vernon-McNary Rd. (FR 224) to the White Mountain Apache Indian Reservation boundary; east and south along the reservation boundary to Black River; east and north along Black River to the east fork of Black River; north along the east fork to Three Forks; and continuing north and east on the Three Forks-Williams Valley Alpine Rd. (FR 249) to U.S. Hwy 180; east on U.S. Hwy 180 to the New Mexico state line; north along the state line to U.S. Hwy 60.

Unit 2A – Beginning at St. Johns on U.S. Hwy 191 (AZ Hwy 61); north on U.S. Hwy 191 (AZ Hwy 61) to the Navajo Indian Reservation boundary; westerly along the reservation boundary to AZ Hwy 77; south on AZ Hwy 77 to Exit 292 on I-40; west on the westbound lane of I-40 to Exit 286; south on AZ Hwy 77 to U.S. Hwy 180; southeast on U.S. Hwy 180 to AZ Hwy 180A; south on AZ Hwy 180A to AZ Hwy 61; east on AZ Hwy 61 to U.S. Hwy 180 (AZ Hwy 61); east to U.S. Hwy 191 at St. Johns; except those portions that are sovereign tribal lands of the Zuni Tribe.

Unit 2B – Beginning at Springerville; east on U.S. Hwy 60 to the New Mexico state line; north along the state line to the Navajo Indian Reservation boundary; westerly along the reservation boundary to U.S. Hwy 191 (AZ Hwy 61); south on U.S. Hwy 191 (U.S. Hwy 180) to Springerville.

Unit 2C – Beginning at St. Johns on U.S. Hwy 191 (AZ Hwy 61); west on to AZ Hwy 61 Concho; southwest on AZ Hwy 61 to U.S. Hwy 60; east on U.S. Hwy 60 to U.S. Hwy 191 (U.S. Hwy 180); north on U.S. Hwy 191 (U.S. Hwy 180) to St. Johns.

Unit 3A – Beginning at the junction of U.S. Hwy 180 and AZ Hwy 77; south on AZ Hwy 77 to AZ Hwy 377; southwesterly on AZ Hwy 377 to AZ Hwy 277; easterly on AZ Hwy 277 to Snowflake; easterly on the Snowflake-Concho Rd. to U.S. Hwy 180A; north on U.S. Hwy 180A to U.S. Hwy 180; northwesterly on U.S. Hwy 180 to AZ Hwy 77.

Unit 3B – Beginning at Snowflake; southerly along AZ Hwy 77 to U.S. Hwy 60; southwesterly along U.S. Hwy 60 to the White Mountain Apache Indian Reservation boundary; easterly along the reservation boundary to the Vernon-McNary Rd. (FR 224); northerly along the Vernon-McNary Rd. to U.S. Hwy 60; west on U.S. Hwy 60 to AZ Hwy 61; northeasterly on AZ Hwy 61 to AZ Hwy 180A; northerly on AZ Hwy 180A to Concho-Snowflake Rd.; westerly on the Concho-Snowflake Rd. to Snowflake.

Unit 3C – Beginning at Snowflake; westerly on AZ Hwy 277 to AZ Hwy 260; westerly on AZ Hwy 260 to the Sitgreaves National Forest boundary with the Tonto

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National Forest; easterly along the Apache-Sitgreaves National Forest boundary to U.S. Hwy 60 (AZ Hwy 77); northeasterly on U.S. Hwy 60 (AZ Hwy 77) to Showlow; northerly along AZ Hwy 77 to Snowflake.

Unit 4A – Beginning on the boundary of the Apache-Sitgreaves National Forest with the Coconino National Forest at the Mogollon Rim; north along this boundary (Leonard Canyon) to East Clear Creek; northerly along East Clear Creek to AZ Hwy 99; north on AZ Hwy 99 to AZ Hwy 87; north on AZ Hwy 87 to Business I-40 (3rd St.); west on Business I-40 (3rd St.) to Hipkoe Dr.; northerly on Hipkoe Dr. to I-40; west on I-40 to mp 221.4; north to the southwest corner of the Navajo Indian Reservation boundary; east along the Navajo Indian Reservation boundary to the Little Colorado River; southerly along the Little Colorado River to Chevelon Creek; southerly along Chevelon Creek to Woods Canyon; westerly along Woods Canyon to Woods Canyon Lake Rd.; westerly and southerly along the Woods Canyon Lake Rd. to the Mogollon Rim; westerly along the Mogollon Rim to the boundary of the Apache-Sitgreaves National Forest with the Coconino National Forest.

Unit 4B – Beginning at AZ Hwy 260 and the Sitgreaves National Forest boundary with the Tonto National Forest; northeasterly on AZ Hwy 260 to AZ Hwy 277; northeasterly on AZ Hwy 277 to Hwy 377; northeasterly on AZ Hwy 377 to AZ Hwy 77; northeasterly on AZ Hwy 77 to I-40 Exit 286; northeasterly along the westbound lane of I-40 to Exit 292; north on AZ Hwy 77 to the Navajo Indian Reservation boundary; west along the reservation boundary to the Little Colorado River; southerly along the Little Colorado River to Chevelon Creek; southerly along Chevelon Creek to Woods Canyon; westerly along Woods Canyon to Woods Canyon Lake Rd. (FH 151); westerly and southerly along the Woods Canyon Lake Rd. (FH 151) to the Mogollon Rim; easterly along the Mogollon Rim to the intersection of AZ Hwy 260 and the Sitgreaves National Forest boundary with the Tonto National Forest.

Unit 5A – Beginning at the junction of the Sitgreaves National Forest boundary with the Coconino National Forest boundary at the Mogollon Rim; northerly along this boundary (Leonard Canyon) to East Clear Creek; northeasterly along East Clear Creek to AZ Hwy 99; north on AZ Hwy 99 to AZ Hwy 87; north on AZ Hwy 87 to Business I-40 (3rd St.); west on Business I-40 (3rd St.) to Hipkoe Dr.; north on Hipkoe Dr. to I-40; west on I-40 to the Meteor Crater Rd. (Exit 233); southerly on the Meteor Crater-Chavez Pass-Jack's Canyon Rd. (FR 69) to AZ Hwy 87; southwesterly along AZ Hwy 87 to the Coconino-Tonto National Forest boundary; easterly along the Coconino-Tonto National Forest boundary (Mogollon Rim) to the Sitgreaves National Forest boundary with the Coconino National Forest.

Unit 5B – Beginning at Lake Mary-Clint's Well Rd. (FH3) and Walnut Canyon (mp 337.5 on FH3); southeasterly on FH3 to AZ Hwy 87; northeasterly on AZ Hwy 87 to FR 69; westerly and northerly on FR 69 to I-40 (Exit 233); west on I-40 to Walnut Canyon (mp 210.2); southwesterly along the bottom of Walnut Canyon to Walnut Canyon National Monument; southwesterly along the northern boundary of the Walnut Canyon National Monu-

ment to Walnut Canyon; southwesterly along the bottom of Walnut Canyon to FH3 (mp 337.5).

Unit 6A – Beginning at the junction of AZ Hwy 89A and FR 237; southwesterly on AZ Hwy 89A to the Verde River; southeasterly along the Verde River to the confluence with Fossil Creek; northeasterly along Fossil Creek to Fossil Springs; southeasterly on FS trail 18 (Fossil Spring Trail) to the top of the rim; northeasterly on the rim to Nash Point on the Tonto-Coconino National Forest boundary; easterly along this boundary to AZ Hwy 87; northeasterly on AZ Hwy 87 to Lake Mary-Clint's Well Rd. (FH3); northwesterly on FH3 to FR 132; southwesterly on FR 132 to FR 296; southwesterly on FR 296 to FR 296A; southwesterly on FR 296A to FR 132; northwesterly on FR 132 to FR 235; westerly on FR 235 to Priest Draw; southwesterly along the bottom of Priest Draw to FR 235; westerly on FR 235 to FR 235A; westerly on FR 235A to FR 235; southerly on FR 235 to FR 235K; northwesterly on FR 235K to FR 700; northerly on FR 700 to Mountaineer Rd.; west on Mountaineer Rd. to FR 237; westerly on FR 237 to AZ Hwy 89A except those portions that are sovereign tribal lands of the Yavapai-Apache Nation.

Unit 6B – Beginning at mp 188.5 on I-40 at a point just north of the east boundary of Camp Navajo; south along the eastern boundary of Camp Navajo to the southeastern corner of Camp Navajo; southeast approximately 1/3 mile through the forest to the forest road in section 33; southeast on the forest road to FR 231 (Woody Mountain Rd.); easterly on FR 231 to FR 533; southerly on FR 533 to AZ Hwy 89A; southerly on AZ Hwy 89A to the Verde River; northerly along the Verde River to Sycamore Creek; northeasterly along Sycamore Creek and Volunteer Canyon to the southwest corner of the Camp Navajo boundary; northerly along the western boundary of Camp Navajo to the northwest corner of Camp Navajo; continuing north to I-40 (mp 180.0); easterly along I-40 to mp 188.5.

Unit 7 – Beginning at the junction of AZ Hwy 64 and I-40 (in Williams); easterly on I-40 to FR 171 (mp 184.4 on I-40); northerly on FR 171 to the Transwestern Gas Pipeline; easterly along the Transwestern Gas Pipeline to FR 420 (Schultz Pass Rd.); northeasterly on FR 420 to U.S. Hwy 89; across U.S. Hwy 89 to FR 545; east on FR 545 to the Sunset Crater National Monument; easterly along the southern boundary of the Sunset Crater National Monument to FR 545; east on FR 545 to the 345 KV transmission lines 1 and 2; southeasterly along the power lines to I-40 (mp 212 on I-40); east on I-40 to mp 221.4; north to the southwest corner of the Navajo Indian Reservation boundary; northerly and westerly along the reservation boundary to the Four Corners Gas Line; southwesterly along the Four Corners Gas Line to U.S. Hwy 180; west on U.S. Hwy 180 to AZ Hwy 64; south on AZ Hwy 64 to I-40.

Unit 8 – Beginning at the junction of I-40 and AZ Hwy 89 (in Ash Fork, Exit 146); south on AZ Hwy 89 to the Verde River; easterly along the Verde River to Sycamore Creek; northerly along Sycamore Creek to Volunteer Canyon; northeasterly along Volunteer Canyon to the west boundary of Camp Navajo; north along the bound-

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ary to a point directly north of I-40; west on I-40 to AZ Hwy 89.

Unit 9 – Beginning where Cataract Creek enters the Havasupai Reservation; easterly and northerly along the Havasupai Reservation boundary to Grand Canyon National Park; easterly along the Grand Canyon National Park boundary to the Navajo Indian Reservation boundary; southerly along the reservation boundary to the Four Corners Gas Line; southwesterly along the Four Corners Gas Line to U.S. Hwy 180; westerly along U.S. Hwy 180 to AZ Hwy 64; south along AZ Hwy 64 to Airpark Rd.; west and north along Airpark Rd. to the Valle-Cataract Creek Rd.; westerly along the Valle-Cataract Creek Rd. to Cataract Creek at Island Tank; northwesterly along Cataract Creek to the Havasupai Reservation Boundary.

Unit 10 – Beginning at the junction of AZ Hwy 64 and I-40; westerly on I-40 to Crookton Rd. (AZ Hwy 66, Exit 139); westerly on AZ Hwy 66 to the Hualapai Indian Reservation boundary; northeasterly along the reservation boundary to Grand Canyon National Park; east along the park boundary to the Havasupai Indian Reservation; easterly and southerly along the reservation boundary to where Cataract Creek enters the reservation; southeasterly along Cataract Creek in Cataract Canyon to Island Tank; easterly on the Cataract Creek-Valle Rd. to Airpark Rd.; south and east along Airpark Rd. to AZ Hwy 64; south on AZ Hwy 64 to I-40.

Unit 11M – Beginning at the junction of Lake Mary-Clint's Well Rd (FH3) and Walnut Canyon (mp 337.5 on FH3); northeasterly along the bottom of Walnut Canyon to the Walnut Canyon National Monument boundary; northeasterly along the northern boundary of the Walnut Canyon National Monument to Walnut Canyon; northeasterly along the bottom of Walnut Canyon to I-40 (mp 210.2); east on I-40 to the 345 KV transmission lines 1&2 (mp 212 on I-40); north and northeasterly along the power line to FR 545 (Sunset Crater Rd); west along FR 545 to the Sunset Crater National Monument boundary; westerly along the southern boundary of the Sunset Crater National monument to FR 545; west on FR 545 to U.S. Hwy 89; across U.S. Hwy 89 to FR 420 (Schultz Pass Rd); southwesterly on FR 420 to the Transwestern Gas Pipeline; westerly along the Transwestern Gas Pipeline to FR 171; south on FR 171 to I-40 (mp 184.4 on I-40); east on I-40 to a point just north of the eastern boundary of the Navajo Army Depot (mp 188.5 on I-40); south along the eastern boundary of the Navajo Army Depot to the southeast corner of the Depot; southeast approximately 1/3 mile to forest road in section 33; southeasterly along that forest road to FR 231 (Woody Mountain Rd); easterly on FR 231 to FR 533; southerly on FR 533 to U.S. Hwy 89A; southerly on U.S. Hwy 89A to FR 237; northeasterly on FR 237 to Mountaineer Rd; easterly on Mountaineer Rd to FR 700; southerly on FR 700 to FR 235K; southeasterly on FR 235K to FR 235; northerly on FR 235 to FR 235A; easterly on FR 235A to FR 235; easterly on FR 235 to Priest Draw; northeasterly along the bottom of Priest Draw to FR 235; easterly on FR 235 to FR 132; southeasterly on FR 132 to FR 296A; northeasterly on FR 296A to FR 296; northeasterly on FR 296 to FR 132; northeasterly on FR 132 to FH 3; southeasterly on FH 3 to the south rim of Walnut Canyon (mp 337.5 on FH3).

Unit 12A – Beginning at the confluence of the Colorado River and South Canyon; southerly and westerly along the Colorado River to Kanab Creek; northerly along Kanab Creek to Snake Gulch; northerly, easterly, and southerly around the Kaibab National Forest boundary to South Canyon; northeasterly along South Canyon to the Colorado River.

Unit 12B – Beginning at U.S. Hwy 89A and the Kaibab National Forest boundary near mp 566; southerly and easterly along the forest boundary to Grand Canyon National Park; northeasterly along the park boundary to Glen Canyon National Recreation area; easterly along the recreation area boundary to the Colorado River; northeasterly along the Colorado River to the Arizona-Utah state line; westerly along the state line to Kanab Creek; southerly along Kanab Creek to the Kaibab National Forest boundary; northerly, easterly, and southerly along this boundary to U.S. Hwy 89A near mp 566; except those portions that are sovereign tribal lands of the Kaibab Band of Paiute Indians.

Unit 13A – Beginning on the western edge of the Hurricane Rim at the Utah state line; southerly along the western edge of the Hurricane Rim to Mohave County Rd. 5 (the Mt. Trumbull Rd.); west along Mohave County Rd. 5 to the town of Mt. Trumbull (Bundyville); south from the town of Mt. Trumbull (Bundyville) on Mohave County Rd. 257 to BLM Rd. 1045; south on BLM Rd. 1045 to where it crosses Cold Spring Wash near Cold Spring Wash Pond; south along the bottom of Cold Spring Wash to Whitmore Wash; southerly along the bottom of Whitmore Wash to the Colorado River; easterly along the Colorado River to Kanab Creek; northerly along Kanab Creek to the Utah state line; west along the Utah state line to the western edge of the Hurricane Rim; except those portions that are sovereign tribal lands of the Kaibab Band of Paiute Indians.

Unit 13B – Beginning on the western edge of the Hurricane Rim at the Utah state line; southerly along the western edge of the Hurricane Rim to Mohave County Rd. 5 (the Mt. Trumbull Rd.); west along Mohave County Rd. 5 to the town of Mt. Trumbull (Bundyville); south from the town of Mt. Trumbull (Bundyville) on Mohave County Rd. 257 to BLM Rd. 1045; south on BLM Rd. 1045 to where it crosses Cold Spring Wash near Cold Spring Wash Pond; south along the bottom of Cold Spring Wash to Whitmore Wash; southerly along the bottom of Whitmore Wash to the Colorado River; westerly along the Colorado River to the Nevada state line; north along the Nevada state line to the Utah state line; east along the Utah state line to the western edge of the Hurricane Rim.

Unit 15A – Beginning at Pearce Ferry on the Colorado River; southerly on the Pearce Ferry Rd. to Antares Rd.; southeasterly on Antares Rd. to AZ Hwy 66; easterly on AZ Hwy 66 to the Hualapai Indian Reservation; west and north along the west boundary of the reservation to the Colorado River; westerly along the Colorado River to Pearce Ferry; except those portions that are sovereign tribal lands of the Hualapai Indian Tribe.

Unit 15B – Beginning at Kingman on I-40 (Exit 48); northwesterly on U.S. Hwy 93 to Hoover Dam; north and east along the Colorado River to Pearce Ferry; southerly on the Pearce Ferry Rd. to Antares Rd.; southeasterly on

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Antares Rd. to AZ Hwy 66; easterly on AZ Hwy 66 to Hackberry Rd.; southerly on the Hackberry Rd. to I-40; west on I-40 to Kingman (Exit 48).

Unit 15C – Beginning at Hoover Dam; southerly along the Colorado River to AZ Hwy 68 and Davis Dam; easterly on AZ Hwy 68 to U.S. Hwy 93; northwesterly on U.S. Hwy 93 to Hoover Dam.

Unit 15D – Beginning at AZ Hwy 68 and Davis Dam; southerly along the Colorado River to I-40; east and north on I-40 to Kingman (Exit 48); northwest on U.S. Hwy 93 to AZ Hwy 68; west on AZ Hwy 68 to Davis Dam; except those portions that are sovereign tribal lands of the Fort Mohave Indian Tribe.

Unit 16A – Beginning at Kingman on I-40 (Exit 48); south and west on I-40 to U.S. Hwy 95 (Exit 9); southerly on U.S. Hwy 95 to the Bill Williams River; easterly along the Bill Williams and Santa Maria rivers to U.S. Hwy 93; north on U.S. Hwy 93 to I-40 (Exit 71); west on I-40 to Kingman (Exit 48).

Unit 16B – Beginning at I-40 on the Colorado River; southerly along the Arizona-California state line to the Bill Williams River; east along the Bill Williams River to U.S. Hwy 95; north on U.S. Hwy 95 to I-40 (Exit 9); west on I-40 to the Colorado River.

Unit 17A – Beginning at the junction of the Williamson Valley Rd. (County Rd. 5) and the Camp Wood Rd. (FR 21); westerly on the Camp Wood Rd. to the west boundary of the Prescott National Forest; north along the forest boundary to the Baca Grant; east, north and west around the grant to the west boundary of the Prescott National Forest; north and east along the forest boundary to the Williamson Valley Rd. (County Rd. 5, FR 6); southerly on Williamson Valley Rd. (County Rd. 5, FR 6) to the Camp Wood Rd.

Unit 17B – Beginning at the junction of Iron Springs Rd. (County Rd. 10) and Williamson Valley Rd. (County Rd. 5) in Prescott; westerly on the Prescott-Skull Valley-Hillside-Bagdad Rd. to Bagdad; northeast on the Bagdad-Camp Wood Rd. (FR 21) to the Williamson Valley Rd. (County Rd. 5, FR 6); south on the Williamson Valley Rd. (County Rd. 5, FR 6) to the Iron Springs Rd.

Unit 18A – Beginning at Seligman; westerly on AZ Hwy 66 to the Hualapai Indian Reservation; southwest and west along the reservation boundary to AZ Hwy 66; southwest on AZ Hwy 66 to the Hackberry Rd.; south on the Hackberry Rd. to I-40; west along I-40 to U.S. Hwy 93; south on U.S. Hwy 93 to Cane Springs Wash; easterly along Cane Springs Wash to the Big Sandy River; northerly along the Big Sandy River to Trout Creek; northeast along Trout Creek to the Davis Dam-Prescott power line; southeasterly along the power line to the west boundary of the Prescott National Forest; north and east along the forest boundary to the Williamson Valley Rd. (County Rd. 5, FR 6); northerly on the Williamson Valley Rd. (County Rd. 5, FR 6) to Seligman and AZ Hwy 66; except those portions that are sovereign tribal lands of the Hualapai Indian Tribe.

Unit 18B – Beginning at Bagdad; southeast on AZ Hwy 96 to the Santa Maria River; southwest along the Santa Maria River to U.S. Hwy 93; northerly on U.S. Hwy 93 to

Cane Springs Wash; easterly along Cane Springs Wash to the Big Sandy River; northerly along the Big Sandy River to Trout Creek; northeasterly along Trout Creek to the Davis Dam-Prescott power line; southeasterly along the power line to the west boundary of the Prescott National Forest; south along the forest boundary to the Baca Grant; east, south and west along the forest boundary; south along the west boundary of the Prescott National Forest; to the Camp Wood-Bagdad Rd.; southwesterly on the Camp Wood-Bagdad Rd. to Bagdad; except those portions that are sovereign tribal lands of the Hualapai Indian Tribe.

Unit 19A – Beginning at AZ Hwy 69 and AZ Hwy 89 (in Prescott); northerly on AZ Hwy 89 to the Verde River; easterly along the Verde River to I-17; southwesterly on the southbound lane of I-17 to AZ Hwy 69; northwesterly on AZ Hwy 69 to AZ Hwy 89; except those portions that are sovereign tribal lands of the Yavapai-Prescott Tribe and the Yavapai-Apache Nation.

Unit 19B – Beginning at the intersection of AZ Hwy 89 and AZ Hwy 69, west on Gurley St. to Grove Ave.; north on the Grove Ave. to Miller Valley Rd.; northwest on the Miller Valley Rd. to Iron Springs Rd.; northwest on the Iron Springs Rd. to the junction of Williamson Valley Rd. and Iron Springs Rd.; northerly on the Williamson Valley-Prescott-Seligman Rd. (FR 6, Williamson Valley Rd.) to AZ Hwy 66 at Seligman; east on Crookton Rd. (AZ Hwy 66) to I-40 (Exit 139); east on I-40 to AZ Hwy 89; south on AZ Hwy 89 to the junction with AZ Hwy 69; except those portions that are sovereign tribal lands of the Yavapai-Prescott Tribe.

Unit 20A – Beginning at the intersection of AZ Hwy 89 and AZ Hwy 69; west on Gurley St. to Grove Ave.; north on Grove Ave. to Miller Valley Rd.; northwest on Miller Valley Rd. to Iron Springs Rd.; west and south on Iron Springs Rd. (County Rd. 10) to Kirkland; southeast on Kirkland Junction Rd. (AZ Hwy 89, County Rd. 15) to Kirkland Junction (AZ Hwy 89); south on AZ Hwy 89 to Wagoner Rd. (County Rd. 60); southeasterly along Wagoner Rd. to Wagoner (confluence of Hassayampa River and Blind Indian Creek); from Wagoner easterly along Wagoner Rd. (County Rd. 60, FR 362) to Senator Highway (FR 52); easterly along Senator Highway to Crown King Rd. (County Rd. 59, FR 529); easterly along Crown King to Antelope Creek Rd. cutoff (County Rd. 179S); northeasterly along Antelope Creek Rd. cutoff to intersection of Antelope Creek Rd. (County Rd. 179); northeasterly on Antelope Creek Rd. to Cordes; east on Bloody Basin Rd. to I-17 (Exit 259); north on the southbound lane of I-17 to AZ Hwy 69; northwest on AZ Hwy 69 to junction of AZ Hwy 89 at Prescott; except those portions that are sovereign tribal lands of the Yavapai-Prescott Tribe.

Unit 20B – Beginning at the Hassayampa River and U.S. Hwy 60/93 (at Wickenburg), northeasterly along the Hassayampa River to Wagoner (confluence of Hassayampa River and Blind Indian Creek); from Wagoner easterly along Wagoner Rd. (County Rd. 60, FR 362) to Senator Highway (FR 52); easterly along Senator Highway (FR 52) to Crown Kind Rd. (County Rd. 59, FR 259); easterly along Crown King Rd. (County Rd. 59, FR 259) to Antelope Creek Rd. cutoff (County Rd. 179S); northeasterly

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along Antelope Creek Rd. cutoff to intersection of Antelope Creek Rd. (County Rd. 179); northeasterly on Antelope Creek Rd. to Cordes; east on Bloody Basin Rd. (County Rd. 73) to I-17 (Exit 259); south on the southbound lane of I-17 to New River Rd. (Exit 232); west on New River Rd. to AZ Hwy 74; west on AZ Hwy 74 to junction of U.S. Hwy 60/93; northwesterly on U.S. Hwy 60/93 to the Hassayampa River (at Wickenburg).

Unit 20C – Beginning at U.S. Hwy 60/93 and the Santa Maria River; northeasterly along the Santa Maria River to AZ Hwy 96; easterly on AZ Hwy 96 to Kirkland; southeast on Kirkland Junction Rd. (AZ. Hwy 96, County Rd. 15) to Kirkland Junction (U.S. Hwy 89); southeasterly along Wagoner Rd. (County Rd. 60) to Wagoner (confluence of Hassayampa River and Blind Indian Creek); from Wagoner southwesterly along the Hassayampa River to U.S. Hwy 60/93; northwesterly on U.S. Hwy 60/93 to the Santa Maria River.

Unit 21 – Beginning on I-17 at the Verde River; southerly on the southbound lane of I-17 to the New River Rd. (Exit 232); east on New River Rd. to Fig Springs Rd.; northeasterly on Fig Springs Rd. to Mingus Rd.; Mingus Rd. to the Tonto National Forest boundary; southeasterly along this boundary to the Verde River; north along the Verde River to I-17.

Unit 22 – Beginning at the junction of the Salt and Verde Rivers; north along the Verde River to the confluence with Fossil Creek; northeasterly along Fossil Creek to Fossil Springs; southeasterly on FS trail 18 (Fossil Spring Trail) to the top of the rim; northeasterly on the rim to Nash Point on the Tonto-Coconino National Forest boundary along the Mogollon Rim; easterly along this boundary to Tonto Creek; southerly along the east fork of Tonto Creek to the spring box, north of the Tonto Creek Hatchery, and continuing southerly along Tonto Creek to the Salt River; westerly along the Salt River to the Verde River; except those portions that are sovereign tribal lands of the Tonto Apache Tribe and the Fort McDowell Yavapai Nation.

Unit 23 – Beginning at the confluence of Tonto Creek and the Salt River; northerly along Tonto Creek to the spring box, north of the Tonto Creek Hatchery, on Tonto Creek; northeasterly along the east fork of Tonto Creek to the Tonto-Sitgreaves National Forest boundary along the Mogollon Rim; east along this boundary to the White Mountain Apache Indian Reservation boundary; southerly along the reservation boundary to the Salt River; westerly along the Salt River to Tonto Creek.

Unit 24A – Beginning on AZ Hwy 177 in Superior; southeasterly on AZ Hwy 177 to the Gila River; northeasterly along the Gila River to the San Carlos Indian Reservation boundary; easterly, westerly and northerly along the reservation boundary to the Salt River; southwesterly along the Salt River to AZ Hwy 288; southerly on AZ Hwys 288 and 188 to U.S. Hwy 60; southwesterly on U.S. Hwy 60 to AZ Hwy 177.

Unit 24B – Beginning on U.S. Hwy 60 in Superior; northeasterly on U.S. Hwy 60 to AZ Hwy 188; northerly on AZ Hwys 188 and 288 to the Salt River; westerly along the Salt River to the Tonto National Forest boundary near Granite Reef Dam; southeasterly along Forest boundary

to Forest Route 77 (Peralta Rd.); southwesterly on Forest Route 77 (Peralta Rd.) to U.S. Hwy 60; easterly on U.S. Hwy 60 to Superior.

Unit 25M – Beginning at the junction of 51st Ave. and I-10; west on I-10 to AZ Loop 303, northeasterly on AZ Loop 303 to I-17; north on I-17 to Carefree Hwy; east on Carefree Hwy to Cave Creek Rd.; northeasterly on Cave Creek Rd. to the Tonto National Forest boundary; easterly and southerly along the Tonto National Forest boundary to Fort McDowell Yavapai Nation boundary; northeasterly along the Fort McDowell Yavapai Nation boundary to the Verde River; southerly along the Verde River to the Salt River; southwesterly along the Salt River to the Tonto National Forest boundary; southerly along the Tonto National Forest boundary to Bush Hwy/Power Rd.; southerly on Bush Hwy/Power Rd. to AZ Loop 202; easterly, southerly, and westerly on AZ Loop 202 to the intersection of Pecos Rd. at I-10; west on Pecos Rd. to the Gila River Indian Community boundary; northwesterly along the Gila River Indian Community boundary to 51st Ave; northerly on 51st Ave to I-10; except those portions that are sovereign tribal lands.

Unit 26M – Beginning at the junction of I-17 and New River Rd. (Exit 232); southwesterly on New River Rd. to AZ Hwy 74; westerly on AZ Hwy 74 to U.S. Hwy 93; southeasterly on U.S. Hwy 93 to the Beardsley Canal; southwesterly on the Beardsley Canal to Indian School Rd.; west on Indian School Rd. to Jackrabbit Trail; south on Jackrabbit Trail to I-10 (Exit 121); west on I-10 to Oglesby Rd. (Exit 112); south on Oglesby Rd. to AZ Hwy 85; south on AZ Hwy 85 to the Gila River; northeasterly along the Gila River to the Gila River Indian Community boundary; southeasterly along the Gila River Indian Community boundary to AZ Hwy 347 (John Wayne Parkway); south on AZ Hwy 347 (John Wayne Parkway) to AZ Hwy 84; east on AZ Hwy 84 to Stanfield; south on the Stanfield-Cocklebur Rd. to the Tohono O'odham Nation boundary; easterly along the Tohono O'odham Nation boundary to Battaglia Rd.; east on Battaglia Rd. to Toltec Rd.; north on Toltec Rd. to I-10 (Exit 203); southeasterly on I-10 to AZ Hwy 87 (Exit 211); north on AZ Hwy 87 to AZ Hwy 287 north of Coolidge; east on AZ Hwy 287 to AZ Hwy 79; north on AZ Hwy 79 to U.S. Hwy 60; northwesterly on U.S. Highway 60 to Peralta Rd.; northeasterly along Peralta Rd. to the Tonto National Forest boundary; northwesterly along the Tonto National Forest boundary to the Salt River; northeasterly along the Salt River to the Verde River; northerly along the Verde River to the Tonto National Forest boundary; northwesterly along the Tonto National Forest boundary to Mingus Rd.; Mingus Rd. to Fig Springs Rd.; southwesterly on Fig Springs Rd. to New River Rd.; west on New River Rd. to I-17 (Exit 232); except Unit 25M and those portions that are sovereign tribal lands.

Unit 27 – Beginning at the New Mexico state line and AZ Hwy 78; southwest on AZ Hwy 78 to U.S. Hwy 191; north on U.S. Hwy 191 to Lower Eagle Creek Rd. (Pump Station Rd.); west on the Lower Eagle Creek Rd. (Pump Station Rd.) to Eagle Creek; north along Eagle Creek to the San Carlos Apache Indian Reservation boundary; north along the San Carlos Apache Indian Reservation boundary to Black River; northeast along Black River to the East Fork of Black River; northeast along the East

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Fork of Black River to Three Forks-Williams Valley-Alpine Rd. (FR 249); easterly along Three Forks-Williams Valley-Alpine Rd. to U.S. Hwy 180; southeast on U.S. Hwy 180 to the New Mexico state line; south along the New Mexico state line to AZ Hwy 78.

Unit 28 – Beginning at I-10 and the New Mexico state line; north along the state line to AZ Hwy 78; southwest on AZ Hwy 78 to U.S. Hwy 191; northwest on U.S. Hwy 191 to Clifton; westerly on the Lower Eagle Creek Rd. (Pump Station Rd.) to Eagle Creek; northerly along Eagle Creek to the San Carlos Indian Reservation boundary; southerly and west along the reservation boundary to U.S. Hwy 70; southeast on U.S. Hwy 70 to U.S. Hwy 191; south on U.S. Hwy 191 to I-10 Exit 352; easterly on I-10 to the New Mexico state line.

Unit 29 – Beginning on I-10 at the New Mexico state line; westerly on I-10 to the Bowie-Apache Pass Rd.; southerly on the Bowie-Apache Pass Rd. to AZ Hwy 186; southeast on AZ Hwy 186 to AZ Hwy 181; south on AZ Hwy 181 to the West Turkey Creek-Kuykendall cutoff road; southerly on the Kuykendall cutoff road to Rucker Canyon Rd.; easterly on the Rucker Canyon Rd. to Tex Canyon Rd.; southerly on Tex Canyon Rd. to U.S. Hwy 80; northeast on U.S. Hwy 80 to the New Mexico state line; north along the state line to I-10.

Unit 30A – Beginning at the junction of the New Mexico state line and U.S. Hwy 80; south along the state line to the U.S.-Mexico border; west along the border to U.S. Hwy 191; northerly on U.S. Hwy 191 to I-10 Exit 331; northeasterly on I-10 to the Bowie-Apache Pass Rd.; southerly on the Bowie-Apache Pass Rd. to AZ Hwy 186; southeasterly on AZ Hwy 186 to AZ Hwy 181; south on AZ Hwy 181 to the West Turkey Creek - Kuykendall cutoff road; southerly on the Kuykendall cutoff road to Rucker Canyon Rd.; easterly on Rucker Canyon Rd. to the Tex Canyon Rd.; southerly on Tex Canyon Rd. to U.S. Hwy 80; northeast on U.S. Hwy 80 to the New Mexico state line.

Unit 30B – Beginning at U.S. Hwy 191 and the U.S.-Mexico border; west along the border to the San Pedro River; north along the San Pedro River to I-10; northeasterly on I-10 to U.S. Hwy 191; southerly on U.S. Hwy 191 to the U.S.-Mexico border.

Unit 31 – Beginning at Willcox Exit 340 on I-10; north on Fort Grant Rd. to Brookerson Rd.; north on Brookerson Rd. to Ash Creek Rd.; west on Ash Creek Rd. to Fort Grant Rd.; north on Fort Grant Rd. to Bonita; northerly on the Bonita-Klondyke Rd. to the junction with Aravaipa Creek; west along Aravaipa Creek to AZ Hwy 77; northerly along AZ Hwy 77 to the Gila River; northeast along the Gila River to the San Carlos Indian Reservation boundary; south then east and north along the reservation boundary to U.S. Hwy 70; southeast on U.S. Hwy 70 to U.S. Hwy 191; south on U.S. Hwy 191 to the 352 exit on I-10; southwest on I-10 to Exit 340.

Unit 32 – Beginning at Willcox Exit 340 on I-10; north on Fort Grant Rd. to Brookerson Rd.; north on Brookerson Rd. to Ash Creek Rd.; west on Ash Creek Rd. to Fort Grant Rd.; north on Fort Grant Rd. to Bonita; northerly on the Bonita-Klondyke Rd. to the junction with Aravaipa Creek; west along Aravaipa Creek to AZ Hwy 77;

southerly along AZ Hwy 77 to the San Pedro River; southerly along the San Pedro River to I-10; northeast on I-10 to Willcox Exit 340.

Unit 33 – Beginning at Tangerine Rd. and AZ Hwy 77; north and northeast on AZ Hwy 77 to the San Pedro River; southeast along the San Pedro River to I-10 at Benson; west on I-10 to Marsh Station Rd. (Exit 291); northwest on the Marsh Station Rd. to the Agua Verde Rd.; north on the Agua Verde Rd. to its terminus then north 1/2 mile to the Coronado National Forest boundary; north and west along the National Forest boundary; then west, north, and east along the Saguaro National Park boundary; continuing north and west along the Coronado National Forest boundary to the southern boundary of Catalina State Park; west along the southern boundary of Catalina State Park to AZ Hwy 77; north on AZ Hwy 77 to Tangerine Rd.

Unit 34A – Beginning in Nogales at I-19 and Compound St.; northeast on Grand Avenue to AZ Hwy 82; northeast on AZ Hwy 82 to AZ Hwy 83; northerly on AZ Hwy 83 to the Sahuarita Rd. alignment; west along the Sahuarita Rd. alignment to I-19 Exit 75; south on I-19 to Grand Avenue (U.S. Hwy 89).

Unit 34B – Beginning at AZ Hwy 83 and I-10 Exit 281; easterly on I-10 to the San Pedro River; south along the San Pedro River to AZ Hwy 82; westerly on AZ Hwy 82 to AZ Hwy 83; northerly on AZ Hwy 83 to I-10 Exit 281.

Unit 35A – Beginning on the U.S.-Mexico border at the San Pedro River; west along the border to Lochiel Rd.; north on Lochiel Rd. to Patagonia San Rafael Rd.; north on the Patagonia San Rafael Rd. to San Rafael Valley-FS 58 Rd.; north on the San Rafael Valley-FS 58 Rd. to Christian Ln.; north on the Christian Ln. to Ranch Rd.; east and north on the Ranch Rd. to FR 799-Canelo Pass Rd.; northeasterly on the FR 799-Canelo Pass Rd. to AZ Hwy 83; northwesterly on the AZ Hwy 83 to Elgin Canelo Rd.; northeasterly on the Elgin-Canelo Rd. to Upper Elgin Rd.; north on the Upper Elgin Rd. to AZ Hwy 82; easterly on AZ Hwy 82 to the San Pedro River; south along the San Pedro River to the U.S.-Mexico border.

Unit 35B – Beginning at Grand Avenue Hwy 89 at the U.S.-Mexico border in Nogales; east along the U.S.-Mexico border to Lochiel Rd.; north on the Lochiel Rd. to Patagonia San Rafael Rd.; north on the Patagonia San Rafael Rd. to San Rafael Valley-FS 58 Rd.; north on the San Rafael Valley-FS 58 Rd. to Christian Ln.; north on the Christian Ln. to Ranch Rd.; east and north on the Ranch Rd. to FR 799-Canelo Pass Rd.; northeasterly on FR 799-Canelo Pass Rd. to AZ Hwy 83; northwesterly on the AZ Hwy 83 to Elgin Canelo Rd.; north on the Elgin Canelo Rd. to Upper Elgin Rd.; north on the Upper Elgin Rd. to AZ Hwy 82; southwest on AZ Hwy 82 to Grand Avenue; southwest on Grand Avenue to the U.S.-Mexico border.

Unit 36A – Beginning at the junction of Sandario Rd. and AZ Hwy 86; southwesterly on AZ Hwy 86 to AZ Hwy 286; southerly on AZ Hwy 286 to the Arivaca-Sasabe Rd.; southeasterly on the Arivaca-Sasabe Rd. to the town of Arivaca; from the town of Arivaca northeasterly on the Arivaca Rd. to I-19; north on I-19 to the southern bound-



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ary of the San Xavier Indian Reservation boundary; westerly and northerly along the reservation boundary to the Sandario Rd. alignment; north on Sandario Rd. to AZ Hwy 86.

Unit 36B – Beginning at I-19 and Compound St.; southeasterly on Compound St. to Sonoita Ave.; north on Sonoita Ave. to Crawford St.; southeasterly on Crawford St. to Grand Avenue in Nogales; southwest on Grand Avenue to the U.S.-Mexico border; west along the U.S.-Mexico border to AZ Hwy 286; north on AZ Hwy 286 to the Arivaca-Sasabe Rd.; southeasterly on the Arivaca-Sasabe Rd. to the town of Arivaca; from the town of Arivaca northeasterly on the Arivaca Rd. to I-19; south on I-19 to Grand Avenue.

Unit 36C – Beginning at the junction of AZ Hwy 86 and AZ Hwy 286; southerly on AZ Hwy 286 to the U.S.-Mexico border; westerly along the border to the east boundary of the Tohono O’odham (Papago) Indian Reservation; northerly along the reservation boundary to AZ Hwy 86; easterly on AZ Hwy 86 to AZ Hwy 286.

Unit 37A – Beginning at the junction of I-10 and Tangerine Rd. (Exit 240); southeast on I-10 to Avra Valley Rd. (Exit 242); west on Avra Valley Rd. to Sandario Rd.; south on Sandario Rd. to AZ Hwy 86; southwest on AZ Hwy 86 to the Tohono O’odham Nation boundary; north, east, and west along this boundary to Battaglia Rd.; east on Battaglia Rd. to Toltec Rd.; north on Toltec Rd. to I-10 (Exit 203); southeast on I-10 to AZ Hwy 87 (Exit 211); north on AZ Hwy 87 to AZ Hwy 287; east on AZ Hwy 287 to AZ Hwy 79 at Florence; southeast on AZ Hwy 79 to its junction with AZ Hwy 77; south on AZ Hwy 77 to Tangerine Rd.; west on Tangerine Rd. to I-10.

Unit 37B – Beginning at the junction of AZ Hwy 79 and AZ Hwy 77; northwest on AZ Hwy 79 to U.S. Hwy 60; east on U.S. Hwy 60 to AZ Hwy 177; southeast on AZ Hwy 177 to AZ Hwy 77; southeast and southwest on AZ Hwy 77 to AZ Hwy 79.

Unit 38M – Beginning at the junction of I-10 and Tangerine Rd. (Exit 240); southeast on I-10 to Avra Valley Rd. (Exit 242); west on Avra Valley Rd. to Sandario Rd.; south on Sandario Rd. to the San Xavier Indian Reservation boundary; south and east along the reservation boundary to I-19; south on I-19 to Sahuarita Rd. (Exit 75); east on Sahuarita Rd. to AZ Hwy 83; north on AZ Hwy 83 to I-10 (Exit 281); east on I-10 to Marsh Station Rd. (Exit 291); northwest on Marsh Station Rd. to the Agua Verde Rd.; north on the Agua Verde Rd. to its terminus, then north 1/2 mile to the Coronado National Forest boundary; north and west along the National Forest boundary, then west, north, and east along the Saguaro National Park boundary; continuing north and west along the Coronado National Forest boundary to the southern boundary of Catalina State Park; west along the southern boundary of Catalina State Park to AZ Hwy 77; north on AZ Hwy 77 to Tangerine Rd.; west on Tangerine Rd. to I-10.

Unit 39 – Beginning at AZ Hwy 85 and the Gila River; east along the Gila River to the western boundary of the Gila River Indian Community; southeasterly along this boundary to AZ Hwy 347 (John Wayne Parkway); south on AZ Hwy 347 (John Wayne Parkway) to AZ Hwy 84;

east on AZ Hwy 84 to Stanfield; south on the Stanfield-Cocklebur Rd. to I-8; westerly on I-8 to Exit 87; northerly on the Agua Caliente Rd. to the Hyder Rd.; northeasterly on Hyder Rd. to 555th Ave.; north on 555th Ave. to Lahman Rd.; east on Lahman Rd., which becomes Agua Caliente Rd.; northeasterly on Agua Caliente Rd. to Old Hwy 80; northeasterly on Old Hwy 80 to Arizona Hwy 85; southerly on AZ Hwy 85 to the Gila River; except those portions that are sovereign tribal lands of the Tohono O’odham Nation and the Ak-Chin Indian Community.

Unit 40A – Beginning at Ajo; southeasterly on AZ Hwy 85 to Why; southeasterly on AZ Hwy 86 to the Tohono O’odham (Papago) Indian Reservation; northerly and easterly along the reservation boundary to the Cocklebur-Stanfield Rd.; north on the Cocklebur-Stanfield Rd. to I-8; westerly on I-8 to AZ Hwy 85; southerly on AZ Hwy 85 to Ajo.

Unit 40B – Beginning at Gila Bend; westerly on I-8 to the Colorado River; southerly along the Colorado River to the Mexican border at San Luis; southeasterly along the border to the Cabeza Prieta National Wildlife Refuge; northerly, easterly and southerly around the refuge boundary to the Mexican border; southeast along the border to the Tohono O’odham (Papago) Indian Reservation; northerly along the reservation boundary to AZ Hwy 86; northwesterly on AZ Hwy 86 to AZ Hwy 85; north on AZ Hwy 85 to Gila Bend; except those portions that are sovereign tribal lands of the Cocopah Tribe.

Unit 41 – Beginning at I-8 and U.S. Hwy 95 (in Yuma); easterly on I-8 to exit 87; northerly on the Agua Caliente Rd. to the Hyder Rd.; northeasterly on Hyder Rd. to 555th Ave.; north on 555th Ave. to Lahman Rd.; east on Lahman Rd., which becomes Agua Caliente Rd.; northeasterly on Agua Caliente Rd. to Old Hwy 80; northeasterly on Old Hwy 80 to Arizona Hwy 85; northerly on AZ Hwy 85 to Oglesby Rd.; north on Oglesby Rd. to I-10; westerly on I-10 to Exit 45; southerly on Vicksburg-Kofa National Wildlife Refuge Rd. to the Refuge boundary; easterly, southerly, westerly, and northerly along the boundary to the Castle Dome Rd.; southwesterly on the Castle Dome Rd. to U.S. Hwy 95; southerly on U.S. Hwy 95 to I-8.

Unit 42 – Beginning at the junction of the Beardsley Canal and U.S. Hwy 93 (AZ 89, U.S. 60); northwesterly on U.S. Hwy 93 to AZ Hwy 71; southwesterly on AZ Hwy 71 to U.S. Hwy 60; westerly on U.S. Hwy 60 to Aguila; south on the Eagle Eye Rd. to the Salome-Hassayampa Rd.; southeasterly on the Salome-Hassayampa Rd. to I-10 (Exit 81); easterly on I-10 to Jackrabbit Trail (Exit 121); north along Jackrabbit Trail to the Indian School Rd.; east along Indian School Rd. to the Beardsley Canal; northeasterly along the Beardsley Canal to U.S. Hwy 93.

Unit 43A – Beginning at U.S. Hwy 95 and the Bill Williams River; west along the Bill Williams River to the Arizona-California state line; southerly to the south end of Cibola Lake; northerly and easterly on the Cibola Lake Rd. to U.S. Hwy 95; south on U.S. Hwy 95 to the Stone Cabin-King Valley Rd. (King Rd.); east along the Stone Cabin-King Valley Rd. (King Rd.) to the west boundary of the Kofa National Wildlife Refuge; northerly along the

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refuge boundary to the Crystal Hill Rd. (Blevens Rd.); northwesterly on the Crystal Hill Rd. (Blevens Rd.) to U.S. Hwy 95; northerly on U.S. Hwy 95 to the Bill Williams River; except those portions that are sovereign tribal lands of the Colorado River Indian Tribes.

Unit 43B – Beginning at the south end of Cibola Lake; southerly along the Arizona-California state line to I-8; southeasterly on I-8 to U.S. Hwy 95; easterly and northerly on U.S. Hwy 95 to the Castle Dome Rd.; northeast on the Castle Dome Rd. to the Kofa National Wildlife Refuge boundary; north along the refuge boundary to the Stone Cabin-King Valley Rd. (King Rd.); west along the Stone Cabin-King Valley Rd. (King Rd.) to U.S. Hwy 95; north on U.S. Hwy 95 to the Cibola Lake Rd.; west and south on the Cibola Lake Rd. to the south end of Cibola Lake; except those portions that are sovereign tribal lands of the Quechan Tribe.

Unit 44A – Beginning at U.S. Hwy 95 and the Bill Williams River; south along U.S. Hwy 95 to AZ Hwy 72; southeasterly on AZ Hwy 72 to Vicksburg; south on the Vicksburg-Kofa National Wildlife Refuge Rd. to I-10; easterly on I-10 to the Salome-Hassayampa Rd. (Exit 81); northwesterly on the Salome-Hassayampa Rd. to Eagle Eye Rd.; northeasterly on Eagle Eye Rd. to Aguila; east on U.S. Hwy 60 to AZ Hwy 71; northeasterly on AZ Hwy 71 to U.S. Hwy 93; northwesterly on U.S. Hwy 93 to the Santa Maria River; westerly along the Santa Maria and Bill Williams rivers to U.S. Hwy 95; except those portions that are sovereign tribal lands of the Colorado River Indian Tribes.

Unit 44B – Beginning at Quartzsite; south on U.S. Hwy 95 to the Crystal Hill Rd. (Blevens Rd.); east on the Crystal Hill Rd. (Blevens Rd.) to the Kofa National Wildlife Refuge; north and east along the refuge boundary to the Vicksburg-Kofa National Wildlife Refuge Rd.; north on the Vicksburg-Kofa National Wildlife Refuge Rd. to AZ Hwy 72; northwest on AZ Hwy 72 to U.S. Hwy 95; south on U.S. Hwy 95 to Quartzsite.

Unit 45A – Beginning at the junction of the Stone Cabin-King Valley Rd. (King Rd.) and Kofa National Wildlife Refuge boundary; east on the Stone Cabin-King Valley Rd. (King Rd.) to O-O Junction; north from O-O Junction on the Kofa Mine Rd. to the Evening Star Mine; north on a line over Polaris Mountain to Midwell-Alamo Spring-Kofa Cabin Rd. (Wilbanks Rd.); north on the Midwell-Alamo Spring-Kofa Cabin Rd. (Wilbanks Rd.) to the El Paso Natural Gas Pipeline Rd.; north on a line from the junction to the north boundary of the Kofa National Wildlife Refuge; west and south on the boundary line to Stone Cabin-King Valley Rd. (King Rd.).

Unit 45B – Beginning at O-O Junction; north from O-O Junction on the Kofa Mine Rd. to the Evening Star Mine; north on a line over Polaris Mountain to Midwell-Alamo Spring-Kofa Cabin Rd. (Wilbanks Rd.); north on the Midwell-Alamo Spring-Kofa Cabin Rd. (Wilbanks Rd.) to the El Paso Natural Gas Pipeline Rd.; north on a line from the junction to the north Kofa National Wildlife Refuge boundary; east to the east refuge boundary; south and west along the Kofa National Wildlife Refuge boundary to the Stone Cabin-King Valley Rd. (Wellton-Kofa Rd./Ave 40E); north and west on the Stone Cabin-King Valley Rd. (Wellton-Kofa Rd./Ave 40E) to O-O Junction.

Unit 45C – Beginning at the junction of the Stone Cabin-King Valley Rd. (King Rd.) and Kofa National Wildlife Refuge; south, east, and north along the refuge boundary to the Stone Cabin-King Valley Rd. (King Rd.); north and west on the Stone Cabin-King Valley Rd. (King Rd.) to the junction of the Stone Cabin-King Valley Rd. (King Rd.) and Kofa National Wildlife Refuge boundary.

Unit 46A – That portion of the Cabeza Prieta National Wildlife Refuge east of the Yuma-Pima County line.

Unit 46B – That portion of the Cabeza Prieta National Wildlife Refuge west of the Yuma-Pima County line.

**Historical Note**

Amended as an emergency effective April 10, 1975 (Supp. 75-1). Amended effective March 5, 1976 (Supp. 76-2). Amended effective May 17, 1977 (Supp. 77-3). Amended effective September 7, 1978 (Supp. 78-5). Amended effective June 4, 1979 (Supp. 79-3). Former Section R12-4-10 renumbered as Section R12-4-108 without change effective August 13, 1981 (Supp. 81-4). Amended effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective February 4, 1993 (Supp. 93-1). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 6 A.A.R. 1146, effective July 1, 2000 (Supp. 00-1). Amended by final rulemaking at 7 A.A.R. 865, effective July 1, 2001 (Supp. 01-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 18 A.A.R. 1458, effective January 1, 2013 (Supp. 12-2). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1). Amended by final rulemaking at 31 A.A.R. 1442 (May 2, 2025), effective June 9, 2025 (Supp. 25-2).

**R12-4-109. Approved Trapping Education Course Fee**  
Under A.R.S. § 17-333.02(A), the provider of an approved educational course of instruction in responsible trapping and environmental ethics may collect a fee from each participant that:

1. Is reasonable and commensurate for the course, and
2. Does not exceed \$75.

**Historical Note**

Amended as an emergency effective April 10, 1975 (Supp. 75-1). Amended effective May 3, 1976 (Supp. 76-3). Editorial correction paragraph (14) (Supp. 78-5). Former Section R12-4-11 renumbered as Section R12-4-109 without change effective August 13, 1981 (Supp. 81-4). Amended by adding paragraphs (2) and (3) and renumbering former paragraphs (2) through (17) as paragraphs (4) through (19) effective May 12, 1982 (Supp. 82-3). Amended effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Section repealed by final rulemaking at 6 A.A.R. 211, effective May 1, 2000 (Supp. 99-4). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 31 A.A.R. 1442 (May 2, 2025), effective June 9, 2025 (Supp. 25-2).

**R12-4-110. Posting and Access to State Land**

A. For the purpose of this Section:

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“Corrals,” “feed lots,” or “holding pens” mean completely fenced areas used to contain livestock for purposes other than grazing.

“Existing road” means any maintained or unmaintained road, way, highway, trail, or path that has been used for motorized vehicular travel, and clearly shows or has a history of established vehicle use, and is not currently closed by the Commission.

“State lands” means all land owned or held in trust by the state that is managed by the State Land Department and lands that are owned or managed by the Game and Fish Commission.

- B.** In addition to the prohibition against posting proscribed under A.R.S. § 17-304, a person shall not lock a gate, construct a fence, place an obstacle, or otherwise commit an act that denies legally available access to or use of any existing road upon state lands by persons lawfully taking or retrieving wildlife or conducting any activities that are within the scope of and take place while lawfully hunting or fishing.
1. A person in violation of this Section shall take immediate corrective action to remove any lock, fence, or other obstacle unlawfully preventing access to state lands.
  2. If immediate corrective action is not taken, a representative of the Department may remove any unlawful posting and remove any lock, fence, or other obstacle that unlawfully prevents access to state lands.
  3. In addition, the Department may take appropriate legal action to recover expenses incurred in the removal of any unlawful posting or obstacle that prevented access to state land.
- C.** The provisions of this Section do not allow any person to trespass upon private land to gain access to any state land.
- D.** A person may post state lands as closed to hunting, fishing, or trapping without further action by the Commission when the state land is within one-quarter mile of any:
1. Occupied residence, cabin, lodge, or other building; or
  2. Corrals, feed lots, or holding pens containing concentrations of livestock other than for grazing purposes.
  3. Subsection (D) does not authorize any person to deny lawful access to state land in any way.
- E.** The Commission may grant permission to lock, tear down, or remove a gate or close a road or trail that provides legally available access to state lands for persons lawfully taking wildlife or conducting any activities that are within the scope of and take place while lawfully hunting or fishing if access to such lands is provided by a reasonable alternate route.
1. Under R12-4-610, the Director may grant a permit to a state land lessee to temporarily lock a gate or close an existing road that provides access to state lands if the taking of wildlife will cause unreasonable interference during a critical livestock or commercial operation. This permit shall not exceed 30 days.
  2. Applications for permits for more than 30 days shall be submitted to the Commission for approval.
  3. If a permit is issued to temporarily close a road or gate, a copy of the permit shall be posted at the point of the closure during the period of the closure.
- F.** A person may post state lands other than those referenced under subsection (D) as closed to hunting, fishing, or trapping, provided the person has obtained a permit from the Commission authorizing the closure. A person possessing a permit authorizing the closure of state lands shall post signs in compliance with A.R.S. 17-304(C). The Commission may permit the closure of state land when it is necessary:

1. Because the taking of wildlife constitutes an unusual hazard to permitted users;
  2. To prevent unreasonable destruction of plant life or habitat; or
  3. For proper resource conservation, use, or protection, including but not limited to high fire danger, excessive interference with mineral development, developed agricultural land, or timber or livestock operations.
- G.** A person shall submit an application for posting state land to prohibit hunting, fishing, or trapping under subsection (F), or to close an existing road under subsection (E), as required under R12-4-610. If an application to close state land to hunting, fishing, or trapping is made by a person other than the state land lessee, the Department shall provide notice to the lessee and the State Land Commissioner before the Commission considers the application. The state land lessee or the State Land Commissioner shall file any objections with the Department, in writing, within 30 days after receipt of notice, after which the matter shall be submitted to the Commission for determination.
- H.** A person may use a vehicle on or off a road to pick up lawfully taken big game.
- I.** The closing of state land to hunting, fishing, or trapping shall not restrict any other permitted use of the land.
- J.** State trust land may be posted with signs that read “State Land No Trespassing,” but such posting shall not prohibit access to such land by any person lawfully taking or retrieving wildlife or conducting any activities that are within the scope of and take place while lawfully hunting or fishing.
- K.** When hunting, fishing, or trapping on state land, a license holder shall not:
1. Break or remove any lock or cut any fence to gain access to state land;
  2. Open and not immediately close a gate;
  3. Intentionally or wantonly destroy, deface, injure, remove, or disturb any building, sign, equipment, marker, or other property;
  4. Harvest or remove any vegetative or mineral resources or object of archaeological, historic, or scientific interest;
  5. Appropriately mutilate, deface, or destroy any natural feature, object of natural beauty, antiquity, or other public or private property;
  6. Dig, remove, or destroy any tree or shrub;
  7. Gather or collect renewable or non-renewable resources for the purpose of sale or barter unless specifically permitted or authorized by law;
  8. Frighten or chase domestic livestock or wildlife, or endanger the lives or safety of others when using a motorized vehicle or other means; or
  9. Operate a motor vehicle off road or on any road closed to the public by the Commission or landowner, except to retrieve a lawfully taken big game.

**Historical Note**

Adopted effective June 1, 1977 (Supp. 77-3). Editorial correction subsection (F) (Supp. 78-5). Former Section R12-4-13 renumbered as Section R12-4-110 without change effective August 13, 1981 (Supp. 81-4). Amended effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1).

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**R12-4-111. Repealed****Historical Note**

Amended effective April 22, 1980 (Supp. 80-2). Former Section R12-4-05 renumbered as Section R12-4-111 without change effective August 13, 1981 (Supp. 81-4). Section R12-4-111 repealed effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). New Section adopted effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Repealed by final rulemaking at 27 A.A.R. 1368 (September 3, 2021), effective January 1, 2022 (Supp. 21-4).

**R12-4-112. Diseased, Injured, or Chemically-immobilized Wildlife**

- A.** A person who lawfully takes and possesses wildlife believed to be diseased, injured, or chemically-immobilized may request an inspection of the wildlife carcass provided:
1. The wildlife was lawfully taken and possessed under a valid hunt permit- or nonpermit-tag, and
  2. The person who took the wildlife did not create the condition.
- B.** The Department, after inspection, may condemn the carcass if it is determined the wildlife is unfit for human consumption. The Department shall condemn chemically-immobilized wildlife only when the wildlife was taken during the immobilizing drug's established withdrawal period.
- C.** The person shall surrender the entire condemned wildlife carcass and any parts thereof to the Department.
1. Upon surrender of the condemned wildlife, the Department shall provide to the person written authorization allowing the person to purchase a duplicate hunt permit- or nonpermit-tag.
  2. The person may purchase a duplicate tag from any Department office or license dealer where the permit-tag is available.
- D.** If the duplicate tag is issued by a license dealer, the license dealer shall forward the written authorization to the Department with the report required under R12-4-105(K).

**Historical Note**

Former Section R12-4-04 renumbered as Section R12-4-112 without change effective August 13, 1981 (Supp. 81-4). Amended effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4).

**R12-4-113. Small Game Depredation Permit**

- A.** The Department shall issue a small game depredation permit authorizing the take of small game and the allowable methods of take only after the Department has determined all other remedies prescribed under A.R.S. § 17-239(A), (B), and (C) have been exhausted and the take of the small game is necessary to alleviate the property damage. A small game depredation permit is:
1. A complimentary permit.
  2. Not valid for the take of migratory birds unless the permit holder:

- a. Obtains and possesses a federal special purpose permit under 50 CFR 21.41, revised October 1, 2014, which is incorporated by reference; or
- b. Is exempt from permitting requirements under 50 CFR 21.43, revised October 1, 2014, which is incorporated by reference.
- c. For subsections (A)(2)(a) and (b), the incorporated material is available at any Department office, online at [www.gpoaccess.gov](http://www.gpoaccess.gov), or it may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000. This incorporation by reference does not include any later amendments or editions of the incorporated material.

- B.** A person desiring a small game depredation permit shall submit to the Department an application requesting the permit. The application form is furnished by the Department and is available at any Department office and on the Department's website. The person shall provide all of the following information on the form:
1. Full name or, when submitted by a municipality, the name of the agency and agency contact;
  2. Mailing address;
  3. Telephone number or, when submitted by a municipality, agency contact number;
  4. E-mail address, when available, or, when submitted by a municipality, agency contact e-mail address;
  5. Description of property damage suffered;
  6. Species of wildlife causing the property damage; and
  7. Area the permit would be valid for.
- C.** Within 30 days of completion of the activities authorized by the small game depredation permit, the permit holder shall submit a report to the Department providing all of the following:
1. The number of individuals removed;
  2. The location the individuals were removed from;
  3. The date of the removal; and
  4. The method of removal.

**Historical Note**

Adopted effective August 5, 1976 (Supp. 76-4). Former Section R12-4-12 renumbered as Section R12-4-113 without change effective August 13, 1981 (Supp. 81-4). Amended as an emergency effective September 20, 1985, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 85-5). Amended effective May 5, 1986 (Supp. 86-3). Section R12-4-113 repealed, new Section R12-4-113 adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1).

**R12-4-114. Issuance of Nonpermit-tags and Hunt Permit-tags**

- A.** The Department provides numbered tags for sale to the public. The Department shall ensure each tag:
1. Includes a transportation and shipping permit as prescribed under A.R.S. §§ 17-332 and 17-371, and
  2. Clearly identifies the wildlife for which the tag is valid.
- B.** If the Commission establishes a big game season for which a hunt number is not assigned, the Department or its authorized agent, or both, shall sell nonpermit-tags.

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1. A person purchasing a nonpermit-tag shall provide all of the following information to a Department office or license dealer at the time of purchase; the applicant's:
    - a. Name,
    - b. Mailing address, and
    - c. Department identification number.
  2. An applicant shall not obtain nonpermit-tags in excess of the bag limit established by Commission Order when it established the season for which the nonpermit-tags are valid.
- C.** If the number of hunt permits for a species in a particular hunt area must be limited, a Commission Order establishes a hunt number for that hunt area and a hunt permit-tag is required to take the species in that hunt area.
1. A person applying for a hunt permit-tag shall submit an application as described under R12-4-104.
  2. The Department shall determine whether a hunt permit-tag will be issued to an applicant as follows:
    - a. The Department shall reserve a maximum of 20% of the hunt permit-tags for each hunt number, except as established under subsection (C)(2)(b), for bear, deer, elk, javelina, pronghorn, Sandhill crane, and turkey and reserve a maximum of 20% of the hunt permit-tags for all hunt numbers combined statewide for bighorn sheep and bison to issue to persons who have bonus points and shall issue the hunt permit-tags as established under subsection (C)(2)(c).
    - b. For bear, deer, elk, javelina, pronghorn, Sandhill crane, and turkey, the Department shall reserve one hunt permit-tag for any hunt number with fewer than five, but more than one, hunt permit-tags and shall issue the tag as established under subsection (C)(2)(c). When this occurs, the Department shall adjust the number of available hunt permit-tags in order to ensure the total number of hunt permit-tags available does not exceed the 20% maximum specified in subsection (C)(2)(a).
    - c. The Department shall issue the reserved hunt permit-tags for hunt numbers that eligible applicants designate as their first or second choices. The Department shall issue the reserved hunt permit-tags by random selection:
      - i. First, to eligible applicants with the highest number of bonus points for that genus;
      - ii. Next, if there are reserved hunt permit-tags remaining, to eligible applicants with the next highest number of bonus points for that genus; and
      - iii. If there are still tags remaining, to the next eligible applicants with the next highest number of bonus points; continuing in the same manner until all of the reserved tags have been issued or until there are no more applicants for that hunt number who have bonus points.
    - d. The Department shall ensure that all unreserved hunt permit-tags are issued by random selection:
      - i. First, to hunt numbers designated by eligible applicants as their first or second choices; and
      - ii. Next, to hunt numbers designated by eligible applicants as their third, fourth, or fifth choices.
    - e. Before each of the three passes listed under (C)(2)(c)(i), (ii), and (iii), each application is processed through the Department's random number generator program. A random number is assigned to each application; an additional random number is assigned to each application for each group bonus point, including the Education and Loyalty bonus points. Only the lowest random number generated for an application is used in the computer draw process. A new random number is generated for each application for each pass of the computer draw.
    - f. If the bag limit is more than one per calendar year, or if there are unissued hunt permit-tags remaining after the random computer draw, the Department shall ensure these hunt permit-tags are available on a first-come, first-served basis as specified in the annual hunt permit-tag application schedule.
- D.** A person may purchase hunt permit-tags equal to the bag limit for a genus.
1. A person shall not exceed the established bag limit for that genus.
  2. A person shall not apply for any additional hunt-permit-tags if the person has reached the bag limit for that genus during the same calendar year.
  3. A person who surrenders a tag in compliance with R12-4-118 is eligible to apply for another hunt permit-tag for the same genus during the same calendar year, provided the person has not reached the bag limit for that genus.
- E.** The Department shall make available to nonresidents:
1. For bighorn sheep and bison, no more than one hunt permit-tag or 10% of the total hunt permit-tags, whichever is greater, for bighorn sheep or bison in any computer draw. The Department shall not make available more than 50% nor more than two bighorn sheep or bison hunt permit-tags of the total in any hunt number.
  2. For antlered deer, bull elk, pronghorn, Sandhill crane, or turkey, no more than 10%, rounded down to the next lowest number, of the total hunt permit-tags in any hunt number. If a hunt number for antlered deer, bull elk, pronghorn, Sandhill crane, or turkey has 10 or fewer hunt permit-tags, no more than one hunt permit-tag will be made available unless the hunt number has only one hunt permit-tag, then that tag shall only be available to a resident.
- F.** The Commission may, at a public meeting, increase the number of hunt permit-tags issued to nonresidents in a computer draw when necessary to meet management objectives.
- G.** The Department shall not issue under subsection (C)(2)(c), more than half of the hunt permit-tags made available to nonresidents under subsection (E).
- H.** A nonresident cap established under this Section applies to:
1. Hunt permit-tags issued by computer draw under subsections (C)(2)(c) and (d), and
  2. Archery deer nonpermit-tags.
    - a. The number of archery deer nonpermit-tags made available to nonresidents shall be set annually at 10% of the average total archery deer nonpermit-tag sales for the preceding five years, rounded down to the nearest increment of five.
    - b. The Commission, through the nonpermit-tag first-come schedule published by the Department, shall designate the manner and method of purchasing a nonresident archery deer nonpermit-tag, which may require an applicant to apply online only.
  - c. If the Commission requires applicants to use the online method, the Department shall accept paper applications only in the event of a Department systems failure. The Director has the authority to

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extend the nonpermit-tag first-come schedule if a problem occurs that prevents the public from purchasing a nonpermit-tag within the deadlines set by the Commission.

**Historical Note**

Adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended effective January 1, 1997; filed with the Office of the Secretary of State November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 9 A.A.R. 610, effective April 6, 2003 (Supp. 03-1). Amended by final rulemaking at 11 A.A.R. 1183, effective May 2, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1). Amended by final exempt rulemaking at 28 A.A.R. 3360 (October 21, 2022), effective November 26, 2022 (Supp. 22-3).

**R12-4-115. Restricted Nonpermit-Tags; Supplemental Hunts and Hunter Pool**

A. For the purposes of this Section, the following definitions apply:

“Companion tag” means a restricted nonpermit-tag valid for a supplemental hunt prescribed by Commission Order that exactly matches the season dates and open areas of another big game hunt, for which a hunt number is assigned and hunt permit-tags are issued through the computer draw.

“Emergency season” means a season established for reasons constituting an immediate threat to the health, safety or management of wildlife or its habitat, or public health or safety.

“Management objectives” means goals, recommendations, or guidelines contained in Department or Commission-approved wildlife management plans, which include hunt guidelines, operational plans, or hunt recommendations.

“Hunter pool” means all persons who have submitted an application for a supplemental hunt.

“Restricted nonpermit-tag” means a permit limited to a season for a supplemental hunt established by the Commission for the following purposes:

Take of depredating wildlife as authorized under A.R.S. § 17-239;

Take of wildlife under an Emergency Season; or

Take of wildlife under a population management hunt if the Commission has prescribed nonpermit-tags by Commission Order for the purpose of meeting management objectives because regular seasons are not, have not been, or will not be sufficient or effective to achieve management objectives.

B. The Commission shall, by Commission Order, open a season or seasons and prescribe a maximum number of restricted nonpermit-tags to be made available under this Section.

- C. The Department shall implement a population management hunt under the open season or seasons established under subsection (B) if the Department determines the:
  - 1. Regular seasons have not met or will not meet management objectives;
  - 2. Take of wildlife is necessary to meet management objectives; and
  - 3. Issuance of a specific number of restricted nonpermit-tags is likely to meet management objectives.
- D. To implement a population management hunt established by Commission Order, the Department shall:
  - 1. Select season dates, within the range of dates listed in the Commission Order;
  - 2. Select specific hunt areas, within the range of hunt areas listed in the Commission Order;
  - 3. Select the legal wildlife that may be taken from the list of legal wildlife identified in the Commission Order;
  - 4. Determine the number of restricted nonpermit-tags that will be issued from the maximum number of tags authorized in the Commission Order.
    - a. The Department shall not issue more restricted nonpermit-tags than the maximum number prescribed by Commission Order.
    - b. A restricted nonpermit-tag is valid only for the supplemental hunt for which it is issued.
- E. The provisions of R12-4-104, R12-4-107, R12-4-114, and R12-4-609 do not apply to a supplemental hunt.
- F. If the Department anticipates the normal fee structure will not generate adequate participation, then the Department may reduce restricted nonpermit-tag fees up to 75%, as authorized under A.R.S. § 17-239(D).
- G. An applicant for a supplemental hunt shall apply at the times, locations, and in the manner and method established by the hunt permit-tag application schedule published by the Department and available at any Department office, on the Department’s website, or a license dealer. A supplemental hunt application submitted in accordance with this Section does not invalidate any other application submitted by the person for a hunt permit-tag.
  - 1. The Department shall not accept a group application, as defined under R12-4-104, for a restricted nonpermit-tag.
  - 2. An applicant shall not apply for or obtain a restricted nonpermit-tag to take wildlife in excess of the bag limit established by Commission Order.
  - 3. The issuance of a restricted nonpermit-tag does not authorize a person to exceed the bag limit established by Commission Order.
- H. To participate in a supplemental hunt, a person shall:
  - 1. Obtain a restricted nonpermit-tag as prescribed under this Section, and
  - 2. Possess a valid hunting license. If the applicant does not possess a valid license or the license will expire before the supplemental hunt, the applicant shall purchase an appropriate license.
- I. The Department or its authorized agent shall maintain a hunter pool for supplemental hunts other than companion tag hunts.
  - 1. The Department shall purge and renew the hunter pool on an annual basis.
  - 2. An applicant for a restricted nonpermit-tag under this subsection shall submit a hunt permit-tag application to the Department for each desired species. The application is available at any Department office, an authorized agent, or on the Department’s website. The applicant

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shall provide all of the following information on the application:

- a. The applicant's:
    - i. Name;
    - ii. Department identification number, when applicable;
    - iii. Mailing address;
    - iv. Number of years of residency immediately preceding application;
    - v. Date of birth;
    - vi. Social Security Number, as required under A.R.S. §§ 25-320(P) and 25-502(K); and
    - vii. Daytime and evening telephone numbers,
  - b. The species that the applicant would like to hunt, if selected, and
  - c. The applicant's hunting license number.
3. In addition to the requirements established under subsection (I)(2), at the time of application the applicant shall submit the application fee required under R12-4-102. A separate application and application fee is required for each species the applicant submits an application for.
  4. When issuing a restricted nonpermit-tag, the Department or its authorized agent shall randomly select applicants from the hunter pool.
    - a. The Department or its authorized agent shall attempt to contact each randomly-selected applicant at least three times within a 24-hour period.
    - b. If an applicant cannot be contacted or is unable to participate in the supplemental hunt, the Department or its authorized agent shall return the application to the hunter pool and draw another application.
    - c. In compliance with subsection (D)(4), the Department or its authorized agent shall select no more applications after the number of restricted nonpermit-tags establish by Commission Order are issued.
  5. The Department shall reserve a restricted nonpermit-tag for an applicant only for the period specified by the Department when contact is made with the applicant. If an applicant fails to purchase the nonpermit-tag within the specified period, the Department or its authorized agent shall:
    - a. Remove the person's application from the hunter pool, and
    - b. Offer that restricted nonpermit-tag to another person whose application is drawn from the hunter pool as established under this Section.
  6. A person who participates in a supplemental hunt through the hunter pool shall be removed from the supplemental hunter pool for the genus for which the person participated. A hunter pool applicant who is selected and who wishes to participate in a supplemental hunt shall submit the following to the Department to obtain a restricted nonpermit-tag:
    - a. The fee for the tag as established under R12-4-102 or subsection (F) if the fee has been reduced, and
    - b. The applicant's hunting license number. The applicant shall possess an appropriate license that is valid at the time of the supplemental hunt. The applicant shall purchase a license at the time of application when:
      - i. The applicant does not possess a valid license, or
      - ii. The applicant's license will expire before the supplemental hunt.

7. A person who participates in a supplemental hunt shall not reapply for the hunter pool for that genus until the hunter pool is renewed.

- J. The Department shall only make a companion tag available to a person who possesses a matching hunt permit-tag and not a person from the hunter pool. Authorization to issue a companion tag occurs when the Commission establishes a hunt in Commission Order under subsection (B).
  1. The requirements of subsection (D) are not applicable to a companion tag issued under this subsection.
  2. To obtain a companion tag under this subsection, an applicant shall submit a hunt permit-tag application to the Department. The application is available at any Department office and on the Department's website. The applicant shall provide all of the following information on the application, the applicant's:
    - a. Name,
    - b. Mailing address,
    - c. Department identification number, and
    - d. Hunt permit-tag number, to include the hunt number and permit number, corresponding with the season dates and open areas of the supplemental hunt.
  3. In addition to the requirements established under subsection (J)(2), at the time of application the applicant shall:
    - a. Provide verification that the applicant lawfully obtained the hunt permit-tag for the hunt described under this subsection by presenting the hunt permit-tag to a Department office for verification, and
    - b. Submit all applicable fees required under R12-4-102.

**Historical Note**

Adopted effective June 13, 1977 (Supp. 77-3). Former Section R12-4-14 renumbered as Section R12-4-115 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-115 renumbered as Section R12-4-607 without change effective December 22, 1987 (Supp. 87-4). New Section R12-4-115 adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended by final rulemaking at 9 A.A.R. 610, effective April 6, 2003 (Supp. 03-1). Amended by final rulemaking at 11 A.A.R. 991, effective April 2, 2005; amended by final rulemaking at 11 A.A.R. 1177, effective May 2, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1). Amended by final rulemaking at 31 A.A.R. 1442 (May 2, 2025), effective June 9, 2025 (Supp. 25-2).

**R12-4-116. Issuance of Limited-Entry Permit-tag**

- A. For the purposes of this Section, limited-entry permit-tags may be for terrestrial or aquatics species, or specific areas for terrestrial or aquatic species.
- B. The Commission may, by Commission Order, open a limited-entry season or seasons and prescribe a maximum number of limited-entry permit-tags to be made available under this Section.
- C. The Department may implement limited-entry permit-tags under the open season or seasons established in subsection (B) if the Department determines:

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1. A season for a specific terrestrial or aquatic wildlife species, or specific area of the state, is in high demand;
  2. Issuance of a specific number of limited-entry permit-tags will not adversely affect management objectives for a species or area;
  3. Surrendered hunt permit-tags, already approved by Commission Order, are available from hunts with high demand.
- D.** To implement a limited-entry season established by Commission Order, the Department shall:
1. Select season dates, within the range of dates listed in the Commission Order;
  2. Select specific areas, within the range of areas listed in the Commission Order;
  3. Select the legal wildlife that may be taken from the list of legal wildlife identified in the Commission Order;
  4. Determine the number of limited-entry permit-tags that will be issued from the maximum number authorized in the Commission Order.
    - a. The Department shall not issue more limited-entry permit-tags than the maximum number prescribed by Commission Order.
    - b. A limited-entry permit-tag is valid only for the limited-entry season for which it is issued.
- E.** The provisions of R12-4-104, R12-4-107, R12-4-114, and R12-4-609 do not apply to limited-entry seasons.
- F.** A limited-entry permit-tag application submitted in accordance with this Section does not invalidate any other application submitted by the person for a hunt permit-tag.
- G.** The Department shall not accept a group application, as defined under R12-4-104, for a limited-entry season.
- H.** To participate in a limited-entry season, a person shall:
1. Obtain a limited-entry permit-tag as prescribed under this Section, and
  2. Possess a valid hunting, fishing or combination license at the time the limited-entry permit-tag is awarded. If the applicant does not possess a valid license or the license will expire before the limited-entry season, the applicant shall purchase an appropriate license. A valid hunting, fishing or combination license is not required at the time of application.
- I.** A limited-entry permit-tag is valid only for the person named on the permit-tag, for the season dates on the permit-tag, and the species for which the permit-tag is issued.
1. Possession of a limited-entry permit-tag shall not invalidate any other hunt permit-tag for that species.
  2. Big game taken under the authority of this limited-entry permit-tag shall not count towards the established bag limit for that species.
- J.** The Department shall maintain the applications submitted for limited-entry permit-tags.
1. An applicant for a limited-entry season under this subsection shall submit a limited-entry permit-tag application to the Department for each limited-entry season established. The application is available at any Department office and on the Department's website. The applicant shall provide all of the following information on the application:
    - a. The applicant's personal information:
      - i. Name,
      - ii. Date of birth,
      - iii. Social security number, as required under A.R.S. §§ 25-320(P) and 25-502(K), when applicable;
    - iv. Department identification number, when applicable;
    - v. Residency status and number of years of residency immediately preceding application, when applicable;
    - vi. Mailing address, when applicable;
    - vii. Physical address;
    - viii. Telephone number, when available; and
    - ix. Email address, when available;
  - b. The limited-entry season the applicant would like to participate in, and
  - c. Certify the information provided on the application is true and accurate.
2. In addition to the requirements established under subsection (J)(1), at the time of application the applicant shall submit the application fee required under R12-4-102. A separate application and application fee are required for each limited-entry season an applicant submits an application.
  3. When issuing a limited-entry permit-tag for a terrestrial or aquatic wildlife species, the Department shall randomly select applicants for each designated limited-entry season.
  4. When issuing a limited-entry permit-tag for a particular water, the Department shall randomly select applicants for each date limited-entry permit-tags are available until no more are available for that date.
  5. In compliance with subsection (D)(4), the Department shall select no more applications after the number of limited-entry permits established by Commission Order are issued.

**Historical Note**

Adopted effective January 10, 1979 (Supp. 79-1). Former Section R12-4-15 renumbered as Section R12-4-116 without change effective August 13, 1981 (Supp. 81-4). Amended effective December 18, 1985 (Supp. 85-6). Section R12-4-116 repealed, new Section R12-4-116 adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). R12-4-116 renumbered to R12-4-126; new Section R12-4-116 made by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1).

**R12-4-117. Indian Reservations**

A state license, permit, or tag is not required to hunt or fish on any Indian reservation in this State. Wildlife lawfully taken on an Indian reservation may be transported or processed anywhere in the State if it can be identified as to species and legality as provided in A.R.S. § 17-309(A)(19). All wildlife transported anywhere in this State is subject to inspection under the provisions of A.R.S. § 17-211(E)(4).

**Historical Note**

Former Section R12-4-02 renumbered as Section R12-4-117 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-117 repealed, new Section R12-4-117 adopted effective April 10, 1984 (Supp. 84-2). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4).



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**R12-4-118. Hunt Permit-tag Surrender**

- A.** The Commission authorizes the Department to implement a tag surrender program if the Director finds:
1. The Department has the administrative capacity to implement the program;
  2. There is public interest in such a program; or
  3. The tag surrender program is likely to meet the Department's revenue objectives.
- B.** The tag surrender program is limited to a person who has a valid and active membership in a Department membership program.
1. The Department may establish a membership program that offers a person various products and services.
  2. The Department may establish different membership levels based on the type of products and services offered and set prices for each level.
    - a. The lowest membership level may include the option to surrender one hunt permit-tag during the membership period.
    - b. A higher membership level may include the option to surrender more than one hunt permit-tag during the membership period.
  3. The Department may establish terms and conditions for the membership program in addition to the following:
    - a. Products and services to be included with each membership level.
    - b. Membership enrollment is available online only and requires a person to create a portal account.
    - c. Membership is not transferable.
    - d. No refund shall be made for the purchase of a membership, unless an internal processing error resulted in the collection of erroneous fees.
- C.** The tag surrender program is restricted to the surrender of an original, unused hunt permit-tag obtained through a computer draw.
1. A person must have a valid and active membership in the Department's membership program with at least one unredeemed tag surrender that was valid:
    - a. On the application deadline date for the computer draw in which the hunt permit-tag being surrendered was drawn, and
    - b. At the time of tag surrender.
  2. A person who chooses to surrender an original, unused hunt permit-tag shall do so prior to the close of business the day before the hunt begins for which the tag is valid.
  3. A person may surrender an unused hunt permit-tag for a specific species only once before any bonus points accrued for that species must be expended.
- D.** A person who wants to surrender an original, unused hunt permit-tag or an authorized nonprofit organization that wants to return a donated original, unused hunt permit-tag shall comply with all of the following conditions:
1. Submit a completed application form to any Department office. The application form is available at any Department office and on the Department's website. The applicant shall provide all of the following information on the application form:
    - a. The applicant's:
      - i. Name,
      - ii. Mailing address,
      - iii. Department identification number,
      - iv. Membership number,
    - b. Applicable hunt number,
    - c. Applicable hunt permit-tag number, and
    - d. Any other information required by the Department.
  2. A person shall surrender the original, unused hunt permit-tag as required under subsection (C) in the manner described by the Department as indicated on the application form.
- E.** Upon receipt of an original, unused hunt permit-tag surrendered in compliance with this Section, the Department shall:
1. Restore the person's bonus points that were expended for the surrendered tag, and
  2. Award the bonus point the person would have accrued had the person been unsuccessful in the computer draw for the surrendered tag.
  3. Not refund any fees the person paid for the surrendered tag, as prohibited under A.R.S. § 17-332(F).
- F.** The Department may, at its sole discretion, re-issue or destroy the surrendered original, unused hunt permit-tag. When re-issuing a tag, the Department may use any of the following methods in no order of preference:
1. Re-issuing the surrendered tag, beginning with the highest membership level in the Department's membership program, to a person who has a valid and active membership in that membership level and who would have been next to receive a tag for that hunt number, as evidenced by the random numbers assigned during the Department's computer draw process;
  2. Re-issuing the surrendered tag to a person who has a valid and active membership in any tier of the Department's membership program with a tag surrender option and who would have been next to receive a tag for that hunt number, as evidenced by the random numbers assigned during the Department's computer draw process;
  3. Re-issuing the surrendered tag to an eligible person who would have been next to receive a tag for that hunt number, as evidenced by the random numbers assigned during the Department's computer draw process; or
  4. Offering the surrendered tag through the first-come, first-served process.
- G.** For subsections (F)(1), (2), and (3); if the Department cannot contact a person qualified to receive a tag or the person declines to purchase the surrendered tag, the Department shall make a reasonable attempt to contact and offer the surrendered tag to the next person qualified to receive a tag for that hunt number based on the assigned random number during the Department's computer draw process. This process will continue until the surrendered tag is either purchased or the number of persons qualified is exhausted. For the purposes of subsections (G) and (H), the term "qualified" means a person who satisfies the conditions for re-issuing a surrendered tag as provided under the selected re-issuing method.
- H.** When the re-issuance of a surrendered tag involves a group application and one or more members of the group is qualified under the particular method for re-issuing the surrendered tag, the Department shall offer the surrendered tag first to the applicant designated "A" if qualified to receive a surrendered tag.
1. If applicant "A" chooses not to purchase the surrendered tag or is not qualified, the Department shall offer the surrendered tag to the applicant designated "B" if qualified to receive a surrendered tag.
  2. This process shall continue with applicants "C" and then "D" until the surrendered tag is either purchased or all qualified members of the group application choose not to purchase the surrendered tag.

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- I.** A person who receives a surrendered tag shall submit the applicable tag fee as established under R12-4-102 and provide their valid hunting license number.
1. A person receiving the surrendered tag as established under subsections (F)(1), (2), and (3) shall expend all bonus points accrued for that genus, except any accrued Education and loyalty bonus points.
  2. The applicant shall possess a valid hunting license at the time of purchasing the surrendered tag and at the time of the hunt for which the surrendered tag is valid. If the person does not possess a valid license at the time the surrendered tag is offered, the applicant shall purchase a license in compliance with R12-4-104.
  3. The issuance of a surrendered tag does not authorize a person to exceed the bag limit established by Commission Order.
  4. It is unlawful for a person to purchase a surrendered tag when the person has reached the bag limit for that genus during the same calendar year.
- J.** A person is not eligible to petition the Commission under R12-4-611 for reinstatement of any expended bonus points, except as authorized under R12-4-102.02(E).
- K.** For the purposes of this Section and R12-4-121, "valid and active membership" means a paid and unexpired membership in any level of the Department's membership program.

**Historical Note**

Adopted effective April 8, 1983 (Supp. 83-2). Section R12-4-118 repealed effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). New Section made by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1). Amended by final rulemaking at 29 A.A.R. 2196 (September 22, 2023), with an immediate effective date of September 1, 2023 (Supp. 23-3).

**R12-4-119. Arizona Game and Fish Department Reserve**

- A.** The Commission shall establish an Arizona Game and Fish Department Reserve under A.R.S. § 17-214, consisting of commissioned reserve officers and noncommissioned reserve volunteers.
- B.** Commissioned reserve officers shall:
1. Meet and maintain the minimum qualifications and training requirements necessary for peace officer certification by the Arizona Peace Officer Standards and Training Board as prescribed under 13 A.A.C. 4, and
  2. Assist with wildlife enforcement patrols, boating enforcement patrols, off-highway vehicle enforcement patrols, special investigations, and other enforcement and related non-enforcement duties as the Director designates.
- C.** Noncommissioned reserve volunteers shall:
1. Meet qualifications that the Director determines are related to the services to be performed by the volunteer and the success or safety of the program mission, and
  2. Perform any non-enforcement duties designated by the Director for the purposes of conservation and education to maximize paid staff time.

**Historical Note**

Adopted effective September 29, 1983 (Supp. 83-5). Section R12-4-119 repealed, new Section R12-4-119 adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended by final rulemaking at 8 A.A.R. 1702, effective March 11, 2002 (Supp. 02-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006

(Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4).

**R12-4-120. Issuance, Sale, and Transfer of Special Big Game Tags**

- A.** An incorporated nonprofit organization that is tax exempt under section 501(c) seeking special big game tags as authorized under A.R.S. § 17-346 shall submit a proposal to the Director of the Arizona Game and Fish Department from March 1 through May 31 preceding the year when the tags may be legally used. The proposal shall include all of the following information for each member of the organization coordinating the proposal:
1. The name of the organization making the proposal and the:
    - a. Name;
    - b. Mailing address;
    - c. Email address, when available; and
    - d. Telephone number;
  2. Organization's previous involvement with wildlife management;
  3. Organization's conservation objectives;
  4. Number of special big game tags and the species requested;
  5. Purpose to be served by the issuance of these tags;
  6. Method or methods by which the tags will be marketed and sold;
  7. Proposed fund raising plan;
  8. Estimated amount of money to be raised and the rationale for that estimate;
  9. Any special needs or particulars relevant to the marketing of the tags;
  10. A copy of the organization's articles of incorporation and evidence that the organization has tax-exempt status under Section 501(c) of the Internal Revenue Code, unless a current and correct copy is already on file with the Department;
  11. Statement that the person or organization submitting the proposal agrees to the conditions established under A.R.S. § 17-346 and this Section;
  12. Printed name and signature of the president and secretary-treasurer of the organization or their equivalent; and
  13. Date of signing.
- B.** The Director shall return to the organization any proposal that does not comply with the requirements established under A.R.S. § 17-346 and this Section. Because proposals are reviewed for compliance after the May 31 deadline, an organization that receives a returned proposal cannot resubmit a corrected proposal, but may submit a proposal that complies with the requirements established under A.R.S. § 17-346 and this Section the following year.
- C.** The Director shall submit all timely and valid proposals to the Commission for consideration.
1. In selecting an organization, the Commission shall consider the:
    - a. Written proposal;
    - b. Proposed uses for tag proceeds;
    - c. Qualifications of the organization as a fund raiser;
    - d. Proposed fund raising plan;
    - e. Organization's previous involvement with wildlife management; and
    - f. Organization's conservation objectives.
  2. The Commission may accept any proposal in whole or in part and may reject any proposal if it is in the best interest of wildlife to do so.

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3. Commission approval and issuance of any special big game license-tag is contingent upon compliance with this Section.
- D.** A successful organization shall agree in writing to all of the following:
1. To underwrite all promotional and administrative costs to sell and transfer each special big game license-tag;
  2. To transfer all proceeds to the Department within 90 days of the date that the organization sells or awards the tag;
  3. To sell and transfer each special big game license-tag as described in the proposal; and
  4. To provide the Department with the name, address, and physical description of each person to whom a special big game license-tag is to be issued within 60 days of the sale.
- E.** The Department and the successful organization shall coordinate on:
1. The specific projects or purposes identified in the proposal;
  2. The arrangements for the deposit of the proceeds, the accounting procedures, and final audit; and
  3. The dates when the wildlife project or purpose will be accomplished.
- F.** The Department shall dedicate all proceeds generated by the sale or transfer of a special big game license-tag to the management of the species for which the tag was issued.
1. A special license-tag shall not be issued until the Department receives all proceeds from the sale of tags.
  2. The Department shall not refund proceeds.
- G.** A special big game license-tag is valid only for the person named on the tag, for the season dates on the tag, and for the species for which the tag was issued.
1. A hunting license is required for the tag to be valid.
  2. Possession of a special big game license-tag shall not invalidate any other big game tag or application for any other big game tag.
  3. Wildlife taken under the authority of a special big game license-tag shall not count towards the established bag limit for that species.
- H.** A person who wins the special big game license-tag through auction or raffle is prohibited from selling the special big game license-tag to another person.
- Historical Note**
- Adopted effective September 22, 1983 (Supp. 83-5). Amended effective April 7, 1987 (Supp. 87-2). Correction, balance of language in subsection (I) is deleted as certified effective April 7, 1987 (Supp. 87-4). Amended effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1). Amended by final rulemaking at 31 A.A.R. 1442 (May 2, 2025), effective June 9, 2025 (Supp. 25-2).
- R12-4-121. Tag Transfer**
- A.** For the purposes of this Section:
- “Authorized nonprofit organization” means a nonprofit organization approved by the Department to receive donated unused tags.
- “Unused tag” means a hunt permit-tag, limited-entry permit-tag, nonpermit-tag, or special license tag that has not been attached to any wildlife.
- B.** A parent, grandparent, or guardian issued a hunt permit-tag, limited-entry permit-tag, nonpermit-tag, or special license tag may transfer the unused tag to the parent’s, grandparent’s, or guardian’s minor child or grandchild.
1. A parent, grandparent, or guardian issued a tag may transfer the unused tag to a minor child or grandchild at any time prior to the end of the season for which the unused tag was issued.
  2. A parent, grandparent, or guardian may transfer the unused tag by providing all of the following documentation in person at any Department office:
    - a. Proof of ownership of the unused tag to be transferred,
    - b. The unused tag, and
    - c. The minor’s valid hunting license.
  3. If a parent, grandparent, or legal guardian is deceased, the personal representative of the person’s estate may transfer an unused tag to an eligible minor. The person acting as the personal representative shall present:
    - a. The deceased person’s death certificate, and
    - b. Proof of the person’s authority to act as the personal representative of the deceased person’s estate.
  4. To be eligible to receive an unused tag from a parent, grandparent, or legal guardian, the minor child shall meet the criteria established under subsection (D).
  5. A minor child or grandchild receiving an unused tag from a parent, grandparent, or legal guardian shall be accompanied into the field by any grandparent, parent, or legal guardian of the minor child.
- C.** A person issued a tag or the person’s legal representative may donate the unused tag to an authorized nonprofit organization for use by a minor child or a veteran of the Armed Forces of the United States as prescribed under A.R.S. § 17-332(D)(1).
1. The person or legal representative who donates the unused tag shall provide the authorized nonprofit organization with a written statement indicating the unused tag is voluntarily donated to the organization.
  2. An authorized nonprofit organization receiving a donated tag under this subsection may transfer the unused tag to an eligible minor child or veteran by contacting any Department office.
    - a. To obtain a transfer, the nonprofit organization shall:
      - i. Provide proof of donation of the unused tag to be transferred;
      - ii. Provide the unused tag;
      - iii. Provide proof of the minor child’s or veteran’s valid hunting license.
    - b. To be eligible to receive a donated unused tag from an authorized nonprofit organization, a minor child shall meet the criteria established under subsection (D).
  3. A person who donates an original, unused hunt permit-tag issued in a computer drawing to an authorized nonprofit organization may submit a request to the Department for the reinstatement of the bonus points expended for that unused tag, provided all of the following conditions are met:
    - a. The person has a valid and active membership in the Department’s membership program with at least one unredeemed tag surrender on the application deadline date, for the computer draw in which the hunt permit-tag being surrendered was drawn, and at the time of tag surrender.

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- b. The person submits a completed application form as described under R12-4-118;
- c. The person provides acceptable proof to the Department that the tag was transferred to an authorized nonprofit organization; and
- d. The person submits the request to the Department:
  - i. No later than 60 days after the date on which the tag was donated to an authorized nonprofit organization; and
  - ii. No less than 30 days prior to the computer draw application deadline for that genus, as specified in the hunt permit-tag application schedule.
- D. To receive an unused tag authorized under subsections (B) or (C), an eligible minor child shall meet the following criteria:
  - 1. Possess a valid hunting license,
  - 2. Has not reached the applicable annual or lifetime bag limit for that genus, and
  - 3. Is 10 to 17 years of age on the date of the transfer. A minor child under the age of 14 shall have satisfactorily completed a Department-sanctioned hunter education course before the beginning date of the hunt.
- E. To receive an unused tag authorized under subsection (C), an eligible veteran of the Armed Forces of the United States with a service-connected disability shall meet the following criteria:
  - 1. Possess a valid hunting license, and
  - 2. Has not reached the applicable annual or lifetime bag limit for that genus.
- F. A person who is eligible to receive an unused tag under this Section may receive any number of unused tags in a calendar year provided the person:
  - 1. Has not reached the applicable annual or lifetime bag limit for that genus; and
  - 2. Does not possess a valid permit tag for that genus.
- G. A nonprofit organization is eligible to apply for authorization to receive a donated unused tag, provided the nonprofit organization:
  - 1. Is qualified under section 501(c)(3) of the United States Internal Revenue Code, and
  - 2. Affords opportunities and experiences to:
    - a. Children with life-threatening medical conditions or physical disabilities;
    - b. Children whose parent was killed in action while serving in the U.S. Armed Forces, in the course and scope of employment as a peace officer; or in the course and scope of employment as a professional firefighter who is a member of a state, federal, tribal, city, town, county, district or private fire department; or
    - c. Veterans with service-connected disabilities.
  - 3. This authorization shall remain in effect unless revoked by the Department for noncompliance with the requirements established under A.R.S. § 17-332 or this Section.
  - 4. A nonprofit organization shall apply for authorization by submitting an application to any Department office. The application form is furnished by the Department and is available at any Department office. A nonprofit organization shall provide all of the following information on the application:
    - a. Nonprofit organization's information:
      - i. Name,
      - ii. Physical address,
      - iii. Telephone number;
    - b. Contact information for the person responsible for ensuring compliance with this Section:
      - i. Name,
      - ii. Address,
      - iii. Telephone number;
    - c. Signature of the president and secretary-treasurer of the organization or their equivalents; and
    - d. Date of signing.
- 5. In addition to the application, a nonprofit organization shall provide all of the following:
  - a. A copy of the organization's articles of incorporation and evidence that the organization has tax-exempt status under Section 501(c)(3) of the Internal Revenue Code, unless a current and correct copy is already on file with the Department;
  - b. Document identifying the organization's mission;
  - c. A letter stating how the organization will participate in the Big Game Tag Transfer program; and
  - d. A statement that the person or organization submitting the application agrees to the conditions established under A.R.S. § 17-332 and this Section.
- 6. An applicant who is denied authorization to receive donated tags under this Section may appeal to the Commission as provided under A.R.S. Title 41, Chapter 6, Article 10.

**Historical Note**

Adopted effective October 10, 1986, filed September 25, 1986 (Supp. 86-5). Rule expired one year from effective date of October 10, 1986. Rule readopted without change for one year effective January 22, 1988, filed January 7, 1988 (Supp. 88-1). Rule expired effective January 22, 1989 (Supp. 89-1). New Section R12-4-121 adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Repealed effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). New Section made by final rulemaking at 7 A.A.R. 2732, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 18 A.A.R. 1195, effective June 30, 2012 (Supp. 12-2). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1). Amended by final rulemaking at 29 A.A.R. 2196 (September 22, 2023), with an immediate effective date of September 1, 2023 (Supp. 23-3). Amended by final rulemaking at 31 A.A.R. 1442 (May 2, 2025), effective June 9, 2025 (Supp. 25-2).

**R12-4-122. Handling, Transporting, Processing, and Storing of Game Meat Given to Public Institutions and Charitable Organizations**

- A. Under A.R.S. § 17-240 and this Section, the Department may donate the following wildlife, except that the Department shall not donate any portion of wildlife killed in a collision with a motor vehicle or wildlife that died subsequent to immobilization by any chemical agent:
  - 1. Big game;
  - 2. Upland game birds;
  - 3. Migratory game birds;
  - 4. Game fish.
- B. The Director shall not authorize an employee to handle game meat for the purpose of this Section until the employee has satisfactorily completed a course designed to give the employee the expertise necessary to protect game meat recipients from diseased or unwholesome meat products. A Department employee shall complete a course that is either conducted or

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approved by the State Veterinarian. The employee shall provide a copy of a certificate that demonstrates satisfactory completion of the course to the Director.

- C. Only an employee authorized by the Director shall determine if game meat is safe and appropriate for donation. An authorized Department employee shall inspect and field dress each donated carcass before transporting it. The Department shall not retain the game meat in storage for more than 48 continuous hours before transporting it, and shall reinspect the game meat for wholesomeness before final delivery to the recipient.
- D. Final processing and storage is the responsibility of the recipient.

**Historical Note**

Adopted effective August 6, 1991 (Supp. 91-3).  
Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1).

**R12-4-123. Expenditure of Funds**

- A. The Director may expend funds available through appropriations, licenses, gifts, or other sources, in compliance with applicable laws and rules, and:
  1. For purposes designated by lawful Commission agreements and Department guidelines;
  2. In agreement with budgets approved by the Commission;
  3. In agreement with budgets appropriated by the legislature;
  4. With regard to a gift, for purposes designated by the donor, the Director shall expend undesignated donations for a public purpose in furtherance of the Department's responsibilities and duties.
- B. The Director shall ensure that the Department implements internal management controls to comply with subsection (A) and to deter unlawful use or expenditure of funds.

**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1).

**R12-4-124. Proof of Domicile**

- A. An applicant may be required to present acceptable proof of domicile in Arizona to the Department upon request. For the purposes of this rule, "current address" means the address an applicant inhabits at the time of application for any license, permit, stamp, or tag offered by the Department.
- B. Acceptable proof of domicile establishes a person's true, fixed, and permanent home and principal residence. Acceptable proof to aid in establishing a person's domicile in Arizona may include, but is not limited to, one or more of the following lawfully obtained documents:
  1. Arizona Driver's License displaying a current address;
  2. Arizona Resident State Income Tax Return filing;
  3. Arizona school records containing satisfactory proof of identity and relationship of the parent or guardian to the minor child, when applicable;
  4. Arizona Voter Registration Card displaying a current address;
  5. Selective Service Registration Acknowledgement Card displaying a current address in Arizona;
  6. Social Security Administration document indicating an address in Arizona; or
  7. Current document or order issued by the U.S. military to an active-duty military service member identifying Arizona as state of legal residence or duty station.

- C. In the event one of the documents listed under subsection (B) alone is not sufficient proof of domicile, additional documents may be required.

**Historical Note**

New Section made by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1).

**R12-4-125. Public Solicitation or Event on Department Property**

- A. All Department buildings, properties, and wildlife areas are designated non-public forums and are closed to all solicitations and events unless permitted by the Department.
- B. A solicitation or event on Department property shall not:
  1. Conflict with the Department's mission; or
  2. Constitute partisan political activity, the activity of a political campaign, or influence in any way an election or the results thereof.
- C. A request for permission to conduct a solicitation or event on Department property shall be directed to the responsible Regional Supervisor or Branch Chief who shall initially determine whether an application is required for the solicitation or event.
- D. If it is determined that an application is required, the person may apply for a solicitation or event permit by submitting a completed solicitation or event application to any Department office or Department Headquarters, Director's Office, at 5000 W. Carefree Hwy, Phoenix, AZ 85086. The application form is furnished by the Department and available at all Department offices.
  1. An applicant shall submit an application:
    - a. Not more than six months prior to the solicitation or event; and
    - b. Not less than 14 days prior to the desired date of the solicitation or event for solicitations other than the posting of advertising, handbills, leaflets, circulars, posters, or other printed materials; or
    - c. Not less than 10 days prior to the desired date of the solicitation or event for solicitations involving only the posting of advertising, handbills, leaflets, circulars, posters, or other printed materials.
  2. An applicant shall provide all of the following information on the application:
    - a. Sponsor's name, address, and telephone number;
    - b. Sponsor's e-mail address, when available;
    - c. Contact person's name and telephone number, when the sponsor is an organization;
    - d. Proposed date of the solicitation or event;
    - e. Specific, proposed location for the solicitation or event;
    - f. Starting and approximate concluding times;
    - g. General description of the solicitation or event's purpose;
    - h. Anticipated number of attendees, when applicable;
    - i. Amount of fees to be charged to attendees, when applicable;
    - j. Detailed description of any activity that will occur at the solicitation or event, including a detailed map of the solicitation or event and any equipment that will be used, e.g., tents, tables, etc.;
    - k. Copies of any solicitation materials to be distributed to the public or to be posted on Department property;

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- l. Copy of a current and valid license issued by the Arizona Department of Liquor Licenses and Control, required when the applicant intends to sell alcohol at the solicitation or event; and
- m. The contact person's signature and date. The person's signature on the application certifies that the sponsor:
  - i. Assumes risk of injury to persons or property;
  - ii. Agrees to hold harmless the state of Arizona, its officials, Departments, employees, and agents against all claims arising from the use of Department facilities;
  - iii. Assumes responsibility for any damages or clean-up costs due to the solicitation or event, solicitation or event cleanup, or solicitation or event damage repair; and
  - iv. Agrees to surrender the premises in a clean and orderly condition.
- E. The Department may take any of the following actions to the extent necessary and in the best interest of the State:
  - 1. Require the sponsor to furnish all necessary labor, material, and equipment for the solicitation or event;
  - 2. Require the sponsor to post a deposit against damage and cleanup expense;
  - 3. Require indemnification of the state of Arizona, its Departments, agencies, officers, and employees;
  - 4. Require the sponsor to carry adequate insurance and provide certificates of insurance to the Department not less than ten business days before the solicitation or event. A certificate of insurance for a solicitation or event shall name the state of Arizona, its Departments, agencies, boards, commissions, officers, agents, and employees as additional insureds;
  - 5. Require the sponsor to enter into written agreements with any vendors and subcontractors and require vendors and subcontractors to provide certificates of insurance to the Department not less than ten business days before the solicitation or event. A certificate of insurance for a solicitation or event shall name the state of Arizona, its Departments, agencies, boards, commissions, officers, agents, and employees as additional insureds;
  - 6. Require the sponsor to provide medical support, security, and sanitary services, including public restrooms; and
  - 7. Impose additional conditions not otherwise specified under this Section on the conduct of the solicitation or event.
- F. The Department may consider the following criteria when determining whether any of the actions in subsection (E) are necessary and in the best interest of the state:
  - 1. Previous experience with similar solicitations or events;
  - 2. Deposits required for similar solicitations or events in Arizona;
  - 3. Risk data; and
  - 4. Medical, sanitary, and security services required for similar solicitations or events in Arizona and the cost of those services.
- G. The Department shall designate the hours of use for Department property.
- H. The Department shall inspect the solicitation or event site at the conclusion of activities and document any damage or cleanup costs incurred because of the solicitation or event. The sponsor shall be responsible for any cleanup or damage costs associated with the solicitation or event.
- I. The sponsor shall not allow, without the express written permission of the Department, the possession, use, or consumption of alcoholic beverages at the solicitation or event site. When the Department provides written permission for the possession, use, or consumption of alcoholic beverages at the solicitation or event site, the sponsor shall provide to the Department:
  - 1. A copy of a current and valid license issued by the Arizona Department of Liquor Licenses and Control to the sponsor and vendor, required when the applicant intends to sell alcohol at the solicitation or event; and
  - 2. A liquor liability rider, included with the insurance certificate required under subsection (E)(4).
- J. The sponsor shall not allow unlawful possession or use of drugs at the solicitation or event site.
- K. The Department shall deny an application for any of the following reasons:
  - 1. The solicitation or event interferes with the work of an employee or the daily business of the Department;
  - 2. The solicitation or event conflicts with the time, place, manner, or duration of other approved or pending solicitations or events;
  - 3. The content of the solicitation or event conflicts with or is unrelated to the Department's activities or its mission;
  - 4. The solicitation or event presents a risk of injury or illness to persons or risk of damage to property;
  - 5. The sponsor cannot demonstrate adequate compliance with applicable local, state, or federal laws, ordinances, codes, or regulations, or
  - 6. The sponsor has not complied with the requirements of the application process or this Section.
- L. At all times, the Department reserves the right to immediately remove or cause to be removed all obstructions or other hazards of the solicitation or event that could damage state property, inhibit egress, or poses a safety risk. The Department also reserves the right to immediately remove or cause to be removed any person damaging state property, inhibiting egress, or posing a threat to public health and safety.
- M. The Department may revoke approval of a solicitation or event due to emergency circumstances or for failure to comply with this Section.
- N. The Department shall send written notice of the denial or revocation of an approved permit. The notice shall contain the reason for the denial or revocation.
- O. A sponsor:
  - 1. Is liable to the Department for damage to Department property and any expense arising out of the sponsor's use of Department property.
  - 2. Shall post solicitation material only in designated posting areas.
  - 3. Shall ensure that a solicitation or event on Department property causes the minimum infringement of use to the public and government operation.
  - 4. Shall modify or terminate a solicitation or event, upon request by the Department, if the Department determines that the solicitation or event unacceptably infringes on the Department's operations or causes an unacceptable risk of liability exposure to the State.
- P. When conducting an event on Department property, a sponsor shall:
  - 1. Park or direct vehicles in designated parking areas.
  - 2. Obey all posted requirements and restrictions.
  - 3. Designate one person to act as a monitor for every 50 persons anticipated to attend the solicitation or event. The

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monitor shall act as a contact person for the Department for the purposes of the solicitation or event.

4. Ensure that all safety standards, guidelines, and requirements are followed.
  5. Implement additional safety requirements upon request by the Department.
  6. Ensure all obstructions and hazards are eliminated.
  7. Ensure trash and waste is properly disposed of throughout the solicitation or event.
- Q.** The Department shall revoke or terminate the solicitation or event if a sponsor fails to comply with a Department request or any one of the following minimum safety requirements:
1. All solicitation or event activities shall comply with all applicable federal, state, and local laws, ordinances, codes, statutes, rules, and regulations.
  2. The layout of the solicitation or event shall ensure that emergency vehicles will have access at all times.
  3. The Department may conduct periodic safety checks throughout the solicitation or event.
- R.** This Section does not apply to government agencies.

**Historical Note**

New Section made by emergency rulemaking at 10 A.A.R. 4777, effective November 4, 2004 for 180 days (Supp. 04-4). Emergency expired (Supp. 05-2). New Section renumbered from R12-4-804 and amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4).

**R12-4-126. Reward Payments**

- A.** Subject to the restrictions prescribed under A.R.S. § 17-315, a person may claim a reward from the Department when the person provides information that leads to an arrest through the Operation Game Thief Program. The person who reports the unlawful activity will then become eligible to receive a reward as established under subsections (C) and (D), provided funds are available in the Wildlife Theft Prevention Fund and:
1. The person who reported the violation provides the Operation Game Thief control number issued by Department law enforcement personnel, as established under subsection (B);
  2. The information provided relates to a violation of any provisions of A.R.S. Title 17, A.A.C. Title 12, Chapter 4, or federal wildlife laws enforced by and under the jurisdiction of the Department, but not on Indian Reservations;
  3. The person did not first provide information during a criminal investigation or judicial proceeding; and
  4. The person who reports the violation is not:
    - a. The person who committed the violation;
    - b. A peace officer, including wildlife managers and game rangers;
    - c. A Department employee; or
    - d. An immediate family member of a Department employee.
- B.** The Department shall inform the person providing information regarding a wildlife violation of the procedure for claiming a reward if the information results in an arrest. The Department shall also provide the person with the control number assigned to the reported violation.
- C.** Reward payments for information that results in an arrest for the reported violation are as follows:
1. For cases that involve eagles, bear, bighorn sheep, bison, deer, elk, javelina, mountain lion, pronghorn, turkey, or endangered or threatened wildlife as defined under R12-

4-401, \$500, to be increased by an additional amount of at least \$50, but not to exceed \$500, when vandalism impacting recreational access or wildlife habitat is also involved;

2. For cases that involve wildlife that are not listed under subsection (C)(1), a minimum of \$50, not to exceed \$150, to be increased by an additional amount of at least \$50, but not to exceed \$500, when vandalism impacting recreational access or wildlife habitat is also involved; and
  3. For cases that involve any wildlife and damage to wildlife habitat, an additional \$1,000 may be made available based on:
    - a. The value of the information;
    - b. The unusual value of the wildlife;
    - c. The number of individuals taken;
    - d. Whether or not the person who committed the unlawful act was arrested for commercialization of wildlife; and
    - e. Whether or not the person who committed the unlawful act is a repeat offender.
- D.** If more than one person independently provides information or evidence that leads to an arrest for a violation, the Department may divide the reward payment among the persons who provided the information if the total amount of the reward payment does not exceed the maximum amount of a monetary reward established under subsections (C) or (E);
- E.** Notwithstanding subsection (C), the Department may offer and pay a reward up to the minimum civil damage value of the wildlife unlawfully taken, wounded or killed, or unlawfully possessed as prescribed under A.R.S. § 17-314, if the Department believes that an enhanced reward offer is merited due to the specific circumstances of the case.

**Historical Note**

New Section R12-4-126 renumbered from R12-4-116 and amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 20-1).

**R12-4-127. Civil Liability for Loss of Wildlife**

- A.** In order to compensate the state for the value of lost or injured wildlife, the Commission may, pursuant to A.R.S. § 17-314, impose a civil penalty against any person for unlawfully taking, wounding, killing or possessing wildlife. Any civil penalties so imposed shall be equal to or greater than the applicable statutory-minimum sums found in A.R.S. § 17-314(A). The Commission may impose a civil penalty above the statutory-minimum sums where it has determined that the value of the lost or injured wildlife exceeds the statutory-minimum sums.
- B.** The Commission shall annually establish the value of lost or injured wildlife using objective and measurable economic criteria. When doing so, the Commission may consider objective economic criteria recommended by the Department or any other person.
- C.** The Department shall recommend the value of lost or injured wildlife to the Commission by aggregating the following objective and measurable economic factors:
1. The average dollar amount spent by an individual hunter in pursuit of the same species. This amount shall be calculated using information from the most recent National Survey of Fishing, Hunting and Wildlife-Associated Recreation conducted by the U.S. Fish and Wildlife Service and measures hunting and fishing expenditures, in combination with hunter harvest data gathered by the Department. This information shall be available on the Department's website.

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2. The average dollar amount spent by an individual in an effort to view wildlife. This amount shall be calculated using information from the most recent National Survey of Fishing, Hunting and Wildlife-Associated Recreation conducted by the U.S. Fish and Wildlife Service and measures wildlife viewing expenditures, in combination with hunter harvest data gathered by the Department. This information shall be available on the Department's website.
  3. The average body weight in pounds of meat for the unlawfully taken or possessed species multiplied by the average price per pound of ground meat for that same species or a similar species. Average body weight in pounds of meat shall be calculated using the average body weight for the wildlife taken, minus 30% of the average weight to account for the weight of the head, hide, offal, and bone.
  4. When new data is not available, the Department may use Consumer Price Index (CPI) calculations to update the above factors in terms of U.S. dollars.
- D.** The Department shall recommend the value of lost aquatic wildlife to the Commission by aggregating the following objective and measurable economic factors:
1. The average dollar amount spent by an individual angler in pursuit of the same species. This amount shall be calculated using information from the most recent Arizona Anglers' Expenditures and the Economic Impact of Fishing in the State which measures fishing expenditures, in combination with angler harvest data gathered by the Department. This information shall be available on the Department's website.
  2. The average body weight in pounds of aquatic meat for the unlawfully taken or possessed species multiplied by the average price per pound of aquatic meat for that same species or a similar species. Average body weight in pounds of aquatic meat shall be calculated using the average body weight for the wildlife taken, minus 40% of the average weight to account for the weight of the head, entrails, and fins.
  3. Recommended values based on current market to cover hatchery expenses per fish, which includes the cost to purchase, raise, feed, transport and release wildlife.
- E.** The most recent wildlife values established by the Commission shall be available on the Department's website.

**Historical Note**

New Section made by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 20-1). Amended by final rulemaking at 31 A.A.R. 1442 (May 2, 2025), effective June 9, 2025 (Supp. 25-2).

**ARTICLE 2. LICENSES; PERMITS; STAMPS; TAGS****R12-4-201. Pioneer License**

- A.** A pioneer license grants all of the hunting and fishing privileges of a combination hunting and fishing license. The pioneer license is only available at a Department office.
- B.** The pioneer license is a complimentary license and is valid for the license holder's lifetime. The license remains valid if the licensee subsequently resides outside of this state.
1. A licensee who resides outside of Arizona shall submit the nonresident fee to purchase any required hunt permit-tag, nonpermit-tag, or stamp to hunt and fish in this state.
  2. Limits established under R12-4-114 for nonresident hunt permit-tags and nonpermit-tags do not apply to a pioneer license holder.
- C.** A person who is age 70 or older and has been a resident of Arizona for at least 25 consecutive years immediately preceding application may apply for a pioneer license by submitting an application to the Department. The application form is furnished by the Department and is available at any Department office and on the Department's website. A pioneer license applicant shall provide all of the following information on the application:
1. The applicant's personal information:
    - a. Name;
    - b. Date of birth;
    - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
    - d. Department identification number, when applicable;
    - e. Residency status and number of years of residency immediately preceding application, when applicable;
    - f. Mailing address, when applicable;
    - g. Physical address;
    - h. Telephone number, when available; and
    - i. E-mail address, when available;
  2. Affirmation that:
    - a. The applicant is 70 years of age or older and has been a resident of this state for 25 or more consecutive years immediately preceding application for the license; and
    - b. The information provided on the application is true and accurate.
  3. Applicant's signature and date.
- D.** In addition to the requirements listed under subsection (C), an applicant for a pioneer license shall also submit a copy of any one of the following documents at the time of application:
1. Valid U.S. passport;
  2. Applicant's birth certificate;
  3. Valid government-issued driver's license; or
  4. Valid government-issued identification card.
- E.** All information and documentation provided by the applicant is subject to Department verification.
- F.** The Department shall deny a pioneer license when the applicant:
1. Fails to meet the criteria prescribed under A.R.S. § 17-336(A)(1),
  2. Fails to comply with this Section, or
  3. Provides false information on the application.
- G.** The Department shall provide written notice to the applicant stating the reason for the denial. The applicant may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Ch 6, Article 10.
- H.** A pioneer license holder may request a no-fee duplicate of the paper license provided:
1. The license was lost or destroyed;
  2. The license holder submits a written request to the Department for a no-fee duplicate paper license; and
  3. The Department's records indicate a pioneer license was previously issued to that person.
- I.** A person issued a pioneer license prior to January 1, 2014 shall be entitled to the privileges established under subsection (A).

**Historical Note**

Former Section R12-4-31 renumbered as Section R12-4-201 without change effective August 13, 1981. New Section R12-4-201 amended effective August 31, 1981 (Supp. 81-4). Amended subsection (B) effective December 9, 1985 (Supp. 85-6). Amended subsections (D) and



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(E), and changed application for a Pioneer License effective September 24, 1986 (Supp. 86-5). Former Section repealed, new Section adopted effective December 22, 1989 (Supp. 89-4). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 12 A.A.R. 212, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 3045, effective January 3, 2015 (Supp. 14-4). Amended by final rulemaking at 26 A.A.R. 3229, effective July 1, 2021 (Supp. 20-4). Amended by final exempt rulemaking at 28 A.A.R. 3360 (October 21, 2022), effective November 26, 2022 (Supp. 22-3).

**R12-4-202. Complimentary and Reduced-fee Disabled Veteran's License; Reduced-fee Purple Heart Medal License**

- A.** The complimentary and reduced-fee disabled veteran's licenses and Purple Heart Medal license grant all of the hunting and fishing privileges of a combination hunting and fishing license. The disabled veteran's and Purple Heart Medal license are only available at a Department office.
- B.** The Department offers three types of veteran's licenses:
1. A complimentary license to a disabled veteran who receives compensation from the U.S. government for a permanent service-connected disability rated as 100% disabling.
    - a. The complimentary license is valid for either a three-year period from the issue date or the license holder's lifetime.
    - b. If the certification or benefits letter required under subsection (D)(1) indicate the applicant's disability rating of 100% is permanent and:
      - i. Will not be reevaluated, the disabled veteran's license shall be valid for the license holder's lifetime.
      - ii. Will be reevaluated in three years, the disabled veteran's license will expire three years from the date of issuance.
    - c. Eligibility for the complimentary disabled veteran's license is based on the disability rating, not on the compensation received by the veteran.
    - d. An applicant for a complimentary disabled veteran's license shall have been a resident of Arizona for at least one year immediately preceding application.
  2. A reduced-fee license to a disabled veteran who is a resident as defined under A.R.S. § 17-101 and who is receiving compensation from the U.S. government for a service-connected disability.
    - a. The reduced-fee license is valid for one year from the date of purchase or selected start date provided the date selected is no more than 60 calendar days from and after the date of purchase.
    - b. The applicant shall pay the fee required under R12-4-102.
  3. A reduced-fee license to a person who submits satisfactory proof to the Department that the person is a bona fide Purple Heart Medal recipient.
    - a. The reduced-fee license is valid for one year from the date of purchase or selected start date provided the date selected is no more than 60 calendar days from and after the date of purchase.
    - b. An applicant for a reduced-fee Purple Heart Medal license shall have been a resident of Arizona for at least one year immediately preceding application.

- C.** A person applying for a disabled veteran's or Purple Heart Medal license shall submit an application to the Department. The application form is furnished by the Department and available at any Department office and on the Department's website. The applicant shall provide all of the following information on the application:
1. The applicant's personal information:
    - a. Name;
    - b. Date of birth;
    - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
    - d. Department identification number, when applicable;
    - e. Residency status and number of years of residency immediately preceding application, when applicable;
    - f. Mailing address, when applicable;
    - g. Physical address;
    - h. Telephone number, when available; and
    - i. E-mail address, when available;
  2. Affirmation that:
    - a. The applicant meets the eligibility requirements prescribed under A.R.S. § 17-333(C)(2), (C)(3), or (C)(4),
    - b. The applicant has been a resident of this state for at least one year immediately preceding application for the license, and
    - c. The information provided on the application is true and accurate.
  3. Applicant's signature and date.
- D.** In addition to the requirements established under subsection (B), an applicant for a veteran's license shall, at the time of application, certify eligibility for the license by submitting:
1. For a complimentary or reduced-fee disabled veterans license issued under A.R.S. § 17-333(C)(2) or (C)(3) respectively, an original or facsimile DD-214, certification form, or a benefits letter issued by the U.S. Department of Veteran's Affairs (DVA) or obtained from the DVA website that meets the requirements specified in subsections (B)(1) and (B)(2). The certification form is furnished by the Department and is available at any Department office and on the Department's website. The certification shall be completed and signed by an agent of the U.S. Department of Veteran's Affairs.
  2. For a Purple Heart Medal license issued under A.R.S. § 17-333(C)(4), an original or facsimile DD-214 or DD-215, service records showing the award, military orders of the award, or other military discharge document such as WD AGO Form. The actual Purple Heart Medal or a certificate of award will not suffice alone for verification purposes.
- E.** All information and documentation provided by the applicant is subject to Department verification. The Department shall return the original or certified copy of a document to the applicant after verification.
- F.** The Department shall deny a disabled veteran's or Purple Heart Medal license when the applicant:
1. Fails to meet the criteria prescribed under A.R.S. § 17-333(C)(2), (C)(3), or (C)(4),
  2. Fails to comply with the requirements of this Section, or
  3. Provides false information during the application process.
- G.** The Department shall provide written notice to the applicant stating the reason for the denial. The applicant may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.

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- H. A complimentary disabled veteran's license holder may request a no-fee duplicate paper license provided:
  1. The license was lost or destroyed,
  2. The license holder submits a written request to the Department for a duplicate license, and
  3. The Department's records indicate a disabled veteran's license was previously issued to that person.
- I. A person issued a disabled veteran's license prior to January 1, 2014 shall be entitled to the privileges established under subsection (A).
- J. For the purposes of this Section:
  1. "Disabled veteran" means a veteran of the armed forces of the U.S. with a service connected disability.
  2. "Veteran" means a person who has served in the U.S. armed forces.
- 3. The youth combination hunting and fishing license includes the state migratory bird stamp privileges. A youth hunter who possesses a valid combination hunting and fishing license shall obtain:
  - a. A Federal waterfowl stamp when the youth hunter is 16 years of age or older and is taking ducks, geese, swans, coots, gallinules; or
  - b. A permit-tag when the youth hunter is taking sand-hill crane.
- C. A license dealer shall submit state migratory bird registration forms for all state migratory bird stamps sold with the monthly report required under A.R.S. § 17-338.

**Historical Note**

Former Section R12-4-66 renumbered, then repealed and readopted as Section R12-4-43 effective February 20, 1981 (Supp. 81-1). Former Section R12-4-43 renumbered as Section R12-4-202 without change effective August 13, 1981 (Supp. 81-4). Amended effective December 31, 1984 (Supp. 84-6). Repealed effective April 28, 1989 (Supp. 89-2). New Section R12-4-202 adopted effective December 22, 1989 (Supp. 89-4). Amended by final rulemaking at 6 A.A.R. 211, effective December 14, 1999 (Supp. 99-4). Amended by final rulemaking at 12 A.A.R. 212, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 18 A.A.R. 1199, effective June 30, 2012 (Supp. 12-2). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 3045, effective January 3, 2015 (Supp. 14-4). Amended by final rulemaking at 21 A.A.R. 2550, effective January 5, 2015 (Supp. 15-2). Amended by final exempt rulemaking at 27 A.A.R. 1076, effective August 21, 2021 (Supp. 21-2). Amended by final exempt rulemaking at 28 A.A.R. 3355 (October 21, 2022), effective September 26, 2022 (Supp. 22-3).

Amended effective March 7, 1979 (Supp. 79-2).  
 Amended effective April 22, 1980 (Supp. 80-2).  
 Amended subsections (A), (C), (D), and (G) effective December 29, 1980 (Supp. 80-6). Former Section R12-4-41 renumbered as Section R12-4-203 without change effective August 13, 1981 (Supp. 81-4). Amended subsections (A), (C), (E), (G) and added Form 7016 (Supp. 81-6). Repealed effective April 28, 1989 (Supp. 89-2). New Section adopted effective July 1, 1997; filed with the Office of the Secretary of State November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 6 A.A.R. 1146, effective July 1, 2000 (Supp. 00-1). Amended by final rulemaking at 12 A.A.R. 212, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 13 A.A.R. 462, effective February 6, 2007 (Supp. 07-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3).

**Editor's Note**

For similar subject matter, see Section R12-4-411.  
 This editor's note does not apply to the new Section adopted effective July 1, 1997 (Supp. 96-4).

**R12-4-203. National Harvest Information Program (HIP); State Waterfowl and Migratory Bird Stamp**

- A. All state fish and wildlife agencies are required to obtain data to assess the harvest of migratory game birds in compliance with the federally mandated National Harvest Information Program administered by the United States Fish and Wildlife Service in accordance with 50 C.F.R. Part 20.
- B. In compliance with the National Harvest Information Program, the Department requires a person to possess a migratory bird stamp or authorization number, which may be affixed to or written on the appropriate license, and a current, valid federal waterfowl stamp. The migratory bird stamp and authorization number are required to take band-tailed pigeons, moorhen, coots, doves, ducks, geese, snipe, or swans.
  1. The state migratory bird stamp expires on June 30 of each year. To obtain a state migratory bird stamp, a person shall submit:
    - a. The fee required under R12-4-102, and
    - b. A completed state migratory bird registration form to a license dealer or a Department office.
  2. The person shall provide on the state migratory bird registration form the person's:
    - a. Name,
    - b. Mailing address,
    - c. Date of birth, and

**R12-4-204. Taxidermy Registration; Register**

- A. A person shall register with the Department before engaging in the business of taxidermy for hire. A taxidermy registration authorizes a person to mount, refurbish, maintain, restore, or preserve wildlife as defined under A.R.S. § 17-101.
- B. A taxidermy registration expires on December 31 of each year.
- C. The Department shall deny a taxidermy registration when the applicant:
  1. Fails to meet the requirements established under this Section;
  2. Provides false information during the application process; or
  3. Provides false information in the register required under A.R.S. § 17-363(B).
- D. The Department shall provide written notice to the applicant stating the reason for the denial. The applicant may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- E. A person may apply for a taxidermy registration by paying the applicable fee and submitting an application to the Department. The application form is available on the Department's website. A taxidermy registration applicant shall provide all of the following information:
  1. The applicant's information:
    - a. Name;
    - b. Date of birth;

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- c. Department identification number, when applicable;
- d. Mailing address, when applicable;
- e. Physical address;
- f. Telephone number, when available;
- g. Email address, when available; and
- 2. The applicant's business information:
  - a. Name;
  - b. Mailing address;
  - c. Email address;
  - d. Website URL address, if available;
  - e. Business telephone number, when applicable;
  - f. Calendar year for which the application is made; and
  - g. Whether the applicant is seeking renewal of an existing taxidermy registration.
- 3. Affirmation that the information provided on the application is true and accurate; and
- 4. Applicant's signature and date.
- F. A registered taxidermist may submit an application for renewal of a taxidermy registration after December 1 of the year it was issued.
- G. A registered taxidermist shall maintain a register of all persons who furnish raw and unmounted wildlife specimens for taxidermy service using the form available on the Department's website.
  - 1. This register shall be:
    - a. Maintained for a period of five years after the date the raw and unmounted wildlife specimens were received;
    - b. Provided upon request to an employee of the Department; and
    - c. Filed with the Department on or before January 31 of each year.
  - 2. This register shall contain all of the following information, as applicable:
    - a. The registered taxidermist's information:
      - i. Name;
      - ii. Taxidermy registration number;
      - iii. Email address, when available; and
    - b. The customer's or potential customer's:
      - i. Name;
      - ii. Address;
      - iii. Taker's tag or license number;
      - iv. Species and number of wildlife received;
      - v. Date wildlife received; and
    - c. A signed affirmation from the registered taxidermist that the information provided in the register is true and accurate.
  - 3. The taxidermy renewal registration becomes invalid if the register is not submitted to the Department by January 31 of the year following registration.
- H. As authorized under A.R.S. § 17-363(C), the Commission may revoke or suspend the taxidermy registration of a person convicted of violating any provision of A.R.S. § 17-363 or requirement established under this Section.

**Historical Note**

Amended effective May 31, 1976 (Supp. 76-3). Correction, Historical Note Supp. 76-3 should read "Amended effective May 3, 1976" (Supp. 78-5). Amended effective March 7, 1979 (Supp. 79-2). Amended effective March 20, 1981 (Supp. 81-2). Former Section R12-4-32 renumbered as Section R12-4-204 without change effective August 13, 1981 (Supp. 81-4). Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 12 A.A.R. 212, effective March 11, 2006

(Supp. 06-1). Repealed by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). New Section made by final rulemaking at 25 A.A.R. 1854, effective July 2, 2019 (Supp. 19-3).

**R12-4-205. High Achievement Scout License**

- A. A high achievement scout license is offered to a resident who is:
  - 1. Eligible for a combination hunting and fishing license,
  - 2. Under 21 years of age, and
  - 3. A member of the Boy Scouts of the United States of America and has attained the rank of Eagle Scout, or
  - 4. A member of the Girl Scouts of the United States of America and has attained the Gold Award.
- B. The high achievement scout license grants all of the hunting and fishing privileges of the youth combination hunting and fishing license and is only available at Department offices.
  - 1. The license is valid for one year from the date of purchase or selected start date provided the date selected is no more than 60 calendar days from and after the date of purchase.
  - 2. A valid hunt permit-tag, nonpermit-tag, or stamp is required to validate the high achievement scout license for the take of big game animals, migratory game birds, or other wildlife authorized by an applicable tag or stamp.
- C. An applicant for a high achievement scout license shall apply on an application form available from any Department office and on the Department's website. The applicant shall provide all of the following information on the application:
  - 1. The applicant's:
    - a. Name;
    - b. Date of birth;
    - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
    - d. Department identification number, when applicable;
    - e. Residency status and number of years of residency immediately preceding application, when applicable;
    - f. Mailing address, when applicable;
    - g. Physical address;
    - h. Telephone number, when available; and
    - i. E-mail address, when available;
  - 2. Affirmation that the information provided on the application is true and accurate; and
  - 3. Applicant's signature and date.
- D. In addition to the application, an eligible applicant shall present with the application:
  - 1. For an applicant who is a member of the Boy Scouts of the United States of America, any one of the following original documents:
    - a. A certification letter from the Boy Scouts of the United States of America stating that the applicant has attained the rank of Eagle Scout,
    - b. A Boy Scouts of the United States of America Eagle Scout Award Certificate, or
    - c. A Boy Scouts of the United States of America Eagle Scout wallet card.
  - 2. For an applicant who is a member of the Girl Scouts of the United States of America, any one of the following original documents:
    - a. A certification letter from the Girl Scouts of the United States of America stating that the applicant has completed the award,
    - b. A Girl Scouts of the United States of America Gold Award Certificate, or

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- c. A Girl Scouts Gold Award Certificate from the local council.
- E. The Department shall deny a high achievement scout license to an applicant who:
  1. Is not eligible for the license;
  2. Fails to comply with the requirements of this Section; or
  3. Provides false information during the application process.
- F. The Department shall provide written notice to the applicant stating the reason for the denial. The applicant may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.

**Historical Note**

Amended effective May 3, 1976 (Supp. 76-3). Editorial correction subsection (A) (Supp. 78-5). Amended effective March 7, 1979 (Supp. 79-2). Amended effective September 23, 1980 (Supp. 80-5). Former Section R12-4-33 renumbered as Section R12-4-205 without change effective August 13, 1981 (Supp. 81-4). Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 17 A.A.R. 1472, effective July 12, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 3045, effective January 3, 2015 (Supp. 14-4). Amended by final rulemaking at 26 A.A.R. 3229, effective July 1, 2021 (Supp. 20-4).

**R12-4-206. General Hunting License; Exemption**

- A. A general hunting license is valid for the taking of small game, fur-bearing animals, predatory animals, nongame animals, and upland game birds. A valid hunt permit-tag, nonpermit-tag, or stamp is required to validate the general hunting license for the take of big game animals, migratory game birds, or other wildlife authorized by an applicable tag or stamp.
- B. The general hunting license is valid for one-year from:
  1. The date of purchase when a person purchases the hunting license from a License Dealer, as defined under R12-4-101;
  2. On the last day of the application deadline for that draw, as established by the hunt permit-tag application schedule published by the Department;
  3. On the last day of an extended deadline date, as authorized under subsection R12-4-104(C). If an applicant does not possess an appropriate license that meets the requirements of this subsection, the applicant shall purchase the license at the time of application; or
  4. The selected start date when a person purchases the hunting license from a Department office or online. A person may select the start date for the hunting license provided the date selected is no more than 60 calendar days from and after the date of purchase.
- C. A resident may apply for a general hunting license by submitting an application to the Department, a License Dealer as defined under R12-4-101, or on the Department's website. The application is furnished by the Department and is available at any Department office, License Dealer, and on the Department's website. A general hunting license applicant shall provide the following information on the application:
  1. The applicant's:
    - a. Name;
    - b. Date of birth,
    - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
    - d. Department identification number, when applicable;

- e. Residency status and number of years of residency immediately preceding application, when applicable;
- f. Mailing address, when applicable;
- g. Physical address;
- h. Telephone number, when available; and
- i. E-mail address, when available; and
- 2. Affirmation that the information provided on the application is true and accurate; and
- 3. Applicant's signature and date.
- D. In addition to the requirements listed under subsection (C), at the time of application an applicant who is applying for a general hunting license:
  1. In person shall pay the applicable fee required under R12-4-102.
  2. Online shall electronically pay the fee required under R12-4-102 and print the new license. A person applying online shall affirm, or provide permission for another person to affirm, the information provided on the online application is true and accurate.
- E. A person who is under 10 years of age may hunt wildlife other than big game without a hunting license when accompanied by a properly licensed person who is 18 years of age or older.

**Historical Note**

Amended effective March 7, 1979 (Supp. 79-2). Amended effective December 4, 1980 (Supp. 80-6). Former Section R12-4-34 renumbered as Section R12-4-206 without change effective August 13, 1981 (Supp. 81-4). Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 26 A.A.R. 3229, effective July 1, 2021 (Supp. 20-4).

**R12-4-207. General Fishing License; Exemption**

- A. A general fishing license is valid for the taking of all aquatic wildlife and allows the license holder to engage in simultaneous fishing as defined under R12-4-301. The general fishing license is valid:
  1. State-wide including Mittry Lake and Topock Marsh and the Arizona shoreline of Lake Mead, Lake Mohave and Lake Havasu, and Commission-designated community waters. The list of Commission-designated community waters is available at any License Dealer, Department office, and on the Department's website.
  2. On that portion of the Colorado River that forms the common boundary between Arizona and Nevada and Arizona and California and connected adjacent water, provided Arizona has an agreement with California and Nevada that recognizes a general fishing license as valid for taking aquatic wildlife on any portion of the Colorado River that forms the common boundary between Arizona and Nevada and Arizona and California.
- B. The general fishing license is valid for one-year from:
  1. The date of purchase when a person purchases the fishing license from a License Dealer, as defined under R12-4-101; or
  2. The selected start date when a person purchases the fishing license from a Department office or online. A person may select the start date for the fishing license provided the date selected is no more than 60 calendar days from and after the date of purchase.
- C. A resident or nonresident may apply for a general fishing license by submitting an application to the Department, a

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License Dealer as defined under R12-4-101, or on the Department's website. The application is furnished by the Department and is available at any Department office, License Dealer, and on the Department's website. A general fishing license applicant shall provide the following information on the application:

1. The applicant's:
    - a. Name;
    - b. Date of birth,
    - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
    - d. Department identification number, when applicable;
    - e. Residency status and number of years of residency immediately preceding application, when applicable;
    - f. Mailing address, when applicable;
    - g. Physical address;
    - h. Telephone number, when available; and
    - i. E-mail address, when available; and
  2. Affirmation that the information provided on the application is true and accurate; and
  3. Applicant's signature and date.
- D.** In addition to the requirements listed under subsection (C), an applicant who is applying for a general fishing license:
1. In person shall pay the applicable fee required under R12-4-102.
  2. Online shall electronically pay the fee required under R12-4-102 and print the new license. A person applying online shall affirm, or provide permission for another person to affirm, the information provided on the online application is true and accurate.
- E.** In addition to the exemption prescribed under A.R.S. § 17-335, a person who is under 10 years of age may fish without a fishing license.

**Historical Note**

Amended effective March 7, 1979 (Supp. 79-2).  
 Amended effective December 4, 1980 (Supp. 80-6). Former Section R12-4-35 renumbered as Section R12-4-207 without change effective August 13, 1981 (Supp. 81-4).  
 Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 26 A.A.R. 3229, effective July 1, 2021 (Supp. 20-4).

**R12-4-208. Guide License**

- A.** A guide, as defined under A.R.S. § 17-101, is a person who does any one of the following:
1. Advertises for guiding services.
  2. Is presented to the public for hire as a guide.
  3. Is employed by a commercial enterprise as a guide.
  4. Accepts compensation in any form commensurate with the market value in this state for guiding services in exchange for aiding, assisting, directing, leading, or instructing a person in the field to locate and take wildlife.
  5. Is not a landowner or lessee who, without full fair market compensation, allows access to the landowner's or lessee's property and directs and advises a person in taking wildlife.
- B.** A person shall not act as a guide unless the person holds one of the following guide licenses:
1. A hunting guide license, which authorizes the license holder to act as a guide for the lawful taking of wildlife

other than aquatic wildlife as defined under A.R.S. § 17-101.

2. A fishing guide license, which authorizes the license holder to act as a guide for the lawful taking of aquatic wildlife.
  3. A hunting and fishing guide license, which authorizes the license holder to act as a guide for the lawful taking of wildlife.
- C.** A guide license shall expire on December 31 of each year.
- D.** A person is not eligible to apply for an original or renewal guide license when any one of the following conditions apply:
1. The applicant was convicted of a felony violation of any federal wildlife law, within five years immediately preceding the date of application;
  2. The applicant was convicted of a violation listed under A.R.S. § 17-309(D), within five years immediately preceding the date of application;
  3. The applicant was convicted of a violation of a federal or state wildlife law for which a license to take wildlife may be revoked or suspended within five years immediately preceding the date of application; or
  4. The applicant's privilege to take or possess wildlife or to guide or act as a guide is currently suspended or revoked anywhere in the U.S. for violation of a federal or state wildlife law.
- E.** Notwithstanding subsection (D), a person who was convicted of a misdemeanor violation of any wildlife law within one year preceding the date of application may apply for a guide license provided the person immediately and voluntarily reported the violation to the Department after committing the violation.
- F.** An applicant for a guide license shall:
1. Be 18 years of age or older, and
  2. Possess the required Department-issued license, as applicable:
    - a. A current Arizona hunting license when applying for a hunting guide license;
    - b. A current Arizona fishing license when applying for a fishing guide license;
    - c. A current Arizona combination hunting and fishing license when applying for a hunting and fishing guide license;
- G.** The guide license does not exempt the license holder from any applicable method of take or licensing requirement. The guide license holder shall comply with all applicable Commission rules, including, but not limited to, rules governing:
1. Lawful methods of take,
  2. Lawful devices, and
  3. License requirements.
- H.** Unless otherwise provided under this Section, a person shall successfully complete the Department administered examination, and answer at least 80% of the questions correctly, prior to applying for a guide license. Guide examinations are:
1. Provided at a Department office.
  2. Valid until December 31 of the year in which it was taken.
  3. A person interested in taking the guide examination shall contact a Department office to obtain scheduling information.
- I.** The examination is based on the type of guide license the person is seeking.
1. Before taking the examination, the applicant shall provide their:
    - a. Name;
    - b. Date of birth; and

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- c. Driver license number and issuing state.
  2. The examination may include questions regarding any of the following topics:
    - a. A.R.S. Title 17 Game and Fish statutes and Commission rules regarding the taking and handling of terrestrial and aquatic wildlife;
    - b. A.R.S. Title 28, Ch 3, Article 20 Off-highway Vehicles statutes and rule regarding the use of off-highway vehicles;
    - c. A.R.S. Title 5, Ch 3, Boating and Water Sports statutes and Commission rules on boating;
    - d. Requirements for guiding on federal lands;
    - e. Identification of aquatic wildlife species;
    - f. Identification of wildlife;
    - g. Special state and federal laws regarding certain species;
    - h. General knowledge of fair chase, hunter ethics, and conservation in Arizona;
    - i. General knowledge of species habitat and wildlife that may occur in the same habitat;
    - j. General knowledge of the types of habitat within the State; and
    - k. General knowledge of special or concurrent jurisdictions within the State.
  3. An applicant who fails the examination may retake the examination as agreed upon by the applicant and the examination administrator.
- J.** In addition to the guide examination requirement under subsection (H), a guide license holder shall take the Department administered examination when:
  1. The applicant currently holds a hunting or fishing guide license and is applying for a combination hunting and fishing guide license;
  2. The applicant for a hunting guide license was convicted of a violation of A.R.S. Title 17 or Game and Fish Commission rule governing the taking and handling of terrestrial wildlife within one year preceding the date of application;
  3. The applicant for a fishing guide license was convicted of a violation of A.R.S. Title 17 or Game and Fish Commission rule governing the taking and handling of aquatic wildlife within one year preceding the date of application;
  4. The applicant failed to submit a renewal application postmarked before the expiration date of the guide license; or
  5. The applicant failed to submit the annual report for the preceding license year by January 10 of the following license year.
- K.** A person may apply for a guide license by submitting an application to the Department. The application form is furnished by the Department and is available at any Department office and on the Department's website. A guide license applicant shall provide all of the following information on the application:
  1. The applicant's personal information:
    - a. Name;
    - b. Date of birth;
    - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
    - d. Social Security Number;
    - e. Current hunting, fishing, or combination hunting and fishing license number;
    - f. Residency status;
    - g. Mailing address, when applicable;
    - h. Physical address;
    - i. Telephone number, when available;
    - j. E-mail address, when available;
    - k. Type of guide license sought; and
    - l. Calendar year for which the application is made;
  2. The outfitting or guide:
    - a. Business name; and
    - b. Business address, as applicable;
  3. Responses to questions relating to criminal violations;
  4. Affirmation that:
    - a. The applicant meets the eligibility requirements prescribed under this Section; and
    - b. The information provided on the application is true and accurate;
  5. Applicant's signature and date.
- L.** In addition to the requirements listed under subsection (K), an applicant for a guide license shall also submit a copy of any one of the following as proof of the applicant's identity:
  1. Valid U.S. passport;
  2. Applicant's birth certificate;
  3. Valid government-issued driver's license; or
  4. Valid government-issued identification card.
- M.** All information and documentation provided by the guide license applicant is subject to Department verification.
- N.** An applicant for a guide license shall pay all applicable fees required under R12-4-102 upon approval of an initial or renewal application for a guide license.
- O.** The Department shall deny a guide license when the applicant:
  1. Fails to meet the criteria prescribed under A.R.S. § 17-362,
  2. Fails to comply with the requirements of this Section,
  3. Provides false information during the application process,
  4. Fails to provide the annual report required under subsection (R) by January 10, or
  5. Provides false information in the annual report required under subsection (R) within three years immediately preceding the date of application.
- P.** The Department shall provide written notice to the applicant stating the reason for the denial. The applicant may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- Q.** A guide license holder may submit an application for renewal of a guide license after December 1 of the year it was issued. The Department shall not start the substantive review, as defined under A.R.S. § 41-1072, before January 10 of the following license year, unless the Department receives the annual report prior to the date established under subsection (R). The current guide license shall remain valid pending a Department decision on the application for renewal, provided:
  1. The application for renewal is submitted to the Department by December 31, and
  2. The Department receives the annual report submitted in compliance with subsection (R).
- R.** A guide license holder shall submit to the Department the annual report required under A.R.S. § 17-362(C) for the previous calendar year before January 10 of the following license year. The report form is furnished by the Department and is available at any Department office or on the Department's website.
  1. A report is required whether or not the license holder performed any guiding activities.
  2. The annual report shall include all of the following information, as applicable:
    - a. License holder's personal information:
      - i. Name;
      - ii. Guide license number; and

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- iii. E-mail address, when available; and
  - b. Client's personal information:
    - i. Name;
    - ii. Mailing address; and
    - iii. Arizona license, tag and permit numbers, and
  - c. Dates guiding activities were conducted;
  - d. Number and species of wildlife taken by the clients;
  - e. Game management unit or body of water where guiding activities took place;
  - f. Affirmation that the information provided in the annual report is true and accurate; and
  - g. License holder's signature and date.
- 3. The Department shall not renew a guide license if the annual report is not submitted to the Department by January 10 of the following license year.
- S. The date of receipt for the items required under subsections (K), (L), (Q), and (R) shall be as follows:
  - 1. The date a person presents the items to a Department office;
  - 2. The date a private express mail carrier receives the package containing the items as indicated on the shipping package; or
  - 3. The date of the United States Postal Service postmark stamped on the envelope containing the items.
- T. A guide license holder shall:
  - 1. Complete a Department-sanctioned continuing education course at least once every five-years.
  - 2. While performing guide activities or providing guide services:
    - a. Possess a valid guide license.
    - b. Possess a valid Arizona hunting, fishing, or combination hunting and fishing license, as applicable under subsection (F)(2).
    - c. Present the license for inspection upon the request of any peace officer, including wildlife managers and game rangers.
    - d. Report any violation of a federal or state wildlife regulation, law, or rule personally witnessed by the guide license holder.
- U. A guide license holder shall not:
  - 1. Use, or allow another person to use, any method or device prohibited under any federal or state wildlife regulation, law, or rule while taking wildlife.
  - 2. Aid, counsel, agree to aid, or attempt to aid another person in planning or engaging in conduct that results in a violation of any federal or state wildlife regulation, law, or rule while taking wildlife.
  - 3. Pursue any wildlife or hold at bay any wildlife for a person unless that person is present during the pursuit to take the wildlife.
    - a. The person shall be continuously present during the entire pursuit of that specific target animal.
    - b. If dogs are used, the person shall be present when the dogs are released on a specific target animal and shall be continuously present for the remainder of the pursuit.
  - 4. Hold wildlife at bay other than during daylight hours, unless a Commission Order authorizes the take of the species at night.
- V. As authorized under A.R.S. § 17-362(A), the Commission may revoke or suspend a guide license when any one or more of the following actions occur:

- 1. The guide license holder failed to comply with the requirements of A.R.S. Title 17 or was convicted of violating any provision of A.R.S. Title 17;
- 2. The guide license holder was convicted of a felony violation of any federal wildlife law;
- 3. The guide license holder was convicted of a violation listed under A.R.S. § 17-309(D);
- 4. The guide license holder was convicted of a violation of a federal or state wildlife law for which a license to take wildlife may be revoked or suspended; or
- 5. The guide license holder's privilege to take or possess wildlife is suspended or revoked by any jurisdiction for violation of a federal or state wildlife law.

**Historical Note**

Amended effective March 7, 1979 (Supp. 79-2). Former Section R12-4-40 renumbered as Section R12-4-208 without change effective August 13, 1981 (Supp. 81-4). Former rule repealed, new Section R12-4-208 adopted effective December 22, 1989 (Supp. 89-4). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 211, effective January 1, 2000 (Supp. 99-4). Amended by final rulemaking at 12 A.A.R. 212, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 20 A.A.R. 3045, effective January 3, 2015 (Supp. 14-4). Amended by final rulemaking at 26 A.A.R. 3229, effective July 1, 2021 (Supp. 20-4).

**R12-4-209. Repealed****Historical Note**

Adopted effective March 20, 1981 (Supp. 81-2). Former Section R12-4-42 renumbered as Section R12-4-209 without change effective August 13, 1981 (Supp. 81-4). Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Repealed by final rulemaking at 27 A.A.R. 1368 (September 3, 2021), effective January 1, 2022 (Supp. 21-4).

**R12-4-210. Combination Hunting and Fishing License; Exemption**

- A. A combination hunting and fishing license is valid for the taking of small game, fur-bearing animals, predatory animals, nongame animals, and upland game birds.
- B. A combination hunting and fishing license is valid for the taking of all aquatic wildlife and allows the license holder to engage in simultaneous fishing as defined under R12-4-101. The combination hunting and fishing license is valid:
  - 1. State-wide including Mitty Lake and Topock Marsh and the Arizona shoreline of Lake Mead, Lake Mohave and Lake Havasu, and Commission-designated community waters. The list of Commission-designated community waters is available at any License Dealer, Department office, and on the Department's website.
  - 2. On that portion of the Colorado River that forms the common boundary between Arizona and Nevada and Arizona and California and connected adjacent water, provided Arizona has an agreement with California and Nevada that recognizes a combination hunting and fishing license as valid for taking aquatic wildlife on any portion of the Colorado River that forms the common boundary between Arizona and Nevada and Arizona and California.

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- C. The Department offers three combination hunting and fishing licenses:
1. A short-term combination hunting and fishing license, valid for one 24-hour period from midnight to midnight.
    - a. The short-term combination hunting and fishing license is not valid for the take of big game animals.
    - b. The short-term combination hunting and fishing license is valid for the take of migratory game birds and waterfowl, provided the person possesses the applicable State Migratory Bird stamp and Federal Waterfowl stamp.
    - c. The Department does not limit the number of short-term combination hunting and fishing licenses a resident or nonresident may purchase.
  2. A combination hunting and fishing license for a person age 18 and over.
    - a. The combination hunting and fishing license is valid for one-year from:
      - i. The date of purchase when a person purchases the combination hunting and fishing license from a License Dealer, as defined under R12-4-101;
      - ii. On the last day of the application deadline for that draw, as established by the hunt permit-tag application schedule published by the Department;
      - iii. On the last day of an extended deadline date, as authorized under subsection R12-4-104(C). If an applicant does not possess an appropriate license that meets the requirements of this subsection, the applicant shall purchase the license at the time of application; or
      - iv. The selected start date when a person purchases the combination hunting and fishing license from a Department office or online. A person may select the start date for the combination hunting and fishing license provided the date selected is no more than 60 calendar days from and after the date of purchase.
    - b. A valid hunt permit-tag, nonpermit-tag, or stamp is required to validate the combination hunting and fishing license for the take of big game animals, migratory game birds, or other wildlife authorized by an applicable tag or stamp.
  3. A youth combination hunting and fishing license for a person through age 17.
    - a. The combination hunting and fishing license is valid for one-year from:
      - i. The date of purchase when a person purchases the combination hunting and fishing license from a License Dealer, as defined under R12-4-101;
      - ii. On the last day of the application deadline for that draw, as established by the hunt permit-tag application schedule published by the Department;
      - iii. On the last day of an extended deadline date, as authorized under subsection R12-4-104(C). If an applicant does not possess an appropriate license that meets the requirements of this subsection, the applicant shall purchase the license at the time of application; or
      - iv. The selected start date when a person purchases the combination hunting and fishing license from a Department office or online. A person may select the start date for the combination hunting and fishing license provided the date selected is no more than 60 calendar days from and after the date of purchase.
    - b. A valid hunt permit-tag, nonpermit-tag, or stamp is required to validate the combination hunting and fishing license for the take of big game animals, migratory game birds, or other wildlife authorized by an applicable tag or stamp.
- D. A resident or nonresident may apply for a combination hunting and fishing license by submitting an application to the Department, a License Dealer as defined under R12-4-101, or on the Department's website. The application is furnished by the Department and is available at any Department office, License Dealer, and on the Department's website. A combination hunting and fishing license applicant shall provide the following information on the application:
1. The applicant's:
    - a. Name;
    - b. Date of birth,
    - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
    - d. Department identification number, when applicable;
    - e. Residency status and number of years of residency immediately preceding application, when applicable;
    - f. Mailing address, when applicable;
    - g. Physical address;
    - h. Telephone number, when available; and
    - i. E-mail address, when available; and
  2. Affirmation that the information provided on the application is true and accurate; and
  3. Applicant's signature and date.
- E. In addition to the requirements listed under subsection (C), an applicant who is applying for a combination hunting and fishing license:
1. In person shall pay the applicable fee required under R12-4-102.
  2. Online shall electronically pay the fee required under R12-4-102 and print the new license. A person applying online shall affirm, or provide permission for another person to affirm, the information provided on the online application is true and accurate.
- F. Exemptions authorized under R12-4-206(E) and R12-4-207(E) also apply to this Section, as applicable.

**Historical Note**

Former Section R12-4-39 repealed, new Section R12-4-39 adopted effective January 20, 1977 (Supp. 77-1). Editorial correction subsection (A), paragraph (2) (Supp. 78-5). Amended effective March 7, 1979 (Supp. 79-2). Amended effective April 22, 1980 (Supp. 80-2). Former Section R12-4-39 repealed, new Section R12-4-39 adopted effective March 17, 1981 (Supp. 81-2). Former Section R12-4-39 renumbered as Section R12-4-210 without change effective August 13, 1981 (Supp. 81-4). Amended effective December 16, 1982 (Supp. 82-6). Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 26 A.A.R. 3229, effective July 1, 2021 (Supp. 20-4).



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**R12-4-211. Lifetime License; Benefactor License**

- A.** The Department offers the following lifetime licenses:
1. A lifetime hunting license includes the privileges established under R12-4-206(A).
  2. A lifetime fishing license includes the privileges established under R12-4-207(A).
  3. A lifetime combination hunting and fishing license includes the privileges established under R12-4-210(A) and (B).
  4. A benefactor lifetime combination hunting and fishing license includes the privileges established under R12-4-210(A) and (B).
- B.** A valid hunt permit-tag, nonpermit-tag, or stamp is required to validate lifetime hunting or combination hunting and fishing license for the take of big game animals, migratory game birds, or other wildlife authorized by an applicable tag or stamp.
- C.** The lifetime licenses identified under subsection (A) do not expire and remain valid if the licensee subsequently resides outside of this state.
1. A licensee who resides outside of Arizona shall submit the nonresident fee to purchase any required hunt permit-tag, nonpermit-tag, or stamp to hunt and fish in this state.
  2. Limits established under R12-4-114 for nonresident hunt permit-tags and nonpermit-tags do not apply to a lifetime license holder.
- D.** A resident may apply for a lifetime license by submitting an application to the Department and paying the applicable fee required under subsection (E). The application is furnished by the Department and is available at any Department office and on the Department's website. A lifetime license applicant shall provide the following information on the application:
1. The applicant's:
    - a. Name;
    - b. Date of birth,
    - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
    - d. Social Security Number, when required under A.R.S. §§ 25-320(P) and 25-502(K);
    - e. Department identification number, when applicable;
    - f. Residency status and number of years of residency immediately preceding application, when applicable;
    - g. Mailing address, when applicable;
    - h. Physical address;
    - i. Telephone number, when available; and
    - j. E-mail address, when available; and
  2. Affirmation that the information provided on the application is true and accurate; and
  3. Applicant's signature and date.
- E.** The fees for resident lifetime licenses listed under (A)(1) through (A)(3) are determined by the age of the applicant as follows:
1. Age 0 through 13 years is 17 times the fee established under R12-4-102 for the equivalent one-year license.
  2. Age 14 through 29 years is 18 times the fee established under R12-4-102 for the equivalent one-year license.
  3. Age 30 through 44 years is 16 times the fee established under R12-4-102 for the equivalent one-year license.
  4. Age 45 through 61 years is 15 times the fee established under R12-4-102 for the equivalent one-year license.
  5. Age 62 and older is 8 times the fee established under R12-4-102 for the equivalent one-year license.

6. For the purposes of this subsection, when the applicant is under the age of 18, the fee for the lifetime license is based on the full priced license fee, not the youth license fee.

- F.** The fee for the benefactor license listed under (A)(4) is \$1,500. The difference between \$1,500 and the license fee for a resident lifetime combination hunting and fishing license established under subsection (E):
1. Is a donation to the State for continued management, protection, and conservation of the State's wildlife.
  2. Shall be credited to the wildlife endowment fund established under A.R.S. § 17-271.
  3. May be tax deductible to the extent allowed by federal and state income tax statutes for contributions to qualifying tax-exempt organizations.
- G.** A lifetime license may be denied or suspended pursuant to, and for the offenses described under, A.R.S. § 17-340.
- H.** A person issued a lifetime license prior to the effective date of this Section shall be entitled to the privileges established under subsection (A)(1), (A)(2), (A)(3), or (A)(4), as applicable, for the equivalent lifetime license.

**Historical Note**

Amended effective March 7, 1979 (Supp. 79-2).  
 Amended effective October 9, 1980 (Supp. 80-5). Former Section R12-4-36 renumbered as Section R12-4-211 without change effective August 13, 1981 (Supp. 81-4).  
 Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 26 A.A.R. 3229, effective July 1, 2021 (Supp. 20-4). Amended by final exempt rulemaking at 28 A.A.R. 3360 (October 21, 2022), effective November 26, 2022 (Supp. 22-3).

**R12-4-212. Repealed****Historical Note**

Amended as an emergency effective April 10, 1975 (Supp. 75-1). Amended effective January 1, 1977 (Supp. 76-5). Former Section R12-4-37 renumbered as Section R12-4-211 without change effective August 13, 1981 (Supp. 81-4). Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Repealed by final rulemaking at 26 A.A.R. 3229, effective July 1, 2021 (Supp. 20-4).

**R12-4-213. Hunt Permit-tags and Nonpermit-tags**

- A.** A valid hunt permit-tag or nonpermit-tag is required to validate a license to take a big game animal or other wildlife requiring a valid tag. Before a person may take a big game animal or other wildlife requiring a tag, the person shall apply for and obtain the appropriate tag required for the take of that big game animal or other wildlife.
- B.** A person may apply for a hunt permit-tag in accordance with R12-4-104 and at the times, locations, and in the manner established by the hunt permit-tag application schedule that the Department publishes and is available at any Department office, on the Department's website, or a License Dealer as defined under R12-4-101.
- C.** A person applying for a nonpermit-tag shall apply in accordance with R12-4-114 and pay the required fee established under R12-4-102.
- D.** Under A.R.S. § 17-332(C), the Department and its license dealers may issue a duplicate tag to a person whose tag was

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not used and is lost, destroyed, mutilated, or otherwise unusable; or placed on a harvested animal that was subsequently condemned and the carcass and all parts of the animal were surrendered to a Department employee as required under R12-4-112(B) and (C). The person shall complete and sign the affidavit furnished by the Department. The affidavit is available at any Department office or License Dealer. The person shall provide the following information on the affidavit:

1. The applicant's personal information:
  - a. Name;
  - b. Department identification number, when applicable;
  - c. Residency status and number of years of residency immediately preceding application, when applicable;
2. The original license or tag information:
  - a. Type of license or tag;
  - b. Place of purchase;
  - c. Purchase date, when available;
3. Disposition of the original tag for which a duplicate is being purchased.
4. A person applying for a duplicate tag after a harvested animal that was subsequently condemned as described under subsection (D) shall also submit the condemned meat duplicate tag authorization form issued by the Department.

- E. The person shall pay the applicable duplicate fee prescribed under R12-4-102.

**Historical Note**

Amended effective March 7, 1979 (Supp. 79-2).  
 Amended effective December 4, 1980 (Supp. 80-6). Former Section R12-4-38 renumbered as Section R12-4-213 without change effective August 13, 1981 (Supp. 81-4).  
 Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 26 A.A.R. 3229, effective July 1, 2021 (Supp. 20-4).

**R12-4-214. Repealed****Historical Note**

Former Section R12-4-67 renumbered as Section R12-4-214 without change effective August 13, 1981 (Supp. 81-4). Repealed effective December 22, 1989 (Supp. 89-4).  
 New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Repealed by final rulemaking at 27 A.A.R. 1368 (September 3, 2021), effective January 1, 2022 (Supp. 21-4).

**R12-4-215. Youth Group Two-day Fishing License**

- A. A youth group two-day fishing license authorizes a nonprofit organization or governmental entity as defined under subsection (C) that sponsors adult supervised activities for youth to take up to 25 youths fishing. The youth group two-day fishing license is only available from a Department office. The youth group two-day fishing license is valid for:
1. Two consecutive days,
  2. The take of all aquatic wildlife, and
  3. All privileges established under R12-4-207(A).
- B. A nonprofit organization or governmental entity may apply for a youth group two-day fishing license at any Department office. An applicant for a youth group two-day fishing license shall be a resident. The applicant shall pay the fee required under R12-4-102 and provide the following information at the time of application:

1. The nonprofit organization's or governmental entity's:
    - a. Name;
    - b. Mailing address; and
    - c. Telephone number, when available;
  2. The applicant's:
    - a. Name;
    - b. Date of birth,
    - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
    - d. Department identification number, when applicable;
    - e. Mailing address, when applicable;
    - f. Physical address;
    - g. Telephone number, when available; and
    - h. E-mail address, when available;
  3. The dates on which the nonprofit organization intends to conduct the youth group fishing activity.
  4. The approximate number of youth participating in the group fishing activity.
- C. For the purpose of this Section, "governmental entity" means any town, city, county, municipality, or other political subdivision of this state or any department, agency, board, commission, authority, division, office, public school, public charter school, public corporation, or other public entity of this state or any department agency bureau, or office of the federal government that is physically located within this state.

**Historical Note**

Adopted effective December 9, 1982 (Supp. 82-6). Section repealed, new Section adopted effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 4308, effective December 31, 2003 (Supp. 05-4). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3).

**R12-4-216. Crossbow Permit**

- A. For the purposes of this Section, "healthcare provider" means a person who is licensed to practice by the federal government, any state, or U.S. territory with one of the following credentials:
1. Medical Doctor,
  2. Doctor of Osteopathy,
  3. Doctor of Chiropractic,
  4. Nurse Practitioner, or
  5. Physician Assistant.
- B. When authorized under R12-4-304 as lawful for the species hunted:
1. A person who possesses a valid crossbow permit may use any of the following during an archery-only season as prescribed under R12-4-318:
    - a. A crossbow, as defined under R12-4-101, using a single bowstring, capable of firing only a single arrow or bolt with each loading and cocking action; or
    - b. Any bow to be drawn and held with an assisting device.
  2. A person who possesses both a valid crossbow permit and CHAMP, issued under R12-4-217, may use any of the following during an archery-only season as prescribed under R12-4-318:
    - a. A crossbow, as defined under R12-4-101, using a single bowstring, capable of firing only a single arrow or bolt with each loading and cocking action;

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- b. Any bow to be drawn and held with an assisting device; or
  - c. Pre-charged pneumatic weapon, as defined under R12-4-301, using arrows or bolts and capable of firing only a single arrow or bolt at a time.
- C. The crossbow permit does not exempt the permit holder from any other applicable method of take or licensing requirement. The permit holder shall be responsible for compliance with all applicable regulatory requirements.
- D. The crossbow permit does not expire, unless:
  - 1. The medical certification portion of the application indicates the person has a temporary physical disability; then the crossbow permit shall be valid for a period of one year from the date the medical certification portion of the application was signed by the healthcare provider,
  - 2. The permit holder no longer meets the criteria for obtaining the crossbow permit, or
  - 3. The Commission revokes the person's hunting privileges under A.R.S. § 17-340. A person whose crossbow permit is revoked by the Commission may petition the Commission for a rehearing as established under R12-4-607.
- E. An applicant for a crossbow permit shall apply by submitting an application to the Department. The application form is furnished by the Department and is available at any Department office and online at [www.azgfd.gov](http://www.azgfd.gov). A crossbow permit applicant shall provide all of the following information on the application:
  - 1. The applicant's:
    - a. Name;
    - b. Date of birth;
    - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
    - d. Department identification number, when applicable;
    - e. Residency status;
    - f. Mailing address, when applicable;
    - g. Physical address;
    - h. Telephone number, when available; and
    - i. E-mail address, when available;
  - 2. Affirmation that:
    - a. The applicant meets the requirements of this Section, and
    - b. The information provided on the application is true and accurate, and
  - 3. Applicant's signature and date.
  - 4. The certification portion of the application shall be completed by a healthcare provider. The healthcare provider shall:
    - a. Certify the applicant has one or more of the following physical limitations:
      - i. An amputation involving body extremities required for stable function to use conventional archery equipment;
      - ii. A spinal cord injury resulting in a disability to the lower extremities, leaving the applicant non ambulatory;
      - iii. A wheelchair restriction;
      - iv. A neuromuscular condition that prevents the applicant from drawing and holding a bow;
      - v. A failed manual muscle test involving the grading of shoulder and elbow flexion and extension or an impaired range-of-motion test involving the shoulder or elbow; or
      - vi. A combination of comparable physical disabilities resulting in the applicant's inability to draw and hold a bow;
      - vii. A failed functional draw test that equals 30 pounds of resistance and involves holding it for four seconds. The functional draw test may not be used to determine eligibility for the permit when it is not associated with a disability.
    - b. Indicate whether the disability is temporary or permanent and, when temporary, specify the expected duration of the physical limitation; and
    - c. Provide the healthcare provider's:
      - i. Typed or printed name,
      - ii. License number,
      - iii. Business address,
      - iv. Telephone number, and
      - v. Signature and date;
- 5. A person who holds a valid Challenged Hunter Access/Mobility Permit (CHAMP) and who is applying for a crossbow permit is exempt from the requirements of subsection (E)(4) and shall indicate "CHAMP" in the space provided for the medical certification on the crossbow permit application.
- F. In addition to the requirements listed above, at the time of application an applicant who is applying for a crossbow permit shall pay the applicable fee required under R12-4-102.
- G. All information and documentation provided by the applicant is subject to Department verification.
- H. The Department shall deny a crossbow permit when the applicant:
  - 1. Fails to meet the criteria prescribed under this Section,
  - 2. Fails to comply with the requirements of this Section, or
  - 3. Provides false information during the application process.
- I. The Department shall provide written notice to the applicant stating the reason for the denial. The applicant may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- J. The applicant claiming a temporary or permanent disability is responsible for all costs associated with obtaining the medical documentation, re-evaluation of the information, or a second medical opinion.
- K. When acting under the authority of a crossbow permit, the crossbow permit holder shall possess the permit, and exhibit the permit upon request to any peace officer, including wildlife managers and game rangers.
- L. A crossbow permit holder shall not:
  - 1. Transfer the permit to another person, or
  - 2. Allow another person to use or possess the permit.

**Historical Note**

Adopted effective April 7, 1983 (Supp. 83-2). Repealed effective January 1, 1993; filed December 18, 1993 (Supp. 92-4). New Section adopted effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 6 A.A.R. 211, effective January 1, 2000 (Supp. 99-4). Amended by final rulemaking at 12 A.A.R. 212, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 20 A.A.R. 3045, effective January 3, 2015 (Supp. 14-4). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

**R12-4-217. Challenged Hunter Access/Mobility Permit**

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**(CHAMP)**

- A.** For the purposes of this Section, the following definitions apply:

“Healthcare provider” means a person who is licensed to practice by the federal government, any state, or U.S. territory with one of the following credentials:

1. Medical Doctor,
2. Doctor of Osteopathy,
3. Doctor of Chiropractic,
4. Nurse Practitioner, or
5. Physician Assistant.

“Severe permanent disability” means one or more permanent physical or mental disabilities resulting from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, intellectual disability, muscular dystrophy, musculoskeletal disorders, neurological disorders, paraplegia, pulmonary disorders, quadriplegia and other spinal cord conditions, sickle cell anemia, and end stage renal disease or a combination of permanent disabilities resulting in comparable substantial functional limitations.

- B.** The Challenged Hunter Access/Mobility Permit (CHAMP) allows a person with a severe permanent disability to perform one or more of the following activities:

1. Discharge a firearm or other legal hunting device from a motor vehicle if, under existing conditions:
  - a. The discharge is otherwise lawful;
  - b. The motor vehicle is not in motion;
  - c. The motor vehicle is not on any road, as defined under A.R.S. § 17-101; and
  - d. The motor vehicle’s engine is turned off.
2. Discharge a firearm or other legal hunting device from a watercraft, as defined under R12-4-501; provided the motor is turned off, the sail furled, or both; and progress has ceased.
  - a. The watercraft may be drifting as a result of current or wind, beached, moored, resting at anchor, or propelled by paddle, oars, or pole.
  - b. A person may use a watercraft under power to retrieve dead or wounded wildlife.
  - c. For the purposes of this subsection, “watercraft” does not include a sinkbox.
3. Use off-road locations in a motor vehicle if use is not in conflict with federal or state statutes or regulations or local ordinances or regulations and the motor vehicle is used as a place to wait for game. A person shall not use a motor vehicle to chase or pursue game.
4. Designate an assistant to track and dispatch a wounded animal, and to retrieve the animal, in accordance with the requirements of this Section.

- C.** The CHAMP holder shall comply with all applicable regulatory requirements. A CHAMP does not exempt the permit holder from any other applicable method of take or licensing requirement.

- D.** The CHAMP does not expire, unless:

1. The permit holder no longer meets the criteria for obtaining the CHAMP, or
2. The Commission revokes the person’s hunting privileges under A.R.S. § 17-340. A person whose CHAMP is revoked by the Commission may petition the Commission for a rehearing as established under R12-4-607.

- E.** An applicant for a CHAMP shall apply by submitting an application to the Department. The application form is furnished by the Department and is available from any Department office

and on the Department’s website. The CHAMP applicant shall provide all of the following information on the application:

1. The applicant’s:
  - a. Name;
  - b. Date of birth;
  - c. Physical description, to include the applicant’s eye color, hair color, height, and weight;
  - d. Department identification number, when applicable;
  - e. Residency status;
  - f. Mailing address, when applicable;
  - g. Physical address;
  - h. Telephone number, when available; and
  - i. E-mail address, when available;
2. Affirmation that:
  - a. The applicant meets the requirements of this Section, and
  - b. The information provided on the application is true and accurate, and
3. Applicant’s signature and date.
4. The certification portion of the application shall be completed by a healthcare provider. The healthcare provider shall:
  - a. Certify the applicant is a person with a severe permanent disability as defined under subsection (A), and
  - b. Provide the healthcare provider’s:
    - i. Typed or printed name,
    - ii. Business address,
    - iii. Telephone number, and
    - iv. Signature and date;

- F.** In addition to the requirements listed above, at the time of application an applicant who is applying for a CHAMP shall pay the applicable fee required under R12-4-102.

- G.** All information and documentation provided by the applicant is subject to Department verification.

- H.** The applicant claiming a severe permanent disability is responsible for all costs associated with obtaining the medical documentation, re-evaluation of the information, or a second medical opinion.

- I.** The Department shall deny a CHAMP when the applicant:

1. Fails to meet the criteria prescribed under this Section,
2. Fails to comply with the requirements of this Section, or
3. Provides false information during the application process.

- J.** The Department shall provide written notice to the applicant stating the reason for the denial. The applicant may appeal the denial to the Commission as prescribed in A.R.S. Title 41, Chapter 6, Article 10.

- K.** When acting under the authority of the CHAMP, the permit holder shall possess and exhibit the permit upon request to any peace officer, including wildlife managers and game rangers.

- L.** The CHAMP holder shall ensure the CHAMP vehicle placard, issued with the CHAMP, is visibly displayed on the motor vehicle or watercraft when in use.

- M.** The Department shall provide a CHAMP holder with a dispatch permit that allows the CHAMP holder to designate a licensed hunter as an assistant to:

1. Dispatch and retrieve an animal wounded by the CHAMP holder, or
2. Retrieve wildlife killed by the CHAMP holder.

- N.** The CHAMP holder shall:

1. Designate an assistant only after the animal is wounded or killed.
2. Ensure the designation on the dispatch permit is in ink and includes:

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- a. A description of the animal,
  - b. The assistant's name and valid Arizona hunting license number,
  - c. The date and time the animal was wounded or killed, and
3. Ensure compliance with all of the following requirements:
- a. The site where the animal is wounded and the location from which tracking begins are marked so they can be identified later.
  - b. The assistant possesses the dispatch permit and a valid hunting license while tracking and dispatching the wounded animal. When acting under the authority of the dispatch permit, the assistant shall possess and exhibit the dispatch permit and hunting license upon request to any peace officer, including wildlife managers and game rangers.
  - c. The CHAMP holder is in the field while the assistant is tracking and dispatching the wounded animal.
  - d. The assistant does not transfer the dispatch permit to anyone except that the dispatch permit may be transferred back to the CHAMP holder.
  - e. Dispatch is made by a method that is lawful for the take of the particular animal in the particular season in accordance with requirements established under R12-4-304 and R12-4-318.
  - f. The assistant attaches the dispatch permit to the carcass of the animal and returns the carcass to the CHAMP holder, and the tag of the CHAMP holder is affixed to the carcass.
  - g. If the assistant is unsuccessful in locating and dispatching the wounded animal, the assistant returns the dispatch permit to the CHAMP holder. The CHAMP holder shall strike the name and authorization of the assistant from the dispatch permit.
- O. A dispatch permit may not be reused when all spaces for designation of an assistant are filled or the dispatch permit is attached to a carcass. The CHAMP holder may request another dispatch permit from the Department if:
1. All spaces for assistants are filled,
  2. The dispatch permit is lost, or
  3. When the CHAMP holder needs another dispatch permit for another big game hunt.
- P. A CHAMP holder shall not:
1. Transfer the permit to another person, or
  2. Allow another person to use or possess the permit.

**Historical Note**

Adopted effective October 9, 1980 (Supp. 80-5). Former Section R12-4-59 renumbered as Section R12-4-310 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-310 renumbered as R12-4-217 and amended effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-310 renumbered as R12-4-217 and amended effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Section repealed, new Section adopted effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 6 A.A.R. 211, effective January 1, 2000 (Supp. 99-4). Amended by final rulemaking at 12 A.A.R. 212, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 20 A.A.R. 3045, effective January 3, 2015 (Supp. 14-4).

**R12-4-218. Repealed****Historical Note**

Adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Adopted effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Repealed effective November 7, 1996 (Supp. 96-4).

**R12-4-219. Renumbered****Historical Note**

Adopted as an emergency effective July 5, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Correction, Historical Note, Supp. 88-3, should read, "Adopted as an emergency effective July 15, 1988..."; readopted and amended as an emergency effective October 13, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 24, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Former Section R12-4-219 amended and adopted as a permanent rule and renumbered as Section R12-4-424 effective April 28, 1989 (Supp. 89-2).

**R12-4-220. Repealed****Historical Note**

Adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Adopted effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Repealed effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4).

**ARTICLE 3. TAKING AND HANDLING OF WILDLIFE****R12-4-301. Definitions**

In addition to the definitions provided under A.R.S. § 17-101 and R12-4-101, the following definitions apply to this Article unless otherwise specified:

"Administer" means to apply a drug directly to wildlife by injection, inhalation, ingestion, or any other means.

"Aircraft" means any contrivance used for flight in the air or any lighter-than-air contrivance, including unmanned aircraft systems also known as drones.

"Artificial flies and lures" means man-made devices intended as visual attractants to catch fish. Artificial flies and lures does not include living or dead organisms or edible parts of those organisms, natural or prepared food stuffs, or chemicals or organic materials intended to create a scent, flavor, or chemical stimulant to the device regardless of whether it is added or applied during or after the manufacturing process.

"Atlatl" means a rod or narrow board-like device used to launch, through a throwing motion of the arm, a dart.

"Audio location device" means any device that captures broad spectrum, high definition sound and airwaves that is not held or manually operated by a person and is used to identify and locate wildlife.

"Barbless hook" means any fish hook manufactured without barbs or on which the barbs have been completely closed or removed.

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“Body-gripping trap” means a device designed to capture an animal by gripping the animal’s body.

“Confinement trap” means a device designed to capture wildlife alive and hold it without harm.

“Crayfish net” means a net that does not exceed 36 inches on a side or in diameter and is retrieved by means of a hand-held line.

“Deadly weapon” has the same meaning as provided under A.R.S. § 13-3101.

“Device” has the same meaning as provided under A.R.S. § 17-101.

“Dip net” means any net, excluding the handle, that is no greater than three feet in the greatest dimension, that is hand-held, non-motorized, and the motion of the net is caused by the physical effort of the person.

“Drug” means any chemical substance, other than food or mineral supplements, that affects the structure or biological function of wildlife.

“Edible portions of game meat” means, for:

Upland game birds, migratory game birds and wild turkey: breast.

Bear, bighorn sheep, bison, deer, elk, javelina, mountain lion, and pronghorn antelope: front quarters, hind quarters, loins (backstraps), neck meat, and tenderloins.

Game fish: fillets of the fish.

“Evidence of legality” means the wildlife is accompanied by the applicable license, tag, stamp, or permit required by law and is identifiable as the “legal wildlife” prescribed by Commission Order, which may include evidence of species, gender, antler or horn growth, maturity, and size.

“Foothold trap” means a device designed to capture an animal by the leg or foot.

“Handgun” means a firearm designed and intended to be held, gripped, and fired by one or more hands, not intended to be fired from the shoulder, and that uses the energy from an explosive in a fixed cartridge to fire a single projectile through a barrel for each single pull of the trigger.

“Harvest limit” means an identified limit or threshold on the number of any one species permitted to be taken, during a specified time period, in a management unit or portion of a management unit, which when met closes the season for the remainder of the specified time period.

“Hybrid device” means a device with a combination of components from two or more lawful devices and is used for the take of wildlife, such as but not limited to a firearm, pneumatic weapon, or slingshot that shoots arrows or bolts.

“Instant kill trap” means a device designed to render an animal unconscious and insensitive to pain quickly with inevitable subsidence into death without recovery of consciousness.

“Land set” means any trap used on land rather than in water.

“Minnow trap” means a trap with dimensions that do not exceed 12 inches in depth, 12 inches in width, and 24 inches in length.

“Muzzleloading handgun” means a firearm intended to be fired from the hand, incapable of firing fixed ammunition, and loaded with black powder or synthetic black powder and a single projectile.

“Muzzleloading rifle” means a firearm intended to be fired from the shoulder, incapable of firing fixed ammunition, having a single barrel, and using black powder or synthetic black powder, and loaded through the muzzle with a single projectile.

“Muzzleloading shotgun” means a firearm intended to be fired from the shoulder, incapable of firing fixed ammunition, having a single or double smooth barrel and using black powder or synthetic black powder, and loaded through the muzzle with ball shot as a projectile.

“Paste-type bait” means a partially liquefied substance used as a lure for animals.

“Pneumatic weapon” means a device that fires a projectile by means of air pressure or compressed gas. This does not include tools that are common in the construction and art trade such as, but not limited to, nail and rivet guns.

“Pre-charged pneumatic weapon” means an air gun or pneumatic weapon that is charged from a high compression source such as an air compressor, air tank, or internal or external hand pump.

“Prohibited possessor” has the same meaning as provided under A.R.S. § 13-3101.

“Prohibited weapon” has the same meaning as provided under A.R.S. § 13-3101.

“Rifle” means a firearm intended to be fired from the shoulder that uses the energy from an explosive in a fixed cartridge to fire a single projectile through a rifled bore for each single pull of the trigger. This does not include a pre-charged pneumatic weapon.

“Shotgun” means a firearm intended to be fired from the shoulder and that uses the energy from an explosive in a fixed shotgun shell to fire either ball shot or a single projectile through a smooth bore or rifled barrel for each pull of the trigger.

“Sight-exposed bait” means a carcass, or parts of a carcass, lying openly on the ground or suspended in a manner so that it can be seen from above by a bird. This does not include a trap flag, dried or bleached bone with no attached tissue, or less than two ounces of paste-type bait.

“Simultaneous fishing” means taking fish by using only two lines at one time and not more than two hooks or two artificial flies or lures per line.

“Single-point barbless hook” means a fishhook with a single point, manufactured without barbs, or on which the barbs have been completely closed or removed. This does not include a treble fishhook.

“Sinkbox” means a low-floating device with a depression that affords a hunter a means of concealment beneath the surface of the water.

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“Smart device” means any device equipped with a target-tracking system or an electronically-controlled, electronically-assisted, or computer-linked trigger or release. This includes but is not limited to smart rifles.

“Trail Camera” means any device that is not held or manually operated by a person and is used to capture images, video, or location, time, or date data of wildlife.

“Trap flag” means an attractant made from materials other than animal parts that is suspended at least three feet above the ground.

“Water set” means any trap used and anchored in water rather than on land.

**Historical Note**

Amended as an emergency effective April 10, 1975 (Supp. 75-1). Amended effective May 3, 1976, Amended effective June 7, 1976 (Supp. 76-3). Amended effective May 26, 1978 (Supp. 78-3). Editorial correction subsection (D) (Supp. 78-5). Amended effective June 4, 1979 (Supp. 79-3). Former Section R12-4-50 renumbered as Section R12-4-301 without change effective August 13, 1981 (Supp. 81-4). Amended subsection (A) effective May 12, 1982 (Supp. 82-3). Amended effective July 3, 1984 (Supp. 84-4). Amended effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read “Amended effective January 1, 1989, filed December 30, 1988” (Supp. 89-2). Amended effective February 9, 1998 (Supp. 98-1). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Former R12-4-301 renumbered to R12-4-321; new Section made by final rulemaking at 18 A.A.R. 1458, effective January 1, 2013 (Supp. 12-2). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 27 A.A.R. 1368 (September 3, 2021), effective January 1, 2022 (Supp. 21-4). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

**R12-4-302. Use of Tags**

- A. In addition to meeting requirements prescribed under A.R.S. § 17-331, a person who takes wildlife shall have in possession any tag required for the particular season or hunt area.
- B. A tag obtained in violation of statute or rule is invalid and shall not be used to take, transport, or possess wildlife.
- C. A person who lawfully possesses both a nonpermit-tag and a hunt permit-tag shall not take a genus or species in excess of the bag limit established by Commission Order for that genus or species.
- D. A person shall:
  - 1. Take and tag only the wildlife identified on the tag.
  - 2. Use a tag only in the season and hunt for which the tag is valid as specified by Commission Order.
- E. Except as permitted under R12-4-217, a person shall not:
  - 1. Allow their tag to be attached to wildlife killed by another person,
  - 2. Allow their tag to be possessed by another person while taking wildlife,
  - 3. Allow wildlife killed by that person to be tagged with another person's tag,
  - 4. Attach their tag to wildlife killed by another person, or
  - 5. Possess a tag issued to another person while taking wildlife.

- 6. Subsections (E)(2) and (5) do not apply to a tag issued to a person under 18 years of age.

- F. Except as permitted under R12-4-217, immediately after a person kills wildlife, the person shall attach:
  - 1. The tag to the wildlife carcass in the manner indicated on the tag, or
  - 2. The validation code to the wildlife carcass in the manner indicated by the Department through the person's electronic device.
- G. A person who authorizes another person to possess, transport, or ship a portion of their lawfully taken animal shall complete the transportation and shipping portion of the tag in the manner indicated on the tag or by the Department through the person's electronic device, as applicable.
- H. A tag is no longer valid for the take of wildlife if:
  - 1. The tag is mutilated or the Transportation and Shipping Permit portion of the tag is signed or filled out, or
  - 2. The validation code is attached to a carcass.

**Historical Note**

Former Section R12-4-51 renumbered as Section R12-4-302 without change effective August 13, 1981 (Supp. 81-4). Amended subsections (A), (D), (E), and repealed subsection (G) effective May 12, 1982 (Supp. 82-3). Amended effective March 23, 1983 (Supp. 83-2). Amended subsection (F) effective October 31, 1984 (Supp. 84-5). Amended subsections (A), (D), (F) and (G) and added a new Section (H) effective June 4, 1987 (Supp. 87-2). Amended effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read “Amended effective January 1, 1989, filed December 30, 1988” (Supp. 89-2). Section R12-4-302 repealed, new Section R12-4-302 adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Section repealed, new Section adopted effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 12 A.A.R. 683, effective April 8, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 27 A.A.R. 2966 (December 24, 2021), effective February 7, 2022 (Supp. 21-4).

**R12-4-303. Unlawful Activities, Ammunition, Devices, and Methods**

- A. In addition to the prohibitions prescribed under A.R.S. §§ 17-301 and 17-309, the following activities, ammunition, devices, and methods are unlawful in this state:
  - 1. A person shall not use any of the following to take wildlife:
    - a. Fully automatic firearms, including firearms capable of selective automatic fire.
    - b. Tracer or armor-piercing ammunition designed for military use.
    - c. Any smart device as defined under R12-4-301.
    - d. Any self-guided projectiles.
  - 2. A person shall not take big game using full-jacketed or total-jacketed bullets that are not designed to expand upon impact,

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3. A person shall not use or possess any of the following while taking wildlife:
    - a. Poisoned projectiles or projectiles that contain explosives or a secondary propellant.
    - b. Pitfalls of greater than 5-gallon size, explosives, poisons, or stupefying substances, except as permitted under A.R.S. § 17-239 or as allowed by a scientific collecting permit issued under A.R.S. § 17-238.
    - c. Any lure, attractant, or cover scent containing any cervid urine.
    - d. Electronic night vision equipment, electronically enhanced light-gathering devices, thermal imaging devices or laser sights projecting a visible light; except for devices such as laser range finders projecting a non-visible light, scopes with self-illuminating reticles, and fiber optic sights with self-illuminating sights or pins that do not project a visible light onto an animal.
  4. A person shall not by any means:
    - a. Hold wildlife at bay other than during daylight hours, unless authorized by Commission Order.
    - b. Injure, confine, place, or use a tracking device in or on wildlife for the purpose of taking or aiding in the take of wildlife.
    - c. Place any substance, device, or object in, on, or by any water source to prevent wildlife from using that water source.
    - d. Place any substance in a manner intended to attract bears.
    - e. Use a manual or powered jacking or prying device to take reptiles or amphibians.
    - f. Use dogs to pursue, tree, corner or hold at bay any wildlife for a hunter, unless that hunter is present for the entire hunt.
    - g. Take migratory game birds, except Eurasian collared-doves:
      - i. Using a shotgun larger than 10 gauge, a shotgun of any description capable of holding more than three shells unless it is plugged with a one-piece filler that cannot be removed without disassembling the shotgun so that its total capacity does not exceed three shells.
      - ii. Using electronically amplified bird calls or baits.
      - iii. By means or aid of any motor driven land, water, or air conveyance, or any sailboat used for the purpose of or resulting in the concentrating, driving, rallying, or stirring up of any migratory bird.
      - iv. Activities described under subsections (A)(4)(g)(i) through (A)(4)(g)(iii) are prohibited under 50 C.F.R. 20.21, revised October 1, 2015. The material incorporated by reference in this Section does not include any later amendments or editions. The incorporated material is available at any Department office, online from the Government Printing Office website [www.gpoaccess.gov](http://www.gpoaccess.gov), or may be ordered from the Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000.
    - h. Use or discharge any of the following devices while taking wildlife within one-fourth mile (440 yards) of an occupied farmhouse or other residence, cabin, lodge or building without permission of the owner or resident:
      - i. Arrow or bolt;
      - ii. Atlatl throwing dart;
      - iii. Hybrid device; or
      - iv. Pneumatic weapon .35 caliber or larger.
  5. A person shall not place, maintain, or use a trail camera, or images, video, to include location, time, or data from a trail camera, for the purpose of taking or aiding in the take of wildlife or locating wildlife for the purpose of taking or aiding in the take of wildlife.
  6. A person shall not use images of wildlife produced or transmitted from a satellite or other device that orbits the earth for the purpose of:
    - a. Taking or aiding in the take of wildlife, or
    - b. Locating wildlife for the purpose of taking or aiding in the take of wildlife.
    - c. This subsection does not prohibit the use of mapping systems or programs.
  7. A person shall not use edible or ingestible substances to aid in taking big game. The use of edible or ingestible substances to aid in taking big game is unlawful when:
    - a. A person places edible or ingestible substances for the purpose of attracting or taking big game, or
    - b. A person knowingly takes big game with the aid of edible or ingestible substances placed for the purpose of attracting wildlife to a specific location.
  8. For the purposes of subsection (A)(7), edible or ingestible substances do not include any of the following:
    - a. Water.
    - b. Salt.
    - c. Salt-based materials produced and manufactured for the livestock industry.
    - d. Nutritional supplements produced and manufactured for the livestock industry and placed during the course of livestock or agricultural operations.
  9. A person shall not place, maintain, or use an audio location device for the purpose of taking or aiding in the take of terrestrial wildlife or locating wildlife for the purpose of taking or aiding in the take of terrestrial wildlife.
  10. A person shall not aid, assist, direct, lead or instruct a person in the field to locate or take wildlife, if the person's privilege to guide is currently revoked pursuant to A.R.S. §§ 17-340 or 17-362 and the original revocation period was for five or more years.
- B.** It is unlawful for a person who is a prohibited possessor to take wildlife with a deadly weapon or prohibited weapon.
- C.** Wildlife taken in violation of this Section is unlawfully taken.
- D.** This Section does not apply to any activity allowed under A.R.S. § 17-302, to a person acting within the scope of their official duties as an employee of the state or United States, or as authorized by the Department.

**Historical Note**

Amended effective May 3, 1976 (Supp. 76-3). Amended effective April 29, 1977 (Supp. 77-2). Amended effective



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September 7, 1978 (Supp. 78-5). Former Section R12-4-52 renumbered as Section R12-4-303 without change effective August 13, 1981 (Supp. 81-4). Amended effective March 28, 1983 (Supp. 83-2). Amended subsections (A) and (C) effective October 31, 1984 (Supp. 84-5). Amended effective June 4, 1987 (Supp. 87-2). Former Section R12-4-303 repealed, new Section R12-4-303 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-303 repealed, new Section R12-4-303 adopted effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended effective February 9, 1998 (Supp. 98-1). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 25 A.A.R. 2473, effective November 3, 2019 (Supp. 19-3). Amended by final rulemaking at 27 A.A.R. 1368 (September 3, 2021), effective January 1, 2022 (Supp. 21-4). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

#### **R12-4-304. Lawful Methods for Taking Wild Mammals, Birds, and Reptiles**

**A.** A hybrid device is lawful for the take of wildlife provided all components of the device are authorized for the take of that species under this Section.

**B.** A person may only use the following methods to take big game when authorized by Commission Order and subject to the restrictions under R12-4-303 and R12-4-318.

1. To take bear:

- a. Centerfire rifles;
- b. Muzzleloading rifles;
- c. All other rifles using black powder or synthetic black powder;
- d. Centerfire handguns;
- e. Muzzleloading handguns;
- f. Shotguns shooting slugs, only;
- g. Pre-charged pneumatic weapons .35 caliber or larger;
- h. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second;
- i. Bows with a standard pull of 30 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges;
- j. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(1)(i) to be drawn and held with an assisting device; and
- k. Pursuit with dogs only between August 1 and December 31, provided the person shall immediately kill or release the bear after it is treed, cornered, or held at bay. For the purpose of this subsection, "release" means the person removes the dogs from the area so the bear can escape on its own after it is treed, cornered, or held at bay.

2. To take bighorn sheep:

- a. Centerfire rifles;
- b. Muzzleloading rifles;
- c. All other rifles using black powder or synthetic black powder;
- d. Centerfire handguns;
- e. Muzzleloading handguns;
- f. Shotguns shooting slugs, only;
- g. Pre-charged pneumatic weapons .35 caliber or larger;
- h. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second;
- i. Bows with a standard pull of 30 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges; and
- j. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(2)(i) to be drawn and held with an assisting device.

3. To take bison:

- a. Centerfire rifles;
- b. Muzzleloading rifles;
- c. All other rifles using black powder or synthetic black powder;
- d. Shotguns shooting slugs, only;
- e. Centerfire handguns no less than .41 Magnum or centerfire handguns with an overall cartridge length of no less than two inches;
- f. Pre-charged pneumatic weapons .40 caliber or larger and capable of firing a minimum of 500 foot pounds of energy;
- g. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second; and
- h. Bows with a standard pull of 40 or more pounds, using arrows with broadheads of no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges;
- i. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(3)(h) to be drawn and held with an assisting device.

4. To take deer:

- a. Centerfire rifles;
- b. Muzzleloading rifles;
- c. All other rifles using black powder or synthetic black powder;
- d. Centerfire handguns;
- e. Muzzleloading handguns;
- f. Shotguns shooting slugs, only;
- g. Pre-charged pneumatic weapons .35 caliber or larger;
- h. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting

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- edges and capable of firing a minimum of 250 feet per second;
- i. Bows with a standard pull of 30 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges; and
  - j. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(4)(i) to be drawn and held with an assisting device.
5. To take elk:
    - a. Centerfire rifles;
    - b. Muzzleloading rifles;
    - c. All other rifles using black powder or synthetic black powder;
    - d. Centerfire handguns;
    - e. Muzzleloading handguns;
    - f. Shotguns shooting slugs, only;
    - g. Pre-charged pneumatic weapons .40 caliber or larger and capable of firing a minimum of 500 foot pounds of energy;
    - h. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second;
    - i. Bows with a standard pull of 30 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges; and
    - j. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(5)(i) to be drawn and held with an assisting device.
  6. To take javelina:
    - a. Centerfire rifles;
    - b. Muzzleloading rifles;
    - c. All other rifles using black powder or synthetic black powder;
    - d. Centerfire handguns;
    - e. Muzzleloading handguns;
    - f. Shotguns shooting slugs, only;
    - g. Pre-charged pneumatic weapons .35 caliber or larger;
    - h. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second;
    - i. Bows with a standard pull of 30 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges;
    - j. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(6)(i) to be drawn and held with an assisting device;
    - k. .22 rimfire magnum rifles; and
    - l. 5 mm rimfire magnum rifles.
    - m. Atlatl throwing dart no less than five feet in length and no more than eight feet in length, equipped with a sharpened head having a blade no less than 7/16 inch cutting radius from the center of the shaft with metal, ceramic-coated metal, or ceramic cutting edges.
  7. To take mountain lion:
    - a. Centerfire rifles;
    - b. Muzzleloading rifles;
    - c. All other rifles using black powder or synthetic black powder;
    - d. Centerfire handguns;
    - e. Muzzleloading handguns;
    - f. Shotguns shooting slugs or shot;
    - g. Pre-charged pneumatic weapons .35 caliber or larger;
    - h. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second;
    - i. Bows with a standard pull of 30 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges;
    - j. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(7)(i) to be drawn and held with an assisting device;
    - k. Artificial light, during seasons with day-long hours, provided the light is not attached to or operated from a motor vehicle, motorized watercraft, watercraft under sail, or floating object towed by a motorized watercraft or a watercraft under sail; and
    - l. Pursuit with dogs, provided the person shall immediately kill or release the mountain lion after it is treed, cornered, or held at bay. For the purpose of this subsection, "release" means the person removes the dogs from the area so the mountain lion can escape on its own after it is treed, cornered, or held at bay.
  8. To take pronghorn antelope:
    - a. Centerfire rifles;
    - b. Muzzleloading rifles;
    - c. All other rifles using black powder or synthetic black powder;
    - d. Centerfire handguns;
    - e. Muzzleloading handguns;
    - f. Shotguns shooting slugs, only;
    - g. Pre-charged pneumatic weapons .35 caliber or larger;
    - h. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second;
    - i. Bows with a standard pull of 30 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges; and

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- j. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(8)(i) to be drawn and held with an assisting device.
- 9. To take turkey:
  - a. Shotguns shooting shot;
  - b. Bows with a standard pull of 30 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges;
  - c. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(9)(b) to be drawn and held with an assisting device;
  - d. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second; and
  - e. Atlatl throwing dart no less than five feet in length and no more than eight feet in length, equipped with a sharpened head having a blade no less than 7/16 inch cutting radius from the center of the shaft with metal, ceramic-coated metal, or ceramic cutting edges.
- C. A person may only use the following methods to take small game when authorized by Commission Order and subject to the restrictions under R12-4-303, R12-4-318, and R12-4-422.
  - 1. To take cottontail rabbits and tree squirrels:
    - a. Firearms,
    - b. Bow and arrow,
    - c. Crossbow,
    - d. Pneumatic weapons,
    - e. Slingshots,
    - f. Hand-held projectiles,
    - g. Falconry, and
    - h. Dogs.
  - 2. To take all upland game birds and Eurasian collared-dove:
    - a. Bow and arrow;
    - b. Falconry;
    - c. Pneumatic weapons;
    - d. Shotguns shooting shot, only;
    - e. Handguns shooting shot, only;
    - f. Crossbow;
    - g. Slingshot;
    - h. Hand-held projectiles; and
    - i. Dogs.
  - 3. To take migratory game birds, except Eurasian collared-dove:
    - a. Bow and arrow;
    - b. Crossbow;
    - c. Falconry;
    - d. Dogs;
    - e. Shotguns shooting shot:
      - i. Ten gauge or smaller, except that lead shot shall not be used or possessed while taking ducks, geese, swans, mergansers, gallinules, or coots; and
      - ii. Incapable of holding more than a total of three shells as prescribed under 50 C.F.R. 20.21, published October 1, 2015. The material incorporated by reference in this subsection does not include any later amendments or editions. The material is available at any Department office, online from the Government Printing Office website [www.gpoaccess.gov](http://www.gpoaccess.gov), or may be ordered from the Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000.
- D. A person may take waterfowl from any watercraft, except a sinkbox, subject to the following conditions:
  - 1. The motor is shut off, the sail is furled, as applicable, and any progress from a motor or sail has ceased;
  - 2. The watercraft may be:
    - a. Adrift as a result of current or wind action;
    - b. Beached;
    - c. Moored;
    - d. Resting at anchor; or
    - e. Propelled by paddle, oars, or pole; and
  - 3. The person may only use the watercraft under power to retrieve dead or crippled waterfowl; shooting is prohibited while the watercraft is under power.
- E. A person may only use the following methods to take predatory and fur-bearing animals when authorized by Commission Order and subject to the restrictions under R12-4-303 and R12-4-318:
  - 1. Firearms;
  - 2. Pre-charged pneumatic weapons .22 caliber or larger;
  - 3. Bow and arrow;
  - 4. Crossbow;
  - 5. Traps not prohibited under R12-4-307;
  - 6. Artificial light while taking raccoon provided the light is not attached to or operated from a motor vehicle, motorized watercraft, watercraft under sail, or floating object towed by a motorized watercraft or a watercraft under sail;
  - 7. Artificial light while taking coyote during seasons with day-long hours, provided the light is not attached to or operated from a motor vehicle, motorized watercraft, watercraft under sail, or floating object towed by a motorized watercraft or a watercraft under sail; and
  - 8. Dogs.
- F. A person may take nongame mammals and birds by any method authorized by Commission Order and not prohibited under R12-4-303, R12-4-318, and R12-4-422, subject to the following restrictions. A person:
  - 1. Shall not take nongame mammals and birds using foot-hold traps;
  - 2. Shall check pitfall traps of any size daily, release non-target species, remove pitfalls when no longer in use, and fill any holes;
  - 3. Shall not use firearms at night; and
  - 4. May use artificial light while taking nongame mammals and birds, if the light is not attached to or operated from a motor vehicle, motorized watercraft, watercraft under sail, or floating object towed by a motorized watercraft or a watercraft under sail.
- G. A person may only use the following methods to take hooved nongame mammals when authorized by Commission Order and subject to the restrictions under R12-4-303 and R12-4-318:
  - 1. Centerfire rifles;

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2. Muzzleloading rifles;
  3. All other rifles using black powder or synthetic black powder;
  4. Centerfire handguns;
  5. Muzzleloading handguns;
  6. Shotguns shooting slugs, only;
  7. Pre-charged pneumatic weapons .40 caliber or larger and capable of firing a minimum of 500 foot pounds of energy;
  8. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second;
  9. Bows with a standard pull of 40 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges; and
  10. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (G)(9) to be drawn and held with an assisting device.
- H.** A person may take reptiles by any method not prohibited under R12-4-303 or R12-4-318 subject to the following restrictions. A person:
1. Shall check pitfall traps of any size daily, release non-target species, remove pitfalls when no longer in use, and fill any holes;
  2. Shall not use firearms at night; and
  3. May use artificial light while taking reptiles provided the light is not attached to or operated from a motor vehicle, motorized watercraft, watercraft under sail, or floating object towed by a motorized watercraft or a watercraft under sail.

**Historical Note**

Amended effective May 21, 1975 (Supp. 75-1). Amended effective May 3, 1976 (Supp. 76-3). Amended effective October 20, 1977 (Supp. 77-5). Amended effective January 11, 1978 (Supp. 78-1). Amended effective September 7, 1978 (Supp. 78-5). Amended effective November 14, 1979 (Supp. 79-6). Amended effective July 22, 1980 (Supp. 80-4). Former Section R12-4-53 renumbered as Section R12-4-304 without change effective August 13, 1981 (Supp. 81-4). Amended effective May 12, 1982 (Supp. 82-3). Amended effective April 7, 1983 (Supp. 83-2). Amended subsection (I) effective June 7, 1984 (Supp. 84-3). Amended effective February 28, 1985 (Supp. 85-1). Amended effective September 16, 1985 (Supp. 85-5). Amended effective June 4, 1987 (Supp. 87-2). Former Section R12-4-304 repealed, new Section R12-4-304 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-304 repealed, new Section R12-4-304 adopted effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Former Section R12-4-304 repealed, new Section R12-4-304 adopted effective February 9, 1998 (Supp. 98-1). Amended by final rulemaking at 8 A.A.R. 1702, effective March 11, 2002 (Supp. 02-1). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by exempt rulemaking at 17 A.A.R. 2629, effective December 9, 2011 (Supp. 11-4). Amended by

final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

**R12-4-305. Possessing, Transporting, Importing, Exporting, and Selling Carcasses or Parts of Wildlife**

- A.** A person shall ensure that evidence of legality remains with the carcass or parts of a carcass of any wildlife that the person possesses, transports, or imports until arrival at the person's permanent abode, a commercial processing plant, or the place where the wildlife is to be consumed.
- B.** In addition to the requirement under subsection (A), a person possessing or transporting the following wildlife shall ensure each:
1. Big game animal and sandhill crane has the required valid tag attached in the manner indicated on the tag, as indicated by the Department through the person's electronic device, or as permitted under R12-4-302(E)(6), as applicable;
  2. Migratory game bird, except sandhill cranes, has one fully feathered wing attached;
  3. Sandhill crane and Eurasian-collared dove has either the fully feathered head or one fully feathered wing attached;
  4. Quail has attached a fully feathered head, or a fully feathered wing, or a leg with foot attached; and
  5. Freshwater fish has the head, tail, or skin attached so the species can be identified and the total number and required length determined.
- C.** A person who has lawfully taken wildlife that requires a valid tag when prescribed by the Commission may authorize its transportation or shipment by completing and signing the Transportation and Shipping Permit portion of the valid tag or as indicated by the Department through the person's electronic device, as applicable, for that animal. A separate Transportation and Shipping Permit issued by the Department is necessary to transport or ship to another state or country any big game taken with a resident license. Under A.R.S. § 17-372(B), a person may ship other lawfully taken wildlife by common carrier after obtaining a valid Transportation and Shipping Permit issued by the Department. The person shall provide the following information:
1. Number and description of the wildlife to be transported or shipped;
  2. Name, address, license number, and license class of the person who took the wildlife;
  3. Tag number;
  4. Name and address of the person receiving a portion of the carcass of the wildlife as authorized under subsection (D), if applicable;
  5. Address of destination where the wildlife is to be transported or shipped; and
  6. Name and address of transporter or shipper.
- D.** A person who lawfully takes wildlife under a tag may authorize another individual to possess the head or carcass of the wildlife as prescribed under R12-4-302.
- E.** A person who receives a portion of the wildlife shall provide the identity of the person who took and gave the portion of the wildlife upon request to any peace officer, wildlife manager, or game ranger.
- F.** A person shall not possess the horns of a bighorn sheep, taken by a hunter in this state, unless the horns are marked or sealed as established under R12-4-308.

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- G.** Except as provided under R12-4-307, before a person may sell, offer for sale, or export the raw pelt or unskinned carcass of a bobcat taken in this State, the person shall:
1. Present the bobcat for inspection at any Department office, and
  2. Purchase a bobcat seal by paying the fee established under R12-4-102 at any Department office or other location as determined and published by the Department. Department personnel or an authorized agent shall attach and lock the bobcat seal only to a pelt or unskinned carcass presented with a validated transportation tag.
- H.** A person who takes bear or mountain lion under A.R.S. § 17-302 may retain the carcass of the wildlife if the person has a valid hunting license and the carcass is immediately tagged with a nonpermit-tag, valid hunt permit-tag, or electronic tag as required under R12-4-114 and R12-4-302, provided the person has not reached the applicable bag limit for that big game animal. An animal retained under this subsection shall count toward the applicable bag limit for bear or mountain lion as authorized by Commission Order. The person shall comply with inspection and reporting requirements established under R12-4-308.
- I.** A person may possess, transport, or import only the following portions of a cervid lawfully taken in another state, country, or designated CWD Management Zone:
1. Boneless portions of meat, or meat that has been cut and packaged either personally or commercially.
  2. Quarters or other portions of meat with no part of the head, brain tissue, or spinal column attached, except as required for proof of legality provided the cervid quarters and portions are being transported directly to a licensed meat processor located within this State.
  3. Clean hides and capes with no head, brain tissue, or spinal column attached, except as required for proof of legality.
  4. Clean skulls and skull plates with or without hard antlers with no brain tissue or spinal column attached. This includes antlers in the velvet stage, provided they are attached to a clean skull or skull plate with no brain or spinal tissue attached and are being transported directly to a licensed taxidermist located within this State.
  5. Finished taxidermy mounts or products.
  6. Upper canine teeth with no meat or tissue attached.
  7. Edible organs, such as heart, liver, and kidneys, that have been removed from the cervid's body cavity.
  8. For the purposes of this Section, "CWD Management Zone" means the geographic area that surrounds the area where CWD is initially detected. A CWD Management Zone is established to control access to and from the designated area to ensure the appropriate sanitary disposal of cervid carcasses or parts.
- J.** For a cervid taken in another state or country, or in a designated CWD Management Zone, the cervid parts identified in subsection (I) may be transported in Arizona, however, a person is:
1. Prohibited from disposing of any remaining unused tissue that is a byproduct of processing on public or private property, and
  2. Shall ensure the unused tissue is placed in a domestic or commercial trash receptacle designated for disposal at a commercial landfill or incinerator.
- K.** A private game farm license holder may transport a cervid lawfully killed or slaughtered at the license holder's game farm to a licensed meat processor.
- L.** A person may possess or transport only the following portions of a cervid lawfully killed or slaughtered at a private game farm authorized under R12-4-413:
1. Quarters or other portions of meat with no part of the head, brain tissue, or spinal column attached, except as required for proof of legality;
  2. Clean hides and capes with no head, brain tissue, or spinal column attached, except as required for proof of legality;
  3. Clean skulls and skull plates with antlers with no brain tissue or spinal column attached, including antlers in the velvet stage;
  4. Finished taxidermy mounts or products;
  5. Upper canine teeth with no meat or tissue attached; and
  6. Edible organs, such as heart, liver, and kidneys, that have been removed from the cervid's body cavity.
- M.** A person who obtains bison meat as authorized under R12-4-306 may sell the meat.
- N.** Except for cervids, which are subject to requirements established under subsections (I) through (L), a person may import into this state the carcasses or parts of wildlife, including aquatic wildlife, lawfully taken in another state or country if transported and exported in accordance with the laws of the state or country of origin.
- O.** A person shall not transport live crayfish from the site where taken, except as permitted under R12-4-314.
- P.** A person in possession of a common carp (*Cyprinus carpio*), buffalofish (*Ictiobus* spp.), or crayfish (families *Astacidae*, *Cambaridae*, and *Parastacidae*) carcass taken under Commission Order may sell the carcass.

**Historical Note**

Amended effective May 3, 1976 (Supp. 76-3). Former Section R12-4-54 renumbered as Section R12-4-305 without change effective August 13, 1981 (Supp. 81-4). Amended effective May 12, 1982 (Supp. 82-3). Amended effective June 14, 1983 (Supp. 83-3). Amended effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Amended effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Section repealed, new Section adopted effective April 1, 1997; filed in the Office of the Secretary of State July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 12 A.A.R. 683, effective April 8, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 27 A.A.R. 2966 (December 24, 2021), effective February 7, 2022 (Supp. 21-4). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

**R12-4-306. Bison Hunt Requirements**

- A.** When authorized by Commission Order, the Department shall conduct a hunt to harvest bison from the state's bison herds.
- B.** A hunter with a bison permit-tag, valid nonpermit-tag, or electronic tag for the House Rock Wildlife Area or Raymond Wildlife Area herd shall:
1. Attend a hunter orientation meeting, which may include requiring the hunter to:
    - a. Hunt in the order scheduled.
    - b. Hunt in the assigned hunt area.
  2. Allow a Department employee to:

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- a. Designate the bison to be harvested to achieve management objectives, and
- b. Assist in taking the bison if the hunter fails to dispatch a wounded bison within a reasonable period of time.
- 3. Provide a signed written acknowledgment that the hunter received, read, understands, and agrees to comply with the requirements of this Section.
- C. Failure to comply with the requirements of subsection (B) shall result in the invalidation of the hunter's permit-tag, non-permit-tag, or electronic tag, consistent with the written acknowledgment signed and agreed to by the hunter.
- D. A hunter issued a bison permit-tag, valid nonpermit-tag, or electronic tag shall check out using the Department's online hunter questionnaire no more than three days after the end of the hunt, regardless of whether the hunter harvested a bison or did not participate in the bison hunt.
- E. A hunter who harvests a bison may be required to submit a biological sample, such as teeth, blood samples, or parts of the carcass when required by Commission Order.

**Historical Note**

Former Section R12-4-55 renumbered as Section R12-4-306 without change effective August 13, 1981 (Supp. 81-4). Amended subsections (A), (B), and (D) effective May 12, 1982 (Supp. 82-3). Amended effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Amended effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). The spelling of Bison was corrected in the Section heading (Supp. 21-4). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

**R12-4-307. Trapping Regulations, Licensing; Methods; Tagging of Bobcat Pelts**

- A. An Arizona trapping license permits a person to trap predatory and fur-bearing animals.
- B. A trapping license is required for any person 10 years of age and older. A person under the age of 10 is not required to purchase a trapping license, but shall apply for and obtain a registration number. The trapper registration number is not transferable.
- C. A person born on or after January 1, 1967 shall successfully complete a Department-approved trapping education course before applying for a trapping license.
- D. A person applying for a trapping registration number or trapping license shall pay the applicable fees established under R12-4-102.
- E. A person applying for a trapping registration number or trapping license shall apply using a form furnished by the Department. The form is available at any Department office and online at [www.azgfd.gov](http://www.azgfd.gov). The person shall provide all of the following information on the form:
  - 1. The applicant's personal information:
    - a. Name;
    - b. Date of birth;
    - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
    - d. Department identification number;
    - e. Residency status and number of years of residency immediately preceding application, when applicable;
    - f. Mailing address, when applicable;
    - g. Physical address;
    - h. Telephone number, when available; and
    - i. E-mail address, when available;
  - 2. Category of license:
    - a. Resident,
    - b. Nonresident, or
    - c. Youth, and
  - 3. The applicant's signature and date.
- F. A trapper may only trap predatory and fur-bearing animals during trapping seasons established by Commission Order.
- G. A trapper shall:
  - 1. Inspect traps daily;
  - 2. Kill or release all predatory and fur-bearing animals;
  - 3. Possess a choke restraint device that enables the trapper to release a javelina from a trap when trapping in a javelina hunt unit as designated by Commission Order;
  - 4. Possess a device that is designed or manufactured to restrain a trapped animal while it is being removed from a trap when its release is required under this Section; and
  - 5. Release, without additional injury, all animals that cannot lawfully be taken by trap.
  - 6. Subsections (G)(3) and (G)(4) do not apply when the trapper is using a confinement trap.
- H. A trapper shall not:
  - 1. Bait a confinement trap with:
    - a. A live animal;
    - b. Any edible parts of small game, big game, or game fish; or
    - c. Any part of any game bird or nongame bird.
  - 2. Set any trap within:
    - a. One-half mile (880 yards) of any of the following areas developed for public use:
      - i. Boat ramp or launching area,
      - ii. Camping area,
      - iii. Picnic area,
      - iv. Roadside rest area, or
      - v. Developed wildlife viewing platform.
    - b. One-half mile of any occupied farmhouse or other residence, cabin, lodge or building without permission of the owner or resident.
    - c. One-hundred yards of an interstate highway or any other highway maintained by the Arizona Department of Transportation.
    - d. Fifty feet of any trail maintained for public use by a government agency.
    - e. Seventy-five feet of any other road as defined under A.R.S. § 17-101.
    - f. Subsections (H)(2)(b), (H)(2)(c), (H)(2)(d), and (H)(2)(e) do not apply when the trapper is using a confinement trap.
  - 3. Set a foothold trap within 30 feet of sight-exposed bait.
  - 4. Use any:
    - a. Body-gripping or other instant kill trap with an open jaw spread that exceeds 5 inches for any land set or 10 inches for any water set;
    - b. Foothold trap with an open jaw spread that exceeds 7 1/2 inches for any water set;
    - c. Snare, unless authorized under subsection (I);
    - d. Trap with an open jaw spread that exceeds 6 1/2 inches for any land set; or

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- e. Trap with teeth.
- I. A trapper who uses a foothold trap to take wildlife with a land set shall use commercially manufactured traps that meet the following specifications:
1. A padded or rubber-jawed trap or an unpadded trap with jaws permanently offset to a minimum of 3/16 inch and a device that allows for pan tension adjustment;
  2. A foothold trap that captures wildlife by means of an enclosed bar or spring designed to prevent the capture of non-targeted wildlife or domestic animals; or
  3. A powered cable device with an inside frame hinge width no wider than 6 inches, a cable loop stop size of at least 2 inches in diameter to prevent capture of small non-target species, and a device that allows for a pan tension adjustment.
- J. A trapper who uses a foothold trap to take wildlife with a land set shall ensure that the trap has an anchor chain equipped with at least two swivels as follows:
1. An anchor chain 12 inches or less in length shall have a swivel attached at each end.
  2. An anchor chain greater than 12 inches in length shall have one swivel attached at the trap and one swivel attached within 12 inches of the trap. The anchor chain shall be equipped with a shock-absorbing spring that requires less than 40 pounds of force to extend or open the spring.
- K. A trapper shall ensure that each trap has either the name and address or the registration number of the trapper marked on a metal tag attached to the trap. The registration number assigned by the Department is the only acceptable registration number.
- L. A trapper shall immediately attach a valid bobcat transportation tag to the pelt or unskinned carcass of a bobcat taken in this state. The trapper shall validate the transportation tag by providing all of the following information on the bobcat transportation tag:
1. Current trapping license number,
  2. Management unit where the bobcat was taken,
  3. Sex of the bobcat, and
  4. Method by which the bobcat was taken.
- M. The Department shall provide transportation tags with each trapping license. Additional transportation tags are available at any Department office at no charge.
- N. A trapper shall ensure that all bobcats taken in this state have a bobcat seal attached and locked either through the mouth and an eye opening or through both eye openings no later than April 1 of each year.
1. When available, bobcat seals are issued on a first-come, first-served basis at Department offices and other locations at those times and places as determined and published by the Department.
  2. The trapper shall pay the bobcat seal fee established under R12-4-102.
  3. Department personnel or an authorized agent shall attach and lock a bobcat seal only to a pelt or unskinned carcass presented with a validated transportation tag and a complete lower jaw identified with labels provided with the transportation tag. Department personnel or authorized agents shall collect the transportation tags and jaws before attaching the bobcat seal.
- O. Department personnel shall attach a bobcat seal to a bobcat pelt seized under A.R.S. § 17-211(E)(4) before disposal by the Department to the public.
- P. A licensed trapper shall file the annual report prescribed under A.R.S. § 17-361(D). The report form is available at any Department office and online at [www.azgfd.gov](http://www.azgfd.gov).
1. The trapper shall submit the report to Arizona Game and Fish Department, Terrestrial Wildlife Branch, 5000 W. Carefree Highway, Phoenix, AZ 85086 by April 1 of each year.
  2. A report is required even when trapping activities were not conducted.
  3. The Department shall deny a trapping license to any trapper who fails to submit an annual report until the trapper complies with reporting requirements.
- Q. Persons suffering property loss or damage due to wildlife and who take responsive measures as permitted under A.R.S. §§ 17-239 and 17-302 are exempt from this Section. This exemption does not authorize any form of trapping prohibited under A.R.S. § 17-301.

**Historical Note**

Repealed effective May 3, 1976 (Supp. 76-3). New Section R12-4-56 adopted effective September 2, 1977 (Supp. 77-5). Amended effective December 27, 1979 (Supp. 79-6). Former Section R12-4-56 renumbered as Section R12-4-307 without change effective August 13, 1981. New Section R12-4-307 amended effective August 31, 1981 (Supp. 81-4). Amended effective August 4, 1982 (Supp. 82-4). Correction, Former Section R12-4-56 renumbered as Section R12-4-307 without change effective August 13, 1981 should read "effective August 31, 1981." Amended as an emergency effective March 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-2). Amended subsections (B), (C)(6), (7), and (8) and added subsection (I)(5) as a permanent rule effective August 27, 1984 (Supp. 84-4). Amended subsection (C), paragraph (4), subsection (D), subsection (H), paragraph (1), subsection (I), paragraphs (3), (4) and (5) effective September 12, 1986 (Supp. 86-5). Amended effective March 1, 1994; filed in the Office of the Secretary of State November 23, 1993; Exhibit A - "Trapping Report" Form 2050, repealed from Section R12-4-307 (Supp. 93-4). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Corrected mislabeled subsection "C" to subsection "D" as per the Commission's request July 22, 1997 (Supp. 97-2). Amended effective February 9, 1998 (Supp. 98-1). Amended by final rulemaking at 8 A.A.R. 1702, effective March 11, 2002 (Supp. 02-1). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

**R12-4-308. Wildlife Inspections; Check Stations; Road-blocks; Harvest Reporting; Hunt Surveys**

- A. The Department has the authority to establish mandatory wildlife check stations.
1. The Department shall publish in the Commission Order establishing the season the:
    - a. Location,
    - b. Check in requirements, and
    - c. Check out requirements for that specific season.
  2. The Department shall ensure a wildlife check station with a published:
    - a. Check in requirement is open:

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- i. 8:00 a.m. the day before the season until 8:00 p.m. the first day of the season, and
      - ii. 8:00 a.m. to 8:00 p.m. during each day of the season.
    - b. Check out requirement is open:
      - i. 8:00 a.m. to 8:00 p.m. during each day of the season, and
      - ii. Until 12:00 p.m. on the day after the close of the season.
  - 3. A hunter shall:
    - a. Check in at a wildlife check station in person before hunting when the Department includes a check in requirement in the Commission Order for that season;
    - b. Check out at a wildlife check station in person after hunting when the Department includes a check out requirement in the Commission Order for that season and shall:
      - i. Present for inspection any wildlife taken; and
      - ii. Display any license, tag, or permit required for taking or transporting wildlife.
- B.** The Department may conduct inspections of lawfully taken wildlife at the Department's Phoenix and regional offices or designated locations during the posted business hours.
- 1. A bighorn sheep hunter shall check out either in person or by designee within three days after the close of the season. The hunter or designee shall submit the intact horns and skull for inspection and photographing. A Department representative shall affix a mark or seal to one horn of each bighorn sheep lawfully taken under Commission Order. It is unlawful for any person to remove, alter, or obliterate the mark or seal.
  - 2. A hunter who harvests a bear or mountain lion shall:
    - a. Report information about the kill to the Department either in person or by telephone within 48 hours of taking the wildlife. The report shall include the:
      - i. Name of the hunter;
      - ii. Hunter's hunting license number;
      - iii. Sex of the wildlife taken;
      - iv. Management unit where the wildlife was taken;
      - v. Hunter's email address, when available;
      - vi. Telephone number where the hunter can be reached for additional information; and
      - vii. Any additional information required by the Department.
    - b. Present either in person or by designee the skull, hide, and attached proof of sex for inspection within 10 days of taking the wildlife. If a hunter freezes the skull or hide before presenting it for inspection, the hunter shall prop the jaw open to allow access to the teeth and ensure that the attached proof of sex is identifiable and accessible.
- C.** For seasons other than bear, bighorn sheep, or mountain lion, a hunter who harvests wildlife for which a harvest limit is established shall report information about the kill either in person, by telephone, or through the person's electronic device, as applicable, within 48 hours of taking the wildlife. The report shall include the information required under subsection (B)(2)(a).
- D.** When required by Commission Order:
- 1. A hunter who is issued a permit-tag, nonpermit-tag, or electronic tag shall submit to the Department a completed hunter survey within 30 days following the close of the season.
  - 2. A hunter who harvests wildlife may be required to submit a biological sample, such as teeth or parts of the carcass, within 10 days of taking the wildlife.
- E.** The Director may establish vehicle roadblocks at specific locations when necessary to ensure compliance with applicable wildlife laws. Any occupant of a vehicle at a roadblock shall, upon request, present for inspection all wildlife in possession, and provide evidence of legality as defined under R12-4-301.
- F.** It is unlawful for any person to submit a false report under this Section.
- G.** This Section does not limit the game ranger or wildlife manager's authority to conduct stops, searches, and inspections authorized under A.R.S. §§ 17-211(E), 17-250(A)(4), and 17-331, or to establish voluntary wildlife survey stations to gather biological information.

**Historical Note**

Amended effective June 29, 1978 (Supp. 78-3). Former Section R12-4-57 renumbered as Section R12-4-308 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-308 repealed, new Section R12-4-308 adopted effective May 12, 1982 (Supp. 82-3). Amended subsections (B), (D), and (F), and added subsection (G) effective July 3, 1984 (Supp. 84-4). Former Section R12-4-308 repealed, new Section R12-4-308 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-308 repealed, new Section R12-4-308 adopted effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended effective July 12, 1996 (Supp. 96-3). Amended effective November 10, 1997 (Supp. 97-4). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 12 A.A.R. 683, effective April 8, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

**R12-4-309. Authorization for Use of Drugs on Wildlife**

- A.** A person shall not administer any drug to any wildlife under the jurisdiction of the state, including but not limited to drugs used for fertility control, disease prevention or treatment, immobilization, or growth stimulation without written authorization from the Department or as otherwise provided under subsection (E). This authorization does not:
- 1. Exempt a person from any state or federal statute, rule, or regulation, or any municipal or county code or ordinance; or
  - 2. Authorize a person to engage in any activity using federally protected wildlife.
- B.** A person requesting written authorization for the use of drugs on wildlife shall submit the request in writing to the Department at 5000 W. Carefree Highway, Phoenix, AZ 85086 and at least 120 days before the anticipated start date of the activity. The written request shall include all of the following:
- 1. A plan that includes:
    - a. The purpose and need for the proposed activity;
    - b. A clear statement of the objectives; for fertility control the statement shall include the target wildlife population goals or densities and the anticipated time-frame for meeting these objectives;



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- c. A description of the agent, drug, or method and any mandated labeling restrictions or limitations designed to reduce or minimize detrimental effects to wildlife and humans;
  - d. Citations of published scientific literature documenting field studies on the efficacy and safety for both target and non-target species, including predators, scavengers, and humans;
  - e. A description of the activity area;
  - f. A description of the target species population and current status;
  - g. A description of the field methodology for delivery that includes the following, as applicable:
    - i. Timing,
    - ii. Sex and number of animals to be treated,
    - iii. Percentage of the population to be treated,
    - iv. Calculated population effect, and
    - v. Short and long term monitoring and evaluation procedures.
  - 2. Documentation regarding the experience and credentials of the applicant or the applicant's agents as it applies to the requested activity;
  - 3. Written permission from landowners or lessees in all locations where the drug will be administered; and
  - 4. Written endorsement from the agency or institution; required when the applicant is a government agency, university, or other institution. The person signing the written endorsement shall have the authority to execute the written endorsement on behalf of the agency or institution.
- C.** The Department shall notify the applicant of the Department's decision to grant or deny the request within 90 days. The Department has the authority to place conditions on the written authorization regarding:
- 1. Locations and time-frames,
  - 2. Drugs and methodology,
  - 3. Limitations,
  - 4. Reporting requirements, and
  - 5. Any other conditions deemed necessary by the Department.
- D.** A person with authorization shall:
- 1. Carry written authorization while engaged in the activity and exhibit it upon request to any peace officer, wildlife manager, or game ranger;
  - 2. Allow Department personnel to be present to monitor activities for compliance, public safety, and proper treatment of animals;
  - 3. Adhere to all drug label restrictions and precautions;
  - 4. Provide an annual and final report:
    - a. The annual report shall include the number of animals treated, the level of treatment effect obtained to date, and any problems including mortalities or morbidities of target animals. The person shall submit the annual report to the Department by January 31 of each year or as otherwise specified in the written authorization.
    - b. The final report shall include the end results, including the number of wildlife treated and treatment effects on target and non-target wildlife, including mortalities, morbidities, and reproductive rate changes. The person shall submit the final report to the Department no later than 90 days after the completion of the project for which the permit was issued.
  - 5. Comply with all conditions and requirements set forth in the written authorization.
- E.** This Section does not prohibit the treatment of wildlife by a licensed veterinarian or holder of a special license in accordance with R12-4-407(B)(2) and (8), R12-4-413(K)(5), R12-4-420(J)(3), activities as authorized under R12-4-418, R12-4-420, R12-4-421, and R12-4-423, a person exempt from special licensing under R12-4-407(A)(4) and (5), or reasonable lethal removal activities for wildlife control as authorized under A.R.S. § 17-239(A).
- F.** This Section does not limit:
- 1. Department employees or Department agents in the performance of their official duties related to wildlife management,
  - 2. The practices of aquaculture facilities administered by the U.S. Fish and Wildlife Service, and commercial aquaculture facilities operating under a valid license from the Arizona Department of Agriculture, or
  - 3. The use of supplements or drugs as a part of conventional livestock operations where those supplements may incidentally be consumed by wildlife.
- G.** The Department shall take possession of and dispose of any remaining wildlife drugs administered in violation of this Section and any devices and paraphernalia used to administer those drugs as authorized under A.R.S. §§ 17-211(E), 17-231(A), and 17-240(B).
- H.** Require the person with authorization to indemnify the Department against any injury or damage resulting from the use of animal drugs.

**Historical Note**

Amended effective May 21, 1975 (Supp. 75-1). Amended effective May 3, 1976 (Supp. 76-3). Amended effective March 7, 1979 (Supp. 79-2). Former Section R12-4-58 renumbered as Section R12-4-309 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-309 repealed, new Section R12-4-309 adopted effective May 12, 1982 (Supp. 82-3). Amended subsection (A) effective July 3, 1984 (Supp. 84-4). Former Section R12-4-309 repealed, new Section R12-4-309 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-309 repealed, new Section R12-4-309 adopted effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended effective January 1, 1997; filed with the Office of the Secretary of State November 7, 1996 (Supp. 96-4). Amended effective January 1, 1999; filed with the Office of the Secretary of State December 4, 1998 (Supp. 98-4). Section repealed by final rulemaking at 8 A.A.R. 1702, effective March 11, 2002 (Supp. 02-1). New Section made by final rulemaking at 16 A.A.R. 1460, effective September 11, 2010 (Supp. 10-3). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

**R12-4-310. Fishing Permits**

- A.** The Department may issue a fishing permit to state, county, or municipal agencies or departments and to nonprofit organizations whose primary purpose is to provide treatment and care for persons with physical, developmental, or mental disabilities.

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- B.** The permit:
1. Is valid for any two days within a 30 day period;
  2. Authorizes persons with physical, developmental, or mental disabilities to fish without a fishing license upon any public waters except that fishing in the waters of the Colorado River is restricted to fishing from the Arizona shoreline only, unless the persons fishing under the authority of the permit also possess a valid Colorado River stamp from the adjacent state; and
  3. Does not exempt persons fishing under the authority of the permit from compliance with other statutes, Commission Orders, and rules not contained in this Section.
- C.** An applicant for a fishing permit shall submit a properly completed application to the Department. The application is furnished by the Department and is available from any Department office and online at [www.azgfd.gov](http://www.azgfd.gov).
1. The applicant shall provide all of the following information:
    - a. The name, address, and telephone number of the agency, department, or nonprofit organization requesting the permit;
    - b. The name, position title, and telephone number of the persons responsible for supervising the persons fishing under the authority of the permit;
    - c. The total number of persons who will be fishing under the authority of the permit;
    - d. The dates for which the permit will be used; and
    - e. The location for which the permit will be valid.
  2. In addition to the information required under subsection (C)(1), nonprofit organizations shall also submit:
    - a. A copy of the organization's articles of incorporation and evidence that the organization has tax-exempt status under Section 501(c) of the Internal Revenue Code, unless a current and correct copy is already on file with the Department; and
    - b. Document identifying the organization's mission.
- D.** The Department shall either grant or deny the fishing permit within the applicable overall time-frame established under R12-4-106.
- E.** The fishing permit holder shall provide instruction on fish identification, fishing ethics, safety, and techniques to the persons who will be fishing under authority of the permit curriculum outline provided by the Department.
- F.** Each person fishing under the sole authority of the fishing permit may take only one-half the regular bag limit established by Commission Order for any species, unless the regular bag limit is one, in which case the permit authorizes the regular bag limit.
- G.** The permit holder shall submit a report to the Department no later than 30 days after the end of the authorized fishing dates. The report form is furnished by the Department and is available at any Department office. The permit holder shall report all of the following information on the form:
1. The fishing permit number and the information contained in the permit;
  2. The total number of persons who fished and total hours fished;
  3. The total number of fish caught, kept, and released, by species.
- H.** The Department may deny future fishing permits to a permit holder who failed to submit the report required under subsection (G) until the permit holder complies with reporting requirements.

**Historical Note**

Adopted effective October 9, 1980 (Supp. 80-5). Former Section R12-4-59 renumbered as Section R12-4-310 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-310 renumbered as R12-4-217 and amended effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-310 renumbered as R12-4-217 and amended effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). New Section adopted November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

**R12-4-311. Exemptions from Requirement to Possess an Arizona Fishing License or Hunting License While Taking Wildlife**

In addition to the exemptions prescribed under A.R.S. § 17-335, R12-4-206(E), and R12-4-207(E) and provided the person's fishing, hunting, or trapping license privileges are not currently revoked by the Commission:

1. A fishing license is not required when a person is:
  - a. Fishing from artificial ponds, tanks, and lakes contained entirely on private lands that are not:
    - i. Open to the public, and
    - ii. Managed by the Department.
  - b. Taking from private property crayfish and other non-native crustaceans and terrestrial mollusks considered to be garden pests, such as but not limited to brown garden snails (*Helix aspersa*) and decollate snails (*Rumina decollata*), pillbugs (*Armadillidium vulgare*), and woodlice (*Armadillidium nasatum*).
  - c. Fishing in Arizona on any designated Saturday occurring during National Fishing and Boating Week, except in waters of the Colorado River forming the common boundaries between Arizona and California, Nevada, or Utah where fishing without a license is limited to the shoreline, unless the state with concurrent jurisdiction removes licensing requirements on the same day.
  - d. Participating in an introductory fishing education program sanctioned by the Department, during scheduled program hours, only. A sanctioned program shall have a Department employee, or authorized volunteer instructor present during scheduled program hours. For the purposes of this subsection, "authorized volunteer instructor" means a person who has successfully passed the Department's required background check, or provided documentation of the person's application for a fingerprint clearance card, and sport fishing education workshop.
2. A hunting license is not required when a person is participating in an introductory hunting event organized, sanctioned, or sponsored by the Department. The person may hunt small game, fur-bearing, predator, and designated mammals during scheduled event hours, only. To hunt migratory game birds, the person shall have any stamps required by federal regulation. The introductory hunting event shall have a Department employee, certified hunter education instructor, or authorized volunteer present during scheduled hunting hours. For the purposes of this subsection, "authorized volunteer" means a person who

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has successfully passed the Department's required background check, or provided documentation of the person's application for a fingerprint clearance card, and Department event best practices training. This subsection does not apply to any event that requires a participant to obtain a permit-tag or nonpermit-tag.

**Historical Note**

Amended as an emergency effective April 10, 1975 (Supp. 75-1). Amended effective May 3, 1976 (Supp. 76-3). Amended effective May 26, 1978 (Supp. 78-3).

Amended effective May 31, 1979. Amended effective June 4, 1979 (Supp. 79-3). Amended effective April 22, 1980 (Supp. 80-2). Former Section R12-4-60 renumbered as Section R12-4-311 without change effective August 13, 1981 (Supp. 81-4). Amended subsections (A), (B), and (D) and added subsections (F) and (G) effective December 17, 1981 (Supp. 81-6). Amended as an emergency effective May 12, 1982, pursuant to A.R.S. § 41-1003, valid for 90 days (Supp. 82-3). Emergency certification expired. Amended subsections (A) through (E) effective December 7, 1982 (Supp. 82-6). Amended subsections (C) and (D) effective February 9, 1984 (Supp. 84-1). Amended effective December 13, 1985 (Supp. 85-6). Amended subsections (A) and (D) effective December 16, 1986 (Supp. 86-6). Former Section R12-4-311 repealed, new Section R12-4-311 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-322 repealed, new Section R12-4-311 adopted effective January 1, 1989, filed effective December 30, 1988" (Supp. 89-2). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

**R12-4-312. Repealed****Historical Note**

Amended effective June 4, 1979 (Supp. 79-3). Amended effective April 22, 1980 (Supp. 80-2). Former Section R12-4-61 renumbered as Section R12-4-312 without change effective August 13, 1981 (Supp. 81-4). Amended subsections (B), (E) and (F) effective December 17, 1981 (Supp. 81-6). Amended subsections (A), (C), (D), (E), and added subsection (G) effective December 9, 1982 (Supp. 82-6). Amended subsection (A), paragraph (1) effective November 27, 1984 (Supp. 84-6). Amended effective December 13, 1985 (Supp. 85-6). Former Section R12-4-312 repealed, new Section R12-4-312 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-312 repealed, new Section R12-4-312 adopted effective January 1, 1989, filed December 30, 1988 (Supp. 89-2). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3).

**R12-4-313. Lawful Methods of Take and Season for Aquatic Wildlife**

- A. Subject to the restrictions of this Section, a person may take aquatic wildlife during the day or night using artificial light as prescribed under A.R.S. § 17-301. When a fish die-off is imminent or when otherwise deemed appropriate, the Commission may designate a special season by Commission Order to allow fish to be taken by hand or by any hand-held, non-motorized implement that does not discharge a projectile.
- B. A person who possesses a valid Arizona fishing license may take aquatic wildlife by angling or simultaneous fishing as defined under R12-4-301 with any bait, artificial fly, or lure subject to the following restrictions:
  1. Except for sunfish of the genus *Lepomis*, the flesh of game fish may not be used as bait.
  2. Live baitfish, as defined under R12-4-101, may only be used in designated areas prescribed by Commission Order and designated areas may subsequently be closed or restricted by Commission Order.
  3. Waterdogs may not be used as live bait in that portion of Santa Cruz County lying east and south of State Highway 82 or that portion of Cochise County lying west of the San Pedro River and south of State Highway 82.
  4. Shall not use more than two lines at any one time.
  5. The Commission may further restrict the lawful methods of take on particular waters by designating one or more of the following special seasons by Commission Order:
    - a. An "artificial flies and lures" season in which only artificial flies and lures may be used in designated areas,
    - b. A "barbless hooks" season in which only the use of barbless or single-point barbless hooks may be used in designated areas,
    - c. An "immediate kill or release" season in which a person must kill and retain the designated species as part of the person's bag limit or immediately release the wildlife,
    - d. A "catch and immediate release" in which a person must immediately release the designated species,
    - e. An "immediate kill" season in which a person must immediately kill and retain the designated species as part of the person's bag limit, or
    - f. A "limited-entry" season in which a limited number of permits is made available to the public for a designated species, a particular water, or both.
- C. In addition to angling, a person who possesses a valid Arizona fishing license may also take the following aquatic wildlife using the following methods:
  1. A hybrid device is lawful for the take of aquatic wildlife provided all components of the device are authorized for the take of that species under this subsection.
  2. Carp (*Cyprinus carpio*), buffalofish, mullet, tilapia, goldfish, and shad may be taken by:
    - a. Bow and arrow,
    - b. Crossbow,
    - c. Snare,
    - d. Gig,
    - e. Spear or spear gun, or
    - f. Snagging.
  3. A person shall not use any of the methods of take listed under subsection (C)(2) within 200 yards of a designated swimming area as indicated by way of posted signs or notices.

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4. Except for snagging, a person shall not use any of the methods of take listed under subsection (C)(2) within 200 yards of any boat dock or fishing pier.
  5. Striped bass may be taken by spear or spear gun in waters designated by Commission Order.
  6. Catfish may be taken by bow and arrow or crossbow in waters designated by Commission Order.
  7. Amphibians, soft-shelled turtles, mollusks, and crustaceans may be taken by minnow trap, crayfish net, hand, or with any hand-held, non-motorized implement that does not discharge a projectile, unless otherwise permitted under this Section.
  8. In addition to the methods described under subsection (C)(7), bullfrogs may be taken by:
    - a. Bow and arrow,
    - b. Crossbow,
    - c. Pneumatic weapon, or
    - d. Slingshot.
  9. Live baitfish may be taken for personal use as bait by:
    - a. A cast net not to exceed a radius of 4 feet measured from the horn to the leadline;
    - b. A minnow trap, as defined under R12-4-301;
    - c. A seine net not to exceed 10 feet in length and 4 feet in width; or
    - d. A dip net.
  10. In addition to the methods described under subsection (C)(7), crayfish may be taken with the following devices:
    - a. A trap not more than 3 feet in the greatest dimension,
    - b. A dip net as defined under R12-4-301, or
    - c. A seine net not larger than 10 feet in length and 4 feet in width.
  11. The Commission may further specify the lawful methods of take on particular waters and for particular species by designating one or more of the following special seasons by Commission Order:
    - a. A "snagging" season in which a person may use this method only at times and locations designated by Commission Order, or
    - b. A "spear or spear gun" season in which a person may use this method only at times and locations designated by Commission Order.
- D.** Aquatic wildlife taken in violation of this Section is unlawfully taken.

**Historical Note**

Amended as an emergency effective April 10, 1975 (Supp. 75-1). Amended effective May 17, 1977 (Supp. 77-3). Amended effective June 29, 1978 (Supp. 78-3). Amended effective April 22, 1980 (Supp. 80-2). Former Section R12-4-62 renumbered as Section R12-4-313 without change effective August 13, 1981 (Supp. 81-4). Amended effective December 7, 1982 (Supp. 82-6). Amended subsection (A)(7) and added subsection (E)(3) effective November 27, 1984 (Supp. 84-6). Amended subsections (A) and (E) effective December 9, 1985 (Supp. 85-6). Amended subsections (A) and (E) effective December 16, 1986 (Supp. 86-6). Former Section R12-4-313 repealed, new Section R12-4-313 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-313 repealed, new Section R12-4-313 adopted effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended effective October 14, 1993

(Supp. 93-4). Amended by final rulemaking at 7 A.A.R. 2220, effective May 25, 2001 (Supp. 01-2). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

**R12-4-314. Possession, Transportation, or Importation of Aquatic Wildlife**

- A.** The Commission may prescribe legal sizes for possession of aquatic wildlife through Commission Order.
- B.** A person who possesses a valid Arizona fishing license may possess live aquatic wildlife lawfully taken on the waters where taken, but the person shall not transport the aquatic wildlife alive from the waters where taken except that:
1. A person may transport live baitfish listed in subsection (C)(1);
  2. A person may transport live waterdogs except in the portion of Santa Cruz County lying east and south of State Highway 82 or the portion of Cochise County lying west of the San Pedro River and south of State Highway 82; and
  3. Any crayfish taken on waters within Yuma or La Paz Counties may be transported alive for use as live bait in that portion of La Paz County west of Highway 95 and south of Interstate 10, Yuma County, and on the Colorado River from the Palo Verde Diversion Dam downstream to the Southern international boundary with Mexico.
- C.** A person who possesses a valid Arizona fishing license may import, transport, or possess live baitfish, crayfish, or waterdogs for personal use as live bait only as follows:
1. A person may possess or transport only the following live baitfish for personal use as live bait:
    - a. Fathead minnow (*Pimephales promelas*),
    - b. Golden shiners (*Notemigonus crysoleucas*),
    - c. Goldfish (*Carassius auratus*),
    - d. Longfin Dace (*Agosia chrysogaster*),
    - e. Sonora Sucker (*Catostomus insignis*),
    - f. Speckled Dace (*Rhynchichthys osculus*), and
    - g. Desert Sucker (*Catostomus clarki*).
  2. A person may import for personal use live baitfish listed in subsection (C)(1) from:
    - a. California or Nevada, or
    - b. From any other state with accompanying documentation certifying that the fish are free of Furunculosis.
  3. A person may import, transport, or possess live waterdogs for personal use as bait, except in the portion of Santa Cruz County lying east and south of State Highway 82 or the portion of Cochise County lying west of the San Pedro River and south of State Highway 82.
  4. A person shall not import, transport, or move live crayfish between waters for personal use as live bait except as allowed in 12 A.A.C. 4, Article 4, or except as allowed in subsection (B)(3).
- D.** A person shall attach water-resistant identification to any unattended live boxes or stringers holding fish and ensure the identification bears the person's:
1. Name,
  2. Address, and

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3. Fishing license number.
- E. A person who uses a crayfish net or a minnow trap shall raise and empty the trap daily and shall attach water-resistant identification to any unattended traps and ensure the identification bears the person's:
1. Name,
  2. Address, and
  3. Fishing license number.
- F. A person shall not knowingly disturb the crayfish net, live box, minnow trap, or stringer of another unless authorized to do so by the owner.

**Historical Note**

Amended effective May 3, 1976 (Supp. 76-3). Amended effective April 22, 1980 (Supp. 80-2). Former Section R12-4-63 renumbered as Section R12-4-314 without change effective August 13, 1981 (Supp. 81-4). Amended subsection (B) effective December 31, 1984 (Supp. 84-6). Amended effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Amended effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Section repealed by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). New Section made by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

**R12-4-315. Repealed****Historical Note**

Former Section R12-4-64 renumbered as Section R12-4-315 without change effective August 13, 1981 (Supp. 81-4). Amended effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Amended effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

**R12-4-316. Repealed****Historical Note**

Amended effective May 3, 1976 (Supp. 76-3). Amended effective June 4, 1979 (Supp. 79-3). Amended subsections (A), (B), (C), and (D) effective December 29, 1980 (Supp. 80-6). Former Section R12-4-65 renumbered as Section R12-4-316 without change effective August 13, 1981 (Supp. 81-4). Amended subsections (B), (C) and (F) effective February 9, 1984 (Supp. 84-1). Amended effective December 31, 1984 (Supp. 84-6). Former Section R12-4-316 repealed, new Section R12-4-316 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-316 repealed, new Section R12-4-316 adopted effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended by final rulemaking at 7 A.A.R. 2147, effective May 25, 2001 (Supp. 01-2). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

**R12-4-317. Repealed****Historical Note**

Renumbered, then repealed and readopted as Section R12-4-43 effective February 20, 1981 (Supp. 81-1). Former Section R12-4-66 renumbered as Section R12-4-317 without change effective August 13, 1981 (Supp. 81-4). Correction, Section R12-4-317 formerly shown as repealed should have read reserved. Former Historical Note erroneous, see R12-4-202. Section R12-4-317 adopted effective June 20, 1984 (Supp. 84-3). Repealed effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Repealed effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). New Section made by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

**R12-4-318. Seasons for Lawfully Taking Wild Mammals, Birds, and Reptiles**

- A. Methods of lawfully taking wild mammals, birds, and reptiles during seasons designated by Commission Order as "general" seasons are designated under R12-4-304.
1. Lawful devices are defined under R12-4-101 and R12-4-301.
  2. Lawful devices are listed under this Section by the range of effectiveness, from greatest range to least range.
  3. A hybrid device may be used in a general season, provided:
    - a. All components of the hybrid device are designated as lawful for a given species under R12-4-304, and
    - b. No components are prohibited under R12-4-303.
- B. Methods of lawfully taking big game during seasons designated by Commission Order as "special" are designated under R12-4-304. "Special" seasons are open only to a person who possesses a special big game license tag authorized under A.R.S. § 17-346 and R12-4-120.
- C. When designated by Commission Order, the following seasons have specific requirements and lawful methods of take more restrictive than those for general and special seasons, as established under this Section. While taking the species authorized by the season, a person participating in:
1. A "CHAMP" season shall be a challenged hunter access/mobility permit holder as established under R12-4-217.
  2. A "pioneer one-horned ram" season shall be a pioneer license holder as established under R12-4-201 and the legal animal defined under R12-4-101.
  3. A "youth-only hunt" shall be under the age of 18. A youth hunter whose 18th birthday occurs during a "youth-only hunt" for which the youth hunter has a valid permit or tag may continue to participate for the duration of that "youth-only hunt."
  4. A "pursuit-only" season may use dogs to pursue bears, mountain lions, or raccoons as designated by Commission Order, but shall not kill or capture the quarry.
    - a. A person participating in a "pursuit-only" season shall possess and, at the request of Department personnel, produce an appropriate and valid hunting license and any required tag or pursuit-only permit for the wildlife pursued, even though there shall be no kill.

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- b. Pursuit is allowed regardless of whether a person has met the bag limit established under R12-4-104(J) for that genus.
- c. A person does not commit an offense under A.R.S. § 17-309 where the person causes or allows a dog to pursue a bear, mountain lion, or raccoon when all of the following apply:
  - i. A pursuit-only season for the wildlife pursued is authorized by Commission Order;
  - ii. The person possesses a valid hunting license and tag;
  - iii. The bear, mountain lion, or raccoon is not injured or killed in the course of the pursuit.
- 5. A "restricted season" may use any lawful method authorized for a specific species under R12-4-304, except dogs may not be used to pursue the wildlife for which the season was established.
- 6. An "archery-only" season shall not use any other weapons, including crossbows or bows with a device that holds the bow in a drawn position except as authorized under R12-4-216. A person participating in an "archery-only" season may use one or more of the following methods or devices if authorized under R12-4-304 as lawful for the species hunted:
  - a. Bows and arrows;
  - b. Falconry; and
  - c. Atlatl throwing dart no less than five feet in length and no more than eight feet in length, equipped with a sharpened head having a blade no less than 7/16 inch cutting radius from the center of the shaft with metal, ceramic-coated metal, or ceramic cutting edges.
- 7. A "handgun, archery, and muzzleloader (HAM)" season may use one or more of the following methods or devices if authorized under R12-4-304 as lawful for the species hunted:
  - a. Muzzleloading rifles;
  - b. Handguns without a vertical foregrip or any form of fixed, detachable, or collapsible buttstock, or any apparatus or extension capable of being used to steady the handgun against the body while firing;
  - c. Muzzleloading handguns;
  - d. Bows and arrows;
  - e. Crossbows or bows to be drawn and held with an assisting device;
  - f. Pre-charged pneumatic weapons capable of holding and discharging a single projectile .35 caliber or larger;
  - g. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second; and
  - h. Atlatl throwing dart no less than five feet in length and no more than eight feet in length, equipped with a sharpened head having a blade no less than 7/16 inch cutting radius from the center of the shaft with metal, ceramic-coated metal, or ceramic cutting edges.
- 8. A "muzzleloader" season may use one or more of the following methods or devices if authorized under R12-4-304 as lawful for the species hunted:
  - a. Muzzleloading rifles or muzzleloading handguns
  - b. Bows and arrows, and
  - c. Crossbows or bows to be drawn and held with an assisting device.
- 9. A "limited weapon" season may use one or more of the following methods or devices for taking wildlife, if authorized under R12-4-304 as lawful for the species hunted:
  - a. Bows and arrows,
  - b. Crossbows or bows to be drawn and held with an assisting device,
  - c. Pneumatic weapons capable of holding and discharging a single projectile .25 caliber or smaller,
  - d. Hand-propelled projectiles,
  - e. Any trap except foothold traps,
  - f. Slingshots,
  - g. Dogs,
  - h. Falconry,
  - i. Nets, or
  - j. Capture by hand.
- 10. A "limited weapon hand or hand-held implement" season may use one or more of the following methods or devices for taking wildlife, if authorized under R12-4-304 as lawful for the species hunted:
  - a. Catch-pole,
  - b. Hand,
  - c. Snake hook, or
  - d. Snake tongs.
- 11. A "limited weapon-pneumatic" season may use one or more of the following methods or devices for taking wildlife, if authorized under R12-4-304 as lawful for the species hunted:
  - a. Pneumatic weapons discharging a single projectile .25 caliber or smaller,
  - b. Hand-propelled projectiles,
  - c. Slingshots,
  - d. Dogs,
  - e. Falconry,
  - f. Nets, or
  - g. Capture by hand.
- 12. A "limited weapon-rimfire" season may use one or more of the following methods or devices for taking wildlife, if authorized under R12-4-304 as lawful for the species hunted:
  - a. Rifled firearms using rimfire cartridges,
  - b. Shotgun shooting shot or slug,
  - c. Bows and arrows,
  - d. Crossbows or bows to be drawn and held with an assisting device,
  - e. Pneumatic weapons,
  - f. Hand-propelled projectiles,
  - g. Any trap except foothold traps,
  - h. Slingshots,
  - i. Dogs,
  - j. Falconry,
  - k. Nets, or
  - l. Capture by hand.
- 13. A "limited weapon-shotgun" season may use one or more of the following methods or devices for taking wildlife, if authorized under R12-4-304 as lawful for the species hunted:
  - a. Shotgun shooting shot or slug,
  - b. Muzzleloading shotgun,
  - c. Bows and arrows,
  - d. Crossbows or bows to be drawn and held with an assisting device,

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- e. Pneumatic weapons,
  - f. Hand-propelled projectiles,
  - g. Any trap except foothold traps,
  - h. Slingshots,
  - i. Dogs,
  - j. Falconry,
  - k. Nets, or
  - l. Capture by hand.
14. A "limited weapon-shotgun shooting shot" season may use one or more of the following methods or devices for taking wildlife, if authorized under R12-4-304 as lawful for the species hunted:
- a. Shotgun shooting shot,
  - b. Muzzleloading shotgun shooting shot,
  - c. Bows and arrows,
  - d. Crossbows or bows to be drawn and held with an assisting device,
  - e. Pneumatic weapons,
  - f. Hand-propelled projectiles,
  - g. Any trap except foothold traps,
  - h. Slingshots,
  - i. Dogs,
  - j. Falconry,
  - k. Nets, or
  - l. Capture by hand.
15. A "falconry-only" season shall be a falconer licensed under R12-4-422 unless exempt under A.R.S. § 17-236(C) or R12-4-407. A falconer participating in a "falconry-only" season shall use no other method of take except falconry.
16. A "raptor capture" season shall be a falconer licensed under R12-4-422 unless exempt under R12-4-407.
17. A "limited-entry" season means any hunting opportunity for which a limited number of permits is made available to the public.

**Historical Note**

Adopted effective June 4, 1987 (Supp. 87-2). Amended effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Amended effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended effective January 1, 1997; filed in the Office of the Secretary of State July 12, 1996 (Supp. 96-3). Amended effective January 1, 1998; filed in the Office of the Secretary of State November 10, 1997 (Supp. 97-4). Amended by final rulemaking at 6 A.A.R. 211, effective January 1, 2000 (Supp. 99-4). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 16 A.A.R. 1460, effective September 11, 2010 (Supp. 10-3). Amended by final rulemaking at 18 A.A.R. 1458, effective January 1, 2013 (Supp. 12-2). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final exempt rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1). Amended by

final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

**R12-4-319. Use of Aircraft to Take or Locate Wildlife**

- A. A person shall not take, or assist in taking wildlife from or with the aid of aircraft, including drones.
- B. Except in hunt units with Commission-ordered special seasons under R12-4-115 and R12-4-120 and hunt units with seasons only for mountain lion and no other concurrent big game season, a person shall not knowingly locate or assist in locating wildlife from or with the aid of an aircraft, including drones, in a hunt unit with an open big game season. This restriction begins 48 hours before the opening of a big game season in a hunt unit and extends until the close of the big game season for that hunt unit.
- C. A person who possesses a special big game license tag for a special season under R12-4-115 or R12-4-120 or a person who assists or will assist such a licensee shall not knowingly locate or assist in locating wildlife from or with the aid of an aircraft, including drones, within 48 hours before and during a Commission-ordered special season.
- D. This Section does not apply to any person acting within the scope of official duties as an employee or authorized agent of the state or the United States to manage or protect or aid in the management or protection of land, water, wildlife, livestock, domesticated animals, human life, or crops.
- E. For the purposes of this Section, "locate" means any act or activity that does not take or harass wildlife and is directed at finding wildlife in a hunt area.

**Historical Note**

Amended effective May 21, 1975 (Supp. 75-1). Amended effective May 3, 1976 (Supp. 76-3). Amended effective June 12, 1979 (Supp. 79-3). Amended effective April 22, 1980 (Supp. 80-2). Former Section R12-4-68 renumbered as Section R12-4-319 without change effective August 13, 1981 (Supp. 81-4). Repealed effective April 28, 1989 (Supp. 89-2). New Section R12-4-319 adopted as an emergency effective October 18, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Emergency expired. New Section adopted by final rulemaking at 6 A.A.R. 211, effective December 14, 1999 (Supp. 99-4). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

**R12-4-320. Harassment of Wildlife**

- A. In addition to the provisions established under A.R.S. § 17-301, it is unlawful to harass, molest, chase, rally, concentrate, herd, intercept, torment, or drive wildlife with or from any aircraft, including drones, as defined under R12-4-301, or with or from any motorized terrestrial or aquatic vehicle.
- B. This Section does not apply to person's acting:
  - 1. In accordance with the provisions established under A.R.S. § 17-239; or
  - 2. Within the scope of official duties as an employee or authorized agent of the state or the United States to manage or protect or aid in the management or protection of land, water, wildlife, livestock, domesticated animals, human life, or crops.

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**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

**R12-4-321. Restrictions for Taking Wildlife in City, County, or Town Parks and Preserves**

- A. All city, county, and town parks and preserves are closed to hunting and trapping, unless open by Commission Order.
- B. Unless otherwise provided under Commission Order or rule, a city, county, or town may:
  - 1. Limit or prohibit any person from hunting within one-fourth mile (440 yards) or trapping within one half mile (880 yards) of any:
    - a. Developed picnic area,
    - b. Developed campground,
    - c. Developed trailhead,
    - d. Developed wildlife viewing platform,
    - e. Boat ramp,
    - f. Shooting range,
    - g. Occupied structure, or
    - h. Golf course.
  - 2. Require a person entering a city, county, or town park or preserve, for the purpose of hunting, to declare the person's intent to hunt within the park or preserve, if the park or preserve has a check in process established.
  - 3. Allow a person to take wildlife in a city, county, or town park or preserve only during the posted park or preserve hours.
- C. The requirements of subsection (B)(1) do not apply to a reptile and amphibian limited weapon hand or hand-held implement season established by Commission Order.

**Historical Note**

New Section R12-4-321 renumbered from R12-4-301 and amended by final rulemaking at 18 A.A.R. 1458, effective January 1, 2013 (Supp. 12-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

**R12-4-322. Pickup and Possession of Wildlife Carcasses or Parts**

- A. For the purposes of this Section, the following definitions apply:
  - 1. "Fresh" means the majority of the wildlife carcass or part is not exposed dry bone and is comprised mainly of hair, hide, or flesh.
  - 2. "Not fresh" means the majority of the wildlife carcass or part is exposed dry bone due to natural processes such as scavenging, decomposition, or weathering.
- B. If not contrary to federal law or regulation, a person may pick up and possess naturally shed antlers or horns or other wildlife parts that are not fresh without a permit or inspection by a Department law enforcement officer.
- C. Except for wildlife carcasses for which a big game salvage permit is issued under A.R.S. § 17-319, a person may only pick up and possess a fresh wildlife carcass or its parts under this Section if the person notifies the Department prior to pick up and possession and:
  - 1. The Department's first report or knowledge of the carcass or its parts is voluntarily provided by the person wanting to possess the carcass or its parts;
  - 2. A Department law enforcement officer or an authorized Department employee or agent is able to observe the car-

cass or its parts at the site where the animal was found in the same condition and location as when the animal was originally found by the person wanting to possess the carcass or its parts; and

- 3. A Department law enforcement officer, using the officer's education, training, and experience, determines the animal died from natural causes. The Department may require the person to take the officer to the site where the animal carcass or parts were found when an adequate description or location cannot be provided to the officer.
- D. If a Department law enforcement officer determines that the person wanting to possess the carcass or its parts is authorized to do so under subsection (C), the officer may authorize possession of the carcass or its parts.
- E. Wildlife parts picked up and possessed from areas under control of jurisdictions that prohibit such activity, such as other states, reservations, or national parks, are illegal to possess in this state.
- F. This Section does not authorize the pickup and possession of a threatened or endangered species carcass or its parts.

**Historical Note**

New Section made by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

**ARTICLE 4. LIVE WILDLIFE****R12-4-401. Live Wildlife Definitions**

In addition to definitions provided under A.R.S. § 17-101, and for the purposes of this Article, the following definitions apply:

"Adoption" means the transfer of custody of live wildlife to a member of the public, initiated by either the Department or its authorized agent, when no special license is required.

"Agent" means the person identified on a special license and who assists a special license holder in performing activities authorized by the special license to achieve the objectives for which the license was issued. "Agent" has the same meaning as "sublicensee" and "subpermittee" as these terms are used for the purpose of federal permits.

"Aquarium trade" means the commercial industry and its customers who lawfully trade in aquatic live wildlife.

"Aversion training" means behavioral training in which an aversive stimulus is paired with an undesirable behavior in order to reduce or eliminate that behavior.

"Captive live wildlife" means live wildlife held in captivity, physically restrained, confined, impaired, or deterred to prevent it from escaping to the wild or moving freely in the wild.

"Captive-reared" means wildlife born, bred, raised, or held in captivity.

"Circus" means a scheduled event where a variety of entertainment is the principal business, primary purpose, and attraction. "Circus" does not include animal displays or exhibits held as an attraction for a secondary commercial endeavor.

"Commercial purpose" means the bartering, buying, leasing, loaning, offering to sell, selling, trading, exporting or importing of wildlife or their parts for monetary gain.



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“Domestic” means an animal species that does not exist in the wild, and includes animal species that have only become feral after they were released by humans who held them in captivity or individuals or populations that escaped from human captivity.

“Educational display” means a display of captive live wildlife to increase public understanding of wildlife biology, conservation, and management which may or may not include soliciting payment from an audience or an event sponsor with the intent to recover costs incurred in providing the educational display. For the purposes of this Article, “to display for educational purposes” refers to display as part of an educational display.

“Educational institution” means any entity that provides instructional services or education-related services to persons.

“Endangered or threatened wildlife” means wildlife listed under 50 CFR 17.11, revised October 1, 2019, which is incorporated by reference. A copy of the list is available at any Department office, online at [www.gpo.gov](http://www.gpo.gov), or may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000. This incorporation by reference does not include any later amendments or editions of the incorporated material.

“Evidence of lawful possession” means any license or permit authorizing possession of a specific live wildlife species or individual, or other documentation establishing lawful possession. Other forms of documentation may include, but are not limited to, a statement issued by the country or state of origin verifying a license or permit for that specific live wildlife species or individual is not required.

“Exhibit” means to display captive live wildlife in public or to allow photography of captive live wildlife for any commercial purpose.

“Exotic” means wildlife or offspring of wildlife not native to North America.

“Fish farm” means a commercial operation designed and operated for propagating, rearing, or selling aquatic wildlife for any purpose.

“Game farm” means a commercial operation designed and operated for the purpose of propagating, rearing, or selling wildlife for any purpose stated under R12-4-413.

“Health certificate” means a certificate of an inspection completed by a licensed veterinarian or federal- or state-certified inspector verifying the animal examined appears to be healthy and free of infectious, contagious, and communicable diseases.

“Hybrid wildlife” means an offspring from two different wildlife species or genera. Offspring from a wildlife species and a domestic animal species are not considered wildlife. This definition does not apply to bird hybrids as defined under the Migratory Bird Treaty Act, under 50 CFR 21.3, revised October 1, 2019.

“Live baitfish” means any species of live freshwater fish designated by Commission Order as lawful for use in taking aquatic wildlife under R12-4-313 and R12-4-314.

“Live bait” means aquatic live wildlife used or intended for use in taking aquatic wildlife.

“Migratory birds” mean all species listed under 50 CFR 10.13 revised October 1, 2019, and no later amendments or editions. The incorporated material is available from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000, and is on file with the Department.

“Noncommercial purpose” means the use of products or services developed using wildlife for which no compensation or monetary value is received.

“Nonhuman primate” means any nonhuman member of the order Primate of mammals including prosimians, monkeys, and apes.

“Nonnative” means wildlife or its offspring that did not occur naturally within the present boundaries of Arizona before European settlement.

“Photography” means any process that creates durable images of wildlife or parts of wildlife by recording light or other electromagnetic radiation, either chemically by means of a light-sensitive material or electronically by means of an image sensor.

“Rehabilitated wildlife” means live wildlife that is injured, orphaned, sick, or otherwise debilitated and is provided care to restore it to a healthy condition suitable for release to the wild or for lawful captive use.

“Research facility” means any association, institution, organization, school, except an elementary or secondary school, or society that uses or intends to use live animals in research.

“Restricted live wildlife” means wildlife that cannot be imported, exported, or possessed without a special license or lawful exemption.

“Shooting preserve” means any operation where live wildlife is released for the purpose of hunting.

“Special license” means any license issued under this Article, including any additional stipulations placed on the license authorizing specific activities normally prohibited under A.R.S. § 17-306 and R12-4-402.

“Species of greatest conservation need” means any species listed in the Department’s Arizona’s State Wildlife Action Plan list Tier 1a and 1b published by the Arizona Game and Fish Department. The material is available for inspection at any Department office and on the Department’s website.

“Stock” and “stocking” means to release live aquatic wildlife into public or private waters other than the waters where taken.

“Taxa” means groups of animals within specific classes of wildlife occurring in the state with common characteristics that establish relatively similar requirements for habitat, food, and other ecological, genetic, or behavioral factors.

“Unique identifier” means a permanent marking made of alphanumeric characters that identifies an individual animal, which may include, but is not limited to, a tattoo or microchip.

“USFWS” means the United States Fish and Wildlife Service.

“Volunteer” means a person who:

Assists a special license holder in conducting activities authorized under the special license,

Is under the direct supervision of the license holder at the premises described on the license,

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Is not designated as an agent, and

Receives no compensation.

“Wildlife disease” means any disease that poses a health risk to wildlife in Arizona.

“Zoo” means any facility licensed by the Arizona Game and Fish Department under R12-4-420 or, for facilities located outside of Arizona, licensed or recognized by the applicable governing agency.

“Zoonotic” means a disease that can be transmitted from animals to humans or, more specifically, a disease that normally exists in animals but that can infect humans.

**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

**R12-4-402. Live Wildlife: Unlawful Acts**

- A. A person shall not perform any of the following activities with live wildlife unless authorized by a federal license or permit, this Chapter, or A.R.S. Title 3, Chapter 16:
  1. Import any live wildlife into the state;
  2. Export any live wildlife from the state;
  3. Conduct any of the following activities with live wildlife within the state:
    - a. Display,
    - b. Exhibit,
    - c. Give away,
    - d. Lease,
    - e. Offer for sale,
    - f. Possess,
    - g. Propagate,
    - h. Purchase,
    - i. Release,
    - j. Rent,
    - k. Sell,
    - l. Sell as live bait,
    - m. Stock,
    - n. Trade,
    - o. Transport; or
  4. Kill any captive live wildlife.
- B. The Department may seize, quarantine, hold, require the surrender of, or euthanize any lawfully possessed wildlife held in a manner that poses an actual or potential threat to the wildlife, other wildlife, or the safety, health, or welfare of the public. The Department shall make reasonable efforts to find suitable placement for any animal prior to euthanizing it.
- C. A person who does not lawfully possess wildlife in accordance with this Article shall be responsible for all costs associated with the care and keeping of the wildlife.
- D. Performing activities authorized under a federal license or permit does not exempt a federal agency or its employees from complying with state permit requirements.

**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 7 A.A.R. 2732, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 23 A.A.R. 492, effective April 8, 2017 (Supp. 20-3). Amended by final rulemaking at 32 A.A.R. 7 (January 2, 2026), effective February 1, 2026 (Supp. 25-4).

**R12-4-403. Escaped or Released Live Wildlife**

- A. The Department may seize, quarantine, require the surrender of, or euthanize any live wildlife that has been released, has escaped, or is likely to escape if the wildlife poses an actual or potential threat to:
  1. Native wildlife;
  2. Wildlife habitat;
  3. Public health, safety, or welfare; or
  4. Property.
- B. A person shall not release live wildlife, unless specifically directed to do so by the Department or authorized under this Article.
- C. The person releasing or allowing the escape of wildlife shall be responsible for all costs incurred by the Department associated with seizing or quarantining the wildlife.
- D. All special license holders shall be subject to the requirements of this Section.

**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1). Amended by final rulemaking at 32 A.A.R. 7 (January 2, 2026), effective February 1, 2026 (Supp. 25-4).

**R12-4-404. Possession of Live Wildlife Taken Under an Arizona Hunting or Fishing License**

- A. A person may take live wildlife from the wild under a valid Arizona hunting or fishing license provided the current Commission Order authorizes a live bag and possession limit for that wildlife and the person possesses the appropriate hunting or fishing license and special license, when applicable.
- B. Except for live baitfish which may only be possessed and transported as established under R12-4-314, a person may conduct any of the following activities with wildlife taken under an Arizona hunting or fishing license provided the activity is for a noncommercial purpose:
  1. Export,
  2. Kill,
  3. Place on educational display,
  4. Possess,
  5. Propagate, and
  6. Transport.
- C. A person possessing wildlife or offspring of wildlife taken under this Section shall dispose of the wildlife or offspring of wildlife using any one or more of the following methods:
  1. Giving the wildlife as a gift,
  2. Exporting the wildlife to another state or jurisdiction, or
  3. Disposing of the wildlife as directed by the Department.
- D. A person shall not use wildlife or offspring of wildlife taken under this Section for commercial purposes.

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- E. A person exporting live wildlife for a noncommercial purpose shall verify exported live wildlife and offspring of wildlife shall not be:
    1. Bartered,
    2. Leased,
    3. Offered for sale,
    4. Purchased,
    5. Rented,
    6. Sold, or
    7. Used for any commercial purpose.
  - F. A person may temporarily hold and release live wildlife possessed under this Section into the wild, provided the person did not remove the wildlife from the immediate area where it was taken.
  - G. A person shall not exceed the possession limit of live wildlife established by Commission Order for that species.
    1. Offspring of wildlife possessed under this Section shall count towards the established possession limit.
    2. A person may possess offspring of amphibians or reptiles in excess of the possession limit for no more than 12 months from the date of birth or hatching.
    3. On or before the day the offspring reach 12 months of age, the person possessing them shall dispose of them as prescribed under subsection (C).
    4. A person is prohibited from releasing offspring of propagated wildlife into the wild.
  - H. A person may use reptiles and amphibians taken under a valid Arizona hunting license for the purpose of providing aversion or avoidance training when the current Commission Order authorizes a live bag and possession limit for that reptile or amphibian.
  - I. A person may sell photographs of wildlife taken under a valid hunting or fishing license.
  - J. A person who possesses live wildlife or offspring of wildlife taken under this Section shall comply with the requirements prescribed under R12-4-425 if the wildlife becomes listed as restricted wildlife under R12-4-406.
- 1. The aquatic wildlife is lawfully possessed under a lawful exemption, valid license, permit, or other form of authorization from another state, the United States, or another country; and
  - 2. The aquatic wildlife is used only for restaurants or markets that are licensed to sell food to the public and the wildlife is killed before it is transported from the restaurant or market, or, if transported alive from the market, is conveyed directly to its final destination for preparation as food; or
  - 3. The aquatic wildlife is used only for the aquarium trade or a fish farm and is accompanied by a valid license or permit issued by another state or the United States that allows the wildlife to be transported into this state.
    - a. A person in the aquarium trade shall:
      - i. Only use aquatic wildlife used in the aquarium trade as a pet or in an educational display, and
      - ii. Keep aquatic wildlife used in the aquarium trade in an aquarium or enclosed pond that does not allow the wildlife to leave the aquarium or pond and does not allow other live aquatic wildlife to enter the aquarium or pond.
    - b. A person in the aquarium trade shall not use or possess aquatic wildlife listed as restricted live wildlife under R12-4-406.
- C. A person shall obtain the appropriate special license listed under R12-4-409(A) before importing aquatic live wildlife for any purpose not stated under subsection (B), unless exempt under this Chapter.
  - D. A person may purchase, possess, exhibit, transport, propagate, trade, rent, lease, give away, sell, offer for sale, export, or kill wildlife or aquatic wildlife or its offspring without an Arizona license or permit if the wildlife is lawfully imported and possessed as prescribed under subsections (A) or (B).

**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

**R12-4-405. Importing, Purchasing, and Transporting Live Wildlife Without an Arizona License or Permit**

- A. A person may import mammals, birds, amphibians, and reptiles not listed as restricted wildlife under R12-4-406 without a special license required under this Article, provided the animals are:
  1. Lawfully possessed under a:
    - a. Lawful exemption; or
    - b. Valid license, permit, or other form of authorization from another state, the United States, or another country; and
  2. Accompanied by the health certificate required under 3 A.A.C. 2, Article 6, and this Article, when applicable.
- B. A person may import live aquatic wildlife not listed as restricted wildlife under R12-4-406 without a special license under the following conditions:

**R12-4-406. Restricted Live Wildlife**

- A. In order to lawfully possess wildlife listed as restricted under this Section, for any activity prohibited under A.R.S. §§ 17-255.02, 17-306, R12-4-902, or this Article, a person shall possess:
  1. All applicable federal licenses and permits; and
  2. The appropriate special license listed under R12-4-409(A); or
  3. Act under a lawful exemption authorized under A.R.S. § 17-255.04, R12-4-314, R12-4-404, R12-4-405, R12-4-407, R12-4-425, R12-4-427, and R12-4-430.
- B. The Commission recognizes the online taxonomic classification from the Integrated Taxonomic Information System as the authority in determining the designations of restricted live mammals, birds, reptiles, amphibians, fish, crustaceans, and mollusks referenced under this Article. The Integrated Taxonomic Information System is available at any Department office and at [www.itis.gov](http://www.itis.gov).

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- C. All of the following are considered restricted live wildlife and are subject to the requirements of this Article, unless otherwise specified:
- Hybrid wildlife, as defined under R12-4-401, resulting from the interbreeding of at least one parent species of wildlife that is listed as restricted under this Section. Hybrid wildlife that is the progeny of a restricted wildlife species and a nonrestricted wildlife species is considered restricted wildlife.
  - Transgenic species, unless otherwise specified under this Article. For the purposes of this Section, “transgenic species” means any organism that has had genes from another organism put into its genome through direct human manipulation of that genome. Transgenic species do not include natural hybrids or individuals that have had their chromosome number altered to induce sterility. A transgenic animal is considered wildlife if the genetic material originated from a restricted wildlife species.
- D. Domestic animals, as defined under R12-4-401, are not subject to restrictions under A.R.S. Title 17, 12 A.A.C. 4, or Commission Orders.
- E. For subsections (F) through (M), the common names are provided as examples only and are not all-inclusive of the order, family, or genus.
- F. Unless otherwise specified, all mammals listed below are considered restricted live wildlife:
- All species of the order *Afrosoricida*. Common names include: golden moles and tenrecs.
  - All species of the following families of the order *Artiodactyla*. Common name: even-toed ungulates:
    - The family *Antilocapridae*. Common name: prong-horns.
    - The family *Bovidae*. Common names include: antelopes, bison, buffalo, cattle, duikers, gazelles, goats, oxen, and sheep. Except the following genera which are not restricted:
      - The genus *Bubalus*. Common name: water buffalo.
      - The genus *Bison*. Common name: American bison, bison, or buffalo.
    - The family *Cervidae*. Common names include: cervid, deer, elk, moose, red deer, and wapiti.
    - The family *Tayassuidae*. Common name: peccaries.
  - All species of the order *Carnivora*. Common names include: bears, foxes, ocelot, raccoons, servals, skunks, wolves, and weasels.
  - All species of the order *Chiroptera*. Common name: bats.
  - All species of the genus *Didelphis*. Common name: American opossums.
  - All species of the order *Erinaceomorpha*. Common names include: European hedgehogs, gymnures, and moonrats. Except members of the genus *Atelerix*, which are not restricted. Common name: longeared and pygmy hedgehogs.
  - All species of the order *Lagomorpha*. Common names include: hares, pikas, and rabbits. Except for members of the genus *Oryctolagus* containing domestic rabbits, which are not wildlife and are not restricted.
  - All nonhuman primates. Common names include: chimpanzees, gorillas, macaques, orangutans, and spider monkeys.
  - All species of the following families of the order *Rodentia*. Common name: rodents:
    - The family *Capromyidae*. Common name: hutias.
    - The family *Castoridae*. Common name: beavers.
    - The family *Dipodidae*. Common name: jumping mouse.
    - The family *Echimyidae*. Common names include: coypus and nutrias.
    - The family *Erethizontidae*. Common name: new world porcupines.
    - The family *Geomyidae*. Common name: pocket gophers.
    - The family *Sciuridae*. Common names include: chipmunks, marmots, prairie dogs, squirrels, and woodchucks.
  - All species of the order *Soricomorpha*. Common names include: desmans, moles, shrews, and shrew-moles.
  - All species of the order *Xenarthra*. Common names include: anteaters, armadillos, and edentates, or sloths.
- G. Birds listed below are considered restricted live wildlife:
- The following species within the family *Phasianidae*. Common names: grouse, pheasants, partridges, quail, and turkeys:
    - Alectoris chukar*. Common name: chukar.
    - Callipepla gambelii*. Common name: Gambel’s quail.
    - Callipepla squamata*. Common name: scaled quail.
    - Colinus virginianus*. Common name: northern bobwhite.
    - Cyrtonyx montezumae*. Common name: harlequin, Mearns’s, or Montezuma quail.
    - Dendragapus obscurus*. Common name: dusky grouse.
    - Meleagris gallopavo gallopavo*, *M. g. intermedia*, *M. g. merriami*, *M. g. mexicana*, *M. g. osceola*, *B. g. silvestris*, and *M. ocellata*. Common name: wild turkey.
  - All species listed under the Migratory Bird Treaty Act listed under 50 CFR 10.13 revised October 1, 2023, and no later amendments or editions. The incorporated material is available from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000, and is on file with the Department.
- H. Reptiles listed below are considered restricted live wildlife:
- All species of the order *Crocodylia*. Common names include: alligators, caimans, crocodiles, and gavials.
  - All species of the following families or genera of the order *Squamata*:
    - The family *Atractaspididae*. Common name: burrowing asps.
    - The following species and genera of the family *Colubridae*:
      - Boiga irregularis*. Common name: brown tree snake.
      - Dispholidus typus*. Common name: boomslang.
      - Rhabdophis*. Common name: keelback.
      - Thelotornis kirtlandii*. Common names include: bird snake or twig snake.
    - The family *Elapidae*. Common names include: Australian elapids, cobras, coral snakes, kraits, mambas, and sea snakes.
    - The family *Helodermatidae*. Common names include: Gila monster and Mexican beaded lizard.
    - The family *Viperidae*. Common names include: pit and true vipers, including rattlesnakes.
  - The following species of the order *Testudines*:

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- a. All species of the family *Chelydridae*. Common name: snapping turtles.
  - b. All species of the genus *Gopherus*. Common names include: gopher tortoises, including the desert tortoise.
- I.** Amphibians listed below are considered restricted live wildlife. The following species within the order *Anura*, common names frogs and toads:
1. The species *Bufo horribilis*, *Bufo marinus*, *Bufo schneideri*. Common names include: giant or marine toads.
  2. All species of the genus *Rana*. Common names include: bullfrogs and leopard frogs. Except bullfrogs possessed under A.R.S. § 17-102.
  3. All species of the genus *Xenopus*. Common name: clawed frogs.
- J.** Fish listed below are considered restricted live wildlife:
1. All species of the family *Acipenseridae*. Common name: sturgeon.
  2. The species *Amia calva*. Common name: bowfin.
  3. The species *Aplodinotus grunniens*. Common name: freshwater drum.
  4. All species of the genus *Astyanax*. Common name: tetra.
  5. The species *Belonesox belizanus*. Common name: pike topminnow.
  6. All species, both marine and freshwater, of the orders *Carcharhiniformes*, *Heterodontiformes*, *Hexanchiformes*, *Lamniformes*, *Orectolobiformes*, *Pristiophoriformes*, *Squaliformes*, *Squatiniiformes*, and except for all species of the families *Brachaeluridae*, *Hemiscylliidae*, *Orectolobidae*, and *Triakidae*; genera of the family *Scyliorhinidae*, including *Aulohaelurus*, *Halaehurus*, *Haploblepharus*, *Poroderma*, and *Scyliorhinus*; and genera of the family *Parascylliidae*, including *Cirrhoscyllium* and *Parascyllium*. Common name: sharks.
  7. All species of the family *Centrarchidae*. Common name: sunfish.
  8. All species of the family *Cetopsidae* and *Trichomycteridae*. Common name: candiru, South American catfish, and “whale” catfish.
  9. All species of the family *Channidae*. Common name: snakehead.
  10. All of the species *Cirrhinus mrigala*, *Gibelion catla*, and *Labeo rohita*. Common name: Indian carp.
  11. All species of the family *Clariidae*. Common names include: airbreathing catfish or labyrinth.
  12. All species of the family *Clupeidae* except threadfin shad, species *Dorosoma petenense*. Common names include: herring and shad.
  13. The species *Ctenopharyngodon idella*. Common names include: white amur or grass carp.
  14. The species *Cyprinella lutrensis*. Common name: red shiner.
  15. The species *Electrophorus electricus*. Common name: electric eel.
  16. All species of the family *Esocidae*. Common names include: pickerels and pike.
  17. All species of the family *Hiodontidae*. Common names include: goldeye and mooneye.
  18. The species *Hoplias hydrocynus*. Common name: tiger fish and South American wolf fish.
  19. The species *Hypophthalmichthys molitrix*. Common name: silver carp.
  20. The species *Hypophthalmichthys nobilis*. Common name: bighead carp.
  21. All species of the family *Ictaluridae*. Common name: catfish.
  22. All species of the genus *Lates* and *Luciolates*. Common name: barramundi and Nile perch.
  23. All species of the family *Lepisosteidae*. Common name: gar.
  24. The species *Leuciscus idus*. Common names include: ide and whitefish.
  25. The species *Malapterurus electricus*. Common name: electric catfish.
  26. All species of the family *Moronidae*. Common name: temperate bass.
  27. The species *Mylopharyngodon piceus*. Common name: black carp.
  28. All species of the genera *Arapaima*. Common names include: arapaima and pirarucu.
  29. All species of the family *Percidae*. Common names include: pike and walleye perches.
  30. All species of the family *Petromyzontidae*. Common name: lamprey.
  31. All species of the genera *Brachyplatystoma*. Common name: goliath catfish.
  32. The species *Polyodon spathula*. Common name: American Paddlefish.
  33. All species of the family *Potamotrygonidae*. Common name: stingray.
  34. All species of the genera *Pygocentrus*, *Pygopristis*, and *Serrasalmus*. Common name: piranha.
  35. All species of the family *Salmonidae*. Common names include: salmon and trout.
  36. The species *Scardinius erythrophthalmus*. Common name: rudd.
  37. All species of the family *Serranidae*. Common name: bass.
  38. All species of the genera *Silurus* and *Wallago*. Common names include: wels catfish and helicopter catfish.
  39. All species of the family *Sisoridae*. Common name: goonch catfish.
  40. The following species, and hybrid forms, of the Genus *Tilapia*: *O. aureus*, *O. mossambica*, *O. niloticus*, *O. urolepis hornorum* and *T. zilli*. Common name: tilapia.
  41. The species *Thymallus arcticus*. Common name: Arctic grayling.
- K.** Crustaceans listed below are considered restricted live wildlife:
1. All freshwater species within the families *Astacidae*, *Cambaridae*, *Cambaroididae*, *Cricoidoscelosidae*, and *Parastacidae*. Common name: crayfish.
  2. The species *Eriocheir sinensis*. Common name: Chinese mitten crab.
  3. All species of the family *Mysidae*. Common names: mysid shrimp and opossum shrimp.
- L.** Mollusks listed below are considered restricted live wildlife:
1. All species of the family *Ampullariidae*. Common name: apple snail.
  2. The species *Corbicula fluminea*. Common name: Asian clam.
  3. All species of the genus *Cipangopaludina*. Common name: Chinese mystery snail.
  4. All species of the family *Dreissenidae*. Common names include: quagga and zebra mussel.
  5. The species *Euglandina rosea*. Common name: rosy wolf snail.

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6. The species *Mytilopsis leucophaeata*. Common names include: Conrad's false dark mussel or false mussel.
  7. The species *Potamopyrgus antipodarum*. Common name: New Zealand mud snail.
- M.** All wildlife listed within Aquatic Invasive Species Director's Order #1.

**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 7 A.A.R. 2220, effective May 25, 2001 (Supp. 01-2). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 18 A.A.R. 196, effective January 10, 2012 (Supp. 12-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1). Amended by final rulemaking at 32 A.A.R. 7 (January 2, 2026), effective February 1, 2026 (Supp. 25-4).

**R12-4-407. Exemptions from Special License Requirements for Restricted Live Wildlife**

- A.** All live cervids may only be imported, possessed, or transported as authorized under R12-4-430.
- B.** A person is not required to possess a special license to lawfully possess restricted live wildlife under the following circumstances:
1. All Sonoran desert tortoises (*Gopherus morafkai*) lawfully possessed prior to April 28, 1989 are the property of the possessor.
    - a. All Sonoran desert tortoises or their progeny possessed on or after April 28, 1989 are the property of the State.
    - b. An Arizona resident may lawfully possess a Sonoran desert tortoise by adopting it through a Department authorized adoption program, or by receiving a lawfully possessed Sonoran desert tortoise as a gift.
      - i. Male and female Sonoran desert tortoises shall be kept separated and housed in separate enclosures.
      - ii. All Sonoran desert tortoises in excess of the possession limit of one per person or four per household shall be surrendered to the Department.
    - c. A person who receives a Sonoran desert tortoise as a gift is exempt from special license requirements.
    - d. A person shall not:
      - i. Possess Sonoran desert tortoises in excess of one per person, per household, not to exceed four tortoises per household unless authorized in writing by the Department.
      - ii. Export a live Sonoran desert tortoise from this state unless authorized in writing by the Department's special license administrator. A person may only export a live Sonoran desert tortoise to an education or research institution or zoo located in another state.
      - iii. Propagate or allow the propagation of lawfully possessed Sonoran desert tortoises or their progeny unless authorized in writing by the Department's special license administrator. All

- Sonoran desert tortoises in excess of the household possession limit of four shall be surrendered to the Department.
- iv. Release a Sonoran desert tortoise into the wild.
  - e. A person who possesses a desert tortoise and is moving out-of-state shall gift the Sonoran desert tortoise to an Arizona resident or to the Department's Tortoise Adoption Program.
2. A licensed veterinarian may possess restricted wildlife while providing medical care to the wildlife and may release rehabilitated wildlife as directed in writing by the Department, provided:
    - a. The veterinarian keeps records of restricted live wildlife as required by the Veterinary Medical Examining Board, and makes the records available for inspection by the Department.
    - b. The Department assumes no financial responsibility for any care the veterinarian provides, except care that is specifically authorized by the Department.
  3. A person may transport restricted live wildlife through this state provided the person:
    - a. Transports the wildlife through the state within 72 continuous and consecutive hours;
    - b. Ensures at least one person is continually present with, and accountable for, the wildlife while in this state;
    - c. Ensures the wildlife is neither transferred nor sold to another person;
    - d. Ensures the wildlife is accompanied by evidence of lawful possession, as defined under R12-4-401;
    - e. Ensures a health certificate required under this Article accompanies the wildlife described on the health certificate, when applicable; and
    - f. Ensures the carcasses of any wildlife that die while in transport through this state are disposed of only as directed by the Department.
  4. A person may exhibit, export, import, possess, and transport restricted live wildlife for a circus, temporary animal exhibit, or government-authorized state or county fair, provided the person:
    - a. Possesses evidence of lawful possession as defined under R12-4-401, for the wildlife;
    - b. Ensures the evidence of lawful possession accompanies the wildlife described on that evidence;
    - c. Ensures a health certificate required under this Article accompanies the wildlife described on the health certificate, when applicable;
    - d. Ensures the wildlife does not come into physical contact with the public;
    - e. Keeps the wildlife under complete control by safe and humane means; and
    - f. Ensures the wildlife is not in this state for more than 60 consecutive days.
  5. A person may export, import, possess, and transport restricted live wildlife for the purpose of commercial photography, provided the person:
    - a. Possesses evidence of lawful possession as defined under R12-4-401 for the wildlife;
    - b. Ensures the evidence of lawful possession accompanies the wildlife described on that evidence;
    - c. Ensures a health certificate required under this Article accompanies the wildlife described on the health certificate, when applicable;

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- d. Ensures the wildlife does not come into physical contact with the public;
  - e. Keeps the wildlife under complete control by safe and humane means; and
  - f. Ensures the wildlife is not in this state for more than 60 consecutive days.
6. A person may exhibit, import, possess, and transport restricted live wildlife for advertising purposes other than photography, provided the person:
    - a. Ensures the wildlife is accompanied by evidence of lawful possession as defined under R12-4-401;
    - b. Ensures the evidence of lawful possession accompanies the wildlife described on that evidence;
    - c. Ensures a health certificate required under this Article accompanies the wildlife described on the health certificate, when applicable;
    - d. Maintains the wildlife under complete control by safe and humane means;
    - e. Prevents the wildlife from coming into contact with the public or being photographed with the public;
    - f. Does not charge the public a fee to view the wildlife; and
    - g. Exports the wildlife from the state within 10 days of importation.
  7. A person may export restricted live wildlife, provided the person:
    - a. Ensures the wildlife is accompanied by evidence of lawful possession as defined under R12-4-401;
    - b. Ensures the evidence of lawful possession accompanies the wildlife described on that evidence;
    - c. Maintains the wildlife under complete control by safe and humane means;
    - d. Prevents the wildlife from coming into contact with the public or being photographed with the public;
    - e. Does not charge the public a fee to view the wildlife; and
    - f. Exports the wildlife from the state within 10 days of importation.
  8. A person may possess restricted live wildlife taken alive under R12-4-404, R12-4-405, and R12-4-427, provided the person possesses the wildlife in compliance with those Sections.
  9. A person who holds a falconry license issued by another state or country is exempt from obtaining an Arizona Sport Falconry License under R12-4-422, unless remaining in this state for more than 180 consecutive days.
    - a. The falconer licensed in another state or country shall present a copy of the out-of-state or out-of-country falconry license, or its equivalent, to the Department upon request.
    - b. A falconer licensed in another state or country and who remains in this state for more than the 180-day period shall apply for an Arizona Sport Falconry License in order to continue practicing sport falconry in this state.
  10. A person may export, give away, import, kill, possess, propagate, purchase, trade, and transport restricted live wildlife provided the person is doing so for a medical or scientific research facility registered with the United States Department of Agriculture under 9 CFR Subpart C 2.30 revised January 1, 2024, which is incorporated by reference in this Section. The incorporated material is available at any Department office, online at [www.gpo.gov](http://www.gpo.gov), or may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000. This incorporation by reference contains no future editions or amendments.
  11. A person may import and transport restricted live game fish, crayfish, and the following species, and hybrid forms, of the Genus *Tilapia*, *O. aureus*, *O. mossambica*, *O. niloticus*, *O. urolepis hornorum* and *T. zilli* directly to restaurants or markets licensed to sell food to the public, when accompanied by a current valid transporter license issued under A.A.C. R3-2-1007.
  12. A person operating a restaurant or market licensed to sell food to the public may exhibit, offer for sale, possess, and sell restricted live game fish or crayfish, provided the live game fish and crayfish are killed before being transported from the restaurant or market.
  13. A person may export, giveaway, import, kill, possess, propagate, purchase, and trade transgenic animals provided the person is doing so for a medical or scientific research facility.
- C. An exemption granted under this Section is not valid for any wildlife protected by federal law nor does it allow the take of wildlife from the wild.

**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 7 A.A.R. 2220, effective May 25, 2001 (Supp. 01-2). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1). The Commission requested an error be corrected in subsection R12-4-407(B)(1)(a)(ii) which was amended by final rulemaking in Supp. 21-1. Under Commission Order 43 *possession limits*, of a desert tortoise are established, not *bag limits* as submitted and published. Documentation of the Commission's intent to use the term *possession limits* is published at 21 A.A.R. 324; see also Commission Order 43, Note #4 (Supp. 21-2). Amended by final rulemaking at 32 A.A.R. 7 (January 2, 2026), effective February 1, 2026 (Supp. 25-4).

**R12-4-408. Holding Wildlife for the Department**

- A. A game ranger may authorize a person to possess or transport live wildlife on behalf of the Department if the wildlife is needed as evidence in a pending civil or criminal proceeding.
- B. With the exception of live cervids, the Department has the authority to allow a person to possess and transport captive live wildlife for up to 72 hours or as otherwise directed by the Department.
- C. The Director has the authority to allow a person to hold a live cervid on behalf of the Department.

**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).

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**R12-4-409. General Provisions and Penalties for Special Licenses**

- A.** A special license is required when a person intends to conduct any activity using restricted live wildlife. Special licenses are listed as follows:
1. Aquatic Animal Aquaculture License;
  2. Aquatic wildlife stocking license, established under R12-4-410;
  3. Game bird license, established under R12-4-414;
  4. Live bait dealer's license, established under R12-4-411;
  5. Private game farm license, established under R12-4-413;
  6. Scientific activity license, established under R12-4-418;
  7. Sport falconry license, established under R12-4-422;
  8. White amur stocking and restocking license, established under R12-4-424;
  9. Wildlife holding license, established under R12-4-417;
  10. Wildlife rehabilitation license, established under R12-4-423;
  11. Wildlife service license, established under R12-4-421; and
  12. Zoo license, established under R12-4-420.
- B.** An applicant for a special license listed under subsection (A) shall:
1. Submit an application to the Department meeting the specific application requirements established under the applicable governing Section.
    - a. Applications for special licenses are furnished by the Department and are available at any Department office and on the Department's website.
    - b. An application is required upon initial application for a special license and when renewing a special license. A renewal application is appropriate where there are no changes to the:
      - i. Licensed facility location, or
      - ii. License holder.
  2. Be at least 18 years of age, unless applying for a Game Bird Field Training or Sport Falconry license.
  3. Pay all applicable fees required under R12-4-412.
- C.** At the time of application, the person shall certify:
1. The information provided on the application is true and correct to the applicant's knowledge;
  2. The applicant shall comply with any municipal, county, state or federal code, ordinance, statute, regulation, or rule applicable to the license held; and
  3. The applicant's live wildlife privileges are not currently suspended or revoked in this state, any other state or territory, or by the United States.
- D.** A special license obtained by fraud or misrepresentation is invalid from the date of issuance.
- E.** The Department shall either grant or deny a special license within the applicable overall time-frame established for that special license under R12-4-106.
- F.** In addition to the criteria prescribed under the applicable governing Section, the Department shall deny a special license when:
1. When it is in the best interest of public health or safety or the welfare of the wildlife;
  2. The applicant's live wildlife privileges are revoked or suspended in this state, any other state, or by the United States;
  3. The applicant was convicted of illegally holding or possessing live wildlife within five years preceding the date of application for the special license;
  4. The applicant knowingly provides false information on an application;
  5. The person fails to meet the requirements established under the applicable governing Section or this Section. The Department shall provide a written notice to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- G.** A special license holder may only engage in activities using federally-protected wildlife when the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license. A special license issued by the Department does not:
1. Exempt the license holder from any municipal, county, state or federal code, ordinance, statute, regulation, or rule; or
  2. Authorize the license holder to engage in any activity using wildlife that is protected by federal regulation.
- H.** The Department may place additional stipulations on a special license whenever it is determined necessary to:
1. Conserve wildlife populations,
  2. Prevent the introduction and proliferation of wildlife diseases,
  3. Prevent wildlife from escaping,
  4. Protect public health or safety, or
  5. Ensure humane care and treatment of wildlife.
- I.** A special license holder shall keep live wildlife in a facility according to the captivity standards prescribed under R12-4-428 and as otherwise required under this Article. The captivity standards prescribed under R12-4-428 are not applicable to a special license holder licensed under R12-4-410, R12-4-411, R12-4-422, and R12-4-424.
- J.** A special license holder shall keep records in compliance with the requirements established under the governing Section for a period of at least five years and shall make the records available for inspection to the Department upon request.
- K.** The Department may conduct an inspection of an applicant's or license holder's facility at any time before or during the license period to determine compliance with the requirements of this Article. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.
- L.** Upon determining a disease or other emergency condition exists that poses an immediate threat to the public or the welfare of any wildlife, the Department may immediately order a cessation of operations under the special license and, if necessary, order the humane disposition or quarantine of any exposed, contaminated or affected wildlife.
1. When directed by the Department, a special license holder shall:
    - a. Perform disease testing,
    - b. Submit biological samples to the Department or its designee,
    - c. Surrender the wildlife to the Department,
    - d. Quarantine the wildlife, or
    - e. Humanely euthanize the wildlife.
  2. The license holder shall:
    - a. Ensure any disease or other emergency condition under this subsection is diagnosed by a person professionally certified to make the diagnosis.
    - b. Be responsible for all costs associated with the testing and treatment of the contaminated and affected wildlife.



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- M.** If a condition exists, including disease or any violation of this Article, that poses a threat to the public or the welfare of any wildlife, but the threat does not constitute an emergency, the Department may issue a written notice of the condition to the special license holder specifying a reasonable period of time for the license holder to remedy the noticed condition. The notice of condition shall be delivered to the special license holder by certified mail or personal service. Failure of the license holder to remedy the noticed condition within the time specified by the Department is a violation under subsection (N).
- N.** A special license holder shall not:
1. Violate any provision of the governing Section or this Section;
  2. Violate any provision of the special license that the person possesses, including any stipulations specified on the special license;
  3. Violate A.R.S. § 13-2908, relating to criminal nuisance;
  4. Violate A.R.S. § 13-2910, relating to cruelty to animals; or
  5. Refuse to allow the inspection of facilities, wildlife, or required records.
- O.** The Department may take one or more of the following actions when a special license holder is convicted of a criminal offense involving cruelty to animals, violates subsection (N), or fails to comply with any requirement established under the governing Section or this Section:
1. File criminal charges,
  2. Suspend or revoke a special license,
  3. Humanely dispose of the wildlife,
  4. Seize or seize in place any wildlife held under a special license.
  5. A person may appeal to the Commission any Department action listed under this subsection as prescribed under A.R.S. Title 41, Chapter 6, Article 10, except the filing of criminal charges.
- P.** A special license holder who wishes to continue conducting activities authorized under the special license shall submit a renewal application to the Department on or before the special license expiration date.
1. The current license will remain valid until the Department grants or denies the new special license.
  2. If the Department denies the renewal application and the license holder appeals the denial to the Commission as prescribed under subsection (F)(4), the license holder may continue to hold the wildlife until:
    - a. The date on which the Commission makes its final decision on the appeal, or
    - b. The final date on which a person may request judicial review of the decision.
  3. A special license holder who fails to submit a renewal application to the Department before the date the license expires, cannot lawfully possess any live wildlife currently possessed under the license.
- Q.** A special license holder who no longer wishes to continue conducting activities authorized under the special license shall notify the Department in writing of this decision no less than 30 days prior to ceasing wildlife related activities. This notice shall include the proposed disposition of all wildlife held under the special license.
- R.** If required by the governing Section, a special license holder shall submit an annual report to the Department by January 31 of each year, but not earlier than January 1, for the previous calendar year. The report form is furnished by the Department.
1. A report is required regardless of whether or not activities were performed during the previous year.
  2. The special license becomes invalid if the special license holder fails to submit the annual report by January 31 of each year.
  3. The Department will not process the special license holder's renewal application until the annual report is received by the Department.
  4. When the license holder is acting as a representative of an institution, organization, or agency for the purposes of the special license, the license holder shall submit the report required under subsection this Section:
    - a. By January 31 of each year the license holder is affiliated with the institution, organization, or agency; or
    - b. Within 30 days of the date of termination of the license holder's affiliation with the institution, organization, or agency.

**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 7 A.A.R. 2732, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1). Amended by exempt rulemaking at 31 A.A.R. 2836 (September 5, 2025), effective October 14, 2025 (Supp. 25-3). Amended by final rulemaking at 32 A.A.R. 7 (January 2, 2026), effective February 1, 2026 (Supp. 25-4).

**R12-4-410. Aquatic Wildlife Stocking License; Restocking License**

- A.** An aquatic wildlife stocking or restocking license allows a person to import, possess, purchase, stock, and transport any restricted species designated on the license at the location specified on the license.
- B.** The aquatic wildlife stocking or restocking license is valid for no more than 20 consecutive days, except that an aquatic wildlife stocking or restocking license is valid for one calendar year when issued to a political subdivision of the state for the purpose of vector control.
- C.** In addition to the requirements established under this Section, an aquatic wildlife stocking or restocking license holder shall comply with the special license requirements established under R12-4-409.
- D.** The aquatic wildlife stocking and restocking license holder shall be responsible for compliance with all applicable regulatory requirements. The licenses do not:
1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
  2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.
- E.** The Department shall deny an aquatic wildlife stocking or restocking license to a person who fails to meet the require-

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ments established under R12-4-409 or this Section. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10. In addition to the requirements and criteria established under R12-4-409(F)(1) through (4), the Department shall deny an aquatic wildlife stocking license when:

1. The Department determines that issuance of the license will result in a negative impact to native wildlife; or
  2. The applicant proposes to use aquatic wildlife that is not compatible with, or poses a threat to, any wildlife within the river drainage or the area where the stocking is to occur.
- F.** An applicant for an aquatic wildlife stocking or restocking license shall submit an application to the Department. A separate application is required for each location where the applicant proposes to use wildlife. The application is furnished by the Department and is available at any Department office and the Department's website. An applicant shall provide the following on the application:
1. The applicant's information:
    - a. Name;
    - b. Mailing address; and
    - c. Customer ID number, when applicable;
  2. When the applicant proposes to use the aquatic wildlife for a commercial purpose the applicant's business:
    - a. Name;
    - b. Mailing address; and
    - c. Telephone number;
  3. Aquatic wildlife species information:
    - a. Common name of the aquatic wildlife species;
    - b. Number of animals for each species; and
    - c. Approximate size of the aquatic wildlife that will be used under the license;
  4. The purpose for introducing the aquatic wildlife species;
  5. For each location where the aquatic wildlife will be stocked, the owner's:
    - a. Name;
    - b. Mailing address;
    - c. Telephone number; and
    - d. Physical address or general location of the stocking site, to include river drainage and the Global Positioning System location;
  6. A detailed description or diagram of the facilities where the applicant will stock the aquatic wildlife, which includes:
    - a. Size of waterbody proposed for stocking aquatic wildlife;
    - b. Nearest river, stream, or other freshwater system;
    - c. Points where water enters each waterbody, when applicable;
    - d. Points where water leaves each waterbody, when applicable; and
    - e. Location of fish containment barriers;
  7. For each supplier from whom the applicant will obtain aquatic wildlife, the supplier's:
    - a. Name;
    - b. Mailing address; and
    - c. Telephone number;
  8. The dates on which the person will stock aquatic wildlife;
  9. Any other information required by the Department; and
  10. The certification required under R12-4-409(C).
- G.** In addition to the requirements listed under subsection (F), when an applicant wishes to stock an aquatic species in an area where that species has not yet been introduced, is not currently established, or there is potential for conflict with Department efforts to conserve wildlife, the applicant shall also submit a written proposal to the Department at the time of application. The written proposal shall contain all of the following information:
1. Anticipated benefits resulting from the introduction of the aquatic live wildlife species;
  2. Potential adverse economic impacts;
  3. Potential dangers the introduced aquatic species may possibly create for native aquatic species and game fish, to include all of the following:
    - a. Determination of whether or not the introduced aquatic species is compatible with native aquatic species or game fish;
    - b. Potential ecological problems created by the introduced aquatic species;
    - c. Anticipated hybridization concerns with introducing the aquatic species; and,
    - d. Future plans designed to evaluate the status and impact of the species after it is introduced.
  4. Assessment of probable impacts to sensitive species in the area using the list generated by the Department's Online Environmental Review Tool, which is available on the Department's website. The proposal must address each species listed.
- H.** An application for an aquatic restocking license is considered to be a renewal of the license when there are no changes to the:
1. Aquatic wildlife species,
  2. The purpose for introducing the aquatic wildlife species, and
  3. The facilities where the applicant stocked the aquatic wildlife.
- I.** An applicant for an aquatic wildlife stocking or restocking license shall pay all applicable fees required under R12-4-412.
- J.** An aquatic wildlife stocking or restocking license holder shall:
1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
  2. Obtain all aquatic wildlife, live eggs, fertilized eggs, and milt from a licensed fish farm operator or a private non-commercial fish pond certified to be free of diseases and causative agents through the following actions:
    - a. An inspection shall be performed by a qualified fish health inspector or fish pathologist at the fish farm or pond where the aquatic wildlife or biological material is held before it is shipped to the license holder.
    - b. The inspection shall be conducted no more than 12 months prior to the date on which the aquatic wildlife or biological material is shipped to the license holder. The Department may require additional inspections at any time prior to stocking.
    - c. The applicant shall submit a copy of the certification to the Department prior to conducting any stocking activities.
  3. Maintain records associated with the license for a period of five years following the date of disposition.
  4. Allow the Department to conduct inspections of an applicant's or license holder's facility and records at any time before or during the license period to determine compliance with the requirements of this Article. The Depart-

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ment shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.

5. Possess the license or legible copy of the license while conducting any activities authorized under the aquatic stocking license and present it for inspection upon the request of any Department employee or agent.
6. Dispose of wildlife only as authorized under this Section or as directed in writing by the Department.

- K.** An aquatic wildlife stocking or restocking license holder shall comply with the requirements established under R12-4-409.

**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1). Amended by final rulemaking at 32 A.A.R. 7 (January 2, 2026), effective February 1, 2026 (Supp. 25-4).

**R12-4-411. Live Bait Dealer's License**

- A.** A live bait dealer's license allows a person to perform any of the following activities using the aquatic live wildlife listed under subsection (B): exhibit for sale, export, import, kill, offer for sale, possess, purchase, sell, trade, or transport.
- B.** A live bait dealer's license allows a person to perform any of the activities listed under subsection (A) with any or all of the following aquatic live wildlife:
1. Desert Sucker, *Catostomus clarkii*;
  2. Fathead minnow, *Pimephales promelas*;
  3. Golden shiner, *Notemigonus crysoleucas*;
  4. Goldfish, *Carassius auratus*;
  5. Longfin Dace, *Agosia chrysogaster*;
  6. Speckled Dace, *Rhynchithys osculus*; and
  7. Waterdogs, *Ambystoma tigrinum*, except in that portion of Santa Cruz County lying east and south of State Highway 82, or that portion of Cochise County lying west of the San Pedro River and south of State Highway 82.
- C.** A live bait dealer's license expires on the last day of the third December from the date of issuance.
- D.** In addition to the requirements established under this Section, a live bait dealer license holder shall comply with the special license requirements established under R12-4-409.
- E.** The live bait dealer's license holder shall be responsible for compliance with all applicable regulatory requirements. The license does not:
1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
  2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.
- F.** The Department shall deny a live bait dealer's license to a person who fails to meet the requirements established under R12-4-409 or this Section. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.

- G.** An applicant for a live bait dealer's license shall submit an application to the Department. The application is available from any Department office and the Department's website. An applicant shall provide the following information on the application:

1. The applicant's information:
  - a. Name;
  - b. Mailing address;
  - c. Telephone number; and
  - d. Customer ID number, when applicable;
2. The applicant's business:
  - a. Name;
  - b. Mailing address; and
  - c. Telephone number of the applicant's business;
3. Wildlife species information:
  - a. Common name of all wildlife species; and
  - b. The number of animals for each species that will be sold under the license.
4. For each location where the wildlife will be used, the owner's:
  - a. Name;
  - b. Mailing address;
  - c. Telephone number; and
5. A detailed description or diagram of the facilities where the applicant will hold the wildlife;
6. For each supplier from whom the applicant will obtain wildlife, the supplier's:
  - a. Name;
  - b. Mailing address;
  - c. Telephone number;
7. Any other information required by the Department; and
8. The certification required under R12-4-409(C).

- H.** An applicant for a live bait dealer's license shall pay all applicable fees required under R12-4-412.

- I.** A live bait dealer's license holder shall:

1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
2. Obtain live baitfish from a facility certified free of the diseases and causative agents through the following actions:
  - a. An inspection shall be performed by a qualified fish health inspector or fish pathologist at the facility where the wildlife is held before it is shipped to the license holder.
  - b. The inspection shall be conducted no more than 12 months prior to the date on which the aquatic wildlife or biological material is shipped to the license holder. The Department may require additional inspections at any time prior to shipping.
  - c. The applicant shall submit a copy of the certification to the Department prior to conducting any activities authorized under the license.
  - d. The live bait dealer's license holder shall include a copy of the certification in each shipment.
3. Maintain records associated with the license for a period of five years following the date of disposition.
4. Allow the Department to conduct inspections of an applicant's or license holder's facility and records at any time before or during the license period to determine compliance with the requirements of this Article. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.

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5. Possess the license or legible copy of the license while conducting activities authorized under the live bait dealers license and present it for inspection upon the request of any Department employee or agent.
6. Dispose of aquatic wildlife only as authorized under this Section or as directed by the Department.

**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 7 A.A.R. 2220, effective May 25, 2001 (Supp. 01-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1). Amended by final rulemaking at 32 A.A.R. 7 (January 2, 2026), effective February 1, 2026 (Supp. 25-4). Amended by final rulemaking at 32 A.A.R. 7 (January 2, 2026), effective February 1, 2026 (Supp. 25-4).

**R12-4-412. Special License Fees**

- A. A person who applies for a special license authorized under this Article shall pay all applicable fees at the time of application. The fees listed below include a \$20 application processing fee.
- B. An initial license fee is required upon initial application or when an applicant fails to renew a special license before the license expires.
- C. A renewal license fee is required when an applicant submits an application to renew the special license before the license expires and provided there are no changes to any of the following:
  1. Licensed facility location, or
  2. License holder.

Short-term Special License Fees	Initial License	Valid For
Aquatic Wildlife Stocking License	\$100	20-days
Aquatic Wildlife Restocking License	\$20	20-days
Aquatic Wildlife Stocking License issued to a political subdivision of the state	no fee	365-days
Aquatic Wildlife Restocking License issued to a political subdivision of the state	no fee	365-days
Game Bird Field Trial License	\$45	10-days
White Amur Stocking License	\$270	20-days
White Amur Restocking License	\$120	20-days

Three-year Special License Fees	Initial License	Renewal License
Aquatic Animal Aquaculture License	\$500	\$500
Game Bird Field Training License	\$95	\$45
Game Bird Hobby License	\$80	\$40
Game Bird Shooting Preserve License	\$425	\$155
Live Bait Dealer's License	\$125	\$35
Private Game Farm License	\$395	\$145
Scientific Activity License	\$70	\$70
Sport Falconry License validates an Arizona hunting or combination hunting and fishing license for hunting or taking quarry with a trained raptor.	\$145	\$145
Wildlife Holding License	\$20	\$20
Wildlife Rehabilitation License	\$20	\$20
Wildlife Service License	\$245	\$95

Zoo License	\$425	\$155
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**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Repealed effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). New Section adopted effective November 10, 1997 (Supp. 97-4). Amended by final rulemaking at 6 A.A.R. 211, effective December 14, 1999 (Supp. 99-4). Section repealed by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final exempt rulemaking at 27 A.A.R. 400, effective July 1, 2021 (Supp. 21-1). Amended by exempt rulemaking at 31 A.A.R. 2836 (September 5, 2025), effective October 14, 2025 (Supp. 25-3). Amended by final rulemaking at 32 A.A.R. 7 (January 2, 2026), effective February 1, 2026 (Supp. 25-4).

**R12-4-413. Private Game Farm License**

- A. A private game farm license authorizes a person to commercially farm and sell captive pen-reared game birds as specified on the license at the location designated on the license.
  1. A private game farm license allows the license holder to display for sale, give away, import, offer for sale, possess, propagate and rear, purchase, rent or lease, sell, trade, or transport captive pen-reared game birds carcasses or parts.
  2. The Private Game Farm License expires on the last day of the third December from the date of issuance.
- B. Private game farm captive pen-reared game birds may be killed or slaughtered only by the private game farm license holder. A private game farm license holder shall not allow captive pen-reared game birds to be killed by hunting or in a manner that could be perceived as hunting or recreational sport harvest while the captive pen-reared game birds are under the care and control of the private game farm license holder, except as authorized under R12-4-414.
- C. A private game farm licenses authorizes the use of only the following captive-reared game birds:
  1. *Alectoris chukar*, Chukar;
  2. *Anas platyrhynchos*, Mallard duck, provided all mallard ducks and progeny are physically marked as required under 50 CFR 21.13, revised October 1, 2023, which is incorporated by reference;
  3. *Callipepla californica*, California or valley quail;
  4. *Callipepla gambelii*, Gambel's quail;
  5. *Callipepla squamata*, Scaled quail;
  6. *Colinus virginianus*, Northern bobwhite;
  7. *Cyrtonyx montezumae*, Montezuma or Mearns' quail;
  8. *Dendragapus obscurus*, Dusky grouse;
  9. *Oreortyx pictus*, Mountain Quail; and
  10. *Phasianus colchicus*, Ringneck and whitewing pheasant;
  11. For subsection (C)(2), the incorporated material is available at any Department office, online at [www.gpo.gov](http://www.gpo.gov), or may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000. This incorporation by reference does not include any later amendments or editions of the incorporated material.
- D. The Department shall deny an application for:
  1. A new private game farm license for mammals. The Department may accept a renewal application for a pri-

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- vate game farm license holder currently permitted to possess mammals, provided the license holder is in compliance with all applicable requirements under R12-4-409, R12-4-428, R12-4-430, and this Section.
2. A private game farm license for Northern bobwhite, *Colinus virginianus*, in game management units 36A, 36B, and 36C, as prescribed under R12-4-108.
- E.** In addition to the requirements established under this Section, a private game farm holder shall comply with the special license requirements established under R12-4-409.
- F.** The private game farm license holder shall be responsible for compliance with all applicable regulatory requirements. The license does not:
1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
  2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.
- G.** The Department shall deny a private game farm license to a person who fails to meet the requirements established under R12-4-409 or this Section. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission. An applicant applying for a private game farm license shall submit an application to the Department. A separate application is required for each location where the applicant proposes to use captive pen-reared game birds. The application is furnished by the Department and is available at any Department office and on the Department's website. An applicant shall provide the following information on the application:
1. The applicant's information:
    - a. Name;
    - b. Mailing address;
    - c. Telephone number; and
    - d. Customer ID number, when applicable;
  2. The applicant's business:
    - a. Name;
    - b. Mailing address; and
    - c. Telephone number;
  3. For captive pen-reared game birds to be used under the license:
    - a. Common name of the captive pen-reared game birds species;
    - b. Number of birds for each species; and
    - c. When the applicant is renewing the private game farm license, the species and number of captive pen-reared game birds for each species currently held in captivity under the license;
  4. For each location where the applicant proposes to use the captive pen-reared game birds will be used, the land owner's:
    - a. Name;
    - b. Mailing address;
    - d. Telephone number; and
    - e. Physical address or general location description and Global Positioning System location;
  5. A detailed description or diagram of the facilities where the applicant will hold the captive pen-reared game birds, and a description of how the facilities comply with the requirements established under R12-4-428 and any other captivity standards established under this Section;
6. For each wildlife supplier from whom the special license applicant will obtain wildlife, the supplier's:
    - a. Name;
    - b. Mailing address; and
    - c. Telephone number;
  7. Any other information required by the Department; and
  8. The certification required under R12-4-409(C).
- H.** An applicant for a private game farm license shall pay all applicable fees required under R12-4-412.
- I.** A private game farm license holder shall:
1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
  2. Ensure each shipment of live captive pen-reared game birds imported into the state is accompanied by a health certificate or other similar form that indicates the captive pen-reared game birds identified on the form appears to be healthy and free of infectious, contagious, and communicable diseases.
    - a. The certificate or other similar form shall be issued no more than 30 days prior to the date on which the captive pen-reared game birds shipped.
    - b. A copy of the certificate shall be submitted to the Department prior to importation.
  3. Ensure the following documentation accompanies each shipment of captive pen-reared game birds made by the game farm:
    - a. Name of the private game farm license holder,
    - b. Private game farm license number,
    - c. Date captive pen-reared game birds were shipped,
    - d. Number of captive pen-reared game birds, by species, included in the shipment,
    - e. Name of the person or common carrier transporting the shipment, and
    - f. Name of the person receiving the shipment.
  4. Provide each person who transports a captive pen-reared game birds carcass from the site of the game farm with a receipt that includes all of the following:
    - a. Date the captive pen-reared game birds were purchased, traded, or given as a gift;
    - b. Name of the game farm; and
    - c. Number of captive pen-reared game birds carcasses, by species, being transported.
  5. Ensure each facility is inspected by the attending veterinarian at least once every year.
  6. Allow the Department to conduct inspections of an applicant's or license holder's facility and records at any time before or during the license period to determine compliance with the requirements of this Article. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.
  7. Maintain records of all captive pen-reared game birds possessed under the license for a period of five years. In addition to the information required under subsections (K)(4)(a) through (K)(4)(e), the records shall also include:
    - a. The private game farm license holder's:
      - i. Name;
      - ii. Mailing address;
      - iii. Telephone number; and
      - iv. Special license number;

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- b. Copies of all federal, state, and local licenses, permits, and authorizations required for the lawful operation of the private game farm;
  - c. Copies of the annual report required under subsection (K);
  - d. Number of all captive pen-reared game birds, by species and the date it was obtained;
  - e. Source of all captive pen-reared game birds and the date it was obtained;
  - f. Number of offspring propagated by all captive pen-reared game birds; and
  - g. For all captive pen-reared game birds disposed of by the license holder:
    - i. Number, species, and date of disposition; and
    - ii. Manner of disposition to include the names and addresses of persons to whom the captive pen-reared game birds were bartered, given, or sold, when authorized.
8. Immediately report to the Department any mortality event that results in the loss of 10% or more of the adult captive pen-reared game birds held on the facility within any seven day period and allow the Department to collect samples from the affected game birds for disease testing purposes as prescribed under A.R.S. § 17-250.
- J.** A private game farm license holder shall not:
- 1. Propagate hybrid wildlife or domestic birds with captive pen-reared game birds; or
  - 2. Possess domestic species under the special license.
- K.** A private game farm license holder shall submit an annual report to the Department by January 31 of each year, but not earlier than January 1, for activities performed under the license for the previous calendar year. The report form is furnished by the Department.
- 1. A report is required regardless of whether or not activities were performed during the previous year.
  - 2. The private game farm license becomes invalid if the annual report is not submitted to the Department by January 31 of each year.
  - 3. The Department will not process the special license holder's renewal application until the annual report is received by the Department.
  - 4. The annual report shall include all of the following information, as applicable:
    - a. Number of captive pen-reared game birds, by species;
    - b. Source of all captive pen-reared game birds that the license holder obtained or propagated;
    - c. Date on which the captive pen-reared game birds was obtained or propagated;
    - d. Date on which the captive pen-reared game birds was disposed of and the manner of disposition; and
    - e. Name of person who received captive pen-reared game birds disposed of by barter, given as a gift, or sale.
- L.** Except for cervids which shall be disposed of only as established under R12-4-430, a private game farm license holder who no longer uses the captive pen-reared game birds for a commercial purpose shall dispose of the captive pen-reared game birds as follows:
- 1. Export,
  - 2. Transfer to another private game farm licensed under this Section,
  - 3. Transfer to a zoo licensed under R12-4-420,
  - 4. Transfer to a medical or scientific research facility exempt under R12-4-407,
  - 5. As directed by the Department, or
  - 6. As otherwise authorized under this Section.
- M.** A private game farm license holder shall comply with the requirements established under R12-4-428 and R12-4-430.

**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 7 A.A.R. 2732, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1). Amended by final rulemaking at 32 A.A.R. 7 (January 2, 2026), effective February 1, 2026 (Supp. 25-4).

**R12-4-414. Game Bird License**

- A.** A game bird license authorizes a person to conduct certain activities with the captive pen-reared game birds specified on the license and only at the location or locations specified on the license, as described below:
- 1. Game Bird Hobby:
    - a. Authorizes a license holder to:
      - i. Possess no more than 50 captive pen-reared game birds at any one time;
      - ii. Export, import, kill, possess, propagate, purchase, and transport the captive pen-reared game birds specified on the license for personal, noncommercial purposes only; and
      - iii. Gift a captive pen-reared game bird to another special license holder who is authorized to possess the game bird species.
    - b. The following captive pen-reared game bird species may be possessed by a Game Bird Hobby license holder:
      - i. *Alectoris chukar*, Chukar;
      - ii. *Callipepla californica*, California or valley quail;
      - iii. *Callipepla gambelii*, Gambel's quail;
      - iv. *Callipepla squamata*, Scaled quail;
      - v. *Colinus virginianus*, Northern bobwhite, subject to the restriction specified under subsection (D);
      - vi. *Cyrtonyx montezumae*, Montezuma or Mearns' quail; and
      - vii. *Dendragapus obscurus*, Dusky grouse.
    - c. The license holder shall immediately report to the Department any mortality event that results in the loss of 10% or more of the adult game birds held on the facility and allow the Department to collect samples from the affected game birds for disease testing purposes as prescribed under A.R.S. § 17-250.
    - d. The Game Bird Hobby license expires on the last day of the third December from the date of issuance.
  - 2. Game Bird Shooting Preserve:
    - a. Authorizes a license holder to:
      - i. Release captive pen-reared game birds for the purpose of hunting or shooting.

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- ii. Export, display, gift, import, kill, offer for sale, possess, propagate, purchase, trade, and transport the captive pen-reared game birds specified on the license.
  - b. The following captive pen-reared game bird species may be possessed by a Game Bird Shooting Preserve license holder:
    - i. *Alectoris chukar*, Chukar;
    - ii. *Anas platyrhynchos*, Mallard duck, provided all mallard ducks and progeny are physically marked as required under 50 CFR 21.13, revised October 1, 2023, which is incorporated by reference;
    - iii. *Colinus virginianus*, Northern bobwhite, subject to the restriction specified under subsection (D); and
    - iv. *Phasianus colchicus*, Ringneck and White-wing pheasant.
  - c. The license holder shall:
    - i. Restrict the release and take of the live captive pen-reared game birds on private lands to an area not more than 1,000 acres.
    - ii. Immediately report to the Department any mortality event that results in the loss of 10% or more of the adult game birds held on the facility and allow the Department to collect samples from the affected game birds for disease testing purposes as prescribed under A.R.S. § 17-250.
  - d. The license holder may charge a fee to allow persons to take captive pen-reared game birds on the shooting preserve.
  - e. A person is not required to possess a hunting license when taking a captive pen-reared game bird released under the provisions of this Section.
  - f. A captive pen-reared game bird released under a Game Bird Shooting Preserve license may be taken with any method designated under R12-4-304.
  - g. The Game Bird Shooting Preserve license expires on the last day of the third December from the date of issuance.
- 3. Game Bird Field Trial:
  - a. Authorizes a license holder to:
    - i. Release and take captive pen-reared game birds for the purpose of conducting a competition to test the performance of hunting dogs in one field trial event;
    - ii. Import, kill, possess, purchase within the state, and transport the captive pen-reared game birds specified on the license for one field trial event; and
    - iii. Export, gift, kill, or transport any captive pen-reared game bird held after the field trial event.
  - b. The following captive pen-reared game bird species may be possessed by a Game Bird Field Trial license holder:
    - i. *Alectoris chukar*, Chukar;
    - ii. *Anas platyrhynchos*, Mallard duck, provided all mallard ducks and progeny are physically marked as required under 50 CFR 21.13, revised October 1, 2023, which is incorporated by reference;
    - iii. *Colinus virginianus*, Northern bobwhite, subject to the restriction specified under subsection (D);
    - iv. *Phasianus colchicus*, Ringneck and White-wing pheasant.
  - c. A person is not required to possess a hunting license in order to participate in a field trial event held under the provisions of this Section.
  - d. A captive pen-reared game bird released under a Game Bird Field Trial license may be taken with any method designated under R12-4-304.
  - e. The Game Bird Field Trial license is valid for no more than ten consecutive days.
- 4. Game Bird Field Training:
  - a. Authorizes a license holder to:
    - i. Release and take released live captive pen-reared game birds specified on the license for the purpose of training a dog or raptor to hunt game birds; and
    - ii. Import, possess, purchase within the state, and transport the captive pen-reared game birds specified on the license; and
    - iii. Export, gift, kill, or transport any captive pen-reared game bird possessed under the license.
  - b. The following captive pen-reared game bird species may be possessed by a Game Bird Field Training license holder:
    - i. *Alectoris chukar*, Chukar;
    - ii. *Anas platyrhynchos*, Mallard duck, provided all mallard ducks and progeny are physically marked as required under 50 CFR 21.13, revised October 1, 2023, which is incorporated by reference;
    - iii. *Colinus virginianus*, Northern bobwhite, subject to the restriction specified under subsection (D)(2)(b);
    - iv. *Phasianus colchicus*, Ringneck and White-wing pheasant.
  - c. A person is not required to possess a hunting license when taking a captive pen-reared game bird released under the provisions of this Section.
  - d. A captive pen-reared game bird released under a Game Bird Field Training license may be taken with any method designated under R12-4-304.
  - e. The Game Bird Field Training license expires on the last day of the third December from the date of issuance.
- 5. For subsections (A)(2)(b)(ii), (A)(3)(b)(ii), and (A)(4)(b)(ii), the incorporated material is available at any Department office, online at [www.gpo.gov](http://www.gpo.gov), or may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000. This incorporation by reference does not include any later amendments or editions of the incorporated material.
- B.** In addition to the requirements established under this Section, a game bird license holder shall comply with the special license requirements established under R12-4-409.
- C.** The game bird license holder shall be responsible for compliance with all applicable regulatory requirements. The license does not:
  - 1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
  - 2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other

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form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.

- D.** The Department shall deny a game bird license to a person who fails to meet the requirements under R12-4-409 or this Section. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10. In addition to the requirements and criteria established under R12-4-409(F)(1) through (4), the Department may deny a game bird license when:
1. The applicant proposes to release captive pen-reared game birds:
    - a. At a location where an established wild population of the same species exists.
    - b. During nesting periods of upland game birds or waterfowl that nest in the area.
  2. The applicant requests a license:
    - a. For the sole purpose described under subsection (A)(1) and proposes to possess more than 50 captive pen-reared game birds at any one time.
    - b. To possess Northern bobwhites, *Colinus virginianus*, in any one of the following game management units, as described under R12-4-108; 36A, 36B, and 36C.
  3. The Department determines the:
    - a. Authorized activity listed under this Section may pose a threat to native wildlife, wildlife habitat, or public health or safety.
    - b. Escape of any species listed on the application may pose a threat to native wildlife or public health or safety.
    - c. Release of captive pen-reared game birds may interfere with a wildlife or habitat restoration program.
- E.** An applicant for a game bird license shall submit an application to the Department. A person applying for multiple Game Bird Field Trial licenses shall submit a separate application for each date and location where a competition will occur. The application is furnished by the Department and is available at any Department office and on the Department's website. An applicant shall provide the following information on the application:
1. The applicant's information:
    - a. Name;
    - b. Mailing address, when applicable;
    - c. Physical address;
    - d. Telephone number; and
    - e. Customer ID number, when applicable;
  2. For captive pen-reared game birds to be used under the license:
    - a. Common name of game bird species;
    - b. Number of animals for each species; and
    - c. When the applicant is renewing a Game Bird Hobby or Shooting Preserve license, the species and number of animals for each species currently held in captivity under the license;
  3. The type of game bird license:
    - a. Game Bird Hobby;
    - b. Game Bird Shooting Preserve;
    - c. Game Bird Field Trial; or
    - d. Game Bird Field Training;
  4. For each location where captive pen-reared game birds will be held, the owner's:
    - a. Name;
    - b. Mailing address, when applicable;
    - c. Telephone number; and
    - d. Physical address or general location description and Global Positioning System location, when available;
  5. For each location where captive pen-reared game birds will be released, the land owner's or agency's:
    - a. Name;
    - b. Mailing address, when applicable;
    - c. Telephone number; and
    - d. Physical address or general location description and Global Positioning System location, when available; and
  6. For each captive pen-reared game bird supplier from whom the applicant will obtain game birds, the supplier's:
    - a. Name;
    - b. Mailing address; and
    - c. Telephone number;
  7. An applicant who is applying for a Game Bird Shooting Preserve or Field Trial license and intends to use the captive pen-reared game birds for a commercial purpose shall also provide the applicant's business:
    - a. Name;
    - b. Mailing address; and
    - c. Telephone number;
  8. An applicant who intends to use the captive pen-reared game birds for an activity affiliated with a sponsoring organization shall also provide the organization's:
    - a. Name;
    - b. Mailing address; and
    - c. Telephone number of the organization chair or local chapter;
  9. An applicant who is applying for a Game Bird Field Trial license shall also specify the range of dates within which the field trial event will take place, not to exceed a 10-day period;
  10. An applicant who is applying for a Game Bird Hobby or Game Bird Shooting Preserve license shall also provide a detailed description or diagram of the facilities where the applicant will hold captive pen-reared game birds and a description of how the facilities comply with the requirements established under R12-4-428 and any other captivity standards established under this Section;
  11. Any other information required by the Department; and
  12. The certification required under R12-4-409(B).
- F.** An applicant for a game bird license shall pay all applicable fees required under R12-4-412.
- G.** A game bird license holder shall:
1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
  2. Allow the Department to conduct inspections of an applicant's or license holder's facility and records at any time before or during the license period to determine compliance with the requirements of this Article. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.
  3. Possess the license or legible copy of the license while conducting any activity authorized under the game bird license and present it for inspection upon the request of any Department employee or agent.
  4. Ensure each shipment of captive pen-reared game birds imported into the state is accompanied by a health certificate.



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- a. The certificate shall be issued no more than 30 days prior to the date on which the game birds are shipped.
- b. A copy of the certificate shall be submitted to the Department prior to importation.
5. Provide each person who transports captive pen-reared game birds taken under the game bird license with documentation that includes all of the following:
  - a. Name of the game bird license holder;
  - b. Game bird license number;
  - c. Date the captive pen-reared game bird was obtained;
  - d. Number of captive pen-reared game birds, by species; and
  - e. When the captive pen-reared game birds are being shipped:
    - i. Name of the person or common carrier transporting the shipment, and
    - ii. Name of the person receiving the shipment.
6. Maintain records of all captive pen-reared game birds possessed under the license for a period of five years. In addition to the information required under subsections (G)(5)(a) through (G)(5)(b), the records shall also include:
  - a. The game bird license holder's:
    - i. Name;
    - ii. Mailing address;
    - iii. Telephone number; and
    - iv. Special license number;
  - b. Copies of the annual report required under subsection (H);
7. Dispose of captive pen-reared game birds only as authorized under this Section or as directed by the Department.
8. Conduct license activities solely at the locations and within the timeframes approved by the Department. A Game Bird License holder may request permission to amend the license to conduct activities authorized under the license at an additional location by submitting the application required under subsection (E) to the Department.
- H.** A game bird license holder shall submit an annual report to the Department by January 31 of each year, but not earlier than January 1, for the previous calendar year. The report form is furnished by the Department.
  1. A report is required regardless of whether or not activities were performed during the previous year.
  2. The game bird license becomes invalid if the annual report is not submitted to the Department by January 31 of each year.
  3. The Department shall not process the special license holder's renewal application until the annual report is received by the Department.
  4. The annual report shall include all of the following information, as applicable:
    - a. Number of all captive pen-reared game birds, by species and the date obtained;
    - b. Source of all captive pen-reared game birds and the date obtained;
    - c. Number of offspring propagated by all captive pen-reared game birds; and
    - d. For all captive pen-reared game birds disposed of by the license holder:
      - i. Number, species, and date of disposition; and
      - ii. Manner of disposition to include the names and addresses of persons to whom the wildlife was bartered, given, or sold, when authorized.
- I.** A game bird license holder shall comply with the requirements established under R12-4-428.
- J.** A game bird released under a game bird license and found outside of the location specified on the license shall become property of the state and is subject to the requirements prescribed under A.R.S. Title 17 and 12 A.A.C. 4, Article 3.

**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 23 A.A.R. 2557, effective September 6, 2017 (Supp. 17-3). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1). Amended by final rulemaking at 32 A.A.R. 7 (January 2, 2026), effective February 1, 2026 (Supp. 25-4).

**R12-4-415. Repealed****Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Repealed by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).

**R12-4-416. Aquatic Animal Aquaculture License**

- A.** An aquatic animal aquaculture license authorizes a person or company to import an approved live fish, amphibian, shellfish, mollusk, and crustacean species classified as restricted live wildlife per R12-4-406 for the purposes of an aquaculture operation at the location and facility specified on the license.
- B.** The aquatic animal aquaculture license further authorizes the licensee to grow and process the approved aquatic animal species at the designated aquaculture facility and to sell the slaughtered species on ice to seafood processors and to wholesale and retail outlets for sale or consumption.
- C.** The aquatic animal aquaculture license authorizes the sale and transport of the approved species from the Licensee's aquaculture facility to locations outside of the State of Arizona.
- D.** The sale, transport or export of the approved species from the licensed aquaculture facility to any location within the State of Arizona is not permitted unless specifically authorized by the Department by stipulation to the aquatic animal aquaculture license and the identified receiving location is separately licensed by the Department to receive, grow, process or sell the restricted live wildlife species.
- E.** This Section does not apply to the importation and transportation of restricted live game fish, crayfish or tilapia directly to restaurants or markets licensed to sell food to the public per R12-4-407(B)(11).
- F.** An aquatic animal aquaculture license is good for a three-year term, expiring on the last day of the third December from the date of issuance.
- G.** In addition to the requirements established under this Section, an aquatic animal aquaculture licensee shall comply with the special license requirements established under R12-4-403, R12-4-409, and with all stipulations of the license. Aquatic animal aquaculture licensees are not required to obtain individual aquatic stocking licenses under R12-4-410.
- H.** The aquatic animal aquaculture licensee shall be responsible for compliance with all applicable regulatory requirements. The license does not:

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1. Exempt the licensee from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
  2. Authorize the licensee to engage in authorized activities using federally-protected wildlife, unless the licensee possesses a valid license, permit, or other form of documentation issued by the United States authorizing the licensee to use that wildlife in a manner consistent with the special license.
- I.** An applicant for an aquatic animal aquaculture license shall submit an application to the Department. A separate application is required for each location where the applicant proposes to import, possess or process the restricted live wildlife species. The application is furnished by the Department and is available at any Department office and on the Department's website. An applicant shall provide the following on the application:
1. The applicant's information:
    - a. Name;
    - b. Mailing address; and
    - c. Department ID number, when applicable.
  2. The name of the applicant's business:
    - a. Mailing address; and
    - b. Telephone number;
  3. The name of the aquatic species, the approximate size, length and weight.
  4. For each aquaculture facility where the approved live species will be held, the applicant's:
    - a. Name;
    - b. Mailing address; and
    - c. Telephone number; and
    - d. Physical address and general location of the aquaculture site, to include the nearest river, stream, or other freshwater system and the Global Positioning System location;
    - e. The owner of the real property where the aquaculture facility will be located.
  5. A detailed description and diagram of the aquaculture facility, including site security protocols;
  6. For each supplier from whom the applicant will obtain live aquatic species, the supplier's:
    - a. Name;
    - b. Mailing address; and
    - c. Telephone number; and
    - d. Any other information required by the Department.
  7. The certification required under R12-4-409(C).
- J.** Each application for an aquatic animal aquaculture license shall be evaluated by the Arizona Game and Fish Department to determine the risk to Arizona waterways based on aquaculture management, escapement potential, and the potential for risks to native aquatic wildlife or game fish.
- K.** The Department shall deny an application for an aquatic animal aquaculture license when:
1. The applicant has failed to meet the criteria prescribed under R12-4-409(F) or this Section;
  2. The applicant has not complied with the requirements of the application process of this Section;
  3. The applicant cannot demonstrate adequate compliance with applicable local, state or federal laws, ordinances, codes or regulations;
  4. The Department determines that the proposed aquaculture facility, its site security or its proposed business operation poses a risk of escapement potential or risks to native aquatic wildlife and game fish.
  5. The Department determines that issuance of the license will pose a threat to any native aquatic wildlife or game fish within a river drainage or water body adjacent to an aquaculture facility.
- L.** The Department shall provide written notice stating the reason for the denial. The applicant may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- M.** The Licensee must notify the Department in writing of the importation and out-of-state exportation of the approved live species for each transport event, to include: Date, purpose, source of the approved live species, number of species, and average length and weight of imported species not less than 30 days prior to each transport event.
- N.** Importation of each shipment of the live approved species to licensed facility must be certified free of diseases and causative agents and free of aquatic invasive organisms.
- O.** To prevent the spread of diseases and causative agents listed in A.A.C. R3-2-1009, the Department may inspect and take samples from any facility or shipment being transported. A licensee shall notify the Department within 72 hours of becoming aware of the presence of any disease or causative agent listed in A.A.C. R3-2-1009. Aquatic animals found to be infected with a disease or causative agent listed in A.A.C. R3-2-1009 are prohibited from interstate or intrastate movement without prior written Department approval.
- P.** The Department shall quarantine or seize aquatic animals, alive or dead, plants, or products for examination or diagnostic study when there is a potential for spread of a disease or causative agent listed in R3-2-1009, or any other disease or causative agent that could constitute a threat to aquatic animals or plants of the state. The Department shall issue a written notice to the licensee specifying:
1. The reason for the Department's action; and
  2. The licensee's right to request a hearing as prescribed in A.R.S. § 3-2906.
- Q.** The licensee shall submit an annual report to the Department summarizing all shipments conducted in the prior calendar year before January 31 of each year for the previous calendar year. The summary will include the number of annual shipments, shipment destinations, number of live approved species shipped, and the average size of species shipped. The summary shall also include a description of any disease outbreaks experienced at the licensed facility during the year.
- R.** An applicant for an aquatic animal aquaculture license shall pay all applicable fees required under R12-4-412.
- S.** A licensee shall:
1. Comply with all stipulations placed on the license by the Department, as authorized under R12-4-409(H).
  2. Allow Arizona Game and Fish Department staff access to the aquaculture facility before and during the license period during normal business hours to examine equipment, water filtration systems, and business records to determine compliance with license requirements in accordance with A.R.S. § 41-1009 and R12-4-410(J). The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a licensee's facility.
  3. Comply with all site security requirements set forth in stipulations to the license.
- T.** The licensee shall not import or possess any other live aquatic species at the licensed aquaculture facility not identified on the license as an approved live species for the aquaculture facility.
- U.** A licensee is responsible for all costs incurred by the Department associated with the seizing or quarantining of any

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approved live species that escape from the licensed aquaculture facility in accordance with R12-4-403.

- V. The Department may require the licensee to procure and maintain insurance naming the State of Arizona as an additional insured as a stipulation to the license.
- W. In the event the primary purpose for which the license was issued no longer exists, the licensee shall immediately submit the annual report to the Department and provide the Department with written notice of licensee's intent to cancel the license. The Parties shall promptly meet and confer regarding the licensee's plans for the disposal of any approved live species remaining at the licensed aquaculture facility.
- X. The Department may suspend or revoke an aquatic animal aquaculture license for non-compliance with R12-4-403, R12-4-409, or for non-compliance with any license requirement or this Article. Any such action by the Department may be appealed pursuant to A.R.S. Title 41, Chapter 6, Article 10.

**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Repealed by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). New Section made by exempt rulemaking at 31 A.A.R. 2836 (September 5, 2025), effective October 14, 2025 (Supp. 25-3).

**R12-4-417. Wildlife Holding License**

- A. A wildlife holding license authorizes a person to display for educational purposes, euthanize, export, give away, import, photograph for commercial purposes, possess, propagate, purchase, or transport, restricted and nonrestricted live wildlife lawfully:
  - 1. Held under a valid hunting or fishing license for a purpose listed under subsection (C),
  - 2. Collected under a valid scientific activity license issued under R12-4-418,
  - 3. Obtained under a valid wildlife rehabilitation license issued under R12-4-423,
  - 4. Or as otherwise authorized by the Department.
- B. A wildlife holding license expires on the last day of the third December from the date of issuance, or, if the license holder is a representative of an institution, organization, or agency described under subsection (C)(4), upon termination of the license holder's affiliation with that entity, whichever comes first.
- C. A wildlife holding license is valid for the following purposes, only:
  - 1. Advancement of science;
  - 2. Lawfully possess restricted or nonrestricted live wildlife when it is:
    - a. Necessary to give humane treatment to live wildlife that is declared unsuitable for release by a licensed veterinarian, and is therefore unable to meet its own needs in the wild; or
    - b. Previously possessed under another special license and the primary purpose for that special license no longer exists;
  - 3. Promotion of public health or welfare;
  - 4. Provide education under the following conditions:
    - a. The applicant is an educator affiliated or partnered with an educational institution; and

- b. The educational institution permits the use of live wildlife.
- 5. Photograph for a commercial purpose live wildlife provided:
  - a. The wildlife will be photographed without posing a threat to other wildlife or the public, and
  - b. The photography will not adversely impact other affected wildlife in this state, or
- 6. Wildlife management.
- D. The Department shall deny an application for a wildlife holding license for the possession of cervids.
- E. In addition to the requirements established under this Section, a wildlife holding license holder shall comply with the special license requirements established under R12-4-409.
- F. The license holder shall be responsible for compliance with all applicable regulatory requirements. The wildlife holding license does not:
  - 1. Exempt the license holder or their agent from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
  - 2. Authorize the license holder or their agent to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.
- G. The Department shall deny a wildlife holding license to a person who fails to meet the requirements established under R12-4-409 or this Section, or when the person's wildlife holding privileges are suspended or revoked in any state. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10. In addition to the requirements and criteria established under R12-4-409(F)(1) through (4), the Department shall deny a wildlife holding when:
  - 1. It is in the best interest of public health or safety or the welfare of the wildlife; or
  - 2. The issuance of the license will adversely impact other wildlife or their habitat in the state.
- H. An applicant for a wildlife holding license shall submit an application to the Department. A separate application is required for each location where the applicant proposes to use wildlife. The application is furnished by the Department and is available at any Department office and on the Department's website. The applicant shall provide the following information:
  - 1. The applicant's information:
    - a. Name;
    - b. Mailing address;
    - c. Telephone number; and
    - d. Customer ID number, when applicable;
  - 2. If the applicant will use the wildlife for a commercial purpose, the applicant's business:
    - a. Name;
    - b. Mailing address; and
    - c. Telephone number;
  - 3. If the applicant will use wildlife for activities authorized by a scientific institution that employs, contracts, or is similarly affiliated with the applicant, the institution's:
    - a. Name;
    - b. Mailing address; and
    - c. Telephone number;

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4. For wildlife to be used under the license:
    - a. Common name of the wildlife species;
    - b. Number of animals for each species;
    - c. When the application is for the use of multiple species, the applicant shall list each species and the number of animals for each species; and
    - d. When the applicant is renewing the wildlife holding license, the species and number of animals for each species currently held in captivity under the license;
  5. For wildlife to be used for educational purposes:
    - a. The affiliated educational institution's:
      - i. Name;
      - ii. Mailing address; and
      - iii. Telephone number of the educational institution;
    - b. A copy of the established curriculum utilizing sound educational objectives; and
    - c. A plan for how the applicant will address any safety concerns associated with the use of live wildlife in a public setting.
  6. For each location where the applicant proposes to hold the wildlife, the owner's:
    - a. Name;
    - b. Mailing address;
    - c. Telephone number; and
    - d. Physical address or general location description and Global Positioning System location;
  7. A detailed description and diagram, or photographs, of the facilities where the applicant will hold the wildlife and a description of how the facilities comply with the requirements established under R12-4-428, and any other captivity standards that may be established under this Section;
  8. The dates that the applicant will begin and end holding wildlife;
  9. A clear description of how the applicant intends to dispose of the wildlife once the proposed activity for which the license was issued ends;
  10. Any other information required by the Department; and
  11. The certification required under R12-4-409(C).
  12. For subsection (H)(7), the Department may, at its discretion, accept documented current certification or approval by the applicant's institutional animal care and use committee or similar committee in lieu of the description, diagram, and photographs of the facilities.
- I.** In addition to the requirements listed under subsection (H), at the time of application, an applicant for a wildlife holding license shall also submit:
1. Evidence of lawful possession, as defined under R12-4-401;
  2. A statement of the applicant's experience in handling and providing care for the wildlife to be held or experience relevant to handling or providing care for wildlife;
  3. A written proposal that contains all of the following information:
    - a. A detailed description of the activity the applicant intends to perform under the license;
    - b. Purpose for the proposed activity;
    - c. The contribution the proposed activity will make to one or more of the primary purposes listed under subsection (C).
    - d. For an applicant who wishes to possess restricted or nonrestricted live wildlife for the purpose of providing humane treatment, a written explanation stating why the wildlife is unable to meet its own needs in the wild and the following information for the licensed veterinarian who will provide care for the wildlife:
      - i. Name;
      - ii. Mailing address; and
      - iii. Telephone number;
- J.** An applicant for a wildlife holding license shall pay all applicable fees required under R12-4-412.
- K.** A wildlife holding license holder shall:
1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
  2. Maintain records associated with the license for a period of five years following the date of disposition.
  3. Allow the Department to conduct inspections of an applicant's or license holder's facility and records at any time before or during the license period to determine compliance with the requirements of this Article. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.
  4. Possess the license or legible copy of the license while conducting any activity authorized under the wildlife holding license and present it for inspection upon the request of any Department employee or agent.
  5. Permanently mark any restricted live wildlife used for lawful activities under the authority of the license, when required by the Department.
  6. Ensure that a copy of the license accompanies any transportation or shipment of wildlife made under the authority of the license.
  7. Surrender wildlife held under the license to the Department upon request.
- L.** A wildlife holding license holder shall submit an annual report to the Department by January 31 of each year, but not earlier than January 1, for the previous calendar year or as indicated under subsection (O). The report form is furnished by the Department.
1. A report is required regardless of whether or not activities were performed during the previous year.
  2. The wildlife holding license becomes invalid if the annual report is not submitted to the Department by January 31 of each year.
  3. The Department will not process the special license holder's renewal application until the annual report is received by the Department.
  4. The annual report shall include all of the following information, as applicable:
    - a. A list of animals held during the year, the list shall be by species and include the source and date on which the wildlife was acquired.
    - b. The permanent mark or identifier of the wildlife, such as name, number, or another identifier for each animal held during the year, when required by the Department. This designation or identifier shall be provided with other relevant reported details for the holding or disposition of the individual animal;
    - c. Whether the wildlife is alive or dead.
    - d. The current location of the wildlife.
    - e. A list of all educational displays where the wildlife was utilized to include the date, location, institution or audience, approximate attendance, and wildlife used.

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- M.** A wildlife holding license holder may authorize an agent to assist the license holder in conducting activities authorized under the wildlife holding license, provided the agent's wildlife privileges are not suspended or revoked in any state.
1. The license holder shall obtain written authorization from the Department before allowing a person to act as an agent.
  2. The license holder shall notify the Department in writing within 10 calendar days of terminating any agent.
  3. The Department may suspend or revoke the license holder's license if an agent violates any requirement of this Section or Article or any stipulations placed upon the license.
  4. An agent may possess wildlife for the purposes outlined under subsection (C), under the following conditions:
    - a. The agent shall possess evidence of lawful possession, as defined under R12-4-401, for all wildlife possessed by the agent;
    - b. The agent shall return the wildlife to the primary license holder's facility within two days of receiving the wildlife.
- N.** A wildlife holding license holder or their agent shall not barter, give as a gift, loan for commercial activities, offer for sale, sell, trade, or dispose of any restricted or nonrestricted live wildlife, offspring of restricted or nonrestricted live wildlife, or their parts except as stipulated on the wildlife holding license or as directed in writing by the Department.
- O.** A wildlife holding license is no longer valid once the primary purpose for which the license was issued, as prescribed in subsection (C), no longer exists. When this occurs, the wildlife holding license holder shall immediately submit the annual report required under (L) to the Department.
- P.** A wildlife license holder shall comply with the requirements established under R12-4-409, R12-4-428, and R12-4-430.

**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 211, effective January 1, 2000 (Supp. 99-4). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1). Amended by final rulemaking at 32 A.A.R. 7 (January 2, 2026), effective February 1, 2026 (Supp. 25-4).

**R12-4-418. Scientific Activity License**

- A.** A scientific activity license allows a person to conduct any of the following activities with wildlife when specified on the license:
1. Capture, hold, and release wildlife as directed by the Department,
  2. Collection of dead wildlife,
  3. Display,
  4. Photograph or record for noncommercial purposes,
  5. Possess,
  6. Propagate,
  7. Take of live wildlife,
  8. Transport, and
  9. Use for educational purposes.
- B.** The Department issues five types of scientific collecting licenses:
1. Academic institution,
  2. Government agency,
  3. Non-governmental organization,
  4. Nonprofit organization, and
  5. Personal.
- C.** A person may apply for a scientific activity license only when the license is requested for:
1. The purpose of wildlife management, gathering information valuable to the maintenance of wild populations, education, the advancement of science, or promotion of the public health or welfare;
  2. A purpose that is in the best interest of the wildlife or the species, will not adversely impact other affected wildlife in this state, and may be authorized without posing a threat to wildlife or public safety; and
  3. A purpose that does not unnecessarily duplicate previously documented projects.
- D.** A scientific activity license expires on December 31 of each year.
- E.** For the protection of wildlife or public safety, the Department has the authority to take any one or more of the following actions:
1. Rescind or modify any method of take authorized by the license;
  2. Restrict the number of animals for each species or other taxa the license holder may take under the license;
  3. Restrict the age, condition, or location of wildlife the license holder may take under the license; or
  4. Deny or substitute the number of specimens and taxa requested on an application.
- F.** The license holder shall be responsible for compliance with all applicable regulatory requirements. The scientific activity license does not:
1. Exempt the license holder or their agent from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
  2. Authorize the license holder or their agent to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.
- G.** The Department may deny a scientific activity license to a person who fails to meet the requirements established under R12-4-409 or this Section, or when the person's scientific activity privileges are suspended or revoked in any state. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10. In addition to the requirements and criteria established under R12-4-409(F)(1) through (4), the Department shall deny a scientific activity license when:
1. It is in the best interest of the wildlife.
  2. The issuance of the license will adversely impact other wildlife or their habitat in the state; or
  3. It is in the best interest of public health or safety.
- H.** An applicant for a scientific activity license shall submit an application to the Department. The application is furnished by the Department and is available from any Department office, and on the Department's website. A person applying for a scientific activity license shall provide the following information on the application:
1. The applicant's information:

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- a. Name;
- b. Mailing address;
- c. Telephone number; and
- d. Customer ID number; when applicable;
2. If the applicant will use wildlife for activities supported by a scientific, educational, or government institution, nonprofit organization, or agency that employs, contracts, or is similarly affiliated with the applicant, the applicant shall provide the institution's:
  - a. Name;
  - b. Mailing address;
  - c. Telephone number of the institution; and
  - d. The applicant's title or a description of the nature of affiliation with the institution or nonprofit organization;
3. When the applicant is renewing the scientific activity license, the species and number of animals for each species currently held in captivity;
4. For each location where the live wildlife will be held, the land owner's:
  - a. Name;
  - b. Mailing address;
  - c. Telephone number; and
  - d. Physical address or general location description and Global Positioning System location;
5. A detailed description and diagram, photographs, or documented current certification or approval by the applicant's institutional animal care and use committee or similar committee of the facilities of the facilities where the applicant will hold the wildlife and a description of how the facilities comply with the requirements established under R12-4-428, and any other captivity standards that may be established under this Section;
6. List of activities the applicant intends to perform under the license;
7. Purpose and justification for the use of wildlife as established under subsection (B);
8. When the applicant intends to use wildlife for educational purposes, the proposal shall also include the:
  - a. Minimum number of presentations the applicant anticipates to provide under the license;
  - b. Name, title, address, and telephone number of persons whom the applicant has contacted to offer educational presentations; and
  - c. Number of specimens the applicant already possesses for any species requested on the application;
9. Applicant's relevant qualifications and experience in handling and, when applicable, providing care for the wildlife to be held under the license;
10. Methods of take that the applicant will use, to include:
  - a. Justification for using the method, and
  - b. Proposed method of disposing wildlife taken under the license and any subsequent offspring, when applicable;
11. Any other information required by the Department; and
12. The certification required under R12-4-409(C).
- J.** An applicant for a scientific activity license shall pay all applicable fees required under R12-4-412.
- K.** A scientific activity license holder shall:
  1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
  2. Possess the license or legible copy of the license while conducting any activity authorized under the scientific activity license and present it for inspection upon the request of any Department employee or agent.
3. Notify the Department in writing within 10 calendar days of terminating any agent.
4. Use the most humane and practical method possible prescribed under R12-4-304, R12-4-313, or as directed by the Department in writing.
5. Conduct activities authorized under the scientific activity license only at the locations and time periods specified on the scientific activity license.
6. Dispose of wildlife, wildlife parts, or offspring, only as directed by the Department.
7. Maintain records associated with the license for a period of five years following the date of disposition.
- L.** A scientific activity license holder shall not:
  1. Exhibit any wildlife held under the license, unless the person also possesses a zoo license authorized under R12-4-420.
  2. Administer any drug to any wildlife during the term of the scientific activity license without advance written authorization from the Department, unless the drug is administered in the course of treatment by a licensed veterinarian.
- M.** A scientific activity license holder may request authorization to allow an agent to assist the license holder in carrying out activities authorized under the scientific activity license by submitting a written request to the Department.
  1. An applicant may request the ability to allow a person to act as an agent on the applicant's behalf, provided:
    - a. An employment or supervisory relationship exists between the applicant and the agent, and
    - b. The agent's privilege to take or possess live wildlife is not suspended or revoked in any state.
  2. The license holder shall obtain approval from the Department prior to allowing the agent to assist in any activities.
  3. The license holder is liable for all acts the agent performs under the authority of this Section.
  4. The Department, acting on behalf of the Commission, may suspend or revoke a license for violation of this Section by an agent.
  5. The license holder shall ensure the agent possesses a legible copy of the license while conducting any activity authorized under the scientific activity license and present it for inspection upon the request of any Department employee or agent.
- N.** A scientific activity license holder may submit to the Department a written request to amend the license to add or delete an agent, location, project, or other component documented on the license at any time during the license period.
- O.** A scientific activity license holder shall submit an annual report to the Department by January 31 of each year, but not earlier than January 1, for the previous calendar year, except as noted below in subsection (5). The report form is furnished by the Department.
  1. A report is required regardless of whether or not activities were performed during the previous year.
  2. The scientific activity license becomes invalid if the annual report is not submitted to the Department by January 31 of each year.
  3. The Department will not process the special license holder's renewal application until the annual report is received by the Department.
  4. The Department may stipulate submission of additional interim reports upon license application or renewal.

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5. The person shall submit the final report to the Department not later than 90 days after the completion of the project for which the scientific activity license was issued.
- P. A scientific activity license holder who wishes to permanently hold wildlife species collected under the license in Arizona that will no longer be used for activities authorized under the license shall apply for and obtain a wildlife holding license in compliance with R12-4-417 or another appropriate special license.

**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 7 A.A.R. 2732, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1). Amended by final rulemaking at 32 A.A.R. 7 (January 2, 2026), effective February 1, 2026 (Supp. 25-4).

**R12-4-419. Repealed****Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Repealed by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).

**R12-4-420. Zoo License**

- A. A zoo license allows a person to exhibit, export, euthanize, display for educational purposes, give away, import, offer for sale, possess, propagate, purchase, sell, or transport any lawfully possessed restricted and nonrestricted live wildlife.
- B. A person may apply for a zoo license only for a commercial facility open to the public where the principal business is holding wildlife in captivity for exhibition purposes and for one or more of the following purposes:
  1. Advancement of science or wildlife management;
  2. Promotion of public health or welfare;
  3. Public education; or
  4. Wildlife conservation.
- C. A zoo license expires on the last day of the third December from the date of issuance.
- D. In addition to the requirements established under this Section, a zoo license holder shall comply with the special license requirements established under R12-4-409.
- E. The zoo license holder shall be responsible for compliance with all applicable regulatory requirements; the license does not:
  1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
  2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.
- F. The Department shall deny a zoo license to a person who fails to meet the requirements established under R12-4-409 or this Section. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10. In addition to the requirements and criteria established under R12-4-409(F)(1) through (4), the Department shall deny a zoo license when:
  1. It is in the best interest of the wildlife; or
  2. The issuance of the license will adversely impact other wildlife or their habitat in the state;
- G. An applicant for a zoo license shall submit an application to the Department. The application is furnished by the Department and is available from any Department office, and on the Department's website. An applicant shall provide the following information on the application:
  1. The applicant's information:
    - a. Name;
    - b. Mailing address;
    - c. Telephone number; and
    - d. Customer ID number, when applicable;
  2. If the applicant is employed by, contracted with, or affiliated with an educational or scientific institution, the applicant shall provide the institution's:
    - a. Name;
    - b. Mailing address;
    - c. Telephone number;
  3. Wildlife species to be held under the license;
    - a. Common and current scientific name of the wildlife species; and
    - b. Number of individuals for each species;
  4. If the applicant is renewing the zoo license, the number of animals of each species that are currently in captivity, and evidence of lawful possession as defined under R12-4-401;
  5. For each location where the wildlife will be exhibited, the land owner's:
    - a. Name;
    - b. Mailing address;
    - c. Telephone number; and
    - d. Physical address or general location description and Global Positioning System location;
  6. A detailed description and diagram of the facilities where the applicant will hold the wildlife and a description of how the facilities comply with the requirements established under R12-4-428;
  7. A description of how the facility or operation meets the definition of a zoo, as defined under A.R.S. § 17-101(A)(26);
  8. The purpose of the license, as described under subsection (B);
  9. Any other information required by the Department; and
  10. The certification required under R12-4-409(C).
- H. In addition to the requirements listed under subsection (G), an applicant for a zoo license shall also submit at the time of application:
  1. Proof of current licensing by the United States Department of Agriculture under 9 CFR Subpart A, Animal Welfare;
  2. Photographs of the facility when the zoo is not accredited by the Association of Zoos and Aquariums or Zoological Association of America.
  3. For subsection, (H)(1), 9 CFR Subpart A, Animal Welfare revised January 1, 2024, and no later amendments or editions, which is incorporated by reference. The incorporated material is available from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box

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979050, St. Louis, MO 63197-9000, and is on file with the Department.

**I.** An applicant for a zoo license shall pay all applicable fees required under R12-4-412.

**J.** A zoo license holder shall:

1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
2. Allow the Department to conduct inspections of an applicant's or license holder's facility and records at any time before or during the license period to determine compliance with the requirements of this Article. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.
3. Ensure each facility is inspected by the attending veterinarian at least once every year.
4. Hold all wildlife in such a manner designed to prevent wildlife from escaping from the facility specified on the license.
5. Hold all wildlife in a manner designed to prevent the entry of unauthorized persons or other wildlife.
6. Hold all wildlife lawfully possessed under the zoo license in the facility specified on the license, except when transporting the wildlife:
  - a. To or from a temporary exhibit;
  - b. For medical treatment; or
  - c. Other activities approved by the Department in writing.
7. Ensure a temporary exhibit shall not exceed 60 consecutive days at any one location, unless approved by the Department in writing.
8. Clearly display a sign at the facility's main entrance that states the days of the week and hours when the facility is open for viewing by the general public.
9. Ensure all wildlife held under the license that has the potential to come into contact with the public is tested for zoonotic diseases appropriate to the species no more than 12 months prior to importation or display. Any wildlife that tests positive for a zoonotic disease shall not be imported into this state without review and approval by the Department in writing.
10. Dispose of the following wildlife only as directed by the Department:
  - a. Wildlife obtained under a scientific activity license; or
  - b. Wildlife loaned to the zoo by the Department.
11. Maintain records of all wildlife possessed under the license for a period of five years following the date of disposition. In addition to the information required under subsections (H)(1) through (H)(3), the records shall also include:
  - a. Number of all restricted live wildlife, by species and the date it was obtained;
  - b. Source of all restricted live wildlife and the date it was obtained;
  - c. Number of offspring propagated by all restricted live wildlife; and
  - d. For all restricted live wildlife disposed of by the license holder:
    - i. Number, species, and date of disposition; and
    - ii. Method of disposition.

**K.** A zoo license holder shall not:

1. Accept any wildlife that is donated, purchased, or otherwise obtained without accompanying evidence of lawful possession.
2. Import into this state any wildlife that may come into contact with the public and tests positive for zoonotic disease, as established under subsection (J)(9).

**L.** A zoo license holder shall dispose of restricted live wildlife in this state by:

1. Giving, selling, or trading the wildlife to:
  - a. Another zoo licensed under this Section;
  - b. An appropriate special license holder or appropriately licensed or permitted facility in another state or country authorized to possess the wildlife being disposed;
2. Giving selling, or donating the wildlife to a medical or scientific research facility exempt from special license requirements under R12-4-407;
3. Exporting the wildlife to a zoo certified by the Association of Zoos and Aquariums or Zoological Association of America; or
4. As otherwise directed by the Department.

**M.** A zoo license holder shall submit an annual report to the Department by January 31 of each year, but not earlier than January 1, for the previous calendar year. The report form is furnished by the Department.

1. A report is required regardless of whether or not activities were performed during the previous year.
2. The zoo license becomes invalid if the annual report is not submitted to the Department by January 31 of each year.
3. The Department will not process the special license holder's renewal application until the annual report is received by the Department.
4. The report shall summarize the current species inventory, and acquisition and disposition of all wildlife held under the license.

**N.** A zoo license holder shall request the authority to possess a new species of restricted live wildlife by submitting a written request to the Department prior to acquisition, unless the wildlife was:

1. Held under the previous year's zoo license and included in the previous annual report, or
2. Authorized in advance by the Department in writing.

**O.** A zoo license holder shall comply with the requirements established under R12-4-409, R12-4-426, R12-4-428, and R12-4-430, as applicable.

#### Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 7 A.A.R. 2732, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Subsections (J) through (O) omitted in supplement 15-4; errors corrected at the request of the Commission at R18-91 (Supp. 18-1). Subsections (A) through (I) amendments omitted in supplement 15-4; full text has been included as submitted at 21 A.A.R. 2813, File No. R15-155, effective December 5, 2015 (Supp. 19-1). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1). Amended by final rulemaking at 32



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A.A.R. 7 (January 2, 2026), effective February 1, 2026  
(Supp. 25-4).

**R12-4-421. Wildlife Service License**

- A.** A wildlife service license authorizes a person to provide, advertise, or offer assistance in removing the live wildlife listed below to the general public. For the purposes of this Section, the following wildlife, as defined under A.R.S. § 17-101(B), are designated live wildlife:
1. Furbearing animals;
  2. Javelina (*Pecari tajacu*);
  3. Nongame animals;
  4. Predatory animals; and
  5. Small game.
- B.** A wildlife service license is not required when conducting pest control removal services authorized under A.R.S. § Title 3, Chapter 20 for the following wildlife not protected under federal regulation:
1. Rodents, except beaver, porcupine, and tree squirrels;
  2. European starlings (*Sturnus vulgaris*);
  3. Rosy-faced lovebirds (*Agapornis roseicollis*);
  4. House sparrows (*Passer domesticus*);
  5. Eurasian collared-doves (*Streptopelia decaocto*);
  6. Rock pigeons (*Columba livia*); and
  7. Any other non-native wildlife species.
- C.** A wildlife service license allows a person to conduct activities that facilitate the removal and relocation of live wildlife listed under subsection (A) when the wildlife causes property damage, poses a threat to public health or safety, or if the health or well-being of the wildlife is threatened by its immediate environment. Authorized activities include, but are not limited to, capture, removal, transportation, and relocation.
- D.** The wildlife service license expires on the last day of the third December from the date of issuance.
- E.** An employee of a governmental public safety agency is not required to possess a wildlife service license when the employee is acting within the scope of the employee's official duties.
- F.** In addition to the requirements established under this Section, a wildlife service license holder shall comply with the special license requirements established under R12-4-409.
- G.** The wildlife service license holder shall be responsible for compliance with all applicable regulatory requirements; the license does not:
1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
  2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.
- H.** The Department shall deny a wildlife service license to a person who fails to meet the requirements established under R12-4-409 or this Section or when the person's wildlife service privileges are suspended or revoked in any state. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- I.** An applicant for a wildlife service license shall submit an application to the Department. The application is furnished by the Department and is available from any Department office

and on the Department's website. An applicant shall provide the following information on the application:

1. The applicant's information:
    - a. Name;
    - b. Mailing address;
    - c. Telephone number;
    - d. Physical description, to include the applicant's eye color, hair color, height, and weight; and
    - e. Customer ID number, when applicable;
  2. If the applicant will perform license activities for a commercial purpose, the applicant's business:
    - a. Name;
    - b. Mailing address;
    - c. Telephone number; and
    - d. Hours and days of the week the applicant will be available for service;
  3. The designated wildlife species or groups of species listed under subsection (A) that will be removed under the license;
  4. The methods that the wildlife license holder will use to perform authorized activities;
  5. The general geographic area where services will be performed;
  6. Any other information required by the Department; and
  7. The certification required under R12-4-409(C).
- J.** In addition to the requirements listed under subsection (I), at the time of application, an applicant for a wildlife service license shall also submit:
1. Proof the applicant has a minimum of six months full-time employment or volunteer experience handling wildlife of the species or groups designated on the application; and
  2. A written proposal that contains all of the following information:
    - a. Applicant's experience in the capture, handling, and removal of wildlife;
    - b. Specific species the applicant has experience capturing, handling, or removing;
    - c. General location and dates when the activities were performed;
    - d. Methods used to carry out the activities;
    - e. The methods used to dispose of the wildlife.
- K.** When renewing a license without change to the species or species groups authorized under the current license, the wildlife service license holder may reference supporting materials previously submitted in compliance with subsection (J).
- L.** An applicant for a wildlife service license shall pay all applicable fees required under R12-4-412.
- M.** A wildlife service license holder shall:
1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
  2. Facilitate the removal and relocation of designated wildlife in a manner that:
    - a. Is least likely to cause injury to the wildlife; and
    - b. Will prevent the wildlife from coming into contact with the general public.
  3. Inspect traps daily.
  4. Obtain special authorization from the Department regional office that has jurisdiction over the area where the activities will be conducted when performing any activities involving javelina.
  5. Release captured designated wildlife only as follows:

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- a. Without immediate threat to the animal or potentially injurious contact with humans;
  - b. During an ecologically appropriate time of year;
  - c. Into a suitable habitat;
  - d. In the same geographic area as the animal was originally captured, except that birds may be released at any location statewide within the normal range of that species in an ecological suitable habitat; and
  - e. In an area designated by the Department regional office that has jurisdiction over the area where it was captured.
6. Euthanize the wildlife using the safest, quickest, and most humane method available.
  7. Dispose of all wildlife that is euthanized or that otherwise dies while possessed under the license by burial or incineration within 30 days of death, unless otherwise directed by the Department.
  8. Possess the license or legible copy of the license while conducting any wildlife service activity and present it for inspection upon the request of any Department employee or agent.
  9. Inform the Department in writing within five working days of any change in telephone number, area of service, or business hours or days.
  10. Maintain records associated with the license for a period of five years following the date of disposition.
- N.** A wildlife service license holder may submit to the Department a written request to amend the license to add or delete authority to control and release designated species of wildlife, provided the request meets the requirements of this Section.
- O.** A wildlife service license holder shall not:
1. Exhibit wildlife or parts of wildlife possessed under the license.
  2. Possess designated wildlife beyond the period necessary to transport and relocate or euthanize the wildlife.
  3. Retain any parts of wildlife.
- P.** A wildlife service license holder may:
1. Euthanize designated wildlife only when authorized by the Department.
  2. Give injured or orphaned wildlife to a wildlife rehabilitation license holder.
- Q.** A wildlife service license holder shall submit an annual report to the Department by January 31 of each year, but not earlier than January 1, on activities performed under the license for the previous calendar year. The report form is furnished by the Department.
1. A report is required regardless of whether or not activities were performed during the previous year.
  2. The wildlife service license becomes invalid if the annual report is not submitted to the Department by January 31 of each year.
  3. The Department will not process the special license holder's renewal application until the annual report is received by the Department.
  4. The annual report shall provide a list of all services performed under the license to include:
    - a. The date and location of service;
    - b. The number and species of wildlife removed, and
    - c. The method of disposition for each animal removed, including the location and date of release.
- R.** A wildlife service license holder shall comply with the requirements established under R12-4-409 and R12-4-428.

**Historical Note**

Adopted effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended by final rulemaking at 7 A.A.R. 2732, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1). Amended by final rulemaking at 32 A.A.R. 7 (January 2, 2026), effective February 1, 2026 (Supp. 25-4).

**R12-4-422. Sport Falconry License**

- A.** In addition to the definitions provided under A.R.S. § 17-101, R12-4-101, and R12-4-401, and for the purposes of this Section, the following definitions apply:

"Abatement" means the use of a trained raptor to scare, flush, or haze wildlife to manage depredation or other damage, including threats to human health and safety, caused by the wildlife.

"Captive-bred raptor" means a raptor hatched in captivity.

"Hack" means the temporary release of a raptor into the wild to condition the raptor for use in falconry.

"Hybrid" has the same meaning as prescribed under 50 CFR 21.3, revised October 1, 2023. This incorporation by reference contains no future editions or amendments. The incorporated material is available at any Department office, online at [www.gpo.gov](http://www.gpo.gov), or may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000.

"Imping" means using a molted feather to replace or repair a damaged or broken feather.

"Imprint" has the same meaning as prescribed under 50 CFR 21.3, revised October 1, 2023. This incorporation by reference contains no future editions or amendments. The incorporated material is available at any Department office, online at [www.gpo.gov](http://www.gpo.gov), or may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000.

"Retrices" means a raptor's tail feathers.

"Sponsor" means a licensed General or Master falconer with a valid Arizona Sport Falconry license who has committed to mentoring an Apprentice falconer.

"Suitable perch" means a perch that is of the appropriate size and texture for the species of raptor using the perch.

"Wild raptor" means a raptor taken from the wild, regardless of how long the raptor is held in captivity or whether the raptor is transferred to another licensed falconer or other permit type.

- B.** An Arizona Sport Falconry license permits a person to capture, possess, train, and transport a raptor for the purpose of sport falconry in compliance with the Migratory Bird Treaty Act and the Endangered Species Act of 1973.

1. The sport falconry license validates the appropriate license for hunting or taking quarry with a trained raptor. When taking quarry using a raptor, a person must possess a valid:
  - a. Sport falconry license, and

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- b. Appropriate hunting license.
- 2. The sport falconry license is valid until the third December from the date of issuance.
- 3. A licensed falconer may capture, possess, train, or transport wild, captive-bred, or hybrid raptors, subject to the limitations established under subsections (H)(1), (H)(2), and (H)(3), as applicable.
- C. The Department shall comply with the licensing time-frame established under R12-4-106.
- D. A resident who possesses or intends to possess a raptor for the purpose of sport falconry shall hold an Arizona Sport Falconry license, unless the person is exempt under A.R.S. § 17-236(C) or possesses only raptors not listed under 50 CFR Part 10.13, revised October 1, 2023, and no later amendments or editions. The incorporated material is available from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000, and is on file with the Department.
- E. In addition to the requirements established under this Section, a licensed falconer shall also comply with special license requirements established under R12-4-409.
- F. The sport falconry license holder shall be responsible for compliance with all applicable regulatory requirements; the license does not:
  - 1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations;
  - 2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license; or
  - 3. Authorize a licensed falconer to capture or release a raptor or practice falconry on public lands where prohibited or on private property without permission from the land owner or land management agency.
- G. The Department shall deny a sport falconry license to a person who fails to meet the requirements established under R12-4-409, or this Section. The Department shall provide a written notice to an applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- H. The Department may issue a Sport Falconry license for the following levels to an eligible person:
  - 1. Apprentice level license:
    - a. An Apprentice falconer shall:
      - i. Be at least 12 years of age; and
      - ii. Have a written statement from a sponsor who is a licensed Master Falconer or a General Falconer while practicing falconry as an apprentice. The written statement shall meet the requirements established under subsection (K)(3)(a)(vi). When a sponsorship is terminated, the apprentice is prohibited from practicing falconry until a new sponsor is acquired. After acquiring a new sponsor, an apprentice shall submit a written statement from the new sponsor to the Department within 30 days. The written statement shall meet the requirements established under subsection (K)(3)(a)(vi).
    - b. An Apprentice falconer may possess only one raptor at a time for use in falconry.
  - c. An Apprentice falconer is prohibited from possessing any:
    - i. Species listed under 50 CFR 17.11, revised October 1, 2023, and subspecies,
    - ii. Raptor taken from the wild as a nestling,
    - iii. Raptor that has imprinted on humans,
    - iv. Bald eagle (*Haliaeetus leucocephalus*),
    - v. White-tailed eagle (*Haliaeetus albicilla*),
    - vi. Steller's sea-eagle (*Haliaeetus pelagicus*), or
    - vii. Golden eagle (*Aquila chrysaetos*).
    - viii. For the purposes of subsection (H)(1)(c)(i), this incorporation by reference contains no future editions or amendments. The incorporated material is available at any Department office, online at [www.gpo.gov](http://www.gpo.gov), or may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000.
- 2. General level license:
  - a. A General falconer shall:
    - i. Be at least 16 years of age; and
    - ii. Have submitted a written statement provided by the Apprentice Falconer's sponsor, stating that the General falconer practiced falconry as an apprentice falconer for at least two years, including maintaining, training, flying, and hunting with a raptor for at least four months in each year. An applicant cannot substitute any falconry school program or education to shorten the two-year Apprentice period.
  - b. A General falconer may possess:
    - i. Up to three raptors at a time for use in falconry; and
    - ii. Up to the total number of federally permitted or sub-permitted raptors as indicated on the Master falconer's respective federal abatement or propagation permit.
  - c. A General falconer is prohibited from possessing a:
    - i. Bald eagle,
    - ii. White-tailed eagle,
    - iii. Steller's sea-eagle, or
    - iv. Golden eagle.
- 3. Master level license:
  - a. A Master falconer shall have practiced falconry as a General falconer for at least five years using raptors possessed by that falconer.
  - b. A Master falconer may possess:
    - i. Any species of wild, captive-bred, or hybrid raptor;
    - ii. Any number of captive-bred raptors provided they are trained and used in the pursuit of wild game;
    - iii. Up to three of the following species, provided the requirements established under subsection (H)(3)(d) are met: Golden eagle, White-tailed eagle, or Steller's Sea eagle; and
    - iv. Up to the total number of federally permitted abatement or propagation raptors as indicated on the Master falconer's respective federal abatement or propagation permit.
  - c. A Master falconer is prohibited from possessing:
    - i. More than three eagles,
    - ii. A bald eagle, or
    - iii. More than five wild caught raptors.

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- d. A Master falconer who wishes to possess an eagle shall apply for and receive approval from the Department before possessing an eagle for use in falconry. The licensed falconer shall submit the following documentation to the Department before a request may be considered:
    - i. Proof the licensed falconer has experience in handling large raptors such as, but not limited to, ferruginous hawks (*Buteo regalis*) and goshawks (*Accipiter gentilis*);
    - ii. Information regarding the raptor species, to include the type and duration of the activity in which the experience was gained; and
    - iii. Written statements of reference from two persons who have experience handling or flying large raptors such as, but not limited to, eagles, ferruginous hawks, and goshawks. Each written statement shall contain a concise history of the author's experience with large raptors, and an assessment of the applicant's ability to care for and fly an eagle in falconry.
- I.** A sponsor shall:
1. Be at least 18 years of age.
  2. Have practiced falconry as a Master or General falconer for at least two years.
  3. Sponsor no more than three apprentices at any one time.
  4. Notify the Department within 30 consecutive days after a sponsorship is terminated.
  5. Determine the appropriate species of raptor for possession by an apprentice.
  6. Provide instruction to the Apprentice falconer pertaining to:
    - a. Husbandry, training, and trapping of raptors held for falconry;
    - b. Hunting with a raptor; and
    - c. Relevant wildlife laws and regulations.
- J.** A falconer licensed in another state or country is exempt from obtaining an Arizona Sport Falconry license under R12-4-407(B)(9), unless the falconer remains in Arizona for more than 180 consecutive days. A falconer licensed in another state or country and who remains in this state for more than the 180-day period shall apply for an Arizona Sport Falconry license in order to continue practicing sport falconry in this state. The falconer licensed in another state or country shall present a copy of the out-of-state or out-of-country falconry license, or its equivalent, to the Department upon request.
1. A falconer licensed in another state shall:
    - a. Comply with all applicable state and federal falconry regulations;
    - b. Possess only those raptors authorized under the out-of-state sport falconry license, and
    - c. Provide a health certificate for each raptor possessed under the out-of-state sport falconry license when the raptor is present in this state for more than 30 consecutive days, see subsection (O)(5).
  2. A falconer licensed in another country may possess, train, and use for falconry only those raptors authorized under the out-of-country sport falconry license, provided the import of that species into the United States is not prohibited. This subsection does not prohibit the falconer from flying or training a raptor lawfully possessed by any other licensed falconer.
  3. A falconer licensed in another country is prohibited from leaving an imported raptor in this state, unless authorized under federal permit. The falconer shall report the death or escape of a raptor possessed by that falconer to the Department as established under subsection (O)(1) or prior to leaving the state, whichever occurs first.
- 4.** A falconer licensed in another country shall:
- a. Comply with all applicable state and federal falconry regulations;
  - b. Comply with falconry licensing requirements prescribed by the country of licensure not in conflict with federal or state law;
  - c. Notify the Department no less than 30 consecutive days prior to importing a raptor into this state;
  - d. Provide a health certificate, issued no earlier than 30 consecutive days prior to the date of importation, for each raptor imported into this state; and
  - e. Attach two functioning radio transmitters to any raptor imported into this country by the falconer while flown free in this state by any falconer.
- K.** An applicant for a Sport Falconry license shall pass the examination required under subsection (N), ensure their raptor housing facility is inspected and meets the requirements established under subsection (M), and submit an application to the Department. The application is furnished by the Department and is available at any Department office and on the Department's website.
1. An applicant shall provide the following information on the application:
    - a. Falconry level desired;
    - b. Name;
    - c. Date of birth;
    - d. Mailing address;
    - e. Telephone number, when available;
    - f. Department I.D. number;
    - g. Applicant's physical description, to include the applicant's eye color, hair color, height, and weight;
    - h. Arizona hunting license number, when available;
    - i. Number of years of experience as a falconer;
    - j. Current Falconry license level;
    - k. Physical address of a housing facility when the raptor is kept at another location, when applicable;
    - l. Information documenting all raptors possessed by the applicant at the time of application, to include:
      - i. Species;
      - ii. Subspecies, when applicable;
      - iii. Age;
      - iv. Sex;
      - v. Band or microchip number, as applicable;
      - vi. Date and source of acquisition; and
    - m. The certification required under R12-4-409(C);
    - n. Parent or legal guardian's signature, when the applicant is under the age of 18;
    - o. Date of application; and
    - p. Any other information required by the Department.
  2. An applicant shall certify that the applicant has read and is familiar with applicable state laws, rules, and the regulations under 50 CFR Part 13 and the other applicable parts in 50 CFR Chapter I, Subchapter B and that the information submitted is complete and accurate to the best of their knowledge and belief.
  3. In addition to the information required under subsection (K)(1), a person applying for:
    - a. An Apprentice level license shall also provide the sponsor's:
      - i. Name,

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- ii. Date of birth,
    - iii. Mailing address,
    - iv. Department I.D. number,
    - v. Telephone number, and
    - vi. A written statement from the sponsor stating that the falconer agrees to sponsor the applicant.
  - b. A General level license shall also provide:
    - i. Information documenting the applicant's experience in maintaining falconry raptors, to include the species and period of time each raptor was possessed while licensed as an Apprentice falconer; and
    - ii. A written statement from the sponsor certifying that the applicant has practiced falconry at the Apprentice falconer level for at least two years, and maintained, trained, flown, and hunted with a raptor for at least four months in each year.
  - c. A Master level license shall certify that the falconer has practiced falconry as a General falconer with his or her own raptors for at least five years.
- L.** An applicant for any level Sport Falconry license shall pay all applicable fees required under R12-4-412.
- M.** The Department shall inspect the applicant's raptor housing facilities, materials, and equipment to verify compliance with this Section before issuing a Sport Falconry license. The applicant or licensed falconer shall ensure all raptors currently possessed by the falconer and kept in the housing facility are present at the time of inspection.
1. The Department may inspect a housing facility, equipment, raptors, or records:
    - a. At any time before or during the license period to determine compliance with this Section,
    - b. After a change of location, when the Department cannot verify the housing facility is the same facility as the one approved by a previous inspection, or
    - c. Prior to the acquisition of a new species or addition of another raptor when the previous inspection does not indicate the housing facilities can accommodate a new species or additional raptor.
    - d. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.
  2. A licensed falconer shall notify the Department no more than five business days after changing the location of a housing facility.
  3. When a housing facility is located on property not owned by the licensed falconer, the falconer shall provide a written statement signed and dated by the property owner at the time of inspection. The written statement shall specify that the licensed falconer has permission to keep a raptor on the property and the property owner permits the Department to inspect the falconry housing facility at any reasonable time of day and in the presence of the licensed falconer.
  4. A licensed falconer shall ensure the housing facility:
    - a. Provides a healthy and safe environment,
    - b. Is designed to keep predators and domestic animals out,
    - c. Is designed to avoid injury to the raptor,
    - d. Is easy to access,
    - e. Is easy to clean, and
    - f. Provides access to fresh water and sunlight.
  5. In addition to the requirements established under R12-4-409:
    - a. A licensed falconer shall ensure housing facilities where raptors are held:
      - i. Has a suitable perch that is protected from extreme temperatures, wind, and excessive disturbance for each raptor;
      - ii. Has at least one opening for sunlight; and
      - iii. Has walls that are solid, constructed of vertical bars spaced narrower than the width of the body of the smallest raptor housed therein, or any other suitable materials approved by the Department. A nestling may be kept in any suitable container or enclosure until it is capable of flight.
    - b. A licensed falconer shall possess all of the following equipment:
      - i. At least one flexible, weather-resistant leash;
      - ii. One swivel appropriate to the raptor being flown;
      - iii. At least one water container, available to each raptor kept in the housing facility, that is at least two inches deep and wider than the length of the largest raptor using the container;
      - iv. A reliable scale or balance suitable for weighing raptors, graduated in increments of not more than 15 grams;
      - v. Suitable equipment that protects the raptor from extreme temperatures, wind, and excessive disturbance while transporting or housing a raptor when away from the permanent housing facility where the raptor is kept; and
      - vi. At least one pair of jesses constructed of suitable material or Alymeri jesses consisting of an anklet, grommet, and removable strap that attaches the anklet and grommet to a swivel. The falconer may use a one-piece jess only when the raptor is not being flown.
  6. A licensed falconer may keep a falconry raptor inside the falconer's residence provided a suitable perch is supplied. The falconer shall ensure all flighted raptors kept inside a residence are tethered or otherwise restrained at all times, unless the falconer is moving the raptor into or out of the residence. This subsection does not apply to nestlings, which do not need to be tethered or otherwise restrained.
  7. A licensed falconer may keep multiple raptors together in one enclosure untethered only when the raptors are compatible with each other.
  8. A licensed falconer may keep a raptor temporarily outdoors in the open provided the raptor is continually under observation by the falconer or an individual designated by the falconer.
  9. A licensed falconer may keep a raptor in a temporary housing facility that the Department has inspected and approved for no more than 120 consecutive days.
  10. A licensed falconer may keep a raptor in a temporary housing facility that the Department has not inspected or approved for no more than 30 consecutive days. The falconer shall notify the Department of the temporary housing facility prior to the end of the 30-day period. The Department may inspect a temporary housing facility as established under R12-4-409(J).
- N.** Prior to the issuance of a Sport Falconry license, an applicant shall:

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1. Present proof of a previously held state-issued sport falconry license, or
  2. Correctly answer at least 80% of the questions on the Department administered written examination.
    - a. A person whose Sport Falconry license is expired for more than five years shall take the examination. The Department shall issue to an eligible applicant a license for the sport falconry license type previously held by the applicant after the applicant correctly answers at least 80% of the questions on the written examination and presents proof of the previous Sport Falconry license.
    - b. A person who holds a falconry license issued in another country shall correctly answer at least 80% of the questions on the written examination. The Department shall determine the level of license issued based upon the applicant's documentation.
    - c. Examinations are provided by appointment only.
    - d. An applicant may request a verbal or written examination.
    - e. An applicant who fails the examination must wait at least 15 days before retaking it. If the applicant fails a second time, they must wait 30 days before a third attempt. All exam dates must be scheduled in agreement with the exam administrator.
    - f. Each examination may only be taken a maximum of three times during each calendar year.
    - g. The examination shall not be returned to the applicant at any time.
- O.** A licensed falconer shall:
1. Submit a paper copy of the 3-186A form to report any of the following raptor possession changes to the Department no more than 10 business days after the occurrence:
    - a. Acquisition,
    - b. Banding,
    - c. Escape into the wild without recovery after 30 consecutive days have passed,
    - d. Death,
    - e. Microchipping,
    - f. Rebanding,
    - g. Release,
    - h. Take, or
    - i. Transfer.
  2. Submit a copy of the falconer's federal propagation report, when applicable.
  3. Submit a copy of the falconer's federal abatement report, when applicable.
  4. Upon discovering the theft of a raptor, the falconer shall immediately report the theft of a raptor to the Department and USFWS by:
    - a. Contacting the Department's regional office within 48 hours; and
    - b. Submitting the electronic 3-186A form within 10 days.
  5. When importing a raptor into Arizona that will remain in Arizona for 30 or more days, provide a health certificate issued not more than 30 consecutive days:
    - a. Prior to the international importation, or
    - b. Prior to or after the inter-state importation.
- P.** A licensed falconer shall print and maintain copies of all required 3-186A form and associated documents for each abatement, falconry, and propagation raptor possessed by the falconer, as applicable. The falconer shall retain copies of all required documents for a period of five years from the date on which the raptor left the falconer's possession.
- Q.** A licensed falconer or a person with a valid falconry license, or its equivalent, issued by any state meeting federal falconry standards may capture a raptor for the purpose of falconry only when authorized by Commission Order.
1. A falconer attempting to capture a raptor shall possess:
    - a. A valid Arizona Sport Falconry license or valid falconry license, or its equivalent, issued by another state, and
    - b. Any required Arizona hunt permit-tag issued to the licensed falconer for take of the authorized raptor, and
    - c. A valid Arizona hunting or combination license. A short-term combination hunting and fishing license is not valid for capturing a raptor under this subsection.
  2. An Apprentice falconer may take from the wild:
    - a. Any raptor not prohibited under subsection (H)(1)(c) that is less than one year of age, except nestlings, or
    - b. An adult raptor.
  3. A General or Master falconer may take from the wild:
    - a. A raptor of any age, including nestlings, provided at least one nestling remains in the nest; or
    - b. An adult raptor.
  4. A licensed falconer shall take no more than two raptors from the wild for use in falconry each calendar year. For the purpose of take limits, a raptor is counted towards the licensed falconer's take limit by the falconer who originally captured the raptor.
  5. A falconer attempting to capture a raptor shall:
    - a. Not use stupefying substances;
    - b. Use a trap or bird net that is not likely to cause injury to the raptor;
    - c. Ensure that each trap or net the falconer is using is continually attended; and
    - d. Ensure that each trap used for the purpose of capturing a raptor is marked with the falconer's name, address, and license number.
  6. A licensed falconer shall report the injury of any raptor injured due to capture techniques to the Department. The falconer shall transport the injured raptor to a veterinarian or licensed rehabilitator and pay for the cost of the injured raptor's care and rehabilitation. After the initial medical treatment is completed, the licensed falconer shall either:
    - a. Keep the raptor and the raptor shall count towards the falconer's take and possession limit, or
    - b. Transfer the raptor to a permitted wildlife rehabilitator and the raptor shall not count against the falconer's take or possession limit.
  7. When a licensed falconer takes a raptor from the wild and transfers the raptor to another falconer who is present at a capture site, the falconer receiving the raptor is responsible for reporting the take of the raptor.
  8. A General or Master falconer may capture a raptor that will be transferred to another licensed falconer who is not present at the capture site. The falconer who captured the raptor shall report the take of the raptor and the capture shall count towards the General or Master falconer's take limit. The General or Master falconer may then transfer the raptor to another falconer.
  9. A General or Master falconer may capture a raptor for another licensed falconer who cannot attend the capture due to a long-term or permanent physical impairment.

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- The licensed falconer with the physical impairment is responsible for reporting the take of the raptor and the raptor shall count against their take and possession limits.
10. A licensed falconer may capture any raptor displaying a seamless metal band, or any other item identifying it as a falconry raptor, regardless of whether the falconer is prohibited from possessing the raptor. The capturing falconer shall return the recaptured raptor to the falconer of record. The raptor shall not count towards the capturing falconer's take or possession limits, provided the capturing falconer reports the temporary possession of the raptor to the Department no more than five consecutive days after capturing the raptor.
    - a. When the falconer of record cannot or does not wish to possess the raptor, the falconer who captured the raptor may keep the raptor, provided the falconer is eligible to possess the species and may do so without violating any requirement established under this Section.
    - b. When the falconer of record cannot be located, the Department shall determine the disposition of the recaptured raptor.
  11. A licensed falconer may capture and shall report the capture of any raptor wearing a transmitter to the Department no more than five business days after the capture. The falconer shall attempt to contact the researcher or licensed falconer who applied the transmitter and facilitate the replacement or retrieval of the transmitter and raptor. The falconer may possess the raptor for no more than 30 consecutive days while waiting for the researcher or falconer to retrieve the transmitter and raptor. The raptor shall not count towards the falconer's take or possession limits, provided the falconer reports the temporary possession of the raptor to the Department no more than five consecutive days after capturing the raptor. The Department shall determine the disposition of a raptor when the researcher or falconer does not replace the transmitter or retrieve the raptor within the initial 30-day period.
  12. A licensed falconer may capture any raptor displaying a federal Bird Banding Laboratory (BBL) aluminum research band or tag, except a peregrine falcon (*Falco peregrinus*). A licensed falconer who captures a raptor wearing a research band or tag shall report the following information to BBL and the Department:
    - a. Species,
    - b. Band or tag number,
    - c. Location of the capture, and
    - d. Date of capture.
    - e. A person can report the capture of a raptor wearing a research band or tag to BBL by submitting information regarding the capture online at the BBL website.
  13. A licensed falconer may recapture a falconer's lost or any escaped falconry raptor at any time. The Department does not consider the recapture of a wild falconry raptor as taking a raptor from the wild.
  14. When attempting to trap a raptor in Cochise, Graham, Pima, Pinal, or Santa Cruz counties, a licensed falconer shall:
    - a. Not begin trapping while a northern aplomado falcon (*Falco femoralis septentrionalis*) is observed in the vicinity of the trapping location.
    - b. Suspend trapping when a northern aplomado falcon arrives in the vicinity of the trapping location.
  15. In addition to the requirements in subsection (Q)(14), an apprentice falconer shall be accompanied by a General or Master falconer when attempting to capture a raptor in Cochise, Graham, Pima, Pinal, or Santa Cruz counties.
  16. A licensed Master falconer may take up to two golden eagles from the wild only as authorized under 50 CFR Parts 21 and 22. The Master falconer may:
    - a. Capture a golden eagle or an immature or sub-adult golden eagle during the time a livestock depredation area and associated depredation permit or depredation control order are in effect as declared by USDA Wildlife Services and permitted under 50 CFR 22.23, or upon the request of the Arizona Governor pursuant to 50 CFR 22.31 and 22.32.
    - b. Take a nestling from its nest or a nesting adult golden eagle in a livestock depredation area if a biologist representing the agency responsible for declaring the depredation area determines the adult eagle is preying on livestock or wildlife and that any nestling of the adult will be taken by a falconer authorized to possess it or by the biologist and transferred to a person authorized to possess it.
    - c. The falconer shall inform the Department of the capture plans in person, in writing, or by telephone at least three business days before trapping is initiated. The falconer may send written notification to the Arizona Game and Fish Department's Law Enforcement Programs Coordinator at 5000 West Carefree Highway, Phoenix, Arizona 85086.
  17. A licensed falconer shall ensure any falconry activities the falconer is conducting do not cause unlawful take under the Endangered Species Act of 1973, 16 U.S.C. § 1531 et seq., or the Bald and Golden Eagle Protection Act, 16 U.S.C. §§ 668 through 668d. The Department or USFWS may provide information regarding where take is likely to occur. The falconer shall report the take of any federally listed threatened or endangered species or bald or golden eagle to the USFWS Arizona Ecological Services Field Office.
  - R. A licensed falconer shall comply with all of the following banding requirements:
    1. A licensed falconer shall ensure the following raptors are banded after capture:
      - a. Northern Goshawk,
      - b. Harris's hawk (*Parabuteo unicinctus*), and
      - c. Peregrine falcon.
    2. The falconer shall request a band no more than five consecutive days after the capture of a raptor by contacting the Department. A Department representative or a General or Master licensed falconer may attach the USFWS leg band to the raptor.
    3. A licensed falconer shall not use a counterfeit, altered, or defaced band.
    4. A falconer holding a federal propagation permit shall ensure a raptor bred in captivity wears a seamless metal band furnished by USFWS, as prescribed under 50 CFR 21.30.
    5. A licensed falconer may remove the rear tab on a band and smooth any imperfections on the surface, provided doing so does not affect the band's integrity or numbering.
    6. A licensed falconer shall report the loss of a band to the Department no more than five business days after discov-

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- ering the loss. The falconer shall reband the raptor with a new USFWS leg band furnished by the Department.
- S. A licensed falconer may request Department authorization to implant an ISO-compliant [134.2 kHz] microchip in lieu of a band into a captive-bred raptor or raptor listed under subsection (R)(1).
1. The falconer shall submit a written request to the Department.
  2. The falconer shall retain a copy of the Department's written authorization and any associated documentation for a period of five years from the date the raptor permanently leaves the falconer's possession.
  3. The falconer is responsible for the cost of implanting the microchip and any associated veterinary fees.
- T. A licensed falconer may allow a falconry raptor to feed on any species of wildlife incidentally killed by the raptor for which there is no open season or for which the season is closed, but shall not take such wildlife into possession.
- U. A General or Master falconer may hack a falconry raptor. Any raptor the falconer is hacking shall count towards the falconer's possession limit during hacking.
1. A falconer is prohibited from hacking a raptor near the nesting area of a federally threatened or endangered species or in any other location where the raptor is likely to disturb or harm a federally listed threatened or endangered species. The Department may provide information regarding where this is likely to occur.
  2. A licensed falconer shall ensure any hybrid raptor flown free or hacked by the falconer is equipped with at least two functioning radio transmitters.
- V. A licensed falconer may release:
1. A wild-caught raptor permanently into the wild under the following circumstances:
    - a. The raptor is native to Arizona,
    - b. The falconer removes the raptor's falconry band and any other falconry equipment prior to release, and
    - c. The falconer releases the raptor in a suitable habitat and under suitable seasonal conditions.
  2. A captive-bred raptor permanently into the wild only when the raptor is native to Arizona and the Department approves the release of the raptor. The falconer shall request permission to release the captive-bred raptor by contacting the Department. When permitted by the Department and before releasing the captive-bred raptor, the General or Master falconer shall hack the captive-bred raptor in a suitable habitat and the appropriate season.
  3. A licensed falconer is prohibited from intentionally releasing any hybrid or non-native raptor permanently into the wild.
- W. A Master falconer may conduct and receive payment for abatement conducted with a falconry raptor or federally permitted abatement raptor. The falconer shall apply for and obtain all required federal permits prior to conducting any abatement activities. The falconer shall comply with the reporting requirement under subsection (O). A General falconer may conduct abatement activities only when authorized under the federal permit held by the Master falconer.
- X. A person other than a licensed falconer may temporarily care for a falconry raptor for no more than 45 consecutive days, unless approved by the Department. The raptor under temporary care shall remain in the falconer's facility. The raptor shall continue to count towards the falconer's possession limit. An unlicensed caretaker shall not fly the raptor. The falconer may request an extension from the Department to the temporary possession period if extenuating circumstances occur. The Department shall evaluate extension requests on a case-by-case basis.
- Y. A licensed falconer may serve as a caretaker for another licensed falconer's raptor for no more than 120 consecutive days, unless approved by the Department. The falconer shall provide the temporary caretaker with a signed and dated statement authorizing the temporary possession of each raptor and a copy of USFWS form 3-186A that shows that the licensed falconer is the possessor of each raptor. The statement shall also include the temporary possession period and activities the caretaker may conduct with the raptor. A raptor under temporary care shall not count toward the caretakers possession limit. The temporary caretaker may fly or train the raptor when permitted by the falconer in writing. The falconer may request an extension from the Department to the temporary possession period if extenuating circumstances occur. The Department shall evaluate extension requests on a case-by-case basis.
- Z. A General or Master falconer may assist any federally licensed wildlife rehabilitator in conditioning a raptor the licensed falconer is authorized to possess in preparation for the raptor's release to the wild. The falconer may temporarily remove the raptor from the rehabilitation facilities while conditioning the raptor. The raptor shall remain under the rehabilitator's license and shall not count towards the falconer's possession limit. The rehabilitator shall provide the licensed falconer with a written statement authorizing the falconer to assist the rehabilitator. The written statement shall also identify the raptor by species, type of injury, and band number, when available. The licensed falconer shall return the raptor to the rehabilitator within the 180-day period established under R12-4-423(T), unless the raptor is:
1. Released into the wild in coordination with the rehabilitator and as authorized under this subsection,
  2. Allowed to remain with the rehabilitator for a longer period of time as authorized under R12-4-423(U), or
  3. Transferred permanently to the falconer, provided the falconer may legally possess the raptor and the Department approves the transfer. The raptor shall count towards the falconer's possession limit.
- AA. A licensed falconer may use a raptor possessed for falconry in captive propagation, when permitted by USFWS. A licensed falconer is not required to transfer a raptor from a Sport Falconry license to another license when the raptor is used for captive propagation less than eight months in a year.
- BB. A General or Master licensed falconer may use a lawfully possessed raptor in a conservation education program presented in a public venue. An Apprentice falconer, under the direct supervision of a General or Master falconer, may use a lawfully possessed raptor in a conservation education program presented in a public venue. The primary use for a raptor is falconry; a licensed falconer shall not possess a raptor solely for the purpose of providing a conservation education program. The falconer shall ensure the focus of the conservation education program is to provide information about the biology, ecological roles, and conservation needs of raptors and other migratory birds. The falconer may charge a fee for presenting a conservation education program; however, the fee shall not exceed the amount required to recoup the falconer's costs for providing the program. As a condition of the Sport Falconry License, the licensed falconer agrees to indemnify the Department, its officers, and employees. The falconer is liable for any damages associated with the conservation education activities.



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- CC.** A licensed falconer may allow the photography, filming, or similar uses of a falconry raptor possessed by the licensed falconer, provided:
1. The falconer is not compensated for these activities; and
  2. The final product from these activities:
    - a. Promotes the practice of falconry;
    - b. Provides information about the biology, ecological roles, and conservation needs of raptors and other migratory birds;
    - c. Endorses a nonprofit falconry organization or association, products, or other endeavors related to falconry; or
    - d. Is used in scientific research or science publications.
- DD.** A licensed falconer may use or dispose of lawfully possessed falconry raptor feathers. A falconer shall not buy, sell, or barter falconry raptor feathers. A falconer may possess feathers for imping from each species of raptor that the falconer currently possesses or has possessed.
1. The licensed falconer may transfer or receive feathers for imping from:
    - a. Another licensed falconer,
    - b. A licensed wildlife rehabilitator, or
    - c. Any licensed propagator located in the United States.
  2. A licensed falconer may donate falconry raptor feathers, except bald and golden eagle feathers, to:
    - a. Any person or institution permitted to possess falconry raptor feathers,
    - b. Any person or institution exempt from the permit requirement under 50 CFR 21.12, or
    - c. A non-eagle feather repository. The Department may provide information regarding the submittal of falconry raptor feathers to a non-eagle feather repository.
  3. A licensed falconer shall gather primary and secondary flight feathers or rectrices that are molted or otherwise lost from a golden eagle and either retain the feathers for imping purposes or submit the feathers to the U.S. Fish and Wildlife Service, National Eagle Repository, Rocky Mountain Arsenal, Building 128, Commerce City, Colorado 80022.
  4. A falconer whose license is either revoked or expired shall dispose of all falconry raptor feathers in the falconer's possession.
- EE.** A licensed falconer may conduct any of the following activities with any captive-bred raptor provided the raptor is wearing a seamless band and the person receiving the raptor possesses an appropriate special license:
1. Barter,
  2. Offer for barter,
  3. Gift,
  4. Purchase,
  5. Sell,
  6. Offer for sale, or
  7. Transfer.
- FF.** A licensed falconer is prohibited from conducting any of the following activities with any wild-caught raptor protected under the Migratory Bird Treaty Act:
1. Barter,
  2. Offer for barter,
  3. Purchase,
  4. Sell, or
  5. Offer for sale.
- GG.** A licensed falconer may transfer:
1. Any wild-caught falconry raptor lawfully captured in Arizona with or without a permit tag to another Arizona Sport Falconry License holder at any time.
    - a. The raptor shall count towards the take limit for that calendar year for the falconer taking the raptor from the wild.
    - b. The raptor shall not count against the take limit of the falconer receiving the raptor.
  2. Any wild-caught falconry raptor to another license or permit type under this Article or federal law, provided the raptor has been used in the sport of falconry for at least two years preceding the transfer.
  3. A wild-caught falconry sharp-shinned hawk (*Accipiter striatus*), Cooper's hawk (*Accipiter cooperii*), merlin (*Falco columbarius*), or American kestrel (*Falco sparverius*) to another license or permit type under this Article or federal law, provided the raptor has been used in the sport of falconry for at least one-year preceding the transfer.
  4. Any hybrid or captive-bred raptor to another licensed falconer or permit type under this Article or federal law at any time.
  5. Any falconry raptor that is no longer capable of being flown, as determined by a veterinarian, to another permit type at any time. The licensed falconer shall provide a copy of the documentation from the veterinarian stating that the raptor is not usable in falconry to the Federal Migratory Bird Permits office that administers the other permit type.
- HH.** A licensed falconer shall not transfer a wild-caught raptor species to a licensed falconer in another state for at least one year from the date of capture if either resident or nonresident take is managed through Commission Order by way of a permit-tag, nonpermit-tag, or annual harvest quota system. However, a licensed falconer may transfer a wild-caught raptor that is not managed through Commission Order by way of a permit-tag, nonpermit-tag, or annual harvest quota system to a licensed falconer in another state at any time.
- II.** A surviving spouse, executor, administrator, or other legal representative of a deceased or incapacitated licensed falconer shall transfer any raptor held by the licensed falconer to another licensed falconer no more than 90 consecutive days after the death of the falconer. The Department shall determine the disposition of any raptor not transferred prior to the end of the 90-day period.
- JJ.** A licensed falconer shall conduct the following activities, as applicable, no more than 10 business days after either the death of a falconry raptor or the final examination of a deceased raptor by a veterinarian:
1. Dispose of any raptor suspected or confirmed with West Nile Virus or poisoning, except for lead poisoning, by incineration.
  2. For a golden eagle, send the entire body, including all feathers, talons, and other parts, to the National Eagle Repository;
  3. For any euthanized non-eagle raptor, to prevent secondary poisoning of other wildlife, the falconer shall either submit the carcass to a non-eagle repository or burn, bury, or otherwise destroy the carcass;
  4. For all other species:
    - a. Submit the carcass to a non-eagle repository;
    - b. Submit the carcass to the Department for submission to a non-eagle repository;

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- c. Donate the body or feathers to any person or institution exempt under 50 CFR 21.12 or authorized by USFWS to acquire and possess such parts or feathers;
  - d. Retain the carcass or feathers for imping purposes as established under subsection (DD);
  - e. Burn, bury, or otherwise destroy the carcass; or
  - f. Mount the raptor carcass. The falconer shall ensure any microchip implanted in the raptor is not removed and any band attached to the raptor remains on the mount. The falconer may use the mount for a conservation education program. The falconer shall ensure copies of the license and all relevant 3-186A forms are retained with the mount. The mount shall not count towards the falconer's possession limit.
5. A license holder submitting a carcass or parts of a carcass of any raptor that has been euthanized shall ensure a tag indicating the raptor was euthanized is attached to the carcass or parts of the carcass before submitting it to the National Eagle Repository or non-eagle repository, as applicable.

**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 6 A.A.R. 211, effective December 14, 1999 (Supp. 99-4). Amended by final rulemaking at 18 A.A.R. 958, effective January 1, 2013 (Supp. 12-2). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1). Amended by final rulemaking at 32 A.A.R. 7 (January 2, 2026), effective February 1, 2026 (Supp. 25-4).

**R12-4-423. Wildlife Rehabilitation License**

- A.** For the purposes of this Section, "volunteer" means a person who:
- 1. Is not designated as an agent, as defined under R12-4-401,
  - 2. Assists a wildlife rehabilitation license holder without compensation, and
  - 3. Is under the direct supervision of the license holder at the location specified on the wildlife rehabilitation license.
- B.** A wildlife rehabilitation license is issued for the sole purpose of restoring and returning wildlife to the wild through rehabilitative services. The license allows a person 18 years of age or older to conduct any of the following activities with live injured, disabled, orphaned or otherwise debilitated wildlife specified on the rehabilitation license:
- 1. Capture;
  - 2. Euthanize;
  - 3. Export to a licensed zoo, when authorized by the Department;
  - 4. Receive from the public;
  - 5. Rehabilitate;
  - 6. Release;
  - 7. Temporarily possess;
  - 8. Transport; or
  - 9. Transfer to one of the following:
    - a. Licensed veterinarian for treatment or euthanasia;
    - b. Another appropriately licensed special license holder;
    - c. Licensed zoo, when authorized by the Department; or
10. As otherwise directed in writing by the Department.
- C.** A wildlife rehabilitation license authorizes the possession of the following taxa or species:
- 1. Amphibians;
  - 2. Reptiles;
  - 3. Birds:
    - a. Non-passerines, birds in any order other than those named in subsections (b) through (e);
    - b. Birds in the orders *Falconiformes* or *Strigiformes*, raptors;
    - c. Birds in the order, *Galliformes* quails and turkeys;
    - d. Birds in the order *Columbiformes*, doves;
    - e. Birds in the order *Trochiliformes*, hummingbirds; and
    - f. Birds in the order *Passeriformes*, passerines;
  - 4. Mammals:
    - a. Nongame mammals;
    - b. Bats;
    - c. Big game mammals other than cervids: bighorn sheep, bison, black bear, javelina, mountain lion, pronghorn;
    - d. Carnivores: bobcat, coati, coyote, foxes, raccoons, ringtail, skunks, and weasels; and
    - e. Small game mammals.
- D.** A wildlife rehabilitation license authorizes the possession of the following taxa or species only when specifically requested at the time of application:
- 1. Eagles;
  - 2. Species listed under 50 CFR 17.11, revised October 1, 2023; and
  - 3. The Department's Tier 1 Species of Greatest Conservation Need, as defined under R12-4-401.
  - 4. For the purposes of subsection (D)(2), this incorporation by reference contains no future editions or amendments. The incorporated material is available at any Department office, online at [www.gpo.gov](http://www.gpo.gov), or may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000.
- E.** All wildlife held under the license is the property of the state and shall be surrendered to the Department upon request.
- F.** The wildlife rehabilitation license expires on the last day of the third December from the date of issuance.
- G.** In addition to the requirements established under this Section, a wildlife rehabilitation license holder shall comply with the special license requirements established under R12-4-409.
- H.** The Department shall deny a wildlife rehabilitation license to a person who fails to meet the requirements and criteria established under R12-4-409, R12-4-428, or this Section or when the person's wildlife rehabilitation license is suspended or revoked in any state. The Department shall provide the written notice established under R12-4-409 to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- I.** The wildlife rehabilitation license holder shall be responsible for compliance with all applicable regulatory requirements; the license does not:

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1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations;
  2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license; or
  3. Authorize the license holder to conduct any activities that constitutes the practice of veterinary medicine as prescribed under A.R.S. § 32-2231 whether or not a fee, compensation, or reward is directly or indirectly promised, offered, expected, received or accepted, unless the license holder is currently licensed to practice veterinary medicine in the state of Arizona.
- J.** Before applying for a wildlife rehabilitation license, a person shall correctly answer at least 80% of the questions on the Department administered written examination. The Department shall consider only those parts of the examination that are applicable to the taxa of wildlife for which the license is sought in establishing the qualifications of the applicant.
1. The examination shall include questions regarding:
    - a. Wildlife rehabilitation;
    - b. Safe handling of wildlife;
    - c. Transporting wildlife;
    - d. Humane treatment;
    - e. Nutritional requirements;
    - f. Behavioral requirements;
    - g. Developmental requirements;
    - h. Ecological requirements;
    - i. Habitat requirements;
    - j. Captivity standards established under R12-4-428;
    - k. Human and wildlife safety considerations;
    - l. State statutes, rules, and regulations regarding wildlife rehabilitation; and
    - m. Standards for Wildlife Rehabilitation, National Wildlife Rehabilitation Association and International Wildlife Rehabilitation Council's minimum standards for wildlife rehabilitation.
  2. Examinations are provided by appointment only.
  3. An applicant may request a verbal or written examination.
  4. An applicant who fails the examination must wait at least 15 days before retaking it. If the applicant fails a second time, they must wait 30 days before a third attempt. All exam dates must be scheduled in agreement with the exam administrator.
  5. Each examination may only be taken a maximum of three times during each calendar year.
  6. The examination shall not be returned to the applicant at any time.
  7. The applicant must successfully complete the examination within three years prior to the date on which the initial application for the license is submitted to the Department.
- K.** An applicant for a wildlife rehabilitation license shall submit an application to the Department. The application is furnished by the Department and is available at any Department office and on the Department's website. The applicant shall provide the following information on the application:
1. The applicant's information:
    - a. Name;
    - b. Date of birth;
    - c. Mailing address;
    - d. Telephone number;
    - e. Housing facility address, if different from mailing address;
    - f. Physical address or general location description and Global Positioning System location; and
    - g. Customer ID number, when applicable;
  2. The wildlife taxa or species listed under subsection (C) that will be possessed under the license;
  3. For each location where the applicant proposes to use wildlife, the land owner's:
    - a. Name;
    - b. Mailing address;
    - c. Telephone number; and
    - d. Physical address or general location description and Global Positioning System location;
  4. A detailed description, diagram, and photographs of the housing facility where the applicant will hold the wildlife, and a description of how the housing facility complies with the captivity standards established under this Section;
  5. Any other information required by the Department; and
  6. The certification required under R12-4-409(C).
- L.** In addition to the requirements listed under subsection (K), at the time of application, an applicant for a wildlife rehabilitation license shall also submit:
1. Any one or more of the following:
    - a. A valid, current license issued by a state veterinary medical examination authority that authorizes the applicant to practice as a veterinarian;
    - b. Proof of at least six months of experience performing wildlife rehabilitative work with an average of at least eight hours each week for the taxa or species of animal listed on the application; or
    - c. A current and valid license, permit, or other form of authorization issued by another state or the federal government that allows the applicant to perform wildlife rehabilitation;
  2. Proof the applicant successfully completed the examination required under subsection (J) no more than three years prior to submitting the initial application;
  3. An affidavit signed by the applicant affirming either of the following:
    - a. The applicant is a licensed veterinarian; or
    - b. A licensed veterinarian is reasonably available to provide veterinary services as necessary to facilitate rehabilitation of wildlife.
  4. A written statement describing:
    - a. The applicant's preferred method of disposing of non-releasable live wildlife as listed under subsection (B); and
    - b. The applicant's training and experience in handling, capturing, rehabilitating, and caring for the taxa or species when the applicant is applying for a license to perform authorized activities with taxa or species of wildlife listed under subsection (C).
- M.** A wildlife rehabilitation license holder who wishes to continue activities authorized under the license shall renew the license before it expires.
1. When renewing a license without change to the species, location, or design of the facility where wildlife is held as authorized under the current license, the license holder may reference supporting materials previously submitted in compliance with subsection (K).

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2. A license holder applying for a renewal of the license shall successfully complete the examination at the time of renewal when the annual report submitted under subsection (Z) indicates the license holder did not perform any rehabilitative activities under the license.
  3. A license holder applying for a renewal of the license shall submit proof the license holder has completed the continuing education requirement established under subsection (N).
- N.** During the license period a wildlife rehabilitation license holder shall complete eight or more hours of continuing education sessions on wildlife rehabilitation or veterinary medicine. Acceptable continuing education sessions may be obtained from:
1. An accredited university or college;
  2. The National Wildlife Rehabilitators Association, 8400 Normandale Lake Blvd., Suite 920, St. Cloud, MN 55347;
  3. The International Wildlife Rehabilitation Council, PO Box 3197, Eugene, OR 97403; or
  4. Other applicable training opportunities approved by the Department in writing. A license holder who wishes to use other applicable training to meet the eight hour continuing education requirement shall request approval of the other applicable training prior to participating in the education session.
- O.** At the time of application, a wildlife rehabilitation license holder may request authorization to allow an agent to assist the license holder in carrying out activities authorized under the wildlife rehabilitation license by submitting a written request to the Department.
1. An applicant may request the ability to allow a person to act as an agent on the applicant's behalf, provided:
    - a. An employment or supervisory relationship exists between the applicant and the agent,
    - b. The agent submits proof of at least six months of experience performing wildlife rehabilitative work with an average of at least eight hours each week, and
    - c. The agent's privilege to take or possess live wildlife is not suspended or revoked in any state.
  - d. An agent shall allow the Department to conduct inspections of an agent's facility when the agent intends to possess wildlife for more than 48 hours. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.
  2. The license holder shall obtain approval from the Department prior to allowing the agent to assist in any activities.
  3. The license holder is liable for all acts the agent performs under the authority of this Section.
  4. The Department, acting on behalf of the Commission, may suspend or revoke a license for violation of this Section by an agent.
  5. The license holder shall ensure the agent possesses a legible copy of the license while conducting any activity authorized under the wildlife rehabilitation license and presents it for inspection upon the request of any Department employee or agent.
- P.** At any time during the license period, a wildlife rehabilitation license holder may request permission to amend the license to add or delete an agent or a location where wildlife is held; or to obtain authority to rehabilitate additional taxa of wildlife. To request an amendment, the license holder shall submit the following information to the Department, as applicable:
1. To add or delete an agent, the information stated in subsections (K)(1) through (K)(4) as applicable to the agent, and proof of at least six months of experience performing wildlife rehabilitative work with an average of at least eight hours each week;
  2. To add or delete a location, the information stated in subsection (K)(1) through (K)(5); and
  3. To obtain authority to rehabilitate additional taxa or wildlife, the information stated in subsection (K)(1) through (K)(5) and (L)(1) through (L)(4).
- Q.** A wildlife rehabilitation license holder authorized to rehabilitate wildlife species listed under subsection (C)(3)(c), (C)(4)(c) and (C)(4)(d) or (D) shall contact the Department within 24 hours of receiving the individual animal to obtain instructions in handling or transferring that animal. While awaiting instructions, the license holder shall ensure that emergency veterinary care is provided as necessary.
- R.** A wildlife rehabilitation license holder shall:
1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
  2. Maintain records associated with the license for a period of five years following the date of disposition.
  3. Allow the Department to conduct inspections of an applicant's or license holder's facility and records at any time before or during the license period to determine compliance with the requirements of this Article. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.
  4. Ensure each facility is inspected by the attending veterinarian at least once every year.
  5. Capture, remove, transport, and release wildlife held under the requirements of this Section in a manner that is least likely to cause injury to the affected wildlife.
  6. Conduct rehabilitation only at the location listed on the license.
  7. Be responsible for all expenses incurred, including veterinary expenses, and all actions taken under the license, including all actions or omissions of all agents and volunteers when performing activities under the license.
  8. Immediately surrender wildlife held under the license to the Department upon request.
  9. Dispose of all wildlife that is euthanized or that otherwise dies within 30 days of death either by burial, incineration, or transfer to a scientific research institution, except that the license holder shall transfer all carcasses of endangered or threatened species, species listed under the Department's Tier 1 Species of Greatest Conservation Need, or eagles as directed by the Department.
  10. Maintain a current log that records the information specified under subsection (Z).
  11. Possess the license or legible copy of the license at each authorized location and while conducting any rehabilitation activities and present it for inspection upon the request of any Department employee or agent.
  12. Ensure a copy of the wildlife rehabilitation license accompanies each transfer or shipment of wildlife.
  13. Dispose of any raptor suspected or confirmed with West Nile Virus or poisoning, except for lead poisoning, by incineration.

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14. Except as specified under subsection (R)(12), transfer the carcass or parts of the carcass of a deceased raptor as follows:
  - a. For a bald or golden eagle, send the entire body, including all feathers, talons, and other parts, to the National Eagle Repository, see <https://www.fws.gov/eaglerepository/factsheets.php>;
  - b. For any euthanized non-eagle raptor, to prevent secondary poisoning of other wildlife, either submit the carcass to a non-eagle repository or burn, bury, or otherwise destroy the carcass;
  - c. For all other species:
    - i. Submit the carcass to a non-eagle repository;
    - ii. Submit the carcass to the Department for submission to a non-eagle repository.
- S. A wildlife rehabilitation license holder shall not:
  1. Display for educational purposes any wildlife held under the license.
  2. Exhibit any wildlife held under the license.
  3. Permanently possess any wildlife held under the license.
- T. A wildlife rehabilitation license holder may possess all wildlife for no more than 90 days. Except a bird may be possessed for no more than 180 days, unless the Department has authorized possession for a longer period of time.
- U. A license holder may request permission to possess wildlife for a longer period of time than specified in subsection (T) by submitting a written request to the Department.
  1. The Department shall approve or deny the request within ten days of receiving the request.
  2. For requests made due to a medical necessity, the Department may require the license holder to provide a written statement listing the medical reasons for the extension, signed by a licensed veterinarian.
  3. The license holder may continue to hold the specified wildlife while the Department considers the request.
  4. If the request is denied, the Department shall send a written notice to the license holder which shall include specific, time-dated directions for the surrender or disposition of the animal.
- V. A wildlife rehabilitation license holder who also possesses a federal rehabilitator license may allow a licensed falconer to assist in conditioning a raptor in preparation for the raptor's release to the wild.
  1. The license holder may allow the licensed falconer to temporarily remove the raptor from the license holder's facility while conditioning the raptor.
  2. The license holder shall provide the licensed falconer with a written statement authorizing the falconer to assist the license holder.
  3. The written statement shall identify the raptor by species, type of injury, and band number, when available.
  4. The license holder shall ensure the licensed falconer returns the raptor to the license holder within the 180-day period established under subsection (T).
- W. A wildlife rehabilitation license holder may hold wildlife under the license after the wildlife reaches a state of restored health only for the amount of time reasonably necessary to prepare the wildlife for release. Rehabilitated wildlife shall be released:
  1. In an area without immediate threat to the wildlife or contact with humans;
  2. During an ecologically appropriate time of year and time of day; and
  3. Into a suitable habitat in the same geographic area where the animal was originally obtained; or
  4. In an area designated by the Department.
- X. Wildlife that is not releasable after the time-frames specified in subsection (T) shall be transferred, disposed of, or euthanized as determined by the Department.
- Y. To permanently hold rehabilitated wildlife declared unsuitable for release by a licensed veterinarian, a wildlife rehabilitation license holder shall apply for and obtain a wildlife holding license in compliance with under R12-4-417.
- Z. A wildlife rehabilitation license holder shall submit an annual report to the Department by January 31 of each year, but not earlier than January 1, for the previous calendar year. The report form is furnished by the Department.
  1. A report is required regardless of whether or not activities were performed during the previous year.
  2. The wildlife rehabilitation license becomes invalid if the annual report is not submitted to the Department by January 31 of each year.
  3. The Department will not process the special license holder's renewal application until the annual report is received by the Department.
  4. The annual report shall contain the following information:
    - a. The license holder's:
      - i. Name;
      - ii. Mailing address; and
      - iii. Telephone number;
    - b. Each agent's:
      - i. Name;
      - ii. Mailing address; and
      - iii. Telephone number;
    - c. The permit or license number of any federal permits or licenses that relate to any rehabilitative function performed by the license holder;
    - d. For activities related to federally-protected wildlife, a copy of the rehabilitator's federal permit report of activities related to federally-protected wildlife; and
    - e. An itemized list of each animal held under the license during the calendar year for which activity is being reported. For each animal held by the license holder or agent, the itemization shall include:
      - i. Species;
      - ii. Condition that required rehabilitation;
      - iii. Date of acquisition;
      - iv. Source of acquisition;
      - v. Location of acquisition;
      - vi. Age class at acquisition, when reasonably determinable;
      - vii. Status at disposition or end-of-year in relation to the condition requiring rehabilitation;
      - viii. Method of disposition;
      - ix. Location of disposition; and
      - x. Date of disposition.
- AA. A wildlife rehabilitation license holder shall comply with the requirements established under R12-4-409, R12-4-428, and R12-4-430, as applicable.

**Historical Note**

Adopted effective January 4, 1990 (Supp. 90-1).  
 Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4).  
 Amended by final rulemaking at 7 A.A.R. 2732, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3).

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Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1). Amended by final rulemaking at 32 A.A.R. 7 (January 2, 2026), effective February 1, 2026 (Supp. 25-4).

**R12-4-424. White Amur Stocking License; Restocking License**

**A.** For the purposes of this Section:

“Closed aquatic system” means any body of water, water system, canal system, or series of lakes, canals, or ponds where triploid white amur are prevented from entering or exiting the system by any natural or man-made barrier, as determined by the Department.

“Triploid” means a species having three homologous sets of chromosomes that renders the individuals sterile.

**B.** A white amur stocking or restocking license allows a person to import, possess, stock in a closed aquatic system, and transport triploid white amur (*Ctenopharyngodon idella*).

**C.** The white amur stocking or restocking license is valid for no more than 20 consecutive days.

**D.** In addition to the requirements established under this Section, a white amur stocking or restocking license holder shall comply with the special license requirements established under R12-4-409.

**E.** The white amur stocking or restocking license holder shall be responsible for compliance with all applicable regulatory requirements; the licenses do not:

1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.

**F.** The Department shall deny a white amur stocking or restocking license to a person who fails to meet the requirements established under R12-4-409 or this Section. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10. In addition to the requirements and criteria established under R12-4-409(F)(1) through (4), the Department shall deny a white amur stocking or restocking license when it determines the issuance of the license may result in a negative impact on native wildlife.

**G.** An applicant for a white amur stocking or restocking license shall submit an application to the Department. A separate application is required for each location where the applicant proposes to stock white amur. The application is furnished by the Department and is available from any Department office and on the Department’s website. The applicant shall provide the following information on the application:

1. The applicant’s information:
  - a. Name;
  - b. Mailing address;
  - c. Telephone number; and;
  - d. Customer ID number, when applicable;
2. For each location where the white amur will be held, stocked, or restocked, the land owner’s:
  - a. Name;

- b. Mailing address;
- c. Telephone number; and
- d. Physical address or general location description and Global Positioning System location;
- e. For the purposes of this subsection, the following systems may qualify as separate locations, as determined by the Department:
  - i. Each closed aquatic system;
  - ii. Each separately managed portion of a closed aquatic system; or
  - iii. Multiple separate closed aquatic systems owned, controlled, or legally held by the same applicant where stocking is to occur;

**3.** A detailed description and diagram of each enclosed aquatic system where the applicant will stock and hold the white amur, as prescribed under A.R.S. § 17-317, which shall include the following information, as applicable:

- a. A description of how the system meets the definition of a “closed aquatic system” in subsection (A);
- b. Size of waterbody proposed for stocking;
- c. Nearest river, stream, or other freshwater system;
- d. Points where water enters into each water body;
- e. Points where water leaves each water body; and
- f. Location of fish containment barriers;

**4.** For each wildlife supplier from whom the applicant will obtain white amur, the supplier’s:

- a. Name;
- b. Mailing address; and
- c. Telephone number;

**5.** The number and average length of white amur to be stocked;

**6.** The dates white amur will be stocked, or restocked;

**7.** Any other information required by the Department; and

**8.** The certification required under R12-4-409(C).

**H.** When the Department determines an applicant proposes to stock white amur in a watershed in a manner that conflicts with the Department’s efforts to conserve wildlife, in addition to the requirements listed under subsection (G), the applicant shall also submit a written proposal to the Department at the time of application. The written proposal shall contain all of the following:

1. Anticipated benefits from introducing white amur;
2. Potential risks introducing white amur may create for wildlife, including:
  - a. Whether white amur are compatible with native aquatic species or game fish; and
  - b. Method for evaluating the potential impact introducing white amur will have on wildlife;
3. Assessment of probable impacts to sensitive species in the area using the list generated by the Department’s Online Environmental Review Tool, which is available on the Department’s website. The proposal must address each species listed.

**I.** A person may apply for a white amur restocking license provided there are no changes to the closed aquatic system. The restocking application license application must include the inspection certification from the supplier of white amur as required under subsection (K)(2).

**J.** A person applying for a white amur stocking or restocking license shall pay all applicable fees as prescribed under R12-4-412.

**K.** A white amur stocking and restocking license holder shall comply with the requirements established under R12-4-409.

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1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
  2. Obtain all aquatic wildlife, live eggs, fertilized eggs, and milt from a licensed fish farm operator or a private non-commercial fish pond certified free of the diseases and causative agents through the following actions:
    - a. An inspection shall be performed by a qualified fish health inspector or fish pathologist at the fish farm or pond where the aquatic wildlife or biological material is held before it is shipped to the license holder.
    - b. The inspection shall be conducted no more than 12 months prior to the date on which the aquatic wildlife or biological material is shipped to the license holder. The Department may require additional inspections at any time prior to stocking.
    - c. The applicant shall submit a copy of the certification to the Department prior to conducting any stocking activities.
  3. Maintain records associated with the license for a period of five years following the date of disposition.
  4. Allow the Department to conduct inspections of an applicant's or license holder's facility, records, and any waters proposed for stocking at any time before or during the license period to determine compliance with the requirements of this Article and to determine the appropriate number of white amur to be stocked. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.
  5. Ensure all shipments of white amur are accompanied by a USFWS, or similar agent, certificate confirming the white amur are triploid.
  6. Possess the license or legible copy of the license while conducting any activities authorized under the white amur stocking or restocking license and present it for inspection upon the request of any Department employee or agent.
- L.** A white amur stocking or restocking license holder shall comply with the requirements established under R12-4-409.

**Historical Note**

Adopted as an emergency effective July 5, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3).

Correction, Historical Note, Supp. 88-3, should read, "Adopted as an emergency effective July 15, 1988..."; readopted and amended as an emergency effective October 13, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted as an emergency effective January 24, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Former Section R12-4-219 amended and adopted as a permanent rule and renumbered as Section R12-4-424 effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 7 A.A.R. 2732, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

Amended by final rulemaking at 32 A.A.R. 7 (January 2, 2026), effective February 1, 2026 (Supp. 25-4).

**R12-4-425. Restricted Live Wildlife Lawfully Possessed without License or Permit Before the Effective Date of Article 4 or Any Subsequent Amendments**

- A.** A person who lawfully possessed restricted live wildlife without a license or permit from the Department before the effective date of this Section or any subsequent amendments to R12-4-406, this Section, or this Article may continue to possess the wildlife and to use it for any purpose that was lawful, except propagation, before the effective date of R12-4-406, this Section, or this Article or any subsequent amendments, provided the person complies with the requirements established under subsections (A)(1) or (A)(2).
1. The person submits written notification to the Department's regional office in which the restricted live wildlife is held. The person shall submit the written notification to the regional office within 30 calendar days of the effective date of any subsequent amendments to this Section, R12-4-406, or this Article. The written notification shall include all of the following information:
    - a. The number of individuals of each species,
    - b. The purpose for which it is possessed, and
    - c. The unique identifier for each individual wildlife possessed by the person, as established under subsection (F); or
  2. The person maintains documentation of the restricted live wildlife held. The documentation shall include:
    - a. The number of individuals of each species,
    - b. Proof the individuals were legally acquired before the effective date of the amendment causing the wildlife to be restricted,
    - c. The purpose for which it is used, and
    - d. The unique identifier for each wildlife possessed by the person, as established under subsection (F).
  3. The person shall report the birth or hatching of any progeny conceived before and born after the effective date of this Section, R12-4-406, or this Article to the Department and comply with the requirements established under subsection (F).
- B.** The person shall ensure the written notification described under subsection (A)(1) and (A)(2) includes the person's name, address, and the location where the wildlife is held. A person who maintains their own documentation under subsection (A)(2) shall make it available to the Department upon request.
- C.** The person shall retain the documentation required under subsections (A)(1) and (A)(2) until the person disposes of the wildlife as described under subsection (D).
- D.** A person who possesses wildlife under this Section shall dispose of it using any one of the following methods:
  1. Exportation;
  2. Euthanasia;
  3. Transfer to an Arizona special license holder, provided the special license authorizes possession of the species involved; or
  4. As otherwise directed by the Department in writing.
- E.** If a person transfers restricted live wildlife possessed under this Section to a special license holder:
  1. The exemption for that wildlife under this Section expires, and
  2. The special license holder shall use, possess, and report the wildlife in compliance with this Article and any stipulations applicable to that special license.

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- F. A person who exports wildlife held under this Section shall not import the wildlife back into this state unless the person obtains a special license prior to importing the wildlife back into this state.
- G. A person who possesses wildlife under this Section shall permanently and uniquely mark the wildlife with a unique identifier as follows:
1. Within 30 calendar days of the effective date of this Section, R12-4-406, or this Article if the person has notified the Department as provided under subsection (A)(1); or
  2. Within 30 calendar days of receiving written notice from the Department directing the person to permanently mark the wildlife.
- H. A person possessing a Sonoran desert tortoise (*Gopherus morafkai*) is not subject to the requirements of this Section and shall comply with requirements established under R12-4-404 and R12-4-407.

**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1). Amended by final rulemaking at 32 A.A.R. 7 (January 2, 2026), effective February 1, 2026 (Supp. 25-4).

**R12-4-426. Possession of Nonhuman Primates**

- A. A person is prohibited from possessing a nonhuman primate, unless authorized under a special license or lawful exemption.
- B. A person shall not import a nonhuman primate into this state unless:
1. A person lawfully possessing a nonhuman primate shall ensure the primate is tested and reported to be free of any zoonotic disease that poses a serious health risk as determined by the Department. Zoonotic diseases that pose a serious health risk include, but are not limited to:
    - a. Tuberculosis;
    - b. Simian Herpes B virus;
    - c. Simian Immunodeficiency Virus;
    - d. Simian T Lymphotropic Virus; and
    - e. Gastrointestinal pathogens such as, but not limited to, Shigella, Salmonella, E. coli, and Giardia.
  2. A qualified person, as determined by the Department, performs the test and provides the test results; and
  3. The tests required under subsection (B)(1) are:
    - a. Conducted no more than 30 days before the person imports the nonhuman primate; and
    - b. The person submits the results to the Department prior to importation.
- C. A person lawfully possessing the nonhuman primate shall contain the primate within the confines of the person's private property or licensed facility.
- D. A person possessing a nonhuman primate may only transport the primate by way of a secure cage, crate, or carrier. A person possessing a primate shall only transport the primate to the following locations:
  1. To or from a licensed veterinarian;
  2. Into or out of the state for lawful purposes.
- E. A person lawfully possessing a nonhuman primate that bit, scratched, or otherwise exposed a human to pathogenic organisms, as determined by the Department, shall ensure the primate is examined and laboratory tested for the presence of pathogens as follows:

1. The Department shall prescribe examinations and laboratory testing for the presence of pathogens.
  2. The person shall have the nonhuman primate examined by a state licensed veterinarian who shall perform any examinations or laboratory tests as directed by the Department.
    - a. The licensed veterinarian shall provide the laboratory results to the Department within 24 hours of receiving the results.
    - b. The Department shall notify the exposed person and the Department of Health Services, Vector Borne and Zoonotic Disease Section within 10 days of receiving notice of the test results.
  3. The person possessing the nonhuman primate shall pay all costs associated with the examination, laboratory testing, and maintenance of the primate.
- F. A person lawfully possessing a nonhuman primate shall ensure a primate that tests positive for a zoonotic disease that poses a serious health risk to humans, or is involved in more than one incident of biting, scratching, or otherwise exposing a human to pathogenic organisms, is maintained in captivity or disposed of as directed in writing by the Department.
- G. A zoo license holder or a person using nonhuman primates at a research facility, as defined under R12-4-401, possessing a primate that bit, scratched, or otherwise exposed a human to pathogenic organisms shall quarantine and test the primate in accordance with procedures approved by the Department.
- H. A person lawfully possessing a nonhuman primate is subject to the requirements established under R12-4-428.

**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Rule expired December 31, 1989; text rescinded (Supp. 93-2). New Section adopted by final rulemaking at 6 A.A.R. 211, effective December 14, 1999 (Supp. 99-4). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Section R12-4-426(C) corrected to include subsection (C)(1), under A.R.S. § 41-1011 and A.A.C. R1-1-108, Office File No. M11-77, filed March 4, 2011 (Supp. 10-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).

**R12-4-427. Exemptions from Requirements to Possess a Wildlife Rehabilitation License**

- A. A person may possess, provide rehabilitative care to, and release to the wild any live wildlife listed below that is injured, orphaned, or otherwise debilitated:
1. The order *Passeriformes*: non-Migratory Bird Treaty Act listed passerine birds;
  2. The order *Columbiformes*: non-Migratory Bird Treaty Act listed doves;
  3. The family *Phasianidae*: quail, pheasant, and chukars;
  4. The order *Rodentia*: rodents; and
  5. The order *Lagomorpha*: hares and rabbits.
- B. This Section does not:
1. Exempt the person from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
  2. Authorize the person to engage in authorized activities using federally-protected wildlife, unless the person possesses a valid license, permit, or other form of documentation issued by the United States that authorizes the license holder to use that wildlife in a manner consistent with the special license.



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- C. This Section does not authorize the possession of any of the following:
1. Eggs of wildlife;
  2. Wildlife listed as Species of Greatest Conservation Need, as defined under R12-4-401;
  3. Migratory birds, as defined under R12-4-101; or
  4. More than 25 animals at the same time.
- D. A person taking and caring for wildlife listed under this Section is not required to possess a hunting license.
- E. A person shall only take wildlife listed under subsection (A) by hand or by a hand-held implement.
- F. A person shall not possess wildlife lawfully held under this Section for more than 60 days.
- G. The exemptions granted under this Section shall not apply to any person who, by their own action, has unlawfully injured, orphaned, or otherwise debilitated the wildlife.
- H. If the wildlife is rehabilitated and suitable for release, the person who possesses the wildlife shall release it within the 60-day period established under subsection (C):
1. Into a habitat that is suitable to sustain the wildlife, or
  2. As close as possible to the same geographic area from where it was taken.
- I. If the wildlife is not rehabilitated within the 60-day period or the wildlife requires care normally provided by a veterinarian, the person who possesses it shall:
1. Transfer it to a wildlife rehabilitation license holder or veterinarian;
  2. Euthanize it; or
  3. Obtain a wildlife holding permit as established under R12-4-417.

**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

**R12-4-428. Captivity Standards**

- A. For the purposes of this Section, "animal" means any wildlife possessed under a special license, unless otherwise indicated.
- B. A person possessing wildlife under a special license authorized under this Article shall comply with the minimum standards for the humane treatment of animals established under this Section.
- C. A person possessing wildlife under an authority granted under this Article shall ensure all facilities meet the following minimum standards:
1. The facility shall be:
    - a. Constructed of material of sufficient strength to resist any force the animal may be capable of exerting against it.
    - b. Constructed in a manner designed to reasonably prevent the animal's escape or the entry of unauthorized persons, wildlife, or domestic animals.
    - c. Constructed and maintained in good condition to protect animals from injury, disease, or death and to enable the humane practices established under this Section.
  2. If electricity is required to comply with related requirements established under this Section, each facility shall be equipped with safe, reliable and adequate electric power.
    - a. All electric wiring shall be constructed and maintained in accordance with all applicable governmental building codes.
    - b. Electrical construction and maintenance shall be sufficient to ensure that no animal has direct contact with any electrical wiring or electrical apparatus, and the animal is fully protected from any possibility of injury, shock, or electrocution.
  3. Each animal shall be supplied with sufficient potable water to meet its needs.
    - a. All water receptacles shall be kept in clean and sanitary condition.
    - b. Water shall be readily available and monitored at least once daily or more often when the needs of the animal or environmental conditions dictate.
    - c. If potable water is not accessible to the animal at all times, it shall be provided as often as necessary for the health and comfort of the animal.
  4. Food shall be suitable, wholesome, palatable, free from contamination, and of sufficient appeal, quantity, and nutritive value to maintain the good health of each animal held in the facility.
    - a. Each animal's diet shall be prepared based upon the nutritional needs and preferences of the animal with consideration for the animal's age, species, condition, size, and all veterinary directions or recommendations in regard to diet.
    - b. Each animal shall be fed as often as its needs dictate, taking into consideration behavioral adaptations, veterinary treatment or recommendations, normal fasts, or other professionally accepted humane practices.
    - c. The amount of available food for each animal shall be monitored at least once daily, except for those periods of time when species specific fasting protocols dictate that the animal should not consume any food during the entire day.
    - d. Food and food receptacles, when used, shall be sufficient in quantity and accessible to all animals in the facility and shall be placed to minimize potential contamination and conflict between animals using the receptacles.
    - e. Food receptacles shall be kept clean and sanitary at all times.
    - f. Any self-feeding food receptacles shall function properly and the food they provide shall be monitored at least once daily and shall not be subject to deterioration, contamination, molding, caking, or any other process that would render the food unsafe or unpalatable for the animal.
    - g. An appropriate means of refrigeration shall be provided for supplies of perishable animal foods.
  5. The facility shall be kept sanitary and regularly cleaned as the nature of the animal requires:
    - a. Adequate provision shall be made for the removal and disposal of animal waste, food waste, unusable bedding materials, trash, debris and dead animals not intended for food.
    - b. The facility shall be maintained to minimize the potential of parasite, pest, and vermin infestation, disease, and unseemly odors.

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- c. Excreta shall be removed from the primary enclosure facility as often as necessary to prevent contamination, minimize hazard of disease, and reduce unseemly odors.
  - d. The sanitary condition of the facility shall be monitored at least once daily.
  - e. When the facility is cleaned by hosing, flushing, or the introduction of any chemical substances, adequate measures shall be taken to ensure the animal has no direct contact with any chemical substance and is not directly sprayed with water, steam, or chemical substances or otherwise wetted involuntarily.
6. A sanitary and humane method shall be provided to rapidly eliminate excess water from the facility. If drains are utilized, they shall be:
    - a. Properly constructed.
    - b. Kept in good condition to avoid foul odors or parasite, pest, or vermin infestation.
    - c. Installed in a manner that prevents the backup or accumulation of debris or sewage.
  7. No animal shall be exposed to any human activity or environment that may have an inhumane or harmful effect upon the animal or that is inconsistent with the purpose of the special license.
  8. Facilities shall not be constructed or maintained in proximity to any physical condition which may pose any health threat or unnecessary stress to the animal.
  9. Persons caring for the animals shall conduct themselves in a manner that prevents the spread of disease, minimizes stress, and does not threaten the health of the animal.
  10. All animals housed in the same facility or within the same enclosed area shall be compatible and shall not pose a substantial threat to the health, life or well-being of any other animal in the same facility or enclosure, whether or not the other animals are held under a special license. This subsection shall not apply to live animals utilized as food items in the enclosures.
  11. Facilities for the enclosure of animals shall be constructed and maintained to provide sufficient space to allow each animal adequate freedom of movement to make normal postural and social adjustments.
    - a. The facility area shall be large enough and constructed in a manner to allow the animal proper and adequate exercise as is characteristic to each animal's natural behavior and physical needs.
    - b. Facilities for digging or burrowing animals shall have secure safe floors below materials supplied for digging or burrowing activity.
    - c. Animals that naturally climb or perch shall be provided with safe and adequate climbing or perching apparatus.
    - d. Animals that naturally live in an aquatic environment shall be supplied with sufficient access to safe water so as to meet their aquatic behavioral needs.
    - e. The facility and holding environment shall be structured to reasonably promote the physical and psychological well-being of any animal held in the facility.
  12. A special license holder shall ensure that a sufficient number of properly trained personnel are utilized to meet all the humane husbandry practices established under this Section. The license holder shall be responsible for the actions of all animal care personnel and all other persons that come in contact with the animals.
  13. The special license holder shall designate a veterinarian licensed to practice in this state as the primary treating veterinarian for each species of animal to be held.
    - a. The license holder shall ensure that all animals in their care receive proper, adequate, and humane veterinary care as the needs of each animal dictate.
    - b. Each animal held for more than one year shall be inspected by the attending veterinarian at least once every year. The inspection report shall demonstrate the veterinarian inspected the health of the animal and the condition of its enclosure.
    - c. Every animal shall promptly receive licensed veterinary care whenever it appears that the animal is injured, sick, wounded, diseased, infected by parasites, or behaving in a substantially abnormal manner, including but not limited to exhibiting loss of appetite, abnormal weight loss or lethargy.
    - d. All medications, treatments and other directions prescribed by the attending veterinarian shall be properly administered by the license holder, authorized agent, or volunteer. A license holder, authorized agent, or volunteer shall not administer prescription medicine, unless under the direction of a veterinarian.
  14. Any animal that is suspected of or diagnosed as harboring any infectious or transmissible disease, whether or not the animal is held under a special license, shall be isolated immediately upon suspicion or diagnosis.
    - a. The isolated animal shall continue to be kept in a humane manner as required under this Section.
    - b. When there is an animal with an infectious or transmissible disease in any animal facility, whether or not the animal is held under a special license, the facility shall be sanitized so as to reasonably eliminate the chance of other animals being exposed to infection. Sanitation procedures may include, but are not limited to:
      - i. Washing facilities or animal-related materials with appropriate disinfectants, soaps or detergents;
      - ii. Appropriate application of hot water or steam under pressure; and
      - iii. Replacement of gravel, dirt, sand, water, or food.
      - vi. All residue of chemical agents utilized in the sanitation process shall be reasonably eliminated from the facility before any animal is returned to the facility.
    - c. Parasites, pests, and vermin shall be controlled and eliminated so as to ensure the continued health and well-being of all animals.
  - D. In addition the standards established under subsection (C), a person shall ensure all indoor facilities meet the following minimum standards:
    1. Heating and cooling equipment shall be sufficient to regulate the temperature of the facility to the optimal temperature zone of the species being held to provide a healthy, comfortable, and humane living environment.
    2. Indoor facilities shall be adequately ventilated with fresh air to provide for the healthy, comfortable, and humane keeping of any animal and to minimize drafts, odors, and moisture condensation.

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3. Indoor facilities shall have lighting of a quality, distribution, and duration as is appropriate for the biological needs of the animals held and to facilitate the inspection and maintenance of the facility.
  - a. Artificial lighting, when used, shall be utilized in regular cycles as the animal's needs dictate.
  - b. Lighting shall be designed to protect the animals from excessive or otherwise harmful aspects of illumination.
- E. In addition the standards established under subsection (C), a person shall ensure that all outdoor facilities meet the following minimum standards:
  1. Sufficient shade to prevent the overheating or discomfort of any animal shall be provided.
  2. Sufficient shelter appropriate to protect animals from normal climatic conditions throughout the year.
  3. Each animal shall be acclimated to outdoor climatic conditions before they are housed in any outdoor facility or otherwise exposed to the extremes of climate.
- F. A person who handles an animal shall ensure the animal is handled in an expeditious and careful manner to ensure no unnecessary discomfort, behavioral stress, or physical harm to the animal.
  1. An animal shall be transported in a secure, expeditious, careful, temperature appropriate, and humane manner. An animal shall not be transported in any manner that poses a substantial threat to the life, health, or behavioral well-being of the animal.
  2. An animal placed on public exhibit or educational display shall be handled in a manner that minimizes the risk of harm to members of the public and to the animal, which includes but is not limited to providing and maintaining a sufficient distance or barrier between the animal and the viewing public.
  3. Any restraint or equipment used on an animal shall not cause physical harm or unnecessary discomfort.
- G. The Department may impose additional requirements on facilities that hold animals to meet the needs of the particular animal and ensure public health and safety.

**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

**R12-4-429. Expired****Historical Note**

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 8 A.A.R. 3127, effective July 1, 2002 for a period of 180 days (Supp. 02-3). Emergency rulemaking renewed under A.R.S. § 41-1026(D) for an additional 180-day period at 9 A.A.R. 132, effective December 27, 2002 (Supp. 02-4). Section expired effective June 24, 2003 (Supp. 03-2).

**R12-4-430. Importation, Handling, and Possession of Cervids**

- A. The Department shall not issue a new special license authorizing the possession of a live cervid, except as provided under R12-4-418 and R12-4-420.
- B. A person shall not import a live cervid into Arizona, except a zoo license holder may import any live nonnative cervid for

exhibit, educational display, or propagation provided the nonnative cervid is quarantined for 30 days upon arrival and is procured from a facility that meets all of the following requirements:

1. The exporting facility has a disease surveillance program and no history of chronic wasting disease or other wildlife disease that pose a serious health risk to wildlife or humans and there is accompanying documentation from the facility certifying there is no history of disease at the facility or within 50 miles of the facility;
  2. The nonnative cervid is accompanied by a health certificate, issued no more than 30 days prior to importation by a licensed veterinarian in the jurisdiction of origin; and
  3. The nonnative cervid is accompanied by evidence of lawful possession, as defined under R12-4-401.
- C. A person shall not transport a live cervid within Arizona, except to:
1. Export the live cervid from Arizona for a lawful purpose;
  2. Transport the live cervid to a facility for the purpose of slaughter, when the slaughter will take place within five days of the date of transport;
  3. Transport the live cervid to or from a licensed veterinarian for medical care;
  4. Transport the live cervid to a new holding facility owned by, or under the control of, the cervid owner, when all of the following apply:
    - a. The current holding facility has been sold or closed;
    - b. Ownership, possession, custody, or control of the cervid will not be transferred to another person; and
    - c. The owner of the cervid has prior written approval from the Department; or
  5. Transport the live nonnative cervid within Arizona for the purpose of procurement or propagation when all of the following apply:
    - a. The nonnative cervid is transported to or from a zoo licensed under R12-4-420;
    - b. The nonnative cervid is quarantined for 30 days upon arrival at its destination;
    - c. The nonnative cervid is procured from a facility that meets all of the requirements established under subsection (B)(1) through (B)(3).
- D. A person who lawfully possesses a live cervid, except any cervid held under a private game farm or zoo license, shall comply with the requirements established under R12-4-425.
- E. A person shall comply with the requirements established under R12-4-305 when transporting a cervid carcass, or its parts, from a licensed private game farm.
- F. In addition to the recordkeeping requirements of R12-4-413 and R12-4-420, a person who possesses a live cervid under a private game farm or zoo license shall:
1. Permanently mark each live cervid with either an individually identifiable microchip or tattoo within 30 days of acquisition or birth of the cervid and ensure each cervid is marked with an ear tag that identifies the farm of origin in a manner that is clearly visible from a distance of 100 feet;
  2. Report the death of any cervid to the Department within seven calendar days of finding the cervid;
  3. Include in the annual report submitted to the Department by January 31 of each year, but not earlier than January 1, the following for each native cervid in the license holder's possession:
    - a. Name of the license holder,
    - b. License holder's mailing address,

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- c. License holder's telephone number,
  - d. Number and species of live cervids held,
  - e. The microchip or tattoo number of each live native cervid held,
  - f. The disposition of all cervids that were moved or died during the current reporting period,
  - g. The results of chronic wasting disease testing for all cervids one year of age and older that die during the current reporting period,
  - h. The license holder shall also submit copies of all veterinary care records that occurred during the previous year, and
  - i. Any other information required by the Department to ensure compliance with this Section.
- G.** The holder of a private game farm, scientific activity, zoo license, or a person possessing a cervid under R12-4-425, shall ensure that the retropharyngeal lymph nodes or obex from the head of a cervid over one year of age that dies while held under the special licenses is collected by either a licensed veterinarian or the Department and submitted within 72 hours of the time of death to an Animal and Plant Health Inspection Service certified veterinary diagnostic laboratory for chronic wasting disease analysis. A list of approved laboratories is available at any Department office and on the Department's website or [www.aphis.usda.gov](http://www.aphis.usda.gov). The license holder shall:
- 1. Ensure the shipment of the deceased animal's tissues is made by a common, private, or contract carrier that utilizes a tracking number system to track the shipment.
  - 2. Include all of the following information with the shipment of the deceased animal's tissues, the license holder's:
    - a. Name,
    - b. Mailing address, and
    - c. Telephone number.
  - 3. Designate, on the sample submission form, test results shall be sent to the Department within 10 days of completing the analysis. The sample submission form is furnished by the diagnostic laboratory providing the test.
  - 4. Be responsible for all costs associated with the laboratory analysis.
  - 5. Notify the Department within 72 hours of receiving a suspect or positive result.
- H.** A person who possesses a cervid shall comply with all procedures for:
- 1. Tuberculosis control and eradication for cervids as prescribed under the United States Department of Agriculture publication "Bovine Tuberculosis Eradication: Uniform Methods and Rules" USDA APHIS 91-45-011, revised January 1, 2005, which is incorporated by reference in this Section.
  - 2. Prevention, control, and eradication of Brucellosis in cervids as prescribed under the United States Department of Agriculture publication "Brucellosis in Cervidae: Uniform Methods and Rules" USDA APHIS 91-45-16, effective September 30, 2003.
  - 3. The incorporated material is available at any Department office, online at [www.aphis.usda.gov](http://www.aphis.usda.gov), or may be ordered from the USDA APHIS Veterinary Services, Cattle Disease and Surveillance Staff, P.O. Box 96464, Washington D.C. 20090-6464.
  - 4. The material incorporated by reference in this Section does not include any later amendments or editions.
- I.** A person who possesses a cervid shall maintain all records pertaining to the origin, disposition and those required under

this Section for a period of five years after the disposition of the animal and shall make the records available for inspection to the Department upon request.

- J.** The Department has the authority to seize, euthanize, and dispose of any cervid possessed in violation of this Section, at the owner's expense.

**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1). Amended by final rulemaking at 32 A.A.R. 7 (January 2, 2026), effective February 1, 2026 (Supp. 25-4).

**ARTICLE 5. BOATING AND WATER SPORTS****R12-4-501. Boating and Water Sports Definitions**

In addition to the definitions provided under A.R.S. § 5-301, the following definitions apply to this Article unless otherwise specified:

"Abandoned watercraft" means any watercraft that has remained:

On private property without the consent of the private property owner;

Unattended for more than 48 hours on a highway, public street, or other public property;

Unattended for more than 72 hours on state or federal lands; or

Unattended for more than 14 days on state or federal waterways, unless in a designated mooring or anchorage area.

"Aids to navigation" means buoys, beacons, or other fixed objects placed on, in, or near the water to mark obstructions to navigation or to direct navigation through channels or on a safe course.

"Authorized third-party provider" means an entity that has been awarded a written agreement with the Department, pursuant to a competitive bid process, to perform limited or specific services on behalf of the Department.

"AZ number" means the Department-assigned identification number with the prefix "AZ."

"Bill of sale" means a written agreement transferring ownership of a watercraft that includes all of the following information:

Name of buyer;

Name of seller;

Manufacturer of the watercraft, when known;

Hull identification number, unless exempt under R12-4-505;

Purchase price and sales tax paid, when applicable; and

Signature of seller.

"Boats keep out" in reference to a regulatory marker means the operator or user of a watercraft, or a person

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being towed by a watercraft on water skis, an inflatable device, or similar equipment shall not enter.

“Certificate of number” means the Department-issued document that is proof that a motorized watercraft is registered in the name of the owner.

“Certificate of origin” means a document provided by the manufacturer of a new watercraft or its distributor, its franchised new watercraft dealer, or the original purchaser establishing the initial chain of ownership for a watercraft, such as but not limited to:

Manufacturer’s certificate of origin (MCO);

Manufacturer’s statement of origin (MSO);

Importer’s certificate of origin (ICO);

Importer’s statement of origin (ISO); or

Builder’s certification (Form CG-1261).

“Controlled-use marker” means an anchored or fixed marker on the water, shore, or a bridge that controls the operation of watercraft, water skis, surfboards, or similar devices or equipment.

“Dealer” means any person who engages in whole or in part in the business of buying, selling, or exchanging new or used watercraft, or both, either outright or on conditional sale, consignment, or lease.

“Homemade watercraft” means a watercraft that is not fabricated or manufactured for resale and to which a manufacturer has not attached a hull identification number. If a watercraft is assembled from a kit or constructed from an unfinished manufactured hull and does not have a manufacturer assigned hull identification number it is a “homemade watercraft.”

“Hull identification number” means a number assigned to a specific watercraft by the manufacturer or by a government jurisdiction as prescribed by the U.S. Coast Guard.

“Issuing authority” means either a State that has an approved numbering system or the U.S. Coast Guard when a State does not have an approved numbering system.

“Junk watercraft” means any hulk, derelict, wreck, or parts of any watercraft in an unseaworthy or dilapidated condition that cannot be profitably dismantled or salvaged for parts or profitably restored.

“Letter of gift” means a document transferring ownership of a watercraft that includes all of the following information:

Name of previous owner;

Name of new owner;

Manufacturer of the watercraft, when known;

Hull identification number, unless exempt under R12-4-505;

A statement that the watercraft is a gift; and

Signature of previous owner.

“Livery” means a business authorized to rent or lease watercraft with or without an operator for recreational, non-commercial use as prescribed under A.R.S. § 5-371.

“Manufacturer” means any person engaged in the business of manufacturing or importing new watercraft for the purpose of sale or trade.

“Motorized watercraft” means any watercraft propelled by machinery and powered by electricity, fossil fuel, or steam.

“No ski” in reference to a regulatory marker means a person shall not be towed on water skis, an inflatable device, or similar equipment.

“No wake” in reference to a regulatory marker has the same meaning as “wakeless speed” as defined under A.R.S. § 5-301.

“Operate” in reference to a watercraft means use, navigate, or employ.

“Owner” in reference to a watercraft means a person who claims lawful possession of a watercraft by virtue of legal title or equitable interest that entitles the person to possession.

“Personal flotation device” means a U.S. Coast Guard approved wearable or throwable device for use on any watercraft, as prescribed under A.R.S. §§ 5-331, 5-350(A), and R12-4-511.

“Regatta” means an organized water event of limited duration affecting the public use of waterways, for which a lawful jurisdiction has issued a permit.

“Registered owner” means the person or persons to whom a watercraft is currently registered by any jurisdiction.

“Registration decal” means the Department-issued decal that is proof of watercraft registration.

“Regulatory marker” means a waterway marker placed on, in, or near the water to convey general information or indicate the presence of:

A danger, or

A restricted or controlled-use area.

“Release of interest” means a statement surrendering or abandoning unconditionally any claim or right of ownership or use in a watercraft.

“Secured party” means a lender, seller, or other person who holds a security interest in a watercraft under applicable law.

“Secured interest” means an interest that is reserved or created by an agreement under applicable law and that secures payment or the performance of an obligation.

“Sound level” means the noise level measured in decibels on the A-weighted scale of a sound level instrument that conforms to recognized industry standards and is maintained according to the manufacturer’s instructions.

“Staggered registration” means the system of renewing watercraft registrations in accordance with the schedule provided under R12-4-504.

“State of principal operation” means the state in whose waters the watercraft is used or will be operated most during the calendar year.

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“Throwable personal flotation device” means a U.S. Coast Guard approved Type IV device for use on any watercraft such as, but not limited to, a buoyant cushion, ring buoy, or horseshoe buoy.

“Titling authority” means a State whose vessel titling system has been certified by the Commandant under 33 C.F.R. 187.303 Subpart D.

“Unreleased watercraft” means a watercraft for which there is no written release of interest from the registered owner.

“Watercraft” means a boat or other floating device of rigid or inflatable construction designed to carry people or cargo on the water and propelled by machinery, oars, paddles, or wind action on a sail. Exceptions are seaplanes, makeshift contrivances constructed of inner tubes or other floatable materials that are not propelled by machinery, personal flotation devices worn or held in hand, and other objects used as floating or swimming aids.

“Watercraft agent” means a person authorized by the Department to collect applicable fees for the registration and numbering of watercraft.

“Watercraft registration” means the validated certificate of number and validating decals issued by the Department.

“Wearable personal flotation device” means a U.S. Coast Guard approved Type I, Type II, Type III, or Type V device for use on any watercraft such as, but not limited to, an off-shore lifejacket, near-shore buoyant vest, special-use wearable device, or flotation aid.

**Historical Note**

Editorial correction subsection (A) (Supp. 78-5). Former Section R12-4-83 renumbered as Section R12-4-501 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-501 renumbered to R12-4-515, new Section R12-4-501 adopted effective May 27, 1992 (Supp. 92-2). Amended effective November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2). Amended by final rulemaking at 28 A.A.R. 3425 (November 4, 2022), effective December 5, 2022 (Supp. 22-4).

**R12-4-502. Application for Watercraft Registration**

- A. Only motorized watercraft as defined under R12-4-501 are subject to watercraft registration.
- B. A person shall apply for watercraft registration under A.R.S. § 5-321 using a form furnished by the Department and available at any Department office or on the Department’s website. The applicant shall provide the following information for registration of all motorized watercraft except homemade watercraft, which are addressed under subsection (C):
  1. Arizona residency certification statement, signed by the watercraft owner;
  2. Type of watercraft;

3. Propulsion type;
4. Engine drive type;
5. Overall length of watercraft;
6. Make and model of watercraft, if known;
7. Year built or model year, if known;
8. Hull identification number;
9. Hull material;
10. Fuel type;
11. Category of use;
12. Watercraft or AZ number previously issued for the watercraft, if any;
13. State of principal operation; and
14. For watercraft:
  - a. Owned by a person:
    - i. Legal name;
    - ii. Mailing address;
    - iii. Date of birth; and
    - iv. Signature of each applicant.
  - b. Owned by a business:
    - i. Name of business;
    - ii. Business address;
    - iii. Tax Identification Number; and
    - iv. Signature and title of authorized representative on behalf of the business.
  - c. Held in a trust:
    - i. Name of trust;
    - ii. Primary trustee’s address;
    - iii. Tax Identification Number, required when the trust is held by two or more persons;
    - iv. Date of trust; and
    - v. Signature of each trustee, unless the trust instrument authorizes the signature of one trustee to bind the trust.
15. When ownership of the watercraft is in more than one name, the applicant shall indicate ownership designation by use of one of the following methods:
  - a. Where ownership is joint tenancy with right of survivorship, the applicant shall use “and/or” between the names of the owners. To transfer registration of the watercraft, each owner shall provide a signature. Upon legal proof of the death or incompetency of either owner, the remaining owner may transfer registration of the watercraft.
  - b. Where ownership is a tenancy in common the applicant shall use “and” between the names of the owners. To transfer registration of the watercraft, each owner shall provide a signature. In the event of the death or incompetency of any owner, the disposition of the watercraft shall be handled through appropriate legal proceedings.
  - c. Where the ownership is joint tenancy or is community property with an express intent that either of the owners has full authority to transfer registration, the applicant shall use “or” between the names of the owners. Each owner shall sign the application for registration. To transfer registration, either owner’s signature is sufficient for transfer.
- C. The builder, owner, or owners of a homemade watercraft shall present the watercraft for inspection at a Department office. The applicant shall provide the following information for registration of homemade watercraft, using the same ownership designations specified in subsection (A)(15):
  1. Type of watercraft;
  2. Propulsion type;

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3. Engine drive type;
  4. Overall length of watercraft;
  5. Year built;
  6. Hull material;
  7. Fuel type;
  8. Category of use;
  9. Each owner's:
    - a. Name,
    - b. Mailing address, and
    - c. Date of birth;
  10. State of principal operation;
  11. Whether the watercraft was assembled from a kit or rebuilt from a factory or manufacturer's hull;
  12. Hull identification number, if assigned; and
  13. Signature of the applicant, acknowledged before a Notary Public or witnessed by a Department employee.
- D.** As prescribed under A.R.S. § 5-321, the applicant shall submit a use tax receipt issued by the Arizona Department of Revenue with the application for registration unless any one of the following conditions apply:
1. The applicant is exempt from use tax as provided under 15 A.A.C. Chapter 5,
  2. The applicant is transferring the watercraft from another jurisdiction to Arizona without changing ownership,
  3. The applicant submits a bill of sale or receipt showing the sales or use tax was paid at the time of purchase, or
  4. The applicant submits a notarized affidavit of exemption stating that the acquisition of the watercraft was for rental or resale purposes.
- E.** An applicant for a watercraft dealer registration authorized under A.R.S. § 5-322(F), shall be a business offering watercraft for sale or a watercraft manufacturer registered by the U.S. Coast Guard. A person shall display dealer registration for watercraft demonstration purposes only. For the purposes of this Section, "demonstration" means to operate a watercraft on the water for the purpose of selling, trading, negotiating, or attempting to negotiate the sale or exchange of interest in new watercraft, and includes operation by a manufacturer for purposes of testing a watercraft. Demonstration does not include operation of a watercraft for personal purposes by a dealer or manufacturer or an employee, family member, or an associate of a dealer or manufacturer. The watercraft dealer registration is subject to invalidation pursuant to R12-4-506 if a watercraft with displayed dealer registration is used for purposes other than those authorized under A.R.S. § 5-322(F) or this Section. A watercraft dealer registration applicant shall submit an application to the Department. The application is furnished by the Department and is available at any Department office. The applicant shall provide the following information on the application:
1. All business names used for the sale or manufacture of watercraft in Arizona;
  2. Mailing address and telephone number for each business for which a watercraft dealer registration is requested;
  3. Tax privilege license number;
  4. U.S. Coast Guard manufacturer identification code, when applicable;
  5. Total number of certificates of number and decals requested; and
  6. The business owner's or manager's:
    - a. Name,
    - b. Business address,
    - c. Telephone number, and
    - d. Signature.
- F.** In addition to submitting the application form and any other information required under this Section, the applicant for watercraft registration shall submit one or more of the following additional forms of documentation:
1. Original title if the watercraft is titled in another state;
  2. Original registration if the watercraft is from a non-titling state;
  3. Bill of sale as defined under R12-4-501 if the watercraft has never been registered or titled in any state;
  4. Letter of gift as defined under R12-4-501 if the watercraft was received as a gift and was never registered or titled in any state;
  5. Court order or other legal documentation establishing lawful transfer of ownership;
  6. Certificate of documentation or letter of deletion issued by the U.S. Coast Guard;
  7. Statement of facts form furnished by the Department and available from any Department office when none of the documentation identified under subsections (F)(1) through (F)(6) exists either in the possession of the watercraft owner or in the records of any jurisdiction responsible for registering or titling watercraft. An applicant for watercraft registration under a statement of facts shall present the watercraft for inspection at a Department office. The statement of facts form shall include the following information:
    - a. Hull identification number,
    - b. Certification that the watercraft meets one of the following conditions:
      - i. The watercraft was manufactured prior to 1972, is 12 feet in length or less, and is not propelled by an inboard engine;
      - ii. The watercraft is owned by the applicant and has never been registered or titled;
      - iii. The watercraft was owned in a state that required registration, but was never registered or titled; or
      - iv. The watercraft was purchased, received as a gift, or received as a trade and has not been registered, titled, or otherwise documented in the past five years.
    - c. Signature of the applicant, acknowledged before a Notary Public or witnessed by a Department employee.
  8. An original certificate of origin when all of the following conditions apply:
    - a. The watercraft was purchased as new,
    - b. The applicant is applying for watercraft registration within a year of purchasing the watercraft, and
    - c. The certificate of origin is not held by a lien holder.
- G.** If the watercraft is being transferred to a person other than the original listed owner, the applicant for a watercraft registration shall submit a release of interest. The Department may require the applicant to provide a release of interest that is acknowledged before a Notary Public or witnessed by a Department employee when the Department is unable to verify the signature on the release of interest.
- H.** If the original title is held by a lien holder, the applicant for a watercraft registration shall submit a form furnished by the Department and available from any Department office along with a copy of the title. The applicant shall comply with the following requirements when submitting the form:
1. The applicant shall provide the following information on the form:

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- a. Applicant's name,
  - b. Applicant's mailing address,
  - c. Make and model of watercraft, and
  - d. Watercraft hull identification number.
2. The applicant shall ensure the lien holder provides the following information on the form:
  - a. Lien holder's name,
  - b. Lien holder's mailing address,
  - c. Name of person completing the form on behalf of the lien holder,
  - d. Title of person completing the form on behalf of the lien holder, and
  - e. Signature of the person completing the form on behalf of the lien holder, acknowledged before a Notary Public or witnessed by a Department employee.
- I. If the watercraft's original title or registration is lost, the Department shall register a watercraft upon receipt of one of the following:
  1. A letter or printout from any jurisdiction responsible for registering or titling watercraft that verifies the owner of record for that specific watercraft;
  2. A printout of the Vessel Identification System for that specific watercraft from the U.S. Coast Guard and verification from the appropriate state agency that the information regarding the owner of record for that specific watercraft is correct and current;
  3. A statement of facts by the applicant as described under subsection (F)(7) if the watercraft has not been registered, titled, or otherwise documented in the past five years; or
  4. The abandoned or unreleased watercraft approval letter issued by the Department, as established under R12-4-507(I).
- J. The Department shall issue a watercraft registration within 30 calendar days of receiving a valid application and the documentation required under this Section from the applicant or a watercraft agent authorized under R12-4-509.
- K. All watercraft registrations and supporting documentation are subject to verification by the Department and to the requirements established under R12-4-505. The Department shall require a watercraft to be presented for inspection to verify the information provided by an applicant if the Department has reason to believe the information provided by the applicant is inaccurate or the applicant is unable to provide the required information.
- L. The Department shall deem an application invalid if the Department receives legal documentation of any legal action that may affect ownership of that watercraft.
- M. The Department shall invalidate a watercraft registration if the registration is obtained by an applicant who makes a false statement or provides false information on any application, statement of facts, or written instrument submitted to the Department.

**Historical Note**

Former Section R12-4-84 renumbered as Section R12-4-502 without change effective August 13, 1981 (Supp. 81-4). Amended effective January 2, 1985 (Supp. 85-1). Former Section R12-4-502 repealed, new Section R12-4-502 adopted effective May 27, 1992 (Supp. 92-2). Amended effective November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective

July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2). Amended by final rulemaking at 28 A.A.R. 3425 (November 4, 2022), effective December 5, 2022 (Supp. 22-4).

**R12-4-503. Renewal of Watercraft Registration; Duplicate Watercraft Registration or Decal**

- A. The owner of a registered watercraft shall renew the watercraft's registration no later than the day before the prior registration period expires.
  1. To renew a watercraft's registration in person or by mail, an applicant shall pay the registration fee authorized under R12-4-504 and present any one of the following:
    - a. Current or prior certificate of number,
    - b. Valid driver's license,
    - c. Valid Arizona Motor Vehicle Division identification card,
    - d. Valid passport, or
    - e. Department-issued renewal notice.
  2. The owner of a registered watercraft may renew a watercraft registration by accessing the Department's online system and paying the applicable watercraft registration fee authorized under R12-4-504.
- B. The owner of a registered watercraft may obtain a duplicate watercraft registration or decal in person or by mail. To obtain a duplicate watercraft registration or decal in person or by mail, an applicant shall:
  1. Complete and submit an application for a duplicate certificate and/or decal form to the Department or its authorized agent, available from any Department office and on the Department's website; and
  2. Pay the duplicate watercraft registration fee authorized under R12-4-504.
- C. If made available by the Department, the owner of a registered watercraft may obtain a duplicate watercraft registration or decal by accessing the Department's online system and paying the duplicate watercraft registration fee authorized under R12-4-504.
- D. When a request for a watercraft registration renewal or duplicate watercraft registration or decal is submitted by mail or online, the Department shall mail the registration or decal, as applicable, to the address of record, unless the Department receives a notarized request from the registered owner instructing the Department to mail the duplicate registration or decal to another address.

**Historical Note**

Former Section R12-4-85 renumbered as Section R12-4-503 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-503 renumbered to R12-4-519, new Section R12-4-503 adopted effective May 27, 1992 (Supp. 92-2). Amended effective November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

**R12-4-504. Watercraft Fees; Penalty for Late Registra-**



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**tion; Staggered Registration Schedule**

A. The following fees are required, when applicable as authorized under A.R.S. §§ 5-321 and 5-322:

1. Motorized watercraft registration fees are assessed as follows:
  - a. Twelve feet and less: \$20
  - b. Twelve feet one inch through sixteen feet: \$22
  - c. Sixteen feet one inch through twenty feet: \$30
  - d. Twenty feet one inch through twenty-six feet: \$35
  - e. Twenty-six feet one inch through thirty-nine feet: \$39
  - f. Thirty-nine feet one inch through sixty-four feet: \$44
  - g. Sixty-four feet one inch and over: \$66
  - h. For the purposes of this subsection, the length of the motorized watercraft shall be measured in the same manner prescribed under A.R.S. § 5-321(C).
2. Motorized watercraft transfer fee: \$13.
3. Duplicate motorized watercraft registration: \$8.
4. Duplicate decal: \$8.
5. Watercraft dealer certificate of number: \$20.
6. Abandoned or unreleased watercraft application fee: \$100.
7. Unclaimed towed watercraft application fee: \$100.

B. The Department or its agent shall collect the entire registration fee for a late registration renewal and a penalty fee of \$5, unless exempt under A.R.S. § 5-321(L). The Department or its agent shall not assess a penalty fee when a renewal is mailed before the expiration date, as evidenced by the postmark.

C. All new watercraft registrations expire 12 months after the date of issue.

D. Resident and nonresident watercraft registration renewals:

1. Shall be valid for a period of 7 to 18 months depending on the expiration month.
  - a. This provision applies to the initial renewal period only.
  - b. The Department shall prorate fees accordingly.
2. May be renewed up to six months prior to the expiration month.
3. Shall expire on the last day of the month indicated by the last two numeric digits of the AZ number, as shown in the following table:

Last two numeric digits of AZ number									Expiration month
00	12	24	36	48	60	72	84	96	December
01	13	25	37	49	61	73	85	97	January
02	14	26	38	50	62	74	86	98	February
03	15	27	39	51	63	75	87	99	March
04	16	28	40	52	64	76	88		April
05	17	29	41	53	65	77	89		May
06	18	30	42	54	66	78	90		June
07	19	31	43	55	67	79	91		July
08	20	32	44	56	68	80	92		August
09	21	33	45	57	69	81	93		September
10	22	34	46	58	70	82	94		October
11	23	35	47	59	71	83	95		November

E. Watercraft dealer, manufacturer, and governmental use registration renewals expire on October 31 of each year.

F. Livery and all other commercial use registration renewals expire on November 30 of each year.

**Historical Note**

Amended effective December 5, 1978 (Supp. 78-6).

Amended effective March 6, 1980 (Supp. 80-2). Former

Section R12-4-86 renumbered as Section R12-4-504 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-504 repealed, new Section R12-4-504 adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 9 A.A.R. 1613, effective July 5, 2003 (Supp. 03-2). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by exempt rulemaking pursuant to A.R.S. § 41-1005(A)(2)(b) at 21 A.A.R. 1046, effective June 16, 2015 (Supp. 15-2). Amended by final exempt rulemaking at 23 A.A.R. 1034; amended by final rulemaking at 23 A.A.R. 1732, both effective August 5, 2017 (Supp. 17-2). Amended by final exempt rulemaking at 28 A.A.R. 2057 (August 19, 2022), effective September 26, 2022 (Supp. 22-3).

**R12-4-505. Hull Identification Numbers**

A. The Department shall not register a watercraft without a hull identification number.

B. The Department shall verify watercraft manufactured after November 1, 1972 have a primary hull identification number that complies with the requirements established under 33 C.F.R. 181, subpart C. The Department shall assign a hull identification number when the watercraft hull identification number does not meet the requirements established under 33 C.F.R. 181, subpart C.

C. The hull identification number shall be fully visible and unobstructed at all times. Watercraft manufactured prior to August 1, 1984, are exempt from this requirement provided the obstruction is original equipment and was attached by the manufacturer.

D. The Department shall assign a hull identification number to a watercraft with a missing hull identification number only if the Department determines:

1. The hull identification number was not intentionally or illegally removed or altered, unless the application is accompanied by an order of forfeiture, order of seizure, or other civil process;
2. The missing hull identification number was caused by error of the manufacturer or a government jurisdiction; or
3. The watercraft is a homemade watercraft as defined under R12-4-501.

E. The Department may assign a hull identification number within 30 days of receipt of a valid application, as described under R12-4-502.

F. The Department may accept a bill of sale presented with a missing or nonconforming hull identification number for registration purposes only when:

1. The hull identification number matches the nonconforming hull identification number on the watercraft;
2. Supporting evidence exists that the seller is the owner of the watercraft;
3. The watercraft is homemade and does not have a hull identification number; or
4. The watercraft was manufactured prior to November 1, 1972.

G. Within 30 days of issuance, the applicant or registered owner shall:

1. Burn, carve, stamp, emboss, mold, bond, or otherwise permanently affix each hull identification number to a non-removable part of the watercraft in a manner that

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ensures any alteration, removal, or replacement will be obvious.

2. Ensure the characters of each hull identification number affixed to the watercraft are no less than 1/4 inch in height.
3. Permanently affix the hull identification number as follows:
  - a. On watercraft with transoms, affix the hull identification number to the right or starboard side of the transom within two inches of the top of the transom or hull/deck joint, whichever is lower.
  - b. On watercraft without a transom, affix the hull identification number to the starboard outboard side of the hull, back or aft within one foot of the stern and within two inches of the top of the hull, gunwale, or hull/deck joint, whichever is lower.
  - c. On a catamaran or pontoon boat, affix the hull identification number on the aft crossbeam within one foot of the starboard hull attachment.
  - d. As close as possible to the applicable location established under subsections (a), (b), or (c) when rails, fittings, or other accessories obscure the visibility of the hull identification number.
  - e. Affix a duplicate of the visibly affixed hull identification number in an unexposed location on a permanent part of the hull.
4. Certify to the Department that the hull identification number was permanently affixed to the watercraft. The certification statement is furnished by the Department when a hull identification number is issued. The certification statement shall include the location of the permanently affixed hull identification number.

**Historical Note**

Amended effective January 1, 1980 (Supp. 79-6). Former Section R12-4-87 renumbered as Section R12-4-505 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-505 repealed, new Section R12-4-505 adopted effective May 27, 1992 (Supp. 92-2). Amended effective November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

**R12-4-506. Invalidity of Watercraft Registration and Decals**

- A. Any watercraft registration obtained by fraud or misrepresentation is invalid from the date of issuance.
- B. A certificate of number and any decals issued by the Department under R12-4-502 are invalid if any one of the following occurs:
  1. Any check, money order, or other currency certificate presented to the Department for payment of watercraft registration or renewal is found to be non-negotiable;
  2. Any person whose name appears on the certificate of number loses ownership of the watercraft by legal process;
  3. Arizona is no longer the state of principal operation;
  4. The watercraft is documented by the U.S. Coast Guard;
  5. An applicant provides incomplete or incorrect information to the Department and fails to provide the correct

information within 30 days after a request by the Department;

6. The Department revokes the certificate of number, AZ numbers, and decals as provided under A.R.S. § 5-391(I);
  7. The Department or its agent erroneously issued a certificate of number or any decals;
  8. A watercraft bearing a dealer registration is used for any purpose not authorized under R12-4-502(E); or
  9. A watercraft registered or used as a livery is operated in violation of A.R.S. § 5-371 or R12-4-514.
- C. A person shall surrender the invalid certificate of number and decals to the Department within 15 calendar days of receiving written determination from the Department that the certificate of number or decals are invalid, unless the person appeals the Department's determination to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
  - D. The Department shall not validate or renew an invalid watercraft registration or decals until the reason for invalidity is corrected or no longer exists.

**Historical Note**

Adopted effective December 4, 1984 (Supp. 84-6). Amended subsection (B) effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Amended subsection (B) effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Former Section R12-4-506 repealed, new Section R12-4-506 adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

**R12-4-507. Transfer of Ownership of an Abandoned or Unreleased Watercraft**

- A. A person who has knowledge and custody of a watercraft abandoned on private property owned by that person may attempt to obtain ownership of the watercraft by way of the abandoned watercraft transfer process. A lienholder of foreclosed real property may assign an agent to act on its behalf.
- B. The last registered owner of an abandoned or unreleased watercraft is presumed to be responsible for the watercraft, unless the watercraft is reported stolen.
- C. The operator of a self-storage facility located in this state and having a possessory lien shall comply with the requirements prescribed under A.R.S. Title 33, Chapter 15, Article 1 when attempting to obtain ownership of a watercraft abandoned while in storage.
- D. A person having a possessory lien under a written agreement shall comply with the requirements prescribed under A.R.S. Title 33, Chapter 7, Article 6 when attempting to obtain ownership of a watercraft for which repairs or service fees remain unpaid.
- E. Only a person acting within the scope of official duties as an employee or authorized agent of a government agency may order the removal of a watercraft abandoned on public property or a public waterway.
- F. A person seeking ownership of an abandoned or unreleased watercraft shall submit an application to the Department and pay the fee established under R12-4-504. The application is furnished by the Department and available at any Department office. The application shall include the following information, if available:

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1. Hull identification number, unless exempt under R12-4-505;
  2. Registration number;
  3. Decal number;
  4. State of registration;
  5. Year of registration;
  6. Name, address, and daytime telephone number of the person who found the watercraft;
  7. For abandoned watercraft:
    - a. Address or description of the location where the watercraft was found,
    - b. Whether the watercraft was abandoned on private or public property, and
    - c. When applicable, for watercraft abandoned on private property, whether the applicant is the legal owner of the property;
  8. Condition of the watercraft: wrecked, stripped, or intact;
  9. State in which the watercraft will be operated;
  10. Length of time the watercraft was abandoned;
  11. Reason why the applicant believes the watercraft is abandoned; and
  12. Signature of the applicant, acknowledged before a Notary Public or witnessed by a Department employee.
- G.** This state and its agencies, employees, and agents are not liable for relying in good faith on the contents of the application.
- H.** The Department shall attempt to determine the name and address of the registered owner by:
1. Conducting a search of its watercraft database when documentation indicates the watercraft was previously registered in this state, or
  2. Requesting the watercraft record from the other state when documentation indicates the watercraft was previously registered in another state.
- I.** If the Department is able to determine the name and address of the registered owner, the Department shall send written notice of the applicant's attempt to register the watercraft to the owner.
1. If the registered owner provides a written release of interest in the watercraft, the Department shall mail the release of interest and an abandoned or unreleased watercraft approval letter to the applicant. The applicant shall apply for watercraft registration in compliance with the requirements established under R12-4-502.
  2. If the registered owner provides written notice to the Department refusing to release interest in the watercraft, the Department shall notify the applicant of the owner's refusal. The Department shall not register the watercraft to the applicant unless the applicant provides proof of ownership and complies with the requirements established under R12-4-502.
  3. If the registered owner does not respond to the notice within 180 days from the date the Department sent notice, this failure to act shall constitute a waiver of interest in the watercraft by any person having an interest in the watercraft, and the watercraft shall be deemed abandoned for all purposes. The Department shall mail an abandoned or unreleased watercraft approval letter to the applicant. The applicant shall apply for watercraft registration in compliance with the requirements established under R12-4-502.
  4. If the written notice is returned unclaimed or refused, the Department shall notify the applicant within 15 days of the notice being returned that the attempt to contact the registered owner was unsuccessful.
- J.** If the Department is unable to identify or serve the registered owner, the Department shall post a notice of intent on the Department's website within 45 days of the Department's notification to the applicant as provided in subsection (I)(4).
1. The notice shall include a statement of the Department's intent to transfer ownership of the watercraft ten days after the date of posting, unless the Department receives notice from the registered owner refusing to release interest in the watercraft within that ten-day period following posting.
  2. If the watercraft remains unclaimed after the ten-day period, the Department shall mail an abandoned or unreleased watercraft approval letter to the applicant. The applicant shall apply for watercraft registration in compliance with the requirements established under R12-4-502.
- K.** A government agency may submit an application for authorization to dispose of a junk watercraft abandoned on state or federal lands or waterways. The application is furnished by the Department and is available at any Department Office. Upon receipt of the application, the Department shall attempt to determine the name and address of the registered owner. If the Department is unable to identify and serve the registered owner, the Department shall publish a notice of intent to authorize the disposal of the junk watercraft as described under subsection (J).
1. The published notice shall include a statement of the Department's intent to authorize the disposal of the watercraft ten days after the date of publication, unless the Department receives notice from the registered owner refusing to release interest in the watercraft within that ten-day period following publication.
  2. If the watercraft remains unclaimed after the ten-day period, the Department shall mail an authorization to dispose of the junk watercraft to the government agency. The government agency may dispose of the abandoned watercraft and all indicia for that watercraft in any manner the agency determines expedient or convenient.

**Historical Note**

Adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 9 A.A.R. 1613, effective July 5, 2003 (Supp. 03-2). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final exempt rulemaking at 23 A.A.R. 1034; amended by final rulemaking at 23 A.A.R. 1732, both effective August 5, 2017 (Supp. 17-2). Amended by final rulemaking at 28 A.A.R. 3425 (November 4, 2022), effective December 5, 2022 (Supp. 22-4).

**R12-4-508. New Watercraft Exchanges**

- A.** A person may request a no-fee replacement registration for a new watercraft, provided all of the following conditions apply:
1. The person purchased the newly registered watercraft from a new watercraft dealer,
  2. The person returned the watercraft to the new watercraft dealer within 30 days of purchase, and
  3. The new watercraft dealer exchanged the returned watercraft for a watercraft of the same year, make, and model within the same 30 day period.

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- B.** To obtain a no-fee replacement registration, the person shall submit the original watercraft registration and a letter from the new watercraft dealer to the Department. The letter shall include all of the following information:
1. A statement that the original watercraft was replaced,
  2. The hull identification number for the original watercraft,
  3. The hull identification number for the replacement watercraft,
  4. The buyer's name, and
  5. The new watercraft dealer's name.

**Historical Note**

Adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1).

**R12-4-509. Watercraft Dealers; Agents**

- A.** The Department may authorize a watercraft dealer to act as an agent on behalf of the Department for the purpose of issuing temporary certificates of number valid for 45 days for new or used watercraft, provided:
1. The applicant's previous authority to act as a watercraft agent under A.R.S. § 5-321(I) has not been canceled by the Department within the preceding 24 months, and
  2. The applicant is a business located and operating within this state and sells watercraft.
- B.** An applicant seeking watercraft agent authorization shall submit an application to the Department. The application is furnished by the Department and available at the Arizona Game and Fish Department, 5000 W. Carefree Highway, Phoenix, AZ 85086. The applicant shall provide the following information on the application:
1. Principal business or corporation name, address, and telephone number or if not a corporation, the full name, address, and telephone number of all owners or partners;
  2. Name, address, and telephone number of the owner or manager responsible for compliance with this Section;
  3. Whether the applicant has previously issued temporary certificates of number under A.R.S. § 5-321(I);
  4. All of the following information specific to the location from which new watercraft are to be sold and temporary certificates of number issued:
    - a. Name of owner or manager;
    - b. Business hours;
    - c. Business telephone number;
    - d. Business type;
    - e. Storefront name; and
    - f. Street address;
  5. Manufacturers of the watercraft to be sold; and
  6. Signature of person named under subsection (B)(2).
- C.** The Department shall either approve or deny the application within the licensing time-frame established under R12-4-106.
- D.** Authorization to act as a watercraft agent is specific to the dealer's business location designated on the application and approved by the Department, unless the dealer is participating in a boat show for the purpose of selling watercraft.
- E.** The watercraft agent shall:
1. Use the assigned watercraft agent number when issuing a temporary certificate of number,
  2. Use the online application system and forms supplied by the Department; and
  3. Collect the appropriate fee as prescribed under R12-4-504 and R12-4-527.
- F.** A watercraft agent is prohibited from issuing a temporary certificate of number for a watercraft when:
1. The watercraft is involved in legal proceedings such as, but not limited to, a marital dissolution, probate, or bankruptcy proceeding;
  2. The watercraft is abandoned or unreleased;
  3. The watercraft is homemade; or
  4. The watercraft has a nonconforming HIN.
- G.** A watercraft agent issuing a temporary certificate of number to the purchaser of a watercraft shall comply with all the following:
1. The watercraft agent shall obtain a completed application that complies with the requirements established under R12-4-502.
  2. The watercraft agent shall identify to the applicant the state registration fee and the nonresident boating safety infrastructure fee, when applicable, separately from any other costs.
  3. The fees collected under subsection (E)(3) shall be submitted electronically to the Department prior to the submission of the documentation required under subsection (G)(4).
  4. Within five business days of issuing a temporary certificate of number, a watercraft agent shall deliver or mail the following documentation to the Arizona Game and Fish Department, Watercraft Agent Representative, 5000 W. Carefree Highway, Phoenix, AZ 85086:
    - a. For a new watercraft:
      - i. Original application;
      - ii. Original or copy of the bill of sale issued by the watercraft agent; and
      - iii. Original certificate of origin;
    - b. For a used watercraft:
      - i. Original application;
      - ii. Original or copy of the bill of sale issued by the watercraft agent;
      - iii. Ownership document, such as but not limited to a title, bill of sale, letter of gift or U.S. Coast Guard certificate of documentation or letter of deletion issued by the U.S. Coast Guard; and
      - iv. Lien release, when applicable.
- H.** The Department may cancel the watercraft agent's authorization if the agent does any one of the following:
1. Fails to comply with the requirements established under this Article;
  2. Submits more than one electronic payment dishonored because of insufficient funds, payments stopped, or closed accounts to the Department within a calendar year;
  3. Predates, postdates, alters, or provides or knowingly allows false information to be provided on an application for a temporary certificate of number; or
  4. Falsifies the application for authorization as a watercraft agent.
- I.** The Department shall provide a written notice to the person stating the reason for the denial or cancellation of watercraft agent status, as applicable. The person may appeal the denial or cancellation to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.

**Historical Note**

Adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 9 A.A.R. 1613, effective July 5, 2003 (Supp. 03-2). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

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Amended by final rulemaking at 28 A.A.R. 3425  
(November 4, 2022), effective December 5, 2022 (Supp.  
22-4).

**R12-4-510. Refund of Fees Paid in Error**

- A. The Department shall issue a refund for watercraft registration fees paid and, when applicable, the Nonresident Boating Safety Infrastructure fee when the registered owner has erroneously paid those fees for a watercraft that has already been sold to another individual.
- B. To request a refund of fees paid in error, the person applying for the refund shall surrender all of the following to the Department:
  - 1. Original certificate of number;
  - 2. Registration decals; and
  - 3. Nonresident Boating Safety Infrastructure Decal, when applicable.
- C. A person requesting a refund of fees shall submit the request to the Department within 30 calendar days of the date the payment was received by the Department.
- D. The Department shall not refund:
  - 1. A late registration penalty fee.
  - 2. A fee collected by an authorized third-party provider. A person who paid their watercraft registration fee to a third-party provider shall request a refund of fees from that third-party provider.

**Historical Note**

Adopted effective May 27, 1992 (Supp. 92-2). Amended effective November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2). Amended by final rulemaking at 28 A.A.R. 3425 (November 4, 2022), effective December 5, 2022 (Supp. 22-4).

**R12-4-511. Personal Flotation Devices**

- A. For the purpose of this Section, “wear” means:
  - 1. The personal flotation device is worn according to the manufacturer’s design or recommended use;
  - 2. All of the device’s closures are fastened, snapped, tied, zipped, or secured according to the manufacturer’s design or recommended use; and
  - 3. The device is adjusted for a snug fit.
- B. The operator of a canoe, kayak, or other watercraft shall ensure the watercraft is equipped with at least one correctly-sized, U.S. Coast Guard-approved, wearable personal flotation device that is in good and serviceable condition for each person on board the watercraft. The operator of any watercraft shall also ensure the wearable personal flotation devices on board the watercraft are readily accessible and available for immediate use.
- C. In addition to the personal flotation devices described under subsection (B), the operator of a watercraft that is 16 feet or more in length shall ensure the watercraft is also equipped with a U.S. Coast Guard-approved throwable personal flotation device: buoyant cushion, ring buoy, or horseshoe buoy. Canoes and kayaks are not subject to this subsection.
- D. The operator of a watercraft shall ensure a person twelve years of age or under on board a watercraft shall wear a U.S. Coast Guard approved wearable personal flotation device whenever the watercraft is underway.
- E. The operator of a personal watercraft shall ensure each person aboard the personal watercraft is wearing a wearable personal flotation device approved by the U.S. Coast Guard whenever the personal watercraft is underway.

- F. Subsections (B), (C), and (D) do not apply to the operation of a racing shell or rowing skull during competitive racing or supervised training, if the racing shell or rowing skull is manually propelled, recognized by a national or international association for use in competitive racing, and designed to carry and does carry only equipment used solely for competitive racing.

**Historical Note**

Amended effective May 26, 1978 (Supp. 78-3). Former Section R12-4-80 renumbered as Section R12-4-511 without change effective August 13, 1981 (Supp. 81-4). Amended effective May 27, 1992 (Supp. 92-2). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

**R12-4-512. Fire Extinguishers Required for Watercraft**

- A. The operator of watercraft shall ensure all required fire extinguishers are readily accessible and available for immediate use.
- B. As prescribed under A.R.S. § 5-332, an operator of a:
  - 1. Watercraft less than 26 feet in length shall carry one U.S. Coast Guard-approved B-I type fire extinguisher on board if the watercraft has one or more of the following:
    - a. An inboard engine,
    - b. Closed compartments where portable fuel tanks may be stored,
    - c. Double bottoms not sealed to the hull or which are not completely filled with flotation materials,
    - d. Closed living spaces,
    - e. Closed stowage compartments in which combustible or flammable materials are stored,
    - f. Permanently installed fuel tanks (fuel tanks that cannot be moved in case of a fire or other emergency are considered permanently installed), and
    - g. A fixed fire extinguishing system installed in the engine compartment.
  - 2. Watercraft 26 feet to less than 40 feet shall carry on board the following equipment as designated and approved by the U.S. Coast Guard:
    - a. At least two B-I type hand-portable fire extinguishers or at least one B-II type hand-portable fire extinguisher, or
    - b. At least one B-I type approved hand-portable fire extinguisher if a fixed fire extinguishing system is installed in the engine compartment.
  - 3. Watercraft 40 feet to not more than 65 feet shall carry on board the following equipment as designated and approved by the U.S. Coast Guard:
    - a. At least three B-I type hand-portable fire extinguishers or at least one B-I and one B-II type hand-portable fire extinguishers, or
    - b. At least two B-I type hand-portable fire extinguishers or at least one B-II type hand-portable fire extinguisher when a fixed fire extinguishing system is installed in the engine compartment.

**Historical Note**

Former Section R12-4-81 renumbered as Section R12-4-512 without change effective August 13, 1981 (Supp. 81-4). Amended effective June 14, 1990 (Supp. 90-2).

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Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1).

**R12-4-513. Watercraft Incident and Casualty Reports**

- A. The operator or owner of a watercraft involved in any collision, incident or other casualty resulting in injury, death, or property damage exceeding \$500 shall submit the report required under A.R.S. § 5-349 to the Department. The report shall be made on a form furnished by the Department or provided by the law enforcement officer investigating the collision, incident, or other casualty. The operator or owner of the watercraft shall complete the form in full and clearly identify on the form any information that is either not applicable or unknown. The operator or owner of the watercraft submitting the report shall provide all of the information required under 33 C.F.R. 173.57.
- B. The person completing the form shall deliver, mail, or email the form to the Arizona Game and Fish Department, Law Enforcement Branch at 5000 W. Carefree Hwy, Phoenix, AZ 85086 or BoatAccidentReporting@azgfd.gov, as applicable.
- C. The operator or owner of a watercraft involved in any collision, incident or other casualty resulting in injury or death shall submit the report to the Department no later than 48 hours after the incident.
- D. The operator or owner of a watercraft involved in any collision, incident or other casualty resulting only in property damage exceeding \$500 shall submit the report to the Department no later than five days after the incident.

**Historical Note**

Adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

**R12-4-514. Liveries**

- A. A person who rents, leases, or offers any watercraft for compensation, with or without an operator, for recreational, non-commercial use shall register the watercraft as a livery as established under R12-4-502.
- B. A watercraft owned by a boat livery that requires registration and does not have the certificate of number on board shall be identified while in use by means of a:
  1. Placard or some other form of display that is affixed to the watercraft and is visible when the watercraft is underway. The placard or other form of display shall indicate the business name and current phone number of the livery.
  2. Receipt provided by the livery to the person operating the rented watercraft. The receipt shall contain the following information:
    - a. Business name and address of the livery as shown on the certificate of number,
    - b. Watercraft registration number as issued by the Department,
    - c. Beginning date and time of the rental period, and
    - d. Written acknowledgment on the receipt of compliance with the requirements prescribed under A.R.S. § 5-371, signed by both the livery operator or their agent and the renter.
- C. A person operating a rented or leased watercraft or operating a passenger for hire watercraft shall carry the registration or

receipt onboard and produce it upon request to any peace officer.

- D. Failure to comply with the requirements prescribed under A.R.S. § 5-371 and this Section may result in the invalidation of the watercraft registration and decals as provided under A.R.S. § 5-391(A) and R12-4-506.

**Historical Note**

Adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

**R12-4-515. Display of AZ Numbers and Registration Decals**

- A. A person shall not use, operate, moor, anchor, or grant permission to use, operate, moor, or anchor a watercraft on the boundaries of this state unless such watercraft displays a valid number and current registration decal in the manner established under subsection (B). This Section does not apply to undocumented watercraft displaying a valid temporary numbering certificate authorized under R12-4-509 or exempt under A.R.S. § 5-322.
- B. The owner of a watercraft shall display the AZ number and registration decals as follows:
  1. The AZ numbers shall:
    - a. Be clearly visible and painted on or attached to each exterior side of the forward half of a non-removable portion of the watercraft;
    - b. Be in a color that contrasts with the watercraft's background color so as to be easily read from a distance;
    - c. Include the letters "AZ" and the suffix, separated by a hyphen or equivalent space between the letters "AZ" and the suffix; and
    - d. Read from left to right in well-proportioned block letters that are not less than three inches in height, excluding outline.
  2. The registration decals shall be affixed three inches in front of "AZ" on both sides of the forward half of a non-removable portion of the watercraft.
- C. On watercraft so constructed that it is impractical or impossible to display the AZ numbers in a prominent position on the forward half of the hull or permanent superstructure, the AZ numbers may be displayed on brackets or fixtures securely attached to the forward half of the watercraft.
- D. Persons possessing a dealer watercraft certificate of number issued under A.R.S. § 5-322(F) shall visibly display the AZ numbers and validating registration decals as established under this Section, except that the numbers and decals may be printed or attached to temporary, removable signs that are securely attached to the watercraft being demonstrated.
- E. Expired registration decals issued by any jurisdiction shall be covered or removed from the watercraft, so that only the current registration decals are visible.
- F. Invalid watercraft AZ numbers and registration decals shall not be displayed on any watercraft. The owner of the watercraft shall surrender the AZ numbers and registration decals to the Department in compliance with R12-4-506(C).

**Historical Note**

Section R12-4-515 renumbered from R12-4-501 and amended effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 19 A.A.R. 597, effective July 1,

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2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

**R12-4-516. Watercraft Sound Level Restriction**

- A. A person shall not operate a watercraft upon the waters of this state if the watercraft emits a noise level that exceeds any of the following.
1. A noise level of 86 dB(A), measured at a distance of 50 feet or more from the watercraft on the "A" weighted scale of a sound level instrument that conforms to recognized industry standards and is maintained according to the manufacturer's instructions.
  2. For engines manufactured:
    - a. Before January 1, 1993, a noise level of 90 dB(A) when subjected to the Society of Automotive Engineers Recommended Practice stationary sound level test SAEJ2005, revised July 2004 and containing no later editions or amendments; and
    - b. On or after January 1, 1993, a noise level of 88 dB(A) when subjected to the Society of Automotive Engineers Recommended Practice stationary sound level test SAEJ2005, revised July 2004 and containing no later editions or amendments; or
  3. A noise level of 75 dB(A) measured as specified in the Society of Automotive Engineers Recommended Practice shoreline sound test SAEJ1970, revised September 2003 and containing no later editions or amendments.
- B. The materials incorporated by reference in subsection (A) may be viewed at any Department office and are available for purchase from SAE International, 400 Commonwealth Dr, Warrendale, PA 15096-0001 or online at [www.sae.org](http://www.sae.org).
- C. A measurement of noise level that is in compliance with this Section does not preclude the conducting of a test or multiple tests of noise levels.
- D. A peace officer authorized to enforce the provisions of this Section who has reason to believe a watercraft is being operated in violation of the noise levels established in this Section may direct the operator of the watercraft to submit the watercraft to an onsite test to measure noise level.
- E. An operator of a watercraft who receives a request from a peace officer to test the noise level of the watercraft under subsection (D) shall allow the watercraft to be tested. If, based on a measurement or test to determine the noise level of a watercraft administered under this Section, the noise level of the watercraft exceeds one or more of the decibel level standards in subsection (A), the operator of the watercraft shall take immediate measures to correct the violation as prescribed under A.R.S. § 5-391(C).
- F. This Section shall not apply to watercraft operated under permits issued in accordance with A.R.S. § 5-336(C).

**Historical Note**

Former Section R12-4-82 renumbered as Section R12-4-516 without change effective August 13, 1981 (Supp. 81-4). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1).

**R12-4-517. Watercraft Motor and Engine Restrictions**

- A. A person operating a motorized watercraft on the following waters shall only use an electric motor not exceeding 10 manufacturer-rated horsepower:
1. Ackre Lake
  2. Bear Canyon Lake
  3. Bunch Reservoir

4. Carnero Lake
5. Chaparral Park Lake
6. Cluff Ponds
7. Coconino Reservoir
8. Coors Lake
9. Dankworth Pond
10. Dogtown Reservoir
11. Fortuna Lake
12. Goldwater Lake
13. Granite Basin Lake
14. Horsethief Basin Lake
15. Hulsey Lake
16. J.D. Dam Lake
17. Knoll Lake
18. Lee Valley Lake
19. McKellips Park Lake
20. Pratt Lake
21. Quigley Lake
22. Redondo Lake
23. Riggs Flat Lake
24. Roper Lake
25. Santa Fe Lake
26. Scott's Reservoir
27. Sierra Blanca Lake
28. Soldier Lake (in Coconino County)
29. Stehr Lake
30. Stoneman Lake
31. Tunnel Reservoir
32. Whitehorse Lake
33. Willow Valley Lake
34. Woodland Reservoir
35. Woods Canyon Lake

- B. A person operating a motorized watercraft on the following waters shall use only a single electric motor or single gasoline engine not exceeding 10 manufacturer-rated horsepower:

1. Arivaca Lake
2. Ashurst Lake
3. Becker Lake
4. Big Lake
5. Black Canyon Lake
6. Blue Ridge Reservoir
7. Cataract Lake
8. Chevelon Canyon Lake
9. Cholla Lake Hot Pond
10. Concho Lake
11. Crescent Lake
12. Fool Hollow Lake
13. Kaibab Lake
14. Kinnikinick Lake
15. Little Mormon Lake
16. Lower Lake Mary
17. Luna Lake
18. Lynx Lake
19. Marshall Lake
20. Mexican Hay Lake
21. Nelson Reservoir
22. Parker Canyon Lake
23. Peña Blanca Lake
24. Rainbow Lake
25. River Reservoir
26. Show Low Lake
27. Whipple Lake
28. White Mountain Lake (in Apache County)
29. Willow Springs Lake

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- C. A person shall not operate a watercraft on Frye Mesa Reservoir, Rose Canyon Lake, or Snow Flat Lake, except as authorized under subsection (D).
- D. A person who possesses a valid use permit issued by the U.S. Forest Service may operate a non-motorized watercraft only on Rose Canyon Lake on any Tuesday, Wednesday, or Thursday during June and July from 9:30 a.m. to 4:30 p.m. Mountain Time Zone. This subsection does not exempt the person from complying with all applicable requirements imposed by federal or state laws, rules, regulations, or orders.
- E. This Section does not apply to watercraft of governmental agencies or to Department-approved emergency standby watercraft operated by lake concessionaires if operating to address public safety or public welfare.

**Historical Note**

Amended as an emergency effective April 10, 1975 (Supp. 75-1). Amended effective May 3, 1976 (Supp. 76-3). Amended as an emergency effective July 9, 1976 (Supp. 76-4). Amended effective June 4, 1979 (Supp. 79-3). Former Section R12-4-89 renumbered as Section R12-4-517 without change effective August 13, 1981 (Supp. 81-4). Amended subsections (A) and (C) effective December 17, 1981 (Supp. 81-6). Amended effective December 28, 1982 (Supp. 82-6). Amended subsections (A) through (C) effective December 4, 1984 (Supp. 84-6). Amended effective November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by exempt rulemaking at 17 A.A.R. 1189, effective May 24, 2011 (Supp. 11-2). Subsection (A)(9) corrected clerical error (Supp. 11-3). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

**R12-4-518. Regattas**

- A. When a regatta permit is issued by the Coast Guard, the person in control of the regatta shall at all times be responsible for compliance with the stipulations as prescribed within the regatta permit. Such stipulations may include but not be limited to:
  1. A specified number of patrol or committee boats and identified as such.
  2. Availability of emergency medical services.
  3. Spectator control if there exists a danger that life or property is in jeopardy.
- B. Non-compliance with any stipulation of an authorized permit which jeopardizes the public welfare shall be cause to terminate the regatta until the person in control or a person designated by the one in control satisfactorily restores compliance.
- C. When a regatta applicant is informed in writing by the Coast Guard that a permit is not required, such regatta may take place, but shall not relieve the regatta sponsor of any responsibility for the public welfare or confer any exemption from state boating and watersports laws and rules.
- D. The regatta sponsor and all participants shall comply with aquatic invasive species requirements established under A.R.S. Title 17, Chapter 2, Article 3.1 and 12 A.A.C. 4, Article 9.

**Historical Note**

Adopted effective March 5, 1982 (Supp. 82-2). Amended by final rulemaking at 18 A.A.R. 196, effective January 10, 2012 (Supp. 12-1). Amended by final rulemaking at 28 A.A.R. 3425 (November 4, 2022), effective December 5, 2022 (Supp. 22-4).

**R12-4-519. Reciprocity**

As authorized under A.R.S. § 5-322(E), all watercraft currently numbered or exempt from numbering under the provisions of their state of principal operation are exempt from numbering for a period of 90 days after entering this state.

**Historical Note**

Section R12-4-519 renumbered from R12-4-503 and amended effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1).

**R12-4-520. Arizona Aids to Navigation System**

- A. The Arizona aids to navigation system is the same as that prescribed under 33 C.F.R. 62, revised July 1, 2014, which is incorporated by reference in this Section. The incorporated material is available at any Department office, online at [www.gpoaccess.gov](http://www.gpoaccess.gov), or may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000. This Section does not include any later amendments or editions of the incorporated material.
- B. A person shall not mark the waterways or their shorelines in this state with mooring buoys, regulatory markers, aids to navigation, lights, or other types of permitted waterway marking devices, without authorization from the governmental agency or the private interest having jurisdiction on such waters.
- C. A person shall not moor or fasten a watercraft to any marker not intended for mooring, or willfully damage, tamper with, remove, obstruct, or interfere with any aid to navigation, regulatory marker or other type of permitted waterway marking devices, except in the performance of authorized maintenance responsibilities or as authorized under R12-4-518 or this Section.
- D. If a government agency or private interest has not exercised its authority to control watercraft within its jurisdiction under A.R.S. § 5-361, or if waters are directly under the jurisdiction of the Commission, the Department has the authority to control watercraft within that jurisdiction in accordance with the following guidelines:
  1. The Department may place controlled-use markers only where controlled operation of watercraft is necessary to protect life, property, or habitat, and shall move or remove the markers only if the need for the protection changes.
  2. The restrictions imposed are clearly communicated to the public by wording on the markers, such as those defined under R12-4-501.
- E. A governmental agency, excluding federal agencies with jurisdiction over federal navigable waterways, has the authority to control watercraft within that jurisdiction in accordance with the following guidelines:
  1. A government agency may place controlled-use markers only where controlled operation of watercraft is necessary to protect life, property, or habitat, and shall move or remove the markers only if the need for the protection changes.
  2. The restrictions imposed are clearly communicated to the public by wording on the markers, such as those defined under R12-4-501.
- F. Any person may request establishment, change, or removal of controlled-use markers on waters under the jurisdiction of the Commission or on waters not under the jurisdiction of another government agency by submitting a written request providing



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the reasons for the request to the Arizona Game and Fish Department, 5000 W. Carefree Hwy, Phoenix, AZ 85086.

1. The Department shall either approve or deny the request within 60 days of receipt.
2. A person may appeal the Department's denial of a request to the Commission as an appealable agency action under A.R.S. Title 41, Chapter 6, Article 10.

**Historical Note**

Section R12-4-520 adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

**R12-4-521. Repealed****Historical Note**

Section R12-4-520 adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Repealed by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

**R12-4-522. Repealed****Historical Note**

Section R12-4-520 adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Repealed by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

**R12-4-523. Controlled Operation of Watercraft**

- A. A person shall not operate any watercraft, or use any watercraft to tow a person on water skis, a surfboard, inflatable device, or similar object, device or equipment in a manner contrary to the area restrictions imposed by lawfully placed controlled-use markers, except for:
  1. Law enforcement officers acting within the scope of their lawful duties;
  2. Persons involved in rescue operations;
  3. Persons engaged in government-authorized activities; and
  4. Persons participating in a regatta, during the time limits of the event only.
- B. The exemptions listed under subsection (A) do not authorize any person to operate a watercraft in a careless, negligent, or reckless manner as prescribed under A.R.S. § 5-341.

**Historical Note**

Section R12-4-520 adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1).

**R12-4-524. Towed Water Sports**

- A. An operator of a watercraft shall ensure an observer is on duty at all times when a person is being towed behind the watercraft or is surfing a wake created by the watercraft. The observer shall:
  1. Be twelve years of age or older;
  2. Be physically capable and mentally competent to act as an observer; and

3. Continually observe the person or persons being towed behind the watercraft or surfing a wake created by the watercraft.

- B. The operator of a watercraft shall ensure a person being towed behind the watercraft or riding a wake created by the watercraft is wearing a wearable personal flotation device approved by the U.S. Coast Guard whenever the watercraft is underway. This subsection applies to any contrivance designed for or used to tow a person behind a watercraft or ride the wake created by a watercraft regardless of whether or not the contrivance is attached to the watercraft. This includes, but is not limited to, boards, discs, hydrofoils, kites, inflatables, and water skis.
- C. A person shall not operate a watercraft while a person is holding onto or is physically attached to any transom structure of the watercraft, including but not limited to a swim platform, swim deck, swim step, and swim ladder. This subsection does not apply to a person who is:
  1. Assisting with docking or departure activities,
  2. Exiting or entering the watercraft, or
  3. Engaging in law enforcement or emergency rescue activity.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

**R12-4-525. Revocation of Watercraft Certificate of Number, AZ Numbers, and Decals**

- A. For the purposes of this Section, "person" has same meaning as prescribed under A.R.S. § 5-301.
- B. Upon notice of conviction of a person under A.R.S. § 5-391(G), the Department shall revoke for a period not to exceed two years the certificates of number, AZ numbers, registration decals, and Nonresident Boating Safety Infrastructure decals of any Arizona registered watercraft owned by that person and involved in the violation.
- C. Upon notice of conviction of a person under A.R.S. § 5-391(H), the Department shall revoke for a period not to exceed one year the certificates of number, AZ numbers, registration decals, and Nonresident Boating Safety Infrastructure decals for any Arizona registered watercraft owned by that person and involved in the violation.
- D. Upon receiving notice of conviction, the Department shall serve notice under A.R.S. §§ 41-1092.03 and 41-1092.04 on the person convicted that the certificates of number, AZ numbers, registration decals, and Nonresident Boating Safety Infrastructure decals of watercraft the person owns are subject to revocation.
- E. A person whose certificates of number, AZ numbers, registration decals, and Nonresident Boating Safety Infrastructure decals are subject to revocation may request a hearing. The person shall submit a written request to the Arizona Game and Fish Department, Director's Office, 5000 W. Carefree Hwy, Phoenix, AZ 85086, within 30 calendar days of receiving the notice described under subsection (D).
- F. If the person requests a hearing, the Department shall, within 60 days of receiving the request, schedule a hearing as prescribed under A.R.S. § 41-1092.05.
- G. After a final decision to revoke the person's certificates of number, AZ numbers, registration decals, and Nonresident Boating Safety Infrastructure decals, the Department shall

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serve upon the person an Order of Revocation. Within 15 calendar days of receipt of the notice, the person shall surrender to the Department the revoked certificates of number and decals.

- H.** The revocation of the certificates of number, AZ numbers, registration decals, and Nonresident Boating Safety Infrastructure decals does not affect the legal title to or any property rights in the watercraft. Upon receipt of an application to transfer watercraft registration by the new watercraft owner, the Department shall terminate the revocation and allow the owner to transfer the owner's entire interest in the watercraft if the Department is satisfied the transfer is proposed in good faith and not for the purpose of defeating the revocation.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1).

**R12-4-526. Unlawful Mooring**

- A.** A person, as defined under A.R.S. § 5-301, shall not moor, anchor, fasten to the shore, or otherwise secure a watercraft in any public body of water for more than 14 days within any period of 28 consecutive days unless:
1. The waters are a special anchorage area as defined under A.R.S. § 5-301,
  2. Authorized for private dock or moorage, or
  3. Authorized by the government agency or private interest having jurisdiction over the waters.
- B.** A person shall remove an abandoned or submerged watercraft from public waters within 72 hours of notice by registered mail or personal service of notice to remove such watercraft.
- C.** The owner of any abandoned watercraft shall be responsible for all towing and storage fees resulting from the removal of the watercraft from public waters.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

**R12-4-527. Transfer of Ownership of a Towed Watercraft**

- A.** For the purpose of this Section, "towed watercraft" means a watercraft that has been impounded by or is in the possession of a towing company located in this state.
- B.** Within 15 days of impounding a watercraft, a towing company shall submit a request to the Department for watercraft registration information as prescribed under A.R.S. § 5-324 and in compliance with A.R.S. § 5-399. The towing company shall present the towed watercraft to the closest Department office for identification if there is no discernible hull identification number or state-issued registration number.
- C.** Within 15 days of receiving the watercraft registration information from the Department, the towing company shall provide written notification by certified mail return receipt requested to the owner and lienholder, if known, of the watercraft's location.
- D.** If a watercraft remains unclaimed after mailing the notice required under subsection (C) of this Section, the towing company shall submit all of the following to the Department within 15 days of sending the written notification to the owner and lienholder, when known:

1. Evidence of compliance with notification requirements prescribed under A.R.S. § 5-399 and subsection (C);
  2. A report on a form furnished by the Department and available at any Department office. The form shall include all of the following information:
    - a. Name of towing company;
    - b. Towing company's business address;
    - c. Towing company's business telephone number;
    - d. Towing company's Arizona Department of Public Safety tow truck permit number;
    - e. Towed watercraft's hull identification number;
    - f. Towed watercraft's state-issued registration number, registration decal, and year of expiration, if known;
    - g. Towed watercraft's trailer license number, if available;
    - h. State and year of trailer registration, if available;
    - i. Towed watercraft's color and manufacturer;
    - j. Towed watercraft's condition, whether intact, stripped, damaged, or burned, along with a description of any damage;
    - k. Date the watercraft was towed;
    - l. Location from which the towed watercraft was removed;
    - m. Entity that ordered the removal of the towed watercraft, and if a law enforcement agency, include officer badge number, jurisdiction, and copy of report or towing invoice;
    - n. Location where the towed watercraft is stored; and
    - o. Name and signature of towing company's authorized representative; and
  3. The unclaimed towed watercraft application fee authorized under A.R.S. § 5-399.03(2) and established under R12-4-504.
- E.** The towing company shall notify the Department within 24 hours if the watercraft is released, returned to, redeemed, or repossessed by the owner, lienholder, or by a person identified in the Department's record as having an interest in the watercraft.
- F.** If the Department is unsuccessful in its attempt to identify or contact the registered owner or lienholder of the towed watercraft and has determined the towed watercraft is not stolen, the towing company shall:
1. Follow the application procedures established under A.R.S. § 5-399.02(B), and
  2. Apply for watercraft registration as established under R12-4-502.
- G.** A towing company that obtains ownership of a watercraft pursuant to A.R.S. § 5-399.02 and this Section shall maintain the following records for a period of three years from the date the Department transferred ownership of the towed watercraft:
1. The request made pursuant to A.R.S. § 5-324.
  2. The notification provided pursuant to A.R.S. § 5-399.
  3. The application for transfer of ownership pursuant to A.R.S. § 5-399.02.
  4. Any other documents required by the Department.

**Historical Note**

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 1241, effective May 26, 2003 for a period of 180 days (Supp. 03-1). Emergency rulemaking repealed under A.R.S. § 41-1026(E) and permanent new Section made by final rulemaking at 9 A.A.R. 1613, effective July 5, 2003 (Supp. 03-2). Amended by final rulemaking at 19 A.A.R. 597, effective

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July 1, 2013 (Supp. 13-1). Amended by final exempt rulemaking at 23 A.A.R. 1034; amended by final rulemaking at 23 A.A.R. 1732, both effective August 5, 2017 (Supp. 17-2).

**R12-4-528. Watercraft Checkpoints**

- A. A law enforcement agency may establish a watercraft checkpoint to ensure public safety on state waterways, to screen for unsafe or impaired watercraft operators, or to gather demographic, statistical, and compliance information related to watercraft activities.
- B. An individual may be required to perform the following during a watercraft stop or at a watercraft checkpoint:
  - 1. Stop or halt as directed when being hailed by a peace officer or entering the established checkpoint boundary as prescribed under A.R.S. § 5-391, and
  - 2. Provide evidence of required safety equipment and registration documentation prescribed under A.R.S. Title 5, Chapter 3, Boating and Water Sports.
- C. This Section does not limit any state peace officer's authority to conduct routine watercraft patrol efforts prescribed under A.R.S. Title 5, Chapter 3, Boating and Water Sports.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1).

**R12-4-529. Nonresident Boating Safety Infrastructure Fees; Proof of Payment**

- A. Before placing that watercraft on the waterways of this state, a nonresident owner of a recreational watercraft who establishes this state as the state of principal operation shall pay the applicable Nonresident Boating Safety Infrastructure Fee (NBSIF) as authorized under A.R.S. §§ 5-326 and 5-327:
  - 1. Twelve feet and less: \$80
  - 2. Twelve feet one inch through sixteen feet: \$88
  - 3. Sixteen feet one inch through twenty feet: \$192
  - 4. Twenty feet one inch through twenty-six feet: \$224
  - 5. Twenty-six feet one inch through thirty-nine feet: \$253
  - 6. Thirty-nine feet one inch through sixty-four feet: \$286
  - 7. Sixty-four feet one inch and over: \$429
  - 8. For the purposes of this subsection, the length of the motorized watercraft shall be measured in the same manner prescribed under A.R.S. § 5-321(C).
- B. The nonresident recreational watercraft owner shall carry and display proof of payment of the fee while the watercraft is underway, moored, or anchored on the waterways of this state. Acceptable proof of payment includes any one of the following:
  - 1. A current Arizona Watercraft Certificate of Number indicating the NBSIF was paid,
  - 2. A current Arizona Watercraft Temporary Certificate of Number indicating the NBSIF was paid, or
  - 3. A current Arizona Watercraft Registration Decal indicating the NBSIF was paid.

**Historical Note**

Adopted effective October 22, 1976 (Supp. 76-5). Former Section R12-4-90 renumbered as Section R12-4-529 without change effective August 13, 1981 (Supp. 81-4). Repealed effective May 27, 1992 (Supp. 92-2). New Section made by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-

3). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

**R12-4-530. Authorized Third-party Providers; Agents**

- A. The Department may enter into a contract with a private entity to perform limited or specific services on behalf of the Department in accordance with state procurement laws and rules.
  - 1. The Department may authorize a person to be a third-party provider. An authorized third-party provider shall meet the requirements established by the Department and shall be selected through a competitive bid process.
  - 2. The Department may authorize a third-party provider to perform any one or more of the following services:
    - a. Watercraft transfer.
    - b. Watercraft registration renewal.
    - c. Duplicate watercraft registration and decal.
    - d. New watercraft registration.
- B. A person shall not engage in any business pursuant to this Section unless the Department authorizes the person to engage in the business.
- C. The Department shall establish minimum quality standards of service and a quality assurance program for authorized third-party providers to ensure that an authorized third-party provider is complying with the minimum standards.
- D. The Department may:
  - 1. Conduct investigations.
  - 2. Conduct audits.
  - 3. Make on-site inspections in compliance with A.R.S. § 41-1009.
  - 4. Require an authorized third-party or employees or agents of an authorized third-party be certified to perform the services prescribed in this Article.
- E. An authorized third-party provider shall remit to the Department all fees established under R12-4-504 and R12-4-529 it collects.
  - 1. An authorized third-party provider may collect and retain a reasonable and commensurate fee for its services.
  - 2. Each authorized third-party provider that holds itself out as providing services to the public shall identify to the applicant the Department's registration fee and the nonresident boating safety infrastructure fee, when applicable, separately from any other costs.
- F. A third-party who is authorized pursuant to this Section shall:
  - 1. Maintain records in a form and manner prescribed by the Department.
  - 2. Allow access to the records during regular business hours to authorized representatives of the Department or any law enforcement agency to ensure compliance with all applicable statutes and rules.
- G. The Department may suspend or cancel an authorization or certification, or both, granted pursuant to this Section if the Department determines that the third-party provider or certificate holder has done any of the following:
  - 1. Made a material misrepresentation or misstatement in the application for authorization or certification.
  - 2. Has been convicted of fraud or a watercraft related felony in any state or jurisdiction of the U.S. within the ten years immediately preceding the date a criminal records check is complete.
  - 3. Has been convicted of a felony, other than a felony described in subsection (G)(2), in any state or jurisdiction of the U.S. within the five years immediately preceding the date a criminal records check is complete.
  - 4. Violated a rule or policy adopted by the Department.

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5. Failed to keep and maintain records required by this Section.
  6. Failed to remit to the Department all fees established under R12-4-504 and R12-4-529 it collects.
  7. Allowed an unauthorized person to engage in any business pursuant to this Section.
- K.** If the Department has reasonable grounds to believe that a certificate holder or other person employed by an authorized third-party provider has committed a serious violation, the Department may order a summary suspension of the third provider's authorization granted pursuant to this Section pending formal suspension or cancellation proceedings. For the purposes of this subsection, "serious violation" means:
1. Watercraft registration fraud.
  2. Improper disclosure of personal information.
  3. Bribery.
  4. Theft.
- L.** On determining that grounds for suspension or cancellation of an authorization or certification, or both, exist, the Department shall give written notice to the third-party provider or certificate holder to appear at a hearing before the Department to show cause why the authorization or certification should not be suspended or canceled.
1. After consideration of the evidence presented at the hearing, the Department shall serve notice of the finding and order to the third-party or certificate holder.
  2. If a third-party authorization or a certification is suspended or canceled, the third-party or certificate holder may appeal the decision pursuant to A.R.S. Title 41, Chapter 6, Article 10.

**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2). Subsection reference in subsection (G)(3) corrected (Supp. 21-1).

- R12-4-531. Reserved**
- R12-4-532. Reserved**
- R12-4-533. Reserved**
- R12-4-534. Reserved**
- R12-4-535. Reserved**
- R12-4-536. Reserved**
- R12-4-537. Reserved**
- R12-4-538. Reserved**
- R12-4-539. Reserved**
- R12-4-540. Reserved**
- R12-4-541. Repealed**

**Historical Note**

Former Section R12-4-88 renumbered as Section R12-4-541 without change effective August 13, 1981 (Supp. 81-4). Amended effective April 5, 1985 (Supp. 85-2). Repealed effective May 27, 1992 (Supp. 92-2).

- R12-4-542. Repealed**

**Historical Note**

Adopted as an emergency effective August 31, 1981, valid for ninety (90) days after filing pursuant to A.R.S. § 41-1003 (Supp. 81-4). Former Section R12-4-542 adopted as an emergency now adopted as permanent with

further amendment effective March 5, 1982 (Supp. 82-2). Amended effective March 29, 1985 (Supp. 85-2). Repealed effective May 27, 1992 (Supp. 92-2).

- R12-4-543. Repealed**

**Historical Note**

Adopted effective January 29, 1982 (Supp. 82-1). Amended effective August 19, 1983 (Supp. 83-4). Amended subsection (A) effective July 3, 1984 (Supp. 84-4). Amended effective March 29, 1985 (Supp. 85-2). Correction, subsection (A), paragraph (2) as certified effective March 29, 1985 (Supp. 86-3). Amended subsection (A) effective June 18, 1987 (Supp. 87-2). Amended as an emergency effective May, 15, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Amended and readopted as an emergency effective August 25, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Emergency expired. Emergency amendments adopted with changes effective January 5, 1990 (Supp. 90-1). Repealed effective May 27, 1992 (Supp. 92-2).

- R12-4-544. Repealed**

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Amended subsection (A) effective July 3, 1984 (Supp. 84-4). Amended subsection (A) effective June 18, 1987 (Supp. 87-2). Repealed effective May 27, 1992 (Supp. 92-2).

- R12-4-545. Repealed**

**Historical Note**

Adopted effective April 5, 1985 (Supp. 85-2). Amended by emergency effective May 18, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency amendments readopted effective August 28, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency expired. Repealed effective May 27, 1992 (Supp. 92-2).

**ARTICLE 6. RULES OF PRACTICE BEFORE THE COMMISSION**

- R12-4-601. Definitions**

The following definitions apply to this Article unless otherwise specified:

"Appealable agency action" has the same meaning as provided under A.R.S. § 41-1092.

"Business day" means any day other than a furlough day, Saturday, Sunday, or holiday.

"Commission Chair" means the person who presides over the Arizona Game and Fish Commission.

"Contested case" has the same meaning as provided under A.R.S. § 41-1001.

"Ex parte communication" means any oral or written communication with a Commissioner by a party concerning a substantive issue in a contested proceeding that is not part of the public record.

"Party" has the same meaning as provided under A.R.S. § 41-1001.

"Respondent" means the person named as the respondent in a notice of hearing issued by the Department.

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**Historical Note**

Adopted effective December 22, 1987 (Supp. 87-4). Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Amended by final rulemaking at 16 A.A.R. 1465, effective July 13, 2010 (Supp. 10-3). Section R12-4-601 renumbered to R12-4-602; new Section R12-4-601 made by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

**R12-4-602. Petition for Rule or Review of Practice or Policy**

- A.** A person may petition the Commission under A.R.S. § 41-1033 for a:
1. Rulemaking action relating to a Commission rule, including making a new rule or amending or repealing an existing rule; or
  2. Review of an existing Department practice or substantive policy statement alleged to constitute a rule.
- B.** To act under A.R.S. § 41-1033 and this Section, a person shall submit a petition form to the Arizona Game and Fish Department, Director's Office, 5000 W. Carefree Highway, Phoenix, AZ 85086. The form is available at any Department office and on the Department's website.
- C.** A petitioner shall address only one rule, practice, or substantive policy in the petition.
- D.** A petitioner shall submit the petition form to the Arizona Game and Fish Department, Director's Office, 5000 W. Carefree Highway, Phoenix, AZ 85086. The petition form is furnished by the Department and is available at any Department office and on the Department's website. A petitioner shall provide all of the following information:
1. Petitioner identification:
    - a. When the petition is submitted by a private person, the person's:
      - i. Name;
      - ii. Physical and mailing address, if different from the physical address;
      - iii. Contact telephone number; and
      - iv. Email, when available;
    - b. When the petition is submitted by an organization or private group;
      - i. Name of organization or group;
      - ii. Name and title of the organization's or group's representative;
      - iii. Physical and mailing address, if different from the physical address;
      - iv. Representative's contact telephone number; and
      - v. Email, when available;
    - c. When the petition is submitted by a public agency;
      - i. Name of the public agency;
      - ii. Name and title of the agency's representative;
      - iii. Physical and mailing address if different from the physical address;
      - iv. Representative's contact telephone number; and
      - v. Email, when available;
  2. Type of request:
    - a. Adopt, amend, or repeal a rule, or
    - b. Review of a practice or substantive policy statement;
  3. When the petition is for rulemaking action:
    - a. Statement of the rulemaking action sought, including the *Arizona Administrative Code* citation of all

- existing rules, and the specific language of a new rule or rule amendment; and
  - b. Reasons for the rulemaking action, including an explanation of why an existing rule is inadequate, unreasonable, unduly burdensome, or unlawful;
4. When the petition is for a review of an existing practice or substantive policy statement:
    - a. Subject matter of the existing practice or substantive policy statement, and
    - b. Reasons why the existing practice or substantive policy statement constitutes a rule;
  5. When the petitioner is a public agency, a summary of issues raised in any public meeting or hearing regarding the petition or any written comments offered by the public.
  6. Any other information required by the Department;
  7. Petitioner's signature; and
  8. Date on which the petition was signed.
- E.** In addition to the requirements listed under subsection (D), a person may submit supporting information with a petition, including:
1. Statistical data; and
  2. A list of other persons likely to be affected by the rulemaking action or the review, with an explanation of the likely effects.
- F.** When a petitioner submits a petition that addresses the same substantive issue considered by the Commission within the previous year, the petitioner shall also provide an additional written statement that includes rationale not previously considered by the Commission in making the previous decision.
- G.** The Department shall determine whether the petition complies with this Section within 15 business days after the date on which the petition was received.
1. If the petition complies with this Section:
    - a. The Department shall place the petition on a Commission open meeting agenda.
    - b. The petitioner may present oral testimony at that open meeting under R12-4-604.
    - c. The Commission shall render a final decision on the petition as prescribed under A.R.S. § 41-1033.
  2. If a petition does not comply with this Section:
    - a. The Director shall return the petition to the petitioner, and
    - b. Indicate in writing why the petition does not comply with this Section. The petitioner shall be afforded the opportunity to resubmit a corrected petition.

**Historical Note**

Adopted effective December 22, 1987 (Supp. 87-4). Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Section R12-4-602 renumbered to R12-4-603; new Section R12-4-602 renumbered from R12-4-601 and amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

**R12-4-603. Written Comments on Proposed Rules**

- A.** Under A.R.S. § 41-1023, a person may submit written statements, arguments, data, and views on a proposed rulemaking published by the Secretary of State in the Arizona Administrative Register.
- B.** A person submitting a written comment to the Commission for consideration in a final decision on the rulemaking may voluntarily provide their name and mailing address. The Commission may only consider written comments that:

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1. Are received on or before the close of record date, as published by the Secretary of State in the Arizona Administrative Register; and
2. Are submitted to the agency contact identified in the Department's notice of proposed rulemaking as published by the Secretary of State in the Arizona Administrative Register.
3. In addition, a person submitting a comment submitted on behalf of a group or organization shall include a statement that the comment represents the official position of the group or organization. A comment submitted on behalf of a group or organization that does not contain this statement shall be considered the comment of the person submitting the comment, and not that of the group or organization.

**Historical Note**

Adopted effective December 22, 1987 (Supp. 87-4).  
 Amended effective November 10, 1997 (Supp. 97-4).  
 Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Section R12-4-603 renumbered to R12-4-604; new Section R12-4-603 renumbered from R12-4-602 and amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

**R12-4-604. Oral Proceedings Before the Commission**

- A. The Commission may allow an oral proceeding on any matter on the Commission's agenda. At an oral proceeding, the Commission Chair:
  1. Is responsible for conducting the proceeding.
  2. May administer an oath to a witness before receiving testimony.
  3. May order the removal of any person who is disrupting a proceeding.
  4. May limit the number of presentations or the time for testimony regarding a particular issue.
- B. A person desiring to speak at an oral proceeding shall first request permission to speak from the Commission Chair.
- C. Technical rules of evidence do not apply to an oral proceeding, and no informality in any proceeding or in the manner of taking testimony invalidates any order, decision, or rule made by the Commission.
- D. The Commission authorizes the Director to designate a hearing officer for oral proceedings to take public input on proposed rulemaking.
- E. The Commission authorizes the Director to continue a scheduled proceeding to a later Commission meeting. To request a continuance, a petitioner shall:
  1. Deliver the request to the Director no later than 24 hours before the scheduled proceeding;
  2. Demonstrate that the proceeding has not been continued more than twice; and
  3. Demonstrate good cause for the continuance.

**Historical Note**

Adopted effective December 22, 1987 (Supp. 87-4).  
 Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Section R12-4-604 renumbered to R12-4-605; new Section R12-4-604 renumbered from R12-4-603 and amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

**R12-4-605. Ex Parte Communication**

- A. A party shall not communicate, either directly or indirectly, with a Commissioner about any substantive issue in a pending contested case or appealable agency action, unless:
  1. All parties are present;
  2. The communication occurs during the scheduled proceeding, where an absent party failed to appear after proper notice; or
  3. It is by written motion with a copy provided to all parties.
- B. A Commissioner who receives an ex parte communication shall place on the public record of the proceeding:
  1. A copy of the written communication;
  2. A summary of the oral communication; and
  3. The Commissioner's response to any such ex parte communication.
- C. The provisions of this Section apply from the date that a notice of hearing for a contested case or an appealable agency action is served on the parties.

**Historical Note**

Adopted effective December 22, 1987 (Supp. 87-4).  
 Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Section R12-4-605 renumbered to R12-4-606; new Section R12-4-605 renumbered from R12-4-604 and amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

**R12-4-606. Standards for Revocation, Suspension, or Denial of a License**

- A. Under A.R.S. § 17-340, when the Department makes a recommendation to the Commission for license revocation, the Commission shall hold a hearing and may revoke, suspend, or deny any hunting, fishing, or trapping license for a person convicted of any of the following offenses:
  1. Killing or wounding a big game animal during a closed season.
  2. Possessing a big game animal taken during a closed season.
  3. Destroying, injuring, or molesting livestock while hunting, fishing, or trapping.
  4. Damaging or destroying personal property, growing crops, notices or signboards, or other improvements while hunting, fishing, or trapping.
  5. Bartering, selling, or offering to sell unlawfully taken wildlife or wildlife parts.
  6. Careless use of a firearm while hunting, fishing, or trapping that results in the injury or death of any person.
  7. Applying for or obtaining a license or permit by fraud or misrepresentation in violation of A.R.S. § 17-341.
  8. Knowingly allowing another person to use the person's big game tag, except as provided under A.R.S. § 17-332(D).
  9. Entering upon a game refuge or other area closed to hunting, trapping or fishing and taking, driving, or attempting to drive wildlife from the area in violation of A.R.S. §§ 17-303 and 17-304.
  10. Unlawfully posting state or federal lands in violation of A.R.S. § 17-304(B).
  11. Unlawfully using aircraft to take, assist in taking, harass, chase, drive, locate, or assist in locating wildlife in violation of A.R.S. § 17-340(A)(8).
  12. Unlawfully taking or possessing big game.
  13. Unlawfully taking or possessing small game or fish.
  14. Unlawfully taking or possessing wildlife species.

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15. Unlawful take of any bird or the removal of its nest or eggs.
  16. Littering a public hunting or fishing area while taking wildlife.
  17. Waste of edible portions of a game species under A.R.S. § 17-309, in violation of A.R.S. § 17-309(A)(5).
  18. Any violation for which a license can be revoked under A.R.S. § 17-340.
  19. Any violation of A.R.S. § 17-306.
- B.** Under A.R.S. §§ 17-238, 17-334, 17-340, 17-362, 17-363, and 17-364, when the Department makes a recommendation to the Commission for license revocation, the Commission shall hold a hearing and may revoke any fur dealer, guide, taxidermy, license dealers license, or special license (as defined under R12-4-401) in any case where license revocation is authorized by law.

**Historical Note**

Adopted effective December 22, 1987 (Supp. 87-4).  
 Amended effective November 10, 1997 (Supp. 97-4).  
 Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Section R12-4-606 renumbered to R12-4-607; new Section R12-4-606 renumbered from R12-4-605 and amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

**R12-4-607. Proceedings for License Revocation, Suspension, or Denial of Right to Obtain a License, and Civil Damages**

- A.** The Director may commence a proceeding for the Commission to revoke, suspend or deny a license under A.R.S. §§ 17-236, 17-238, 17-334, 17-340, 17-362, 17-363, and 17-364. The Director may also commence a proceeding for the Commission to impose a civil penalty under A.R.S. § 17-314.
- B.** The Commission shall conduct a hearing concerning revocation, suspension, or denial of the right to obtain a license in accordance with the Administrative Procedure Act, A.R.S. Title 41, Chapter 6, Article 10. In a proceeding conducted under A.R.S. § 17-340, a respondent shall limit testimony to facts that show why the license should not be revoked or denied. Because the Commission does not have the authority to consider or change the conviction, a respondent is not permitted to raise this issue in the proceeding. The Commission shall permit a respondent to offer testimony or evidence relevant to the Commission's decision to impose a civil penalty or order a civil action for the recovery of wildlife parts.
- C.** If a respondent does not appear for a hearing on the date scheduled, at the time and location noticed, no further opportunity to be heard shall be provided, unless a rehearing or review is granted under R12-4-608. If the respondent does not wish to attend the hearing, the respondent may submit written testimony to the Department before the hearing date designated in the Notice of Hearing. The Commission shall ensure that written testimony received at the time of the hearing is read into the record at the hearing.
- D.** The Commission shall base its decision on the officer's case report, a summary prepared by the Department, a certified copy of the court record, and any testimony presented at the hearing. The Department shall supply the respondent with a copy of each document provided to the Commission for use in reaching a decision.
- E.** Any party may apply to the Commission for issuance of a subpoena to compel the appearance of any witness or the production of documents at any Commission hearing. No less than 10 calendar days before the hearing, the party shall file a written

application that provides the name and address of the witness, the subject matter of the expected testimony, the documents sought to be produced, and the date, time, and place of the hearing. The Commission Chair has the authority to issue the subpoenas.

1. A party shall have a subpoena served as prescribed in the Arizona Rules of Civil Procedure, Rule 45. An employee of the Department may serve a subpoena at the request of the Commission Chair.
  2. A party may request that a subpoena be amended at any time before the deadline provided in this Section for filing the application. The party shall have the amended subpoena served as provided in subsection (E)(1).
- F.** The Commission may vote to use the services of the office of administrative hearings to conduct a hearing concerning revocation, suspension, or denial of the right to obtain a license and to make a recommendation to the Commission, which shall review and accept, reject or modify the recommendation and issue its decision in an open meeting. When the Department receives a recommendation from the administrative law judge at least 30 days prior to the next regularly scheduled Commission meeting, the Department shall place the recommendation on the agenda for that meeting. A recommendation from the administrative law judge received after this time shall be considered at the next regularly scheduled open meeting.
- G.** A license revoked by the Commission is suspended on the date of the hearing and revoked upon issuance of the findings of fact, conclusions of law, and order. If a respondent appeals the Commission's order revoking a license, the license is revoked after all appeals have been exhausted. A denial of the right to obtain a license is effective for a period determined by the Commission as authorized under A.R.S. § 17-340, beginning on the date of the hearing.
- H.** A license suspended by the Commission is suspended on the date of the hearing, and suspended upon issuance of the findings of fact, conclusions of law, and order. If a respondent appeals the Commission's order suspending a license, the license is suspended after all appeals have been exhausted. The suspension of a license is effective for a period determined by the Commission as authorized under A.R.S. § 17-340, beginning on the date of the hearing.

**Historical Note**

Adopted effective June 13, 1977 (Supp. 77-3). Former Section R12-4-14 renumbered as Section R12-4-115 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-115 renumbered without change as Section R12-4-607 effective December 22, 1987 (Supp. 87-4). Amended effective November 10, 1997 (Supp. 97-4). Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Section R12-4-607 renumbered to R12-4-608; new Section R12-4-607 renumbered from R12-4-606 and amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

**R12-4-608. Rehearing or Review of Commission Decisions**

- A.** A party shall exhaust the party's administrative remedies by filing a motion for rehearing or review as provided in this Section. Failure to file a motion for rehearing or review within 30 days of service of the Commission's decision has the effect of prohibiting the party from seeking judicial review of the Commission's decision.
- B.** A party in a contested case or appealable agency action before the Commission may file a motion for rehearing or review of a

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Commission decision, specifying the grounds upon which the motion is based. The motion for rehearing or review shall be filed within 30 calendar days after service of the Commission's decision. For purposes of this subsection a decision is served when personally delivered or mailed by certified mail to the party's last known residence or place of business.

- C. A party may amend a motion for rehearing or review at any time before the Commission rules upon the motion. A written response to a motion for rehearing or review may be filed and served within 15 days after service of the motion for rehearing or review. The Commission may require that the parties file supplemental memoranda on any issue raised in a motion or response, and allow for oral argument.
- D. The Commission has the authority to grant rehearing or review for any of the following causes materially affecting the moving party's rights:
  1. Irregularity in the proceedings of the Commission, or any order or abuse of discretion that deprived the moving party of a fair hearing;
  2. Misconduct of the Commission, its staff, an administrative law judge, or the prevailing party;
  3. Accident or surprise that could not have been prevented by ordinary prudence;
  4. Newly discovered material evidence that could not, with reasonable diligence, have been discovered and produced at the original hearing;
  5. Excessive or insufficient penalties;
  6. Error in the admission or rejection of evidence or other errors of law occurring at the hearing or during the proceeding; or
  7. That the findings of fact or decision is not justified by the evidence or is contrary to law.
- E. The Commission may either deny the motion for rehearing or review or grant a rehearing or review for any of the reasons listed under subsection (E). The Commission's order granting a rehearing or review shall specify the grounds for the order, and any rehearing shall cover only those grounds upon which the rehearing or review was granted.
- F. After giving the party notice and an opportunity to be heard, the Commission may grant a motion for a rehearing or review for a reason not stated in the motion.
- G. Within the time-frame for filing the motion for rehearing or review, the Commission may grant a rehearing or review on its own initiative for any reason for which the Commission may have granted relief on motion of a party.
- H. When the Commission grants a rehearing or review, the Commission shall hold the rehearing or review at its next regularly scheduled meeting or within 90 days of issuance of the order granting the rehearing or review. With the consent of the parties, the Commission may proceed to conduct the rehearing or review in the same meeting in which the Commission granted the rehearing or review.
- I. The Commission may take additional testimony, amend findings of fact and conclusions of law, and affirm, modify or reverse the original decision.

**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective May 27, 1992 (Supp. 92-1). Amended effective November 10, 1997 (Supp. 97-4). Amended by final rulemaking at 6 A.A.R. 211, effective December 14, 1999 (Supp. 99-4). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 853, effective January 31, 2002 (Supp. 02-1). New Section R12-4-608 renumbered from R12-4-607

and amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

**R12-4-609. Commission Orders**

- A. Except as provided under subsection (B):
  1. At least 14 calendar days before a meeting where the Commission will consider a Commission Order, the Department shall:
    - a. Post a public meeting notice and agenda in accordance with A.R.S. § 38-431.02; and
    - b. Issue a public notice of the recommended Commission Order in print and electronic media.
  2. The Department shall ensure the public meeting notice and agenda includes:
    - a. The date, time, and location of the Commission meeting where the Commission Order will be considered;
    - b. A statement that the public may attend and present written comments at or before the meeting; and
    - c. A statement that a copy of the proposed Commission Order shall be made available to the public 10 calendar days before the meeting. Copies are available for public inspection on the Department's website and at Department offices in Phoenix, Pinetop, Flagstaff, Kingman, Yuma, Tucson, and Mesa.
  3. The Commission may make changes to the recommended Commission Order at the Commission meeting.
- B. The requirements of subsection (A) do not apply to a Commission Order that establishes:
  1. A supplemental hunt as authorized under R12-4-115;
  2. A special season for persons who possess a special license tag issued under A.R.S. § 17-346 and R12-4-120,
  3. A special season that allows fish to be taken by additional methods on waters where a fish die-off is imminent as established under R12-4-317(C), and
  4. A limited-entry fishing or hunting season as established under R12-4-116.
- C. The Department shall publish the content of all Commission orders and make them available to the public free of charge.

**Historical Note**

Adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended effective November 10, 1997 (Supp. 97-4). Amended by final rulemaking at 9 A.A.R. 610, effective April 6, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

**R12-4-610. Petitions for the Closure of State or Federal Lands to Hunting, Fishing, Trapping, or Operation of Motor Vehicles**

- A. A person requesting that the Commission consider closing state or federal land to hunting, fishing, or trapping as provided under A.R.S. § 17-304(B) or R12-4-110, or closing roads or trails on state lands as provided under R12-4-110, shall submit a petition as prescribed in this Section before the Commission will consider the request.
- B. A petitioner shall not address more than one contiguous closure request in a petition.
- C. A petitioner submitting a petition that addresses the same contiguous closure request previously considered and denied by



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the Commission shall provide an additional written statement that includes rationale not previously considered by the Commission.

- D.** A petitioner shall submit the petition form to the Arizona Game and Fish Department, Director's Office, 5000 W. Care-free Highway, Phoenix, AZ 85086. The petition form is furnished by the Department and is available at any Department office and on the Department's website. The petition form shall contain all of the following information:

1. Petitioner identification:
  - a. When the petitioner is the leaseholder of the area proposed for closure:
    - i. Name of person;
    - ii. Lease number;
    - iii. Physical and mailing address, if different from the physical address;
    - iv. Contact telephone number; and
    - v. Email, when available;
  - b. When the petitioner is anyone other than the leaseholder of the area proposed for closure:
    - i. Name of person;
    - ii. Lease number;
    - iii. Physical and mailing address, if different from the physical address;
    - iv. Contact telephone number;
    - v. Email, when available; and
    - vi. Name of each group or organization or organizations that the petitioner represents; or
  - c. When the petitioner is a public agency:
    - i. Name of person;
    - ii. Name of agency;
    - iii. Petitioner's title;
    - iv. Lease number;
    - v. Agency's physical and mailing address, if different from the physical address;
    - vi. Contact telephone number; and
    - vii. Email, when available;
2. Type of closure requested:
  - a. Hunting,
  - b. Fishing,
  - c. Trapping, or
  - d. Operation of motor vehicles.
3. Reason for petition:
  - a. Each reason why the closure should be considered under R12-4-110, A.R.S. § 17-304(B), or A.R.S. § 17-452(A);
  - b. Any data or other justification supporting the reasons for the closure with clear reference to any exhibits that may be attached to the petition;
  - c. Each person or segment of the public the petitioner believes will be impacted by the closure, including any other valid licensees, lessees, or permittees that will or may be affected, and how they will be impacted, including both positive and negative impacts;
  - d. If the petitioner is a public agency, a summary of issues raised in any public hearing or public meeting regarding the petition and a copy of written comments received by the petitioning agency; and
  - e. A proposed alternate access route, under R12-4-110.
4. A concise map identifying the specific location of the proposed closure;
5. Petitioner's signature;
6. Date on which the petition was signed; and

7. Any other information required by the Department.

- E.** The Department shall determine whether the petition complies with the requirements established under A.R.S. § 17-452, R12-4-110, and this Section within 15 business days after receiving the petition.

1. If the petition meets these requirements, and provided the petitioner has not agreed to an alternative solution or withdrawn the petition, the Department, in accordance with the schedule in subsection (F), shall place the petition on the agenda for the Commission's next regularly scheduled open meeting and provide written notice to the petitioner of the meeting date.

2. If a petition does not comply with the requirements prescribed under A.R.S. § 17-452, R12-4-110, and this Section:

- a. The Department shall return the petition to the petitioner, and
- b. Indicate in writing why the petition does not comply with this Section.

3. If the Department returns a petition to a petitioner for a reason that cannot be corrected, the Department shall serve on the petitioner a notice of appealable agency action under A.R.S. § 41-1092.03.

- F.** When the Department receives a petition not less than 60 calendar days before a regularly scheduled Commission meeting, the Department shall place the petition on the agenda for that meeting. A petition received after this time will be considered at the next regularly scheduled open meeting.

- G.** The petitioner may:

1. Present oral testimony in support of the petition at the Commission meeting, in accordance with the provisions established under R12-4-604.
2. Withdraw the petition or request a continuance to a later regularly scheduled open meeting at any time.

**Historical Note**

Adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Amended by final rulemaking at 16 A.A.R. 1465, effective July 13, 2010 (Supp. 10-3). Amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

**R12-4-611. Petition for a Hearing Before the Commission When No Remedy is Provided in Statute, Rule, or Policy**

- A.** A person may request a hearing before the Commission when an administrative remedy does not exist under statute, rule, or policy by submitting a petition as prescribed by this Section.

- B.** A petitioner shall submit the petition form to the Arizona Game and Fish Department, Director's Office, 5000 W. Care-free Highway, Phoenix, AZ 85086. The petition form is furnished by the Department and is available at any Department office and on the Department's website. The petition form shall contain all of the following information:

1. Petitioner identification:

- a. When the petitioner is a private person:
  - i. Name of person;
  - ii. Physical and mailing address, if different from the physical address;
  - iii. Contact telephone number; and
  - iv. Email, when available;
- b. When the petitioner is a private group or organization:

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- i. Name of the person designated as the contact for the group or organization;
    - ii. Physical and mailing address, if different from the physical address;
    - iii. Contact telephone number;
    - iv. Email, when available; or
  - c. When the petitioner is a public agency:
    - i. Name of person,
    - ii. Name of agency,
    - iii. Petitioner's title,
    - iv. Agency's physical and mailing address, if different from the physical address,
    - v. Contact telephone number, and
    - vi. Email, when available;
  - 2. Statement of Facts and Issues:
    - a. Description of issue to be resolved, and
    - b. Any facts relevant to resolving the issue;
  - 3. Specific proposed remedy;
  - 4. Petitioner's signature;
  - 5. Date on which the petition was signed; and
  - 6. Any other information required by the Department.
- C.** If a petition does not comply with this Section, the Department shall:
- 1. Return the petition to the petitioner, and
  - 2. Indicate in writing why the petition does not comply with this Section.
- D.** After the Department receives a petition that complies with this Section, the Department shall place the petition on the agenda of a regularly scheduled Commission meeting.
- E.** If the Commission votes to deny a petition, the Department shall not accept a subsequent petition on the same issue, unless the petitioner presents new evidence or reasons for considering the subsequent petition.
- F.** This Section does not apply to the following:
- 1. An action related to a license revocation, suspension, denial, or civil penalty;
  - 2. An unsuccessful hunt permit-tag draw application that did not involve an error on the part of the Department; or
  - 3. The reinstatement of a bonus point, except as authorized under R12-4-102.02(E).

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Amended by final rulemaking at 16 A.A.R. 1465, effective July 13, 2010 (Supp. 10-3). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1). Amended by final rulemaking at 29 A.A.R. 2196 (September 22, 2023), with an immediate effective date of September 1, 2023 (Supp. 23-3).

**ARTICLE 7. HERITAGE GRANTS****R12-4-701. Heritage Grant Definitions**

In addition to the definitions provided under A.R.S. §§ 17-101 and 17-296, the following definitions apply to this Article:

"Administrative subunit" means a branch, chapter, department, division, section, school, or other similar divisional entity of an eligible applicant. For example, an individual:

Administrative department, but not an entire city government;

Field office or project office, but not an entire agency; or

School, but not an entire school district.

"Eligible applicant" means any public agency, non-governmental organization, or nonprofit organization that meets the applicable requirements of this Article.

"Facilities" means any structure or site improvements.

"Fund" means the Arizona Game and Fish Commission Heritage Fund, established under A.R.S. § 17-297.

"Grant agreement" means a document that details the terms and conditions of a grant project.

"Grant effective date" means the date the Department Director signs the Grant Agreement.

"In-kind" means contributions other than cash, which include individual and material resources that the applicant makes available to the project, e.g. a public employee's salary, volunteer time, materials, supplies, space, or other donated goods and services.

"Participant" means an eligible applicant who has been awarded a grant from the Heritage Fund.

"Project" means an activity, or series of related activities, or services described in the specific project scope of work and results in specific end products.

"Project period" means the time during which a participant shall complete all approved work and related expenditures associated with an approved project.

"Public agency" means the federal government or any federal department or agency, an Indian tribe, this state, all state departments, agencies, boards, and commissions, counties, school districts, public charter schools, cities, towns, all municipal corporations, administrative subunits, and any other political subdivision.

"Publicly held lands" means federal, public, and reserved land, State Trust Land, and other lands within Arizona that are owned, controlled, or managed by the federal government, a state agency, or political subdivision.

"Term of public use" means the time period during which the project or facility is expected to be maintained for public use.

**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Amended by final rulemaking at 22 A.A.R. 2200, effective August 2, 2016 (Supp. 16-4).

**R12-4-702. General Provisions; Heritage Grant Fund Requirements**

**A.** The Department, in its sole discretion, may make Heritage Fund Grants available for projects that:

- 1. Are located in Arizona or benefit Arizona wildlife or its habitat; and
- 2. Meet the criteria established in the Heritage Grant application materials.

**B.** The Department shall:

- 1. Provide public notice of the time, location, and due date for application submission; and
- 2. Furnish materials necessary to complete the application.

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- C.** An applicant seeking Heritage Grant funding shall submit to the Department a Heritage Fund Grant application according to a schedule of due dates determined by the Director. An applicant shall provide the following information on the Heritage Grant application form:
1. The name of the applicant;
  2. Any county and legislative district where the project will be developed or upon which the project will have a direct impact;
  3. The name, title, mailing address, e-mail address, and telephone number of the individual responsible for the day-to-day management of the proposed project;
  4. Identification of the application criterion established in the Heritage Grant application materials;
  5. A descriptive project title;
  6. The name of the site, primary location, and any other locations of the project;
  7. Description of the:
    - a. Scope of work and the objective of the proposed project,
    - b. Methods for achieving the objective, and
    - c. Desired result of the project;
  8. The beginning and ending dates for the project;
  9. The resources needed to accomplish the project, including grant monies requested, and, if applicable, evidence of secured matching funds or contributions; and
  10. Any additional supporting information required by the Department.
  11. Signature and date. The person signing the grant application form shall have the authority to enter into agreements, accept funding, and fulfill the terms of the Grant Agreement on behalf of the applicant.
- D.** A person applying for multiple projects shall submit a separate application for each project.
- E.** An applicant shall demonstrate ownership or control of the project. Ownership or control may be demonstrated through fee title, lease, easement, or agreement. For all other project types related to sites not controlled by an applicant, an applicant shall provide written permission from the property owner authorizing the project activities and access. The applicant's proof of ownership or control or written permission shall demonstrate:
1. Permission for access is not revocable at will by the property owner, and
  2. Public access will be granted to the project site for the life of the project, unless the purpose of the project proposal is to limit access.
- F.** Heritage Grant proposals are competitive and the Department shall make awards based on a proposed project's compatibility with the priorities of the Department, as approved by the Commission.
- G.** The Department may require an applicant to modify the application prior to awarding a Heritage Grant, if the Department determines that the modification is necessary for the successful completion of the project.
- H.** When applicable, the Department shall not release Heritage Grant funds until after the Department has consulted with the State Historic Preservation Office regarding the proposed project's potential impact on historic and archaeological properties and resources.
- I.** The Department shall notify an applicant in writing of the results of the applicant's submission and announce Heritage Grant awards at a regularly scheduled open meeting of the Commission.
- J.** A participant shall:
1. Sign the Grant Agreement before the Department transfers any grant funds.
  2. Deposit transferred Heritage Grant funds in a dedicated account carrying the name and number of the project. In the event the funds are deposited in an interest-bearing account, any interest earned shall be:
    - a. Used for the purpose of furthering the project, with prior approval from the Department; or
    - b. Remitted to the Department upon completion of the project.
  3. Complete the project as specified under the terms and conditions of the Grant Agreement.
  4. Use awarded Heritage Grant funds solely for the project described in the application and as approved by the Department.
  5. Bear full responsibility for performance of its subcontractors to ensure compliance with the Grant Agreement.
  6. Pay all costs associated with the operation and maintenance of properties, facilities, equipment, services, publications, and other media funded by a Heritage Grant for the term of public use as specified in the Grant Agreement.
  7. Submit records that substantiate the expenditure of Heritage Grant funds. In addition, each participant shall retain and shall contractually require each subcontractor to retain all books, accounts, reports, files, and any other records relating to the acquisition and performance of the contract for a period of five years from the end date of the project period. The Department may inspect and audit participant and subcontractor records as prescribed under A.R.S. § 35-214. Upon the Department's request, a participant or subcontractor shall produce a legible copy of these records.
  8. Allow Department employees or agents to conduct inspections and reviews:
    - a. To ensure compliance with all terms and conditions established under the Grant Agreement.
    - b. Before release of the final payment.
  9. Give public acknowledgment of Heritage Fund grant assistance for the term of public use of a project. If a project involves acquisition of property, development of public access, or renovation of a habitat site, the participant shall install a permanent sign describing the funding sources. The participant may include the cost of this signage as part of the original project. The participant is responsible for maintenance or replacement of the sign as required. For other project types, the participant shall include Heritage Fund grant funding acknowledgment on any publicly available or accessible products resulting from the project.
- K.** A participant shall not:
1. Begin a project described in the application until after the grant effective date.
  2. Use Heritage Grant funds for the purpose of producing income unless authorized by the Department. A participant shall use all income generated to further the purpose of the approved project or surrender the income to the original funding source.
  3. Comingle Heritage Grant funds with any other funds.
  4. Use Heritage Grant funds to pay the salary of any public agency employee. A participant may use a public agency's employee's time as in-kind match for the project specified in the Grant Agreement.

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- L.** The parties may amend the terms of the Grant Agreement by mutual written consent. The Department shall prepare any approved amendment in writing, and both the Department and the Grantee shall sign the amendment.
- M.** The Department and the participant may amend the Grant Agreement during the project period. A participant seeking to amend the Grant Agreement shall submit a written request that includes justification to amend the Grant Agreement. The Department shall prepare any approved amendment in writing and both the Department and the participant shall sign the amendment.
- N.** A participant shall submit project status reports, as required in the Grant Agreement. If a participant fails to submit a project status report, the Department may not release any remaining grant monies until the participant has submitted all past due project status reports. The project status report shall include the following information, as applicable:
1. Progress in completing approved work;
  2. Itemized, cumulative project expenditures;
  3. A financial accounting of:
    - a. Heritage Grant Funds,
    - b. Matching funds,
    - c. Donations, and
    - d. Income derived from project funds;
  4. Any delays or problems that may prevent the on-time completion of the project; and
  5. Any other information required by the Department.
- O.** At the end of the project period and for each year until the end of the term of public use, a participant shall:
1. Certify compliance with the Grant Agreement, and
  2. Complete a post-completion report form furnished by the Department.
- P.** Upon completion of approved project elements, if a balance of awarded Heritage Grant funds remains, the participant may:
1. Use the unexpended funds for an additional project consistent with the original scope of work, when approved by the Department; or
  2. Surrender the unexpended funds to the Department.
- Q.** Upon completion of the project a participant shall:
1. Surrender equipment with an acquisition cost of more than \$500 to the Department upon completion, or
  2. Use equipment purchased with Heritage Grant funds in a manner consistent with the purposes of the Grant Agreement.
- R.** A participant may request an extension beyond the approved project period by writing to the Department.
1. Requests for an extension shall be submitted by the participant no later than 30 days before the end of the project period.
  2. If approved, an extension shall be signed by both the participant and the Department.
- S.** A participant that has a Heritage Grant funded project in extension shall not apply for, nor be considered for, further Heritage Grants until the administrative subunit's project under extension is completed.
- T.** In addition, the Department may administratively extend the project period for good cause such as, but not limited to, inclement weather, internal personnel changes, or to complete the final closure documents.
- U.** A participant that failed to comply with the terms and conditions of a Grant Agreement shall not apply for, nor be considered for, further Heritage Grants until the participant's project is brought into compliance.
- V.** If a participant is not in compliance with the Grant Agreement, the Department may:
1. Terminate the Grant Agreement,
  2. Seek recovery of grant monies awarded, and
  3. Classify the participant as ineligible for Heritage Fund Grants for a period of up to five years.

**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Amended by final rulemaking at 22 A.A.R. 2200, effective August 2, 2016 (Supp. 16-4).

**R12-4-703. Repealed****Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-703 renumbered to R12-4-705; new Section R12-4-703 made by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 22 A.A.R. 2200, effective August 2, 2016 (Supp. 16-4).

**R12-4-704. Repealed****Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-704 repealed; new Section R12-4-704 renumbered from R12-4-709 and amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 22 A.A.R. 2200, effective August 2, 2016 (Supp. 16-4).

**R12-4-705. Repealed****Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-705 repealed; new Section R12-4-705 renumbered from R12-4-703 and amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 22 A.A.R. 2200, effective August 2, 2016 (Supp. 16-4).

**R12-4-706. Repealed****Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-706 repealed; new Section R12-4-706 renumbered from R12-4-710 and amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 22 A.A.R. 2200, effective August 2, 2016 (Supp. 16-4).

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**R12-4-707. Repealed**

**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-707 repealed; new Section R12-4-707 renumbered from R12-4-711 and amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 22 A.A.R. 2200, effective August 2, 2016 (Supp. 16-4).

**R12-4-708. Repealed**

**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-708 repealed; new Section R12-4-708 renumbered from R12-4-712 and amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 22 A.A.R. 2200, effective August 2, 2016 (Supp. 16-4).

**R12-4-709. Renumbered**

**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-709 renumbered to R12-4-704 by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2).

**R12-4-710. Renumbered**

**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-710 renumbered to R12-4-706 by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2).

**R12-4-711. Renumbered**

**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-711 renumbered to R12-4-707 by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2).

**R12-4-712. Renumbered**

**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-712 renumbered to R12-4-708 by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2).

**ARTICLE 8. WILDLIFE AREAS AND DEPARTMENT PROPERTY**

**R12-4-801. General Provisions**

**A. Wildlife Areas:**

1. Wildlife areas shall be established to:

- a. Provide protective measures for wildlife, habitat, or both;
  - b. Allow for hunting, fishing, and other recreational activities that are compatible with wildlife habitat conservation and education;
  - c. Allow for special management or research practices; and
  - d. Enhance wildlife and habitat conservation.
2. Wildlife areas shall be:
    - a. Lands owned, leased, or otherwise managed by the Commission;
    - b. Federally-owned lands of unique wildlife habitat where cooperative agreements provide wildlife management and research implementation; or
    - c. Any lands with property interest conveyed to the Commission by any entity, through an approved land use agreement, including but not limited to deeds, patents, leases, conservation easements, special use permits, licenses, management agreements, inter-agency agreements, letter agreements, and right-of-entry, where the property interest conveyed is sufficient for management of the lands consistent with the objectives of the wildlife area.
  3. Land qualified for wildlife areas shall be:
    - a. Lands with unique topographic or vegetative characteristics that contribute to wildlife,
    - b. Lands where certain wildlife species are confined because of habitat demands,
    - c. Lands that can be physically managed and modified to attract wildlife, or
    - d. Lands that are identified as critical habitat for certain wildlife species during critical periods of their life cycles.
  4. The Department may temporarily restrict public access to and public use of wildlife areas and the resources of wildlife areas for up to 90 days when necessary to protect property, ensure public safety, or to ensure maximum benefits to wildlife. Closures or restrictions exceeding 90 days shall require Commission approval.
  5. Closures of all or any part of a wildlife area to public entry, and any restriction to public use of a wildlife area, shall be listed in this Article or shall be clearly posted at each entrance to the wildlife area. Such restrictions will include restrictions on the timing, type, or duration of certain activities on a wildlife area, including a prohibition on access to a wildlife area or type of use. No person shall conduct an activity restricted by this Article or by such posting.
- B. Commission-owned real property and -managed lands other than Wildlife Areas:**
1. The Department may take action to manage public access and use of any Commission-owned real property or facilities. Such actions may include restrictions on the timing, type, or duration of certain activities, including a prohibition on access to Commission-owned real property and -managed lands or the type of use.
  2. A person shall not access or use any Commission-owned real property, facilities, or -managed lands in violation of any Department actions authorized under subsection (B)(1), if signs are posted providing notice of the restrictions.

**Historical Note**

New Section adopted by exempt rulemaking at 6 A.A.R. 1731, effective May 1, 2000 (Supp. 00-2). Amended by

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exempt rulemaking at 17 A.A.R. 800, effective June 20, 2011 (Supp. 11-2). Amended by exempt rulemaking at 18 A.A.R. 1070, effective June 15, 2012 (Supp. 12-2). Amended by exempt rulemaking at 22 A.A.R. 951, effective June 7, 2016 (Supp. 16-2). Amended by final exempt rulemaking at 27 A.A.R. 242, effective April 5, 2021 (Supp. 21-1). Amended by exempt rulemaking at 32 A.A.R. 256 (January 23, 2026), effective April 1, 2026 (Supp. 25-4).

**R12-4-802. Wildlife Area and Other Department Managed Property Restrictions and Allowable Activities**

**A.** The following general provisions apply to all wildlife areas unless specifically authorized, prohibited, modified or addressed in R12-4-802B, or if the wildlife area has posted signs authorizing or prohibiting the activity:

1. Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
2. Motorized vehicle and electric bicycle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). Motor vehicle travel restrictions in this rule do not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
3. Overnight public camping allowed for no more than 14 days within a 30-day period.
4. Wood gathering is limited to dead and down material, for onsite noncommercial use only.
5. Campfires allowed. All fires must be extinguished when not being attended. Fires may be further restricted or prohibited with seasonal restrictions, as enacted by the Arizona Department of Forestry and Fire Management (DFFM).
6. Wildlife areas are closed to the discharge of firearms, muzzleloaders, precharged pneumatic weapons or archery within a 1/4 mile of any occupied structure, unless authorized by the Department.
7. Knowingly excavating or collecting any historic, archaeological or paleontological specimen or resource is prohibited under A.R.S. § 41-841.

**B.** No person shall violate the following regulations on Wildlife Areas:

1. Alamo Wildlife Area (located in Units 16A and 44A): Posted portions closed to all public entry.
2. Allen Severson Wildlife Area (located in Unit 3B): The rules and regulations of the land management agency (Apache-Sitgreaves National Forest) apply to this wildlife area.
3. Aravaipa Canyon Wildlife Area (located in Units 31 and 32):
  - a. Access through the Aravaipa Canyon Wildlife Area within the Aravaipa Canyon Wilderness Area is by permit only, available through the Safford Office of the Bureau of Land Management.
  - b. This wildlife area is closed to the discharge of all firearms.
4. Arivaca Lake Wildlife Area (located in Unit 36B): No additional regulations apply to this wildlife area.
5. Arlington Wildlife Area (located in Unit 39):
  - a. No open fires.
  - b. No firewood cutting or gathering.
  - c. No overnight public camping.
  - d. Motorized vehicle and electric bicycle travel are prohibited within agriculture and crop production areas.

- e. If conducted during an event approved under R12-4-125, target or clay bird shooting is permitted in designated areas only.
- f. This wildlife area is closed to the discharge of centerfire rifled firearms.
6. Base and Meridian Wildlife Area (located in Units 39, 26M, and 47M):
  - a. No open fires.
  - b. No firewood cutting or gathering.
  - c. No overnight public camping.
  - d. No target or clay bird shooting.
  - e. Motorized vehicle and electric bicycle travel are prohibited, except for big game retrieval as permitted under R12-4-110(H).
  - f. Posted portions closed to hunting.
  - g. This wildlife area is closed to the discharge of centerfire rifled firearms.
7. Becker Lake Wildlife Area (located in Unit 1):
  - a. No open fires.
  - b. No firewood cutting or gathering.
  - c. No overnight public camping.
  - d. The Becker Lake boat launch access road and parking areas along with any other posted portions of the wildlife area will be closed to all public entry from one hour after sunset to one hour before sunrise daily.
  - e. Posted portions closed to all public entry.
  - f. Posted portions closed to hunting.
  - g. This wildlife area is closed to the discharge of centerfire rifled firearms.
8. Bog Hole Wildlife Area (located in Unit 35B): Motorized vehicle and electric bicycle travel are prohibited, except for big game retrieval as permitted under R12-4-110(H).
9. Chevelon Canyon Ranches Wildlife Area (located in Unit 4A): No additional regulations apply to this wildlife area.
10. Chevelon Creek Wildlife Area (located in Unit 4B):
  - a. No open fires.
  - b. No firewood cutting or gathering.
  - c. No overnight public camping.
  - d. Posted portions closed to all public entry.
  - e. No target or clay bird shooting.
  - f. Posted portions closed to waterfowl hunting from October 1 through February 15 annually.
11. Cibola Valley Conservation and Wildlife Area (located in unit 43A):
  - a. No open fires.
  - b. No firewood cutting or gathering.
  - c. No overnight public camping.
  - d. Motorized vehicle and electric bicycle travel are prohibited within agriculture and crop production areas.
  - e. Posted portions closed to all public entry.
12. Clarence May and C.H.M. May Memorial Wildlife Area (located in Unit 29): Closed to hunting, except for predator hunts authorized by Commission Order.
13. Cluff Ranch Wildlife Area (located in Unit 31):
  - a. Open fires allowed in designated areas only. All fires must be extinguished when not being attended. Fires may be further restricted or prohibited with seasonal restrictions, as enacted by the Arizona Department of Forestry and Fire Management (DFFM).

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- b. Overnight public camping allowed in designated areas only, for no more than 14 days within a 30-day period.
  - c. Posted portions around Department housing and Pond Three are closed to discharge of all firearms.
  - d. This wildlife area is closed to the discharge of centerfire rifled firearms.
- 14. Coal Mine Spring Wildlife Area (located in Unit 34A):
  - a. No open fires.
  - b. No firewood cutting or gathering.
  - c. Motorized vehicle and electric bicycle travel are prohibited, except for big game retrieval as permitted under R12-4-110(H).
- 15. Colorado River Nature Center Wildlife Area (located in Unit 15D):
  - a. No open fires.
  - b. No firewood cutting or gathering.
  - c. No overnight public camping.
  - d. Motorized vehicle and electric bicycle travel permitted on designated roads or areas only.
  - e. Closed to the discharge of firearms.
  - f. Closed to hunting.
- 16. Fool Hollow Lake Wildlife Area (located in Unit 3C):
  - a. No open fires.
  - b. No firewood cutting or gathering.
  - c. No overnight public camping.
  - d. The parking area adjacent to Sixteenth Avenue and other posted portions of the wildlife area will be closed to all public entry daily from one hour after sunset to one hour before sunrise, except for anglers possessing a valid fishing license accessing Fool Hollow Lake/Show Low Creek.
  - e. This wildlife area is closed to the discharge of centerfire rifled firearms.
- 17. House Rock Wildlife Area (located in Unit 12A):
  - a. The rules and regulations of the land management agency (Kaibab National Forest) apply to this wildlife area.
  - b. Members of the public shall remain in an enclosed vehicle at all times when within one-quarter mile of any bison, except when taking bison or accompanied by Department personnel.
- 18. Jacques Marsh Wildlife Area (located in Unit 3B): The rules and regulations of the land management agency (Apache-Sitgreaves National Forest) apply to this wildlife area.
- 19. Lamar Haines Wildlife Area (located in Unit 7):
  - a. No open fires.
  - b. Wood cutting by permit only and gathering limited to dead and down material, for noncommercial use only. Members of the public shall obtain a wood cutting permit from the Flagstaff Game and Fish Department regional office.
  - c. No overnight public camping.
  - d. Motorized vehicle and electric bicycle travel allowed for permitted wood cutting and big game retrieval as permitted under R12-4-110(H).
- 20. Lower San Pedro River Wildlife Area (located in Units 32 and 37B):
  - a. Posted portions closed to all public entry.
  - b. Posted portions closed to hunting.
- 21. Luna Lake Wildlife Area (located in Unit 1):
  - a. The rules and regulations of the land management agency (Apache-Sitgreaves National Forest) apply to this wildlife area.
  - b. Posted portions closed to all public entry from February 15 through July 31 annually.
- 22. Manhattan Claims Wildlife Area (located in Unit 29): No additional regulations apply to this wildlife area.
- 23. Mittry Lake Wildlife Area (located in Unit 43B):
  - a. No Camping in posted day use only areas.
  - b. Posted portions closed to all public entry.
  - c. Mittry Lake is a "No Ski" waterway as defined under R12-4-501.
- 24. Planet Ranch Conservation and Wildlife Area (located in Units 16A and 44A):
  - a. No open fires.
  - b. No firewood cutting or gathering.
  - c. Overnight public camping allowed in designated areas only, for no more than 14 days within a 30-day period.
  - d. The posted Lower Colorado River Multi-Species Conservation Program habitat area is closed to motor vehicle and electric bicycle use.
  - e. Posted portions closed to public entry.
  - f. Posted portions closed to hunting.
- 25. Powers Butte (Mumme Farm) Wildlife Area (located in Unit 39):
  - a. No open fires.
  - b. No firewood cutting or gathering.
  - c. No overnight public camping.
  - d. Motorized vehicle and electric bicycle travel are prohibited within agriculture and crop production areas.
  - e. If conducted during an event approved under R12-4-125, target or clay bird shooting is permitted in designated areas only.
  - f. This wildlife area is closed to the discharge of centerfire rifled firearms.
- 26. Quigley-Achee Wildlife Area (located in Unit 41):
  - a. No open fires.
  - b. No overnight public camping.
  - c. Motorized vehicle and electric bicycle travel are prohibited within agriculture and crop production areas.
  - d. Posted portions closed to all public entry.
  - e. Posted portions closed to hunting.
- 27. Raymond Wildlife Area (located in Unit 5B):
  - a. Open fires allowed in designated campgrounds only. All fires must be extinguished when not being attended. Fires may be further restricted or prohibited with seasonal restrictions, as enacted by the Arizona Department of Forestry and Fire Management (DFFM).
  - b. Overnight public camping permitted in designated areas only, for no more than 14 days within a 30-day period.
  - c. All-terrain and utility type vehicles are prohibited as defined under A.R.S. 28-101.
  - d. Posted portions closed to all public entry from May 1 through July 29 annually.
  - e. Posted portions closed to hunting periodically during hunting seasons.
  - f. Members of the public shall remain in an enclosed vehicle at all times when within one-quarter mile of

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- any bison, except when taking bison or accompanied by Department personnel.
28. Robbins Butte Wildlife Area (located in Unit 39):
    - a. No open fires.
    - b. No firewood cutting or gathering.
    - c. No overnight public camping.
    - d. Parking in designated areas only.
    - e. If conducted during an event approved under R12-4-125, target or clay bird shooting is permitted in designated areas only.
    - f. This wildlife area is closed to the discharge of centerfire rifled firearms.
  29. Roosevelt Lake Wildlife Area (located in Units 22, 23, and 24B): Posted portions closed to hunting and all public entry from November 15 through February 15 annually.
  30. Santa Rita Wildlife Area (located in Unit 34A):
    - a. Open fires allowed in designated areas only. All fires must be extinguished when not being attended. Fires may be further restricted or prohibited with seasonal restrictions, as enacted by the Arizona Department of Forestry and Fire Management (DFFM).
    - b. Overnight public camping permitted in designated areas only, for no more than 14 days within a 30-day period.
    - c. Posted portions closed to all public entry.
  31. Sipe White Mountain Wildlife Area (located in Unit 1): No firewood cutting or gathering.
  32. Springerville Marsh Wildlife Area (located in Unit 2B):
    - a. No open fires.
    - b. No firewood cutting or gathering.
    - c. No overnight public camping.
    - d. This wildlife area is closed to the discharge of all firearms.
  33. Sunflower Flat Wildlife Area (located in Unit 8):
    - a. Walk-in overnight public camping allowed for no more than 14 days within a 30-day period.
    - b. Motorized vehicle and electric bicycle travel are prohibited, except for big game retrieval as permitted under R12-4-110(H).
  34. Three Bar Wildlife Area (located in Unit 22): Motorized vehicle and electric bicycle travel are prohibited within the Three Bar Wildlife and Habitat Study Area (within the Forest Road 647 loop).
  35. Tucson Mountain Wildlife Area (located in Unit 38M):
    - a. Posted portions and those portions identified on the online check-in system wildlife area map are closed to hunting.
    - b. Firearms and pre-charged pneumatic weapons are prohibited for the take of wildlife.
    - c. Archery hunters must check-in online with the Arizona Game and Fish Department prior to going afield.
  36. Upper Verde River Wildlife Area (located in Unit 8 and 19A):
    - a. No open fires.
    - b. No firewood cutting or gathering.
    - c. No overnight public camping allowed.
    - d. Motorized vehicle and electric bicycle travel are prohibited, except for big game retrieval as permitted under R12-4-110(H).
  37. Wenima Wildlife Area (located in Unit 2B):
    - a. No open fires.
    - b. No firewood cutting or gathering.
    - c. No overnight public camping.
    - d. No target or clay bird shooting.
  38. White Mountain Grasslands Wildlife Area (located in Unit 1):
    - a. Posted portions closed to all public entry.
    - b. If conducted during an event approved under R12-4-125, target or clay bird shooting is permitted in designated areas only.
  39. Whitewater Draw Wildlife Area (located in Unit 30B):
    - a. No open fires except as authorized by the Department.
    - b. Posted portions closed to all public entry from October 15 through March 15 annually.
    - c. This wildlife area is closed to the discharge of centerfire rifled firearms.
  40. Wilcox Playa Wildlife Area (located in Unit 30A): Posted portions closed to hunting and all public entry from October 15 through March 15 annually.
- C. Notwithstanding Commission Order 40, public access and use of the Hirsch Conservation Education Area and Biscuit Tank is limited to activities conducted and offered by the Department and in accordance with the Department's special management objectives for the property, which include, but are not limited to, flexible harvest, season, and methods that:**
1. Allow for a variety of fishing techniques, fish harvest, fish consumption, and catch and release educational experiences;
  2. Maintain a healthy, productive, and balanced fish community; and
  3. Provide public education activities and training courses that are compatible with the management of aquatic wildlife.

**Historical Note**

New Section adopted by exempt rulemaking at 6 A.A.R. 1731, effective May 1, 2000 (Supp. 00-2). Amended by exempt rulemaking at 8 A.A.R. 2107, effective May 1, 2002 (Supp. 02-2). Amended by exempt rulemaking at 9 A.A.R. 3141, effective August 23, 2003 (Supp. 03-2). Amended by exempt rulemaking at 10 A.A.R. 1976, effective May 14, 2004 (Supp. 04-2). Amended by exempt rulemaking at 11 A.A.R. 1927, effective May 20, 2005 (Supp. 05-2). Amended by exempt rulemaking at 12 A.A.R. 1698, effective May 19, 2006 (Supp. 06-2). Amended by exempt rulemaking at 13 A.A.R. 1741, effective May 18, 2007 (Supp. 07-2). Amended by exempt rulemaking at 14 A.A.R. 1841, effective April 22, 2008 (Supp. 08-2). Amended by exempt rulemaking at 16 A.A.R. 397, effective March 5, 2010 (Supp. 10-1). Amended by exempt rulemaking at 17 A.A.R. 800, effective June 20, 2011 (Supp. 11-2). Amended by exempt rulemaking at 18 A.A.R. 1070, effective June 15, 2012 (Supp. 12-2). Amended by exempt rulemaking at 19 A.A.R. 931, effective June 17, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 841, effective June 17, 2014 (Supp. 14-1). Amended by exempt rulemaking at 22 A.A.R. 951, effective June 7, 2016 (Supp. 16-2). Amended by exempt rulemaking at 22 A.A.R. 2209, effective October 4, 2016 (Supp. 16-4). Amended by final exempt rulemaking at 27 A.A.R. 242, effective April 5, 2021 (Supp. 21-1). Amended by exempt rulemaking at 32 A.A.R. 256 (January 23, 2026), effective April 1, 2026 (Supp. 25-4).

**R12-4-803. Wildlife Area and Other Department Managed**



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**Property Boundary Descriptions****A.** For the purposes of this Section:

“B.C.” means brass cap.

“B.C.F.” means brass cap flush.

“G&SRB&M” means Gila and Salt River Base and Meridian.

“M&B” means metes and bounds.

“R” means Range line.

“T” means Township line.

**B.** Wildlife Areas are described as follows:

## 1. Alamo Wildlife Area: The Alamo Wildlife Area shall be those areas described as follows:

T10N, R13W; Section 3 N1/2, SW1/4, SE1/4 Mohave County only; Section 4, E1/2SW1/4, SE1/4; Section 9, NE1/4, E1/2NW1/4; Section 10, NW1/4NW1/4, NE1/4NW1/4 within designated Wilderness Area. T11N, R11W; Section 7, S1/2SW1/4; Section 18, N1/2 NW1/4; T11N, R12W; Section 4, Lots 2, 3 and 4, SW1/4NE1/4, S1/2NW1/4, SW1/4, W1/2SE1/4; Section 5, Lot 1, SE1/4NE1/4, E1/2SE1/4; Section 7, S1/2, SE1/4 NE1/4; Section 8, NE1/4, S1/2NW1/4, S1/2; Section 9; Section 10, S1/2NW1/4, S1/2; Section 11, S1/2S1/2; Section 12, S1/2S1/2; Section 13, N1/2, N1/2SW1/4, NW1/4SE1/4; Section 14, N1/2, E1/2SE1/4; Section 15, N1/2, SW1/4SW1/4, SW1/4SE1/4; Section 16, 17, 18 and 19; Section 20, N1/2, N1/2SW1/4; Section 21, NW1/4; Section 29, SW1/4, SW1/4SE1/4; Section 30; Section 31, N1/2, N1/2S1/2; Section 32, NW1/4, N1/2SW1/4; T11N, R13W; Section 12, SE1/4SW1/4, SW1/4SE1/4, E1/2SE1/4; Section 13; Section 14, S1/2NE1/4, SE1/4SW1/4, SE1/4; Section 22, S1/2SW1/4, SE1/4; Section 23, E1/2, E1/2NW1/4, SW1/4NW1/4, SW1/4; Section 24, 25 and 26; Section 27, E1/2, E1/2W1/2; Section 34, E1/2, E1/2NW1/4, SW1/4; Section 35 W1/2, W1/2NE1/4; T12N, R12W; Section 19, E1/2, SE1/4SW1/4; Section 20, NW1/4NW1/4, SW1/4SW1/4; Section 28, W1/2SW1/4; Section 29, W1/2NW1/4, S1/2, SE1/4NW1/4; Section 30, E1/2, E1/2NW1/4, NE1/4SW1/4; Section 31, NE1/4NE1/4; Section 32, N1/2, N1/2SE1/4, SE1/4SE1/4; Section 33, W1/2E1/2, W1/2; all in G&SRB&M, Mohave and La Paz Counties, Arizona.

## 2. Allen Severson Memorial Wildlife Area: The Allen Severson Memorial Wildlife Area shall be that area including Pintail Lake and South Marsh lying within the fenced and posted portions of:

T11N, R22E; Section 32, SE1/4; Section 33, S1/2SW1/4; T10N, R22E; Section 4, N1/2NW1/4; T10N, R22E; Section 4: the posted portion of the NW1/4SW1/4; all in G&SRB&M, Navajo County, Arizona, consisting of approximately 300 acres.

## 3. Aravaipa Canyon Wildlife Area: The Aravaipa Canyon Wildlife Area shall be that area within the flood plain of Aravaipa Creek and the first 50 vertical feet above the streambed within the boundaries of the Aravaipa Canyon Wilderness Area administered by the Bureau of Land Management (BLM), Graham and Pinal Counties, Arizona.

## 4. Arivaca Lake Wildlife Area: The Arivaca Lake Wildlife Area shall be those areas described as:

A parcel or land located in Sections 6, 7 and 8 all of which being situated in T22S, R11E of the G&SRB&M, Pima County, Arizona described as follows: Commencing at the N1/4 corner of said Section 7 run thence S

43°42'30" E (assumed bearing) a distance of 742.14 feet to point 1, the point of Beginning; thence N 81°26'32" E a distance of 705.76 feet to point 2; thence N 09°54'25" E a distance of 305.96 feet to point 3; thence N 21°43'49" E a distance of 872.20 feet to point 4; thence S 84°14'14" E a distance of 471.36 feet to point 5; thence N 28°12'16" E a distance of 357.98 feet to point 6; thence N 85°30'7" E a distance of 110.05 feet to point 7; thence S 02°03'27" W a distance of 417.50 feet to point 8; thence N 88°20'00" E a distance of 141.99 feet to point 9; thence S 27°29'57" W a distance of 341.84 feet to point 10; thence N 60°20'59" W a distance of 297.87 feet to point 11; thence S 38°10'38" W a distance of 363.79 feet to point 12; thence S 03°36'24" E a distance of 222.07 feet to Point 13; thence S 59°52'05" E a distance of 133.71 feet to point 14 from which the northeast corner of said Section 7 bears N 76°07'51" E a distance of 689.94 feet, said northeast corner also being the common Section corner of Sections 5, 6, 7 and 8 of said Township and Range; thence S 59°18'56" W a distance of 225.86 feet to point 15; thence S 14°38'09" W a distance of 184.94 feet to point 16; thence N 73°08'58" E a distance of 282.60 feet to point 17; thence S 33°21'50" W a distance of 275.24 feet to point 18; thence S 16°37'03" E a distance of 294.45 feet to point 19; thence S 60°13'45" E a distance of 187.22 feet to point 20; thence N 09°21'57" E a distance of 502.65 feet to point 21; thence S 57°19'17" E a distance of 175.82 feet to point 22; thence S 06°20'39" W a distance of 405.88 feet to point 23; thence S 73°13'57" E a distance of 307.36 feet to point 24; thence N 72°27'59" E a distance of 108.77 feet to point 25; thence N 13°07'02" E a distance of 316.07 foot to point 26; thence N 15°41'38" E a distance of 292.54 feet to point 27; thence S 16°25'12" E a distance of 338.44 feet to point 28; thence N 60°53'52" E a distance of 349.03 feet to point 29; thence N 68°30'49" E a distance of 286.09 feet to point 30; thence S 09°14'22" W a distance of 396.67 feet to point 31; thence S 42°27'47" W a distance of 265.50 feet to point 32; thence N 86°09'01" W a distance of 253.50 feet to point 33; thence S 34°29'33" W a distance of 500.53 feet to point 34; thence S 59°56'05" W a distance of 120.42 feet to point 35; thence N 71°17'44" W a distance of 228.54 feet to point 36; thence S 69°42'17" W a distance of 120.88 feet to point 37; thence S 12°12'05" E a distance of 146.20 feet to point 38; thence S 83°22'20" E a distance of 339.63 feet to point 39; thence N 34°26'45" E a distance of 345.01 feet to point 40; thence N 88°14'41" E a distance of 272.60 feet to point 41; thence S 54°11'52" E a distance of 246.09 feet to point 42; thence S 76°42'33" W a distance of 304.58 feet to point 43; thence S 25°02'30" W a distance of 515.24 feet to point 44; thence N 54°58'47" W a distance of 330.22 feet to point 45; thence S 59°01'38" W a distance of 443.06 feet to point 46; thence S 28° 40' 19" E a distance of 381.98 feet to point 47; thence S 42°18'41" E a distance of 436.71 feet to point 48 from which the E1/4 corner of said Section 7 and common to the W1/4 corner of said Section 8 bears N 04°23'16" E a distance of 126.73 feet; thence N 87°40'07" E a distance of 385.96 feet to point 49; thence S 46°57'39" E a distance of 243.05 feet to point 50; thence S 13°06'06" W a distance of 183.34 feet to point 51; thence N 55°28'27" W a distance of 228.94 feet to point 52; thence S 55°08'41" W a distance of 330.40 feet to point 53; thence S 48°10'36" E

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a distance of 218.70 feet to point 54; thence S 06°38'09" E a distance of 140.86 feet to point 55; thence S 28° 04'14" E a distance of 892.21 feet to point 56; thence S 12°20'35" W a distance of 181.98 feet to point 58; thence S 63°52'33" E a distance of 230.70 feet to point 59; thence S 72°30'09" E a distance of 335.12 feet to point 60; thence S 41°39'07" W a distance of 498.00 feet to point 61; thence N 86°49'30" W a distance of 330.81 feet to point 62; thence N 34°09'15" W a distance of 1380.92 feet to point 63; thence S 86°14'38" W a distance of 310.49 feet to point 64; thence N 04°22'03" W a distance of 206.30 feet to point 65; thence N 70°41'46" E a distance of 226.45 feet to point 66; thence N 10°01'58" E a distance of 468.22 feet to point 67; thence N 67°59'02" W a distance of 220.56 feet to point 68; thence N 36°50'14" W a distance of 360.36 feet to point 69; thence N 04°31'00" E a distance of 187.56 feet to point 69A; thence N 53°13'11" W a distance of 85.56 feet to point 69B; thence S 31°01'48" W a distance of 322.05 feet to point 70; thence S 16°55'20" W a distance of 1033.42 feet to point 71; thence S 32°45'38" E a distance of 209.12 feet to point 72; thence S 64°28'24" W a distance of 319.54 feet to point 73; thence S 24°35'49" W a distance of 264.49 feet to point 74; thence S 42°38'39" W a distance of 428.36 feet to point 75; thence N 88°49'40" W a distance of 549.92 feet to point 76 from which the S1/4 corner of said Section 7 bears S 28°36'15" W a distance of 730.77 feet; thence N 27°38'55" W a distance of 456.55 feet to point 76A; thence N 21°18'02" E a distance of 2170.03 feet to point 78; thence N 00°01'17" E a distance of 958.28 feet to point 79; thence S 89°36'36" W a distance of 624.49 feet to point 80; thence N 00°05'06" E a distance of 553.06 feet to point 81 from which the N1/4 corner of said Section 7 bears N 14°02'18" W a distance of 734.38 feet; thence N 62°15'48" E a distance of 378.12 feet to the point of beginning; consisting of approximately 195.04 acres.

5. Arlington Wildlife Area: The Arlington Wildlife Area shall be those areas described as follows: T1S, R5W, Section 33, E1/2SE1/4; T2S, R5W, Section 3, W1/2W1/2, Section 4, E1/2, and Parcel 401-58-001A as described by the Maricopa County Assessor's Office; a parcel of land lying within Section 4, T2S, R5W, more particularly described as follows: commencing at the southwest corner of said Section 4, 2-inch aluminum cap (A.C.) in pothole stamped "RLS 36562", from which the northwest corner of said Section, a 1 1/2-inch B.C. stamped "T1S R5W S32 S33 S5 S4 1968", bears N 00°09'36" E (basis of bearing) a distance of 4130.10 feet, said southwest corner being the point of beginning; thence along the west line of said Section, N 00°09'36" E a distance of 16.65 feet; thence leaving said west line, S 89°48'28" E a distance of 986.79 feet; thence N 00°47'35" E a distance of 2002.16 feet; thence N 01°07'35" E a distance of 2102.65 feet to the north line of said Section; thence along said north line S 89°18'45" E a distance of 1603.61 feet to the N1/4 corner of said Section, a 1/2-inch metal rod; thence leaving said north line, along the north-south midsection line of said Section, S 00°08'44" E a distance of 4608.75 feet to the S1/4 corner of said Section, a 3-inch B.C.F. stamped "T2S R5W 1/4S4 S9 RLS 46118 2008"; thence leaving said north-south midsection line, along the south line of said Section, N 79°10'54" W a distance of 2719.41 feet to the point of beginning. Sub-

ject to existing rights-of-way and easements. This parcel description is based on the Record of Survey for Alma Richardson Property, recorded in Book 996, page 25, Maricopa County Records and other client provided information. This parcel description is located within an area surveyed by Wood, Patel & Associates, Inc. during the month of April, 2008 and October, 2009 and any monumentation noted in this parcel description is within acceptable tolerance (as defined in Arizona Boundary Survey Minimum Standards dated 02/14/2002) of said positions based on said survey; all in G&SRB&M, Maricopa County, Arizona. Section 9; NW1/4 and SW1/4; Section 3; LOT 4 SW1/4NW1/4, W1/2SW1/4 NE1/4SE1/4; Section 3; M&B in LOT 1 SE1/4NE1/4E1/2SE1/4; Section 9; M&B in NE1/4NE1/4; Section 10; SW1/4NW1/4; Section 15; those portions of S1/2W1/4 and N1/2SW1/4 lying west of the primary through road; Section 16; W1/2 M&B in E1/2E1/2 W1/2E1/2; Section 21; NE1/4NW1/4 and Parcel 401-61-008D as described by the Maricopa County Assessor's Office, more particularly described as follows: commencing at the BLM B.C. marking the northeast corner of said Section 21, from which the BLM B.C. marking the northwest corner of said Section 21 bears N 82°26'05" W a distance of 5423.64 feet; thence N 82°26'05" W along the north line of Section 21 a distance of 2711.82 feet to the NW1/4 corner of said Section 21; thence S 00°33'45" W along the north-southerly midsection line of said Section 21 a distance of 33.25 feet to the True Point of Beginning; thence continuing S 00° 33'45" W along said north-south midsection line a distance of 958.00 feet to a point on a line which is parallel with and 983.85 feet southerly, as measured at right angles from the north line of said Section 21; thence N 82°26'05" W along said parallel line a distance of 925.54 feet; thence N 26°12'18" W a distance of 153.32 feet; thence N 13°26'18" W a distance of 303.93 feet; thence N 34°15'49" W a distance of 189.27 feet; thence N 21°32'45" W a distance of 215.60 feet; thence N 89°25'47" W a distance of 95.37 feet to a point on the west line of the NE1/4N1/4 of said Section 21; thence N 00°34'13" E, along said west line a distance of 223.54 feet to a point on a line which is parallel with and 33.00 feet southerly, as measured at right angles from the north line of said Section 21; thence S 82°26'05" E along said parallel line, a distance of 1355.91 feet to the True Point of Beginning; all in G&SRB&M, Maricopa County, Arizona.

6. Base and Meridian Wildlife Area: The Base and Meridian Wildlife Area shall be those areas described as follows: T1N, R1E, Section 31; Maricopa County APN 101-44-023, also known as Lots 3, 5, 6, 7, 8 and NE1/4SW1/4, and Maricopa County APN 101-44-003J, also known as the S1/2S1/2SW1/4NW1/4 except the west 55 feet thereof; and 101-44-003K, also known as the S1/2S1/2SW1/4NW1/4 except the west 887.26 feet thereof; and Maricopa County APN 104-44-002S, also known as that portion of the N1/2SE1/4, described as follows: commencing at the aluminum cap set at the E1/4 corner of said Section 31, from which the 3" iron pipe set at the southeast corner of said Section 31, S 00°20'56" W a distance of 2768.49 feet; thence S 00°20'56" W along the east line of said SE1/4 of Section 31 a distance of 1384.25 feet to the southeast corner of said N1/2SE1/4; thence S 89°25'13" W along the south line of said N1/

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2SE1/4 a distance of 2644.35 feet to the southwest corner of said N1/2SE1/4 and the point of beginning; thence N 00°03'37" W along the west line of said SE1/4 a distance of 746.86 feet to the south line of the north 607.00 feet of said N1/2SE1/4; thence N 88°46'12" E along said south line of the north 607.00 feet of the N1/2SE1/4 a distance of 656.09 feet; thence S 00°03'37" E parallel with said west line of the SE1/4 a distance of 754.31 feet to said south line of the N1/2SE1/4; Thence S 89°25' 13" W along said south line of the N1/2SE1/4 a distance of 655.98 feet to the point of beginning. T1N, R1W, Section 34, N1/2SE1/4; Section 35, S1/2; Section 36. The Maricopa County APN 500-69-099; the W1/2SE1/4NE1/4. APN 500-69-099, 500-69-100, also known as that portion of the SE1/4SE1/4NE1/4. 500-69-010C, also known as that portion of the W1/2SE1/4NE1/4, except any portion of said W1/2SE1/4NE1/4 of Section 36 lying within the following described four parcels: Exception 1: commencing at the northeast corner of said W1/2SE1/4NE1/4 of Section 36; thence along the east line thereof S 00°10' E a distance of 846.16 feet to the point of beginning; thence continuing S 00°18' E a distance of 141.17 feet; thence S 87°51'15" W a distance of 570.53 feet; thence S 00°29' E a distance of 310.00 feet to the south line of said W1/2SE1/4NE1/4 of Section 36; thence N 89°29' W along the west line of said W1/2SE1/4NE1/4 of Section 36 a distance of 425.93 feet; said point bears S 00°29' E a distance of 895.93 feet from the northwest corner of said W1/2SE1/4NE1/4 of Section 36; thence N 85°54'33" E a distance of 647.01 feet to the point of beginning. Exception 2: commencing at the northeast corner of said W1/2SE1/4NE1/4 of Section 36; thence along the east line thereof S 00°18' E a distance of 846.16 feet to the point of beginning; said point being on the northerly line of the Flood Control District of Maricopa County parcel as shown in Document 84-26119, Maricopa County Records; thence S 85°54'33" W a distance of 647.01 feet to the west line of said W1/2SE1/4NE1/4 of Section 36; thence N 00°29' W along said west line a distance of 30 feet; thence N 84°23'15" E a distance of 228.19 feet; thence N 87°17'06" E a distance of 418.85 feet to the east line of the W1/2SE1/4NE1/4 of Section 36; thence S 00°18' E along said east line a distance of 26.00 feet to the point of beginning. Exception 3: the South 37.6 feet of said W1/2SE1/4NE1/4 of Section 36. Except all oil, gas and other hydrocarbon substances, helium or other substance of gaseous nature, coal, metals, minerals, fossils, fertilizer of every name and description and except all materials which may be essential to the production of fissionable material as reserved in Arizona Revised Statutes. Exception 4: that part of the W1/2SE1/4NE1/4 of Section 36, T1N, R1W lying north of the following described line: commencing at the northeast corner of said W1/2SE1/4NE1/4 of Section 36; thence along the east line thereof S 00°18'00" E a distance of 820.16 feet, to the point of beginning; said point being on the northerly line of the Flood District of Maricopa County parcel as shown in Document 85-357813, Maricopa County Records; thence S 87°17'06" W a distance of 418.85 feet; thence S 84°23'15" W a distance of 228.19 feet to the west line of said W1/2SE1/4NE1/4 of Section 36 and the point of terminus. The above described parcel contains 162,550 sq. ft. or 3.7316 acres 500-69-001L and 500-69-001M, also known as the N1/2SE1/4, except the south

892.62 feet thereof. 500-69-001N, 500-69-001P, 500-69-001Q, 500-69-001R, 500-69-001T, 500-69-001X, 500-69-001Y, also known as that portion of the south 892.62 feet of the N1/2SE1/4. The SE1/4SE1/4NE1/4 of Section 36, T1N, R1W, except the south 37.6 feet of said SE1/4SE1/4NE1/4, and except the east 55 feet of said SE1/4SE1/4NE1/4, and except that part of said SE1/4SE1/4NE1/4 lying north of the most southerly line of the parcel described in Record 84-026119, Maricopa County Records, said southerly line being described as follows: beginning at the NE1/4S1/2NE1/4SE1/4NE1/4 of said Section 36; thence S 00°07' E along the east line of Section 36, a distance of 50.70 feet; thence S 89°53' W a distance of 55.00 feet to a point on the west line of the east 55.00 feet of said Section 36; thence S 00°07' E along said line, a distance of 510.00 feet; thence S 81°4'43" W a distance of 597.37 feet to a terminus point on the west line of said SE1/4SE1/4NE1/4 of Section 36, and except that part of said SE1/4SE1/4NE1/4 described as follows: commencing at the E1/4 corner of said Section 36; thence N 89°37'23" W along the south line of said SE1/4SE1/4NE1/4 of Section 36, a distance of 241.25 feet; thence N 18°53'04" E a distance of 39.65 feet to the point of beginning; thence continuing N 18°53'04" E a distance of 408.90 feet; thence S 81°04'43" W a distance of 222.55 feet; thence S 18°53'04" W a distance of 370.98 feet; thence S 89°37'23" E a distance of 207.58 feet to the point of beginning. That portion of land lying within the SE1/4SE1/4NE1/4 of Section 36, T1N, R1W, and the S1/2SW1/4NW1/4 of Section 31, T1N, R1E, as described in Document Number 99-1109246. Except the west 22 feet of the property described in Recorder Number 97-0425420, also known as APN 101-44-003G; and except the west 22 feet of the property described in Recorder Number 97-566498, also known as APN 101-44-013; all in G&SRB&M, Maricopa County, Arizona.

7. Becker Lake Wildlife Area: The Becker Lake Wildlife Area shall be that area including Becker Lake lying within the fenced and posted portions of: T9N, R29E, Section 19, SE1/4SE1/4 also known as APN. 105-07-001; Section 20, SW1/4SW1/4; beginning at a point 1012 feet north of the southwest corner of the SE1/4SW1/4 of Section 20, T9N, R29E; thence north 1285 feet; thence east a distance of 462 feet; thence south a distance of 2122 feet, more or less to the center of U.S. Highway 60; thence in a northwesterly direction along the center of U.S. Highway 60 a distance of 944 feet, more or less; thence west a distance of 30 feet, more or less to the point of beginning, also known as APN 105-08-002; Section 29, W1/2NW1/4, NW1/4SW1/4, also known as APN 105-15-003; beginning at the S1/4 corner of said Section 29, said point being the True Point of Beginning; thence N 00°43'20" E along the western boundary of the SE1/4 of said Section 29, a distance of 1329.15 feet to the center-south 1/16 corner of said Section 29; thence S 89°53'01" W along the southern boundary of the NE1/4SW1/4 of said Section 29, a distance of 99.69 feet; thence N 00°43'20" E a distance of 417.54 feet; thence S 89°31'37" E a distance of 99.69 feet; thence N 00°43'20" E along the western boundary of the SE1/4 of said Section 29 a distance of 374.40 feet; thence N 88°49'48" E a distance of 474.94 feet; thence N 27°35' 15" E a distance of 99.21 feet; thence N 04°13'26" W a distance of 160.59 feet; thence N 37°38'44" E a distance

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of 12.27 feet; thence S 26°22'25" E a distance of 371.13 feet; thence N 31°21'35" E a distance of 58.00 feet; thence S 26°22'27" E a distance of 1203.23 feet; thence S 63°58'58" W a distance of 200.00 feet; thence S 36°24'36" E a distance of 375.11 feet; thence S 00°24'06" W a distance of 490.79 feet; thence S 01°22'24" E a distance of 110.21 feet; thence S 22°27'23" E a distance of 44.27 feet; thence N 89°48'03" W a distance of 1331.98 feet to the True Point of Beginning, also known as APN 105-15-014E; beginning at the corner of Sections 28, 29, 32 and 33, T9N, R29E of G&SRB&M, Apache County, Arizona; thence N 54°21'09" W a distance of 1623.90 feet; thence N 26°00'59" W a distance of 100.00 feet; thence N 26°22'14" W a distance of 1203.23 feet to the True Point of Beginning; thence N 26°22'27" W a distance of 351.19 feet; thence S 55°14'10" W a distance of 38.42 feet; thence S 37°38'44" W a distance of 12.38 feet; thence S 26°22'14" E a distance of 371.13 feet; thence N 31°21'35" E a distance of 58.00 feet to the True Point of Beginning, also known as APN 105-15-014C. S1/2SW1/4, except the following described parcel: commencing at a 2-inch aluminum cap monument stamped LS 8906 located at the Section corner common to Sections 29, 30, 31 and 32 of said Township and Range; thence bear S 89°46'16" E along the Section line common to Sections 29 and 32, a distance of 1038.05 feet to the True Point of Beginning; thence N 35°17'33" E along the northwest boundary of the Springerville Municipal Airport a distance of 328.32 feet; thence S 39°31'26" E a distance of 349.55 feet to a point on the Section line common to Sections 29 and 32; thence N 89°46'44" W a distance of 131.96 feet to the W1/16 corner of Sections 29 and 32; thence N 89°46'16" W a distance of 280.18 feet to the True Point of Beginning. Section 30, NE1/4SE1/4, E1/2NE1/4 also known as APN 105-16-001; W1/2NE1/4, W1/2NE1/4 also known as APN 105-16-002; Section 32, beginning at the N1/4 corner of said Section 32, said point being the True Point of Beginning; thence S 89°48'03" E along the north line of said Section 32 a distance of 1331.98 feet; thence S 21°49'15" E a distance of 198.07 feet; thence S 20°56'35" W a distance of 191.75 feet; thence S 19°53'23" W a distance of 24.65 feet; thence S 39°17'55" W a distance of 86.61 feet; thence S 01°41'36" E a distance of 13.60 feet; thence S 50°13'33" W a distance of 1.29 feet; thence S 02°24'23" E a distance of 906.39 feet; thence S 00°44'11" W a distance of 466.82 feet; thence S 35°26'56" W a distance of 218.51 feet; thence S 89°57'05" W a distance of 1141.87 feet; thence N 07°57'52" E a distance of 328.83 feet; thence N 77°39'30" W a distance of 68.79 feet; thence N 00°30'56" W a distance of 334.16 feet to a 1/16th section corner; thence N 00°30'56" W a distance of 1349.10 feet to the True Point of Beginning. Except therefrom any portion lying in the S1/2SW1/4NE1/4 of said Section 32 also known as APN 105-18-008A; all that portion of the NE1/4NW1/4 of Section 32, T9N, R29E of G&SRB&M, Apache County, Arizona, lying east of the Becker Lake Roadway; except for the following described parcel: from the NW1/16 corner of said Section 32; thence S 89°45'28" E along the 1/16 line a distance of 736.55 feet to the True Point of Beginning, said point being in the west rights-of-way limits of Becker Lake Rd.; thence N 06°09'00" W along the west line of said right-of-way a distance of 266.70 feet to a 1/2-inch rebar with a tag

marked LS 13014; thence N 06°21'43" W a distance of 263.42 feet to a 1/2-inch rebar with a tag marked LS 13014; thence N 06°21'43" W a distance of 198.60 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence N 78°43'10" E a distance of 158.40 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence S 47°05'42" E a distance of 65.65 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence S 29°24'20" E a distance of 202.48 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence S 48°03'17" W a distance of 146.19 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence South 19°36'10" W a distance of 115.75 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence South 00°38'05" East a distance of 74.66 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence S 14°52' 53" E a distance of 125.09 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence S 15°08'20" E a distance of 136.60 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence S 89°58'07" W a distance of 144.13 feet to the True Point of Beginning, also known as APN 105-18-012G.

8. Bog Hole Wildlife Area: The Bog Hole Wildlife Area lying in Sections 29, 32 and 33, T22S, R17E shall be the fenced and posted area described as follows: beginning at the southeast corner of Section 32, T22S, R17E, G&SRB&M, Santa Cruz County, Arizona; thence N 21°42'20" W a distance of 1394.86 feet to the True Point of Beginning; thence N 9°15'26" W a distance of 1014.82 feet; thence N 14°30'58" W a distance of 1088.82 feet; thence N 36°12'57" W a distance of 20.93 feet; thence N 50°16'38" W a distance of 1341.30 feet; thence N 57°51'08" W a distance of 1320.68 feet; thence N 39°03'53" E a distance of 1044.90 feet; thence N 39°07'43" E a distance of 1232.32 feet; thence S 36°38'48" E a distance of 1322.93 feet; thence S 43°03'17" E a distance of 1312.11 feet; thence S 38°19'38" E a distance of 1315.69 feet; thence S 13°11'59" W a distance of 2083.31 feet; thence S 69°42'45" W a distance of 920.49 feet to the True Point of Beginning.
9. Chevelon Canyon Ranches Wildlife Area: The Chevelon Canyon Ranches Wildlife Area shall be those areas described as follows:  
Duran Ranch: T12N, R14E; Sections 6 and 7, more particularly bounded and described as follows: beginning at Corner 1, from which the Standard Corner to Section 31 in T13N, R14E and Section 36 T13N, R13E, bears N 11°41' W 21.53 chains distant; thence S 26°5' E 6.80 chains to Corner 2; thence S 66° W 12.74 chains to Corner 3; thence S 19°16' W 13.72 chains to Corner 4; thence S 29°1' W 50.02 chains to Corner 5; thence N 64°15' W five chains to Corner 6; thence N 28°54' E 67.97 chains to Corner 7; thence N 55°36' E 11.02 to the Corner 1; the place of beginning; all in G&SRB&M, Coconino County, Arizona. Dye Ranch: T12N, R14E Sections 9 and 16, more particularly described as follows: beginning at Corner 1 from which the Standard corner to Sections 32 and 33 in T13N, R14E, bears N 2° 24' E 127.19 chains distant; thence S 50°20' E 4.96 chains to corner 2; thence S 29°48' W 21.97 chains to Corner 3; thence S 14°45' W 21.00 chains to Corner 4; thence N 76°23' W 3.49 chains to Corner 5; thence N 10°13' W 14.02 chains to Corner 6; thence N 19°41' E 8.92 chains to Corner 7; thence N

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38°2' E 24.79 chains to Corner 1, the place of beginning; all in G&SRB&M, Coconino County, Arizona. Tillman Ranch: T12N, R14E land included in H.E. Survey 200 embracing a portion of approximately Sections 9 and 10 in T12N, R14E of G&SRB&M; all in G&SRB&M, Coconino County, Arizona. Vincent Ranch: T12N, R13E; Sections 3 and 4, more particularly described as follows: beginning at Corner 1, from which the south corner to Section 33, T13N, R13E, bears N 40°53' W 16.94 chains distance; thence S 53° 08' E 2.98 chains to Corner 2; thence S 11°26' W 6.19 chains to Corner 3; thence S 49°43' W 22.41 chains to Corner 4; thence S 22°45' W 30.03 chains to Corner 5; thence N 67°35' W 6.00 chains to Corner 6; thence N 23° E 30.03 chains to Corner 7; thence N 42°18' E 21.19 chains to Corner 8; thence N 57°52' E 8.40 chains to Corner 1, the place of beginning; all in G&SRB&M, Coconino County, Arizona. Wolf Ranch: T12N, R14E, Sections 18 and 19, more particularly bounded and described as follows: beginning at Corner 1, from which the U.S. Location Monument 184 H. E. S. bears S 88°53' E 4.41 chains distant; thence S 34°4' E 11.19 chains to Corner 2; thence S 40°31' W 31.7 chains to Corner 3; thence S 63°3' W 7.97 chains to Corner 4; thence S 23°15' W 10.69 chains to Corner 5; thence N 59° W 2.60 chains to Corner 6; thence N 18°45' E 10.80 chains to Corner 7; thence N 51°26' E 8.95 chains to Corner 8; thence N 30°19' E 34.37 chains to Corner 1; the place of beginning; all in G&SRB&M, Coconino County, Arizona.

10. Chevelon Creek Wildlife Area: The Chevelon Creek Wildlife Area shall be those areas described as follows: Parcel 1: The S1/2S1/2NW1/4SW1/4 of Section 23, T18N, R17E of G&SRB&M; Parcel 2: Lots 1, 2, 3 and 4 of Section 26, T18N, R17E of G&SRB&M; Parcel 1: That portion of the NE1/4 of Section 26 lying northerly of Chevelon Creek Estates East Side 1 Amended, according to the plat of record in Book 5 of Plats, page 35, records of Navajo County, Arizona, all in T18N, R17E of G&SRB&M, Navajo County, Arizona. Parcel 2: That part of Tract A, Chevelon Creek Estates East Side 1 Amended, according to the plat of record in Book 5 of Plats, page 35, records of Navajo County, Arizona lying northerly of the following described line: beginning at the southwest corner of Lot 3 of said subdivision; thence southwesterly in a straight line to the southwest corner of Lot 6 of said subdivision.
11. Cibola Valley Conservation and Wildlife Area: The Cibola Valley Conservation and Wildlife Area shall be those areas described as follows: Parcel 1: this parcel is located in the NW1/4 of Section 36, T1N, R24W of G&SRB&M, La Paz County, Arizona, lying east of the right of way line of the "Cibola Channelization Project of the United States Bureau of Reclamation Colorado River Front Work and Levee System," as indicated on Bureau of Reclamation Drawing 423-300-438, dated March 31, 1964, and more particularly described as follows: beginning at the northeast corner of the NW1/4 of said Section 36; thence south and along the east line of the NW1/4 of said Section 36, a distance of 2646.00 feet to a point being the southeast corner of the NW1/4 of said Section 36; thence westerly and along the south line of the NW1/4 a distance of 1711.87 feet to a point of intersection with the east line of the aforementioned right of way; thence northerly and along said east

line of the aforementioned right of way, a distance of 2657.20 feet along a curve concave easterly, having a radius of 9260.00 feet to a point of intersection with the north line of the NW1/4 of said Section 36; thence easterly and along the north line of the NW1/4 of said Section 36, a distance of 1919.74 feet to the point of beginning. Parcel 2: this parcel is located in the U.S. Government Survey of Lot 1 and the E1/2SW1/4 of Section 36, T1N, R24W of G&SRB&M, La Paz County, Arizona, lying east of the right of way line of the "Cibola Channelization Project of the United States Bureau of Reclamation Colorado River Front Work and Levee System," as indicated on Bureau of Reclamation Drawing 423-300-438, dated March 31, 1964, and more particularly described as follows: beginning at the S1/4 corner of said Section 36; thence westerly and along the south line of said Section 36, a distance of 610.44 feet to a point of intersection with the east line of the aforementioned right of way; thence northerly along said east line of the of the aforementioned right of way and along a curve concave southwesterly, having a radius of 17350.00 feet, a distance of 125.12 feet; thence continuing along said right of way line and along a reverse curve having a radius of 9260.00 feet, a distance of 2697.10 feet to a point of intersection with the east-west midsection line of said Section 36; thence easterly along said east-west midsection line, a distance of 1711.87 feet to a point being the center of said Section 36; thence south and along the north-south midsection line, a distance of 2640.00 feet to the point of beginning. Parcel 3: this parcel is located in the E1/2NE1/4 of Section 36, T1N, R24W of G&SRB&M, La Paz County, Arizona. Parcel 4: this parcel is located in the E1/2NW1/4SW1/4 of Section 21, T1N, R23W of G&SRB&M, La Paz County, Arizona, lying south of the south right of way line of U.S.A. Levee; except therefrom that portion lying within Cibola Sportsman's Park, according to the plat thereof recorded in Book 4 of Plats, Page 58, records of Yuma (now La Paz) County, Arizona; and further excepting the N1/2E1/2NW1/4SW1/4. Parcel 5: this parcel is located in the S1/2SW1/4 of Section 21, T1N, R23W of G&SRB&M, La Paz County, Arizona. Except the west 33.00 feet thereof; and further excepting that portion more particularly described as follows: the N1/2NW1/4SW1/4SW1/4 of said Section, excepting the north 33.00 feet and the east 33.00 feet thereof. Parcel 6: this parcel is located in the SW1/4SE1/4 of Section 21, T1N, R23W of G&SRB&M, La Paz County, Arizona. Parcel 7: this parcel is located in Sections 24 and 25, T1N, R24W of G&SRB&M, La Paz County, Arizona, lying south of the Colorado River and east of Meander line per BLM Plat 2647C. Parcel 8: this parcel is located in the W1/2 of Section 19, T1N, R23W of G&SRB&M, La Paz County, Arizona, lying south of the Colorado River. Except that portion in condemnation suit Civil 5188PHX filed in District Court of Arizona entitled USA -vs- 527.93 acres of land; and excepting therefrom any portion of said land lying within the bed or former bed of the Colorado River waterward of the natural ordinary high water line; and also excepting any artificial accretions to said line of ordinary high water. Parcel 9: this parcel is located in the N1/2NE1/4SE1/4; and the W1/2SW1/4NE1/4SE1/4; and that portion of the SE1/4NE1/4 of Section 20, T1N, R23W of G&SRB&M, La Paz County, Arizona, lying south of the south right of way

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- line of the U.S.B.R. Levee; except the east 33.00 feet thereof; and further excepting that portion more particularly described as follows: commencing at the northeast corner of the SE1/4 of said Section 20; thence S 0°24'00" E along the east line, a distance of 380.27 feet; thence S 89°36'00" W a distance of 50.00 feet to the True Point of Beginning; thence continuing S 89°36'00" W a distance of 193.00 feet; thence N 0°24'00" W a distance of 261.25 feet; thence S 70°11'00" E a distance of 205.67 feet to the west line of the east 50.00 feet of said SE1/4 of Section 20; thence S 0°24'00" E a distance of 190.18 feet to the True Point of Beginning; excepting therefrom any portion of said land lying within the bed or former bed of the Colorado River waterward of the natural ordinary high water line; and also excepting any artificial accretions to said line of ordinary high water. Parcel 10: this parcel is located in the S1/2SE1/4 Section 20, T1N, R23W of G&SRB&M, La Paz County, Arizona; except the east 33.00 feet thereof. Parcel 11: This parcel is located in the SW1/4NE1/4; and the NW1/4SE1/4 of Section 20, T1N, R23W of G&SRB&M, La Paz County, Arizona, lying south of the Colorado River and west of the Meander line per BLM Plat 2546B; except any portion thereof lying within U.S.A. Lots 5 and 6 of said Section 20, as set forth on BLM Plat 2546B; and excepting therefrom any portion of said land lying within the bed or former bed of the Colorado River waterward of the natural ordinary high water line; and also excepting any artificial accretions to said line of ordinary high water. Parcel 12: this parcel is located in the SE1/4NE1/4SE1/4; and the E1/2SW1/4NE1/4SE1/4 of Section 20, T1N, R23W of G&SRB&M, La Paz County, Arizona. Parcel 13: this parcel is located in the E1/2 of Section 19, T1N, R23W of G&SRB&M, La Paz County, Arizona, lying south of the Colorado River; except the W1/2W1/2SE1/4SW1/4SE1/4; except the E1/2E1/2SW1/4SW1/4SE1/4; except the SW1/4SW1/4NE1/4; except the W1/2SE1/4SW1/4NE1/4; and excepting therefrom any portion of said land lying within the bed or former bed of the Colorado River waterward of the natural ordinary high water line; and also excepting any artificial accretions to said line of ordinary high water. Parcel 14: this parcel is located in the SW1/4SW1/4NE1/4; and the W1/2SE1/4SW1/4NE1/4 of Section 19, T1N, R23W of G&SRB&M, La Paz County, Arizona, lying south of the Colorado River and protection levees and front work, excepting therefrom any portion of said land lying within the bed or former bed of the Colorado River waterward of the natural ordinary high water line; and also excepting any artificial accretions to said line of ordinary high water. Parcel 15: this parcel is located in the W1/2 of Section 20, T1N, R23W of G&SRB&M, La Paz County, Arizona; except the west 133.00 feet thereof; except any portion lying within the U.S. Levee or Channel right of way or any portion claimed by the U.S. for Levee purposes or related works; and except the SE1/4SE1/4SW1/4 of said Section 20. Parcel 16: this parcel is located in the SE1/4SE1/4SW1/4 of Section 20, T1N, R23W of G&SRB&M, La Paz County, Arizona.
12. Clarence May and C.M.H. May Memorial Wildlife Area: The Clarence May and C.M.H. May Memorial Wildlife Area shall be the SE1/4 of Section 8 and N1/2NE1/4 of Section 17, T17S, R31E, and the W1/2SE1/4, S1/2NW1/4, and SW1/4 of Section 9, T17S, R31E, G&SRB&M, Cochise County, Arizona, consisting of approximately 560 acres.
  13. Cluff Ranch Wildlife Area: The Cluff Ranch Wildlife Area is that area within the fenced and posted portions of Sections 13, 14, 23, 24, and 26, T7S, R24E, G&SRB&M, Graham County, Arizona; consisting of approximately 788 acres.
  14. Coal Mine Spring Wildlife Area: The Coal Mine Spring Wildlife Area shall be those areas described as:  
Phase I: That portion of the N1/2 of the Baca Location No. 3, also known as the Baca Float No. 3 in Santa Cruz County, Arizona according to the survey by Philip Contzen under Contract No. 133, dated June 17, 1905 and now filed and approved in the Office of the Commissioner of the General Land Office, Washington, D. C., described as follows: Beginning at the southeast corner of Lot 128, as shown on the record of survey of Salero Ranch Unit 7, recorded in Book 2 of Records of Survey, page 455, records of Santa Cruz County, Arizona. Thence the following 13 courses and distances upon the boundary line of said Salero Ranch Unit 7; N 29°42'21" E a distance of 2605.96 feet; S 58°19'30" E a distance of 1154.77 feet; thence N 19°14'52" E a distance of 1039.92 feet; thence N 56°11'38" E a distance of 1160.51 feet; thence N 26°24'15" W a distance of 1201.99 feet; thence N 12°43'46" W a distance of 1774.13 feet; thence N 60°37'49" W a distance of 1403.00 feet; thence S 87°25'09" W a distance of 2733.59 feet; thence S 69°40'43" W a distance of 1437.62 feet; thence S 90°00'00" W a distance of 640.89 feet; thence N 5°17'55" E a distance of 1274.34 feet; thence N 11°18'44" E a distance of 2193.00 feet; thence N 2°31'52" W a distance of 1109.93 feet to the northeast corner of Lot 110 of said Salero Ranch Unit 7, on the southerly boundary line of Salero Ranch Unit 4, as shown on the record of survey recorded in Book 2 of Records of Survey, page 454, records of Santa Cruz County, Arizona; thence S 77°20'10" E a distance of 1403.77 feet upon said southerly boundary line; thence N 85°19'15" E a distance of 415.73 feet upon said southerly boundary line; thence N 83°19'40" E a distance of 1332.97 feet upon said southerly boundary line; thence S 53°17'58" E a distance of 2353.56 feet; thence S 79°45'10" E a distance of 2127.16 feet; thence N 78°08'19" E a distance of 1754.99 feet; thence S 76°40'30" E a distance of 645.76 feet; thence N 8°06'04" E a distance of 2439.25 feet; thence N 83°38'56" E a distance of 2626.58 feet; thence S 4°32'48" E a distance of 1300.66 feet; thence S 22°28'06" E a distance of 1289.33 feet; thence S 41°28'30" E a distance of 693.93 feet; thence N 64°37'22" E a distance of 1137.61 feet; thence S 22°10'49" E a distance of 2355.11 feet; thence S 27°36'21" W a distance of 931.18 feet; thence S 42°06'28" E a distance of 800.14 feet; thence S 23°50'04" W a distance of 5166.49 feet; thence S 0°00'00" W a distance of 853.11 feet to the easterly projection of the south line of said Salero Ranch Unit 7; thence S 90°00'00" W 6 a distance of 239.35 feet upon said easterly projection; thence S 0°00'00" E a distance of 376.92 feet to a 1/2-inch rebar at the northeast corner of the abandonment and reversion to acreage plat, recorded in Book 4 of Maps and Plats at page 35, records of Santa Cruz County, Arizona, also being the northeast corner of the Sonoita Creek State Natural Area, recorded in Book 2 of Records of Survey at page 68, records of Santa Cruz County, Arizona; thence

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N 89°36'12" W a distance of 4547.83 feet upon the north line of said abandonment and reversion to acreage plat and said Sonoita Creek Natural State Area; thence N 29°42'21" E a distance of 397.69 feet to the point of beginning.

Phase II: Portions of the N1/2 of the Baca Location No. 3, also known as the Baca Float Location No. 3 in Santa Cruz County, Arizona, according to the survey by Philip Contzen under Contract No. 133, dated June 17, 1905 and now filed and approved in the Office of the Commissioner of the General Land Office, Washington, D. C., described as follows:

Parcel 1: Beginning at "PT 17", as shown in the record of survey Coal Mine Canyon, recorded in Book 2 of Records of Survey, page 651, records of Santa Cruz County, Arizona, also being the southwest corner of Lot 102 of Salero Ranch Unit 4, as shown on the record of survey recorded in Book 2 of Records of Survey, page 454, records of Santa Cruz County, Arizona; thence N 58°47'17" E a distance of 1817.43 feet upon the boundary line of said Salero Ranch Unit 4; thence N 34°12'25" E a distance of 2213.94 feet upon said boundary line; thence N 62°07'32" E a distance of 792.65 feet upon said boundary line; thence departing said boundary line, N 80°16'25" E a distance of 2588.25 feet; thence S 66°29'16" E a distance of 913.97 feet; thence S 48°56'10" E a distance of 3171.87 feet to "PT 23" of said record of survey of Coal Mine Canyon; thence the following 6 courses upon said boundary line of said record of survey; thence S 83°38'56" W a distance of 2626.58 feet; thence S 8°06'04" W a distance of 2439.25 feet; thence N 76°40'30" W a distance of 645.76 feet; thence S 78°08'19" W a distance of 1754.99 feet; thence N 79°45'10" W a distance of 2127.16 feet; thence N 53°17'58" W a distance of 2353.56 feet to the point of beginning. Containing approximately 634.858 acres.

Parcel 2: Beginning at "PT 23", as shown in the record of survey Coal Mine Canyon; thence S 42°44'49" E a distance of 6724.97 feet; thence S 23°50'04" W a distance of 4984.18 feet; thence S 58°24'44" W a distance of 1555.88 feet to the easterly boundary line of said record of survey; thence N 23°50'04" E a distance of 4583.50 feet upon said easterly line to "PT 30"; thence following 7 courses upon the boundary line of said record of survey; thence N 42°06'28" W a distance of 800.14 feet; thence N H 27°36'21" E a distance of 931.18 feet; thence N 22°10'49" W a distance of 2355.11 feet; thence S 64°37'22" W a distance of 1137.61 feet; thence N 41°28'30" W a distance of 693.93 feet; thence N 22°28'06" W a distance of 1289.33 feet; thence N 4°32'48" W a distance of 1300.66 feet to the point of beginning. Containing approximately 238.928 acres, with both parcels containing approximately 873.8 acres.

Phase III: A portion of the N1/2 of the Baca Location No. 3, also known as the Baca Float Location No. 3 in Santa Cruz County, Arizona, according to the survey by Philip Contzen under Contract No. 133, dated June 17, 1905 and now filed and approved in the Office of the Commissioner of the General Land Office, Washington, D. C., described as follows:

Parcel 1: Beginning at "PT 32", as shown in the record of survey Coal Mine Canyon, recorded in Book 2 of Records of Survey, page 651, records of Santa Cruz County, Arizona, thence N 00°00'00" E a distance of

853.11 feet upon the east line of said Coal Mine Canyon; thence N 23°50'04" E a distance of 582.99 feet upon said east line; thence departing said east line, N 58°24'44" E a distance of 1555.88 feet; thence N H 23°50'04" E a distance of 4984.07 feet; thence N 42°44'46" W a distance of 6725.01 feet to "PT 23" of said record of survey; thence N 48°56'10" W a distance of 248.35 feet to the most southerly corner of Lot 167 of Salero Ranch Amended Unit 5, a record of survey recorded in Book 2 of Surveys at page 890, records of Santa Cruz County, Arizona; thence N 64°11'14" E a distance of 1596.01 feet upon the southerly line of said lot 167; thence departing said southerly line, N 05°09'36" E a distance of 1369.85 feet; thence N 53°17'18" E a distance of 65.27 feet; thence N 35°52'16" E a distance of 125.74 feet; thence N 74°11'01" E a distance of 169.04 feet; thence N 55°03'38" E a distance of 178.31 feet; thence N 85°27'03" E a distance of 214.56 feet; thence N 69°11'45" E a distance of 152.18 feet; thence N 38°28'18" E a distance of 21.66 feet; thence N 85°02'24" E a distance of 41.31 feet; thence N 38°28'18" E a distance of 586.88 feet; thence N 50°53'07" E a distance of 190.20 feet; thence S 18°53'17" E a distance of 63.40 feet; thence S 08°07'48" E a distance of 102.38 feet to a tangent curve concave northeasterly; thence southeasterly upon said arc of said curve to the left, having a radius of 380.00 feet and a central angle of 77°14'41", for an arc distance of 512.31 feet to a tangent line; thence S 85°22'29" E a distance of 279.02 feet; thence S 70°54'30" E a distance of 129.90 feet; thence N 83°37'47" E a distance of 142.49 feet; thence S 62°23'38" E a distance of 198.13 feet; thence S 36°56'10" E a distance of 113.72 feet; thence S 58°09'14" E a distance of 170.59 feet; thence N 87°32'08" E a distance of 64.89 feet T to a tangent curve concave southerly; thence easterly upon the arc of said curve to the right, having a radius of 700.00 feet and a central angle of 23°48'20", for an arc distance of 290.84 feet to a compound curve concave southwesterly; thence southeasterly upon the arc of said curve to the right, having a radius of 100.00 feet and a central angle of 55°43'08", for an arc distance of 97.25 feet to a reverse curve concave northerly; thence easterly upon said arc of said curve to the left, having a radius of 100.00 feet and a central angle of 176°30'32", for an arc distance of 308.07 feet to a non-tangent line; thence N 80°33'04" E a distance of 772.85 feet; thence S 00°31'59" W a distance of 1378.17 feet; thence S 57°01'50" E a distance of 565.37 feet; thence S 11°27'08" E a distance of 1517.29 feet; thence S 61°34'44" W a distance of 493.92 feet to the south line of Lot 162 of said Salero Ranch Amended Unit 5; thence continue S 61°34'44" W a distance of 125.58 feet; thence S 90°00'00" W a distance of 333.31 feet; thence S 00°00'00" W a distance of 807.64 feet; thence S 48°51'24" W a distance of 807.64 feet; thence S 12°09'23" E a distance of 879.27 feet; thence S 04°52'34" W a distance of 1219.26 feet; thence S 08°58'33" E a distance of 630.90 feet; thence S 02°41'39" W a distance of 683.84 feet; thence S 38°57'06" W a distance of 883.05 feet; thence S 00°36'34" W a distance of 695.56 feet; thence S 33°38'55" W a distance of 695.56 feet; thence S 39°38'10" E a distance of 521.88 feet; thence S 00°28'11" E a distance of 521.88 feet; thence S 89°31'49" W a distance of 980.46 feet; thence S 20°25'57" W a distance of 836.32 feet; thence S 36°28'11" E a distance of 2307.36 feet; thence S

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00°00'00" W a distance of 611.63 feet to the south line of the N1/2 of said Baca Float No. 3; thence N 89°52'37" W a distance of 3334.98 feet upon said south line; thence N 00°00'00" W a distance of 200.46 feet to the point of beginning.

Phase IV: Portions of APN: 112-43-002B. A portion of the N1/2 of the Baca Location No. 3, also known as the Baca Float Location No. 3 in Santa Cruz County, Arizona, according to the survey by Philip Contzen under Contract No. 133, dated June 17, 1905 and now filed and approved in the Office of the Commissioner of the General Land Office, Washington, D. C., described as follows:

Parcel A: Beginning at the southwest corner of lot 161 of Salero Ranch 2nd Amended Unit 5 recorded as document No. 2008-01905, said records of the Santa Cruz County Recorder, said corner also being labeled as "PT 57" on the record of survey for trust for public land Phase II, recorded as document No. 2008-04365, said records of the Santa Cruz County Recorder; thence S 04°52'34" W a distance of 1219.26 feet upon the east line of Parcel 1, as shown on said survey for trust for public land Phase II, to the corner labeled "PT 56" on said record of survey; thence S 08°58'33" E a distance of 630.90 feet upon said east line to the corner labeled "PT 55"; thence S 02°41'39" W a distance of 683.84 feet upon said east line to the corner labeled "PT 54"; thence S 38°57'06" W a distance of 450.07 feet upon said east line; thence departing said east line, N 72°31'14" E a distance of 380.13 feet; thence N 42°04'28" E a distance of 168.63 feet; thence N 06°07'23" E a distance of 458.79 feet; thence N 09°13'50" W a distance of 428.46 feet; thence N 16°07'21" W a distance of 689.05 feet; thence N 10°00'14" E a distance of 341.00 feet; thence N 00°15'23" W a distance of 754.93 feet to the point of beginning.

Parcel B: Commencing at said above noted corner labeled "PT 54" on said east line as shown on said record of survey of the trust for public land Phase III, thence S 38°57'06" W a distance of 883.05 feet upon said east line to the corner labeled "PT 53", the point of beginning; thence S 00°36'34" W a distance of 695.56 feet upon said east line to the corner labeled "PT 52"; thence N 30°38'23" E a distance of 217.38 feet; thence N 03°24'47" W a distance of 299.47 feet; thence N 22° 12'34" W a distance of 226.35 feet to the point of beginning.

15. Colorado River Nature Center Wildlife Area: The Colorado River Nature Center Wildlife Area is Section 10 of T19N, R22W, bordered by the Fort Mojave Indian Reservation to the west, the Colorado River to the north, and residential areas of Bullhead City to the south and east, G&SRB&M, Mohave County, Arizona.
16. Fool Hollow Lake Wildlife Area: The Fool Hollow Lake Wildlife Area shall be that area lying in those portions of the S1/2 of Section 7 and of the N1/2N1/2 of Section 18, T10N, R22E, G&SRB&M, described as follows: beginning at a point on the west line of the said Section 7, a distance of 990 feet south of the W1/4 corner thereof; thence S 86°12' E a distance of 2533.9 feet; thence S 41°02' E a distance of 634.7 feet; thence east a distance of 800 feet; thence south a distance of 837.5 feet, more or less to the south line of the said Section 7; thence S 89°53' W along the south line of Section 7 a distance of 660 feet; thence S 0°07' E a distance of 164.3 feet; thence N 89°32' W a distance of 804.2 feet; thence N 20°46' W a

distance of 670 feet; thence S 88°12' W a distance of 400 feet; thence N 68°04' W a distance of 692 feet; thence S 2°50' W a distance of 581 feet; thence N 89°32' W a distance of 400 feet; thence N 12°40' W a distance of 370.1 feet, more or less, the north line of the SW1/4SW1/4 of said Section 7; thence west a distance of 483.2 feet, more or less, along said line to the west line of Section 7; thence north to the point of beginning.

17. House Rock Wildlife Area: The House Rock Wildlife Area is that area described as follows: beginning at the common 1/4 corner of Sections 17 and 20, T36N, R4E; thence east along the south Section lines of Sections 17, 16, 15, 14, 13 T36N, R4E, and Section 18, T36N, R5E, to the intersection with the top of the southerly escarpment of Bedrock Canyon; thence southeasterly along the top of said escarpment to the top of the northerly escarpment of Fence Canyon; thence along the top of said north escarpment to its intersection with the top of the southerly escarpment of Fence Canyon; thence northeasterly along the top of said southerly escarpment to its intersection with the top of the escarpment of the Colorado River; thence southerly along top of said Colorado River escarpment to its intersection with Boundary Ridge in Section 29, T34N, R5E; thence westerly along Boundary Ridge to its intersection with the top of the escarpment at the head of Saddle Canyon; thence northerly along the top of the westerly escarpment to its intersection with a line beginning approximately at the intersection of the Cockscomb and the east fork of South Canyon extending southeast to a point approximately midway between Buck Farm Canyon and Saddle Canyon; thence northwest to the bottom of the east fork of South Canyon in the SW1/4SW1/4 of Section 16, T34N, R4E; thence northerly along the west side of the Cockscomb to the bottom of North Canyon in the SE1/4 of Section 12, T35N, R3E; thence northeasterly along the bottom of North Canyon to a point where the slope of the land becomes nearly flat; thence northerly along the westerly edge of House Rock Valley to the point of beginning; all in G&SRB&M, Coconino County, Arizona.
18. Jacques Marsh Wildlife Area: The Jacques Marsh Wildlife Area is that area within the fenced and posted portions of the SE1/4, SW1/4SW1/4NE1/4, SE1/4NW1/4, SW1/4NW1/4, Section 11; and NE1/4NW1/4, NW1/4NE1/4, NE1/4NE1/4, Section 14; T9N, R22E, G&SRB&M, Navajo County, Arizona.
19. Lamar Haines Wildlife Area: The Lamar Haines Wildlife Area is that area described as: T22N, R6E, Section 12 NW1/4, G&SRB&M, Coconino County, Arizona.
20. Lower San Pedro River Wildlife Area: The Lower San Pedro River Wildlife Area shall be those areas described as follows:  
For the Triangle Bar Ranch Property: Parcel 1: that portion of the SE1/4 of Section 22, T7S, R16E, G&SRB&M, Pinal County, Arizona, more particularly described as follows: beginning at the southeast corner of Section 22, to a point being a 2.5" Aluminum Cap stamped PLS 35235; thence N 00°38'57" W along the east line of the SE1/4 of Section 22 a distance of 2626.86 feet to a point being the E1/4 corner of Section 22 a 2.5" Aluminum Cap stamped PLS 35235; thence S 89°00'32" W along the north line of the SE1/4 of Section 22 a distance of 1060.80 feet to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 12°30'55" E a distance of 673.56 feet to a point being a 1/



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2" Iron Pin tagged PLS 35235; thence S 36°31'44" E a distance of 491.55 feet to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 89°00'32" W a distance of 689 feet to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 00°31'09" W a distance of 400.00 feet to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 89°00'32" W a distance of 1320.00 feet to a point on the west line of the SE1/4 of Section 22 to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 00°31'09" E a distance of 1454.09 feet to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 88°51'39" E a distance of 1387.86 feet to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 53°14'11" E a distance of 322.56 feet to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 01°05'49" W a distance of 321.71 feet to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 88°51'39" E along said South line of Section 22 a distance of 1011.31 feet to the point of beginning; containing 110.65 acres, more or less. Parcel 2: that portion of Sections 23 T7S, R16E of G&SRB&M, Pinal County, Arizona, more particularly described as follows: beginning at the point on the south line of Section 23, which point is 720 feet east of the southwest corner of Section 23, said point being a 1/2" Iron Pin tagged PLS 35235; thence N 23°45'32" W a distance of 1833.68 feet (N 22°28'00" W a distance of 1834 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235 on the west line of Section 23; thence S 00°38'57" E a distance of 1691.03 feet (south, record) to the southwest corner of Section 23 to a point being a 2.5" Aluminum Cap stamped PLS 35235; thence along the south line of Section 23 N 89°02'45" E a distance of 720.00 feet (east, a distance of 720.00 feet, recorded) to the point of beginning; containing 13.98 acres, more or less. Parcel 3: lots 2 and 3, and the NE1/4NW1/4, SE1/4NW1/4, and NE1/4SW1/4 of Sections 18 T7S, R16E of G&SRB&M, Pinal County, Arizona, more particularly described as follows: commencing at the northwest corner of Section 18, said point being a GLO B.C. stamped Sec 18 CC; thence S 89°47'17" E along the north line of Section 18, a distance of 1271.33 feet to a point being a 1/2" Iron Pin tagged PLS 35235, and being the point of beginning, said point is the northwest corner of the NE1/4NW1/4; thence S 89°47'17" E a distance of 1320.00 feet to a point being the N1/4 corner of Section 18, to a point being a found stone marked 1/4; thence S 01°35'23" E a distance of 4020.67 feet to a point being a found 1/2" Iron Pin with added tag of PLS 35235 to a point being the southeast corner or the NE1/4SW1/4 of Section 18; thence N 89°37'16" W a distance of 2610.28 feet to a point on the west line of Section 18 to a point being a 1/2" Iron Pin tagged PLS 35235, to a point being the southwest corner of Lot 3; thence N 01°17'05" W along the west line of Section 18, a distance of 1360.825 feet to a point being the W1/4 corner of Section 18, to a point being a found stone marked 1/4; thence N 01°20'34" W along the west line of Section 18 a distance of 1325.845 feet to a point being a 1/2" Iron Pin tagged PLS 35235, to a point being the northwest corner of Lot 2; thence S 89°32'47" E a distance of 1279.09 feet to a point being a found 1/2" Iron Pin with added tag of PLS 35235 approximately 0.8 feet down from natural grade, to a point being the northeast corner of Lot 2; thence N 01°40'11" W along the west line of the NE1/4NW1/4 of Section 18, a distance of 1331.47 feet to a point on the north line of

Section 18 and the point of beginning; containing 200.78 acres, more or less. Parcel 4: lots 3, 4, 5, 6, and 7 of Section 9, T7S, R16E, of G&SRB&M, Pinal County, Arizona more particularly described as follows: beginning at the S1/4 corner of said Section 9, to a point being a 1.5" Open Iron Pipe with added tag PLS 35235; thence N 00°00'03" E along the north-south midsection line a distance of 2641.16 feet (N 00°38'48" E a distance of 2641.20 feet, record) to the center section of Section 9 to a point being a 1/2" Iron Pin tagged PLS 35235; thence continuing N 00°00'03" E along the north-south midsection line, a distance of 1349.83 feet (N 00°38'48" E a distance of 1349.83 feet, record) to the northeast corner of Lot 5 to a point being a found 1/2" Iron Pin with added tag PLS 35235; thence S 89°09'38" W along the north line of Lot 5 a distance of 1346.80 feet (S 89°44'19" W a distance of 1347.21 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235, and the northwest corner of Lot 5 and the southeast corner of Lot 3; thence N 00°58'35" E along the east line of Lot 3 a distance of 1357.74 feet (N 00°37'27" E a distance of 1357.74 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235 and the northeast corner of Lot 3; thence N 89°24'33" W along the north line of Lot 3 a distance of 1323.90 feet (N 89°56'37" W a distance of 1323.945 feet, record) to the northwest corner of Section 9 to a point being a found Drill Steel with added tag PLS 35235; thence S 01°56'29" W along the west line of Section 9 a distance of 712.90 feet to a point on the west boundary line of Old Camp Grant and to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 23°03'26" E along said west boundary line of Old Camp Grant, a distance of 5011.05 feet to a point on the south line of Section 9 to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 89°13'21" E along the south line of Section 9 a distance of 709.50 feet (N 89°51'39" E a distance of 709.50 feet, record) to the point of beginning; containing 181.71 acres, more or less. Together with those parts of Sections 15 and 22, T7S, R16E, of G&SRB&M, Pinal County, Arizona, more particularly described as follows: beginning at a point being a 1/2" Iron Pin tagged PLS 35235, N 89°00'32" E along the south line of the NE1/4 of Section 22, a distance of 2251.00 feet (east a distance of 2251 feet, record) of the center section corner of Section 22; thence N 47°16'51" W a distance of 1275.05 feet (N 46°47'00" W a distance of 1275.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 79°57'00" W a distance of 1344.00 feet (N 7°27'00" W a distance of 1344.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 65°05'02" W a distance of 399.00 feet (N 59°46'00" W a distance of 399.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 17°49'24" W a distance of 1382.47 feet (N 17°34'00" W a distance of 1385.00 feet, record) to a point on the Section line between Sections 15 and 22 to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 21°43'45" W a distance of 1408.97 feet (N 20°49'00" W a distance of 1412.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235 and the Center corner of the SW1/4 of Section 15; thence S 01°06'32" W along the west line of the SE1/4SW1/4 of Section 15, a distance of 1317.07 feet (south, record) to a point on the south line of Section 15 and the southwest corner of the SE1/4SW1/4 of Section 15 to a point being a 1/2" Iron Pin tagged PLS 35235;

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thence S 00°27'15" E along the west line of the E1/2NW1/4 of Section 22, a distance of 2637.50 feet (south, record) to a point on the south line of the NW1/4 of Section 22 and the southwest corner of the E1/2NW1/4 of Section 22 to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 89°00'56" E along said south line of the NW1/4 of Section 22 a distance of 1320.895 feet (east, record) to the center section corner of Section 22 to a point being a found 2.5" Aluminum Cap stamped C1/4 PLS 35235; thence N 89°00'32" E along the south line of the NE1/4 of Section 22 a distance of 2251.00 feet (east, record) to the point of beginning; containing 110.28 acres, more or less. Parcel 5: those parts of Sections 26 and 35 T7S, R16E of G&SRB&M, Pinal County, Arizona, more particularly described as follows: beginning at a point N 89°31'56" E a distance of 571.74 feet (record 572 a distance of feet east) of the center section of Section 35 said point being a 1/2" Iron Pin tagged PE 9626; thence N 16°07'19" W a distance of 1369.92 feet (N 15°44'00" W a distance of 1371 feet, record) to a point being a Power Pole tagged PLS 35235; thence N 46°55'33" W a distance of 279.77 feet (N 45°00'00" W a distance of 283.00 feet, record) to the center of a 6" hollow iron fence post filled with concrete approximately 6 feet tall, tagged PLS 35235; thence N 79°45'23" W a distance of 500.00 feet (N 80°00'00" W a distance of 500.00 feet, record) to the center of a 6" hollow iron fence post filled with concrete approximately 6 feet tall, tagged PLS 35235; thence N 21°10'05" W a distance of 1104.18 feet (N 20°38'00" W a distance of 1104.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235, said point being a distance of 3.55 feet south of the north line of Section 35; thence N 07°46'25" E a distance of 1334.00 feet (N 08°08'00" E a distance of 1334.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 89°37'04" W a distance of 630.00 feet to a point being a found 1/2" Iron Pin with added tag PLS 35235; thence N 01°11'34" W a distance of 1314.34 feet (north a distance of 1320.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235, said point being on the north line of the SW1/4; thence along the north line of the SW1/4 N 89°18'34" E a distance of 282.00 feet (east a distance of 282.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235, said point being S 89°18'34" W a distance of 992.74 from the center section corner of Section 26; thence N 13°48'15" W a distance of 1351.04 feet (N 13°40'00" W a distance of 1358.00 feet, record) to a point on the north line of the SE1/4NW1/4 of Section 26 to a point being a 1/2" Iron Pin tagged PLS 35235, said point being N 89°10'39" E a distance of 26.52 feet from the northwest corner of the SE1/4NW1/4 of Section 26; thence N 26°31'53" W a distance of 1458.00 feet (N 23°43'00" W a distance of 1442.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235, that is on the north line of Section 26 said point being N 89°02'45" E along the north line of Section 26, a distance of 720.00 feet from the northwest corner of Section 26; thence N 23°45'32" W a distance of 1833.68 feet (N 22°28'00" W a distance of 1834.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235, said point being on the west line of Section 23; thence S 00°38'57" E along the west line of Section 23, a distance of 1690.37 feet (south, record) to the southwest corner of Section 23 and northwest corner of Section 26 to a point being a 2.5" Alumi-

num Cap stamped PLS 35235; thence continuing S 01°16'16" E along the west line of Section 26 a distance of 2625.56 feet (south a distance of 2640.00 feet, record) to the W1/4 corner of Section 26 to a point being a 2.5" Aluminum Cap stamped PLS 35235; thence S 01°16'16" E along the west line of Section 26, a distance of 2625.56 feet (south a distance of 2640.00 feet, record) to the southwest corner of Section 26 and northwest corner of Section 35 to a point being a 2.25" Capped Iron Pipe stamped with added tag PLS 35235; thence S 00°45'30" E along the west line of Section 35, a distance of 1317.94 feet (south a distance of 1320.00 feet, record) to a point being a 2.5" Capped Iron Pipe stamped with added tag PLS 35235, said point being the southwest corner of the N1/2NW1/4 of Section 35; thence N 89°41'45" E along the south line of the N1/2NW1/4 of Section 35, a distance of 2630.87 feet (east a distance of 2644.00 feet, record) to a point being an Oblong Iron Pin with added tag PLS 35235 said point being the southeast corner of the N1/2NW1/4 of Section 35; thence S 01°11'23" E a distance of 1319.08 (south a distance of 1320.00 feet, record) to a point being an Oblong Iron Pin, with added tag PLS 35235, said point being the center section corner of Section 35; thence N 89°31'56" E along the south line of the NE1/4 of Section 35 a distance of 571.74 feet (east a distance of 572.00 feet, record) to the point of beginning; excepting therefrom any portion of said lands lying and within Section 23, T7S, R16E, G&SRB&M; CONTAINING containing 249.46 acres, more or less. Parcel 6: that portion of Section 1, T8S, R16E of G&SRB&M, Pinal County, Arizona, more particularly described as follows: beginning at a point N 88°25'39" E a distance of 507.07 feet (east a distance of 510 feet record) of the southwest corner of the SE1/4SW1/4 of Section 1 said point being a 1/2" Iron Pin tagged RLS 10046; thence N 18°38'44" E a distance of 1399.18 feet (record N 19°41' E a distance of 1402 feet) to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 03°51'10" W a distance of 1314.74 feet (record N 02°44' W a distance of 1321 feet) to a point being a 1/2" Iron Pin tagged RLS 10046; thence S 88°45'59" W a distance of 918.71 feet (record west, a distance of 919 feet) to a point being a 1/2" Iron Pin tagged RLS 10046; thence N 01°02'04" W a distance of 977.00 feet (record north a distance of 977 feet) to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 72°26'42" W a distance of 1384.43 feet (record N 71°22' W a distance of 1393 feet) to a point on the west line of Section 1 to a point being a 1/2" Iron Pin PLS 35235; thence S 01°07'43" E along the west line of Section 1, a distance of 1422.00 feet (record south a distance of 1412 feet) to the W1/4 corner of Section 1, said point being a 2.5" Aluminum Cap stamped PLS 35235; thence continuing S 01°07'43" E along the west line of Section 1, a distance of 1320.00 feet (record south a distance of 1320 feet) to the southwest corner of the NW1/4SW1/4 of Section 1 to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 88°37'29" E a distance of 1311.56 feet (record east to the southwest corner of the NE1/4SW1/4) to the southwest corner of the NE1/4SW1/4 of Section 1 to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 01°05'24" E a distance of 1316.31 feet (record, south a distance of 1320 feet) to the southwest corner of the SE1/4SW1/4 of Section 1 to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 88°25'39" E a distance of 507.07 feet (record,

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east a distance of 510 feet) to the point of beginning; containing 126.84 acres, more or less. For the ASARCO Property: Parcel 1: Section 15: the W1/2SE1/4 and E1/2SW1/4 of Section 15, T7S, R16E of G&SRB&M, Pinal county, Arizona; except that portion of land situated in Government Lot 9 lying west of the center line of the San Pedro River, said portion being APN 300-35-002. Section 22: That portion of the NE1/4NW1/4 and the NE1/4 of Section 22 T7S, R16E of G&SRB&M, Pinal County, Arizona, lying east of the San Pedro River. Section 23: that portion of the SW1/4 of Section 23, T7S, R16E of G&SRB&M, Pinal County, Arizona, lying east of the San Pedro River. Section 26: that portion of the N1/2NW1/4 of Section 26, T7S, R16E of G&SRB&M, Pinal County, Arizona, lying east of the San Pedro River. Parcel 2: Section 15: Government Lots 1, 2, 3, 4, 5, 6, and 7 of Section 15, T7S, R16E of G&SRB&M, Pinal County, Arizona. Parcel 3: Section 4: Government Lots 5, 8, 9, 11, 12, and 13 of Section 4 except that portion of land situated in Government Lot 13 lying east of State Highway 77 right-of-way, said portion of land being APN 300-31-005B. Section 5: Government Lots 2, 3, 4 and 5, except that portion of land situated in Government Lot 2, more particularly described as follows: beginning at the northeast corner of said Lot 2; thence along the east boundary of said Lot 2 due south 599.94 feet; thence leaving said east boundary due west 283.27 feet to the County Rd. right-of-way (El Camino Rd.); thence along said County Rd. right-of-way N 04°18'56" E a distance of 95.16 feet; thence continuing along said County Rd. right-of-way N 16°30'21" E a distance of 384.05 feet; thence continuing along said County Rd. right-of-way N 14°33'05" E a distance of 141.35 feet to the north boundary of said County Rd. right-of-way due east a distance of 131.48 feet along the north boundary of Government Lot 1 to the point of beginning.

21. Luna Lake Wildlife Area: The Luna Lake Wildlife Area shall be the fenced, buoyed, and posted area lying north of U.S. Highway 180 T5N, R31E, Section 17 N1/2, G&SRB&M, Apache County, Arizona.
22. Manhattan Claims Wildlife Area: Manhattan Claims Wildlife Area: The Manhattan Claims Wildlife Area shall be those areas described as the following mines or mining claims, situated in the California Mining District, in Cochise County, State of Arizona, to-wit: being Sections 3, 4, 5, 9, 10, in T17S., R30E., G&SRB&M, being known as the "Manhattan Group," Cochise County, State of Arizona. Erion Cap; Fraction: Monarch; and Mogul Patented Mines, the United States patent to which is of record in the Recorder's Office in Book 23 of Deeds of Mines, at page 396; Copper trust' Smith No. 1' Iron Cap; wedge; Smith No. 2; Rodea; Standard Extension; Smith No. 4; Smith No. 3; JHU; Cottonwood; Tucson; Prince; Hidden Treasure; Joe Wheeler fraction; Bride of the West; Mackey; Sun Beam; Queen; Last Turn; Winner; and Winner Fraction; patented mines, in the U.S. Patent to which is of record in the Recorder's Office in Book 23 Deeds of Mines, at page 368. Badger; Badger Fraction; patented mines, the U.S. Patent to which is of record in said Recorder's Office, in Book 23 Deeds of Mines, at page 388; Standard patented mine, the U.S. Patent to which is of record in said Recorder's Office in Book 23 Deeds of Mines at page 393; The following patented mining claims situated in said California Mining District, patent records

of which are set out with name of claim as follows: Bull Dog, Docket No. 27, at page No. 558; Copper King, Docket No. 27, at page No. 555; Copper Bluff, Docket No. 27, at page No. 552; Copper Top, Docket No. 27, at page No. 558; Copper Glance, Docket No. 27, at page No. 558; and AETNA, Docket No. 27, at page No. 558.

23. Mitty Lake Wildlife Area: The Mitty Lake Wildlife Area shall be those areas described as follows: T6S, R21W, Section 31: All of Lots 1, 2, 3, 4, E1/2W1/2, and that portion of E1/2 lying westerly of Gila Gravity Main Canal Right-of-Way; T7S, R21W; Section 5: that portion of SW1/4SW1/4 lying westerly of Gila Gravity Main Canal Right-of-Way; Section 6: all of Lots 2, 3, 4, 5, 6, 7 and that portion of Lot 1, S1/2NE1/4, SE1/4 lying westerly of Gila Gravity Main Canal R/W; Section 7: all of Lots 1, 2, 3, 4, E1/2W1/2, W1/2E1/2, and that portion of E1/2E1/2 lying westerly of Gila Gravity Main Canal R/W; Section 8: that portion of W1/2W1/2 lying westerly of Gila Gravity Main Canal R/W; Section 18: all of Lots 1, 2, 3, 4, E1/2NW1/4, and that portion of NE1/4, E1/2SW1/4, NW1/4SE1/4 lying westerly of Gila Gravity Main Canal R/W; T6S, R22W; Section 36: all of Lot 1. T7S, R22W; Section 1: all of Lot 1; Section 12: all of Lots 1, 2, SE1/4SE1/4; Section 13: all of Lots 1, 2, 3, 4, 5, 6, 7, 8, NE1/4, N1/2SE1/4, and that portion of S1/2SE1/4 lying northerly of Gila Gravity Main Canal R/W; all in G&SRB&M, Yuma County, Arizona.
24. Planet Ranch Conservation and Wildlife Area: The Planet Ranch Wildlife Area shall be those areas described as follows: Mohave County (Parcels 1 through 5) Parcel No. 1: the S1/2S1/2 of Section 28, T11N, R16W of the G&SRB&M, Mohave County, Arizona; except 1/16 of all oil, gases, and other hydrocarbon substances, coal, stone, metals, minerals, fossils and fertilizer of every name and description and except all materials which may be essential to production of fissionable material as reserved in Arizona Revised Statutes. Parcel No. 2: all of sections 32 and 34 T11N, R16W of the G&SRB&M, lying in Mohave County, Arizona; except 1/16 of all oil, gases, and other hydrocarbon substances, coal, stone, metals, minerals, fossils and fertilizer of every name and description and except all materials which may be essential to production of fissionable material as reserved in Arizona Revised Statutes. Parcel No. 3: the S1/2S1/2 of Section 27, T11N, R16W of the G&SRB&M, Mohave County, Arizona; except oil, gas, coal, and minerals as reserved in deed recorded in Book 64 of Deeds, Page 599, records of Mohave County, Arizona. Parcel No. 4: all of Section 33 and 35, T11N, R16W of the G&SRB&M, lying in Mohave County, Arizona; except oil, gas, coal, and minerals as reserved in deed recorded in Book 64 of Deeds, Page 599, records of Mohave County, Arizona. Parcel No. 5: the S1/2S1/2N1/2 and the S1/2 of Section 36, T11N, R16W of the G&SRB&M, lying in Mohave County, Arizona; except 1/16 of all oil, gases, and other hydrocarbon substances, coal, stone, metals, minerals, fossils and fertilizer of every name and description and except all materials which may be essential to production of fissionable material as reserved in Arizona Revised Statutes. La Paz County (Parcels 6 through 9) Parcel No. 6: that portion of the S1/2 of Lot 2, all of Lots 3, and 4, the S1/2SE1/4NW1/4 and the S1/2S1/2NE1/4 of Section 31, T11N, R16W of the G&SRB&M, lying in La Paz County, Arizona; except all oil, gas, coal, and minerals as

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- set forth in instrument recorded in Book 57, of Dockets, Page 310. Parcel No. 7: all of Section 32, T11N, R16W of the G&SRB&M, lying in La Paz County, Arizona; except any part of Section 32 lying within the Copper Hill Mining Claim as shown on the Plat of Mineral Survey Number 2675; except that portion of the SW1/4 of Section 32, T11N, R16W of the G&SRB&M, lying in La Paz County, Arizona, described as follows: commencing at the S1/4 corner of Section 32; thence west along the south line of Section 32, a distance of 1270.58 feet to the point of beginning; thence north 634.31 feet; thence S 76°41'15" W a distance of 94.09 feet to the southeasterly line of the Planet Ranch Road; thence along said line S 28°55'W a distance of 101.23 feet; thence southwesterly 250.25 feet through an angle of 54°22', along a tangent curve concave to the northwest, having a radius of 263.73 feet to a point of tangency, from which a radial line bears N 07°05' W; thence along said line S 82°55' W a distance of 96.52 feet; thence westerly 184.42 feet through an angle of 17°40'14" along a tangent curve concave to the north, having a radius of 597.96 feet to a point of tangency from which a radial line bears N 10°35'14" E; thence N 79°24'46" W a distance of 260.38 feet; thence leaving the southwesterly line of said Planet Ranch Road, south a distance of 429.61 feet to the south line of said Section 32; thence south along said south line east a distance of 874.42 feet more or less back to the point of beginning; and except that portion of the SW1/4 of Section 32, T11N, R16W of the G&SRB&M, La Paz County, Arizona, described as follows: beginning at the S1/4 corner of Section 32; thence west along the south line of Section 32, a distance of 1270.58 feet; thence north a distance of 634.31 feet; thence S 76°41'15" W a distance of 214.08 feet; thence N 13°18'45" W a distance of 25 feet; thence N 76°41'15" E a distance of 220 feet; thence east a distance of 1270.58 feet; thence south a distance of 660 feet back to the point of beginning. Parcel No. 8: those portions of Sections 33, 34, and 35, T11N, R16W of the G&SRB&M, lying in La Paz County, Arizona; except an undivided 1/16 of all oil, gases, and other hydrocarbon substances, coal or stone, metals, minerals, fossils and fertilizer of every name and description, together with all uranium, thorium, or any other material which is or may be determined by the laws of the production of fissionable materials, whether or not of commercial value, as reserved by the State of Arizona in Section 37-231, Arizona Revised Statutes, and in patent of record (Section 34); also except all oil, gas, coal, and minerals as set forth in instrument recorded in Book 57 of Dockets, Page 310 (Section 33 and 35). Parcel No. 9: the S1/2S1/2N1/2 and the S1/2 of Section 36, T11N, R16W of the G&SRB&M, lying in La Paz County, Arizona; except an undivided 1/16 of all oil, gases, and other hydrocarbon substances, coal or stone, metals, minerals, fossils and fertilizer of every name and description, together with all uranium, thorium, or any other material which is or may be determined by the laws of the production of fissionable materials, whether or not of commercial value, as reserved by the State of Arizona in Section 37-231, Arizona Revised Statutes, and in patent of record.
25. Powers Butte (Mumme Farm) Wildlife Area: The Powers Butte Wildlife Area shall be that area described as follows: T1S, R5W, Section 25, N1/2SW1/4, SW1/4SW1/4; Section 26, S1/2; Section 27, E1/2SE1/4; Section 34. T2S, R5W Section 3, E1/2W1/2, W1/2SE1/4, NE1/4SE1/4, NE1/4; Section 10, NW1/4, NW1/4NE1/4; Section 15, SE1/4SW1/4; Section 22, E1/2NW1/4, NW1/4NW1/4; all in G&SRB&M, Maricopa County, Arizona.
  26. Quigley-Achee Wildlife Area: The Quigley-Achee Wildlife Area shall be those areas described as follows: T8S, R17W; Section 13, W1/2SE1/4, SW1/4NE1/4, and a portion of land in the W1/2 of Section 13, more particularly described as follows: beginning at the S1/4 corner; thence S 89°17'09" W along the south line of said Section 13 a distance of 2627.50 feet to the southwest corner of said Section 13; thence N 41°49'46" E a distance of 3026.74 feet; thence N 0°13'30" W a distance of 1730.00 feet to a point on the north 1/16th line of said Section 13; thence N 89°17'36" E along said north 1/16th line a distance of 600.00 feet to the center of said Section 13; thence S 0°13'30" E. along the north-south midsection line a distance of 3959.99 feet to the point of beginning. Section 23, SE1/4NE1/4, and a portion of land in the NE1/4NE1/4 of Section 23, more particularly described as follows: beginning at the northeast corner; thence S 0°10'19" E along the east line of said Section 23, a distance of 1326.74 feet to a point on the south line of the NE1/4NE1/4 of said Section 23; thence S 89°29'58" W along said south line, a distance of 1309.64 feet; thence N 44°17'39" E a distance of 1869.58 feet to the point of beginning. Section 24, NW1/4, N1/2SW1/4, W1/2NE1/4, N1/2SE1/4NE1/4; all in G&SRB&M, Yuma County, Arizona.
  27. Raymond Wildlife Area: The Raymond Wildlife Area is that area described as follows: All of Sections 24, 25, 26, 34, 35, 36, and the portions of Sections 27, 28, and 33 lying east of the following described line: beginning at the W1/4 corner of Section 33; thence northeasterly through the 1/4 corner common to Sections 28 and 33, 1/4 corner common to Sections 27 and 28 to the N1/4 corner of Section 27 all in T19N, R11E. All of Sections 15, 16, 17, 19, 20, 21, 22, 27, 28, 29, 30, 31, 32, 33, and 34 all in T19N, R12E; all in G&SRB&M, Coconino County, Arizona.
  28. Robbins Butte Wildlife Area: The Robbins Butte Wildlife Area shall be those areas described as follows: T1S, R3W, Section 17, S1/2NE1/4, SE1/4, NW1/4SW1/4; Section 18, Lots 3, 4, and E1/2SW1/4, S1/2NE1/4, W1/2SE1/4, NE1/4SE1/4. T1S, R4W, Section 13, all except that portion of W1/2SW1/4SW1/4 lying west of State Route 85; Section 14, all except the W1/2NW1/4 and that portion of the SW1/4 lying north of the Arlington Canal; Section 19, S1/2SE1/4; Section 20, S1/2S1/2, NE1/4SE1/4; Section 21, S1/2, S1/2NE1/4, SE1/4NW1/4; Section 22, all except for NW1/4NW1/4; Section 23; Section 24, that portion of SW1/4, W1/2SW1/4NW1/4 lying west of State Route 85; Section 25, that portion of the NW1/4NW1/4 lying west of State Route 85; Section 26, NW1/4, W1/2NE1/4, NE1/4NE1/4; Section 27, N1/2, SW1/4; Section 28; Section 29, N1/2N1/2, SE1/4NE1/4; Section 30, Lots 5, 6, 7, 8, NE1/4, SE1/4SE1/4; all in G&SRB&M, Maricopa County, Arizona.
  29. Roosevelt Lake Wildlife Area: The Roosevelt Lake Wildlife Area is that area described as follows: beginning at the junction of A-Cross Rd. and Arizona Highway 188; south on Arizona Highway 188 to the main entrance of Roosevelt Lake Marina; northeast on this road towards the main marina launch; northeast across Roosevelt Lake

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- to the south tip of Bass Point; northerly to Long Gulch Rd.; northeast on this road to the A-Cross Rd.; northwest on the A-Cross Rd. to the point of beginning; all in G&SRB&M, Gila County, Arizona.
30. Santa Rita Wildlife Area: The Santa Rita Experimental Range is that area described as follows: Concurrent with the Santa Rita Experimental Range boundary and includes the posted portion of the following sections: Sections 33 through 36, T17S, R14E, Section 25, Section 35 and Section 36, T18S, R13E, Sections 1 through 4, Sections 9 through 16, and Sections 21 through 36, T18S, R14E, Sections 3 through 9, Sections 16 through 21, Sections 26 through 34, T18S, R15E, Sections 1 through 6, Sections 9 through 16, Section 23, T19S, R14E, Sections 3 through 10, Sections 16 through 18, T19S, R15E; all in G&SRB&M, Pima County, Arizona, and all being coincidental with the Santa Rita Experimental Range Area.
  31. Sipe White Mountain Wildlife Area: The Sipe White Mountain Wildlife Area shall be those areas described as follows:  
T7N, R29E, Section 1, SE1/4, SE1/4NE1/4, S1/2NE1/4NE1/4, SE1/4SW1/4NE1/4, NE1/4SE1/4SW1/4, and the SE1/4NE1/4SW1/4. T7N, R30E, Section 5, W1/2W1/2SE1/4SW1/4, and the SW1/4SW1/4; Section 6, Lots 1, 2, 3, 7, and 8, SW1/4NW1/4NW1/4, S1/2NW1/4NE1/4SE1/4, N1/2SE1/4SE1/4, E1/2SE1/4SE1/4SE1/4, SW1/4SE1/4 and the SE1/4SW1/4; Section 7, Parcel 10: Lots 1 and 2, E1/2NW1/4, E1/2E1/2NE1/4NE1/4, W1/2SW1/4NE1/4, NW1/4SE1/4, W1/2NE1/4SE1/4, NE1/4SW1/4, E1/2NW1/4SW1/4, and the NW1/4NE1/4; Section 8, NW1/4NW1/4, and the W1/2W1/2NE1/4NW1/4. T8N, R30E; Section 31, SE1/4NE1/4, SE1/4, and the SE1/4SW1/4; all in G&SRB&M, Apache County, Arizona.
  32. Springerville Marsh Wildlife Area: The Springerville Marsh Wildlife Area shall be those areas described as follows: S1/2 SE1/4 Section 27 and N1/2 NE1/4 Section 34, T9N, R29E, G&SRB&M, Apache County, Arizona.
  33. Sunflower Flat Wildlife Area: The Sunflower Flat Wildlife Area shall be those areas described as follows:  
T20N, R3E; Section 11, NE1/4SE1/4, N1/2NW1/4SE1/4, SE1/4NW1/4SE1/4, NE1/4SE1/4SE1/4, W1/2SE1/4NE1/4, S1/2SE1/4SE1/4NE1/4, E1/2SW1/4NE1/4; Section 12, NW1/4SW1/4SW1/4, NW1/4NE1/4SW1/4SW1/4, SW1/4NW1/4SW1/4, S1/2NW1/4NW1/4SW1/4, W1/2SE1/4NW1/4SW1/4, SW1/4NE1/4NW1/4 SW1/4; all in the G&SRB&M, Coconino County, Arizona.
  34. Three Bar Wildlife Area: The Three Bar Wildlife Area shall be that area described as follows: beginning at Roosevelt Dam, northwesterly on 188 to milepost 252 (Bumble Bee Wash); westerly along the boundary fence for approximately 7 1/2 miles to the boundary of Gila and Maricopa counties; southerly along this boundary through Four Peaks to a fence line south of Buckhorn Mountain; southerly along the barbed wire drift fence at Ash Creek to Apache Lake; northeasterly along Apache Lake to Roosevelt Dam.
  35. Tucson Mountain Wildlife Area: The Tucson Mountain Wildlife Area shall be that area described as follows: beginning at the northwest corner of Section 33; T13S, R11E on the Saguaro National Park boundary; due south approximately one mile to the El Paso Natural Gas Pipeline; southeast along this pipeline to Sandario Rd.; south on Sandario Rd. approximately two miles to the southwest corner of Section 15; T14S, R11E, east along the section line to the El Paso Natural Gas Pipeline; southeast along this pipeline to its junction with State Route 86, also known as the Ajo Highway; easterly along this highway to the Tucson city limits; north along the city limits to Silverbell Rd.; northwest along this road to Twin Peaks Rd.; west along this road to Sandario Rd.; south along this road to the Saguaro National Park boundary; west and south along the park boundary to the point of beginning, all in G&SRB&M, Pima County, Arizona.
  36. Upper Verde River Wildlife Area: The Upper Verde River Wildlife Area consists of eight parcels totaling 1102.54 acres located eight miles north of Chino Valley in Yavapai County, Arizona, along the upper Verde River and lower Granite Creek described as follows:  
Sullivan Lake: located immediately downstream of Sullivan Lake, the headwaters of the Verde River: the NE1/4NE1/4 lying east of the California, Arizona, and Santa Fe Railway Company right-of-way in Section 15, T17N, R2W; and also the NW1/4NE1/4 of Section 15 consisting of approximately 80 acres. Granite Creek Parcel: includes one mile of Granite Creek to its confluence with the Verde River: The SE1/4SE1/4 of Section 11; the NW1/4SW1/4 and SW1/4NW1/4 of Section 13; the E1/2NE1/4 of Section 14; all in T17N, R1W consisting of approximately 239 acres. E1/2SW1/4SW1/4, SE1/4SW1/4, NE1/4SW1/4 and NW1/4SE1/4 of Section 12, NW1/4NW1/4 of Section 13, T17N, R2W consisting of approximately 182.26 acres. Campbell Place Parcel: NE1/4NW1/4, NW1/4NE1/4, NE1/4NE1/4, SE1/4NW1/4, SW1/4NE1/4, SE1/4NE1/4, NE1/4SW1/4, NW1/4SE1/4, NE1/4SE1/4, NW1/4SW1/4, NE1/4SW1/4, and NW1/4SE1/4 in Section 7, T17N, R1W and SE1/4SE1/4 Section 12, T17N, R2W consisting of 315 acres. Tract 39 Parcel: the E1/2 of Tract 39 within the Prescott National Forest boundary, SE1/2SW1/4 and SW1/4SE1/4 of Section 5, T18N, R1W; and the W1/2 of Tract 39 outside the Forest boundary, SW1/4SW1/4, and SW1/4SW1/4 of Section 5 and NW1/4NW1/4 of Section 8, T18N, R1W consisting of approximately 163 acres. Wells Parcels: Parcel 1 and Parcel 2: all that portion of Government Lots 9 and 10, Section 7, along with Lot 3 and the SW1/4NW1/4, Section 8, located in T17N, R1W, of G&SRB&M, Yavapai County, Arizona, also known as APN 306-39-004L and 306-39-004M. Parcel 3 and Parcel 4: all that portion of the NE1/4SW1/4, NW1/4SE1/4, SW1/4SW1/4, and E1/2SW1/4SW1/4 of Section 12 and the NW1/4NW1/4 of Section 13, T17N, R2W, of G&SRB&M, Yavapai County, Arizona.
  37. Wenima Wildlife Area: The Wenima Wildlife Area shall be those areas described as follows:  
T9N, R29E; Section 5, SE1/4 SW1/4, and SW1/4 SE1/4 except E1/2 E1/2 SW1/4 SE1/4, Section 8, NE1/4 NW1/4, and NW1/4 NE1/4; Sections 8, 17 and 18, within the following boundary: From the 1/4 corner of Sections 17 and 18, the True Point of Beginning; thence N 00°12'56" E a distance of 1302.64 feet along the Section line between Sections 17 and 18 to the N1/16 corner; thence N 89°24'24" W a distance of 1331.22 feet to the NE1/16 corner of Section 18; thence N 00°18'02" E a distance of 1310.57 feet to the E1/16 corner of Sections 7 and 18; thence S 89°03'51" E a distance of 1329.25 feet to the northeast Section corner of said Section 18; thence N 01°49'10" E a distance of 1520.28 feet to a point on the Section line between Sections 7 and 8; thence N

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38°21'18" E a distance of 370.87 feet; thence N 22°04'51" E a distance of 590.96 feet; thence N 57°24'55" E a distance of 468.86 feet to a point on the east-west midsection line of said Section 8; thence N 89°38'03" E a distance of 525.43 feet along said midsection line to the center W1/16 corner; thence S 02°01'25" W a distance of 55.04 feet; thence S 87°27'17" E a distance of 231.65 feet; thence S 70°21'28" E a distance of 81.59 feet; thence N 89°28'36" E a distance of 111.27 feet; thence N 37°32'54" E a distance of 310.00 feet; thence N 43°58'37" W a distance of 550.00 feet; thence N 27°25'53" W a distance of 416.98 feet to the NS1/16 line of said Section 8; thence N 02°01'25" E a distance of 380.04 feet along said 1/16 line to the NW1/16 corner of said Section 8; thence N 89°45'28" E a distance of 1315.07 feet along the east-west middle 1/16 line; thence S 45°14'41" E a distance of 67.69 feet; thence S 49°28'18" E a distance of 1099.72 feet; thence S 08°04'43" W a distance of 810.00 feet; thence S 58°54'47" W a distance of 341.78 feet; thence 50°14'53" W a distance of 680.93 feet to a point in the center of that cul-de-sac at the end of Jeremy's Point Rd.; thence N 80°02'20" W a distance of 724.76 feet, said point lying N 42°15'10" W a distance of 220.12 feet from the northwest corner of Lot 72; thence N 34°19'23" E a distance of 80.64 feet; thence N 15°54'25" E a distance of 51.54 feet; thence N 29°09'53" E a distance of 45.37 feet; thence N 40°09'33" E a distance of 69.21 feet; thence N 25°48'58" E a distance of 43.28 feet; thence N 13°24'51" E a distance of 63.12 feet; thence N 16°03'10" W a distance of 30.98 feet; thence N 57°55'25" W a distance of 35.50 feet; thence N 80°47'38" W a distance of 48.08 feet; thence S 87°28'53" W a distance of 82.84 feet; thence S 72°07'06" W a distance of 131.85 feet; thence S 43°32'45" W a distance of 118.71 feet; thence S 02°37'48" E a distance of 59.34 feet; thence S 23°03'29" E a distance of 57.28 feet; thence S 28°30'39" E a distance of 54.75 feet; thence S 36°39'47" E a distance of 105.08 feet; thence S 24°55'07" W a distance of 394.78 feet; thence S 61°32'16" W a distance of 642.77 feet to the northwest corner of Lot 23; thence N 04°35'23" W a distance of 90.62 feet; thence S 85°24'37" W a distance of 26.00 feet; thence N 64°21'36" W a distance of 120.76 feet; thence S 61°07'57" W a distance of 44.52 feet; thence S 39°55'58" W a distance of 80.59 feet; thence S 11°33'07" W a distance of 47.21 feet; thence S 19°53'19" E a distance of 27.06 feet; thence S 54°26'36" E a distance of 62.82 feet; thence S 24°56'25" W a distance of 23.92 feet; thence S 48°10'38" W a distance of 542.79 feet; thence S 17°13'48" W a distance of 427.83 feet to the northwest corner of Lot 130; thence S 29°10'58" W a distance of 104.45 feet to the southwest corner of Lot 130; thence southwesterly along a curve having a radius of 931.52 feet, and arc length of 417.52 feet to the southwest corner of Lot 134; thence S 15°04'25" W a distance of 91.10 feet; thence S 04°29'15" W a distance of 109.17 feet; thence S 01°41'24" W a distance of 60.45 feet; thence S 29°16'05" W a distance of 187.12 feet; thence S 14°44'00" W a distance of 252.94 feet; thence S 15°42'24" E a distance of 290.09 feet; thence S 89°13'25" E a distance of 162.59 feet; thence S 37°19'54" E a distance of 123.03 feet to the southeast corner of Lot 169; thence S 20°36'30" E a distance of 706.78 feet to the northwest corner of Lot 189; thence S 04°07'31" W a distance of 147.32 feet; thence S 29°11'19" E a distance of

445.64 feet; thence S 00°31'40" E a distance of 169.24 feet to the east-west midsection line of Section 17 and the southwest corner of Lot 194; thence S 89°28'20" W a distance of 891.84 feet along said east-west midsection line to the True Point of Beginning; all in G&SRB&M, Apache County, Arizona.

38. White Mountain Grasslands Wildlife Area: The White Mountain Grasslands Wildlife Area shall be those areas described as follows:

Parcel 1 (CL1): the S1/2 of Section 24; the N1/2NW1/4 of Section 25; the NE1/4 and N1/2SE1/4 of Section 26; all in T9N, R27E of G&SRB&M, Apache County, Arizona; except all coal and other minerals as reserved to the U.S. in the Patent of said land. Parcel 2 (CL2): the SE1/4 and the SE1/4SW1/4 of Section 31, T9N, R28E of G&SRB&M, Apache County, Arizona. Parcel 3 (CL3): the NW1/4SW1/4 of Section 28; and the SW1/4S1/2SE1/4 and NE1/4SE1/4 of T9N, R28E of G&SRB&M, Apache County, Arizona. Parcel 4 (CL4): the SW1/4SW1/4 of Section 5; the SE1/4SE1/4 of Section 6; the NE1/4NE1/4 of Section 7; the NW1/4NW1/4, E1/2SW1/4NW1/4, W1/2NE1/4, SE1/4NW1/4, and that portion of the S1/2 which lies North of Highway 260, except the W1/2SW1/4 of Section 8; all in T8N, R28E of G&SRB&M, Apache County, Arizona. Parcel 1 (O1): the S1/2N1/2 of Section 10, T8N, R28E, of G&SRB&M, Apache County, Arizona; except that Parcel of land lying within the S1/2NE1/4 of Section 10, T8N, R28E, of G&SRB&M, Apache County, Arizona, more particularly described as follows: From the N1/16 corner of Sections 10 and 11, monumented with a 5/8-inch rebar with a cap marked LS 13014, said point being the True Point of Beginning; thence N 89°44'54" W a distance of 1874.70 feet along the east-west 1/16 line to a point monumented with a 1/2-inch rebar with a tag marked LS 13014; thence S 02°26'17" W a distance of 932.00 feet to a point monumented with a 1/2-inch rebar with a tag marked LS 13014; thence S 89°44'54" E a distance of 1873.69 feet to a point monumented with a 1/2-inch rebar with a tag marked LS 13014, said point being on the east line of Section 10; thence N 02°30'00" E a distance of 932.00 feet along said Section line to the True Point of Beginning. Parcel 2 (O2): the N1/2S1/2 of Section 10, T8N, R28E, of G&SRB&M, Apache County, Arizona. Except for that portion lying South of State Highway 260. Parcel 3 (O3): the SE1/4 of Section 25, T9N, R27E, of G&SRB&M, Apache County, Arizona. Parcel 4 (O4): lots 3 and 4; the E1/2SW1/4; W1/2SE1/4; and NE1/4SE1/4 of Section 30, T9N, R28E, of G&SRB&M, Apache County, Arizona. Parcel 5 (O5): lots 1, 2 and 3; the S1/2NE1/4; NW1/4NE1/4; E1/2NW1/4; and NE1/4SW1/4 of Section 31, T9N, R28E, of G&SRB&M, Apache County, Arizona. Parcel 6 (O6): beginning at the northwest corner of the SE1/4 of Section 27, T9N, R28E, of G&SRB&M, Apache County, Arizona; thence east a distance of 1320.00 feet; thence south a distance of 925.00 feet; thence west a distance of 320.00 feet to the center of a stock watering tub; thence N 83° W a distance of 1000.00 feet; thence north a distance of 740.00 feet to the point of beginning. State Land Special Use Permit: SE1/4SW1/4 of Section 5; E1/2NE1/4 of Section 08; NE1/4NW1/4 of Section 8; M&B in N1/2NW1/4 north of Hwy 260 of Section 17, all in T8N, R28E of the G&SRB&M, Apache County, Arizona. S1/2NW1/4 and

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SW1/4 of Section 26; all of Section 36, all in T9N, R27E of the G&SRB&M, Apache County, Arizona. SE1/4 lying easterly of Carnero Creek in Section 18; Lots 3 and 4, E1/2SW1/4, SE1/4, NE1/4, and SE1/4NW1/4, lying southeasterly of Carnero Creek in Section 19; NW1/4SE1/4 of Section 29, Lots 1 and 2 and NE1/4 and E1/2NW1/4 and SE1/4SE1/4 of Section 30; and Lot 4, and the NE1/4NE1/4 of Section 31; all in T9N, R28E of the G&SRB&M, Apache County, Arizona. State Grazing Lease: Legal Description of the White Mountain Grassland State Land Grazing Lease. Lots 1 thru 4, and S1/2N1/2, SW1/4, N1/2N1/2SE1/4, S SW1/4NW1/4SE1/4, and W1/2SW1/4SE1/4 of Section 3; Lots 1 thru 4, and the S1/2N1/2 and S1/2 of Section 4; SE1/4SW1/4 of Section 5; E1/2NE1/4, NE1/4NW1/4 of Section 8; SE1/4NE1/4 and N1/2N1/2 of Section 9; S1/2NE1/4NE1/4, SE1/4NW1/4NE1/4, W1/2NW1/4NE1/4, N1/2NW1/4, all in Section 10; NE1/4NW1/4 lying north of the centerline of State Highway 260, in Section 17, T8N, R28E of the G&SRB&M, Apache County; NE1/4, S1/2NW1/4, and the SW1/4 of Section 25, and all of Section 36; in T9N, R27E of the G&SRB&M, Apache County; a portion of the SE1/4 of Section 18 lying southeasterly of Carnero Creek, Lots 3 and 4, E1/2SW1/4, SE1/4, NE1/4, and SE1/4NW1/4 lying southeast of Carnero Creek in Section 19; all of Section 20 and Section 21; SW1/4NE1/4, S1/2NW1/4, and M&B in N1/2SW1/4, of Section 27; N1/2E1/2SW1/4, SW1/4SW1/4 and SE1/4 of Section 28; Lots 1 and 2, and NE1/4, E1/2NW1/4, and SE1/4SE1/4 of Section 30; Lot 4 and NE1/4NE1/4 of Section 31; all of Section 32 and Section 33, in T9N, R28E, in the G&SRB&M, Apache County. SE1/4NE1/4SE1/4 of Section 31; T09N, R28E, G&SRB&M, Apache County, Arizona.

39. Whitewater Draw Wildlife Area: The Whitewater Draw Wildlife Area shall be those areas described as follows: T21S, R26E; Section 19, S1/2 SE1/4; Section 29, W1/2 NE1/4, and E1/2 NE1/4; Section 30, N1/2 NE1/4; Section 32; T22S, R26E; Section 4, Lots 3 and 4; T22S, R26E; Section 5, Lots 1 to 4, except an undivided 1/2 interest in all minerals, oil, and/or gas as reserved in Deed recorded in Docket 209, page 117, records of Cochise County, Arizona.
40. Willcox Playa Wildlife Area: The Willcox Playa Wildlife Area shall be that area within the posted Arizona Game and Fish Department fences enclosing the following described area: beginning at the Section corner common to Sections 2, 3, 10 and 11, T15S, R25E, G&SRB&M, Cochise County, Arizona; thence S 0°15'57" W a distance of 2645.53 feet to the east 1/4 corner of Section 10; thence S 89°47'15" W a distance of 2578.59 feet to the center 1/4 corner of Section 10; thence N 1°45'24" E a distance of 2647.85 feet to the center 1/4 corner of Section 3; thence N 1°02'42" W a distance of 2647.58 feet to the center 1/4 corner of said Section 3; thence N 89°41'37" E to the common 1/4 corner of Section 2 and Section 3; thence S 0°00'03" W a distance of 1323.68 feet to the south 1/16 corner of said Sections 2 and 3; thence S 44°46'30" E a distance of 1867.80 feet to a point on the common Section line of Section 2 and Section 11; thence S 44°41'13" E a distance of 1862.94 feet; thence S 44°42'35" E a distance of 1863.13 feet; thence N 0°13'23" E a distance of 1322.06 feet; thence S 89°54'40" E a distance of 1276.24 feet to a point on the west right-of-way

fence line of Kansas Settlement Rd.; thence S 0°12'32" W a distance of 2643.71 feet along said fence line; thence N 89°55'43" W a distance of 2591.30 feet; thence N 0°14'14" E a distance of 661.13 feet; thence N 89°55'27" W a distance of 658.20 feet; thence N 0°14'39" E a distance of 1322.36 feet; thence N 44°41'19" W a distance of 931.44 feet; thence N 44°40'31" W a distance of 1862.85 feet to the point of beginning. Said wildlife area contains 543.10 acres approximately.

- C. Department Controlled Properties are described as follows: Hirsch Conservation Education Area and Biscuit Tank: The Hirsch Conservation Education Area and Biscuit Tank shall be that area lying in Section 3 T5N R2E, beginning at the northeast corner of Section 3, T5N, R2E, G&SRB&M, Maricopa County, Arizona; thence S 35°33'23.43" W a distance of 2938.12 feet; to the point of true beginning; thence S 81°31'35.45" W a distance of 147.25 feet; thence S 45°46'21.90" W a distance of 552.25 feet; thence S 21°28'21.59" W a distance of 56.77 feet; thence S 16°19'49.19" E a distance of 384.44 feet; thence S 5°27'54.02" W a distance of 73.43 feet; thence S 89°50'44.45" E a distance of 431.99 feet; thence N 4°53'57.68" W a distance of 81.99 feet; thence N 46°49'53.27" W a distance of 47.22 feet; thence N 43°33'3.68" E a distance of 83.74 feet; thence S 47°30'40.79" E a distance of 47.71 feet; thence N 76°2'59.67" E a distance of 105.91 feet; thence N 15°45'0.24" W a distance of 95.87 feet; thence N 68°48'27.79" E a distance of 69.79 feet; thence N 8°31'53.39" W a distance of 69.79 feet; thence N 30°5'32.34" E a distance of 39.8 feet; thence N 46°17'32.32" E a distance of 63.77 feet; thence N 22°17'26.17" W a distance of 517.05 feet to the point of true beginning.

**Historical Note**

New Section adopted by exempt rulemaking at 6 A.A.R. 1731, effective May 1, 2000 (Supp. 00-2). Amended by exempt rulemaking at 9 A.A.R. 3141, effective August 23, 2003 (Supp. 03-2). Amended by exempt rulemaking at 11 A.A.R. 1927, effective May 20, 2005 (Supp. 05-2). Amended by exempt rulemaking at 16 A.A.R. 397, effective March 5, 2010 (Supp. 10-1). Amended by exempt rulemaking at 17 A.A.R. 800, effective June 20, 2011 (Supp. 11-2). Amended by exempt rulemaking at 18 A.A.R. 1070, effective June 15, 2012 (Supp. 12-2). Amended by exempt rulemaking at 19 A.A.R. 931, effective June 17, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 841, effective June 17, 2014 (Supp. 14-1). Amended by exempt rulemaking at 22 A.A.R. 951, effective June 7, 2016 (Supp. 16-2). Amended by exempt rulemaking at 22 A.A.R. 2209, effective October 4, 2016 (Supp. 16-4). Amended by final exempt rulemaking at 27 A.A.R. 242, effective April 5, 2021 (Supp. 21-1).

**R12-4-804. Renumbered****Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 1424, effective June 14, 2003 (Supp. 03-2). Amended by exempt rulemaking at 17 A.A.R. 800, effective June 20, 2011 (Supp. 11-2). Section R12-4-804 renumbered to R12-4-125, by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4).

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**ARTICLE 9. AQUATIC INVASIVE SPECIES****R12-4-901. Definitions**

In addition to the definitions provided under A.R.S. §§ 5-301 and 17-255, the following definitions apply to this Article, unless otherwise specified:

“Aquatic invasive species” means those species listed in Director’s Order 1.

“Certified agent” means a person who meets Department standards to conduct inspections authorized under A.R.S. § 17-255.01(C)(1).

“Conveyance” means a device designed to carry or transport water. Conveyance includes, but is not limited to, dip buckets, water hauling tanks, and water bladders.

“Equipment” means an item used either in or on water; or to carry water. Equipment includes, but is not limited to, trailers used to launch or retrieve watercraft, rafts, inner tubes, kick boards, anchors and anchor lines, docks, dock cables and floats, buoys, beacons, wading boots, fishing tackle, bait buckets, skin diving and scuba diving equipment, submersibles, pumps, sea planes, and heavy construction equipment used in aquatic environments.

“Operator” means a person who operates or is in actual physical control of a watercraft, vehicle, conveyance or equipment.

“Owner” means a person who claims lawful possession of a watercraft, vehicle, conveyance, or equipment.

“Person” has the same meaning as defined under A.R.S. § 1-215.

“Release” means to place, plant, or cause to be placed or planted in waters.

“Transporter” means a person responsible for the overland movement of a watercraft, vehicle, conveyance, or equipment.

“Waters” means surface water of all sources, whether perennial or intermittent, in streams, canyons, ravines, drainage systems, canals, springs, lakes, marshes, reservoirs, ponds, and other bodies or accumulations of natural, artificial, public or private waters situated wholly or partly in or bordering this state.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1109, effective April 30, 2005 (Supp. 05-1). Amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Section R12-4-901 expired under A.R.S. § 41-1056(J) at 21 A.A.R. 757, effective March 31, 2015 (Supp. 15-2). New Section R12-4-901 renumbered from R12-4-1101 by final expedited rulemaking at 24 A.A.R. 407, effective February 6, 2018 (Supp. 18-1).

**R12-4-902. Aquatic Invasive Species; Prohibitions; Inspection, Decontamination Protocols**

- A. A person shall not, unless authorized under Article 4:
1. Possess, import, ship, or transport into or within this state an aquatic invasive species, unless authorized by the Director.
  2. Sell, purchase, barter, or exchange in this state an aquatic invasive species.
  3. Release an aquatic invasive species into waters or into any water treatment facility, water supply or water transportation facility, device or mechanism in this state.

- B. Upon removing a watercraft, vehicle, conveyance, or equipment from any waters listed in Director’s Order 2 and prior to transport, a person shall:

1. Remove all clinging materials such as plants, animals, and mud.
2. Remove all plugs and other valves or devices that prevent water drainage from all compartments that may retain water, such as ballast tanks, ballast bags, bilges, and ensure plugs or devices remain removed or open during transport.
3. If no plugs or barriers exist, take reasonable measures to drain or dry all compartments or spaces that may retain water. Reasonable measures include, but are not limited to, emptying bilges, application of absorbents, or ventilation.

- C. Before transporting a watercraft, vehicle, conveyance, or equipment to any waters located within or bordering this state from waters or locations listed in Director’s Order 2, a person shall comply with the mandatory conditions and protocols identified in Director’s Order 3 for decontamination of watercraft, vehicles, conveyances, and equipment.

- D. Department employees, certified agents, and Arizona peace officers authorized under A.R.S. § 17-104 may inspect a watercraft, vehicle, conveyance, or equipment for the purposes of determining compliance with A.R.S. Title 17, Chapter 2, Article 3.1 and this Section.

- E. If the presence of an aquatic invasive species is documented or suspected on or in a watercraft, vehicle, conveyance, or equipment, a Department employee or any Arizona peace officer may order a person to decontaminate or cause to be decontaminated such watercraft, vehicle, conveyance, or equipment using the mandatory protocols described in Director’s Order 3.

- F. The following Director’s Orders are available at any Department office and online at azgfd.gov:

1. Director’s Order 1 – Listing of Aquatic Invasive Species for Arizona,
2. Director’s Order 2 – Designation of Waters or Locations Where Listed Aquatic Invasive Species are Present, and
3. Director’s Order 3 – Mandatory Conditions on the Movement of Watercraft, Vehicles, Conveyances, or Other Equipment from Listed Waters Where Aquatic Invasive Species are Present.

- G. This Section does not apply to owners and operators exempt under A.R.S. § 17-255.04.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1109, effective April 30, 2005 (Supp. 05-1). Amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Section R12-4-902 expired under A.R.S. § 41-1056(J) at 21 A.A.R. 757, effective March 31, 2015 (Supp. 15-2). New Section R12-4-902 renumbered from R12-4-1102 and amended by final expedited rulemaking at 24 A.A.R. 407, effective February 6, 2018 (Supp. 18-1).

**R12-4-903. Expired****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1109, effective April 30, 2005 (Supp. 05-1). R12-4-903 renumbered to R12-4-904; new Section R12-4-903 renumbered from R12-4-904 and amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Section R12-4-903 expired under A.R.S. §



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41-1056(J) at 21 A.A.R. 757, effective March 31, 2015 (Supp. 15-2).

**R12-4-904. Expired****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1109, effective April 30, 2005 (Supp. 05-1). R12-4-904 renumbered to R12-4-903; new Section R12-4-904 renumbered from R12-4-903 and amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Section R12-4-904 expired under A.R.S. § 41-1056(J) at 21 A.A.R. 757, effective March 31, 2015 (Supp. 15-2).

**R12-4-905. Expired****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1109, effective April 30, 2005 (Supp. 05-1). Amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Section R12-4-905 expired under A.R.S. § 41-1056(J) at 21 A.A.R. 757, effective March 31, 2015 (Supp. 15-2).

**R12-4-906. Expired****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1109, effective April 30, 2005 (Supp. 05-1). Amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Section R12-4-906 expired under A.R.S. § 41-1056(J) at 21 A.A.R. 757, effective March 31, 2015 (Supp. 15-2).

**ARTICLE 10. OFF-HIGHWAY VEHICLES****R12-4-1001. Minimum Standards for an Approved Off-highway Vehicle Educational Course**

The Department may approve an educational course of instruction in basic off-highway vehicle (OHV) safety and environmental ethics, provided the course meets the following minimum standards:

1. Course content. The course shall provide information regarding:
  - a. OHV safety;
  - b. Responsibilities of users of OHVs;
  - c. Use of an OHV in a manner that does not harm the natural terrain, plants, or animals;
  - d. Use of an OHV in a manner that minimizes air pollution; and
  - e. State statutes and rules regarding use of OHVs.
2. Course procedures. The course provider shall:
  - a. Use a written examination to measure the extent to which a participant learned the course content; and
  - b. Provide a certificate of completion to a participant who receives a score of 80% or above on the written examination or that demonstrates an equivalent proficiency.

**Historical Note**

New Section made by final rulemaking at 25 A.A.R. 1860, August 31, 2019 (Supp. 19-3).

**R12-4-1002. Course-approval Procedure**

- A. To obtain approval of an educational course of instruction in basic off-highway vehicle (OHV) safety and environmental ethics, the course provider shall submit an application to the Department's OHV Law Enforcement Program Manager using

a form furnished by the Department. The provider shall include the following information on the application form:

1. Name of provider;
  2. If the provider is not an individual, the name of the person who will maintain contact with the Department;
  3. Business address;
  4. Business email address; and
  5. Business and contact telephone numbers.
- B. In addition to the application form required under subsection (A), a provider shall include a copy of all of the following:
    1. The curriculum that will be used to provide the educational course;
    2. Any materials that will be provided to course participants;
    3. The written examination required under R12-4-1001(2)(a); and
    4. The certificate of completion required under R12-4-1001(2)(b).
  - C. The Department shall either approve or deny a request to approve an educational course within 60 days of receiving the application. The Department shall not approve an educational course that fails to meet the requirements established under R12-4-1001 or this Section. The Department shall provide a written notice to the course provider stating the reason for the denial.
  - D. The provider of an educational course of instruction that is not approved by the Department may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.

**Historical Note**

New Section made by final rulemaking at 25 A.A.R. 1860, August 31, 2019 (Supp. 19-3).

**R12-4-1003. Fee for an Approved Course**

Under A.R.S. § 28-1175(B), the provider of an approved educational course of instruction in basic off-highway vehicle safety and environmental ethics may collect a fee from each participant that:

1. Is reasonable and commensurate for the course, and
2. Does not exceed \$300.

**Historical Note**

New Section made by final rulemaking at 25 A.A.R. 1860, August 31, 2019 (Supp. 19-3).

**R12-4-1004. Off-highway Vehicle Sound-level Requirements**

- A. A peace officer who has reason to believe that an off-highway vehicle (OHV) is being operated in violation of A.R.S. § 28-1179(A)(3) may direct the operator to submit the OHV to an onsite test to measure the OHV's sound level. In accordance with A.R.S. § 28-1179(A)(3), the sound level of an OHV shall be measured using the following procedures, which are incorporated by reference and are available for inspection at the Arizona Game and Fish Department, 5000 W. Carefree Highway, Phoenix, Arizona 85086:
  1. All terrain vehicle or motorcycle. Society of Automotive Engineers, J1287, Measurement of Exhaust Sound Pressure Levels of Stationary Motorcycles, April 2017, available from SAE International, 400 Commonwealth Dr., Warrendale, PA 15096 or online at [www.sae.org](http://www.sae.org); and
  2. Other OHV. International Organization for Standardization, ISO 5130:2007, Acoustics-Measurements of Sound Pressure Level Emitted by Stationary Road Vehicles, 2007, May 31, 2007 Edition 2, available from American National Standards Institute, Attention Customer Service

## TITLE 12. NATURAL RESOURCES

## CHAPTER 4. GAME AND FISH COMMISSION

Department, 25 W. 43rd St., 4th Floor, New York, NY 10056 or online at [www.iso.org](http://www.iso.org).

- B. If a peace officer directs the operator of an OHV to submit the OHV to an onsite test to measure the OHV's sound level, the operator shall allow the OHV and associated equipment to be tested. If the peace officer believes that more than one test of the OHV's sound level is necessary to ensure that an accurate measure is obtained, the operator shall allow multiple tests.
- C. If it is determined that an OHV is being operated in violation of A.R.S. § 28-1179(A)(3), the operator of the OHV shall:
  - 1. Immediately stop operating the OHV; and
  - 2. Ensure the vehicle is not operated again until it can be operated in compliance with A.R.S. § 28-1179(A)(3), except:
    - a. During a period of emergency; or
    - b. When the operation is directed by a peace officer or other public authority.
- D. This Section does not include any later amendments or editions of the incorporated materials.

**Historical Note**

New Section made by final rulemaking at 25 A.A.R. 1860, August 31, 2019 (Supp. 19-3).

**R12-4-1005. Nonresident Off-highway Vehicle User Indicia**

- A. The owner or operator of an all-terrain vehicle (ATV) or off-highway vehicle (OHV) as defined under A.R.S. § 28-1171 shall not operate the ATV or OHV off-highway in this state without an Arizona off-highway vehicle user indicia. This requirement only applies to an ATV or OHV that:
  - 1. Is designed by the manufacturer primarily for travel over unimproved terrain.
  - 2. Has an unladen weight of two thousand five hundred pounds or less.
- B. For lawful Arizona off-highway operation, the owner or operator of a qualifying nonresident ATV or OHV shall apply to the Department for an off-highway vehicle user indicia as prescribed under A.R.S. § 28-1177. The owner or operator shall submit to the Department:
  - 1. The nonresident off-highway vehicle user indicia application furnished by the Department and available on the Department's website,
  - 2. The fee established under subsection (C)(1), and
  - 3. The convenience fee established under subsection (C)(2).
- C. As authorized under A.R.S. § 28-1177:
  - 1. The fee for the nonresident off-highway vehicle user indicia is \$25.
  - 2. The Department may also collect and retain a reasonable and commensurate fee for its services.
- D. The owner or operator of the ATV or OHV titled or registered out-of-state shall display the nonresident off-highway user indicia in a manner that is clearly visible to outside inspection:
  - 1. For vehicles with three or more wheels, on the left side rear quadrant of the vehicle.
  - 2. For two-wheeled vehicles, the indicia shall be displayed on the left fork leg.

- E. A printed receipt or an electronic copy of the receipt of payment for an annual decal that is purchased online shall serve as a temporary permit for a period of 30 days from the date of purchase.
- F. Under A.R.S. § 28-1178, a person may operate an ATV or OHV in this state without the nonresident off-highway user indicia required under A.R.S. § 28-1177 when any one of the following applies:
  - 1. The person is loading or unloading an ATV or OHV from a vehicle.
  - 2. The person is participating in an off-highway special event.
  - 3. The person is operating an ATV or OHV:
    - a. During an emergency or as directed by a peace officer or other public authority.
    - b. Exclusively for agriculture, ranching, construction, mining or building trade purposes.
    - c. Exclusively on private land.

**Historical Note**

New Section made by final rulemaking at 25 A.A.R. 1860, August 31, 2019 (Supp. 19-3).

**ARTICLE 11. RENUMBERED****R12-4-1101. Renumbered****Historical Note**

New Section made by final rulemaking at 18 A.A.R. 196, effective January 10, 2012 (Supp. 12-1). Section R12-4-1101 renumbered to R12-4-901 by final expedited rulemaking at 24 A.A.R. 407, effective February 6, 2018 (Supp. 18-1).

**R12-4-1102. Renumbered****Historical Note**

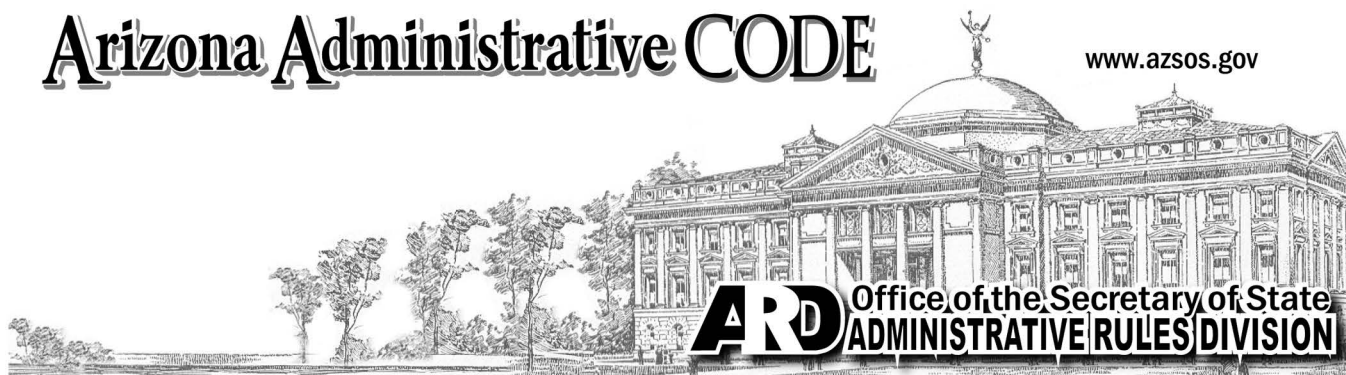
New Section made by final rulemaking at 18 A.A.R. 196, effective January 10, 2012 (Supp. 12-1). Section R12-4-1102 renumbered to R12-4-902 by final expedited rulemaking at 24 A.A.R. 407, effective February 6, 2018 (Supp. 18-1).

**R12-4-1103. Emergency Expired****Historical Note**

New Section made by emergency rulemaking at 17 A.A.R. 1218, effective June 2, 2011 for 180 days (Supp. 11-2). Section renewed by emergency rulemaking at 17 A.A.R. 2376, effective November 3, 2011 (Supp. 11-4). Emergency expired (Supp. 14-1).

**R12-4-1104. Emergency Expired****Historical Note**

New Section made by emergency rulemaking at 17 A.A.R. 1218, effective June 2, 2011 for 180 days (Supp. 11-2). Section renewed by emergency rulemaking at 17 A.A.R. 2376, effective November 3, 2011 (Supp. 11-4). Emergency expired (Supp. 14-1).



## TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION

### CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

#### 14 A.A.C. 2

#### Supplement Information

#### Supp. 25-4

Rules codified between October 1, 2025 through December 31, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-4 replaces Supp. 22-1, 1-220 pages.**

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

## PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “*Rule*’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

### THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

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The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at [www.azsos.gov/rules](http://www.azsos.gov/rules), click on the *Administrative Register* link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

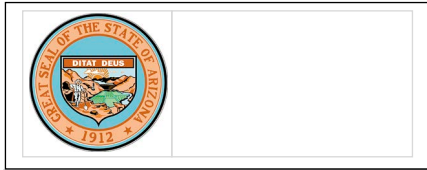
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*Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.*

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## Administrative Rules Division

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**TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS;  
SECURITIES REGULATION****CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES**

Authority: Article XV, § 3, Constitution of Arizona and A.R.S. § 40-202 et seq.

**Supp. 25-4**

*Editor's Note: Under A.R.S. § 41-1011(C) Section headings were updated to title case for uniformity in Chapter style and format. These updates did not alter the sense, meaning or effect of any rule in this Chapter (Supp. 22-1).*

*Editor's Note: The Office of the Secretary of State publishes all Code Chapters on white paper (Supp. 02-1).*

*Editor's Note: The Corporation Commission has determined that rules in this Chapter are exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)). This exemption means that the rule was not certified by the Attorney General. Because this Chapter was filed under a rulemaking exemption, as determined by the Corporation Commission, other than a statutory exemption, the Chapter is printed on green paper.*

*Editor's Note: Chapter 2, consisting of Sections R14-2-104, R14-2-105, R14-2-201 through R14-2-213, R14-2-301 through R14-2-313, R14-2-401 through R14-2-411, R14-2-501 through R14-2-510, and R14-2-601 through R14-2-610, adopted effective March 2, 1982.*

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*Former Sections R14-2-101, R14-2-102, R14-2-104, R14-2-106 through R14-2-126, R14-2-129, R14-2-130, R14-2-132 through R14-2-134 repealed effective March 2, 1982.*

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**ARTICLE 9. REPEALED**

*Article 9, consisting of Sections R14-2-901 through R14-2-909, repealed at 32 A.A.R. 215 (January 16, 2026), effective February 28, 2026, pursuant to an exemption from the regular rulemaking process (Supp. 25-4).*

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*Article 10, consisting of Sections R14-2-1001 through R14-2-1014, adopted effective November 2, 1993, pursuant to an exemption from the regular rulemaking process as determined by the Arizona Corporation Commission (Supp. 93-4).*

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*Editor's Note: The following Article was amended by emergency rulemaking effective March 29, 2017, for 180 days (Supp. 17-1).*

**ARTICLE 12. ARIZONA UNIVERSAL SERVICE FUND**

*Article 12, consisting of Sections R14-2-1201 through R14-2-1217, adopted effective April 26, 1996, pursuant to an exemption from the regular rulemaking process as determined by the Arizona Corporation Commission (Supp. 96-2).*

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*Article 14, consisting of Sections R14-2-1401 through R14-2-1409, adopted December 22, 1995, effective for a maximum of 180 days, pursuant to an exemption from the regular rulemaking process as determined by the Arizona Corporation Commission (Supp. 95-4).*

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*Article 15, consisting of Sections R14-2-1501 through R14-2-1507, adopted January 17, 1997, effective for a maximum of 180 days, pursuant to an exemption from the regular rulemaking process as determined by the Arizona Corporation Commission (Supp. 97-1).*

*Article 15, consisting of Sections R14-2-1501 through R14-2-1507, adopted July 23, 1996, effective for a maximum of 180 days, pursuant to an exemption from the regular rulemaking process as determined by the Arizona Corporation Commission; filed with the Office of the Secretary of State July 15, 1996 (Supp. 96-3). Emergency expired.*

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**ARTICLE 1. GENERAL PROVISIONS****R14-2-101. Accident Reports**

- A. Where not otherwise specifically prescribed by rule with respect to particular classes of public service corporations, all public service corporations shall report in writing by the end of the next working day to the Commission all accidents in which such public service corporations are involved, which result in death, personal injury to any person necessitating off-site medical attention, or property damage exceeding \$5,000.00. For purposes of this rule, off-site medical attention includes any medical treatment provided by medical professionals which requires transportation of the patient by ambulance, or treatment of the patient in an emergency room, or in-patient hospitalization. For those accidents in which it is not readily determinable if the property damage exceeds \$5,000.00, the public service corporation will have an additional two working days in which to submit its report. Any associated personal injuries requiring off-site medical attention would still have to be reported within the initial business day.
- B. This report shall state, as accurately as possible, the dollar amount of the damage. If this amount is not known immediately, or if investigation discloses a 15% or greater variation from the amount in this report, a follow-up report shall be submitted.
- C. If such accidents result in death or injury likely to result in death, a report shall also be made within 24 hours by telegraph or telephone stating the essential facts.

**Historical Note**

Former Section R14-2-101 repealed, former Section R14-2-103 renumbered as Section R14-2-101 without change effective March 2, 1982 (Supp. 82-2). Amended effective February 3, 1989 (Supp. 89-1). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

**R14-2-102. Treatment of Depreciation**

- A. The following definitions shall apply in this Section unless the context otherwise requires:
1. "Accumulated depreciation" means the summation of the annual provision for depreciation from the time that the asset is first devoted to public service.
  2. "Cost of removal" means the cost of demolishing, dismantling, removing, tearing down, or abandoning of physical assets, including the cost of transportation and handling incidental thereto.
  3. "Depreciation" means an accounting process which will permit the recovery of the original cost of an asset less its net salvage over the service life.
  4. "Depreciation rate" means the percentage rate applied to the original cost of an asset to yield the annual provision for depreciation.
  5. "Net salvage" means the salvage value of property retired less the cost of removal.
  6. "Original cost" means the cost of property at the time it was first devoted to public service.
  7. "Property retired" means assets which have been removed, sold, abandoned, destroyed, or which for any cause have been withdrawn from service and books of account.
  8. "Salvage value" means the amount received for assets retired, less any expenses incurred in selling or preparing the assets for sale; or if retained, the amount at which the material recoverable is chargeable to materials and supplies, or other appropriate accounts.

9. "Service life" means the period between the date an asset is first devoted to public service and the date of its retirement from service.

- B. All public service corporations shall maintain adequate accounts and records related to depreciation practices, subject to the following:
1. Annual depreciation accruals shall be recorded.
  2. A separate reserve for each account or functional account shall be maintained.
  3. The cost of depreciable plant adjusted for net salvage shall be distributed in a rational and systemic manner over the estimated service life of such plant.
  4. Public service corporations having less than \$250,000 in annual revenue shall not be required to maintain depreciation records by separate accounts but shall make annual composite accruals to accumulated depreciation for total depreciable plant.
- C. Requests for depreciation rate changes and methods for estimating depreciation rates shall be as follows:
1. If a public service corporation seeks a change in its depreciation rates, it shall submit a request for such as part of a rate application in accordance with the requirements of R14-2-103.
  2. A public service corporation may propose any reasonable method for estimating service lives, salvage values, and cost of removal. The method shall be fully described in a request to change depreciation rates.
  3. Data and analyses supporting the change shall be submitted, including engineering data and assessment of the impact and appropriateness of the change for ratemaking purposes.
  4. Changed depreciation rates shall not become effective until the Commission authorizes such changes.
- D. Upon the motion of any party or upon its own motion, the Commission may determine that good cause exists for granting a waiver from one or more of the requirements of this Section.

**Historical Note**

Former Section R14-2-102 repealed, former Section R14-2-127 renumbered as Section R14-2-102 without change effective March 2, 1982 (Supp. 82-2). Forward to the rule corrected as filed April 13, 1973 (Supp. 89-1). Section R14-2-102 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

**R14-2-103. Defining Filing Requirements in Support of a Request by a Public Service Corporation Doing Business in Arizona for a Determination of the Value of Property of the Corporation and of the Rate of Return Thereon, or in Support of Proposed Increased Rates or Charges****A. Purpose and definitions**

1. Purpose: The purpose of this General Order is to define the specific financial and statistical information required to be filed with a request by a public service corporation doing business in Arizona for a determination of the value of the property of the corporation and of the rate of return to be earned thereon, with regard to proposed increased rates or charges. This General Order does not apply to the implementation of previously approved adjustment or escalation clauses.
2. Applicability of rules: These rules shall apply to all electric, gas, telephone, telegraph, water and private fire pro-

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## CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

tection public service corporations under the jurisdiction of the Commission. These rules are applicable both to all filings made after the effective date of this General Order and to any rate proceeding pending on the effective date of this General Order in which the Commission has issued no final decision. These rules are not intended to prohibit utilities from filing additional schedules, exhibits and other documents in which the Commission has issued no final decision. These rules are not intended to prohibit utilities from filing additional schedules, exhibits and other documents which may be material to the rate proceeding, nor are they intended to prohibit the Commission from considering such schedules, exhibits or other documents in making its determination. In pending proceedings, to the extent that the information required by this General Order is not included in the public service corporation's exhibits or is not otherwise in the record, such information shall be supplied as soon as possible unless a waiver is requested and granted pursuant to subsection (B)(5).

3. Definitions: Terminology used in this General Order is defined as follows:

- a. "Accounting method" -- the accounting method prescribed or recognized by the Commission.
- b. "Commission" -- The Arizona Corporation Commission.
- c. "Cost of service" -- The total cost of providing service to a defined segment of customers, as determined by the application of logical and generally accepted cost analysis and allocation techniques.
- d. "Department" -- A responsibility center within a combination utility where revenues and costs are accumulated by commodity or service rendered.
- e. "Depreciated original cost" -- The cost of property to the person first devoting it to public service, less the depreciation reserve, which shall include accrued depreciation and amortization calculated in accordance with General Order R14-2-102. Depreciated original cost shall not include any goodwill or going concern value, nor shall it include certificate value in excess of payment made or costs incurred in the initial acquisition thereof.
- f. "Exhibit" -- One or more schedules which support a rate filing or testimony in a rate proceeding.
- g. "Filing" -- An application and required schedules, exhibits or other documents filed by a public service corporation to initiate any rate proceeding under this Section. For all Class A and B utilities and for Class C electric and gas utilities, the filing shall include direct testimony in support of the application. For Class C water, sewer, and telephone utilities and for all Class D and E utilities, the filing shall include a written description of the components of the application. Nothing in this Section shall be construed to prohibit a public service corporation, prior to making a filing, from giving the Commission informal

pre-filing notice of its intent to make a filing. Such pre-filing notice would permit the Commission, on a tentative basis, to assign a hearing date and would permit agreement on an appropriate test year.

- h. "Original cost rate base" -- An amount consisting of the depreciated original cost, prudently invested, of the property (exclusive of contributions and/or advances in aid of construction) at the end of the test year, used or useful, plus a proper allowance for working capital and including all applicable pro forma adjustments.
- i. "Pro forma adjustments" -- Adjustments to actual test year results and balances to obtain a normal or more realistic relationship between revenues, expenses and rate base.
- j. "Projected year" -- The year immediately following the test year.
- k. "Projections" -- Estimate of future results of operations based upon known facts or logical assumptions concerning future events.
- l. "Prudently invested" -- Investments which under ordinary circumstances would be deemed reasonable and not dishonest or obviously wasteful. All investments shall be presumed to have been prudently made, and such presumptions may be set aside only by clear and convincing evidence that such investments were imprudent, when viewed in the light of all relevant conditions known or which in the exercise of reasonable judgment should have been known, at the time such investments were made.
- m. "Rate schedule" -- A schedule of rates and conditions for a specific classification of customer or for other specific services.
- n. "Reconstructed Cost New (RCND) Rate Base" -- An amount consisting of the depreciated reconstruction cost new of the property (exclusive of contributions and/or advances in aid of construction) at the end of the test year, used and useful, plus a proper allowance for working capital and including all applicable pro forma adjustments. Contributions and advances in aid of construction, if recorded in the accounts of the public service corporation, shall be increased to a reconstruction new basis.
- o. "Staff" -- The staff of the Commission or its designated representatives.
- p. "Test year" -- The one-year historical period used in determining rate base, operating income and rate of return. The end of the test year shall be the most recent practical date available prior to the filing.
- q. "Utilities" -- For purposes of the Section, utilities are electric, gas, telephone, water, sewer or any other that may be supplying service and/or commodities which in the future may be adjudged a public service corporation and under the jurisdiction of this Commission, are classified as follows:

Annual Operating Revenue					
	Class A	B	C	D	E
Electric & Gas	Exceeding 10,000,000	3,000,000 to 10,000,000	1,000,000 to 2,999,999	250,000 to 999,999	Less than 250,000

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Water & Sewer	Exceeding 10,000,000	3,000,000 to 10,000,000	1,000,000 to 2,999,999	250,000 to 999,999	Less than 250,000
Telephone	Exceeding 10,000,000	3,000,000 to 10,000,000	1,000,000 to 2,999,999	250,000 to 999,999	Less than 250,000

Annual operating revenues are those gross utility operating revenues derived from jurisdictional operations, including the requested rate relief. A combination utility is a utility which provides more than one of the commodities or services enumerated in this subsection. For combination utilities, the annual operating revenue, including the requested rate relief, for the specific subsidiary, department, or operating division requesting the rate change shall be used for classification purposes.

- r. "Working capital" -- A proper allowance for cash, materials and supplies and prepayments.

**B. Filing requirements:**

1. Information required from Class A, B, C and D Utilities: The information required to be prepared and submitted by Class A, B, C and D Utilities in conjunction with a filing is presented below. Corresponding schedule formats are contained in the Appendix of this General Order and

denoted. These formats are not applicable to Class E utilities. The Appendix schedule formats A-1 through A-5 are a part of this General Order, and the Applicant's schedules should conform to these formats. All other Appendix schedule formats and descriptions are illustrative and the applicant's specific formats may vary from that suggested in the Appendix. The substantive information requested, both on the Appendix schedule and in the body of this General Order, however, must be contained on the applicant's schedules together with the titles and schedule numbers provided in the Appendix. Specific information items requested on the Appendix schedules may be omitted without formal waiver, from the filing where it is evident that said items are not applicable to the applicant's business. The instructions and notes contained on the Appendix schedules shall be followed where applicable. Reconstruction Cost New Depreciated information not filed by the applicant shall be deemed waived.

	Information	Filing Required by	Appendix Schedule Reference(s)
A.	Summary Information:		
1.	A summary of the increase in revenue requirements and the spread of the revenue increase by customer classification.	All classes	A-1
2.	A summary of the results of operations for the test year and for the test year and the 2 fiscal years ended prior to the end of the test year, compared with the projected year.	All classes	A-2
3.	A summary of the capital structure for the test year and the 2 fiscal years ended prior to the end of the test year, compared with the projected year.	Classes A & B	A-3
4.	Construction expenditures and gross utility plant in service for the test year and the 2 fiscal years ended prior to the end of the test year, compared with the projected year.	All classes	A-4
5.	A summary of changes in financial position for the test year and the 2 fiscal years ended prior to the end of the test year, compared with the projected year.	Classes A & B	A-5
B.	Rate Base Information:		
1.	A schedule showing the elements of original cost and RCND rate bases.	All classes	B-1
2.	A schedule listing pro forma adjustments to gross plant in service and accumulated depreciation for the original cost rate base.	All classes	B-2
3.	A schedule showing pro forma adjustments to gross plant in service and accumulated depreciation for the RCND rate base.	All classes	B-3
4.	A schedule demonstrating the determination of reproduction cost new less depreciation at the end of the test period.	All classes	B-4
5.	A schedule showing the computation of working capital allowance.	All classes	B-5
C.	Test Year Income Statements:		
1.	A test year income statement, with pro form adjustments.	All classes	C-1
2.	A schedule showing the detail of all pro forma adjustments.	All classes	C-2
3.	A schedule showing the incremental taxes and other expenses on gross revenues and the computation of an incremental gross revenue conversion factor.	All classes	C-3
D.	Cost of Capital Information:		
1.	A schedule summarizing the elements in the capital structure at the end of the test year and the projected year, their related costs and the computation of the total cost of capital.	All classes	D-1
2.	A schedule showing the detail of long-term and short-term debt at the end of the test year and the projected year and their total cost.	Classes A & B	D-2
3.	A schedule showing the detail of preferred stock at the end of the test year and the projected year, and their total cost.	Classes A & B	D-3
4.	A schedule summarizing conclusions of the required return on the common equity as of the end of the test year and the projected year.	Classes A & B	D-4
E.	Financial Statements and Statistical Data:		
1.	Comparative balance sheets for the end of the test year and the 2 fiscal years ended prior to the end of the test year.	All classes	E-1

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Information		Filing Required by	Appendix Schedule Reference(s)
2.	Comparative income statements for the test year and the 2 fiscal years ended prior to the end of the test year.	All classes	E-2
3.	Comparative statements of changes in financial position for the test year and the 2 fiscal years ended prior to the end of the test year.	Classes A & B	E-3
4.	Statements of changes in stockholder's equity for the test year and the 2 fiscal years ended prior to the end of the test year.	Classes A & B	E-4
5.	A comparative schedule showing by detail account number, utility plant balances at the end of the test year and the end of prior fiscal year.	All classes	E-5
6.	Comparative departmental statements of operating income for the test year and the 2 fiscal years ended prior to the end of the test year.	All classes of combination utilities	E-6
7.	Comparative operating statistics on customers, consumption, revenues, and expenses for the test year and the 2 fiscal years ended prior to the end of the test year.	All classes	E-7
8.	A comparative schedule of all significant taxes charged to operations for the test year and the 2 fiscal years ended prior to the end of the test year.	All classes except Class D	E-8
9.	Audited financial statements, if available, for the test year and the 2 fiscal years ended prior to the end of the test year. If the financial statements have not been audited, notes to the financial statements should be provided to indicate accounting method, depreciation lives and methods, income tax treatment and other important disclosures.	All classes	E-9
F.	Projections and Forecasts:		
1.	A projected income statement for the projected year compared with actual test year results, at present rates and proposed rates.	All classes	F-1
2.	Projected changes in financial position for the projected year compared with the test year, at present rates and proposed rates.	Classes A & B	F-1
3.	Projected annual construction requirements, by property classification, for 1 to 3 years subsequent to the test year, compared with the test year.	Classes A & B 3 years Classes C & D 1 year	F-3
4.	Important assumptions used in preparing forecasts and projections.	All classes	F-4
G.	Cost of Service Information		
	A utility shall submit cost of service analyses and studies if all of the following conditions prevail:		
1.	The utility is in a segment of the utility industry that recognizes cost of service studies as important tools for rate design.		
2.	Costs incurred by the utility are likely to vary significantly from 1 defined segment of customers to another.		
	A historical accounting period other than the test year may be used for cost of service purposes provided that customer mix in the historical period used is representative of the test year. When a cost of service analysis is required, the following information shall be submitted:		
1.	Schedule showing rates of return by customer classification at present and proposed rates.	Classes A, B and C if applicable	G-1 G-2
2.	Schedules showing the approach used in allocating or assigning plant and expenses to classes of service and defined functions.	Classes A, B and C if applicable	G-3 G-4 G-5 G-6 G-7
3.	Schedules showing the development of all allocation factors used in the all allocation factors used in the cost of service study.	Classes A, B and C if applicable	
H.	Effect of Proposed Rate Schedules:		
1.	A comparison of revenues by customer classification or other classification of revenues for the test year, at present and proposed rates.	All classes	H-1
2.	A comparison of revenues by class of service and by rate schedule for the test year, at present and proposed rates.	Classes A & B	H-2
3.	A comparison of present and proposed rate schedules or representative rate schedules.	Class A representative schedules; Classes B, C and D - all schedules	H-3
4.	Typical bill analysis	All classes	H-4
5.	Bill count	All classes	H-5
2.	Information required from Class E Utilities: The information required to be prepared and submitted by a Class E Utility in support of a filing is as follows:		
a.	A statement of income for the test year similar in format to Schedule C-1 or E-2.		
b.	A balance sheet as of the end of the test year similar in format to Schedule E-1.		
c.	Utility plant account balances at the end of the test year similar in format to Schedule E-5.		
d.	An estimate of new investment in utility plant to be added in the projected year.		
e.	A schedule of current rates and proposed rates and the additional revenues to be derived from the proposed rates.		
	The appendix schedules shall be used as guides in presenting the information specified in this subsection.		
3.	A cooperative, as defined in R14-2-107, may initiate a rate proceeding by preparing and submitting a filing		

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## CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

under this Section or, if eligible, by following the requirements of R14-2-107.

4. Separation of nonjurisdictional properties, revenues and expenses associated with the rendition of utility service not subject to the jurisdiction of the Commission must be identified and properly separated in a recognized manner when appropriate. In addition, all nonutility properties, revenues and expenses shall likewise be segregated. If nonutility operations are significant, appropriate allocations of capital should be made.
5. Additional information: The Commission may request that supplementary information in addition to that specifically required in subsections (B)(1) and (2) of this General Order be submitted by a utility either prior to or after a filing.
6. Waiver of requirements: Either prior to the filing or within 15 days from the date thereof, the Commission, after determining the existence of reasonable cause, by order may waive compliance with any or all of the requirements of this General Order. Such Waiver will be granted only upon written petition to the Commission. In said petition, the utility must demonstrate that the requirements sought to be waived are either not applicable to the rate matter which is the subject of the filing or that compliance therewith would place an undue burden on the utility.
7. Notice of sufficiency of a utility's filing: The staff will review each filing to ascertain whether it is in compliance with the provisions of this Section, including the instructions contained in subsection (B)(9) or in forms prescribed by the Commission. Within 30 days after receipt of the utility's filing, the staff shall file with Docket Control and serve on the utility a notice that the filing either is in compliance with the Commission's requirements or is deficient. A notice of deficiency must include an explanation of the defect found. If the staff fails to file any notice within the 30-day period, the utility's filing shall be deemed accepted as of the 31st day.
8. Production of out-of-state books and records: A utility shall produce or deliver in this state all or any of its formal accounting records and related documents requested by the Commission. It may, at its option, provide verified copies of original records and documents.
9. General filing instructions: In preparing the information specified in subsections (B)(1) and (2) of this General Order, the following instructions are applicable:
  - a. All schedules shall be mathematically correct and properly cross-referenced. The applicant shall ascertain that adequate detail has been provided to explain and support all significant items and amounts.
  - b. Amounts may be rounded, where appropriate, to the nearest thousand dollars for Class A utilities, to the nearest hundred dollars for Class B and C utilities and to the nearest dollar for Class D and E utilities.
  - c. Except for Class E utilities, all schedules shall be numbered as provided in the Appendix. Schedules prepared by all classes of utilities shall contain a date -- generally the preparation date or the filing date.
  - d. Headings on schedules shall clearly indicate the nature and intent of the schedule and the dates or time periods covered.
- At the date of filing, a minimum of 10 complete sets of the applicant's schedules and exhibits shall be provided to the Commission.
10. Staff assistance in preparing a filing: The staff will, consistent with other workload requirements, be available to provide assistance to an applicant in preparing a filing.
11. Timing of Commission action on a filing:
  - a. For all Class A and B utilities and for Class C electric and gas utilities, the Hearing Officer shall issue a procedural schedule in the rate case within 30 days from the date that a filing is accepted pursuant to subsection (B)(7).
  - b. Unless otherwise ordered by the Commission, the staff shall file its Staff Report and/or testimony within the following number of days from the date that a filing is accepted pursuant to subsection (B)(7):
    - i. For Class A utilities, within 180 days.
    - ii. For Class B utilities, within 180 days.
    - iii. For Class C utilities, within 135 days.
    - iv. For Class D utilities, within 75 days.
    - v. For Class E utilities, within 60 days.
  - c. For all Class A utilities, the Hearing Officer shall issue a recommended order in the rate case at least 20 days prior to the last regularly scheduled open meeting in the time period calculated pursuant to subsection (B)(11)(d). For all other utilities, the Hearing Officer shall issue a recommended order at least 10 days prior to the last regularly scheduled open meeting in the time period calculated pursuant to subsection (B)(11)(d).
  - d. The Commission shall issue a final order that disposes of all issues involved in all parts or phases of the proceeding within the following number of days from the date that a filing is accepted pursuant to subsection (B)(7):
    - i. For Class A utilities, within 360 days.
    - ii. For Class B utilities, within 360 days.
    - iii. For Class C utilities, within 270 days.
    - iv. For Class D utilities, within 180 days.
    - v. For Class E utilities, within 120 days.
  - e. Upon motion of any party to the matter or on its own motion, the Commission or the Hearing Officer may determine that the time periods prescribed by subsection (B)(11)(d) should be extended or begin again due to:
    - i. Any amendment to a filing which changes the amount sought by the utility or substantially alters the facts used as a basis for the requested change in rates or charges; or
    - ii. An extraordinary event, not otherwise provided for by this subsection.
  - f. If a hearing is conducted to evaluate a filing, the time periods prescribed by subsection (B)(11)(a) shall be extended three days for each one day of actual hearing on the merits of the filing.
  - g. The time periods prescribed by subsection (B)(11)(a) shall not be applicable to any filing submitted by a utility which has more than one rate application before the Commission at the same time.
  - h. In the event no final order has been issued within the time periods specified in this subsection, the utility may request any time thereafter that the Commission schedule a hearing to consider putting new rates or

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## CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

charges into effect, on an interim basis subject to refund, for all consumption thereafter. To put such rates or charges into effect, the utility would be required to file a bond to be approved by the Commission payable to the state of Arizona in such amount and with sufficient security to insure prompt payment of any refunds to the persons entitled thereto, including an interest rate as determined by the Commission not to exceed the maximum interest

otherwise allowable by law, if the rates or charges so put into effect are finally determined by the Commission to be excessive. The utility may substitute for the bond other arrangements satisfactory to the Commission for the protection of the parties involved. The Commission shall issue a final order on a request for interim rates within 60 days plus the number of interim hearing days from the filing date of the request.



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## CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

## Appendix. Index of Schedules

**ARIZONA CORPORATION COMMISSION  
REGULATION R14-2-103  
RATE APPLICATION FILING REQUIREMENTS**

**APPENDIX**

**ARIZONA CORPORATION COMMISSION  
REGULATION R14-2-103  
APPENDIX  
INDEX OF SCHEDULES**

<b>Schedule No.</b>	<b>Title</b>	<b>Filing Required By</b>
<b>A. Summary Schedules</b>		
A-1	Computation of Increase in Gross Revenue Requirements	All classes
A-2	Summary Results of Operations	All classes
A-3	Summary of Capital Structure	Classes A & B
A-4	Construction Expenditures and Gross Utility Plant in Service	All classes
A-5	Summary Changes in Financial Position	Classes A & B
<b>B. Rate Base Schedules</b>		
B-1	Summary of Original Cost and RCND Rate Base Elements	All classes
B-2	Original Cost Rate Base Pro forma Adjustments	All classes
B-3	RCND Rate Base Pro forma Adjustments	All classes
B-4	RCND by Major Plant Accounts	All classes
B-5	Computation of Working Capital	All classes
<b>C. Test Year Income Statements</b>		
C-1	Adjusted Test Year Income Statement	All classes
C-2	Income Statement Pro forma Adjustments	All classes
C-3	Computation of Gross Revenue Conversion Factor	All classes
<b>D. Cost of Capital</b>		
D-1	Summary Cost of Capital	All classes
D-2	Cost of Long Term and Short Term Debt	Classes A & B
D-3	Cost of Preferred Stock	Classes A & B
D-4	Cost of Common Equity	Classes A & B
<b>E. Financial Statements and Statistical Schedules</b>		
E-1	Comparative Balance Sheets	All classes
E-2	Comparative Income Statements	All classes
E-3	Comparative Statement of Changes in Financial Position	Classes A & B
E-4	Statement of Changes in Stockholders' Equity	Classes A & B
E-5	Detail of Utility Plant	Classes A & B
E-6	Comparative Departmental Operating Income Statements	All classes of combination utilities
E-7	Operating Statistics	All classes
E-8	Taxes Charged to Operations	Classes, A, B & C
E-9	Notes to Financial Statements	All classes

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## CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

## Appendix. Index of Schedules (Continued)

ARIZONA CORPORATION COMMISSION  
REGULATION R14-2-103

## APPENDIX

INDEX OF SCHEDULES  
(Continued)

Schedule No.	Title	Filing Required By
F. Projections and Forecasts		
F-1	Projected Income Statements - Present and Proposed Rates	All classes
F-2	Projected Charges in Financial Position - Present and Proposed Rates	Classes A & B
F-3	Projected Construction Requirements	Classes A & B - (3 years) Classes C & D - (1 year)
F-4	Assumptions Used in Developing Projections	All classes
G. Cost of Service Analyses		
G-1	Cost of Service Summary - Present Rates	Special requirement
G-2	Cost of Service Summary - Proposed Rates	Special requirement
G-3	Rate Base Allocation to Classes of Service	Special requirement
G-4	Expense Allocation to Classes of Service	Special requirement
G-5	Distribution of Rate Base by Function	Special requirement
G-6	Distribution of Expenses by Function	Special requirement
G-7	Development of Allocation Factors	Special requirement
H. Effect of Proposed Tariff Schedules		
H-1	Summary of Revenues by Customer Classification - Present and Proposed Rates	All classes
H-2	Analysis of Revenues by Detailed Class of Service - Present and Proposed Rates Classes	Classes A & B
H-3	Changes in Representative Rate Schedules	Class A, representative schedules; Classes B, C, & D all schedules
H-4	Typical Bill Analysis	All classes
H-5	Bill Count	All classes

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Appendix A. Summary Schedules

Schedule A-1. Computation of Increase in Gross Revenue Requirements

ARIZONA CORPORATION COMMISSION  
REGULATION R14-2-103

APPENDIX A.  
SUMMARY SCHEDULES

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: <u>          A-1          </u> Title: <u>Computation of Increase in Gross Revenue Requirements.</u>															
Explanation: Schedule showing computation of increase in gross revenue requirements and spread of revenue increase by customer classification.	Required For: <table style="width: 100%;"> <tr> <td style="width: 50%;">All Utilities</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 40%;">Special Reqmt. <input type="checkbox"/></td> </tr> <tr> <td>Class A</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Class B</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Class C</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Class D</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </table>	All Utilities	<input checked="" type="checkbox"/>	Special Reqmt. <input type="checkbox"/>	Class A	<input type="checkbox"/>		Class B	<input type="checkbox"/>		Class C	<input type="checkbox"/>		Class D	<input type="checkbox"/>	
All Utilities	<input checked="" type="checkbox"/>	Special Reqmt. <input type="checkbox"/>														
Class A	<input type="checkbox"/>															
Class B	<input type="checkbox"/>															
Class C	<input type="checkbox"/>															
Class D	<input type="checkbox"/>															

	<u>Original Cost RCND</u>		
1. Adjusted Rate Base	\$ _____ (a)	\$ _____	(a)
2. Adjusted Operating Income	\$ _____ (b)	\$ _____	(b)
3. Current Rate of Return	_____ %	_____ %	%
4. Required Operating Income	\$ _____	\$ _____	
5. Required Rate of Return	_____ %	_____ %	%

6. Operating Income Deficiency (4 - 2)	\$ _____	
7. Gross Revenue Conversion Factor	_____ (c)	
8. Increase in Gross Revenue Requirements (6 x 7)	\$ _____	

<u>Customer Classification</u>	<u>Projected Revenue Increase Due to Rates</u>	<u>% Dollar Increase</u>
Residential	\$ _____	_____ %
		(d)
	\$ _____	_____ %

Note: For combination utilities, the above information should be presented in total and by department.

Supporting Schedules:

(a) B-1 (c) C-3

(b) C-1 (d) H-1

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## CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

## Schedule A-2. Summary Results of Operations

<p style="text-align: center;">ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT</p>	<p>Schedule: <u>      A-2      </u></p> <p>Title: <u>Summary Results of Operations</u></p>																				
<p>Explanation: Schedule showing comparative operating results for the test year and the 2 fiscal years ended prior to the end of the test year, compared with the projected year.</p>	<p>Required For:</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">All Utilities</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 40%;">Special Reqmt.</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Class A</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Class B</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Class C</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Class D</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> </table>	All Utilities	<input checked="" type="checkbox"/>	Special Reqmt.	<input type="checkbox"/>	Class A	<input type="checkbox"/>			Class B	<input type="checkbox"/>			Class C	<input type="checkbox"/>			Class D	<input type="checkbox"/>		
All Utilities	<input checked="" type="checkbox"/>	Special Reqmt.	<input type="checkbox"/>																		
Class A	<input type="checkbox"/>																				
Class B	<input type="checkbox"/>																				
Class C	<input type="checkbox"/>																				
Class D	<input type="checkbox"/>																				

Prior Years	Test Year				Projected Year	
	Y/E	Y/E	Actual	Adjusted	Present	Proposed
Description	(a)	(a)	(a)	(b)	(c)	(c)
1. Gross Revenues						
2. Revenue Deductions & Operating Expenses						
3. Operating Income	\$	\$	\$	\$	\$	\$
4. Other Income and Deductions						
5. Interest Expense						
6. Net Income	\$	\$	\$	\$	\$	\$
7. Earned Per Average Common Share*						
8. Dividends Per Common Share*						
9. Payout Ratio*						
10. Return on Average Invested Capital						
11. Return on Year End Capital						
12. Return on Average Common Equity						
13. Return on Year End Common Equity						
14. Times Bond Interest Earned - Before Income Taxes						
15. Times Total Interest and Preferred Dividends Earned - After Income Taxes						

Supporting Schedules:

- (a) E-2  
(b) C-1  
(c) F-1

\*Optional for projected year

TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION

CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

Schedule A-3. Summary of Capital Structure

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: <u>          A-3          </u> Title: <u>Summary of Capital Structure</u>
Explanation: Schedule showing comparative capital structures for the last 3 historical years, including the test year, and the projected year.	Required For: <div style="display: flex; justify-content: space-between;"> <div style="text-align: right;">                     All Utilities                      Class A                      Class B                      Class C                      Class D                 </div> <div style="text-align: center;"> <input type="checkbox"/>  <input checked="" type="checkbox"/>  <input checked="" type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </div> <div style="text-align: left;">                     Special Reqmt <input type="checkbox"/> </div> </div>

Description	<u>Prior Years</u>		<u>Test Year</u>		<u>Projected Year</u>
	At ____ (a)	At ____ (a)	At ____ (a)	At ____ (c)	
1. Short-Term Debt					
2. Long-Term Debt					
3. TOTAL DEBT\$ _____	\$ _____	\$ _____			\$ _____
4. Preferred Stock					
5. Common Equity	_____	_____	_____		_____
6. Total Capital	\$ _____	\$ _____	\$ _____		\$ _____
<u>Capitalization Ratios:</u>					
7. Short-Term Debt					
8. Long-Term Debt					
9. TOTAL DEBT	_____ %	_____ %	_____ %		_____ %
10. Preferred Stock					
11. Common Equity	_____	_____	_____		_____
	<u>100%</u>	<u>100%</u>	<u>100%</u>		<u>100%</u>
12. Weighted Cost of Short-Term Debt	_____ %	_____ %	_____ %		_____ %
13. Weighted Cost of long-Term Debt	_____ %	_____ %	_____ %		_____ %
14. Weighted Cost of Senior Capitol	_____ %	_____ %	_____ %		_____ %
Supporting Schedules:					
(a) E-1					
(b) D-1					

## TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION

## CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

## Schedule A-4. Construction Expenditures and Gross Utility Plant in Service

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: <u>          A-4          </u> Title: <u>Construction Expenditures and Gross</u> <u>Utility Plant in Service</u>															
Explanation: Schedule showing construction expenditures, plant placed in service and gross utility plant in service for the test year and the 2 fiscal years ended prior to the end of the test year, compared with the projected year.	Required For: <table style="width: 100%;"> <tr> <td style="width: 30%;">All Utilities</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 60%;">Special Reqmt. <input type="checkbox"/></td> </tr> <tr> <td>Class A</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Class B</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Class C</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Class D</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </table>	All Utilities	<input checked="" type="checkbox"/>	Special Reqmt. <input type="checkbox"/>	Class A	<input type="checkbox"/>		Class B	<input type="checkbox"/>		Class C	<input type="checkbox"/>		Class D	<input type="checkbox"/>	
All Utilities	<input checked="" type="checkbox"/>	Special Reqmt. <input type="checkbox"/>														
Class A	<input type="checkbox"/>															
Class B	<input type="checkbox"/>															
Class C	<input type="checkbox"/>															
Class D	<input type="checkbox"/>															

Year	Construction Expenditures (a)	Net Plant Placed In Service (b)	Gross Utility Plant In Service
1. 19 ____	\$ ____	\$ ____	\$ ____
2. 19 ____			
3. Test Year			
4. Projected Year			
5. Projected ____ *			
6. Projected ____ *			

\* Required only for Class A and B Utilities

NOTE: For combination utilities, above information should be presented in total and by department.

Supporting Schedules:

(a) F-3

(b) E-5

TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION  
CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

Schedule A-5. Summary Changes In Financial Position

<p style="text-align: center;">ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT</p>	<p>Schedule: <u>      A-5      </u></p> <p>Title: <u>Summary Changes In Financial Position</u></p>										
<p>Explanation: Schedule showing sources and application of funds in summary format.</p>	<p>Required For:</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">All Utilities</td> <td style="width: 50%; text-align: right;">Special Reqmt <input type="checkbox"/></td> </tr> <tr> <td>Class A</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Class B</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Class C</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Class D</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	All Utilities	Special Reqmt <input type="checkbox"/>	Class A	<input checked="" type="checkbox"/>	Class B	<input checked="" type="checkbox"/>	Class C	<input type="checkbox"/>	Class D	<input type="checkbox"/>
All Utilities	Special Reqmt <input type="checkbox"/>										
Class A	<input checked="" type="checkbox"/>										
Class B	<input checked="" type="checkbox"/>										
Class C	<input type="checkbox"/>										
Class D	<input type="checkbox"/>										

Description	Prior Years (a)		Test Year (a)	Projected	
	Y/E	Y/E	Y/E	Present Rates (b)	Proposed Rates (b)
<u>Sources of Funds:</u>					
1. Operations	\$	\$	\$	\$	\$
2. Outside Financing					
3. Total Funds Provided	\$	\$	\$	\$	\$
<u>Application of Funds:</u>					
4. Construction Expenditures	\$	\$	\$	\$	\$
5. Other					
6. Total Funds Applied	\$	\$	\$	\$	\$

Supporting Schedules:

(a) E-3

(b) F-2

## TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION

## CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

## Appendix B. Rate Base Schedules

## Schedule B-1. Summary of Original Cost and RCND Base Elements

ARIZONA CORPORATION COMMISSION  
REGULATION R14-2-103APPENDIX B  
RATE BASE SCHEDULES

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: <u>B-1</u> Title: <u>Summary of Original Cost and RCND Base Elements</u>
Explanation: Schedule showing elements of adjusted original cost and RCND rate bases.	Required For: <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           All Utilities <input checked="" type="checkbox"/>            Class A <input type="checkbox"/>            Class B <input type="checkbox"/>            Class C <input type="checkbox"/>            Class D <input type="checkbox"/> </div> <div style="width: 35%;">           Special Reqmt. <input type="checkbox"/> </div> </div>

	Original Cost Rate Base*	RCND Rate Base*
1. Gross Utility Plant in Service	\$ _____	\$ _____
2. Less: Accumulated Depreciation	_____	_____
3. Net Utility Plant in Service	\$ (a)	\$ (b)
Less:		
4. Customers' Advances for Construction	(c)	(c)
5. Contributions in Aid of Construction	_____ (c)	_____ (c)
Add:		
6. Allowance for Working Capital	(d)	(d)
	_____	_____
7. Total Rate Base	\$ _____ (e)	\$ _____ (e)
* Including pro forma adjustments	_____	_____

Note: For combination utilities, above information should be presented in total and by department.

Supporting Schedules:

- (a) B-2                      (d) B-5  
 (b) B-3  
 (c) E-1

Recap Schedules:

- (e) A-1



TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION

CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

Schedule B-2. Original Cost Rate Base Pro forma Adjustments

<p style="text-align: center;">ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT</p>	<p>Schedule: <u>B-2</u></p> <p>Title: <u>Original Cost Rate Base Pro forma Adjustments</u></p>										
<p>Explanation: Schedule showing pro forma adjustments to gross plant in service and accumulated depreciation for the original cost rate base.</p>	<p>Required For:</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">All Utilities <input checked="" type="checkbox"/></td> <td style="width: 50%;">Special Reqmt. <input type="checkbox"/></td> </tr> <tr> <td>Class A <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Class B <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Class C <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Class D <input type="checkbox"/></td> <td></td> </tr> </table>	All Utilities <input checked="" type="checkbox"/>	Special Reqmt. <input type="checkbox"/>	Class A <input type="checkbox"/>		Class B <input type="checkbox"/>		Class C <input type="checkbox"/>		Class D <input type="checkbox"/>	
All Utilities <input checked="" type="checkbox"/>	Special Reqmt. <input type="checkbox"/>										
Class A <input type="checkbox"/>											
Class B <input type="checkbox"/>											
Class C <input type="checkbox"/>											
Class D <input type="checkbox"/>											

	Actual at End of Test Year	Pro forma Adjustments				Adjusted at End of Test Year
	(a)	A	-	B	Z	(b)
1. Gross Utility Plant in Service	\$	\$		\$	\$	\$
2. Less: Accumulated Depreciation						
3. Net Utility Plant in Service	\$	\$		\$	\$	\$

All pro forma adjustments should be adequately explained on this schedule or on attachments hereto.

Note: For combination utilities, above information should be presented in total and by department.

Supporting Schedules:

(a) E-1

Recap Schedules:

(b) B-1

TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION  
CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

**Schedule B-3. RCND Rate Base Pro forma Adjustments**

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: <u>          B-3          </u> Title: <u>RCND Rate Base Pro forma</u> <u>Adjustments</u>
Explanation: Schedule showing pro forma adjustments to gross plant in service and accumulated depreciation for the RCN rate base.	Required For: <div style="display: flex; justify-content: space-between;"> <div>           All Utilities <input checked="" type="checkbox"/>            Class A <input type="checkbox"/>            Class B <input type="checkbox"/>            Class C <input type="checkbox"/>            Class D <input type="checkbox"/> </div> <div>           Special Reqmt. <input type="checkbox"/> </div> </div>

	Actual at End of Test Year (a)	A	Pro forma Adjustments		Adjusted at End of Test Year (b)
			B	Z	
1. Gross Utility Plant in Service	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2. Less: Accumulated Depreciation	_____	_____	_____	_____	_____
3. Net Utility Plant in Service	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

All pro forma adjustments should be adequately explained on this schedule or on attachments hereto.

Note: For combination utilities, above information should be presented in total and by department.

Supporting Schedules:

(a) B-4

Recap Schedules:

(b) B-1

TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION

CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

**Schedule B-4. RCND by Major Plant Accounts**

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: <u>          B-4          </u> Title: <u>RCND by Major Plant Accounts</u>																				
Explanation: Schedule showing the determination of Reproduction Cost New Less Depreciation at end of Test Period.	Required For: <table style="width: 100%;"> <tr> <td style="width: 50%;">All Utilities</td> <td style="width: 10%;"><input checked="" type="checkbox"/></td> <td style="width: 35%;">Special Reqmt.</td> <td style="width: 10%;"><input type="checkbox"/></td> </tr> <tr> <td>Class A</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Class B</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Class C</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Class D</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </table>	All Utilities	<input checked="" type="checkbox"/>	Special Reqmt.	<input type="checkbox"/>	Class A	<input type="checkbox"/>			Class B	<input type="checkbox"/>			Class C	<input type="checkbox"/>			Class D	<input type="checkbox"/>		
All Utilities	<input checked="" type="checkbox"/>	Special Reqmt.	<input type="checkbox"/>																		
Class A	<input type="checkbox"/>																				
Class B	<input type="checkbox"/>																				
Class C	<input type="checkbox"/>																				
Class D	<input type="checkbox"/>																				

<u>Plant</u>	<u>Description</u>	<u>RCN</u>	<u>Condition</u>	<u>RCND</u>
<u>Account</u>			<u>Percent</u>	

Total (a)				
-----------	--	--	--	--

Note: For combination utilities, above information should be presented in total and by department.

Supporting Schedules:  
 RCND Study

Recap Schedules:  
 a) B-3

TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION  
CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

**Schedule B-5. Computation of Working Capital**

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: <u>B-5</u> Title: <u>Computation of Working Capital</u>
Explanation: Schedule showing computation of working capital allowance.	Required For: All Utilities <input checked="" type="checkbox"/> Special Reqmt. <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D <input type="checkbox"/>

	<u>Amount</u>
1. Cash working capital	\$
2. Materials and Supplies Inventories	(a)
3. Prepayments	_____ (a)
4. Total Working Capital Allowance	\$ _____ (b)

NOTES:

1. Adequate detail should be provided to determine the bases for the above computations.
2. Adjusted test year operating expenses should be used in computing cash working capital requirements.
3. Combination utilities should compute working capital allowances for each department.

Supporting Schedules:

(a) E-1

Recap Schedules:

b) B-1

TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION

CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

Appendix C. Test Year Income Statements

Schedule C-1. Adjusted Test Year Income Statement

ARIZONA CORPORATION COMMISSION  
REGULATION R14-2-103

APPENDIX C.  
TEST YEAR INCOME STATEMENTS

<p style="text-align: center;">ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT</p>	<p>Schedule: <u>      C-1      </u></p> <p>Title: <u>Adjusted Test Year Income Statement</u></p>																				
<p>Explanation: Schedule showing statement of income for the test year, including pro forma adjustments.</p>	<p>Required For:</p> <table style="width: 100%;"> <tr> <td>All Utilities</td> <td><input checked="" type="checkbox"/></td> <td>Special Reqmt.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Class A</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Class B</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Class C</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Class D</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </table>	All Utilities	<input checked="" type="checkbox"/>	Special Reqmt.	<input type="checkbox"/>	Class A	<input type="checkbox"/>			Class B	<input type="checkbox"/>			Class C	<input type="checkbox"/>			Class D	<input type="checkbox"/>		
All Utilities	<input checked="" type="checkbox"/>	Special Reqmt.	<input type="checkbox"/>																		
Class A	<input type="checkbox"/>																				
Class B	<input type="checkbox"/>																				
Class C	<input type="checkbox"/>																				
Class D	<input type="checkbox"/>																				

<u>Description</u>	(a) Actual For The Test Year <u>Ended</u>	Pro forma <u>Adjustments</u>	Test Year Results After Pro forma <u>Adjustments</u>
Revenues:	\$	\$	\$
Expenses:			
Operating Income	\$ _____	\$ _____	\$ _____ (c)
Net Income	\$ _____	\$ _____	\$ _____

Note: For combination utilities, above information should be presented in total and by department.

Supporting Schedules:

- (a) E-2
- (b) C-2

Recap Schedules:







- (c) A-1

## TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION

## CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

## Schedule C-2. Income Statement Pro forma Adjustments

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: <u>      C-2      </u> Title: <u>Income Statement Pro forma</u> <u>Adjustments</u>
Explanation: Schedule itemizing pro forma adjustments to the test year income statement.	Required For: All Utilities <input checked="" type="checkbox"/> Special Reqmt. <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D <input type="checkbox"/>

Description	A	B	Z	Total (a) Adjustments
Revenues:	\$	\$	\$	\$
				
Expenses:				
				
Operating Income				
				
Net Income				

Note: All pro forma adjustments should be adequately explained on this schedule or on attachments thereto.

Supporting Schedules:

Recap Schedules:

(a) C-1

TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION

CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

**Schedule C-3. Computation of Gross Revenue Conversion Factor**

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: <u>C-3</u> Title: <u>Computation of Gross Revenue Conversion Factor</u>
Explanation: Schedule showing incremental taxes on gross revenues and the development of a gross revenue conversion factor.	Required For: All Utilities <input checked="" type="checkbox"/> Special Reqmt. <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D <input type="checkbox"/>

<u>Description</u>	<u>Percentage of Incremental Gross Revenues</u>
Federal Income Taxes	%
State Income Taxes	
Other Taxes and Expenses: (Specify):	
	_____ %
Total Tax Percentage	_____ %
Operating Income % = 100% - Tax Percentage	
<u>1</u> = Gross Revenue Conversion Factor	
Operating Income %	

Note: All tax percentages shall include the effect of other taxes upon the incremental rate. The applicant may use other formulas in developing the conversion factor.

Supporting Schedules:

Recap Schedules:  
A-1

TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION  
CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

## Appendix D. Cost of Capital

## Schedule D-1. Summary Cost of Capital

ARIZONA CORPORATION COMMISSION  
REGULATION R14-2-103

APPENDIX D.  
COST OF CAPITAL

<p style="text-align: center;">ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT</p>	<p>Schedule: <u>      D-1      </u></p> <p>Title: <u>Summary Cost of Capital</u></p>															
<p>Explanation: Schedule showing elements of capital structure and the related cost.</p>	<p>Required For:</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">All Utilities</td> <td style="width: 10%;"><input checked="" type="checkbox"/></td> <td style="width: 40%;">Special Reqmt. <input type="checkbox"/></td> </tr> <tr> <td>Class A</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Class B</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Class C</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Class D</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	All Utilities	<input checked="" type="checkbox"/>	Special Reqmt. <input type="checkbox"/>	Class A	<input type="checkbox"/>		Class B	<input type="checkbox"/>		Class C	<input type="checkbox"/>		Class D	<input type="checkbox"/>	
All Utilities	<input checked="" type="checkbox"/>	Special Reqmt. <input type="checkbox"/>														
Class A	<input type="checkbox"/>															
Class B	<input type="checkbox"/>															
Class C	<input type="checkbox"/>															
Class D	<input type="checkbox"/>															

<u>End of Test Year</u>					<u>End of Projected Year</u>			
<u>Invested Capital</u>	<u>Amount</u>	<u>%</u>	<u>Cost Rate (e)</u>	<u>Com-posite Cost</u>	<u>Amount</u>	<u>%</u>	<u>Cost Rate (e)</u>	<u>Com-posite Cost</u>
Long-Term Debt (a)	\$		%	%	\$		%	%
Preferred Stock (b)								
Common Equity (c)								
Short Term Debt (a)								
Deferrals (d)			-0-				-0-	
	\$	100%	%	%	\$	100%	%	%

Supporting Schedules:

- (a) D-2
- (b) D-3
- (c) D-4
- (d) E-1

Recap Schedules:

- (e) A-3





TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION

CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

Schedule D-2. Cost of Long-Term and Short-Term Debt

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: <u>      D-2      </u> Title: <u>Cost of Long-Term and Short-Term Debt</u>															
Explanation: Schedule showing computation of cost of long and short term debt.	Required For: <table style="width: 100%;"> <tr> <td style="width: 50%;">All Utilities</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 40%;">Special Reqmt <input type="checkbox"/></td> </tr> <tr> <td>Class A</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Class B</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Class C</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Class D</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </table>	All Utilities	<input type="checkbox"/>	Special Reqmt <input type="checkbox"/>	Class A	<input checked="" type="checkbox"/>		Class B	<input checked="" type="checkbox"/>		Class C	<input type="checkbox"/>		Class D	<input type="checkbox"/>	
All Utilities	<input type="checkbox"/>	Special Reqmt <input type="checkbox"/>														
Class A	<input checked="" type="checkbox"/>															
Class B	<input checked="" type="checkbox"/>															
Class C	<input type="checkbox"/>															
Class D	<input type="checkbox"/>															

<u>Description of Debt</u>	<u>End of Test Year</u>		<u>End of Projected Year</u>	
	<u>Outstanding</u>	<u>Annual Interest</u>	<u>Outstanding</u>	<u>Annual Interest*</u>
Long-Term:	\$	\$	\$	\$
				
	_____	_____	_____	_____
Total Long-Term (a)	\$ _____ (b)	\$ _____	\$ _____	\$ _____
Cost Rate (a)	_____ %		_____ %	
Short Term:	\$	\$	\$	\$
				
	_____	_____	_____	_____
Total Short-Term (a)	\$ _____ (b)	\$ _____	\$ _____	\$ _____
Cost Rate (a)	_____ %		_____ %	

\* Including amortization of discount, premium and expense.

Supporting Schedules:

(b) E-1

Recap Schedules:

(a) D-1

## TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION

## CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

## Schedule D-3. Cost of Preferred Stock

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: <u>      D-3      </u> Title: <u>Cost of Preferred Stock</u>															
Explanation: Schedule showing computation of cost of preferred stock.	Required For: <table style="width: 100%;"> <tr> <td style="width: 60%;">All Utilities</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 30%;">Special Reqmt <input type="checkbox"/></td> </tr> <tr> <td>Class A</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Class B</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Class C</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Class D</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </table>	All Utilities	<input type="checkbox"/>	Special Reqmt <input type="checkbox"/>	Class A	<input checked="" type="checkbox"/>		Class B	<input checked="" type="checkbox"/>		Class C	<input type="checkbox"/>		Class D	<input type="checkbox"/>	
All Utilities	<input type="checkbox"/>	Special Reqmt <input type="checkbox"/>														
Class A	<input checked="" type="checkbox"/>															
Class B	<input checked="" type="checkbox"/>															
Class C	<input type="checkbox"/>															
Class D	<input type="checkbox"/>															

<u>Description of Issue</u>	<u>End of Test Year</u>			<u>End of Projected Year</u>		
	<u>Shares</u>	<u>Amount</u>	<u>Dividend</u>	<u>Shares</u>	<u>Amount</u>	<u>Dividend</u>
	<u>Outstanding</u>		<u>Requirement</u>	<u>Outstanding</u>		<u>Requirement</u>
		\$	\$		\$	\$
	_____	_____	_____	_____	_____	_____
Total (a)	_____	\$ _____ (b)	\$ _____		\$ _____	\$ _____
Cost Rate (a)		_____ %			_____ %	

Supporting Schedules:

(b) E-1

Recap Schedules:

(a) D-1

TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION

CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

**Schedule D-4. Cost of Common Equity**

<p>ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT</p>	<p>Schedule: <u>      D-4      </u> Title: <u>Cost of Common Equity</u></p>															
<p>Explanation: Schedule summarizing conclusions on the required rate of return on common equity as of the end of the test year and the projected year or exhibits in support thereof.</p>	<p>Required For:</p> <table> <tr> <td>All Utilities</td> <td><input type="checkbox"/></td> <td>Special Reqmt <input type="checkbox"/></td> </tr> <tr> <td>Class A</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Class B</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Class C</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Class D</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	All Utilities	<input type="checkbox"/>	Special Reqmt <input type="checkbox"/>	Class A	<input checked="" type="checkbox"/>		Class B	<input checked="" type="checkbox"/>		Class C	<input type="checkbox"/>		Class D	<input type="checkbox"/>	
All Utilities	<input type="checkbox"/>	Special Reqmt <input type="checkbox"/>														
Class A	<input checked="" type="checkbox"/>															
Class B	<input checked="" type="checkbox"/>															
Class C	<input type="checkbox"/>															
Class D	<input type="checkbox"/>															

Supporting Schedules:  
Special Studies

Recap Schedules:  
(D-1)

## TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION

## CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

## Appendix E. Financial and Statistical Schedules

## Schedule E-1. Comparative Balance Sheet

ARIZONA CORPORATION COMMISSION  
REGULATION R14-2-103APPENDIX E.  
FINANCIAL STATEMENTS AND STATISTICAL SCHEDULES

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: <u>      E-1      </u> Title: <u>Comparative Balance Sheet</u>															
Explanation: Schedule showing comparative balance sheets at the end of the test year and the 2 fiscal years ended prior to the test year.	Required For: <table style="width: 100%;"> <tr> <td style="width: 50%;">All Utilities</td> <td style="width: 10%;"><input checked="" type="checkbox"/></td> <td style="width: 40%;">Special Reqmt. <input type="checkbox"/></td> </tr> <tr> <td>Class A</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Class B</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Class C</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Class D</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	All Utilities	<input checked="" type="checkbox"/>	Special Reqmt. <input type="checkbox"/>	Class A	<input type="checkbox"/>		Class B	<input type="checkbox"/>		Class C	<input type="checkbox"/>		Class D	<input type="checkbox"/>	
All Utilities	<input checked="" type="checkbox"/>	Special Reqmt. <input type="checkbox"/>														
Class A	<input type="checkbox"/>															
Class B	<input type="checkbox"/>															
Class C	<input type="checkbox"/>															
Class D	<input type="checkbox"/>															

		Test Year <u>At</u>	Prior Year <u>At</u>	Prior Year <u>At</u>
<u>ASSETS</u>				
Property, plant & equipment: (a)	\$	\$	\$	
<div style="display: flex; justify-content: space-between; width: 100px;"> <div style="border-left: 1px solid black; height: 40px; margin: 0 5px;"></div> <div style="border-left: 1px solid black; height: 40px; margin: 0 5px;"></div> </div>				
Current Assets:				
<div style="display: flex; justify-content: space-between; width: 100px;"> <div style="border-left: 1px solid black; height: 40px; margin: 0 5px;"></div> <div style="border-left: 1px solid black; height: 40px; margin: 0 5px;"></div> </div>				
	\$	\$	\$	
<u>LIABILITIES and STOCKHOLDERS' EQUITY</u>				
Capitalization: (b)	\$	\$	\$	
<div style="display: flex; justify-content: space-between; width: 100px;"> <div style="border-left: 1px solid black; height: 40px; margin: 0 5px;"></div> <div style="border-left: 1px solid black; height: 40px; margin: 0 5px;"></div> </div>				
Current Liabilities:				
<div style="display: flex; justify-content: space-between; width: 100px;"> <div style="border-left: 1px solid black; height: 40px; margin: 0 5px;"></div> <div style="border-left: 1px solid black; height: 40px; margin: 0 5px;"></div> </div>				
	\$	\$	\$	
<u>Supporting Schedules:</u>				
(a) E-5				
<u>Recap Schedules:</u>				
(b) A-3				

## TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION

## CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

## Schedule E-2. Comparative Income Statements

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: <u>      E-2      </u> Title: <u>Comparative Income Statements</u>
Explanation: Schedule showing comparative income statements for the test year and the 2 fiscal years ended prior to the test year.	Required For: All Utilities <input checked="" type="checkbox"/> Special Reqmt. <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D <input type="checkbox"/>

	Test Year Ended	Test Year Ended	Test Year Ended
Revenues: (a)	\$	\$	\$
Operating Expenses: (a)			
Current Assets:			
Operating Income (a)	\$	\$	\$
Other income and deductions:			
Interest			
Net Income	\$	\$	\$
Preferred Dividends			
Earnings Available for Common Stock			
Earnings Per Share of Average Common Stock Outstanding			
<u>Supporting Schedules:</u> (a) E-6			<u>Recap Schedules:</u> A-2

TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION  
CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

**Schedule E-3. Comparative Statement of Changes in Financial Position**

<p style="text-align: center;">ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT</p>	<p>Schedule: <u>E-3</u></p> <p>Title: <u>Comparative Statement of Changes in Financial Position</u></p>															
<p>Explanation: Schedule showing comparative changes in financial position for the test year and the 2 years ended prior to the test year.</p>	<p style="text-align: center;">Required For:</p> <table style="width: 100%;"> <tr> <td style="width: 60%;">All Utilities</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 30%;">Special Reqmt <input type="checkbox"/></td> </tr> <tr> <td>Class A</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Class B</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Class C</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Class D</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </table>	All Utilities	<input type="checkbox"/>	Special Reqmt <input type="checkbox"/>	Class A	<input checked="" type="checkbox"/>		Class B	<input checked="" type="checkbox"/>		Class C	<input type="checkbox"/>		Class D	<input type="checkbox"/>	
All Utilities	<input type="checkbox"/>	Special Reqmt <input type="checkbox"/>														
Class A	<input checked="" type="checkbox"/>															
Class B	<input checked="" type="checkbox"/>															
Class C	<input type="checkbox"/>															
Class D	<input type="checkbox"/>															

	Test Year Ended	Test Year Ended	Test Year Ended
<u>Source of Funds</u>	\$	\$	\$
From Operations:			
Financing:			
Total Funds Provided	\$	\$	\$
<u>Application of Funds:</u>	\$	\$	\$
Construction Expenditures			
Dividends			
Other Items:			
	\$	\$	\$

Supporting Schedules:

Recap Schedules:

A-5

TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION

CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

Schedule E-4. Statement of Change in Stockholders' Equity

<p style="text-align: center;">ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT</p>	<p>Schedule: <u>      E-4      </u></p> <p>Title: <u>Statement of Change in Stockholders' Equity</u></p>															
<p>Explanation: Schedule showing changes in stockholders' equity for the test year and the 2 years ended prior to the test year.</p>	<p>Required For:</p> <table style="width: 100%;"> <tr> <td>All Utilities</td> <td><input type="checkbox"/></td> <td>Special Reqmt. <input type="checkbox"/></td> </tr> <tr> <td>Class A</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Class B</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Class C</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Class D</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	All Utilities	<input type="checkbox"/>	Special Reqmt. <input type="checkbox"/>	Class A	<input checked="" type="checkbox"/>		Class B	<input checked="" type="checkbox"/>		Class C	<input type="checkbox"/>		Class D	<input type="checkbox"/>	
All Utilities	<input type="checkbox"/>	Special Reqmt. <input type="checkbox"/>														
Class A	<input checked="" type="checkbox"/>															
Class B	<input checked="" type="checkbox"/>															
Class C	<input type="checkbox"/>															
Class D	<input type="checkbox"/>															

	<u>Preferred Shares</u>	<u>Stock Amount</u>	<u>Common Shares</u>	<u>Stock Amount</u>	<u>Additional Paid-In Capital</u>	<u>Retained Earnings</u>
Balance, Jan. 1, 19 ____		\$ ____		\$ ____	\$ ____	\$ ____
Net Earnings						
Cash Dividends-Preferred						
Cash Dividends-Common						
Preferred Stock Issued:						
Common Stock Issued: ____		\$ ____	____	\$ ____	\$ ____	\$ ____
Balance, Dec. 31, 19 ____		\$ ____	____	\$ ____	\$ ____	\$ ____
{						
Balance, Dec. 31, 19 ____		\$ ____	____	\$ ____	\$ ____	\$ ____
{						
Balance, Dec. 31, 19 ____ (End of Test Year)		\$ ____	____	\$ ____	\$ ____	\$ ____

Supporting Schedules:

Recap Schedules:

## TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION

## CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

## Schedule E-5. Detail of Utility Plant

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: <u>E-5</u> Title: <u>Detail of Utility Plant</u>
Explanation: Schedule showing utility plant balance, by detailed account number, at the end of the test year and the end of the prior fiscal year.	Required For: All Utilities <input checked="" type="checkbox"/> Special Reqmt. <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D <input type="checkbox"/>

Account Number	Description	End of Test Year At	Net Additions	End of Prior Year At
	Production Plant-Steam:			
XXX	Land & Land Rights	\$	\$	\$
XXX	Structures and Improvements			
	Total Plant in Service	\$		
	Accumulated Depreciation	\$	\$	\$
	Net Plant in Service	\$	\$	\$
	Construction Work In Progress			
	Total Net Plant	\$	\$	\$

Note: For combination utilities, the above information should be presented by department.

Supporting Schedules:

Recap Schedules:

E-1  
A-4



TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION  
CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

Schedule E-6. Comparative Departmental Operating Income Statements

<p style="text-align: center;">ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT</p>	<p>Schedule: <u>E-6</u></p> <p>Title: <u>Comparative Departmental Operating Income Statements</u></p>		
<p>Explanation: Schedule showing comparative departmental statements of operating income for the test year and the 2 fiscal years ended prior to the test year.</p>	<p style="text-align: center;">Required For:</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"> <p>All Utilities <input type="checkbox"/></p> <p>x Class A <input type="checkbox"/></p> <p>Class B <input type="checkbox"/></p> <p>Class C <input type="checkbox"/></p> </td> <td style="width: 50%;"> <p>Special Reqmt. <input type="checkbox"/></p> <p>All <input type="checkbox"/></p> <p>classes of Combinatic nUtilities</p> </td> </tr> </table>	<p>All Utilities <input type="checkbox"/></p> <p>x Class A <input type="checkbox"/></p> <p>Class B <input type="checkbox"/></p> <p>Class C <input type="checkbox"/></p>	<p>Special Reqmt. <input type="checkbox"/></p> <p>All <input type="checkbox"/></p> <p>classes of Combinatic nUtilities</p>
<p>All Utilities <input type="checkbox"/></p> <p>x Class A <input type="checkbox"/></p> <p>Class B <input type="checkbox"/></p> <p>Class C <input type="checkbox"/></p>	<p>Special Reqmt. <input type="checkbox"/></p> <p>All <input type="checkbox"/></p> <p>classes of Combinatic nUtilities</p>		

	Department _____		
	Test Year Ended _____	Prior Year Ended _____	Prior Year Ended _____
Revenues:	\$ _____	\$ _____	\$ _____
Residential			
Total Revenues	\$ _____	\$ _____	\$ _____
Operating Expenses*:			
Total Operating Expenses	\$ _____	\$ _____	\$ _____
Operating Income	\$ _____	\$ _____	\$ _____

\* Including allocation of general and administrative expenses.

Supporting Schedules:

Recap Schedules:  
E-2

TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION  
CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

**Schedule E-7. Operating Statistics**

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: <u>      E-7      </u> Title: <u>Operating Statistics</u>
Explanation: Schedule showing key operating statistics in comparative format, for the test year and the 2 fiscal years ended prior to the test year.	Required For: <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           All Utilities <input checked="" type="checkbox"/>            Class A <input type="checkbox"/>            Class B <input type="checkbox"/>            Class C <input type="checkbox"/>            Class D <input type="checkbox"/> </div> <div style="width: 35%;">           Special Reqmt. <input type="checkbox"/> </div> </div>

Electric Statistics

<u>Test Year</u>	<u>Prior Year</u>	<u>Prior Year</u>
<u>Ended</u>	<u>Ended</u>	<u>Ended</u>

KWH Sales-By Class of Service  
 Avg. No. of Customers-By Class of Service  
 Avg. KWH Use-By Class of Service  
 Avg. Annual Revenue Per Residential Customer  
 KWH Production Expense  
 KWH Trans. Expense

Gas Statistics:

MCF or Therm Sales-By Class of Service  
 Avg. No. of Customers-By Class of Service  
 Avg. MCF or Therm Use-By Class of Service  
 Avg. Annual Revenue Per Residential Customer  
 Production Expense Per MCF or Therm  
 Storage and Trans. Expense Per MCF or Therm

Water Statistics:

Gallons Sold-By Class of Service  
 Avg. No. of Customers-By Class of Service  
 Avg. Annual Gallons Per Residential Customer  
 Avg. Annual Revenue Per Residential Customer  
 Pumping Cost Per 1,000 Gallons

Telephone Statistics:

Main Telephones  
 Company Telephones  
 Revenue Per Main Telephone  
 Messages  
 Net Plant in Service Per Telephone

TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION

CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

Schedule E-8. Taxes Charged to Operations

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: <u>      E-8      </u> Title: <u>Taxes Charged to Operations</u>															
Explanation: A schedule showing all significant taxes charged to operations for the test year and the 2 fiscal years ended prior to the test year.	Required For: <table style="width: 100%;"> <tr> <td style="width: 60%;">All Utilities</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 30%;">Special Reqmt <input type="checkbox"/></td> </tr> <tr> <td>Class A</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Class B</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Class C</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Class D</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </table>	All Utilities	<input type="checkbox"/>	Special Reqmt <input type="checkbox"/>	Class A	<input checked="" type="checkbox"/>		Class B	<input checked="" type="checkbox"/>		Class C	<input checked="" type="checkbox"/>		Class D	<input type="checkbox"/>	
All Utilities	<input type="checkbox"/>	Special Reqmt <input type="checkbox"/>														
Class A	<input checked="" type="checkbox"/>															
Class B	<input checked="" type="checkbox"/>															
Class C	<input checked="" type="checkbox"/>															
Class D	<input type="checkbox"/>															

<u>Description</u>	Test Year Ended _____	Prior Year Ended _____	Prior Year Ended _____
Federal Taxes:	\$ _____	\$ _____	\$ _____
}			
	\$ _____	\$ _____	\$ _____
State Taxes	\$ _____	\$ _____	\$ _____
}			
	\$ _____	\$ _____	\$ _____
Local Taxes:	\$ _____	\$ _____	\$ _____
}			
	\$ _____	\$ _____	\$ _____
Total Taxes	\$ _____	\$ _____	\$ _____

NOTE: For combination utilities, the above should be presented in total and by department.

Supporting Schedules:

Recap Schedules:

TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION  
CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

**Schedule E-9. Notes to Financial Statements**

<p>ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT</p>	<p>Schedule: <u>E-9</u> Title: <u>Notes to Financial Statements</u></p>																				
<p>Explanation: Disclosure of important facts pertaining to the understanding of the financial statements.</p>	<p>Required For:</p> <table> <tr> <td>All Utilities</td> <td><input checked="" type="checkbox"/></td> <td>Special Reqmt.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Class A</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Class B</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Class C</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Class D</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </table>	All Utilities	<input checked="" type="checkbox"/>	Special Reqmt.	<input type="checkbox"/>	Class A	<input type="checkbox"/>			Class B	<input type="checkbox"/>			Class C	<input type="checkbox"/>			Class D	<input type="checkbox"/>		
All Utilities	<input checked="" type="checkbox"/>	Special Reqmt.	<input type="checkbox"/>																		
Class A	<input type="checkbox"/>																				
Class B	<input type="checkbox"/>																				
Class C	<input type="checkbox"/>																				
Class D	<input type="checkbox"/>																				

Disclosures should include, but not be limited to the following:

1. Accounting method.
2. Depreciation lives and methods employed by major classifications of utility property.
3. Income tax treatment - normalization or flow through.
4. Interest rate used to charge interest during construction, if applicable.

Supporting Schedules:

Recap Schedules:

TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION  
CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

Appendix F. Projections and Forecasts

Schedule F-1. Projected Income Statements - Present and Proposed Rate

ARIZONA CORPORATION COMMISSION  
REGULATION R14-2-103

APPENDIX F.  
PROJECTIONS AND FORECASTS

<p style="text-align: center;">ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT</p>	<p>Schedule: <u>      F-1      </u></p> <p>Title: <u>Projected Income Statements - Present and Proposed Rate</u></p>																				
<p>Explanation: Schedule showing an income statement for the projected year, compared with actual test year results, at present rates proposed rates.</p>	<p>Required For:</p> <table style="width: 100%;"> <tr> <td>All Utilities</td> <td><input checked="" type="checkbox"/></td> <td>Special Reqmt.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Class A</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Class B</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Class C</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Class D</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </table>	All Utilities	<input checked="" type="checkbox"/>	Special Reqmt.	<input type="checkbox"/>	Class A	<input type="checkbox"/>			Class B	<input type="checkbox"/>			Class C	<input type="checkbox"/>			Class D	<input type="checkbox"/>		
All Utilities	<input checked="" type="checkbox"/>	Special Reqmt.	<input type="checkbox"/>																		
Class A	<input type="checkbox"/>																				
Class B	<input type="checkbox"/>																				
Class C	<input type="checkbox"/>																				
Class D	<input type="checkbox"/>																				

	Actual Test Year Ended <u>      </u> (a) \$	Projected Year At Present <u>      Rates      </u> Year Ended <u>      </u> (b) \$	At Proposed <u>      Rates      </u> Year Ended <u>      </u> (b) \$
Revenues:			
Operating Expenses:			
Operating Income	\$ <u>          </u>	\$ <u>          </u>	\$ <u>          </u>
Other Income & Deductions:			
Interest	<u>          </u>	<u>          </u>	<u>          </u>
Net Income	\$ <u>          </u>	\$ <u>          </u>	\$ <u>          </u>
	<u>          </u>	<u>          </u>	<u>          </u>
Earnings per share of average Common Stock Outstanding	\$ <u>          </u>	\$ <u>Optional</u>	\$ <u>Optional</u>
% Return on Common Equity	<u>          </u> %	<u>          </u> %	<u>          </u> %
<u>Supporting Schedules:</u> (a) E-2		<u>Recap Schedules:</u> (b) A-2	

TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION  
CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

**Schedule F-2. Projected Changes In Financial Present and Proposed Rates**

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: <u>F-2</u> Title: <u>Projected Changes In Financial Present and Proposed Rates</u>															
Explanation: Schedule showing projected changes in financial position for projected year compared with the test year, at present and proposed rates.	Required For: <table style="width: 100%;"> <tr> <td style="width: 50%;">All Utilities</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 40%;">Special Reqmt. <input type="checkbox"/></td> </tr> <tr> <td>Class A</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Class B</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Class C</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Class D</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	All Utilities	<input type="checkbox"/>	Special Reqmt. <input type="checkbox"/>	Class A	<input checked="" type="checkbox"/>		Class B	<input checked="" type="checkbox"/>		Class C	<input type="checkbox"/>		Class D	<input type="checkbox"/>	
All Utilities	<input type="checkbox"/>	Special Reqmt. <input type="checkbox"/>														
Class A	<input checked="" type="checkbox"/>															
Class B	<input checked="" type="checkbox"/>															
Class C	<input type="checkbox"/>															
Class D	<input type="checkbox"/>															

	Test Year	At Present	Projected Year	At Proposed
	<u>Ended</u> (a)	<u>Rates</u> <u>Year</u> <u>Ended</u> (b)	<u>Rates</u> <u>Year</u> <u>Ended</u> (b)	<u>Rates</u> <u>Year</u> <u>Ended</u> (b)
<u>Source of Funds:</u>	\$	\$		\$
 Total Funds Provided	\$ _____	\$ _____		\$ _____
 <u>Application of Funds:</u>				
 Total Funds Provided	\$ _____	\$ _____		\$ _____
 <u>Details of Financing:</u>				
Changes in Short-term Debt:				
Changes in Long-term Debt:				
Changes in Preferred Stock:				
Changes in Common Equity:				
 <u>Supporting Schedules:</u>				<u>Recap Schedules:</u>
(a) E-3				(b) A-5
(c) F-3				

### Schedule F-3. Projected Construction Requirements

NOTE: For combination utilities, the above should be presented by department.

Recap Schedules:  
(a) F-2 & A-4

## TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION

## CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

## Schedule F-4. Assumptions Used in Developing Projection

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: <u>F-4</u> Title: <u>Assumptions Used in Developing Projection</u>
Explanation: Documentation of important assumptions used in preparing forecasts and projections.	Required For: All Utilities <input checked="" type="checkbox"/> Special Reqmt. <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D <input type="checkbox"/>

Important assumptions used in preparing projections should be explained.

Areas covered should include:

1. Customer growth
2. Growth in consumption and customer demand
3. Changes in expenses
4. Construction requirements, including production reserves and changes in plant capacity
5. Capital structure changes
6. Financing costs, interest rates

Supporting Schedules:

Recap Schedules:



TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION  
CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

Appendix G. Cost of Service Analyses

Schedule G-1. Cost of Service Summary-Present Rates

ARIZONA CORPORATION COMMISSION  
REGULATION R14-2-103

APPENDIX G  
COST OF SERVICE ANALYSES

<p style="text-align: center;">ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT</p>	<p>Schedule: <u>    G-1    </u></p> <p>Title: <u>Cost of Service Summary-Present Rates</u></p>
<p>Explanation: Schedule showing rates of return by customer classification at present rates.</p>	<p style="text-align: right;">Required For:</p> <p>All Utilities <input type="checkbox"/> Special Reqmt. <input checked="" type="checkbox"/></p> <p>Class A <input type="checkbox"/></p> <p>Class B <input type="checkbox"/></p> <p>Class C <input type="checkbox"/></p> <p>Class D <input type="checkbox"/></p>

	Customer Classification			
	<u>Total</u>	<u>A</u>	<u>B</u>	<u>Z</u>
Revenues (a)	\$	\$	\$	\$
Expenses (b)				
Operating Income before Income Taxes				
Income Taxes				
Net Operating Income	\$	\$	\$	\$
Rate Base (c)	\$	\$	\$	\$
Rate of Return	%	%	%	%

Supporting Schedules:

(a) H-1            (c) G-3  
(b) G-4

Recap Schedules:

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CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

**Schedule G-2. Cost of Service Summary-Proposed Rates**

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: <u>      G-2      </u> Title: <u>Cost of Service Summary-Proposed Rates</u>
Explanation: Schedule showing rates of return by customer classification at proposed rates.	Required For: All Utilities <input type="checkbox"/> Special Reqmt. <input checked="" type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D <input type="checkbox"/>

	Customer Classification			
	Total	A	B	Z
Revenues (a)	\$ _____	\$ _____	\$ _____	\$ _____
Expenses (b)				
Operating Income before Income Taxes				
Income Taxes	_____	_____	_____	_____
Net Operating Income	\$ _____	\$ _____	\$ _____	\$ _____
Rate Base (c)	\$ _____	\$ _____	\$ _____	\$ _____
Rate of Return	% _____	% _____	% _____	% _____

Supporting Schedules:

(a) H-1            (c) G-3  
(b) G-4

Recap Schedules:

TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION  
CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

Schedule G-3. Rate Base Allocation to Classes of Service

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: <u>G-3</u> Title: <u>Rate Base Allocation to Classes of Service</u>																				
Explanation: Schedule showing allocation of plant at original cost less depreciation to class of service.	Required For: <table style="width: 100%;"> <tr> <td style="width: 50%;">All Utilities</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 35%;">Special Reqmt.</td> <td style="width: 10%;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Class A</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Class B</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Class C</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Class D</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </table>	All Utilities	<input type="checkbox"/>	Special Reqmt.	<input checked="" type="checkbox"/>	Class A	<input type="checkbox"/>			Class B	<input type="checkbox"/>			Class C	<input type="checkbox"/>			Class D	<input type="checkbox"/>		
All Utilities	<input type="checkbox"/>	Special Reqmt.	<input checked="" type="checkbox"/>																		
Class A	<input type="checkbox"/>																				
Class B	<input type="checkbox"/>																				
Class C	<input type="checkbox"/>																				
Class D	<input type="checkbox"/>																				

Class of Service	Total (a)		Demand				Commodity				Customer	
			1	2	3	etc.	1	2	3	etc.	Gen.	Specific
	\$	%	\$(b)	%(c)								
A												
B												
⋮												
Z	\$											
TOTAL	\$	%	\$(b)	%(c)								

Supporting Schedules:

- (b) G-5
- (c) G-7

Recap Schedules:

- (a) G-1 & G-2

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CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

## Schedule G-4. Expense Allocation to Classes of Service

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: <u>      G-4      </u> Title: <u>Expense Allocation to Classes of Service</u>
Explanation: Schedule showing allocation of operating expenses to class of service.	Required For: All Utilities <input type="checkbox"/> Special Reqmt. <input checked="" type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D <input type="checkbox"/>

Class of Service	Total (a)		Demand Plant Function				Commodity Plant Function				Customer		Other
			1	2	3	4	1	2	3	etc.	Gen.	Specific	
	\$	%	\$(b)	%(c)									
A													
B													
⋮													
Z	\$												
TOTAL	\$	%	\$(b)	%(c)									

Supporting Schedules:

(b) G-5

(c) G-7

Recap Schedules:

(a) G-1 &amp; G-2

**Schedule G-5. Distribution of Rate Base by Function**

[illegible]

Recap Schedules:  
(a) G-3

TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION  
CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

**Schedule G-6. Distribution of Expenses by Function**

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: <u>      G-6      </u> Title: <u>Distribution of Expenses by Function</u>
Explanation: Schedule showing allocation of operating expenses to defined functions.	Required For: <div style="display: flex; justify-content: space-between;"> <div>           All Utilities <input type="checkbox"/>            Class A <input type="checkbox"/>            Class B <input type="checkbox"/>            Class C <input type="checkbox"/>            Class D <input type="checkbox"/> </div> <div>           Special Reqmt. <input checked="" type="checkbox"/> </div> </div>

Expense Classification	Total \$ %	Function*				Customer		
		Demand				Commodity	Gen.	Specific
		1*	2*	3*	4*			
Production:		\$ %						
Transmission:								
Sales:								
Administrative:								
Total Operating Expenses (a)	\$ %	\$ %						

\* Production Transmission, primary, secondary, etc.

Supporting Schedules:

Recap Schedules:

(a) G-4

TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION

CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

**Schedule G-7. Development of Allocation Factors**

<p>ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT</p>	<p>Schedule: <u>G-7</u> Title: <u>Development of Allocation Factors</u></p>																				
<p>Explanation: Schedule(s) showing development of all allocation factors used in the cost of service study.</p>	<p>Required For:</p> <table> <tr> <td>All Utilities</td> <td><input type="checkbox"/></td> <td>Special Reqmt.</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Class A</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Class B</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Class C</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Class D</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </table>	All Utilities	<input type="checkbox"/>	Special Reqmt.	<input checked="" type="checkbox"/>	Class A	<input type="checkbox"/>			Class B	<input type="checkbox"/>			Class C	<input type="checkbox"/>			Class D	<input type="checkbox"/>		
All Utilities	<input type="checkbox"/>	Special Reqmt.	<input checked="" type="checkbox"/>																		
Class A	<input type="checkbox"/>																				
Class B	<input type="checkbox"/>																				
Class C	<input type="checkbox"/>																				
Class D	<input type="checkbox"/>																				

Schedules should be provided to indicate how demand, commodity and customer allocation factors were developed. Demand method employed, e.g., peak, average and excess, non-coincident peak, should be disclosed supported with adequate detail.

Supporting Schedules:

Recap Schedules:

G-4

G-3

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CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

## Appendix H. Effect of Proposed Tariff Schedules

## Schedule H-1. Summary of Revenues by Customer Classification-Present and Proposed Rates

ARIZONA CORPORATION COMMISSION  
REGULATION R14-2-103

APPENDIX H.  
EFFECT OF PROPOSED TARIFF SCHEDULES

<p style="text-align: center;">ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT</p>	<p>Schedule: <u>      H-1      </u></p> <p>Title: <u>Summary of Revenues by Customer Classification-Present and Proposed Rates</u></p>																																			
<p>Explanation: Schedule comparing revenues by customer classification for the test year, at present and proposed rates.</p>	<p style="text-align: right;">Required For:</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">All Utilities</td> <td style="width: 10%;">x</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;"></td> <td style="width: 15%;">Special</td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 15%;">Reqmt.</td> </tr> <tr> <td>Class A</td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Class B</td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Class C</td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Class D</td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	All Utilities	x	<input type="checkbox"/>		Special	<input type="checkbox"/>	Reqmt.	Class A		<input type="checkbox"/>					Class B		<input type="checkbox"/>					Class C		<input type="checkbox"/>					Class D		<input type="checkbox"/>				
All Utilities	x	<input type="checkbox"/>		Special	<input type="checkbox"/>	Reqmt.																														
Class A		<input type="checkbox"/>																																		
Class B		<input type="checkbox"/>																																		
Class C		<input type="checkbox"/>																																		
Class D		<input type="checkbox"/>																																		

	Revenues in the Test Year (a)		Proposed Increase (b)	
<u>Customer Classification</u>	<u>Present Rates</u>	<u>Proposed Rates</u>	<u>Amount</u>	<u>%</u>
Residential	\$ _____	\$ _____	\$ _____	
Industrial				
<div style="border-left: 2px solid black; border-right: 2px solid black; border-radius: 50%; width: 100%; height: 100%; margin: 0 auto;"></div>				
Total Revenues	\$ _____	\$ _____	\$ _____	\$ _____

Note: For combination utilities, above information should be presented in total and by department.

Supporting Schedules:  
(a) H-2

Recap Schedules:  
(b) A-1



TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION  
CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

**Schedule H-2. Analysis of Revenue by Detailed Class**

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: <u>      H-2      </u> Title: <u>Analysis of Revenue by Detailed Class</u>																				
Explanation: Schedule comparing revenues by detailed class of service, for the test year, at present and proposed rates.	Required For: <table style="width: 100%;"> <tr> <td style="width: 50%;">All Utilities</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 35%;">Special Reqmt.</td> <td style="width: 10%;"><input type="checkbox"/></td> </tr> <tr> <td>Class A</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Class B</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Class C</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Class D</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </table>	All Utilities	<input type="checkbox"/>	Special Reqmt.	<input type="checkbox"/>	Class A	<input checked="" type="checkbox"/>			Class B	<input checked="" type="checkbox"/>			Class C	<input type="checkbox"/>			Class D	<input type="checkbox"/>		
All Utilities	<input type="checkbox"/>	Special Reqmt.	<input type="checkbox"/>																		
Class A	<input checked="" type="checkbox"/>																				
Class B	<input checked="" type="checkbox"/>																				
Class C	<input type="checkbox"/>																				
Class D	<input type="checkbox"/>																				

<u>Class of Service</u>	<u>Average Number of Customers</u>	<u>Average Consumption</u>	<u>Revenues</u>		<u>Proposed</u>	
			<u>Present Rates</u>	<u>Proposed Rates</u>	<u>Increase Amount</u>	<u>%</u>
Residential:			\$	\$	\$	
General						
Limited Service						
	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
Total Residential	<u>          </u>	<u>          </u>	<u>\$ (a)</u>	<u>\$ (a)</u>	<u>\$ (a)</u>	<u>\$ (a) %</u>
Industrial:						
General service						
Optional service						
	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
Total Company	<u>          </u>	<u>          </u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>%</u>

Note: For combination utilities, above information should be presented by department.

Supporting Schedules:

Recap Schedules:  
(a) H-1

TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION  
CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

**Schedule H-3. Changes In Representative Rate Schedules**

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: <u>      H-3      </u> Title: <u>Changes In Representative Rate Schedules</u>																					
Explanation: Schedule(s) comparing present rate schedules with proposed rate schedule.	Required For: <table style="width: 100%;"> <tr> <td>All Utilities</td> <td><input type="checkbox"/></td> <td>Special Reqmt.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Class A</td> <td><input checked="" type="checkbox"/></td> <td rowspan="4">} Representative Schedules</td> <td></td> </tr> <tr> <td>Class B</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Class C</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Class D</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="2"></td> <td rowspan="4">} All Schedules</td> <td></td> </tr> </table>	All Utilities	<input type="checkbox"/>	Special Reqmt.	<input type="checkbox"/>	Class A	<input checked="" type="checkbox"/>	} Representative Schedules		Class B	<input checked="" type="checkbox"/>		Class C	<input checked="" type="checkbox"/>		Class D	<input checked="" type="checkbox"/>				} All Schedules	
All Utilities	<input type="checkbox"/>	Special Reqmt.	<input type="checkbox"/>																			
Class A	<input checked="" type="checkbox"/>	} Representative Schedules																				
Class B	<input checked="" type="checkbox"/>																					
Class C	<input checked="" type="checkbox"/>																					
Class D	<input checked="" type="checkbox"/>																					
		} All Schedules																				

<u>Rate Schedule</u>	<u>Description</u>	<u>Block</u>	<u>Present Rate</u>	<u>Proposed Rate</u>	<u>Change</u>
1	Residential-Gen. Service	First 1,000 gal. Next 1,000 gal.	\$1.00 \$ .08/100	\$1.25 \$ .10/100	\$ .25 \$ .02/100
	{	{	{	{	{
	{	{	{	{	{
12	Industrial-Gen. Service				
	{				
	{				

Supporting Schedules:

## CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

ARIZONA CORPORATION COMMISSION  
REGULATION R14-2-103  
APPENDIX  
ILLUSTRATIVE SCHEDULE FORMAT

Title: Typical Bill Analysis

Class D

[illegible]

Supporting Schedules:

TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION  
CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

**Schedule H-5. Bill Count**

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: <u>      H-5      </u> Title: <u>  Bill Count  </u>																				
Explanation: Schedule(s) showing billing activity by block for each rate schedule.	Required For: <table style="width: 100%;"> <tr> <td style="width: 50%;">All Utilities</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 40%;">Special Reqmt.</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Class A</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Class B</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Class C</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Class D</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> </table>	All Utilities	<input checked="" type="checkbox"/>	Special Reqmt.	<input type="checkbox"/>	Class A	<input type="checkbox"/>			Class B	<input type="checkbox"/>			Class C	<input type="checkbox"/>			Class D	<input type="checkbox"/>		
All Utilities	<input checked="" type="checkbox"/>	Special Reqmt.	<input type="checkbox"/>																		
Class A	<input type="checkbox"/>																				
Class B	<input type="checkbox"/>																				
Class C	<input type="checkbox"/>																				
Class D	<input type="checkbox"/>																				

Rate Schedule: \_\_\_\_\_

Description: \_\_\_\_\_

<u>Block</u>	<u>Number of Bills by Block</u>	<u>Consumption By Blocks</u>	<u>Cumulative Bills No. % of Total</u>	<u>Cumulative Consumption Amount % of Total</u>
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Average Number of Customers \_\_\_\_\_

Average Consumption \_\_\_\_\_

Median Consumption \_\_\_\_\_

Supporting Schedules:Recap Schedules:**Historical Note**

Former Section R14-2-103 renumbered as Section R14-2-101, former Section R14-2-128 renumbered as Section R14-2-103 with-out change effective March 2, 1982 (Supp. 82-2). Amended subsection (B) effective June 18, 1987 (Supp. 87-2). Amended effective August 31, 1992 (Supp. 92-3). Amended by final rulemaking at 19 A.A.R. 397, effective April 9, 2013 (Supp. 13-1). Amended by final rulemaking at 20 A.A.R. 3439, effective January 16, 2015 (Supp. 14-4).

**R14-2-104. Inspection of annual reports**

Pursuant to A.R.S. § 40-204(C), all utility annual reports and attachments thereto required to be filed pursuant to this Chapter shall be open to public inspection without further or special order of the Arizona Corporation Commission.

**Historical Note**

Former Section R14-2-104 repealed, new Section R14-2-104 adopted effective March 2, 1982 (Supp. 82-2).

**R14-2-105. Notice of rate hearings**

- A.** Every public service corporation shall give notice to customers affected of any hearing at which the fair value of that corporation's property is to be determined and just and reasonable rates and charges are to be established.
- B.** The form and manner of such notice shall be as the Commission may direct by procedural order.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2).

**R14-2-106. Commission Color Code to Identify Location of Underground Facilities**

- A.** If the location of an underground facility is marked with stakes, paint, or in some customary manner pursuant to A.R.S. § 40-360.21(13), the facility owner will use the following color code:

<b>Facility Type</b>	<b>Specific Color</b>
Electric Power Distribution and Transmission	Safety Red
Gas Distribution and Transmission; Oil Product Distribution and Transmission; Dangerous Materials, Product Lines	High Visibility Safety Yellow

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Telephone and Telegraph System; Cable Television	Safety Alert Orange
Fiber Optics Communication Lines	The Letter "F" in Safety Alert Orange
Water Systems; Slurry Pipelines	Safety Precaution Blue
Reclaimed Water Systems	Purple
Sanitary Sewer Systems	Safety Green

**UNACCEPTABLE FACILITY LOCATION COLORS:**

Fluorescent Pink - This shall be considered a land surveyor marking.

White - This shall be reserved for excavator markings.

- B.** Excavators and Underground Facility Owners shall consider use of the color fluorescent pink to be indicative of land survey markings and not location markings for any underground facility. Surveyors may place aerial photogrammetric markings (targets) using the color white; such marking shall have a fluorescent pink dot not less than two inches in diameter placed within one foot of any edge of the aerial marking. Fluorescent pink shall not be used by excavators or Underground Facility Owners.
- C.** Excavators making markings pursuant to A.R.S. § 40-360.22(C) are required to use the color white.
- D.** Colors similar to those listed in R14-2-106(A) through R14-2-106(C) shall not be used for other than their listed purpose.

**Historical Note**

Adopted effective September 5, 1986 (Supp. 86-5).

Amended effective June 4, 1993, under an exemption from the Attorney General certification requirements of the Arizona Administrative Procedure Act (Supp. 93-2).

Amended effective August 16, 1996 (Supp. 96-3).

Amended by final rulemaking at 8 A.A.R. 971, effective February 19, 2002 (Supp. 02-1).

**R14-2-107. Electric, Natural Gas, or Affiliated Water Cooperative Streamlined Rate Application Filing Requirements and Process****A.** Definitions. In this Section, unless otherwise specified:

1. "Affiliated entity" means an "entity" as defined in A.A.C. R14-2-801 that, in relation to a cooperative, meets the definition of an "affiliate" in A.A.C. R14-2-801.
2. "Base revenue" means the revenue generated by permanent rates and charges, excluding:
  - a. Revenue generated through adjustor mechanisms, and
  - b. Revenue generated through miscellaneous service charges.
3. "CFC" means the National Rural Utilities Cooperative Finance Corporation.
4. "Commission" means the Arizona Corporation Commission.
5. "Cooperative" means a legal entity that is:
  - a. A domestic corporation or a foreign corporation authorized to transact business in this state;
  - b. Operated as a not-for-profit or non-profit;
  - c. Owned and controlled by its members; and
  - d. Operating as a public service corporation in this state by providing electric utility services, natural gas utility services, or water utility services from an affiliated entity.
6. "Customer" means anyone who receives utility service from the cooperative.

7. "Docket Control" means the organizational unit within the Commission's Hearing Division that accepts, records, and maintains filings.
  8. "FERC" means the Federal Energy Regulatory Commission.
  9. "File" means to submit to Docket Control, with the required number of copies and in an acceptable format, for recording under an appropriate docket number.
  10. "Full permanent rate case decision" means a Commission decision:
    - a. Issued on an application filed under R14-2-103 and not under this Section,
    - b. In which the Commission ascertained the fair value of a public service corporation's property within Arizona and established a schedule of rates and charges for the public service corporation's provision of utility services within Arizona, and
    - c. Not issued under A.R.S. § 40-252.
  11. "Non-price tariff change" means modification of one or more tariff provisions, either through altering existing tariff language or adding new tariff language, in a manner that substantively alters a requirement other than a rate or charge.
  12. "Rate schedule" means a schedule of rates and conditions for a specific classification of customer or for other specific services.
  13. "Rate structure change" means any of the following:
    - a. Introduction of a new rate schedule;
    - b. Elimination of an existing rate schedule;
    - c. A change in base revenue generated by the residential rate class greater than 150% of the overall base revenue increase;
    - d. A change greater than 35% in the customer charge within a rate schedule for residential customers; or
    - e. A change in the rate blocks or the percentage relationship of the prices among rate blocks.
  14. "RUS" means United States Department of Agriculture, Rural Utilities Service.
  15. "Staff" has the same meaning as in R14-2-103.
  16. "Test year" means the one-year historical period used in determining rate base, operating income, and rate of return, which shall have an ending date within 12 months before the filing date for a rate application under this Section and shall include at least six months during which a cooperative's current rates and charges were in effect.
  17. "Timely" means in the manner and before the deadlines prescribed in this Section.
- B.** Eligibility Requirements. Except as provided in subsection (C), a cooperative may file and pursue a rate application under this Section rather than R14-2-103 only if the following eligibility requirements are met:
1. A full permanent rate case decision for the cooperative has been issued within the 20-year period immediately preceding the filing of the cooperative's rate application;
  2. The cooperative has not filed a rate application under this Section within the 12 months immediately preceding the filing of the cooperative's rate application;
  3. The cooperative is required by law or contract to make a certified annual financial and statistical report to a federal agency, such as RUS or FERC, or an established national non-profit lender that specializes in the utility industry, such as CFC or CoBank;

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4. The test year used in the cooperative's rate application complies with the definition of a test year in subsection (A);
  5. The cooperative's rate application includes the most recent audited financials for the cooperative;
  6. The cooperative's rate application does not propose an increase in total base revenue amounting to more than 6% of the actual test year total base revenue;
  7. The cooperative's rate application uses its original cost rate base as its fair value rate base;
  8. The cooperative's rate application proposes changes in rates and charges and non-price tariff language consistent with subsection (D) and does not propose adoption of a new hook-up fee or another new type of fee;
  9. The cooperative's rate application does not propose a rate structure change except for the elimination of a rate schedule if the rate schedule has had no customer participation within the one year prior to the test year through and including the test year;
  10. The cooperative's rate application does not request financing approval and does not request consolidation with another docket;
  11. The customer notice provided by the cooperative conformed to the requirements of subsection (F) and was approved by Staff;
  12. For a distribution cooperative, the objections timely submitted by the cooperative's customers represent no more than 5% of all customer accounts or no more than 1,000 customer accounts, whichever is fewer; and
  13. For a generation or transmission cooperative, no member distribution cooperative has filed a timely objection to the application, and the objections timely submitted by retail customers served by member distribution cooperatives represent no more than 3,000 customer accounts.
- C.** A multi-jurisdictional cooperative with less than 30% of its customers within Arizona that seeks only to implement rates for Arizona customers that are already effective in the jurisdiction where the majority of the cooperative's customers are located may pursue a rate application under this Section without meeting the eligibility requirements of subsections (B)(1) through (10).
- D.** A cooperative may propose any of the following in its rate application filed under this Section:
1. Changes to an existing adjustor rate;
  2. Changes to an existing surcharge rate;
  3. Changes to an existing hook-up fee or other fee;
  4. Adoption of a new adjustor mechanism or surcharge mechanism, if the mechanism has been previously approved by the Commission;
  5. Adjustment to the base cost of power;
  6. Changes to non-price tariff language, including language that freezes participation in a tariff to existing customers;
  7. Changes to depreciation rates, if supported by a depreciation study approved by Staff engineers; and
  8. Waiver of one or more of the eligibility requirements in subsections (B)(1) through (B)(10), except (B)(3).
- E.** Pre-Filing Requirements. Before filing a rate application under this Section, a cooperative shall:
1. Analyze the cooperative's eligibility under subsection (B);
  2. Submit to Staff, in both hard copy and electronic (with formulae intact) formats, a Request for Pre-Filing Eligibility Review, which shall include a draft application including the items and information described in subsections (G)(1) through (6), and a copy of the Proposed Form of Notice to be sent to the cooperative's customers;
  3. No sooner than 30 days after the date Staff receives the Request for Pre-Filing Eligibility Review, meet with Staff to discuss the cooperative's eligibility under subsection (B) and any Staff modifications to the Proposed Form of Notice; and
  4. After meeting with Staff, if the cooperative decides to pursue a rate application under this Section, file a Request for Docket Number and Proposed Form of Notice for Staff approval.
- F.** Notice Requirements.
1. A cooperative shall ensure that the Proposed Form of Notice submitted to Staff for approval includes, at a minimum, all of the following:
    - a. The cooperative's name and contact information;
    - b. The docket number assigned to the cooperative's rate application proceeding;
    - c. A summary of the rate relief requested by the cooperative in its rate application;
    - d. For a distribution cooperative, the monthly bill impact to a residential customer with average usage if the requested rate relief were granted by the Commission;
    - e. For a generation or transmission cooperative, the estimated rate and revenue impact to each member distribution cooperative served if the requested rate relief were granted by the Commission;
    - f. Instructions for viewing or obtaining filed documents;
    - g. Information regarding the Commission's process under this Section;
    - h. The deadline to file intervention requests and objections, which shall be a date no earlier than 30 days after the date Notice is mailed to customers;
    - i. Instructions for requesting intervention and submitting objections; and
    - j. Information regarding disability accommodations;
  2. After receiving Staff approval for a form of Notice, a cooperative shall provide notice of its application as follows:
    - a. If a distribution cooperative, by sending the Notice, by First Class Mail, to each of the cooperative's customers; and
    - b. If a generation or transmission cooperative, by publishing the Notice in at least one newspaper of general circulation in the service territory of each member distribution cooperative served and by sending the Notice, by First Class Mail, to each member distribution cooperative served.
- G.** Filing Requirements. Within twenty days after completing the provision of Notice as required by subsection (F)(2), a cooperative shall file in the assigned docket a rate application under this Section, which shall include the following:
1. The legal name of the cooperative and identification of the test year;
  2. A waiver of the use of reconstruction cost new rate base to determine the cooperative's fair value rate base;
  3. A copy of the most recent certified annual financial and statistical report submitted by the cooperative to a federal agency, such as RUS or FERC, or an established national non-profit lender that specializes in the utility industry, such as CFC or CoBank;

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4. A copy of the most recent audited financials for the cooperative;
  5. The information listed in the table in R14-2-103(B)(1) for Schedule A-1, which shall be submitted in the format provided in Appendix Schedule A-1;
  6. The information listed in the table in R14-2-103(B)(1) for Schedules B-2, C-1, C-2 (if applicable), E-5, E-7, E-9, and H-1 through H-5, which:
    - a. Shall be included on schedules labeled consistently with and containing the substantive information corresponding to the Appendix Schedules,
    - b. Shall conform to the instructions and notes contained on the corresponding Appendix Schedules,
    - c. May be submitted in the format provided in the Appendix Schedules or formatted in an alternate manner, and
    - d. May omit information that is not applicable to the cooperative's operations;
  7. The information listed in the table in R14-2-103(B)(1) for Schedules B-3 and B-4, if requesting a change in depreciation rates in accordance with subsection (D)(7);
  8. A copy of the Notice sent and, if applicable, published, as required under subsection (F)(2); and
  9. Proof that the Notice was sent and, if applicable, published, as required under subsection (F)(2).
- H. Pre-Eligibility-Review Objections and Requests.** Any person desiring to object to the cooperative's rate application or to request intervention in the cooperative's rate case shall file an objection or request no later than the date specified in the Notice provided pursuant to subsection (F)(2).
- I. Late Objections.** In determining the cooperative's eligibility to proceed with its rate application under this Section, Staff shall not consider any objection that is filed after the deadline in the Notice provided pursuant to subsection (F)(2).
- J. Eligibility and Sufficiency Review.** Within seven days after the deadline for objections and intervention requests specified in the Notice provided pursuant to subsection (F)(2), Staff shall:
1. Review the cooperative's rate application, along with any objections timely filed under subsection (H), to determine whether the cooperative is eligible, under subsection (B), to pursue its rate application under this Section;
  2. File either a Notice of Eligibility or a Notice of Ineligibility;
  3. If the cooperative is eligible, complete the following:
    - a. Conduct a sufficiency review of the cooperative's rate application;
    - b. Determine whether the rate application complies with the requirements of subsection (G); and
    - c. File either a Notice of Sufficiency that classifies the cooperative as provided in R14-2-103(A)(3)(q) or a Notice of Deficiency that lists and explains each defect in the rate application that must be corrected to make the rate application sufficient.
- K. Eligibility and Sufficiency Determinations.** Staff's determinations of eligibility, ineligibility, sufficiency, and deficiency are not Commission decisions or Commission orders under A.R.S. §§ 40-252 or 40-253. A cooperative or intervenor that disagrees with Staff's determination of eligibility, ineligibility, sufficiency, or deficiency may petition the Commission to review Staff's determination by filing a petition in the docket. A Commissioner may include a petition for review as an agenda item to be considered by the Commission at an Open Meeting. If a petition for review is not included in an Open Meeting agenda within 30 days after the date it is filed in the docket, the petition for review shall be deemed denied.
- L. Request for Processing under R14-2-103.** Within 75 days after a Notice of Ineligibility is filed, a cooperative may file a Request for Processing under R14-2-103. If a cooperative files a Request for Processing under R14-2-103, all further activity under this Section shall cease, and the cooperative's rate application shall be deemed a new rate application, filed under R14-2-103, on the date the Request for Processing under R14-2-103 is filed.
- M. Docket Closure.** If a Request for Processing under R14-2-103 is not filed within 75 days after a Notice of Ineligibility is filed, the Hearing Division shall issue a procedural order administratively closing the docket.
- N. Action on Notice of Deficiency.** After Staff files a Notice of Deficiency:
1. The cooperative shall promptly address each defect listed in the Notice of Deficiency and file all necessary corrections and information to bring the rate application to sufficiency; and
  2. Within 10 days after receiving the cooperative's corrections and information, Staff shall again take the actions described in subsection (J)(3).
- O. Substantive Review and Staff Report.** After Staff files a Notice of Sufficiency, Staff shall:
1. Conduct a substantive review of the rate application;
  2. Prepare a Staff Report that shall include Staff's recommendations and may include a Request for Hearing that complies with subsection (Q); and
  3. File the Staff Report (and a Recommended Order if no Request for Hearing) within:
    - a. 150 days after the Notice of Sufficiency is filed, for a rate application requesting adjustment to the base cost of power;
    - b. 120 days after the Notice of Sufficiency is filed, for a rate application requesting a new adjustor mechanism; and
    - c. 60 days after the Notice of Sufficiency is filed, for any other rate application.
- P. Responses to Staff Report.** Within 10 days after Staff files a Staff Report:
1. The cooperative shall file a Response to the Staff Report, which may include a Request for Hearing that complies with subsection (Q) or a Request for Withdrawal; and
  2. Each intervenor shall file a Response to the Staff Report, which may include a Request for Hearing that complies with subsection (Q).
- Q. Request for Hearing.** A Request for Hearing shall include, at a minimum, an explanation of the requesting party's reasons for believing that an evidentiary hearing should be held; a summary of each issue on which the party believes evidence should be provided; and a recitation of the witnesses and documentary evidence that the requesting party believes could be produced to provide evidence on each issue.
- R. Responses to and Action on Request for Hearing.**
1. A party shall file any response to a Request for Hearing within five business days after the Request for Hearing is filed.
  2. The Hearing Division shall rule on each Request for Hearing within 10 business days after it is filed and may require oral argument or other proceedings at its discretion in considering a Request for Hearing.

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3. The Hearing Division may extend the party response deadline or Hearing Division's ruling deadline for good cause.
4. If a hearing is granted, the Hearing Division shall preside over all further proceedings in the case.
- S. Action on Request for Withdrawal. The Hearing Division shall rule on each Request for Withdrawal and may require party responses, including oral argument, or other proceedings at its discretion in considering a Request for Withdrawal. If withdrawal is granted, the Hearing Division shall issue a procedural order administratively closing the docket.
- T. Requirement for Service. A party that files a document under this Section shall also serve a copy of the document on each other party to the case, in accordance with the Commission's rules or as otherwise authorized by the Commission.
- U. Revenue Increase Cap. No Commission decision issued under this Section shall increase a cooperative's base revenue by more than 6% of the cooperative's actual test year total base revenue, unless the cooperative meets the requirements of subsection (C). In calculating the 6% base revenue increase cap, the Commission shall not include the revenue derived from a change to the base cost of power, an existing adjustor rate, an existing surcharge rate, an existing hook-up fee, or another existing fee or the addition of a new adjustor mechanism or surcharge mechanism.
- V. The Commission may, at any stage in the processing of a cooperative's rate application under this Section, determine that the rate application shall instead proceed under R14-2-103.
- W. Recommended Opinion and Order. The Hearing Division shall issue a Recommended Opinion and Order within 90 days after the last day of a hearing held under this Section.
- X. The Commission may, for good cause, waive an eligibility requirement of subsection (B).

**Historical Note**

New Section made by final rulemaking at 19 A.A.R. 397, effective April 9, 2013 (Supp. 13-1). Amended by final rulemaking at 24 A.A.R. 2750, effective November 20, 2018 (Supp. 18-3).

**R14-2-108. Electric, Natural Gas, or Affiliated Water Cooperative Streamlined Financing Application Filing Requirements and Process**

- A. Definitions. The definitions contained in R14-2-107 shall apply to this Section.
- B. New Financing or Refinancing Requests.
  1. Thirty days before filing an application to request new financing, a cooperative shall meet with Staff to discuss the financing application.
  2. A cooperative shall ensure that its filed financing application includes, at a minimum:
    - a. The information provided to lenders by the cooperative,
    - b. The most recent audited financials for the cooperative, and
    - c. A capital budget or work plan showing how the cooperative proposes to use the funds obtained through the requested financing.
  3. A cooperative shall post a notice regarding its financing application, in a form approved by Staff, or a link to such a notice, on the main page of the cooperative's website.
  4. Staff shall issue a Staff report and proposed order regarding a cooperative's financing application within 75 days after the filing of the financing application.

**C. Refinancing Requests.**

1. Fourteen days before filing an application for refinancing, a cooperative shall meet with Staff to discuss the refinancing application.
2. A cooperative shall ensure that its filed refinancing application includes, at a minimum, the information required under subsection (B)(2).
3. A cooperative shall post a notice regarding its refinancing application, in a form approved by Staff, or a link to such a notice, on the main page of the cooperative's website.
4. Staff shall issue a Staff report and proposed order regarding a cooperative's refinancing application within 45 days after the filing of the refinancing application.

**D. Joint Requests**

1. A cooperative may file an application requesting approval of both new financing and refinancing.
2. An application requesting approval of both new financing and refinancing shall be processed under subsection (B).

**Historical Note**

New Section made by final rulemaking at 24 A.A.R. 2750, effective November 20, 2018 (Supp. 18-3).

**ARTICLE 2. ELECTRIC UTILITIES**

*Editor's Note: The following Section was amended under the regular rulemaking process and approved by the Arizona Attorney General's Office (Supp. 22-1).*

*Editor's Note: The following Section was amended under an exemption from the Attorney General approval provisions of the Arizona Administrative Procedure Act (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)), as determined by the Corporation Commission. This exemption means that the rules as amended were not approved by the Attorney General (Supp. 99-3 and Supp. 00-4).*

**R14-2-201. Definitions**

In this Article, unless the context otherwise requires, the following definitions shall apply. In addition, the definitions contained in Article 16, Retail Electric Competition, shall apply in this Article unless the context otherwise requires.

1. "Advance in aid of construction." Funds provided to the utility by the applicant under the terms of a line extension agreement the value of which may be refundable.
2. "Applicant." A person requesting the utility to supply electric service.
3. "Application." A request to the utility for electric service, as distinguished from an inquiry as to the availability or charges for such service.
4. "Arizona Corporation Commission." The regulatory authority of the state of Arizona having jurisdiction over public service corporations operating in Arizona.
5. "Billing month." The period between any two regular readings of the utility's meters at approximately 30 day intervals.
6. "Billing period." The time interval between two consecutive meter readings that are taken for billing purposes.
7. "Contributions in aid of construction." Funds provided to the utility by the applicant under the terms of a line extension agreement or service connection tariff the value of which is not refundable.
8. "Curtailment priority." The order in which electric service is to be curtailed to various classifications of customers, as set forth in the utility's filed tariffs.
9. "Customer." The person or entity in whose name service is rendered, as evidenced by the signature on the applica-



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- tion or contract for that service, or by the receipt and/or payment of bills regularly issued in his name regardless of the identity of the actual user of the service.
10. "Customer charge." The amount the customers must pay the utility for the availability of electric service, excluding any electricity used, as specified in the utility's tariffs.
  11. "Customer hours" means the product of the duration of the utility outage and the number of customers affected by said outage.
  12. "Day." Calendar day.
  13. "Demand." The rate at which power is delivered during any specified period of time. Demand may be expressed in kilowatts, kilovolt-amperes, or other suitable units.
  14. "Distribution lines." The utility lines operated at distribution voltage which are constructed along public roadways or other bona fide rights-of-way, including easements on customer's property.
  15. "Electric Service Provider" or "ESP" means an entity supplying, marketing, or brokering at retail any competitive services pursuant to a Certificate of Convenience and Necessity.
  16. "Energy." Electric energy, expressed in kilowatt-hours.
  17. "Federal poverty level" means the U.S. federal poverty guideline for the pertinent household size published annually in the Federal Register by the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, and available at <https://aspe.hhs.gov/poverty-guidelines>.
  18. "Heat-vulnerable populations" means persons who are more vulnerable to hot weather mortality and morbidity.
  19. "Inability to pay" means a circumstance under which a residential customer either:
    - a. Cannot pay the full balance of the customer's monthly bill and has attested to and, if requested, has provided documentation issued by an Arizona or U.S. governmental agency or a licensed medical practitioner verifying that the customer meets one of the following:
      - i. Is at least 62 years of age;
      - ii. Has a physical or mental condition that substantially limits the customer's ability to manage resources, carry out activities of daily living, or secure protection from neglect or hazardous situations without assistance from others; or
      - iii. Has a medical condition that makes termination of electric service especially dangerous to the customer's health; or
    - b. Cannot pay the full balance of the customer's monthly bill and meets one of the following as attested to by the residential customer:
      - i. Is not gainfully employed;
      - ii. Qualifies for monetary government welfare assistance but has not yet begun to receive assistance; or
      - iii. Has an annual income at or below 200 percent of the federal poverty level.
  20. "Interrupt" or "Interruption" means to cease or the cessation of electric service to a customer at the point of delivery.
  21. "Kilowatt (kw)." A unit of power equal to 1,000 watts.
  22. "Kilowatt-hour (kwh)." Electric energy equivalent to the amount of electric energy delivered in one hour when delivery is at a constant rate of 1 kilowatt.
  23. "Licensed medical practitioner" means one of the following types of health care providers, actively licensed to practice in Arizona:
    - a. An allopathic or osteopathic physician,
    - b. A registered nurse practitioner, or
    - c. A physician assistant.
  24. "Limited income" means:
    - a. A residential customer with annual household income at or below 250 percent of the federal poverty level; or
    - b. A residential customer with annual household income at or below a percentage of the federal poverty level higher than 250 percent, as established by an electric utility in a Commission-approved tariff.
  25. "Line extension." The lines and equipment necessary to extend the electric distribution system of the utility to provide service to additional customers.
  26. "Low Income Home Energy Assistance Program" or "LIHEAP" means the federally funded program that provides low-income residential customers energy bill assistance.
  27. "Master meter." A meter for measuring or recording the flow of electricity that has passed through it at a single location where said electricity is distributed to tenants or occupants for their individual usage.
  28. "Megawatt (Mw)." A unit of power equal to 1,000,000 watts.
  29. "Meter." The instrument for measuring and indicating or recording the flow of electricity that has passed through it.
  30. "Meter tampering." A situation where a meter has been illegally altered. Common examples are meter bypassing, use of magnets to slow the meter recording, and broken meter seals.
  31. "Minimum charge." The amount the customer must pay for the availability of electric service, including an amount of usage, as specified in the utility's tariffs.
  32. "Permanent customer." A customer who is a tenant or owner of a service location who applies for and receives permanent electric service.
  33. "Permanent service." Service which, in the opinion of the utility, is of a permanent and established character. The use of electricity may be continuous, intermittent, or seasonal in nature.
  34. "Person." Any individual, partnership, corporation, governmental agency, or other organization operating as a single entity.
  35. "Point of delivery." The point where facilities owned, leased, or under license by a customer connects to the utility's facilities.
  36. "Power." The rate of generating, transferring, or using electric energy, usually expressed in kilowatts.
  37. "Preferred method of communication" means the communication method that complies with R14-2-212(K).
  38. "Premises." All of the real property and apparatus employed in a single enterprise on an integral parcel of land undivided by public streets, alleys or railways.
  39. "Residential subdivision development." Any tract of land which has been divided into four or more contiguous lots with an average size of one acre or less for use for the construction of residential buildings or permanent mobile homes for either single or multiple occupancy.
  40. "Residential use." Service to customers using electricity for domestic purposes such as space heating, air condi-

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tioning, water heating, cooking, clothes drying, and other residential uses and includes use in apartment buildings, mobile home parks, and other multiunit residential buildings.

41. "Service address" means the physical location at which a utility provides service to a customer.
42. "Service area." The territory in which the utility has been granted a Certificate of Convenience and Necessity and is authorized by the Commission to provide electric service.
43. "Service establishment charge." The charge as specified in the utility's tariffs which covers the cost of establishing a new account.
44. "Service line." The line extending from a distribution line or transformer to the customer's premises or point of delivery.
45. "Service reconnect charge" means the charge specified in a utility's tariffs that must be paid by a customer prior to restarting electric service each time the customer's electric service is terminated for nonpayment or for failure to comply with the utility's tariffs.
46. "Service reestablishment charge" means the charge specified in a utility's tariffs that must be paid to reinstate service at the same location where the same customer ordered a service termination within the preceding 12-month period.
47. "Single family dwelling." A house, an apartment, a mobile home permanently affixed to a lot, or any other permanent residential unit which is used as a permanent home.
48. "Tariffs." The documents filed with the Commission which list the services and products offered by the utility and which set forth the terms and conditions and a schedule of the rates and charges, for those services and products.
49. "Temporary service." Service to premises or enterprises which are temporary in character, or where it is known in advance that the service will be of limited duration. Service which, in the opinion of the utility, is for operations of a speculative character is also considered temporary service.
50. "Terminate" or "Termination" means to discontinue or a discontinuance of electric service to a customer's service address, by intentional action of the utility, and is synonymous with "disconnect" or "disconnection" as used in this Article.
51. "Third party" means an entity or a person authorized by a customer and willing to receive notification of the customer's pending termination of service and to communicate with the utility on behalf of the customer for the purpose of making arrangements to prevent termination of the customer's electric service.
52. "Utility." The public service corporation providing electric service to the public in compliance with state law, except in those instances set forth in R14-2-1612(A) and (B).
53. "Utility Distribution Company" or "UDC" means the utility that operates, constructs, and maintains the distribution system for the delivery of power to a point of delivery on the distribution system.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). Amended by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3). Amended by exempt rulemaking at 6 A.A.R. 4180, effective October 13, 2000

(Supp. 00-4). Amended by final rulemaking at 28 A.A.R. 564 (March 11, 2022), effective April 18, 2022 (Supp. 22-1).

*Editor's Note: The following Section was amended under an exemption from the Attorney General approval provisions of the Arizona Administrative Procedure Act (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)), as determined by the Corporation Commission. This exemption means that the rules as amended were not approved by the Attorney General.*

**R14-2-202. Certificate of Convenience and Necessity for Electric Utilities**

- A. Application for new Certificate of Convenience and Necessity. Six copies of each application for a new Certificate of Convenience and Necessity shall be submitted to the Commission, through Docket Control, in a form prescribed by the Commission and shall include, at a minimum, the following information:
  1. The proper name and correct address of the proposed utility company and its owner, if a sole proprietorship, each partner, if a partnership, or the President and Secretary if a corporation.
  2. The rates proposed to be charged for the service that will be rendered.
  3. A financial statement setting forth the financial condition of the applicant.
  4. Maps of the proposed service area or a description of the area proposed to be served.
  5. Appropriate city, county and/or state agency approvals, where appropriate.
  6. The actual number of customers within the service area as of the time of filing and the estimated number of customers to be served for each of the first five years of operation.
  7. Such other information as the Commission by order or the staff of the Utilities Division by written directive may request.
- B. Application for discontinuance or abandonment of utility service
  1. Any utility proposing to discontinue or abandon utility service currently in use by the public shall prior to such action obtain authority therefor from the Commission.
  2. The utility shall include in the application, studies of past, present and prospective customer use of the subject service, plant, or facility as is necessary to support the application.
  3. An application shall not be required to remove individual facilities where a customer has requested service discontinuance.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). Amended by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3). Amended by exempt rulemaking at 6 A.A.R. 4180, effective October 13, 2000 (Supp. 00-4).

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**R14-2-203. Establishment of Service****A. Information from new applicants**

1. A utility may obtain the following minimum information from each new applicant for service:
  - a. Name or names of applicant or applicants.
  - b. Service address or location and telephone number.
  - c. Billing address/telephone number, if different than service address.
  - d. Address where service was provided previously.
  - e. Date applicant will be ready for service.
  - f. Indication of whether premises have been supplied with utility service previously.
  - g. Purpose for which service is to be used.
  - h. Indication of whether applicant is owner or tenant of or agent for the premises.
  - i. Information concerning the energy and demand requirements of the customer.
  - j. Type and kind of life-support equipment, if any, used by the customer.
2. Customer-specific information shall not be released without specific prior written customer authorization unless the information is requested by a law enforcement or other public agency, or is requested by the Commission or its staff, or is reasonably required for legitimate account collection activities, or is necessary to provide safe and reliable service to the customer.
3. A utility may require a new applicant for service to appear at the utility's designated place of business to produce proof of identity and sign the utility's application form.
4. Where service is requested by two or more individuals the utility shall have the right to collect the full amount owed to the utility from any one of the applicants.

**B. Deposits**

1. A utility shall not require a deposit from a new applicant for residential service if the applicant is able to meet any of the following requirements:
  - a. The applicant has had service of a comparable nature with the utility within the past two years and was not delinquent in payment more than twice during the last 12 consecutive months or disconnected for nonpayment.
  - b. The applicant can produce a letter regarding credit or verification from an electric utility where service of a comparable nature was last received which states applicant had a timely payment history at time of service discontinuance.
  - c. In lieu of a deposit, a new applicant may provide a Letter of Guarantee from a governmental or non-profit entity or a surety bond as security for the utility.
2. The utility may issue a nonnegotiable receipt to the applicant for the deposit. The inability of the customer to produce such a receipt shall in no way impair his or her right to receive a refund of the deposit which is reflected on the utility's records.
3. Deposits shall be interest bearing; the interest rate and method of calculation shall be filed with and approved by the Commission in a tariff proceeding.
4. Each utility shall file a deposit refund procedure with the Commission, through Docket Control, subject to Commission review and approval during a tariff proceeding. However, each utility's refund policy shall include provisions for residential deposits and accrued interest to be

refunded or letters of guarantee or surety bonds to expire after 12 months of service if the customer has not been delinquent more than twice in the payment of utility bills.

5. A utility may require a residential customer to establish or reestablish a deposit if the customer becomes delinquent in the payment of two bills within a 12-consecutive-month period or has been disconnected for service during the last 12 months.
  6. The amount of a deposit required by the utility shall be determined according to the following terms:
    - a. Residential customer deposits shall not exceed two times that customer's estimated average monthly bill.
    - b. Nonresidential customer deposits shall not exceed 2 1/2 times that customer's estimated maximum monthly bill.
  7. The utility may review the customer's usage after service has been connected and adjust the deposit amount based upon the customer's actual usage.
  8. A separate deposit may be required for each meter installed.
  9. If a utility Distribution Company's customer with an established deposit elects to take competitive services from an Electric Service Provider, and is not currently delinquent in payments to the Utility Distribution Company, the Utility Distribution Company will refund a portion of the customer's deposit in proportion to the expected decrease in monthly billing. A customer returning to Standard Offer Service may be required to increase an established deposit in proportion to the expected increase in monthly billing.
- C. Grounds for refusal of service.** A utility may refuse to establish service if any of the following conditions exist:
1. The applicant has an outstanding amount due for the same class of utility service with the utility, and the applicant is unwilling to make arrangements with the utility for payment.
  2. A condition exists which in the utility's judgment is unsafe or hazardous to the applicant, the general population, or the utility's personnel or facilities.
  3. Refusal by the applicant to provide the utility with a deposit when the customer has failed to meet the credit criteria for waiver of deposit requirements.
  4. Customer is known to be in violation of the utility's tariffs filed with the Commission.
  5. Failure of the customer to furnish such funds, service, equipment, or rights-of-way necessary to serve the customer and which have been specified by the utility as a condition for providing service.
  6. Applicant falsifies his or her identity for the purpose of obtaining service.
- D. Service establishments, re-establishments or reconnection charge**
1. Each utility may make a charge as approved by the Commission for the establishment, reestablishment, or reconnection of utility services, including transfers between Electric Service Providers.
  2. Should service be established during a period other than regular working hours at the customer's request, the customer may be required to pay an after-hour charge for the service connection. Where the utility scheduling will not permit service establishment on the same day requested, the customer can elect to pay the after-hour charge for

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establishment that day or the customer's service will be established on the next available normal working day.

3. For the purpose of this rule, the definition of service establishments are where the customer's facilities are ready and acceptable to the utility and the utility needs only to install a meter, read a meter, or turn the service on.
4. Service establishments with an Electric Service Provider will be scheduled for the next regular meter read date if the direct access service request is provided 15 calendar days prior to that date and appropriate metering equipment is in place. If a direct access service request is made in less than 15 days prior to the next regular read date, service will be established at the next regular meter read date thereafter. The utility may offer after-hours or earlier service for a fee. This Section shall not apply to the establishment of new service but is limited to a change of providers of existing electric service.

**E. Temporary service**

1. Applicants for temporary service may be required to pay the utility, in advance of service establishment, the estimated cost of installing and removing the facilities necessary for furnishing the desired service.
2. Where the duration of service is to be less than one month, the applicant may also be required to advance a sum of money equal to the estimated bill for service.
3. Where the duration of service is to exceed one month, the applicant may also be required to meet the deposit requirements of the utility.
4. If at any time during the term of the agreement for services the character of a temporary customer's operations changes so that in the opinion of the utility the customer is classified as permanent, the terms of the utility's line extension rules shall apply.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). Amended by an emergency action effective August 10, 1998, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 98-3). Emergency amendment replaced by exempt permanent amendment effective December 31, 1998 (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3). Amended by exempt rulemaking at 6 A.A.R. 4180, effective October 13, 2000 (Supp. 00-4).

*Editor's Note: The following Section was amended under an exemption from the Attorney General approval provisions of the Arizona Administrative Procedure Act (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)), as determined by the Corporation Commission. This exemption means that the rules as amended were not approved by the Attorney General.*

**R14-2-204. Minimum Customer Information Requirements**

**A. Information for residential customers**

1. A utility shall make available upon customer request not later than 15 days from the date of request a concise summary of the rate schedule applied for by such customer. The summary shall include the following:
  - a. The monthly minimum or customer charge, identifying the amount of the charge and the specific amount of usage included in the minimum charge, where applicable.
  - b. Rate blocks, where applicable.
  - c. Any adjustment factor and method of calculation.

2. The utility shall to the extent practical identify its tariff that is most advantageous to the customer and notify the customer of such prior to service commencement.
  3. In addition, a utility shall make available upon customer request, not later than 60 days from date of service commencement, a concise summary of the utility's tariffs or the Commission's rules and regulations concerning:
    - a. Deposits
    - b. Termination of service
    - c. Billing and collection
    - d. Complaint handling.
  4. Each utility upon request of a customer shall transmit a written statement of actual consumption by such customer for each billing period during the prior 12 months unless such data is not reasonably ascertainable.
  5. Each utility shall inform all new customers of their right to obtain the information specified above.
- B. Information required due to changes in tariffs**
1. Each utility shall transmit to affected customers a concise summary of any change in the utility's tariffs affecting those customers.
  2. This information shall be transmitted to the affected customer within 60 days of the effective date of the change.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). Amended by an emergency action effective August 10, 1998, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 98-3). Emergency amendment replaced by exempt permanent amendment effective December 31, 1998 (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3).

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**R14-2-205. Master Metering**

**A. Mobile home parks -- new construction/expansion**

1. A utility shall refuse service to all new construction or expansion of existing permanent residential mobile home parks unless the construction or expansion is individually metered by the utility. Line extensions and service connections to serve such expansion shall be governed by the line extension and service connection tariff of the appropriate utility.
2. Permanent residential mobile home parks for the purpose of this rule shall mean mobile home parks where, in the opinion of the utility, the average length of stay for an occupant is a minimum of six months.
3. For the purpose of this rule, expansion means the acquisition of additional real property for permanent residential spaces in excess of that existing at the effective date of this rule.

**B. Residential apartment complexes, condominiums, and other multiunit residential buildings**

1. Master metering shall not be allowed for new construction of apartment complexes and condominiums unless the building or buildings will be served by a centralized heating, ventilation or air conditioning system and the contractor can provide to the utility an analysis demon-

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strating that the central unit will result in a favorable cost/benefit relationship.

2. At a minimum, the cost/benefit analysis should consider the following elements for a central unit as compared to individual units:
  - a. Equipment and labor costs,
  - b. Financing costs,
  - c. Maintenance costs,
  - d. Estimated kwh usage,
  - e. Estimated kw demand on a coincident demand and noncoincident demand basis (for individual units),
  - f. Cost of meters and installation, and
  - g. Customer accounting cost (one account vs. several accounts).

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). Amended by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3).

*Editor's Note: The following Section was amended under an exemption from the Attorney General approval provisions of the Arizona Administrative Procedure Act (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)), as determined by the Corporation Commission. This exemption means that the rules as amended were not approved by the Attorney General.*

**R14-2-206. Service Lines and Establishments**

- A. Priority and timing of service establishments
  1. After an applicant has complied with the utility's application and deposit requirements and has been accepted for service by the utility, the utility shall schedule that customer for service establishment.
  2. Service establishments shall be scheduled for completion within five working days of the date the customer has been accepted for service, except in those instances when the customer requests service establishment beyond the five working day limitation.
  3. When a utility has made arrangements to meet with a customer for service establishment purposes and the utility or the customer cannot make the appointment during the prearranged time, the utility shall reschedule the service establishment to the satisfaction of both parties.
  4. A utility shall schedule service establishment appointments within a maximum range of four hours during normal working hours, unless another time-frame is mutually acceptable to the utility and the customer.
  5. Service establishments shall be made only by qualified utility service personnel.
  6. For the purposes of this rule, service establishments are where the customer's facilities are ready and acceptable to the utility and the utility needs only to install or read a meter or turn the service on.
- B. Service lines
  1. Customer provided facilities
    - a. Each applicant for services shall be responsible for all inside wiring including the service entrance and meter socket.
    - b. Meters and service switches in conjunction with the meter shall be installed in a location where the meters will be readily and safely accessible for reading, testing and inspection and where such activities will cause the least interference and inconvenience to the customer. However, the meter locations shall not be on the front exterior wall of the home; or in

the carport or garage, unless mutually agreed to between the home builder or customer and the utility. The customer shall provide, without cost to the utility, at a suitable and easily accessible location, sufficient and proper space for installation of meters.

- c. Where the meter or service line location on the customer's premises is changed at the request of the customer or due to alterations on the customer's premises, the customer shall provide and have installed at his expense all wiring and equipment necessary for relocating the meter and service line connection and the utility may make a charge for moving the meter or service line.
2. Company provided facilities
  - a. Each utility shall file, in Docket Control, for Commission approval, a service line tariff which defines the maximum footage or equipment allowance to be provided by the utility at no charge. The maximum footage or equipment allowance may be differentiated by customer class.
  - b. The cost of any service line in excess of that allowed at no charge shall be paid for by the customer as a contribution in aid of construction.
  - c. A customer requesting an underground service line in an area served by overhead facilities shall pay for the difference between an overhead service connection and the actual cost of the underground connection as a nonrefundable contribution.

**C. Easements and rights-of-way**

1. Each customer shall grant adequate easement and right-of-way satisfactory to the utility to ensure that customer's proper service connection. Failure on the part of the customer to grant adequate easement and right-of-way shall be grounds for the utility to refuse service.
2. When a utility discovers that a customer or customer's agent is performing work or has constructed facilities adjacent to or within an easement or right-of-way and such work, construction or facility poses a hazard or is in violation of federal, state or local laws, ordinances, statutes, rules or regulations, or significantly interferes with the utility's access to equipment, the utility shall notify the customer or customer's agent and shall take whatever actions are necessary to eliminate the hazard, obstruction, or violation at the customer's expense.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). Amended by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3). Amended by exempt rulemaking at 6 A.A.R. 4180, effective October 13, 2000 (Supp. 00-4).

*Editor's Note: The following Section was amended under the regular rulemaking process and approved by the Arizona Attorney General's Office (Supp. 09-4).*

*Editor's Note: The following Section was amended under an exemption from the Attorney General certification provisions of the Arizona Administrative Procedure Act (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)), as determined by the Corporation Commission. This exemption means that the rules as amended were not certified by the Attorney General.*

**R14-2-207. Line Extensions****A. General requirements**

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1. Each utility shall file, in Docket Control, for Commission approval, a line extension tariff which incorporates the provisions of this rule and specifically defines the conditions governing line extensions.
  2. Upon request by an applicant for a line extension, the utility shall prepare, without charge, a preliminary sketch and rough estimate of the cost of installation to be paid by said applicant.
  3. Any applicant for a line extension requesting the utility to prepare detailed plans, specifications, or cost estimates may be required to deposit with the utility an amount equal to the estimated cost of preparation. The utility shall, upon request, make available within 90 days after receipt of the deposit referred to above, such plans, specifications, or cost estimates of the proposed line extension. Where the applicant authorizes the utility to proceed with construction of the extension, the deposit shall be credited to the cost of construction; otherwise the deposit shall be nonrefundable. If the extension is to include oversizing of facilities to be done at the utility's expense, appropriate details shall be set forth in the plans, specifications and cost estimates. Subdivisions providing the utility with approved plans shall be provided with plans, specifications, or cost estimates within 45 days after receipt of the deposit referred to above.
  4. Where the utility requires an applicant to advance funds for a line extension, the utility shall furnish the applicant with a copy of the line extension tariff of the appropriate utility prior to the applicant's acceptance of the utility's extension agreement.
  5. All line extension agreements requiring payment by the applicant shall be in writing and signed by each party.
  6. The provisions of this rule apply only to those applicants who in the utility's judgment will be permanent customers of the utility. Applications for temporary service shall be governed by the Commission's rules concerning temporary service applications.
- B. Minimum written agreement requirements**
1. Each line extension agreement shall, at a minimum, include the following information:
    - a. Name and address of applicant or applicants;
    - b. Proposed service address or location;
    - c. Description of requested service;
    - d. Description and sketch of the requested line extension;
    - e. A cost estimate to include materials, labor, and other costs as necessary;
    - f. Payment terms;
    - g. A concise explanation of any refunding provisions, if applicable;
    - h. The utility's estimated start date and completion date for construction of the line extension; and
    - i. A summary of the results of the economic feasibility analysis performed by the utility to determine the amount of advance required from the applicant for the proposed line extension.
  2. Each applicant shall be provided with a copy of the written line extension agreement.
- C. Line extension requirements. Each line extension tariff shall include the following provisions:**
1. A maximum footage or equipment allowance to be provided by the utility at no charge. The maximum footage or equipment allowance may be differentiated by customer class.
  2. An economic feasibility analysis for those extensions which exceed the maximum footage or equipment allowance. Such economic feasibility analysis shall consider the incremental revenues and costs associated with the line extension. In those instances where the requested line extension does not meet the economic feasibility criteria established by the utility, the utility may require the customer to provide funds to the utility, which will make the line extension economically feasible. The methodology employed by the utility in determining economic feasibility shall be applied uniformly and consistently to each applicant requiring a line extension.
  3. The timing and methodology by which the utility will refund any advances in aid of construction as additional customers are served off the line extension. The customer may request an annual survey to determine if additional customers have been connected to and are using service from the extension. In no case shall the amount of the refund exceed the amount originally advanced.
  4. All advances in aid of construction shall be noninterest bearing.
  5. If after five years from the utility's receipt of the advance, the advance has not been totally refunded, the advance shall be considered a contribution in aid of construction and shall no longer be refundable.
- D. Residential subdivision development and permanent mobile home parks.** Each utility shall submit as a part of its line extension tariff separate provisions for residential subdivision developments and permanent mobile home parks.
- E. Single phase underground extensions in subdivision developments**
1. Extensions of single phase electric lines necessary to furnish permanent electric service to new residential buildings or mobile homes within a subdivision, in which facilities for electric service have not been constructed, for which applications are made by a developer shall be installed underground in accordance with the provisions set forth in this rule except where it is not feasible from an engineering, operational, or economic standpoint.
  2. Rights-of-way easements
    - a. The utility shall construct or cause to be constructed and shall own, operate, and maintain all underground electric distribution and service lines along public streets, roads, and highways and on public lands and private property which the utility has the legal right to occupy.
    - b. Rights-of-way and easements suitable to the utility must be furnished by the developer at no cost to the utility and in reasonable time to meet service requirements. No underground electric facilities shall be installed by a utility until the final grades have been established and furnished to the utility. In addition, the easement strips, alleys and streets must be graded to within six inches of final grade by the developer before the utility will commence construction. Such clearance and grading must be maintained by the developer during construction by the utility.
    - c. If, subsequent to construction, the clearance or grade is changed in such a way as to require relocation of the underground facilities or results in damage to such facilities, the cost of such relocation or resulting repairs shall be borne by the developer.

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3. Installation of single phase underground electric lines within a subdivision
  - a. The developer shall provide the trenching, backfill (including any imported backfill required), compaction, repaving, and any earthwork for pull boxes and transformer pad sites required to install the underground electric system all in accordance with the specifications and schedules of the utility.
  - b. Each utility shall inspect the trenching provided by the developer within 24 hours after a mutually agreed upon trench opening date, and allow for phased inspection of trenching as mutually agreed upon by the developer and utility. In all cases, the utility shall make every effort to expedite the inspection of developer provided trenching. The utility shall assume responsibility for the trench within three working days after the utility has inspected and approved the trenching.
  - c. The utility shall install or cause to be installed underground electric lines and related equipment with sufficient capacity and suitable materials that ensure adequate and reasonable electric service in the foreseeable future and in accordance with the applicable provisions of Institute of Electrical and Electronic Engineers, Inc., Pub. No. C2-2007, The National Electrical Safety Code (2007), including no future editions or amendments, which is incorporated by reference, on file with the Commission, and published by and available from the Institute of Electrical and Electronic Engineers, Inc., 3 Park Avenue, 17th Floor, New York, New York 10016, and through <http://ieeexplore.ieee.org>.
  - d. Underground service lines from underground residential distribution systems shall be owned, operated and maintained by the utility, and shall be installed pursuant to its effective underground line extension and service connection tariffs on file with the Commission.
4. Special conditions
  - a. When the application of any of the provisions of subsection (E) appears to either party not to be feasible from an engineering, operational, or economic standpoint, the utility or the developer may refer the matter to the Commission for a determination as to whether an exception to the underground policy expressed within the provisions of this rule is warranted. Interested third parties may present their views to the Commission in conjunction with such referrals.
  - b. Notwithstanding any provision of this regulation to the contrary, no utility shall construct overhead single phase electric lines in any new subdivision to which this rule is applicable and which is contiguous to another subdivision in which electric service is furnished underground without the approval of the Commission.
  - c. Underground service lines installed pursuant to subsection (E) and accepted by the utility shall not be replaced with an overhead distribution pole line except upon a verified application of the utility, as stated in subsection (E)(4)(a).
5. Nonapplicability
  - a. Any underground electric distribution system requiring more than single phase service is not covered by this regulation and shall be constructed pursuant to the effective line extension rules and regulations or policies of the affected utility on file with the Commission.
  - b. If there are one or more existing distribution pole lines or lines on or across a recorded subdivision at the time of the application for electrical service for the subdivision and the line will be utilized in the subdivision. (This would not apply if the pole line were serving a building or groups of buildings or any other type of service which would be removed before construction is finished.)
  - c. A distribution pole line that parallels a boundary of a subdivision and this line can serve lots within the subdivision.
  - d. Subdivisions recorded prior to the effective date of this rule shall be governed by the terms and conditions of subsection (E).
- F. Ownership of facilities. Any facilities installed hereunder shall be the sole property of the utility.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). Amended subsection (E)(3)(c) effective April 1, 1986 (Supp. 86-2).

Amended effective August 6, 1991 (Supp. 91-3).

Amended effective August 16, 1996 (Supp. 96-3).

Amended by exempt rulemaking at 5 A.A.R. 2054, effective June 4, 1999 (Supp. 99-2). Amended by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3). Amended to correct subsection numbering (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 4180, effective October 13, 2000 (Supp. 00-4). Amended by final rulemaking at 15 A.A.R. 1933, effective December 27, 2009 (Supp. 09-4).

**Editor's Note:** The following Section was amended under the regular rulemaking process and approved by the Arizona Attorney General's Office (Supp. 22-1).

**Editor's Note:** The following Section was amended under an exemption from the Attorney General approval provisions of the Arizona Administrative Procedure Act (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)), as determined by the Corporation Commission. This exemption means that the rules as amended were not approved by the Attorney General (Supp. 99-3 and Supp. 00-4).

**R14-2-208. Provision of Service**

- A. Utility responsibility
  1. Each utility shall be responsible for the safe transmission and distribution of electricity until it passes the point of delivery to the customer.
  2. The entity having control of the meter shall be responsible for maintaining in safe operating condition all meters, equipment, and fixtures installed on the customer's premises by the entity for the purposes of delivering electric service to the customer.
  3. The Utility Distribution Company may, at its option, refuse service until the customer has obtained all required permits and inspections indicating that the customer's facilities comply with local construction and safety standards.
- B. Customer responsibility
  1. Each customer shall be responsible for maintaining all customer facilities on the customer's side of the point of delivery in safe operating condition.

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2. Each customer shall be responsible for safeguarding all utility property installed in or on the customer's premises for the purpose of supplying utility service to that customer.
  3. Each customer shall exercise all reasonable care to prevent loss or damage to utility property, excluding ordinary wear and tear. The customer shall be responsible for loss of or damage to utility property on the customer's premises arising from neglect, carelessness, or misuse and shall reimburse the utility for the cost of necessary repairs or replacements.
  4. Each customer shall be responsible for payment for any equipment damage and estimated unmetered usage resulting from unauthorized breaking of seals, interfering, tampering, or bypassing the utility meter.
  5. Each customer shall be responsible for notifying the utility of any equipment failure identified in the utility's equipment.
- C. Continuity of service.** Each utility shall make reasonable efforts to supply a satisfactory and continuous level of service. However, no utility shall be responsible for any damage or claim of damage attributable to any interruption or discontinuation of service resulting from:
1. Any cause against which the utility could not have reasonably foreseen or made provision for, that is, force majeure.
  2. Intentional service interruptions to make repairs or perform routine maintenance.
  3. Curtailment.
- D. Service interruptions**
1. Each utility shall make reasonable efforts to reestablish service within the shortest possible time when service interruptions occur.
  2. Each utility shall make reasonable provisions to meet emergencies resulting from failure of service, and each utility shall issue instructions to its employees covering procedures to be followed in the event of emergency in order to prevent or mitigate interruption or impairment of service.
  3. In the event of a national emergency or local disaster resulting in disruption of normal service, the utility may, in the public interest, interrupt service to other customers to provide necessary service to civil defense or other emergency service agencies on a temporary basis until normal service to these agencies can be restored.
  4. When a utility plans to interrupt service for more than four hours to perform necessary repairs or maintenance, the utility shall attempt to inform affected customers and the Commission's Consumer Services Section, at least 48 hours in advance, of the scheduled date and time and of the estimated duration of the service interruption. A utility shall complete repairs in the shortest possible time to minimize the inconvenience to the customers of the utility.
  5. A utility shall notify the Commission's Consumer Services Section of any interruption in service affecting a significant portion of a utility's system, as follows:
    - a. By telephone or by submitting a Service Interruption Report Form through the Commission's website, as soon as practicable after a representative of the utility becomes aware of the interruption; and
    - b. If the initial notice is made by telephone, by submitting a follow-up written report to the Commission's Consumer Services Section within 24 hours after the initial notice.
6. A utility's notification made under subsection (D)(5) shall include at least the following:
- a. The names of the utility and of the utility representative making the report,
  - b. The telephone number of the utility representative,
  - c. The locations and number of customer connections affected by the service interruption,
  - d. The substations and feeders involved in the service interruption,
  - e. The date and start and end times of the service interruption,
  - f. The cause of the service interruption.
7. For purposes of subsection (D)(5), an "interruption in service affecting a significant portion of a utility's system" means:
- a. A service interruption of 1,000 customer hours or more for a utility with more than 1,000,000 customer connections,
  - b. A service interruption of 500 customer hours or more for a utility with 400,000 to 1,000,000 customer connections, and
  - c. A service interruption of 100 customer hours or more for a utility with fewer than 400,000 customer connections.
- E. Curtailment.** Each utility shall file with the Commission, through Docket Control, as a part of its general tariffs a procedural plan for handling severe supply shortages or service curtailments. The plan shall provide for equitable treatment of individual customer classes in the most reasonable and effective manner given the existing circumstances. When the availability of service is so restricted that the reduction of service on a proportionate basis to all customer classes will not maintain the integrity of the total system, the utility shall develop procedures to curtail service giving service priority to those customers and customer classes where health, safety and welfare would be adversely affected.
- F. Construction standard and safety**
1. Each utility shall construct all facilities in accordance with the provisions of Institute of Electrical and Electronic Engineers, Inc., Pub. No. C2-2007, The National Electrical Safety Code (2007), which is incorporated by reference in R14-2-207(E)(3)(c), and American Society of Mechanical Engineers, Pub. No. ANSI/ASME B31.1-2007, Power Piping (2007), including no future editions or amendments, which is incorporated by reference, on file with the Commission, and published by and available from the American Society of Mechanical Engineers, 3 Park Avenue, New York, New York 10016, and through <http://catalog.asme.org>.
  2. Each utility shall adopt a standard alternating nominal voltage or standard alternating nominal voltages (as may be required by its distribution system) for its entire service area or for each of the several districts into which the system may be divided, which standard voltage or voltages shall be stated in the rules and regulations of each utility and shall be measured at the customer's service entrance. Each utility shall, under normal operating conditions, maintain its standard voltage or voltages within the limits of National Electrical Manufacturers Association, Pub. No. ANSI C84.1-2006, American National Standard for Electric Power Systems and Equipment-Voltage Ratings (60 Hertz) (2006), including no future



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editions or amendments, which is incorporated by reference, on file with the Commission, and published by and available from the National Electrical Manufacturers Association, 1300 North 17th Street, Suite 1752, Rosslyn, Virginia 22209, and through <http://www.nema.org>.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). Amended subsections (D)(5) and (F)(1) and (2) effective April 1, 1986 (Supp. 86-2). Amended effective February 8, 1991 (Supp. 91-1). Amended effective August 16, 1996 (Supp. 96-3). Amended by an emergency action effective August 10, 1998, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 98-3). Emergency amendment replaced by exempt permanent amendment effective December 31, 1998 (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 2054, effective June 4, 1999 (Supp. 99-2). Amended by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3). Amended to correct subsection numbering (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 4180, effective October 13, 2000 (Supp. 00-4). Amended by final rulemaking at 15 A.A.R. 1933, effective December 27, 2009 (Supp. 09-4). Amended by final rulemaking at 28 A.A.R. 564 (March 11, 2022), effective April 18, 2022 (Supp. 22-1).

*Editor's Note: The following Section was amended under the regular rulemaking process and approved by the Arizona Attorney General's Office (Supp. 09-4).*

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**R14-2-209. Meter Reading****A. Company or customer meter reading**

1. Each utility, billing entity, or Meter Reading Service Provider may at its discretion allow for customer reading of meters.
2. It shall be the responsibility of the utility or Meter Reading Service Provider to inform the customer how to properly read his meter.
3. Where a customer reads his own meter, the utility or Meter Reading Service Provider will read the customer's meter at least once every six months.
4. The utility, billing entity, or Meter Reading Service Provider shall provide the customer with postage-paid cards or other methods to report the monthly reading.
5. Each utility or Meter Reading Service Provider shall specify the timing requirements for the customer to submit his or her monthly meter reading to conform with the utility's billing cycle.
6. Where the Electric Service Provider is responsible for meter reading, reads will be available for the Utility Distribution Company's or billing entity's billing cycle for that customer, or as otherwise agreed upon by the Electric Service Provider and the Utility Distribution Company or billing entity.
7. In the event the customer fails to submit the reading on time, the utility or billing entity may issue the customer an estimated bill.

8. In the event the Electric Service Provider responsible for meter reading fails to deliver reads to the Meter Reading Service Provider server within three days of the scheduled cycle read date, the Affected Utility may estimate the reads. In the event the Affected Utility responsible for meter reading fails to deliver reads to the Meter Reader Service Provider server within three days of the scheduled cycle read date, the Electric Service Provider may estimate the reads.

9. Meters shall be read monthly on as close to the same day as practical.

**B. Measuring of service**

1. All energy sold to customers and all energy consumed by the utility, except that sold according to fixed charge schedules, shall be measured by commercially acceptable measuring devices, except where it is impractical to install meters, such as street lighting or security lighting, or where otherwise authorized by the Commission.
2. When there is more than one meter at a location, the metering equipment shall be so tagged or plainly marked as to indicate the circuit metered or metering equipment.
3. Meters which are not direct reading shall have the multiplier plainly marked on the meter.
4. All charts taken from recording meters shall be marked with the date of the record, the meter number, customer, and chart multiplier.
5. Metering equipment shall not be set "fast" or "slow" to compensate for supply transformer or line losses.

**C. Meter rereads**

1. Each utility or Meter Reading Service Provider shall at the request of a customer, or the customer's Electric Service Provider, Utility Distribution Company (as defined in R14-2-1601), or billing entity reread that customer's meter within 10 working days after such a request.
2. Any reread may be charged to the customer, or the customer's Electric Service Provider, Utility Distribution Company (as defined in R14-2-1601), or billing entity making the request at a rate on file and approved by the Commission, provided that the original reading was not in error.
3. When a reading is found to be in error, the reread shall be at no charge to the customer, or the customer's Electric Service Provider, Utility Distribution Company (as defined in R14-2-1601), or billing entity.

- D. Access to customer premises.** Each utility shall have the right of safe ingress to and egress from the customer's premises at all reasonable hours for any purpose reasonably connected with property used in furnishing service and the exercise of any and all rights secured to it by law or these rules.

**E. Meter testing and maintenance program.**

1. Each utility shall file with the Commission, through the Compliance Section, a plan for the routine maintenance and replacement of meters that meets the requirements of National Electrical Manufacturers Association, Pub. No. ANSI C12.1-2008, American National Standard for Electric Meters: Code for Electricity Metering (2008), including no future editions or amendments, which is incorporated by reference, on file with the Commission, and published by and available from the National Electrical Manufacturers Association, 1300 North 17th Street, Suite 1752, Rosslyn, Virginia 22209, and through [www.nema.org](http://www.nema.org).
2. Each utility shall file an annual report with the Commission, through Docket Control, summarizing the results of

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the meter maintenance and testing program for that year. At a minimum, the report should include the following data:

- a. Total number of meters tested, at company initiative or upon customer request.
- b. Number of meters tested that were outside the acceptable error allowance of +3%.

- F. Request for meter tests. A utility or Meter Service Provider shall test a meter upon the request of the customer, or the customer's Electric Service Provider, Utility Distribution Company (as defined in R14-2-1601), or billing entity, and each utility or billing entity shall be authorized to charge the customer, or the customer's Electric Service Provider, Utility Distribution Company (as defined in R14-2-1601), or billing entity for such meter test according to the tariff on file and approved by the Commission. However, if the meter is found to be in error by more than 3%, no meter testing fee will be charged to the customer, or the customer's Electric Service Provider, Utility Distribution Company, or billing entity.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). Amended subsection (E)(1) effective April 1, 1986 (Supp. 86-2).

Amended effective February 8, 1991 (Supp. 91-1).

Amended effective August 16, 1996 (Supp. 96-3).

Amended by an emergency action effective August 10, 1998, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 98-3). Emergency amendment replaced by exempt permanent amendment effective December 31, 1998 (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3). Amended by exempt rulemaking at 6 A.A.R. 4180, effective October 13, 2000 (Supp. 00-4). Amended by final rulemaking at 15 A.A.R. 1933, effective December 27, 2009 (Supp. 09-4).

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**R14-2-210. Billing and Collection****A. Frequency and estimated bills**

1. Unless otherwise approved by the Commission, the utility or billing entity shall render a bill for each billing period to every customer in accordance with its applicable rate schedule and may offer billing options for the services rendered. Meter readings shall be scheduled for periods of not less than 25 days or more than 35 days without customer authorization. If the utility or Meter Reading Service Provider changes a meter reading route or schedule resulting in a significant alteration of billing cycles, notice shall be given to the affected customers.
2. Each billing statement rendered by the utility or billing entity shall be computed on the actual usage during the billing period. If the utility or Meter Reading Service Provider is unable to obtain an actual reading, the utility or billing entity may estimate the consumption for the billing period giving consideration the following factors where applicable:
  - a. The customer's usage during the same month of the previous year,
  - b. The amount of usage during the preceding month.

3. Estimated bills will be issued only under the following conditions unless otherwise approved by the Commission:

- a. When extreme weather conditions, emergencies, or work stoppages prevent actual meter readings.
- b. Failure of a customer who reads his own meter to deliver his meter reading to the utility or Meter Reading Service Provider in accordance with the requirements of the utility or Meter Reading Service Provider billing cycle.
- c. When the utility or Meter Reading Service Provider is unable to obtain access to the customer's premises for the purpose of reading the meter, or in situations where the customer makes it unnecessarily difficult to gain access to the meter, that is, locked gates, blocked meters, vicious or dangerous animals. If the utility or Meter Reading Service Provider is unable to obtain an actual reading for these reasons, it shall undertake reasonable alternatives to obtain a customer reading of the meter.
- d. Due to customer equipment failure, a one-month estimation will be allowed. Failure to remedy the customer equipment condition will result in penalties for Meter Service Providers as imposed by the Commission.
- e. To facilitate timely billing for customers using load profiles.

4. After the third consecutive month of estimating the customer's bill due to lack of meter access, the utility or Meter Reading Service Provider will attempt to secure an accurate reading of the meter. Failure on the part of the customer to comply with a reasonable request for meter access may lead to discontinuance of service.

5. A utility or billing entity may not render a bill based on estimated usage if:

- a. The estimating procedures employed by the utility or billing entity have not been approved by the Commission.
- b. The billing would be the customer's first or final bill for service.
- c. The customer is a direct-access customer requiring load data.
- d. The utility can obtain customer-supplied meter readings to determine usage.

6. When a utility or billing entity renders an estimated bill in accordance with these rules, it shall:

- a. Maintain accurate records of the reasons therefor and efforts made to secure an actual reading;
- b. Clearly and conspicuously indicate that it is an estimated bill and note the reason for its estimation.

**B. Combining meters, minimum bill information**

1. Each meter at a customer's premise will be considered separately for billing purposes, and the readings of two or more meters will not be combined unless otherwise provided for in the utility's tariffs. This provision does not apply in the case of aggregation of competitive services as described in R14-2-1601.
2. Each bill for residential service will contain the following minimum information:
  - a. The beginning and ending meter readings of the billing period, the dates thereof, and the number of days in the billing period;
  - b. The date when the bill will be considered due and the date when it will be delinquent, if not the same;

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- c. Billing usage, demand (if measured), basic monthly service charge, and total amount due;
  - d. Rate schedule number or service offer;
  - e. Customer's name and service account number;
  - f. Any previous balance;
  - g. Fuel adjustment cost, where applicable;
  - h. License, occupation, gross receipts, franchise, and sales taxes;
  - i. The address and telephone numbers of the Electric Service Provider, and/or the Utility Distribution Company, designating where the customer may initiate an inquiry or complaint concerning the bill or services rendered;
  - j. The Arizona Corporation Commission address and toll-free telephone numbers;
  - k. Other unbundled rates and charges.
- C. Billing terms
  - 1. All bills for utility services are due and payable no later than 15 days from the date of the bill. Any payment not received within this time-frame shall be considered delinquent and could incur a late payment charge.
  - 2. For purposes of this rule, the date a bill is rendered may be evidenced by:
    - a. The postmark date;
    - b. The mailing date;
    - c. The billing date shown on the bill (however, the billing date shall not differ from the postmark or mailing date by more than two days); and
    - d. The transmission date for electronic bills.
  - 3. All delinquent bills shall be subject to the provisions of the utility's termination procedures.
  - 4. All payments shall be made at or mailed to the office of the utility or to the utility's authorized payment agency or the office of the billing entity. The date on which the utility actually receives the customer's remittance is considered the payment date.
- D. Applicable tariffs, prepayment, failure to receive, commencement date, taxes
  - 1. Each customer shall be billed under the applicable tariff indicated in the customer's application for service.
  - 2. Each utility or billing entity shall make provisions for advance payment of utility services.
  - 3. Failure to receive bills or notices which have been properly placed in the United States mail shall not prevent such bills from becoming delinquent nor relieve the customer of his obligations therein.
  - 4. Charges for electric service commence when the service is actually installed and connection made, whether used or not. A minimum one-month billing period is established on the date the service is installed (excluding landlord/utility special agreements).
  - 5. Charges for services disconnected after one month shall be prorated back to the customer of record.
- E. Meter error corrections
  - 1. If a tested meter is found to be more than 3% in error, either fast or slow, the correction of previous bills will be made under the following terms allowing the utility or billing entity to recover or refund the difference:
    - a. If the date of the meter error can be definitely fixed, the utility or billing entity shall adjust the customer's billings back to that date. If the customer has been underbilled, the utility or billing entity will allow the customer to repay this difference over an equal length of time that the underbillings occurred. The customer may be allowed to pay the backbill without late payment penalties, unless there is evidence of meter tampering or energy diversion.
  - b. If it is determined that the customer has been overbilled and there is no evidence of meter tampering or energy diversion, the utility or billing entity will make prompt refunds in the difference between the original billing and the corrected billing within the next billing cycle.
- 2. No adjustment shall be made by the utility except to the customer last served by the meter tested.
- 3. Any underbilling resulting from a stopped or slow meter, utility or Meter Reading Service Provider meter reading error, or a billing calculation shall be limited to three months for residential customers and six months for non-residential customers. However, if an underbilling by the utility occurs due to inaccurate, false, or estimated information from a third party, then that utility will have a right to backbill that third party to the point in time that may be definitely fixed, or 12 months. No such limitation will apply to overbillings.
- F. Insufficient funds (NSF) or returned checks
  - 1. A utility or billing entity shall be allowed to recover a fee, as approved by the Commission in a tariff proceeding, for each instance where a customer tenders payment for electric service with a check or other financial instrument which is returned by the customer's bank or other financial institution.
  - 2. When the utility or billing entity is notified by the customer's bank or other financial institution that the check or financial instrument tendered for utility service will not clear, the utility or billing entity may require the customer to make payment in cash, by money order, certified check, or other means to guarantee the customer's payment.
  - 3. A customer who tenders such a check or financial instrument shall in no way be relieved of the obligation to render payment to the utility or billing entity under the original terms of the bill nor defer the utility's provision of termination of service for nonpayment of bills.
- G. Levelized billing plan
  - 1. Each utility may, at its option, offer its customers a levelized billing plan.
  - 2. Each utility offering a levelized billing plan shall develop, upon customer request, an estimate of the customer's levelized billing for a 12-month period based upon:
    - a. Customer's actual consumption history, which may be adjusted for abnormal conditions such as weather variations.
    - b. For new customers, the utility will estimate consumption based on the customer's anticipated load requirements.
    - c. The utility's tariff schedules approved by the Commission applicable to that customer's class of service.
  - 3. The utility shall provide the customer a concise explanation of how the levelized billing estimate was developed, the impact of levelized billing on a customer's monthly utility bill, and the utility's right to adjust the customer's billing for any variation between the utility's estimated billing and actual billing.

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4. For those customers being billed under a levelized billing plan, the utility shall show, at a minimum, the following information on their monthly bill:
  - a. Actual consumption,
  - b. Dollar amount due for actual consumption,
  - c. Levelized billing amount due, and
  - d. Accumulated variation in actual-versus-levelized billing amount.
5. The utility may adjust the customer's levelized billing in the event the utility's estimate of the customer's usage or cost should vary significantly from the customer's actual usage or cost; such review to adjust the amount of the levelized billing may be initiated by the utility or upon customer request.

**H. Deferred payment plan**

1. Each utility may, prior to termination, offer to qualifying residential customers a deferred payment plan for the customer to retire unpaid bills for utility service.
2. Each deferred payment agreement entered into by the utility and the customer shall provide that service will not be discontinued if:
  - a. Customer agrees to pay a reasonable amount of the outstanding bill at the time the parties enter into the deferred payment agreement.
  - b. Customer agrees to pay all future bills for utility service in accordance with the billing and collection tariffs of the utility.
  - c. Customer agrees to pay a reasonable portion of the remaining outstanding balance in installments over a period not to exceed six months.
3. For the purposes of determining a reasonable installment payment schedule under these rules, the utility and the customer shall give consideration to the following conditions:
  - a. Size of the delinquent account,
  - b. Customer's ability to pay,
  - c. Customer's payment history,
  - d. Length of time that the debt has been outstanding,
  - e. Circumstances which resulted in the debt being outstanding, and
  - f. Any other relevant factors related to the circumstances of the customer.
4. Any customer who desires to enter into a deferred payment agreement shall establish such agreement prior to the utility's scheduled termination date for nonpayment of bills. The customer's failure to execute such an agreement prior to the termination date will not prevent the utility from disconnecting service for nonpayment.
5. Deferred payment agreements may be in writing and may be signed by the customer and an authorized utility representative.
6. A deferred payment agreement may include a finance charge as approved by the Commission in a tariff proceeding.
7. If a customer has not fulfilled the terms of a deferred payment agreement, the utility shall have the right to disconnect service pursuant to the utility's termination of service rules. Under such circumstances, it shall not be required to offer subsequent negotiation of a deferred payment agreement prior to disconnection.

**I. Change of occupancy**

1. To order service discontinued or to change occupancy, the customer must give the utility at least three working days advance notice in person, in writing, or by telephone.

2. The outgoing customer shall be responsible for all utility services provided or consumed up to the scheduled turn-off date.
3. The outgoing customer is responsible for providing access to the meter so that the utility may obtain a final meter reading.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). Amended by an emergency action effective August 10, 1998, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 98-3). Emergency amendment replaced by exempt permanent amendment effective December 31, 1998 (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3).

*Editor's Note: The following Section was amended under the regular rulemaking process and approved by the Arizona Attorney General's Office (Supp. 22-1).*

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**R14-2-211. Termination of Service**

- A. Restrictions on termination of service; recordkeeping and repayment requirements**
  1. A utility shall not terminate service to a customer due to delinquency in payment for services rendered to a prior customer at the service address where service is being provided, unless the prior customer continues to reside at the service address.
  2. A utility shall not terminate service to a customer due to the customer's failure to pay for services or equipment that are not regulated by the Commission.
  3. A utility shall not terminate service to a customer due to the customer's nonpayment of a bill related to another class of service.
  4. A utility shall not terminate service to a customer due to the customer's failure to pay the portion of a bill imposed to correct a previous underbilling due to an inaccurate meter or meter failure, provided that the customer agrees to pay the portion of the bill attributable to correction of underbilling in full over a period of months agreed to by the customer and the utility. A utility shall comply with R14-2-209(C)(3) and R14-2-210(E)(3) when calculating the underbilling amount to be paid.
  5. A utility shall not terminate residential service to a customer who has an inability to pay if the customer establishes, on an annual basis, through documentation from a licensed medical practitioner:
    - a. That, in the opinion of the licensed medical practitioner, termination would be especially dangerous to the health of the customer or a permanent resident residing at the customer's service address, or
    - b. That there is medically necessary equipment used in the home that is dependent on utility service for operation.
  6. A utility shall not terminate residential service to a customer who has an inability to pay until the utility has complied with subsection (D) and completed all of the following:

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- a. The utility has informed the customer of the availability of funds from various government and social assistance agencies and provided the customer the contact information for those agencies;
  - b. If a third party has been previously designated by the customer to receive delinquency and termination information, the utility has notified the third party that the customer's bill is delinquent and allowed the third party at least five business days to communicate with the utility and to make arrangements for payment of the delinquent utility bill;
  - c. At least 48 hours before the date upon which termination is scheduled to occur, the utility has:
    - i. Provided at least two written notices of the termination, using the customer's preferred method of communication, to the customer and, if applicable, the customer's designated third party; and
    - ii. Telephoned the customer and, if applicable, the customer's designated third party to provide notice of the termination by attempting to speak to the customer, the customer's designated third party, or an adult resident of the customer's service address; or by attempting to leave a voice message.
  - d. A utility may partner with local stakeholders; non-profits; public health agencies at the state, county, and local level; and local community service agencies to provide in-person notice of termination;
  - e. A utility shall keep pace with technological advancements in communication and augment the requirements of this subsection to utilize the most effective means of informing the customer of delinquency and termination; and
  - f. Beginning on April 15, 2022, and on each April 15 thereafter, each regulated Class A, B, and C electric utility that provides residential electric service shall file a report containing the utility's policy for compliance with subsection (A)(6).
7. If a customer, the customer's designated third party, or an adult resident of the customer's service address threatens the utility or a utility employee, the utility shall document the threatening occurrence. A utility shall maintain documentation of all threatening occurrences related to a customer's account for the entire period during which the customer continues to be a customer and for at least one year after the customer ceases to be a customer.
  8. A utility shall retain the records demonstrating its compliance with subsection (A)(6) for at least three years.
  9. A utility may require a customer whose service is not terminated due to subsections (A)(4) or (A)(5) to enter into a deferred payment agreement with the utility within seven business days after the date on which service otherwise would have been terminated. A utility shall allow at least a single missed payment or a single partial payment in a 12-month period at the request of the customer without any consequence. If there is more than one missed or partial payment, the payment plan agreement will be considered as breached. If the payment plan is in breach, the current payment plan may be amended, or a new payment plan may be created. Both the utility and the customer have a duty to act in good faith in negotiating a payment plan.
  10. A utility shall not terminate service due to a customer's failure to pay the disputed portion of a bill if the customer has complied with R14-2-212(B).
  11. A utility shall adopt only one of the following conditions under which it shall not terminate residential service:
    - a. During any period of time for which the local weather forecast, as predicted by the National Weather Service, indicates that the weather in the area of the customer's service address:
      - i. Will include temperatures that do not exceed 32° F;
      - ii. Will include temperatures that exceed 95° F; or
      - iii. Will include other weather conditions that the Commission has determined, by order, are especially dangerous to health; or
    - b. During the calendar days of June 1 through October 15 of each year, which shall be specified as non-termination dates in a utility's tariffs.
  12. A utility shall specify, in its tariffs, the provision of subsection (A)(11) that the utility has chosen to comply with and shall comply with the provision.
  13. If a utility is prohibited from terminating a customer's service under subsection (A)(11)(b) as adopted in its tariff, the utility shall:
    - a. Notify the customer, using the customer's preferred method of communication, and, if applicable, the customer's designated third party, of:
      - i. The reason the utility is not permitted to disconnect service,
      - ii. The expected date on which termination of service will be permissible, and
      - iii. The customer's responsibilities under subsection (H);
    - b. Not charge the customer any late fees or assess any interest on any past due amounts that accrue during a period when subsection (A)(11)(b) applies; and
    - c. After subsection (A)(11)(b) no longer applies, bill the customer for the past due amounts through installments over a period of months agreed to by the customer and the utility.
  14. A utility shall not terminate residential service to a customer unless the utility's call center and office or business facilities are open and available to the public on the day of termination and the day following the day of termination.
  15. A utility shall not terminate residential service to a customer if the customer has paid at least half of the customer's delinquent bill balance within the last 25 days or if the customer's delinquent bill balance is less than or equal to \$300.00.
  16. If a customer has a deposit with the utility, the utility shall use the deposit to pay any delinquent amount on the customer's account before terminating service and shall allow the customer time to reestablish the deposit in installments over a period of at least six months.
  17. Beginning on April 15, 2022, and on each April 15 thereafter, each regulated Class A, B, and C electric utility that provides residential electric service shall file a report containing the utility's payment plan policy for residential customers.
- B.** Termination of service without advance written notice; record-keeping requirement

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1. Notwithstanding subsection (A), a utility may terminate service to a customer's service address without advance written notice if:
    - a. Failure to terminate service would result in an obvious hazard to the safety or health of the customer, the general population, or the utility's personnel or facilities;
    - b. The utility has evidence of meter tampering or fraud related to the customer or the customer's service address; or
    - c. The customer has failed to comply with the curtailment procedures imposed by the utility during supply shortages.
  2. A utility that has terminated service under subsection (B)(1) shall not be required to restore service until the situation that resulted in the termination has been corrected to the satisfaction of the utility.
  3. A utility shall maintain a record of each termination of service made under subsection (B)(1) for at least one year and shall make the record available for inspection by the Commission upon request.
- C. Termination of service with notice**
1. Except as provided in subsection (A), a utility may terminate service to a customer's service address for any of the following reasons, provided that the utility has complied with the requirements of subsection (D):
    - a. Customer violation of any of the utility's tariffs or of the Commission's rules,
    - b. Failure of the customer to pay a delinquent bill for utility service,
    - c. Failure of the customer to meet or maintain the utility's deposit requirements,
    - d. Failure of the customer to provide the utility reasonable access to the utility's equipment or property,
    - e. Customer breach of a written contract for service between the utility and customer,
    - f. When necessary for the utility to comply with an order of any governmental agency having jurisdiction, or
    - g. Unauthorized resale of utility equipment or service by the customer.
  2. A utility shall maintain a record of each termination of service made under subsection (C)(1) for at least one year and shall make the record available for Commission inspection upon request.
- D. Termination notice requirements**
1. At least 10 days before a utility terminates service to a customer's service address under subsection (C), the utility shall provide the customer and, if applicable, the customer's designated third party, advance notice of the utility's intent to terminate service.
  2. The utility shall provide the advance notice required by subsection (D)(1) by providing a copy of the advance notice to the customer and, if applicable, the customer's designated third party, using the customer's preferred method of communication, or U.S. mail, as provided in R14-2-212(K).
  3. A utility shall include at least the following information in an advance notice required under subsection (D)(1):
    - a. The name of the customer whose service is to be terminated and the service address where service is to be terminated;
    - b. If service is to be terminated because the customer has violated a utility tariff or Commission rule, the name of the utility tariff or Commission rule violated and an explanation of the violation;
    - c. If service is to be terminated because the customer has failed to pay a delinquent bill for utility service, the amount of the delinquent bill and the date payment was due;
    - d. If service is to be terminated because the customer has failed to meet or maintain the utility's deposit requirements, the amount the customer has on deposit and the amount the customer is required to have on deposit;
    - e. If service is to be terminated because the customer has failed to provide the utility reasonable access to the utility's equipment or property, a description of the access required and a description, including dates, of the customer's failure to provide access;
    - f. If service is to be terminated because the customer has breached a written contract for service between the customer and the utility, identification of the contract provision breached and a description of the circumstances constituting a breach;
    - g. If service is to be terminated because the termination is necessary for the utility to comply with an order of any governmental agency having jurisdiction, a description and, if possible, a copy of the order;
    - h. If service is to be terminated because the customer has engaged in unauthorized resale of the utility's equipment or service, a description of the circumstances, including dates, constituting such resale;
    - i. The date on or after which service is to be terminated;
    - j. A statement advising the customer to contact the utility at a specific address or phone number to receive information regarding any deferred payment program or other procedures the utility may offer, or to reach a mutually agreeable solution to avoid termination of the customer's service; and
    - k. A description of the requirements of subsection (F), along with the specific address for the customer to contact or the phone number for the customer to call to raise a dispute.
  4. If a customer has designated a third party for the customer's account, a utility shall ensure that the third party is concurrently provided each notice, whether written or telephonic, that is provided to the customer as required by this Section.
- E. Timing of terminations with notice**
1. If the period of time allowed by the advance notice has elapsed, and the customer has not remedied the cause for termination to the utility's satisfaction, the utility shall provide the customer and, if applicable, the customer's designated third party, a final notice, two days before the termination date specified, using the customer's preferred method of communication. If the customer has not remedied the cause for termination after the two days have passed, and subsection (A) does not apply, the utility may then terminate service on or after the day specified in the final notice without giving further notice.
  2. Notwithstanding subsection (E)(1), if a customer's preferred method of communication is U.S. mail, the utility shall allow ten days before terminating service without giving further notice.
  3. A utility shall comply with subsection (A)(6), if applicable, before it may terminate service.

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4. A utility shall have the right but not the obligation to remove any or all of its equipment or other property installed at a customer's service address upon the termination of service.
- F. Termination notice requirements: disputes. A utility shall ensure that a customer is afforded the right to dispute the utility's stated reason for termination, in accordance with the following:
  1. A utility shall maintain a specific address or phone number for customers to use to raise a dispute with the utility.
  2. A utility shall notify each customer, subject to termination, and the customer's designated third party, that to dispute the utility's reason for termination, the customer or the customer's designated third party shall contact the utility at the specific address or phone number, before the scheduled date of termination, to advise the utility of the dispute and to discuss the cause for termination with a representative of the utility.
  3. If a customer raises a dispute, a utility shall ensure that a representative of the utility, who is empowered to resolve the customer's dispute, discusses the cause for termination with the customer before the scheduled termination date.
  4. If a utility determines after discussion with a disputing customer that the reason for termination is just, the utility may terminate service to the customer, unless prohibited by subsection (A).
  5. If a utility decides to terminate service to a disputing customer as permitted in subsection (F)(4), the utility shall inform the customer of the termination and of his the customer's right to file a complaint with the Commission.
  6. The utility shall not terminate service if the customer has a pending complaint before the Commission.
- G. Landlord/tenant rule. If the service address for a customer is different from the mailing address for the customer's bill, or the utility knows that a landlord/tenant relationship exists for the service address and that the landlord is the customer of the utility, the utility shall comply with subsections (D) and (E) as well as the following if the customer account becomes subject to termination of service under subsection (C):
  1. If it is feasible to provide service to the service address in the occupant's name, the utility shall offer the occupant the opportunity to obtain service in the occupant's name;
  2. If the occupant declines to subscribe to service in the occupant's name, the utility may terminate service as permitted under subsections (C) through (E); and
  3. The utility shall not require or attempt to require the occupant to pay any outstanding bills or other charges due on the account of the landlord.
- H. Customer responsibilities
  1. A customer shall be responsible for managing energy use when a utility is not permitted to terminate service to the customer under subsection (A).
  2. A customer shall be financially responsible for any charges accrued for service during a period when a utility is not permitted to terminate service to the customer under subsection (A).
  3. A customer shall, after the provision of subsection (A)(11) included in a utility's tariff no longer precludes termination:
    - a. Pay the past due amounts in full; or
    - b. Pay the past due amounts through installments as billed by the utility, with no penalty for prepayment.
4. A customer desiring to dispute a utility's reason for termination shall, before the scheduled date of termination, contact the utility at the specific address or phone number provided in the notice pursuant to subsection (D)(3)(k) to notify the utility of the dispute and discuss the reason for termination with a representative of the utility.
- I. In a competitive marketplace, if a customer's account with an Electric Service Provider becomes delinquent, the Electric Service Provider may not order a disconnect for nonpayment or terminate service to the customer but may only send a notice of contract cancellation to the customer and the Utility Distribution Company.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). Amended by an emergency action effective August 10, 1998, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 98-3). Emergency amendment replaced by exempt permanent amendment effective December 31, 1998 (Supp. 98-4). Amended to correct subsection numbering (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 4180, effective October 13, 2000 (Supp. 00-4). Amended by emergency rulemaking as determined by the Commission at 25 A.A.R. 1798, effective immediately June 21, 2019 (Supp. 19-2). Amended by final rulemaking at 28 A.A.R. 564 (March 11, 2022), effective April 18, 2022 (Supp. 22-1).

*Editor's Note: The following Section was amended under the regular rulemaking process and approved by the Arizona Attorney General's Office (Supp. 22-1).*

*Editor's Note: The following Section was amended under an exemption from the Attorney General approval provisions of the Arizona Administrative Procedure Act (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)), as determined by the Corporation Commission. This exemption means that the rules as amended were not approved by the Attorney General.*

**R14-2-212. Administrative and Hearing Requirements**

- A. Customer service complaints
  1. Each utility shall make a full and prompt investigation of each service complaint made by one of its customers, whether made directly or through the Commission.
  2. Within five business days after a complaint is made, the utility shall respond to the complainant and, if applicable, to the Commission representative regarding the status of the utility's investigation of the complaint.
  3. The utility shall notify the complainant and, if applicable, the Commission representative of the final disposition of each complaint. Upon request of the complainant or the Commission representative, the utility shall report the findings of its investigation in writing.
  4. The utility shall inform the customer of the right to file an informal complaint with the Commission, under subsection (C)(1), if the customer is dissatisfied with the results of the utility's investigation or the final disposition of the complaint.
  5. Each utility shall:
    - a. Create a record of each service complaint received including, at a minimum, the following data:
      - i. Name and address of the customer;
      - ii. Service address at issue, if different from the customer's address;
      - iii. Date and nature of the complaint;

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- iv. Disposition of the complaint; and
  - v. A copy of any correspondence between the utility, the customer, and a Commission representative; and
- b. Maintain each service complaint record for at least one year after final disposition of the complaint and make the record available for inspection by the Commission upon request.
- B. Customer bill disputes**
  - 1. A utility customer who disputes a portion of a bill rendered for utility service shall, prior to the due date for the bill, pay the undisputed portion of the bill and notify a representative of the utility that the unpaid amount is in dispute.
  - 2. Upon receipt of the customer's notice of dispute, the utility shall:
    - a. Within five business days after receiving notice of the dispute, provide the customer confirmation that the dispute has been received;
    - b. Initiate a prompt investigation of the source of the dispute;
    - c. Withhold termination of service until the investigation is completed and the customer has been informed of the results of the investigation;
    - d. Notify the customer of the results of the investigation and final disposition of the bill dispute, in writing if requested by the customer; and
    - e. Inform the customer of the right to file an informal complaint with the Commission, under subsection (C)(1), if dissatisfied with the results of the utility's investigation or final disposition.
  - 3. Once the customer has received the results of the utility's investigation and the utility's final disposition, the customer shall, within five business days, submit payment to the utility for any disputed amounts. Failure to make full payment within five business days shall be grounds for termination of service under R14-2-211(C)(1)(b).
- C. Commission resolution of service and bill disputes**
  - 1. If a customer is dissatisfied with the outcome of a utility's investigation or final disposition of a service or bill dispute, the customer may file with the Commission a written statement of dissatisfaction, which shall be deemed an informal complaint against the utility.
  - 2. Within 30 days after receiving an informal complaint against a utility, a Commission representative shall attempt to resolve the dispute through communications with the utility and the customer (written or telephonic or both). If resolution of the dispute is not achieved within 20 days of the Commission representative's initial effort, the Commission shall hold a mediation regarding the dispute, in accordance with the following:
    - a. A Commission representative shall preside over the mediation, and the participants shall be the customer and the utility.
    - b. Each participant may be represented by legal counsel, at the participant's own expense, if desired.
    - c. The mediation may be recorded or held in the presence of a stenographer.
    - d. Each participant shall have the opportunity to present written or oral material to support the participant's position.
    - e. Each participant shall have the opportunity to cross-examine the other participant, and the Commission representative shall have the opportunity to examine each participant.
  - f. The Commission representative shall render a written decision to the participants within five business days after conclusion of the mediation. The written decision of the Commission representative shall not be binding on the participants, who shall retain the right to make a formal complaint to the Commission.
- 3. The utility may implement normal termination procedures, under R14-2-211(C)(1)(b), if the customer fails to pay all undisputed bills rendered during the resolution of the dispute by the Commission.
- 4. Each utility shall maintain a record of written statements of dissatisfaction and their resolution for at least one year and shall make such records available for Commission inspection upon request.
- D. Notice by utility of responsible officer or agent**
  - 1. Each utility shall file with the Commission a written statement containing the name, address (business and mailing), email, and telephone number (business) of at least one officer, agent, or employee responsible for the general management of its operations as a utility in Arizona.
  - 2. Each utility shall give notice, by filing a written statement with the Commission of any change in the information required herein within five business days from the date of any such change.
- E. Time-frames for processing applications for Certificates of Convenience and Necessity**
  - 1. This subsection prescribes time-frames for the Commission's processing of any application for a Certificate of Convenience and Necessity filed pursuant to this Article.
  - 2. Within 120 calendar days after receipt of an application for a new Certificate of Convenience and Necessity, or to amend or change the status of any existing Certificate of Convenience and Necessity, staff shall notify the applicant, in writing, that the application is either administratively complete or deficient. If the application is deficient, the notice shall specify all deficiencies.
  - 3. Staff may cease its review of an application if the applicant does not remedy all deficiencies within 60 calendar days of the notice of deficiency.
  - 4. After receipt of a corrected application, staff shall notify the applicant within 90 calendar days that the corrected application is either administratively complete or deficient. If the corrected application is deficient, the notice shall specify all deficiencies.
  - 5. The time-frame for administrative completeness review shall be suspended from the time a notice of deficiency is issued until staff determines that the application is complete.
  - 6. Within 150 days after an application is determined to be administratively complete, the Commission shall approve or reject the application.
  - 7. For purposes of A.R.S. § 41-1072 through A.R.S. § 41-1079, the Commission has established the following time-frames:
    - a. Administrative completeness review time-frame: 120 calendar days.
    - b. Substantive review time-frame: 150 calendar days.
    - c. Overall time-frame: 270 calendar days.
  - 8. If an applicant requests, and is granted, an extension or continuance, the appropriate time-frames shall be tolled.



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from the date of the request and for the duration of the extension or continuance.

9. During the substantive review time-frame, the Commission may, for good cause, upon its own motion or that of any interested party to the proceeding, suspend the time-frame rules.
- F. Filing and availability of tariffs**
1. Each utility shall file with the Commission, within 120 days after the effective date of new rules or requirements adopted by the Commission, or within a shorter period ordered by the Commission, tariffs that comply with the new rules or requirements adopted by the Commission.
  2. Each utility shall file with the Commission any proposed changes to the utility's tariffs on file with the Commission, along with a statement of justification supporting the proposed changes.
  3. A utility's proposed change to the utility's tariffs on file with the Commission shall not become effective until reviewed and approved by the Commission, except as provided by law.
  4. Each utility shall make its applicable tariffs available on its website and, upon request, either in paper form or in a readily accessible electronic format such as Adobe PDF.
- G. Accounts and records**
1. Each utility shall keep general and auxiliary accounting records reflecting the cost of its properties, operating income and expense, assets and liabilities, and all other accounting and statistical data necessary to give complete and authentic information as to its properties and operations.
  2. Each utility shall maintain its books and records in conformity with the Uniform Systems of Accounts for Class A, B, C, and D Electric Utilities as adopted and amended by the Federal Energy Regulatory Commission or, for electric cooperatives, as promulgated by the Rural Utilities Service.
  3. Each utility shall produce or deliver in this state any or all of its formal accounting records and related documents requested by the Commission. A utility may, at its option, provide verified copies of original records and documents rather than produce the originals.
  4. Each utility shall submit an annual report to the Commission, through the Utilities Division, on a form prescribed by the Utilities Division. The annual report shall be filed on or before the 15th day of April for the preceding calendar year. If the utility has received a report on the utility prepared by a certified or licensed public accountant, the utility shall include a copy of the report with its annual report submission.
  5. Each utility shall submit to the Commission, through the Utilities Division, a copy of all reports the utility is required to file with the Securities and Exchange Commission.
  6. Each utility shall submit to the Commission, through the Utilities Division, a copy of all annual reports the utility is required to file with the Federal Energy Regulatory Commission and, in addition, for electric cooperatives, each annual report the utility is required to file with the Rural Utilities Service.
- H. Maps.** Each utility shall file with the Commission a map or maps clearly setting forth the location and extent of the area or areas included within the utility's approved certificates of convenience and necessity, in accordance with the Cadastral (Rectangular) Survey of the United States Bureau of Land

Management, or by metes and bounds with a starting point determined by the aforesaid Cadastral Survey.

- I.** Variations, exemptions of Commission rules. The Commission may, by order, approve variations or exemptions from any of the rules in this Article either upon application of an affected party establishing that the public interest requires such variation or exemption or upon determining, on its own initiative, that such variation or exemption is necessary to serve the public interest. In case of conflict between these rules and an approved tariff or order of the Commission, the provisions of the approved tariff or order shall apply.
- J.** Prior agreements. The adoption of these rules by the Commission shall not affect any agreements entered into between the utility and customers or other parties who, pursuant to such contracts, arranged for the extension of facilities in a provision of service prior to the effective date of these rules.
- K.** A utility shall obtain and maintain for each customer the customer's preferred method of communication, which may be email, U.S. mail, voice telephone call, text message, or other communication method acceptable to the utility and the customer. Except as otherwise specified in this Article, a utility shall communicate with a customer and the customer's designated third party using the customer's preferred method of communication. If a utility does not yet have a customer's preferred method of communication on file, the utility may use the U.S. mail.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). Amended effective December 31, 1998, under an exemption as determined by the Arizona Corporation Commission (Supp. 98-4). Amended by final rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3). Amended to correct subsection numbering (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 4180, effective October 13, 2000 (Supp. 00-4). Amended by final rulemaking at 28 A.A.R. 564 (March 11, 2022), effective April 18, 2022 (Supp. 22-1).

*Editor's Note: The following Section was amended under an exemption from the Attorney General approval provisions of the Arizona Administrative Procedure Act (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)), as determined by the Corporation Commission. This exemption means that the rules as amended were not approved by the Attorney General (Supp. 00-4).*

**R14-2-213. Conservation****Energy conservation plan**

1. The Arizona Corporation Commission recognizes the need for conservation of energy resources in order to maintain an adequate and continuous supply of safe, dependable, and affordable energy. Therefore, in order to promote the state's economic development and the health and welfare of its citizenry, each class A and B electric utility shall file an energy conservation plan which encompasses at a minimum the following considerations:
  - a. Development of consumer education and assistance programs to aid the populace in reducing energy consumption and cost.
  - b. Participation in various energy conservation programs sponsored by other municipal, state or federal government entities having such jurisdiction.
2. Each utility shall file an energy conservation plan with the Commission, through the Compliance Section, Utilities Division, within one year of the effective date of

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these rules and annual updates thereafter when changes require such.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). Amended by exempt rulemaking at 6 A.A.R. 4180, effective October 13, 2000 (Supp. 00-4).

**R14-2-214. Compliance by Electric Cooperatives**

- A. The terms and conditions for termination of service, including customer notice, in an electric cooperative's tariff approved by the Commission prior to the effective date of this Section shall substitute for the provisions of R14-2-211.
- B. Notwithstanding R14-2-212(F), an electric cooperative that proposes to revise the terms and conditions for termination of service included in its Commission-approved tariff shall file the proposed revisions with the Commission, in a new docket, pursuant to R14-2-212(I). If the Commission fails to approve, disapprove, or suspend for further consideration the proposed revisions within 60 days following the cooperative's filing, the revisions shall be deemed approved and become effective on the 61st day following the filing.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 564 (March 11, 2022), effective April 18, 2022 (Supp. 22-1).

**R14-2-215. Termination of Service Reporting Requirements**

Beginning on April 15, 2022, and on each July 15, October 15, January 15, and April 15 thereafter, each regulated Class A, B, and C electric utility that provides residential electric service shall file a quarterly report providing the following information for each month of the previous quarter:

1. The number of residential customers whose electric service was terminated by zip code, and, if termination of service was prohibited under R14-2-211(A)(11) and the utility's tariffs, the number of residential accounts that would have been subject to termination if not for the prohibition;
2. The number of residential customers by zip code who have payment arrearages;
3. The total dollar amount of arrearages, by zip code;
4. The average dollar amount in arrearages per residential customer, by residential customer rate plan;
5. The number of commercial customers by zip code whose electric service was terminated;
6. The number of commercial customers by zip code who have payment arrearages;
7. The average amount in arrearages per commercial customer, by commercial class;
8. The number of residential accounts enrolled in a deferred payment arrangement and the number of those residential accounts in compliance with the deferred payment arrangement;
9. The number of active and delinquent residential accounts with an arrearage of \$100 or more, disaggregated into "limited-income" accounts, "accounts with documentation from a licensed medical practitioner," and "other residential accounts";
10. The percentage of limited-income customers in arrears who have received customer assistance due to inability to pay in the most recent quarter;
11. The number of active and delinquent residential accounts with an arrearage of \$100 or more, disaggregated into "limited-income" accounts, "accounts with documenta-

tion from a licensed medical practitioner," and "other residential accounts," and further disaggregated to show the duration of the arrearages (up to 30 days, 30 to 60 days, and 60 to 90 days);

12. A brief narrative discussing the information contained in the report; and
13. A description of how the utility is assisting customers who indicate they may have an inability to pay, including details regarding the specific steps taken to direct the customers to appropriate resources, and including the following metrics:
  - a. Number of calls received from residential customers asking for bill assistance during the most recent quarter;
  - b. Number of customers notified about tariffs for limited-income customers, or other available tariffs, as of the most recent quarter;
  - c. Cumulative number of customers enrolled in limited-income tariffs, or other available tariffs, as of that most recent quarter;
  - d. Cumulative number of customers receiving assistance through the Low-Income Home Energy Assistance Program of that most recent quarter; and
  - e. Number of customers notified of energy efficiency and weatherization options during that most recent quarter.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 564 (March 11, 2022), effective April 18, 2022 (Supp. 22-1).

**R14-2-216. Relief for Heat-Vulnerable Residential Customers**

- A. Each utility shall participate and collaborate in good faith with stakeholders; nonprofits; public health agencies at the state, county, and local level; and local community service agencies to address issues facing heat-vulnerable populations.
- B. Each utility shall propose and implement one or more programs targeting heat-vulnerable populations to address heat-related safety concerns.
- C. Each utility shall communicate with public health agencies at the state, county, and local level; and local community service agencies to obtain the information needed to comply with subsection (B) and to coordinate on the creation and potentially the administration of the program or programs required by subsection (B).
- D. If a utility provides funding to support one or more programs targeting heat-vulnerable populations to address heat-related safety concerns, the utility may, in its next rate case or demand-side management tariff, request recovery of those costs. Recovery of the costs requested by a utility shall be allowed only if the Commission determines that the costs are prudent.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 564 (March 11, 2022), effective April 18, 2022 (Supp. 22-1).

**ARTICLE 3. GAS UTILITIES****R14-2-301. Definitions**

In this Article, unless the context otherwise requires, the following definitions shall apply:

1. "Advance in aid of construction." Funds provided to the utility by the applicant under the terms of a main extension agreement the value of which may be refundable.

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2. "Applicant." A person requesting the utility to supply gas service.
3. "Application." A request to the utility for gas service, as distinguished from an inquiry as to the availability or charges for such service.
4. "Arizona Corporation Commission." The regulatory authority of the state of Arizona having jurisdiction over public service corporations operating in Arizona.
5. "Billing month." The period between any two regular readings of the utility's meters at approximately 30 day intervals.
6. "Billing period." The time interval between two consecutive meter readings that are taken for billing purposes.
7. "British Thermal Unit." The amount of heat required to raise the temperature of one pound of water one degree Fahrenheit (1° F) at standard conditions.
8. "Btu." British thermal unit.
9. "Commodity charge." The unit of cost per billed usage, as set forth in the utility's tariffs.
10. "Contributions in aid of construction." Funds provided to the utility by the applicant under the terms of a main extension agreement and/or service connection tariff the value of which are not refundable.
11. "Cubic foot"
  - a. In cases where gas is supplied and metered to customers at the standard delivery pressure, a cubic foot of gas is the volume of gas which, at the temperature and pressure existing in the meter, occupies one cubic foot.
  - b. Regardless of the pressure supplied to the customer, the volume of gas metered will be converted to the volume which the gas would occupy at standard conditions of 14.73 pounds per square inch absolute at 60° F.
  - c. The standard cubic foot of gas for testing the gas itself for heating value shall be that volume of gas which, when saturated with water vapor and at a temperature of 60° F and under a pressure equivalent to that of 30 inches of mercury (mercury at 32° F and under standard gravity), occupies one cubic foot.
12. "Ccf." 100 cubic feet.
13. "Curtailed priority." The order in which gas service is to be curtailed to various classifications of customers, as set forth in the utility's tariffs.
14. "Customer." The person or entity in whose name service is rendered, as evidenced by the signature on the application or contract for that service, or by the receipt and/or payment of bills regularly issued in his name regardless of the identity of the actual user of the service.
15. "Customer charge." The amount the customer must pay the utility for the availability of gas service, excluding any gas used, as specified in the utility's tariffs.
16. "Day." Calendar day.
17. "Distribution main." A gas line of the utility from which service lines may be extended to customers.
18. "Federal poverty level" means the U.S. federal poverty guideline for the pertinent household size published annually in the Federal Register by the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, and available at <https://aspe.hhs.gov/poverty-guidelines>.
19. "Inability to pay" means a circumstance under which a residential customer either:
  - a. Cannot pay the full balance of the customer's monthly bill and has attested to and, if requested, has provided documentation issued by an Arizona or U.S. governmental agency or a licensed medical practitioner verifying that the customer meets one of the following:
    - i. Is at least 62 years of age;
    - ii. Has a physical or mental condition that substantially limits the customer's ability to manage resources, carry out activities of daily living, or secure protection from neglect or hazardous situations without assistance from others; or
    - iii. Has a medical condition that makes termination of gas service especially dangerous to the customer's health; or
  - b. Cannot pay the full balance of the customer's monthly bill and meets one of the following as attested to by the residential customer:
    - i. Is not gainfully employed;
    - ii. Qualifies for monetary government welfare assistance but has not yet begun to receive assistance; or
    - iii. Has an annual income at or below 200 percent of the federal poverty level.
20. "Interrupt" or "Interruption" means to cease or the cessation of gas service to a customer at the point of delivery.
21. "Licensed medical practitioner" means one of the following types of health care providers, actively licensed to practice in Arizona:
  - a. An allopathic or osteopathic physician,
  - b. A registered nurse practitioner, or
  - c. A physician assistant.
22. "Limited income" means:
  - a. A residential customer with annual household income at or below 250 percent of the federal poverty level; or
  - b. A residential customer with annual household income at or below a percentage of the federal poverty level higher than 250 percent, as established by a gas utility in a Commission-approved tariff.
23. "Low Income Home Energy Assistance Program" or "LIHEAP" means the federally funded program that provides low-income residential customers energy bill assistance.
24. "Main extension." The lines and equipment necessary to extend the existing gas distribution system to provide service to additional customers.
25. "Master meter." An instrument for measuring or recording the flow of gas at a single location where said gas is transported through an underground piping system to tenants or occupants for their individual consumption.
26. "Mcf." 1,000 cubic feet.
27. "Meter." The instrument for measuring and indicating or recording the volume of gas or flow that has passed through it.
28. "Meter tampering." A situation where a meter has been illegally altered. Common examples are meter bypassing and other unauthorized connections.
29. "Minimum charge." The amount the customer must pay for the availability of gas service, including an amount of usage, as specified in the utility's tariffs.

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30. "Permanent customer." A customer who is a tenant or owner of a service location who applies for and receives gas service.
31. "Permanent service." Service which, in the opinion of the utility, is of a permanent and established character. The use of gas may be continuous, intermittent, or seasonal in nature.
32. "Person." Any individual, partnership, corporation, governmental agency, or other organization operating as a single entity.
33. "Point of delivery." The point where pipes owned, leased, or under license by a customer connect to the utility's pipes or at the outlet side of the meter.
34. "Preferred method of communication" means the communication method that complies with R14-2-312(K).
35. "Premises." All of the real property and apparatus employed in a single enterprise on an integral parcel of land undivided by public streets, alleys or railways.
36. "Residential subdivision." Any tract of land which has been divided into four or more contiguous lots for use for the construction of residential buildings or permanent mobile homes for either single or multiple occupancy.
37. "Residential use." Service to customers using gas for domestic purposes such as space heating, air conditioning, water heating, cooking, clothes drying, and other residential uses and includes use in apartment buildings, mobile home parks, and other multiunit residential buildings.
38. "Restricted apparatus." Apparatus prohibited by the Commission or other governmental agency.
39. "Service address" means the physical location at which a utility provides service to a customer.
40. "Service area." The territory in which the utility has been granted a Certificate of Convenience and Necessity and is authorized by the Commission to provide gas service.
41. "Service establishment charge." A charge as specified in the utility's tariffs which covers the cost of establishing a new account.
42. "Service line." A gas pipe that transports gas from a common source of supply (normally a distribution main) to the customer's point of delivery.
43. "Service reconnect charge" means the charge specified in a utility's tariffs that must be paid by a customer prior to restarting gas service each time the customer's gas service is terminated for nonpayment or for failure to comply with the utility's tariffs.
44. "Service reestablishment charge" means the charge specified in a utility's tariffs that must be paid to reinstate service at the same location where the same customer ordered a service termination within the preceding 12-month period.
45. "Single family dwelling." A house, an apartment, a mobile home permanently affixed to a lot, or any other permanent residential unit which is used as a permanent home.
46. "Standard delivery pressure." 0.25 pounds per square inch gauge at the meter or point of delivery.
47. "Tariffs." The documents filed with the Commission which list the services and products offered by the gas company and which set forth the terms and conditions and a schedule of the rates and charges for those services and products.
48. "Temporary service." Service to premises or enterprises which are temporary in character, or where it is known in advance that the service will be of limited duration. Service which, in the opinion of the utility, is for operations of a speculative character is also considered temporary service.
49. "Terminate" or "Termination" means to discontinue or a discontinuance of gas service to a customer's service address, by intentional action of the utility, and is synonymous with "disconnect" or "disconnection" as used in this Article.
50. "Therm." A unit of heating value, equivalent to 100,000 British thermal units (Btu's).
51. "Third party" means an entity or a person authorized by a customer and willing to receive notification of the customer's pending termination of service and to communicate with the utility on behalf of the customer for the purpose of making arrangements to prevent termination of gas service.
52. "Utility." The public service corporation providing gas service to the public in compliance with state law.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). Amended by final rulemaking at 28 A.A.R. 564 (March 11, 2022), effective April 18, 2022 (Supp. 22-1).

**R14-2-302. Certificate of Convenience and Necessity for gas utilities; additions/extensions; abandonments**

- A. Application for new Certificate of Convenience and Necessity. Six copies of each application for a new Certificate of Convenience and Necessity shall be submitted in a form prescribed by the Commission and shall include, at a minimum, the following information:
  1. The proper name and correct address of the proposed utility company and its owner, if a sole proprietorship, each partner if a partnership, or the President and Secretary if a corporation.
  2. The rates proposed to be charged for the service that will be rendered.
  3. A financial statement setting forth the financial condition of the applicant.
  4. Maps of the proposed service area and/or a description of the area proposed to be served.
  5. Appropriate city, county and/or state agency approvals, where appropriate.
  6. The actual number of customers within the service area as of the time of filing and the estimated number of customers to be served for each of the first five years of operation.
  7. Such other information as the Commission by order or the staff of the Utilities Division by written directive may request.
- B. Application for discontinuance or abandonment of utility service
  1. Any utility proposing to discontinue or abandon utility service currently in use by the public shall prior to such action obtain authority therefor from the Commission.
  2. The utility shall include in the application, studies of past, present and prospective customer use of the subject service, plant or facility as is necessary to support the application.
  3. An application shall not be required to remove individual facilities where a customer has requested service discontinuance.

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**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). Amended to correct subsection numbering (Supp. 99-4).

**R14-2-303. Establishment of Service****A. Information from new applicants**

1. A utility may obtain the following minimum information from each new applicant for service:
  - a. Name or names of applicant(s).
  - b. Service address or location and telephone number.
  - c. Billing address or location and telephone number, if different than service address.
  - d. Address where service was provided previously.
  - e. Date applicant will be ready for service.
  - f. Indication of whether premises have been supplied with utility service previously.
  - g. Purpose for which service is to be used.
  - h. Indication of whether applicant is owner or tenant of or agent for the premises.
  - i. Information concerning the gas usage and demand requirements of the customers.
  - j. Type and kind of life-support equipment, if any, used by the customer.
2. Each utility may require a new applicant for service to appear at the utility's designated place of business to produce proof of identity and sign the utility's application form.
3. Where service is requested by two or more individuals the utility shall have the right to collect the full amount owed to the utility from any one of the applicants.

**B. Deposits**

1. A utility shall not require a deposit from a new applicant for residential service if the applicant is able to meet any of the following requirements:
  - a. The applicant has had service of a comparable nature with the utility at another service location within the past two years and was not delinquent in payment more than twice during the last 12 consecutive months or disconnected for nonpayment.
  - b. The applicant can produce a letter regarding credit or verification from a gas utility where service of a comparable nature was last received which states that the applicant has had service of a comparable nature with the utility at another service location within the past two years and was not delinquent in payment more than twice during the last 12 consecutive months or disconnected for nonpayment.
  - c. In lieu of a deposit, a new applicant may provide a Letter of Guarantee from an existing customer with service who is acceptable to the utility or a surety bond as security for the utility.
2. The utility shall issue a nonnegotiable receipt to the applicant for the deposit. The inability of the customer to produce such a receipt shall in no way impair his right to receive a refund of the deposit which is reflected on the utility's records.
3. Deposits shall be interest bearing; the interest rate and method of calculation shall be filed with and approved by the Commission in a tariff proceeding.
4. Each utility shall file a deposit refund procedure with the Commission, subject to Commission review and approval during a tariff proceeding. However, each utility's refund policy shall include provisions for residential deposits and accrued interest to be refunded or Letter of Guarantee or surety bond to expire after 12 months of service if the

customer has not been delinquent more than twice in the payment of utility bills.

5. A utility may require a residential customer to establish or reestablish a deposit if the customer becomes delinquent in the payment of three or more bills within a 12-consecutive-month period or has been disconnected for service during the last 12 months.
  6. The amount of a deposit required by the utility shall be determined according to the following terms:
    - a. Residential customer deposits shall not exceed two times that customer's estimated average monthly bill.
    - b. Nonresidential customer deposits shall not exceed 2 1/2 times that customer's estimated maximum monthly bill.
  7. The utility may review the customer's usage after service has been connected and adjust the deposit amount based upon the customer's actual usage.
  8. A separate deposit may be required for each meter installed.
- C. Grounds for refusal of service.** A utility may refuse to establish service if any of the following conditions exist:
1. The applicant has an outstanding amount due for the same class of utility service with the utility and the applicant is unwilling to make arrangements with the utility for payment.
  2. A condition exists which in the utility's judgment is unsafe or hazardous to the applicant, the general population, or the utility's personnel or facilities.
  3. Refusal by the applicant to provide the utility with a deposit when the customer has failed to meet the credit criteria for waiver of deposit requirements.
  4. Customer is known to be in violation of the utility's tariffs filed with the Commission.
  5. Failure of the customer to furnish such funds, service, equipment, and/or rights-of-way necessary to serve the customer and which have been specified by the utility as a condition for providing service.
  6. Applicant falsifies his or her identity for the purpose of obtaining service.
- D. Service establishments, reestablishment or reconnection charge**
1. A utility may make a charge as approved by the Commission for the establishment, reestablishment, or reconnection of utility services.
  2. Should service be established during a period other than regular working hours at the customer's request, the customer may be required to pay an after-hour charge for the service connection. Where the utility scheduling will not permit service establishment on the same day requested, the customer can elect to pay the after-hour charge for establishment that day or his service will be established on the next available normal working day.
  3. For the purpose of this rule, the definition of service establishments are where the customer's facilities are ready and acceptable to the utility and the utility needs only to install a meter, read a meter, or turn the service on.
- E. Temporary service**
1. Applicants for temporary service may be required to pay the utility, in advance of service establishment, the estimated cost of installing and removing the facilities necessary for furnishing the desired service.

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2. Where the duration of service is to be less than one month, the applicant may also be required to advance a sum of money equal to the estimated bill for service.
3. Where the duration of service is to exceed one month, the applicant may also be required to meet the deposit requirements of the utility.
4. If at any time during the term of the agreement for service the character of a temporary customer's operations changes so that in the opinion of the utility the customer is classified as permanent, the terms of the utility's main extension rules shall apply.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). Amended to correct subsection numbering (Supp. 99-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

**R14-2-304. Minimum Customer Information Requirements****A. Information for residential customers**

1. Each utility shall make available upon customer request not later than 60 days from the date of request a concise summary of the rate schedule applied for by such customer. The summary shall include the following:
  - a. Monthly minimum or customer charge, identifying the amount of the charge and the specific amount of usage included in the minimum charge, where applicable.
  - b. Rate blocks, where appropriate.
  - c. Any adjustment factor(s) and method of calculation.
2. The utility shall to the extent practical identify the tariff most advantageous to the customer and notify the customer of such prior to service commencement.
3. In addition, a utility shall make available upon customer request not later than 60 days from the date of request a copy of the Commission's rules and regulations concerning:
  - a. Deposits
  - b. Terminations of service
  - c. Billing and collection
  - d. Complaint handling.
4. Each utility upon request of a customer shall transmit a written statement of actual consumption by such customer for each billing period during the prior 12 months unless such data is not reasonably ascertainable.
5. Each utility shall inform all new customers of their rights to obtain the information specified above.

**B. Information required due to changes in tariffs**

1. Each utility shall transmit to affected customers a concise summary of any change in the utility's tariffs affecting those customers.
2. This information shall be transmitted to the affected customer within 60 days of the effective date of the change.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

**R14-2-305. Master Metering**

Mobile home parks -- new construction/expansion

1. A utility shall refuse service to all new construction and/or expansion of existing permanent residential mobile home parks unless the construction and/or expansion is individually metered by the utility. Main extensions and

service line connections to serve such new construction or expansion shall be governed by the main extension and/or service line connection tariff of the appropriate utility.

2. Permanent residential mobile home parks for the purpose of this rule shall mean mobile home parks where, in the opinion of the utility, the average length of stay for an occupant is a minimum of six months.
3. For the purposes of this rule, expansion means construction which has been started for additional permanent residential spaces after the effective date of this rule.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

**R14-2-306. Service Lines and Establishments****A. Priority and timing of service establishments**

1. After an applicant has complied with the utility's application and deposit requirements and has been accepted for service by the utility, the utility shall schedule that customer for service establishment.
2. Service establishments shall be scheduled for completion within five working days of the date the customer has been accepted for service, except in those instances when the customer requests service establishment beyond the five working day limitation.
3. When the utility has made arrangements to meet with a customer for service establishment purposes and the utility or the customer cannot make the appointment during the prearranged time, the utility shall reschedule the establishment to the satisfaction of both parties.
4. Each utility shall schedule service establishment appointments within a maximum range of four hours during normal working hours, unless another time-frame is mutually acceptable to the utility and the customer.
5. Service establishments shall be made only by qualified utility service personnel.
6. For the purposes of this rule, service establishments are where the customer's facilities are ready and acceptable to the utility and the utility needs only to install or read a meter or turn the service on.

**B. Service lines**

1. Customer provided facilities
  - a. An applicant for services shall be responsible for the safety and maintenance of all customer piping from the point of delivery.
  - b. Meters shall be installed in a location suitable to the utility where the meters will be safe from street traffic, readily and safely accessible for reading, testing and inspection, and where such activities will cause the least interference and inconvenience to the customer. The customer shall provide, without cost to the utility, at a suitable and easily accessible location, sufficient and proper space for the installation of meters.
  - c. Where the meter or service line location on the customer's premises is changed at the request of the customer or due to alterations on the customer's premises, the customer shall provide and have installed at his expense all customer piping necessary for relocating the meter and the utility may make a charge for moving the meter and/or service line.

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2. Company provided facilities
  - a. Each utility shall file for Commission approval, a service line tariff which defines the maximum footage and/or equipment allowance to be provided by the utility at no charge; the maximum footage and/or equipment allowance may be differentiated by customer class.
  - b. Any service line in excess of that allowed at no charge shall be paid by the customer as a contribution in aid of construction.
3. Easements and rights-of-way
  - a. Each customer shall grant adequate easement and right-of-way satisfactory to the utility to ensure proper service connection. Failure on the part of the customer to grant adequate easement and right-of-way shall be grounds for the utility to refuse service.
  - b. When a utility discovers that a customer or his agent is performing work or has constructed facilities adjacent to or within an easement or right-of-way and such work, construction or facility poses a hazard or is in violation of federal, state or local laws, ordinances, statutes, rules or regulations, or significantly interferes with the utility's access to equipment, the utility shall notify the customer or his agent and shall take whatever actions are necessary to eliminate the hazard, obstruction or violation at the customer's expense.
5. All main extension agreements requiring payment by the applicant shall be in writing and signed by each party.
6. The provisions of this rule apply only to those applicants who in the utility's judgment will be permanent customers of the utility. Applications for temporary service shall be governed by the Commission's rules concerning temporary service applications.

**B. Minimum written agreement requirements**

1. Each main extension agreement shall, at a minimum, include the following information:
  - a. Name and address of applicant(s)
  - b. Proposed service address or location
  - c. Description of requested service
  - d. Description and sketch of the requested main extension
  - e. A cost estimate to include materials, labor, and other costs as necessary
  - f. Payment terms
  - g. A concise explanation of any refunding provisions, if applicable
  - h. The utility's estimated start date and completion date for construction of the main extension
  - i. A summary of the results of the economic feasibility analysis performed by the utility to determine the amount of advance required from the applicant for the proposed main extension.
2. Each applicant shall be provided with a copy of the written main extension agreement.

**C. Main extension requirements.** Each main extension tariff shall include the following provisions:

1. A maximum footage and/or equipment allowance to be provided by the utility at no charge. The maximum footage and/or equipment allowance may be differentiated by customer class.
2. An economic feasibility analysis for those extensions which exceed the maximum footage and/or equipment allowance. Such economic feasibility analysis shall consider the incremental revenues and costs associated with the main extension. In those instances where the requested main extension does not meet the economic feasibility criteria established by the utility, the utility may require the customer to provide funds to the utility, which will make the main extension economically feasible. The methodology employed by the utility in determining economic feasibility shall be applied uniformly and consistently to each applicant requiring a main extension.
3. The timing and methodology by which the utility will refund any advances in aid of construction as additional customers are served off the main extension. The customer may request an annual survey to determine if additional customers have been connected to and are using service from the extension. In no case shall the amount of the refund exceed the amount originally advanced.
4. All advances in aid of construction shall be noninterest bearing.
5. If after five years from the utility's receipt of the advance, the advance has not been totally refunded, the advance shall be considered a contribution in aid of construction and shall no longer be refundable.

**D. Residential subdivision development and permanent mobile home parks.** Each utility shall submit as a part of its main extension tariff separate provisions for residential subdivision developments and permanent mobile home parks.**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

**R14-2-307. Main Extensions****A. General requirements**

1. Each utility shall file for Commission approval a main extension tariff which incorporates the provisions of this rule and specifically defines the conditions governing main extensions.
2. Upon request by an applicant for a main extension, the utility shall prepare, without charge, a preliminary sketch and rough estimates of the cost of installation to be paid by said applicant.
3. Any applicant for a main extension requesting the utility to prepare detailed plans, specifications, or cost estimates may be required to deposit with the utility an amount equal to the estimated cost of preparation. The utility shall upon request, make available within 90 days after receipt of the deposit referred to above, such plans, specifications, or cost estimates of the proposed main extension. Where the applicant authorizes the utility to proceed with construction of the extension, the deposit shall be credited to the cost of construction; otherwise the deposit shall be nonrefundable. If the extension is to include oversizing of facilities to be done at the utility's expense, appropriate details shall be set forth in the plans, specifications and cost estimate. Subdividers providing the utility with approved plats shall be provided with plans, specifications or cost estimates within 45 days after receipt of the deposit referred to above.
4. Where the utility requires an applicant to advance funds for a main extension, the utility shall furnish the applicant with a copy of the main extension tariff of the appropriate utility prior to the applicant's acceptance of the utility's extension agreement.

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- E. Ownership of facilities. Any facilities installed hereunder shall be the sole property of the utility.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). Amended to correct subsection numbering (Supp. 99-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

**R14-2-308. Provision of Service****A. Utility responsibility**

1. Each utility shall be responsible for the safe transmission and distribution of gas until it passes the point of delivery to the customer.
2. Each utility shall be responsible for maintaining in safe operating condition all meters, regulators, service pipe or other fixtures installed on the customer's premises by the utility for the purpose of delivering gas to the customer.
3. Each utility may, at its option, refuse service until the customer's pipes and appliances have been tested and found to be safe, free from leaks, and in good operating condition. Proof of such testing shall be in the form of a certificate executed by a licensed plumber or local inspector, certifying that the customer's facilities have been tested and are in safe operating condition.
4. Each utility shall be required to test the customer's piping for leaks when the gas is turned on. If such tests indicate leakage in the customer's piping, the utility shall refuse to provide service until such time as the customer has had the leakage corrected.

**B. Customer responsibility**

1. Each customer shall be responsible for maintaining all customer piping, fixtures and appliances on the customer's side of the point of delivery in safe operating condition.
2. Each customer shall be responsible for safeguarding all utility property installed in or on the customer's premises for the purpose of supplying utility service.
3. Each customer shall exercise all reasonable care to prevent loss or damage to utility property, excluding ordinary wear and tear. The customer shall be responsible for loss of or damage to utility property on the customer's premises arising from neglect, carelessness, or misuse and shall reimburse the utility for the cost of necessary repairs or replacements.
4. Each customer shall be responsible for payment for any equipment damage and/or estimated unmetered usage resulting from unauthorized breaking of seals, interfering, tampering or bypassing the utility meter.
5. Each customer shall be responsible for notifying the utility of any gas leakage identified in the customer's or the utility's equipment.

- C. Continuity of service. Each utility shall make reasonable efforts to supply a satisfactory and continuous level of service. However, no utility shall be responsible for any damage or claim of damage attributable to any interruption or discontinuation of service resulting from:

1. Any cause that the utility could not have reasonably foreseen or made provision for, such as force majeure;
2. Intentional service interruptions to make repairs or perform routine maintenance; or
3. Curtailment.

- D. Change in character of service. When a change is made by the utility in the type of service rendered which would adversely affect the efficiency of operation or require the adjustment of

the equipment of customers, all customers who may be affected shall be notified by the utility at least 30 days in advance of the change or, if such notice is not possible, as early as feasible. Where adjustments or replacements of the utility's standard equipment must be made to permit use under such changed conditions, adjustments shall be made by the utility without charge to the customers.

**E. Service interruptions**

1. Each utility shall make reasonable efforts to reestablish service within the shortest possible time when service interruptions occur.
2. Each utility shall make reasonable provisions to meet emergencies resulting from failure of service, and each utility shall issue instructions to its employees covering procedures to be followed in the event of emergency in order to prevent or mitigate interruption or impairment of service.
3. In the event of a national emergency or local disaster resulting in disruption of normal service, the utility may, in the public interest, interrupt service to other customers to provide necessary service to civil defense or other emergency service agencies on a temporary basis until normal service to these agencies can be restored.
4. When a utility plans to interrupt service for more than four hours to perform necessary repairs or maintenance, the utility shall attempt to inform affected customers and the Commission's Consumer Services Section, at least 48 hours in advance, of the scheduled date and time and of the estimated duration of the service interruption. A utility shall complete repairs in the shortest possible time to minimize the inconvenience to the customers of the utility.

- F. Heat value standard for natural gas. Each gas utility operating under the jurisdiction of the Commission shall supply gas to its customers with an average total heating value of not less than 900 Btu's per cubic foot. The number of Btu's per cubic foot actually delivered through the customer's meter will vary according to the altitude/elevation of the location where the customer is being provided service.

**G. Standard delivery pressure**

1. Each utility shall maintain a standard delivery pressure at the outlet of the customer's meter of approximately 0.25 pounds per square inch gauge subject to variation under load conditions.
2. In cases where a customer desires service at greater than standard delivery pressure, the utility may supply at its option such greater pressure if and only as long as the furnishing of gas to such customer at higher than standard delivery pressure will not be detrimental to the service of other customers of the utility. The utility reserves the right to lower said delivery pressure or discontinue the delivery of gas at higher pressure at any time upon reasonable notice to the customer. Where service is provided at such higher pressure, the meter volumes shall be corrected to that higher pressure.

- H. Curtailment. Each utility shall file with the Commission as a part of its general tariffs a procedural plan for handling severe supply shortages or service curtailments. The plan shall provide for equitable treatment of individual customer classes in the most reasonable and effective manner given the existing circumstances. When the availability of service is so restricted that the reduction of service on a proportionate basis to all customer classes will not maintain the integrity of the total system, the utility shall develop procedures to curtail service



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giving service priority to those customers and/or customer classes where health, safety and welfare would be adversely affected.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). Amended by deleting subsection (I) effective October 23, 1987 (Supp. 87-4). Amended to correct subsection numbering (Supp. 99-4). Amended by final rulemaking at 28 A.A.R. 564 (March 11, 2022), effective April 18, 2022 (Supp. 22-1).

**R14-2-309. Meter Reading**

- A.** Company or customer meter reading
  1. Each utility may at its discretion allow for customer reading of meters.
  2. It shall be the responsibility of the utility to inform the customer how to properly read his or her meter.
  3. Where a customer reads his or her own meter, the utility will read the customer's meter at least once every six months.
  4. The utility shall provide the customer with postage-paid cards or other methods to report the monthly reading to the utility.
  5. Each utility shall specify the timing requirements for the customer to submit his or her monthly meter reading to conform with the utility's billing cycle.
  6. In the event the customer fails to submit the reading on time, the utility may issue the customer an estimated bill.
  7. Meters shall be read monthly on as close to the same day as practical.
- B.** Measuring of service
  1. All gas sold by a utility shall be metered except in the case of gas sold according to a fixed charge schedule or when otherwise authorized by the Commission.
  2. When there is more than one meter at a location, the metering equipment shall be so tagged or plainly marked as to indicate the facilities being metered.
- C.** Customer requested rereads
  1. Each utility shall at the request of a customer reread the customer's meter within 10 working days after such request by the customer.
  2. Any rereads may be charged to the customer at a rate on file and approved by the Commission, provided that the original reading was not in error.
  3. When a reading is found to be in error, the reread shall be at no charge to the customer.
- D.** Access to customer premises. Each utility shall at all times have the right of safe ingress to and egress from the customer's premises at all reasonable hours for any purpose reasonably connected with the furnishing of service and the exercise of any and all rights secured to it by law or these rules.
- E.** Meter testing and maintenance program
  1. Each utility shall file with the Commission subject to review and approval a plan for routine maintenance and replacement of meters.
  2. Each utility shall file an annual report with the Commission summarizing the results of the meter maintenance and testing program for that year. At a minimum the report should include the following data:
    - a. Total number of meters tested, at company initiative or upon customer request.
    - b. Number of meters tested which were outside the acceptable error allowance  $\pm 3\%$ .

- F.** Customer requested meter tests. A utility shall test a meter upon customer request, and each utility shall be authorized to charge the customer for such meter test according to the tariff on file and approved by the Commission. However, if the meter is found to be in error by more than 3%, no meter testing fee will be charged to the customer.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). Amended to correct subsection numbering (Supp. 99-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

**R14-2-310. Billing and Collection**

- A.** Frequency and estimated bills
  1. Each utility shall bill monthly for services rendered. Meter readings shall be scheduled for periods of not less than 25 days or more than 35 days.
  2. If the utility is unable to read the meter on the scheduled meter read date, the utility will estimate the consumption for the billing period giving consideration to the following factors where applicable:
    - a. The customer's usage during the same month of the previous year
    - b. The amount of usage during the preceding month.
  3. After the second consecutive month of estimating the customer's bill for reasons other than severe weather, the utility will attempt to secure an accurate reading of the meter.
  4. Failure on the part of the customer to comply with a reasonable request by the utility for access to its meter may lead to the discontinuance of service.
  5. Estimated bills will be issued only under the following conditions:
    - a. Failure of a customer who read his own meter to deliver his meter reading card to the utility in accordance with the requirements of the utility billing cycle.
    - b. Severe weather conditions which prevent the utility from reading the meter.
    - c. Circumstances that make it impossible to read the meter, i.e., locked gates, blocked meters, vicious or dangerous animals, etc.
  6. Each bill based on estimated usage will indicate that it is an estimated bill.
- B.** Combining meters, minimum bill information
  1. Each meter at a customer's premises will be considered separately for billing purposes, and the readings of two or more meters will not be combined except those approved by the utility.
  2. Each bill for residential service will contain the following minimum information:
    - a. Date and meter reading at the start of billing period or number of days in the billing period
    - b. Date and meter reading at the end of the billing period
    - c. Billed usage
    - d. Rate schedule number
    - e. Utility telephone number
    - f. Customer's name
    - g. Service account number
    - h. Amount due and due date
    - i. Past due amount
    - j. Adjustment factor, where applicable
    - k. Taxes

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1. The Arizona Corporation Commission and address, thereof.
- C. Billing terms**
1. All bills for utility services are due and payable no later than 10 days from the date the bill is rendered. Any payment not received within this time-frame shall be considered past due.
  2. For purposes of this rule, the date a bill is rendered may be evidenced by:
    - a. The postmark date
    - b. The mailing date
    - c. The billing date shown on the bill (however, the billing date shall not differ from the postmark or mailing date by more than two days).
  3. All past due bills for utility services are due and payable within 15 days. Any payment not received within this time-frame shall be considered delinquent.
  4. All delinquent bills for which payment has not been received within five days shall be subject to the provisions of the utility's termination procedures.
  5. All payments shall be made at or mailed to the office of the utility or to the utility's duly authorized representative.
- D. Applicable tariffs, prepayment, failure to receive, commencement date, taxes**
1. Each customer shall be billed under the applicable tariff indicated in the customer's application for service.
  2. Each utility shall make provisions for advance payment of utility services.
  3. Failure to receive bills or notices which have been properly placed in the United States mail shall not prevent such bills from becoming delinquent nor relieve the customer of his obligations therein.
  4. Charges for service commence when the service is installed and connection made, whether used or not.
- E. Meter error corrections**
1. If any meter after testing is found to be more than 3% in error, either fast or slow, proper correction between 3% and the amount of the error shall be made of previous readings and adjusted bills shall be rendered according to the following terms:
    - a. For the period of three months immediately preceding the removal of such meter from service for test or from the time the meter was in service since last tested, but not exceeding three months since the meter shall have been shown to be in error by such test.
    - b. From the date the error occurred, if the date of the cause can be definitely fixed.
  2. No adjustment shall be made by the utility except to the customer last served by the meter tested.
- F. Insufficient funds (NSF) checks**
1. A utility shall be allowed to recover a fee, as approved by the Commission in a tariff proceeding, for each instance where a customer tenders payment for utility service with an insufficient funds check.
  2. When the utility is notified by the customer's bank that there are insufficient funds to cover the check tendered for utility service, the utility may require the customer to make payment in cash, by money order, certified check, or other means which guarantee the customer's payment to the utility.
  3. A customer who tenders an insufficient check shall in no way be relieved of the obligation to render payment to the utility under the original terms of the bill nor defer the utility's provision for termination of service for nonpayment of bills.
- G. Levelized billing plan**
1. Each utility may, at its option, offer its residential customers a levelized billing plan.
  2. Each utility offering a levelized billing plan shall develop upon customer request an estimate of the customer's levelized billing for a 12-month period based upon:
    - a. Customer's actual consumption history, which may be adjusted for abnormal conditions such as weather variations.
    - b. For new customers, the utility will estimate consumption based on the customer's anticipated load requirements.
    - c. The utility's tariff schedules approved by the Commission applicable to that customer's class of service.
  3. The utility shall provide the customer a concise explanation of how the levelized billing estimate was developed, the impact of levelized billing on a customer's monthly utility bill, and the utility's right to adjust the customer's billing for any variation between the utility's estimated billing and actual billing.
  4. For those customers being billed under a levelized billing plan, the utility shall show, at a minimum, the following information on the customer's monthly bill:
    - a. Actual consumption
    - b. Amount due for actual consumption
    - c. Levelized billing amount due
    - d. Accumulated variation in actual versus levelized billing amount.
  5. The utility may adjust the customer's levelized billing in the event the utility's estimate of the customer's usage and/or cost should vary significantly from the customer's actual usage and/or cost; such review to adjust the amount of the levelized billing may be initiated by the utility or upon customer request.
- H. Elevation/pressure adjustment.** Each gas utility shall, as a part of a general rate proceeding, file an adjustment factor to be applied to customer meter recordings to adjust for differences in pressure due to elevation.
- I. Deferred payment plan**
1. Each utility may, prior to termination, offer to qualifying residential customers a deferred payment plan for the customer to retire unpaid bills for utility service.
  2. Each deferred payment agreement entered into by the utility and the customer due to the customer's inability to pay an outstanding bill in full shall provide that service will not be discontinued if:
    - a. Customer agrees to pay a reasonable amount of the outstanding bill at the time the parties enter into the deferred payment agreement.
    - b. Customer agrees to pay all future bills for utility service in accordance with the billing and collection tariffs of the utility.
    - c. Customer agrees to pay a reasonable portion of the remaining outstanding balance in installments over a period not to exceed six months.
  3. For the purposes of determining a reasonable installment payment schedule under these rules, the utility and the customer shall give consideration to the following conditions:
    - a. Size of the delinquent account.

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- b. Customer's ability to pay.
  - c. Customer's payment history.
  - d. Length of time that the debt has been outstanding.
  - e. Circumstances which resulted in the debt being outstanding.
  - f. Any other relevant factors related to the circumstances of the customer.
4. Any customer who desires to enter into a deferred payment agreement shall establish such agreement prior to the utility's scheduled termination date for nonpayment of bills; customer failure to execute a deferred payment agreement prior to the scheduled termination date shall not prevent the utility from discontinuing service for nonpayment.
  5. Deferred payment agreements may be in writing and may be signed by the customer and an authorized utility representative.
  6. A deferred payment agreement may include a finance charge as approved by the Commission in a tariff proceeding.
  7. If a customer has not fulfilled the terms of a deferred payment agreement, the utility shall have the right to disconnect service pursuant to the utility's termination of service rules and, under such circumstances, it shall not be required to offer subsequent negotiation of a deferred payment agreement prior to disconnection.
- J. Change of occupancy**
1. Not less than three working days advance notice must be given in person, in writing, or by telephone at the utility's office to discontinue service or to change occupancy.
  2. The outgoing party shall be responsible for all utility services provided and/or consumed up to the scheduled turn-off date.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). Amended to correct subsection numbering (Supp. 99-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

**R14-2-311. Termination of Service**

- A. Restrictions on termination of service; recordkeeping and repayment**
1. A utility shall not terminate service to a customer due to delinquency in payment for services rendered to a prior customer at the service address where service is being provided, unless the prior customer continues to reside at the service address.
  2. A utility shall not terminate service to a customer due to the customer's failure to pay for services or equipment that are not regulated by the Commission.
  3. A utility shall not terminate service to a customer due to the customer's nonpayment of a bill related to another class of service.
  4. A utility shall not terminate service to a customer due to the customer's failure to pay the portion of a bill imposed to correct a previous underbilling due to an inaccurate meter or meter failure, provided that the customer agrees to pay the portion of the bill attributable to correction of underbilling in full over a period of months agreed to by the customer and the utility. A utility shall comply with R14-2-309(C)(3) and R14-2-310(E) when calculating the underbilling amount to be paid.
  5. A utility shall not terminate residential service to a customer who has an inability to pay if the customer estab-

lishes, on an annual basis, through documentation from a licensed medical practitioner:

- a. That, in the opinion of the licensed medical practitioner, termination would be especially dangerous to the health of a customer or a permanent resident residing at the customer's service address, or
  - b. That there is medically necessary equipment used in the home that is dependent on utility service for operation.
6. A utility shall not terminate residential service to a customer who has an inability to pay until the utility has complied with subsection (D) and completed all of the following:
    - a. The utility has informed the customer of the availability of funds from various government and social assistance agencies;
    - b. If a third party, has been previously designated by the customer to receive delinquency and termination information, the utility has notified the third party that the customer's bill is delinquent and allowed the third party at least five business days to communicate with the utility and to make arrangements for payment of the delinquent utility bill;
    - c. At least 48 hours before the date upon which termination is scheduled to occur, the utility has:
      - i. Provided at least two written notices of the termination, using the customer's preferred method of communication, to the customer and, if applicable, the customer's designated third party; and
      - ii. Telephoned the customer and, if applicable, the customer's designated third party to provide notice of the termination by attempting to speak to the customer, the customer's designated third party, or an adult resident of the customer's service address; or by attempting to leave a voice message.
    - d. A utility may partner with local stakeholders; non-profits; public health agencies at the state, county, and local level; and local community service agencies to provide in-person notice of termination;
    - e. A utility shall keep pace with technological advancements in communication and augment the requirements of this subsection to utilize the most effective means of informing the customer of delinquency and termination; and
    - f. Beginning on April 15, 2022, and on each April 15 thereafter, each regulated Class A, B, and C gas utility that provides residential gas service shall file a report containing the utility's policy for compliance with subsection (A)(6).
  7. If a customer, the customer's designated third party, or an adult resident of the customer's service address threatens the utility or a utility employee, the utility shall document the threatening occurrence. A utility shall maintain documentation of all threatening occurrences related to a customer's account for the entire period during which the customer continues to be a customer and for at least one year after the customer ceases to be a customer.
  8. A utility shall retain the records demonstrating its compliance with subsection (A)(6) for at least three years.
  9. A utility may require a customer whose service is not terminated under subsections (A)(4) or (A)(5) to enter into a deferred payment agreement with the utility within 10

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days after the date on which service otherwise would have been terminated. A utility shall allow at least a single missed payment or a single partial payment in a 12-month period at the request of the customer without any consequence. If there is more than one missed or partial payment, the payment plan agreement will be considered as breached. If the payment plan is in breach, the current payment plan may be amended, or a new payment plan may be created. Both the utility and the customer have a duty to act in good faith in negotiating a payment plan.

10. A utility shall not terminate service to a customer's service address due to the customer's failure to pay the bill of another customer as guarantor thereof.
11. A utility shall not terminate service due to a customer's failure to pay the disputed portion of a bill if the customer has complied with R14-2-312(B).
12. A utility shall adopt only one of the following conditions under which it shall not terminate residential service:
  - a. During any period of time for which the National Weather Service has issued a winter weather advisory in the area of the customer's service address; or
  - b. During any period of time for which the local weather forecast, as predicted by the National Weather Service, indicates that the weather in the area of the customer's service address:
    - i. Will include temperatures that do not exceed 32° F; or
    - ii. Will include other weather conditions that the Commission has determined, by order, are especially dangerous to health;
13. A utility shall specify, in its tariffs, the provision of subsection (A)(12) that the utility has chosen to comply with, and shall comply with the provision.
14. A utility shall not terminate residential service to a customer unless the utility's call center and office or business facilities are open and available to the public on the day of termination and the day following the day of termination.
15. A utility shall not terminate residential service to a customer if the customer has paid at least half of the customer's delinquent bill balance within the last 25 days or if the customer's delinquent bill balance is less than or equal to \$100.00.
16. If a customer has a deposit with a utility, the utility shall use the deposit to pay any delinquent amount on the customer's account before terminating service and shall allow the customer time to reestablish the deposit in installments over a period of at least four months.
17. Beginning on April 15, 2022, and on each April 15 thereafter, each regulated Class A, B, and C gas utility that provides residential gas service shall file a report containing the utility's payment plan policy for residential customers.

**B. Termination of service without advance written notice; record-keeping requirement**

1. Notwithstanding subsection (A), a utility may terminate service to a customer's service address without advance written notice if:
  - a. Failure to terminate service would result in an obvious hazard to the safety or health of the customer, the general population, or the utility's personnel or facilities;

- b. The utility has evidence of meter tampering or fraud related to the customer or the customer's service address; or
- c. The customer has failed to comply with the curtailment procedures imposed by the utility during supply shortages.

2. A utility that has terminated service under subsection (B)(1) shall not be required to restore service until the situation that resulted in the termination has been corrected to the satisfaction of the utility.
3. A utility shall maintain a record of each termination of service made under subsection (B)(1) for at least one year and shall make the record available for inspection by the Commission upon request.

**C. Termination of service with notice**

1. Except as provided in subsection (A), a utility may terminate service to a customer's service address for any of the following reasons, provided that the utility has complied with the requirements of subsection (D):
  - a. Customer violation of any of the utility's tariffs or of the Commission's rules,
  - b. Failure of the customer to pay a delinquent bill for utility service,
  - c. Failure of the customer to meet or maintain the utility's deposit requirements,
  - d. Failure of the customer to provide the utility reasonable access to the utility's equipment or property,
  - e. Customer breach of a written contract for service between the utility and customer,
  - f. When necessary for the utility to comply with an order of any governmental agency having jurisdiction, or
  - g. Unauthorized resale of utility equipment or service by the customer.
2. A utility shall maintain a record of each termination of service made under subsection (C)(1) for at least one year and shall make the record available for Commission inspection upon request.

**D. Termination notice requirements**

1. At least 10 days before a utility terminates service to a customer's service address under subsection (C), the utility shall provide the customer advance notice of the utility's intent to terminate service.
2. The utility shall provide the advance notice required by this subsection (D)(1) by providing a copy of the advance notice to the customer and, if applicable, the customer's designated third party, using the customer's preferred method of communication, or U.S. mail, as provided in R14-2-312(K).
3. A utility shall include at least the following information in an advance notice required under subsection (D)(1):
  - a. The name of the customer whose service is to be terminated and the service address where service is to be terminated;
  - b. If service is to be terminated because the customer has violated a utility tariff or Commission rule, the name of the utility tariff or Commission rule violated and an explanation of the violation;
  - c. If service is to be terminated because the customer has failed to pay a delinquent bill for utility service, the amount of the delinquent bill and the date payment was due;
  - d. If service is to be terminated because the customer has failed to meet or maintain the utility's deposit

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requirements, the amount the customer has on deposit and the amount the customer is required to have on deposit;

- e. If service is to be terminated because the customer has failed to provide the utility reasonable access to the utility's equipment or property, a description of the access required and a description, including dates, of the customer's failure to provide access;
- f. If service is to be terminated because the customer has breached a written contract for service between the customer and the utility, identification of the contract provision breached and a description of the circumstances constituting a breach;
- g. If service is to be terminated because the termination is necessary for the utility to comply with an order of any governmental agency having jurisdiction, a description and, if possible, a copy of the order;
- h. If service is to be terminated because the customer has engaged in unauthorized resale of the utility's equipment or service, a description of the circumstances, including dates, constituting such resale;
- i. The date on or after which service is to be terminated;
- j. A statement advising the customer to contact the utility at a specific address or phone number to receive information regarding any deferred payment program or other procedures the utility may offer, or to reach a mutually agreeable solution to avoid termination of the customer's service; and
- k. A description of the requirements of subsection (F), along with the specific address for the customer to contact or the phone number for the customer to call to raise a dispute.

- 4. If a customer has designated a third party for the customer's account, a utility shall ensure that the third party is concurrently provided each notice, whether written or telephonic, that is provided to the customer as required by this Section.

**E. Timing of terminations with notice**

- 1. If the period of time allowed by the advance notice has elapsed, and the customer has not remedied the cause for termination to the utility's satisfaction, the utility shall provide the customer and, if applicable, the customer's designated third party, a final notice, two days before the termination date specified, using the customer's preferred method of communication. If the customer has not remedied the cause for termination after the two days have passed, and subsection (A) does not apply, the utility may then terminate service on or after the day specified in the final notice without giving further notice.
- 2. Notwithstanding subsection (E)(1), if a customer's preferred method of communication is U.S. mail, the utility shall allow ten days before terminating service without giving further notice.
- 3. A utility shall comply with subsection (A)(6), if applicable, before it may terminate service.
- 4. A utility shall have the right but not the obligation to remove any or all of its equipment or other property installed at a customer's service address upon the termination of service.

- F. Termination notice requirements: disputes.** A utility shall ensure that a customer is afforded the right to dispute the utility's stated reason for termination, in accordance with the following:

- 1. A utility shall maintain a specific address or phone number for customers to use to raise a dispute with the utility.
- 2. A utility shall notify each customer subject to termination, and the customer's designated third party, that to dispute the utility's reason for termination, the customer or the customer's designated third party shall contact the utility at the specific address or phone number, before the scheduled date of termination, to advise the utility of the dispute and to discuss the cause for termination with a representative of the utility.
- 3. If a customer raises a dispute, a utility shall ensure that a representative of the utility, who is empowered to resolve the customer's dispute, discusses the cause for termination with the customer before the scheduled termination date.
- 4. If a utility determines after discussion with a disputing customer that the reason for termination is just, the utility may terminate service to the customer, unless prohibited by subsection (A).
- 5. If a utility decides to terminate service to a disputing customer as permitted in subsection (F)(4), the utility shall inform the customer of the termination and of the customer's right to file a complaint with the Commission.
- 6. The utility shall not terminate service if the customer has a pending complaint before the Commission.

- G. Landlord/tenant rule.** If the service address for a customer is different from the mailing address for the customer's bill, or the utility knows that a landlord/tenant relationship exists for the service address and that the landlord is the customer of the utility, the utility shall comply with subsections (D) and (E) as well as the following if the customer account becomes subject to termination of service under subsection (C):

- 1. If it is feasible to provide service to the service address in the occupant's name, the utility shall offer the occupant the opportunity to obtain service in the occupant's name;
- 2. If the occupant declines to subscribe to service in the occupant's name, the utility may terminate service as permitted under subsections (C) through (E); and
- 3. The utility shall not require or attempt to require the occupant to pay any outstanding bills or other charges due on the account of the landlord.

**H. Customer responsibilities**

- 1. A customer shall be responsible for managing therm use when a utility is not permitted to terminate service to the customer under subsection (A).
- 2. A customer shall be financially responsible for any charges accrued for service during a period when a utility is not permitted to terminate service to the customer under subsection (A).
- 3. A customer shall, after the provision of subsection (A)(12) included in a utility's tariff no longer precludes termination:
  - a. Pay the past due amounts in full; or
  - b. Pay the past due amounts through installments as billed by the utility, with no penalty for prepayment.
- 4. A customer desiring to dispute a utility's reason for termination shall, before the scheduled date of termination, contact the utility at the specific address or phone number provided in the notice pursuant to subsection (D)(3)(k) to notify the utility of the dispute and discuss the reason for termination with a representative of the utility.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). Amended to correct subsection numbering (Supp. 99-4). Amended

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by final rulemaking at 28 A.A.R. 564 (March 11, 2022), effective April 18, 2022 (Supp. 22-1).

*Editor's Note: The following Section was amended under the regular rulemaking process and approved by the Arizona Attorney General's Office (Supp. 22-1).*

*Editor's Note: The following Section was amended under an exemption from the Attorney General approval provisions of the Arizona Administrative Procedure Act (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)), as determined by the Corporation Commission. This exemption means that the rules as amended were not approved by the Attorney General.*

**R14-2-312. Administrative and Hearing Requirements****A. Customer service complaints**

1. Each utility shall make a full and prompt investigation of each service complaint made by one of its customers, whether made directly or through the Commission.
2. Within five business days after a complaint is made, the utility shall respond to the complainant and, if applicable, to the Commission representative regarding the status of the utility's investigation of the complaint.
3. The utility shall notify the complainant and, if applicable, the Commission representative of the final disposition of each complaint. Upon request of the complainant or the Commission representative, the utility shall report the findings of its investigation in writing.
4. The utility shall inform the customer of the right to file an informal complaint with the Commission, under subsection (C)(1), if the customer is dissatisfied with the results of the utility's investigation or the final disposition of the complaint.
5. Each utility shall:
  - a. Create a record of each service complaint received including, at a minimum, the following data:
    - i. Name and address of the customer;
    - ii. Service address at issue, if different from the customer's address;
    - iii. Date and nature of the complaint;
    - iv. Disposition of the complaint; and
    - v. A copy of any correspondence between the utility, the customer, and a Commission representative; and
  - b. Maintain each service complaint record for at least one year after final disposition of the complaint and make the record available for inspection by the Commission upon request.

**B. Customer bill disputes**

1. A utility customer who disputes a portion of a bill rendered for utility service shall, prior to the due date for the bill, pay the undisputed portion of the bill and notify a representative of the utility that the unpaid amount is in dispute.
2. Upon receipt of the customer notice of dispute, the utility shall:
  - a. Within five business days after receiving notice of the dispute, provide the customer confirmation that the dispute has been received;
  - b. Initiate a prompt investigation of the source of the dispute;
  - c. Withhold termination of service until the investigation is completed and the customer has been informed of the results of the investigation;

- d. Notify the customer of the results of the investigation and final disposition of the bill dispute, in writing if requested by the customer; and
  - e. Inform the customer of the right to file an informal complaint with the Commission, under subsection (C)(1), if dissatisfied with the results of the utility's investigation or final disposition.
3. Once the customer has received the results of the utility's investigation, the customer shall, within five business days, submit payment to the utility for any disputed amounts. Failure to make full payment within five business days shall be grounds for termination of service under R14-2-311(C)(1)(b).

**C. Commission resolution of service and bill disputes**

1. If a customer is dissatisfied with the outcome of a utility's investigation or final disposition of a service or bill dispute, the customer may file with the Commission a written statement of dissatisfaction, which shall be deemed an informal complaint against the utility.
2. Within 30 days after receiving an informal complaint against the utility, a Commission representative shall attempt to resolve the dispute through communications with the utility and the customer (written or telephonic or both). If resolution of the dispute is not achieved within 20 days of the Commission representative's initial effort, the Commission shall hold a mediation regarding the dispute, in accordance with the following:
  - a. A Commission representative shall preside over the mediation, and the participants shall be the customer and the utility.
  - b. Each participant may be represented by legal counsel, at the participant's own expense, if desired.
  - c. The mediation may be recorded or held in the presence of a stenographer.
  - d. Each participant shall have the opportunity to present written or oral material to support the participant's position.
  - e. Each participant shall have the opportunity to cross-examine the other participant, and the Commission representative shall have the opportunity to examine each participant.
  - f. The Commission's representative shall render a written decision to all parties within five business days after the date of the informal hearing. The written decision of the Commission's representative is not binding on any of the parties, and the parties shall retain the right to make a formal complaint to the Commission.
3. The utility may implement normal termination procedures, under R14-2-311(C)(1)(b), if the customer fails to pay all undisputed bills rendered during the resolution of the dispute by the Commission.
4. Each utility shall maintain a record of written statements of dissatisfaction and their resolution for at least one year and shall make such records available for Commission inspection upon request.

**D. Notice by utility of responsible officer or agent**

1. Each utility shall file with the Commission a written statement containing the name, address (business and mailing), email, and telephone number (business) of at least one officer, agent, or employee responsible for the general management of its operations as a utility in Arizona.

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2. Each utility shall give notice, by filing a written statement with the Commission, of any change in the information required herein within five business days from the date of any such change.
- E. Time-frames for processing applications for Certificates of Convenience and Necessity**
1. This rule prescribes time-frames for the Commission's processing of any application for a Certificate of Convenience and Necessity filed pursuant to this Article.
  2. Each utility shall give notice, by filing a written statement with the Commission, of any change in the information required herein within five business days from the date of any such change.
  3. Staff may cease its review of an application if the applicant does not remedy all deficiencies within 60 calendar days of the notice of deficiency.
  4. After receipt of a corrected application, staff shall notify the applicant within 30 calendar days that the corrected application is either administratively complete or deficient. If the corrected application is deficient, the notice shall specify all deficiencies.
  5. The time-frame for administrative completeness review shall be suspended from the time a notice of deficiency is issued until staff determines that the application is complete.
  6. Within 150 days after an application is determined to be administratively complete, the Commission shall approve or reject the application.
  7. For purposes of A.R.S. § 41-1072 through A.R.S. § 41-1079, the Commission has established the following time-frames:
    - a. Administrative completeness review time-frame: 120 calendar days.
    - b. Substantive review time-frame: 150 calendar days.
    - c. Overall time-frame: 270 calendar days.
  8. If an applicant requests, and is granted, an extension or continuance, the appropriate time-frames shall be tolled from the date of the request and for the duration of the extension or continuance.
  9. During the substantive review time-frame, the Commission may, for good cause, upon its own motion or that of any interested party to the proceeding, suspend the time-frame rules.
- F. Filing and availability of tariffs**
1. Each utility shall file with the Commission, within 120 days after the effective date of new rules or requirements adopted by the Commission, or within a shorter period ordered by the Commission, tariffs that comply with the new rules or requirements adopted by the Commission.
  2. Each utility shall file with the Commission any proposed changes to the utility's tariffs on file with the Commission, along with a statement of justification supporting the proposed changes.
  3. A utility's proposed change to the utility's tariffs on file with the Commission shall not become effective until reviewed and approved by the Commission, except as provided by law.
  4. Each utility shall make its applicable tariffs available on its website and, upon request, either in paper form or in a readily accessible electronic format such as Adobe PDF.
- G. Accounts and records**
1. Each utility shall keep general and auxiliary accounting records reflecting the cost of its properties, operating income and expense, assets and liabilities, and all other accounting and statistical data necessary to give complete and authentic information as to its properties and operations.
2. Each utility shall maintain its books and records in conformity with the Uniform Systems of Accounts for Class A, B, C, and D Gas Utilities as adopted and amended by the Federal Energy Regulatory Commission.
  3. Each utility shall produce or deliver in this state any or all of its formal accounting records and related documents requested by the Commission. A utility may, at its option, provide verified copies of original records and documents rather than produce the originals.
  4. Each utility shall submit an annual report to the Commission, through the Utilities Division, on a form prescribed by the Utilities Division. The annual report shall be filed on or before the 15th day of April for the preceding calendar year. If the utility has received a report on the utility prepared by a certified or licensed public accountant, the utility shall include a copy of the report with its annual report submission.
  5. Each utility shall submit to the Commission, through the Utilities Division, a copy of all reports the utility is required to file with the Securities and Exchange Commission.
  6. Each utility shall submit to the Commission, through the Utilities Division, a copy of all annual reports the utility is required to file with the Federal Energy Regulatory Commission.
- H. Maps.** Each utility shall file with the Commission a map or maps clearly setting forth the location and extent of the area or areas included within the utility's approved certificates of convenience and necessity, in accordance with the Cadastral (Rectangular) Survey of the United States Bureau of Land Management, or by metes and bounds with a starting point determined by the aforesaid Cadastral Survey.
- I. Variations, exemptions of Commission rules.** The Commission may, by order, approve variations or exemptions from any of the rules in this Article either upon application of an affected party establishing that the public interest requires such variation or exemption or upon determining, on its own initiative, that such variation or exemption is necessary to serve the public interest. In case of conflict between these rules and an approved tariff or order of the Commission, the provisions of the approved tariff or order shall apply.
- J. Prior agreements.** The adoption of these rules by the Commission shall not affect any agreements entered into between the utility and customers or other parties who, pursuant to such contracts, arranged for the extension of facilities in a provision of service prior to the effective date of these rules.
- K. A utility shall obtain and maintain for each customer the customer's preferred method of communication, which may be email, U.S. mail, voice telephone call, text message, or other communication method acceptable to the utility and the customer. Except as otherwise specified in this Article, a utility shall communicate with a customer and the customer's designated third party using the customer's preferred method of communication. If a utility does not yet have a customer's preferred method of communication on file, the utility may use the U.S. mail.**

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). Amended effective December 31, 1998, under an exemption from the Attorney General certification requirements of the Arizona Administrative Procedure Act (Supp. 98-4).

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Amended effective December 31, 1998, under an exemption as determined by the Arizona Corporation Commission (Supp. 98-4). Amended to correct subsection numbering (Supp. 99-4). Amended by final rulemaking at 28 A.A.R. 564 (March 11, 2022), effective April 18, 2022 (Supp. 22-1).

**R14-2-313. Conservation**

## Energy conservation plan

1. The Arizona Corporation Commission recognizes the need for conservation of energy resources in order to maintain an adequate and continuous supply of safe, dependable, and affordable energy. Therefore, in order to promote the state's economic development and the health and welfare of its citizenry, each class A and B gas utility shall file an energy conservation plan which encompasses at a minimum the following considerations:
  - a. Development of consumer education and assistance programs to aid the populace in reducing energy consumption and cost.
  - b. Participation in various energy conservation programs sponsored by other municipal, state or federal government entities having such jurisdiction.
2. Each utility shall file an energy conservation plan with the Commission within one year of the effective date of these rules and annual updates thereafter when changes require such.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2).

**R14-2-314. Intermittent Gas Ignition**

- A. Application and scope. The provisions of this rule are applicable to the following types of gas appliances:
  1. All residential gas-fired space heating equipment requiring electrical supply for operation,
  2. All residential gas-fired clothes dryers,
  3. All residential gas-fired household cooking appliances having an electrical supply cord or electrical junction box,
  4. All residential gas-fired air conditioners,
  5. All residential decorative gas lots which are automatically ignited and require electrical supply for operation,
  6. All residential vented decorative gas appliances which are automatically lighted and require electrical supply for operation.
- B. Prohibition of distribution, sales and installation
  1. No person shall cause to be distributed, sold or installed in this state a newly produced gas appliance subject to this rule which has not been certified by the Commission. This prohibition shall not take effect for any particular type of gas appliance until 24 months after at least one model of that type of appliance has been certified by the Commission.
  2. All gas appliances certified by the Commission shall have the statement, "This appliance is equipped with an intermittent type ignition device" or "Equipped with IID" or "IID Equipped" on the rating plate.
- C. Definitions. For the purpose of this rule, and unless otherwise indicated, the following definitions shall apply in addition to those definitions shown in Title 40, Section 1, Chapter 7, Article 1, Paragraph 40-1201, of the A.R.S.:
  1. "Certified by the Commission" means that the Commission has acknowledged receipt of one of the following for an appliance equipped with an intermittent type ignition device; a photostatic copy of the A.G.A. Appliance Cer-

tificate or the UL Listing Certificate; a listing of the appliance in the A.G.A. "Directory of Certified Appliances and Accessories" or the UL "Gas and Oil Equipment List"; or a certified test report from a recognized independent testing laboratory acceptable to the Commission stating that the appliance has been tested and conforms to the applicable American National Standards as mentioned below.

2. "Newly produced" means not previously used for the purpose for which designed or any other related purpose and constructed entirely of new unused parts and materials.
  3. "Rating plate" means a plate, or combination of adjacent plates located so as to be easily read when the appliance is in a normally installed position.
- D. Gas-fired space heating equipment.
    1. Except as otherwise provided, all intermittent type ignition devices used on gas-fired space heating equipment shall be certified by the Commission if they comply with the standards approved by the American National Standards Institute, Inc., known as: ANSI Z21.20-1975, Automatic Gas Ignition Systems and Components.
    2. Except as otherwise provided, gas-fired space heating equipment shall be certified by the Commission if it complies with one of the standards approved by the American National Standards Institute, Inc., known as:
      - a. ANSI Z21.47-1973-Gas-Fired Gravity and Forced Air Central Furnaces, addenda Z21.47a-1974, and addenda Z21.47b-1975.
      - b. ANSI Z21-11.1-1974-Vented Room Heaters, addenda Z21.11.1a-1975 and addenda Z21.11.1b-1976.
      - c. ANSI Z21.13-1974-Gas-Fired Low-Pressure Steam and Hot Water Boilers, and addenda Z21.13a-1976.
      - d. ANSI Z21.44-1977-Gas-Fired Gravity and Fan Type Sealed Combustion System Wall Furnaces.
      - e. ANSI Z21.49-1975-Gas-Fired Gravity and Fan Type Vented Wall Furnaces and addenda Z21.49a-1977.
      - f. ANSI Z21.48-1973-Gravity and Fan Type Floor Furnaces and addenda Z21.48a-1974 and addenda Z21.48b-1975.
  - E. Gas clothes dryers.
    1. Except as otherwise provided, all intermittent type ignition devices used on gas clothes dryers shall be certified by the Commission if they comply with the standards approved by the American National Standards Institute, Inc., known as: ANSI Z21.20-1975-Automatic Gas Ignition Systems and Components.
    2. Except as otherwise provided, gas clothes dryers shall be certified by the Commission, if they comply with the standards approved by the American National Standards Institute, Inc., known as ANSI Z21.5.1-1975-Type 1 Clothes Dryers.
  - F. Household cooking gas appliances.
    1. Except as otherwise provided, all intermittent type ignition devices used on a household cooking gas appliance shall be certified by the Commission if they comply with the standards approved by the American National Standards Institute, Inc., known as: ANSI Z21.20-1975-Automatic Gas Ignition Systems and Component.
    2. Except as otherwise provided, household cooking gas appliances shall be certified by the Commission if they comply with the standards approved by the American National Standards Institute, Inc., known as: ANSI



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Z21.1-1974-Household Cooking Appliances, addenda Z21.1a-1974, and addenda Z21.1b-1976.

**G. Gas-fired air conditioners.**

1. Except as otherwise provided, all intermittent type ignition devices used on a gas-fired air conditioner shall be certified by the Commission if they comply with the standards approved by the American National Standards Institute, Inc., known as: ANSI Z21.20-1975-Automatic Gas Ignition Systems and Components.
2. Except as otherwise provided, gas-fired air conditioners shall be certified by the Commission, if they comply with the standards approved by the American National Standards Institute, Inc., known as: ANSI Z21.40.1-1973-Gas-Fired Absorption Summer Air Conditioning Appliances, and addenda Z21.40.1a-1974.

**H. Decorative gas logs.**

1. Shall be certified by the Commission if they comply with the standards approved by the American National Standards Institute, Inc., known as: ANSI Z21.20-1975-Automatic Gas Ignition Systems and Components.
2. Except as otherwise provided, gas-fired decorative gas logs shall be certified by the Commission if they comply with the standards approved by the American National Standards Institute, Inc., known as: ANSI Z21.60-1975-Decorative Gas Appliances for Installation in Vented Fireplaces and addenda Z21.60a-1976.

**I. Vented decorative gas appliances.**

1. Shall be certified by the Commission if they comply with the standards approved by the American National Standards Institute, Inc., known as: ANSI Z21.20-1975-Automatic Gas Ignition Systems and Components.
2. Except as otherwise provided, gas-fired vented decorative appliances shall be certified by the Commission if they comply with the standards approved by the American National Standards Institute, Inc., known as: ANSI Z21.50-1973-Vented Decorative Gas Appliances, addenda Z21.50a-1974 and addenda Z21.50b-1974.

**J. The statement mentioned in subsection (B)(2) which is required on the rating plate will be the Seal of Certification for Arizona. The rating plate will be furnished and applied and distributed by the manufacturer.****K. The Utilities Division of this Commission is charged with the duty of maintaining the records necessary for the control of the Certification Program and will notify manufacturers in accordance with paragraph 40-1204, Article 1, Chapter 7, Title 40 of the Arizona Revised Statutes.****L. Variance. Variation from the terms and conditions of this rule shall be permitted only upon the verified application of an affected party to the Commission, setting forth the circumstances whereby the public interest requires such variation, and upon the issuance of a special Order of the Commission. The Commission may require an application for such variation to be presented in a public hearing.****Historical Note**

Former Section R14-2-135 renumbered as Section R14-2-314 without change effective March 2, 1982 (Supp. 82-2). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

**R14-2-315. Compliance by Gas Cooperatives****A. The terms and conditions for termination of service, including customer notice, in a gas cooperative's tariff approved by the**

Commission prior to the effective date of this Section shall substitute for the provisions of R14-2-311.

**B. Notwithstanding R14-2-312(F), a gas cooperative that proposes to revise the terms and conditions for termination of service included in its Commission-approved tariff shall file the proposed revisions with the Commission, in a new docket, pursuant to R14-2-312(I). If the Commission fails to approve, disapprove, or suspend for further consideration the proposed revisions within 60 days following the cooperative's filing, the revisions shall be deemed approved and become effective on the 61st day following the filing.****Historical Note**

New Section made by final rulemaking at 28 A.A.R. 564 (March 11, 2022), effective April 18, 2022 (Supp. 22-1).

**R14-2-316. Termination of Service Reporting Requirements**

Beginning on April 15, 2022, and on each July 15, October 15, January 15, and April 15 thereafter, each regulated Class A, B, and C gas utility that provides residential gas service shall file a quarterly report providing the following information for each month of the previous quarter:

1. The number of residential customers whose gas service was terminated by zip code, and, if termination of service was prohibited under R14-2-311(A)(12) and the utility's tariffs, the number of residential accounts that would have been subject to termination if not for the prohibition;
2. The number of residential customers by zip code that have payment arrearages;
3. The total dollar amount of arrearages, by zip code;
4. The average dollar amount in arrearages per residential customer, by residential customer rate plan;
5. The number of commercial customers by zip code whose gas service was terminated;
6. The number of commercial customers by zip code that have payment arrearages;
7. The average amount in arrearages per commercial customer, by commercial class;
8. The number of residential accounts enrolled in a deferred payment arrangement and the number of those residential accounts in compliance with the deferred payment arrangement;
9. The number of active and delinquent residential accounts with an arrearage of \$100 or more, disaggregated into "limited-income" accounts, "accounts with documentation from a licensed medical practitioner," and "other residential accounts;"
10. The percentage of limited-income customers in arrears who have received customer assistance due to inability to pay in the most recent quarter;
11. The number of active and delinquent residential accounts with an arrearage of \$100 or more, disaggregated into "limited-income" accounts, "accounts with documentation from a licensed medical practitioner," and "other residential accounts," and further disaggregated to show the duration of the arrearages (up to 30 days, 30 to 60 days, and 60 to 90 days);
12. A brief narrative discussing the information contained in the report; and
13. A description of how the utility is assisting customers who indicate they may have an inability to pay, including details regarding the specific steps taken to direct the customers to appropriate resources, and including the following metrics:

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- a. Number of calls received from residential customers asking for bill assistance during the most recent quarter;
- b. Number of customers notified about tariffs for limited-income customers, or other available tariffs, as of the most recent quarter;
- c. Cumulative number of customers enrolled in limited-income tariffs, or other available tariffs, as of that most recent quarter;
- d. Cumulative number of customers receiving assistance through the Low-Income Home Energy Assistance Program as of that most recent quarter; and
- e. Number of customers notified of energy efficiency and weatherization options during that most recent quarter.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 564 (March 11, 2022), effective April 18, 2022 (Supp. 22-1).

**ARTICLE 4. WATER UTILITIES****R14-2-401. Definitions**

In this Article, unless the context otherwise requires, the following definitions shall apply:

1. "Advance in aid of construction." Funds provided to the utility by the applicant under the terms of a main extension agreement the value of which may be refundable.
2. "Applicant." A person requesting the utility to supply water service.
3. "Application." A request to the utility for water service, as distinguished from an inquiry as to the availability or charges for such service.
4. "Arizona Corporation Commission." The regulatory authority of the state of Arizona having jurisdiction over public service corporations operating in Arizona.
5. "Billing month." The period between any two regular readings of the utility's meters at approximately 30 day intervals.
6. "Billing period." The time interval between two consecutive meter readings that are taken for billing purposes.
7. "Commodity charge." The unit of cost per billed usage, as set forth in the utility's tariffs.
8. "Contributions in aid of construction." Funds provided to the utility by the applicant under the terms of a main extension agreement and/or service connection tariff the value of which are not refundable.
9. "Customer." The person or entity in whose name service is rendered, as evidenced by the signature on the application or contract for that service, or by the receipt and/or payment of bills regularly issued in his name regardless of the identity of the actual user of the service.
10. "Customer charge." The amount the customers must pay the utility for the availability of water service, excluding any water used, as specified in the utility's tariffs.
11. "Day." Calendar day.
12. "Distribution main." A water main of the utility from which service connections may be extended to customers.
13. "Interruptible water service." Water service that is subject to interruption or curtailment.
14. "Main extension." The mains and ancillary equipment necessary to extend the existing water distribution system to provide service to additional customers.
15. "Master meter." A meter for measuring or recording the flow of water at a single location where said water is transported through an underground piping system to tenants or occupants for their individual consumption.
16. "Meter." The instrument for measuring and indicating or recording the volume of water that has passed through it.
17. "Meter tampering." A situation where a meter has been illegally altered. Common examples are meter bypassing, use of magnets to slow the meter recording, and broken meter seals.
18. "Minimum charge." The amount the customer must pay for the availability of water service, including an amount of usage, as specified in the utility's tariffs.
19. "Minimum delivery pressure." 20 pounds per square inch gauge at the meter or point of delivery.
20. "Permanent customer." A customer who is a tenant or owner of a service location who applies for and receives water service.
21. "Permanent service." Service which, in the opinion of the utility, is of a permanent and established character. The use of water may be continuous, intermittent, or seasonal in nature.
22. "Person." Any individual, partnership, corporation, governmental agency, or other organization operating as a single entity.
23. "Point of delivery." The point where facilities owned, leased, or under license by a customer connect to the utility's pipes or at the outlet side of the meter.
24. "Premises." All of the real property and apparatus employed in a single enterprise on an integral parcel of land undivided by public streets, alleys or railways.
25. "Residential subdivision development." Any tract of land which has been divided into four or more contiguous lots for use for the construction of residential buildings or permanent mobile homes for either single or multiple occupancy.
26. "Residential use." Service to customers using water for domestic purposes such as personal consumption, water heating, cooking, and other residential uses and includes use in apartment buildings, mobile home parks, and other multiunit residential buildings.
27. "Rules." The regulations set forth in the tariffs which apply to the provision of water service.
28. "Service area." The territory in which the utility has been granted a Certificate of Convenience and Necessity and is authorized by the Commission to provide water service.
29. "Service establishment charge." The charge as specified in the utility's tariffs which covers the cost of establishing a new account.
30. "Service line." A water line that transports water from a common source (normally a distribution main) of supply to the customer's point of delivery.
31. "Service reconnect charge." The charge as specified in the utility's tariffs which must be paid by the customer prior to reestablishment of water service each time the water is disconnected for nonpayment or whenever service is discontinued for failure otherwise to comply with the utility's fixed rules.
32. "Service reestablishment charge." A charge as specified in the utility's tariffs for service at the same location where the same customer had ordered a service disconnection within the preceding 12-month period.
33. "Single family dwelling." A house, an apartment, a mobile home permanently affixed to a lot, or any other permanent residential unit which is used as a permanent home.

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34. "Tariffs." The documents filed with the Commission which list the services and products offered by the water company and which set forth the terms and conditions and a schedule of the rates and charges for those services and products.
35. "Temporary service." Service to premises or enterprises which are temporary in character, or where it is known in advance that the service will be of limited duration. Service which, in the opinion of the utility, is for operations of a speculative character is also considered temporary service.
36. "Utility." The public service corporation providing water service to the public in compliance with state law.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2).

**R14-2-402. Certificates of Convenience and Necessity for Water Utilities; Extensions of Certificates of Convenience and Necessity for Water Utilities; Abandonment, Sale, Lease, Transfer, or Disposal of a Water Utility; Discontinuance or Abandonment of Water Utility Service**

**A.** In this Section, unless otherwise specified:

1. "Applicant" means a person who submits an application to obtain a Certificate of Convenience and Necessity to construct water utility facilities or operate as a water utility or to extend the service area under an existing Certificate of Convenience and Necessity held by the person.
2. "CC&N" means Certificate of Convenience and Necessity.
3. "Commission" means the Arizona Corporation Commission.
4. "Contiguous" means in actual contact, touching, such as by sharing a common border.
5. "Extension area" means the geographic area that an applicant is requesting to have added to the applicant's existing CC&N service area.

**B.** Application for a new CC&N or extension of a CC&N

1. Any person who desires to construct water utility facilities or to operate as a water utility shall, prior to commencing construction of utility facilities or operations, file with the Commission an application for a CC&N and obtain Commission approval.
2. Any utility that desires to extend its CC&N service area shall file with the Commission an application for a CC&N extension.
3. Before filing an application for a CC&N or a CC&N extension, a person shall provide written notice of the person's intention to file the application to each person who owns land within the proposed service area or extension area and who has not requested service. Each written notice to a landowner shall include, at a minimum:
  - a. The legal name, physical address, mailing address (if different), and telephone number of the intended applicant;
  - b. The approximate date by which the application will be filed;
  - c. The type of services to be provided if the application is approved;
  - d. The physical addresses and toll-free telephone numbers, in Phoenix and Tucson, for the Consumer Services Section of the Commission; and
  - e. The following information:
    - i. That the recipient is a property owner within the proposed service area or extension area;

- ii. That if the application is granted, the intended applicant will be the exclusive provider of the specific services to the proposed service area or extension area and will be required by the Commission to provide those services under rates and charges and terms and conditions established by the Commission;
- iii. That a CC&N does not prohibit persons from providing services only to themselves using their own facilities on their own property, although other applicable laws may restrict such activity;
- iv. That the application is available for inspection during regular business hours at the offices of the Commission and at the offices of the intended applicant;
- v. That the Commission will hold a hearing on the application;
- vi. That the landowner may have the right to intervene in the proceeding and may appear at the hearing and make a statement on his or her own behalf even if the landowner does not intervene;
- vii. That the landowner may contact the Commission for the date and time of the hearing and for information on intervention;
- viii. That the landowner may not receive any further notice of the application proceeding unless requested; and
- ix. That the landowner may contact the intended applicant or the Consumer Services Section of the Commission if the landowner has any questions or concerns about the application, has any objections to approval of the application, or wishes to make a statement in support of the application.

4. Within 10 days after filing an application for a CC&N or a CC&N extension, an applicant shall provide written notice of the application to the municipal manager or administrator of each municipality with corporate limits that overlap with or are within five miles of the proposed service area or extension area. Each written notice shall include, at a minimum:
  - a. The applicant's legal name, mailing address, and telephone number;
  - b. The date the application was filed;
  - c. The type of services to be provided if the application is approved;
  - d. A description of the requested service area or extension area, expressed in terms of cadastral (quarter section) or metes and bound survey;
  - e. The Commission docket number assigned to the application; and
  - f. Instructions on how to obtain a copy of the application.
5. Each application for a new CC&N or CC&N extension shall be submitted in a form and number prescribed by the Commission and shall include, at a minimum, the following information:
  - a. The applicant's legal name, mailing address, and telephone number;
  - b. If the applicant will or does operate the utility under a different business name, the name under which the applicant will be doing business;

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- c. The full name, mailing address, and telephone number of a management contact for the applicant;
- d. The full name, mailing address, and telephone number of the attorney for the applicant, if any;
- e. The full name, mailing address, and telephone number of the operator certified by the Arizona Department of Environmental Quality who is or will be working for the applicant;
- f. The full name, mailing address, and telephone number of the onsite manager for the applicant;
- g. Whether the applicant is a corporation, a partnership, a limited liability company, a sole proprietor, or another specified type of legal entity;
- h. If the applicant is a corporation, the following:
  - i. Whether the applicant is a "C" corporation, an "S" corporation, or a non-profit corporation and whether the corporation is domestic or foreign;
  - ii. A list of the full names, titles, and mailing addresses of each of the applicant's officers and directors;
  - iii. A copy of the applicant's certificate of good standing issued by the Commission's Corporations Division;
  - iv. Unless the applicant is applying for a CC&N extension, a certified copy of the applicant's articles of incorporation and by-laws; and
  - v. If the applicant is a for-profit corporation, the number of shares of stock authorized for issue and, if any stock has been issued, the number of shares issued and date of issuance;
- i. If the applicant is a partnership, the following:
  - i. Whether the applicant is a limited partnership or a general partnership and whether the partnership is domestic or foreign;
  - ii. The full names and mailing addresses of the applicant's general partners;
  - iii. The full names, mailing addresses, and telephone numbers of the applicant's managing partners;
  - iv. Unless the applicant is applying for a CC&N extension, a copy of the applicant's articles of partnership; and
  - v. If the applicant is a foreign limited partnership, a copy of the applicant's certificate of registration filed with the Arizona Secretary of State;
- j. If the applicant is a limited liability company, the following:
  - i. The full names and mailing addresses of the applicant's managers or, if management is reserved to the members, the applicant's members;
  - ii. Unless the applicant is applying for a CC&N extension, a copy of the applicant's articles of organization;
- k. The legal name and mailing address of each other utility in which the applicant has an ownership interest;
- l. A description of the requested service area or extension area, expressed in terms of cadastral (quarter section) or metes and bound survey;
- m. The name of each county in which the requested service area or extension area is located and a description of the area's location in relation to the closest municipality, which shall be named;
- n. A complete description of the facilities proposed to be constructed, including a preliminary engineering report with specifications in sufficient detail to describe each water system and the principal components of each water system (e.g., source, storage, transmission lines, distribution lines, etc.) to allow verification of the estimated costs provided under subsection (B)(5)(o) and verification that the requirements of the Commission and the Arizona Department of Environmental Quality can be met;
- o. The estimated total construction cost of the proposed offsite and onsite facilities, including documentation to support the estimates, and an explanation of how the construction will be financed, such as through debt, equity, advances in aid of construction, contributions in aid of construction, or a combination thereof;
- p. Documentation establishing the applicant's financial condition, including at least the applicant's current assets and liabilities, an income statement, the applicant's estimated revenue and expenses for the first five years following approval of the application, and the estimated value of the applicant's utility plant in service for the first five years following approval of the application;
- q. The rates proposed to be charged for services rendered, shown in the form of a proposed tariff that complies with Commission standards;
- r. The estimated annual operating revenues and expenses for the first five years of operation for the requested service area or extension area, expressed separately for residential, commercial, industrial, and irrigation services, and including a description of each assumption made to derive the estimates;
- s. A detailed description of the proposed construction timeline for facilities, with estimated starting and completion dates and, if construction is to be phased, a description of each separate phase of construction;
- t. A copy of any requests for service from persons who own land within the proposed service area or extension area, which shall identify the applicant by name;
- u. Maps of the proposed service area or extension area identifying:
  - i. The boundaries of the area, with the total acreage noted;
  - ii. The land ownership boundaries within the area, with the acreage of each separately owned parcel within the area noted;
  - iii. The owner of each parcel within the area;
  - iv. Any municipality corporate limits that overlap with or are within five miles of the area;
  - v. The service area of any public service corporation, municipality, or district currently providing water or wastewater service within one mile of the area, with identification of the entity providing service and each type of service being provided;
  - vi. The location within the area of any known water service connections that are already being provided service by the applicant;

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- vii. The location of all proposed developments within the area;
  - viii. The proposed location of each water system and the principal components described in subsection (B)(5)(n); and
  - ix. The location of all parcels for which a copy of a request for service has been submitted per subsection (B)(5)(t);
  - v. A copy of each notice to be sent, as required under subsection (B)(4), to a municipal manager or administrator;
  - w. A copy of each notice sent, as required under subsection (B)(3), to a landowner not requesting service;
  - x. For each landowner not requesting service, either the written response received from the landowner or, if no written response was received, a description of the actions taken by the applicant to obtain a written response;
  - y. A copy of each city, county, or state agency approval required by law to construct the proposed facilities or operate the utility within the proposed service area or extension area or, for any approval not yet obtained, the status of the applicant's application for the approval;
  - z. The estimated number of customers to be served for each of the first five years of operation, expressed separately for residential, commercial, industrial, and irrigation customers and including documentation to support the estimates;
  - aa. A description of how wastewater service is to be provided in the proposed service area or extension area and the name of each wastewater service provider for the area, if any;
  - bb. A letter from each wastewater service provider identified under subsection (B)(5)(aa), confirming the provision of wastewater service for the proposed service area or extension area;
  - cc. Plans for or a description of water conservation measures to be implemented in the proposed service area or extension area, including, at a minimum:
    - i. A description of the information about water conservation or water saving measures that the utility will provide to the public and its customers;
    - ii. A description of how the applicant will work with each wastewater service provider identified under subsection (B)(5)(aa) to encourage water conservation;
    - iii. A description of the sources of water that will be used to supply parks, recreation areas, golf courses, greenbelts, ornamental lakes, and other aesthetic water features;
    - iv. A description of any plans for the use of reclaimed water;
    - v. A description of any plans for the use of recharge facilities;
    - vi. A description of any plans for the use of surface water; and
    - vii. A description of any other plans or programs to promote water conservation;
  - dd. A backflow prevention tariff that complies with Commission standards, if not already on file;
  - ee. A curtailment tariff that complies with Commission standards, if not already on file;
  - ff. A copy of a Physical Availability Determination, Analysis of Adequate Water Supply, or Analysis of Assured Water Supply issued by the Arizona Department of Water Resources for the proposed service area or extension area or, if not yet obtained, the status of the application for such approval;
  - gg. If the applicant is requesting a CC&N extension:
    - i. A current compliance status report from the Arizona Department of Environmental Quality, dated no more than 30 days before the date the CC&N extension application is filed, for each water system operated by the applicant, as identified by a separate Arizona Department of Environmental Quality Public Water System Identification Number; and
    - ii. A water use data sheet for the water system being extended by the applicant; and
  - hh. The notarized signature of the applicant.
6. Upon receiving an application under subsection (B)(5), Utilities Division staff shall review and process the application in accordance with the requirements of R14-2-411.
  7. Once Utilities Division staff determines that an application submitted under subsection (B)(5) is administratively complete, the Commission shall, as expeditiously as practicable, schedule a hearing to consider the application.
- C. Application for discontinuance or abandonment of utility service**
1. A utility shall not discontinue or abandon any service currently in use by the public without first obtaining authority therefor from the Commission.
  2. A utility desiring to discontinue or abandon a service shall file with the Commission an application identifying the utility; including data regarding past, present and estimated future customer use of the service; describing any plant or facility that would no longer be in use if the application were approved; and explaining why the utility desires to discontinue or abandon the service.
  3. A utility is not required to apply for Commission approval to remove individual facilities where a customer has requested service discontinuance.
- D. Application for authority to abandon, sell, lease, transfer, or otherwise dispose of a utility**
1. A utility shall not abandon, sell, lease, transfer, or otherwise dispose of its facilities or operation without first obtaining authority therefor from the Commission.
  2. A utility desiring to abandon, sell, lease, transfer, or otherwise dispose of its facilities or operation shall file with the Commission an application that includes, at a minimum:
    - a. The legal name, physical address, mailing address (if different), and telephone number of the utility;
    - b. A description of the utility property proposed to be abandoned, sold, leased, transferred, or otherwise disposed of;
    - c. Documentation establishing the utility's financial condition, including at least the utility's current assets and liabilities, an income statement, the utility's revenue and expenses for the most recently completed 12-month accounting period, and the value of the utility's utility plant in service;

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- d. The legal name, physical address, mailing address (if different), and telephone number of any proposed purchaser, lessee, transferee, or assignee;
  - e. The terms and conditions of the proposed abandonment, sale, lease, transfer, or assignment and copies of any agreement that has been or will be executed concerning the transaction;
  - f. A description of the effect that the proposed transaction will have upon the utility's services;
  - g. The method by which the proposed transaction is to be financed;
  - h. A description of the effect that the proposed transaction will have upon any other utility;
  - i. The number of customers to be affected by the proposed transaction; and
  - j. A description of the effect that the proposed transaction will have upon customers.
- E. Additions or extensions of service contiguous to existing CC&N service areas**
- 1. Except in the case of an emergency, a utility that proposes to extend service to a parcel located in a non-certificated area contiguous to its CC&N service area shall notify the Commission before the service extension occurs.
  - 2. Each notification required under subsection (E)(1) shall be in writing, shall be verified, and shall set forth, at a minimum:
    - a. The legal name, mailing address, and telephone number of the utility;
    - b. The number of persons to be served in the contiguous parcel;
    - c. The legal description of the contiguous parcel and the location of the structures to be served therein, in relation to the utility's CC&N service area; and
    - d. A statement that service will be extended only to a non-certificated parcel contiguous to the utility's CC&N service area.
  - 3. When emergency service is required to be provided to a person in a non-certificated area contiguous to a utility's CC&N service area, the utility shall notify the Commission of the service extension as soon as possible after the service extension occurs by providing written notice that includes the information required under subsection (E)(2) and describes the nature and extent of the emergency.
- Historical Note**
- Adopted effective March 2, 1982 (Supp. 82-2). Amended by adding subsection (C) effective September 28, 1982 (Supp. 82-5). Amended by final rulemaking at 15 A.A.R. 2066, effective January 22, 2010 (Supp. 09-4).
- R14-2-403. Establishment of Service**
- A. Information from new applicants**
- 1. A utility may obtain the following minimum information from each new applicant for service:
    - a. Name or names of applicant(s).
    - b. Service address or location and telephone number
    - c. Billing address/telephone number, if different than service address.
    - d. Address where service was provided previously.
    - e. Date applicant will be ready for service.
    - f. Indication of whether premises have been supplied with utility service previously.
    - g. Purpose for which service is to be used.
    - h. Indication of whether applicant is owner or tenant of or agent for the premises.
  - 2. Each utility may require a new applicant for service to appear at the utility's designated place of business to produce proof of identity and sign the utility's application form.
  - 3. Where service is requested by two or more individuals the utility shall have the right to collect the full amount owed to the utility from any one of the applicants.
- B. Deposits**
- 1. A utility may require a deposit from any new applicant for service.
  - 2. The utility shall issue a nonnegotiable receipt to the applicant for the deposit. The inability of the customer to produce such a receipt shall in no way impair his right to receive a refund of the deposit which is reflected on the utility's records.
  - 3. Interest on deposits shall be calculated annually at an interest rate filed by the utility and approved by the Commission in a tariff proceeding. In the absence of such, the interest rate shall be 6%.
  - 4. Interest shall be credited to the customer's bill annually.
  - 5. Residential deposits shall be refunded within 30 days after:
    - a. 12 consecutive months of service without being delinquent in the payment of utility bills provided the utility may reestablish the deposit if the customer becomes delinquent in the payment of bills two or more times within a 12-consecutive-month period.
    - b. Upon discontinuance of service when the customer has paid all outstanding amounts due the utility.
  - 6. A separate deposit may be required for each meter installed.
  - 7. The amount of a deposit required by the utility shall be determined according to the following terms:
    - a. Residential customer deposits shall not exceed two times the average residential class bill as evidenced by the utility's most recent annual report filed with the Commission.
    - b. Nonresidential customer deposits shall not exceed 2 1/2 times that customer's estimated maximum monthly bill.
    - c. The utility may review the customer's usage after service has been connected and adjust the deposit amount based upon the customer's actual usage.
  - 8. Upon discontinuance of service, the deposit may be applied by the utility toward settlement of the customer's bill.
- C. Grounds for refusal of service. A utility may refuse to establish service if any of the following conditions exist:**
- 1. The applicant has an outstanding amount due for the same class of utility service with the utility and the applicant is unwilling to make arrangements with the utility for payment.
  - 2. A condition exists which in the utility's judgment is unsafe or hazardous to the applicant, the general population, or the utility's personnel or facilities.
  - 3. Refusal by the applicant to provide the utility with a deposit.
  - 4. Customer is known to be in violation of the utility's tariffs filed with the Commission or of the Commission's rules and regulations.
  - 5. Failure of the customer to furnish such funds, service, equipment, and/or rights-of-way necessary to serve the customer and which have been specified by the utility as a condition for providing service.

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6. Applicant falsifies his or her identity for the purpose of obtaining service.
- D.** Service establishments, re-establishments or reconnection charge
  1. A utility may make a charge as approved by the Commission for the establishment, reestablishment, or reconnection of utility services.
  2. Should service be established during a period other than regular working hours at the customer's request, the customer may be required to pay an after-hour charge for the service connection. Where the utility scheduling will not permit service establishment on the same day requested, the customer can elect to pay the after-hour charge for establishment that day.
  3. For the purpose of this rule, service establishments are where the customer's facilities are ready and acceptable to the utility and the utility needs only to install a meter, read a meter, or turn the service on.
- E.** Temporary service
  1. Applicants for temporary service may be required to pay the utility, in advance of service establishment, the estimated cost of installing and removing the facilities necessary for furnishing the desired service.
  2. Where the duration of service is to be less than one month, the applicant may also be required to advance a sum of money equal to the estimated bill for service.
  3. Where the duration of service is to exceed one month, the applicant may also be required to meet the deposit requirements of the utility.
  4. If at any time during the term of the agreement for service the character of a temporary customer's operations changes so that in the opinion of the utility the customer is classified as permanent, the terms of the utility's main extension rules shall apply.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). Amended subsections (B) and (D) effective September 28, 1982 (Supp. 82-5). Amended to correct subsection numbering (Supp. 99-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

**R14-2-404. Minimum Customer Information Requirements**

- A.** Information for residential customers
  1. Each utility shall make available upon customer request not later than 60 days from the date of request a concise summary of the rate schedule applied for by such customer. The summary shall include the following:
    - a. Monthly minimum or customer charge, identifying the amount of the charge and the specific amount of usage included in the minimum charge, where applicable.
    - b. Rate blocks, where applicable.
    - c. Any adjustment factor(s) and method of calculation.
  2. The utility shall to the extent practical identify the tariff most advantageous to the customer and notify the customer of such prior to service commencement.
  3. In addition, a utility shall make available upon customer request not later than 60 days from the date of request a copy of the Commission's rules and regulations governing:
    - a. Deposits
    - b. Terminations of service

- c. Billing and collection
  - d. Complaint handling.
4. Each utility upon written request of a customer shall transmit a concise statement of actual consumption by such customer for each billing period during the prior 12 months unless such data is not reasonably ascertainable.
5. Each utility shall inform all new customers of their rights to obtain the information specified above.
- B.** Information required due to changes in tariffs
  1. Each utility shall transmit to affected customers by the most economic means available a concise summary of any change in the utility's tariffs affecting those customers.
  2. This information shall be transmitted to the affected customer within 60 days of the effective date of the change.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

**R14-2-405. Service Connections and Establishments**

- A.** Priority and timing of service establishments
  1. After an applicant has complied with the utility's application and deposit requirements and has been accepted for service by the utility, the utility shall schedule that customer for service connection and/or establishment.
  2. Service establishments shall be scheduled for completion within five working days of the date the customer has been accepted for service, except in those instances when the customer requests service establishment beyond the five working day limitation.
  3. When the utility has made arrangements to meet with a customer for service establishment purposes and the utility or the customer cannot make the appointment during the prearranged time, the utility shall reschedule the service establishment to the satisfaction of both parties.
  4. Each utility shall schedule service establishment appointments within a maximum range of four hours during normal working hours, unless another time-frame is mutually acceptable to the utility and the customer.
  5. Service establishments shall be made only by qualified utility service personnel.
  6. For the purposes of this rule, service establishments are where the customer's facilities are ready and acceptable to the utility and the utility needs only to install or read a meter or turn the service on.
- B.** Service lines
  1. An applicant for service shall be responsible for the cost of installing all customer piping up to the meter.
  2. An applicant for service shall pay to the utility as a refundable advance in aid of construction the sum as set forth in the utility's tariff for each size service and meter. Except where the refundable advances in aid of construction for meters and service lines have been included in refundable advances in aid of construction for line extensions and thus are refundable pursuant to main extension contracts approved by the Commission, each advance in aid of construction for a service line or meter shall be repaid by the utility by an annual credit of 1/10 of the amount received, said credit to be applied upon the water bill rendered in November of each year until fully paid, for each service and meter for which the advance was made, and said credit to commence the month of Novem-

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ber for all such advances received during the preceding calendar year.

3. Where service is being provided for the first time, the customer shall provide and maintain a private cutoff valve within 18 inches of the meter on the customer's side of the meter, and the utility shall provide a like valve on the utility's side of such meter.
4. The Company may install its meter at the property line or, at the Company's option, on the customer's property in a location mutually agreed upon.
5. Where the meter or service line location on the customer's premises is changed at the request of the customer or due to alterations on the customer's premises, the customer shall provide and have installed at his expense all piping necessary for relocating the meter and the utility may make a charge for moving the meter and/or service line.
6. The customer's lines or piping must be installed in such a manner as to prevent cross-connection or backflow.
7. Each utility shall file a tariff for service and meter installations for Commission review and approval.

**C. Easements and rights-of-way**

1. Each customer shall grant adequate easement and right-of-way satisfactory to the utility to ensure that customer's proper service connection. Failure on the part of the customer to grant adequate easement and right-of-way shall be grounds for the utility to refuse service.
2. When a utility discovers that a customer or his agent is performing work or has constructed facilities adjacent to or within an easement or right-of-way and such work, construction or facility poses a hazard or is in violation of federal, state or local laws, ordinances, statutes, rules or regulations, or significantly interferes with the utility's access to equipment, the utility shall notify the customer or his agent and shall take whatever actions are necessary to eliminate the hazard, obstruction or violation at the customer's expense.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). Amended subsection (B) effective September 28, 1982 (Supp. 82-5). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

**R14-2-406. Main Extension Agreements**

- A.** Each utility entering into a main extension agreement shall comply with the provisions of this rule which specifically defines the conditions governing main extensions.
- B.** An applicant for the extension of mains may be required to pay to the Company, as a refundable advance in aid of construction, before construction is commenced, the estimated reasonable cost of all mains, including all valves and fittings.
  1. In the event that additional facilities are required to provide pressure, storage or water supply, exclusively for the new service or services requested, and the cost of the additional facilities is disproportionate to anticipated revenues to be derived from future consumers using these facilities, the estimated reasonable cost of such additional facilities may be included in refundable advances in aid of construction to be paid to the Company.
  2. Upon request by a potential applicant for a main extension, the utility shall prepare, without charge, a preliminary sketch and rough estimate of the cost of installation to be paid by said applicant. Any applicant for a main

extension requesting the utility to prepare detailed plans, specifications, or cost estimates may be required to deposit with the utility an amount equal to the estimated cost of preparation. The utility shall, upon request, make available within 45 days after receipt of the deposit referred to above, such plans, specifications, or cost estimates of the proposed main extension. Where the applicant accepts utility construction of the extension, the deposit shall be credited to the cost of construction; otherwise the deposit shall be nonrefundable. If the extension is to include oversizing of facilities to be done at the utility's expense, appropriate details shall be set forth in the plans, specifications and cost estimates.

3. Where the utility requires an applicant to advance funds for a main extension, the utility shall furnish the applicant with a copy of the Commission rules on main extension agreements prior to the applicant's acceptance of the utility's extension agreement.
4. In the event the utility's actual cost of construction is less than the amount advanced by the customer, the utility shall make a refund to the applicant within 30 days after the completion of the construction or utility's receipt of invoices related to that construction.
5. The provisions of this rule apply only to those applicants who in the utility's judgment will be permanent customers of the utility. Applications for temporary service shall be governed by the Commission's rules concerning temporary service applications.

**C. Minimum written agreement requirements**

1. Each main extension agreement shall include the following information:
  - a. Name and address of applicant(s)
  - b. Proposed service address
  - c. Description of requested service
  - d. Description and map of the requested line extension
  - e. Itemized cost estimate to include materials, labor, and other costs as necessary
  - f. Payment terms
  - g. A clear and concise explanation of any refunding provisions, if applicable
  - h. Utility's estimated start date and completion date for construction of the main extension
2. Each applicant shall be provided with a copy of the written main extension agreement.

- D.** Refunds of advances made pursuant to this rule shall be made in accord with the following method: the Company shall each year pay to the party making an advance under a main extension agreement, or that party's assignees or other successors in interest where the Company has received notice and evidence of such assignment or succession, a minimum amount equal to 10% of the total gross annual revenue from water sales to each bona fide consumer whose service line is connected to main lines covered by the main extension agreement, for a period of not less than 10 years. Refunds shall be made by the Company on or before the 31st day of August of each year, covering any refunds owing from water revenues received during the preceding July 1st to June 30th period. A balance remaining at the end of the ten-year period set out shall become non-refundable, in which case the balance not refunded shall be entered as a contribution in aid of construction in the accounts of the Company, however, agreements under this general order may provide that any balance of the amount advanced thereunder remaining at the end of the 10 year period set out, shall thereafter remain payable in whole or in part and in such manner as



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is set forth in the agreement. The aggregate refunds under this rule shall in no event exceed the total of the refundable advances in aid of construction. No interest shall be paid by the utility on any amounts advanced. The Company shall make no refunds from any revenue received from any lines, other than customer service lines, leading up to or taking off from the particular main extension covered by the agreement.

- E. Amounts advanced in aid of construction of main extensions shall be refunded in accord with the rules of this Commission in force and effect on the date the agreement therefor was executed. All costs under main extension agreements entered into after the adoption of this rule shall be refunded as provided herein.
- F. The Commission will not approve the transfer of any Certificate of Public Convenience and Necessity where the transferor has entered into a main extension agreement, unless it is demonstrated to the Commission that the transferor has agreed to satisfy the refund agreement, or that the transferee has assumed and has agreed to pay the transferor's obligations under such agreement.
- G. All agreements entered into under this rule shall be evidenced by a written statement, and signed by the Company and the parties advancing the funds for advances in aid under this rule or the duly authorized agents of each.
- H. The size, design, type and quality of materials of the system, installed under this rule location in the ground and the manner of installation, shall be specified by the Company, and shall be in accord with the requirements of the Commission or other public agencies having authority therein. The Company may install main extensions of any diameter meeting the requirements of the Commission or any other public agencies having authority over the construction and operation of the water system and mains, except individual main extensions, shall comply with and conform to the following minimum specifications:
  1. 150 p.s.i. working pressure rating and
  2. 6" standard diameter.

However, single residential customer advances in aid of construction shall not exceed the reasonable cost of construction of the 6-inch diameter main extension.
- I. All pipelines, valves, fittings, wells, tanks or other facilities installed under this rule shall be the sole property of the Company, and parties making advances in aid of construction under this rule shall have no right, title or interest in any such facilities.
- J. The Company shall schedule all new requests for main extension agreements, and for service under main extension agreements, promptly and in the order received.
- K. An applicant for service seeking to enter into a main extension agreement may request that the utility include on a list of contractors from whom bids will be solicited, the name(s) of any bonded contractor(s), provided that all bids shall be submitted by the bid date stipulated by the utility. If a lower bid is thus obtained or if a bid is obtained at an equal price and with a more appropriate time of performance, and if such bid contemplates conformity with the Company's requirements and specifications, the Company shall be required to meet the terms and conditions of the bid proffered, or to enter into a construction contract with the contractor proffering such bid. Performance bond in the total amount of the contract may be required by the utility from the contractor prior to construction.
- L. Any discounts obtained by the utility from contracts terminated under this rule shall be accounted for by credits to the

appropriate account dominated as Contributions in Aid of Construction.

- M. All agreements under this rule shall be filed with and approved by the Utilities Division of the Commission. No agreement shall be approved unless accompanied by a Certificate of Approval to Construct as issued by the Arizona Department of Health Services. Where agreements for main extensions are not filed and approved by the Utilities Division, the refundable advance shall be immediately due and payable to the person making the advance.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). Amended subsections (D) and (K) effective September 28, 1982 (Supp. 82-5). Amended to correct subsection numbering (Supp. 99-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

**R14-2-407. Provision of Service**

- A. Utility responsibility. Each utility shall be responsible for providing potable water to the customer's point of delivery.
- B. Customer responsibility
  1. Each customer shall be responsible for maintaining all facilities on the customer's side of the point of delivery in a safe and efficient manner and in accordance with the rules of the state Department of Health.
  2. Each customer shall be responsible for safeguarding all utility property installed in or on the customer's premises for the purpose of supplying water to that customer.
  3. Each customer shall exercise all reasonable care to prevent loss or damage to utility property, excluding ordinary wear and tear. The customer shall be responsible for loss of or damage to utility property on the customer's premises arising from neglect, carelessness, or misuse and shall reimburse the utility for the cost of necessary repairs or replacements.
  4. Each customer shall be responsible for payment for any equipment damage resulting from unauthorized breaking of seals, interfering, tampering or bypassing the utility meter.
  5. Each customer shall be responsible for notifying the utility of any failure identified in the utility's equipment.
  6. Water furnished by the utility shall be used only on the customer's premises and shall not be resold to any other person. During critical water conditions, as determined by the Commission, the customer shall use water only for those purposes specified by the Commission. Disregard for this rule shall be sufficient cause for refusal or discontinuance of service.
- C. Continuity of service. Each utility shall make reasonable efforts to supply a satisfactory and continuous level of service. However, no utility shall be responsible for any damage or claim of damage attributable to any interruption or discontinuation of service resulting from:
  1. Any cause against which the utility could not have reasonably foreseen or made provision for, i.e., force majeure
  2. Intentional service interruptions to make repairs or perform routine maintenance
  3. Curtailment.
- D. Service interruptions
  1. Each utility shall make reasonable efforts to reestablish service within the shortest possible time when service interruptions occur.

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2. Each utility shall make reasonable provisions to meet emergencies resulting from failure of service, and each utility shall issue instructions to its employees covering procedures to be followed in the event of emergency in order to prevent or mitigate interruption or impairment of service.
  3. In the event of a national emergency or local disaster resulting in disruption of normal service, the utility may, in the public interest, interrupt service to other customers to provide necessary service to civil defense or other emergency service agencies on a temporary basis until normal service to these agencies can be restored.
  4. When a utility plans to interrupt service for more than four hours to perform necessary repairs or maintenance, the utility shall attempt to inform affected customers at least 24 hours in advance of the scheduled date and estimated duration of the service interruption. Such repairs shall be completed in the shortest possible time to minimize the inconvenience to the customers of the utility.
  5. The Commission shall be notified of interruptions in service affecting the entire system or any major division thereof. The interruption of service and cause shall be reported within four hours after the responsible representative of the utility becomes aware of said interruption by telephone to the Commission and followed by a written report to the Commission.
- E.** Minimum delivery pressure. Each utility shall maintain a minimum standard delivery pressure of 20 pounds per square inch gauge (PSIG) at the customer's meter or point of delivery.
- F.** Construction standards. Each utility shall construct all facilities in accordance with the guidelines established by the state Department of Health Services.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). Amended subsection (F) effective September 28, 1982 (Supp. 82-5). Amended to correct subsection numbering (Supp. 99-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

**R14-2-408. Meter Reading**

- A.** Frequency. Each meter shall be read monthly on as close to the same day as practical.
- B.** Measuring of service
1. All water delivered by the utility shall be billed upon the basis of metered volume sales except that the utility may, at its option, provide a fixed charge schedule for the following:
    - a. Temporary service where the water use can be readily estimated
    - b. Public and private fire protection service
    - c. Water used for street sprinkling and sewer flushing, when provided for by contract between the utility and the municipality or other local governmental authority
    - d. Other fixed charge schedules as shall be submitted to and approved by the Commission.
  2. When there is more than one meter at a location, the metering equipment shall be so tagged or plainly marked as to indicate the facilities being metered.
- C.** Customer requested rereads
1. Each utility shall at the request of a customer reread the customer's meter within 10 working days after such request by the customer.
  2. Any rereads shall be charged to the customer at a rate on file and approved by the Commission, provided that the original reading was not in error.
  3. When a reading is found to be in error, the reread shall be at no charge to the customer.
- D.** Access to customer premises. Each utility shall have the right of safe ingress to and egress from the customer's premises at all reasonable hours for any purpose reasonably connected with the utility's property used in furnishing service and the exercise of any and all rights secured to it by law or these rules.
- E.** Meter testing and maintenance program. Each utility shall establish a regular program of meter testing taking into account the following factors:
1. Size of meter
  2. Age of meter
  3. Consumption
  4. Characteristics of water.
- F.** Customer requested meter tests. A utility shall test a meter upon customer request and each utility shall be authorized to charge the customer for such meter test according to the tariff on file and approved by the Commission. However, if the meter is found to be in error by more than 3%, no meter testing fee will be charged to the customer.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). Amended to correct subsection numbering (Supp. 99-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

**R14-2-409. Billing and Collection**

- A.** Frequency and estimated bills
1. Each utility shall bill monthly for services rendered. Meter readings shall be scheduled for periods of not less than 25 days or more than 35 days.
  2. If the utility is unable to read the meter on the scheduled meter read date, the utility will estimate the consumption for the billing period giving consideration to the following factors where applicable:
    - a. The customer's usage during the same month of the previous year
    - b. The amount of usage during the preceding month.
  3. After the second consecutive month of estimating the customer's bill for reasons other than severe weather, the utility will attempt to secure an accurate reading of the meter.
  4. Failure on the part of the customer to comply with a reasonable request by the utility for access to its meter may lead to the discontinuance of service.
  5. Estimated bills will be issued only under the following conditions:
    - a. Failure of a customer who read his own meter to deliver his meter reading card to the utility in accordance with the requirements of the utility billing cycle.
    - b. Severe weather conditions which prevent the utility from reading the meter.
    - c. Circumstances that make it dangerous or impossible to read the meter, i.e., locked gates, blocked meters, vicious or dangerous animals, etc.
  6. Each bill based on estimated usage will indicate that it is an estimated bill.
- B.** Combining meters, minimum bill information

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1. Each meter at a customer's premises will be considered separately for billing purposes, and the readings of two or more meters will not be combined.
  2. Each bill for residential service will contain the following minimum information:
    - a. Date and meter reading at the start of billing period
    - b. Previous month's meter reading
    - c. Billed usage
    - d. Utility telephone number
    - e. Customer's name
    - f. Service account number (if available)
    - g. Amount due and due date
    - h. Past due amount (where appropriate)
    - i. Adjustment factor, where applicable
    - j. Other approved tariff charges.
- C. Billing terms**
1. All bills for utility services are due and payable when rendered. Any payment not received within 15 days from the date the bill was rendered shall be considered delinquent.
  2. For purposes of this rule, the date a bill is rendered may be evidenced by:
    - a. The postmark date
    - b. The mailing date:
      - i. Certified mail
      - ii. Certificate of mailing.
  3. All delinquent bills shall be subject to the provisions of the utility's termination procedures as set forth in R14-2-410.
  4. All payments shall be made at or mailed to the office of the utility or to the utility's duly authorized representative.
- D. Applicable tariffs, prepayment, failure to receive, commencement date, taxes**
1. Each customer shall be billed under the applicable tariff indicated in the customer's application for service.
  2. Each utility shall make provisions for advance payment for utility services.
  3. Failure to receive bills or notices which have been properly placed in the United States mail shall not prevent such bills from becoming delinquent nor relieve the customer of his obligations therein.
  4. Charges for service commence when the service is installed and connection made, whether used or not.
  5. In addition to the collection of regular rates, each utility may collect from its customers a proportionate share of any privilege, sales or use tax.
- E. Meter error corrections**
1. If any meter after testing is found to be more than 3% in error, either fast or slow, proper correction between 3% and the amount of the error shall be made of previous readings and adjusted bills shall be rendered according to the following terms:
    - a. For the period of three months immediately preceding the removal of such meter from service for test or from the time the meter was in service since last tested, but not exceeding three months since the meter shall have been shown to be in error by such test, or
    - b. From the date the error occurred, if the date of the cause can be definitely fixed.
  2. No adjustment shall be made by the utility except to the customer last served by the meter tested.
- F. Insufficient funds (NSF) checks**
1. A utility shall be allowed to recover a fee, as approved by the Commission for each instance where a customer tenders payment for utility service with an insufficient funds check.
  2. When the utility is notified by the customer's bank that there are insufficient funds to cover the check tendered for utility service, the utility may require the customer to make payment in cash, by money order, certified check, or other means which guarantee the customer's payment to the utility.
  3. A customer who tenders an insufficient check shall in no way be relieved of the obligation to render payment to the utility under the original terms of the bill nor defer the utility's provision for termination of service for nonpayment of bills.
- G. Deferred payment plan**
1. Each utility may, prior to termination, offer to qualifying residential customers a deferred payment plan for the customer to retire unpaid bills for utility service.
  2. Each deferred payment agreement entered into by the utility and the customer due to the customer's inability to pay an outstanding bill in full shall provide that service will not be discontinued if:
    - a. Customer agrees to pay a reasonable amount of the outstanding bill at the time the parties enter into the deferred payment agreement.
    - b. Customer agrees to pay all future bills for utility service in accordance with the billing and collection tariffs of the utility.
    - c. Customer agrees to pay a reasonable portion of the remaining outstanding balance in installments over a period not to exceed six months.
  3. For the purposes of determining a reasonable installment payment schedule under these rules, the utility and the customer shall give consideration to the following conditions:
    - a. Size of the delinquent account
    - b. Customer's ability to pay
    - c. Customer's payment history
    - d. Length of time that the debt has been outstanding
    - e. Circumstances which resulted in the debt being outstanding
    - f. Any other relevant factors related to the circumstances of the customer.
  4. Any customer who desires to enter into a deferred payment agreement shall establish such agreement prior to the utility's scheduled termination date for nonpayment of bills; customer failure to execute a deferred payment agreement prior to the scheduled termination date shall not prevent the utility from discontinuing service for nonpayment.
  5. Deferred payment agreements may be in writing and may be signed by the customer and an authorized utility representative.
  6. A deferred payment agreement may include a finance charge as approved by the Commission in a tariff proceeding.
  7. If a customer has not fulfilled the terms of a deferred payment agreement, the utility shall have the right to disconnect service pursuant to the utility's termination of service rules and, under such circumstances, it shall not be required to offer subsequent negotiation of a deferred payment agreement prior to disconnection.
- H. Change of occupancy**

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1. Not less than three working days advance notice must be given in person, in writing, or by telephone at the utility's office to discontinue service or to change occupancy.
2. The outgoing party shall be responsible for all utility services provided and/or consumed up to the scheduled turn-off date.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). Amended subsection (C) effective September 28, 1982 (Supp. 82-5). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

**R14-2-410. Termination of Service**

- A.** Nonpermissible reasons to disconnect service. A utility may not disconnect service for any of the reasons stated below:
1. Delinquency in payment for services rendered to a prior customer at the premises where service is being provided, except in the instance where the prior customer continues to reside on the premises.
  2. Failure of the customer to pay for services or equipment which are not regulated by the Commission.
  3. Nonpayment of a bill related to another class of service.
  4. Failure to pay for a bill to correct a previous underbilling due to an inaccurate meter or meter failure if the customer agrees to pay over a reasonable period of time.
- B.** Termination of service without notice
1. Utility service may be disconnected without advance written notice under the following conditions:
    - a. The existence of an obvious hazard to the safety or health of the consumer or the general population.
    - b. The utility has evidence of meter tampering or fraud.
    - c. Unauthorized resale or use of utility services.
    - d. Failure of a customer to comply with the curtailment procedures imposed by a utility during supply shortages.
  2. The utility shall not be required to restore service until the conditions which resulted in the termination have been corrected to the satisfaction of the utility.
  3. Each utility shall maintain a record of all terminations of service without notice. This record shall be maintained for a minimum of one year and shall be available for inspection by the Commission.
- C.** Termination of service with notice
1. A utility may disconnect service to any customer for any reason stated below provided the utility has met the notice requirements established by the Commission:
    - a. Customer violation of any of the utility's tariffs filed with the Commission and/or violation of the Commission's rules and regulations.
    - b. Failure of the customer to pay a delinquent bill for utility service.
    - c. Failure to meet or maintain the utility's credit and deposit requirements.
    - d. Failure of the customer to provide the utility reasonable access to its equipment and property.
    - e. Customer breach of a written contract for service between the utility and customer.
    - f. When necessary for the utility to comply with an order of any governmental agency having such jurisdiction.
  2. Each utility shall maintain a record of all terminations of service with notice. This record shall be maintained for one year and be available for Commission inspection.

**D.** Termination notice requirements

1. No utility shall terminate service to any of its customers without providing advance written notice to the customer of the utility's intent to disconnect service, except under those conditions specified where advance written notice is not required.
2. Such advance written notice shall contain, at a minimum, the following information:
  - a. The name of the person whose service is to be terminated and the address where service is being rendered.
  - b. The Commission rule or regulation that was violated and explanation thereof or the amount of the bill which the customer has failed to pay in accordance with the payment policy of the utility, if applicable.
  - c. The date on or after which service may be terminated.
  - d. A statement advising the customer to contact the utility at a specific address or phone number for information regarding any deferred payment or other procedures which the utility may offer or to work out some other mutually agreeable solution to avoid termination of the customer's service.
  - e. A statement advising the customer that the utility's stated reason for the termination of services may be disputed by contacting the utility at a specific address or phone number, advising the utility of the dispute and making arrangements to discuss the cause for termination with a responsible employee of the utility in advance of the scheduled date of termination. The responsible employee shall be empowered to resolve the dispute and the utility shall retain the option to terminate service.

**E.** Timing of terminations with notice

1. Each utility shall be required to give at least 10 days advance written notice prior to the termination date.
2. Such notice shall be considered to be given to the customer when a copy thereof is left with the customer or posted first class in the United States mail, addressed to the customer's last known address.
3. If after the period of time allowed by the notice has elapsed and the delinquent account has not been paid nor arrangements made with the utility for the payment thereof or in the case of a violation of the utility's rules the customer has not satisfied the utility that such violation has ceased, the utility may then terminate service on or after the day specified in the notice without giving further notice.
4. Service may only be disconnected in conjunction with a personal visit to the premises by an authorized representative of the utility.
5. The utility shall have the right (but not the obligation) to remove any or all of its property installed on the customer's premises upon the termination of service.

**F.** Landlord/tenant rule. In situations where service is rendered at an address different from the mailing address of the bill or where the utility knows that a landlord/tenant relationship exists and that the landlord is the customer of the utility, and where the landlord as a customer would otherwise be subject to disconnection of service, the utility may not disconnect service until the following actions have been taken:

1. Where it is feasible to so provide service, the utility, after providing notice as required in these rules, shall offer the occupant the opportunity to subscribe for service in his or

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her own name. If the occupant then declines to so subscribe, the utility may disconnect service pursuant to the rules.

2. A utility shall not attempt to recover from a tenant or condition service to a tenant with the payment of any outstanding bills or other charges due upon the outstanding account of the landlord.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). Amended subsection (E) effective September 28, 1982 (Supp. 82-5). Amended to correct subsection numbering (Supp. 99-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

**Editor's Note:** *The following Section was amended under an exemption from the Attorney General approval provisions of the Arizona Administrative Procedure Act (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)), as determined by the Corporation Commission. This exemption means that the rules as amended were not approved by the Attorney General.*

**R14-2-411. Administrative and Hearing Requirements****A. Customer service complaints**

1. Each utility shall make a full and prompt investigation of all service complaints made by its customers, either directly or through the Commission.
2. The utility shall respond to the complainant and/or the Commission representative within five working days as to the status of the utility investigation of the complaint.
3. The utility shall notify the complainant and/or the Commission representative of the final disposition of each complaint. Upon request of the complainant or the Commission representative, the utility shall report the findings of its investigation in writing.
4. The utility shall inform the customer of his right of appeal to the Commission.
5. Each utility shall keep a record of all written service complaints received which shall contain, at a minimum, the following data:
  - a. Name and address of the complainant
  - b. Date and nature of the complaint
  - c. Disposition of the complaint
  - d. A copy of any correspondence between the utility, the customer, and/or the Commission.

This record shall be maintained for a minimum period of one year and shall be available for inspection by the Commission.

**B. Notice by utility of responsible officer or agent**

1. Each utility shall file with the Commission a written statement containing the name, address (business, residence and post office) and telephone numbers (business and residence) of the onsite manager of its operations.
2. Each utility shall give notice, by filing a written statement with the Commission, of any change in the information required herein within five days from the date of any such change.

**C. Time-frames for processing applications for Certificates of Convenience and Necessity**

1. This rule prescribes time-frames for the processing of any application for a Certificate of Convenience and Necessity issued by the Arizona Corporation Commission pursuant to this Article. These time-frames shall apply to applications filed on or after the effective date of this rule.

2. Within 30 calendar days after receipt of an application for a new Certificate of Convenience and Necessity, or to amend or change the status of any existing Certificate of Convenience and Necessity, staff shall notify the applicant, in writing, that the application is either administratively complete or deficient. If the application is deficient, the notice shall specify all deficiencies.
3. Staff may terminate an application if the applicant does not remedy all deficiencies within 60 calendar days of the notice of deficiency.
4. After receipt of a corrected application, staff shall notify the applicant within 30 calendar days if the corrected application is either administratively complete or deficient. The time-frame for administrative completeness review shall be suspended from the time the notice of deficiency is issued until staff determines that the application is complete.
5. Within 150 days after an application is deemed administratively complete, the Commission shall approve or reject the application.
6. For purposes of A.R.S. § 41-1072 et seq., the Commission has established the following time-frames:
  - a. Administrative completeness review time-frame: 30 calendar days,
  - b. Substantive review time-frame: 150 calendar days,
  - c. Overall time-time: 180 calendar days.
7. If an applicant requests, and is granted, an extension or continuance, the appropriate time-frames shall be tolled from the date of the request during the duration of the extension or continuance.
8. During the substantive review time-frame, the Commission may, upon its own motion or that of any interested party to the proceeding, request a suspension of the time-frame rules.

**D. Accounts and records**

1. Each utility shall keep general and auxiliary accounting records reflecting the cost of its properties, operating income and expense, assets and liabilities, and all other accounting and statistical data necessary to give complete and authentic information as to its properties and operations.
2. Each utility shall maintain its books and records in conformity with the NARUC Uniform Systems of Accounts for Class A, B, C and D Water Utilities.
3. A utility shall produce or deliver in this state any or all of its formal accounting records and related documents requested by the Commission. It may, at its option, provide verified copies of original records and documents.
4. All utilities shall submit an annual report to the Commission on a form prescribed by it. The annual report shall be filed on or before the 15th day of April for the preceding calendar year.
5. All utilities shall file with the Commission a copy of all reports required by the Securities and Exchange Commission.
6. All utilities shall file with the Commission a copy of all annual reports required by the Federal Energy Regulatory Commission.

- E. Maps. All utilities shall file with the Commission a map or maps clearly setting forth the location and extent of the area or areas they hold under approved certificates of convenience and necessity, in accordance with the Cadastral (Rectangular) Survey of the United States Bureau of Land Management, or by

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metes and bounds with a starting point determined by the aforesaid Cadastral Survey.

- F.** Variations, exemptions of Commission rules and regulations. Variations or exemptions from the terms and requirements of any of the rules included herein (Title 14, Chapter 2, Article 4) shall be considered upon the verified application of an affected party to the Commission setting forth the circumstances whereby the public interest requires such variation or exemption from the Commission rules and regulations. Such application will be subject to the review of the Commission, and any variation or exemption granted shall require an order of the Commission. In case of conflict between these rules and regulations and an approved tariff or order of the Commission, the provisions of the tariff or order shall apply.
- G.** Prior agreements. The adoption of these rules by the Commission shall not affect any agreements entered into between the utility and customers or other parties who, pursuant to such contracts, arranged for the extension of facilities in a provision of service prior to the effective date of these rules.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). Amended subsection (D) effective September 28, 1982 (Supp. 82-5). Amended effective December 31, 1998, under an exemption as determined by the Arizona Corporation Commission (Supp. 98-4). Amended to correct subsection numbering (Supp. 99-4).

**ARTICLE 5. TELEPHONE UTILITIES****R14-2-501. Definitions**

In this Article, unless the context otherwise requires, the following definitions shall apply:

1. "Advance in aid of construction." Funds provided to the utility by the applicant under the terms of a construction agreement, which may be refundable.
2. "Applicant." A person or agency requesting the utility to supply telephone service.
3. "Application." A request to the utility for telephone service, as distinguished from an inquiry as to the availability or charges for such service.
4. "Arizona Corporation Commission." The regulatory authority of the state of Arizona having jurisdiction over public service corporations operating in Arizona.
5. "Basic exchange service." Service provided to business or residential customers at a flat or measured rate which affords access to the telecommunications network.
6. "Billing period." The time interval between the issuance of two consecutive bills for utility service.
7. "Central office." The switching equipment and operating arrangements which provide exchange and long distance service to the public and interconnection of customer telecommunication services.
8. "Contribution in aid of construction." Funds provided to the utility by the applicant under the terms of a construction agreement or construction tariff which are not refundable.
9. "Customer." The person or entity in whose name service is rendered, as evidenced by the signature on the application or contract for that service, or by the receipt and/or payment of bills regularly issued in his name regardless of the identity of the actual user of the service.
10. "Day." Calendar day.
11. "Line extension." The lines and equipment necessary to provide service to additional customers.

12. "Person." Any individual, partnership, corporation, governmental agency, or other organization operating as a single entity.
13. "Service access point." A demarcation point where facilities owned, leased, or under license by a customer connect to the utility provided access line.
14. "Premises." All of the real property and apparatus employed in a single enterprise on an integral parcel of land undivided by public streets, alleys or railways.
15. "Residential subdivision development." Any tract of land which has been divided into four or more contiguous lots with an average size of one acre or less for use for the construction of residential buildings or permanent mobile homes for either single or multiple occupancy.
16. "Rules." The regulations set forth in the tariffs which apply to the provision of telephone service.
17. "Service area." The territory in which the utility has been granted a Certificate of Convenience and Necessity and is authorized by the Commission to provide telephone service.
18. "Service charge." The charge as specified in the utility's tariffs which covers the cost of establishing moving, changing or reconnecting service or equipment.
19. "Access line." A communications facility that connects service from a common distribution source to the service access point.
20. "Tariffs." The documents filed with the Commission which list the utility services and products offered by the utility and which set forth the terms and conditions and a schedule of the rates and charges for those services and products.
21. "Terminal equipment." The equipment through which communication services are furnished.
22. "Temporary service." Service to premises or enterprises which are temporary in character, or where it is known in advance that the service will be of limited duration. Service which, in the opinion of the utility, is for operations of a speculative character is also considered temporary service.
23. "Toll service." Service between stations in different exchange areas for which a long distance charge is applicable.
24. "Utility." The company providing telephone service to the public in compliance with state law.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2).

**R14-2-502. Certificate of Convenience and Necessity for Telephone Utilities; Additions/Extensions; Abandonments****A.** Application for new Certificate of Convenience and Necessity

1. Six copies of each application for a new Certificate of Convenience and Necessity shall be submitted in a form prescribed by the Commission and shall include, at a minimum, the following information:
  - a. The proper name and correct address of the proposed utility company and its owner if a sole proprietorship, each partner if a partnership, or the President and Secretary if a corporation.
  - b. A copy of the Articles of Partnership or Articles of Incorporation for the applicant and/or Bylaws if the utility is a non-profit organization, or association.
  - c. The rates proposed to be charged for the service that will be rendered.

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- d. A financial statement setting forth the financial condition of the applicant.
  - e. Maps of the proposed service area and/or a description of the area proposed to be served.
  - f. Appropriate city, county and/or state agency approvals, where appropriate.
  - g. The actual number of customers within the service area as of the time of filing and the estimated number of customers to be served for each of the first five years of operation.
  - h. Such other information as the Commission by order or the staff of the Utilities Division by written directive may request.
2. Once the applicant has satisfied the information requirements of this regulation, as well as any additional information required by the staff of the Commission's Utilities Division, the Commission shall, as expeditiously reasonably practicable, schedule hearings to consider such application.
- B. Additions/extensions to existing Certificates of Convenience and Necessity.** Each utility which extends utility service to a person not located within its certificated service area, but located in a non-certificated area contiguous to its certificated service area, shall, notify the Commission of such service extension.
- Historical Note**
- Adopted effective March 2, 1982 (Supp. 82-2). Amended to correct subsection numbering (Supp. 99-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).
- R14-2-503. Establishment of Service**
- A. Information from new applicants**
- 1. A utility may obtain the following minimum information from each new applicant for service:
    - a. Name or names of applicant(s).
    - b. Service address or location and telephone number
    - c. Billing address, if different than service address.
    - d. Address and telephone number where service was provided previously.
    - e. Date applicant will be ready for service.
    - f. Indication of whether premises have been supplied with telephone utility service previously.
    - g. Class of service to be provided.
    - h. Indication of whether applicant is owner or tenant of or agent for the premises.
  - 2. A utility may require a new applicant for service to appear at the utility's designated place of business to produce proof of identity and sign the utility's application form.
  - 3. Where service is requested by two or more individuals the utility shall have the right to collect the full amount owed to the utility from any one of the applicants.
- B. Deposits**
- 1. A utility shall not require a deposit from a new applicant for residential service if the applicant is able to meet any of the following requirements:
    - a. The applicant has had continuous telephone service of a comparable nature with the utility at another service location within the past two years and was not delinquent in payment more than once during the last 12 consecutive months or disconnected for non-payment.
    - b. The applicant can produce a letter regarding credit or verification from a telephone utility where service of a comparable nature was last received which states:
      - i. Applicant had a timely payment history at time of service discontinuation.
      - ii. Applicant has no outstanding liability from prior service.
    - c. In lieu of a deposit, a new applicant may provide a Letter of Guarantee from an existing customer with service who is acceptable to the utility or a surety bond as security for the utility. The utility shall review and release an existing customer as a guarantor for the new applicant after 12 consecutive months if no obligations are delinquent and has maintained a timely payment history.
  - 2. The utility shall issue a nonnegotiable receipt to the applicant for the deposit. The inability of the customer to produce such a receipt shall in no way impair his right to receive a refund of the deposit which is reflected on the utility's records.
  - 3. Deposits shall be interest bearing; the interest rate and method of calculation shall be filed with and approved by the Commission in a tariff proceeding.
  - 4. Each utility shall file a deposit refund policy with the Commission, subject to Commission review and approval during a tariff proceeding. However, each utility's refund policy shall include provisions for residential deposits and accrued interest to be refunded after 12 months of service if the customer has not been delinquent in the payment of utility bills or applied to the closing bill upon discontinuance of service.
  - 5. A utility may require a residential customer to establish a deposit if the customer becomes delinquent in the payment of two or more bills within a 12-consecutive-month period or has been disconnected for service during the last 12 months.
  - 6. The amount of a deposit required by the utility shall be determined according to the following terms:
    - a. Residential customer deposits shall not exceed two times that customer's estimated average monthly bill or the average monthly bill for the customer class for that customer which ever is greater.
    - b. Nonresidential customer deposits shall not exceed 2 1/2 times that customer's estimated maximum monthly bill.
  - 7. The utility may review the customer's usage after service has been connected and adjust the deposit amount based upon the customer's actual usage.
- C. Grounds for refusal of service.** A utility may refuse to establish service if any of the following conditions exist:
- 1. The applicant has an outstanding amount due for similar utility services and the applicant is unwilling to make acceptable arrangements with the utility for payment.
  - 2. A condition exists which in the utility's judgment is unsafe or hazardous to the applicant, the general population, or the utility's personnel or facilities.
  - 3. Refusal by the applicant to provide the utility with a deposit when the customer has failed to meet the credit criteria for waiver of deposit requirements.
  - 4. Customer is known to be in violation of the utility's tariffs filed with the Commission.
  - 5. Failure of the customer to furnish such funds, suitable facilities, and/or rights-of-way necessary to serve the cus-

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tomers and which have been specified by the utility as a condition for providing service.

6. Applicant falsifies his or her identity for the purpose of obtaining service.

**D. Service establishments, re-establishments or reconnection charge**

1. Each utility may make a charge as approved by the Commission for the establishment, reestablishment, or reconnection of utility services.
2. Should service be established during a period other than regular working hours at the customer's request, the customer may be required to pay an after-hour charge for the service connection.
3. For the purpose of this rule, service establishments are where the customer's and utility's facilities are ready and acceptable.

**E. Temporary service**

1. Applicants for temporary service may be required to pay the utility, in advance of service establishment, the funds provided under the terms of a construction agreement or the cost of installing and removing the facilities necessary for furnishing the desired service.
2. Where the duration of service is to be less than one month, the applicant may also be required to advance a sum of money equal to the estimated bill for service.
3. If at any time the character of a temporary customer's operations changes so that in the opinion of the utility the customer is classified as permanent, the terms of the utility's construction agreement or tariff shall apply.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). Amended to correct subsection numbering (Supp. 99-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

**R14-2-504. Minimum Customer Information Requirements**

**A. Information for residential customers**

1. Each utility shall make available upon customer request not later than 60 days from the date of request a concise summary of the rate schedule applied for by such customer. The summary shall include the following:
  - a. The charges for basic service and incremental ancillary services requested by the applicant.
2. In addition, a utility shall make available upon customer request not later than 60 days from date of service commencement a concise summary of the utility's tariffs or the Commission's rules and regulations concerning:
  - a. Deposits
  - b. Terminations of service
  - c. Billing and collection
  - d. Complaint handling.

**B. Information required due to changes in tariffs**

1. Each utility shall transmit to affected customers by the most economic means available a concise summary of any change in the utility's tariffs affecting those customers.
2. This information shall be transmitted to the affected customer within 60 days of the effective date of the change.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

**R14-2-505. Service Connections and Establishments**

**A. Priority and timing of service establishments**

1. After an applicant has complied with the utility's application, construction agreement, or tariff, deposit requirements and has been accepted for service by the utility, the utility shall schedule that customer for service connection and/or establishment.
2. Service establishments shall be scheduled for completion within 10 working days of the date the customer has been accepted for service, except in those instances when the customer requests service establishment beyond the 10 working day limitation.
3. The maximum interval of 10 working days applies to single line residence and business installations only. Multi-line services and any special equipment configurations shall be installed within a reasonable time-frame based on availability of necessary equipment.
4. When a utility has made arrangements to meet with a customer for service establishment purposes and the utility or the customer cannot make the appointment during the prearranged time, the utility shall reschedule the establishment to the satisfaction of both parties.
5. Unless another time-frame is mutually acceptable to the utility and the customer, each utility shall schedule service establishment appointments within a maximum range of four hours during normal working hours.
6. For the purposes of this rule, service establishments are where the utility's and customer's facilities are available and the utility needs only to connect the service.

**B. Access line connection**

1. Provision of services beyond service access point
  - a. Facilities beyond the service access point may be provided by either the utility or the customer. Where the facilities are provided by the customer the installation shall be in accordance with the utility's specifications.
  - b. The cost of all new construction of inside customer premise wiring shall be the responsibility of the customer.
2. Company provided facilities
  - a. The utility shall provide all facilities up to the service access point.
  - b. A customer requesting an underground service connection in an area served by overhead facilities shall pay for the difference between the cost of an overhead service connection and the actual cost of the underground connection as a nonrefundable contribution. The customer may elect to provide the underground trenching on private property as an offsetting portion of the additional cost of the underground facilities.
  - c. In those instances where the utility is supplying the customer's terminal equipment, the utility may provide any inside wiring beyond the point of access in accordance with approved tariffs filed with the Commission.
3. Easements and rights-of-way
  - a. Each customer shall grant adequate easement and right-of-way satisfactory to the utility to ensure that customer's proper service connection. Failure on the part of the customer to grant adequate easement and right-of-way shall be grounds for the utility to refuse service.



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- b. When a utility discovers that a customer or his agent is performing work or has constructed facilities adjacent to or within an easement or right-of-way and such work, construction or facility poses a hazard or is in violation of federal, state or local laws, ordinances, statutes, rules or regulations, or significantly interferes with the utility's access to equipment, the utility shall notify the customer or his agent and shall take whatever actions are necessary to eliminate the hazard, obstruction or violation at the customer's expense.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

**R14-2-506. Construction Agreements****A. General requirements**

1. Each utility shall file for Commission approval a tariff which incorporates the provisions of this rule and specifically defines the conditions governing construction agreements. Subsections (A), (B), (C), and (D) of this Section do not apply to tariffs providing for construction charges fixed by zone.
2. Upon request by an applicant for service, the utility shall provide, without charge, a preliminary sketch and rough estimates of the cost of installation to be paid by said applicant.
3. Any applicant for service requesting the utility to prepare detailed plans, specifications, or cost estimates may be required to deposit with the utility an amount equal to the estimated cost of preparation. The utility shall, upon request, make available within 90 days after receipt of the deposit referred to above, such plans, specifications, or cost estimates of the proposed construction. Where the applicant authorizes the utility to proceed with construction of the extension, the deposit shall be credited to the cost; otherwise the deposit shall be nonrefundable. If the extension is to include oversizing of facilities to be done at the utility's expense, appropriate details shall be set forth in the plans, specifications and cost estimates.
4. Where the utility requires an applicant to advance funds for construction, the utility shall furnish the applicant with a copy of the agreement or tariff of the appropriate utility prior to the applicant's acceptance.
5. All construction agreements requiring payment by the applicant shall be signed by each party.
6. In the event the utility's actual cost of construction is less than the amount advanced by the customer under a construction agreement, the utility shall make a refund to the applicant within 120 days of service commencement.
7. The provisions of this rule apply only to those applicants who in the utility's judgment will be permanent customers of the utility. Applications for temporary service shall be governed by the Commission's rules concerning temporary service applications.

**B. Minimum written agreement requirements**

1. Each construction agreement shall, at a minimum, include the following information:
  - a. Name and address of applicant or applicants;
  - b. Proposed service address or location;
  - c. Description of requested service;
  - d. Description and sketch of the requested construction

- e. A cost estimate to include materials, labor, and other costs as necessary;
- f. Payment terms;
- g. A concise explanation of any refunding provisions, if applicable;
- h. Utility's estimated start date and completion date for construction;
- i. A summary of the results of the economic feasibility analysis performed by the utility to determine the amount of advance required from the applicant for the proposed construction.

2. Each applicant shall be provided with a copy of the construction agreement.

**C. Construction requirements. Each construction tariff shall include the following provisions:**

1. A maximum footage and/or equipment allowance to be provided by the utility at no charge. The maximum footage and/or equipment allowance may be differentiated by customer class.
2. An economic feasibility analysis for construction which exceed the maximum footage and/or equipment allowance. Such economic feasibility analysis shall consider the incremental revenues and costs associated with the construction. In those instances where the requested construction does not meet the economic feasibility criteria established by the utility, the utility may require the customer to provide funds to the utility, which will make the construction economically feasible. The methodology employed by the utility in determining economic feasibility shall be applied uniformly and consistently to each applicant requiring a construction.
3. The timing and methodology by which the utility will refund any advances in aid of construction as additional customers are served off the construction project. The customer may request an annual survey to determine if additional customers have been connected to and are using service from the project. In no case shall the amount of the refund exceed the amount originally advanced.
4. All advances in aid of construction shall be noninterest bearing.
5. If after five years from the utility's receipt of the advance, the advance has not been totally refunded, the advance shall be considered a contribution in aid of construction and shall no longer be refundable.

**D. Residential subdivision development and permanent mobile home parks. Each utility shall submit as a part of its construction tariff provisions for residential subdivision developments and permanent mobile home parks.****E. Underground extension of communication lines**

1. Extension of communication lines necessary to furnish permanent communication service to new residential buildings or mobile homes within a new or undeveloped subdivision and to residential development in which facilities for communication service have not been constructed for which applications are made by a developer shall be installed underground in accordance with the provisions set forth in this regulation and in accordance with applicable tariffs on file with this Commission except where it is not feasible from an engineering, operational or economic standpoint.
2. Rights-of-way and easements
  - a. The utility shall construct or cause to be constructed and shall own, operate and maintain all underground

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- communication feeder, distribution and service lines along public streets, roads and highways and on public lands and private property which the utility has the legal right to occupy.
- b. Rights-of-way and easements suitable to the utility must be furnished by the developer at no cost to the utility and in reasonable time to meet service requirements. No underground communication facilities shall be installed by a utility until the final grades have been established and furnished to the utility. In addition, the easement strips, alleys and streets must be graded to within six inches of final grade by the developer before the utility will commence construction. Such clearance and grading must be maintained by the developer during construction by the utility.
  - c. If, subsequent to construction, the clearance or grade is changed in such a way as to require relocation of the underground facilities, the cost of such relocation shall be borne by the developer or subsequent owners.
3. Installation of underground communication lines within subdivision and multiple occupancy residential developments:
    - a. The developer shall provide the trenching backfill (including any imported backfill required), compaction, repaving, and any earthwork required to install the underground communication system all in accordance with the reasonable specifications and schedules of other utilities in the same area when feasible. At its option, if the utility's cost therefore is equal to or less than that which the developer would otherwise have to bear, the utility may elect at the developer's expense to perform the activities necessary to fulfill the developer's responsibility hereunder.
    - b. Each utility shall promptly inspect the trenching provided by the developer and allow for phased inspection of trenching. In all cases, the utility shall make every effort to expedite the inspection of developer provided trenching.
    - c. The utility shall install or cause to be installed underground communication lines and related equipment with sufficient capacity and suitable materials that ensure adequate and reasonable communication service in the foreseeable future and in accordance with the applicable provisions of Institute of Electrical and Electronic Engineers, Inc., Pub. No. C2-2007, The National Electrical Safety Code (2007), which is incorporated by reference in R14-2-207(E)(3)(c).
    - d. When developer is required to provide a trench for other underground utilities and services, the utility shall use such common trench as long as the utility's design layout, easement specification, routing and scheduling requirements can be met, unless otherwise agreed upon by utility and developer in writing or as otherwise established by the Commission.
  4. Special conditions
    - a. When the application of any of the provisions of the regulation appears to either party not to be feasible from an engineering, operational or economic standpoint, the utility or the developer may refer the matter to the Commission for a determination as to whether an exception to the underground policy expressed within the provisions of this regulation is warranted. Interested third parties may present their views to the Commission in conjunction with such referrals.
    - b. Notwithstanding any provision of this regulation to the contrary, no utility shall construct overhead communication lines in any new subdivision or new multiple occupancy residential development to which this regulation is applicable and which is contiguous to another subdivision or multiple occupancy residential development in which service is furnished underground without the approval of the Commission after a public hearing.
  - F. Nonapplicability. Any underground communication distribution system requiring more than normal communication service is not covered by this regulation and shall be constructed pursuant to the effective rules and regulations of the affected utility as approved by the Commission.
  - G. Ownership of facilities. Any facilities installed hereunder shall be the sole property of the utility.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). Amended by exempt rulemaking at 5 A.A.R. 2054, effective June 4, 1999 (Supp. 99-2). Amended to correct subsection numbering (Supp. 99-4). Amended by final rulemaking at 15 A.A.R. 1933, effective December 27, 2009 (Supp. 09-4).

*Editor's Note: The following Section was amended under the regular rulemaking process and approved by the Arizona Attorney General's Office (Supp. 09-4).*

*Editor's Note: The following Section was amended under an exemption from the Attorney General certification provisions of the Arizona Administrative Procedure Act (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)), as determined by the Corporation Commission. This exemption means that the rules as amended were not certified by the Attorney General.*

**R14-2-507. Provision of Service**

- A. Utility responsibility. Each utility shall be responsible for maintaining in safe operating condition all equipment and fixtures used in providing utility service to the customer that are owned by and under the exclusive control of the utility.
- B. Customer responsibility
  1. Each customer shall be responsible for safeguarding all utility property installed in or on the customer's premises for the purpose of supplying utility service to that customer.
  2. Each customer shall be responsible for maintaining in safe operating condition all customer provided equipment and fixtures.
  3. Each customer shall exercise all reasonable care to prevent loss or damage to utility property, excluding ordinary wear and tear. The customer shall be responsible for loss of or damage to utility property on the customer's premises arising from neglect, theft, carelessness, or misuse and shall reimburse the utility for the cost of necessary repairs or replacements.
  4. Each customer shall be responsible for payment for any equipment damage and/or use resulting from unauthorized use, interfering or tampering of the utility's equipment on the customer's premises.
  5. Each customer shall notify the utility of any equipment failure identified in the utility's equipment.

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- C.** Continuity of service. Each utility shall make reasonable efforts to supply a satisfactory and continuous level of service. However, no utility shall be responsible for any damage or claim of damage attributable to any interruption or discontinuation of service resulting from but not limited to:
1. Any cause against which the utility could not have reasonably foreseen or made provision for, that is, force majeure.
  2. Intentional service interruptions to make repairs or perform routine maintenance of services constituting excusable negligence.
- D.** Service interruptions
1. Each utility shall make reasonable efforts to reestablish service within the shortest possible time when service interruptions occur.
  2. Each utility shall make reasonable provisions to meet emergencies resulting from failure of service, and each utility shall issue instructions to its employees covering procedures to be followed in the event of emergency in order to prevent or mitigate interruption or impairment of service.
  3. In the event of a national emergency or local disaster resulting in disruption of normal service, the utility may, in the public interest, interrupt service to other customers to provide necessary service to civil defense or other emergency service agencies on a temporary basis until normal service to these agencies can be restored.
  4. When a utility plans to interrupt service for more than four hours to perform necessary repairs or maintenance, the utility shall attempt to inform affected customers at least 24 hours in advance of the scheduled date and estimated duration of the service interruption. Such repairs shall be completed in the shortest possible time to minimize the inconvenience to the customers of the utility.
  5. The Commission shall be notified of major interruptions in service affecting the entire system or any major division.
- E.** Construction standards. Each utility shall construct all facilities in accordance with the provisions of Institute of Electrical and Electronic Engineers, Inc., Pub. No. C2-2007, The National Electrical Safety Code (2007), which is incorporated by reference in R14-2-207(E)(3)(c).
- Historical Note**  
Adopted effective March 2, 1982 (Supp. 82-2). Amended effective August 16, 1996 (Supp. 96-3). Amended by exempt rulemaking at 5 A.A.R. 2054, effective June 4, 1999 (Supp. 99-2). Amended to correct subsection numbering (Supp. 99-4). Amended by final rulemaking at 15 A.A.R. 1933, effective December 27, 2009 (Supp. 09-4).
- R14-2-508. Billing and Collection**
- A.** Frequency. Each utility shall bill monthly for services rendered.
- B.** Minimum bill information. Each utility shall provide the following minimum information on customer bills:
1. Monthly charge for basic exchange service including delineation of the following:
    - a. Total charge for customer requested services and/or equipment.
    - b. Installation costs or other service fees, where applicable.
    - c. Reconnect fee, where applicable.
  2. Toll charges broken down to include the following details by toll call:
    - a. Date of call
    - b. Time of call
    - c. Location called
    - d. Phone number called
    - e. Duration of call
    - f. Indication of any rate class applied.
  3. Miscellaneous charges and credits shall be shown separately.
  4. Any taxes included in the customer's billing.
  5. Total amount due and due date.
  6. Past due amount.
  7. Utility telephone number.
  8. Customer's name.
  9. Service account number.
- C.** Billing terms: Each utility shall file a tariff which incorporates the following billing procedures:
1. The billing date shall be printed on the bill and the date rendered shall be the mailing date.
  2. Bills for telephone services may be considered delinquent 15 days after the date the bill is rendered.
  3. Delinquent accounts for which payment has not been received may be terminated 22 days after the date the bill is rendered.
  4. All payments shall be made at or mailed to the office of the utility or to the utility's duly authorized representative.
- D.** Applicable tariffs, prepayment, failure to receive, commencement date, taxes
1. Each customer shall be billed under the applicable tariff.
  2. Each utility shall make provisions for advance payment for utility services.
  3. Failure to receive bills or notices which have been properly placed in the United States mail shall not prevent such bills from becoming delinquent nor relieve the customer of his obligations therein.
  4. Charges for service commence when the service is installed and connection made, whether used or not.
  5. In addition to the collection of regular rates, each utility may collect from the customer a proportionate share of any privilege, sales or use tax, or other imposition based on the gross revenues received by the utility.
- E.** Insufficient funds (NSF) checks
1. A utility shall be allowed to recover a fee, as approved by the Commission in a tariff proceeding, for each instance where a customer tenders payment for utility service with an insufficient funds check.
  2. When the utility is notified by the customer's bank that there are insufficient funds to cover the check tendered for utility service, the utility may require the customer to make payment in cash, by money order, certified check, or other means which guarantee the customer's payment to the utility.
  3. A customer who tenders an insufficient check shall in no way be relieved of the obligation to render payment to the utility under the original terms of the bill nor defer the utility's provision for termination of service for nonpayment of bills.
- F.** Deferred payment plan
1. Each utility may, prior to termination, offer to qualifying residential customers a deferred payment plan for the customer to retire unpaid bills for utility service.
  2. Each deferred payment agreement entered into by the utility and the customer due to the customer's inability to

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pay an outstanding bill in full shall provide that service will not be discontinued if:

- a. Customer agrees to pay a reasonable amount of the outstanding bill at the time the parties enter into the deferred payment agreement.
  - b. Customer agrees to pay all future bills for utility service in accordance with the billing and collection tariffs of the utility.
  - c. Customer agrees to pay a reasonable portion of the remaining outstanding balance in installments over a period not to exceed six months.
3. For the purposes of determining a reasonable installment payment schedule under these rules, the utility and the customer shall give consideration to the following conditions:
    - a. Size of the delinquent account
    - b. Customer's ability to pay
    - c. Customer's payment history
    - d. Length of time that the debt has been outstanding
    - e. Circumstances which resulted in the debt being outstanding
    - f. Any other relevant factors related to the circumstances of the customer.
  4. Any customer who desires to enter into a deferred payment agreement shall establish such agreement prior to the utility's scheduled termination date for nonpayment of bills; customer failure to execute a deferred payment agreement prior to the scheduled termination date shall not prevent the utility from discontinuing service for nonpayment.
  5. Deferred payment agreements may be in writing and may be signed by the customer and an authorized utility representative.
  6. A deferred payment agreement may include a finance charge as approved by the Commission in a tariff proceeding.
  7. If a customer has not fulfilled the terms of a deferred payment agreement, the utility shall have the right to disconnect service pursuant to the utility's termination of service rules and, under such circumstances, it shall not be required to offer subsequent negotiation of a deferred payment agreement prior to disconnection.
- G. Late payment penalty**
1. Each utility may include in its tariffs a late payment penalty which may be applied to delinquent bills.
  2. The amount of the late payment penalty shall be indicated upon the customer's bill when rendered by the utility.
  3. In the absence of an approved tariff, the amount of the late payment penalty shall not exceed 1-1/2% of the delinquent bill.
- H. Change of responsibility or occupancy**
1. Not less than three working days advance notice must be given in person, in writing, or by telephone at the utility's office to discontinue service, to change occupancy or to change account responsibility.
  2. The customer in whose name service is being rendered shall be responsible for all utility services provided and/or consumed up to the scheduled date of service discontinuation.
  3. Existing business service may be continued for a new subscriber only if the former subscriber consents and an agreement acceptable to the utility is made to pay all outstanding charges against the service.

4. Change of responsibility on a residence account shall occur only in those cases where both parties previously shared telephone service.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). Amended to correct subsection numbering (Supp. 99-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

**R14-2-509. Termination of Service**

- A.** Nonpermissible reasons to disconnect service. A utility may not disconnect service for any of the reasons stated below:
1. Delinquency in payment for services rendered to a prior customer at the premises where service is being provided, except in the instance where the prior customer continues to reside on the premises.
  2. Failure of the customer to pay for services or equipment which are not regulated by the Commission.
  3. Residential service may not be disconnected due to nonpayment of a bill related to another class of service.
  4. Failure to pay for a bill to correct a billing error if the customer agrees to pay over a reasonable period of time.
  5. Failure to pay the bill of another customer as guarantor thereof unless guarantor does not make acceptable payment arrangements.
  6. Disputed bills where the customer has complied with the Commission's rules on complaints.
- B.** Termination of service without notice
1. Utility service may be disconnected without advance written notice under the following conditions:
    - a. The existence of an obvious hazard to the safety or health of the consumer or the general population or the utility's personnel or facilities.
    - b. The utility has evidence of tampering or evidence of fraud.
  2. The utility shall not be required to restore service until the conditions which resulted in the termination have been corrected to the satisfaction of the utility.
  3. Each utility shall maintain a record of all terminations of service without notice. This record shall be maintained for a minimum of one year and shall be available for inspection by the Commission.
- C.** Termination of service with notice
1. A utility may disconnect service to any customer for any reason stated below provided the utility has met the notice requirements established by the Commission:
    - a. Customer violation of any of the utility's tariffs filed with the Commission and/or violation of the Commission's rules and regulations.
    - b. Failure of the customer to pay a bill for utility service.
    - c. Failure to meet or maintain the utility's credit and deposit requirements.
    - d. Failure of the customer to provide the utility reasonable access to its equipment and property.
    - e. Customer breach of contract for service between the utility and customer.
    - f. When necessary for the utility to comply with an order of any governmental agency having such jurisdiction.
    - g. Unauthorized resale of equipment or service.
  2. Each utility shall maintain a record of all terminations of service with notice. This record shall be maintained for one year and be available for Commission inspection.

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**D. Termination notice requirements**

1. No utility shall terminate service to any of its customers without providing advance written notice to the customer of the utility's intent to disconnect service, except under those conditions specified where advance written notice is not required.
2. Such advance written notice shall contain, at a minimum, the following information:
  - a. The name of the person whose service is to be terminated and the telephone number where service is being rendered.
  - b. The utility rules or regulation that was violated and explanation thereof or the amount of the bill which the customer has failed to pay in accordance with the payment policy of the utility, if applicable.
  - c. The date on or after which service may be terminated.
  - d. A statement advising the customer to contact the utility at a specific phone number for information regarding any deferred billing or other procedures which the utility may offer or to work out some other mutually agreeable solution to avoid termination of the customer's service.

**E. Timing of terminations with notice**

1. Each utility shall be required to give at least five days advance written notice prior to the termination date.
2. Such notice shall be considered to be given to the customer when a copy thereof is left with the customer or posted first class in the United States mail, addressed to the customer's last known address.
3. If after the period of time allowed by the notice has elapsed and the delinquent account has not been paid nor arrangements made with the utility for the payment thereof or in the case of a violation of the utility's rules the customer has not satisfied the utility that such violation has ceased, the utility may then terminate service on or after the day specified in the notice without giving further notice.
4. The utility may terminate service on a temporary basis by discontinuing the customer's line access at the central office.
5. The utility shall have the right (but not the obligation) to remove any or all of its property installed on the customer's premises upon the termination of service.
6. The terms and conditions of these rules shall apply in all circumstances except those superseded by the provisions of the high toll usage notification procedures.

**F. High toll usage monitoring/notification procedures**

1. Each telephone utility may establish a high toll usage monitoring/notification system to identify unexplained or excessive increases in customer toll usage during interim periods between the issuance of bills in accordance with the utility's established billing cycle. The intent of such a monitoring/notification system is to enable telephone utilities to identify situations where it is unlikely that the customer will be able to pay for toll services already provided as well as to prevent the accrual of additional billings when the risk of loss is increasingly evident.
2. Each utility which establishes a high toll monitoring/notification system shall develop and operate such system and be governed by the following provisions and procedures:
  - a. Each utility shall establish a "normal" amount of toll usage by customer class and length of service. The

normal amount of toll usage shall be based upon the actual average usage by the customer class.

- b. Increases in toll usage shall not be considered unexplained or excessive until the amount of toll usage incurred between billing periods is at least two times the normal amount of monthly toll usage for that customer or customer class.
- c. When this situation occurs, the utility shall review:
  - i. The individual customer's billing history to determine if the volume of toll usage should be considered excessive for that particular customer
  - ii. Prior payment history
  - iii. Amount of customer deposit held, if any
  - iv. Length of customer service to assess the ability of the customer to pay such toll charges according to the payment terms of the utility when a normal billing is rendered.
- d. If the review of the customer's previous billing and payment history indicates it is unlikely that the customer shall be able to pay such bill, the utility may contact the customer to make inquiries concerning the abnormal usage. If the explanation is not satisfactory, the utility may require security and/or payment of charges on the account to continue service.
- e. The utility may terminate service provided the customer is given 48 hours advance notice and the customer makes no further attempt to secure and or pay the account in order to continue service.
- f. The 48-hour notification rule shall be waived and service may be terminated immediately in those situations where intentional customer abuse of toll usage is evident.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). Amended to correct subsection numbering (Supp. 99-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

**Editor's Note:** *The following Section was amended under an exemption from the Attorney General approval provisions of the Arizona Administrative Procedure Act (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)), as determined by the Corporation Commission. This exemption means that the rules as amended were not approved by the Attorney General.*

**R14-2-510. Administrative and Hearing Requirements****A. Customer service complaints**

1. Each utility shall make a full and prompt investigation of all service complaints made by its customers, either directly or through the Commission.
2. The utility shall respond to the complainant and/or the Commission representative within five working days as to the status of the utility investigation of the complaint.
3. The utility shall notify the complainant and/or the Commission representative of the final disposition of each. Upon request of the complainant or the Commission representative, the utility shall report the findings of its investigation in writing.
4. Each utility shall keep a record of all written service complaints received which shall contain, at a minimum, the following data:
  - a. Name and address of complainant
  - b. Date and nature of the complaint

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- c. Disposition of the complaint
  - d. A copy of any correspondence between the utility, the customer, and/or the Commission.
- 5. This record shall be maintained for a minimum period of one year and shall be available for inspection by the Commission.
- B. Customer bill disputes**
  - 1. Any utility customer who disputes a portion of a bill rendered for utility service shall pay the undisputed portion of the bill and notify the utility's designated representative that such unpaid amount is in dispute prior to the delinquent date of the bill.
  - 2. Upon receipt of the customer notice of dispute, the utility shall:
    - a. Notify the customer within five working days of the receipt of a written dispute notice.
    - b. Initiate a prompt investigation as to the source of the dispute.
    - c. Withhold disconnection of service until the investigation is completed and the customer is informed of the results.
  - 3. Once the customer has received the results of the utility's investigation, the customer shall submit payment within five working days to the utility for any disputed amounts. Failure to make full payment shall be grounds for termination of service. Prior to termination inform the customer of his right of appeal to the Commission.
- C. Commission resolution of service and/or bill disputes**
  - 1. In the event a customer and utility cannot resolve a service and/or bill dispute, the customer shall file a written statement of dissatisfaction with the Commission; by submitting such notice to the Commission, the customer shall be deemed to have filed an informal complaint against the utility.
  - 2. Within 30 days of the receipt of a written statement of customer dissatisfaction related to a service or bill dispute, a designated representative of the Commission shall endeavor to resolve the dispute by correspondence and/or telephone with the utility and the customer. If resolution of the dispute is not achieved within 20 days of the Commission representative's initial effort, the Commission shall hold an informal hearing to arbitrate the resolution of the dispute. The informal hearing shall be governed by the following rules:
    - a. Each party may be represented by legal counsel, if desired.
    - b. All such informal hearings may be recorded or held in the presence of a stenographer.
    - c. All parties will have the opportunity to present written or oral evidentiary material to support the positions of the individual parties.
    - d. All parties and the Commission's representative shall be given the opportunity for cross-examination of the various parties.
    - e. The Commission's representative will render a written decision to all parties within five working days after the date of the informal hearing. Such written decision of the arbitrator is not binding on any of the parties and the parties will still have the right to make a formal complaint to the Commission.
  - 3. The utility may implement normal termination procedures if the customer fails to pay all bills rendered during the resolution of the dispute by the Commission.
- D. Notice by utility of responsible officer or agent**
  - 1. Each utility shall file with the Commission a written statement containing the name, address (business, residence and post office) and telephone numbers (business and residence) of at least one officer, agent or employee responsible for the general management of its operations as a utility in Arizona.
  - 2. Each utility shall give notice, by filing a written statement with the Commission, of any change in the information required herein within five days from the date of any such change.
- E. Time-frames for processing applications for Certificates of Convenience and Necessity**
  - 1. This rule prescribes time-frames for the processing of any application for a Certificate of Convenience and Necessity issued by the Arizona Corporation Commission pursuant to this Article. These time-frames shall apply to applications filed on or after the effective date of this rule.
  - 2. Within 30 calendar days after receipt of an application for a new Certificate of Convenience and Necessity, or to amend or change the status of any existing Certificate of Convenience and Necessity, staff shall notify the applicant, in writing, that the application is either administratively complete or deficient. If the application is deficient, the notice shall specify all deficiencies.
  - 3. Staff may terminate an application if the applicant does not remedy all deficiencies within 60 calendar days of the notice of deficiency.
  - 4. After receipt of a corrected application, staff shall notify the applicant within 30 calendar days if the corrected application is either administratively complete or deficient. The time-frame for administrative completeness review shall be suspended from the time the notice of deficiency is issued until staff determines that the application is complete.
  - 5. Within 150 days after an application is deemed administratively complete, the Commission shall approve or reject the application.
  - 6. For purposes of A.R.S. § 41-1072 et seq., the Commission has established the following time-frames:
    - a. Administrative completeness review time-frame: 30 calendar days,
    - b. Substantive review time-frame: 150 calendar days,
    - c. Overall time-frame: 180 calendar days.
  - 7. If an applicant requests, and is granted, an extension or continuance, the appropriate time-frames shall be tolled from the date of the request during the duration of the extension or continuance.
  - 8. During the substantive review time-frame, the Commission may, upon its own motion or that of any interested party to the proceeding, request a suspension of the time-frame rules.
- F. Filing of rules and regulations**
  - 1. Each utility shall file with the Commission tariffs which are in compliance with the rules and regulations promulgated by the Arizona Corporation Commission within 120 days of the adoption of such rules by the Commission.
  - 2. Any proposed changes to the tariffs on file with the Commission shall be accompanied by a statement of justification supporting the proposed change in tariff.
  - 3. Any proposed change to the tariffs on file with the Commission shall not be effective until reviewed and approved by the Commission, except as provided for by law.

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**G. Accounts and records**

1. Each utility shall keep general and auxiliary accounting records reflecting the cost of its properties, operating income and expense, assets and liabilities, and all other accounting and statistical data necessary to give complete and authentic information as to its properties and operations.
2. Each utility shall maintain its books and records in conformity with the Uniform Systems of Accounts for Class A, B, C and D Telephone Utilities as adopted and amended by the Federal Communications Commission or, for telephone cooperatives, as promulgated by the Rural Electrification Administration.
3. A utility shall produce or deliver in this state any or all of its formal accounting records and related documents requested by the Commission. It may, at its option, provide verified copies of original records and documents.
4. All utilities shall submit an annual report to the Commission on a form prescribed by it. The annual report shall be filed on or before the 15th day of April for the preceding calendar year. Reports prepared by a certified or licensed public accountant on the utility, if any, shall accompany the annual report.
5. All utilities shall file with the Commission a copy of all reports required by the Securities and Exchange Commission.
6. All utilities shall file with the Commission a copy of all annual reports required by the Federal Communications Commission and in addition, for telephone cooperatives, annual reports required by the Rural Electrification Administration.

**H. Maps.** All utilities shall file with the Commission a map or maps clearly setting forth the location and extent of the area or areas they hold under approved certificates of convenience and necessity, in accordance with the Cadastral (Rectangular) Survey of the United States Bureau of Land Management, or by metes and bounds with a starting point determined by the aforesaid Cadastral Survey.**I. Variations, exemptions of Commission rules and regulations.** Variations or exemptions from the terms and requirements of any of the rules included herein (Title 14, Chapter 2, Article 5) shall be considered upon the verified application of an affected party to the Commission setting forth the circumstances whereby the public interest requires such variation or exemption from the Commission rules and regulations. Such application will be subject to the review of the Commission, and any variation or exemption granted shall require an order of the Commission. In case of conflict between these rules and regulations and an approved tariff or order of the Commission, the provisions of the tariff or order shall apply.**J. Prior agreements.** The adoption of these rules by the Commission shall not affect any agreements entered into between the utility and customers or other parties who, pursuant to such contracts, arranged for the extension of facilities in a provision of service prior to the effective date of these rules.**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). Amended effective December 31, 1998, under an exemption as determined by the Arizona Corporation Commission (Supp. 98-4). Amended to correct subsection numbering (Supp. 99-4).

**ARTICLE 6. SEWER UTILITIES****R14-2-601. Definitions**

In this Article, unless the context otherwise requires, the following definitions shall apply:

1. "Advance in aid of construction." Funds provided to the utility by the applicant under the terms of a collection main extension agreement the value of which may be refundable.
2. "Applicant." A person requesting the utility to supply sewer service.
3. "Application." A request to the utility for sewer service, as distinguished from an inquiry as to the availability or charges for such service.
4. "Arizona Corporation Commission." The regulatory authority of the state of Arizona having jurisdiction over public service corporations operating in Arizona.
5. "Billing month." The period between any two regular billings -- approximately 30 day interval.
6. "Billing period." The time interval between two consecutive billings.
7. "Collection main." A sewer main of the utility from which service collection lines are extended to customers.
8. "Commodity charge." The unit of cost per billed discharge as set forth in the utility's tariffs.
9. "Contributions in aid of construction." Funds provided to the utility by the applicant under the terms of a collection main extension agreement and/or service connection tariff the value of which are not refundable.
10. "Customer." The person or entity in whose name service is rendered, as evidenced by the signature on the application or contract for that service, or by the receipt and/or payment of bills regularly issued in his name regardless of the identity of the actual user of the service.
11. "Customer charge." The amount the customer must pay the utility for the availability of sewer service, excluding any amount of discharged, as specified in the utility's tariffs.
12. "Day." Calendar day.
13. "Minimum charge." The amount the customer must pay for the availability of sewer service, including an amount of discharge, as specified in the utility's tariffs.
14. "Permanent customer." A customer who is a tenant or owner of a service location who applies for and receives sewer service.
15. "Permanent service." Service which, in the opinion of the utility, is of a permanent and established character. The use of sewer service may be continuous, intermittent, or seasonal in nature.
16. "Person." Any individual, partnership, corporation, governmental agency, or other organization operating as a single entity.
17. "Point of collection." The point where pipes owned, leased, or under license by a customer connect to the utility's collection system.
18. "Premises." All of the real property and apparatus employed in a single enterprise on an integral parcel of land undivided by public streets, alleys or railways.
19. "Residential subdivision development." Any tract of land which has been divided into four or more contiguous lots for use for the construction of residential buildings or permanent mobile homes for either single or multiple occupancy.
20. "Residential use." Service to customers discharging sewage for domestic purposes.
21. "Rules." The regulations set forth in the tariffs which apply to the provision of sewage service.

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22. "Service area." The territory in which the utility has been granted a Certificate of Convenience and Necessity and is authorized by the Commission to provide sewer service.
  23. "Service establishment charge." The charge as specified in the utility's Schedule of Rates which covers the cost of establishing a new account.
  24. "Service line." A sewer line that transports sewage from a customer's point of collection to a common source (normally a collection main) of collection of the utility's.
  25. "Service reconnect charge." The charge as specified in the utility's tariffs which must be paid by the customer prior to reconnection of sewer service each time the sewer service is disconnected for nonpayment or whenever service is discontinued for failure otherwise to comply with the utility's fixed rules.
  26. "Service reestablishment charge." A charge as specified in the utility's tariffs for service at the same location where the same customer had ordered a service disconnection within the preceding 12-month period.
  27. "Sewage." Ground garbage, human or animal excretions, and other domestic, commercial or industrial waste normally disposed of through a sanitary sewer system.
  28. "Single family dwelling." A house, an apartment, a mobile home permanently affixed to a lot, or any other permanent residential unit which is used as a permanent home.
  29. "Tariffs." The documents filed with the Commission which list the services and products offered by the sewer company and which set forth the terms and conditions and a schedule of the rates and charges for those services and products.
  30. "Temporary service." Service to premises or enterprises which are temporary in character, or where it is known in advance that the service will be of limited duration. Service which, in the opinion of the utility, is for operations of a speculative character is also considered temporary service.
  31. "Utility." The public service corporation providing sewer service to the public in compliance with state law.
1. Any person who desires to construct sewer utility facilities or to operate as a sewer utility shall, prior to commencing construction of utility facilities or operations, file with the Commission an application for a CC&N and obtain Commission approval.
  2. Any utility that desires to extend its CC&N service area shall file with the Commission an application for a CC&N extension.
  3. Before filing an application for a CC&N or a CC&N extension, a person shall provide written notice of the person's intention to file the application to each person who owns land within the proposed service area or extension area and who has not requested service. Each written notice to a landowner shall include, at a minimum:
    - a. The legal name, physical address, mailing address (if different), and telephone number of the intended applicant;
    - b. The approximate date by which the application will be filed;
    - c. The type of services to be provided if the application is approved;
    - d. The physical addresses and toll-free telephone numbers, in Phoenix and Tucson, for the Consumer Services Section of the Commission; and
    - e. The following information:
      - i. That the recipient is a property owner within the proposed service area or extension area;
      - ii. That if the application is granted, the intended applicant will be the exclusive provider of the specific services to the proposed service area or extension area and will be required by the Commission to provide those services under rates and charges and terms and conditions established by the Commission;
      - iii. That a CC&N does not prohibit persons from providing services only to themselves using their own facilities on their own property although other applicable laws may restrict such activity;
      - iv. That the application is available for inspection during regular business hours at the offices of the Commission and at the offices of the intended applicant;
      - v. That the Commission will hold a hearing on the application;
      - vi. That the landowner may have the right to intervene in the proceeding and may appear at the hearing and make a statement on the his or her own behalf even if the landowner does not intervene;
      - vii. That the landowner may contact the Commission for the date and time of the hearing and for information on intervention;
      - viii. That the landowner may not receive any further notice of the application proceeding unless requested; and
      - ix. That the landowner may contact the intended applicant or the Consumer Services Section of the Commission if the landowner has any questions or concerns about the application, has any objections to approval of the application, or wishes to make a statement in support of the application.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2).

**R14-2-602. Certificates of Convenience and Necessity for Sewer Utilities; Extensions of Certificates of Convenience and Necessity for Sewer Utilities; Abandonment, Sale, Lease, Transfer, or Disposal of a Sewer Utility; Discontinuance or Abandonment of Sewer Utility Service**

**A.** In this Section, unless otherwise specified:

1. "Applicant" means a person who submits an application to obtain a Certificate of Convenience and Necessity to construct sewer utility facilities or operate as a sewer utility or to extend the service area under an existing Certificate of Convenience and Necessity held by the person.
2. "CC&N" means Certificate of Convenience and Necessity.
3. "Commission" means the Arizona Corporation Commission.
4. "Contiguous" means in actual contact, touching, such as by sharing a common border.
5. "Extension area" means the geographic area that an applicant is requesting to have added to the applicant's existing CC&N service area.

**B.** Application for a new CC&N or extension of a CC&N



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4. Within 10 days after filing an application for a CC&N or a CC&N extension, an applicant shall provide written notice of the application to the municipal manager or administrator of each municipality with corporate limits that overlap with or are within five miles of the proposed service area or extension area. Each written notice shall include, at a minimum:
  - a. The applicant's legal name, mailing address, and telephone number;
  - b. The date the application was filed;
  - c. The type of services to be provided if the application is approved;
  - d. A description of the requested service area or extension area, expressed in terms of cadastral (quarter section) or metes and bound survey;
  - e. The Commission docket number assigned to the application; and
  - f. Instructions on how to obtain a copy of the application.
5. Each application for a new CC&N or CC&N extension shall be submitted in a form and number prescribed by the Commission and shall include, at a minimum, the following information:
  - a. The applicant's legal name, mailing address, and telephone number;
  - b. If the applicant will or does operate the utility under a different business name, the name under which the applicant will be doing business;
  - c. The full name, mailing address, and telephone number of a management contact for the applicant;
  - d. The full name, mailing address, and telephone number of the attorney for the applicant, if any;
  - e. The full name, mailing address, and telephone number of the operator certified by the Arizona Department of Environmental Quality who is or will be working for the applicant;
  - f. The full name, mailing address, and telephone number of the onsite manager for the applicant;
  - g. Whether the applicant is a corporation, a partnership, a limited liability company, a sole proprietor, or another specified type of legal entity;
  - h. If the applicant is a corporation, the following:
    - i. Whether the applicant is a "C" corporation, an "S" corporation, or a non-profit corporation and whether the corporation is domestic or foreign;
    - ii. A list of the full names, titles, and mailing addresses of each of the applicant's officers and directors;
    - iii. A copy of the applicant's certificate of good standing issued by the Commission's Corporations Division;
    - iv. Unless the applicant is applying for a CC&N extension, a certified copy of the applicant's articles of incorporation and by-laws; and
    - v. If the applicant is a for-profit corporation, the number of shares of stock authorized for issue and, if any stock has been issued, the number of shares issued and date of issuance;
  - i. If the applicant is a partnership, the following:
    - i. Whether the applicant is a limited partnership or a general partnership and whether the partnership is domestic or foreign;
    - ii. The full names and mailing addresses of the applicant's general partners;
    - iii. The full names, mailing addresses, and telephone numbers of the applicant's managing partners;
    - iv. Unless the applicant is applying for a CC&N extension, a copy of the applicant's articles of partnership; and
    - v. If the applicant is a foreign limited partnership, a copy of the applicant's certificate of registration filed with the Arizona Secretary of State;
  - j. If the applicant is a limited liability company, the following:
    - i. The full names and mailing addresses of the applicant's managers or, if management is reserved to the members, the applicant's members;
    - ii. Unless the applicant is applying for a CC&N extension, a copy of the applicant's articles of organization;
  - k. The legal name and mailing address of each other utility in which the applicant has an ownership interest;
  - l. A description of the requested service area or extension area, expressed in terms of cadastral (quarter section) or metes and bound survey;
  - m. The name of each county in which the requested service area or extension area is located and a description of the area's location in relation to the closest municipality, which shall be named;
  - n. A complete description of the facilities proposed to be constructed, including a preliminary engineering report with specifications in sufficient detail to describe each sewer system and the principal components of each sewer system (e.g., collection mains, trunk lines, lift stations, treatment plants, effluent disposal areas, etc.) to allow verification of the estimated costs provided under subsection (B)(5)(p) and verification that the requirements of the Commission and the Arizona Department of Environmental Quality can be met;
  - o. A copy of the Aquifer Protection Permit issued by the Arizona Department of Environmental Quality for the proposed service area or extension area or, if not yet obtained, the status of the application for the Aquifer Protection Permit;
  - p. The estimated total construction cost of the proposed offsite and onsite facilities, including documentation to support the estimates, and an explanation of how the construction will be financed, such as through debt, equity, advances in aid of construction, contributions in aid of construction, or a combination thereof;
  - q. Documentation establishing the applicant's financial condition, including at least the applicant's current assets and liabilities, an income statement, the applicant's estimated revenue and expenses for the first five years following approval of the application, and the estimated value of the applicant's utility plant in service for the first five years following approval of the application;
  - r. The rates proposed to be charged for services rendered, shown in the form of a proposed tariff that complies with Commission standards;

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- s. The estimated annual operating revenues and expenses for the first five years of operation for the requested service area or extension area, expressed separately for residential, commercial, industrial, and irrigation services, and including a description of each assumption made to derive the estimates;
  - t. A detailed description of the proposed construction timeline for facilities, with estimated starting and completion dates and, if construction is to be phased, a description of each separate phase of construction;
  - u. A copy of any requests for service from persons who own land within the proposed service area or extension area, which shall identify the applicant by name;
  - v. Maps of the proposed service area or extension area identifying:
    - i. The boundaries of the area, with the total acreage noted;
    - ii. The land ownership boundaries within the area, with the acreage of each separately owned parcel within the area noted;
    - iii. The owner of each parcel within the area;
    - iv. Any municipality corporate limits that overlap with or are within five miles of the area;
    - v. The service area of any public service corporation, municipality, or district currently providing water or wastewater service within one mile of the area, with identification of the entity providing service and each type of service being provided;
    - vi. The location within the area of any known sewer service connections that are already being provided service by the applicant;
    - vii. The location of all proposed developments within the area;
    - viii. The proposed location of each sewer system and the principal components described in subsection (B)(5)(n); and
    - ix. The location of all parcels for which a copy of a request for service has been submitted per subsection (B)(5)(u);
  - w. A copy of each notice to be sent, as required under subsection (B)(4), to a municipal manager or administrator;
  - x. A copy of each notice sent, as required under subsection (B)(3), to a landowner not requesting service;
  - y. For each landowner not requesting service, either the written response received from the landowner or, if no written response was received, a description of the actions taken by the applicant to obtain a written response;
  - z. A copy of each city, county, or state agency approval required by law to construct the proposed facilities or operate the utility within the proposed service area or extension area or, for any approval not yet obtained, the status of the applicant's application for the approval;
  - aa. The estimated number of customers to be served for each of the first five years of operation, expressed separately for residential, commercial, industrial, and irrigation customers and including documentation to support the estimates;
  - bb. A description of how water service is to be provided in the proposed service area or extension area and the name of each water service provider for the area, if any;
  - cc. A description of how effluent from the area will be reused or, if not reused, disposed of;
  - dd. If the applicant is requesting a CC&N extension:
    - i. A current compliance status report from the Arizona Department of Environmental Quality, dated no more than 30 days before the date the CC&N extension application is filed, for each wastewater system operated by the applicant, as identified by a separate Arizona Department of Environmental Quality Identification Number; and
    - ii. A wastewater flow data sheet for the wastewater system being extended by the applicant; and
  - ee. The notarized signature of the applicant.
6. Upon receiving an application under subsection (B)(5), Utilities Division staff shall review and process the application in accordance with the requirements of R14-2-610.
  7. Once Utilities Division staff determines that an application submitted under subsection (B)(5) is administratively complete, the Commission shall, as expeditiously as practicable, schedule a hearing to consider the application.
- C. Additions or extensions of service contiguous to existing CC&N service areas**
1. Except in the case of an emergency, a utility that proposes to extend service to a parcel located in a non-certificated area contiguous to its CC&N service area shall notify the Commission before the service extension occurs.
  2. Each notification required under subsection (C)(1) shall be in writing, shall be verified, and shall set forth, at a minimum:
    - a. The legal name, mailing address, and telephone number of the utility;
    - b. The number of persons to be served in the contiguous parcel;
    - c. The legal description of the contiguous parcel and the location of the structures to be served therein, in relation to the utility's CC&N service area; and
    - d. A statement that service will be extended only to a non-certificated parcel contiguous to the utility's CC&N service area.
  3. When emergency service is required to be provided to a person in a non-certificated area contiguous to a utility's CC&N service area, the utility shall notify the Commission of the service extension as soon as possible after the service extension occurs by providing written notice that includes the information required under subsection (C)(2) and describes the nature and extent of the emergency.
- D. Application for authority to abandon, sell, lease, transfer, or otherwise dispose of a utility**
1. A utility shall not abandon, sell, lease, transfer, or otherwise dispose of its facilities or operation without first obtaining authority therefor from the Commission.
  2. A utility desiring to abandon, sell, lease, transfer, or otherwise dispose of its facilities or operation shall file with the Commission an application that includes, at a minimum:
    - a. The legal name, physical address, mailing address (if different), and telephone number of the utility;

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- b. A description of the utility property proposed to be abandoned, sold, leased, transferred or otherwise disposed of;
- c. Documentation establishing the utility's financial condition, including at least the utility's current assets and liabilities, an income statement, the utility's revenue and expenses for the most recently completed 12-month accounting period, and the value of the utility's utility plant in service;
- d. The legal name, physical address, mailing address (if different), and telephone number of any proposed purchaser, lessee, transferee, or assignee;
- e. The terms and conditions of the proposed abandonment, sale, lease, transfer, or assignment and copies of any agreement that has been or will be executed concerning the transaction;
- f. A description of the effect that the proposed transaction will have upon the utility's services;
- g. The method by which the proposed transaction is to be financed;
- h. A description of the effect that the proposed transaction will have upon any other utility;
- i. The number of customers to be affected by the proposed transaction; and
- j. A description of the effect that the proposed transaction will have upon customers.

**E. Application for discontinuance or abandonment of utility service**

- 1. A utility shall not discontinue or abandon any service currently in use by the public without first obtaining authority therefor from the Commission.
- 2. A utility desiring to discontinue or abandon a service shall file with the Commission an application identifying the utility; including data regarding past, present and estimated future customer use of the service; describing any plant or facility that would no longer be in use if the application were approved; and explaining why the utility desires to discontinue or abandon the service.
- 3. A utility is not required to apply for Commission approval to remove individual facilities where a customer has requested service discontinuance.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). Amended to correct subsection numbering (Supp. 99-4). Amended by final rulemaking at 15 A.A.R. 2066, effective January 22, 2010 (Supp. 09-4).

**R14-2-603. Establishment of Service****A. Information from new applicants**

- 1. A utility may obtain the following minimum information from each new applicant for service:
  - a. Name or names of applicant(s).
  - b. Service address or location and telephone number.
  - c. Billing address or location and telephone number, if different than service address.
  - d. Address where service was provided previously.
  - e. Date applicant will be ready for service.
  - f. Indication of whether premises have been supplied with utility service previously.
  - g. Purpose for which service is to be used.
  - h. Indication of whether applicant is owner or tenant of or agent for the premises.
- 2. Each utility may require a new applicant for service to appear at the utility's designated place of business to pro-

duce proof of identity and sign the utility's application form.

- 3. Where service is requested by two or more individuals the utility shall have the right to collect the full amount owed to the utility from any one of the applicants.

**B. Deposits**

- 1. A utility may require a deposit from any new applicant for service.
- 2. The utility shall issue a nonnegotiable receipt to the applicant for the deposit. The inability of the customer to produce such a receipt shall in no way impair his right to receive a refund of the deposit which is reflected on the utility's records.
- 3. Interest on deposits shall be calculated annually at an interest rate filed by the utility and approved by the Commission in a tariff proceeding. In the absence of such, the interest rate shall be 6%.
- 4. Interest shall be credited to the customer's bill annually.
- 5. Residential deposits shall be refunded within 30 days after:
  - a. 12 consecutive months of service without being delinquent in the payment of utility bills provided the utility may reestablish the deposit if the customer becomes delinquent in the payment of bills three or more times within a 12 consecutive month period.
  - b. Upon discontinuance of service when the customer has paid all outstanding amounts due the utility.
- 6. A separate deposit may be required for each service installed.
- 7. The amount of a deposit required by the utility shall be determined according to the following terms:
  - a. Residential customer deposits shall not exceed two times the average residential class bill as evidenced by the utility's most recent annual report filed with the Commission.
  - b. Nonresidential customer deposits shall not exceed 2 1/2 times that customer's estimated maximum monthly bill.
- 8. The utility may review the customer's discharge after service has been established and adjust the deposit amount based upon the customer's actual discharge.
- 9. Upon discontinuance of service, the deposit may be applied by the utility toward settlement of the customer's bill.

**C. Grounds for refusal of service. A utility may refuse to establish service if any of the following conditions exist:**

- 1. The applicant has an outstanding amount due for the same class of utilities services with the utility, and the applicant is unwilling to make arrangements with the utility for payment.
- 2. A condition exists which in the utility's judgment is unsafe or hazardous to the applicant, the general population, or the utility's personnel or facilities.
- 3. Refusal by the applicant to provide the utility with a deposit.
- 4. Customer is known to be in violation of the utility's tariffs filed with the Commission or of the Commission's rules and regulations.
- 5. Failure of the customer to furnish such funds, service, equipment, and/or rights-of-way necessary to serve the customer and which have been specified by the utility as a condition for providing service.

**D. Service establishments, re-establishments or reconnect charge**

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1. A utility may make a charge as approved by the Commission for the establishment, reestablishment, or reconnection of utility service.
2. For the purpose of this rule, service establishments are where the customer's facilities are ready and acceptable to the utility and do not require construction on the part of the utility.

**E. Temporary service**

1. Applicants for temporary service may be required to pay the utility, in advance of service establishment, the estimated cost of installing and removing the facilities necessary for furnishing sewer service.
2. Where the duration of service is to be less than one month, the applicant may also be required to advance a sum of money equal to the estimated bill for service.
3. Where the duration of service is to exceed one month, the applicant may also be required to meet the deposit requirements of the utility.
4. If at any time during the term of the agreement for service the character of a temporary customer's operations changes so that in the opinion of the utility the customer is classified as permanent, the terms of the utility's main extension rules shall apply.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). Amended to correct subsection numbering (Supp. 99-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

**R14-2-604. Minimum Customer Information Requirements****A. Information for residential customers**

1. Each utility shall make available upon customer request not later than 60 days from the date of request a concise summary of the rate schedule applied for by such customer. The summary shall include the following:
  - a. Monthly minimum or customer charge, identifying the amount of the charge and the specific amount of minimum discharge included in the minimum charge, where applicable.
  - b. Rate calculation, including where applicable, computations based upon seasonal or annual water usages.
2. The utility shall to the extent practical identify the tariff most advantageous to the customer and notify the customer of such prior to service commencement.
3. In addition, a utility shall make available upon customer request not later than 60 days from the date of request a copy of the Commission's rules and regulations governing:
  - a. Deposits
  - b. Terminations of service
  - c. Billing and collection
  - d. Complaint handling.
4. Each utility shall inform all new customers of their rights to obtain the information specified above.

**B. Information required due to changes in tariffs**

1. Each utility shall transmit to affected customers by the most economic means available a concise summary of any change in the utility's tariffs affecting those customers.
2. This information shall be transmitted to the affected customer within 60 days of the effective date of the change.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

**R14-2-605. Service Connections****A. Priority and timing**

1. After an applicant has complied with the utility's application and deposit requirements and has been accepted for service by the utility, the utility shall schedule that customer for service connection.
2. Service connections shall be scheduled for completion within five working days of the date the customer has been accepted for service, except in those instances when the customer requests service connection beyond the five working day limitation.
3. When the utility has made arrangements to meet with a customer for service establishment purposes and the utility or the customer cannot make the appointment during the prearranged time, the utility shall reschedule the connection to the satisfaction of both parties.
4. For the purposes of this rule, establishment of service takes place only when the customer's facilities are ready and acceptable to the utility.

**B. Customer provided facilities**

1. An applicant for service shall be responsible for the installation of all plumbing up to the applicant's property line. In addition, the applicant is responsible for the proper grade or leveling of the sewer connection so that it conforms with the collection system of the utility.
2. Funds collected for service connections may be nonrefundable contributions to the utility.

**C. Customer provided equipment safety and operation. Each customer shall be responsible for maintaining all equipment and facilities using or used for utility services located on his side of the point of collection in safe operating condition.****D. Easements and rights-of-way**

1. Each customer shall grant adequate easement and right-of-way satisfactory to the utility to ensure that customer's proper service connection. Failure on the part of the customer to grant adequate easement and right-of-way shall be grounds for the utility to refuse service.
2. When a utility discovers that a customer or his agent is performing work or has constructed facilities adjacent to or within an easement or right-of-way and such work, construction or facility poses a hazard or is in violation of federal, state or local laws, ordinances, statutes, rules or regulations, or significantly interferes with the utility's access to equipment, the utility shall notify the customer or his agent and shall take whatever actions are necessary to eliminate the hazard, obstruction or violation at the customer's expense.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). Amended to correct subsection numbering (Supp. 99-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

**R14-2-606. Collection Main Extension Agreements****A. General requirements**

1. Each utility entering into a main extension agreement shall comply with the provisions of this rule, which specifically defines the conditions governing collection main extensions.

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2. Upon request by a potential applicant for a collection main extension, the utility shall prepare, without charge, a preliminary sketch and rough estimate of the cost of installation to be paid by said applicant.
  3. Any applicant for a collection main extension requesting the utility to prepare detailed plans, specifications, or cost estimates may be required to deposit with the utility an amount equal to the estimated cost of preparation. The utility shall, upon request, make available within 90 days after receipt of the deposit referred to above, such plans, specifications, or cost estimates of the proposed collection main extension. Where the applicant accepts the plans and the utility proceeds with construction of the extension, the deposit shall be credited to the cost of construction; otherwise the deposit shall be nonrefundable. If the extension is to include oversizing of facilities to be done at the utility's expense, appropriate details shall be set forth in the plans, specifications and cost estimates.
  4. Where the utility requires an applicant to advance funds for a collection main extension, the utility shall furnish the applicant with a copy of the extension tariff of the appropriate utility prior to the applicant's acceptance of the utility's extension agreement.
  5. All collection main extension agreements requiring payment by the applicant shall be in writing and signed by each party before the utility commences construction.
  6. In the event the utility's actual cost of construction is different from the amount advanced by the customer, the utility shall make a refund to or collect additional funds from, the applicant within 120 days after the completion of the construction.
  7. The provisions of this rule apply only to those applicants who in the utility's judgment will be permanent customers of the utility. Applications for temporary service shall be governed by the Commission's rules concerning temporary service applications.
- B. Minimum written agreement requirements**
1. Each collection main extension agreement shall, at a minimum, include the following information:
    - a. Name and address of applicant(s)
    - b. Proposed service address or location
    - c. Description of requested service
    - d. Description and sketch of the requested main extension
    - e. A cost estimate to include materials, labor, and other costs as necessary
    - f. Payment terms
    - g. A clear and concise explanation of any refunding provisions, if appropriate
    - h. The utility's estimated start date and completion date for construction of the collection main extension
  2. Each applicant shall be provided with a copy of the written collection main extension agreement.
- C. Main extension requirements. Each main extension tariff shall include the following provisions:**
1. A maximum footage and/or equipment allowance to be provided by the utility at no charge. The maximum footage and/or equipment allowance may be differentiated by customer class.
  2. An economic feasibility analysis for those main extensions which exceed the maximum footage and/or equipment allowance. Such economic feasibility analysis shall consider the incremental revenues and cost associated with the main extension. In those instances where the requested main extension does not meet the economic feasibility criteria established by the utility, the utility may require the customer to provide funds to the utility, which will make the main extension economically feasible. The methodology employed by the utility in determining economic feasibility shall be applied uniformly and consistently to each applicant requiring a main extension.
  3. The timing and methodology by which the utility will refund any advances in aid of construction as additional customers are served off the main extension. The customer may request an annual survey to determine if additional customers have been connected to and are using service from the main extension. In no case shall the amount of the refund exceed the amount originally advanced.
  4. All advances in aid of construction shall be noninterest bearing.
  5. If after five years from the utility's receipt of the advance, the advance has not been totally refunded, the advance shall be considered a contribution in aid of construction and shall no longer be refundable.
- D. Residential subdivision development and permanent mobile home parks.** Each utility shall submit as a part of its main extension tariff separate provisions for residential subdivision developments and permanent mobile home parks.
- E. Ownership of facilities.** Any facilities installed hereunder shall be the sole property of the utility.
- Historical Note**
- Adopted effective March 2, 1982 (Supp. 82-2). Amended to correct subsection numbering (Supp. 99-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).
- R14-2-607. Provision of Service**
- A. Utility responsibility**
1. Each utility shall be responsible for the safe conduct and handling of the sewage from the customer's point of collection.
  2. The utility may, at its option, refuse service until the customer has obtained all required permits and/or inspections indicating that the customer's facilities comply with local construction and safety standards.
- B. Customer responsibility**
1. Each customer shall be responsible for maintaining all facilities on the customer's premises in safe operating condition and in accordance with the rules of the state Department of Health.
  2. Each customer shall be responsible for safeguarding all utility property installed in or on the customer's premises for the purpose of supplying utility service to that customer.
- C. Continuity of service.** Each utility shall make reasonable efforts to supply a satisfactory and continuous level of service. However, no utility shall be responsible for any damage or claim of damage attributable to any interruption or discontinuation of service resulting from:
1. Any cause against which the utility could not have reasonably foreseen or made provision for, i.e., force majeure
  2. Intentional service interruptions to make repairs or perform routine maintenance
  3. Any temporary overloading of the utility's collection or treatment facilities.

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**D. Service interruption**

1. Each utility shall make reasonable efforts to reestablish service within the shortest possible time when service interruptions occur.
2. Each utility shall make reasonable provisions to meet emergencies resulting from failure of service, and each utility shall issue instructions to its employees covering procedures to be followed in the event of emergency in order to prevent or mitigate interruption or impairment of service.
3. In the event of a national emergency or local disaster resulting in disruption of normal service, the utility may, in the public interest, interrupt service to other customers to provide necessary service to civil defense or other emergency service agencies on a temporary basis until normal service to these agencies can be restored.
4. When a utility plans to interrupt service for more than four hours to perform necessary repairs or maintenance, the utility shall attempt to inform affected customers at least 24 hours in advance of the scheduled date and estimated duration of the service interruption. Such repairs shall be completed in the shortest possible time to minimize the inconvenience to the customers of the utility.
5. The Commission shall be notified of interruptions in service affecting the entire system or any major division thereof. The interruption of service and cause shall be reported within four hours after the responsible representative of the utility becomes aware of said interruption by telephone to the Commission and followed by a written report to the Commission.

- E. Construction standards.** The design, construction and operation of all sewer plants shall conform to the requirements of the Arizona Department of Health Services or its successors and any other governmental agency having jurisdiction thereof. Phase construction is acceptable.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). Amended to correct subsection numbering (Supp. 99-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

**R14-2-608. Billing and Collection**

- A. Frequency.** Each utility shall bill monthly for services rendered.
- B. Minimum bill information.** Each bill for residential service will contain the following minimum information:
1. Billed discharge, where applicable
  2. Utility telephone number
  3. Amount due and due date
  4. Customer's name
  5. Service account number, if available
  6. Past due amount, where appropriate
  7. Adjustment factor, where applicable
  8. Other approved tariff charges.
- C. Billing terms**
1. All bills for utility services are due and payable no later than 10 days from the date the bill is rendered. Any payment not received within this time-frame shall be considered past due.
  2. For purposes of this rule, the date a bill is rendered may be evidenced by:
    - a. The postmark date
    - b. The mailing date.

3. All past due bills for utility services are due and payable within 10 days. Any payment not received within this time-frame shall be considered delinquent.
4. All delinquent bills for which payment has not been received within five days shall be subject to the provisions of the utility's termination procedures.
5. All payments shall be made at or mailed to the office of the utility or to the utility's duly authorized representative.

**D. Applicable tariffs, prepayment, failure to receive, commencement date, taxes**

1. Each customer shall be billed under the applicable tariff indicated in the customer's application for service.
2. Each utility shall make provisions for advance payment for sewer services.
3. Failure to receive bills or notices which have been properly placed in the United States mail shall not prevent such bills from becoming delinquent nor relieve the customer of his obligations therein.
4. Charges for service commence when the service is installed and connection made, whether used or not.
5. In addition to the collection of regular rates, each utility may collect from its customers a proportionate share of any privilege, sales or use tax, or other imposition based on the gross revenues received by the utility.

**E. Insufficient funds (NSF) checks**

1. A utility shall be allowed to recover a fee, as approved by the Commission for each instance where a customer tenders payment for utility service with an insufficient funds check.
2. When the utility is notified by the customer's bank that there are insufficient funds to cover the check tendered for utility service, the utility may require the customer to make payment in cash, by money order, certified check, or other means which guarantee the customer's payment to the utility.
3. A customer who tenders an insufficient check shall in no way be relieved of the obligation to render payment to the utility under the original terms of the bill nor defer the utility's provision for termination of service for nonpayment of bills.

**F. Late payment penalty**

1. Each utility may include in its tariffs a late payment penalty tariff which may be applied to delinquent bills.
2. The amount of the late payment penalty shall be indicated upon the customer's bill when rendered by the utility.
3. In the absence of an approved tariff, the amount of the late payment penalty shall not exceed 1-1/2% of the delinquent bill.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). Amended to correct subsection numbering (Supp. 99-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

**R14-2-609. Termination of Service**

- A. Nonpermissible reasons to disconnect service.** A utility may not disconnect service for any of the reasons stated below:
1. Delinquency in payment for services rendered to a prior customer at the premises where service is being provided, except in the instance where the prior customer continues to reside on the premises.
  2. Failure of the customer to pay for services or equipment which are not regulated by the Commission.

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3. Nonpayment of a bill related to another class of service.
  4. Failure to pay for a bill to correct a previous underbilling due to a billing error if the customer agrees to pay over a reasonable period of time.
  5. Disputed bills where the customer has complied with the Commission's rules and regulations.
- B. Termination of service without notice**
1. Utility service may be disconnected without advance written notice under the following conditions:
    - a. The existence of an obvious hazard to the safety or health of the consumer or the general population.
    - b. The utility has evidence of fraud.
  2. The utility shall not be required to restore service until the conditions which resulted in the termination have been corrected to the satisfaction of the utility.
  3. Each utility shall maintain a record of all terminations of service without notice. This record shall be maintained for a minimum of one year and shall be available for inspection by the Commission.
- C. Termination of service with notice**
1. A utility may disconnect service to any customer for any reason stated below provided the utility has met the notice requirements established by the Commission:
    - a. Customer violation of any of the Commission's rules.
    - b. Failure of the customer to pay a delinquent bill for utility service.
    - c. Failure to meet or maintain the utility's credit and deposit requirements.
    - d. Failure of the customer to provide the utility reasonable access to its equipment and property.
    - e. Customer breach of a written contract for service between the utility and customer.
    - f. When necessary for the utility to comply with an order of any governmental agency having such jurisdiction.
  2. Each utility shall maintain a record of all terminations of service with notice. This record shall be maintained for one year and be available for Commission inspection.
- D. Termination notice requirements**
1. No utility shall terminate service to any of its customers without providing advance written notice to the customer of the utility's intent to disconnect service, except under those conditions specified where advance written notice is not required.
  2. Such advance written notice shall contain, at a minimum, the following information:
    - a. The name of the person whose service is to be terminated and the address where service is being rendered.
    - b. The Commission rule or regulation that was violated and explanation thereof or the amount of the bill which the customer has failed to pay in accordance with the payment policy of the utility, if applicable.
    - c. The date on or after which service may be terminated.
    - d. A statement advising the customer that the utility's stated reason for the termination of services may be disputed by contacting the utility at a specific address of phone number, advising the utility of the dispute and making arrangements to discuss the cause for termination with a responsible employee of the utility in advance of the scheduled date of termination. The responsible employee shall be empowered to resolve the dispute and the utility shall retain the option to terminate service after affording this opportunity for a meeting and concluding that the reason for termination is just and advising the customer of his right to file a complaint with the Commission.
- E. Timing of terminations with notice**
1. Each utility shall be required to give at least five days' advance written notice prior to the termination date.
  2. Such notice shall be considered to be given to the customer when a copy thereof is left with the customer or posted first class in the United States mail, addressed to the customer's last known address.
  3. If after the period of time allowed by the notice has elapsed and the delinquent account has not been paid nor arrangements made with the utility for the payment thereof or in the case of a violation of the utility's rules the customer has not satisfied the utility that such violation has ceased, the utility may then terminate service on or after the day specified in the notice without giving further notice.
- F. Landlord/tenant rule.** In situations where service is rendered at an address different from the mailing address of the bill or where the utility knows that a landlord/tenant relationship exists and that the landlord is the customer of the utility, and where the landlord as a customer would otherwise be subject to disconnection of service, the utility may not disconnect service until the following actions have been taken:
1. Where it is feasible to so provide service, the utility, after providing notice as required in these rules, shall offer the occupant the opportunity to subscribe for service in his or her own name. If the occupant then declines to so subscribe, the utility may disconnect service pursuant to the rules.
  2. A utility shall not attempt to recover from a tenant or condition service to a tenant with the payment of any outstanding bills or other charges due upon the outstanding account of the landlord.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). Amended to correct subsection numbering (Supp. 99-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

**Editor's Note:** *The following Section was amended under an exemption from the Attorney General approval provisions of the Arizona Administrative Procedure Act (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)), as determined by the Corporation Commission. This exemption means that the rules as amended were not approved by the Attorney General.*

**R14-2-610. Administrative and Hearing Requirements****A. Customer service complaints**

1. Each utility shall make a full and prompt investigation of all service complaints made by its customers, either directly or through the Commission.
2. The utility shall respond to the complainant and/or the Commission representative within five working days as to the status of the utility investigation of the complaint.
3. The utility shall notify the complainant and/or the Commission representative of the final disposition of each complaint. Upon request of the complainant or the Commission representative, the utility shall report the findings of its investigation in writing.

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4. The utility shall inform the customer of his right of appeal to the Commission should the results of the utility's investigation prove unsatisfactory to the customer.
  5. Each utility shall keep a record of all written service complaints received which shall contain, at a minimum, the following data:
    - a. Name and address of the complainant
    - b. Date and nature of the complaint
    - c. Disposition of the complaint
    - d. A copy of any correspondence between the utility, the customer, and/or the Commission.

This record shall be maintained for a minimum period of one year and shall be available for inspection by the Commission.
- B. Notice by utility of responsible officer or agent**
1. Each utility shall file with the Commission a written statement containing the name, address (business, residence and post office) and telephone numbers (business and residence) of at least one officer, agent or employee responsible for the general management of its operations as a utility in Arizona.
  2. Each utility shall give notice, by filing a written statement with the Commission, of any change in the information required herein within five days from the date of any such change.
- C. Time-frames for processing applications for Certificates of Convenience and Necessity**
1. This rule prescribes time-frames for the processing of any Application for a Certificate of Convenience and Necessity issued by the Arizona Corporation Commission pursuant to this Article. These time-frames shall apply to applications filed on or after the effective date of this rule.
  2. Within 30 calendar days after receipt of an application for a new Certificate of Convenience and Necessity, or to amend or change the status of any existing Certificate of Convenience and Necessity, staff shall notify the applicant, in writing, that the application is either administratively complete or deficient. If the application is deficient, the notice shall specify all deficiencies.
  3. Staff may terminate an application if the applicant does not remedy all deficiencies within 60 calendar days of the notice of deficiency.
  4. After receipt of a corrected application, staff shall notify the applicant within 30 calendar days if the corrected application is either administratively complete or deficient. The time-frame for administrative completeness review shall be suspended from the time the notice of deficiency is issued until staff determines that the application is complete.
  5. Within 150 days after an application is deemed administratively complete, the Commission shall approve or reject the application.
  6. For purposes of A.R.S. § 41-1072 et seq., the Commission has established the following time-frames:
    - a. Administrative completeness review time-frame: 30 calendar days,
    - b. Substantive review time-frame: 150 calendar days,
    - c. Overall time-frame: 180 calendar days.
  7. If an applicant requests, and is granted, an extension or continuance, the appropriate time-frames shall be tolled from the date of the request during the duration of the extension or continuance.
  8. During the substantive review time-frame, the Commission may, upon its own motion or that of any interested party to the proceeding, request a suspension of the time-frame rules.
- D. Accounts and records**
1. Each utility shall keep general and auxiliary accounting records reflecting the cost of its properties, operating income and expense, assets and liabilities, and all other accounting and statistical data necessary to give complete and authentic information as to its properties and operations.
  2. Each utility shall maintain its books and records in conformity with the NARUC Uniform Systems of Accounts for Class A, B, C and D Sewer Utilities.
  3. A utility shall produce or deliver in this state any or all of its formal accounting records and related documents requested by the Commission. It may, at its option, provide verified copies of original records and documents.
  4. All utilities shall submit an annual report to the Commission on a form prescribed by it. The annual report shall be filed on or before the 15th day of April for the preceding calendar year. Reports prepared by a certified or licensed public accountant on the utility, if any, shall accompany the annual report.
  5. All utilities shall file with the Commission a copy of all reports required by the Securities and Exchange Commission.
- E. Maps.** All utilities shall file with the Commission a map or maps clearly setting forth the location and extent of the area or areas they hold under approved certificates of convenience and necessity, in accordance with the Cadastral (Rectangular) Survey of the United States Bureau of Land Management, or by metes and bounds with a starting point determined by the aforesaid Cadastral Survey.
- F. Variations, exemptions of Commission rules and regulations.** Variations or exemptions from the terms and requirements of any of the rules included herein (Title 14, Chapter 2, Article 6) shall be considered upon the verified application of an affected party to the Commission setting forth the circumstances whereby the public interest requires such variation or exemption from the Commission rules and regulations. Such application will be subject to the review of the Commission, and any variation or exemption granted shall require an order of the Commission. In case of conflict between these rules and regulations and an approved tariff or order of the Commission, the provisions of the tariff or order shall apply.
- G. Prior agreements.** The adoption of these rules by the Commission shall not affect any agreements entered into between the utility and customers or other parties who, pursuant to such contracts, arranged for the extension of facilities in a provision of service prior to the effective date of these rules.

**Historical Note**

Adopted effective March 2, 1982 (Supp. 82-2). Amended effective December 31, 1998, under an exemption as determined by the Arizona Corporation Commission (Supp. 98-4). Amended to correct subsection numbering (Supp. 99-4).

**ARTICLE 7. RESOURCE PLANNING AND PROCUREMENT****R14-2-701. Definitions**

In this Article, unless otherwise specified:

1. "Acknowledgment" means a Commission determination, under R14-2-704, that a plan meets the basic requirements of this Article.



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2. "Affiliated" means related through ownership of voting securities, through contract, or otherwise in such a manner that one entity directly or indirectly controls another, is directly or indirectly controlled by another, or is under direct or indirect common control with another entity.
3. "Benchmark" means to calibrate against a known set of values or standards.
4. "Book life" means the expected time period over which a power supply source will be available for use by a load-serving entity.
5. "Btu" means British thermal unit.
6. "Capacity" means the amount of electric power, measured in megawatts, that a power source is rated to provide.
7. "Capital costs" means the construction and installation cost of facilities, including land, land rights, structures, and equipment.
8. "Coincident peak" means the maximum of the sum of two or more demands that occur in the same demand interval, which demand interval may be established on an annual, monthly, or hourly basis.
9. "Customer class" means a subset of customers categorized according to similar characteristics, such as amount of energy consumed; amount of demand placed on the energy supply system at the system peak; hourly, daily, or seasonal load pattern; primary type of activity engaged in by the customer, including residential, commercial, industrial, agricultural, and governmental; and location.
10. "Decommissioning" means the process of safely and economically removing a generating unit from service.
11. "Demand management" means beneficial reduction in the total cost of meeting electric energy service needs by reducing or shifting in time electricity usage.
12. "Derating" means a reduction in a generating unit's capacity.
13. "Discount rate" means the interest rate used to calculate the present value of a cost or other economic variable.
14. "Docket Control" means the office of the Commission that receives all official filings for entry into the Commission's public electronic docketing system.
15. "Emergency" means an unforeseen and unforeseeable condition that:
  - a. Does not arise from the load-serving entity's failure to engage in good utility practices,
  - b. Is temporary in nature, and
  - c. Threatens reliability or poses another significant risk to the system.
16. "End use" means the final application of electric energy, for activities such as, but not limited to, heating, cooling, running an appliance or motor, an industrial process, or lighting.
17. "Energy losses" means the quantity of electric energy generated or purchased that is not available for sale to end users, for resale, or for use by the load-serving entity.
18. "Escalation" means the change in costs due to inflation, changes in manufacturing processes, changes in availability of labor or materials, or other factors.
19. "Generating unit" means a specific device or set of devices that converts one form of energy (such as heat or solar energy) into electric energy, such as a turbine and generator or a set of photovoltaic cells.
20. "Heat rate" means a measure of generating station thermal efficiency expressed in Btus per net kilowatt-hour and computed by dividing the total Btu content of fuel used for electric generation by the kilowatt-hours of electricity generated.
21. "Independent monitor" means a company or consultant that is not affiliated with a load-serving entity and that is selected to oversee the conduct of a competitive procurement process under R14-2-706.
22. "Integration" means methods by which energy produced by intermittent resources can be incorporated into the electric grid.
23. "Intermittent resources" means electric power generation for which the energy production varies in response to naturally occurring processes like wind or solar intensity.
24. "Interruptible power" means power made available under an agreement that permits curtailment or cessation of delivery by the supplier.
25. "In-service date" means the date a power supply source becomes available for use by a load-serving entity.
26. "Load-serving entity" means a public service corporation that provides electricity generation service and operates or owns, in whole or in part, a generating facility or facilities with capacity of at least 50 megawatts combined.
27. "Long-term" means having a duration of three or more years.
28. "Maintenance" means the repair of generation, transmission, distribution, administrative, and general facilities; replacement of minor items; and installation of materials to preserve the efficiency and working condition of facilities.
29. "Mothballing" means the temporary removal of a generating unit from active service and accompanying storage activities.
30. "Operate" means to manage or otherwise be responsible for the production of electricity by a generating facility, whether that facility is owned by the operator, in whole or in part, or by another entity.
31. "Participation rate" means the proportion of customers who take part in a specific program.
32. "Probabilistic analysis" means a systematic evaluation of the effect, on costs, reliability, or other measures of performance, of possible events affecting factors that influence performance, considering the likelihood that the events will occur.
33. "Production cost" means the variable operating costs and maintenance costs of producing electricity through generation, including fuel cost, plus the cost of purchases of power sufficient to meet demand.
34. "Refurbish" means to make major changes, more extensive than maintenance or repair, in the power production, transmission, or distribution characteristics of a component of the power supply system, such as by changing the fuels that can be used in a generating unit or changing the capacity of a generating unit.
35. "Reliability" means a measure of the ability of a load-serving entity's generation, transmission, or distribution system to provide power without failures, measured to reflect the portion of time that a system is unable to meet demand or the kilowatt-hours of demand that could not be supplied.
36. "Renewable energy resource" means an energy resource that is replaced rapidly by a natural, ongoing process and that is not nuclear or fossil fuel.
37. "Reserve requirements" means the capacity that a load-serving entity must maintain in excess of its peak load to provide for scheduled maintenance, forced outages,

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unforeseen loads, emergencies, system operating requirements, and reserve sharing arrangements.

38. "Reserve sharing arrangement" means an agreement between two or more load-serving entities to provide backup capacity.
39. "Resource planning" means integrated supply and demand analyses completed as described in this Article.
40. "RFP" means request for proposals.
41. "Self generation" means the production of electricity by an end user.
42. "Sensitivity analysis" means a systematic assessment of the degree of response of costs, reliability, or other measures of performance to changes in assumptions about factors that influence performance.
43. "Short-term" means having a duration of less than three years.
44. "Spinning reserve" means the capacity a load-serving entity must maintain connected to the system and ready to deliver power promptly in the event of an unexpected loss of generation source, expressed as a percentage of peak load, a percentage of the largest generating unit, or in fixed megawatts.
45. "Staff" means individuals working for the Commission's Utilities Division, whether as employees or through contract.
46. "Third-party independent energy broker" means an entity, such as Prebon Energy or Tradition Financial Services, that facilitates an energy transaction between separate parties without taking title to the transaction.
47. "Third-party online trading system" means a computer-based marketplace for commodity exchanges provided by an entity that is not affiliated with the load-serving entity, such as the Intercontinental Exchange, California Independent System Operator, or New York Mercantile Exchange.
48. "Total cost" means all capital, operating, maintenance, fuel, and decommissioning costs, plus the costs associated with mitigating any adverse environmental effects, incurred by end users, load-serving entities, or others, in the provision or conservation of electric energy services.

**Historical Note**

Adopted effective February 3, 1989 (Supp. 89-1).  
Amended by final rulemaking at 16 A.A.R. 2150, effective December 20, 2010 (Supp. 10-4).

**R14-2-702. Applicability**

- A. This Article applies to each load-serving entity, whether the power generated is for sale to end users or is for resale.
- B. An electricity public service corporation that becomes a load-serving entity by increasing its generating capacity to at least 50 megawatts combined shall provide written notice to the Commission within 30 days after the increase and shall comply with the filing requirements in this Article within two years after the notice is filed.
- C. The Commission may, by Order, exempt a load-serving entity from complying with any provision in this Article, or the Article as a whole, upon determining that:
  1. The burden of compliance with the provision, or the Article as a whole, exceeds the potential benefits to customers in the form of cost savings, service reliability, risk reductions, or reduced environmental impacts that would result from the load-serving entity's compliance with the provision or Article; and
  2. The public interest will be served by the exemption.

- D. A load-serving entity that desires an exemption shall submit to Docket Control an application that includes, at a minimum:
  1. The reasons why the burden of complying with the Article, or the specific provision in the Article for which exemption is requested, exceeds the potential benefits to customers that would result from the load-serving entity's compliance with the provision or Article;
  2. Data supporting the load-serving entity's assertions as to the burden of compliance and the potential benefits to customers that would result from compliance; and
  3. The reasons why the public interest would be served by the requested exemption.
- E. A load-serving entity shall file with Docket Control, within 120 days after the effective date of these rules, the documents that would have been due on April 1, 2010, under R14-2-703(C), (D), (E), (F), and (H) had the revisions to those subsections been effective at that time.

**Historical Note**

Adopted effective February 3, 1989 (Supp. 89-1).  
Amended by final rulemaking at 16 A.A.R. 2150, effective December 20, 2010 (Supp. 10-4).

**R14-2-703. Load-serving Entity Reporting Requirements**

- A. A load-serving entity shall, by April 1 of each year, file with Docket Control a compilation of the following items of demand-side data, including for each item for which no record is maintained the load-serving entity's best estimate and a full description of how the estimate was made:
  1. Hourly demand for the previous calendar year, disaggregated by:
    - a. Sales to end users;
    - b. Sales for resale;
    - c. Energy losses; and
    - d. Other disposition of energy, such as energy furnished without charge and energy used by the load-serving entity;
  2. Coincident peak demand (megawatts) and energy consumption (megawatt-hours) by month for the previous 10 years, disaggregated by customer class;
  3. Number of customers by customer class for each of the previous 10 years; and
  4. Reduction in load (kilowatt and kilowatt-hours) in the previous calendar year due to existing demand management measures, by type of demand management measure.
- B. A load-serving entity shall, by April 1 of each year, file with Docket Control a compilation of the following items of supply-side data, including for each item for which no record is maintained the load-serving entity's best estimate and a full description of how the estimate was made:
  1. For each generating unit and purchased power contract for the previous calendar year:
    - a. In-service date and book life or contract period;
    - b. Type of generating unit or contract;
    - c. The load-serving entity's share of the generating unit's capacity, or of capacity under the contract, in megawatts;
    - d. Maximum generating unit or contract capacity, by hour, day, or month, if such capacity varies during the year;
    - e. Annual capacity factor (generating units only);
    - f. Average heat rate of generating units and, if available, heat rates at selected output levels;
    - g. Average fuel cost for generating units, in dollars per million Btu for each type of fuel;

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- h. Other variable operating and maintenance costs for generating units, in dollars per megawatt hour;
- i. Purchased power energy costs for long-term contracts, in dollars per megawatt-hour;
- j. Fixed operating and maintenance costs of generating units, in dollars per megawatt;
- k. Demand charges for purchased power;
- l. Fuel type for each generating unit;
- m. Minimum capacity at which the generating unit would be run or power must be purchased;
- n. Whether, under standard operating procedures, the generating unit must be run if it is available to run;
- o. Description of each generating unit as base load, intermediate, or peaking;
- p. Environmental impacts, including air emission quantities (in metric tons or pounds) and rates (in quantities per megawatt-hour) for carbon dioxide, nitrogen oxides, sulfur dioxide, mercury, particulates, and other air emissions subject to current or expected future environmental regulation;
- q. Water consumption quantities and rates; and
- r. Tons of coal ash produced per generating unit;
- 2. For the power supply system for the previous calendar year:
  - a. A description of generating unit commitment procedures;
  - b. Production cost;
  - c. Reserve requirements;
  - d. Spinning reserve;
  - e. Reliability of generating, transmission, and distribution systems;
  - f. Purchase and sale prices, averaged by month, for the aggregate of all purchases and sales related to short-term contracts; and
  - g. Energy losses;
- 3. The level of self generation in the load-serving entity's service area for the previous calendar year; and
- 4. An explanation of any resource procurement processes used by the load-serving entity during the previous calendar year that did not include use of an RFP, including the exception under which the process was used.
- C. A load-serving entity shall, by April 1 of each even year, file with Docket Control a compilation of the following items of load data and analyses, which may include a reference to the last filing made under this subsection for each item for which there has been no change in forecast since the last filing:
  - 1. Fifteen-year forecast of system coincident peak load (megawatts) and energy consumption (megawatt-hours) by month and year, expressed separately for residential, commercial, industrial, and other customer classes; for interruptible power; for resale; and for energy losses;
  - 2. Disaggregation of the load forecast of subsection (C)(1) into a component in which no additional demand management measures are assumed, and a component assuming the change in load due to additional forecasted demand management measures; and
  - 3. Documentation of all sources of data, analyses, methods, and assumptions used in making the load forecasts, including a description of how the forecasts were benchmarked and justifications for selecting the methods and assumptions used.
- D. A load-serving entity shall, by April 1 of each even year, file with Docket Control the following prospective analyses and plans, which shall compare a wide range of resource options and take into consideration expected duty cycles, cost projections, other analyses required under this Section, environmental impacts, and water consumption and may include a reference to the last filing made under this subsection for each item for which there has been no change since the last filing:
  - 1. A 15-year resource plan, providing for each year:
    - a. Projected data for each of the items listed in subsection (B)(1), for each generating unit and purchased power source, including each generating unit that is expected to be new or refurbished during the period, which shall be designated as new or refurbished, as applicable, for the year of purchase or the period of refurbishment;
    - b. Projected data for each of the items listed in subsection (B)(2), for the power supply system;
    - c. The capital cost, construction time, and construction spending schedule for each generating unit expected to be new or refurbished during the period;
    - d. The escalation levels assumed for each component of cost, such as, but not limited to, operating and maintenance, environmental compliance, system integration, backup capacity, and transmission delivery, for each generating unit and purchased power source;
    - e. If discontinuation, decommissioning, or mothballing of any power source or permanent derating of any generating facility is expected:
      - i. Identification of each power source or generating unit involved;
      - ii. The costs and spending schedule for each discontinuation, decommissioning, mothballing, or derating; and
      - iii. The reasons for each discontinuation, decommissioning, mothballing, or derating;
    - f. The capital costs and operating and maintenance costs of all new or refurbished transmission and distribution facilities expected during the 15-year period;
    - g. An explanation of the need for and purpose of all expected new or refurbished transmission and distribution facilities, which explanation shall incorporate the load-serving entity's most recent transmission plan filed under A.R.S. § 40-360.02(A) and any relevant provisions of the Commission's most recent Biennial Transmission Assessment decision regarding the adequacy of transmission facilities in Arizona; and
    - h. Cost analyses and cost projections, including the cost of compliance with existing and expected environmental regulations;
  - 2. Documentation of the data, assumptions, and methods or models used to forecast production costs and power production for the 15-year resource plan, including the method by which the forecast was benchmarked;
  - 3. A description of:
    - a. Each potential power source that was rejected;
    - b. The capital costs, operating costs, and maintenance costs of each rejected source; and
    - c. The reasons for rejecting each source;
  - 4. A 15-year forecast of self generation by customers of the load-serving entity, in terms of annual peak production

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- (megawatts) and annual energy production (megawatt-hours);
5. Disaggregation of the forecast of subsection (D)(4) into two components, one reflecting the self generation projected if no additional efforts are made to encourage self generation, and one reflecting the self generation projected to result from the load-serving entity's institution of additional forecasted self generation measures;
  6. A 15-year forecast of the annual capital costs and operating and maintenance costs of the self generation identified under subsections (D)(4) and (5);
  7. Documentation of the analysis of the self generation under subsections (D)(4) through (6);
  8. A plan that considers using a wide range of resources and promotes fuel and technology diversity within its portfolio;
  9. A calculation of the benefits of generation using renewable energy resources;
  10. A plan that factors in the delivered cost of all resource options, including costs associated with environmental compliance, system integration, backup capacity, and transmission delivery;
  11. Analysis of integration costs for intermittent resources;
  12. A plan to increase the efficiency of the load-serving entity's generation using fossil fuel;
  13. Data to support technology choices for supply-side resources;
  14. A description of the demand management programs or measures included in the 15-year resource plan, including for each demand management program or measure:
    - a. How and when the program or measure will be implemented;
    - b. The projected participation level by customer class for the program or measure;
    - c. The expected change in peak demand and energy consumption resulting from the program or measure;
    - d. The expected reductions in environmental impacts, including air emissions, solid waste, and water consumption, attributable to the program or measure;
    - e. The expected societal benefits, societal costs, and cost-effectiveness of the program or measure;
    - f. The expected life of the measure; and
    - g. The capital costs, operating costs, and maintenance costs of the measure, and the program costs;
  15. For each demand management measure that was considered but rejected:
    - a. A description of the measure;
    - b. The estimated change in peak demand and energy consumption from the measure;
    - c. The estimated cost-effectiveness of the measure;
    - d. The capital costs, operating costs, and maintenance costs of the measure, and the program costs; and
    - e. The reasons for rejecting the measure;
  16. Analysis of future fuel supplies that are part of the resource plan; and
  17. A plan for reducing environmental impacts related to air emissions, solid waste, and other environmental factors, and for reducing water consumption.
- E.** A load-serving entity shall, by April 1 of each even year, file with Docket Control a compilation of the following analyses and plan:
1. Analyses to identify and assess errors, risks, and uncertainties in the following, completed using methods such as sensitivity analysis and probabilistic analysis:
    - a. Demand forecasts;
    - b. The costs of demand management measures and power supply;
    - c. The availability of sources of power;
    - d. The costs of compliance with existing and expected environmental regulations;
    - e. Any analysis by the load-serving entity in anticipation of potential new or enhanced environmental regulations;
    - f. Changes in fuel prices and availability;
    - g. Construction costs, capital costs, and operating costs; and
    - h. Other factors the load-serving entity wishes to consider;
  2. A description and analysis of available means for managing the errors, risks, and uncertainties identified and analyzed in subsection (E)(1), such as obtaining additional information, limiting risk exposure, using incentives, creating additional options, incorporating flexibility, and participating in regional generation and transmission projects; and
  3. A plan to manage the errors, risks, and uncertainties identified and analyzed in subsection (E)(1).
- F.** A load-serving entity shall, by April 1 of each even year, file with Docket Control a 15-year resource plan that:
1. Selects a portfolio of resources based upon comprehensive consideration of a wide range of supply- and demand-side options;
  2. Will result in the load-serving entity's reliably serving the demand for electric energy services;
  3. Will address the adverse environmental impacts of power production;
  4. Will include renewable energy resources to meet or exceed the greater of the Annual Renewable Energy Requirement in R14-2-1804 or the following annual percentages of retail kWh sold by the load-serving entity:
- | Calendar Year | Percentage of Retail kWh Sold During Calendar Year |
|---------------|--|
| 2010          | 2.5%   |
| 2011          | 3.0%   |
| 2012          | 3.5%   |
| 2013          | 4.0%   |
| 2014          | 4.5%   |
| 2015          | 5.0%   |
| 2016          | 6.0%   |
| 2017          | 7.0%   |
| 2018          | 8.0%   |
| 2019          | 9.0%   |
| 2020          | 10.0%  |
| 2021          | 11.0%  |
| 2022          | 12.0%  |
| 2023          | 13.0%  |
| 2024          | 14.0%  |
| after 2024    | 15.0%  |
5. Will include distributed generation energy resources to meet or exceed the greater of the Distributed Renewable Energy Requirement in R14-2-1805 or the following

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annual percentages as applied to the load-serving entity's Annual Renewable Energy Requirement:

2007	5%
2008	10%
2009	15%
2010	20%
2011	25%
After 2011	30%

6. Will address energy efficiency so as to meet any requirements set in rule by the Commission or in an order of the Commission;
7. Will effectively manage the uncertainty and risks associated with costs, environmental impacts, load forecasts, and other factors;
8. Will achieve a reasonable long-term total cost, taking into consideration the objectives set forth in subsections (F)(2) through (7) and the uncertainty of future costs; and
9. Contains all of the following:
  - a. A complete description and documentation of the plan, including supply and demand conditions, availability of transmission, costs, and discount rates utilized;
  - b. A comprehensive, self-explanatory load and resources table summarizing the plan;
  - c. A brief executive summary;
  - d. An index to indicate where the responses to each filing requirement of these rules can be found; and
  - e. Definitions of the terms used in the plan.
- G. A load-serving entity shall, by April 1 of each odd year, file with Docket Control a work plan that includes:
  1. An outline of the contents of the resource plan the load-serving entity is developing to be filed the following year as required under subsection (F);
  2. The load-serving entity's method for assessing potential resources;
  3. The sources of the load-serving entity's current assumptions; and
  4. An outline of the timing and extent of public participation and advisory group meetings the load-serving entity intends to hold before completing and filing the resource plan.
- H. With its resource plan, a load-serving entity shall include an action plan, based on the results of the resource planning process, that:
  1. Includes a summary of actions to be taken on future resource acquisitions;
  2. Includes details on resource types, resources capacity, and resource timing; and
  3. Covers the three-year period following the Commission's acknowledgment of the resource plan.
- I. A load-serving entity or interested party may provide, for the Commission's consideration, analyses and supporting data pertaining to environmental impacts associated with the generation or delivery of electricity, which may include monetized estimates of environmental impacts that are not included as costs for compliance. Values or factors for compliance costs, environmental impacts, or monetization of environmental impacts may be developed and reviewed by the Commission in other proceedings or stakeholder workshops.
- J. If a load-serving entity's submission does not contain sufficient information to allow Staff to analyze the submission fully for compliance with this Article, Staff shall request addi-

tional information from the load-serving entity, including the data used in the load-serving entity's analyses.

- K. Staff may request that a load-serving entity complete additional analyses to improve specified components of the load-serving entity's submissions.
- L. If a load-serving entity believes that a data-reporting requirement may result in disclosure of confidential business data or confidential electricity infrastructure information, the load-serving entity may submit to Staff a request that the data be submitted to Staff under a confidentiality agreement, which request shall include an explanation justifying the confidential treatment of the data.
- M. Data protected by a confidentiality agreement shall not be submitted to Docket Control and will not be open to public inspection or otherwise made public except upon an order of the Commission entered after written notice to the load-serving entity.

**Historical Note**

Adopted effective February 3, 1989 (Supp. 89-1).

Amended by final rulemaking at 16 A.A.R. 2150, effective December 20, 2010 (Supp. 10-4).

**R14-2-704. Commission Review of Load-serving Entity Resource Plans**

- A. By October 1 of each even year, Staff shall file a report that contains its analysis and conclusions regarding its statewide review and assessments of the load-serving entities' filings made under R14-2-703(C), (D), (E), (F), and (H).
- B. By February 1 of each odd year, the Commission shall issue an order acknowledging a load-serving entity's resource plan or issue an order stating the reasons for not acknowledging the resource plan. The Commission shall order an acknowledgment of a load-serving entity's resource plan, with or without amendment, if the Commission determines that the resource plan, as amended if applicable, complies with the requirements of this Article and that the load-serving entity's resource plan is reasonable and in the public interest, based on the information available to the Commission at the time and considering the following factors:
  1. The total cost of electric energy services;
  2. The degree to which the factors that affect demand, including demand management, have been taken into account;
  3. The degree to which supply alternatives, such as self generation, have been taken into account;
  4. Uncertainty in demand and supply analyses, forecasts, and plans, and whether plans are sufficiently flexible to enable the load-serving entity to respond to unforeseen changes in supply and demand factors;
  5. The reliability of power supplies, including fuel diversity and non-cost considerations;
  6. The reliability of the transmission grid;
  7. The environmental impacts of resource choices and alternatives;
  8. The degree to which the load-serving entity considered all relevant resources, risks, and uncertainties;
  9. The degree to which the load-serving entity's plan for future resources is in the best interest of its customers;
  10. The best combination of expected costs and associated risks for the load-serving entity and its customers; and
  11. The degree to which the load-serving entity's resource plan allows for coordinated efforts with other load-serving entities.

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- C. The Commission may hold a hearing or workshop regarding a load-serving entity's resource plan. If the Commission holds such a hearing or workshop, the Commission may extend the February 1 deadline for the Commission to issue an order regarding acknowledgment under subsection (B).
- D. While no particular future ratemaking treatment is implied by or shall be inferred from the Commission's acknowledgment, the Commission shall consider a load-serving entity's filings made under R14-2-703 when the Commission evaluates the performance of the load-serving entity in subsequent rate cases and other proceedings.
- E. A load-serving entity may seek Commission approval of specific resource planning actions.
- F. A load-serving entity may file an amendment to an acknowledged resource plan if changes in conditions or assumptions necessitate a material change in the load-serving entity's plan before the next resource plan is due to be filed.

**Historical Note**

Adopted effective February 3, 1989 (Supp. 89-1).  
Amended by final rulemaking at 16 A.A.R. 2150, effective December 20, 2010 (Supp. 10-4).

**R14-2-705. Procurement**

- A. Except as provided in subsection (B), a load-serving entity may use the following procurement methods for the wholesale acquisition of energy, capacity, and physical power hedge transactions:
  1. Purchase through a third-party online trading system;
  2. Purchase from a third-party independent energy broker;
  3. Purchase from a non-affiliated entity through auction or an RFP process;
  4. Bilateral contract with a non-affiliated entity;
  5. Bilateral contract with an affiliated entity, provided that non-affiliated entities were provided notice and an opportunity to compete against the affiliated entity's proposal before the transaction was executed; and
  6. Any other competitive procurement process approved by the Commission.
- B. A load-serving entity shall use an RFP process as its primary acquisition process for the wholesale acquisition of energy and capacity, unless one of the following exceptions applies:
  1. The load-serving entity is experiencing an emergency;
  2. The load-serving entity needs to make a short-term acquisition to maintain system reliability;
  3. The load-serving entity needs to acquire other components of energy procurement, such as fuel, fuel transportation, and transmission projects;
  4. The load-serving entity's planning horizon is two years or less;
  5. The transaction presents the load-serving entity a genuine, unanticipated opportunity to acquire a power supply resource at a clear and significant discount, compared to the cost of acquiring new generating facilities, and will provide unique value to the load-serving entity's customers;
  6. The transaction is necessary for the load-serving entity to satisfy an obligation under the Renewable Energy Standard rules; or
  7. The transaction is necessary for the load-serving entity's demand-side management or demand response programs.
- C. A load-serving entity shall engage an independent monitor to oversee all RFP processes for procurement of new resources.

**Historical Note**

New Section made by final rulemaking at 16 A.A.R. 2150, effective December 20, 2010 (Supp. 10-4).

**R14-2-706. Independent Monitor Selection and Responsibilities**

- A. When a load-serving entity contemplates engaging in an RFP process, the load-serving entity shall consult with Staff regarding the identity of companies or consultants that could serve as independent monitor for the RFP process.
- B. After consulting with Staff, a load-serving entity shall create a vendor list of three to five candidates to serve as independent monitor and shall file the vendor list with Docket Control to allow interested persons time to review and file objections to the vendor list.
- C. An interested person shall file with Docket Control, within 30 days after a vendor list is filed with Docket Control, any objection that the interested person may have to a candidate's inclusion on a vendor list.
- D. Within 60 days after a vendor list is filed with Docket Control, Staff shall issue a notice identifying each candidate on the vendor list that Staff has determined to be qualified to serve as independent monitor for the contemplated RFP process. In making its determination, Staff shall consider the experience of the candidates, the professional reputation of the candidates, and any objections filed by interested persons.
- E. A load-serving entity that has completed the actions required by subsections (A) and (B) to comply with a particular Commission Decision is deemed to have complied with subsections (A) and (B) and is not required to repeat those actions.
- F. A load-serving entity may retain as independent monitor for the contemplated RFP process and for its future RFP processes any of the candidates identified in Staff's notice.
- G. A load-serving entity shall file with Docket Control a written notice of its retention of an independent monitor.
- H. A load-serving entity is responsible for paying the independent monitor for its services and may charge a reasonable bidder's fee to each bidder in the RFP process to help offset the cost of the independent monitor's services. A load-serving entity may request recovery of the cost of the independent monitor's services, to the extent that the cost is not offset by bidder's fees, in a subsequent rate case. The Commission shall use its discretion in determining whether to allow the cost to be recovered through customer rates.
- I. One week prior to the deadline for submitting bids, a load-serving entity shall provide the independent monitor a copy of any bid proposal prepared by the load-serving entity or entity affiliated with the load-serving entity and of any benchmark or reference cost the load-serving entity has developed for use in evaluating bids. The independent monitor shall take steps to secure the load-serving entity's bid proposal and any benchmark or reference cost so that they are inaccessible to any bidder, the load-serving entity, and any entity affiliated with the load-serving entity.
- J. Upon Staff's request, the independent monitor shall provide status reports to Staff throughout the RFP process.

**Historical Note**

New Section made by final rulemaking at 16 A.A.R. 2150, effective December 20, 2010 (Supp. 10-4).

**ARTICLE 8. PUBLIC UTILITY HOLDING COMPANIES AND AFFILIATED INTERESTS****R14-2-801. Definitions**

In this Article, unless the context otherwise requires:

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1. "Affiliate," with respect to the public utility, shall mean any other entity directly or indirectly controlling or controlled by, or under direct or indirect common control with, the public utility. For purposes of this definition, the term "control" (including the correlative meanings of the terms "controlled by" and "under common control with"), as used with respect to any entity, shall mean the power to direct the management policies of such entity, whether through ownership of voting securities, or by contract, or otherwise.
2. "Commission." The Arizona Corporation Commission.
3. "Entity." A corporation, partnership, limited partnership, joint venture, trust, estate, or natural person.
4. "Holding Company" or "Public Utility Holding Company." Any affiliate that controls a public utility.
5. "Reorganize" or "Reorganization." The acquisition or divestiture of a financial interest in an affiliate or a utility, or reconfiguration of an existing affiliate or utility's position in the corporate structure or the merger or consolidation of an affiliate or a utility.
6. "Subsidiary." Any affiliate controlled by a utility.
7. "System of Accounts. The accounting system or systems prescribed for utilities by the Commission.
8. "Utility" or "Public Utility. Any Class A investor-owned public service corporation subject to the jurisdiction of the Arizona Corporation Commission.
5. An organization chart of the holding company that identifies all affiliates and their relationships within the holding company;
6. The proposed method for allocating federal and state income taxes to the subsidiaries of the holding company;
7. The anticipated changes in the utility's cost of service and the cost of capital attributable to the reorganization;
8. A description of diversification plans of affiliates of the holding company; and
9. Copies of all relevant documents and filings with the United States Securities and Exchange Commission and other federal or state agencies.
10. The contemplated annual and cumulative investment in each affiliate for the next five years, in dollars and as a percentage of projected net utility plant, and an explanation of the reasons supporting the level of investment and the reasons this level will not increase the risks of investment in the public utility.
11. An explanation of the manner in which the utility can assure that adequate capital will be available for the construction of necessary new utility plant and for improvements in existing utility plant at no greater cost than if the utility or its affiliate did not organize or reorganize a public utility holding company.

**Historical Note**

Adopted effective July 30, 1992 (Supp. 92-3).

**R14-2-802. Applicability**

- A. These rules are applicable to all Class A investor-owned utilities under the jurisdiction of the Commission and are applicable to all transactions entered into after the effective date of these rules.
- B. Notwithstanding subsection (A), these rules shall not apply to a telecommunications utility whose retail telecommunications services have been classified as competitive pursuant to 14 A.A.C. 2, Article 11, except as may otherwise be determined by a future Commission order.
- C. Information furnished to the Commission in compliance with these rules will not be open to public inspection, or made public, except on order of the Commission, or by the Commission, or a Commissioner in the course of a hearing or proceeding.

**Historical Note**

Adopted effective July 30, 1992 (Supp. 92-3). Amended by final rulemaking at 22 A.A.R. 1949, effective July 14, 2016 (Supp. 16-3).

**R14-2-803. Organization of Public Utility Holding Companies**

- A. Any utility or affiliate intending to organize a public utility holding company or reorganize an existing public utility holding company will notify the Commission's Utilities Division in writing at least 120 days prior thereto. The notice of intent will include the following information:
  1. The names and business addresses of the proposed officers and directors of the holding company;
  2. The business purposes for establishing or reorganizing the holding company;
  3. The proposed method of financing the holding company and the resultant capital structure;
  4. The resultant effect on the capital structure of the public utility;

- B. The Commission staff will, within 30 days after receipt of the notice of intent, notify the Applicant of any questions which it has concerning the notice or supporting information. The Commission will, within 60 days from the receipt of the notice of intent, determine whether to hold a hearing on the matter or approve the organization or reorganization without a hearing.
- C. At the conclusion of any hearing on the organization or reorganization of a utility holding company, the Commission may reject the proposal if it determines that it would impair the financial status of the public utility, otherwise prevent it from attracting capital at fair and reasonable terms, or impair the ability of the public utility to provide safe, reasonable and adequate service.
- D. A notice of intent under this Section is not required when the reorganization of an existing Arizona water or wastewater public utility holding company is due to the purchase of the shares of (or merger with) a Class D or E water or wastewater utility.

**Historical Note**

Adopted effective July 30, 1992 (Supp. 92-3). Amended by final rulemaking at 24 A.A.R. 2468, Effective October 16, 2018 (Supp. 18-3).

**R14-2-804. Commission Review of Transactions Between Public Utilities and Affiliates**

- A. A utility will not transact business with an affiliate unless the affiliate agrees to provide the Commission access to the books and records of the affiliate to the degree required to fully audit, examine or otherwise investigate transactions between the public utility and the affiliate. In connection therewith, the Commission may require production of books, records, accounts, memoranda and other documents related to these transactions.
- B. A utility will not consummate the following transactions without prior approval by the Commission:
  1. Obtain a financial interest in any affiliate not regulated by the Commission, or guarantee, or assume the liabilities of such affiliate;

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2. Lend to any affiliate not regulated by the Commission, with the exception of short-term loans for a period less than 12 months in an amount less than \$100,000; or
  3. Use utility funds to form a subsidiary or divest itself of any established subsidiary.
- C. The Commission will review the transactions set forth in subsection (B) above to determine if the transactions would impair the financial status of the public utility, otherwise prevent it from attracting capital at fair and reasonable terms, or impair the ability of the public utility to provide safe, reasonable and adequate service.
- D. Every transaction in violation of subsection (A) or (B) above is void, and the transaction shall not be made on the books of any public service corporation.
- E. The system of accounts used by the public utility will include the necessary accounting records needed to record and compile transactions with each affiliate.

**Historical Note**

Adopted effective July 30, 1992 (Supp. 92-3).

**R14-2-805. Annual Filing Requirements of Diversification Activities and Plans**

- A. On or before April 15th of each calendar year, all public utilities meeting the requirements of R14-2-802 and public utility holding companies will provide the Commission with a description of diversification plans for the current calendar year that have been approved by the Boards of Directors. As part of these filings, each public utility meeting the requirements of R14-2-802 will provide the Commission the following information:
1. The name, home office location and description of the public utility's affiliates with whom transactions occur, their relationship to each other and the public utility, and the general nature of their business;
  2. A brief description of the business activities conducted by the utility's affiliates with whom transactions occurred during the prior year, including any new activities not previously reported;
  3. A description of plans for the utility's subsidiaries to modify or change business activities, enter into new business ventures or to acquire, merge or otherwise establish a new business entity;
  4. Copies of the most recent financial statements for each of the utility's subsidiaries;
  5. An assessment of the effect of current and planned affiliated activities on the public utility's capital structure and the public utility's ability to attract capital at fair and reasonable rates;
  6. The bases upon which the public utility holding company allocates plant, revenue and expenses to affiliates and the amounts involved; an explanation of the derivation of the factors; the reasons supporting that methodology and the reasons supporting the allocation;
  7. An explanation of the manner in which the utility's capital structure, cost of capital and ability to raise capital at reasonable rates have been affected by the organization or reorganization of the public utility holding company;
  8. The dollar amount transferred between the utility and each affiliate during the annual period, and the purpose of each transfer;
  9. Contracts or agreements to receive, or provide management, engineering, accounting, legal, financial or other similar services between a public utility and an affiliate;

10. Contracts or agreements to purchase or sell goods or real property between a public utility and an affiliate; and
11. Contracts or agreements to lease goods or real property between a public utility and an affiliate.

- B. After reviewing the diversification plans, the Commission may, within 90 days after plans have been provided, request additional information, or order a hearing, or both, should it conclude after its review that the business activities would impair the financial status of the public utility, otherwise prevent it from attracting capital at fair and reasonable terms, or impair the ability of the public utility to provide safe, reasonable and adequate service.

**Historical Note**

Adopted effective July 30, 1992 (Supp. 92-3).

**R14-2-806. Waiver from the Provisions of this Article**

- A. The Commission may waive compliance with any of the provisions of this Article upon a finding that such waiver is in the public interest.
- B. Any affected entity may petition the Commission for a waiver by filing a verified application for waiver setting forth with specificity the circumstances whereby the public interest justifies noncompliance with all or part of the provisions of this Article.
- C. If the Commission fails to approve, disapprove, or suspend for further consideration an application for waiver within 30 days following filing of a verified application for waiver, the waiver shall become effective on the 31st day following filing of the application.

**Historical Note**

Adopted effective July 30, 1992 (Supp. 92-3).

**ARTICLE 9. REPEALED****R14-2-901. Repealed****Historical Note**

Adopted effective September 16, 1992 (Supp. 92-3).  
Repealed by final rulemaking at 32 A.A.R. 215 (January 16, 2025), effective February 28, 2026 (Supp. 25-4).

**R14-2-902. Repealed****Historical Note**

Adopted effective September 16, 1992 (Supp. 92-3).  
Amended effective December 31, 1998, under an exemption as determined by the Arizona Corporation Commission (Supp. 98-4). Repealed by final rulemaking at 32 A.A.R. 215 (January 16, 2025), effective February 28, 2026 (Supp. 25-4).

**R14-2-903. Repealed****Historical Note**

Adopted effective September 16, 1992 (Supp. 92-3).  
Repealed by final rulemaking at 32 A.A.R. 215 (January 16, 2025), effective February 28, 2026 (Supp. 25-4).

**R14-2-904. Repealed****Historical Note**

Adopted effective September 16, 1992 (Supp. 92-3).  
Repealed by final rulemaking at 32 A.A.R. 215 (January 16, 2025), effective February 28, 2026 (Supp. 25-4).

**R14-2-905. Repealed**



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**Historical Note**

Adopted effective September 16, 1992 (Supp. 92-3).  
Repealed by final rulemaking at 32 A.A.R. 215 (January 16, 2025), effective February 28, 2026 (Supp. 25-4).

**R14-2-906. Repealed****Historical Note**

Adopted effective September 16, 1992 (Supp. 92-3).  
Repealed by final rulemaking at 32 A.A.R. 215 (January 16, 2025), effective February 28, 2026 (Supp. 25-4).

**R14-2-907. Repealed****Historical Note**

Adopted effective September 16, 1992 (Supp. 92-3).  
Repealed by final rulemaking at 32 A.A.R. 215 (January 16, 2025), effective February 28, 2026 (Supp. 25-4).

**R14-2-908. Repealed****Historical Note**

Adopted effective September 16, 1992 (Supp. 92-3).  
Repealed by final rulemaking at 32 A.A.R. 215 (January 16, 2025), effective February 28, 2026 (Supp. 25-4).

**R14-2-909. Repealed****Historical Note**

Adopted effective September 16, 1992 (Supp. 92-3).  
Repealed by final rulemaking at 32 A.A.R. 215 (January 16, 2025), effective February 28, 2026 (Supp. 25-4).

**ARTICLE 10. ALTERNATIVE OPERATOR SERVICES**

*Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1001. Definitions**

In this Article, unless the context otherwise requires:

1. "Access code" means a sequence of numbers that, when dialed, connects a caller to the provider of operator services associated with that sequence of numbers.
2. "Affiliate" means any other entity directly or indirectly controlling or controlled by, or under direct or indirect common control with, the entity making alternative operator services available to the public. For purposes of this definition, the term "control" (including the correlative meanings of the terms "controlled by" and "under common control with"), as used with respect to any entity, means the power to direct the management policies of such entity, whether through the ownership of voting securities, by contract, or otherwise.
3. "Aggregator" or "Traffic Aggregator" means any person or entity that, in the ordinary course of its operations and using a provider of operator services, makes telephones available to the public or to transient users of its premises, for intrastate telephone calls. Each entity that exercises control over telephone equipment, whether through ownership of the equipment, control of access to the equipment, or some other means, will be responsible as an aggregator.
4. "Alternative Operator Services" or "AOS" means provision by an entity, other than a local exchange carrier or a certificated interexchange carrier with authorized operator service tariffs, of any telecommunications service initiated from an aggregator location where automated and/or live assistance is provided to a consumer in order to arrange for billing or completion of an intrastate telephone call. Store and forward payphones are not included within this definition.

5. "AOS Provider" means any public service corporation that provides alternative operator services.
6. "Billing Agency" means any third party authorized by the AOS provider to submit bills to end users and to handle billing disputes.
7. "Blocking" means the process of screening the calls dialed from the presubscribed telephone in order to prevent the completion of calls that would allow the caller to reach a preferred interexchange carrier.
8. "Call splashing" means the transfer of a telephone call from one provider of operator services to another such provider in such a manner that the subsequent provider is unable or unwilling to determine the originating location of the call and consequently bills the call without properly reflecting the originating and terminating points of the telephone call.
9. "Consumer," "Caller," or "End User" means a person initiating any intrastate telephone call by means of alternative operator services.
10. "Entity" means a corporation, partnership, limited partnership, joint venture, trust, estate, or natural person.
11. "Interexchange carriers" or "IXCs" means any long-distance telephone carriers authorized by the Commission to provide long distance, interLATA telecommunications service, but not local exchange services, within the state borders.
12. "IntraLATA long-distance service" means all long-distance service originating and terminating in the same LATA, as defined by the F.C.C.
13. "LATA" means one of the geographic local access and transport areas established as a result of the AT&T divestiture.
14. "Local exchange carriers" or "LECs" means telephone companies currently certified to provide local telephone service in designated areas of the state.
15. "Operator Service Charges" or "charges" means all tariffed charges, other than rate usage charges, and surcharges authorized by the Commission and charged to the end user for live or automated operator-assisted calls.
16. "Rate" means any usage charges, as approved by this Commission.
17. "Surcharge" or "Location-specific Surcharge" means a charge imposed by an aggregator upon an end user and paid in addition to the usage rates and operator service charges of the alternative operator services provider.
18. "Waiver" refers to the Commission's ability to dispense with a requirement under these rules.
19. "Zero-minus call" means a call that is made by dialing a single zero.

**Historical Note**

Adopted effective November 2, 1993, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 93-4).

*Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel.*

## TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION

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*Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1002. Application for Certificate of Convenience and Necessity**

- A. Upon the effective date of this Article, all LECs shall provide written notification of the requirements of this Article to all AOS providers for which they provide billing service. Such notification shall be in a form acceptable to the Commission and shall explain that all AOS providers are required to file an application for a certificate of convenience and necessity (CC&N) pursuant to this Section.
- B. Any AOS provider requesting billing services subsequent to the effective date of this Article shall provide to the LEC proof that it has made application for or has received a CC&N granted pursuant to this Section.
- C. All AOS providers shall submit to the Commission an original and the number of copies required by the Commission of an application for a CC&N.
- D. Each AOS applicant shall submit an application which includes all of the following information:
  1. The name and address of the AOS provider, including a contact person responsible for maintenance and complaint handling. If the AOS provider is other than an individual, a listing of the officers, directors, or partners and a copy of the articles of incorporation, partnership agreement, or other organizational document shall be provided.
  2. An organizational chart which shows all affiliated relationships of the AOS provider.
  3. The addresses and descriptions of locations to be served, including the name of the serving LEC. Applicant may apply for a partial waiver of this rule pursuant to R14-2-1014 requesting that all or part of this information be held confidential by the Commission.
  4. A description of the equipment being used to provide service, including the Federal Communications Commission registration number.
  5. A list of services provided and the proposed rates, operator service charges, and surcharges.
  6. A description of how information posting and complaint-handling requirements will be met.
  7. Relevant financial data, including current financial statements, the method of financing operations, and projected annual operating expense.
  8. Any other requirements that the Commission may require.
- E. Time-frames for processing applications for Certificates of Convenience and Necessity
  1. This rule prescribes time-frames for the processing of any Application for a Certificate of Convenience and Necessity issued by the Arizona Corporation Commission pursuant to this Article. These time-frames shall apply to applications filed on or after the effective date of this rule.
  2. Within 365 calendar days after receipt of an application for a new Certificate of Convenience and Necessity, or to amend or change the status of any existing Certificate of Convenience and Necessity, staff shall notify the applicant, in writing, that the application is either administratively complete or deficient. If the application is deficient, the notice shall specify all deficiencies.
  3. Staff may terminate an application if the applicant does not remedy all deficiencies within 60 calendar days of the notice of deficiency.
  4. After receipt of a corrected application, staff shall notify the applicant within 30 calendar days if the corrected

application is either administratively complete or deficient. The time-frame for administrative completeness review shall be suspended from the time the notice of deficiency is issued until staff determines that the application is complete.

5. Within 365 calendar days after an application is deemed administratively complete, the Commission shall approve or reject the application.
6. For purposes of A.R.S. § 41-1072 et seq., the Commission has established the following time-frames:
  - a. Administrative completeness review time-frame: 365 calendar days,
  - b. Substantive review time-frame: 365 calendar days,
  - c. Overall time-frame: 730 calendar days.
7. If an applicant requests, and is granted, an extension or continuance, the appropriate time-frames shall be tolled from the date of the request during the duration of the extension or continuance.
8. During the substantive review time-frame, the Commission may, upon its own motion or that of any interested party to the proceeding, request a suspension of the time-frame rules.

**Historical Note**

Adopted effective November 2, 1993, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 93-4). Amended effective December 31, 1998, under an exemption as determined by the Arizona Corporation Commission (Supp. 98-4).

*Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1003. Grant of Certificate of Convenience and Necessity**

- A. The Commission shall analyze an application for a certificate of convenience and necessity ("CC&N") to determine if it is complete and correct. If necessary, the Commission may request additional information from the CC&N applicant.
- B. The Commission shall hold a hearing to determine whether it is in the public interest to grant a CC&N to the applicant.
- C. The Commission shall notify in writing the CC&N applicant and the appropriate LECs of the Commission's determination made pursuant to this Section. A CC&N granted under this Section shall be issued in the name of the AOS provider.
- D. All CC&Ns granted under this Section shall include both of the following:
  1. An obligation to serve all end-users and subscribers in a nondiscriminatory manner, and
  2. An obligation to comply with all Commission requirements relevant to the provision of telecommunications service.

**Historical Note**

Adopted effective November 2, 1993, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 93-4).

*Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel.*

## TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION

## CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

*Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1004. Rates, Operator Service Charges, and Surcharges**

The rates, operator service charges, and surcharges assessed by AOS providers to their end-users of AOS service shall be limited to those specified in Commission-approved tariffs. All rates, operator service charges, and surcharges shall be stated in the tariffs. Location-specific surcharges imposed by the aggregator may only be charged once, either on the AOS bill or at the aggregator location, but under no circumstances shall a location-specific surcharge be imposed both on the bill and at the aggregator location.

**Historical Note**

Adopted effective November 2, 1993, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 93-4).

*Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1005. End-user Notification and Choice Requirements**

- A. Each AOS provider shall:
  1. Identify itself with a live or automated message at the outpulse of the terminating number which informs the end-user that a named AOS provider has been reached and that such provider's rates, operator service charges, and surcharges apply to the call. This message shall be provided before the end-user incurs any charge for the call, including a usage rate, operator service charge, and surcharge.
  2. Disclose immediately to the consumer, upon request and at no charge to the consumer, any of the following information:
    - a. A quotation of tariffed rates, operator service charges, and location-specific surcharges;
    - b. The methods by which such rates, operator service charges, and surcharges will be collected;
    - c. The methods by which complaints concerning such rates, operator service charges, and surcharges or collection practices will be resolved; and
    - d. That the end-user's preferred carrier can be reached by an access code or toll-free customer service number.
- B. The contents and methods of posting shall be described in each AOS provider's tariff. At a minimum, each aggregator shall post all of the following information, through the use of tent cards or stickers on or near the telephone instrument, in plain view of the end-user:
  1. The name, address, and toll-free telephone number of the AOS provider;
  2. A written disclosure that the rates, operator service charges, and location-specific surcharges of the AOS provider apply for all operator-assisted calls;
  3. A statement that interLATA calls made with calling cards, including IXC cards, may be carried by the AOS provider;
  4. Dialing instructions;
  5. A toll-free number for billing inquiries;
  6. A description of complaint procedures; and

7. That end-users have a right to obtain access to the inter-exchange carrier of their choice.
- C. Each AOS provider shall ensure, by contract or tariff, that each aggregator using the AOS provider's services is in compliance with the requirements of subsection (B) of this Section.
- D. Neither the AOS provider nor the subscriber shall require or participate in blocking any end-user's access to a preferred carrier. AOS providers and their affiliates shall be required to withhold on a location-specific basis, the payment of any compensation, including commissions, to an aggregator that is blocking end-users' access to preferred carriers.
- E. Waivers from the blocking ban will be considered only if accompanied by a detailed cost/benefit analysis and will be granted by the Commission only if the evidence compels a finding that without blocking the risk of fraud and revenue erosion to the AOS provider would be significant.

**Historical Note**

Adopted effective November 2, 1993, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 93-4).

*Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1006. Public Safety Requirements**

- A. AOS providers shall route all zero-minus calls immediately to the originating LEC.
- B. The Commission may, upon application of the AOS provider, issue a waiver to subsection (A) of this Section if the AOS provider has clearly and convincingly demonstrated that it has the capability to process such calls with equal quickness and accuracy as provided by the LEC

**Historical Note**

Adopted effective November 2, 1993, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 93-4).

*Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1007. Billing and Collection**

- A. Each AOS provider shall bill monthly for services rendered.
- B. Bills issued for the intrastate interLATA AOS service provided by AOS providers shall include the minimum information required by R14-2-508(B) and identify the AOS provider to the extent that the LEC has the capability to do so. In the absence of that capability, the identification of the billing agent or clearinghouse and its toll-free customer service number shall be required.
- C. The LEC will not process billing for any intraLATA calls carried by the AOS provider, whether intentional or incidental, where the required compensation has not been paid to the LEC.
- D. Each AOS applicant shall comply with all of the following billing procedures:
  1. The billing date shall be printed on the bill and shall be the date the bill was issued;

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2. The AOS provider shall provide a full refund of any charge levied for an uncompleted call; and
  3. AOS providers or their billing agents shall be prohibited from billing for calls which occur more than 60 days prior to the billing date.
  4. AOS providers or their agents are prohibited from billing for any intraLATA calls carried by the AOS provider, whether intentional or incidental, where the required compensation has not been paid to the LEC.
- E. The disconnection of local service for the nonpayment of intrastate interLATA AOS usage charges, operator service charges, and surcharges by end-users shall be permitted only in accordance with the detailed procedures set forth in R14-2-509.

**Historical Note**

Adopted effective November 2, 1993, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 93-4).

*Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1008. Call Splashing Requirements**

- A. AOS providers' tariffs shall require the transfer of calls to other carriers at no charge so that rating and billing properly reflect the originating and terminating points of the telephone call.
- B. When transfers, as described in subsection (A) of this Section are not possible, the tariffs shall require the provider to inform the end-user that the call cannot be completed and that the preferred carrier may be reached by an access code or toll-free customer service number.

**Historical Note**

Adopted effective November 2, 1993, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 93-4).

*Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1009. Complaint Processing**

- A. AOS applicants for certificates of convenience and necessity shall submit to the Commission a tariff or schedule containing a detailed description of complaint processing procedures.
- B. The name, address, and telephone number of a representative for complaint matters shall be submitted with these procedures.

**Historical Note**

Adopted effective November 2, 1993, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 93-4).

*Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel.*

*Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1010. Quality of Service**

AOS providers applying for certificates of convenience and necessity shall develop quality of service standards for operator response time and call processing time and submit those standards to the Commission for review and approval.

**Historical Note**

Adopted effective November 2, 1993, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 93-4).

*Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1011. Reports**

- A. AOS providers holding certificates of convenience and necessity shall submit Utility Division annual reports to the Commission pursuant to A.R.S. § 40-204.
- B. AOS providers holding certificates of convenience and necessity shall submit annual reports to the Commission comparing the company's actual monthly performance with the standards in R14-2-1010.
- C. AOS providers that have been certificated shall annually submit to the Commission a list of subscribers and locations served.

**Historical Note**

Adopted effective November 2, 1993, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 93-4).

*Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1012. Violations**

- A. The Commission may order an LEC to immediately terminate service to AOS providers which:
  1. Fail to make application for or obtain a CC&N to provide service pursuant to R14-2-1002, or
  2. Violate any applicable quality of service standards as described in this Article.
- B. An LEC shall not offer service to an AOS provider unless the AOS provider has made application for or received a CC&N from the Commission.
- C. An LEC in violation of subsection (B) of this Section shall be subject to the penalty provisions contained in A.R.S. §§ 40-421 through 40-433.
- D. Any AOS provider found by the Commission to be in violation of subsection (A)(2) of this Section shall have its CC&N subject to revocation.

**Historical Note**

Adopted effective November 2, 1993, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 93-4).

*Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney*

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*General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1013. IntraLATA Long-distance Service is Prohibited**

AOS providers may not carry intraLATA toll calls where the required compensation has not been paid to the LEC. All intraLATA calls where arrangements have not been made for compensation to the LEC by the IXC must be switched to the authorized LEC of the aggregator.

**Historical Note**

Adopted effective November 2, 1993, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 93-4).

*Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1014. Variations or Exemptions from the Commission's Rules**

Variations or exemptions from the terms and requirements of any of the rules included in this Article shall be considered upon the verified application of an affected party to the Commission setting forth the circumstances whereby the public interest requires such variation or exemption from the Commission's rules. Such application will be subject to the review of the Commission and any variation or exemption granted shall require an order of the Commission. In case of conflict between these rules and an approved tariff or order of the Commission, the provisions of the tariff or order shall apply.

**Historical Note**

Adopted effective November 2, 1993, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 93-4).

**ARTICLE 11. COMPETITIVE TELECOMMUNICATIONS SERVICES**

*Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1101. Application of Rules**

These rules shall govern the provision of competitive, intrastate telecommunications services to the public by telecommunications companies subject to the jurisdiction of the Arizona Corporation Commission. Unless otherwise ordered by the Commission, these rules shall not govern the provision of service by independently or local exchange carrier-owned pay telephones (COPTs) and alternative operator service (AOS) providers, which shall instead be governed by Articles 9 and Article 10 of this Chapter, respectively. The provision of local exchange service also shall be governed by Article 5 of this Chapter, to the extent that Article is not inconsistent with these rules.

**Historical Note**

Adopted effective June 27, 1995, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-2).

*Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1102. Definitions**

Article, unless the context otherwise requires, the following definitions shall apply:

1. "Arizona Corporation Commission" or "Commission." The regulatory agency of the state of Arizona having jurisdiction over public service corporations operating in Arizona.
2. "Bona Fide Request." A written request submitted by a telecommunications company to a local exchange carrier for intraLATA equal access service or for interconnection arrangements.
3. "Central Office." A facility within a telecommunications system where calls are switched and which contains all the necessary equipment, operating arrangements, and interface points for terminating and interconnecting facilities such as subscribers' line and interoffice trunks.
4. "Competitive Telecommunications Service." Any telecommunications service where customers of the service within the relevant market have or are likely to have reasonably available alternatives.
5. "Docket Control Center." The Commission section responsible for the acceptance and processing of all applications and other filings, and for official record maintenance.
6. "Equal Access." An arrangement where a local exchange company provides all telecommunications companies operating in an equal access central office with dialing arrangements and other service characteristics that are equivalent in type and quality to what the local exchange carrier utilizes in the provision of its service.
7. "Local Exchange Carrier." A telecommunications company that provides local exchange service as one of the telecommunications services it offers to the public.
8. "Local Exchange Service." The telecommunications service that provides a local dial tone, access line, and local usage within an exchange or local calling area.
9. "Monopoly Service." A monopoly service is any telecommunications service provided by a telecommunications company that is not subject to competition in the relevant market.
10. "Primary Interexchange Company" or "PIC." The telecommunications company with whom a customer may presubscribe to provide 1+/0+ toll service, without the use of access codes, following equal access implementation.
11. "Rate." Within the context of this Article, this term refers to the maximum tariffed rate approved by the Commission, from which the competitive telecommunications service provided may be discounted down to the total service long-run incremental cost of providing the service.
12. "Relevant Market." Where buyers and sellers of a specific service or product, or a group of services or products, come together to engage in transactions. For telecommunications services, the relevant market may be identified on a service-by-service basis, a group basis, and/or by geographic location.
13. "Staff." The staff of the Arizona Corporation Commission or its designated representative or representatives.

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14. "Tariffs." The documents filed with the Commission which list the services and products offered by a telecommunications company and which set forth the terms and conditions and a schedule of the rates and charges for those services and products.
15. "Telecommunications Company." A public service corporation, as defined in the Arizona Constitution, Article 15, § 2, that provides telecommunications services within the state of Arizona and over which the Commission has jurisdiction.
16. "Telecommunications Service." Any transmission of interactive switched and non-switched signs, signals, writing, images, sounds, messages, data, or other information of any nature by wire, radio, lightwave, or any other electromagnetic means (including access services), which originate and terminate in this state and are offered to or for the public, or some portion thereof, for compensation.
17. "Total Service Long Run Incremental Cost." The total additional cost incurred by a telecommunications company to produce the entire quantity of a service, given that the telecommunications company already provides all of its other services. Total Service Long-run Incremental Cost is based on the least cost, most efficient technology that is capable of being implemented at the time the decision to provide the service is made.
18. "2-PIC Toll Equal Access." The equal access option that affords customers the opportunity to select one telecommunications company for all interLATA 1+/0+ toll calls and, at the customer's option, to select another telecommunications company for all intraLATA 1+/0+ toll calls.
19. "Unbundled." Disaggregation of the local exchange carrier network services.

**Historical Note**

Adopted effective June 27, 1995, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-2). Section heading corrected to "Definitions" as filed June 27, 1995 (Supp. 09-4).

**R14-2-1103. Certificates of Convenience and Necessity Required**

All telecommunications companies providing intrastate telecommunications services shall obtain a Certificate of Convenience and Necessity from the Commission, either under this Article, if competitive services are to be provided or, under Article 5. If the Commission determines that the services identified in an Application filed under this Article are not competitive, the Commission may nevertheless grant a Certificate of Convenience and authorize provision of the services on a noncompetitive basis pursuant to Article 5.

**Historical Note**

Adopted effective June 27, 1995, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-2). Amended effective December 31, 1998, under an exemption as determined by the Arizona Corporation Commission (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 4789, effective December 15, 2002 (Supp. 02-4).

**R14-2-1104. Expanded Certificates of Convenience and Necessity for Telecommunications Companies with Existing Certificates; Initial Tariffs**

- A. Effective July 1, 1995, every telecommunications company, except a local exchange carrier, that has received a Certificate

of Convenience and Necessity under Article 5, and that provides or intends to provide competitive, intraLATA telecommunications service shall file with the Docket Control Center 10 copies of an Application to expand its existing Certificate of Convenience and Necessity to provide competitive, intraLATA telecommunications service. In support of the request for an expanded Certificate of Convenience and Necessity, the Application shall, at a minimum, include the following information:

1. A description of the telecommunications company and of the telecommunications services it offers or intends to offer.
  2. The proper name and correct intrastate address of the telecommunications company and:
    - a. The full name of its owner if a sole proprietorship,
    - b. The full name of each partner if a partnership,
    - c. A full list of the officers and directors if a corporation, or
    - d. A full list of the members if a limited liability company.
  3. A tariff for each service to be provided that states the maximum rate as well as the initial price to be charged, and that also states other terms and conditions that will apply to provision of the service by the telecommunications company. The telecommunications company shall provide economic justification or cost support data if required by the Commission or by Staff.
  4. A detailed description of the geographic market to be served and maps depicting the area.
  5. Appropriate city, county and/or state agency approvals, where appropriate.
  6. Such other information as the Commission or the Staff may request.
- B. As part of the Application for an expanded Certificate of Convenience and Necessity, the telecommunications company shall also petition the Commission for a determination that the intraLATA service being provided or to be provided is competitive, pursuant to the requirements of R14-2-1108.
  - C. The Commission shall review the initial tariffs submitted by the telecommunications company and shall determine whether the rates, terms, and conditions for the proposed services are reasonable.
  - D. If it appears, based upon Staff review or upon comments filed with Commission Docket Control Center, that a rate, term, or condition of service stated in a tariff may be unjust or unreasonable, or that a service to be offered by the applicant may not be competitive, the Commission or Staff may require further information and/or changes to the application or to the tariff.
  - E. When the Application is submitted to the Docket Control Center, it will not be filed until it is found to be in proper form. The telecommunications company shall, no later than 20 days after the Application is filed publish legal notice of the Application in all counties where services will be provided. The notice shall describe with particularity the contents of the Application on file with the Commission. Interested persons shall have 20 days from the publication of legal notice to file objections to the Application and to submit a motion to intervene in the proceeding.

**Historical Note**

Adopted effective June 27, 1995, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-2). Amended by final rulemaking

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at 8 A.A.R. 4789, effective December 15, 2002 (Supp. 02-4).

**R14-2-1105. Certificates of Convenience and Necessity for Telecommunications Companies Offering Competitive Services; Initial Tariff**

- A.** Effective July 1, 1995, every other telecommunications company, except a local exchange carrier, that has not previously received a Certificate of Convenience and Necessity, and that provides or intends to provide intrastate competitive telecommunications services shall file with the Docket Control Center 10 copies of an Application for a Certificate of Convenience and Necessity to provide competitive telecommunications services. In support of the request for a Certificate of Convenience and Necessity, the Application shall, at a minimum, include all the information required in R14-2-1104(A) and shall also include the following information:
1. A description of the telecommunications company's technical capability to provide the proposed services and a description of its facilities.
  2. Information describing the financial resources of the telecommunications company, including:
    - a. A current intrastate balance sheet,
    - b. A current income statement (if applicable),
    - c. A pro forma income statement, and
    - d. Comparable financial information evidencing sufficient financial resources.
  3. A copy of the Partnership Agreement, Articles of Incorporation, Articles of Organization, Joint Venture Agreement, or any other contract, agreement, or document that evidences the formation of the telecommunications company.
- B.** An Application filed under subsection (A) of this Section shall also petition the Commission for a determination that the service being provided or to be provided is competitive under the requirements of R14-2-1108.
- C.** An Application filed under subsection (A) of this Section shall be subject to the provisions of subsections R14-2-1104(D) and (E).
- D.** In appropriate circumstances, the Commission may require, as a precondition to certification, the procurement of a performance bond sufficient to cover any advances or deposits the telecommunications company may collect from its customers, or order that such advances or deposits be held in escrow or trust.

**Historical Note**

Adopted effective June 27, 1995, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-2). Amended by final rulemaking at 8 A.A.R. 4789, effective December 15, 2002 (Supp. 02-4).

**R14-2-1106. Grant of Certificate of Convenience and Necessity**

- A.** The Commission, after notice and hearing, may deny certification to any telecommunications company which:
1. Does not provide the information required by this Article;
  2. Is not offering competitive services, as defined in this Article;
  3. Does not possess adequate financial resources to provide the proposed services;
  4. Does not possess adequate technical competency to provide the proposed services; or
  5. Fails to provide a performance bond, if required.

- B.** Every telecommunications company obtaining a Certificate of Convenience and Necessity under this Article shall obtain certification subject to the following conditions:

1. The telecommunications company shall comply with all Commission rules, orders, and other requirements relevant to the provision of intrastate telecommunications service.
2. The telecommunications company shall maintain its accounts and records as required by the Commission.
3. The telecommunications company shall file with the Commission all financial and other reports that the Commission may require, and in a form and at such times as the Commission may designate.
4. The telecommunications company shall maintain on file with the Commission all current tariffs and rates, and any service standards that the Commission may require.
5. The telecommunications company shall cooperate with Commission investigations of customer complaints.
6. The telecommunications company shall participate in and contribute to a universal service fund, as required by the Commission.
7. Failure by a telecommunications company to comply with any of the above conditions may result in rescission of its Certificate of Convenience and Necessity.

**Historical Note**

Adopted effective June 27, 1995, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-2). Amended by final rulemaking at 8 A.A.R. 4789, effective December 15, 2002 (Supp. 02-4).

*Editor's Note: The following Section was amended under the regular rulemaking process and approved by the Arizona Attorney General's Office (Supp. 04-1).*

*Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1107. Application to Discontinue or Abandon Local Exchange or Interexchange Services**

- A.** Any telecommunications company providing competitive local exchange or interexchange service on a resold or facilities-based basis that intends to discontinue service or to abandon all or a portion of its service area shall file an application for authorization with the Commission setting forth the following:
1. Any reasons for the proposed discontinuance of service or abandonment of service area;
  2. Verification that all affected customers have been notified of the proposed discontinuance or abandonment, and that all affected customers will have access to an alternative local exchange service provider or interexchange service provider;
  3. Where applicable, a plan for the refund of deposits collected pursuant to subsection R14-2-503(B);
  4. A list of all alternative utilities providing the same or similar service within the affected geographic area.
- B.** When the application is submitted to the Docket Control Center, it will not be filed until it is found to be in proper form. No later than 20 days after the application is filed, the telecommunications company shall publish legal notice of the application

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in all counties affected by the application. The legal notice shall describe with particularity the substance of the application. Interested persons shall have 30 days from the publication of legal notice to file objections to the application, to request a hearing, and to submit a motion to intervene in the proceeding.

- C. Once proper notice is effected and if no objection is filed, the Commission may grant the application without a hearing.

**Historical Note**

Adopted effective June 27, 1995, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-2). Amended by final rulemaking at 10 A.A.R. 1030, effective April 26, 2004 (Supp. 04-1).

*Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1108. Determination of a Competitive Telecommunications Service**

- A. A telecommunications company may petition the Commission to classify as competitive any service or group of services provided by the company. The telecommunications company shall file with the Docket Control Center 10 copies of its petition. The telecommunications company also shall provide notice of its application to each of its customers, if any, and to each regulated telecommunications company that serves the same geographic area or provides the same service or group of services, or a service or group of services similar to the service or group of services for which the competitive classification is requested.
- B. The petition for competitive classification shall set forth the conditions within the relevant market that demonstrate that the telecommunications service is competitive, providing, at a minimum, the following information:
1. A description of the general economic conditions that exist which make the relevant market for the service one that is competitive;
  2. The number of alternative providers of the service;
  3. The estimated market share held by each alternative provider of the service;
  4. The names and addresses of any alternative providers of the service that are also affiliates of the telecommunications company, as defined in R14-2-801;
  5. The ability of alternative providers to make functionally equivalent or substitute services readily available at competitive rates, terms, and conditions; and
  6. Other indicators of market power, which may include growth and shifts in market share, ease of entry and exit, and any affiliation between and among alternative providers of the services.
- C. Alternatively, where the Commission has already classified a specific service within the relevant market as competitive, the petition shall provide the date and decision number of the Commission order.
- D. In any competitive classification proceeding, the telecommunications company filing the petition, and any telecommunications company supporting the petition, shall have the burden of demonstrating that the service at issue is competitive. Classification of the petitioners' service as competitive does not constitute classification of any service provided by another

telecommunications company as competitive, unless expressly ordered by the Commission.

- E. The Commission may initiate classification proceedings on its own motion and may require all regulated telecommunications companies potentially affected by the classification proceeding to participate in the proceeding. In an Order classifying a service as competitive, the Commission will specify whether the classification applies to the service provided by a specific company or companies or to that service provided by all telecommunications companies.
- F. If the Commission finds that a telecommunications company's service is competitive, the telecommunications company providing the service may obtain a rate change for the service by applying for streamlined rate treatment pursuant to R14-2-1110.
- G. Any finding by the Commission, pursuant to the provisions of this Section, that a telecommunications service is competitive so as to qualify for streamlined rate treatment shall not constitute a finding that the service is deregulated.
- H. Any telecommunications service classified by the Commission as competitive may subsequently be reclassified as noncompetitive if the Commission determines that reclassification would protect the public interest. Notice and hearing would be required prior to any reclassification. The burden of proof would be on the party seeking reclassification.

**Historical Note**

Adopted effective June 27, 1995, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-2).

*Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1109. Pricing of Competitive Telecommunications Services**

- A. Pricing of Competitive Services. A telecommunications company governed by this Article may price a competitive telecommunications service at any level at or below the maximum rate stated in the company's tariff on file with the Commission, provided that the price for the service is not less than the company's total service long-run incremental cost of providing the service.
- B. Changing a Price. A telecommunications company governed by this Article may effect a price change for a competitive service so long as two conditions are met:
1. The changed price comports with the limitations stated in subsection (A); and
  2. The Commission is provided with concurrent, written notice of the price change.
- C. No Cross-subsidization. A competitive telecommunications service shall not be subsidized by any rate or charge for any noncompetitive telecommunications services. To ensure that no cross-subsidization exists, each competitive telecommunications service must provide revenues that equal or exceed the company's total service long-run incremental cost of providing the service.

**Historical Note**

Adopted effective June 27, 1995, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-2).



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*Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1110. Competitive Telecommunications Services -- Procedures for Rate Change**

- A. Telecommunications companies governed by this Article may apply to the Commission for an increase in any rate for a competitive service using the procedures set forth below. All applications and supporting information shall be submitted with 10 copies and filed with Docket Control Center.
- B. In order to increase the maximum tariffed rate for a competitive telecommunications service, the applicant shall submit an application to the Commission containing the following information:
  1. A statement setting forth the reasons for which a rate increase is required;
  2. A schedule of current rates and proposed rates and the additional revenues to be derived from the proposed rates;
  3. An affidavit verifying that appropriate notice of the proposed rate increase has been provided to customers of the service;
  4. The Commission or staff may request any additional information in support of the application.
- C. The Commission may, at its discretion, act on the requested rate increase with or without an evidentiary hearing; in an expeditious manner.

**Historical Note**

Adopted effective June 27, 1995, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-2).

**R14-2-1111. Requirement for IntraLATA Equal Access**

- A. Each local exchange carrier shall provide 2-PIC toll equal access where technically and economically feasible, and in accordance with any procedures the Commission may order.
- B. The sequence for implementation of intraLATA equal access shall occur in the following manner:
  1. In response to a bona fide request for intraLATA equal access, a local exchange carrier shall complete implementation of intraLATA equal access within nine months of receiving the request. A person making such a bona fide request shall also provide a copy to the Arizona Corporation Commission.
  2. The local exchange carrier may implement intraLATA equal access in any central office on its own initiative but, in any event, shall make intraLATA equal access available in all its central offices no later than July 1, 1996, unless otherwise ordered by the Commission
- C. A local exchange carrier may petition the Commission for a waiver of the requirement in subsection (B)(1) on the grounds that compliance is not technically or economically feasible. A local exchange carrier may also petition the Commission for an extension of the requirement in subsection (B)(2) on the grounds that intraLATA equal access cannot reasonably or economically be provided within any specific exchanges within the required time-frame. The Commission may grant either of these waivers with or without a hearing. The local exchange carrier filing the waiver petition shall bear the burden of proof.

**Historical Note**

Adopted effective June 27, 1995, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-2). Amended by final rulemaking at 8 A.A.R. 4789, effective December 15, 2002 (Supp. 02-4).

**R14-2-1112. Interconnection Requirements**

All local exchange carriers must provide appropriate interconnection arrangements with other telecommunications companies at reasonable prices and under reasonable terms and conditions that do not discriminate against or in favor of any provider, including the local exchange carrier. Appropriate interconnection arrangements shall provide access on an unbundled, nondiscriminatory basis to physical, administrative, and database network components. Local exchange carriers shall provide appropriate interconnection arrangements within six months of receiving a bona fide request for interconnection. The interconnection arrangements must be in the form of a tariff and shall be filed with the Commission for its approval before becoming effective.

**Historical Note**

Adopted effective June 27, 1995, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-2). Amended by final rulemaking at 8 A.A.R. 4789, effective December 15, 2002 (Supp. 02-4).

*Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1113. Establishment of Universal Service Fund**

The Commission shall establish an intrastate universal service fund which shall assure the continued availability of basic telephone service at reasonable rates. The universal service fund shall be structured and administered as required by the Commission.

**Historical Note**

Adopted effective June 27, 1995, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-2).

**R14-2-1114. Service Quality Requirements for the Provision of Competitive Services**

- A. General Requirement. Telecommunications companies governed by this Article shall provide quality service in accordance with this rule and with any other service quality requirements established by the Commission.
- B. Telecommunications Company Responsibility. Each telecommunications company governed by this Article:
  1. Shall be responsible for maintaining in safe operating condition all equipment and fixtures owned by and under the exclusive control of the telecommunications company that are used in providing telecommunications services to the customer.
  2. Shall make known to applicants for its service and to its subscribers any information necessary to assist the subscriber or customer in obtaining adequate, efficient, and reasonably priced service.
- C. Continuity of Service. Each telecommunications company providing competitive telecommunications services pursuant to this Article shall make reasonable efforts to supply a satisfactory and continuous level of service.

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**D. Billing and Collection**

1. Each telecommunications company governed by this Article shall bill monthly for any competitive services rendered. The following minimum information must be provided on all customer bills:
  - a. A description of the service provided;
  - b. The monthly charge for each service provided;
  - c. The company's toll-free number for billing inquiries;
  - d. The amount or percentage rate of any privilege, sales, use or other taxes that are passed on to the customer as part of the charge for the service provided;
  - e. Any access or other charges that are imposed by order of or at the direction of the Federal Communications Commission; and
  - f. The date on which the bill becomes delinquent.
2. If the telecommunications company does not provide direct billing to its customers, it shall make arrangements for monthly bills to be rendered to all its customers. However, a local exchange carrier shall not provide billing and collection services for intrastate telecommunications services to any telecommunications company that does not have a Certificate of Convenience and Necessity from the Commission, and that does not have a certification application pending before the Commission.

**E. Insufficient Funds (NSF) Checks.** A telecommunications company governed by this Article may include in its tariffs a fee for each instance where a customer tenders payment for the competitive telecommunications service with an insufficient funds check. When a customer tenders an insufficient check, the telecommunications company may require the customer to make payment in cash, by money order, certified check, or other means which guarantees the customer's payment to the telecommunications company.**F. Deferred Payment Plan.**

1. Each telecommunications company may, in lieu of terminating service, offer any customer a deferred payment plan to retire unpaid bills for telecommunications company service. If a deferred payment arrangement is made, current service shall not be discontinued if the customer agrees to pay a reasonable portion of the outstanding balance in installments over a period not to exceed six months and agrees to pay all future bills in accordance with the billing and collection tariffs of the telecommunications company.
2. If a customer does not fulfill the terms of a deferred payment agreement, the telecommunications company shall have the right to disconnect service pursuant to the Commission's termination of service rule, R14-2-509.

**G. Late Payment Penalty.** A telecommunications company governed by this Article may include in its tariffs a late payment penalty which may be applied to delinquent bills. The amount of the late payment penalty shall be stated on a customer's bill when rendered by the telecommunications company or its agent.**H. Service Interruptions.**

1. Each telecommunications company shall make reasonable efforts to reestablish service within the shortest possible time when service interruptions occur. The telecommunications company shall issue instructions to its employees covering procedures to be followed in the event of any emergency, including national emergencies or local disasters, in order to prevent or mitigate interruption or impairment of service. The Commission shall be

notified of major interruptions in service affecting the entire system or any major division.

2. When a telecommunications company plans to interrupt service to perform necessary repairs or maintenance, the telecommunications company shall attempt to inform affected customers at least 24 hours in advance of the scheduled date and estimated duration of the service interruption. Such repairs shall be completed in the shortest possible time to minimize the inconvenience to the customers of the telecommunications company.

**I. Nonpermissible Termination of Service.** A telecommunications company governed by this Article may not disconnect service for:

1. The failure of a customer to pay for services or equipment which are not regulated by the Commission, or
2. For disputed bills where the customer has complied with the Commission's rules on complaints.

**J. Permissible Termination of Service.** Termination of service without notice may occur in accordance with the provisions of subsection R14-2-509(B). Termination of service with notice shall occur in accordance with provisions of R14-2-509(C) through (E). All local exchange carriers are prohibited from discontinuing local service for alleged delinquency of non-local bills.**K. Notice of Responsible Officer or Agent.** Each telecommunications company governed by this Article shall file a written statement with the Commission which provides the name, address (business, residence, and post office) and telephone numbers (business and residence) of at least one officer, agent, or one employee responsible for the general management of its operations as a telecommunications company in Arizona. Each telecommunications company shall give notice of any change in this information by filing a written statement with the Commission within five days from the date of any such change.**L. Competitive Local Exchange Service.** Any telecommunications company providing competitive local exchange service shall comply with the Commission's rules for establishment of service set forth in R14-2-503.**M. Denial of Service/Noncertificated Utilities.** A local exchange carrier shall deny service to a noncertificated telecommunications company that intends to use the service requested to provide telecommunications service for hire, sale, or resale to the general public within the state of Arizona. Service shall not be denied if the telecommunications company has an Application for a Certificate of Convenience and Necessity pending before the Commission.**Historical Note**

Adopted effective June 27, 1995, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-2). Amended by final rulemaking at 8 A.A.R. 4789, effective December 15, 2002 (Supp. 02-4).

**R14-2-1115. Administrative Requirements**

- A. Customer Service Complaints.** All customer service complaints concerning competitive telecommunications services shall be governed by the provisions of subsection R14-2-510(A).
- B. Customer Bill Disputes.** All customer bill disputes concerning competitive telecommunications services shall be governed by the provisions of R14-2-510(B) and (C).
- C. Filing of Tariffs, Price Levels, and Contracts.** Each telecommunications company governed by this Article shall file with the Commission current tariffs, price levels, and contracts that

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comply with the provisions of this Article and with all Commission rules, orders, and all other requirements imposed by the laws of the state of Arizona.

1. Current tariffs for competitive services shall be maintained on file with the Commission pursuant to the requirements of A.R.S. § 40-365.
  2. Current price levels for competitive services shall be filed with the Commission pursuant to the requirements of R14-2-1109(B).
  3. Contracts of telecommunications companies governed by this Article shall be filed with the Commission not later than five business days after execution. If the contract includes both competitive and noncompetitive services, it must be filed at least five business days prior to the effective date of the contract and must separately state the tariffed rate for the noncompetitive services and the price for the competitive services.
  4. Contracts filed pursuant to this Article shall not be open to public inspection or made public except on order of the Commission, or by the Commission or a Commissioner in the course of a hearing or proceeding.
- D. Accounts and Records.**
1. Each telecommunications company shall keep general and subsidiary accounting books and records reflecting the cost of its intrastate properties, assets and liabilities, operating income and expenses, and all other accounting and statistical data which reflect complete, authentic, and accurate information regarding to its properties and operations. These accounting records shall be organized and maintained in such a way as to provide an audit trail through all segments of the telecommunications company's accounting system.
  2. With the exception of local exchange companies, each telecommunications company providing competitive telecommunications services shall maintain its books and records in accordance with Generally Accepted Accounting Principles as promulgated by the Financial Accounting Standards Board and its successors, as amended by any subsequent modification or official pronouncement thereto, which directly relates to regulated industries.
- E. Production of Accounts, Records, and Documents.**
1. All telecommunications companies governed by this Article shall immediately make available, at the time and place the Commission may designate, any accounting records that the Commission may request. Accounting records shall include all or any portion of a telecommunications company's formal and informal accounting books and records along with any underlying and/or supporting documents regardless of the physical location of such books, records, and documents. Accounting records shall also include all books, records or documents which specifically identify, support, analyze, or otherwise explain the reasonableness and accuracy of affiliated interest transactions.
  2. The Commission, at its sole discretion, may inspect any telecommunications company's formal and/or informal accounting books, records, and documents at the company's business premises or at its authorized representative's business premises which may be outside the state of Arizona. If inspection of the telecommunications company's accounting records does take place outside the state of Arizona, the telecommunications company will, to the extent legally permissible, assume all reasonable costs of travel, lodging, per diem, and all other miscellaneous costs incurred by participating personnel employed by the Commission or personnel contracted to represent the Commission in any manner.
- F. Annual Reports to the Commission.** All telecommunications companies providing competitive telecommunications services pursuant to this Article shall submit an annual report to the Commission which shall be filed on or before the 15th day of April for the preceding calendar year.
1. The annual report shall be in a form prescribed by the Commission and, at a minimum, shall contain the following information:
    - a. A statement of income for the reporting year similar in format to R14-2-103, Schedule (C)(1) or (E)(2). The income statement shall be Arizona-specific and reflect operating results in Arizona.
    - b. A balance sheet as of the end of the reporting year similar in format to R14-2-103, Schedule (E)(1). The balance sheet shall be Arizona-specific.
  2. Annual reports filed pursuant to this Article shall not be open to public inspection or made public except on order of the Commission, or by the Commission or a Commissioner in the course of a hearing or proceeding.
- G. Reports to the Securities and Exchange Commission.** All telecommunications companies shall file with the Commission a copy of all reports required by the Securities and Exchange Commission.
- H. Other Reports.** All telecommunications companies shall file with the Commission a copy of all annual reports required by the Federal Communications Commission and, where applicable, annual reports required by the Rural Electrification Administration or any other agency of the United States.
- I. Variations, Exemptions of Commission Rules.** The Commission may consider variations or exemptions from the terms or requirements of any of the rules included herein (14 A.A.C. 2, Article 11) upon the verified application of an affected party. The application must set forth the reasons why the public interest will be served by the variation or exemption from the Commission rules and regulations. Any variation or exemption granted shall require an order of the Commission. Where a conflict exists between these rules and an approved tariff or order of the Commission, the provisions of the approved tariff or order of the Commission shall apply.

**Historical Note**

Adopted effective June 27, 1995, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-2). Amended by final rulemaking at 8 A.A.R. 4789, effective December 15, 2002 (Supp. 02-4).

*Editor's Note: The following Article had Sections renumbered and amended by final rulemaking effective September 20, 2017 (Supp. 17-3).*

*Editor's Note: The following Article was amended by emergency rulemaking effective March 29, 2017, for 180 days (Supp. 17-1).*

*Editor's Note: The Arizona Corporation Commission has determined that the following Article is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

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**ARTICLE 12. ARIZONA UNIVERSAL SERVICE FUND****R14-2-1201. Renumbered****Historical Note**

Adopted effective April 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-2). R14-2-1201 renumbered to R14-2-A1201 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-1201 permanently renumbered to R14-2-A1201 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

**R14-2-1202. Renumbered****Historical Note**

Adopted effective April 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-2). R14-2-1202 renumbered to R14-2-A1202 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-1202 permanently renumbered to R14-2-A1202 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

**R14-2-1203. Renumbered****Historical Note**

Adopted effective April 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-2). R14-2-1203 renumbered to R14-2-A1203 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-1203 permanently renumbered to R14-2-A1203 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

**R14-2-1204. Renumbered****Historical Note**

Adopted effective April 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-2). R14-2-1204 renumbered to R14-2-A1204 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-1204 permanently renumbered to R14-2-A1204 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

**R14-2-1205. Renumbered****Historical Note**

Adopted effective April 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-2). R14-2-1205 renumbered to R14-2-A1205 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-1205 permanently renumbered to R14-2-A1205 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

**R14-2-1206. Renumbered****Historical Note**

Adopted effective April 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-2). R14-2-1206 renumbered to R14-2-A1206 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-1206

permanently renumbered to R14-2-A1206 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

**R14-2-1207. Renumbered****Historical Note**

Adopted effective April 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-2). R14-2-1207 renumbered to R14-2-A1207 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-1207 permanently renumbered to R14-2-A1207 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

**R14-2-1208. Renumbered****Historical Note**

Adopted effective April 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-2). R14-2-1208 renumbered to R14-2-A1208 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-1208 permanently renumbered to R14-2-A1208 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

**R14-2-1209. Renumbered****Historical Note**

Adopted effective April 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-2). R14-2-1209 renumbered to R14-2-A1209 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-1209 permanently renumbered to R14-2-A1209 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

**R14-2-1210. Renumbered****Historical Note**

Adopted effective April 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-2). R14-2-1210 renumbered to R14-2-A1210 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-1210 permanently renumbered to R14-2-A1210 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

**R14-2-1211. Renumbered****Historical Note**

Adopted effective April 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-2). R14-2-1211 renumbered to R14-2-A1211 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-1211 permanently renumbered to R14-2-A1211 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

**R14-2-1212. Renumbered****Historical Note**

Adopted effective April 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-2). R14-2-1212 renumbered to R14-2-A1212

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by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-1212 permanently renumbered to R14-2-A1212 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

**R14-2-1213. Renumbered****Historical Note**

Adopted effective April 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-2). R14-2-1213 renumbered to R14-2-A1213 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-1213 permanently renumbered to R14-2-A1213 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

**R14-2-1214. Renumbered****Historical Note**

Adopted effective April 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-2). R14-2-1214 renumbered to R14-2-A1214 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-1214 permanently renumbered to R14-2-A1214 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

**R14-2-1215. Renumbered****Historical Note**

Adopted effective April 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-2). R14-2-1215 renumbered to R14-2-A1215 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-1215 permanently renumbered to R14-2-A1215 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

**R14-2-1216. Renumbered****Historical Note**

Adopted effective April 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-2). R14-2-1216 renumbered to R14-2-A1216 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-1216 permanently renumbered to R14-2-A1216 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

**R14-2-1217. Renumbered****Historical Note**

Adopted effective April 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-2). R14-2-1217 renumbered to R14-2-A1217 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-1217 permanently renumbered to R14-2-A1217 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

**PART A. HIGH COST FUND****R14-2-A1201. Definitions**

In this Part, unless the context otherwise requires, the following definitions shall apply:

1. "Administrator" is the person designated pursuant to R14-2-A1212 to administer the AUSF and perform the functions required by this Article.
2. "Arizona Corporation Commission" or "Commission." The regulatory agency of the state of Arizona having jurisdiction over public service corporations operating in Arizona.
3. "Arizona Universal Service Fund" or "AUSF" is the funding mechanism established by this Article through which surcharges are collected and support paid in accordance with this Article.
4. "AUSF Support" is the amount of money, calculated pursuant to this Part, which a provider of basic local telephone exchange service is eligible to receive from the AUSF pursuant to this Part.
5. "AUSF Support Area" is the geographic area for which a local exchange carrier's eligibility to receive AUSF support is calculated.
6. "Basic local exchange telephone service" is telephone service that provides the following features:
  - a. Access to 1-party residential service with a voice grade line;
  - b. Access to touchtone capabilities;
  - c. Access to an interexchange carrier;
  - d. Access to emergency services, including but not limited to emergency 911;
  - e. Access to directory assistance service;
  - f. Access to operator service;
  - g. Access to a white page or similar directory listing; and
  - h. Access to telephone relay systems for the hearing and speech impaired.
7. "Benchmark rates" for a telecommunications services provider are those rates approved by the Commission for that provider for basic local exchange telephone service, plus the Customer Access Line Charge approved by the Federal Communications Commission.
8. "Commercial Mobile Radio Service" is any radio communication service carried on between mobile stations or receivers and land stations, or by mobile stations communicating among themselves, that is provided for profit and that makes available to the public service that is connected to the public switched network.
9. "Conversion Factor" is a multiplier that is used to convert a quantity of interconnecting trunks for both wireless and wireline customers into equivalent access lines, for the sole purpose of developing Category 1 surcharges. The value of the Conversion Factor shall be 10 until completion of the review provided for in R14-2-A1216.
10. "Interconnecting Trunk" is a 1-way or 2-way voice grade or equivalent voice grade switched message transmission channel furnished by a local switched access provider to a provider of wireless services or to a wireline customer of such local switched access provider to interconnect the provider of wireless services or wireline customer to the public switched network.
11. "Intermediate Local Exchange Carriers" are incumbent providers of basic local exchange telephone service with more than 20,000 access lines but fewer than 200,000 access lines in Arizona.

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12. "Large Local Exchange Carriers" are incumbent providers of basic local exchange telephone service serving 200,000 or more access lines in Arizona.
13. "Small Local Exchange Carriers" are incumbent providers of basic local exchange telephone service with 20,000 or fewer access lines in Arizona.
14. "Total Service Long Run Incremental Cost" is the total additional cost incurred by a telecommunications company to produce the entire quantity of a service, given that the telecommunications company already provides all of its other services. Total Service Long Run Incremental Cost is based on the least cost, most efficient technology that is capable of being implemented at the time the decision to provide the service is made.
15. "U.S. Census Blocks" are geographic areas defined by the U.S. Department of Commerce. The areas, which define the way in which census data is aggregated, generally contain between 250 and 550 housing units.

**Historical Note**

New Section R14-2-A1201 renumbered from R14-2-1201 and amended by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-A1201 permanently renumbered from R14-2-1201 and amended by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017; Section reference numbers were changed to agree with renumbered Sections pursuant to A.R.S. § 41-1011(C) (Supp. 17-3).

**R14-2-A1202. Calculation of AUSF Support**

- A. The amount of AUSF support to which a provider of basic local exchange telephone service is eligible for a given AUSF support area shall be based upon the difference between the benchmark rates for basic local exchange telephone service provided by the carrier, and the appropriate cost to provide basic local exchange telephone service as determined by the Commission, net of any universal service support from federal sources.
- B. For a small local exchange carrier, the AUSF support area shall include all exchanges served by the local exchange carrier in Arizona. The appropriate cost of providing basic local exchange telephone service for purposes of determining AUSF support for a small local exchange carrier shall be the embedded cost of the incumbent provider. For any request for AUSF support by a small local exchange carrier filed more than three years after the effective date of this Article, the AUSF support area shall be the geographic areas as determined by the Commission.
- C. For an intermediate local exchange carrier, the AUSF support area shall be either all exchanges in Arizona served by that carrier, or such other support area as may be approved by the Commission. The appropriate cost of providing basic local exchange telephone service for purposes of determining AUSF support for an intermediate local exchange carrier shall be the embedded cost of the incumbent provider. For any request for AUSF support by an intermediate local exchange carrier filed more than three years after the effective date of this Article, the AUSF support area shall be geographic areas as determined by the Commission, and the appropriate cost of providing basic local exchange telephone service for purposes of determining AUSF support shall be the Total Service Long Run Incremental Cost of the incumbent provider. In the event that the FCC adopts a somewhat different forward-looking costing methodology and/or a different geographic study/support area for the Federal universal service fund program, a

local exchange carrier may request a waiver from this rule in order to utilize the same cost study methodology and/or geographic study areas in both jurisdictions.

- D. For a large local exchange carrier, the AUSF support area shall be U.S. census block groups, and the appropriate cost of providing basic local exchange telephone service for purposes of determining AUSF support shall be the Total Service Long Run Incremental Cost. In the event that the FCC adopts a somewhat different forward-looking costing methodology and/or a different geographic study/support area for the Federal universal service fund program, a local exchange carrier may request a waiver from this rule in order to utilize the same cost study methodology and/or geographic study areas in both jurisdictions. Any request for AUSF support by a large local exchange carrier shall include a Total Service Long Run Incremental Cost study, or cost study based on FCC adopted methodology, of basic local exchange service. The cost study shall be developed and presented in a manner that identifies the cost for the individual support areas for which AUSF funding is being requested.

**Historical Note**

New Section R14-2-A1202 renumbered from R14-2-1202 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-A1202 permanently renumbered from R14-2-1202 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

**R14-2-A1203. Request for AUSF Support**

A provider of basic local exchange telephone service may request that the Commission authorize AUSF support with a filing under R14-2-103 or other method as the Commission may prescribe, and upon compliance with all applicable rules set forth in R14-2-1101 through R14-2-1115. A request for AUSF support shall include a statement describing the need for such funding. The Commission shall determine the appropriate cost of providing basic local exchange service for each AUSF support area for which AUSF support is requested and shall calculate in accordance with R14-2-A1202 the amount of AUSF support, if any, to which the applicant is entitled.

**Historical Note**

New Section R14-2-A1203 renumbered from R14-2-1203 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-A1203 permanently renumbered from R14-2-1203, by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017; a Section reference number was changed to agree with a renumbered Section pursuant to A.R.S. § 41-1011(C) (Supp. 17-3).

**R14-2-A1204. Funding of the AUSF**

- A. The AUSF shall be funded in accordance with this Article by all telecommunications service providers that interconnect to the public switched network. Within 30 days of the effective date of this Article, and thereafter on or before October 1 of each year, each telecommunications provider shall provide to the Administrator a list of all other telecommunications providers that interconnect to its facilities or network.
- B. The AUSF shall be funded equally by toll and local customers of the providers of telecommunications services, and shall be assessed in the following manner:
  1. Category 1 - Providers of basic local exchange service, as discussed in subsection (B)(1)(a), and other service providers as required under (B)(1)(a)(i) or permitted under

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subsection (B)(3)(b), shall be considered providers of Category 1 service.

- a. One-half of the AUSF funding requirement will be collected through Category 1 service providers. Category 1 AUSF assessment will be based upon access lines and interconnecting trunks, and assessed by providers of local switched access as either an access line or interconnecting trunk surcharge. The "per access line" surcharge to be in place during a given year will be calculated by the Administrator using the total number of access lines and equivalent access lines deriving from interconnecting trunks that were in service for all Category 1 service providers on October 1 of the previous year. Access lines shall include business and residence lines, public access lines, and other identifiable access lines.
    - i. All wireless providers including but not limited to paging and other Commercial Mobile Radio Service providers, that interconnect to the public switched network will contribute to the AUSF under the requirements of Category 1. The number of interconnecting trunks obtained from the local access provider by the wireless provider shall be utilized in conjunction with a Conversion Factor to determine AUSF support from such wireless provider by means of a surcharge on such interconnecting trunks. A wireless provider that fails to contribute to the AUSF as required by this Article shall be subject to termination of its interconnection arrangements pursuant to R14-2-A1214(C).
  - b. On or before November 1 of each year, each Category 1 local switched access service provider shall provide to the Administrator the number of access lines and number of interconnecting trunks that were in service on October 1 of that year. The Administrator will use these numbers together with the Conversion Factor in calculating the per access line surcharge and per interconnecting trunk surcharge for the following year. The Administrator will multiply the total number of interconnecting trunks by the Conversion Factor to obtain an equivalent number of access lines for the purpose of calculating the surcharges.
2. Category 2 - Providers of intrastate toll service, or other service providers as permitted under subsection (B)(3), shall be considered providers of Category 2 service and shall be assessed AUSF charges as follows:
    - a. One-half of the AUSF funding requirement will be collected through Category 2 service providers. The Category 2 AUSF assessment will be based on total Arizona intrastate toll revenue, and assessed as a percent of revenue. The percent of revenue assessment to be in place during a given year will be calculated by the Administrator using the annual Arizona intrastate revenue for all Category 2 service providers for the previous year.
    - b. On or before November 1 of each year, each Category 2 service provider shall report to the Administrator the total Arizona intrastate revenue collected between August 1 of the current year and August 1 of the previous year. The Administrator will use this revenue so reported to calculate the AUSF assessment rate for the following year.

3. New telecommunications service providers.

- a. Telecommunications providers that begin providing basic local exchange service after the effective date of this Article shall be assessed AUSF charges pursuant to subsection (B)(1). Telecommunications providers that begin providing toll service after the effective date of this Article shall be assessed AUSF charges pursuant to subsection (B)(2).
  - b. All other telecommunications service providers that interconnect to the public switched network and begin providing telecommunications service after the effective date of this Article, shall choose to be considered either a Category 1, Category 2, or both Category 1 and Category 2 service provider. Such election shall be made in writing to the Administrator within 30 days of beginning to provide telecommunications service in Arizona, with a copy to the Director of Utilities. Written concurrence of the Director of Utilities must be received by the Administrator for such selection to be effective. Such selection will be irrevocable for a period of at least three years.
4. A telecommunications provider that provides both Category 1 and Category 2 services shall be assessed AUSF charges pursuant to both subsections (B)(1) and (2).

**Historical Note**

New Section R14-2-A1204 renumbered from R14-2-1204 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-A1204 permanently renumbered from R14-2-1204 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017; subsection references were updated for Chapter consistency and a Section reference number was changed to agree with a renumbered Section pursuant to A.R.S. § 41-1011(C) (Supp. 17-3).

**R14-2-A1205. Calculation of Surcharges**

- A. The Administrator will calculate the total AUSF support due all local exchange carriers who have been granted AUSF support by the Commission. Administrative costs and audit fees will be added to this amount. The amount of any excess funds in the AUSF will then be subtracted to determine the total funding requirement. The funding requirements from Category 1 and Category 2 service providers will then be calculated. One-half of the funding will be obtained from Category 1 providers through surcharges applied to access lines and interconnecting trunks in service. The other half will be obtained from Category 2 providers through surcharges on intrastate toll revenues.
- B. For the purpose of determining the surcharges, the Administrator will develop growth factors to apply to the total reported access lines and toll revenues. Such growth factors will be calculated at 1/2 of the estimated annual percentage growth in access lines and in toll revenues.
- C. Category 1 Surcharge. One-half of the total annual AUSF support approved by the Commission for all eligible recipients will be obtained from Category 1 service providers. A monthly per access line surcharge and a monthly per interconnecting trunk surcharge required to obtain this funding will be calculated as follows:
  1. Adding together the number of access lines and equivalent access lines for all Category 1 service providers, adjusted by the growth factor;

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2. Dividing the total annual AUSF support approved by the Commission for all eligible recipients by 2 to obtain the portion of AUSF support required from Category 1 service providers;
  3. Dividing the amount of Category 1 AUSF support calculated in subsection (C)(2) by the sum of access lines calculated in subsection (C)(1) to yield the per access line surcharge;
  4. Dividing the per access line surcharge calculated in subsection (C)(3) by 12 to determine the monthly access line assessment;
  5. Multiplying the surcharge obtained in subsection (C)(4) by the Conversion Factor to determine the monthly interconnecting trunk surcharge.
- D. Category 2 Surcharge.** One-half of the total annual AUSF support approved by the Commission for all eligible recipients will be obtained from Category 2 service providers. A percent of revenue surcharge required to obtain this funding will be calculated as follows:
1. Totalling the annual intrastate toll revenues of all Category 2 service providers, adjusted by the growth factor;
  2. Dividing the total AUSF support approved by the Commission for all eligible recipients by 2 to obtain the portion of AUSF support required from Category 2 service providers;
  3. Dividing the amount of Category 2 AUSF support requirement calculated in subsection (D)(2) by the total annual intrastate toll revenues calculated in subsection (D)(1) to arrive at a percentage of revenue surcharge.
- E. Recipients of lifeline or other low-income support shall be exempt from paying a Category 1 surcharge.**

**Historical Note**

New Section R14-2-A1205 renumbered from R14-2-1205 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-A1205 permanently renumbered from R14-2-1205 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

**R14-2-A1206. Implementation**

- A.** Any provider of telecommunications service may file either an AUSF tariff or price list, if appropriate, establishing a flow-through mechanism to collect the surcharge approved by the Commission and calculated by the Administrator.
- B.** On or before the 20th day of each month, each Category 1 service provider responsible for collecting AUSF surcharges shall remit to the Administrator the AUSF surcharge, including any surcharge on wireless providers, collected by that provider during the preceding month. The Category 1 provider shall submit such documentation of AUSF revenues from the AUSF surcharge as may be required by the Administrator.
- C.** On or before the 20th day of each month, each Category 2 service provider responsible for collecting AUSF surcharges shall remit to the Administrator the AUSF surcharge collected by that provider during the third preceding month. The Category 2 provider shall submit such documentation of AUSF revenues from the AUSF surcharge as may be required by the Administrator.
- D. Eligible recipients of AUSF support are:**
  1. Providers of telecommunications service engaged in providing basic local exchange telephone service in Arizona which have obtained a Commission order authorizing payments from the AUSF; and

2. Providers that become entitled to AUSF support based upon the provisions of subsection (E).
- E.** If the Commission approves AUSF support to a provider of telecommunications service for a defined area, such AUSF support shall also be available to competitive providers of basic local exchange service in the same defined area that are contributing to the AUSF, and that are willing to provide service to all customers in the specific AUSF support area as defined by the Commission. The AUSF support to which the competitive provider is eligible shall be calculated on a per-customer basis, at the same level at which the incumbent provider of telecommunications service receives AUSF support, and shall not result in an increase in the total AUSF support available for the specific census block groups or study area. If basic exchange service is provided through the resale of another carrier's local loop facilities, AUSF support will only be available to the retail service provider if AUSF support is not included in the wholesale price for the resold local service. This Section shall not apply to small local exchange carriers nor to the universal service support being received by any telecommunications service provider as of the effective date of this Article.
- F.** For small local exchange carriers and for any basic local exchange telephone service provider receiving universal service support as of the effective date of this Article, the AUSF support shall not be available to competitive providers of basic local exchange service prior to completion of the review provided for in R14-2-A1216. Following completion of the review, AUSF support provided to small and intermediate local exchange carriers shall be available to all competitive providers of basic local exchange service in the same defined area that are contributing to AUSF, and that are willing to provide service to all customers in the specific geographic study area as defined by the Commission, unless otherwise ordered by the Commission.
- G.** Defined area, study area, geographic area, and support area mean the same area during the first three years of the effective date of this Article. After the first three years, they will still have the same meaning unless otherwise ordered by the Commission.

**Historical Note**

New Section R14-2-A1206 renumbered from R14-2-1206 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-A1206 permanently renumbered from R14-2-1206 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017; a subsection reference was updated for Chapter consistency and a Section reference number was changed to agree with a renumbered Section pursuant to A.R.S. § 41-1011(C) (Supp. 17-3).

**R14-2-A1207. Calculation of Monthly Payments and the Associated Collections**

- A.** For the monthly Category 1 AUSF payment, each provider of local switched access shall remit to the Administrator an amount equal to the number of access lines in service on the first day of the month, times the monthly surcharge per access line plus the number of interconnecting trunks in service on the first day of the month, times the monthly interconnecting trunk surcharge.
- B.** The monthly AUSF payment that each Category 2 provider shall remit to the Administrator is an amount equal to its monthly intrastate toll revenue times the monthly surcharge percentage.



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- C. Payments must be received by the Administrator by the 20th day of each month. If the payment amount is greater than \$10,000, then it shall be wire transferred to the Administrator.
- D. The Administrator shall enter into an appropriate non-disclosure agreement with each telecommunications service provider to assure that information necessary to allocate AUSF funding obligations and to calculate surcharges is reported, maintained, and used in a manner that will protect the confidentiality of company specific data. The Administrator shall not use confidential data for any purpose other than administering the AUSF.

**Historical Note**

New Section R14-2-A1207 renumbered from R14-2-1207 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-A1207 permanently renumbered from R14-2-1207 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

**R14-2-A1208. Monthly AUSF Disbursements**

- A. AUSF disbursement shall be made 30 days following the date of AUSF collections.
- B. The Administrator shall not make AUSF support payments to a provider of telecommunications service until the Administrator has received a copy of a Commission decision authorizing the provider to receive such support.

**Historical Note**

New Section R14-2-A1208 renumbered from R14-2-1208 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-A1208 permanently renumbered from R14-2-1208 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

**R14-2-A1209. Procedures for Handling AUSF Rate Changes**

- A. Category 1 and Category 2 AUSF surcharges shall be revised when the Commission authorizes new or revised AUSF payments to any provider of telecommunications service. The Administrator shall calculate the new AUSF flow-through surcharges in accordance with this Article, which surcharges shall become effective upon the Commission's approval of the new or revised AUSF payments.
- B. An annual calculation to revise AUSF flow-through surcharges shall be made by the Administrator on December 1 of each year with an effective date the following January 1. The flow-through surcharges shall be calculated so that the total AUSF funding will equal the AUSF revenue requirements, plus administrative costs as well as any corrections and true-ups. No later than December 1 of each year, the Administrator shall provide notice to the Commission and all telecommunication service providers who pay into the AUSF of the flow-through surcharge rates for the following calendar year.

**Historical Note**

New Section R14-2-A1209 renumbered from R14-2-1209 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-A1209 permanently renumbered from R14-2-1209 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

**R14-2-A1210. Statement of Participation of All Telecommunications Service Providers in the AUSF**

- A. Within 30 days of the effective date of this Article, each telecommunications service provider shall provide a letter to the

Administrator acknowledging that provider's obligation under this Article to pay AUSF surcharges. Failure to provide such a letter shall be grounds for termination after written notice from the Administrator of the provider's interconnection with the public switched network.

- B. Any telecommunications service provider which begins providing telecommunications service after the effective date of this Article shall, within 30 days of beginning to provide intra-state service in Arizona, provide a letter to the Administrator acknowledging that provider's obligation under this Article to make monthly payments for the local and/or toll portion, as appropriate, of the AUSF contribution in accordance with this Article. Failure to provide such a letter shall be grounds for denying to the provider interconnection with the public switched network.

**Historical Note**

New Section R14-2-A1210 renumbered from R14-2-1210 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-A1210 permanently renumbered from R14-2-1210 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

**R14-2-A1211. Duties and Responsibilities of the AUSF Administrator**

The Administrator shall:

1. Develop, obtain, and, on or before December 15 of each year, file with the Commission such information and documentation as the Administrator deems necessary for the establishment and calculation of the Category 1 and Category 2 surcharges for the succeeding year. Such a filing shall also be made each time the Commission authorizes a change in the AUSF funding requirement.
2. Monitor the AUSF payments of all telecommunications providers.
3. Oversee the billing of AUSF surcharges.
4. Prepare the necessary forms to be used in reporting the AUSF collections and disbursements and maintain monthly records.
5. Coordinate the collection and disbursement of AUSF monies in accordance with this Article.
6. Prepare an annual report that provides a detailed accounting of the AUSF collections and disbursements and that identifies the annual cost of administration. The report shall be filed with the Commission on or before April 15 of each year.
7. Monitor procedures for auditing the AUSF collections and disbursements. The audit function shall be performed by an independent outside auditor.

**Historical Note**

New Section R14-2-A1211 renumbered from R14-2-1211 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-A1211 permanently renumbered from R14-2-1211 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

**R14-2-A1212. Interim Administrator**

US WEST Communications, Inc., will serve as interim Administrator of the AUSF and will perform the functions detailed herein that are required of the Administrator for a transition period until a private, neutral third party is appointed by the Commission to serve as Administrator of the AUSF. A neutral third party selected through

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the competitive bid process shall be appointed no later than July 1, 1997.

**Historical Note**

New Section R14-2-A1212 renumbered from R14-2-1212 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-A1212 permanently renumbered from R14-2-1212 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

**R14-2-A1213. Guidelines for Auditing the AUSF**

- A. The AUSF records covering both collections and disbursements shall be audited at the end of the first year following the designation of a third party administrator. The AUSF records will then be audited at least once every other year in the subsequent years of operations.
- B. The records shall be examined for accuracy and the existence of effective internal controls to ensure that the AUSF is being administered appropriately and properly.
- C. An independent external auditor selected by the Commission shall be utilized to provide an unbiased audit opinion concerning the AUSF administration procedures and controls.
- D. Any costs for conducting audits will be deducted from the revenues of the AUSF prior to disbursement of funds.

**Historical Note**

New Section R14-2-A1213 renumbered from R14-2-1213 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-A1213 permanently renumbered from R14-2-1213 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

**R14-2-A1214. Enforcement of Collection of Delinquent AUSF Amounts**

- A. The Administrator shall issue past due notices to each provider of telecommunications service that is 15 days or more delinquent in submitting its AUSF payments to the Administrator. A copy of this notice shall be provided to the Commission.
- B. AUSF support payments shall be withheld from any provider of telecommunications service that is delinquent in submitting its AUSF payments to the Administrator. Each provider of telecommunications service will be fully liable for any accrued interest owing on its AUSF contributions that remain unpaid for 30 days. Such delinquent AUSF payments will begin accruing interest at the rate of 1 and 1/2% per month beginning with the 31st day until such amount is paid in full along with all accrued interest.
- C. The local switched access service provider shall promptly notify the Commission and the Administrator of the identity of any wireless provider which fails or refuses to pay its AUSF surcharge. Such notice shall also be directed to the wireless provider. If the wireless provider has not paid the amount due within 30 days of such notice, the interconnection provider shall terminate the wireless provider's interconnection until the full amount together with all accrued interest, is paid in full (unless the payment is in bonafide dispute and the wireless carrier has paid the undisputed amount).
- D. Failure by a telecommunications service provider to comply with the provisions of this Article may result in sanctions as determined by the Commission.

**Historical Note**

New Section R14-2-A1214 renumbered from R14-2-1214 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-

A1214 permanently renumbered from R14-2-1214 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

**R14-2-A1215. AUSF Annual Report**

- A. On or before April 1 of each year, the Administrator shall file with the Commission an annual report which shall summarize the preceding year activity and contain the following:
  1. A statement of AUSF collections and disbursements.
  2. A record of the total cost of administration of the AUSF.
  3. Audit reports from the audits conducted during the year.
- B. A copy of the annual report shall be provided to each provider of telecommunications service who contributes to the AUSF.

**Historical Note**

New Section R14-2-A1215 renumbered from R14-2-1215 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-A1215 permanently renumbered from R14-2-1215 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

**R14-2-A1216. Review Process**

- A. Not later than three years from the effective date of this Article, the Commission staff shall initiate a comprehensive review of this Article and shall provide the Commission with recommendations regarding any necessary changes to the Article. Any interested party may also make such recommendations. The Commission shall consider these recommendations in such proceeding as the Commission deems appropriate.
- B. The costs used to calculate AUSF funding levels for a given provider or AUSF support area shall be reviewed by the Commission at least every three years following the effective date for any authorized AUSF support for the provider or study area. The Commission may reduce the authorized funding level and require that the AUSF surcharge be recalculated on the basis of this review.

**Historical Note**

New Section R14-2-A1216 renumbered from R14-2-1216 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-A1216 permanently renumbered from R14-2-1216 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

**R14-2-A1217. Supersession of Existing USF Mechanism**

The universal service funding mechanism initially approved by the Commission in Decision No. 56639 (September 22, 1989) is superseded by this Article, except that any calculation, contribution or collection of, or entitlement to, universal service fund support approved by the Commission prior to the adoption of this Article shall remain in effect until otherwise ordered by the Commission or until the application of this Article leads to a different result.

**Historical Note**

New Section R14-2-A1217 renumbered from R14-2-1217 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-A1217 permanently renumbered from R14-2-1217 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

**PART B. ARIZONA UNIVERSAL SERVICE SUPPORT FOR SCHOOLS AND LIBRARIES****R14-2-B1218. Purpose**

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The purpose of the E-rate Broadband Special Construction Project Matching Fund Program is to provide state funds for special construction projects involving the deployment of broadband to schools and libraries in Arizona so that Arizona schools and libraries may obtain federal matching funds under the FCC Universal Service Fund's Schools and Libraries Program. This Part shall be interpreted to maximize the availability of internet access to schools and libraries within Arizona and to maximize potential support from the FCC Universal Service Fund's Schools and Libraries Program to fill any connectivity gap in Arizona.

**Historical Note**

New Section R14-2-B1218 made by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). New Section R14-2-B1218 made by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

**R14-2-B1219. Definitions**

In this Part, unless the context otherwise requires, the following definitions shall apply:

1. The definitions contained in 47 CFR 54.500 (October 1, 2016), with no future editions or amendments, which are incorporated by reference; on file with the Commission; and published by and available from the U.S. Government Publishing Office, 732 North Capitol Street, NW, Washington, DC 20401-0001 and at <https://www.gpo.gov/fdsys/>;
2. The definitions in R14-2-A1201, to the extent applicable; and
3. The following definitions:
  - a. "Applicant" is a school, library, consortium, or other eligible entity that requests AUSF funds as provided in this Part.
  - b. "Category 1 services" are services used to connect broadband or internet to eligible locations or that provide basic conduit access to the internet, including "telecommunications services," "telecommunications," and "internet access" as defined in 47 CFR 54.5 (October 1, 2016), with no future editions or amendments, which is incorporated by reference; on file with the Commission; and published by and available from the U.S. Government Publishing Office, 732 North Capitol Street, NW, Washington, DC 20401-0001 and at <https://www.gpo.gov/fdsys/>.
  - c. "Category 2 services" are internal connections services needed to enable high speed broadband connectivity and broadband internal connections components, including local area networks (LAN/WLAN), internal connections components, basic maintenance of internal connections components, and managed internal broadband service.
  - d. "Data Transmission Services and Internet Access" is a Category 1 service type that includes broadband connectivity and basic conduit access to the Internet. This does not include charges for content, equipment purchase, or other services beyond basic conduit access to the internet. This service type also covers lit or dark fiber.
  - e. "Department of Education" or "DOE" means the Arizona Department of Education.
  - f. "Discount rate" means the percentage of cost coverage for an applicant, determined by the FCC for its E-rate Program using the percentage of students eligible for the National School Lunch Program or an equivalent measure of poverty, and the rural or urban status of the school district or library system as determined by the U.S. Census Bureau.
  - g. "Eligible provider" means a provider that has a 498 ID, also known as a Service Provider Identification Number or SPIN, obtained by filing an FCC Form 498.
  - h. "Eligible special construction" or "ESC" refers to special construction projects for Category 1 services that deploy new fiber or upgraded facilities to locations eligible for the E-rate Program. ESC may also include non-fiber based services.
  - i. "E-rate Broadband Special Construction Project Matching Fund" is the fund in Arizona that will make available to applicants matching state funds for Category 1 special construction costs in order to obtain up to an additional 10 percent discount from the federal universal fund.
  - j. "E-rate Modernization Orders" are the FCC Orders that have modernized the FCC's E-rate Program and have maximized schools' and libraries' options for purchasing affordable high-speed broadband connectivity: *Modernizing the E-Rate Program for Schools and Libraries, Connect America Fund*, WC Docket No. 13-184, *Report and Order and Further Notice of Proposed Rulemaking*, 29 FCC Rcd 8870 (2014); and *Second Report and Order and Order on Reconsideration*, 29 FCC Rcd. 15538 (2014).
  - k. "E-rate Program" is an FCC program that provides discounts to schools and libraries for eligible products and services.
  - l. "FCC Form 470" is the Description of Services Requested and Certification Form that schools and libraries complete to request services and establish eligibility.
  - m. "FCC Form 471" is the Services Ordered and Certification Form that schools and libraries use to report services ordered and discounts requested for those services.
  - n. "Federal Communications Commission" or "FCC" is the U.S. government agency that regulates interstate and international communications and oversees the federal universal service fund.
  - o. "Funding Commitment Decision Letter" or "FCDL" is a letter from USAC to the applicant which contains USAC's funding decisions on the applicant's funding requests.
  - p. "Funding Year" or "FY" is a 12-month period during which program support is being provided, beginning on July 1 and ending on June 30 of the following calendar year.
  - q. "Second E-rate Modernization Order" is the FCC Order that modernized the FCC's E-rate Program and provided for additional discounts when states match funds for high-speed broadband connections: *Modernizing the E-Rate Program for Schools and Libraries, Connect America Fund*, WC Docket No. 13-184, *Second Report and Order and Order on Reconsideration*, 29 FCC Rcd 15538 (2014).
  - r. "Special Construction Charges" are the upfront, non-recurring costs of ESC installations or upgrades, consisting of three components:
    - i. Construction of network facilities,
    - ii. Design and engineering, and

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- iii. Project management.
- s. "Staff designee" is the Director of the Commission's Utilities Division or another individual that the Commission assigns to perform duties under this Part.
- t. "Universal Service Administrative Company" or "USAC" is an independent, not-for-profit corporation created by the FCC in 1997 to administer the four universal service programs including universal service for schools and libraries.
- u. "Urban" means an individual school or library that is located in an "Urbanized Area" or "Urban Cluster" with a population of 25,000 or more as determined by the U.S. Census Bureau. All other schools or libraries are designated as "rural."
- v. "Vendor" is the entity that has been selected by the applicant and whose bid USAC has recognized in a FCDL to the applicant.

**Historical Note**

New Section R14-2-B1219 made by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). New Section R14-2-B1219 made by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

**R14-2-B1220. Availability of State Matching Funds for Special Construction Projects to Deploy Broadband**

- A. Applications for AUSF funds for E-rate matching purposes shall be limited to E-rate funding years 2017 and 2018.
- B. An applicant certified by the Department of Education shall be eligible to receive AUSF funds to cover special construction charges to the extent necessary to qualify the applicant to receive additional federal universal service funds of up to 10 percent of special construction charges as authorized by the Second E-rate Modernization Order.
- C. An applicant may not receive total support from the federal Universal Service Fund and AUSF in excess of 100 percent of special construction charges.
- D. Schools and libraries that elect to self-provision shall comply with all of the requirements set forth by the FCC in the Second E-rate Modernization Order.
- E. An ESC shall provide bandwidth sufficient to meet the minimum recommended bandwidth per student or the minimum recommended bandwidth for educational services established for the relevant funding year by the FCC and, without good cause, shall not exceed those standards.
- F. If the E-rate Program discount rate and additional match plus the AUSF funds received by an applicant do not cover 100 percent of the special construction charges, the applicant may include in its request filed with the DOE a request for additional AUSF funds. Additional AUSF funds requested under this subsection shall be awarded as follows:
  - 1. Applicants with 80 percent or higher E-rate Program discount rates shall be awarded AUSF funds before applicants with lower discount rates; and
  - 2. Applicants with discount rates between 60 and 80 percent may request additional AUSF funds for the uncovered amount, up to 50 percent of the uncovered special construction charges. Amounts requested above 50 percent of the uncovered special construction charges will not be considered without good cause shown by the applicant.

**Historical Note**

New Section R14-2-B1220 made by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180

days (Supp. 17-1). New Section R14-2-B1220 made by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

**R14-2-B1221. Procedures for Requesting State Matching Funds**

- A. An applicant shall file a request for state matching funds with the Department of Education, prior to submitting its FCC Form 471 to USAC.
- B. If an applicant meets all FCC eligibility requirements for its ESC, the applicant shall obtain a certification letter along with a letter from the Department of Education stating that the applicant is being awarded state matching funds.
- C. An applicant shall provide the Staff designee a copy of the certification letter and letter awarding state matching funds to it issued by the Department of Education and shall include a copy of the letter awarding state matching funds with its FCC Form 471 sent to USAC.
- D. Once USAC determines an applicant's eligibility for federal matching funds and issues a FCDL, the applicant shall notify the Department of Education and request that the Department of Education submit a letter to the Staff designee and the Administrator indicating that USAC has issued a FCDL to the applicant with an award of federal funds and including any other information relevant to the award in that particular case.
- E. Disbursement of AUSF funds shall be available for a period of up to five years after USAC has issued a FCDL to the applicant with an award of federal funds, notwithstanding R14-2-B1220(A).
- F. If USAC reduces or rescinds an applicant's award of federal matching funds following an audit, investigation, enforcement action, or consent decree, the applicant shall immediately notify the Department of Education and the Staff designee and shall reimburse the AUSF fund for any amount by which the AUSF funds received exceeded the federal matching funds award retained.

**Historical Note**

New Section R14-2-B1221 made by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). New Section R14-2-B1221 made by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

**R14-2-B1222. Administrator Responsibilities; Contributions to and Disbursements from the AUSF**

- A. The Administrator shall be responsible for administering the E-rate Broadband Special Construction Project Matching Fund Program and, in doing so, shall comply with R14-2-A1211 and R14-2-A1214.
- B. The Administrator shall:
  - 1. Determine the surcharge rates to fund the E-rate Broadband Special Construction Project Matching Fund Program, subject to Commission approval;
  - 2. Obtain surcharge collections; and
  - 3. Make disbursements from the AUSF for state matching funds as authorized by the Department of Education and the Commission or its Staff designee, as provided in this Section.
- C. The increase to the existing surcharge to fund the E-rate Broadband Special Construction Project Matching Fund Program shall be separately calculated and implemented in accordance with R14-2-A1204, R14-2-A1205(B) through (E), R14-2-A1206 (A) through (C), and R14-2-A1207.
- D. E-rate Broadband Special Construction Project Matching Fund Program surcharges shall not be collected for a period longer

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than 12 months unless the surcharge collections from carriers in that 12-month period do not produce \$8 million in total funding. If the amount collected is less than the \$8 million cap, the increase in the AUSF surcharge for this Program shall continue until the \$8 million cap is reached. If the collections produce more than \$8 million in the 12-month period, the Commission Staff shall make a recommendation to the Commission regarding the disposition of the over-collected funds.

- E. A telecommunications service provider may collect the E-rate Broadband Special Construction Project Matching Fund Program surcharges from its customers in any manner it reasonably determines to be best for its business and its customers, but shall not in the aggregate collect more than that authorized by the Commission. The telecommunications service providers shall report and submit payment of assessments according to the schedule established by the Administrator.
- F. Within 30 days from the effective date of these rules, each telecommunications service provider that interconnects to the public switched network shall provide a letter to the Administrator acknowledging the telecommunications service provider's obligation to pay the new E-rate Broadband Special Construction Project Matching Fund Program surcharges authorized in this Part. Failure to provide such a letter may be grounds for denying the service provider interconnection with the public switched network, upon notice and opportunity to be heard before the Commission.
- G. An applicant shall:
  1. After accepting an eligible provider's bid for an ESC, notify within 15 days the Department of Education and the Administrator of the bid amount accepted so that the Administrator may allocate funds for the ESC; and
  2. After the vendor completes the project, submit to the Department of Education and Administrator a request for disbursement of the funds allocated for the ESC.
- H. The Administrator shall disburse AUSF funds allocated for an applicant's ESC upon approval from the Commission or its Staff designee.

**Historical Note**

New Section R14-2-B1222 made by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). New Section R14-2-B1222 made by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

**R14-2-B1223. Discontinuation of E-rate Broadband Special Construction Project Matching Fund Program**

- A. No applications for the E-rate Broadband Special Construction Project Matching Fund Program shall be accepted after the 2018 E-rate FY procurement cycle.
- B. Except as provided in subsection (C), the E-rate Broadband Special Construction Project Matching Fund Program shall be discontinued when all of the funds have been collected and all of the funds collected have been disbursed.
- C. The E-rate Broadband Special Construction Project Matching Fund Program may be discontinued earlier or later than specified in subsection (B) if required by the FCC or USAC.

**Historical Note**

New Section R14-2-B1223 made by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). New Section R14-2-B1223 made by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

*Editor's Note: The Arizona Corporation Commission has determined that the following Article is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**ARTICLE 13. TELECOMMUNICATIONS INTERCONNECTION AND UNBUNDLING**

*Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1301. Application of Rules**

These rules govern interconnection requirements as provided in R14-2-1112. These rules apply to the provision of local exchange services by and between local exchange carriers as those terms are defined in R14-2-1102.

**Historical Note**

Adopted effective September 6, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-3).

*Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1302. Definitions**

In this Article, unless the context otherwise requires, the following definitions shall apply:

1. "800 data base" means an 800 service data base that contains information on the screening and routing of 800 numbers that are in service.
2. "AIN data base" means a data base that is used in connection with an Advanced Intelligent Network (AIN) architecture. The AIN architecture enables telecommunications service providers to introduce advanced telecommunications services.
3. "ALI" or "Automatic Location Identification" means the process of electronically identifying and displaying the name of the subscriber and address of the calling telephone number to a person answering a 911 call.
4. "Central Office Code" means the first three digits of a seven-digit telephone number. Central office codes are assigned to telecommunications providers by the central office code administrator in accordance with the industry's central office code assignment guidelines.
5. "Centralized Message Distribution System" or "CMDS" means the system managed by Bellcore that assists in billing third party calls. Access to CMDS requires a Bellcore client company host.
6. "Directory Assistance Database Listings" means customer name, address, and telephone number listings in the LEC directory assistance database.
7. "E911" access means the ability of a LEC to interconnect with and deliver emergency calls, and associated ANI and ALI information, where available, to the E-911 controlling office for further routing to the appropriate Public Safety Answering Point.

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8. "Essential facility or service" means any portion, component, or function of the network or service offered by a provider of local exchange service: that is necessary for a competitor to provide a public telecommunications service; that cannot be reasonably duplicated; and for which there is no adequate economic alternative to the competitor in terms of quality, quantity, and price.
9. "Extended Area Service" or "EAS" means local (toll-free) calling provided between local exchange carrier exchanges (service areas).
10. "Incumbent Local Exchange Carrier" means any company providing service as a local exchange carrier in Arizona prior to June 23, 1995.
11. "Interconnection Services" means those features and functions of a local exchange carriers network that enable other local exchange carriers to provide local exchange and exchange access services. Interconnection services include, but are not limited to, those services offered by local exchange carriers which have been classified by the Commission as essential services.
12. "LIDB" or "Line Information Data Base" means a data base that contains access line information that is used by telecommunications service providers for billing validation.
13. "Local Exchange Carrier" or "LEC" means a telecommunications company that provides local exchange service as one of the telecommunications services it offers to the public.
14. "Local Number Portability" means permitting customers to choose between authorized providers of local exchange services within a given wire center without changing their telephone number and without impairment of quality, functionality, reliability, or convenience of use.
15. "Mutual traffic exchange" means the exchange of terminating local and EAS traffic between LECs such that all LECs terminate the local exchange traffic of all other LECs without explicitly charging each other for such traffic exchange.
16. "New Entrant Local Exchange Carrier" or "NELEC" means any company certificated by the Commission after June 23, 1995, as a local exchange carrier.
17. "Numbering Plan Administration" or "NPA" means a specific geographic area identified by a unique NPA code. The NPA (area code) is a 3-digit code that identifies the NPA for purposes of call routing. The NPA Administrator is the entity within a NPA that assigns central office prefixes (telephone numbers) to users in the NPA.
18. "Public Safety Answering Point" or "PSAP" means a communications facility operated on a 24-hour basis that is assigned the responsibility to receive 911 calls and, as appropriate, to dispatch public or private safety services or to extend, transfer, or relay 911 calls to the appropriate public or private safety agencies.
19. "Rate Center" means specific geographic locations from which airline mileage measurements are determined for the purpose of rating local, Extended Area Service (EAS), and toll traffic.
20. "Reciprocal Compensation" means the arrangement by which local exchange carriers compensate each other for like services used in the termination of local calls between the customers of the two carriers.
21. "Resale of local service" means the purchase by a local exchange carrier from another local exchange carrier a local exchange service provisioned directly to an end-user customer and rebrands it as its own service.
22. "Total Service Long Run Incremental Cost" or "TSLRIC" is as defined in R14-2-1102(17).
23. "White Pages Listings" means customer name, address, and telephone number listings in the white pages Section of LEC telephone directories.
24. "Yellow Pages Listings" means customer name, address, and telephone number listings in the yellow pages Section of LEC telephone directories.

**Historical Note**

Adopted effective September 6, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-3).

*Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1303. Points of Interconnection**

- A. Incumbent LECs and NELECs shall, by mutual agreement, arrange for the points of interconnection of their respective networks.
- B. Each company interconnecting pursuant to the provisions of this Section shall be responsible for building and maintaining its own facilities to the point of interconnection. Companies are free to negotiate points of interconnection that involve the recurring and non-recurring compensation by one carrier for the transport facilities of another carrier.
- C. Each company interconnecting pursuant to the provisions of this Section shall be responsible for the traffic that originates on its network up to the point of interconnection, and for the terminating traffic handed off at the point of interconnection to the call's destination.
- D. Should the companies negotiating interconnection arrangements not be able to agree upon the points of interconnection, written notice to that effect shall be made to the Commission Staff by the carrier responding to the interconnection request. The notice shall contain a detailed description of the request itself and why interconnection at the point requested is not feasible.

**Historical Note**

Adopted effective September 6, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-3).

*Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1304. Reciprocal Compensation**

- A. Local and EAS traffic shall be terminated by the LECs over the interconnection facilities described in R14-2-1303 on the basis of mutual traffic exchange, for a period of 24 months from the effective date of Commission approval of the first interconnection agreement pursuant to R14-2-1506.
- B. Any charges for the underlying transport facilities between the carriers shall be limited to the construction and maintenance charges specified in R14-2-1303.
- C. Notwithstanding the provisions of subsection (A), compensation arrangements may be made by mutual agreement between companies.

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- D. If incumbent local exchange carriers and new entrant local exchange carriers do not arrive at compensation arrangements for local call termination by mutual agreement, they shall each file tariffs proposing permanent compensation mechanisms for terminating local calls within 18 months of the effective date of Commission approval of the first interconnection agreement pursuant to R14-2-1506. This Commission has expressed a preference for flat rate local calling and therefore those tariffs shall not contain usage-sensitive call termination charges, unless otherwise approved by the Commission.

**Historical Note**

Adopted effective September 6, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-3).

*Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1305. Local and Toll Rating Centers**

- A. The incumbent LEC's local calling areas and existing EAS boundaries will be utilized for the purpose of classifying traffic as local, EAS, or toll for purposes of intercompany compensation.
- B. All LECs will use central office codes with rate centers matching the incumbent LEC's rate centers.
- C. All LECs shall be assigned the necessary central office codes for rate purposes.
- D. Until a central office code administrator is designated by the Federal Communications Commission to replace US West Communications, Inc., central office codes will be assigned to LECs, at no charge, in accordance with the industry's central office code assignment guidelines.
- E. No LEC may charge another LEC for changes to switch routing software necessitated by the creation, assignment, or reassignment of NPA or central office codes.

**Historical Note**

Adopted effective September 6, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-3).

*Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1306. Access to Databases and other Network Functions**

- A. All LECs, including new and incumbent LECs, are required to provide nondiscriminatory access to all necessary network functions, databases, and service components required to provide competitive local exchange services. These elements include, but are not limited to, directory assistance database listings, white page listings, yellow page listings, 800 LIDB and AIN databases, CMDS hosting, Busy Line Verification and Busy Line Interrupt operator services, distribution of telephone directories, inclusion of NELEC information in the Call Guide Section of the directory, and E-911.
- B. Access to additional network functions, databases, and service components may be required from time to time by order of the

Commission. This provision does not preclude the incumbent LEC and NELECs from negotiating voluntary arrangements for access to additional network functions, databases, or service components so long as the contracts for the voluntary arrangements are filed with the Commission and such access is made available to all other NELECs, upon request, under non-discriminatory terms and conditions, including price.

- C. Incumbent LECs shall provide access that is at least equal in type, quality, and price to that provided to themselves, to any affiliate, from any affiliate, or to another incumbent LEC.
- D. LECs shall make available the call setup signaling resources and information necessary for setting up local and interexchange connections, including the use of signaling protocols used in the querying of data bases such as 800 and LIDB. LECs shall be prohibited from interfering with the transmission of signaling information between customers and network operators. LECs and NELECs shall have a duty to correct errors, support network management in a way that promotes network integrity, and prevent fraudulent use of a LEC's network.
- E. All LECs and NELECs shall cooperate in the development of a process to handle intercompany service ordering, provisioning, and billing, and, repair service referrals.

**Historical Note**

Adopted effective September 6, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-3).

*Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1307. Unbundling**

- A. Local exchange carriers with less than 200,000 access lines shall be exempt from the unbundling requirements in these rules. Such exemption shall expire upon the receipt of a bona fide request from a certificated local exchange carrier for an unbundled facility, or if a carrier voluntarily chooses to offer unbundled services.
- B. The local exchange carrier's network facilities or services which are determined to be essential shall be provided on terms and under conditions that are equivalent to the terms and conditions under which a local exchange carrier provides such essential facilities or services to itself in the provision of the local exchange carrier's services. The pricing of essential facilities or services shall be pursuant to R14-2-1310 on pricing.
- C. The following local exchange carrier network capabilities are classified as essential facilities or services:
1. Termination of local calls,
  2. Termination of long distance calls,
  3. Interconnection with E911 and 911 services,
  4. Access to numbering resources,
  5. Dedicated channel network access connections, and
  6. Unbundled loops.
- D. Incumbent local exchange carriers shall make essential facilities or services available for purchase and use pursuant to negotiated agreements or an approved statement of terms and conditions which shall be filed with the Commission.
- E. The following guidelines apply when a certificated telecommunications company makes a bona fide request of an incumbent local exchange carrier to unbundle any network facility or

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service capability not identified in subsection (C) or when a certificated telecommunications company makes a bona fide request to a NELEC that is the sole owner of essential facilities in the geographic area to unbundle any network facility or service capability. The request shall specify whether the network facility or service is considered by the requesting company to be essential.

1. For the 12 months following the effective date of these rules, the local exchange carrier shall respond to any such request in writing within 120 days. Thereafter, the local exchange carrier shall respond to any such request in writing within 90 days.
2. The response to an unbundling request shall clearly state whether the LEC or NELEC intends to provide the network facility or service on an unbundled basis and, if requested, whether it will be offered as an essential facility or service. If the LEC or NELEC does not intend to provide the requested network facility or service, the response shall state the basis for such refusal.
3. If the local exchange carrier or NELEC agrees to provide the network facility or service on an unbundled basis, the facility or service shall be provided pursuant to negotiated agreements or an approved statement of terms and conditions which shall be filed with the Commission.
4. If the local exchange carrier or NELEC asserts that unbundling the network facility or service is not technically feasible, notice to that effect shall be made to the requesting party and to the Commission.

**Historical Note**

Adopted effective September 6, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-3).

*Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1308. Number Portability**

- A. All local exchange carriers shall make local number portability available to facilitate the ability of a customer to switch between authorized local exchange carriers within a given wire center without changing their telephone number and without impairment of quality, functionality, reliability, or convenience of use. Implementation of local number portability or other forms of local number portability shall be based on a technically and economically feasible solution that meets the needs of Arizona consumers and carriers in a competitively neutral manner.
- B. An incumbent local exchange carrier serving less than 200,000 access lines will not be required to implement local number portability solutions absent the certification and commitment by a new entrant local exchange carrier to provide service on a facilities basis in the incumbent's service territory.
- C. Until such time as local number portability becomes available through database technology, local exchange carriers shall provide interim local number portability pursuant to negotiated agreements or an approved statement of terms and conditions, which shall be filed with the Commission, and shall in addition comply with such other or additional requirements as may be adopted by the Commission.
- D. All telecommunication providers who terminate traffic into an exchange, or exchanges, in which the local number portability

database solution has been implemented shall utilize the database solution to ensure efficient and appropriate routing of traffic to Arizona customers.

**Historical Note**

Adopted effective September 6, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-3).

*Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1309. Cost Methodology**

TSLRIC is the cost standard to be employed by the incumbent local exchange carrier in conducting the cost studies that establish the underlying cost of local exchange carrier services including unbundled essential facilities and services.

**Historical Note**

Adopted effective September 6, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-3).

*Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1310. Pricing**

- A. Pricing of Basic Communication Services.
  1. The incumbent local exchange carrier shall provide the Commission with price floor calculations for local exchange and long distance services to ensure the avoidance of anti-competitive pricing practices. A NELEC can price below an incumbent LEC's TSLRIC price.
  2. Whenever the incumbent local exchange carrier introduces a new local exchange service or long distance service, or proposes to change the rate for an existing local exchange service or long distance service, the local exchange carrier shall provide to the Commission information that demonstrates that the proposed rate equals or exceeds a price floor calculation for that service using an imputation test described in subsection (C).
- B. Pricing of Interconnection Services by Local Exchange Providers.
  1. Incumbent local exchange carriers shall establish the price of each interconnection service, including access to databases and other network functions as described in R14-2-1306, at a level equivalent to its TSLRIC-derived costs which may include an assignment of verifiable indirect costs or a 10% addition for indirect costs to the TSLRIC direct costs at the choice of the incumbent LEC.
  2. Interim number portability shall be provided by the incumbent local exchange carrier at a price equal to TSLRIC. Any compensation which would otherwise have been received had a local or EAS call to a forwarded number been terminated directly to a customer's chosen carrier, should be passed through from the carrier from whose network the forwarded number is assigned, to the customer's chosen carrier to whose network the number is forwarded.



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## C. Imputation

1. An incumbent local exchange carrier shall recover in the retail price of each telecommunications service offered by the company the TSLRIC of all nonessential, and the imputed prices of all essential services, facilities, components, functions, or capabilities that are utilized to provision such telecommunications service, whether such service is offered pursuant to tariff or private contract.
2. Imputation requirements of this Section shall be applied in a manner that will permit a carrier providing a service to a customer that is or that becomes eligible for universal service support by order of the Commission to provide such retail service at a price that is net of any Commission-ordered universal service support funding, pursuant to the provisions of the Arizona Universal Service Fund rules.

**Historical Note**

Adopted effective September 6, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-3).

*Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1311. Waivers**

The Commission may consider variations or exemptions from the terms or requirements of any of the rules included herein (14 A.A.C. 2, Article 13) upon application of an affected party. The application must set forth the reasons why the public interest will be served by the variation or exemption from the Commission rules. Any variation or exemption granted shall require an order of the Commission. Where a conflict exists between these rules and an approved tariff or order of the Commission, the provision of the approved tariff or order of the Commission shall apply.

**Historical Note**

Adopted effective September 6, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-3).

**ARTICLE 14. EMERGENCY EXPIRED****R14-2-1401. Emergency Expired****Historical Note**

Emergency rule adopted effective December 22, 1995, effective for a maximum of 180 days, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-4). Emergency expired.

**R14-2-1402. Emergency Expired****Historical Note**

Emergency rule adopted effective December 22, 1995, effective for a maximum of 180 days, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-4). Emergency expired.

**R14-2-1403. Emergency Expired****Historical Note**

Emergency rule adopted effective December 22, 1995, effective for a maximum of 180 days, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-4). Emergency expired.

**R14-2-1404. Emergency Expired****Historical Note**

Emergency rule adopted effective December 22, 1995, effective for a maximum of 180 days, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-4). Emergency expired.

**R14-2-1405. Emergency Expired****Historical Note**

Emergency rule adopted effective December 22, 1995, effective for a maximum of 180 days, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-4). Emergency expired.

**R14-2-1406. Emergency Expired****Historical Note**

Emergency rule adopted effective December 22, 1995, effective for a maximum of 180 days, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-4). Emergency expired.

**R14-2-1407. Emergency Expired****Historical Note**

Emergency rule adopted effective December 22, 1995, effective for a maximum of 180 days, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-4). Emergency expired.

**R14-2-1408. Emergency Expired****Historical Note**

Emergency rule adopted effective December 22, 1995, effective for a maximum of 180 days, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-4). Emergency expired.

**R14-2-1409. Emergency Expired****Historical Note**

Emergency rule adopted effective December 22, 1995, effective for a maximum of 180 days, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-4). Emergency expired.

*Editor's Note: The Arizona Corporation Commission has determined that the following Article is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**ARTICLE 15. ARBITRATION AND MEDIATION**

*Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1501. Application of Rules**

These rules govern procedures mandated by the Telecommunications Act of 1996, 47 U.S.C. 252, regarding the mediation, arbitration, review, and approval of interconnection agreements.

**Historical Note**

Emergency rule adopted effective July 23, 1996, effective for a maximum of 180 days, under a court-ordered

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exemption as determined by the Arizona Corporation Commission; filed with the Office of the Secretary of State July 15, 1996 (Supp. 96-3). Emergency expired.

Emergency rule adopted again effective January 17, 1997, for a maximum of 180 days, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 97-1). Emergency expired. New Section adopted effective August 27, 1997, under an exemption as determined by the Arizona Corporation Commission (Supp. 97-3).

*Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1502. Definitions**

- A. "Arbitration" means an alternative dispute resolution process in which the Arizona Corporation Commission decides the matter in dispute after the parties have had an opportunity to present their respective positions.
- B. "Arizona Corporation Commission" or "Commission" means the regulatory agency of the state of Arizona that has jurisdiction over public service corporations operating in Arizona.
- C. "Duty to Negotiate in Good Faith" means that parties meet and confer at reasonable times and places with minds open to persuasion and with an eye toward reaching agreement on mandatory subjects of bargaining.
- D. "Interconnection Agreement" means a formal agreement between any telecommunications carriers providing or intending to provide telecommunications services in Arizona, setting forth the particular terms and conditions under which interconnection and resale services, as appropriate, will be provided.
- E. "Mediation" means a voluntary alternative dispute resolution process in which a neutral third party assists the parties in reaching their own settlement. The mediator does not have the power to impose a resolution. The role of the mediator and the goal of the process is to help the parties achieve their own resolution.
- F. "Petition for arbitration" means the petition requesting arbitration of issues unresolved in the negotiation of an interconnection agreement.
- G. "Petitioner" means the party to the negotiation that files the petition for arbitration with the Commission.
- H. "Request for negotiation" means a formal request made by any telecommunications carrier providing or intending to provide telecommunications services in Arizona to another telecommunications carrier to negotiate an interconnection agreement.
- I. "Respondent" or "responding party" means the nonpetitioning party to the request for arbitration.

**Historical Note**

Emergency rule adopted effective July 23, 1996, effective for a maximum of 180 days, under a court-ordered exemption as determined by the Arizona Corporation Commission; filed with the Office of the Secretary of State July 15, 1996 (Supp. 96-3). Emergency expired. Emergency rule adopted again effective January 17, 1997, for a maximum of 180 days, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 97-1). Emergency expired. New Section adopted effective August 27, 1997, under an exemption as determined by the Arizona Corporation Commission (Supp. 97-3).

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**R14-2-1503. Negotiation**

A telecommunications carrier initiating a request to negotiate shall notify the Commission when a request for negotiation has been made pursuant to 47 U.S.C. 252. The notification shall include the names of the negotiating parties and the date of the request. The notification shall be served on all parties to the negotiation.

**Historical Note**

Emergency rule adopted effective July 23, 1996, effective for a maximum of 180 days, under a court-ordered exemption as determined by the Arizona Corporation Commission; filed with the Office of the Secretary of State July 15, 1996 (Supp. 96-3). Emergency expired. Emergency rule adopted again effective January 17, 1997, for a maximum of 180 days, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 97-1). Emergency expired. New Section adopted effective August 27, 1997, under an exemption as determined by the Arizona Corporation Commission (Supp. 97-3).

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**R14-2-1504. Mediation**

- A. Any party negotiating an agreement under 47 U.S.C. 252 may, at any point in the negotiation, ask the Commission to participate in the negotiation and to mediate any differences arising in the course of the negotiation.
- B. If a party requests mediation by the Commission, a non-Hearing Division employee of the Commission will be appointed to act as mediator.
- C. A request for mediation shall contain a brief statement of the nature of the dispute and the names, addresses, and telephone and telefax numbers of the parties or their representatives. Copies of the request shall be served on all parties to the negotiation.
- D. The mediator shall have discretion to regulate the course of the mediation, including scheduling of mediation sessions, in consultation with the parties. The following general procedures apply:
  1. The mediator will not impose a settlement but can offer proposals for settlement;
  2. The mediator may meet individually with the parties or attorneys during mediation;
  3. Only the parties to the negotiation may attend the mediation session or sessions, unless all parties consent to the presence of others;
  4. Parties shall provide the mediator with a brief statement of position and relevant background information prior to the first mediation session. The mediator may ask for this information to be supplemented;
  5. The mediator will not provide legal advice to the parties, nor will any mediator's statements as to law or policy be

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binding on the Commission, unless later adopted by the Commission;

6. The mediation process is confidential, to the extent permitted by law. No stenographic record will be kept.
- E. All parties participating in a requested Commission mediation have a duty to negotiate in good faith. The mediator may terminate the mediation if it appears that the likelihood of agreement is remote or if a party is not participating in good faith, or for other good cause. Ordinarily, a mediation should not be terminated prior to the completion of at least one mediation session.

**Historical Note**

Emergency rule adopted effective July 23, 1996, effective for a maximum of 180 days, under a court-ordered exemption as determined by the Arizona Corporation Commission; filed with the Office of the Secretary of State July 15, 1996 (Supp. 96-3). Emergency expired. Emergency rule adopted again effective January 17, 1997, for a maximum of 180 days, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 97-1). Emergency expired. New Section adopted effective August 27, 1997, under an exemption as determined by the Arizona Corporation Commission (Supp. 97-3).

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**R14-2-1505. Arbitration**

- A. Filing and Service of a Petition for Arbitration.
  1. During the period from the 135th to the 160th day (inclusive) after the date on which an incumbent local exchange carrier receives a request for negotiation under 47 U.S.C. 252(b)(1), any party to the negotiation may petition the Arizona Corporation Commission to arbitrate any open issues. The petition shall request arbitration of all issues which are unresolved at the time the petition is filed. Parties may continue to negotiate or otherwise resolve the disputed issues after arbitration is requested. The pendency of a mediation shall not bar a party from petitioning the Commission for arbitration.
  2. An original and 10 copies of a petition for arbitration shall be filed with the Commission. The petitioner shall deliver to the respondent a complete copy of the petition and all accompanying documentation on the same day that the petition is filed with the Commission.
- B. Contents of Petition and Documentation.
  1. A petition for arbitration shall clearly set forth the date upon which the original request for negotiation was received and the dates 135 days, 160 days, and nine months thereafter.
  2. A petition for arbitration shall be accompanied by all relevant documentation concerning the unresolved issues, the position of each of the parties with respect to those issues, and any other issue discussed and resolved by the parties. Relevant documentation includes, but is not limited to, the following:
    - a. A brief or other written statement addressing the disputed issues. The brief should address, in addition to any other matters, how the parties' positions and any conditions requested meet or fail to meet the requirements of 47 U.S.C. 251; any applicable Federal Communication Commission regulations; and any applicable regulation, order, or policy of this Commission.
    - b. Where prices are in dispute, the petitioner shall submit its proposed rates or charges and related supporting materials.
    - c. Any conditions which petitioner requests be imposed.
    - d. A proposed schedule for implementation of the terms and conditions of the agreement.
    - e. The petition may include a recommendation as to any information which should be requested from the parties by the arbitrator pursuant to 47 U.S.C. 252(b)(4)(B). The recommendation should state why the information is necessary for the arbitrator to reach a decision on the unresolved issues.
    - f. A proposed interconnection agreement.
    - g. Any other documents relevant to the dispute, including copies of all documents in their possession or control on which they rely in support of their positions or which they intend to present at the arbitration.
- C. Opportunity to Respond. The respondent may respond to the petition for arbitration within 25 days of the filing of the petition. The respondent shall respond to all the specific issues raised in the petition for arbitration.
- D. Confidentiality. Petitions, responses, accompanying material, and any documents provided to the Commission pursuant to a request under 47 U.S.C. 252(b)(4)(B) may be subject to the Arizona public disclosure law. However, a petition or response may include a request for issuance of a protective order.
- E. Discovery.
  1. Parties must cooperate in good faith in the voluntary, prompt, and informal exchange of all documents and other information relevant to the disputed issues, subject to claims of privilege or confidentiality. Parties must exchange copies of all documents relevant to the dispute, including those on which they rely in support of their position or which they intend to present at the arbitration.
  2. At the time of filing of a petition for arbitration, or a response, the petitioner may file discovery requests on the responding party, with an information copy provided to the arbitrator.
  3. Discovery requests not responded to may be submitted to the arbitrator, with a request that the arbitrator order the discovery, pursuant to 47 U.S.C. 252(b)(4)(B). The request should include an explanation of why the information is necessary to reach a decision on the unresolved issues.
  4. Failure to cooperate in discovery may be considered as a failure to negotiate in good faith.
- F. Appointment and Authority of Arbitrator.
  1. Arbitrations will be conducted by Commission Hearing Officers.
  2. The arbitrator will exercise all authority necessary to conduct the arbitration, subject to the provisions of these rules.
  3. The arbitrator may, in the arbitrator's discretion and to the extent practical, consolidate proceedings under 47 U.S.C. 252 in order to reduce administrative burdens on telecommunications carriers, other parties to the proceedings, and the Commission.

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4. The arbitrator may request the assistance of members of the Commission staff in reviewing the petition and accompanying materials, to the extent such staff members have not acted as mediator with respect to the same interconnection agreement between the same parties.
  5. The arbitrator will be authorized to recommend to the Commission a resolution of the disputed issues and any appropriate conditions to be imposed in the form of a Recommended Opinion and Order. The Commission will issue a final decision not later than nine months after the date on which the local exchange carrier received the request to negotiate.
- G.** Arbitration Proceeding. Arbitration allows an opportunity for parties to present their positions. However, arbitration does not require sworn testimony or cross-examination of witnesses. Arbitration proceedings will be conducted pursuant to procedures established by the Hearing Officer.
- H.** Fees and Costs. Each party shall be responsible for bearing its own fees and costs.
- I.** Any person wishing to comment on the Recommended Opinion and Order may do so by filing written comments with the Commission prior to the Commission's final decision.

**Historical Note**

Emergency rule adopted effective July 23, 1996, effective for a maximum of 180 days, under a court-ordered exemption as determined by the Arizona Corporation Commission; filed with the Office of the Secretary of State July 15, 1996 (Supp. 96-3). Emergency expired.

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**R14-2-1506. Filing and Service of Request for Approval of Interconnection Agreement**

- A.** An interconnection agreement shall be submitted to the Commission for approval under 47 U.S.C. 252(e) within 30 calendar days of the issuance of the Commission's final decision on the petition for arbitration, in the case of arbitrated agreements, or, in the case of negotiated agreements, within 30 calendar days of the execution of the agreement. The 30-day deadline may be extended by the Commission for good cause.
- B.** An original and 10 copies of requests for approval shall be filed with the Docket Control section of the Commission. Any party to the agreement may submit a request for approval. Unless filed jointly by all parties, the request for approval and any accompanying materials should be served on the other signatories on the day of the filing.
- C.** A request for approval shall include the documentation set out in this subsection. The materials can be filed jointly or separately by the parties to the agreement but should all be filed by the 30-day deadline set out in subsection (A).
  1. Negotiated Agreements. The following documentation must be filed:
    - a. A complete copy of the signed agreement, including any attachments or appendices.
    - b. A brief or memorandum summarizing the main provisions of the agreement, setting forth the party's position as to why the agreement should be adopted, including a statement as to why the agreement does not discriminate against nonparty telecommunications carriers, is consistent with the public interest, convenience, and necessity, and is consistent with applicable state law requirements.

2. Arbitrated Agreements. The following documentation must be filed:
  - a. A complete copy of the signed agreement, including any attachments or appendices.
  - b. A brief or memorandum summarizing the main provisions of the agreement, setting forth the party's position as to why the agreement should or should not be adopted, in whole or in part, and a statement explaining how the agreement, in whole or in part, meets or does not meet each of the applicable specific requirements of 47 U.S.C. 251, including any applicable Federal Communications Commission regulations.
  - c. Complete and specific information to enable the Commission to make the determinations required by 47 U.S.C. 252(d).
  - d. A party may file a statement with the signed interconnection agreement, indicating that it has executed the agreement under protest and does not waive its right to appeal specified provisions of the agreement that were mandated by Order of the Commission.
3. Combination Agreements (Arbitrated/Negotiated). Any agreement containing both arbitrated and negotiated provisions shall include the foregoing materials as appropriate, depending on whether a provision is negotiated or arbitrated. The memorandum should clearly identify which provisions were negotiated and which were arbitrated.
- D.** Any filing not containing the required materials will be rejected and must be refiled when complete. The statutory timelines will not begin to run until a request has been properly filed.
- E.** Agreements containing both arbitrated and negotiated provisions will be subject to the 30-day deadline specified in 47 U.S.C. 252(e)(4).

**Historical Note**

Emergency rule adopted effective July 23, 1996, effective for a maximum of 180 days, under a court-ordered exemption as determined by the Arizona Corporation Commission; filed with the Office of the Secretary of State July 15, 1996 (Supp. 96-3). Emergency expired.

Emergency rule adopted again effective January 17, 1997, for a maximum of 180 days, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 97-1). Emergency expired. New Section adopted effective August 27, 1997, under an exemption as determined by the Arizona Corporation Commission (Supp. 97-3).

**Editor's Note:** *The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin*

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*v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1507. Approval Procedure**

- A. Unless otherwise ordered by the Commission, a hearing will not be held for a request for approval of an interconnection agreement.
- B. The Commission will enter an order approving or rejecting the interconnection agreement within 30 days of request for approval of arbitrated agreements and agreements containing both arbitrated and negotiated provisions, or within 90 days of request for approval of negotiated agreements, with written findings as to any deficiencies.

**Historical Note**

Emergency rule adopted effective July 23, 1996, effective for a maximum of 180 days, under a court-ordered exemption as determined by the Arizona Corporation Commission; filed with the Office of the Secretary of State July 15, 1996 (Supp. 96-3). Emergency expired. Emergency rule adopted again effective January 17, 1997, for a maximum of 180 days, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 97-1). Emergency expired. New Section adopted effective August 27, 1997, under an exemption as determined by the Arizona Corporation Commission (Supp. 97-3).

*Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1508. Amendments**

Any amendments to an interconnection agreement shall be filed with the Commission and, if not rejected by the Commission within 30 days of filing, such amended agreements will become effective.

1. For negotiated amendments, including amendments resolved by Commission or private mediation, Commission rejection shall be limited to discrimination against nonparty telecommunications carriers, lack of consistency with the public interest, convenience, and necessity, or lack of consistency with applicable state law requirements.
2. For amendments resolved through arbitration, whether by the Commission or private arbitrator, Commission rejection shall be limited to failure to meet any of the applicable specific requirements of 47 U.S.C. 251, including any applicable Federal Communications Commission regulations.

**Historical Note**

Adopted effective August 27, 1997, under an exemption as determined by the Arizona Corporation Commission (Supp. 97-3).

*Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1509. Replacement or Subsequent Interconnection Agreements**

Replacement or subsequent interconnection agreements are subject to the provisions of this Article.

**Historical Note**

Adopted effective August 27, 1997, under an exemption as determined by the Arizona Corporation Commission (Supp. 97-3).

**ARTICLE 16. RETAIL ELECTRIC COMPETITION**

*Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1601. Definitions**

In this Article, unless the context otherwise requires:

1. "Affected Utilities" means the following public service corporations providing electric service:  
Tucson Electric Power Company, Arizona Public Service Company, Citizens Utilities Company, Arizona Electric Power Cooperative, Trico Electric Cooperative, Duncan Valley Electric Cooperative, Graham County Electric Cooperative, Mohave Electric Cooperative, Sulphur Springs Valley Electric Cooperative, Navopache Electric Cooperative, Ajo Improvement Company, and Morenci Water and Electric Company.
2. "Aggregation" means the combination and consolidation of loads of multiple customers.
3. "Aggregator" means an Electric Service Provider that, as part of its business, combines retail electric customers into a purchasing group.
4. "Ancillary Services" means those services designated as ancillary services in Federal Energy Regulatory Commission Order 888, including the services necessary to support the transmission of electricity from resource to load while maintaining reliable operation of the transmission system in accordance with good utility practice.
5. "Bundled Service" means electric service provided as a package to the consumer including all generation, transmission, distribution, ancillary and other services necessary to deliver and measure useful electric energy and power to consumers.
6. "Competition Transition Charge" (CTC) is a means of recovering Stranded Costs.
7. "Competitive Services" means all aspects of retail electric service except those services specifically defined as "Noncompetitive Services" pursuant to R14-2-1601(29) or noncompetitive services as defined by the Federal Energy Regulatory Commission.
8. "Consumer Education" is the provision of impartial information to consumers about competition or Competitive and Noncompetitive Services and is distinct from advertising and marketing.
9. "Control Area Operator" is the operator of an electric system or systems, bounded by interconnection metering and telemetry, capable of controlling generation to maintain its interchange schedule with other such systems and contributing to frequency regulation of the interconnection.
10. "Current Transformer" (CT) is an electrical device used in conjunction with an electric meter to provide a measurement of energy consumption for metering purposes.

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11. "Delinquent Accounts" means customer accounts with outstanding past-due payment obligations that remain unpaid after the due date.
12. "Direct Access Service Request" (DASR) means a form that contains all necessary billing and metering information to allow customers to switch electric service providers. This form must be submitted to the Utility Distribution Company by the customer's Electric Service Provider.
13. "Distribution Primary Voltage" is voltage as defined under the Affected Utility's Federal Energy Regulatory Commission (FERC) Open Access Transmission Tariff, except for Meter Service Providers, for which Distribution Primary Voltage is voltage at or above 600 volts (600V) through and including 25 kilovolts (25 kV).
14. "Distribution Service" means the delivery of electricity to a retail consumer through wires, transformers, and other devices that are not classified as transmission services subject to the jurisdiction of the Federal Energy Regulatory Commission; Distribution Service excludes Metering Services, Meter Reading Services, and billing and collection services, as those terms are used herein.
15. "Electric Service Provider" (ESP) means a company supplying, marketing, or brokering at retail any Competitive Services pursuant to a Certificate of Convenience and Necessity.
16. "Electric Service Provider Service Acquisition Agreement" or "Service Acquisition Agreement" means a contract between an Electric Service Provider and a Utility Distribution Company to deliver power to retail end users or between an Electric Service Provider and a Scheduling Coordinator to schedule transmission service.
17. "Electronic Data Interchange" (EDI) is the computer-to-computer electronic exchange of business documents using standard formats which are recognized both nationally and internationally.
18. "Generation" means the production of electric power or contract rights to the receipt of wholesale electric power.
19. "Green Pricing" means a program offered by an Electric Service Provider where customers elect to pay a rate premium for renewable generated electricity.
20. "Independent Scheduling Administrator" (ISA) is an entity, independent of transmission-owning organizations, intended to facilitate nondiscriminatory retail direct access using the transmission system in Arizona.
21. "Independent System Operator" (ISO) is an independent organization whose objective is to provide nondiscriminatory and open transmission access to the interconnected transmission grid under its jurisdiction, in accordance with the Federal Energy Regulatory Commission principles of independent system operation.
22. "Load Profiling" is a process of estimating a customer's hourly energy consumption based on measurements of similar customers.
23. "Load-Serving Entity" means an Electric Service Provider, Affected Utility, or Utility Distribution Company, excluding a Meter Service Provider, and Meter Reading Service Provider.
24. "Meter Reading Service" means all functions related to the collection and storage of consumption data.
25. "Meter Reading Service Provider" (MRSP) means an entity providing Meter Reading Service, as that term is defined herein and that reads meters, performs validation, editing, and estimation on raw meter data to create billing-ready meter data; translates billing-ready data to an approved format; posts this data to a server for retrieval by billing agents; manages the server; exchanges data with market participants; and stores meter data for problem resolution.
26. "Meter Service Provider" (MSP) means an entity providing Metering Service, as that term is defined herein.
27. "Metering and Metering Service" means all functions related to measuring electricity consumption.
28. "Must-Run Generating Units" are those local generating units that are required to run to maintain distribution system reliability and to meet load requirements in times of congestion on certain portions of the interconnected transmission grid.
29. "Net Metering" or "Net Billing" is a method by which customers can use electricity from customer-sited solar electric generators to offset electricity purchased from an Electric Service Provider. The customer only pays for the "Net" electricity purchased.
30. "Noncompetitive Services" means Distribution Service, Standard Offer Service, transmission, and any ancillary services deemed to be non-competitive by the Federal Energy Regulatory Commission, Must-Run Generating Units services, provision of customer demand and energy data by an Affected Utility or Utility Distribution Company to Electric Service Providers, and those aspects of Metering Service set forth in R14-2-1612(K).
31. "OASIS" is Open Access Same-Time Information System, which is an electronic bulletin board where transmission-related information is posted for all interested parties to access via the Internet to enable parties to engage in transmission transactions.
32. "Operating Reserve" means the generation capability above firm system demand used to provide for regulation, load forecasting error, equipment forced and scheduled outages, and local area protection to provide system reliability.
33. "Potential Transformer (PT)/Voltage Transformer (VT)" is an electrical device used to step down primary voltages to 120V for metering purposes.
34. "Provider of Last Resort" means a provider of Standard Offer Service to customers within the provider's certificated area whose annual usage is 100,000 kWh or less and who are not buying Competitive Services.
35. "Public Power Entity" incorporates by reference the definition set forth in A.R.S. § 30-801.16.
36. "Retail Electric Customer" means the person or entity in whose name service is rendered.
37. "Scheduling Coordinator" means an entity that provides schedules for power transactions over transmission or distribution systems to the party responsible for the operation and control of the transmission grid, such as a Control Area Operator, Arizona Independent Scheduling Administrator, or Independent System Operator.
38. "Self-Aggregation" is the action of a retail electric customer that combines its own metered loads into a single purchase block.
39. "Standard Offer Service" means Bundled Service offered by the Affected Utility or Utility Distribution Company to all consumers in the Affected Utility's or Utility Distribution Company's service territory at regulated rates including metering, meter reading, billing and collection services, demand side management services including but not limited to time-of-use, and consumer information ser-

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vices. All components of Standard Offer Service shall be deemed noncompetitive as long as those components are provided in a bundled transaction under R14-2-1606(A).

40. "Stranded Cost" includes:
  - a. The verifiable net difference between:
    - i. The net original cost of all the prudent jurisdictional assets and obligations necessary to furnish electricity (such as generating plants, purchased power contracts, fuel contracts, and regulatory assets), acquired or entered into prior to December 26, 1996, under traditional regulation of Affected Utilities; and
    - ii. The market value of those assets and obligations directly attributable to the introduction of competition under this Article;
  - b. Reasonable costs necessarily incurred by an Affected Utility to effectuate divestiture of its generation assets;
  - c. Reasonable employee severance and retraining costs necessitated by electric competition, where not otherwise provided; and
  - d. Other transition and restructuring costs as approved by the Commission as part of the Affected Utility's Stranded Cost determination under R14-2-1607.
41. "System Benefits" means Commission-approved utility low income, demand side management, Consumer Education, environmental, renewables, long-term public benefit research and development, and nuclear fuel disposal and nuclear power plant decommissioning programs, and other programs that may be approved by the Commission from time to time.
42. "Transmission Primary Voltage" is voltage above 25 kV as it relates to metering transformers.
43. "Transmission Service" refers to the transmission of electricity to retail electric customers or to electric distribution facilities and that is so classified by the Federal Energy Regulatory Commission or, to the extent permitted by law, so classified by the Arizona Corporation Commission.
44. "Unbundled Service" means electric service elements provided and priced separately, including, but not limited to, such service elements as generation, transmission, distribution, Must Run Generation, metering, meter reading, billing and collection, and ancillary services. Unbundled Service may be sold to consumers or to other Electric Service Providers.
45. "Universal Node Identifier" is a unique, permanent, identification number assigned to each service delivery point.
46. "Utility Distribution Company" (UDC) means the electric utility entity regulated by the Commission that operates, constructs, and maintains the distribution system for the delivery of power to the end user point of delivery on the distribution system.
47. "Utility Industry Group" (UIG) refers to a utility industry association that establishes national standards for data formats.

**Historical Note**

Adopted effective December 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-4). Amended by an emergency action effective August 10, 1998, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 98-3). Emergency amendment replaced by exempt permanent amendment effective December 31, 1998 (Supp. 98-4).

Amended by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3). Amended by exempt rulemaking at 6 A.A.R. 4180, effective October 13, 2000 (Supp. 00-4). Amended by exempt rulemaking at 7 A.A.R. 1661, effective March 30, 2001 (Supp. 01-1).

*Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1602. Commencement of Competition**

- A. An Affected Utility's customers will be eligible for competitive electric services, subject to the phase-in schedule in R14-2-1604, on the date set by Commission Order in each Affected Utility's Stranded Cost and Unbundled Tariff proceeding.
- B. An Affected Utility's competitive electric affiliates or an affiliate of which it is a member shall not be permitted to offer Competitive Services in any other Affected Utility's service territory until the Commission has ordered the service area of the potential competitor's affiliated Affected Utility opened to competition.

**Historical Note**

Adopted effective December 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-4). Section repealed; new Section adopted by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3).

*Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1603. Certificates of Convenience and Necessity**

- A. Any Electric Service Provider intending to supply Competitive Services shall obtain a Certificate of Convenience and Necessity from the Commission pursuant to this Article. An Affected Utility need not apply for a Certificate of Convenience and Necessity to continue to provide electric service in its service area during the transition period set forth in R14-2-1604. A Utility Distribution Company providing Standard Offer Service, or services authorized in R14-2-1615, after January 1, 2001, need not apply for a Certificate of Convenience and Necessity. All other Affected Utility affiliates created in compliance with R14-2-1615(A) shall be required to apply for appropriate Certificates of Convenience and Necessity.
- B. Any company desiring such a Certificate of Convenience and Necessity shall file with the Docket Control Center the required number of copies of an application. In support of the request for a Certificate of Convenience and Necessity, the following information must be provided:
  1. A description of the electric services that the applicant intends to offer;
  2. The proper name and correct address of the applicant, and
    - a. The full name of the owner if a sole proprietorship,
    - b. The full name of each partner if a partnership,
    - c. A full list of officers and directors if a corporation, or
    - d. A full list of the members if a limited liability corporation;

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3. A tariff for each service to be provided that states the maximum rate and terms and conditions that will apply to the provision of the service;
  4. A description of the applicant's technical ability to obtain and deliver electricity if appropriate and to provide any other proposed services;
  5. Documentation of the financial capability of the applicant to provide the proposed services, including the most recent income statement and balance sheet, the most recent projected income statement, and other pertinent financial information. Audited information shall be provided if available;
  6. A description of the form of ownership (for example, partnership, corporation);
  7. For an applicant that is an affiliate of an Affected Utility, a statement of whether the Affected Utility has complied with the requirements of R14-2-1616, including the Commission Decision approving the Code of Conduct, where applicable; and
  8. Such other information as the Commission or the staff may request.
- C.** The applicant shall report in a timely manner during the application process any changes in the information initially reported to the Commission in the application for a Certificate of Convenience and Necessity.
- D.** The applicant shall provide public notice of the application as required by the Commission.
- E.** At the time of filing for a Certificate of Convenience and Necessity, each applicant shall notify the Affected Utilities, Utility Distribution Companies, or an electric utility not subject to the jurisdiction of the Arizona Corporation Commission in whose service territories it wishes to offer service of the application by providing a copy of the application to the Affected Utilities, Utility Distribution Companies, or an electric utility not subject to the jurisdiction of the Arizona Corporation Commission. No later than 10 days after application is filed, each applicant shall provide written notice to the Commission, through Docket Control, that it has provided notification to each of the respective Affected Utilities, Utility Distribution Companies, or an electric utility not subject to the jurisdiction of the Arizona Corporation Commission. The attachment to the CC&N application should include a listing of the names and addresses of the notified Affected Utilities, Utility Distribution Companies or an electric utility not subject to the jurisdiction of the Arizona Corporation Commission.
- F.** The Commission may issue a Certificate of Convenience and Necessity that is effective for a specified period of time if the applicant has limited or no experience in providing the retail electric service that is being requested. An applicant receiving such approval shall have the responsibility to apply for appropriate extensions.
- G.** The Commission may deny certification to any applicant who:
1. Does not provide the information required by this Article;
  2. Does not possess adequate technical or financial capabilities to provide the proposed services;
  3. Seeks certification as a Load-Serving Entity and does not have an Electric Service Provider Service Acquisition Agreement with a Utility Distribution Company and Scheduling Coordinator, if the applicant is not its own Scheduling Coordinator;
  4. Fails to provide a performance bond, if required;
  5. Fails to demonstrate that its certification will serve the public interest;
  6. Seeks certification as a Load-Serving Entity and fails to submit an executed Service Acquisition Agreement with a Utility Distribution Company or a Scheduling Coordinator for approval by the Director, Utilities Division, prior to the offering of service to potential customers. Agreements are to be filed with the Compliance Section, Utilities Division.
- H.** A Request for approval of an executed Service Acquisition Agreement may be included with an application for a Certificate of Convenience and Necessity. In all negotiations relative to Service Acquisition Agreements, Affected Utilities or their successor entities are required to negotiate in good faith.
- I.** Every Electric Service Provider obtaining a Certificate of Convenience and Necessity under this Article shall obtain certification subject to the following conditions:
1. The Electric Service Provider shall comply with all Commission rules, orders, and other requirements relevant to the provision of electric service;
  2. The Electric Service Provider shall maintain accounts and records as required by the Commission;
  3. The Electric Service Provider shall file with the Director, Utilities Division, through the Compliance Section, all financial and other reports that the Commission may require and in a form and at such times as the Commission may designate;
  4. The Electric Service Provider shall maintain on file with the Commission all current tariffs and any service standards that the Commission shall require;
  5. The Electric Service Provider shall cooperate with any Commission investigation of customer complaints;
  6. The Electric Service Provider shall obtain all necessary permits and licenses, including relevant tax licenses;
  7. The Electric Service Provider shall comply with all disclosure requirements pursuant to R14-2-1617;
  8. Failure to comply with any of the above conditions may result in rescission of the Electric Service Provider's Certificate of Convenience and Necessity.
- J.** In appropriate circumstances, the Commission may require, as a precondition to certification, the procurement of a performance bond sufficient to cover any advances or deposits the applicant may collect from its customers, or order that such advances or deposits be held in escrow or trust.
- K.** Time-frames for processing applications for Certificates of Convenience and Necessity
1. This rule prescribes time-frames for the processing of any application for a Certificate of Convenience and Necessity issued by the Arizona Corporation Commission pursuant to this Article. These time-frames shall apply to applications filed on or after the effective date of this rule.
  2. Within 120 calendar days after receipt of an application for a new Certificate of Convenience and Necessity, or to amend or change the status of any existing Certificate of Convenience and Necessity, staff shall notify the applicant, in writing, that the application is either administratively complete or deficient. If the application is deficient, the notice shall specify all deficiencies.
  3. Staff may terminate an application if the applicant does not remedy all deficiencies within 60 calendar days of the notice of deficiency.
  4. After receipt of a corrected application, staff shall notify the applicant within 90 calendar days if the corrected application is either administratively complete or deficient. The time-frame for administrative completeness review shall be suspended from the time the notice of



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deficiency is issued until staff determines that the application is complete.

5. Within 180 calendar days after an application is deemed administratively complete, the Commission shall approve or reject the application.
6. For purposes of A.R.S. § 41-1072, et seq., the Commission has established the following time-frames:
  - a. Administrative completeness review time-frame: 120 calendar days;
  - b. Substantive review time-frame: 180 calendar days;
  - c. Overall time-frame: 300 calendar days.
7. If an applicant requests, and is granted, an extension or continuance, the appropriate time-frames shall be tolled from the date of the request during the duration of the extension or continuance.
8. During the substantive review time-frame, the Commission may, upon its own motion or that of any interested party to the proceeding, request a suspension of the time-frame rules.

**Historical Note**

Adopted effective December 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-4). Amended by an emergency action effective August 10, 1998, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 98-3). Emergency amendment replaced by exempt permanent amendment effective December 31, 1998 (Supp. 98-4). Amended effective December 31, 1998, under an exemption as determined by the Arizona Corporation Commission (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3). Amended by exempt rulemaking at 6 A.A.R. 4180, effective October 13, 2000 (Supp. 00-4).

**Editor's Note:** *The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1604. Competitive Phases**

- A. At the date established under R14-2-1602(A), each Affected Utility shall make available at least 20% of its 1995 system retail peak demand for competitive generation supply on a first-come, first-served basis as further described in this rule. First-come, first-served, for the purpose of this rule, shall be determined for nonresidential customers by the date and time of an Electric Service Provider's filing of a Direct Access Service Request with the Affected Utility or Utility Distribution Company. The effective date of the Direct Access Service Request must be within 60 days of the filing date of the Direct Access Service Request. Residential customer selection will be determined under approved residential phase-in programs as specified in subsection (B)(4).
  1. All Affected Utility customers with single premise non-coincident peak demand load of 1 MW or greater will be eligible for competitive electric services upon the commencement of competition. Customers meeting this requirement shall be eligible for competitive services until at least 20% of the Affected Utility's 1995 system peak demand is served by competition.
  2. Any class of customer may aggregate into a minimum combined load of 1 MW or greater within an Affected Utility's service territory and be eligible for competitive

electric services. From the commencement of competition under R14-2-1602 through December 31, 2000, aggregation of new competitive customers will be allowed until such time as at least 20% of the Affected Utility's 1995 peak demand is served by competitors.

3. Affected Utilities shall notify customers eligible under this subsection of the terms of the subsection no later than 60 days prior to the start of competition within its service territory.
4. Effective January 1, 2001, all Affected Utility customers irrespective of size will be eligible for Aggregation and Self-Aggregation. Aggregation and Self-Aggregation customers purchasing their electricity and related services at any time after the effective date of these rules must do so from a certificated Electric Provider as provided for in these rules.
- B. As part of the minimum 20% of 1995 system peak demand set forth in subsection (A), each Affected Utility shall reserve a residential phase-in program that provides an increasing minimum percentage of residential customers with access to competitive electric services according to the following schedule:
  1.
 

January 1, 1999	1 1/4%
April 1, 1999	2 1/2%
July 1, 1999	3 3/4%
October 1, 1999	5%
January 1, 2000	6 1/4%
April 1, 2000	7 1/2%
July 1, 2000	8 3/4%
October 1, 2000	10%
  2. Access to the residential phase-in program will be on a first-come, first-served basis. The Affected Utility shall create and maintain a waiting list to manage the residential phase-in program, which list shall promptly be made available to any certificated Load-Serving Electric Service Provider upon request.
  3. Residential customers participating in the residential phase-in program shall be permitted to use load profiling to satisfy the requirements for hourly consumption data; however, they may choose other metering options offered by their Electric Service Provider consistent with the Commission's rules on metering.
  4. If not already done, each Affected Utility shall file a residential phase-in program proposal to the Commission, through Docket Control, for approval by Director, Utilities Division, by September 15, 1999. Interested parties will have until September 30, 1999, to comment on any proposal. At a minimum, the residential phase-in program proposal will include specifics concerning the Affected Utility's proposed:
    - a. Process for customer notification of residential phase-in program;
    - b. Selection and tracking mechanism for customers based on first-come, first-served method;
    - c. Customer notification process and other education and information services to be offered;
    - d. Load Profiling methodology and actual load profiles, if available; and
    - e. Method for calculation of reserved load.
  5. After the commencement of competition under R14-2-1602, each Affected Utility shall file quarterly residential phase-in program reports with the Compliance Section, Utilities Division, within 45 days of the end of each quarter. The first such report shall be due within 45 days of

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the first quarter ending after the start of the phase-in of competition for that Affected Utility. The final report due under this rule shall be due within 45 days of the quarter ending December 31, 2002. As a minimum, these quarterly reports shall include:

- a. The number of customers and the load currently enrolled in residential phase-in program by Energy Service Provider,
  - b. The number of customers currently on the waiting list,
  - c. A description and examples of all customer education programs and other information services including the goals of the education program and a discussion of the effectiveness of the programs, and
  - d. An overview of comments and survey results from participating residential customers.
6. Aggregation or Self-Aggregation of residential customers is allowed subject to the limitations of the phase-in percentages in this rule.
- C. Each Affected Utility shall file a report by November 1, 1999, detailing possible mechanisms to provide benefits, including rate reductions of 3% - 5%, to all Standard Offer customers.
- D. All customers shall be eligible to obtain competitive electric services no later than January 1, 2001.
- E. Retail consumers served under existing contracts are eligible to participate in the competitive market prior to expiration of the existing contract only if the Affected Utility and the consumer agree that the retail consumer may participate in the competitive market.
- F. Schedule Modifications for Cooperatives
1. An electric cooperative may request that the Commission modify the schedule described in subsections (A) through (E) so as to preserve the tax-exempt status of the cooperative or to allow time to modify contractual arrangements pertaining to delivery of power supplies and associated loans.
  2. As part of the request, the cooperative shall propose methods to enhance consumer choice among generation resources.
  3. The Commission shall consider whether the benefits of modifying the schedule exceed the costs of modifying the schedule.

**Historical Note**

Adopted effective December 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-4). Amended by an emergency action effective August 10, 1998, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 98-3). Emergency amendment replaced by exempt permanent amendment effective December 31, 1998 (Supp. 98-4).

Amended by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3). Amended by exempt rulemaking at 6 A.A.R. 4180, effective October 13, 2000 (Supp. 00-4).

*Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1605. Competitive Services**

Except as provided in R14-2-1615(C), Competitive Services shall require a Certificate of Convenience and Necessity and a tariff as

described in R14-2-1603. A properly certificated Electric Service Provider may offer Competitive Services under bilateral or multi-lateral contracts with retail consumers.

**Historical Note**

Adopted effective December 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-4). Amended by an emergency action effective August 10, 1998, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 98-3). Emergency amendment replaced by exempt permanent amendment effective December 31, 1998 (Supp. 98-4).

Amended by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3).

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**R14-2-1606. Services Required to be Made Available**

- A. On the date its service area is open to competition under R14-2-1602, each Affected Utility or Utility Distribution Company shall make available Standard Offer Service and Noncompetitive Services at regulated rates. After January 1, 2001, Standard Offer Service and Noncompetitive Services shall be provided by Utility Distribution Companies who shall also act as Providers of Last Resort.
- B. After January 1, 2001, power purchased by an investor owned Utility Distribution Company for Standard Offer Service shall be acquired from the competitive market through prudent, arm's length transactions, and with at least 50% through a competitive bid process.
- C. Standard Offer Tariffs
  1. By July 1, 1999, or pursuant to Commission Order, whichever occurs first, each Affected Utility shall file proposed tariffs to provide Standard Offer Service. Such rates shall not become effective until approved by the Commission. Any rate increase proposed by an Affected Utility or Utility Distribution Company for Standard Offer Service must be fully justified through a rate case proceeding.
  2. Standard Offer Service tariffs shall include the following elements, each of which shall be clearly unbundled and identified in the filed tariffs:
    - a. Competitive Services:
      - i. Generation, which shall include all transaction costs and line losses;
      - ii. Competition Transition Charge, which shall include recovery of generation related regulatory assets;
      - iii. Generation-related billing and collection;
      - iv. Transmission Services;
      - v. Metering Services;
      - vi. Meter Reading Services; and
      - vii. Optional Ancillary Services, which shall include spinning reserve service, supplemental reserve, regulation and frequency response service, and energy imbalance service.
    - b. Non-Competitive Services:
      - i. Distribution services;
      - ii. Required Ancillary services, which shall include scheduling, system control and dis-

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- patch service, and reactive supply and voltage control from generation sources service;
- iii. Must-Run Generating Units;
- iv. System Benefit Charges; and
- v. Distribution-related billing and collection.
- 3. Affected Utilities and Utility Distribution Companies may file proposed revisions to such rates with the Commission through Docket Control. Any rate increase proposed by an Affected Utility or Utility Distribution Company for Standard Offer Service must be fully justified through a rate case proceeding, which may be expedited at the discretion of the Utilities Division Director.
- 4. Such rates shall reflect the costs of providing the service.
- 5. Consumers receiving Standard Offer Service are eligible for potential future rate reductions as authorized by the Commission.
- 6. After January 2, 2001, tariffs for Standard Offer Service shall not include any special discounts or contracts with terms, or any tariff that prevents the customer from accessing a competitive option, other than time-of-use rates, interruptible rates, or self-generation deferral rates.
- D. By the effective date of these rules, or pursuant to Commission Order, whichever occurs first, each Affected Utility or Utility Distribution Company shall file an Unbundled Service tariff that shall include a Noncompetitive Services tariff. The Unbundled Service tariff shall calculate the items listed in R14-2-1606(C)(2)(b) on the same basis as those items are calculated in the Standard Offer Service tariff.
- E. To manage its risks, an Affected Utility or Electric Service Provider may include in its tariffs deposit requirements and advance payment requirements for Unbundled Services.
- F. Affected Utilities and Utility Distribution Companies must accept power and energy delivered to their distribution systems by other Load-Serving Entities and offer distribution and distribution-related ancillary services comparable to services they provide to themselves at their Noncompetitive Services tariffed rates.
- G. Customer Data
  1. Upon written authorization by the customer, a Load-Serving Entity shall release in a timely and useful manner that customer's billing data, including consumption, demand, and power factor (if available), for the most recent 12-month period to a customer-specified properly certificated Electric Service Provider.
  2. The Electric Service Provider requesting such customer data shall provide an accurate account number for the customer.
  3. The form of data shall be mutually agreed upon by the parties and such data shall not be unreasonably withheld.
  4. Utility Distribution Companies shall be allowed access to the Meter Reading Service Provider server for customers served by the Utility Distribution Company's distribution system.
- H. Rates for Unbundled Services
  1. The Commission shall review and approve rates for Competitive Services and Noncompetitive Services subject to Commission jurisdiction, before such services can be offered.
  2. Such rates shall reflect the costs of providing the services.
  3. Such rates may be downwardly flexible if approved by the Commission.
- I. Electric Service Providers offering Competitive Services under this R14-2-1606 shall provide adequate supporting documentation for their proposed rates. Where rates are approved

by another jurisdiction, such as the Federal Energy Regulatory Commission, those rates shall be provided as part of the supporting documentation.

**Historical Note**

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**R14-2-1607. Recovery of Stranded Cost of Affected Utilities**

- A. The Affected Utilities shall take every reasonable, cost-effective measure to mitigate or offset Stranded Cost by reducing costs, expanding wholesale or retail markets, or offering a wider scope of permitted regulated utility services for profit, among others.
- B. The Commission shall allow a reasonable opportunity for recovery of unmitigated Stranded Cost by Affected Utilities.
- C. The Affected Utilities shall file estimates of unmitigated Stranded Cost on or before July 1, 1999, or pursuant to Commission Order, whichever occurs first. Such estimates shall be fully supported by analyses and by records of market transactions undertaken by willing buyers and willing sellers.
- D. An Affected Utility shall request Commission approval, on or before July 1, 1999, or pursuant to Commission Order, whichever occurs first, of distribution charges or other means of recovering unmitigated Stranded Cost. The filing may include a discounted stranded cost exit methodology that a consumer may choose to use to determine an amount due the Affected Utility in lieu of making monthly distribution charge or other payments.
- E. The Commission shall, after hearing and consideration of analyses and recommendations presented by the Affected Utilities, staff, and intervenors, determine for each Affected Utility the magnitude of Stranded Cost, and appropriate Stranded Cost recovery mechanisms and charges. In making its determination of mechanisms and charges, the Commission shall consider at least the following factors:
  1. The impact of Stranded Cost recovery on the effectiveness of competition;
  2. The impact of Stranded Cost recovery on customers of the Affected Utility who do not participate in the competitive market;
  3. The impact, if any, on the Affected Utility's ability to meet debt obligations;
  4. The impact of Stranded Cost recovery on prices paid by consumers who participate in the competitive market;
  5. The degree to which the Affected Utility has mitigated or offset Stranded Cost;
  6. The degree to which some assets have values in excess of their book values;
  7. Appropriate treatment of negative Stranded Cost;

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8. The time period over which such Stranded Cost charges may be recovered. The Commission shall limit the application of such charges to a specified time period;
  9. The applicability of Stranded Cost to interruptible customers.
- F.** A Competition Transition Charge (CTC) may be assessed on all retail customers based on the amount of generation purchased from any supplier. Any reduction in electricity purchases from an Affected Utility resulting from self-generation, demand side management, or other demand reduction attributable to any cause other than the retail access provisions of this Article shall not be used to calculate or recover any Stranded Cost from a consumer.
- G.** Stranded Cost shall be recovered from customer classes in a manner consistent with the specific company's current rate treatment of the stranded asset, in order to effect a recovery of Stranded Cost that is in substantially the same proportion as the recovery of similar costs from customers or customer classes under current rates. In no event shall the Competition Transition Charge be utilized as a mechanism for double recovery of Stranded Cost from Standard Offer Service customers.
- H.** The Commission may consider securitization as a financing method for recovery of Stranded Cost of the Affected Utility if the Commission finds that such method of financing will result in a lower cost alternative to customers.
- I.** The Commission may, after notice and hearing, order regular revisions to estimates of the magnitude of Stranded Cost.

**Historical Note**

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**R14-2-1608. System Benefits Charges**

- A.** Each Affected Utility or Utility Distribution Company shall file for Commission review non-bypassable rates or related mechanisms to recover the applicable pro-rata costs of System Benefits from all consumers located in the Affected Utility's or Utility Distribution Company's service area. Affected Utilities or Utility Distribution Companies shall file for review of the Systems Benefits Charge at least every three years. The amount collected annually through the System Benefits charge shall be sufficient to fund the Affected Utilities' or Utility Distribution Companies' Commission-approved System Benefits. Filings shall be made with the Commission through Docket Control.
- B.** Each Affected Utility or Utility Distribution Company shall provide adequate supporting documentation for its proposed rates for System Benefits.

- C.** An Affected Utility or Utility Distribution Company shall recover the costs of System Benefits only upon hearing and approval by the Commission of the recovery charge and mechanism. The Commission may combine its review of System Benefits charges with its review of filings pursuant to R14-2-1606.

**Historical Note**

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**R14-2-1609. Transmission and Distribution Access**

- A.** The Affected Utilities shall provide nondiscriminatory open access to transmission and distribution facilities to serve all customers. No preference or priority shall be given to any distribution customer based on whether the customer is purchasing power under the Affected Utility's Standard Offer or in the competitive market. Any transmission capacity that is reserved for use by the retail customers of the Affected Utility's Utility Distribution Company shall be allocated among Standard Offer customers and competitive market customers on a pro-rata basis.
- B.** Utility Distribution Companies shall retain the obligation to assure that adequate transmission import capability is available to meet the load requirements of all distribution customers within their service areas. Utility Distribution Companies shall retain the obligation to assure that adequate distribution system capacity is available to meet the load requirements of all distribution customers within their service areas.
- C.** The Commission supports the development of Federal Energy Regulatory Commission-approved Regional Transmission Organization (RTO), an Independent System Operator (ISO) or, absent a Regional Transmission Organization or an Independent System Operator, an Arizona Independent Scheduling Administrator (AISA). The Commission believes that such organizations are necessary in order to provide nondiscriminatory retail access and to facilitate a robust and efficient electricity market.
- D.** Affected Utilities that own or operate Arizona transmission facilities shall form an Arizona Independent Scheduling Administrator that shall file with the Federal Energy Regulatory Commission within 60 days of this Commission's adoption of final rules herein, for approval of an Independent Scheduling Administrator having the following characteristics:
1. The Arizona Independent Scheduling Administrator shall calculate Available Transmission Capacity (ATC) for Arizona transmission facilities that belong to the Affected Utilities or other Arizona Independent Scheduling

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Administrator participants and shall develop and operate an overarching statewide OASIS.

2. The Arizona Independent Scheduling Administrator shall implement and oversee the nondiscriminatory application of operating protocols to ensure statewide consistency for transmission access. These operating protocols shall include, but are not limited to, protocols for determining transmission system transfer capabilities, committed uses of the transmission system, available transfer capabilities, Must-Run Generating Units, energy scheduling, and energy imbalances.
  3. The Arizona Independent Scheduling Administrator shall provide dispute resolution processes that enable market participants to expeditiously resolve claims of discriminatory treatment in the reservation, scheduling, use, and curtailment of transmission services.
  4. All requests (wholesale, Standard Offer retail, and competitive retail) for reservation and scheduling of the use of Arizona transmission facilities that belong to the Affected Utilities or other Arizona Independent Scheduling Administrator participants shall be made to, or through, the Arizona Independent Scheduling Administrator using a single, standardized procedure.
  5. The Arizona Independent Scheduling Administrator shall implement a transmission planning process that includes all Arizona Independent Scheduling Administrator participants and aids in identifying the timing and key characteristics of required reinforcements to Arizona transmission facilities to assure that the future load requirements of all participants will be met.
- E.** If not previously filed, the Affected Utilities that own or operate Arizona transmission facilities shall file a proposed Arizona Independent Scheduling Administrator implementation plan with the Commission, through Docket Control, within 30 days of the Commission's adoption of final rules herein. The implementation plan shall address Arizona Independent Scheduling Administrator governance, incorporation, financing, and staffing; the acquisition of physical facilities and staff by the Arizona Independent Scheduling Administrator; the schedule for the phased development of Arizona Independent Scheduling Administrator functionality and proposed transition to a regional Independent System Operator or Regional Transmission Organization; contingency plans to ensure that critical functionality is in place no later than three months following adoption of final rules herein by the Commission; and any other significant issues related to the timely and successful implementation of the Arizona Independent Scheduling Administrator.
- F.** Each of the Affected Utilities shall make good faith efforts to develop a regional, multi-state Independent System Operator or Regional Transmission Organization, to which the Arizona Independent Scheduling Administrator should transfer its relevant assets and functions and characteristics as specified in R14-2-1609(D) as the Independent System Operator or Regional Transmission Organization becomes able to carry out those functions. Absent Federal Energy Regulatory Commission approval of an Arizona Independent Scheduling Administrator, the functions and characteristics as specified in R14-2-1609(D) will be assumed by the Independent System Operator or Regional Transmission Organization.
- G.** It is the intent of the Commission that prudently-incurred costs incurred by the Affected Utilities in the establishment and operation of the Arizona Independent Scheduling Administrator, and subsequently the Independent System Operator or
- Regional Transmission Organization, should be recovered from customers using the transmission system, including the Affected Utilities' wholesale customers, Standard Offer retail customers, and competitive retail customers on a nondiscriminatory basis through Federal Energy Regulatory Commission-regulated prices. Proposed rates for the recovery of such costs shall be filed with the Federal Energy Regulatory Commission and this Commission through Docket Control. In the event that the Federal Energy Regulatory Commission does not permit recovery of prudently incurred Independent Scheduling Administrator costs within 90 days of the date of making an application with the Federal Energy Regulatory Commission, the Commission may authorize Affected Utilities to recover such costs through a distribution surcharge.
- H.** The Commission supports the use of "Scheduling Coordinators" to provide aggregation of customers' schedules to the Independent Scheduling Administrator and the respective Control Area Operators simultaneously until the implementation of a regional Independent System Operator or Regional Transmission Organization, at which time the schedules will be submitted to the Independent System Operator or Regional Transmission Organization. The primary duties of Scheduling Coordinators are to:
1. Forecast their customers' load requirements;
  2. Submit balanced schedules (that is, schedules for which total generation is equal to total load of the Scheduling Coordinator's customers plus appropriate transmission and distribution line losses) and North American Electric Reliability Council/Western Systems Coordinating Council tags;
  3. Arrange for the acquisition of the necessary transmission and ancillary services;
  4. Respond to contingencies and curtailments as directed by the Control Area Operators, Arizona Independent Scheduling Administrator, or Independent System Operator or Regional Transmission Organization;
  5. Actively participate in the schedule checkout process and the settlement processes of the Control Area Operators, Arizona Independent Scheduling Administrator, or Independent System Operator or Regional Transmission Organization.
- I.** The Affected Utilities and Utility Distribution Companies shall provide services from the Must-Run Generating Units to Standard Offer Service retail customers and competitive retail customers on a comparable, nondiscriminatory basis at regulated prices. The Affected Utilities shall specify the obligations of the Must-Run Generating Units in appropriate sales contracts prior to any divestiture. Under auspices of the Arizona Independent Scheduling Administrator, the Affected Utilities and other stakeholders shall develop statewide protocols for pricing and availability of services from Must-Run Generating Units. These protocols shall be filed with Docket Control for Commission review and, when appropriate, approval, prior to being filed with the Federal Energy Regulatory Commission in conjunction with the Arizona Independent Scheduling Administrator tariff filing. Fixed Must-Run Generating Units costs are to be recovered through a regulated charge to end-use customers. This charge must be set by the Commission as part of the end-use customer distribution service charges.
- J.** The Affected Utilities and other stakeholders, under the auspices of the Arizona Independent Scheduling Administrator, shall identify statewide services to be settled on and develop

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fair and reasonable pricing mechanisms to assure a consistent and fair settlement process.

**Historical Note**

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**R14-2-1610. In-state Reciprocity**

- A. The service territories of Arizona electric utilities that are not Affected Utilities or Public Power Entities shall not be open to competition under the provisions of this Article, nor shall Arizona electric utilities which are not Affected Utilities be able to compete for sales in the service territories of the Affected Utilities.
- B. An Arizona electric utility, subject to the jurisdiction of the Commission, that is not an Affected Utility or a Public Power Entity may voluntarily participate under the provisions of this Article if it makes its service territory available for competing sellers, if it agrees to all of the requirements of this Article, and if it obtains an appropriate Certificate of Convenience and Necessity.
- C. An Arizona electric utility, not subject to the jurisdiction of the Commission, and that is not a Public Power Entity, may submit a statement to the Commission, through Docket Control, stating that it voluntarily opens its service territory for competing sellers in a manner similar to the provisions of this Article. Such statement shall be accompanied by the electric utility's nondiscriminatory Standard Offer Tariff, electric supply tariffs, Unbundled Services rates, Stranded Cost charges, System Benefits charges, Distribution Services charges and any other applicable tariffs and policies for services the electric utility offers, for which these rules otherwise require compliance by Affected Utilities or Electric Service Providers. Such filings shall serve as authorization for such electric utility to utilize the Commission's Rules of Practice and Procedure and other applicable rules concerning any complaint that an Affected Utility or Electric Service Provider is violating any provision of this Article or is otherwise discriminating against the filing electric utility or failing to provide just and reasonable rates in tariffs filed under this Article.
- D. If an electric utility is an Arizona political subdivision or municipal corporation other than a Public Power Entity, then the existing service territory of such electric utility shall be deemed open to competition if the political subdivision or municipality has entered into an intergovernmental agreement with the Commission that establishes nondiscriminatory terms and conditions for Distribution Services and other Unbundled Services, provides a procedure for complaints arising therefrom, and provides for reciprocity with Affected Utilities or

their affiliates. The Commission shall conduct a hearing to consider any such intergovernmental agreement.

- E. An affiliate of an Arizona electric utility which is not an Affected Utility or a Public Power Entity shall not be allowed to compete in the service territories of Affected Utilities unless the affiliate's parent company, the nonaffected electric utility, submits a statement to the Commission, through Docket Control, indicating that the parent company will voluntarily open its service territory for competing sellers in a manner similar to the provisions of this Article and the Commission makes a finding to that effect.

**Historical Note**

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**R14-2-1611. Rates**

- A. Market determined rates for Competitive Services, as defined in R14-2-1601 shall be deemed to be just and reasonable.
- B. Each Electric Service Provider selling services under this Article shall have on file with the Commission tariffs describing such services and maximum rates for those services, but the services may not be provided until the Commission has approved the tariffs.
- C. Prior to January 1, 2001, competitively negotiated contracts governed by this Article customized to individual customers which comply with approved tariffs do not require further Commission approval. However, all such contracts whose term is one year or more and for service of 1 MW or more must be filed with the Director, Utilities Division, through the Compliance Section, as soon as practicable. If a contract does not comply with the provisions of the Load Serving Entity's approved tariffs, it shall not become effective without a Commission order. The provisions of such contracts shall be kept confidential by the Commission.
- D. Contracts entered into on or after January 1, 2001, which comply with approved tariffs need not be filed with the Director, Utilities Division. If a contract does not comply with the provisions of the Load Serving Entity's approved tariffs, it shall not become effective without a Commission order.
- E. An Electric Service Provider holding a Certificate pursuant to this Article may price its Competitive Services, at or below the maximum rates specified in its filed tariff, provided that the price is not less than the marginal cost of providing the service.
- F. Requests for changes in maximum rates or changes in terms and conditions of previously approved tariffs may be filed

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with the Commission through Docket Control. Such changes shall become effective only upon Commission approval.

**Historical Note**

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**R14-2-1612. Service Quality, Consumer Protection, Safety, and Billing Requirements**

- A. Except as indicated elsewhere in this Article, R14-2-201 through R14-2-212, inclusive, are adopted in this Article by reference. However, where the term "utility" is used in R14-2-201 through R14-2-212, the term "utility" shall pertain to Electric Service Providers providing the services described in each subsection of R14-2-201 through R14-2-212. R14-2-203(E) and R14-2-212(H) shall pertain only to Utility Distribution Companies.
- B. The following shall not apply to this Article:
  1. R14-2-202 in its entirety,
  2. R14-2-206 in its entirety,
  3. R14-2-207 in its entirety,
  4. R14-2-212 (F)(1),
  5. R14-2-213,
  6. R14-2-208(E) and (F).
- C. No consumer shall be deemed to have changed providers of any service authorized in this Article (including changes from the Affected Utility to another provider) without written authorization by the consumer for service from the new provider. If a consumer is switched to a different ("new") provider without such written authorization, the new provider shall cause service by the previous provider to be resumed and the new provider shall bear all costs associated with switching the consumer back to the previous provider. A new provider who switches a customer without written authorization shall also refund to the retail electricity customer the entire amount of the customer's electricity charges attributable to the electric generation service from the new provider for three months, or the period of the unauthorized service, whichever is more. A Utility Distribution Company may request the Commission's Consumer Services Section to review or audit written authorizations to assure a customer switch was properly authorized. A written authorization that is obtained by deceit or deceptive practices shall not be deemed a valid written authorization. Electric Service Providers shall submit reports within 30 days of the end of each calendar quarter to the Commission, through the Compliance Section, Utilities Division, itemizing the direct complaints filed by customers who have had their Electric Service Providers changed without their authorization. Violations of the Commission's rules concerning unauthorized changes of providers may result in penalties, or suspension or revocation of the provider's certificate. The following requirements and restrictions shall apply to the written authorization form requesting electric service from the new provider:
  1. The authorization shall not contain any inducements;
  2. The authorization shall be in legible print with clear and plain language confirming the rates, terms, conditions, and nature of the service to be provided;
  3. The authorization shall not state or suggest that the customer must take action to retain the customer's current electricity supplier;
  4. The authorization shall be in the same language as any promotional or inducement materials provided to the retail electric customer; and
  5. No box or container may be used to collect entries for sweepstakes or a contest that, at the same time, is used to collect authorization by a retail electric customer to change their electricity supplier or to subscribe to other services.
- D. A residential customer may rescind its authorization to change providers of any service authorized in this Article within three business days, without penalty, by providing written notice to the provider.
- E. Customer-specific information shall not be released without specific prior written customer authorization unless the information is requested by a law enforcement or other public agency, or is requested by the Commission or its Staff, or is reasonably required for legitimate account collection activities, or is necessary to provide safe and reliable service to the customer.
- F. Each Electric Service Provider providing service governed by this Article shall be responsible for meeting applicable reliability standards and shall work cooperatively with other companies with whom it has interconnections, directly or indirectly, to ensure safe, reliable electric service. Utility Distribution Companies shall make reasonable efforts to notify customers of scheduled outages and also provide notification to the Commission.
- G. Each Electric Service Provider shall provide at least 45 days' written notice to all of its affected consumers of its intent to cease providing generation, transmission, distribution, or ancillary services necessitating that the consumer obtain service from another supplier of generation, transmission, distribution, or ancillary services.
- H. All Electric Service Providers rendering service under this Article shall submit accident reports, through the Compliance Section, as required in R14-2-101.
- I. An Electric Service Provider providing firm electric service governed by this Article shall make reasonable efforts to reestablish service within the shortest possible time when service interruptions occur and shall work cooperatively with other companies to ensure timely restoration of service where facilities are not under the control of the Electric Service Provider.
- J. Electric Service Providers shall give at least five days' notice to their customer of scheduled return to Standard Offer Service. Electric Service Providers shall provide 15 calendar days' notice prior to the next scheduled meter read date to the appropriate Utility Distribution Company regarding the intent to terminate a service agreement. Return of that customer to Standard Offer Service will be at the next regular billing cycle if appropriate metering equipment is in place and the request is provided 15 calendar days prior to the next regular meter read

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date. Responsibility for charges incurred between the notice and the next scheduled read date shall rest with the Electric Service Provider.

- K. Each Electric Service Provider shall ensure that bills rendered on its behalf include its address and the toll-free telephone numbers for billing, service, and safety inquiries. The bill must also include the address and toll-free telephone numbers for the Phoenix and Tucson Consumer Service Sections of the Arizona Corporation Commission Utilities Division. Each Electric Service Provider shall ensure that billing and collections services rendered on its behalf comply with subsection (A).
- L. Additional Provisions for Metering and Meter Reading Services
  1. When authorized by the consumer, an Electric Service Provider who provides metering or meter reading services pertaining to a particular consumer shall provide appropriate meter reading data via standardized formats, approved by the Director, Utilities Division, to all applicable Electric Service Providers serving that same consumer.
  2. Any person or entity relying on metering information provided by an Electric Service Provider may request a meter test according to the tariff on file and approved by the Commission. However, if the meter is found to be in error by more than 3%, no meter testing fee will be charged.
  3. Each competitive point of delivery shall be assigned a Universal Node Identifier by the Affected Utility or the Utility Distribution Company whose distribution system serves the customer.
  4. Unless the Commission grants a specific waiver all competitive metered and billing data shall be translated into consistent, statewide formats, approved by the Director, Utilities Division, that shall be used by the Affected Utility or the Utility Distribution Company and the Electric Service Provider.
  5. Unless the Commission grants a specific waiver, the standardized data exchange formats approved by the Director, Utilities Division, shall be used for all data exchange transactions from the Meter Reading Service Provider to the Electric Service Provider, Utility Distribution Company, and Schedule Coordinator. This data will be transferred via the Internet using a secure sockets layer or other secure electronic media.
  6. Minimum metering requirements for competitive customers over 20 kW, or 100,000 kWh annually, should consist of hourly consumption measurement meters or meter systems. Predictable loads will be permitted to use load profiles to satisfy the requirements for hourly consumption data. The Load-Serving Entity developing the load profile shall determine if a load is predictable.
  7. Competitive customers with hourly loads of 20 kW (or 100,000 kWh annually) or less will be permitted to use Load Profiling to satisfy the requirements for hourly consumption data, however, they may choose other metering options offered by their Electric Service Provider consistent with the Commission rules on Metering.
  8. Metering equipment ownership will be limited to the Affected Utility, Utility Distribution Company, and the Electric Service Provider, or the customer, who must obtain the metering equipment through the Affected Utility, Utility Distribution Company, or an Electric Service Provider.
  9. Maintenance and servicing of the metering equipment (including Current Transformers and Potential Transformers) will be limited to the Affected Utility, Utility Distribution Company, and the Electric Service Provider.
  10. Distribution primary voltage Current Transformers and Potential Transformers may be owned by the Affected Utility, Utility Distribution Company, or the Electric Service Provider.
  11. Transmission primary voltage Current Transformers and Potential Transformers may be owned by the Affected Utility or Utility Distribution Company only.
  12. North American Electric Reliability Council-recognized holidays will be used in calculating "working days" for meter data timeliness requirements. If a holiday officially occurs on a Saturday, the preceding Friday will be recognized as the date of the holiday. If a holiday officially occurs on a Sunday, the following Monday will be recognized as the date of the holiday.
  13. The Director, Utilities Division shall approve operating procedures to be used by the Utility Distribution Companies and the Meter Service Providers for performing work on primary metered customers.
  14. The Director, Utilities Division shall approve operating procedures to be used by the Meter Reading Service Provider for validating, editing, and estimating metering data.
  15. The Director, Utilities Division shall approve performance metering specifications and standards to be used by all entities performing metering.
- M. Electric Service Providers shall comply with applicable reliability standards and practices established by the Western Systems Coordinating Council and the North American Electric Reliability Council or successor organizations.
- N. Electric Service Providers shall provide notification and informational materials to consumers about competition and consumer choices, such as a standardized description of services, as ordered by the Commission.
- O. Billing Elements. After the commencement of competition within a service territory pursuant to R14-2-1602, all customer bills, including bills for Standard Offer Service customers within that service territory, will list, at a minimum, the following billing cost elements:
  1. Competitive Services:
    - a. Generation, which shall include generation-related billing and collection;
    - b. Competition Transition Charge;
    - c. Transmission and Ancillary Services;
    - d. Metering Services; and
    - e. Meter Reading Services.
  2. Non-Competitive Services:
    - a. Distribution services, including distribution-related billing and collection, required Ancillary Services and Must-Run Generating Units; and
    - b. System Benefit Charges
  3. Regulatory assessments; and
  4. Applicable taxes.
  5. In cases where the Utility Distribution Company and the Electric Service Provider provide separate bills to customers, the Electric Service Provider is not required to list the billing cost elements for non-competitive services. In cases where the Utility Distribution Company and the Electric Service Provider provide separate bills to customers, the Utility Distribution Company is not required to list the billing cost elements for competitive services if



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the customer is obtaining competitive services from an Electric Service Provider.

- P. The operating procedures approved by the Director, Utilities Division, will be used for Direct Access Service Requests as well as other billing and collection transactions.

**Historical Note**

Adopted effective December 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-4). Amended by an emergency action effective August 10, 1998, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 98-3). Emergency amendment replaced by exempt permanent amendment effective December 31, 1998 (Supp. 98-4). Former Section R14-2-1612 renumbered to R14-2-1611; new Section R14-2-1612 renumbered from R14-2-1613 and amended by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3). Amended by exempt rulemaking at 6 A.A.R. 4180, effective October 13, 2000 (Supp. 00-4).

*Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1613. Reporting Requirements**

- A. Reports covering the following items, as applicable, shall be submitted to the Director, Utilities Division, through the Compliance Section, by Affected Utilities or Utility Distribution Companies and all Electric Service Providers granted a Certificate of Convenience and Necessity pursuant to this Article. These reports shall include the following information pertaining to competitive service offerings, Unbundled Services, and Standard Offer services in Arizona:
1. Type of services offered;
  2. kW and kWh sales to consumers, disaggregated by customer class (for example, residential, commercial, industrial);
  3. Revenues from sales by customer class (for example, residential, commercial, industrial);
  4. Number of retail customers disaggregated as follows: residential, commercial/industrial under 21 kW, commercial/industrial 21 to 999 kW, commercial/industrial 1000 kW or more, agricultural (if not included in commercial), and other;
  5. Retail kWh sales and revenues disaggregated by term of the contract (less than one year, one to four years, longer than four years), and by type of service (for example, firm, interruptible, other);
  6. Amount of revenues from each type of Competitive Service and, if applicable, each type of Noncompetitive Service provided (using breakdown from R14-2-1612(O));
  7. Value of all assets used to serve Arizona customers and accumulated depreciation;
  8. Tabulation of Arizona electric generation plants owned by the Electric Service Provider broken down by generation technology, fuel type, and generation capacity;
  9. The number of customers aggregated and the amount of aggregated load; and
  10. Other data requested by staff or the Commission.
- B. Reporting Schedule
1. For the period through December 31, 2003, semi-annual reports shall be filed by April 15 (covering the previous

period of July through December) and October 15 (covering the previous period of January through June). The first such report shall cover the period January 1 through June 30, 1999.

2. For the period after December 31, 2003, annual reports shall be filed by April 15 (covering the previous period of January through December). The first such report shall cover the period January 1 through December 31, 2004.
- C. The information listed above may, at the provider's option, be provided on a confidential basis. However, staff or the Commission may issue reports with aggregate statistics based on confidential information that do not disclose data pertaining to a particular seller or purchases by a particular buyer.
- D. Any Electric Service Provider, Affected Utility, or Utility Distribution Company governed by this Article which fails to file the above data in a timely manner may be subject to a penalty imposed by the Commission or may have its Certificate rescinded by the Commission.
- E. Any Electric Service Provider holding a Certificate pursuant to this Article shall file a request in Docket Control to discontinue any competitive tariff as soon as practicable after the decision to discontinue offering service is made.
- F. In addition to the above reporting requirements, Electric Service Providers, Affected Utilities, and Utility Distribution Companies governed by this Article shall participate in Commission workshops or other forums whose purpose is to evaluate competition or assess market issues.

**Historical Note**

Adopted effective December 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-4). Amended by an emergency action effective August 10, 1998, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 98-3). Emergency amendment replaced by exempt permanent amendment effective December 31, 1998 (Supp. 98-4). Former Section R14-2-1613 renumbered to R14-2-1612; new Section R14-2-1613 renumbered from R14-2-1614 and amended by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3). Amended by exempt rulemaking at 6 A.A.R. 4180, effective October 13, 2000 (Supp. 00-4).

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**R14-2-1614. Administrative Requirements**

- A. Any Electric Service Provider certificated under this Article may file with the Commission, through Docket Control, proposed additional tariffs for Competitive Services at any time which include a description of the service, maximum rates, terms, and conditions.
- B. Contracts filed pursuant to this Article shall not be open to public inspection or made public except on order of the Commission, or by the Commission or a Commissioner in the course of a hearing or proceeding.
- C. The Commission may consider variations or exemptions from the terms or requirements of any of the rules in this Article upon the application of an affected party. The application must set forth the reasons why the public interest will be served by the variation or exemption from the Commission rules and regulations. Any variation or exemption granted shall require

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an order of the Commission. Where a conflict exists between these rules and an approved tariff or order of the Commission, the provisions of the approved tariff or order of the Commission shall apply.

- D. The Commission may develop procedures for resolving disputes regarding implementation of retail electric competition.
- E. Prior to October 1, 1999, the Director, Utilities Division, shall implement a Consumer Education Program as approved by the Commission.

**Historical Note**

Adopted effective December 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-4). Amended by an emergency action effective August 10, 1998, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 98-3). Emergency amendment replaced by exempt permanent amendment effective December 31, 1998 (Supp. 98-4). Former Section R14-2-1614 renumbered to R14-2-1613; new Section R14-2-1614 renumbered from R14-2-1615 and amended by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3). Amended by exempt rulemaking at 6 A.A.R. 4180, effective October 13, 2000 (Supp. 00-4).

*Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1615. Separation of Monopoly and Competitive Services**

- A. All competitive generation assets and competitive services shall be separated from an Affected Utility prior to January 1, 2001. Such separation shall either be to an unaffiliated party or to a separate corporate affiliate or affiliates. If an Affected Utility chooses to transfer its competitive generation assets or competitive services to a competitive electric affiliate, such transfer shall be at a value determined by the Commission to be fair and reasonable.
- B. Beginning January 1, 2001, an Affected Utility or Utility Distribution Company shall not provide Competitive Services as defined in R14-2-1601.
  - 1. This Section does not preclude an Affected Utility or Utility Distribution Company from billing its own customers for distribution service, or from providing billing services to Electric Service Providers in conjunction with its own billing, or from providing Meter Services and Meter Reading Services for Load Profiled residential customers. Nor does this Section preclude an Affected Utility or Utility Distribution Company from providing billing and collections, Metering and Meter Reading Service as part of the Standard Offer Service tariff to Standard Offer Service customers.
  - 2. This Section does not preclude an Affected Utility or Utility Distribution Company from owning distribution and transmission primary voltage Current Transformers and Potential Transformers.
- C. An Electric Distribution Cooperative is not subject to the provisions of R14-2-1615 unless it offers competitive electric services outside of its distribution service territory.

**Historical Note**

Adopted effective December 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-4). Amended by an emergency action effective August 10, 1998, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 98-3). Emergency amendment replaced by exempt permanent amendment effective December 31, 1998 (Supp. 98-4). Former Section R14-2-1615 renumbered to R14-2-1614; new Section R14-2-1615 renumbered from R14-2-1616 and amended by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3).

*Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

**R14-2-1616. Code of Conduct**

- A. If not previously filed, no later than 90 days after adoption of these Rules, each Affected Utility which plans to offer Non-competitive Services and which plans to offer Competitive Services through its competitive electric affiliate shall propose a Code of Conduct to prevent anti-competitive activities. Each Affected Utility that is an electric cooperative, that plans to offer Noncompetitive Services, and that is a member of any electric cooperative that plans to offer Competitive Services shall also submit a Code of Conduct to prevent anti-competitive activities. All Codes of Conduct shall be filed in Docket Control and be subject to Commission approval after a hearing.
- B. The Code of Conduct shall address the following subjects:
  - 1. Appropriate procedures to prevent cross subsidization between the Utility Distribution Company and any competitive affiliates, including but not limited to the maintenance of separate books, records, and accounts;
  - 2. Appropriate procedures to ensure that the Utility Distribution Company's competitive affiliate does not have access to confidential utility information that is not also available to other market participants;
  - 3. Appropriate guidelines to limit the joint employment of personnel by both a Utility Distribution Company and its competitive affiliate;
  - 4. Appropriate guidelines to govern the use of the Utility Distribution Company's name or logo by the Utility Distribution Company's competitive affiliate;
  - 5. Appropriate procedures to ensure that the Utility Distribution Company does not give its competitive affiliate any preferential treatment such that other market participants are unfairly disadvantaged or discriminated against;
  - 6. Appropriate policies to eliminate joint advertising, joint marketing, or joint sales by a Utility Distribution Company and its competitive affiliate;
  - 7. Appropriate procedures to govern transactions between a Utility Distribution Company and its competitive affiliate; and
  - 8. Appropriate policies to prevent the Utility Distribution Company and its competitive affiliate from representing that customers will receive better service as a result of the affiliation.
  - 9. Complaints concerning violations of the Code of Conduct shall be processed under the procedures established in R14-2-212.

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**Historical Note**

Adopted effective December 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-4). Section R14-2-1616 repealed by emergency action; emergency new Section adopted by an emergency action effective August 10, 1998, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 98-3). Emergency amendment replaced by exempt permanent amendment effective December 31, 1998 (Supp. 98-4). Former Section R14-2-1616 renumbered to R14-2-1615; new Section R14-2-1616 adopted by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3). Amended by exempt rulemaking at 6 A.A.R. 4180, effective October 13, 2000 (Supp. 00-4).

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**R14-2-1617. Disclosure of Information**

- A. Each Load-Serving Entity providing either generation service or Standard Offer Service shall prepare a consumer information label that sets forth the following information:
  1. Price to be charged for generation services,
  2. Price variability information,
  3. Customer service information,
  4. Time period to which the reported information applies.
- B. Each Load-Serving Entity providing either generation service or Standard Offer Service shall provide, upon request, the following information (to the extent reasonably known):
  1. Composition of resource portfolio,
  2. Fuel mix characteristics of the resource portfolio,
  3. Emissions characteristics of the resource portfolio.
- C. The Director, Utilities Division, shall develop the format and reporting requirements for the consumer information label to ensure that the information is appropriately and accurately reported and to ensure that customers can use the labels for comparisons among Load-Serving Entities. The format developed by the Director, Utilities Division, shall be used by each Load-Serving Entity.
- D. Each Load-Serving Entity shall include the information disclosure label in a prominent position in all written marketing materials specifically targeted to Arizona. When a Load-Serving Entity advertises in nonprint media, or in written materials not specifically targeted to Arizona, the marketing materials shall indicate that the Load-Serving Entity shall provide the consumer information label to the public upon request.
- E. Each Load-Serving Entity shall prepare an annual disclosure report that aggregates the resource portfolios of the Load-Serving Entity and its affiliates.
- F. Each Load-Serving Entity shall prepare a statement of its terms of service that sets forth the following information:
  1. Actual pricing structure or rate design according to which the customer with a load of less than 1 MW will be billed, including an explanation of price variability and price level adjustments that may cause the price to vary;
  2. Length and description of the applicable contract and provisions and conditions for early termination by either party;
  3. Due date of bills and consequences of late payment;
  4. Conditions under which a credit agency is contacted;

5. Deposit requirements and interest on deposits;
  6. Limits on warranties and damages;
  7. All charges, fees, and penalties;
  8. Information on consumer rights pertaining to estimated bills, third-party billing, deferred payments, and rescission of supplier switches within three days of receipt of confirmation;
  9. A toll-free telephone number for service complaints;
  10. Low income programs and low income rate eligibility;
  11. Provisions for default service;
  12. Applicable provisions of state utility laws; and
  13. Method whereby customers will be notified of changes to the terms of service.
- G. The consumer information label, the disclosure report, and the terms of service shall be distributed in accordance with the following requirements:
1. Prior to the initiation of service for any retail customer,
  2. Prior to processing written authorization from a retail customer with a load of less than 1 MW to change Electric Service Providers,
  3. To any person upon request,
  4. Made a part of the semi-annual and annual reports required by R14-2-1613.
  5. The information described in this subsection shall be posted on any electronic information medium of the Load-serving Entities.
- H. Failure to comply with the rules on information disclosure or dissemination of inaccurate information may result in suspension or revocation of certification or other penalties as determined by the Commission.
- I. The Commission shall establish a consumer information advisory panel to review the effectiveness of the provisions of this Section and to make recommendations for changes in the rules.

**Historical Note**

Adopted by an emergency action effective August 10, 1998, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 98-3). Emergency adoption replaced by exempt permanent adoption effective December 31, 1998 (Supp. 98-4). Former Section R14-2-1617 repealed; new Section R14-2-1617 renumbered from R14-2-1618 and amended by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3). Amended by exempt rulemaking at 6 A.A.R. 4180, effective October 13, 2000 (Supp. 00-4).

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**R14-2-1618. Environmental Portfolio Standard**

- A. Upon the effective implementation of a Commission-approved Environmental Portfolio Standard Surcharge tariff, any Load-Serving Entity selling electricity or aggregating customers for the purpose of selling electricity under the provisions of this Article must derive at least .2% of the total retail energy sold from new solar resources or environmentally-friendly renewable electricity technologies, whether that energy is purchased or generated by the seller. Solar resources include photovoltaic resources and solar thermal resources that generate electricity. New solar resources and environmentally-friendly renewable

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electricity technologies are those installed on or after January 1, 1997.

1. Electric Service Providers, that are not UDCs, are exempt from portfolio requirements until 2004, but could voluntarily elect to participate. ESPs choosing to participate would receive a pro rata share of funds collected from the Environmental Portfolio Surcharge delineated in R14-2-1618.A.2 for portfolio purposes to acquire eligible portfolio systems or electricity generated from such systems.
  2. Utility Distribution Companies would recover part of the costs of the portfolio standard through current System Benefits Charges, if they exist, including a re-allocation of demand side management funding to portfolio uses. Additional portfolio standard costs will be recovered by a customer Environmental Portfolio Surcharge on the customers' monthly bill. The Environmental Portfolio Surcharge shall be assessed monthly to every metered and/or non-metered retail electric service. This monthly assessment will be the lesser of \$0.000875 per kWh or:
    - a. Residential Customers: \$.35 per service,
    - b. Non-Residential Customers: \$13 per service,
    - c. Non-Residential Customers whose metered demand is 3,000 kW or more for three consecutive months: \$39.00 per service. In the case of unmetered services, the Load-Serving Entity shall, for purposes of billing the Environmental Portfolio Standard Surcharge and subject to the caps set forth above, use the lesser of (i) the load profile or otherwise estimated kWh required to provide the service in question; or (ii) the service's contract kWh.
  3. Customer bills shall reflect a line item entitled "Environmental Portfolio Surcharge, mandated by the Corporation Commission."
  4. Utility Distribution Companies or ESPs that do not currently have a renewables program may request a waiver or modification of this Section due to extreme circumstances that may exist.
- B.** The portfolio percentage shall increase after December 31, 2000.
1. Starting January 1, 2001, the portfolio percentage shall increase annually and shall be set according to the following schedule:
 

YEAR	PORTFOLIO PERCENTAGE
2001	.2%
2002	.4%
2003	.6%
2004	.8%
2005	1.0%
2006	1.05%
2007-2012	1.1%
  2. The Commission would continue the annual increase in the portfolio percentage after December 31, 2004, only if the cost of environmental portfolio electricity has declined to a Commission-approved cost/benefit point. The Director, Utilities Division shall establish, not later than January 1, 2003, an Environmental Portfolio Cost Evaluation Working Group to make recommendations to the Commission of an acceptable portfolio electricity cost/benefit point or portfolio kWh cost impact maximum that the Commission could use as a criteria for the decision to continue the increase in the portfolio percentage.

The recommendations of the Working Group shall be presented to the Commission not later than June 30, 2003. In no event, however, shall the Commission increase the surcharge caps as delineated in R14-2-1618(A)(2).

3. The requirements for the phase-in of various technologies shall be:
  - a. In 2001, the Portfolio kWh makeup shall be at least 50 percent solar electric, and no more than 50 percent other environmentally-friendly renewable electricity technologies or solar hot water or R&D on solar electric resources, but with no more than 10 percent on R&D.
  - b. In 2002 and 2003, the Portfolio kWh makeup shall be at least 50 percent solar electric, and no more than 50 percent other environmentally-friendly renewable electricity technologies or solar hot water or R&D on solar electric resources, but with no more than 5 percent on R&D.
  - c. In 2004, through 2012, the portfolio kWh makeup shall be at least 60 percent solar electric with no more than 40 percent solar hot water or other environmentally-friendly renewable electricity technologies.
- C.** Load-Serving Entities shall be eligible for a number of extra credit multipliers that may be used to meet the portfolio standard requirements. Extra credits may be used to meet portfolio requirements and extra credits from solar electric technologies will also count toward the solar electric fraction requirements in R14-2-1618(B)(3). With the exception of the Early Installation Extra Credit Multiplier, which has a five-year life from operational start-up, all other extra credit multipliers are valid for the life of the generating equipment.
  1. Early Installation Extra Credit Multiplier: For new solar electric systems installed and operating prior to December 31, 2003, Load-Serving Entities would qualify for multiple extra credits for kWh produced for five years following operational start-up of the solar electric system. The five-year extra credit would vary depending upon the year in which the system started up, as follows:

YEAR	EXTRA CREDIT MULTIPLIER
1997	.5
1998	.5
1999	.5
2000	.4
2001	.3
2002	.2
2003	.1

Eligibility to qualify for the Early Installation Extra Credit Multiplier would end in 2003. However, any eligible system that was operational in 2003 or before would still be allowed the applicable extra credit for the full five years after operational start-up.

2. Solar Economic Development Extra Credit Multipliers: There are two equal parts to this multiplier, an in-state installation credit and an in-state content multiplier.
  - a. In-State Power Plant Installation Extra Credit Multiplier: Solar electric power plants installed in Arizona shall receive a .5 extra credit multiplier.
  - b. In-State Manufacturing and Installation Content Extra Credit Multiplier: Solar electric power plants shall receive up to a .5 extra credit multiplier related

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to the manufacturing and installation content that comes from Arizona. The percentage of Arizona content of the total installed plant cost shall be multiplied by .5 to determine the appropriate extra credit multiplier. So, for instance, if a solar installation included 80% Arizona content, the resulting extra credit multiplier would be .4 (which is .8 X .5).

3. Distributed Solar Electric Generator and Solar Incentive Program Extra Credit Multiplier: Any distributed solar electric generator that meets more than one of the eligibility conditions will be limited to only one .5 extra credit multiplier from this subsection. Appropriate meters will be attached to each solar electric generator and read at least once annually to verify solar performance.
  - a. Solar electric generators installed at or on the customer premises in Arizona. Eligible customer premises locations will include both grid-connected and remote, non-grid-connected locations. In order for Load-Serving Entities to claim an extra credit multiplier, the Load-Serving Entity must have contributed at least 10% of the total installed cost or have financed at least 80% of the total installed cost.
  - b. Solar electric generators located in Arizona that are included in any Load-Serving Entity's Green Pricing program.
  - c. Solar electric generators located in Arizona that are included in any Load-Serving Entity's Net Metering or Net Billing program.
  - d. Solar electric generators located in Arizona that are included in any Load-Serving Entity's solar leasing program.
  - e. All Green Pricing, Net Metering, Net Billing, and Solar Leasing programs must have been reviewed and approved by the Director, Utilities Division in order for the Load-Serving Entity to accrue extra credit multipliers from this subsection.
4. All multipliers are additive, allowing a maximum combined extra credit multiplier of 2.0 in years 1997-2003, for equipment installed and manufactured in Arizona and either installed at customer premises or participating in approved solar incentive programs. So, if a Load-Serving Entity qualifies for a 2.0 extra credit multiplier and it produces 1 solar kWh, the Load-Serving Entity would get credit for 3 solar kWh (1 produced plus 2 extra credit).
- D. Load-Serving Entities selling electricity under the provisions of this Article shall provide reports on sales and portfolio power as required in this Article, clearly demonstrating the output of portfolio resources, the installation date of portfolio resources, and the transmission of energy from those portfolio resources to Arizona consumers. The Commission may conduct necessary monitoring to ensure the accuracy of these data. Reports shall be made according to the Reporting Schedule in R14-2-1613(B).
- E. Photovoltaic or solar thermal electric resources that are located on the consumer's premises shall count toward the Environmental Portfolio Standard applicable to the current Load-Serving Entity serving that consumer unless a different Load-Serving Entity is entitled to receive credit for such resources under the provisions of R14-2-1618(C)(3)(a).
- F. Any solar electric generators installed by an Affected Utility to meet the environmental portfolio standard shall be counted toward meeting renewable resource goals for Affected Utilities established in Decision No. 58643.
- G. Any Load-Serving Entity that produces or purchases any eligible kWh in excess of its annual portfolio requirements may save or bank those excess kWh for use or sale in future years. Any eligible kWh produced subject to this rule may be sold or traded to any Load-Serving Entity that is subject to this rule. Appropriate documentation, subject to Commission review, shall be given to the purchasing entity and shall be referenced in the reports of the Load-Serving Entity that is using the purchased kWh to meet its portfolio requirements.
- H. Environmental Portfolio Standard requirements shall be calculated on an annual basis, based upon electricity sold during the calendar year.
- I. A Load-Serving Entity shall be entitled to receive a partial credit against the portfolio requirement if the Load-Serving Entity or its affiliate owns or makes a significant investment in any solar electric manufacturing plant that is located in Arizona. The credit will be equal to the amount of the nameplate capacity of the solar electric generators produced in Arizona and sold in a calendar year times 2,190 hours (approximating a 25% capacity factor).
  1. The credit against the portfolio requirement shall be limited to the following percentages of the total portfolio requirement:
    - 2001: Maximum of 50% of the portfolio requirement
    - 2002: Maximum of 25% of the portfolio requirement
    - 2003 and on: Maximum of 20% of the portfolio requirement
  2. No extra credit multipliers will be allowed for this credit. In order to avoid double-counting of the same equipment, solar electric generators that are used by other Load-Serving Entities to meet their Arizona portfolio requirements will not be allowable for credits under this Section for the manufacturer/Electric Service Provider to meet its portfolio requirements.
- J. The Director, Utilities Division shall develop appropriate safety, durability, reliability, and performance standards necessary for solar generating equipment and environmentally-friendly renewable electricity technologies and to qualify for the portfolio standard. Standards requirements will apply only to facilities constructed or acquired after the standards are publicly issued.
- K. A Load-Serving Entity shall be entitled to meet up to 20% of the portfolio requirement with solar water heating systems or solar air conditioning systems purchased by the Load-Serving Entity for use by its customers, or purchased by its customers and paid for by the Load-Serving Entity through bill credits or other similar mechanisms. The solar water heaters must replace or supplement the use of electric water heaters for residential, commercial, or industrial water heating purposes. For the purposes of this rule, solar water heaters will be credited with 1 kWh of electricity produced for each 3,415 British Thermal Units of heat produced by the solar water heater and solar air conditioners shall be credited with kWhs equivalent to those needed to produce a comparable cooling load reduction. Solar water heating systems and solar air conditioning systems shall be eligible for Early Installation Extra Credit Multipliers as defined in R14-2-1618(C)(1) and Solar Economic Development Extra Credit Multipliers as defined in R14-2-1618(C)(2)(b).
- L. A Load-Serving Entity shall be entitled to meet the portfolio requirement with electricity produced in Arizona by environmentally-friendly renewable electricity technologies that are defined as in-state landfill gas generators, wind generators, and biomass generators, consistent with the phase-in schedule

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in R14-2-1618(B)(3). Systems using such technologies shall be eligible for Early Installation Extra Credit Multipliers as defined in R14-2-1618(C)(1) and Solar Economic Development Extra Credit Multipliers as defined in R14-2-1618(C)(2)(b).

**Historical Note**

Adopted by an emergency action effective August 10, 1998, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 98-3). Emergency adoption replaced by exempt permanent adoption effective December 31, 1998 (Supp. 98-4). Section R14-2-1618 renumbered to R14-2-1617 by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3). New Section adopted by exempt rulemaking at 7 A.A.R. 1661, effective March 20, 2001 (Supp. 01-1).

**ARTICLE 17. RESERVED****ARTICLE 18. RENEWABLE ENERGY STANDARD AND TARIFF****R14-2-1801. Definitions**

- A. "Affected Utility" means a public service corporation serving retail electric load in Arizona, but excluding any Utility Distribution Company with more than half of its customers located outside of Arizona.
- B. "Annual Renewable Energy Requirement" means the portion of an Affected Utility's annual retail electricity sales that must come from Eligible Renewable Energy Resources.
- C. "Conventional Energy Resource" means an energy resource that is non-renewable in nature, such as natural gas, coal, oil, and uranium, or electricity that is produced with energy resources that are not Renewable Energy Resources.
- D. "Customer Self-Directed Renewable Energy Option" means a Commission-approved program under which an Eligible Customer may self-direct the use of its allocation of funds collected pursuant to an Affected Utility's Tariff.
- E. "Distributed Generation" means electric generation sited at a customer premises, providing electric energy to the customer load on that site or providing wholesale capacity and energy to the local Utility Distribution Company for use by multiple customers in contiguous distribution substation service areas. The generator size and transmission needs shall be such that the plant or associated transmission lines do not require a Certificate of Environmental Compatibility from the Corporation Commission.
- F. "Distributed Renewable Energy Requirement" means a portion of the Annual Renewable Energy Requirement that must be met with Renewable Energy Credits derived from resources that qualify as Distributed Renewable Energy Resources pursuant to R14-2-1802(B).
- G. "Distributed Solar Electric Generator" means electric generation sited at a customer premises, providing electric energy from solar electric resources to the customer load on that site or providing wholesale capacity and energy to the local Utility Distribution Company for use by multiple customers in contiguous distribution substation service areas. The generator size and transmission needs shall be such that the plant or associated transmission lines do not require a Certificate of Environmental Compatibility from the Corporation Commission.
- H. "Eligible Customer" means an entity that pays Tariff funds of at least \$25,000 annually for any number of related accounts or services within an Affected Utility's service area.
- I. "Extra Credit Multiplier" means a way to increase the Renewable Energy Credits attributable to specific Eligible Renew-

able Energy Resources in order to encourage specific renewable applications.

- J. "Green Pricing" means a rate option in which a customer elects to pay a tariffed rate premium for electricity derived from Eligible Renewable Energy Resources.
- K. "Market Cost of Comparable Conventional Generation" means the Affected Utility's energy and capacity cost of producing or procuring the incremental electricity that would be avoided by the resources used to meet the Annual Renewable Energy Requirement, taking into account hourly, seasonal, and long-term supply and demand circumstances. Avoided costs include any avoided transmission and distribution costs and any avoided environmental compliance costs.
- L. "Net Billing" means a system of billing a customer who installs an Eligible Renewable Energy Resource generator on the customer's premises for retail electricity purchased at retail rates while crediting the customer's bill for any customer-generated electricity sold to the Affected Utility at avoided cost.
- M. "Net Metering" means a system of metering electricity by which the Affected Utility credits the customer at the full retail rate for each kilowatt-hour of electricity produced by an Eligible Renewable Energy Resource system installed on the customer-generator's side of the electric meter, up to the total amount of electricity used by that customer during an annualized period, and which compensates the customer-generator at the end of the annualized period for any excess credits at a rate equal to the Affected Utility's avoided cost of wholesale power. The Affected Utility does not charge the customer-generator any additional fees or charges or impose any equipment or other requirements unless the same is imposed on customers in the same rate class that the customer-generator would qualify for if the customer-generator did not have generation equipment.
- N. "Renewable Energy Credit" means the unit created to track kWh derived from an Eligible Renewable Energy Resource or kWh equivalent of Conventional Energy Resources displaced by Distributed Renewable Energy Resources.
- O. "Renewable Energy Resource" means an energy resource that is replaced rapidly by a natural, ongoing process and that is not nuclear or fossil fuel.
- P. "Tariff" means a Commission-approved rate designed to recover an Affected Utility's reasonable and prudent costs of complying with these rules.
- Q. "Utility Distribution Company" means a public service corporation that operates, constructs, or maintains a distribution system for the delivery of power to retail customers.
- R. "Wholesale Distributed Generation Component" means non-utility owners of Eligible Renewable Energy Resources that are located within the distribution system and that do not require a transmission line over 69 kv to deliver power at wholesale to an Affected Utility to meet its Annual Renewable Energy Requirements.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 2389, effective August 14, 2007 (Supp. 07-2).

**R14-2-1802. Eligible Renewable Energy Resources**

- A. "Eligible Renewable Energy Resources" are applications of the following defined technologies that displace Conventional Energy Resources that would otherwise be used to provide electricity to an Affected Utility's Arizona customers:
  1. "Biogas Electricity Generator" is a generator that produces electricity from gases that are derived from plant-derived organic matter, agricultural food and feed matter,

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- wood wastes, aquatic plants, animal wastes, vegetative wastes, or wastewater treatment facilities using anaerobic digestion or from municipal solid waste through a digester process, an oxidation process, or other gasification process.
2. "Biomass Electricity Generator" is an electricity generator that uses any raw or processed plant-derived organic matter available on a renewable basis, including: dedicated energy crops and trees; agricultural food and feed crops; agricultural crop wastes and residues; wood wastes and residues, including landscape waste, right-of-way tree trimmings, or small diameter forest thinnings that are 12" in diameter or less; dead and downed forest products; aquatic plants; animal wastes; other vegetative waste materials; non-hazardous plant matter waste material that is segregated from other waste; forest-related resources, such as harvesting and mill residue, pre-commercial thinnings, slash, and brush; miscellaneous waste, such as waste pellets, crates, and dunnage; and recycled paper fibers that are no longer suitable for recycled paper production, but not including painted, treated, or pressurized wood, wood contaminated with plastics or metals, tires, or recyclable post-consumer waste paper.
  3. "Distributed Renewable Energy Resources" as defined in subsection (B).
  4. "Eligible Hydropower Facilities" are hydropower generators that were in existence prior to 1997 and that satisfy one of the following two criteria:
    - a. New Increased Capacity of Existing Hydropower Facilities: A hydropower facility that increases capacity due to improved technological or operational efficiencies or operational improvements resulting from improved or modified turbine design, improved or modified wicket gate assembly design, improved hydrological flow conditions, improved generator windings, improved electrical excitation systems, increases in transformation capacity, and improved system control and operating limit modifications. The electricity kWh that are eligible to meet the Annual Renewable Energy Requirements shall be limited to the new, incremental kWh output resulting from the capacity increase that is delivered to Arizona customers to meet the Annual Renewable Energy Requirement.
    - b. Generation from pre-1997 hydropower facilities that is used to firm or regulate the output of other eligible, intermittent renewable resources. The electricity kWh that are eligible to meet the Annual Renewable Energy Requirements shall be limited to the kWh actually generated to firm or regulate the output of eligible intermittent Renewable Energy Resources and that are delivered to Arizona customers to meet the Annual Renewable Energy Requirements.
  5. "Fuel Cells that Use Only Renewable Fuels" are fuel cell electricity generators that operate on renewable fuels, such as hydrogen created from water by Eligible Renewable Energy Resources. Hydrogen created from non-Renewable Energy Resources, such as natural gas or petroleum products, is not a renewable fuel.
  6. "Geothermal Generator" is an electricity generator that uses heat from within the earth's surface to produce electricity.
  7. "Hybrid Wind and Solar Electric Generator" is a system in which a Wind Generator and a solar electric generator are combined to provide electricity.
  8. "Landfill Gas Generator" is an electricity generator that uses methane gas obtained from landfills to produce electricity.
  9. "New Hydropower Generator of 10 MW or Less" is a generator, installed after January 1, 2006, that produces 10 MW or less and is either:
    - a. A low-head, micro hydro run-of-the-river system that does not require any new damming of the flow of the stream; or
    - b. An existing dam that adds power generation equipment without requiring a new dam, diversion structures, or a change in water flow that will adversely impact fish, wildlife, or water quality; or
    - c. Generation using canals or other irrigation systems.
  10. "Solar Electricity Resources" use sunlight to produce electricity by either photovoltaic devices or solar thermal electric resources.
  11. "Wind Generator" is a mechanical device that is driven by wind to produce electricity.
- B.** "Distributed Renewable Energy Resources" are applications of the following defined technologies that are located at a customer's premises and that displace Conventional Energy Resources that would otherwise be used to provide electricity to Arizona customers:
1. "Biogas Electricity Generator," "Biomass Electricity Generator," "Geothermal Generator," "Fuel Cells that Use Only Renewable Fuels," "New Hydropower Generator of 10 MW or Less," or "Solar Electricity Resources," as each of those terms is defined in subsections (A)(1), (A)(2), (A)(5), (A)(6), (A)(9), and (A)(10).
  2. "Biomass Thermal Systems" and "Biogas Thermal Systems" are systems which use fuels as defined in subsections (A)(1) and (A)(2) to produce thermal energy and that comply with Environmental Protection Agency Certification Programs or are permitted by state, county, or local air quality authorities. For purposes of this definition "Biomass Thermal Systems" and "Biogas Thermal Systems" do not include biomass and wood stoves, furnaces, and fireplaces.
  3. "Commercial Solar Pool Heaters" are devices that use solar energy to heat commercial or municipal swimming pools.
  4. "Geothermal Space Heating and Process Heating Systems" are systems that use heat from within the earth's surface for space heating or for process heating.
  5. "Renewable Combined Heat and Power System" is a Distributed Generation system, fueled by an Eligible Renewable Energy Resource, that produces both electricity and useful renewable process heat. Both the electricity and renewable process heat may be used to meet the Distributed Renewable Energy Requirement.
  6. "Solar Daylighting" is the non-residential application of a device specifically designed to capture and redirect the visible portion of the solar beam, while controlling the infrared portion, for use in illuminating interior building spaces in lieu of artificial lighting.
  7. "Solar Heating, Ventilation, and Air Conditioning" ("HVAC") is the combination of Solar Space Cooling and Solar Space Heating as part of one system.

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8. "Solar Industrial Process Heating and Cooling" is the use of solar thermal energy for industrial or commercial manufacturing or processing applications.
  9. "Solar Space Cooling" is a technology that uses solar thermal energy absent the generation of electricity to drive a refrigeration machine that provides for space cooling in a building.
  10. "Solar Space Heating" is a method whereby a mechanical system is used to collect solar energy to provide space heating for buildings.
  11. "Solar Water Heater" is a device that uses solar energy rather than electricity or fossil fuel to heat water for residential, commercial, or industrial purposes.
  12. "Wind Generator of 1 MW or Less" is a mechanical device, with an output of 1 MW or less, that is driven by wind to produce electricity.
- C.** Except as provided in subsection (A)(4), Eligible Renewable Energy Resources shall not include facilities installed before January 1, 1997.
- D.** The Commission may adopt pilot programs in which additional technologies are established as Eligible Renewable Energy Resources. Any such additional technologies shall be Renewable Energy Resources that produce electricity, replace electricity generated by Conventional Energy Resources, or replace the use of fossil fuels with Renewable Energy Resources. Energy conservation products, energy management products, energy efficiency products, or products that use non-renewable fuels shall not be eligible for these pilot programs.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 2389, effective August 14, 2007 (Supp. 07-2).

**R14-2-1803. Renewable Energy Credits**

- A.** One Renewable Energy Credit shall be created for each kWh derived from an Eligible Renewable Energy Resource.
- B.** For Distributed Renewable Energy Resources, one Renewable Energy Credit shall be created for each 3,415 British Thermal Units of heat produced by a Solar Water Heating System, a Solar Industrial Process Heating and Cooling System, Solar Space Cooling System, Biomass Thermal System, Biogas Thermal System, or a Solar Space Heating System.
- C.** An Affected Utility may transfer Renewable Energy Credits to another party and may acquire Renewable Energy Credits from another party. A Renewable Energy Credit is owned by the owner of the Eligible Renewable Energy Resource from which it was derived unless specifically transferred.
- D.** All transfers of Renewable Energy Credits shall be appropriately documented to demonstrate that the energy associated with the Renewable Energy Credits meets the provisions of R14-2-1802.
- E.** Any contract by an Affected Utility for purchase or sale of energy or Renewable Energy Credits to meet the requirements of this Rule shall explicitly describe the transfer of rights concerning both energy and Renewable Energy Credits.
- F.** Except in the case of Distributed Renewable Energy Resources, Affected Utilities must demonstrate the delivery of energy from Eligible Renewable Energy Resources to their retail consumers such as by providing proof that the necessary transmission rights were reserved and utilized to deliver energy from Eligible Renewable Energy Resources to the Affected Utility's system, if transmission is required, or that the appropriate control area operators scheduled the energy from Eligible Renewable Energy Resources for delivery to the Affected Utility's system.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 2389, effective August 14, 2007 (Supp. 07-2).

**R14-2-1804. Annual Renewable Energy Requirement**

- A.** In order to ensure reliable electric service at reasonable rates, each Affected Utility shall be required to satisfy an Annual Renewable Energy Requirement by obtaining Renewable Energy Credits from Eligible Renewable Energy Resources.
- B.** An Affected Utility's Annual Renewable Energy Requirement shall be calculated each calendar year by applying the following applicable annual percentage to the retail kWh sold by the Affected Utility during that calendar year:

2006	1.25%
2007	1.50%
2008	1.75%
2009	2.00%
2010	2.50%
2011	3.00%
2012	3.50%
2013	4.00%
2014	4.50%
2015	5.00%
2016	6.00%
2017	7.00%
2018	8.00%
2019	9.00%
2020	10.00%
2021	11.00%
2022	12.00%
2023	13.00%
2024	14.00%
After 2024	15.00%

The annual increase in the annual percentage for each Affected Utility will be pro rated for the first year based on when the Affected Utility's funding mechanism is approved.

- C.** An Affected Utility may use Renewable Energy Credits acquired in any year to meet its Annual Renewable Energy Requirement.
- D.** Once a Renewable Energy Credit is used by any Affected Utility to satisfy these requirements, the credit is retired and cannot be subsequently used to satisfy these rules or any other regulatory requirement.
- E.** If an Affected Utility trades or sells environmental pollution reduction credits or any other environmental attributes associated with kWh produced by an Eligible Renewable Energy Resource, the Affected Utility may not apply Renewable Energy Credits derived from that same kWh to satisfy the requirements of these rules.
- F.** No more than 20 percent of an Affected Utility's Annual Renewable Energy Requirement may be met with Renewable Energy Credits derived pursuant to R14-2-1807.
- G.** An Affected Utility may ask the Commission to preapprove agreements to purchase energy or Renewable Energy Credits from Eligible Renewable Energy Resources.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 2389, effective August 14, 2007 (Supp. 07-2).

**R14-2-1805. Distributed Renewable Energy Requirement**

- A.** In order to improve system reliability, each Affected Utility shall be required to satisfy a Distributed Renewable Energy



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Requirement by obtaining Renewable Energy Credits from Distributed Renewable Energy Resources.

- B.** An Affected Utility's Distributed Renewable Energy Requirement shall be calculated each calendar year by applying the following applicable annual percentage to the Affected Utility's Annual Renewable Energy Requirement:

2007	5%
2008	10%
2009	15%
2010	20%
2011	25%
After 2011	30%

The annual increase in the annual percentage for each Affected Utility will be pro rated for the first year based on when the Affected Utility's funding mechanism is approved.

- C.** An Affected Utility may use Renewable Energy Credits acquired in any year to meet its Distributed Renewable Energy Requirement. Once a Renewable Energy Credit is used by any Affected Utility to satisfy these requirements, the credit is retired.
- D.** An Affected Utility shall meet one-half of its annual Distributed Renewable Energy Requirement from residential applications and the remaining one-half from non-residential, non-utility applications.
- E.** An Affected Utility may satisfy no more than 10 percent of its annual Distributed Renewable Energy Requirement from Renewable Energy Credits derived from distributed Renewable Energy Resources that are non-utility owned generators that sell electricity at wholesale to Affected Utilities. This Wholesale Distributed Generation Component shall qualify for the non-residential portion of the Distributed Renewable Energy Requirement.
- F.** Any Renewable Energy Credit created by production of renewable energy which the Affected Utility does not own shall be retained by the entity creating the Renewable Energy Credit. Such Renewable Energy Credit may not be considered used or extinguished by any Affected Utility without approval and proper documentation from the entity creating the Renewable Energy Credit, regardless of whether or not the Commission acknowledged the kWhs associated with non-utility owned Renewable Energy Credits.
- G.** The reporting of kWhs associated with Renewable Energy Credits not owned by the utility will be acknowledged.

#### Historical Note

New Section made by final rulemaking at 13 A.A.R. 2389, effective August 14, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 379, effective April 21, 2015 (Supp. 15-1).

#### R14-2-1806. Extra Credit Multipliers

- A.** Renewable Energy Credits derived from Eligible Renewable Energy Resources installed after December 31, 2005, shall not be eligible for Extra Credit Multipliers.
- B.** The extra Renewable Energy Credits resulting from any applicable multiplier shall be added to the Renewable Energy Credits produced by the Eligible Renewable Energy Resource to determine the total Renewable Energy Credits that may be used to meet an Affected Utility's Annual Renewable Energy Requirement.
- C.** "Early Installation Extra Credit Multiplier." Affected Utilities acquiring Renewable Energy Credits from a Solar Electricity Resource, a Solar Water Heater, a Solar Space Cooling system, a Landfill Gas Generator, a Wind Generator, or a Biomass Electricity Generator that was installed and began operations

between January 1, 2001, and December 31, 2003, shall be eligible for an Early Installation Extra Credit Multiplier. Renewable Energy Credits derived from such facilities and acquired by Affected Utilities shall be eligible for five years following the facility's operational start-up. The multiplier shall vary according to the year in which the system began operating:

2001	.3
2002	.2
2003	.1

- D.** "In-state Power Plant Installation Extra Credit Multiplier." Affected Utilities acquiring Renewable Energy Credits from a Solar Electricity Resource that was installed in Arizona on or before December 31, 2005, shall be eligible for an In-state Power Plant Installation Extra Credit Multiplier. The Renewable Energy Credits derived from such a facility and acquired by an Affected Utility shall be multiplied by .5 annually for the life of the facility. The extra Renewable Energy Credits resulting from the multiplier shall be added to the Renewable Energy Credits produced by the Eligible Renewable Energy Resource to determine the total Renewable Energy Credits that may be used to meet an Affected Utility's Annual Renewable Energy Requirement.
- E.** "In-state Manufacturing and Installation Content Extra Credit Multiplier." Affected Utilities acquiring Renewable Energy Credits from a Solar Electricity Resource, a Solar Water Heater, a Solar Space Cooling system, a Landfill Gas Generator, a Wind Generator, or a Biomass Electricity Generator that was installed in Arizona on or before December 31, 2005, and that contains components manufactured in Arizona shall be eligible for an In-state Manufacturing and Installation Content Extra Credit Multiplier. The Renewable Energy Credits derived from such a facility and acquired by an Affected Utility shall be multiplied annually for the life of the facility by a factor determined by multiplying .5 times the percent of Arizona content of the total installed plant.
- F.** "Distributed Solar Electric Generator and Solar Incentive Program Extra Credit Multiplier." Affected Utilities acquiring Renewable Energy Credits from a Distributed Solar Electric Generator that was installed in Arizona on or before December 31, 2005, shall be eligible for a Distributed Solar Electric Generator and Solar Incentive Program Extra Credit Multiplier if the facility meets at least two of the following criteria:
1. The facility is installed on customer premises,
  2. The facility is included in any Affected Utility's approved Green Pricing program,
  3. The facility is included in any Affected Utility's approved Net Metering or Net Billing program,
  4. The facility is included in any Affected Utility's approved solar leasing program, or
  5. The facility is owned by and located on an Affected Utility's property or customer property. The Renewable Energy Credits derived from such a facility and acquired by an Affected Utility shall be multiplied by .5 annually for the life of the facility. Meters will be attached to each solar electric generator and read at least once annually to verify solar performance.
- G.** All multipliers are additive, except that the maximum combined Extra Credit Multiplier shall not exceed 2.0.

#### Historical Note

New Section made by final rulemaking at 13 A.A.R. 2389, effective August 14, 2007 (Supp. 07-2).

#### R14-2-1807. Manufacturing Partial Credit

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- A. An Affected Utility may acquire Renewable Energy Credits to apply to the non-distributed portion of its Annual Renewable Energy Requirement if it or its affiliate owns or makes a significant investment in any solar electric manufacturing plant located in Arizona or if it or its affiliate provides incentives to a manufacturer of solar electric products to locate a manufacturing facility in Arizona.
- B. The Renewable Energy Credits shall be equal to the nameplate capacity of the solar electric generators produced and sold in a calendar year times 2,190 hours, which approximates a 25 percent capacity factor.
- C. Extra credit multipliers shall not apply to Renewable Energy Credits created by this Section.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 2389, effective August 14, 2007 (Supp. 07-2).

**R14-2-1808. Tariff**

- A. Within 60 days of the effective date of these rules, each Affected Utility shall file with the Commission a Tariff in substantially the same form as the Sample Tariff set forth in these rules that proposes methods for recovering the reasonable and prudent costs of complying with these rules. The specific amounts in the Sample Tariff are for illustrative purposes only and Affected Utilities may submit, with proper support, Tariff filings with alternative surcharge amounts.
- B. The Affected Utility's Tariff filing shall provide the following information:
  1. Financial information and supporting data sufficient to allow the Commission to determine the Affected Utility's fair value for purposes of evaluating the Affected Utility's proposed Tariff. Information submitted in the format of the Annual Report required under R14-2-212(G)(4) will be the minimum information necessary for filing a Tariff application but Commission Staff may request additional information depending upon the type of Tariff filing that is submitted;
  2. A discussion of the suitability of the Sample Tariff set forth in Appendix A for recovering the Affected Utility's reasonable and prudent costs of complying with these rules;
  3. Data to support the level of costs that the Affected Utility contends will be incurred in order to comply with these rules;
  4. Data to demonstrate that the Affected Utility's proposed Tariff is designed to recover only the costs in excess of the Market Cost of Comparable Conventional Generation; and
  5. Any other information that the Commission believes will be relevant to the Commission's consideration of the Tariff filing.
- C. The Commission will approve, modify, or deny a Tariff proposed pursuant to subsection (A) within 180 days after the Tariff has been filed. The Commission may suspend this deadline or adopt an alternative procedural schedule for good cause. The Affected Utility's Annual Renewable Energy Requirement, as set forth in R14-2-1804(B), and Distributed Renewable Energy Requirement, as set forth in R14-2-1805(B), will be effective upon Commission approval of the Tariff filed pursuant to this Section.
- D. If an Affected Utility has an adjustor mechanism for the recovery of costs related to Annual Renewable Energy Requirements, the Affected Utility may file a request to reset its adjustor mechanism in lieu of a Tariff pursuant to subsection

(A). The Affected Utility's filing shall provide all the information required by subsection (B), except that it may omit information specifically related to the fair value determination. The Affected Utility's Annual Renewable Energy Requirement, as set forth in R14-2-1804(B), and Distributed Renewable Energy Requirement, as set forth in R14-2-1805(B), will be effective upon Commission approval of the adjustor mechanism rate filed pursuant to this Section.

- E. An Affected Utility may file a rate case pursuant to R14-2-103 in lieu of a Tariff pursuant to subsection (A). The Affected Utility's filing shall provide all information required by subsection (B).

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 2389, effective August 14, 2007 (Supp. 07-2).

**R14-2-1809. Customer Self-Directed Renewable Energy Option**

- A. By January 1, 2007, each Affected Utility shall file with Docket Control a Tariff by which an Eligible Customer may apply to an Affected Utility to receive funds to install distributed Renewable Energy Resources. The funds annually received by an Eligible Customer pursuant to this Tariff may not exceed the amount annually paid by the Eligible Customer pursuant to the Affected Utility's Tariff.
- B. An Eligible Customer seeking to participate in this program shall submit to the Affected Utility a written application that describes the Renewable Energy Resources that it proposes to install and the projected cost of the project. An Eligible Customer shall provide at least half of the funding necessary to complete the project described in its application.
- C. All Renewable Energy Credits derived from the project, including generation and Extra Credit Multipliers, shall be applied to satisfy the Affected Utility's Annual Renewable Energy Requirement.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 2389, effective August 14, 2007 (Supp. 07-2).

**R14-2-1810. Uniform Credit Purchase Program**

- A. The Director of the Utilities Division shall establish a Uniform Credit Purchase Program working group, which will study issues related to implementing Distributed Renewable Energy Resources. The working group shall address the consumer participation process, budgets, incentive levels, eligible technologies, system requirements, installation requirements, and any other issues that are relevant to encouraging the implementation of Distributed Renewable Energy Resources. No later than March 1, 2007, the Director of the Utilities Division shall file a staff report with recommendations for Uniform Credit Purchase Programs.
- B. No later than July 1, 2007, each Affected Utility shall file a Uniform Credit Purchase Program for Commission review and approval.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 2389, effective August 14, 2007 (Supp. 07-2).

**R14-2-1811. Net Metering and Interconnection Standards**

The Commission Staff shall host a series of workshops addressing the issues of rate design including Net Metering and interconnection standards. Upon completion of this task, and the adoption of rules or standards, if appropriate, each Affected Utility shall file

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conforming Net Metering tariffs and interconnection standards in Docket Control.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 2389, effective August 14, 2007 (Supp. 07-2).

**R14-2-1812. Compliance Reports**

- A. Beginning April 1, 2007, and every April 1st thereafter, each Affected Utility shall file with Docket Control a report that describes its compliance with the requirements of these rules for the previous calendar year and provides other relevant information. The Affected Utility shall also transmit to the Director of the Utilities Division an electronic copy of this report that is suitable for posting on the Commission's web site.
- B. The compliance report shall include the following information:
  1. The actual kWh of energy produced within its service territory and the actual kWh of energy or equivalent obtained from Eligible Renewable Energy Resources, differentiating between kWhs for which the Affected Utility owns the Renewable Energy Credits and kWhs produced in the Affected Utility's service territory for which the Affected Utility does not own the Renewable Energy Credits;
  2. The kWh of energy or equivalent obtained from Eligible Renewable Energy Resources normalized to reflect a full year's production;
  3. The kW of generation capacity, disaggregated by technology type;
  4. Cost information regarding cents per actual kWh of energy obtained from Eligible Renewable Energy Resources and cents per kW of generation capacity, disaggregated by technology type;
  5. A breakdown of the Renewable Energy Credits used to satisfy both the Annual Renewable Energy Requirement and the Distributed Renewable Energy Requirement and appropriate documentation of the Affected Utility's receipt of those Renewable Energy Credits; and
  6. A description of the Affected Utility's procedures for choosing Eligible Renewable Energy Resources and a certification from an independent auditor that those procedures are fair and unbiased and have been appropriately applied.
- C. The Commission may consider all available information and may hold a hearing to determine whether an Affected Utility's compliance report satisfied the requirements of these rules.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 2389, effective August 14, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 379, effective April 21, 2015 (Supp. 15-1).

**R14-2-1813. Implementation Plans**

- A. Beginning July 1, 2007, and every July 1st thereafter, each Affected Utility shall file with Docket Control for Commission review and approval a plan that describes how it intends to comply with these rules for the next calendar year. The Affected Utility shall also transmit an electronic copy of this plan that is suitable for posting on the Commission's web site to the Director of the Utilities Division.
- B. The implementation plan shall include the following information:

1. A description of the Eligible Renewable Energy Resources, identified by technology, proposed to be added by year for the next five years and a description of the kW and kWh to be obtained from each of those resources;
  2. The estimated cost of each Eligible Renewable Energy Resource proposed to be added, including cost per kWh and total cost per year;
  3. A description of the method by which each Eligible Renewable Energy Resource is to be obtained, such as self-build, customer installation, or request for proposals;
  4. A proposal that evaluates whether the Affected Utility's existing rates allow for the ongoing recovery of the reasonable and prudent costs of complying with these rules, including a Tariff application that meets the requirements of R14-2-1808 and addresses the Sample Tariff set forth in Appendix A if necessary; and
  5. A line item budget that allocates specific funding for Distributed Renewable Energy Resources, for the Customer Self-Directed Renewable Energy Option, for power purchase agreements, for utility-owned systems, and for each Eligible Renewable Energy Resource described in the Affected Utility's implementation plan.
- C. The Commission may hold a hearing to determine whether an Affected Utility's implementation plan satisfies the requirements of these rules.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 2389, effective August 14, 2007 (Supp. 07-2).

**R14-2-1814. Electric Power Cooperatives**

- A. Within 60 days of the effective date of these rules, every electric cooperative that is an Affected Utility shall file with Docket Control an appropriate plan for acquiring Renewable Energy Credits from Eligible Renewable Energy Resources for the next calendar year and a Tariff that proposes methods for recovering the reasonable and prudent costs of complying with its proposed plan and addresses the Sample Tariff set forth in Appendix A. The cooperative shall also transmit electronic copies of these filings that are suitable for posting on the Commission's web site to the Director of the Utilities Division. Upon Commission approval of this plan, its provisions shall substitute for the requirements of R14-2-1804 and R14-2-1805 for the electric power cooperative proposing the plan.
- B. Beginning July 1, 2007, and every July 1st thereafter, every electric cooperative that is an Affected Utility shall file with Docket Control an appropriate plan for acquiring Renewable Energy Credits from Eligible Renewable Energy Resources for the next calendar year. The cooperative shall also transmit an electronic copy of this plan that is suitable for posting on the Commission's web site to the Director of the Utilities Division.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 2389, effective August 14, 2007 (Supp. 07-2).

**R14-2-1815. Enforcement and Penalties**

- A. If an Affected Utility fails to meet the annual requirements set forth in R14-2-1804 and R14-2-1805, it shall include with its annual compliance report a notice of noncompliance.
- B. The notice of noncompliance shall provide the following information:

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1. A computation of the difference between the Renewable Energy Credits required by R14-2-1804 and R14-2-1805 and the amount actually obtained,
  2. A plan describing how the Affected Utility intends to meet the shortfall from the previous calendar year in the current calendar year, and
  3. An estimate of the costs of meeting the shortfall.
- C.** If the Commission finds after affording an Affected Utility notice and an opportunity to be heard that the Affected Utility has failed to comply with its implementation plan approved by the Commission as set forth in R14-2-1813, the Commission may find that the Affected Utility shall not recover the costs of meeting the shortfall described in R14-2-1815(B) in rates.
- D.** Nothing herein is intended to limit the actions the Commission may take or the penalties the Commission may impose pursuant to Arizona Revised Statutes, Chapter 2, Article 9. An Affected Utility is entitled to notice and an opportunity to be heard prior to Commission action or imposition of penalties.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 2389, effective August 14, 2007 (Supp. 07-2).

**R14-2-1816. Waiver from the Provisions of this Article**

- A.** The Commission may waive compliance with any provision of this Article for good cause.
- B.** Any Affected Utility may petition the Commission to waive its compliance with any provision of this Article for good cause.
- C.** A petition filed pursuant to these rules shall have priority over other matters filed at the Commission.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 2389, effective August 14, 2007 (Supp. 07-2).

**Appendix A. Sample Tariff**

Unless otherwise ordered by the Commission, the renewable energy standard surcharge shall be assessed monthly to every retail electric service. This monthly assessment will be the lesser of \$0.004988 per kWh or:

1. For residential customers, \$1.05 per service;
2. For non-residential customers, \$39.00 per service;
3. For non-residential customers whose metered demand is 3,000 kW or more for three consecutive months, \$117.00 per service;
4. For non-metered services, the lesser of the load profile or otherwise estimated kWh required to provide the service in question, or the service's contract kWh shall be used in the calculation of the surcharge.

**Historical Note**

New Appendix A made by final rulemaking at 13 A.A.R. 2389, effective August 14, 2007 (Supp. 07-2).

**ARTICLE 19. CONSUMER PROTECTIONS FOR UNAUTHORIZED CARRIER CHANGES**

*Article 19, consisting of R14-2-1901 through R14-2-1913, made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).*

**R14-2-1901. Definitions**

- A.** "Authorized Carrier" means any Telecommunications Company that submits, on behalf of a Customer, a change in the Customer's selection of a provider of telecommunications service, with the Subscriber's authorization verified in accordance with the procedures specified in this Article.
- B.** "Commission" means Arizona Corporation Commission.

- C.** "Customer" means the person or entity in whose name service is rendered, as evidenced by the signature on the application or contract for service, or by the receipt or payment of bills regularly issued in their name regardless of the identity of the actual user of service.
- D.** "Executing Telecommunications Carrier" means a Telecommunications Company that effects a request that a Subscriber's Telecommunications Company be changed.
- E.** "Letter of Agency" means written authorization, including internet enabled with electronic signature, by a Subscriber authorizing a Telecommunications Company to act on the Subscriber's behalf to change the Subscriber's Telecommunications Company.
- F.** "Subscriber" means the Customer identified in the account records of a Telecommunications Company; and any person authorized by such Customer to change telecommunications services or to charge services to the account; or any person contractually or otherwise lawfully authorized to represent such Customer.
- G.** "Telecommunications Company" means a public service corporation, as defined in the Arizona Constitution, Article 15, § 2, which provides telecommunications services within the state of Arizona and over which the Commission has jurisdiction.
- H.** "Unauthorized Carrier" means any Telecommunications Company that submits, on behalf of a Customer, a change in the Customer's selection of a provider of telecommunications service without the subscriber's authorization verified in accordance with the procedures specified in this Article.
- I.** "Unauthorized Change" ("slamming") means a change in a Telecommunications Company submitted on behalf of a Subscriber that was not authorized in accordance with R14-2-1904 or not verified in accordance with R14-2-1905.
- J.** "Unauthorized Charge" means any charge incurred as a result of an Unauthorized Change.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

**R14-2-1902. Purpose and Scope**

These rules shall be interpreted to ensure that all Customers in this state are protected from an Unauthorized Change in their intra-LATA, or interLATA long-distance Telecommunications Company. The rules shall be interpreted to promote satisfactory service to the public by local and intraLATA or interLATA long-distance Telecommunications Companies and to establish the rights and responsibilities of both company and Customer. The rules shall be interpreted to establish liability standards and penalties to ensure compliance.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

**R14-2-1903. Application**

These rules apply to each Telecommunications Company. These rules do not apply to providers of wireless, cellular, personal communications services, or commercial mobile radio services.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

**R14-2-1904. Authorized Telecommunications Company Change Procedures**

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- A. A Telecommunications Company shall not submit a change on behalf of a Subscriber prior to obtaining authorization from the Subscriber and obtaining verification of that authorization in accordance with R14-2-1905.
- B. A Telecommunications Company submitting a change shall maintain and preserve records of verification of individual Subscriber authorization for 24 months.
- C. An Executing Telecommunications Carrier shall not contact the Subscriber to verify the Subscriber's selection received from a Telecommunications Company submitting a change.
- D. An Executing Telecommunications Carrier shall execute such changes as promptly as reasonable business practices will permit, which shall not exceed 10 business days from the receipt of a change notice from a submitting Telecommunications Company. The Executing Telecommunications Carrier shall have no liability for processing an Unauthorized Change.
- E. If a Telecommunications Company is selling more than one type of service, for example, local, intraLATA, or interLATA, it may obtain authorizations from the Subscriber for all services authorized during a single contact.
- D. An electronically signed Letter of Agency is valid written authorization.
- E. A Telecommunications Company that obtains a Subscriber's electronic voice recorded authorization shall confirm the Customer identification and service change information. If a Telecommunications Company elects to verify sales by electronic voice recorded authorization, it shall establish one or more toll-free telephone numbers exclusively for that purpose. A call to the toll-free number shall connect the Subscriber to a recording mechanism that shall record the following information regarding the Telecommunications Company change:
  1. The identity of the Subscriber,
  2. Confirmation that the person on the call is authorized to make the Telecommunications Company change,
  3. Confirmation that the person on the call wants to make the Telecommunications Company change,
  4. The name of the newly authorized Telecommunications Company,
  5. The telephone numbers to be switched, and
  6. The types of service involved.
- F. A Telecommunications Company that verifies a Subscriber's authorization by an independent third party shall comply with the following:
  1. The independent third party shall not be owned, managed, or controlled by the Telecommunications Company or the company's marketing agent.
  2. The independent third party shall not have any financial incentive to verify that Telecommunications Company change orders are authorized.
  3. The independent third party shall operate in a location physically separate from the Telecommunications Company or the company's marketing agent.
  4. The independent third party shall inform the Subscriber that the call is being recorded and shall record the Subscriber's authorization to change the Telecommunications Company.
  5. All third party verification methods shall elicit and record, at a minimum:
    - a. The identity of the Subscriber,
    - b. Confirmation that the person on the call is authorized to make the Telecommunications Company change,
    - c. Confirmation that the person on the call wants to make the Telecommunications Company change,
    - d. The name of the newly authorized Telecommunications Company,
    - e. The telephone numbers to be switched, and
    - f. The types of service involved.
  6. The independent third party shall conduct the verification in the same language as was used in the initial sales transaction.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

**R14-2-1905. Verification of Orders for Telecommunications Service**

- A. A Telecommunications Company shall not submit a change order unless it confirms the order by one of the following methods:
  1. The Telecommunications Company obtains the Subscriber's written authorization, including internet enabled authorization with electronic signature, in a form that meets the requirements of this Section.
  2. The Telecommunications Company obtains the Subscriber's electronic or voice-recorded authorization for the change that meets the requirements of this Section.
  3. An independent third party, qualified under the criteria set forth in subsection (F), obtains and records the Subscriber's verbal authorization for the change that confirms and includes appropriate verification data pursuant to the requirements of this Section.
- B. Written authorization obtained by a Telecommunications Company shall:
  1. Be a separate document containing only the authorizing language in accordance with verification procedures of this Section,
  2. Have the sole purpose of authorizing a Telecommunications Company change, and
  3. Be signed and dated by the Subscriber requesting the Telecommunications Company change.
- C. A Letter of Agency may be combined with a marketing check subject to the following requirements. The Letter of Agency when combined with a marketing check shall not contain promotional language or material. The Letter of Agency when combined with a marketing check shall have on its face and near the endorsement line a notice in bold-face type that the Subscriber authorizes a Telecommunications Company change by signing the check. The notice shall be in easily readable, bold-face type and shall be written in both English and Spanish, as well as in any other language which was used at any point in the sales transaction. If a Telecommunications Company cannot comply with the requirements of this Section, it may not combine a Letter of Agency with a marketing check.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

**R14-2-1906. Notice of Change**

When an Authorized Carrier changes a Subscriber's service, the Authorized Carrier, or its billing and collection agent, shall clearly and conspicuously identify any change in service provider, including the name of the new Authorized Carrier and its telephone number on a bill, a bill insert, or in a separate mailing to the Subscriber. The notice of change shall be printed in both English and Spanish.

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**Historical Note**

New Section made by final rulemaking at 10 A.A.R.  
2409, effective July 23, 2004 (Supp. 04-2).

**R14-2-1907. Unauthorized Changes**

- A.** A Subscriber shall notify the alleged Unauthorized Carrier within a reasonable period of time after receiving notice of an Unauthorized Change. Any period of time of 60 days or less shall automatically be presumed to be reasonable, and any period of time longer than 60 days may be reasonable based on the circumstances.
- B.** After a Subscriber notifies the alleged Unauthorized Carrier that the change was unauthorized, the alleged Unauthorized Carrier shall take all actions within its control to facilitate the Subscriber's return to the original Telecommunications Company as promptly as reasonable business practices will permit, but no later than five business days from the date of the Subscriber's notification to it.
- C.** If an alleged Unauthorized Carrier has been notified that an Unauthorized Change has occurred and the alleged Unauthorized Carrier cannot verify within five business days that the change was authorized pursuant to R14-2-1905, the alleged Unauthorized Carrier shall:
  - 1. Pay all charges to the original Telecommunications Company associated with returning the Subscriber to the original Telecommunications Company as promptly as reasonable business practices will permit, but no later than 30 business days from the date of the alleged Unauthorized Carrier's failure to confirm authorization of the change;
  - 2. Absolve the Subscriber of all charges incurred during the first 90 days of service provided by the alleged Unauthorized Carrier if a Subscriber has not paid charges to the alleged Unauthorized Carrier;
  - 3. Forward relevant billing information to the original Telecommunications Carrier within 15 business days of a Subscriber's notification. The original Telecommunications Company may not bill the Subscriber for unauthorized service charges during the first 90 days of the alleged Unauthorized Carrier's service but may thereafter bill the Subscriber at the original Telecommunications Company's rates; and
  - 4. Refund to the original Telecommunications Company, 100% of any alleged Unauthorized Carrier's charges that a Subscriber paid to the alleged Unauthorized Carrier. The original Telecommunications Company shall apply the credit of 100% to the Subscriber's authorized charges.
- D.** Until the alleged Unauthorized Carrier certifies with supporting documentation to the Subscriber that the change was verified pursuant to R14-2-1905, the billing Telecommunications Company shall not:
  - 1. Suspend, disconnect, or terminate telecommunications service to a Subscriber who disputes any billing charge pursuant to this Section or for nonpayment of a charge related to an unauthorized change unless requested by the Subscriber, or
  - 2. File an unfavorable credit report against a Customer who has not paid charges that the Subscriber has alleged were unauthorized.
- E.** The Customer shall remain obligated to pay any charges that are not disputed.
- F.** The alleged Unauthorized Carrier shall maintain and preserve individual Customer records of Unauthorized Change complaints for 24 months.

- G.** Each occurrence of slamming to an individual account shall constitute a separate violation of this Article, subject to individual enforcement actions and penalties as prescribed herein.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R.  
2409, effective July 23, 2004 (Supp. 04-2).

**R14-2-1908. Notice of Subscriber Rights**

- A.** A Telecommunications Company shall provide to each of its Subscribers notice of the Subscriber's rights regarding Unauthorized Changes and Unauthorized Charges.
- B.** The Subscriber notice shall include the following:
  - 1. The name, address and telephone numbers where a Subscriber can contact the Telecommunications Company;
  - 2. A Telecommunications Company is prohibited from changing telecommunications service to another company without the Subscriber's permission;
  - 3. A Telecommunications Company that has switched telecommunications service without the Subscriber's permission is required to pay all charges associated with returning the Customer to the original Telecommunications Company as promptly as reasonable business practices will permit, but no later than 30 business days from the Subscriber's request;
  - 4. An Unauthorized Carrier shall absolve a Subscriber of all unpaid charges which were incurred during the first 90 days of service provided by the Unauthorized Carrier;
  - 5. If a Subscriber incurred charges for service provided during the first 90 days of service with the Unauthorized Carrier, the Unauthorized Carrier shall forward the relevant billing information to the original Telecommunications Company. The original Telecommunications Company may not bill the Subscriber for unauthorized service charges during the first 90 days of the Unauthorized Carrier's service but may thereafter bill the Subscriber at the original Telecommunications Company's rates;
  - 6. If a Subscriber has paid charges to the Unauthorized Carrier, the Unauthorized Carrier must pay 100% of the charges to the original Telecommunications Company and the original Telecommunications Company shall apply the 100% as credit to the Customer's authorized charges;
  - 7. A Subscriber who has been slammed can contact the Unauthorized Carrier to request the service be changed back in accordance with R14-2-1907;
  - 8. A Subscriber who has been slammed can report the Unauthorized Change to the Arizona Corporation Commission;
  - 9. The name, address, web site, and toll free consumer services telephone number of the Arizona Corporation Commission; and
  - 10. A Subscriber can request their local exchange company place a freeze on the Customer's long distance telecommunications service account.
- C.** Distribution, language, and timing of notice.
  - 1. A Telecommunications Company shall provide the notice described in this Section to new Customers at the time service is initiated, and upon a Subscriber's request.
  - 2. A Telecommunications Company that publishes a telephone directory or contracts for publication of a telephone directory, shall arrange for the notice to appear in the white pages of its annual telephone directory.

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3. A Telecommunications Company with a web site shall display the notice described in this Section on the company's web site.
4. The notice of subscriber rights described in this Section shall be written in both English and Spanish.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

**R14-2-1909. Customer Account Freeze**

- A. A Customer account freeze prevents a change in a Subscriber's intraLATA and interLATA Telecommunications Company selection until the Subscriber gives consent to lift the freeze to the local exchange company that implemented the freeze.
- B. A local exchange company that offers a freeze shall do so on a nondiscriminatory basis to all Subscribers.
- C. A Telecommunications Company that offers information on freezes shall clearly distinguish intraLATA and interLATA telecommunications services.
- D. A local exchange carrier shall not implement or remove a freeze without authorization obtained consistent with R14-2-1904 and verification consistent with R14-2-1905. However, a local exchange carrier shall remove a freeze if authorized by the subscriber in a three-way conference call meeting the requirements of 47 C.F.R. 64.1190(e)(2) incorporated by reference. This reference to 47 C.F.R. 64.1190(e)(2) is to the version in effect as of January 1, 2004 and no future editions or amendments. Copies of 47 C.F.R. 64.1190(3)(2) are available from the Federal Communications Commission at 445 12th Street SW, Washington D.C. 20554 and at the offices of the Arizona Corporations Commission at 1200 W. Washington Street, Phoenix, Arizona 85007 and online at [www.gpoaccess.gov](http://www.gpoaccess.gov) and are on file with the Office of the Secretary of State.
- E. A Telecommunications Company shall not charge the Customer for imposing or removing a freeze except under a Commission approved tariff.
- F. A Telecommunications Company shall maintain records of all freeze authorizations and repeals for the duration of the Customer account freeze or at least 24 months following the cancellation of the Customer account freeze or discontinuance of service provided to that account.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

**R14-2-1910. Informal Complaint Process**

- A. A Subscriber may file an informal complaint within 90 days of receiving notice of an Unauthorized Charge, or, thereafter, upon a showing of good cause. The complaint shall be submitted to the Commission Staff in writing, telephonically, or via electronic transmission, and shall include:
  1. Complainant's name, address, telephone number;
  2. The names of the Telecommunications Companies involved;
  3. The approximate date of the alleged Unauthorized Change;
  4. A statement of facts, including documentation, to support the complainant's allegation;
  5. The amount of any disputed charges, including any amount already paid; and
  6. The specific relief sought.
- B. Commission Staff shall:

1. Assist the parties in resolving the informal complaint;
  2. Notify the Executing Telecommunications Company, original Telecommunications Company, and alleged Unauthorized Carrier of the alleged Unauthorized Change;
  3. Require the alleged Unauthorized Carrier to provide an initial response within five business days of receipt of notice from the Commission;
  4. Require the alleged Unauthorized Carrier to provide documentation of the Subscriber's authorization. If such information is not provided to Staff within 10 business days of the initial Staff notification, Staff shall presume that an Unauthorized Change occurred;
  5. Advise the Telecommunications Company that it shall provide Staff with any additional information requested by Staff within 10 business days of Staff's request; and
  6. Inform the Telecommunications Company that failure to provide the requested information or a good faith response to Commission Staff within 15 business days shall be deemed an admission to the allegations contained within the request and the Telecommunications Company shall be deemed in violation of the applicable provisions of this Article.
- C. If the parties do not resolve the matter, the Staff will conduct a review of the informal complaint and related materials to determine if an Unauthorized Change has occurred, which review shall be completed within 30 days of the Staff's receipt of the informal complaint.
- D. Upon conclusion its review, Staff shall render a written summary of its findings and recommendation to all parties. Staff's written summary is not binding on any party. Any party shall have the right to file a formal complaint with the Commission under A.R.S. § 40-246. Staff's written summary shall not be admissible in the formal complaint proceeding.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

**R14-2-1911. Compliance and Enforcement**

- A. A Telecommunications Company shall provide a copy of its records of Subscriber verification and Unauthorized Changes maintained under the requirements of this Article to Commission Staff upon request.
- B. If the Commission finds that a Telecommunications Company is in violation of this Article, the Commission shall order the company to take corrective action as necessary, and the Commission may impose such penalties as are authorized by law. The Commission may sanction a Telecommunications Company in violation of this Article by prohibiting further solicitation of new customers for a specified period, or by revocation of its Certificate of Convenience and Necessity. The Commission may take any other enforcement actions authorized by law.
- C. The Commission Staff shall coordinate its enforcement efforts regarding the prosecution of fraudulent, misleading, deceptive, and anti-competitive business practices with the Arizona Attorney General.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

**R14-2-1912. Severability**

If any provision of this Article is found to be invalid, it shall be deemed severable from the remainder of this Article and the

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remaining provisions of this Article shall remain in full force and effect.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

**R14-2-1913. Script Submission**

- A. Each Telecommunications Company shall file under seal in a docket designated by the Director of the Utilities Division ("Director") a copy of all sales or marketing scripts used by its (or its agent's) sales or customer service workers. For the purpose of this rule, "sales or marketing scripts" means all scripts that involve proposing a change in Telecommunications Company or responding to an inquiry regarding a possible change in Telecommunications Company.
- B. A Telecommunications Company shall make the filing described in R14-2-1913(A) at the following times:
  1. 90 days from the day these rules are first published in a Notice of Final Rulemaking in the Arizona Administrative Register;
  2. On April 15 of each year;
  3. Whenever directed to do so by the Director; and
  4. Whenever a material change to a script occurs or a new script is used that is materially different from a script on file with the Director.
- C. The Director may request further information or clarification on any script, and the Telecommunications Company shall respond to the Director's request within 10 days.
- D. The Director may initiate a formal complaint under R14-3-101 through R14-3-113 to review any script. The failure to file such a complaint or request further information or clarification does not constitute approval of the script, and the fact that the script is on file with the Commission may not be used as evidence that the script is just, reasonable, or not fraudulent.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

**ARTICLE 20. CONSUMER PROTECTIONS FOR UNAUTHORIZED CARRIER CHARGES**

*Article 20, consisting of R14-2-2001 through R14-2-2011, made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).*

**R14-2-2001. Definitions**

- A. "Commission" means the Arizona Corporation Commission.
- B. "Customer" means the person or entity in whose name service is rendered, as evidenced by the signature on the application or contract for service, or by the receipt or payment of bills regularly issued in their name regardless of the identity of the actual user of service.
- C. "Subscriber" means the Customer identified in the account records of a Telecommunications Company; any person authorized by such Customer to change telecommunications services or to charge services to the account; or any person contractually or otherwise lawfully authorized to represent such Customer.
- D. "Telecommunications Company" means a public service corporation, as defined in the Arizona Constitution, Article 15, § 2, that provides telecommunications services within the state of Arizona and over which the Commission has jurisdiction. The phrase "Telecommunications Company" does not include providers of wireless, cellular, personal communications services, or commercial mobile radio services.

- E. "Unauthorized Charge" ("cramming") means any recurring charge on a Customer's telephone bill that was not authorized or verified in compliance with R14-2-2005. This does not include one-time pay-per-use charges or taxes and other surcharges that have been authorized by law to be passed through to the Customer.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

**R14-2-2002. Purpose and Scope**

The provisions of this Article shall be interpreted to ensure all Customers in this state are protected from Unauthorized Charges on their bill from a Telecommunications Company.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

**R14-2-2003. Application**

This Article applies to each Telecommunications Company.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

**R14-2-2004. Requirements for Submitting Authorized Charges**

- A. A Telecommunications Company shall provide its billing agent with its name, telephone number, and a list with detailed descriptions of the products and services it intends to charge on a Customer's bill so that the billing agent may accurately identify the product or service on the Customer's bill.
- B. A Telecommunications Company or its billing agent shall specify the product or service being billed and all associated charges.
- C. A Telecommunications Company or its billing agent shall provide the Subscriber with a toll-free telephone number the Subscriber may call for billing inquiries.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

**R14-2-2005. Authorization Requirements**

- A. A Telecommunications Company shall record the date of a service request and shall obtain from the Subscriber requesting a product or service the following:
  1. The name and telephone number of the Customer,
  2. Verification that Subscriber is authorized to order the product or service, and
  3. Explicit Subscriber acknowledgement that the charges will be assessed on the Customer's bill.
- B. A Telecommunications Company shall communicate the following information to a Subscriber requesting a product or service:
  1. An explanation of each product or service offered,
  2. An explanation of all applicable charges,
  3. A description of how the charge will appear on the Customer's bill,
  4. An explanation of how a product or service can be cancelled, and
  5. A toll-free telephone number for Subscriber inquiries.
- C. The authorization required by R14-2-2005(A) and the communications required by R14-2-2005(B) shall be given in all languages used at any point in the sales transaction. At the beginning of any sales transaction, the Telecommunications



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Company must offer to conduct the transaction in English or Spanish and must comply with the Customer's choice or shall not complete the transaction.

- D. During each contact in which the Telecommunications Company offers to establish residential service or in which a person requests the establishment of residential service, the Telecommunications Company shall inform the subscriber of the cost of "basic local exchange telephone service" as defined in R14-2-1201(6), if provided. A Telecommunications Company shall not use the term "basic" or any other misleading language in describing any product or service. The term "basic" can only be used for a plan that includes only basic local exchange telephone service.
- E. The individual Subscriber authorization record shall be maintained by the Telecommunications Company for 24 months.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

**R14-2-2006. Unauthorized Charges**

- A. Upon discovery of an Unauthorized Charge or upon notification by a Subscriber of an Unauthorized Charge, the billing Telecommunications Company shall:
  1. Immediately cease charging the Customer for the unauthorized product or service;
  2. Remove the Unauthorized Charge from the Customer's bill within 45 days;
  3. Refund or credit to the Customer all money paid by the Customer at the Customer's option for any Unauthorized Charge. If any Unauthorized Charge is not refunded or credited within two billing cycles, the Telecommunications Company shall pay interest on the amount of any Unauthorized Charges at an annual rate established by the Commission until the Unauthorized Charge is refunded or credited;
  4. Provide the Subscriber all billing records under the control of the Telecommunications Company related to any Unauthorized Charge. The billing records shall be provided within 15 business days of the Subscriber's notification; and
  5. Maintain a record of each Unauthorized Charge of every Customer who has experienced any Unauthorized Charge for 24 months. The record shall include:
    - a. The name of the Telecommunications Company,
    - b. Each affected telephone number,
    - c. The date the Subscriber requested the Unauthorized Charge be removed from the Customer's bill, and
    - d. The date the Customer was refunded or credited the amount that the Customer paid for any Unauthorized Charge.
- B. After a charge is removed from the Customer's bill, the Telecommunications Company shall not rebill the charge unless one of the following occurs:
  1. The Subscriber and the Telecommunications Company agree the customer was accurately billed.
  2. The Telecommunications Company certifies with supporting documentation to the Subscriber that the charge was authorized pursuant to R14-2-2005.
  3. A determination is made pursuant to R14-2-2008 that the charge was authorized.
- C. Until a charge is reinstated pursuant to subsection (B), a Telecommunications Company shall not:
  1. Suspend, disconnect, or terminate telecommunications service to a Subscriber who disputes any billing charge

pursuant to this Article or for nonpayment of an alleged Unauthorized Charge unless requested by the Subscriber; or

- 2. File an unfavorable credit report against a Customer who has not paid charges that the Subscriber has alleged were unauthorized.
- D. The Customer shall remain obligated to pay any charges that are not disputed.
- E. Each occurrence of cramming an individual account shall constitute a separate violation of this Article, subject to individual enforcement actions and penalties as prescribed herein.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

**R14-2-2007. Notice of Subscriber Rights**

- A. A Telecommunications Company shall provide to each of its Subscribers a notice of the Subscriber's rights regarding Unauthorized Charges.
- B. The notice may be combined with the notice required by R14-2-1908.
- C. The notice shall include the following:
  1. The name, address and telephone number where a Subscriber can contact the Telecommunications Company;
  2. A statement that a Telecommunications Company is prohibited from adding products and services to a Customer's account without the Subscriber's authorization;
  3. A statement that the Telecommunications Company is required to return the service to its original service provisions if an Unauthorized Charge is added to a Customer's account;
  4. A statement that the Telecommunications Company shall not charge for returning the Customer to their original service provisions;
  5. A statement that the Telecommunications Company must refund or credit, at the Customer's option, to the Customer any amount paid for any Unauthorized Charge. If any Unauthorized Charge is not refunded or credited within two billing cycles, the Telecommunications Company shall pay interest on the amount of any Unauthorized Charges at an annual rate established by the Commission until the Unauthorized Charge is refunded or credited;
  6. A statement that a Customer who has been crammed can report the Unauthorized Charge to the Arizona Corporation Commission; and
  7. The name, address, web site, and toll-free consumer services telephone number of the Arizona Corporation Commission.
- D. Distribution, language, and timing of notice.
  1. A Telecommunications Company shall provide the notice described in this Section to new Customers at the time service is initiated, and upon Subscriber's request.
  2. A Telecommunications Company that publishes a telephone directory or contracts for publication of a telephone directory, shall arrange for the notice to appear in the white pages of its annual telephone directory.
  3. A Telecommunications Company with a web site shall display the notice described in this Section on the company's web site.
  4. The notice of subscriber rights described in this Section shall be written in both English and Spanish.

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**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

**R14-2-2008. Informal Complaint Process**

- A.** A Subscriber may file an informal complaint within 90 days of receiving notice of an Unauthorized Charge, or, thereafter, upon a showing of good cause. The complaint shall be submitted to the Commission Staff in writing, telephonically or via electronic transmission, and shall include:
1. Complainant's name, address, telephone number;
  2. The name of the Telecommunications Company that submitted the alleged Unauthorized Charge;
  3. The approximate date of the alleged Unauthorized Charge;
  4. A statement of facts, and documentation, to support the complainant's allegation;
  5. The amount of any disputed charges including the amount already paid; and
  6. The specific relief sought.
- B.** The Commission Staff shall:
1. Assist the parties in resolving the complaint;
  2. Notify the Telecommunications Company of the alleged Unauthorized Charge;
  3. Require the Telecommunications Company to provide an initial response within five business days of receipt of notice from the Commission;
  4. Require the Telecommunications Company to provide documentation of the Subscriber's new service or product request. If such information is not provided to the Staff within 10 business days of the initial Staff notification, Staff shall presume that an Unauthorized Charge occurred;
  5. Advise the Telecommunications Company that it shall provide Staff any additional information requested within 10 business days of Staff's request; and
  6. Inform the Telecommunications Company that failure to provide the requested information or a good faith response to Commission Staff within 15 business days shall be deemed an admission to the allegations contained within the request and the Telecommunications Company shall be deemed in violation of the applicable provisions of this Article.
- C.** If the parties do not resolve the matter, the Staff will conduct a review of the informal complaint and related materials to determine if an Unauthorized Charge has occurred, which review shall be completed within 30 days of the Staff's receipt of the informal complaint.
- D.** Upon conclusion of its review, Staff shall render a written summary of its findings and recommendation to all parties. Staff's written summary is not binding on any party. Any party shall have the right to file a formal complaint with the Commission under A.R.S. § 40-246. Staff's written summary shall not be admissible in the formal complaint proceeding.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

**R14-2-2009. Compliance and Enforcement**

- A.** A Telecommunications Company shall provide a copy of records related to a Subscriber's request for services or products to Commission Staff upon request.
- B.** If the Commission finds that a Telecommunications Company is in violation of this Article, the Commission shall order the company to take corrective action as necessary, and the com-

pany may be subject to such penalties as are authorized by law. The Commission may sanction a Telecommunications Company in violation of this Article by prohibiting further solicitation of new customers for a specified period, or by revocation of its Certificate of Convenience and Necessity. The Commission may take any other enforcement actions authorized by law.

- C.** The Commission Staff shall coordinate its enforcement efforts regarding the prosecution of fraudulent, misleading, deceptive, and anti-competitive business practices with the Arizona Attorney General.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

**R14-2-2010. Severability**

If any provision of this Article is found to be invalid, it shall be deemed severable from the remainder of this Article and the remaining provisions of this Article shall remain in full force and effect.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

**R14-2-2011. Script Submission**

- A.** Each Telecommunications Company shall file under seal in a docket designated by the Director of the Utilities Division ("Director") a copy of all sales or marketing scripts used by its (or its agent's) sales or customer service workers. For the purposes of this rule, "sales or marketing scripts" means all scripts that involve an offer to sell a product or service or a response to a request for a product or service, including all scripts for unrelated matters that include a prompt for the sales or customer service workers to offer to sell a product or service.
- B.** A Telecommunications Company shall make the filing described in R14-2-2011(A) at the following times:
1. 90 days from the day these rules are first published in a Notice of Final Rulemaking in the Arizona Administrative Register;
  2. On April 15 of each year;
  3. Whenever directed to do so by the Director; and
  4. Whenever a material change to a script occurs or a new script is used that is materially different from a script on file with the Director.
- C.** The Director may request further information or clarification on any script, and the Telecommunications Company shall respond to the Director's request within 10 days.
- D.** The Director may initiate a formal complaint under R14-3-101 through R14-3-113 to review any script. The failure to file such a complaint or request further information or clarification does not constitute approval of the script, and the fact that the script is on file with the Commission may not be used as evidence that the script is just, reasonable, or not fraudulent.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

**ARTICLE 21. CUSTOMER PROPRIETARY NETWORK INFORMATION****R14-2-2101. Application**

These rules govern the treatment of Customer Proprietary Network Information (CPNI) for all telecommunications carriers that provide telecommunications service in Arizona. In addition, the Com-

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mission adopts, incorporates, and approves as its own 47 CFR 64.2001 through 2009, revised as of September 20, 2002 (and no future amendments), incorporated by reference and copies available from the Commission Office, Legal Division, 1200 West Washington, Phoenix, Arizona 85007 and the United States Government Printing Office, P.O. Box 371975M, Pittsburgh, Pennsylvania 15250-7975. These rules are in addition to the FCC rules and together with the FCC rules govern the release of CPNI in Arizona.

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 1547, effective June 19, 2006 (06-2).

**R14-2-2102. Definitions**

For purposes of this Article, the following definitions apply unless the context otherwise requires:

1. "Affiliate" means a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person. For purposes of this paragraph, the term "own" means to own an equity interest (or the equivalent thereof) of more than 10 percent.
2. "Communications-related services" means telecommunications services, information services typically provided by telecommunications carriers, and services related to the provision or maintenance of customer premises equipment.
3. A "Customer" of a telecommunications carrier is a person or entity to which the telecommunications carrier is currently providing service.
4. "Customer premise equipment" means equipment employed on the premises of a person (other than a telecommunications carrier) to originate, route, or terminate telecommunications.
5. "Customer proprietary network information (CPNI)" means information that relates to the quantity, technical configuration, type, destination, location, and amount of use of a telecommunications service subscribed to by any customer of a telecommunications carrier, and that is made available to the carrier by the customer solely by virtue of the carrier-customer relationship; and information contained in the bills pertaining to telephone exchange service or telephone toll service received by a customer of a carrier; except that such term does not include subscriber list information. See 47 U.S.C. 222(h)(1) revised 1999 (and no future amendments), incorporated by reference and copies available from the Commission Office, Legal Division, 1200 West Washington, Phoenix, Arizona 85007 and the United States Government Printing Office, P.O. Box 371975M, Pittsburgh, Pennsylvania 15250-7975.
6. "Non-listed Service" means a service that ensures that customers' telephone numbers are not published in the telephone directory but are available through directory assistance.
7. "Non-published Service" means a service that ensures that customers' telephone numbers are not published in the telephone directory and are not otherwise available through directory assistance.
8. "Opt-In approval" means a method for obtaining customer consent to use, disclose, or permit access to the customer's CPNI that requires that the telecommunications carrier obtain from the customer affirmative, express consent allowing the requested CPNI usage, disclosure, or access after the customer is provided notification of the carrier's request in conformance with Section R14-2-2105.
9. "Opt-Out approval" means a method for obtaining customer consent to use, disclose, or permit access to the customer's CPNI where a customer is deemed to have consented to the use, disclosure, or access to the customer's CPNI if the customer has failed to affirmatively object to approval within the 30-day waiting period provided in R14-2-2103(C) after the customer is provided the notice as required in R14-2-2106, subject to the requirements of Section R14-2-2108.
10. "Published" means authorized for voluntary disclosure by the individual identified in the listing.
11. "Subscriber list information" means any information identifying the listed names of subscribers of a telecommunications carrier and such subscribers' telephone numbers, addresses, or primary advertising classifications (as such classifications are assigned at the time of the establishment of such service), or any combination of such listed names, numbers, addresses, or classifications; and that the carrier or an affiliate has published, caused to be published, or accepted for publication in any directory format. See 47 U.S.C. 222(e)(1) revised 1999 (and no future amendments), incorporated by reference and copies available from the Commission Office, Legal Division, 1200 West Washington, Phoenix, Arizona 85007 and the United States Government Printing Office, P.O. Box 371975M, Pittsburgh, Pennsylvania 15250-7975.
12. "Telecommunications carrier" means a public service corporation, as defined in the Arizona Constitution, Article 15, § 2, which provides telecommunications services within the state of Arizona and over which the Commission has jurisdiction.
13. "Third Party" means a person who is not the customer, the customer's telecommunications service provider, an affiliate, joint venture partner, or independent contractor of the customer's telecommunications service provider.

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 1547, effective June 19, 2006 (06-2).

**R14-2-2103. Obtaining Customer Approval to Use, Disclose, or Permit Access to CPNI to Affiliates, Joint Venture Partners and Independent Contractors Providing Communications-Related Services**

- A. A telecommunications carrier may, subject to obtaining opt-out approval or opt-in approval:
  1. Disclose its customer's individually identifiable CPNI, for the purpose of marketing to that customer communications-related services of a category to which the customer does not already subscribe, to its agents; its affiliates that provide communications-related services; and its joint venture partners and independent contractors;
  2. Permit such persons or entities to obtain access to such CPNI for such purposes.
- B. Any solicitation for customer approval must be accompanied by a notice to the customer of the customer's right to restrict use of, disclosure of, and access to that customer's CPNI. For the purpose of obtaining opt-in approval, the notice must comply with the requirements of Section R14-2-2105 of these rules. For the purpose of obtaining opt-out approval, the notice must comply with the requirements of Section R14-2-2106 of these rules.

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- C. Telecommunications carriers must wait a 30-day minimum period of time after giving customers notice and an opportunity to opt-out before assuming customer approval to use, disclose or permit access to CPNI. A telecommunications carrier may, in its discretion, provide for a longer period.
- D. The telecommunications carrier shall be required to execute a proprietary agreement with all affiliates, joint venture partners, independent contractors that provide communications-related services, third parties, and affiliates that do not provide communications-related services to maintain the confidentiality of the customers' CPNI. The proprietary agreement must meet the minimum requirements set forth in 47 CFR 64.2007(b)(2), revised as of September 20, 2002 (and no future amendments), incorporated by reference and copies available from the Commission Office, Legal Division, 1200 West Washington, Phoenix, Arizona 85007 and the United States Government Printing Office, P.O. Box 371975M, Pittsburgh, Pennsylvania 15250-7975.

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 1547, effective June 19, 2006 (06-2).

**R14-2-2104. Obtaining Customer Approval to Use, Disclose, or Permit Access to CPNI to Third Parties and Affiliates That Do Not Provide Communications-Related Services**

- A. A telecommunications carrier may, subject to opt-in approval, use, disclose, or permit access to its customer's individually identifiable CPNI to affiliates that do not provide telecommunications-related services.
- B. A telecommunications carrier may use, disclose, or permit access to its customer's individually identifiable CPNI to a third party only upon written, electronic, or oral request by the customer that specifically identifies the third party to whom the CPNI may be disseminated.
- C. Any solicitation for customer approval must be accompanied by a notice to the customer of the customer's right to restrict use of, disclosure of, and access to that customer's CPNI. For the purpose of obtaining opt-in approval, the notice must comply with the requirements of Section R14-2-2105 of these rules.
- D. The telecommunications carrier shall be required to execute a proprietary agreement with all affiliates, joint venture partners, independent contractors that provide communications-related services, third parties, and affiliates that do not provide communications-related services to maintain the confidentiality of the customers' CPNI. The proprietary agreement must meet the minimum requirements set forth in 47 CFR 64.2007(b)(2), revised as of September 20, 2002 (and no future amendments), incorporated by reference and copies available from the Commission Office, Legal Division, 1200 West Washington, Phoenix, Arizona 85007 and the United States Government Printing Office, P.O. Box 371975M, Pittsburgh, Pennsylvania 15250-7975.
- E. A telecommunications company relying on "Opt-In" approval must bear the burden of demonstrating that such approval has been given in compliance with sections R14-2-2104 and R14-2-2105 of these rules.
- F. This Article does not prohibit the use and disclosure of CPNI for the purpose of sharing customer records necessary for the provisioning of service by a competitive carrier as provided in section 222(c)(1) of the Communications Act of 1934, as amended (and no future amendments), incorporated by reference and copies available from the Commission Office, Legal Division, 1200 West Washington, Phoenix, Arizona 85007 and

the United States Government Printing Office, P.O. Box 371975M, Pittsburgh, Pennsylvania 15250-7975.

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 1547, effective June 19, 2006 (06-2).

**R14-2-2105. Information Requirements for Customer CPNI Opt-In Notice**

- A. A telecommunications carrier may provide notification to obtain opt-in approval through oral, written, or electronic methods. The contents of any such notification must:
  1. Include language the same as or substantially similar to the definition of customer proprietary network information contained in 47 U.S.C. 222(h)(1); 1999 amendment (and no future amendments), incorporated by reference and copies available from the Commission Office, Legal Division, 1200 West Washington, Phoenix, Arizona 85007 and the United States Government Printing Office, P.O. Box 371975M, Pittsburgh, Pennsylvania 15250-7975;
  2. State that the customer has a right to direct the company not to use the customer's CPNI or limit the use, disclosure, and access to the customer's CPNI;
  3. State that the telecommunications company has a duty to comply with the customer's limitations on use, disclosure of, and access to the information;
  4. State that CPNI includes all information related to specific calls initiated or received by a customer;
  5. Inform the customer that CPNI does not include published information, whether listed or non-listed, such as their name, telephone number, and address, and this information is not subject to the same limitations of use;
  6. Inform the customer that deciding not to approve the release of CPNI will not affect the provision of any services to which the customer subscribes;
  7. State that any customer approval for use, disclosure of, or access to CPNI may be revoked or limited at any time; and
  8. Be posted on the company's web site.
- B. Written notice must:
  1. Be mailed separately or be included as an insert in a regular monthly bill within an envelope that clearly and boldly states that important privacy information is contained therein;
  2. Be clearly legible, in twelve-point or larger print;
  3. Be printed in both English and Spanish unless the customer has previously expressed a preferred language in which case the notice may be written in that language alone.
- C. Electronic notice must:
  1. Be e-mailed separately from any billing information, inducements, advertising, or promotional information;
  2. Be clearly legible, in twelve-point or larger print;
  3. Be printed in both English and Spanish unless the customer has previously expressed a preferred language in which case the notice may be written in that language alone.

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 1547, effective June 19, 2006 (06-2).

**R14-2-2106. Additional Information Requirements for Customer Opt-Out Notice**

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- A. A telecommunications carrier may provide notification to obtain opt-out approval through, written, or electronic methods, but not orally (except as provided in Section R14-2-2107).
- B. The contents of any such notification must comply with Section R14-2-2105 and with the following requirements.
- C. Telecommunications carriers must notify customers as to the applicable waiting period (minimum 30-days as provided in R14-2-2103(C)) for a response before opt-out approval is assumed.

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 1547, effective June 19, 2006 (06-2).

**R14-2-2107. Notification Requirements for Obtaining Customer Approval for Limited One-Time Use of CPNI for Inbound and Outbound Customer Telephone Contact**

A telecommunications carrier may use oral notice to obtain limited, one-time use of CPNI for inbound and outbound customer telephone contacts for the duration of the call, regardless of whether telecommunications carriers use opt-out or opt-in approval based on the nature of the contact.

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 1547, effective June 19, 2006 (06-2).

**R14-2-2108. Verification of Customer Opt-Out Approval to Use CPNI**

- A. Verification of a customer's opt-out approval must be obtained within one year. Verification of the customer's approval shall be obtained in accordance with the procedures set forth below. Carriers may request an extension of the verification time period subject to Commission approval.
- B. Verification of the customer's approval may be obtained through written, oral, or electronic methods. All verification methods shall be conducted in the same languages that were used in the initial notification and shall elicit at a minimum:
  - 1. The identity of the customer;
  - 2. Confirmation that the person responding to the verification request is authorized to make CPNI available to the telecommunications company;
  - 3. Confirmation that the customer wants to make the CPNI release verification;
  - 4. The telephone numbers for which CPNI information release is authorized; and
  - 5. The types of service involved.
- C. Written verification obtained by a telecommunications carrier shall:
  - 1. Be a separate document having the sole purpose of authorizing a telecommunications company to use the customer's CPNI in accordance with this Article;
  - 2. Be signed and dated by the customer authorizing the use of the customer's CPNI; and
  - 3. Not be combined with any inducement.
- D. Electronic verification obtained by a telecommunications carrier shall:
  - 1. Include electronically signed letters of authority;
  - 2. Be a separate document having the sole purpose of authorizing a telecommunications company to use the customer's CPNI in accordance with this Article; and
  - 3. Not be combined with any inducement.
- E. Oral verification obtained by a telecommunications carrier shall:
  - 1. Be recorded; and

2. Not be combined with any inducement.

- F. If a telecommunications company fails to obtain verification within one year of obtaining a customer's opt-out approval, the authorization to use, disclose, or permit access to that customer's CPNI is no longer valid. If verification from the customer is not received within one year as required, the company shall direct any entities (affiliates, joint-venture partners, or independent contractors) to whom it has released CPNI to stop using the CPNI.
- G. As a result of failure to obtain verification within one year, the company and any other entities (affiliates, joint-venture partners, or independent contractors) may not use, disclose, or permit access to that customer's CPNI until verification is obtained.
- H. Carriers may request an extension of the verification time period subject to Commission approval.
- I. The Commission may grant an extension(s) of time to complete the verification process if the applicant demonstrates items 1 through 4 below:
  - 1. The applicant has used its best efforts to obtain customer verification of their CPNI sharing preference. One means of demonstrating this would be for the applicant to show that it has achieved verification with respect to a minimum of one-third of its customers during the initial or extension period for which the company used the opt-out approval mechanism; and
  - 2. The applicant has contacted each of its customers (for whom it has used an opt-out approval mechanism) at least once in the first half of the verification period and at least once during the second half of the verification period (if it was unsuccessful in obtaining the customer's verification during its initial contact) to verify the customer's CPNI sharing preference; and
  - 3. To the extent practicable, one of the applicant's contacts to the customer should be by phone to the customer's primary residence or telephone number by a person speaking the customer's language preference (English or Spanish). If the customer is not there, it should allow, if technically feasible, the customer the option of responding via message return; and
  - 4. The applicant presents a plan for achieving verification for its remaining customers. In its plan, the applicant must demonstrate that the additional time it is requesting is no longer than is reasonably necessary to complete items 1 and 3 again for any customers it was unsuccessful in contacting during the initial verification period, and to complete any additional measures designed to ensure customer contact during the extension period.

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 1547, effective June 19, 2006 (06-2).

**R14-2-2109. Confirming a Customer's Opt-In Approval**

- A. Each time a telecommunications company receives a customer's "Opt-In" approval to allow the telecommunications company to make CPNI available to itself, its affiliates, independent contractors or joint venture partners, the telecommunications company must confirm in writing the change in approval status to the customer within ten days.
- B. The written confirmation must be mailed or e-mailed to the customer.
- C. The confirmation must be separate from any other mail from the telecommunications company.

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- D.** The confirmation must clearly advise the customer of the effect of the customer's opt-in choice and must provide a reasonable method to notify the telecommunications company, including a toll free telephone number if the telecommunications company made an error in changing the customer's approval status.

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 1547, effective June 19, 2006 (06-2).

**R14-2-2110. Reminders to Customers of Their Current CPNI Release Election**

- A.** Telecommunications companies that have obtained opt-out or opt-in approval must notify customers of their current election regarding the treatment of their CPNI every twelve months.
1. In the case of opt-out approval, the notification must remind customers of their election to allow the company to:
    - a. Provide their information to its affiliates that provide communications-related services to which services that customer does not already subscribe; and
    - b. Provide their information to its joint venture partners and independent contractors that provide communications-related services.
  2. In the case of opt-in approval, the notification must remind customers of their election to allow the company to:
    - a. Provide their information to its affiliates that provide communications-related services to which services that customer does not already subscribe;
    - b. Provide their information to its joint venture partners and independent contractors that provide communications-related services; and
    - c. Provide their information to its affiliates that provide non-communications-related services.
  3. In the case of customer specified third party approval by written, oral, or electronic request, the notification must remind customers of their election to allow the company to:
    - a. Provide their information to its affiliates that provide communications-related services to which services that customer does not already subscribe;
    - b. Provide their information to its joint venture partners and independent contractors that provide communications-related services;
    - c. Provide their information to its affiliates that provide non-communications-related services; and
    - d. Provide their information to specifically identified third parties as requested in writing by the customer.
- B.** The notice must not be mailed with any advertising or promotional information.
- C.** The notice shall not be included with the customer's bill.

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 1547, effective June 19, 2006 (06-2).

**R14-2-2111. Duration of Customer Approval or Disapproval to Disseminate the Customer's CPNI**

Any approval of the use of CPNI received by a telecommunications carrier will remain in effect until the customer revokes, modifies, or limits such approval.

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 1547, effective June 19, 2006 (06-2).

**R14-2-2112. Severability**

If any provision of this Article is found to be invalid, it shall be deemed severable from the remainder of this Article and the remaining provisions of this Article shall remain in full force and effect.

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 1547, effective June 19, 2006 (06-2).

**ARTICLE 22. RESERVED****ARTICLE 23. NET METERING****R14-2-2301. Applicability**

These rules govern the treatment of Electric Utility Customers in Arizona who wish to interconnect with the Electric Utility which serves them and engage in Net Metering operation as defined below. These rules apply to all Electric Utilities, as defined in these rules.

**Historical Note**

New Section made by final rulemaking at 15 A.A.R. 638, effective May 23, 2009 (Supp. 09-1).

**R14-2-2302. Definitions**

For purposes of this Article, the following definitions apply unless the context requires otherwise:

1. "Avoided Costs" means the incremental costs to an Electric Utility for electric energy or capacity or both which, but for the purchase from the Net Metering Facility, such utility would generate itself or purchase from another source.
2. "Biomass" means any raw or processed plant-derived organic matter available on a renewable basis, including:
  - a. Dedicated energy crops and trees,
  - b. Agricultural food and feed crops,
  - c. Agricultural crop wastes and residues,
  - d. Wood wastes and residues, including:
    - i. Landscape waste.
    - ii. Right-of-way tree trimmings.
    - iii. Small diameter forest thinnings that are 12 inches in diameter or less.
  - e. Dead and downed forest products,
  - f. Aquatic plants,
  - g. Animal wastes,
  - h. Other vegetative waste materials,
  - i. Non-hazardous plant matter waste material that is segregated from other waste,
  - j. Forest-related resources such as:
    - i. Harvesting and mill residue.
    - ii. Pre-commercial thinnings.
    - iii. Slash.
    - iv. Brush.
  - k. Miscellaneous waste such as:
    - i. Waste pallets,
    - ii. Crates,
    - iii. Dunnage, or
  - l. Recycled paper fibers that are no longer suitable for recycled paper production, but not including:
    - i. Painted, treated, or pressurized wood;
    - ii. Wood contaminated with plastics or metals;
    - iii. Tires; or
    - iv. Recyclable post-consumer waste paper.
3. "Biogas" means gases that are derived from:
  - a. Plant-derived organic matter,
  - b. Agricultural food and feed matter,

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- c. Wood wastes,
  - d. Aquatic plants,
  - e. Animal wastes,
  - f. Vegetative wastes,
  - g. Wastewater treatment facilities using anaerobic digestion, or
  - h. Municipal solid waste through:
    - i. A digester process,
    - ii. An oxidation process, or
    - iii. Other gasification process.
4. "Combined Heat and Power" or "CHP" (also known as cogeneration) means a system that generates electricity and useful thermal energy in a single, integrated system such that the useful power output of the facility plus one-half the useful thermal energy output during any 12-month period must be no less than 42.5 percent of the total energy input of fuel to the facility.
5. "Commission" means the Arizona Corporation Commission.
6. "Electric Utility" or "Utility" means an electric distribution company that constructs, operates, and maintains the electrical distribution system for the receipt and delivery of power.
7. "Electric Utility Customer" or "Customer" means an end-use retail Customer served under a Utility's rate schedule.
8. "Fuel Cell" means a device that converts the chemical energy of a fuel directly into electricity without intermediate combustion or thermal cycles. For purposes of these Net Metering rules, the source of the chemical reaction must be derived from Renewable Resources.
9. "Geothermal" means heat from within the earth's surface.
10. "Hydroelectric" means the kinetic energy derived from moving water.
11. "Net Metering" means service to an Electric Utility Customer under which electric energy generated by or on behalf of that Electric Utility Customer from a Net Metering Facility and delivered to the Utility's local distribution facilities may be used to offset electric energy provided by the Electric Utility to the Electric Utility Customer during the applicable billing period.
12. "Net Metering Customer" means any Arizona Customer who chooses to take electric service in the manner described in the definition of Net Metering in subsection (11) and under the Net Metering tariff, as described in R14-2-2307.
13. "Net Metering Facility" means a facility for the production of electricity that:
  - a. Is operated by or on behalf of a Net Metering Customer and is located on the Net Metering Customer's premises;
  - b. Is intended primarily to provide part or all of the Net Metering Customer's requirements for electricity;
  - c. Uses Renewable Resources, a Fuel Cell, or CHP to generate electricity;
  - d. Has a generating capacity less than or equal to 125% of the Net Metering Customer's total connected load, or in the absence of customer load data, capacity less than or equal to the Customer's electric service drop capacity; and
  - e. Is interconnected with and can operate in parallel and in phase with an Electric Utility's existing distribution system.
14. "Renewable Resources" means natural resources that can be replenished by natural processes, including:
  - a. Biogas,
  - b. Biomass,
  - c. Geothermal,
  - d. Hydroelectric,
  - e. Solar, or
  - f. Wind.
15. "Solar" means radiation or heat from the Earth's sun that produces electricity from a device or system designed for that purpose.
16. "Wind" means energy derived from wind movement across the earth's surface that produces electricity from a device or system designed for that purpose.

**Historical Note**

New Section made by final rulemaking at 15 A.A.R. 638, effective May 23, 2009 (Supp. 09-1).

**R14-2-2303. Requirements and Eligibility**

An Electric Utility shall interconnect with any retail customer with a Net Metering Facility in the Electric Utility's service territory.

**Historical Note**

New Section made by final rulemaking at 15 A.A.R. 638, effective May 23, 2009 (Supp. 09-1).

**R14-2-2304. Metering**

The meter that is installed on Net Metering Facilities after the effective date of these rules shall be capable of registering and accumulating the kilowatt-hours ("kWh") of electricity flowing in both directions in each billing period.

**Historical Note**

New Section made by final rulemaking at 15 A.A.R. 638, effective May 23, 2009 (Supp. 09-1).

**R14-2-2305. New or Additional Charges**

Net Metering charges shall be assessed on a nondiscriminatory basis. Any proposed charge that would increase a Net Metering Customer's costs beyond those of other customers with similar load characteristics or customers in the same rate class that the Net Metering Customer would qualify for if not participating in Net Metering shall be filed by the Electric Utility with the Commission for consideration and approval. The charges shall be fully supported with cost of service studies and benefit/cost analyses. The Electric Utility shall have the burden of proof on any proposed charge.

**Historical Note**

New Section made by final rulemaking at 15 A.A.R. 638, effective May 23, 2009 (Supp. 09-1).

**R14-2-2306. Billing for Net Metering**

- A. On a monthly basis, the Net Metering Customer shall be billed or credited based upon the rates applicable under the Customer's currently effective standard rate schedule and any appropriate rider schedules.
- B. The billing period for Net Metering will be the same as the billing period under the Customer's applicable standard rate schedule.
- C. If the kWh supplied by the Electric Utility exceed the kWh that are generated by the Net Metering Facility and delivered back to the Electric Utility during the billing period, the Customer shall be billed for the net kWh supplied by the Electric Utility in accordance with the rates and charges under the Customer's standard rate schedule.
- D. If the electricity generated by the Net Metering Customer exceeds the electricity supplied by the Electric Utility in the billing period, the Customer shall be credited during the next billing period for the excess kWh generated. That is, the

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excess kWh during the billing period will be used to reduce the kWh supplied (not kW or kVA demand or customer charges) and billed by the Electric Utility during the following billing period.

- E. Customers taking service under time-of-use rates who are to receive credit in a subsequent billing period for excess kWh generated shall receive such credit during the next billing period during the on- or off-peak periods corresponding to the on- or off-peak periods in which the kWh were generated by the Customer.
- F. Once each calendar year the Electric Utility shall issue a check or billing credit to the Net Metering Customer for the balance of any credit due in excess of amounts owed by the Customer to the Electric Utility. The payment for any remaining credits shall be at the Electric Utility's Avoided Cost. That Avoided Cost shall be clearly identified in the Electric Utility's Net Metering tariff.

**Historical Note**

New Section made by final rulemaking at 15 A.A.R. 638, effective May 23, 2009 (Supp. 09-1).

**R14-2-2307. Net Metering Tariff**

- A. Each Electric Utility shall file, for approval by the Commission, a Net Metering tariff within 120 days from the effective date of these rules, including financial information and supporting data sufficient to allow the Commission to determine the Electric Utility's fair value for the purposes of evaluating any specific proposed charges. The Commission shall issue a decision on these filings within 120 days.
- B. The Net Metering tariff shall specify standard rates for annual purchases of remaining credits from Net Metering Facilities and may specify total utility capacity limits. If total utility capacity limits are included in the tariff, such limits must be fully justified.
- C. Electric utilities may include seasonally and time of day differentiated Avoided Cost rates for purchases from Net Metering Customers, to the extent that Avoided Costs vary by season and time of day.

**Historical Note**

New Section made by final rulemaking at 15 A.A.R. 638, effective May 23, 2009 (Supp. 09-1).

**R14-2-2308. Filing and Reporting Requirements**

- A. Prior to May 1 of each year, each Electric Utility shall file a report listing all existing Net Metering Facilities and the inverter power rating or generator rating as of the end of the previous calendar year.
- B. Also included in this report shall be, for each existing Net Metering Facility, the monthly amount of energy delivered to and from the Electric Utility and, if available, the monthly peak demand delivered to and from the Electric Utility.

**Historical Note**

New Section made by final rulemaking at 15 A.A.R. 638, effective May 23, 2009 (Supp. 09-1).

**ARTICLE 24. ELECTRIC ENERGY EFFICIENCY STANDARDS****R14-2-2401. Definitions**

In this Article, unless otherwise specified:

- 1. "Adjustment mechanism" means a Commission-approved provision in an affected utility's rate schedule allowing the affected utility to increase and decrease a certain rate or rates, in an established manner, when

increases and decreases in specific costs are incurred by the affected utility.

- 2. "Affected utility" means a public service corporation that provides electric service to retail customers in Arizona.
- 3. "Baseline" means the level of electricity demand, electricity consumption, and associated expenses estimated to occur in the absence of a specific DSM program, determined as provided in R14-2-2413.
- 4. "CHP" means combined heat and power, which is using a primary energy source to simultaneously produce electrical energy and useful process heat.
- 5. "Commission" means the Arizona Corporation Commission.
- 6. "Cost-effective" means that total incremental benefits from a DSM measure or DSM program exceed total incremental costs over the life of the DSM measure, as determined under R14-2-2412.
- 7. "Customer" means the person or entity in whose name service is rendered to a single contiguous field, location, or facility, regardless of the number of meters at the field, location, or facility.
- 8. "Delivery system" means the infrastructure through which an affected utility transmits and then distributes electrical energy to its customers.
- 9. "Demand savings" means the load reduction, measured in kW, occurring during a relevant peak period or periods as a direct result of energy efficiency and demand response programs.
- 10. "Demand response" means modification of customers' electricity consumption patterns, affecting the timing or quantity of customer demand and usage, achieved through intentional actions taken by an affected utility or customer because of changes in prices, market conditions, or threats to system reliability.
- 11. "Distributed generation" means the production of electricity on the customer's side of the meter, for use by the customer, through a process such as CHP.
- 12. "DSM" means demand-side management, the implementation and maintenance of one or more DSM programs.
- 13. "DSM measure" means any material, device, technology, educational program, pricing option, practice, or facility alteration designed to result in reduced peak demand, increased energy efficiency, or shifting of electricity consumption to off-peak periods and includes CHP used to displace space heating, water heating, or another load.
- 14. "DSM program" means one or more DSM measures provided as part of a single offering to customers.
- 15. "DSM tariff" means a Commission-approved schedule of rates designed to recover an affected utility's reasonable and prudent costs of complying with this Article.
- 16. "Electric utility" means a public service corporation providing electric service to the public.
- 17. "Energy efficiency" means the production or delivery of an equivalent level and quality of end-use electric service using less energy, or the conservation of energy by end-use customers.
- 18. "Energy efficiency standard" means the reduction in retail energy sales, in percentage of kWh, required to be achieved through an affected utility's approved DSM programs as prescribed in R14-2-2404.
- 19. "Energy savings" means the reduction in a customer's energy consumption directly resulting from a DSM program, expressed in kWh.



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20. "Energy service company" means a company that provides a broad range of services related to energy efficiency, including energy audits, the design and implementation of energy efficiency projects, and the installation and maintenance of energy efficiency measures.
21. "Environmental benefits" means avoidance of costs for compliance, or reduction in environmental impacts, for things such as, but not limited to:
  - a. Water use and water contamination,
  - b. Monitoring storage and disposal of solid waste such as coal ash (bottom and fly),
  - c. Health effects from burning fossil fuels, and
  - d. Emissions from transportation and production of fuels and electricity.
22. "Fuel-neutral" means without promoting or otherwise expressing bias regarding a customer's choice of one fuel over another.
23. "Incremental benefits" means amounts saved through avoiding costs for fuel, purchased power, new capacity, transmission, distribution, and other cost items necessary to provide electric utility service, along with other improvements in societal welfare, such as through avoided environmental impacts, including, but not limited to, water consumption savings, air emission reduction, reduction in coal ash, and reduction of nuclear waste.
24. "Incremental costs" means the additional expenses of DSM measures, relative to baseline.
25. "Independent program administrator" means an impartial third party employed to provide objective oversight of energy efficiency programs.
26. "kW" means kilowatt.
27. "kWh" means kilowatt-hour.
28. "Leveraging" means combining resources to more effectively achieve an energy efficiency goal, or to achieve greater energy efficiency savings, than would be achieved without combining resources.
29. "Load management" means actions taken or sponsored by an affected utility to reduce peak demands or improve system operating efficiency, such as direct control of customer demands through affected-utility-initiated interruption or cycling, thermal storage, or educational campaigns to encourage customers to shift loads.
30. "Low-income customer" means a customer with a below average level of household income, as defined in an affected utility's Commission-approved DSM program description.
31. "Market transformation" means strategic efforts to induce lasting structural or behavioral changes in the market that result in increased energy efficiency.
32. "Net benefits" means the incremental benefits resulting from DSM minus the incremental costs of DSM.
33. "Non-market benefits" means improvements in societal welfare that are not bought or sold.
34. "Program costs" means the expenses incurred by an affected utility as a result of developing, marketing, implementing, administering, and evaluating Commission-approved DSM programs.
35. "Self-direction" means an option made available to qualifying customers of sufficient size, in which the amount of money paid by each qualifying customer toward DSM costs is tracked for the customer and made available for use by the customer for approved DSM investments upon application by the customer.
36. "Societal Test" means a cost-effectiveness test of the net benefits of DSM programs that starts with the Total Resource Cost Test, but includes non-market benefits and costs to society.
37. "Staff" means individuals working for the Commission's Utilities Division, whether as employees or through contract.
38. "Thermal envelope" means the collection of building surfaces, such as walls, windows, doors, floors, ceilings, and roofs, that separate interior conditioned (heated or cooled) spaces from the exterior environment.
39. "Total Resource Cost Test" means a cost-effectiveness test that measures the net benefits of a DSM program as a resource option, including incremental measure costs, incremental affected utility costs, and carrying costs as a component of avoided capacity cost, but excluding incentives paid by affected utilities and non-market benefits to society.

**Historical Note**

New Section made by final rulemaking at 16 A.A.R.  
2254, effective January 1, 2011 (Supp. 10-4).

**R14-2-2402. Applicability**

This Article applies to each affected utility classified as Class A according to R14-2-103(A)(3)(q), unless the affected utility is an electric distribution cooperative that has fewer than 25% of its customers in Arizona.

**Historical Note**

New Section made by final rulemaking at 16 A.A.R.  
2254, effective January 1, 2011 (Supp. 10-4).

**R14-2-2403. Goals and Objectives**

- A. An affected utility shall design each DSM program:
  1. To be cost-effective, and
  2. To accomplish at least one of the following:
    - a. Energy efficiency,
    - b. Load management, or
    - c. Demand response.
- B. An affected utility shall consider the following when planning and implementing a DSM program:
  1. Whether the DSM program will achieve cost-effective energy savings and peak demand reductions;
  2. Whether the DSM program will advance market transformation and achieve sustainable savings, reducing the need for future market interventions; and
  3. Whether the affected utility can ensure a level of funding adequate to sustain the DSM program and allow the DSM program to achieve its targeted goal.
- C. An affected utility shall:
  1. Offer DSM programs that will provide an opportunity for all affected utility customer segments to participate, and
  2. Allocate a portion of DSM resources specifically to low-income customers.

**Historical Note**

New Section made by final rulemaking at 16 A.A.R.  
2254, effective January 1, 2011 (Supp. 10-4).

**R14-2-2404. Energy Efficiency Standards**

- A. Except as provided in R14-2-2418, in order to ensure reliable electric service at reasonable ratepayer rates and costs, by December 31, 2020, an affected utility shall, through cost-effective DSM energy efficiency programs, achieve cumula-

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tive annual energy savings, measured in kWh, equivalent to at least 22% of the affected utility's retail electric energy sales for calendar year 2019.

- B.** An affected utility shall, by the end of each calendar year, meet at least the cumulative annual energy efficiency standard listed in Table 1 for that calendar year. An illustrative example of how the required energy savings would be calculated is shown in Table 2. An illustrative example of how the standard could be met in 2020 is shown in Table 4.

**Table 1. Energy Efficiency Standard**

CALENDAR YEAR	ENERGY EFFICIENCY STANDARD (Cumulative Annual Energy Savings by the End of Each Calendar Year as a Percentage of the Retail Energy Sales in the Prior Calendar Year)
2011	1.25%
2012	3.00%
2013	5.00%
2014	7.25%
2015	9.50%
2016	12.00%
2017	14.50%
2018	17.00%
2019	19.50%
2020	22.00%

**Table 2. Illustrative Example of Calculating Required Energy Savings**

CALENDAR YEAR	A RETAIL SALES (kWh)	B ENERGY EFFICIENCY STANDARD	C REQUIRED CUMULATIVE ENERGY SAVINGS (B of current year × A of prior year)
2010	100,000,000		0

**Table 3. Credit for Pre-Rules Energy Savings**

CALENDAR YEAR	A CREDIT FOR THE PRE-RULES ENERGY SAVINGS APPLIED IN EACH YEAR (Percentage of the Total Eligible Pre-Rules Cumulative Annual Energy Savings That Shall Be Applied in the Year)	B CUMULATIVE APPLICATION OF THE CREDIT FOR THE PRE-RULES ENERGY SAVINGS IN 2016-2020 (Percentage of the Total Eligible Pre-Rules Cumulative Annual Energy Savings That Are Credited by the End of Each Year)
2016	7.5%	7.5%
2017	15.0%	22.5%
2018	20.0%	42.5%
2019	25.0%	67.5%
2020	32.5%	100.0%

- E.** An affected utility may count toward meeting the standard up to one third of the energy savings, resulting from energy efficiency building codes, that are quantified and reported through a measurement and evaluation study undertaken by the affected utility.

2011	100,750,000	1.25%	1,250,000
2012	101,017,500	3.00%	3,022,500
2013	101,069,925	5.00%	5,050,875
2014	100,915,646	7.25%	7,327,570
2015	100,821,094	9.50%	9,586,986
2016	100,517,711	12.00%	12,098,531
2017	100,293,499	14.50%	14,575,068
2018	100,116,043	17.00%	17,049,895
2019	99,986,628	19.50%	19,522,628
2020	99,902,384	22.00%	21,997,058

- C.** An affected utility's measured reductions in peak demand resulting from cost-effective demand response and load management programs may comprise up to two percentage points of the 22% energy efficiency standard, with peak demand reduction capability from demand response converted to an annual energy savings equivalent based on an assumed 50% annual load factor. The credit for demand response and load management peak demand reductions shall not exceed 10% of the energy efficiency standard set forth in subsection (B) for any year. The measured reductions in peak demand occurring during a calendar year after the effective date of this Article may be counted for that calendar year even if the demand response or load management program resulting in the reductions was implemented prior to the effective date of this Article.
- D.** An affected utility's energy savings resulting from DSM energy efficiency programs implemented before the effective date of this Article, but after 2004, may be credited toward meeting the energy efficiency standard set forth in subsection (B). The total energy savings credit for these pre-rules energy efficiency programs shall not exceed 4% of the affected utility's retail energy sales in calendar year 2005. A portion of the total energy savings credit for these pre-rules energy efficiency programs may be applied each year, from 2016 through 2020, as listed in Table 3, Column A.

- F.** An affected utility may count the energy savings from combined heat and power (CHP) installations that do not qualify under the Renewable Energy Standard toward meeting the energy efficiency standard.

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- G.** An affected utility may count a customer's energy savings resulting from self-direction toward meeting the standard.
- H.** An affected utility's energy savings resulting from efficiency improvements to its delivery system may not be counted toward meeting the standard.
- I.** An affected utility's energy savings used to meet the energy efficiency standard will be assumed to continue through the year 2020 or, if expiring before the year 2020, to be replaced with a DSM energy efficiency program having at least the same level of efficiency.

**Table 4. Illustrative Example of How the Energy Standard Could Be Met in 2020**

	2020 Energy Efficiency Standard	2019 Retail Sales (kWh)	Required Cumulative Annual Energy Savings (kWh)
Total	22.00%	99,986,628	21,997,058
Breakdown of Savings and Credits Used To Meet 2020 Standard:			
			Cumulative Annual Energy Savings or Credit (kWh)
Demand Response Credit R14-2-2404(C)	Up to 2.00%		1,999,733
Pre-rules Savings Credit R14-2-2404(D)			1,100,000*
Building Code R14-2-2404(E)			1,000,000
CHP R14-2-2404(F)			500,000
Self-direction R14-2-2404(G)			100,000
Energy Efficiency R14-2-2404(A)			17,297,325
Total			21,997,058
*The total pre-rules savings credit is capped at 4% of 2005 retail energy sales, and the total credit is allocated over five years from 2016 to 2020. The credit shown above represents an estimate of the portion of the total credit that can be taken in 2020, or 32.5% of the total credit allowed.			

**Historical Note**

New Section, including Tables 1 through 4, made by final rulemaking at 16 A.A.R. 2254, effective January 1, 2011 (Supp. 10-4).

**R14-2-2405. Implementation Plans**

- A.** Except as provided in R14-2-2418, on June 1 of each odd year, or annually at the election of each affected utility, each affected utility shall file with Docket Control, for Commission review and approval, an implementation plan describing how the affected utility intends to meet the energy efficiency standard for the next one or two calendar years, as applicable, except that the initial implementation plan shall be filed within 30 days of the effective date of this Article.
- B.** The implementation plan shall include the following information:
1. Except for the initial implementation plan, a description of the affected utility's compliance with the requirements of this Article for the previous calendar year;
  2. Except for the initial implementation plan, which shall describe only the next calendar year, a description of how the affected utility intends to comply with this Article for the next two calendar years, including an explanation of any modification to the rates of an existing DSM adjustment mechanism or tariff that the affected utility believes is necessary;
  3. Except for the initial implementation plan, which shall describe only the next calendar year, a description of each DSM program to be newly implemented or continued in the next two calendar years and an estimate of the annual kWh and kW savings projected to be obtained through each DSM program;
  4. The estimated total cost and cost per kWh reduction of each DSM measure and DSM program described in subsection (B)(3);
  5. A DSM tariff filing complying with R14-2-2406(A) or a request to modify and reset an adjustment mechanism complying with R14-2-2406(C), as applicable; and
  6. For each new DSM program or DSM measure that the affected utility desires to implement, a program proposal complying with R14-2-2407.
- C.** An affected utility shall notify its customers of its annual implementation plan filing through a notice in its next regularly scheduled customer bills.
- D.** The Commission may hold a hearing to determine whether an affected utility's implementation plan satisfies the requirements of this Article.
- E.** An affected utility's Commission-approved implementation plan, and the DSM programs authorized thereunder, shall continue in effect until the Commission takes action on a new implementation plan for the affected utility.

**Historical Note**

New Section made by final rulemaking at 16 A.A.R. 2254, effective January 1, 2011 (Supp. 10-4).

**R14-2-2406. DSM Tariffs**

- A.** An affected utility's DSM tariff filing shall include the following:

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1. A detailed description of each method proposed by the affected utility to recover the reasonable and prudent costs associated with implementing the affected utility's intended DSM programs;
  2. Financial information and supporting data sufficient to allow the Commission to determine the affected utility's fair value, including, at a minimum, the information required to be submitted in a utility annual report filed under R14-2-212(G)(4);
  3. Data supporting the level of costs that the affected utility believes will be incurred in order to comply with this Article; and
  4. Any other information that the Commission believes is relevant to the Commission's consideration of the tariff filing.
- B.** The Commission shall approve, modify, or deny a tariff filed pursuant to subsection (A) within 180 days after the tariff has been filed. The Commission may suspend this deadline or adopt an alternative procedural schedule for good cause.
- C.** If an affected utility has an existing adjustment mechanism to recover the reasonable and prudent costs associated with implementing DSM programs, the affected utility may, in lieu of making a tariff filing under subsection (A), file a request to modify and reset its adjustment mechanism by submitting the information required under subsections (A)(1) and (3).

**Historical Note**

New Section made by final rulemaking at 16 A.A.R.  
2254, effective January 1, 2011 (Supp. 10-4).

**R14-2-2407. Commission Review and Approval of DSM Programs and DSM Measures**

- A.** An affected utility shall obtain Commission approval before implementing a new DSM program or DSM measure.
  - B.** An affected utility may apply for Commission approval of a DSM program or DSM measure by submitting a program proposal either as part of its implementation plan submitted under R14-2-2405 or through a separate application.
  - C.** A program proposal shall include the following:
    1. A description of the DSM program or DSM measure that the affected utility desires to implement,
    2. The affected utility's objectives and rationale for the DSM program or DSM measure,
    3. A description of the market segment at which the DSM program or DSM measure is aimed,
    4. An estimated level of customer participation in the DSM program or DSM measure,
    5. An estimate of the baseline,
    6. The estimated societal benefits and savings from the DSM program or DSM measure,
    7. The estimated societal costs of the DSM program or DSM measure,
    8. The estimated environmental benefits to be derived from the DSM program or DSM measure,
    9. The estimated benefit-cost ratio of the DSM program or DSM measure,
    10. The affected utility's marketing and delivery strategy,
    11. The affected utility's estimated annual costs and budget for the DSM program or DSM measure,
    12. The implementation schedule for the DSM program or DSM measure,
    13. A description of the affected utility's plan for monitoring and evaluating the DSM program or DSM measure, and
  14. Any other information that the Commission believes is relevant to the Commission's consideration of the tariff filing.
- D.** In determining whether to approve a program proposal, the Commission shall consider:
1. The extent to which the Commission believes the DSM program or DSM measure will meet the goals set forth in R14-2-2403(A), and
  2. All of the considerations set forth in R14-2-2403(B).
- E.** Staff may request modifications of on-going DSM programs to ensure consistency with this Article. The Commission shall allow affected utilities adequate time to notify customers of DSM program modifications.

**Historical Note**

New Section made by final rulemaking at 16 A.A.R.  
2254, effective January 1, 2011 (Supp. 10-4).

**R14-2-2408. Parity and Equity**

- A.** An affected utility shall develop and propose DSM programs for residential, non-residential, and low-income customers.
- B.** An affected utility shall allocate DSM funds collected from residential customers and from non-residential customers proportionately to those customer classes to the extent practicable.
- C.** The affected utility costs of DSM programs for low-income customers shall be borne by all customer classes, except where a customer or customer class is specifically exempted by Commission order.
- D.** DSM funds collected by an affected utility shall be used, to the extent practicable, to benefit that affected utility's customers.
- E.** All customer classes of an affected utility shall bear the costs of DSM programs by payment through a non-bypassable mechanism, unless a customer or customer class is specifically exempted by Commission order.

**Historical Note**

New Section made by final rulemaking at 16 A.A.R.  
2254, effective January 1, 2011 (Supp. 10-4).

**R14-2-2409. Reporting Requirements**

- A.** By March 1 of each year, an affected utility shall submit to the Commission, in a Commission-established docket for that year, a DSM progress report providing information for each of the affected utility's Commission-approved DSM programs and including at least the following:
  1. An analysis of the affected utility's progress toward meeting the annual energy efficiency standard;
  2. A list of the affected utility's current Commission-approved DSM programs and DSM measures, organized by customer segment;
  3. A description of the findings from any research projects completed during the previous year; and
  4. The following information for each Commission-approved DSM program or DSM measure:
    - a. A brief description;
    - b. Goals, objectives, and savings targets;
    - c. The level of customer participation during the previous year;
    - d. The costs incurred during the previous year, disaggregated by type of cost, such as administrative costs, rebates, and monitoring costs;
    - e. A description and the results of evaluation and monitoring activities during the previous year;
    - f. Savings realized in kW, kWh, therms, and BTUs, as appropriate;

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- g. The environmental benefits realized, including reduced emissions and water savings;
  - h. Incremental benefits and net benefits, in dollars;
  - i. Performance-incentive calculations for the previous year;
  - j. Problems encountered during the previous year and proposed solutions;
  - k. A description of any modifications proposed for the following year; and
  - l. Whether the affected utility proposes to terminate the DSM program or DSM measure and the proposed date of termination.
- B.** By September 1 of each year, an affected utility shall file a status report including a tabular summary showing the following for each current Commission-approved DSM program and DSM measure of the affected utility:
- 1. Semi-annual expenditures compared to annual budget, and
  - 2. Participation rates.
- C.** An affected utility shall file each report required by this Section with Docket Control, where it will be available to the public, and shall make each such report available to the public upon request.
- D.** An affected utility may request within its implementation plan that these reporting requirements supersede specific existing DSM reporting requirements.

**Historical Note**

New Section made by final rulemaking at 16 A.A.R. 2254, effective January 1, 2011 (Supp. 10-4).

**R14-2-2410. Cost Recovery**

- A.** An affected utility may recover the costs that it incurs in planning, designing, implementing, and evaluating a DSM program or DSM measure if the DSM program or DSM measure is all of the following:
- 1. Approved by the Commission before it is implemented,
  - 2. Implemented in accordance with a Commission-approved program proposal or implementation plan, and
  - 3. Monitored and evaluated for cost-effectiveness pursuant to R14-2-2415.
- B.** An affected utility shall monitor and evaluate each DSM program and DSM measure, as provided in R14-2-2415, to determine whether the DSM program or DSM measure is cost-effective and otherwise meets expectations.
- C.** If an affected utility determines that a DSM program or DSM measure is not cost-effective or otherwise does not meet expectations, the affected utility shall include in its annual DSM progress report filed under R14-2-2409 a proposal to modify or terminate the DSM program or DSM measure.
- D.** An affected utility shall recover its DSM costs concurrently, on an annual basis, with the spending for a DSM program or DSM measure, unless the Commission orders otherwise.
- E.** An affected utility may recover costs from DSM funds for any of the following items, if the expenditures will enhance DSM:
- 1. Incremental labor attributable to DSM development,
  - 2. A market study,
  - 3. A research and development project such as applied technology assessment,
  - 4. Consortium membership, or
  - 5. Another item that is difficult to allocate to an individual DSM program.
- F.** The Commission may impose a limit on the amount of DSM funds that may be used for the items in subsection (E).

- G.** If goods and services used by an affected utility for DSM have value for other affected utility functions, programs, or services, the affected utility shall divide the costs for the goods and services and allocate funding proportionately.
- H.** An affected utility shall allocate DSM costs in accordance with generally accepted accounting principles.
- I.** The Commission shall review and address financial disincentives, recovery of fixed costs, and recovery of net lost income/revenue, due to Commission-approved DSM programs, if an affected utility requests such review in its rate case and provides documentation/records supporting its request in its rate application.
- J.** An affected utility, at its own initiative, may submit to the Commission twice-annual reports on the financial impacts of its Commission-approved DSM programs, including any unrecovered fixed costs and net lost income/revenue resulting from its Commission-approved DSM programs.

**Historical Note**

New Section made by final rulemaking at 16 A.A.R. 2254, effective January 1, 2011 (Supp. 10-4).

**R14-2-2411. Performance Incentives**

In the implementation plans required by R14-2-2405, an affected utility may propose for Commission review a performance incentive to assist in achieving the energy efficiency standard set forth in R14-2-2404. The Commission may also consider performance incentives in a general rate case.

**Historical Note**

New Section made by final rulemaking at 16 A.A.R. 2254, effective January 1, 2011 (Supp. 10-4).

**R14-2-2412. Cost-effectiveness**

- A.** An affected utility shall ensure that the incremental benefits to society of the affected utility's overall DSM portfolio exceed the incremental costs to society of the DSM portfolio.
- B.** The Societal Test shall be used to determine cost-effectiveness.
- C.** The analysis of a DSM program's or DSM measure's cost-effectiveness may include:
- 1. Costs and benefits associated with reliability, improved system operations, environmental impacts, and customer service;
  - 2. Savings of both natural gas and electricity; and
  - 3. Any uncertainty about future streams of costs or benefits.
- D.** An affected utility shall make a good faith effort to quantify water consumption savings and air emission reductions, while other environmental costs or the value of environmental improvements shall be estimated in physical terms when practical but may be expressed qualitatively. An affected utility, Staff, or any party may propose monetized benefits and costs if supported by appropriate documentation or analyses.
- E.** Market transformation programs shall be analyzed for cost-effectiveness by measuring market effects compared to program costs.
- F.** Educational programs shall be analyzed for cost-effectiveness based on estimated energy and peak demand savings resulting from increased awareness about energy use and opportunities for saving energy.
- G.** Research and development and pilot programs are not required to demonstrate cost-effectiveness.
- H.** An affected utility's low-income customer program portfolio shall be cost-effective, but costs attributable to necessary health and safety measures shall not be used in the calculation.

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**Historical Note**

New Section made by final rulemaking at 16 A.A.R.  
2254, effective January 1, 2011 (Supp. 10-4).

**R14-2-2413. Baseline Estimation**

- A. To determine the baseline, an affected utility shall estimate the level of electric demand and consumption and the associated costs that would have occurred in the absence of a DSM program or DSM measure.
- B. For demand response programs, an affected utility shall use customer load profile information to verify baseline consumption patterns and the peak demand savings resulting from demand response actions.
- C. For installations or applications that have multiple fuel choices, an affected utility shall determine the baseline using the same fuel source actually used for the installation or application.

**Historical Note**

New Section made by final rulemaking at 16 A.A.R.  
2254, effective January 1, 2011 (Supp. 10-4).

**R14-2-2414. Fuel Neutrality**

- A. Ratepayer-funded DSM shall be developed and implemented in a fuel-neutral manner.
- B. An affected utility shall use DSM funds collected from electric customers for electric DSM programs, unless otherwise ordered by the Commission.
- C. An affected utility may use DSM funds collected from electric customers for thermal envelope improvements.

**Historical Note**

New Section made by final rulemaking at 16 A.A.R.  
2254, effective January 1, 2011 (Supp. 10-4).

**R14-2-2415. Monitoring, Evaluation, and Research**

- A. An affected utility shall monitor and evaluate each DSM program and DSM measure to:
  1. Ensure compliance with the cost-effectiveness requirements of R14-2-2412;
  2. Determine participation rates, energy savings, and demand reductions;
  3. Assess the implementation process for the DSM program or DSM measure;
  4. Obtain information on whether to continue, modify, or terminate a DSM program or DSM measure; and
  5. Determine the persistence and reliability of the affected utility's DSM.
- B. An affected utility may conduct evaluation and research, such as market studies, market research, and other technical research, for DSM program planning, product development, and DSM program improvement.

**Historical Note**

New Section made by final rulemaking at 16 A.A.R.  
2254, effective January 1, 2011 (Supp. 10-4).

**R14-2-2416. Program Administration and Implementation**

- A. An affected utility may use an energy service company or other external resource to implement a DSM program or DSM measure.
- B. The Commission may, at its discretion, establish independent program administrators who would be subject to the relevant requirements of this Article.

**Historical Note**

New Section made by final rulemaking at 16 A.A.R.  
2254, effective January 1, 2011 (Supp. 10-4).

**R14-2-2417. Leveraging and Cooperation**

- A. An affected utility shall, to the extent practicable, participate in cost sharing, leveraging, or other lawful arrangements with customers, vendors, manufacturers, government agencies, other electric utilities, or other entities if doing so will increase the effectiveness or cost-effectiveness of a DSM program or DSM measure.
- B. An affected utility shall participate in a DSM program or DSM measure with a natural gas utility when doing so is practicable and if doing so will increase the effectiveness or cost-effectiveness of a DSM program or DSM measure.

**Historical Note**

New Section made by final rulemaking at 16 A.A.R.  
2254, effective January 1, 2011 (Supp. 10-4).

**R14-2-2418. Compliance by Electric Distribution Cooperatives**

- A. An electric distribution cooperative that is an affected utility shall comply with the requirements of this Section instead of meeting the requirements of R14-2-2404(A) and (B) and R14-2-2405(A).
- B. An electric distribution cooperative shall, on June 1 of each odd year, or annually at its election:
  1. File with Docket Control, for Commission review and approval, an implementation plan for each DSM program to be implemented or maintained during the next one or two calendar years, as applicable; and
  2. Submit to the Director of the Commission's Utilities Division an electronic copy of its implementation plan in a format suitable for posting on the Commission's web site.
- C. An implementation plan submitted under subsection (B) shall set forth an energy efficiency goal for each year of at least 75% of the savings requirement specified in R14-2-2404 and shall include the information required under R14-2-2405(B).

**Historical Note**

New Section made by final rulemaking at 16 A.A.R.  
2254, effective January 1, 2011 (Supp. 10-4).

**R14-2-2419. Waiver from the Provisions of this Article**

- A. The Commission may waive compliance with any provision of this Article for good cause.
- B. An affected utility may petition the Commission to waive its compliance with any provision of this Article for good cause.
- C. A petition filed pursuant to this Section shall have priority over other matters filed under this Article.

**Historical Note**

New Section made by final rulemaking at 16 A.A.R.  
2254, effective January 1, 2011 (Supp. 10-4).

**ARTICLE 25. GAS UTILITY ENERGY EFFICIENCY STANDARDS****R14-2-2501. Definitions**

In this Article, unless otherwise specified:

1. "Adjustment mechanism" means a Commission-approved provision in an affected utility's rate schedule allowing the affected utility to increase and decrease a certain rate or rates, in an established manner, when increases and decreases in specific costs are incurred by the affected utility.
2. "Affected utility" means a public service corporation that provides gas utility service to retail customers in Arizona.
3. "Baseline" means the level of gas demand, gas consumption, and associated expenses estimated to occur in the

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- absence of a specific DSM program, determined as provided in R14-2-2513.
4. "CHP" means combined heat and power, which is using a primary energy source to simultaneously produce electrical energy and useful process heat.
  5. "Commission" means the Arizona Corporation Commission.
  6. "Cost-effective" means that total incremental benefits from a DSM measure or DSM program exceed total incremental costs over the life of the DSM measure, as determined under R14-2-2512.
  7. "Customer" means the person or entity in whose name service is rendered to a single contiguous field, location, or facility, regardless of the number of meters at the field, location, or facility.
  8. "Delivery system" means the infrastructure through which an affected utility transmits and then distributes gas energy to its customers.
  9. "DSM" means demand-side management, the implementation and maintenance of one or more DSM programs.
  10. "DSM measure" means any material, device, technology, educational program, practice, or facility alteration designed to result in increased energy efficiency and includes CHP used to displace space heating, water heating, or another load.
  11. "DSM program" means one or more DSM measures provided as part of a single offering to customers.
  12. "DSM tariff" means a Commission-approved schedule of rates designed to recover an affected utility's reasonable and prudent costs of complying with this Article.
  13. "Energy efficiency" means the production or delivery of an equivalent level and quality of end-use gas service using less energy, or the conservation of energy by end-use customers.
  14. "Energy efficiency standard" means the reduction in retail energy sales, in percentage of therms or therm equivalents, required to be achieved through an affected utility's approved DSM and RET programs as prescribed in R14-2-2504.
  15. "Energy savings" means the reduction in a customer's energy consumption, expressed in therms or therm equivalents.
  16. "Energy service company" means a company that provides a broad range of services related to energy efficiency, including energy audits, the design and implementation of energy efficiency projects, and the installation and maintenance of energy efficiency measures.
  17. "Environmental benefits" means avoidance of costs for compliance, or reduction in environmental impacts, for things such as, but not limited to:
    - a. Water use and water contamination;
    - b. Monitoring storage and disposal of solid waste, such as coal ash (bottom and fly);
    - c. Health effects from burning fossil fuels; and
    - d. Emissions from transportation and production of fuels.
  18. "Fuel-neutral" means without promoting or otherwise expressing bias regarding a customer's choice of one fuel over another.
  19. "Gas" means either natural gas or propane.
  20. "Gas utility" means a public service corporation providing natural gas service or propane service to the public.
  21. "Incremental benefits" means amounts saved through avoiding costs for gas purchases, delivery system, and other cost items necessary to provide gas utility service, along with other improvements in societal welfare, such as through avoided environmental impacts, including, but not limited to, water consumption savings, water contamination reduction, air emission reduction, reduction in coal ash, and reduction of nuclear waste.
  22. "Incremental costs" means the additional expenses of DSM measures, relative to baseline.
  23. "Independent program administrator" means an impartial third party employed to provide objective oversight of DSM and RET programs.
  24. "kWh" means kilowatt-hour.
  25. "Leveraging" means combining resources to more effectively achieve an energy efficiency goal, or to achieve greater energy efficiency savings, than would be achieved without combining resources.
  26. "Low-income customer" means a customer with a below average level of household income, as defined in an affected utility's Commission-approved DSM program description.
  27. "Market transformation" means strategic efforts to induce lasting structural or behavioral changes in the market that result in increased energy efficiency.
  28. "Net benefits" means the incremental benefits resulting from DSM minus the incremental costs of DSM.
  29. "Non-market benefits" means improvements in societal welfare that are not bought or sold.
  30. "Program costs" means the expenses incurred by an affected utility as a result of developing, marketing, implementing, administering, and evaluating Commission-approved DSM programs.
  31. "RET" means a renewable energy resource technology application utilizing an energy resource that is replaced rapidly by a natural, ongoing process and that displaces conventional energy resources otherwise used to provide energy to an affected utility's Arizona customers.
  32. "RET program" means one or more RETs provided as part of a single offering to customers.
  33. "Revenue decoupling" means a mechanism that reduces or eliminates the connection between sales volume and the recovery of an affected utility's Commission-approved cost of service.
  34. "Self-direction" means an option made available to qualifying customers of sufficient size, in which the amount of money paid by each qualifying customer toward DSM costs is tracked for the customer and made available for use by the customer for approved DSM investments upon application by the customer.
  35. "Societal Test" means a cost-effectiveness test of the net benefits of DSM programs that starts with the Total Resource Cost Test, but includes non-market benefits and costs to society.
  36. "Staff" means individuals working for the Commission's Utilities Division, whether as employees or through contract.
  37. "Therm" means a unit of heat energy equal to 100,000 British Thermal Units.
  38. "Thermal envelope" means the collection of building surfaces, such as walls, windows, doors, floors, ceilings, and roofs, that separate interior conditioned (heated or cooled) spaces from the exterior environment.

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39. "Therm equivalent" means a unit of energy, such as kWh, converted and stated in terms of therms.
40. "Total Resource Cost Test" means a cost-effectiveness test that measures the net benefits of a DSM program as a resource option, including incremental measure costs, incremental affected utility costs, and carrying costs as a component of avoided capacity cost, but excluding incentives paid by affected utilities and non-market benefits to society.

**Historical Note**

New Section made by final rulemaking at 17 A.A.R. 72, effective March 4, 2011 (Supp. 11-1).

**R14-2-2502. Applicability**

This Article applies to each affected utility classified as Class A according to R14-2-103(A)(3)(q).

**Historical Note**

New Section made by final rulemaking at 17 A.A.R. 72, effective March 4, 2011 (Supp. 11-1).

**R14-2-2503. Goals and Objectives**

- A. An affected utility shall design each DSM program to be cost-effective.
- B. An affected utility shall consider the following when planning and implementing a DSM or RET program:
- Whether the DSM or RET program will advance market transformation and achieve sustainable savings, reducing the need for future market interventions;
  - Whether the affected utility can ensure a level of funding adequate to sustain the DSM or RET program and allow the program to achieve its targeted goals; and
  - If a DSM program, whether the DSM program will achieve cost-effective energy savings.
- C. An affected utility shall:
- Offer DSM programs that will provide an opportunity for all affected utility customer segments to participate, and
  - Allocate a portion of DSM resources specifically to low-income customers.

**Historical Note**

New Section made by final rulemaking at 17 A.A.R. 72, effective March 4, 2011 (Supp. 11-1).

**R14-2-2504. Energy Efficiency Standards**

- A. Except as provided in R14-2-2518 and R14-2-2519, in order to ensure reliable gas service at reasonable ratepayer rates and costs, by December 31, 2020, an affected utility shall, through DSM and RET programs, achieve cumulative annual energy savings, expressed as therms or therm equivalents, equal to at least 6% of the affected utility's retail gas energy sales for calendar year 2019.
- B. An affected utility shall, by the end of each calendar year, meet at least the cumulative annual energy efficiency standard listed in Table 1 for that calendar year. An illustrative example of how the required energy savings would be calculated is shown in Table 2. An illustrative example of how the standard can be met in 2020 is shown in Table 4.

**Table 1. Energy Efficiency Standard**

CALENDAR YEAR	ENERGY EFFICIENCY STANDARD (Cumulative Annual Energy Savings by the End of Each Calendar Year as a Percentage of the Retail Energy Sales in the Prior Calendar Year)
2011	0.50%
2012	1.20%
2013	1.80%
2014	2.40%
2015	3.00%
2016	3.60%
2017	4.20%
2018	4.80%
2019	5.40%
2020	6.00%

**Table 2. Illustrative Example of Calculating Required Energy Savings**

CALENDAR YEAR	A RETAIL SALES (therms)	B ENERGY EFFICIENCY STANDARD	C REQUIRED CUMULATIVE ENERGY SAVINGS (therms or therm equivalents) (B of current year × A of prior year)
2010	100,000,000		0
2011	97,500,000	0.50%	500,000
2012	94,870,000	1.20%	1,170,000
2013	92,411,540	1.80%	1,707,660
2014	90,018,939	2.40%	2,217,877
2015	87,691,512	3.00%	2,700,568
2016	85,427,344	3.60%	3,156,894
2017	83,224,605	4.20%	3,587,948
2018	81,081,521	4.80%	3,994,781
2019	78,996,374	5.40%	4,378,402
2020	76,967,498	6.00%	4,739,782

- C. An affected utility may count energy savings resulting from DSM and RET programs to meet the energy efficiency standard. At least 75% of the energy efficiency standard for each year listed in Table 1 shall be achieved through DSM energy efficiency programs.
- D. An affected utility's energy savings resulting from DSM energy efficiency programs implemented before the effective date of this Article, but after 2004, may be credited toward meeting the energy efficiency standard set forth in subsection (B). The total energy savings credit for these pre-rules DSM



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programs shall not exceed 1% of the affected utility's retail energy sales in calendar year 2005. A portion of the total energy savings credit for these pre-rules programs may be

applied each year, from 2016 through 2020, as listed in Table 3, Column A.

**Table 3. Credit for Pre-rules Energy Savings**

CALENDAR YEAR	A CREDIT FOR THE PRE-RULES ENERGY SAVINGS APPLIED IN EACH YEAR (Percentage of the Total Eligible Pre-rules Cumulative Annual Energy Savings That Shall Be Applied in the Year)	B CUMULATIVE APPLICATION OF THE CREDIT FOR THE PRE-RULES ENERGY SAVINGS IN 2016-2020 (Percentage of the Total Eligible Pre-rules Cumulative Annual Energy Savings That Are Credited by the End of Each Year)
2016	7.5%	7.5%
2017	15.0%	22.5%
2018	20.0%	42.5%
2019	25.0%	67.5%
2020	32.5%	100.0%

- E.** An affected utility may count toward meeting the energy efficiency standard up to one-third of the energy savings resulting from energy efficiency building codes and up to one-third of the energy savings resulting from energy efficiency appliance standards, if the energy savings are quantified and reported through a measurement and evaluation study undertaken by the affected utility, and the affected utility demonstrates and documents its efforts in support of the adoption or implementation of the energy efficiency building codes and appliance standards.
- F.** An affected utility may count a customer's energy savings resulting from self-direction toward meeting the energy efficiency standard.
- G.** An affected utility may count toward meeting the energy efficiency standard all energy savings resulting from the affected utility's sponsorship of RET projects that displace gas. An affected utility may also count toward meeting the energy efficiency standard all energy savings resulting from other RET projects that are not sponsored by the affected utility, if the affected utility can demonstrate that its efforts facilitated the placement and completion of the RET project.
- H.** An affected utility's energy savings resulting from efficiency improvements to its delivery system may not be counted toward meeting the energy efficiency standard.
- I.** An affected utility's energy savings used to meet the energy efficiency standard will be assumed to continue through the year 2020 or, if expiring before the year 2020, to be replaced with a DSM measure or RET having at least the same level of efficiency.

**Table 4. Illustrative Example of How the Energy Standard Could be Met in 2020**

	2020 Energy Efficiency Standard	2019 Retail Sales (therms)	Required Cumulative Annual Energy Savings (therms or therm equivalents)
Total	6.00%	78,996,374	4,739,782
Breakdown of Savings and Credits Used To Meet 2020 Standard:			
			Cumulative Annual Energy Savings Or Credit (therms)
Pre-rules Savings Credit R14-2-2504(D)			359,545*
Building Codes and Appliance Standards R14-2-2504(E)			425,000
Self-direction R14-2-2504(F)			27,000
RET R14-2-2504(G)			25,000
CHP R14-2-2501(10) and R14-2-2504(C)			135,000
Energy Efficiency R14-2-2504(C)	At least 75%		3,768,237
Total			4,739,782

\*The total pre-rules savings credit shall be capped at 1% of 2005 retail energy sales, and the total credit is allocated over five years from 2016 to 2020. The credit shown above represents an estimate of the portion of the total credit that can be taken in 2020, or 32.5% of the total credit allowed.

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**Historical Note**

New Section R14-2-2504 and Tables 1 through 4 made by final rulemaking at 17 A.A.R. 72, effective March 4, 2011 (Supp. 11-1).

**R14-2-2505. Implementation Plans**

- A.** Except as provided in R14-2-2518 and R14-2-2519, on June 1 of each odd year, or annually at the election of each affected utility, each affected utility shall file with Docket Control, for Commission review and approval, an implementation plan describing how the affected utility intends to meet the energy efficiency standard for the next one or two calendar years, as applicable, except that the initial implementation plan shall be filed within 30 days of the effective date of this Article.
- B.** The implementation plan shall include the following information:
1. Except for the initial implementation plan, a description of the affected utility's compliance with the requirements of this Article for the previous calendar year;
  2. Except for the initial implementation plan, which shall describe only the next calendar year, a description of how the affected utility intends to comply with this Article for the next two calendar years, including an explanation of any modification to the rates of an existing DSM adjustment mechanism or tariff that the affected utility believes is necessary;
  3. Except for the initial implementation plan, which shall describe only the next calendar year, a description of each DSM and RET program to be newly implemented or continued in the next two calendar years and an estimate of the annual therm or therm equivalent savings projected to be obtained through each DSM and RET program;
  4. The estimated total cost and cost per therm reduction of each DSM measure and program and each RET and RET program described in subsection (B)(3);
  5. A DSM tariff filing complying with R14-2-2506(A) or a request to modify and reset an adjustment mechanism complying with R14-2-2506(C), as applicable; and
  6. For each new DSM measure and program and each RET and RET program that the affected utility desires to implement, a program proposal complying with R14-2-2507.
- C.** An affected utility shall notify its customers of its implementation plan filing through a notice in its next regularly scheduled customer bills following the filing of the implementation plan.
- D.** The Commission may hold a hearing to determine whether an affected utility's implementation plan satisfies the requirements of this Article.
- E.** An affected utility's Commission-approved implementation plan, and the DSM and RET programs authorized thereunder, shall continue in effect until the Commission takes action on a new implementation plan for the affected utility.

**Historical Note**

New Section made by final rulemaking at 17 A.A.R. 72, effective March 4, 2011 (Supp. 11-1).

**R14-2-2506. DSM Tariffs**

- A.** An affected utility's DSM tariff filing shall include the following:
1. A detailed description of each method proposed by the affected utility to recover the reasonable and prudent costs associated with implementing the affected utility's intended DSM and RET programs;
  2. Financial information and supporting data sufficient to allow the Commission to determine the affected utility's fair value, including, at a minimum, the information

required to be submitted in a utility annual report filed under R14-2-312(G)(4);

3. Data supporting the level of costs that the affected utility believes will be incurred in order to comply with this Article; and
  4. Any other information that the Commission believes is relevant to the Commission's consideration of the tariff filing.
- B.** The Commission shall approve, modify, or deny a tariff filed pursuant to subsection (A) within 180 days after the tariff has been filed. The Commission may suspend this deadline or adopt an alternative procedural schedule for good cause.
- C.** If an affected utility has an existing adjustment mechanism to recover the reasonable and prudent costs associated with implementing DSM and RET programs, the affected utility may, in lieu of making a tariff filing under subsection (A), file a request to modify and reset its adjustment mechanism by submitting the information required under subsections (A)(1) and (3).

**Historical Note**

New Section made by final rulemaking at 17 A.A.R. 72, effective March 4, 2011 (Supp. 11-1).

**R14-2-2507. Commission Review and Approval of DSM and RET Programs**

- A.** An affected utility shall obtain Commission approval before implementing a new DSM program or measure or a new RET program or RET.
- B.** An affected utility may apply for Commission approval of a DSM program or measure or an RET program or RET by submitting a program proposal either as part of its implementation plan submitted under R14-2-2505 or through a separate application.
- C.** A program proposal shall include the following:
1. A description of the DSM program or measure or RET program or RET that the affected utility desires to implement;
  2. The affected utility's objectives and rationale for the DSM program or measure or RET program or RET;
  3. A description of the market segment at which the DSM program or measure or RET program or RET is aimed;
  4. An estimated level of customer participation in the DSM program or measure or RET program or RET;
  5. An estimate of the baseline;
  6. For a DSM program or measure:
    - a. The estimated societal benefits and savings from the DSM program or measure,
    - b. The estimated societal costs of the DSM program or measure, and
    - c. The estimated benefit-cost ratio of the DSM program or measure;
  7. The estimated environmental benefits to be derived from the DSM program or measure or RET program or RET;
  8. The affected utility's marketing and delivery strategy;
  9. The affected utility's estimated annual costs and budget for the DSM program or measure or RET program or RET;
  10. The implementation schedule for the DSM program or measure or RET program or RET;

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11. A description of the affected utility's plan for monitoring and evaluating the DSM program or measure or RET program or RET; and
  12. Any other information that the Commission believes is relevant to the Commission's consideration of the filing.
- D.** In determining whether to approve a program proposal, the Commission shall consider:
1. The extent to which the Commission believes the DSM program or measure will meet the goal set forth in R14-2-2503(A), and
  2. All of the considerations set forth in R14-2-2503(B).
- E.** Staff may request modifications of on-going DSM and RET programs to ensure consistency with this Article. The Commission shall allow affected utilities adequate time to notify customers of DSM and RET program modifications.

**Historical Note**

New Section made by final rulemaking at 17 A.A.R. 72, effective March 4, 2011 (Supp. 11-1).

**R14-2-2508. Parity and Equity**

- A.** An affected utility shall develop and propose DSM programs for residential, non-residential, and low-income customers.
- B.** An affected utility shall allocate DSM funds collected from residential customers and from non-residential customers proportionately to those customer classes to the extent practicable.
- C.** The affected utility costs of DSM and RET programs for low-income customers shall be borne by all customer classes, except where a customer or customer class is specifically exempted by Commission order.
- D.** DSM funds collected by an affected utility shall be used, to the extent practicable, to benefit that affected utility's customers.
- E.** All customer classes of an affected utility shall bear the costs of DSM and RET programs by payment through a non-bypassable mechanism, unless a customer or customer class is specifically exempted by Commission order.

**Historical Note**

New Section made by final rulemaking at 17 A.A.R. 72, effective March 4, 2011 (Supp. 11-1).

**R14-2-2509. Reporting Requirements**

- A.** By April 1 of each year, an affected utility shall submit to the Commission, in a Commission-established docket for that year, a DSM progress report providing information for each of the affected utility's Commission-approved DSM and RET programs including at least the following:
1. An analysis of the affected utility's progress toward meeting the annual energy efficiency standard;
  2. A list of the affected utility's current Commission-approved DSM and RET programs, organized by customer segment;
  3. A description of the findings from any research projects completed during the previous year; and
  4. The following information for each Commission-approved DSM program and measure and RET program and RET:
    - a. A brief description;
    - b. Goals, objectives, and savings targets;
    - c. The level of customer participation during the previous year;
    - d. The costs incurred during the previous year, disaggregated by type of cost, such as administrative costs, rebates, and monitoring costs;

- e. A description and the results of evaluation and monitoring activities during the previous year;
- f. Savings realized in kW, kWh, therms, and therm equivalents, as appropriate;
- g. The environmental benefits realized;
- h. Incremental benefits and net benefits, in dollars;
- i. Performance-incentive calculations for the previous year;
- j. Problems encountered during the previous year and proposed solutions;
- k. A description of any modifications proposed for the following year; and
- l. Whether the affected utility proposes to terminate the DSM program or measure or RET program or RET and the proposed date of termination.

- B.** By October 1 of each year, an affected utility shall file a status report including a tabular summary showing the following for each current Commission-approved DSM program and measure and RET program and RET of the affected utility:
1. Semi-annual expenditures compared to annual budget, and
  2. Participation rates.
- C.** An affected utility shall file each report required by this Section with Docket Control, where it will be available to the public, and shall make each such report available to the public upon request.
- D.** An affected utility may request within its implementation plan that these reporting requirements supersede specific existing DSM reporting requirements.

**Historical Note**

New Section made by final rulemaking at 17 A.A.R. 72, effective March 4, 2011 (Supp. 11-1).

**R14-2-2510. Cost Recovery**

- A.** An affected utility may recover the costs that it incurs in planning, designing, implementing, and evaluating a DSM program or measure or RET program or RET if the DSM program or measure or RET program or RET is all of the following:
1. Approved by the Commission before it is implemented;
  2. Implemented in accordance with a Commission-approved program proposal or implementation plan; and
  3. Monitored and evaluated, pursuant to R14-2-2515.
- B.** An affected utility shall monitor and evaluate each DSM program or measure and each RET program or RET, as provided in R14-2-2515.
- C.** If an affected utility determines that a DSM program or measure is not cost-effective or that a DSM program or measure or RET program or RET does not meet expectations, the affected utility shall include in its annual DSM progress report filed under R14-2-2509 a proposal to modify or terminate the DSM program or measure or RET program or RET.
- D.** An affected utility shall recover its DSM and RET costs concurrently, on an annual basis, with the spending for DSM and RET programs, unless the Commission orders otherwise.
- E.** An affected utility may recover costs from DSM funds for any of the following items, if the expenditures will enhance DSM or RET programs:
1. Incremental labor attributable to DSM and RET development,
  2. A market study,
  3. A research and development project such as applied technology assessment,
  4. Consortium membership, or

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- 5. Other items that are difficult to allocate to an individual DSM or RET program.
- F. The Commission may impose a limit on the amount of DSM funds that may be used for the items in subsection (E).
- G. If goods and services used by an affected utility for DSM or RET have value for other affected utility functions, programs, or services, the affected utility shall divide the costs for the goods and services and allocate funding proportionately.
- H. An affected utility shall allocate DSM and RET costs in accordance with generally accepted accounting principles.
- I. An affected utility, at its own initiative, may submit to the Commission twice-annual reports on the financial impacts of its Commission-approved DSM and RET programs, including any unrecovered fixed costs and net lost income/revenue resulting from its Commission-approved DSM and RET programs.

**Historical Note**

New Section made by final rulemaking at 17 A.A.R. 72, effective March 4, 2011 (Supp. 11-1).

**R14-2-2511. Revenue Decoupling**

The Commission shall review and address financial or other disincentives, recovery of fixed costs, and recovery of net lost income/revenue, including, but not limited to, implementation of a revenue decoupling mechanism, due to Commission-approved DSM and RET programs, if an affected utility requests such review in its rate case and provides adequate documentation/records supporting its request in its rate application.

**Historical Note**

New Section made by final rulemaking at 17 A.A.R. 72, effective March 4, 2011 (Supp. 11-1).

**R14-2-2512. Cost-effectiveness**

- A. An affected utility shall ensure that the incremental benefits to society of the affected utility's overall group of DSM programs exceed the incremental costs to society of the overall group of DSM programs.
- B. The Societal Test shall be used to determine cost-effectiveness.
- C. The analysis of a DSM program's or DSM measure's cost-effectiveness may include:
  - 1. Costs and benefits associated with reliability, improved system operations, environmental impacts, and customer service;
  - 2. Savings of both gas and electricity; and
  - 3. Any uncertainty about future streams of costs or benefits.
- D. An affected utility shall make a good faith effort to quantify water consumption savings and air emission reductions resulting from implementation of DSM programs, while other environmental costs or the value of environmental improvements shall be estimated in physical terms when practical but may be expressed qualitatively. An affected utility, Staff, or any party may propose monetized benefits and costs if supported by appropriate documentation or analyses.
- E. Market transformation programs shall be analyzed for cost-effectiveness by measuring market effects compared to program costs.
- F. Educational programs shall be analyzed for cost-effectiveness based on estimated energy and peak demand savings resulting from increased awareness about energy use and opportunities for saving energy.
- G. Research and development and pilot programs are not required to demonstrate cost-effectiveness.

- H. An affected utility's low-income customer program portfolio shall be cost-effective, but costs attributable to necessary health and safety measures shall not be used in the calculation.

**Historical Note**

New Section made by final rulemaking at 17 A.A.R. 72, effective March 4, 2011 (Supp. 11-1).

**R14-2-2513. Baseline Estimation**

- A. To determine the baseline, an affected utility shall estimate the level of gas demand and consumption and the associated costs that would have occurred in the absence of a DSM program.
- B. For installations or applications that have multiple fuel choices, an affected utility shall determine the baseline using the same fuel source that would have actually been used for the installation or application in the absence of a DSM program.

**Historical Note**

New Section made by final rulemaking at 17 A.A.R. 72, effective March 4, 2011 (Supp. 11-1).

**R14-2-2514. Fuel Neutrality**

- A. Ratepayer-funded DSM shall be developed and implemented in a fuel-neutral manner.
- B. An affected utility shall use DSM funds collected from gas customers for gas DSM programs, unless otherwise ordered by the Commission.
- C. An affected utility may use DSM funds collected from gas customers for thermal envelope improvements.

**Historical Note**

New Section made by final rulemaking at 17 A.A.R. 72, effective March 4, 2011 (Supp. 11-1).

**R14-2-2515. Monitoring, Evaluation, and Research**

- A. An affected utility shall monitor and evaluate each DSM program and measure and each RET program and RET to:
  - 1. Ensure compliance with the cost-effectiveness requirements for DSM programs in R14-2-2512;
  - 2. Determine participation rates, energy savings, and demand reductions;
  - 3. Assess the implementation process for the DSM program or measure or RET program or RET;
  - 4. Obtain information on whether to continue, modify, or terminate a DSM program or measure or RET program or RET; and
  - 5. Determine the persistence and reliability of the affected utility's DSM programs and measures and RET programs and RETs.
- B. An affected utility may conduct evaluation and research, such as market studies, market research, and other technical research, for DSM and RET program planning, product development, and DSM and RET program improvement.

**Historical Note**

New Section made by final rulemaking at 17 A.A.R. 72, effective March 4, 2011 (Supp. 11-1).

**R14-2-2516. Program Administration and Implementation**

- A. An affected utility may use an energy service company or other external resource to implement a DSM program or measure or RET program or RET.
- B. The Commission may, at its discretion, establish independent program administrators who would be subject to the relevant requirements of this Article.

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**Historical Note**

New Section made by final rulemaking at 17 A.A.R. 72, effective March 4, 2011 (Supp. 11-1).

**R14-2-2517. Leveraging and Cooperation**

- A. An affected utility shall, to the extent practicable, participate in cost sharing, leveraging, or other lawful arrangements with customers, vendors, manufacturers, government agencies, other gas utilities, or other entities if doing so will increase the effectiveness of a DSM program or measure or RET program or RET.
- B. An affected utility shall participate in a DSM program or measure or RET program or RET with an electric utility when doing so is practicable and if doing so will increase the effectiveness of the DSM program or measure or RET program or RET.

**Historical Note**

New Section made by final rulemaking at 17 A.A.R. 72, effective March 4, 2011 (Supp. 11-1).

**R14-2-2518. Compliance by Gas Distribution Cooperatives**

- A. A gas distribution cooperative that is an affected utility shall comply with the requirements of this Section instead of meeting the requirements of R14-2-2504(A) and (B) and R14-2-2505(A).
- B. A gas distribution cooperative shall, on June 1 of each odd year, or annually at its election:
  - 1. File with Docket Control, for Commission review and approval, an implementation plan providing information for each DSM and RET program to be implemented or maintained during the next one or two calendar years, as applicable; and
  - 2. Submit to the Director of the Commission's Utilities Division an electronic copy of its implementation plan in a format suitable for posting on the Commission's web site.
- C. A gas distribution cooperative's initial implementation plan shall be filed with Docket Control within 30 days of the effective date of this Article.
- D. An implementation plan submitted under subsection (B) or (C) shall set forth an energy efficiency goal for each year of at least 75% of the savings requirement specified in R14-2-2504 and shall include the information required under R14-2-2505(B).

**Historical Note**

New Section made by final rulemaking at 17 A.A.R. 72, effective March 4, 2011 (Supp. 11-1).

**R14-2-2519. Compliance by Propane Companies**

- A. A propane company that is an affected utility shall comply with the requirements of this Section instead of meeting the requirements of R14-2-2504(A) and (B) and R14-2-2505(A).
- B. A propane company shall, on June 1 of each odd year, or annually at its election:
  - 1. File with Docket Control, for Commission review and approval, an implementation plan providing information for each DSM and RET program to be implemented or maintained during the next one or two calendar years, as applicable; and
  - 2. Submit to the Director of the Commission's Utilities Division an electronic copy of its implementation plan in a format suitable for posting on the Commission's web site.

- C. A propane company's initial implementation plan shall be filed with Docket Control within 30 days of the effective date of this Article.
- D. An implementation plan submitted under subsection (B) or (C) shall set forth an energy efficiency goal for each year of at least 50% of the savings requirement specified in R14-2-2504 and shall include the information required under R14-2-2505(B).

**Historical Note**

New Section made by final rulemaking at 17 A.A.R. 72, effective March 4, 2011 (Supp. 11-1).

**R14-2-2520. Waiver from the Provisions of this Article**

- A. The Commission may waive compliance with any provision of this Article for good cause.
- B. An affected utility may petition the Commission to waive its compliance with any provision of this Article for good cause.

**Historical Note**

New Section made by final rulemaking at 17 A.A.R. 72, effective March 4, 2011 (Supp. 11-1).

**ARTICLE 26. INTERCONNECTION OF DISTRIBUTED GENERATION FACILITIES****R14-2-2601. Definitions**

In this Article, unless otherwise specified:

1. "AC" means alternating current.
2. "Applicant" means a Customer or Representative who submits an Interconnection Application pursuant to this Article.
3. "Application" means the standard form or format for an Applicant to apply to a Utility for Interconnection of a Generating Facility with the Distribution System.
4. "Backfeed" means to energize a section of a Utility electric system with a Generating Facility.
5. "Calendar Day" means any day including Saturday, Sunday, or a federal or state holiday.
6. "Certified Equipment" means a specific generating and protective equipment system or systems certified as meeting the requirements in R14-2-2611 relating to testing, operation, safety, and reliability by an NRTL.
7. "Clearance" means documentation from a Utility stating that a line or equipment is disconnected from all known sources of power and tagged; that for safety purposes all proper precautionary measures have been taken; and that workers may proceed to inspect, test, and install ground on the circuit.
8. "CFR" means Code of Federal Regulations.
9. "Commission" means the Arizona Corporation Commission.
10. "Customer" means an electric consumer applying to connect a Generating Facility on the consumer's side of the Utility meter, whether an Exporting System, a Non-Exporting System, or an Inadvertent Export System.
11. "DC" means direct current.
12. "Disconnect Switch" means a device that:
  - a. Is installed and maintained for a Generating Facility by the Customer;
  - b. Is a visible-open, manual, gang-operated, load break disconnect device;
  - c. Is capable of being locked in a visible-open position by a standard Utility padlock that will completely isolate the Generating Facility from the Distribution System; and

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- d. If the voltage of the Generating Facility is over 500 volts, is capable of being grounded on the Utility side.
13. "Distributed Generation" means any type of Customer electrical generator, solid-state or static inverter, or Generating Facility interconnected with the Distribution System that either can be operated in electrical parallel with the Distribution System or can feed a Customer load that can also be fed by the Distribution System.
14. "Distribution System" means the infrastructure constructed, maintained, and operated by a Utility to deliver electric service at the distribution level (69 kV or less) to retail consumers.
15. "Electric Cooperative" means a Utility that is:
  - a. Not operated for profit;
  - b. Owned and controlled by its members; and
  - c. Operating as a public service company in this state.
16. "Exporting System" means any type of Generating Facility that is designed to regularly Backfeed the Distribution System.
17. "Facilities Study" means a comprehensive analysis of the actual construction needed to take place based on the outcome of a System Impact Study.
18. "Fault Current" means the level of current that can flow if a short circuit is applied to a voltage source.
19. "Feasibility Study" means a preliminary review of the potential impacts on the Distribution System that will result from a proposed Interconnection.
20. "Generating Facility" means all or part of a Customer's electrical generator(s), energy storage system(s), or any combination of electrical generator(s) and storage system(s), together with all inverter(s) and protective, safety, and associated equipment necessary to produce electric power at the Customer's facility; this includes solid-state or static inverters, induction machines, and synchronous machines.
21. "Good Utility Practice" means any of the practices, methods, and acts engaged in or approved by a significant portion of the electric industry during the relevant time period, or any of the practices, methods, and acts that, in the exercise of reasonable judgment in light of the facts known at the time the decision was made, could have been expected to accomplish the desired result at a reasonable cost consistent with reliability, safety, and expedition. Good Utility Practice is not intended to be limited to the optimal practice, method, or act to the exclusion of all others, but rather to include practices, methods, or acts generally accepted in the region at the relevant time.
22. "IEEE" means the Institute of Electrical and Electronics Engineers, Inc.
23. "Inadvertent Export" means the unplanned, uncompensated transfer of electrical energy from a Generating Facility to the Distribution System across the Point of Interconnection.
24. "Interconnection" means the physical connection of a Generating Facility to the Distribution System.
25. "Interconnection Agreement" means an agreement, signed between the Utility and the Customer, covering the terms and conditions governing the Interconnection and operation of the Generating Facility with the Utility, and includes any appendices to the agreement.
26. "Interconnection Facilities" means the electrical wires, switches, and related equipment that are required, in addition to the facilities required to provide electric distribution service to a Customer, to allow Interconnection. Interconnection Facilities may be located on either side of the Point of Interconnection as appropriate to their purpose and design.
27. "Interconnection Manual" means a separate document developed and maintained by a Utility as required under R14-2-2628.
28. "Interconnection Study" means a study that may be undertaken by a Utility (or a Utility-designated third party) in response to the Utility's receipt of a completed Application. An Interconnection Study may include:
  - a. A Feasibility Study;
  - b. A System Impact Study;
  - c. A Facilities Study; and
  - d. Any additional analysis required by the Utility.
29. "Islanding" means a condition in which a portion of the Distribution System is energized solely by one or more local electric power systems throughout the associated Point of Interconnection while that portion of the Distribution System is electrically separated from the rest of the Distribution System. Islanding can be either intentional (planned) or unintentional (unplanned).
30. "Jurisdictional Electric Inspection Agency" means the governmental authority having jurisdiction to inspect and approve the installation of a Generating Facility.
31. "kW" means kilowatt.
32. "Maximum Capacity" means:
  - a. The nameplate AC capacity of a Generating Facility; or
  - b. If the Operating Characteristics of the Generating Facility limit the power transferred across the Point of Interconnection to the Distribution System, only the power transferred across the Point of Interconnection to the Distribution System, not including Inadvertent Export.
33. "MW" means megawatt.
34. "Non-Exporting System" means a system in which there is no designed, regular export of power from the Generating Facility to the Distribution System.
35. "NRTL" means a Nationally Recognized Testing Laboratory recognized by the U.S. Occupational Safety and Health Administration.
36. "Operating Characteristics" means the mode of operation of a Generating Facility (Exporting System, Non-Exporting System, or Inadvertent Exporting System) that controls the amount of power delivered across the Point of Interconnection to the Distribution System.
37. "Parallel Operation" means the operation of a Generating Facility that is electrically interconnected to a bus common with the Distribution System, either on a momentary or continuous basis.
38. "Protective Functions" means the equipment, hardware, or software in a Generating Facility that protects against Unsafe Operating Conditions.
39. "Point of Interconnection" means the physical location where the Utility's service conductors are connected to the Customer's service conductors to allow Parallel Operation of the Generating Facility with the Distribution System.
40. "Relay" means an electric device that is designed to interpret input conditions in a prescribed manner and, after specified conditions are met, to respond and cause contact operation or similar abrupt change in associated electric control circuits.

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41. "Representative" means an agent of the Customer who is designated by the Customer and is acting on the Customer's behalf.
42. "RUS" means the U.S. Department of Agriculture Rural Utilities Service.
43. "Scoping Meeting" means an initial review meeting between a Utility and a Customer or Representative during which a general overview of the proposed Generating Facility design is discussed, and the Utility provides general information on system conditions at the proposed Point of Interconnection.
44. "Secondary Spot Network System" means an AC power Distribution System meeting the criteria in R14-2-2622.
45. "System Impact Study" means a full engineering review of the impact on the Distribution System from a Generating Facility, including power flow, Utility system protective device coordination, generator protection schemes (if not Certified Equipment), stability, voltage fluctuations, frequency impacts, and short circuit study. A System Impact Study may consider total nameplate capacity of the Generating Facility.
46. "UL 1741" means the Underwriters Laboratories Inc. Standard for Inverters, Converters, Controllers and Interconnection System Equipment for Use with Distributed Energy Resources (February 15, 2018), with no future editions or amendments, which is incorporated by reference; on file with the Commission; and published by and available from Underwriters Laboratories Inc., 151 Eastern Avenue Bensenville, IL 60106-3072 and through <https://standardscatalog.ul.com>.
47. "UL 1741SA" means the approved supplemental amendment of UL 1741 that defines the manufacturing (including software) and product testing requirements for advanced inverters.
48. "Unsafe Operating Conditions" means conditions that, if left uncorrected, could result in any of the following:
  - a. Harm to personnel;
  - b. Damage to equipment;
  - c. An adverse effect to the safe operation of the Distribution System; or
  - d. Operation of the Generating Facility outside pre-established parameters required by the Interconnection Agreement.
49. "Utility" means an electric distribution company that constructs, operates, and maintains its Distribution System for the receipt and delivery of electricity and that is a public service corporation under Arizona Constitution, Article 15, § 2.
  - A. A Customer may operate a Generating Facility as an Exporting System, a Non-Exporting System, or an Inadvertent Export System.
  - B. An Applicant shall declare the Maximum Capacity of a Generating Facility in its Application.
  - C. If an Applicant claims a Generating Facility is a Non-Exporting System:
    1. The Utility may require an independent third-party certification ensuring that the system meets the following standards:
      - a. Is able to supply part or all of the Customer's load continuously or during a Utility power outage;
      - b. Is sized such that the export of power is not possible or includes control functions to prevent the export of power; and
      - c. Has control functions that are listed by an NRTL for the purpose as used and are also inspected and approved by the Customer's Jurisdictional Electric Inspection Agency; and
    2. The Applicant shall ensure that the Generating Facility utilizes any combination of equipment, hardware, or software, as specified by the Utility in its Interconnection Manual, to prevent the transfer of electrical energy to the Distribution System.
  - D. If an Applicant claims a Generating Facility is an Inadvertent Export system that does not utilize only UL 1741-certified or UL 1741SA-listed grid support non-islanding inverters:
    1. The Utility may require additional protective functions and equipment to detect Distribution System faults;
    2. The amount of Inadvertent Export to the Distribution System shall be limited to the lesser of the following values:
      - a. 50% of the Generating Facility's Maximum Capacity;
      - b. 10% of the continuous conductor rating in watts at 0.9 power factor for the lowest rated feeder conductor upstream of the Generating Facility; or
      - c. 500 kW; and
    3. The expected frequency of Inadvertent Export events shall be less than two occurrences per 24-hour period.
  - E. If an Applicant claims a Generating Facility is an Inadvertent Export system that utilizes only UL 1741-certified or UL 1741SA-listed grid support non-islanding inverters, the Generating Facility shall:
    1. Utilize control functions that limit the export of electrical power to the Distribution System;
    2. Have a Maximum Capacity of 500 kVA or less;
    3. Have a magnitude of Inadvertent Export no more than 100 kVA;
    4. Have a duration of Inadvertent Export of power of less than 30 seconds for any single event;
    5. Monitor that its total energy export per month is maintained to be no more than its Maximum Capacity multiplied by 0.1 hours per day over a rolling 30-day period (e.g., a 100 kVA gross nameplate capacity Generating Facility would have a maximum energy export per 30-day month of 300 kWh);
    6. Disconnect the Generating Facility from the Distribution System in the event of an Inadvertent Export, ceasing to energize the Distribution System or halting energy production, within two seconds after the period of uninterrupted export exceeds 30 seconds or the magnitude of export exceeds 100 kVA; and

**Historical Note**

New Section made by final rulemaking at 26 A.A.R. 473, with an immediate effective date of February 25, 2020 (Supp. 20-1).

**R14-2-2602. Applicability**

These rules apply to a Generating Facility operating (or to be operated) in parallel with a Distribution System of a Utility, subject to Commission jurisdiction after the effective date of this Article.

**Historical Note**

New Section made by final rulemaking at 26 A.A.R. 473, with an immediate effective date of February 25, 2020 (Supp. 20-1).

**R14-2-2603. Types of Generating Facilities**

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7. Enter a safe operation mode, where Inadvertent Export events cannot occur, upon failure of the control or inverter system for more than 30 seconds, whether from loss of control signal, loss of control power, or a single component failure or related control sensing of the control circuitry.

**Historical Note**

New Section made by final rulemaking at 26 A.A.R. 473,  
with an immediate effective date of February 25, 2020  
(Supp. 20-1).

**R14-2-2604. Customer Rights and Responsibilities**

- A. A Customer has the following rights:
  1. To designate a Representative to act on the Customer's behalf;
  2. To submit an Application to interconnect a Generating Facility with a Distribution System;
  3. To expect prompt and professional responses from a Utility during the Interconnection process;
  4. To expect detailed and itemized good faith estimates of cost from the Utility;
  5. To expect outlines, supporting data, and justification for proposed work before the Utility undertakes any studies or system upgrades to accommodate the Generating Facility;
  6. To sign documents using an electronic (e-signature) method if the Customer has the technical capability to sign electronically and is submitting the documents electronically; and
  7. To request a one-time 90-day extension from the Utility using a simple notification process and not to have an extension unreasonably withheld for circumstances beyond the Customer's control.
- B. A Customer shall ensure that:
  1. The Generating Facility meets or exceeds all minimum Interconnection, safety, and protection requirements outlined in this Article and the Utility's Interconnection Manual;
  2. The Generating Facility meets all applicable construction codes, safety codes, electric codes, laws, and requirements of government agencies having jurisdiction;
  3. The Generating Facility's Certified Equipment is installed and operated in a manner that protects the Generating Facility, Utility personnel, the public, and the Distribution System from harm;
  4. The Generating Facility design, installation, maintenance, and operation minimize the likelihood of causing a malfunction in, damaging, or otherwise impairing the Distribution System;
  5. The Generating Facility does not adversely affect the quality of service to other Utility consumers;
  6. The Generating Facility does not hamper efforts to restore a feeder to service when a Clearance is required;
  7. The Generating Facility is maintained in accordance with applicable manufacturers' maintenance schedules; and
  8. The Utility is notified of any emergency or hazardous condition or occurrence involving the Generating Facility that could affect safe operation of the Distribution System.
- C. A Customer shall pay for; lease or own; and be responsible for designing, installing, and operating all Interconnection Facilities located on the Customer's side of the Point of Interconnection.
- D. A Customer shall ensure that Interconnection Facilities:
  1. Are located on the Customer's premises; and
  2. To enable delivery of power from the Generating Facility to the Distribution System at the Point of Interconnection, include:
    - a. Necessary equipment for:
      - i. Connection,
      - ii. Transformation,
      - iii. Switching,
      - iv. Protective relaying,
      - v. Metering,
      - vi. Communication, and
      - vii. Safety requirements;
    - b. A Disconnect Switch; and
    - c. Any other requirements outlined in this Article or specified by the Utility in its Interconnection Manual.
- E. A Customer interconnecting a Generating Facility with the Distribution System shall:
  1. Sign an Interconnection Agreement and all other applicable purchase, supply, and standby agreements; and
  2. Comply with all applicable tariffs, rate schedules, and Utility service requirements.
- F. A Customer shall not interconnect or cause Interconnection of a Generating Facility to the Distribution System without first executing an Interconnection Agreement with the Utility that operates the Distribution System.

**Historical Note**

New Section made by final rulemaking at 26 A.A.R. 473,  
with an immediate effective date of February 25, 2020  
(Supp. 20-1).

**R14-2-2605. Utility Rights and Responsibilities**

- A. A Utility shall interconnect a Generating Facility to the Distribution System, subject to the requirements of this Article and of the Utility's Interconnection Manual.
- B. A Utility has the right to expect prompt, reasonable, and professional responses from a Customer during the Interconnection process.
- C. A Utility shall require that an interconnected Generating Facility:
  1. Not present any hazards to Utility personnel, other Utility consumers, or the public;
  2. Minimize the possibility of damage to the Utility and to other Utility consumers' equipment;
  3. Not adversely affect the quality of service to other Utility consumers; and
  4. Not hamper efforts to restore a feeder to service when a Clearance is required.
- D. A Utility shall notify a Customer if there is reason to believe that operation of the Customer's Generating Facility has caused disruption or deterioration of service to other Utility consumers served from the Distribution System or that such operation has caused damage to the Distribution System.
- E. A Utility shall make its Interconnection Manual, standard Application, and Interconnection Agreements readily available to an Applicant in print and online formats.
- F. Following the receipt of an Application, a Utility shall review the Generating Facility to ensure it complies with the applicable screens in R14-2-2615. If the Generating Facility design does not comply with the applicable screens in R-14-2-2615, an Interconnection Study may be required. Before the Utility undertakes any Interconnection Study or system upgrades that will be charged to the Applicant, the Utility shall provide the Applicant a detailed estimate of the cost, an outline of the pro-



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posed work, supporting data, and justification for the proposed work. If the results of an Interconnection Study necessitate additional Interconnection Facilities or upgrades, the Utility shall provide written notice to the Applicant of the Utility's intent to install the Interconnection Facilities or upgrades. The Applicant shall pay the Utility for Interconnection Facilities or upgrades identified in the Interconnection Study except for those unrelated to the Generating Facility installation. The Utility shall provide the results of the Interconnection Study to the Applicant.

- G. A Utility may not disapprove Interconnection of a Generating Facility that satisfies the requirements of this Article and the Utility's Interconnection Manual.
- H. If additional Interconnection Facilities or upgrades are needed to accommodate a Generating Facility, and the Interconnection Facilities or upgrades will benefit the grid, the Utility shall reduce the charge of the Interconnection Facilities or upgrades to the Customer by the amount of benefits to the grid that are readily quantifiable by the Utility. A Utility shall not reject an Application on the basis of existing Distribution System conditions that are deficient, or charge a Customer for Interconnection Facilities or upgrades that are overdue or that will soon be required to ensure compliance with Good Utility Practice.
- I. A Utility shall process each Application on a nondiscriminatory basis.

**Historical Note**

New Section made by final rulemaking at 26 A.A.R. 473,  
with an immediate effective date of February 25, 2020  
(Supp. 20-1).

**R14-2-2606. Easements and Rights-of-Way**

- A. Where an easement or right-of-way does not exist, but is required by a Utility to accommodate Interconnection, a Customer shall provide a suitable easement or right-of-way, in the Utility's name, on the premises owned, leased, or otherwise controlled by the Customer. If the required easement or right of way is on another's property, the Customer shall obtain and provide to the Utility a suitable easement or right-of-way, in the Utility's name, at the Customer's expense and in sufficient time to comply with Interconnection Agreement requirements.
- B. A Utility shall use reasonable efforts to utilize existing easements to accommodate Interconnection.
- C. A Utility shall use reasonable efforts to assist a Customer in securing necessary easements at the Customer's expense.

**Historical Note**

New Section made by final rulemaking at 26 A.A.R. 473,  
with an immediate effective date of February 25, 2020  
(Supp. 20-1).

**R14-2-2607. Insurance**

- A. Except as provided in subsection (D), a Utility shall not require a Customer to maintain general liability insurance coverage as a condition for Interconnection.
- B. A Utility shall not require a Customer to negotiate any policy or renewal of any policy covering any liability through a particular insurance provider, agent, solicitor, or broker.
- C. The provision in subsection (A) does not waive or otherwise foreclose any rights a Utility may have to pursue remedies at law against a Customer to recover damages.
- D. A Utility that obtains financing from RUS may require a Customer to maintain liability insurance, to the extent necessary to meet the Utility's obligations to RUS.

**Historical Note**

New Section made by final rulemaking at 26 A.A.R. 473,  
with an immediate effective date of February 25, 2020  
(Supp. 20-1).

**R14-2-2608. Non-Circumvention**

- A. A Utility shall not directly or through an affiliate use knowledge of proposed Distributed Generation projects submitted to the Utility for Interconnection or study to initiate competing proposals to the Customer that offer discounted rates in return for not installing the Distributed Generation, or to offer the Customer competing Distributed Generation projects.
- B. A Customer may share with a Utility or its affiliates information in the Customer's possession regarding a potential Distributed Generation project and may use such information to negotiate a discounted rate or other mutually beneficial arrangement with a Utility or its affiliate.
- C. A Utility may inform a Customer of any existing or pending (awaiting approval by the Commission) rate schedule that may economically benefit, economically disadvantage, or otherwise affect the Customer's Distributed Generation project.

**Historical Note**

New Section made by final rulemaking at 26 A.A.R. 473,  
with an immediate effective date of February 25, 2020  
(Supp. 20-1).

**R14-2-2609. Designation of Contact Persons**

- A. Each Utility shall:
  1. Designate a person or persons who will serve as the Utility's contact for all matters related to Distributed Generation Interconnection;
  2. Identify to the Commission in its Interconnection Manual each designated Distributed Generation Interconnection contact person or persons; and
  3. Provide convenient access through its website to the name, telephone number, mailing address, and email address for each Distributed Generation Interconnection contact person.
- B. Each Applicant applying for Interconnection shall designate a contact person or persons and provide to the Utility the name, telephone number, mailing address, and email address for each contact person.

**Historical Note**

New Section made by final rulemaking at 26 A.A.R. 473,  
with an immediate effective date of February 25, 2020  
(Supp. 20-1).

**R14-2-2610. Minor Modifications**

A Utility shall not reject or declare incomplete and require resubmission of a submitted Application if minor modifications must be made to the design of the Generating Facility or to other information on the Application (including ownership of Generating Facility) while the Application is being reviewed by the Utility or prior to completing the Interconnection of the Generating Facility.

**Historical Note**

New Section made by final rulemaking at 26 A.A.R. 473,  
with an immediate effective date of February 25, 2020  
(Supp. 20-1).

**R14-2-2611. Certification**

- A. To qualify as Certified Equipment, Generating Facility equipment proposed for use separately or packaged with other equipment in an Interconnection system shall:

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1. Comply with all applicable codes and standards required by this Article and referenced in the Utility Interconnection Manual;
  2. Comply with all applicable codes and standards used by an NRTL to test and certify Interconnection equipment; and
  3. Be labeled and publicly listed as certified by the NRTL at the time of Application submission.
- B.** If Certified Equipment includes only interface components (switchgear, inverters, or other interface devices), a Customer shall show, upon request from the Utility, that the Generating Facility is compatible with the interface components and consistent with the testing and listing specified for the Interconnection equipment.
- C.** A Customer is not required to ensure that equipment provided by the Utility is Certified Equipment.

**Historical Note**

New Section made by final rulemaking at 26 A.A.R. 473, with an immediate effective date of February 25, 2020 (Supp. 20-1).

**R14-2-2612. No Additional Requirements**

If a Generating Facility complies with all applicable requirements of R14-2-2611, complies with the screens listed in R14-2-2615, and complies with the Utility's Interconnection Manual, a Utility shall not require the Customer to install additional controls, or to perform or pay for additional tests, in order to obtain approval to interconnect, unless the Customer agrees to do so or the Commission so requires. A Utility may install additional equipment or perform additional testing at its own expense.

**Historical Note**

New Section made by final rulemaking at 26 A.A.R. 473, with an immediate effective date of February 25, 2020 (Supp. 20-1).

**R14-2-2613. Disconnection from or Reconnection with the Distribution System**

- A.** A Utility may disconnect a Generating Facility from the Distribution System under the following conditions:
1. Upon expiration or termination of the Interconnection Agreement with a Customer, in accordance with the terms of the Interconnection Agreement;
  2. Upon determining that the Generating Facility is not in compliance with the technical requirements found within the Utility's Interconnection Manual;
  3. Upon determining that continued Interconnection of the Generating Facility will endanger system operations, persons, or property, for the time needed to make immediate repairs on the Distribution System;
  4. To perform routine maintenance, repairs, and system modifications; and
  5. Upon determining that an Interconnection Agreement is not in effect for the Generating Facility.
- B.** A Utility and a Customer shall cooperate to restore the Generating Facility and the Distribution System to their normal operating states as soon as practicable.
- C.** A Customer may temporarily disconnect the Generating Facility from the Distribution System at any time. Such temporary disconnection shall not constitute a termination of the Interconnection Agreement unless the Customer has so specified in writing.
- D.** Except in the case of a disconnection under subsection (A)(3), a Utility shall provide notice to a Customer before disconnecting the Generating Facility. The Utility shall provide the Customer

notice at least three calendar days prior to the impending disconnection and shall include in the notice the date, time, and estimated duration of the disconnection.

- E.** When a Generating Facility is disconnected under subsection (A)(2):
1. The Customer shall notify the Utility when the Generating Facility is restored to compliance with technical requirements;
  2. The Utility shall, within five calendar days after receiving the Customer's notice, have an inspector verify the compliance; and
  3. Upon verifying the compliance, the Utility shall, in coordination with the Customer, reconnect the Generating Facility.
- F.** A Utility shall reconnect a Generating Facility as quickly as practicable after determining that the reason for disconnection is remedied.
- G.** An Interconnection Agreement shall continue in effect after disconnection or termination of electric service to the extent and for the period necessary to allow or require the Utility or Customer to fulfill rights or obligations that arose under the agreement, notwithstanding subsection (H)(4). An Interconnection Agreement cannot be for a term less than the expected life of the Generating Facility, unless mutually agreed upon by the Customer and the Utility.
- H.** An Interconnection Agreement shall become effective on the effective date specified in the Interconnection Agreement and shall remain in effect thereafter unless and until:
1. It is terminated by mutual agreement of the Utility and Customer;
  2. It is replaced by another Interconnection Agreement, with mutual consent of the Utility and Customer;
  3. It is terminated by the Utility or the Customer due to a breach or default of the Interconnection Agreement; or
  4. The Customer terminates Utility electric service, vacates or abandons the property on which the Generating Facility is located, or terminates or abandons the Generating Facility, without the Utility's agreement.
- I.** An Interconnection Agreement shall not be terminated in the event of the sale or lease of the property owned by the Customer. If the ownership of a Generating Facility changes, the Interconnection Agreement will remain in effect so long as the operation of the Generating Facility, as specified in the Interconnection Agreement, remains unchanged. The Customer shall provide notice to the Utility within seven calendar days in the event of a change in the ownership of the Generating Facility.
- J.** Upon termination of an Interconnection Agreement:
1. The Customer shall ensure that the electrical conductors connecting the Generating Facility to the Distribution System are immediately lifted and permanently removed, to preclude any possibility of interconnected operation in the future; and
  2. The Utility may inspect the Generating Facility to verify that it is permanently disconnected.

**Historical Note**

New Section made by final rulemaking at 26 A.A.R. 473, with an immediate effective date of February 25, 2020 (Supp. 20-1).

**R14-2-2614. Application and Generating Facility General Requirements**

- A.** A Customer desiring to interconnect to the Distribution System a Generating Facility that is not a Non-Exporting inverter-

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based energy storage Generating Facility or an Inadvertent Export Generating Facility with a Maximum Capacity of 20 kW or less shall apply to the Utility for Interconnection as provided in this Section.

- B.** An Applicant shall submit an Application on a form provided by the Utility, or according to a format provided by the Utility, along with the following:
  1. All supplemental information and documents required by the Utility, which shall be noted on the Utility's Application or Application instructions;
  2. An executed Interconnection Agreement, if required by the Utility; and
  3. An initial Application or processing fee, if a tariff containing such a fee is approved for the Utility by the Commission.
- C.** Upon request, a Utility shall provide an Applicant with sample diagrams that indicate the preferred level of detail and type of information required for a typical inverter-based system.
- D.** Within seven calendar days after receiving an Application, a Utility shall review the Application and provide the Applicant notice:
  1. That the Application satisfies all requirements under subsection (B); or
  2. That the Application does not satisfy one or more requirements under subsection (B), in which case:
    - a. The Utility shall specify the additional information or documents required;
    - b. The Applicant shall submit the specified information or documents; and
    - c. The Application may be deemed withdrawn if the Applicant does not submit the required information or documents within 30 calendar days.
- E.** A Generating Facility shall comply with the following general requirements:
  1. If inverter based, each inverter shall meet the shutdown protective functions (under/over voltage, under/over frequency, and anti-Islanding) specified in IEEE 1547-2018 – IEEE Standard for Interconnection and Interoperability of Distributed Energy Resources with Associated Electric Power Systems Interfaces (April 6, 2018), with no future editions or amendments, which is incorporated by reference; on file with the Commission; and published by and available from IEEE, 3 Park Avenue, 17th Floor, New York, New York 10016, and through <http://ieeexplore.ieee.org>;
  2. The Generating Facility shall meet all applicable codes and standards required by this Article and referenced in the Utility Interconnection Manual; and
  3. The Generating Facility shall comply with the Utility's Interconnection Manual and Interconnection Agreement requirements.

**Historical Note**

New Section made by final rulemaking at 26 A.A.R. 473, with an immediate effective date of February 25, 2020 (Supp. 20-1).

**R14-2-2615. Screens**

- A.** For Interconnection of a proposed Generating Facility to a distribution circuit, the aggregated generation on the circuit, including the proposed Generating Facility, shall not exceed 15% of the total circuit annual peak load as most recently measured at the substation or on the line section (if available), or the circuit hosting capacity limit; whichever is greater. Non-Exporting Systems, regardless of system size, and Inadvertent

Export systems with a Maximum Capacity of 20 kW and under shall not be subject to this subsection.

- B.** A proposed Generating Facility shall not contribute more than 10% to a distribution circuit's maximum fault current at any point on the Distribution System, including during normal contingency conditions that may occur due to reconfiguration of the feeder or the distribution substation.
- C.** The proposed Maximum Capacity of a Generating Facility, in aggregate with the Maximum Capacity of other generation on a distribution circuit, shall not cause any distribution protective devices and equipment (including but not limited to substation breakers, fuse cutouts, and line reclosers), or consumer equipment on the system, to exceed 90% of the short circuit interrupting capability. Interconnection shall not be proposed for a circuit that already exceeds 90% of the short circuit interrupting capability.
- D.** A proposed Generating Facility shall be interconnected to the Distribution System as shown in the table below:

Primary Distribution Line Configuration	Interconnection to Primary Distribution Line
Three-phase, three wire	If a three-phase or single-phase Generating Facility, Interconnection shall be phase-to-phase
Three-phase, four wire	If a three-phase (effectively grounded) or single-phase Generating Facility, Interconnection shall be line-to-neutral

- E.** If a proposed Generating Facility is to be interconnected on single-phase shared secondary, the aggregate generation capacity on the shared secondary, including the proposed Maximum Capacity of the Generating Facility, shall not exceed 75% of the service transformer rating. Non-Exporting Systems and Inadvertent Export systems shall not be subject to this subsection.
- F.** If a proposed Generating Facility is single-phase and is to be interconnected on a transformer center tap neutral of a 240-volt service, its addition shall not create an imbalance between the two sides of the 240-volt service of more than 20% of the nameplate rating of the service transformer.
- G.** A proposed Generating Facility, in aggregate with other generation interconnected to the distribution low-voltage side of a substation transformer feeding the distribution circuit where the Generating Facility would interconnect, shall not exceed 10 MW in an area where there are known or posted transient stability limitations to generating units located in the general electrical vicinity (e.g., three or four transmission voltage level busses from the Point of Interconnection). Non-Exporting Systems, regardless of system size, and Inadvertent Export systems with a Maximum Capacity of 20 kW and under shall not be subject to this subsection.
- H.** A proposed Generating Facility's Point of Interconnection shall not be on a transmission line.
- I.** A proposed Generating Facility shall not exceed the capacity of the Customer's existing electrical service unless there is a simultaneous request for an upgrade to the Customer's electrical service or the Generating Facility is configured never to inject onto the feeder power that exceeds the capacity of the electrical service.
- J.** If a proposed Generating Facility is non-inverter based, the Generating Facility must comply with the Protective Function requirements and any additional Utility Interconnection requirements, which shall be specified by the Utility in its Interconnection Manual.

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**Historical Note**

New Section made by final rulemaking at 26 A.A.R. 473,  
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(Supp. 20-1).

**R14-2-2616. Pre-Application Report**

- A.** An Applicant requesting a Pre-Application Report shall submit to a Utility:
1. The Applicant's contact information (name, address, phone, and email);
  2. A proposed Point of Interconnection, sufficiently identified by latitude and longitude, site map, street address, meter number, account number, or some combination of those sufficient to identify the location of the Point of Interconnection;
  3. A description of the proposed generation technology and fuel source; and
  4. A non-refundable processing fee, if a tariff containing such a fee is approved for the Utility by the Commission.
- B.** An Applicant requesting a Pre-Application Report shall understand that:
1. The existence of "available capacity" does not mean that the Interconnection of a Generating Facility with a nameplate capacity that is equivalent to the available capacity may be completed without impacts, because the Pre-Application Report does not address all of the variables studied as part of the Interconnection review process;
  2. The Distribution System is dynamic and subject to change; and
  3. Data provided in the Pre-Application Report may become outdated and may not be useful at the time an Application is submitted.
- C.** Within 21 calendar days of receipt of a completed Pre-Application Report request, a Utility shall provide a Pre-Application Report, which shall include the following information, as available:
1. The total capacity (MW) of the substation/area bus or bank and circuit likely to serve the proposed site;
  2. The allocated capacity (MW) of the substation/area bus or bank and circuit likely to serve the proposed site;
  3. The queued capacity (MW) of the substation/area bus or bank and circuit likely to serve the proposed site;
  4. The available capacity (MW) of the substation/area bus or bank and circuit most likely to serve the proposed site;
  5. Whether the proposed Generating Facility is located on an area, spot, or radial network;
  6. The substation nominal distribution voltage or nominal transmission voltage, if applicable;
  7. The nominal distribution circuit voltage at the proposed site;
  8. The approximate circuit distance between the proposed site and the substation;
  9. The peak load estimate and minimum load data of each relevant line section, when available;
  10. The number of protective devices and voltage regulating devices between the proposed site and the substation/area;
  11. Whether three-phase power is available at the site and, if not, the distance of the site from three-phase service;
  12. The limiting conductor rating from the proposed Point of Interconnection to the distribution substation; and
  13. Based on the proposed Point of Interconnection, any existing or known constraints, such as, but not limited to, electrical dependencies at that location, short circuit interrupting capacity issues, power quality or stability

issues on the circuit, capacity constraints, or secondary networks.

- D.** A Utility shall not be required to generate data for a Pre-Application Report and may include only pre-existing data. An Applicant request for a Pre-Application Report does not obligate the Utility to conduct a study or other analysis of the proposed project in the event that pre-existing data is not available. If a Utility cannot complete all or some of a Pre-Application Report due to lack of available data, the Utility shall provide the Applicant a Pre-Application Report that includes the information that is available and identifies the information that is unavailable. Notwithstanding any provisions of this Section, a Utility shall, in good faith, provide Pre-Application Report data that represents the best available information at the time of reporting.
- E.** A Utility may charge a fee for a Pre-Application Report if a tariff containing such a fee is approved for the Utility by the Commission.

**Historical Note**

New Section made by final rulemaking at 26 A.A.R. 473,  
with an immediate effective date of February 25, 2020  
(Supp. 20-1).

**R14-2-2617. Level 1 Super Fast Track**

- A.** A Customer interconnecting an inverter-based Generating Facility with a Maximum Capacity of 20 kW or less, which only uses Certified Equipment, shall apply for Interconnection under the Level 1 Super Fast Track Application process.
- B.** To qualify for Level 1 Super Fast Track, the Generating Facility shall comply with R14-2-2615(A), (E), and (F).
- C.** The Level 1 Super Fast Track shall proceed as follows:
1. Within 14 calendar days following provision of notice under R14-2-2614(D)(1), the Utility shall review the Application and notify the Applicant of one of the following determinations:
    - a. The Generating Facility design satisfies R14-2-2615(A), (E), and (F) and meets all Interconnection requirements and the Application is therefore deemed complete and approved for Interconnection; or
    - b. The Generating Facility design does not satisfy one or more of the requirements listed in R14-2-2615(A), (E), or (F) or does not meet one or more of the Utility's Interconnection requirements, which shall be specified, and the Application is therefore deemed incomplete and not approved for Interconnection.
  2. If the Utility's determination falls under subsection (C)(1)(b), the Applicant shall notify the Utility within 30 calendar days whether it wishes to proceed with the Interconnection.
    - a. Except as provided in subsection (D), if the Applicant does not provide notice within 30 calendar days that it wishes to proceed with the Interconnection, the Application may be considered withdrawn.
    - b. If the Applicant wishes to proceed with the Interconnection, the Applicant shall submit to the Utility, within 30 calendar days, any Utility-specified additional information or modifications to the Generating Facility, along with one of the following:
      - i. A request that the Utility continue to process the Application under this Section; or
      - ii. A request that the Utility process the Application in accordance with R14-2-2620.

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3. Once an Application is approved, the Generating Facility shall be subject to R14-2-2621.
- D. An Applicant may, within 30 calendar days after receiving notice under subsection (C)(1)(b), submit a request for an extension of the 30-day period allowed for submissions under subsection (C)(2)(b).
- E. After receiving a submission under subsection (C)(2)(b), a Utility shall again follow the process of subsection (C).
- F. A Utility may not charge a fee for an additional review under subsection (C), unless a tariff containing such a fee is approved for the Utility by the Commission.
- G. A Customer shall be responsible for any costs of Utility facilities and equipment modifications necessary to accommodate the Customer's Interconnection.
- H. If the Generating Facility's operating characteristics can be modified such that improvements to the Distribution System are reduced or not required, and both the Utility and Customer agree on the operating characteristics, the Customer shall have the opportunity to modify the Generating Facility's operating characteristics to reduce facility costs.

**Historical Note**

New Section made by final rulemaking at 26 A.A.R. 473,  
with an immediate effective date of February 25, 2020  
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**R14-2-2618. Level 2 Fast Track**

- A. A Customer interconnecting a Generating Facility with a Maximum Capacity of less than 2 MW, excluding a Generating Facility processed in accordance with R14-2-2617, shall apply for Interconnection under the Level 2 Fast Track Application process.
- B. To qualify for the Level 2 Fast Track, the Generating Facility shall comply with R14-2-2615(A) through (J).
- C. The Level 2 Fast Track shall proceed as follows:
  1. Within 21 calendar days following provision of notice under R14-2-2614(D)(1), the Utility shall review the Application and notify the Applicant of one of the following determinations:
    - a. The Generating Facility design satisfies R14-2-2615(A) through (J) and meets all Interconnection requirements and the Application is therefore deemed complete and approved for Interconnection; or
    - b. The Generating Facility design does not satisfy one or more of the requirements listed in subsections R14-2-2615(A) through (J) or does not meet one or more of the Utility's Interconnection requirements, which shall be specified, and the Application is therefore deemed incomplete and not approved for Interconnection.
  2. If the Utility's determination falls under subsection (C)(1)(b), the Applicant shall notify the Utility within 30 calendar days whether it wishes to proceed with the Interconnection.
    - a. Except as provided in subsection (D), if the Applicant does not provide notice within 30 calendar days that it wishes to proceed with the Interconnection, the Application may be considered withdrawn.
    - b. If the Applicant wishes to proceed with the Interconnection, the Applicant shall submit to the Utility, within 30 calendar days, any Utility-specified additional information or modifications to the Generating Facility, along with one of the following:

- i. A request that the Utility continue to process the Application under this Section;
- ii. A request that the Utility process the Application in accordance with R14-2-2619; or
- iii. A request that the Utility process the Application in accordance with R14-2-2620.

3. Once an Application is approved, the Generating Facility shall be subject to R14-2-2621.
- D. An Applicant may, within 30 calendar days after receiving notice under subsection (C)(1)(b), submit a request for an extension of the 30-day period allowed for submissions under subsection (C)(2)(b).
- E. After receiving a submission under subsection (C)(2)(b), a Utility shall again follow the process under subsection (C).
- F. A Utility may not charge a fee for an additional review under subsection (C), unless a tariff containing such a fee is approved for the Utility by the Commission.
- G. A Customer shall be responsible for any costs of Utility facilities and equipment modifications necessary to accommodate the Interconnection.
- H. If the Generating Facility's operating characteristics can be modified such that improvements to the Distribution System are reduced or not required, and both the Utility and Customer agree on the operating characteristics, the Customer shall have the opportunity to modify the Generating Facility's operating characteristics to reduce facility costs.

**Historical Note**

New Section made by final rulemaking at 26 A.A.R. 473,  
with an immediate effective date of February 25, 2020  
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**R14-2-2619. Level 3 Study Track**

- A. A Customer interconnecting a Generating Facility with a Maximum Capacity of 2 MW or greater, or a Generating Facility that does not meet the screening requirements for Level 1 Super Fast Track, Level 2 Fast Track, or Supplemental Review, shall apply for Interconnection under the Level 3 Study Track Application process.
- B. An Applicant may request a pre-application meeting with the Utility to discuss the proposed design, installation, and operation of the Generating Facility prior to submission of an Application.
- C. The Level 3 Study Track shall proceed as follows:
  1. Within 14 calendar days after transfer from Level 1 Super Fast Track, transfer from Level 2 Fast Track, or transfer from Supplemental Review, a Utility shall review the Application and provide the Applicant notice:
    - a. That the Application satisfies all requirements under R14-2-2614(B); or
    - b. That the Application does not satisfy one or more requirements under R14-2-2614(B), in which case:
      - i. The Utility shall specify the additional information or documents required;
      - ii. The Applicant shall submit the specified information or documents; and
      - iii. The Application may be deemed withdrawn if the Applicant does not submit the required information or documents within 30 calendar days.
  2. Within 30 calendar days following provision of notice under (C)(1)(a) or R14-2-2614(D)(1), the Utility shall review the Application and notify the Applicant of one of the following determinations:

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- a. The Generating Facility design appears to meet all of the applicable Interconnection requirements; no further studies, special protective requirements, or system modifications are required; and the Application is deemed complete and approved for Interconnection; or
  - b. The Generating Facility does not meet one or more of the Utility's Interconnection requirements, which shall be specified, and cannot be interconnected without further information, data, engineering studies, or modifications to the Distribution System or Generating Facility; the Interconnection shall proceed according to a meeting and study process deemed necessary by the Utility; itemized costs and timelines for the studies will be disclosed and agreed upon by the Utility and Applicant prior to the start of each one; and all studies will be made available to the Applicant.
3. Within 21 calendar days after notice is provided under subsection (C)(2)(b), a Scoping Meeting may be conducted to discuss which studies are needed, and the Utility shall provide to the Customer at the Scoping Meeting an acknowledgement letter describing the project scope and including a good faith estimate of the cost.
  4. If requested by the Customer, the Utility shall undertake a Feasibility Study. The Utility shall provide the Customer, within 14 calendar days after the Scoping Meeting, a Feasibility Study agreement including an outline of the scope of the study and a non-binding, good faith estimate of the cost of the materials and labor needed to perform the study. The Utility shall conduct the Feasibility Study after the Customer executes the Feasibility Study agreement, provides all requested information necessary to complete the Feasibility Study, and pays the estimated costs.
    - a. The Feasibility Study shall be completed within 45 calendar days.
    - b. The Feasibility Study:
      - i. Shall include review of short circuit currents, including contribution from the proposed generator, as well as coordination of and potential overloading of distribution circuit protection devices;
      - ii. Shall provide initial details and ideas on the complexity and likely costs to interconnect prior to commitment of costly engineering review; and
      - iii. May be used to focus or eliminate some or all of the more intensive System Impact Study.
  5. If deemed necessary by the Customer or the Utility, the Utility shall undertake a System Impact Study. The Utility shall provide the Customer, within 14 calendar days after completing the previous study or meeting, a System Impact Study agreement including an outline of the scope of the study and a non-binding, good faith estimate of the cost of the materials and labor needed to perform the study. The Utility shall conduct the System Impact Study after the Customer executes the System Impact Study agreement, provides all requested Customer information necessary to complete the System Impact Study, and pays any required deposit of the estimated costs.
    - a. The System Impact Study shall be completed within 45 calendar days.
    - b. The System Impact Study shall reveal all areas where the Distribution System would need to be upgraded to allow the Generating Facility to be built and interconnected as designed and may include discussions with the Customer about potential alterations to generator design, including downsizing to limit grid impacts, as well as operational limits that would limit grid impacts if implemented.
  - c. If the Utility determines, in accordance with Good Utility Practice, that the Distribution System modifications required to accommodate the proposed Interconnection are not substantial, the System Impact Study shall identify the scope and detailed cost of the modifications.
  - d. If the Utility determines, in accordance with Good Utility Practice, that the system modifications to the Distribution System are substantial, a Facilities Study shall be performed.
  - e. Each Utility shall include in its Interconnection Manual a description of the various elements of a System Impact Study it would typically undertake pursuant to this Section, including:
    - i. Load flow study;
    - ii. Short-circuit study;
    - iii. Circuit protection and coordination study;
    - iv. Impact on system operation;
    - v. Stability study, and the conditions justifying inclusion; and
    - vi. Voltage collapse study, and the conditions justifying inclusion.
  6. The Utility shall undertake a Facilities Study if needed based on the outcome of the System Impact Study. The Utility shall provide the Customer, within 14 calendar days after completing the previous study or meeting, a Facilities Study agreement including an outline of the scope of the study and a non-binding, good faith estimate of the cost of the materials and labor needed to perform the study. The Utility shall conduct the Facilities Study after the Customer executes the Facilities Study agreement, provides all requested Customer information necessary to complete the study, and pays the estimated costs.
    - a. The Facilities Study shall be completed within 45 calendar days.
    - b. The Facilities Study shall delineate the detailed costs of construction and milestones. Construction may include new circuit breakers, relocation of reclosers, new Utility grid extensions, reconductoring lines, new transformers, protection requirements, and interaction.
  7. If the Generating Facility meets all of the applicable Interconnection requirements, all items identified in any meeting or study have been resolved and agreed to, and the Utility has received the final design drawings, then:
    - a. The Utility shall send to the Customer, within seven calendar days, an executable Interconnection Agreement, which shall include as an exhibit the cost for any required Distribution System modifications;
    - b. The Customer shall review, sign, and return the Interconnection Agreement and any balance due for Interconnection studies or required deposit for facilities; and
    - c. The Customer shall then complete installation of the Generating Facility, and the Utility shall complete any Distribution System modifications, according to the requirements set forth in the Interconnection

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Agreement. The Utility shall employ best reasonable efforts to complete such system upgrades in the shortest time practical.

8. Once an Application is approved, the Generating Facility shall be subject to R14-2-2621.
- D. A Utility may not charge a fee for an additional review under subsection (C), unless a tariff containing such a fee is approved for the Utility by the Commission.
- E. A Customer shall have the responsibility for any costs of Utility facilities and equipment modifications necessary to accommodate the Customer's Interconnection.
- F. If the Generating Facility's operating characteristics can be modified such that improvements to the Distribution System are reduced or not required, and both the Utility and Customer agree on the operating characteristics, the Customer shall have the opportunity to modify the Generating Facility's operating characteristics to reduce facility costs.

**Historical Note**

New Section made by final rulemaking at 26 A.A.R. 473,  
with an immediate effective date of February 25, 2020  
(Supp. 20-1).

**R14-2-2620. Supplemental Review**

- A. If a Utility determines that an Application for Interconnection cannot be approved without conducting a Supplemental Review, or if requested by the Applicant:
  1. The Utility shall, within seven calendar days of making the determination or receiving the request, provide the Applicant a good faith estimate of the cost of the Supplemental Review and a written agreement setting forth the terms of the Supplemental Review; and
  2. If the Customer desires to proceed with the Application, the Customer shall, within 14 calendar days of receipt of the good faith estimate and written agreement, sign the written agreement and submit to the Utility a deposit for the full estimated cost of the Supplemental Review.
- B. The Applicant may specify the order in which the Utility will complete the screens in subsection (E).
- C. The Applicant shall be responsible for the Utility's actual costs for conducting a Supplemental Review and must pay any review costs exceeding the deposit amount within 30 calendar days of receipt of an invoice for the balance, or resolution of any dispute as to those costs. If the deposit amount exceeds the actual costs of the Supplemental Review, the Utility shall return such excess to the Customer, without interest, within 30 calendar days of completing the Supplemental Review.
- D. Within 21 calendar days following receipt of the deposit for a Supplemental Review, the Utility shall:
  1. Perform a Supplemental Review by determining compliance with the screens in subsections (E)(1), (2), and (3);
  2. Unless the Applicant has previously provided instructions for how to respond to the Generating Facility's failure to meet any of the Supplemental Review screens:
    - a. Notify the Applicant following the failure of any of the screens; and
    - b. If the Utility is unable to determine compliance with the screen in subsection (E)(1), notify the Applicant within two calendar days of making such determination and request the Applicant's permission to:
      - i. Continue evaluating the Interconnection under subsection (E);
      - ii. Terminate the Supplemental Review and continue evaluating the Generating Facility under R14-2-2619; or
      - iii. Terminate the Supplemental Review upon withdrawal of the Interconnection request by the Applicant; and
- E. A Utility shall apply the following screens in its Supplemental Review:
  1. A minimum load screen:
    - a. If 12 months of line section minimum load data (including onsite load but not station service load served by the Generating Facility) are available, can be calculated, can be estimated from existing data, or can be determined from a power flow model, the aggregate Generating Facility Maximum Capacity on the line section shall be less than 100% of the minimum load for all line sections bounded by automatic sectionalizing devices upstream of the Generating Facility.
    - b. If 12 months of line section minimum load data are not available, or cannot be calculated, estimated, or determined, the Utility shall include in its Supplemental Review results notification under subsection (D) each reason that it is unable to calculate, estimate, or determine minimum load.
    - c. In making its determination of compliance with subsections (E)(1)(a) and (b), the Utility shall:
      - i. Consider the type of generation used by the Generating Facility when calculating, estimating, or determining the circuit or line section minimum load, using daytime minimum load for solar photovoltaic generation systems with no battery storage (i.e., 10 a.m. to 4 p.m. for fixed panel systems and 8 a.m. to 6 p.m. for solar photovoltaic generation systems utilizing tracking systems), and using absolute minimum load for all other generation;
      - ii. For a Generating Facility that serves some station service load, consider only the net injection into the Utility's electric system as part of the aggregate generation; and
      - iii. Not consider as part of the aggregate generation Generating Facility capacity known to be reflected already in the minimum load data.
  2. A voltage and power quality screen: In aggregate with existing Maximum Capacity on the line section:
    - a. Voltage regulation on the line section shall be maintained in compliance with relevant requirements under all system conditions;
    - b. Voltage fluctuation shall be within acceptable limits as defined by IEEE 1453, IEEE Recommended Practice for the Analysis of Fluctuating Installations on Power Systems (October 30, 2015), with no future editions or amendments, which is incorporated by reference; on file with the Commission; and published by and available from IEEE, 3 Park Avenue, 17th Floor, New York, New York 10016, and through <http://ieeexplore.ieee.org>; and
    - c. Harmonic levels shall meet IEEE 519 limits, IEEE Recommended Practice and Requirements for Harmonic Control in Electric Power Systems (June 11, 2014), with no future editions or amendments, which is incorporated by reference; on file with the

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Commission; and published by and available from IEEE, 3 Park Avenue, 17th Floor, New York, New York 10016, and through <http://ieeexplore.ieee.org>.

3. A safety and reliability screen: The location of the Generating Facility and the aggregate Maximum Capacity on the line section shall not create impacts to safety or reliability that cannot be adequately addressed without application of the Interconnection Study process. In making this determination regarding potential impacts to safety and reliability, the Utility shall give due consideration to the following, and any other relevant factors:
  - a. Whether the line section has significant minimum loading levels dominated by a small number of customers (e.g., several large commercial customers);
  - b. Whether the loading along the line section is uniform or even;
  - c. Whether the Generating Facility is located in close proximity to the substation (i.e., within less than 2.5 electrical circuit miles);
  - d. Whether the line section from the substation to the Point of Interconnection is a main feeder line section rated for normal and emergency ampacity;
  - e. Whether the Generating Facility incorporates a time delay function to prevent reconnection of the generator to the system until system voltage and frequency are within normal limits for a prescribed time;
  - f. Whether operational flexibility is reduced by the Generating Facility, such that transfer of the line section(s) of the Generating Facility to a neighboring distribution circuit/substation may trigger overloads or voltage issues; and
  - g. Whether the Generating Facility employs equipment or systems certified by a recognized standards organization to address technical issues such as, but not limited to, Islanding, reverse power flow, or voltage quality.
- F. If the Interconnection satisfies subsection (E), the Application shall be approved for Interconnection, and the Utility shall provide the Applicant notice of the Supplemental Review results.
- G. If Interconnection Facilities or minor modifications to the Utility's system are required for the Interconnection to meet the screens in subsection (E), the Utility shall notify the Applicant and request for the Applicant to pay for the modifications. If the Applicant agrees to pay for the modifications to the Utility's electric system, the Utility shall provide an Interconnection Agreement, along with a non-binding good faith estimate of the cost for the Interconnection Facilities and minor modifications, to the Applicant within seven calendar days after the Applicant agrees to pay for the modifications.
- H. If more than Interconnection Facilities or minor modifications to the Utility's system would be required for the Interconnection to meet the screens in subsection (E), the Utility shall notify the Applicant, at the same time it notifies the Applicant of the Supplemental Review results, that the Interconnection request shall be evaluated under R14-2-2619, unless the Applicant withdraws its Application.
- I. If the Interconnection fails any of the screens in subsection (E), and the Applicant does not withdraw its Application, the Utility shall continue to evaluate the Application under R14-2-2619.

**Historical Note**

New Section made by final rulemaking at 26 A.A.R. 473, with an immediate effective date of February 25, 2020 (Supp. 20-1).

**R14-2-2621. Utility Site Inspection; Approval for Parallel Operation**

- A. Once an Application is approved for Interconnection:
  1. If the Utility has not received an executed Interconnection Agreement, the Utility shall send to the Customer, within seven calendar days after the notice of Application approval, the appropriate Interconnection Agreement for review and signature;
  2. If required, the Customer shall submit to the Utility a copy of the final electrical clearance for the Generating Facility issued by the authority having jurisdiction;
  3. The Customer shall submit all necessary supplemental documents as specified by the Utility; and
  4. A site inspection shall be performed if deemed necessary by the Utility or requested by the Customer.
- B. Within seven calendar days after a site inspection is deemed necessary by the Utility, or requested by the Customer, the Utility shall perform a site inspection for which it may charge a fee, if a tariff containing such a fee is approved for the Utility by the Commission. During a site inspection, the Utility shall verify at least the following:
  1. The Generating Facility is in compliance with all applicable Interconnection and code requirements;
  2. All Generating Facility equipment is properly labeled;
  3. The Generating Facility system layout is in accordance with the plant location and site plans submitted to the Utility;
  4. The inverter nameplate ratings are consistent with the information submitted to the Utility;
  5. The Utility has unrestricted 24-hour access to the Utility-owned production meter and Disconnect Switch, and the Disconnect Switch meets all applicable requirements;
  6. The inverter shuts down as required upon simulated loss of Utility voltage; and
  7. To the extent visible, the Generating Facility appears to be wired in accordance with the electrical diagrams submitted to the Utility.
- C. The Utility shall install appropriate metering equipment, if required. The Utility may require the Customer to pay for the metering equipment, if a tariff containing such a fee is approved for the Utility by the Commission.
- D. Within three calendar days of the completion of the site inspection and the receipt of all final applicable signed Interconnection documents, the Utility shall determine whether the Generating Facility meets all applicable requirements and shall notify the Customer that:
  1. The Generating Facility is approved for Parallel Operation with the Distribution System per the agreed terms and conditions; or
  2. The Generating Facility has failed the site inspection because it does not meet one or more of the applicable requirements, which shall be specified; the Generating Facility is not approved for Parallel Operation; and specified actions must be taken by the Customer to resolve the issue and to obtain approval for Parallel Operation.
- E. If the Generating Facility fails the initial Utility site inspection:
  1. The Applicant shall, within 30 calendar days of the initial site inspection, correct any outstanding issues and notify the Utility that all corrections have been made, or the



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Application may be deemed withdrawn unless alternative arrangements have been made by the Customer with the Utility; and

2. The Utility shall, within 14 calendar days of the Applicant notice of correction, perform a repeat inspection of the Generating Facility, for which the Utility may charge a fee, if a tariff containing such a fee is approved for the Utility by the Commission.

**F.** A Utility may take any reasonable actions, including locking open a Disconnect Switch, to prevent Parallel Operation for:

1. A Generating Facility that fails a site inspection; or
2. A Customer who operates a Generating Facility in parallel without Utility approval.

**G.** If a Customer does not interconnect a Generating Facility within 180 calendar days after Application approval, the Customer's Application may be considered withdrawn.

**Historical Note**

New Section made by final rulemaking at 26 A.A.R. 473, with an immediate effective date of February 25, 2020 (Supp. 20-1).

**R14-2-2622. Interconnection to a Secondary Spot Network System**

**A.** A Secondary Spot Network System is a system that:

1. Simultaneously serves a Customer from three-phase, four-wire, low-voltage (typically 480V) circuits supplied by two or more network transformers which have low-voltage terminals that are connected to the low-voltage circuits through network protectors without ties to adjacent or nearby secondary network systems;
2. Has two or more high-voltage primary feeders that are either dedicated network feeders that serve only other network transformers, or non-dedicated network feeders that serve radial transformers in addition to the network transformers, depending on network size and design; and
3. Has automatic protective devices and fuses intended to isolate faulted primary feeders, network transformers, or low-voltage cable sections while maintaining uninterrupted service to the consumers served from the low-voltage circuits.

**B.** Because interconnecting a Generating Facility to a Secondary Spot Network System implicates technical requirements that are particular to the design and operational aspects of network protectors that are not required on radial systems, the Utility shall determine the process for interconnecting to a Secondary Spot Network System, subject to the following:

1. A Generating Facility shall not be interconnected to the load side of spot network protectors unless the Generating Facility uses an inverter-based equipment package and, together with the aggregated other inverter-based generation, does not exceed the smaller of 5% of the Secondary Spot Network System's maximum load or 50 kW; and
2. Interconnection of a Generating Facility shall not result in a Backfeed of a Secondary Spot Network System or cause unnecessary operation of any Secondary Spot Network System protectors.

**Historical Note**

New Section made by final rulemaking at 26 A.A.R. 473, with an immediate effective date of February 25, 2020 (Supp. 20-1).

**R14-2-2623. Expedited Interconnection Process**

**A.** A Customer interconnecting a Non-Exporting inverter-based energy storage Generating Facility or an Inadvertent Export Generating Facility with a Maximum Capacity of 20 kW or less may apply for Interconnection under the Expedited Interconnection Process. In order to qualify for the Expedited Interconnection Process, the Customer's Generating Facility must meet the applicable conditions specified in subsections (B) and (C).

**B.** For a Customer interconnecting a Non-Exporting Generating Facility:

1. The Generating Facility shall utilize only UL 1741- and UL 1741SA-listed equipment;
2. The Generating Facility shall meet all applicable codes and standards required by this Article and referenced in the Utility Interconnection Manual;
3. The Generating Facility shall comply with Utility Interconnection and contractual requirements;
4. The Generating Facility shall be a Non-Exporting inverter-based energy storage device with an aggregate maximum nameplate rating no greater than 500 kW;
5. No other Generating Facilities, other than isolated back-up Generating Facilities, may be at the same Point of Interconnection as the Generating Facility;
6. The Generating Facility shall comply with R14-2-2615(F); and
7. The Generating Facility shall comply with one of the following:
  - a. The system capacity shall be less than 25% of the electrical service entrance ampere rating, and less than 50% of the service transformer rating; or
  - b. The system output rating shall be less than 50% of the verifiable Customer minimum load as measured over the past 12 months.

**C.** For a Customer interconnecting an Inadvertent Export Generating Facility with a Maximum Capacity of 20 kW or less:

1. The Generating Facility shall utilize only UL 1741- and UL 1741SA-listed equipment;
2. The Generating Facility shall meet all applicable codes and standards required by this Article and referenced in the Utility Interconnection Manual;
3. The Generating Facility shall comply with Utility Interconnection and contractual requirements;
4. The Generating Facility shall comply with R14-2-2603(E)(1) and (E)(4) through (7);
5. No other Generating Facilities, other than isolated back-up Generating Facilities or Generating Facilities that are already subject to an executed Interconnection Agreement, may be at the same Point of Interconnection as the Generating Facility; and
6. The Generating Facility shall comply with R14-2-2615(E) and (F).

**D.** The Expedited Interconnection Process shall proceed as follows:

1. An Applicant shall complete an Application provided by the Utility and submit the Application to the Utility along with all required supplemental information and documents, which shall be noted on the Application, as well as an executed Interconnection Agreement, if required by the Utility, and with an initial application fee or processing fee only if a tariff containing such a fee is approved for the Utility by the Commission.
2. Within seven calendar days of receipt of the Application, the Utility shall notify the Applicant whether the Application is complete or incomplete.

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- a. When the Utility notifies the Applicant that an Application is incomplete, the Utility shall specify what additional information or documentation is necessary to complete the Application.
- b. Within 30 calendar days after receipt of notification that an Application is incomplete, an Applicant shall withdraw the Application or submit the required information or documentation. If an Applicant does not submit the required information or documentation within 30 calendar days, the Application may be considered withdrawn.
3. Within seven calendar days following the receipt of a complete Application, the Utility shall review the Application and notify the Applicant of one of the following determinations;
  - a. The Generating Facility meets the requirements of subsections (B) and (C), and the Application is approved as submitted; or
  - b. The Generating Facility does not meet the requirements of subsections (B) and (C), in a manner specified by the Utility; the Application is no longer eligible for processing under the Expedited Interconnection Process; and the Applicant has the option to select Application processing in accordance with R14-2-2620.
4. If the Application is not accepted as submitted, the Applicant shall notify the Utility within 30 calendar days whether it wishes to proceed with the Interconnection.
  - a. If the Applicant does not wish to proceed with the Interconnection, or the Utility is not notified within the specified time-frame, the Application may be considered withdrawn.
  - b. If the Applicant wishes to proceed with the Interconnection, the Utility shall begin processing the Application in accordance with R14-2-2620.
5. Once an Application is approved:
  - a. If the Utility has not received an executed Interconnection Agreement, the Utility shall send to the Customer, within three calendar days after the notice of Application approval, the appropriate Interconnection Agreement for review and signature; and
  - b. Within three calendar days of the receipt of all final applicable signed Interconnection documents, the Utility shall notify the Customer that the Generating Facility is approved for Parallel Operation.

**Historical Note**

New Section made by final rulemaking at 26 A.A.R. 473,  
with an immediate effective date of February 25, 2020  
(Supp. 20-1).

**R14-2-2624. Disconnect Switch Requirements**

- A. If required by a Utility, a Customer shall install and maintain a visual-open, manually operated, load break Disconnect Switch that completely opens and isolates all ungrounded conductors of the Generating Facility from the Distribution System. For multi-phase systems, the Disconnect Switch shall be gang-operated.
- B. A Utility may impose additional requirements for a Disconnect Switch in its Interconnection Manual.

**Historical Note**

New Section made by final rulemaking at 26 A.A.R. 473,  
with an immediate effective date of February 25, 2020  
(Supp. 20-1).

**R14-2-2625. Advanced Inverter Requirements**

- A. If interconnected after the effective date of this Article, a Generating Facility utilizing inverter-based technology shall be interconnected via advanced inverter(s) that are capable of, at minimum, the advanced grid support features specified in subsection (B).
- B. At a minimum, an advanced inverter shall be capable of the following grid support features:
  1. Volt/VAR Mode – Provide voltage/VAR control through dynamic reactive power injection through autonomous responses to local voltage measurement;
  2. Volt/Watt Mode – Provide voltage/watt control through dynamic active power injection through autonomous responses to local voltage measurement;
  3. Fixed Power Factor – Provide reactive power by a fixed power factor;
  4. Anti-Islanding – Support anti-Islanding to trip off under extended anomalous conditions;
  5. Low/High Voltage Ride-through (L/HVRT) – Provide ride-through of low/high voltage excursions beyond normal limits;
  6. Low/High Frequency ride-through (L/HFRT) – Provide ride-through of low/high frequency excursions beyond normal limits;
  7. Soft-Start Reconnection – Reconnect after grid power is restored; and
  8. Frequency/Watt Mode – Provide Frequency/Watt control to counteract frequency excursions beyond normal limits by decreasing or increasing real power.
- C. The grid support features listed in subsections (B)(1), (2), (3), (7), and (8) shall only be activated upon mutual consent between the Customer and the Utility.
- D. The grid support features listed in subsections (B)(4), (5), and (6) shall always be operational.
- E. Advanced inverters shall meet the shutdown protective functions (under/over voltage, under/over frequency, and anti-Islanding) specified in IEEE 1547-2018, which is incorporated by reference in R14-2-2614(E)(1).

**Historical Note**

New Section made by final rulemaking at 26 A.A.R. 473,  
with an immediate effective date of February 25, 2020  
(Supp. 20-1).

**R14-2-2626. Utility Reporting Requirements**

- A. Each Utility shall maintain records concerning each received Application for Interconnection and shall include in its records:
  1. The date the Application was received;
  2. Any documents generated in the course of processing the Application;
  3. Any correspondence regarding the Application;
  4. The final disposition of the Application; and
  5. The final disposition date.
- B. By March 30 of each year, each Utility shall file with the Commission a Distributed Generation Interconnection Report, with data for the preceding calendar year that shall include:
  1. The number of complete Applications denied by track level, including the reasons for denial;
  2. A list of special contracts, approved by the Commission during the reporting period, that provide discounted rates to Customers as an alternative to self-generation;
  3. Pre-Application Report:
    - a. Total number of reports requested;
    - b. Total number of reports issued;

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- c. Total number of requests withdrawn; and
- d. Maximum, mean, and median processing times from receipt of request to issuance of report;
- 4. Interconnection Application:
  - a. Total number received, broken down by:
    - i. Primary fuel type (e.g., solar, wind, biogas, etc.); and
    - ii. System size (<20 kW, 20 kW-2 MW, >2MW);
  - b. Expedited Interconnection Process:
    - i. Total number of applications approved;
    - ii. Total number of applications denied;
    - iii. Total number of applications withdrawn; and
    - iv. Maximum, mean, and median processing times from receipt of complete Application to execution of Interconnection Agreement;
  - c. Level 1 Super Fast Track Process:
    - i. Total number of applications approved;
    - ii. Total number of applications denied;
    - iii. Total number of applications withdrawn; and
    - iv. Maximum, mean, and median processing times from receipt of complete Application to execution of Interconnection Agreement;
  - d. Level 2 Fast Track Process:
    - i. Total number of applications approved;
    - ii. Total number of applications denied;
    - iii. Total number of applications withdrawn; and
    - iv. Maximum, mean, and median processing times from receipt of complete Application to execution of Interconnection Agreement;
  - e. Supplemental Review:
    - i. Total number of applications approved;
    - ii. Total number of applications denied;
    - iii. Total number of applications withdrawn; and
    - iv. Maximum, mean, and median processing times from receipt of complete Application to execution of Interconnection Agreement; and
  - f. Level 3 Study Process:
    - i. Total number of System Impact Studies completed;
    - ii. Maximum, mean, and median processing times from receipt of signed System Impact Study agreement to provision of study results;
    - iii. Total number of Facilities Studies completed;
    - iv. Maximum, mean, and median processing times from receipt of signed Facility Study agreement to provision of study results;
    - v. Maximum, mean, and median processing times from receipt of complete Application to execution of Interconnection Agreement.

**Historical Note**

New Section made by final rulemaking at 26 A.A.R. 473,  
with an immediate effective date of February 25, 2020  
(Supp. 20-1).

**R14-2-2627. Electric Cooperatives**

- A. Upon Commission approval of an Electric Cooperative's Interconnection Manual, its provisions shall substitute for the timeline requirements set forth in R14-2-2614 and R14-2-2616 through R14-2-2623 for the Electric Cooperative and its Customers.
- B. Each Electric Cooperative shall employ best reasonable efforts to comply with the deadlines set forth in the applicable provisions of this Article or, if unable to meet those deadlines, shall process all Applications and conduct all inspections and tests in the shortest time practical.

**Historical Note**

New Section made by final rulemaking at 26 A.A.R. 473,  
with an immediate effective date of February 25, 2020  
(Supp. 20-1).

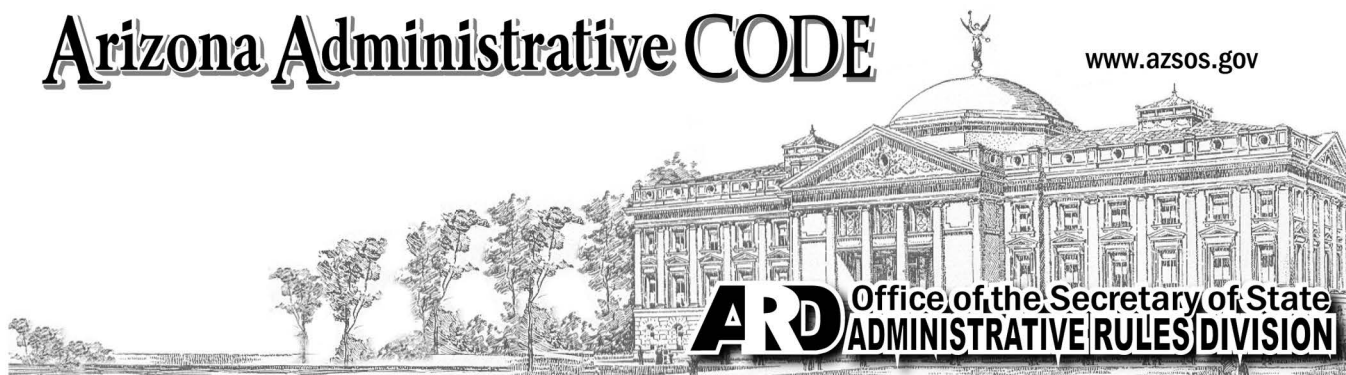
**R14-2-2628. Interconnection Manuals**

- A. No later than 90 calendar days after the effective date of this Article, each Utility shall file with Docket Control, for Commission review and approval, an Interconnection Manual that:
  - 1. Contains detailed technical, safety, and protection requirements necessary to interconnect a Generating Facility to the Distribution System in compliance with this Article and Good Utility Practice; and
  - 2. Specifies by date, either within its main text or in an appendix, the version of each standard, code, or guideline with which an Applicant's Generating Facility must comply to be eligible for Interconnection and Parallel Operation.
- B. A Utility shall revise its Interconnection Manual as necessary to ensure compliance with Good Utility Practice.
- C. A Utility shall file each revision to its Interconnection Manual with Docket Control, for Commission review and approval, at least 60 calendar days prior to the proposed effective date of the revision.
- D. A revision to an Interconnection Manual that a Utility has determined is necessary to enhance health or safety shall become effective immediately, subject to subsequent review and approval by the Commission.
- E. The Commission's Utilities Division may contest a Utility's proposed revision to its Interconnection Manual and may seek a suspension of the effective date of the revision to allow for further review.
- F. A Utility shall file with Docket Control, within 10 calendar days after the effective date of a decision approving any revisions to its Interconnection Manual, an updated Interconnection Manual conforming to the Commission's decision.
- G. A Utility shall make its Interconnection Manual available on the Utility's website.
- H. A Utility shall implement and ensure compliance with its Commission-approved Interconnection Manual.

**Historical Note**

New Section made by final rulemaking at 26 A.A.R. 473,  
with an immediate effective date of February 25, 2020  
(Supp. 20-1).

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**TITLE 17. TRANSPORTATION**  
**CHAPTER 2. DEPARTMENT OF TRANSPORTATION- AERONAUTICS**  
**17 A.A.C. 2**

**Supplement Information**  
**Supp. 25-4**

Rules codified between October 1, 2025 through December 31, 2025 are underlined in this Chapter's table of contents.

**For questions, contact:**

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**The release of this Chapter in Supp. 25-4 replaces Supp. 25-2, 1-8 pages.**

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

## PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “*Rule*’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

### THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

### HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at [www.azsos.gov/rules](http://www.azsos.gov/rules), click on the *Administrative Register* link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

### PERSONAL USE/COMMERCIAL USE

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*Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.*

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## Administrative Rules Division

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## TITLE 17. TRANSPORTATION

## CHAPTER 2. DEPARTMENT OF TRANSPORTATION- AERONAUTICS

## Supp. 25-4

Chapter heading amended by Notice of Final Rulemaking at 17 A.A.R. 2151, effective January 1, 2012 (Supp. 11-4).

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## TITLE 17. TRANSPORTATION

## CHAPTER 2. DEPARTMENT OF TRANSPORTATION- AERONAUTICS

## ARTICLE 1. GENERAL PROVISIONS

**R17-2-101. Definitions**

In this Chapter, the following definitions shall apply:

“After-hours” means hours beyond those determined by airport management as appropriate to meet the seasonal demand.

“Aircraft ramp area” means an artificially surfaced section of airport ground designed and used for aircraft parking with access to a taxiway.

“Airport” means the geographical boundaries of the property owned by the Arizona Department of Transportation known as the Grand Canyon National Park Airport.

“Airport business” means any business venture operating inside the boundaries of the Grand Canyon National Park Airport or relying on business generated as a result of the presence of the airport, its customers, or employees.

“Airport gate” means an entryway onto an apron, not on leased property, whether through a fence or a building.

“Airport leaseholder” means a user of the airport under a lease agreement with the Department.

“Airport management” means one or more persons designated by the Director as responsible for the management of the airport and its operations.

“Airport operations area” means an area of the airport, within a fenced perimeter, including a runway, taxiway, apron, or other FAA-mandated safety areas that are used or intended to be used for landing, takeoff, or the surface maneuvering of aircraft.

“Airport terminal building” means a building owned by the airport that is used for accommodating the enplaning and deplaning of passengers and other associated activities.

“Apron” means an artificially surfaced area of ground designed and used for the parking and storage of aircraft at an airport.

“Commercial aviation” means the scheduled or non-scheduled transportation by air of persons or property for compensation or hire under FAA regulations.

“Commercial fuel handling” means the sale, storage, transportation, or distribution of fuels for compensation.

“Commercial ground transportation” means the non-air transportation of persons or property to or from the airport for compensation.

“Commercial service aircraft” means any aircraft while being used for commercial aviation purposes.

“Commercial service aircraft passenger” means a person, other than aircraft flight crew, who enplanes, deplanes, or who is onboard a commercial service aircraft.

“Commercial use ramp” means an apron designated by airport management for the parking of commercial service aircraft and the enplaning or deplaning of commercial service aircraft passengers.

“Department” Department has the meaning prescribed in A.R.S. § 28-101

“Direct costs” means labor, materials, and variable overhead expenses that are directly associated with a specific service.

“Director” means the Director of the Arizona Department of Transportation or the Director’s designee.

“Disabled aircraft” means an aircraft that requires assistance to move from any position on a runway, taxiway, or apron area of the airport.

“Disabled aircraft support equipment” means any equipment used to assist aircraft movement from any position on a runway, taxiway, or apron area of the airport.

“Electronic access security badge” means a credential issued by airport management to a person for identification as an employee of the airport, an airport tenant, or an airport contractor authorized to open electronically controlled gates.

“FAA” means the Federal Aviation Administration of the United States Department of Transportation.

“Fixed base operator” means an airport business that provides airport user services, including but not limited to, commercial fuel handling within the boundaries of the airport.

“Fuel” means all flammable fluids composed of a mixture of selected hydrocarbons manufactured and blended for the purpose of aircraft, railroad, or motor vehicle propulsion.

“Fuel supplier” means an airport business that dispenses fuel to retail customers or into vehicles owned or operated by that business.

“Lease” means a contract granting use or occupation of property during a specified period in exchange for a specified compensation.

“License agreement” means a contract granting use or occupation of a portion of the terminal or other state-owned building in exchange for a specific compensation.

“Maximum landing weight” means the maximum weight at which an aircraft may normally be landed as determined by the manufacturer.

“NFPA” means the National Fire Protection Association.

“Non-terminal ramp area” means the portion of aircraft ramp area designated by airport management for the parking of aircraft when use of a terminal building is not required.

“Operating agreement” means a contract granting the privilege to conduct commercial operations at the airport in exchange for a specific compensation.”

“Overnight parking” means the act of leaving a motor vehicle unoccupied between the hours of sunset and sunrise on airport property that is not leased.

“Permit holder” means a person, partnership, association, firm, or corporation that owns or operates a business at the airport under a use permit.

“Public use terminal” means a structure designated for use by the general public that is not specifically restricted or dedicated to any one airport business.

“Retail sales” means all sales activities at the airport not directly related to the transportation of persons or property. Sales include but are not limited to food, beverages, souvenirs, sundries, books, newspapers, and magazines.

“Rotorcraft” means a heavier-than-air aircraft that depends principally for its support in flight on the lift generated by one or more rotors.



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“Security badge” means a credential issued by airport management to a person for identification as an employee of the airport, an airport tenant, or an airport contractor.

“Self-fuel dispensing or handling” means non-commercial fuel delivery to an aircraft, provided by the owner or operator.

“State” means the state of Arizona or its agents.

“Sunset” and “sunrise” have the same meaning and daily calculation as prescribed by the United States Naval Observatory (USNO), which is available on the internet at <http://aa.usno.navy.mil> or in hardcopy format from airport management.

“Taxiway” means an artificially surfaced strip of ground designed and used for the ground movement of aircraft at an airport.

“Terminal ramp area” means the portion of aircraft ramp area designated by airport management for the parking of aircraft when use of a terminal building is required.

“Terminal road” means an artificially surfaced strip of ground positioned in front of an airport terminal building, which is designated by airport management for the parking of vehicles and the loading or unloading of passengers.

“Terminal space” means any area within a structure designated as a terminal and used by the public for transitioning between aircraft and ground transportation.

“TSA” means the Transportation Security Administration of the United States Department of Homeland Security.

“Use permit” means a contract granting the privilege to conduct commercial operations at the airport in exchange for a specific compensation.

“Vehicle” means any equipment, other than aircraft, that is used for transporting persons or property.

**Historical Note**

Adopted effective May 2, 1990 (Supp. 90-2). Amended effective March 17, 1995 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 4437, effective January 6, 2007 (Supp. 06-4). Amended by final rulemaking at 17 A.A.R. 2151, effective January 1, 2012 (Supp. 11-4). Amended by final rulemaking at 31 A.A.R. 4090 (October 24, 2025), effective December 9, 2025 (Supp. 25-4).

**ARTICLE 2. GRAND CANYON NATIONAL PARK AIRPORT - OPERATION AND MANAGEMENT****R17-2-201. Fees and Charges for Services and Use of Facilities and Equipment at the Airport**

The fees and charges in Table 1 apply to all tenants and users of the airport and its facilities.

**Historical Note**

Adopted effective May 2, 1990 (Supp. 90-2). Amended effective February 17, 1994 (Supp. 94-1). Amended by final rulemaking at 12 A.A.R. 4437, effective January 6, 2007 (Supp. 06-4). Amended by final rulemaking at 17 A.A.R. 2151, effective January 1, 2012 (Supp. 11-4).

**Table 1. Grand Canyon National Park Airport Fees and Charges**

<b>Landing Fees</b>	
For commercial flight operations landing at the airport including, but not limited to, air carrier, air taxi, air tour, and air freight:	
Single-engine fixed wing, multi-engine fixed wing, or rotorcraft using the airport operations area	\$1.05 per 1,000 lbs., or part of 1,000 lbs., of FAA-certified maximum landing weight
Rotorcraft not using the airport operations area	\$0.30 per 1,000 lbs., or part of 1,000 lbs., of FAA-certified maximum landing weight
<b>Aircraft Parking Fees</b>	
For non-commercial service aircraft parking areas within airport boundaries designated by airport management:	
Single-engine fixed wing or rotorcraft	\$50.00 per month, if parked in designated public tie-down areas Daily rate is one-tenth of the monthly rate
Multi-engine fixed wing or rotorcraft	\$100.00 per month, if parked in designated public tie-down areas Daily rate is one-tenth of the monthly rate
<b>Terminal Fees</b>	
Advertising space	\$5.00 per sq. ft. (sign size), per month, for terminal and counter areas \$8.00 per sq. ft. (sign size), per month, for outdoor sign space
After-hours terminal use	\$200.00 per hour, or part of an hour, in excess of 10 minutes after scheduled terminal closure
Public address system	\$35.00 per monthly subscription to use the public address system
Retail sales space	\$26.00 per sq. ft., per year
Terminal counter space	\$26.00 per sq. ft., per year
Terminal office space	\$26.00 per sq. ft., per year
<b>Gate Fees</b>	
For loading or unloading commercial service aircraft passengers through an airport gate not open to the public that provides access to or from the aircraft ramp area:	

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Airport leaseholder using an aircraft with a maximum landing weight of:	
Less than 12,500 lbs.	\$1.00 per flight
12,500 lbs. to 44,999 lbs.	\$5.00 per flight
45,000 lbs. to 99,999 lbs.	\$10.00 per flight
100,000 lbs. to 199,999 lbs.	\$50.00 per flight
200,000 lbs. or greater	\$75.00 per flight
Non-airport leaseholder using an aircraft with a maximum landing weight of:	
Less than 12,500 lbs.	\$1.50 per flight
12,500 lbs. to 44,999 lbs.	\$7.50 per flight
45,000 lbs. to 99,999 lbs.	\$15.00 per flight
100,000 to 199,999 lbs.	\$100.00 per flight
200,000 lbs. or greater	\$150.00 per flight
<b>Fuel Flowage Fees</b>	
Fuel flowage	\$0.03 per gallon of fuel delivered to the airport, and \$0.07 per gallon of fuel sold at the airport
<b>Equipment Use Fees</b>	
Aircraft tug	\$100.00 per use
Auxiliary power unit	\$100.00 per use
Non-aviation equipment	As negotiated
Passenger stairs	\$100.00 per use
Portable heater	\$50.00 per use
<b>Miscellaneous Fees</b>	
Clean up of hazardous materials	Direct costs
Disabled aircraft assistance	Direct costs
Disabled aircraft support equipment	Direct costs
Repairs of damage to airport property	Direct costs
Storage of crash debris	\$25.00 per sq. ft., per month, or part of a month beyond 72 hours after release of the crash debris by the FAA or National Transportation Safety Board
Use of airport personnel, whether requested or required by regulation, when the FAA Air Control Tower is closed	\$100.00 per landing, take-off, or if on standby, for each 30-minute increment
<b>Commercial Ground Transportation Fees</b>	
All commercial ground transportation use permit holders shall report and pay monthly the following fees and charges as appropriate:	
Daily airport access charge	\$100.00 per day charged to any commercial ground transportation company that accesses the airport without an annual airport access permit
Annual airport access permit	\$20.00 per vehicle for an airport leaseholder \$25.00 per vehicle for a non-airport leaseholder
Commercial ground transportation	\$7.00 per vehicle each time the vehicle is used on the airport for the purpose of loading or unloading passengers
Terminal road parking permit	\$10.00 per use for an airport leaseholder \$20.00 per use for a non-airport leaseholder
<b>Vehicle Parking Fees</b>	
For areas located within the airport boundaries and designated by airport management for restricted parking:	
Daily commercial ground transportation use permit parking	\$10.00 per vehicle, per day, or any portion of a 24-hour period for an airport leaseholder \$15.00 per vehicle, per day, or any portion of a 24-hour period for a non-airport leaseholder
Monthly commercial ground transportation use permit parking	\$100.00 per vehicle, per month, for an airport leaseholder \$150.00 per vehicle, per month, for a non-airport leaseholder
Overnight parking, commercial vehicles in excess of designated number as specified by license agreement as defined in R17-2-101, or use permit, and private vehicles	\$10.00 per vehicle, per 24-hour period \$100.00 per vehicle, per month, in designated area
Rental car parking	Auto storage, in a designated area, as established by use permit terms

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<b>Retail Sales of Goods or Services</b>	
Fees are a percentage of gross receipts, as defined under A.R.S. § 42-5001, of all retail sales after federal, state, and local taxes, except as negotiated in each use permit. Use permits shall be based on highest bids that are in the best interest of the airport and shall contain provisions for not less than the percentage in this schedule:	
Air tour flights originating at the airport regardless of where the tour was sold	1.5%
Vendor fuel sales	5%
Other	As negotiated
<b>Use of Other Facilities Outside the Terminal</b>	
Use of other facilities outside the terminal	As negotiated
<b>Security Fees</b>	
For airport employees, airport tenant employees, and airport users for badges and to meet security requirements of the FAA and TSA	
Security badge	\$25.00 per year
Replacement security badge	\$50.00 for first lost security badge occurrence \$100.00 for second lost security badge occurrence \$150.00 for third lost security badge occurrence
Unreturned security badge	\$200.00 for failure to return security badge at termination of employment (charged to airport tenant)
Electronic access security badge	\$30.00 per year for a badge providing access to the airfield and other secured areas
Replacement electronic access security badge	\$60.00 for first lost electronic access security badge occurrence \$120.00 for second lost electronic access security badge occurrence \$180.00 for third lost electronic access security badge occurrence
Unreturned electronic access security badge	\$250.00 for failure to return electronic access security badge at termination of employment (charged to airport tenant)
Security screening	\$150.00 per flight for use of airport security screening facilities
Security violation charge	\$100.00 per violation of airport, FAA, or TSA security regulations \$250.00 for each additional violation in a 30-day period
<b>Commercial Use Ramp Fees</b>	
Exclusion. This fee does not apply to any commercial service aircraft that provides air tours departing from and returning to the airport or to air tour flights that bring commercial service aircraft to the airport for this purpose:	
Terminal ramp area	\$15.00 per hour for any commercial service aircraft that does not qualify for the exclusion to a maximum of \$60.00 per use
Non-terminal ramp area	\$10.00 per hour for any commercial service aircraft that does not qualify for the exclusion to a maximum of \$40.00 per use
<b>Water Usage Fees</b>	
Water usage	Water usage fees consist of the total direct cost of water paid by the Department for Airport usage, including all fees and taxes, the actual cost per gallon of all expenses for water testing, repair and maintenance to the water delivery system for the Airport, and an administrative fee of 5%

**Historical Note**

New Table 1 made by final rulemaking at 12 A.A.R. 4437, effective January 6, 2007 (Supp. 06-4). Amended by final rulemaking at 17 A.A.R. 2151, effective January 1, 2012 (Supp. 11-4). Amended by final rulemaking at 31 A.A.R. 4090 (October 24, 2025), effective December 9, 2025 (Supp. 25-4).

**R17-2-202. Airport Use Permits**

- A.** A user operating commercially at the airport shall first obtain a use permit or be subject to a \$100.00 fine for each infraction. Use permits are required for the following activities:
1. Commercial aviation;
  2. Commercial ground transportation;
  3. Commercial fuel handling; and
  4. Airport business.

- B.** An aircraft owner or operator desiring to dispense fuel to the owner's or operator's own aircraft shall first obtain a self fueling or handling permit or be subject to a \$100.00 fine for each infraction.
- C.** A use permit shall contain, at minimum, provisions governing the following subjects:
1. Minimum insurance coverage in the amount required by the Department of Administration's Risk Management Section, naming the state as co-insured;

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2. Billing, payment, and audit procedures and the penalties for non-compliance;
3. Data reporting in a timely manner, upon request of the airport management or other agency. This data may include, but is not limited to:
  - a. Gross receipts,
  - b. Aircraft landings,
  - c. Aircraft tie-downs,
  - d. Equipment utilized,
  - e. Enplanements,
  - f. Gallons and types of fuel pumped, and
  - g. Passengers transported each way, to or from the airport;
4. A list of all employees with access to airport security areas and any changes in the list. In addition, the fixed base operator shall provide verification of compliance with employee security checks required under federal, state, and local laws, rules, regulations, and policies governing the use of the airport;
5. Evidence of compliance with all other jurisdictions' requirements for permits, licenses, insurance and certificates; and
6. Detailed descriptions of any space within the public use terminal assigned to the commercial user and provisions describing allowable uses for the space as well as minimum expected maintenance of the facilities provided.

**Historical Note**

Adopted effective May 2, 1990 (Supp. 90-2). Amended by final rulemaking at 12 A.A.R. 4437, effective January 6, 2007 (Supp. 06-4).

**R17-2-203. Minimum Requirements for Fixed Base Operators**

- A.** Before entering into a contract or commencing any operation at the airport as a fixed base operator, each fixed base operator shall:
1. Hold a commercial fuel handling use permit;
  2. Submit to airport management, a verified statement that contains a detailed description of the scope of the intended operation. This statement shall include:
    - a. The means and methods that will be employed to accomplish the aviation operation, including how the operating standards and requirements will be met; and
    - b. The nature of ownership and the responsible parties. If the responsible party is:
      - i. An individual, include the person's name and address;
      - ii. A partnership, includes the names and addresses of all the partners; or
      - iii. A corporation, association, or other organization, include the names of the president, vice president, secretary, and managing officer or managing employee;
  3. Possess a minimum of three years experience, within the past five years, in managing a fixed base operation at an airport.
    - a. The experience requirement applies either to:
      - i. The individual owner, if a sole proprietorship;
      - ii. One of the partners, if a partnership; or
      - iii. The permanent full-time managing officer or employee, if a corporation.
    - b. If more than one person shares the full-time management responsibilities and duties of the organization,

their collective management experience may be used to satisfy subsection (A)(3) if that experience encompasses each particular service or operation proposed;

4. Provide to airport management, a complete certified financial statement, prepared by an independent accounting firm;
  5. Provide to airport management, evidence of current public liability insurance coverage in the minimum amount required by the Department of Administration's Risk Management Section, naming the state as co-insured. Hangarkeeper's liability insurance may be required if aircraft are on the premises for safekeeping, storage, service, or repair; and
  6. Submit to airport management, a verified statement that there is a commitment from a fuel supplier to supply fuel. The commitment shall specify the types and volumes of fuel available to the fixed base operator.
- B.** Upon commencing operations, a fixed base operator shall:
1. Provide to airport management, an annual financial statement at the close of the state's fiscal year;
  2. Obtain and keep current, during the term of the use permit, all required federal, state, and local licenses and ensure compliance with all federal, state, and local laws, rules, regulations, and policies governing the use of the airport;
  3. Remain available as required by airport management, either individually or in connection with the other fixed base operators situated at the airport, to provide service and to respond to emergencies during after-hours;
  4. Report all data pertaining to gallons and types of fuel pumped and other types of information as required by additional use permits. Reports shall be provided to the airport management and other requesting agencies in a timely manner;
  5. Report all activity for which fees are established and pay all fees before the 10th calendar day of each month;
  6. Retain all financial records at the airport for five years and comply with all auditing requirements in the use permit;
  7. Provide airport management with a list of all employees with access to airport security areas and notify airport management of any changes;
  8. Provide verification of compliance with employee security checks required under federal, state, and local laws, rules, regulations, and policies governing the use of the airport;
  9. Comply with all FAA and NFPA inspection criteria;
  10. Provide airport management with a copy of written fueling operations procedures, safety and inspection manuals, and records, as required by FAA and NFPA regulations; and
  11. Maintain an approved, written, spill-prevention contingency and control plan that meets all applicable federal and state standards.

**Historical Note**

Adopted effective May 2, 1990 (Supp. 90-2). Amended by final rulemaking at 12 A.A.R. 4437, effective January 6, 2007 (Supp. 06-4). Section heading corrected per Department's request as amended by final rulemaking at 12 A.A.R. 4437, effective January 6, 2007 (Supp. 09-2). Amended by final rulemaking at 31 A.A.R. 4090 (October 24, 2025), effective December 9, 2025 (Supp. 25-4).

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**R17-2-204. Airport Ground Leases**

- A.** The Department may enter into leases of airport property.
- B.** All leases of airport property, other than the existing or any future public use facility, shall be based on a competitive sealed proposal process as specified in A.R.S. § 41-2534. At a minimum, leases shall be based on a price per square foot of property as valued through an appraisal of that property. In addition, leases shall contain provisions for not less than the percentage in the following schedule:
1. Food and beverage - 5%
  2. Rental of personal property - 10%
  3. Retail sales of merchandise - 10%
  4. Other - As negotiated.

**Historical Note**

Adopted effective May 2, 1990 (Supp. 90-2). Amended by final rulemaking at 12 A.A.R. 4437, effective January 6, 2007 (Supp. 06-4). Amended by final rulemaking at 31 A.A.R. 4090 (October 24, 2025), effective December 9, 2025 (Supp. 25-4).

**R17-2-205. Airport Parking Limitations; Prohibited Activities**

- A.** For a special occasion, or during an emergency, airport management may impose parking limitations as circumstances require.
- B.** A person or entity using the airport and its facilities shall not:
1. Park a vehicle in an area designated a no parking zone as indicated by a sign or red painted curb;
  2. Drive or park a vehicle in any area on airport property that is closed by the use of a barricade, chain, or other traffic control device;
  3. Park a vehicle on a pedestrian path, sidewalk, or safety zone;
  4. Park a vehicle in a manner or location that obstructs another parked vehicle; or
  5. Camp on airport parking lots.

**Historical Note**

Adopted effective March 17, 1995 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 4437, effective January 6, 2007 (Supp. 06-4). Amended by final rulemaking at 31 A.A.R. 4090 (October 24, 2025), effective December 9, 2025 (Supp. 25-4).

**R17-2-206. Airport Impoundment Procedures; Notice of Impound**

This Section applies to all persons or entities using the airport and its facilities:

1. Airport management may remove and impound any aircraft or other vehicle found on state property if an owner has:
  - a. Parked the aircraft or vehicle in an area designated and posted as a restricted area;
  - b. Parked the aircraft or vehicle in violation of this Article;
  - c. Abandoned the aircraft or vehicle on airport property for more than 14 days without prior notification and permission of airport management;
  - d. Failed to pay parking fees for 15 days after the date a parking statement is attached to the aircraft or vehicle, indicating that a parking fee is due; or
  - e. Parked the aircraft or vehicle in a manner or location that constitutes a hazard or impediment to the general public or to the movement and operation of aircraft or emergency equipment.

## 2. Notice of Impound.

- a. An authorized agent of the airport's management, at the time of removal for impound, shall post a Notice of Impound as near to the location from which the aircraft or vehicle was removed as is practical, and a copy of the notice shall be mailed to the address listed on the:
  - i. Aircraft or vehicle,
  - ii. Vehicle registration in the aircraft or vehicle, or
  - iii. Airport records.
- b. If no address is available under subsection (2)(a), airport management, within a period of 10 business days from the date of impoundment, shall twice publish the Notice of Impound in a daily newspaper with a general circulation in Coconino County. The notice shall describe the:
  - i. Aircraft or vehicle,
  - ii. Parking violation that necessitated the impoundment,
  - iii. Location to which the aircraft or vehicle was impounded,
  - iv. Name and address of the person to contact regarding the impoundment, and
  - v. Owner's right to file a request for a hearing under subsection (5).

## 3. Airport management shall ensure that:

- a. A vehicle is removed by a tow truck registered with the Department of Public Safety, and
- b. An aircraft is removed by a fixed base operator that has complied with R17-2-203.

## 4. Costs to the owner. The owner of an aircraft or vehicle is responsible for all costs involved in the removal, impoundment, and storage of the aircraft or vehicle, plus any costs incurred by publication of the Notice of Impound.

## 5. Hearing requests. Any person subject to a decision made by airport management under this Chapter may request a hearing with the Director. The person shall submit a written request for the hearing to the Department not more than 30 days after the action taken by airport management. The hearing shall be held in accordance with A.R.S. Title 41, Chapter 6, Article 6 and 17 A.A.C. 1, Article 5.

**Historical Note**

Adopted effective March 17, 1995 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 4437, effective January 6, 2007 (Supp. 06-4). Amended by final rulemaking at 17 A.A.R. 2151, effective January 1, 2012 (Supp. 11-4). Amended by final rulemaking at 31 A.A.R. 4090 (October 24, 2025), effective December 9, 2025 (Supp. 25-4).

**ARTICLE 3. AIRCRAFT REGISTRATION****R17-2-301. Definitions**

The following terms apply to this Article unless otherwise specified:

"Aircraft" has the same meaning as defined in A.R.S. § 28-8201.

"Aircraft fees" means the fees due to the Department at the time of registration and consisting of the general registration fee imposed under A.R.S. § 28-8325; the license tax imposed under A.R.S. Title 28, Chapter 25, Article 4; and applicable penalty.

## TITLE 17. TRANSPORTATION

## CHAPTER 2. DEPARTMENT OF TRANSPORTATION- AERONAUTICS

“Day” means the 24-hour period from one midnight to the following midnight.

“Department” has the same meaning as defined in A.R.S. § 28-101.

“Expiration date” means the day, month, and year in which an aircraft registration expires.

“Initial registration” means the first time an aircraft is subject to registration in Arizona.

“Lien recording fee” means the recording fee prescribed by the Federal Aviation Administration.

“Registration certificate” means proof, issued by the Department, of the aircraft’s registration in this state.

“Registration cycle” means the time-frame during which an aircraft registration is valid.

#### Historical Note

New Section made by final rulemaking at 31 A.A.R. 1950 (June 20, 2025), effective August 3, 2025 (Supp. 25-2).

#### R17-2-302. Aircraft Registration

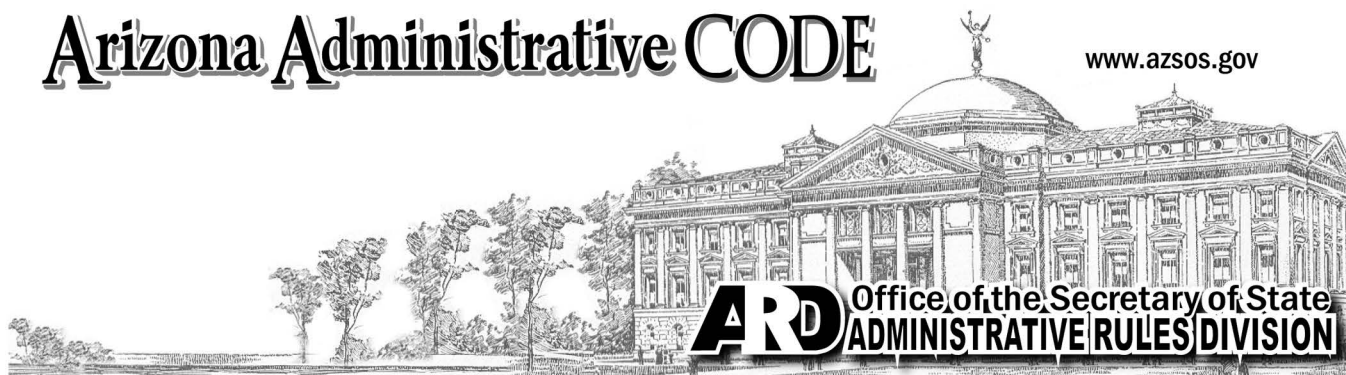
- A. The Department shall assign a staggered expiration date when issuing an initial registration to an aircraft.
  1. The initial registration expires on the last day of the month, 12 months from the month the aircraft is subject to Arizona registration.
  2. The subsequent expiration dates expire 12 months from the expiration of the previous registration cycle.
- B. Registration requirements. A person applying to register or to renew the registration of an aircraft shall submit the following:
  1. A request for registration from either:
    - a. A completed application for aircraft registration, provided by the Department, when applying for registration; or
    - b. Identifying aircraft registration information as indicated by the Department when renewing a registration;
  2. Payment of aircraft fees, as applicable, which may be submitted as multiple partial payments, but the registration of the aircraft is not complete until the full payment is received; and
  3. An aircraft exemption affidavit, if applicable.
- C. Exemptions. A person who owns an aircraft exempt from registration or license tax or both must declare their exempt status on an aircraft exemption affidavit, provided by the Department, at the time of registration. An active-duty military personnel member must resubmit the affidavit annually and a

tribal member will need to resubmit the affidavit if the tribal member’s address changes.

- D. Proration of fees. The Department shall prorate an aircraft license tax as applicable under A.R.S. § 28-8322.01.
- E. Date of receipt. The date of receipt for the items required under subsections (B) and (C) shall be the following:
  1. The date of the completed electronic transaction, or
  2. The date of the postmark stamped on the mailed items.
- F. Evidence of registration. The Department shall issue a registration certificate and receipt as evidence of registration.
- G. Assessment, penalty, and lien. A person that fails to register and pay their aircraft fees in full within 60 days of the aircraft’s entry into this state, within 60 days of purchase or lease, or by the annual expiration date established in subsection (A) will be subject to an assessment under A.R.S. § 28-8328 and a penalty under A.R.S. § 28-8329. To determine if an assessment is to be issued, any part of a calendar day that an aircraft spends on the ground is counted as one day toward the determination of whether the aircraft is required to be registered and whether aircraft registration fees, assessments, penalties, and liens are to be collected. After 30 days from the issuance of the assessment, the Department may record a lien under A.R.S. § 28-8330 on the aircraft. To release the lien, a person will need to submit to the Department the full payment of the outstanding aircraft fees and a lien recording fee when the lien is filed with the Federal Aviation Administration.
- H. Fleet. A person who owns two or more aircraft may request to have the aircraft registrations expire on the same date by submitting an application provided by the Department and a list of all aircraft to be included in the fleet at least 30 days before the registration.
  1. The Department shall establish a registration cycle that expires on the last day of the month selected by the aircraft owner. The month selected must be the established expiration month of a currently registered aircraft.
  2. Aircraft eligible to be placed into an unexpired fleet must be within at least three months prior to the aircraft’s registration expiration date, if currently registered, or at any time, if the aircraft’s registration is expired.
  3. The Department shall prorate aircraft license tax as applicable under A.R.S. § 28-8322.02.
  4. The person shall pay any aircraft fees and submit an aircraft exemption affidavit, if applicable.

#### Historical Note

New Section made by final rulemaking at 31 A.A.R. 1950 (June 20, 2025), effective August 3, 2025 (Supp. 25-2).



## TITLE 17. TRANSPORTATION

### CHAPTER 4. DEPARTMENT OF TRANSPORTATION - TITLE, REGISTRATION, AND DRIVER LICENSES

#### 17 A.A.C. 4

#### Supplement Information Supp. 25-4

Rules codified between October 1, 2025 through December 31, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-4 replaces Supp. 25-2, 1-39 pages.**

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

## PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “*Rule*’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

### THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

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### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at [www.azsos.gov/rules](http://www.azsos.gov/rules), click on the *Administrative Register* link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

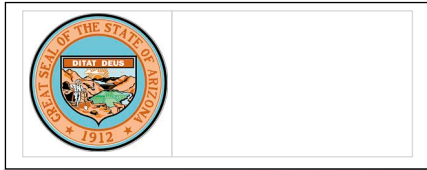
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*Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.*

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## Administrative Rules Division

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## TITLE 17. TRANSPORTATION

## CHAPTER 4. DEPARTMENT OF TRANSPORTATION - TITLE, REGISTRATION, AND DRIVER LICENSES

Authority: A.R.S. §§ 28-366 and 28-5204

## Supp. 25-4

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*Editor's Note: Sections R17-4-606, R17-4-607 and its Appendix A and Appendices A and B were repealed under a Notice of Proposed Summary Rulemaking in Supp. 96-1. R17-4-612 was amended under the same Notice of Proposed Summary Rulemaking at 2 A.A.R. 1486. The Office did not receive a Notice of Final Summary Rulemaking on these Sections (Editor's Note added Supp. 10-2).*

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## TITLE 17. TRANSPORTATION

## CHAPTER 4. DEPARTMENT OF TRANSPORTATION - TITLE, REGISTRATION, AND DRIVER LICENSES

## ARTICLE 1. GENERAL PROVISIONS

**R17-4-101. Definitions**

In addition to the definitions prescribed under A.R.S. §§ 28-101, 28-1301, 28-3001, and 6 CFR 37.3, the following terms apply to this Chapter, unless otherwise specified:

“Business day” means a day other than a Saturday, Sunday, or Arizona legal holiday.

“Day” means the 24-hour period from midnight of one day to midnight of the next day.

“Division” means the Arizona Department of Transportation’s Motor Vehicle Division.

“Gore area” has the same meaning as prescribed under A.R.S. § 28-644.

“Included vehicle” means a vehicle subject to annual or biennial Arizona registration unless otherwise excluded from the staggered registration prescribed under A.R.S. § 28-2159 and R17-4-304.

“Initial registration” means the first registration of an included vehicle in Arizona.

“Non-operating identification license” means a credential issued by the Department for identification purposes only, as prescribed under A.R.S. § 28-3165, which does not grant authority to operate a motor vehicle and is not intended to be accepted by federal agencies for an official purpose defined under 6 CFR 37.3.

“Person with a disability” means a recipient of public monies as an individual with a disability under Title 16 of the Social Security Act, as amended.

“Plate number” means the combination of letters, numbers, and spaces on a vehicle license plate.

“Registration” means a document issued by the Department to the owner or operator of a specific vehicle, after receiving payment of all prescribed registration fees, which the owner or operator is then required under A.R.S. § 28-2158 or A.R.S. § 28-2203 to carry in the vehicle as authorization for legal operation on public streets, roads, and highways.

“Registration fees” means the fees due to the Department at the time of registration and consisting of the general registration fees prescribed under A.R.S. § 28-2003, the vehicle license tax prescribed under A.R.S. § 28-5801, and any commercial registration and gross weight fees prescribed under A.R.S. § 28-5433, as applicable.

“Special license plate” has the same meaning as the term “special plates” as prescribed under A.R.S. § 28-2401.

“Travel-compliant driver license” has the same meaning as the term REAL ID Driver’s License defined under 6 CFR 37.3, which is a driver license issued by the Department as prescribed under A.R.S. § 28-3175 in compliance with A.R.S. Title 28, Chapter 8, and the federal standards provided under 6 CFR 37 for state issuance of secure credentials intended to be accepted by federal agencies for official purposes.

“Travel-compliant identification license” has the same meaning as the term REAL ID Identification Card as defined under 6 CFR 37.3, which is a non-operating identification license issued by the Department as prescribed

under A.R.S. § 28-3175 in compliance with A.R.S. Title 28, Chapter 8, and the federal standards provided under 6 CFR 37 for state issuance of secure credentials acceptable by federal agencies for official purposes.

“VIN” or “vehicle identification number” has the same meaning as prescribed under A.R.S. § 13-4701.

**Historical Note**

New Section made by final rulemaking at 25 A.A.R. 1885, with an immediate effective date of July 2, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 4695 (December 26, 2025), effective February 1, 2026 (Supp. 25-4).

## ARTICLE 2. VEHICLE TITLE

**R17-4-201. Definitions**

In addition to the definitions prescribed under R17-4-101, A.R.S. §§ 28-101, 28-2001, and 28-3001, the following definitions apply to this Article, unless otherwise specified:

“Encumbrance” means a lien recorded, by the Department, on a vehicle or mobile home record and the Arizona Certificate of Title.

“EPA standards” means the emission standards of the Environmental Protection Agency, as prescribed under 40 CFR 86.

“FMVSS” means the Federal Motor Vehicle Safety Standards as prescribed under 49 CFR 571.

“Joint tenancy with right of survivorship” means vehicle ownership by two or more persons and the deceased joint owner’s interest in the vehicle is transferred to the surviving owners.

“Lienholder” means a person or entity retaining legal possession of a vehicle or mobile home until the debtor has satisfactorily repaid the loan for which the vehicle or mobile home is designated as collateral.

“MPV” means multipurpose passenger vehicle, which has the same meaning as prescribed under 49 CFR 571.3.

“NHTSA” means National Highway Traffic Safety Administration of the United States Department of Transportation.

“Operation of law lien” means a lien resulting from the application of a state or federal statute.

“Primary lien” means the first of any multiple liens recorded on a vehicle or mobile home record.

“Registered importer” means a person registered by the NHTSA Administrator to import vehicles, as prescribed under 49 U.S.C. 30141.

“Tenancy in common” means vehicle ownership by two or more people without the right of survivorship.

“Valid titling document” means one of the following documents showing a vehicle’s compliance with FMVSS and EPA standards:

- A NHTSA Declaration,
- A manufacturer’s letter, or
- A U.S. federal compliance label printed in English.

**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 1353, effective June 6, 2003 (Supp. 03-2). Amended by final

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rulemaking at 13 A.A.R. 3281, effective November 10, 2007 (Supp. 07-3). Amended by final rulemaking at 31 A.A.R. 4695 (December 26, 2025), effective February 1, 2026 (Supp. 25-4).

**R17-4-202. Repealed****Historical Note**

New Section recodified from R17-4-204 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Repealed by final rulemaking at 31 A.A.R. 4695 (December 26, 2025), effective February 1, 2026 (Supp. 25-4).

**R17-4-203. Repealed****Historical Note**

New Section recodified from R17-4-205 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Repealed by final rulemaking at 31 A.A.R. 4695 (December 26, 2025), effective February 1, 2026 (Supp. 25-4).

**R17-4-204. Repealed****Historical Note**

Adopted effective November 10, 1986 (Supp. 86-6). Former Section R17-4-75 renumbered without change as Section R17-4-204 (Supp. 87-2). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 2468, effective June 8, 2000 (Supp. 00-2). Section recodified to R17-4-202 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section recodified from R17-4-206 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Repealed by final rulemaking at 31 A.A.R. 4695 (December 26, 2025), effective February 1, 2026 (Supp. 25-4).

**R17-4-205. Co-ownership and Vehicle Title**

- A.** A title certificate application shall specify the form of co-ownership and names of a vehicle's co-owners as follows.
1. If co-ownership is a joint tenancy with right of survivorship in which all owners must sign to transfer or encumber the vehicle, the applicant shall provide the name of each owner separated by "and/or."
  2. If co-ownership is a joint tenancy that allows one owner to transfer or encumber the vehicle title, the applicant shall provide:
    - a. The name of each co-owner separated by "or"; and
    - b. A form, signed by each co-owner authorizing title transfer or encumbrance on the signature of any co-owner.
  3. If co-ownership is a tenancy in common, the applicant shall provide the name of each owner separated by "and."
- B.** Before a surviving joint tenant under subsection (A)(1) obtains a title certificate as owner or transfers or encumbers the vehicle title, the surviving joint tenant shall present to the Department a death certificate for each deceased joint tenant.
- C.** After the death of a tenant in common, the Department shall issue a new title certificate only as directed by:
1. A certified probate court order, or
  2. A successor's affidavit under A.R.S. § 14-3971(B).

**Historical Note**

Adopted effective November 13, 1986 (Supp. 86-6). Former Section R17-4-75 renumbered without change as Section R17-4-205 (Supp. 87-2). Amended by final rulemaking at 7 A.A.R. 2752, effective June 8, 2001 (Supp. 01-2). Section recodified to R17-4-203 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section recodified from R17-4-207 at 7 A.A.R. 3479,

effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 9 A.A.R. 1353, effective June 6, 2003 (Supp. 03-2). Amended by final rulemaking at 31 A.A.R. 4695 (December 26, 2025), effective February 1, 2026 (Supp. 25-4).

**R17-4-206. Additional Titling Standards for Vehicles Not Manufactured in Compliance with United States Safety and Emission Standards; "Gray-market Vehicles"****A. Titling standards.**

1. The Department shall issue a title for a foreign-manufactured vehicle imported to the United States if an applicant presents the following:
  - a. A valid titling document,
  - b. A completed Title and Registration Application form provided by the Department on its website at azdot.gov,
  - c. A completed Vehicle Verification form documenting that the vehicle passed an appropriate motor vehicle inspection conducted by the Department as provided under A.R.S. § 28-2011,
  - d. A certificate of inspection issued by the Arizona Department of Environmental Quality documenting that the vehicle has passed an Arizona emissions inspection under A.R.S. § 49-542, and
  - e. A certificate of conformity documenting that the vehicle was converted to meet all applicable FMVSS and EPA standards.
2. A foreign-manufactured vehicle imported to the United States is exempt from subsection (A)(1)(e) if it is 25 years or more from its manufacture date.
3. A foreign-manufactured vehicle imported to the United States that is more than 20 years from its manufacture date, but less than 25 years from its manufacture date, is exempt from the EPA standard requirement under subsection (A)(1)(e), if the vehicle:
  - a. Is in its original unmodified configuration; or
  - b. Contains an equivalent or newer EPA certified engine.
4. Titling standards for vehicles manufactured according to Canadian specifications.
  - a. The Department may issue a title to a vehicle manufactured according to Canadian specifications if the vehicle:
    - i. Is not for resale;
    - ii. Has a GVWR of less than 10,000 pounds; and
    - iii. Is a passenger vehicle, motorcycle, or MPV.
  - b. Before titling a vehicle manufactured according to Canadian specifications, the vehicle owner shall submit to the Department documentation from the manufacturer verifying that the vehicle complies with FMVSS and EPA standards.
    - i. The Department shall waive the FMVSS and EPA labeling location requirements as prescribed in 49 CFR 571 and 40 CFR 86.
    - ii. If documentation from the manufacturer indicates that a vehicle's speedometer or headlights do not comply with FMVSS and EPA standards, the vehicle owner shall file additional documentation with the Department to verify completion of a modification to bring the vehicle into compliance.
  - c. A registered importer shall certify a vehicle manufactured according to Canadian specifications if:

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- i. The vehicle meets FMVSS standards except for occupant crash protection provisions prescribed under 49 CFR 571.208, or
  - ii. The vehicle owner did not submit manufacturer documentation to the Department as prescribed under subsection (A)(4)(b).
- B.** The Department shall require a registered importer's certification of a foreign-manufactured vehicle imported to the United States that:
- 1. Is not exempt under subsections (A)(2) or (A)(3), or
  - 2. Does not qualify under subsection (A)(4).

**Historical Note**

Former Rule, General Order 55. Former Section R17-4-19 renumbered without change as Section R17-4-206 (Supp. 87-2). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 2468, effective June 8, 2000 (Supp. 00-2). Section recodified to R17-4-204 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section recodified from R17-4-209 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 9 A.A.R. 1353, effective June 6, 2003 (Supp. 03-2). Amended by final rulemaking at 31 A.A.R. 4695 (December 26, 2025), effective February 1, 2026 (Supp. 25-4).

**R17-4-207. Lien Filing**

- A.** Lien filing. When filing a lien with the Department, a person shall use the Department's online process for recording a lien or submit a completed Title and Registration Application form provided by the Department on its website at [azdot.gov](http://azdot.gov), pay the fee or fees due to the Department as provided by law, and include any other documentation required pursuant to A.R.S. Title 28.
- 1. The Department shall record a statement of all liens and encumbrances on the vehicle or mobile home record upon receiving a lien filing that meets all requirements prescribed in this subsection.
  - 2. The Department shall immediately return a lien filing, with a letter stating why the lien filing was returned, when the lien filing does not meet the requirements prescribed in this subsection.
- B.** Multiple liens. The Department will record up to three liens on any one vehicle or mobile home record. Additional liens are recorded through the County Recorder's office. Liens are valued in the order that they are filed and recorded on the vehicle or mobile home record. However, the Department considers the primary lien recorded on the vehicle or mobile home record to be above all other subsequent liens or encumbrances. In the absence of an operation of law lien, only the lienholder in the primary position may repossess a vehicle or mobile home.

**Historical Note**

Former Rule, General Order 62. Former Section R17-4-24 renumbered without change as Section R17-4-207 (Supp. 87-2). Section repealed; new Section made by final rulemaking at 7 A.A.R. 2752, effective June 8, 2001 (Supp. 01-2). Section recodified to R17-4-205 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section recodified from R17-4-230 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 13 A.A.R. 3281, effective November 10, 2007 (Supp. 07-3). Amended by

final rulemaking at 31 A.A.R. 4695 (December 26, 2025), effective February 1, 2026 (Supp. 25-4).

**R17-4-208. Lien Clearance**

- A.** Lien clearance. The Department shall remove the lien from the vehicle or mobile home record indicated on the lien clearance and issue a new Arizona Certificate of Title upon receiving proof that the lien is satisfied, a completed application form provided by the Department on the Department's website at [azdot.gov](http://azdot.gov), the most recently issued certificate of title if the printed title is available, payment of the fee or fees due to the Department as required by law, and any other documentation required pursuant to A.R.S. Title 28. The Department considers the following instruments satisfactory proof that the lien or encumbrance recorded on a vehicle or mobile home record is satisfied:
- 1. The transmission of an electronic lien release;
  - 2. A certificate of title signed by the lienholder if the lien release is indicated on the title; or
  - 3. Any official document signed by the lienholder giving a complete description of the vehicle, as recorded on the Arizona Certificate of Title, indicating that the lien is either "paid in full" or "satisfied".
- B.** Lienholder obligation on satisfaction of a lien.
- 1. An organization recorded by the Department as the lienholder on a vehicle title shall use the Department's electronic lien and title process to release a lien recorded on the Department's records within 15 business days after receiving payment in full satisfaction of the lien from the owner of the vehicle.
  - 2. A private party recorded by the Department as the lienholder on a vehicle or mobile home title, or an organization recorded by the Department as the lienholder on a mobile home title, shall manually submit to the Department all documents required under subsections (A)(2) and (A)(3) to release a lien on the Department's records within 15 business days after receiving payment in full satisfaction of the lien from the owner of the vehicle or mobile home.
- C.** Lien release received in error. The Department will not reimburse any parties for any monetary damages that may occur when a lienholder issues a lien clearance to the Department in error.
- D.** Administrative hearing. A lienholder who is assessed a civil penalty, as prescribed under A.R.S. § 28-2134, may request a hearing in accordance with the procedures prescribed under 17 A.A.C. 1, Article 5.

**Historical Note**

Former Rule, General Order 83. Former Section R17-4-35 renumbered without change as Section R17-4-208 (Supp. 87-2). Section repealed by final rulemaking at 6 A.A.R. 2468, effective June 8, 2000 (Supp. 00-2). Section recodified from R17-4-231 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 13 A.A.R. 3281, effective November 10, 2007 (Supp. 07-3). Amended by final rulemaking at 31 A.A.R. 4695 (December 26, 2025), effective February 1, 2026 (Supp. 25-4).

**R17-4-209. Recodified****Historical Note**

Adopted as Section R17-4-81 and renumbered as Section R17-4-209 effective May 29, 1987 (Supp. 87-2). Amended by final rulemaking at 7 A.A.R. 2755, effective

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June 8, 2001 (Supp. 01-2). Section recodified to R17-4-206 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-210. Repealed****Historical Note**

Adopted effective July 30, 1992 (Supp. 92-3). Section R17-4-210 repealed by summary action with an interim effective date of August 28, 1998; filed in the Office of the Secretary of State August 4, 1998 (Supp. 98-3). The Department failed to submit to the Governor's Regulatory Review Council an adopted summary rule pursuant to A.R.S. § 41-1027, and therefore the rule went back into effect November 26, 1998; Section repealed by summary rulemaking with an interim effective date of August 20, 1999, filed in the Office of the Secretary of State July 30, 1999 (Supp. 99-3). Interim effective date of August 20, 1999 now the permanent effective date (Supp. 99-4).

**Appendix A. Repealed****Historical Note**

Adopted effective July 30, 1992 (Supp. 92-3). Appendix A repealed by summary action with an interim effective date of August 28, 1998; filed in the Office of the Secretary of State August 4, 1998 (Supp. 98-3). The Department failed to submit to the Governor's Regulatory Review Council an adopted summary rule pursuant to A.R.S. § 41-1027, and therefore Appendix A went back into effect November 26, 1998; Appendix A repealed by summary rulemaking with an interim effective date of August 20, 1999; filed in the Office of the Secretary of State July 30, 1999 (Supp. 99-3). Interim effective date of August 20, 1999 now the permanent effective date (Supp. 99-4).

**R17-4-211. Reserved****R17-4-212. Reserved****R17-4-213. Reserved****R17-4-214. Reserved****R17-4-215. Reserved****R17-4-216. Recodified****Historical Note**

Adopted effective October 21, 1997 (Supp. 97-4). Section recodified to R17-4-302 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-217. Recodified****Historical Note**

Adopted effective September 12, 1997 (Supp. 97-3). Section recodified to R17-4-303 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-218. Recodified****Historical Note**

Amended effective April 21, 1980 (Supp. 80-2). Former Section R17-4-54 renumbered without change as Section R17-4-218 (Supp. 87-2). R17-4-218 and Appendix A repealed; new Section adopted effective December 8, 1998 (Supp. 98-4). Section recodified to R17-4-304 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-219. Recodified****Historical Note**

Former Rule, General Order 101. Former Section R17-4-42 renumbered without change as Section R17-4-219 (Supp. 87-2). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 4602, effective November 14, 2000 (Supp. 00-4). Section recodified to R17-4-305 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-220. Repealed****Historical Note**

Former Rule, General Order 103; Former Section R17-4-44 repealed, new Section R17-4-44 adopted effective April 21, 1980 (Supp. 80-2). Former Section R17-4-44 renumbered without change as Section R17-4-220 (Supp. 87-2). Repealed effective July 29, 1992 (Supp. 92-3).

**R17-4-221. Repealed****Historical Note**

Former Rule, General Order 75. Former Section R17-4-30 renumbered without change as Section R17-4-221 (Supp. 87-2). Repealed effective July 29, 1992 (Supp. 92-3).

**R17-4-222. Recodified****Historical Note**

Adopted effective December 3, 1986 (Supp. 86-6). Former Section R17-4-80 renumbered without change as Section R17-4-222 (Supp. 87-2). Section recodified to R17-4-306 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-223. Repealed****Historical Note**

Emergency rule adopted effective August 8, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-3). Emergency expired. Former emergency rule permanently adopted with changes effective December 31, 1991 (Supp. 91-4). Repealed effective July 18, 1994 (Supp. 94-3).

**R17-4-224. Recodified****Historical Note**

Adopted effective September 25, 1991 (Supp. 91-3). Section recodified to R17-4-307 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-225. Reserved****R17-4-226. Recodified****Historical Note**

Emergency rule adopted effective January 21, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency expired. Adopted with changes effective February 1, 1993 (Supp. 93-1). Amended effective January 31, 1995 (Supp. 95-1). Amended by final rulemaking at 5 A.A.R. 702, effective February 10, 1999 (Supp. 99-1). Section repealed effective August 1, 1999 pursuant to subsection (C); new Section adopted by final rulemaking at 6 A.A.R. 1906, effective May 3, 2000 (Supp. 00-2). Section recodified to R17-5-502 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**Appendix A. Repealed****Historical Note**



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Emergency rule adopted effective January 21, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency expired. Adopted effective February 1, 1993 (Supp. 93-3). Amended by final rulemaking at 5 A.A.R. 702, effective February 10, 1999 (Supp. 99-1). Appendix repealed effective August 1, 1999 pursuant to R17-4-226(C) (Supp. 00-2).

**R17-4-226.01. Recodified****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 1906, effective May 3, 2000 (Supp. 00-2). Section recodified to R17-5-503 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-227. Recodified****Historical Note**

Adopted effective June 16, 1992 (Supp. 92-2). Section recodified to R17-4-402 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-228. Reserved****R17-4-229. Reserved****R17-4-230. Recodified****Historical Note**

Former Rule, General Order 47. Former Section R17-4-15 renumbered without change as Section R17-4-230 (Supp. 87-2). Section recodified to R17-4-207 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-231. Recodified****Historical Note**

Former Rule, General Order 70. Former Section R17-4-28 renumbered without change as Section R17-4-231 (Supp. 87-2). Section recodified to R17-4-208 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-232. Reserved****R17-4-233. Reserved****R17-4-234. Reserved****R17-4-235. Reserved****R17-4-236. Reserved****R17-4-237. Repealed****Historical Note**

Former Rule, General Order 50. Former Section R17-4-16 renumbered without change as Section R17-4-237 (Supp. 87-2). Section repealed by final rulemaking at 6 A.A.R. 4830, effective December 7, 2000 (Supp. 00-4).

**R17-4-238. Repealed****Historical Note**

Former Rule, General Order 51. Former Section R17-4-17 renumbered without change as Section R17-4-238 (Supp. 87-2). Section repealed by final rulemaking at 6 A.A.R. 4830, effective December 7, 2000 (Supp. 00-4).

**R17-4-239. Repealed****Historical Note**

Former Rule, General Order 60. Former Section R17-4-22 renumbered without change as Section R17-4-239

(Supp. 87-2). Section repealed by final rulemaking at 6 A.A.R. 4830, effective December 7, 2000 (Supp. 00-4).

**R17-4-240. Recodified****Historical Note**

Former Rule, General Order 65; Amended effective January 11, 1982 (Supp. 82-1). Former Section R17-4-25 renumbered without change as Section R17-4-240 (Supp. 87-2). Section recodified to R17-5-402 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-241. Recodified****Historical Note**

Former Rule, General Order 76. Former Section R17-4-31 renumbered without change as Section R17-4-241 (Supp. 87-2). Section amended by final rulemaking at 6 A.A.R. 4830, effective December 7, 2000 (Supp. 00-4). Section recodified to R17-5-404 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-242. Repealed****Historical Note**

Former Rule, General Order 77. Former Section R17-4-32 renumbered without change as Section R17-4-242 (Supp. 87-2). Section repealed by final rulemaking at 7 A.A.R. 869, effective January 22, 2001 (Supp. 01-1).

**R17-4-243. Repealed****Historical Note**

Former Rule, General Order 85. Former Section R17-4-36 renumbered without change as Section R17-4-243 (Supp. 87-2). Section repealed by final rulemaking at 6 A.A.R. 4830, effective December 7, 2000 (Supp. 00-4).

**R17-4-244. Reserved****R17-4-245. Recodified****Historical Note**

Adopted effective September 13, 1993 (Supp. 93-3). Section recodified to R17-5-405 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-246. Recodified****Historical Note**

Adopted effective September 13, 1993 (Supp. 93-3). Section recodified to R17-5-406 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-247. Reserved****R17-4-248. Reserved****R17-4-249. Reserved****R17-4-250. Repealed****Historical Note**

Former Rule, General Order 111. Former Section R17-4-47 renumbered without change as Section R17-4-250 (Supp. 87-2). Section repealed by final rulemaking at 6 A.A.R. 3839, effective September 13, 2000 (Supp. 00-3).

**R17-4-251. Repealed****Historical Note**

Former Rule, General Order 112. Former Section R17-4-48 renumbered without change as Section R17-4-251



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(Supp. 87-2). Section repealed by final rulemaking at 6 A.A.R. 3839, effective September 13, 2000 (Supp. 00-3).

**R17-4-252. Recodified****Historical Note**

Former Rule, General Order 82. Former Section R17-4-34 renumbered without change as Section R17-4-252 (Supp. 87-2). Section recodified to R17-4-308 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-253. Reserved****R17-4-254. Reserved****R17-4-255. Reserved****R17-4-256. Reserved****R17-4-257. Reserved****R17-4-258. Reserved****R17-4-259. Reserved****R17-4-260. Recodified****Historical Note**

Former Rule, General Order 72. Former Section R17-4-29 renumbered without change as Section R17-4-260 (Supp. 87-2). Section recodified to R17-5-407 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-261. Reserved****R17-4-262. Reserved****R17-4-263. Reserved****R17-4-264. Reserved****R17-4-265. Repealed****Historical Note**

Adopted as an emergency effective June 29, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Emergency expired. Permanent rule adopted effective October 1, 1984 (Supp. 84-5). Former Section R17-4-72 renumbered without change as Section R17-4-265 (Supp. 87-2). Section repealed by final rulemaking at 7 A.A.R. 2154, effective May 1, 2001 (Supp. 01-2).

**ARTICLE 3. VEHICLE REGISTRATION****R17-4-301. Definitions**

In addition to the definitions prescribed under R17-4-101, A.R.S. §§ 28-101, 28-2231, and 28-5100, the following definitions apply to this Article, unless otherwise specified:

“Apportioned commercial vehicle” means a commercial vehicle that is subject to the proportional registration provisions prescribed under A.R.S. § 28-2233.

“Biennial” means once every two years.

“Calendar quarter” means the following time periods established by the Department: January 1 to March 31, April 1 to June 30, July 1 to September 30, and October 1 to December 31.

“Drop box” means a receptacle designated by the Department into which a person places vehicle registration forms and fees, and from which the Department retrieves these items daily.

“Effective date of registration” means the date the vehicle first becomes subject to registration fees in Arizona.

“Electronic delivery” means the transmission of registration and credit card information to the Department, by computer, through an authorized third party electronic service provider.

“Emergency Vehicle Permit” means a document issued by the Department’s Enforcement and Compliance Division to a private fire department for a single fire engine that authorizes the driver of a permitted vehicle to exercise the privileges prescribed under A.R.S. § 28-624.

“Expiration date” means the day, month, and year in which a vehicle registration expires.

“Fire Engine” means a motor vehicle containing fire-fighting equipment capable of extinguishing fires.

“IM147 Test” means the emissions test prescribed under A.R.S. § 49-542(F)(2)(a).

“OBD” means the On-Board Diagnostics emissions test prescribed under A.R.S. § 49-542(F)(2)(a).

“Off-highway vehicle” has the same meaning as prescribed under A.R.S. § 28-1171.

“Operator Requirements” means the requirements given in Chapter 2, Basic Driver/Operator Requirements, of the National Fire Protection Association Standard for Fire Apparatus Driver/Operator Professional Qualification (NFPA 1002), 1998 edition, which is incorporated by reference and on file with the Arizona Department of Transportation. This incorporation by reference contains no future editions or amendments.

“Personalized plate” means a vehicle license plate that displays a plate number chosen by a person rather than a plate number assigned by the Department.

“Private fire department” means a fire fighting business equipped to provide emergency fire-fighting devices for a private purpose that is neither a public service corporation nor a municipal entity.

“Private Fire Emergency Vehicle” means a fire engine operated by a private fire department for which an Emergency Vehicle Permit is issued.

“Registration period” means the time-frame during which a vehicle registration is valid.

“Renewal registration” means the second and subsequent registration of an included vehicle.

**Historical Note**

Transferred to R17-1-301 (Supp. 92-4). New Section made by final rulemaking at 13 A.A.R. 3589, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 16 A.A.R. 1132, effective August 7, 2010 (Supp. 10-2). Amended by final rulemaking at 31 A.A.R. 4695 (December 26, 2025), effective February 1, 2026 (Supp. 25-4).

**R17-4-302. Staggered Registration for Apportioned Commercial Vehicles**

Apportioned commercial vehicle fleet registration periods. The Department shall assign a registration period to a newly registered apportioned commercial vehicle fleet. The fleet owner and the

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Director shall mutually agree to the registration period and expiration date.

1. The Department shall:
  - a. Establish a registration period that expires on the last day of the calendar quarter selected by the fleet owner, not to exceed 12 months from the initial registration date.
  - b. Apply the original fleet registration fees towards the registration fees required for a replaced vehicle when an owner replaces a vehicle within a fleet.
  - c. Apply the original fleet registration fees towards the registration fees required for a transferred vehicle when an owner transfers a vehicle between fleets.
  - d. Refund any excess credit of registration fees in accordance with the provisions prescribed under A.R.S. § 28-2356.
2. The owner of an apportioned commercial fleet vehicle shall:
  - a. Ensure that all vehicles within a fleet have the same registration period.
  - b. Ensure that the fleet vehicle is not operated with an expired vehicle registration.
  - c. Maintain the assigned or selected registration period for at least three consecutive registration periods.
3. The Department shall not provide a grace period for late registration or late payment of fees.

**Historical Note**

Adopted effective August 1, 1988 (Supp. 88-3). Transferred to R17-1-302 (Supp. 92-4). New Section recodified from R17-4-216 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 3589, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 31 A.A.R. 4695 (December 26, 2025), effective February 1, 2026 (Supp. 25-4).

**R17-4-303. Biennial Registration**

- A. Except as prescribed under A.R.S. §§ 28-2159 and 28-2208:
  1. The Department may register any vehicle biennially, unless excluded.
  2. The Department shall register a newly licensed or newly leased vehicle biennially, unless the owner chooses to register the vehicle on an annual basis.
- B. Excluded vehicles. The owner of a vehicle that meets any one of the following criteria is excluded from the biennial registration program:
  1. A vehicle required to have an IM147 or OBD test within 12 months after the date of registration.
  2. A vehicle that requires an annual emissions test.
  3. A vehicle subject to any one of the following types of registration:
    - a. Allocated registration under A.R.S. § 28-2261,
    - b. Apportioned registration under A.R.S. § 28-2261,
    - c. Fleet registration under A.R.S. § 28-2202 or § 28-2208, or
    - d. Interstate registration under A.R.S. § 28-2052.
  4. A vehicle with an undersized mobile home plate registration.
  5. A vehicle that requires the owner to annually certify eligibility for receiving certain registration fee exemptions; such as the registration exemption available to an active duty military member, a widow, widower, or person with a disability other than a veteran with a certificate of 100%

disability issued by the United States Department of Veterans Affairs.

6. A vehicle subject to a one-time registration fee.

**Historical Note**

Transferred to R17-1-303 (Supp. 92-4). New Section recodified from R17-4-217 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 3589, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 31 A.A.R. 4695 (December 26, 2025), effective February 1, 2026 (Supp. 25-4).

**R17-4-304. Staggered Registration for Included Vehicles**

- A. Included vehicles. The Department shall assign one of the following staggered expiration dates when issuing an initial registration to an included vehicle:
  1. If a vehicle has an effective date of registration from the first day through the 15th day of the month:
    - a. Annual registration expires on the 15th day of the month 12 months from the month the vehicle is subject to Arizona registration; or
    - b. Biennial registration expires on the 15th day of the month 24 months from the month the vehicle is subject to Arizona registration.
  2. If a vehicle has an effective date of registration from the 16th day through the last day of the month:
    - a. Annual registration expires on the last day of the month 12 months from the month the vehicle is subject to Arizona registration; or
    - b. Biennial registration expires on the last day of the month 24 months from the month the vehicle is subject to Arizona registration.
- B. Excluded vehicles. The staggered registration prescribed by this Section excludes the following vehicles:
  1. A vehicle exempt from registration;
  2. A vehicle subject to any one of the following types of registration:
    - a. Allocated registration under A.R.S. § 28-2261,
    - b. Apportioned registration under A.R.S. § 28-2261,
    - c. Fleet registration under A.R.S. § 28-2202 or § 28-2208,
    - d. Interstate registration under A.R.S. § 28-2052, or
    - e. Seasonal agricultural registration under A.R.S. § 28-5436;
  3. A vehicle subject to a one-time registration fee;
  4. A government vehicle, a vehicle owned by an official representative of a foreign government, or an emergency vehicle owned by a nonprofit organization as provided under A.R.S. § 28-2511(A);
  5. A noncommercial trailer that is not a travel trailer as defined by A.R.S. § 28-2003(B) and is less than 10,000 pounds declared gross weight under A.R.S. §§ 28-2003(A)(8) and 28-5801(C); and
  6. A moped.
- C. Proration of fees. The Department shall prorate registration fees as prescribed under A.R.S. §§ 28-2159, 28-5807, and 28-5434.
- D. Expiration dates. The Department shall utilize the following expiration dates, regardless of the effective date of the initial registration:
  1. Annual registration: Expires 12 months from the expiration of the previous registration period; or
  2. Biennial registration: Expires 24 months from the expiration of the previous registration period.

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E. Application for registration. A person applying for an initial registration or renewal registration for an included vehicle shall submit the requirements prescribed under subsection (1) or (2):

1. If a person submits the registration to the Department or an Authorized Third-party Provider of registration functions in person or by mail:
  - a. The application for registration or registration card, and
  - b. Payment of registration fees.
2. If a person submits the registration to an Authorized Third-party Electronic Delivery Provider:
  - a. Required registration information, and
  - b. Credit card information.

F. Timely submission of registration. A person shall submit the renewal registration of an included vehicle not later than the day the prior registration period expires. If the prior registration period expires on a day other than an established business day, a person shall submit the renewal registration of an included vehicle not later than the first business day after the prior registration period expires.

G. Penalties. The penalties imposed under A.R.S. § 28-2162 for delinquent renewal registration of an included vehicle shall apply when either of the following occurs:

1. A person does not submit to the Department or an Authorized Third-party Provider of registration functions the items set forth in subsection (E)(1) so that the items are received by the due date; or
2. A person does not electronically submit to an Authorized Third-party Electronic Delivery Provider the items required under subsection (E)(2) so that the items are received by the due date.

H. Date of receipt. The date of receipt for the items required under subsection (E)(1) or (E)(2) shall be the following:

1. The date a person presents the items required under subsection (E)(1) to a Department facility or the facility of an Authorized Third-party Provider of registration functions in person;
2. The date an Authorized Third-party Electronic Delivery Provider receives by computer or telephone the items set forth in subsection (E)(2);
3. The date a private express mail carrier receives the package containing the items set forth in subsection (E)(1), as indicated on the shipping package;
4. The date of the last business day prior to the day the Department retrieves the items set forth at subsection (E)(1) from a designated Department drop box; or
5. The date of the United States Postal Service postmark stamped on the envelope containing the items set forth in subsection (E)(1), unless the vehicle is not in compliance with the motor vehicle emissions testing requirements.

I. Evidence of registration. The Department or Authorized Third-party Provider of registration functions shall assign and issue a number plate or plates to an included vehicle as evidence of registration.

1. The assigned number plate shall be attached and displayed on the rear of the assigned vehicle. When two plates are issued, the second plate may be attached to the front of the assigned vehicle.
2. Improper number plate display shall subject the owner and operator of the vehicle to the sanctions imposed under A.R.S. §§ 28-2531(B) and 28-2532.
3. Any registration tabs or stickers issued by the Department or Authorized Third-party Provider of registration func-

tions shall be displayed on the appropriate number plate of the assigned vehicle.

**Historical Note**

Transferred to R17-1-304 (Supp. 92-4). New Section recodified from R17-4-218 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 3589, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 31 A.A.R. 4695 (December 26, 2025), effective February 1, 2026 (Supp. 25-4).

**R17-4-305. Temporary Registration Plate “TRP” Procedure****A. Definitions.**

1. “Charitable Event TRP” means a TRP issued to a motor vehicle dealership or manufacturer for a charitable event as prescribed by A.R.S. § 28-4548.
2. “Deal Unwound” means the vehicle was returned to the dealership and the sale was not completed.
3. “Voided TRP” means a TRP that the issuer records as voided after issuing the TRP.

**B. Issuing.**

1. New and used motor vehicle dealers that issue TRPs shall send an electronic record of the TRP to the Department before placing the TRP on the vehicle.
2. The TRP expiration date shall be 45 days from the issue date.
3. TRPs issued for charitable events are valid for the duration of the event not to exceed 45 days.
4. An issuer shall not issue more than one TRP per vehicle sale.
5. An issuer shall attach the TRP to the vehicle rear in the same manner and position as a permanent license plate prescribed under A.R.S. § 28-2354.

**C. Voiding.** An issuer shall void a TRP when:

1. The TRP is lost,
2. The TRP is damaged,
3. The dealer reports a deal unwound,
4. The issuer enters the wrong vehicle identification number, or
5. The issuer enters the wrong customer identification number.

**Historical Note**

Transferred to R17-1-305 (Supp. 92-4). New Section R17-4-305 recodified from R17-4-219 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 5320, effective February 6, 2006 (Supp. 05-4). Amended by final rulemaking at 31 A.A.R. 4695 (December 26, 2025), effective February 1, 2026 (Supp. 25-4).

**R17-4-306. Nonresident Daily Commuter Fee**

A nonresident daily commuter shall pay a fee of \$8 for each motor vehicle exempt from registration under A.R.S. § 28-2294.

**Historical Note**

Former Rule, General Order 14. Former Section R17-4-05 renumbered without change as Section R17-4-306 (Supp. 87-2). Transferred to R17-1-306 (Supp. 92-4). New Section R17-4-306 recodified from R17-4-222 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 571, effective January 14, 2002 (Supp. 02-1).

**R17-4-307. Motor Vehicle Registration and License Plate**

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**Reinstatement Fee**

- A. Under A.R.S. § 28-4151(A), the Department shall assess a \$50 fee for reinstatement of a motor vehicle registration and license plate suspended under A.R.S. §§ 28-4148 and 28-4149.
- B. Subsection (A) does not apply to a motor carrier subject to the financial responsibility requirements prescribed under A.R.S. Title 28, Chapter 9, Article 2, unless the vehicle owner or operator was required to comply with the financial responsibility requirements prescribed under A.R.S. § 28-4033(A)(2)(c).

**Historical Note**

Former Rule, General Order 5. Former Section R17-4-03 renumbered without change as Section R17-4-307 (Supp. 87-2). Transferred to R17-1-307 (Supp. 92-4). New Section R17-4-307 recodified from R17-4-224 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 7 A.A.R. 5439, effective November 14, 2001 (Supp. 01-4). Amended by final rulemaking at 31 A.A.R. 4695 (December 26, 2025), effective February 1, 2026 (Supp. 25-4).

**R17-4-308. Official Vehicle License Plates**

- A. The Department shall issue license plates without charge for official vehicles owned by any entity listed in A.R.S. § 28-2511(A).
- B. A license plate issued under A.R.S. § 28-2511 has no expiration date.
- C. An entity listed in A.R.S. § 28-2511(A) may transfer a license plate to another vehicle the entity owns.
- D. A person who has custody of vehicles governed by A.R.S. § 28-2511 shall:
  - 1. Complete title and registration procedures as prescribed under A.R.S. Title 28, Chapter 7;
  - 2. Display each license plate as prescribed by A.R.S. § 28-2354; and
  - 3. Maintain a record of each license plate transfer that includes:
    - a. The date of the transfer;
    - b. The year, make, and model of the vehicle, and
    - c. The vehicle identification number (VIN) for each car involved in the transfer.

**Historical Note**

Former Rule, General Order 20. Former Section R17-4-06 renumbered without change as Section R17-4-308 (Supp. 87-2). Transferred to R17-1-308 (Supp. 92-4). New Section R17-4-308 recodified from R17-4-252 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 8 A.A.R. 573, effective January 14, 2002 (Supp. 02-1). Amended by final rulemaking at 31 A.A.R. 4695 (December 26, 2025), effective February 1, 2026 (Supp. 25-4).

**R17-4-309. Private Fire Emergency Vehicle Permit**

- A. Private Fire Emergency Vehicle Permit. A Private Fire Emergency Vehicle Permit may be issued to a private fire department if all requirements provided under subsections (B) and (C) are met.
  - 1. The Private Fire Emergency Vehicle Permit is valid until revoked or surrendered.
  - 2. The Private Fire Emergency Vehicle Permit shall be carried at all times in the fire engine for which the permit is issued.
  - 3. The Private Fire Emergency Vehicle Permit is not transferable.

- 4. The Private Fire Emergency Vehicle Permit shall remain the property of the Department and shall be surrendered to the Department when the fire engine is no longer being used to respond to an emergency.

- B. Private Fire Emergency Vehicle Permit application. A person applying for a Private Fire Emergency Vehicle Permit shall submit the required documentation to the Department's Enforcement and Compliance Division, P.O. Box 2100, Mail Drop 513M, Phoenix, Arizona 85001-2100. The following documentation is required at the time of initial application:

- 1. Private Fire Emergency Vehicle Permit Application. Multiple fire engines may be listed on one application. The Private Fire Emergency Vehicle Permit Application is provided by the Department on its website at [azdot.gov](http://azdot.gov); and
- 2. Proof of acceptable financial responsibility to cover any liability that may arise from the use of the Private Fire Emergency Vehicle Permit. Acceptable proof of financial responsibility is an insurance policy that:
  - a. Is issued by an insurance company licensed to conduct business in Arizona by the Arizona Department of Insurance;
  - b. Is written for a combined single-limit coverage of at least \$5 million;
  - c. Contains a provision stating that the state of Arizona shall be notified at least 30 days prior to any policy cancellation, non-renewal, or change in provisions; and
  - d. Contains a provision stating that the state of Arizona shall be notified immediately if the insurance company becomes insolvent.

- C. Operational requirements.

- 1. A fire engine may be operated with the privileges prescribed under A.R.S. § 28-624, but shall be subject to all other applicable provisions prescribed under A.R.S. Title 28, A.A.C. Title 17, and any other applicable statutes or ordinances.
- 2. A fire engine shall only be driven by an operator who meets the Operator Requirements as defined under R17-4-301.
- 3. A fire engine with a Private Fire Emergency Vehicle Permit, shall meet the National Fire Protection Association's (NFPA) fire engine and fire apparatus standards in effect for the manufacture date of the emergency vehicle.
- 4. The private fire department is responsible for ensuring that the fire engine is not operated using the privileges prescribed under A.R.S. § 28-624 with an invalid Private Fire Emergency Vehicle Permit.

- D. Denial. If an application for a Private Fire Emergency Vehicle Permit is denied, a notice of denial shall be sent to the applicant at the address of record. An applicant is allowed to reapply for a permit following denial, provided all requirements listed under this Section are met.

- E. Revocation. If a Private Fire Emergency Vehicle Permit is revoked, a notice of the revocation shall be sent to the address of the applicant. An applicant is allowed to reapply for a permit following revocation, provided all requirements listed under this Section are met.

- 1. The emergency vehicle permit is immediately revoked upon a determination that:
  - a. The permitted vehicle or the private fire department no longer meets the requirements for the permit; or

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- b. The vehicle was operated in violation of the provisions of this Section, any other applicable rule, or statute.
- 2. The revocation shall be preceded by a notice of intent to revoke.
  - a. The notice of intent to revoke shall be sent by mail to the address of the applicant as shown on the permit application.
  - b. The notice of intent to revoke shall inform the applicant of the right to an administrative hearing and the procedure for requesting a hearing.
- 3. The revocation shall become effective 25 days after the mailing date of the notice of intent to revoke unless a timely request for hearing is submitted.
- F. Administrative hearing. The administrative hearing is held in accordance with the procedures prescribed under 17 A.A.C. 1, Article 5.

**Historical Note**

Former Rule, General Order 31. Former Section R17-4-11 renumbered without change as Section R17-4-309 (Supp. 87-2). Transferred to R17-1-309 (Supp. 92-4). New Section recodified from R17-4-701 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 14 A.A.R. 2106, effective July 5, 2008 (Supp. 08-2). Amended by final rulemaking at 31 A.A.R. 4695 (December 26, 2025), effective February 1, 2026 (Supp. 25-4).

**Appendix A. Repealed****Historical Note**

Appendix A recodified from 17 A.A.C. 4, Article 7 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Appendix A repealed by final rulemaking at 14 A.A.R. 2106, effective July 5, 2008 (Supp. 08-2).

**R17-4-310. Personalized License Plates**

- A. A person may request a personalized plate online through the Department's authorized electronic service provider or complete and submit to the Department the special plate application form provided on the Department's website at [www.azdot.gov](http://www.azdot.gov).
  - 1. An applicant shall provide the following information on the form:
    - a. Name of the vehicle's owner or lessee;
    - b. Vehicle owner's or lessee's mailing address;
    - c. Vehicle's make and year;
    - d. Vehicle identification number;
    - e. Vehicle's current plate number;
    - f. Date the vehicle's current registration expires;
    - g. Plate number to appear on the personalized plate;
    - h. Meaning or message of the personalized plate; and
    - i. Other information required by the Department.
  - 2. If an applicant is purchasing the personalized plate as a gift for the vehicle's owner or lessee, the applicant shall also provide the applicant's name and mailing address.
- B. The Department shall reject the application if the requested plate number:
  - 1. Refers to or connotes breasts, genitalia, pubic area, buttocks, or relates to sexual or eliminatory functions;
  - 2. Refers to or connotes the substance, paraphernalia, sale, use, purveyor of, or physiological state produced by any illicit drug, narcotic, or intoxicant;
  - 3. Expresses contempt for or ridicule or superiority of a class of persons;

- 4. Duplicates another registered plate number;
- 5. Has connotations that are profane or obscene; or
- 6. Uses linguistics, numbers, phonetics, translations from foreign languages or upside-down or reverse reading to achieve a reference or connotation prohibited under subsection (B)(1), (B)(2), (B)(3), or (B)(5).
- C. Rejection of application.
  - 1. If the Department does not issue personalized plates to an applicant, the Department shall inform the applicant by mail.
  - 2. An applicant may make a written appeal by letter for a review of the rejection, within 10 days after the date of the Department's notice, to the following address:  
Arizona Department of Transportation, Motor Vehicle Division  
Special Plates Unit, Mail Drop 801Z  
P.O. Box 2100  
Phoenix, Arizona 85001-2100.
- D. Revocation of personalized plates; appeal.
  - 1. If the Department determines that a personalized plate should not have been issued because it contains a plate number prohibited under subsection (B), the Department shall require the plate holder to surrender the plates to the Department within 30 days after the date of the Department's mailed notice, unless the plate holder requests an appeal under subsection (C)(2).
  - 2. A person who has been directed to surrender a personalized plate may submit a written appeal by letter as prescribed under subsection (C)(2).
  - 3. Refund of personalized plate fees on revocation.
    - a. The Department shall refund the amount of the personalized plate fee and the prorated amount of the special annual renewal fee to the person holding the revoked personalized plate along with any credit or refund calculated by the Department.
    - b. A person whose plate is revoked may request that instead of a refund, the Department issue the person a different personalized plate. The person shall apply for the personalized plate as prescribed under subsection (A).
  - 4. The Department shall cancel a revoked personalized plate if the plate holder does not surrender the plate within 30 days after the date of the Department's notice or, if the plate holder timely requests an appeal, within 30 days after the Department issues a final decision.

**Historical Note**

Former Rule, General Order 25. Former Section R17-4-09 renumbered without change as Section R17-4-310 (Supp. 87-2). Transferred to R17-1-310 (Supp. 92-4). New Section recodified from R17-4-708 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 4227, effective November 15, 2002 (Supp. 02-3). Amended by final rulemaking at 31 A.A.R. 4695 (December 26, 2025), effective February 1, 2026 (Supp. 25-4).

**R17-4-311. Special Organization Plate List**

As required under A.R.S. § 28-2404(D), the Department provides the following list of special organization license plates, which were authorized by the state license plate commission before September 30, 2009, and are available for issue to qualified applicants:

- 1. Arizona Historical Society,
- 2. Firefighter,
- 3. Fraternal Order of Police,

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4. Legion of Valor,
5. University of Phoenix,
6. Wildlife Conservation, and
7. Choose Life.

**Historical Note**

Former Rule, General Order 24. Former Section R17-4-08 renumbered without change as Section R17-4-311 (Supp. 87-2). Transferred to R17-1-311 (Supp. 92-4). New Section made by exempt rulemaking at 7 A.A.R. 5251, effective November 2, 2001 (Supp. 01-4). Amended by exempt rulemaking at 8 A.A.R. 4007, effective November 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 13 A.A.R. 1894, effective June 1, 2007 (Supp. 07-2). Amended by final rulemaking at 31 A.A.R. 4695 (December 26, 2025), effective February 1, 2026 (Supp. 25-4).

**R17-4-312. Off-highway Vehicle User Indicia**

- A. For lawful Arizona off-highway operation, the owner or operator of a qualifying all-terrain vehicle, off-highway vehicle, or off-road recreational motor vehicle shall apply to the Department for an off-highway vehicle user indicia as prescribed under A.R.S. § 28-1177. The owner or operator shall submit to the Department:
1. The off-highway vehicle user indicia application provided by the Department on its website at [www.azdot.gov](http://www.azdot.gov), and
  2. The fee prescribed under subsection (C).
- B. The owner or operator shall indicate, on the application submitted to the Department under subsection (A), one of the following categories of intended vehicle usage:
1. Exclusively off-highway;
  2. Primarily off-highway, occasionally on-highway; or
  3. Primarily on-highway, occasionally off-highway.
- C. The fee for each off-highway vehicle user indicia issued or renewed by the Department under A.R.S. § 28-1177 is \$25.
- D. The off-highway vehicle user indicia, issued by the Department under subsection (A), shall have the same basic design as the license plate tab issued by the Department for other types of vehicles and shall contain the letters OHV.
- E. The applicant shall display the off-highway vehicle user indicia in the upper left corner of the license plate issued by the Department under A.R.S. Title 28, Chapter 7, Articles 11 through 15.

**Historical Note**

Former Rule, General Order 39. Former Section R17-4-13 renumbered without change as Section R17-4-312 (Supp. 87-2). Transferred to R17-1-312 (Supp. 92-4). New Section made by final rulemaking at 16 A.A.R. 1132, effective August 7, 2010 (Supp. 10-2). Amended by final rulemaking at 31 A.A.R. 4695 (December 26, 2025), effective February 1, 2026 (Supp. 25-4).

**R17-4-313. Expired****Historical Note**

Former Rule, General Order 27. Former Section R17-4-10 renumbered without change as Section R17-4-313 (Supp. 87-2). Transferred to R17-1-313 (Supp. 92-4). Amended by exempt rulemaking at 24 A.A.R. 3512, effective December 1, 2018 (Supp. 18-4). Amended by exempt rulemaking at 25 A.A.R. 104, effective December 21, 2018 (Supp. 19-2). Section repealed; new Section made by exempt rulemaking at 25 A.A.R. 2261, with an effective date of August 19, 2019 (Supp. 19-3). Section

expired under A.R.S. § 41-1052(M) at 28 A.A.R. 2061 (August 19, 2022), with an immediate effective date of August 2, 2022 (Supp. 22-3).

**R17-4-314. Transferred****Historical Note**

Former Rule, General Order 69. Former Section R17-4-27 renumbered without change as Section R17-4-314 (Supp. 87-2). Transferred to R17-1-314 (Supp. 92-4).

**R17-4-315. Transferred****Historical Note**

Former Rule, General Order 61. Former Section R17-4-23 renumbered without change as Section R17-4-315 (Supp. 87-2). Transferred to R17-1-315 (Supp. 92-4).

**R17-4-316. Transferred****Historical Note**

Former Rule, General Order 57. Former Section R17-4-20 renumbered without change as Section R17-4-316 (Supp. 87-2). Transferred to R17-1-316 (Supp. 92-4).

**R17-4-317. Transferred****Historical Note**

Former Rule, General Order 36. Former Section R17-4-12 renumbered without change as Section R17-4-317 (Supp. 87-2). Transferred to R17-1-317 (Supp. 92-4).

**R17-4-318. Transferred****Historical Note**

Former Rule, General Order 7. Former Section R17-4-04 renumbered without change as Section R17-4-318 (Supp. 87-2). Transferred to R17-1-318 (Supp. 92-4).

**R17-4-319. Transferred****Historical Note**

Former Rule, General Order 44. Former Section R17-4-14 renumbered without change as Section R17-4-319 (Supp. 87-2). Transferred to R17-1-319 (Supp. 92-4).

**R17-4-320. Transferred****Historical Note**

Former Rule, General Order 54 (Amended). Former Section R17-4-18 renumbered without change as Section R17-4-320 (Supp. 87-2). Transferred to R17-1-320 (Supp. 92-4).

**R17-4-321. Transferred****Historical Note**

Former Rule, General Order 21. Former Section R17-4-07 renumbered without change as Section R17-4-321 (Supp. 87-2). Transferred to R17-1-321 (Supp. 92-4).

**R17-4-322. Transferred****Historical Note**

Former Rule, General Order 3. Former Section R17-4-02 renumbered without change as Section R17-4-322 (Supp. 87-2). Transferred to R17-1-322 (Supp. 92-4).

**R17-4-323. Transferred****Historical Note**

Former Rule, General Order 2A. Former Section R17-4-01 renumbered without change as Section R17-4-323 (Supp. 87-2). Transferred to R17-1-323 (Supp. 92-4).

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<b>R17-4-324.</b>	<b>Transferred</b>		Former Section R17-4-401 adopted as an emergency now adopted and amended as a permanent rule effective October 6, 1982 (Supp. 82-5). Amended effective November 13, 1986 (Supp. 86-6). Former Section R17-4-401 renumbered without change as Section R17-4-335 (Supp. 87-2). Transferred to R17-1-335 (Supp. 92-4).
	<b>Historical Note</b>		
	Transferred to R17-1-301 (Supp. 92-4).		
<b>R17-4-325.</b>	<b>Transferred</b>		
	<b>Historical Note</b>		
	Transferred to R17-1-301 (Supp. 92-4).		
<b>R17-4-326.</b>	<b>Transferred</b>		
	<b>Historical Note</b>		
	Transferred to R17-1-301 (Supp. 92-4).		
<b>R17-4-327.</b>	<b>Transferred</b>		
	<b>Historical Note</b>		
	Transferred to R17-1-301 (Supp. 92-4).		
<b>R17-4-328.</b>	<b>Transferred</b>		
	<b>Historical Note</b>		
	Transferred to R17-1-301 (Supp. 92-4).		
<b>R17-4-329.</b>	<b>Transferred</b>		
	<b>Historical Note</b>		
	Transferred to R17-1-301 (Supp. 92-4).		
<b>R17-4-330.</b>	<b>Transferred</b>		
	<b>Historical Note</b>		
	Adopted effective March 1, 1984 (Supp. 84-1). Former Section R17-4-67 renumbered without change as Section R17-4-330 (Supp. 87-2). Transferred to R17-1-330 (Supp. 92-4).		
<b>R17-4-331.</b>	<b>Transferred</b>		
	<b>Historical Note</b>		
	Adopted effective March 1, 1984 (Supp. 84-1). Former Section R17-4-68 renumbered without change as Section R17-4-331 (Supp. 87-2). Transferred to R17-1-331 (Supp. 92-4).		
<b>R17-4-332.</b>	<b>Transferred</b>		
	<b>Historical Note</b>		
	Adopted effective March 1, 1984 (Supp. 84-1). Former Section R17-4-69 renumbered without change as Section R17-4-332 (Supp. 87-2). Transferred to R17-1-332 (Supp. 92-4).		
<b>R17-4-333.</b>	<b>Transferred</b>		
	<b>Historical Note</b>		
	Adopted effective March 1, 1984 (Supp. 84-1). Former Section R17-4-71 renumbered without change as Section R17-4-333 (Supp. 87-2). Amended effective December 30, 1987 (Supp. 87-4). Transferred to R17-1-333 (Supp. 92-4).		
<b>R17-4-334.</b>	<b>Transferred</b>		
	<b>Historical Note</b>		
	Adopted effective March 1, 1984 (Supp. 84-1). Former Section R17-4-70 renumbered without change as Section R17-4-334 (Supp. 87-2). Transferred to R17-1-334 (Supp. 92-4).		
<b>R17-4-335.</b>	<b>Transferred</b>		
	<b>Historical Note</b>		
	Adopted as an emergency effective July 1, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3).		
<b>R17-4-336.</b>	<b>Transferred</b>		
	<b>Historical Note</b>		
	Adopted as an emergency effective July 1, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R17-4-402 adopted as an emergency now adopted and amended as a permanent rule effective October 6, 1982 (Supp. 82-5). Amended effective November 13, 1986 (Supp. 86-6). Former Section R17-4-402 renumbered without change as Section R17-4-336 (Supp. 87-2). Transferred to R17-1-336 (Supp. 92-4).		
<b>R17-4-337.</b>	<b>Transferred</b>		
	<b>Historical Note</b>		
	Adopted as an emergency effective July 1, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R17-4-403 adopted as an emergency now adopted and amended as a permanent rule effective October 6, 1982 (Supp. 82-5). Amended effective November 13, 1986 (Supp. 86-6). Former Section R17-4-403 renumbered without change as Section R17-4-337 (Supp. 87-2). Transferred to R17-1-337 (Supp. 92-4).		
<b>R17-4-338.</b>	<b>Transferred</b>		
	<b>Historical Note</b>		
	Transferred to R17-1-338 (Supp. 92-4).		
<b>R17-4-339.</b>	<b>Transferred</b>		
	<b>Historical Note</b>		
	Transferred to R17-1-339 (Supp. 92-4).		
<b>R17-4-340.</b>	<b>Transferred</b>		
	<b>Historical Note</b>		
	Transferred to R17-1-340 (Supp. 92-4).		
<b>R17-4-341.</b>	<b>Transferred</b>		
	<b>Historical Note</b>		
	Transferred to R17-1-341 (Supp. 92-4).		
<b>R17-4-342.</b>	<b>Transferred</b>		
	<b>Historical Note</b>		
	Transferred to R17-1-342 (Supp. 92-4).		
<b>R17-4-343.</b>	<b>Transferred</b>		
	<b>Historical Note</b>		
	Transferred to R17-1-343 (Supp. 92-4).		
<b>R17-4-344.</b>	<b>Transferred</b>		
	<b>Historical Note</b>		
	Transferred to R17-1-344 (Supp. 92-4).		
<b>R17-4-345.</b>	<b>Transferred</b>		
	<b>Historical Note</b>		
	Transferred to R17-1-345 (Supp. 92-4).		
<b>R17-4-346.</b>	<b>Transferred</b>		
	<b>Historical Note</b>		

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Adopted effective October 8, 1987 (Supp. 87-4). Transferred to R17-1-346 (Supp. 92-4).

**R17-4-347. Transferred****Historical Note**

Adopted effective October 8, 1987 (Supp. 87-4). Transferred to R17-1-347 (Supp. 92-4).

**R17-4-348. Transferred****Historical Note**

Adopted effective October 8, 1987 (Supp. 87-4). Transferred to R17-1-348 (Supp. 92-4).

**R17-4-349. Transferred****Historical Note**

Adopted effective October 8, 1987 (Supp. 87-4). Transferred to R17-1-349 (Supp. 92-4).

**R17-4-350. Rental Vehicle Surcharge Reimbursement**

- A. Definitions.** In addition to the definitions prescribed under A.R.S. § 28-5810, the following terms apply to this Section, unless otherwise specified:

“Person” means an individual, a sole proprietorship, firm, partnership, joint venture, association, corporation, limited liability company, limited liability partnership, estate, trust, business trust, receiver or syndicate, this state, any county, city, town, district or other subdivision of this state, an Indian tribe, or any other group or combination acting as a unit.

“Previous year” means the prior calendar year, January 1 through December 31.

“Rental revenue” means the total contract amount stated in the retail contract less any taxes and fees imposed by A.R.S. Title 42, Chapter 5, Article 1, A.R.S. Title 48, Chapter 26, Article 2, and selected non-vehicle related charges, including boxes, packing blankets, straps, and tow bars.

“Surcharge” means the amount equal to five percent of the total contract amount stated in the rental contract less any taxes and fees imposed by A.R.S. Title 42, Chapter 5, Article 1, A.R.S. Title 48, Chapter 26, Article 2, and selected non-vehicle related items, including boxes, packing blankets, straps, and tow bars.

“Vehicle License Tax” means the tax imposed by A.R.S. § 28-5801, less any tax credited under A.R.S. § 28-2356.

- B. Reports.** Each person subject to A.R.S. § 28-5810, who has conducted a vehicle rental business for any time period during the previous year, shall file an annual report, for the previous year, with the Department. The annual report is due no later than February 15 of each year, unless the rental business is closed before December 31, in which case the annual report is due immediately. The report shall be made on a form furnished by the Department and shall contain all of the following:
1. Address where business records are secured;
  2. Name, title, phone number, and signature of the person authorized to sign the form;
  3. Business name;
  4. Business type, including sole proprietorship, partnership, corporation, limited liability company, and limited liability partnership;
  5. Name, title, phone number, mailing address, and email address of the contact person;

6. Federal Employer Identification Number (FEIN);
7. Mailing address (if different from principal business address);
8. Principal business address;
9. Rental vehicle revenue collected, by county;
10. Total Arizona Vehicle License Tax paid on rental vehicles;
11. Total rental vehicle revenue collected;
12. Total surcharge collected;
13. Total surcharge due to the Department; and
14. Type of rental business, including passenger vehicle, semitrailer, trailer, truck, motorcycle, moped, and recreational vehicle.

- C. Records.** A person in the business of renting vehicles, as defined under A.R.S. § 28-5810, is required to maintain records in support of the required annual reports for a period of four years after the date of the filing of the required annual report or the due date of the report, whichever is longer. The records shall contain all information in support of:
1. The total amount of Vehicle License Tax paid during the previous year. Supporting Vehicle License Tax records for each rental vehicle shall include:
    - a. The Vehicle Identification Number,
    - b. The Arizona vehicle license plate number,
    - c. A copy of the Arizona registration,
    - d. The amount paid for Vehicle License Tax minus any Vehicle License Tax credited under A.R.S. § 28-2356,
    - e. The date on which the Vehicle License Tax was paid, and
    - f. The dates the rental vehicle was in and out of service.
  2. The total gross amount of Arizona vehicle rental revenues collected for the previous year. Supporting Arizona vehicle rental revenue records shall include:
    - a. The rental contract for each rental vehicle,
    - b. The amount of surcharge collected,
    - c. Chart of accounts,
    - d. General ledger,
    - e. Financial statements,
    - f. Federal tax returns, and
    - g. Monthly trial balance.
  3. The amount of the surcharge collected during the previous year. Supporting surcharge collection records shall include:
    - a. All applicable rental contracts; and
    - b. The total amount stated in each rental contract, supported by relevant documentation.
  4. Failure to keep and maintain proper records or failure to provide records for audit purposes may result in the Department making an assessment against the rental business for the total surcharge amount estimated to have been collected, as determined from the best information available to the Director.
- D. Audits.** The Department shall conduct each audit of a person who collects the surcharge in accordance with generally accepted government auditing standards as most recently revised and issued by the Comptroller General of the United States, U.S. Government Accountability Office. The most recent edition of the generally accepted government auditing standards (commonly referred to as the Yellow Book) is available from the U.S. Government Printing Office, P.O. Box 979050, St. Louis, MO 63197-9000. The material is available free of charge at <http://www.gao.gov/yellowbook> or can be



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ordered online by visiting the U.S. Government Online Bookstore at <http://bookstore.gpo.gov>.

1. The rental business shall have records made available for audit during normal business hours at the rental business location in Arizona. The Department may conduct audits at an out-of-state location, which are paid for by the rental business. The rental business shall pay the audit expenses, per diem, and travel in accordance with the Arizona Department of Transportation expense guidelines in effect at the time of the audit.
2. The Director has appropriate subpoena powers to require records to be produced for examination and to take testimony. In accordance with A.R.S. § 28-5922, if a person fails to respond to the Director's or agent of the Director's request for records, the Director shall issue subpoenas for the production of records or allow seizure of records.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 2058, effective August 4, 2007 (Supp. 07-2). Amended by final rulemaking at 19 A.A.R. 888, effective, June 1, 2013 (Supp. 13-2). Amended by final rulemaking at 31 A.A.R. 4695 (December 26, 2025), effective February 1, 2026 (Supp. 25-4).

**R17-4-351. Special License Plate; Definition**

For the purposes of R17-4-352, "special license plate" or "special plate" has the meaning prescribed in A.R.S. § 28-2401.

**Historical Note**

New Section made by final rulemaking at 25 A.A.R. 1890, effective October 1, 2019 (Supp. 19-3).

**R17-4-352. Duplicate Special License Plate; Fee**

- A. The Department shall charge and collect from a motor vehicle owner a one-time fee of \$10 for each duplicate special license plate requested.
- B. The Department shall charge and collect the current applicable U.S. Postal Service postage rate as provided in A.R.S. § 28-2151 and A.A.C. R17-1-204 to mail a duplicate special license plate to a motor vehicle owner.

**Historical Note**

New Section made by final rulemaking at 25 A.A.R. 1890, effective October 1, 2019 (Supp. 19-3).

**ARTICLE 4. DRIVER LICENSES****R17-4-401. Definitions**

In addition to the definitions provided under A.R.S. §§ 28-101, 28-1301, and 28-3001, the following definitions apply to this Article unless otherwise specified:

"Division" means the Arizona Department of Transportation, Motor Vehicle Division.

"Financial responsibility (accident) suspension" means a suspension, by the Department, of:

The Arizona driver license or driving privilege of an owner of a vehicle that:

Lacks the coverage required under A.R.S. § 28-4135, and

Is involved in an accident in Arizona; and

The Arizona registration of a vehicle, unless the Department receives proof the vehicle was sold.

"Gore area" is defined under A.R.S. § 28-644.

"Proof the vehicle was sold" means a written statement to the Department from an owner that includes the following:

The seller's name;

The VIN;

The sale date; and

The purchaser's name and address.

"Restricted permit" means written permission from the Department for:

A person subject to a financial responsibility (accident) suspension to operate a motor vehicle only:

Between the person's home and workplace,

During the person's work-related activities, or

Between the person's home and school; and

A vehicle with an Arizona registration subject to a financial responsibility (accident) suspension to be operated by a person specified under R17-4-402 only:

Between the person's home and workplace;

During the person's work-related activities; or

Between the person's home and school.

"State" means a state, territory or possession of the United States, the District of Columbia, or the Commonwealth of Puerto Rico.

"SR22" means a certificate of insurance that complies with requirements under A.R.S. § 28-4077(A).

"Thirty-six-month period" means the time measured from the date of the most recent violation with assigned points for which a driver has a conviction or judgment to that day and month three years before the date of the violation.

"Twelve-month period" means the time measured from the date of the most recent violation with assigned points for which a driver has a conviction or judgment to that day and month one year before the date of the violation.

"Twenty-four-month period" means the time measured from the date of the most recent violation with assigned points for which a driver has a conviction or judgment to that day and month two years before the date of the violation.

"VIN" or "vehicle identification number" is defined under A.R.S. § 13-4701(4).

"Withdrawal action" means a Department action that invalidates a person's Arizona driving privilege or a vehicle's Arizona registration, which includes:

A cancellation;

A suspension;

A revocation;

Any outstanding warrant; or

Any unresolved citation.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 5220, effective February 3, 2003 (Supp. 02-4). Amended by final rulemaking at 12 A.A.R. 871, effective March 7, 2006 (Supp. 06-1). Amended by final rulemaking at 14

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A.A.R. 839, effective March 4, 2008 (Supp. 08-1).  
Amended by exempt rulemaking at 21 A.A.R. 1092,  
effective September 1, 2015 (Supp. 15-2).

**R17-4-402. Restricted Permit During a Financial Responsibility (Accident) Suspension**

- A.** An applicant for a restricted permit shall:
1. Have no withdrawal action other than the financial responsibility (accident) suspension;
  2. Provide an SR22 Certificate of Insurance as proof of future financial responsibility that must be kept in force for three consecutive years after the effective date of the financial responsibility (accident) suspension;
  3. Pay the \$10 driving privilege reinstatement fee under A.R.S. § 28-4144(C)(2)(b); and
  4. Pay the \$25 motor vehicle registration and license plate reinstatement fee under A.R.S. § 28-4144(C)(2)(b), or if the vehicle was sold before the date of the accident, provide proof the vehicle was sold as defined under R17-4-401;
  5. Pay the driving privilege reinstatement application fee under A.R.S. § 28-3002(A)(2); and
  6. Satisfy any applicable requirements of A.R.S. § 28-4033(A)(2)(c) or 28-4144(C).
- B.** In addition to subsection (A) during a financial responsibility (accident) suspension, a restricted permit applicant may:
1. Apply for an original or renew an Arizona driver license by:
    - a. Complying with A.R.S. §§ 28-3153, 28-3158, or 28-3171; and
    - b. Paying the application fee under A.R.S. § 28-3002(A)(2) determined by the applicant's age on the application date; or
  2. Obtain a duplicate Arizona driver license by paying the \$12 duplicate driver license application fee under A.R.S. § 28-3002(A)(7).
- C.** At the end of the financial responsibility (accident) suspension, the Division shall immediately remove the driving privilege restriction from the Arizona driving record when the person surrenders an expired restricted permit to the Division.

**Historical Note**

New Section recodified from R17-4-227 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 5220, effective February 3, 2003 (Supp. 02-4). Amended by final rulemaking at 16 A.A.R. 2448, effective February 5, 2011 (Supp. 10-4).

**R17-4-403. Application for Duplicate Driver License or Duplicate Nonoperating Identification License; Fees**

- A.** An applicant shall apply to the Division, on a form provided by the Division, for a duplicate driver license or a duplicate nonoperating identification license.
- B.** The fee for the duplicate driver license or duplicate nonoperating identification license issued by the Division is \$12 under A.R.S. §§ 28-3002(A) and 28-3165.

**Historical Note**

New Section made by final rulemaking at 16 A.A.R. 2448, effective February 5, 2011 (Supp. 10-4).

**R17-4-404. Driver Point Assessment; Traffic Survival Schools**

- A.** Point assessment. The Department shall assign points to a driver, as prescribed under Table 1, Driver Point Valuation, for each violation resulting in a conviction or judgment.

- B.** Actions after point assessment. Under A.R.S. § 28-3306(A)(3), if a driver accumulates eight or more points in a twelve-month period, the Department shall:
1. Order the driver to successfully complete the curriculum of a licensed traffic survival school; or
  2. Suspend the driver's Arizona driver license or driving privilege.
- C.** Traffic survival school order of assignment. The Department or the private entity under contract with the Department shall send a dated order of assignment to traffic survival school, as prescribed under A.R.S. § 28-3318, to a driver who accumulates 8 to 12 points in a twelve-month period, and who did not complete a traffic survival school course in the previous twenty-four-month period.
1. The order of assignment shall:
    - a. Instruct the driver to submit any hearing request to the Department within 15 days after the date of the order of assignment; and
    - b. Instruct the driver that failure to successfully complete traffic survival school within 60 days after the date of the order of assignment will result in the Department issuing a six-month order of suspension.
  2. The Department shall record that a driver completed traffic survival school if:
    - a. A licensed traffic survival school reports that the driver successfully completed the curriculum; or
    - b. The driver presents to the Department an original certificate of completion issued by a licensed traffic survival school, within 30 days of issuance of the certificate.
- D.** Suspension for failure to complete traffic survival school. The Department or the private entity under contract with the Department shall mail a driver a six-month order of suspension, as prescribed under A.R.S. § 28-3318, if the driver failed to establish completion of traffic survival school in accordance with subsection (C). The order of suspension shall:
1. Specify the period within which the driver may submit a hearing request to the Department, and
  2. Specify the effective date of the suspension.
- E.** Suspension for accumulation of excessive points. The Department shall mail an order of suspension as prescribed under A.R.S. § 28-3318 to a driver who accumulates an excessive amount of points. The order of suspension shall:
1. Specify the length of the suspension as follows:
    - a. A three-month suspension for accumulation of 8 to 12 points in a twelve-month period if a traffic survival school course was successfully completed in the previous twenty-four-month period;
    - b. A three-month suspension for accumulation of 13 to 17 points in a twelve-month period;
    - c. A six-month suspension for accumulation of 18 to 23 points in a twelve-month period; and
    - d. A twelve-month suspension for accumulation of 24 or more points in a thirty-six-month period;
  2. Specify the period within which the driver may submit a hearing request to the Department; and
  3. Specify the effective date of the suspension.

**Historical Note**

New Section recodified from R17-4-506 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 12 A.A.R. 4446, effective November 7, 2006 (Supp. 06-4). Amended by final rulemaking at 14 A.A.R. 839, effective March 4, 2008 (Supp. 08-1). Amended by final rulemaking at 19 A.A.R. 3897, effective

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tive January 4, 2014 (Supp. 13-4). Amended by exempt rulemaking at 21 A.A.R. 1092, effective September 1, 2015 (Supp. 15-2).

**Table 1. Driver Point Valuation**

<b>Violation</b>	<b>Points</b>
A.R.S. § 28-1381, driving or actual physical control of a vehicle while under the influence.	8
A.R.S. § 28-1382, driving or actual physical control of a vehicle while under the extreme influence of intoxicating liquor.	8
A.R.S. § 28-1383, aggravated driving or actual physical control while under the influence.	8
A.R.S. § 28-693, reckless driving.	8
A.R.S. § 28-708, racing on highways.	8
A.R.S. § 28-695, aggressive driving.	8
A.R.S. §§ 28-662, 28-663, 28-664, or 28-665, relating to a driver's duties after an accident.	6
A.R.S. § 28-672(A), failure to comply with a red traffic-control signal, failure to yield the right of way when turning left at an intersection, failure to yield the right of way to a pedestrian, failure to exercise due care, failure to stop for a school bus stop signal, or failure to comply with a stop sign, and the failure results in an accident causing death to another person.	6
A.R.S. § 28-672(A), failure to comply with a red traffic-control signal, failure to yield the right of way when turning left at an intersection, failure to yield the right of way to a pedestrian, failure to exercise due care, failure to stop for a school bus stop signal, or failure to comply with a stop sign, and the failure results in an accident causing serious physical injury to another person.	4
A.R.S. § 28-701, reasonable and prudent speed.	3
A.R.S. § 28-644(A)(2), driving over, across, or parking in any part of a gore area.	3
Any other traffic regulation that governs a vehicle moving under its own power.	2

**Historical Note**

New Table 1 made by final rulemaking at 14 A.A.R. 839, effective March 4, 2008 (Supp. 08-1).

**R17-4-405. Emergency Expired****Historical Note**

Emergency rule adopted effective August 6, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-3). Emergency expired.

**R17-4-406. Minor's Application for Permit or License**

- A.** For the purposes of administering the provisions of A.R.S. § 28-3160, the following definitions apply to this Section:
1. "Application," means a form provided by the Division that includes the Legal Guardian Affidavit required by the Division to be submitted with each minor's driver license application.
  2. "Guardian" means one who has been appointed by a court of law to care for a minor child, but only if both parents of the child are deceased, or an agency as defined in A.R.S. § 8-513.
  3. "Parent" means the natural or adoptive father or mother of a child.
- B.** Procedure when both parents sign: If both parents sign a child's application, no proof of custody need be furnished.
- C.** Procedure when only one parent signs:

1. If the signing parent is married to the child's other parent, that fact shall be stated and it shall be presumed the signing parent has custody of the child.
2. If the signing parent is not married to the child's parent because the other parent is deceased, that fact shall be stated and it shall be presumed the signing parent has custody of the child.
3. If the signing parent is not married to the child's other parent, the signing parent shall affirm, by sworn statement to the Division or a notary public, that the other parent does not have custody of the child, in which event the Division shall presume the signing parent has custody of the child.

**D. Procedure when both parents are deceased:**

1. If both parents are deceased, the minor or minor's guardian shall attach certified copies of certificates of death or other satisfactory proof of death, that includes a court judgment, affidavits of close relatives of the child, or school records.
2. A person who is guardian of a child shall sign an application as defined by this rule or furnish a certified court order appointing guardianship.
3. An employer signing the application shall certify the person employs the minor on the date of application.
4. A person who has custody of a child shall sign a Legal Guardian Affidavit affirming custody or furnish a certified court order awaiting custody.

**E. Proof of custody.** Proof of custody may be established by a certified copy of the court order awarding custody or a written affirmation by the person signing the application.**Historical Note**

Adopted as an emergency effective August 18, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-4). Former Section R17-4-201 adopted as an emergency effective August 18, 1983, now adopted without change as a permanent rule effective November 30, 1983 (Supp. 83-6). Correction, (C)(4) should read "... governed by R17-4-58" as certified effective November 30, 1983 (Supp. 84-3). Former Section R17-4-201 renumbered without change as Section R17-4-406 Supp. (87-2). Former Section R17-4-406 repealed, new Section R17-4-406 adopted effective July 14, 1989 (Supp. 89-3). Section recodified to R17-4-450 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section recodified from R17-4-510 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 12 A.A.R. 4446, effective November 7, 2006 (Supp. 06-4).

**R17-4-407. Travel-compliant Driver License or Travel-compliant Non-operating Identification License Application; Fee**

- A.** A person seeking a travel-compliant driver license or travel-compliant identification license shall meet and comply with all:
1. State laws and rules applicable to every applicant who seeks issuance of any other driver license class, type, endorsement or non-operating identification license issued by the Department; and
  2. Federal laws and regulations regarding the application and minimum documentation, verification, and card issuance requirements prescribed in the most recent edition of 6 CFR 37.11 for establishing satisfactory proof of a person's identity, date of birth, social security number, prin-

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principal residence address of domicile in this state, and lawful status in the United States.

- B.** A person seeking a travel-compliant driver license or travel-compliant identification license shall:
1. Apply to the Department using an application form provided by the Department; and
  2. Submit to the Department for authentication, satisfactory proof of the applicant's full legal name, date of birth, sex, social security number, principal residence address of domicile in this state, and that the applicant's presence in the United States is authorized under federal law. A list of all source documents the Department may accept as satisfactory proof under state and federal law is maintained by the Department on its website at [www.azdot.gov](http://www.azdot.gov).
- C.** An applicant for a travel-compliant driver license or travel-compliant identification license shall submit to the Department a fee of \$25:
1. On original application, reinstatement, or renewal of any travel-compliant driver license class; or
  2. On original application or renewal of a travel-compliant identification license.
- D.** A travel-compliant driver license or travel-compliant identification license issued by the Department, as prescribed under A.R.S. § 28-3175 and this Section, is:
1. Valid for a period of up to eight years;
  2. Renewable for successive periods of up to eight years; and
  3. Subject to all state and federal laws or restrictions requiring the issuance of a shorter expiration period (e.g., up to age 65, as provided under A.R.S. § 28-3171, or for a time period equal to the applicant's authorized stay in the United States, as provided under 6 CFR 37.21, etc.).

**Historical Note**

Adopted as an emergency effective August 18, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-4). Former Section R17-4-202 adopted as an emergency effective August 18, 1983, now adopted without change as a permanent rule effective November 30, 1983 (Supp. 83-6). Correction, subsection (D) as certified effective November 30, 1983 (Supp. 84-3). Former Section R17-4-202 renumbered without change as Section R17-4-407 (Supp. 87-2). Section recodified to R17-4-451 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section recodified from R17-4-706 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 1158, effective May 12, 2003 (Supp. 03-1). New Section made by final exempt rulemaking under Laws 2015, Ch. 294, § 5 at 22 A.A.R. 819, effective March 28, 2016 (Supp. 16-1). Section repealed; new Section made by final rulemaking at 25 A.A.R. 1885, with an immediate effective date of July 2, 2019 (Supp. 19-3).

**R17-4-408. Mandatory Extension of a Certified Ignition Interlock Device Order**

- A.** For purposes of this Section, "conviction" has the meaning prescribed in A.R.S. § 28-101(12).
- B.** For the duration of a certified ignition interlock device order, each conviction for violating A.R.S. §§ 28-1464(A), 28-1464(C), 28-1464(D), 28-1464(F), or 28-1464(H) of the person subject to the order will result in the Division's extension of the order.
- C.** Each extension by the Division of a person's certified ignition interlock device order shall be for one year.

**Historical Note**

Adopted as an emergency effective August 18, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-4). Former Section R17-4-203 and Appendix D adopted as an emergency effective August 18, 1983, now adopted without change as a permanent rule effective November 30, 1983 (Supp. 83-6). Correction, added (C)(5) as certified effective November 30, 1983 (Supp. 84-3). Former Section R17-4-203 renumbered without change as Section R17-4-408 (Supp. 87-2). Section recodified to R17-4-452 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section recodified from R17-4-709.10 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-409. Non-operating Identification License Application; Applicability; Fee**

- A.** A person seeking a non-operating identification license, issued by the Department as prescribed under A.R.S. § 28-3165 and this Section, shall apply to the Department using a form provided by the Department.
- B.** An applicant shall submit a \$12 fee to the Department, on application for a non-operating identification license, unless the applicant is provided a specific statutory exemption from payment of the fee.
- C.** An applicant shall provide to the Department, on application for a non-operating identification license, satisfactory proof of the applicant's full legal name, date of birth, sex, principal residence address of domicile in this state, and evidence that the applicant's presence in the United States is authorized under federal law as listed by the Department on its website at [www.azdot.gov](http://www.azdot.gov).
- D.** A person seeking a travel-compliant identification license issued by the Department under A.R.S. § 28-3175, which is recognized by federal agencies as proof of identity for use when accessing federal facilities, boarding federally-regulated commercial aircraft, or entering nuclear power plants, shall apply to the Department as provided under R17-4-407.

**Historical Note**

Adopted as an emergency effective August 18, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-4). Former Section R17-4-204 and Appendix B adopted as an emergency effective August 18, 1983, now adopted without change as a permanent rule effective November 30, 1983 (Supp. 83-6). Former Section R17-4-204 renumbered without change as Section R17-4-409 (Supp. 87-2). Section recodified to R17-4-453 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section recodified from R17-4-508 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 12 A.A.R. 4446, effective November 7, 2006 (Supp. 06-4). Amended by final rulemaking at 16 A.A.R. 2448, effective February 5, 2011 (Supp. 10-4). Amended by final exempt rulemaking under Laws 2015, Ch. 294, § 5 at 22 A.A.R. 819, effective March 28, 2016 (Supp. 16-1). Amended by final rulemaking at 25 A.A.R. 1885, with an immediate effective date of July 2, 2019 (Supp. 19-3).

**R17-4-410. Voter Registration Through the Motor Vehicle Division**

- A.** For purposes of this Section:
1. "License" has the same meaning as "driver's license" under A.R.S. § 16-111(2).

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2. "MVD" means the Arizona Department of Transportation, Motor Vehicle Division.
- B. To register to vote in Arizona through the MVD as provided for in A.R.S. § 16-112, a person who completes a transaction listed in subsection (C) shall complete and return to MVD:
  1. A Secretary of State-approved hardcopy voter registration form for the county of the person's residence, or
  2. An electronic voter registration form through MVD's ServiceArizona web site or through MVD's driver license system along with an electronic verification that the person meets voter eligibility criteria under A.R.S. § 16-101.
- C. Subsection (B) applies to the following license transactions:
  1. Initial licensee application;
  2. License renewal;
  3. Duplicate driver license; or
  4. Licensee personal information update.
- D. MVD shall transfer the voter registration forms and the data collected under this Section by:
  1. Mailing the completed hardcopy forms to the appropriate county recorder; and
  2. Transmitting the data from completed electronic voter registration forms and licensee personal information updates to the Secretary of State as prescribed under A.A.C. R2-12-605 for further distribution to the appropriate county recorder.
- E. MVD shall maintain the confidentiality of applicant information as required under A.R.S. Title 16, Chapter 1.

**Historical Note**

Adopted as an emergency effective August 18, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-4). Former Section R17-4-205 adopted as an emergency effective August 18, 1983, now adopted without change as a permanent rule effective November 30, 1983 (Supp. 83-6). Former Section R17-4-205 renumbered without change as Section R17-4-410 (Supp. 87-2). Section recodified to R17-4-454 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 8 A.A.R. 2394, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 12 A.A.R. 1329, effective June 4, 2006 (Supp. 06-2).

**R17-4-411. Special Ignition Interlock Restricted Driver License: Application, Restrictions, Reporting, Fee**

- A. In addition to the requirements prescribed in A.R.S. § 28-3158, an person applying for a special ignition interlock restricted driver license shall:
  1. If the person is suspended for a first offense of A.R.S. § 28-1321:
    - a. Complete at least 90 consecutive days of the period of the suspension, and
    - b. Maintain a functioning certified ignition interlock device during the remaining period of the suspension.
  2. If the person is revoked for a first offense of A.R.S. § 28-1383(A)(3):
    - a. Complete at least 90 consecutive days of the suspension under A.R.S. § 28-1385,
    - b. Submit proof to the Division that the person has completed an approved alcohol or drug screening or treatment program, and
    - c. Maintain a functioning certified ignition interlock device during the remaining period of the revocation.

3. If the person has a court-ordered restriction under A.R.S. §§ 28-3320 or 28-3322:
  - a. Comply with the restrictions in subsection (C), and
  - b. Maintain a functioning certified ignition interlock device during the remaining period of the court-ordered restriction.
- B. The Division shall not issue a special ignition interlock restricted driver license if the person's driver license or driving privilege is suspended or revoked for a reason not under subsections (A)(1), (2), or (3).
- C. A person applying for a special ignition interlock restricted driver license shall pay the following fees:
  1. Age 50 or older \$10.00
  2. Age 45 – 49 \$15.00
  3. Age 40 – 44 \$20.00
  4. Age 39 or younger \$25.00
- D. A special ignition interlock restricted driver license issued under subsection (A), permits a person to operate a motor vehicle equipped with a functioning certified ignition interlock device as prescribed in A.R.S. § 28-1402(A).
- E. Reporting. On the eleventh month after the initial date of installation and each eleventh month thereafter for as long as the person is required to maintain a functioning certified ignition interlock device, each installer shall electronically provide the Division all of the following information as recorded by the certified ignition interlock device:
  1. Date installed;
  2. Person's full name;
  3. Person's date of birth;
  4. Person's customer or driver license number;
  5. Installer and manufacturer name;
  6. Installer fax number;
  7. Date report interpreted;
  8. Report period;
  9. Any tampering of the device within the meaning of A.R.S. § 28-1301(9);
  10. Any failure of the person to provide proof of compliance or inspection as prescribed in A.R.S. § 28-1461;
  11. Any attempts to operate the vehicle with an alcohol concentration exceeding the presumptive limit prescribed in A.R.S. § 28-1381(G)(3), or if the person is younger than 21 years of age, attempts to operate the vehicle with any spirituous liquor in the person's body; and
  12. Any other information required by the Director.
- F. A person applying for a special ignition interlock restricted driver license shall provide proof of financial responsibility prescribed in Title 28, Arizona Revised Statutes, Chapter 9, Article 3.

**Historical Note**

Adopted as an emergency effective August 18, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-4). Former Section R17-4-206 and Appendices C and E adopted as an emergency effective August 18, 1983, now adopted without change as a permanent rule effective November 30, 1983 (Supp. 83-6). Former Section R17-4-206 renumbered without change as Section R17-4-411 (Supp. 87-2). Section recodified to R17-4-455 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 12 A.A.R. 871, effective March 7, 2006 (Supp. 06-1).

**R17-4-412. Extension of a Special Ignition Interlock Restricted Driver License: Hearing, Burden of Proof and Presumptions**

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- A.** Extension. The Division shall extend a person's special ignition interlock restricted driver license for a period of one year if the Division has reasonable grounds to believe:
1. The person tampered with the certified ignition interlock device within the meaning of A.R.S. § 28-1301(9),
  2. The person fails to provide proof of compliance prescribed in A.R.S. § 28-1461, or
  3. The person attempted to operate the vehicle with an alcohol concentration exceeding the presumptive limit prescribed in A.R.S. § 28-1381(G)(3) three or more times during the period of license restriction or limitation, or if the person is younger than 21 years of age, attempted to operate the vehicle with any spirituous liquor in the person's body three or more times during the period of license restriction or limitation.
- B.** Hearing. If a person's special ignition interlock restricted driver license is extended under subsection (A), the person may submit, within 15 days of the date of the order of extension of the restriction, a written request to the Division requesting a hearing. A request for hearing stays the extension of the restriction.
- C.** Burden of proof and presumptions.
1. The hearing office shall presume that the person's whose special ignition interlock restricted driver license is extended under subsection (A)(3), was the person in control of the vehicle and the person attempted to operate the vehicle with an alcohol concentration exceeding the presumptive limit in A.R.S. § 28-1381, or tampered with the device within the meaning of A.R.S. § 28-1301(9).
  2. The person may be rebut the presumption by a showing of clear and convincing evidence that the person whose special ignition interlock restricted driver license being extended, was not the person in control of the vehicle or attempted to operate the vehicle with an alcohol concentration exceeding the presumptive limit in A.R.S. § 28-1381, or tampered with the device within the meaning of A.R.S. § 28-1301(9).
- D.** Except for subsection (A)(2), if the Division suspends, revokes, cancels, or otherwise rescinds a person's special ignition interlock restricted driver license for any reason, the Division shall not issue a new license or reinstate the special ignition interlock restricted driver license during the original period of suspension or revocation or while the person is otherwise ineligible to receive a license.
- "Lifetime disqualification" means the individual is disqualified for life from operating a commercial motor vehicle as prescribed under 49 CFR 391.15.  
 "Permanently disqualified" means the individual will never be able to obtain a commercial driver license.
- B.** Eligibility. An individual with a lifetime disqualification may request reinstatement of the individual's commercial driving privilege if:
1. Ten years have passed since the date of the lifetime disqualification.
  2. The individual:
    - a. Is otherwise eligible for licensure.
    - b. Has continuously been eligible for a driver license during the most recent 10-year period.
    - c. Has not previously reinstated CDL privileges for another lifetime disqualification.
    - d. Has no record of a conviction for any of the following violations, in any state, within the previous 10-year period:
      - i. Driving while under the influence of alcohol or a controlled substance.
      - ii. Having a blood alcohol concentration of .04 or greater while driving a commercial motor vehicle.
      - iii. Refusal to submit to a blood alcohol concentration test.
      - iv. Leaving the scene of an accident.
      - v. Using a vehicle in the commission of a felony.
      - vi. Operating a commercial motor vehicle as defined under A.R.S. § 28-3001 while his or her commercial driving privileges are canceled, disqualified, suspended, or revoked.
      - vii. Causing a fatality through the negligent operation of a commercial motor vehicle.
- C.** Application after lifetime disqualification. If the Division determines that the individual is eligible to reinstate his or her commercial driving privilege, the individual may obtain a new CDL by paying all required fees, submitting the medical examination form prescribed under Section R17-4-508(A)(1), and successfully completing all CDL written, vision, and demonstration-skill testing applicable to the type of CDL, including any endorsements, for which the individual is applying.
- D.** Permanent disqualification.
1. An individual who reinstated his or her commercial driving privilege in accordance with this Section and who is subsequently given a lifetime disqualification under A.R.S. § 28-3312 is permanently disqualified.
  2. An individual convicted of using any vehicle in the commission of a felony involving manufacturing, distributing, or dispensing a controlled substance is permanently disqualified.
  3. An individual who more than once refuses a test in violation of A.R.S. § 28-1321 if the refusals involve more than one incident is permanently disqualified.
  4. An individual who more than once is convicted of violating A.R.S. § 28, Chapter 4, Article 3 is permanently disqualified.

**Historical Note**

Adopted as an emergency effective August 18, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-4). Former Section R17-4-207 adopted as an emergency effective August 18, 1983, now adopted as a permanent rule effective November 30, 1983 (Supp. 83-6). Correction, (A)(3) as certified effective November 30, 1983 (Supp. 84-3). Former Section R17-4-207 renumbered without change as Section R17-4-412. Correction: subsection (F), paragraph (6), "overweight" corrected to read: "overheight" (Supp. 87-2). Section recodified to R17-4-456 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 12 A.A.R. 871, effective March 7, 2006 (Supp. 06-1).

**R17-4-413. Lifetime Disqualification Reinstatement**

- A.** Definitions. In addition to the definitions prescribed under A.R.S. §§ 28-101 and 28-3001, the following definitions apply to this Section, unless otherwise specified:
- "CDL" means Commercial Driver License.

**Historical Note**

Adopted as an emergency effective August 18, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-4). Former Section R17-4-208 adopted as an emergency effective August 18, 1983, now adopted without change as a permanent rule effective November 30, 1983

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(Supp. 83-6). Former Section R17-4-208 renumbered without change as Section R17-4-413 (Supp. 87-2). Section recodified to R17-4-457 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 13 A.A.R. 2155, effective August 4, 2007 (Supp. 07-2).

**R17-4-414. Commercial Driver License Applicant Driver History Check; Required Action; Hearing**

- A.** Applicability. The provisions of this Section shall apply to all applicants requesting an original, renewal, reinstatement, transfer, or upgrade of a commercial driver license or commercial driver license instruction permit.
- B.** Driver History Check. In compliance with 49 CFR 384.206, 384.210, 384.225, and 384.232:
1. The Department shall require each applicant for a commercial driver license to supply the names of all states where the applicant has previously been licensed to operate a motor vehicle.
  2. The Department shall request the complete driver history record from all states where the applicant was licensed to operate a motor vehicle within the previous 10 years. The Department shall make a driver history request no earlier than:
    - a. Twenty-four hours prior to the issuance of a commercial driver license or commercial driver license instruction permit for an applicant who does not currently possess a valid Arizona commercial driver license; or
    - b. Ten days prior to the issuance of a commercial driver license or commercial driver license instruction permit for an applicant who currently possesses a valid Arizona commercial driver license.
  3. The Department shall record and maintain as part of the driver history all convictions, disqualifications, and other licensing actions for violations of any state or local law relating to motor vehicle traffic control, other than a parking violation, committed in any type of vehicle by a commercial driver licensee or any driver operating a commercial motor vehicle.
- C.** Required Action. In compliance with 49 CFR 384.210 and 384.231:
1. The Department shall, based on the findings of the driver history checks, issue a commercial driver license or commercial driver license instruction permit to a qualified applicant.
  2. In the case of a reported conviction, disqualification, or other licensing action, the Department shall promptly cancel, disqualify, suspend, or revoke the person's commercial driving privilege as prescribed under A.R.S. Title 28, Chapters 4, 6, 8, and 14 and A.A.C. Title 17.
  3. The Department shall send written notification of the action to the person describing the action taken by the Department.
- D.** Hearing. A hearing may be allowed when the driver history information received by the Department is a result of a case of mistaken identity or identity theft.
1. The person shall submit a hearing request in writing and comply with A.A.C. R17-1-502.
  2. The hearing request shall be submitted within 20 days from the date the notice of action was mailed.
  3. The hearing request shall indicate whether the request for the hearing is based on a case of identity theft or mistaken identity.

4. The hearing shall be held in accordance with the procedures prescribed under A.R.S. § 28-3317 and 17 A.A.C. 1, Article 5.
5. It shall be presumed that the information received from the driver history check belongs to the person. The person may overcome this presumption if the person is able to present evidence that either:
  - a. The person is not the driver convicted of the reported violation as in a case of mistaken identity; or
  - b. The person's identity was stolen and the applicant or licensee was not the driver convicted of the violation.
6. The scope of the hearing is limited to determining whether the person is the driver convicted of the reported driver history information, not the validity of the underlying conviction or licensing action that occurred in another licensing jurisdiction.

**Historical Note**

Adopted effective December 18, 1995 (Supp. 95-4). Section recodified to R17-4-458 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 14 A.A.R. 4100, effective October 7, 2008 (Supp. 08-4).

**R17-4-415. Reserved**

**R17-4-416. Reserved**

**R17-4-417. Reserved**

**R17-4-418. Reserved**

**R17-4-419. Reserved**

**R17-4-420. Recodified**

**Historical Note**

Former Rule, General Order 58. Former Section R17-4-21 renumbered without change as Section R17-4-420 (Supp. 87-2). Section recodified to R17-4-459 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-421. Recodified**

**Historical Note**

Former Rule, General Order 79. Former Section R17-4-33 renumbered without change as Section R17-4-421 (Supp. 87-2). Section recodified to R17-4-460 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-422. Recodified**

**Historical Note**

Adopted as an emergency effective July 29, 1985, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 85-4). Emergency expired. Permanent rule adopted effective February 12, 1986 (Supp. 86-1). Former Section R17-4-73 renumbered without change as Section R17-4-422 (Supp. 87-2). Section recodified to R17-4-461 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-423. Recodified**

**Historical Note**

Former Rule, General Order 94. Former Section R17-4-38 renumbered without change as Section R17-4-423 (Supp. 87-2). Section R17-4-423 repealed, new Section adopted effective February 21, 1990 (Supp. 90-1). Sec-

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tion recodified to R17-4-462 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-424. Recodified****Historical Note**

Former Rule, General Order 99. Former Section R17-4-40 renumbered without change as Section R17-4-424 (Supp. 87-2). Section recodified to R17-4-463 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-425. Recodified****Historical Note**

Former Section R17-4-53 renumbered without change as Section R17-4-425 (Supp. 87-2). Section recodified to R17-4-464 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-426. Recodified****Historical Note**

Adopted effective January 12, 1977 (Supp. 77-1). Amended subsections (A), (C), (D), and (H) effective January 23, 1981 (Supp. 81-1). Former Section R17-4-55 renumbered without change as Section R17-4-426 (Supp. 87-2). Section recodified to R17-4-465 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-427. Recodified****Historical Note**

Adopted effective March 31, 1978 (Supp. 78-2). Former Section R17-4-58 renumbered without change as Section R17-4-427 (Supp. 87-2). Section recodified to R17-4-466 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-428. Recodified****Historical Note**

New Section recodified from A.A.C. R17-3-403 at 7 A.A.R. 1260, effective February 20, 2001 (Supp. 01-1). Section recodified to R17-4-467 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-429. Reserved****R17-4-430. Reserved****R17-4-431. Reserved****R17-4-432. Reserved****R17-4-433. Reserved****R17-4-434. Reserved****R17-4-435. Recodified****Historical Note**

Adopted as an emergency effective July 1, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R17-4-63 adopted as an emergency now adopted and amended as a permanent rule effective October 8, 1982 (Supp. 82-5). Amended effective August 19, 1983 (Supp. 83-4). Correction to amendments shown effective August 19, 1983. The subsection "IT IS ORDERED: --" was also amended effective August 19, 1983, but not shown (Supp. 83-5). Amended effective February 18, 1986 (Supp. 86-1). Amended effective May 12, 1986 (Supp. 86-3). Adding Historical Note for Supp. 87-1, "Amended effective February 28, 1987." Former Section R17-4-63 renumbered as Section R17-4-435 and

amended by adding a new subsection (C) effective April 7, 1987 (Supp. 87-2). Amended by adding paragraph (20) in subsection (B) and renumbering accordingly effective March 23, 1989 (Supp. 89-1). Amended as an emergency effective January 4, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-1). Emergency expired. Emergency amendments re-adopted effective April 25, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days; permanent amendments adopted effective May 18, 1990 (Supp. 90-2). Section R17-4-435 repealed, new Section R17-4-435 adopted effective October 24, 1990 (Supp. 90-4). Emergency amendments effective November 27, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4) Emergency expired. Emergency amendments readopted effective May 6, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-2). Emergency expired. Amended and renumbered to R17-4-435 and R17-4-435.01 through R17-4-435.04 effective August 16, 1991 (Supp. 91-3). Amended effective February 23, 1993 (Supp. 93-1). Amended effective April 4, 1994 (Supp. 94-2). Amended effective October 16, 1996 (Supp. 96-4). Amended by final rulemaking at 6 A.A.R. 770, effective February 1, 2000 (Supp. 00-1). Amended by final rulemaking at 7 A.A.R. 662, effective January 11, 2001 (Supp. 01-1). Amended by final rulemaking at 7 A.A.R. 3215, effective July 12, 2001 (Supp. 01-3). Section recodified to R17-5-202 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-435.01. Recodified****Historical Note**

Section R17-4-435.01 renumbered from R17-4-435(C) and amended effective August 16, 1991 (Supp. 91-3). Amended effective February 23, 1993 (Supp. 93-1). Amended effective April 4, 1994 (Supp. 94-2). Amended effective October 16, 1996 (Supp. 96-4). Amended by final rulemaking at 6 A.A.R. 770, effective February 1, 2000 (Supp. 00-1). Amended by final rulemaking at 7 A.A.R. 662, effective January 11, 2001 (Supp. 01-1). Amended by final rulemaking at 7 A.A.R. 3215, effective July 12, 2001 (Supp. 01-3). Section recodified to R17-5-203 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-435.02. Recodified****Historical Note**

Section R17-4-435.02 renumbered from R17-4-435(D) and amended effective August 16, 1991 (Supp. 91-3). Amended effective February 23, 1993 (Supp. 93-1). Amended effective April 4, 1994 (Supp. 94-2). Amended effective October 16, 1996 (Supp. 96-4). Amended by final rulemaking at 6 A.A.R. 770, effective February 1, 2000 (Supp. 00-1). Amended by final rulemaking at 7 A.A.R. 662, effective January 11, 2001 (Supp. 01-1). Amended by final rulemaking at 7 A.A.R. 3215, effective July 12, 2001 (Supp. 01-3). Section recodified to R17-5-204 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-435.03. Recodified****Historical Note**

Section R17-4-435.03 adopted effective August 16, 1991 (Supp. 91-3). Amended effective February 23, 1993 (Supp. 93-1). Amended effective April 4, 1994 (Supp. 93-1).



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94-2). Amended by final rulemaking at 6 A.A.R. 770, effective February 1, 2000 (Supp. 00-1). Amended by final rulemaking at 7 A.A.R. 662, effective January 11, 2001 (Supp. 01-1). Amended by final rulemaking at 7 A.A.R. 3215, effective July 12, 2001 (Supp. 01-3). Section recodified to R17-5-205 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-435.04. Recodified****Historical Note**

Section R17-4-435.04 renumbered from R17-4-435(E), (F) and (G) and amended effective August 16, 1991 (Supp. 91-3). Amended by final rulemaking at 6 A.A.R. 770, effective February 1, 2000 (Supp. 00-1). Section recodified to R17-5-206 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-435.05. Recodified****Historical Note**

Section R17-4-435.02 renumbered from R17-4-435(D) and amended effective August 16, 1991 (Supp. 91-3). Amended by final rulemaking at 6 A.A.R. 770, effective February 1, 2000 (Supp. 00-1). Section recodified to R17-5-207 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-435.06. Recodified****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 770, effective February 1, 2000 (Supp. 00-1). Section recodified to R17-5-208 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-436. Recodified****Historical Note**

Adopted effective October 24, 1990 (Supp. 90-4). Amended effective July 3, 1991 (Supp. 91-3). Amended effective February 28, 1992 (Supp. 92-1). Amended effective October 21, 1993 (Supp. 93-4). Amended effective August 12, 1994 (Supp. 94-3). Amended effective November 21, 1995 (Supp. 95-4). Amended by final rulemaking at 6 A.A.R. 3841, effective September 13, 2000 (Supp. 00-3). Amended by final rulemaking at 7 A.A.R. 3215, effective July 12, 2001 (Supp. 01-3). Section recodified to R17-5-209 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-437. Emergency Expired****Historical Note**

Emergency rule adopted effective April 9, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency expired.

**R17-4-437.01. Emergency Expired****Historical Note**

Emergency rule adopted effective April 9, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency expired.

**R17-4-437.02. Emergency Expired****Historical Note**

Emergency rule adopted effective April 9, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency expired.

**R17-4-437.03. Emergency Expired****Historical Note**

Emergency rule adopted effective April 9, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency expired.

**Appendix A. Emergency Expired****Historical Note**

Emergency rule adopted effective April 9, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency expired.

**R17-4-437.04. Emergency Expired****Historical Note**

Emergency rule adopted effective April 9, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency expired.

**R17-4-438. Recodified****Historical Note**

Adopted effective March 21, 1994 (Supp. 94-1). Section recodified to R17-5-210 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-439. Recodified****Historical Note**

Adopted effective March 21, 1994 (Supp. 94-1). Section recodified to R17-5-211 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-440. Recodified****Historical Note**

Adopted effective March 21, 1994 (Supp. 94-1). Section recodified to R17-5-212 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-441. Reserved****R17-4-442. Reserved****R17-4-443. Reserved****R17-4-444. Repealed****Historical Note**

Amended effective January 5, 1977 (Supp. 77-1). Repealed as an emergency effective August 18, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-4). Repealed effective November 30, 1983 (Supp. 83-6). New Section R17-4-52 adopted as an emergency effective July 25, 1985, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 85-4). Emergency expired. Permanent rule adopted effective February 27, 1986 (Supp. 86-1). Amended subsections (A) and (B) effective February 18, 1987 (Supp. 87-1). Former Section R17-4-52 renumbered without change as Section R17-4-444 (Supp. 87-2). Repealed effective October 13, 1987 (Supp. 87-4).

**R17-4-445. Recodified****Historical Note**

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Section R17-4-421 adopted and renumbered as Section R17-4-445 effective October 13, 1987 (Supp. 87-4). Amended subsection (A) effective May 20, 1988 (Supp. 88-2). Amended effective January 2, 1996 (Supp. 96-3). Section recodified to R17-5-504 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-446. Recodified****Historical Note**

Section R17-4-422 adopted and renumbered as Section R17-4-446 effective October 13, 1987 (Supp. 87-4). Section recodified to R17-5-505 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-447. Recodified****Historical Note**

Section R17-4-423 adopted and renumbered as Section R17-4-447 effective October 13, 1987 (Supp. 87-4). Section recodified to R17-5-506 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-448. Recodified****Historical Note**

Section R17-4-424 adopted and renumbered as Section R17-4-448 effective October 13, 1987 (Supp. 87-4). Amended effective January 2, 1996 (Supp. 96-3). Section recodified to R17-5-507 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-449. Reserved****R17-4-450. Repealed****Historical Note**

New Section recodified from R17-4-406 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

**R17-4-451. Repealed****Historical Note**

New Section recodified from R17-4-407 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

**R17-4-452. Repealed****Historical Note**

New Section recodified from R17-4-408 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

**R17-4-453. Repealed****Historical Note**

New Section recodified from R17-4-409 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

**R17-4-454. Repealed****Historical Note**

New Section recodified from R17-4-410 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section

repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

**R17-4-455. Repealed****Historical Note**

New Section recodified from R17-4-411 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 7 A.A.R. 4351, effective September 17, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 926, effective February 13, 2002 (Supp. 02-1). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

**R17-4-456. Repealed****Historical Note**

New Section recodified from R17-4-412 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

**R17-4-457. Repealed****Historical Note**

New Section recodified from R17-4-413 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

**R17-4-458. Repealed****Historical Note**

New Section recodified from R17-4-414 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

**R17-4-459. Repealed****Historical Note**

Former Rule, General Order 58. Former Section R17-4-21 renumbered without change as Section R17-4-420 (Supp. 87-2). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

**R17-4-460. Repealed****Historical Note**

New Section recodified from R17-4-421 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

**R17-4-461. Repealed****Historical Note**

New Section recodified from R17-4-422 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

**R17-4-462. Repealed****Historical Note**

New Section recodified from R17-4-423 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

**R17-4-463. Repealed****Historical Note**

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New Section recodified from R17-4-424 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

**R17-4-464. Repealed****Historical Note**

New Section recodified from R17-4-425 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

**R17-4-465. Repealed****Historical Note**

New Section recodified from R17-4-426 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

**R17-4-466. Repealed****Historical Note**

New Section recodified from R17-4-427 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

**R17-4-467. Repealed****Historical Note**

New Section recodified from R17-4-428 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

**ARTICLE 5. SAFETY****R17-4-501. Definitions**

In addition to the definitions provided under R17-4-101 and A.R.S. § 28-3005, in this Article, unless otherwise specified:

“Adaptation” means a modification of or addition to the standard operating controls or equipment of a motor vehicle.

“Applicant” means a person:

Applying for an Arizona driver license or driver license renewal, or  
Required by the Department to complete an examination successfully or to obtain an evaluation.

“Application” means the Department form required to be completed by or for an applicant for a driver license or driver license renewal.

“Aura” means a sensation experienced before the onset of a neurological disorder.

“Commercial driver license physical qualifications” means driver medical qualification standards for a person licensed in class A, B, or C to operate a commercial vehicle as prescribed under 49 CFR 391, incorporated by reference under A.A.C. R17-5-202 and R17-5-204.

“Disqualifying medical condition” means a visual, physical, or psychological condition, including substance abuse, that impairs functional ability.

“Evaluation” means a medical assessment of an applicant or licensee by a physician, specialist, or certified addic-

tion counselor to determine whether a disqualifying medical condition exists.

“Examination” means testing or evaluating an applicant’s or licensee’s:

Ability to read and understand official traffic control devices,  
Knowledge of safe driving practices and the traffic laws of this state, and  
Functional ability.

“Functional ability” means the ability to safely operate a motor vehicle of the type permitted by an Arizona driver license class or endorsement.

“Licensee” means a person issued a driver license by this state.

“Licensing action” means an action by the Department to:  
Issue, deny, suspend, revoke, cancel, or restrict a driver license or driving privileges; or  
Require an examination or evaluation of an applicant or licensee.

“Medical alert code” means a system of numerals or letters indicating the licensee suffers from some type of adverse medical condition.

“Medical screening questions and certification” means the questions and certification on the application.

“Neurological disorder” means a malfunction or disease of the nervous system.

“Seizure” means a neurological disorder characterized by a sudden alteration in consciousness, sensation, motor control, or behavior, due to an abnormal electrical discharge in the brain.

“Specialist” means:

A physician who is a surgeon or a psychiatrist,  
A physician whose practice is limited to a particular anatomical or physiological area or function of the human body or to patients with a specific age range, or  
A psychologist.

“Substance abuse” means:

Use of alcohol in a manner that makes the user an alcoholic as defined in A.R.S. § 36-2021, or  
Use of a controlled substance in a manner that makes the user a drug dependent person as defined in A.R.S. § 36-2501.

“Successful completion of an examination” means an applicant or licensee:

Establishes the visual, physical, and psychological ability to safely operate a motor vehicle, or  
Achieves a score of at least 80% on any required tests.

**Historical Note**

Adopted effective December 14, 1995 (Supp. 95-4). Section recodified to R17-5-706 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 8 A.A.R. 3241, effective July 12, 2002 (Supp. 02-3). Amended by final rulemaking at 8 A.A.R. 5223, effective December 5, 2002 (Supp. 02-4). Amended by final rulemaking at 10 A.A.R. 2829, effective August 7, 2004 (Supp. 04-2). Amended by final

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rulemaking at 13 A.A.R. 1127, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 227, effective March 8, 2008 (Supp. 08-1). Amended by final rulemaking at 24 A.A.R. 1543, effective May 1, 2018 (Supp. 18-2). Amended by final expedited rulemaking at 26 A.A.R. 3147, with an immediate effective date of December 3, 2020 (Supp. 20-4). Amended by final expedited rulemaking at 31 A.A.R. 4746 (December 26, 2025), with an immediate effective date of December 3, 2025 (Supp. 25-4).

**R17-4-502. General Provisions for Visual, Physical, and Psychological Ability to Safely Operate a Motor Vehicle**

**A. Screening process for safe operation of a motor vehicle.**

1. An applicant shall complete the application, including the medical screening questions and certification.
2. An applicant without a valid driver license shall successfully complete all required examinations or obtain an evaluation if:
  - a. The Department informs the applicant that the applicant's responses to the medical screening questions indicate the existence of a disqualifying medical condition; or
  - b. The applicant comes under subsection (B)(1)(a), (B)(1)(c), or (B)(1)(d).
3. An applicant for license renewal shall successfully complete an examination or obtain an evaluation if the applicant's responses to the medical screening questions indicate that since the applicant's last driver license issuance:
  - a. The applicant has developed a visual, physical, or psychological condition that may constitute a disqualifying medical condition; or
  - b. There has been a change in an existing visual, physical, or psychological condition that may constitute a disqualifying medical condition.
4. As soon as a licensee's medical condition allows, the licensee shall notify the Department, in writing, that a medical condition exists not previously reported to the Department that may affect the licensee's functional ability. On receipt of the required notification, the Department shall require the licensee to complete an examination or evaluation.

**B. Evaluation. An applicant or licensee shall submit to an evaluation as required by the Department.**

1. The Department shall require an evaluation if the Department notifies the applicant or licensee in writing that:
  - a. The applicant or licensee comes under the provisions of R17-4-503 or R17-4-506;
  - b. The applicant or licensee reports a possible disqualifying medical condition or fails to successfully complete an examination;
  - c. The applicant or licensee shows unexplained confusion, loss of consciousness, or incoherence that is observed by Department personnel; or
  - d. A person with direct knowledge submits to the Department written information about specific events or conduct indicating the applicant or licensee may have a disqualifying medical condition.
2. The applicant or licensee shall have the physician, appropriate specialist, or certified addiction counselor who performs an evaluation submit timely an evaluation report on a form provided by the Department to the Department's Medical Review Program.

3. An applicant or licensee shall pay for any expense incurred by the applicant or licensee to show compliance with the visual, physical, and psychological standards for a driver license.

**C. Licensing action. The Department shall take a licensing action after requiring an applicant or licensee to complete an examination successfully or obtain an evaluation and submit an evaluation report.**

1. The Department shall deny a driver license if an applicant or licensee:
  - a. Fails to complete successfully an examination; or
  - b. Fails to:
    - i. Obtain an evaluation; or
    - ii. Have a physician, appropriate specialist, or certified addiction counselor submit an evaluation report to the Department within 30 days after the Department notifies the applicant that an evaluation is required; or
  - c. Has an evaluation report submitted that indicates a disqualifying medical condition.
2. The Department shall summarily suspend an applicant's or licensee's driving privileges under A.R.S. §§ 28-3306 and 41-1064 for a reason stated in subsection (C)(1).
3. The Department shall issue a revocation notice with a notice of summary suspension. The revocation notice shall inform the applicant or licensee that:
  - a. Unless the Department receives the applicant or licensee's timely hearing request under subsection (E), the revocation becomes effective:
    - i. Fifteen days after the date the applicant or licensee is personally served with the notice, or
    - ii. Twenty days after the date the notice is mailed to the applicant or licensee.
  - b. An applicant or licensee who wishes to obtain a license after suspension or revocation shall reapply for a license as specified in A.R.S. § 28-3315.
4. The Department shall issue a driver license or shall not suspend or revoke an applicant or licensee's driving privileges if:
  - a. The applicant or licensee successfully completes all required examinations and the Department does not require an evaluation, or
  - b. The applicant or licensee obtains all required evaluations and the most recent evaluation report submitted on behalf of the applicant or licensee conclusively indicates no disqualifying medical condition.

**D. Driver license restrictions. If an applicant or licensee uses an adaptation, including those listed below, to demonstrate functional ability during an examination, the Department shall indicate the adaptation as a restriction on a driver license issued to the applicant or licensee and on the applicant's or licensee's driving record:**

1. Automatic transmission,
2. Hand dimmer switch,
3. Left-foot gas pedal,
4. Parking-brake extension,
5. Power steering,
6. Power brakes,
7. Six-way power seat,
8. Right-side directional signal,
9. A device that enables an operator to spin the steering wheel,
10. A device that enables full foot control,

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11. Dual outside mirrors,
  12. Chest restraints,
  13. Shoulder restraints,
  14. A device that extends pedals,
  15. A device that enables full hand control,
  16. Adapted seat, and
  17. Prosthetic aid.
- E.** Hearings. The Department's Executive Hearing Office shall conduct the hearing as provided under A.R.S. Title 41, Chapter 6, Article 6, and 17 A.A.C. 1, Article 5.
- F.** The Department shall not release information required to be submitted to the Department under this Section by an applicant or licensee except to a person or entity qualified under A.R.S. § 28-455.

**Historical Note**

New Section recodified from R17-4-520 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 3241, effective July 12, 2002 (Supp. 02-3). Amended by final rulemaking at 9 A.A.R. 1861, effective June 3, 2003 (Supp. 03-2). Amended by final rulemaking at 13 A.A.R. 1127, effective May 5, 2007 (Supp. 07-1). Amended by final expedited rulemaking at 26 A.A.R. 3147, with an immediate effective date of December 3, 2020 (Supp. 20-4). Amended by final expedited rulemaking at 31 A.A.R. 4746 (December 26, 2025), with an immediate effective date of December 3, 2025 (Supp. 25-4).

**Exhibit A. Repealed****Historical Note**

New Exhibit made by final rulemaking at 8 A.A.R. 3241, effective July 12, 2002 (Supp. 02-3). Section repealed by final rulemaking at 13 A.A.R. 1127, effective May 5, 2007 (Supp. 07-1).

**R17-4-503. Vision Standards**

- A.** Definitions.
1. "Binocular vision" means the ability to see in both eyes.
  2. "Bioptic telescopic lens system" means a bioptic, spectacle-mounted corrective lens prescribed by a physician or optometrist for meeting vision acuity requirements for driving that uses magnification as the main method of obtaining minimal visual acuity.
  3. "Corrected visual acuity" means distance vision corrected by eyeglasses, contact lenses, or a bioptic telescopic lens system.
  4. "Corrective lens" means eyeglasses, contact lenses, or a bioptic telescopic lens system used to correct distance vision.
  5. "Diplopia" means double vision.
  6. "Impaired night vision" means below normal ability to see in reduced light.
  7. "Monocular vision" means the ability to see in one eye only.
  8. "Optometrist" means a person licensed to practice optometry in any state, territory, or possession of the United States or the Commonwealth of Puerto Rico.
  9. "Retinitis pigmentosa" means a chronic progressive inflammation of the retina with atrophy and pigmentary infiltration of the inner layers of the retina.
  10. "Snellen Chart" means a chart imprinted with lines of black letters of decreasing size for testing visual acuity.
  11. "Visual acuity" means the clarity of a person's vision.
- B.** Standard. The following applies only to class D, G, or M applicants or licensees.
1. Visual acuity. A person shall have binocular or monocular vision and visual acuity of 20/40 in at least one eye.
    - a. The Department shall not license a person with monocular vision and visual acuity of 20/50 or greater.
    - b. The Department shall not license a person with binocular vision and visual acuity of 20/70 or greater.
  2. Visual field. Visual field shall be 70 degrees or greater temporally, and 35 degrees or greater nasally, in at least one eye.
- C.** Restrictions.
1. A person with corrected vision shall wear corrective lenses at all times when driving if the corrective lens is required to achieve the vision standards in subsection (B).
  2. The Department shall restrict a person with diagnosed impaired night vision to daytime driving only.
  3. The Department shall restrict a person with binocular vision and corrected or uncorrected visual acuity of 20/50 or 20/60, when using both eyes, to daytime driving only.
- D.** Screening process.
1. The Department, a physician, or an optometrist may administer visual acuity and visual field screening through the use of visual screening equipment or the Snellen Chart to determine if a person's visual acuity meets minimum standards and through the use of visual screening equipment to determine if a person's visual field meets minimum standards.
  2. A person may use a bioptic telescopic lens system during vision screening.
    - a. Beginning on the date of an initial application and every year thereafter, a person using a bioptic telescopic lens system shall submit to the Department an annual exam performed by a physician or optometrist to ascertain whether the person has a progressive eye disease.
    - b. The Department shall not license a person using a bioptic telescopic lens system unless the person submits to the Department a vision examination form provided by the Department and completed by a physician or an optometrist indicating that the individual meets the visual acuity standard as prescribed in subsection (B).
    - c. The Department shall not license a person using a bioptic telescopic lens system with magnification of the lens that is more than 4X.
- E.** Reporting requirements.
1. A person choosing to have initial visual acuity and visual field screening done by a physician or an optometrist shall submit the results to the Department.
  2. If the Department does initial visual acuity and visual field screening and the person does not meet vision standards of subsection (B), the Department shall require the person to submit the results of the person's visual acuity and visual field screening by a physician or an optometrist.
  3. The Department shall require a person diagnosed with any of the following conditions to file the results of the person's visual acuity and visual field screening completed by the physician or optometrist:
    - a. Any progressive eye disease,
    - b. Diplopia, or

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c. Impaired night vision.

- F. Results of visual acuity and visual field screening from a physician or optometrist shall contain the following.
1. An examination date no more than three months before the submission date to the Department;
  2. Visual acuity and visual field;
  3. If applicable, specification that the person is monocular;
  4. If applicable, diagnosis of any condition described in subsection (E)(3);
  5. Any recommendations on frequency of reporting requirements for the person, in addition to those required by the Department;
  6. Suggested restrictions on driving, in addition to those required by the Department; and
  7. Any recommendations on the person's ability to safely operate a motor vehicle.
- G. The Department shall require a driving test if a person's eye disease is determined by a physician or optometrist to be progressive.

**Historical Note**

New Section recodified from R17-4-521 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 12 A.A.R. 221, effective January 10, 2006 (Supp. 06-1). Amended by final expedited rulemaking at 26 A.A.R. 3147, with an immediate effective date of December 3, 2020 (Supp. 20-4).

**R17-4-504. Medical Alert Conditions**

- A. Definition. In this Section, "license" means any class of driver license, commercial driver license, non-operating identification license, or instruction permit.
- B. Medical alert condition displayed on license. The Department will provide on each license a space to indicate a medical alert condition. A list of recognized medical alert conditions is available at all Motor Vehicle Division Customer Service offices and Authorized Third Party Driver License offices.
- C. Retention of medical alert condition authorization. The Department will not maintain the medical alert code on the Department computer record unless written authorization is submitted.
- D. A person shall submit a signed statement, from a physician or registered nurse practitioner as indicated in A.R.S. § 28-3167, stating that the person is diagnosed with a medical condition. The signed statement is required every time the person requests a license unless the person authorizes the Department to maintain the medical alert code on the Department computer record.

**Historical Note**

Adopted effective September 25, 1991 (Supp. 91-3). Section repealed by final rulemaking at 7 A.A.R. 3831, effective August 10, 2001 (Supp. 01-3). New Section made by final rulemaking at 13 A.A.R. 1127, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 227, effective March 8, 2008 (Supp. 08-1). Amended by final expedited rulemaking at 26 A.A.R. 3147, with an immediate effective date of December 3, 2020 (Supp. 20-4). Amended by final expedited rulemaking at 31 A.A.R. 4746 (December 26, 2025), with an immediate effective date of December 3, 2025 (Supp. 25-4).

**R17-4-505. Repealed****Historical Note**

Adopted effective May 2, 1990 (Supp. 90-2). Section repealed by final rulemaking at 7 A.A.R. 3831, effective August 10, 2001 (Supp. 01-3).

**R17-4-506. Neurological Standards**

- A. Driver license application.
1. A person who has a seizure in the three months before applying for a driver license shall undergo an evaluation as provided in R17-4-502.
  2. After the evaluation under R17-4-502, the person or the person's physician shall submit the medical examination report to the Department.
  3. The Department shall not issue a driver license to a person if the medical examination report shows that the person has a neurological disorder that affects the person's ability to operate a motor vehicle safely.
- B. Driver license revocation.
1. A person with a driver license or nonresident driving privileges who experiences a seizure shall cease driving and:
    - a. Undergo an evaluation as provided in R17-4-502;
    - b. Submit the medical examination report to the Department; and
    - c. Undergo a follow-up evaluation within one year after the seizure or within a shorter time, as recommended by a physician.
  2. After each evaluation, the person or the person's physician shall submit the applicable medical examination report to the Department.
  3. The Department shall revoke a person's driver license or nonresident driving privileges if any medical examination report shows the person has a neurological disorder that affects the person's ability to operate a motor vehicle safely.
- C. Medical examination report. A medical examination report under this Section shall include the following information:
1. Age at onset of seizures, diagnosis, and history;
  2. Aftereffects of seizures;
  3. EEG findings, if any;
  4. Description, cause, frequency, duration, and date of most recent seizure;
  5. Current medications, including dosage, side effects, and serum level; and
  6. A physician's medical opinion as to whether the neurological disorder will affect the person's ability to operate a motor vehicle safely.
- D. Physician's medical opinion. A neurological disorder does not affect a person's ability to operate a motor vehicle safely if a physician concludes with reasonable medical certainty that:
1. Any seizure that occurred within the last three months was due to a change in anticonvulsant medication ordered by a physician and that seizures are under control after the change in medication;
  2. Any seizure that occurred within the last three months was a single event that will not recur in the future;
  3. Any seizure is likely to occur but has an established pattern of occurring only during sleep; or
  4. There is an established pattern of an aura of sufficient duration to allow the person to cease operating a motor vehicle immediately at the onset of the aura.

**Historical Note**

Former Rule, General Order 107; Amended effective April 28, 1981 (Supp. 81-2). Amended effective July 1, 1985 (Supp. 85-4). Former Section R17-4-46 renumbered

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without change as Section R17-4-506 (Supp. 87-2). Emergency amendment adopted effective December 31, 1998, pursuant to A.R.S. § 28-366, for a maximum of 180 days (Supp. 98-4). Emergency amendment expired June 29, 1999 pursuant to A.R.S. § 41-1026(C) (Supp. 99-3). Emergency amendment adopted effective October 1, 1999, pursuant to A.R.S. § 28-366, for a maximum of 180 days (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 1172, effective March 9, 2000 (Supp. 00-1). Amended by final rulemaking at 7 A.A.R. 3221, effective July 12, 2001 (Supp. 01-3). Section recodified to R17-4-404 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section recodified from R17-4-522 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 7 A.A.R. 5440, effective November 14, 2001 (Supp. 01-4). Amended by final rulemaking at 8 A.A.R. 5223, effective December 5, 2002 (Supp. 02-4). Amended by final expedited rulemaking at 26 A.A.R. 3147, with an immediate effective date of December 3, 2020 (Supp. 20-4).

**R17-4-507. Repealed****Historical Note**

Adopted effective July 24, 1985 (Supp. 85-4). Amended effective March 13, 1986 (Supp. 86-2). Former Section R17-4-50 renumbered without change as Section R17-4-507 (Supp. 87-2). Amended by final rulemaking at 7 A.A.R. 4355, effective September 14, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 5223, effective December 5, 2002 (Supp. 02-4). Section repealed by final rulemaking at 24 A.A.R. 1543, effective May 1, 2018 (Supp. 18-2).

**R17-4-508. Commercial Driver License Physical Qualifications**

- A.** A commercial driver license applicant must meet the commercial driver license physical qualifications and have a U.S. Department of Transportation medical examiner's certificate, form MCSA-5876, completed, which the Department must be able to verify from the electronic information provided by the Federal Motor Carrier Safety Administration.
  1. The medical examiner's certificate must be completed upon or prior to the applicant's initial application or expiration of the applicant's current medical examiner's certificate.
  2. A licensee who possesses a commercial driver license shall notify the Department within 10 days of a physical condition that develops or worsens causing noncompliance with the commercial driver license physical qualifications.
- B.** Commercial driver license suspension and revocation notification procedure. To notify a licensee of any commercial driver license suspension and revocation under subsection (C), the Department shall simultaneously mail two notices within 15 days after a medical examiner's certificate's due date to the licensee's address of record that:
  1. Suspends the licensee's commercial driver license beginning on the notice's date; and
  2. Revokes the licensee's commercial driver license 15 days after the date of the suspension notice issued under subsection (B)(1).
- C.** Noncompliance actions.
  1. Initial application denial. If an applicant's initial medical examiner's certificate required under subsection (A) shows that the applicant does not comply with the com-

mercial driver license physical qualifications, the Department shall immediately mail the commercial driver license denial notification to the applicant's address of record.

2. Medical examiner's certificate renewal suspension and revocation. If a renewing commercial driver licensee does not complete a medical examiner's certificate required under subsection (A) or the Federal Motor Carrier Safety Administration indicates the licensee is non-compliant with the commercial driver license physical qualifications, the Department shall follow the suspension and revocation notification procedure prescribed under subsection (B).
- D.** A commercial driver license that remains revoked for longer than 12 months expires. The holder of an expired commercial driver license may obtain a new commercial driver license by successfully completing all commercial driver license written and skills testing and by completing the medical examiner's certificate prescribed under subsection (A).
- E.** Administrative hearing. A person who is denied a commercial driver license or whose commercial driver license is suspended or revoked under this Section may request a hearing from the Department as prescribed under 17 A.A.C. 1, Article 5. The hearing is held in accordance with the procedures prescribed under A.R.S. Title 41, Chapter 6, Article 6 and 17 A.A.C. 1, Article 5.

**Historical Note**

Adopted effective October 31, 1975 (Supp. 75-1). Former Section R17-4-57 renumbered without change as Section R17-4-508 (Supp. 87-2). Emergency amendments adopted effective July 30, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency amendments permanently adopted effective October 27, 1993 (Supp. 93-4). Section recodified to R17-4-409 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section recodified from R17-4-802 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-1). Amended by final rulemaking at 10 A.A.R. 2829, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 13 A.A.R. 1127, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 395, effective March 8, 2008 (Supp. 08-1). Amended by final rulemaking at 24 A.A.R. 1543, effective May 1, 2018 (Supp. 18-2). Amended by final rulemaking at 27 A.A.R. 2730 (November 26, 2021), with an immediate effective date of November 2, 2021 (Supp. 21-4). Amended by final rulemaking at 31 A.A.R. 1954 (June 20, 2025), with an immediate effective date of June 4, 2025 (Supp. 25-2).

**R17-4-509. Repealed****Historical Note**

Adopted effective February 14, 1984 (Supp. 84-1). Former Section R17-4-56 renumbered without change as Section R17-4-509 (Supp. 87-2). Repealed effective December 17, 1993 (Supp. 93-4).

**R17-4-510. Expired****Historical Note**

Adopted effective October 17, 1986 (Supp. 86-5). Former Section R17-4-76 renumbered without change as Section R17-4-510 (Supp. 87-2). Section recodified to R17-4-406 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section recodified from R17-4-705 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by

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final expedited rulemaking at 26 A.A.R. 3147, with an immediate effective date of December 3, 2020 (Supp. 20-4). Section expired under A.R.S. § 41-1052(M) at 28 A.A.R. 121 (January 7, 2022), effective December 7, 2021 (Supp. 21-4).

**R17-4-511. Repealed****Historical Note**

Adopted effective April 21, 1980 (Supp. 80-2). Former Section R17-4-62 renumbered without change as Section R17-4-511 (Supp. 87-2). Section repealed by final rulemaking at 7 A.A.R. 3831, effective August 10, 2001 (Supp. 01-3).

**R17-4-512. Expired****Historical Note**

Former Rule, General Order 92. Former Section R17-4-37 renumbered without change as Section R17-4-512 (Supp. 87-2). Section recodified to R17-5-302 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). New Section R17-4-512 recodified from R17-4-704 at 7 A.A.R. 4157, effective September 7, 2001 (Supp. 01-3). Amended by final rulemaking at 14 A.A.R. 397, effective March 8, 2008 (Supp. 08-1). Amended by final expedited rulemaking at 26 A.A.R. 3147, with an immediate effective date of December 3, 2020 (Supp. 20-4). Section expired under A.R.S. § 41-1052(M) at 28 A.A.R. 121 (January 7, 2022), effective December 7, 2021 (Supp. 21-4).

**R17-4-513. Emergency Expired****Historical Note**

Emergency rule adopted effective January 4, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-1). Emergency expired. Emergency rule re-adopted effective May 2, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency expired.

**R17-4-514. Emergency Expired****Historical Note**

Emergency rule adopted effective January 4, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-1). Emergency expired. Emergency rule re-adopted effective April 25, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency expired.

**R17-4-515. Reserved****R17-4-516. Reserved****R17-4-517. Reserved****R17-4-518. Reserved****R17-4-519. Reserved****R17-4-520. Recodified****Historical Note**

Adopted as Section R17-4-301 and renumbered as Section R17-4-520 effective September 22, 1987 (Supp. 87-3). Section recodified to R17-4-502 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-521. Recodified****Historical Note**

Adopted as Section R17-4-310 and renumbered as Section R17-4-521 effective September 22, 1987 (Supp. 87-

3). Section recodified to R17-4-503 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-522. Recodified****Historical Note**

Adopted as Section R17-4-320 and renumbered as Section R17-4-522 effective September 22, 1987 (Supp. 87-3). Amended effective April 12, 1994 (Supp. 94-2). Section recodified to R17-4-506 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**ARTICLE 6. EXPIRED****R17-4-601. Reserved****R17-4-602. Reserved****R17-4-603. Reserved****R17-4-604. Reserved****R17-4-605. Reserved****R17-4-606. Repealed****Historical Note**

Adopted effective February 6, 1984 (Supp. 84-1). Former Section R17-4-507 renumbered without change as Section R17-4-606 (Supp. 87-2). Repealed by summary rulemaking with an interim effective date of March 8, 1996; filed in the Office of the Secretary of State February 16, 1996 (Supp. 96-1).

**R17-4-607. Repealed****Historical Note**

Adopted effective August 24, 1982 (Supp. 82-4). Former Section R17-4-501 renumbered without change as Section R17-4-607 (Supp. 87-2). Emergency amendments adopted and filed August 24, 1990, effective September 27, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency amendments repealed, new emergency amendments adopted effective October 1, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Emergency expired. Emergency amendments re-repealed, new emergency amendments readopted effective February 12, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Emergency expired. Emergency amendments re-repealed, new emergency amendments re-adopted effective August 6, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-3). Emergency expired. Emergency amendments re-adopted with changes effective November 14, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency expired. Repealed by summary rulemaking with an interim effective date of March 8, 1996; filed in the Office of the Secretary of State February 16, 1996 (Supp. 96-1).

**R17-4-608. Expired****Historical Note**

Adopted effective August 18, 1983 (Supp. 83-4). Former Section R17-4-504 renumbered without change as Section R17-4-608 (Supp. 87-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2855, effective June 28, 2013 (Supp. 13-3).

**R17-4-609. Expired****Historical Note**



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Adopted effective March 7, 1983, to apply to chassis and bodies placed in production after May 1, 1983 (Supp. 83-2). Former Section R17-4-502 renumbered without change as Section R17-4-609 (Supp. 87-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2855, effective June 28, 2013 (Supp. 13-3).

**R17-4-610. Expired****Historical Note**

Adopted effective February 11, 1983 (Supp. 83-1). Former Section R17-4-503 renumbered without change as Section R17-4-610 (Supp. 87-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2855, effective June 28, 2013 (Supp. 13-3).

**R17-4-611. Expired****Historical Note**

Adopted effective August 24, 1983 (Supp. 83-4). Former Section R17-4-506 renumbered without change as Section R17-4-611 (Supp. 87-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2855, effective June 28, 2013 (Supp. 13-3).

**R17-4-612. Expired****Historical Note**

Adopted effective August 18, 1983 (Supp. 83-4). Former Section R17-4-505 renumbered without change as Section R17-4-612 (Supp. 87-2). R17-4-612 amended by summary action; Appendices A and B repealed by summary action with an interim effective date March 8, 1996; filed in the Office of the Secretary of State February 16, 1996 (Supp. 96-1). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2855, effective June 28, 2013 (Supp. 13-3).

**ARTICLE 7. HAZARDOUS MATERIALS ENDORSEMENT****R17-4-701. Definitions**

In addition to the definitions contained in 49 CFR 1572, the following words and phrases apply to this Article:

“Applicant” means an individual who applies to obtain an original or renewal HME.

“CDL” means commercial driver license.

“Department” has the same meaning as defined in A.R.S. § 28-101.

“HME” means hazardous materials endorsement.

“Security Threat Assessment” means a check by TSA that includes a fingerprint-based criminal history records check, an intelligence-related background check, and a final disposition.

“Transfer applicant” means an individual with an existing HME issued by another state, applying to the state of Arizona for an HME.

“TSA” means the U.S. Transportation Security Administration.

**Historical Note**

Adopted effective February 1, 1994 (Supp. 94-1). Section recodified to R17-4-309 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 13 A.A.R. 684, effective April 9, 2007 (Supp. 07-1). Amended by final rulemaking at 13 A.A.R. 3368, effective November 10, 2007 (Supp. 07-3). Amended by final rulemaking at 24 A.A.R. 1543, effective

May 1, 2018 (Supp. 18-2). Amended by final rulemaking at 27 A.A.R. 2730 (November 26, 2021), with an immediate effective date of November 2, 2021 (Supp. 21-4).

**Appendix A. Recodified****Historical Note**

Adopted effective February 1, 1994 (Supp. 94-1). Appendix recodified to 17 A.A.C. 4, Article 3 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-702. Scope**

This Article applies to commercial drivers who are applying for an original, renewal, or transfer of an HME, in accordance with 49 CFR 1572. The Department incorporates by reference 49 CFR 1572, revised as of October 1, 2023, and no later amendments or editions. The incorporated material is on file with the Department at 206 S. 17th Avenue, Phoenix, AZ 85007. The incorporated material is published by National Archives and Records Administration, Office of the Federal Register, 8601 Adelphi Road, College Park, MD 20740-6001, and is printed and distributed by the U.S. Government Publishing Office, P.O. Box 979050, St. Louis, MO 63197-9000. The incorporated material can be viewed online at <https://www.govinfo.gov> and ordered online by visiting the U.S. Government Bookstore at <http://bookstore.gpo.gov>.

**Historical Note**

Adopted effective November 15, 1989 (Supp. 89-4). Amended effective October 11, 1995 (Supp. 95-4). Section recodified to R17-1-202 at 7 A.A.R. 3477, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 13 A.A.R. 684, effective April 9, 2007 (Supp. 07-1). Amended by final rulemaking at 13 A.A.R. 3368, effective November 10, 2007 (Supp. 07-3). Amended by final rulemaking at 24 A.A.R. 1543, effective May 1, 2018 (Supp. 18-2). Amended by final rulemaking at 27 A.A.R. 2730 (November 26, 2021), with an immediate effective date of November 2, 2021 (Supp. 21-4). Amended by final rulemaking at 31 A.A.R. 1954 (June 20, 2025), with an immediate effective date of June 4, 2025 (Supp. 25-2).

**R17-4-703. Expired****Historical Note**

New Section made by exempt rulemaking at 7 A.A.R. 2518, effective May 25, 2001 (Supp. 01-2). Section recodified to R17-1-204 at 7 A.A.R. 3477, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 13 A.A.R. 684, effective April 9, 2007 (Supp. 07-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 34, effective June 30, 2016 (Supp. 16-4).

**R17-4-704. Requirements for an HME**

To receive an HME an applicant shall:

1. Possess a valid Arizona CDL,
2. Be at least 21 years of age,
3. Successfully complete all required testing under R17-4-705,
4. Pay all applicable fees under R17-4-706,
5. Make application to TSA for a Security Threat Assessment, and
6. Receive a Determination of No Security Threat from TSA.

**Historical Note**

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Adopted effective October 6, 1983 (Supp. 83-5). Former Section R17-4-49 renumbered without change as Section R17-4-704 (Supp. 87-2). Amended by final rulemaking at 7 A.A.R. 3834, effective August 10, 2001 (Supp. 01-3). Section recodified to R17-4-512 at 7 A.A.R. 4157, effective September 7, 2001 (Supp. 01-3). New Section made by final rulemaking at 13 A.A.R. 684, effective April 9, 2007 (Supp. 07-1).

**R17-4-705. Required Testing**

- A. Original and renewal applicants shall successfully complete the testing requirements under A.R.S. § 28-3223.
- B. A transfer applicant shall be required to comply with HME knowledge test requirements under A.R.S. § 28-3223 and pay any applicable fee under R17-4-706.

**Historical Note**

Adopted effective August 2, 1978 (Supp. 78-4). Former Section R17-4-61 renumbered without change as Section R17-4-705 (Supp. 87-2). Section recodified to R17-4-510 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 13 A.A.R. 684, effective April 9, 2007 (Supp. 07-1). Amended by final rulemaking at 13 A.A.R. 3368, effective November 10, 2007 (Supp. 07-3). Amended by final rulemaking at 24 A.A.R. 1543, effective May 1, 2018 (Supp. 18-2). Amended by final rulemaking at 31 A.A.R. 1954 (June 20, 2025), with an immediate effective date of June 4, 2025 (Supp. 25-2).

**R17-4-706. Fees**

All applicants and transfer applicants shall pay all applicable fees as prescribed by:

1. TSA for a Security Threat Assessment, and
2. A.R.S. § 28-3002.

**Historical Note**

Former Rule, General Order 96. Former Section R17-4-39 renumbered without change as Section R17-4-706 (Supp. 87-2). Section recodified to R17-4-407 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 13 A.A.R. 684, effective April 9, 2007 (Supp. 07-1). Amended by final rulemaking at 24 A.A.R. 1543, effective May 1, 2018 (Supp. 18-2).

**R17-4-707. 60-Day Notice to Apply**

- A. The Department shall notify an existing HME holder that a new Security Threat Assessment shall be successfully passed to retain the HME 60 days prior to the expiration of the Security Threat Assessment and the corresponding HME.
- B. Upon expiration of the Department's 60 Day Notice to Apply, the Department shall cancel the Arizona driver license privileges of an applicant who fails to apply for a Security Threat Assessment and fails to remove the HME.

**Historical Note**

Adopted as an emergency effective April 24, 1985, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 85-2). Emergency expired. Former Section R17-4-66 renumbered and reserved as R17-4-707 (Supp. 87-2). New Section R17-4-66 adopted and renumbered as Section R17-4-707 effective August 11, 1987 (Supp. 87-3). Amended by final rulemaking at 6 A.A.R. 4668, November 14, 2000 (Supp. 00-4). Section recodified to R17-1-203 at 7 A.A.R. 3477, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 13 A.A.R.

684, effective April 9, 2007 (Supp. 07-1). Amended by final rulemaking at 24 A.A.R. 1543, effective May 1, 2018 (Supp. 18-2). Amended by final rulemaking at 31 A.A.R. 1954 (June 20, 2025), with an immediate effective date of June 4, 2025 (Supp. 25-2).

**R17-4-708. Security Threat Assessment**

- A. An applicant for an HME shall successfully pass a Security Threat Assessment every five years.
- B. An applicant subject to any of the following actions, as defined in A.R.S. § 28-3001, shall obtain a new Security Threat Assessment and HME:
  1. Cancellation,
  2. Suspension for a period of one year or more,
  3. Expiration for a period of one year or more, and
  4. Revocation for a period of one year or more.

**Historical Note**

Adopted effective January 13, 1993 (Supp. 93-1). Section recodified to R17-4-310 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 13 A.A.R. 684, effective April 9, 2007 (Supp. 07-1). Amended by final rulemaking at 27 A.A.R. 2730 (November 26, 2021), with an immediate effective date of November 2, 2021 (Supp. 21-4).

**R17-4-709. Determination of Security Threat**

Upon notification by TSA that an applicant has failed to successfully pass the Security Threat Assessment:

1. For an original applicant:
  - a. The Department will deny the request for an HME; and
  - b. If otherwise qualified, the applicant may apply for a CDL without an HME.
2. For a renewal applicant:
  - a. The Department shall immediately cancel the HME.
  - b. The Department will notify an HME applicant with a Notice of Action that the applicant has 15 days from the notice date to have the HME removed.
  - c. The applicant shall visit a Motor Vehicle Division Customer Service office for removal of the HME.
  - d. If the applicant fails to comply with the Department's Notice of Action, the Department shall cancel the applicant's Arizona driver license privilege.
  - e. Upon removal of an HME by the Department under this Section, an applicant, if otherwise qualified, may continue to hold a CDL.

**Historical Note**

Adopted by an emergency action effective December 1, 1998, pursuant to A.R.S. § 41-1026, effective for a maximum of 180 days (Supp. 98-4). Emergency expired May 29, 1999; Section renewed and amended by emergency rulemaking, pursuant to A.R.S. § 41-1026, at 5 A.A.R. 2433, effective July 7, 1999 for a maximum of 180 days (Supp. 99-3). Emergency Section expired January 3, 2000, pursuant to A.R.S. § 1026(C); new Section adopted by final rulemaking at 6 A.A.R. 549, effective January 11, 2000 (Supp. 00-1). Amended by final rulemaking at 7 A.A.R. 59, effective December 7, 2000 (Supp. 00-4). Section recodified to R17-5-601 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 13 A.A.R. 684, effective April 9, 2007 (Supp. 07-1). Amended by final rulemaking at 24 A.A.R. 1543, effective May 1, 2018 (Supp. 18-2). Amended by final rulemaking at 27 A.A.R. 2730

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(November 26, 2021), with an immediate effective date of November 2, 2021 (Supp. 21-4).

**R17-4-709.01. Recodified****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 549, effective January 11, 2000 (Supp. 00-1). Section recodified to R17-5-602 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-709.02. Recodified****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 549, effective January 11, 2000 (Supp. 00-1). Section recodified to R17-5-603 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-709.03. Recodified****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 549, effective January 11, 2000 (Supp. 00-1). Section recodified to R17-5-604 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-709.04. Recodified****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 549, effective January 11, 2000 (Supp. 00-1). Amended by final rulemaking at 7 A.A.R. 59, effective December 7, 2000 (Supp. 00-4). Section recodified to R17-5-605 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-709.05. Recodified****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 549, effective January 11, 2000 (Supp. 00-1). Section recodified to R17-5-606 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-709.06. Recodified****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 549, effective January 11, 2000 (Supp. 00-1). Section recodified to R17-5-607 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**Appendix A. Recodified****Historical Note**

Appendix A adopted by an emergency action effective December 1, 1998, pursuant to A.R.S. § 41-1026, effective for a maximum of 180 days (Supp. 98-4). Emergency expired May 29, 1999; Appendix A renewed and amended by emergency rulemaking, pursuant to A.R.S. § 41-1026, at 5 A.A.R. 2433, effective July 7, 1999 for a maximum of 180 days (Supp. 99-3). Emergency Appendix A expired January 3, 2000, pursuant to A.R.S. § 1026(C); new Appendix A adopted by final rulemaking at 6 A.A.R. 549, effective January 11, 2000 (Supp. 00-1). Amended by final rulemaking at 7 A.A.R. 59, effective December 7, 2000 (Supp. 00-4). Appendix recodified to 17 A.A.C. 5, Article 6 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**Appendix B. Recodified****Historical Note**

Appendix B adopted by an emergency action effective December 1, 1998, pursuant to A.R.S. § 41-1026, effective for a maximum of 180 days (Supp. 98-4). Emergency expired May 29, 1999; Appendix B renewed and amended by emergency rulemaking, pursuant to A.R.S. § 41-1026, at 5 A.A.R. 2433, effective July 7, 1999 for a maximum of 180 days (Supp. 99-3). Emergency Appendix B expired January 3, 2000, pursuant to A.R.S. § 1026(C); new Appendix B adopted by final rulemaking at 6 A.A.R. 549, effective January 11, 2000 (Supp. 00-1). Appendix recodified to 17 A.A.C. 5, Article 6 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**Appendix C. Recodified****Historical Note**

Appendix C adopted by an emergency action effective December 1, 1998, pursuant to A.R.S. § 41-1026, effective for a maximum of 180 days (Supp. 98-4). Emergency expired May 29, 1999; Appendix C renewed by emergency rulemaking, pursuant to A.R.S. § 41-1026, at 5 A.A.R. 2433, effective July 7, 1999 for a maximum of 180 days (Supp. 99-3). Emergency Appendix C expired January 3, 2000, pursuant to A.R.S. § 1026(C); new Appendix C adopted by final rulemaking at 6 A.A.R. 549, effective January 11, 2000 (Supp. 00-1). Appendix recodified to 17 A.A.C. 5, Article 6 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-709.07. Recodified****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 549, effective January 11, 2000 (Supp. 00-1). Amended by final rulemaking at 7 A.A.R. 59, effective December 7, 2000 (Supp. 00-4). Section recodified to R17-5-608 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-709.08. Recodified****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 549, effective January 11, 2000 (Supp. 00-1). Section recodified to R17-5-609 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-709.09. Recodified****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 654, effective January 11, 2000 (Supp. 00-1). Amended by final rulemaking at 7 A.A.R. 59, effective December 7, 2000 (Supp. 00-4). Section recodified to R17-5-610 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**Exhibit A. Recodified****Historical Note**

New Form adopted by final rulemaking at 6 A.A.R. 654, effective January 11, 2000 (Supp. 00-1). Heading "Form A" changed to "Exhibit A" to conform with R1-1-412 (Supp. 00-3). Exhibit recodified to 17 A.A.C. 5, Article 6 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**Exhibit B. Recodified****Historical Note**

New Exhibit adopted by final rulemaking at 7 A.A.R. 59, effective December 7, 2000 (Supp. 00-4). Exhibit recodi-

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fied to 17 A.A.C. 5, Article 6 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-709.10. Recodified****Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 59, effective December 7, 2000 (Supp. 00-4). Section recodified to R17-4-408 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-710. Requests for Administrative Hearing**

- A. In the event an applicant has failed to successfully complete the Security Threat Assessment or failed to receive a Determination of No Security Threat, the applicant may make an appeal directly through TSA, but cannot request an administrative hearing from the Department.
- B. An applicant whose Arizona driver license privileges have been canceled under R17-4-707 or R17-4-709 may request an administrative hearing from the Department as prescribed under 17 A.A.C. 1, Article 5. The hearing is held in accordance with the procedures prescribed under A.R.S. Title 41, Chapter 6, Article 6 and 17 A.A.C. 1, Article 5.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2928, effective August 5, 1999 (Supp. 99-3). Section recodified to R17-1-101 at 7 A.A.R. 919, effective January 24, 2001 (Supp. 01-1). New Section made by final rulemaking at 13 A.A.R. 684, effective April 9, 2007 (Supp. 07-1). Amended by final rulemaking at 24 A.A.R. 1543, effective May 1, 2018 (Supp. 18-2).

**R17-4-711. Expired****Historical Note**

New Section made by final rulemaking at 13 A.A.R. 684, effective April 9, 2007 (Supp. 07-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 34, effective June 30, 2016 (Supp. 16-4).

**R17-4-712. Transfer Applicant**

- A. Applicability. A transfer applicant shall comply with the provisions of this Article except as otherwise required by this Section.
- B. Existing TSA approval. Upon application by a transfer applicant who has successfully passed a Security Threat Assessment prior to application in Arizona, the Department shall:
  1. Verify the TSA approval of a Determination of No Security Threat;
  2. Issue an Arizona CDL with an HME; and
  3. Consider an applicant who has been subject to any action under R17-4-708(B) an original applicant and shall require the applicant to undergo a new Security Threat Assessment and testing requirements under R17-4-705.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 3368, effective November 10, 2007 (Supp. 07-3). Amended by final rulemaking at 24 A.A.R. 1543, effective May 1, 2018 (Supp. 18-2).

**Table A. Recodified****Historical Note**

Table A adopted by final rulemaking at 5 A.A.R. 2928, effective August 5, 1999 (Supp. 99-3). Table recodified to 17 A.A.C. 1, Article 1 at 7 A.A.R. 919, effective January 24, 2001 (Supp. 01-1).

**ARTICLE 8. MOTOR VEHICLE RECORDS****R17-4-801. Definitions**

“Batch” means a query-command method that initiates simultaneous production of an electronic file or series of requests that may have delayed results.

“Certified record” means a copy of a document designated as a true copy by the agency officer entrusted with custody of the original to be used for purposes prescribed under A.R.S. § 28-442.

“Commercial driver license record” has the same meaning as a CDLIS motor vehicle record as defined in 49 CFR 384.105.

“Customer number” means the system-generated, or other distinguishing number, assigned by the Department to each person with a record on the Department’s database, which includes the driver license number assigned to a person for a driver license, identification card, or instruction permit.

“Driver record” means a motor vehicle record more specifically defined to include any data that pertains to a driver license, identification card, instruction permit, or driver related activities.

“Interactive” means an electronic query-command method individually initiated by a person that produces immediate results.

“Reasonable costs” has the same meaning as defined in A.R.S. § 12-351.

“Requester” means the person, as defined in A.R.S. § 41-1001, requesting a motor vehicle record.

“Special MVR” means a motor vehicle record that is comprised of the least possible subset of information necessary to respond to the type of request received.

“Support document” means any customer record maintained by the Department in an electronic, hardcopy, or microfilm file storage format.

“Title and registration record” means a motor vehicle record more specifically defined to include any data that pertains to a vehicle title or registration record.

**Historical Note**

Adopted effective June 29, 1990 (Supp. 90-2). Section recodified to R17-5-701 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 13 A.A.R. 4376, effective February 2, 2008 (Supp. 07-4). Amended by final expedited rulemaking at 24 A.A.R. 3498, effective December 4, 2018 (Supp. 18-4).

**R17-4-802. Motor Vehicle Record Request**

- A. Identification requirements. The requester of a motor vehicle record shall present valid identification as indicated on the motor vehicle record request form or at the request of the Department at the time a motor vehicle record request is made.
- B. Charges and exemptions. The requester of a motor vehicle record shall pay the appropriate motor vehicle record copy charge under R17-4-803, unless exempt under A.R.S. § 28-446.
- C. Motor vehicle record types. Under this Article, the Department may release any of the following motor vehicle record types:
  1. Title and Registration record, uncertified;
  2. Title and Registration record, certified;
  3. Driver 39-month record, uncertified;

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4. Driver five-year record, certified;
  5. Driver extended history record, certified;
  6. Special MVR, uncertified;
  7. Commercial driver license record, uncertified;
  8. Support documents, uncertified; and
  9. Support documents, certified.
- D. Search Criteria.** A requester who has a permissible use under A.R.S. § 28-455, except as indicated under subsection (E) when using the permissible use under A.R.S. § 28-455(C)(11), shall provide at least one of the items of information listed in this subsection when requesting a motor vehicle record. The requester may need to provide additional information as needed in order to locate the record.
1. For a title and registration motor vehicle record:
    - a. Vehicle identification number,
    - b. License plate number, or
    - c. Vehicle owner's full name.
  2. For a driver motor vehicle record:
    - a. The full name of the person whose record is requested, or
    - b. Customer number.
- E. Consent to release motor vehicle record.** A requester who uses the permissible use under A.R.S. § 28-455(C)(13) shall present a properly signed Consent To Release Motor Vehicle Record - One-Time form from the person whose motor vehicle record is requested. A requester who uses the permissible use under A.R.S. § 28-455(C)(11) shall present a properly signed Consent To Release Motor Vehicle Record - General form from the person whose motor vehicle record is requested if that person has not previously submitted this form to the Department. In addition, a requester who uses the permissible use under A.R.S. § 28-455(C)(11) shall provide the items of information listed in this subsection. The Consent To Release Motor Vehicle Record forms are available at all Customer Service and Authorized Third Party Provider offices and online at <https://www.azdot.gov>.
1. For a title and registration motor vehicle record:
    - a. Two items under subsection (D)(1), and
    - b. The vehicle owner's residence address.
  2. For a driver motor vehicle record:
    - a. The name and customer number of the person whose record is requested, and
    - b. The person's date of birth, or
    - c. The person's address, or
    - d. The person's Arizona driver license expiration date.
- F. General consent to release information.** The Department shall record a person's general consent to release information on the person's driver and title and registration records.
1. The general consent to release information is valid until revoked, in writing, by the person.
  2. A person may submit the written notice of revocation:
    - a. In person, at a Customer Service office or Authorized Third Party Provider; or
    - b. By mail, to Motor Vehicle Division, P.O. Box 2100, Mail Drop 500M, Phoenix, AZ 85001-2100.
- G. Insurance companies requesting a driver record.** The Department shall not release to an insurer, broker, managing general agent, authorized agent or insurance producer any information in a person's driving record pertaining to a traffic violation that occurred 40 months or more before the date of a request for the release of the information.

**Historical Note**

Adopted effective August 16, 1991 (Supp. 91-3). Section repealed, new Section adopted effective April 19, 1994 (Supp. 94-2). Section recodified to R17-4-508 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 13 A.A.R. 4376, effective February 2, 2008 (Supp. 07-4). Amended by final expedited rulemaking at 24 A.A.R. 3498, effective December 4, 2018 (Supp. 18-4).

**R17-4-803. Record Copy Charges**

In accordance with A.R.S. §§ 12-351 and 28-446, for each separate request, the Department shall assess a charge as provided in Table 1. Certified and Uncertified Motor Vehicle Record Fees. Therefore, a fee is collected if the request results in a motor vehicle record or "No Record Found."

**Historical Note**

New Section made by final expedited rulemaking at 24 A.A.R. 3498, effective December 4, 2018 (Supp. 18-4).

**Table 1. Certified and Uncertified Motor Vehicle Record Fees**

Description	Method of Delivery	Amount
A certified record:	Over-the-counter immediate or drop-off service; Mail-in request; or Electronic interactive.	\$5
	Electronic batch.	\$3
A certified support document:	Over-the-counter immediate or drop-off service; or Mail-in request.	\$5
An uncertified record:	Over-the-counter immediate service; Mail-in request; or Electronic interactive.	\$3
	Electronic batch; or Over-the-counter drop-off service.	\$2
An uncertified support document:	Over-the-counter immediate or drop-off service; or Mail-in request.	\$3
An uncertified Special MVR:	Over-the-counter immediate or drop-off service; Mail-in request; or Electronic interactive.	\$1.50
Civil subpoena support documentation:	Served by a process server.	Reasonable costs
Any photocopied item: (Does not include... etc.)	Over-the-counter immediate or drop-off service; or Mail-in request.	25¢ per page

**Historical Note**

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Table 1 made by final expedited rulemaking at 24 A.A.R. 3498, effective December 4, 2018 (Supp. 18-4).

**R17-4-804. Repealed****Historical Note**

Adopted effective June 29, 1990 (Supp. 90-2). Repealed effective November 21, 1995 (Supp. 95-4).

Adopted effective June 15, 1988 (Supp. 88-2). Section recodified to R17-1-504 at 7 A.A.R. 3477, effective July 20, 2001 (Supp. 01-3).

**R17-4-905. Recodified****Historical Note**

Adopted effective June 15, 1988 (Supp. 88-2). Section recodified to R17-1-505 at 7 A.A.R. 3477, effective July 20, 2001 (Supp. 01-3).

**R17-4-805. Recodified****Historical Note**

Adopted effective June 29, 1990 (Supp. 90-2). Section recodified to R17-5-702 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-906. Recodified****Historical Note**

Adopted effective June 15, 1988 (Supp. 88-2). Section recodified to R17-1-506 at 7 A.A.R. 3477, effective July 20, 2001 (Supp. 01-3).

**R17-4-806. Recodified****Historical Note**

Adopted effective June 29, 1990 (Supp. 90-2). Section recodified to R17-5-703 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-907. Recodified****Historical Note**

Adopted effective June 15, 1988 (Supp. 88-2). Section recodified to R17-1-507 at 7 A.A.R. 3477, effective July 20, 2001 (Supp. 01-3).

**R17-4-807. Recodified****Historical Note**

Adopted effective June 29, 1990 (Supp. 90-2). Section recodified to R17-5-704 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-908. Recodified****Historical Note**

Adopted effective June 15, 1988 (Supp. 88-2). Section recodified to R17-1-508 at 7 A.A.R. 3477, effective July 20, 2001 (Supp. 01-3).

**R17-4-808. Recodified****Historical Note**

Adopted effective June 29, 1990 (Supp. 90-2). Section recodified to R17-5-705 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**ARTICLE 9. RESERVED****R17-4-901. Recodified****Historical Note**

Adopted effective March 31, 1978 (Supp. 78-2). Former Section R17-4-59 renumbered without change as Section R17-4-901 (Supp. 87-2). Former Section R17-4-901 repealed, new Section R17-4-901 adopted effective June 15, 1988 (Supp. 88-2). Section recodified to R17-1-501 at 7 A.A.R. 3477, effective July 20, 2001 (Supp. 01-3).

Adopted effective June 15, 1988 (Supp. 88-2). Section recodified to R17-1-509 at 7 A.A.R. 3477, effective July 20, 2001 (Supp. 01-3).

**R17-4-910. Recodified****Historical Note**

Adopted effective June 15, 1988 (Supp. 88-2). Section recodified to R17-1-513 at 7 A.A.R. 3477, effective July 20, 2001 (Supp. 01-3).

**R17-4-902. Recodified****Historical Note**

Adopted effective March 31, 1978 (Supp. 78-2). Amended subsections (A), (E) and (F) effective April 4, 1984 (Supp. 84-2). Former Section R17-4-60 renumbered without change as Section R17-4-902 (Supp. 87-2). Former Section R17-4-902 repealed, new Section R17-4-902 adopted effective June 15, 1988 (Supp. 88-2). Section recodified to R17-1-502 at 7 A.A.R. 3477, effective July 20, 2001 (Supp. 01-3).

**R17-4-911. Recodified****Historical Note**

Adopted effective June 15, 1988 (Supp. 88-2). Section recodified to R17-1-511 at 7 A.A.R. 3477, effective July 20, 2001 (Supp. 01-3).

**R17-4-912. Recodified****Historical Note**

Adopted effective June 15, 1988 (Supp. 88-2). Section recodified to R17-1-512 at 7 A.A.R. 3477, effective July 20, 2001 (Supp. 01-3).

**R17-4-903. Recodified****Historical Note**

Adopted effective June 15, 1988 (Supp. 88-2). Section recodified to R17-1-503 at 7 A.A.R. 3477, effective July 20, 2001 (Supp. 01-3).

**R17-4-913. Recodified****Historical Note**

Adopted as an emergency effective December 30, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-4). Readopted as an emergency with a correction in subsection (A), paragraph (A) effective March 29, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Adopted without change as a permanent rule effective June 15, 1988 (Supp. 88-2). Amended effective July 13, 1989 (Supp. 89-3). Section recodified

**R17-4-904. Recodified****Historical Note**

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to R17-1-510 at 7 A.A.R. 3477, effective July 20, 2001  
(Supp. 01-3).

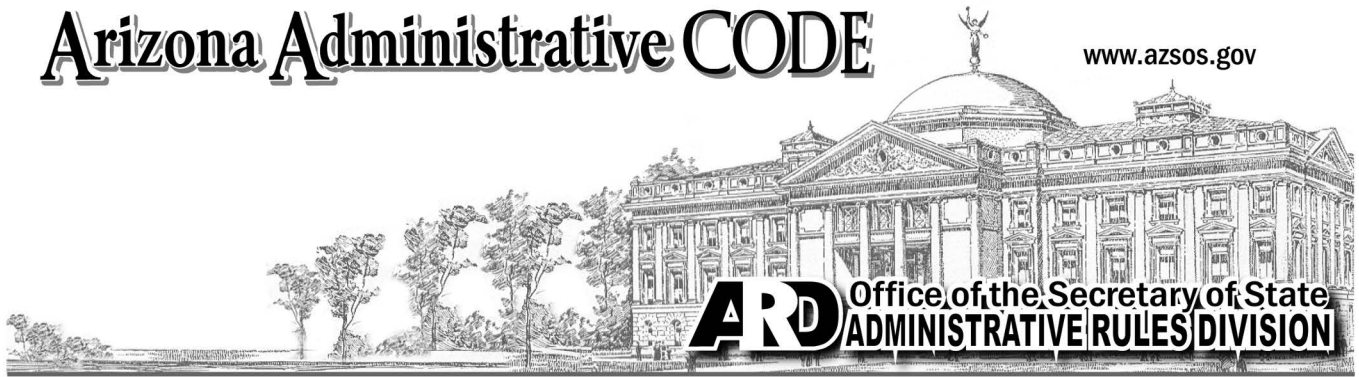
**R17-4-914. Repealed**

**Historical Note**

Former General Order 68. Former Section R17-4-26  
renumbered without change as Section R17-4-914 (Supp.  
87-2). Repealed effective July 29, 1992 (Supp. 92-3).

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**17 A.A.C. 5**

**Supplement Information**  
**Supp. 25-4**

Rules codified between October 1, 2025 through December 31, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-4 replaces Supp. 25-2, 1-47 pages.**

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

## PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “*Rule*’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

### THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

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### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

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### EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at [www.azsos.gov/rules](http://www.azsos.gov/rules), click on the *Administrative Register* link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

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*Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.*

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## Administrative Rules Division

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## TITLE 17. TRANSPORTATION

## CHAPTER 5. DEPARTMENT OF TRANSPORTATION - COMMERCIAL PROGRAMS

Authority: A.R.S. §§ 28-366, 28-962, 28-2169, and 28-5204

## Supp. 25-4

*Editor's Note: The Department was given an exemption to the provisions in the Arizona Administrative Procedure Act to make rules under Laws 2015, Ch. 235, § 14. Refer to the historical notes in Article 9 for more information (Supp. 15-3).*

*Editor's Note: The Department was given an exemption to the provisions in the Arizona Administrative Procedure Act to make or amend rules under Laws 2013, Ch. 129, § 27. Refer to the historical notes in Article 3 for more information (Supp. 15-2).*

*Editor's Note: 17 A.A.C. 5 was created from Sections recodified from 17 A.A.C. 4 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).*

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*Editor's Note: The heading to Article 6 was corrected in this Table of Contents in Supp. 19-4 as amended by final exempt rulemaking at 24 A.A.R. 1725 and released in Supp. 18-2.*

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*Article 7, consisting of Sections R17-5-701 through R17-5-706, repealed by final rulemaking at 12 A.A.R. 2297, effective August 5, 2006 (Supp. 06-2).*

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*Article 9, consisting of Sections R17-5-901 through R17-5-906, made by exempt rulemaking at 21 A.A.R. 1825, under Laws 2015, Ch. 235, § 14, effective August 21, 2015 (Supp. 15-3).*

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## TITLE 17. TRANSPORTATION

## CHAPTER 5. DEPARTMENT OF TRANSPORTATION - COMMERCIAL PROGRAMS

**ARTICLE 1. GENERAL PROVISIONS****ARTICLE 2. MOTOR CARRIERS****R17-5-201. Definitions**

In addition to the definitions provided under A.R.S. §§ 28-3001 and 28-5201, the following definitions apply to this Article unless otherwise specified:

“Audit” means any inspection of a transporter’s motor vehicle, equipment, books, or records to determine compliance with this Article and A.R.S. Title 28, Chapter 14.

“Co-applicant” means an employer or potential employer.

“Danger to public safety” means any condition of a transporter likely to result in serious peril to the public if not discontinued immediately.

“Department” has the same meaning as defined in A.R.S. § 28-101.

“Director” means the Director of the Arizona Department of Transportation or the Director’s designated agent.

“Executive Hearing Office” means the Arizona Department of Transportation’s Executive Hearing Office.

“Medical waiver evaluation summary” means the form, provided by the Department, to be completed by either a board-qualified or board-certified orthopedic surgeon or physiatrist and mailed to the Department, at the address provided on the form, on behalf of an Arizona intrastate medical waiver applicant.

“Physiatrist” means a doctor of medicine specialized in physical medicine and rehabilitation.

“Transporter” means any person, driver, motor carrier, shipper, manufacturer, or motor vehicle, including any motor vehicle transporting a hazardous material, hazardous substance, or hazardous waste, subject to this Article and A.R.S. Title 28, Chapter 14.

“Violation” means any conduct, act, or failure to act required or prohibited under this Article and A.R.S. Title 28, Chapter 14.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3249, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 14 A.A.R. 3797, effective November 8, 2008 (Supp. 08-3). Amended by final rulemaking at 17 A.A.R. 1691, effective August 2, 2011 (Supp. 11-3).

Amended by final rulemaking at 27 A.A.R. 2734 (November 26, 2021), with an immediate effective date of November 2, 2021 (Supp. 21-4). Amended by final rulemaking at 31 A.A.R. 1958 (June 20, 2025), with an immediate effective date of June 4, 2025 (Supp. 25-2).

**R17-5-202. Motor Carrier Safety: Incorporation of Federal Regulations; Applicability**

- A. The Department incorporates by reference 49 CFR 40, 379, 382, 383, 385, 390 (except 390.23, 390.25 and the definitions of “direct assistance” and “emergency” in 390.5 and 390.5T), 391, 392, 393, 395, 396, 397, and 399, revised as of October 1, 2023, and no later amendments or editions, as amended under this Article. The Department incorporates by reference 49 CFR 390.23, 390.25, and the definitions of “direct assistance,” “emergency,” and “residential heating fuel” in 390.5 and 390.5T as published in 88 FR 70897, October 13, 2023, and no later amendments or editions, as amended under this Article.

The incorporated material is on file with the Department at 206 S. 17th Avenue, Phoenix, AZ 85007. The incorporated material is published by National Archives and Records Administration, Office of the Federal Register, 8601 Adelphi Road, College Park, MD 20740-6001, and is printed and distributed by the U.S. Government Publishing Office, P.O. Box 979050, St. Louis, MO 63197-9000. The incorporated material can be viewed online at <https://www.govinfo.gov> and ordered online by visiting the U.S. Government Bookstore at <http://bookstore.gpo.gov>.

- B. The sections of 49 CFR incorporated under subsection (A) apply as amended under this Article to all intrastate and interstate motor carriers operating in Arizona and persons operating a commercial motor vehicle.

**Historical Note**

New Section recodified from R17-4-435 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 3249, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 9 A.A.R. 1867, effective June 3, 2003 (Supp. 03-2). Amended by final rulemaking at 10 A.A.R. 2679, effective June 8, 2004 (Supp. 04-2). Amended by final rulemaking at 12 A.A.R. 1559, effective May 2, 2006 (Supp. 06-2). Amended by final rulemaking at 14 A.A.R. 3797, effective November 8, 2008 (Supp. 08-3). Amended by final rulemaking at 17 A.A.R. 1691, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 20 A.A.R. 2382, effective August 5, 2014 (Supp. 14-3). Amended by final rulemaking at 24 A.A.R. 1549, effective May 1, 2018 (Supp. 18-2). Amended by final rulemaking at 27 A.A.R. 2734 (November 26, 2021), with an immediate effective date of November 2, 2021 (Supp. 21-4). Amended by final rulemaking at 31 A.A.R. 1958 (June 20, 2025), with an immediate effective date of June 4, 2025 (Supp. 25-2).

**R17-5-203. Motor Carrier Safety: 49 CFR 390 - Federal Motor Carrier Safety Regulations; General**

- A. 49 CFR 390.3T, General applicability. Paragraph (a)(1) is amended to read:

Regulations incorporated in this subchapter are applicable to all motor carriers operating in Arizona and any vehicle owned or operated by the state, a political subdivision, or a state public authority that is used to transport a hazardous material in an amount requiring the vehicle to be placarded as prescribed under R17-5-209.

- B. 49 CFR 390.5T, Definitions. The definitions listed under 49 CFR 390.5T are amended as follows:

“Commercial Motor Vehicle” or “CMV” has the same meaning as defined in A.R.S. § 28-5201.

“Emergency relief” is deleted.

“Shipper” has the same meaning as defined in A.R.S. § 28-5201.

“Special agent” means an officer or agent of the Department, the Arizona Department of Public Safety, or a political subdivision, who is trained and certified by the Arizona Department of Public Safety to enforce Arizona’s Motor Carrier Safety requirements.

“State” means a state of the United States or the District of Columbia.

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“Tow truck,” as used in the definition of emergency under 49 CFR 390.5T, has the same meaning as defined in A.A.C. R13-3-701.

- C. 49 CFR 390.19T, Motor carrier, hazardous material safety permit applicant/holder, and intermodal equipment provider identification reports. Paragraph (a)(1) is amended to read:  
A U.S.-, Canada-, Mexico-, or non-North America-domiciled motor carrier conducting operations in interstate commerce or in intrastate commerce in a CMV must file a Motor Carrier Identification Report, Form MCS-150.
- D. 49 CFR 390.23, Automatic relief from regulations. Paragraph (c) is amended to read:  
Local emergencies. Sections 395.3 and 395.5 of this chapter shall not apply to a motor carrier or driver operating a commercial motor vehicle so long as the motor carrier or driver is providing direct assistance during an emergency declared by a Federal, State, or local government official having authority to declare an emergency or an emergency situation exists under A.R.S. § 28-5234(B) for the period of such assistance or five days from the date of the initial declaration of emergency, whichever is less. A motor carrier may request the exemption by contacting Commercial Vehicle Enforcement at the Arizona Department of Public Safety, Highway Patrol Division, P.O. Box 6638, Phoenix, AZ 85005. The Arizona Department of Public Safety may grant the exemption with or without restrictions as necessary to provide vital service to the public.
- E. 49 CFR 390.25, Extension or modification of relief from regulations - emergencies. Paragraph (a) is amended by adding:  
A motor carrier seeking to extend a period of relief from these regulations may request the extension by contacting Commercial Vehicle Enforcement at the Arizona Department of Public Safety, Highway Patrol Division, P.O. Box 6638, Phoenix, AZ 85005. The Arizona Department of Public Safety may grant the extension with any restrictions it considers necessary to provide vital service to the public.

**Historical Note**

New Section recodified from R17-4-435.01 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 3249, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 9 A.A.R. 1867, effective June 3, 2003 (Supp. 03-2). Amended by final rulemaking at 11 A.A.R. 862, effective February 1, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 1559, effective May 2, 2006 (Supp. 06-2). Amended by final rulemaking at 13 A.A.R. 2636, effective July 10, 2007 (Supp. 07-3). Amended by final rulemaking at 14 A.A.R. 3797, effective November 8, 2008 (Supp. 08-3). Amended by final rulemaking at 17 A.A.R. 1691, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 20 A.A.R. 2382, effective August 5, 2014 (Supp. 14-3). Amended by final rulemaking at 24 A.A.R. 1549, effective May 1, 2018 (Supp. 18-2). Amended by final rulemaking at 27 A.A.R. 2734 (November 26, 2021), with an immediate effective date of November 2, 2021 (Supp. 21-4). Amended by final rulemaking at 31 A.A.R. 1958 (June 20, 2025), with an immediate effective date of June 4, 2025 (Supp. 25-2).

**R17-5-204. Motor Carrier Safety: 49 CFR 391 - Qualifications of Drivers and Longer Combination Vehicle (LCV) Driver Instructors**

- A. 49 CFR 391.11, General qualifications of drivers. Paragraph (b)(1) is amended to read:  
Is at least 21 years of age for interstate operation or is at least 18 years of age for operations restricted to intrastate transportation not involving the transportation of a reportable quantity of hazardous substance, hazardous waste required to be manifested, or hazardous material in an amount requiring a vehicle to be placarded as prescribed under R17-5-209;
- B. 49 CFR 391.51, General requirements for driver qualification files. Paragraph (b)(7) is amended to read:  
A Skill Performance Evaluation Certificate issued by FMCSA in accordance with § 391.49; or the Medical Exemption document, issued by a Federal medical program in accordance with part 381 of this chapter; or a copy of the Arizona intrastate medical waiver, if a waiver is granted by the Director as prescribed under R17-5-208.

**Historical Note**

New Section recodified from R17-4-435.02 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 14 A.A.R. 3797, effective November 8, 2008 (Supp. 08-3). Amended by final rulemaking at 17 A.A.R. 1691, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 20 A.A.R. 2382, effective August 5, 2014 (Supp. 14-3). Amended by final rulemaking at 31 A.A.R. 1958 (June 20, 2025), with an immediate effective date of June 4, 2025 (Supp. 25-2).

**R17-5-205. Motor Carrier Safety: 49 CFR 383 - Commercial Driver's License Standards; Requirements and Penalties**

- A. 49 CFR 383.5, Definitions. The definitions listed under 49 CFR 383.5 are amended as follows:  
“Commercial motor vehicle” or “CMV” has the same meaning as defined in A.R.S. § 28-3001.  
“Conviction” has the same meaning as defined in A.R.S. § 28-3001.  
“Disqualification” has the same meaning as defined in A.R.S. § 28-3001.  
“Motor vehicle” has the same meaning as defined in A.R.S. § 28-101.  
“Out-of-service order” has the same meaning as defined in A.R.S. § 28-5241.  
“School bus” has the same meaning as defined in A.R.S. § 28-101.  
“Tank vehicle” has the same meaning as defined in A.R.S. § 28-3103.
- B. 49 CFR 383.71, Driver application and certification procedures. Paragraphs (b)(1)(ii), Excepted interstate, and (b)(1)(iv), Excepted intrastate, are deleted.
- C. 49 CFR 383.73, State procedures.  
1. Paragraph (c)(4) is amended to read:  
If such applicant wishes to retain a hazardous materials endorsement, require compliance with standards for such endorsement specified in §§ 383.71(b)(8) and 383.141 and ensure that the driver has successfully completed a new test for such endorsement specified in § 383.121.  
2. Paragraphs (c)(4)(i) and (c)(4)(ii) are deleted.  
3. Paragraph (f)(2)(ii) is amended to read:  
The state must add the word “non-domiciled” to the face of the CLP or CDL, in accordance with § 383.153(c) or



## TITLE 17. TRANSPORTATION

## CHAPTER 5. DEPARTMENT OF TRANSPORTATION - COMMERCIAL PROGRAMS

“limited-term” to the face of the CLP or CDL, in accordance with 6 CFR 37.21; and

- D. 49 CFR 383.75, Third party testing. Paragraph (a)(8)(v) is amended to read:

Require the third party tester to initiate and maintain a surety bond in an amount pursuant to A.R.S. Title 28, Chapter 13 to be sufficient to pay for re-testing drivers in the event that the third party or one or more of its examiners is involved in fraudulent activities related to conducting skills testing of applicants for a CDL. Exception: A third party tester that is a government entity is not required to maintain a surety bond. A provider exempted under A.R.S. Title 28, Chapter 13, is responsible for all costs associated with all re-testing of applicants due to examination fraud as determined by the Department.

- E. 49 CFR 383.153, Information on the CLP and CDL documents and applications. The introductory sentence in paragraph (e) is amended to read:

Before a CLP or CDL may be issued:

#### Historical Note

New Section recodified from R17-4-435.03 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 3249, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 14 A.A.R. 3797, effective November 8, 2008 (Supp. 08-3). Section repealed by final rulemaking at 17 A.A.R. 1691, effective August 2, 2011 (Supp. 11-3). New Section made by final rulemaking at 20 A.A.R. 2382, effective August 5, 2016 (Supp. 14-3). Amended by final rulemaking at 24 A.A.R. 1549, effective May 1, 2018 (Supp. 18-2). Amended by final rulemaking at 27 A.A.R. 2734 (November 26, 2021), with an immediate effective date of November 2, 2021 (Supp. 21-4). Amended by final rulemaking at 31 A.A.R. 1958 (June 20, 2025), with an immediate effective date of June 4, 2025 (Supp. 25-2).

#### R17-5-206. Motor Carrier Safety: 49 CFR 392 - Driving of Commercial Motor Vehicles

- A. 49 CFR 392.5, Alcohol prohibition. Paragraph (e) is amended by adding:
- Drivers who violate the terms of an out-of-service order as prescribed under this section are also subject to the provisions and sanctions of A.R.S. § 28-5241.
- B. 49 CFR 392.9b, Prohibited transportation.
- Paragraph (a) is amended to read:  
Safety registration required. A commercial motor vehicle providing transportation in interstate commerce or in intrastate commerce must not be operated without a safety registration and an active USDOT Number.
  - Paragraph (b), Penalties, is amended to read:  
Penalties. If it is determined that the motor carrier responsible for the operation of such a vehicle is operating in violation of paragraph (a) of this section, it may be subject to penalties in accordance with 49 U.S.C. 521 and A.R.S. §§ 28-5240 and 28-5241.

#### Historical Note

New Section recodified from R17-4-435.04 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 9 A.A.R. 1867, effective June 3, 2003 (Supp. 03-2). Amended by final rulemaking at 14 A.A.R. 3797, effective November 8, 2008 (Supp. 08-3). Amended by final rulemaking at 17 A.A.R. 1691, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 24 A.A.R. 1549, effective May 1, 2018

(Supp. 18-2). Amended by final rulemaking at 27 A.A.R. 2734 (November 26, 2021), with an immediate effective date of November 2, 2021 (Supp. 21-4). Amended by final rulemaking at 31 A.A.R. 1958 (June 20, 2025), with an immediate effective date of June 4, 2025 (Supp. 25-2).

#### R17-5-207. Civil Penalties

To determine the amount of civil penalty for repeat findings of responsibility for the same class of violations involving vehicles required to be placarded, the higher level of civil penalty as prescribed under A.R.S. § 28-5238 applies.

#### Historical Note

New Section recodified from R17-4-435.05 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 14 A.A.R. 3797, effective November 8, 2008 (Supp. 08-3).

#### R17-5-208. Commercial Driver License Intrastate Medical Waiver; Intrastate Alternative Physical Qualification Standards for the Loss or Impairment of Limbs

- A. A person who is not physically qualified to drive a commercial motor vehicle in intrastate commerce due to loss of limb or limb impairment, as provided under 49 CFR 391.41(b)(1) or (b)(2), but otherwise meets all other requirements under 49 CFR 391.41, may operate a commercial motor vehicle in intrastate commerce if granted an intrastate medical waiver by the Director. Application for an intrastate medical waiver shall be submitted according to subsection (B).
- B. A driver applicant, or a driver applicant jointly with the motor carrier co-applicant that will employ the driver applicant, shall complete and submit the applicable intrastate medical waiver application to the Department's Medical Review Program, P.O. Box 2100, Mail Drop 818Z, Phoenix, AZ 85001-2100, with the following information as applicable:
- Identify the applicant:
    - Name and complete address of the driver applicant;
    - Name and complete address of the motor carrier co-applicant;
    - U.S. Department of Transportation motor carrier identification number, if known; and
    - A description of the driver applicant's limb impairment as applicable to the type of waiver being requested;
  - Describe the type of operation the driver applicant will be employed to perform, including the following information (if known):
    - Average period of time the driver will be driving or on duty, per day;
    - Type of commodities or cargo to be transported;
    - Type of driver operation (i.e., sleeper team, relay, owner operator, etc.); and
    - Number of years experience operating each type of commercial motor vehicle requested in the intrastate medical waiver application and total years of experience operating all types of commercial motor vehicles;
  - Describe the commercial motor vehicles the driver applicant intends to drive:
    - Truck, truck tractor, or bus make, model, and year (if known);
    - Drive train:
      - Transmission type (automatic or manual - if manual, designate number of forward speeds);
      - Auxiliary transmission (if any) and number of forward speeds; and



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- iii. Rear axle (designate single speed, two-speed, or three-speed);
    - c. Type of brake system;
    - d. Steering, manual or power assisted;
    - e. Description of types of trailers (i.e., van, flatbed, cargo tank, drop frame, lowboy, or pole);
    - f. Number of semitrailers or full trailers to be towed at one time;
    - g. For commercial motor vehicles designed to transport passengers, indicate the seating capacity of the commercial motor vehicle; and
    - h. Description of any modifications made to the commercial motor vehicle for the driver applicant, attach photographs where applicable;
  - 4. Include a certification statement:
    - a. The driver applicant shall certify that the driver applicant is otherwise qualified to drive a commercial motor vehicle under the regulations of 49 CFR 391 as adopted by the Department; and
    - b. In case of a co-applicant, the co-applicant motor carrier shall certify that the driver applicant is otherwise qualified to drive a commercial motor vehicle under the regulations of 49 CFR 391 as adopted by the Department; and
  - 5. Contain signature of each applicant and date signed:
    - a. The driver applicant's signature; and
    - b. The motor carrier official's signature and title if the application has a co-applicant. Depending on the motor carrier's organizational structure (corporation, partnership, or proprietorship), the signer of the application shall be an officer, partner, or the proprietor.
  - C. The completed intrastate medical waiver application for a driver applicant not physically qualified to drive under 49 CFR 391.41(b)(1) or (b)(2) shall be accompanied by:
    - 1. A copy of the medical examination report form, MCSA-5875, and medical examiner's certificate, form MCSA-5876, completed pursuant to 49 CFR 391.43;
    - 2. The Department's medical waiver evaluation summary completed by either a board-qualified or board-certified physiatrist or orthopedic surgeon. The co-applicant motor carrier or the driver applicant shall provide the physiatrist or orthopedic surgeon with a description of the job-related tasks the driver applicant will be required to perform:
      - a. The medical waiver evaluation summary for a driver applicant not physically qualified to drive under 49 CFR 391.41(b)(1) shall include:
        - i. An assessment of the functional capabilities of the driver as they relate to the ability of the driver to perform normal tasks associated with operating a commercial motor vehicle; and
        - ii. A statement by a board-qualified or board-certified physiatrist or orthopedic surgeon that the applicant is capable of demonstrating precision prehension (e.g., manipulating knobs and switches) and power grasp prehension (e.g., holding and maneuvering the steering wheel) with each upper limb separately;
      - b. The medical waiver evaluation summary for a driver applicant not physically qualified to drive under 49 CFR 391.41(b)(2) shall include:
        - i. An explanation as to how and why the impairment interferes with the ability of the applicant to perform normal tasks associated with operating a commercial motor vehicle;
  - ii. An assessment and medical opinion of whether the condition will likely remain medically stable over the lifetime of the driver applicant; and
      - iii. A statement by a board-qualified or board-certified physiatrist or orthopedic surgeon that the applicant is capable of demonstrating precision prehension (e.g., manipulating knobs and switches) and power grasp prehension (e.g., holding and maneuvering the steering wheel) with each upper limb separately;
  - 3. A description of the driver applicant's prosthetic or orthotic device worn, if any; and
  - 4. A copy of the driver applicant's state motor vehicle driving record for the past three years from each state in which a motor vehicle driver license or permit has been obtained.
- D. Agreement. A motor carrier that employs a driver subject to an intrastate medical waiver granted by the Director under subsection (A), whether the waiver was granted unilaterally to the driver, or to the driver and co-applicant motor carrier, shall agree to:
- 1. Report to the Department's Medical Review Program, P.O. Box 2100, Mail Drop 818Z, Phoenix, AZ 85001-2100, in writing, any suspension, revocation, disqualification, or withdrawal of the subject driver's driver license or permit, and any accident, arrest, or conviction involving the driver within 30 days after the occurrence;
  - 2. Provide to the Department's Medical Review Program, on request, any documents and information pertaining to the driving activities, accidents, arrests, convictions, and driver license or permit suspensions, revocations, disqualifications, or withdrawals involving the subject driver;
  - 3. Evaluate the subject driver with a road test using the trailer types the motor carrier intends the driver to transport, or alternatively accept a certificate of a trailer road test from another motor carrier if the trailer types are similar, or accept the trailer road test completed during the skill performance evaluation if trailer types are similar to that of the prospective motor carrier;
  - 4. Evaluate the subject driver for those non-driving safety related job tasks associated with each type of trailer that will be used and any other non-driving safety related or job related tasks unique to the operations of the employing motor carrier; and
  - 5. Use the subject driver to operate the type of commercial motor vehicle indicated on the intrastate medical waiver only when the driver is in compliance with the conditions and limitations of the waiver.
- E. A driver subject to an intrastate medical waiver, issued by the Director under subsection (A), shall supply each employing motor carrier with a copy of the intrastate medical waiver.
- F. The Department may require the driver applicant to demonstrate the driver applicant's ability to safely operate the commercial motor vehicle the driver intends to drive.
- G. If required by the Department during the application process, a driver applicant shall have a skill performance evaluation performed by a federally-certified state commercial driver license examiner at a Department commercial driver license facility when directed.
- H. If the Director grants an intrastate medical waiver under subsection (A) to the driver applicant, the Department shall mail

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- to the driver applicant and co-applicant motor carrier (if applicable) written approval of the intrastate medical waiver describing the terms, conditions, and limitations of the waiver.
- I. The intrastate medical waiver granted by the Director under subsection (A) shall identify:
    1. The power unit (bus, truck, truck tractor) for which the waiver is granted; and
    2. The trailer type used in the skill performance evaluation, if applicable, without limiting the waiver to that specific trailer type.
  - J. A subject driver may use the intrastate medical waiver with other trailer types if the driver successfully completes:
    1. A trailer road test administered by the motor carrier under subsection (D)(3) for each type of trailer, and
    2. A non-driving safety related or job related task evaluation administered by the motor carrier under subsection (D)(4).
  - K. The intrastate medical waiver granted by the Director under subsection (A) is:
    1. Valid for a period of not more than two years from the date of issuance;
    2. Renewable 30 days prior to the expiration date; and
    3. Transferable from an original motor carrier co-applicant employer to a new motor carrier employer or to the subject driver, as a unilateral applicant if becoming self-employed, upon written notification to the Department's Medical Review Program, P.O. Box 2100, Mail Drop 818Z, Phoenix, AZ 85001-2100, stating the new employer's name and the type of equipment to be driven.
  - L. A driver subject to an intrastate medical waiver, issued by the Director under subsection (A), shall have the intrastate medical waiver (or a legible copy) in the subject driver's possession while on duty.
  - M. The motor carrier employing a subject driver shall maintain a copy of the intrastate medical waiver in its driver qualification file and retain the copy in the motor carrier's file for a period of three years after the driver's employment is terminated.
  - N. A driver subject to an intrastate medical waiver, or a driver subject to an intrastate medical waiver jointly with a motor carrier co-applicant, may renew an intrastate medical waiver by submitting to the Department's Medical Review Program, P.O. Box 2100, Mail Drop 818Z, Phoenix, AZ 85001-2100, a new intrastate medical waiver application. The intrastate medical waiver application shall contain the following:
    1. Name and complete address of the motor carrier currently employing the applicant;
    2. Name and complete address of the subject driver;
    3. Total miles driven under the current intrastate medical waiver;
    4. Number of accidents incurred while driving under the current intrastate medical waiver, including the date of each accident, number of fatalities, number of injuries, and the estimated dollar amount of any property damage;
    5. A current medical examination report and medical examiner's certificate completed pursuant to 49 CFR 391.43;
    6. A current medical waiver evaluation summary, as prescribed under subsection (C)(2);
    7. A copy of the subject driver's current state motor vehicle driving record for the period of time the current intrastate medical waiver has been in effect;
    8. Notification of any change in the type of tractor the driver will operate;
    9. Subject driver's signature and date signed; and
  10. Motor carrier co-applicant's signature and date signed (if applicable).
  - O. The Director may deny an application for the intrastate medical waiver or may grant the waiver in whole or in part and issue the waiver subject to such terms, conditions, and limitations as the Director deems consistent with the public interest.
  - P. The Director may revoke an intrastate medical waiver after providing the driver subject to an intrastate medical waiver written notice of the proposed revocation and a reasonable opportunity to request a hearing pursuant to the procedure prescribed under 17 A.A.C. 1, Article 5. The Director may revoke an intrastate medical waiver if the:
    1. Driver subject to an intrastate medical waiver, or co-applicant (if applicable), or both provided false information in the application,
    2. Driver subject to an intrastate medical waiver, or co-applicant (if applicable), or both failed to comply with the terms and conditions of the intrastate medical waiver, or
    3. Issuance of the intrastate medical waiver resulted in a lower level of safety than before the waiver was granted.
  - Q. If the enforcement of any provision of this Section would result in the loss or disqualification of federal funding for any state agency or program, that provision is invalid.

**Historical Note**

New Section recodified from R17-4-435.06 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 3249, effective July 10, 2002 (Supp. 02-3). Section repealed; new Section made by final rulemaking at 14 A.A.R. 3797, effective November 8, 2008 (Supp. 08-3). Amended by final rulemaking at 17 A.A.R. 1691, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 20 A.A.R. 2382, effective August 5, 2014 (Supp. 14-3). Amended by final rulemaking at 24 A.A.R. 1549, effective May 1, 2018 (Supp. 18-2). Amended by final rulemaking at 27 A.A.R. 2734 (November 26, 2021), with an immediate effective date of November 2, 2021 (Supp. 21-4). Amended by final rulemaking at 31 A.A.R. 1958 (June 20, 2025), with an immediate effective date of June 4, 2025 (Supp. 25-2).

**R17-5-209. Hazardous Materials Transportation: Incorporation of Federal Regulations; Applicability****A. Incorporation of federal regulations.**

1. As relevant to the transportation of hazardous materials by highway, the Department incorporates by reference, as amended under this Section, the following Parts of the Federal Hazardous Materials Regulations; revised as of October 1, 2023, and no later amendments or editions, as 49 CFR - Transportation, Subtitle B - Other Regulations Relating to Transportation, Chapter I - Pipeline and Hazardous Materials Safety Administration, Department of Transportation:
  - a. Subchapter A - Hazardous Materials and Oil Transportation; Part 107 - Hazardous materials program procedures; and
  - b. Subchapter C - Hazardous Materials Regulations; Parts:
    - i. 171 - General information, regulations, and definitions;
    - ii. 172 - Hazardous materials table, special provisions, hazardous materials communications, emergency response information, training requirements, and security plans;

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- iii. 173 - Shippers - general requirements for shipments and packagings;
  - iv. 177 - Carriage by public highway;
  - v. 178 - Specifications for packagings; and
  - vi. 180 - Continuing qualification and maintenance of packagings.
2. The material incorporated by reference under this subsection is on file with the Department at 206 S. 17th Avenue, Phoenix, AZ 85007. The incorporated material is published by National Archives and Records Administration, Office of the Federal Register, 8601 Adelphi Road, College Park, MD 20740-6001, and is printed and distributed by the U.S. Government Publishing Office, P.O. Box 979050, St. Louis, MO 63197-9000. The incorporated material can be viewed online at <https://www.govinfo.gov> and ordered online by visiting the U.S. Government Bookstore at <http://bookstore.gpo.gov>.
- B. Application and exceptions.**
1. Application.
    - a. Regulations incorporated under subsection (A) apply as amended by subsection (C) to motor carriers, shippers, and manufacturers as defined in A.R.S. § 28-5201.
    - b. Regulations incorporated under subsection (A) also apply to any vehicle owned or operated by the state, a political subdivision, or a state public authority, used to transport a hazardous material, including hazardous substances and hazardous waste.
  2. Exceptions. An authorized emergency vehicle, as defined in A.R.S. § 28-101, is excepted from the provisions of this Section.
- C. Amendments.** The following sections of the Federal Hazardous Materials Regulations, incorporated under subsection (A), are amended as follows:
1. Part 171, General information, regulations, and definitions. Section 171.8, Definitions and abbreviations. Section 171.8 is amended by revising the definitions for “carrier,” “hazmat employer,” and “person,” and adding a definition for “highway” as follows:
 

“Carrier” means a person engaged in the transportation of passengers or property by highway as a common, contract, or private carrier and also includes the state, a political subdivision, and a state public authority engaged in the transportation of hazardous material.

“Hazmat employer” means a person who uses one or more employees in connection with: transporting hazardous material; causing hazardous material to be transported or shipped; or representing, marking, certifying, selling, offering, reconditioning, testing, repairing, or modifying containers, drums, or packagings as qualified for use in the transportation of hazardous material. This term includes motor carriers, shippers, and manufacturers defined in A.R.S. § 28-5201 and includes the state, political subdivisions, and state public authorities.

“Highway” means a public highway as defined in A.R.S. § 28-5201.

“Person” has the same meaning as defined in A.R.S. § 28-5201.
  2. Part 172, Hazardous materials table, special provisions, hazardous materials communications, emergency response information, training requirements, and security plans. Section 172.3, Applicability. Paragraph (a)(2) is

amended to read: “Each motor carrier that transports hazardous materials, and each state agency, political subdivision, and state public authority that transports hazardous material by highway.”

3. Part 177, Carriage by public highway.
  - a. Section 177.800, Purpose and scope of this part and responsibility for compliance and training. In paragraph (a), the phrase “by private, common, or contract carriers by motor vehicle” is amended to read, “by a motor carrier operating in Arizona, a state agency, a political subdivision, or a state public authority that transports hazardous material by highway.”
  - b. Section 177.802, Inspection. Section 177.802 is amended to read: “Records, equipment, packagings, and containers under the control of a motor carrier or other persons subject to this part, affecting safety in transportation of hazardous material by motor vehicle, must be made available for examination and inspection by an authorized representative of the Department as prescribed under A.R.S. §§ 28-5204 and 28-5231.”

**Historical Note**

New Section recodified from R17-4-436 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 3249, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 9 A.A.R. 1867, effective June 3, 2003 (Supp. 03-2). Amended by final rulemaking at 13 A.A.R. 1262, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 17 A.A.R. 1691, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 20 A.A.R. 2382, effective August 5, 2014 (Supp. 14-3). Amended by final rulemaking at 24 A.A.R. 1549, effective May 1, 2018 (Supp. 18-2). Amended by final rulemaking at 27 A.A.R. 2734 (November 26, 2021), with an immediate effective date of November 2, 2021 (Supp. 21-4). Amended by final rulemaking at 31 A.A.R. 1958 (June 20, 2025), with an immediate effective date of June 4, 2025 (Supp. 25-2).

**R17-5-210. Motor Carrier Safety: Public Service Corporation, Political Subdivision of this State that is Engaged in Rendering Public Utility Service, or Railroad Contacting State Officials in an Emergency**

- A.** A public service corporation, a political subdivision of this state that is engaged in rendering public utility service, or a railroad shall notify Commercial Vehicle Enforcement in writing, through the Arizona Department of Public Safety Duty Office, that an emergency situation under A.R.S. § 28-5234(B) exists. Notification shall be sent by email to [doffice@azdps.gov](mailto:doffice@azdps.gov) immediately, but in no case longer than three hours from the time the public service corporation, political subdivision of this state that is engaged in rendering public utility service, or railroad determines that the emergency situation exists. The information to be provided in writing includes:
1. Date of the emergency situation,
  2. Time that the emergency situation started,
  3. Description of the emergency situation,
  4. Location of the emergency situation,
  5. Projected duration of the emergency situation,
  6. Name and contact number of responsible party in the field, and

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7. The utility's self-generated Emergency ID or tracking number.
- B. A public service corporation, a political subdivision of this state that is engaged in rendering public utility service, or a railroad shall maintain supporting documentation for no less than three years from the date of an emergency situation and shall make the supporting documentation available to a special agent upon request. Supporting documentation includes:
  1. A list of drivers involved in the emergency situation;
  2. The duration of the emergency situation;
  3. The off-duty time provided for the affected drivers after the emergency situation concluded; and
  4. Any United States Department of Transportation recordable accidents, as defined in 49 CFR 390.5T, which occurred during the emergency situation.
- C. After an emergency situation terminates and a driver returns to the principal place of business, the driver shall not drive a commercial motor vehicle unless the driver remains off duty under 49 CFR 395.

**Historical Note**

New Section recodified from R17-4-438 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 7 A.A.R. 4259, effective September 13, 2001 (Supp. 01-3). Section repealed by final rulemaking at 8 A.A.R. 3249, effective July 10, 2002 (Supp. 02-3). New Section made by final rulemaking at 11 A.A.R. 862, effective February 1, 2005 (Supp. 05-1). Amended by final rulemaking at 17 A.A.R. 1691, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 27 A.A.R. 2734 (November 26, 2021), with an immediate effective date of November 2, 2021 (Supp. 21-4).

**R17-5-211. Motor Carrier Safety: Inspection, Enforcement, and Sanction**

- A. Scope. This Section applies to any transporter subject to:
  1. R17-5-201 through R17-5-209; and
  2. A.R.S. Title 28, Chapter 14.
- B. Audits.
  1. The Department may conduct an audit for cause or without cause.
  2. The Department may enter the premises of any transporter for the purpose of conducting an audit.
  3. The Department may inspect a motor vehicle:
    - a. Within Arizona at:
      - i. A transporter's place of business, or
      - ii. Any other in-state location, or
    - b. Outside Arizona at a transporter's place of business.
  4. A transporter shall make records available for audit:
    - a. During the transporter's normal business hours, and
    - b. In a specific location as follows:
      - i. The transporter's Arizona place of business, or
      - ii. Either an Arizona location designated by the Director or the transporter's out-of-state place of business.
  5. The Department shall charge a transporter in advance for all expenses to be incurred in performance of an out-of-state audit.
- C. Violation notification. Within five days after audit completion, the Department shall notify an audited transporter in writing of all violations. The notification shall specify a deadline date for remedy of all violations.
- D. Obligation to remedy violations. After receipt of a violation notification, a transporter shall remedy all violations by the specified date to comply with:

1. R17-5-201 through R17-5-209; and
2. A.R.S. Title 28, Chapter 14.
- E. Noncompliance: Failure to remedy violations. If the Department determines a transporter does not remedy a violation by the date specified in a violation notice, the Department shall initiate further enforcement action as prescribed under A.R.S. §§ 28-5237 and 28-5238.
- F. Danger to public safety. If the Director determines a written violation report establishes probable cause of danger to public safety, the Director shall issue an order by 5:00 p.m. the next business day suspending the Arizona registration of the motor vehicle owned or leased by the transporter, or a driver's Arizona driver license or nonresident driving privilege.

**Historical Note**

New Section recodified from R17-4-439 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 7 A.A.R. 4259, effective September 13, 2001 (Supp. 01-3). Amended by final rulemaking at 17 A.A.R. 1691, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 20 A.A.R. 2382, effective August 5, 2014 (Supp. 14-3). Amended by final rulemaking at 27 A.A.R. 2734 (November 26, 2021), with an immediate effective date of November 2, 2021 (Supp. 21-4).

**R17-5-212. Motor Carrier Safety: Hearing Procedure**

- A. Scope.
  1. This Section applies only to a motor carrier enforcement action under:
    - a. R17-5-201 through R17-5-209; and
    - b. A.R.S. Title 28, Chapter 14.
  2. In an enforcement hearing involving a manufacturer, motor carrier, shipper, or driver under this Section, the Department shall follow the procedures prescribed under 17 A.A.C. 1, Article 5, except as modified under subsections (B) and (C).
- B. Initiation of proceedings; service.
  1. The Director shall initiate a hearing under this Section by:
    - a. Preparing a complaint in the form prescribed under subsection (C) alleging the specific violations of a manufacturer, motor carrier, shipper, or driver; and
    - b. Serving, by mail, the complaint on the violator, and submitting a copy of the complaint to the Executive Hearing Office, along with a certificate of service indicating the date of service.
  2. The date of service is the date of mailing.
- C. Complaint; order to show cause.
  1. The complaint shall contain the following:
    - a. The designation of the parties to the action, with the Department as the petitioner, and the violator as the respondent;
    - b. The respondent's name and the basis of fact for the complaint, including a listing of all alleged violations of statute or rule;
    - c. The relief sought by the Department;
    - d. The signature of the Director or their designee; and
    - e. A copy of the written violation notice issued by a law enforcement agency to the respondent, if applicable.
  2. Upon receipt of a copy of a complaint in compliance with subsections (B) and (C)(1), the Executive Hearing Office shall issue an order to show cause for the parties to appear at an administrative hearing to allow the respondent to

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present evidence and give testimony as to why the requested relief should not be granted.

3. The Executive Hearing Office shall hold a hearing under this Section within the time-frame required by statute.
4. The parties may resolve a complaint before the hearing date.
  - a. The parties shall file notice of settlement with the Executive Hearing Office, which will issue an order dismissing the pending action.
  - b. Complaint settlement terminates the right of both petitioner and respondent to receive additional administrative review.

**Historical Note**

New Section recodified from R17-4-440 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 4230, effective November 15, 2002 (Supp. 02-3). Amended by final rulemaking at 17 A.A.R. 1691, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 24 A.A.R. 1549, effective May 1, 2018 (Supp. 18-2). Amended by final rulemaking at 27 A.A.R. 2734 (November 26, 2021), with an immediate effective date of November 2, 2021 (Supp. 21-4). Amended by final rulemaking at 31 A.A.R. 1958 (June 20, 2025), with an immediate effective date of June 4, 2025 (Supp. 25-2).

**ARTICLE 3. PROFESSIONAL DRIVER SERVICES****R17-5-301. Definitions**

In addition to the definitions under A.R.S. §§ 28-101 and 32-2351, the following definitions apply to this Article, unless otherwise specified:

“Activity” means a function or service that is provided by a licensed professional driver training school pursuant to A.R.S. Title 32, Chapter 23 or licensed traffic survival school pursuant to A.R.S. Title 28, Chapter 8, Article 7.1 and that is performed by a professional driver training school instructor or traffic survival school qualified instructor as defined in this Article.

“Applicant” means an individual or school, including principals, requesting in the manner set forth in this Article the issuance or renewal of a license or to become a qualified instructor under A.R.S. Title 28, Chapter 8, Article 7.1 or Title 32, Chapter 23 and this Article.

“Application date” means the date the Department or private entity receives a signed application from an applicant.

“Audit” means a review of the operations, facilities, equipment, and records of a licensee under this Article, which is performed by the Department or private entity under A.R.S. § 28-3411 or 32-2352 to assess and ensure compliance with all applicable federal and state laws and rules.

“Branch” means a licensed professional driver training school’s or licensed traffic survival school’s business location that is an additional established place of business, but not the school’s principal place of business.

“Business day” means a day other than a Saturday, Sunday, or legal state holiday.

“Business manager” means an owner or employee of a licensed school who has primary and sufficient oversight, supervision, and responsibility for all operations necessary to ensure full compliance with all applicable federal or state laws, rules, and school guidelines.

“Certificate of completion” means an electronic or paper document that is approved by the Department or private entity and that is issued by a traffic survival school or high school qualified instructor to a student who has demonstrated successful completion of a training or educational session or both conducted under this Article.

“Character and reputation” means a person:

- Has not been convicted of a class 1 or 2 felony by a court of competent jurisdiction,
- Has not within five years of application date been convicted of any other felony or misdemeanor offense having a reasonable relationship to the functions of the activity or the employment or category for which the qualification is sought, and
- Has not within 12 months of application date had an application or an examination required for license or qualification under this Chapter denied or revoked due to fraud or misrepresentation.

“Commercial driver license motor vehicle record” has the same meaning as a CDLIS motor vehicle record as defined in 49 CFR 384.105.

“Department-approved inventory” means educational media and related items or other resources provided and approved by the Department or private entity that are deemed necessary or useful for traffic survival school instruction, which includes curriculum, computer disks or drives, classroom training materials, instructor workbooks, instructor training manuals, or other materials, whether stored in paper or electronic formats.

“Established place of business” means a licensed professional driver training school’s or licensed traffic survival school’s business location that is:

- Approved by the Department,
- Located in Arizona,
- Not used as a residence, and
- Where the licensed school performs licensed activities.

“Good standing” means an applicant:

- Has not had a similar business license, qualification, or approval suspended, revoked, canceled, or denied within the previous three years of the application date;
- Does not have any pending corrective action, as defined under R17-5-323, relating to a Department-issued business license, qualification, or approval;
- Has not had a fingerprint clearance card required for licensure under this Article suspended, revoked, or canceled;
- Does not owe delinquent fees, taxes, or unpaid balances to the Department or private entity;
- Has not had any substantiated derogatory information relevant to the requested license reported to the Department about the applicant from any state agency contacted by the Department; or
- Has not been dismissed, or resigned in lieu of dismissal, from a position for cause following allegations of misconduct having a reasonable relationship to the person’s proposed area of licensure or qualification, if the applicant is a former Department employee or a former principal or employee of a licensed professional driver training school or licensed traffic survival school.

“Immediate family member” has the same meaning as prescribed in A.R.S. § 28-2401.

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“Inactivation” or “inactive” means a temporary or permanent status, assigned by the Department to a school previously licensed under this Article, which prohibits the school from further engaging in the previously licensed activity after the occurrence of any of the following actions:

- Cancellation of license, as defined in R17-5-323;
- Suspension of license, as defined in R17-5-323;
- Revocation of license, as defined in R17-5-323;
- Non-renewal of license; or
- Relinquishment of license.

“Licensee” means a school licensed by the Department or private entity under A.R.S. § 28-3413 or 32-2371 and this Article, to perform a licensed activity.

“Principal” means any of the following:

- If a sole proprietorship, the sole proprietor;
- If a partnership, limited partnership, limited liability partnership, limited liability company or corporation, the: Partner;
- Manager;
- Member;
- Officer;
- Director;
- Agent; or
- If a limited liability company or corporation, each stockholder owning 20 percent or more of the limited liability company or corporation; or
- If a political subdivision or government agency, the political subdivision or agency head.

“Principal place of business” means a licensed professional driver training school’s or licensed traffic survival school’s administrative headquarters, which shall not be used as a residence.

“Private entity” means an entity that contracts with the Department under A.R.S. § 28-3411 or 32-2352.

“Professional driver training school instructor” means an individual meeting the qualifications under R17-5-303 who can present specific training and educational curriculum to professional driver training school students as provided under this Article.

“Satisfactory driver record” means an applicant has not had within the past 39 months:

- A conviction for driving under the influence, reckless or aggressive driving, racing on a highway, or leaving the scene of an accident;
- A driver license previously canceled, suspended, revoked, or disqualified for any reason except for failing to meet or maintain the commercial driver license physical qualifications under 49 CFR 391.41 and A.A.C. R17-4-508; and
- More than three previous assignments to attend traffic survival school and no pending assignment.

“Traffic survival school qualified instructor” means an individual deemed qualified by the Department or private entity under this Article to conduct instruction of an education session on behalf of a licensed traffic survival school.

#### Historical Note

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2). Amended by final rulemaking

at 23 A.A.R. 2045, effective September 5, 2017 (Supp. 17-3).

#### R17-5-302. Professional Driver Training School and Traffic Survival School Licensing; Eligibility and Application Requirements

- A. An applicant for a professional driver training school or traffic survival school license, issued by the Department or private entity under A.R.S. § 28-3411 or 32-2371 and this Section, shall meet all applicable licensing requirements under state law and this Article when applying for an original or renewal license.
- B. An applicant for a professional driver training school or traffic survival school license shall complete and submit to the Department or private entity an application packet that contains all of the following:
  1. An application, completed on a form approved by the Department;
  2. Certification that each classroom used for the instruction of students is maintained in compliance with all applicable fire codes and local zoning ordinances;
  3. Certification that each classroom used for the instruction of students meets the accessibility requirements of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), as amended;
  4. A copy of the following documents relating to the applicant’s business if the applicant is a:
    - a. Corporation:
      - i. A copy of the articles of incorporation, including any amendments filed with the Arizona Corporation Commission; and
      - ii. Any other official documents, including copies of board meeting minutes and annual reports that reflect the most recent change to the corporate name, structure, or officers;
    - b. Limited liability company:
      - i. A copy of the articles of organization, including any amendments filed with the Arizona Corporation Commission; or
      - ii. A copy of the application for registration as a foreign limited liability company filed with the Arizona Corporation Commission and a copy of the certificate of registration issued by the Arizona Corporation Commission to a foreign limited liability company;
    - c. Limited partnership or a limited liability partnership:
      - i. A copy of a valid certificate of existence issued by the Arizona Office of the Secretary of State;
      - ii. A copy, stamped “filed” by the Arizona Office of the Secretary of State, of a certificate of limited partnership, certificate of foreign limited partnership, limited liability partnership form, foreign limited liability partnership form, or statement of qualification for conversion of limited partnership or limited liability partnership; or
      - iii. A copy of a valid trade name certificate issued by the Arizona Office of the Secretary of State; or
    - d. Sole proprietor:
      - i. A copy of a valid certificate of existence issued by the Arizona Office of the Secretary of State, or
      - ii. A copy of a valid trade name certificate issued by the Arizona Office of the Secretary of State;

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5. The name and Arizona address of the school's statutory agent, as designated in the articles of incorporation, if the applicant is a corporation;
  6. Documentation prescribed under A.R.S. § 41-1080 indicating that each applicant's presence in the United States is authorized under federal law if the applicant is an individual, a sole proprietor, or part of a general partnership;
  7. Payment of the license fees prescribed under A.R.S. § 28-3415 or 32-2374 for each activity requested; and
  8. A form, approved by the Department, completed for each branch license, if applicable, and accompanied by payment of any applicable branch license fees prescribed under A.R.S. § 28-3415 or 32-2374.
- C. An applicant shall not use the following in any part of its school name, which is subject to approval by the Department or private entity:
1. The terms "Arizona Department of Transportation," "Department of Transportation," "Motor Vehicle Division," "Motor Vehicle Department," "Division of Motor Vehicles," or "Department of Motor Vehicles;" or
  2. The acronyms "ADOT," "DOT," "MVD," or "DMV."
- D. Professional driver training school applicants must provide the following additional documents with the school's application packet:
1. A copy of the school's complete curriculum, including a sample of all written examinations and answer keys, unless the curriculum is provided by the Department or private entity;
  2. Verification of liability insurance coverage reflecting at least the minimum amount prescribed under A.R.S. § 32-2393 for each motor vehicle used to provide instruction; and
  3. Diagrams detailing a minimum of three separate behind-the-wheel final evaluation routes with a written narrative indicating all required maneuvers, if the applicant will be providing behind-the-wheel driver training.
2. An annual commercial driver license motor vehicle record which indicates the instructor has maintained a satisfactory driver record as defined in R17-5-301.
- C. A business manager of a professional driver training school licensed under A.R.S. § 32-2371 and this Article shall submit to the Department or private entity a list of all of its professional driver training school instructors, including full name and commercial driver license number, at the time of hiring the instructors, within 10 calendar days of making any changes to the instructors as required under R17-5-310, and when renewing the school license as required under R17-5-309.

**Historical Note**

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2). Amended by final rulemaking at 23 A.A.R. 2045, effective September 5, 2017 (Supp. 17-3).

**R17-5-304. Fingerprint Background Check; Fingerprint Clearance Card**

- A. An applicant for a license issued under A.R.S. Title 28, Chapter 8, Article 7.1 or Title 32, Chapter 23, Article 2 and this Article, as applicable, shall:
1. Successfully complete a fingerprint background check conducted by the Arizona Department of Public Safety under A.R.S. § 41-1758.01, and
  2. Submit to the Department or private entity a copy of the fingerprint clearance card issued to the applicant under A.R.S. § 41-1758.03 as part of the application packet.
- B. An applicant is responsible for all costs associated with obtaining the fingerprint clearance card.
- C. A licensee, as applicable, shall maintain a valid fingerprint clearance card while licensed under this Article, and shall provide written notice to the Department or private entity within 10 calendar days if the fingerprint clearance card is cancelled, suspended, or revoked.

**Historical Note**

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2).

**R17-5-305. Traffic Survival School Qualified Instructor Status; Eligibility and Application Requirements****R17-5-303. Professional Driver Training School Instructor Qualifications and Requirements**

- A. A professional driver training school instructor shall:
1. Work for a professional driver training school licensed by the Department or private entity under A.R.S. § 32-2371 and R17-5-302,
  2. Possess a valid Arizona commercial driver license with applicable endorsements representative of the vehicle to be used in training,
  3. Meet the character and reputation requirements as defined in R17-5-301, and
  4. Meet all applicable instructor requirements under state law and this Article.
- B. Each professional driver training school licensed under A.R.S. § 32-2371 and this Article shall maintain a file for each professional driver training school instructor that contains the following:
1. A copy of a valid Arizona commercial driver license with applicable endorsements representative of the vehicle to be used in training, and

- A. An applicant for traffic survival school qualified instructor status shall:
1. Apply through a traffic survival school licensed by the Department or private entity under A.R.S. § 28-3413 and this Article,
  2. Possess a valid Arizona driver license,
  3. Meet all applicable requirements under this Article, and
  4. Meet the good standing and character and reputation requirements as defined in R17-5-301.
- B. Each traffic survival school qualified instructor applicant shall complete an application packet that contains the following:
1. An application, completed on a form approved by the Department;
  2. A copy of a valid Arizona driver license;
  3. Documentation prescribed under A.R.S. § 41-1080 indicating that the applicant's presence in the United States is authorized under federal law;
  4. A motor vehicle record, dated within 30 days of the application date, which indicates that the applicant maintained a satisfactory driver record as defined in R17-5-301;

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- 5. An affidavit from the business manager of the traffic survival school certifying that the qualified instructor applicant has the necessary skills and abilities to give instruction at a professional level; and
- 6. Payment of authorized fees as required by the private entity for application and administration of the instructor qualification process and for required instructor continuing education, which shall be negotiated by the Department and the private entity and shall be set forth in their contract.
- C. An applicant for instructor qualification shall have successfully completed a traffic survival school educational workshop or similar curriculum approved by the Department or private entity before being permitted to instruct any traffic survival school course.
- D. An applicant for instructor qualification shall have successfully completed an examination given for qualification of instructors by the Department or private entity as required under R17-5-306 before being permitted to instruct any traffic survival school course.
- E. A business manager of a traffic survival school licensed under A.R.S. § 28-3413 and this Article shall submit to the Department or private entity the complete application packet for each qualified instructor applicant.
- C. The Department or private entity may deem a traffic survival school instructor applicant qualified when a completed application is received and the applicant has successfully completed all required training and examinations.
- D. Unless the application is withdrawn by the applicant, the Department or private entity may deny an application in which the applicant has:
  - 1. Failed to have or to document a satisfactory driver record as required under R17-5-305, as applicable;
  - 2. Failed to meet the good standing or character and reputation requirements of the Department as defined in R17-5-301;
  - 3. Failed to meet the fingerprint clearance card requirement under R17-5-304, as applicable;
  - 4. Made a material misrepresentation or misstatement on the application;
  - 5. Violated a federal or state law or rule reasonably related in a business context to the authority applied for; or
  - 6. Failed to complete all applicable application requirements under this Article.
- E. If timely requested by an applicant under subsection (B), the Department shall schedule and conduct a hearing as prescribed under A.R.S. Title 41, Chapter 6, Article 6 and 17 A.A.C. 1, Article 5 for denial of a license.
- F. An applicant whose application was previously denied by the Department or private entity for making a material misrepresentation or misstatement on the application is not eligible to reapply for 12 months from the date of previous denial.

**Historical Note**

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2). Amended by final rulemaking at 23 A.A.R. 2045, effective September 5, 2017 (Supp. 17-3).

**R17-5-306. Required Training and Examination of School and Instructor Applicants**

- A. An applicant for traffic survival school instructor qualification under this Article shall attend Department-approved training and shall pass one or more required examinations administered by the Department or private entity.
- B. The Department or private entity shall limit a traffic survival school qualified instructor applicant to three opportunities within 90 days, based on scheduling, to successfully complete and achieve a passing score or grade on each examination required under this Section.

**Historical Note**

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2). Amended by final rulemaking at 23 A.A.R. 2045, effective September 5, 2017 (Supp. 17-3).

**R17-5-307. Approval or Denial of Application; Hearing; Appeal**

- A. An application will not be approved by the Department or private entity unless it is properly and fully completed with all required supporting documents and applicable fees as identified in this Article.
- B. The Department or private entity shall provide written notification to the professional driver training school or traffic survival school of the approval or denial of a license or traffic survival school instructor qualification. A notice denying the applicant a license or qualification under this Article shall specify the basis for denial and indicate that the applicant may request a hearing on the denial with the Department's Executive Hearing Office within 30 calendar days of the date on the notice unless the application is withdrawn by the applicant.

**Historical Note**

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2). Amended by final rulemaking at 23 A.A.R. 2045, effective September 5, 2017 (Supp. 17-3).

**R17-5-308. License Issuance; Effective Date; Expiration; Display**

- A. The Department or private entity may issue the following licenses upon determining an applicant meets all eligibility and application requirements provided under A.R.S. Title 28, Chapter 8, Article 7.1 or Title 32, Chapter 23 and this Article:
  - 1. Professional driver training school,
  - 2. Traffic survival school, and
  - 3. Established place of business (branch).
- B. The Department or private entity shall license only a school that employs or contracts at least one professional driver training school instructor who meets the qualifications under this Article or at least one currently qualified traffic survival school instructor, as applicable.
- C. A license issued under this Article is:
  - 1. Effective on the date of issuance;
  - 2. Effective until its expiration on the last day of each calendar year, except:
    - a. A license subject to an active duty military extension shall expire as provided under A.R.S. § 32-4301, and
    - b. A license subject to an individual's limited length of authorized stay shall expire immediately if the individual's presence in the United States is no longer authorized under federal law; and
  - 3. Nontransferable under any circumstances.
- D. A licensed school shall prominently and publicly display all licenses currently in effect at the school's principal place of business.



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- E. A school shall surrender to the Department or private entity within three business days after the date of any license inactivation, as defined in R17-5-301, all:
1. Licenses;
  2. Records pertaining to the school's operations and the training of students; and
  3. Department-approved inventory, as applicable and as defined in this Article.

**Historical Note**

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2). Amended by final rulemaking at 23 A.A.R. 2045, effective September 5, 2017 (Supp. 17-3).

**R17-5-309. Renewal of License**

- A. A completed renewal, consisting of the following, shall be submitted to the Department or private entity a minimum of 30 calendar days prior to license expiration, notwithstanding A.A.C. R17-1-102, failure to submit a renewal prior to December 1st shall result in the applicant being subject to all original licensing requirements:
1. A renewal application, completed on a form approved by the Department, including:
    - a. An updated list of all principals, instructors, contracted personnel, and employees of the school who are responsible for Arizona school operations, including full name and driver license number; and
    - b. The signature of all current principals on the completed application; and
  2. Payment of applicable license fees prescribed under A.R.S. § 28-3415 or 32-2374, for each activity and branch.
- B. Notwithstanding A.R.S. § 28-3415 or 32-2374, an annual license issued by the Department or private entity under this Article during the month of December shall not expire until the last day of the subsequent calendar year.

**Historical Note**

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2). Amended by final rulemaking at 23 A.A.R. 2045, effective September 5, 2017 (Supp. 17-3).

**R17-5-310. Modifications of Original Application Information**

- A. A licensee or traffic survival school qualified instructor, making or learning of any change in the content of its original application information, other than ownership, shall provide written notification of the change, completed on a form approved by the Department and signed by a principal or business manager, to the Department or private entity within two business days of making the change.
- B. A licensed school making a change to a principal or corporate structure shall submit to the Department or private entity a new application for licensing under this Article and all applicable fees, as a new applicant for licensure, within 10 calendar days of making the change.
- C. A licensed school submitting a new application to the Department or private entity, as provided under subsection (B), is subject to the fingerprint clearance card requirement under R17-5-304 unless a valid fingerprint clearance card is already on file with the Department.

- D. A licensed school shall provide written or electronic notification on a form, approved by the Department, to the Department or private entity within 10 calendar days of making any changes to the licensee's contact person, business manager, or instructors.

**Historical Note**

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2).

**R17-5-311. Professional Conduct; Conflicts of Interest; Advertising**

- A. A professional driver training school or traffic survival school representative or instructor shall not:
1. Accompany a student into any Department office or office of an authorized third party driver license or driver license training provider; or
  2. Solicit an individual for any purpose on any premises rented, leased, operated, or owned by the Department or by an authorized third party driver license or driver license training provider.
- B. A licensee or traffic survival school qualified instructor shall maintain good standing with the Department at all times while licensed or qualified by the Department or private entity under this Article.
- C. A licensee shall not delegate or subcontract any licensed activity authorized by the Department or private entity under this Article.
- D. The Department may take corrective action as provided under R17-5-321 and R17-5-323 if the Department or private entity determines or has reason to believe that a licensee or instructor has demonstrated unethical conduct in the performance of official duties, including:
1. Verbally abusing, intimidating, or sexually harassing a student or potential student; or
  2. Making a false statement that is material to the activities regulated in this Article to any personnel of the Department or private entity.
- E. A school shall use for all licensed activities and related advertising purposes only its official business name or its doing-business-as name as indicated on the license issued under this Article.
- F. A licensee shall not represent or imply that it is the state of Arizona, the Department, the Motor Vehicle Division, or any government agency in any printed or electronic advertising or promotional material, except to the extent expressly authorized by the Department.
- G. Licensee advertising shall not in any way:
1. Contain false, deceptive, or misleading information;
  2. Imply that the licensee can issue or guarantee issuance of a driver license or endorsement;
  3. Imply that the licensee can influence the Department or an authorized third party provider in the issuance of a driver license or endorsement;
  4. Imply that the licensee can provide any activity the licensee is not licensed by the Department or private entity to perform;
  5. Imply that preferential or advantageous treatment by the Department can be obtained; or
  6. Use or contain a term prohibited under R17-5-302(C).
- H. A school licensed by the Department or private entity under this Article may state in its advertising that it is "licensed" or "qualified" by the Department, but shall not indicate that the

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school is approved, sanctioned, or in any other way endorsed or recommended by the Department.

- I. All printed or electronic advertising or promotional material used, issued, or published by a licensee must be pre-approved by the Department or private entity.
- J. An instructor, in any official capacity as an instructor or for compensation, shall not provide any classroom instruction or skills training for an immediate family member or a principal or employee of any school that employs the instructor.
- K. A full-time employee of the state of Arizona shall not receive any direct pecuniary payments from any fees paid by those who attend a licensed school.

**Historical Note**

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2). Amended by final rulemaking at 23 A.A.R. 2045, effective September 5, 2017 (Supp. 17-3).

**R17-5-312. Cancellation and Continuity of Services to Participants**

- A. A principal of a school ceasing operations or cancelling courses for any reason shall ensure continuity of services to each student currently enrolled in courses as follows:
  - 1. A principal shall notify each student currently scheduled for, or enrolled in, a course that the school will be unable to provide the services previously offered 72 hours before the scheduled course; and
  - 2. A principal shall refund within four business days any payment received by the school for a course not yet provided.
- B. A principal of a school ceasing operations shall provide to the Department or private entity, upon request, a written list of all students notified under subsection (A) with an explanation of the final resolution reached as a result of the principal's contact with the student.
- C. A principal's failure to provide continuity of services to enrolled students as provided under this Section may result in the loss of the principal's status of good standing with the Department.

**Historical Note**

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2).

**R17-5-313. Method of Instruction; Curriculum**

- A. An instructor shall teach only curriculum approved by the Department or private entity to a student attending a class.
- B. An instructor shall not conduct personal business during a time designated for instruction.
- C. An instructor shall not solicit students during training classes for businesses other than those licensed by the Department or private entity.
- D. A school or instructor shall ensure that a student has both fully attended and successfully completed a course before issuing a certificate of completion to the student.
- E. A licensed traffic survival school must use all equipment required by the Department or private entity to present the curriculum to the students, including at a minimum, a computer, a PowerPoint compatible projector, a DVD player, and a display monitor visible to all students.
- F. Professional driver training school approved curriculum. The Department shall approve, and may modify, in writing, a uniform curriculum that the professional driver training school

shall teach as applicable for each activity the licensee is authorized to perform. The curriculum shall be a standard course of instruction used by a professional driver training school for the training and education of students.

- G. Traffic survival school approved curriculum. The Department shall approve, and may modify, in writing a uniform curriculum that the traffic survival school shall teach. The curriculum shall be selected and approved on the basis of effectiveness in improving the safety and habits of drivers.

**Historical Note**

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2). Amended by final rulemaking at 23 A.A.R. 2045, effective September 5, 2017 (Supp. 17-3).

**R17-5-314. Certificate of Completion**

- A. A qualified instructor for traffic survival school or high school driver education program shall accurately complete all required information on a certificate of completion:
  - 1. The instructor providing the training listed on the certificate of completion shall sign the document once training is complete, or
  - 2. The instructor providing the final instruction or test shall sign the certificate of completion if training is provided by multiple instructors.
- B. A qualified instructor shall provide a certificate of completion to the student at the conclusion of the course. A traffic survival school qualified instructor shall print the certificate of completion from the web site of the Department's private entity or the Department's web site, as applicable.
- C. A high school qualified instructor shall not make a correction to a certificate of completion. If an error is made, the high school qualified instructor shall:
  - 1. Void the certificate of completion,
  - 2. Write the word "VOID" or "VOIDED" clearly on the face of each voided certificate of completion, and
  - 3. Issue a new certificate of completion.
- D. The Department may elect not to accept a certificate of completion that contains an alteration, erasure, correction, or illegible information.
- E. A school or qualified instructor shall not withhold timely issuance of a certificate of completion due to a payment dispute between the school and the student.

**Historical Note**

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2).

**R17-5-315. Record Retention**

- A. A licensed traffic survival school shall electronically transmit proof of course completion immediately following each student's satisfactory completion of a traffic survival school course in a manner and with the basic computer equipment prescribed by the Department or private entity. At a minimum, the computer equipment must be able to temporarily store, and electronically transmit over the internet, the certificates of completion required by the Department or private entity.
- B. All records pertaining to a licensed school's operations and training of students shall be:
  - 1. Stored and securely maintained at the licensee's principal place of business,
  - 2. Available for inspection by the Department or private entity during business hours, and

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3. Retained by the school for three years from the date of course completion.
- C. A licensed school shall establish and maintain separate records for each authorized activity.
- D. A licensed school shall maintain, for three years, attendance records for each class conducted.

**Historical Note**

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2). Amended by final rulemaking at 23 A.A.R. 2045, effective September 5, 2017 (Supp. 17-3).

**R17-5-316. Traffic Survival School Department-Approved Inventory**

- A. A traffic survival school licensed under this Article shall:
  1. Prohibit public or other unauthorized access to all Department-approved inventory, and
  2. Submit to the Department or private entity a written report detailing the circumstances surrounding the loss or theft of any missing or stolen Department-approved inventory.
- B. A licensee shall use only Department-approved inventory.
- C. A school principal or business manager shall submit to the Department or private entity a written or electronic request for any additional Department-approved inventory the school may require.

**Historical Note**

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2).

**R17-5-317. School Responsibilities**

While licensed by the Department or private entity under A.R.S. § 28-3413 or 32-2371 and this Article, the school shall:

1. Comply with the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.) and applicable federal regulations by providing appropriate auxiliary aids and services to students with disabilities requesting reasonable accommodation;
2. Comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.) and applicable federal regulations. As a requirement of compliance, the school shall:
  - a. Provide public notification of its compliance with Title VI by displaying a Department-approved notice to the public;
  - b. Take reasonable steps to ensure that Limited English Proficient (non-English speaking) customers have meaningful access to the services or activities performed under this Article, which includes, providing the school's services and authorized transactions in languages other than English and providing these services at no additional cost to the customer or student;
  - c. Report promptly any customer complaints alleging discrimination or failure to meet the requirements of this Section to the Department's Civil Rights office for processing and investigation. The school shall immediately upon receipt of such complaints provide access to its facilities, books, records, accounts, and other sources of information as may be determined or requested by the Department to be pertinent, in order to ascertain compliance with Title VI; and

- d. Inform and formally train all school officers, principals, employees, and contractors on the requirements to comply with Title VI; and
3. Provide written notice to the Department or private entity within twenty-four hours if the driver license of any of the school's principals, managers, or instructors is suspended, revoked, cancelled, or disqualified.

**Historical Note**

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2).

**R17-5-318. Instructor Responsibilities**

A professional driver training school instructor or traffic survival school qualified instructor shall:

1. Attend all ongoing training and continuing education as required by the Department or private entity;
2. Provide written notice to the licensed professional driver training school or traffic survival school within twenty-four hours if the instructor's driver license is suspended, revoked, cancelled, or disqualified;
3. Conduct training and courses only at training sites approved by the Department or private entity;
4. Conduct the final evaluation on behind-the-wheel final evaluation routes approved by the Department or private entity;
5. Follow and complete the curriculum approved by the Department or private entity for each course conducted; and
6. Conduct at least two courses in a calendar year.

**Historical Note**

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2). Amended by final rulemaking at 23 A.A.R. 2045, effective September 5, 2017 (Supp. 17-3).

**R17-5-319. Traffic Survival Schools**

- A. The Department shall assign an individual only to a traffic survival school licensed by the Director under this Article.
- B. A traffic survival school or qualified instructor shall allow only students who provide acceptable proof of traffic survival school assignment to register for and attend a traffic survival school course. The following documents are acceptable proof of assignment:
  1. Notice of traffic survival school assignment or suspension for failure to attend traffic survival school,
  2. An order from a court or other appropriate tribunal from Arizona or another state indicating traffic survival school assignment,
  3. Traffic survival school proof of assignment form obtained from the Department,
  4. Electronic verification of traffic survival school assignment through the Department's private entity, or
  5. Motor vehicle record.
- C. On enrollment of a student in, or on a student's attendance of, a traffic survival school course, a licensed traffic survival school shall collect the statutory enrollee fee provided in A.R.S. § 28-3411, unless the student has paid the enrollee fee in advance. The licensed traffic survival school also shall collect the records fee prescribed by A.R.S. § 28-446, if applicable, before the student attends the traffic survival school course. The licensed traffic survival school shall fully remit these fees to the private entity within four business days after a

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student completes the traffic survival school course. If a licensed traffic survival school does not timely remit the enrollee fees, the Department or private entity may notify the traffic survival school that its prospective future students will be required to prepay the enrollee fees until remittances are current. The amount of the enrollee fee charged by the private entity shall be negotiated by the Department and the private entity and shall be set forth in their contract.

- D. A traffic survival school or qualified instructor shall not:
  1. Conduct courses with a number of students in excess of the classroom's fire safety capacity reported to the Department or private entity by the licensee under R17-5-321;
  2. Conduct courses with more than 30 students per qualified instructor;
  3. Exclude a translator, the Director, the private entity, or Department personnel from attending courses;
  4. Issue a certificate of completion to a student who has not fully completed the required curriculum; or
  5. Issue a certificate of completion for a student whom the instructor did not personally instruct.
- E. A licensee shall retain for three years all copies of the student's acceptable proof of assignment and the signed class roster of attending students.
- F. The private entity may develop and administer a web site that allows individuals who are assigned to traffic survival school to locate and enroll online in traffic survival school courses.
- G. Only an individual who meets the qualifications under R17-5-305, remains in compliance with this Article, and who is granted and retains traffic survival school qualified instructor status, may be allowed to teach individuals assigned by the Department to attend a licensed traffic survival school.
- H. A licensed traffic survival school must hold at least one course every 60 days at the school's established place of business and each branch, as applicable.

**Historical Note**

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2).

**R17-5-320. High School Driver Education Program**

- A. The following definitions apply to this Section:
  1. "Accountable forms inventory" means a series of distinctly and consecutively numbered documents provided by the Department to an instructor qualified under this Section for:
    - a. Recording in a log, the assigned number of each document completed, issued, or voided by a high school qualified instructor; and
    - b. Reporting to the Department the assigned number of each document completed, issued, or voided by a high school qualified instructor.
  2. "Certified instructor report" means a report prepared and certified monthly by each high school qualified instructor listing all certificates of completion that were issued and voided.
- B. The Department shall cooperate with the Arizona Department of Education, under A.R.S. §§ 28-3174 and 32-2353, to enable the issuance of a certificate of completion to a regularly enrolled full-time student as part of a high school driver education program.
- C. The Director or private entity shall qualify an instructor approved by the Arizona Department of Education to issue a certificate of completion.
- D. A high school qualified instructor may issue a certificate of completion to a regularly enrolled full-time student who:
  1. Successfully completes the classroom course of instruction required by the Arizona Department of Education, which may waive the student's requirement to take the Department's written test; or
  2. Successfully completes the skills course of instruction required by the Arizona Department of Education, which may waive the student's requirement to take the Department's skills test.
- E. A high school qualified instructor shall submit to the Department, no later than the fifth day of each month, all certified instructor reports and certificates of completion issued by the school during the preceding month. A high school qualified instructor who does not issue any certificates of completion during the preceding month shall submit to the Department a certified instructor report indicating "no activity."
- F. A high school qualified instructor shall provide the status of certificates of completion to the Department, upon request, by identifying the certificates by number as either issued, not issued, lost, or stolen.
- G. A high school representative shall promptly return all unused or un-issued certificates of completion to the Department, upon request.
- H. A certificate of completion constitutes accountable forms inventory to be secured at all times by the high school qualified instructor or other designee of the high school and any misuse, fraud, or negligence by a high school qualified instructor involving the form in consultation with the Arizona Department of Education pursuant to A.R.S. § 28-3174 may lead to Department disqualification of the instructor's authorization to issue the form.
- I. A high school qualified instructor shall submit to the Department all reports required under this Article by regular mail, certified mail, registered mail, electronic mail, or personal delivery. The following dates shall be used to determine whether a report was received within the required timeframes established under this Section:
  1. For regular mail, the postmark date;
  2. For certified or registered mail, the date of receipt by the designated delivery service;
  3. For electronic mail, the send date; and
  4. For personal delivery, the Department's time and date stamp of receipt.
- J. If a high school qualified instructor fails to timely or accurately submit to the Department a certified instructor report required under this Section, the Department may initiate corrective action. The Department may:
  1. Provide an oral or written warning for a first untimely or inaccurate report,
  2. Send a letter of concern for a second untimely or inaccurate report in a 12-month period, and
  3. Request that the Arizona Department of Education disqualify a high school qualified instructor from issuing a certificate of completion under this Article for a third untimely or inaccurate report in a 12-month period.
- K. A high school shall develop and maintain a driver education class training record for each student, which shall include at least the following information:
  1. Student's name;
  2. Student's phone number;
  3. Student's driver license or instruction permit number and its expiration date;
  4. Fee amounts collected for any related services;

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5. Date, type, and duration of all classroom lessons and practical instruction;
6. Make, model, and license plate number of any motor vehicle used to conduct training, as applicable;
7. Date and results of all tests administered;
8. Number of certificates of completion issued; and
9. Name and Department-issued number of each instructor who conducted a lesson or test.

**Historical Note**

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2).

**R17-5-321. Periodic Audits, Monitoring, Inspections, and Investigations**

- A. To determine compliance with license requirements, qualification requirements and applicable federal and state laws and rules, the Department or private entity may:
  1. Monitor for compliance by attending any licensed school's course or other activities on a scheduled or unscheduled basis;
  2. Audit for compliance by performing periodic reviews of the operations, facilities, equipment, and records;
  3. Inspect for compliance by making random, on-site visits during posted business hours; or
  4. Investigate for compliance by interviewing or submitting questions to school owners, instructors, and former or current students.
- B. Failure of a school or instructor to allow or cooperate in an audit, monitoring, inspection, or investigation may result in the Department issuing an immediate cease and desist order or requesting a hearing for suspension or revocation of a license issued under this Article.
- C. During an audit, monitoring, inspection, or investigation of a licensee, the Department, the private entity, a law enforcement agency, or employee of the Federal Motor Carrier Safety Administration may:
  1. Review and copy paper and electronic records;
  2. Examine the licensee's principal and established place of business, all branches, training, or road training sites; and
  3. Interview the school's employees, instructors, and customers.
- D. A licensee shall make records available for audit, monitoring, inspection, or investigation at the licensee's principal place of business.
- E. After an audit or monitoring, the Department or private entity shall send a report of the results in writing to the school.
- F. If instances of non-compliance are found as a result of an audit, monitoring, inspection, or investigation, the Department or private entity may determine if either of the following actions is required:
  1. An informal meeting to discuss findings, or
  2. A written compliance plan addressing findings.
- G. If greater instances of non-compliance are found as a result of an audit, monitoring, inspection, or investigation, the Department may determine if either of the following actions is required:
  1. A probationary period; or
  2. A request for a hearing to cancel, suspend, or revoke a license to operate a school or conduct instruction under this Article.
- H. The Department or private entity may issue a notice of corrective action to a licensee if the licensee fails to comply with a warning letter, with an audit, inspection or investigation

request, a monitoring request, or with written findings provided by the Department or private entity. Only the Department may initiate a corrective action provided under subsection (G).

- I. Each site used by a school as an office, training location, or classroom location shall:
  1. Be inspected and approved by the Department or private entity prior to initial use or relocation,
  2. Be licensed by the Department or private entity, and
  3. Have office hours displayed in a conspicuous location at each site open to the public during the posted hours.
- J. There shall be a clearly defined and visible separation between a school and any other business if a professional driver training school or traffic survival school is located in an office building, store, or other physical structure shared with any other business or enterprise.
- K. Any request by a school for inspection and approval of a site on a recognized Indian reservation shall contain the written permission of the appropriate Tribal authority.
- L. Any request by a school for inspection and approval of a site on a military base shall contain the written permission of the appropriate military authority.
- M. A school shall submit to the Department or private entity a copy of the written lease or contract agreement or deed of ownership, if the site is owned by the school, for each site, as applicable.
- N. Any request by a traffic survival school for inspection and approval of a site to be used for educational sessions shall include the approved fire safety capacity of the classroom(s) at that site and shall be signed by a principal of the traffic survival school.

**Historical Note**

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2).

**R17-5-322. Cease and Desist Order; Hearing and Appeal**

- A. The Department may immediately issue and serve a cease and desist order on a licensee, as prescribed under A.R.S. § 28-3417 or 32-2394, if the Department or private entity has reasonable cause to believe that the licensee has violated or is violating a federal or state law or rule relating to a duty prescribed under this Article.
- B. A cease and desist order issued by the Department to a licensee under this Article shall:
  1. Require the person on receipt of the order to cease and desist from further engaging in the prohibited conduct or in any activity authorized under this Article as specified in the cease and desist order, and
  2. Provide information regarding the person's right to request a hearing to show cause as to why the Department's order should not be upheld.
- C. On failure or refusal of a licensee to comply with a cease and desist order, or after a requested hearing, the Department may cancel, suspend, or revoke the license of the licensee under A.R.S. § 28-3416 or 32-2391 and R17-5-323.

**Historical Note**

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2).

**R17-5-323. Non-compliance; Notice of Corrective Action; Cancellation, Suspension, or Revocation of a Professional Driver Training School License or Traffic Survival School**

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**License or Qualification of a Traffic Survival School Instructor; Hearing and Appeal**

- A. The following definitions apply to this Section:
1. "Cancellation" means a Department action that withdraws a license or qualification of a traffic survival school instructor issued under A.R.S. Title 28, Chapter 8, Article 7.1 or Title 32, Chapter 23 and this Article.
  2. "Revocation" means a Department action that terminates, for an indefinite period of time, a licensee's or traffic survival school qualified instructor's privilege to operate a school or conduct instruction under this Article.
  3. "Suspension" means a Department action that prohibits, for a stated period of time, a licensee or traffic survival school qualified instructor from operating as a school or instructor under this Article.
- B. The Department or private entity may initiate corrective action on a licensee or a traffic survival school qualified instructor as provided under A.R.S. Title 28, Chapter 8, Article 7.1, Title 32, Chapter 23, Article 3, or Title 41, Chapter 6, Article 6, and this Article, if satisfactory evidence shows that a licensee or instructor, individually or collectively:
1. Violated a federal or state law or rule reasonably relating in a business context to a duty prescribed under this Article;
  2. Failed to maintain a status of good standing or character and reputation as defined in R17-5-301; or
  3. Provided false, deceptive, or misleading information to the Department or private entity in either an application or in response to an audit or inspection conducted pursuant to R17-5-321.
- C. A corrective action initiated under subsection (B), depending on the severity or number of violations, may include the Department imposing a term of probation; issuing a cease and desist order under A.R.S. § 28-3417 or 32-2394; or requesting a hearing to cancel, suspend, or revoke an existing license under A.R.S. § 28-3416 or 32-2391.
- D. A notice of corrective action issued by the Department requesting a hearing to cancel, suspend, or revoke an existing school license shall include:
1. The grounds for the Department's action; and
  2. A brief written statement explaining that it will request that a hearing be held before the Department's Executive Hearing Office on the proposed cancellation, suspension, or revocation of a professional driver training school license or a traffic survival school license, as provided under A.R.S. § 28-3416 or 32-2391.
- E. A notice of corrective action issued by the Department to cancel, suspend, or revoke an existing qualification of a traffic survival school instructor shall include:
1. The grounds for the Department's action; and
  2. A brief written statement of the hearing and appeal rights, including that the instructor may request a hearing with the Department's Executive Hearing Office within 30 calendar days of the date on the notice for the cancellation, suspension, or revocation of the qualification of a traffic survival school instructor, as provided in A.R.S. §§ 41-1001(12) and 41-1064.
- F. The Department shall provide notice and conduct hearings as prescribed under A.R.S. Title 41, Chapter 6, Article 6, and 17 A.A.C. 1, Article 5, as applicable.

**Historical Note**

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2). Amended by final rulemaking

at 23 A.A.R. 2045, effective September 5, 2017 (Supp. 17-3).

**ARTICLE 4. DEALERS****R17-5-401. Definitions**

In addition to the definitions in A.R.S. §§ 28-4301 and 28-4410, the following definitions apply to this Article unless otherwise specified:

"Dealer" or "motor vehicle dealer" has the same meaning as "motor vehicle dealer" in A.R.S. § 28-4301.

"Director" has the same meaning as in A.R.S. § 28-101.

"Owner" means a person who holds the legal title of a motor vehicle.

"Principal place of business" means a licensed place of business from which a wholesale motor vehicle dealer or a broker conducts business and keeps the records of the business.

"State" means the state of Arizona and all its agencies and political subdivisions, their officers and agents.

"Taxpayer identification number" means a number used for tax purposes that is assigned by the Social Security Administration or the Internal Revenue Service.

"VIN" or "Vehicle Identification Number" means the unique code, including serial number, used by an automobile manufacturer to identify a specific motor vehicle.

**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 1434, effective July 4, 2017 (Supp. 17-2).

**R17-5-402. Bond Amounts; Dealers, Brokers, and Automotive Recyclers' Business Licenses**

- A. As prescribed under A.R.S. § 28-4362, the Department shall require a bond in the amount specified for the following motor vehicle business license applicants:
1. \$100,000 for:
    - a. A new motor vehicle dealer,
    - b. A used motor vehicle dealer, or
    - c. A public consignment auction dealer.
  2. \$25,000 for:
    - a. A broker,
    - b. A wholesale motor vehicle dealer, or
    - c. A wholesale motor vehicle auction dealer.
  3. \$20,000 for an automotive recycler.
- B. An applicant shall submit a bond on the original vehicle dealer bond form prescribed by the Director that meets the requirements in A.R.S. § 28-4362 and these rules. An applicant shall submit a separate, original bond for each application and for each county in which an applicant or licensee has an established place of business or a principle place of business. A power of attorney for the attorney-in-fact shall be attached to the dealer bond, if applicable.
- C. An applicant shall sign the dealer bond, in addition to all partners for a partnership, or one officer for an incorporation.
- D. The completed bond form shall contain an embossed stamp, seal, or sticker from the bond company.
- E. The Department shall not accept a handwritten bond.

**Historical Note**

New Section recodified from R17-4-240 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 9 A.A.R. 1864, effective August 2, 2003 (Supp. 03-2). Section amended by final rulemaking at 23 A.A.R. 1434, effective July 4, 2017 (Supp. 17-2).

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**R17-5-403. Expired****Historical Note**

New Section made by final rulemaking at 9 A.A.R. 1864, effective August 2, 2003 (Supp. 03-2). Section expired under A.R.S. 1056(J) at 22 A.A.R. 3195, effective October 5, 2016 (Supp. 16-3).§

**R17-5-404. Dealer Title Requirement for Vehicle Sale**

For purposes of A.R.S. § 28-4409(A), the dealer's name shall be recorded on a title certificate as transferee or purchaser.

**Historical Note**

New Section recodified from R17-4-241 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Section heading corrected as recodified at 7 A.A.R. 3483 (Supp. 09-2).

**R17-5-405. Dealer Acquisition Contract**

- A.** For the purposes of A.R.S. § 28-4410, a dealer shall prepare a dealer acquisition contract on a Department form with contents as prescribed under subsection (B).
- B.** A dealer acquisition contract shall contain the following information:
  1. The heading "Dealer Acquisition Contract;"
  2. The dealer's name and dealer license number;
  3. The dealer's business address and telephone number;
  4. The owner's name, address, telephone number; driver license number or taxpayer identification number, as applicable; and type of ownership;
  5. The VIN; license plate number; licensing state; and model, make, and year of the motor vehicle that has a dealer acquisition contract;
  6. If there is a lien holder, for each lien holder:
    - a. The lien holder's name, address, and telephone number;
    - b. The lien balance;
    - c. The prepayment penalties, if any; and
    - d. Other information on the terms and conditions of the lien repayment.
  7. A statement by the owner that the motor vehicle is free and clear of all liens and encumbrances, except those disclosed under subsection (B)(6)(a) and the unpaid lien balance is no greater than disclosed under subsection (B)(6)(b);
  8. The contracted purchase price and a recital that this amount has been either paid directly to the owner or credited to the owner against the purchase price of another motor vehicle;
  9. A statement indicating that the owner is selling and transferring the described motor vehicle to the dealer;
  10. An authorization by the owner permitting the dealer to obtain all information necessary to verify the accuracy of the lien balance and assure that the balance is paid and the lien is released;
  11. A statement by the owner that the registration document provided to the dealer is the original and most recent registration issued for the vehicle;
  12. An agreement indicating whether the owner or dealer is responsible to satisfy the lien balance;
  13. An authorization by the owner permitting the dealer to obtain the original title certificate from the lien holder; endorse the owner's name on the title; and if necessary, transfer the title to the dealer;
  14. A statement that if the owner receives the certificate of title, the owner shall immediately deliver the title to the

dealer and provide any signature and acknowledgment necessary to complete the title transfer to the dealer;

15. The date when the dealer acquisition contract is executed by each party;
16. The dealer's signature; and
17. The owner's signature.
- C.** A dealer or an owner who adds to a dealer acquisition contract a provision not described in this Section shall ensure that the provision does not conflict with or alter the meaning of a provision of this Section.
- D.** When a dealer prepares a dealer acquisition contract as prescribed under this Section, the dealer shall give a copy to the owner and keep the original at the dealer's established place of business for three years after the date that the contract expires or terminates, or the date the motor vehicle is sold.
- E.** In complying with this Section, a dealer shall not interpret or claim compliance to be an approval by the state of the fairness, validity, or legality of a dealer acquisition contract. This Section furnishes only information required in a dealer acquisition contract. This Section does not detail any additional contractual requirements that may be defined under other Arizona statutes.

**Historical Note**

New Section recodified from R17-4-245 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 4234, effective November 15, 2002 (Supp. 02-3). Section amended by final rulemaking at 23 A.A.R. 1434, effective July 4, 2017 (Supp. 17-2).

**R17-5-406. Dealer Consignment Contract**

- A.** For the purposes of A.R.S. § 28-4410, a motor vehicle dealer shall prepare a dealer consignment contract on a form with contents as prescribed under subsection (B).
- B.** A dealer consignment contract shall contain the following information:
  1. The heading "Dealer Consignment Contract;"
  2. The dealer's name and dealer license number;
  3. The dealer's business address and telephone number;
  4. The owner's name, address, telephone number, driver license number or taxpayer identification number, and type of ownership;
  5. The VIN; license plate number; licensing state; and model, make, and year of the motor vehicle that has a dealer consignment contract;
  6. If there is a lien holder, for each lienholder:
    - a. The lien holder's name, address, and telephone number;
    - b. The lien balance;
    - c. The prepayment penalties, if any; and
    - d. Other information on the terms and conditions of the lien repayment;
  7. A statement by the owner that the vehicle is free and clear of all liens and encumbrances, except those disclosed under subsection (B)(6)(a) and the lien balance is no greater than that disclosed under subsection (B)(6)(b);
  8. An authorization by the owner permitting the dealer to market and sell the vehicle on behalf of the owner at a mutually-agreed upon, specified, minimum price;
  9. An agreement by the dealer to inform any prospective purchaser that the vehicle is on consignment;
  10. An agreement by the dealer that, upon receiving the sale proceeds, the dealer shall immediately satisfy all disclosed liens and ensure that the liens are released;

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11. An agreement by the owner that, upon the completion of the sale and after receiving the sale proceeds, the owner shall promptly deliver and endorse the title certificate for reassignment to the purchaser;
  12. The expiration date of the consignment contract;
  13. An agreement by the dealer to deliver the motor vehicle to the owner at a specified location on the date that the contract expires or terminates;
  14. An agreement by the owner to pay any specified fees due to the motor vehicle dealer on the return of the vehicle, after the expiration or termination of the consignment contract;
  15. The date the contract is executed;
  16. The dealer's signature; and
  17. The owner's signature.
- C.** A dealer or an owner who adds to a dealer consignment contract a provision not described in this Section shall ensure that the provision does not conflict with or alter the meaning of a provision of this Section.
- D.** When a dealer prepares a dealer consignment contract as prescribed under this Section, the dealer shall give a copy to the owner and keep the original at the dealer's established place of business for three years after the date that the dealer consignment contract expires or terminates, or the vehicle is sold.
- E.** In complying with this Section, a dealer shall not interpret or claim compliance to be an approval by the state of the fairness, validity, or legality of a dealer consignment contract. This Section furnishes only information required in a dealer consignment contract. This Section does not detail any additional contractual requirements that may be defined under other Arizona statutes.
- B.** The Department shall accept out-of-state affidavits of repossession that comply with the requirements under subsections (A)(3), (A)(4), and subsection (C) if all of the following apply:
1. The affidavit is submitted by an Arizona licensed dealer, and
  2. The Arizona licensed dealer is transferring the title into the dealership's name.
- C.** A lienholder may sell a repossessed motor vehicle without transferring the title into the lienholder's name by completing a Bill of Sale for submission to the Department. The Bill of Sale may be combined with the affidavit of repossession and shall contain the following information:
1. The buyer's name;
  2. The sale date;
  3. The buyer's street address, including the city, state, and zip code;
  4. The name of the new lienholder, if applicable;
  5. The new lien date, if applicable;
  6. The odometer certification statement, if required under A.R.S. § 28-2058, including the odometer reading, and an acknowledgment with the buyer's name and signature;
  7. A statement that the buyer is aware of the odometer certification made by the seller;
  8. The seller's name;
  9. The seller's signature; and
  10. The seller's address, including city, state, and zip code.
- D.** A completed repossession affidavit as prescribed under this Section is proof of ownership, right of possession, and right of transfer.
- E.** The Department has no responsibility relating to foreclosure on real property under A.R.S. Title 33, Chapter 7.

**Historical Note**

New Section recodified from R17-4-246 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 4234, effective November 15, 2002 (Supp. 02-3). Section amended by final rulemaking at 23 A.A.R. 1434, effective July 4, 2017 (Supp. 17-2).

**R17-5-407. Motor Vehicle Repossession**

- A.** The Department shall not transfer a title when the ownership of a motor vehicle titled in this state or another state reverts through operation of state law to a lienholder of record through repossession unless the following conditions are met:
1. The motor vehicle is physically located in this state;
  2. A notice of lien is filed with the Department;
  3. A completed affidavit from the lienholder is submitted to the Department stating that the motor vehicle is physically located in this state and was repossessed on default pursuant to the terms of the lien and applicable law and that this state, its agencies, employees, and agents shall not be held liable for relying on the contents of the affidavit; and
  4. In addition to the information required under subsection (A)(3), the affidavit contains the following information:
    - a. The (VIN),
    - b. The vehicle model year,
    - c. The vehicle make,
    - d. The registered owner's name,
    - e. The date of repossession,
    - f. The state in which the vehicle is titled,
    - g. The lienholder company name,
    - h. The lienholder agent or representative name, and
    - i. The lienholder signature.

**Historical Note**

New Section recodified from R17-4-260 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 10 A.A.R. 3399, effective October 2, 2004 (Supp. 04-3). Section amended by final rulemaking at 23 A.A.R. 1434, effective July 4, 2017 (Supp. 17-2). Amended by final rulemaking at 31 A.A.R. 4712 (December 26, 2025), effective February 1, 2026 (Supp. 25-4).

**R17-5-408. Resale of a New Motor Vehicle**

- A.** A motor vehicle dealer that sells a new motor vehicle that was delivered to a previous purchaser, shall provide written notice to the new purchaser under subsection (B).
- B.** A motor vehicle dealer shall ensure that the notice under A.R.S. § 28-4422 contains the following information:
1. The name of the dealership;
  2. A vehicle description, including year, make, and VIN;
  3. A statement that the new motor vehicle was delivered to a previous purchaser;
  4. The printed name of the new purchaser; and
  5. The signature of the new purchaser (initials are not acceptable) indicating that the new purchaser has received the notice.
- C.** The motor vehicle dealer shall:
1. Provide a copy of the notice under subsection (B) to the new purchaser, and
  2. Keep a copy of the signed notice under subsection (B) at the new motor vehicle dealer's established place of business for at least three years.
- D.** The motor vehicle dealer is not required to submit the notice to the Department under subsection (B) unless otherwise required by state or federal law.



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- E. A new motor vehicle dealer shall not add additional language to the notice that would conflict with, or alter the intent of the provisions specified in subsection (B).

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 225, effective March 11, 2006 (Supp. 06-1). Section amended by final rulemaking at 23 A.A.R. 1434, effective July 4, 2017 (Supp. 17-2).

**ARTICLE 5. MOTOR CARRIER FINANCIAL RESPONSIBILITY****R17-5-501. Definitions**

In addition to the definitions provided under A.R.S. §§ 28-4001, 28-4031, 28-5201, and 28-5431, the following terms apply to this Article, unless the context otherwise requires:

“Binder” means a contract for temporary insurance as described in A.R.S. § 20-1120.

“Initial motor vehicle registration” means the first time a motor carrier registers a specific motor vehicle or a vehicle combination in Arizona.

“Insurance company” means an entity that is in the business of issuing motor carrier liability insurance policies.

**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 235, effective March 11, 2003 (Supp. 03-1). Amended by final rulemaking at 18 A.A.R. 2365, effective November 10, 2012 (Supp. 12-3).

**R17-5-502. Repealed****Historical Note**

New Section recodified from R17-4-226 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 13 A.A.R. 858, effective March 6, 2007 (Supp. 07-1).

**R17-5-503. Repealed****Historical Note**

New Section recodified from R17-4-226.01 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 13 A.A.R. 858, effective March 6, 2007 (Supp. 07-1).

**R17-5-504. Requirement to Submit Proof of Financial Responsibility; Applicability; Procedure; Exception**

- A. If a person or motor carrier subject to financial responsibility requirements under A.R.S. § 28-4032 does not insure its motor vehicle or vehicle combination through an insurance company that electronically reports to the Department under A.R.S. § 28-4148 and Article 8 of this Chapter, the person or motor carrier shall submit proof of financial responsibility as prescribed in this Section, and in the amount required under A.R.S. § 28-4033(A):
1. On initial motor vehicle registration, or
  2. On written request by the Department.
- B. An insurance company, its managing general agent, broker, or agent may submit proof of financial responsibility to the Department on behalf of a person or motor carrier.
- C. As proof of financial responsibility, a person or motor carrier shall submit to the Department a photocopy of:
1. A valid liability insurance policy;
  2. A binder dated within 90 days of filing with the Department;

3. A completed and signed Form E Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance, issued by an insurer that holds a valid certificate of authority or that is permitted to transact surplus lines insurance in this state, naming the Arizona Department of Transportation as the agency;
4. A completed and signed Certificate of Liability Insurance form, issued by an insurer that holds a valid certificate of authority or that is permitted to transact surplus lines insurance in this state, naming the Arizona Department of Transportation as the certificate holder; or
5. A certificate of self-insurance issued by the Department after a person or motor carrier meets the requirements of R17-5-810 and A.R.S. §§ 28-4007 and 28-4135.

- D. Before a binder submitted as proof of financial responsibility expires, a motor carrier shall submit:

1. A binder from an insurance company other than the insurance company named in the first binder; or
2. Proof of financial responsibility listed in subsections (C)(1) or (C)(3) through (5).

- E. A person or motor carrier that maintains a valid USDOT number and files proof of financial responsibility with the Federal Motor Carrier Safety Administration under 49 CFR 387 is not required to submit additional proof of financial responsibility under this Section, except on written request by the Department.

**Historical Note**

New Section recodified from R17-4-445 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 9 A.A.R. 235, effective March 11, 2003 (Supp. 03-1). Amended by final rulemaking at 18 A.A.R. 2365, effective November 10, 2012 (Supp. 12-3).

**R17-5-505. Repealed****Historical Note**

New Section recodified from R17-4-446 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 235, effective March 11, 2003 (Supp. 03-1).

**R17-5-506. Repealed****Historical Note**

New Section recodified from R17-4-447 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 9 A.A.R. 235, effective March 11, 2003 (Supp. 03-1). Repealed by final rulemaking at 18 A.A.R. 2365, effective November 10, 2012 (Supp. 12-3).

**R17-5-507. Repealed****Historical Note**

New Section recodified from R17-4-448 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 235, effective March 11, 2003 (Supp. 03-1).

**ARTICLE 6. IGNITION INTERLOCK DEVICE MANUFACTURERS AND IGNITION INTERLOCK SERVICE PROVIDERS****R17-5-601. Definitions**

In addition to the definitions provided under A.R.S. §§ 28-101 and 41-1072, in this Article, unless the context otherwise requires, the following terms apply:

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“Alcohol concentration” means the weight amount of alcohol contained in a unit volume of breath or air, measured in grams of ethanol/210 liters of breath or air and expressed as grams/210 liters.

“Alveolar breath sample” means the last portion of a prolonged, uninterrupted exhalation from which breath alcohol concentrations can be determined.

“Anticircumvention feature” means any feature or circuitry incorporated into the ignition interlock device that is designed to prevent human activity that would cause the device not to operate as intended.

“Authorization agreement” or “agreement” means an agreement authorized by the Director that an IISP enters into with the Department to provide ignition interlock services under A.R.S. § 28-1468.

“Breath alcohol test” means analysis of a sample of the person’s expired alveolar breath to determine alcohol concentration.

“Bump starting” means a method of starting a motor vehicle with an internal combustion engine by engaging the manual transmission while the vehicle is in motion.

“Business day” means a day other than a Saturday, Sunday, or state holiday.

“Calibration” means the testing, adjustment, or systematic standardization of an ignition interlock device to determine and verify its accuracy.

“Cancellation” means the termination of a manufacturer’s ignition interlock device certification for ignition interlock device installation.

“Certification” means a status granted by the Department under this Article, which permits a certified ignition interlock device manufacturer to offer an ignition interlock device for installation.

“Certified ignition interlock device,” “CIID,” or “device” means a device that is based on alcohol specific electrochemical fuel sensor technology that meets the NHTSA specifications; that connects a breath analyzer to a motor vehicle’s ignition system; that is constantly available to monitor the alcohol concentration in the breath of any person attempting to start the motor vehicle by using its ignition system; that deters starting the vehicle by use of its ignition system unless the person attempting to start the motor vehicle provides an appropriate breath sample for the device; and determines whether the alcohol concentration in the person’s breath is below a preset level.

“Circumvent” or “circumvention” means an attempted or successful bypass of the proper functioning of a certified ignition interlock device and includes all of the following:

The bump start of a motor vehicle with a certified ignition interlock device;

The introduction of a false sample other than a deep-lung breath sample from the person driving the motor vehicle;

The introduction of an intentionally contaminated or a filtered breath sample;

The intentional disruption or blocking of a digital image identification device;

The continued operation of the motor vehicle after the certified ignition interlock device detects breath alcohol exceeding the presumptive limit prescribed in A.R.S. § 28-1381(G)(3) or, if the person is under 21 years of age, any attempt to operate the motor vehicle with any spirituous liquor in the person’s body;

Operating a motor vehicle without a properly functioning certified ignition interlock device and;

When a person, who is required to maintain a functioning certified ignition interlock device is starting or operating the motor vehicle, permits another individual to breathe into the certified ignition interlock device for the purpose of providing a breath alcohol sample to start the motor vehicle or for the rolling retest.

“Corrective action” means an action specified in or reasonably implied from Title 28, Chapter 4, Arizona Revised Statutes, that the Department takes in relation to a person’s driving privilege and the usage or discontinuation of usage of a CIID.

“Customer number” means the system-generated, or other distinguishing number, assigned by the Department to each person conducting business with the Department. The customer number of a private individual is generally the person’s driver license or non-operating identification license number.

“Data logger” means the electronic record of all ignition interlock device activity during the period when the device is installed.

“Data storage system” means a computerized recording of all events monitored by an ignition interlock device, which may be reproduced in the form of specific reports.

“Defective ignition interlock device” means an ignition interlock device that:

1. Does not meet the NHTSA specifications;
2. Does not pass calibration tests; or
3. Does not meet the accuracy and device standards prescribed in these rules.

“Drive cycle” means either the period of time from when a motor vehicle is initially turned on to the next time the ignition is turned off, or the period of time from when an initial breath alcohol test is performed and failed, to the time a breath alcohol test is successfully taken and the ignition is turned off.

“Early recall” means that a person’s ignition interlock device recorded one tampering or circumvention event, any ignition interlock malfunction, or any four valid reportable violations within a continuous 90-day period, that requires a person to return to a service center within 72 hours.

“Emergency bypass” means an event that permits a vehicle equipped with an ignition interlock device to be started without requiring successful completion of a required breath alcohol test.

“Emergency situation” means a circumstance in which the person informs the IISP or IISP-certified technician that the person’s vehicle needs to be moved to comply with the law, or the person has a valid and urgent need to operate the vehicle.

“Established place of business” means a business location that is:

Approved by the Department;

Located in Arizona;

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Not used as a residence; and

Where an IISP or its agent or subcontractor provides authorized ignition interlock services.

“False sample” means any sample other than the unaltered, undiluted, or unfiltered alveolar breath sample coming from the person.

“Filtered breath sample” means any mechanism by which there is an attempt to remove alcohol from the human breath sample.

“Free restart” means a function of a CIID that will allow a person to restart the vehicle, under the conditions provided in R17-5-615, without completing another breath alcohol test.

“FTP” means file transfer protocol, the exchange of files over any network that supports electronic data interchange reporting that is transmitted through the Internet and prescribed by the Department.

“Global positioning system” means the ability of a wireless certified ignition interlock device to identify and transmit its geographic location through the operation of the device.

“Ignition interlock device installation fee” means the fee required in A.R.S. § 28-1462, and established by the Department in R17-5-614, that is paid by a person to an IISP when a CIID is installed on, or transferred to a person’s vehicle.

“Ignition interlock period” means the period in which a person is required to use a CIID that is installed on a vehicle.

“Ignition interlock service provider” or “IISP” means a person who is an authorized representative of a manufacturer and who is under contract with the Department to install or oversee the installation of ignition interlock devices by the provider’s authorized agents or subcontractors and to provide services to the public related to ignition interlock devices.

“Improper reporting” means any of the following:

Failure of a manufacturer to report any violations to the Department within 24 hours as required in R17-5-610(D)(1), or failure to send a person’s ignition interlock reporting records, including records relating to a violation, to the Department as required in R17-5-612(C);

Failure of a manufacturer to submit to the Department valid and substantiated proof or evidence of a reportable activity related to a violation, including a summary report and relevant data loggers as required in R17-5-610(D)(2), within 10 days after the Department’s request;

Failure of a manufacturer to electronically send each Certified Ignition Interlock Summarized Reporting Record to the Department within 24 hours, after performing a calibration check, that results in the Department mailing a driver license suspension to a person;

Failure of a manufacturer to electronically send a Certified Ignition Interlock Device Summarized Reporting Record to the Department within 24 hours after installing a CIID;

Electronic reporting by a manufacturer to the Department, of data that is an exact duplicate of a single violation that occurs on a particular day and time and is reported multiple times;

Knowingly reporting a violation that occurs when a participant’s vehicle has high or low voltage;

Reporting an incident that occurs when a person has a free restart test to start the person’s vehicle;

Reporting an incident that occurs in which a manufacturer downloads data from the device during a calibration check and tampers with the data or a CIID;

Failure of a manufacturer to validate any person’s ignition interlock period extension within 10 days; or

Reporting an incident that occurs after the person’s vehicle is turned off.

“Independent laboratory” means a testing facility, not owned or operated by a manufacturer, that can test an ignition interlock device according to the Model Specifications for Breath Alcohol Ignition Interlock Devices (BAIIDs), NHTSA, published at 78 FR 26862 to 26866, May 8, 2013, with the NHTSA technical corrections published at 80 FR 16720 to 16723, March 30, 2015.

“Manufacturer” means a person or an organization that is located in the United States, that is responsible for the design, construction, and production of an ignition interlock device and that is certified by the Department to offer ignition interlock devices for installation in motor vehicles in this state.

“Material modification” means a change to a CIID that affects the functionality of the device.

“Missed rolling retest” means the person refused or failed to provide a valid and substantiated breath sample while operating the motor vehicle, in response to a requested rolling retest within the time period prescribed in R17-5-615(E).

“Mobile services” means ignition interlock services provided by an IISP or its agents or subcontractors at a publicly accessible location other than the IISP’s service center, that meet the requirements of R17-5-618.

“NHTSA” means the United States Department of Transportation’s National Highway Traffic Safety Administration.

“NHTSA specifications” means the specifications for breath alcohol ignition interlock devices published at 78 FR 26862 to 26866, May 8, 2013, with the NHTSA technical corrections published at 80 FR 16720 to 16723, March 30, 2015.

“Permanent lock-out” means a feature of the CIID in which a motor vehicle will not start until the CIID is reset by an IISP or an IISP-certified technician.

“Person” means a person who is ordered by an Arizona court or the Department to equip each motor vehicle operated by the person with a functioning CIID, and who becomes a customer of an IISP for installation and servicing of the CIID.

“Positive result” means a test result indicating that the alcohol concentration meets or exceeds the set point value.

“Principal place of business” means the administrative headquarters of a manufacturer or an IISP that is located in Arizona, is zoned for commercial, and is not used as a residence.

“Purge” means any mechanism that cleanses or removes a previous breath or reference sample from the device and specifically removes alcohol.

“Real-time” or “real-time reporting” means the instant transmission of unfiltered ignition interlock violations as defined in R17-5-601, and data as prescribed in R17-5-610, including digital images, to the manufacturer’s website for viewing by

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the Department without delay, as electronic or digital service permits.

“Reference sample device” means a device containing a sample of known alcohol concentration.

“Reference value” means an alcohol reference solution prepared and tested in a laboratory with a reference value and used to perform an accuracy check of the calibration of a CIID.

“Retest set point” has the same meaning as set point.

“Rolling retest” means a breath alcohol test that is required of a person at random intervals after the motor vehicle is started and that is in addition to the initial test required to start the motor vehicle.

“Service center” means an established place of business approved by the Department from which an IISP or its agents or subcontractors provide ignition interlock services to persons from one or more counties.

“Set point” means an alcohol concentration of 0.020 g/210 liters of breath.

“Tampering” means an overt or conscious attempt to physically disable or otherwise disconnect the CIID from its power source that allows the operator to start the engine without taking and passing the requisite breath test.

“Technician” means a person who is certified and properly trained by an ignition interlock service provider to install, inspect, calibrate, service or remove certified ignition interlock devices.

“Temporary lock-out” means a feature of the CIID which will not allow a motor vehicle to start for five minutes after a breath alcohol test result indicating an alcohol concentration above the set point.

“Vehicle identification number” or “VIN” means the unique code, including serial number, used by an automobile manufacturer to identify a specific motor vehicle.

“Violation” (when referencing acts or omissions on the part of a person in the ignition interlock program) includes, but is not limited to any of the following reportable activities performed by a person which a manufacturer shall promptly report to the Department:

Circumventing the CIID as defined in R17-5-601;

Tampering with the CIID as defined in A.R.S. § 28-1301;

Failing to provide proof of compliance or inspection of the CIID under A.R.S. § 28-1461(E)(4);

Attempting to operate the vehicle with an alcohol concentration of 0.08 or more as prescribed in A.R.S. § 28-1461(E)(5) if the person is at least 21 years of age;

Attempting to operate the vehicle with an alcohol concentration value in excess of the set point if the person is under 21 years of age;

Refusing or failing to provide any set of three consecutive valid and substantiated breath samples in response to a requested rolling retest within an 18-minute time frame during a person’s drive cycle;

Disconnecting or removing a CIID, except:

On repair of the vehicle, if the person provided to the IISP, technician, or service center advance notice of the repair and the anticipated completion date; or

On moving the device from one motor vehicle to another motor vehicle if replacement of the device is accomplished within 72 hours of device removal.

“Violation reset” means the unplanned servicing and inspection of a CIID and the downloading of information from its data storage system by an IISP as a result of an early recall that requires the manufacturer to unlock the device.

#### Historical Note

New Section recodified from R17-4-709 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 3132, effective April 1, 2015 (Supp. 14-4). Amended by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2). Amended by final rulemaking at 26 A.A.R. 1047, effective July 5, 2020 (Supp. 20-2).

#### R17-5-602. Ignition Interlock Device Manufacturer Certification; Expiration; Cancellation of Certification; Notice

- A. An ignition interlock device manufacturer shall obtain certification by the Department under this Article before offering a new ignition interlock device model and before making material modifications to an existing ignition interlock device model for implementation and installation under Arizona law.
- B. Ignition interlock device certification by an ignition interlock device manufacturer shall occur prior to the IISP signing an authorization agreement with the Department.
- C. After receiving Department certification for a new ignition interlock device model and meeting all the requirements under R17-5-604, the ignition interlock device manufacturer is effectively certified by the Department to offer the certified ignition interlock device model for installation under Arizona law.
- D. An ignition interlock device manufacturer shall submit a new application to the Department under R17-5-604 for the certification of each new ignition interlock device model the manufacturer intends to offer for installation.
- E. Manufacturer certification issued by the Department under this Article shall automatically expire if:
  1. The manufacturer no longer provides at least one currently certified ignition interlock device model for installation under Arizona law; and
  2. The manufacturer has no pending application on file with the Department for the certification of a device under R17-5-604.
- F. Manufacturer certification of an ignition interlock device that was previously approved by the Department under this Article shall automatically expire within one year after the certification is granted if the manufacturer has not contracted with an IISP currently contracted with the Department to install the CIID.
- G. After the one-year cancellation period in subsection (F) ends, a manufacturer may reapply to the Department for certification by completing a new application for the certification of a device and meeting all certification requirements under this Article.
- H. If the Department determines that a manufacturer fails to properly report ignition interlock information and data to the Department in the manner prescribed in these rules, the

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Department may immediately provide written notice to the manufacturer with the following information:

1. The name of the person and the date of the improper reporting; and
  2. The manufacturer shall send the required record or report to the Department within ten business days, if applicable.
- I.** If the manufacturer fails to remedy the issues identified in the notice within ten business days, the Department may cancel the manufacturer device certification.
- J.** If a manufacturer's certification expires as a result of subsections (E)(1) and (E)(2), the manufacturer may reapply for certification by submitting a new application to the Department for the certification of a device under R17-5-604.
- K.** A manufacturer shall only appoint one IISP that is contracted with the Department and serves as an authorized representative of the manufacturer to provide ignition interlock services to the public.
- L.** A manufacturer shall notify the Department within 24 hours if an IISP is no longer authorized by a manufacturer to install its CIID.

**Historical Note**

New Section recodified from R17-4-709.01 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Former R17-5-602 renumbered to R17-5-604; new R17-5-602 made by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 3132, effective April 1, 2015 (Supp. 14-4). Amended by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

**R17-5-603. Device Requirements, Technical Specifications, and Standards for Setup and Calibration**

- A.** The accuracy of the CIID shall be determined by analysis of an external standard generated by a reference sample device.
- B.** A device shall have a demonstrable feature designed to assure that a breath sample measured is essentially alveolar.
- C.** A test of alcohol-free samples shall not yield a positive result. Endogenously produced substances capable of being present in the breath shall not yield or significantly contribute to a positive result.
- D.** All devices shall meet the setpoint requirements of R17-5-601 and the following requirements:
1. Be calibrated to have an accuracy within plus or minus 0.005 g/210L of the reference value;
  2. Be calibrated using a known reference value between .020 g/210L and .050 g/210L; and
  3. Be accompanied by a Certificate of Analysis (COA).
- E.** A device shall be designed so that anticircumvention features will be difficult to bypass.
1. Anticircumvention provisions on the device shall include, but are not limited to, prevention or preservation of any evidence of circumvention by attempting to use a false or filtered breath sample or electronically bypassing the breath sampling requirements of a device.
  2. A device shall use special seals or other methods that reveal attempts to bypass lawful device operation.
- F.** A CIID shall have global positioning system capability, and the manufacturer shall electronically and wirelessly download in real-time from the device and transmit daily to the Department, a person's ignition interlock activity in an FTP batch file.
- G.** A CIID shall be equipped with a camera, which shall not distract or impede the driver in any manner from safe and legal operation of the vehicle, shall record all ignition interlock activity of the person, and shall provide any visual evidence of actual or attempted tampering, alteration, bypass, or circumvention, and report this information directly to the manufacturer.
- H.** The camera shall be able to record and store visual evidence of each person providing a breath alcohol test, and shall meet the following requirements:
1. At device installation, the camera shall take a reference picture of the person, which shall be kept on file;
  2. A clear digital image shall be taken for each event, including initial vehicle start, all rolling retests, and whenever a violation is recorded;
  3. Each digital image shall be a wide-angle view of the front cabin of the vehicle, including the passenger side, to ensure the camera can clearly capture the entire face of the person and any passengers; and
  4. The camera shall produce a digital image of the person in all lighting conditions, including brightness, darkness, and low light conditions.
- I.** A device shall:
1. Automatically purge alcohol before allowing analysis.
  2. Have a data storage system with the capacity to sufficiently record and maintain a record of the person's daily driving activities that occur between each regularly scheduled calibration check referenced under R17-5-610 and R17-5-706. An IISP shall download and transmit any digital images taken during a person's calibration check, during each rolling retest, and each time a person with the ignition interlock requirement or another individual starts the motor vehicle. A manufacturer shall make these digital images available to the Department on request.
  3. Use the most current version of the manufacturer's software and firmware to ensure compliance with this Article and any other applicable rule or statute. The manufacturer's software and firmware shall:
    - a. Require device settings and operational features to include, but not limited to, sample delivery requirements, the set point, free restart, rolling retest requirements, violation settings, and temporary and permanent lock-outs; and
    - b. Prohibit modification of the device settings or operational features by a service center, or an IISP-certified technician unless the Department approves the modification under subsection (J).
  4. Record all emergency bypasses in its data storage system.
  5. Provide a visual reminder on the device that a calibration check must be performed on the person's CIID every 90 days, with prominent device notifications during each 77-day to 90-day interval within a person's ignition interlock period, of the following:
    - a. The device needs service; and
    - b. The time remaining until a permanent lock-out occurs.
  6. Notify a person that failure to get the calibration check, including calibration and data download, by the end of each 90-day period will cause the vehicle to be in a permanent lock-out mode, and shall record the event in the data storage system.
  7. On recording a violation of A.R.S. Title 28, Chapter 4, Article 5 for one instance of tampering or circumvention, any ignition interlock device malfunction, or any four valid reportable violations within a continuous 90-day period, emit a unique cue, either auditory, visual, or both, to warn a person that an early recall is initiated, requiring

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- the person to return to the IISP in 72 hours for a violation reset.
8. Enter into a permanent lock-out if a person does not return to the IISP for a violation reset within 72 hours after an early recall occurs.
  9. When a violation results in a permanent lock-out mode, the device shall:
    - a. Immobilize the person's vehicle;
    - b. Uniquely record the event in the data storage system; and
    - c. Require a violation reset by the IISP.
  10. Enter into a temporary lock-out mode for five minutes when the device detects during the initial breath alcohol test that a person's breath alcohol concentration is at or above the set point.
  11. After the five-minute temporary lock-out, the device shall allow subsequent breath alcohol tests with no further lock-out as long as each subsequent test produces a valid and substantiated breath test.
  12. Have security protections and the capability to provide visual evidence of any actual or attempted tampering, alteration or bypass of the device, or circumvention.
- J.** No modification shall be made to the design or operational concept of a device model after the Department has certified the device for installation under Arizona law, except that:
1. A software or firmware update required to maintain a device model is permissible if the update does not modify the design or operational concept of the device.
  2. Replacement, substitution, or repair of a part required to maintain a device model is permissible if the part does not modify the design or operational concept of the device.
  3. If a manufacturer determines that an existing Department-certified ignition interlock device model requires any modification, the manufacturer shall immediately notify the Department.
- Historical Note**
- New Section recodified from R17-4-709.02 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Former R17-5-603 renumbered to R17-5-606; new R17-5-603 made by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 3132, effective April 1, 2015 (Supp. 14-4). Amended by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2). Amended by final rulemaking at 26 A.A.R. 1047, effective July 5, 2020 (Supp. 20-2).
- R17-5-604. Ignition Interlock Device Certification; Application Requirements**
- A.** A manufacturer shall offer for installation only an ignition interlock device that is certified by the Department under this Section.
  - B.** To certify an ignition interlock device model, a manufacturer shall submit to the Department a properly completed application form that provides:
    1. The manufacturer's name;
    2. The address of the manufacturer's principal place of business in this state and telephone number;
    3. The manufacturer's status as a sole proprietorship, partnership, limited liability company, or corporation;
    4. The name of the sole proprietor or of each partner, officer, director, manager, member, agent, or 20% or more stockholder;
  5. The name and model number of the ignition interlock device and the name under which the ignition interlock device will be marketed; and
  6. The manufacturer's electronic mail address.
  7. The following statements, signed by the manufacturer:
    - a. A statement that all information provided on the application form, including all information provided on any attachment to the application form, is complete, true, and correct;
    - b. A statement that the manufacturer agrees to indemnify and hold harmless the state of Arizona and any department, division, agency, officer, employee, or agent of the state of Arizona from all liability for:
      - i. Damage to property or injury to people arising, directly or indirectly, out of any act or omission by the manufacturer or the manufacturer's authorized IISP relating to the installation and operation of the ignition interlock device; and
      - ii. All court costs, expenses of litigation, and reasonable attorneys' fees;
    - c. A statement that the manufacturer agrees to comply with all requirements under this Article; and
    - d. A statement that the manufacturer agrees to immediately notify the Department of any change to the information provided on the application form.
- C.** A manufacturer shall submit the following additional items with the application form:
1. A document that provides a detailed description of the ignition interlock device and a digital image, drawing, or other graphic depiction of the device;
  2. A document that contains the complete technical specifications for the accuracy, reliability, security, data collection, recording, and tamper detection capabilities of the ignition interlock device;
  3. An independent laboratory's report for each device model that:
    - a. Presents supporting data to demonstrate that the ignition interlock device meets or exceeds the test results required by the Model Specifications For Breath Alcohol Ignition Interlock Devices (BAIDs), NHTSA, published at 78 FR 26862 to 26866, May 8, 2013, with the NHTSA technical corrections published at 80 FR 16720 to 16723, March 30, 2015. The NHTSA specifications and technical corrections are incorporated by reference and are on file with the Department at 206 S. 17th Avenue, Phoenix, AZ 85007, and the NHTSA Office of Research and Technology, 1200 New Jersey Avenue SE, Washington, D.C. 20590. This incorporation by reference contains no future editions or amendments;
    - b. Provides the independent laboratory's name, address, and telephone number; and
    - c. Provides the name and model number of the ignition interlock device tested.
  4. A laboratory certification form, signed by an authorized representative of the independent laboratory that prepared the report required under subsection (C)(3), that states all of the following:
    - a. The laboratory is not owned or operated by a manufacturer and no other conflict of interest exists.
    - b. The laboratory tested the ignition interlock device in accordance with the Model Specifications For Breath Alcohol Ignition Interlock Devices (BAIDs), NHTSA, published at 78 FR 26862 to 26866,

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May 8, 2013 with the NHTSA technical corrections published at 80 FR 16720 to 16723, March 30, 2015.

- c. The laboratory confirms that the ignition interlock device meets or exceeds the test results required under the Model Specifications For Breath Alcohol Ignition Interlock Devices (BAIIDs), NHTSA, published at 78 FR 26862 to 26866, May 8, 2013, with the NHTSA technical corrections published at 80 FR 16720 to 16723, March 30, 2015.
  - d. The laboratory used properly maintained equipment and trained personnel to test the ignition interlock device.
  - e. The laboratory presented accurate test results to the Department.
5. A certificate of insurance, issued by an insurance company authorized to transact business in Arizona, specifying:
    - a. A product liability policy with a current effective date;
    - b. The name and model number of the ignition interlock device model covered by the policy;
    - c. Policy coverage of \$1,000,000 and \$3,000,000 in the aggregate;
    - d. The manufacturer as the insured and the state of Arizona as an additional insured;
    - e. Product liability coverage for defects in manufacture, materials, design, calibration, installation, and operation of the ignition interlock device; and
    - f. The insurance company shall notify the Department's Risk Management, Insurance and Indemnification Section in writing at least 30 days before canceling the product liability policy.
  6. A statement that the ignition interlock device has a camera, includes a global positioning system, and provides real-time reporting.
- D. For any installation of a certified ignition interlock device or any replacement of a device on a person's motor vehicle with another device, an IISP or an IISP-certified technician shall install only a certified ignition interlock device that meets the additional requirements in this Article, and meets or exceeds the test results required by the Model Specifications for Breath Alcohol Ignition Interlock Devices (BAIIDs), NHTSA, published at 78 FR 26862 to 26866, May 8, 2013, with the NHTSA technical corrections published at 80 FR 16720 to 16723, March 30, 2015.
  - E. A person whose CIID was installed prior to July 1, 2018, that does not meet all the requirements of subsection (D) shall return to the person's IISP by October 1, 2020 to exchange the CIID for a CIID that meets all the requirements of subsection (D).

**Historical Note**

New Section recodified from R17-4-709.03 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Former R17-5-604 renumbered to R17-5-607; new R17-5-604 renumbered from R17-5-602 and amended by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 3132, effective April 1, 2015 (Supp. 14-4). Amended by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2). Amended by final rulemaking at 26 A.A.R. 1047, effective July 5, 2020 (Supp. 20-2).

**R17-5-605. Application Processing; Time Frames; Exception**

- A. The Department shall process an application for ignition interlock device certification only if an applicant meets all applicable application requirements.
- B. The Department shall, within 10 days of receiving an application for certification, provide notice to the applicant that the application is either complete or incomplete.
  1. The date of receipt is the date the Department receives the application.
  2. If an application is incomplete, the notice shall specifically identify what required information is missing.
- C. An applicant with an incomplete application shall provide all missing information to the Department within 15 days of the date indicated on the notice provided by the Department under subsection (B).
  1. After receiving all of the required information, the Department shall notify the applicant that the application is complete.
  2. The Department may deny certification of an ignition interlock device if the applicant fails to provide the required information within 15 days of the date indicated on the notice.
- D. Except as provided under subsection (F), the Department shall render a decision on an application for certification of an ignition interlock device within 30 days of the date indicated on the notice acknowledging receipt of a complete application provided to the applicant under subsections (B) or (C)(1).
- E. For the purpose of A.R.S. § 41-1073, the Department establishes the following time frames for processing an application for certification of an ignition interlock device:
  1. Administrative completeness review time frame: 10 days.
  2. Substantive review time frame: 30 days.
  3. Overall time frame: 40 days.
- F. Established time frames may be suspended by the Department under A.R.S. § 41-1074 for certification of an ignition interlock device until the Department receives all external agency approvals required for certifying a new ignition interlock device model from the Department of Public Safety.

**Historical Note**

New Section recodified from R17-4-709.04 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Former R17-5-605 renumbered to R17-5-608; new R17-5-605 made by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 3132, effective April 1, 2015 (Supp. 14-4). Amended by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

**R17-5-606. Application Completeness; Denial of Ignition Interlock Device Certification; Hearing**

- A. An application for certification of an ignition interlock device model is complete when the Department receives:
  1. From the manufacturer, a properly prepared application form;
  2. From the manufacturer, all additional items required under R17-5-604(C);
  3. From the Department of Public Safety, under A.R.S. § 28-1462, written confirmation or disapproval of the independent laboratory's report that the ignition interlock device meets or exceeds the NHTSA specifications in R17-5-604(C); and
  4. From the manufacturer, a letter or notification that the device meets the following standards:
    - a. The anticircumvention features in R17-5-603(E),

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- b. The data storage capacity requirement in R17-5-603(I)(2), and
    - c. The constant communication requirement in R17-5-610(O).
  - B.** The Director shall deny an application for certification of an ignition interlock device model if all requirements of subsection (A) are not met, or on finding any of the following:
    - 1. The design, material, or workmanship is defective, causing the ignition interlock device model to fail to function as intended;
    - 2. The manufacturer's product liability insurance coverage is terminated or canceled;
    - 3. The manufacturer no longer offers the ignition interlock device model for installation under Arizona law;
    - 4. The manufacturer or the independent laboratory provided false or inaccurate information to the Department relating to the performance of the ignition interlock device model;
    - 5. The components, design, or installation and operating instructions have undergone a modification that causes the ignition interlock device model to be out of compliance with the NHTSA specifications in R17-5-604(C), the requirements in this Article; or
    - 6. The Department receives a report of device disapproval from an independent laboratory or other external reviewer.
  - C.** The Department shall mail to the manufacturer, written notification of the certification or denial of certification of an ignition interlock device model. A notice denying certification of an ignition interlock device model shall specify the basis for the denial and indicate that the applicant may, within 15 days of the date on the notice, request a hearing on the Director's decision to deny certification by filing a written request with the Department's Executive Hearing Office as prescribed under 17 A.A.C. 1, Article 5.
  - D.** If a manufacturer timely requests a hearing on the Director's decision to deny certification of an ignition interlock device model, the Department's Executive Hearing Office shall conduct the hearing as provided under A.R.S. Title 41, Chapter 6, Article 6, and 17 A.A.C. 1, Article 5.
- Historical Note**
- New Section recodified from R17-4-709.05 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Former R17-5-606 renumbered to R17-5-609; new R17-5-606 renumbered from R17-5-603 and amended by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 3132, effective April 1, 2015 (Supp. 14-4). Amended by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2). Amended by final rulemaking at 26 A.A.R. 1047, effective July 5, 2020 (Supp. 20-2).
- R17-5-607. Cancellation of Device Certification; Hearing**
- A.** The Director shall cancel an ignition interlock device model certification and remove the device from its list of CIID's on finding any of the following:
    - 1. The design, material, or workmanship contains a defect that causes the ignition interlock device model to fail to function as intended;
    - 2. The manufacturer's product liability insurance coverage is terminated or canceled;
    - 3. The manufacturer no longer offers the ignition interlock device model for installation under Arizona law;
    - 4. The manufacturer or independent laboratory provided false or inaccurate information to the Department relating to the performance of the ignition interlock device model;
    - 5. The components, design, or installation and operating instructions have undergone a modification that causes the ignition interlock device model to be out of compliance with the NHTSA specifications in R17-5-604(C);
    - 6. The manufacturer instructs the Department to cancel its certification of the ignition interlock device model;
    - 7. The manufacturer, the IISP, or the device does not comply with this Article or any other applicable rule or statute; or
    - 8. If the manufacturer has not contracted with an IISP authorized by the Department within one year after the device model certification.
  - B.** The Department, on finding any of the conditions described under subsection (A), or on finding that the manufacturer failed to timely remedy the issues identified in the notice provided under R17-5-602(H), shall mail to the manufacturer a notice and order of cancellation of certification for the specific ignition interlock device model. The notice and order of cancellation shall:
    - 1. Specify the basis for the action;
    - 2. Specify the date when the one-year decertification begins and ends; and
    - 3. State that the manufacturer may, within 15 days after receipt of a notice and order of manufacturer device model cancellation, file a written request for a hearing with the Department's Executive Hearing Office as prescribed under 17 A.A.C. 1, Article 5, to show cause as to why the ignition interlock device certification should not be cancelled.
  - C.** If a hearing to show cause is timely requested, the Department's Executive Hearing Office shall conduct the hearing as prescribed under A.R.S. Title 41, Chapter 6, Article 6, and 17 A.A.C. 1, Article 5. The request for a hearing stays the summary cancellation of manufacturer device model certification.
  - D.** Within 10 days after a hearing, the hearing officer shall issue to the manufacturer a written decision, which shall:
    - 1. Provide findings of fact and conclusions of law; and
    - 2. Grant or cancel the certification.
  - E.** If the hearing officer affirms the manufacturer device model cancellation, the manufacturer may seek judicial review under A.R.S. Title 12, Chapter 7, Article 6, within 35 days of the date when a copy of the decision sought to be reviewed is served upon the party affected unless the court grants a stay while the appeal is pending.
  - F.** Within 60 days after the effective date of an order of cancellation, the manufacturer shall, at the manufacturer's own expense, ensure the removal of all ignition interlock devices that are not certified and facilitate the replacement of each device with a CIID.
  - G.** The manufacturer of a previously decertified ignition interlock device model may reapply to the Department for certification of another ignition interlock device model under R17-5-604 after the one-year device decertification period ends.
  - H.** After cancellation, the Department shall notify the IISP and the IISP-certified technicians that each of them is prohibited from installing the ignition interlock device for which the device certification was cancelled.
  - I.** Cancellation of a manufacturer's device model certification prohibits the manufacturer from performing its duties with respect to the device model that has been cancelled and mak-



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ing the device model available for installation in the state for a period of one year from the latest of the following dates when:

1. The Department cancels a manufacturer's device model certification, or
2. The Department's Executive Hearing Office cancels the manufacturer's device model certification.

**Historical Note**

New Section recodified from R17-4-709.06 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Former R17-5-607 renumbered to R17-5-610; new R17-5-607 renumbered from R17-5-604 and amended by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 3132, effective April 1, 2015 (Supp. 14-4). Amended by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

**Appendix A. Renumbered****Historical Note**

New Appendix recodified from 17 A.A.C. 4, Article 7 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Appendix A renumbered to R17-5-610, Appendix A, by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4).

**Appendix B. Renumbered****Historical Note**

New Appendix recodified from 17 A.A.C. 4, Article 7 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Appendix B renumbered to R17-5-610, Appendix B, by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4).

**Appendix C. Renumbered****Historical Note**

New Appendix recodified from 17 A.A.C. 4, Article 7 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Appendix C renumbered to R17-5-610, Appendix C, by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4).

**R17-5-608. Modification of a Certified Ignition Interlock Device Model**

- A. A manufacturer shall notify the Department in writing at least 10 days before a material modification is made to a certified ignition interlock device model.
- B. Before providing a previously certified but materially modified ignition interlock device model for installation in a motor vehicle under an order of an Arizona court or the Department, a manufacturer shall:
  1. Submit to the Department a completed application form with the information required under R17-5-604(B) and all additional items required under R17-5-604(C), and
  2. Obtain certification of the materially modified ignition interlock device from the Department.
- C. The Department's certification of a materially modified ignition interlock device model does not affect the original certification of the unmodified model.

**Historical Note**

New Section recodified from R17-4-709.07 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Former R17-5-608 renumbered to R17-5-611; new R17-5-608 renumbered from R17-5-605 and amended by final rulemaking

at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 3132, effective April 1, 2015 (Supp. 14-4). Amended by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

**R17-5-609. IISP and Manufacturer Responsibilities**

- A. An IISP shall refer a person only to the IISP's certified technician.
- B. An IISP shall provide the Department and each person with a toll-free telephone number to call to obtain the names and phone numbers of the IISP's certified technicians, the IISP service center locations, and hours of operation for the IISP service centers.
- C. An IISP shall certify each technician by providing adequate training and oversight for the technician to perform one of the activities at a service center, which are installation, inspection, calibration, service, or removal of a CIID.
- D. An IISP shall provide to every person operating a motor vehicle equipped with a CIID, and any other persons who will operate the motor vehicle, training on how to operate the motor vehicle. An IISP shall instruct the person on all of the following:
  1. How to use the system;
  2. How to obtain service for the CIID;
  3. How to find answers to any additional questions;
  4. How the alcohol retest feature works;
  5. How drinking alcohol before a test may result in a reading of sensitive or fail;
  6. How the CIID shall not be removed, except by an IISP or IISP-certified technician;
  7. How noncompliance with a regularly scheduled calibration check for a person with a limited or restricted driving privilege shall result in suspension of the person's driving privilege under A.R.S. § 28-1463 until proof of compliance is submitted to the Department under A.R.S. § 28-1461, and the duration of the person's certified ignition interlock device requirement shall be extended under A.R.S. § 28-1461;
  8. What the penalties are for circumvention of the CIID;
  9. What the penalties are for tampering with, or misusing the CIID;
  10. What will happen after failing a start-up breath alcohol test;
  11. What will happen after a person has a set of three consecutive valid and substantiated missed rolling retests within an 18-minute time frame during a drive cycle; and that a person shall not avoid compliance with the rolling retest requirement by turning off a motor vehicle's ignition or by keeping the motor vehicle in operation while the vehicle is parked, and leaving the vehicle when a rolling retest is requested;
  12. What events or actions will result in a temporary or permanent lock-out of the CIID; and
  13. How to provide a properly delivered alveolar breath sample.
- E. An IISP shall have each person sign a document stating that the IISP has instructed the person regarding each topic contained in subsections (D) and (L), and has received the manufacturer's written instructions for operation of the CIID.
- F. An IISP shall inform a person that a compliance check on a CIID is required 30 days and 60 days after installation of the device, which shall be done electronically.

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- G. An IISP shall inform each person to bring the vehicle to a service center for a calibration check within every 77 to 90-day period until the person is eligible for device removal.
- H. An IISP shall check each CIID for evidence of tampering at least once every 90 days or more frequently if needed. This anticircumvention check shall be conducted at each person's calibration check at a service center as required under R17-5-706.
- I. An IISP shall ensure that the manufacturer reports to the Department electronically under R17-5-610 if any evidence of tampering is discovered, and the manufacturer shall submit valid and substantiated proof or evidence of a reportable activity. An IISP shall keep visual evidence of a person's tampering or circumvention for a minimum of three years after the termination of the person's required ignition interlock period.
- J. An IISP shall submit to the Department a list of the IISP-certified technicians, subcontractors, or agents, and service centers at the beginning of the contract with the Department, within 5 business days of making a change to the list previously provided, and on a monthly basis as requested by the Department.
- K. An IISP shall comply with the provisions of this Article and A.R.S. Title 28, Chapter 4, Article 5.
- L. A manufacturer shall develop and an IISP shall provide each person a reference and problem solving guide at the time of installation that shall include information on the following:
  1. Operating a motor vehicle equipped with the CIID;
  2. Cleaning and caring for the CIID;
  3. Identifying and addressing any vehicle malfunctions or repairs that may affect the CIID; and
  4. How to properly take a valid and substantiated rolling retest.
- M. A manufacturer shall notify the Department within 10 days of a change of address of its principal place of business in this state.
- N. A manufacturer or an IISP shall provide a warning label, for each CIID installed, which shall have an orange background and shall include the following:
  1. Be a minimum size of two inches by one inch;
  2. Be printed in a minimum of nine-point font;
  3. Be printed in Arial font, or a font of substantially similar size and legibility; and
  4. Contain the words in black lettering: "Warning! Any person tampering with, circumventing, or otherwise misusing this Ignition Interlock Device, is guilty of a Class 1 misdemeanor."
- O. A manufacturer shall ensure that the IISP or the IISP-certified technician affixes conspicuously and maintains on each installed CIID the warning label described under subsection (N), which may be affixed to the device or to the device's cord.
- P. A manufacturer shall develop written instructions for the installation and removal of an ignition interlock device from a motor vehicle.
- Q. While a person maintains a functioning CIID in a vehicle under A.R.S. Title 28, Chapter 4, Article 5, the ignition interlock manufacturer shall electronically provide to the Department and transmit daily to the Department the information and reports prescribed in R17-5-610 and R17-5-615.
- R. The manufacturer is responsible for overseeing any agents or subcontractors, including vendors and distributors, as well as overseeing the manufacturer's IISP to ensure adherence to all performance standards.

**Historical Note**

New Section recodified from R17-4-709.08 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Former R17-

5-609 renumbered to R17-5-612; new R17-5-609 renumbered from R17-5-606 and amended by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 3132, effective April 1, 2015 (Supp. 14-4). Section repealed; new Section made by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2). Amended by final rulemaking at 26 A.A.R. 1047, effective July 5, 2020 (Supp. 20-2).

**R17-5-610. Reporting; Reportable Activity**

- A. A person shall have installed in a motor vehicle, only an ignition interlock device certified by the Department under R17-5-604.
- B. A manufacturer shall develop and the IISP shall ensure that each IISP-certified technician complies with the IISP's written procedures for the installation of a CIID.
- C. Certified ignition interlock device installation verification.
  1. A manufacturer shall electronically transmit a Certified Ignition Interlock Device Summarized Reporting Record to the Department within 24 hours of the device installation.
  2. The electronic Certified Ignition Interlock Device Summarized Reporting Record for installation verification shall contain all of the following information:
    - a. Department-assigned service center number;
    - b. Person's full name (first, middle, last and suffix);
    - c. Date of birth;
    - d. Driver license or customer number;
    - e. Report date;
    - f. Install date;
    - g. Report type;
    - h. Technician identification number;
    - i. A unique identification number for the CIID;
    - j. The last six digits of the vehicle identification number that matches the vehicle information on the data logger; and
    - k. Whether the Department, a court, or an out-of-state entity requires a person to have a CIID.
- D. Certified ignition interlock device calibration check.
  1. A manufacturer shall electronically transmit a Certified Ignition Interlock Device Summarized Reporting Record to the Department within 24 hours after performing a calibration check on an installed CIID.
  2. A manufacturer shall submit to the Department the following valid and substantiated proof or evidence of a reportable activity related to a violation, as prescribed in subsection (F), within 10 days by electronic means, which shall include:
    - a. A summary report stating why the data logger or any other evidence confirms the occurrence of a violation, including any digital images of the person; and
    - b. A data logger that shows at least 12 hours of data before and after the violation.
  3. A manufacturer may submit to the Department the following additional valid and substantiated proof or evidence of a reportable activity related to a violation, as prescribed in subsection (F), if available, within 10 days by electronic means, which may include:
    - a. Video recordings;
    - b. Written statements; and
    - c. Any other evidence relevant to a violation.
  4. The electronic Certified Ignition Interlock Device Summarized Reporting Record for the calibration check shall contain all of the following information:

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- a. Department-assigned service center number;
  - b. Person's full name (first, middle, last and suffix);
  - c. Date of birth;
  - d. Driver license or customer number;
  - e. Report date;
  - f. Install date;
  - g. Report type;
  - h. Missed rolling retest count, dates, and times;
  - i. Technician identification number;
  - j. Alcohol concentration violation count, dates, time, and alcohol concentration;
  - k. Tampering violation count, dates, and time;
  - l. Circumvention count, dates, and time;
  - m. Device download date;
  - n. Device download time;
  - o. Bypass code indication, date, and time;
  - p. A unique identification number for the CIID;
  - q. The last six digits of the vehicle identification number that matches the vehicle information on the data logger; and
  - r. Whether the Department, a court, or an out-of-state entity requires a person to have a CIID.
- E.** Certified ignition interlock device removal report.
1. When a certified ignition interlock device is removed, a manufacturer shall electronically transmit a Certified Ignition Interlock Device Summarized Reporting Record to the Department within 24 hours.
  2. The electronic Certified Ignition Interlock Device Summarized Reporting Record for removal of a device shall indicate the condition of noncompliance and contain all of the following information:
    - a. Department-assigned service center number;
    - b. Person's full name (first, middle, last and suffix);
    - c. Date of birth;
    - d. Driver license or customer number;
    - e. Report date;
    - f. Install date;
    - g. Removal date;
    - h. Report type;
    - i. Technician identification number;
    - j. A unique identification number for the CIID;
    - k. The last six digits of the vehicle identification number that matches the vehicle information on the data logger;
    - l. Whether the Department, a court, or an out-of-state entity requires a person to have a CIID;
    - m. Missed rolling retest count, dates, and times;
    - n. Device download date;
    - o. Device download time.
- F.** Reportable activity for a person's noncompliance with these rules and A.R.S. Title 28, Chapter 4, Article 5, shall be limited to valid and substantiated instances by a person of any of the following transmitted electronically and wirelessly by the manufacturer to the Department in real-time within 24 hours:
1. Tampering with a CIID as defined in A.R.S. § 28-1301;
  2. Refusing or failing to provide any set of three consecutive valid and substantiated breath samples in response to a requested rolling retest within an 18-minute time frame during a person's drive cycle;
  3. Failing to provide proof of compliance or inspection of the CIID as required under A.R.S. § 28-1461(E)(4);
  4. Attempting to operate the vehicle with an alcohol concentration of 0.08 or more as prescribed in A.R.S. § 28-1461(E)(5) if the person is at least 21 years of age;
  5. Attempting to operate the vehicle with an alcohol concentration in excess of the set point if the person is under 21 years of age;
  6. Circumvention of a CIID as defined in R17-5-601; or
  7. Disconnecting or removing a CIID, except:
    - a. On repair of the vehicle, if the person provided to the IISP, technician, or service center advance notice of the repair and the anticipated completion date; or
    - b. On moving the device from one motor vehicle to another motor vehicle if replacement of the device is accomplished within 72 hours of device removal.
- G.** A person shall not avoid compliance with the rolling retest requirement by turning off a motor vehicle's ignition or by keeping the motor vehicle operating while the vehicle is parked, and leaving the vehicle when a rolling retest is requested. A missed rolling retest is reportable activity for a person's noncompliance under subsection (F).
- H.** A manufacturer shall screen each person's data loggers to ensure that there is no improper reporting.
- I.** A manufacturer shall ensure that a CIID has the necessary programming to identify each person's ignition interlock period and each drive cycle to report and send data and violations to the Department as required by these rules.
- J.** A manufacturer shall review within 10 days all reports sent by the Department and returned to the manufacturer for verification of accurate reporting. If a manufacturer finds that the reported information does not indicate valid and substantiated evidence of a violation, the manufacturer shall immediately contact the Department to correct the person's record before corrective action is initiated against a person as a result of misreported ignition interlock data.
- K.** A manufacturer shall immediately contact the Department if the manufacturer finds that the reported information indicates:
1. An obvious mechanical failure of a CIID;
  2. Obvious errors in the recorded CIID data that cannot be attributed to a person's actions;
  3. Obvious errors in the transmission of CIID data to the Department, including misreported instances of tampering; or
  4. Submission of an extension of a person's ignition interlock period or a violation to the Department when a person was not in the vehicle to take the rolling retests.
- L.** A manufacturer shall ensure that a CIID electronically and wirelessly uploads data in real-time to the manufacturer's website, that is maintained by the manufacturer, and the manufacturer shall submit all required information and reports in a daily FTP file to the Department.
- M.** In cases where no electronic or digital service exists, the manufacturer shall store the data and send the data as soon as electronic or digital service is available.
- N.** A manufacturer shall include the date of the last upload on the person's account on the manufacturer's website.
- O.** A CIID shall have constant communication between the manufacturer's server and relay unit while the device is in use.
- P.** All data, including digital images, shall be available to the Department for viewing on the manufacturer's website within five minutes after the data is recorded on the device, or as soon as electronic or digital reception permits.

**Historical Note**

New Section recodified from R17-4-709.09 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Former R17-5-610 renumbered to R17-5-703; new R17-5-610 renumbered from R17-5-607 and amended by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp.

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07-4). Amended by final rulemaking at 20 A.A.R. 3132, effective April 1, 2015 (Supp. 14-4). Amended by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2). Amended by final rulemaking at 26 A.A.R. 1047, effective July 5, 2020 (Supp. 20-2).

**Exhibit A. Renumbered****Historical Note**

New Exhibit recodified from 17 A.A.C. 4, Article 7 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Exhibit A renumbered to R17-5-703, Exhibit A, by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4).

**Exhibit B. Renumbered****Historical Note**

New Exhibit recodified from 17 A.A.C. 4, Article 7 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Exhibit B renumbered to R17-5-703, Exhibit B, by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4).

**Appendix A. Repealed****Historical Note**

Appendix A renumbered from R17-5-607, Appendix A, and repealed by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4).

**Appendix B. Repealed****Historical Note**

Appendix B renumbered from R17-5-607, Appendix B, and repealed by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4).

**Appendix C. Repealed****Historical Note**

Appendix C renumbered from R17-5-607, Appendix C, and repealed by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4).

**R17-5-611. Emergency Assistance; Continuity of Service to Persons**

- A.** For events occurring outside of normal business hours, an IISP shall provide to each person a 24-hour emergency toll-free phone number answered by a live person at all times, to provide assistance in the event a CIID fails to operate properly or a vehicle experiences a problem relating to the installation, operation, or failure of a CIID.
1. During normal business hours, if the IISP or technician receives a call for emergency assistance, and determines that a vehicle is experiencing a problem relating to the installation, operation, or failure of a CIID, an IISP or a technician shall respond to the call within 24 hours of the initial contact and shall be available either to:
    - a. Provide telephonically, the technical information required for the person to resolve the issue; or
    - b. Provide or arrange for appropriate towing or roadside assistance services if unable to resolve the issue telephonically.
  2. After receiving a person's call for emergency or other assistance, the IISP, technician, or manufacturer, as appropriate, shall either:
    - a. Make the CIID functional, if possible, within 24 hours, or

- b. Replace or repair the CIID within 48 hours of the initial contact.

**B.** An IISP shall ensure uninterrupted service to a person for the duration of the person's ignition interlock period, which shall include facilitating the replacement of a technician, subcontractor, or an employee or agent who goes out of business, is removed, or a technician whose certification is cancelled by the IISP.

1. If a manufacturer terminates the IISP's authorization, the manufacturer shall obtain each person's records from the IISP and retain the records according to R17-5-612.
  2. At the end or termination of an ignition interlock service authorization agreement, the manufacturer shall provide the Department with electronic access to each person's ignition interlock records for three years.
  3. If a manufacturer authorizes a new IISP, the manufacturer shall notify each person affected by the authorization of the new IISP at least 30 days before the authorization becomes effective.
  4. If a manufacturer does not authorize a new IISP, the manufacturer at no cost to the person, shall:
    - a. Provide written notification to all persons who are affected by the loss of an IISP or lack of service in an area, at least 30 days before the IISP discontinues service. The written notification shall inform the person of the manufacturer's responsibility to facilitate removal and replacement of the CIID and shall provide the instructions necessary for the person to successfully exchange the device;
    - b. Remove the device from the vehicle of each affected person; and
    - c. Facilitate the replacement of each device through a manufacturer with an IISP that can provide service.
  5. A manufacturer shall notify the Department within 24 hours of replacing its IISP.
  6. An IISP shall submit to the Department an updated list of the IISP's certified technicians within 5 business days after making a change to the list provided to the Department under R17-5-609(J).
- C.** Except in an emergency situation, a manufacturer, an IISP, or an IISP's-certified technician shall not remove another manufacturer's CIID without the express permission of that manufacturer.
1. If in an emergency situation a manufacturer, an IISP, or the IISP's-certified technician removes another manufacturer's CIID, that manufacturer, IISP, or the IISP's-certified technician shall return the device to the original manufacturer within 72 hours of the emergency removal; and
  2. The original manufacturer, on receipt of the device, shall provide to the Department an electronic report of the device removal under R17-5-610, which shall include the transmission of all data stored in its data storage system.
- D.** In accordance with the IISP's implementation plan, an IISP shall facilitate the replacement of the IISP's service center if the service center goes out of business or the service center is closed, and the IISP does not have a service center in the county. An IISP shall notify the Department within 72 hours of replacing a service center location in a county.
1. If a service center closes and is replaced, the manufacturer shall make all reasonable efforts to obtain from the service center being replaced, all the individual ignition interlock records and data required to be retained under

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R17-5-612. The records shall be provided to, and maintained by the IISP.

2. If an out-of-business or closed service center is not replaced, the manufacturer shall retain the records and data as required under R17-5-612, and shall provide the Department with electronic access to the records and data.
  - a. The manufacturer shall facilitate removal of all installed CIID's no longer serviced by the out-of-business or closed service center, and shall bear the cost of replacing each device with a serviceable CIID chosen by the person, even if the replacement device must be provided through an alternate manufacturer.
  - b. The manufacturer shall, within 30 days, make a reasonable effort to notify its customers of the change of service center or replacement of a device.
3. If the manufacturer cannot comply with subsection (D)(1) or subsection (D)(2), the IISP shall:
  - a. Notify its customers and the Department that service will be terminated; and
  - b. Remove each device at no cost to the customer.

**Historical Note**

Section R17-5-611 renumbered from R17-5-608 and amended by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 3132, effective April 1, 2015 (Supp. 14-4). Amended by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

**R17-5-612. Records Retention; Submission of Copies and Quarterly Reports**

- A. During the duration of the ignition interlock service authorization agreement, an IISP shall retain each person's ignition interlock activity records in an electronic format, including a secure database, or a paper format. The retained records shall consist of every document relating to installation, operation, and removal of the CIID. The IISP shall maintain all daily ignition interlock activity records of each person in the device's data storage system, or in a secure database at a commercial business location in this state, that the Department may access during posted business hours. An IISP shall inform the Department where all individual ignition interlock activity records are located.
- B. Prior to the end or termination of an ignition interlock service authorization agreement, the manufacturer shall obtain all person's ignition interlock records and provide the Department with electronic access to the records for three years.
- C. A manufacturer shall provide copies of each person's ignition interlock records to the Department within 10 days after Department personnel request copies of records, including records relating to installation and operation of the CIID.
- D. A manufacturer shall electronically send to the Department, by the 10th day of January, April, July, and October, a quarterly report containing the following information for the previous three months:
  1. The number of CIID's the IISP currently has in service;
  2. The number of CIID's installed since the previous quarterly report;
  3. The number of CIID's removed by the IISP since the previous quarterly report; and
  4. Other information required by the Department.
- E. An IISP shall maintain and make available to the Department the ignition interlock records of all persons served by the IISP,

records relating to the authorization agreement, and employee background check information at a commercial business location in this state of the manufacturer or the IISP during normal business hours.

**Historical Note**

Section R17-5-612 renumbered from R17-5-609 and amended by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 3132, effective April 1, 2015 (Supp. 14-4). Amended by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2). Amended by final rulemaking at 26 A.A.R. 1047, effective July 5, 2020 (Supp. 20-2).

**R17-5-613. Inspections and Complaints**

- A. The Department shall investigate any complaint that is related to a CIID or an IISP.
- B. An IISP and a manufacturer shall permit and fully cooperate with periodic on-site inspections of the IISP's service centers and principal places of business of the manufacturer at any time during normal business hours by an authorized representative of the Department, where records relating to the authorization agreement and individual ignition interlock device records are maintained.
- C. The Department shall conduct on-site inspections of a manufacturer, or a service center under the provisions of A.R.S. § 41-1009. The inspection shall include an examination of ignition interlock activity, records and verification of an adequate supply of the warning labels that meet the requirements of A.R.S. § 28-1462 and R17-5-609.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 3132, effective April 1, 2015 (Supp. 14-4). Amended by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

**R17-5-614. Ignition Interlock Device Installation Fee; Financial Records**

- A. An IISP shall collect an ignition interlock device installation fee of twenty dollars from each participant for each CIID that is installed in, or transferred to a motor vehicle by an IISP.
- B. An IISP shall electronically remit the collected ignition interlock device installation fees paid by all persons to the Department on a monthly basis through a payment account created by the IISP, as determined by the Department, by transferring the collected fees paid during the previous month to the Department by the tenth day of the following month.
- C. An IISP shall not charge a person an installation fee to replace a defective ignition interlock device.
- D. An IISP shall post the amount of the ignition interlock device installation fee and the statutory authority for the ignition interlock device installation fee required by A.R.S. § 28-1462 on the IISP's website, that is available to all persons with an ignition interlock device requirement, and in a visible location at each of the IISP's service centers.
- E. An IISP must clearly post the amount of all other fees charged to a person for ignition interlock device services.
- F. An IISP shall maintain the financial records of the ignition interlock device installation fee collection and transfer to the Department, at an IISP's established place of business, or in a secure database, for three years from the date of the fee transfer. The Department may review the financial records of an

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IISP during normal business hours, to ensure compliance with the collection and transfer of the ignition interlock device installation fee to the Department.

**Historical Note**

New Section made by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2). Section repealed; new Section made by final rulemaking at 26 A.A.R. 1047, effective July 5, 2020 (Supp. 20-2).

**R17-5-615. Rolling Retest; Missed Rolling Retest; Extension of Ignition Interlock Period**

- A. A manufacturer shall report to the Department any valid and substantiated missed rolling retests, as defined in R17-5-601, that occur during the time period prescribed in subsection (E).
- B. A CIID shall have the capability to require a rolling retest and meet the requirements of a rolling retest. A person shall be prompted for the first rolling retest within five to 15 minutes after the initial test required to start an engine, and the device shall prompt for additional rolling retests at random intervals of up to 30 minutes after each previously requested and passed rolling retest.
- C. A certified ignition interlock device shall:
  1. Emit a warning light, tone, or both, to alert a person that a rolling retest is required;
  2. Allow a period of six minutes after the warning light, tone, or both, to allow a person to take a rolling retest;
  3. Require a person to perform a new test to restart an engine if it is switched off during or after a rolling retest warning;
  4. Allow a free restart of a motor vehicle's ignition, within three minutes after the ignition is switched off, without requiring another breath alcohol test, except when a rolling retest is in progress;
  5. Use the set point value for startups and retests;
  6. Record, in its data storage system, the result of each rolling retest performed by a person during the person's drive cycle, and any valid and substantiated missed rolling retests; and
  7. Immediately require another rolling retest each time a person refuses to perform a requested rolling retest.
- D. Until a person successfully performs a rolling retest, or the engine is switched off, a device shall record in its data storage system, each subsequent refusal or failure of the person to perform the requested rolling retest.
- E. The Department shall count one missed rolling retest for a person who refuses or fails to provide a valid and substantiated breath sample in response to a requested rolling retest if not followed by the person providing a valid and substantiated breath sample within six minutes.
- F. Failure to take a rolling retest when a person's breath alcohol concentration is equal to or exceeds the set point shall not sound the vehicle horn, nor any type of siren, bell, whistle or any device emitting a similar sound, or any unreasonable loud or harsh sound that is audible outside of the vehicle, and shall not cause the engine of the vehicle to shut off.
- G. The Department shall extend a person's ignition interlock period for six months, as provided in A.R.S. § 28-1461(E) for any set of three consecutive missed rolling retests that occur within an 18-minute time frame during a drive cycle.
- H. If during one drive cycle, a person who is at least 21 years of age, has two or more breath alcohol concentrations of 0.08 or more, the Department shall count this as one violation, and shall extend a person's ignition interlock period for six months.

- I. If during one drive cycle, a person who is under 21 years of age, has any breath alcohol concentration one or more times, the Department shall count this as one violation, and shall extend a person's ignition interlock period for six months.
- J. Except as provided in subsections (H) and (I), if during one drive cycle, a person has more than one violation as defined in R17-5-601, the Department shall extend a person's ignition interlock period for six months for each violation.

**Historical Note**

New Section made by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

**R17-5-616. Civil Penalties; Hearing**

- A. After notice and an opportunity for a hearing, the Director may impose a civil penalty pursuant to A.R.S. § 28-1465, against a manufacturer of a certified ignition interlock device for improper reporting to the Department of ignition interlock data, as defined in R17-5-601. The Director may impose and collect a civil penalty against a manufacturer of a certified ignition interlock device, who is responsible for an occurrence of improper reporting, as follows:
  1. \$100 for the first occurrence, but not to exceed \$1,000 per series of occurrences of improper reporting on a specific date;
  2. \$250 for the second occurrence, but not to exceed \$2,500 per series of occurrences of improper reporting on a specific date; and
  3. \$500 for the third or subsequent occurrence, but not to exceed \$5,000 per series of occurrences of improper reporting on a specific date.
- B. The Director, on finding that a manufacturer engaged in improper reporting, shall mail a notice to the manufacturer stating that civil penalties may be imposed for improper reporting. The notice shall:
  1. Specify the basis for the action; and
  2. State that the manufacturer may, within 15 days after receipt of the notice, file a written request for a hearing with the Department's Executive Hearing Office as prescribed in 17 A.A.C. 1, Article 5.
- C. A manufacturer who is aggrieved by an assessment, decision, or order of the Department under A.R.S. § 28-1465 and this Section may seek judicial review under A.R.S. Title 12, Chapter 7, Article 6.
- D. The manufacturer shall pay the civil penalty imposed under this Section to the Department no later than 30 days after the order is final.
- E. If the manufacturer fails to pay the civil penalty within 30 days after the order is final, the director may file an action in the superior court in the county in which the hearing is held to collect the civil penalty.

**Historical Note**

New Section made by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2). Amended by final rulemaking at 26 A.A.R. 1047, effective July 5, 2020 (Supp. 20-2).

**R17-5-617. Cease and Desist**

- A. If the Director has reasonable cause to believe that a party to an IISP authorization agreement is violating any provision of state statute, administrative rule, or the authorization agreement, the Director will immediately issue and serve a cease and desist order by mail to the IISP's last known address.
- B. On receipt of the cease and desist order, the IISP shall immediately cease and desist from further engaging in any activity

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that is not authorized in state statute, administrative rule, or the agreement, and that is specified in the cease and desist order.

- C. On failure of the IISP to comply with the cease and desist order, the IISP may request a hearing with the Department's Executive Hearing Office under 17 A.A.C. 1, Article 5 within 15 days. On failure of the IISP to comply with the cease and desist order, the Director will immediately cancel the agreement with the IISP.

**Historical Note**

New Section made by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

**R17-5-618. Service Centers; Mobile Services**

- A. An IISP shall have at least one readily accessible service center in each county in this state that performs all ignition interlock services, including service, calibration, installation, inspection, and removal of a CIID by a technician who is trained and certified by the IISP for the specific service area.
- B. An IISP, subcontractor, agent, or an employee who operates a service center, or provides mobile services as an extended service provided by a service center on a temporary or emergency basis, shall meet the requirements in these rules before conducting CIID-related business in this state.
- C. A service center shall maintain sufficient staffing to provide an acceptable level of ignition interlock device services during all posted business hours.
- D. A technician that provides mobile services shall be stationed and employed at the IISP's service center and be certified in the ignition interlock service area the technician will provide.
- E. When a service center technician provides mobile services, an IISP shall ensure that the service center has another technician or employee available at the service center to provide ignition interlock device services.
- F. An IISP's service center shall:
1. Be located in a permanent, fixed-site facility that accommodates installing, inspecting, downloading, calibrating, monitoring, maintaining, servicing, and removing a CIID;
  2. Provide a designated waiting area for a person that is separate from the installation area;
  3. Ensure that a person does not witness installation of the CIID;
  4. Through the IISP, the IISP-certified technician or employee, provide the necessary training required by R17-5-609(D) for a person to operate a CIID;
  5. Ensure that a technician meets the necessary requirements in order to receive and maintain certification before a technician or an IISP conducts ignition interlock device business in this state; and
  6. Have the necessary equipment and tools to provide all ignition interlock services in a professional manner.
- G. A service center that provides mobile services shall:
1. Have the capability to provide all the ignition interlock services in subsection (F)(1);
  2. Meet the requirements in subsection (F)(3) through (F)(6);
  3. Have permission from the motor vehicle owner to provide mobile services; and
  4. Ensure that a technician provides business identification to a person requesting service prior to performing services, along with the service center certificate and the technician's training certificate.
- H. A service center that provides mobile services shall not operate from a tow truck.

- I. An IISP that operates a service center, shall ensure that an IISP-certified technician utilizes all of the following:
1. The analysis of a reference sample such as headspace gas from a mixture of water and alcohol, the results of which shall agree with the reference sample predicted value, or other methodologies approved by the Department. The preparatory documentation on the reference sample solution, such as a certificate of analysis, shall be made available to the Department on request.
  2. The set point value established under R17-5-601. All analytical results shall be expressed in grams of alcohol per 210 liters of breath (g/210L).
  3. The most current versions of manufacturer software and firmware to ensure continuous compliance under this Article and A.R.S. Title 28, Chapter 4, Article 5.
- J. An IISP shall ensure that a motor vehicle used to provide mobile services from a service center has current vehicle registration in this state and maintains the required mandatory insurance and financial responsibility coverage in A.R.S. § 28-4009.
- K. A technician shall ensure that a person who receives mobile services receives the same level of training and service as a person who receives services at a service center.
- L. The manufacturer shall ensure that a CIID electronically transmits the Summarized Reporting Record for a calibration check to the Department as provided in R17-5-610(D)(4).

**Historical Note**

New Section made by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

**R17-5-619. Application; IISP Implementation Plan**

- A. An IISP that applies for authorization of an ignition interlock service provider contract under A.R.S. § 28-1468 shall submit all documents and meet all the requirements in the ignition interlock service provider authorization agreement; in Title 28, Chapter 5, Article 4, Arizona Revised Statutes; and these rules.
- B. In addition to this information, an IISP shall submit to the Department, with the application, a detailed implementation plan that outlines the steps and time frames necessary for the IISP to be fully operational. The implementation plan must include:
1. The IISP's plan for establishing a service center in every county in this state;
  2. The IISP's procedures for imposing progressive discipline on its employees, agents, or subcontractors who fail to comply with the requirements of Arizona statute; Department administrative rules; or the terms of the authorization agreement;
  3. A plan for transitioning ignition interlock services to another IISP that ensures continuous monitoring will occur if a participant decides to transition services to another IISP or if the IISP ceases conducting business or leaves this state;
  4. A means by which the IISP will provide all participant records and information or electronic access to the records and information to the ignition interlock device manufacturer in the event the IISP ceases conducting business or leaves this state. At the end or termination of an ignition interlock service authorization agreement, the manufacturer shall provide the Department with electronic access to all person's ignition interlock records for three years; and
  5. Documentation that the IISP is an authorized agent of the manufacturer and a point of contact for the manufacturer,

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including the IISP's telephone number and e-mail address.

- C. An IISP shall be approved by the Director through the application for authorization agreement process before offering ignition interlock services in the state.
- D. An IISP shall use this process to reapply to the Director for reauthorization of an ignition interlock service provider contract.

**Historical Note**

New Section made by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

**R17-5-620. Authorization Time Frame; Ignition Interlock Service Provider**

- A. The Director shall, within 10 days of the date of receipt of an application for authorization of an ignition interlock service provider contract, provide notice to the IISP that the application is either complete or incomplete.
  - 1. The date of receipt is the date the Director receives the application.
  - 2. If an application is incomplete, the dated notice shall specifically identify the required information that is missing.
- B. An applicant with an incomplete application shall provide all missing information to the Director within 15 days of the Director's notice.
  - 1. After receiving all of the required information, the Director shall notify the IISP that the application is complete.
  - 2. The Director may deny an IISP's application if the IISP fails to provide the required information within 15 days of the Director's notice.
- C. The Director shall render a decision on an application for authorization within 30 days of the date on the notice acknowledging receipt of a complete application, provided to the applicant under subsections (A) or (B).
- D. If the Director denies an application for authorization, the Director shall notify the IISP in writing within 20 days after the denial, and of the grounds for the denial in accordance with A.R.S. § 28-1468 (E).
- E. For the purposes of A.R.S. § 41-1073, the Department establishes the following time frames for the purpose of reviewing an application for authorization
  - 1. Administrative completeness review time frame: 10 days.
  - 2. Substantive review time frame: 30 days.
  - 3. Overall time frame: 40 days.
- F. The Director shall use this process for reapplication for authorization of an ignition interlock service provider contract.

**Historical Note**

New Section made by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

**R17-5-621. Service Center Application**

- A. On approval by the Director of an IISP's signed application for authorization to provide ignition interlock services, an IISP shall submit to the Department for approval a properly completed service center application for approval of the IISP's service centers.
- B. An IISP shall provide the following information to the Department:
  - 1. The service center name, which shall match the name on the service center;
  - 2. The business address of the established place of business of each service center or business location;
  - 3. The telephone number of each established place of business of each service center or business location;

- 4. The service center's legal status as a sole proprietorship, partnership, limited liability company, or a corporation;
- 5. The name of the sole proprietor, each partner, officer, director, manager, member, agent, or 20% or more stockholder;
- 6. The name and model number of each CIID the IISP plans to install;
- 7. An indication of any service centers that will provide mobile services;
- 8. Any applicable business licenses and the governmental entity; and
- 9. The following statements signed by the IISP:
  - a. A statement that all information provided on the application, including all information provided on any attachment to the application is complete, true, and correct;
  - b. A statement that the IISP agrees to indemnify and hold harmless from all liability the state of Arizona and any department, division, agency, officer, employee, or agent of the state of Arizona;
  - c. A statement that the IISP agrees to comply with all requirements in these rules; and
  - d. A statement that the IISP agrees to immediately notify the Department of any change to the information provided on the application form.
- C. The Department shall process an IISP's service center application only if the IISP meets all applicable application requirements.
- D. The Department shall, within 10 days of receiving a service center application, provide notice to the IISP that the application is either complete or incomplete.
  - 1. The date of receipt is the date the Department receives the application.
  - 2. If an application is incomplete, the notice shall specifically identify the required information that is missing.
- E. An IISP with an incomplete application shall provide all missing information to the Department within 15 days of the date on the Department's notice.
  - 1. After receiving all of the required information, the Department shall notify the IISP that the application is complete.
  - 2. The Department may deny approval of a service center if the IISP fails to provide the required information within 15 days of the date on the notice.
- F. The Department shall render a decision on a service center application within 30 days of the date indicated on the notice acknowledging receipt of a complete application provided to the IISP under subsections (D) or (E).
- G. For the purpose of A.R.S. § 41-1073, the Department establishes the following time frames for processing an application for approval of a service center:
  - 1. Administrative completeness review time frame: 10 days.
  - 2. Substantive review time frame: 30 days.
  - 3. Overall time frame: 40 days.
- H. If a service center is no longer authorized by a manufacturer to install its CIID, the IISP shall notify the Department within 24 hours.
- I. An IISP shall be the authorized representative of a specific manufacturer while the authorization agreement is in effect, for a service center to install the manufacturer's CIID.
- J. If an IISP, subcontractor, or agent opens or relocates a service center, or the service center is operated by another entity, an IISP, subcontractor, or agent shall submit a new service center application for approval.



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- K. An IISP shall use this process to reapply to the Department for a service center application.

**Historical Note**

New Section made by final exempt rulemaking at 24

A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

Amended by final rulemaking at 26 A.A.R. 1047, effective July 5, 2020 (Supp. 20-2).

**R17-5-622. Technician Application**

- A. On approval by the Department of an IISP's service center application, an IISP shall submit to the Department for approval, a properly completed technician application with the following information:
1. Name of the technician;
  2. The technician's date of birth;
  3. The technician's residence address;
  4. The technician's driver license number;
  5. Name of the service center where the technician is employed;
  6. Location of the service center where the technician is employed; and
  7. The following statements signed by the technician and the IISP:
    - a. A statement that all information provided on the application form, including all information provided on any attachment to the application form is complete, true, and correct;
    - b. A statement that the technician and the IISP agree to indemnify and hold harmless from all liability the state of Arizona and any department, division, agency, officer, employee, or agent of the state of Arizona;
    - c. A statement that the technician agrees to comply with all requirements in these rules; and
    - d. A statement that the IISP agrees to immediately notify the Department of any change to the information provided on the application form.
- B. The Department shall process a technician's application only if a technician meets all applicable application requirements.
- C. The Department shall, within 10 days of receiving a technician application, provide notice to the applicant that the application is either complete or incomplete.
1. The date of receipt is the date the Department receives the application.
  2. If an application is incomplete, the notice shall specifically identify the required information that is missing.
- D. An applicant with an incomplete application shall provide all missing information to the Department within 15 days of the date on the Department's notice.
1. After receiving all of the required information, the Department shall notify the applicant that the application is complete.
  2. The Department may deny approval of a technician application if the applicant fails to provide the required information within 15 days of the date on the notice.
- E. The Department shall render a decision on a technician application within 30 days of the date indicated on the notice acknowledging receipt of a complete application provided to the IISP under subsections (C) or (D).
- F. For the purpose of A.R.S. § 41-1073, the Department establishes the following time frames for processing an application for approval of a technician:
1. Administrative completeness review time frame: 10 days.
  2. Substantive review time frame: 30 days.

3. Overall time frame: 40 days.

- G. If an IISP and the IISP's technician are no longer authorized by a manufacturer to install its CIID, the IISP shall notify the Department within 24 hours.
- H. An IISP shall be the authorized representative of a specific manufacturer that has an authorization agreement in effect for a technician to service the manufacturer's CIID.
- I. An IISP shall submit a separate technician application when an IISP hires a new technician.
- J. After the Department approves a technician, the Department will assign to each technician, a unique technician identification number to identify each technician who installs, calibrates, inspects, or removes a CIID.
- K. An IISP shall use this process to reapply to the Department for a technician application.

**Historical Note**

New Section made by final exempt rulemaking at 24

A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

**R17-5-623. Termination of Authorization; Notification**

- A. If the Director terminates an IISP's authorization agreement, the Director shall notify each person with the manufacturer's CIID that the person has 30 days to obtain another IISP.
- B. Any IISP owner or principal whose agreement has been terminated as a result of the IISP's authorization being cancelled is not eligible to re-apply for authorization from the Department until 36 months after the date of termination.

**Historical Note**

New Section made by final exempt rulemaking at 24

A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

**ARTICLE 7. IGNITION INTERLOCK DEVICE TECHNICIANS****R17-5-701. Definitions**

The definitions provided under A.R.S. §§ 28-101 and R17-5-601 apply to this Article unless the context otherwise requires.

**Historical Note**

New Section recodified from R17-4-801 at 7 A.A.R.

3483, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 2297, effective August 5, 2006 (Supp. 06-2). New Section made by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 3132, effective April 1, 2015 (Supp. 14-4). Section amended by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

**R17-5-702. Records Check; Technician Qualifications; IISP Self-Certification of Technician**

- A. If the Director enters into an IISP's ignition interlock authorization agreement under A.R.S. § 28-1468, an IISP shall conduct an annual criminal records check and a certified driver's license record check on all employees, agents, or subcontractors listed on the IISP's application within 30 days prior to each individual's start date.
- B. An IISP shall self-certify and train a technician in the service area that the technician will provide.
- C. The qualifications for a technician are:
1. A technician shall be at least 18 years of age.
  2. A technician who is required to drive a motor vehicle on a highway in this state in the technician's capacity shall have a valid Arizona driver license as required by A.R.S. § 28-3151, unless exempted under A.R.S. § 28-3152.

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3. A technician shall have the necessary mechanical ability, training, and certification from the IISP required to perform installation, inspection, service, calibration, or removal of a CIID from a motor vehicle.

**D. A technician shall:**

1. Maintain the confidentiality of any personal information, driver license information, or ignition interlock data or reports relating to a person;
2. Ensure that a person does not observe the technician's actions relating to installation and removal of a CIID;
3. Comply with the ignition interlock rules in 17 A.A.C. 5, Articles 6 and 7, and Arizona Revised Statutes Title 28, Chapter 4, Article 5; and
4. Conduct installation, service, calibration, inspection, or removal of an ignition interlock device from a motor vehicle in accordance with industry standards.

**E. A technician is prohibited from using the global positioning system capabilities of a CIID to track the location of a person and shall not release location information gathered by the CIID.****Historical Note**

New Section recodified from R17-4-805 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 2297, effective August 5, 2006 (Supp. 06-2). New Section made by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 3132, effective April 1, 2015 (Supp. 14-4). Section repealed; new Section made by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

**R17-5-703. Repealed****Historical Note**

New Section recodified from R17-4-806 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 2297, effective August 5, 2006 (Supp. 06-2). Section R17-5-703 renumbered from R17-5-610 and amended by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 3132, effective April 1, 2015 (Supp. 14-4). Section repealed by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

**Exhibit A. Repealed****Historical Note**

Exhibit A renumbered from R17-5-610, Exhibit A, and repealed by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4).

**Exhibit B. Repealed****Historical Note**

Exhibit B renumbered from R17-5-610, Exhibit B, and repealed by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4).

**R17-5-704. Repealed****Historical Note**

New Section recodified from R17-4-807 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 2297, effective August 5, 2006 (Supp. 06-2). New Section made by final

rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 3132, effective April 1, 2015 (Supp. 14-4). Section repealed by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

**R17-5-705. Repealed****Historical Note**

New Section recodified from R17-4-808 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 2297, effective August 5, 2006 (Supp. 06-2). New Section made by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 3132, effective April 1, 2015 (Supp. 14-4). Section repealed by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

**R17-5-706. Calibration Check; Requirements**

- A.** An IISP-certified technician shall inspect, maintain, and check each CIID for calibration accuracy and operational performance before the device is placed into, or returned to service.
- B.** A person with a CIID installed on a motor vehicle is responsible for obtaining a calibration check of the CIID by the IISP's technician at the IISP's service center within every 77 to 90-day period after device installation, and every 77 to 90 days thereafter, during the person's ignition interlock period.
- C.** An IISP-certified technician shall perform a calibration check at the IISP's service center at least once every 90 days after device installation, and at least every 90 days thereafter.
- D.** The calibration check performed under R17-5-610 shall include an inspection of the device to verify that it is properly functioning in accordance with all of the following criteria:
  1. Accuracy standards as prescribed under R17-5-603;
    - a. The device shall be calibrated before placed into, or returned to service.
    - b. The calibration test shall consist of introducing to the device a known alcohol concentration from a reference sample device, the analysis of which indicates the device's agreement with the known concentration. The manufacturer's software shall be capable of performing, documenting, and reporting the result of this calibration test. The calibration test result shall verify the accuracy of the ignition interlock device according to the standards prescribed under R17-5-603; and
  2. Anticircumvention standards and operational features as prescribed under R17-5-603.
- E.** The calibration test referenced under subsection (D) shall be performed when the information uploaded from a device indicates that the device has experienced an interruption in service or was completely disconnected. Additionally, the complete device, including the camera and its connection to the vehicle, shall be examined for evidence of tampering while it is still attached to the vehicle. An IISP shall document or photograph any evidence of tampering or circumvention and submit the documentation to the Department as required by these rules and A.R.S. Title 28, Chapter 4, Article 5.
- F.** If calibration confirmation test results reveal that the device is not properly calibrated, the device shall be recalibrated to restore the accuracy standards prescribed under R17-5-603 before the device is returned to service.
- G.** At least once every 90 days, a technician shall perform a physical inspection of the ignition interlock device, including an

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anticircumvention check, while it is still attached to the vehicle.

- H. A technician shall perform a physical inspection of the ignition interlock device any time an early recall occurs.
- I. If at any time an individual device model fails to meet the provisions of this Section, the manufacturer, IISP, or IISP-certified technician, as appropriate, shall either:
  1. Repair, recalibrate, and retest the device model to ensure that it does meet all applicable standards; or
  2. Remove the device model from service.

**Historical Note**

New Section recodified from R17-4-501 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 2297, effective August 5, 2006 (Supp. 06-2). New Section made by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 3132, effective April 1, 2015 (Supp. 14-4). Amended by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

**R17-5-707. Repealed****Historical Note**

New Section made by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 3132, effective April 1, 2015 (Supp. 14-4). Section repealed by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

**R17-5-708. Repealed****Historical Note**

New Section made by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 3132, effective April 1, 2015 (Supp. 14-4). Section repealed by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

**ARTICLE 8. MANDATORY INSURANCE AND FINANCIAL RESPONSIBILITY****R17-5-801. Definitions**

In addition to the definitions under A.R.S. §§ 28-101 and 28-4001, in this Chapter, unless otherwise specified:

*“Arizona Mandatory Insurance Reporting System Guide for Insurance Companies”* means the Department’s guide that is available on the agency’s website and provides technical information to a company about information transmission between the Department and the company.

*“Company”* means an insurance or indemnity company authorized to write motor vehicle liability coverage in Arizona.

*“Customer number”* means the system-generated, or other distinguishing number, assigned by the Department to each person conducting business with the Department, as prescribed in R17-5-805.

*“EDI”* means electronic data interchange, which is the transmission of data in a standardized format from one computer to another without the use of magnetic tape.

*“EDI reporting”* means the computer-to-computer transmission of data from a company to the Department.

*“Error return”* means the computer-to-computer transmission, from the Department to a company, of all data reporting errors received during EDI reporting.

*“FEIN”* means the federal employer identification number or federal tax identification number used to identify a business entity.

*“FTP”* means file transfer protocol, which is a common protocol used by the Department for exchanging files over any network that supports EDI reporting transmitted through the Internet or Intranet.

*“Information exchange”* means EDI reporting where a company or service provider transmits a report to the Department through a connection to a private information network.

*“Motor Vehicle Division”* means the Arizona Department of Transportation’s Motor Vehicle Division.

*“NAIC”* means the National Association of Insurance Commissioners.

*“Private information network”* means the value-added network used by a company or service provider to facilitate EDI transmissions to the Department and to provide other network services where fees are charged for the network connection based on the number of characters and messages transmitted.

*“Reportable activity”* means the information required to be transmitted to the Department under A.R.S. § 28-4148 and this Article.

*“Self-insurer”* means a person or entity that has met the qualifications, completed the application process, and received a certificate of self-insurance issued by the Department under R17-5-810.

*“Service provider”* means a person or entity that reports for an insurance company through a connection to a private information network or an FTP for EDI reporting.

*“SR22”* means a certification filed, by a company duly authorized to transact business in this state, as proof of financial responsibility for the future, which guarantees that the insured owner or operator has in effect at least the minimum motor vehicle liability insurance coverage required under A.R.S. Title 28, Chapter 9, Article 3.

*“SR26”* means a certification filed by a company duly authorized to transact business in this state, which notifies the Department that an insured owner or operator required to maintain proof of financial responsibility for the future, under A.R.S. Title 28, Chapter 9, Article 3, is no longer covered under a previously reported SR22.

*“Value-added network”* means a private network provider that is hired by a company to facilitate EDI or provide other network services.

*“X12”* means the American National Standards Institute, Accredited Standards Committee, uniform standards for the inter-industry electronic exchange of business transactions by EDI.

*“X12 (TS811)”* means X12 Transaction Set 811, Consolidated Service Invoice – Statement, version 3050, which is the specific set of EDI transactions developed for the insurance industry in the X12 standard format for automobile liability insurance reporting.

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**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 858, effective March 6, 2007 (Supp. 07-1). Section amended by final expedited rulemaking at 24 A.A.R. 279, effective January 12, 2018 (Supp. 18-1).

**R17-5-802. Insurance Company Electronic Reporting Requirement; Applicability**

- A. A company that provides motor vehicle liability insurance coverage for an Arizona vehicle shall electronically transmit to the Department all reportable activity under A.R.S. § 28-4148 and R17-5-803 using one of the authorized EDI reporting methods identified in the *Arizona Mandatory Insurance Reporting System Guide for Insurance Companies*. Each transmission shall include all of the applicable record matching criteria prescribed under R17-5-804 or R17-5-805.
- B. A company that issues 1,000 or more SR22 policies per calendar year shall electronically transmit to the Department all SR22 and SR26 activity using one of the Department-authorized EDI reporting methods identified in the *Arizona Mandatory Insurance Reporting System Guide for Insurance Companies*. Each transmission shall include all of the applicable record matching criteria prescribed under R17-5-804 or R17-5-805.
- C. The Department shall not accept or record an out-of-state motor vehicle liability insurance policy for a passenger vehicle, even if written by a company authorized to transact business in this state.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 858, effective March 6, 2007 (Supp. 07-1). Section amended by final expedited rulemaking at 24 A.A.R. 279, effective January 12, 2018 (Supp. 18-1).

**R17-5-803. Insurance Company Reportable Activity**

- A. A company shall transmit to the Department:
  1. All reportable activity, not previously reported, that was processed by the company seven or fewer days before each reporting date; or
  2. A statement of inactivity, if no reportable activity occurred by the reporting date.
- B. For the purpose of this Article, reportable activity shall include:
  1. A policy cancellation;
  2. A policy non-renewal;
  3. A new policy issuance;
  4. A commercial policy reissuance;
  5. A vehicle added to a policy;
  6. A vehicle deleted from a policy;
  7. A policy reinstatement; and
  8. All SR22 and SR26 filings by insurance companies issuing 1,000 or more SR22 policies per calendar year.
- C. Reportable activity does not include the addition or deletion of a vehicle to or from a non-vehicle-specific commercial policy.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 858, effective March 6, 2007 (Supp. 07-1). Section amended by final expedited rulemaking at 24 A.A.R. 279, effective January 12, 2018 (Supp. 18-1).

**R17-5-804. Record Matching Criteria for a Vehicle-specific Policy**

For each vehicle-specific policy transmitted to the Department, a company shall include all of the following information to assist with the matching of policies to Department customers:

1. The complete and valid vehicle identification number;
2. The policy number; and
3. The NAIC number of the reporting company.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 858, effective March 6, 2007 (Supp. 07-1). Section amended by final expedited rulemaking at 24 A.A.R. 279, effective January 12, 2018 (Supp. 18-1).

**R17-5-805. Record Matching Criteria for a Non-vehicle-specific Commercial Policy**

- A. For each non-vehicle-specific commercial policy transmitted to the Department, a company shall include all of the following information to assist with the matching of policies to Department customers:
  1. The Department customer number of the insured:
    - a. If a policy covers all vehicles registered in the name of a business or organization, the customer number is the FEIN of the business or organization, or a system-generated number; or
    - b. If a policy covers all vehicles registered in the name of a private individual, the customer number is the Arizona Driver License number or the non-operating identification license number of the private individual;
  2. The policy number; and
  3. The NAIC number of the responsible company.
- B. If the Department customer number required under subsection (A)(1) is not available to a company, the company may provide the complete and valid vehicle identification number of each vehicle covered under the policy in-lieu of the Department customer number.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 858, effective March 6, 2007 (Supp. 07-1). Section amended by final expedited rulemaking at 24 A.A.R. 279, effective January 12, 2018 (Supp. 18-1).

**R17-5-806. Department-authorized EDI Reporting Methods; Reporting Schedule**

- A. A company shall transmit to the Department all reportable activity listed in R17-5-803 using a Department-authorized EDI reporting method specified in the *Arizona Mandatory Insurance Reporting System Guide for Insurance Companies*.
- B. A company shall transmit all reportable activity to the Department at least once every seven days.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 858, effective March 6, 2007 (Supp. 07-1). Section amended by final expedited rulemaking at 24 A.A.R. 279, effective January 12, 2018 (Supp. 18-1).

**R17-5-807. X12 Data Format for Policy Receipt and Error Return**

- A. Reporting format. A company shall transmit to the Department all reportable activity using the format prescribed in the *Arizona Mandatory Insurance Reporting System Guide for Insurance Companies* provided by the Department.
- B. Error return format. The Department shall return to a company all reporting errors received during a transmission of reportable activity using the X12 error return format prescribed in the *Arizona Mandatory Insurance Reporting System Guide for Insurance Companies*.

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- C. The Department shall return to a company an acknowledgment that a transmission of reportable activity was received and processed using the format in the *Arizona Mandatory Insurance Reporting System Guide for Insurance Companies*.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 858, effective March 6, 2007 (Supp. 07-1). Section amended by final expedited rulemaking at 24 A.A.R. 279, effective January 12, 2018 (Supp. 18-1).

**R17-5-808. Insurance Company Reporting Errors; Resolution; Noncompliance****A. The Department shall:**

1. Return to a company, using the X12 error return format provided in R17-5-807(B), all reporting errors received during or after a transmission; and
2. Instruct the company to correct all reporting errors affecting the Department's processing of the required data.

- B. All companies reporting electronic policy information shall notify the Department prior to making changes to any reporting systems, or previously established policy reporting formats, that may affect the Department's ability to match and process the information received.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 858, effective March 6, 2007 (Supp. 07-1). Section amended by final expedited rulemaking at 24 A.A.R. 279, effective January 12, 2018 (Supp. 18-1).

**R17-5-809. Insurance Company Failure to Submit Required Data; Request for Hearing**

If a company fails to submit the data required under A.R.S. § 28-4148, and this Article, the Department shall:

1. Send to the company, a dated written notice, which:
  - a. Identifies the business week or reporting period in which the company did not submit the required information;
  - b. Instructs the company to submit the information for the identified business week or reporting period within seven days of the date of the notice;
  - c. Informs the company that a failure to respond to the Department's request within the allotted time-frame, shall result in a referral of the matter to the Arizona Department of Insurance, under A.R.S. § 20-237, which may result in a civil penalty for each violation of up to \$250 per day for each day the insurer is in violation of A.R.S. § 28-4148; and
  - d. Provides notice of the company's right to request a hearing with the Arizona Department of Insurance under A.R.S. § 20-237; and
2. Advise the Arizona Department of Insurance if the company fails to comply with the Department's written notice provided under this Section.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 858, effective March 6, 2007 (Supp. 07-1). Section amended by final expedited rulemaking at 24 A.A.R. 279, effective January 12, 2018 (Supp. 18-1).

**R17-5-810. Self-insurance as Alternate Proof of Financial Responsibility; Provisions; Applicability**

- A. Self-insurance applicant qualification. A person or entity may apply for self-insurance under this Section if the applicant:

1. Owns the minimum number of vehicles prescribed under A.R.S. § 28-4007(A) with current Arizona registration;
  2. Demonstrates minimum assets of \$1 million on documentation required under subsections (C) and (D);
  3. Meets any additional financial responsibility requirements under A.R.S. § 28-4033(A), according to the insured vehicle's weight and/or intended use; and
  4. Provides a business office contact for the company with a current phone number and mailing information.
- B. A self-insurance applicant shall provide, on a self-insurance application form provided by the Department, the following information:
1. Applicant's name;
  2. Business name, if applicable;
  3. Mailing address, city, state, and ZIP code;
  4. A selection of coverage type:
    - a. Public liability only; or
    - b. Public liability and property damage;
  5. Number of vehicles in the applicant's fleet;
  6. A selection list that describes the nature of the applicant's business;
  7. A description of any hazardous materials transported by type, class, and weight;
  8. A report of all accidents in the prior 39-month period before the application date;
  9. The applicant's signature and official business title to certify that all information is true and correct; and
  10. Acknowledgment by a notary public or by the signature of an authorized Department agent.
- C. Supplementary documentation. In addition to a completed self-insurance application form, the applicant shall submit a profit and loss statement certified by a Certified Public Accountant for the 12-month period before the application date. The profit and loss statement shall include one of the following:
1. A balance sheet; or
  2. An annual financial report.
- D. On approval of an application, the Department shall issue a certificate of self-insurance that is continuously valid, but shall require the self-insurer to submit a 12-month update of supplementary documentation prescribed under subsection (C) on or before July 1 of each successive year.
- E. An initial self-insurance applicant or a self-insurer making an annual update shall submit documentation required under subsections (B) through (D) to the following address:
- Motor Vehicle Division  
Financial Responsibility Unit  
P.O. Box 2100, Mail Drop 535M  
Phoenix, AZ 85001-2100
- F. A self-insurer shall keep a copy of the self-insurance certificate in each covered vehicle at all times.
- G. A self-insurer shall submit periodic, written notification updates to the Department of vehicles added or removed from self-insurance coverage. The written notification shall include the vehicle identification number of each vehicle.
- H. A self-insurer that terminates self-insurance shall provide new evidence of financial responsibility as required under A.R.S. § 28-4135 for each vehicle previously covered under a self-insurance certificate.
- I. In addition to the reasonable grounds prescribed under A.R.S. § 28-4007(C), the Department may cancel a self-insurance certificate under the following circumstances:

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1. A self-insurer fails to comply with provisions of the Department's annual update requirement under subsection (D), or
  2. A self-insurer no longer owns the covered business or fleet.
- J.** For the purpose of A.R.S. § 28-4007(C) and this Section, the Department shall conduct a self-insurance cancellation hearing according to the provisions prescribed under 17 A.A.C. 1, Article 5.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 858, effective March 6, 2007 (Supp. 07-1). Section amended by final expedited rulemaking at 24 A.A.R. 279, effective January 12, 2018 (Supp. 18-1).

**R17-5-811. Certificate of Deposit as Alternate Proof of Financial Responsibility; Applicability**

For the purpose of A.R.S. §§ 28-4076(2) and 28-4084, a person depositing a \$40,000 certificate of deposit with the state treasurer as alternate proof of financial responsibility may apply the certificate to a maximum of 25 non-commercial vehicles registered in the person's name.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 858, effective March 6, 2007 (Supp. 07-1).

**ARTICLE 9. TRANSPORTATION NETWORK COMPANIES****R17-5-901. Definitions**

In addition to the definitions provided under A.R.S. § 28-9551, when applicable to a transportation network company, the following definitions apply to this Article unless otherwise specified:

"Applicant" means a person that meets the statutory requirements of a transportation network company as prescribed under A.R.S. Title 28, Chapter 30, Article 3.

"Designated point of contact" means a person employed by a transportation network company who has the authority to gather and provide records to the Department on request.

"Transportation network company permit" means a document issued by the Department to an applicant that meets the requirements prescribed under A.R.S. Title 28, Chapter 30, Article 3, as authorization to conduct transportation network services in this state.

"Violation" means a failure to maintain or make available to the Department any records the transportation network company is required to maintain and provide to the Department on request as provided under A.R.S. §§ 28-9554 through 28-9556.

**Historical Note**

New Section made by exempt rulemaking under Laws 2015, Ch. 235, § 14, at 21 A.A.R. 1825, effective August 21, 2015 (Supp. 15-3). Section repealed; new Section made by final rulemaking at 23 A.A.R. 223, effective March 6, 2017 (Supp. 17-1).

**R17-5-902. Transportation Network Company Permit - Initial Application; Issuance; Fee**

- A.** An applicant for a transportation network company permit issued by the Department under A.R.S. § 28-9552, shall apply to the Department by:
1. Completing and submitting online the application form provided by the Department at [www.azdot.gov](http://www.azdot.gov);

2. Providing the full name and contact information of the applicant's agent for service of process in this state;
  3. Certifying that the transportation network company meets the requirements of A.R.S. Title 28, Chapter 30, Article 3;
  4. Filing a legible illustration of the applicant's trade dress; and
  5. Paying a \$1,000 application fee as provided under A.R.S. § 28-9552(A).
- B.** Upon receipt and acceptance of all required documents, fees, and certifications, the Department shall issue to an applicant a transportation network company permit.
- C.** The application fee paid to the Department under subsection (A) is refundable in full if the transportation network company permit application is:
1. Denied by the Department, or
  2. Withdrawn by the applicant before the Department issues a transportation network company permit.
- D.** A transportation network company permit issued by the Department under this Section expires three years after issuance and may be renewed as provided under R17-5-903.

**Historical Note**

New Section made by exempt rulemaking under Laws 2015, Ch. 235, § 14, at 21 A.A.R. 1825, effective August 21, 2015 (Supp. 15-3). Section repealed; new Section made by final rulemaking at 23 A.A.R. 223, effective March 6, 2017 (Supp. 17-1).

**R17-5-903. Transportation Network Company Permit - Renewal Application; Issuance; Fee**

- A.** A transportation network company shall apply to the Department for renewal of a transportation network company permit issued by the Department under A.R.S. § 28-9552 and R17-5-902, no earlier than 90 days, and no later than 30 days, before the permit expires by:
1. Completing and submitting online the renewal application form provided by the Department at <https://secure.servicearizona.com>;
  2. Filing with the Department a legible illustration of the applicant's trade dress if different than the illustration already on file with the Department;
  3. Certifying that the transportation network company meets the requirements of A.R.S. Title 28, Chapter 30, Article 3; and
  4. Paying a \$1,000 renewal application fee as provided under A.R.S. § 28-9552(A).
- B.** Upon receipt and acceptance of all required documents, fees, and certifications, the Department shall issue to an applicant a transportation network company permit renewal.
- C.** A transportation network company permit renewal issued by the Department expires three years after the date the existing transportation network company permit expires.
- D.** The holder of an expired transportation network company permit may apply to the Department for a new transportation network company permit using the renewal application procedure provided under R17-5-903(A).

**Historical Note**

New Section made by exempt rulemaking under Laws 2015, Ch. 235, § 14, at 21 A.A.R. 1825, effective August 21, 2015 (Supp. 15-3). Section repealed; new Section made by final rulemaking at 23 A.A.R. 223, effective March 6, 2017 (Supp. 17-1).

**R17-5-904. Transportation Network Company Permit or**

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**Renewal - General Provisions**

- A.** A transportation network company permit or renewal issued by the Department under this Article shall include an assigned number that remains effective until either withdrawn by the Department or until it expires.
- B.** A transportation network company permit or renewal issued by the Department under this Article shall not be transferred or assigned, in whole or in part, to any person other than the person to whom the permit is issued, except upon a merger, change in control, or sale of substantially all of the transportation network company's assets to an entity that assumes the duties and obligations of the permit. The transportation network company shall notify the Department within 30 days of such a transfer or assignment, and the Department shall have 30 days beginning on such notification to nullify the transfer or assignment based on the criteria set forth in this Article. An initial public offering shall not be deemed to trigger a transfer or assignment under this Section.

**Historical Note**

New Section made by exempt rulemaking under Laws 2015, Ch. 235, § 14, at 21 A.A.R. 1825, effective August 21, 2015 (Supp. 15-3). Section repealed; new Section made by final rulemaking at 23 A.A.R. 223, effective March 6, 2017 (Supp. 17-1).

**R17-5-905. Transportation Network Company - Record Review**

- A.** The Department, after providing reasonable notice to a transportation network company, may review with or without cause all records a transportation network company is required to make available to the Department on request as provided under A.R.S. §§ 28-9554 through 28-9556.
- B.** A transportation network company shall make all records described under subsection (A) available to the Department for review at an Arizona location.
- C.** The Department shall conduct a record review during the transportation network company's normal business hours.
- D.** The Department shall provide a copy of its review report to the transportation network company's designated point of contact. The report shall include the review results and indicate any violations found.

**Historical Note**

New Section made by exempt rulemaking under Laws 2015, Ch. 235, § 14, at 21 A.A.R. 1825, effective August 21, 2015 (Supp. 15-3). Section repealed; new Section made by final rulemaking at 23 A.A.R. 223, effective March 6, 2017 (Supp. 17-1).

**R17-5-906. Transportation Network Company - Designated Point of Contact**

- A.** A transportation network company shall provide to the Department the name and contact information of the transportation network company's designated point of contact in this state.
- B.** A transportation network company shall notify the Department within 10 business days of making a change to the name or contact information of the transportation network company's designated point of contact in this state.

**Historical Note**

New Section made by exempt rulemaking under Laws 2015, Ch. 235, § 14, at 21 A.A.R. 1825, effective August 21, 2015 (Supp. 15-3). Section repealed; new Section made by final rulemaking at 23 A.A.R. 223, effective March 6, 2017 (Supp. 17-1).

**ARTICLE 10. VEHICLE FOR HIRE****R17-5-1001. Definitions**

In addition to the definitions in A.R.S. §§ 28-101 and 28-9501, the following terms apply to this Article unless otherwise specified:

"Appealable agency action" has the meaning prescribed in A.R.S. § 41-1092.

"Applicant" means a company that applies to the Department for a vehicle for hire company permit as prescribed under A.R.S. Title 28, Chapter 30, Article 1, and these rules.

"Application" means forms designated as an application and all documents and additional information the Department requires a vehicle for hire company applicant to submit to obtain a vehicle for hire company permit.

"Contested case" has the meaning prescribed in A.R.S. § 41-1001.

"Designated point of contact" means a person employed by a vehicle for hire company who has the authority to gather and provide records to the Department on request.

"Good standing" means that an applicant does not have:

Any outstanding civil penalties owed to the Department;

Any suspension, revocation, or cancellation of a vehicle for hire company permit issued by the Department;

Any delinquent fees, taxes, or unpaid balances owed to the Department; or

Any open complaints submitted to the Department regarding compliance with vehicle for hire statutes or rules.

"Government agency" means this state and any political subdivision of this state that receives and uses tax revenues.

"Handbook 44" means the U. S. Department of Commerce, National Institute of Standards and Technology (NIST) *Handbook 44*, Specifications, Tolerances, and Other Technical Requirements for Weighing and Measuring Devices, Section 5.54. Taximeters, revised as of 2016.

"NIST" means the National Institute of Standards and Technology of the U.S. Department of Commerce.

"Permittee" means the owner or responsible party in the vehicle for hire company that meets all permit requirements and holds a vehicle for hire company permit.

"Trade dress" means a removable and distinct logo, insignia or emblem attached to, or visible from the exterior of a taxi while providing vehicle for hire services as a taxi, and that includes the word "taxi" or "cab."

"Vehicle for hire company permit" means the permit required in A.R.S. § 28-9503 for a vehicle for hire company to operate in this state.

"Violation" means the failure of a vehicle for hire company to:

Provide to the Department any records the vehicle for hire company is required to maintain and provide on request, as provided in A.R.S. § 28-9507;

Follow these rules; or

Follow A.R.S. Title 28, Chapter 30, Articles 1 and 2.

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**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 223, effective March 6, 2017 (Supp. 17-1).

**R17-5-1002. Incorporation by Reference**

The Department incorporates by reference the U. S. Department of Commerce, National Institute of Standards and Technology (NIST) *Handbook 44*, Specifications, Tolerances, and Other Technical Requirements for Weighing and Measuring Devices, Section 5.54. Taximeters, revised as of 2016, and no later amendments or editions. The incorporated material is available at [www.nist.gov/pml/pubs/hb44.cfm](http://www.nist.gov/pml/pubs/hb44.cfm). The incorporated material is on file with the Department at 206 S. 17th Ave., Phoenix, AZ.

**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 223, effective March 6, 2017 (Supp. 17-1).

**R17-5-1003. Vehicle for Hire Company Permit; Good Standing; Handbook 44**

- A. An applicant to the Department for a vehicle for hire company permit shall be in good standing with the Department at the time the vehicle for hire company applies for or renews a vehicle for hire company permit.
- B. A vehicle for hire company that operates a vehicle for hire as a taxi shall have an operating taxi meter installed in each taxi by a person or company that uses *Handbook 44*.
- C. A vehicle for hire company operating a taxi shall maintain, and make available to the Department, records for the installation and calibration of each taxi meter for the duration of the three-year vehicle for hire company permit.

**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 223, effective March 6, 2017 (Supp. 17-1).

**R17-5-1004. Vehicle for Hire Company Permit - Initial Application; Issuance; Fee**

- A. A vehicle for hire company shall apply to the Department for a vehicle for hire company permit by:
  1. Completing and submitting the application form to the Department that is located at: [www.azdot.gov](http://www.azdot.gov);
  2. Providing the full name and contact information of the vehicle for hire company's agent for service of process in this state;
  3. Submitting a clear illustration of the vehicle for hire company's trade dress, if operating as a taxi;
  4. Paying the application fee of \$24 per vehicle that is used as a taxi by the vehicle for hire company at the time of application, not to exceed a total of \$1,000 per applicant, as required by A.R.S. § 28-9503;
  5. Certifying that the vehicle for hire company meets all vehicle for hire company requirements in A.R.S. Title 28, Chapter 30, Article 1; and
  6. Stating the total number of vehicles for hire in the vehicle for hire company fleet at the time of application.
- B. A vehicle for hire company shall provide to the Department the name and contact information of the vehicle for hire company's designated point of contact in this state.
- C. After the Department receives and accepts a completed application, all certifications, and the application fee, if applicable, the Department shall issue to an applicant a vehicle for hire company permit.
- D. A vehicle for hire company permit issued by the Department expires three years after the date of issuance.
- E. A vehicle for hire company may apply to renew a vehicle for hire company permit as provided in R17-5-1005.

- F. A vehicle for hire company shall notify the Department within 10 business days of making a change to the name or contact information of the vehicle for hire company's designated point of contact in this state.
- G. A vehicle for hire company permit or renewal issued by the Department under this Article may be transferred to a person other than the person to whom the permit is issued, if ownership of the vehicle for hire company changes. The vehicle for hire company shall notify the Department within 30 days of such a transfer.

**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 223, effective March 6, 2017 (Supp. 17-1).

**R17-5-1005. Vehicle for Hire Company Permit - Renewal Application; Issuance; Fee**

- A. A vehicle for hire company shall apply to the Department for renewal of an existing vehicle for hire company permit under A.R.S. § 28-9503, no earlier than 90 days and no later than 30 days before the three-year permit expires by:
  1. Completing and submitting the required information, all certifications, and the application fee, if applicable, to the Department at: <https://secure.servicearizona.com>;
  2. Submitting a clear illustration of the vehicle for hire company's trade dress, if operating as a taxi, and if different than the illustration already on file with the Department;
  3. Paying the renewal application fee of \$24 per vehicle that is used as a taxi at the time of permit renewal, not to exceed a total of \$1,000 per applicant, as required by A.R.S. § 28-9503; and
  4. Certifying that the vehicle for hire company meets all the vehicle for hire company requirements in A.R.S. Title 28, Chapter 30, Article 1.
- B. Upon receipt and acceptance of all required documents, fees, if applicable, and certifications, the Department shall issue to an applicant a vehicle for hire company permit renewal.
- C. A vehicle for hire company permit renewal issued by the Department expires three years after the existing vehicle for hire company permit expires.
- D. The holder of an expired vehicle for hire company permit may apply to the Department for a new vehicle for hire company permit using the renewal application procedure provided under R17-5-1005(A).

**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 223, effective March 6, 2017 (Supp. 17-1).

**R17-5-1006. Vehicle for Hire Company Permit or Renewal - General Provisions**

A vehicle for hire company permit issued by the Department shall include an assigned number that remains effective until either withdrawn by the Department or until the permit expires.

**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 223, effective March 6, 2017 (Supp. 17-1).

**R17-5-1007. Vehicle for Hire Company; Record Review; Inspection**

- A. The Department, after providing reasonable notice to a company with a vehicle for hire company permit, may review, with or without cause, all records of a vehicle for hire company as prescribed in A.R.S. § 28-9507, at intervals determined by the Department.



## TITLE 17. TRANSPORTATION

## CHAPTER 5. DEPARTMENT OF TRANSPORTATION - COMMERCIAL PROGRAMS

- B. A vehicle for hire company shall make all records described under subsection (A) available to the Department for review at an Arizona location.
- C. The Department shall conduct a record review during the vehicle for hire company's normal business hours.
- D. The Department may conduct a periodic, random inspection of a taxi meter and any vehicle for hire, or in response to a complaint by the public. An inspection may include an inspection of the taxi meter in a taxi and the signage required by A.R.S. § 28-9506.
- E. After the inspection, the Department shall provide a copy of the inspection report to the vehicle for hire company or the designated point of contact. The report shall include any deficiencies or violations indicated during the inspection.

**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 223, effective March 6, 2017 (Supp. 17-1).

**R17-5-1008. Posting of Fares**

- A. When a livery vehicle provides local transportation at fares that are established in a contract with a government agency, the livery vehicle interior signage shall indicate that fares are

determined by contract with a government agency when providing those services.

- B. When a livery vehicle provides local transportation services at fares that are not established in a contract with a government agency, the livery vehicle interior signage shall post fares in accordance with A.R.S. § 28-9506(A)(2).

**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 223, effective March 6, 2017 (Supp. 17-1).

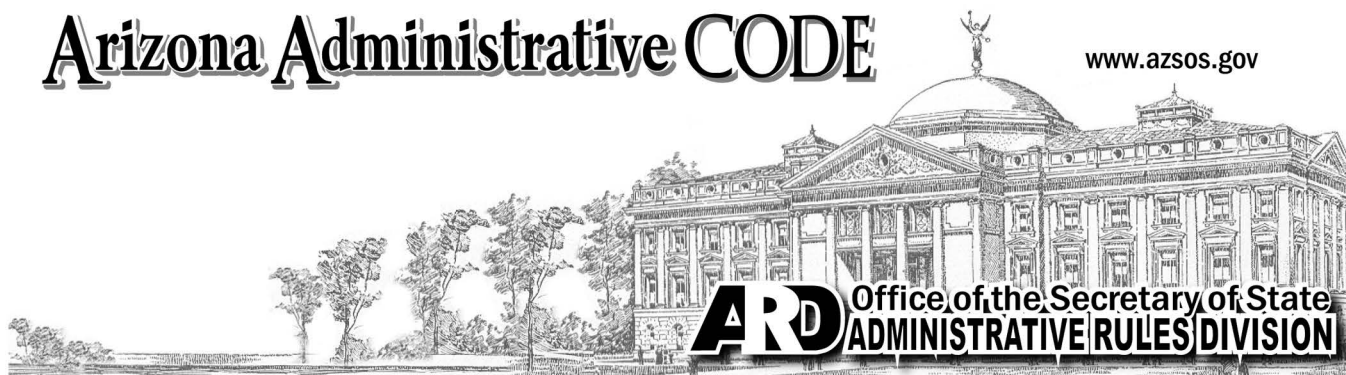
**R17-5-1009. Appealable Agency Actions; Rehearing; Judicial Review**

- A. A.R.S. Title 41, Chapter 6, Article 10 applies to all contested cases and all appealable agency actions of the Department under A.R.S. Title 28, Chapter 30, Article 2.
- B. A vehicle for hire company whose permit, renewal, or authority is denied has a right to a hearing, an opportunity for rehearing under A.R.S. Title 41, Chapter 6, Articles 6 and 10, and if the denial is upheld, judicial review under A.R.S. Title 12, Chapter 7, Article 6.

**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 223, effective March 6, 2017 (Supp. 17-1).

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**TITLE 18. ENVIRONMENTAL QUALITY**  
**CHAPTER 1. DEPARTMENT OF ENVIRONMENTAL QUALITY - ADMINISTRATION**  
**18 A.A.C. 1**

**Supplement Information**  
**Supp. 25-4**

Rules codified between October 1, 2025 through December 31, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-4 replaces Supp. 25-1, 1-40 pages.**

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

## PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

### THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2022 is cited as Supp. 22-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. This is why the Office lists only updated codified Sections on the previous page.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

### HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at [www.azsos.gov/rules](http://www.azsos.gov/rules), click on the *Administrative Register* link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

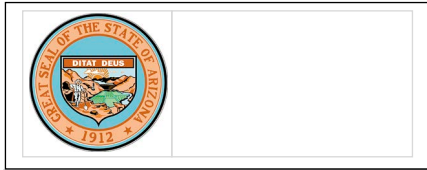
The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

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*Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.*

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## Administrative Rules Division

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## TITLE 18. ENVIRONMENTAL QUALITY

## CHAPTER 1. DEPARTMENT OF ENVIRONMENTAL QUALITY - ADMINISTRATION

Authority: A.R.S. § 49-203(A)(6)

## Supp. 25-4

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## ARTICLE 1. DEFINITIONS

**R18-1-101. Definitions**

The definitions in A.R.S. § 41-1001, except for the definition of “person”, shall apply to this Chapter. In addition, the terms in this Chapter shall have the following meanings:

1. “Attorney general” means the attorney general of the state of Arizona and includes any assistant attorneys general or other attorneys appointed by the Office of the Attorney General to represent the Department at a contested case.
2. “Department” means the Department of Environmental Quality.
3. “Director” means the Director of the Department of Environmental Quality or the Director’s designee.
4. “General public hearing” means a hearing, subject to the requirements of Article 4, held to obtain comment from the public with respect to Department actions. “General public hearing” shall not include oral proceedings, or contested case hearings.
5. “Hearing officer” means an individual appointed by the Director to perform the duties described in R18-1-203 at any contested case hearing.
6. “Oral proceeding” means a proceeding held during the rulemaking process, as described by A.R.S. § 41-1023.
7. “Person” means an individual, employee, officer, managing body, trust, firm, joint stock company, consortium, public or private corporation, including a government corporation, partnership, association, state, a political subdivision of this state, or commission or the United States Government or a federal facility, interstate body or other entity.
8. “Presiding officer” means any individual appointed by the Director to perform the duties described in R18-1-304 at any oral proceeding.

**Historical Note**

Adopted effective July 7, 1988 (Supp. 88-3).

## ARTICLE 2. ADMINISTRATIVE APPEALS

**R18-1-201. Expired****Historical Note**

Adopted effective July 7, 1988 (Supp. 88-3). Section repealed; new Section adopted by final rulemaking at 5 A.A.R. 2854, effective July 30, 1999 (Supp. 99-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 1575, effective April 28, 2017 (Supp. 17-2).

**R18-1-202. Expired****Historical Note**

Adopted effective July 7, 1988 (Supp. 88-3). Section repealed; new Section adopted by final rulemaking at 5 A.A.R. 3772, effective September 22, 1999 (Supp. 99-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 1575, effective April 28, 2017 (Supp. 17-2).

**R18-1-203. Expired****Historical Note**

Adopted effective July 7, 1988 (Supp. 88-3). Section repealed; new Section adopted by final rulemaking at 5 A.A.R. 2854, effective July 30, 1999 (Supp. 99-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 1575, effective April 28, 2017 (Supp. 17-2).

**R18-1-204. Expired****Historical Note**

Adopted effective July 7, 1988 (Supp. 88-3). Section repealed; new Section adopted by final rulemaking at 5 A.A.R. 2854, effective July 30, 1999 (Supp. 99-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 1575, effective April 28, 2017 (Supp. 17-2).

**R18-1-205. Notice of Intent to Rely on License Application Components as Submitted**

- A. If the Department submits to a license applicant a notice that the application is missing required components, is substantively deficient, or is otherwise deficient, or submits to a license applicant a request for additional information to enable the Department to reach a decision to grant the license, then the Department shall include a brief explanation of the basis of or reason for the notice or request.
- B. If a license applicant receives a notice from the Department that the application is lacking application components, is substantively deficient, or is otherwise deficient, or receives from the Department a request for additional information, the applicant, in lieu of submitting some or all of the components or information identified by the Department, may submit to the Department a written notice of intent to rely on the application components as submitted. The applicant shall submit the notice of intent to rely on the application components as submitted within the time specified in the Department’s notice of deficiencies or request for additional information. If the Department’s notice of deficiencies or request for additional information does not specify a time, then the applicant shall submit the notice of intent to rely on the application components as submitted within 60 days after the mailing date of the Department’s notice of deficiencies or request for additional information.
- C. A notice of intent to rely on the application components as submitted shall include the following:
  1. Name of the applicant.
  2. License application number or other identification.
  3. Date of the Department notice or request in question.
  4. Identification of the application component or components objected to with reasons for the objection or objections.
  5. A statement that the applicant intends to rely on the application components as submitted as the basis upon which the Department may determine whether to grant or deny the license.
- D. A license applicant may submit additional license application components or other information at the same time the applicant submits a notice of intent to rely on the application components as submitted.
- E. The Department, after receiving a notice of intent to rely on the license application components as submitted, shall do one of the following:
  1. Rescind its request for the application component or components objected to in the notice.
  2. Modify its request for the application component or components objected to in the notice.
  3. Grant the license unconditionally, meaning that the Department did not add conditions not requested by the applicant.
  4. Grant the license with conditions, meaning that the Department added conditions not requested by the applicant.
  5. Deny the license.
- F. To the extent that a licensing provision of the Arizona Revised Statutes requires different treatment of licensing notifications

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of application deficiencies or licensing requests for additional information, this Section does not apply.

**Historical Note**

Adopted effective July 7, 1988 (Supp. 88-3). Section repealed; new Section adopted by final rulemaking at 5 A.A.R. 2854, effective July 30, 1999 (Supp. 99-3).

**R18-1-206. Expired****Historical Note**

Adopted effective July 7, 1988 (Supp. 88-3). Section repealed; new Section adopted by final rulemaking at 5 A.A.R. 2854, effective July 30, 1999 (Supp. 99-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 1575, effective April 28, 2017 (Supp. 17-2).

**R18-1-207. Expired****Historical Note**

Adopted effective July 7, 1988 (Supp. 88-3). Section repealed; new Section adopted by final rulemaking at 5 A.A.R. 2854, effective July 30, 1999 (Supp. 99-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 1575, effective April 28, 2017 (Supp. 17-2).

**R18-1-208. Repealed****Historical Note**

Adopted effective July 7, 1988 (Supp. 88-3). Section repealed by final rulemaking at 5 A.A.R. 2854, effective July 30, 1999 (Supp. 99-3).

**R18-1-209. Repealed****Historical Note**

Adopted effective July 7, 1988 (Supp. 88-3). Section repealed by final rulemaking at 5 A.A.R. 2854, effective July 30, 1999 (Supp. 99-3).

**R18-1-210. Repealed****Historical Note**

Adopted effective July 7, 1988 (Supp. 88-3). Section repealed by final rulemaking at 5 A.A.R. 2854, effective July 30, 1999 (Supp. 99-3).

**R18-1-211. Repealed****Historical Note**

Adopted effective July 7, 1988 (Supp. 88-3). Section repealed by final rulemaking at 5 A.A.R. 2854, effective July 30, 1999 (Supp. 99-3).

**R18-1-212. Repealed****Historical Note**

Adopted effective July 7, 1988 (Supp. 88-3). Section repealed by final rulemaking at 5 A.A.R. 2854, effective July 30, 1999 (Supp. 99-3).

**R18-1-213. Repealed****Historical Note**

Adopted effective July 7, 1988 (Supp. 88-3). Section repealed by final rulemaking at 5 A.A.R. 2854, effective July 30, 1999 (Supp. 99-3).

**R18-1-214. Reserved****R18-1-215. Repealed****Historical Note**

Adopted effective July 7, 1988 (Supp. 88-3). Section repealed by final rulemaking at 5 A.A.R. 2854, effective July 30, 1999 (Supp. 99-3).

**R18-1-216. Repealed****Historical Note**

Adopted effective July 7, 1988 (Supp. 88-3). Section repealed by final rulemaking at 5 A.A.R. 2854, effective July 30, 1999 (Supp. 99-3).

**R18-1-217. Repealed****Historical Note**

Adopted effective July 7, 1988 (Supp. 88-3). Section repealed by final rulemaking at 5 A.A.R. 2854, effective July 30, 1999 (Supp. 99-3).

**R18-1-218. Repealed****Historical Note**

Adopted effective July 7, 1988 (Supp. 88-3). Section repealed by final rulemaking at 5 A.A.R. 2854, effective July 30, 1999 (Supp. 99-3).

**R18-1-219. Repealed****Historical Note**

Adopted effective July 7, 1988 (Supp. 88-3). Section repealed by final rulemaking at 5 A.A.R. 2854, effective July 30, 1999 (Supp. 99-3).

**ARTICLE 3. PUBLIC PARTICIPATION IN RULEMAKING****R18-1-301. Agency Record**

The official rulemaking record is located in the Department and may be reviewed any working day, Monday through Friday, from 8:00 a.m. until 5:00 p.m., except state holidays.

**Historical Note**

Adopted effective July 7, 1988 (Supp. 88-3).

**R18-1-302. Petition for Rule Adoption, Amendment or Repeal**

- A. Any person requesting that the Department adopt, amend, or repeal a rule, pursuant to A.R.S. § 41-1033, shall submit a petition as prescribed in this Section before such request may be considered by the Department.
- B. Each petition shall contain:
  1. The name and current address of the person submitting the petition.
  2. If the request is for adoption of a new rule, a statement of that fact, followed by the specific language of the proposed rule.
  3. If the request is for amendment of a current rule, a statement of that fact, followed by the A.A.C. number and title of the rule being proposed for amendment. This shall be followed by the specific language of the current rule; any language to be deleted shall be struck out but clearly readable, and any language to be added by the proposed amendment shall be underlined.
  4. If the request is for repeal of a current rule, a statement of this fact, followed by the A.A.C. number and title of the rule being proposed for repeal.
  5. The signature of the person submitting the petition.
  6. The reason the rule should be adopted, amended or repealed.
- C. The petition may contain any information to support subsection (B)(6) of this Section, including:



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1. Any statistical data or other justification, with clear reference to any exhibits which may be attached to the petition;
  2. An identification of what persons or segment of the public the petitioner believes would be affected and how they would be affected;
  3. If the petitioner is a public agency, the petition may also contain a summary of issues raised in any public hearing which may be relevant, or any written comments offered by the public;
  4. The identification of any statute which the petitioner believes gives the Department the authority to adopt, amend, or repeal the rule.
- D.** Within 60 calendar days of the receipt by the Director of a complete petition, the Department shall act in accordance with A.R.S. § 41-1033 as follows:
1. If the petition results in the initiation of a rulemaking, the procedures for rulemaking, set forth in Title 41, Chapter 6, Article 3, Arizona Revised Statutes, shall be followed.
  2. If the petition is denied, a written notice stating the basis of denial shall be issued by the Director to the person filing the petition.
  3. The original petition and a copy of any notice of denial shall be placed in the official record and remain there for five years to be considered in the course of the Department's five-year rule review process.

**Historical Note**

Adopted effective July 7, 1988 (Supp. 88-3).

**R18-1-303. Written Comments During Rulemaking**

- A.** Any member of the public may comment upon a rule proposed by the Department by submitting written comments on the proposed rule to the Director.
- B.** Any document is considered to have been submitted on the date it is received by the Department. If a document is mailed, this date shall be the date on the postmark.
- C.** All written comments received during the period specified by A.R.S. § 41-1023(A) shall be considered by the Department.
- D.** All original written comments on proposed rules shall be placed in the official record.

**Historical Note**

Adopted effective July 7, 1988 (Supp. 88-3).

**R18-1-304. Oral Proceedings**

- A.** Requests for oral proceedings, as prescribed in A.R.S. § 41-1023, shall:
  1. Be filed with the Director;
  2. Include the name and current address of the person making the request;
  3. Refer to the proposed rule and include the date and issue of the Arizona Administrative Register in which the notice was published, if known.
- B.** The oral proceeding shall be recorded either by an electronic recording device or stenographically, and any resulting cassette tapes or transcripts, registers and all written comments received shall become part of the official record.
- C.** The procedures the presiding officer shall use to conduct oral proceedings shall include:
  1. Voluntary registration of attendees. Identification shall not be required, however, in order for a person to attend an oral proceeding.
  2. Registration of persons intending to speak. Registration information shall include the registrant's name, representa-

tative capacity, if applicable, and a brief summary of intended oral remarks.

3. Opening of the record. Opening remarks by the presiding officer shall summarize the rulemaking activities to date and the importance and purpose of public comments, and present the agenda.
  4. A statement by Department representatives. The statement shall explain the contents, purpose and intended operation of the proposed rulemaking, including the economic impact and any adverse impact on small businesses.
  5. A public oral comment period. Public oral comments may be limited to a reasonable time period, as determined by the presiding officer. Comments may be limited to prevent undue repetition.
  6. Further presentations. The Department may present additional information during an oral proceeding, after public comments are received. Any person shall have the opportunity to respond to this presentation during the proceeding.
  7. Closing remarks. The presiding officer shall identify relevant, future rulemaking dates and shall announce the location where the record may be reviewed and the date and time of close of record.
- D.** Within 10 working days of close of the record of an oral proceeding, or a longer period if approved by the Director, the presiding officer shall file a written memorandum summarizing the contents of all oral presentations made during the proceeding, and shall transmit any original cassette tapes and written submissions to the Director.

**Historical Note**

Adopted effective July 7, 1988 (Supp. 88-3).

**R18-1-305. Expired****Historical Note**

Adopted effective July 7, 1988 (Supp. 88-3). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 5018, effective August 31, 2002 (Supp. 02-4).

**R18-1-306. Written Criticism of Rule**

- A.** Any person may file a written criticism of an effective rule with the Director.
- B.** The criticism shall clearly identify the rule addressed, and specify why the existing rule is inadequate, unduly burdensome, unreasonable or otherwise considered to be improper.
- C.** The Director shall acknowledge receipt of any criticism within 10 working days and shall place the criticism in the official record, for review by the Department, pursuant to A.R.S. § 41-1054.

**Historical Note**

Adopted effective July 7, 1988 (Supp. 88-3).

**ARTICLE 4. PUBLIC NOTICE AND GENERAL PUBLIC HEARINGS****R18-1-401. Notice**

- A.** When notice is required by statute or rule, and notice procedures are not otherwise prescribed by statute or rule, the Department shall:
  1. Publish the notice as a legal notice at least once, in one or more newspapers of general circulation in the county or counties concerned;
  2. Include in the notice the following information:
    - a. The major issue under consideration or a description of the reason for the action;

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- b. The Department's proposed action and effective date for that action;
  - c. The location where relevant, nonconfidential documents may be obtained and reviewed during normal business hours;
  - d. The name, address and telephone number of a person within the Department who may be contacted for further information;
  - e. The location where public comments may be addressed, and the date and time by which comments shall be received.
- B.** In addition to meeting the requirements in subsection (A), a notice for a general public hearing shall include the following information:
- 1. The time and location of the general public hearing;
  - 2. A statement to the effect that any person may appear at the hearing and present views, either orally or in writing;
  - 3. The time by which a decision shall be reached;
  - 4. The exact nature of the action or issues to be discussed.
- C.** The notice for a general public hearing described in this Section shall be published at least 30 days prior to the date of the hearing unless otherwise prescribed by statute or rule.

**Historical Note**

Adopted effective July 7, 1988 (Supp. 88-3).

**R18-1-402. General Public Hearing Procedures**

- A.** If a general public hearing is required by statute or by rule, the hearing shall be noticed as required in R18-1-401.
- B.** The Department shall maximize the opportunity for public participation at a general public hearing and shall consider all of the following when scheduling the general public hearing:
- 1. A location in or near the geographical area of the issue addressed in the hearing, and easily accessible to a majority of the affected public;
  - 2. A time which can facilitate public attendance;
  - 3. Other hearings concerning the public, in the same geographical area, which may be scheduled for the same time and location.
- C.** The Department may schedule persons wishing to speak, and Department personnel knowledgeable about the issue shall be present to provide information.
- D.** A general public hearing shall be conducted so as to do both of the following:
- 1. Inform the public of the exact nature of the action or issue, and
  - 2. Allow time for persons to make statements and submit written comments.
- E.** The person presiding at a general public hearing shall maintain order and may allot equitable time periods for oral comment by participants.
- F.** A general public hearing shall be recorded by means of an electronic device or stenographically.
- G.** The record of a general public hearing shall be maintained by the Department and made available for public inspection, during normal business hours, at the location specified in the public notice. The record of the hearing shall include the agenda, written comments submitted before the close of record, and the tape or transcript of the hearing.

**Historical Note**

Adopted effective July 7, 1988 (Supp. 88-3).

**ARTICLE 5. LICENSING TIME-FRAMES****R18-1-501. Definitions**

In addition to the definitions provided in A.R.S. § 41-1001, § 41-1072, and R18-1-101, the following definitions apply to this Article:

- 1. "Administrative completeness" or "administratively complete" means Department receipt of all application components required by statute or rule and necessary to enable the Department to issue a notice of administrative completeness under A.R.S. § 41-1074 and thereby end the administrative completeness review time-frame and start the substantive review time-frame.
- 2. "Administrative completeness review" means the process of clerical verification by the Department to determine whether the submitted application components meet the requirements of administrative completeness.
- 3. "Applicant" means a person who requests the Department to issue a license.
- 4. "Applicant response" means a written response from the applicant to a Department notice that complies with all the following:
  - a. The response identifies the applicant.
  - b. The response identifies the Department notice.
  - c. The response is addressed to the Department employee identified in the Department notice as the designated recipient of the notice.
  - d. The response contains the required information identified in the Department notice or the response contains a notice under R18-1-520 to rely on the application components as submitted.
- 5. "Application" means a request to the Department to issue a license to the requestor when that request is in writing and complies with R18-1-502 and R18-1-503(A).
- 6. "Application clerk" means a Department employee with authority to receive applications for a specific license or an application component or applicant response.
- 7. "Application component" means a document, other written information, or fee required by statute or rule and submitted to the Department in support of an application.
- 8. "Companion category" means one of an association of two or more consecutive categories, shown on the license tables with paired license names, and containing a distinction between "standard" and "complex", between "without a public hearing" and "with a public hearing", or "without a public meeting" and "with a public meeting".
- 9. "Complex" means an application category that requires significantly more Department resources to review the application than applications processed in a companion standard category due to the size, novelty, complexity, or technical difficulty expressed in the application.
- 10. "Comprehensive request for additional information" means a Department notification made after the administrative completeness review time-frame that:
  - a. Contains a list of information required by statute or rule and necessary before the Department may grant the license; and
  - b. Suspends the running of days within the time-frames.
- 11. "Day" means business day and excludes Saturdays, Sundays, and state holidays.
- 12. "Department notification" or "Department notice" means written communication by the Department to an applicant in person or at the mailing or electronic address identified on the application. The Department may notify the applicant at the applicant's electronic address only if the appli-

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- cant provides that address as part of an application component. The notification is effective:
- a. If mailed, on the date of its postmark.
  - b. If delivered in person by a Department employee or agent, on the date of delivery.
  - c. If delivered electronically, on the date of delivery to the electronic address.
13. "Department receipt" of an application component or an applicant response means one of the following days:
    - a. If the component or response is handed to an application clerk by the applicant, the day of actual receipt by the application clerk.
    - b. If the component or response is mailed, five days after the postmark identifying the mailing date.
    - c. If the component or response is delivered to an electronic address of an application clerk, one day after the date of delivery to the electronic address.
    - d. If the Department notifies the applicant of receipt within five days after the date of actual receipt, the day of actual receipt of the component or response by the application clerk.
    - e. If delivered during an application moratorium or time-frame suspension declared under R18-1-518, the day after the moratorium or suspension ends.
  14. "Electronic address" means either a telephone number for facsimile document communication (fax) or an electronic mail (e-mail) address. "Electronic address" does not mean a telephone number for voice or TDD (telephone device for the deaf) communication.
  15. "Fee excusal" means the sanction imposed on a Department fund under A.R.S. § 41-1077(A) that requires the Department to excuse further fees required from the applicant by the Department.
  16. "Initial fee" means that part of the fee required to be submitted under R18-1-503(A).
  17. "License category" means a category identified on a license table.
  18. "License table" means a table within this Article.
  19. "Licensing time-frame" means any of the time-frames identified in A.R.S. §§ 41-1072 through 41-1079, the operation of which requires the Department to report its compliance level for overall time-frames to the Governor's Regulatory Review Council under A.R.S. § 41-1078(A).
  20. "Licensing time-frame agreement" means an agreement made under any of the Sections R18-1-508 through R18-1-512.
  21. "Penalty" means the sanction imposed on a Department fund under A.R.S. § 41-1077(B).
  22. "Phased application" means an application processed pursuant to a licensing time-frame agreement that allows the applicant to submit application components in two or more phases with each phase providing for administrative completeness review.
  23. "Pre-application" means the period prior to Department receipt of an applicant's first application component submittal under R18-1-503(A).
  24. "Presumptive administrative completeness" means the expiration of the administrative completeness review time-frame and the automatic start of the running of days within the substantive review time-frame under A.R.S. § 41-1074(C) as a result of the Department failing to issue a notice of administrative completeness under A.R.S. § 41-1074(A).
  25. "Presumptive overall time-frame" means the sum of the days shown for the administrative completeness review and substantive review time-frames on the license tables for that license category and may be different from the actual overall time-frame because the presumptive overall time-frame does not include a lengthening of the time-frame due to a time-frame extension agreement or a shortening of the time-frame due to early starting of the substantive review time-frame caused by the issuance of a notice of administrative completeness.
  26. "Presumptive substantive review time-frame" means the days shown for the substantive review time-frame on the license tables for a license category.
  27. "Refund" means the sanction imposed on a Department fund under A.R.S. § 41-1077(A) that requires the Department to refund fees already paid by the applicant into that fund.
  28. "Request for additional information" means a Department notification or contact made after the administrative completeness review time-frame and that identifies information required by statute or rule and necessary before the Department may grant the license.
  29. "Sanction" means a refund, fee excusal, or penalty under A.R.S. § 41-1077.
  30. "Site inspection" means an inspection performed by the Department under A.R.S. § 41-1009 as part of a required component of an application for a license shown on the license tables.
  31. "Substantive review" means the process of qualitative evaluation by the Department of application components to determine whether the components meet all requirements in statute or rule and necessary to grant the license. "Substantive review" does not include clerical verification of the components nor does it include Department investigations resulting from reporting or notification requirements.
  32. "Time-frame extension" means the entire period after the overall time-frame would otherwise expire and during which an application is not subject to sanctions. The substantive review and overall time-frames continue in effect and do not expire during the time-frame extension.
  33. "Withdrawn application" means an application that has ceased to be subject to this Article due to the applicant's request that the Department cease all consideration of the application under R18-1-517. An applicant's ability to withdraw an application is not governed by this Article.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3). Amended by final rulemaking at 13 A.A.R. 1854, effective June 30, 2007 (Supp. 07-2).

**R18-1-502. Applicability; Effective Date**

- A.** This Article does not apply to any of the following:
1. A license not requiring an application.
  2. A license conferred by a notification to the Department of an event, activity, or facility and that is not conferred by the Department in the form of a written license issued to the prospective licensee in response to the notification.
  3. A license issued at the Department's initiative.
  4. A license issued by default if the Department does not make a licensing decision within a time identified in statute or rule.

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5. A license not identified in a category shown on the license tables.
  6. A license required under an abatement or compliance order or consent agreement, if a time-frame in the order or consent agreement is different than the time-frame for the license category. The time-frame in the order or consent agreement shall supersede the time-frame for the license category.
  7. An application for which the applicant is not the prospective licensee.
  8. Compliance activity by licensees in conformance with an issued license except for license renewal or revision activity.
  9. Contractual activity under A.R.S. § 41-1005(A)(15).
  10. Activity that leads to the revocation, suspension, annulment, or withdrawal of a license.
- B.** If an application becomes subject to this Article, it remains subject to the terms of the original license category in which it was classified unless the application is withdrawn, is altered by a licensing time-frames agreement, or is changed under R18-1-516. If altered by a licensing time-frames agreement, the terms of the original license category are modified only to the extent expressly stated in the licensing time-frames agreement.
- C.** If an Arizona statute or other rule in this Title conflicts with this Article, the statute or other rule governs except that only this Article determines whether an applicant is entitled to a refund and fee excusal due to Department failure to notify an applicant of a licensing decision within a licensing time-frame under A.R.S. § 41-1077(A).
- Historical Note**  
New Section adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3). Amended by final rulemaking at 13 A.A.R. 1854, effective June 30, 2007 (Supp. 07-2).
- R18-1-503. Administrative Completeness Review Time-frame Operation; Administrative Completeness**
- A.** The administrative completeness review time-frame for an application begins on the day of Department receipt of the first component submittal in support of the application that contains all the following:
1. Identification of the applicant.
  2. If the license is for a facility, identification of the facility.
  3. Name and mailing address of the applicant and, if applicable, the applicant's agent authorized by the applicant to receive all notices issued by the Department under this Article.
  4. Identification of the license category in which the application shall be first processed. If companion categories are shown on a license table for this license, the application shall be first processed in the companion category that is determined as follows:
    - a. If "standard" and "complex" categories are shown, in the "standard" category.
    - b. If "without a public hearing" and "with a public hearing" are shown, in the "without a public hearing" category.
    - c. If "without a public meeting" and "with a public meeting" are shown, in the "without a public meeting" category.
  5. Completed Department application form if required for the license category.
  6. Initial fee if required for the license category.
  7. All application components required by statute or rule necessary for the Department to determine whether an application is administratively complete.
- B.** The administrative completeness review time-frame for an application ends on the earlier of the following days:
1. The day the Department notifies the applicant that the application is administratively complete under A.R.S. § 41-1074.
  2. If the Department does not notify the applicant that the application is administratively complete under A.R.S. § 41-1074, the last day shown for the administrative completeness review time-frame for the relevant license category on the license tables.
- C.** If a notice of administrative deficiencies states that the Department is suspending the running of days within the time-frames until the applicant supplies the missing information identified on a comprehensive list of specific deficiencies included with the notice, the running of days within the administrative completeness review time-frame suspends on the day of notification.
- D.** If suspended, the running of days within the administrative completeness review time-frame remains suspended from the time of the first notice under subsection (C) of this Section until the applicant supplies the Department all missing information identified on the comprehensive list of specific deficiencies.
- E.** If the Department determines that an applicant has submitted all application components required by statute or rule within the administrative completeness review time-frame and necessary to allow the Department to grant the license, the Department shall notify the applicant that the application is administratively complete under A.R.S. § 41-1074.
- F.** If presumptive administrative completeness occurs:
1. Further notices of administrative deficiencies issued under subsection (C) of this Section will not suspend the running of days within the substantive review or overall time-frames and
  2. The Department does not waive the requirement for the applicant to submit all application components necessary to allow the Department to grant the license.
- G.** The running of days within the administrative completeness review time-frame also suspends and resumes under R18-1-518 (emergencies).
- Historical Note**  
New Section adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3). Amended by final rulemaking at 13 A.A.R. 1854, effective June 30, 2007 (Supp. 07-2).
- R18-1-504. Substantive Review Time-frame Operation; Requests for Additional Information**
- A.** The substantive review time-frame for an application begins on one of the following days:
1. If the Department notifies the applicant that the application is administratively complete before the expiration of the administrative completeness review time-frame, one day after notification.
  2. If the Department does not notify the applicant that the application is administratively complete before the expiration of the administrative completeness review time-frame, one day after expiration.
- B.** The substantive review time-frame for an application ends on the earlier of the following days:

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1. The day of Department notification that it has made a licensing decision under A.R.S. § 41-1076 and R18-1-507.
  2. The last day shown for the substantive review time-frame for the license category on the license tables.
- C.** If the Department notifies the applicant to respond to a comprehensive request for additional information, the running of days within the substantive review time-frame is suspended beginning on the day of Department notification. The Department may issue only one comprehensive request that suspends the running of days within the substantive review time-frame under A.R.S. § 41-1075(A).
- D.** The running of days within the substantive review time-frame remains suspended from the time of the notice under subsection (C) until the applicant supplies all missing information to the Department.
- E.** The running of days within the substantive review time-frame also suspends and resumes under R18-1-518 (emergencies).

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3). Amended by final rulemaking at 13 A.A.R. 1854, effective June 30, 2007 (Supp. 07-2).

**R18-1-505. Overall Time-frame Operation**

- A.** The overall time-frame for an application begins on the same day as the administrative completeness review time-frame.
- B.** The running of days within the overall time-frame suspends and resumes in concert with the administrative completeness and substantive review time-frames and time-frame extensions.
- C.** The duration of the overall time-frame equals the sum of all the following days unless altered by R18-1-508 (licensing time-frames pre-application agreements) or R18-1-511 (changed licensing time-frames agreements):
1. The lesser of:
    - a. The number of days shown for the administrative completeness review time-frame on the license tables, or
    - b. The actual number of days for the administrative completeness review time-frame if the Department notifies the applicant under R18-1-503(E) that the application is administratively complete before the expiration of the administrative completeness review time-frame;
  2. The lesser of:
    - a. The number of days shown for the substantive review time-frame on the license tables,
    - b. The actual number of days for the substantive review time-frame if the Department notifies the applicant of a licensing decision under R18-1-504(B)(1), or
    - c. The actual number of days for the substantive review time-frame if the applicant causes the time-frames to end under R18-1-507(D); and
  3. The number of days added by one or more licensing time-frames extension agreements under R18-1-510.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3). Amended by final rulemaking at 13 A.A.R. 1854, effective June 30, 2007 (Supp. 07-2).

**R18-1-506. Time-frame Extension Operation**

- A.** If created by a licensing time-frames extension agreement under R18-1-510, the time-frame extension for an application begins one day after the substantive review and overall time-frames would otherwise expire and operates as if they were still in operation.
- B.** The time-frame extension for an application ends on one of the following days, whichever is earlier:
1. The day of Department notification that it has made a licensing decision under A.R.S. § 41-1076 and R18-1-507.
  2. The day shown for the expiration of the time-frame extension identified in the time-frame extension agreement.
- C.** The Department may notify an applicant to respond to one comprehensive request for additional information during the time-frame extension on the same terms as prescribed in R18-1-504 except that the Department shall not make more than one comprehensive request for additional information under both R18-1-504 and this Section.
- D.** An applicant and the Department may enter into one or more licensing time-frames supplemental request agreements during the time-frame extension on the same terms as prescribed in R18-1-509.
- E.** The running of days within the time-frame extension also suspends and resumes under R18-1-518 (emergencies).

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3).

**R18-1-507. Ending of Time-frames; Licensing Decisions; Withdrawal; Notice of Licensing Time-frames Nonapplicability**

- A.** Department notification of the grant or denial of a license ends the running of all licensing time-frames for an application.
- B.** The Department may deny a license if the applicant submits incomplete or inaccurate information in response to a notice of administrative deficiencies under R18-1-503, a request for additional information or a comprehensive request for additional information under R18-1-504, a supplemental request for additional information under R18-1-509, or any other deficiency in the application that prevents the Department from exercising its authority to grant the license.
- C.** The Department may deny a license if the applicant fails to respond in a reasonably timely manner to a notice of administrative deficiencies under R18-1-503, a request for additional information or a comprehensive request for additional information under R18-1-504, or a supplemental request for additional information under R18-1-509, and the deficiency in the application prevents the Department from exercising its authority to grant the license. In determining whether an applicant has failed to respond to a notice or request in a reasonably timely manner and the deficiency in the application prevents the Department from exercising its authority to grant the license, the Department shall consider the following factors:
1. The nature of the information requested.
  2. The time that an applicant has been given in the notice or request to respond relative to the overall time-frame for that category of license.
  3. The extent to which the Department's ability to process applications for that license category or related license categories is adversely affected by overdue responses for information.
- D.** Department notice of the denial of a license shall include all the following:
1. A justification for the denial under A.R.S. § 41-1076(1).

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2. An explanation of the applicant's right to appeal the action under A.R.S. §§ 41-1076(2) and 41-1092.03(A).
  3. An explanation of the applicant's right to request an informal settlement conference under A.R.S. §§ 41-1092.03(A) and 41-1092.06.
- E.** The following actions by the applicant are sufficient to end all time-frames for an application:
1. Withdrawing the application under R18-1-517.
  2. Entering into a changed licensing time-frames agreement under R18-1-511.
- F.** If the Department determines during its review of an application that the application is not subject to this Article, the Department shall notify the applicant that the application is not subject to this Article. The Department notification shall contain the Department's reason for making the determination. Department notification under this subsection causes all time-frames for the application to end.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3). Amended by final rulemaking at 13 A.A.R. 1854, effective June 30, 2007 (Supp. 07-2).

**R18-1-508. Licensing Time-frames Pre-application Agreements**

- A.** An applicant and the Department may enter into a licensing time-frames pre-application agreement to allow the applicant to do one or more of the following:
1. Submit certain application components in one or more phases during the substantive review time-frame.
  2. Coordinate the licensing time-frames requirements of this Article with expedited application review by a private consultant under contract with the Department for that purpose.
  3. Coordinate the licensing time-frames requirements of this Article with an applicant's requirements to apply for and obtain other approvals reasonably related to the subject matter of the application.
- B.** A licensing time-frames pre-application agreement shall contain at least the following terms:
1. Unless otherwise specified in the agreement, all requirements of this Article remain in effect.
  2. A waiver under A.R.S. § 41-1004 by the applicant of its rights to the number of time-frame days identified on the license tables in consideration of the Department allowing the applicant to enter into a licensing time-frames pre-application agreement.
  3. Identification of application components.
  4. The number of days for the administrative completeness review time-frame and the substantive review time-frame. Time spent in pre-application review shall not count toward the running of days within the time-frames.
  5. A fee adjustment, if appropriate.
  6. Identification of the license category within which the Department shall begin processing the application.
- C.** A licensing time-frames pre-application agreement that allows the applicant to submit certain application components in one or more phases during the substantive review time-frame shall contain at least the terms identified in subsection (B) of this Section and the following terms:
1. The overall time-frame shall not be less than the presumptive overall time-frame identified in subsection (B)(6) of this Section.

2. The administrative completeness review time-frame shown for the license category identified in subsection (B)(6) of this Section shall apply only to the first application phase.
  3. The applicant may submit components otherwise required for administrative completeness in subsequent phases during the substantive review time-frame only to the extent that the agreement specifies deadlines for each subsequent application phase and identifies the application components required in each subsequent phase. The Department may notify the applicant to respond to a notice of administrative deficiencies within 15 days after each subsequent submittal or the deadline identified in the agreement for each subsequent phased application component submittal.
  4. The Department may suspend the running of days within the time-frames once in each application phase with a comprehensive request for additional information on the same terms as prescribed under R18-1-504.
- D.** The Department shall consider all the following factors when determining whether to enter into a licensing time-frames pre-application agreement:
1. The complexity of the licensing subject matter. The Department shall not enter into an agreement if the presumptive substantive review time-frame is less than 90 days.
  2. The resources of the Department. The Department shall not enter into an agreement if the Department determines that either the negotiation of the agreement or the terms of the agreement are likely to require the Department to expend additional resources to the significant detriment of other applicants.
  3. The impact on public health and safety or the environment. The Department shall not enter into an agreement if the Department determines that the terms of the agreement are likely to cause a significant increase or change in the nature of the potential detrimental effects of the facility or activity to be governed by the license on public health and safety or the environment.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3).

**R18-1-509. Licensing Time-frames Supplemental Request Agreements**

- A.** An applicant and the Department may enter into one or more licensing time-frames supplemental request agreements to allow the suspension of the running of days within the relevant substantive review and overall time-frames and time-frame extensions pending a response from the applicant to a supplemental request for additional information under A.R.S. § 41-1075(A). A request for additional time alone is not a valid justification for a supplemental request agreement.
- B.** A licensing time-frames supplemental request agreement shall contain at least the following terms:
1. Unless otherwise specified in the agreement, all requirements of this Article remain in effect.
  2. A list of the additional information requested.
  3. The running of days within the relevant substantive review and overall time-frames and time-frame extensions shall suspend and resume under Sections R18-1-504 through R18-1-506.

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**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3).

**R18-1-510. Licensing Time-frames Extension Agreements**

- A. An applicant and the Department may enter into one or more time-frames extension agreements to extend the substantive review and overall time-frames under A.R.S. § 41-1075(B).
- B. The total of all time-frames extension agreements may extend the time-frames no more than 25% of the number of days beyond the presumptive overall time-frame or, if identified as a fixed number in an R18-1-508 pre-application agreement, the presumptive overall time-frame in that agreement. A calculation that results in a fraction of a day shall be rounded to the nearest day.
- C. A time-frames extension agreement shall contain at least the following terms:
  1. Unless specified otherwise in the agreement, all requirements of this Article remain in effect.
  2. The number of time-frame extension days.
  3. The agreement creates a time-frame extension that operates under R18-1-506.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3).

**R18-1-511. Licensing Time-frames Changed Application Agreements**

- A. An applicant and the Department may enter into a licensing time-frames agreement to allow the applicant to change information previously submitted in support of a license application and to supersede the time-frames of that application with new time-frames. A changed licensing time-frames agreement causes all time-frames on the application to end under R18-1-507(D) and creates a new set of time-frames that operates under the agreement.
- B. A changed licensing time-frames agreement shall contain at least the following terms:
  1. Unless specified otherwise in the agreement, all requirements of this Article remain in effect.
  2. A waiver under A.R.S. § 41-1004 by the applicant of its rights to the number of time-frame days identified on the license tables in consideration of the Department allowing the applicant to change the information submitted in support of a changed application.
  3. Identification of application components required in support of the changed application.
  4. The number of time-frame days applicable to the changed application.
  5. A fee adjustment, if appropriate.
  6. Identification of the license category within which the Department shall continue processing the changed application.
- C. The Department shall consider all the following factors when determining whether to enter into a changed licensing time-frames agreement:
  1. The complexity of the licensing subject matter. The Department shall not enter into an agreement if the presumptive substantive review time-frame is less than 30 days.
  2. The resources of the Department. The Department shall not enter into an agreement if the Department determines that either the negotiation of the agreement or the terms of the agreement are likely to require the Department to

expend additional resources to the significant detriment of other applicants.

3. The impact on public health and safety or the environment. The Department shall not enter into an agreement if the Department determines that the terms of the agreement are likely to cause a significant increase or change in the nature of the potential detrimental effects of the facility or activity to be governed by the license on public health and safety or the environment.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3).

**R18-1-512. Reserved****R18-1-513. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3). Section repealed by final rulemaking at 13 A.A.R. 1854, effective June 30, 2007 (Supp. 07-2).

**R18-1-514. Reserved****R18-1-515. Reserved****R18-1-516. Reassignment of License Category**

- A. The Department may reassign an application to a different category if an evaluation of the application components indicates that a change is necessary in the category in which the application is classified. The Department shall notify the applicant of the change in the license category at which time the reassignment shall take effect. The Department notice shall contain the Department's reason for making the reassignment to a different license category. After receiving Department notification, the applicant may submit an R18-1-521 notice of intent to rely on the license category in effect before Department notification.
- B. If a public hearing or public meeting is requested for an application for a license that requires the Department to hold a public hearing or public meeting on a proposed licensing decision if requested, the Department shall reassign the application from a license category not providing for a public hearing or public meeting to the companion category so providing.
- C. Reassignment may include a change from a standard to a companion complex category if such categories are shown on the license tables.
- D. Reassignment to a new license category under this Section means only that the time-frames for the application expire on the days shown for the new license category rather than the previous category.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3).

**R18-1-517. Application Withdrawal**

Withdrawal of an application causes all time-frames for that application to end.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3).

**R18-1-518. Emergencies and Upset Conditions**

- A. The Director may declare a moratorium on the starting of time-frames for new applications or may declare a suspension

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of all time-frames for one or more license categories identified on the license tables upon a determination that the starting of time-frames for new applications or the continued running of days within the time-frames on existing applications in that license category is likely to result in sanctions for those applications due to emergencies including:

1. Diversion of Department resources to respond to pollution prevention emergency activity,
  2. Loss of use of premises,
  3. Computer failure, or
  4. Lack of access to a site inspection location due to weather or other natural conditions.
- B.** A declaration of a time-frame moratorium or suspension under subsection (A) of this Section shall be in writing and shall include all the following:
1. The reason for the time-frame moratorium or suspension.
  2. Identification of the license categories subject to the time-frame moratorium or suspension.
  3. If relevant, restriction of the declaration to one or more application review or site inspection locations.
  4. Expiration of the time-frame moratorium or suspension by a date certain.
- C.** The Director may revoke declarations or issue successive declarations. The Director shall ensure that the duration of a time-frame moratorium or suspension under subsection (A) of the Section is limited to the shortest time necessary to address the emergency.
- D.** A declaration of a time-frame moratorium or suspension under subsection (A) of this Section affects only the operation of the time-frames and does not prohibit the Department from acceptance or continued review of license applications.
- E.** A declaration of a time-frame moratorium or suspension under subsection (A) of this Section applies only to applications and license categories that are subject to sanctions

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3).

**R18-1-519. Public Hearings; Public Meetings; Public Notice Periods**

The suspension or expiration of the substantive review time-frame does not invalidate public hearings, public meetings, or public notice periods required by law to occur before a decision by the Department to grant a license.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3).

**R18-1-520. Notice of Intent to Rely on the Application Components as Submitted**

- A.** An applicant, instead of submitting some or all of the application components identified by the Department, may submit an R18-1-205 notice of intent to rely on the application components as submitted in response to either of the following:
1. Receiving a notice of administrative deficiencies issued by the Department during the administrative completeness review time-frame.
  2. Receiving a comprehensive request for additional information or a supplemental request for additional information issued by the Department after the administrative completeness review time-frame.
- B.** If the Department decides under R18-1-205 to rescind or modify the identification of the application component or components objected to by the applicant, the Department shall make

the decision within 15 days after Department receipt of the applicant's R18-1-205 notice. If, at the time of the decision, the running of days within the time-frames is suspended:

1. A decision to rescind the identification of all application components identified in the notice shall resume the running of days within the time-frames.
  2. A decision to rescind less than all or to modify the identification of one or more application components identified in the notice, shall allow the running of days within the time-frames to remain suspended in accordance with the Department notice identified in subsections (A)(1) or (A)(2) of this Section.
- C.** If, within 15 days after Department receipt of the applicant's R18-1-205 notice, the Department has not notified the applicant of a decision to rescind or modify the identification of the application component or components complained of in the notice, the running of days within the time-frames, if suspended, shall resume.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3).

**R18-1-521. Notice of Intent to Rely on the License Category**

- A.** Upon Department notification that the Department has changed the license category under R18-1-516, an applicant may submit a notice of intent to rely on the license category in effect before the Department notification.
- B.** The applicant's notice under subsection (A) of this Section shall include all of the following:
1. Identification of the applicant.
  2. Identification of the license application.
  3. Identification of the date of the Department notice.
  4. A statement that the applicant intends to rely on the license category in effect before Department notification of the R18-1-516 license category change as the basis upon which the Department shall make a licensing decision.
- C.** Upon receipt of an applicant's notice under subsection (A) of this Section, the Department shall do one of the following:
1. Rescind the change under subsection (D) of this Section.
  2. Make a licensing decision under R18-1-507(A) and process the decision in the changed category identified under R18-1-516.
  3. Allow the license category to revert under subsection (E) of this Section.
- D.** If the Department decides to rescind the change in the license category, the Department shall notify the applicant of the decision within 15 days after Department receipt of the applicant's notice under subsection (A) of this Section and shall continue to process the application in the license category on which the applicant is relying.
- E.** If, within 15 days after Department receipt of the applicant's notice under subsection (A) of this Section, the Department has not notified the applicant of a decision under subsection (C) of this Section, the license category shall revert to the category in effect before the R18-1-516 Department notification with the same effect on the time-frames as described in subsection (D) of this Section.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3).

**R18-1-522. Notice of Change of Applicant's Agent for**



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**Receiving Licensing Time-frames Notices**

- A.** An applicant may change the designation of its agent identified under R18-1-503(A)(3) for receiving Department licensing time-frames notification.
- B.** To change the designation of the agent, the applicant shall submit a notice that complies with all the following to the application clerk:
1. Identification of the applicant.
  2. Identification of the application.
  3. Name and mailing address of the current agent authorized to receive all notices issued by the Department under this Article.
  4. Name and mailing address of the new agent authorized to receive all notices issued by the Department under this Article.
  5. Date when the applicant's authorization of the new agent will be effective.
  6. Certification by the applicant that the information given under this subsection is true.
- C.** Upon Department receipt of the applicant's notice under subsection (B) of this Section, the Department shall notify the applicant of the date of receipt. The effective date of the change of applicant's agent shall not be less than three days after Department receipt of the notice.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3).

**R18-1-523. Refunds, Fee Excusals, and Penalties**

- A.** An application is subject to sanctions under A.R.S. § 41-1077 only if the application is governed by this Article and requires a fee that is deposited in a Department fund. In addition, an application is subject to penalties under A.R.S. § 41-1077(B) only if it is subject to a substantive review time-frame as indicated on the license tables. An application withdrawn before the expiration of the overall time-frame is not subject to sanctions.
- B.** The Department shall make a refund and fee excusal to an applicant for an application if the Department determines both of the following:
1. The overall time-frame for that application expired prior to Department notification of a licensing decision under R18-1-507(A).
  2. The applicant is the prospective licensee of the application.
- C.** The Department shall issue a refund and make a fee excusal within 15 days after the Department makes a determination that a refund and fee excusal is due.
- D.** A refund and fee excusal is limited to the specific application giving rise to the refund and fee excusal and does not include a refund or payment excusal for services requested by the applicant beyond the scope of the application. A refund is limited to the amount actually received from the applicant by the Department for the review of the specific application giving rise to the refund and does not include interest.
- E.** The Department shall pay to the state general fund a penalty for an application if the Department determines both of the following:

1. The overall time-frame for that application expired prior to Department notification of a licensing decision under R18-1-507(A)
  2. On the last calendar day of the month, the Department still has not made a licensing decision under R18-1-507(A).
- F.** If an application accumulates excused fees, the Department shall calculate the penalty each month to include both the penalty due for the current month plus any additional penalties now due for previous months resulting from the continued accumulation of excused fees during the current month.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3).

**R18-1-524. Site Inspections**

- A.** If a site inspection is a required application component for a license category, an applicant complies with the requirement to submit a site inspection application component if either of the following is met:
1. The applicant makes all necessary areas of a site available for inspection by the Department at a mutually agreed-upon time and for the period of time necessary for the Department to complete the site inspection.
  2. The Department determines that the conditions of a license are such that a site inspection will provide no additional required information in order for the Department to make a licensing decision under R18-1-507(A)(1) or R18-1-507(A)(2).
- B.** If made, a site inspection shall be performed under A.R.S. § 41-1009. The purpose of a site inspection application component is to allow the Department to identify what site specific facts may be determinative of required license conditions in order to make a licensing decision under R18-1-507(A)(1) or R18-1-507(A)(2).
- C.** The Department shall prepare an inspection report under A.R.S. § 41-1009(D) for every site inspection made. The inspection report shall state both of the following:
1. The Department's action resulting from the inspection is completed.
  2. Whether the applicant complied with subsection (A)(1) of this Section.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3).

**R18-1-525. Licensing Time-frames; Application Components**

The administrative completeness review time-frame days, the substantive review time-frame days, and the references to application components for each license category subject to this Article are shown on the license tables.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3).

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**Table 1. Class I Air Licenses**

**Class I Air Licenses**  
**Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements**

ACRTF means Administrative Completeness Review Time-frame.

SRTF means Substantive Review Time-frame.

Day means business day.

License Category	ACRTF Days	SRTF Days	Subject to Sanctions	Application Components
<b>Group I: Individual Class I prevention of significant deterioration (PSD) licenses:</b>				
1. Standard Class I PSD major source permit with no public hearing, A.R.S. § 49-426, A.A.C. R18-2-302 and R18-2-406.	41	219	Yes	A.A.C. R18-2-304, R18-2-402, and R18-2-406, Fee: R18-2-326, Department application form, site inspection, and initial fee required.
2. Standard Class I PSD major source permit with a public hearing, A.R.S. § 49-426, A.A.C. R18-2-302 and R18-2-406.	41	251	Yes	A.A.C. R18-2-304, R18-2-402, and R18-2-406, Fee: R18-2-326, Department application form, site inspection, and initial fee required.
3. Complex Class I PSD major source permit with no public hearing, A.R.S. § 49-426, A.A.C. R18-2-302 and R18-2-406.	41	281	Yes	A.A.C. R18-2-304, R18-2-402, and R18-2-406, Fee: R18-2-326, Department application form, site inspection, and initial fee required.
4. Complex Class I PSD major source permit with a public hearing, A.R.S. § 49-426, A.A.C. R18-2-302 and R18-2-406.	41	313	Yes	A.A.C. R18-2-304, R18-2-402, and R18-2-406, Fee: R18-2-326, Department application form, site inspection, and initial fee required.
<b>Group II: Individual Class I major new source review (NSR) licenses:</b>				
5. Standard Class I major NSR permit with no public hearing, A.R.S. § 49-426, A.A.C. R18-2-302 and R18-2-403.	41	219	Yes	A.A.C. R18-2-304, R18-2-402, R18-2-403, Fee: R18-2-326, Department application form, site inspection, and initial fee required.
6. Standard Class I major NSR permit with a public hearing, A.R.S. § 49-426, A.A.C. R18-2-302 and R18-2-403.	41	251	Yes	A.A.C. R18-2-304, R18-2-402, R18-2-403, Fee: R18-2-326, Department application form, site inspection, and initial fee required.
7. Complex Class I major NSR permit with no public hearing, A.R.S. § 49-426, A.A.C. R18-2-302 and R18-2-403.	41	281	Yes	A.A.C. R18-2-304, R18-2-402, R18-2-403, Fee: R18-2-326, Department application form, site inspection, and initial fee required.
8. Complex Class I major NSR permit with a public hearing, A.R.S. § 49-426, A.A.C. R18-2-302 and R18-2-403.	41	313	Yes	A.A.C. R18-2-304, R18-2-402, and R18-2-403, Fee: R18-2-326, Department application form, site inspection, and initial fee required.
<b>Group III: Individual Class I other major source licenses:</b>				
9. Standard Class I other major source permit with no public hearing, A.R.S. § 49-426, A.A.C. R18-2-302.	41	344	Yes	A.A.C. R18-2-304, Fee: R18-2-326, Department application form, site inspection, and fee required.

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CHAPTER 1. DEPARTMENT OF ENVIRONMENTAL QUALITY - ADMINISTRATION

**Table 1. Class I Air Licenses**

**Class I Air Licenses**  
**Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements**

ACRTF means Administrative Completeness Review Time-frame.

SRTF means Substantive Review Time-frame.

Day means business day.

License Category	ACRTF Days	SRTF Days	Subject to Sanctions	Application Components
<b>Group III (Continued): Individual Class I other major source licenses:</b>				
10. Standard Class I other major source permit with a public hearing, A.R.S. § 49-426, A.A.C. R18-2-302.	41	376	Yes	A.A.C. R18-2-304, Fee: R18-2-326, Department application form, site inspection, and fee required.
11. Complex Class I other major source permit with no public hearing, A.R.S. § 49-426, A.A.C. R18-2-302.	41	406	Yes	A.A.C. R18-2-304, Fee: R18-2-326, Department application form, site inspection, and fee required.
12. Complex Class I other major source permit with a public hearing, A.R.S. § 49-426, A.A.C. R18-2-302.	41	438	Yes	A.A.C. R18-2-304, Fee: R18-2-326, Department application form, site inspection, and fee required.
<b>Group IV: Individual Class I renewal licenses:</b>				
13. Standard Class I renewal permit with no public hearing, A.R.S. § 49-426, A.A.C. R18-2-302 and R18-2-322.	41	344	No	A.A.C. R18-2-304 Department application form, site inspection, required.
14. Standard Class I renewal permit with a public hearing, A.R.S. § 49-426, A.A.C. R18-2-302 and R18-2-322.	41	376	No	A.A.C. R18-2-304 Department application form, site inspection, required.
15. Complex Class I renewal permit with no public hearing, A.R.S. § 49-426, A.A.C. R18-2-302 and, R18-2-322.	41	406	No	A.A.C. R18-2-304 Department application form, site inspection, required.
16. Complex Class I renewal permit with a public hearing, A.R.S. § 49-426, A.A.C. R18-2-302 and R18-2-322.	41	438	No	A.A.C. R18-2-304 Department application form, site inspection, required.
<b>Group V: Individual Class I transfer, amendment, and revision licenses:</b>				
17. Class I transfer, A.R.S. § 49-429, A.A.C. R18-2-302 and R18-2-323.	5	10	Yes	A.A.C. R18-2-323, Fee: R18-2-326, Department application form, site inspection, and initial fee required.
18. Class I administrative amendment, A.R.S. § 49-426, A.A.C. R18-2-302 and R18-2-318.	10	41	No	A.A.C. R18-2-318, Site inspection required.
19. Class I minor revision, A.R.S. §§ 49-426.01, A.A.C. R18-2-302 and R18-2-319.	41	103	Yes	A.A.C. R18-2-319, Fee: R18-2-326, Department application form, site inspection, and initial fee required.
20. Standard Class I significant revision with no public hearing, A.R.S. §§ 49-426.01, A.A.C. R18-2-302 and R18-2-320.	41	344	Yes	A.A.C. R18-2-304, Fee: A.A.C. R18-2-326, Department application form, site inspection, and initial fee required

## TITLE 18. ENVIRONMENTAL QUALITY

## CHAPTER 1. DEPARTMENT OF ENVIRONMENTAL QUALITY - ADMINISTRATION

**Table 1. Class I Air Licenses**

**Class I Air Licenses**  
**Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements**

ACRTF means Administrative Completeness Review Time-frame.

SRTF means Substantive Review Time-frame.

Day means business day.

License Category	ACRTF Days	SRTF Days	Subject to Sanctions	Application Components
<b>Group V (Continued): Individual Class I transfer, amendment, and revision licenses:</b>				
21. Standard Class I significant revision with a public hearing, A.R.S. §§ 49-426.01, A.A.C. R18-2-302 and R18-2-320.	41	376	Yes	A.A.C. R18-2-304, Fee: A.A.C. R18-2-326, Department application form, site inspection, and initial fee required
22. Complex Class I significant revision with no public hearing, A.R.S. §§ 49-426.01, A.A.C. R18-2-302 and R18-2-320.	41	406	Yes	A.A.C. R18-2-304, Fee: A.A.C. R18-2-326, Department application form, site inspection, and initial fee required
23. Complex Class I significant revision with a public hearing, A.R.S. §§ 49-426.01, A.A.C. R18-2-302 and R18-2-320.	41	438	Yes	A.A.C. R18-2-304, Fee: A.A.C. R18-2-326, Department application form, site inspection, and initial fee required.
<b>Group VI: Authority to operate (ATO) under Class I general permit licenses:</b>				
24. Class I general permit petition, A.R.S. § 49-426(H), A.A.C. R18-2-302 and R18-2-502(B).	21	61	No	A.A.C. R18-2-502(B).
25. Class I general coverage ATO new permit, A.R.S. § 49-426(H), A.A.C. R18-2-302 and R18-2-503.	21	103	Yes	A.A.C. R18-2-503, Fee: R18-2-511, Department application form, site inspection, and initial fee required.

**Historical Note**

Table 1 adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3).

## TITLE 18. ENVIRONMENTAL QUALITY

## CHAPTER 1. DEPARTMENT OF ENVIRONMENTAL QUALITY - ADMINISTRATION

**Table 2. Class II Air Licenses**

**Class II Air Licenses**  
**Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements**

ACRTF means Administrative Completeness Review Time-frame.

SRTF means Substantive Review Time-frame.

Day means business day.

License Category	ACRTF Days	SRTF Days	Subject to Sanctions	Application Components
<b>Group I: Individual Class II new licenses:</b>				
1. Standard Class II permit with no public hearing, A.R.S. § 49-426, A.A.C. R18-2-302.	41	240	Yes	A.A.C. R18-2-304, Fee: R18-2-326, Department application form, site inspection, and initial fee required.
2. Standard Class II permit with a public hearing, A.R.S. § 49-426, A.A.C. R18-2-302.	41	272	Yes	A.A.C. R18-2-304, Fee: R18-2-326, Department application form, site inspection, and initial fee required.
3. Complex Class II permit with no public hearing, A.R.S. § 49-426, A.A.C. R18-2-302.	41	302	Yes	A.A.C. R18-2-304, Fee: R18-2-326, Department application form, site inspection, and initial fee required.
4. Complex Class II permit with a public hearing, A.R.S. § 49-426, A.A.C. R18-2-302.	41	334	Yes	A.A.C. R18-2-304, Fee: R18-2-326, Department application form, site inspection, and initial fee required.
<b>Group II: Individual Class II renewal licenses:</b>				
5. Standard Class II renewal with no public hearing, A.R.S. § 49-426, A.A.C. R18-2-302 and R18-2-322.	41	240	No	A.A.C. R18-2-304, Department application form and site inspection required.
6. Standard Class II renewal with a public hearing, A.R.S. § 49-426, A.A.C. R18-2-302 and R18-2-322.	41	272	No	A.A.C. R18-2-304, Department application form and site inspection required.
7. Complex Class II renewal with no public hearing, A.R.S. § 49-426, A.A.C. R18-2-302 and R18-2-322.	41	302	No	A.A.C. R18-2-304, Department application form and site inspection required.
8. Complex Class II renewal with a public hearing, A.R.S. § 49-426, A.A.C. R18-2-302 and R18-2-322.	41	334	No	A.A.C. R18-2-304, Department application form site inspection required.
<b>Group III: Individual Class II transfer, amendment, and revision licenses:</b>				
9. Class II transfer, A.R.S. § 49-429, A.A.C. R18-2-302, R18-2-323.	5	10	Yes	A.A.C. R18-2-323, Fee: R18-2-326, Department application form, site inspection, and initial fee required.
10. Class II administrative amendment, A.R.S. § 49-426, A.A.C. R18-2-302, R18-2-318.	10	41	No	A.A.C. R18-2-318.
11. Class II minor revision, A.R.S. § 49-426.01, A.A.C. R18-2-302 and R18-2-319.	41	62	Yes	A.A.C. R18-2-319, Fee: R18-2-326, Department application form, site inspection, and initial fee required.
12. Standard Class II significant revision with no public hearing, A.R.S. § 49-426.01, A.A.C. R18-2-302 and R18-2-320.	41	198	Yes	A.A.C. R18-2-304, Fee: R18-2-326, Department application form, site inspection, and initial fee required.

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## CHAPTER 1. DEPARTMENT OF ENVIRONMENTAL QUALITY - ADMINISTRATION

**Table 2. Class II Air Licenses**

**Class II Air Licenses**  
**Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements**

ACRTF means Administrative Completeness Review Time-frame.

SRTF means Substantive Review Time-frame.

Day means business day.

License Category	ACRTF Days	SRTF Days	Subject to Sanctions	Application Components
<b>Group III (Continued): Individual Class II transfer, amendment, and revision licenses:</b>				
13. Standard Class II significant revision with a public hearing, A.R.S. § 49-426.01, A.A.C. R18-2-302 and R18-2-320.	41	230	Yes	A.A.C. R18-2-304, Fee: R18-2-326, Department application form, site inspection, and initial fee required.
14. Complex Class II significant revision with no public hearing, A.R.S. § 49-426.01, A.A.C. R18-2-302 and R18-2-320.	41	260	Yes	A.A.C. R18-2-304, Fee: R18-2-326, Department application form, site inspection, and initial fee required.
15. Complex Class II significant revision with a public hearing, A.R.S. § 49-426.01, A.A.C. R18-2-302 and R18-2-320.	41	292	Yes	A.A.C. R18-2-304, Fee: R18-2-326, Department application form, site inspection, and initial fee required.
<b>Group IV: Authority to operate (ATO) under general permit licenses.</b>				
16. Class II general permit petition, A.R.S. § 49-426(H), A.A.C. R18-2-302 and R18-2-502(B).	21	61	No	A.A.C. R18-2-502(B).
17. Class II general coverage ATO new permit, A.R.S. § 49-426(H), A.A.C. R18-2-302 and R18-2-503.	21	103	Yes	A.A.C. R18-2-503, Fee: R18-2-511, Department application form, site inspection, and initial fee required.
18. Class II general coverage ATO renewal permit, A.R.S. § 49-426(H), A.A.C. R18-2-302 and R18-2-505.	21	103	Yes	A.A.C. R18-2-505, Fee: R18-2-511, Department application form, site inspection, and initial fee required.
19. Class II general coverage ATO variance, A.R.S. § 49-426(H), A.A.C. R18-2-507.	21	103	No	A.A.C. R18-2-507, Department application form and site inspection required.

**Historical Note**

Table 2 adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3). Corrections made to Table 2 to include removing duplicative categories in Group IV, numbers 16 and 17; and reinstating categories in Group II, numbers 7 and 8, as adopted at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 25-1).

## TITLE 18. ENVIRONMENTAL QUALITY

## CHAPTER 1. DEPARTMENT OF ENVIRONMENTAL QUALITY - ADMINISTRATION

**Table 3. Open Burning Licenses**

**Open Burning Licenses**  
**Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements**

ACRTF means Administrative Completeness Review Time-frame.

SRTF means Substantive Review Time-frame.

Day means business day.

License Category	ACRTF Days	SRTF Days	Subject to Sanctions	Application Components
1. Dangerous material open burning permit, A.R.S. § 49-501, A.A.C. R18-2-602.	5	21	No	A.A.C. R18-2-602(D)(2), Department application form required.

**Historical Note**

Table 3 adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3). Table amended by final rulemaking at 13 A.A.R. 1854, effective June 30, 2007 (Supp. 07-2).

**Table 3-N. Repealed****Historical Note**

Table 3-N adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3). Table repealed by final rulemaking at 13 A.A.R. 1854, effective June 30, 2007 (Supp. 07-2).

**Table 3-S. Repealed****Historical Note**

Table 3-S adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3). Table repealed by final rulemaking at 13 A.A.R. 1854, effective June 30, 2007 (Supp. 07-2).

**Table 4. Vehicle Emission Licenses**

**Vehicle Emission Licenses**  
**Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements**

ACRTF means Administrative Completeness Review Time-frame.

SRTF means Substantive Review Time-frame.

Day means business day.

License Category	ACRTF Days	SRTF Days	Subject to Sanctions	Application Components
1. Fleet station permit, A.R.S. § 49-546, A.A.C. R18-2-1019, R18-2-1026.	15	21	No	A.A.C. R18-2-1019, Department application form required.
2. Emissions analyzer/opacity meter registration, A.R.S. §§ 49-542(J)(4) and 49-546(A)(2), A.A.C. R18-2-1027.	10	10	No	A.A.C. R18-2-1027, Department application form and site inspection required.

**Historical Note**

Table 4 adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3). Table amended by final rulemaking at 13 A.A.R. 1854, effective June 30, 2007 (Supp. 07-2).

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## CHAPTER 1. DEPARTMENT OF ENVIRONMENTAL QUALITY - ADMINISTRATION

**Table 5. Safe Drinking Water Construction Licenses**

**Safe Drinking Water Construction Licenses**  
**Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements**

ACRTF means Administrative Completeness Review Time-frame.

SRTF means Substantive Review Time-frame.

Day means business day.

License Category	ACRTF Days	SRTF Days	Subject to Sanctions	Application Components
<b>Group I: Drinking water approval-to-construct (ATC) licenses:</b>				
1. Standard drinking water treatment facility, project, or well approval to construct, A.R.S. § 49-353, A.A.C. R18-5-505.	16	37	Yes	A.A.C. R18-5-505, Department application form and site inspection required.
2. Complex drinking water treatment facility, project, or well approval to construct, A.R.S. § 49-353, A.A.C. R18-5-505.	16	67	Yes	A.A.C. R18-5-505, Department application form and site inspection required.
3. Standard public and semi-public swimming pool design approval, A.R.S. § 49-104(B)(12).	26	26	Yes	A.A.C. R18-5-203, Department application form and site inspection required.
4. Complex public and semi-public swimming pool design approval, A.R.S. § 49-104(B)(12).	26	67	Yes	A.A.C. R18-5-203, Department application form and site inspection required.
<b>Group II: Drinking water approval-of-construction (AOC) licenses:</b>				
5. Standard drinking water treatment facility, project, or well approval of construction, A.R.S. § 49-353, A.A.C. R18-5-507.	16	37	Yes	A.A.C. R18-5-507, Department application form and site inspection required.
6. Complex drinking water treatment facility, project, or well approval of construction, A.R.S. § 49-353, A.A.C. R18-5-507.	16	67	Yes	A.A.C. R18-5-507, Department application form and site inspection required.
7. Standard public and semi-public swimming pool approval of construction, A.R.S. § 49-104(B)(12).	26	26	Yes	A.A.C. R18-5-204, Department application form and site inspection required.
8. Complex public and semi-public swimming pool approval of construction, A.R.S. § 49-104(B)(12).	26	67	Yes	A.A.C. R18-5-204, Department application form and site inspection required.
<b>Group III: Other licenses:</b>				
9. Standard drinking water new source approval, A.R.S. § 49-353, A.A.C. R18-5-505.	16	37	Yes	A.A.C. R18-5-505, Department application form and site inspection required.
10. Complex drinking water new source approval, A.R.S. § 49-353, A.A.C. R18-5-505.	16	67	Yes	A.A.C. R18-5-505, Department application form and site inspection required.
11. Drinking water time extension approval, A.R.S. § 49-353, A.A.C. R18-5-505.	16	16	Yes	A.A.C. R18-5-505, Department application form required.

**Historical Note**

Table 5 adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3). Table amended by final rulemaking at 13 A.A.R. 1854, effective June 30, 2007 (Supp. 07-2).



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**Table 5-N. Repealed**

**Historical Note**

Table 5-N adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3). Table repealed by final rulemaking at 13 A.A.R. 1854, effective June 30, 2007 (Supp. 07-2).

**Table 6-E. Repealed**

**Historical Note**

Table 6-E adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3). Table repealed by final rulemaking at 9 A.A.R. 241, effective March 11, 2003 (Supp. 03-1).

**Table 5-S. Repealed**

**Historical Note**

Table 5-S adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3). Table repealed by final rulemaking at 13 A.A.R. 1854, effective June 30, 2007 (Supp. 07-2).

**Table 6-N. Repealed**

**Historical Note**

Table 6-N adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3). Table repealed by final rulemaking at 9 A.A.R. 241, effective March 11, 2003 (Supp. 03-1).

**Table 6. Repealed**

**Historical Note**

Table 6 adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3). Table repealed by final rulemaking at 9 A.A.R. 241, effective March 11, 2003 (Supp. 03-1).

**Table 6-S. Repealed**

**Historical Note**

Table 6-S adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3). Table repealed by final rulemaking at 9 A.A.R. 241, effective March 11, 2003 (Supp. 03-1).

**Table 7. Pesticide Contamination Prevention Licenses**

**Pesticide Contamination Prevention Licenses  
Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements**

ACRTF means Administrative Completeness Review Time-frame.

SRTF means Substantive Review Time-frame.

Day means business day.

License Category	ACRTF Days	SRTF Days	Subject to Sanctions	Application Components
1. New pesticide approval A.R.S. § 49-310 A.A.C. R18-6-102	62	124	No	A.A.C. R18-6-102
2. Active ingredient or pesticide criticality determination A.R.S. § 49-303 A.A.C. R18-6-103	21	41	No	A.A.C. R18-6-102
3. Pesticide addition or deletion to groundwater protection list approval A.R.S. § 49-305 A.A.C. R18-6-301	21	41	No	A.A.C. R18-6-301
4. Conditional pesticide registration A.R.S. § 49-310 A.A.C. R18-6-102(B)(2)	21	41	No	A.R.S. § 49-310

**Historical Note**

Table 7 adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3). Table repealed; new Table made by final rulemaking at 9 A.A.R. 241, effective March 11, 2003 (Supp. 03-1). Table amended by final rulemaking at 13 A.A.R. 1854, effective June 30, 2007 (Supp. 07-2).

**Table 7-N. Repealed**

**Historical Note**

Table 7-N adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3). Table repealed by final rulemaking at 9 A.A.R. 241, effective March 11, 2003 (Supp. 03-1).

**Historical Note**

Table 7-S adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3). Table repealed by final rulemaking at 9 A.A.R. 241, effective March 11, 2003 (Supp. 03-1).

**Table 7-S. Repealed**

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**Table 8. Safe Drinking Water Monitoring and Treatment Licenses**

**Safe Drinking Water Monitoring and Treatment Licenses**  
**Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements**

ACRTF means Administrative Completeness Review Time-frame.

SRTF means Substantive Review Time-frame.

Day means business day.

License Category	ACRTF Days	SRTF Days	Subject to Sanctions	Application Components
<b>Group I: Safe drinking water monitoring, sample, and sample site change and waiver licenses:</b>				
1. Monitoring frequency change approval, A.R.S. § 49-353(A)(2), A.A.C. R18-4-206(G)(1), R18-4-206(G)(2), R18-4-206(J), R18-4-206(K)(1), R18-4-206(K)(2), R18-4-207(H)(1), R18-4-207(H)(2), R18-4-208(E), R18-4-208(F), R18-4-209(G), R18-4-212(E), R18-4-212(F), R18-4-212(G)(1), R18-4-212(G)(2), R18-4-212(I)(3), R18-4-213(A), R18-4-214(F), R18-4-214.01(H), R18-4-214.01(L), R18-4-214.02(G), R18-4-214.02(K), R18-4-216(E), R18-4-216(G)(1), R18-4-216(G)(2), R18-4-216(H)(3), R18-4-217(D), R18-4-217(E), R18-4-217(F), R18-4-310(D), R18-4-310(D)(2), R18-4-313(J), R18-4-313(K), R18-4-313(M)(1), R18-4-313(M)(2), R18-4-313(M)(3), R18-4-403(A)(1), R18-4-403(A)(2).	15	27	No	A.A.C. R18-4-206(G)(1), R18-4-206(G)(2), R18-4-206(J), R18-4-206(K)(1), R18-4-206(K)(2), R18-4-207(H)(1), R18-4-207(H)(2), R18-4-208(E), R18-4-208(F), R18-4-209(G), R18-4-212(E), R18-4-212(F), R18-4-212(G)(1), R18-4-212(G)(2), R18-4-212(I)(3), R18-4-213(A), R18-4-214(F), R18-4-214.01(H), R18-4-214.01(L), R18-4-214.02(G), R18-4-214.02(K), R18-4-216(E), R18-4-216(G)(1), R18-4-216(G)(2), R18-4-216(H)(3), R18-4-217(D), R18-4-217(E), R18-4-217(F), R18-4-310(D), R18-4-310(D)(2), R18-4-313(J), R18-4-313(K), R18-4-313(M)(1), R18-4-313(M)(2), R18-4-313(M)(3), R18-4-403(A)(1), R18-4-403(A)(2). Department application form required.
2. Monitoring sample change approval, A.R.S. § 49-353(A)(2), A.A.C. R18-4-214(E), R18-4-214.02(F), R18-4-310(E), R18-4-313(J), R18-4-313(M)(1), R18-4-313(M)(2), R18-4-313(M)(3).	15	27	No	A.A.C. R18-4-214(E), R18-4-214.02(F), R18-4-310(E), R18-4-313(J), R18-4-313(M)(1), R18-4-313(M)(2), R18-4-313(M)(3). Department application form required.
3. Residual disinfectant concentration sampling interval approval, A.R.S. § 49-353(A)(2), A.A.C. R18-4-303(B)(2)(a).	15	15	No	A.A.C. R18-4-303, Department application form required.
4. Interim monitoring relief determination, A.R.S. § 49-359(B)(3).	21	41	No	A.R.S. § 49-359(B), Department application form required.
5. Man-made radioactivity environmental surveillance substitution approval, A.R.S. § 49-353(A)(2), A.A.C. R18-4-217(I)(3)(d).	21	62	No	A.A.C. R18-4-217(I)(3)(d), Department application form required.
6. Consecutive public water system monitoring requirements modification approval, A.R.S. § 49-353(A)(2), A.A.C. R18-4-113.	21	84	No	A.A.C. R18-4-113, Department application form and site inspection required.
7. Trihalomethane source basis for sampling purposes approval, A.R.S. § 49-353(A)(2), A.A.C. R18-4-214(C).	21	167	No	A.A.C. R18-4-214, Department application form and site inspection required.
8. Sodium multiple well sampling number reduction approval, A.R.S. § 49-353(A)(2), A.A.C. R18-4-401(B).	21	167	No	A.A.C. R18-4-401, Department application form and site inspection required.
9. Turbidity monitoring frequency reduction approval, A.R.S. § 49-353(A)(2), A.A.C. R18-4-302(H).	21	167	No	A.A.C. R18-4-302, Department application form and site inspection required.

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## CHAPTER 1. DEPARTMENT OF ENVIRONMENTAL QUALITY - ADMINISTRATION

**Table 8. Safe Drinking Water Monitoring and Treatment Licenses**

**Safe Drinking Water Monitoring and Treatment Licenses**  
**Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements**

ACRTF means Administrative Completeness Review Time-frame.

SRTF means Substantive Review Time-frame.

Day means business day.

License Category	ACRTF Days	SRTF Days	Subject to Sanctions	Application Components
10. Monitoring waiver approval, A.R.S. § 49-353(A)(2), A.A.C. R18-4-206(L), R18-4-207(K), R18-4-212(K)(1), R18-4-212(K)(2), R18-4-212(K)(3), R18-4-212(K)(4), R18-4-216(M)(1), R18-4-216(M)(2), R18-4-217(F).	21	105	No	A.A.C. R18-4-206(L), R18-4-207(K), R18-4-212(K)(1), R18-4-212(K)(2), R18-4-212(K)(3), R18-4-212(K)(4), R18-4-216(M)(1), R18-4-216(M)(2), R18-4-217(F), Department application form required.
<b>Group II: Safe drinking water variance and exemption licenses:</b>				
11. Maximum contaminant level or treatment technique requirement variance with no public hearing, A.R.S. § 49-353(A)(2), A.A.C. R18-4-110.	21	105	No	A.A.C. R18-4-110, Department application form and site inspection required.
12. Maximum contaminant level or treatment technique requirement variance with a public hearing, A.R.S. § 49-353(A)(2), A.A.C. R18-4-110.	21	187	No	A.A.C. R18-4-110, Department application form and site inspection required.
13. Maximum contaminant level or treatment technique requirement exemption with no public hearing, A.R.S. § 49-353(A)(2), A.A.C. R18-4-111.	21	105	No	A.A.C. R18-4-111, Department application form and site inspection required.
14. Maximum contaminant level or treatment technique requirement exemption with a public hearing, A.R.S. § 49-353(A)(2), A.A.C. R18-4-111.	21	187	No	A.A.C. R18-4-111, Department application form and site inspection required.
15. Maximum contaminant level or treatment technique requirement compliance extension approval, A.R.S. § 49-353(A)(2), A.A.C. R18-4-111(C).	21	32	No	A.A.C. R18-4-111, Department application form and site inspection required.
16. Maximum contaminant level or treatment technique requirement compliance additional extension approval, A.R.S. § 49-353(A)(2), A.A.C. R18-4-111(C).	21	42	No	A.A.C. R18-4-111, Department application form and site inspection required.
17. Safe drinking water requirement exclusion approval, A.R.S. § 49-353(A)(2), A.A.C. R18-4-112(A).	21	42	No	A.A.C. R18-4-112(B), Department application form and site inspection required.
18. Backflow-prevention assembly third-party certifying entity designation approval, A.R.S. § 49-353(A)(2), A.A.C. R18-4-115(D)(2).	21	105	No	A.A.C. R18-4-115, Department application form and site inspection required.
<b>Group III: Safe drinking water treatment and monitoring plan licenses:</b>				

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## CHAPTER 1. DEPARTMENT OF ENVIRONMENTAL QUALITY - ADMINISTRATION

**Table 8. Safe Drinking Water Monitoring and Treatment Licenses**

**Safe Drinking Water Monitoring and Treatment Licenses**  
**Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements**

ACRTF means Administrative Completeness Review Time-frame.

SRTF means Substantive Review Time-frame.

Day means business day.

License Category	ACRTF Days	SRTF Days	Subject to Sanctions	Application Components
19. Maximum contaminant level compliance blending plan approval (for 10 or fewer points-of entry), A.R.S. § 49-353(A)(2), R18-4-221(A).	21	42	No	A.A.C. R18-4-221, Department application form and site inspection required.
20. Maximum contaminant level compliance blending plan approval (for more than 10 points-of-entry), A.R.S. § 49-353(A)(2), R18-4-221(A).	21	84	No	A.A.C. R18-4-221, Department application form and site inspection required.
21. Maximum contaminant level compliance blending plan change approval (for 10 or fewer points-of entry), A.R.S. § 49-353(A)(2), R18-4-221(B).	21	42	No	A.A.C. R18-4-221, Department application form and site inspection required.
<b>Group III: (Continued) Safe drinking water treatment and monitoring plan licenses:</b>				
22. Maximum contaminant level compliance blending plan change approval (for more than 10 points-of-entry), A.R.S. § 49-353(A)(2), R18-4-221(B).	21	84	No	A.A.C. R18-4-221, Department application form and site inspection required.
23. Maximum contaminant level compliance at subsequent downstream service connections monitoring plan approval, A.R.S. § 49-353(A)(2), R18-4-221(A)(2).	21	125	No	A.A.C. R18-4-221, Department application form and site inspection required.
24. Point-of-entry treatment device monitoring plan approval, A.R.S. § 49-353(A)(2), R18-4-222(B)(1).	15	15	No	A.A.C. R18-4-222, Department application form and site inspection required.
25. Point-of-entry treatment device design approval, A.R.S. § 49-353(A)(2), R18-4-222(B)(2).	21	167	No	A.A.C. R18-4-222, Department application form and site inspection required.
26. Lead and copper source water treatment determination modification, A.R.S. § 49-353(A)(2), A.A.C. R18-4-313(P), R18-4-313(Q).	21	167	No	A.A.C. R18-4-313, Department application form and site inspection required.
27. Lead and copper source water concentration determination modification, A.R.S. § 49-353(A)(2), A.A.C. R18-4-314(N).	21	167	No	A.A.C. R18-4-314, Department application form and site inspection required.
28. Lead service line extent under system control determination approval, A.R.S. § 49-353(A)(2), A.A.C. R18-4-315(D).	21	105	No	A.A.C. R18-4-315, Department application form and site inspection required.
29. Lead service line extent under system control rebuttable presumption determination approval, A.R.S. § 49-353(A)(2), A.A.C. R18-4-315(E).	21	105	No	A.A.C. R18-4-315, Department application form and site inspection required.

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**Table 8. Safe Drinking Water Monitoring and Treatment Licenses**

**Safe Drinking Water Monitoring and Treatment Licenses**  
**Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements**

ACRTF means Administrative Completeness Review Time-frame.

SRTF means Substantive Review Time-frame.

Day means business day.

License Category	ACRTF Days	SRTF Days	Subject to Sanctions	Application Components
<b>Group IV: Lead and copper corrosion control licenses:</b>				
30. Lead and copper optimal corrosion control treatment approval, A.R.S. § 49-353(A)(2), A.A.C. R18-4-313(A).	42	502	No	A.A.C. R18-4-313, Department application form and site inspection required.
31. Large water system lead and copper corrosion control activities equivalency demonstration approval, A.R.S. § 49-353(A)(2), A.A.C. R18-4-307(B).	42	502	No	A.A.C. R18-4-307, Department application form and site inspection required.
32. Small and medium water system lead and copper corrosion control activities equivalency demonstration approval, A.R.S. § 49-353(A)(2), A.A.C. R18-4-307(B).	21	502	No	A.A.C. R18-4-307, Department application form and site inspection required.
33. Lead and copper optimal corrosion treatment determination modification, A.R.S. § 49-353(A)(2), A.A.C. R18-4-313(P), R18-4-313(Q).	42	376	No	A.A.C. R18-4-313, Department application form and site inspection required.
34. Lead and copper water quality control parameters determination modification, A.R.S. § 49-353(A)(2), A.A.C. R18-4-313(P), R18-4-313(Q).	42	376	No	A.A.C. R18-4-313, Department application form and site inspection required.

**Historical Note**

Table 8 adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3). Table amended by final rulemaking at 13 A.A.R. 1854, effective June 30, 2007 (Supp. 07-2).

**Table 9. Repealed****Historical Note**

Table 9 adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3). Table 9 repealed by final rulemaking at 13 A.A.R. 1854, effective June 30, 2007 (Supp. 07-2).

**Table 10. Water Permit Licensing Time-Frames (Business Days)**

Permits	Authority	Administrative Completeness Review	Substantive Review	Overall Time-Frame
<b>AQUIFER PROTECTION PERMITS</b>				
<b>Individual Permit</b> No public hearing Public hearing	A.R.S. §§ 49-203, 49-242 18 A.A.C. 9, Article 2	35 35	186 231 <sup>1</sup>	221 266
<b>Complex Individual Permit</b> No public hearing Public hearing	A.R.S. §§ 49-203, 49-242 18 A.A.C. 9, Article 2	35 35	249 294 <sup>1</sup>	284 329
<b>Individual Permit Significant Amendment</b> No public hearing Public hearing	A.R.S. §§ 49-203, 49-242 18 A.A.C. 9, Article 2	35 35	186 231 <sup>1</sup>	221 266

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<b>Complex Individual Permit Significant Amendment</b> No public hearing Public hearing	A.R.S. §§ 49-203, 49-242 18 A.A.C. 9, Article 2	35 35	249 294 <sup>1</sup>	284 329
<b>Individual Permit Other Amendment</b>	A.R.S. §§ 49-203, 49-242 18 A.A.C. 9, Article 2	35	100	135
<b>Temporary Individual Permit</b>	A.R.S. §§ 49-203, 49-242 18 A.A.C. 9, Article 2	35	145	180
<b>Type 3 General Permit</b>	A.R.S. § 49-245 A.A.C. R18-9-D301 through R18-9-D307	21	60	81
<b>4.01 General Permit</b> 300 services or less More than 300 services	A.R.S. § 49-245 A.A.C. R18-9-E301	42 42	53 94	95 <sup>2</sup> 136 <sup>2</sup>
<b>Standard Single</b> 4.02, 4.03, 4.13, 4.14, 5.15, and 4.16 General Permits	A.R.S. § 49-245 A.A.C. R18-9-E302, R18-9-E303, R18-9-E313, R18-9-E314	42	31	73 <sup>2</sup>
<b>4.23 General Permit</b>	A.R.S. § 49-245 A.A.C. R18-9-E323	42	94	136 <sup>2</sup>
<b>Standard Combined</b> Two or three Type 4 General Permits	A.R.S. § 49-245 A.A.C. R18-9-E302 through R18-9-E323	42	53	95 <sup>2</sup>
<b>Complex Combined</b> Four or more Type 4 General Permits	A.R.S. § 49-245 A.A.C. R18-9-E302 through R18-9-E323	42	94	136 <sup>2</sup>
<b>SUBDIVISION APPROVALS</b>				
<b>Subdivision</b> Individual facilities	A.R.S. § 49-104(B)(11) A.A.C. R18-5-408	21	46	67
<b>Subdivision</b> Community facilities	A.R.S. § 49-104(B)(11) A.A.C. R18-5-403	21	37	58
<b>RECLAIMED WATER PERMITS</b>				
<b>Individual Permit</b> No public hearing Public hearing	A.R.S. § 49-203 A.A.C. R18-9-702 through R18-9-707	35 35	186 231 <sup>1</sup>	221 266
<b>Complex Individual Permit</b> No public hearing Public hearing	A.R.S. § 49-203 A.A.C. R18-9-702 through R18-9-707	35 35	249 294 <sup>1</sup>	284 329
<b>Type 3 General Permit</b>	A.R.S. § 49-203 A.A.C. R18-9-717, R18-9-718, R18-9-719	21	60	81
<b>ARIZONA POLLUTANT DISCHARGE ELIMINATION SYSTEM (AZPDES) PERMITS</b>				
<b>Individual Permit</b> <b>Major Facility<sup>5</sup></b> No public hearing Public hearing	A.R.S. § 49-255.01 18 A.A.C. 9, Article 9, Part B	35 35	249 294 <sup>1</sup>	284 <sup>3, 4</sup> 329 <sup>3, 4</sup>
<b>Individual Permit</b> <b>Minor Facility<sup>6</sup></b> No public hearing Public hearing	A.R.S. § 49-255.01 18 A.A.C. 9, Article 9, Part B	35 35	186 231 <sup>1</sup>	221 <sup>3, 4</sup> 266 <sup>3, 4</sup>
<b>Individual Permit</b> <b>Stormwater / Construction Activities</b> No public hearing Public hearing	A.R.S. § 49-255.01 18 A.A.C. 9, Article 9, Part B	35 35	126 171 <sup>1</sup>	161 206 <sup>3, 4</sup>

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<b>Individual Permit Major Modification</b> No public hearing Public hearing	A.R.S. § 49-255.01 18 A.A.C. 9, Article 9, Part B	35 35	186 231 <sup>1</sup>	221 <sup>3, 4</sup> 266 <sup>3, 4</sup>
<b>LAND APPLICATION OF BIOSOLIDS REGISTRATIONS</b>				
<b>Biosolids Applicator Registration Request Acknowledgment</b>	A.R.S. § 49-255.03 A.A.C. R18-9-1004	15	0	15
<b>UNDERGROUND INJECTION CONTROL PERMITS</b>				
<b>Area Permit and Modification</b> No public hearing Public hearing	A.R.S. §§ 49-203, 49-257.01 A.A.C. R18-9-C624	35 35	249 294 <sup>1</sup>	284 329
<b>Class I Well Permit and Modification</b> No public hearing Public hearing	A.R.S. §§ 49-203, 49-257.01 A.A.C. R18-9-C616 18 A.A.C. 9, Article 6, Part E	35 35	249 294 <sup>1</sup>	284 329
<b>Class II Well Permit and Modification</b> No public hearing Public hearing	A.R.S. §§ 49-203, 49-257.01 A.A.C. R18-9-C616 18 A.A.C. 9, Article 6, Part F	35 35	186 231 <sup>1</sup>	221 266
<b>Class III Well Permit and Modification</b> No public hearing Public hearing	A.R.S. §§ 49-203, 49-257.01 A.A.C. R18-9-C616 18 A.A.C. 9, Article 6, Part G	35 35	186 231 <sup>1</sup>	221 266
<b>Class V Well Individual Permit and Modification</b> No public hearing Public hearing	A.R.S. §§ 49-203, 49-257.01 A.A.C. R18-9-C616 18 A.A.C. 9, Article 6, Part I	35 35	186 231 <sup>1</sup>	221 266
<b>Class VI Well Permit and Modification</b> No public hearing Public hearing	A.R.S. §§ 49-203, 49-257.01 A.A.C. R18-9-C616 18 A.A.C. 9, Article 6, Part J	35 35	249 294 <sup>1</sup>	284 329
<b>ADVANCED WATER PURIFICATION PERMITS</b>				
<b>Permit</b> No public hearing Public hearing	A.R.S. § 49-211 18 A.A.C. 9, Article 8	35 35	249 294 <sup>1</sup>	284 329
<b>Permit Renewal</b> No public hearing Public hearing	A.R.S. § 49-211 18 A.A.C. 9, Article 8	35 35	186 231 <sup>1</sup>	221 266
<b>Demonstration Permit</b> No public hearing Public hearing	A.R.S. § 49-211 18 A.A.C. 9, Article 8	35 35	249 294 <sup>1</sup>	284 329
<b>Significant Amendment</b> No public hearing Public hearing	A.R.S. § 49-211 18 A.A.C. 9, Article 8	35 35	249 294 <sup>1</sup>	284 329
<b>Minor Amendment</b>	A.R.S. § 49-211 18 A.A.C. 9, Article 8	35	100	135
<b>Demonstration Permit Significant Amendment</b> No public hearing Public hearing	A.R.S. § 49-211 18 A.A.C. 9, Article 8	35 35	186 231 <sup>1</sup>	221 266

<sup>1</sup> A request for a public hearing allows the Department 60 days to publish the notice of public hearing and for the official comment period. Forty-five business days are added to the substantive review time-frame.

<sup>2</sup> Each request for an alternative design, installation, or operational feature under R18-9-A312(G) to a Type 4 General Permit adds eight business days to the substantive review time-frame.

<sup>3</sup> EPA reserves the right, under 40 CFR 123.44, to take 90 days to supply specific grounds for objection to a draft or proposed permit when a general objection is filed within the review period. The first 30 days run concurrently with the Department's official comment period. Forty-five business days will be added to the substantive review time-frame to allow for the EPA review.

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<sup>4</sup> If a request for a variance is submitted to the Department, 40 CFR 124.62 requires that specific variances are subject to review by EPA. Under 40 CFR 123.44, EPA reserves the right to take 90-days to approve or deny the variance. Sixty-four business days will be added to the substantive review time-frame to allow for the EPA review.

<sup>5</sup> “Major facility” means any NPDES “facility or activity” classified as such by the EPA in conjunction with the Director.

<sup>6</sup> “Minor facility” means any facility that is not classified as a major facility.

**Historical Note**

Table 10 adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3). Table 10 repealed; new Table 10 made by final rulemaking at 9 A.A.R. 241, effective March 11, 2003 (Supp. 03-1). Table 10 amended by final rulemaking at 13 A.A.R. 1854, effective June 30, 2007 (Supp. 07-2). Table 10 amended by final rulemaking at 28 A.A.R. 1801 (July 29, 2022), effective September 6, 2022 (Supp. 22-3). Table 10 amended by final rulemaking at 31 A.A.R. 943 (March 28, 2025), with an immediate effective date of March 4, 2024 (Supp. 25-1).

**Table 11. Surface Water Licenses**

**Surface Water Licenses  
Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements**

ACRTF means Administrative Completeness Review Time-frame.

SRTF means Substantive Review Time-frame.

Day means business day.

License Category	ACRTF Days	SRTF Days	Subject to Sanctions	Application Components
<b>Group I: Clean Water Act (CWA) § 401 certification licenses:</b>				
1. CWA § 401 state certification of a proposed CWA § 404 permit, A.R.S. § 49-202.	21	42	No	A.R.S. § 49-202, 33 U.S.C. § 1341(a), Public notice of underlying proposed permit and Department application form required.

**Historical Note**

Table 11 adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3). Table amended by final rulemaking at 13 A.A.R. 1854, effective June 30, 2007 (Supp. 07-2).



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## CHAPTER 1. DEPARTMENT OF ENVIRONMENTAL QUALITY - ADMINISTRATION

**Table 12. Solid Waste Licenses**

**Solid Waste Licenses**  
**Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements**

ACRTF means Administrative Completeness Review Time-frame.

SRTF means Substantive Review Time-frame.

Day means business day.

License Category	ACRTF Days	SRTF Days	Subject to Sanctions	Application Components
<b>Group I: Solid waste variance licenses:</b>				
1. Rule or standard variance request, A.R.S. § 49-763.01.	21	41	No	A.R.S. § 49-763.01, Department application form required.
<b>Group II: Nonlandfill solid waste facility individual discharging aquifer protection (AP) licenses:</b>				
2. Standard nonlandfill solid waste discharging facility AP new permit with no public hearing, A.R.S. §§ 49-241 through 49-251, A.A.C. R18-9-101 through R18-9-A213.	35	186	Yes	A.A.C. R18-9-A201 through R18-9-A213, Fee: R18-14-101 through R18-14-107, Department application form, site inspection, and initial fee required.
3. Standard nonlandfill solid waste discharging facility AP new permit with a public hearing, A.R.S. §§ 49-241 through 49-251, A.A.C. R18-9-101 through R18-9-A213.	35	232	Yes	A.A.C. R18-9-A201 through R18-9-A213, Fee: R18-14-101 through R18-14-107, Department application form, site inspection, and initial fee required.
4. Complex nonlandfill solid waste discharging facility AP new permit with no public hearing, A.R.S. §§ 49-241 through 49-251, A.A.C. R18-9-101 through R18-9-A213.	35	249	Yes	A.A.C. R18-9-A201 through R18-9-A213, Fee: R18-14-101 through R18-14-107, Department application form, site inspection, and initial fee required.
5. Complex nonlandfill solid waste discharging facility AP new permit with a public hearing, A.R.S. §§ 49-241 through 49-251, A.A.C. R18-9-101 through R18-9-A213.	35	295	Yes	A.A.C. R18-9-A201 through R18-9-A213, Fee: R18-14-101 through R18-14-107, Department application form, site inspection, and initial fee required.
6. Standard nonlandfill solid waste discharging facility AP permit significant amendment with no public hearing, A.R.S. §§ 49-241 through 49-251, A.A.C. R18-9-101 through R18-9-A213.	35	186	Yes	A.A.C. R18-9-A201 through R18-9-A213, Fee: R18-14-101 through R18-14-107, Department application form, site inspection, and initial fee required.
7. Standard nonlandfill solid waste discharging facility AP permit significant amendment with a public hearing, A.R.S. §§ 49-241 through 49-251, A.A.C. R18-9-101 through R18-9-A213.	35	232	Yes	A.A.C. R18-9-A201 through R18-9-A213, Fee: R18-14-101 through R18-14-107, Department application form, site inspection, and initial fee required.
8. Complex nonlandfill solid waste discharging facility AP permit significant amendment with no public hearing, A.R.S. §§ 49-241 through 49-251, A.A.C. R18-9-101 through R18-9-A213.	35	249	Yes	A.A.C. R18-9-A201 through R18-9-A213, Fee: R18-14-101 through R18-14-107, Department application form, site inspection, and initial fee required.
9. Complex nonlandfill solid waste discharging facility AP permit significant amendment with a public hearing, A.R.S. §§ 49-241 through 49-251, A.A.C. R18-9-101 through R18-9-A213.	35	295	Yes	A.A.C. R18-9-A201 through R18-9-A213, Fee: R18-14-101 through R18-14-107, Department application form, site inspection, and initial fee required.
10. Standard nonlandfill solid waste discharging facility AP permit other amendment, A.R.S. §§ 49-241 through 49-251, A.A.C. R18-9-101 through R18-9-A213.	35	186	Yes	A.A.C. R18-9-A201 through R18-9-A213, Fee: R18-14-101 through R18-14-107, Department application form and initial fee required.
11. Complex nonlandfill solid waste discharging facility AP permit other amendment, A.R.S. §§ 49-241 through 49-251, A.A.C. R18-9-101 through R18-9-A213.	35	249	Yes	A.A.C. R18-9-A201 through R18-9-A213, Fee: R18-14-101 through R18-14-107, Department application form, site inspection, and initial fee required.

## TITLE 18. ENVIRONMENTAL QUALITY

## CHAPTER 1. DEPARTMENT OF ENVIRONMENTAL QUALITY - ADMINISTRATION

**Table 12. Solid Waste Licenses**

**Solid Waste Licenses**  
**Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements**

ACRTF means Administrative Completeness Review Time-frame.

SRTF means Substantive Review Time-frame.

Day means business day.

License Category	ACRTF Days	SRTF Days	Subject to Sanctions	Application Components
12. Nonlandfill solid waste discharging facility AP permit transfer approval, A.R.S. §§ 49-241 through 49-251, A.A.C. R18-9-101 through R18-9-A213.	21	32	Yes	A.A.C. R18-9-A201 through R18-9-A213, Fee: R18-14-101 through R18-14-107, Department application form and initial fee required.
13. Nonlandfill solid waste discharging facility AP closure plan approval, A.R.S. §§ 49-241 through 49-251, A.A.C. R18-9-101 through R18-9-A213.	21	41	Yes	A.A.C. R18-9-A201 through R18-9-A213, Fee: R18-14-101 through R18-14-107, Department application form, site inspection, and initial fee required.
14. Standard nonlandfill solid waste discharging facility AP post-closure plan approval, A.R.S. §§ 49-241 through 49-251, A.A.C. R18-9-101 through R18-9-A213.	21	41	Yes	A.A.C. R18-9-A201 through R18-9-A213, Fee: R18-14-101 through R18-14-107, Department application form, site inspection, and initial fee required.
15. Complex nonlandfill solid waste discharging facility AP post-closure plan approval, A.R.S. §§ 49-241 through 49-251, A.A.C. R18-9-101 through R18-9-A213.	21	125	Yes	A.A.C. R18-9-A201 through R18-9-A213, Fee: R18-14-101 through R18-14-107, Department application form, site inspection, and initial fee required.
<b>Group III: CCR facility licenses</b>				
16. CCR initial facility permit with no public hearing A.R.S. § 49-891	84	376	Yes	A.A.C. R18-13-1010; R18-13-1010.01; R18-13-1021 Department application form and initial fee required
17. CCR initial facility permit with public hearing A.R.S. § 49-891	84	418	Yes	A.A.C. R18-13-1010; R18-13-1010.01; R18-13-1021 Department application form and initial fee required
18. CCR renewal facility permit with no public hearing A.R.S. § 49-891	35	249	Yes	A.A.C. R18-13-1010; R18-13-1016; R18-13-1021 Department application form and initial fee required
19. CCR renewal facility permit with public hearing A.R.S. § 49-891	35	291	Yes	A.A.C. R18-13-1010; R18-13-1016; R18-13-1021 Department application form and initial fee required
20. CCR facility permit major modification with no public hearing A.R.S. § 49-891	35	249	Yes	A.A.C. R18-13-1010; R18-13-1010.01; R18-13-1021 Department application form and initial fee required
21. CCR facility permit major modification with public hearing A.R.S. § 49-891	35	291	Yes	A.A.C. R18-13-1010; R18-13-1010.01; R18-13-1021 Department application form and initial fee required
22. CCR facility permit minor modification A.R.S. § 49-891	35	100	Yes	A.A.C. R18-13-1010; R18-13-1010.01; R18-13-1021 Department application form and initial fee required

## TITLE 18. ENVIRONMENTAL QUALITY

## CHAPTER 1. DEPARTMENT OF ENVIRONMENTAL QUALITY - ADMINISTRATION

**Table 12. Solid Waste Licenses**

**Solid Waste Licenses**  
**Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements**

ACRTF means Administrative Completeness Review Time-frame.

SRTF means Substantive Review Time-frame.

Day means business day.

License Category	ACRTF Days	SRTF Days	Subject to Sanctions	Application Components
23. CCR facility permit administrative modification A.R.S. § 49-891	30	60	Yes	A.A.C. R18-13-1010; R18-13-1010.01; R18-13-1021 Department application form and initial fee required

**Historical Note**

Table 12 adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3). Table amended by final rulemaking at 9 A.A.R. 241, effective March 11, 2003 (Supp. 03-1). Table amended by final rulemaking at 31 A.A.R. 4485 (December 5, 2025), effective January 9, 2026 (Supp. 25-4).

**Table 13. Special Waste Licenses**

**Special Waste Licenses**  
**Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements**

ACRTF means Administrative Completeness Review Time-frame.

SRTF means Substantive Review Time-frame.

Day means business day.

License Category	ACRTF Days	SRTF Days	Subject to Sanctions	Application Components
<b>Group I: Special waste licenses:</b>				
1. Waste from shredding motor vehicles alternative sampling plan approval, A.R.S. §§ 49-762 and 49-857, A.A.C. R18-13-1307(A).	5	5	No	A.A.C. R18-13-1307(A).
2. Petroleum contaminated soil temporary treatment facility approval, A.A.C. R18-13-1610(B).	32	62	No	A.A.C. R18-13-1610(B).
<b>Group II: Special waste facility plan licenses:</b>				
3. Existing special waste facility plan approval, A.R.S. § 49-762.03(A)(2).	32	124	Yes	A.A.C. R18-13-1601 through R18-13-1614, Fee: R18-13-701 through R18-13-703, Department application form, site inspection, and initial fee required.
4. New special waste facility plan approval with no public hearing, A.R.S. §§ 49-762.03(A)(1), 49-857, and 49-857.01.	32	62	Yes	A.A.C. R18-13-1601 through R18-13-1614, Fee: R18-13-701 through R18-13-703, Department application form, site inspection, and initial fee required.
5. New special waste facility plan approval with a public hearing, A.R.S. §§ 49-762.03(A)(1), 49-857, and 49-857.01.	32	124	Yes	A.A.C. R18-13-1601 through R18-13-1614, Fee: R18-13-701 through R18-13-703, Department application form, site inspection, and initial fee required.
<b>Group III: Special waste facility amendment licenses:</b>				
6. Special waste facility plan type III substantial change, A.R.S. §§ 49-762.06(B), 49-857, and 49-857.01.	21	41	Yes	A.A.C. R18-13-1601 through R18-13-1614, Fee: R18-13-701 through R18-13-703, Department application form, site inspection, and initial fee required.
7. Special waste facility plan type IV substantial change with no public hearing, A.R.S. § 49-762.06(B).	21	41	Yes	A.A.C. R18-13-1601 through R18-13-1614, Fee: R18-13-701 through R18-13-703, Department application form, site inspection, and initial fee required.

## TITLE 18. ENVIRONMENTAL QUALITY

## CHAPTER 1. DEPARTMENT OF ENVIRONMENTAL QUALITY - ADMINISTRATION

8.	Special waste facility plan type IV substantial change with a public hearing, A.R.S. §§ 49-762.06(B), 49-857, and 49-857.01.	21	62	Yes	A.A.C. R18-13-1601 through R18-13-1614, Fee: R18-13-701 through R18-13-703, Department application form, site inspection, and initial fee required.
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**Historical Note**

Table 13 adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3). Table amended by final rulemaking at 13 A.A.R. 1854, effective June 30, 2007 (Supp. 07-2).

## TITLE 18. ENVIRONMENTAL QUALITY

## CHAPTER 1. DEPARTMENT OF ENVIRONMENTAL QUALITY - ADMINISTRATION

**Table 14. Landfill Licenses****Landfill Licenses****Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements**

ACRTF means Administrative Completeness Review Time-frame.

SRTF means Substantive Review Time-frame.

Day means business day.

License Category	ACRTF Days	SRTF Days	Subject to Sanctions	Application Components
<b>Group I: Municipal solid waste landfill facility plan licenses:</b>				
1. Existing solid waste facility plan approval (landfill), A.R.S. §§ 49-761(B), 49-762, 49-762.03, and 49-762.04.	32	124	Yes	40 CFR § 257, 40 CFR § 258, Fee: R18-13-701 through R18-13-703, Department application form, site inspection, and initial fee required.
2. New solid waste facility plan approval with no public hearing (landfill), A.R.S. §§ 49-761(B), 49-762, 49-762.03, and 49-762.04.	32	62	Yes	40 CFR § 257, 40 CFR § 258, Fee: R18-13-701 through R18-13-703, Department application form, site inspection, and initial fee required.
3. New solid waste facility plan approval with a public hearing (municipal solid waste landfill), A.R.S. §§ 49-761(B), 49-762, 49-762.03, and 49-762.04.	32	124	Yes	40 CFR § 257, 40 CFR § 258, Fee: R18-13-701 through R18-13-703, Department application form, site inspection, and initial fee required.
4. New municipal solid waste landfill operation temporary authorization, A.R.S. § 49-762.03(C).	21	41	No	A.R.S. § 49-762.03(C).
<b>Group II: Solid waste landfill facility amendment licenses:</b>				
5. Solid waste facility plan type III substantial change (municipal solid waste landfill) with no public hearing, A.R.S. § 49-762.06(B).	21	41	Yes	40 CFR § 258, Fee: R18-13-701 through R18-13-703, Department application, site inspection, form required.
6. Solid waste facility plan type III substantial change (municipal solid waste landfill) with a public hearing, A.R.S. § 49-762.06(B).	21	62	Yes	40 CFR § 258, Fee: R18-13-701 through R18-13-703, Department application, site inspection, form required.
7. Solid waste facility plan type IV substantial change (municipal solid waste landfill) with no public hearing, A.R.S. § 49-762.06(B).	21	41	Yes	40 CFR § 258, Fee: R18-13-701 through R18-13-703, Department application, site inspection, form required.
8. Solid waste facility plan type IV substantial change (municipal solid waste landfill) with a public hearing, A.R.S. § 49-762.06(B).	21	62	Yes	40 CFR § 258, Fee: R18-13-701 through R18-13-703, Department application, site inspection, form required.
<b>Group III: Non-municipal solid waste landfill facility individual discharging aquifer protection (AP) licenses:</b>				
9. Standard non-municipal solid waste landfill discharging facility AP new permit with no public hearing, A.R.S. §§ 49-241 through 49-251, A.A.C. R18-9-101 through R18-9-A213.	35	186	Yes	A.A.C. R18-9-A201 through R18-9-A213, Fee: R18-14-101 through R18-14-107, Department application form, site inspection, and initial fee required.
10. Standard non-municipal solid waste landfill discharging facility AP new permit with a public hearing, A.R.S. §§ 49-241 through 49-251, A.A.C. R18-9-101 through R18-9-A213.	35	232	Yes	A.A.C. R18-9-A201 through R18-9-A213, Fee: R18-14-101 through R18-14-107, Department application form, site inspection, and initial fee required.

## TITLE 18. ENVIRONMENTAL QUALITY

## CHAPTER 1. DEPARTMENT OF ENVIRONMENTAL QUALITY - ADMINISTRATION

**Table 14. Landfill Licenses (Continued)**

**Landfill Licenses**  
**Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements**

ACRTF means Administrative Completeness Review Time-frame.

SRTF means Substantive Review Time-frame.

Day means business day.

License Category	ACRTF Days	SRTF Days	Subject to Sanctions	Application Components
<b>Group III (Continued): Non-municipal solid waste landfill facility individual discharging aquifer protection (AP) licenses:</b>				
11. Complex non-municipal solid waste landfill discharging facility AP new permit with no public hearing, A.R.S. §§ 49-241 through 49-251, A.A.C. R18-9-101 through R18-9-A213.	35	249	Yes	A.A.C. R18-9-A201 through R18-9-A213, Fee: R18-14-101 through R18-14-107, Department application form, site inspection, and initial fee required.
12. Complex non-municipal solid waste landfill discharging facility AP new permit with a public hearing, A.R.S. §§ 49-241 through 49-251, A.A.C. R18-9-101 through R18-9-A213.	35	295	Yes	A.A.C. R18-9-A201 through R18-9-A213, Fee: R18-14-101 through R18-14-107, Department application form, site inspection, and initial fee required.
13. Standard non-municipal solid waste landfill discharging facility AP permit significant amendment with no public hearing, A.R.S. §§ 49-241 through 49-251, A.A.C. R18-9-101 through R18-9-A213.	35	186	Yes	A.A.C. A201 through R18-9-A213, Fee: R18-14-101 through R18-14-107, Department application form, site inspection, and initial fee required.
14. Standard non-municipal solid waste landfill discharging facility AP permit significant amendment with a public hearing, A.R.S. §§ 49-241 through 49-251, A.A.C. R18-9-101 through R18-9-A213.	35	232	Yes	A.A.C. R18-9-A201 through R18-9-A213, Fee: R18-14-101 through R18-14-107, Department application form, site inspection, and initial fee required.
15. Complex non-municipal solid waste landfill discharging facility AP permit significant amendment with no public hearing, A.R.S. §§ 49-241 through 49-251, A.A.C. R18-9-101 through R18-9-A213.	35	249	Yes	A.A.C. R18-9-A201 through R18-9-A213, Fee: R18-14-101 through R18-14-107, Department application form, site inspection, and initial fee required.
16. Complex non-municipal solid waste landfill discharging facility AP permit significant amendment with a public hearing, A.R.S. §§ 49-241 through 49-251, A.A.C. R18-9-101 through R18-9-A213.	35	295	Yes	A.A.C. R18-9-A201 through R18-9-A213, Fee: R18-14-101 through R18-14-107, Department application form, site inspection, and initial fee required.
17. Standard non-municipal solid waste landfill discharging facility AP permit other amendment, A.R.S. §§ 49-241 through 49-251, A.A.C. R18-9-101 through R18-9-A213.	35	186	Yes	A.A.C. R18-9-A201 through R18-9-A213, Fee: R18-14-101 through R18-14-107, Department application form, site inspection, and initial fee required.
18. Complex non-municipal solid waste landfill discharging facility AP permit other amendment, A.R.S. §§ 49-241 through 49-251, A.A.C. R18-9-101 through R18-9-A213.	35	249	Yes	A.A.C. R18-9-A201 through R18-9-A213, Fee: R18-14-101 through R18-14-107, Department application form, site inspection, and initial fee required.
19. Non-municipal solid waste landfill discharging facility AP permit transfer approval, A.R.S. §§ 49-241 through 49-251, A.A.C. R18-9-101 through R18-9-A213.	21	32	Yes	A.A.C. R18-9-121(E), Fee: R18-14-101 through R18-14-107, Department application form and initial fee required.
20. Non-municipal solid waste landfill discharging facility AP closure plan approval, A.R.S. §§ 49-241 through 49-251, A.A.C. R18-9-101 through R18-9-A213.	21	41	Yes	A.A.C. R18-9-116, Fee: R18-14-101 through R18-14-107, Department application form, site inspection, and initial fee required.

## TITLE 18. ENVIRONMENTAL QUALITY

## CHAPTER 1. DEPARTMENT OF ENVIRONMENTAL QUALITY - ADMINISTRATION

**Table 14. Landfill Licenses (Continued)****Landfill Licenses****Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements**

ACRTF means Administrative Completeness Review Time-frame.

SRTF means Substantive Review Time-frame.

Day means business day.

License Category	ACRTF Days	SRTF Days	Subject to Sanctions	Application Components
<b>Group III (Continued): Non-municipal solid waste landfill facility individual discharging aquifer protection (AP) licenses:</b>				
21. Standard non-municipal solid waste landfill discharging facility AP post-closure plan approval, A.R.S. §§ 49-241 through 49-251, A.A.C. R18-9-101 through R18-9-A213.	21	41	Yes	A.A.C. R18-9-116, Fee: R18-14-101 through R18-14-107, Department application form required.
22. Complex non-municipal solid waste landfill discharging facility AP post-closure plan approval, A.R.S. §§ 49-241 through 49-251, A.A.C. R18-9-101 through R18-9-A213.	21	125	Yes	A.A.C. R18-9-116, Fee: R18-14-101 through R18-14-107, Department application form required.

**Historical Note**

Table 14 adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3). Table amended by final rulemaking at 13 A.A.R. 1854, effective June 30, 2007 (Supp. 07-2).

**Table 15. Biohazardous Medical Waste Licenses****Biohazardous Medical Waste Licenses****Subject to A.R.S. § 41-1073(A) Licensing Time-Frame Requirements**

ACRTF means Administrative Completeness Review Time-frame.

SRTF means Substantive Review Time-frame.

Day means business day.

License Category	ACRTF Days	SRTF Days	Subject to Sanctions	Application Components
1. Biohazardous medical waste plan approval of storage, treatment, or disposal facility with no public hearing. A.R.S. § 49-762.04, A.A.C. R18-13-1410(A)	32	62	Yes	A.A.C. R18-13-1410, R18-13-1411, and R18-13-1412, Fee: R18-13-701 through R18-13-703. Initial fee required.
2. Biohazardous medical waste plan approval of storage, treatment, or disposal facility with a public hearing. A.R.S. § 49-762.04, A.A.C. R18-13-1410(A)	32	124	Yes	A.A.C. R18-13-1410, R18-13-1411, and R18-13-1412, Fee: R18-13-701 through R18-13-703. Initial fee required.
3. Biohazardous medical waste transporter registration. A.R.S. § 49-761, A.A.C. R18-13-1409	32	0	No	A.A.C. R18-13-1409, Department application form required.
4. Biohazardous medical waste facility plan amendment type III substantial change. A.R.S. § 49-762.06, A.A.C. R18-13-1413	21	41	Yes	A.A.C. R18-13-1413, Fee: R18-13-701 through R18-13-703. Initial fee required.
5. Biohazardous medical waste facility plan amendment type IV substantial change with no public hearing. A.R.S. § 49-762.06, A.A.C. R18-13-1413	21	41	Yes	A.A.C. R18-13-1413, Fee: R18-13-701 through R18-13-703. Initial fee required.
6. Biohazardous medical waste facility plan amendment type IV substantial change with a public hearing. A.R.S. § 49-762.06, A.A.C. R18-13-1413	21	62	Yes	A.A.C. R18-13-1413, Fee: R18-13-701 through R18-13-703. Initial fee required.
7. Biohazardous medical waste plan alternative treatment registration and approval. A.R.S. § 49-761, A.A.C. R18-13-1414	32	62	No	A.A.C. R18-13-1414, Department application form required.

## TITLE 18. ENVIRONMENTAL QUALITY

## CHAPTER 1. DEPARTMENT OF ENVIRONMENTAL QUALITY - ADMINISTRATION

**Historical Note**

Table 15 made by final rulemaking at 13 A.A.R. 1854, effective June 30, 2007 (Supp. 07-2).

**Table 16. Waste Tire, Lead Acid Battery, and Used Oil Licenses**

**Waste Tire, Lead Acid Battery, and Used Oil Licenses**  
**Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements**

ACRTF means Administrative Completeness Review Time-frame.

SRTF means Substantive Review Time-frame.

Day means business day.

License Category	ACRTF Days	SRTF Days	Subject to Sanctions	Application Components
<b>Group I: Waste tire licenses:</b>				
1. Waste tire collection site registration, A.R.S. § 44-1303.	11	21	No	A.R.S. § 44-1303, Department application form required.
2. Mining off-road waste tire collection facility license, A.R.S. § 44-1304, A.A.C. R18-13-1206.	32	62	No	A.R.S. § 44-1304.
<b>Group II: Lead acid battery licenses:</b>				
3. Lead battery collection or recycling facility authorization, A.R.S. § 44-1322(C).	32	62	No	A.R.S. § 44-1322(C), Department application form required.
<b>Group III: Used oil licenses:</b>				
4. Used oil collection center registration number, A.R.S. § 49-802(C)(1).	11	21	No	A.R.S. § 49-802(C)(1).

**Historical Note**

Table 16 adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3). Table amended by final rulemaking at 13 A.A.R. 1854, effective June 30, 2007 (Supp. 07-2).



## TITLE 18. ENVIRONMENTAL QUALITY

## CHAPTER 1. DEPARTMENT OF ENVIRONMENTAL QUALITY - ADMINISTRATION

**Table 17. Hazardous Waste Licenses****Hazardous Waste Licenses****Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements**

ACRTF means Administrative Completeness Review Time-frame.

SRTF means Substantive Review Time-frame.

Day means business day.

License Category	ACRTF Days	SRTF Days	Subject to Sanctions	Application Components
<b>Group I: Resource Conservation and Recovery Act (RCRA) new and renewal licenses:</b>				
1. Hazardous waste container or tank permit with no public hearing, A.R.S. § 49-922, A.A.C. R18-8-270.	84	251	Yes	40 CFR §§ 270.10-270.16, and 270.27, EPA 8700-23, Fee: A.A.C. R18-8-270(G), Department application form, site inspection, and initial fee required.
2. Hazardous waste container or tank permit with a public hearing, A.R.S. § 49-922, A.A.C. R18-8-270.	84	293	Yes	40 CFR §§ 270.10-270.16, and 270.27, EPA 8700-23, Fee: A.A.C. R18-8-270(G), Department application form, site inspection, and initial fee required.
3. Hazardous waste surface impoundment permit with no public hearing, A.R.S. § 49-922, A.A.C. R18-8-270.	84	376	Yes	40 CFR §§ 270.10-270.14, 270.17, and 270.27, EPA 8700-23, Fee: A.A.C. R18-8-270(G), Department application form, site inspection, and initial fee required.
4. Hazardous waste surface impoundment permit with a public hearing, A.R.S. § 49-922, A.A.C. R18-8-270.	84	418	Yes	40 CFR §§ 270.10-270.14, 270.17, and 270.27, EPA 8700-23, Fee: A.A.C. R18-8-270(G), Department application form, site inspection, and initial fee required.
5. Hazardous waste pile permit with no public hearing, A.R.S. § 49-922, A.A.C. R18-8-270.	84	376	Yes	40 CFR §§ 270.10-270.14, and 270.18, EPA 8700-23, Fee: A.A.C. R18-8-270(G), Department application form, site inspection, and initial fee required.
6. Hazardous waste pile permit with a public hearing, A.R.S. § 49-922, A.A.C. R18-8-270.	84	418	Yes	40 CFR §§ 270.10-270.14, and 270.18, EPA 8700-23, Fee: A.A.C. R18-8-270(G), Department application form, site inspection, and initial fee required.
7. Hazardous waste incinerator or burning boiler and industrial furnace (BIF) permit with no public hearing, A.R.S. § 49-922, A.A.C. R18-8-270.	84	502	Yes	40 CFR §§ 270.10-270.14, 270.19, 270.22, 270.62, and 270.66, Fee: A.A.C. R18-8-270(G), EPA 8700-23, Department application form, site inspection, and initial fee required.
8. Hazardous waste incinerator or burning boiler and industrial furnace (BIF) permit with a public hearing, A.R.S. § 49-922, A.A.C. R18-8-270.	84	544	Yes	40 CFR §§ 270.10-270.14, 270.19, 270.22, 270.62, and 270.66, EPA 8700-23, Fee: A.A.C. R18-8-270(G), Department application form, site inspection, and initial fee required.
9. Hazardous waste land treatment permit with no public hearing, A.R.S. § 49-922, A.A.C. R18-8-270.	84	376	Yes	40 CFR §§ 270.10-270.14, and 270.20, EPA 8700-23, Fee: A.A.C. R18-8-270(G), Department application form, site inspection, and initial fee required.
10. Hazardous waste land treatment permit with a public hearing, A.R.S. § 49-922, A.A.C. R18-8-270.	84	418	Yes	40 CFR §§ 270.10-270.14, and 270.20, EPA 8700-23, Fee: A.A.C. R18-8-270(G), Department application form, site inspection, and initial fee required.
11. Hazardous waste landfill facility permit with no public hearing, A.R.S. § 49-922, A.A.C. R18-8-270.	84	502	Yes	40 CFR §§ 270.10-270.14, and 270.21, EPA 8700-23, Fee: A.A.C. R18-8-270(G), Department application form, site inspection, and initial fee required.

## TITLE 18. ENVIRONMENTAL QUALITY

## CHAPTER 1. DEPARTMENT OF ENVIRONMENTAL QUALITY - ADMINISTRATION

**Table 17. Hazardous Waste Licenses****Hazardous Waste Licenses****Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements**

ACRTF means Administrative Completeness Review Time-frame.

SRTF means Substantive Review Time-frame.

Day means business day.

License Category	ACRTF Days	SRTF Days	Subject to Sanctions	Application Components
<b>Group I (Continued): Resource Conservation and Recovery Act (RCRA) new and renewal licenses:</b>				
12. Hazardous waste landfill facility permit with a public hearing, A.R.S. § 49-922, A.A.C. R18-8-270.	84	544	Yes	40 CFR §§ 270.10-270.14, and 270.21, EPA 8700-23, Fee: A.A.C. R18-8-270(G), Department application form, site inspection, and initial fee required.
13. Hazardous waste miscellaneous unit permit with no public hearing, A.R.S. § 49-922, A.A.C. R18-8-270.	84	376	Yes	40 CFR §§ 270.10-270.14, and 270.23, EPA 8700-23, Fee: A.A.C. R18-8-270(G), Department application form, site inspection, and initial fee required.
14. Hazardous waste miscellaneous unit permit with a public hearing, A.R.S. § 49-922, A.A.C. R18-8-270.	84	418	Yes	40 CFR §§ 270.10-270.14, and 270.23, EPA 8700-23, Fee: A.A.C. R18-8-270(G), Department application form, site inspection, and initial fee required.
15. Hazardous waste drip pad permit with no public hearing, A.R.S. § 49-922, A.A.C. R18-8-270.	84	376	Yes	40 CFR §§ 270.10-270.14, 270.26, EPA 8700-23, Fee: A.A.C. R18-8-270(G), Department application form, site inspection, and initial fee required.
16. Hazardous waste drip pad permit with a public hearing, A.R.S. § 49-922, A.A.C. R18-8-270.	84	418	Yes	40 CFR §§ 270.10-270.14, 270.26, EPA 8700-23, Department application form, site inspection, and initial fee required.
17. Hazardous waste emergency permit, A.R.S. § 49-922, A.A.C. R18-8-270.	10	84	Yes	40 CFR § 270.61, EPA 8700-23, Fee: A.A.C. R18-8-270(G), Department application form and site inspection required.
18. Hazardous waste land treatment demonstration using field test or laboratory analysis permit, A.R.S. § 49-922, A.A.C. R18-8-270.	84	376	Yes	40 CFR § 270.63, EPA 8700-23, Fee: A.A.C. R18-8-270(G), Department application form, site inspection, and initial fee required.
19. Hazardous waste research, development, and demonstration permit, A.R.S. § 49-922, A.A.C. R18-8-270(Q).	84	376	Yes	40 CFR § 270.65, EPA 8700-23, Fee: A.A.C. R18-8-270(G), Department application form, site inspection, and initial fee required.
20. Hazardous waste temporary authorization request approval, A.R.S. § 49-922, A.A.C. R18-8-270.	84	84	No	40 CFR § 270.42(e), EPA 8700-23, Department application form and site inspection required.
<b>Group II: Resource Conservation and Recovery Act (RCRA) modification licenses:</b>				
21. Hazardous waste permit transfer approval, A.R.S. § 49-922, A.A.C. R18-8-270.	84	125	Yes	40 CFR § 270.40, Fee: A.A.C. R18-8-270(G), Department application form, site inspection, and initial fee required.
22. Hazardous waste Class 1 permit modification, A.R.S. § 49-922, A.A.C. R18-8-270.	84	125	Yes	40 CFR § 270.42(a), Fee: A.A.C. R18-8-270(G), Department application form, site inspection, and initial fee required.

## TITLE 18. ENVIRONMENTAL QUALITY

## CHAPTER 1. DEPARTMENT OF ENVIRONMENTAL QUALITY - ADMINISTRATION

**Table 17. Hazardous Waste Licenses****Hazardous Waste Licenses****Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements**

ACRTF means Administrative Completeness Review Time-frame.

SRTF means Substantive Review Time-frame.

Day means business day.

License Category	ACRTF Days	SRTF Days	Subject to Sanctions	Application Components
23. Hazardous waste Class 2 permit modification, A.R.S. § 49-922, A.A.C. R18-8-270.	84	376	Yes	40 CFR § 270.42(b), Fee: A.A.C. R18-8-270(G), Department application form, site inspection, and initial fee required.
24. Hazardous waste Class 3 incinerator, BIF, or landfill permit modification, A.R.S. § 49-922, A.A.C. R18-8-270.	84	502	Yes	40 CFR § 270.42(c), Fee: A.A.C. R18-8-270(G), Department application form, site inspection, and initial fee required.
25. Hazardous waste Class 3 other permit modification, A.R.S. § 49-922, A.A.C. R18-8-270.	84	376	Yes	40 CFR § 270.42(c), Fee: A.A.C. R18-8-270(G), Department application form, site inspection, and initial fee required.
26. Hazardous waste permit modification classification request, A.R.S. § 49-922, A.A.C. R18-8-270.	84	125	Yes	40 CFR § 270.42(d), Fee: A.A.C. R18-8-270(G), Department application form, site inspection, and initial fee required.
<b>Group III: Hazardous waste closure plan licenses:</b>				
27. Hazardous waste interim status facility partial closure plan approval, A.R.S. § 49-922.	84	95	Yes	40 CFR §§ 264 Subpart G and 265 Subpart G, Fee: A.A.C. R18-8-270(G), Department application form, site inspection, and initial fee required
28. Hazardous waste interim status facility final closure plan approval, A.R.S. § 49-922.	84	95	Yes	40 CFR §§ 264 Subpart G and 265 Subpart G, Fee: A.A.C. R18-8-270(G), Department application form, site inspection, and initial fee required
29. Hazardous waste post-closure permit with no public hearing, A.R.S. § 49-922.	84	376	Yes	40 CFR § 270.1(c), 40 CFR § 270.28 Fee: A.A.C. R18-8-270(G), Department application form, site inspection, and initial fee required
30. Hazardous waste post-closure permit with a public hearing, A.R.S. § 49-922.	84	418	Yes	40 CFR § 270.1(c), 40 CFR § 270.28 Fee: A.A.C. R18-8-270(G), Department application form, site inspection, and initial fee required
31. Hazardous waste remedial action plan approval, A.R.S. § 49-922.	84	251	Yes	40 CFR § 270.68, 40 CFR § 270, Subpart H, Fee: A.A.C. R18-8-270(G), Department application form, site inspection, and initial fee required.

**Historical Note**

Table 17 adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3). Table amended by final rulemaking at 13 A.A.R. 1854, effective June 30, 2007 (Supp. 07-2).

## TITLE 18. ENVIRONMENTAL QUALITY

## CHAPTER 1. DEPARTMENT OF ENVIRONMENTAL QUALITY - ADMINISTRATION

**Table 18. Underground Storage Tank Licenses**

**Underground Storage Tank Licenses**  
**Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements**

ACRTF means Administrative Completeness Review Time-frame.

SRTF means Substantive Review Time-frame.

Day means business day.

License Category	ACRTF Days	SRTF Days	Subject to Sanctions	Application Components
<b>Group I: Underground Storage Tank (UST) technical requirement license.</b>				
1. UST temporary closure extension request approval, A.R.S. § 49-1008, A.A.C. R18-12-270.	42	84	No	A.A.C. R18-12-270(F)-(G), Department application form required.
<b>Group II: Underground Storage Tank (UST) service provider licenses.</b>				
2. UST installation and retrofit service provider certification, A.R.S. § 49-1082, A.A.C. R18-12-803(1).	11	11	No	A.A.C. R18-12-806, Department application form required.
3. UST tightness testing service provider certification, A.R.S. § 49-1082, A.A.C. R18-12-803(2).	11	11	No	A.A.C. R18-12-806, Department application form required.
4. UST cathodic protection testing service provider certification, A.R.S. § 49-1082, A.A.C. R18-12-803(3).	11	11	No	A.A.C. R18-12-806, Department application form required.
5. UST decommissioning service provider certification, A.R.S. § 49-1082, A.A.C. R18-12-803(4).	11	11	No	A.A.C. R18-12-806, Department application form required.
6. UST interior lining service provider certification, A.R.S. § 49-1082, A.A.C. R18-12-803(5).	11	11	No	A.A.C. R18-12-806, Department application form required.

**Historical Note**

Table 18 adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3). Table amended by final rulemaking at 13 A.A.R. 1854, effective June 30, 2007 (Supp. 07-2).

**Table 19. Repealed****Historical Note**

Table 19 adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3). Table repealed by final rulemaking at 13 A.A.R. 1854, effective June 30, 2007 (Supp. 07-2).

**Table 19-S. Repealed****Historical Note**

Table 19-S adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3). Table repealed by final rulemaking at 13 A.A.R. 1854, effective June 30, 2007 (Supp. 07-2).

## TITLE 18. ENVIRONMENTAL QUALITY

## CHAPTER 1. DEPARTMENT OF ENVIRONMENTAL QUALITY - ADMINISTRATION

**Table 20. Voluntary Program Remediation Licenses**

**Voluntary Program Remediation Licenses**  
**Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements**

ACRTF means Administrative Completeness Review Time-frame.

SRTF means Substantive Review Time-frame.

Day means business day.

License Category	ACRTF Days	SRTF Days	Subject to Sanctions	Application Components
<b>Group I: Voluntary program greenfields remediation license:</b>				
1. Voluntary program greenfields notice-to-proceed (NTP) approval, A.R.S. § 49-154(C).	5	5	No	A.R.S. § 49-154(C), Department application form required.
<b>Group II: Voluntary program brownfields remediation license:</b>				
2. Voluntary program brownfields certification, Governor letter to EPA of August 29, 1997, concerning the “designation of the Arizona Department of Environmental Quality as A State Environmental Agency pursuant to Section 198(c)(1)(C)” of the federal Taxpayer Relief Act of 1997.	21	21	No	Section 198(c) of the Taxpayer Relief Act of 1997; 26 U.S.C. 198(c), Department application form required.

**Historical Note**

Table 20 adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3). Table amended by final rulemaking at 13 A.A.R. 1854, effective June 30, 2007 (Supp. 07-2).

**Table 21. Pollution Prevention Licenses**

**Pollution Prevention Licenses**  
**Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements**

ACRTF means Administrative Completeness Review Time-frame.

SRTF means Substantive Review Time-frame.

Day means business day.

License Category	ACRTF Days	SRTF Days	Subject to Sanctions	Application Components
1. State agency hazardous waste generation level pre-approval, A.R.S. § 49-972(C).	63	63	No	A.R.S. § 49-972(E).

**Historical Note**

Table 21 adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3).

**Table 22. Multi-Program Licenses**

**Multi-Program Licenses**  
**Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements**

ACRTF means Administrative Completeness Review Time-frame.

SRTF means Substantive Review Time-frame.

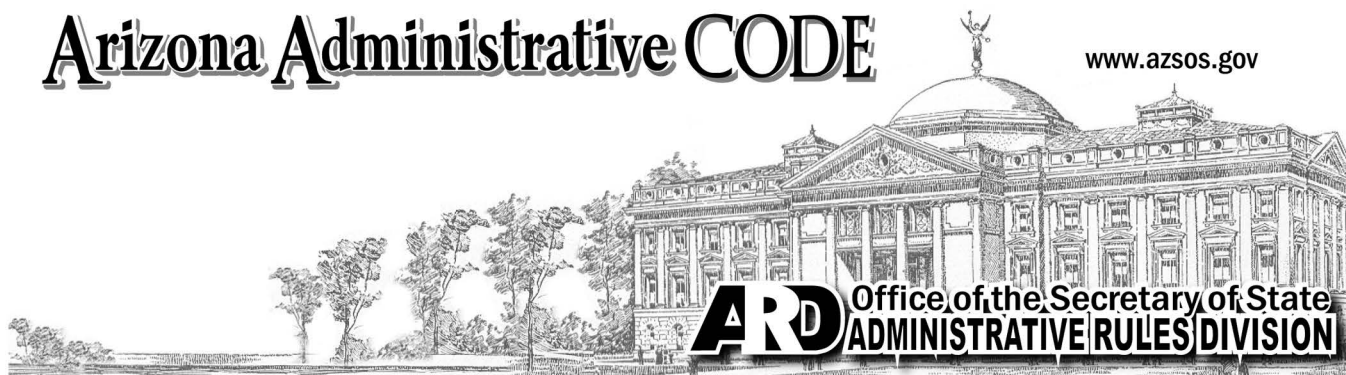
Day means business day.

License Category	ACRTF Days	SRTF Days	Subject to Sanctions	Application Components
1. Airport construction & expansion certificate (air & water), A.R.S. § 49-104.	21	42	No	49 U.S.C. § 2208(7)(A).

**Historical Note**

Table 22 adopted by final rulemaking at 5 A.A.R. 3343, effective August 13, 1999 (Supp. 99-3).

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**TITLE 18. ENVIRONMENTAL QUALITY**  
**CHAPTER 2. DEPARTMENT OF ENVIRONMENTAL QUALITY - AIR POLLUTION CONTROL**  
**18 A.A.C. 2**

**Supplement Information**  
**Supp. 25-4**

Rules codified between October 1, 2025 through December 31, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-4 replaces Supp. 24-3, 1-238 pages.**

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

## PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “*Rule*’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

### THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

### HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at [www.azsos.gov/rules](http://www.azsos.gov/rules), click on the *Administrative Register* link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

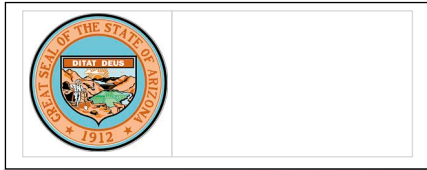
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*Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.*

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## Administrative Rules Division

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## TITLE 18. ENVIRONMENTAL QUALITY

## CHAPTER 2. DEPARTMENT OF ENVIRONMENTAL QUALITY - AIR POLLUTION CONTROL

Authority: A.R.S. § 49-104 et seq.

Supp. 25-4

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*Article 4, consisting of Sections R18-2-401 through R18-2-410, renumbered as Article 6, Sections R18-2-601 through R18-2-610 (Supp. 93-4).*

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*Article 6, consisting of Sections R18-2-601 through R18-2-605, renumbered to Article 8, Sections R18-2-801 through R18-2-805 (Supp. 93-4).*

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*Article 9, consisting of Sections R18-2-901 through R18-2-905, renumbered to Article 11, Sections R18-2-1101 through R18-2-1105 (Supp. 93-4).*

*Article 9 consisting of Sections R18-2-901 and R18-2-902 adopted effective February 26, 1988.*

*Former Article 9 consisting of Sections R9-3-901, R9-3-903 through R9-3-906, R9-3-910, R9-3-913, and R9-3-922 repealed effective February 26, 1988.*

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*Article 11 consisting of Sections R18-2-1101 and R18-2-1102 repealed effective September 26, 1990 (Supp. 90-3).*

*Article 11 consisting of Sections R9-3-1101, R9-3-1102, and Appendices 1 through 11 renumbered as Article 11, Sections R18-2-1101, R18-2-1102, and Appendices 1 through 11 (Supp. 87-3).*

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*Article 13, consisting of Sections R18-2-1301 through R18-2-1307, rules expired under A.R.S. § 41-1056(J), effective April 30, 2013 (Supp. 13-3).*

*Article 13, consisting of Sections R18-2-1301 through R18-2-1307, made by final rulemaking at 9 A.A.R. 1295, effective April 2, 2003 (Supp. 03-2).*

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**ARTICLE 17. EXPIRED**

*Article 17, consisting of Sections R18-2-1701 through R18-2-1709, expired under A.R.S. § 41-1056(J) at 23 A.A.R.135, effective August 26, 2016; filed in the Office of the Secretary of State December 23, 2016 (Supp. 16-4).*

*Article 17, consisting of Sections R18-2-1701 through R18-2-1709, made by final rulemaking at 12 A.A.R.1953, effective January 1, 2007 (Supp. 06-2).*

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**ARTICLE 18. REPEALED**

*Article 18, consisting of Sections R18-2-1801 through R18-2-1812 and Appendix 13, repealed by final rulemaking at 18 A.A.R. 250, effective January 10, 2012 (Supp. 12-1).*

*Article 18, consisting of Sections R18-2-1801 through R18-2-1812 and Appendix 13, made by final rulemaking at 14 A.A.R. 2404, effective July 8, 2008 (Supp. 08-2).*

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## ARTICLE 1. GENERAL

**R18-2-101. Definitions**

The following definitions apply to this Chapter. Where the same term is defined in this Section and in the definitions Section for an Article of this Chapter, the Article-specific definition shall apply.

1. "Act" means the Clean Air Act of 1963 (P.L. 88-206; 42 U.S.C. 7401 through 7671q) as amended through December 31, 2011 (and no future editions).
2. "Actual emissions" means the actual rate of emissions of a regulated NSR pollutant from an emissions unit, as determined in subsections (2)(a) through (e), except that this definition shall not apply for calculating whether a significant emissions increase as defined in R18-2-401 has occurred, or for establishing a plantwide applicability limitation as defined in R18-2-401. Instead, the definitions of projected actual emissions and baseline actual emissions in R18-2-401 shall apply for those purposes.
  - a. In general, actual emissions as of a particular date shall equal the average rate, in tons per year, at which the unit actually emitted the pollutant during a consecutive 24-month period that precedes the particular date and that is representative of normal source operation. The Director may allow the use of a different time period upon a determination that it is more representative of normal source operation. Actual emissions shall be calculated using the unit's actual operating hours, production rates, and types of materials processed, stored or combusted during the selected time period.
  - b. The Director may presume that source-specific allowable emissions for the unit are equivalent to the actual emissions of the unit.
  - c. For any emissions unit that is or will be located at a source with a Class I permit and has not begun normal operations on the particular date, actual emissions shall equal the unit's potential to emit on that date.
  - d. For any emissions unit that is or will be located at a source with a Class II permit and has not begun normal operations on the particular date, actual emissions shall be based on applicable control equipment requirements and projected conditions of operation.
  - e. This definition shall not apply for calculating whether a significant emissions increase has occurred, or for establishing a PAL. Instead, the definitions of projected actual emissions and baseline actual emissions in R18-2-401 shall apply for those purposes.
3. "Administrator" means the Administrator of the United States Environmental Protection Agency.
4. "Affected facility" means, with reference to a stationary source, any apparatus to which a standard is applicable.
5. "Affected source" means a source that includes one or more units which are subject to emission reduction requirements or limitations under Title IV of the Act.
6. "Affected state" means any state whose air quality may be affected by a source applying for a permit, permit revision, or permit renewal and that is contiguous to Arizona or that is within 50 miles of the permitted source.
7. "Afterburner" means an incinerator installed in the secondary combustion chamber or stack for the purpose of incinerating smoke, fumes, gases, unburned carbon, and other combustible material not consumed during primary combustion.
8. "Air contaminants" means smoke, vapors, charred paper, dust, soot, grime, carbon, fumes, gases, sulfuric acid mist aerosols, aerosol droplets, odors, particulate matter, wind-borne matter, radioactive materials, or noxious chemicals, or any other material in the outdoor atmosphere.
9. "Air curtain destructor" means an incineration device designed and used to secure, by means of a fan-generated air curtain, controlled combustion of only wood waste and slash materials in an earthen trench or refractory-lined pit or bin.
10. "Air pollution" means the presence in the outdoor atmosphere of one or more air contaminants or combinations thereof in sufficient quantities, which either alone or in connection with other substances by reason of their concentration and duration are or tend to be injurious to human, plant or animal life, or cause damage to property, or unreasonably interfere with the comfortable enjoyment of life or property of a substantial part of a community, or obscure visibility, or which in any way degrade the quality of the ambient air below the standards established by the director. A.R.S. § 49-421(2).
11. "Air pollution control equipment" means equipment used to eliminate, reduce or control the emission of air pollutants into the ambient air.
12. "Air quality control region" (AQCR) means an area so designated by the Administrator pursuant to Section 107 of the Act and includes the following regions in Arizona:
  - a. Maricopa Intrastate Air Quality Control Region which is comprised of the County of Maricopa.
  - b. Pima Intrastate Air Quality Control Region which is comprised of the County of Pima.
  - c. Northern Arizona Intrastate Air Quality Control Region which encompasses the counties of Apache, Coconino, Navajo, and Yavapai.
  - d. Mohave-Yuma Intrastate Air Quality Control Region which encompasses the counties of La Paz, Mohave, and Yuma.
  - e. Central Arizona Intrastate Air Quality Control Region which encompasses the counties of Gila and Pinal.
  - f. Southeast Arizona Intrastate Air Quality Control Region which encompasses the counties of Cochise, Graham, Greenlee, and Santa Cruz.
13. "Allowable emissions" means the emission rate of a stationary source calculated using both the maximum rated capacity of the source, unless the source is subject to federally enforceable limits which restrict the operating rate or hours of operation, and the most stringent of the following:
  - a. The applicable standards as set forth in 40 CFR 60, 61 and 63;
  - b. The applicable emissions limitations approved into the state implementation plan, including those with a future compliance date; or,
  - c. The emissions rate specified as a federally enforceable permit condition, including those with a future compliance date.
14. "Ambient air" means that portion of the atmosphere, external to buildings, to which the general public has access.
15. "Applicable implementation plan" means those provisions of the state implementation plan approved by the Administrator or a federal implementation plan promul-



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- gated for Arizona or any portion of Arizona in accordance with Title I of the Act.
16. "Applicable requirement" means any of the following:
    - a. Any federal applicable requirement.
    - b. Any other requirement established pursuant to this Chapter or A.R.S. Title 49, Chapter 3.
  17. "Arizona Testing Manual" means sections 1 and 7 of the Arizona Testing Manual for Air Pollutant Emissions amended as of March 1992 (and no future editions).
  18. "ASTM" means the American Society for Testing and Materials.
  19. "Attainment area" means any area that has been identified in regulations promulgated by the Administrator as being in compliance with national ambient air quality standards.
  20. *"Begin actual construction" means, initiation of physical on-site construction activities on an emissions unit which are of a permanent nature. With respect to a change in method of operation this term refers to those onsite activities, other than preparatory activities, which mark the initiation of the change.*
    - a. For purposes of title I, parts C and D and section 112 of the clean air act, and for purposes of applicants that require permits containing limits designed to avoid the application of title I, parts C and D and section 112 of the clean air act, these activities include installation of building supports and foundations, laying of underground pipework, and construction of permanent storage structures but do not include any of the following, subject to subsection (20)(c):
      - i. Clearing and grading, including demolition and removal of existing structures and equipment, stripping and stockpiling of topsoil.
      - ii. Installation of access roads, driveways and parking lots.
      - iii. Installation of ancillary structures, including fences, office buildings and temporary storage structures, that are not a necessary component of an emissions unit or associated air pollution control equipment for which the permit is required.
      - iv. Ordering and onsite storage of materials and equipment.
    - b. For purposes other than those identified in subsection (20)(a), these activities do not include any of the following, subject to subsection (20)(c):
      - i. Clearing and grading, including demolition and removal of existing structures and equipment, stripping and stockpiling of topsoil and earthwork cut and fill for foundations.
      - ii. Installation of access roads, parking lots, driveways and storage areas.
      - iii. Installation of ancillary structures, including fences, warehouses, storerooms and office buildings, provided none of these structures impacts the design of any emissions unit or associated air pollution control equipment.
      - iv. Ordering and onsite storage of materials and equipment.
      - v. Installation of underground pipework, including water, sewer, electric and telecommunications utilities.
  - vi. Installation of building and equipment supports, including concrete forms, footers, pilings, foundations, pads and platforms, provided none of these supports impacts the design of any emissions unit or associated air pollution control equipment.
  - c. An applicant's performance of any activities that are excluded from the definition of "begin actual construction" under subsection (20)(a) or (b) shall be at the applicant's risk and shall not reduce the applicant's obligations under this Chapter. The director shall evaluate an application for a permit or permit revision and make a decision on the same basis as if the activities allowed under subsection (20)(a) or (b) had not occurred. A.R.S. § 49-401.01(7).
  21. "Best available control technology" (BACT) means an emission limitation, including a visible emissions standard, based on the maximum degree of reduction for each regulated NSR pollutant which would be emitted from any proposed major source or major modification, taking into account energy, environmental, and economic impact and other costs, determined by the Director in accordance with R18-2-406(A)(4) to be achievable for such source or modification.
  22. "Btu" means British thermal unit, which is the quantity of heat required to raise the temperature of one pound of water 1°F.
  23. "Categorical sources" means the following classes of sources:
    - a. Coal cleaning plants with thermal dryers;
    - b. Kraft pulp mills;
    - c. Portland cement plants;
    - d. Primary zinc smelters;
    - e. Iron and steel mills;
    - f. Primary aluminum ore reduction plants;
    - g. Primary copper smelters;
    - h. Municipal incinerators capable of charging more than 50 tons of refuse per day;
    - i. Hydrofluoric, sulfuric, or nitric acid plants;
    - j. Petroleum refineries;
    - k. Lime plants;
    - l. Phosphate rock processing plants;
    - m. Coke oven batteries;
    - n. Sulfur recovery plants;
    - o. Carbon black plants using the furnace process;
    - p. Primary lead smelters;
    - q. Fuel conversion plants;
    - r. Sintering plants;
    - s. Secondary metal production plants;
    - t. Chemical process plants, which shall not include ethanol production facilities that produce ethanol by natural fermentation included in North American Industry Classification System codes 325193 or 312140;
    - u. Fossil-fuel boilers, combinations thereof, totaling more than 250 million Btus per hour heat input;
    - v. Petroleum storage and transfer units with a total storage capacity more than 300,000 barrels;
    - w. Taconite ore processing plants;
    - x. Glass fiber processing plants;
    - y. Charcoal production plants;
    - z. Fossil-fuel-fired steam electric plants and combined cycle gas turbines of more than 250 million Btus per hour heat input.

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24. "Categorically exempt activities" means any of the following:
- Any combination of diesel-, natural gas- or gasoline-fired engines with cumulative power equal to or less than 145 horsepower.
  - Natural gas-fired engines with cumulative power equal to or less than 155 horsepower.
  - Gasoline-fired engines with cumulative power equal to or less than 200 horsepower.
  - Any of the following emergency or stand-by engines used for less than 500 hours in each calendar year, provided the permittee keeps records documenting the hours of operation of the engines:
    - Any combination of diesel-, natural gas- or gasoline-fired emergency engines with cumulative power equal to or less than 2,500 horsepower.
    - Natural gas-fired emergency engines with cumulative power equal to or less than 2,700 horsepower.
    - Gasoline-fired emergency engines with cumulative power equal to or less than 3,700 horsepower.
  - Any combination of boilers with a cumulative maximum design heat input capacity of less than 10 million Btu/hr.
25. "CFR" means the Code of Federal Regulations, amended as of July 1, 2011, (and no future editions), with standard references in this Chapter by Title and Part, so that "40 CFR 51" means Title 40 of the Code of Federal Regulations, Part 51.
26. "Charge" means the addition of metal bearing materials, scrap, or fluxes to a furnace, converter or refining vessel.
27. "Clean coal technology" means any technology, including technologies applied at the precombustion, combustion, or post-combustion stage, at a new or existing facility that will achieve significant reductions in air emissions of sulfur dioxide or oxides of nitrogen associated with the utilization of coal in the generation of electricity, or process steam, that was not in widespread use as of November 15, 1990.
28. "Clean coal technology demonstration project" means a project using funds appropriated under the heading "Department of Energy - Clean Coal Technology," up to a total amount of \$2,500,000,000 for commercial demonstration of clean coal technology or similar projects funded through appropriations for the Environmental Protection Agency. The federal contribution for a qualifying project shall be at least 20% of the total cost of the demonstration project.
29. "Coal" means all solid fossil fuels classified as anthracite, bituminous, subbituminous, or lignite by ASTM D-388-91, (Classification of Coals by Rank).
30. "Combustion" means the burning of matter.
31. "Commence" means, as applied to construction of a source, or a major modification as defined in Article 4 of this Chapter, that the owner or operator has all necessary preconstruction approvals or permits and either has:
- Begun, or caused to begin, a continuous program of actual onsite construction of the source, to be completed within a reasonable time; or
  - Entered into binding agreements or contractual obligations, which cannot be cancelled or modified without substantial loss to the owner or operator, to undertake a program of actual construction of the source to be completed within a reasonable time.
32. "Construction" means any physical change or change in the method of operation, including fabrication, erection, installation, demolition, or modification of an emissions unit, which would result in a change in emissions.
33. "Continuous monitoring system" means a CEMS, CERMS, or CPMS.
34. "Continuous emissions monitoring system" or "CEMS" means the total equipment, required under the emission monitoring provisions in this Chapter, used to sample, condition (if applicable), analyze, and provide, on a continuous basis, a permanent record of emissions.
35. "Continuous emissions rate monitoring system" or "CERMS" means the total equipment required for the determination and recording of the pollutant mass emissions rate (in terms of mass per unit of time).
36. "Continuous parameter monitoring system" or "CPMS" means the total equipment, required under the emission monitoring provisions in this Chapter, to monitor process or control device operational parameters (for example, control device secondary voltages and electric currents) or other information (for example, gas flow rate, O<sub>2</sub> or CO<sub>2</sub> concentrations) and to provide, on a continuous basis, a permanent record of monitored values.
37. "Controlled atmosphere incinerator" means one or more refractory-lined chambers in which complete combustion is promoted by recirculation of gases by mechanical means.
38. "Conventional air pollutant" means any pollutant for which the Administrator has promulgated a primary or secondary national ambient air quality standard. A.R.S. § 49-401.01(12).
39. "Department" means the Department of Environmental Quality. A.R.S. § 49-101(2)
40. "Director" means the director of environmental quality who is also the director of the department. A.R.S. § 49-101(3).
41. "Discharge" means the release or escape of an effluent from a source into the atmosphere.
42. "Dust" means finely divided solid particulate matter occurring naturally or created by mechanical processing, handling or storage of materials in the solid state.
43. "Dust suppressant" means a chemical compound or mixture of chemical compounds added with or without water to a dust source for purposes of preventing air entrainment.
44. "Effluent" means any air contaminant which is emitted and subsequently escapes into the atmosphere.
45. "Electric utility steam generating unit" means any steam electric generating unit that is constructed for the purpose of supplying more than one-third of its potential electric output capacity and more than 25 MW electrical output to any utility power distribution system for sale. Any steam supplied to a steam distribution system for the purpose of providing steam to a steam-electric generator that would produce electrical energy for sale is also considered in determining the electrical energy output capacity of the affected facility.
46. "Emission" means an air contaminant or gas stream, or the act of discharging an air contaminant or a gas stream, visible or invisible.
47. "Emission standard" or "emission limitation" means a requirement established by the state, a local government,

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- or the Administrator which limits the quantity, rate, or concentration of emissions of air pollutants on a continuous basis, including any requirements which limit the level of opacity, prescribe equipment, set fuel specifications, or prescribe operation or maintenance procedures for a source to assure continuous emission reduction.
48. "Emissions unit" means any part of a stationary source which emits or would have the potential to emit any regulated air pollutant and includes an electric steam generating unit.
49. "Enforceable as a practical matter" means that an emission limitation or a design, equipment, work practice, or operational standard is both legally and practicably enforceable as follows:
- a. An emission limitation or a design, equipment, work practice, or operational standard is legally enforceable if the Department has the authority to enforce it under A.R.S. Title 49, Chapter 3, Article 2. Any emission limitation imposed in a permit under this Chapter is legally enforceable.
  - b. An emission limitation or a design, equipment, work practice, or operational standard in a permit for a stationary source is practicably enforceable if the permit specifies:
    - i. The limitation or standard and the emissions units or activities at the stationary source subject to the limitation or standard;
    - ii. In the case of an emission limitation, the averaging period and the data handling methods for calculating averages to be compared to the limitation;
    - iii. In the case of a design, equipment, work practice, or operational standard, the schedule for implementing the standard and for performing inspection, maintenance, repair, and any other activities necessary to assure compliance with the standard;
    - iv. The methods to determine compliance, including appropriate monitoring, recordkeeping, reporting and testing methods.
  - c. A rule or general permit that applies to categories of sources is practicably enforceable if the rule or general permit specifies the items identified in subsections (b)(i) to (iv) and additionally:
    - i. Identifies the types or categories of sources that are covered by the rule or general permit;
    - ii. Where coverage is optional, provides for notice to the Department of the source's election to be covered by the rule or general permit; and
    - iii. Specify the enforcement consequences relevant to the rule or general permit.
50. "Equivalent method" means any method of sampling and analyzing for an air pollutant which has been demonstrated under R18-2-311(D) to have a consistent and quantitatively known relationship to the reference method, under specified conditions.
51. "Excess emissions" means emissions of an air pollutant in excess of an emission standard as measured by the compliance test method applicable to such emission standard.
52. "Federal applicable requirement" means any of the following (including requirements that have been promulgated or approved by EPA through rulemaking at the time of issuance but have future effective compliance dates):
- a. Any standard or other requirement provided for in the applicable implementation plan approved or promulgated by EPA through rulemaking under Title I of the Act that implements the relevant requirements of the Act, including any revisions to that plan promulgated in 40 CFR 52.
  - b. Any term or condition of any preconstruction permits issued pursuant to regulations approved or promulgated through rulemaking under Title I, including parts C or D, of the Act.
  - c. Any standard or other requirement under section 111 of the Act, including 111(d).
  - d. Any standard or other requirement under section 112 of the Act, including any requirement concerning accident prevention under section 112(r)(7) of the Act.
  - e. Any standard or other requirement of the acid rain program under Title IV of the Act or the regulations promulgated thereunder and incorporated pursuant to R18-2-333.
  - f. Any requirements established pursuant to section 504(b) or section 114(a)(3) of the Act.
  - g. Any standard or other requirement governing solid waste incineration, under section 129 of the Act.
  - h. Any standard or other requirement for consumer and commercial products, under section 183(e) of the Act.
  - i. Any standard or other requirement for tank vessels under section 183(f) of the Act.
  - j. Any standard or other requirement of the program to control air pollution from outer continental shelf sources, under section 328 of the Act.
  - k. Any standard or other requirement of the regulations promulgated to protect stratospheric ozone under Title VI of the Act, unless the Administrator has determined that such requirements need not be contained in a Title V permit.
  - l. Any national ambient air quality standard or maximum increase allowed under R18-2-218 or visibility requirement under Part C of Title I of the Act, but only as it would apply to temporary sources permitted pursuant to section 504(e) of the Act.
53. "Federal Land Manager" means, with respect to any lands in the United States, the secretary of the department with authority over such lands.
54. "Federally enforceable" means all limitations and conditions which are enforceable by the Administrator under the Act, including all of the following:
- a. The requirements of the new source performance standards and national emission standards for hazardous air pollutants.
  - b. The requirements of such other state or county rules or regulations approved by the Administrator, including the requirements of state and county operating and new source review permit and registration programs that have been approved by the Administrator. Notwithstanding this subsection, the condition of any permit or registration designated as being enforceable only by the state is not federally enforceable.
  - c. The requirements of any applicable implementation plan.
  - d. Emissions limitations, controls, and other requirements, and any associated monitoring, recordkeep-

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- ing, and reporting requirements that are included in a permit pursuant to R18-2-306.01, R18-2-306.02, or R18-2-306.03.
55. "Federally listed hazardous air pollutant" means a pollutant listed pursuant to R18-2-1701(9).
  56. "Final permit" means the version of a permit issued by the Department after completion of all review required by this Chapter.
  57. "Fixed capital cost" means the capital needed to provide all the depreciable components.
  58. "Fuel" means any material which is burned for the purpose of producing energy.
  59. "Fuel burning equipment" means any machine, equipment, incinerator, device or other Article, except stationary rotating machinery, in which combustion takes place.
  60. "Fugitive emissions" means those emissions which could not reasonably pass through a stack, chimney, vent, or other functionally equivalent opening.
  61. "Fume" means solid particulate matter resulting from the condensation and subsequent solidification of vapors of melted solid materials.
  62. "Fume incinerator" means a device similar to an afterburner installed for the purpose of incinerating fumes, gases and other finely divided combustible particulate matter not previously burned.
  63. "Good engineering practice (GEP) stack height" means a stack height meeting the requirements described in R18-2-332.
  64. "Hazardous air pollutant" means any federally listed hazardous air pollutant.
  65. "Heat input" means the quantity of heat in terms of Btus generated by fuels fed into the fuel burning equipment under conditions of complete combustion.
  66. "Incinerator" means any equipment, machine, device, contrivance or other Article, and all appurtenances thereof, used for the combustion of refuse, salvage materials or any other combustible material except fossil fuels, for the purpose of reducing the volume of material.
  67. "Indian governing body" means the governing body of any tribe, band, or group of Indians subject to the jurisdiction of the United States and recognized by the United States as possessing power of self-government.
  68. "Indian reservation" means any federally recognized reservation established by Treaty, Agreement, Executive Order, or Act of Congress.
  69. "Insignificant activity" means any of the following activities:
    - a. Liquid Storage and Piping
      - i. Petroleum product storage tanks containing the following substances, provided the applicant lists and identifies the contents of each tank with a volume of 350 gallons or more and provides threshold values for throughput or capacity or both for each such tank: diesel fuels and fuel oil in storage tanks with capacity of 40,000 gallons or less, lubricating oil, transformer oil, and used oil.
      - ii. Gasoline storage tanks with capacity of 10,000 gallons or less.
      - iii. Storage and piping of natural gas, butane, propane, or liquified petroleum gas, provided the applicant lists and identifies the contents of each stationary storage vessel with a volume of 350 gallons or more and provides threshold values for throughput or capacity or both for each such vessel.
    - iv. Piping of fuel oils, used oil and transformer oil, provided the applicant includes a system description.
    - v. Storage and handling of drums or other transportable containers where the containers are sealed during storage, and covered during loading and unloading, including containers of waste and used oil regulated under the federal Resource Conservation and Recovery Act, 42 U.S.C. 6901-6992(k). Permit applicants must provide a description of material in the containers and the approximate amount stored.
    - vi. Storage tanks of any size containing exclusively soaps, detergents, waxes, greases, aqueous salt solutions, aqueous solutions of acids that are not regulated air pollutants, or aqueous caustic solutions, provided the permit applicant specifies the contents of each storage tank with a volume of 350 gallons or more.
    - vii. Electrical transformer oil pumping, cleaning, filtering, drying and the re-installation of oil back into transformers.
  - b. Internal combustion engine-driven compressors, internal combustion engine-driven electrical generator sets, and internal combustion engine-driven water pumps used for less than 500 hours per calendar year for emergency replacement or standby service, provided the permittee keeps records documenting the hours of operation of this equipment.
  - c. Low Emitting Processes
    - i. Batch mixers with rated capacity of 5 cubic feet or less.
    - ii. Wet sand and gravel production facilities that obtain material from subterranean and subaqueous beds, whose production rate is 200 tons/hour or less, and whose permanent in-plant roads are paved and cleaned to control dust. This does not include activities in emissions units which are used to crush or grind any non-metallic minerals.
    - iii. Powder coating operations.
    - iv. Equipment using water, water and soap or detergent, or a suspension of abrasives in water for purposes of cleaning or finishing.
    - v. Blast-cleaning equipment using a suspension of abrasive in water and any exhaust system or collector serving them exclusively.
    - vi. Plastic pipe welding.
  - d. Site Maintenance
    - i. Housekeeping activities and associated products used for cleaning purposes, including collecting spilled and accumulated materials at the source, including operation of fixed vacuum cleaning systems specifically for such purposes.
    - ii. Sanding of streets and roads to abate traffic hazards caused by ice and snow.
    - iii. Street and parking lot striping.
    - iv. Architectural painting and associated surface preparation for maintenance purposes at industrial or commercial facilities.

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- e. Sampling and Testing
  - i. Noncommercial (in-house) experimental, analytical laboratory equipment which is bench scale in nature, including quality control/quality assurance laboratories supporting a stationary source and research and development laboratories.
  - ii. Individual sampling points, analyzers, and process instrumentation, whose operation may result in emissions but that are not regulated as emission units.
- f. Ancillary Non-Industrial Activities
  - i. General office activities, such as paper shredding, copying, photographic activities, and blueprinting, but not to include incineration.
  - ii. Use of consumer products, including hazardous substances as that term is defined in the Federal Hazardous Substances Act (15 U.S.C. 1261 et seq.) where the product is used at a source in the same manner as normal consumer use.
  - iii. Activities directly used in the diagnosis and treatment of disease, injury or other medical condition.
- g. Miscellaneous Activities
  - i. Installation and operation of potable, process and waste water observation wells, including drilling, pumping, filtering apparatus.
  - ii. Transformer vents.
- 70. "Kraft pulp mill" means any stationary source which produces pulp from wood by cooking or digesting wood chips in a water solution of sodium hydroxide and sodium sulfide at high temperature and pressure. Regeneration of the cooking chemicals through a recovery process is also considered part of the kraft pulp mill.
- 71. "Lead" means elemental lead or alloys in which the predominant component is lead.
- 72. "Lime hydrator" means a unit used to produce hydrated lime product.
- 73. "Lime plant" includes any plant which produces a lime product from limestone by calcination. Hydration of the lime product is also considered to be part of the source.
- 74. "Lime product" means any product produced by the calcination of limestone.
- 75. "Major modification" is defined as follows:
  - a. A major modification is any physical change in or change in the method of operation of a major source that would result in both a significant emissions increase of any regulated NSR pollutant and a significant net emissions increase of that pollutant from the stationary source.
  - b. Any emissions increase or net emissions increase that is significant for nitrogen oxides or volatile organic compounds is significant for ozone.
  - c. For the purposes of this definition, none of the following is a physical change or change in the method of operation:
    - i. Routine maintenance, repair, and replacement;
    - ii. Use of an alternative fuel or raw material by reason of an order under sections 2(a) and (b) of the Energy Supply and Environmental Coordination Act of 1974, 15 U.S.C. 792, or by reason of a natural gas curtailment plan under the Federal Power Act, 16 U.S.C. 792 - 825r;
    - iii. Use of an alternative fuel by reason of an order or rule under section 125 of the Act;
    - iv. Use of an alternative fuel at a steam generating unit to the extent that the fuel is generated from municipal solid waste;
    - v. For purposes of determining the applicability of R18-2-403 through R18-2-405 or R18-2-411, any of the following:
      - (1) Use of an alternative fuel or raw material by a stationary source that the source was capable of accommodating before December 21, 1976, unless the change would be prohibited under any federally enforceable permit condition established after December 12, 1976 under 40 CFR 52.21 or under Articles 3 or 4 of this Chapter; or
      - (2) Use of an alternative fuel or raw material by a stationary source that the source is approved to use under any permit issued under R18-2-403;
      - (3) An increase in the hours of operation or in the production rate, unless the change would be prohibited under any federally enforceable permit condition established after December 21, 1976, under 40 CFR 52.21, or under Articles 3 or 4 of this Chapter.
    - vi. For purposes of determining the applicability of R18-2-406 through R18-2-408 or R18-2-410, any of the following:
      - (1) Use of an alternative fuel or raw material by a stationary source that the source was capable of accommodating before January 6, 1975, unless the change would be prohibited under any federally enforceable permit condition established after January 6, 1975 under 40 CFR 52.21 or under Articles 3 or 4 of this Chapter;
      - (2) Use of an alternative fuel or raw material by a stationary source that the source is approved to use under any permit issued under 40 CFR 52.21, or under R18-2-406; or
      - (3) An increase in the hours of operation or in the production rate, unless the change would be prohibited under any federally enforceable permit condition established after January 6, 1975, under 40 CFR 52.21, or under Articles 3 or 4 of this Chapter.
    - vii. Any change in ownership at a stationary source;
    - viii. [Reserved.]
    - ix. The installation, operation, cessation, or removal of a temporary clean coal technology demonstration project, if the project complies with:
      - (1) The SIP, and
      - (2) Other requirements necessary to attain and maintain the national ambient air quality standards during the project and after it is terminated;
    - x. For electric utility steam generating units located in attainment and unclassifiable areas

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- only, the installation or operation of a permanent clean coal technology demonstration project that constitutes repowering, if the project does not result in an increase in the potential to emit any regulated pollutant emitted by the unit. This exemption applies on a pollutant-by-pollutant basis; and
- xi. For electric utility steam generating units located in attainment and unclassifiable areas only, the reactivation of a very clean coal-fired electric utility steam generating unit.
  - d. This definition shall not apply with respect to a particular regulated NSR pollutant when the major source is complying with the requirements of R18-2-412 for a PAL for that regulated NSR pollutant. Instead, the definition of PAL major modification in R18-2-401(20) shall apply.
76. "Major source" means:
    - a. A major source as defined in R18-2-401.
    - b. A major source under section 112 of the Act:
      - i. For pollutants other than radionuclides, any stationary source that emits or has the potential to emit, in the aggregate, including fugitive emission 10 tons per year (tpy) or more of any hazardous air pollutant which has been listed pursuant to section 112(b) of the Act, 25 tpy or more of any combination of such hazardous air pollutants, or such lesser quantity as described in Article 11 of this Chapter. Notwithstanding the preceding sentence, emissions from any oil or gas exploration or production well (with its associated equipment) and emissions from any pipeline compressor or pump station shall not be aggregated with emissions from other similar units, whether or not such units are in a contiguous area or under common control, to determine whether such units or stations are major sources; or
      - ii. For radionuclides, "major source" shall have the meaning specified by the Administrator by rule.
    - c. A major stationary source, as defined in section 302 of the Act, that directly emits or has the potential to emit, 100 tpy or more of any air pollutant including any major source of fugitive emissions of any such pollutant. The fugitive emissions of a stationary source shall not be considered in determining whether it is a major stationary source for the purposes of section 302(j) of the Act, unless the source belongs to a section 302(j) category.
  77. "Malfunction" means any sudden and unavoidable failure of air pollution control equipment, process equipment or a process to operate in a normal and usual manner, but does not include failures that are caused by poor maintenance, careless operation or any other upset condition or equipment breakdown which could have been prevented by the exercise of reasonable care.
  78. "Minor source" means a source of air pollution which is not a major source for the purposes of Article 4 of this Chapter and over which the Director, acting pursuant to A.R.S. § 49-402(B), has asserted jurisdiction.
  79. "Minor source baseline area" means the air quality control region in which the source is located.
  80. "Mobile source" means any combustion engine, device, machine or equipment that operates during transport and that emits or generates air contaminants whether in motion or at rest. A.R.S. § 49-401.01(23).
  81. "Modification" or "modify" means a physical change in or change in the method of operation of a source that increases the emissions of any regulated air pollutant emitted by such source by more than any relevant de minimis amount or that results in the emission of any regulated air pollutant not previously emitted by more than such de minimis amount. An increase in emissions at a minor source shall be determined by comparing the source's potential to emit before and after the modification. The following exemptions apply:
    - a. A physical or operational change does not include routine maintenance, repair or replacement.
    - b. An increase in the hours of operation or if the production rate is not considered an operational change unless such increase is prohibited under any permit condition that is legally and practically enforceable by the Department.
    - c. A change in ownership at a source is not considered a modification. A.R.S. § 49-401.01(24).
  82. "Monitoring device" means the total equipment, required under the applicable provisions of this Chapter, used to measure and record, if applicable, process parameters.
  83. "Motor vehicle" means any self-propelled vehicle designed for transporting persons or property on public highways.
  84. "Multiple chamber incinerator" means three or more refractory-lined combustion chambers in series, physically separated by refractory walls and interconnected by gas passage ports or ducts.
  85. "Natural conditions" includes naturally occurring phenomena that reduce visibility as measured in terms of light extinction, visual range, contrast, or coloration.
  86. "National ambient air quality standard" means the ambient air pollutant concentration limits established by the Administrator pursuant to section 109 of the Act. A.R.S. § 49-401.01(25).
  87. "National emission standards for hazardous air pollutants" or "NESHAP" means standards adopted by the Administrator under section 112 of the Act.
  88. "Necessary preconstruction approvals or permits" means those permits or approvals required under the Act and those air quality control laws and rules which are part of the SIP.
  89. "Net emissions increase" means:
    - a. The amount by which the sum of subsections (88)(a)(i) and (ii) exceeds zero:
      - i. The increase in emissions of a regulated NSR pollutant from a particular physical change or change in the method of operation at a stationary source as calculated pursuant to R18-2-402(D); and
      - ii. Any other increases and decreases in actual emissions of the regulated NSR pollutant at the source that are contemporaneous with the particular change and are otherwise creditable.
      - iii. For purposes of calculating increases and decreases in actual emissions under subsection (88)(a)(ii), baseline actual emissions shall be determined as provided in the definition of baseline actual emissions in R18-2-401(2),

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- except that R18-2-401(2)(a)(iii) and (b)(iv) shall not apply.
- b. An increase or decrease in actual emissions is contemporaneous with the increase from the particular change only if it occurs between:
    - i. The date five years before a complete application for a permit or permit revision authorizing the particular change is submitted or actual construction of the particular change begins, whichever occurs earlier, and
    - ii. The date that the increase from the particular change occurs.
  - c. For purposes of determining the applicability of R18-2-403 through R18-2-405 or R18-2-411, an increase or decrease in actual emissions is creditable only if the Director has not relied on it in issuing a permit or permit revision under R18-2-403, which permit is in effect when the increase in actual emissions from the particular change occurs. For purposes of determining the applicability of R18-2-406 through R18-2-408 or R18-2-410, an increase or decrease in actual emissions is creditable only if the Director has not relied on it in issuing a permit under R18-2-406, which permit is in effect when the increase in actual emissions from the particular change occurs.
  - d. An increase or decrease in actual emissions of sulfur dioxide, nitrogen oxides, PM<sub>10</sub>, or PM<sub>2.5</sub> which occurs before the applicable minor source baseline date, as defined in R18-2-218, is creditable only if it is required to be considered in calculating the amount of maximum allowable increases remaining available.
  - e. An increase in actual emissions is creditable only to the extent that the new level of actual emissions exceeds the old level.
  - f. A decrease in actual emissions is creditable only to the extent that it satisfies all of the following conditions:
    - i. The old level of actual emissions or the old level of allowable emissions, whichever is lower, exceeds the new level of actual emissions.
    - ii. It is enforceable as a practical matter at and after the time that actual construction on the particular change begins.
    - iii. It has approximately the same qualitative significance for public health and welfare as that attributed to the increase from the particular change.
    - iv. The emissions unit was actually operated and emitted the specific pollutant.
    - v. For purposes of determining the applicability of R18-2-403 through R18-2-405 or R18-2-411, the Director has not relied on it in issuing any permit, permit revision, or registration under Article 4, R18-2-302.01, or R18-2-334, and the state has not relied on it in demonstrating attainment or reasonable further progress.
  - g. An increase that results from a physical change at a source occurs when the emissions unit on which construction occurred becomes operational and begins to emit a particular pollutant. Any replacement unit, as defined in R18-2-401(24), that requires shutdown becomes operational only after a reasonable shutdown period, not to exceed 180 days.
  - h. Subsection (2)(a) shall not apply for determining creditable increases and decreases.
90. "New source" means any stationary source of air pollution which is subject to a new source performance standard.
  91. "New source performance standards" or "NSPS" means standards adopted by the Administrator under section 111(b) of the Act.
  92. "Nitric acid plant" means any facility producing nitric acid 30% to 70% in strength by either the pressure or atmospheric pressure process.
  93. "Nitrogen oxides" means all oxides of nitrogen except nitrous oxide, as measured by test methods set forth in the Appendices to 40 CFR 60.
  94. "Nonattainment area" means an area so designated by the Administrator acting pursuant to section 107 of the Act as exceeding national primary or secondary ambient air standards for a particular pollutant or pollutants.
  95. "Nonpoint source" means a source of air contaminants which lacks an identifiable plume or emission point.
  96. "Opacity" means the degree to which emissions reduce the transmission of light and obscure the view of an object in the background.
  97. "Operation" means any physical or chemical action resulting in the change in location, form, physical properties, or chemical character of a material.
  98. "Owner or operator" means any person who owns, leases, operates, controls, or supervises an affected facility or a stationary source.
  99. "Particulate matter" means any airborne finely divided solid or liquid material with an aerodynamic diameter smaller than 100 micrometers.
  100. "Particulate matter emissions" means all finely divided solid or liquid materials other than uncombined water, emitted to the ambient air as measured by applicable test methods and procedures described in R18-2-311.
  101. "Permitting authority" means the department or a county department, agency or air pollution control district that is charged with enforcing a permit program adopted pursuant to A.R.S. § 49-480(A). A.R.S. § 49-401.01(28).
  102. "Permitting exemption thresholds" for a regulated minor NSR pollutant means the following:

Regulated Air Pollutant	Emission Rate in tons per year (TPY)
PM <sub>2.5</sub> (primary emissions only; levels for precursors are set below)	5
PM <sub>10</sub>	7.5
SO <sub>2</sub>	20
NO <sub>x</sub>	20
VOC	20
CO	50
Pb	0.3
  103. "Person" means any public or private corporation, company, partnership, firm, association or society of persons, the federal government and any of its departments or agencies, the state and any of its agencies, departments or political subdivisions, as well as a natural person.

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104. "Planning agency" means an organization designated by the governor pursuant to 42 U.S.C. 7504. A.R.S. § 49-401.01(29).
105. "PM<sub>2.5</sub>" means particulate matter with an aerodynamic diameter less than or equal to a nominal 2.5 micrometers as measured by a reference method based on 40 CFR 50 Appendix L, or by an equivalent method designated according to 40 CFR 53.
106. "PM<sub>10</sub>" means particulate matter with an aerodynamic diameter less than or equal to a nominal 10 micrometers as measured by a reference method contained within 40 CFR 50 Appendix J or by an equivalent method designated in accordance with 40 CFR 53.
107. "PM<sub>10</sub> emissions" means finely divided solid or liquid material, with an aerodynamic diameter less than or equal to a nominal 10 micrometers emitted to the ambient air as measured by applicable test methods and procedures described in R18-2-311.
108. "Plume" means visible effluent.
109. "Pollutant" means an air contaminant the emission or ambient concentration of which is regulated pursuant to this Chapter.
110. "Portable source" means any stationary source that is capable of being operated at more than one location.
111. "Potential to emit" or "potential emission rate" means the maximum capacity of a stationary source to emit a pollutant, excluding secondary emissions, under its physical and operational design. Any physical or operational limitation on the capacity of the source to emit a pollutant, including air pollution control equipment and restrictions on hours of operation or on the type or amount of material combusted, stored, or processed, shall be treated as part of its design if the limitation or the effect it would have on emissions is legally and practically enforceable by the Department or a county under A.R.S. Title 49, Chapter 3; any rule, ordinance, order or permit adopted or issued under A.R.S. Title 49, Chapter 3 or the state implementation plan. This term does not alter or affect the use of this term for any other purposes under the Act, or the term "capacity factor" as used in title IV of the Act or the regulations promulgated thereunder.
112. "Predictive Emissions Monitoring System" or "PEMS" means the total equipment, required under the emission monitoring provisions in this Chapter, to monitor process and control device operational parameters (for example, control device secondary voltages and electric currents) and other information (for example, gas flow rate, O<sub>2</sub> or CO<sub>2</sub> concentrations), and calculate and record the mass emissions rate (for example, lb/hr) on a continuous basis.
113. "Primary ambient air quality standards" means the ambient air quality standards which define levels of air quality necessary, with an adequate margin of safety, to protect the public health, as specified in Article 2 of this Chapter.
114. "Process" means one or more operations, including equipment and technology, used in the production of goods or services or the control of by-products or waste.
115. "Project" means a physical change in, or change in the method of operation of, an existing major source.
116. "Proposed final permit" means the version of a Class I permit or Class I permit revision that the Department proposes to issue and forwards to the Administrator for review in compliance with R18-2-307(A). A proposed final permit constitutes a final and enforceable authorization to begin actual construction of, but not to operate, a new Class I source or a modification to a Class I source.
117. "Proposed permit" means the version of a permit for which the Director offers public participation under R18-2-330 or affected state review under R18-2-307(D).
118. "Reactivation of a very clean coal-fired electric utility steam generating unit" means any physical change or change in the method of operation associated with commencing commercial operations by a coal-fired utility unit after a period of discontinued operation if the unit:
  - a. Has not been in operation for the two-year period before enactment of the Clean Air Act Amendments of 1990, and the emissions from the unit continue to be carried in the Director's emissions inventory at the time of enactment;
  - b. Was equipped before shutdown with a continuous system of emissions control that achieves a removal efficiency for sulfur dioxide of no less than 85% and a removal efficiency for particulates of no less than 98%;
  - c. Is equipped with low-NO<sub>x</sub> burners before commencement of operations following reactivation; and
  - d. Is otherwise in compliance with the Act.
119. "Reasonable further progress" means the schedule of emission reductions defined within a nonattainment area plan as being necessary to come into compliance with a national ambient air quality standard by the primary standard attainment date.
120. "Reasonably available control technology" (RACT) means devices, systems, process modifications, work practices or other apparatus or techniques that are determined by the Director to be reasonably available taking into account:
  - a. The necessity of imposing the controls in order to attain and maintain a national ambient air quality standard;
  - b. The social, environmental, energy and economic impact of the controls;
  - c. Control technology in use by similar sources; and
  - d. The capital and operating costs and technical feasibility of the controls.
121. "Reclaiming machinery" means any machine, equipment device or other Article used for picking up stored granular material and either depositing this material on a conveyor or reintroducing this material into the process.
122. "Reference method" means the methods of sampling and analyzing for an air pollutant as described in the Arizona Testing Manual; 40 CFR 50, Appendices A through K; 40 CFR 51, Appendix M; 40 CFR 52, Appendices D and E; 40 CFR 60, Appendices A through F; and 40 CFR 61, Appendices B and C, as incorporated by reference in 18 A.A.C. 2, Appendix 2.
123. "Regulated air pollutant" means any of the following:
  - a. Any conventional air pollutant.
  - b. Nitrogen oxides and volatile organic compounds.
  - c. Any pollutant that is subject to a new source performance standard.
  - d. Any pollutant that is subject to a national emission standard for hazardous air pollutants or other requirements established under section 112 of the Act, including sections 112(g), (j), and (r), including the following:



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- i. Any pollutant subject to requirements under section 112(j) of the act. If the administrator fails to promulgate a standard by the date established pursuant to section 112(e) of the act, any pollutant for which a subject source would be major shall be considered to be regulated on the date 18 months after the applicable date established pursuant to section 112(e) of the Act; and
  - ii. Any pollutant for which the requirements of section 112(g)(2) of the Act have been met, but only with respect to the individual source subject to the section 112(g)(2) requirement.
  - e. Any Class I or II substance subject to a standard promulgated under title VI of the Act.
124. "Regulated minor NSR pollutant" means any pollutant for which a national ambient air quality standard has been promulgated and the following precursors for such pollutants:
- a. VOC and nitrogen oxides as precursors to ozone.
  - b. Nitrogen oxides and sulfur dioxide as precursors to PM<sub>2.5</sub>.
125. "Regulated NSR pollutant" is defined as follows:
- a. For purposes of determining the applicability of R18-2-403 through R18-2-405 and R18-2-411, regulated NSR pollutant means any pollutant for which a national ambient air quality standard has been promulgated and any pollutant identified under this subsection as a constituent of or precursor to such pollutant, provided that such constituent or precursor pollutant may only be regulated under NSR as part of the regulation of the general pollutant. Precursors for purposes of NSR are the following:
    - i. Volatile organic compounds and nitrogen oxides are precursors to ozone in all areas.
    - ii. Sulfur dioxide is a precursor to PM<sub>2.5</sub> in all areas.
    - iii. Nitrogen oxides are precursors to PM<sub>2.5</sub> in all areas.
    - iv. VOC and ammonia are precursors to PM<sub>2.5</sub> in PM<sub>2.5</sub> nonattainment areas.
  - b. For all other purposes, regulated NSR pollutant means the pollutants identified in subsection (a) and the following:
    - i. Any pollutant that is subject to any new source performance standard except greenhouse gases as defined in 40 CFR 86.1818-12(a).
    - ii. Any Class I or II substance subject to a standard promulgated under or established by Title VI of the Act as of July 1, 2011.
    - iii. Any pollutant that is otherwise subject to regulation under the Act, except greenhouse gases as defined in 40 CFR 86.1818-12(a).
  - c. Notwithstanding subsections (124)(a) and (b), the term regulated NSR pollutant shall not include any or all hazardous air pollutants either listed in section 112 of the Act, or added to the list pursuant to section 112(b)(2) of the Act, unless the listed hazardous air pollutant is also regulated as a constituent or precursor of a general pollutant listed under section 108 of the Act.
  - d. PM<sub>2.5</sub> emissions and PM<sub>10</sub> emissions shall include gaseous emissions from a source or activity which condense to form particulate matter at ambient temperatures. On and after January 1, 2011, condensable particulate matter shall be accounted for in applicability determinations and in establishing emissions limitations for PM<sub>2.5</sub> and PM<sub>10</sub> in permits issued under Article 4.
126. "Repowering" means:
- a. Replacing an existing coal-fired boiler with one of the following clean coal technologies:
    - i. Atmospheric or pressurized fluidized bed combustion;
    - ii. Integrated gasification combined cycle;
    - iii. Magnetohydrodynamics;
    - iv. Direct and indirect coal-fired turbines;
    - v. Integrated gasification fuel cells; or
    - vi. As determined by the Administrator, in consultation with the United States Secretary of Energy, a derivative of one or more of the above technologies; and
    - vii. Any other technology capable of controlling multiple combustion emissions simultaneously with improved boiler or generation efficiency and with significantly greater waste reduction relative to the performance of technology in widespread commercial use as of November 15, 1990.
  - b. Repowering also includes any oil, gas, or oil and gas-fired unit that has been awarded clean coal technology demonstration funding as of January 1, 1991, by the United States Department of Energy.
  - c. The Director shall give expedited consideration to permit applications for any source that satisfies the requirements of this subsection (and) is granted an extension under section 409 of the Act.
127. "Run" means the net period of time during which an emission sample is collected, which may be, unless otherwise specified, either intermittent or continuous within the limits of good engineering practice.
128. "Secondary ambient air quality standards" means the ambient air quality standards which define levels of air quality necessary to protect the public welfare from any known or anticipated adverse effects of a pollutant, as specified in Article 2 of this Chapter.
129. "Secondary emissions" means emissions which are specific, well defined, quantifiable, occur as a result of the construction or operation of a major source or major modification, but do not come from the major source or major modification itself, and impact the same general area as the stationary source or modification which causes the secondary emissions. Secondary emissions include emissions from any offsite support facility which would not otherwise be constructed or increase its emissions except as a result of the construction or operation of the major source or major modification. Secondary emissions do not include any emissions which come directly from a mobile source, such as emissions from the tailpipe of a motor vehicle, from a train, or from a vessel.
130. "Section 302(j) category" means:
- a. Any of the classes of sources listed in the definition of categorical source in subsection (23); or
  - b. Any category of affected facility which, as of August 7, 1980, is being regulated under section 111 or 112 of the Act.
131. "Shutdown" means the cessation of operation of any air pollution control equipment or process equipment for any

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purpose, except routine phasing out of process equipment.

132. "Significant" means, in reference to a significant emissions increase, a net emissions increase, a stationary source's potential to emit or a stationary source's maximum capacity to emit with any elective limits as defined in R18-2-301(13):

- a. A rate of emissions of conventional pollutants that would equal or exceed any of the following:

Pollutant	Emissions Rate
Carbon monoxide	100 tons per year (tpy)
Nitrogen oxides	40 tpy
Sulfur dioxide	40 tpy
PM <sub>10</sub>	15 tpy
PM <sub>2.5</sub>	10 tpy of direct PM <sub>2.5</sub> emissions; 40 tpy of sulfur dioxide emissions; 40 tpy of nitrogen oxide emissions.
Ozone	40 tpy of VOC or nitrogen oxides
Lead	0.6 tpy

- b. For purposes of determining the applicability of R18-2-302(B)(2) or R18-2-406, in addition to the rates specified in subsection (131)(a), a rate of emissions of non-conventional pollutants that would equal or exceed any of the following:

Pollutant	Emissions Rate
Particulate matter	25 tpy
Fluorides	3 tpy
Sulfuric acid mist	7 tpy
Hydrogen sulfide (H <sub>2</sub> S)	10 tpy
Total reduced sulfur (including H <sub>2</sub> S)	10 tpy
Reduced sulfur compounds (including H <sub>2</sub> S)	10 tpy
Municipal waste combustor organics (measured as total tetra-through octa-chlorinated dibenzo-p-dioxins and dibenzofurans)	3.5 x 10 <sup>-6</sup> tpy
Municipal waste combustor metals (measured as particulate matter)	15 tpy
Municipal waste combustor acid gases (measured as sulfur dioxide and hydrogen chloride)	40 tpy
Municipal solid waste landfill emissions (measured as nonmethane organic compounds)	50 tpy
Any regulated NSR pollutant not specifically listed in this subsection (or) subsection (131)(a), except for ammonia.	Any emission rate

- c. In ozone nonattainment areas classified as serious or severe, the emission rate for nitrogen oxides or VOC determined under R18-2-405.
- d. In a carbon monoxide nonattainment area classified as serious, a rate of emissions that would equal or exceed 50 tons per year, if the Administrator has determined that stationary sources contribute significantly to carbon monoxide levels in that area.

- e. In PM<sub>2.5</sub> nonattainment areas, an emission rate that would equal or exceed 40 tons per year of VOC as a precursor of PM<sub>2.5</sub>.
- f. In PM<sub>2.5</sub> nonattainment areas, for purposes of determining the applicability of R18-2-403 or R18-2-404, an emission rate that would equal or exceed 40 tons per year of ammonia, as a precursor to PM<sub>2.5</sub>. This subsection shall take effect on the effective date of the Administrator's action approving it as part of the state implementation plan.
- g. Notwithstanding the emission rates listed in subsection (131)(a) or (b), for purposes of determining the applicability of R18-2-406, any emissions rate or any net emissions increase associated with a major source or major modification, which would be constructed within 10 kilometers of a Class I area and have an impact on the ambient air quality of such area equal to or greater than 1 µg/m<sup>3</sup> (24-hour average).

133. "Significant emissions increase" means, for a regulated NSR pollutant, an increase in emissions that is significant as defined in this Section for that pollutant.
134. "Smoke" means particulate matter resulting from incomplete combustion.
135. "Source" means any building, structure, facility or installation that may cause or contribute to air pollution or the use of which may eliminate, reduce or control the emission of air pollution. A.R.S. § 49-401.01(23).
136. "Stack" means any point in a source designed to emit solids, liquids, or gases into the air, including a pipe or duct but not including flares.
137. "Stack in existence" means that the owner or operator had either:
- Begun, or caused to begin, a continuous program of physical onsite construction of the stack;
  - Entered into binding agreements or contractual obligations, which could not be cancelled or modified without substantial loss to the owner or operator, to undertake a program of construction of the stack to be completed in a reasonable time.
138. "Start-up" means the setting into operation of any air pollution control equipment or process equipment for any purpose except routine phasing in of process equipment.
139. "State implementation plan" or "SIP" means the accumulated record of enforceable air pollution control measures, programs and plans adopted by the Director and submitted to and approved by the Administrator pursuant to 42 U.S.C. 7410.
140. "Stationary rotating machinery" means any gas engine, diesel engine, gas turbine, or oil fired turbine operated from a stationary mounting and used for the production of electric power or for the direct drive of other equipment.
141. "Stationary source" means any building, structure, facility or installation which emits or may emit any regulated NSR pollutant, any regulated air pollutant or any pollutant listed under section 112(b) of the act. "Building," "structure," "facility," or "installation" means all of the pollutant-emitting activities which belong to the same industrial grouping, are located on one or more contiguous or adjacent properties, and are under the control of the same person or persons under common control. Pollutant-emitting activities shall be considered as part of the same industrial grouping if they belong to the same

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- “Major Group” as described in the “Standard Industrial Classification Manual, 1987.”
142. “Subject to regulation” means, for any air pollutant, that the pollutant is subject to either a provision in the Act, or a nationally-applicable regulation codified by the administrator in 40 CFR chapter I, subchapter C, that requires actual control of the quantity of emissions of that pollutant, and that such a control requirement has taken effect and is operative to control, limit or restrict the quantity of emissions of that pollutant released from the regulated activity.
143. “Sulfuric acid plant” means any facility producing sulfuric acid by the contact process by burning elemental sulfur, alkylation acid, hydrogen sulfide, or acid sludge, but does not include facilities where conversion to sulfuric acid is utilized as a means of preventing emissions of sulfur dioxide or other sulfur compounds to the atmosphere.
144. “Temporary clean coal technology demonstration project” means a clean coal technology demonstration project operated for five years or less, and that complies with the applicable implementation plan and other requirements necessary to attain and maintain the national ambient air quality standards during the project and after the project is terminated.
145. “Temporary source” means a source which is portable, as defined in A.R.S. § 49-401.01(23) and which is not an affected source.
146. “Total reduced sulfur” (TRS) means the sum of the sulfur compounds, primarily hydrogen sulfide, methyl mercaptan, dimethyl sulfide, and dimethyl disulfide, that are released during kraft pulping and other operations and measured by Method 16 in 40 CFR 60, Appendix A.
147. “Trivial activities” means activities and emissions units, such as the following, that may be omitted from a permit or registration application. Certain of the following listed activities include qualifying statements intended to exclude similar activities:
- a. Low-Emitting Combustion
    - i. Combustion emissions from propulsion of mobile sources;
    - ii. Emergency or backup electrical generators at residential locations;
    - iii. Portable electrical generators that can be moved by hand from one location to another. “Moved by hand” means capable of being moved without the assistance of any motorized or non-motorized vehicle, conveyance, or device;
  - b. Low- Or Non-Emitting Industrial Activities
    - i. Blacksmith forges;
    - ii. Hand-held or manually operated equipment used for buffing, polishing, carving, cutting, drilling, sawing, grinding, turning, routing or machining of ceramic art work, precision parts, leather, metals, plastics, fiberboard, masonry, carbon, glass, or wood;
    - iii. Brazing, soldering, and welding equipment, and cutting torches related to manufacturing and construction activities that do not result in emission of HAP metals. Brazing, soldering, and welding equipment, and cutting torches related to manufacturing and construction activities that emit HAP metals are insignificant activities based on size or production level thresholds. Brazing, soldering, and welding equipment, and cutting torches directly related to plant maintenance and upkeep and repair or maintenance shop activities that emit HAP metals are treated as trivial and listed separately in this definition;
    - iv. Drop hammers or hydraulic presses for forging or metalworking;
    - v. Air compressors and pneumatically operated equipment, including hand tools;
    - vi. Batteries and battery charging stations, except at battery manufacturing plants;
    - vii. Drop hammers or hydraulic presses for forging or metalworking;
    - viii. Equipment used exclusively to slaughter animals, not including other equipment at slaughterhouses, such as rendering cookers, boilers, heating plants, incinerators, and electrical power generating equipment;
    - ix. Hand-held applicator equipment for hot melt adhesives with no VOC in the adhesive formulation;
    - x. Equipment used for surface coating, painting, dipping, or spraying operations, except those that will emit VOC or HAP;
    - xi. CO<sub>2</sub> lasers used only on metals and other materials that do not emit HAP in the process;
    - xii. Electric or steam-heated drying ovens and autoclaves, but not the emissions from the articles or substances being processed in the ovens or autoclaves or the boilers delivering the steam;
    - xiii. Salt baths using nonvolatile salts that do not result in emissions of any regulated air pollutants;
    - xiv. Laser trimmers using dust collection to prevent fugitive emissions;
    - xv. Process water filtration systems and demineralizers;
    - xvi. Demineralized water tanks and demineralizer vents;
    - xvii. Oxygen scavenging or de-aeration of water;
    - xviii. Ozone generators;
    - xix. Steam vents and safety relief valves;
    - xx. Steam leaks; and
    - xxi. Steam cleaning operations and steam sterilizers;
    - xxii. Use of vacuum trucks and high pressure washer/cleaning equipment within the stationary source boundaries for cleanup and in-source transfer of liquids and slurried solids to waste water treatment units or conveyances;
    - xxiii. Equipment using water, water and soap or detergent, or a suspension of abrasives in water for purposes of cleaning or finishing.
    - xxiv. Electric motors.
  - c. Building and Site Maintenance Activities
    - i. Plant and building maintenance and upkeep activities, including grounds-keeping, general repairs, cleaning, painting, welding, plumbing, re-tarring roofs, installing insulation, and paving parking lots, if these activities are not conducted as part of a manufacturing process, are not related to the source’s primary business activity, and do not otherwise trigger a permit

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- revision. Cleaning and painting activities qualify as trivial activities if they are not subject to VOC or hazardous air pollutant control requirements;
  - ii. Repair or maintenance shop activities not related to the source's primary business activity, not including emissions from surface coating, de-greasing, or solvent metal cleaning activities, and not otherwise triggering a permit revision;
  - iii. Janitorial services and consumer use of janitorial products;
  - iv. Landscaping activities;
  - v. Routine calibration and maintenance of laboratory equipment or other analytical instruments;
  - vi. Sanding of streets and roads to abate traffic hazards caused by ice and snow;
  - vii. Street and parking lot striping;
  - viii. Caulking operations which are not part of a production process.
  - d. Incidental, Non-Industrial Activities
    - i. Air-conditioning units used for human comfort that do not have applicable requirements under Title VI of the Act;
    - ii. Ventilating units used for human comfort that do not exhaust air pollutants into the ambient air from any manufacturing, industrial or commercial process;
    - iii. Tobacco smoking rooms and areas;
    - iv. Non-commercial food preparation;
    - v. General office activities, such as paper shredding, copying, photographic activities, pencil sharpening and blueprinting, but not including incineration;
    - vi. Laundry activities, except for dry-cleaning and steam boilers;
    - vii. Bathroom and toilet vent emissions;
    - viii. Fugitive emissions related to movement of passenger vehicles, if the emissions are not counted for applicability purposes under subsection (146)(c) of the definition of major source in this Section and any required fugitive dust control plan or its equivalent is submitted with the application;
    - ix. Use of consumer products, including hazardous substances as that term is defined in the Federal Hazardous Substances Act (15 U.S.C. 1261 et seq.) where the product is used at a source in the same manner as normal consumer use;
    - x. Activities directly used in the diagnosis and treatment of disease, injury or other medical condition;
    - xi. Circuit breakers;
    - xii. Adhesive use which is not related to production.
  - e. Storage, Piping and Packaging
    - i. Storage tanks, vessels, and containers holding or storing liquid substances that will not emit any VOC or HAP;
    - ii. Storage tanks, reservoirs, and pumping and handling equipment of any size containing soaps, vegetable oil, grease, animal fat, and nonvolatile aqueous salt solutions, if appropriate lids and covers are used;
    - iii. Chemical storage associated with water and wastewater treatment where the water is treated for consumption and/or use within the permitted facility;
    - iv. Chemical storage associated with water and wastewater treatment where the water is treated for consumption and/or use within the permitted facility;
    - v. Storage cabinets for flammable products;
    - vi. Natural gas pressure regulator vents, excluding venting at oil and gas production facilities;
    - vii. Equipment used to mix and package soaps, vegetable oil, grease, animal fat, and nonvolatile aqueous salt solutions, if appropriate lids and covers are used;
  - f. Sampling and Testing
    - i. Vents from continuous emissions monitors and other analyzers;
    - ii. Bench-scale laboratory equipment used for physical or chemical analysis, but not laboratory fume hoods or vents;
    - iii. Equipment used for quality control, quality assurance, or inspection purposes, including sampling equipment used to withdraw materials for analysis;
    - iv. Hydraulic and hydrostatic testing equipment;
    - v. Environmental chambers not using HAP gases;
    - vi. Soil gas sampling;
    - vii. Individual sampling points, analyzers, and process instrumentation, whose operation may result in emissions but that are not regulated as emission units;
  - g. Safety Activities
    - i. Fire suppression systems;
    - ii. Emergency road flares;
  - h. Miscellaneous Activities
    - i. Shock chambers;
    - ii. Humidity chambers;
    - iii. Solar simulators;
    - iv. Cathodic protection systems;
    - v. High voltage induced corona; and
    - vi. Filter draining.
148. "Unclassified area" means an area which the Administrator, because of a lack of adequate data, is unable to classify as an attainment or nonattainment area for a specific pollutant, and which, for purposes of this Chapter, is treated as an attainment area.
149. "Uncombined water" means condensed water containing analytical trace amounts of other chemical elements or compounds.
150. "Urban or suburban open area" means an unsubdivided tract of land surrounding a substantial urban development of a residential, industrial, or commercial nature and which, though near or within the limits of a city or town, may be uncultivated, used for agriculture, or lie fallow.
151. "Vacant lot" means a subdivided residential or commercial lot which contains no buildings or structures of a temporary or permanent nature.
152. "Vapor" means the gaseous form of a substance normally occurring in a liquid or solid state.
153. "Visibility impairment" means any humanly perceptible change in visibility (light extinction, visual range, contrast, coloration) from that which would have existed under natural conditions.

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154. "Visible emissions" means any emissions which are visually detectable without the aid of instruments and which contain particulate matter.
155. "Volatile organic compounds" or "VOC" means any compound of carbon, excluding carbon monoxide, carbon dioxide, carbonic acid, metallic carbides or carbonates, and ammonium carbonate, that participates in atmospheric photochemical reactions. This includes any such organic compound other than the following:
- a. Methane;
  - b. Ethane;
  - c. Methylene chloride (dichloromethane);
  - d. 1,1,1-trichloroethane (methyl chloroform);
  - e. 1,1,2-trichloro-1,2,2-trifluoroethane (CFC-113);
  - f. Trichlorofluoromethane (CFC-11);
  - g. Dichlorodifluoromethane (CFC-12);
  - h. Chlorodifluoromethane (HCFC-22);
  - i. Trifluoromethane (HFC-23);
  - j. 1,2-dichloro 1,1,2,2-tetrafluoroethane (CFC-114);
  - k. Chloropentafluoroethane (CFC-115);
  - l. 1,1,1-trifluoro 2,2-dichloroethane (HCFC-123);
  - m. 1,1,1,2-tetrafluoroethane (HFC-134(a));
  - n. 1,1-dichloro 1-fluoroethane (HCFC-141(b));
  - o. 1-chloro 1,1-difluoroethane (HCFC-142(b));
  - p. 2-chloro-1,1,1,2-tetrafluoroethane (HCFC-124);
  - q. Pentafluoroethane (HFC-125);
  - r. 1,1,2,2-tetrafluoroethane (HFC-134);
  - s. 1,1,1-trifluoroethane (HFC-143(a));
  - t. 1,1-difluoroethane (HFC-152(a));
  - u. Parachlorobenzotrifluoride (PCBTF);
  - v. Cyclic, branched, or linear completely methylated siloxanes;
  - w. Acetone;
  - x. Perchloroethylene (tetrachloroethylene);
  - y. 3,3-dichloro-1,1,1,2,2-pentafluoropropane (HCFC-225(ca));
  - z. 1,3-dichloro-1,1,2,2,3-pentafluoropropane (HCFC-225(cb));
  - aa. 1,1,1,2,3,4,4,5,5,5-decafluoropentane (HFC 43-10mee);
  - bb. Difluoromethane (HFC-32);
  - cc. Ethylfluoride (HFC-161);
  - dd. 1,1,1,3,3,3-hexafluoropropane (HFC-236(fa));
  - ee. 1,1,2,2,3-pentafluoropropane (HFC-245(ca));
  - ff. 1,1,2,3,3-pentafluoropropane (HFC-245(ea));
  - gg. 1,1,1,2,3-pentafluoropropane (HFC-245(eb));
  - hh. 1,1,1,3,3-pentafluoropropane (HFC-245(fa));
  - ii. 1,1,1,2,3,3-hexafluoropropane (HFC-236(ea));
  - jj. 1,1,1,3,3-pentafluorobutane (HFC-365(mfc));
  - kk. Chlorofluoromethane (HCFC-31);
  - ll. 1 chloro-1-fluoroethane (HCFC-151(a));
  - mm. 1,2-dichloro-1,1,2-trifluoroethane (HCFC-123(a));
  - nn. 1,1,1,2,2,3,3,4,4-nonafluoro-4-methoxy-butane (C<sub>4</sub>F<sub>9</sub>OCH<sub>3</sub>);
  - oo. 2-(difluoromethoxymethyl)-1,1,1,2,3,3,3-heptafluoropropane ((CF<sub>3</sub>)<sub>2</sub>CFCF<sub>2</sub>OCH<sub>3</sub>);
  - pp. 1-ethoxy-1,1,2,2,3,3,4,4,4-nonafluorobutane (C<sub>4</sub>F<sub>9</sub>OC<sub>2</sub>H<sub>5</sub>);
  - qq. 2-(ethoxydifluoromethyl)-1,1,1,2,3,3,3-heptafluoropropane ((CF<sub>3</sub>)<sub>2</sub>CFCF<sub>2</sub>OC<sub>2</sub>H<sub>5</sub>);
  - rr. Methyl acetate; and
  - ss. 1,1,1,2,2,3,3-heptafluoro-3-methoxypropane (n-C<sub>3</sub>F<sub>7</sub>OCH<sub>3</sub>, HFE—7000);
  - tt. 3-ethoxy-1,1,1,2,3,4,4,5,5,6,6,6-dodecafluoro-2-(trifluoromethyl) hexane (HFE – 7500);
  - uu. 1,1,1,2,3,3,3-hentafluoropropane (HFC 227ea);
  - vv. Methyl formate (HCOOCH<sub>3</sub>); and
  - ww. (1) 1,1,1,2,2,3,4,4,5,5,5-decafluoro-3-methoxy-4-trifluoromethyl-pentane (HFE-7300);
  - xx. Propylene carbonate;
  - yy. Dimethyl carbonate; and
  - zz. Trans -1,3,3,3-tetrafluoropropene;
  - aaa. HCF<sub>2</sub>OCF<sub>2</sub>H (HFE-134);
  - bbb. HCF<sub>2</sub>OCF<sub>2</sub>OCF<sub>2</sub>H (HFE-236(cal2));
  - ccc. HCF<sub>2</sub>OCF<sub>2</sub>CF<sub>2</sub>OCF<sub>2</sub>H (HFE-338(pcc13));
  - ddd. HCF<sub>2</sub>OCF<sub>2</sub>OCF<sub>2</sub>CF<sub>2</sub>OCF<sub>2</sub>H (H-Galden 1040x or H-Galden ZT 130 (or 150 or 180));
  - eee. Trans 1-chloro-3,3,3- trifluoroprop-1-ene;
  - fff. 2,3,3,3-tetrafluoropropene;
  - ggg. 2-amino-2-methyl-1-propanol; and
  - hhh. Perfluorocarbon compounds that fall into these classes:
    - i. Cyclic, branched, or linear, completely fluorinated alkanes.
    - ii. Cyclic, branched, or linear, completely fluorinated ethers with no unsaturations.
    - iii. Cycle, branched, or linear, completely fluorinated tertiary amines with no unsaturations; or
    - iv. Sulfur containing perfluorocarbons with no unsaturations and with sulfur bonds only to carbon and fluorine.
    - v. The following compound is VOC for purposes of all recordkeeping, emissions reporting, photochemical dispersion modeling and inventory requirements which apply to VOC and shall be uniquely identified in emission reports, but is not VOC for purposes of VOC emissions limitations or VOC content requirements: t-butyl acetate.
156. "Wood waste burner" means an incinerator designed and used exclusively for the burning of wood wastes consisting of wood slabs, scraps, shavings, barks, sawdust or other wood material, including those that generate steam as a by-product.

**Historical Note**

Former Section R9-3-101 repealed, new Section R9-3-101 adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Editorial correction, paragraph (133) (Supp. 80-1). Editorial correction, paragraph (58) (Supp. 80-2). Amended effective July 9, 1980. Amended by adding new paragraphs (24), (55), (102), and (115) and renumbering accordingly, effective August 29, 1980 (Supp. 80-4). Amended effective May 28, 1982 (Supp. 82-3). Amended effective September 22, 1983 (Supp. 83-5). Amended paragraph (133), added paragraph (156) and renumbered accordingly effective September 28, 1984 (Supp. 84-5). Amended paragraph (29) by deleting (aa) and (bb) effective August 9, 1985 (Supp. 85-4). Former Section R9-3-101 renumbered without change as R18-2-101 (Supp. 87-3). Amended paragraph (98) effective December 1, 1988 (Supp. 88-4). Amended effective September 26, 1990 (Supp. 90-3). Amended effective November 15, 1993 (Supp. 93-4). Amended effective June 10, 1994 (Supp. 94-2). Amended effective October 7, 1994 (Supp. 94-4). Amended effective February 28, 1995 (Supp. 95-1). Amended effective August 1, 1995 (Supp. 95-3).

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Amended effective January 31, 1997; filed with the Office of Secretary of State January 10, 1997 (Supp. 97-1). Amended effective June 4, 1998 (Supp. 98-2). Amended by final rulemaking at 5 A.A.R. 4074, effective September 22, 1999 (Supp. 99-3). Amended by final rulemaking at 8 A.A.R. 2543, effective May 24, 2002 (Supp. 02-2). Amended by final rulemaking at 9 A.A.R. 4541, effective December 2, 2003 (Supp. 03-4). Amended by final rulemaking at 11 A.A.R. 3305, effective October 3, 2005 (Supp. 05-3). Amended by final rulemaking at 11 A.A.R. 5504, effective February 4, 2006 (Supp. 05-4). Amended by final rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1). Amended by final rulemaking at 25 A.A.R. 3630, effective February 1, 2020 (Supp. 19-4). Amended by final expedited rulemaking at 28 A.A.R. 1135 (May 27, 2022), with an immediate effective date of May 4, 2022 (Supp. 22-2). Amended by final expedited rulemaking at 30 A.A.R. 2422 (July 26, 2024), with an immediate effective date of July 3, 2024 (Supp. 24-3). Amended by final rulemaking at 32 A.A.R. 55 (January 2, 2026), effective February 7, 2026 (Supp. 25-4).

**R18-2-102. Incorporated Materials**

- A.** The following documents are incorporated by reference and are on file with the Office of the Secretary of State (1700 W. Washington St., Suite 103, Phoenix, AZ 85007) and the Department (1110 W. Washington St., Phoenix, AZ 85007):
1. Sections 1 and 7 of the Department's "Arizona Testing Manual for Air Pollutant Emissions," amended as of March 1992 (and no future editions).
  2. All ASTM test methods referenced in this Chapter as of the year specified in the reference (and no future amendments). They are available from the American Society for Testing and Materials, 1916 Race St., Philadelphia, PA 19103-1187.
  3. The U.S. Government Printing Office's "Standard Industrial Classification Manual, 1987" (and no future editions).
- B.** The Code of Federal Regulations is published by the United States Government Printing Office, 732 North Capital Street, NW, Washington, DC 20401-0001, is on file with the Department of Environmental Quality, 1110 West Washington Street, Phoenix, Arizona 85007, and is available at the Arizona State Library, Archives & Public Records, 1700 West Washington Street, Phoenix, Arizona 85007 and at other Federal depository libraries in the state (see [http://catalog.gpo.gov/fdlpdir/FDLP-dir.jsp?st\\_12=AZ&flag=searchp](http://catalog.gpo.gov/fdlpdir/FDLP-dir.jsp?st_12=AZ&flag=searchp)). It is also available online at <http://www.gpo.gov/fdsys/browse/collectionCfr.action?collectionCode=CFR>.

**Historical Note**

Adopted effective September 26, 1990 (Supp. 90-3).  
 Amended effective February 3, 1993 (Supp. 93-1).  
 Amended effective November 15, 1993 (Supp. 93-4).  
 Amended effective June 10, 1994 (Supp. 94-2). Amended effective December 7, 1995 (Supp. 95-4). Amended by final rulemaking at 5 A.A.R. 3221, effective August 12, 1999 (Supp. 99-3). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

**R18-2-103. Applicable Implementation Plan; Savings**

No rule adopted in this Chapter shall preempt or nullify any applicable requirement or emission standard in an applicable implementation plan unless the Director revises the applicable implementation plan in conformance with the requirements of 40 CFR 51, Subpart F, and the Administrator approves the revision.

**Historical Note**

Adopted effective September 26, 1990 (Supp. 90-3). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4).

**ARTICLE 2. AMBIENT AIR QUALITY STANDARDS; AREA DESIGNATIONS; CLASSIFICATIONS****R18-2-201. Particulate Matter: PM<sub>10</sub> and PM<sub>2.5</sub>****A. PM<sub>10</sub> Standards**

1. The level of the primary and secondary ambient air quality standards for PM<sub>10</sub> is 150 micrograms per cubic meter of PM<sub>10</sub> – 24-hour average concentration.
2. To determine attainment of the primary and secondary standards, a person shall measure PM<sub>10</sub> in the ambient air by:
  - a. A reference method based on 40 CFR 50, Appendix J, and designated according to 40 CFR 53; or
  - b. An equivalent method designated according to 40 CFR 53.
3. The primary and secondary 24-hour ambient air quality standards for PM<sub>10</sub> are attained when the expected number of days per calendar year with a 24-hour average concentration above 150 micrograms per cubic meter, determined according to 40 CFR 50, Appendix K, is less than or equal to one.

**B. PM<sub>2.5</sub> Standards**

1. The primary ambient air quality standards for PM<sub>2.5</sub> are:
  - a. 12 micrograms per cubic meter of PM<sub>2.5</sub> – annual arithmetic mean concentration.
  - b. 35 micrograms per cubic meter of PM<sub>2.5</sub> – 24-hour average concentration.
2. The secondary ambient air quality standards for PM<sub>2.5</sub> are:
  - a. 15 micrograms per cubic meter of PM<sub>2.5</sub> – annual arithmetic mean concentration.
  - b. 35 micrograms per cubic meter of PM<sub>2.5</sub> – 24-hour average concentration.
3. To determine attainment of the primary and secondary standards, a person shall measure PM<sub>2.5</sub> in the ambient air by:
  - a. A reference method based on 40 CFR 50, Appendix L, and designated according to 40 CFR 53; or
  - b. An equivalent method designated according to 40 CFR 53.
4. The primary annual ambient air quality standard for PM<sub>2.5</sub> is met when the annual arithmetic mean concentration, determined according to 40 CFR 50, Appendix N, is less than or equal to 12 micrograms per cubic meter.
5. The secondary annual ambient air quality standard for PM<sub>2.5</sub> is met when the annual arithmetic mean concentration, determined according to 40 CFR 50, Appendix N, is less than or equal to 15 micrograms per cubic meter.
6. The primary and secondary 24-hour ambient air quality standards for PM<sub>2.5</sub> are met when the 98th percentile 24-hour concentration, determined according to 40 CFR 50, Appendix N, is less than or equal to 35 micrograms per cubic meter.

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**Historical Note**

Amended effective December 22, 1976 (Supp. 76-5). Former Section R9-3-201 repealed, new Section R9-3-201 adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Editorial correction, subsection (E) (Supp. 80-2). Amended effective August 29, 1980 (Supp. 80-4). Amended subsection(B)(1) and deleted subsections (C) through (E) effective September 22, 1983 (Supp. 83-5). Former Section R18-2-201 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Amended by final rulemaking at 11 A.A.R. 3305, effective October 3, 2005 (Supp. 05-3). Section corrected to include subsection (B), which was inadvertently omitted in Supp. 05-3 (Supp. 07-4). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

**R18-2-202. Sulfur Oxides (Sulfur Dioxide)**

- A. The primary ambient air quality standards for sulfur oxides, measured as sulfur dioxide, are:
1. 0.03 parts per million (ppm) ( $80 \mu\text{g}/\text{m}^3$ ) -- annual arithmetic mean.
  2. 0.14 parts per million (ppm) ( $365 \mu\text{g}/\text{m}^3$ ) -- maximum 24-hour concentration not to be exceeded more than once per calendar year.
  3. 75 parts per billion (ppb) -- maximum one-hour concentration. The one-hour primary standard is met at an ambient air quality monitoring site when the three-year average of the annual 99th percentile of the daily maximum one-hour average concentrations is less than or equal to 75 parts per billion, as determined according to 40 CFR 50, Appendix T.
- B. The secondary ambient air quality standard for sulfur oxides, measured as sulfur dioxide, is 0.5 parts per million (ppm) ( $1300 \mu\text{g}/\text{m}^3$ ) -- maximum three-hour concentration not to be exceeded more than once per year.
- C. The level of the standards shall be measured by a reference method based on 40 CFR 50, Appendix A or A-1, or by a Federal Equivalent Method designated according to 40 CFR 53.
- D. The standards in subsections (A)(1) and (2) shall apply:
1. In an area designated nonattainment for a standard in subsections (A)(1) or (2) as of August 23, 2011, and areas not meeting a state implementation plan call for a standard in subsections (A)(1) or (2), until the state submits pursuant to section 191 of the Act, and the Administrator approves, a state implementation plan providing for attainment the standard in subsection (A)(3) in that area.
  2. In areas other than those identified in subsection (D)(1), until the effective date of the designation of that area, pursuant to section 107 of the Act, for the standard in subsection (A)(3).

**Historical Note**

Amended effective December 22, 1976 (Supp. 76-5). Former Section R9-3-202 repealed, new Section R9-3-202 adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Amended effective August 29, 1980 (Supp. 80-4). Amended subsection (B) effective May 28, 1982 (Supp. 82-3). Amended by deleting subsections (C) through (E) effective September 22, 1983 (Supp. 83-5). Former Section R9-3-202 renumbered without change as Section

R18-2-202 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Amended by final rulemaking at 11 A.A.R. 3305, effective October 3, 2005 (Supp. 05-3). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2).

**R18-2-203. Ozone**

- A. The eight-hour average primary ambient air quality standard for ozone is 0.070 ppm.
- B. The eight-hour average secondary ambient air quality standard for ozone is 0.070 ppm.
- C. To determine attainment of the primary and secondary standards, a person shall measure ozone in the ambient air by:
1. A reference method based on 40 CFR 50, Appendix D, and designated according to 40 CFR 53; or
  2. An equivalent method designated according to 40 CFR 53.
- D. The eight-hour average primary ambient air quality standard for ozone is met at an ambient air quality monitoring site when the three-year average of the annual fourth highest daily maximum eight-hour average ozone concentration is less than or equal to 0.070 ppm, determined according to 40 CFR 50, Appendix U.

**Historical Note**

Amended effective December 22, 1976 (Supp. 76-5). Former Section R9-3-204 repealed, new Section R9-3-204 adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Amended effective August 29, 1980 (Supp. 80-4). Amended by deleting subsections (B) through (D) effective September 22, 1983 (Supp. 83-5). Former Section R9-3-204 renumbered without change as Section R18-2-204 (Supp. 87-3). Section R18-2-103 renumbered from R18-2-204 and amended effective September 26, 1990 (Supp. 90-3). Amended by final rulemaking at 11 A.A.R. 3305, effective October 3, 2005 (Supp. 05-3). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

**R18-2-204. Carbon monoxide**

- A. The primary ambient air quality standards for carbon monoxide are:
1. 9 parts per million (10 milligrams per cubic meter) -- maximum eight-hour concentration not to be exceeded more than once per year.
  2. 35 parts per million (40 milligrams per cubic meter) -- maximum one-hour concentration not to be exceeded more than once per year.
- B. An eight-hour average shall be considered valid if at least 75% of the hourly averages for the eight-hour period are available. In the event that only six or seven hourly averages are available, the eight-hour average shall be computed on the basis of the hours available using 6 or 7 as the divisor.
- C. When summarizing data for comparison with the standards, averages shall be stated to one decimal place. Comparison of the data with the levels of the standards in parts per million shall be made in terms of integers with fractional parts of 0.5 or greater rounding up.

**Historical Note**

Amended effective December 22, 1976 (Supp. 76-5). Former Section R9-3-205 repealed, new Section R9-3-205 adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5).

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Amended effective August 29, 1980 (Supp. 80-4).  
Amended by deleting subsections (B) through (D) effective September 22, 1983 (Supp. 83-5). Former Section R9-3-205 renumbered without change as Section R18-2-205 (Supp. 87-3). Former Section R18-2-204 renumbered to R18-2-203, new Section R18-2-204 renumbered from R18-2-205 and amended effective September 26, 1990 (Supp. 90-3).

**R18-2-205. Nitrogen Oxides (Nitrogen Dioxide)**

- A. The primary ambient air quality standards for oxides of nitrogen, measured in the ambient air as nitrogen dioxide, are:
  1. 53 parts per billion – annual average concentration.
  2. 100 parts per billion – one-hour average concentration.
- B. The secondary ambient air quality standard for nitrogen dioxide is 0.053 (parts per million (100 micrograms per cubic meter) -- annual arithmetic mean.
- C. The levels of the standards shall be measured by a reference method based on 40 CFR 50, Appendix F or a federal equivalent method designated in accordance with 40 CFR 53.
- D. The annual primary standard is met when the annual average concentration in a calendar year is less than or equal to 53 ppb, as determined in accordance with 40 CFR, Appendix S for the annual standard.
- E. The one-hour primary standard is met when the three-year average of the annual 98th percentile of the daily maximum one-hour average concentration is less than or equal to 100 parts per billion, as determined in accordance with 40 CFR 50, Appendix S.
- F. The secondary standard is attained when the annual arithmetic mean concentration in a calendar year is less than or equal to 0.053 ppm, rounded to three decimal places, with fractional parts equal to or greater than 0.0005 ppm rounded up. To demonstrate attainment, an annual mean shall be based upon hourly data that is at least 75% complete or upon data derived from the manual methods, that is at least 75% complete for the scheduled sampling days in each calendar quarter.

**Historical Note**

Amended effective December 22, 1976 (Supp. 76-5).  
Former Section R9-3-206 repealed, new Section R9-3-206 adopted effective May 14, 1979 (Supp. 79-1).  
Amended effective October 2, 1979 (Supp. 79-5).  
Amended effective August 29, 1980 (Supp. 80-4).  
Amended by deleting subsections (B) through (D) effective September 22, 1983 (Supp. 83-5). Former Section R9-3-206 renumbered without change as Section R18-2-206 (Supp. 87-3). Former Section R18-2-205 renumbered to R18-2-204, new Section R18-2-205 renumbered from R18-2-206 and amended effective September 26, 1990 (Supp. 90-3). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2).

**R18-2-206. Lead**

- A. The primary ambient air quality standard for lead and its compounds, measured as elemental lead, is 0.15 micrograms per cubic meter – maximum arithmetic mean averaged over a three-month period.
- B. The secondary ambient air quality standard for lead and its compounds, measured as elemental lead, is 0.15 micrograms per cubic meter – maximum arithmetic mean averaged over a three-month period.
- C. The level of the standards shall be measured by a reference method based on 40 CFR 50, Appendix G and designated in accordance with 40 CFR 53, or by an equivalent designated in accordance with part 53 of this chapter.

- D. The national primary and secondary ambient air quality standards for lead are met when the maximum arithmetic three-month mean concentration for a three-year period, as determined in accordance with 40 CFR 50, Appendix R, is less than or equal to 0.15 micrograms per cubic meter.
- E. The former primary and secondary ambient air quality standards for lead of 1.5 micrograms per cubic meter averaged over a calendar quarter shall apply to an area until one year after the effective date of the designation of that area, pursuant to section 107 of the Act, for the standards in subsections (A) and (B).

**Historical Note**

Former Section R9-3-207 repealed effective May 14, 1979 (Supp. 79-1). New Section R9-3-207 adopted effective October 2, 1979 (Supp. 79-5). Amended effective August 29, 1980 (Supp. 80-4). Amended by deleting subsections (B) through (D) effective September 22, 1983 (Supp. 83-5). Former Section R9-3-207 renumbered without change as Section R18-2-207 (Supp. 87-3). Former Section R18-2-206 renumbered to R18-2-205, new Section R18-2-206 renumbered from R18-2-207 and amended effective September 26, 1990 (Supp. 90-3). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2).

**R18-2-207. Renumbered****Historical Note**

Former Section R9-3-207 renumbered to R18-2-206 effective September 26, 1990 (Supp. 90-3).

**R18-2-208. Reserved****R18-2-209. Reserved****R18-2-210. Attainment, Nonattainment, and Unclassifiable Area Designations**

40 CFR 81.303 as amended as of July 1, 2014 (and no future amendments or editions) is incorporated by reference as an applicable requirement and on file with the Department of Environmental Quality. 40 CFR 81.303 is available from the U.S. Government Printing Office, Superintendent of Documents, bookstore.gpo.gov, Mail Stop: SSOP IDCC-SSOM, Washington, D.C. 20402-9328.

**Historical Note**

Adopted effective November 15, 1993 (Supp. 93-4).  
Amended effective December 7, 1995 (Supp. 95-4).  
Amended by final rulemaking at 5 A.A.R. 3221, effective August 12, 1999 (Supp. 99-3). Amended by final rulemaking at 8 A.A.R. 2543, effective May 24, 2002 (Supp. 02-2). Amended by final rulemaking at 10 A.A.R. 3281, effective September 27, 2004 (Supp. 04-3).  
Amended by final rulemaking at 11 A.A.R. 3305, effective October 3, 2005 (Supp. 05-3). Amended by final rulemaking at 13 A.A.R. 4199, effective January 5, 2008 (Supp. 07-4). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by exempt rulemaking pursuant to Laws 2011, Ch. 214, § 4, at 21 A.A.R. 1156, effective July 2, 2015 (Supp. 15-3).

**R18-2-211. Reserved****R18-2-212. Reserved****R18-2-213. Reserved****R18-2-214. Reserved****R18-2-215. Ambient air quality monitoring methods**



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**and procedures**

- A. Only those methods which have been either designated by the Administrator as reference or equivalent methods or approved by the Director shall be used to monitor ambient air.
- B. Quality assurance, monitor siting, and sample probe installation procedures shall be in accordance with procedures described in the Appendices to 40 CFR 58.
- C. The Director may approve other procedures upon a finding that the proposed procedures are substantially equivalent or superior to procedures in the Appendices to 40 CFR 58.

**Historical Note**

Adopted effective September 22, 1983 (Supp. 83-5). Former Section R9-3-215 renumbered without change as Section R18-2-215 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3).

**R18-2-216. Interpretation of Ambient Air Quality Standards and Evaluation of Air Quality Data**

Unless otherwise specified, interpretation of all ambient air quality standards contained in this Article shall be in accordance with 40 CFR 50, incorporated by reference in Appendix 2 of this Chapter.

**Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Former Section R9-3-216 repealed, new Section R9-3-216 adopted effective August 29, 1980 (Supp. 80-4). Former Section R9-3-216 renumbered without change as Section R18-2-216 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Amended by final rulemaking at 15 A.A.R. 281, effective March 7, 2009 (Supp. 09-1).

**R18-2-217. Designation and Classification of Attainment Areas**

- A. All areas shall be classified as either Class I, Class II or Class III.
- B. All of the following areas which were in existence on August 7, 1977 shall be Class I areas irrespective of attainment status and shall not be redesignated:
  - 1. International parks;
  - 2. National wilderness areas which exceed 5,000 acres in size;
  - 3. National memorial parks which exceed 5,000 acres in size; and
  - 4. National parks which exceed 6,000 acres in size.
- C. Areas which were redesignated as Class I under regulations promulgated before August 7, 1977, shall remain Class I, but may be redesignated as provided in this Section.
- D. Any other area, unless otherwise specified in the legislation creating such an area, is initially designated Class II, but may be redesignated as provided in this Section.
- E. The following areas shall be designated only as Class I or II:
  - 1. An area which as of August 7, 1977, exceeds 10,000 acres in size and is one of the following:
    - a. A national monument,
    - b. A national primitive area,
    - c. A national preserve,
    - d. A national recreational area,
    - e. A national wild and scenic river,
    - f. A national wildlife refuge,
    - g. A national lakeshore or seashore.
  - 2. A national park or national wilderness area established after August 7, 1977, which exceeds 10,000 acres in size.
- F. Except as otherwise provided in subsections (B) to (E), the Governor may redesignate areas of the state as Class I or Class II, provided that the following requirements are fulfilled:

- 1. At least one public hearing is held in or near the area affected in accordance with 40 CFR 51.102;
- 2. Other states, Indian governing bodies and Federal Land Managers, whose land may be affected by the proposed redesignation are notified at least 30 days prior to the public hearing.
- 3. A discussion document of the reasons for the proposed redesignation including a description and analysis of health, environmental, economic, social and energy effects of the proposed redesignation is prepared by the Governor or the Governor's designee. The discussion document shall be made available for public inspection at least 30 days prior to the hearing and the notice announcing the hearing shall contain appropriate notification of the availability of such discussion document.
- 4. Prior to the issuance of notice respecting the redesignation of an area which includes any federal lands, the Governor or the Governor's designee has provided written notice to the appropriate Federal Land Manager and afforded the Federal Land Manager adequate opportunity, not in excess of 60 days, to confer with the state respecting the redesignation and to submit written comments and recommendations. The Governor or the Governor's designee shall publish a list of any inconsistency between such redesignation and such recommendations, together with the reasons for making such redesignation against the recommendation of the Federal Land Manager, if any Federal Land Manager has submitted written comments and recommendations.
- 5. The redesignation is proposed after consultation with the elected leadership of local governments in the area covered by the proposed redesignation.
- 6. The redesignation is submitted to the Administrator as a revision to the SIP.
- G. Except as otherwise provided in subsections (B) to (E), the Governor may redesignate areas of the state as Class III if all of the following criteria are met:
  - 1. Such redesignation meets the requirements of subsection (F);
  - 2. Such redesignation has been approved after consultation with the appropriate committee of the legislature if it is in session or with the leadership of the legislature if it is not in session.
  - 3. The general purpose units of local government representing a majority of the residents of the area to be redesignated concur in the redesignation;
  - 4. Such redesignation shall not cause, or contribute to, a concentration of any air pollutant which exceeds any national ambient air quality standard or any maximum increase allowed under R18-2-218;
  - 5. For any new major source as defined in R18-2-401 or a major modification of such source which may be permitted to be constructed and operated only if the area in question is redesignated as Class III, any permit application and materials submitted as part of the application shall be available for public inspection prior to any public hearing on the redesignation of the area as Class III.
  - 6. The redesignation is submitted to the Administrator as a revision to the SIP.
- H. A redesignation shall not be effective until approved by the Administrator as part of an applicable implementation plan. If the Administrator disapproves the redesignation, the classification of the area shall be that which was in effect before the disapproved redesignation.

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- I. Lands within the exterior boundaries of Indian reservations may be redesignated only by the appropriate Indian governing body.

**Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Editorial correction, subsection (A), paragraph (5), subparagraph (d) (Supp. 80-2). Amended effective May 28, 1982 (Supp. 82-3). Former Section R9-3-217 renumbered without change as Section R18-2-217 (Supp. 87-3). Amended and subsection (B) renumbered to Section R18-2-218 effective September 26, 1990 (Supp. 90-3). Amended effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

**R18-2-218. Limitation of Pollutants in Classified Attainment Areas**

- A. Areas designated as Class I, II, or III shall be limited to the following increases in air pollutant concentrations occurring over the baseline concentration; provided that for any period other than an annual period, the applicable maximum allowable increase may be exceeded once per year at any one location:

**CLASS I**

Maximum Allowable Increase	(Micrograms per cubic meter)
Particulate matter: PM <sub>2.5</sub>	
Annual arithmetic mean	1
24-hr maximum	2
Particulate matter: PM <sub>10</sub>	
Annual arithmetic mean	4
24-hour maximum	8
Sulfur dioxide:	
Annual arithmetic mean	2
24-hour maximum	5
3-hour maximum	25
Nitrogen dioxide:	
Annual arithmetic mean	2.5

**CLASS II****CLASS III**

- B. The baseline concentration is that ambient concentration level which exists in the baseline area at the time of the applicable minor source baseline data.

1. The major source baseline date is:

a. January 6, 1975, for sulfur dioxide and PM<sub>10</sub>.

b. February 8, 1988, for nitrogen dioxide.

c. October 20, 2010, for PM<sub>2.5</sub>.

2. The minor source baseline date shall be the earliest date after the trigger date on which a major source as defined in R18-2-401 or major modification subject to 40 CFR 52.21 or R18-2-406 submits a complete application under the relevant regulations.

a. The trigger date is:

i. August 7, 1977, for PM<sub>10</sub> and sulfur dioxide.

ii. February 8, 1988, for nitrogen dioxide.

iii. October 20, 2011, for PM<sub>2.5</sub>.

b. Any minor source baseline date established originally for total suspended particulates shall remain in effect and shall apply for purposes of determining the amount of available PM-10 increments, except that the Department may rescind any such minor source baseline date where it can be shown, to the satisfaction of the Department, that the emissions increase from the major source, or the net emissions increase from the major modification, responsible for triggering that date did not result in a significant amount of PM-10 emissions.

3. A baseline concentration shall be determined for each pollutant for which there is a minor source baseline date and shall include both:

a. The actual emissions representative of sources in existence on the minor source baseline date, except as provided in subsection (B)(4); and

b. The allowable emissions of major sources as defined in R18-2-401 which commenced construction before the major source baseline date but were not in operation by the applicable minor source baseline date.

4. The following shall not be included in the baseline concentration and shall affect the applicable maximum allowable increase:

a. Actual emissions from any major source as defined in R18-2-401 on which construction commenced after the major source baseline date; and

b. Actual emissions increases and decreases at any stationary source occurring after the minor source baseline date.

- C. The baseline date shall be established for each pollutant for which maximum allowable increases or other equivalent measures have been established if both:

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1. The area in which the proposed source or modification would construct is designated as attainment or unclassifiable under section 107(d)(1)(A)(ii) or (iii) of the Act for the pollutant on the date of its complete application under 40 CFR 52.21 or R18-2-406; and
  2. In the case of a major source as defined in R18-2-401, the pollutant would be emitted in significant amounts, or in the case of a major modification, there would be a significant net emissions increase of the pollutant.
- D.** The baseline area shall be the AQCR that contains the area, designated as attainment or unclassifiable under section 107(d)(1)(A)(ii) or (iii) of the Act, in which the major source as defined in R18-2-401 or major modification establishing the minor source baseline date would construct or would have an air quality impact for the pollutant for which the minor source baseline date is established, as follows: greater than or equal to 1 microgram per cubic meter (annual average) for sulfur dioxide, nitrogen dioxide or PM<sub>10</sub>; or greater than or equal to 0.3 microgram per cubic meter (annual average) for PM<sub>2.5</sub>.
1. Area redesignations under section 107(d)(1)(A)(ii) or (iii) of the Act that would redesignate a baseline area may not intersect or be smaller than the area of impact of any new major source as defined in R18-2-401 or a major modification which either:
    - a. Establishes a minor source baseline date, or
    - b. Is subject to either 40 CFR 52.21 or R18-2-406 and would be constructed in Arizona.
  2. Any baseline area established originally for total suspended particulates shall remain in effect and shall apply for purposes of determining the amount of available PM<sub>10</sub> increments, except that such baseline area shall not remain in effect if the Department rescinds the corresponding minor source baseline date in accordance with subsection (B)(2)(b).
- E.** The maximum allowable concentration of any air pollutant in any area to which subsection (A) applies shall not exceed a concentration for each pollutant equal to the concentration permitted under the national ambient air quality standards.
- F.** For purposes of determining compliance with the maximum allowable increases in ambient concentrations of an air pollutant, the following concentrations of such pollutant shall not be taken into account:
1. Concentration of such pollutant attributable to the increase in emissions from major and stationary sources which have converted from the use of petroleum products, or natural gas, or both, by reason of a natural gas curtailment order which is in effect under the provisions of sections 2(a) and (b) of the Energy Supply and Environmental Coordination Act of 1974, 15 U.S.C. 792, over the emissions from such sources before the effective date of such order;
  2. The concentration of such pollutant attributable to the increase in emissions from major and stationary sources which have converted from using gas by reason of a natural gas curtailment plan in effect pursuant to the Federal Power Act, 16 U.S.C. 792 - 825r, over the emissions from such sources before the effective date of the natural gas curtailment plan;
  3. Concentrations of PM<sub>10</sub> or PM<sub>2.5</sub> attributable to the increase in emissions from construction or other temporary emission related activities of a new or modified source;
  4. The increase in concentrations attributable to new sources outside the United States over the concentrations attributable to existing sources which are included in the baseline concentration; and
5. Concentrations attributable to the temporary increase in emissions of sulfur dioxide, nitrogen oxides, PM<sub>2.5</sub>, or PM<sub>10</sub> from major sources as defined in R18-2-401 when the following conditions are met:
    - a. The permits issued to such sources specify the time period during which the temporary emissions increase of sulfur dioxide, nitrogen oxides, PM<sub>2.5</sub> or PM<sub>10</sub> would occur. Such time period shall not be renewable and shall not exceed two years.
    - b. The temporary emissions increase will not:
      - i. Impact any Class I area or any area where a maximum increase allowed by subsection (A) is known to be violated; or
      - ii. Cause or contribute to the violation of a national ambient air quality standard.
    - c. The operating permit issued to such sources specifies that, at the end of the time period described in subsection (F)(5)(a), the emissions levels from the sources would not exceed the levels occurring before the temporary emissions increase was approved.
  6. The exception granted by subsections (F)(1) and (2) with respect to maximum increases allowed under subsection (A) shall not apply more than five years after the effective date of the order or natural gas curtailment plan on which the exception is based.
- G.** If the Director or the Administrator determines that the SIP is substantially inadequate to prevent significant deterioration or that an applicable maximum allowable increase as specified in subsection (A) is being violated, the SIP shall be revised to correct the inadequacy or the violation. The SIP shall be revised within 60 days of such a finding by the Director or within 60 days following notification by the Administrator, or by such later date as prescribed by the Administrator after consultation with the Director.
- H.** The Director shall review the adequacy of the SIP on a periodic basis and within 60 days of such time as information becomes available that an applicable maximum allowable increase is being violated.

**Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Editorial correction, subsection (A), paragraph (5), subparagraph (d) (Supp. 80-2). Amended effective May 28, 1982 (Supp. 82-3). Former Section R9-3-217 renumbered without change as Section R18-2-217 (Supp. 87-3). Former Section R18-2-218 renumbered to R18-2-219, new Section R18-2-218 renumbered from R18-2-217(B) and amended effective September 26, 1990 (Supp. 90-3). Amended effective November 15, 1993 (Supp. 93-4). Amended effective February 28, 1995 (Supp. 95-1). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

**R18-2-219. Repealed****Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Former Section R9-3-218 repealed, new Section R9-3-218 adopted effective September 22, 1983 (Supp. 83-5). Former Section R9-3-218 renumbered without change as

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Section R18-2-218 (Supp. 87-3). Former Section R18-2-219 renumbered to R18-2-220, new Section R18-2-219 renumbered from R18-2-218 and amended effective September 26, 1990 (Supp. 90-3). Section repealed by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2).

**R18-2-220. Air Pollution Emergency Episodes**

- A.** Procedures shall be implemented by the Director in order to prevent the occurrence of ambient air pollutant concentrations which would cause significant harm to the health of persons, as specified in subsection (B)(4). The procedures and actions required for each stage are described in the Department's "Procedures for Prevention of Emergency Episodes," amended as of August 2018 (and no future edition), which is incorporated herein by reference and on file with the Department.
- B.** The following stages are identified by air quality criteria in order to provide for sequential emissions reductions, public notification and increased Department monitoring and forecast responsibilities. The declaration of any stage, and the area of the state affected, shall be based on air quality measurements and meteorological analysis and forecast.
1. A Stage I air pollution alert shall be declared when any of the alert level concentrations listed in subsection (B)(4) are exceeded at any monitoring site and when meteorological conditions indicate that there will be a continuance or recurrence of alert level concentrations for the same pollutant during the subsequent 24-hour period. If,

48 hours after an alert has been initially declared, air pollution concentrations and meteorological conditions do not improve, the warning stage control actions shall be implemented but no warning shall be declared, unless air quality has deteriorated to the extent described in subsection (B)(2).

2. A Stage II air pollution warning shall be declared when any of the warning level concentrations listed in subsection (B)(4) are exceeded at any monitoring site and when meteorological conditions indicate that there will be a continuance or recurrence of concentrations of the same pollutant exceeding the warning level during the subsequent 24-hour period. If, 48 hours after a warning has been initially declared, air pollution concentrations and meteorological conditions do not improve, the emergency stage shall be declared and its control actions implemented.
3. A Stage III air pollution emergency shall be declared when any of the emergency level concentrations listed in subsection (B)(4) are exceeded at any monitoring site and when meteorological conditions indicate that there will be a continuance or recurrence of concentrations of the same pollutant exceeding the emergency level during the subsequent 24-hour period.
4. Summary of emergency episode and significant harm levels:

Pollutant	Averaging Time	Alert	Warning	Emergency	Significant Harm
Carbon monoxide (mg/m <sup>3</sup> )	1-hr	--	--	--	144
	4-hr	--	--	--	86.3
	8-hr	17	34	46	57.5
Nitrogen dioxide (µg/m <sup>3</sup> )	1-hr	1,130	2,260	3,000	3,750
	24-hr	282	565	750	938
Ozone (ppm)	1-hr	.2	.4	.5	.6
PM <sub>2.5</sub> (µg/m <sup>3</sup> )	24-hr	140.5	210.5	280.5	350.5
PM <sub>10</sub> (µg/m <sup>3</sup> )	24-hr	350	420	500	600
Sulfur dioxide (µg/m <sup>3</sup> )	24-hr	800	1,600	2,100	2,620

**Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Editorial correction, subsection (B), paragraph (2) (Supp. 80-1). Editorial correction, subsection (A) (Supp. 80-2). Former Section R9-3-219 repealed, new Section R9-3-219 adopted effective May 28, 1982 (Supp. 82-3). Former Section R9-3-219 renumbered without change as Section R18-2-219 (Supp. 87-3). Section R18-2-220 renumbered from R18-2-219 and amended effective September 26, 1990 (Supp. 90-3). Section amended by final rulemaking at 25 A.A.R. 888, effective May 18, 2019 (Supp. 19-1).

**ARTICLE 3. PERMITS AND PERMIT REVISIONS****R18-2-301. Definitions**

The following definitions apply to this Article:

1. "Alternative method" means any method of sampling and analyzing for an air pollutant which is not a reference or equivalent method but which has been demonstrated to produce results adequate for the Director's determination of compliance in accordance with R18-2-311(D).
2. "Alternative operating scenario" (AOS) means a scenario authorized in a permit that involves a change at the stationary source subject to the permit for a particular emissions unit, and that either results in the unit being subject to one or more applicable requirements which differ from those applicable to the emissions unit prior to implementation of the change or renders inapplicable one or more requirements previously applicable to the emissions unit prior to implementation of the change.
3. "Billable permit action" means the issuance or denial of a new permit, significant permit revision, or minor permit revision, or the renewal of an existing permit.
4. "Capacity factor" means the ratio of the average load on a machine or equipment for the period of time considered to the capacity rating of the machine or equipment.
5. "CEM" means a continuous emission monitoring system as defined in R18-2-101.
6. "Complete" means, in reference to an application for a permit, permit revision or registration, that the application contains all the information necessary for processing the application. Designating an application complete for

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purposes of a permit, permit revisions or registration processing does not preclude the Director from requesting or accepting any additional information.

7. "Dispersion technique" means any technique which attempts to affect the concentration of a pollutant in the ambient air by any of the following:
  - a. Using that portion of a stack which exceeds good engineering practice stack height;
  - b. Varying the rate of emission of a pollutant according to atmospheric conditions or ambient concentrations of that pollutant; or
  - c. Increasing final exhaust gas plume rise by manipulating source process parameters, exhaust gas parameters, stack parameters, or combining exhaust gases from several existing stacks into one stack; or other selective handling of exhaust gas streams so as to increase the exhaust gas plume rise. This shall not include any of the following:
    - i. The reheating of a gas stream, following use of a pollution control system, for the purpose of returning the gas to the temperature at which it was originally discharged from the facility generating the gas stream.
    - ii. The merging of exhaust gas streams under any of the following conditions:
      - (1) The source owner or operator demonstrates that the facility was originally designed and constructed with such merged gas streams;
      - (2) After July 8, 1985, such merging is part of a change in operation at the facility that includes the installation of pollution controls and is accompanied by a net reduction in the allowable emissions of a pollutant, applying only to the emission limitation for that pollutant; or
      - (3) Before July 8, 1985, such merging was part of a change in operation at the facility that included the installation of emissions control equipment or was carried out for sound economic or engineering reasons. Where there was an increase in the emission limitation or, in the event that no emission limitation was in existence prior to the merging, an increase in the quantity of pollutants actually emitted prior to the merging, the reviewing agency shall presume that merging was significantly motivated by an intent to gain emissions credit for greater dispersion. Absent a demonstration by the source owner or operator that merging was not significantly motivated by such intent, the reviewing agency shall deny credit for the effects of such merging in calculating the allowable emissions for the source.
    - iii. Smoke management in agricultural or silvicultural prescribed burning programs.
    - iv. Episodic restrictions on residential woodburning and open burning.
    - v. Techniques which increase final exhaust gas plume rise where the resulting allowable emissions of sulfur dioxide from the facility do not exceed 5,000 tons per year.
8. "Emissions allowable under the permit" means a permit term or condition determined at issuance to be required by an applicable requirement that establishes an emissions limit (including a work practice standard) or an emissions cap that the source has assumed to avoid an applicable requirement to which the source would otherwise be subject.
9. "Fossil fuel-fired steam generator" means a furnace or boiler used in the process of burning fossil fuel for the primary purpose of producing steam by heat transfer.
10. "Fuel oil" means Number 2 through Number 6 fuel oils as specified in ASTM D-396-90a (Specification for Fuel Oils), gas turbine fuel oils Numbers 2-GT through 4-GT as specified in ASTM D-2880-90a (Specification for Gas Turbine Fuel Oils), or diesel fuel oils Numbers 2-D and 4-D as specified in ASTM D-975-90a (Specification for Diesel Fuel Oils).
11. "Itemized bill" means a breakdown of the permit processing time into the categories of pre-application activities, completeness review, substantive review, and public involvement activities, and within each category, a further breakdown by employee name.
12. "Major source threshold" means the lowest applicable emissions rate for a pollutant that would cause the source to be a major source at the particular time and location, under the definition of major source in R18-2-101.
13. "Maximum capacity to emit" means the maximum amount a source is capable of emitting under its physical and operational design without taking any limitations on operations or air pollution controls into account.
14. "Maximum capacity to emit with any elective limits" means the maximum amount a source is capable of emitting under its physical and operational design taking into account the effect on emissions of any elective limits included in the source's registration under R18-2-302.01(F).
15. "Minor NSR Modification" means any of the following changes that do not qualify as a major source or major modification:
  - a. Any physical change in or change in the method of operation of an emission unit or a stationary source that either:
    - i. Increases the potential to emit of a regulated minor NSR pollutant by an amount greater than or equal to the permitting exemption thresholds, or
    - ii. Results in emissions of a regulated minor NSR pollutant not previously emitted by such emission unit or stationary source in an amount greater than or equal to the permitting exemption thresholds.
  - b. Construction of one or more new emissions units that have the potential to emit regulated minor NSR pollutants at an amount greater than or equal to the permitting exemption threshold.
  - c. A change covered by subsections (16)(a) or (b) constitutes a minor NSR modification regardless of whether there will be a net decrease in total source emissions or a net increase in total source emissions that is less than the permitting exemption threshold as a result of decreases in the potential to emit of other emission units at the same stationary source.

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- d. For the purposes of this subsection the following do not constitute a physical change or change in the method of operation:
    - i. A change consisting solely of the construction of, or changes to, a combination of emissions units qualifying as a categorically exempt activity.
    - ii. For a stationary source that is required to obtain a Class II permit under R18-2-302 and that is subject to source-wide emissions caps under R18-2-306.01, R18-2-306.02, or R18-2-306.03, a change that will not result in the violation of the existing emissions cap for that regulated minor NSR pollutant.
    - iii. Replacement of an emission unit by a unit with a potential to emit regulated minor NSR pollutants that is less than or equal to the potential to emit of the existing unit, provided the replacement does not cause an increase in emissions at other emission units at the stationary source. A unit installed under this provision is subject to any limits applicable to the unit it replaced.
    - iv. Routine maintenance, repair, and replacement.
    - v. Use of an alternative fuel or raw material by reason of an order under Sections 2(a) and (b) of the Energy Supply and Environmental Coordination Act of 1974, 15 U.S.C. 792, or by reason of a natural gas curtailment plan under the Federal Power Act, 16 U.S.C. 792 to 825r.
    - vi. Use of an alternative fuel by reason of an order or rule under Section 125 of the Act.
    - vii. Use of an alternative fuel at a steam generating unit to the extent that the fuel is generated from municipal solid waste.
    - viii. Use of an alternative fuel or raw material by a stationary source that either:
      - (1) The source was capable of accommodating before December 12, 1976, unless the change would be prohibited under any federally enforceable permit condition established after December 12, 1976, under 40 CFR 52.21, or under Articles 3 or 4 of this Chapter; or
      - (2) The source is approved to use under any permit issued under 40 CFR 52.21, or under Articles 3 or 4 of this Chapter.
    - ix. An increase in the hours of operation or in the production rate, unless the change would be prohibited under any federally enforceable permit condition established after December 12, 1976, under 40 CFR 52.21, or under Articles 3 or 4 of this Chapter.
    - x. Any change in ownership at a stationary source.
    - xi. The installation, operation, cessation, or removal of a temporary clean coal technology demonstration project, if the project complies with:
      - (1) The SIP, and
      - (2) Other requirements necessary to attain and maintain the national ambient air quality standards during the project and after it is terminated.
    - xii. For electric utility steam generating units located in attainment and unclassifiable areas only, the installation or operation of a permanent clean coal technology demonstration project that constitutes repowering, if the project does not result in an increase in the potential to emit any regulated pollutant emitted by the unit. This exemption applies on a pollutant-by-pollutant basis.
    - xiii. For electric utility steam generating units located in attainment and unclassifiable areas only, the reactivation of a very clean coal-fired electric utility steam generating unit.
  - e. For purposes of this subsection:
    - i. "Potential to emit" means the lower of a source's or emission unit's potential to emit or its allowable emissions.
    - ii. In determining potential to emit, the fugitive emissions of a stationary source shall not be considered unless the source belongs to a section 302(j) category.
    - iii. All of the roadways located at a stationary source constitute a single emissions unit.
16. "NAICS" means the five- or six-digit North American Industry Classification System-United States, 1997, number for industries used by the U.S. Department of Commerce.
  17. "Permit processing time" means all time spent by Air Quality Division staff or consultants on tasks specifically related to the processing of an application for the issuance or renewal of a particular permit or permit revision, including time spent processing an application that is denied.
  18. "Quantifiable" means, with respect to emissions, including the emissions involved in equivalent emission limits and emission trades, capable of being measured or otherwise determined in terms of quantity and assessed in terms of character. Quantification may be based on emission factors, stack tests, monitored values, operating rates and averaging times, materials used in a process or production, modeling, or other reasonable measurement practices.
  19. "Registration" means a registration under R18-2-302.01.
  20. "Replicable" means, with respect to methods or procedures, sufficiently unambiguous that the same or equivalent results would be obtained by the application of the method or procedure by different users.
  21. "Responsible official" means one of the following:
    - a. For a corporation: a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or a duly authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit and either:
      - i. The facilities employ more than 250 persons or have gross annual sales or expenditures exceeding \$25 million (in second quarter 1980 dollars); or
      - ii. The delegation of authority to such representatives is approved in advance by the permitting authority;

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- b. For a partnership or sole proprietorship: a general partner or the proprietor, respectively;
  - c. For a municipality, state, federal, or other public agency: Either a principal executive officer or ranking elected official. For the purposes of this Article, a principal executive officer of a federal agency includes the chief executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., a Regional Administrator of EPA); or
  - d. For affected sources:
    - i. The designated representative in so far as actions, standards, requirements, or prohibitions under Title IV of the Act or the regulations promulgated thereunder are concerned; and
    - ii. The designated representative for any other purposes under 40 CFR 70.
22. "Screening model" means air dispersion modeling performed with screening techniques in accordance with 40 CFR 51, Appendix W as of June 30, 2017 (and no future amendments or additions).
23. "Small source" means a source with a potential to emit, without controls, less than the rate defined as permitting exemption thresholds in R18-2-101, but required to obtain a permit solely because it is subject to a standard under 40 CFR 63.
24. "Startup" means the setting in operation of a source for any purpose.
25. "Synthetic minor" means a source with a permit that contains voluntarily accepted emissions limitations, controls, or other requirements (for example, a cap on production rates or hours of operation, or limits on the type of fuel) under R18-2-306.01 or R18-2-306.03 to reduce the potential to emit to a level below the major source threshold.

**Historical Note**

Former Section R18-2-301 renumbered to R18-2-302, new Section R18-2-301 adopted effective September 26, 1990 (Supp. 90-3). Correction to table in subsection (A)(13) (Supp. 93-1). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4).

Amended effective August 1, 1995 (Supp. 95-3).

Amended by final rulemaking at 5 A.A.R. 4074, effective September 22, 1999 (Supp. 99-3). Amended by final rulemaking at 6 A.A.R. 343, effective December 20, 1999 (Supp. 99-4). Amended by final rulemaking at 7 A.A.R. 5670, effective January 1, 2002 (Supp. 01-4). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

Amended by final rulemaking at 25 A.A.R. 3630, effective February 1, 2020 (Supp. 19-4). Amended by final rulemaking at 32 A.A.R. 55 (January 2, 2026), effective February 7, 2026 (Supp. 25-4). Amended by final rulemaking at 32 A.A.R. 55 (January 2, 2026), effective February 7, 2026 (Supp. 25-4).

**R18-2-302. Applicability; Registration; Classes of Permits**

- A.** Except as otherwise provided in this Article, no person shall begin actual construction of, operate, or make a modification to any stationary source subject to regulation under this Article,

without obtaining a registration, permit or permit revision from the Director.

- B.** Class I and II permits and registrations shall be required as follows:

1. A Class I permit shall be required for a person to begin actual construction of or operate any of the following:
  - a. Any major source,
  - b. Any solid waste incineration unit required to obtain a permit pursuant to Section 129(e) of the Act,
  - c. Any affected source, or
  - d. Any stationary source in a source category designated by the Administrator pursuant to 40 CFR 70.3 and adopted by the Director by rule.
2. Unless a Class I permit is required, a Class II permit shall be required for:
  - a. A person to begin actual construction of or operate any stationary source that emits, or has the maximum capacity to emit with any elective limits, any regulated NSR pollutant in an amount greater than or equal to the significant level.
  - b. A person to make a physical or operational change to a stationary source that would cause the source to emit, or have the maximum capacity to emit with any elective limits, any regulated NSR pollutant in an amount greater than or equal to the significant level.
  - c. A person to begin actual construction of or modify a stationary source that otherwise would be subject to registration but that the Director has determined requires a permit under R18-2-302.01(C)(4) or (D).
3. Unless a Class I or II permit is required, registration shall be required for:
  - a. A person to begin actual construction of or operate any stationary source that emits or has the maximum capacity to emit any regulated minor NSR pollutant in an amount greater than or equal to a permitting exemption threshold.
  - b. A person to begin actual construction of or operate any stationary source subject to a standard under section 111 of the Act, except that a stationary source is not required to register solely because it is subject to any of the following standards:
    - i. 40 CFR 60, Subpart AAA (Residential Wood Heaters).
    - ii. 40 CFR 60, Subpart IIII (Stationary Compression Ignition Internal Combustion Engines).
    - iii. 40 CFR 60, Subpart JJJJ (Stationary Spark Ignition Internal Combustion Engines).
    - iv. 40 CFR 60, Subpart QQQQ (Residential Hydronic Heaters and Forced-Air Furnaces).
  - c. A person to begin actual construction of or operate any stationary source, including an area source, subject to a standard under section 112 of the Act, except that a stationary source is not required to register solely because it is subject to any of the following standards:
    - i. 40 CFR 61.145.
    - ii. 40 CFR 63, Subpart ZZZZ (Reciprocating Internal Combustion Engines).
    - iii. 40 CFR 63, Subpart WWWW (Ethylene Oxide Sterilizers).
    - iv. 40 CFR 63, Subpart CCCCCC (Gasoline Distribution).

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- v. 40 CFR 63, Subpart HHHHHH (Paint Stripping and Miscellaneous Surface Coating Operations).
  - vi. 40 CFR 63, Subpart JJJJJJ (Industrial, Commercial, and Institutional Boilers Area Sources), published at 76 FR 15554 (March 21, 2011).
  - vii. A regulation or requirement under section 112(r) of the Act.
  - d. A physical or operational change to a source that would cause the source to emit or have the maximum capacity to emit any regulated minor NSR pollutant in an amount greater than or equal to the permitting exemption threshold.
- C. Notwithstanding subsections (A) and (B), the following stationary sources do not require a permit or registration unless the source is a major source, or unless operation without a permit would result in a violation of the Act:
- 1. A stationary source that consists solely of a single categorically exempt activity plus any combination of trivial activities.
  - 2. Agricultural equipment used in normal farm operations. "Agricultural equipment used in normal farm operations" does not include equipment classified as a source that requires a permit under Title V of the Act, or that is subject to a standard under 40 CFR 60, 61 or 63.
- D. No person may construct or reconstruct any major source of hazardous air pollutants, unless the Director determines that maximum achievable control technology emission limitation (MACT) for new sources under Section 112 of the Act will be met. If MACT has not been established by the Administrator, such determination shall be made on a case-by-case basis pursuant to 40 CFR 63.40 through 63.44, as incorporated by reference in R18-2-1101(B). For purposes of this subsection, constructing and reconstructing a major source shall have the meaning prescribed in 40 CFR 63.41.
- E. Elective limits or controls adopted pursuant to R18-2-302.01(F) shall not be considered in determining whether a source is a major source requiring a Class I permit under subsection (B)(1)(a). Elective limits or controls adopted pursuant to R18-2-302.01(F) shall be considered in determining any of the following:
- 1. Whether the registration is subject to the public participation requirements of R18-2-330, as provided in R18-2-302.01(B)(3).
  - 2. Whether review for possible interference with attainment or maintenance of ambient standards is required under R18-2-302.01(C).
  - 3. Whether the source requires a Class II permit, as provided in subsections (B)(2)(a) or (b).
- F. The fugitive emissions of a stationary source shall not be considered in determining whether the source requires a Class II permit under subsections (B)(2)(a) or (b) or a registration under subsections (B)(3)(a) or (d), unless the source belongs to a section 302(j) category. If a permit is required for a stationary source, the fugitive emissions of the source shall be subject to all of the requirements of this Article.
- G. Notwithstanding subsections (A) and (B), a person may begin actual construction, but not operation, of a source requiring a Class I permit or Class I permit revision upon the Director's issuance of the proposed final permit or proposed final permit revision.

**Historical Note**

Amended effective August 7, 1975 (Supp. 75-1).  
 Amended as an emergency effective December 15, 1975 (Supp. 75-2). Amended effective May 10, 1976 (Supp. 76-3). Amended effective April 12, 1977 (Supp. 77-2).  
 Amended effective March 24, 1978 (Supp. 78-2). Former Section R9-3-301 repealed, new Section R9-3-301 adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Amended effective July 9, 1980 (Supp. 80-4). Amended effective May 28, 1982 (Supp. 82-3). Amended subsections (B) and (C) effective September 22, 1983 (Supp. 83-5). Amended subsection (B), paragraph (3) effective September 28, 1984 (Supp. 84-5). Former Section R9-3-301 renumbered without change as Section R18-2-301 (Supp. 87-3). Former Section R18-2-302 renumbered to R18-2-302.01, new Section R18-2-302 renumbered from R18-2-301 and amended effective September 26, 1990 (Supp. 90-3). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4). Amended effective June 4, 1998 (Supp. 98-2). Amended by final rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1). Amended by final rulemaking at 32 A.A.R. 55 (January 2, 2026), effective February 7, 2026 (Supp. 25-4).

**R18-2-302.01. Source Registration Requirements**

- A. Application. An application for registration shall be submitted on the form specified by the Director and shall include the following information:
- 1. The name of the applicant.
  - 2. The physical location of the source, including the street address, city, county, zip code and latitude and longitude coordinates.
  - 3. The source's maximum capacity to emit with any elective limits each regulated minor NSR pollutant.
  - 4. Identification of any elective limits or controls adopted under subsection (F).
  - 5. In the case of a modification, each increase in the source's maximum capacity to emit with any elective limits that exceeds the applicable threshold in subsection (G)(1)(a).
  - 6. Identification of the method used to determine the maximum capacity to emit under R18-2-302(B)(3)(a), a change in the maximum capacity to emit under R18-2-302(B)(3)(d), or the maximum capacity to emit with any elective limits under subsection (G)(1)(a).
  - 7. Process information for the source, including a list of emission units, design capacity, operations schedule, and identification of emissions control devices.
- B. Registration Processing Procedures.
- 1. The Department shall complete a review of a registration application for administrative completeness within 30 calendar days, calculated in accordance with A.A.C. R18-1-503, after its receipt.
  - 2. The Department shall complete a substantive review and take final action on a registration application within 60 calendar days if no hearing is requested, and 90 calendar days if a hearing is requested, calculated in accordance with A.A.C. R18-1-504, after the application is administratively complete.
  - 3. Except as provided in subsection (B)(5), a registration for construction of a source shall be subject to the public notice and participation requirements of R18-2-330. The



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materials relevant to the registration decision made available to the public under R18-2-330(D) shall include any determination made or modeling conducted by the Director under subsection (C).

4. The Department shall also send a copy of the notice required by subsection (B)(3) to the administrator through the appropriate regional office, and to all other state and local air pollution control agencies having jurisdiction in the region in which the source subject to the registration will be located. The notice shall also be sent to any other agency in the region having responsibility for implementing the procedures required under 40 CFR 51, Subpart I.
  5. A registration for construction of a source shall not be subject to subsections (B)(3) or (4), if the source's maximum capacity to emit with any elective limits each regulated minor NSR pollutant is less than the applicable permitting exemption threshold.
- C. Review for National Ambient Air Quality Standards Compliance; Requirement to Obtain a Permit.**
1. The Director shall review each application for registration of a source with the maximum capacity to emit with any elective limits any regulated minor NSR pollutant in an amount equal to or greater than the permitting exemption threshold. The purpose of the review shall be to determine whether the new or modified source may interfere with attainment or maintenance of a national ambient air quality standard in any area. In making the determination required by this subsection, the Director shall take into account the following factors:
    - a. The source's emission rates, including fugitive emission rates, taking into account any elective limits or controls adopted under subsection (F).
    - b. The location of emission units within the facility and their proximity to the ambient air.
    - c. The terrain in which the source is or will be located.
    - d. The source type.
    - e. The location and emissions of nearby sources.
    - f. Background concentrations of regulated minor NSR pollutants.
  2. The Director may undertake the review specified in subsection (C)(1) for a source with the maximum capacity to emit with any elective limits regulated minor NSR pollutants in an amount less than the permitting exemption threshold.
  3. If the Director determines under subsections (C)(1) or (C)(2) that a source's emissions may interfere with attainment or maintenance of a national ambient air quality standard, the Director shall perform a screening model run for each regulated minor NSR pollutant for which that determination has been made.
  4. If the Director determines, based on performance of the screening model pursuant to subsection (C)(3), that a source's emissions, taking into account any elective limits or controls adopted under subsection (F), will interfere with attainment or maintenance of a national ambient air quality standard, the Director shall deny the application for registration. Notwithstanding R18-2-302(B)(3), the owner or operator of the source shall be required to obtain a permit under R18-2-302 and shall comply with R18-2-334 before beginning actual construction of the source or modification.
- D. Requirement to Obtain a Permit.** Notwithstanding R18-2-302(B)(3)(b) and (c), the Director shall deny an application for registration for a source subject to a standard under section 111 or 112 of the Act and require the owner or operator to obtain a permit under R18-2-302, if the Director determines based on the following factors that the requirement to obtain a permit is warranted:
1. The size and complexity of the source.
  2. The complexity of the section 111 or 112 standard applicable to the source.
  3. The public health or environmental risks posed by the pollutants subject to regulation under the section 111 or 112 standard.
- E. Registration Contents.** A registration shall contain the following elements:
1. Enforceable emission limitations and standards, including operational requirements and limitations, that ensure compliance with all applicable SIP requirements at the time of issuance and any testing, monitoring, recordkeeping and reporting obligations imposed by the applicable requirement or by R18-2-312.
  2. Any elective limits or controls and associated operating, maintenance, monitoring and recordkeeping requirements adopted pursuant to subsection (F).
  3. A requirement to retain any records required by the registration at the source for at least three years in a form that is suitable for expeditious inspection and review.
  4. For any source that has adopted elective limits or controls under subsection (F), a requirement to submit an annual compliance report on the form provided by the Director in the registration.
- F. Elective Limits or Controls.** The owner or operator of a source requiring registration may elect to include any of the following emission limitations in the registration, provided the Department approves the limitation and the registration also includes the operating, maintenance, monitoring, and recordkeeping requirements specified below for the limitation.
1. A limitation on the hours of operation of any process or combination of processes.
    - a. The registration shall express the limitation in terms of hours per rolling 12-month period and shall specify the process or combination of processes subject to the limitation.
    - b. The owner or operator shall maintain a log or readily available business records showing actual operating hours through the preceding operating day for the process or processes subject to the limitation.
  2. A limitation on the production rate for any process or combination of processes.
    - a. The registration shall express the limitation in terms of an appropriate unit of mass or production per rolling 12-month period and shall specify the process or combination of processes subject to the limitation.
    - b. The owner or operator shall maintain a log or readily available business records showing the actual production rate through the preceding operating day for the process or processes subject to the limitation. The owner or operator shall update the log or business records at least once per operating day.
  3. A requirement to operate a fabric filter for the control of particulate matter emissions.
    - a. The owner or operator shall operate the fabric filter at all times that the emission unit controlled by the fabric filter is operated.
    - b. The owner or operator shall inspect the fabric filter at least once per month for tears and leaks and shall

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- promptly repair any tears or leaks identified. If the fabric filter is subject to a limit on the opacity of emissions, the inspection shall include an opacity observation in accordance with the applicable reference method.
- c. The owner or operator shall operate and maintain the fabric filter in substantial compliance with the manufacturer's operation and maintenance recommendations.
  - d. The owner or operator shall keep a log or readily available business records of the inspections required by subsection (F)(3)(b) and the maintenance activities required by subsection (F)(3)(c). The owner or operator shall update the log or business records within 24 hours after an inspection or maintenance activity is performed.
  - e. The registration shall identify the fabric filters and processes subject to this requirement.
4. Limitations on the total amount of VOC or hazardous air pollutants in solvents, coatings or other process materials used at the registered source.
    - a. The registration shall identify the pollutants and processes covered by the limitations and shall express the limitations in terms of pounds per rolling 12-month period.
    - b. The owner or operator shall maintain a log or readily available business records showing the concentration of each covered VOC or hazardous air pollutant in each VOC or hazardous air pollutant containing material used at the source. The owner or operator shall update the records whenever the concentration in any material changes or a new material is used. The presence at the source of a current material safety data sheet for a material used without dilution or other alteration satisfies this requirement.
    - c. The owner or operator shall maintain a spreadsheet or database to record the amount of each material containing a covered VOC or hazardous air pollutant used. The spreadsheet or database shall calculate the total pounds of the VOC or hazardous air pollutant used by multiplying the concentration of VOC or hazardous air pollutant in a material by the amount of material used and shall employ appropriate units of measurement and conversion factors. The owner or operator shall update the spreadsheet or database at least once per operating day.
  5. Requirements in 40 CFR Part 1039 for Tier 4 engines used for electrical generation of less than or equal to 10 megawatts that are powered by diesel fueled reciprocating internal combustion engines that operate selective catalytic reduction.
    - a. The owner or operator of the registration shall comply with 40 CFR Part 1039, as amended as of January 24, 2023 (and no future amendments or editions). The registration shall identify the pollutants and processes covered by the limitations, and the corresponding 40 CFR Part 1039 limitation.
    - b. The owner or operator shall operate and maintain the selective catalytic reduction in accordance with the manufacturer's emissions-related work instructions.
    - c. The owner or operator shall maintain the selective catalytic reduction in accordance with the maintenance instructions provided to the buyer of the Tier 4 engine pursuant to 40 CFR § 1039.125, as amended as of January 24, 2023 (and no future amendments or editions).
    - d. The owner or operator shall keep a log or readily available business records of the maintenance activities required by subsection (F)(5)(b). The owner or operator shall update the log or business records within 24 hours after an inspection or maintenance activity is performed.
- G. Revised Registrations.**
1. Unless a Class II permit is required under R18-2-302(B)(2)(b), the owner or operator of a registered source shall file a revised registration on the occurrence of any of the following:
    - a. A modification to the source that would result in an increase in the source's maximum capacity to emit with any elective limits exceeding any of the following amounts:
      - i. 2.5 tons per year for NO<sub>x</sub>, SO<sub>2</sub>, PM<sub>10</sub>, PM<sub>2.5</sub>, VOC or CO.
      - ii. 0.3 tons per year for lead.
    - b. Relocation of a portable source.
    - c. The transfer of the source to a new owner.
  2. The requirements of subsection (B) shall not apply to a revised registration. The owner or operator may begin actual construction and operation of the modified, relocated or transferred source on filing the revised registration.
- H. Registration Term.**
1. A source's registration shall expire five years after the date of issuance of the last registration for the source or any modification to the source.
  2. A source shall submit an application for renewal of a registration not later than six months before expiration of the registration's term.
  3. If a source submits a timely and complete application for renewal of a registration, the source's authorization to operate under its existing registration shall continue until the Director takes final action on the application.
  4. The Director may terminate a registration under R18-2-321(C). If the Director terminates a registration under R18-2-321(C)(3), the owner or operator shall be required to apply for a permit for the source under R18-2-302.
- I. Issuance of a registration shall not relieve the owner or operator of the responsibility to comply fully with applicable provisions of the SIP and any other requirements under local, state, or federal law.**

**Historical Note**

Amended effective August 7, 1975 (Supp. 75-1); Former Section R9-3-302 repealed, new Section R9-3-302 adopted effective May 14, 1979 (Supp. 79-1). Former Section R9-3-302 repealed, new Section R9-3-302 adopted effective October 2, 1979 (Supp. 79-5). Former Section R9-3-302 repealed, new Section R9-3-302 adopted effective May 28, 1982 (Supp. 82-3). Former Section R9-3-302 renumbered without change as Section R18-2-302 (Supp. 87-3). Section R18-2-302.01 renumbered from Section R18-2-302 and amended effective September 26, 1990 (Supp. 90-3). Section repealed effective November 15, 1993 (Supp. 93-4). New Section made by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1). Amended by final rulemaking at 25 A.A.R. 3630, effective February 1, 2020 (Supp. 19-4). Amended by final

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rulemaking at 32 A.A.R. 55 (January 2, 2026), effective February 7, 2026 (Supp. 25-4).

**R18-2-303. Transition from Installation and Operating Permit Program to Unitary Permit Program; Registration Transition; Minor NSR Transition**

- A. An installation or operating permit issued before September 1, 1993, and the authority to operate, as provided in Laws 1992, Ch. 299, § 65, continues in effect until the installation or operating permit is terminated, or until the Director issues or denies a Class I or Class II permit to the source, whichever is earlier.
- B. The terms and conditions of installation permits issued before September 1, 1993, or in permits or permit revisions issued under R18-2-302 and authorizing the construction or modification of a stationary source, remain federal applicable requirements unless modified or revoked by the Director.
- C. All sources in existence on September 1, 2012, requiring a registration shall provide notice to the Director by no later than December 1, 2012, on a form provided by the Director.
- D. All sources requiring a registration that are in existence on the date R18-2-302.01 becomes effective under R18-2-302.01(I) may submit applications for registration at any time after R18-2-302.01 is effective and shall submit an application no later than 180 days after receipt of written notice from the Director that an application is required.
- E. Sources in existence on December 2, 2015 are not subject to R18-2-334, unless the source undertakes a minor NSR modification after that date. Notwithstanding any other provision of this Chapter, R18-2-334 shall apply only to applications for permits or permit revisions filed after December 2, 2015.

**Historical Note**

Amended effective August 7, 1975 (Supp. 75-1).  
 Amended effective August 6, 1976 (Supp. 76-4). Former Section R9-3-303 repealed, new Section R9-3-303 adopted effective May 14, 1979 (Supp. 79-1). Former Section R9-3-303 repealed, new Section R9-3-303 adopted effective October 2, 1979 (Supp. 79-5).  
 Amended effective May 28, 1982 (Supp. 82-3). Amended subsection (D), paragraph (1) effective September 28, 1984 (Supp. 84-5). Former Section R9-3-303 renumbered without change as Section R18-2-303 (Supp. 87-3).  
 Amended effective September 26, 1990 (Supp. 90-3). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

**R18-2-304. Permit Application Processing Procedures**

- A. Unless otherwise noted, this Section applies to each source requiring a Class I or II permit or permit revision.
- B. Standard Application Form and Required Information. To apply for a permit required by this Chapter, applicants shall complete the applicable standard application form provided by the Director and supply all information required by the form's filing instructions. The application forms and filing instructions for Class I Permits shall at a minimum require submission of the following elements:
  1. Identifying information, including company name and address (or plant name and address if different from the company name), owner's name and agent, and telephone number and names of plant site manager/contact.
  2. A description of the source's processes and products (by Standard Industrial Classification (SIC) Code), including

those associated with any proposed alternative operating scenarios (AOS) identified by the source.

3. The following emission-related information:
  - a. All emissions of pollutants for which the source is major, and all emissions of regulated air pollutants. A permit application shall describe all emissions of regulated air pollutants emitted from any emissions unit, except as otherwise provided in R18-2-304(F)(8). The Director shall require additional information related to the emissions of air pollutants sufficient to verify which requirements are applicable to the source, and other information necessary to collect any permit fees owed under R18-2-326.
  - b. Identification and description of all points of emissions described in subsection (B)(3)(a) in sufficient detail to establish the basis for fees and applicability of requirements.
  - c. Emissions rate in tons per year (tpy) and in such terms as are necessary to establish compliance consistent with the applicable standard reference test method. For emissions units subject to an annual emissions cap, tpy can be reported as part of the aggregate emissions associated with the cap, except where more specific information is needed, including where necessary to determine and/or assure compliance with an applicable requirement.
  - d. The following information to the extent it is needed to determine or regulate emissions: fuels, fuel use, raw materials, production rates, and operating schedules.
  - e. Identification and description of air pollution control equipment and compliance monitoring devices or activities.
  - f. Limitations on source operation affecting emissions or any work practice standards, where applicable, for all regulated pollutants at the Class I source.
  - g. Other information required by any applicable requirement (including information related to stack height limitations in R18-2-332).
  - h. Calculations on which the information in subsections (B)(3)(a) through (g) is based.
4. The following air pollution control requirements:
  - a. Citation and description of all applicable requirements, and
  - b. Description of or reference to any applicable test method for determining compliance with each applicable requirement.
5. Other specific information that may be necessary to implement and enforce other applicable requirements or to determine the applicability of such requirements.
6. An explanation of any proposed exemptions from otherwise applicable requirements.
7. Additional information as determined to be necessary by the Director to define proposed AOS identified by the source pursuant to R18-2-306(A)(11) or to define permit terms and conditions implementing any AOS under R18-2-306(A)(11) or implementing R18-2-317, R18-2-306(A)(12), R18-2-306(A)(14), or R18-2-306.02. The permit application shall include documentation demonstrating that the source has obtained all authorizations required under the applicable requirements relevant to any proposed AOS, or a certification that the source has submitted all relevant materials to the Director for obtaining such authorizations.

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8. A compliance plan for all Class I sources that contains all of the following:
    - a. A description of the compliance status of the source with respect to all applicable requirements.
    - b. A description as follows:
      - i. For applicable requirements with which the source is in compliance, a statement that the source will continue to comply with such requirements.
      - ii. For applicable requirements that will become effective during the permit term, a statement that the source will meet such requirements on a timely basis.
      - iii. For requirements for which the source is not in compliance at the time of permit issuance, a narrative description of how the source will achieve compliance with such requirements.
      - iv. For applicable requirements associated with a proposed AOS, a statement that the source will meet such requirements upon implementation of the AOS. If a proposed AOS would implicate an applicable requirement that will become effective during the permit term, a statement that the source will meet such requirements on a timely basis.
    - c. A compliance schedule as follows:
      - i. For applicable requirements with which the source is in compliance, a statement that the source will continue to comply with such requirements.
      - ii. For applicable requirements that will become effective during the permit term, a statement that the source will meet such requirements on a timely basis. A statement that the source will meet, in a timely manner, applicable requirements that become effective during the permit term shall satisfy this provision, unless a more detailed schedule is expressly required by the applicable requirement.
      - iii. A schedule of compliance for sources that are not in compliance with all applicable requirements at the time of permit issuance. Such a schedule shall include a schedule of remedial measures, including an enforceable sequence of actions with milestones, leading to compliance with any applicable requirements for which the source will be in noncompliance at the time of permit issuance. This compliance schedule shall resemble and be at least as stringent as that contained in any judicial consent decree or administrative order to which the source is subject. Any such schedule of compliance shall be supplemental to, and shall not sanction non-compliance with, the applicable requirements on which it is based.
      - iv. For applicable requirements associated with a proposed AOS, a statement that the source will meet such requirements upon implementation of the AOS. If a proposed AOS would implicate an applicable requirement that will become effective during the permit term, a statement that the source will meet such requirements on a timely basis. A statement that the source will meet, in a timely manner, applicable requirements that become effective during the permit term will satisfy this provision, unless a more detailed schedule is expressly required by the applicable requirement.
  9. Requirements for compliance certification, including the following:
    - a. A certification of compliance with all applicable requirements by a responsible official, which shall include:
      - i. Identification of the applicable requirement that is the basis of the certification;
      - ii. The method used for determining the compliance status of the source, including a description of monitoring, recordkeeping, and reporting requirements and test methods;
      - iii. The compliance status; and
      - iv. Such other facts as the Director may require;
    - b. A schedule for submission of compliance certifications during the permit term, to be submitted no less frequently than annually, or more frequently if specified by the underlying applicable requirement or by the permitting authority;
    - c. A statement indicating the source's compliance status with any applicable enhanced monitoring and compliance certification requirements of the Act; and
    - d. A certification of truth, accuracy, and completeness pursuant to R18-2-304(I).
  10. The use of nationally-standardized forms for acid rain portions of permit applications and compliance plans, as required by regulations promulgated under title IV of the act.
- C. The Director, either upon the Director's own initiative or on the request of a permit applicant, may waive a requirement that specific information or data be submitted in the application for a Class II permit for a particular source or category of sources if the Director determines that the information or data would be unnecessary to determine all of the following:
1. The applicable requirements to which the source may be subject;
  2. That the source is so designed, controlled, or equipped with such air pollution control equipment that it may be expected to operate without emitting or without causing to be emitted air contaminants in violation of the provisions of A.R.S. Title 49, Chapter 3, Article 2 and this Chapter;
  3. The fees to which the source may be subject; and
  4. A proposed emission limitation, control, or other requirement that meets the requirements of R18-2-306.01, R18-2-306.02, or R18-2-306.03.
- D. A timely application is:

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1. For a source, that becomes subject to the permit program as a result of a change in regulation and not as a result of construction or a physical or operational change, one that is submitted within 12 months after the source becomes subject to the permit program.
  2. For purposes of permit renewal, a timely application is one that is submitted at least six months, but not more than 18 months, prior to the date of permit expiration.
  3. Any source under R18-2-326(A)(3) which becomes subject to a standard promulgated by the Administrator pursuant to section 112(d) of the Act shall, within 12 months of the date on which the standard is promulgated, submit an application for a permit revision demonstrating how the source will comply with the standard.
- E.** If an applicable implementation plan allows the determination of an alternative emission limit, a source may, in its application, propose an emission limit that is equivalent to the emission limit otherwise applicable to the source under the applicable implementation plan. The source shall also demonstrate that the equivalent limit is quantifiable, accountable, enforceable, and subject to replicable compliance determination procedures.
- F.** A complete application shall comply with all of the following:
1. To be complete, an application shall provide all information required by subsection (B) (standard application form section). An application for permit revision only need supply information related to the proposed change, unless the source's proposed permit revision will change the permit from a Class II permit to a Class I permit. A responsible official shall certify the submitted information consistent with subsection (I) (Certification of Truth, Accuracy, and Completeness).
  2. An application for a new permit or permit revision shall contain an assessment of the applicability of the requirements of Article 4 of this Chapter. If the applicant determines that the proposed new source is a major source as defined in R18-2-401, or the proposed permit revision constitutes a major modification as defined in R18-2-101, then the application shall comply with all applicable requirements of Article 4.
  3. An application for a new permit or permit revision shall contain an assessment of the applicability of Minor New Source Review requirements in R18-2-334. If the applicant determines that the proposed new source is subject to R18-2-334, or the proposed permit revision constitutes a Minor NSR Modification, then the application shall comply with all applicable requirements of R18-2-334.
  4. Except for proposed new major sources or major modifications subject to the requirements of Article 4 of this Chapter, an application for a new permit, a permit revision, or a permit renewal shall be deemed to be complete unless, within 60 days of receipt of the application, the Director notifies the applicant by certified mail that the application is not complete.
  5. If a source wishes to voluntarily enter into an emissions limitation, control, or other requirement pursuant to R18-2-306.01 or R18-2-306.03, the source shall describe that emissions limitation, control, or other requirement in its application, along with proposed associated monitoring, recordkeeping, and reporting requirements necessary to demonstrate that the emissions limitation, control, or other requirement is permanent, quantifiable, and otherwise enforceable as a practical matter.
  6. If, while processing an application that has been determined or deemed to be complete, the Director determines that additional information is necessary to evaluate or take final action on that application, the Director may request such information in writing and set a reasonable deadline for a response. Except for minor permit revisions as set forth in R18-2-319, a source's ability to continue operating without a permit, as set forth in subsection (K), shall be in effect from the date the application is determined to be complete until the final permit is issued, provided that the applicant submits any requested additional information by the deadline specified by the Director.
  7. The completeness determination shall not apply to revisions processed through the minor permit revision process.
  8. Activities which are insignificant pursuant to the definition of insignificant activities in R18-2-101 shall be listed in the application. Except as necessary to complete the assessment required by subsections (F)(2) or (3), the application need not provide emissions data regarding insignificant activities. If the Director determines that an activity listed as insignificant does not meet the requirements of the definition of insignificant activities in R18-2-101 or that emissions data for the activity is required to complete the assessment required by subsections (F)(2) or (3), the Director shall notify the applicant in writing and specify additional information required.
  9. If a permit applicant requests terms and conditions allowing for the trading of emission increases and decreases in the permitted facility solely for the purpose of complying with a federally enforceable emission cap that is established in the permit independent of otherwise applicable requirements, the permit applicant shall include in its application proposed replicable procedures and permit terms that ensure the emissions trades are quantifiable and enforceable.
  10. The Director is not in disagreement with a notice of confidentiality submitted with the application pursuant to A.R.S. § 49-432.
- G.** A source applying for a Class I permit that has submitted information with an application under a claim of confidentiality pursuant to A.R.S. § 49-432 and R18-2-305 shall submit a copy of such information directly to the Administrator.
- H.** Duty to Supplement or Correct Application. Any applicant who fails to submit any relevant facts or who has submitted incorrect information in a permit application shall, upon becoming aware of such failure or incorrect submittal, promptly submit such supplementary facts or corrected information. In addition, an applicant shall provide additional information as necessary to address any requirements that become applicable to the source after the date it filed a complete application but prior to release of a proposed permit.
- I.** Certification of Truth, Accuracy, and Completeness. Any application form, report, or compliance certification submitted pursuant to this Chapter shall contain certification by a responsible official of truth, accuracy, and completeness. This certification and any other certification required under this Article shall state that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.
- J.** Action on Application.
1. The Director shall issue or deny each permit according to the provisions of A.R.S. § 49-427. The Director may

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issue a permit with a compliance schedule for a source that is not in compliance with all applicable requirements at the time of permit issuance.

2. In addition, a permit may be issued, revised, or renewed only if all of the following conditions have been met:
    - a. The application received by the Director for a permit, permit revision, or permit renewal shall be complete according to subsection (F).
    - b. Except for revisions qualifying as administrative or minor under R18-2-318 and R18-2-319, all of the requirements for public notice and participation under R18-2-330 shall have been met.
    - c. For Class I permits, the Director shall have complied with the requirements of R18-2-307 for notifying and responding to affected states, and if applicable, other notification requirements of R18-2-402(D)(2) and R18-2-410(C)(2).
    - d. For Class I and II permits, the conditions of the permit shall require compliance with all applicable requirements.
    - e. For permits for which an application is required to be submitted to the Administrator under R18-2-307(A), and to which the Administrator has properly objected to its issuance in writing within 45 days of receipt of the proposed final permit and all necessary supporting information from the Department, the Director has revised and submitted a proposed final permit in response to the objection and EPA has not objected to this proposed final permit within 45 days of receipt.
    - f. For permits to which the Administrator has objected to issuance pursuant to a petition filed under 40 CFR 70.8(d), the Administrator's objection has been resolved.
    - g. For a Class II permit that contains voluntary emission limitations, controls, or other requirements established pursuant to R18-2-306.01 or R18-2-306.03 the Director shall have complied with the requirement of R18-2-306.01(C) or R18-2-306.03(C) to provide the Administrator with a copy of the proposed permit.
  3. If the Director denies a permit under this Section, a notice shall be served on the applicant by certified mail, return receipt requested. The notice shall include a statement detailing the grounds for the denial and a statement that the permit applicant is entitled to a hearing.
  4. The Director shall provide a statement that sets forth the legal and factual basis for the proposed permit conditions including references to the applicable statutory or regulatory provisions. The Director shall send this statement to any person who requests it and, for Class I permits, to the Administrator.
  5. Priority shall be given by the Director to taking action on applications for construction or modification submitted pursuant to Title I, Parts C (Prevention of Significant Deterioration) and D (New Source Review) of the Act.
- K. Requirement for a Permit.** Except as noted under the provisions in R18-2-317 and R18-2-319, no source may operate after the time that it is required to submit a timely and complete application, except in compliance with a permit issued pursuant to this Chapter. However, if a source under R18-2-326(A)(3) submits a timely and complete application for continued operation under a permit revision or renewal, the source's failure to have a permit is not a violation of this Arti-

cle until the Director takes final action on the application. This protection shall cease to apply if, subsequent to the completeness determination, the applicant fails to submit, by the deadline specified in writing by the Director, any additional information identified as being needed to process the application. This subsection does not affect a source's obligation to obtain a permit revision before making a modification to the source.

**Historical Note**

Amended effective August 7, 1975 (Supp. 75-1). Former Section R9-3-304 repealed, new Section R9-3-304 formerly Section R9-3-305 renumbered and amended effective August 6, 1976 (Supp. 76-4). Former Section R9-3-304 repealed, new Section R9-3-304 adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Former Section R9-3-304 repealed, new Section R9-3-304 adopted effective May 28, 1982 (Supp. 82-3). Former Section R9-3-304 renumbered without change as Section R18-2-304 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4). Amended effective October 7, 1994 (Supp. 94-4). Amended effective August 1, 1995 (Supp. 95-3). The reference to R18-2-101(54) in subsection (E)(8) corrected to reference R18-2-101(57) (Supp. 99-3). Amended by final rulemaking at 6 A.A.R. 343, effective December 20, 1999 (Supp. 99-4). Amended by final rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1). Amended by final rulemaking at 25 A.A.R. 3630, February 1, 2020 (Supp. 19-4). Amended by final rulemaking at 32 A.A.R. 55 (January 2, 2026), effective February 7, 2026 (Supp. 25-4).

**R18-2-305. Public Records; Confidentiality**

- A.** The Director shall make all permits, including all elements required to be in the permit pursuant to R18-2-306, available to the public. No permit shall be issued unless the information required by R18-2-306 is present in the permit.
- B.** A notice of confidentiality pursuant to A.R.S. § 49-432(C) shall:
  1. Precisely identify the information in the documents submitted which is considered confidential.
  2. Contain sufficient supporting information to allow the Director to evaluate whether such information satisfies the requirements related to trade secrets or, if applicable, how the information, if disclosed, is likely to cause substantial harm to the person's competitive position.
- C.** Within 30 days of receipt of a notice of confidentiality that complies with subsection (B) above, the Director shall make a determination as to whether the information satisfies the requirements for trade secret or competitive position pursuant to A.R.S. § 49-432(C)(1) and so notify the applicant in writing. If the Director agrees with the applicant that the information covered by the notice of confidentiality satisfies the statutory requirements, the Director shall include a notice in the file for the permit or permit application that certain information has been considered confidential.
- D.** If the Director takes action pursuant to A.R.S. § 49-432(D) and obtains a final order authorizing disclosure, the Director shall place the information in the public file and shall notify

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any person who has requested disclosure. If the court determines that the information is not subject to disclosure, the Director shall provide the notice specified in subsection (C) above.

**Historical Note**

Amended effective August 7, 1975 (Supp. 75-1). Amended as an emergency effective December 15, 1975 (Supp. 75-2). Amended effective May 10, 1976 (Supp. 76-3). Former Section R9-3-306 renumbered as Section R9-3-305 effective August 6, 1976. References changed to conform (Supp. 76-4). Amended effective April 12, 1977 (Supp. 77-2). Amended effective March 24, 1978 (Supp. 78-2). Former Section R9-3-305 repealed, new Section R9-3-305 adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Former Section R9-3-305 repealed, new Section R9-3-305 adopted effective May 28, 1982 (Supp. 82-3). Former Section R9-3-305 renumbered without change as R18-2-305 (Supp. 87-3). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4).

**R18-2-306. Permit Contents**

A. Each permit issued by the Director shall include the following elements:

1. The date of issuance and the permit term.
2. Enforceable emission limitations and standards, including operational requirements and limitations that ensure compliance with all applicable requirements at the time of issuance and operational requirements and limitations that have been voluntarily accepted under R18-2-306.01 or R18-2-306.03.
  - a. The permit shall specify and reference the origin of and authority for each term or condition and identify any difference in form as compared to the applicable requirement upon which the term or condition is based.
  - b. The permit shall state that, if an applicable requirement of the Act is more stringent than an applicable requirement of regulations promulgated under Title IV of the Act, both provisions shall be incorporated into the permit and shall be enforceable by the Administrator.
  - c. Any permit containing an equivalency demonstration for an alternative emission limit submitted under R18-2-304(E) shall contain provisions to ensure that any resulting emissions limit has been demonstrated to be quantifiable, accountable, enforceable, and based on replicable procedures.
  - d. The permit shall specify applicable requirements for fugitive emission limitations, regardless of whether the source category in question is included in the list of sources contained in the definition of major source in R18-2-101.
3. Each permit shall contain the following requirements with respect to monitoring:
  - a. All monitoring and analysis procedures or test methods required under applicable monitoring and testing requirements, including:
    - i. Monitoring and analysis procedures or test methods under 40 CFR 64;
    - ii. Other procedures and methods promulgated under sections 114(a)(3) or 504(b) of the Act; and
    - iii. Monitoring and analysis procedures or test methods required under R18-2-306.01 or R18-2-306.03.
  - b. 40 CFR 64 as adopted July 1, 1998, is incorporated by reference and on file with the Department and the Office of the Secretary of State. This incorporation by reference contains no future editions or amendments. If more than one monitoring or testing requirement applies, the permit may specify a streamlined set of monitoring or testing provisions if the specified monitoring or testing is adequate to assure compliance at least to the same extent as the monitoring or testing applicable requirements not included in the permit as a result of such streamlining;
  - c. If the applicable requirement does not require periodic testing or instrumental or noninstrumental monitoring (which may consist of recordkeeping designed to serve as monitoring), periodic monitoring sufficient to yield reliable data from the relevant time period that are representative of the source's compliance with the permit as reported under subsection (A)(4). The monitoring requirements shall ensure use of terms, test methods, units, averaging periods, and other statistical conventions consistent with the applicable requirement, and as otherwise required under R18-2-306.01 or R18-2-306.03. Recordkeeping provisions may be sufficient to meet the requirements of this subsection; and
  - d. As necessary, requirements concerning the use, maintenance, and, if appropriate, installation of monitoring equipment or methods.
4. The permit shall incorporate all applicable recordkeeping requirements including recordkeeping requirements established under R18-2-306.01 or R18-2-306.03, for the following:
  - a. Records of required monitoring information that include the following:
    - i. The date, place as defined in the permit, and time of sampling or measurement;
    - ii. The date any analyses was performed;
    - iii. The name of the company or entity that performed the analysis;
    - iv. A description of the analytical technique or method used;
    - v. The results of any analysis; and
    - vi. The operating conditions existing at the time of sampling or measurement;
  - b. Retention of records of all required monitoring data and support information for a period of at least five years from the date of the monitoring sample, measurement, report, or application. Support information includes all calibration and maintenance records and all original strip-chart recordings for continuous monitoring instrumentation and copies of all reports required by the permit.
5. The permit shall incorporate all applicable reporting requirements including reporting requirements established under R18-2-306.01 or R18-2-306.03 and require the following:
  - a. Submittal of reports of any required monitoring. All instances of deviations from permit requirements shall be clearly identified in the reports. All required reports shall be certified by a responsible official

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- consistent with R18-2-304(I) and R18-2-309(A)(5) and shall be submitted with the following frequency:
- i. For a Class I permit, at least once every six months;
  - ii. For a Class II permit, at least once per year.
- b. Prompt reporting of deviations from permit requirements, including those attributable to upset conditions as defined in the permit, the probable cause of the deviations, and any corrective actions or preventive measures taken. Where the applicable requirement contains a definition of prompt or otherwise specifies a timeframe for reporting deviations, that definition or timeframe shall govern. Where the applicable requirement does not address the timeframe for reporting deviations, the permittee shall submit reports of deviations in compliance with the following schedule:
    - i. Notice that complies with timeframe in R18-2-310.01(A) is prompt for deviations that constitute excess emissions;
    - ii. Except as otherwise provided in the permit, notice that complies with subsection (A)(5)(a) is prompt for all other types of deviation.
6. A permit condition prohibiting emissions exceeding any allowances the source lawfully holds under Title IV of the Act or the regulations promulgated thereunder.
    - a. A permit revision is not required for increases in emissions that are authorized by allowances acquired under the acid rain program, if the increases do not require a permit revision under any other applicable requirement.
    - b. A limit shall not be placed on the number of allowances held by the source. The source shall not, however, use allowances as a defense to noncompliance with any other applicable requirement.
    - c. Any allowance shall be accounted for according to the procedures established in regulations promulgated under Title IV of the Act.
    - d. Any permit issued under the requirements of this Chapter and Title V of the Act to a unit subject to the provisions of Title IV of the Act shall include conditions prohibiting all of the following:
      - i. Annual emissions of sulfur dioxide in excess of the number of allowances to emit sulfur dioxide held by the owner or operator of the unit or the designated representative of the owner or operator,
      - ii. Exceedances of applicable emission rates,
      - iii. Use of any allowance before the year for which it is allocated, and
      - iv. Contravention of any other provision of the permit.
  7. A severability clause to ensure the continued validity of the various permit requirements in the event of a challenge to any portion of the permit.
  8. Provisions stating the following:
    - a. The permittee shall comply with all conditions of the permit including all applicable requirements of Arizona air quality statutes A.R.S. Title 49, Chapter 3, and the air quality rules, 18 A.A.C. 2. Any permit noncompliance is grounds for enforcement action; for a permit termination, revocation and reissuance, or revision; or for denial of a permit renewal application. Noncompliance with any federally enforceable requirement in a permit is a violation of the Act.
  - b. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of the permit.
  - c. The permit may be revised, reopened, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or of a notification of planned changes or anticipated noncompliance does not stay any permit condition.
  - d. The permit does not convey any property rights of any sort, or any exclusive privilege to the permit holder.
  - e. The permittee shall furnish to the Director, within a reasonable time, any information that the Director may request in writing to determine whether cause exists for revising, revoking and reissuing, or terminating the permit, or to determine compliance with the permit. Upon the Director's request, the permittee shall also furnish to the Director copies of records required to be kept by the permit. For information claimed to be confidential, the permittee shall furnish a copy of the records directly to the Administrator along with a claim of confidentiality.
  - f. For any major source operating in a nonattainment area for all pollutants for which the source is classified as a major source, the source shall comply with reasonably available control technology.
9. A provision to ensure that the source pays fees to the Director under A.R.S. § 49-426(E), R18-2-326, and R18-2-511.
  10. A provision stating that a permit revision shall not be required under any approved economic incentives, marketable permits, emissions trading, and other similar programs or processes for changes provided for in the permit.
  11. Terms and conditions for reasonably anticipated operating scenarios identified by the source in its application as approved by the Director. The terms and conditions shall:
    - a. Require the source, contemporaneously with making a change from one operating scenario to another, to record in a log at the permitted facility a record of the scenario under which it is operating;
    - b. Extend the permit shield described in R18-2-325 to all terms and conditions under each such operating scenario; and
    - c. Ensure that the terms and conditions of each such alternative scenario meet all applicable requirements and the requirements of this Chapter.
  12. Terms and conditions, if the permit applicant requests them, and as approved by the Director, for the trading of emissions increases and decreases in the permitted facility, to the extent that the applicable requirements provide for trading the increases and decreases without a case-by-case approval of each emissions trade. The terms and conditions:
    - a. Shall include all terms required under subsections (A) and (C) to determine compliance;
    - b. Shall not extend the permit shield in subsection (D) to all terms and conditions that allow the increases and decreases in emissions;



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- c. Shall not include trading that involves emission units for which emissions are not quantifiable or for which there are no replicable procedures to enforce the emissions trades; and
  - d. Shall meet all applicable requirements and requirements of this Chapter.
- 13. Terms and conditions, if the permit applicant requests them and they are approved by the Director, setting forth intermittent operating scenarios including potential periods of downtime. If the terms and conditions are included, the state's emissions inventory shall not reflect the zero emissions associated with the periods of downtime.
- 14. Upon request of a permit applicant, the Director shall issue a permit that contains terms and conditions allowing for the trading of emission increases and decreases in the permitted facility solely for the purpose of complying with a federally enforceable emission cap established in the permit independent of otherwise applicable requirements. The permit applicant shall include in its application proposed replicable procedures and permit terms that ensure the emissions trades are quantifiable and enforceable. The Director shall not include in the emissions trading provisions any emissions units for which emissions are not quantifiable or for which there are no replicable procedures to enforce the emissions trades. The permit shall also require compliance with all applicable requirements. Changes made under this subsection (shall) not include modifications under any provision of Title I of the Act and shall not exceed emissions allowable under the permit. The terms and conditions shall provide, for Class I sources, for notice that conforms to R18-2-317(D) and (E), and for Class II sources, for logging that conforms to R18-2-317.02(B)(5). In addition, the notices for Class I and Class II sources shall describe how the increases and decreases in emissions will comply with the terms and conditions of the permit.
- 15. Other terms and conditions as are required by the Act, A.R.S. Title 49, Chapter 3, Articles 1 and 2, and the rules adopted in 18 A.A.C. 2.
- B. Federally-enforceable Requirements.**
  - 1. The following permit conditions shall be enforceable by the Administrator and citizens under the Act:
    - a. Except as provided in subsection (B)(2), all terms and conditions in a Class I permit, including any provision designed to limit a source's potential to emit;
    - b. Terms or conditions in a Class II permit setting forth federal applicable requirements; and
    - c. Terms and conditions in any permit entered into voluntarily under R18-2-306.01 or R18-2-306.03, as follows:
      - i. Emissions limitations, controls, or other requirements; and
      - ii. Monitoring, recordkeeping, and reporting requirements associated with the emissions limitations, controls, or other requirements in subsection (B)(1)(c)(i).
  - 2. Notwithstanding subsection (B)(1)(a), the Director shall specifically designate as not being federally enforceable under the Act any terms and conditions included in a Class I permit that are not required under the Act or under any of its applicable requirements.
- C.** Each permit shall contain a compliance plan as specified in R18-2-309.
- D.** Each permit shall include the applicable permit shield provisions under R18-2-325.
- E.** Emergency provision.
  - 1. An "emergency" means any situation arising from sudden and reasonably unforeseeable events beyond the control of the source, including acts of God, that requires immediate corrective action to restore normal operation and that causes the source to exceed a technology-based emission limitation under the permit, due to unavoidable increases in emissions attributable to the emergency. An emergency shall not include noncompliance to the extent caused by improperly designed equipment, lack of preventative maintenance, careless or improper operation, or operator error.
  - 2. An emergency constitutes an affirmative defense to an action brought for noncompliance with technology-based emission limitations if the conditions of subsection (E)(3) are met.
  - 3. The affirmative defense of emergency shall be demonstrated through properly signed, contemporaneous operating logs, or other relevant evidence that:
    - a. An emergency occurred and the permittee can identify the cause or causes of the emergency;
    - b. At the time of the emergency the permitted facility was being properly operated;
    - c. During the period of the emergency, the permittee took all reasonable steps to minimize levels of emissions that exceeded the emissions standards or other requirements in the permit; and
    - d. The permittee submitted notice of the emergency to the Director by certified mail, facsimile, or hand delivery within two working days of the time when emission limitations were exceeded due to the emergency. This notice shall contain a description of the emergency, any steps taken to mitigate emissions, and corrective action taken.
  - 4. In any enforcement proceeding, the permittee seeking to establish the occurrence of an emergency has the burden of proof.
  - 5. This provision is in addition to any emergency or upset provision contained in any applicable requirement.
- F.** A Class I permit issued to a major source shall require that revisions be made under R18-2-321 to incorporate additional applicable requirements adopted by the Administrator under the Act that become applicable to a source with a permit with a remaining permit term of three or more years. A revision shall not be required if the effective date of the applicable requirement is after the expiration of the permit. The revisions shall be made as expeditiously as practicable, but not later than 18 months after the promulgation of the standards and regulations. Any permit revision required under this subsection shall comply with R18-2-322 for permit renewal and shall reset the five-year permit term.

**Historical Note**

Adopted effective August 7, 1975 (Supp. 75-1). Former Section R9-3-307 renumbered as Section R9-3-306 effective August 6, 1976. Reference changed to conform (Supp. 76-4). Former Section R9-3-306 repealed, new Section R9-3-306 adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Amended effective July 9, 1980 (Supp. 80-4). Amended subsection (A) effective May 28, 1982 (Supp. 82-3).

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Amended subsection (A) effective September 28, 1984 (Supp. 84-5). Former Section R9-3-306 renumbered without change as R18-2-306 (Supp. 87-3). Amended subsection (I) effective December 1, 1988 (Supp. 88-4). Amended effective September 26, 1990 (Supp. 90-3). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4). Amended effective August 1, 1995 (Supp. 95-3). Amended effective June 4, 1998 (Supp. 98-2). Amended by final rulemaking at 5 A.A.R. 4074, effective September 22, 1999 (Supp. 99-3). Amended by final rulemaking at 6 A.A.R. 343, effective December 20, 1999 (Supp. 99-4). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1). Amended by final rulemaking at 32 A.A.R. 55 (January 2, 2026), effective February 7, 2026 (Supp. 25-4).

**R18-2-306.01. Permits Containing Voluntarily Accepted Emission Limitations and Standards**

- A. A source may voluntarily propose in its application, and accept in its permit, emissions limitations, controls, or other requirements that are permanent, quantifiable, and otherwise enforceable as a practical matter in order to avoid classification as a source that requires a Class I permit or to avoid one or more other applicable requirements.
- B. In order for a source to obtain a permit containing voluntarily accepted emissions limitations, controls, or other requirements, the source shall demonstrate all of the following in its permit application:
  - 1. The emissions limitations, controls, or other requirements to be imposed for the purpose of avoiding an applicable requirement are at least as stringent as the emissions limitations, controls, or other requirements that would otherwise be applicable to that source, including those that originate in an applicable implementation plan; and the permit does not waive, or make less stringent, any limitations or requirements contained in or issued pursuant to an applicable implementation plan, or that are otherwise federally enforceable.
  - 2. All voluntarily accepted emissions limitations, controls, or other requirements will be permanent, quantifiable, and otherwise enforceable as a practical matter.
- C. At the same time as notice of proposed issuance is first published pursuant to A.R.S. § 49-426(D), the Director shall send a copy of any Class II permit proposed to be issued pursuant to this Section to the Administrator for review during the comment period described in the notice pursuant to R18-2-330(C)(3).
- D. The Director shall send a copy of each final permit issued pursuant to this Section to the Administrator.

**Historical Note**

Adopted effective August 1, 1995 (Supp. 95-3). Amended by final rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1). Amended by final rulemaking at 32 A.A.R. 55 (January 2, 2026), effective February 7, 2026 (Supp. 25-4).

**R18-2-306.02. Establishment of an Emissions Cap**

- A. An applicant may, in its application for a new permit, renewal of an existing permit, or as a significant permit revision, request an emissions cap for a particular pollutant expressed in tons per year as determined on a 12-month rolling average, or any shorter averaging time necessary to enforce any applicable

requirement, for any emissions unit, combination of emissions units, or an entire source to allow operating flexibility including emissions trading for the purpose of complying with the cap. This Section shall not apply to sources that hold an authority to operate under a general permit pursuant to Article 5 of this Chapter.

- B. An emissions cap for a Class II source that limits the emissions of a particular pollutant for the entire source shall not exceed any of the following:
  - 1. The applicable requirement for the pollutant if expressed in tons per year;
  - 2. The source's actual emissions plus the applicable significance level for the pollutant established in R18-2-101(131).
  - 3. The applicable major source threshold for the pollutant; or
  - 4. A source wide emission limitation for the pollutant voluntarily agreed to by the source under R18-2-306.01 or R18-2-306.03.
- C. In order to incorporate an emissions cap in a permit the applicant must demonstrate to the Director that terms and conditions in the permit will:
  - 1. Ensure compliance with all applicable requirements for the pollutant;
  - 2. Contain replicable procedures to ensure that the emissions cap is enforceable as a practical matter and emissions trading conducted under it is quantifiable and enforceable as a practical matter. For the purposes of this Section, "enforceable as a practical matter" shall include the following criteria:
    - a. The permit conditions are permanent and quantifiable;
    - b. The permit includes a legally enforceable obligation to comply;
    - c. The limits impose an objective and quantifiable operational or production limit or require the use of in-place air pollution control equipment;
    - d. The permit limits have short-term averaging times consistent with the averaging times of the applicable requirement;
    - e. The permit conditions are enforceable and are independent of any other applicable limitations; and
    - f. The permit conditions for monitoring, record keeping, and reporting requirements are sufficient to comply with R18-2-306(A)(3), (4), and (5).
- D. Class I sources shall log an increase or decrease in actual emissions authorized as a trade under an emissions cap unless an applicable requirement requires notice to the Director. The log shall contain the information required by the permit including, at a minimum, when the proposed emissions increase or decrease occurred, a description of the physical change or change in method of operation that produced the increase or decrease, the change in emissions from the physical change or change in method of operation, and how the increase or decrease in emissions complies with the permit. Class II sources shall comply with R18-2-317.02(B)(5).
- E. The Director shall not include in an emissions cap or emissions trading allowed under a cap any emissions unit for which the emissions are not quantifiable or for which there are no replicable procedures or practical means to enforce emissions trades.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 4074, effective September 22, 1999 (Supp. 99-3). Section

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expired under A.R.S. § 41-1056(J) at 22 A.A.R. 2982, effective September 15, 2016 (Supp. 16-3). New Section made by final rulemaking at 32 A.A.R. 55 (January 2, 2026), effective February 7, 2026 (Supp. 25-4).

**R18-2-306.03. Voluntary Air Permit Requirements for Ambient Air Quality Protection and Planning**

- A. A source may voluntarily propose in its application, and accept in its permit, emissions limitations, controls, or other requirements in order to avoid interfering with attainment or maintenance of a NAAQS, to avoid impairing visibility, to comply with any other requirement of the Act, or to generate emissions reductions credits pursuant to 18 A.A.C. 2, Article 12.
- B. In order for a source to obtain a permit containing voluntarily accepted emissions limitations, controls, or other requirements, the source shall demonstrate all of the following in its permit application:
  - 1. The emissions limitations, controls, or other requirements to be imposed under subsection (A) are at least as stringent as the emissions limitations, controls, or other requirements that would otherwise be applicable to that source, including requirements imposed in an applicable implementation plan; and the permit does not waive, or make less stringent, any limitations or requirements imposed in an applicable implementation plan, or that are otherwise federally enforceable.
  - 2. All voluntarily accepted emissions limitations, controls, or other requirements will be permanent, quantifiable, and otherwise enforceable as a practical matter.
- C. At the same time as notice of proposed issuance is first published pursuant to A.R.S. § 49-426(D), the Director shall send a copy of any Class II permit proposed to be issued pursuant to this Section to the Administrator for review during the comment period described in the notice pursuant to R18-2-330(C)(3).
- D. The Director shall send a copy of each final permit issued pursuant to this Section to the Administrator.

**Historical Note**

New Section made by final rulemaking at 32 A.A.R. 55 (January 2, 2026), effective February 7, 2026 (Supp. 25-4).

**R18-2-307. Permit Review by the EPA and Affected States**

- A. Except as provided in R18-2-304(G) and as waived by the Administrator, for each Class I permit, a copy of each of the following shall be provided to the Administrator as follows:
  - 1. The applicant shall provide a complete copy of the application including any attachments, compliance plans, and other information required by R18-2-304(F) at the time of submittal of the application to the Director.
  - 2. The Director shall provide the proposed final permit after public and affected state review.
  - 3. The Director shall provide the final permit at the time of issuance.
  - 4. If a significant comment is received during the public participation process, the Director shall provide the written response to comments, which must include a written response to all significant comments raised during the public participation process on the draft permit and recorded under R18-2-330(G), and an explanation of how those public comments and the permitting authority's responses are available to the public.

- B. The Director shall keep all records associated with all permits for a minimum of five years from issuance.
- C. No permit for which an application is required to be submitted to the Administrator under subsection (A) shall be issued if the Administrator properly objects to its issuance in writing within 45 days of receipt of the proposed final permit from the Department and all necessary supporting information.
- D. Review by Affected States.
  - 1. For each Class I permit, the Director shall provide notice of each proposed permit to any affected state on or before the time that the Director provides this notice to the public as required under R18-2-330 except to the extent R18-2-319 requires the timing of the notice to be different.
  - 2. If the Director refuses to accept a recommendation of any affected state submitted during the public or affected state review period, the Director shall notify the Administrator and the affected state in writing. The notification shall include the Director's reasons for not accepting any such recommendation and shall be provided to the Administrator as part of the submittal of the proposed final permit. The Director shall not be required to accept recommendations that are not based on federal applicable requirements or requirements of state law.
- E. Any person who petitions the Administrator pursuant to 40 CFR 70.8(d) shall notify the Department by certified mail of such petition as soon as possible, but in no case more than 10 days following such petition. Such notice shall include the grounds for objection and whether such objections were raised during the public comment period. If the Administrator objects to the permit as a result of a petition filed under this subsection, the Director shall not issue the permit until EPA's objection has been resolved, except that a petition for review does not stay the effectiveness of a permit or its requirements if the permit was issued after the end of the 45-day administrative review period and prior to the Administrator's objection.
- F. If the Director has issued a permit prior to receipt of the Administrator's objection under subsection (E), and the Administrator indicates that it should be revised, terminated, or revoked and reissued, the Director shall reopen the permit in accordance with R18-2-321 and may thereafter issue only a revised permit that satisfies the Administrator's objection. In any case, the source shall not be in violation of the requirement to have submitted a timely and complete application.
- G. Prohibition on Default Issuance.
  - 1. No Class I permit including a permit renewal or revision shall be issued until affected states and the Administrator have had an opportunity to review the proposed permit.
  - 2. No permit or renewal shall be issued unless the Director has acted on the application.

**Historical Note**

Adopted effective August 7, 1975 (Supp. 75-1). Former Section R9-3-307 renumbered as Section R9-3-306 effective August 6, 1976 (Supp. 76-4). New Section R9-3-307 adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Former Section R9-3-307 repealed, new Section R9-3-307 adopted effective May 28, 1982 (Supp. 82-3). Amended subsection (B)(4)(b) effective September 22, 1983 (Supp. 83-5). Former Section R9-3-307 renumbered without change as R18-2-307 (Supp. 87-3). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1). Amended by final

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rulemaking at 32 A.A.R. 55 (January 2, 2026), effective February 7, 2026 (Supp. 25-4).

**R18-2-308. Emission Standards and Limitations**

Wherever applicable requirements apply different standards or limitations to a source for the same item, all applicable requirements shall be included in the permit.

**Historical Note**

Adopted effective August 7, 1975 (Supp. 75-1). Former Section R9-3-308 repealed, new Section R9-3-308 adopted effective May 14, 1979 (Supp. 79-1). Former Section R9-3-308 renumbered without change as R18-2-308 (Supp. 87-3). Amended effective December 1, 1988 (Supp. 88-4). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4).

**R18-2-309. Compliance Plan; Certification**

All permits shall contain the following elements with respect to compliance:

1. The elements required by R18-2-306(A)(3), (4), and (5).
2. Requirements for certifications of compliance with terms and conditions contained in the permit, including emissions limitations, standards, and work practices. Permits shall include each of the following:
  - a. The frequency of submissions of compliance certifications, which shall not be less than annually;
  - b. The means to monitor the compliance of the source with its emissions limitations, standards, and work practices;
  - c. A requirement that the compliance certification include all of the following (the identification of applicable information may cross-reference the permit or previous reports, as applicable):
    - i. The identification of each term or condition of the permit that is the basis of the certification;
    - ii. The identification of the methods or other means used by the owner or operator for determining the compliance status with each term and condition during the certification period. The methods and other means shall include, at a minimum, the methods and means required under R18-2-306(A)(3). If necessary, the owner or operator also shall identify any other material information that must be included in the certification to comply with section 113(c)(2) of the Act, which prohibits knowingly making a false certification or omitting material information;
    - iii. The status of compliance with the terms and conditions of the permit for the period covered by the certification, including whether compliance during the period was continuous or intermittent. The certification shall be based on the methods or means designated in subsection (2)(c)(ii). The certification shall identify each deviation and take it into account in the compliance certification. For emission units subject to 40 CFR 64, the certification shall also identify as possible exceptions to compliance any period during which compliance is required and in which an excursion or exceedance defined under 40 CFR 64 occurred; and
    - iv. Other facts the Director may require to determine the compliance status of the source.
- d. A requirement that permittees submit all compliance certifications to the Director. Permittees may submit compliance certifications to the Director by electronic means. Class I permittees shall also submit compliance certifications to the Administrator.
- e. Additional requirements specified in sections 114(a)(3) and 504(b) of the Act or pursuant to R18-2-306.01, R18-2-306.02, or R18-2-306.03.
3. A requirement for any document required to be submitted by a permittee, including reports, to contain a certification by a responsible official of truth, accuracy, and completeness. This certification and any other certification required under this Section shall state that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.
4. Inspection and entry provisions that require that upon presentation of proper credentials, the permittee shall allow the Director to:
  - a. Enter upon the permittee's premises where a source is located, emissions-related activity is conducted, or records are required to be kept under the conditions of the permit;
  - b. Have access to and copy, at reasonable times, any records that are required to be kept under the conditions of the permit;
  - c. Inspect, at reasonable times, any facilities, equipment (including monitoring and air pollution control equipment), practices, or operations regulated or required under the permit;
  - d. Sample or monitor, at reasonable times, substances or parameters for the purpose of assuring compliance with the permit or other applicable requirements; and
  - e. Record any inspection by use of written, electronic, magnetic, or photographic media.
5. A compliance plan that contains all the following:
  - a. A description of the compliance status of the source with respect to all applicable requirements;
  - b. A description as follows:
    - i. For applicable requirements with which the source is in compliance, a statement that the source will continue to comply with the requirements;
    - ii. For applicable requirements that will become effective during the permit term, a statement that the source will meet the requirements on a timely basis; and
    - iii. For requirements for which the source is not in compliance at the time of permit issuance, a narrative description of how the source will achieve compliance with such requirements;
  - c. A compliance schedule as follows:
    - i. For applicable requirements with which the source is in compliance, a statement that the source will continue to comply with the requirements;
    - ii. For applicable requirements that will become effective during the permit term, a statement that the source will meet such requirements on a timely basis. A statement that the source will meet in a timely manner applicable requirements that become effective during the permit term shall satisfy this provision, unless a more

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- detailed schedule is expressly required by the applicable requirement;
- iii. A schedule of compliance for sources that are not in compliance with all applicable requirements at the time of permit issuance. The schedule shall include a schedule of remedial measures, including an enforceable sequence of actions with milestones, leading to compliance with any applicable requirement for which the source will be in noncompliance at the time of permit issuance. This compliance schedule shall resemble and be at least as stringent as that contained in any judicial consent decree or administrative order to which the source is subject. The schedule of compliance shall supplement, and shall not sanction noncompliance with, the applicable requirements on which it is based.
  - d. A schedule for submission of certified progress reports no less frequently than every six months for sources required to have a schedule of compliance to remedy a violation. The progress reports shall contain:
    - i. Dates for achieving the activities, milestones, or compliance required in the schedule of compliance, and dates when such activities, milestones, or compliance were achieved; and
    - ii. An explanation of why any dates in the schedule of compliance were not or will not be met, and any preventive or corrective measures adopted.
  6. The compliance plan content requirements specified in subsection (5) shall apply and be included in the acid rain portion of a compliance plan for an affected source, except as specifically superseded by regulations promulgated under Title IV of the Act, and incorporated under R18-2-333 with regard to the schedule and each method the source will use to achieve compliance with the acid rain emissions limitations.
  7. If there is a Federal Implementation Plan (FIP) applicable to the source, a provision that compliance with the FIP is required.

**Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Amendment filed September 18, 1979, effective following the adoption of Article 7. Nonferrous Smelter Orders. Amended effective October 2, 1979 (Supp. 79-5). Article 7. Nonferrous Smelter Orders adopted effective January 8, 1980. Amendment filed September 18, 1979 effective January 8, 1980 (Supp. 80-2). Amended effective September 28, 1984 (Supp. 84-5). Former Section R9-3-309 renumbered without change as R18-2-309 (Supp. 87-3). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4). Amended effective October 7, 1994 (Supp. 94-4). Amended effective August 1, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 343, effective December 20, 1999 (Supp. 99-4). Amended by final rulemaking at 10 A.A.R. 2833, effective June 17, 2004 (Supp. 04-2). Amended by final rulemaking at 32 A.A.R. 55 (January 2, 2026), effective February 7, 2026 (Supp. 25-4).

**R18-2-310. Affirmative Defenses for Excess Emissions Due to Malfunctions, Startup, and Shutdown**

- A. Applicability.  
This rule establishes affirmative defenses for certain emissions in excess of an emission standard or limitation and applies to all emission standards or limitations except for standards or limitations:
  1. Promulgated pursuant to Sections 111 or 112 of the Act,
  2. Promulgated pursuant to Titles IV or VI of the Clean Air Act,
  3. Contained in any Prevention of Significant Deterioration (PSD) or New Source Review (NSR) permit issued by the U.S. E.P.A.,
  4. Contained in R18-2-715(F), or
  5. Included in a permit to meet the requirements of R18-2-406(A)(5).
- B. Affirmative Defense for Malfunctions.  
Emissions in excess of an applicable emission limitation due to malfunction shall constitute a violation. The owner or operator of a source with emissions in excess of an applicable emission limitation due to malfunction has an affirmative defense to a civil or administrative enforcement proceeding based on that violation, other than a judicial action seeking injunctive relief, if the owner or operator of the source has complied with the reporting requirements of R18-2-310.01 and has demonstrated all of the following:
  1. The excess emissions resulted from a sudden and unavoidable breakdown of process equipment or air pollution control equipment beyond the reasonable control of the operator;
  2. The air pollution control equipment, process equipment, or processes were at all times maintained and operated in a manner consistent with good practice for minimizing emissions;
  3. If repairs were required, the repairs were made in an expeditious fashion when the applicable emission limitations were being exceeded. Off-shift labor and overtime were utilized where practicable to ensure that the repairs were made as expeditiously as possible. If off-shift labor and overtime were not utilized, the owner or operator satisfactorily demonstrated that the measures were impracticable;
  4. The amount and duration of the excess emissions (including any bypass operation) were minimized to the maximum extent practicable during periods of such emissions;
  5. All reasonable steps were taken to minimize the impact of the excess emissions on ambient air quality;
  6. The excess emissions were not part of a recurring pattern indicative of inadequate design, operation, or maintenance;
  7. During the period of excess emissions there were no exceedances of the relevant ambient air quality standards established in Article 2 of this Chapter that could be attributed to the emitting source;
  8. The excess emissions did not stem from any activity or event that could have been foreseen and avoided, or planned, and could not have been avoided by better operations and maintenance practices;
  9. All emissions monitoring systems were kept in operation if at all practicable; and
  10. The owner or operator's actions in response to the excess emissions were documented by contemporaneous records.
- C. Affirmative Defense for Startup and Shutdown.
  1. Except as provided in subsection (C)(2), and unless otherwise provided for in the applicable requirement, emis-

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sions in excess of an applicable emission limitation due to startup and shutdown shall constitute a violation. The owner or operator of a source with emissions in excess of an applicable emission limitation due to startup and shutdown has an affirmative defense to a civil or administrative enforcement proceeding based on that violation, other than a judicial action seeking injunctive relief, if the owner or operator of the source has complied with the reporting requirements of R18-2-310.01 and has demonstrated all of the following:

- a. The excess emissions could not have been prevented through careful and prudent planning and design;
  - b. If the excess emissions were the result of a bypass of control equipment, the bypass was unavoidable to prevent loss of life, personal injury, or severe damage to air pollution control equipment, production equipment, or other property;
  - c. The source's air pollution control equipment, process equipment, or processes were at all times maintained and operated in a manner consistent with good practice for minimizing emissions;
  - d. The amount and duration of the excess emissions (including any bypass operation) were minimized to the maximum extent practicable during periods of such emissions;
  - e. All reasonable steps were taken to minimize the impact of the excess emissions on ambient air quality;
  - f. During the period of excess emissions there were no exceedances of the relevant ambient air quality standards established in Article 2 of this Chapter that could be attributed to the emitting source;
  - g. All emissions monitoring systems were kept in operation if at all practicable; and
  - h. The owner or operator's actions in response to the excess emissions were documented by contemporaneous records.
2. If excess emissions occur due to a malfunction during routine startup and shutdown, then those instances shall be treated as other malfunctions subject to subsection (B).
- D. Affirmative Defense for Malfunctions During Scheduled Maintenance.**  
If excess emissions occur due to a malfunction during scheduled maintenance, then those instances will be treated as other malfunctions subject to subsection (B).
- E. Demonstration of Reasonable and Practicable Measures.**  
For an affirmative defense under subsections (B) or (C), the owner or operator of the source shall demonstrate, through submission of the data and information required by this Section and R18-2-310.01, that all reasonable and practicable measures within the owner or operator's control were implemented to prevent the occurrence of the excess emissions.

**Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective June 19, 1981 (Supp. 81-3). Amended Arizona Testing Manual for Air Pollutant Emissions, effective September 22, 1983 (Supp. 83-5). Amended Arizona Testing Manual for Air Pollutant Emissions, as of September 15, 1984, effective August 9, 1985 (Supp. 85-4). Amended effective September 28, 1984 (Supp. 84-5). Former Section R9-3-310 renumbered without change as R18-2-310 (Supp. 87-3). Amended effective February 26, 1988 (Supp. 88-1). Amended effective September 26, 1990 (Supp. 90-3). Section repealed, new Section

adopted effective November 15, 1993 (Supp. 93-4). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 1164, effective February 15, 2001 (Supp. 01-1).

**R18-2-310.01. Reporting Requirements**

- A.** The owner or operator of any source shall report to the Director any emissions in excess of the limits established by this Chapter or the applicable permit. The report shall be in two parts as specified below:
1. Notification by telephone, facsimile, or electronic means within 24 hours of the time the owner or operator first learned of the occurrence of excess emissions that includes all available information from subsection (B).
  2. Detailed written notification by submission of an excess emissions report within 72 hours of the notification under subsection (A)(1). The excess emissions report may be submitted by electronic means.
- B.** The excess emissions report shall contain the following information:
1. The identity of each stack or other emission point where the excess emissions occurred;
  2. The magnitude of the excess emissions expressed in the units of the applicable emission limitation and the operating data and calculations used in determining the magnitude of the excess emissions;
  3. The time and duration or expected duration of the excess emissions;
  4. The identity of the equipment from which the excess emissions emanated;
  5. The nature and cause of the emissions;
  6. The steps taken, if the excess emissions were the result of a malfunction, to remedy the malfunction and the steps taken or planned to prevent the recurrence of the malfunctions;
  7. The steps that were or are being taken to limit the excess emissions; and
  8. If the source's permit contains procedures governing source operation during periods of startup or malfunction and the excess emissions resulted from startup or malfunction, a list of the steps taken to comply with the permit procedures.
- C.** In the case of continuous or recurring excess emissions, the notification requirements of this Section shall be satisfied if the source provides the required notification after excess emissions are first detected and includes in the notification an estimate of the time the excess emissions will continue. Excess emissions occurring after the estimated time period or changes in the nature of the emissions as originally reported shall require additional notification pursuant to subsections (A) and (B).

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 1164, effective February 15, 2001 (Supp. 01-1). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 32 A.A.R. 55 (January 2, 2026), effective February 7, 2026 (Supp. 25-4).

**R18-2-311. Test Methods and Procedures**

- A.** Except as otherwise specified in this Chapter, the applicable procedures and testing methods contained in the Arizona Testing Manual; 40 CFR 52, Appendices D and E; 40 CFR 60, Appendices A through F; and 40 CFR 61, Appendices B and C shall be used to determine compliance with the requirements

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established in this Chapter or contained in permits issued pursuant to this Chapter.

- B.** Except as otherwise provided in this subsection the opacity of visible emissions shall be determined by Reference Method 9 of the Arizona Testing Manual or by alternative method ALT-082 approved by the Administrator on May 15, 2012. A permit may specify a method, other than Method 9 or ALT-082, for determining the opacity of emissions from a particular emissions unit, if the method has been promulgated by the Administrator in 40 CFR 60, Appendix A or approved by the Administrator as an alternative method.
- C.** Except as otherwise specified in this Chapter, the heat content of solid fuel shall be determined according to ASTM method D-3176-89, (Practice for Ultimate Analysis of Coal and Coke) and ASTM method D-2015-91, (Test Method for Gross Calorific Value of Coal and Coke by the Adiabatic Bomb Calorimeter).
- D.** Except for ambient air monitoring and emissions testing required under Articles 9 and 11 of this Chapter, alternative and equivalent test methods in any test plan submitted to the Director may be approved by the Director for the duration of that plan provided that the following three criteria are met:
1. The alternative or equivalent test method measures the same chemical and physical characteristics as the test method it is intended to replace.
  2. The alternative or equivalent test method has substantially the same or better reliability, accuracy, and precision as the test method it is intended to replace.
  3. Applicable quality assurance procedures are followed in accordance with the Arizona Testing Manual, 40 CFR 60 or other quality assurance methods which are consistent with principles contained in the Arizona Testing Manual or 40 CFR 60 as approved by the Director.

**Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective July 9, 1980 (Supp. 80-4). Amended effective September 28, 1984 (Supp. 84-5). Former Section R9-3-311 renumbered without change as R18-2-311 (Supp. 87-3). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

**R18-2-312. Performance Tests**

- A.** Except as provided in subsection (J), within 60 days after a source subject to the permit requirements of this Article has achieved the capability to operate at its maximum production rate on a sustained basis but no later than 180 days after initial start-up of such source and at such other times as may be required by the Director, the owner or operator of such source shall conduct performance tests and furnish the Director a written report of the results of the tests.
- B.** Performance tests shall be conducted and data reduced in accordance with the test method and procedures contained in the Arizona Testing Manual unless the Director:
1. Specifies or approves, in specific cases, the use of a reference method with minor changes in methodology;
  2. Approves the use of an equivalent method;
  3. Approves the use of an alternative method the results of which he has determined to be adequate for indicating whether a specific source is in compliance; or
  4. Waives the requirement for performance tests because the owner or operator of a source has demonstrated by other means to the Director's satisfaction that the source is in compliance with the standard.
- 5.** Nothing in this Section shall be construed to abrogate the Director's authority to require testing.
- C.** Performance tests shall be conducted under such conditions as the Director shall specify to the plant operator based on representative performance of the source. The owner or operator shall make available to the Director such records as may be necessary to determine the conditions of the performance tests. Operations during periods of start-up, shutdown, and malfunction shall not constitute representative conditions of performance tests unless otherwise specified in the applicable standard.
- D.** The owner or operator of a permitted source shall provide the Director two weeks prior notice of the performance test to afford the Director the opportunity to have an observer present.
- E.** The owner or operator of a permitted source shall provide, or cause to be provided, performance testing facilities as follows:
1. Sampling ports adequate for test methods applicable to such facility.
  2. Safe sampling platform(s).
  3. Safe access to sampling platform(s).
  4. Utilities for sampling and testing equipment.
- F.** Each performance test shall consist of three separate runs using the applicable test method. Each run shall be conducted for the time and under the conditions specified in the applicable standard. For the purpose of determining compliance with an applicable standard, the arithmetic means of results of the three runs shall apply. In the event that a sample is accidentally lost or conditions occur in which one of the three runs is required to be discontinued because of forced shutdown, failure of an irreplaceable portion of the sample train, extreme meteorological conditions, or other circumstances beyond the owner or operator's control, compliance may, upon the Director's approval, be determined using the arithmetic means of the results of the two other runs. If the Director, or the Director's designee is present, tests may only be stopped with the Director's or such designee's approval. If the Director, or the Director's designee is not present, tests may only be stopped for good cause, which includes forced shutdown, failure of an irreplaceable portion of the sample train, extreme meteorological conditions, or other circumstances beyond the operator's control. Termination of testing without good cause after the first run is commenced shall constitute a failure of the test.
- G.** Except as provided in subsection (H) compliance with the emission limits established in this Chapter or as prescribed in permits issued pursuant to this Chapter shall be determined by the performance tests specified in this Section or in the permit.
- H.** In addition to performance tests specified in this Section, compliance with specific emission limits may be determined by:
1. Opacity tests.
  2. Emission limit compliance tests specifically designated as such in the regulation establishing the emission limit to be complied with.
  3. Continuous emission monitoring, where applicable quality assurance procedures are followed and where it is designated in the permit or in an applicable requirement to show compliance.
- I.** Nothing in this Section shall be so construed as to prevent the utilization of measurements from emissions monitoring devices or techniques not designated as performance tests as evidence of compliance with applicable good maintenance and operating requirements.

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- J.** The owner or operator of a source subject to this Section may request an extension to the performance test deadline due to a force majeure event as follows:
1. If a force majeure event is about to occur, occurs, or has occurred for which the owner or operator intends to assert a claim of force majeure, the owner or operator shall notify the Director in writing as soon as practicable following the date the owner or operator first knew, or through due diligence should have known that the event may cause or caused a delay in testing beyond the regulatory deadline. The notification must occur before the performance test deadline unless the initial force majeure or a subsequent force majeure event delays the notice, and in such cases, the notification shall be given as soon as practicable.
  2. The owner or operator shall provide to the Director a written description of the force majeure event and a rationale for attributing the delay in testing beyond the regulatory deadline to the force majeure; describe the measures taken or to be taken to minimize the delay; and identify a date by which the owner or operator proposes to conduct the performance test. The performance test shall be conducted as soon as practicable after the force majeure event occurs.
  3. The decision as to whether or not to grant an extension to the performance test deadline is solely within the discretion of the Director. The Director shall notify the owner or operator in writing of approval or disapproval of the request for an extension as soon as practicable.
  4. Until an extension of the performance test deadline has been approved by the Director under subsections (1), (2), and (3), the owner or operator remains subject to the requirements of this Section.
  5. For purposes of this subsection, a “force majeure event” means an event that will be or has been caused by circumstances beyond the control of the source, its contractors, or any entity controlled by the source that prevents the owner or operator from complying with the regulatory requirement to conduct performance tests within the specified timeframe despite the source’s best efforts to fulfill the obligation. Examples of such events are acts of nature, acts of war or terrorism, or equipment failure or safety hazard beyond the control of the source.
- Historical Note**
- Adopted effective May 14, 1979 (Supp. 79-1). Amended effective September 28, 1984 (Supp. 84-5). Former Section R9-3-312 renumbered without change as R18-2-312 (Supp. 87-3). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).
- R18-2-313. Existing Source Emission Monitoring**
- A.** Every source subject to an existing source performance standard as specified in this Chapter shall install, calibrate, operate, and maintain all monitoring equipment necessary for continuously monitoring the pollutants and other gases specified in this Section for the applicable source category.
1. Applicability.
    - a. Fossil-fuel fired steam generators, as specified in subsection (C)(1), shall be monitored for opacity, nitrogen oxides emissions, sulfur dioxide emissions, and oxygen or carbon dioxide.
    - b. Fluid bed catalytic cracking unit catalyst regenerators, as specified in subsection (C)(4), shall be monitored for opacity.
    - c. Sulfuric acid plants, as specified in subsection (C)(3), shall be monitored for sulfur dioxide emissions.
    - d. Nitric acid plants, as specified in subsection (C)(2), shall be monitored for nitrogen oxides emissions.
  2. Emission monitoring shall not be required when the source of emissions is not operating.
  3. Variations.
    - a. Unless otherwise prohibited by the Act, the Director may approve, on a case-by-case basis, alternative monitoring requirements different from the provisions of this Section if the installation of a continuous emission monitoring system cannot be implemented by a source due to physical plant limitations or extreme economic reasons. Alternative monitoring procedures shall be specified by the Director on a case-by-case basis and shall include, as a minimum, annual manual stack tests for the pollutants identified for each type of source in this Section. Extreme economic reasons shall mean that the requirements of this Section would cause the source to be unable to continue in business.
    - b. Alternative monitoring requirements may be prescribed when installation of a continuous emission monitoring system or monitoring device specified by this Section would not provide accurate determinations of emissions (e.g., condensed, uncombined water vapor may prevent an accurate determination of opacity using commercially available continuous emission monitoring systems).
    - c. Alternative monitoring requirements may be prescribed when the affected facility is infrequently operated (e.g., some affected facilities may operate less than one month per year).
  4. Monitoring system malfunction: A temporary exemption from the monitoring and reporting requirements of this Section may be provided during any period of monitoring system malfunction, provided that the source owner or operator demonstrates that the malfunction was unavoidable and is being repaired expeditiously.
- B.** Installation and performance testing required under this Section shall be completed and monitoring and recording shall commence within 18 months of the effective date of this Section.
- C.** Minimum monitoring requirements:
1. Fossil-fuel fired steam generators: Each fossil-fuel fired steam generator, except as provided in the following subsections, with an annual average capacity factor of greater than 30%, as reported to the Federal Power Commission for calendar year 1976, or as otherwise demonstrated to the Department by the owner or operator, shall conform with the following monitoring requirements when such facility is subject to an emission standard for the pollutant in question.
    - a. A continuous emission monitoring system for the measurement of opacity which meets the performance specifications of this Section shall be installed, calibrated, maintained, and operated in accordance with the procedures of this Section by the owner or operator of any such steam generator of



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greater than 250 million Btu per hour heat input except where:

- i. Gaseous fuel is the only fuel burned; or
  - ii. Oil or a mixture of gas and oil are the only fuels burned and the source is able to comply with the applicable particulate matter and opacity regulations without utilization of particulate matter collection equipment, and where the source has never been found to be in violation through any administrative or judicial proceedings, or accepted responsibility for any violation of any visible emission standard.
- b. A continuous emission monitoring system for the measurement of sulfur dioxide which meets the performance specifications of this Section shall be installed, calibrated, using sulfur dioxide calibration gas mixtures or other gas mixtures approved by the Director, maintained and operated on any fossil-fuel fired steam generator of greater than 250 million Btu per hour heat input which has installed sulfur dioxide pollutant control equipment.
  - c. A continuous emission monitoring system for the measurement of nitrogen oxides which meets the performance specification of this Section shall be installed, calibrated using nitric oxide calibration gas mixtures or other gas mixtures approved by the Director, maintained and operated on fossil-fuel fired steam generators of greater than 1000 million Btu per hour heat input when such facility is located in an air quality control region where the Director has specifically determined that a control strategy for nitrogen dioxide is necessary to attain the ambient air quality standard specified in R18-2-205, unless the source owner or operator demonstrates during source compliance tests as required by the Department that such a source emits nitrogen oxides at levels 30% or more below the emission standard within this Chapter.
  - d. A continuous emission monitoring system for the measurement of the percent oxygen or carbon dioxide which meets the performance specifications of this Section shall be installed, calibrated, operated, and maintained on fossil-fuel fired steam generators where measurements of oxygen or carbon dioxide in the flue gas are required to convert either sulfur dioxide or nitrogen oxides continuous emission monitoring data, or both, to units of the emission standard within this Chapter.
2. Nitric acid plants: Each nitric acid plant of greater than 300 tons per day production capacity, the production capacity being expressed as 100% acid located in an air quality control region where the Director has specifically determined that a control strategy for nitrogen dioxide is necessary to attain the ambient air quality standard specified in R18-2-205, shall install, calibrate using nitrogen dioxide calibration gas mixtures, maintain, and operate a continuous emission monitoring system for the measurement of nitrogen oxides which meets the performance specifications of this Section for each nitric acid producing facility within such plant.
  3. Sulfuric acid plants: Each sulfuric acid plant as defined in R18-2-101, of greater than 300 tons per day production capacity, the production being expressed as 100% acid, shall install, calibrate using sulfur dioxide calibration gas mixtures or other gas mixtures approved by the Director, maintain and operate a continuous emission monitoring system for the measurement of sulfur dioxide which meets the performance specifications of this Section for each sulfuric acid producing facility within such a plant.
  4. Fluid bed catalytic cracking unit catalyst regenerators at petroleum refineries. Each catalyst regenerator for fluid bed catalytic cracking units of greater than 20,000 barrels per day fresh-feed capacity shall install, calibrate, maintain and operate a continuous emission monitoring system for the measurement of opacity which meets the performance specifications of this Section for each regenerator within such refinery.
- D. Minimum specifications:** Owners or operators of monitoring equipment installed to comply with this Section shall demonstrate compliance with the following performance specifications.
1. The performance specifications set forth in Appendix B of 40 CFR 60 are incorporated herein by reference and shall be used by the Director to determine acceptability of monitoring equipment installed pursuant to this Section. However where reference is made to the Administrator in Appendix B of 40 CFR 60, the Director may allow the use of either the state-approved reference method or the federally approved reference method as published in 40 CFR 60. The performance specifications to be used with each type of monitoring system are listed below.
    - a. Continuous emission monitoring systems for measuring opacity shall comply with performance specification 1.
    - b. Continuous emission monitoring systems for measuring nitrogen oxides shall comply with performance specification 2.
    - c. Continuous emission monitoring systems for measuring sulfur dioxide shall comply with performance specification 2.
    - d. Continuous emission monitoring systems for measuring sulfur dioxide shall comply with performance specification 3.
    - e. Continuous emission monitoring systems for measuring carbon dioxide shall comply with performance specification 3.
  2. Calibration gases: Span and zero gases shall be traceable to National Bureau of Standards reference gases whenever these reference gases are available. Every six months from date of manufacture, span and zero gases shall be reanalyzed by conducting triplicate analyses using the reference methods in Appendix A of 40 CFR 60 (Chapter 1) as amended: For sulfur dioxide, use Reference Method 6; for nitrogen oxides, use Reference Method 7; and for carbon dioxide or oxygen, use Reference Method 3. The gases may be analyzed at less frequent intervals if longer shelf lives are guaranteed by the manufacturer.
  3. Cycling time: Time includes the total time required to sample, analyze, and record an emission measurement.
    - a. Continuous emission monitoring systems for measuring opacity shall complete a minimum of one cycle of sampling and analyzing for each successive six-minute period.
    - b. Continuous emission monitoring systems for measuring oxides of nitrogen, carbon dioxide, oxygen, or sulfur dioxide shall complete a minimum of one

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cycle of operation (sampling, analyzing, and date recording) for each successive 15-minute period.

4. Monitor location: All continuous emission monitoring systems or monitoring devices shall be installed such that representative measurements of emissions of process parameter (i.e., oxygen, or carbon dioxide) from the affected facility are obtained. Additional guidance for location of continuous emission monitoring systems to obtain representative samples are contained in the applicable performance specifications of Appendix B of 40 CFR 60.
  5. Combined effluents: When the effluents from two or more affected facilities of similar design and operating characteristics are combined before being released to the atmosphere through more than one point, separate monitors shall be installed.
  6. Zero and drift: Owners or operators of all continuous emission monitoring systems installed in accordance with the requirements of this Section shall record the zero and span drift in accordance with the method prescribed by the manufacturer's recommended zero and span check at least once daily, using calibration gases specified in subsection (C) as applicable, unless the manufacturer has recommended adjustments at shorter intervals, in which case such recommendations shall be followed; shall adjust the zero span whenever the 24-hour zero drift or 24-hour calibration drift limits of the applicable performance specifications in Appendix B of Part 60, Chapter 1, Title 40 CFR are exceeded.
  7. Span: Instrument span should be approximately 200% of the expected instrument data display output corresponding to the emission standard for the source.
- E. Minimum data requirement: The following subsections set forth the minimum data reporting requirements for sources employing continuous monitoring equipment as specified in this Section. These periodic reports do not relieve the source operator from the reporting requirements of R18-2-310.01.
1. The owners or operators of facilities required to install continuous emission monitoring systems shall submit to the Director a written report of excess emissions for each calendar quarter and the nature and cause of the excess emissions, if known. The averaging period used for data reporting shall correspond to the averaging period specified in the emission standard for the pollutant source category in question. The required report shall include, as a minimum, the data stipulated in this subsection.
  2. For opacity measurements, the summary shall consist of the magnitude in actual percent opacity of all six-minute opacity averages greater than any applicable standards for each hour of operation of the facility. Average values may be obtained by integration over the averaging period or by arithmetically averaging a minimum of four equally spaced, instantaneous opacity measurements per minute. Any time periods exempted shall be deleted before determining any averages in excess of opacity standards.
  3. For gaseous measurements the summary shall consist of emission averages in the units of the applicable standard for each averaging period during which the applicable standard was exceeded.
  4. The date and time identifying each period during which the continuous emission monitoring system was inoperative, except for zero and span checks and the nature of system repair or adjustment shall be reported. The Director may require proof of continuous emission monitoring

system performance whenever system repairs or adjustments have been made.

5. When no excess emissions have occurred and the continuous emission monitoring system(s) have not been inoperative, repaired, or adjusted, such information shall be included in the report.
  6. Owners or operators of affected facilities shall maintain a file of all information reported in the quarterly summaries, and all other data collected either by the continuous emission monitoring system or as necessary to convert monitoring data to the units of the applicable standard for a minimum of two years from the date of collection of such data or submission of such summaries.
- F. Data reduction: Owners or operators of affected facilities shall use the following procedures for converting monitoring data to units of the standard where necessary.

1. For fossil-fuel fired steam generators the following procedures shall be used to convert gaseous emission monitoring data in parts per million to g/million cal (lb/million Btu) where necessary.
  - a. When the owner or operator of a fossil-fuel fired steam generator elects under subsection (C)(1)(d) to measure oxygen in the flue gases, the measurements of the pollutant concentration and oxygen concentration shall each be on a consistent basis (wet or dry).
    - i. When measurements are on a wet basis, except where wet scrubbers are employed or where moisture is otherwise added to stack gases, the following conversion procedure shall be used:

$$E(Q) = C(ws)F(w) \left[ \frac{20.9}{20.9(1 - B(wa)) - \%O(2ws)} \right]$$

- ii. When measurements are on a wet basis and the water vapor content of the stack gas is determined at least once every 15 minutes the following conversion procedure shall be used:

$$E(Q) = C(ws)F \left[ \frac{20.9}{20.9(1 - B(wa))\%O(2ws)} \right]$$

Use of this equation is contingent upon demonstrating the ability to accurately determine B(ws) such that any absolute error in B(ws) will not cause an error of more than  $\pm 1.5\%$  in the term:

$$\left[ \frac{20.9}{20.9(1 - B(wa)) - \%O(2ws)} \right]$$

- iii. When measurements are on a dry basis, the following conversion procedure shall be used:

$$E(Q) = CF \left[ \frac{20.9}{20.9 - \%O(2ws)} \right]$$

- b. When the owner or operator elects under subsection (C)(1)(d) to measure carbon dioxide in the flue

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gases, the measurement of the pollutant concentration and the carbon dioxide concentration shall each be on a consistent basis (wet or dry) and the following conversion procedure used;

$$E(Q) = CF(c) \left[ \frac{100}{\%CO(2)} \right]$$

- c. The values used in the equations under subsection (F)(1) above are derived as follows:

$E(Q)$  = pollutant emission, g/million cal (lb/million Btu).

$C$  = pollutant concentration, g/dscm (lb/dscf), determined by multiplying the average concentration (ppm) for each hourly period by  $4.16 \times 10^{-5}$  M g/dscm per ppm ( $2.64 \times 10^{-9}$  M lb/dscf per ppm) where  $M$  = pollutant molecular weight, g/g-mole (lb/lb-mole),  $M = 64$  for sulfur dioxide and 46 for oxides of nitrogen.

$C(ws)$  = pollutant concentrations at stack conditions, g/wscm (lb/wscf), determined by multiplying the average concentration (ppm) for each one-hour period by  $4.15 \times 10^{-5}$  M lb/wscm per ppm ( $2.59 \times 10^{-5}$  M lb/wscf per ppm) where  $M$  = pollutant molecular weight, g/g mole (lb/lb mole).  $M = 64$  for sulfur dioxide and 46 for nitrogen oxides.

$\%O(2)$ ,  $\%CO(2)$  = Oxygen or carbon dioxide volume (expressed as percent) determined with equipment specified under subsection (D)(1)(d).

$F,F(c)$  = A factor representing a ratio of the volume of dry flue gases generated to the calorific value of the fuel combusted ( $F$ ), a factor representing a ratio of the volume of carbon dioxide generated to the calorific value of the fuel combusted ( $F(c)$ ), respectively. Values of  $F$  and  $F(c)$  are given in 40 CFR 60.45(f) (Chapter 1).

$F(w)$  = A factor representing a ratio of the volume of wet flue gases generated to the calorific value of the fuel combusted. Values of  $F(w)$  are given in Reference Method 19 of the Arizona Testing Manual.

$B(wa)$  = Proportion by volume of water vapor in the ambient air. Approval may be given for determination of  $B(wa)$  by on-site instrumental measurement provided that the absolute accuracy of the measurement technique can be demonstrated to be within  $\pm 0.7\%$  water vapor. Estimation methods for  $B(wa)$  are given in Reference Method 19 of the Arizona Testing Manual.

$B(ws)$  = Proportion by volume of water vapor in the stack gas.

2. For sulfuric acid plants as defined in R18-2-101, the owner or operator shall:
  - a. Establish a conversion factor three times daily according to the procedures of 40 CFR 60.84(b) (Chapter 1),
  - b. Multiply the conversion factor by the average sulfur dioxide concentration in the flue gases to obtain

average sulfur dioxide emissions in Kg/metric ton (lb/short ton), and

- c. Report the average sulfur dioxide emission for each averaging period in excess of the applicable emission standard in the quarterly summary.
3. For nitric acid plants, the owner or operator shall:
  - a. Establish a conversion factor according to the procedures of 40 CFR 60.73(b) (Chapter 1),
  - b. Multiply the conversion factor by the average nitrogen oxides concentration in the flue gases to obtain the nitrogen oxides emissions in the units of the applicable standard,
  - c. Report the average nitrogen oxides emission for each averaging period in excess of applicable emission standard in the quarterly summary.
4. The Director may allow data reporting or reduction procedures varying from those set forth in this Section if the owner or operator of a source shows to the satisfaction of the Director that his procedures are at least as accurate as those in this Section. Such procedures may include but are not limited to the following:
  - a. Alternative procedures for computing emission averages that do not require integration of data (e.g., some facilities may demonstrate that the variability of their emissions is sufficiently small to allow accurate reduction of data based upon computing averages from equally spaced data points over the averaging period).
  - b. Alternative methods of converting pollutant concentration measurements to the units of the emission standards.

#### Historical Note

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Editorial correction, subsection (C), paragraph (1), subparagraph (d) (Supp 80-2). Amended effective July 9, 1980 (Supp. 80-4). Former Section R9-3-313 renumbered without change as R18-2-313 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 7 A.A.R. 1164, effective February 15, 2001 (Supp. 01-1).

#### R18-2-314. Quality Assurance

Facilities subject to the permit requirements of this Article shall submit a quality assurance plan to the Director that meets the requirements of R18-2-311(D)(3) within 12 months of the effective date of this Section. Facilities subject to the requirements of R18-2-313 shall submit a quality assurance plan as specified in the permit.

#### Historical Note

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective July 9, 1980 (Supp. 80-4). Former Section R9-3-314 renumbered without change as R18-2-314 (Supp. 87-3). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4).

#### R18-2-315. Posting of Permit

- A. Any person who has been granted an individual or general permit shall post such permit or a certificate of permit issuance on location where the equipment is installed in such a manner as to be clearly visible and accessible. All equipment covered by the permit shall be clearly marked with one of the following:
  1. The current permit number,

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2. A serial number or other equipment number that is also listed in the permit to identify that piece of equipment.

**B.** A copy of the complete permit shall be kept on the site.

**Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective July 9, 1980 (Supp. 80-4). Former Section R9-3-315 renumbered without change as R18-2-315 (Supp. 87-3). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4).

**R18-2-316. Notice by Building Permit Agencies**

All agencies of the county or political subdivisions of the county that issue or grant building permits or approvals shall examine the plans and specifications submitted by an applicant for a permit or approval to determine if an air pollution permit will possibly be required under the provisions of this Chapter. If it appears that an air pollution permit will be required, the agency or political subdivision shall give written notice to the applicant to contact the Director and shall furnish a copy of that notice to the Director.

**Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Former Section R9-3-316 renumbered without change as R18-2-316 (Supp. 87-3).

**R18-2-317. Facility Changes Allowed Without Permit Revisions - Class I**

- A.** A facility with a Class I permit may make changes that contravene an express permit term without a permit revision if all of the following apply:
1. The changes are not modifications under any provision of Title I of the Act or under A.R.S. § 49-401.01(24);
  2. The changes do not exceed the emissions allowable under the permit whether expressed therein as a rate of emissions or in terms of total emissions;
  3. The changes do not violate any applicable requirements or trigger any additional applicable requirements;
  4. The changes satisfy all requirements for a minor permit revision under R18-2-319(A);
  5. The changes do not contravene federally enforceable permit terms and conditions that are monitoring (including test methods), recordkeeping, reporting, or compliance certification requirements; and
  6. The changes do not constitute a minor NSR modification.
- B.** The substitution of an item of process or pollution control equipment for an identical or substantially similar item of process or pollution control equipment shall qualify as a change that does not require a permit revision, if the substitution meets all of the requirements of subsections (A), (D), and (E).
- C.** Except for sources with authority to operate under general permits, permitted sources may trade increases and decreases in emissions within the permitted facility, as established in the permit under R18-2-306(A)(12), if an applicable implementation plan provides for the emissions trades without applying for a permit revision and based on the seven working days notice prescribed in subsection (D). This provision is available if the permit does not provide for the emissions trading as a minor permit revision.
- D.** For each change under subsections (A) through (C), a written notice by certified mail or hand delivery shall be received by the Director and the Administrator a minimum of seven working days in advance of the change. Notifications of changes associated with emergency conditions, such as malfunctions necessitating the replacement of equipment, may be provided less than seven working days in advance of the change but

must be provided as far in advance of the change or, if advance notification is not practicable, as soon after the change as possible.

**E.** Each notification shall include:

1. When the proposed change will occur;
2. A description of the change;
3. Any change in emissions of regulated air pollutants;
4. The pollutants emitted subject to the emissions trade, if any;
5. The provisions in the implementation plan that provide for the emissions trade with which the source will comply and any other information as may be required by the provisions in the implementation plan authorizing the trade;
6. If the emissions trading provisions of the implementation plan are invoked, then the permit requirements with which the source will comply; and
7. Any permit term or condition that is no longer applicable as a result of the change.

**F.** The permit shield described in R18-2-325 shall not apply to any change made under subsections (A) through (C). Compliance with the permit requirements that the source will meet using the emissions trade shall be determined according to requirements of the implementation plan authorizing the emissions trade.

**G.** Except as otherwise provided for in the permit, making a change from one alternative operating scenario to another as provided under R18-2-306(A)(11) shall not require any prior notice under this Section.

**H.** The Director shall make available to the public monthly summaries of all notices received under this Section.

**Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Former Section R9-3-317 renumbered without change as R18-2-317 (Supp. 87-3). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 5 A.A.R. 4074, effective September 22, 1999 (Supp. 99-3). Amended by final rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2).

**R18-2-317.01. Facility Changes that Require a Permit Revision - Class II**

- A.** The following changes at a source with a Class II permit shall require a permit revision:
1. A change that would trigger a new applicable requirement or violate an existing applicable requirement.
  2. Establishment of, or change in, an emissions cap under R18-2-306.02;
  3. A change that will require a case-by-case determination of an emission limitation or other standard, or a source-specific determination of ambient impacts, or a visibility or increment analysis;
  4. A change that results in emissions that are subject to monitoring, recordkeeping or reporting under R18-2-306(A)(3), (4), or (5) if the emissions cannot be measured or otherwise adequately quantified by monitoring, recordkeeping, or reporting requirements already in the permit;
  5. A change that will authorize the burning of used oil, used oil fuel, hazardous waste, or hazardous waste fuel, or any other fuel not currently authorized by the permit;
  6. A change that requires the source to obtain a Class I permit;

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7. Replacement of an item of air pollution control equipment listed in the permit with one that does not have the same or better pollutant removal efficiency;
  8. Establishment or revision of a limit under R18-2-306.01 or R18-2-306.03;
  9. Increasing operating hours or rates of production above the permitted level;
  10. A change that relaxes monitoring, recordkeeping, or reporting requirements, except when the change results:
    - a. From removing equipment that results in a permanent decrease in actual emissions, if the source keeps onsite records of the change in a log that satisfies Appendix 3 of this Chapter and if the requirements that are relaxed are present in the permit solely for the equipment that was removed; or
    - b. From a change in an applicable requirement; and
  11. A minor NSR modification.
- B.** A source with a Class II permit may make any physical change or change in the method of operation without revising the source's permit unless the change is specifically prohibited in the source's permit or is a change described in subsection (A). A change that does not require a permit revision may still be subject to requirements in R18-2-317.02.
- Historical Note**
- New Section adopted by final rulemaking at 5 A.A.R. 4074, effective September 22, 1999 (Supp. 99-3).  
Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 32 A.A.R. 55 (January 2, 2026), effective February 7, 2026 (Supp. 25-4).
- R18-2-317.02. Procedures for Certain Changes that Do Not Require a Permit Revision - Class II**
- A.** Except for a physical change or change in the method of operation at a Class II source requiring a permit revision under R18-2-317.01, or a change subject to logging or notice requirements in subsections (B) or (C), a change at a Class II source shall not be subject to revision, notice, or logging requirements under this Chapter.
- B.** Except as otherwise provided in the conditions applicable to an emissions cap created under R18-2-306.02, the following changes may be made if the source keeps onsite records of the changes according to Appendix 3:
1. Implementing an alternative operating scenario, including raw material changes;
  2. Changing process equipment, operating procedures, or making any other physical change if the permit requires the change to be logged;
  3. Engaging in any new insignificant activity listed in the definition of insignificant activities in R18-2-101 but not listed in the permit;
  4. Replacing an item of air pollution control equipment listed in the permit with an identical (same model, different serial number) item. The Director may require verification of efficiency of the new equipment by performance tests; and
  5. A change that results in a decrease in actual emissions if the source wants to claim credit for the decrease in determining whether the source has a net emissions increase for any purpose. The logged information shall include a description of the change that will produce the decrease in actual emissions. A decrease that has not been logged is creditable only if the decrease is quantifiable, enforceable, and otherwise qualifies as a creditable decrease.
- C.** Except as provided in the conditions applicable to an emissions cap created under R18-2-306.02, the following changes may be made if the source provides written notice to the Department in advance of the change as provided below:
1. Replacing an item of air pollution control equipment listed in the permit with one that is not identical but that is substantially similar and has the same or better pollutant removal efficiency: seven days. The Director may require verification of efficiency of the new equipment by performance tests;
  2. A physical change or change in the method of operation that increases actual emissions more than 10% of the major source threshold for any conventional pollutant but does not require a permit revision: seven days;
  3. Replacing an item of air pollution control equipment listed in the permit with one that is not substantially similar but that has the same or better efficiency: 30 days. The Director may require verification of efficiency of the new equipment by performance tests;
  4. A change that would trigger an applicable requirement that already exists in the permit: 30 days unless otherwise required by the applicable requirement;
  5. A change that amounts to reconstruction of the source or an affected facility: seven days. For purposes of this subsection, reconstruction of a source or an affected facility shall be presumed if the fixed capital cost of the new components exceeds 50% of the fixed capital cost of a comparable entirely new source or affected facility and the changes to the components have occurred over the 12 consecutive months beginning with commencement of construction; and
  6. A change that will result in the emissions of a new regulated air pollutant above an applicable regulatory threshold but that does not trigger a new applicable requirement for that source category: 30 days. For purposes of this requirement, an applicable regulatory threshold for a conventional air pollutant shall be 10% of the applicable major source threshold for that pollutant.
- D.** For each change under subsection (C), the written notice shall be by certified mail or hand delivery and shall be received by the Director the minimum amount of time in advance of the change. Notifications of changes associated with emergency conditions, such as malfunctions necessitating the replacement of equipment, may be provided with less than required notice, but must be provided as far in advance of the change, or if advance notification is not practicable, as soon after the change as possible. The written notice shall include:
1. When the proposed change will occur,
  2. A description of the change,
  3. Any change in emissions of regulated air pollutants, and
  4. Any permit term or condition that is no longer applicable as a result of the change.
- E.** A source may implement any change in subsection (C) without the required notice by applying for a minor permit revision under R18-2-319 and complying with R18-2-319(D)(2) and (G).
- F.** The permit shield described in R18-2-325 shall not apply to any change made under this Section, other than implementation of an alternate operating scenario under subsection (B)(1).
- G.** Notwithstanding any other part of this Section, the Director may require a permit to be revised for any change that, when considered together with any other changes submitted by the same source under this Section over the term of the permit, constitutes a change under R18-317.01(A).

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- H. If a source change is described under both subsections (B) and (C), the source shall comply with subsection (C). If a source change is described under both subsection (C) and R18-2-317.01(B), the source shall comply with R18-2-317.01(B).
- I. A copy of all logs required under subsection (B) shall be filed with the Director within 30 days after each anniversary of the permit issue date. If no changes were made at the source requiring logging, a statement to that effect shall be filed instead.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 4074, effective September 22, 1999 (Supp. 99-3).

Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2).

**R18-2-318. Administrative Permit Amendments**

- A. Except for provisions pursuant to Title IV of the Act, an administrative permit amendment is a permit revision that does any of the following:
  - 1. Corrects typographical errors;
  - 2. Identifies a change in the name, address, or phone number of any person identified in the permit, or provides a similar minor administrative change at the source;
  - 3. Requires more frequent monitoring or reporting by the permittee;
  - 4. Allows for a change in ownership or operational control of a source as approved under R18-2-323 where the Director determines that no other change in the permit is necessary, provided that a written agreement containing a specific date for transfer of permit responsibility coverage, and liability between the current and new permittee has been submitted to the Director;
- B. Administrative permit amendments to Title IV provisions of the permit shall be governed by regulations promulgated by the Administrator under Title IV of the Act.
- C. The Director shall take no more than 60 days from receipt of a request for an administrative permit amendment to take final action on such request, and for Class I permits may incorporate such changes without providing notice to the public or affected states provided that it designates any such permit revisions as having been made pursuant to this Section.
- D. The Director shall submit a copy of Class I permits revised under this Section to the Administrator.
- E. Except for administrative permit amendments involving a transfer under R18-2-323, the source may implement the changes addressed in the request for an administrative amendment immediately upon submittal of the request.

**Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Former Section R9-3-318 renumbered without change as R18-2-318 (Supp. 87-3). Amended subsection (A) effective December 1, 1988 (Supp. 88-4). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4).

**R18-2-318.01. Annual Summary Permit Amendments for Class II Permits**

The Director may amend any Class II permit annually without following R18-2-321 in order to incorporate changes reflected in logs or notices filed under R18-2-317.02. The amendment shall be effective to the anniversary date of the permit. The Director shall make available to the public for any source:

- 1. A complete record of logs and notices sent to the Department under R18-2-317.02; and

- 2. Any amendments or revisions to the source's permit.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 4074, effective September 22, 1999 (Supp. 99-3).

**R18-2-319. Minor Permit Revisions**

- A. Minor permit revision procedures may be used only for those changes at a Class I source that satisfy all of the following:
  - 1. Do not violate any applicable requirement;
  - 2. Do not involve substantive changes to existing monitoring, reporting, or recordkeeping requirements in the permit;
  - 3. Do not require or change a case-by-case determination of an emission limitation or other standard, or a source-specific determination of ambient impacts, or an analysis of impacts on visibility or maximum increases allowed under R18-2-218;
  - 4. Do not seek to establish or change a permit term or condition for which there is no corresponding underlying applicable requirement and that the source has assumed in order to avoid an applicable requirement to which the source would otherwise be subject. The terms and conditions include:
    - a. A federally enforceable emissions cap that the source would assume to avoid classification as a modification under any provision of Title I of the Act; and
    - b. An alternative emissions limit approved under regulations promulgated under the section 112(i)(5) of the Act.
  - 5. Are not modifications under any provision of Title I of the Act;
  - 6. Are not changes in fuels not represented in the permit application or provided for in the permit;
  - 7. Are not minor NSR modifications subject to R18-2-334; and
  - 8. Are not required to be processed as a significant permit revision under R18-2-320.
- B. Minor permit revision procedures shall be used for the following changes at a Class II source:
  - 1. A change that triggers a new applicable requirement if all of the following apply:
    - a. The change is not a minor NSR modification subject to R18-2-334;
    - b. A case-by-case determination of an emission limitation or other standard is not required; and
    - c. The change does not require the source to obtain a Class I permit.
  - 2. A change that increases emissions above the permitted level unless the increase otherwise creates a condition that requires a significant permit revision;
  - 3. A change in fuel from fuel oil or coal, to natural gas or propane, if not authorized in the permit;
  - 4. A change that results in emissions subject to monitoring, recordkeeping, or reporting under R18-2-306(A)(3),(4), or (5) and that cannot be measured or otherwise adequately quantified by monitoring, recordkeeping, or reporting requirements already in the permit;
  - 5. A decrease in the emissions permitted under an emissions cap unless the decrease requires a change in the conditions required to enforce the cap or to ensure that emissions trades conducted under the cap are quantifiable and enforceable; and

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6. Replacement of an item of air pollution control equipment listed in the permit with one that does not have the same or better efficiency.
- C. As approved by the Director, minor permit revision procedures may be used for permit revisions involving the use of economic incentives, marketable permits, emissions trading, and other similar approaches, to the extent that the minor permit revision procedures are explicitly provided for in an applicable implementation plan or in applicable requirements promulgated by the Administrator.
- D. An application for minor permit revision shall be on the standard application form provided under R18-2-304(B) and include the following:
1. A description of the change, the emissions resulting from the change, and any new applicable requirements that will apply if the change occurs;
  2. For Class I sources, and any source that is making the change immediately after it files the application, the source's suggested draft permit;
  3. Certification by a responsible official, consistent with standard permit application requirements, that the proposed revision meets the criteria for use of minor permit revision procedures and a request that the procedures be used;
- E. EPA and affected state notification. For Class I permits, within five working days of receipt of an application for a minor permit revision, the Director shall notify the Administrator and affected states of the requested permit revision in accordance with R18-2-307.
- F. For Class I permits, the Director shall not issue a final permit revision until after the Administrator's 45-day review period or until the Administrator has notified the Director that the Administrator will not object to issuance of the permit revision, whichever is first, although the Director may approve the permit revision before that time. Within 90 days of the Director's receipt of an application under minor permit revision procedures, or 15 days after the end of the Administrator's 45-day review period, whichever is later, the Director shall do one or more of the following:
1. Issue the permit revision as proposed,
  2. Deny the permit revision application,
  3. Determine that the proposed permit revision does not meet the minor permit revision criteria and should be reviewed under the significant revision procedures, or
  4. Revise the proposed permit revision and transmit to the Administrator the new proposed permit revision as required in R18-2-307.
- G. The source may make the change proposed in its minor permit revision application immediately after it files the application. After a Class I source makes a change allowed by the preceding sentence, and until the Director takes any of the actions specified in subsection (F), the source shall comply with both the applicable requirements governing the change and the proposed revised permit terms and conditions. During this time period, the Class I source need not comply with the existing permit terms and conditions it seeks to modify. However, if the Class I source fails to comply with its proposed permit terms and conditions during this time period, the existing permit terms and conditions it seeks to revise may be enforced against it.
- H. The permit shield under R18-2-325 shall not extend to minor permit revisions.
- I. Notwithstanding any other part of this Section, the Director may require a permit to be revised under R18-2-320 for any change that, when considered together with any other changes submitted by the same source under this Section or R18-2-317.02 over the life of the permit, do not satisfy subsection (A) for Class I sources or subsection (B) for Class II sources.
- J. The Director shall make available to the public monthly summaries of all applications for minor permit revisions.

**Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Former Section R9-3-319 renumbered without change as R18-2-319 (Supp. 87-3). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 5 A.A.R. 4074, effective September 22, 1999 (Supp. 99-3). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

**R18-2-320. Significant Permit Revisions**

- A. For Class I sources, a significant revision shall be used for an application requesting a permit revision that does not qualify as a minor permit revision or as an administrative amendment. A significant revision that is only required because of a change described in R18-2-319(A)(6) or (7) shall not be considered a significant permit revision under part 70 for the purposes of 40 CFR 64.5(a)(2). Every significant change in existing monitoring permit terms or conditions and every relaxation of reporting or recordkeeping permit terms or conditions shall follow significant revision procedures.
- B. A source with a Class II permit shall make the following changes only after the permit is revised following the public participation requirements of R18-2-330:
1. Establishing or revising a voluntarily accepted emission limitation or standard as described by R18-2-306.01, R18-2-306.02, or R18-2-306.03, except a decrease in the limitation authorized by R18-2-319(B)(5);
  2. Making any change in fuel not authorized by the permit and that is not fuel oil or coal, to natural gas or propane;
  3. A change that is a minor NSR modification subject to R18-2-334;
  4. A change that relaxes monitoring, recordkeeping, or reporting requirements, except when the change results from:
    - a. Removing equipment that results in a permanent decrease in actual emissions, if the source keeps onsite records of the change in a log that satisfies Appendix 3 of this Chapter and if the requirements that are relaxed are present in the permit solely for the equipment that was removed; or
    - b. A change in an applicable requirement.
  5. A change that will cause the source to violate an existing applicable requirement including the conditions establishing an emissions cap;
  6. A change that will require any of the following:
    - a. A case-by-case determination of an emission limitation or other standard;
    - b. A source-specific determination of ambient impacts, or an analysis of impacts on visibility or maximum allowable increases allowed under R18-2-218; or
    - c. A case-by-case determination of a monitoring, recordkeeping, and reporting requirement.
  7. A change that requires the source to obtain a Class I permit.
- C. Any modification to a major source of federally listed hazardous air pollutants, and any reconstruction of a source, or a pro-

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cess or production unit, under section 112(g) of the Act and regulations promulgated thereunder, shall follow significant permit revision procedures and any rules adopted under A.R.S. § 49-426.03.

- D.** Significant permit revisions shall meet all requirements of this Article for applications, public participation, review by affected states, and review by the Administrator that apply to permit issuance and renewal. Notwithstanding R18-2-330(C), the Director may provide notice for changes requiring a significant permit revision solely under subsections (B)(2), (4) or (6)(c) by posting a notice on the Department's website, sending emails to persons who have requested electronic notification of the Department's proposed air quality permit actions and by mailing a copy of the notice as provided in R18-2-330(C)(1).
- E.** When an existing source applies for a significant permit revision to revise its permit from a Class II permit to a Class I permit, it shall submit a Class I permit application in accordance with R18-2-304. The Director shall issue the entire permit, and not just the portion being revised, in accordance with Class I permit content and issuance requirements, including requirements for public, affected state, and EPA review, contained in R18-2-307 and R18-2-330.

**Historical Note**

Adopted effective September 26, 1990 (Supp. 90-3). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4). Amended effective June 4, 1998 (Supp. 98-2). Amended by final rulemaking at 5 A.A.R. 4074, effective September 22, 1999 (Supp. 99-3). Amended by final rulemaking at 6 A.A.R. 343, effective December 20, 1999 (Supp. 99-4). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1). Amended by final rulemaking at 32 A.A.R. 55 (January 2, 2026), effective February 7, 2026 (Supp. 25-4).

**R18-2-321. Permit Reopenings; Revocation and Reissuance; Termination****A. Reopening for Cause.**

1. Each issued permit shall include provisions specifying the conditions under which the permit shall be reopened prior to the expiration of the permit. A permit shall be reopened and revised under any of the following circumstances:
  - a. Additional applicable requirements under the Act become applicable to a major source with a remaining permit term of three or more years. Such a reopening shall be completed not later than 18 months after promulgation of the applicable requirement. No such reopening is required if the effective date of the requirement is later than the date on which the permit is due to expire, unless the original permit or any of its terms and conditions has been extended pursuant to R18-2-322(B). Any permit revision required pursuant to this subsection shall comply with provisions in R18-2-322 for permit renewal and shall reset the five-year permit term.
  - b. Additional requirements, including excess emissions requirements, become applicable to an affected source under the acid rain program. Upon approval by the Administrator, excess emissions offset plans shall be deemed to be incorporated into the Class I permit.

- c. The Director or the Administrator determines that the permit contains a material mistake or that inaccurate statements were made in establishing the emissions standards or other terms or conditions of the permit.
    - d. The Director or the Administrator determines that the permit needs to be revised or revoked to assure compliance with the applicable requirements.
  2. Proceedings to reopen and issue a permit, including appeal of any final action relating to a permit reopening, shall follow the same procedures as apply to initial permit issuance and shall, except for reopenings under subsection (A)(1)(a), affect only those parts of the permit for which cause to reopen exists. Such reopening shall be made as expeditiously as practicable.
  3. Reopenings under subsection (A)(1) shall not be initiated before a notice of such intent is provided to the source by the Director at least 30 days in advance of the date that the permit is to be reopened, except that the Director may provide a shorter time period in the case of an emergency.
  4. When a permit is reopened and revised pursuant to this Section, the Director may make appropriate revisions to the permit shield established pursuant to R18-2-325.
- B.** Within 10 days of receipt of notice from the Administrator that cause exists to reopen a Class I permit, the Director shall notify the source. The source shall have 30 days to respond to the Director. Within 90 days of receipt of notice from the Administrator that cause exists to reopen a permit, or within any extension to the 90 days granted by EPA, the Director shall forward to the Administrator and the source a proposed determination of termination, revision, or revocation and reissuance of the permit. Within 90 days of receipt of an EPA objection to the Director's proposal, the Director shall resolve the objection and act on the permit.
- C.** The Director may issue a notice of termination of a permit or registration issued pursuant to this Chapter if:
1. The Director has reasonable cause to believe that the permit or registration was obtained by fraud or misrepresentation.
  2. The person applying for the permit or registration failed to disclose a material fact required by the application form or the regulation applicable to the permit or registration, of which the applicant had or should have had knowledge at the time the application was submitted.
  3. The terms and conditions of the permit or registration have been or are being violated.
- D.** If the Director issues a notice of termination under this Section, the notice shall be served on the permittee by certified mail, return receipt requested. The notice shall include a statement detailing the grounds for the revocation and a statement that the permittee is entitled to a hearing.

**Historical Note**

Adopted effective September 22, 1983 (Supp. 83-5). Former Section R9-3-321 renumbered without change as R18-2-321 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2).

**R18-2-322. Permit Renewal and Expiration**

- A.** A permit being renewed is subject to the same procedural requirements, including any for public participation and



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affected states and Administrator review, that would apply to that permit's initial issuance.

- B. Except as provided in R18-2-303(A), permit expiration terminates the source's right to operate unless a timely application for renewal that is sufficient under A.R.S. § 41-1064 has been submitted in accordance with R18-2-304. Any testing that is required for renewal shall be completed before the proposed permit is issued by the Director.
- C. The Director shall act on an application for a permit renewal within the same time-frames as on an initial permit.

**Historical Note**

Adopted effective September 22, 1983 (Supp. 83-5). Former Section R9-3-322 renumbered without change as R18-2-322 (Supp. 87-3). Amended effective December 1, 1988 (Supp. 88-4). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4).

**R18-2-323. Permit Transfers**

- A. Except as provided in A.R.S. § 49-429 and subsection (B), a Class I or II permit may be transferred to another person if the person who holds the permit gives notice to the Director in writing at least 30 days before the proposed transfer. The notice shall contain the following:
  - 1. The permit number and expiration date;
  - 2. The name, address, and telephone number of the current permit holder;
  - 3. The name, address and telephone number of the person to receive the permit;
  - 4. The name and title of the individual within the organization who is accepting responsibility for the permit along with a signed statement by that person indicating such acceptance;
  - 5. A description of the equipment to be transferred;
  - 6. A written agreement containing a specific date for transfer of permit responsibility, coverage, and liability between the current and new permittee;
  - 7. Provisions for the payment of any fees pursuant to R18-2-326 or R18-2-501 that will be due and payable before the effective date of transfer;
  - 8. Sufficient information about the source's technical and financial capabilities of operating the source to allow the Director to make the decision in subsection (B) including:
    - a. The qualifications of each person principally responsible for the operation of the source;
    - b. A statement by the chief financial officer of the new permittee that it is financially capable of operating the facility in compliance with the law, and the information that provides the basis for that statement;
    - c. A brief description of any action for the enforcement of any federal or state law, or any county, city, or local government ordinance relating to the protection of the environment, instituted against any person employed by the new permittee and principally responsible for operating the facility during the five years preceding the date of application. In lieu of this description, the new permittee may submit a copy of the certificate of disclosure or 10-K form required under A.R.S. § 49-109, or a statement that this information has been filed in compliance with A.R.S. § 49-109.
- B. The Director shall deny the transfer if the Director determines that the organization receiving the permit is not capable of operating the source in compliance with A.R.S. Title 49,

Chapter 3, Article 2, the provisions of this Chapter or the provisions of the permit. Notice of the denial shall be sent to the original permit holder by certified mail stating the reason for the denial within 10 working days of the Director's receipt of the application. If the transfer is not denied within 10 working days after receipt of the notice, it shall be deemed approved.

- C. To appeal the transfer denial:
  - 1. Both the transferor and transferee shall petition the Office of Administrative Hearings in writing for a public hearing; and
  - 2. All parties shall follow the appeal process for a permit.
- D. The Director shall make available to the public monthly summaries of all notices received under this Section.

**Historical Note**

Adopted effective September 22, 1983 (Supp. 83-5). Former Section R9-3-323 renumbered without change as R18-2-323 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 12 A.A.R. 4698, effective February 3, 2007 (Supp. 06-4).

**R18-2-324. Portable Sources**

- A. A portable source that will operate for the five-year period of its permit solely in one county that has established a local air pollution control program pursuant to A.R.S. § 49-479 shall obtain a permit from that county. A portable source with a county permit shall not operate in any other county. A portable source that has a permit issued by the Director and obtains a county permit shall request that the Director terminate the permit. Upon issuance of the county permit, the permit issued by the Director is no longer valid.
- B. A portable source which has a county permit but proposes to operate outside that county shall obtain a permit from the Director. A portable source that has a permit issued by a county and obtains a permit issued by the Director shall request that the county terminate the permit. Upon issuance of a permit by the Director, the county permit is no longer valid. Before commencing operation in the new county, the source shall notify the Director and the control officer who has jurisdiction in the county that includes the new location according to subsection (C).
- C. A portable source required to obtain a Class I permit under R18-2-302(B)(1) may be transferred from one location to another provided that the owner or operator of such equipment notifies the Director and any control officer who has jurisdiction over the geographic area that includes the new location of the transfer at least 10 days in advance of the change in location. A portable source not required to obtain a Class I permit under R18-2-302(B)(1) may be transferred from one location to another provided that the owner or operator of such equipment notifies the Director and any control officer who has jurisdiction over the geographic area that includes the new location of the transfer prior to the transfer. The notification required under this subsection shall include:
  - 1. A description of the equipment to be transferred including the permit number for such equipment;
  - 2. A description of the present location;
  - 3. A description of the new location;
  - 4. The date on which the equipment is to be moved; and
  - 5. The date on which operation of the equipment will begin at the new location.

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- D. Any permit for a portable source shall contain conditions that will assure compliance with all applicable requirements at all authorized locations.
- E. The operation must be temporary and involve at least one change of location during the term of the permit.

**Historical Note**

Adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1). Amended by final rulemaking at 32 A.A.R. 55 (January 2, 2026), effective February 7, 2026 (Supp. 25-4).

**R18-2-325. Permit Shields**

- A. Each Class I or II permit issued under this Chapter shall specifically identify all federal, state, and local air pollution control requirements applicable to the source at the time the permit is issued. The permit shall state that compliance with the conditions of the permit shall be deemed compliance with any applicable requirement as of the date of permit issuance, provided that such applicable requirements are included and expressly identified in the permit. The Director may include in a permit determinations that other requirements specifically identified are not applicable. Any permit under this Chapter that does not expressly state that a permit shield exists shall not provide such a shield.
- B. Nothing in this Section or in any permit shall alter or affect the following:
1. The provisions of Section 303 of the Act (emergency orders), including the authority of the Administrator under that Section;
  2. The liability of an owner or operator of a source for any violation of applicable requirements prior to or at the time of permit issuance;
  3. The applicable requirements of the acid rain program, consistent with Section 408(a) of the Act;
  4. The ability of the Administrator or the Director to obtain information from a source pursuant to Section 114 of the Act, or any provision of state law;
  5. The authority of the Director to require compliance with new applicable requirements adopted after the permit is issued.
- C. In addition to the provisions of R18-2-321, a permit may be reopened by the Director and the permit shield revised when it is determined that standards or conditions in the permit are based on incorrect information provided by the applicant.

**Historical Note**

Emergency rule adopted effective September 17, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-3). Emergency rule re-adopted without change effective December 16, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency expired; text deleted (Supp. 93-1). New Section adopted effective November 15, 1993 (Supp. 93-4).

**R18-2-326. Fees Related to Individual Permits**

- A. Source Categories. The owner or operator of a source required to have an air quality permit from the Director shall pay the fees described in this Section unless authorized to operate under a general permit issued under Article 5. The fees are based on a source being classified in one of the following three categories:

1. Class I Title V sources are those required or that elect to have a permit under R18-2-302(B)(1).
2. Class II Title V sources are those required to have a permit under R18-2-302(B)(2) and that are subject to new source performance standards or national emission standards for hazardous air pollutants.
3. Class II Non-Title V sources are those required to have a permit under R18-2-302(B)(2) and that are not subject to new source performance standards or national emission standards for hazardous air pollutants.

**B. Fees for Permit Actions.**

1. The owner or operator of a Class I Title V source, Class II Title V source, or Class II Non-Title V source shall pay to the Director the following:
    - a. \$133.50 per hour, adjusted annually under subsection (H), for all permit processing time required for a billable permit action; and
    - b. The actual costs of public notice conducted according to R18-2-330.
  2. The Director may require periodic payment of permit processing fees based on the most recent accounting of time spent processing the permit including any fees for contractors.
  3. Upon completion of permit processing activities other than issuance or denial of the permit or permit revision, the Director shall send notice of the decision to the applicant along with a final itemized bill. The maximum fee for any billable permit action for a non-Title V source is \$25,000. Except as provided in subsection (G), the Director shall not issue a permit or permit revision until the final bill is paid in full.
- C. Class I Title V Fees. The owner or operator of a Class I Title V source that has undergone initial startup by January 1 shall annually pay to the Director an administrative fee plus an emissions-based fee as follows:
1. The applicable administrative fee from the table below, as adjusted annually under subsection (H). The fee is due by February 1 or 60 days after the Director mails the invoice under subsection (F), whichever is later.

Class I Title V Source Category	Administrative Fee
Aerospace	\$20,800
Air Curtain Incinerator	\$750
Cement Plants	\$63,690
Combustion/Boilers	\$15,480
Compressor Stations	\$12,730
Electronics	\$20,490
Expandable Foam	\$14,680
Foundries	\$19,520
Landfills	\$15,960
Lime Plants	\$60,160
Copper & Nickel Mines	\$15,000
Gold Mines	\$15,000
Mobile Home Manufacturing	\$14,830
Paper Mills	\$20,480
Paper Coaters	\$15,480
Petroleum Products Terminal Facilities	\$22,730
Polymeric Fabric Coaters	\$20,480

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Reinforced Plastics	\$15,480
Semiconductor Fabrication	\$26,930
Copper Smelters	\$63,690
Utilities - Fossil Fuel Fired Except Coal	\$16,440
Utilities - Coal Fired	\$32,570
Vitamin/Pharmaceutical Manufacturing	\$15,800
Wood Furniture	\$15,480
Others	\$20,490
Others with Continuous Emissions Monitoring	\$20,490

2. An emissions-based fee of \$38.25 per ton of actual emissions of all regulated pollutants emitted during the previous calendar year ending 12 months earlier. The fee is adjusted annually under subsection (C)(2)(d) and due by February 1 or 60 days after the Director mails the invoice under subsection (F), whichever is later.

- a. For purposes of this Section, "actual emissions" means the quantity of all regulated pollutants emitted during the calendar year, as determined by the annual emissions inventory under R18-2-327.
- b. For purposes of this Section, regulated pollutants consist of the following:
  - i. Nitrogen oxides and any volatile organic compounds;
  - ii. Conventional air pollutants, except carbon monoxide and ozone;
  - iii. Any pollutant that is subject to any standard promulgated under Section 111 of the Act, including fluorides, sulfuric acid mist, hydrogen sulfide, total reduced sulfur, and reduced sulfur compounds; and
  - iv. Any federally listed hazardous air pollutant.
- c. For purposes of this Section, the following emissions of regulated pollutants are excluded from a source's actual emissions:
  - i. Emissions of any regulated pollutant from the source in excess of 4,000 tons per year;
  - ii. Emissions of any regulated pollutant already included in the actual emissions for the source, such as a federally listed hazardous air pollutant that is already accounted for as a VOC or as PM<sub>10</sub>;
  - iii. Emissions from insignificant activities listed in the permit application for the source under R18-2-304(F)(8);
  - iv. Fugitive emissions of PM<sub>10</sub> from activities other than crushing, belt transfers, screening, or stacking; and
  - v. Fugitive emissions of VOC from solution-extraction units.
- d. The Director shall adjust the rate for emission-based fees every November 1, after December 4, 2007, by multiplying \$38.25 by the Consumer Price Index (CPI) for the most recent year, and then dividing by the CPI for the year 2007. The Consumer Price Index for any year is the average of the Consumer Price Index for all-urban consumers published by the United States Department of Labor, as of the close of the 12-month period ending on August 31 of that year.

D. Class II Title V Fees. The owner or operator of a Class II Title V source that has undergone initial startup by January 1 shall pay the applicable administrative fee from the table below, adjusted under subsection (H), for that calendar year, and annually thereafter. The fee is due by February 1 or 60 days after the Director mails the invoice under subsection (F), whichever is later.

Class II Title V Source Category	Administrative Fee
Synthetic minor sources, except portable sources	Administrative fee from Class I Title V table for category
Stationary	\$8,070
Portables	\$8,070
Small Source	\$750

E. Class II Non-Title V Fees. The owner or operator of a Class II Non-Title V source that has undergone initial startup by January 1 shall pay the applicable inspection fee from the table below, adjusted under subsection (H), for that calendar year, and annually thereafter. The fee is due by February 1 or 60 days after the Director mails the invoice under subsection (F), whichever is later.

Class II Non-Title V Source Category	Inspection Fee
Stationary	\$5,230
Portables	\$5,230
Gasoline Service Stations	\$750

F. The Director shall mail the owner or operator of each source an invoice for all fees due under subsections (C), (D), or (E) by December 1.

G. Any person who receives a final itemized bill from the Director under this Section for a billable permit action may request an informal review of the hours billed and may pay the bill under protest as provided below:

1. The request shall be made in writing, and received by the Director within 30 days of the date of the final bill. Unless the Director and person agree otherwise, the informal review shall take place within 30 days after the Director's receipt of the request. The Director shall arrange the date and location of the informal review with the person at least 10 business days before the informal review. The Director shall review whether the amounts of time billed are correct and reasonable for the tasks involved. The Director shall mail his or her decision on the informal review to the person within 10 business days after the informal review date.
2. The Director's decision after informal review shall become final unless, within 30 days after person's receipt of the informal review decision, the person requests a hearing under R18-1-202.
3. If the final itemized bill is paid under protest, the Director shall take final action on the permit or permit revision.

H. The Director shall adjust the hourly rate every November 1, to the nearest 10 cents per hour, after December 4, 2007, by multiplying \$133.50 by the Consumer Price Index (CPI) for the most recent year, and then dividing by the CPI for the year 2007. The Director shall adjust the administrative or inspection fees listed in subsections (C), (D), and (E) every November 1, to the nearest \$10, beginning December 4, 2007, by multiplying the administrative or inspection fee by the Consumer Price Index (CPI) for the most recent year, and then

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dividing by the CPI for the year 2007. The Consumer Price Index for any year is the average of the Consumer Price Index for all-urban consumers published by the United States Department of Labor, as of the close of the 12-month period ending on August 31 of that year.

- I.** An applicant for a Class I or Class II permit or permit revision may request that the Director provide accelerated processing of the application by providing the Director written notice 60 days before filing the application. The request shall be accompanied by an initial fee of \$15,000. The fee is non-refundable to the extent of the Director's costs for accelerating the processing if the Director undertakes the accelerated processing described below:

1. If an applicant requests accelerated permit processing, the Director may, to the extent practicable, undertake to process the permit or permit revision according to the following schedule:
  - a. For applications for initial Class I and II permits under R18-2-302 or significant permit revisions under R18-2-320, the Director shall issue or deny the proposed permit or permit revision within 120 days after the Director determines that the application is complete.
  - b. For minor permit revisions under R18-2-319, the Director shall issue or deny the permit revision within 60 days after receiving a complete application.
2. At any time after an applicant requests accelerated permit processing, the Director may require additional advance payments based on the most recent estimate of additional costs.
3. Upon completion of permit processing activities but before issuance or denial of the permit or permit revision, the Director shall send notice of the decision to the applicant along with a final bill. The maximum fee for any billable permit action for a non-Title V source is \$25,000. The final bill shall include all regular permit processing and other fees due, and, in addition, the difference between the cost of accelerating the permit application, including any costs incurred by the Director in contracting for, hiring, or supervising the work of outside consultants, and all advance payments submitted for accelerated processing. In the event all payments made exceed actual accelerated permit costs, the Director shall refund the excess advance payments. Nothing in this subsection affects the public participation requirements of R18-2-330, or EPA and affected state review as required under R18-2-307 or R18-2-319.

- J.** Inactive Sources. The owner or operator of a permitted source that has undergone initial startup but was shut down for the entire preceding year shall pay 50 percent of the administrative or inspection fee required under subsections (C), (D), or (E). The owner or operator of a source claiming inactive status under this subsection shall submit a letter to the Director by December 15 of the calendar year for which the source was inactive. Termination of a permit does not relieve a source of any past fees due.
- K.** If an applicant uses the Tier 4 method for conducting a risk management analysis (RMA) according to R18-2-1708(B), the applicant shall pay any costs incurred by the Director in contracting for, hiring or supervising work of outside consultants.
- L.** Transition.

1. Subsections (A) through (J) of this Section are effective December 4, 2007. The first administrative or inspection fees are due on February 1, 2008.
2. Except as provided in subsection (b), all fees incurred after December 4, 2007, are payable in accordance with the rates contained in this Section.
  - a. Emission-based fees for calendar year 2006 shall be billed at \$38.25 per ton and be due February 1, 2008.
  - b. The hourly rates and maximum fees for a new permit or permit revision are those in effect when the application for the permit or revision is determined to be complete.
  - c. Fees accrued but not yet paid before the effective date of this Section remain as obligations to be paid to the Department.

**Historical Note**

Emergency rule adopted effective September 17, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-3). Emergency rule re-adopted without change effective December 16, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency expired; text deleted (Supp. 93-1). New Section adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 7 A.A.R. 5670, effective January 1, 2002 (Supp. 01-4). Amended by final rulemaking at 10 A.A.R. 4767, effective November 4, 2004 (Supp. 04-4). Amended by final rulemaking at 13 A.A.R. 4379, effective December 4, 2007 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1). Amended by final expedited rulemaking at 30 A.A.R. 2422 (July 26, 2024), with an immediate effective date of July 3, 2024 (Supp. 24-3).

**R18-2-326.01. Expired****Historical Note**

New Section made by exempt rulemaking at 16 A.A.R. 844, effective July 1, 2010 (Supp. 10-2). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 613, effective February 14, 2017 (Supp. 17-1).

**R18-2-327. Emissions Inventory Questionnaire and Emissions Statement****A. Emissions Inventory Questionnaire Requirements**

1. Every source subject to permit requirements under this Chapter shall complete and submit to the Director an emissions inventory questionnaire as follows:
  - a. Sources Requiring a Class I Permit under R18-2-302(B). Sources requiring a Class I permit under R18-2-302(B) shall complete and submit to the Director an emissions inventory questionnaire no later than June 1 of each year.
  - b. Sources Requiring a Class II Permit under R18-2-302(B)
    - i. Sources requiring a Class II permit under R18-2-302(B) shall complete and submit to the Director an emissions inventory questionnaire no later than June 1 every three years beginning June 1, 2021.
    - ii. At the Director's request, sources requiring a Class II permit under R18-2-302(B) may be required to complete and submit emissions inventory questionnaires in addition to the triennial emissions inventory questionnaire required under subsection (A)(1)(b)(i). The

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Director shall notify the owner or operator of the source in writing of the decision to require additional emissions inventory questionnaires.

2. These requirements apply whether or not a permit has been issued and whether or not a permit application has been filed.
  3. The emissions inventory questionnaire shall be on an electronic or paper form provided by the Director and shall include the following information for the previous calendar year:
    - a. The source's name, description, mailing address, contact person and contact person phone number, and physical address and location, if different than the mailing address.
    - b. Process information for the source, including design capacity, throughput, operations schedule, and emissions control devices, their description and efficiencies.
    - c. The actual quantity of emissions from permitted emission points and fugitive emissions as provided in the permit, including documentation of the method of measurement, calculation, or estimation, determined pursuant to subsection (C), of the following regulated air pollutants:
      - i. Any single regulated air pollutant in a quantity greater than 1 ton or the amount listed for the pollutant in the definition of "significant" in R18-2-101(131)(a) or (b), whichever is less.
      - ii. Any combination of regulated air pollutants in a quantity greater than 2 1/2 tons.
    - d. A certification by a responsible official of truth, accuracy, and completeness. This certification shall state that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.
  4. An amendment to an emissions inventory questionnaire, containing the documentation required by subsection (A)(3), shall be submitted to the Director by any source whenever it discovers or receives notice, within two years of the original submittal, that incorrect or insufficient information was submitted to the Director by a previous emissions inventory questionnaire. The amendment shall be submitted to the Director within 30 days of discovery or receipt of notice. If the incorrect or insufficient information resulted in an incorrect annual emissions fee, the Director shall require that additional payment be made or shall apply an amount as a credit to a future annual emissions fee. The submittal of an amendment under this subsection shall not subject the owner or operator to an enforcement action or a civil or criminal penalty if the original submittal of incorrect or insufficient information was not due to willful neglect.
  5. The Director may require submittal of supplemental emissions inventory questionnaires for air contaminants pursuant to A.R.S. §§ 49-422, 49-424, and 49-426.03 through 49-426.08.
- B. Emissions Statement Requirements**
1. Any stationary source located in an ozone nonattainment area that has actual emissions of 25 tons or more of nitrogen oxides (NO<sub>x</sub>) or volatile organic compounds (VOCs) during the calendar year shall complete and submit to the Director an emissions statement no later than June 1 of the following year, except as provided in subsection (B)(5).
  2. The emissions statement shall be on an electronic or paper form provided by the Director and shall require the following information for the previous calendar year:
    - a. The source's name, description, mailing address, contact person and contact person phone number, and physical address and location, if different than the mailing address.
    - b. Process information for the source, including design capacity, throughput, operations schedule, and emissions control devices, their description and efficiencies.
    - c. Actual emissions of NO<sub>x</sub> and VOC including documentation of the method of measurement, calculation, or estimation, determined pursuant to subsection (C).
    - d. A certification by a responsible official of truth, accuracy, and completeness. This certification shall state that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.
  3. If either NO<sub>x</sub> or VOC annual emissions are greater than or equal to 25 tons, the other pollutant shall be included in the emissions statement even if less than 25 tons.
  4. An amendment to an emissions statement, containing the documentation required by subsection (B)(2), shall be submitted to the Director by any source whenever it discovers or receives notice, within two years of the original submittal, that incorrect or insufficient information was submitted to the Director by a previous emissions statement. The amendment shall be submitted to the Director within 30 days of discovery or receipt of notice. The submittal of an amendment under this subsection shall not subject the owner or operator to an enforcement action or a civil or criminal penalty if the original submittal of incorrect or insufficient information was not due to willful neglect.
  5. A source that submits an emissions inventory questionnaire under subsection (A) is exempt from subsection (B) requirements for that submission year.
- C. Emissions Estimation Methodology**
1. Actual quantities of emissions shall be determined using the following emission factors or data.
    - a. Whenever available, emissions estimates shall either be calculated from continuous emissions monitors certified pursuant to 40 CFR 75, Subpart C and referenced appendices, or data quality assured pursuant to Appendix F of 40 CFR 60.
    - b. When sufficient data pursuant to subsection (C)(1)(a) is not available, emissions estimates shall be calculated from data from source performance tests conducted pursuant to R18-2-312 in the calendar year being reported or, when not available, conducted in the most recent calendar year representing the operating conditions of the year being reported.
    - c. When sufficient data pursuant to subsections (C)(1)(a) or (b) is not available, emissions estimates shall be calculated using emissions factors from EPA Publication No. AP-42 "Compilation of Air Pollutant Emission Factors," Volume I: Stationary Point and Area Sources, Fifth Edition, 1995, U.S. Environmental Protection Agency, Research Trian-

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gle Park, NC, including Supplements A through F and all updates published through July 1, 2011 (and no future editions). AP-42 is incorporated by reference and is on file with the Department of Environmental Quality and can be obtained from the Government Printing Office, 732 North Capitol Street, NW, Washington, D.C. 20401, telephone (202) 512-1800, or by downloading the document from the website for the EPA Clearinghouse for Emission Inventories and Emission Factors.

- d. When sufficient data pursuant to subsections (C)(1)(a) through (c) is not available, emissions estimates shall be calculated from material balance using engineering knowledge of process.
  - e. When sufficient data pursuant to subsections (C)(1)(a) through (d) is not available, emissions estimates shall be calculated by equivalent methods approved by the Director. The Director shall only approve methods that are demonstrated as accurate and reliable as one of the methods in subsections (C)(1)(a) through (d).
2. Actual quantities of emissions calculated under subsection (C) shall be determined on the basis of actual operating hours, production rates, in-place process control equipment, operational process control data, and types of materials processed, stored, or combusted.

**Historical Note**

Emergency rule adopted effective September 17, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-3). Emergency rule re-adopted without change effective December 16, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency expired; text deleted (Supp. 93-1). New Section adopted effective November 15, 1993 (Supp. 93-4). Amended effective December 7, 1995 (Supp. 95-4). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1). Amended by final rulemaking at 26 A.A.R. 3092, effective January 19, 2021 (Supp. 20-4.)

**R18-2-328. Conditional Orders**

- A. The Director may grant to any person a conditional order for each air pollution source which allows such person to vary from any provision of A.R.S. Title 49, Chapter 3, Article 2, or this Chapter, for any non-federally enforceable requirement of a permit issued pursuant to this Chapter if the Director makes each of the following findings:
  1. Issuance of the conditional order will not endanger public health or the environment, impede attainment or maintenance of the national ambient air quality standards, or constitute a violation of the Act; and
  2. Either of the following is true:
    - a. There has been a breakdown of equipment or upset of operations beyond the control of the petitioner which causes the source to be out of compliance with the requirements of this Chapter; the source was in compliance with the requirements of this Chapter before the breakdown or upset, and the breakdown or upset may be corrected within a reasonable time;
    - b. There is no reasonable relationship between the economic and social cost of, and benefits to be obtained from, achieving compliance.

- B. The following procedures shall apply to a person seeking a conditional order:
  1. The person shall file a petition for a conditional order with the Director. The petition shall contain at a minimum:
    - a. A description of the breakdown or upset;
    - b. A description of corrective action being undertaken to bring the source back into compliance;
    - c. An estimate of emissions related to the breakdown or upset;
    - d. A compliance schedule with a date of final compliance and interim dates as appropriate;
    - e. A detailed analysis of the economic and social costs and benefits of achieving compliance with the requirement for which the variance is sought, if the petition is based on subsection (A)(2)(b).
  2. If the issuance of the conditional order requires a public hearing pursuant to R18-2-330, the Director shall set the hearing date within 30 days after the filing of the petition and the hearing shall be held within 60 days after the filing of the petition.
  3. Notice of the filing of a petition for a conditional order and of the hearing date on said petition shall be published in the manner provided in A.R.S. § 49-444 and R18-2-330.

- C. Decisions on petitions for a conditional order shall be made as follows:
  1. For any conditional order that requires a revision to the SIP, the Director shall comply with the requirements contained in 40 CFR 51, Subpart F.
  2. For any other conditional order, the Director shall grant or deny the petition with such terms and conditions as are listed in subsection (E)(2) within 30 days after the conclusion of any required hearing, or, if no hearing is held, within 60 days after the filing of the petition.

- D. A fee to cover the costs of processing conditional orders may be charged by the Director prior to issuance consistent with R18-2-326(I) or (J). The fee shall be deposited in the permit administration fund established in A.R.S. § 49-455.

- E. The terms of a conditional order or its renewal shall conform to the following:
  1. A conditional order issued by the Director shall be valid for such period as the Director prescribes but in no event for more than one year in the case of a source that is required to obtain a permit pursuant to this Chapter and Title V of the Act, and three years in the case of any other source that is required to obtain a permit pursuant to this Chapter.
  2. The terms and conditions which are imposed as a condition to the granting or the continued existence of a conditional order shall include:
    - a. A detailed plan for completion of corrective steps needed to conform to the provisions of A.R.S. Title 49, Chapter 3, Article 2, this Chapter, and the requirements of any permit issued pursuant to this Chapter;
    - b. A requirement that necessary construction shall begin as expeditiously as practicable and proceed as specified in the compliance schedule;
    - c. Written reports, at least quarterly, of the status of the source and construction progress;
    - d. The right of the Director to make periodic inspection of the facilities for which the conditional order is granted;

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- e. Such additional terms and conditions as the Director finds necessary to meet the requirements of this Section and A.R.S. § 49-437.
3. A holder of a conditional order may petition the Director to renew the order. The total term of the initial period and all renewals shall not exceed three years from the date of initial issuance of the order. Petitions for renewal may be filed at any time not more than 60 days nor less than 30 days prior to the expiration of the order. The Director, within 30 days of receipt of a petition, shall renew the conditional order for one year if the petitioner is in compliance and conforming with the terms and conditions imposed. The Director may refuse to renew the conditional order if, after a public hearing held within 30 days of receipt of a petition, the Director finds that the petitioner is not in compliance and conforming with the terms and conditions of the conditional order. If, after a period of three years from the date of original issuance, the petitioner is not in compliance and conforming with the terms and conditions, the Director may renew a conditional order for a total term of two additional years only if the Director finds that failure to comply and conform is due to conditions beyond the control of such petitioner.
4. If the Director amends or adopts any rule imposing conditions on the operation of an air pollution source which have become effective as to the source by reason of the action of the Director or otherwise, and which require the implementation of control strategies necessitating the installation of additional or different air pollution control equipment, the Director may renew a conditional order for an additional term. The term of the renewal shall be governed by the preceding subsections of this Section, except that the total term of the renewal shall not exceed two years.
5. A conditional order issued by the Director shall be effective when issued unless:
- The conditional order varies from the requirements of the applicable implementation plan, in which case the conditional order shall be submitted to the Administrator as a revision to the applicable implementation plan pursuant to Section 110(l) of the Act and shall become effective upon approval by the Administrator.
  - The conditional order varies from the requirements of a permit issued for a facility that is required to obtain a permit pursuant to Title V of the Act, in which case the conditional order shall be submitted to the Administrator if required by Section 505 of the Act and shall be effective at the end of the review period specified in such section, unless objected to within such period by the Administrator.
- F. Violation of the terms and conditions of the conditional order shall subject the source to suspension or revocation of the conditional order in accordance with A.R.S. § 49-441.
- Historical Note**  
Adopted effective November 15, 1993 (Supp. 93-4).
- R18-2-329. Permits Containing the Terms and Conditions of Federal Delayed Compliance Orders (DCO) or Consent Decrees**
- A. The terms and conditions of either a delayed compliance order (DCO) or consent decree shall be incorporated into a permit through a permit revision. In the event the permit expires prior to the expiration of the DCO or consent decree, the DCO or consent decree shall be incorporated into any permit renewal.
- B. The owner or operator of a source subject to a DCO or consent decree shall submit to the Director a quarterly report of the status of the source and construction progress and copies of any reports to the Administrator required under the order or decree. The Director may require additional reporting requirements and conditions in permits issued under this Article.
- C. For the purpose of this Chapter, sources subject to a consent decree issued by a federal court shall meet the same requirements as those subject to a DCO.
- Historical Note**  
Adopted effective November 15, 1993 (Supp. 93-4).
- R18-2-330. Public Participation**
- A. The Director shall provide public notice, an opportunity for public comment, and an opportunity for a hearing before taking any of the following actions:
- The issuance or denial of a permit or permit renewal,
  - The issuance or denial of a significant permit revision,
  - The revocation and reissuance or reopening of a permit,
  - The grant of any conditional orders pursuant to R18-2-328,
  - The issuance or denial of a registration for the construction of a source, except as provided in R18-2-302.01(B)(5).
- B. The Director shall provide public notice of receipt of complete applications for permits or permit revisions subject to Article 4 of this Chapter by publishing a notice in a newspaper of general circulation in the county where the source is or will be located.
- C. The Director shall provide the notice required pursuant to subsection (A) as follows:
- The Director shall publish the notice once each week for two consecutive weeks in two newspapers of general circulation in the county where the source is or will be located.
  - The Director shall mail a copy of the notice to persons on a mailing list developed by the Director consisting of those persons who have requested in writing to be placed on such a mailing list.
  - The notice shall include the following:
    - Identification of the affected facility;
    - Name and address of the permittee or applicant;
    - Name and address of the permitting authority processing the permit action;
    - The activity or activities involved in the permit action;
    - The emissions change involved in any permit revisions;
    - The air contaminants to be emitted;
    - If applicable, that a notice of confidentiality has been filed under R18-2-305;
    - If applicable, that the source has submitted a risk management analysis under R18-2-1708;
    - A statement that any person may submit written comments, or a written request for a public hearing, or both, on the proposed permit action, along with the deadline for such requests or comments;
    - The name, address, and telephone number of a person from the Department from whom additional information may be obtained;

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- k. Locations where the materials identified in subsection (D) may be reviewed and the times at which they shall be available for public inspection.
  - l. The Director shall include a statement in the public notice if the permit or permit revision would result in the generation of emission reduction credits under R18-2-1204, or the utilization of emission reduction credits under R18-2-1206.
- D. By no later than the date notice is first published under subsection (A), the Department shall make copies of the following materials available at a public location in the same county as the stationary source that is the subject of the application and at the closest Department office:
  - 1. The application;
  - 2. The proposed permit or permit revision, if applicable;
  - 3. The Department's analysis in support of the grant or denial of the permit or permit revision; and
  - 4. All other materials available to the Director that are relevant to the permit decision.
- E. The Director shall hold a public hearing to receive comments on petitions for conditional orders which would vary from requirements of the applicable implementation plan. For all other actions involving a proposed permit, the Director shall hold a public hearing only upon written request. If a public hearing is requested, the Director shall schedule the hearing and publish notice as described in A.R.S. § 49-444 and subsection (D). The Director shall give notice of any public hearing at least 30 days in advance of the hearing.
- F. At the time the Director publishes the first notice under subsection (C)(1), the applicant shall post a notice containing the information required in subsection (C)(3) at the site where the source is or may be located. Consistent with federal, state, and local law, the posting shall be prominently placed at a location under the applicant's legal control, adjacent to the nearest public roadway, and visible to the public using the public roadway. If a public hearing is to be held, the applicant shall place an additional posting providing notice of the hearing. Any posting shall be maintained until the public comment period is closed.
- G. The Director shall provide at least 30 days from the date of its first notice for public comment to receive comments and requests for a hearing. The Director shall keep a record of the commenters and of the issues raised during the public participation process and shall prepare written responses to all comments received. At the time a final proposed permit is submitted to EPA, in the case of a Class I permit, or a final decision is made, in the case of a Class II permit, the record and copies of the Director's responses shall be made available to the applicant and all commenters.
- A. For the purposes of A.R.S. §§ 49-464(G) and 49-514(G), a "material permit condition" shall mean a condition which satisfies all of the following:
  - 1. The condition is in a permit or permit revision issued by the Director or a control officer after November 15, 1993.
  - 2. The condition is identified within the permit as a material permit condition.
  - 3. The condition is one of the following:
    - a. An enforceable emission standard imposed to avoid classification as a major modification or major source or to avoid triggering any other applicable requirement;
    - b. A requirement to install, operate, or maintain a maximum achievable control technology or hazardous air pollutant reasonably available control technology required under Article 17 of this Chapter;
    - c. A requirement for the installation or certification of a monitoring device;
    - d. A requirement for the installation of air pollution control equipment;
    - e. A requirement for the operation of air pollution control equipment;
    - f. An opacity standard required by Section 111 or Title I, Part C or D of the Act.
  - 4. Violation of the condition is not covered by A.R.S. § 49-464(A) through (F), or (H) through (J) or A.R.S. § 49-514(A) through (F), or (H) through (J).
- B. For the purposes of subsections (A)(3)(c), (d), and (e), a permit condition shall not be material where the failure to comply resulted from circumstances which were outside the control of the source. As used in this Section, "circumstances outside the control of the source" shall mean circumstances where the violation resulted from a sudden and unavoidable breakdown of the process or the control equipment, resulted from unavoidable conditions during a start up or shut down or resulted from upset of operations.
- C. For purposes of this Section, the term "emission standard" shall have the meaning specified in A.R.S. §§ 49-464(U) and 49-514(T).

**Historical Note**

Adopted effective November 15, 1993 (Supp. 93-4).  
 Amended effective June 4, 1998 (Supp. 98-2). Amended  
 by final rulemaking at 12 A.A.R. 1953, effective January  
 1, 2007 (Supp. 06-2).

**R18-2-332. Stack Height Limitation**

- A. The degree of emission limitation required of any source for control of any pollutant shall not be affected by so much of the source's stack height that exceeds good engineering practice or by any other dispersion technique, except as provided in subsection (B). This Section does not require the plan to restrict, in any manner, the actual stack height of any source.
- B. Subsection (A) shall not apply to:
  - 1. Stacks in existence, or dispersion techniques implemented, on or before December 31, 1970, unless the stationary source or emission unit emitting pollutants through the stack, or employing the dispersion technique, was constructed, reconstructed or underwent a major modification after December 31, 1970; or
  - 2. Coal-fired steam electric generating units, subject to the provisions of Section 118 of the Act which commenced operation before July 1, 1957, with stacks constructed under a construction contract awarded before February 8, 1974.

**Historical Note**

Adopted effective November 15, 1993 (Supp. 93-4).  
 Amended by final rulemaking at 8 A.A.R. 1815, effective  
 March 18, 2002 (Supp. 02-1). R18-2-330 has been corrected  
 to include subsection (D)(12), which was omitted  
 when the Section was amended in the 02-1 supplement  
 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R.  
 1953, effective January 1, 2007 (Supp. 06-2). Amended  
 by final rulemaking at 18 A.A.R. 1542, effective August  
 7, 2012 (supp. 12-2). Amended by final rulemaking at 23  
 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

**R18-2-331. Material Permit Conditions**



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- C. Good engineering practice stack height is the greater of the following heights:
1. 213.25 feet (65 meters) measured from the ground-level elevation at the base of the stack;
  2. The result of one of the following equations, where “Hg” = good engineering practice stack height measured from the ground-level elevation at the base of the stack; “H” = height of nearby structures measured from the ground-level elevation at the base of the stack; and “L” = lesser dimension (height or projected width) of nearby structures:
    - a. For stacks in existence on January 12, 1979, and for which the owner or operator had obtained all applicable preconstruction permits or approvals required under 40 CFR 51 and 52,  $H_g = 2.5H$ , provided the owner or operator produces evidence that this equation was actually relied on in establishing an emission limitation; or
    - b. For all other stacks,  $H_g = H + 1.5L$ , provided that EPA, the Director, or local control agency may require the use of a field study or fluid model to verify good engineering practice stack height for the source;
  3. The height demonstrated by a fluid model or a field study approved by the reviewing agency, which ensures that the emissions from a stack do not result in excessive concentrations of any air pollutant as a result of atmospheric downwash, wakes, or eddy effects created by the source itself, nearby structures, or nearby terrain features.
- D. As used in this Section:
1. For a specific structure or terrain feature, “nearby” means:
    - a. For purposes of applying the formulae in subsection (C)(2), that distance up to five times the lesser of the height or the width dimension of a structure but not greater than 0.8 km (1/2 mile).
    - b. For conducting demonstrations under subsection (C)(3), not greater than 0.8 km (1/2 mile). An exception is that the portion of a terrain feature may be considered to be nearby which falls within a distance of up to 10 times the maximum height (Ht) of the feature, not to exceed 2 miles if such feature achieved a height (Ht) 0.8 km from the stack that is at least 40% of the good engineering practice stack height determined by the formula provided in subsection (C)(2)(b), or 85 feet (26 meters), whichever is greater, as measured from the ground-level elevation at the base of the stack.
  2. “Excessive concentrations” means:
    - a. For sources seeking credit for stack height exceeding that established under subsection (C)(2), a maximum ground-level concentration due to emissions from a stack due in whole or in part to downwash, wakes, and eddy effects produced by nearby structures or nearby terrain features which individually is at least 40% in excess of the maximum concentration experienced in the absence of such downwash, wakes, or eddy effects and which contributes to a total concentration due to emissions from all sources that is greater than a national ambient air quality standard. For sources subject to R18-2-406, an excessive concentration alternatively means a maximum ground-level concentration due to emissions from a stack due in whole or part to downwash, wakes or eddy effects produced by nearby structures or nearby terrain features which individually is at least 40% in excess of the maximum concentration experienced in the absence of such downwash, wakes, or eddy effects and greater than the applicable maximum allowable increase contained in R18-2-218. The allowable emission rate to be used in making demonstrations under subsection (C)(3) shall be prescribed by the new source performance standard which is applicable to the source category unless the owner or operator demonstrates that this emission rate is infeasible. Where such demonstrations are approved by the Director, an alternative emission rate shall be established in consultation with the source owner or operator;
  - b. For sources seeking credit after October 11, 1983, for increases in existing stack heights up to the heights established under subsection (C)(2), either:
    - i. A maximum ground-level concentration due in whole or in part to downwash, wakes, or eddy effects as provided in subsection (D)(2)(a), except that emission rate specified by any applicable SIP (or, in the absence of such a limit, the actual emission rate) shall be used; or
    - ii. The actual presence of a local nuisance caused by the existing stack, as determined by the Director; and
  - c. For sources seeking credit after January 12, 1979, for a stack height determined under subsection (C)(2), where the Director requires the use of a field study or fluid model to verify good engineering practice stack height, for sources seeking stack height credit after November 9, 1984, based on the aerodynamic influence of cooling towers, and for sources seeking stack height credit after December 31, 1970, based on the aerodynamic influence of structures not adequately represented by the equations in subsection (C)(2), a maximum ground-level concentration due in whole or in part to downwash, wakes, or eddy effects that is at least 40% in excess of the maximum concentration experienced in the absence of such downwash, wakes, or eddy effects.
- E. Before the Director issues a permit or permit revision under R18-2-334 or Article 4 to a source based on a good engineering practice stack height that exceeds the height allowed by subsections (B)(1) or (2), the Director shall notify the public of the availability of the demonstration study and provide opportunity for a public hearing in accordance with the requirements of R18-2-330.

**Historical Note**

Adopted effective November 15, 1993 (Supp. 93-4).  
 Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

**R18-2-333. Acid Rain**

- A. 40 CFR 72, 74, 75 and 76 and all accompanying appendices, adopted as of June 28, 2013, (and no future amendments) are incorporated by reference as applicable requirements. These standards are on file with the Department and shall be applied by the Department. These standards can be obtained from the U.S. Government Printing Office, Superintendent of Documents, bookstore.gpo.gov, Mail Stop: SSOP IDCC-SSOM, Washington, D.C. 20402-9328.

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- B. When used in 40 CFR 72, 74, 75 or 76, "Permitting Authority" means the Arizona Department of Environmental Quality and "Administrator" means the Administrator of the United States Environmental Protection Agency.
- C. If the provisions or requirements of the regulations incorporated in this Section conflict with any of the remaining portions of this Title, the regulations incorporated in this Section apply and take precedence.

**Historical Note**

Adopted effective October 7, 1994 (Supp. 94-4).  
 Amended effective December 7, 1995 (Supp. 95-4).  
 Amended effective December 4, 1997 (Supp. 97-4).  
 Amended by final rulemaking at 5 A.A.R. 3221, effective August 12, 1999 (Supp. 99-3). Amended by final rulemaking at 6 A.A.R. 4170, effective October 11, 2000 (Supp. 00-4). Amended by final rulemaking at 8 A.A.R. 2543, effective May 24, 2002 (Supp. 02-2). Amended by final rulemaking at 10 A.A.R. 3281, effective September 27, 2004 (Supp. 04-3). Amended by final rulemaking at 11 A.A.R. 5504, effective February 4, 2006 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 4199, effective January 5, 2008 (Supp. 07-4). Amended by final expedited rulemaking at 21 A.A.R. 2747, effective December 13, 2015 (Supp. 15-4).

**R18-2-334. Minor New Source Review****A. Applicability.**

1. Except as provided in subsection (A)(4), this Section shall apply to the following activities:
  - a. Construction of any new Class I or Class II source, including the construction of any source requiring a Class II permit under R18-2-302.01(C)(4); or
  - b. Any minor NSR modification to a Class I or Class II source.
2. This Section shall apply to a regulated minor NSR pollutant emitted by a new stationary source subject to this Section, if the source will have the potential to emit that pollutant at an amount equal to or greater than the permitting exemption threshold.
3. This Section shall apply to an increase in emissions of a regulated minor NSR pollutant from a minor NSR modification, if the modification would increase the source's potential to emit that pollutant by an amount equal to or greater than the permitting exemption threshold.
4. This Section shall not apply to the emissions of a pollutant from any of the activities identified in this subsection, if the emissions of that pollutant are subject to Article 4 of this Chapter.

- B. No person shall begin actual construction of a new stationary source, or minor NSR modification, subject to this Section without first obtaining a permit, a permit revision, a proposed final permit, or a proposed final permit revision from the Director in accordance with R18-2-304.

- C. The Director shall not issue a proposed final Class I permit or permit revision or a Class II permit or permit revision subject to this Section to a person proposing to construct a new source or make a minor NSR modification unless the source or modification meets one of the following conditions for each regulated minor NSR pollutant subject to this Section:

1. The owner or operator elects to implement RACT.
  - a. In the case of a new source, the owner or operator shall implement RACT for each emissions unit that has the potential to emit a regulated minor NSR pol-

lutant in an amount equal to or greater than 20% of the permitting exemption threshold.

- b. In the case of a minor NSR modification, the owner or operator shall implement RACT for each emissions unit that will experience an increase in the potential to emit a regulated minor NSR pollutant equal to or greater than 20% of the permitting exemption threshold.
  - c. When it is technically feasible and otherwise consistent with the definition of RACT to apply the same devices, systems, process modifications, work practices or other apparatus or techniques to a group of emissions units, that group of emissions units shall be treated as a single emissions unit for purposes of subsections (C)(1)(a) and (b). The following are examples of situations to which this subsection (may) apply:
    - i. Emissions from a group of emissions units can be vented to a single control device.
    - ii. A low-VOC coating can be used in several spray-painting booths.
2. An ambient air quality assessment demonstrates that emissions from the source or minor NSR modification will not interfere with attainment or maintenance of a national ambient air quality standard in any area.
- a. An owner or operator may elect to have the Director perform a screening model of its emissions. If the results of the screening model indicate that the source or minor NSR modification will interfere with attainment or maintenance of a national ambient air quality standard, the owner or operator may perform a more refined model to make the demonstration required by this subsection.
  - b. The requirements of this subsection shall be satisfied, if the results of the screening or more refined model conducted pursuant to subsection (B)(2)(a) demonstrate either of the following:
    - i. Ambient concentrations resulting from emissions from the source or modification combined with existing concentrations of regulated minor NSR pollutants will not interfere with attainment or maintenance of a national ambient air quality standard.
    - ii. Emissions from the source or minor modification will have an ambient impact below the significance levels as defined in R18-2-401.
  - c. The assessment required by this subsection shall take into account any limitations, controls or emissions decreases that are or will be enforceable in the permit or permit revision for the source.

**D. RACT Determinations.**

1. Except as otherwise provided in this subsection, the Director shall determine RACT on the basis of a case-by-case analysis performed by the permit applicant of the emission reduction methods available for each emission unit subject to the RACT requirement under subsection (C)(1).
2. The Director shall accept a requirement proposed by a permit applicant as RACT under subsection (C)(1) if it complies with the most recently adopted of the following guidelines or standards in effect at the time of the application:
  - a. A control technique guideline issued by the Administrator under section 108(f)(1) of the Act.

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- b. An emissions standard established or revised by the Administrator for the same type of source under section 111 or 112 of the Act after November 15, 1990.
- c. An applicable requirement of this Chapter or of air quality control regulations adopted by a County under A.R.S. § 49-479 that has been specifically identified as constituting RACT.
- d. A RACT standard imposed on the same type of source by a general permit.
- e. A RACT standard imposed on the same type of source under this Section no more than 10 years before submission of the application by the permit applicant. To facilitate identification of previously imposed RACT standards, the Director shall establish an online database of RACT determinations made under this Section.
- E. Notwithstanding an election to adopt RACT under subsection (C)(1), a permit applicant subject to this Section shall conduct an ambient air quality impact assessment under subsection (C)(2) upon the Director's request. The Director shall make such a request, if there is reason to believe that a source or minor NSR modification could interfere with attainment or maintenance of a national ambient air quality standards. In making that determination, the Director shall take into consideration:
  - 1. The source's emission rates.
  - 2. The location of emission units within the facility and their proximity to the ambient air.
  - 3. The terrain in which the source is or will be located.
  - 4. The source type.
  - 5. The location and emissions of nearby sources.
  - 6. Background concentrations of regulated minor NSR pollutants.
- F. The Director shall deny an application for a Class I permit or permit revision or a Class II permit or permit revision subject to this Section, if an assessment conducted pursuant to subsection (C)(2) demonstrates that the source or modification will interfere with attainment or maintenance of a national ambient air quality standard.
- G. A copy of the notice required by R18-2-330 for permits or significant permit revisions subject to this Section must also be sent to the Administrator through the appropriate regional office, and to all other state and local air pollution control agencies having jurisdiction in the region in which the source subject to the permit or permit revision will be located. The notice also must be sent to any other agency in the region having responsibility for implementing the procedures required under 40 CFR 51, Subpart I.
- H. All modeling required pursuant to this Section shall be conducted in accordance with 40 CFR 51, Appendix W as of June 30, 2017 (and no future amendments or additions).
- I. The Director shall specify those conditions in the permit that are implemented pursuant to this Section. The specified conditions shall be included in subsequent permit renewals unless modified pursuant to this Section or Article 4 of this Chapter.
- J. The issuance of a permit or permit revision under this Section shall not relieve the owner or operator of the responsibility to comply fully with applicable provisions of the SIP and any other requirements under local, state, or federal law.

**Historical Note**

New Section made by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March

21, 2017 (Supp. 17-1). Amended by final rulemaking at 25 A.A.R. 3630, effective February 1, 2020 (Supp. 19-4).

**ARTICLE 4. PERMIT REQUIREMENTS FOR NEW MAJOR SOURCES AND MAJOR MODIFICATIONS TO EXISTING MAJOR SOURCES****R18-2-401. Definitions**

The following definitions apply to this Article:

1. "Adverse impact on visibility" means visibility impairment that interferes with the management, protection, preservation, or enjoyment of the visitor's visual experience of a federal Class I area, as determined according to R18-2-410. This determination must be made on a case-by-case basis taking into account the geographic extent, intensity, duration, frequency and time of visibility impairments, and how these factors correlate with times of visitor use of the federal Class I area and the frequency and timing of natural conditions that reduce visibility. This term does not include effects on integral vistas.
2. "Baseline actual emissions" means the rate of emissions, in tons per year, of a regulated NSR pollutant, as determined in accordance with subsections (2)(a) through (d).
  - a. For any existing electric utility steam generating unit, baseline actual emissions means the average rate, in tons per year, at which the unit actually emitted the pollutant during any consecutive 24-month period selected by the owner or operator within the five-year period immediately preceding when the owner or operator begins actual construction of the project. The Director shall allow the use of a different time period upon a determination that it is more representative of normal source operation.
    - i. The average rate shall include fugitive emissions to the extent quantifiable, and emissions associated with startups, shutdowns, and malfunctions.
    - ii. The average rate shall be adjusted downward to exclude any non-compliant emissions that occurred while the source was operating above any emission limitation that was legally enforceable during the consecutive 24-month period.
    - iii. For a regulated NSR pollutant, when a project involves multiple emissions units, only one consecutive 24-month period must be used to determine the baseline actual emissions for the emissions units being changed. A different consecutive 24-month period can be used for each regulated NSR pollutant.
    - iv. The average rate shall not be based on any consecutive 24-month period for which there is inadequate information for determining annual emissions, in tons per year, and for adjusting this amount if required by subsection (2)(a)(ii).
  - b. For any existing emissions unit (other than an electric utility steam generating unit), baseline actual emissions means the average rate, in tons per year, at which the unit actually emitted the pollutant during any consecutive 24-month period selected by the owner or operator within the 10-year period immediately preceding either the date the owner or operator begins actual construction of the project, or the date a complete permit application is received by the Administrator for a permit required under 40 CFR 52.21 or by the Director for a permit required under

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the state implementation plan, whichever is earlier, except that the 10-year period shall not include any period earlier than November 15, 1990.

- i. The average rate shall include fugitive emissions to the extent quantifiable, and emissions associated with startups, shutdowns, and malfunctions.
  - ii. The average rate shall be adjusted downward to exclude any non-compliant emissions that occurred while the source was operating above any emission limitation that was legally enforceable during the consecutive 24-month period. This provision applies to excess emissions associated with a malfunction.
  - iii. The average rate shall be adjusted downward to exclude any emissions that would have exceeded an emission limitation with which the major source must currently comply, had such major source been required to comply with such limitations during the consecutive 24-month period. However, if an emission limitation is part of a maximum achievable control technology standard that the Administrator proposed or promulgated under 40 CFR 63, the baseline actual emissions need only be adjusted if the state of Arizona has taken credit for such emissions reductions in an attainment demonstration or maintenance plan consistent with the requirements of 40 CFR 51.165(a)(3)(ii)(G).
  - iv. For a regulated NSR pollutant, when a project involves multiple emissions units, only one consecutive 24-month period must be used to determine the baseline actual emissions for all existing emissions units affected by the project. A different consecutive 24-month period may be used for each regulated NSR pollutant.
  - v. The average rate shall not be based on any consecutive 24-month period for which there is inadequate information for determining annual emissions, in tons per year, and for adjusting this amount if required by subsection (2)(b)(ii) or (iii).
- c. For a new emissions unit, the baseline actual emissions for purposes of determining the emissions increase that will result from the initial construction and operation of such unit shall equal zero; and thereafter, for all other purposes, shall equal the unit's potential to emit.
  - d. For a PAL for a stationary source, the baseline actual emissions shall be calculated for existing electric utility steam generating units in accordance with the procedures in subsection (2)(a), for other existing emissions units in accordance with the procedures contained in subsection (2)(b), and for new emissions units in accordance with the procedures contained in subsection (2)(c).
3. "Basic design parameter" means:
    - a. Except as provided in subsection (3)(c), for a process unit at a steam electric generating facility, the owner or operator may select as its basic design parameters either maximum hourly heat input and maximum hourly fuel consumption rate or maximum hourly electric output rate and maximum steam flow rate. When establishing fuel consumption specifications in terms of weight or volume, the minimum fuel quality based on Btu content shall be used for determining the basic design parameters for a coal-fired electric utility steam generating unit.
    - b. Except as provided in subsection (3)(c), the basic design parameters for any process unit that is not at a steam electric generating facility are maximum rate of fuel or heat input, maximum rate of material input, or maximum rate of product output. Combustion process units will typically use maximum rate of fuel input. For sources having multiple end products and raw materials, the owner or operator should consider the primary product or primary raw material when selecting a basic design parameter.
    - c. If the owner or operator believes the basic design parameters in subsections (3)(a) and (b) are not appropriate for a specific industry or type of process unit, the owner or operator may propose to the Director an alternative basic design parameters for the source's process unit. If the Director approves of the use of an alternative basic design parameters, the Director shall issue a permit that is legally enforceable that records such basic design parameters and requires the owner or operator to comply with such parameters.
    - d. The owner or operator shall use credible information, such as results of historic maximum capability tests, design information from the manufacturer, or engineering calculations, in establishing the magnitude of the basic design parameters specified in subsections (3)(a) and (b).
    - e. If design information is not available for a process unit, then the owner or operator shall determine the process unit's basic design parameters using the maximum value achieved by the process unit in the five-year period immediately preceding the planned activity.
    - f. Efficiency of a process unit is not a basic design parameter.
    - g. The replacement activity shall not cause the process unit to exceed any emission limitation, or operational limitation that has the effect of constraining emissions, that applies to the process unit and that is legally enforceable.
  4. "Complete" means, in reference to an application for a permit or permit revision, that the application contains all the information necessary for processing the application. Designating an application complete for purposes of permit processing does not preclude the Department from requesting or accepting any additional information.
  5. "Dispersion technique" means any technique that attempts to affect the concentration of a pollutant in the ambient air by any of the following:
    - a. Using that portion of a stack that exceeds good engineering practice stack height;
    - b. Varying the rate of emission of a pollutant according to atmospheric conditions or ambient concentrations of that pollutant; or
    - c. Increasing final exhaust gas plume rise by manipulating source process parameters, exhaust gas parameters, stack parameters, or combining exhaust gases from several existing stacks into one stack; or other selective handling of exhaust gas streams that

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increases the exhaust gas plume rise. This shall not include any of the following:

- i. The reheating of a gas stream, following use of a pollution control system, for the purpose of returning the gas to the temperature at which it was originally discharged from the facility generating the gas stream.
  - ii. The merging of exhaust gas streams under any of the following conditions:
    - (1) The source owner or operator demonstrates that the facility was originally designed and constructed with the merged gas streams;
    - (2) After July 8, 1985, the merging is part of a change in operation at the facility that includes the installation of pollution controls and is accompanied by a net reduction in the allowable emissions of a pollutant, applying only to the emission limitation for that pollutant; or
    - (3) Before July 8, 1985, the merging was part of a change in operation at the facility that included the installation of emissions control equipment or was carried out for sound economic or engineering reasons. Where there was an increase in the emission limitation or, in the event that no emission limitation was in existence prior to the merging, an increase in the quantity of pollutants actually emitted prior to the merging, the Department shall presume that merging was significantly motivated by an intent to gain emissions credit for greater dispersion. Absent a demonstration by the source owner or operator that merging was not significantly motivated by such intent, the Department shall deny credit for the effects of the merging in calculating the allowable emissions for the source.
  - iii. Smoke management in agricultural or silvicultural prescribed burning programs.
  - iv. Episodic restrictions on residential woodburning and open burning.
  - v. Techniques that increase final exhaust gas plume rise if the resulting allowable emissions of sulfur dioxide from the facility do not exceed 5,000 tons per year.
6. "Existing emissions unit" is any emissions unit that is currently in existence and that is not a new emissions unit. A replacement unit is an existing emissions unit.
  7. "Federal Class I area" means an area designated as Class I under R18-2-217.
  8. "High terrain" means any area having an elevation of 900 feet or more above the base of the stack of a source.
  9. "Innovative control technology" means any system of air pollution control that has not been adequately demonstrated in practice but would have a substantial likelihood of achieving greater continuous emissions reduction than any control system in current practice, or of achieving at least comparable reductions at lower cost in terms of energy, economics, or nonair quality environmental impacts.
  10. "Low terrain" means any area other than high terrain.

11. "Lowest achievable emission rate" (LAER) means, for any source, the more stringent rate of emissions based on one of the following:
  - a. The most stringent emissions limitation that is contained in any implementation plan approved or promulgated under sections 110 or 172 of the Act for the class or category of stationary source, unless the owner or operator of the proposed stationary source demonstrates that the limitation is not achievable; or
  - b. The most stringent emissions limitation that is achieved in practice by the class or category of stationary source. This limitation, when applied to a modification, means the lowest achievable emissions rate for the new or modified emissions units within the stationary source. The application of this term shall not permit a proposed new or modified stationary source to emit any pollutant in excess of the amount allowable under the applicable new source performance standards.
12. "Major emissions unit" means:
  - a. Any emissions unit that emits or has the potential to emit 100 tons per year or more of the PAL pollutant in an attainment area; or
  - b. Any emissions unit that emits or has the potential to emit the PAL pollutant in an amount that is equal to or greater than the major source threshold for the PAL pollutant for nonattainment areas. For example, in accordance with the definition of major stationary source in section 182(c) of the Act, an emissions unit would be a major emissions unit for VOC if the emissions unit is located in a serious ozone nonattainment area and it emits or has the potential to emit 50 or more tons of VOC per year.
13. "Major source" is defined as follows:
  - a. For purposes of determining the applicability of R18-2-403 through R18-2-405 or R18-2-411, major source means any stationary source that emits, or has the potential to emit, 100 tons per year or more of any regulated NSR pollutant, except that the following thresholds shall apply in areas subject to subpart 2, subpart 3 or subpart 4 of part D, Title I of the Act:

Pollutant Emitted	Nonattainment Pollutant and Classification	Quantity Threshold tons/year or more
Carbon Monoxide (CO)	CO, Serious, if stationary sources contribute significantly to CO levels in the area as determined under rules issued by the Administrator	50
VOC	Ozone, Serious	50
VOC	Ozone, Severe	25
PM <sub>10</sub>	PM <sub>10</sub> , Serious	70
PM <sub>2.5</sub>	PM <sub>2.5</sub> Serious	70
PM <sub>2.5</sub> precursors identified in R18-2-101(124)(a)	PM <sub>2.5</sub> Serious	70

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NO <sub>x</sub>	Ozone, Serious	50
NO <sub>x</sub>	Ozone, Severe	25

- b. For purposes of determining the applicability of R18-2-406 through R18-2-408 or R18-2-410, major source means any stationary source that emits, or has the potential to emit, 100 tons per year or more of any regulated NSR pollutant if the source is classified as a categorical source, or 250 tons per year or more of any regulated NSR pollutant if the source is not classified as a categorical source;
  - c. A major source includes a physical change that would occur at a stationary source, not otherwise qualifying under subsection (13)(a) or (b) as a major source, if the change would constitute a major source by itself.
  - d. A major source that is major for VOC or nitrogen oxides shall be considered major for ozone.
  - e. The fugitive emissions of a stationary source shall not be included in determining for any of the purposes of this Article whether it is a major source, unless the source belongs to a section 302(j) category.
14. "Mandatory federal Class I area" means an area identified in R18-2-217(B).
  15. "New emissions unit" means any emissions unit which is (or will be) newly constructed and which has existed for less than two years from the date such emissions unit first operated.
  16. "Plantwide applicability limitation" or "PAL" means an emission limitation that is based on the baseline actual emissions of all emissions units at the stationary source that emit or have the potential to emit the PAL pollutant, expressed in tons per year, for a pollutant at a major source, that is enforceable as a practical matter and established source-wide in accordance with this Section.
  17. "PAL allowable emissions" means "allowable emissions" as defined in R18-2-101, except that the allowable emissions for any emissions unit shall be calculated considering any emission limitations that are enforceable as a practical matter on the emissions unit's potential to emit.
  18. PAL effective date generally means the date of issuance of the PAL permit. However, the PAL effective date for an increased PAL is the date any emissions unit that is part of the PAL major modification becomes operational and begins to emit the PAL pollutant.
  19. "PAL effective period" means the period beginning with the PAL effective date and ending 10 years later.
  20. "PAL major modification" means any physical change in or change in the method of operation of the PAL source that causes it to emit the PAL pollutant at a level equal to or greater than the PAL.
  21. "PAL permit" means the permit issued by the Director that establishes a PAL for a major source under Article 3 or 4 of this Chapter.
  22. "PAL pollutant" means the pollutant for which a PAL is established at a major source.
  23. "Projected actual emissions" means:
    - a. The maximum annual rate, in tons per year, at which an existing emissions unit is projected to emit a regulated NSR pollutant during any 12-month period in the 60 calendar months following the date the unit resumes regular operation after the project, or in any 12-month period in the 120 calendar months following that date if the project involves increasing the design capacity or potential to emit of any emissions unit for that regulated NSR pollutant and full utilization of the unit would result in a significant emissions increase or a significant net emissions increase at the major source.
  - b. In determining the projected actual emissions before beginning actual construction, the owner or operator of the major source:
    - i. Shall consider all relevant information, including but not limited to, historical operational data, the company's own representations, the company's expected business activity and the company's highest projections of business activity, the company's filings with the county, state or federal regulatory authorities, and compliance plans under these regulations; and
    - ii. Shall include fugitive emissions to the extent quantifiable;
    - iii. Shall include emissions associated with start-ups, shutdowns, and malfunctions; and
    - iv. Shall exclude, only for calculating any increase in emissions that results from the particular project, that portion of the unit's emissions following the project that an existing unit could have accommodated during the consecutive 24-month period used to establish the baseline actual emissions and that are also unrelated to the particular project, including any increased utilization due to product demand growth; or
  - c. In lieu of using the method set out subsections 23(b)(i) through (iv), the owner or operator may elect to use the emissions unit's potential to emit, in tons per year.
24. "Replacement unit" means an emissions unit for which all the criteria listed in subsections (24)(a) through (d) are met. No creditable emission reductions shall be generated from shutting down the existing emissions unit that is replaced.
    - a. The emissions unit is a reconstructed unit within the meaning of 40 CFR 60.15(b)(1), or the emissions unit completely takes the place of an existing emissions unit.
    - b. The emissions unit is identical to or functionally equivalent to the replaced emissions unit.
    - c. The replacement does not alter the basic design parameters of the process unit.
    - d. The replaced emissions unit is permanently removed from the major source, otherwise permanently disabled, or permanently barred from operation by a permit that is enforceable as a practical matter. If the replaced emissions unit is brought back into operation, it shall constitute a new emissions unit.
  25. "Resource recovery project" means any facility at which solid waste is processed for the purpose of extracting, converting to energy, or otherwise separating and preparing solid waste for reuse. Only energy conversion facilities that utilize solid waste that provides more than 50% of the heat input shall be considered a resource recovery project under this Article.
  26. "Significant emissions unit" means an emissions unit that emits or has the potential to emit a PAL pollutant in an amount that is equal to or greater than the significant

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level for that PAL pollutant, but less than the amount that would qualify the unit as a major emissions unit.

27. "Significance levels" means the following ambient concentrations for the enumerated pollutants:

Averaging Time					
Pollutant	Annual	24-Hour	8-Hour	3-Hour	1-Hour
SO <sub>2</sub>	1 µg/m <sup>3</sup>	5 µg/m <sup>3</sup>		25 µg/m <sup>3</sup>	
NO <sub>2</sub>	1 µg/m <sup>3</sup>				
CO			0.5 mg/m <sup>3</sup>		2 mg/m <sup>3</sup>
PM <sub>10</sub>	1 µg/m <sup>3</sup>	5 µg/m <sup>3</sup>			
PM <sub>2.5</sub> federal Class I area	0.06 µg/m <sup>3</sup>	0.07 µg/m <sup>3</sup>			
PM <sub>2.5</sub> federal Class II area	0.3 µg/m <sup>3</sup>	1.2 µg/m <sup>3</sup>			
PM <sub>2.5</sub> federal Class III area	0.3 µg/m <sup>3</sup>	1.2 µg/m <sup>3</sup>			

Except for the annual pollutant concentrations, the Department shall deem that exceedance of significance levels has occurred when the ambient concentration of the above pollutant is exceeded more than once per year at any one location. If the concentration occurs at a specific location and at a time when the national ambient air quality standards for the pollutant are not violated, the significance level does not apply.

28. "Small emissions unit" means an emissions unit that emits or has the potential to emit the PAL pollutant in an amount less than the significant level for that PAL pollutant.

**Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Former Section R9-3-401 renumbered without change as Section R18-2-401 (Supp. 87-3). Section R18-2-401 renumbered to R18-2-601. New Section R18-2-401 adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 5 A.A.R. 4074, effective September 22, 1999 (Supp. 99-3). Typographical error corrected in R18-2-401(9)(a) (Supp. 00-4). Amended by final rulemaking at 13 A.A.R. 1134, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

**R18-2-402. General**

- A. The preconstruction review requirements of this Article shall apply to the construction of any new major source or any project at an existing major source.
- B. The requirements of R18-2-403 through R18-2-410 apply to the construction of any new major source or any major modification of any existing major source, except as this Article otherwise provides.
- C. No person shall begin actual construction of a new major source or a major modification subject to the requirements of R18-2-403 through R18-2-410 without first obtaining a proposed final permit from the Director, pursuant to R18-2-

307(A)(2), stating that the major source or major modification shall meet those requirements.

- D. The requirements of this Article apply to projects at major sources in accordance with the following principles.

1. Except as otherwise provided in subsection (E), a project is a major modification for a regulated NSR pollutant if it causes both a significant emissions increase and a significant net emissions increase. The project is not a major modification if it does not cause a significant emissions increase. If the project causes a significant emissions increase, then the project is a major modification only if it also results in a significant net emissions increase.
2. The procedure for calculating before beginning actual construction whether a significant emissions increase will occur depends upon the types of emissions units being modified as set forth in subsections (D)(3) through (6). The procedure for calculating before beginning actual construction whether a significant net emissions increase will occur at the major source is set forth in the definition of net emissions increase in R18-2-101. Regardless of any such preconstruction projections, a major modification results if the project causes a significant emissions increase and a significant net emissions increase.
3. Actual-to-projected-actual applicability test for projects that only involve existing emissions units. A significant emissions increase of a regulated NSR pollutant is projected to occur if the sum of the difference between the projected actual emissions and the baseline actual emissions, for each existing emissions unit, equals or exceeds the significant amount for that pollutant.
4. Actual-to-potential applicability test for projects that only involve new emissions units. A significant emissions increase of a regulated NSR pollutant is projected to occur if the sum of the difference between the potential to emit from each new emissions unit following completion of the project and the baseline actual emissions of these units before the project equals or exceeds the significant amount for that pollutant.
5. [Reserved.]
6. Hybrid applicability test for projects that involve both new emissions units and existing emissions units. A significant emissions increase of a regulated NSR pollutant is projected to occur if the sum of the emissions increases for each emissions unit, using the method specified in subsections (D)(3) through (D)(4), as applicable with respect to each emissions unit, equals or exceeds the significant amount for that pollutant.

- E. Any major source with a PAL for a regulated NSR pollutant shall comply with R18-2-412.

- F. This subsection applies with respect to any regulated NSR pollutant emitted from projects at existing emissions units at a major stationary source (other than projects at a source with a PAL) in circumstances where there is a reasonable possibility, within the meaning of subsection (F)(6), that a project that is not a part of a major modification may result in a significant emissions increase of such pollutant and the owner or operator elects to use the method specified in R18-2-401(23)(b)(i) through (iv) of the definition of projected actual emissions for calculating projected actual emissions.

1. Before beginning actual construction of the project, the owner or operator shall document and maintain a record of the following information:
  - a. A description of the project;

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- b. Identification of the emissions unit(s) with emissions of a regulated NSR pollutant that could be affected by the project;
  - c. A description of the applicability test used to determine that the project is not a major modification for any regulated NSR pollutant, including the baseline actual emissions, the projected actual emissions the amount of emissions excluded under R18-2-401(23)(b)(iv) of the definition of projected actual emissions, and an explanation for why such amount was excluded; and
  - d. Any netting calculations, if applicable.
- 2. If the emissions unit is an existing electric utility steam generating unit, before beginning actual construction, the owner or operator shall provide a copy of the information set out in subsection (F)(1) to the Director. Nothing in this subsection shall be construed to require the owner or operator of such a unit to obtain any determination from the Director before beginning actual construction.
- 3. The owner or operator shall monitor the emissions of any regulated NSR pollutant that could increase as a result of the project and that is emitted by any emissions unit identified in subsection (F)(1)(b); and calculate and maintain a record of the annual emissions, in tons per year on a calendar year basis, for a period of five years following resumption of regular operations after the change, or for a period of 10 years following resumption of regular operations after the change if the project increases the design capacity or potential to emit of that regulated NSR pollutant at such emissions unit. For purposes of this subsection, fugitive emissions (to the extent quantifiable) shall be monitored if the emissions unit is part of a section 302(j) category or if the emissions unit is located at a major stationary source that belongs to a section 302(j) category.
- 4. The owner or operator shall submit a report to the Director if for a calendar year the annual emissions, in tons per year, from the project identified in subsection (F)(1) exceed the sum of the baseline actual emissions, as documented and maintained under subsection (F)(1)(c), by a significant amount for that regulated NSR pollutant, and if the emissions differ from the preconstruction projection as documented and maintained under subsection (F)(1)(c). The owner or operator shall submit the report to the Director within 60 days after the end of the calendar year. The report shall contain the following:
  - a. The name, address and telephone number of the major source;
  - b. The annual emissions as calculated pursuant to subsection (F)(3); and
  - c. Any other information that the owner or operator wishes to include in the report, such as an explanation as to why the emissions differ from the preconstruction projection.
- 5. Notwithstanding subsection (F)(4), if any existing emissions unit identified in subsection (F)(1)(b) is an electric utility steam generating unit, the owner or operator shall submit a report to the Director within 60 days after the end of each calendar year during which the owner or operator must generate records under subsection (F)(3). The report shall document the unit's post-project annual emissions during the calendar year that preceded submission of the report.
- 6. A "reasonable possibility" under subsection (F) occurs when the owner or operator calculates the project to result in one of the following:
  - a. A projected actual emissions increase of at least 50% of the amount that is a significant emissions increase (without reference to the amount that is a significant net emissions increase) for the regulated NSR pollutant.
  - b. A projected actual emissions increase that, added to the amount of emissions excluded under subsection R18-2-401(23)(b)(iv) of the definition of projected actual emissions, sums to at least 50% of the amount that is a significant emissions increase (without reference to the amount that is a significant net emissions increase) for the regulated NSR pollutant. For a project for which a reasonable possibility occurs only within the meaning of subsection (F)(6)(b), and not also within the meaning of subsection (F)(6)(a), subsections (F)(2) through (5) do not apply to the project.
- 7. The owner or operator of the source shall make the information required to be documented and maintained under subsection (F) available for review upon request for inspection by the Department or the general public.
- G. An application for a permit or permit revision under this Article, other than a PAL permit pursuant to R18-2-412, shall not be considered complete unless the application demonstrates that:
  - 1. The requirements in subsection (H) are met;
  - 2. The more stringent of the applicable new source performance standards or the existing source performance standards in Article 7 of this Chapter are applied to the proposed new major source or major modification of a major source;
  - 3. The visibility requirements contained in R18-2-410 are satisfied;
  - 4. All applicable provisions of Article 3 of this Chapter are met;
  - 5. The new major source or major modification will be in compliance with whatever emission limitation, design, equipment, work practice or operational standard, or combination thereof is applicable to the source or modification. The degree of emission limitation required for control of any pollutant under this Article shall not be affected in any manner by:
    - a. Stack height in excess of GEP stack height except as provided in R18-2-332; or
    - b. Any other dispersion technique, unless implemented prior to December 31, 1970;
  - 6. The new major source or major modification will not exceed the applicable standards for hazardous air pollutants contained in this Chapter;
  - 7. The new major source or major modification will not exceed the limitations, if applicable, on emission from nonpoint sources contained in Article 6 of this Chapter;
  - 8. The new major source or major modification will not have an adverse impact on visibility, as determined according to R18-2-410.
- H. Except for assessing air quality impacts within federal Class I areas, the air impact analysis required to be conducted as part of a permit application shall initially consider only the geographical area located within a 50 kilometer radius from the point of greatest emissions for the new major source or major modification. The Director, on his own initiative or upon



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receipt of written notice from any person shall have the right at any time to request an enlargement of the geographical area for which an air quality impact analysis is to be performed by giving the person applying for the permit or permit revision written notice thereof, specifying the enlarged radius to be so considered. In performing an air impact analysis for any geographical area with a radius of more than 50 kilometers, the person applying for the permit or permit revision may use monitoring or modeling data obtained from major sources having comparable emissions or having emissions which are capable of being accurately used in such demonstration, and which are subjected to terrain and atmospheric stability conditions which are comparable or which may be extrapolated with reasonable accuracy for use in such demonstration.

**I.** The Director shall comply with following requirements with respect to an application for a permit or permit revision subject to this Article:

1. Within 60 days after receipt of the application, or any addition to the application, the Director shall advise the applicant of any deficiency. The date of receipt of a complete application shall be, for the purpose of this Section, the date on which the Director receives all required information. The permit application shall not be deemed complete if the Director fails to meet the requirements of this subsection.
2. Within one year after receipt of a complete application, the Director shall do all of the following:
  - a. Make a preliminary determination as to whether the permit or permit revision should be granted or denied.
  - b. Make the application, all materials the applicant submitted, the preliminary determination, and materials relating to the application available under R18-2-330(D).
  - c. Notify the public of the application, the preliminary determination and the opportunity for a public hearing and to submit written comments in accordance with R18-2-330(C). In the case of an application subject to R18-2-406, the notice shall include the degree of consumption of the maximum allowable increases allowed under R18-2-218 that is expected to occur as a result of emissions from the proposed source or modification.
  - d. Take final action on the application by denying the permit or permit revision or issuing a proposed final permit or permit revision.
  - e. Notify the applicant in writing of the approval or denial and make the notification, comments on the proposed action, and materials supporting the final action available for public inspection at the location where materials relating to the proposed action were placed under R18-2-330(D).
3. A copy of any notice required by R18-2-330 and subsection (I)(2)(c) shall be sent to the permit applicant, to the Administrator, and to the following officials and agencies having cognizance over the location where the proposed major source or major modification would occur:
  - a. The air pollution control officer, if one exists, for the county wherein the proposed or existing source that is the subject of the permit or permit revision application is located;
  - b. The county manager for the county wherein the proposed or existing source that is the subject of the permit or permit revision application is located;

- c. The city or town managers of the city or town which contains, and any city or town the boundaries of which are within 5 miles of, the location of the proposed or existing source that is the subject of the permit or permit revision application;
- d. Any regional land use planning agency with authority for land use planning in the area where the proposed or existing source that is the subject of the permit or permit revision application is located; and
- e. Any state, Federal Land Manager, or Indian governing body whose lands may be affected by emissions from the proposed source or modification.

- J.** The authority to construct and operate a new major source or major modification under a permit or permit revision issued under this Article shall terminate if the owner or operator does not commence the proposed construction or major modification within 18 months of issuance or if, during the construction or major modification, the owner or operator suspends work for more than 18 months. The Director may extend the 18-month period upon a satisfactory showing that an extension is justified. This provision does not apply to the time period between construction of the approved phases of a phased construction project; each phase must commence construction within 18 months of the projected and approved commencement date.

#### Historical Note

Amended effective August 6, 1976 (Supp. 76-4). Former Section R9-3-402 repealed, new Section R9-3-402 adopted effective May 14, 1979 (Supp. 79-1). Amended and adopted by reference Open Burning Guidelines for Air Pollution Control effective September 22, 1983 (Supp. 83-5). Former Section R9-3-402 renumbered without change as Section R18-2-402 (Supp. 87-3). Section R18-2-402 renumbered to R18-2-602, new Section R18-2-402 adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

#### **R18-2-403. Permits for Sources Located in Nonattainment Areas**

- A.** Except as provided in subsections (C) through (G) below, no permit or permit revision shall be issued under this Article to a person proposing to construct a new major source or make a major modification that is major for the pollutant for which the area is designated nonattainment unless:
1. The person demonstrates that the new major source or the major modification will meet an emission limitation which is the lowest achievable emission rate (LAER) for that source for that regulated NSR pollutant.
  2. The person demonstrates that all existing major sources owned or operated by that person (or any entity controlling, controlled by, or under common control with that person) in the state are in compliance with, or on a schedule of compliance for, all conditions contained in permits of each of the sources and all other applicable emission limitations and standards under the Act and this Chapter.
  3. The person demonstrates that emission reductions for the specific pollutant(s) from source(s) in existence in the allowable offset area of the new major source or major modification (whether or not under the same ownership) meet the offset requirements of R18-2-404.

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4. The Administrator has not determined that the applicable implementation plan is not being adequately implemented for the nonattainment area in which the proposed source is to be constructed or modified in accordance with the requirements in this Section.
- B. No permit or permit revision under this Article shall be issued to a person proposing to construct a new major source or make a major modification to a major source located in a nonattainment area unless:
  1. The person performs an analysis of alternative sites, sizes, production processes, and environmental control techniques for such new major source or major modification; and
  2. The Director determines that the analysis demonstrates that the benefits of the new major source or major modification significantly outweigh the environmental and social costs imposed as a result of its location, construction, or modification.
- C. At such time that a particular source or modification becomes a major source or major modification solely by virtue of a relaxation in any enforceable limitation which was established after August 7, 1980, on the capacity of the source or modification otherwise to emit a pollutant, such as restriction on hours of operation, then the requirements of this Section shall apply to the source or modification as though construction had not yet commenced on the source or modification.
- D. Secondary emissions shall not be considered in determining the potential to emit of a new source or modification and therefore whether the new source or modification is major. However, if a new source or modification is subject to this Section on the basis of its direct emissions, a permit or permit revision under this Article to construct the new source or modification shall be denied unless the requirements of R18-2-403(A)(3) and R18-2-404 are met for reasonably quantifiable secondary emissions caused by the new source or modification.
- E. A permit to construct a new major source or major modification shall be denied unless the conditions specified in subsections (A)(1), (2), and (3) are met for fugitive emissions caused by the new source or modification. However, these conditions shall not apply to a new major source or major modification that would be a major source or major modification only if fugitive emissions, to the extent quantifiable, are considered in calculating the potential emissions of the source or modification, and the source does not belong to a section 302(j) category.
- F. The requirements of subsection (A)(3) shall not apply to temporary emissions units, such as pilot plants, portable facilities that will be relocated outside of the nonattainment area and the construction phase of a new source, if those units will operate for no more than 24 months in the nonattainment area, are otherwise in compliance with the requirement to obtain a permit under this Chapter and are in compliance with the conditions of that permit.
- G. A decrease in actual emissions shall be considered in determining the potential of a new source or modification to emit only to the extent that the Director has not relied on it in issuing any permit or permit revision under this Article or the state has not relied on it in demonstrating attainment or reasonable further progress.
- H. The Director shall transmit to the Administrator a copy of each permit application relating to a major stationary source or major modification under this Section. Within 30 days of the issuance of any permit under this Section, the Director shall also submit control technology information from the permit to

the Administrator for the purposes listed in Section 173(d) of the Act.

- I. The issuance of a permit or permit revision under this Article in accordance with this Section shall not relieve the owner or operator of the responsibility to comply fully with applicable provisions of the SIP and any other requirements under local, state, or federal law.

**Historical Note**

Former Section R9-3-403 repealed, new Section R9-3-403 adopted effective May 14, 1979 (Supp. 79-1). Former Section R9-3-403 renumbered without change as Section R18-2-403 (Supp. 87-3). Section R18-2-403 renumbered to R18-2-603, new Section R18-2-403 adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

**R18-2-404. Offset Standards**

- A. Increased emissions by a major source or major modification subject to R18-2-403 of each pollutant for which the area has been designated as nonattainment and for which the source or modification is classified as major shall be offset by real reductions in the actual emissions of the pollutant. Offsets shall be for the same regulated NSR Pollutant. Except as provided in R18-2-405 and subsection (J), the ratio of the total actual reductions to the emissions increase shall be at least 1 to 1.
- B. Except as provided in subsections (B)(1) or (2), for sources and modifications subject to this Section, the baseline for determining credit for emissions reductions is the emissions limit for the source generating the offset credit under the applicable implementation plan in effect at the time the application for a permit or permit revision is filed.
  1. The offset baseline shall be the actual emissions of the source from which offset credit is obtained where either of the following conditions is satisfied:
    - a. The demonstration of reasonable further progress and attainment of ambient air quality standards is based upon the actual emissions of sources located within a designated nonattainment area for which the preconstruction review program was adopted.
    - b. The applicable implementation plan does not contain an emissions limitation for that source or source category.
  2. Where the emissions limit under the applicable implementation plan allows greater emissions than the potential to emit of the source, emissions offset credit will be allowed only for control below this potential.
- C. For an existing fuel combustion source, emissions offset credit shall be based on the allowable emissions under the applicable implementation plan for the type of fuel being burned at the time the application to construct is filed. If the existing source commits to switch to a cleaner fuel at some future date, emissions offset credit based on the allowable or actual emissions for the fuels involved is not acceptable, unless the permit for the existing source is conditioned to require the use of a specified alternative control measure which would achieve the same degree of emissions reduction should the source switch back to a fuel generating higher emissions. The owner or operator of the existing source must demonstrate that adequate long-term supplies of the new fuel are available before granting emissions offset credit for fuel switches.
- D. Offset Credit for Shutdowns.

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1. Emissions reductions achieved by shutting down an existing emission unit or curtailing production or operating hours may be credited for offsets if they meet both of the following conditions.
  - a. The reductions are surplus, permanent, quantifiable, and federally enforceable.
  - b. The shutdown or curtailment occurred after the last day of the base year for the SIP planning process. For purposes of this subsection, the Director may choose to consider a prior shutdown or curtailment to have occurred after the last day of the base year if the projected emissions inventory used to develop the attainment demonstration explicitly includes the emissions from such previously shutdown or curtailed emission units. However, in no event may credit be given for shutdowns that occurred before August 7, 1977.
2. Emissions reductions achieved by shutting down an existing emissions unit or curtailing production or operating hours and that do not meet the requirements in subsection (D)(1)(b) may be credited only if one of the following conditions is satisfied:
  - a. The shutdown or curtailment occurred on or after the date the construction permit application is filed.
  - b. The applicant can establish that the proposed new emissions unit is a replacement for the shutdown or curtailed emissions unit, and the emissions reductions achieved by the shutdown or curtailment met the requirements of subsection (D)(1)(a).
- E. No emissions credit may be allowed for replacing one hydrocarbon compound with another of lesser reactivity, except for those compounds listed in Table 1 of EPA's "Recommended Policy on Control of Volatile Organic Compounds," 42 FR 35314 (July 8, 1977).
- F. All emission reductions claimed as offset credits shall be federally enforceable by the time a proposed final permit is issued to the owner or operator of the major source subject to this Section and shall be in effect by the time the new or modified source subject to the permit commences operation.
- G. The owner or operator of a major source or major modification subject to this Section must obtain offset credits from the same source or from other sources in the same nonattainment area, except that the Director may allow the owner or operator to obtain offset credits from another nonattainment area if both of the following conditions are satisfied:
  1. The other area has an equal or higher nonattainment classification than the area in which the source is located.
  2. Emissions from such other area contribute to a violation of the national ambient air quality standard in the nonattainment area in which the source is located.
- H. Credit for an emissions reduction can be claimed to the extent that the Director has not relied on it in issuing any permit under this Article, R18-2-334, or the state has not relied on it in a demonstration of attainment or reasonable further progress.
- I. The total tonnage of increased emissions, in tons per year, resulting from a major modification that must be offset under this Section shall be determined by summing the difference between the allowable emissions after the modification and the actual emissions before the modification for each emissions unit.
- J. In ozone nonattainment areas classified as marginal, total emissions of VOC and oxides of nitrogen from other sources shall offset those proposed or permitted from the major source

or major modification by a ratio of at least 1.10 to 1. In ozone nonattainment areas classified as moderate, total emissions of VOC and oxides of nitrogen from other sources shall offset those proposed or permitted from the major source or major modification by a ratio of at least 1.15 to 1. New major sources and major modifications in serious and severe ozone nonattainment areas shall comply with this Section and R18-2-405.

**Historical Note**

Former Section R9-3-404 repealed, new Section R9-3-404 adopted effective May 14, 1979 (Supp. 79-1). Amended by adding subsection (C) effective September 22, 1983 (Supp. 83-5). Former Section R9-3-404 renumbered without change as Section R18-2-404 (Supp. 87-3). Amended subsection (C) effective December 1, 1988 (Supp. 88-4). Section R18-2-404 renumbered to R18-2-604, new Section R18-2-404 adopted effective November 15, 1993 (Supp. 93-4). Amended effective February 28, 1995 (Supp. 95-1). Amended by final rulemaking at 5 A.A.R. 4074, effective September 22, 1999 (Supp. 99-3). Amended by final rulemaking at 8 A.A.R. 1815, effective March 18, 2002 (Supp. 02-1). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1). Amended by final expedited rulemaking at 28 A.A.R. 1135 (May 27, 2022), with an immediate effective date of May 4, 2022 (Supp. 22-2).

**R18-2-405. Special Rule for Major Sources of VOC or Nitrogen Oxides in Ozone Nonattainment Areas Classified as Serious or Severe**

- A. Applicability. The provisions of this Section only apply to stationary sources of VOC or nitrogen oxides in ozone nonattainment areas classified as serious or severe. Unless otherwise provided in this Section, all requirements of Articles 3 and 4 of this Chapter apply.
- B. "Significant" means, in reference to an emissions increase or a net emissions increase, any increase in actual emissions of volatile organic compounds or nitrogen oxides that would result from any physical change in, or change in the method of operation of, a major source, if the emissions increase of volatile organic compounds or nitrogen oxides exceeds 25 tons per year.
- C. For any major source that emits or has the potential to emit less than 100 tons of VOC or oxides of nitrogen per year, a physical or operational change that results in a significant increase in VOC or oxides of nitrogen, respectively, from any discrete operation, unit, or other pollutant emitting activity at the source shall constitute a major modification, except that the increase shall not constitute a major modification, if the owner or operator of the source elects to offset the increase by a greater reduction in emissions of VOC or oxides of nitrogen, as applicable, from other operations, units or activities at the source at an internal offset ratio of at least 1.3 to 1. If the owner or operator does not make such an election, the change shall constitute a major modification but BACT shall be substituted for LAER when applying R18-2-403(A)(1) to the major modification.
- D. For any stationary source that emits or has the potential to emit 100 tons or more of VOC or oxides of nitrogen per year, a physical or operational change that results in any significant increase in VOC from any discrete operation, unit or other pollutant emitting activity at the source or oxides of nitrogen, respectively, shall constitute a major modification except that

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if the owner or operator of the source elects to offset the increase by a greater reduction in emissions of VOC or oxides of nitrogen, as applicable, from other operations, units or activities within the source at an internal offset ratio of at least 1.3 to 1, R18-2-403(A)(1) shall not apply to the change.

- E. For any new major source or major modification that is classified as major because of emissions or potential to emit VOC or nitrogen oxides in an ozone nonattainment area classified as serious, the increase in emissions of these pollutants from the source or modification shall be offset at a ratio of 1.2 to 1. The offset shall be made in accordance with the provisions of R18-2-404.
- F. For any new major source or major modification that is classified as such because of emissions or potential to emit VOC or nitrogen oxides in an ozone nonattainment area classified as severe, the increase in emissions of these pollutants from the source or modification shall be offset at a ratio of 1.3 to 1. These offsets shall be made in accordance with the provisions of R18-2-404.

**Historical Note**

Former R9-3-405, Other industries, renumbered R9-3-406, new Section adopted effective September 17, 1975 (Supp. 75-1). Former Section R9-3-405 repealed, new Section R9-3-405 adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Former Section R9-3-405 renumbered without change as Section R18-2-405 (Supp. 87-3). Section R18-2-405 renumbered to R18-2-605, new Section R18-2-405 adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 5 A.A.R. 4074, effective September 22, 1999 (Supp. 99-3). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

**R18-2-406. Permit Requirements for Sources Located in Attainment and Unclassifiable Areas**

- A. Except as provided in subsections (B) through (J) and R18-2-408 (Innovative control technology), no permit or permit revision under this Article shall be issued to a person proposing to construct a new major source or make a major modification to a major source that would be constructed in an area designated as attainment or unclassifiable for any regulated NSR pollutant unless the source or modification meets the following conditions:
  1. A new major source shall apply best available control technology (BACT) for each regulated NSR pollutant for which the potential to emit is significant.
  2. A major modification shall apply BACT for each regulated NSR pollutant for which the project would result in a significant net emissions increase at the source. This requirement applies to each proposed emissions unit at which a net emissions increase in the pollutant would occur as a result of a physical change or change in the method of operation in the unit.
  3. For phased construction projects, the determination of BACT shall be reviewed and modified as appropriate at the latest reasonable time which occurs no later than 18 months prior to commencement of construction of each independent phase of the project. At such time the owner or operator of the applicable stationary source may be required to demonstrate the adequacy of any previous determination of BACT for the source.

4. BACT shall be determined on a case-by-case basis and may constitute application of production processes or available methods, systems, and techniques, including fuel cleaning or treatment, clean fuels, or innovative fuel combustion techniques, for control of such pollutant. In no event shall such application of BACT result in emissions of any pollutant, which would exceed the emissions allowed by any applicable new source performance standard or national emission standard for hazardous air pollutants or by the applicable implementation plan. If the Director determines that technological or economic limitations on the application of measurement methodology to a particular emissions unit would make the imposition of an emissions standard infeasible, a design, equipment, work practice, operational standard, or combination thereof may be prescribed instead to satisfy the requirement for the application of BACT. Such standard shall, to the degree possible, set forth the emissions reduction achievable by implementation of such design, equipment, work practice, or operation and shall provide for compliance by means which achieve equivalent results.
5. The person applying for the permit or permit revision under this Article performs an air impact analysis and monitoring as specified in R18-2-407, and the analysis demonstrates that allowable emission increases from the proposed new major source or major modification, in conjunction with all other applicable emission increases or reductions, including secondary emissions, would not cause or contribute to concentrations of conventional air pollutants in violation of:
  - a. Any national ambient air quality standard in any air quality control region; or
  - b. Any applicable maximum increase allowed under R18-2-218 over the baseline concentration in any area.
6. Air quality models:
  - a. All estimates of ambient concentrations required under this Section shall be based on the applicable air quality models, databases, and other requirements specified in 40 CFR 51, Appendix W, "Guideline On Air Quality Models," as of June 30, 2017 (and no future amendments or editions), which shall be referred to hereinafter as "Guideline" and is adopted by reference and is on file with the Department.
  - b. Where an air quality impact model specified in the "Guideline" is not applicable, the model may be modified or another model substituted. Such a change shall be subject to notice and opportunity for public comment under R18-2-330. Written approval of the EPA Administrator shall be obtained for any modification or substitution.
- B. This Section and R18-2-407 shall not apply to a new major source or major modification to a source with respect to a particular pollutant if the person applying for the permit or permit revision under this Article demonstrates that, as to that pollutant, the source or modification is located in an area designated as nonattainment for the pollutant. This exemption shall not apply to an area designated nonattainment for a revoked national ambient air quality standard in 40 CFR 81.
- C. This Section, R18-2-407, and R18-2-410(B), (F), and (G) shall not apply to a new major source or a major modification if the source or modification would be a major source or major modification only if fugitive emissions, to the extent quantifiable,

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are considered in calculating the potential emissions of the source or modification, and the source does not belong to a section 302(j) category.

- D.** This Section, R18-2-407, and R18-2-410(B), (F), and (G) shall not apply to a new major source or major modification to a source when the owner or operator of the source is a nonprofit health or educational institution.
- E.** This Section, R18-2-407, and R18-2-410(B), (F) and (G) shall not apply to a portable source which would otherwise be a new major source or major modification to an existing source if all of the following conditions are satisfied:
1. The portable source proposes to relocate and will operate for no more than 24 months at its new location.
  2. The source is subject to a permit or permit revision issued under this Section or 40 CFR 52.21.
  3. The source is in compliance with the conditions of that permit or permit revision.
  4. Emissions from the source will not impact a federal Class I area or an area where an applicable maximum increase allowed under R18-2-218 is known to be violated.
  5. Reasonable notice is given to the Director prior to the relocation identifying the proposed new location and the probable duration of operation at the new location at least 10 calendar days in advance of the proposed relocation, unless a different time duration is previously approved by the Director.
- F.** Subsection (A)(5), R18-2-407, and R18-2-410(B) shall not apply to a proposed major source or major modification with respect to a particular pollutant, if the allowable emissions of that pollutant from the source, or the net emissions increase of that pollutant from the modification, would be temporary and impact no federal Class I area and no area where a maximum increase allowed under R18-2-218 is known to be violated.
- G.** Subsection (A)(5), R18-2-407, and R18-2-410(B) as they relate to any maximum allowable increase for a Class II area shall not apply to a modification of a major stationary source that was in existence on March 1, 1978, if the net increase in allowable emissions of each regulated NSR pollutant from the modification after the application of best available control technology would be less than 50 tons per year.
- H.** Subsection (A)(5)(b) shall not apply to a stationary source or modification with respect to any maximum increase allowed for nitrogen oxides under R18-2-218 if the owner or operator of the source or modification submitted an application for a permit under the applicable permit program approved or promulgated under the Act before the provisions embodying the maximum allowable increase took effect as part of the state implementation plan and the Director subsequently determined that the application as submitted before that date was complete.
- I.** Subsection (A)(5)(b) shall not apply to a stationary source or modification with respect to any maximum increase allowed for PM<sub>10</sub> under R18-2-218 if the owner or operator of the source or modification submitted an application for a permit under the applicable permit program approved under the Act before the provisions embodying the maximum allowable increases for PM<sub>10</sub> took effect as part of the state implementation plan and the Director subsequently determined that the application as submitted before that date was complete. Instead, subsection (A)(5)(b) shall apply with respect to the maximum allowable increases for total suspended particulate as in effect on the date the application was submitted.
- J.** Subsection (A)(5)(a) shall not apply to a stationary source or modification with respect to the national ambient air quality standards for PM<sub>2.5</sub> in effect on March 18, 2013 if either of the following is true:
1. The Director determined a permit application subject to this Section was complete on or before December 14, 2012. Instead, subsection (A)(5)(a) shall apply with respect to the national ambient air quality standards for PM<sub>2.5</sub> in effect at the time the Director determined the permit application to be complete.
  2. The Director first published before March 18, 2013 a public notice of a proposed permit subject to this Section. Instead, subsection (A)(5)(a) shall apply with respect to the national ambient air quality standards for PM<sub>2.5</sub> in effect at the time of first publication of the public notice.
- K.** Subsection (A)(5)(a) shall not apply to a stationary source or modification with respect to the revised national ambient air quality standards for ozone published on October 26, 2015 if:
1. The Director has determined the permit application subject to this Section to be complete on or before October 1, 2015. Instead, subsection (A)(5)(a) shall apply with respect to the national ambient air quality standards for ozone in effect at the time the Director determined the permit application to be complete.
  2. The Director has first published, before December 25, 2015, a public notice of a preliminary determination or draft permit for the permit application subject to this Section. Instead, subsection (A)(5)(a) shall apply with respect to the national ambient air quality standards for ozone in effect at the time the Director determined the permit application to be complete.
- L.** The owner or operator of a proposed source or modification shall submit all information necessary to perform any analysis or make a determination required under this Section. The owner or operator shall also provide information regarding:
1. The air quality impact of the source or modification, including meteorological and topographical data necessary to estimate such impact, and
  2. The air quality impacts and the nature and extent of any or all general commercial, residential, industrial, and other growth which has occurred since August 7, 1977, in the area the source or modification would affect.
- M.** The issuance of a permit or permit revision under this Article in accordance with this Section shall not relieve the owner or operator of the responsibility to comply fully with applicable provisions of the SIP and any other requirements under local, state, or federal law.
- N.** At such time that a particular source or modification becomes a major source or major modification solely by virtue of a relaxation in any enforceable limitation which was established after August 7, 1980, on the capacity of the source or modification otherwise to emit a pollutant, such as a restriction on hours of operation, then the requirements of this Section shall apply to the source or modification as though construction had not yet commenced on the source or modification.

**Historical Note**

Former Section R9-3-405, renumbered effective September 17, 1975 (Supp. 75-1). Former Section R9-3-406 repealed, new Section R9-3-406 adopted effective May 14, 1979 (Supp. 79-1). Former Section R9-3-406 renumbered without change as Section R18-2-406 (Supp. 87-3). Section R18-2-406 renumbered to R18-2-606, new Section R18-2-406 adopted effective November 15, 1993 (Supp. 93-4). Amended effective February 28, 1995 (Supp. 95-1). The references to R18-2-101(97)(a) in subsection (A)(1) and (2) amended to reference R18-2-

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101(104)(a) (Supp. 99-3). Amended by final rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1). Amended by final rulemaking at 25 A.A.R. 3630, effective February 1, 2020 (Supp. 19-4).

**R18-2-407. Air Quality Impact Analysis and Monitoring Requirements**

- A. Any application for a permit or permit revision under R18-2-406 to construct a new major source or major modification to a major source shall contain an analysis of ambient air quality in the area that the new major source or major modification would affect for each of the following pollutants:
  1. For the new source, each pollutant that it would have the potential to emit in a significant amount;
  2. For the modification, each pollutant for which it would result in a significant net emissions increase.
- B. With respect to any such pollutant for which no national ambient air quality standard exists, the analysis shall contain all air quality monitoring data as the Director determines is necessary to assess ambient air quality for that pollutant in any area that the emissions of the pollutant would affect.
- C. With respect to any such pollutant (other than nonmethane hydrocarbons) for which such a standard does exist, the analysis shall contain continuous air quality monitoring data gathered for purposes of determining whether emissions of that pollutant would cause or contribute to a violation of the standard or any maximum allowable increase.
- D. In general, the continuous air quality monitoring data that is required shall have been gathered over a period of at least one year and shall represent at least the year preceding receipt of the application, except that, if the Director determines that a complete and adequate analysis can be accomplished with monitoring data gathered over a period shorter than one year (but not to be less than four months), the data that is required shall have been gathered over at least that shorter period.
- E. The owner or operator of a proposed stationary source or modification to a source of volatile organic compounds who satisfies all conditions of 40 CFR 51, Appendix S, Section IV, may provide post-approval monitoring data for ozone in lieu of providing preconstruction data as required under subsections (B), (C), and (D) above.
- F. Post-construction monitoring. The owner or operator of a new major source or major modification shall, after construction of the source or modification, conduct such ambient monitoring as the Director determines is necessary to determine the effect emissions from the new source or modification may have, or are having, on air quality in any area.
- G. Operations of monitoring stations. The owner or operator of a new major source or major modification shall meet the requirements of 40 CFR 58, Appendix B, during the operation of monitoring stations for purposes of satisfying subsections (B) through (F) above.
- H. The requirements of subsections (B) through (G) above shall not apply to a new major source or major modification to an existing source with respect to monitoring for a particular pollutant if:
  1. The emissions increase of the pollutant from the new source or the net emissions increase of the pollutant from the modification would cause, in any area, air quality impacts less than the following amounts:
    - a. Carbon Monoxide - 575  $\mu\text{g}/\text{m}^3$ , eight-hour average;
    - b. Nitrogen dioxide - 14  $\mu\text{g}/\text{m}^3$ , annual average;

- c.  $\text{PM}_{2.5}$  - 0  $\mu\text{g}/\text{m}^3$ , 24-hour average;
  - d.  $\text{PM}_{10}$  - 10  $\mu\text{g}/\text{m}^3$ , 24-hour average;
  - e. Sulfur dioxide - 13  $\mu\text{g}/\text{m}^3$ , 24-hour average;
  - f. Lead - 0.1  $\mu\text{g}/\text{m}^3$ , 3-month average;
  - g. Fluorides - 0.25  $\mu\text{g}/\text{m}^3$ , 24-hour average;
  - h. Total reduced sulfur - 10  $\mu\text{g}/\text{m}^3$ , one-hour average;
  - i. Hydrogen sulfide - 0.04  $\mu\text{g}/\text{m}^3$ , one-hour average;
  - j. Reduced sulfur compounds - 10  $\mu\text{g}/\text{m}^3$ , one-hour average;
  - k. Ozone - net emissions increases of less than 100 tons per year of volatile organic compounds or oxides of nitrogen;
2. The concentrations of the pollutant in the area that the new source or modification would affect are less than the concentrations listed in subsection (H)(1); or
  3. The pollutant is not listed in subsection (H)(1).

**Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Former Section R9-3-407 renumbered without change as Section R18-2-407 (Supp. 87-3). Section R18-2-407 renumbered to R18-2-607, new Section R18-2-407 adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

**R18-2-408. Innovative Control Technology**

- A. Notwithstanding the provisions of R18-2-406(A)(1) through (3), the owner or operator of a proposed new major source or major modification may request that the Director approve a system of innovative control technology rather than the best available control technology requirements otherwise applicable to the new source or modification.
- B. The Director shall approve the installation of a system of innovative control technology if the following conditions are met:
  1. The owner or operator of the proposed source or modification satisfactorily demonstrates that the proposed control system would not cause or contribute to an unreasonable risk to public health, welfare, or safety in its operation or function;
  2. The owner or operator agrees to achieve a level of continuous emissions reduction equivalent to that which would have been required under R18-2-406(A)(1) or (2) by a date specified in the permit or permit revision under this Article for the source. Such date shall not be later than four years from the time of start-up or seven years from the issuance of a permit or permit revision under this Article;
  3. The source or modification would meet requirements equivalent to those in R18-2-406(A) based on the emissions rate that the stationary source employing the system of innovative control technology would be required to meet on the date specified in the permit or permit revision under this Article.
  4. Before the date specified in the permit or permit revision under this Article, the source or modification would not:
    - a. Cause or contribute to any violation of an applicable national ambient air quality standard; or
    - b. Impact any area where an applicable maximum increase allowed under R18-2-208 is known to be violated.
  5. All other applicable requirements including those for public participation have been met.

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6. The Director receives the consent of the governors of other affected states.
7. The requirements of R18-2-410 for federal Class I areas will be met for all periods during the life of the source or modification.
- C. The Director shall withdraw any approval to employ a system of innovative control technology made under this Section if:
  1. The proposed system fails by the specified date to achieve the required continuous emissions reduction rate; or
  2. The proposed system fails before the specified date so as to contribute to an unreasonable risk to public health, welfare, or safety; or
  3. The Director decides at any time that the proposed system is unlikely to achieve the required level of control or to protect the public health, welfare, or safety.
- D. If the new source or major modification fails to meet the required level of continuous emissions reduction within the specified time period, or if the approval is withdrawn in accordance with subsection (C) above, the Director may allow the owner or operator of the source or modification up to an additional three years to meet the requirement for the application of best available control technology through use of a demonstrated system of control.

**Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Former Section R9-3-408 renumbered without change as Section R18-2-408 (Supp. 87-3). Section R18-2-408 renumbered to R18-2-608, new Section R18-2-408 adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

**R18-2-409. Air Quality Models**

- A. Where the Director requires a person requesting a permit or permit revision under this Article to perform air quality impact modeling to obtain such permit or permit revision under this Article, the modeling shall be performed in a manner consistent with the Guideline specified in R18-2-406(A)(6)(a).
- B. Where the person requesting a permit or permit revision under this Article can demonstrate that an air quality impact model specified in the Guideline is inappropriate, the model may be modified or another model substituted. However, before such modification or substitution can occur, the Director shall make a written finding that:
  1. No model in the Guideline is appropriate for a particular permit or permit revision under this Article under consideration, or
  2. The data base required for the appropriate model in the Guideline is not available, and
  3. The model proposed as a substitute or modification is likely to produce results equal or superior to those obtained by models in the Guideline, and
  4. The model proposed as a substitute or modification has been approved by the Administrator.
- C. The substitution or modification of an air quality model under this Section shall be included in the public notice under R18-2-330(C).

**Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Former Section R9-3-409 renumbered without change as Section R18-2-409 (Supp. 87-3). Section R18-2-409 renumbered to R18-2-609, new Section R18-2-409 adopted effective November 15, 1993 (Supp. 93-4).

**R18-2-410. Visibility and Air Quality Related Value Protection**

- A. Applicability.
  1. All of the requirements of this Section apply to a new major source or major modification that would be constructed in an area that is designated attainment or unclassifiable.
  2. Subsections (B) to (D) apply to the following:
    - a. A new major source or major modification that may have an impact on any integral vista of a mandatory federal Class I area, if it is identified in accordance with 40 CFR 51.304 by the Federal Land Manager at least twelve months before submission of a complete permit application for the source or modification, except where the Federal Land Manager has provided notice and opportunity for public comment on the integral vista, in which case the review must include impacts on any integral vista identified at least six months before submission of a complete permit application. This subsection shall not apply if the Director determines under 40 CFR 51.304(d) that the identification was not in accordance with the identification criteria.
    - b. A new major source or major modification that proposes to locate in an area designated as nonattainment and that may have an impact on visibility in any mandatory federal Class I area.
- B. Application Requirements. Any application for a permit or permit revision to construct a major source or major modification subject to this Section shall contain:
  1. An analysis of the impairment to visibility, soils, and vegetation that would occur as a result of the new source or modification and general commercial, residential, industrial, and other growth associated with the new source or modification. The applicant need not provide an analysis of the impact on vegetation having no significant commercial or recreational value.
  2. An analysis of the air quality impact projected for the area as a result of general commercial, residential, industrial, and other growth associated with the new source or modification.
- C. Notification Requirements.
  1. The Director shall provide written notice of the application for a permit or permit revision subject to this Section to the Administrator, the Federal Land Manager and the federal official charged with direct responsibility for management of any lands within any Class I area that may be affected by the source or modification. The notice shall be provided within 30 days of receipt of the application and at least 60 days before any public hearing on the application. The notice shall:
    - a. Include a copy of the application and all information relevant to the permit or permit revision under this Article;
    - b. Include an analysis of the anticipated impacts of the proposed source on visibility in any federal Class I area; and
    - c. Provide for no less than a 30-day period within which written comments may be submitted.
  2. The Director shall notify the individuals identified in subsection (C)(1) within 30 days of receipt of any advance notification of any such permit or permit revision.
  3. The Director shall notify the individuals identified in subsection (C)(1) of the preliminary determination for the

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application under R18-2-402(I)(2)(c) and shall make available any materials used in making that determination.

4. The Director shall provide notice to the administrator of every action related to the consideration of such permit or permit revision.

**D. Consideration of Federal Land Manager Analysis.**

1. The Federal Land Manager and the federal official charged with direct responsibility for management of federal Class I areas have an affirmative responsibility to protect the air quality related values, including visibility, of any such areas and to consider, in consultation with the Administrator, whether a proposed source or modification would have an adverse impact on such values.
2. The Director shall consider any analysis performed by the Federal Land Manager and provided within 30 days of the notification required by subsection (C)(1) that shows that a proposed new major stationary source or major modification may have an adverse impact on visibility in a federal Class I area or integral vista.
3. In considering the analysis, the Director shall ensure that the source's emissions will be consistent with making reasonable progress toward the national visibility goal referred to in 40 CFR 51.300(a), taking into account the costs of compliance, the time necessary for compliance, the energy and nonair quality environmental impacts of compliance, and the useful life of the source.
4. If the Director concurs with the analysis, the Director shall deny the permit or permit revision.
5. If the Director finds that the analysis does not demonstrate to the satisfaction of the Director that an adverse impact on visibility will result in the federal Class I area or integral vista, the Director shall, in the notice required by R18-2-402(I)(2)(c), either explain that decision or give notice as to where the explanation can be obtained.

**E. Federal Land Manager Analysis Showing Adverse Impact Despite Compliance with Maximum Allowable Increases for Class I Area.**

1. Within 30 days after the notification required by subsection (C)(3), the Federal Land Manager may present to the Director a demonstration that the emissions attributed to a new major source or major modification would have an adverse impact on visibility or other specifically defined air quality related values of any mandatory federal Class I area, even though the change in air quality resulting from emissions attributable to the source or modification will not cause or contribute to concentrations that exceed the maximum increases allowed for the area in R18-2-218.
2. If the Director concurs with the demonstration, the Director shall not issue a permit or permit revision for the major source or major modification.

**F. Class I Variance with Federal Land Manager Concurrence.**

1. The owner or operator of a proposed source or modification may demonstrate to the Federal Land Manager that emissions from the source will have no adverse impact on the air quality related values (including visibility) of federal Class I areas, even though the change in air quality resulting from emissions from the source or modification are projected to cause or contribute to concentrations that exceed the maximum increases allowed for a Class I area under R18-2-218.
2. If the Federal land manager concurs with the demonstration and so certifies to the Director, the Director may issue the permit, provided that:

- a. Applicable requirements are otherwise met; and
- b. The permit contains emission limits necessary to assure that emissions of sulfur dioxide, PM<sub>2.5</sub>, PM<sub>10</sub>, and nitrogen oxides will not cause increases in ambient concentrations of those pollutants exceeding the following maximum allowable increases over minor source baseline concentrations:

Pollutant	Maximum allowable increase (micrograms per cubic meter)
<b>PM<sub>2.5</sub>:</b>	
Annual arithmetic mean	4
24-hr maximum	9
<b>PM<sub>10</sub>:</b>	
Annual arithmetic mean	17
24-hr maximum	30
<b>Sulfur dioxide:</b>	
Annual arithmetic mean	20
24-hr maximum	91
3-hr maximum	325
<b>Nitrogen dioxide:</b>	
Annual arithmetic mean	25

**G. Class I Sulfur Dioxide Variance by Governor with Concurrence by Federal Land Manager or President.**

1. The owner or operator of a proposed source or modification that cannot be approved under subsection (F) may demonstrate to the Governor that the source cannot be constructed by reason of any maximum allowable increase for sulfur dioxide for a period of twenty-four hours or less applicable to any Class I area and, in the case of mandatory federal Class I areas, that a variance under this clause would not adversely affect the air quality related values of the area (including visibility). The Governor, after consideration of the Federal Land Manager's recommendation (if any) and subject to his concurrence, may, after notice and public hearing, grant a variance from the maximum allowable increase. If the variance is granted, the Director shall issue a permit or permit to the source or modification pursuant to the requirements of subsection (G)(3), provided that the applicable requirements of R18-2-406 are otherwise met.
2. In any case where the Governor recommends a variance in which the Federal Land Manager does not concur, the recommendations of the Governor and the Federal Land Manager shall be transmitted to the President. The President may approve the Governor's recommendation if the President finds that the variance is in the national interest. If the variance is approved, the Director shall issue a permit pursuant to subsection (G)(3), provided that the applicable requirements of R18-2-406 are otherwise met.
3. In the case of a permit issued pursuant to subsections (G)(1) or (G)(2) the source or modification shall comply with emission limitations necessary to assure that emissions of sulfur dioxide from the source or modification will not (during any day on which the otherwise applicable maximum allowable increases are exceeded) cause or contribute to concentrations that would exceed the following maximum allowable increases over the baseline concentration and to assure that the emissions will not



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cause or contribute to concentrations that exceed the otherwise applicable maximum allowable increases for periods of exposure of 24 hours or less for more than 18 days, not necessarily consecutive, during any annual period:

Maximum Allowable Increase [Micrograms per cubic meter]		
Period of exposure	Terrain areas	
	Low	High
24-hr maximum	36	62
3-hr maximum	130	221

- H. Visibility Monitoring.** The Director may require monitoring of visibility in any federal Class I area near a proposed major source or major modification for such purposes and by such means as the Director deems necessary and appropriate.

**Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Former Section R9-3-410 renumbered without change as Section R18-2-410 (Supp. 87-3). Section R18-2-410 renumbered to R18-2-610, new Section R18-2-410 adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

**R18-2-411. Permit Requirements for Sources that Locate in Attainment or Unclassifiable Areas and Cause or Contribute to a Violation of Any National Ambient Air Quality Standard**

- A.** Except as provided in subsections (C) or (D), the Director shall deny a permit or permit revision to any major source or major modification that would locate in any attainment or unclassified area, if the source or modification would cause or contribute to a violation of any national ambient air quality standard.
- B.** A major source or major modification will be considered to cause or contribute to a violation of a national ambient air quality standard when the source or modification would, at a minimum, cause an increase in the concentrations of a regulated NSR pollutant that exceeds the significance level at any locality that does not, or as a result of the increase would not, meet the standard.
- C.** A proposed major source or major modification subject to subsection (A) may reduce the impact of its emissions upon air quality by obtaining sufficient emission reductions to, at a minimum, compensate for its adverse ambient impact where the major source or major modification would otherwise cause or contribute to a violation of any national ambient air quality standard.
- D.** Subsection (A) shall not apply to a major stationary source or major modification with respect to a particular pollutant if the owner or operator demonstrates that, as to that pollutant, the source or modification is located in an area designated as non-attainment pursuant to section 107 of the Act.

**Historical Note**

Adopted effective November 15, 1993 (Supp. 93-4). Section repealed by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). New Section made by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

**R18-2-412. PALs**

- A. Applicability.**

1. The Director may approve the use of a PAL for any existing major source if the PAL meets the requirements of this Section.
  2. Any physical change in or change in the method of operation of a major stationary source that maintains its total source-wide emissions below the PAL level, meets the requirements of this Section, and complies with the PAL permit:
    - a. Is not a major modification for the PAL pollutant,
    - b. Does not have to be approved under R18-2-403 or R18-2-406, and
    - c. Is not subject to the provisions in R18-2-403(C) or R18-2-406(M).
  3. Except as provided under subsection (A)(2)(c), a major stationary source shall continue to comply with all applicable federal or state requirements, emission limitations, and work practice requirements that were established prior to the effective date of the PAL.
- B. Permit application requirements.** As part of a permit application requesting a PAL, the owner or operator of a major source shall submit the following information to the Director for approval:
1. A list of all emissions units at the source designated as small, significant or major based on their potential to emit. In addition, the owner or operator of the source shall indicate which, if any, federal or state applicable requirements, emission limitations, or work practices apply to each unit.
  2. Calculations of the baseline actual emissions (with supporting documentation). Baseline actual emissions shall include emissions associated not only with operation of the unit, but also emissions associated with the startup, shutdown and malfunction.
  3. The calculation procedures that the major source owner or operator proposes to use to convert the monitoring system data to monthly emissions and annual emissions based on a 12-month rolling total for each month as required by subsection (L)(1).
- C. General requirements for establishing PALs.**
1. The Director is allowed to establish a PAL at a major source, provided that at a minimum, the following requirements are met:
    - a. The PAL shall impose an annual emission limitation in tons per year, that is enforceable as a practical matter, for the entire major source. For each month during the PAL effective period after the first 12 months of establishing a PAL, the major source owner or operator shall show that the sum of the monthly emissions from each emissions unit under the PAL for the previous 12 consecutive months is less than the PAL (a 12-month sum, rolled monthly). For each month during the first 11 months from the PAL effective date, the major source owner or operator shall show that the sum of the preceding monthly emissions from the PAL effective date for each emissions unit under the PAL is less than the PAL.
    - b. The PAL shall be established in a PAL permit that meets the requirements in subsection (D).
    - c. The PAL permit shall contain all the requirements of subsection (F).
    - d. The PAL shall include fugitive emissions, to the extent quantifiable, from all emissions units that

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- emit or have the potential to emit the PAL pollutant at the major source.
- e. Each PAL shall regulate emissions of only one pollutant.
  - f. Each PAL shall have a PAL effective period of 10 years.
  - g. The owner or operator of the major source with a PAL shall comply with the monitoring, recordkeeping, and reporting requirements provided in subsections (K) through (M) for each emissions unit under the PAL through the PAL effective period.
2. At no time (during or after the PAL effective period) are emissions reductions of a PAL pollutant that occur during the PAL effective period creditable as decreases for purposes of offsets under R18-2-404 unless the level of the PAL is reduced by the amount of such emissions reductions and such reductions would be creditable in the absence of the PAL.
- D.** Action on PAL permit application. A PAL permit application shall be processed in accordance with one of the following:
1. As an initial Class I permit pursuant to R18-2-304.
  2. As a renewal of a Class I permit pursuant to R18-2-322.
  3. As a significant revision to a Class I permit pursuant to R18-2-320.
- E.** Setting the 10-year actuals PAL level.
1. Except as provided in subsection (E)(2), the PAL level for a major source shall be established as the sum of the baseline actual emissions of the PAL pollutant for each emissions unit at the source; plus an amount equal to the applicable significant level for the PAL pollutant. When establishing the PAL level, only one consecutive 24-month period must be used to determine the baseline actual emissions for all existing emissions units. However, a different consecutive 24-month period may be used for each different PAL pollutant. Emissions associated with units that were permanently shut down after this 24-month period must be subtracted from the PAL level. The Director shall specify a reduced PAL level(s) (in tons/yr) in the PAL permit to become effective on the future compliance date(s) of any applicable federal or state regulatory requirement(s) that the Director is aware of prior to issuance of the PAL permit. For instance, if the source owner or operator will be required to reduce emissions from industrial boilers in half from baseline emissions of 60 ppm NO<sub>x</sub> to a new rule limit of 30 ppm, then the permit shall contain a future effective PAL level that is equal to the current PAL level reduced by half of the original baseline emissions of such unit(s).
  2. For newly constructed units (which do not include modifications to existing units) on which actual construction began after the 24-month period, in lieu of adding the baseline actual emissions as specified in subsection (E)(1), the emissions must be added to the PAL level in an amount equal to the potential to emit of the units.
- F.** Contents of the PAL permit. The PAL permit must contain, at a minimum, the following information:
1. The PAL pollutant and the applicable source-wide emission limitation in tons per year.
  2. The PAL permit effective date and the expiration date of the PAL (PAL effective period).
  3. Specification in the PAL permit that if a major source owner or operator applies to renew a PAL in accordance with subsection (I) before the end of the PAL effective period, then the PAL shall not expire at the end of the PAL effective period. It shall remain in effect until a revised PAL permit is issued by the Director.
4. A requirement that emission calculations for compliance purposes must include emissions from startups, shutdowns, and malfunctions.
  5. A requirement that, once the PAL expires, the major source is subject to the requirements of subsection (H).
  6. The calculation procedures that the major source owner or operator shall use to convert the monitoring system data to monthly emissions and annual emissions based on a 12-month rolling total as required by subsection (L)(1).
  7. A requirement that the major source owner or operator monitor all emissions units in accordance with the provisions under subsection (K).
  8. A requirement to retain the records required under subsection (L) onsite. Such records may be retained in an electronic format.
  9. A requirement to submit the reports required under subsection (M) by the required deadlines.
  10. Any other requirements that the Director deems necessary to implement and enforce the PAL.
- G.** PAL effective period and reopening of the PAL permit.
1. PAL effective period. The Director shall specify a PAL effective period of 10 years.
  2. Reopening of the PAL permit.
    - a. During the PAL effective period, the Director must reopen the PAL permit to:
      - i. Correct typographical/calculation errors made in setting the PAL or reflect a more accurate determination of emissions used to establish the PAL,
      - ii. Reduce the PAL if the owner or operator of the major source creates creditable emissions reductions for use as offsets under R18-2-404, and
      - iii. Revise the PAL to reflect an increase in the PAL as provided under subsection (J).
    - b. The Director shall have discretion to reopen the PAL permit for the following:
      - i. Reduce the PAL to reflect new federal applicable requirements with compliance dates after the PAL effective date;
      - ii. Reduce the PAL consistent with any other requirement, that is enforceable as a practical matter, and that the state may impose on the major source under the State Implementation Plan; and
      - iii. Reduce the PAL if the Director determines that a reduction is necessary to avoid causing or contributing to a violation of a national ambient air quality standard or a maximum increase allowed under R18-2-208, or to an adverse impact on an air quality related value that has been identified for a federal Class I area by a Federal Land Manager and for which information is available to the general public.
    - c. Except for the permit reopening in subsection (G)(2)(a)(i) for the correction of typographical/calculation errors that do not increase the PAL level, all other reopenings shall be carried out in accordance with the public participation requirements of subsection (D).
- H.** Expiration of a PAL. Any PAL that is not renewed in accordance with the procedures in subsection (I) shall expire at the

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end of the PAL effective period, and the following requirements shall apply.

1. Each emissions unit (or each group of emissions units) that existed under the PAL shall comply with an allowable emission limitation under a revised permit established according to the following procedures.
  - a. Within the time-frame specified for PAL renewals in subsection (I)(2), the major source shall submit a proposed allowable emission limitation for each emissions unit (or each group of emissions units, if such a distribution is more appropriate) by distributing the PAL allowable emissions for the major source among each of the emissions units that existed under the PAL. If the PAL had not yet been adjusted for an applicable requirement that became effective during the PAL effective period, as would be required under subsection (I)(5), such distribution shall be made as if the PAL had been adjusted.
  - b. The Director shall decide how the PAL allowable emissions will be distributed and issue a revised permit incorporating allowable limits for each emissions unit, or each group of emissions units, as the Director determines is appropriate.
2. Each emissions unit(s) shall comply with the allowable emission limitation on a 12-month rolling basis. The Director may approve the use of monitoring systems (source testing, emission factors, etc.) other than CEMS, CERMS, PEMS, or CPMS to demonstrate compliance with the allowable emission limitation.
3. Until the Director issues the revised permit incorporating allowable limits for each emissions unit, or each group of emissions units, as required under subsection (H)(1)(b), the source shall continue to comply with a source-wide, multi-unit emissions cap equivalent to the level of the PAL emission limitation.
4. Any physical change or change in the method of operation at the major source will be subject to the nonattainment major NSR requirements if such change meets the definition of major modification.
5. The major source owner or operator shall continue to comply with any applicable requirements that may have applied either during the PAL effective period or before the PAL effective period except for those emission limitations that had been established pursuant to R18-2-403(C) or R18-2-406(H), but were eliminated by the PAL in accordance with subsection (A)(2)(c).

**I. Renewal of a PAL.**

1. The Director shall follow the procedures specified in subsection (D) in approving any request to renew a PAL for a major source, and shall provide both the proposed PAL level and a written rationale for the proposed PAL level to the public for review and comment. During such public review, any person may propose a PAL level for the source for consideration by the Director.
2. Application deadline. A major source owner or operator shall submit a timely application to the Director to request renewal of a PAL. A timely application is one that is submitted at least six months prior to, but not earlier than 18 months from, the date of permit expiration. This deadline for application submittal is to ensure that the permit will not expire before the permit is renewed. If the owner or operator of a major source submits a complete application to renew the PAL within this time period, then

the PAL shall continue to be effective until the revised permit with the renewed PAL is issued.

3. Application requirements. The application to renew a PAL permit shall contain the following information.
  - a. The information required in subsections (B)(1) through (3).
  - b. A proposed PAL level.
  - c. The sum of the potential to emit of all emissions units under the PAL (with supporting documentation).
  - d. Any other information the owner or operator wishes the Director to consider in determining the appropriate level for renewing the PAL.
4. PAL adjustment. In determining whether and how to adjust the PAL, the Director shall consider the options outlined in subsections (I)(4)(a) and (b). However, in no case may any such adjustment fail to comply with subsection (I)(4)(c).
  - a. If the emissions level calculated in accordance with subsection (E) is equal to or greater than 80% of the PAL level, the Director may renew the PAL at the same level without considering the factors set forth in subsection (I)(4)(b); or
  - b. The Director may set the PAL at a level that the Director determines to be more representative of the source's baseline actual emissions, or that the Director determines to be more appropriate considering air quality needs, advances in control technology, anticipated economic growth in the area, desire to reward or encourage the source's voluntary emissions reductions, or other factors as specifically identified by the Director in the Director's written rationale.
  - c. Notwithstanding subsections (I)(4)(a) and (b):
    - i. If the potential to emit of the major source is less than the PAL, the Director shall adjust the PAL to a level no greater than the potential to emit of the source; and
    - ii. The Director shall not approve a renewed PAL level higher than the current PAL, unless the PAL has been increased in accordance with subsection (J).
5. If the compliance date for an applicable requirement that applies to the PAL source occurs during the PAL effective period, and if the Director has not already adjusted for such requirement, the PAL shall be adjusted at the time of PAL permit renewal or renewal of the source's Class I permit, whichever occurs first.

**J. Increasing a PAL during the PAL effective period.**

1. The Director may increase a PAL emission limitation only if the following requirements are met:
  - a. The owner or operator of the major source shall submit a complete application to request an increase in the PAL limit for a PAL major modification. Such application shall identify the emissions unit(s) contributing to the increase in emissions so as to cause the major source's emissions to equal or exceed its PAL.
  - b. As part of this application, the major source owner or operator shall demonstrate that the sum of the baseline actual emissions of the small emissions units, plus the sum of the baseline actual emissions of the significant and major emissions units assuming application of BACT or LAER equivalent con-

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trols, plus the sum of the PAL allowable emissions of the new or modified emissions unit(s) exceeds the PAL. The level of control that would result from BACT or LAER equivalent controls on each significant or major emissions unit shall be determined by conducting a new BACT or LAER analysis at the time the application is submitted, as applicable for the particular PAL pollutant, unless the emissions unit is currently required to comply with a BACT or LAER requirement that was established within the preceding 10 years. In such a case, the assumed control level for that emissions unit shall be equal to the level of BACT or LAER with which that emissions unit must currently comply.

- c. The owner or operator obtains a major NSR permit for all emissions unit(s) identified in subsection (J)(1)(a), regardless of the magnitude of the emissions increase resulting from them (that is, no significant levels apply). These emissions unit(s) shall comply with any emissions requirements resulting from the major NSR process (for example, BACT), even though they have also become subject to the PAL or continue to be subject to the PAL.
  - d. The PAL permit shall require that the increased PAL level shall be effective on the day any emissions unit that is part of the PAL major modification becomes operational and begins to emit the PAL pollutant.
2. The Director shall calculate the new PAL level as the sum of the PAL allowable emissions for each modified or new emissions unit, plus the sum of the baseline actual emissions of the significant and major emissions units (assuming application of BACT or LAER equivalent controls as determined in accordance with subsection (J)(1)(b), plus the sum of the baseline actual emissions of the small emissions units.
  3. The PAL permit shall be revised to reflect the increased PAL level pursuant to the public notice requirements of subsection (D).

**K. Monitoring requirements for PALs.**

1. General requirements.
  - a. Each PAL permit must contain enforceable requirements for the monitoring system that accurately determines plantwide emissions of the PAL pollutant in terms of mass per unit of time. Any monitoring system authorized for use in the PAL permit must be based on sound science and meet generally acceptable scientific procedures for data quality and manipulation. Additionally, the information generated by such system must meet minimum legal requirements for admissibility in a judicial proceeding to enforce the PAL permit.
  - b. The PAL monitoring system must employ one or more of the four general monitoring approaches meeting the minimum requirements set forth in subsections (K)(2)(a) through (d) and must be approved by the Director.
  - c. Notwithstanding subsection (K)(1)(b), the owner or operator may also employ an alternative monitoring approach if approved by the Director as meeting the requirements of subsection (K)(1)(a).
  - d. Failure to use a monitoring system that meets the requirements of this Section renders the PAL invalid.

2. Minimum performance requirements for approved monitoring approaches. The following are acceptable general monitoring approaches when conducted in accordance with the minimum requirements in subsections (K)(3) through (9):
  - a. Mass balance calculations for activities using coatings or solvents,
  - b. CEMS,
  - c. CPMS or PEMS, and
  - d. Emission factors.
3. Mass balance calculations. An owner or operator using mass balance calculations to monitor PAL pollutant emissions from activities using coating or solvents shall meet the following requirements:
  - a. Provide a demonstrated means of validating the published content of the PAL pollutant that is contained in or created by all materials used in or at the emissions unit;
  - b. Assume that the emissions unit emits all of the PAL pollutant that is contained in or created by any raw material or fuel used in or at the emissions unit, if it cannot otherwise be accounted for in the process; and
  - c. Where the vendor of a material or fuel, which is used in or at the emissions unit, publishes a range of pollutant content from such material, the owner or operator must use the highest value of the range to calculate the PAL pollutant emissions unless the Director determines there is site-specific data or a site-specific monitoring program to support another content within the range.
4. CEMS. An owner or operator using CEMS to monitor PAL pollutant emissions shall meet the following requirements:
  - a. CEMS must comply with applicable Performance Specifications found in 40 CFR 60, Appendix B; and
  - b. CEMS must sample, analyze and record data at least every 15 minutes while the emissions unit is operating.
5. CPMS or PEMS. An owner or operator using CPMS or PEMS to monitor PAL pollutant emissions shall meet the following requirements:
  - a. The CPMS or the PEMS must be based on current site-specific data demonstrating a correlation between the monitored parameter(s) and the PAL pollutant emissions across the range of operation of the emissions unit; and
  - b. Each CPMS or PEMS must sample, analyze, and record data at least every 15 minutes, or at another less frequent interval approved by the Director, while the emissions unit is operating.
6. Emission factors. An owner or operator using emission factors to monitor PAL pollutant emissions shall meet the following requirements:
  - a. All emission factors shall be adjusted, if appropriate, to account for the degree of uncertainty or limitations in the factors' development;
  - b. The emissions unit shall operate within the designated range of use for the emission factor, if applicable; and
  - c. If technically practicable, the owner or operator of a significant emissions unit that relies on an emission factor to calculate PAL pollutant emissions shall

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conduct validation testing to determine a site-specific emission factor within six months of PAL permit issuance, unless the Director determines that testing is not required.

7. A source owner or operator must record and report maximum potential emissions without considering enforceable emission limitations or operational restrictions for an emissions unit during any period of time that there is no monitoring data, unless another method for determining emissions during such periods is specified in the PAL permit.
  8. Notwithstanding the requirements in subsections (K)(3) through (7), where an owner or operator of an emissions unit cannot demonstrate a correlation between the monitored parameter(s) and the PAL pollutant emissions rate at all operating points of the emissions unit, the Director shall, at the time of permit issuance:
    - a. Establish default value(s) for determining compliance with the PAL based on the highest potential emissions reasonably estimated at such operating point(s), or
    - b. Determine that operation of the emissions unit during operating conditions when there is no correlation between monitored parameter(s) and the PAL pollutant emissions is a violation of the PAL.
  9. Re-validation. All data used to establish the PAL pollutant must be re-validated through performance testing or other scientifically valid means approved by the Director. Such testing must occur at least once every five years after issuance of the PAL.
- L. Recordkeeping requirements.**
1. The PAL permit shall require an owner or operator to retain a copy of all records necessary to determine compliance with any requirement of this Section and with the PAL, including a determination of each emissions unit's 12-month rolling total emissions, for five years from the date of such record.
  2. The PAL permit shall require an owner or operator to retain a copy of the following records for the duration of the PAL effective period plus five years:
    - a. A copy of the PAL permit application and any applications for revisions to the PAL, and
    - b. Each annual certification of compliance pursuant to R18-2-309(2) and the data relied on in certifying compliance.
- M. Reporting and notification requirements.** The owner or operator shall submit semi-annual monitoring reports and prompt deviation reports to the Director in accordance with R18-2-306(A)(5). The reports shall meet the following requirements:
1. Semi-annual report. The semi-annual report shall be submitted to the Director within 30 days of the end of each reporting period. This report shall contain the following information:
    - a. The identification of owner and operator and the permit number.
    - b. Total annual emissions (tons/year) based on a 12-month rolling total for each month in the reporting period recorded pursuant to subsection (L)(1).
    - c. All data relied upon, including, but not limited to, any Quality Assurance or Quality Control data, in calculating the monthly and annual PAL pollutant emissions.
  - d. A list of any emissions units modified or added to the major source during the preceding six-month period.
  - e. The number, duration, and cause of any deviations or monitoring malfunctions (other than the time associated with zero and span calibration checks), and any corrective action taken.
  - f. A notification of a shutdown of any monitoring system, whether the shutdown was permanent or temporary, the reason for the shutdown, the anticipated date that the monitoring system will be fully operational or replaced with another monitoring system, and whether the emissions unit monitored by the monitoring system continued to operate, and the calculation of the emissions of the pollutant or the number determined by method included in the permit, as provided by subsection (K)(7).
  - g. A certification by the responsible official consistent with R18-2-304(I).
2. Deviation report. The major source owner or operator shall promptly submit reports of any deviations or exceedance of the PAL permit requirements, including periods where no monitoring is available, in accordance with R18-2-306(A)(5). The reports shall contain the following information:
- a. The identification of owner and operator and the permit number,
  - b. The PAL permit requirement that experienced the deviation or that was exceeded,
  - c. Emissions resulting from the deviation or the exceedance, and
  - d. A certification by the responsible official consistent with R18-2-304(I).
3. Re-validation results. The owner or operator shall submit to the Director the results of any re-validation test or method within three months after completion of such test or method.

**Historical Note**

New Section made by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

**ARTICLE 5. GENERAL PERMITS****R18-2-501. Applicability**

- A.** The Director may issue general permits for a facility class that contains 10 or more facilities that are similar in nature, have substantially similar emissions, and would be subject to the same or substantially similar requirements governing operations, emissions, monitoring, reporting, or recordkeeping. "Similar in nature" refers to facility size, processes, and operating conditions.
- B.** The Director may issue general permits, in accordance with subsection (A), with emission limitations, controls, or other requirements that meet the requirements of R18-2-306.01 or R18-2-306.03. A source that seeks to vary from such a general permit, and obtain an emission limitation, control, or other requirement not contained in that general permit, shall apply for a permit pursuant to Article 3 of this Chapter.
- C.** General permits shall not be issued for affected sources except as provided in regulations promulgated by the Administrator under Title IV of the Act.
- D.** Unless otherwise stated, the provisions of Article 3 shall apply to general permits.

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**Historical Note**

Former Section R18-2-501 renumbered to R18-2-502, new Section R18-2-501 adopted effective September 26, 1990 (Supp. 90-3). Former Section R18-2-501 renumbered to R18-2-701; new Section adopted effective November 15, 1993 (Supp. 93-4). Amended effective August 1, 1995 (Supp. 95-3). Amended by final rulemaking at 32 A.A.R. 55 (January 2, 2026), effective February 7, 2026 (Supp. 25-4).

**R18-2-502. General Permit Development**

- A. The Director may issue a general permit on the Director's own initiative or in response to a petition.
- B. Any person may submit a petition to the Director requesting the issuance of a general permit for a defined class of facilities. The petition shall propose a particular class of facilities, and list the approximate number of facilities in the proposed class along with their size, processes, and operating conditions, and demonstrate how the class meets the criteria for a general permit as specified in R18-2-501 and A.R.S. § 49-426(H). The Director shall provide a written response to the petition within 120 days of receipt.
- C. General permits shall be issued for classes of facilities using the same engineering principles that applies to permits for individual sources and following the public notice requirements of R18-2-504.
- D. General permits shall include all of the following:
  - 1. All elements required by R18-2-306(A) except R18-2-306(A)(2)(b) and (6).
  - 2. The process for individual sources to apply for coverage under the general permit.
- E. General permits may include conditions imposed under R18-2-515.

**Historical Note**

Former Section R9-3-501 repealed, new Section R9-3-501 adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Amended effective July 9, 1980 (Supp. 80-4). Amended subsection (D) effective June 19, 1981 (Supp. 81-3). Amended subsections (C) and (D) effective February 2, 1982 (Supp. 82-1). Amended subsection (D) effective May 25, 1982 (Supp. 82-3). Former Section R9-3-501 renumbered without change as Section R18-2-501 (Supp. 87-3). Former Section R18-2-502 repealed, new Section R18-2-502 renumbered from R18-2-501 and amended effective September 26, 1990 (Supp. 90-3). Former Section R18-2-502 renumbered to R18-2-702; new Section R18-2-502 adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

**R18-2-503. Application for Coverage under General Permit**

- A. Once the Director has issued a general permit, any source which is a member of the class of facilities covered by the general permit may apply to the Director for authority to operate under the general permit. At the time the Director issues a general permit, the Director may also establish a specific application form with filing instructions for sources in the category covered by the general permit. Applicants shall complete the specific application form or, if a specific form has not been adopted, the standard application form provided under R18-2-

304(B). The specific application form shall, at a minimum, require the applicant to submit the following information:

1. Information identifying and describing the source, its processes, and operating conditions in sufficient detail to allow the Director to determine qualification for, and to assure compliance with, the general permit.
  2. A compliance plan that meets the requirements of R18-2-514.
- B. For sources required to obtain a permit under Title V of the Act, the Director shall provide the Administrator with a permit application summary form and any relevant portion of the permit application and compliance plan. To the extent possible, this information shall be provided in computer-readable format compatible with the Administrator's national database management system.
  - C. The Director shall act on the application for coverage under a general permit as expeditiously as possible. The source may operate under the terms of the applicable general permit during that time. The Director may defer acting on an application under this subsection (if) the Director has provided notice of intent to renew or not renew the permit.
  - D. The Director shall deny an application for coverage from any Class I source that is subject to case-by-case standards or requirements.
  - E. Upon notification from the Director of the availability of a web portal to apply for and obtain a general permit, an applicant shall file all applications and conduct all transactions related to the general permit through the portal.

**Historical Note**

Former Section R9-3-503 repealed, new Section R9-3-503 adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Amended effective July 9, 1980 (Supp. 80-4). Amended subsection (C), paragraph (6) effective June 19, 1981 (Supp. 81-3). Amended subsection (C) effective September 22, 1983 (Supp. 83-5). Former Section R9-3-503 renumbered without change as Section R18-2-503 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Former Section R18-2-503 renumbered to R18-2-703; new Section R18-2-503 adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

**R18-2-504. Public Notice**

- A. This Section applies to issuance, revision, or renewal of a general permit.
- B. The Director shall provide public notice for any proposed new general permit, for any revision of an existing general permit, and for renewal of an existing general permit.
- C. The Director shall publish notice of the proposed general permit once each week for two consecutive weeks in a newspaper of general circulation in each county and shall provide at least 30 days from the date of the first notice for public comment. The notice shall describe the following:
  1. The proposed permit;
  2. The category of sources that would be affected;
  3. The air contaminants which the Director expects to be emitted by a typical facility in the class and the class as a whole;
  4. The Director's proposed actions and effective date for the actions;

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5. Locations where documents relevant to the proposed permit will be available during normal business hours;
  6. The name, address, and telephone number of a person within the Department who may be contacted for further information;
  7. The address where any person may submit comments or request a public hearing and the date and time by which comments or a public hearing request are required to be received;
  8. The process by which sources may obtain authorization to operate under the general permit.
- D.** A copy of the notice required by subsection (C), shall be sent to the Administrator through the appropriate regional office, and to all other state and local air pollution control agencies in the state. The notice shall also be sent to any other agency in the state having responsibility for implementing the procedures required under 40 CFR 51, I. For general permits under which operation may be authorized in lieu of Class I permits, the Director shall provide the proposed final permit to the Administrator after public and affected state review. No Class I permit shall be issued if the Administrator properly objects to its issuance in writing within 45 days from receipt of the proposed final permit and any necessary supporting information from the Director.
- E.** By no later than the date notice is first published under subsection (A), the Department shall make copies of the following materials available at a public location in each county and at each Department office:
1. The proposed general permit;
  2. The Department's analysis in support of the grant of the general permit;
  3. All other materials available to the Director that are relevant to the permit decision.
- F.** Written comments to the Director shall include the name of the person and the person's agent or attorney and shall clearly set forth reasons why the general permit should or should not be issued pursuant to the criteria for issuance in A.R.S. §§ 49-426 and 49-427 and this Chapter.
- G.** At the time a general permit is issued, the Director shall make available a response to all relevant comments on the proposed permit raised during the public comment period and during any requested public hearing. The response shall specify which provisions, if any, of the proposed permit have been changed and the reason for the changes. The Director shall also notify in writing any petitioner and each person who has submitted written comments on the proposed general permit or requested notice of the final permit decision.

**Historical Note**

Former Section R9-3-504 repealed, new Section R9-3-504 adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Amended effective July 9, 1980 (Supp. 80-4). Former Section R9-3-504 renumbered without change as Section R18-2-504 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Former Section R18-2-504 renumbered to R18-2-704; new Section R18-2-504 adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

**R18-2-505. General Permit Renewal**

- A.** The Director shall review and may renew general permits every five years. A source's authorization to operate under a general permit shall coincide with the term of the general per-

mit regardless of when the authorization began during the five-year period, except as provided in R18-2-510(C). In addition to the public notice required to issue a proposed permit under R18-2-504, the Director shall notify in writing all sources who have been granted, or who have applications pending for, authorization to operate under the permit. The written notice shall describe the source's duty to reapply and may include requests for information required under the proposed permit.

- B.** At the time a general permit is renewed, the Director shall notify in writing all sources who were granted coverage under the previous permit and shall require them to submit a timely renewal application. For purposes of general permits, a timely application is one that is submitted within the time-frame specified by the Director in the written notification. Until such time that a timely application is submitted, the source shall continue to comply with the previously issued general permit coverage. Upon submittal of a timely application, the source shall comply with the renewed permit. Failure to submit a timely application terminates the source's right to operate.

**Historical Note**

Former Section R9-3-1007 renumbered effective January 13, 1976 (Supp. 76-1). Former Section R9-3-505 repealed, new Section R9-3-505 adopted effective May 14, 1979 (Supp. 79-1). Editorial corrections, subsection (B), paragraph (5), and subsection (D), paragraph (1), subparagraph (d) (Supp. 80-2). Amended effective July 9, 1980 (Supp. 80-4). Amended subsection (B) effective May 28, 1982 (Supp. 82-3). Amended subsection (B) effective September 22, 1983 (Supp. 83-5). Former Section R9-3-505 renumbered without change as Section R18-2-505 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Former Section R18-2-505 renumbered to R18-2-705; new Section R18-2-505 adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2).

**R18-2-506. Relationship to Individual Permits**

Any source covered under a general permit may request to be excluded from coverage by applying for an individual source permit. Coverage under the general permit shall terminate on the date the individual permit is issued.

**Historical Note**

Former Section R9-3-1008 renumbered effective January 13, 1976 (Supp. 76-1). Former Section R9-3-506 repealed, new Section R9-3-506 adopted effective May 14, 1979 (Supp. 79-1). Amended effective July 9, 1980 (Supp. 80-4). Amended subsection (C), paragraph (1) effective June 19, 1981 (Supp. 81-3). Former Section R9-3-506 renumbered without change as Section R18-2-506 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Former Section R18-2-506 renumbered to R18-2-706; new Section R18-2-506 adopted effective November 15, 1993 (Supp. 93-4).

**R18-2-507. Repealed****Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective July 9, 1980 (Supp. 80-4). Former Section R9-3-507 renumbered without change as Section R18-2-507 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Former Section R18-2-507 renumbered to R18-2-707; new Section R18-2-507 adopted effective November 15, 1993 (Supp. 93-4). Amended by final

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rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2). Repealed by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

**R18-2-508. Repealed****Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Amended effective July 9, 1980 (Supp. 80-4). Amended subsection (B) effective May 28, 1982 (Supp. 82-3). Amended subsection (B) effective September 22, 1983 (Supp. 83-5). Former Section R9-3-508 renumbered without change as Section R18-2-508 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Former Section R18-2-508 renumbered to R18-2-708; new Section R18-2-508 adopted effective November 15, 1993 (Supp. 93-4). Repealed by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

**R18-2-509. General Permit Appeals**

Any person who filed a comment on a proposed general permit as provided in R18-2-504 may appeal the terms and conditions of the general permit, as they apply to the facility class covered under a general permit, by filing an appeal with the Office of Administrative Hearings within 30 days after receipt of notice that the general permit has been issued.

**Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective July 9, 1980 (Supp. 80-4). Former Section R9-3-509 renumbered without change as Section R18-2-509 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Former Section R18-2-509 renumbered to R18-2-709; new Section R18-2-509 adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 12 A.A.R. 4698, effective February 3, 2007 (Supp. 06-4).

**R18-2-510. Terminations of General Permits and Revocations of Authority to Operate under a General Permit**

- A.** The Director may terminate a general permit at any time if:
1. The Director has determined that the emissions from the sources in the facility class cause or contribute to ambient air quality standard violations which are not adequately addressed by the requirements in the general permit, or
  2. The Director has determined that the terms and conditions of the general permit no longer meet the requirements of A.R.S. §§ 49-426 and 49-427.
- B.** The Director shall provide written notice to all sources operating under a general permit prior to termination of a general permit. Such notice shall include an explanation of the basis for the proposed action. Within 180 days of receipt of the notice of the expiration, termination or cancellation of any general permit, sources notified shall submit an application to the Director for an individual permit.
- C.** The Director may require a source authorized to operate under a general permit to apply for and obtain an individual source permit at any time if the source is not in compliance with the terms and conditions of the general permit.
- D.** If the Director revokes a source's authority to operate under a general permit pursuant to subsection (C), the Director shall notify the permittee by certified mail, return receipt requested. The notice shall include a statement detailing the grounds for the revocation of authority and a statement that the permittee is entitled to a hearing. A source previously authorized to operate under a general permit may operate under the terms of the gen-

eral permit until the earlier of the date it submits a complete application for an individual permit, at which time it may operate under that application, or 180 days after receipt of the notice of revocation of authority to operate under the general permit.

**Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Amended effective July 9, 1980 (Supp. 80-4). Amended subsections (E)(3) and (E)(4) effective September 22, 1983 (Supp. 83-5). Former Section R9-3-510 renumbered without change as Section R18-2-510 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Former Section R18-2-510 renumbered to R18-2-710; new Section R18-2-510 adopted effective November 15, 1993 (Supp. 93-4).

**R18-2-511. Fees Related to General Permits**

- A.** Permit Processing Fee. The owner or operator of a source that applies for authority to operate under a general permit shall pay to the Director \$500 with the submittal of each application. This fee applies to the owner or operator of any source who intends to continue operating under the authority of a general permit that has been proposed for renewal. This fee also applies to requests for new Authorizations to Operate (ATOs) for new equipment.
- B.** Administrative or Inspection Fee. The owner or operator of a source required to have a general permit, that has undergone initial startup by January 1, shall pay, for each calendar year, the applicable administrative or inspection fee from the table below, by February 1 or 60 days after the Director mails the invoice, whichever is later.

General Permit Source Category	Administrative Fee
Class I Title V General Permits	Administrative fee for category from R18-2-326(C)
Class II Title V Small Source	\$750
Other Class II Title V General Permits	\$4,520
	<b>Inspection Fee</b>
Class II Non-Title V Crematories	\$1,500
Other Class II Non-Title V General Permits	\$3,020

**Historical Note**

Former Section R18-2-511 renumbered to R18-2-711; new Section R18-2-511 adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 7 A.A.R. 5670, effective January 1, 2002 (Supp. 01-4). Amended by final rulemaking at 10 A.A.R. 4767, effective November 4, 2004 (Supp. 04-4). Amended by final rulemaking at 13 A.A.R. 4379, effective December 4, 2007 (Supp. 07-4).

**R18-2-512. Changes to Facilities Granted Coverage under General Permits**

- A.** This Section applies to changes made at a facility that has been granted coverage under a general permit.
- B.** Facility Changes that Require New Authorization to Operate. The following changes at a source that has been granted coverage under a general permit shall be made only after the source requests new authorization to operate from the Director:



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1. Adding new emissions units that require new authorization to operate,
  2. Installing replacement emissions units that require authorization to operate.
- C.** Facility Changes that Do Not Require Authorization to Operate. The following changes at a source that has been granted coverage under a general permit shall be made only after the source provides notification to the Department:
1. Adding new emissions units that do not require authorization to operate,
  2. Installing a replacement emissions unit with a higher capacity that does not require authorization to operate,
  3. Adding or replacing air pollution control equipment.
- D.** A source that has been granted coverage under a general permit shall keep a record of any physical change or change in the method of operation that could affect emissions. The record shall include a description of the change and the date the change occurred.
- E.** For sources that submit a request or notification under subsections (B) or (C), the applicant shall provide information identifying and describing the source, its processes, and operating conditions in sufficient detail to allow the Director to determine continued qualification for, and to assure compliance with, the general permit. The Director shall act on a request for new authority to operate under a general permit as expeditiously as possible. The source may operate under the terms of the applicable general permit during that time.
3. After the Director notifies permittees of the availability of a web portal under R18-2-503(E), must use the portal to obtain authorizations to operate for each location at which the equipment will operate.
- D.** A portable source that will operate for the duration of its permit solely in one county that has established a local air pollution control program pursuant to A.R.S. § 49-479 shall obtain a permit from that county. A portable source with a county permit shall not operate in any other county. A portable source that has been granted coverage under a general permit that subsequently obtains a county permit shall request that the Director terminate the coverage under the general permit. Upon issuance of the county permit, the coverage under the general permit issued by the Director is no longer valid.
- E.** A portable source which has a county permit but proposes to operate outside that county may obtain coverage under a general permit from the Director. A portable source that has a permit issued by a county and obtains coverage under a general permit issued by the Director shall request that the county terminate the permit. Upon issuance of coverage under a general permit by the Director, the county permit is no longer valid. Before commencing operation in the new county, the source shall notify the Director and the control officer who has jurisdiction in the county that includes the new location according to subsection (F).
- F.** A portable source granted coverage under a general permit that is required to obtain a Class I permit under R18-2-302(B)(1) may be transferred from one location to another provided that the owner or operator of such equipment notifies the Director and any control officer who has jurisdiction over the geographic area that includes the new location of the transfer at least 10 days in advance of the change in location. A portable source granted coverage under a general permit that is not required to obtain a Class I permit under R18-2-302(B)(1) may be transferred from one location to another provided that the owner or operator of the portable source notifies the Director and any control officer who has jurisdiction over the geographic area that includes the new location of the transfer prior to the transfer. The notification required under this subsection shall include:

**Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Amended effective July 9, 1980 (Supp. 80-4). Amended subsection (A) effective September 22, 1983 (Supp. 83-5). Former Section R9-3-512 renumbered without change as Section R18-2-512 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Renumbered to R18-2-712 effective November 15, 1993 (Supp. 93-4). New Section made by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

**R18-2-513. Portable Sources Covered under a General Permit**

- A.** This Section applies to sources that have been granted coverage under a general permit that allows for the operation of a source at more than one location.
- B.** General permits developed by the Director for portable sources shall contain conditions that assure compliance with all applicable requirements at all authorized locations.
- C.** Owners and operators that hold multiple coverages under the same general permit:
1. Shall have separate coverage under the general permit for each location at which each portable source operates.
  2. Until the Director notifies permittees of the availability of a web portal under R18-2-503(E), may move equipment between portable sources without obtaining a new authorization to operate. At no time shall an owner or operator move equipment to a portable source if the move would cause emissions from the portable source to exceed emission limitations in the general permit. Equipment from a portable source covered by one general permit shall not be moved to a portable source covered by a different general permit, unless the owner or operator obtains a new authorization to operate under the general permit covering the new location.
1. A description of the equipment to be transferred including the permit number and as appropriate the Authorization-to-Operate number for each piece of equipment;
  2. A description of the present location;
  3. A description of the new location;
  4. The date on which the equipment is to be moved;
  5. The date on which operation of the equipment will begin at the new location;
  6. A complete list of all equipment requiring authorization to operate that may be located at the new location; and
  7. Revised emissions calculations demonstrating that the equipment at the new location continues to qualify for the general permit under which the portable source has coverage.
- G.** The operation must be temporary and involve at least one change of location during the term of the permit.

**Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Editorial correction, subsection (A), paragraph (2) (Supp. 80-2). Amended effective July 9, 1980 (Supp. 80-4). Amended subsection (A) effective May 28, 1982 (Supp. 82-3). Amended subsection (A) effective September 22, 1983 (Supp. 83-5). Former Section R9-3-513 renumbered

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without change as Section R18-2-513 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Renumbered to R18-2-713 effective November 15, 1993 (Supp. 93-4). New Section made by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1). Amended by final rulemaking at 32 A.A.R. 55 (January 2, 2026), effective February 7, 2026 (Supp. 25-4).

**R18-2-514. General Permit Compliance Certification**

- A.** A compliance certification submitted by the owner or operator of a stationary source covered by a general permit shall be on a form provided by the Director and shall include the following information:
1. The source's name, mailing address, contact person and contact person phone number, permit number, compliance reporting period, and physical address and location, if different than the mailing address.
  2. A certification of truth, accuracy, and completeness signed by the facility's responsible officer.
  3. Process information for the source, including design capacity, operations schedule, hours of operation, and total production.
  4. Method of documenting compliance and the status of compliance with all recordkeeping, reporting, monitoring, and testing requirements and all emission limitations and standards imposed in the permit.
- B.** Upon notification from the Director of the availability of a web portal to complete and submit a compliance certification, the owner or operator shall complete and submit all compliance certifications through the portal.

**Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Amended effective July 9, 1980 (Supp. 80-4). Former Section R9-3-514 renumbered without change as Section R18-2-514 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Renumbered to R18-2-714 effective November 14, 1993 (Supp. 93-4). New Section made by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

**R18-2-515. Minor NSR in General Permits**

- A.** A general permit may include emission standards designed to assure that a stationary source covered by the permit will comply with minor new source review under R18-2-334(C). The emission standards may consist of any combination of the following:
1. Limits designed to assure that emissions from a stationary source that is a member of the class of facilities covered by the permit will not interfere with attainment or maintenance of a NAAQS.
  2. Limits imposing reasonably available control technology.
- B.** Except as provided in subsection (C), if a general permit includes emission standards under subsection (A), then any stationary source that is a member of the class of facilities covered by the permit or any minor NSR modification to such a source may comply with R18-2-334 by obtaining coverage under the permit.
- C.** An owner or operator seeking coverage under a general permit in order to obtain authorization to construct or make a minor NSR modification to a stationary source shall instead apply for an individual permit, if the Department determines there is reason to believe the source or modification could interfere

with attainment or maintenance of any national ambient air quality standard. In making this determination, the Department:

1. Shall consider the factors in R18-2-334(E)(1) to (6).
2. Shall consider whether the dispersion characteristics of the source are likely to result in higher ambient concentrations of a conventional pollutant than the modeling assumptions used to establish an emission standard under subsection (A)(1).
3. May apply a screening model to the source's emissions.

**Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Section R9-3-515 will be repealed and new Section R9-3-515 adopted effective following the adoption of Article 7. Nonferrous Smelter Orders, filed September 18, 1979 for public hearing (Supp. 79-5). Section R9-3-515 adopted effective May 14, 1979, amended effective October 2, 1979 (Supp. 79-5). Article 7. Nonferrous Smelter Orders adopted effective January 8, 1980. Section R9-3-515 filed September 18, 1979 for public hearing and effective following the adoption of Article 7 now amended and effective January 8, 1980 (Supp. 80-1). Amended as an emergency effective March 6, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-2). Emergency adoption effective March 6, 1980 now adopted and amended effective July 9, 1980. Amended subsection (C), paragraph (1) effective August 29, 1980 (Supp. 80-4). Amended as an emergency effective October 9, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 9, 1980, now adopted and amended effective June 19, 1981 (Supp. 81-3). Amended subsection (B), paragraph (1) effective February 2, 1982 (Supp. 82-1). Amended effective May 25, 1982 (Supp. 82-3). Amended subsections ((C)(3) and (C)(5) effective September 22, 1983 (Supp. 83-5). Former Section R9-3-515 renumbered without change as Section R18-2-515 (Supp. 87-3). Section amended and subsections (C)(1)(h) through (C)(7) renumbered to R18-2-515.01 and subsections (C)(8) through (C)(9) renumbered to R18-2-515.02 effective September 26, 1990 (Supp. 90-3). Renumbered to R18-2-715 effective November 15, 1993 (Supp. 93-4). New Section made by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

**R18-2-515.01. Renumbered****Historical Note**

Section R18-2-515.01 renumbered from R18-2-515(C)(1)(h) through (C)(7) and amended effective September 26, 1990 (Supp. 90-3). Renumbered to R18-2-715.01 effective November 15, 1993 (Supp. 93-4).

**R18-2-515.02. Renumbered****Historical Note**

R18-2-515.02 renumbered from R18-2-515(C)(8) through (C)(9) and amended effective September 26, 1990 (Supp. 90-3). Renumbered to R18-2-715.02 effective November 15, 1993 (Supp. 93-4).

**R18-2-516. Renumbered****Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Amended effective July 9, 1980 (Supp. 80-4) Amended subsection (A)

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effective May 28, 1982 (Supp. 82-3). Amended subsection (A) effective September 22, 1983 (Supp. 83-4). Former Section R9-3-516 renumbered without change as Section R18-2-516 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Renumbered to R18-2-716 effective November 15, 1993 (Supp. 93-4).

**R18-2-517. Renumbered****Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Editorial correction, subsection (C), paragraph (1) (Supp. 80-1). Amended effective July 9, 1980 (Supp. 80-4). Amended subsection (A) effective May 28, 1982 (Supp. 82-3). Amended subsection (A) effective September 22, 1983 (Supp. 83-5). Former Section R9-3-517 renumbered without change as Section R18-2-517 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-2). Renumbered to R18-2-717 effective November 15, 1993 (Supp. 93-4).

**R18-2-518. Renumbered****Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Amended effective July 9, 1980 (Supp. 80-4). Amended subsection (A) effective May 28, 1982 (Supp. 82-3). Amended effective September 22, 1983 (Supp. 83-4). Former Section R9-3-518 renumbered without change as Section R18-2-518 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Renumbered to R18-2-718 effective November 15, 1993 (Supp. 93-4).

**R18-2-519. Renumbered****Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Editorial correction, subsection (A), paragraph (1) (Supp. 80-1). Amended effective July 9, 1980 (Supp. 80-4). Former Section R9-3-519 renumbered without change as Section R18-2-519 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Renumbered to R18-2-719 effective November 15, 1993 (Supp. 93-4).

**R18-2-520. Renumbered****Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Editorial correction, subsection (A), paragraph (1) (Supp. 80-2). Amended effective July 9, 1980 (Supp. 80-4). Amended subsection (A) effective May 28, 1982 (Supp. 82-3). Amended subsection (A) effective September 22, 1983 (Supp. 83-5). Former Section R9-3-520 renumbered without change as Section R18-2-520 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Renumbered to R18-2-720 effective November 15, 1993 (Supp. 93-4).

**R18-2-521. Renumbered****Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Amended effective July 9, 1980 (Supp. 80-4). Amended subsection (A) effective May 28, 1982 (Supp. 82-3). Amended subsection (A) effective September 22, 1983 (Supp. 83-5). For-

mer Section R9-3-521 renumbered without change as Section R18-2-521 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Renumbered to R18-2-721 effective November 15, 1993 (Supp. 93-4).

**R18-2-522. Renumbered****Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective July 9, 1980 (Supp. 80-4). Amended subsection (A) effective May 28, 1982 (Supp. 82-3). Amended subsection (A) effective September 22, 1983 (Supp. 83-5). Former Section R9-3-522 renumbered without change as Section R18-2-522 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Renumbered to R18-2-722 effective November 15, 1993 (Supp. 93-4).

**R18-2-523. Renumbered****Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective July 9, 1980 (Supp. 80-4). Former Section R9-3-523 renumbered without change as Section R18-2-523 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-2). Renumbered to R18-2-723 effective November 15, 1993 (Supp. 93-4).

**R18-2-524. Renumbered****Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective July 9, 1980 (Supp. 80-4). Amended subsection (A) effective September 22, 1983 (Supp. 83-5). Former Section R9-3-524 renumbered without change as Section R18-2-524 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Renumbered to R18-2-724 effective November 15, 1993 (Supp. 93-4).

**R18-2-525. Renumbered****Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Editorial correction, subsection (B) (Supp. 79-6). Amended effective July 9, 1980 (Supp. 80-4). Former Section R9-3-525 renumbered without change as Section R18-2-525 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Renumbered to R18-2-725 effective November 15, 1993 (Supp. 93-4).

**R18-2-526. Renumbered****Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Former Section R9-3-526 renumbered without change as Section R18-2-526 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Renumbered to R18-2-726 effective November 15, 1993 (Supp. 93-4).

**R18-2-527. Renumbered****Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Former Section R9-3-527 renumbered without change as Section R18-2-527 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Renumbered to R18-2-727 effective November 15, 1993 (Supp. 93-4).

**R18-2-528. Renumbered****Historical Note**

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Adopted effective May 14, 1979 (Supp. 79-1). Amended effective July 9, 1980 (Supp. 80-4). Former Section R9-3-528 renumbered without change as Section R18-2-528 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Renumbered to R18-2-728 effective November 15, 1993 (Supp. 93-4).

**R18-2-529. Renumbered****Historical Note**

Adopted effective September 22, 1983 (Supp. 83-5). Former Section R9-3-529 renumbered without change as Section R18-2-529 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Renumbered to R18-2-729 effective November 15, 1993 (Supp. 93-4).

**R18-2-530. Renumbered****Historical Note**

Adopted effective September 26, 1990 (Supp. 90-3). Renumbered to R18-2-730 effective November 15, 1993 (Supp. 93-4).

**ARTICLE 6. EMISSIONS FROM EXISTING AND NEW NONPOINT SOURCES****R18-2-601. General**

For purposes of this Article, any source of air contaminants which due to lack of an identifiable emission point or plume cannot be considered a point source, shall be classified as a nonpoint source. In applying this criteria, such items as air curtain incinerators, heater-planners, and conveyor transfer points shall be considered to have identifiable plumes. Any affected facility subject to regulation under Article 7 of this Chapter or Title 18, Chapter 2, Article 9, shall not be subject to regulation under this Article.

**Historical Note**

Former Section R9-3-601 repealed, new Section R9-3-601 adopted effective May 14, 1979 (Supp. 79-1). Former Section R9-3-601 renumbered without change as Section R18-2-601 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Former Section R18-2-601 renumbered to R18-2-801, new Section R18-2-601 renumbered from R18-2-401 and amended effective November 15, 1993 (Supp. 93-4). Section updated to reflect corrected citation reference (Supp. 08-1). Amended by final expedited rulemaking at 30 A.A.R. 2422 (July 26, 2024), with an immediate effective date of July 3, 2024 (Supp. 24-3).

**R18-2-602. Unlawful Open Burning**

**A.** In addition to the definitions contained in A.R.S. § 49-501, in this Section:

1. "Agricultural burning" means burning vegetative materials related to producing and harvesting crops and raising animals for the purpose of marketing for profit, or providing a livelihood, but does not include burning of household waste or prohibited materials. A person may conduct agricultural burns in fields, piles, ditch banks, fence rows, or canal laterals for purposes such as weed control, waste disposal, disease and pest prevention, or site preparation.
2. "Approved waste burner" means an incinerator constructed of fire resistant material with a cover or screen that is closed when in use, and has openings in the sides or top no greater than 1 inch in diameter.
3. "Class I Area" means any one of the Arizona mandatory federal Class I areas defined in A.R.S. § 49-401.01.

4. "Construction burning" means burning wood or vegetative material from land clearing, site preparation, or fabrication, erection, installation, demolition, or modification of any buildings or other land improvements, but does not include burning household waste or prohibited material.
5. "Dangerous material" means any substance or combination of substances that is capable of causing bodily harm or property loss unless neutralized, consumed, or otherwise disposed of in a controlled and safe manner.
6. "Delegated authority" means any of the following:
  - a. A county, city, town, air pollution control district, or fire district that has been delegated authority to issue open burning permits by the Director under A.R.S. § 49-501(E); or
  - b. A private fire protection service provider that has been assigned authority to issue open burning permits by one of the authorities in subsection (A)(6)(a).
7. "Director" means the Director of the Department of Environmental Quality, or designee.
8. "Emission reduction techniques" means methods for controlling emissions from open outdoor fires to minimize the amount of emissions output per unit of area burned.
9. "Flue," as used in this Section, means any duct or passage for air or combustion gases, such as a stack or chimney.
10. "Household waste" means any solid waste including garbage, rubbish, and sanitary waste from a septic tank that is generated from households including single and multiple family residences, hotels and motels, bunkhouses, ranger stations, crew quarters, campgrounds, picnic grounds, and day-use recreation areas, but does not include construction debris, landscaping rubble, or demolition debris.
11. "Independent authority to permit fires" means the authority of a county to permit fires by a rule adopted under Arizona Revised Statutes, Title 49, Chapter 3, Article 3, and includes only Maricopa, Pima, and Pinal counties.
12. "Open outdoor fire or open burning" means the combustion of material of any type, outdoors and in the open, where the products of combustion are not directed through a flue. Open outdoor fires include agricultural, residential, prescribed, and construction burning, and fires using air curtain incinerators.
13. "Prohibited materials" means nonpaper garbage from the processing, storage, service, or consumption of food; chemically treated wood; lead-painted wood; linoleum flooring, and composite counter-tops; tires; explosives or ammunition; oleanders; asphalt shingles; tar paper; plastic and rubber products, including bottles for household chemicals; plastic grocery and retail bags; waste petroleum products, such as waste crankcase oil, transmission oil, and oil filters; transformer oils; asbestos; batteries; anti-freeze; aerosol spray cans; electrical wire insulation; thermal insulation; polyester products; hazardous waste products such as paints, pesticides, cleaners and solvents, stains and varnishes, and other flammable liquids; plastic pesticide bags and containers; and hazardous material containers including those that contained lead, cadmium, mercury, or arsenic compounds.
14. "Residential burning" means open burning of vegetative materials conducted by or for the occupants of residential dwellings, but does not include burning household waste or prohibited material.

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15. "Prescribed burning" has the same meaning as in R18-2-1501.
- B.** Unlawful open burning. Notwithstanding any other rule in this Chapter, a person shall not ignite, cause to be ignited, permit to be ignited, allow, or maintain any open outdoor fire in a county without independent authority to permit fires except as provided in A.R.S. § 49-501 and this Section.
- C.** Open outdoor fires exempt from a permit. The following fires do not require an open burning permit from the Director or a delegated authority:
1. Fires used only for:
    - a. Cooking of food,
    - b. Providing warmth for human beings,
    - c. Recreational purposes,
    - d. Branding of animals,
    - e. Orchard heaters for the purpose of frost protection in farming or nursery operations, and
    - f. The proper disposal of flags under 4 U.S.C. 1, § 8.
  2. Any fire set or permitted by any public officer in the performance of official duty, if the fire is set or permission given for the following purpose:
    - a. Control of an active wildfire; or
    - b. Instruction in the method of fighting fires, except that the person setting these fires must comply with the reporting requirements of subsection (D)(3)(f).
  3. Fire set by or permitted by the Director of Department of Agriculture for the purpose of disease and pest prevention in an organized, area-wide control of an epidemic or infestation affecting livestock or crops.
  4. Prescribed burns set by or assisted by the federal government or any of its departments, agencies, or agents, or the state or any of its agencies, departments, or political subdivisions, regulated under Article 15 of this Chapter.
- D.** Open outdoor fires requiring a permit.
1. The following open outdoor fires are allowed with an open burning permit from the Director or a delegated authority:
    - a. Construction burning;
    - b. Agricultural burning;
    - c. Residential burning;
    - d. Prescribed burns conducted on private lands without the assistance of a federal or state land manager as defined under R18-2-1501;
    - e. Any fire set or permitted by a public officer in the performance of official duty, if the fire is set or permission given for the purpose of weed abatement, or the prevention of a fire hazard, unless the fire is exempt from the permit requirement under subsection (C)(3);
    - f. Open outdoor fires of dangerous material under subsection (E);
    - g. Open outdoor fires of household waste under subsection (F); and
    - h. Open outdoor fires that use an air curtain incinerator, as defined in R18-2-101.
  2. A person conducting an open outdoor fire in a county without independent authority to permit fires shall obtain a permit from the Director or a delegated authority unless exempted under subsection (C). Permits may be issued for a period not to exceed one year. A person shall obtain a permit by completing an ADEQ-approved application form.
  3. Open outdoor fire permits issued under this Section shall include:
    - a. A list of the materials that the permittee may burn under the permit;
    - b. A means of contacting the permittee authorized by the permit to set an open fire in the event that an order to extinguish the open outdoor fire is issued by the Director or the delegated authority;
    - c. A requirement that burns be conducted during the following periods, unless otherwise waived or directed by the Director on a specific day basis:
      - i. Year-round: ignite fire no earlier than one hour after sunrise; and
      - ii. Year-round: extinguish fire no later than two hours before sunset;
    - d. A requirement that the permittee conduct all open burning only during atmospheric conditions that:
      - i. Prevent dispersion of smoke into populated areas;
      - ii. Prevent visibility impairment on traveled roads or at airports that result in a safety hazard;
      - iii. Do not create a public nuisance or adversely affect public safety;
      - iv. Do not cause an adverse impact to visibility in a Class I area; and
      - v. Do not cause uncontrollable spreading of the fire;
    - e. A list of the types of emission reduction techniques that the permittee shall use to minimize fire emissions;
    - f. A reporting requirement that the permittee shall meet by providing the following information in a format provided by the Director for each date open burning occurred, on either a daily basis on the day of the fire, or an annual basis in a report to the Director or delegated authority due on March 31 for the previous calendar year:
      - i. The date of each burn;
      - ii. The type and quantity of fuel burned for each date open burning occurred;
      - iii. The fire type, such as pile or pit, for each date open burning occurred; and
      - iv. For each date open burning occurred, the legal location, to the nearest section, or latitude and longitude, to the nearest degree minute, or street address for residential burns;
    - g. A requirement that the person conducting the open burn notify the local fire-fighting agency or private fire protection service provider, if the service provider is a delegated authority, before burning. If neither is in existence, the person conducting the burn shall notify the state forester;
    - h. A requirement that the permittee start each open outdoor fire using items that do not cause the production of black smoke;
    - i. A requirement that the permittee attend the fire at all times until it is completely extinguished;
    - j. A requirement that the permittee provide fire extinguishing equipment on-site for the duration of the burn;
    - k. A requirement that the permittee ensure that a burning pit, burning pile, or approved waste burner be at least 50 feet from any structure;
    - l. A requirement that the permittee have a copy of the burn permit on-site during open burning;

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- m. A requirement that the permittee not conduct open burning when an air stagnation advisory, as issued by the National Weather Service, is in effect in the area of the burn or during periods when smoke can be expected to accumulate to the extent that it will significantly impair visibility in Class I areas;
  - n. A requirement that the permittee not conduct open burning when any stage air pollution episode is declared under R18-2-220;
  - o. A statement that the Director, or any other public officer, may order that the burn be extinguished or prohibit burning during periods of inadequate smoke dispersion, excessive visibility impairment, or extreme fire danger; and
  - p. A list of the activities prohibited and the criminal penalties provided under A.R.S. § 13-1706.
- 4. The Director or a delegated authority shall not issue an open burning permit under this Section:
  - a. That would allow burning prohibited materials other than under a permit for the burning of dangerous materials;
  - b. If the applicant has applied for a permit under this Section to burn a dangerous material which is also hazardous waste under 40 CFR 261, but does not have a permit to burn hazardous waste under 40 CFR 264, or is not an interim status facility allowed to burn hazardous waste under 40 CFR 265; or
  - c. If the burning would occur at a solid waste facility in violation of 40 CFR 258.24 and the Director has not issued a variance under A.R.S. § 49-763.01.
- E. Open outdoor fires of dangerous material. A fire set for the disposal of a dangerous material is allowed by the provisions of this Section, when the material is too dangerous to store and transport, and the Director has issued a permit for the fire. A permit issued under this subsection shall contain all provisions in subsection (D)(3) except for subsections (D)(3)(e) and (D)(3)(f). The Director shall permit fires for the disposal of dangerous materials only when no safe alternative method of disposal exists, and burning the materials does not result in the emission of hazardous or toxic substances either directly or as a product of combustion in amounts that will endanger health or safety.
- F. Open outdoor fires of household waste. An open outdoor fire for the disposal of household waste is allowed by provisions of this Section when permitted in writing by the Director or a delegated authority. A permit issued under this subsection shall contain all provisions in subsection (D)(3) except for subsections (D)(3)(e) and (D)(3)(f). The permittee shall conduct open outdoor fires of household waste in an approved waste burner and shall either:
  - 1. Burn household waste generated on-site on farms or ranches of 40 acres or more where no household waste collection or disposal service is available; or
  - 2. Burn household waste generated on-site where no household waste collection and disposal service is available and where the nearest other dwelling unit is at least 500 feet away.
- G. Permits issued by a delegated authority. The Director may delegate authority for the issuance of open burning permits to a county, city, town, air pollution control district, or fire district. A delegated authority may not issue a permit for its own open burning activity. The Director shall not delegate authority to issue permits to burn dangerous material under subsection (E). A county, city, town, air pollution control district, or fire dis-

trict with delegated authority from the Director may assign that authority to one or more private fire protection service providers that perform fire protection services within the county, city, town, air pollution control district, or fire district. A private fire protection provider shall not directly or indirectly condition the issuance of open burning permits on the applicant being a customer. Permits issued under this subsection shall comply with the requirements in subsection (D)(3) and be in a format prescribed by the Director. Each delegated authority shall:

- 1. Maintain a copy of each permit issued for the previous five years available for inspection by the Director;
  - 2. For each permit currently issued, have a means of contacting the person authorized by the permit to set an open fire if an order to extinguish open burning is issued; and
  - 3. Annually submit to the Director by May 15 a record of daily burn activity, excluding household waste burn permits, on a form provided by the Director for the previous calendar year containing the information required in subsections (D)(3)(e) and (D)(3)(f).
- H. The Director shall hold an annual public meeting for interested parties to review operations of the open outdoor fire program and discuss emission reduction techniques.
- I. Nothing in this Section is intended to permit any practice that is a violation of any statute, ordinance, rule, or regulation.

**Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Correction, subsection (C) repealed effective October 2, 1979, not shown (Supp. 80-1). Former Section R9-3-602 renumbered without change as Section R18-2-602 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Former Section R18-2-602 renumbered to R18-2-802, new Section R18-2-602 renumbered from R18-2-401 effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 10 A.A.R. 388, effective March 16, 2004 (Supp. 04-1). Amended by final expedited rulemaking at 30 A.A.R. 2422 (July 26, 2024), with an immediate effective date of July 3, 2024 (Supp. 24-3).

**R18-2-603. Repealed****Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Former Section R9-3-603 renumbered without change as Section R18-2-603 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Former Section R18-2-603 renumbered to R18-2-803, new Section R18-2-603 renumbered from R18-2-403 effective November 15, 1993 (Supp. 93-4). Repealed effective October 8, 1996 (Supp. 96-4).

**R18-2-604. Open Areas, Dry Washes, or Riverbeds**

- A. No person shall cause, suffer, allow, or permit a building or its appurtenances, or a building or subdivision site, or a driveway, or a parking area, or a vacant lot or sales lot, or an urban or suburban open area to be constructed, used, altered, repaired, demolished, cleared, or leveled, or the earth to be moved or excavated, without taking reasonable precautions to limit excessive amounts of particulate matter from becoming airborne. Dust and other types of air contaminants shall be kept to a minimum by good modern practices such as using an approved dust suppressant or adhesive soil stabilizer, paving, covering, landscaping, continuous wetting, detouring, barring access, or other acceptable means.

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- B.** No person shall cause, suffer, allow, or permit a vacant lot, or an urban or suburban open area, to be driven over or used by motor vehicles, trucks, cars, cycles, bikes, or buggies, or by animals such as horses, without taking reasonable precautions to limit excessive amounts of particulates from becoming airborne. Dust shall be kept to a minimum by using an approved dust suppressant, or adhesive soil stabilizer, or by paving, or by barring access to the property, or by other acceptable means.
- C.** No person shall operate a motor vehicle for recreational purposes in a dry wash, riverbed or open area in such a way as to cause or contribute to visible dust emissions which then cross property lines into a residential, recreational, institutional, educational, retail sales, hotel or business premises. For purposes of this subsection "motor vehicles" shall include, but not be limited to trucks, cars, cycles, bikes, buggies and 3-wheelers. Any person who violates the provisions of this subsection shall be subject to prosecution under A.R.S. § 49-463.

**Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Former Section R9-3-604 renumbered without change as Section R18-2-604 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Former Section R18-2-604 renumbered to R18-2-804, new Section R18-2-604 renumbered from R18-2-404 and amended effective November 15, 1993 (Supp. 93-4).

**R18-2-605. Roadways and Streets**

- A.** No person shall cause, suffer, allow or permit the use, repair, construction or reconstruction of a roadway or alley without taking reasonable precautions to prevent excessive amounts of particulate matter from becoming airborne. Dust and other particulates shall be kept to a minimum by employing temporary paving, dust suppressants, wetting down, detouring or by other reasonable means.
- B.** No person shall cause, suffer, allow or permit transportation of materials likely to give rise to airborne dust without taking reasonable precautions, such as wetting, applying dust suppressants, or covering the load, to prevent particulate matter from becoming airborne. Earth or other material that is deposited by trucking or earth moving equipment shall be removed from paved streets by the person responsible for such deposits.

**Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Former Section R9-3-605 renumbered without change as Section R18-2-605 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Former Section R18-2-605 renumbered to R18-2-805, new Section R18-2-605 renumbered from R18-2-405 effective November 15, 1993 (Supp. 93-4).

**R18-2-606. Material Handling**

No person shall cause, suffer, allow or permit crushing, screening, handling, transporting or conveying of materials or other operations likely to result in significant amounts of airborne dust without taking reasonable precautions, such as the use of spray bars, wetting agents, dust suppressants, covering the load, and hoods to prevent excessive amounts of particulate matter from becoming airborne.

**Historical Note**

Section R18-2-606 renumbered from R18-2-406 effective November 15, 1993 (Supp. 93-4).

**R18-2-607. Storage Piles**

- A.** No person shall cause, suffer, allow, or permit organic or inorganic dust producing material to be stacked, piled, or otherwise stored without taking reasonable precautions such as chemical stabilization, wetting, or covering to prevent excessive amounts of particulate matter from becoming airborne.
- B.** Stacking and reclaiming machinery utilized at storage piles shall be operated at all times with a minimum fall of material and in such manner, or with the use of spray bars and wetting agents, as to prevent excessive amounts of particulate matter from becoming airborne.

**Historical Note**

Section R18-2-607 renumbered from R18-2-407 effective November 15, 1993 (Supp. 93-4).

**R18-2-608. Mineral Tailings**

No person shall cause, suffer, allow, permit construction of, or otherwise own or operate, mineral tailing piles without taking reasonable precautions to prevent excessive amounts of particulate matter from becoming airborne. Reasonable precautions shall mean wetting, chemical stabilization, revegetation or such other measures as are approved by the Director.

**Historical Note**

Section R18-2-608 renumbered from R18-2-408, new Section R18-2-408 adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 15 A.A.R. 228, effective March 7, 2009 (Supp. 09-1).

**R18-2-609. Agricultural Practices**

A person shall not cause, suffer, allow, or permit the performance of agricultural practices outside the Phoenix and Yuma planning areas, as defined in 40 CFR 81.303, which is incorporated by reference in R18-2-210, including tilling of land and application of fertilizers without taking reasonable precautions to prevent excessive amounts of particulate matter from becoming airborne.

**Historical Note**

Section R18-2-609 renumbered from R18-2-409 effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 6 A.A.R. 2009, effective May 12, 2000 (Supp. 00-2). Amended by final rulemaking at 11 A.A.R. 2210, effective July 18, 2005 (Supp. 05-2).

**R18-2-610. Definitions for R18-2-610.01, R18-2-610.02, and R18-2-610.03**

The definitions in R18-2-101 and the following definitions apply to R18-2-610.01, R18-2-610.02, and R18-2-610.03:

1. "Access restriction" means reducing PM emissions by reducing the number of trips driven on agricultural aprons and access roads by restricting or eliminating public access to noncropland or commercial farm roads with signs or physical obstruction at locations that effectively control access to the area.
2. "Aggregate cover" means reducing PM emissions and wind erosion and stabilizing soil by applying and maintaining gravel, concrete, recycled road base, caliche, or other similar material to noncropland or commercial farm roads. The aggregate should be clean, hard and durable, and should be applied and maintained to a depth sufficient to reduce PM emissions.
3. "Area A" means the area delineated according to A.R.S. § 49-541(1).
4. "Best management practice" (BMP) means a technique verified by scientific research, that on a case-by-case basis is practical, economically feasible, and effective in

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- reducing PM emissions from a regulated agricultural activity.
5. "Cessation of Night Tilling" means the discontinuation of tillage from sunset to sunrise on a day identified by the Maricopa or Pinal County Dust Control Forecast as being high risk of dust generation.
  6. "Chemical irrigation" means reducing a minimum of one ground operation across a commercial farm by applying a fertilizer, pesticide, or other agricultural chemical to cropland through an irrigation system, which reduces soil disturbance and increases efficiency of application.
  7. "Chips/ mulches" means reducing PM emissions and soil movement and preserving soil moisture by applying and maintaining nontoxic chemical or organic dust suppressants to a depth sufficient to reduce PM emissions. Materials shall meet all specifications required by federal, state, or local water agencies, and is not prohibited for use by any applicable regulations.
  8. "Combining tractor operations" means reducing soil compaction and a minimum of one tillage or ground operation across a commercial farm by using a tractor, implement, harvester, or other farming support vehicle to perform two or more tillage, cultivation, planting, or harvesting operations at the same time. If Equipment modification is also chosen as a BMP, and uses the same practices as described in this BMP, this action is considered one BMP.
  9. "Commercial farm" means 10 or more contiguous acres of land used for agricultural purposes within the boundary of the Maricopa PM nonattainment area and Maricopa County portion of Area A, a PM nonattainment area designated after June 1, 2009 as stated in A.R.S. § 49-457(O)(1)(f), or the Pinal County PM Nonattainment Area.
  10. "Commercial farm road" means a road that is unpaved, owned by a commercial farmer, and is used exclusively to service a commercial farm.
  11. "Commercial farmer" means an individual, entity, or joint operation in general control of a commercial farm.
  12. "Committee" means the Governor's Agricultural Best Management Practices Committee as established by A.R.S. § 49-457.
  13. "Conservation Tillage" means a tillage system that reduces a minimum of three tillage operations. This system reduces soil and water loss by planting into existing plant stubble on the field after harvest as well as managing the stubble so that it remains intact during the planting season.
  14. "Cover crop" means establishing cover crops that maintain a minimum of 60 percent ground cover. Native or volunteer vegetation that meets the minimum ground cover requirement is acceptable. Compliance shall be determined by the Line Transect Test Method, NRCS National Agronomy Manual, Subpart 503.51, Estimating Crop Residue Cover, amended through February 2011 (and no future editions).
  15. "Critical area planting" means reducing PM<sub>10</sub> emissions and wind erosion by planting trees, shrubs, vines, grasses, or other vegetative cover on noncropland in order to maintain at least 60 percent ground cover. Compliance shall be determined by the Line Transect Test Method, NRCS National Agronomy Manual, Subpart 503.51, Estimating Crop Residue Cover, amended through February 2011 (and no future editions).
  16. "Cropland" means land on a commercial farm that:
    - a. Is within the time-frame of final harvest to plant emergence, but does not include tillage activities;
    - b. Has been tilled in a prior year and is suitable for crop production, but is currently fallow; or
    - c. Is a turn-row.
  17. "Cross-wind ridges" means stabilizing soil and reducing PM emissions and wind erosion by creating soil ridges in a commercial farm by tillage or planting operations. Ridges should be at least four inches in height, and be aligned as perpendicular as possible to the prevailing wind direction.
  18. "Dust Control Forecast" means a forecast, which shall identify a low, moderate or high risk of dust generation for the next five consecutive days and shall be issued by noon on each day the forecast is generated. When developing these forecasts, the Department shall consider all of the following:
    - a. Projected meteorological conditions, including:
      - i. Wind speed and direction,
      - ii. Stagnation,
      - iii. Recent precipitation, and
      - iv. Potential for precipitation;
    - b. Existing concentrations of air pollution at the time of the forecast; and
    - c. Historic air pollution concentrations that have been observed during meteorological conditions similar to those that are predicted to occur in the forecast.
  19. "Equipment modification" means reducing PM emissions and soil erosion during tillage or ground operations by modifying and maintaining an existing piece of agricultural equipment, installing shielding equipment, modifying land planting and land leveling, matching the equipment to row spacing, or grafting to new varieties or technological improvements. If combining tractor operations is also chosen as a BMP, and uses the same practices as described in this BMP, this action is considered one BMP.
  20. "Fallow Field" means an area of land that is routinely cultivated, planted and harvested and is unplanted for one or more growing seasons or planting cycles, but is intended to be placed back in agricultural production.
  21. "Field Capacity" means the amount of water remaining in the soil two days after having been saturated and after free drainage has ceased.
  22. "Forage Crop" means a product grown for consumption by any domestic animal.
  23. "Genetically Modified" (GMO) means a living organism whose genetic material has been altered, changing one or more of its characteristics.
  24. "GPS: Global Position Satellite System" means using a satellite navigation system on farm equipment to calculate position in the field.
  25. "Green chop" means reducing soil compaction, soil disturbance and a minimum of one ground operation across a commercial farm by harvesting a Forage Crop without allowing it to dry in the field.
  26. "Ground operation" means an agricultural operation that is not a tillage operation, which involves equipment passing across the field. A ground operation includes harvest activities. A pass through the field may be a subset of a ground operation.
  27. "Harvest" means the time after planting up through harvest, including gathering mature crops from a commer-



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- cial farm, as well as all actions taken immediately after crop removal, such as cooling, sorting, cleaning, and packing.
28. "Integrated Pest Management" means reducing soil compaction and a minimum of one ground operation across a commercial farm for spraying by using a combination of techniques including organic, conventional, and biological farming practices to suppress pest problems.
  29. "Limited harvest activity" means performing no ground operations on a day identified by the Maricopa or Pinal County Dust Control Forecast to be high risk for dust generation.
  30. "Limited tillage activity" means performing no tillage operations on a day identified by the Maricopa or Pinal County Dust Control Forecast to be high risk for dust generation.
  31. "Maricopa PM nonattainment area" means the Phoenix planning area as defined in 40 CFR 81.303, which is incorporated by reference in R18-2-210.
  32. "Multi-year crop" means reducing PM emissions from wind erosion and a minimum of one tillage and ground operation across a commercial farm, by protecting the soil surface by growing a crop, pasture, or orchard that is grown, or will be grown, on a continuous basis for more than one year.
  33. "Noncropland" means any commercial farm land that:
    - a. Is no longer used for agricultural production;
    - b. Is no longer suitable for production of crops;
    - c. Is subject to a restrictive easement or contract that prohibits use for the production of crops; or
    - d. Includes a ditch, or ditch bank, equipment yard, storage yard, or well head.
  34. "NRCS" means the Natural Resource Conservation Service.
  35. "Organic material cover" means reducing PM emissions and wind erosion and preserving soil moisture by applying and maintaining cover material such as animal waste or plant residue, to a soil surface to reduce soil movement. Material shall be evenly applied and maintained to a depth sufficient to reduce PM emissions and coverage should be a minimum of 70 percent.
  36. "Permanent cover" means reducing PM emissions and wind erosion by maintaining a long-term perennial vegetative cover on cropland that is temporarily not producing a major crop. Perennial species such as grasses and/or legumes shall be used to establish at least 60 percent cover. Compliance shall be determined by the Line Transect Test Method, NRCS National Agronomy Manual, Subpart 503.51, Estimating Crop Residue Cover, amended through February 2011 (and no future editions).
  37. "Pinal County PM Nonattainment Area" means the West Pinal PM<sub>10</sub> planning area and the West Central PM<sub>2.5</sub> planning area, as defined in 40 CFR 81.303, and incorporated by reference in R18-2-210.
  38. "Plant stubble" means stubble on the soil surface, which insulates soil to reduce evaporation of moisture, and also protects the soil from wind and water erosion.
  39. "Planting based on soil moisture" means reducing PM emissions and wind erosion by applying water or having enough moisture in the soil to germinate the seed prior to planting. Soil must have a minimum soil moisture content of 60% of field capacity at planting depth. Compliance shall be determined by NRCS Estimating Soil Moisture by Feel and Appearance Method, amended through April 1998 (and no future editions).
  40. "PM" includes both particulate matter with an aerodynamic diameter less than or equal to a nominal 2.5 micrometers as measured by a reference method based on 40 CFR 50 Appendix L, or by an equivalent method designated according to 40 CFR 53; and particulate matter with an aerodynamic diameter less than or equal to a nominal 10 micrometers as measured by a reference method contained within 40 CFR 50 Appendix J or by an equivalent method designated in accordance with 40 CFR 53, as incorporated by reference in Appendix 2.
  41. "Precision Farming" means reducing the number of passes across a commercial farm by at least 12 inches per pass by using GPS to precisely guide farm equipment in the field.
  42. "Reduce vehicle speed" means reducing PM emissions and soil erosion from the operation of farm vehicles or farm equipment on noncropland or commercial farm roads at speeds not to exceed 15 mph. This can be achieved through installation of engine speed governors, signage, or speed control devices.
  43. "Reduced harvest activity" means reducing soil disturbance, soil and water loss, and the number of mechanical harvest passes by a minimum of one ground operation across a commercial farm, by means other than equipment modification or combining tractor operations.
  44. "Reduced tillage system" means reducing soil disturbance, soil and water loss, by using a single piece of equipment that reduces a minimum of three tillage operations, by means other than equipment modification or combining tractor operations.
  45. "Regulated agricultural activity" means a regulated agricultural activity as defined in A.R.S. § 49-457(O)(1)(a) through (O)(1)(d).
  46. "Regulated area" means the regulated area as defined in A.R.S. § 49-457(O)(6).
  47. "Residue management" means reducing PM emissions and wind erosion by maintaining a minimum of 60 percent ground cover of crop and other plant residues on a soil surface between the time of harvest of one crop and the commencement of tillage for a new crop. Compliance shall be determined by the Line Transect Test Method, NRCS National Agronomy Manual, Subpart 503.51, Estimating Crop Residue Cover, amended through February 2011 (and no future editions).
  48. "Sequential cropping" means reducing PM emissions and wind erosion by growing crops in a sequence or close rotation that limits the amount of time bare soil is exposed on a commercial farm to 30 days or less.
  49. "Shuttle System/Larger Carrier" means reducing one out of every four trips across a commercial farm by using multiple or larger bins/trailers to haul commodity from the field.
  50. "Significant Agricultural Earth Moving Activities" means either leveling activities conducted on a commercial farm that disturb the soil more than 4 inches below the surface, or the creation, maintenance and relocation of: ditches, canals, ponds, irrigation lines, tailwater recovery systems (agricultural sumps) and other water conveyances, not to include activities performed on cropland for tillage, ground operations or harvest.
  51. "Silt content test method" means the test method as described in Appendix 2.

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52. "Stabilization of soil prior to plant emergence" means reducing PM emissions by applying water to soil prior to crop emergence in order to cause the soil to form a visible crust.
53. "Surface roughening" means reducing PM emissions or wind erosion by manipulating a soil surface by means such as rough discing or tillage in order to produce or maintain clods on the land surface. Compliance shall be determined by NRCS Practice Code 609, Surface Roughening, amended through November 2008 (and no future editions).
54. "Synthetic particulate suppressant" means reducing PM emissions and wind erosion by providing a stabilized soil surface on noncropland or commercial farm roads with a manufactured product such as lignosulfate, calcium chloride, magnesium chloride, an emulsion of a petroleum product, an enzyme product, or polyacrylamide that is used to control particulate matter.
55. "Tillage" means any mechanical practice that physically disturbs the soil, and includes preparation for planting, such as plowing, ripping, or discing.
56. "Tillage based on soil moisture" means reducing PM emissions by irrigating fields to the depth of the proposed cut prior to soil disturbances or conducting tillage to coincide with precipitation. Soil must have a minimum soil moisture content of 40-60% of field capacity at planting depth. Compliance shall be determined by NRCS Estimating Soil Moisture by Feel and Appearance Method, amended through April 1998 (and no future editions).
57. "Timing of a tillage operation" means reducing wind erosion and PM emissions by performing tillage operations that minimize the amount of time within 45 days.
58. "Tillage operation" means an agricultural operation that mechanically manipulates the soil for the enhancement of crop production. Examples include discing or bedding. A pass through the field may be a subset of a tillage operation.
59. "Track-out control system" means minimizing any and all material that adheres to and agglomerates on all vehicles and equipment from noncropland or commercial farm roads or and falls onto paved public roads or shoulders to paved public roads by using a device or system to remove mud or soil from a vehicle or equipment before the vehicle enters a paved public road. Devices such as a grizzly, a gravel pad or a wheel wash system can be used.
60. "Transgenic Crops" means reducing a minimum of one tillage or ground operation, the number of chemical spray applications, or soil disturbances by using plants that are genetically modified.
61. "Transplanting" means reducing a minimum of one ground operation across a commercial farm and minimizing soil disturbance by utilizing plants already in a growth state as compared to seeding.
62. "Unpaved vehicle or equipment traffic area" means any area of noncropland that is used for the fueling, servicing, receiving, transfer, parking or storing of equipment or vehicles.
63. "VDT" (Vehicle trips per day) means trips per day made by one vehicle, in one direction.
64. "Watering" means reducing PM emissions and wind erosion by applying water to noncropland or commercial farm road bare soil surfaces during periods of high traffic until the surfaces are visibly moist.
65. "Watering on a high risk day" means reducing PM emissions and wind erosion by applying water to commercial farm road bare soil surfaces until the surfaces are visibly moist, on a day forecast to be high risk for dust generation by the Maricopa or Pinal County Dust Control Forecast.
66. "Wind barrier" means reducing PM emissions and wind erosion by constructing a fence or structure, or providing a woody vegetative barrier by planting a row of trees or shrubs, perpendicular or across the prevailing wind direction to reduce wind speed by changing the pattern of air flow over the land surface. For fences and structures, the wind barrier shall have a density of no less than 50% and the height of the wind barrier must be proportionate to the downwind protected area. The downwind protected area is considered ten times the height of the wind barrier. For vegetative barriers, compliance shall be determined by NRCS Conservation Practice Standard, Code 380, Windbreak/Shelterbelt Establishment, amended through August 21, 2009 (and no future editions).

**Historical Note**

Former Section R18-2-610 renumbered to R18-2-612; new Section R18-2-610 adopted by final rulemaking at 6 A.A.R. 2009, effective May 12, 2000 (Supp. 00-2).

Amended by exempt rulemaking at 13 A.A.R. 4326, effective November 14, 2007 (Supp. 07-4). Amended by exempt rulemaking at 18 A.A.R. 137, effective December 29, 2011 (Supp. 11-4). Subsection (A) corrected at the request of the Department, Office File No. M12-133, filed April 5, 2012 (Supp. 11-4). Amended by exempt rulemaking pursuant to Laws 2011, Ch. 214, § 4, at 21 A.A.R. 1156, effective July 2, 2015 (Supp. 15-3).

Amended by final exempt rulemaking at 27 A.A.R. 2747 (November 26, 2021), with an immediate effective date of November 3, 2021 (Supp. 21-4).

**R18-2-610.01. Agricultural PM General Permit for Crop Operations; Maricopa County PM Nonattainment Area**

- A. A commercial farmer within the Maricopa County PM Nonattainment Area shall implement at least two best management practices from each category to reduce PM emissions.
- B. A commercial farmer shall implement from the following best management practices, as described in subsection (A), to reduce PM emissions during tillage, harvest or ground operation activities:
  1. Chemical irrigation,
  2. Combining tractor operations,
  3. Equipment modification,
  4. Green Chop,
  5. Integrated Pest Management,
  6. Limited harvest activity,
  7. Limited tillage activity,
  8. Multi-year crop,
  9. Cessation of Night Tilling,
  10. Planting based on soil moisture,
  11. Precision Farming,
  12. Reduced harvest activity,
  13. Reduced tillage system,
  14. Tillage based on soil moisture,
  15. Timing of a tillage operation,
  16. Transgenic Crops,
  17. Transplanting,
  18. Shuttle System/Larger Carrier, or
  19. Conservation Tillage.

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- C. A commercial farmer shall implement from the following best management practices, as described in subsection (A), to reduce PM emissions from noncropland and commercial farm roads:
1. Access restriction,
  2. Aggregate cover,
  3. Wind barrier,
  4. Critical area planting,
  5. Organic material cover,
  6. Reduce vehicle speed,
  7. Synthetic particulate suppressant,
  8. Track-out control system, or
  9. Watering.
- D. A commercial farmer shall implement from the following best management practices, as described in subsection (A), to reduce PM emissions from cropland:
1. Wind barrier,
  2. Cover crop,
  3. Cross-wind ridges,
  4. Chips/mulches,
  5. Multi-year crop,
  6. Permanent cover,
  7. Stabilization of soil prior to plant emergence,
  8. Residue management,
  9. Sequential cropping, or
  10. Surface roughening.
- E. A commercial farmer shall implement from the following best management practices, as described in subsection (A), to reduce PM emissions when conducting Significant Agricultural Earth Moving Activities as defined in R18-2-610:
1. Apply water prior to conducting Significant Agricultural Earth Moving Activities and/or time Significant Agricultural Earth Moving Activities to coincide with precipitation. Soil must have a minimum soil moisture content of 50% of field capacity. Compliance shall be determined by NRCS Estimating Soil Moisture by Feel and Appearance Method, amended through April 1998 (and no future editions);
  2. Apply water during Significant Agricultural Earth Moving Activities. Soil must have a minimum soil moisture content of 30% of field capacity. Compliance shall be determined by NRCS Estimating Soil Moisture by Feel and Appearance Method, amended through April 1998 (and no future editions);
  3. Limit activities on a day identified by the Maricopa or Pinal County Dust Control Forecast to be high risk for dust generation; or
  4. Conduct Significant Agricultural Earth Moving Activities in a manner to reduce a minimum of one ground operation across a commercial farm by using equipment that is the most efficient means of moving the soil.
- F. From and after December 31, 2015, a commercial farmer who engages in a regulated agricultural activity shall complete and maintain a Best Management Practices Program General Permit Record Form demonstrating compliance with this Section. Thereafter, a new Best Management Practices Program General Permit Record Form shall be completed every year by March 31. The Form shall be provided to the Director within two business days of notice to the commercial farmer. The Best Management Practice Program General Permit Record Form shall include the following information:
1. The name of the commercial farmer, signature, and date signed;
  2. The mailing address or physical address of the commercial farm; and
  3. The best management practices selected for tillage, harvest, and ground operation activities, cropland, noncropland and commercial farm roads, and significant earth moving activities (if applicable).
- G. Records of any changes to the Best Management Practices identified in the most recently submitted Best Management Practices Program General Permit Record Form shall be kept by the commercial farmer onsite and made available for review by the Director within two business days of notice to the commercial farmer.
- H. A person may develop different practices to control PM emissions not contained in subsections (B), (C), (D), or (E) and may submit such practices that are proven effective through on-farm demonstration trials to the Committee. The proposed new practices shall not become effective unless submitted as described in A.R.S. § 49-457(L).
- I. A commercial farmer shall maintain a record demonstrating compliance with this Section for three years. Records shall include a copy of the complete Best Management Practice Program General Permit Record Form to confirm implementation of each best management practice.
- J. The Director shall not assess a fee to a commercial farmer for coverage under the agricultural PM<sub>10</sub> general permit.
- K. A commercial farmer shall ensure that the implementation of all selected best management practices does not violate any other local, state, or federal law.
- L. The Director shall document noncompliance with this Section before issuing a compliance order.
- M. A commercial farmer who is not in compliance with this Section is subject to the provisions in A.R.S. § 49-457(I), (J), and (K).

**Historical Note**

New Section made by exempt rulemaking at 18 A.A.R. 137, effective December 29, 2011 (Supp. 11-4).  
Amended by exempt rulemaking pursuant to Laws 2011, Ch. 214, § 4, at 21 A.A.R. 1156, effective July 2, 2015 (Supp. 15-3).

**R18-2-610.02. Agricultural PM General Permit for Crop Operations; Moderate PM Nonattainment Areas, Designated After June 1, 2009**

- A. A commercial farmer within a PM Moderate Nonattainment Area, designated after June 1, 2009, shall implement at least one best management practice from each category to reduce PM emissions.
- B. A commercial farmer shall implement from the following best management practices, as described in subsection (A), to reduce PM emissions during tillage, harvest and ground operation activities:
1. Chemical irrigation,
  2. Combining tractor operations,
  3. Equipment modification,
  4. Green Chop,
  5. Integrated Pest Management,
  6. Limited harvest activity,
  7. Limited tillage activity,
  8. Multi-year crop,
  9. Cessation of Night Tilling,
  10. Planting based on soil moisture,
  11. Precision Farming,
  12. Reduced harvest activity,
  13. Reduced tillage system,

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14. Tillage based on soil moisture,
  15. Timing of a tillage operation,
  16. Transgenic Crops,
  17. Transplanting, or
  18. Shuttle System/Larger Carrier, or
  19. Conservation Tillage.
- C.** A commercial farmer shall implement from the following best management practices, as described in subsection (A), to reduce PM emissions from noncropland and commercial farm roads:
1. Access restriction,
  2. Aggregate cover,
  3. Wind barrier,
  4. Critical area planting,
  5. Organic material cover,
  6. Reduce vehicle speed,
  7. Synthetic particulate suppressant,
  8. Track-out control system, or
  9. Watering.
- D.** A commercial farmer shall implement from the following best management practices, as described in subsection (A), to reduce PM emissions from cropland:
1. Wind barrier,
  2. Cover crop,
  3. Cross-wind ridges,
  4. Chips/mulches,
  5. Multi-year crop,
  6. Permanent cover,
  7. Stabilization of soil prior to plant emergence,
  8. Residue management,
  9. Sequential cropping, or
  10. Surface roughening.
- E.** A commercial farmer shall implement from the following best management practices, as described in subsection (A), when conducting Significant Agricultural Earth Moving Activities as defined in R18-2-610:
1. Apply water prior to conducting Significant Agricultural Earth Moving Activities and/or time Significant Agricultural Earth Moving Activities to coincide with precipitation. Soil must have a minimum soil moisture content of 50% of field capacity. Compliance shall be determined by NRCS Estimating Soil Moisture by Feel and Appearance Method, amended through April 1998 (and no future editions);
  2. Apply water during Significant Agricultural Earth Moving Activities. Soil must have a minimum soil moisture content of 30% of field capacity. Compliance shall be determined by NRCS Estimating Soil Moisture by Feel and Appearance Method, amended through April 1998 (and no future editions);
  3. Limit activities on a day identified by the Maricopa or Pinal County Dust Control Forecast to be high risk for dust generation; or
  4. Conduct Significant Agricultural Earth Moving Activities in a manner to reduce a minimum of one ground operation across a commercial farm by using equipment that is the most efficient means of moving the soil.
- F.** From and after December 31, 2015, a commercial farmer who engages in a regulated agricultural activity shall complete and maintain a Best Management Practices Program General Permit Record Form demonstrating compliance with this Section. Thereafter, a new Best Management Practices Program General Permit Record Form shall be completed every year by March 31. The Form shall be provided to the Director within two business days of notice to the commercial farmer. The Best Management Practice Program General Permit Record Form shall include the following information:
1. The name of the commercial farmer, signature, and date signed;
  2. The mailing address or physical address of the commercial farm; and
  3. The best management practice selected for tillage, harvest and ground operation activities, cropland, noncropland and commercial farm roads, and significant earth moving activities (if applicable).
- G.** Records of any changes to the Best Management Practices shall be noted on the Best Management Practices Program General Permit Record Form and shall be kept by the commercial farmer onsite and made available for review by the Director within two business days of notice to the commercial farmer.
- H.** A person may develop different practices to control PM emissions not contained in subsections (B), (C), (D), or (E) and may submit such practices that are proven effective through on-farm demonstration trials to the Committee. The proposed new practices shall not become effective unless submitted as described in A.R.S. § 49-457(L).
- I.** A commercial farmer shall maintain a record demonstrating compliance with this Section for three years. Records shall include a copy of the complete Best Management Practice Program General Permit Record Form to confirm implementation of each best management practice.
- J.** The Director shall not assess a fee to a commercial farmer for coverage under the agricultural PM general permit.
- K.** A commercial farmer shall ensure that the implementation of all selected best management practices does not violate any other local, state, or federal law.
- L.** The Director shall document noncompliance with this Section before issuing a compliance order.
- M.** A commercial farmer who is not in compliance with this Section is subject to the provisions in A.R.S. § 49-457(I), (J), and (K).

**Historical Note**

New Section made by exempt rulemaking pursuant to Laws 2011, Ch. 214, § 4, at 21 A.A.R. 1156, effective July 2, 2015 (Supp. 15-3).

**R18-2-610.03. Agricultural PM General Permit for Crop Operations; Pinal County PM Nonattainment Area**

- A.** On the day before and during the day that is forecast to be high risk for dust generation by the Pinal County Dust Control Forecast, a commercial farmer shall ensure implementation of best management practices as described in subsections (B)(1)(b), (B)(2)(b), (B)(3)(b), (B)(4)(b), and (B)(5)(b).
- B.** On all days, a commercial farmer shall implement at least two best management practices from each category to reduce PM emissions, as described in subsections (1)(a), (2)(a), (3)(a), (4)(a), (5)(a), and (6). If a commercial farmer implements the Conservation tillage or Reduced tillage system best management practice for the tillage category, they do not have to implement a best management practice from the subsections (2)(a), (2)(b), (5)(a) and (5)(b).
1. Tillage:
    - a. A commercial farmer shall implement at least two of the following:
      - i. Combining tractor operations,
      - ii. Equipment modification,
      - iii. Multi-year crop,

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- iv. Cessation of night tilling,
  - v. Planting based on soil moisture,
  - vi. Precision farming,
  - vii. Tillage based on soil moisture,
  - viii. Timing of a tillage operation,
  - ix. Transgenic crops,
  - x. Transplanting,
  - xi. Reduced tillage system, or
  - xii. Conservation tillage.
  - b. Unless choosing limited tillage activity (subsection iv, below), on the day before and during the day that is forecast to be high risk for dust generation by the Pinal County Dust Control Forecast, a commercial farmer shall ensure implementation of at least one of the following:
    - i. Multi-year crop,
    - ii. Planting based on soil moisture,
    - iii. Tillage based on soil moisture,
    - iv. Limited tillage activity,
    - v. Reduced tillage system, or
    - vi. Conservation tillage.
2. Ground Operations and Harvest:
- a. A commercial farmer shall implement at least two of the following:
    - i. Combining tractor operations,
    - ii. Equipment modification,
    - iii. Chemical irrigation,
    - iv. Green chop,
    - v. Integrated pest management,
    - vi. Multi-year crop,
    - vii. Precision farming,
    - viii. Reduced harvest activity,
    - ix. Transgenic crops, or
    - x. Shuttle System/Larger Carrier.
  - b. Unless choosing limited harvest activity in subsection (iv), on the day before and during the day that is forecast to be high risk for dust generation by the Pinal County Dust Control Forecast, a commercial farmer shall ensure implementation of at least one of the following:
    - i. Green chop,
    - ii. Integrated pest management,
    - iii. Multi-year crop, or
    - iv. Limited harvest activity.
3. Noncropland:
- a. A commercial farmer shall implement at least two of the following best management practices:
    - i. Access restriction,
    - ii. Aggregate cover,
    - iii. Wind barrier,
    - iv. Critical area planting,
    - v. Organic material cover,
    - vi. Reduce vehicle speed,
    - vii. Synthetic particulate suppressant, or
    - viii. Watering.
  - b. Unless choosing watering on a high risk day in subsection (vi), on the day before and during a day forecast to be high risk for dust generation by the Pinal County Dust Control Forecast, on a noncropland area that experiences more than 20 VDT from two or more axle vehicles, commercial farmer shall ensure implementation of at least one of the following best management practices:
    - i. Aggregate cover,
    - ii. Wind barrier,
    - iii. Critical area planting,
    - iv. Organic material cover,
    - v. Synthetic particulate suppressant, or
    - vi. Watering on a high risk day.
4. Commercial farm roads:
- a. A commercial farmer shall implement at least two of the following best management practices:
    - i. Access restriction,
    - ii. Reduce vehicle speed,
    - iii. Track-out control system,
    - iv. Aggregate cover,
    - v. Synthetic particulate suppressant,
    - vi. Watering, or,
    - vii. Organic material cover.
  - b. Unless choosing watering on a high risk day in subsection (vi), on the day before and during a day forecast to be high risk for dust generation by the Pinal County Dust Control Forecast, on a road that experiences more than 20 VDT from two or more axle vehicles, a commercial farmer shall ensure implementation of at least one of the following best management practices:
    - i. Aggregate cover,
    - ii. Synthetic particulate suppressant,
    - iii. Wind barrier,
    - iv. Organic material cover,
    - v. Roads are stabilized as determined by the silt content test method,
    - vi. Watering on a high risk day.
5. Cropland:
- a. A commercial farmer shall implement at least two of the following best management practices, one from subsections (i) through (vii), and one from subsections (viii) through (xi), to reduce PM emissions from cropland:
    - i. Wind barrier,
    - ii. Cover crop,
    - iii. Cross-wind ridges,
    - iv. Chips/mulches,
    - v. Sequential cropping,
    - vi. Residue management,
    - vii. Surface roughening,
    - viii. Multi-year crop,
    - ix. Permanent cover, or
    - x. Stabilization of soil prior to plant emergence.
  - b. On the day before and during the day that is forecast to be high risk for dust generation by the Pinal County Dust Control Forecast, a commercial farmer shall ensure implementation of at least one of the following:
    - i. Wind barrier,
    - ii. Cover crop,
    - iii. Cross-wind ridges,
    - iv. Chips/mulches,
    - v. Surface roughening,
    - vi. Multi-year crop,

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- vii. Permanent cover,
  - viii. Stabilization of soil prior to plant emergence, or
  - ix. Residue management.
- 6. Significant Agricultural Earth Moving Activities:
  - a. Apply water prior to conducting Significant Agricultural Earth Moving Activities and/or time Significant Agricultural Earth Moving Activities to coincide with precipitation. Soil must have a minimum soil moisture content of 50% of field capacity. Compliance shall be determined by NRCS Estimating Soil Moisture by Feel and Appearance Method, amended through April 1998 (and no future editions);
  - b. Apply water during Significant Agricultural Earth Moving Activities. Soil must have a minimum soil moisture content of 30% of field capacity. Compliance shall be determined by NRCS Estimating Soil Moisture by Feel and Appearance Method, amended through April 1998 (and no future editions);
  - c. Limit activities on a day identified by the Maricopa or Pinal County Dust Control Forecast to be high risk for dust generation; or
  - d. Conduct Significant Agricultural Earth Moving Activities in a manner to reduce a minimum of one ground operation across a commercial farm by using equipment that is the most efficient means of moving the soil.
- C. From and after December 31, 2015, a commercial farmer who engages in a regulated agricultural activity shall complete a Best Management Practices Program General Permit Record Form demonstrating compliance with this rule. Thereafter, a new Best Management Practices Program General Permit Record Form shall be completed every year by March 31. The Form shall be provided to the Director within two business days of notice to the commercial farmer. The Best Management Practice Program General Permit Record Form shall include the following information:
  - 1. The name of the commercial farmer, signature, and date signed.
  - 2. The mailing address or physical address of the commercial farm; and
  - 3. The following information for each best management practice selected for tillage, ground operations and harvest, cropland, noncropland, commercial farm roads, and significant earth moving activities (if applicable); and
  - 4. Any additional best management practices selected for high risk days as predicted by the Pinal County Dust Control Forecast.
- D. Beginning in calendar year 2017, and no more than once every subsequent three calendar years, the Director, in conjunction with the Arizona Department of Agriculture, shall provide the commercial farmer with a Best Management Practices Program Three-year Survey. The commercial farmer shall complete the Survey with data from the preceding calendar year and submit the Survey to the Arizona Department of Agriculture (ADA) by January 31, 2018, and every three years thereafter. The Survey information submitted to the ADA shall be compiled by the ADA without reference to a commercial farmer's name, shall aggregate the data from the Surveys received, and be submitted to the Department. The Three-year Survey shall include the following information:
  - 1. The name, business address, and phone number of the commercial farmer responsible for the preparation and implementation of the best management practices;
  - 2. The signature of the commercial farmer and the date the form was signed;
  - 3. The acreage of each crop type planted/growing during the calendar year that the survey is conducted;
  - 4. The total miles of commercial farm roads at the commercial farm;
  - 5. The total acreage of the noncropland at the commercial farm;
  - 6. The best management practices selected for tillage, ground operations and harvest, cropland, noncropland, commercial farm roads, and significant earth moving activities (if applicable); and
  - 7. Any additional best management practices selected for high risk days as predicted by the Pinal County Dust Control Forecast.
- E. Records of any changes to the Best Management Practices shall be noted on the Best Management Practices Program General Permit Record Form and shall be kept by the commercial farmer onsite and made available for review by the Director within two business days of notice to the commercial farmer.
- F. A person may develop different practices to control PM emissions not contained in subsections (B)(1) through (B)(6) and may submit such practices that are proven effective through on-farm demonstration trials to the Committee.
- G. A commercial farmer shall maintain a record demonstrating compliance with this Section for three years. Records shall include a copy of the complete Best Management Practice Program General Permit Record Form to confirm implementation of each best management practice.
- H. The Director shall not assess a fee to a commercial farmer for coverage under the agricultural PM general permit.
- I. A commercial farmer shall ensure that the implementation of all selected best management practices does not violate any other local, state, or federal law.
- J. The Director shall document noncompliance with this Section before issuing a compliance order.
- K. A commercial farmer who is not in compliance with this Section is subject to the provisions in A.R.S. § 49-457(J), (K), and (L).

**Historical Note**

New Section made by exempt rulemaking pursuant to Laws 2011, Ch. 214, § 4, at 21 A.A.R. 1156, effective July 2, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 27 A.A.R. 2747 (November 26, 2021), with an immediate effective date of November 3, 2021 (Supp. 21-4).

**R18-2-611. Definitions for R18-2-611.01, R18-2-611.02, and R18-2-611.03**

The definitions in R18-2-101 and the following definitions apply to R18-2-611.01, R18-2-611.02, and R18-611.03:

- 1. The following definitions apply to a commercial dairy operation, a commercial beef feedlot, a commercial poultry facility, and commercial swine facility:
  - a. "Animal waste handling and transporting" means the processes by which any animal excretions and mixtures containing animal excretions are collected and transported.
  - b. "Arenas, corrals and pens" means areas where animals are confined for the purposes of, but not limited to, feeding, displaying, safety, racing, exercising, or husbandry.

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- c. "Commercial animal operation" means a commercial dairy operation, a commercial beef feedlot, a commercial poultry facility, and a commercial swine facility, as defined in this Section.
- d. "Commercial animal operator" means an individual, entity, or joint operation in general control of a commercial animal operation.
- e. "Dust Control Forecast" means a forecast, which shall identify a low, moderate or high risk of dust generation for the next five consecutive days and shall be issued by noon on each day the forecast is generated. When developing these forecasts, the Department shall consider all of the following:
  - i. Projected meteorological conditions, including:
    - (1) Wind speed and direction,
    - (2) Stagnation,
    - (3) Recent precipitation, and
    - (4) Potential for precipitation;
  - ii. Existing concentrations of air pollution at the time of the forecast; and
  - iii. Historic air pollution concentrations that have been observed during meteorological conditions similar to those that are predicted to occur in the forecast.
- f. "High traffic areas" means areas that experience more than 20 VDT from two or more axle vehicles.
- g. "Maricopa PM nonattainment area" means the Phoenix planning area as defined in 40 CFR 81.303, which is incorporated by reference in R18-2-210.
- h. "Paved Public Road" means any paved roadways that are open to public travel and maintained by a City, County, State, or Federal entities.
- i. "Pinal County PM Nonattainment Area" means the West Pinal PM<sub>10</sub> planning area and the West Central PM<sub>2.5</sub> planning area, as defined in 40 CFR 81.303, and incorporated by reference in R18-2-210.
- j. "PM" includes both particulate matter with an aerodynamic diameter less than or equal to a nominal 2.5 micrometers as measured by a reference method based on 40 CFR 50 Appendix L, or by an equivalent method designated according to 40 CFR 53; and particulate matter with an aerodynamic diameter less than or equal to a nominal 10 micrometers as measured by a reference method contained within 40 CFR 50, Appendix J or by an equivalent method designated in accordance with 40 CFR 53, as incorporated by reference in Appendix 2.
- k. "Regulated agricultural activity" means a regulated agricultural activity as defined in A.R.S. § 49-457(O)(5).
- l. "Regulated area" means the regulated area as defined in A.R.S. § 49-457(O)(6).
- m. "Track-out control device" means minimizing any and all material that adheres to and agglomerates on all vehicles and equipment from unpaved access connections and falls onto paved public roads or shoulders to paved public roads by using a device or system to remove mud or soil from a vehicle or equipment before the vehicle enters a paved public road. Devices such as a grizzly, a gravel pad or a wheel wash system can be used.
- n. "Unpaved access connections" means any unpaved road connection which connects to a paved public road.
- o. "Unpaved roads or feed lanes" means roads and feed lanes that are unpaved, owned by a commercial animal operator, and used exclusively to service a commercial animal operation.
- p. "Unpaved vehicle or equipment traffic area" means any area that is used for the fueling, servicing, receiving, transfer, parking or storing of equipment or vehicles.
- q. "VDT" (Vehicle trips per day) means trips per day made by one vehicle, in one direction.
- 2. The following definitions apply to a commercial dairy operation:
  - a. "Aggregate cover" means reducing PM emissions, wind erosion and stabilizing soil by applying and maintaining gravel, concrete, recycled road base, caliche, or other similar material to unpaved roads or feed lanes. The aggregate should be clean, hard and durable, and should be applied and maintained to a minimum of three inches deep.
  - b. "Apply a fibrous layer" means reducing PM emissions and soil movement, and preserving soil moisture by spreading shredded or deconstructed plant materials to cover loose soil in high animal traffic areas. Material shall be consistently applied to a minimum depth of two inches above the soil surface and coverage should be a minimum of 70 percent.
  - c. "Bunkers" means below ground level storage systems for storing large amount of silage, which is covered with a plastic tarp.
  - d. "Calves" means young dairy stock under two months of age.
  - e. "Cement cattle walkways to milk barn" means reducing PM emissions by fencing pathways from the corrals to the milking barn, restricting dairy cattle to surfaces with concrete floors.
  - f. "Commercial dairy operation" means a dairy operation:
    - i. With more than 150 dairy cattle within the boundary of the Maricopa PM nonattainment area and Maricopa County portion of Area A or a PM nonattainment area designated after June 1, 2009, or
    - ii. With more than 50 dairy cattle within the boundary of the Pinal County PM Nonattainment Area.
  - g. "Cover manure hauling trucks" means reducing PM emissions by completely covering the top of the loaded area.
  - h. "Covers for silage" means reducing PM emissions and wind erosion by using large plastic tarps to completely cover silage.
  - i. "Do not run cattle" means reducing PM emissions by walking dairy cattle to the milking barn.
  - j. "Feed higher moisture feed to dairy cattle" means reducing PM emissions by feeding dairy cattle one or any combination of the following:
    - i. Add water to ration mix to achieve a 20% minimum moisture level,
    - ii. Add molasses or tallow to ration mix at a minimum of 1%,
    - iii. Add silage, or
    - iv. Add green chop.

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- k. "Feed green chop" means feeding high moisture feed that contains at least 30% moisture directly to dairy cattle.
  - l. "Groom manure surface" means reducing PM emissions and wind erosion by:
    - i. Flushing or vacuuming lanes daily,
    - ii. Scraping and harrowing pens on a weekly basis, and
    - iii. Removing manure every four months with equipment that leaves an even corral surface of compacted manure on top of the soil.
  - m. "Hutches" means raised, roofed enclosures that protect the calves from the elements.
  - n. "Pile manure between cleanings" means reducing PM emissions by collecting loose surface materials within the confines of the surface area of the occupied feed pen every two weeks.
  - o. "Provide cooling in corral" means reducing PM emissions by using cooling systems under the corral shades to reduce the ambient air temperature, thereby increasing stocking density in the cool areas of the corrals.
  - p. "Provide shade in corral" means reducing PM emissions by increasing stocking density and reducing animal movement by using a permanent structure, which provides at least 16 square feet per animal of shaded pen surface.
  - q. "Push equipment" means manure harvesting equipment pushed in front of a tractor.
  - r. "Silage" means fermented, high-moisture fodder that can be fed to ruminants, such as cattle and sheep; usually made from grass crops including corn, sorghum or other cereals, by using the entire green plant.
  - s. "Store and maintain feed stock" means reducing PM emissions and wind erosion by storing feed stock in a covered area where the commodity is surrounded on at least three sides by a structure.
  - t. "Synthetic particulate suppressant" means reducing PM emissions and wind erosion by providing a stabilized soil surface on a commercial dairy operation with a manufactured product such as lignosulfate, calcium chloride, magnesium chloride, an emulsion of a petroleum product, an enzyme product, or polyacrylamide that is used to control particulate matter.
  - u. "Use drag equipment to maintain pens" means reducing PM emissions by using manure equipment pulled behind a tractor instead of using push equipment, which avoids dust accumulation in floor depressions.
  - v. "Use free stall housing" means reducing PM emissions by enclosing one cow per stall, which are outfitted with concrete floors.
  - w. "Water misting systems" means reducing PM emissions from dry manure by using systems that project a cloud of very small water particles onto the manure surface, keeping the surface visibly moist.
  - x. "Wind barrier" means reducing PM<sub>10</sub> emissions and wind erosion by constructing a fence or structure, or providing a woody vegetative barrier by planting a row of trees or shrubs, perpendicular or across the prevailing wind direction to reduce wind speed by changing the pattern of air flow over the land surface. For fences and structures, the wind barrier shall have a density of no less than 50% and the height of the wind barrier must be proportionate to the downwind protected area. The downwind protected area is considered ten times the height of the wind barrier. For vegetative barriers, compliance shall be determined by NRCS Conservation Practice Standard, Code 380, Windbreak/Shelterbelt Establishment, amended through August 21, 2009 (and no future editions).
3. The following definitions apply to a commercial beef cattle feedlot:
- a. "Add moisture to pen surface" means reducing PM emissions and wind erosion by applying at least three to six gallons of water per head/per day in pens occupied by beef cattle.
  - b. "Add molasses or tallow to feed" means reducing PM emissions by adding molasses or tallow so that it equals three percent of the total ration.
  - c. "Aggregate cover" means reducing PM emissions, wind erosion and stabilizing soil by applying and maintaining gravel, concrete, recycled road base, caliche, or other similar material to unpaved roads or feed lanes. The aggregate should be clean, hard and durable, and should be applied and maintained to a minimum of three inches deep.
  - d. "Apply a fibrous layer in working areas" means reducing PM emissions and soil movement, and preserving soil moisture by spreading shredded or deconstructed plant materials to cover loose soil in high animal traffic areas. Material shall be consistently applied to a minimum depth of two inches above the soil surface and coverage should be a minimum of 70%.
  - e. "Bulk materials" means reducing PM emissions by using a closed conveyor system instead of vehicular means to move grain or other.
  - f. "Commercial beef cattle feedlot" means a beef cattle feedlot:
    - i. With more than 500 beef cattle within the boundary of the Maricopa PM nonattainment area and Maricopa County portion of Area A or a PM nonattainment area designated after June 1, 2009, or
    - ii. With more than 50 beef cattle within the Pinal County PM Nonattainment Area.
  - g. "Concrete apron" means reducing PM emissions by using solidly formed concrete surface, at least 4 inches thick on top of the soil surface, inside the feed pen for 8 feet approaching the feed bunk or water trough.
  - h. "Control cattle during movements" means reducing PM emissions by suppressing the animal's ability to run by driving them forward while intruding on their "flight zones" or restraining the animal's movement.
  - i. "Cover manure hauling trucks" means reducing PM emissions by completely covering the top of the loaded area.
  - j. "Feed higher moisture feed to beef cattle" means reducing PM emissions by feeding beef cattle feed that contains at least 30% moisture.
  - k. "Frequent manure removal" means reducing PM emissions and wind erosion by harvesting loose manure on top of the pen surface at least once every six months.



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- l. "Pile manure between cleanings" means reducing PM emissions by collecting loose manure surface materials, by scraping or pushing, within the confines of the surface area of the occupied feed pen at least four times per year.
  - m. "Provide shade in corral" means reducing PM emissions by increasing stocking density and reducing animal movement by using a permanent structure, which provides at least 16 square feet per animal of shaded pen surface.
  - n. "Push equipment" means manure harvesting equipment pushed in front of a tractor.
  - o. "Store and maintain feed stock" means reducing PM emissions and wind erosion by storing feed stock in a covered area where the commodity is surrounded on at least three sides by a structure.
  - p. "Synthetic particulate suppressant" means reducing PM emissions and wind erosion by providing a stabilized soil surface on a commercial beef feedlot with a manufactured product such as lignosulfate, calcium chloride, magnesium chloride, an emulsion of a petroleum product, an enzyme product, or polyacrylamide that is used to control particulate matter.
  - q. "Use drag equipment to maintain pens" means reducing PM emissions by using manure harvesting equipment pulled behind a tractor instead of using push equipment, which avoids dust accumulation in floor depressions.
  - r. "Wind barrier" means reducing PM<sub>10</sub> emissions and wind erosion by constructing a fence or structure, or providing a woody vegetative barrier by planting a row of trees or shrubs, perpendicular or across the prevailing wind direction to reduce wind speed by changing the pattern of air flow over the land surface. For fences and structures, the wind barrier shall have a density of no less than 50% and the height of the wind barrier must be proportionate to the downwind protected area. The downwind protected area is considered ten times the height of the wind barrier. For vegetative barriers, compliance shall be determined by NRCS Conservation Practice Standard, Code 380, Windbreak/Shelterbelt Establishment, amended through August 21, 2009 (and no future editions).
4. The following definitions apply to a commercial poultry facility:
    - a. "Add moisture through ventilation systems" means reducing PM emissions by using a ventilation system that is designed to allow stock to maintain their normal body temperature without difficulty while maintaining a minimum of 20% moisture in the air within the housing system to bind small particles to larger particles.
    - b. "Add oil and/or moisture to the feed" means reducing PM emissions by adding a minimum of 1% edible oil and/or moisture to feed rations to bind small particles to larger particles.
    - c. "Aggregate cover" means reducing PM emissions, wind erosion and stabilizing soil by applying and maintaining gravel, concrete, recycled road base, caliche, or other similar material to unpaved roads or feed lanes. The aggregate should be clean, hard and durable, and should be applied and maintained to a minimum of 3 inches deep.
    - d. "Clean aisles between cage rows" means reducing PM emissions by cleaning the aisles between cage rows at least twice every 14 days to prevent dried manure, spilled feed, and debris accumulation.
    - e. "Clean fans, louvers, and soffit inlets in a commercial poultry facility" means reducing PM emissions by cleaning fans, louvers, and soffit inlets when the facility is empty between depopulating and populating the facility.
    - f. "Clean floors and walls in a commercial poultry facility" means reducing PM emissions by cleaning floors and walls to prevent dried manure, spilled feed, and debris accumulation when the facility is empty between depopulating and populating the facility.
    - g. "Commercial poultry facility" means a poultry operation with more than 25,000 egg laying hens within the boundary of the Maricopa PM nonattainment area and Maricopa County portion of Area A, a PM nonattainment area designated after June 1, 2009, as stated in A.R.S. § 49-457(O)(1)(f), or the Pinal County PM Nonattainment Area.
    - h. "Control vegetation on building exteriors" means reducing PM emissions by removing, cutting, or trimming vegetation that accumulates PM and restricts ventilation of the building, so as to leave approximately 3 feet between the vegetation and building.
    - i. "Enclose transfer points" means reducing PM emissions by enclosing the points of transfer between the enclosed, weatherproof storage structure and the enclosed feed distribution system, which reduce air contact with the feed rations during feed conveyance.
    - j. "House in fully enclosed ventilated buildings" means reducing PM emissions by utilizing fully enclosed buildings with sufficient ventilation.
    - k. "Maintain moisture in manure solids" means reducing PM emissions by maintaining a moisture content of a minimum of 15% in the solids sufficient to bind small particles to larger particles.
    - l. "Minimize drop distance" means reducing PM emissions by designing the feed distribution system so that the distance the feed ration drops from the feed distribution system into feeders is approximately 1 foot or less, which reduces air contact with the feed rations during feed conveyance.
    - m. "Poultry" means any domesticated bird including chickens, turkeys, ducks, geese, guineas, ratites and squabs.
    - n. "Remove spilled feed" means reducing PM emissions by removing spilled feed from the housing facility at least once every 14 days.
    - o. "Stack separated manure solids" means reducing PM emissions and wind erosion by reducing the amount of exposed surface area of manure solids.
    - p. "Store feed" means reducing PM emissions by storing feed in a structure that is enclosed and weatherproof, which reduces air contact with the feed rations during feed storage.
    - q. "Synthetic particulate suppressant" means reducing PM emissions and wind erosion by providing a stabilized soil surface on a commercial poultry operation with a manufactured product such as

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- lignosulfate, calcium chloride, magnesium chloride, an emulsion of a petroleum product, an enzyme product, or polyacrylamide that is used to control particulate matter.
- r. "Use enclosed feed distribution system" means reducing PM emissions by using an enclosed feed conveyance system that distributes feed rations throughout the housing facility, which reduces air contact with the feed rations during feed conveyance.
  - s. "Use a flexible discharge spout" means reducing PM emissions and wind erosion at the time of bulk feed deliveries to the housing units by using a flexible discharge spout on the end of the feed truck transfer auger.
  - t. "Use no bedding in the production facility" means reducing PM emissions by not using bedding such as wood shavings, sawdust, peanut hulls, straw, or other organic material.
  - u. "Use of a rotary dryer to dry manure waste" means reducing PM<sub>10</sub> emissions by drying the manure waste in a rotary dryer fitted with a baghouse or wet scrubber. A commercial poultry facility using a rotary dryer must comply with all of the following:
    - i. Install, maintain, and operate the baghouse or wet scrubber in a manner consistent with the manufacturer's specifications at all times the rotary dryer is operated. The manufacturer specifications must be available on site upon request.
    - ii. Conduct monthly observations using EPA Method 22 on the control equipment to ensure proper operation. If improper operation is observed through EPA Method 22, the dryer must stop immediately and the equipment repaired before resuming operations.
    - iii. For baghouses, conduct an annual black light inspection of the bags to detect broken or leaking bags. If broken or leaking bags are detected it must be repaired or replaced immediately.
    - iv. Maintain a record of all repair activity required under (ii) and (iii) that must be made available within two days of Director's request for inspection.
5. The following definitions apply to a commercial swine facility:
- a. "Add oil and/or moisture to the feed" means reducing PM emissions by adding a minimum of 0.5% edible oil and/or moisture to feed rations to bind small particles to larger particles.
  - b. "Add moisture through ventilation systems" means reducing PM emissions by using a ventilation system that is designed to allow stock to maintain their normal body temperature without difficulty while maintaining minimum of 15% moisture in the air within the housing system to bind small particles to larger particles.
  - c. "Aggregate cover" means reducing PM emissions, wind erosion and stabilizing soil by applying and maintaining gravel, concrete, recycled road base, caliche, or other similar material to unpaved roads or feed lanes. The aggregate should be clean, hard and durable, and should be applied and maintained to a minimum of three inches deep.
  - d. "Clean aisles between pens and stalls" means reducing PM emissions by cleaning the aisles between pens and stalls at least twice every 14 days to prevent dried manure, spilled feed, and debris accumulation.
  - e. "Clean fans, louvers, and soffit inlets in a commercial swine facility" means reducing PM emissions by cleaning fans, louvers, and soffit inlets between transfer of animal groups, but in any case, at least every six months.
  - f. "Clean pens, floors and walls in a commercial swine facility" means reducing PM emissions by cleaning pens, floors, and walls between transfer of animal groups to prevent dried manure, spilled feed, and debris accumulation, but in any case, at least every six months.
  - g. "Commercial swine facility" means a swine operation with more than 50 animal units for more than 30 consecutive days within the boundary of the Maricopa PM nonattainment area and Maricopa County portion of Area A, a PM nonattainment area designated after June 1, 2009 as stated in A.R.S. § 49-457(O)(1)(f), or the Pinal County PM Nonattainment Area. One thousand pounds equals one animal unit.
  - h. "Control vegetation on building exteriors" means reducing PM emissions by removing, cutting, or trimming vegetation that accumulates PM and restricts ventilation of the building, so as to leave approximately 3 feet between the vegetation and the building.
  - i. "Enclose transfer points" means reducing PM emissions by enclosing the points of transfer between the enclosed, weatherproof storage structure and the enclosed feed distribution system, which reduces air contact with the feed rations during feed conveyance.
  - j. "House in fully enclosed ventilated buildings" means reducing PM emissions by utilizing fully enclosed buildings with sufficient ventilation.
  - k. "Lagoon" means a liquid manure storage and treatment pond.
  - l. "Maintain moisture in manure solids" means reducing PM<sub>10</sub> emissions by maintaining a minimum moisture content of 10% in the solids sufficient to bind small particles to larger particles.
  - m. "Minimize drop distance" means reducing PM emissions by designing the feed distribution system so that the distance the feed ration drops from the feed distribution system into feeders is 3 feet or less, which reduces air contact with the feed rations during feed conveyance.
  - n. "Remove spilled feed" means reducing PM emissions by removing spilled feed from the housing facility at least once every 14 days.
  - o. "Slatted flooring" means reducing PM emissions by using flooring that is a slotted concrete or wire-mesh floor set above a liquid manure collection pit, which allows the excrement to fall through the flooring into the liquid pit below, which prevents solids build-up. Slats 4 to 8 inches wide with spacing of about 1 inch in between are recommended.
  - p. "Sloped concrete flooring" means reducing PM emissions by pouring concrete with a minimum of

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- 0.25% grade inside of the barns which provides drainage and easier cleaning of floor areas.
- q. "Stack separated manure solids" means reducing PM emissions and wind erosion by reducing the amount of exposed surface area of manure solids.
  - r. "Store feed" means reducing PM emissions by storing feed in a structure that is enclosed and weather-proof, which reduces air contact with the feed rations during feed storage.
  - s. "Store separated manure solids" means reducing PM emissions by storing manure solids in a wind-blocked area behind a wall, structure, or area with natural wind protection to minimize blowing air movement over the manure stack.
  - t. "Synthetic particulate suppressant" means reducing PM emissions and wind erosion by providing a stabilized soil surface on a commercial swine operation with a manufactured product such as lignosulfate, calcium chloride, magnesium chloride, an emulsion of a petroleum product, an enzyme product, or polyacrylamide that is used to control particulate matter.
  - u. "Use a flexible discharge spout" means reducing PM emissions and wind erosion at the time of bulk feed deliveries to the housing units by using a flexible discharge spout on the end of the feed truck transfer auger.
  - v. "Use enclosed feed distribution system" means reducing PM emissions by using an enclosed feed conveyance system that distributes feed rations throughout the housing facility, which reduces air contact with the feed rations during the feed conveyance.
  - w. "Use no bedding in the production facility" means reducing PM emissions by not using bedding such as wood shavings, sawdust, peanut hulls, straw, or other organic material.
- b. Provide shade in corral,
  - c. Provide cooling in corral,
  - d. Cement cattle walkways to milk barn,
  - e. Groom manure surface,
  - f. Water misting systems,
  - g. Use drag equipment to maintain pens,
  - h. Pile manure between cleanings,
  - i. Feed green chop,
  - j. Keep calves in barns or hutches,
  - k. Do not run cattle,
  - l. Apply a fibrous layer, or
  - m. Wind barrier.
2. Animal Waste (and Feed) Handling and Transporting:
    - a. Feed higher moisture feed to dairy cattle,
    - b. Store and maintain feed stock,
    - c. Covers for silage,
    - d. Store silage in bunkers,
    - e. Cover manure hauling trucks, or
    - f. Do not load manure trucks with dry manure when wind exceeds 15 mph.
  3. Unpaved Access Connections:
    - a. Install signage to limit vehicle speed to 15 mph,
    - b. Install speed control devices,
    - c. Restrict access to through traffic,
    - d. Install and maintain a track-out control device,
    - e. Apply and maintain pavement in high traffic areas,
    - f. Apply and maintain aggregate cover,
    - g. Apply and maintain synthetic particulate suppressant, or
    - h. Apply and maintain water as a dust suppressant.
  4. Unpaved Roads or Feed Lanes:
    - a. Install engine speed governors on feed truck to 15 mph,
    - b. Install signage to limit vehicle speed to 15 mph,
    - c. Install speed control devices,
    - d. Restrict access to through traffic,
    - e. Apply and maintain pavement in high traffic areas,
    - f. Apply and maintain aggregate cover,
    - g. Apply and maintain synthetic particulate suppressant,
    - h. Apply and maintain water as a dust suppressant,
    - i. Use appropriate vehicles such as electric carts or small utility vehicles instead of trucks, or
    - j. Apply and maintain pavement or cement feed lanes.

**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2009, effective May 12, 2000 (Supp. 00-2). Amended by exempt rulemaking at 13 A.A.R. 4326, effective November 14, 2007 (Supp. 07-4). Section repealed; new Section made by exempt rulemaking at 18 A.A.R. 137, effective December 29, 2011 (Supp. 11-4). Subsection (2)(a) corrected at request of the Department, Office File No. M12-133, filed April 5, 2012 (Supp. 11-4). Amended by exempt rulemaking pursuant to Laws 2011, Ch. 214, § 4, at 21 A.A.R. 1156, effective July 2, 2015 (Supp. 15-3). Amended by exempt rulemaking pursuant to Laws 2011, Ch. 214, § 4, at 22 A.A.R. 987, effective April 5, 2016 (Supp. 16-2). Amended by final exempt rulemaking at 27 A.A.R. 2747 (November 26, 2021), with an immediate effective date of November 3, 2021 (Supp. 21-4).

**R18-2-611.01. Agricultural PM General Permit for Animal Operations; Maricopa County Serious PM Nonattainment Areas**

- A. A commercial animal operator within a Serious PM Nonattainment Area shall implement at least two best management practices from each category to reduce PM emissions.
- B. A commercial dairy operation shall implement the following best management practices, as described in subsection (A), from each of the following categories:
  1. Arenas, Corrals, and Pens:
    - a. Use free stall housing,

- C. A commercial beef cattle feedlot shall implement the following best management practices, as described in subsection (A), from each of the following categories:
  1. Arenas, Corrals, and Pens:
    - a. Concrete aprons,
    - b. Provide shade in corral,
    - c. Add moisture to pen surface,
    - d. Manure removal,
    - e. Pile manure between cleanings,
    - f. Feed higher moisture feed to beef cattle,
    - g. Control cattle during movements,
    - h. Use drag equipment to maintain pens,
    - i. Apply a fibrous layer, or
    - j. Wind barrier.
  2. Animal Waste (and Feed) Handling and Transporting:
    - a. Feed higher moisture feed to beef cattle,
    - b. Add molasses or tallow to feed,
    - c. Store and maintain feed stock,
    - d. Bulk materials,
    - e. Use drag equipment to maintain pens,

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- f. Cover manure hauling trucks, or
  - g. Do not load manure when wind exceeds 15 mph.
- 3. Unpaved Access Connections:
  - a. Install and maintain a track-out control device,
  - b. Apply and maintain pavement in high traffic areas,
  - c. Apply and maintain aggregate cover,
  - d. Apply and maintain synthetic particulate suppressant, or
  - e. Apply and maintain water as a dust suppressant.
- 4. Unpaved Roads or Feed Lanes:
  - a. Install engine speed governors on feed truck to 15 mph,
  - b. Install signage to limit vehicle speed to 15 mph,
  - c. Install speed control devices,
  - d. Restrict access to through traffic,
  - e. Apply and maintain pavement in high traffic areas,
  - f. Apply and maintain aggregate cover,
  - g. Apply and maintain synthetic particulate suppressant,
  - h. Apply and maintain water as a dust suppressant, or
  - i. Apply and maintain oil on roads or feed lanes.
- D. A commercial poultry facility shall implement the following best management practices, as described in subsection (A), from each of the following categories:
  - 1. Arenas, Corrals, and Pens (Housing):
    - a. Clean fans, louvers, and soffit inlets in a commercial poultry facility,
    - b. Use no bedding,
    - c. Control vegetation on building exteriors,
    - d. Add moisture through ventilation systems, or
    - e. House in fully enclosed ventilated buildings.
  - 2. Animal Waste (and Feed) Handling and Transporting:
    - a. Remove spilled feed,
    - b. Store feed,
    - c. Add oil and/or moisture to the feed,
    - d. Use enclosed feed distribution system,
    - e. Use flexible discharge spout,
    - f. Minimize drop distance,
    - g. Enclose transfer points,
    - h. Clean floors and walls in a commercial poultry facility,
    - i. Clean aisles between cage rows,
    - j. Stack separated manure solids,
    - k. Maintain moisture in manure solids, or
    - l. Use of a rotary dryer to dry manure waste.
  - 3. Unpaved Access Connections:
    - a. Install speed control devices,
    - b. Restrict traffic access,
    - c. Install and maintain a track-out control system, or
    - d. Install signage to limit vehicle speed to 15 mph.
  - 4. Unpaved Roads or Feed Lanes:
    - a. Install engine speed governors on feed trucks to 15 mph,
    - b. Install signage to limit vehicle speed to 15 mph,
    - c. Install speed control devices,
    - d. Restrict traffic access,
    - e. Apply and maintain aggregate cover,
    - f. Apply and maintain synthetic particulate suppressant,
    - g. Apply and maintain water, or
    - h. Apply and maintain oil on roads or feed lanes.
- E. A commercial swine facility shall implement the following best management practices, as described in subsection (A), from each of the following categories:
  - 1. Arenas, Corrals, and Pens (Housing):
    - a. House in fully enclosed ventilated buildings,
    - b. Use no bedding,
    - c. Use a slatted floor system,
    - d. Use sloped concrete flooring,
    - e. Clean fans, louvers, and soffit inlets in a commercial swine facility,
    - f. Control vegetation on building exteriors, or
    - g. Add moisture through ventilation systems.
  - 2. Animal Waste (and Feed) Handling and Transporting:
    - a. Remove spilled feed,
    - b. Store feed,
    - c. Add oil and/or moisture to feed,
    - d. Use enclosed feed distribution system,
    - e. Use flexible discharge spout,
    - f. Minimize drop distance,
    - g. Enclose transfer points,
    - h. Clean pens, floors, and walls in a commercial swine facility,
    - i. Clean aisles between pens and stalls,
    - j. Store separated manure solids in a wind-blocked area,
    - k. Stack separated manure solids,
    - l. Maintain moisture in manure solids, or
    - m. Maintain liquid lagoon level.
  - 3. Unpaved Access Connections:
    - a. Install speed control devices,
    - b. Restrict traffic access,
    - c. Install and maintain a track-out control system,
    - d. Install signage to limit vehicle speed to 15 mph.
  - 4. Unpaved Roads or Feed Lanes:
    - a. Install engine speed governors on feed trucks to 15 mph,
    - b. Install signage to limit vehicle speed to 15 mph,
    - c. Install speed control devices,
    - d. Restrict traffic access,
    - e. Apply and maintain aggregate cover,
    - f. Apply and maintain synthetic particulate suppressant,
    - g. Apply and maintain water,
    - h. Apply and maintain oil on roads or feed lanes, or
    - i. Wind barrier.
- F. From and after December 31, 2015, a commercial animal operator who engages in a regulated agricultural activity shall complete a Best Management Practices Program General Permit Record Form. Thereafter, a new Best Management Practices Program General Permit Record Form shall be completed every year by March 31. The Form shall be provided to the Director within two business days of notice to the commercial animal operator. The Best Management Practice Program General Permit Record form shall include the following information:
  - 1. The name of the commercial animal operator, signature, and date signed,
  - 2. The mailing address or physical address of the commercial animal operation, and
  - 3. The best management practices selected for Arenas, Corrals, and Pens, Animal Waste Handling and Transporting, Unpaved Access Connections, and Unpaved Roads or Feed Lanes.
- G. Beginning January 1, 2016, a commercial animal operator shall maintain records demonstrating compliance with this Section for three years. Records shall include a copy of the complete Best Management Practice Program General Permit

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Record Form to confirm implementation of each best management practice and any changes to the best management practices. Records shall be kept by the commercial animal operator onsite and made available for review by the Director within two business days of notice to the commercial animal operator.

- H. A person may develop different practices not contained in subsection (B), (C), (D), or (E), that reduce PM and may submit such practices that are proven effective through on-operation demonstration trials to the Committee.
- I. The Director shall not assess a fee to a commercial animal operator for coverage under the Best Management Practice Program General Permit Record Form.
- J. A commercial animal operator shall ensure that the implementation of all selected best management practices does not violate any other local, state, or federal law.
- K. The Director shall document noncompliance with this Section before issuing a compliance order.
- L. A commercial animal operator who is not in compliance with this Section is subject to the provisions in A.R.S. § 49-457(I), (J), and (K).

**Historical Note**

New Section made by exempt rulemaking at 18 A.A.R. 137, effective December 29, 2011 (Supp. 11-4).

Amended by exempt rulemaking pursuant to Laws 2011, Ch. 214, § 4, at 21 A.A.R. 1156, effective July 2, 2015 (Supp. 15-3). Amended by exempt rulemaking pursuant to Laws 2011, Ch. 214, § 4, at 22 A.A.R. 987, effective April 5, 2016 (Supp. 16-2).

**R18-2-611.02. Agricultural PM General Permit for Animal Operations; Moderate PM Nonattainment Areas Designated After June 1, 2009, Except Pinal County PM Nonattainment Area**

- A. A commercial animal operator within a Moderate PM Nonattainment Area, designated after June 1, 2009, shall implement at least one best management practice from each category to reduce PM emissions.
- B. A commercial dairy operation shall implement the following best management practices, as described in subsection (A), from each of the following categories:
  - 1. Arenas, Corrals, and Pens:
    - a. Use free stall housing,
    - b. Provide shade in corral,
    - c. Provide cooling in corral,
    - d. Cement cattle walkways to milk barn,
    - e. Groom manure surface,
    - f. Water misting systems,
    - g. Use drag equipment to maintain pens,
    - h. Pile manure between cleanings,
    - i. Feed green chop,
    - j. Keep calves in barns or hutches,
    - k. Do not run cattle,
    - l. Apply a fibrous layer, or
    - m. Wind barrier.
  - 2. Animal Waste (and Feed) Handling and Transporting:
    - a. Feed higher moisture feed to dairy cattle,
    - b. Store and maintain feed stock,
    - c. Covers for silage,
    - d. Store silage in bunkers,
    - e. Cover manure hauling trucks, or
    - f. Do not load manure trucks with dry manure when wind exceeds 15 mph.
  - 3. Unpaved Access Connections:
    - a. Install signage to limit vehicle speed to 15 mph,

- b. Install speed control devices,
  - c. Restrict access to through traffic,
  - d. Install and maintain a track-out control device,
  - e. Apply and maintain pavement in high traffic areas,
  - f. Apply and maintain aggregate cover,
  - g. Apply and maintain synthetic particulate suppressant, or
  - h. Apply and maintain water as a dust suppressant.
- 4. Unpaved Roads or Feed Lanes:
  - a. Install engine speed governors on feed truck to 15 mph,
  - b. Install signage to limit vehicle speed to 15 mph,
  - c. Install speed control devices,
  - d. Restrict access to through traffic,
  - e. Apply and maintain pavement in high traffic areas,
  - f. Apply and maintain aggregate cover,
  - g. Apply and maintain synthetic particulate suppressant,
  - h. Apply and maintain water as a dust suppressant,
  - i. Use appropriate vehicles such as electric carts or small utility vehicles instead of trucks, or
  - j. Apply and maintain pavement or cement feed lanes.
- C. A commercial beef cattle feedlot shall implement the following best management practices, as described in subsection (A), from each of the following categories:
  - 1. Arenas, Corrals, and Pens:
    - a. Concrete aprons,
    - b. Provide shade in corral,
    - c. Add moisture to pen surface,
    - d. Manure removal,
    - e. Pile manure between cleanings,
    - f. Feed higher moisture feed to beef cattle,
    - g. Control cattle during movements,
    - h. Use drag equipment to maintain pens,
    - i. Apply a fibrous layer, or
    - j. Wind barrier.
  - 2. Animal Waste (and Feed) Handling and Transporting:
    - a. Feed higher moisture feed to beef cattle,
    - b. Add molasses or tallow to feed,
    - c. Store and maintain feed stock,
    - d. Bulk materials,
    - e. Use drag equipment to maintain pens,
    - f. Cover manure hauling trucks, or
    - g. Do not load manure when wind exceeds 15 mph.
  - 3. Unpaved Access Connections:
    - a. Install and maintain a track-out control device,
    - b. Apply and maintain pavement in high traffic areas,
    - c. Apply and maintain aggregate cover,
    - d. Apply and maintain synthetic particulate suppressant, or
    - e. Apply and maintain water as a dust suppressant.
  - 4. Unpaved Roads or Feed Lanes:
    - a. Install engine speed governors on feed truck to 15 mph,
    - b. Install signage to limit vehicle speed to 15 mph,
    - c. Install speed control devices,
    - d. Restrict access to through traffic,
    - e. Apply and maintain pavement in high traffic areas,
    - f. Apply and maintain aggregate cover,
    - g. Apply and maintain synthetic particulate suppressant,
    - h. Apply and maintain water as a dust suppressant, or
    - i. Apply and maintain oil on roads or feed lanes.

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- D.** A commercial poultry facility shall implement the following best management practices, as described in subsection (A), from each of the following categories:
1. Arenas, Corrals, and Pens (Housing):
    - a. Clean fans, louvers, and soffit inlets in a commercial poultry facility,
    - b. Use no bedding,
    - c. Control vegetation on building exteriors;
    - d. Add moisture through ventilation systems, or
    - e. House in fully enclosed ventilated buildings.
  2. Animal Waste (and Feed) Handling and Transporting:
    - a. Remove spilled feed,
    - b. Store feed,
    - c. Add oil and/or moisture to the feed,
    - d. Use enclosed feed distribution system,
    - e. Use flexible discharge spout,
    - f. Minimize drop distance,
    - g. Enclose transfer points,
    - h. Clean floors and walls in a commercial poultry facility,
    - i. Clean aisles between cage rows,
    - j. Stack separated manure solids, or
    - k. Maintain moisture in manure solids.
  3. Unpaved Access Connections:
    - a. Install speed control devices,
    - b. Restrict traffic access,
    - c. Install and maintain a track-out control system, or
    - d. Install signage to limit vehicle speed to 15 mph.
  4. Unpaved Roads or Feed Lanes:
    - a. Install engine speed governors on feed trucks to 15 mph,
    - b. Install signage to limit vehicle speed to 15 mph,
    - c. Install speed control devices,
    - d. Restrict traffic access,
    - e. Apply and maintain aggregate cover,
    - f. Apply and maintain synthetic particulate suppressant,
    - g. Apply and maintain water, or
    - h. Apply and maintain oil on roads or feed lanes.
- E.** A commercial swine facility shall implement the following best management practices, as described in subsection (A), from each of the following categories:
1. Arenas, Corrals, and Pens (Housing):
    - a. House in fully enclosed ventilated buildings,
    - b. Use no bedding,
    - c. Use a slatted floor system,
    - d. Use sloped concrete flooring,
    - e. Clean fans, louvers, and soffit inlets in a commercial swine facility,
    - f. Control vegetation on building exteriors, or
    - g. Add moisture through ventilation systems.
  2. Animal Waste (and Feed) Handling and Transporting:
    - a. Remove spilled feed,
    - b. Store feed,
    - c. Add oil and/or moisture to feed,
    - d. Use enclosed feed distribution system,
    - e. Use flexible discharge spout,
    - f. Minimize drop distance,
    - g. Enclose transfer points,
    - h. Clean pens, floors, and walls in a commercial swine facility,
    - i. Clean aisles between pens and stalls,
    - j. Store separated manure solids in a wind-blocked area,
    - k. Stack separated manure solids,
    - l. Maintain moisture in manure solids, or
    - m. Maintain liquid lagoon level.
  3. Unpaved Access Connections:
    - a. Install speed control devices,
    - b. Restrict traffic access,
    - c. Install and maintain a track-out control system,
    - d. Install signage to limit vehicle speed to 15 mph.
  4. Unpaved Roads or Feed Lanes:
    - a. Install engine speed governors on feed trucks to 15 mph,
    - b. Install signage to limit vehicle speed to 15 mph,
    - c. Install speed control devices,
    - d. Restrict traffic access,
    - e. Apply and maintain aggregate cover,
    - f. Apply and maintain synthetic particulate suppressant,
    - g. Apply and maintain water,
    - h. Apply and maintain oil on roads or feed lanes, or
    - i. Wind barrier.
- F.** From and after December 31, 2015, a commercial animal operator who engages in a regulated agricultural activity shall complete a Best Management Practices Program General Permit Record Form. Thereafter, a new Best Management Practices Program General Permit Record Form shall be completed every year by March 31. The Form shall be provided to the Director within two business days of notice to the commercial animal operator. The Best Management Practices Program General Permit Record Form shall include the following information:
1. The name of the commercial animal operator, signature, and date signed,
  2. The mailing address or physical address of the commercial animal operation, and
  3. The best management practices selected for Arenas, Corrals, and Pens, Animal Waste Handling and Transporting, Unpaved Access Connections, and Unpaved Roads or Feed Lanes.
- G.** Beginning January 1, 2016, a commercial animal operator shall maintain records demonstrating compliance with this Section for three years. Records shall include a copy of the complete Best Management Practice Program General Permit Record Form to confirm implementation of each best management practice and any changes to the best management practices. Records shall be kept by the commercial animal operator onsite and made available for review by the Director within two business days of notice to the commercial animal operator.
- H.** A person may develop different practices not contained in subsection (B), (C), (D), or (F) that reduce PM and may submit such practices that are proven effective through on-operation demonstration trials to the Committee. The new best management practices shall not become effective unless submitted as described in A.R.S. § 49-457(L).
- I.** The Director shall not assess a fee to a commercial animal operator for coverage under the agricultural PM general permit.
- J.** A commercial animal operator shall ensure that the implementation of all selected best management practices does not violate any other local, state, or federal law.
- K.** The Director shall document noncompliance with this Section before issuing a compliance order.
- L.** A commercial animal operator who is not in compliance with this Section is subject to the provisions in A.R.S. § 49-457(I), (J), and (K).

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**Historical Note**

New Section made by exempt rulemaking pursuant to Laws 2011, Ch. 214, § 4, at 21 A.A.R. 1156, effective July 2, 2015 (Supp. 15-3).

**R18-2-611.03. Agricultural PM General Permit for Animal Operations; Pinal County PM Nonattainment Area**

- A.** A commercial animal operator within the Pinal County PM Nonattainment Area shall implement at least one best management practice from each of the categories identified in subsection (D)(5) and (E)(5) and two best management practices from each of the other categories to reduce PM emissions.
- B.** In addition to subsection (A), on the day that is forecast to be high risk for dust generation by the Pinal County Dust Control Forecast, commercial dairy operations within the Pinal County PM Nonattainment Area shall apply and maintain one of the four following BMPs on unpaved roads that experience more than 20 VDT from two or more axle vehicles:
  1. Apply and maintain pavement in high traffic areas,
  2. Apply and maintain aggregate cover,
  3. Apply and maintain synthetic particulate suppressant, or
  4. Apply and maintain water as a dust suppressant.
- C.** In addition to subsection (A), commercial beef feedlots within the Pinal County PM Nonattainment Area, shall add water to pen surface, as defined in R18-2-611(3)(a), on the day that is forecast to be high risk for dust generation by the Pinal County Dust Control Forecast.
- D.** A commercial dairy operation shall implement the following best management practices, as described in subsection (A), from each of the following categories:
  1. Arenas, Corrals, and Pens:
    - a. Use free stall housing,
    - b. Provide shade in corral,
    - c. Provide cooling in corral,
    - d. Cement cattle walkways to milk barn,
    - e. Groom manure surface,
    - f. Water misting systems,
    - g. Use drag equipment to maintain pens,
    - h. Pile manure between cleanings,
    - i. Feed green chop,
    - j. Keep calves in barns or hutches,
    - k. Do not run cattle,
    - l. Apply a fibrous layer, or
    - m. Wind barrier.
  2. Animal Waste (and Feed) Handling and Transporting:
    - a. Feed higher moisture feed to dairy cattle,
    - b. Store and maintain feed stock,
    - c. Covers for silage,
    - d. Store silage in bunkers,
    - e. Cover manure hauling trucks, or
    - f. Do not load manure trucks with dry manure when wind exceeds 15 mph.
  3. Unpaved Access Connections:
    - a. Install signage to limit vehicle speed to 15 mph,
    - b. Install speed control devices,
    - c. Restrict access to through traffic,
    - d. Install and maintain a track-out control device,
    - e. Apply and maintain pavement in high traffic areas,
    - f. Apply and maintain aggregate cover,
    - g. Apply and maintain synthetic particulate suppressant, or
    - h. Apply and maintain water as a dust suppressant.
  4. Unpaved Roads or Feed Lanes:
    - a. Install engine speed governors on feed truck to 15 mph,
- E.** A commercial beef cattle feedlot shall implement the following best management practices, as described in subsection (A), from each of the following categories:
  1. Arenas, Corrals, and Pens:
    - a. Concrete aprons,
    - b. Provide shade in corral,
    - c. Add water to pen surface,
    - d. Manure removal,
    - e. Pile manure between cleanings,
    - f. Feed higher moisture feed to beef cattle,
    - g. Control cattle during movements,
    - h. Use drag equipment to maintain pens,
    - i. Apply a fibrous layer, or
    - j. Wind barrier.
  2. Animal Waste (and Feed) Handling and Transporting:
    - a. Feed higher moisture feed to beef cattle;
    - b. Add molasses or tallow to feed,
    - c. Store and maintain feed stock,
    - d. Bulk materials,
    - e. Use drag equipment to maintain pens,
    - f. Cover manure hauling trucks, or
    - g. Do not load manure when wind exceeds 15 mph.
  3. Unpaved Access Connections:
    - a. Install and maintain a track-out control device,
    - b. Apply and maintain pavement in high traffic areas,
    - c. Apply and maintain aggregate cover,
    - d. Apply and maintain synthetic particulate suppressant, or
    - e. Apply and maintain water as a dust suppressant.
  4. Unpaved Roads or Feed Lanes:
    - a. Install engine speed governors on feed truck to 15 mph,
    - b. Install signage to limit vehicle speed to 15 mph,
    - c. Install speed control devices,
    - d. Restrict access to through traffic,
    - e. Apply and maintain pavement in high traffic areas,
    - f. Apply and maintain aggregate cover,
    - g. Apply and maintain synthetic particulate suppressant,
    - h. Apply and maintain water as a dust suppressant, or
    - i. Apply and maintain oil on roads or feed lanes.
  5. Unpaved Vehicle or Equipment Traffic Area:
    - a. Apply and maintain aggregate cover,
    - b. Apply and maintain synthetic particulate suppressant,
    - c. Apply and maintain water as a dust suppressant, or
    - d. Use appropriate vehicles such as electric carts or small utility vehicles instead of trucks.

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- d. Use appropriate vehicles such as electric carts or small utility vehicles instead of trucks.
- F.** A commercial poultry facility shall implement the following best management practices, as described in subsection (A), from each of the following categories:
1. Arenas, Corrals, and Pens (Housing):
    - a. Clean fans, louvers, and soffit inlets in a commercial poultry facility,
    - b. Use no bedding,
    - c. Control vegetation on building exteriors,
    - d. Add moisture through ventilation systems, or
    - e. House in fully enclosed ventilated buildings.
  2. Animal Waste (and Feed) Handling and Transporting:
    - a. Remove spilled feed,
    - b. Store feed,
    - c. Add oil and/or moisture to the feed,
    - d. Use enclosed feed distribution system,
    - e. Use flexible discharge spout,
    - f. Minimize drop distance,
    - g. Enclose transfer points,
    - h. Clean floors and walls in a commercial poultry facility,
    - i. Clean aisles between cage rows,
    - j. Stack separated manure solids, or
    - k. Maintain moisture in manure solids.
  3. Unpaved Access Connections:
    - a. Install speed control devices,
    - b. Restrict traffic access,
    - c. Install and maintain a track-out control system, or
    - d. Install signage to limit vehicle speed to 15 mph.
  4. Unpaved Roads or Feed Lanes:
    - a. Install engine speed governors on feed trucks to 15 mph,
    - b. Install signage to limit vehicle speed to 15 mph,
    - c. Install speed control devices,
    - d. Restrict traffic access,
    - e. Apply and maintain aggregate cover,
    - f. Apply and maintain synthetic particulate suppressant,
    - g. Apply and maintain water,
    - h. Apply and maintain oil on roads or feed lanes, or
    - i. Wind barrier.
- G.** A commercial swine facility shall implement the following best management practices, as described in subsection (A), from each of the following categories:
1. Arenas, Corrals, and Pens (Housing):
    - a. House in fully enclosed ventilated buildings,
    - b. Use no bedding,
    - c. Use a slatted floor system,
    - d. Use sloped concrete flooring,
    - e. Clean fans, louvers, and soffit inlets in a commercial swine facility,
    - f. Control vegetation on building exteriors, or
    - g. Add moisture through ventilation systems.
  2. Animal Waste (and Feed) Handling and Transporting:
    - a. Remove spilled feed,
    - b. Store feed,
    - c. Add oil and/or moisture to feed,
    - d. Use enclosed feed distribution system,
    - e. Use flexible discharge spout,
    - f. Minimize drop distance,
    - g. Enclose transfer points,
    - h. Clean pens, floors, and walls in a commercial swine facility,
    - i. Clean aisles between pens and stalls,
    - j. Store separated manure solids in a wind-blocked area,
    - k. Stack separated manure solids,
    - l. Maintain moisture in manure solids, or
    - m. Maintain liquid lagoon level.
- 3.** Unpaved Access Connections:
- a. Install speed control devices,
  - b. Restrict traffic access,
  - c. Install and maintain a track-out control system,
  - d. Install signage to limit vehicle speed to 15 mph.
- 4.** Unpaved Roads or Feed Lanes:
- a. Install engine speed governors on feed trucks to 15 mph,
  - b. Install signage to limit vehicle speed to 15 mph,
  - c. Install speed control devices,
  - d. Restrict traffic access,
  - e. Apply and maintain aggregate cover,
  - f. Apply and maintain synthetic particulate suppressant,
  - g. Apply and maintain water,
  - h. Apply and maintain oil on roads or feed lanes, or
  - i. Wind barrier.
- H.** From and after December 31, 2015, a commercial animal operator who engages in a regulated agricultural activity shall complete a Best Management Practices Program General Permit Record Form. Thereafter, a new Best Management Practices Program General Permit Record Form shall be completed every year by March 31. The Form shall be provided to the Director within two business days of notice to the commercial animal operator. The Best Management Practices Program General Permit Record Form shall include the following information:
1. The name of the commercial animal operator, signature, and date signed,
  2. The mailing address or physical address of the commercial animal operation, and
  3. The best management practices selected for Arenas, Corrals, and Pens, Animal Waste Handling and Transporting, Unpaved Access Connections, and Unpaved Roads or Feed Lanes.
- I.** Beginning in calendar year 2017, and no more than once every subsequent three calendar years, the Director shall provide the commercial animal operator with a Best Management Practices Program Three-year Survey. The commercial animal operator shall complete the Survey with data from the preceding calendar year and submit the Survey to the Arizona Department of Agriculture (ADA) by January 31, 2018, and every three years thereafter. The Survey information submitted to the ADA shall be compiled by the ADA in a format that does not refer to a commercial animal operator's name, shall aggregate the data from the Surveys received, and be submitted to the Department. The Three-year Survey shall include the following information:
1. The name, business address, and phone number of the commercial farmer responsible for the preparation and implementation of the best management practices;
  2. The signature of the commercial farmer and the date the form was signed;
  3. The number of animals in a commercial dairy operation, beef cattle feed lot, poultry facility or swine facility;
  4. The total miles of unpaved roads at the commercial dairy operation, beef cattle feed lot, poultry facility or swine facility;



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5. The total acreage of the unpaved access connections and equipment areas at the commercial dairy operation, beef cattle feed lot, poultry facility or swine facility;
  6. The best management practices selected for each category; and
  7. For commercial dairy operations and beef cattle feedlots, an acknowledgment that water was applied on the day of a high risk day as predicted by the Pinal County Dust Control Forecast.
- J.** Beginning January 1, 2016, a commercial animal operator shall maintain records demonstrating compliance with this Section for three years. Records shall include a copy of the complete Best Management Practice Program General Permit Record Form to confirm implementation of each best management practice and any changes to the best management practices. Records shall be kept by the commercial animal operator onsite and made available for review by the Director within two business days of notice to the commercial animal operator.
- K.** A person may develop different practices not contained in subsections (D), (E), (F), or (G) that reduce PM and may submit such practices that are proven effective through on-operation demonstration trials to the Committee.
- L.** The Director shall not assess a fee to a commercial animal operator for coverage under the agricultural PM general permit.
- M.** A commercial animal operator shall ensure that the implementation of all selected best management practices does not violate any other local, state, or federal law.
- N.** The Director shall document noncompliance with this Section before issuing a compliance order.
- O.** A commercial animal operator who is not in compliance with this Section is subject to the provisions in A.R.S. § 49-457(J), (K), and (L).
- Historical Note**
- New Section made by exempt rulemaking pursuant to Laws 2011, Ch. 214, § 4, at 21 A.A.R. 1156, effective July 2, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 27 A.A.R. 2747 (November 26, 2021), with an immediate effective date of November 3, 2021 (Supp. 21-4).
- R18-2-612. Definitions for R18-2-612.01**
- The definitions in R18-2-101 and the following definitions apply to R18-2-612.01:
1. "Access restriction" means reducing PM emission by reducing the number of trips driven on unpaved operation and maintenance and unpaved utility roads by restricting or eliminating public access by the use of signs or physical obstruction at locations that effectively control access to roads.
  2. "Aggregate cover" means reducing PM emissions, wind erosion and stabilizing soil by applying and maintaining gravel, concrete, recycled road base, caliche, or other similar material to unpaved roads. The aggregate should be clean, hard and durable, and should be applied a depth sufficient to create soil stabilization in accordance with material specifications. A minimum depth of three inches is the standard in the absence of such specifications.
  3. "Apply and maintain water" means reducing PM emissions and wind erosion by applying water to bare soil surfaces until the surfaces are visibly moist.
  4. "Best management practice" means a technique verified by scientific research, that on a case-by-case basis is practical, economically feasible, and effective in reducing PM emissions from a regulated agricultural activity.
  5. "Biological control of aquatic weeds" means reducing at least one trip, or to one trip if only one trip is needed, per treatment, made by vehicles for the purposes of removing aquatic weeds from canals by using fish, and other biologic means, within the canal through the use of to control the growth of aquatic weeds that reduce operating capacities and create debris that causes other operational issues.
  6. "Canals" means facilities constructed for the sole purpose of the control, conveyance, and delivery of water. These facilities may be either open earthen channels, lined or unlined, or buried pipelines, which are used to convey water uphill and under obstructions, such as roadways and wash and river channels. These facilities include, but are not limited to, gate, inlet, outlet, safety, and measuring structures required to control water along the canals and deliver water to irrigation district customers, as well as compacted earthen banks constructed to protect these facilities from storm runoff events.
  7. "Committee" means the Governor's Agricultural Best Management Practices Committee.
  8. "Debris" means trash, rubble, and other non-soil materials.
  9. "Dredge canals" means reducing PM emissions by mechanically removing muck, debris, and other foreign objects from canals while material is still wet or damp.
  10. "Dust Control Forecast" means a forecast, which shall identify a low, moderate or high risk of dust generation for the next five consecutive days and shall be issued by noon on each day the forecast is generated. When developing these forecasts, the Department shall consider all of the following:
    - a. Projected meteorological conditions, including:
      - i. Wind speed and direction,
      - ii. Stagnation,
      - iii. Recent precipitation, and
      - iv. Potential for precipitation;
    - b. Existing concentrations of air pollution at the time of the forecast; and
    - c. Historic air pollution concentrations that have been observed during meteorological conditions similar to those that are predicted to occur in the forecast.
  11. "Earth materials" means natural materials covering the ground surface, which includes, but are not limited to, dirt, rocks, or soil.
  12. "Grading roadways" means mechanically smoothing and compacting the roadway surface.
  13. "Irrigation District" means a political subdivision, governed by A.R.S. Title 48, Chapter 19.
  14. "Limit activity" means performing only critical operational or emergency activity on a day forecast to be high risk for dust generation as forecasted by the Pinal County Dust Control Forecast.
  15. "Major earth moving activities" means the mechanical movement of earth materials to reconstruct, relocate, reshape, reconfigure canals, including operation and maintenance roads and utility access roads.
  16. "Maricopa PM nonattainment area" means the Phoenix planning area as defined in 40 CFR 81.303, which is incorporated by reference in R18-2-210.
  17. "Minor earth moving activities" means the mechanical movement of earth materials to repair and maintain the

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- existing configuration, location, bank slopes, or inclines of canals.
18. "Muck" means water that is saturated with mud, dirt, and soil, which accumulates over time along the bottom of canals.
  19. "Paved Public Road" means any paved roadways that are open to public travel and maintained by a City, County, or the State.
  20. "Pinal County PM Nonattainment Area" means the West Pinal PM<sub>10</sub> planning area and the West Central PM<sub>2.5</sub> planning area, as defined in 40 CFR 81.303, and incorporated by reference in R18-2-210.
  21. "PM" includes both particulate matter with an aerodynamic diameter less than or equal to a nominal 2.5 micrometers as measured by a reference method based on 40 CFR 50 Appendix L, or by an equivalent method designated according to 40 CFR 53; and particulate matter with an aerodynamic diameter less than or equal to a nominal 10 micrometers as measured by a reference method contained within 40 CFR 50, Appendix J or by an equivalent method designated in accordance with 40 CFR 53, as incorporated by reference in Appendix 2.
  22. "Reduce vehicle speed" means reducing PM emissions and soil erosion from the use of vehicles owned or operated by the irrigation district on unpaved operation, maintenance, and utility access roads, at speeds not to exceed 25 mph. This can be achieved through worker behavior modifications, signage, or any other necessary means.
  23. "Regulated agricultural activity" means activities of an irrigation district, which affects those lands and facilities that are under the jurisdiction and control of an irrigation district, as described in A.R.S. §§ 49-457(P)(1)(f) and 49-457(P)(5)(b).
  24. "Regulated area" means a regulated area as defined in A.R.S. § 49-457(P)(6)(c).
  25. "Sediment" means muck that has dried after removal from canals.
  26. "Supervisory control system" means a system that allows the irrigation district to control operational structures from a remote computer location in order to reduce at least one trip made by vehicles to access structures for operational purposes.
  27. "Synthetic or natural particulate suppressant" means reducing PM emissions and wind erosion by providing a stabilized soil surface with organic material, such as muck, animal waste or biosolids, or with a manufactured product such as lignosulfate, calcium chloride, magnesium chloride, an emulsion of a petroleum product, an enzyme product, or polyacrylamide.
  28. "Track-out control system" means minimizing any and all material that adheres to and agglomerates on all vehicles and equipment and falls onto paved public roads or shoulders to paved public roads by using a device or system to remove mud or soil from a vehicle or equipment before the vehicle enters a paved public road. Devices such as a grizzly, a gravel pad or a wheel wash system can be used.
  29. "Unauthorized use" means any travel or access by non-district personnel in non-district vehicles along roadways under the control of an irrigation district without the permission of the irrigation district.
  30. "Unpaved operation and maintenance roads" means unpaved roadways that lay adjacent to canals, which provide access for irrigation district personnel and equipment for direct operation and maintenance of canals, and are under the control of the irrigation district.
  31. "Unpaved utility access roads" means unpaved roadways used to provide access to canals, and also includes office and shop facilities, equipment yards, staging areas and other lands under the control of the irrigation district.
  32. "Weed management" means reducing at least one trip made by vehicles for the purposes of removing weeds by using a combination of techniques, including organic, chemical, or biological means, to control weeds along canal banks and land surfaces not used for conveying water, excluding unpaved roadways.
  33. "Wind barrier" means reducing PM<sub>10</sub> emissions and wind erosion by constructing a fence or structure, or providing a woody vegetative barrier by planting a row of trees or shrubs, perpendicular or across the prevailing wind direction to reduce wind speed by changing the pattern of air flow over the land surface. For fences and structures, the wind barrier shall have a density of no less than 50% and the height of the wind barrier must be proportionate to the downwind protected area. The downwind protected area is considered ten times the height of the wind barrier. For vegetative barriers, compliance shall be determined by NRCS Conservation Practice Standard, Code 380, Wind-break/Shelterbelt Establishment, amended through August 21, 2009 (and no future editions).

**Historical Note**

New Section R18-2-612 renumbered from R18-2-610 at 6 A.A.R. 2009, effective May 12, 2000 (Supp. 00-2). Former Section R18-2-612 renumbered to R18-2-614; new Section R18-2-612 made by final rulemaking at 11 A.A.R. 2210, effective July 18, 2005 (Supp. 05-2). Amended by exempt rulemaking pursuant to Laws 2011, Ch. 214, § 4, at 21 A.A.R. 1156, effective July 2, 2015 (Supp. 15-3).

**R18-2-612.01. Agricultural PM General Permit For Irrigation Districts; PM Nonattainment Areas Designated After June 1, 2009**

- A. An irrigation district within a PM Nonattainment Area, designated after June 1, 2009, shall implement at least one best management practice from each of the following categories to reduce PM emissions:
1. Unpaved operation and maintenance roads:
    - a. Access restriction,
    - b. Apply and maintain aggregate cover,
    - c. Install supervisory control system to limit vehicle travel,
    - d. Limit activity,
    - e. Install signage to limit vehicle speed to 25 mph,
    - f. Post warning signs for unauthorized use at point of entry to roads,
    - g. Reduce vehicle speed,
    - h. Install and maintain a track-out control system,
    - i. Apply and maintain synthetic or natural particulate suppressant,
    - j. Apply and maintain water before, during, and after major and minor earth moving activities,
    - k. Apply and maintain water when grading roadways,
    - l. Use paved non-district or paved public roads to access structures, or
    - m. Install wind barriers.
  2. Canals:
    - a. Dredge canals while muck or debris is still wet,

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- b. Dispose of muck or debris while still damp,
  - c. Weed management,
  - d. Biological control of aquatic weeds, or
  - e. Apply and maintain water before, during and after major and minor earth moving activities.
- 3. Unpaved utility access roads:
  - a. Access restriction,
  - b. Apply and maintain aggregate cover,
  - c. Limit activity,
  - d. Install signage to limit vehicle speed to 25 mph,
  - e. Post warning signs for unauthorized use at points of entry to roads,
  - f. Reduce vehicle speed,
  - g. Install and maintain a track-out control system,
  - h. Apply and maintain pavement,
  - i. Apply and maintain synthetic or natural particulate suppressant,
  - j. Apply and maintain water before, during and after major and minor earth moving activities,
  - k. Apply and maintain water when grading roadways,
  - l. Use paved non-district or paved public roads to access structures, or
  - m. Install wind barriers.
- B. From and after December 31, 2015, an irrigation district engaged in a regulated agricultural activity shall complete a Best Management Practices Program General Permit Record Form. Thereafter, a new Best Management Practices Program General Permit Record Form shall be completed every year by March 31. The Form shall be provided to the Director within two business days of notice to the irrigation district. The Best Management Practice Program General Permit Record form shall include the following information:
  - 1. The name, business address, and the irrigation district representative responsible for the preparation and implementation of the best management practices;
  - 2. The signature of the irrigation district representative and the date the form was signed; and
  - 3. The best management practice selected for unpaved operation and utility roads, canals, and unpaved utility access roads.
- C. Beginning in calendar year 2017, and no more than once every subsequent three calendar years, the Director, in conjunction with the Arizona Department of Agriculture, shall provide the irrigation district with a Best Management Practices Program Three-year Survey. The irrigation district shall complete the Survey with data from the preceding calendar year and submit the Survey to the Arizona Department of Agriculture (ADA) by January 31, 2018, and every three years thereafter. The Survey information submitted to the ADA shall be compiled by the ADA then be submitted to the Department. The Three-year Survey shall include the following information:
  - 1. The name, business address, and phone number of the irrigation district representative responsible for the preparation and implementation of the best management practices;
  - 2. The signature of the irrigation district representative and the date the form was signed;
  - 3. The total miles of canals that the irrigation district controls;
  - 4. The total miles of unpaved operation and maintenance roads;
  - 5. The total miles of the unpaved utility access roads; and
  - 6. The best management practices selected for unpaved operation and utility roads, canals, and unpaved utility access roads.
- D. Records of any changes to those Best Management Practices shall be noted on the Best Management Practices Program General Permit Record Form and shall be kept by the irrigation district onsite and made available for review by the Director within two business days of notice to the irrigation district by the Department.
- E. An irrigation district may develop different practices not contained in either of the categories of subsections (A)(1), (A)(2), or (A)(3) that reduce PM and may submit such practices that are proven effective through in-district trials. The proposed new practices shall not become effective unless submitted as described in A.R.S. § 49-457(L).
- F. An irrigation district shall maintain a record demonstrating compliance with this Section for three years. Records shall include a copy of the complete Best Management Practice Program General Permit Record Form to confirm implementation of each best management practice.
- G. The Director shall not assess a fee to an irrigation district for coverage under the agricultural PM general permit.
- H. An irrigation district shall ensure that the implementation of all selected best management practices does not violate any other local, state, or federal law.
- I. The Director shall document noncompliance with this Section before issuing a compliance order.
- J. An irrigation district that is not in compliance with this Section is subject to the provisions in A.R.S. § 49-457(I), (J), and (K).

**Historical Note**

New Section made by exempt rulemaking pursuant to Laws 2011, Ch. 214, § 4, at 21 A.A.R. 1156, effective July 2, 2015 (Supp. 15-3).

**R18-2-613. Definitions for R18-2-613.01**

- 1. "Access restriction" means restricting or eliminating public access to noncropland with signs or physical obstruction.
- 2. "Aggregate cover" means gravel, concrete, recycled road base, caliche, or other similar material applied to noncropland.
- 3. "Artificial wind barrier" means a physical barrier to the wind.
- 4. "Bed row spacing" means increasing or decreasing the size of a planting bed area to reduce the number of passes and soil disturbance by increasing plant density.
- 5. "Best management practice" means a technique verified by scientific research, that on a case-by-case basis is practical, economically feasible, and effective in reducing PM<sub>10</sub> emissions from a regulated agricultural activity.
- 6. "Chemical irrigation" means applying a fertilizer, pesticide, or other agricultural chemical to cropland through an irrigation system.
- 7. "Combining tractor operations" means performing two or more tillage, cultivation, planting, or harvesting operations with a single tractor or harvester pass.
- 8. "Commercial farm" means 10 or more contiguous acres of land used for agricultural purposes within the boundary of the Yuma PM<sub>10</sub> nonattainment area.
- 9. "Commercial farmer" means an individual, entity, or joint operation in general control of a commercial farm.
- 10. "Conservation irrigation" means the use of drips, sprinklers, or underground lines to conserve water, and to

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- reduce the weed population, the need for tillage, and soil compaction.
11. "Conservation tillage" means types of tillage that reduce the number of passes and the amount of soil disturbance.
  12. "Cover crop" means plants or a green manure crop grown for seasonal soil protection or soil improvement.
  13. "Critical area planting" means using trees, shrubs, vines, grasses, or other vegetative cover on noncropland.
  14. "Cropland" means land on a commercial farm that:
    - a. Is within the time-frame of final harvest to plant emergence;
    - b. Has been tilled in a prior year and is suitable for crop production, but is currently fallow; or
    - c. Is a turn-row.
  15. "Cross-wind ridges" means soil ridges formed by a tillage operation.
  16. "Cross-wind strip-cropping" means planting strips of alternating crops within the same field.
  17. "Cross-wind vegetative strips" means herbaceous cover established in one or more strips within the same field.
  18. "Equipment modification" means modifying agricultural equipment to prevent or reduce particulate matter generation from cropland.
  19. "Limited activity during a high-wind event" means performing no tillage or soil preparation activity when the measured wind speed at 6 feet in height is more than 25 mph at the commercial farm site.
  20. "Manure application" means applying animal waste or biosolids to a soil surface.
  21. "Mulching" means applying plant residue or other material that is not produced onsite to a soil surface.
  22. "Multi-year crop" means a crop, pasture, or orchard that is grown, or will be grown, on a continuous basis for more than one year.
  23. "Night farming" means performing regulated agricultural activities at night when moisture levels are higher and winds are lighter.
  24. "Noncropland" means any commercial farmland that:
    - a. Is no longer used for agricultural production;
    - b. Is no longer suitable for production of crops;
    - c. Is subject to a restrictive easement or contract that prohibits use for the production of crops; or
    - d. Includes a private farm road, ditch, ditch bank, equipment yard, storage yard, or well head.
  25. "Permanent cover" means a perennial vegetative cover on cropland.
  26. "Planting based on soil moisture" means applying water to soil before performing planting operations.
  27. "Precision farming" means use of satellite navigation to calculate position in the field, to reduce overlap during field operations, and allow operations to occur during nighttime and inclement weather, thus generating less PM<sub>10</sub>.
  28. "Reduce vehicle speed" means operating farm vehicles or farm equipment on unpaved farm roads at speeds not to exceed 20 mph.
  29. "Reduced harvest activity" means reducing the number of harvest passes using a mechanized method to cut and remove crops from a field.
  30. "Regulated agricultural activity" means a commercial farming practice that may produce PM<sub>10</sub> within the Yuma PM<sub>10</sub> nonattainment area.
  31. "Residue management" means managing the amount and distribution of crop and other plant residues on a soil surface.
  32. "Sequential cropping" means growing crops in a sequence that minimizes the amount of time bare soil is exposed on a field.
  33. "Surface roughening" means manipulating a soil surface to produce or maintain clods.
  34. "Synthetic particulate suppressant" means a manufactured product such as lignosulfate, calcium chloride, magnesium chloride, and polyacrylamide, an emulsion of a petroleum product, and an enzyme product that is used to control particulate matter.
  35. "Tillage and harvest" means any mechanical practice that physically disturbs cropland or crops on a commercial farm.
  36. "Tillage based on soil moisture" means applying water to soil before or during tillage, or delaying tillage to coincide with precipitation.
  37. "Timing of a tillage operation" means performing tillage operations at a time that will minimize the soil's susceptibility to generate PM<sub>10</sub>.
  38. "Transgenic crops" means the use of genetically modified crops such as "herbicide ready" crops, which reduces the need for tillage or cultivation operations, and reduces soil disturbance.
  39. "Track-out control system" means a device to remove mud or soil from a vehicle before the vehicle enters a paved public road.
  40. "Tree, shrub, or windbreak planting" means providing a woody vegetative barrier to the wind.
  41. "Watering" means applying water to noncropland.
  42. "Yuma PM<sub>10</sub> nonattainment area" means the Yuma PM<sub>10</sub> planning area as defined in 40 CFR 81.303, which is incorporated by reference in R18-2-210.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 2210, effective July 18, 2005 (Supp. 05-2). Section R18-2-313 renumbered to R18-2-613.01; new Section made by exempt rulemaking pursuant to Laws 2011, Ch. 214, § 4, at 21 A.A.R. 1156, effective July 2, 2015 (Supp. 15-3).

**R18-2-613.01. Yuma PM<sub>10</sub> Nonattainment Area; Agricultural Best Management Practices**

- A. A commercial farmer shall comply with this Section by August 1, 2005.
- B. A commercial farmer who begins a regulated agricultural activity after August 1, 2005, shall comply with this Section within 60 days after beginning the regulated agricultural activity.
- C. A commercial farmer shall implement at least one of the best management practices from each of the following categories at each commercial farm:
  1. Tillage and harvest, subsection (E);
  2. Noncropland, subsection (F); and
  3. Cropland, subsection (G).
- D. A commercial farmer shall ensure that the implementation of each selected best management practice does not violate any other local, state, or federal law.
- E. A commercial farmer shall implement at least one of the following best management practices to reduce PM<sub>10</sub> emissions from tillage and harvest:
  1. Bed row spacing,
  2. Chemical irrigation,

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3. Combining tractor operations,
4. Conservation irrigation,
5. Conservation tillage,
6. Equipment modification,
7. Limited activity during a high-wind event,
8. Multi-year crop,
9. Night farming,
10. Planting based on soil moisture,
11. Precision farming,
12. Reduced harvest activity,
13. Tillage based on soil moisture,
14. Timing of a tillage operation, or
15. Transgenic crops.

**F.** A commercial farmer shall implement at least one of the following best management practices to reduce PM<sub>10</sub> emissions from noncropland:

1. Access restriction;
2. Aggregate cover;
3. Artificial wind barrier;
4. Critical area planting;
5. Manure application;
6. Reduce vehicle speed;
7. Synthetic particulate suppressant;
8. Track-out control system;
9. Tree, shrub, or windbreak planting; or
10. Watering.

**G.** A commercial farmer shall implement at least one of the following best management practices to reduce PM<sub>10</sub> emissions from cropland:

1. Artificial wind barrier;
2. Cover crop;
3. Cross-wind ridges;
4. Cross-wind strip-cropping;
5. Cross-wind vegetative strips;
6. Manure application;
7. Mulching;
8. Multi-year crop;
9. Permanent cover;
10. Planting based on soil moisture;
11. Precision farming;
12. Residue management;
13. Sequential cropping;
14. Surface roughening; or
15. Tree, shrub, or windbreak planting.

**H.** A person may develop different practices not contained in subsections (E), (F), or (G) that reduce PM<sub>10</sub>. A person may submit practices that are proven effective through demonstration trials to the Director. The Director shall review the submitted practices.

**I.** A commercial farmer shall maintain records demonstrating compliance with this Section. The commercial farmer shall provide the records to the Director within two business days of written notice to the commercial farmer. The records shall contain:

1. The name of the commercial farmer,
2. The mailing address or physical location of the commercial farm, and
3. The best management practices selected for tillage and harvest, noncropland, and cropland by the commercial farmer, and the date each best management practice was implemented.

**Historical Note**

New Section R18-2-313.01 renumbered from Section R18-2-313 by exempt rulemaking pursuant to Laws 2011,

Ch. 214, § 4, at 21 A.A.R. 1156, effective July 2, 2015 (Supp. 15-3).

**R18-2-614. Evaluation of Nonpoint Source Emissions**

Opacity of an emission from any nonpoint source shall not be greater than 40% measured according to the 40 CFR 60, Appendix A, Reference Method 9. An open fire permitted under R18-2-602 or regulated under Article 15 is exempt from this requirement.

**Historical Note**

Section R18-2-614 renumbered from R18-2-612; amended by final rulemaking at 11 A.A.R. 2210, effective July 18, 2005 (Supp. 05-2). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2).

**ARTICLE 7. EXISTING STATIONARY SOURCE PERFORMANCE STANDARDS**

**R18-2-701. Definitions**

For purposes of this Article:

1. "Acid mist" means sulfuric acid mist as measured in the Arizona Testing Manual and 40 CFR 60, Appendix A.
2. "Architectural coating" means a coating used commercially or industrially for residential, commercial or industrial buildings and their appurtenances, structural steel, and other fabrications such as storage tanks, bridges, beams and girders.
3. "Asphalt concrete plant" means any facility used to manufacture asphalt concrete by heating and drying aggregate and mixing with asphalt cements. This is limited to facilities, including drum dryer plants that introduce asphalt into the dryer, which employ two or more of the following processes:
  - a. A dryer.
  - b. Systems for screening, handling, storing, and weighing hot aggregate.
  - c. Systems for loading, transferring, and storing mineral filler.
  - d. Systems for mixing asphalt concrete.
  - e. The loading, transferring, and storage systems associated with emission control systems.
4. "Black liquor" means waste liquor from the brown stock washer and spent cooking liquor which have been concentrated in the multiple-effect evaporator system.
5. "Calcine" means the solid materials produced by a lime plant.
6. "Coal" means any solid fuel classified as anthracite, bituminous, subbituminous, or lignite by the ASTM Method D388-05 "Standard Classification of Coals by Rank" and coal refuse. Synthetic fuels derived from coal for the purpose of creating useful heat including but not limited to, coal derived gases (not meeting the definition of natural gas), solvent-refined coal, coal-oil mixtures, and coal-water mixtures, are considered "coal" for the purposes of this subpart.
7. "Coal refuse" means any by-product of coal mining, physical coal cleaning, and coal preparation operations (e.g., culm, gob, etc.) containing coal, matrix material, clay, and other organic and inorganic material with an ash content greater than 50 percent (by weight) and a heating value less than 13,900 kilojoules per kilogram (6,000 Btu per pound) on a dry basis.
8. "Concentrate" means enriched copper ore recovered from the froth flotation process.

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9. "Concentrate dryer" means any facility in which a copper sulfide ore concentrate charge is heated in the presence of air to eliminate a portion of the moisture from the charge, provided less than 5% of the sulfur contained in the charge is eliminated in the facility.
10. "Concentrate roaster" means any facility in which a copper sulfide ore concentrate is heated in the presence of air to eliminate 5% or more of the sulfur contained in the charge.
11. "Condensate stripper system" means a column, and associated condensers, used to strip, with air or steam, TRS compounds from condensate streams from various processes within a kraft pulp mill.
12. "Control device" means the air pollution control equipment used to remove particulate matter or gases generated by a process source from the effluent gas stream.
13. "Converter" means any vessel to which copper matte is charged and oxidized to copper.
14. "Electric generating plant" means all electric generating units located at a stationary source.
15. "Electric generating unit" means a combustion unit of more than 25 megawatts electric that serves a generator that produces electricity for sale and that burns coal for more than 10.0 percent of the average annual heat input during any three consecutive calendar years or for more than 15.0 percent of the annual heat input during any one calendar year. A unit that cogenerates steam and electricity and supplies more than one-third of its potential electric output capacity and more than 25 megawatts electric output to any utility power distribution system for sale is considered an electric generating unit.
16. "Existing source" means any source which does not have an applicable new source performance standard under Article 9 of this Chapter.
17. "Facility" means an identifiable piece of stationary process equipment along with all associated air pollution equipment.
18. "Federal mercury standards" means the emissions limits, monitoring, testing, recordkeeping, reporting and notification requirements applicable or relating to emissions of mercury from electric generating units under 40 CFR Part 63, Subpart UUUUU.
19. "Fugitive dust" means fugitive emissions of particulate matter.
20. "High sulfur oil" means fuel oil containing 0.90% or more by weight of sulfur.
21. "Inlet mercury" means the average concentration of mercury in the coal burned at an electric generating unit, as determined by ASTM methods, EPA-approved methods or alternative methods approved by the Director.
22. "Lime kiln" means a unit used to calcinate lime rock or kraft pulp mill lime mud, which consists primarily of calcium carbonate, into quicklime, which is calcium oxide.
23. "Low sulfur oil" means fuel oil containing less than 0.90% by weight of sulfur.
24. "Matte" means a metallic sulfide made by smelting copper sulfide ore concentrate or the roasted product of copper sulfide ores.
25. "Mercury" means mercury or mercury compounds in either a gaseous or particulate form.
26. "Miscellaneous metal parts and products" for purposes of industrial coating include all of the following:
  - a. Large farm machinery, such as harvesting, fertilizing and planting machines, tractors, and combines;
  - b. Small farm machinery, such as lawn and garden tractors, lawn mowers, and rototillers;
  - c. Small appliances, such as fans, mixers, blenders, crock pots, dehumidifiers, and vacuum cleaners;
  - d. Commercial machinery, such as office equipment, computers and auxiliary equipment, typewriters, calculators, and vending machines;
  - e. Industrial machinery, such as pumps, compressors, conveyor components, fans, blowers, and transformers;
  - f. Fabricated metal products, such as metal-covered doors and frames;
  - g. Any other industrial category which coats metal parts or products under the Code in the "Standard Industrial Classification Manual, 1987" of Major Group 33 (primary metal industries), Major Group 34 (fabricated metal products), Major Group 35 (non-electric machinery), Major Group 36 (electrical machinery), Major Group 37 (transportation equipment), Major Group 38 (miscellaneous instruments), and Major Group 39 (miscellaneous manufacturing industries), except all of the following:
    - i. Automobiles and light-duty trucks;
    - ii. Metal cans;
    - iii. Flat metal sheets and strips in the form of rolls or coils;
    - iv. Magnet wire for use in electrical machinery;
    - v. Metal furniture;
    - vi. Large appliances;
    - vii. Exterior of airplanes;
    - viii. Automobile refinishing;
    - ix. Customized top coating of automobiles and trucks, if production is less than 35 vehicles per day;
    - x. Exterior of marine vessels.
27. "Multiple-effect evaporator system" means the multiple-effect evaporators and associated condenser and hotwell used to concentrate the spent cooking liquid that is separated from the pulp.
28. "Neutral sulfite semichemical pulping" means any operation in which pulp is produced from wood by cooking or digesting wood chips in a solution of sodium sulfite and sodium bicarbonate, followed by mechanical defibrating or grinding.
29. "Petroleum liquids" means petroleum, condensate, and any finished or intermediate products manufactured in a petroleum refinery but does not mean Number 2 through Number 6 fuel oils as specified in ASTM D396-90a (Specification for Fuel Oils), gas turbine fuel oils Numbers 2-GT through 4-GT as specified in ASTM D2880-90a (Specification for Gas Turbine Fuel Oils), or diesel fuel oils Numbers 2-D and 4-D as specified in ASTM D975-90 (Specification for Diesel Fuel Oils).
30. "Potential electric output capacity" means 33% of a unit's maximum design heat input, divided by 3,413 Btu per kilowatt-hour, divided by 1,000 kilowatt-hours per megawatt-hour, and multiplied by 8,760 hours per year.
31. "Process source" means the last operation or process which produces an air contaminant resulting from either:
  - a. The separation of the air contaminants from the process material, or
  - b. The conversion of constituents of the process materials into air contaminants which is not an air pollution abatement operation.

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32. "Process weight" means the total weight of all materials introduced into a process source, including fuels, where these contribute to pollution generated by the process.
33. "Process weight rate" means a rate established pursuant to R18-2-702(E).
34. "Recovery furnace" means the unit, including the direct-contact evaporator for a conventional furnace, used for burning black liquor to recover chemicals consisting primarily of sodium carbonate and sodium sulfide.
35. "Reid vapor pressure" means the absolute vapor pressure of volatile crude oil and volatile non-viscous petroleum liquids, except liquified petroleum gases, as determined by ASTM D-323-90 (Test Method for Vapor Pressure of Petroleum Products) (Reid Method).
36. "Reveratory smelting furnace" means any vessel in which the smelting of copper sulfide ore concentrates or calcines is performed and in which the heat necessary for smelting is provided primarily by combustion of a fossil fuel.
37. "Rotary lime kiln" means a unit with an included rotary drum which is used to produce a lime product from limestone by calcination.
38. "Slag" means fused and vitrified matter separated during the reduction of a metal from its ore.
39. "Smelt dissolving tank" means a vessel used for dissolving the smelt collected from the kraft mill recovery furnace.
40. "Smelter feed" means all materials utilized in the operation of a copper smelter, including metals or concentrates, fuels and chemical reagents, calculated as the aggregate sulfur content of all fuels and other feed materials whose products of combustion and gaseous by-products are emitted to the atmosphere.
41. "Smelting" means processing techniques for the smelting of a copper sulfide ore concentrate or calcine charge leading to the formation of separate layers of molten slag, molten copper, or copper matte.
42. "Smelting furnace" means any vessel in which the smelting of copper sulfide ore concentrates or calcines is performed and in which the heat necessary for smelting is provided by an electric current, rapid oxidation of a portion of the sulfur contained in the concentrate as it passes through an oxidizing atmosphere, or the combustion of a fossil fuel.
43. "Standard conditions" means a temperature of 293K (68°F or 20°C) and a pressure of 101.3 kilopascals (29.92 in. Hg or 1013.25 mb).
44. "Supplementary control system" (SCS) means a system by which sulfur dioxide emissions are curtailed during periods when meteorological conditions conducive to ground-level concentrations in excess of ambient air quality standards for sulfur dioxide either exist or are anticipated.
45. "Vapor pressure" means the pressure exerted by the gaseous form of a substance in equilibrium with its liquid or solid form.

**Historical Note**

Former Section R18-2-701 repealed effective September 26, 1990 (Supp. 90-3). New Section R18-2-701 renumbered from R18-2-501 and amended effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 12 A.A.R. 4701, effective January 29, 2007 (Supp. 06-4). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final

rulemaking at 21 A.A.R. 711, effective June 30, 2015 (Supp. 15-2).

**R18-2-702. General Provisions**

- A. The provisions of this Article shall only apply to a source that is all of the following:
  1. An existing source, as defined in R18-2-101;
  2. A point source. For the purposes of this Section, "point source" means a source of air contaminants that has an identifiable plume or emissions point; and
  3. A stationary source, as defined in R18-2-101.
- B. Except as otherwise provided in this Chapter relating to specific types of sources, the opacity of any plume or effluent, from a source described in subsection (A), as determined by Reference Method 9 in 40 CFR 60, Appendix A, shall not be:
  1. Greater than 20% in an area that is nonattainment or maintenance for any particulate matter standard, unless an alternative opacity limit is approved by the Director and the Administrator as provided in subsections (D) and (E), after February 2, 2004;
  2. Greater than 40% in an area that is attainment or unclassifiable for each particulate matter standard; and
  3. After April 23, 2006, greater than 20% in any area that is attainment or unclassifiable for each particulate matter standard except as provided in subsections (D) and (E).
- C. If the presence of uncombined water is the only reason for an exceedance of any visible emissions requirement in this Article, the exceedance shall not constitute a violation of the applicable opacity limit.
- D. A person owning or operating a source may petition the Director for an alternative applicable opacity limit. The petition shall be submitted to ADEQ by May 15, 2004.
  1. The petition shall contain:
    - a. Documentation that the affected facility and any associated air pollution control equipment are incapable of being adjusted or operated to meet the applicable opacity standard. This includes:
      - i. Relevant information on the process operating conditions and the control devices operating conditions during the opacity or stack tests;
      - ii. A detailed statement or report demonstrating that the source investigated all practicable means of reducing opacity and utilized control technology that is reasonably available considering technical and economic feasibility; and
      - iii. An explanation why the source cannot meet the present opacity limit although it is in compliance with the applicable particulate mass emission rule.
    - b. If there is an opacity monitor, any certification and audit reports required by all applicable subparts in 40 CFR 60 and in Appendix B, Performance Specification 1.
    - c. A verification by a responsible official of the source of the truth, accuracy, and completeness of the petition. This certification shall state that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.
  2. If the unit for which the alternative opacity standard is being applied is subject to a stack test, the petition shall also include:
    - a. Documentation that the source conducted concurrent EPA Reference Method stack testing and visible emissions readings or is utilizing a continuous opac-

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ity monitor. The particulate mass emission test results shall clearly demonstrate compliance with the applicable particulate mass emission limitation by being at least 10% below that limit. For multiple units that are normally operated together and whose emissions vent through a single stack, the source shall conduct simultaneous particulate testing of each unit. Each control device shall be in good operating condition and operated consistent with good practices for minimizing emissions.

- b. Evidence that the source conducted the stack tests according to R18-2-312, and that they were witnessed by the Director or the Director's agent or representative.
  - c. Evidence that the affected facility and any associated air pollution control equipment were operated and maintained to the maximum extent practicable to minimize the opacity of emissions during the stack tests.
3. If the source for which the alternative opacity standard is being applied is located in a nonattainment area, the petitioner shall include all the information listed in subsections (D)(1) and (D)(2), and in addition:
    - a. In subsection (D)(1)(a)(ii), the detailed statement or report shall demonstrate that the alternative opacity limit fulfills the Clean Air Act requirement for reasonably available control technology; and
    - b. In subsection (D)(2)(b), the stack tests shall be conducted with an opportunity for the Administrator or the Administrator's agent or representative to be present.
- E. If the Director receives a petition under subsection (D) the Director shall approve or deny the petition as provided below by October 15, 2004:
1. If the petition is approved under subsection (D)(1) or (D)(2), the Director shall include an alternative opacity limit in a proposed significant permit revision for the source under R18-2-320 and R18-2-330. The proposed alternative opacity limit shall be set at a value that has been demonstrated during, and not extrapolated from, testing, except that an alternative opacity limit under this Section shall not be greater than 40%. For multiple units that are normally operated together and whose emissions vent through a single stack, any new alternative opacity limit shall reflect the opacity level at the common stack exit, and not individual in-duct opacity levels.
  2. If the petition is approved under subsection (D)(3), the Director shall include an alternative opacity limit in a proposed revision to the applicable implementation plan, and submit the proposed revision to EPA for review and approval. The proposed alternative opacity limit shall be set at a value that has been demonstrated during, and not extrapolated from, testing, except that the alternative opacity limit shall not be greater than 40%.
  3. If the petition is denied, the source shall either comply with the 20% opacity limit or apply for a significant permit revision to incorporate a compliance schedule under R18-2-309(5)(c)(iii) by April 23, 2006.
  4. A source does not have to petition for an alternative opacity limit under subsection (D) to enter into a revised compliance schedule under R18-2-309(5)(c).
- F. The Director, Administrator, source owner or operator, inspector or other interested party shall determine the process weight rate, as used in this Article, as follows:

1. For continuous or long run, steady-state process sources, the process weight rate is the total process weight for the entire period of continuous operation, or for a typical portion of that period, divided by the number of hours of the period, or portion of hours of that period.
2. For cyclical or batch process sources, the process weight rate is the total process weight for a period which covers a complete operation or an integral number of cycles, divided by the hours of actual process operation during the period.

**Historical Note**

Former Section R18-2-702 repealed effective September 26, 1990 (Supp. 90-3). New Section R18-2-702 renumbered from R18-2-502 and amended effective November 15, 1993 (Supp. 93-4). Amended by exempt rulemaking at 9 A.A.R. 5550, effective February 3, 2004 (Supp. 03-4).

**R18-2-703. Standards of Performance for Existing Fossil-fuel Fired Steam Generators and General Fuel-burning Equipment**

- A. This Section applies to the following:
1. Installations in which fuel is burned for the primary purpose of producing power, steam, hot water, hot air or other liquids, gases or solids and in the course of doing so the products of combustion do not come into direct contact with process materials. When any products or by-products of a manufacturing process are burned for the same purpose or in conjunction with any fuel, the same maximum emission limitation shall apply, except for wood waste burners as regulated under R18-2-704.
  2. All fossil-fuel fired steam generating units or general fuel burning equipment which are greater than or equal to 73 megawatts capacity.
- B. For purposes of this Section, the heat input shall be the aggregate heat content of all fuels whose products of combustion pass through a stack or other outlet. The heat content of solid fuel shall be determined in accordance with R18-2-311. Compliance tests shall be conducted during operation at the nominal rated capacity of each unit.
- C. No person shall cause, allow or permit the emission of particulate matter in excess of the amounts calculated by one of the following equations:
1. For equipment having a heat input rate of 4200 million Btu per hour or less, the maximum allowable emissions shall be determined by the following equation:
 
$$E = 1.02Q^{0.769}$$
 where:  
 E = the maximum allowable particulate emissions rate in pounds-mass per hour.  
 Q = the heat input in million Btu per hour.
  2. For equipment having a heat input rate greater than 4200 million Btu per hour, the maximum allowable emissions shall be determined by the following equation:
 
$$E = 17.0Q^{0.432}$$
 where "E" and "Q" have the same meaning as in subsection (C)(1).
- D. Actual values shall be calculated from the applicable equations and rounded off to two decimal places.
- E. When low sulfur oil is fired:
1. Existing fuel-burning equipment or steam-power generating installations which commenced construction or a major modification prior to May 30, 1972, shall not emit more than 1.0 pounds sulfur dioxide maximum three-



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hour average, per million Btu (430 nanograms per joule) heat input.

2. Existing fuel-burning equipment or steam-power generating installations which commenced construction or a major modification after May 30, 1972, shall not emit more than 0.80 pounds of sulfur dioxide maximum three-hour average per million Btu (340 nanograms per joule) heat input.
- F. When high sulfur oil is fired, all existing steam-power generating and general fuel-burning installations which are subject to the provisions of this Section shall not emit more than 2.2 pounds of sulfur dioxide maximum three-hour average per million Btu (946 nanograms per joule) heat input.
- G. When solid fuel is fired:
  1. Existing general fuel-burning equipment and steam-power generating installations which commenced construction or a major modification prior to May 30, 1972, shall not emit more than 1.0 pounds of sulfur dioxide maximum three-hour average, per million Btu (430 nanograms per joule) heat input.
  2. Existing general fuel-burning equipment and steam-power generating installations which commenced construction or a major modification after May 30, 1972, shall not emit more than 0.80 pounds of sulfur dioxide, maximum three-hour average, per million Btu (340 nanograms per joule) heat input.
- H. Any permit issued for the operation of an existing source, or any renewal or modification of such a permit, shall include a condition prohibiting the use of high sulfur oil by the permittee, unless the applicant demonstrates to the satisfaction of the Director that sufficient quantities of low sulfur oil are not available for use by the source and that it has adequate facilities and contingency plans to ensure that the sulfur dioxide ambient air quality standards set forth in R18-2-202 will not be violated.
  1. The terms of the permit may authorize the use of high sulfur oil under such conditions as are justified.
  2. In cases where the permittee is authorized to use high sulfur oil, it shall submit to the Department monthly reports detailing its efforts to obtain low sulfur oil.
  3. When the conditions justifying the use of high sulfur oil no longer exists, the permit shall be modified accordingly.
  4. Nothing in this Section shall be construed as allowing the use of a supplementary control system or other form of dispersion technology.
- I. Existing steam-power generating installations which commenced construction or a major modification after May 30, 1972, shall not emit nitrogen oxides in excess of the following amounts:
  1. 0.20 pounds of nitrogen oxides, maximum three-hour average, calculated as nitrogen dioxide, per million Btu heat input when gaseous fossil fuel is fired.
  2. 0.30 pounds of nitrogen oxides, maximum three-hour average, calculated as nitrogen dioxide, per million Btu heat input when liquid fossil fuel is fired.
  3. 0.70 pounds of nitrogen oxides, maximum three-hour average, calculated as nitrogen dioxide, per million Btu heat input when solid fossil fuel is fired.
- J. Emission and fuel monitoring systems, where deemed necessary by the Director for sources subject to the provisions of this Section shall, conform to the requirements of R18-2-313.
- K. The applicable reference methods given in the Appendices to 40 CFR 60 shall be used to determine compliance with the

standards as prescribed in subsections (C) through (G) and (I). All tests shall be run at the heat input calculated under subsection (B).

**Historical Note**

Former Section R18-2-703 repealed effective September 26, 1990 (Supp. 90-3). New Section R18-2-703 renumbered from R18-2-503 and amended effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 13 A.A.R. 2157, effective August 4, 2007 (Supp. 07-2). Amended by final rulemaking at 15 A.A.R. 281, effective March 7, 2009 (Supp. 09-1).

**R18-2-704. Standards of Performance for Incinerators**

- A. No person shall cause, allow or permit to be emitted into the atmosphere, from any type of incinerator, smoke, fumes, gases, particulate matter or other gas-borne material which exceeds 20% opacity except during the times specified in subsection (D).
- B. No person shall cause, allow or permit the discharge of particulate matter into the atmosphere in any one hour from any incinerator, in excess of the following limits:
  1. For multiple chamber incinerators, controlled atmosphere incinerators, fume incinerators, afterburners or other unspecified types of incinerators, emissions shall not exceed 0.1 grain per cubic foot, based on dry flue gas at standard conditions, corrected to 12% carbon dioxide.
  2. For wood waste burners other than air curtain incinerators, emissions discharged from the stack or burner top opening shall not exceed 0.2 grain per cubic foot, based on dry flue gas at standard conditions, corrected to 12% carbon dioxide.
- C. Air curtain incinerators shall not be used within 500 feet of the nearest dwelling.
- D. Incinerators shall be exempt from the opacity and emission requirements described in subsections (A) and (B) as follows:
  1. For multiple chamber incinerators, controlled atmosphere incinerators, fume incinerators, afterburners or other unspecified types of incinerators, such exemption shall be for not more than 30 seconds in any 60-minute period.
  2. Wood waste burners shall be exempt both:
    - a. For a period once each day for the purpose of building a new fire but not to exceed 60 minutes, and
    - b. For an upset of operations not to exceed three minutes in any 60-minute period.
- E. The owner or operator of any incinerator subject to the provisions of this Section shall record the daily charging rates and hours of operation.
- F. The test methods and procedures required by this Section are as follows:
  1. The reference methods in 40 CFR 60, Appendix A, shall be used to determine compliance with the standards prescribed in subsection (B) as follows:
    - a. Method 5 for the concentration of particulate matter and the associated moisture content;
    - b. Method 1 for sample and velocity traverses;
    - c. Method 2 for velocity and volumetric flow rate;
    - d. Method 3 for gas analysis and calculation of excess air, using the integrated sampling technique.
  2. For Method 5, the sampling time for each run shall be at least 60 minutes and the minimum sample volume shall be 0.85 dscm (30.0 dscf) except that smaller sampling times or sample volumes, when necessitated by process variables or other factors, may be approved by the Director.

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**Historical Note**

Former Section R18-2-704 repealed effective September 26, 1990 (Supp. 90-3). New Section R18-2-704 renumbered from R18-2-504 effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 13 A.A.R. 2157, effective August 4, 2007 (Supp. 07-2). Amended by final expedited rulemaking at 30 A.A.R. 2422 (July 26, 2024), with an immediate effective date of July 3, 2024 (Supp. 24-3).

**R18-2-705. Standards of Performance for Existing Portland Cement Plants**

- A. The provisions of this Section are applicable to the following affected facilities in portland cement plants: kiln, clinker cooler, raw mill system, finish mill system, raw mill dryer, raw material storage, clinker storage, finished product storage, conveyor transfer points, bagging and bulk loading and unloading systems.
- B. No person shall cause, allow or permit the discharge of particulate matter from any identifiable process source within any existing cement plant subject to the provisions of this Section which exceeds the amounts calculated by one of the following equations:
  1. For process sources having a process weight rate of 60,000 pounds per hour (30 tons per hour) or less, the maximum allowable emissions shall be determined by the following equation:  

$$E = 4.10P^{0.67}$$
 where:  
 E = the maximum allowable particulate emissions rate in pounds-mass per hour.  
 P = the process weight rate in tons-mass per hour.
  2. For process sources having a process weight rate greater than 60,000 pounds per hour (30 tons per hour), the maximum allowable emissions shall be determined by the following equation:  

$$E = 55.0P^{0.11-40}$$
 where "E" and "P" are defined as indicated in subsection (B)(1).
- C. No process source within any portland cement plant shall exceed 20% opacity.
- D. No person shall cause, allow or permit discharge into the atmosphere of an amount in excess of 6 pounds of sulfur oxides, calculated as sulfur dioxide, per ton cement kiln feed from cement plants subject to the provisions of this Section.
- E. The owner or operator of any portland cement plant subject to the provisions of this Section shall record the daily production rates and the kiln feed rates.
- F. The test methods and procedures required by this Section are as follows:
  1. The reference methods in 40 CFR 60, Appendix A, except as provided for in R18-2-312 shall be used to determine compliance with the standards prescribed in subsection (B) as follows:
    - a. Method 5 for the concentration of particulate matter and the associated moisture content;
    - b. Method 1 for sample and velocity traverses;
    - c. Method 2 for velocity and volumetric flow rate;
    - d. Method 3 for gas analysis.
  2. For Method 5, the minimum sampling time and minimum sample volume for each run except when process variables or other factors justifying otherwise to the satisfaction of the Director, shall be as follows:
    - a. 60 minutes and 0.85 dscm (30.0 dscf) for the kiln,

- b. 60 minutes and 1.15 dscm (40.6 dscf) for the clinker cooler.
3. Total kiln feed rate, except fuels, expressed in metric tons per hour on a dry basis, shall be both:
  - a. Determined during each testing period by suitable methods; and
  - b. Confirmed by a material balance over the production system.
4. For each run, particulate matter emissions, expressed in g/metric ton of kiln feed, shall be determined by dividing the emission rate in g/hr by the kiln feed rate. The emission rate shall be determined by the equation,  $g/hr = Q_s \times c$ , where  $Q_s$  = volumetric flow rate of the total effluent in dscm/hr as determined in accordance with subsection (F)(1)(c), and  $c$  = particulate concentration in g/dscm as determined in accordance with subsection (F)(1)(a).

**Historical Note**

Former Section R18-2-705 repealed effective September 26, 1990 (Supp. 90-3). New Section R18-2-705 renumbered from R18-2-505 effective November 15, 1993 (Supp. 93-4).

**R18-2-706. Standards of Performance for Existing Nitric Acid Plants**

- A. No person shall cause, allow or permit discharge from any nitric acid plant producing weak nitric acid, which is either:
  1. 30 to 70% in strength by either the increased pressure or atmospheric pressure process, or
  2. More than 1.5 kg of total oxides of nitrogen per metric ton (3.0 lbs/ton) of acid produced expressed as nitrogen dioxide.
- B. The opacity of any plume subject to the provisions of this Section shall not exceed 10%.
- C. A continuous monitoring system for the measurement of nitrogen oxides shall be installed, calibrated, maintained and operated by the owner or operator, in accordance with Section R18-2-313.
- D. The test methods and procedures required by this Section are as follows:
  1. The reference methods in 40 CFR 60, Appendix A shall be used to determine compliance with the standard prescribed in subsection (A) as follows:
    - a. Method 7 for the concentration of  $NO_x$ ;
    - b. Method 1 for sample and velocity traverses;
    - c. Method 2 for velocity and volumetric flow rate;
    - d. Method 3 for gas analysis.
  2. For Method 7, the sample site shall be selected according to Method 1 and the sampling point shall be the centroid of the stack or duct or at a point no closer to the walls than 1 m (3.28 ft.). Each run shall consist of at least four grab samples taken at approximately 15-minute intervals. The arithmetic mean of the samples shall constitute the run value. A velocity traverse shall be performed once per run.
  3. Acid production rate, expressed in metric tons per hour of 100% nitric acid, shall be both:
    - a. Determined during each testing period by suitable methods, and
    - b. Confirmed by a material balance over the production system.
  4. For each run, nitrogen oxides, expressed in g/metric ton of 100% nitric acid, shall be determined by dividing the emission rate in g/hr by the acid production rate. The emission rate shall be determined by the equation:

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$$g/hr = Q_s \times c$$

where  $Q_s$  = volumetric flow rate of the effluent in dscm/hr, as determined in accordance with subsection (D)(1)(c), and  $c = NO_x$  concentration in g/dscm, as determined in accordance with subsection (D)(1)(a).

**Historical Note**

Former Section R18-2-706 repealed effective September 26, 1990 (Supp. 90-3). New Section R18-2-706 renumbered from R18-2-506 effective November 15, 1993 (Supp. 93-4).

**R18-2-707. Standards of Performance for Existing Sulfuric Acid Plants**

- A. Facilities that produce sulfuric acid by the contact process by burning elemental sulfur, alkylation acid, hydrogen sulfide, organic sulfide and mercaptans or acid sludge shall not discharge into the atmosphere:
  1. Greater than 2 kg of sulfur dioxide per metric ton (4 lbs/ton) of sulfuric acid produced (calculated as 100%  $H_2SO_4$ ), or
  2. Greater than 0.075 kg of sulfuric acid mist per metric ton (0.15 lbs/ton) or sulfuric acid produced (calculated as 100%  $H_2SO_4$ ).
- B. This Section shall not apply to metallurgical plants or other facilities where conversion to sulfuric acid is utilized as a means of controlling emissions to the atmosphere of sulfur dioxide or other sulfur compounds.
- C. A continuous monitoring system for the measurement of sulfur dioxide shall be installed, calibrated, maintained and operated by the owner or operator, in accordance with R18-2-313.
- D. The test methods and procedures required by this Section are as follows:
  1. The reference methods in 40 CFR 60, Appendix A shall be used to determine compliance with standards prescribed in subsection (A) as follows:
    - a. Method 8 for concentration of  $SO_2$  and acid mist;
    - b. Method 1 for sample and velocity traverses;
    - c. Method 2 for velocity and volumetric flow rate;
    - d. Method 3 for gas analysis.
  2. The moisture content can be considered to be zero. For Method 8 the sampling time for each run shall be at least 60 minutes and the minimum sample volume shall be 1.15 dscm (40.6 dscf) except that smaller sampling times or sample volumes, when necessitated by process variables or other factors, may be approved by the Director.
  3. Acid production rate, expressed in metric tons per hour of 100%  $H_2SO_4$ , shall be both:
    - a. Determined during each testing period by suitable methods, and
    - b. Confirmed by a material balance over the production system.
  4. Acid mist and sulfur dioxide emissions, expressed in g/metric ton of 100%  $H_2SO_4$ , shall be determined by dividing the emission rate in g/hr by the acid production rate. The emission rate shall be determined by the equation,  $g/hr - Q_s \times c$ , where  $Q_s$  = volumetric flow rate of the effluent in dscm/hr as determined in accordance with subsection (D)(1)(c), and  $c$  = acid mist and  $SO_2$  concentrations in g/dscm as determined in accordance with subsection (D)(1)(a).

**Historical Note**

Former Section R18-2-707 repealed effective September 26, 1990 (Supp. 90-3). New Section R18-2-707 renum-

bered from R18-2-507 effective November 15, 1993 (Supp. 93-4).

**R18-2-708. Standards of Performance for Existing Asphalt Concrete Plants**

- A. Fixed asphalt concrete plants and portable asphalt concrete plants shall meet the standards set forth in this Section.
- B. No person shall cause, allow or permit the discharge of particulate matter into the atmosphere in any one hour from any existing asphalt concrete plant in total quantities in excess of the amounts calculated by one of the following equations:
  1. For process sources having a process weight rate of 60,000 pounds per hour (30 tons per hour) or less, the maximum allowable emissions shall be determined by the following equation:
 
$$E = 4.10P^{0.67}$$
 where:  
 $E$  = the maximum allowable particulate emission rate in pounds-mass per hour.  
 $P$  = the process weight rate in tons-mass per hour.
  2. For process sources having a process weight rate greater than 60,000 pounds per hour (30 tons per hour), the maximum allowable emissions shall be determined by the following equation:
 
$$E = 55.0P^{0.11-40}$$
 where " $E$ " and " $P$ " are defined as indicated in subsection (B)(1).
- C. Actual values shall be calculated from the applicable equations and rounded off to two decimal places.
- D. For purposes of this Section, the total process weight from all similar units employing a similar type process shall be used in determining the maximum allowable emission of particulate matter.
- E. Liquid fuel containing greater than 0.9% sulfur by weight shall not be utilized for asphalt concrete plants subject to this Section.
- F. Solid fuel containing greater than 0.5% sulfur by weight shall not be utilized for asphalt concrete plants subject to this Section.
- G. The test methods and procedures required under this Section are:
  1. The referenced methods given in 40 CFR 60, Appendix A, as incorporated by reference in Appendix 2 of this Chapter, shall be used to determine compliance with the standards prescribed in subsection (B).
    - a. Method 5 for the concentration of particulate matter and the associated moisture content,
    - b. Method 1 for sample and velocity traverses,
    - c. Method 2 for velocity and volumetric flow rate,
    - d. Method 3 for gas analysis.
  2. For Method 5, the sampling time for each run shall be at least 60 minutes and the sampling rate shall be at least 0.9 dscm/hr (0.53 dscf/min) except that shorter sampling times, when necessitated by process variables or other factors, may be approved by the Director.
  3. Percent sulfur in liquid fuel shall be determined by ASTM method D-129-91 (Test Method for Sulfur in Petroleum Products) (General Bomb Method), and the percent sulfur in solid fuel shall be determined by ASTM method D-3177-89 (Test Method for Total Sulfur in the Analysis Sample of Coal and Coke).

**Historical Note**

Former Section R18-2-708 repealed effective September 26, 1990 (Supp. 90-3). New Section R18-2-708 renum-

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bered from R18-2-508 and amended effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 15 A.A.R. 281, effective March 7, 2009 (Supp. 09-1).

**R18-2-709. Expired****Historical Note**

Former Section R18-2-709 repealed effective September 26, 1990 (Supp. 90-3). New Section R18-2-709 renumbered from R18-2-509 and amended effective November 15, 1993 (Supp. 93-4). Section expired under A.R.S. § 41-1056(J) at 21 A.A.R. 15, effective September 30, 2015 (Supp. 15-4).

**R18-2-710. Standards of Performance for Existing Storage Vessels for Petroleum Liquids**

**A.** No person shall place, store or hold in any reservoir, stationary tank or other container having a capacity of 40,000 (151,400 liters) or more gallons any petroleum liquid having a vapor pressure of 1.5 pounds per square inch absolute or greater under actual storage conditions, unless such tank, reservoir or other container is a pressure tank maintaining working pressure sufficient at all times to prevent hydrocarbon vapor or gas loss to the atmosphere, or is equipped with one of the following vapor loss control devices, properly installed, in good working order and in operation:

1. A floating roof consisting of a pontoon type double-deck type roof resting on the surface of the liquid contents and equipped with a closure seal to close the space between the roof eave and tank wall and a vapor balloon or vapor dome, designed in accordance with accepted standards of the petroleum industry. The control equipment shall not be used if the petroleum liquid has a vapor pressure of 12 pounds per square inch absolute or greater under actual storage conditions.
  - a. All tank gauging and sampling devices shall be gas-tight except when gauging or sampling is taking place.
  - b. There shall be no visible holes, tears, or other openings in the seal or any seal fabric. Where applicable, all openings except drains shall be equipped with a cover, seal, or lid. The cover, seal, or lid shall be in a closed position at all times, except when the device is in actual use.
  - c. Automatic bleeder vents shall be closed at all times, except when the roof is floated off or landed on the roof leg supports.
  - d. Rim vents, if provided, shall be set to open when the roof is being floated off the roof leg supports, or at the manufacturer's recommended setting.
2. Other equipment proven to be of equal efficiency for preventing discharge of hydrocarbon gases and vapors to the atmosphere.

- B.** Any other petroleum liquid storage tank shall be equipped with a submerged filling device, or acceptable equivalent, for the control of hydrocarbon emissions.
- C.** All facilities for dock loading of petroleum products, having a vapor pressure of 1.5 pounds per square inch absolute or greater at loading pressure, shall provide for submerged filling or acceptable equivalent for control of hydrocarbon emissions.
- D.** All pumps and compressors which handle volatile organic compounds shall be equipped with mechanical seals or other equipment of equal efficiency to prevent the release of organic contaminants into the atmosphere.
- E.** The monitoring of operations required by this Section is as follows:

1. The owner or operator of any petroleum liquid storage vessel to which this Section applies shall for each such storage vessel maintain a file of each type of petroleum liquid stored, of the typical Reid vapor pressure of each type of petroleum liquid stored and of dates of storage. Dates on which the storage vessel is empty shall be shown.
2. The owner or operator of any petroleum liquid storage vessel to which this Section applies shall for such storage vessel determine and record the average monthly storage temperature and true vapor pressure of the petroleum liquid stored at such temperature if either:
  - a. The petroleum liquid has a true vapor pressure, as stored, greater than 26 mm Hg (0.5 psia) but less than 78 mm Hg (1.5 psia) and is stored in a storage vessel other than one equipped with a floating roof, a vapor recovery system or their equivalents; or
  - b. The petroleum liquid has a true vapor pressure, as stored, greater than 470 mm Hg (9.1 psia) and is stored in a storage vessel other than one equipped with a vapor recovery system or its equivalent.
3. The average monthly storage temperature shall be an arithmetic average calculated for each calendar month, or portion thereof, if storage is for less than a month, from bulk liquid storage temperatures determined at least once every seven days.
4. The true vapor pressure shall be determined by the procedures in American Petroleum Institute Bulletin 2517, amended as of February 1980 (and no future editions), which is incorporated herein by reference and on file with the Office of the Secretary of State. This procedure is dependent upon determination of the storage temperature and the Reid vapor pressure, which requires sampling of the petroleum liquids in the storage vessels. Unless the Director requires in specific cases that the stored petroleum liquid be sampled, the true vapor pressure may be determined by using the average monthly storage temperature and the typical Reid vapor pressure. For those liquids for which certified specifications limiting the Reid vapor pressure exist, the Reid vapor pressure may be used. For other liquids, supporting analytical data must be made available upon request to the Director when typical Reid vapor pressure is used.

**Historical Note**

Section R18-2-710 renumbered from R18-2-510 effective November 15, 1993 (Supp. 93-4).

**R18-2-711. Expired****Historical Note**

Section R18-2-711 renumbered from R18-2-511 effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 15 A.A.R. 281, effective March 7, 2009 (Supp. 09-1). Section expired under A.R.S. § 41-1056(J) at 21 A.A.R. 15, effective September 30, 2015 (Supp. 15-4).

**R18-2-712. Expired****Historical Note**

Section R18-2-712 renumbered from R18-2-512 effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 15 A.A.R. 281, effective March 7, 2009 (Supp. 09-1). Section expired under A.R.S. § 41-1056(J) at 21 A.A.R. 15, effective September 30, 2015 (Supp. 15-4).

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**R18-2-713. Expired****Historical Note**

Section R18-2-713 renumbered from R18-2-513 effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 15 A.A.R. 281, effective March 7, 2009 (Supp. 09-1). Section expired under A.R.S. § 41-1056(J) at 21 A.A.R. 15, effective September 30, 2015 (Supp. 15-4).

**R18-2-714. Standards of Performance for Existing Sewage Treatment Plants**

- A.** No person shall cause, allow or permit to be emitted into the atmosphere, from any municipal sewage treatment plant sludge incinerator:
1. Smoke, fumes, gases, particulate matter or other gas-borne material which exceeds 20% opacity for more than 30 seconds in any 60-minute period.
  2. Particulate matter in concentrations in excess of 0.1 grain per cubic foot, based on dry flue gas at standard conditions, corrected to 12% carbon dioxide.
- B.** The owner or operator of any sludge incinerator subject to the provisions of this Section shall monitor operations by doing all of the following:
1. Install, calibrate, maintain and operate a flow measuring device which can be used to determine either the mass or volume of sludge charged to the incinerator. The flow measuring device shall have an accuracy of  $\pm 5\%$  over its operating range.
  2. Provide access to the sludge charged so that a well-mixed representative grab sample of the sludge can be obtained.
  3. Install, calibrate, maintain and operate a weighing device for determining the mass of any municipal solid waste charged to the incinerator when sewage sludge and municipal solid wastes are incinerated together. The weighing device shall have an accuracy of  $\pm 5\%$  over its operating range.
- C.** The test methods and procedures required by this Section are as follows:
1. The reference methods set forth in 40 CFR 60, Appendix A shall be used to determine compliance with the standards prescribed in subsection (A) as follows:
    - a. Method 5 for concentration of particulate matter and associated moisture content;
    - b. Method 1 for sample and velocity traverses;
    - c. Method 2 for volumetric flow rate; and
    - d. Method 3 for gas analysis.
  2. For Method 5, the sampling time for each run shall be at least 60 minutes and the sampling rate shall be at least 0.015 dscm/min (0.53 dscf/min), except that shorter sampling times, when necessitated by process variables or other factors, may be approved by the Director.

**Historical Note**

Section R18-2-714 renumbered from R18-2-514 effective November 15, 1993 (Supp. 93-4).

**R18-2-715. Standards of Performance for Existing Primary Copper Smelters; Site-specific Requirements**

- A.** No owner or operator of a primary copper smelter shall cause, allow or permit the discharge of particulate matter into the atmosphere from any process in total quantities in excess of the amount calculated by one of the following equations:
1. For process sources having a process weight rate of 60,000 pounds per hour (30 tons per hour) or less, the

maximum allowable emissions shall be determined by the following equation:

$$E = 4.10P^{0.67}$$

where

E = the maximum allowable particulate emissions rate in pounds-mass per hour.

P = the process weight rate in tons-mass per hour.

2. For process sources having a process weight rate greater than 60,000 pounds per hour (30 tons per hour), the maximum allowable emissions shall be determined by the following equation:

$$E = 55.0P^{0.11-40}$$

where "E" and "P" are defined as indicated in subsection (A)(1).

- B.** Actual values shall be calculated from the applicable equations and rounded off to two decimal places.
- C.** For purposes of this Section, the total process weight from all similar units employing a similar type process shall be used in determining the maximum allowable emission of particulate matter for that process.
- D.** The opacity of emissions subject to the provisions of this Section shall not exceed 20%.
- E.** The reference methods set forth in the Arizona Testing Manual and 40 CFR 60, Appendix A, as incorporated by reference in Appendix 2 of this Chapter, shall be used to determine compliance with the standards prescribed in this Section as follows:
1. Method A1 or Reference Method 5 for concentration of particulate matter and associated moisture content,
  2. Reference Method 1 for sample and velocity traverses,
  3. Reference Method 2 for volumetric flow rate,
  4. Reference Method 3 for gas analysis.
- F.** Except as provided in a consent decree or a delayed compliance order, the owner or operator of any primary copper smelter shall not discharge or cause the discharge of sulfur dioxide into the atmosphere from any stack required to be monitored by R18-2-715.01(K) in excess of the following:
1. For the copper smelter located near Hayden, Arizona at latitude 33°0'29"N and longitude 110°47'17" W:
    - a. Annual average emissions, as calculated under R18-2-715.01(C), shall not exceed 6,882 pounds per hour.
    - b. The number of three-hour average emissions, as calculated under R18-2-715.01(C), shall not exceed n cumulative occurrences in excess of E, the emission level, shown in the following table in any compliance period as defined in R18-2-715.01(J):

n, Cumulative Occurrences	E, (lb/hr)
0	24,641
1	22,971
2	21,705
4	20,322
7	19,387
12	18,739
20	17,656
32	16,988
48	16,358
68	15,808
94	15,090
130	14,423

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180	13,777
245	13,212
330	12,664
435	12,129
560	11,621
710	11,165
890	10,660
1100	10,205
1340	9,748
1610	9,319
1910	8,953
2240	8,556

2. For the copper smelter located near Miami, Arizona at latitude 33°24'50"N and longitude 110°51'25"W:
- Annual average emissions, as calculated under R18-2-715.01(C), shall not exceed 604 pounds per hour.
  - The number of three-hour average emissions, as calculated under R18-2-715.01(C), shall not exceed *n* cumulative occurrences in excess of *E*, the emission level, shown in the following table in any compliance period as defined in R18-2-715.01(J):

<i>n</i> , Cumulative Occurrences	<i>E</i> , (lb/hr)
0	8678
1	7158
2	5903
4	4575
7	4074
12	3479
20	3017
32	2573
48	2111
68	1703
94	1461
130	1274
180	1145
245	1064
330	1015
435	968
560	933
710	896
890	862
1100	828
1340	797
1610	765
1910	739
2240	712

- G. Except as provided in a consent decree or a delayed compliance order, for the copper smelter located near Hayden, Arizona at latitude 33°0'29"N and longitude 110°47'17"W, annual average fugitive emissions calculated under R18-2-715.01(T) shall not exceed 295 pounds per hour.
- H. In addition to the limits in subsection (F)(3), except as provided in a consent decree or a delayed compliance order, the

owner or operator of the copper smelter located near Miami, Arizona at latitude 33°24'50"N and longitude 110°51'25"W shall not discharge or cause the discharge of sulfur dioxide into the atmosphere from combined stack and fugitive emissions units in excess of the 2420 pounds per hour annual average calculated under R18-2-715.01(U).

- I. The owner and operator of the copper smelter located near Hayden, Arizona at the latitude and longitude provided in R18-2-715(F)(1) shall comply with Section R18-2-715(F)(1) and R18-2-715(G) until the effective date of R18-2-B1302 as determined by R18-2-B1302(A)(2). The owner and operator of the copper smelter located near Miami, Arizona at the latitude and longitude provided in R18-2-715(F)(2) shall comply with Section R18-2-715(F)(2) and R18-2-715(H) until the effective date of R18-2-C1302 as determined by R18-2-C1302(A)(2).

**Historical Note**

Section R18-2-715 renumbered from R18-2-515 and amended effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 8 A.A.R. 575, effective January 15, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 3365, effective July 18, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 2157, effective August 4, 2007 (Supp. 07-2). Amended by final rulemaking at 15 A.A.R. 281, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 23 A.A.R. 767, effective May 7, 2017, (Supp. 17-1).

**R18-2-715.01. Standards of Performance for Existing Primary Copper Smelters; Compliance and Monitoring**

- A. The cumulative occurrence and emission limits in R18-2-715(F) apply to the total of sulfur dioxide emissions from the smelter processing units and sulfur dioxide control and removal equipment, but not uncaptured fugitive emissions or emissions due solely to the use of fuel for space heating or steam generation.
- B. The owner or operator shall include periods of malfunction, startup, shutdown or other upset conditions when determining compliance with the cumulative occurrence or annual average emission limits in R18-2-715(F), (G), or (H).
- C. The owner or operator shall determine compliance with the cumulative occurrence and emission limits contained in R18-2-715(F) as follows:
- The owner or operator shall calculate annual average emissions at the end of each day by averaging the emissions for all hours measured during the compliance period defined in subsection (J) ending on that day. An annual emissions average in excess of the allowable annual average emission limit is a violation of R18-2-715(F) if either:
    - The annual average is greater than the annual average computed for the preceding day; or
    - The annual averages computed for the five preceding days all exceed the allowable annual average emission limit.
  - The owner or operator shall calculate a three-hour emissions average at the end of each clock hour by averaging the hourly emissions for the preceding three consecutive hours provided each hour was measured according to the requirements in subsection (K).
- D. For purposes of this Section, the compliance date, unless otherwise provided in a consent decree or a delayed compliance order, shall be January 14, 1986, except that:

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1. The compliance date for the cumulative occurrence and emissions limits in R18-2-715(F)(1) and R18-2-715(G) is January 15, 2002, and
  2. The compliance date for the cumulative occurrence and emissions limits in R18-2-715(F)(2), (F)(3), (G), and (H) is the effective date of this rule.
- E.** For purposes of subsection (C), a three-hour emissions average in excess of an emission level E violates the associated cumulative occurrence limit n listed in R18-2-715(F) if:
1. The number of all three-hour emissions averages calculated during the compliance period in excess of that emission level exceeds the cumulative occurrence limit associated with the emission level; and
  2. The average is calculated during the last operating day of the compliance period being reported.
- F.** A three-hour emissions average only violates the cumulative occurrence limit n of an emission level E on the day containing the last hour in the average.
- G.** Multiple violations of the same cumulative occurrence limit on the same day and violations of different cumulative occurrence limits on the same day constitute a single violation of R18-2-715(F).
- H.** The violation of any cumulative occurrence limit and an annual average emission limit on the same day constitutes only a single violation of the requirements of R18-2-715(F).
- I.** Multiple violations of a cumulative occurrence limit by different three-hour emissions averages containing any common hour constitutes a single violation of R18-2-715(F).
- J.** To determine compliance with subsections (C) through (I), the compliance period consists of the 365 calendar days immediately preceding the end of each day of the month being reported unless that period includes less than 300 operating days, in which case the number of days preceding the last day of the compliance period shall be increased until the compliance period contains 300 operating days. For purposes of this Section, an operating day is any day on which sulfur-containing feed is introduced into the smelting process.
- K.** To determine compliance with R18-2-715(F) or (H), the owner or operator of any smelter subject to R18-2-715(F) or (H) shall install, calibrate, maintain, and operate a measurement system for continuously monitoring sulfur dioxide concentrations and stack gas volumetric flow rates in each stack that could emit five percent or more of the allowable annual average sulfur dioxide emissions from the smelter.
1. The owner or operator shall continuously monitor sulfur dioxide concentrations and stack gas volumetric flow rates in the outlet of each piece of sulfur dioxide control equipment.
  2. The owner or operator shall continuously monitor captured fugitive emissions for sulfur dioxide concentrations and stack gas volumetric flow rates and include these emissions as part of total plant emissions when determining compliance with the cumulative occurrence and emissions limits in R18-2-715(F) and (H).
  3. If the owner or operator demonstrates to the Director that measurement of stack gas volumetric flow in the outlet of any particular piece of sulfur dioxide control equipment would yield inaccurate results once operational or would be technologically infeasible, then the Director may allow measurement of the flow rate at an alternative sampling point.
  4. For purposes of this subsection, continuous monitoring means the taking and recording of at least one measurement of sulfur dioxide concentration and stack gas flow rate reading from the effluent of each affected stack, outlet, or other approved measurement location in each 15-minute period. Fifteen-minute periods start at the beginning of each clock hour, and run consecutively. An hour of smelter emissions is considered continuously monitored if the emissions from all monitored stacks, outlets, or other approved measurement locations are measured for at least 45 minutes of any hour according to the requirements of this subsection.
5. The owner or operator shall demonstrate that the continuous monitoring system meets all of the following requirements:
- a. The sulfur dioxide continuous emission monitoring system installed and operated under this Section meets the requirements of 40 CFR 60, Appendix B, Performance Specification 6.
  - b. The sulfur dioxide continuous emission monitoring system installed and operated under this Section meets the quality assurance requirements of 40 CFR 60, Appendix F.
  - c. The owner or operator shall notify the Director in writing at least 30 days in advance of the start of relative accuracy test audit (RATA) procedures performed on the continuous monitoring system.
  - d. The Director shall approve the location of all sampling points for monitoring sulfur dioxide concentrations and stack gas volumetric flow rates in writing before installation and operation of measurement instruments.
  - e. The measurement system installed and used under this subsection is subject to the manufacturer's recommended zero adjustment and calibration procedures at least once per 24-hour operating period unless the manufacturer specifies or recommends calibration at shorter intervals, in which case specifications or recommendations shall be followed. The owner or operator shall make available a record of these procedures that clearly shows instrument readings before and after zero adjustment and calibration.
- L.** The owner or operator of a smelter subject to this Section shall measure at least 95 percent of the hours during which emissions occurred in any month.
- M.** Failure of the owner or operator of a smelter subject to this Section to measure any 12 consecutive hours of emissions according to the requirements of subsection (K) or (S) is a violation of this Section.
- N.** The owner or operator of any smelter subject to this Section shall maintain on hand and ready for immediate installation sufficient spare parts or duplicate systems for the continuous monitoring equipment required by this Section to allow for the replacement within six hours of any monitoring equipment part that fails or malfunctions during operation.
- O.** To determine total overall emissions, the owner or operator of any smelter subject to this Section shall perform material balances for sulfur according to the procedures prescribed by Appendix 8 of this Chapter.
- P.** The owner or operator of any smelter subject to this Section shall maintain a record of all average hourly emissions measurements and all calculated average monthly emissions required by this Section. The record of the emissions shall be retained for at least five years following the date of measurement or calculation. The owner or operator shall record the measurement or calculation results as pounds per hour of sul-

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fur dioxide. The owner or operator shall summarize the following data monthly and submit the summary to the Director within 20 days after the end of each month:

1. For all periods described in subsection (C) and (R), the annual average emissions as calculated at the end of each day of the month;
  2. The total number of hourly periods during the month in which measurements were not taken and the reason for loss of measurement for each period;
  3. The number of three-hour emissions averages that exceeded each of the applicable emissions levels listed in R18-2-715(F) and (G) for the compliance periods ending on each day of the month being reported;
  4. The date on which a cumulative occurrence limit listed in R18-2-715(F) or (G) was exceeded if the exceedance occurred during the month being reported; and
  5. For all periods described in subsection (T) and (U), the annual average emissions as calculated at the end of the last day of each month.
- Q.** An owner or operator shall install instrumentation to monitor each point in the smelter facility where a means exists to bypass the sulfur removal equipment, to detect and record all periods that the bypass is in operation. An owner or operator of a copper smelter shall report to the Director, not later than the 15th day of each month, the recorded information required by this Section, including an explanation for the necessity of the use of the bypass.
- R.** The owner or operator shall determine compliance with the cumulative occurrence and fugitive emission limits contained in R18-2-715(G) as follows:
1. The owner or operator shall calculate annual average emissions at the end of each day by averaging the emissions for all hours measured during the compliance period, as defined in subsection (R)(8), ending on that day. An annual emissions average in excess of the allowable annual average emission limit is a violation of R18-2-715(G) if either:
    - a. The annual average is greater than the annual average computed for the preceding day; or
    - b. The annual averages computed for the five preceding days all exceed the allowable annual average emission limit.
  2. The owner or operator shall calculate a three-hour emissions average at the end of each clock hour by averaging the hourly emissions for the preceding three consecutive hours provided each hour was measured according to the requirements contained in subsection (S).
  3. For purposes of subsection (R)(2), a three-hour emissions average in excess of an emission level  $E_f$  violates the associated cumulative occurrence limit listed in R18-2-715(G) if:
    - a. The number of all three-hour emissions averages calculated during the compliance period in excess of that emission level exceeds the cumulative occurrence limit associated with the emission level; and
    - b. The average is calculated during the last operating day of the compliance period being reported.
  4. A three-hour emissions average only violates the cumulative occurrence limit  $n$  of an emission level  $E_f$  on the day containing the last hour in the average.
  5. Multiple violations of the same cumulative occurrence limit on the same day and violations of different cumulative occurrence limits on the same day constitute a single violation of R18-2-715(G).
  6. The violation of any cumulative occurrence limit and an annual average emission limit on the same day constitutes only a single violation of the requirements of R18-2-715(G).
  7. Multiple violations of a cumulative occurrence limit by different three-hour emissions averages containing any common hour constitutes a single violation of R18-2-715(G).
  8. To determine compliance with subsections (R)(1) through (7), the compliance period consists of the 365 calendar days immediately preceding the end of each day of the month being reported unless that period includes less than 300 operating days, in which case the number of days preceding the last day of the compliance period shall be increased until the compliance period contains 300 operating days. For purposes of this Section, an operating day is any day on which sulfur-containing feed is introduced into the smelting process.
- S.** To determine compliance with R18-2-715(G), the owner or operator of the smelter subject to R18-2-715(G) shall install, calibrate, maintain, and operate a measurement system for continuously monitoring sulfur dioxide concentrations of the converter roof fugitive emissions.
1. For purposes of this subsection, continuous monitoring means the taking and recording of at least one measurement of sulfur dioxide concentration from an approved measurement location in each 15-minute period. Fifteen-minute periods start at the beginning of each clock hour, and run consecutively. An hour of smelter emissions is considered continuously monitored if the emissions from all approved measurement locations are measured for at least 45 minutes of any hour according to the requirements of this subsection.
  2. The owner or operator of a smelter subject to the requirements of this subsection shall conduct quality assurance procedures on the continuous monitoring system according to the methods in 40 CFR 60, Appendix F, except that an annual relative accuracy test audit (RATA) is not required.
- T.** The emission limit in R18-2-715(G) applies to the total of uncaptured fugitive sulfur dioxide emissions from the smelter processing units and sulfur dioxide control and removal equipment, but not emissions due solely to the use of fuel for space heating or steam generation. The owner or operator shall determine compliance with the emission limit contained in R18-2-715(G) as follows:
1. The owner or operator shall calculate annual average fugitive emissions at the end of the last day of each month by averaging the monthly emissions for the previous 12-month period ending on that day. To determine monthly fugitive emissions, the owner or operator shall perform material balances for sulfur according to the sulfur balance procedures prescribed in Appendix 8 of this Chapter.
  2. An annual emissions average in excess of the allowable annual average emission limit violates R18-2-715(G) if the fugitive annual average computed at the end of each month exceeds the allowable annual average emission limit.
- U.** The emission limit in R18-2-715(H) applies to the total of stack and uncaptured fugitive sulfur dioxide emissions from the smelter processing units and sulfur dioxide control and removal equipment, but not emissions due solely to the use of fuel for space heating or steam generation. The owner or oper-



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ator shall determine compliance with the emission limit contained in R18-2-715(H) as follows:

1. The owner or operator shall calculate annual average stack emissions at the end of the last day of each month by averaging the emissions for all hours measured during the previous 12-month period ending on that day according to the requirements contained in subsection (K).
  2. The owner or operator shall calculate annual average fugitive emissions at the end of the last day of each month by averaging the monthly emissions for the previous 12-month period ending on that day. To determine monthly fugitive emissions, the owner or operator shall perform material balances for sulfur according to the sulfur balance procedures prescribed in Appendix 8 of this Chapter.
  3. An annual emissions average in excess of the allowable annual average emission limit violates R18-2-715(H) if the total of the stack and fugitive annual averages computed at the end of each month exceeds the allowable annual average emission limit.
- V. The owner and operator of the copper smelter located near Hayden, Arizona at the latitude and longitude provided in R18-2-715(F)(1) shall comply with Section R18-2-715.01 until the effective date of R18-2-B1302 as determined by R18-2-B1302(A)(2). The owner and operator of the copper smelter located near Miami, Arizona at the latitude and longitude provided in R18-2-715(F)(2) shall comply with Section R18-2-715.01 until the effective date of R18-2-C1302 as determined by R18-2-C1302(A)(2).
- Historical Note**
- Section R18-2-715.01 renumbered from R18-2-515.01 and amended effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 8 A.A.R. 575, effective January 15, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 3365, effective July 18, 2002 (Supp. 02-3). Amended by final rulemaking at 23 A.A.R. 767, effective May 7, 2017, (Supp. 17-1).
- R18-2-715.02. Standards of Performance for Existing Primary Copper Smelters; Fugitive Emissions**
- A. For purposes of this Section, the compliance date, unless otherwise provided in a consent decree or a delayed compliance order, shall be January 14, 1986.
- B. No later than 24 months before the compliance date, the owner or operator of a smelter subject to R18-2-715 shall submit to the Director the results of an evaluation of the fugitive emissions from the smelter. The evaluation results shall contain all of the following information:
1. A measurement or accurate estimate of total fugitive emissions from the smelter during typical operations, including planned start-up and shutdown. The measurement or estimate shall contain the amount of both average short-term (24 hours) and average long-term (monthly) fugitive emissions from the smelter. The evaluation plan shall be approved in advance by the Department and shall specify the method used to determine the fugitive emission amounts, including the conditions determined to be "typical operations" for the smelter.
  2. A measurement or accurate estimate of the relative proportion, expressed as a percentage, of total fugitive emissions during typical operations, including planned start-up and shutdown, produced by any of the following smelter processes:
    - a. Roaster or dryer operation;
    - b. Calcine or dried concentrate transfer;
    - c. Reverberatory furnace operations, including feeding, slag return, matte and slag tapping;
    - d. Matte transfer; and
    - e. Converter operations.
3. The measurement technique or method of estimation used to fulfill the requirement in subsection (B)(2) shall be approved in advance by the Department.
4. The results of at least a six-month fugitive emission impact analysis conducted during that part of the year when fugitive emissions are expected to have the greatest ambient air quality impact. The study shall utilize sufficient measurements of fugitive emissions, meteorological conditions and ambient sulfur dioxide concentrations to associate fugitive emissions with specific measured ambient concentrations of sulfur dioxide. The study shall describe in detail the techniques used to make the required determinations. The design of the study shall be approved in advance by the Department.
- C. On the basis of the results of the evaluation as well as other data and information contained in the records of the Department, the Director shall determine whether fugitive emissions from a particular smelter have the potential to cause or significantly contribute to violations of the ambient sulfur dioxide standards in the vicinity of the smelter. If the Director finds that fugitive emissions from a particular smelter have the potential to cause or significantly contribute to violations of ambient sulfur dioxide standards in the vicinity of a smelter, then the Director shall adopt rules specifying the emission limits and undertake other appropriate measures necessary to maintain ambient sulfur dioxide standards.
- D. The requirements of subsection (B) shall not apply to a smelter subject to this Section if the owner or operator of that smelter can demonstrate to the Director both that:
1. Compliance with the applicable cumulative occurrence and emission limits listed in R18-2-715(F) will require the smelter to undergo major modifications to its physical configuration or work practices prior to the compliance date, and
  2. That the modification will reduce fugitive emissions to such an extent that such emissions will not cause or significantly contribute to violations of ambient sulfur dioxide standards in the vicinity of the smelter.
- E. In order to assess the sufficiency of the cumulative occurrence and emission limits contained in R18-2-715(F) to maintain the ambient air quality standards for sulfur dioxide set forth in R18-2-202, an owner or operator of a smelter subject to this Section shall continue to calibrate, maintain and operate any ambient sulfur dioxide monitoring equipment owned by the smelter owner or operator and in operation within the area of the smelter enclosed by a circle with 10-mile radius as calculated from a center point which shall be the point of the smelter's greatest sulfur dioxide emissions, for a period of at least three years after the compliance date.
1. Such monitors shall be operated and maintained in accordance with 40 CFR 50 and 58 and such other conditions as the Director deems necessary.
  2. The location of ambient sulfur dioxide monitors and length of time such monitors remain at a location shall be determined by the Director.
- F. The owner and operator of the copper smelter located near Hayden, Arizona at the latitude and longitude provided in R18-2-715(F)(1) shall comply with Section R18-2-715.02 until the effective date of R18-2-B1302 as determined by R18-

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2-B1302(A)(2). The owner and operator of the copper smelter located near Miami, Arizona at the latitude and longitude provided in R18-2-715(F)(2) shall comply with Section R18-2-715.02 until the effective date of R18-2-C1302 as determined by R18-2-C1302(A)(2).

**Historical Note**

Section R18-2-715.02 renumbered from R18-2-515.02 and amended effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 23 A.A.R. 767, effective May 7, 2017, (Supp. 17-1).

**R18-2-716. Standards of Performance for Existing Coal Preparation Plants**

- A. The provisions of this Section are applicable to any of the following affected facilities in coal preparation plants: thermal dryers, pneumatic coal-cleaning equipment, coal processing and conveying equipment including breakers and crushers, coal storage systems, and coal transfer and loading systems. For purposes of this Section, the definitions contained in 40 CFR 60.251 are adopted by reference and incorporated herein.
- B. No person shall cause, allow or permit the discharge of particulate matter into the atmosphere in any one hour from any existing coal preparation plant in total quantities in excess of the amounts calculated by one of the following equations:
  1. For process sources having a process weight rate of 60,000 pounds per hour (30 tons per hour) or less, the maximum allowable emissions shall be determined by the following equation:  

$$E = 4.10P^{0.67}$$
 where:  
 $E$  = the maximum allowable particulate emissions rate in pounds-mass per hour.  
 $P$  = the process weight rate in tons-mass per hour.
  2. For process sources having a process weight rate greater than 60,000 pounds per hour (30 tons per hour), the maximum allowable emissions shall be determined by the following equation:  

$$E = 55.0P^{0.11-40}$$
 where "E" and "P" are defined as indicated in subsection (B)(1).
- C. Actual values shall be calculated from the applicable equations and rounded off to two decimal places.
- D. For purposes of this Section, the total process weight from all similar units employing a similar type process shall be used in determining the maximum allowable emission of particulate matter.
- E. Fugitive emissions from coal preparation plants shall be controlled in accordance with R18-2-604 through R18-2-607.
- F. The test methods and procedures required by this Section are as follows:
  1. The reference methods in the 40 CFR 60, Appendix A, as incorporated by reference in Appendix 2 of this Chapter, are used to determine compliance with standards prescribed in subsection (B) as follows:
    - a. Method 5 for the concentration of particulate matter and associated moisture content,
    - b. Method 1 for sample and velocity traverses,
    - c. Method 2 for velocity and volumetric flow rate,
    - d. Method 3 for gas analysis.
  2. For Method 5, the sampling time for each run shall be at least 60 minutes and the minimum sample volume is 0.85 dscm (30 dscf) except that short sampling times or smaller volumes, when necessitated by process variables or other factors, may be approved by the Director. Sam-

pling shall not be started until 30 minutes after start-up and shall be terminated before shutdown procedures commence. The owner or operator of the affected facility shall eliminate cyclonic flow during performance tests in a manner acceptable to the Director.

3. The owner or operator shall construct the facility so that particulate emissions from thermal dryers or pneumatic coal cleaning equipment can be accurately determined by applicable test methods and procedures under subsection (F)(1).

**Historical Note**

Section R18-2-716 renumbered from R18-2-516 and amended effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 15 A.A.R. 281, effective March 7, 2009 (Supp. 09-1).

**R18-2-717. Expired****Historical Note**

Section R18-2-717 renumbered from R18-2-517 effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 15 A.A.R. 281, effective March 7, 2009 (Supp. 09-1). Section expired under A.R.S. § 41-1056(J) at 21 A.A.R. 15, effective September 30, 2015 (Supp. 15-4).

**R18-2-718. Repealed****Historical Note**

Section R18-2-718 renumbered from R18-2-518 effective November 15, 1993 (Supp. 93-4). Section repealed by final rulemaking at 13 A.A.R. 2157, effective August 4, 2007 (Supp. 07-2).

**R18-2-719. Standards of Performance for Existing Stationary Rotating Machinery**

- A. The provisions of this Section are applicable to the following affected facilities: all stationary gas turbines, oil-fired turbines, or internal combustion engines. This Section also applies to an installation operated for the purpose of producing electric or mechanical power with a resulting discharge of sulfur dioxide in the installation's effluent gases.
- B. For purposes of this Section, the heat input shall be the aggregate heat content of all fuels whose products of combustion pass through a stack or other outlet. Compliance tests shall be conducted during operation at the normal rated capacity of each unit. The total heat input of all operating fuel-burning units on a plant or premises shall be used for determining the maximum allowable amount of particulate matter which may be emitted.
- C. No person shall cause, allow or permit the emission of particulate matter, caused by combustion of fuel, from any stationary rotating machinery in excess of the amounts calculated by one of the following equations:
  1. For equipment having a heat input rate of 4200 million Btu per hour or less, the maximum allowable emissions shall be determined by the following equation:  

$$E = 1.02Q^{0.769}$$
 where:  
 $E$  = the maximum allowable particulate emissions rate in pounds-mass per hour.  
 $Q$  = the heat input in million Btu per hour.
  2. For equipment having a heat input rate greater than 4200 million Btu per hour, the maximum allowable emissions shall be determined by the following equation:  

$$E = 17.0Q^{0.432}$$

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where "E" and "Q" have the same meaning as in subsection (C)(1).

- D. Actual values shall be calculated from the applicable equations and rounded off to two decimal places.
- E. No person shall cause, allow or permit to be emitted into the atmosphere from any stationary rotating machinery, smoke for any period greater than 10 consecutive seconds which exceeds 40% opacity. Visible emissions when starting cold equipment shall be exempt from this requirement for the first 10 minutes.
- F. When low sulfur oil is fired, stationary rotating machinery installations shall burn fuel which limits the emission of sulfur dioxide to 1.0 pound per million Btu heat input.
- G. When high sulfur oil is fired, stationary rotating machinery installations shall not emit more than 2.2 pounds of sulfur dioxide per million Btu heat input.
- H. Any permit issued for the operation of an existing source, or any renewal or modification of such a permit, shall include a condition prohibiting the use of high sulfur oil by the permittee. This condition may not be included in the permit if the applicant demonstrates to the satisfaction of the Director both that sufficient quantities of low sulfur oil are not available for use by the source and that it has adequate facilities and contingency plans to ensure that the sulfur dioxide ambient air quality standards set forth in R18-2-202 will not be violated.
  - 1. The terms of the permit may authorize the use of high sulfur oil under such conditions as are justified.
  - 2. In cases where the permittee is authorized to use high sulfur oil, it shall submit to the Department monthly reports detailing its efforts to obtain low sulfur oil.
  - 3. When the conditions justifying the use of high sulfur oil no longer exist, the permit shall be modified accordingly.
  - 4. Nothing in this Section shall be construed as allowing the use of a supplementary control system or other form of dispersion technology.
- I. The owner or operator of any stationary rotating machinery subject to the provisions of this Section shall record daily the sulfur content and lower heating value of the fuel being fired in the machine.
- J. The owner or operator of any stationary rotating machinery subject to the provisions of this Section shall report to the Director any daily period during which the sulfur content of the fuel being fired in the machine exceeds 0.8%.
- K. The test methods and procedures required by this Section are as follows:
  - 1. To determine compliance with the standards prescribed in subsections (C) through (H), the following reference methods shall be used:
    - a. Reference Method 20 in 40 CFR 60, Appendix A, as incorporated by reference in Appendix 2 of this Chapter, for the concentration of sulfur dioxide and oxygen.
    - b. ASTM Method D129-91 (Test Method for Sulfur in Petroleum Products) (General Bomb Method) for the sulfur content of liquid fuels.
    - c. ASTM Method D1072-90 (Test Method for Total Sulfur in Fuel Gases for the sulfur content of gaseous fuels).
  - 2. To determine compliance with the standards prescribed in subsection (J), the following reference methods shall be used:
    - a. ASTM Method D129-91 (Test Method for Sulfur in Petroleum Products) (General Bomb Method) for the sulfur content of liquid fuels.

- b. ASTM Method D1072-90 (Test Method for Total Sulfur in Fuel Gases) for the sulfur content of gaseous fuels.

**Historical Note**

Section R18-2-719 renumbered from R18-2-519 and amended effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 15 A.A.R. 281, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2).

**R18-2-720. Standards of Performance for Existing Lime Manufacturing Plants**

- A. The provisions of this Section are applicable to the following affected facilities used in the manufacture of lime: rotary lime kilns, vertical lime kilns, lime hydrators, and limestone crushing facilities. This Section is also applicable to limestone crushing equipment which exists apart from other lime manufacturing facilities.
- B. No person shall cause, allow or permit the discharge of particulate matter into the atmosphere in any one hour from any lime manufacturing or limestone crushing facility in total quantities in excess of the amounts calculated by one of the following equations:
  - 1. For process sources having a process weight rate of 60,000 pounds per hour (30 tons per hour) or less, the maximum allowable emissions shall be determined by the following equation:  

$$E = 4.10P^{0.67}$$
 where:  
 E = the maximum allowable particulate emissions rate in pounds-mass per hour.  
 P = the process weight rate in tons-mass per hour.
  - 2. For process sources having a process weight rate greater than 60,000 pounds per hour (30 tons per hour), the maximum allowable emissions shall be determined by the following equation:  

$$E = 55.0P^{0.11-40}$$
 where "E" and "P" are defined as indicated in subsection (B)(1).
- C. Actual values shall be calculated from the applicable equations and rounded off to two decimal places.
- D. For purposes of this Section, the total process weight from all similar units employing a similar type process shall be used in determining the maximum allowable emission of particulate matter.
- E. Fugitive emissions from lime plants shall be controlled in accordance with R18-2-604 through R18-2-607.
- F. The owner or operator subject to the provisions of this Section shall install, calibrate, maintain, and operate a continuous monitoring system, except as provided in subsection (G), to monitor and record the opacity of the gases discharged into the atmosphere from any rotary lime kiln. The span of this system shall be set at 70% opacity.
- G. The owner or operator of any rotary lime kiln using a wet scrubbing emission control device subject to the provisions of this Section shall not be required to monitor the opacity of the gases discharged as required in subsection (F).
- H. The test methods and procedures required by this Section are as follows:
  - 1. The reference methods in 40 CFR 60, Appendix A, as incorporated by reference in Appendix 2 of this Chapter, shall be used to determine compliance with this Section as follows:

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- a. Method 5 for the measurement of particulate matter,
  - b. Method 1 for sample and velocity traverses,
  - c. Method 2 for velocity and volumetric flow rate,
  - d. Method 3 for gas analysis,
  - e. Method 4 for stack gas moisture,
  - f. Method 9 for visible emissions.
2. For Method 5, the sampling time for each run shall be at least 60 minutes and the sampling rate shall be at least 0.85 dscm/hr (0.53 dscf/min), except that shorter sampling times, when necessitated by process variables or other factors, may be approved by the Director.
  3. Because of the high moisture content of the exhaust gases from the hydrators, in the range of 40 to 85% by volume, the Method 5 sample train may be modified to include a calibrated orifice immediately following the sample nozzle when testing lime hydrators. In this configuration, the sampling rate necessary for maintaining isokinetic conditions can be directly related to exhaust gas velocity without a correction for moisture content.

**Historical Note**

Section R18-2-720 renumbered from R18-2-520 and amended effective November 15, 1993 (Supp. 93-4).  
Amended by final rulemaking at 15 A.A.R. 281, effective March 7, 2009 (Supp. 09-1).

**R18-2-721. Standards of Performance for Existing Non-ferrous Metals Industry Sources**

- A. The provisions of this Section are applicable to the following affected facilities:
  1. Mines,
  2. Mills,
  3. Concentrators,
  4. Crushers,
  5. Screens,
  6. Material handling facilities,
  7. Fine ore storage,
  8. Dryers,
  9. Roasters, and
  10. Loaders.
- B. No person shall cause, allow or permit the discharge of particulate matter into the atmosphere in any one hour from any process source subject to the provisions of this Section in total quantities in excess of the amounts calculated by one of the following equations:
  1. For process sources having a process weight rate of 60,000 pounds per hour (30 tons per hour) or less, the maximum allowable emissions shall be determined by the following equation:  

$$E = 4.10P^{0.67}$$
 where:  
 E = the maximum allowable particulate emissions rate in pounds-mass per hour.  
 P = the process weight rate in tons-mass per hour.
  2. For process sources having a process weight greater than 60,000 pounds per hour (30 tons per hour), the maximum allowable emissions shall be determined by the following equation:  

$$E = 55.0P^{0.11-40}$$
 where "E" and "P" are defined as indicated in subsection (B)(1).
- C. Actual values shall be calculated from the applicable equations and rounded off to two decimal places.
- D. For purposes of this Section, the total process weight from all similar units employing a similar type process shall be used in

determining the maximum allowable emission of particulate matter.

- E. No person shall cause, allow or permit to be discharged into the atmosphere from any dryer or roaster the operating temperature of which exceeds 700°F, reduced sulfur in excess of 10% of the sulfur entering the process as feed. Reduced sulfur includes sulfur equivalent from all sulfur emissions including sulfur dioxide, sulfur trioxide, and sulfuric acid.
- F. The owner or operator of any mining property subject to the provisions of this Section shall record the daily process rates and hours of operation of all material handling facilities.
- G. A continuous monitoring system for measuring sulfur dioxide emissions shall be installed, calibrated, maintained and operated by the owner or operator where dryers or roasters are not expected to achieve compliance with the standard under subsection (E).
- H. The test methods and procedures required by this Section are as follows:
  1. The reference methods in 40 CFR 60, Appendix A, as incorporated by reference in Appendix 2 of this Chapter, shall be used to determine compliance with the standard prescribed in this Section as follows:
    - a. Method 5 for the concentration of particulate matter and the associated moisture content;
    - b. Method 1 for sample and velocity traverses;
    - c. Method 2 for velocity and volumetric flow rate;
    - d. Method 3 for gas analysis and calculation of excess air, using the integrated sample technique;
    - e. Method 6 for concentration of SO<sub>2</sub>.
  2. For Method 5, Method 1 shall be used to select the sampling site and the number of traverse sampling points. The sampling time for each run shall be at least 60 minutes and the minimum sampling volume shall be 0.85 dscm (30 dscf), except that smaller sampling times or volumes, when necessitated by process variables or other factors, may be approved by the Director. The probe and filter holder heating systems in the sampling train shall be set to provide a gas temperature no greater than 160°C. (320°F.).
  3. For Method 6, the sampling site shall be the same as that selected for Method 5. The sampling point in the duct shall be at the centroid of the cross section or at a point no closer to the walls than 1 m (3.28 ft.). For Method 6, the sample shall be extracted at a rate proportional to the gas velocity at the sampling point.
  4. For Method 6, the minimum sampling time shall be 20 minutes and the minimum sampling volume 0.02 dscm (0.71 dscf) for each sample. The arithmetic mean of two samples shall constitute one run. Samples shall be taken at approximately 30-minute intervals.

**Historical Note**

Section R18-2-721 renumbered from R18-2-521 effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 15 A.A.R. 281, effective March 7, 2009 (Supp. 09-1).

**R18-2-722. Standards of Performance for Existing Gravel or Crushed Stone Processing Plants**

- A. The provisions of this Section are applicable to the following affected facilities: primary rock crushers, secondary rock crushers, tertiary rock crushers, screens, conveyors and conveyor transfer points, stackers, reclaimers, and all gravel or crushed stone processing plants and rock storage piles.

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- B.** No person shall cause, allow or permit the discharge of particulate matter into the atmosphere except as fugitive emissions in any one hour from any gravel or crushed stone processing plant in total quantities in excess of the amounts calculated by one of the following equations:

- For process sources having a process weight rate of 60,000 pounds per hour (30 tons per hour) or less, the maximum allowable emissions shall be determined by the following equation:

$$E = 4.10P^{0.67}$$

where:

E = the maximum allowable particulate emissions rate in pounds-mass per hour.

P = the process weight rate in tons-mass per hour.

- For process sources having a process weight rate greater than 60,000 pounds per hour (30 tons per hour), the maximum allowable emissions shall be determined by the following equation:

$$E = 55.0P^{0.11-40}$$

where "E" and "P" are defined as indicated in subsection (B)(1).

- C.** Actual values shall be calculated from the applicable equations and rounded off to two decimal places.
- D.** Spray bar pollution controls shall be utilized in accordance with "EPA Control of Air Emissions From Process Operations In The Rock Crushing Industry" (EPA 340/1-79-002), "Wet Suppression System" (pages 15-34, amended as of January 1979 (and no future amendments or editions)), as incorporated herein by reference and on file with the Office of the Secretary of State, with placement of spray bars and nozzles as required by the Director to minimize air pollution.
- E.** Fugitive emissions from gravel or crushed stone processing plants shall be controlled in accordance with R18-2-604 through R18-2-607.
- F.** The owner or operator of any affected facility subject to the provisions of this Section shall install, calibrate, maintain, and operate monitoring devices which can be used to determine daily the process weight of gravel or crushed stone produced. The weighing devices shall have an accuracy of  $\pm 5\%$  over their operating range.
- G.** The owner or operator of any affected facility shall maintain a record of daily production rates of gravel or crushed stone produced.
- H.** The test methods and procedures required by this Section are as follows:
- The reference methods in 40 CFR 60, Appendix A, as incorporated by reference in Appendix 2 of this Chapter, shall be used to determine compliance with the standards prescribed in this Section as follows:
    - Method 5 for concentration of particulate matter and moisture content,
    - Method 1 for sample and velocity traverses,
    - Method 2 for velocity and volumetric flow rate,
    - Method 3 for gas analysis.
  - For Method 5, the sampling time for each run shall be at least 60 minutes and the minimum sample volume is 0.85 dscm (30 dscf), except that shorter sampling times or smaller volumes, when necessitated by process variables or other factors, may be approved by the Director. Sampling shall not be started until 30 minutes after start-up and shall be terminated before shutdown procedures commence. The owner or operator of the affected facility shall eliminate cyclonic flow during performance tests in a manner acceptable to the Director.

**Historical Note**

Section R18-2-722 renumbered from R18-2-522 and amended effective November 15, 1993 (Supp. 93-4).  
Amended by final rulemaking at 15 A.A.R. 281, effective March 7, 2009 (Supp. 09-1).

**R18-2-723. Standards of Performance for Existing Concrete Batch Plants**

Fugitive dust emitted from concrete batch plants shall be controlled in accordance with R18-2-604 through R18-2-607.

**Historical Note**

Section R18-2-723 renumbered from R18-2-523 and amended effective November 15, 1993 (Supp. 93-4).

**R18-2-724. Standards of Performance for Fossil-fuel Fired Industrial and Commercial Equipment**

- A.** This Section applies to industrial and commercial installations which are less than 73 megawatts capacity (250 million Btu per hour), but in the aggregate on any premises are rated at greater than 500,000 Btu per hour (0.146 megawatts), and in which fuel is burned for the primary purpose of producing steam, hot water, hot air or other liquids, gases or solids and in the course of doing so the products of combustion do not come into direct contact with process materials. When any products or by-products of a manufacturing process are burned for the same purpose or in conjunction with any fuel, the same maximum emission limitations shall apply.
- B.** For purposes of this Section, the heat input shall be the aggregate heat content of all fuels whose products of combustion pass through a stack or other outlet. The heat content of solid fuel shall be determined in accordance with R18-2-311. Compliance tests shall be conducted during operation at the nominal rated capacity of each unit. The total heat input of all fuel-burning units on a plant or premises shall be used for determining the maximum allowable amount of particulate matter which may be emitted.
- C.** No person shall cause, allow or permit the emission of particulate matter, caused by combustion of fuel, from any fuel-burning operation in excess of the amounts calculated by one of the following equations:
- For equipment having a heat input rate of 4200 million Btu per hour or less, the maximum allowable emissions shall be determined by the following equation:
 
$$E = 1.02Q^{0.769}$$
 where:  
E = the maximum allowable particulate emissions rate in pounds-mass per hour.  
Q = the heat input in million Btu per hour.
  - For equipment having a heat input rate greater than 4200 million Btu per hour, the maximum allowable emissions shall be determined by the following equation:
 
$$E = 17.0Q^{0.432}$$
 where "E" and "Q" have the same meanings as in subsection (C)(1).
- D.** Actual values shall be calculated from the applicable equations and rounded off to two decimal places.
- E.** Fossil-fuel fired industrial and commercial equipment installations shall not emit more than 1.0 pounds of sulfur dioxide per million Btu heat input when low sulfur oil is fired.
- F.** Fossil-fuel fired industrial and commercial equipment installations shall not emit more than 2.2 pounds of sulfur dioxide per million Btu heat input when high sulfur oil is fired.
- G.** Any permit issued for the operation of an existing source, or any renewal or modification of such a permit, shall include a condition prohibiting the use of high sulfur oil by the permit-

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tee. This condition may be omitted from the permit if the applicant demonstrates to the satisfaction of the Director both that sufficient quantities of low sulfur oil are not available for use by the source and that it has adequate facilities and contingency plans to ensure that the sulfur dioxide ambient air quality standards set forth in R18-2-202 will not be violated.

1. The terms of the permit may authorize the use of high sulfur oil under such conditions as are justified.
  2. In cases where the permittee is authorized to use high sulfur oil, it shall submit to the Department monthly reports detailing its efforts to obtain low sulfur oil.
  3. When the conditions justifying the use of high sulfur oil no longer exist, the permit shall be modified accordingly.
  4. Nothing in this Section shall be construed as allowing the use of a supplementary control system or other form of dispersion technology.
- H.** When coal is fired, fossil-fuel fired industrial and commercial equipment installations shall not emit more than 1.0 pounds of sulfur dioxide per million Btu heat input.
- I.** The owner or operator subject to the provisions of this Section shall install, calibrate, maintain and operate a continuous monitoring system for measurement of the opacity of emissions discharged into the atmosphere from the control device.
- J.** For the purpose of reports required under excess emissions reporting required by R18-2-310.01, the owner or operator shall report all six-minute periods in which the opacity of any plume or effluent exceeds 15%.
- K.** The test methods and procedures required by this Section are as follows:
1. The reference methods in 40 CFR 60, Appendix A, as incorporated by reference in Appendix 2 of this Chapter, shall be used to determine compliance with the standards as prescribed in this Section.
    - a. Method 1 for selection of sampling site and sample traverses,
    - b. Method 3 for gas analysis to be used when applying Reference Methods 5 and 6,
    - c. Method 5 for concentration of particulate matter and the associated moisture content,
    - d. Method 6 for concentration of SO<sub>2</sub>.
  2. For Method 5, Method 1 shall be used to select the sampling site and the number of traverse sampling points. The sampling time for each run shall be at least 60 minutes and the minimum sampling volume shall be 0.85 dscm (30 dscf), except that smaller sampling times or volumes, when necessitated by process variables or other factors, may be approved by the Director. The probe and filter holder heating systems in the sampling train shall be set to provide a gas temperature no greater than 160°C. (320°F.).
  3. For Method 6, the sampling site shall be the same as that selected for Method 5. The sampling point in the duct shall be at the centroid of the cross section or at a point no closer to the walls than 1 m (3.28 ft). For Method 6, the sample shall be extracted at a rate proportional to the gas velocity at the sampling point.
  4. For Method 6, the minimum sampling time shall be 20 minutes and the minimum sampling volume 0.02 dscm (0.71 dscf) for each sample. The arithmetic mean of two samples shall constitute one run. Samples shall be taken at approximately 30-minute intervals.
  5. Gross calorific value shall be determined in accordance with the applicable ASTM methods: D-2015-91 (Test for Gross Calorific Value of Solid Fuel by the Adiabatic

Bomb Calorimeter) for solid fuels; D-240-87 (Test Method for Heat of Combustion of Liquid Hydrocarbon Fuels by Bomb Calorimeter) for liquid fuels; and D-1826-88 (Test Method for Calorific Value of Gases in Natural Gas Range by Continuous Recording Calorimeter) for gaseous fuels. The rate of fuels burned during each testing period shall be determined by suitable methods and shall be confirmed by a material balance over the fossil-fuel fired system.

**Historical Note**

Section R18-2-724 renumbered from R18-2-524 and amended effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 7 A.A.R. 1164, effective February 15, 2001 (Supp. 01-1). Amended by final rulemaking at 15 A.A.R. 281, effective March 7, 2009 (Supp. 09-1).

**R18-2-725. Standards of Performance for Existing Dry Cleaning Plants**

- A.** No person shall conduct any dry cleaning operation using chlorinated synthetic solvents without minimizing organic solvent emissions by good modern practices including but not limited to the use of an adequately sized and properly maintained activated carbon absorber or other equally effective control device.
- B.** No person shall operate any dry cleaning establishment using petroleum solvents other than non-photochemically reactive solvents without reducing solvent emissions by at least 90%. For purposes of this subsection, a photochemically reactive solvent shall be any solvent with an aggregate of more than 20% of its total volume composed of the chemical compounds classified in subsections (B)(1) through (3), or which exceeds any of the following percentage composition limitations, referred to the total volume of solvent:
  1. A combination of the following types of compounds having an olefinic or cyclo-olefinic type of unsaturation -- hydrocarbons, alcohols, aldehydes, esters, ethers, or ketones: 5%.
  2. A combination of aromatic compounds with 8 or more carbon atoms to the molecule except ethylbenzene: 8%.
  3. A combination of ethylbenzene, ketones having branched hydrocarbon structures, trichlorethylene or toluene: 20%.
- C.** Where a stack, vent or other outlet is at such a level that fumes, gas mist, odor, smoke, vapor or any combination thereof constituting air pollution is discharged to adjoining property, the Director may require the installation of abatement equipment or the alteration of such stack, vent, or other outlet by the owner or operator thereof to a degree that will adequately dilute, reduce or eliminate the discharge of air pollution to the adjoining property.

**Historical Note**

Section R18-2-725 renumbered from R18-2-525 effective November 15, 1993 (Supp. 93-4).

**R18-2-726. Standards of Performance for Sandblasting Operations**

No person shall cause or permit sandblasting or other abrasive blasting without minimizing dust emissions to the atmosphere through the use of good modern practices. Examples of good modern practices include wet blasting and the use of effective enclosures with necessary dust collecting equipment.

**Historical Note**

Section R18-2-726 renumbered from R18-2-526 effective November 15, 1993 (Supp. 93-4).

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**R18-2-727. Standards of Performance for Spray Painting Operations**

- A.** No person shall conduct any spray paint operation without minimizing organic solvent emissions. Such operations other than architectural coating and spot painting, shall be conducted in an enclosed area equipped with controls containing no less than 96% of the overspray.
- B.** No person shall either:
1. Employ, apply, evaporate or dry any architectural coating containing photochemically reactive solvents for industrial or commercial purposes; or
  2. Thin or dilute any architectural coating with a photochemically reactive solvent.
- C.** For purposes of subsection (B), a photochemically reactive solvent shall be any solvent with an aggregate of more than 20% of its total volume composed of the chemical compounds classified in subsections (1) through (3), or which exceeds any of the following percentage composition limitations, referred to the total volume of solvent:
1. A combination of the following types of compounds having an olefinic or cyclo-olefinic type of unsaturation -- hydrocarbons, alcohols, aldehydes, esters, ethers, or ketones: 5%.
  2. A combination of aromatic compounds with 8 or more carbon atoms to the molecule except ethylbenzene: 8%.
  3. A combination of ethylbenzene, ketones having branched hydrocarbon structures, trichlorethylene or toluene: 20%.
- D.** Whenever any organic solvent or any constituent of an organic solvent may be classified from its chemical structure into more than one of the groups or organic compounds described in subsection (C)(1) through (3), it shall be considered to be a member of the group having the least allowable percent of the total volume of solvents.

**Historical Note**

Section R18-2-727 renumbered from R18-2-527 effective November 15, 1993 (Supp. 93-4).

**R18-2-728. Standards of Performance for Existing Ammonium Sulfide Manufacturing Plants**

- A.** The provisions of this Section are applicable to the following affected facilities in ammonium sulfide manufacturing plants: sulfide unloading facilities, reactor-absorbers, bubble cap scrubbers, and fume incinerators.
- B.** No person shall cause, allow or permit to be emitted into the atmosphere, from any type of incinerator or other outlet smoke, fumes, gases, particulate matter or other gas-borne material, the opacity of which exceeds 20%.
- C.** No person shall cause, allow or permit to be emitted into the atmosphere from any emission point from any incinerator, or to pass a convenient measuring point near such emission point, particulate matter of concentrations in excess of 0.1 grain per cubic foot, based on dry flue gas at standard conditions, corrected to 12% carbon dioxide.
- D.** No person shall allow hydrogen sulfide to be emitted from any location in such manner and amount that the concentration of such emissions into the ambient air at any occupied place beyond the premises on which the source is located exceeds 0.03 parts per million by volume for any averaging period of 30 minutes or more.
- E.** Where a stack, vent or other outlet is at such a level that fumes, gas mist, odor, smoke, vapor or any combination thereof constituting air pollution are discharged to adjoining property, the Director may require the installation of abatement equipment or the alteration of such stack, vent, or other outlet by the

owner or operator thereof to a degree that will adequately dilute, reduce or eliminate the discharge of air pollution to adjoining property.

- F.** The owner or operator of any ammonium sulfide tailgas incinerator subject to the provisions of this Section shall do both of the following:
1. Install, calibrate, maintain, and operate a flow measuring device which can be used to determine either the mass or volume of tailgas charged to the incinerator. The flow measuring device shall have an accuracy of  $\pm 5\%$  over its operating range.
  2. Provide access to the tailgas charged so that a well-mixed representative grab sample can be obtained.
- G.** The test methods and procedures required by this Section are as follows:
1. The reference methods in 40 CFR 60, Appendix A shall be used to determine compliance with the standards prescribed in this Section as follows:
    - a. Method 5 for the concentration of particulate matter and the associated moisture content;
    - b. Method 1 for sample and velocity traverse;
    - c. Method 2 for velocity and volumetric flow rate;
    - d. Method 3 for gas analysis and calculation of excess air, using the integrated sample technique;
    - e. Method 11 shall be used to determine the concentration of  $\text{H}_2\text{S}$  and Method 6 shall be used to determine the concentration of  $\text{SO}_2$ .
  2. For Method 5, the sampling time for each run shall be at least 60 minutes and the minimum sample volume shall be 0.85 dscm (30.0 dscf) except that shorter sampling times and smaller sample volumes, when necessitated by process variables or other factors, may be approved by the Director.
  3. Particulate matter emissions, expressed in g/dscm, shall be corrected to 12%  $\text{CO}_2$  by using the following formula:
 
$$C_{12} = \frac{12c}{\% \text{CO}_2}$$
 where:  
 $C_{12}$  = the concentration of particulate matter corrected to 12%  $\text{CO}_2$ ,  
 $c$  = the concentration of particulate matter as measured by Method 5, and  
 $\% \text{CO}_2$  = the percentage of  $\text{CO}_2$  as measured by Method 3, or, when applicable, the adjusted outlet  $\text{CO}_2$  percentage.
  4. If Method 11 is used, the gases sampled shall be introduced into the sampling train at approximately atmospheric pressure. Where fuel gas lines are operating at pressures substantially above atmosphere, this may be accomplished with a flow control valve. If the line pressure is high enough to operate the sampling train without a vacuum pump, the pump may be eliminated from the sampling train. The sample shall be drawn from a point near the centroid of the fuel gas line. The minimum sampling time shall be 10 minutes and the minimum sampling volume 0.01 dscm (0.35 dscf) for each sample. The arithmetic average of two samples of equal sampling time shall constitute one run. Samples shall be taken at approximately one-hour intervals. For most fuel gases, sample times exceeding 20 minutes may result in depletion of the collecting solution, although fuel gases containing low concentrations of hydrogen sulfide may necessitate sampling for longer periods of time.

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5. If Method 5 is used, Method 1 shall be used for velocity traverses and Method 2 for determining velocity and volumetric flow rate. The sampling site for determining CO<sub>2</sub> concentration by Method 3 shall be the same as for determining volumetric flow rate by Method 2. The sampling point in the duct for determining SO<sub>2</sub> concentration by Method 3 shall be at the centroid of the cross section if the cross sectional area is less than 5 m<sup>2</sup> (54 ft<sup>2</sup>) or at a point no closer to the walls than 1 m (3.28 feet) if the cross sectional area is 5 m<sup>2</sup> or more and the centroid is more than 1 meter from the wall. The sample shall be extracted at a rate proportional to the gas velocity at the sampling point. The minimum sampling time shall be 10 minutes and the minimum sampling volume 0.01 dscm (0.36 dscf) for each sample. The arithmetic average of two samples of equal sampling time shall constitute one run. Samples shall be taken at approximately one-hour intervals.

**Historical Note**

Section R18-2-728 renumbered from R18-2-528 effective November 15, 1993 (Supp. 93-4).

**R18-2-729. Standards of Performance for Cotton Gins**

- A.** Fugitive dust, lint, bolls, cotton seed or other material emitted from a cotton gin or lying loose in a yard shall be collected and disposed of in an efficient manner or shall be treated in accordance with R18-2-604 through R18-2-607.
- B.** No person shall cause, allow or permit to be emitted into the atmosphere, from any type of incinerator, smoke, fumes, gases, particulate matter or other gas-borne material which exceeds 40% opacity.
- C.** No person shall cause, allow, or permit the discharge of particulate matter into the atmosphere in any one hour from any cotton gin in total quantities in excess of the amounts calculated by one of the following equations:
- For process sources having a process weight rate of 60,000 pounds per hour (30 tons per hour) or less, the maximum allowable emissions shall be determined by the following equation:  

$$E = 4.10P^{0.67}$$
 where:  
 E = the maximum allowable particulate emissions rate in pounds-mass per hour.  
 P = the process weight rate in tons-mass per hour.
  - For process sources having a process weight rate greater than 60,000 pounds per hour (30 tons per hour), the maximum allowable emissions shall be determined by the following equation:  

$$E = 55.0P^{0.11-40}$$
 where "E" and "P" are defined as indicated in subsection (C)(1).
- D.** The test methods and procedures required by this Section are as follows:
- The reference methods in the Arizona Testing Manual and 40 CFR 60, Appendix A shall be used to determine compliance with this Section as follows:
    - Method A-2 for the measurement of particulate matter,
    - Method 1 for sample and velocity traverses,
    - Method 2 for velocity and volumetric flow rate,
    - Method 3 for gas analysis,
    - Method 9 for visible emissions.
  - For Method A-2, the sampling time for each run shall be at least 60 minutes and the sampling rate shall be at least

0.85 dry standard cubic meters per hour (0.53 dry standard cubic feet per minute), except that shorter sampling times, when necessitated by progress variables or other factors, may be approved by the Director.

**Historical Note**

Section R18-2-729 renumbered from R18-2-529 and amended effective November 15, 1993 (Supp. 93-4).  
 Amended by final rulemaking at 13 A.A.R. 2157, effective August 4, 2007 (Supp. 07-2).

**R18-2-730. Standards of Performance for Unclassified Sources**

- A.** No existing source which is not otherwise subject to standards of performance under this Article or Article 9 or 11 of this Chapter, shall cause or permit the emission of pollutants at rates greater than the following:
- For particulate matter discharged into the atmosphere in any one hour from any unclassified process source in total quantities in excess of the amounts calculated by one of the following equations:
    - For process sources having a process weight rate of 60,000 pounds per hour (30 tons per hour) or less, the maximum allowable emissions shall be determined by the following equation:  

$$E = 4.10P^{0.67}$$
 where:  
 E = the maximum allowable particulate emissions rate in pounds-mass per hour.  
 P = the process weight rate in tons-mass per hour.
    - For process weight rate greater than 60,000 pounds per hour (30 tons per hour), the maximum allowable emissions shall be determined by the following equation:  

$$E = 55.0P^{0.11-40}$$
 where "E" and "P" are defined as indicated in subsection (A)(1)(a).
  - Sulfur dioxide – 600 parts per million.
  - Nitrogen oxides expressed as NO<sub>2</sub> – 500 parts per million.
- B.** For purposes of this Section, the total process weight from all similar units employing a similar type process shall be used in determining the maximum allowable emission of particulate matter.
- C.** Actual values shall be calculated from the applicable equations and rounded off to two decimal places.
- D.** No person shall emit gaseous or odorous materials from equipment, operations or premises under the person's control in such quantities or concentrations as to cause air pollution.
- E.** No person shall operate or use any machine, equipment, or other contrivance for the treatment or processing of animal or vegetable matter, separately or in combination, unless all gaseous vapors and gas entrained effluents from such operations, equipment, or contrivance have been either:
- Incinerated to destruction, as indicated by a temperature measuring device, at not less than 1,200°F if constructed or reconstructed prior to January 1, 1989, or 1,600°F with a minimum residence time of 0.5 seconds if constructed or reconstructed thereafter; or
  - Passed through such other device which is designed, installed and maintained to prevent the emission of odors or other air contaminants and which is approved by the Director.



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- F. Materials including solvents or other volatile compounds, paints, acids, alkalies, pesticides, fertilizers and manure shall be processed, stored, used and transported in such a manner and by such means that they will not evaporate, leak, escape or be otherwise discharged into the ambient air so as to cause or contribute to air pollution. Where means are available to reduce effectively the contribution to air pollution from evaporation, leakage or discharge, the installation and use of such control methods, devices, or equipment shall be mandatory.
- G. Where a stack, vent or other outlet is at such a level that fumes, gas mist, odor, smoke, vapor or any combination thereof constituting air pollution is discharged to adjoining property, the Director may require the installation of abatement equipment or the alteration of such stack, vent, or other outlet by the owner or operator thereof to a degree that will adequately dilute, reduce or eliminate the discharge of air pollution to adjoining property.
- H. No person shall allow hydrogen sulfide to be emitted from any location in such manner and amount that the concentration of such emissions into the ambient air at any occupied place beyond the premises on which the source is located exceeds 0.03 parts per million by volume for any averaging period of 30 minutes or more.
- I. No person shall cause, allow or permit discharge from any stationary source carbon monoxide emissions without the use of complete secondary combustion of waste gases generated by any process source.
- J. No person shall allow hydrogen cyanide to be emitted from any location in such manner and amount that the concentration of such emissions into the ambient air at any occupied place beyond the premises on which the source is located exceeds 0.3 parts per million by volume for any averaging period of eight hours.
- K. No person shall allow sodium cyanide dust or dust from any other solid cyanide to be emitted from any location in such manner and amount that the concentration of such emissions into the ambient air at any occupied place beyond the premises on which the source is located exceeds 140 micrograms per cubic meter for any averaging period of eight hours.
- L. No owner or operator of a facility engaged in the surface coating of miscellaneous metal parts and products may operate a coating application system subject to this Section that emits volatile organic compounds in excess of any of the following:
1. 4.3 pounds per gallon (0.5 kilograms per liter) of coating, excluding water, delivered to a coating applicator that applies clear coatings.
  2. 3.5 pounds per gallon (0.42 kilograms per liter) of coating, excluding water delivered to a coating applicator in a coating application system that is air dried or forced warm air dried at temperatures up to 194°F (90°C).
  3. 3.5 pounds per gallon (0.42 kilograms per liter) of coating, excluding water, delivered to a coating applicator that applies extreme performance coatings.
  4. 3.0 pounds per gallon (0.36 kilograms per liter) of coating, excluding water, delivered to a coating applicator for all other coatings and application systems.
- M. If more than one emission limitation in subsection (L) applies to a specific coating, then the least stringent emission limitation shall be applied.
- N. All VOC emissions from solvent washings shall be considered in the emission limitations in subsection (L), unless the solvent is directed into containers that prevent evaporation into the atmosphere.

**Historical Note**

Renumbered from R18-2-530 and amended effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 15 A.A.R. 281, effective March 7, 2009 (Supp. 09-1).

**R18-2-731. Standards of Performance for Existing Municipal Solid Waste Landfills**

- A. This Section applies to each municipal solid waste landfill (MSW landfill) at which:
1. Construction, reconstruction, or modification began on or before July 17, 2014; and
  2. Waste was accepted at any time since November 8, 1987, or additional design capacity is available for future waste deposition.
- B. For the purposes of this Section, "Municipal solid waste landfill or MSW landfill" means an entire disposal facility in a contiguous geographical space where household waste is placed in or on land. An MSW landfill may also receive other types of RCRA (Resource Conservation and Recovery Act) Subtitle D wastes such as commercial solid waste, nonhazardous sludge, conditionally exempt small quantity generator waste, and industrial solid waste. Portions of an MSW landfill may be separated by access roads. An MSW landfill may be publicly or privately owned.
- C. MSW landfills covered by this Section shall comply with 40 CFR 60, Subpart Cf, effective as of the date of EPA approval of the state plan under section 111(d) of the Act. 40 CFR 60, Subpart WWW, "Standards of Performance for Municipal Solid Waste Landfills," will remain in effect until Arizona's state plan implementing Subpart Cf is approved by EPA. 40 CFR 60, Subpart Cf "Emissions Guidelines and Compliance Times for Municipal Solid Waste Landfills," as adopted on August 29, 2016 (and no future amendments) is hereby incorporated by reference as applicable requirements. MSW landfills may meet the requirements of Subpart Cf by complying with 40 CFR 60, Subpart XXX. 40 CFR 60, Subpart XXX "Standards of Performance for Municipal Solid Waste Landfills that Commenced Construction, Reconstruction or Modification After July 17, 2014," is incorporated by reference in R18-2-901.

**Historical Note**

Adopted effective April 4, 1997; filed with the Office of the Secretary of State March 14, 1997 (Supp. 97-1). Amended by final rulemaking at 24 A.A.R. 1864, effective August 10, 2018 (Supp. 18-2).

**R18-2-732. Expired****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3058, effective August 10, 1999 (Supp. 99-3). Amended by final rulemaking at 13 A.A.R. 2157, effective August 4, 2007 (Supp. 07-2). Section expired under A.R.S. § 41-1056(J) at 21 A.A.R. 15, effective September 30, 2015 (Supp. 15-4).

**R18-2-733. Repealed****Historical Note**

New Section made by final rulemaking at 12 A.A.R. 4701, effective January 29, 2007 (Supp. 06-4). Section repealed by final rulemaking at 21 A.A.R. 711, effective June 30, 2015 (Supp. 15-2).

**R18-2-733.01. Repealed****Historical Note**

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New Section made by final rulemaking at 12 A.A.R. 4701, effective January 29, 2007 (Supp. 06-4). Section repealed by final rulemaking at 21 A.A.R. 711, effective June 30, 2015 (Supp. 15-2).

**R18-2-734. Standards of Performance for Mercury Emissions from Electric Generating Units**

- A.** Applicability and Purpose. The requirements of this Section apply to owners and operators of electric generating units. The purpose of this Section is to establish:
1. Interim standards for mercury emissions from electric generating units that shall apply until compliance with the emissions limits in the federal mercury standards is required.
  2. State standards for mercury emissions from electric generating units that shall apply if the federal mercury standards are vacated by a federal court or repealed by the administrator.
- B.** Interim Standards. The following requirements shall apply until the date that compliance with the federal mercury standards or subsection (G) is required:
1. The owners and operators shall comply with the mercury control strategy operations and maintenance plan approved as part of the permit for the electric generating plant.
  2. The owners and operators shall operate and maintain the electric generating plant, including any associated air pollution control equipment, in a manner consistent with good air pollution control practices for minimizing mercury emissions. This requirement shall apply to any air pollution control equipment installed pursuant to subsection (B)(1) or to any new air pollution control equipment installed to comply with the federal mercury standards if such equipment replaces equipment installed pursuant to subsection (B)(1).
- C.** Incorporation of Federal Mercury Standards. The federal mercury standards in 40 CFR Part 63, Subpart UUUUU, as of July 1, 2013 (and no future amendments or editions) are incorporated by reference and shall remain effective to the extent specified in this Section regardless of whether they are vacated by a federal court or repealed by the administrator. Subpart UUUUU of 40 C.F.R. Part 63 is published by the United States Government Printing Office, 732 North Capital Street, NW, Washington, DC 20401-0001, is on file with the Department of Environmental Quality, 1110 West Washington Street, Phoenix, Arizona 85007, and is available at the Arizona State Library, Archives & Public Records, 1700 West Washington Street, Phoenix, Arizona 85007 and at other Federal depository libraries in the state (see [http://catalog.gpo.gov/fdlpdir/FDLP-dir.jsp?st\\_12=AZ&flag=searchp](http://catalog.gpo.gov/fdlpdir/FDLP-dir.jsp?st_12=AZ&flag=searchp)). It is also available online at <http://www.gpo.gov/fdsys/browse/collectionCfr.action?collectionCode=CFR>. The owners and operators shall provide to the director a copy of all notices and reports submitted to the Administrator under the federal mercury standards, except for any reports or data submitted to the Administrator through electronic systems (for example, Compliance and Emissions Data Reporting Interface (CEDRI), Emission Collection Monitoring Plan System Client Tool (ECMPS) or the Emissions Reporting Tool (ERT)).
- D.** Notice of State Standard Applicability. The director shall provide notice to the responsible official for each electric generating plant of any repeal or federal court vacatur of the federal mercury standards. If the repeal or vacatur occurred after the date the electric generating plant was required to comply with the emission limits in the federal mercury standards, the plant

shall continue to comply with the federal mercury standards until the date that compliance with subsection (G) is required.

- E.** Application for Permit Revision. Within 120 days of receipt of written notice from the director under subsection (D), the owners and operators shall submit an application for a permit revision that proposes:
1. The mercury emission limit or limits in subsection (G) that shall apply to the electric generating plant.
  2. A date for demonstrating compliance with the mercury emission limit consistent with subsection (F)(2).
  3. A mercury monitoring plan consistent with subsection (H)(2).
- F.** Permit Revision Setting State Standard. A permit revision granted in response to the application submitted under subsection (E) shall contain the following conditions:
1. The mercury emission limit or limits in subsection (G) that shall apply to the electric generating plant.
  2. The date compliance with the emission limit or limits shall be required. Unless the application requests an earlier date, the compliance date shall be the later of December 31, 2016 or the end of the first averaging period commencing no later than 180 days after permit issuance.
  3. The date for demonstrating initial compliance with the emission limit or limits, which shall be 45 days after completion of the first full averaging period after the compliance date established under subsection (F)(2).
  4. The date on which compliance with subsection (B), or the obligation to comply with the federal mercury standards in subsection (D), as applicable, shall no longer be required.
  5. A mercury monitoring plan consistent with subsection (H).
  6. Compliance reporting requirements consistent with subsection (I).
- G.** State Mercury Emission Limits. Emissions from an electric generating unit shall comply with one or more of the emission limits specified in the following table, as selected by the owners and operators under subsection (F).

No.	Limit	Averaging Period	Applicable To
1.	10 % of inlet mercury	Rolling 12-month	Electric generating plant
2.	0.0087 pounds per gigawatt-hour	Rolling 12-month	Electric generating plant
3.	0.011 pounds per gigawatt-hour	Rolling 90-boiler operating days	EGUs identified in averaging group
4.	1.0 pounds per Trillion Btu	Rolling 90-boiler operating days	EGUs identified in averaging group
5.	0.013 pounds per gigawatt-hour	Rolling 30-boiler operating days	Individual electric generating unit
6.	1.2 pounds per Trillion Btu	Rolling 30-boiler operating days	Individual electric generating unit

- H.** Compliance Monitoring and Recordkeeping.
1. Compliance with subsection (G) shall be determined using a mercury CEMS or sorbent trap monitoring system

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pursuant to Appendix A of the federal mercury standards and in accordance with an approved mercury monitoring plan.

2. The mercury monitoring plan shall include the following elements:
  - a. Identification of the emission limit or limits in subsection (G) for which compliance will be demonstrated.
  - b. Identification of whether a mercury CEMS or sorbent trap monitoring system will be used as the primary compliance method. Backup methods may be identified and approved in the plan.
  - c. Description of the parameters that will be monitored, including mercury concentration, stack flow, fuel mercury content, fuel rate, electricity generation rate, moisture percent, and any diluent or other gas or process parameters necessary to calculate compliance in terms of the applicable emission limit.
  - d. Description and example of the calculations required to convert monitored parameters to mercury emissions in terms of the emission limit.
  - e. Establishment of CEMS analyzer data availability, and QA/QC requirements.
  - f. Procedures for completing an initial demonstration of compliance, except as otherwise provided in subsection (I)(1).
2. At least once per month, the mercury emissions data shall be compiled into a record demonstrating compliance with the emission limit or limits established in the permit revision issued under subsection (F). This record shall be completed no later than the 15th day of the following month.
3. Records shall be maintained as follows:
  - a. Records demonstrating compliance with the emissions limits shall be maintained for five years.
  - b. If a mercury CEMS is used, daily CEMS data, QA/QC data identified in the mercury monitoring plan, any maintenance work conducted on the CEMS or data logging system, and a calculation of all mercury CEMS downtime shall be maintained for five years.
  - c. If a sorbent trap monitoring system is used, all sorbent monitoring data and any maintenance work conducted on the system shall be maintained for five years.
- I. Reporting. The owners and operators shall submit to the director the following reports:
  1. An initial demonstration of compliance, which must be submitted to the director within 180 days after completion of the first full averaging period. This requirement shall not apply to an electric generating unit if an initial demonstration of compliance has been completed for that unit under 40 C.F.R. 63.10005(d)(3) and the demonstration shows compliance with subsection (G) for that unit. The report shall include:
    - a. The name of the electric generating plant and electric generating units.
    - b. The applicable emission limit or limits for the plant or the electric generating units.
    - c. The mercury emissions for the plant, group of averaged units, or each unit, as applicable, during the initial compliance demonstration in terms of the applicable standard.
    - d. A certification by a responsible official.

2. Semiannual compliance reports, which must be submitted to the director on the dates established in the electric generating plant's air quality permit. The report shall include:
  - a. The name of the electric generating plant and electric generating units;
  - b. The applicable emission limit or limits for the plant or the electric generating units.
  - c. The mercury emissions for the plant, or each unit, as applicable, for each month during the six month period ending the month prior to the semiannual report in terms of the applicable standard.
  - d. An explanation of any excess emissions, the duration of the excess emissions, and corrective actions taken, if any, to resolve those excess emissions.
  - e. A certification by a responsible official.
- J. Exemption. After receipt of notice under subsection (D), in lieu of submitting the permit revision application required by subsection (E), the owners and operators may notify the director in writing that they elect to comply with the vacated or repealed federal mercury standards at an electric generating plant. If the owners and operators for an electric generating plant make this election, the plant shall be exempt from subsections (E) through (I). If the owners and operators of an electric plant elect this option:
  1. "Administrator" shall mean "Director" whenever it appears in the federal mercury standards or regulations referenced therein.
  2. "EPA" shall mean "ADEQ, Air Quality Division" whenever it appears in the federal mercury standards or regulations referenced therein.
3. In lieu of reports submitted to the Administrator through electronic systems (for example, Compliance and Emissions Data Reporting Interface (CEDRI), Emission Collection Monitoring Plan System Client Tool (ECMPS) or Emissions Reporting Tool (ERT)) pursuant to the federal mercury standards, the owners or operators shall submit to the Director, semiannually at the time required by permit, the RATA or the rolling 30-day or rolling 90-day average mercury value for each EGU or the plant, as applicable.

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 4701, effective January 29, 2007 (Supp. 06-4). Amended by final rulemaking at 21 A.A.R. 711, effective June 30, 2015 (Supp. 15-2).

**Table 1. Expired****Historical Note**

Table 1 adopted by final rulemaking at 5 A.A.R. 3058, effective August 10, 1999 (Supp. 99-3). Table 1 expired under A.R.S. § 41-1056(J) at 23 A.A.R. 3427, effective October 10, 2017 (Supp. 17-4).

**Table 2. Expired****Historical Note**

Table 2 adopted by final rulemaking at 5 A.A.R. 3058, effective August 10, 1999 (Supp. 99-3). Table 2 expired under A.R.S. § 41-1056(J) at 23 A.A.R. 3427, effective October 10, 2017 (Supp. 17-4).

**ARTICLE 8. EMISSIONS FROM MOBILE SOURCES (NEW AND EXISTING)****R18-2-801. Classification of Mobile Sources**

- A. This Article is applicable to mobile sources which either move while emitting air contaminants or are frequently moved

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during the course of their utilization but are not classified as motor vehicles, agricultural vehicles, or agricultural equipment used in normal farm operations. This subsection shall not apply to non-road engines or vehicles, as defined by 42 U.S.C. § 7550(10) and (11).

- B.** Unless otherwise specified, no mobile source shall emit smoke or dust the opacity of which exceeds 40%.

**Historical Note**

Adopted effective February 26, 1988 (Supp. 88-1).  
Amended effective September 26, 1990 (Supp. 90-3).  
Amended effective February 3, 1993 (Supp. 93-1). Former Section R18-2-801 renumbered to Section R18-2-901, new Section R18-2-801 renumbered from R18-2-601 effective November 15, 1993 (Supp. 93-4). Amended by final expedited rulemaking at 30 A.A.R. 2422 (July 26, 2024), with an immediate effective date of July 3, 2024 (Supp. 24-3).

**R18-2-802. Off-road Machinery**

- A.** No person shall cause, allow or permit to be emitted into the atmosphere from any off-road machinery, smoke for any period greater than 10 consecutive seconds, the opacity of which exceeds 40%. Visible emissions when starting cold equipment shall be exempt from this requirement for the first 10 minutes.
- B.** Off-road machinery shall include trucks, graders, scrapers, rollers, locomotives and other construction and mining machinery not normally driven on a completed public roadway. This subsection shall not apply to non-road engines or vehicles, as defined by 42 U.S.C. § 7550(10) and (11).

**Historical Note**

Adopted effective February 26, 1988 (Supp. 88-1).  
Amended effective September 26, 1990 (Supp. 90-3).  
Former Section R18-2-802 renumbered to Section R18-2-902, new Section R18-2-802 renumbered from R18-2-602 effective November 15, 1993 (Supp. 93-4). Amended by final expedited rulemaking at 30 A.A.R. 2422 (July 26, 2024), with an immediate effective date of July 3, 2024 (Supp. 24-3).

**R18-2-803. Heater-planer Units**

No person shall cause, allow or permit to be emitted into the atmosphere from any heater-planer operated for the purpose of reconstructing asphalt pavements smoke the opacity of which exceeds 20%. However three minutes' upset time in any one hour shall not constitute a violation of this Section.

**Historical Note**

Adopted effective February 26, 1988 (Supp. 88-1).  
Amended effective September 26, 1990 (Supp. 90-3).  
Former Section R18-2-803 renumbered to Section R18-2-903, new Section R18-2-803 renumbered from R18-2-603 effective November 15, 1993 (Supp. 93-4).

**R18-2-804. Roadway and Site Cleaning Machinery**

- A.** No person shall cause, allow or permit to be emitted into the atmosphere from any roadway and site cleaning machinery smoke or dust for any period greater than 10 consecutive seconds, the opacity of which exceeds 40%. Visible emissions when starting cold equipment shall be exempt from this requirement for the first 10 minutes. This subsection shall not apply to non-road engines or vehicles, as defined by 42 U.S.C. § 7550(10) and (11).
- B.** In addition to complying with subsection (A), no person shall cause, allow or permit the cleaning of any site, roadway, or

alley without taking reasonable precautions to prevent particulate matter from becoming airborne. Reasonable precautions may include applying dust suppressants. Earth or other material shall be removed from paved streets onto which earth or other material has been transported by trucking or earth moving equipment, erosion by water or by other means.

**Historical Note**

Adopted effective February 26, 1988 (Supp. 88-1).  
Amended effective September 26, 1990 (Supp. 90-3).  
Amended effective February 3, 1993 (Supp. 93-1). Former Section R18-2-804 renumbered to Section R18-2-904, new Section R18-2-804 renumbered from R18-2-604 effective November 15, 1993 (Supp. 93-4). Amended by final expedited rulemaking at 30 A.A.R. 2422 (July 26, 2024), with an immediate effective date of July 3, 2024 (Supp. 24-3).

**R18-2-805. Asphalt or Tar Kettles**

- A.** No person shall cause, allow or permit to be emitted into the atmosphere from any asphalt or tar kettle smoke for any period greater than 10 consecutive seconds, the opacity of which exceeds 40%.
- B.** In addition to complying with subsection (A), no person shall cause, allow or permit the operation of an asphalt or tar kettle without minimizing air contaminant emissions by utilizing all of the following control measures:
1. The control of temperature recommended by the asphalt or tar manufacturer;
  2. The operation of the kettle with lid closed except when charging;
  3. The pumping of asphalt from the kettle or the drawing of asphalt through cocks with no dipping;
  4. The dipping of tar in an approved manner;
  5. The maintaining of the kettle in clean, properly adjusted, and good operating condition;
  6. The firing of the kettle with liquid petroleum gas or other fuels acceptable to the Director.

**Historical Note**

Adopted effective February 26, 1988 (Supp. 88-1).  
Amended effective September 26, 1990 (Supp. 90-3).  
Former Section R18-2-805 renumbered to Section R18-2-905, new Section R18-2-805 renumbered from R18-2-605 effective November 15, 1993 (Supp. 93-4).

**ARTICLE 9. NEW SOURCE PERFORMANCE STANDARDS****R18-2-901. Standards of Performance for New Stationary Sources**

Except as provided in R18-2-902 through R18-2-905, the following subparts of 40 CFR 60, New Source Performance Standards (NSPS), and all accompanying appendices, adopted as of June 28, 2013, unless otherwise specified, and no future editions or amendments, are incorporated by reference as applicable requirements. These standards are on file with the Department and shall be applied by the Department. These standards can be obtained from the U.S. Government Printing Office, Superintendent of Documents, bookstore.gpo.gov, Mail Stop: SSOP IDCC-SSOM, Washington, D.C. 20402-9328.

1. Subpart A - General Provisions.
2. Subpart D - Standards of Performance for Fossil-Fuel-Fired Steam Generators for Which Construction is Commenced After August 17, 1971.

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3. Subpart Da - Standards of Performance for Electric Utility Steam Generating Units for Which Construction is Commenced After September 18, 1978.
4. Subpart Db - Standards of Performance for Industrial-Commercial-Institutional Steam Generating Units.
5. Subpart Dc - Standards of Performance for Small Industrial- Commercial-Institutional Steam Generating Units.
6. Subpart E - Standards of Performance for Incinerators.
7. Subpart Ea - Standards of Performance for Municipal Waste Combustors for Which Construction is Commenced after December 20, 1989 and on or Before September 20, 1994.
8. Subpart Eb - Standards of Performance for Large Municipal Waste Combustors for Which Construction is Commenced after September 20, 1994 or for Which Modification or Reconstruction is Commenced After June 19, 1996.
9. Subpart Ec - Standards of Performance for Hospital/Medical/ Infectious Waste Incinerators for Which Construction is Commenced After June 20, 1996.
10. Subpart F - Standards of Performance for Portland Cement Plants.
11. Subpart G - Standards of Performance for Nitric Acid Plants.
12. Subpart Ga - Standards of Performance for Nitric Acid Plants for which Construction, Reconstruction, or Modification Commenced after October 14, 2011.
13. Subpart H - Standards of Performance for Sulfuric Acid Plants.
14. Subpart I - Standards of Performance for Hot Mix Asphalt Facilities.
15. Subpart J - Standards of Performance for Petroleum Refineries.
16. Subpart Ja - Standards of Performance for Petroleum Refineries for Which Construction, Reconstruction, or Modification Commenced After May 14, 2007.
17. Subpart K - Standards of Performance for Storage Vessels for Petroleum Liquids for Which Construction, Reconstruction, or Modification Commenced After June 11, 1973, and Prior to May 19, 1978.
18. Subpart Ka - Standards of Performance for Storage Vessels for Petroleum Liquids for Which Construction, Reconstruction, or Modification Commenced After May 18, 1978, and Prior to July 23, 1984.
19. Subpart Kb - Standards of Performance for Volatile Organic Liquid Storage Vessels (Including Petroleum Liquid Storage Vessels) for Which Construction, Reconstruction, or Modification Commenced after July 23, 1984.
20. Subpart L - Standards of Performance for Secondary Lead Smelters.
21. Subpart M - Standards of Performance for Secondary Brass and Bronze Production Plants.
22. Subpart N - Standards of Performance for Primary Emissions from Basic Oxygen Process Furnaces for Which Construction is Commenced After June 11, 1973.
23. Subpart Na - Standards of Performance for Secondary Emissions from Basic Oxygen Process Steelmaking Facilities for Which Construction is Commenced After January 20, 1983.
24. Subpart O - Standards of Performance for Sewage Treatment Plants.
25. Subpart P - Standards of Performance for Primary Copper Smelters.
26. Subpart Q - Standards of Performance for Primary Zinc Smelters.
27. Subpart R - Standards of Performance for Primary Lead Smelters.
28. Subpart S - Standards of Performance for Primary Aluminum Reduction Plants.
29. Subpart T - Standards of Performance for Phosphate Fertilizer Industry: Wet-Process Phosphoric Acid Plants.
30. Subpart U - Standards of Performance for Phosphate Fertilizer Industry: Superphosphoric Acid Plants.
31. Subpart V - Standards of Performance for Phosphate Fertilizer Industry: Diammonium Phosphate Plants.
32. Subpart W - Standards of Performance for Phosphate Fertilizer Industry: Triple Superphosphate Plants.
33. Subpart X - Standards of Performance for Phosphate Fertilizer Industry: Granular Triple Superphosphate Storage Facilities.
34. Subpart Y - Standards of Performance for Coal Preparation Plants.
35. Subpart Z - Standards of Performance for Ferroalloy Production Facilities.
36. Subpart AA - Standards of Performance for Steel Plants: Electric Arc Furnaces Constructed After October 21, 1974, and On or Before August 17, 1983.
37. Subpart AAa - Standards of Performance for Steel Plants: Electric Arc Furnaces and Argon-Oxygen Decarburization Vessels Constructed After August 7, 1983.
38. Subpart BB - Standards of Performance for Kraft Pulp Mills.
39. Subpart BBa - Standards of Performance for Kraft Pulp Mill Affected Sources for Which Construction, Reconstruction, or Modification Commenced After May 23, 2013
40. Subpart CC - Standards of Performance for Glass Manufacturing Plants.
41. Subpart DD - Standards of Performance for Grain Elevators.
42. Subpart EE - Standards of Performance for Surface Coating of Metal Furniture.
43. Subpart GG - Standards of Performance for Stationary Gas Turbines.
44. Subpart HH - Standards of Performance for Lime Manufacturing Plants.
45. Subpart KK - Standards of Performance for Lead-Acid Battery Manufacturing Plants.
46. Subpart LL - Standards of Performance for Metallic Mineral Processing Plants.
47. Subpart MM - Standards of Performance for Automobile and Light Duty Truck Surface Coating Operations.
48. Subpart NN - Standards of Performance for Phosphate Rock Plants.
49. Subpart PP - Standards of Performance for Ammonium Sulfate Manufacture.
50. Subpart QQ - Standards of Performance for Graphic Arts Industry: Publication Rotogravure Printing.
51. Subpart RR - Standards of Performance for Pressure Sensitive Tape and Label Surface Coating Operations.
52. Subpart SS - Standards of Performance for Industrial Surface Coating: Large Appliances.
53. Subpart TT - Standards of Performance for Metal Coil Surface Coating.
54. Subpart UU - Standards of Performance for Asphalt Processing and Asphalt Roofing Manufacture.

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55. Subpart VV - Standards of Performance for Equipment Leaks of VOC in the Synthetic Organic Chemicals Manufacturing Industry.
56. Subpart VVa - Standards of Performance for Equipment Leaks of VOC in the Synthetic Organic Chemicals Manufacturing Industry for Which Construction, Reconstruction, or Modification Commenced after November 7, 2006.
57. Subpart WW - Standards of Performance for Beverage Can Surface Coating Industry.
58. Subpart XX - Standards of Performance for Bulk Gasoline Terminals.
59. Subpart AAA - Standards of Performance for New Residential Wood Heaters.
60. Subpart BBB - Standards of Performance for Rubber Tire Manufacturing Industry.
61. Subpart DDD - Standards of Performance for Volatile Organic Compound (VOC) Emissions from the Polymer Manufacturing Industry.
62. Subpart FFF - Standards of Performance for Flexible Vinyl and Urethane Coating and Printing.
63. Subpart GGG - Standards of Performance for Equipment Leaks of VOC in Petroleum Refineries.
64. Subpart GGGa - Standards of Performance for Equipment Leaks of VOC in Petroleum Refineries for Which Construction, Reconstruction, or Modification Commenced After November 7, 2006.
65. Subpart HHH - Standards of Performance for Synthetic Fiber Production Facilities.
66. Subpart III - Standards of Performance for Volatile Organic Compound (VOC) Emissions from the Synthetic Organic Chemical Manufacturing Industry (SOCMI) Air Oxidation Unit Processes.
67. Subpart JJJ - Standards of Performance for Petroleum Dry Cleaners.
68. Subpart KKK - Standards of Performance for Equipment Leaks of VOC from Onshore Natural Gas Processing Plants.
69. Subpart LLL - Standards of Performance for Onshore Natural Gas Processing; SO<sub>2</sub> Emissions.
70. Subpart NNN - Standards of Performance for Volatile Organic Compound (VOC) Emissions From Synthetic Organic Chemical Manufacturing Industry (SOCMI) Distillation Operations.
71. Subpart OOO - Standards of Performance for Nonmetallic Mineral Processing Plants.
72. Subpart PPP - Standards of Performance for Wool Fiberglass Insulation Manufacturing Plants.
73. Subpart QQQ - Standards of Performance for VOC Emissions From Petroleum Refinery Wastewater Systems.
74. Subpart RRR - Standards of Performance for Volatile Organic Compound Emissions From Synthetic Organic Chemical Manufacturing Industry (SOCMI) Reactor Processes.
75. Subpart SSS - Standards of Performance for Magnetic Tape Coating Facilities.
76. Subpart TTT - Standards of Performance for Industrial Surface Coating: Surface Coating of Plastic Parts for Business Machines.
77. Subpart UUU - Standards of Performance for Calciners and Dryers in Mineral Industries.
78. Subpart VVV - Standards of Performance for Polymeric Coating of Supporting Substrates Facilities.
79. Subpart WWW - Standards of Performance for Municipal Solid Waste Landfills.
80. Subpart XXX - Standards of Performance for Municipal Solid Waste Landfills that Commenced Construction, Reconstruction, or Modification After July 17, 2014. This subpart and all accompanying appendices are adopted as of August 29, 2016 (and no future amendments), and are incorporated by reference as applicable requirements.
81. Subpart AAAA - Standards of Performance for Small Municipal Waste Combustion Units for Which Construction Is Commenced after August 30, 1999, or for Which Modification or Reconstruction Is Commenced after June 6, 2001.
82. Subpart CCCC - Standards of Performance for Commercial and Industrial Solid Waste Incineration Units for Which Construction Is Commenced after November 30, 1999, or for Which Modification or Reconstruction Is Commenced on or after June 1, 2001.
83. Subpart EEEE - Standards of Performance for Other Solid Waste Incineration Units for Which Construction is Commenced After December 9, 2004, or for Which Modification or Reconstruction is Commenced on or After June 16, 2006.
84. Subpart IIII - Standards of Performance for Stationary Compression Ignition Combustion Engines.
85. Subpart JJJJ - Standards of Performance for Stationary Spark Ignition Internal Combustion Engines.
86. Subpart KKKK - Standards of Performance for Stationary Combustion Turbines.
87. Subpart LLLL - Standards of Performance for New Sewage Sludge Incineration Units.
88. Subpart OOOO - Standards of Performance for Crude Oil and Natural Gas Production, Transmission and Distribution.
89. Subpart OOOOa - Standards of Performance for Crude Oil and natural gas Facilities for which Construction, Modification or Reconstruction Commenced After September 18, 2015.
90. Subpart PPPP [Reserved].
91. Subpart QQQQ - Standards of Performance for New Residential Hydronic Heaters and Forced-Air Furnaces.
92. Subpart TTTT - Standards of Performance for Greenhouse Gas Emission for Electric Generating Units

**Historical Note**

Adopted effective February 26, 1988 (Supp. 88-1).  
 Amended effective September 26, 1990 (Supp. 90-3).  
 Amended effective February 3, 1993 (Supp. 93-1). Section R18-2-901 renumbered to R18-2-1101, new Section R18-2-901 renumbered from R18-2-801 and amended effective November 15, 1993 (Supp. 93-4). Amended effective June 10, 1994 (Supp. 94-2). Amended effective December 7, 1995 (Supp. 95-4). Amended effective May 9, 1996 (Supp. 96-2). Amended effective April 4, 1997; filed with the Office of the Secretary of State March 14, 1997 (Supp. 97-1). Amended effective December 4, 1997 (Supp. 97-4). Amended by final rulemaking at 5 A.A.R. 3058, effective August 10, 1999, and at 5 A.A.R. 3221, effective August 12, 1999 (Supp. 99-3). Amended by final rulemaking at 6 A.A.R. 4170, effective October 11, 2000 (Supp. 00-4). Amended by final rulemaking at 8 A.A.R. 2543, effective May 24, 2002 (Supp. 02-2). Amended by final rulemaking at 10 A.A.R. 3281, effective September 27, 2004 (Supp. 04-3). Amended by final rulemaking at 11 A.A.R. 5504, effective

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tive February 4, 2006 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 4199, effective January 5, 2008 (Supp. 07-4). Amended by final expedited rulemaking at 21 A.A.R. 2747, effective December 13, 2015 (Supp. 15-4). Amended by final expedited rulemaking at 24 A.A.R. 1564, with an immediate effective date of May 2, 2018 (Supp. 18-2). Amended by final rulemaking at 24 A.A.R. 1864, effective August 10, 2018 (Supp. 18-3).

**R18-2-902. General Provisions**

- A. As used in 40 CFR 60: "Administrator" means the Director of the Arizona Department of Environmental Quality, except that the Director shall not be authorized to approve alternate or equivalent test methods or alternative standards or work practices.
- B. From the general standards identified in R18-2-901, delete the following:
  - 1. 40 CFR 60.4. All requests, reports, applications, submittals, and other communications to the Director pursuant to this Article shall be submitted to the Arizona Department of Environmental Quality, Air Quality Division, 1110 West Washington Street, Phoenix, Arizona 85007.
  - 2. 40 CFR 60.5 and 60.6.
- C. The Director shall not be delegated authority to deal with equivalency determinations or innovative technology waivers as covered in Sections 111(h)(3) and 111(j) of the Act.

**Historical Note**

Adopted effective February 26, 1988 (Supp. 88-1).  
Amended effective September 26, 1990 (Supp. 90-3).  
Section R18-2-902 renumbered to R18-2-1102, new Section R18-2-902 renumbered from R18-2-802 and amended effective November 15, 1993 (Supp. 93-4).  
Amended effective June 10, 1994 (Supp. 94-2). Amended by final rulemaking at 13 A.A.R. 4199, effective January 5, 2008 (Supp. 07-4).

**R18-2-903. Standards of Performance for Fossil-fuel Fired Steam Generators**

As exceptions to 40 CFR 60.40 through 60.47:

- 1. In place of 40 CFR 60.43(a)(2), the following language shall be substituted: 340 nanograms per joule heat input (0.8 pounds per million Btu) derived from solid fossil fuel or solid fossil fuel and wood residue.
- 2. Delete 40 CFR 60.43(b).
- 3. If an owner or operator of a fossil-fuel fired steam generator obtained an installation permit for two or more fuel-burning equipment or steam-power generating installations before May 14, 1979, that permitted the installation to comply with the sulfur dioxide emission standards specified in R18-2-901 and this Section as if the equipment or installations were one emission discharge point:
  - a. The owner or operator shall comply with the applicable sulfur dioxide emission standards in the manner specified in the installation permit;
  - b. The Department shall incorporate the emission standards under subsection (3)(a) into each owner's or operator's operating permit as an enforceable permit condition;
  - c. No single fuel-burning equipment or steam-power generating installation shall emit sulfur dioxide in excess of:
    - i. 520 nanograms per joule heat input (1.2 pounds per million BTU) for solid fossil fuel or solid fossil fuel and wood residue; or

- ii. 340 nanograms per joule heat input (0.8 pounds per million BTU) for liquid fossil fuel or liquid fossil fuel and wood residue.
- 4. When an owner or operator subject to subsection (3) changes the equipment configuration so that each fuel-burning equipment or steam-powered generating installation constitutes one emission discharge point:
  - a. The owner or operator shall comply with the emissions standards specified in subsection (1) and R18-2-901; and
  - b. The Department shall incorporate the emissions standards into the owner's or operator's operating permit as enforceable permit conditions.

**Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective May 28, 1982 (Supp. 82-3). Former Section R9-3-903 renumbered without change as Section R18-2-903 (Supp. 87-3). Repealed effective February 26, 1988 (Supp. 88-1). New Section R18-2-903 renumbered from R18-2-803 and amended effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 14 A.A.R. 230, effective March 8, 2008 (Supp. 08-1).

**R18-2-904. Standards of Performance for Incinerators**

- A. Incinerators with a charging rate of more than 45 metric tons or 49.6 tons per day shall conform to the requirements of 40 CFR 60.50 through 60.54.
- B. Incinerators with a charging rate of 45 metric tons or 49.6 tons per day or less that commence construction or modification after May 14, 1979, shall conform to the requirements of 40 CFR 60.52 through 60.54 and of R18-2-704(A).

**Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective May 28, 1982 (Supp. 82-3). Former Section R9-3-904 renumbered without change as Section R18-2-904 (Supp. 87-3). Repealed effective February 26, 1988 (Supp. 88-1). New Section R18-2-904 renumbered from R18-2-804 and amended effective November 15, 1993 (Supp. 93-4).

**R18-2-905. Standards of Performance for Storage Vessels for Petroleum Liquids**

In addition to 40 CFR 60.110 - 60.113:

- 1. Any petroleum liquid storage tank of less than 40,000 gallons (151,412 liters) capacity shall be equipped with a submerged filling device or acceptable equivalent as determined by the Director for the control of hydrocarbon emissions.
- 2. All facilities for dock loading of petroleum products having a vapor pressure of 2.0 pounds per square inch absolute, or greater, at loading pressure shall provide for submerged filling or other acceptable equivalent for control of hydrocarbon emissions.
- 3. All pumps and compressors which handle volatile organic compounds shall be equipped with mechanical seals or other equipment of equal efficiency to prevent the release of organic contaminants into the atmosphere.

**Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective May 28, 1982 (Supp. 82-3). Former Section R9-3-905 renumbered without change as Section R18-2-905 (Supp. 87-3). Repealed effective February 26, 1988 (Supp. 88-1). New Section R18-2-905 renumbered from R18-2-805 effective November 15, 1993 (Supp. 93-4).

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**R18-2-906. Repealed****Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective May 28, 1982 (Supp. 82-3). Former Section R9-3-906 renumbered without change as Section R18-2-906 (Supp. 87-3). Repealed effective February 26, 1988 (Supp. 88-1).

**R18-2-907. Reserved****R18-2-908. Reserved****R18-2-909. Reserved****R18-2-910. Repealed****Historical Note**

Adopted effective August 9, 1985 (Supp. 85-4). Former Section R9-3-910 renumbered without change as Section R18-2-910 (Supp. 87-3). Repealed effective February 26, 1988 (Supp. 88-1).

**R18-2-911. Reserved****R18-2-912. Reserved****R18-2-913. Repealed****Historical Note**

Adopted effective August 9, 1985 (Supp. 85-4). Former Section R9-3-913 renumbered without change as Section R18-2-913 (Supp. 87-3). Repealed effective February 26, 1988 (Supp. 88-1).

**R18-2-914. Reserved****R18-2-915. Reserved****R18-2-916. Reserved****R18-2-917. Reserved****R18-2-918. Reserved****R18-2-919. Reserved****R18-2-920. Reserved****R18-2-921. Reserved****R18-2-922. Repealed****Historical Note**

Adopted effective August 9, 1985 (Supp. 85-4). Former Section R9-3-922 renumbered without change as Section R18-2-922 (Supp. 87-3). Repealed effective February 26, 1988 (Supp. 88-1).

**ARTICLE 10. MOTOR VEHICLES; INSPECTIONS AND MAINTENANCE****R18-2-1001. Definitions**

The following definitions apply to this Article:

1. Abbreviations and symbols are defined as follows:
  - a. "A/F" means air/fuel,
  - b. "CO" means carbon monoxide.
  - c. "CO<sub>2</sub>" means carbon dioxide.
  - d. "EGR" means exhaust gas recirculation.
  - e. "GVWR" means gross vehicle weight rating.
  - f. "HC" means hydrocarbon.
  - g. "HP" means horsepower.
  - h. "LNG" means liquefied natural gas.
  - i. "LPG" means liquid petroleum gas.
  - j. "MIL" means malfunction indicator lamp.

- k. "MPH" means miles per hour.
- l. "MVD" means the Motor Vehicle Division of the Arizona Department of Transportation.
- m. "NDIR" means nondispersive infrared.
- n. "NO<sub>x</sub>" means the sum of nitrogen oxide and nitrogen dioxide.
- o. "%" means percent.
- p. "OEM" means original equipment manufacturer.
- q. "OBD" means on-board diagnostics.
- r. "PCV" means positive crankcase ventilation.
- s. "PPM" means parts per million by volume.
- t. "RPM" means revolutions per minute.
- u. "VIN" means vehicle identification number.
2. "All-terrain vehicle" (ATV) means a vehicle that is defined as an "all-terrain vehicle" in A.R.S. § 28-101.
3. "Alternative fuel vehicle" means a vehicle powered by an alternative fuel as defined in A.R.S. § 1-215(4).
4. "Annual test" means a test for which an annual frequency is specified in the applicable table in R18-2-1006(B).
5. "Apportioned vehicle" means a vehicle that is subject to the proportional registration provisions of A.R.S. § 28-2233.
6. "Area A" has the meaning in A.R.S. § 49-541.
7. "Area B" has the meaning in A.R.S. § 49-541.
8. "Biennial test" means a test for which a biennial frequency is specified in the applicable table in R18-2-1006(B).
9. "Calibration gas" means a reference gas or gas mixture with assigned concentrations that is used to check the accuracy of emissions analyzers.
10. "Certificate of compliance" means a uniquely numbered document issued as part of the vehicle inspection report by a state station at the time of a vehicle inspection indicating that the vehicle has met the emissions standards.
11. "Certificate of exemption" means a uniquely numbered document issued by the Director providing an exemption from the testing requirements of this Article for a vehicle that is outside of the state on the emissions compliance expiration date.
12. "Certificate of inspection" means a uniquely numbered document issued by the Director indicating that a vehicle has been inspected under A.R.S. § 49-546 and has passed inspection.
13. "Certificate of waiver" means a uniquely numbered document issued by the Department indicating that the requirement of passing reinspection has been waived for a vehicle under A.R.S. § 49-542.
14. "CFR" means the Code of Federal Regulations, with standard reference in this Chapter by Title and Part, so that "40 CFR 280" means Title 40 of the Code of Federal Regulations, Part 280.
15. "Collectible vehicle" has the meaning in A.R.S. § 49-542(Z).
16. "Constant 4-wheel drive vehicle" means any 4-wheel drive vehicle that cannot be converted to 2-wheel drive except by disconnecting one of the vehicle's drive shafts, or any vehicle equipped with non-disengageable traction control which cannot be safely tested on conventional 2-wheel drive dynamometers.
17. "Constant volume sampler" means a system that dilutes engine exhaust to be sampled with ambient air so that the total combined flow rate of exhaust and dilution air mix is nearly constant for all engine operating conditions.



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18. "Contractor" means a person, business, firm, partnership, or corporation with whom the Director has a contract that provides for the operation of one or more official emissions inspection stations.
19. "Dealer" means a person or organization licensed by the Arizona Department of Transportation as a new motor vehicle dealer or used motor vehicle dealer.
20. "Department" means the Department of Environmental Quality.
21. "Diagnostic Trouble Code" (DTC) means an alphanumeric code which is set in a vehicle's on-board diagnostic system when the OBD system detects an emissions control device or system failure.
22. "Diesel" or "Diesel Fuel" has the same meaning as in A.R.S. § 3-3401.
23. "Director" means the Director of the Department of Environmental Quality.
24. "Director's certificate" means a uniquely numbered document issued by the Director in certain circumstances for the vehicle to show evidence of meeting the minimum standards for registration.
25. "Electrically-powered vehicle" means a vehicle that uses electricity as the means of propulsion and does not require the combustion of fossil fuel within the confines of the vehicle to generate electricity.
26. "Emissions compliance expiration date" means:
  - a. Each registration expiration date for a vehicle subject to an annual test; and
  - b. The registration expiration date in the second year after the initial biennial test required under this Article or R18-2-1005(B) for a vehicle subject to a biennial test.
27. "Emissions inspection station permit" means a certificate issued by the Director authorizing the holder to perform vehicle emissions inspections under this Article.
28. "Exhaust emissions" means products of combustion emitted into the atmosphere from any opening in the exhaust system downstream of the exhaust ports of a motor vehicle engine.
29. "Exhaust pipe" means the pipe that attaches to the muffler and exits the vehicle.
30. "Fleet emissions inspection station" or "fleet station" means any vehicle emissions inspection facility operated under a permit issued pursuant to A.R.S. § 49-546.
31. "Fleet vehicle" means any vehicle owned, leased, or operated by an individual or entity granted a vehicle emissions testing license under A.R.S. § 49-546.
32. "Fuel" means any material that is burned within the confines of a vehicle to propel the vehicle.
33. "Fuel Cell Electric Vehicle" or "FCEV" means a zero-emission vehicle that runs on compressed hydrogen fed into a fuel cell stack that produces electricity to power the vehicle.
34. "Golf cart" means a motor vehicle that is defined as a "golf cart" in A.R.S. § 28-101.
35. "Government vehicle" means a registered motor vehicle exempt from the payment of a registration fee, or a federally owned or leased vehicle.
36. "Gross vehicle weight rating" (GVWR) means the maximum vehicle weight that a vehicle is designed for as established by the manufacturer.
37. "Idle test" means an exhaust emissions test conducted with the engine of the vehicle running at the manufacturer's idle speed  $\pm$  100 RPM but without pressure exerted on the accelerator.
38. "Inspection" means the mandatory vehicle emissions inspection including the tampering inspection.
39. "Mass emissions measurement" means measurement of a vehicle's exhaust in mass units such as grams.
40. "Maximum required repair cost" means the applicable maximum required repair cost under R18-2-1010(F) or (G) for a vehicle that has failed inspection.
41. "Model year" means the date of manufacture of the original vehicle within the annual production period of the vehicle as designated by the manufacturer or, if a reconstructed vehicle, the first year of titling.
42. "Motorcycle" means a vehicle that is defined as a "motorcycle" as in A.R.S. § 28-101.
43. "New aftermarket catalytic converter" means a new catalytic converter manufactured as an OEM part that meets the standards under 40 CFR 86.
44. "On-board diagnostics" or "OBD" means an on-board diagnostic system required by Section 202(m) of the Clean Air Act. For the purposes of the Article, OBD certification refers to United States Environmental Protection Agency OBD certification.
45. "Opacity" means the degree of absorption of transmitted light.
46. "Reconditioned OEM catalytic converter" means a catalytic converter remanufactured, as a non-OEM part, with new catalytic material housed in the original catalyst casing.
47. "Recognized repair facility" means a business with an Arizona Department of Revenue transaction privilege tax license pursuant to Title 15, Chapter 5 of the Arizona Revised Statutes whose primary purpose is vehicle repair, and who has at least one employee with a nationally recognized certification for emissions-related diagnosis and repair.
48. "Reconstructed vehicle" means a vehicle that has been assembled or constructed largely by means of essential parts, new or used, derived from vehicles or makes of vehicles of various names, models and types or that, if originally otherwise constructed, has been materially altered by the removal of essential parts or by the addition or substitution of essential parts, new or used, derived from other vehicles or makes of vehicles. For the purposes of this paragraph, "essential parts" means integral and body parts, the removal, alteration or substitution of which will tend to conceal the identity or substantially alter the appearance of the vehicle.
49. "Specially constructed vehicle" means any vehicle not originally constructed under a distinctive name, make, model, or type by a generally recognized manufacturer of vehicles.
50. "State inspector" means an employee of the Department designated to perform quality assurance or waiver functions under this Article.
51. "State station" means a facility, other than a fleet emissions inspection station, established for the purpose of conducting inspections under A.R.S. § 49-542.
52. "Tampering" means removing, defeating, or altering an emissions control device that was installed on a vehicle at the time the vehicle was manufactured.
53. "Two-stroke vehicle" means a vehicle equipped with an engine that requires one revolution of the crankshaft for each power stroke.

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54. "Vehicle" or "Motor Vehicle" means any automobile, truck, truck tractor, motor bus, or self-propelled or motor-driven vehicle registered or to be registered in this state and used upon the public highways of this state for the purpose of transporting persons or property, except implements of husbandry, roadrollers, or road machinery temporarily operated upon the highway.
55. "Vehicle emissions inspector" means an individual who is licensed by the Director to perform vehicle emissions inspections under this Article.
56. "Waiver inspector" means an employee of the contractor or the Department who is authorized to issue waivers under R18-2-1008.
57. "Zero Emissions Vehicle" means a battery electric vehicle that runs on electricity stored in the batteries and has only an electric motor rather than an internal combustion engine, or a fuel cell electric vehicle that produces no emissions from the on-board source of power.

**Historical Note**

Former Section R9-3-1001 repealed, new Section R9-3-1001 adopted effective January 13, 1976 (Supp. 76-1). Former Section R9-3-1001 repealed, former Section R9-3-1002 renumbered and amended as Section R9-3-1001 effective January 1, 1986 (Supp. 85-6). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Former Section R9-3-1001 renumbered as Section R18-2-1001 and amended effective August 1, 1988 (Supp. 88-3). Amended effective September 19, 1990 (Supp. 90-3). Amended effective November 14, 1994 (Supp. 94-4). Amended by final rulemaking at 6 A.A.R. 382, effective December 20, 1999 (Supp. 99-4). Amended by final rulemaking at 8 A.A.R. 90, effective January 1, 2002 (Supp. 01-4). Amended by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

**R18-2-1002. Applicable Implementation Plan**

- A. Substantive revisions to the rules in this Article that are included in the Arizona State Clean Air Act Implementation Plan cannot become effective until approved by the Administrator of the United States Environmental Protection Agency. Amendments adopted by the Department but not yet approved as of the date of the latest amendments are therefore identified in this Article as not applying until the Administrator approves them.
- B. The Administrator's approvals of revisions to an applicable implementation plan are published as final rules in the Federal Register, which is available online at <http://www.gpo.gov/fdsys/browse/collection.action?collectionCode=FR>. The Department publishes a list of Article 10 provisions approved since the last revisions to the Article at: <http://azdeq.gov/VECS/Rulemaking>.

**Historical Note**

New Section made by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

**R18-2-1003. Vehicles to be Inspected by the Mandatory Vehicle Emissions Inspection Program**

- A. The following vehicles shall be inspected according to this Article:
  1. A vehicle to be registered within Area A or Area B. For the purposes of this Article, registration within Area A or Area B shall be determined by the vehicle owner's permanent and actual residence. The permanent address in

the MVD database shall be presumed to be the owner's permanent and actual residence. A post office box address listed on a title or registration document under A.R.S. § 28-2051(C) is not evidence of the owner's permanent and actual residence;

2. Each vehicle delivered to a retail purchaser by a dealer licensed to sell used motor vehicles under A.R.S. Title 28 and whose place of business is located in Area A or Area B;
  3. Each vehicle registered outside Area A and Area B but used to commute to the driver's principal place of employment located within Area A or Area B;
  4. Each vehicle owned by a person who is subject to A.R.S. §§ 15-1444(C) or 15-1627(G); and
  5. An Area A or Area B vehicle owned or operated by the United States, this state, or a political subdivision of this state without regard to whether those vehicles are required to be registered in this state.
- B. The following vehicles are exempt from the inspection requirements of this Article:
    1. A vehicle manufactured in or before the 1966 model year;
    2. A vehicle leased to a person residing outside Area A and Area B by a leasing company whose place of business is in Area A or Area B, except as provided in subsection (A)(3);
    3. A vehicle sold between motor vehicle dealers;
    4. A zero-emissions vehicle;
    5. An apportioned vehicle;
    6. A golf cart;
    7. A vehicle with an engine displacement of less than 90 cubic centimeters;
    8. A vehicle registered at the time of change of name of ownership if an emissions test is current and valid, except when the change results from the sale by a dealership whose place of business is located in Area A or Area B;
    9. A vehicle for which a current certificate of exemption or Director's certificate is issued;
    10. A new vehicle before the sixth registration year after initial purchase or lease; except that:
      - a. A reconstructed vehicle or specially constructed vehicle is not exempt.
      - b. A vehicle converted to operate on an alternative fuel, as defined in A.R.S. § 1-215, is not exempt.
      - c. A vehicle failing an emissions inspection the owner chooses to have under A.R.S. § 49-543 is not exempt for the current registration year.
    11. A vehicle designed to operate exclusively on hydrogen, as defined in A.R.S. § 1-215;
    12. A collectible vehicle;
    13. A motorcycle;
    14. An all-terrain vehicle (ATV);
    15. These exemptions apply after the Administrator approves this subsection, (B)(15), into the applicable implementation plan:
      - a. Cranes and oversized vehicles that require permits pursuant to A.R.S. §§ 28-1100, 28-1103, and 28-1144;
      - b. A vehicle not in use and owned by a resident of this state while on active military duty outside of this state.
  - C. Government vehicles operated in Area A or Area B and not exempted by this Article shall be emissions inspected according to R18-2-1017.

**Historical Note**

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Former Section R9-3-1003 repealed, new Section R9-3-1003 adopted effective January 13, 1976; Amended as an emergency effective January 19, 1976 (Supp. 76-1). Amended effective January 3, 1977 (Supp. 77-1). Amended effective January 3, 1979 (Supp. 79-1). Amended as an emergency effective January 2, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-1). Former Section R9-3-1003 as amended effective January 3, 1979 and amended as an emergency effective January 2, 1981 now amended effective April 15, 1981 (Supp. 81-2). Amended effective January 1, 1986 (Supp. 85-6). Amended subsection (A) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Former Section R9-3-1003 renumbered as Section R18-2-1003 and amended effective August 1, 1988 (Supp. 88-3). Amended effective September 19, 1990 (Supp. 90-3). Amended effective November 14, 1994 (Supp. 94-4). Amended effective October 15, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 382, effective December 20, 1999 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 2722, effective June 28, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 90, effective January 1, 2002 (Supp. 01-4). Amended by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

**R18-2-1004. Repealed****Historical Note**

Former Section R9-3-1004 repealed, new Section R9-3-1004 adopted effective January 13, 1976 (Supp. 76-1). Amended effective January 3, 1977 (Supp. 77-1). Former Section R9-3-1004 renumbered as Section R18-2-1004 and amended effective August 1, 1988 (Supp. 88-3). Section repealed by final rulemaking at 6 A.A.R. 382, effective December 20, 1999 (Supp. 99-4).

**R18-2-1005. Time of Inspection**

- A.** All Area A and Area B vehicles subject to an annual test shall be inspected at the following times:
1. For a non-fleet vehicle, within 90 days before each registration expiration date.
  2. For a fleet vehicle inspected at a licensed fleet station, at least once within each 12 month period following any initial registration.
  3. For a government vehicle:
    - a. For a vehicle not exempt under R18-2-1003(B)(10), within 12 months after acquisition by the operating entity and then annually on or before the anniversary date of the previous inspection;
    - b. For a vehicle exempt under R18-2-1003(B)(10), within 90 days after the vehicle becomes subject to testing, and then annually on or before the anniversary date of the previous inspection; and
    - c. A government vehicle is subject to testing on the anniversary of its date of acquisition.
  4. For a vehicle registered outside Area A and Area B and used to commute to the driver's principal place of work located in Area A or Area B, upon vehicle registration and annually thereafter.
  5. For a vehicle owned by a person subject to A.R.S. §§ 15-1444(D) or 15-1627(G), within 30 calendar days following the date of initial registration at the institution located in Area A or Area B and annually thereafter.
- B.** All Area A and Area B vehicles subject to a biennial test shall be inspected at the following times:

1. For a non-fleet vehicle, within 90 days before the vehicle's emissions compliance expiration date.
  2. For a fleet vehicle inspected at a fleet station, at least once within each successive 24 month period following initial registration.
  3. For a government vehicle:
    - a. For a vehicle not exempt under R18-2-1003(B)(10), within 12 months after acquisition by the operating entity, and biennially thereafter, on or before the anniversary date of the previous inspection; or
    - b. For a vehicle exempt under R18-2-1003(B)(10), within 90 days after the vehicle becomes subject to testing, and biennially thereafter, on or before the anniversary date of the previous inspection.
  4. For a vehicle registered outside Area A or Area B but used to commute to the driver's principal place of employment located in Area A or Area B, upon vehicle registration and biennially thereafter.
  5. For a vehicle owned by a person subject to A.R.S. §§ 15-1444(D) or 15-1627(G), within 30 days following the date of initial registration at the institution located in Area A or Area B and biennially thereafter.
- C.** All vehicles sold by a dealer licensed to sell used motor vehicles under A.R.S. Title 28, whose place of business is located in Area A or Area B, shall pass the applicable emissions test prescribed by R18-2-1006 before delivery of the vehicle to a retail purchaser.
- D.** An Area B vehicle being registered in Area A is subject to the appropriate annual or biennial test from Area A before registration even if the Area A test, or test period, is different from the test required for the same vehicle in Area B.
- E.** Nothing in this Section shall be construed to waive a late registration fee because of failure to meet inspection requirements by the registration deadline, except that a motor vehicle that fails the initial or subsequent test shall not be subject to a penalty fee for late registration renewal if:
1. The initial test is accomplished before the emissions compliance expiration date; and
  2. The registration renewal is received by MVD within 30 days of the initial test.
- F.** An owner of a vehicle may submit the vehicle for emissions inspection more than 90 days before the emissions compliance expiration date but the inspection does not satisfy the registration testing requirement under R18-2-1003.

**Historical Note**

Former Section R9-3-1005 repealed, new Section R9-3-1005 adopted effective January 31, 1976 (Supp. 76-1). Amended effective January 3, 1977 (Supp. 77-1). Amended effective March 2, 1978 (Supp. 78-2). Amended effective January 3, 1979 (Supp. 79-1). Amended effective February 20, 1980 (Supp. 80-1). Amended as an emergency effective January 2, 1981 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-2). Former Section R9-3-1005 as amended effective February 20, 1980 and amended as an emergency effective January 2, 1981, now amended effective April 15, 1981 (Supp. 81-2). Amended effective January 1, 1986 (Supp. 85-6). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Former Section R9-3-1005 renumbered as Section R18-2-1005 and subsections (A) and (C) amended effective August 1, 1988 (Supp. 88-3). Amended effective September 19, 1990 (Supp. 90-3). Amended effective November 14, 1994 (Supp. 94-4). Amended by final rulemaking at 6 A.A.R. 382, effective

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December 20, 1999 (Supp. 99-4). Amended by final rulemaking at 8 A.A.R. 90, effective January 1, 2002 (Supp. 01-4). Amended by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

**R18-2-1006. Emissions Test Procedures**

- A.** This Section establishes the testing requirements for vehicles in the State of Arizona. Subsection (B) identifies which tests apply to a particular type and model year of vehicle. Subsection (C) establishes the procedures and criteria for, passing, failing, or being rejected from each test.
- B.** Test applicability.
1. Area A and Area B non-diesel. The following general requirements govern test applicability for non-diesel vehicles in both Area A and Area B:
    - a. A rotary engine shall be inspected as a 4-stroke engine with four cylinders or less.
    - b. For a vehicle in which an engine has been replaced:
      - i. A vehicle owner shall not install a heavy-duty engine in a light-duty chassis.
      - ii. A vehicle owner shall not install a light-duty engine in a heavy-duty chassis.
  2. Area A Non-Diesel. Non-diesel vehicles in Area A are subject to the test procedures identified in this subsection:
    - a. Vehicles other than alternative fuel vehicles operated by a school district in Area A, heavy duty alternative fuel vehicles, reconstructed vehicles, and constant 4-wheel-drive vehicles that are not equipped with OBD, are subject to the following test procedures until the Administrator approves subsection (B)(2)(a)(i) into the applicable implementation plan:
      - iii. The replacement engine package shall include all emissions control equipment and devices that were required by the manufacturer for an engine-chassis certification. All emissions control equipment and devices shall be properly installed and in operating condition, and the resulting engine-chassis configuration shall be equivalent to a verified configuration of the same, or newer, model year as that of the vehicle chassis.
      - iv. The Department shall inspect the vehicle according to the model year of the vehicle chassis.

**Area A Non-Diesel Testing Procedures Until SIP Revision is Approved**

Model Year	GVWR	Test Frequency	Tests Applicable	Test Subsection
1996 or later	8,500 pounds or less	Biennial	OBD Functional gas cap Tampering	C.4 C.16 C.17
1981 through 1995	8,500 pounds or less	Biennial	Transient loaded and evaporative system pressure Functional gas cap Tampering	C.5 C.16 C.17
1975 through 1980	8,500 pounds or less	Annual	Loaded test Functional gas cap Tampering	C.6 C.16 C.17
1975 or later	More than 8,500 pounds	Annual	Loaded test Functional gas cap Tampering	C.6 C.16 C.17
1967 through 1974	Any	Annual	Loaded test Functional gas cap	C.6 C.16

- i. Test procedures that apply after the Administrator approves this subsection, (B)(2)(a)(i), into the applicable implementation plan:

**Area A Non-Diesel Testing Procedures After SIP Revision is Approved**

Model Year	GVWR	OBD Certified?	Test Frequency	Tests Applicable	Test Subsection
1996 or Later	Any	Yes	Biennial	OBD Functional gas cap Tampering	C.4 C.16 C.17
1981 or later	8,500 pounds or less	No	Biennial	Transient loaded and evaporative system pressure Functional gas cap Tampering	C.5 C.16 C.17
1975 through 1980	8,500 pounds or less	No	Annual	Loaded test Functional gas cap Tampering	C.6 C.16 C.17
1975 or later	More than 8,500 pounds	No	Annual	Loaded test Functional gas cap Tampering	C.6 C.16 C.17
1967 through 1974	Any	No	Annual	Loaded test Functional gas cap	C.6 C.16

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- b. Alternative fuel vehicles operated by a school district in Area A are subject to the following testing procedures until the Administrator approves subsection (B)(2)(b)(i) into the applicable implementation

plan. After subsection (B)(2)(b)(i) has been approved into the applicable implementation plan, alternative fuel vehicles operated by a school district in Area A will be subject to subsection (B)(2)(b)(i).

Area A Alt. Fuel Vehicles Operated by a School District Testing Procedures Until SIP Revision is Approved				
Model Year	OBD Certified?	Test Frequency	Tests Applicable	Test Subsection
1975 or later	No	Annual	Loaded test Functional gas cap Tampering	C.6 C.16 C.17
1967 through 1974	No	Annual	Loaded test Functional gas cap	C.8 C.16

- i. Test procedures that apply after the Administrator approves this subsection, (B)(2)(b)(i), into the applicable implementation plan.

Area A Alt. Fuel Vehicles Operated by a School District Testing Procedures After SIP Revision is Approved				
Model Year	OBD Certified?	Test Frequency	Tests Applicable	Test Subsection
Any	Yes	Biennial	OBD Functional gas cap Tampering	C.4 C.16 C.17
1975 or later	No	Annual	Loaded test Functional gas cap Tampering	C.6 C.16 C.17
1967 through 1974	No	Annual	Loaded test Functional gas cap	C.6 C.16

- c. Heavy duty alternative fuel vehicles in Area A that are not owned by a school district are subject to the following testing procedures.

Model Year	GVWR	OBD Certified?	Test Frequency	Tests Applicable	Test Subsection
Any	More than 14,500 pounds	Yes	Biennial	OBD Functional gas cap Tampering	C.4 C.16 C.17
1975 or later	More than 14,500 pounds	No	Annual	Idle test Functional gas cap Tampering	C.8 C.16 C.17
1967 through 1974	More than 14,500 pounds	No	Annual	Idle test Functional gas cap	C.8 C.16

3. Area B Non-Diesel. Non-diesel vehicles in Area B are subject to the test procedures identified in this subsection:
- a. Vehicles other than reconstructed vehicles and constant 4-wheel-drive vehicles that are not

equipped with OBD shall be subject to the following test procedures until the Administrator approves subsection (B)(2)(a)(i) into the applicable implementation plan:

Area B Non-Diesel Testing Procedures Until SIP Revision is Approved				
Model Year	GVWR	Test Frequency	Tests Applicable	Test Subsection
1996 or later	8,500 pounds or less	Annual	OBD Functional gas cap Tampering	C.4 C.16 C.17
1981 through 1995	8,500 pounds or less	Annual	Loaded test Functional gas cap Tampering	C.6 C.16 C.17
1975 through 1980	8,500 pounds or less	Annual	Idle test Functional gas cap Tampering	C.8 C.16 C.17

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1975 or later	More than 8,500 pounds	Annual	Idle test Functional gas cap Tampering	C.8 C.16 C.17
1967 through 1974	Any	Annual	Idle test Functional gas cap	C.8 C.16

- i. Test procedures that apply after the Administrator approves this subsection (B)(2)(a)(i) into the applicable implementation plan:

Area B Non-Diesel Testing Procedures After SIP Revision is Approved					
Model Year	GVWR	OBD Certified?	Test Frequency	Tests Applicable	Test Subsection
Any	Any	Yes	Biennial	OBD Functional gas cap Tampering	C.4 C.16 C.17
1981 or later	8,500 pounds or less	No	Annual	Loaded test Functional gas cap Tampering	C.6 C.16 C.17
1975 through 1980	8,500 pounds or less	No	Annual	Loaded Test Functional gas cap Tampering	C.6 C.16 C.17
1975 or later	More than 8,500 pounds	No	Annual	Idle test Functional gas cap Tampering	C.8 C.16 C.17
1967 through 1974	Any	No	Annual	Idle test Functional gas cap	C.9 C.16

4. Reconstructed non-diesel vehicles. Reconstructed non-diesel vehicles in both Area A and Area B are subject to the tests specified in the following table:

Model Year	Test Frequency	Tests Applicable	Test Subsection
1967 or later	Annual	Loaded test Visual gas cap	C.6 C.18

5. Constant 4-wheel-drive vehicles. Constant 4-wheel-drive vehicles in both Area A and Area B that are not equipped with OBD are subject to the tests specified in the following table:

Model Year	Test Frequency	Tests Applicable	Test Subsection
1975 or later	Annual	Idle Test Functional gas cap Tampering	C.8 C.16 C.17
1967 through 1974	Annual	Idle Test Functional gas cap	C.8 C.16

6. Area A Diesel. Diesel vehicles that require inspection in Area A are subject to the test procedures specified in this subsection until the Administrator approves subsection (B)(8) into the applicable implementation plan:

Area A Diesel Testing Procedures Until SIP Revision is Approved					
GVWR	OBD Certified?	Model Year	Test Frequency	Tests Applicable	Test Subsection
8,500 and less	Yes	Any	Annual	OBD Tampering	C.4 C.17
More than 8,500 pounds	No	1975 or later	Annual	Snap idle Tampering	C.10 C.17
More than 8,500 pounds	No	1967 through 1974	Annual	Snap idle	C.10
More than 4,000 and less than or equal to 8,500 pounds	No	1975 or later	Annual	Loaded opacity B Tampering	C.12 C.17
More than 4,000 and less than or equal to 8,500 pounds	No	1967 through 1974	Annual	Loaded opacity B	C.12

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4,000 pounds or less	No	1975 or later	Annual	Loaded opacity C Tampering	C.13 C.17
4,000 pounds or less	No	1967 through 1974	Annual	Loaded opacity C	C.13

7. Area B Diesel. Diesel vehicles that require inspection in subsection until the Administrator approves subsection (B)(8) into the applicable implementation plan:

Area B Diesel Testing Procedures Until SIP Revision is Approved				
GVWR	Model Year	Test Frequency	Tests Applicable	Test Subsection
More than 26,000 pounds	1975 or later	Annual	Loaded opacity A Tampering	C.12 C.18
More than 26,000 pounds	1967 through 1974	Annual	Loaded opacity A	C.12
More than 10,500 and less than or equal to 26,000 pounds	1975 or later	Annual	Any of the following: Loaded opacity A Loaded opacity B Tampering	C.12 C.13 C.18
More than 10,500 and less than or equal to 26,000 pounds	1967 through 1974	Annual	Any of the following: Loaded opacity A Loaded opacity B	C.12 C.13
More than 4,000 and less than or equal to 10,500	1975 or later	Annual	Loaded opacity B Tampering	C.13 C.18
More than 4,000 and less than or equal to 10,500	1967 through 1974	Annual	Loaded opacity B	C.13
4,000 pounds or less	1975 or later	Annual	Loaded opacity C Tampering	C.14 C.18
4,000 pounds or less	1967 through 1974	Annual	Loaded opacity C	C.14

8. Test procedures that apply for diesel vehicles in both subsection (B)(8) into the applicable implementation plan:  
Area A and Area B after the Administrator approves this

Area A and Area B Diesel Testing Procedures After SIP Revision is Approved					
GVWR	OBD Certified?	Model Year	Test Frequency	Tests Applicable	Test Subsection
Any	Yes	Any	Biennial	OBD Tampering	C.4 C.17
More than 8,500 pounds	No	1975 or later	Annual	Snap idle Tampering	C.10 C.17
More than 8,500 pounds	No	1967 through 1974	Annual	Snap idle	C.10
More than 4,000 and less than or equal to 8,500 pounds	No	1975 or later	Annual	Loaded opacity B Tampering	C.12 C.17
More than 4,000 and less than or equal to 8,500 pounds	No	1967 through 1974	Annual	Loaded opacity B	C.12
4,000 pounds or less	No	1975 or later	Annual	Loaded opacity C Tampering	C.13 C.17
4,000 pounds or less	No	1967 through 1974	Annual	Loaded opacity C	C.13

9. Dealer Fleet Testing Procedures. The test procedures in the table in this Section apply until the administrator approves subsections (B)(2)(a)(i), (B)(3)(a)(i), and (B)(8) into the applicable implementation plan for used vehicles sold by a motor vehicle dealer who is a fleet operator and who has been issued a permit pursuant to A.R.S. § 49-546. After those sections are approved into the applicable implementation plan, used vehicles sold by a motor vehicle dealer who is a fleet operator and who has been issued a permit pursuant to A.R.S. § 49-546 will be subject to the same testing procedures as vehicles tested at state stations and the table in this Section will no longer be applicable.

Area A and Area B Dealer Fleet Testing Procedures Until SIP Revision is Approved			
Model Year	Test Frequency	Tests Applicable	Test Subsection

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1981 or later	Annual	Two speed idle test Functional gas cap Tampering	C.6 C.16 C.17
1975 through 1980	Annual	Idle Test Functional gas cap Tampering	C.7 C.16 C.17
1967 through 1974	Annual	Idle Test Functional gas cap	C.8 C.16

## C. Test Requirements

1. Conditions for Pass. A vehicle passes inspection if the vehicle:
  - a. Is subjected to all applicable tests required by subsection (B);
  - b. Is not rejected from any of the tests for any of the reasons specified in (C)(2) or (C)(3) of this subsection; and
  - c. Does not fail any of the applicable tests for any of the reasons specified in this subsection.
2. Pre-Test Safety Inspection
  - a. The Department shall inspect each vehicle visually before the emissions test for any of the following unsafe or untestable conditions:
    - i. A fuel leak that causes wetness or pooling of fuel;
    - ii. A continuous engine or transmission oil leak onto the floor;
    - iii. A continuous engine coolant leak onto the floor such that the engine is overheating or may overheat within a short time;
    - iv. A tire on a driving wheel with less than 2/32-inch tread, metal protuberances, unmatched tire size, obviously low tire pressure as determined by visual inspection;
    - v. An exhaust pipe that does not allow for safe exhaust probe insertion;
    - vi. An exhaust pipe on a diesel-powered vehicle that does not allow for safe exhaust probe insertion and attachment of opacity meter sensor units;
    - vii. Improperly operating brakes;
    - viii. Any vehicle modification or mechanical condition that prevents dynamometer operation;
    - ix. Loud internal engine noise;
    - x. An obvious exhaust leak;
    - xi. Towing a trailer or carrying a heavy load;
    - xii. Carrying explosives or any hazardous material not used as a fuel for the vehicle; or
    - xiii. Any other condition that in the judgment of the inspector makes testing unsafe or the vehicle untestable.
  - b. If the inspector determines that a vehicle is unsafe or otherwise untestable by the visual inspection the following shall apply:
    - i. The vehicle shall be rejected without an emissions test;
    - ii. The inspector shall notify the vehicle owner or operator of all untestable or unsafe conditions found;
    - iii. A state station shall not charge a fee; and
    - iv. A state station shall not test the vehicle until the cause for rejection is repaired.
3. Test Operating Conditions. When conducting the emissions test required by this Section, the vehicle emissions

inspector shall ensure that all of the following requirements are satisfied:

- a. The vehicle shall be tested in the condition presented, unless rejected under R18-2-1006(C)(2);
- b. The vehicle's engine shall be operating at normal temperature and not be overheating as indicated by a gauge, warning light, or boiling radiator; and
- c. All vehicle accessories shall be turned off during testing.
4. OBD Test.
  - a. Test Procedure. The OBD test shall consist of:
    - i. A visual inspection of the MIL function; and
    - ii. An electronic examination of the OBD computer by connecting a scan tool to the data link connector and interrogating the OBD system to determine vehicle readiness status, MIL status, and the presence of diagnostic trouble codes.
  - b. Equipment Specifications. The OBD equipment shall conform to the requirements of "Performing Onboard Diagnostic System Checks as Part of a Vehicle Inspection and Maintenance Program," EPA420-R-01-015, EPA, June 2001 (and no future editions or amendments), which is incorporated by reference. A copy of this incorporated material is on file with the Department, the Secretary of State, and is available online at <http://azdeq.gov/VECS/Rulemaking>.
  - c. OBD scan tools shall have the most recent available software downloaded and installed before inspection.
  - d. Test Rejection. A vehicle shall be rejected from an OBD test if any of the following conditions occurs:
    - i. The number of unset readiness indicators, excluding continuous indicators, is three or more for a model year 1996-2000 vehicle, or two or more for a model year 2001 and newer vehicle;
    - ii. The data link connector cannot be located or is inaccessible;
    - iii. The data link connector is loose and the scan tool cannot be inserted into the connector;
    - iv. The data link connector has no voltage; or
    - v. The eVIN and monitors are mismatched.
  - e. Test Failure. A vehicle fails the OBD test if any of the following conditions occurs:
    - i. The vehicle's MIL does not illuminate when the ignition is on and the engine is off;
    - ii. The vehicle's MIL illuminates continuously or flashes with the engine running;
    - iii. The OBD system is not communicating;
    - iv. The vehicle's OBD system reports the MIL as commanded on;
    - v. The vehicle's OBD system data is inappropriate for the vehicle being tested; or
    - vi. The vehicle's OBD system data does not match the original equipment manufacturer (OEM) or



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- a Department exempted OBD software configuration.
5. Transient Loaded and Evaporative System Pressure Test.
- a. Transient Loaded Test Procedure.
- i. The transient loaded test shall consist of 147 seconds of mass emissions measurement using a constant volume sampler while the vehicle is driven by an inspector through a computer-monitored driving cycle on a dynamometer with inertial weight settings appropriate for the weight of the vehicle.
- ii. The driving cycle shall include the acceleration, deceleration, and idle operating modes described in Table 4.
- iii. The 147-second sequence may be ended earlier using a fast-pass or fast-fail algorithm.
- iv. A retest algorithm shall be used to determine if a test failure is due to insufficient vehicle preconditioning. As determined by the retest algorithm, an additional test may be performed on a failing vehicle.
- v. The highest selectable drive gear shall be used for automatic transmissions and first gear shall be used for manual transmission acceleration from idle.
- vi. Exhaust emissions concentrations in grams per mile for HC, CO, NO<sub>x</sub> and CO<sub>2</sub> shall be recorded continuously beginning with the first second.
- vii. All testing and test equipment for the transient loaded emissions test shall conform to "IM240 & Evap Technical Guidance," EPA420-R-00-007, EPA, April 2000, and no future editions or amendments, which is incorporated by reference, except that the transient driving cycle in Table 4, the standards in Table 4, and the fast-pass, fast-fail retest algorithms described in subsection (C)(5)(a) shall be used. A copy of the incorporated material is on file with the Department, the Secretary of State, and is available online at <http://azdeq.gov/VECS/Rulemaking>.
- viii. In determining compliance under subsection (C)(5)(d) for a vehicle that operates on natural gas, HC emissions shall be multiplied by 0.19, when an analyzer with a flame ionization detector is used or 0.61, when an NDIR analyzer is used.
- b. Evaporative System Pressure Test Procedure. The evaporative system pressure test shall consist of the following steps in sequence:
- i. Connect the test equipment to either the fuel tank vent hose at the canister or the fuel tank filler neck;
- ii. Pressurize the system to 14 ± 0.5 inches of water without exceeding 26 inches of water system pressure; and
- iii. Close off the pressure source, seal the evaporative system, and monitor pressure decay for two minutes unless a failure is detected or a fast-pass determination is made as defined in EPA420-R-00-007, which is incorporated by reference in subsection (C)(5)(a)(vii) of this rule.
- c. Test Rejection. A vehicle shall be rejected from the transient loaded and evaporative system pressure test if it has an audible or visible exhaust leak during emissions testing, or if the vehicle displays unsafe behavior on the dynamometer during testing.
- d. Transient Loaded Test Failure. A vehicle fails the transient loaded test if emissions measured during the test exceed the Table 3 standard applicable to the model year and type of the vehicle being tested as follows:
- i. The average emissions measured for the entire test exceed the "composite standard" for any pollutant; or
- ii. The average emissions measured during seconds 65 through 146 exceed the "phase-2" standard for any pollutant.
- e. Evaporative System Pressure Test Failure. A vehicle fails the evaporative system pressure test if any of the following conditions occurs:
- i. The evaporative system cannot maintain a system pressure above eight inches of water for two minutes after being pressurized to 14 ± 0.5 inches of water;
- ii. The canister is missing or damaged; or
- iii. The hose or electrical system is missing, routed incorrectly, or disconnected, according to the vehicle emissions control information label.
- f. Test Failure. A vehicle fails the transient loaded and evaporative system pressure test if it fails the test under either subsection R10-2-1006(C)(5)(d) or R10-2-1006(C)(5)(e).
6. Loaded Test.
- a. Loaded Cruise Test Procedure. The vehicle's drive wheels shall be placed on a dynamometer and the vehicle shall be operated according to the Table 1 of this Article.
- b. Besides the Arizona specific dynamometer test schedule, loaded tests shall conform to the procedures listed at 40 CFR 51, Subpart S, Appendix B, Section III, amended as of July 1st, 2017, which is incorporated by reference and on file with the Department, the Secretary of State, and is available online at <http://azdeq.gov/VECS/Rulemaking>.
- c. Loaded Test Equipment Specifications.
- i. The equipment used in Area A state stations for loaded cruise and curb idle testing shall conform to "IM240 & Evap Technical Guidance," EPA420-R-00-007, EPA, April 2000, and no future editions or amendments, which is incorporated by reference in subsection (C)(5)(a)(vii) of this rule.
- ii. The equipment used in Area B state stations and all Arizona fleet emission testing stations for the loaded test shall comply with 40 CFR 51, Subpart S, Appendix A, Section I, amended as of July 1, 2017, which is incorporated by reference and on file with the Department, the Secretary of State, and is available online at <http://azdeq.gov/VECS/Rulemaking>.
- d. In determining whether a vehicle that operates on natural gas complies with the HC emissions standards in Table 2 of this Article, the results of the test shall be multiplied by 0.19, when an analyzer with a

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- flame ionization detector is used or 0.61, when an NDIR analyzer is used.
- e. Test Rejection. A vehicle shall be rejected from a loaded cruise and curb idle test, if the CO<sub>2</sub> plus CO reading during the curb idle test is less than 6%.
  - f. Test Failure. A vehicle fails the loaded cruise and curb idle test if tailpipe emissions measured by the test exceed the applicable standards in Table 2 for loaded cruise mode or curb idle mode for the type and model year of the vehicle being tested.
7. Two Speed Idle Test
    - a. All two speed idle testing shall conform to the procedures listed at 40 CFR 51, Subpart S, Appendix B, Section II, amended as of July 1, 2017, and no future editions or amendments, which is incorporated by reference and on file with the Department, the Secretary of State, and is available online at <http://azdeq.gov/VECS/Rulemaking>.
    - b. All equipment used for two speed idle testing shall conform with the requirements of 40 CFR 51, Subpart S, Appendix A, Section I, amended as of July 1, 2017, and no future editions or amendments, which is incorporated by reference and on file with the Department.
    - c. Test Failure. A vehicle fails the two speed idle test if tailpipe emissions measured by the test exceed the applicable standards in Table 2 for the type and model year of the vehicle being tested.
  8. Idle Test
    - a. All idle testing shall conform to the procedures listed at 40 CFR 51, Subpart S, Appendix B, Section I, amended as of July 1, 2017, and no future editions or amendments, which is incorporated by reference and on file with the Department, the Secretary of State, and is available online at <http://azdeq.gov/VECS/Rulemaking>.
    - b. All equipment used for two speed idle testing shall conform with the requirements of 40 CFR 51, Subpart S, Appendix B, Section I, amended as of July 1, 2017, and no future editions or amendments, which is incorporated by reference and on file with the Department.
    - c. Test Failure. A vehicle fails the idle test if tailpipe emissions measured by the test exceed the applicable standards in Table 2 for the type and model year of the vehicle being tested.
  9. Exhaust Sampling Requirements for Annual Tests on Non-Diesel Vehicles.
    - a. All CO and HC emissions analyzers shall have water traps incorporated in the sampling lines. Sampling probes shall be capable of taking undiluted exhaust samples from a vehicle exhaust system.
    - b. A vehicle, other than a diesel-powered vehicle, shall be inspected with a gas analyzer capable of determining concentrations of CO and HC within the ranges and tolerances specified in Table 5.
    - c. A vehicle with multiple exhaust pipes shall be inspected by collecting and averaging samples by one of the following methods:
      - i. Collecting separate samples from each exhaust pipe and use the average concentration to determine the test result;
      - ii. Using manifold exhaust probes to simultaneously sample approximately equal volumes from each exhaust pipe; or
      - iii. Using manifold exhaust pipe adapters to collect approximately equal volume samples from each exhaust pipe.
  10. Snap Idle Test.
    - a. Snap Idle Test Procedure.
      - i. The Department shall test the vehicle with a procedure that conforms to Society of Automotive Engineers Recommended Practice J1667, February 1996, incorporated by reference and on file with the Department, the Secretary of State and is available online at <http://azdeq.gov/VECS/Rulemaking>. This incorporation by reference contains no future editions or amendments.
      - ii. All testing and test equipment shall conform to the J1667 Recommended Practice.
      - iii. The procedure shall use the corrections for ambient test conditions in Appendix B of the J1667 Recommended Practice for all tests.
      - iv. To expedite testing throughput, the Department may implement rapid testing procedures.
      - v. The test results shall be reported as the percentage of smoke opacity.
    - b. Snap Idle Test Failure.
      - i. Except as provided in subsection (C)(10)(c), a vehicle fails the snap idle test if the opacity of emissions exceeds the level specified in the following table:
 

Model Year	Standard
1991 or later	40%
1990 or earlier	55%
      - ii. The engine model year is determined by the emission control label. If the emission control label is missing, illegible, or incorrect, the test standard shall be 40%, unless a correct, legible, emission control label replacement is attached to the vehicle within 30 days of the inspection.
    - c. Alternative Opacity Standard. The Director shall identify an alternative, less stringent opacity standard for an engine family if the conditions of either subsection (C)(10)(c)(i) or (C)(10)(c)(ii) are satisfied.
      - i. The engine family exhibits smoke opacity greater than the applicable standard in subsection (C)(10)(b)(i) when in good operating condition and adjusted to the manufacturer's specifications. If this condition is satisfied, the Director shall identify a technologically appropriate less stringent standard based on a review of data obtained from engines in good operating condition and adjusted to manufacturer's specifications.
      - ii. The engine family has been granted an exemption from a standard equivalent to the applicable standard in subsection (C)(10)(b)(i) based on the J1667 Recommended Practice by the executive officer of the California Air Resources Board (CARB). If this condition is satisfied, the Director shall allow the engine family to comply with any technologically

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- appropriate less stringent standard identified by the executive officer of CARB.
- iii. A demonstration under subsection (C)(10)(c)(i) shall be based on data from at least three vehicles. Data from official inspections under this subsection (C)(10) showing that vehicles in the engine family meet the standard may be used to rebut the demonstration.
  - iv. The Director shall implement any new standard resulting from each exemption as soon as practicable for all subsequent tests and provide notice at all affected test stations and fleets.
11. Loaded Opacity A Test.
- a. Test Procedure.
    - i. The vehicle shall be tested on a chassis dynamometer beginning with no power absorption by selecting a gear ratio that produces a maximum vehicle speed of 30-35 MPH at governed or maximum rated RPM.
    - ii. If the vehicle has a manual transmission or an automatic transmission with individual gear selection, the engine shall be operated at governed or maximum rated engine RPM, at normal operating temperature under a power absorption load applied to the dynamometer until the loading reduces the engine RPM to 80% of the governed speed at wide-open throttle position.
    - iii. If the vehicle has an automatic transmission and automatic gear kickdown, the engine shall be loaded to a speed just above the kickdown speed or 80% of the governed speed, whichever is greater.
    - iv. If the chassis dynamometer does not have enough horsepower absorption capability to lug the engine down to these speeds, the vehicle's brakes may be used to assist the dynamometer.
  - b. Test Failure. A vehicle fails the test if the opacity reading for a period of 10 consecutive seconds exceeds the applicable standard in R18-2-1030(B).
12. Loaded Opacity B Test.
- a. Test Procedure. The vehicle shall be tested by a loaded dynamometer test by applying a single load of 30 HP,  $\pm$  2 HP, while operated at 50 MPH.
  - b. Test Failure. A vehicle fails the test if the opacity reading for a period of 10 consecutive seconds exceeds the applicable standard in R18-2-1030(B).
13. Loaded Opacity C Test.
- a. Test Procedure. The vehicle shall be tested by a loaded dynamometer test by applying a single load of between 6.4 - 8.4 HP while operated at 30 MPH.
  - b. Test Failure. A vehicle fails the test if the opacity reading for a period of 10 consecutive seconds exceeds the applicable standard in R18-2-1030(B).
14. Exhaust Sampling Requirements for Diesel Vehicles Tests other than the Snap Idle Test.
- a. For a diesel-powered vehicle equipped with multiple exhaust pipes, separate measurements shall be made on each exhaust pipe. The reading taken from the exhaust pipe that has the highest opacity reading shall be used for comparison with the standard in R18-2-1030(B).
  - b. A vehicle shall be inspected with either a full-flow or sampling-type opacity meter. The opacity meter shall be a direct reading, continuous reading light extinction-type using a collimated light source and photo-electric cell, accurate to a value within  $\pm$  2% of full scale.
15. Functional Gas Cap Test.
- a. Test Procedure.
    - i. The vehicle shall undergo a functional test of the gas cap to determine cap leakage.
    - ii. A vehicle with a non-sealing gas cap shall be checked for the presence of a properly fitting gas cap.
  - b. Exemption. A vehicle with a vented fuel system is exempt from this subsection.
  - c. Exemption. A vehicle that is manufactured without a gas cap is exempt from this subsection.
  - d. Test Failure.
    - i. A vehicle fails the test if cap leakage exceeds 60 cubic centimeters of air per minute at a pressure of 30 inches of water gauge.
    - ii. Notwithstanding subsection 18-2-1006(C)(15)(d)(i), a vehicle does not fail the test if the failing cap is immediately replaced at the state station by a gas cap that satisfies the requirements of this subsection.
16. Tampering Inspection.
- a. The inspection shall be based on the original configuration of the vehicle as manufactured. The Department shall verify the applicable emissions system requirements shall be verified by the "Vehicle Emission Control Information" label. "Original configuration" for a foreign manufactured vehicle means the design and construction of a vehicle produced by the manufacturer for original entry and sale in the United States.
  - b. The Department's tampering inspection shall consist of the following:
    - i. A visual inspection to determine the presence and proper installation of each required catalytic converter system or OEM equivalent;
    - ii. An examination to determine the presence of an operational injection system, if applicable;
    - iii. A visual inspection to determine the presence of an operational positive crankcase ventilation system or closed crankcase ventilation system, if applicable; and
    - iv. A visual inspection to determine the presence of an operational evaporative control system, if applicable.
17. Visual Gas Cap Test. The visual gas cap test consists of the inspector's ocular verification that a gas cap is properly fitted to the vehicle.
18. Testing Vehicles that Operate on More than One Fuel. A vehicle, other than a vehicle for which an OBD test is required, designed to operate on more than one fuel, shall be tested on the fuel in use when the vehicle is presented for inspection, except vehicles that operate on alternative fuel, as defined in A.R.S. § 1-215.
19. Testing Vehicles that Operate on Alternative Fuels.
- a. The inspector shall test vehicles that operate on an alternative fuel, as defined in A.R.S. § 1-215, other than a vehicle for which an OBD test is required, on each fuel that the vehicle is intended to operate on, using the appropriate emissions test procedure and standards for that vehicle.

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- b. The vehicle shall be operated for a minimum of 30 seconds after switching fuels and before testing begins. The vehicle shall be rejected for testing if it is not able to operate on each fuel that the vehicle is intended to operate on or if the vehicle operator cannot switch fuels.
- c. A vehicle that operates exclusively on propane or natural gas, as defined in A.R.S. § 1-215, shall be exempt from the functional gas cap test in subsection 10-2-1006(C)(15) and the evaporative pressure system test in subsection 10-2-1006(C)(5)(b).

**Historical Note**

Former Section R9-3-1006 repealed, new Section R9-3-1006 adopted effective January 13, 1976 (Supp. 76-1). Amended effective November 1, 1976 (Supp. 76-5). Amended effective March 2, 1978 (Supp. 78-2). Amended effective January 3, 1979 (Supp. 79-1). Amended effective February 20, 1980 (Supp. 80-1). Former Section R9-3-1006 repealed, new Section R9-3-1006 adopted as an emergency effective January 2, 1981 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-1). Former Section R9-3-1006 as amended effective February 20, 1980 repealed and a new Section R9-3-1006 adopted as an emergency effective January 2, 1981 now adopted and amended effective April 15, 1981 (Supp. 81-2). Amended effective January 1, 1986 (Supp. 85-6). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Former Section R9-3-1006 renumbered as Section R18-2-1006 and subsections (A), (C) and (D) amended effective August 1, 1988 (Supp. 88-3). Amended effective September 19, 1990 (Supp. 90-3). Amended effective November 14, 1994 (Supp. 94-4). Amended effective October 15, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 382, effective December 20, 1999 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 2722, effective June 28, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 90, effective January 1, 2002 (Supp. 01-4). Amended by final rulemaking at 14 A.A.R. 2834, effective July 1, 2008 (Supp. 08-3). Amended by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

**R18-2-1007. Evidence of Meeting State Inspection Requirements**

- A. A vehicle required to be inspected under this Article shall pass inspection before registration by meeting the requirements of R18-2-1006, unless the vehicle owner obtains a certificate of waiver under R18-2-1008.
- B. The MVD or its agent may use the MVD motor vehicles emissions database, if available, as evidence that a vehicle complies with the requirements of this Article.
- C. If the MVD motor vehicles emissions database is not available, the MVD or its agent shall accept any of the following documents identified in subsections (C)(1) to (C)(5), when complete, unaltered, and dated no more than 90 days before registration expiration date, as evidence that a vehicle complies with the requirements of this Article unless the MVD or its agent has reason to believe it is false. Documents accompanying a late registration may be dated subsequent to the registration expiration date:
  - 1. Certificate of compliance,
  - 2. Certificate of waiver (except from auto dealers licensed to sell used motor vehicles under Title 28),
  - 3. Certificate of exemption,

- 4. Director's certificate, or
- 5. The upper section of the vehicle inspection report with "PASS" in the final results block.
- D. A complete certificate of inspection or government vehicle certificate of inspection dated within 12 months of registration for an annually tested vehicle and 24 months for a biennially tested vehicle shall be accepted by the MVD or its agent as evidence that a vehicle is in compliance with the requirements of this Article unless the MVD or its agent has reason to believe it is false.
- E. Documents listed in subsection (C) and originating in Area B are not acceptable for meeting the inspection requirements in Area A, unless the tests required in Area A and Area B for the vehicle under R18-2-1006 are identical.
- F. Government vehicles for which only weight fees are paid shall be registered without evidence of inspection.

**Historical Note**

Former Section R9-3-1007 repealed, new Section R9-3-1007 adopted effective January 13, 1976 (Supp. 76-1). Former Section R9-3-1007 repealed, new Section R9-3-1007 adopted effective January 3, 1977 (Supp. 77-1). Amended effective February 20, 1980 (Supp. 80-1). Amended effective January 1, 1986 (Supp. 85-6). Former Section R9-3-1007 renumbered without change as Section R18-2-1007 (Supp. 88-3). Amended effective November 14, 1994 (Supp. 94-4). Amended by final rulemaking at 6 A.A.R. 382, effective December 20, 1999 (Supp. 99-4). Amended by final rulemaking at 8 A.A.R. 90, effective January 1, 2002 (Supp. 01-4). Amended by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

**R18-2-1008. Procedure for Issuing Certificates of Waiver**

- A. Unless prohibited under subsection (D), a waiver inspector shall issue a certificate of waiver after reinspection at a state station to a vehicle that failed the emissions reinspection when the vehicle owner demonstrates any of the following conditions have been satisfied:
  - 1. The requirements of R18-2-1009 and R18-2-1010, to the extent applicable, have been satisfied;
  - 2. The vehicle owner has spent the maximum required repair cost on the maintenance and repair procedures required by R18-2-1010; or
  - 3. Any further repairs within the maximum required repair cost would not enable the vehicle to pass the required vehicle emissions inspection.
- B. The demonstration required by subsection (A) may consist of repair receipts, emissions test results, evidence of repairs performed, under hood verification, repair cost estimates, or similar evidence.
- C. A temporary certificate of waiver may be issued to a vehicle failing the tampering inspection if the vehicle owner provides to a waiver inspector a written statement from an automobile parts or repair business that an emission control device necessary to repair the tampering is not available and cannot be obtained from any usual source of supply, and if all requirements of R18-2-1008(A) have been met. All written statements are subject to verification for authenticity and accuracy by the waiver inspector. The Department may deny a temporary certificate of waiver if the state inspector has any reason to believe the written statement is false or a usual source of supply exists and the device necessary to repair the tampering is available. Certificates of waiver may be issued under this subsection for a specified period, not to exceed 90 days, that

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allows sufficient time for the procurement and installation of a proper emissions control device. A receipt or bill from a vehicle repair facility or automobile parts store shall be an acceptable proof of purchase. Before the end of the specified time period, the vehicle owner shall present to the waiver inspector proof of purchase and installation of the device. The Department shall track all issued temporary certificates of waiver and if no proof of purchase and installation is received before the end of the specified time period, the Department shall forward to the MVD an order to cancel the vehicle's registration.

- D.** The Director shall not issue a waiver to a vehicle under any of the circumstances described in subsections (D)(1) through (4).
1. The vehicle failed the emissions test due to the catalytic converter system. A vehicle fails the emissions test due to the catalytic converter system if:
    - a. The vehicle has a catalytic converter system that is missing or defeated;
    - b. The vehicle is equipped with an on-board diagnostic computer (OBD) with a malfunction indicator light (MIL), "check engine" or "service engine soon" light commanded on by the computer and containing diagnostic trouble codes indicating the catalytic converter must be replaced; or
    - c. A vehicle with a repair order or estimate paperwork provided the waiver technician at the time of waiver inspection shows that a diagnostic determination has been made by the mechanic that the catalytic converter must be replaced.
  2. The vehicle failed the emissions test with an HC, CO, NO<sub>x</sub>, or opacity emission level greater than two times the pass-fail standard in R18-2-1006.
  3. The same vehicle has previously received a certificate of waiver.
  4. The waiver request is based upon repair estimates and the waiver inspector demonstrates that a recognized repair facility can repair or improve the vehicle's test readings within the repair cost limit.
- E.** The fee for a certificate of waiver under this Section shall be fixed by the Director according to A.R.S. § 49-543, and shall be based upon the Director's estimated costs to the state for administering and enforcing the provisions of this Article for issuance of certificates of waiver under this Section. The fee shall be payable at the time the certificate of waiver is issued.
- F.** If a waiver inspector denies a certificate of waiver under this Section, the vehicle owner may request review of the denial by a state inspector.

**Historical Note**

Former Section R9-3-1008 repealed, new Section R9-3-1008 adopted effective January 13, 1976 (Supp. 76-1).

Former R9-3-1008 repealed, new Section R9-3-1008 adopted effective January 3, 1977 (Supp. 77-1). Amended effective March 2, 1978 (Supp. 78-2). Amended effective January 3, 1979 (Supp. 79-1). Amended as an emergency effective January 2, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-1). Former Section R9-3-1008 as amended effective January 3, 1979, and amended as an emergency effective January 2, 1981, now amended effective April 15, 1981 (Supp. 81-2). Amended effective January 1, 1986 (Supp. 85-6). Amended subsection (A) and added subsection (D) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Former Section R9-3-1008 renumbered as Section R18-2-1008 and amended effective August 1, 1988 (Supp. 88-3). Amended effective November 14, 1994 (Supp. 94-4).

Amended by final rulemaking at 6 A.A.R. 382, effective December 20, 1999 (Supp. 99-4). Amended by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

**R18-2-1009. Tampering Repair Requirements**

- A.** When a vehicle fails the visual inspection for properly installed catalytic converters, the vehicle owner shall replace the converters with new or reconditioned OEM converters, or equivalent new aftermarket converters.
- B.** When a vehicle fails the visual inspection for the presence of an operational air injection system, the vehicle owner shall install a new, used, or reconditioned, operational air pump on the vehicle according to manufacturer specifications.
- C.** When a gasoline vehicle fails the visual inspection for the presence or malfunction of the positive crankcase ventilation system, the vehicle owner shall repair or replace the system with OEM or equivalent aftermarket parts.
- D.** When a diesel-powered vehicle fails the visual inspection for the presence or malfunction of the closed crankcase ventilation system, the vehicle owner shall repair or replace the system with OEM or equivalent aftermarket parts.
- E.** When a vehicle fails the visual inspection for the presence or malfunction of the evaporative control system, the vehicle owner shall repair or replace the system with OEM or equivalent aftermarket parts.

**Historical Note**

Adopted effective January 13, 1976 (Supp. 76-1). Repealed effective January 3, 1977 (Supp. 77-1). New Section R9-3-1009 adopted effective January 1, 1986 (Supp. 85-6). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Former Section R9-3-1009 renumbered without change as Section R18-2-1009 (Supp. 88-3). Amended effective November 14, 1994 (Supp. 94-4). Amended by final rulemaking at 6 A.A.R. 382, effective December 20, 1999 (Supp. 99-4). Amended by final rulemaking at 8 A.A.R. 90, effective January 1, 2002 (Supp. 01-4). Amended by final rulemaking at 14 A.A.R. 2834, effective July 1, 2008 (Supp. 08-3). Amended by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

**R18-2-1010. Low Emissions Tune-up, Emissions and Evaporative System Repair**

- A.** Vehicle maintenance and repairs under subsection (B) and the failure-specific maintenance and repair requirements of subsection (C) must be performed before reinspection of a vehicle that fails a tailpipe emissions or OBD test under R18-2-1006.
- B.** Vehicle maintenance and repairs on a non-diesel powered vehicle consists of the following procedures:
  1. Emissions Failure Diagnosis. For a computer-controlled vehicle, the on-board computer shall be accessed and any stored trouble codes recorded. For a model year 1996 or newer vehicle equipped with an OBD system, a compatible scan tool shall be used to access and record diagnostic trouble codes. The following instruments or equipment are required to complete a low emissions tune-up:
    - a. Tachometer, although for 1996 and later vehicles an OBD scanner can be used to monitor engine RPMs;
    - b. A compatible OBD scan tool, if appropriate;
    - c. Engine analyzer or oscilloscope; and
    - d. A HC/CO NDIR analyzer to make final A/F adjustments, if specified by the manufacturer.
  2. Adjustment. All adjustments shall be made according to the manufacturer's specifications and procedures. Final

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adjustment shall be made on the vehicle engine only after the engine is at normal operating temperature.

3. Inspection of Air Cleaner, Choke, and Air Intake System. The vehicle owner shall repair or replace a dirty or plugged air cleaner, stuck choke, or restricted air intake system as required.
  4. Dwell and Basic Timing Check. Dwell and basic engine timing shall be checked and the vehicle owner shall make adjustments, if necessary, according to manufacturer's specifications.
  5. Inspection of PCV System. The PCV system shall be checked to ensure that it is the type recommended by the manufacturer and is correctly operating. Free flow through the PCV system passages and hoses shall be verified. The vehicle owner shall repair or replace the system as required.
  6. Inspection of Vacuum Hoses. The vacuum hoses shall be inspected for leaks, obstruction, and proper routing and connection. The vehicle owner shall repair or replace as required.
  7. Fuel Lines and System Components Inspection. A visual inspection for leaking fuel lines or system components shall be performed. The vehicle owner shall repair or replace any leaking lines or systems as required.
  8. Idle Speed and A/F Mixture Check. The idle speed and A/F mixture shall be checked and the vehicle owner shall make adjustments according to manufacturer's specifications and procedures. If the vehicle is equipped with a fuel injection system or an alternate fuel (LPG or LNG), the manufacturer's recommended adjustment procedure shall be followed.
- C. Failure-specific recommended repairs and maintenance. If the maximum required repair cost in subsection (F) or (G) is not exceeded after the diagnosis and vehicle maintenance and repairs described in subsection (B), then the following procedures apply:
1. CO failure.
    - a. If a vehicle fails CO only, the vehicle shall be checked for:
      - i. Proper canister purge system operation,
      - ii. High float setting,
      - iii. Leaky power valve, and
      - iv. Faulty or worn needles, seats, jets or improper jet size.
    - b. If applicable, the vehicle shall be checked for the following items:
      - i. Computer,
      - ii. Engine and computer sensors,
      - iii. Engine solenoids,
      - iv. Engine thermostats,
      - v. Engine switches,
      - vi. Coolant switches,
      - vii. Throttle body or port fuel injection system,
      - viii. Fuel injectors,
      - ix. Fuel line routing and integrity,
      - x. Air in fuel system including line and pump,
      - xi. Fuel return system,
      - xii. Injection pump,
      - xiii. Fuel injection timing,
      - xiv. Routing of vacuum hoses, and
      - xv. Electrical connections.
    - c. The items in subsections (C)(1)(a) and (b) shall be repaired or replaced as required.
  2. HC, or HC and CO failure.
    - a. If a vehicle fails HC, or HC and CO emissions, the vehicle shall be checked for:
      - i. Faulty spark plugs and faulty, open, crossed, or disconnected plug wires;
      - ii. Distributor module;
      - iii. Vacuum hose routing and electrical connections;
      - iv. Distributor component malfunctions including vacuum advance;
      - v. Faulty points or condenser;
      - vi. Distributor cap crossfire;
      - vii. Catalytic converter efficiency air supply;
      - viii. Vacuum leaks at intake manifold, carburetor base gasket, EGR, and vacuum-operated components.
    - b. The vehicle owner shall repair or replace the items in subsection (C)(2)(a) as required.
  3. NO<sub>x</sub> failure.
    - a. If a vehicle fails for NO<sub>x</sub> emissions, the vehicle shall be checked for:
      - i. Removed, plugged, or malfunctioning EGR valve, exhaust gas ports, lines, and passages;
      - ii. EGR valve electrical and vacuum control circuitry, components, and computer control, as applicable;
      - iii. Above normal engine operating temperature;
      - iv. Proper air management;
      - v. Lean A/F mixture;
      - vi. Catalytic converter efficiency; and
      - vii. Over-advanced off-idle timing.
    - b. The items in subsection (C)(3)(a) shall be repaired or replaced as required.
  4. OBD failure. If the vehicle fails the OBD test, the vehicle owner shall repair the items indicated on the vehicle emissions report as causing the failure. If the failure results from diagnostic trouble codes (DTCs) that caused the malfunction indicator lamp (MIL) to be illuminated, the vehicle owner shall repair or replace the components or systems causing the DTCs. After repair of a DTC failure, and before reinspection, the vehicle shall be operated under conditions recommended by the vehicle manufacturer for the OBD computer to evaluate the repaired system.
- D. For Evaporative System Failures, the following procedures apply:
1. If a vehicle fails the evaporative system pressure test, the vehicle shall be checked for leaking or disconnected vapor hoses, line, gas cap, and fuel tank.
  2. If a vehicle fails a visual inspection of the evaporative system, the vehicle shall be checked for a missing or damaged canister, canister electrical and vacuum control circuits and components, disconnected, damaged, mis-routed or plugged hoses, and damaged or missing purge valves. The vehicle owner shall repair or replace the system with OEM or equivalent aftermarket parts.
- E. If a vehicle fails the functional gas cap pressure test described in R18-2-1006, the vehicle owner shall replace the gas cap with one that meets the requirements of that subsection. If a vehicle designed with a vented system fails a visual inspection for the presence of a gas cap, the vehicle owner shall install a properly fitting gas cap on the vehicle.
- F. The maximum required repair cost for a vehicle in Area A, not including cost to repair the vehicle for failing an evaporative

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system pressure test due to tampering, or other tampering repair cost, is:

1. For a diesel-powered vehicle with a GVWR greater than 26,000 pounds or a diesel-powered vehicle with tandem axles: \$500; and
2. For a vehicle that is not a diesel-powered vehicle with a GVWR greater than 26,000 pounds and is not a diesel-powered vehicle with tandem axles:
  - a. Manufactured in or before the 1974 model year: \$200;
  - b. Manufactured in the 1975 through 1979 model years: \$300; and
  - c. Manufactured in or after the 1980 model year: \$450.
3. Subsection (F) does not prevent a vehicle owner from authorizing or performing more than the required repairs. A vehicle operator who has a vehicle reinspected shall have the repair receipts available when requesting a certificate of waiver.

**G.** The maximum required repair cost for vehicles in Area B, not including tampering repair cost, is:

1. For a diesel-powered vehicle with a GVWR greater than 26,000 pounds or a diesel-powered vehicle with tandem axles: \$300; and
2. For a vehicle that is not a diesel-powered vehicle with a GVWR greater than 26,000 pounds and is not a diesel-powered vehicle with tandem axles:
  - a. Manufactured in or before the 1974 model year: \$50;
  - b. Manufactured in the 1975 through 1979 model years: \$200; and
  - c. Manufactured in or after the 1980 model year: \$300.
3. Subsection (G) does not prevent a vehicle owner from authorizing or performing more than the required repairs. A vehicle operator who has a vehicle reinspected shall have the repair receipts available when requesting a certificate of waiver.

**H.** Before reinspection of a diesel vehicle that has failed an inspection, the vehicle owner shall comply with the following maintenance and repair requirements to the extent that the total cost of meeting the requirements does not exceed the maximum required repair cost in subsection (F) or (G):

1. Inspect for dirty or plugged air cleaner, or restricted air intake system. Repair or replace as required.
2. Check fuel injection system timing according to manufacturer's specifications. Adjust as required.
3. Check for fuel injector fouling, leaking, or mismatch. Repair or replace as required.
4. Check fuel pump and A/F ratio control according to manufacturer's specifications. Adjust as required.
5. If the vehicle fails the J1667 procedure, check smoke-limiting devices, if any, including the aneroid valve and puff limiter. Repair or replace as required.

**I.** The vehicle owner shall use any available warranty coverage for a vehicle to obtain needed repairs before an expenditure can be counted toward the cost limits in subsection (F) and (G). If the operator of a vehicle within the age and mileage coverage of section 207(b) of the Clean Air Act presents a written denial of warranty coverage from the manufacturer or authorized dealer, warranty coverage is not considered available under this subsection.

**Historical Note**

Adopted effective January 13, 1976 (Supp. 76-1). Former Section R9-3-1010 repealed, new Section R9-3-1010 adopted effective January 3, 1977 (Supp. 77-1). Amended

effective March 2, 1978 (Supp. 78-2). Amended effective January 3, 1979 (Supp. 79-1). Amended effective February 20, 1980 (Supp. 80-1). Amended as an emergency effective January 2, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-1). Former Section R9-3-1010 as amended effective February 20, 1980, and amended as an emergency effective January 2, 1981, now amended effective April 15, 1981 (Supp. 81-2). Amended effective January 1, 1986 (Supp. 85-6). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Former Section R9-3-1010 renumbered as Section R18-2-1010 and subsection (D) amended effective August 1, 1988 (Supp. 88-3). Amended effective November 14, 1994 (Supp. 94-4). Amended effective October 15, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 382, effective December 20, 1999 (Supp. 99-4). Amended by final rulemaking at 8 A.A.R. 90, effective January 1, 2002 (Supp. 01-4). Amended by final rulemaking at 14 A.A.R. 2834, effective July 1, 2008 (Supp. 08-3). Amended by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

**R18-2-1011. Vehicle Inspection Report**

**A.** The Department shall provide a vehicle inspected at a state station with a uniquely numbered vehicle inspection report of a design approved by the Director that contains, at a minimum, the following information, as applicable to the tests required for the vehicle under R18-2-1006:

1. License plate number;
2. Vehicle identification number;
3. Model year of vehicle;
4. Make of vehicle;
5. Style of vehicle;
6. Type of fuel;
7. Odometer reading;
8. Emissions standards for idle and loaded cruise modes, if applicable;
9. Emissions measurements during idle and loaded cruise modes, if applicable;
10. Opacity measurements and standards, if applicable;
11. Emissions standards and measurements for the transient loaded test, and the evaporative system pressure test, if applicable;
12. Results of OBD test including all diagnostic trouble codes that commanded the illumination of the malfunction indicator lamp;
13. Tampering inspection results;
14. Repair requirements;
15. Final test results;
16. Repairs performed;
17. Cost of emissions-related repairs;
18. Cost of tampering-related repairs;
19. Name, address, and telephone number of the business or person making repairs;
20. Signature and certification number of person certifying repairs;
21. Date of inspection;
22. Test results of the previous inspection if the inspection is a reinspection;
23. Inspection station, lane locators; and
24. Test number and time of test.

**B.** A vehicle failing the initial inspection shall receive the Department's approved inspection report supplement containing, at a minimum, the following:

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1. Diagnostic and tampering information including acceptable replacement units, and
  2. Applicable maximum repair costs.
- C. The inspection report shall include a section that may be used as a certificate of compliance for vehicles passing the inspection or as a certificate of waiver, if applicable. The section shall contain all of the following information:
1. License plate number,
  2. Vehicle identification number,
  3. Final results,
  4. Serial number of the inspection report,
  5. Date of inspection,
  6. Model year,
  7. Make,
  8. Date of initial inspection,
  9. Inspection fee, and
  10. Label as either a certificate of compliance or a certificate of waiver.
- D. At the time of registration, the certificate of compliance or certificate of waiver may be submitted to the Arizona Department of Transportation Motor Vehicle Division as evidence of meeting the requirements of this Article.

**Historical Note**

Adopted effective January 13, 1976 (Supp. 76-1). Former Section R9-3-1011 repealed, new Section R9-3-1011 adopted effective January 3, 1977 (Supp. 77-1). Amended effective January 3, 1979 (Supp. 79-1). Amended as an emergency effective January 2, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-1). Former Section R9-3-1011 as amended effective January 3, 1979, and as amended as an emergency effective January 2, 1981 now amended effective April 15, 1981 (Supp. 81-2). Amended effective January 1, 1986 (Supp. 85-6). Amended subsections (A) and (B) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Former Section R9-3-1011 renumbered as Section R18-2-1011 and amended by removing subsection (E) effective August 1, 1988 (Supp. 88-3). Amended effective September 19, 1990 (Supp. 90-3). Amended effective November 14, 1994 (Supp. 94-4). Amended by final rulemaking at 6 A.A.R. 382, effective December 20, 1999 (Supp. 99-4). Amended by final rulemaking at 8 A.A.R. 90, effective January 1, 2002 (Supp. 01-4). Amended by final rulemaking at 14 A.A.R. 2834, effective July 1, 2008 (Supp. 08-3). Amended by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

**R18-2-1012. Inspection and Reinspections; Procedures and Fee**

- A. The fees vehicle owners are required to pay for emissions inspections at a state station shall be specified in the contract between the contractor and the state of Arizona according to A.R.S. § 49-543, and shall include the full cost of the vehicle emissions inspection program including administration, implementation, and enforcement. Each fee is payable by the vehicle owner directly to the contractor at the time and place of inspection as specified in the contract, and deposited into an account established by the Department for administration of fees. The contractor will be compensated by the Department for services provided on a schedule and in a manner defined in the contract.
- B. A vehicle failing the initial paid inspection or any subsequent paid inspection is entitled to one reinspection at no additional charge under the following conditions:

1. The vehicle is presented for inspection within 60 calendar days of the initial or any subsequent paid inspection.
  2. Emissions-related repairs or adjustments and any tampering repairs have been made.
  3. The vehicle is accompanied by the vehicle inspection report from the initial or subsequent inspection.
- C. A vehicle failing the reinspection shall be provided a vehicle inspection report and a vehicle inspection report supplement.
- D. A state station emissions inspector shall not recommend repairs or repair facilities.

**Historical Note**

Adopted effective January 13, 1976 (Supp. 76-1). Former Section R9-3-1012 repealed, new Section R9-3-1012 adopted effective January 3, 1977 (Supp. 77-1). Amended effective January 3, 1979 (Supp. 79-1). Amended as an emergency effective January 2, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-1). Former Section R9-3-1012 as amended effective January 3, 1979, and amended as an emergency effective January 2, 1981, now amended effective April 15, 1981 (Supp. 81-2). Amended subsections (A) and (D) effective November 9, 1982 (Supp. 82-6). Amended effective January 1, 1986 (Supp. 85-6). Former Section R9-3-1012 renumbered as Section R18-2-1012 and amended effective August 1, 1988 (Supp. 88-3). Amended effective November 14, 1994 (Supp. 94-4). Amended by final rulemaking at 6 A.A.R. 382, effective December 20, 1999 (Supp. 99-4). Amended by final rulemaking at 8 A.A.R. 90, effective January 1, 2002 (Supp. 01-4). Amended by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

**R18-2-1013. Repealed****Historical Note**

Adopted effective January 13, 1976 (Supp. 76-1). Former Section R9-3-1013 repealed, new Section R9-3-1013 adopted effective January 3, 1977 (Supp. 77-1). Amended as an emergency effective January 2, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-1). Former Section R9-3-1013 adopted effective January 3, 1977, and amended as an emergency effective January 2, 1981, now amended effective April 15, 1981 (Supp. 81-2). Amended effective January 1, 1986 (Supp. 85-6). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Former Section R9-3-1013 renumbered as Section R18-2-1013 and amended effective August 1, 1988 (Supp. 88-3). Amended effective November 14, 1994 (Supp. 94-4). Amended by final rulemaking at 6 A.A.R. 382, effective December 20, 1999 (Supp. 99-4). Repealed by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

**R18-2-1014. Repealed****Historical Note**

Adopted effective November 14, 1994 (Supp. 94-4). Amended by final rulemaking at 6 A.A.R. 382, effective December 20, 1999 (Supp. 99-4). Section repealed by final rulemaking at 8 A.A.R. 90, effective January 1, 2002 (Supp. 01-4).

**R18-2-1015. Repealed****Historical Note**

Adopted effective November 14, 1994 (Supp. 94-4). Amended by final rulemaking at 6 A.A.R. 382, effective



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December 20, 1999 (Supp. 99-4). Section repealed by final rulemaking at 8 A.A.R. 90, effective January 1, 2002 (Supp. 01-4).

**R18-2-1016. Licensing of Inspectors and Fleet Agents****A. Emissions inspectors shall be licensed as follows:**

1. To obtain a license as a vehicle emissions inspector, an applicant shall pass a written test with a score greater than or equal to 80%. After passing the written test, the applicant shall pass a separate practical examination.
  - a. Applications to become an emissions inspector may be obtained from the Department and an applicant must submit a completed application to the Department. The Department must deem an application administratively complete before an applicant will be allowed to sit for the written test. If the Department finds the application to be incomplete, the applicant shall be provided an opportunity to submit sufficient information to enable the Department to deem the application administratively complete.
  - b. The written test shall cover the following subjects:
    - i. The air pollution problem in Arizona, its causes and effects;
    - ii. The purpose, function, and goals of the vehicle inspection program;
    - iii. State vehicle inspection regulations and procedures;
    - iv. Technical details of the test procedures and rationale for their design;
    - v. Emission control device function, configuration, and inspection;
    - vi. Test equipment operation, calibration, and maintenance;
    - vii. Quality control procedures and their purpose;
    - viii. Public relations; and
    - ix. Safety and health issues related to the inspection process.
  - c. After passing the written test, the inspector applicant shall pass a practical exam where the applicant shall demonstrate the ability to conduct a proper emissions inspection, including proper use of equipment and procedures, in accordance with the testing procedures in R18-2-1006(C). An inspector applicant shall pass a practical examination for each type of test the applicant intends to perform.
2. Licenses issued to vehicle emissions inspectors shall be renewed biannually, on or before the expiration date.
3. An inspector whose license is expired or suspended shall not inspect vehicles.
4. A vehicle emissions inspector shall submit an application for a renewal of the vehicle emissions inspector's license at least 90 days before the current license expiration date.
5. The Department may suspend, revoke, or refuse to renew a license if the licensee has violated any provision of A.R.S. Title 49, Chapter 3, Article 5, any provision of this Article, or fails to continue to demonstrate proficiency to the Department.
6. A vehicle emissions inspector shall notify the Department of any change in employment status no later than fourteen days after the change.
7. The Department shall assign a single, unique, nontransferable inspector's number to each vehicle emissions inspector.
8. If a licensed emissions inspector fails to demonstrate the ability to conduct a proper vehicle emissions inspection

during any audit, the Department shall suspend the vehicle emissions inspector's license. The suspended emissions inspector shall pass a practical examination within 30 days after suspension or the inspector's license shall be revoked. An inspector's license may be reinstated once the inspector passes a written examination with a score of 80% or greater and demonstrates the ability to properly conduct a vehicle emissions test during a practical examination.

**B. Fleet Agents shall be licensed as follows:**

1. To obtain a license as a fleet agent, an applicant shall pass a written test with a score greater than or equal to 80%. A fleet agent is an individual associated with a fleet emissions testing permit who is ultimately responsible for making sure a fleet complies with the requirements of this Article. This license is separate and distinct from a fleet emissions inspector license.
  - a. Applications to become a fleet agent may be obtained from the Department. An application must be administratively complete and submitted in the manner required by the Department before an applicant will be allowed to sit for the written test.
  - b. The written test shall cover the following subjects:
    - i. The statutes and rules governing the operation and administration of a fleet emissions inspection station.
    - ii. The duties of a fleet agent.
    - iii. How to operate an account on the Department's web portal.
    - iv. Purchasing certificates of inspection.
2. If a licensed fleet agent fails to assure that the agent's fleet complies with this Article, the agent's license shall be suspended. The suspended agent shall pass a written test within 30 days of suspension or such license shall be revoked.
3. Licenses issued to fleet agents shall be renewed biannually, on or before the expiration date.
4. A fleet represented by an agent that has a suspended license may not inspect vehicles.
5. The Department may suspend, revoke, or refuse to renew a fleet agent's license if the licensee has violated any provision of A.R.S. Title 49, Chapter 3, Article 5, any provision of this Article, or fails to continue to demonstrate proficiency to the Department as required.
6. A fleet agent shall notify the Department of any change in employment status within seven days of the change.
7. The Department shall assign a single, unique, nontransferable agent's number to each fleet agent.

**Historical Note**

Adopted effective January 13, 1976 (Supp. 76-1).  
 Amended effective January 3, 1977 (Supp. 77-1).  
 Amended effective March 2, 1978 (Supp. 78-2).  
 Amended as an emergency effective January 2, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-1). Former Section R9-3-1016 as amended effective March 2, 1978, and amended as an emergency effective January 2, 1981, now amended effective April 15, 1981 (Supp. 81-2). Amended effective January 1, 1986 (Supp. 85-6). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Former Section R9-3-1016 renumbered as Section R18-2-1016 and subsection (G) amended effective August 1, 1988 (Supp. 88-3). Amended effective November 14, 1994 (Supp. 94-4). Amended by final rulemaking at 6 A.A.R. 562, effective

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January 14, 2000 (Supp. 00-1). Amended by final rulemaking at 8 A.A.R. 90, effective January 1, 2002 (Supp. 01-4). Amended by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

**R18-2-1017. Inspection of Government Vehicles**

A. Government vehicles operated in Area A and Area B shall be inspected as follows:

1. At a licensed fleet station operated by the government entity;
2. At a state station upon payment of the fee; or
3. At a state station upon payment of the contracted fee, either singly or in combination with other government fleet operators.

B. A government vehicle, except a federally owned vehicle that is excluded from the definition of motor vehicle under 40 CFR 85.1703, shall be inspected according to this Article and shall have a government vehicle certificate of inspection (GVCOI) affixed to the vehicle if in compliance with state emissions requirements.

1. The vehicle emissions inspector performing the inspection shall punch out the appropriate year and month on the GVCOI to designate the date of the vehicle's next annual or biennial inspection.
2. If the vehicle emissions inspection is performed at a fleet station, the emissions inspector shall record administratively complete results of the inspection into the Department's web portal on the day of the inspection. The unique number on the GVCOI sticker must be entered along with the emissions testing results for the vehicle.
3. A government vehicle, with the exception of a motorcycle or an undercover law enforcement vehicle, shall have the GVCOI affixed to the lower left side of the rear window as determined from a position facing the window, from outside the vehicle. If a vehicle does not have a rear window, the GVCOI shall be affixed to the lower left corner of the windshield as determined from the driver's position.

C. The GVCOI shall be purchased from the Department's web portal.

1. The fee for a certificate of inspection shall be fixed by the Director according to A.R.S. § 49-543, and shall be based upon the Director's estimated costs to the state of administering and enforcing the provisions of this Article as they apply to issuance of certificates of inspections.
2. Only the Department may sell or otherwise transfer GVCOI.

**Historical Note**

Adopted effective January 13, 1976 (Supp. 76-1).  
Amended effective January 3, 1977 (Supp. 77-1).  
Amended effective January 3, 1979 (Supp. 79-1).  
Amended effective January 1, 1986 (Supp. 85-6). Former Section R9-3-1017 renumbered as Section R18-2-1017 and subsection (E) amended effective August 1, 1988 (Supp. 88-3). Amended effective November 14, 1994 (Supp. 94-4). Amended by final rulemaking at 6 A.A.R. 562, effective January 14, 2000 (Supp. 00-1). Amended by final rulemaking at 8 A.A.R. 90, effective January 1, 2002 (Supp. 01-4). Amended by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

**R18-2-1018. Certificate of Inspection**

A. A fleet inspector shall submit and certify administratively complete certificates of inspection (COI) to the Department through the Department's web portal. A COI is used as evi-

dence that the vehicle it is assigned to has passed the tests required by this Article and complies with the applicable state emissions standards for that vehicle. Inspection data may be electronically transmitted to MVD under A.R.S. § 49-542(Q).

- B. On the day a vehicle is inspected, a licensed vehicle emissions inspector shall enter an administratively complete record of the inspection into the Department's web portal.
- C. A certificate of inspection issued to a fleet vehicle is valid for a period of 180 days unless the vehicle is reregistered with a new owner.
- D. The following individuals are authorized to purchase certificates of inspection as long as the fleet they are associated with meets the requirements of this Article:
  1. A fleet agent who is licensed by the Department under R18-2-1016;
  2. A responsible corporate officer; or
  3. A designated responsible officer.

**Historical Note**

Adopted effective January 13, 1976 (Supp. 76-1).  
Amended effective January 3, 1977 (Supp. 77-1).  
Amended effective March 2, 1978 (Supp. 78-2).  
Amended subsection (A) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Former Section R9-3-1018 renumbered as Section R18-2-1018 and amended effective August 1, 1988 (Supp. 88-3). Amended effective November 14, 1994 (Supp. 94-4). Amended by final rulemaking at 6 A.A.R. 562, effective January 14, 2000 (Supp. 00-1). Amended by final rulemaking at 8 A.A.R. 90, effective January 1, 2002 (Supp. 01-4). Amended by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

**R18-2-1019. Fleet Station Procedures and Permits**

A. A fleet emissions testing station applicant or permittee shall create and manage an account on the Department's web portal.

B. To obtain a fleet emissions inspection station permit, an applicant shall:

1. Be a registered owner or lessee of a fleet of at least 25 nonexempt vehicles.
  - a. A motor vehicle dealer's business inventory of vehicles held for resale over the previous 12 months shall be used to determine compliance with this subsection.
  - b. A motor vehicle dealer with less than 12 months of operations that applies for a fleet emissions testing permit shall certify that it intends to test at least 25 vehicles per year.
2. Be located within Area A, within 50 miles of the border of Area A, or within Area B. A dealer outside these areas who certifies to the Department that customers who reside in Area A are the primary source of the dealer's business may also apply for a fleet permit.
3. Maintain a facility that has space devoted principally to maintaining or repairing the fleet's motor vehicles.
  - a. The space shall be large enough to conduct maintenance or repair of at least one motor vehicle.
  - b. Any fleet station shall be exclusively rented, leased, or owned by the applicant.
4. Own or lease the machinery, tools, and equipment required for the specific tests the applicant wishes to perform. Equipment and testing requirements are listed in R18-2-1006(C).
5. Employ the following personnel:

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- a. At least one fleet agent licensed pursuant to R18-2-1016.
  - b. At least one emissions inspector licensed pursuant to R18-2-1016.
  - c. At least one person who is able to perform necessary emissions related repairs for fleet vehicles.
  - d. A single person may fill two or more of these roles for a fleet.
6. Provide data to the Department as required by this Section.
  7. Pass an initial inspection to determine compliance with this Section.
  8. Submit to the ongoing inspections and audits prescribed in this Article.
- C.** A fleet emissions inspection testing permittee shall continuously comply with all requirements of this Article.
- D.** The equipment used at a fleet emissions inspection station is subject to the following requirements:
1. A fleet emissions testing station applicant or permittee shall own or lease the equipment referenced in R18-2-1006 that is necessary for the specific type of testing that the permittee is licensed to perform.
  2. All testing equipment and instruments shall be maintained in accurate working condition as required by the manufacturer. An instrument requiring periodic calibration shall be calibrated according to instruction and recommendations of the instrument or equipment manufacturer. Calibration records shall be submitted through the web portal for review by the Department. The calibration records shall be certified by the technician performing each calibration.
    - a. Fleet station analyzers shall comply with, be calibrated, and be quality control checked according to 40 CFR 51, Subpart S, Appendix A, Section I, amended as of July 1, 2017, and no future editions or amendments, which is incorporated by reference in (C)(7)(b) and on file with the Department.
    - b. A fleet station opacity meter used for emission inspections is required to read the equivalent opacity value of neutral density filter within +/- 5% opacity at any point in the range of meter.
  3. Calibration gases used by the fleet station shall be subject to analysis and comparison to the Department's standard gases at any time.
  4. Fleet testing equipment shall be subject to both scheduled and unscheduled audits by state inspectors.
  5. A fleet's analyzer shall be calibrated at least monthly with calibration gases approved by the Department. A registered opacity meter shall be calibrated according to manufacturer's specifications before performing the first vehicle emissions inspection in any month.
- E.** For every test performed by a vehicle emissions inspector, that vehicle emissions inspector shall log into the Department's web portal the same day that the inspection takes place to report the results of the test to the Department.
- F.** A fleet's activities shall be governed by the following compliance and enforcement rules:
1. All requirements in this Article apply at all times after a fleet emissions testing license has been issued.
  2. The Director may suspend or revoke a fleet emissions testing license according to A.R.S. § 49-546(F) and A.R.S. Title 41, Chapter 6, if the permittee, or any person employed by the permittee:
    - a. Violates any provisions of A.R.S. Title 49, Chapter 3, Article 5 or any provision of this Article;
    - b. Misrepresents a material fact in obtaining a permit;
    - c. Fails to make, keep, and submit to the Department records for a vehicle tested; or
    - d. Does not provide a state inspector access to the information required in this Article.
  3. If a fleet emissions inspection permit is surrendered, suspended or revoked, all unused certificates of inspection shall be refunded.
  4. Any fleet vehicle is subject to inspection by a state inspector.
- G.** A fleet emissions inspection station permit is non-transferable and does not expire.

**Historical Note**

Adopted effective January 13, 1976 (Supp. 76-1).  
 Amended effective January 3, 1977 (Supp. 77-1).  
 Amended effective March 2, 1978 (Supp. 78-2).  
 Amended effective January 3, 1979 (Supp. 79-1).  
 Amended effective February 20, 1980 (Supp. 80-1).  
 Amended as an emergency effective January 2, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-1). Former Section R9-3-1019 as amended effective February 20, 1980, and amended as an emergency effective January 2, 1981, now amended effective April 15, 1981 (Supp. 81-2). Amended effective January 1, 1986 (Supp. 85-6). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Former Section R9-3-1019 renumbered as Section R18-2-1019 and amended effective August 1, 1988 (Supp. 88-3). Amended effective September 19, 1990 (Supp. 90-3). Amended effective February 4, 1993 (Supp. 93-1). Amended effective November 14, 1994 (Supp. 94-4). Amended effective October 15, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 562, effective January 14, 2000 (Supp. 00-1). Amended by final rulemaking at 8 A.A.R. 90, effective January 1, 2002 (Supp. 01-4). Amended by final rulemaking at 14 A.A.R. 2834, effective July 1, 2008 (Supp. 08-3). Amended by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

**R18-2-1020. Department Issuance of Alternative Fuel Certificates**

Issuing Alternative Fuel Certificates. The Department shall inspect a vehicle converted to run on alternative fuel and issue an alternative fuel certificate according to A.R.S. § 28-2416(2)(b) if the vehicle is currently powered by an alternative fuel.

**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 562, effective January 14, 2000 (Supp. 00-1). Amended by final rulemaking at 8 A.A.R. 90, effective January 1, 2002 (Supp. 01-4). Amended by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

**R18-2-1021. Reserved****R18-2-1022. Procedure for Waiving Inspections Due to Technical Difficulties**

A vehicle emissions station manager employed by an official emissions inspection station may issue a Director's certificate for a vehicle that cannot be inspected as required by this Article because of technical difficulties inherent in the manufacturer's design or construction of the vehicle.

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**Historical Note**

Adopted effective January 13, 1976 (Supp. 76-1).  
 Amended effective January 3, 1977 (Supp. 77-1).  
 Amended effective March 2, 1978 (Supp. 78-2).  
 Amended effective January 3, 1979 (Supp. 79-1).  
 Amended effective January 1, 1986 (Supp. 85-6). Former  
 Section R9-3-1022 renumbered without change as Sec-  
 tion R18-2-1022 (Supp. 88-3). Amended by final  
 rulemaking at 6 A.A.R. 562, effective January 14, 2000  
 (Supp. 00-1).

**R18-2-1023. Certificate of Exemption for Out-of-State Vehicles**

- A. If a vehicle being registered in Area A or Area B requires an emission test and will not be physically available for inspection within the state during the 90-day period before the emissions compliance expiration date, the owner or owner's agent may submit an application to the Department for a certificate of exemption.
- B. The owner or owner's agent shall apply for a certificate of exemption in the manner and form required by the Department.
- C. The Department may issue a certificate of exemption:
  - 1. For a vehicle that will not be located in the state during the 90-day period before the emissions compliance expiration date and is located in an area where emissions testing is not available. This exemption shall only be granted if an affidavit confirming the location of the vehicle is signed and submitted with the application.
  - 2. For a vehicle that has passed an official emissions inspection in another state during the 90 days before emissions compliance expiration upon submission of the inspection compliance document issued by the entity conducting the inspection program.
- D. The fee for a certificate of exemption shall be fixed by the Director according to A.R.S. § 49-543 and shall be based upon the Director's estimated costs to the state of administering and enforcing the provisions of this Article as they apply to issuance of certificates of exemption. The payment for the certificates shall be included with the application for certificates.

**Historical Note**

Adopted effective January 13, 1976 (Supp. 76-1).  
 Amended effective January 3, 1977 (Supp. 77-1).  
 Amended effective January 3, 1979 (Supp. 79-1).  
 Amended as an emergency effective January 2, 1981 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-1). Former Section R9-3-1023 as amended effective January 3, 1979 and amended as an emergency effective January 2, 1981 now amended effective April 15, 1981 (Supp. 81-2). Amended effective January 1, 1986 (Supp. 85-6). Former Section R9-3-1023 renumbered without change as Section R18-2-1023 (Supp. 88-3). Amended effective February 4, 1993 (Supp. 93-1). Amended effective November 14, 1994 (Supp. 94-4). Amended by final rulemaking at 6 A.A.R. 562, effective January 14, 2000 (Supp. 00-1). Amended by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

**R18-2-1024. Expired****Historical Note**

New Section made by final rulemaking at 8 A.A.R. 84, effective December 14, 2001 (Supp. 01-4). Section expired under A.R.S. § 41-1056(E) at 15 A.A.R. 1128, effective April 30, 2008 (Supp. 09-2).

**R18-2-1025. Inspection of Contractor's Equipment and Personnel**

- A. State inspectors shall conduct performance audits to determine whether a state station is correctly performing all inspection and functions related to inspections as follows:
  - 1. Overt audits shall be completed at least two times each year for each inspection lane. Overt audits shall include:
    - a. A check for the observance of appropriate document security;
    - b. A check to see that required recordkeeping practices are being followed;
    - c. A check for licenses, certificates, and other required display information;
    - d. An observation and evaluation of each vehicle emissions inspector's ability to perform an inspection; and
    - e. A check to ensure all emissions testing equipment is calibrated and operating correctly.
  - 2. If a vehicle emissions inspector fails an audit, the vehicle emissions inspector's license may be suspended or revoked under R18-2-1016(A)(4).
  - 3. Vehicle emissions inspection records shall be reviewed at least monthly to assess station performance and identify any problems, potential fraud, or incompetence.
  - 4. Covert audits may be performed as necessary to confirm compliance with this Article.
- B. If an equipment audit indicates that equipment is not calibrated and accurate, the equipment shall not be used to conduct emissions testing until it is replaced or repaired.
- C. Equipment that is removed from testing may be returned to service upon its repair and a state inspector's verification of a passing calibration audit.
- D. A state inspector shall inspect on-road emissions analyzers at least monthly.

**Historical Note**

Adopted effective January 3, 1977 (Supp. 77-1).  
 Amended effective March 2, 1978 (Supp. 78-2).  
 Amended as an emergency effective January 2, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-1). Former Section R9-3-1025 as amended effective March 2, 1978, and amended as an emergency effective January 2, 1981, now amended effective April 15, 1981 (Supp. 81-2). Amended effective January 1, 1986 (Supp. 85-6). Amended subsection (A) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Former Section R9-3-1025 renumbered as Section R18-2-1025 and subsection (C) amended effective August 1, 1988 (Supp. 88-3). Amended effective November 14, 1994 (Supp. 94-4). Amended by final rulemaking at 6 A.A.R. 562, effective January 14, 2000 (Supp. 00-1). Amended by final rulemaking at 8 A.A.R. 90, effective January 1, 2002 (Supp. 01-4). Amended by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

**R18-2-1026. Inspection of Fleet Stations**

- A. Equipment used to perform emissions testing shall meet the requirements for the type of testing a fleet station is licensed to perform.
- B. A fleet station's gas analyzer shall not be used for an official emissions inspection if:
  - 1. The calibration gases are not read within the following tolerances:

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- a. Within plus 0.50% CO to minus 0.25% CO in the range from 0 to 2% CO; and
- b. Within plus 60 PPM HC to minus 30 PPM HC in the range from 0 to 500 PPM HC when read as N-HEXANE.
2. The calibration gases are not read within the manufacturer specified tolerances;
3. There is a leak in the sampling systems or the calibration port; or
4. The sample handling system is restricted.
- C. The fleet emissions testing station shall acquire and utilize calibration gases with assigned HC and CO concentrations to calibrate fleet emission analyzers.
- D. A state inspector shall fail a fleet emissions analyzer if the analyzer does not meet the requirements of this Section. A fleet emission inspector shall not use the analyzer for inspection until the analyzer is cleared for return to service by a state inspector.
- E. A state inspector shall conduct performance audits to determine whether a fleet emissions inspection station is correctly performing inspections and functions related to inspections as follows:
  1. Overt audits at least two times each year that include:
    - a. A check for the observance of appropriate document security;
    - b. A check to see that required recordkeeping practices are being followed;
    - c. A check for licenses, certificates, and other required display information;
    - d. An observation and evaluation of each vehicle emissions inspector's ability to perform an inspection; and
    - e. A check to ensure all emissions testing equipment is calibrated and operating correctly.
  2. Fleet station and vehicle emissions inspector records shall be reviewed at least monthly to assess fleet performance and identify any problems, potential fraud, or incompetence.
  3. If a vehicle emissions inspector fails an audit, the vehicle emissions inspector's license may be suspended or revoked according to R18-2-1016(A)(4).
  4. Covert audits may be performed as necessary to confirm compliance with this Article.

**Historical Note**

Adopted effective January 3, 1977 (Supp. 77-1).  
 Amended effective January 1, 1986 (Supp. 85-6).  
 Amended subsections (A) and (J) and added subsection (K) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Former Section R9-3-1026 renumbered as Section R18-2-1026 and subsections (B), (F), (G) and (H) amended effective August 1, 1988 (Supp. 88-3).  
 Amended effective November 14, 1994 (Supp. 94-4).  
 Amended by final rulemaking at 6 A.A.R. 562, effective January 14, 2000 (Supp. 00-1). Amended by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

**R18-2-1027. Repealed****Historical Note**

Adopted effective January 3, 1977 (Supp. 77-1).  
 Amended effective March 2, 1978 (Supp. 78-2).  
 Amended effective January 3, 1979 (Supp. 79-1).  
 Amended as an emergency effective January 2, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days

(Supp. 81-1). Former Section R9-3-1027 as amended effective January 3, 1979, and amended as an emergency effective January 2, 1981, now amended effective April 15, 1981 (Supp. 81-2). Amended effective January 1, 1986 (Supp. 85-6). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Former Section R9-3-1027 renumbered as Section R18-2-1027 and subsections (B), (D), (F) and (G) amended effective August 1, 1988 (Supp. 88-3). Amended effective November 14, 1994 (Supp. 94-4). Amended by final rulemaking at 6 A.A.R. 562, effective January 14, 2000 (Supp. 00-1). Amended by final rulemaking at 8 A.A.R. 90, effective January 1, 2002 (Supp. 01-4). Amended by final rulemaking at 14 A.A.R. 2834, effective July 1, 2008 (Supp. 08-3). Repealed by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

**R18-2-1028. Repealed****Historical Note**

Adopted effective January 1, 1986 (Supp. 85-6).  
 Amended subsections (A) and (F) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Former Section R9-3-1028 renumbered as Section R18-2-1028 and subsection (D) amended effective August 1, 1988 (Supp. 88-3). Amended effective November 14, 1994 (Supp. 94-4). Amended by final rulemaking at 6 A.A.R. 562, effective January 14, 2000 (Supp. 00-1). Repealed by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

**R18-2-1029. Vehicle Emission Control Devices**

For the purposes of A.R.S. §§ 28-955 and 49-447, a registered motor vehicle shall have in operating condition all emission control devices installed by the vehicle manufacturer to comply with federal requirements for motor vehicle emissions or equivalent after-market replacement parts or devices.

**Historical Note**

Adopted effective January 3, 1977 (Supp. 77-1). Former Section R9-3-1029 renumbered as Section R18-2-1029 and amended effective August 1, 1988 (Supp. 88-3).  
 Amended by final rulemaking at 6 A.A.R. 562, effective January 14, 2000 (Supp. 00-1).

**R18-2-1030. Visible Emissions; Mobile Sources**

- A. A vehicle other than a diesel-powered vehicle or 2-stroke vehicle that emits any visible emissions for 10 consecutive seconds or more is "excessive" for the purposes of A.R.S. § 28-955(C).
- B. A diesel-powered vehicle shall not emit any visible emissions in excess of:
  1. Twenty percent visual opacity for 10 consecutive seconds or more at or below 2,000 feet elevation;
  2. Thirty percent visual opacity for 10 consecutive seconds or more above 2,000 feet and at or below 4,000 feet elevation; and
  3. Forty percent visual opacity for 10 consecutive seconds above 4,000 feet elevation.
- C. A vehicle that exceeds the standards in subsection (B) fails the inspection under R18-2-1006 and is considered to have "excessive" emissions under A.R.S. § 28-955(C).

**Historical Note**

Adopted effective January 3, 1977 (Supp. 77-1).  
 Amended as an emergency effective January 2, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-1). Former Section R9-3-1030 as adopted

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effective January 3, 1977, and amended as an emergency effective January 2, 1981, now amended effective April 15, 1981 (Supp. 81-2). Amended effective January 1, 1986 (Supp. 85-6). Amended subsection (C) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Former Section R9-3-1030 renumbered as Section R18-2-1030 and subsection (C) amended effective August 1, 1988 (Supp. 88-3). Amended effective September 19, 1990 (Supp. 90-3). Amended by final rulemaking at 6 A.A.R. 562, effective January 14, 2000 (Supp. 00-1).

**R18-2-1031. Repealed****Historical Note**

Adopted effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Former Section R9-3-1031 renumbered as Section R18-2-1031 and amended effective August 1, 1988 (Supp. 88-3). Amended effective November 14, 1994 (Supp. 94-4). Amended by final rulemaking

at 6 A.A.R. 382, effective December 20, 1999 (Supp. 99-4). Repealed by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

**Table 1. Dynamometer Loading Table - Annual Tests**

<b>Gross Vehicle Weight</b>			
<b>Rating (Pounds)</b>	<b>Engine Size</b>	<b>Speed (MPH)</b>	<b>Load (HP)</b>
8500 or less	4 cyl. or less	22-25	2.8-4.1
8500 or less	5 or 6 cyl.	29-32	6.4-8.4
8500 or less	8 cyl. or more	32-35	8.4-10.8
8501 or more	All	37-40	12.7-15.8

**Historical Note**

Adopted effective November 14, 1994 (Supp. 94-4).

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**Table 2. Emissions Standards - Annual Tests****MAXIMUM ALLOWABLE****Motorcycles**

Vehicle Engine Type	Vehicle Model Year	Number of Cylinders	Conditioning Mode		Curb Idle Mode Test		Loaded Cruise Mode Test	
			HC PPM	CO %	HC PPM	CO %	HC PPM	CO %
2-Stroke	All	All	18,000	5.00	18,000	5.00	N/A	N/A
4-Stroke	All	All	500	5.00	1,800	5.50	N/A	N/A

**Reconstructed Vehicles**

Vehicle Engine Type	Vehicle Model Year	Number of Cylinders	Conditioning Mode		Curb Idle Mode Test		Loaded Cruise Mode Test	
			HC PPM	CO %	HC PPM	CO %	HC PPM	CO %
4-Stroke	1967-1980	All	700	5.25	1,200	7.50	1,200	5.60
4-Stroke	1980 & newer	All	700	5.25	1,200	7.50	700	5.25

**Light-Duty Vehicles**

Vehicle Engine Type	Vehicle Model Year	Number of Cylinders	Conditioning Mode		Curb Idle Mode Test		Loaded Cruise Mode Test	
			HC PPM	CO %	HC PPM	CO %	HC PPM	CO %
2-Stroke	All	All	18,000	5.00	18,000	5.00	18,000	5.00
4-Stroke	1967-1971	4 or less	450	3.75	500	5.50	500	4.20
4-Stroke	1967-1971	more than 4	380	3.00	450	5.00	450	3.75
4-Stroke	1972-1974	4 or less	380	3.50	400	5.50	400	4.20
4-Stroke	1972-1974	more than 4	300	3.00	400	5.00	400	3.75
4-Stroke	1975-1978	4 or less	120	1.00	250	2.20	250	1.65
4-Stroke	1975-1978	more than 4	120	1.00	250	2.00	250	1.50
4-Stroke	1979	4 or less	120	1.00	220	2.20	220	1.65
4-Stroke	1979	more than 4	120	1.00	220	2.00	220	1.50
4-Stroke	1980 & newer	All	100	0.50	220	1.20	220	1.20

**Light-Duty Truck 1 (0-6000 lbs GVWR)**

Vehicle Engine Type	Vehicle Model Year	Number of Cylinders	Conditioning Mode		Curb Idle Mode Test		Loaded Cruise Mode Test	
			HC PPM	CO %	HC PPM	CO %	HC PPM	CO %
2-Stroke	All	All	18,000	5.00	18,000	5.00	18,000	5.00
4-Stroke	1967-1971	4 or less	450	3.75	500	5.50	500	4.20
4-Stroke	1967-1971	more than 4	380	3.00	450	5.00	450	3.75
4-Stroke	1972-1974	4 or less	380	3.50	400	5.50	400	4.20
4-Stroke	1972-1974	more than 4	300	3.00	400	5.00	400	3.75
4-Stroke	1975-1978	4 or less	120	1.00	250	2.20	250	1.65
4-Stroke	1975-1978	more than 4	120	1.00	250	2.00	250	1.50
4-Stroke	1979	4 or less	120	1.00	220	2.20	220	1.65
4-Stroke	1979	more than 4	120	1.00	220	2.00	220	1.50
4-Stroke	1980 & newer	All	100	0.50	220	1.20	220	1.20

**Light-Duty Truck 2 (6001 - 8500 lbs GVWR)**

Vehicle Engine Type	Vehicle Model Year	Number of Cylinders	Conditioning Mode		Curb Idle Mode Test		Loaded Cruise Mode Test	
			HC PPM	CO %	HC PPM	CO %	HC PPM	CO %
2-Stroke	All	All	18,000	5.00	18,000	5.00	18,000	5.00
4-Stroke	1967-1971	4 or less	450	3.75	500	5.50	500	4.20
4-Stroke	1967-1971	more than 4	380	3.00	450	5.00	450	3.75
4-Stroke	1972-1974	4 or less	380	3.50	400	5.50	400	4.20
4-Stroke	1972-1974	more than 4	300	3.00	400	5.00	400	3.75
4-Stroke	1975-1978	All	300	3.00	350	4.00	350	3.00
4-Stroke	1979	4 or less	120	1.00	220	2.20	220	1.65
4-Stroke	1979	more than 4	120	1.00	220	2.00	220	1.50
4-Stroke	1980 & newer	All	100	0.50	220	1.20	220	1.20

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**Heavy-Duty Truck (8501 lbs or greater GVWR)**

Vehicle Engine Type	Vehicle Model Year	Number of Cylinders	Conditioning Mode		Curb Idle Mode Test		Loaded Cruise Mode Test	
			HC PPM	CO %	HC PPM	CO %	HC PPM	CO %
2-Stroke	All	All	18,000	5.00	18,000	5.00	18,000	5.00
4-Stroke	1967-1971	4 or less	450	3.75	500	5.50	500	4.20
4-Stroke	1967-1971	more than 4	380	3.00	450	5.00	450	3.75
4-Stroke	1972-1974	4 or less	380	3.50	400	5.50	400	4.20
4-Stroke	1972-1974	more than 4	300	3.00	400	5.00	400	3.75
4-Stroke	1975-1978	All	300	3.00	350	4.00	350	3.00
4-Stroke	1979 & newer	All	300	3.00	300	4.00	300	3.00

**Historical Note**

Renumbered from R18-2-1006 and amended effective November 14, 1994 (Supp. 94-4). See emergency amendment below (Supp. 94-4). Emergency amendment adopted effective December 23, 1994, pursuant to A.R.S. § 41-1026, valid for 180 days (Supp. 95-2). Emergency amendment expired, previous text placed back into effect effective June 21, 1995 (Supp. 95-3). Amended by final rulemaking at 8 A.A.R. 90, effective January 1, 2002 (Supp. 01-4).

**Table 3. Emissions Standards - Transient Loaded Emissions Tests**

FINAL STANDARDS (Standards are in grams per mile)

**(i) Light Duty Vehicles**

Model Years	Hydrocarbons		Carbon Monoxide		Oxides of Nitrogen	
	Composite	Phase 2	Composite	Phase 2	Composite	Phase 2
1981-1982	3.0	2.5	25.0	21.8	3.5	3.4
1983-1985	2.4	2.0	20.0	17.3	3.5	3.4
1986-1989	1.6	1.4	15.0	12.8	2.5	2.4
1990-1993	1.0	0.8	12.0	10.1	2.5	2.4
1994+	0.8	0.7	12.0	10.1	2.0	1.9

**(ii) Light Duty Trucks 1 (less than 6000 pounds GVWR)**

Model Years	Hydrocarbons		Carbon Monoxide		Oxides of Nitrogen	
	Composite	Phase 2	Composite	Phase 2	Composite	Phase 2
1981-1985	4.0	3.4	40.0	35.3	5.5	5.4
1986-1989	3.0	2.5	25.0	21.8	4.5	4.4
1990-1993	2.0	1.7	20.0	17.3	4.0	3.9
1994+	1.6	1.4	20.0	17.3	3.0	2.9

**(iii) Light Duty Trucks 2 (greater than 6000 pounds GVWR)**

Model Years	Hydrocarbons		Carbon Monoxide		Oxides of Nitrogen	
	Composite	Phase 2	Composite	Phase 2	Composite	Phase 2
1981-1985	4.4	3.7	48.0	42.5	7.0	6.9
1986-1987	4.0	3.4	40.0	35.3	5.5	5.4
1988-1989	3.0	2.5	25.0	21.8	5.5	5.4
1990-1993	3.0	2.5	25.0	21.8	5.0	4.9
1994+	2.4	2.0	25.0	21.8	4.0	3.9

**Historical Note**

Adopted effective November 14, 1994 (Supp. 94-4). Amended by final rulemaking at 6 A.A.R. 382, effective December 20, 1999 (Supp. 99-4). Table heading amended by final rulemaking at 8 A.A.R. 90, effective January 1, 2002 (Supp. 01-4).

**Table 4. Transient Driving Cycle**

Time second	Speed mph	Time second	Speed mph	Time second	Speed mph	Time second	Speed mph	Time second	Speed mph
0	0	30	20.7	60	26	90	51.5	120	54.9
1	0	31	21.7	61	26	91	52.2	121	55.4
2	0	32	22.4	62	25.7	92	53.2	122	55.6
3	0	33	22.5	63	26.1	93	54.1	123	56
4	0	34	22.1	64	26.5	94	54.6	124	56
5	3.3	35	21.5	65	27.3	95	54.9	125	55.8
6	6.6	36	20.9	66	30.5	96	55	126	55.2



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Time second	Speed mph	Time second	Speed mph	Time second	Speed mph	Time second	Speed mph	Time second	Speed mph
7	9.9	37	20.4	67	33.5	97	54.9	127	54.5
8	13.2	38	19.8	68	36.2	98	54.6	128	53.6
9	16.5	39	17	69	37.3	99	54.6	129	52.5
10	19.8	40	17.1	70	39.3	100	54.8	130	51.5
11	22.2	41	15.8	71	40.5	101	55.1	131	50.8
12	24.3	42	15.8	72	42.1	102	55.5	132	48
13	25.8	43	17.7	73	43.5	103	55.7	133	44.5
14	26.4	44	19.8	74	45.1	104	56.1	134	41
15	25.7	45	21.6	75	46	105	56.3	135	37.5
16	25.1	46	22.2	76	46.8	106	56.6	136	34
17	24.7	47	24.5	77	47.5	107	56.7	137	30.5
18	25.2	48	24.7	78	47.5	108	56.7	138	27
19	25.4	49	24.8	79	47.3	109	56.3	139	23.5
20	27.2	50	24.7	80	47.2	110	56	140	20
21	26.5	51	24.6	81	47.2	111	55	141	16.5
22	24	52	24.6	82	47.4	112	53.4	142	13
23	22.7	53	25.1	83	47.9	113	51.6	143	9.5
24	19.4	54	25.6	84	48.5	114	51.8	144	6
25	17.7	55	25.7	85	49.1	115	52.1	145	2.5
26	17.2	56	25.4	86	49.5	116	52.5	146	0
27	18.1	57	24.9	87	50	117	53		
28	18.6	58	25	88	50.6	118	53.5		
29	20	59	25.4	89	51	119	54		

**Historical Note**

Adopted effective November 14, 1994 (Supp. 94-4). Amended by final rulemaking at 6 A.A.R. 382, effective December 20, 1999 (Supp. 99-4).

**Table 5. Tolerances**

	Range	State Station	Fleet Station
4 and 2 stroke vehicles: CO in MOL percent	0 to 2.0% 2 to 10.0%	±0.1% ±0.25%	±0.25% ±0.5%
4-stroke vehicles: HC as N-hexane in PPM	0 to 500 PPM 500 to 2000 PPM	±15 PPM ±50 PPM	±30 PPM ±100 PPM
2-stroke vehicles: HC as propane in PPM	0 to 25,000 PPM	±1250 PPM	±1250 PPM

**Historical Note**

Adopted effective November 14, 1994 (Supp. 94-4). Amended by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

**Table 6. Repealed****Historical Note**

Adopted effective November 14, 1994 (Supp. 94-4). See emergency amendment below (Supp. 94-4). Emergency amendment adopted effective December 23, 1994, pursuant to A.R.S. § 41-1026, valid for 180 days (Supp. 95-2). Emergency amendment expired, previous text placed back into effect effective June 21, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 382, effective December 20, 1999 (Supp. 99-4). Table 6 repealed by final rulemaking at 8 A.A.R. 90, effective January 1, 2002 (Supp. 01-4).

**ARTICLE 11. FEDERAL HAZARDOUS AIR POLLUTANTS****R18-2-1101. National Emission Standards for Hazardous Air Pollutants (NESHAPs)**

A. Except as provided in R18-2-1102, the following subparts of 40 CFR 61, National Emission Standards for Hazardous Air Pollutants (NESHAPs), and all accompanying appendices, adopted as of June 30, 2017, and no future editions or amendments, are incorporated by reference as applicable require-

ments. These standards are on file with the Department and shall be applied by the Department. These standards can be obtained from the U.S. Government Printing Office, Superintendent of Documents, bookstore.gpo.gov, Mail Stop: SSOP IDCC-SSOM, Washington, D.C. 20402-9328.

1. Subpart A - General Provisions.
2. Subpart B - Radon Emissions from Underground Uranium Mines.
3. Subpart C - Beryllium.
4. Subpart D - Beryllium Rocket Motor Firing.
5. Subpart E - Mercury.
6. Subpart F - Vinyl Chloride.
7. Subpart H - Radionuclides Other Than Radon from Department of Energy Facilities.
8. Subpart I - Radionuclide Emissions from Federal Other Than Nuclear Regulatory Commission Licensees and Not Covered by Subpart H.
9. Subpart J - Equipment Leaks (Fugitive Emission Sources) of Benzene.
10. Subpart K - Radionuclide Emissions From Elemental Phosphorus Plants.

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11. Subpart L - Benzene Emissions from Coke By-Product Recovery Plants.
  12. Subpart M - Asbestos.
  13. Subpart N - Inorganic Arsenic Emissions from Glass Manufacturing Plants.
  14. Subpart O - Inorganic Arsenic Emissions from Primary Copper Smelters.
  15. Subpart P - Inorganic Arsenic Emissions from Arsenic Trioxide and Metallic Arsenic Production.
  16. Subpart Q - Radon Emissions from Department of Energy Facilities.
  17. Subpart R - Radon Emissions from Phosphogypsum Stacks.
  18. Subpart T - Radon Emissions from the Disposal of Uranium Mill Tailings.
  19. Subpart V - Equipment Leaks (Fugitive Emission Sources).
  20. Subpart W - Radon Emissions from Operating Mill Tailings.
  21. Subpart Y - Benzene Emissions From Benzene Storage Vessels.
  22. Subpart BB - Benzene Emissions from Benzene Transfer Operations.
  23. Subpart FF - Benzene Waste Operations.
- B.** Except as provided in R18-2-1102, the following subparts of 40 CFR 63, NESHAPs for Source Categories, and all accompanying appendices, adopted as of June 30, 2017, and no future editions or amendments, are incorporated by reference as applicable requirements. These standards are on file with the Department and shall be applied by the Department. These standards can be obtained from the U.S. Government Printing Office, Superintendent of Documents, bookstore.gpo.gov, Mail Stop: SSOP IDCC-SSOM, Washington, D.C. 20402-9328.
1. Subpart A - General Provisions.
  2. Subpart F - National Emission Standards for Organic Hazardous Air Pollutants from the Synthetic Organic Chemical Manufacturing Industry.
  3. Subpart G - National Emission Standards for Organic Hazardous Air Pollutants from the Synthetic Organic Chemical Manufacturing Industry for Process Vents, Storage Vessels, Transfer Operations, and Wastewater.
  4. Subpart H - National Emission Standards for Organic Hazardous Air Pollutants for Equipment Leaks.
  5. Subpart I - National Emission Standards for Organic Hazardous Air Pollutants for Certain Processes Subject to the Negotiated Regulation for Equipment Leaks.
  6. Subpart J - National Emission Standards for Hazardous Air Pollutants for Polyvinyl Chloride and Copolymers Production.
  7. Subpart L - National Emission Standards for Coke Oven Batteries.
  8. Subpart M - National Perchloroethylene Air Emission Standards for Dry Cleaning Facilities.
  9. Subpart N - National Emission Standards for Chromium Emissions From Hard and Decorative Chromium Electroplating and Chromium Anodizing Tanks.
  10. Subpart O - Ethylene Oxide Emissions Standards for Sterilization Facilities.
  11. Subpart Q - National Emission Standards for Hazardous Air Pollutants for Industrial Process Cooling Towers.
  12. Subpart R - National Emission Standards for Gasoline Distribution Facilities (Bulk Gasoline Terminals and Pipeline Breakout Stations).
  13. Subpart S - National Emission Standards for Hazardous Air Pollutants from the Pulp and Paper Industry.
  14. Subpart T - National Emission Standards for Halogenated Solvent Cleaning.
  15. Subpart U - National Emission Standards for Hazardous Air Pollutant Emissions: Group I Polymers and Resins.
  16. Subpart W - National Emission Standards for Hazardous Air Pollutants for Epoxy Resins Production and Non-Nylon Polyamides Production.
  17. Subpart Y - National Emission Standards for Marine Tank Vessel Loading Operations.
  18. Subpart AA - National Emission Standards for Hazardous Air Pollutants From Phosphoric Acid Manufacturing Plants.
  19. Subpart BB - National Emission Standards for Hazardous Air Pollutants From Phosphate Fertilizers Production Plants.
  20. Subpart CC - National Emission Standards for Hazardous Air Pollutants from Petroleum Refineries.
  21. Subpart DD - National Emission Standards for Hazardous Air Pollutants from Off-Site Waste and Recovery Operations.
  22. Subpart EE - National Emission Standards for Magnetic Tape Manufacturing Operations.
  23. Subpart GG - National Emission Standards for Aerospace Manufacturing and Rework Facilities.
  24. Subpart HH - National Emission Standards for Hazardous Air Pollutants From Oil and Natural Gas Production Facilities.
  25. Subpart JJ - National Emission Standards for Wood Furniture Manufacturing Operations.
  26. Subpart KK - National Emission Standards for the Printing and Publishing Industry.
  27. Subpart LL - National Emission Standards for Hazardous Air Pollutants for Primary Aluminum Reduction Plants.
  28. Subpart MM - National Emission Standards for Hazardous Air Pollutants for Chemical Recovery Combustion Sources at Kraft, Soda, Sulfite, and Stand-Alone Semi-chemical Pulp Mills.
  29. Subpart OO - National Emission Standards for Tanks - Level 1.
  30. Subpart PP - National Emission Standards for Containers.
  31. Subpart QQ - National Emission Standards for Surface Impoundments.
  32. Subpart RR - National Emission Standards for Individual Drain Systems.
  33. Subpart SS - National Emission Standards for Closed Vent Systems, Control Devices, Recovery Devices and Routing to a Fuel Gas System or a Process.
  34. Subpart TT - National Emission Standards for Equipment Leaks - Control Level 1.
  35. Subpart UU - National Emission Standards for Equipment Leaks - Control Level 2 Standards.
  36. Subpart VV - National Emission Standards for Oil-Water Separators and Organic-Water Separators.
  37. Subpart WW - National Emission Standards for Storage Vessels (Tanks) - Control Level 2.
  38. Subpart XX - National Emission Standards for Ethylene Manufacturing Process Units: Heat Exchange Systems and Waste Operations.
  39. Subpart YY - National Emission Standards for Hazardous Air Pollutants for Source Categories: Generic Maximum Achievable Control Technology Standards.

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40. Subpart CCC - National Emission Standards for Hazardous Air Pollutants for Steel Pickling - HCl Process Facilities and Hydrochloric Acid Regeneration Plants.
41. Subpart DDD - National Emission Standards for Hazardous Air Pollutants for Mineral Wool Production.
42. Subpart EEE - National Emission Standards for Hazardous Air Pollutants From Hazardous Waste Combustors.
43. Subpart GGG - National Emission Standards for Pharmaceuticals Production.
44. Subpart HHH - National Emission Standards for Hazardous Air Pollutants From Natural Gas Transmission and Storage Facilities.
45. Subpart III - National Emission Standards for Hazardous Air Pollutants for Flexible Polyurethane Foam Production.
46. Subpart JJJ - National Emission Standards for Hazardous Air Pollutant Emissions: Group IV Polymers and Resins.
47. Subpart LLL - National Emission Standards for Hazardous Air Pollutants From the Portland Cement Manufacturing Industry.
48. Subpart MMM - National Emission Standards for Hazardous Air Pollutants for Pesticide Active Ingredient Production.
49. Subpart NNN - National Emission Standards for Hazardous Air Pollutants for Wool Fiberglass Manufacturing.
50. Subpart OOO - National Emission Standards for Hazardous Air Pollutant Emissions: Manufacture of Amino/Phenolic Resins.
51. Subpart PPP - National Emission Standards for Hazardous Air Pollutant Emissions for Polyether Polyols Production.
52. Subpart QQQ - National Emission Standards for Hazardous Air Pollutants for Primary Copper Smelting.
53. Subpart RRR - National Emission Standards for Hazardous Air Pollutants for Secondary Aluminum Production.
54. Subpart TTT - National Emission Standards for Hazardous Air Pollutants for Primary Lead Smelting.
55. Subpart UUU - National Emission Standards for Hazardous Air Pollutants for Petroleum Refineries: Catalytic Cracking Units, Catalytic Reforming Units, and Sulfur Recovery Units.
56. Subpart VVV - National Emission Standards for Hazardous Air Pollutants: Publicly Owned Treatment Works.
57. Subpart XXX - National Emission Standards for Hazardous Air Pollutants for Ferroalloys Production: Ferromanganese and Silicomanganese.
58. Subpart AAAA - National Emission Standards for Hazardous Air Pollutants: Municipal Solid Waste Landfills.
59. Subpart CCCC - National Emission Standards for Hazardous Air Pollutants: Manufacture of Nutritional Yeast.
60. Subpart DDDD - National Emission Standards for Hazardous Air Pollutants: Plywood and Composite Wood Products.
61. Subpart EEEE - National Emission Standards for Hazardous Air Pollutants: Organic Liquids Distribution (Non-Gasoline).
62. Subpart FFFF - National Emission Standards for Hazardous Air Pollutants: Miscellaneous Organic Chemical Manufacturing.
63. Subpart GGGG - National Emission Standards for Hazardous Air Pollutants: Solvent Extraction for Vegetable Oil Production.
64. Subpart HHHH - National Emissions Standards for Hazardous Air Pollutants for Wet-Formed Fiberglass Mat Production.
65. Subpart IIII - National Emission Standards for Hazardous Air Pollutants: Surface Coating of Automobiles and Light-Duty Trucks.
66. Subpart JJJJ - National Emission Standards for Hazardous Air Pollutants: Paper and Other Web Coating.
67. Subpart KKKK - National Emission Standards for Hazardous Air Pollutants: Surface Coating of Metal Cans.
68. Subpart MMMM - National Emission Standards for Hazardous Air Pollutants for Surface Coating of Miscellaneous Metal Parts and Products.
69. Subpart NNNN - National Emission Standards for Hazardous Air Pollutants: Surface Coating of Large Appliances.
70. Subpart OOOO - National Emission Standards for Hazardous Air Pollutants: Printing, Coating, and Dyeing of Fabrics and Other Textiles.
71. Subpart PPPP - National Emission Standards for Hazardous Air Pollutants for Surface Coating of Plastic Parts and Products.
72. Subpart QQQQ - National Emission Standards for Hazardous Air Pollutants: Surface Coating of Wood Building Products.
73. Subpart RRRR - National Emission Standards for Hazardous Air Pollutants: Surface Coating of Metal Furniture.
74. Subpart SSSS - National Emission Standards for Hazardous Air Pollutants: Surface Coating of Metal Coil.
75. Subpart TTTT - National Emission Standards for Hazardous Air Pollutants for Leather Finishing Operations.
76. Subpart UUUU - National Emission Standards for Hazardous Air Pollutants for Cellulose Products Manufacturing.
77. Subpart VVVV - National Emission Standards for Hazardous Air Pollutants for Boat Manufacturing.
78. Subpart WWWW - National Emissions Standards for Hazardous Air Pollutants: Reinforced Plastic Composites Production.
79. Subpart XXXX - National Emission Standards for Hazardous Air Pollutants: Rubber Tire Manufacturing.
80. Subpart YYYYY - National Emission Standards for Hazardous Air Pollutants for Stationary Combustion Turbines.
81. Subpart ZZZZ - National Emission Standards for Hazardous Air Pollutants for Stationary Reciprocating Internal Combustion Engines.
82. Subpart AAAAA - National Emission Standards for Hazardous Air Pollutants for Lime Manufacturing Plants.
83. Subpart BBBBBB - National Emission Standards for Hazardous Air Pollutants for Semiconductor Manufacturing.
84. Subpart CCCCC - National Emission Standards for Hazardous Air Pollutants for Coke Ovens: Pushing, Quenching, and Battery Stacks.
85. Subpart DDDDD - National Emission Standards for Hazardous Air Pollutants for Industrial, Commercial, and Institutional Boilers and Process Heaters.
86. Subpart EEEEE - National Emission Standards for Hazardous Air Pollutants for Iron and Steel Foundries.
87. Subpart FFFFF - National Emission Standards for Hazardous Air Pollutants: Integrated Iron and Steel Manufacturing.

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88. Subpart GGGGG - National Emission Standards for Hazardous Air Pollutants: Site Remediation.
89. Subpart HHHHH - National Emission Standards for Hazardous Air Pollutants: Miscellaneous Coating Manufacturing.
90. Subpart IIIII - National Emission Standards for Hazardous Air Pollutants: Mercury Emissions From Mercury Cell Chlor-Alkali Plants.
91. Subpart JJJJJ - National Emission Standards for Hazardous Air Pollutants for Brick and Structural Clay Products Manufacturing.
92. Subpart KKKKK - National Emission Standards for Hazardous Air Pollutants for Clay Ceramics Manufacturing.
93. Subpart LLLLL - National Emission Standards for Hazardous Air Pollutants: Asphalt Processing and Asphalt Roofing Manufacturing.
94. Subpart MMMMM - National Emission Standards for Hazardous Air Pollutants: Flexible Polyurethane Foam Fabrication Operations.
95. Subpart NNNNN - National Emission Standards for Hazardous Air Pollutants: Hydrochloric Acid Production.
96. Subpart PPPPP - National Emission Standards for Hazardous Air Pollutants: Engine Test Cells/Stands.
97. Subpart QQQQQ - National Emission Standards for Hazardous Air Pollutants for Friction Materials Manufacturing Facilities.
98. Subpart RRRRR - National Emission Standards for Hazardous Air Pollutants: Taconite Iron Ore Processing.
99. Subpart SSSSS - National Emission Standards for Hazardous Air Pollutants for Refractory Products Manufacturing.
100. Subpart TTTTT - National Emissions Standards for Hazardous Air Pollutants for Primary Magnesium Refining.
101. Subpart WWWW - National Emission Standards for Hospital Ethylene Oxide Sterilizers.
102. Subpart YYYYY - National Emission Standards for Hazardous Air Pollutants for Area Sources: Electric Arc Furnace Steelmaking Facilities.
103. Subpart ZZZZ - National Emission Standards for Hazardous Air Pollutants for Iron and Steel Foundries Area Sources.
104. Subpart BBBB - National Emission Standards for Hazardous Air Pollutants for Source Category: Gasoline Distribution Bulk Terminals, Bulk Plants, and Pipeline Facilities.
105. Subpart CCCCC - National Emission Standards for Hazardous Air Pollutants for Source Category: Gasoline Dispensing Facilities.
106. Subpart DDDDD - National Emission Standards for Hazardous Air Pollutants for Polyvinyl Chloride and Copolymers Production Area Sources.
107. Subpart EEEEE - National Emission Standards for Hazardous Air Pollutants for Primary Copper Smelting Area Sources.
108. Subpart FFFFF - National Emission Standards for Hazardous Air Pollutants for Secondary Copper Smelting Area Sources.
109. Subpart GGGGG - National Emission Standards for Hazardous Air Pollutants for Primary Nonferrous Metals Area Sources-Zinc, Cadmium, and Beryllium.
110. Subpart HHHHH - National Emission Standards for Hazardous Air Pollutants: Paint Stripping and Miscellaneous Surface Coating Operations at Area Sources.
111. Subpart JJJJJ - National Emission Standards for Hazardous Air Pollutants for Area Sources: Industrial, Commercial, and Institutional Boilers Area Sources.
112. Subpart LLLLL - National Emission Standards for Hazardous Air Pollutants for Acrylic and Modacrylic Fibers Production Area Sources.
113. Subpart MMMMM - National Emission Standards for Hazardous Air Pollutants for Carbon Black Production Area Sources.
114. Subpart NNNNN - National Emission Standards for Hazardous Air Pollutants for Chemical Manufacturing Area Sources: Chromium Compounds.
115. Subpart OOOOO - National Emission Standards for Hazardous Air Pollutants for Flexible Polyurethane Foam Production and Fabrication Area Sources.
116. Subpart PPPPP - National Emission Standards for Hazardous Air Pollutants for Lead Acid Battery Manufacturing Area Sources.
117. Subpart QQQQQ - National Emission Standards for Hazardous Air Pollutants for Wood Preserving Area Sources.
118. Subpart RRRRR - National Emission Standards for Hazardous Air Pollutants for Clay Ceramics Manufacturing Area Sources.
119. Subpart SSSSS - National Emission Standards for Hazardous Air Pollutants for Glass Manufacturing Area Sources.
120. Subpart TTTTT - National Emission Standards for Hazardous Air Pollutants for Secondary Nonferrous Metals Processing Area Sources.
121. Subpart VVVVV - National Emission Standards for Hazardous Air Pollutants for Chemical Manufacturing Area Sources.
122. Subpart WWWW - National Emission Standards for Hazardous Air Pollutants: Area Source Standards for Plating and Polishing Operations.
123. Subpart XXXXX - National Emission Standards for Hazardous Air Pollutants Area Source Standards for Nine Metal Fabrication and Finishing Source Categories.
124. Subpart YYYYY - National Emission Standards for Hazardous Air Pollutants for Area Sources: Ferroalloys Production Facilities.
125. Subpart ZZZZZ - National Emission Standards for Hazardous Air Pollutants: Area Source Standards for Aluminum, Copper, and other Nonferrous Foundries.
126. Subpart AAAAA - National Emission Standards for Hazardous Air Pollutants for Area Sources: Asphalt Processing and Asphalt Roofing Manufacturing.
127. Subpart BBBB - National Emission Standards for Hazardous Air Pollutants for Area Sources: Chemical Preparations Industry.
128. Subpart CCCCC - National Emission Standards for Hazardous Air Pollutants for Area Sources: Paints and Allied Products Manufacturing.
129. Subpart DDDDD - National Emission Standards for Hazardous Air Pollutants for Area Sources: Prepared Feeds Manufacturing.
130. Subpart EEEEE - National Emission Standards for Hazardous Air Pollutants: Gold Mine Ore Processing and Production Area Source Category.
131. Subpart HHHHH - National Emission Standards for Hazardous Air Pollutant Emissions for Polyvinyl Chloride and Copolymers Production.

**Historical Note**

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Former Section R18-2-1101 repealed effective September 26, 1990 (Supp. 90-3). New Section R18-2-1101 renumbered from R18-2-901 and amended effective November 15, 1993 (Supp. 93-4). Amended effective June 10, 1994 (Supp. 94-2). Amended effective February 17, 1995 (Supp. 95-1). Amended effective December 7, 1995 (Supp. 95-4). Amended effective May 9, 1996 (Supp. 96-2). Amended effective April 4, 1997; filed with the Office of the Secretary of State March 14, 1997 (Supp. 97-1). Amended effective December 4, 1997 (Supp. 97-4). Amended by final rulemaking at 5 A.A.R. 3221, effective August 12, 1999 (Supp. 99-3). Amended by final rulemaking at 6 A.A.R. 4170, effective October 11, 2000 (Supp. 00-4). Amended by final rulemaking at 8 A.A.R. 2543, effective May 24, 2002 (Supp. 02-2). Amended by final rulemaking at 10 A.A.R. 3281, effective September 27, 2004 (Supp. 04-3). Amended by final rulemaking at 11 A.A.R. 5504, effective February 4, 2006 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 4199, effective January 5, 2008 (Supp. 07-4). Amended by final expedited rulemaking at 21 A.A.R. 2747, effective December 13, 2015 (Supp. 15-4). Amended by final expedited rulemaking at 23 A.A.R. 1564, effective May 2, 2018 (Supp. 18-2).

**R18-2-1102. General Provisions**

- A. When used in 40 CFR 61 or 63, "Administrator" means the Director of the Arizona Department of Environmental Quality except that the Director shall not be authorized to approve alternate or equivalent test methods or alternate standards or work practices, except as specifically provided in Part 63, Subpart B.
- B. From the general standards identified in R18-2-1101(A), delete 40 CFR 61.04. All requests, reports, applications, submittals, and other communications to the Director pursuant to this Article shall be submitted to the Arizona Department of Environmental Quality, Air Quality Division, 1110 West Washington Street, Phoenix, Arizona 85007.
- C. The Director shall not be delegated authority to deal with equivalency determinations that are nontransferable through Section 112(h)(3) of the Act.

**Historical Note**

Former Section R18-2-1102 repealed effective September 26, 1990 (Supp. 90-3). New Section R18-2-1102 renumbered from R18-2-902 and amended effective November 15, 1993 (Supp. 93-4). Amended effective June 10, 1994 (Supp. 94-2). Amended effective February 17, 1995 (Supp. 95-1). Amended by final rulemaking at 13 A.A.R. 4199, effective January 5, 2008 (Supp. 07-4).

**ARTICLE 12. VOLUNTARY EMISSIONS BANK****R18-2-1201. Definitions**

In addition to the definitions contained in Article 1 of this Chapter, and A.R.S. § 49-401.01, the following definitions apply to this Article:

"Account holder" means any person or entity who has opened an account in the emissions bank under R18-2-1206.

"Certification authority" means the Department or the county or multi-county district to which the Department has delegated authority to certify emission reduction credits under A.R.S. § 49-410(C).

"Certified credit" means an emission reduction credit that has been issued under R18-2-1203(C)(2), R18-2-1204(B), or R18-2-1205(E)(3).

"Conditional credit" means an emission reduction credit for a reduction in emissions by a plan generator that the certification authority has issued under R18-2-1205(D)(2) but the Administrator has not yet approved under R18-2-1205(E)(3).

"Emissions bank" means the system created by the Department to record and make publicly available information on the issuance, certification, transfer, retirement, and use of emission reduction credits.

"Emission reduction credit" or "credit" means a reduction in qualifying emissions expressed in tons per year for which the generator has submitted an application under R18-2-1203, R18-2-1204, or R18-2-1205 and which has not been withdrawn from the emissions bank under R18-2-1208(B)(5) or (C).

"Emission reduction plan" means a plan submitted under R18-2-1205 for assuring that reductions in qualifying emissions by a plan generator are permanent, quantifiable, surplus, enforceable, and real.

"Enforceable" means that specific measures for assessing compliance with an emissions limitation, control, or other requirement are established in a permit, offset-creation rule, or emission reduction plan in a manner that allows compliance to be readily determined by an inspection of records and reports.

"Form" means a paper document or online form provided through a web portal.

"Generator" means any permitted source or other activity that has made or proposes to make reductions in qualifying emissions.

"Issue," with respect to emission reduction credits, means to create and provide evidence of the creation of conditional credits or certified credits in the form or manner prescribed by the Department.

"Offset-creation rule" means a state, county, or multi-county district rule that has been approved into the state implementation plan and provides a method for allowing emission reductions from specific activities to qualify as offsets. Rule 242 of the Maricopa County Air Pollution Control Regulations is an example of an offset-creation rule.

"Offsets" means reductions in emissions required under R18-2-404 or the equivalent rule of a county or multi-county district.

"Pending credits" means emission reduction credits for which an application has been submitted under R18-2-1203, R18-2-1204, or R18-2-1205 but that have not yet been issued as conditional or certified credits.

"Permanent" means that the reduction in qualifying emissions are long-lasting and unchanging for the remaining life of the relevant activity.

"Permitted generator" means a generator that is a stationary source subject to a permit, other than a general permit, issued under A.R.S. § 49-426 or 49-480 and that seeks credits for reductions that are or will be made enforceable through permit condition.

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“Plan generator” means a generator that intends to achieve or has achieved reductions in qualifying emissions in compliance with an emission reduction plan under R18-2-1205.

“Planning authority” means the organization responsible for preparing the state implementation plan for an area under A.R.S. § 49-404 or 49-406.

*“Qualifying emissions” means emissions of any conventional air pollutant, other than elemental lead, or any precursor of a conventional air pollutant from any activity. Qualifying emissions does not include emissions from a fleet of motor vehicles if the fleet operates outside of a nonattainment area. A.R.S. § 49-410(H)(2).*

“Quantifiable” means that the amount, rate, and characteristics of a reduction in qualifying emissions can be measured through reliable, replicable methods.

“Real” means that a reduction in qualifying emissions is a reduction in actual emissions released to the air resulting from a physical change or change in the method of operations of a generator.

“Regulatory generator” means a generator that has achieved reductions in qualifying emissions in compliance with an offset-creation rule.

“Surplus” means that a reduction in qualifying emissions is not otherwise required by an applicable requirement and not relied upon in the state implementation plan.

“Ton” includes fraction of a ton as necessary to reflect the total amount of emissions reductions achieved or to be achieved by a generator.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 1815, effective March 18, 2002 (Supp. 02-1). Amended by final rulemaking at 25 A.A.R. 1433, effective July 28, 2019 (Supp. 19-2).

**R18-2-1202. Applicability**

- A.** Applicability. This Article applies to the following persons and entities:
1. The owners or operators of generators.
  2. The owners or operators of stationary sources that intend to use credits as offsets.
  3. Other account holders.
  4. Planning authorities.
- B.** Voluntary Participation. The certification of credits and registration of credits in the emissions bank under this Article is voluntary and is not a condition to the creation or use of emission reductions as offsets.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 1815, effective March 18, 2002 (Supp. 02-1). Amended by final rulemaking at 25 A.A.R. 1433, effective July 28, 2019 (Supp. 19-2).

**R18-2-1203. Certification of Credits for Emission Reductions by Permitted Generators**

- A.** Application.
1. The owner or operator of a permitted generator may apply for credits for reductions in qualifying emissions at any time after filing either:
    - a. An application for a permit revision seeking the imposition of conditions to make the reductions in qualifying emissions enforceable; or

- b. A notice of permit termination seeking to make the shutdown of a stationary source, and the resulting reductions in qualifying emissions, enforceable.
2. An application for credits shall be filed with the certification authority on the form prescribed by the Department and shall include:
    - a. The emissions bank account number obtained under R18-2-1206 for the owner or operator;
    - b. Information on the identity, type, ownership, and location of the permitted generator;
    - c. A description of the actions that have resulted or will result in the reductions in qualifying emissions;
    - d. Information on the amount of and methodology for calculating the reductions in qualifying emissions for each pollutant subject to the application;
    - e. Other information necessary to verify that the reductions in qualifying emissions qualify as permanent, quantifiable, surplus, enforceable, and real;
    - f. The actual dates or anticipated dates of the reductions in qualifying emissions, as applicable; and
    - g. A signed statement by a responsible official, as defined in R18-2-301, verifying the truthfulness and accuracy of all information provided in the application.

**B. Notification and Consultation.**

1. If the certification authority is not the permitting authority for the generator, the certification authority shall:
  - a. Provide a copy of the application for credits to the permitting authority; and
  - b. Consult with permitting authority on whether the reductions in qualifying emissions qualify as permanent, quantifiable, enforceable, surplus, and real.
2. If the owner or operator files the application for credits before final action on the permit revision or termination of the permit and the permitting authority for the generator is not the certification authority, the permitting authority shall provide notice of final action on the permit revision or termination of the permit to the certification authority.

**C. Action on Application.**

1. The certification authority shall deny the application for credits if:
  - a. The permitting authority denies the permit revision or termination on which enforceability of the reductions in qualifying emissions is based; or
  - b. None of the reductions in emissions qualify as permanent, quantifiable, surplus, enforceable, and real.
2. The certification authority shall grant the application and issue one certified credit for each ton per year of reduction that qualifies as permanent, quantifiable, surplus, enforceable, and real.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 1815, effective March 18, 2002 (Supp. 02-1). Amended by final rulemaking at 25 A.A.R. 1433, effective July 28, 2019 (Supp. 19-2).

**R18-2-1204. Certification of Credits for Emission Reductions by Regulatory Generators**

- A.** Application.
1. The owner or operator of a regulatory generator may apply for credits for reductions in qualifying emissions at any time after complying with the applicable offset-creation rule.

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2. An application for credits shall be filed with the certification authority on the form prescribed by the Department and shall include:
  - a. The emissions bank account number obtained under R18-2-1206 for the owner or operator;
  - b. A copy of a determination of compliance with the offset-creation rule by the agency administering the rule; and
  - c. A signed statement by a responsible official, as defined in R18-2-301, verifying the truthfulness and accuracy of all information provided in the application.

- B. Action on Application. The certification authority shall grant the application and issue one certified credit for each ton per year of reduction that the agency administering the offset-creation rule has determined to be in compliance with the rule.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 1815, effective March 18, 2002 (Supp. 02-1). Amended by final rulemaking at 25 A.A.R. 1433, effective July 28, 2019 (Supp. 19-2).

**R18-2-1205. Certification of Credits for Emission Reductions by Plan Generators; Enforcement**

- A. Application. The owner or operator of a plan generator may apply for credits for reductions in qualifying emissions by filing an application with the certification authority. The application shall be filed on the form prescribed by the Department and shall include:
  1. The emissions bank account number obtained under R18-2-1206 for the owner or operator;
  2. Information on the identity, type, ownership, and location of the plan generator;
  3. An emission reduction plan satisfying subsection (B); and
  4. A signed statement by a responsible official, as defined in R18-2-301, verifying the truthfulness and accuracy of all information provided in the application.
- B. Emission Reduction Plan Contents. An emission reduction plan for a program to reduce qualifying emissions at a plan generator shall include the following elements:
  1. A clearly defined purpose and goal;
  2. A clearly defined scope that identifies affected activities and assures that the program will not interfere with any other applicable requirements;
  3. The composition of any fleet of mobile sources that will participate in the program;
  4. A calculation of baseline emissions;
  5. A calculation of projected emissions after implementation of the program;
  6. Methods for accounting for uncertainty in the projection of program results;
  7. Reliable, replicable procedures for quantifying emissions or emission-related parameters, as appropriate;
  8. Monitoring, recordkeeping, and reporting requirements that are consistent with the specified quantification procedures and allow for compliance certification and enforcement;
  9. An implementation schedule, administrative system, and enforcement provisions adequate for ensuring enforceability of the program; and
  10. Such other elements as the Department may reasonably require in order to assure that reductions in qualifying emissions are permanent, quantifiable, surplus, enforceable, and real.

**C. Proposed Action and Public Process.**

1. The certification authority shall publish notice of the proposed action on an application submitted under this Section in the manner prescribed by A.R.S. § 49-444 and as follows:
  - a. On the website for the certification authority; and
  - b. By mail or email to persons on a mailing list who have requested notice of applications under this Section.
2. By no later than the date public notice is published under subsection (C)(1), the certification authority shall make a copy of the following materials available at a public location in the same county as the proposed program to reduce qualifying emissions, at the closest office of the certification authority, and on the certification authority's website:
  - a. The application, including the emission reduction plan;
  - b. The proposed action;
  - c. The certification authority's analysis in support of the proposed action; and
  - d. All other materials in the certification authority's possession that are relevant to the proposed action.
3. The certification authority shall accept public comment on the proposed action for at least 30 days after the first publication of the notice under subsection (C)(1).
4. The certification authority shall hold a public hearing no sooner than 30 days after the first publication of the notice under subsection (C)(1).
5. The notice shall include the following:
  - a. The identity and location of the applicant;
  - b. A concise description of the program for reducing qualifying emissions;
  - c. The locations at which materials relating to the proposed action are available under subsection (C)(2);
  - d. The date by and manner in which written comments on the proposed action may be submitted; and
  - e. The location, date, and time for the hearing under subsection (C)(4).

**D. Action on Application.**

1. The certification authority shall deny the application for certification if none of the reductions in emissions qualifies as permanent, quantifiable, surplus, enforceable, and real.
2. The certification authority shall grant the application and issue one conditional credit for each ton per year of reductions that qualifies as permanent, quantifiable, surplus, enforceable, and real.

**E. Approval by Administrator.**

1. On grant of an application under subsection (D)(2) by a certification authority other than the Department, the certification authority shall transmit the conditional credits and the associated emission reduction plan to the Department for submission to the Administrator under subsection (E)(2). In addition to the credits and plan, the submission shall include all of the elements required for a revision to the state implementation plan under 40 CFR 51.
2. On issuance of conditional credits by the Department under subsection (D)(2) or receipt of conditional credits under subsection (E)(1), the Department shall submit the conditional credits and the associated emission reduction plan to the Administrator for approval as a revision to the state implementation plan.

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3. On final action by the Administrator on the state implementation plan revision submitted under subsection (E)(2), the certification authority shall issue certified credits and revoke conditional credits as necessary to be consistent with the Administrator's action.
- F. Enforcement. A violation of any provision of an emission reduction plan approved by the Administrator under subsection (E) is a violation of this rule by the owner or operator of the plan generator.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 1815, effective March 18, 2002 (Supp. 02-1). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1). Amended by final rulemaking at 25 A.A.R. 1433, effective July 28, 2019 (Supp. 19-2).

**R18-2-1206. Opening Emissions Bank Accounts**

- A. Any person or entity may open an account in the emissions bank by submitting the form prescribed by the Department.
- B. The owner or operator of a generator must open an account in the emissions bank before submitting an application under R18-2-1203(A), R18-2-1204(A), or R18-2-1205(A).

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 1815, effective March 18, 2002 (Supp. 02-1). Amended by final rulemaking at 25 A.A.R. 1433, effective July 28, 2019 (Supp. 19-2).

**R18-2-1207. Registration of Emission Reduction Credits in Emissions Bank**

- A. Notice to Department. A certification authority other than the Department shall provide notice on the form prescribed by the Department of the following events related to emissions reduction credits:
  1. Receipt of an application under R18-2-1203(A), R18-2-1204(A), or R18-2-1205(A);
  2. Proposal to issue conditional credits;
  3. Issuance of conditional credits;
  4. Denial of an application for credits;
  5. Issuance of certified credits; and
  6. Revocation or reduction of credits.
- B. Registration by Department.
  1. The Department shall register pending credits in the emissions bank account for the owner or operator of the generator on:
    - a. Receipt of an application under R18-2-1203(A), R18-2-1204(A), or R18-2-1205(A); or
    - b. Receipt of notice under subsection (A)(1).
  2. The Department shall register conditional credits in the emissions bank account for the owner or operator of the generator on:
    - a. Approval of the application under R18-2-1205(D); or
    - b. Receipt of notice under subsection (A)(3).
  3. The Department shall register certified credits in the emissions bank account for the owner or operator of the generator on:
    - a. Issuance of certified credits under R18-2-1203(C)(2), R18-2-1204(B), or R18-2-1205(E)(3).
    - b. Receipt of notice under subsection (A)(5).
  4. The Department shall adjust each account in which credits are deposited as necessary to reflect:
    - a. The denial of an application for credits under R18-2-1203(C)(1) or R18-2-1205(D)(1);

- b. The Administrator's final action on a state implementation plan under R18-2-1205(E);
- c. The revocation or reduction of credits by a permitting authority or an agency responsible for administering an offset-creation rule.

- C. Notice of Reductions. If reductions in qualifying emissions represented by credits have not occurred by the time pending credits are registered, the generator shall provide notice to the Department and the certifying authority on the form prescribed by the Department within five days after the reductions are achieved.

- D. Registration Information. For credits registered in the emissions bank, the Department shall include the following information:

1. The name and contact information of the account holder;
2. The name, location, and description of the generator;
3. The name, contact information, and location of the owner or operator of the generator;
4. For each pollutant covered by the credits, the amount and date or expected date of the reductions;
5. The status of the credits, including whether the reductions in qualifying emissions represented by the credits have occurred and whether their use has been approved under R18-2-1208(B)(2).

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 1815, effective March 18, 2002 (Supp. 02-1). Amended by final rulemaking at 25 A.A.R. 1433, effective July 28, 2019 (Supp. 19-2).

**R18-2-1208. Transfer, Use, and Retirement of Emission Reduction Credits**

- A. Transfer Procedures.
  1. An account holder may transfer certified credits held in its account to any other account holder by filing the form prescribed by the Department.
  2. On verification of the information in the transfer form, the Department shall adjust the emissions bank accounts of the transferor and transferee to reflect the transfer.
- B. Use Procedures.
  1. An account holder who intends to use credits held in its account as offsets shall file an application to use the credits on the form prescribed by the Department. The notice shall include:
    - a. Information on the identity, location, ownership, and emissions of the stationary source;
    - b. Specification of the amount of credits to be used;
    - c. Identification of the permitting authority with jurisdiction over the stationary source;
    - d. If the stationary source is seeking a permit revision, the identification number for the permit being revised.
  2. On approval of the application, the Department shall:
    - a. Issue a certificate representing the credits that may be included in the permit or permit revision application of the stationary source;
    - b. Notify the permitting authority of the issuance of the certificate; and
    - c. Change the status of the credits to use approved.
  3. The permitting authority shall provide notice to the Department of final action on the stationary source's application for a permit or permit revision.



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4. Reductions in qualifying emissions reflected in the credits must be implemented before actual construction of the new stationary source or modification begins.
5. The Department shall register a withdrawal and use of credits used under subsection (B) on the later of:
  - a. Receipt of notice of approval of the application for a permit or permit revision for the stationary source; or
  - b. Implementation of the reductions reflected in the credits.

**C. Retirement.**

1. An account holder may retire credits in its account without using them as offsets by submitting the form prescribed by the Department.
2. On verification of the information contained in the form, the Department shall register a withdrawal and retirement of the credits from the account.

**D. Continuation of Credits.** Except to the extent otherwise required by the act, certified credits do not expire and continue in effect until withdrawn under subsection (B) or (C).**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 1815, effective March 18, 2002 (Supp. 02-1). Section R18-2-1208 renumbered to R18-2-1210; new Section R18-2-1208 made by final rulemaking at 25 A.A.R. 1433, effective July 28, 2019 (Supp. 19-2).

**R18-2-1209. Exclusion of Emission Reduction Credits from Planning**

Except to the extent otherwise required by the act, with regard to credits for emission reductions in an area for which a planning authority has responsibility, the planning authority shall:

1. Include the emissions for which the credits have been issued in the emissions inventory for the area as if reductions in those emissions had not yet occurred;
2. Account for the emissions for which the credits have been issued in any reasonable further progress or attainment demonstration for the area as if the reductions had not yet occurred; and
3. Refrain from relying on the reductions in any revision to the state implementation plan for the area.

**Historical Note**

New Section R18-2-1209 made by final rulemaking at 25 A.A.R. 1433, effective July 28, 2019 (Supp. 19-2).

**R18-2-1210. Fees**

- A.** The owner or operator of a generator shall pay a non-refundable administrative fee of \$200.00 to the Department when submitting an application for certification. This fee is in addition to the fees specified in R18-2-326.
- B.** An account holder using a credit under R18-2-1207(B) shall pay a non-refundable administrative fee of \$200.00 to the Department when submitting the application for use. This fee is in addition to the fees specified in R18-2-326.

**Historical Note**

New Section R18-2-1210 renumbered from R18-2-1208 and amended by final rulemaking at 25 A.A.R. 1433, effective July 28, 2019 (Supp. 19-2).

**ARTICLE 13. STATE IMPLEMENTATION PLAN RULES FOR SPECIFIC LOCATIONS****R18-2-1301. Expired****Historical Note**

New Section made by final rulemaking at 9 A.A.R. 1295, effective April 2, 2003 (Supp. 03-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2856, effective April 30, 2013 (Supp. 13-3).

**R18-2-1302. Expired****Historical Note**

New Section made by final rulemaking at 9 A.A.R. 1295, effective April 2, 2003 (Supp. 03-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2856, effective April 30, 2013 (Supp. 13-3).

**R18-2-1303. Expired****Historical Note**

New Section made by final rulemaking at 9 A.A.R. 1295, effective April 2, 2003 (Supp. 03-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2856, effective April 30, 2013 (Supp. 13-3).

**R18-2-1304. Expired****Historical Note**

New Section made by final rulemaking at 9 A.A.R. 1295, effective April 2, 2003 (Supp. 03-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2856, effective April 30, 2013 (Supp. 13-3).

**R18-2-1305. Expired****Historical Note**

New Section made by final rulemaking at 9 A.A.R. 1295, effective April 2, 2003 (Supp. 03-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2856, effective April 30, 2013 (Supp. 13-3).

**R18-2-1306. Expired****Historical Note**

New Section made by final rulemaking at 9 A.A.R. 1295, effective April 2, 2003 (Supp. 03-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2856, effective April 30, 2013 (Supp. 13-3).

**R18-2-1307. Expired****Historical Note**

New Section made by final rulemaking at 9 A.A.R. 1295, effective April 2, 2003 (Supp. 03-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2856, effective April 30, 2013 (Supp. 13-3).

**PART A. RESERVED****PART B. HAYDEN, ARIZONA, PLANNING AREA****R18-2-B1301. Limits on Lead Emissions from the Hayden Smelter****A. Applicability.**

1. This Section applies to the owner or operator of the Hayden Smelter. It establishes limits on lead emissions from the Hayden Smelter and monitoring, recordkeeping and reporting requirements for those limits.
2. Effective date. With the exception of the following requirements, this rule is in effect. Additional requirements in subsections (C)(1), (C)(2), (D)(3), (D)(4), (D)(5), (E)(1), (E)(7), (F)(1), (F)(2), (F)(3), (F)(4), (F)(5), (F)(6), (G)(1), (G)(2), (G)(4), (G)(5), (H)(4), (H)(9), (H)(10), (I)(7), (I)(8), and (I)(9) take effect 60 days after the Hayden Smelter achieves maximum production after

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smelter restart or 180 days after smelter restart, whichever occurs first.

**B. Definitions.** In addition to general definitions contained in R18-2-101, the following definitions apply to this Section:

1. "ACFM" means actual cubic feet per minute.
2. "Anode furnace baghouse stack" means the dedicated stack that vents controlled off-gases from the anode furnaces to the Main Stack.
3. "Blowing" shall mean the introduction of air or oxygen-enriched air into the converter furnace molten bath through tuyeres that are submerged below the level of the molten bath. The flow of air through the tuyeres above the level of the molten bath or into an empty converter shall not constitute blowing.
4. "Capture system" means the collection of components used to capture gases and fumes released from one or more emission units, and to convey the captured gases and fumes to one or more control devices or a stack. A capture system may include, but is not limited to, the following components as applicable to a given capture system design: duct intake devices, hoods, enclosures, ductwork, dampers, manifolds, plenums, and fans.
5. "Control device" means a piece of equipment used to clean and remove pollutants from gases and fumes released from one or more emission units that would otherwise be released to the atmosphere. Control devices may include, but are not limited to, baghouses, Electrostatic Precipitators (ESPs), and sulfuric acid plants.
6. "Fuming ladle" means a ladle emitting an abnormal amount of fume after discharge of material.
7. "Hayden Smelter" means the primary copper smelter located in Hayden, Gila County, Arizona at latitude 33°0'15"N and longitude 110°46'31"W.
8. "Ladle" means a piece of equipment used to move/pour molten material.
9. "Main Stack" means the center and annular portions of the 1,000-foot stack, which vents controlled off-gases from the INCO flash furnace, the converters, and anode furnaces and also vents exhaust from the tertiary hoods.
10. "Maintenance downturn" means a scheduled maintenance period lasting at least eight working hours.
11. "SCFM" means standard cubic feet per minute.
12. "SLAMS monitor" means an ambient air monitor part of the State and Local Air Monitoring Stations network operated by State or local agencies for the purpose of demonstrating compliance with the National Ambient Air Quality Standards.
13. "Smelter restart" means the first day after the issuance of Significant Permit Revision No. 97168 that concentrate is processed through the INCO flash furnace to produce matte.
14. "Smelting process-related fugitive lead emissions" means uncaptured and/or uncontrolled lead emissions that are released into the atmosphere from smelting copper in the INCO flash furnace, converters, and anode furnaces.
15. "Table 1" means the table labeled "Uptake Improvement System Flow Conditions and Damper Positions," in the attachment labeled "Hayden Smelter Site-Specific SIP Requirements," to the current Class I permit.
16. "Table 2" means the table labeled "Uptake Improvement System Interlock Timing," in the attachment labeled "Hayden Smelter Site-Specific SIP Requirements," to the current Class I permit.

17. "Table 3" means the table labeled "Anode Secondary Hood System Flow Conditions and Damper Positions," in the attachment labeled "Hayden Smelter Site-Specific SIP Requirements," to the current Class I permit.
18. "Table 4" means the table labeled "Emergency Shutdown Ventilation Flue Emissions," in the attachment labeled "Hayden Smelter Site-Specific SIP Requirements," to the current Class I permit.

**C. Lead Emissions Limitations.**

1. Notwithstanding the addition of emissions from the anode secondary hood baghouse, total lead emissions from the main stack shall not exceed 0.683 pounds of lead per hour.
2. Total process fugitive lead emissions from the Hayden Smelter furnaces and converters shall not exceed 0.326 pounds of lead per hour calculated as a three-month rolling average in accordance with subsection (F).

**D. Operational Standards.**

1. Process equipment and control device operations. At all times, including periods of startup, shutdown, and malfunction, the owner or operator shall, to the extent practicable, maintain and operate smelter processes and associated emission capture and/or control equipment in a manner consistent with good air pollution control practices for minimizing lead emissions to the level required by subsection (C). Determination of whether acceptable operating and maintenance procedures are being used shall be based on all information available to the Department and EPA Region IX, which may include, but is not limited to, monitoring results, review of operating and maintenance procedures and records, and inspection of the relevant equipment.
2. Capture system and control device operations and maintenance plan. The owner or operator shall develop and implement an operations and maintenance plan for each capture system and/or control device used to ventilate or control process gas or emissions from the flash furnace, including matte tapping, slag skimming and slag return operations; converter primary hoods, converter secondary hoods, tertiary ventilation system; and anode refining operations. The operations and maintenance plan must address the following requirements as applicable to each capture system and/or control device.
  - a. Monitoring devices. The plan shall provide for installation, operation, calibration, and maintenance of appropriate monitoring devices to measure and record operating limit values or settings at all times the required capture and control system is operating, except during periods of monitor calibration, repair, and malfunction. The initial plan shall provide for volumetric flow monitoring on the vent gas baghouse (inlet or outlet), each converter primary hood, each converter secondary hood, the tertiary ventilation system, and the anode furnace baghouse (inlet or outlet). All monitoring devices shall be accurate within +/- 10 percent and calibrated according to manufacturer's instructions. If direct measurement of the exhaust flow is infeasible due to physical limitations or exhaust characteristics, the owner or operator may propose a reliable equivalent method for approval. Initial monitoring may be adjusted as provided in subsection (D)(2)(e). Dampers that are manually set and remain in the same position while the capture system is operating are exempt from

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these monitoring requirements. Capture system damper position setting or settings shall be specified in the plan.

- b. Operational limits. The owner or operator shall establish operating limits in the operations and maintenance plan for the capture systems and/or control devices that are representative and reliable indicators of the performance of the capture system and control device operations. Initial operating limits may be adjusted as provided in subsection (D)(2)(e). Initial operating limits shall include the following:
  - i. A minimum air flow for the furnace ventilation system and associated damper positions for each matte tapping hood or slag skimming hood when operating to ensure that the operation or operations are within the confines or influence of the capture system.
  - ii. A minimum air flow for the secondary hood baghouse and associated damper positions for each slag return hood to ensure that the operation is within the confines or influence of the capture system's ventilation draft during times when the associated process is operating.
  - iii. A minimum air infiltration ratio for the converter primary hoods of 1:1 averaged over 24 converter Blowing hours, rolled hourly measured as volumetric flow in primary hood less the volumetric flow of tuyere Blowing compared to the volumetric flow of tuyere Blowing.
  - iv. A minimum secondary hood exhaust rate of 35,000 SCFM during converter Blowing, averaged over 24 converter Blowing hours, rolled hourly.
  - v. A minimum secondary hood exhaust rate of 133,000 SCFM during all non-Blowing operating hours, averaged over 24 non-Blowing hours, rolled hourly.
  - vi. A minimum negative pressure drop across the secondary hood when the doors are closed equivalent to 0.007 inches of water.
  - vii. A minimum exhaust rate on the tertiary hooding of 400,000 ACFM during all times material is processed in the converter aisle, averaged over 24 hours and rolled hourly.
  - viii. Fan amperes or minimum air flow for the anode furnace baghouse and associated damper positions for each anode furnace hood to ensure that the anode furnace off-gas port is within the confines or influence of the capture system's ventilation draft during times when the associated furnace is operating.
  - ix. The anode furnace charge mouth shall be kept covered when the tuyeres are submerged in the metal bath except when copper is being charged to or transferred from the furnace.
- c. Preventative maintenance. The owner or operator shall perform preventative maintenance on each capture system and control device according to written procedures specified in the operations and maintenance plan. The procedures must include a preventative maintenance schedule that is consistent with the manufacturer's or engineer's instructions, or operator's experience working with the equipment, and frequency for routine and long-term maintenance. This provision does not prohibit additional maintenance beyond that required by the plan.
- d. Inspections. The owner or operator shall perform inspections in accordance with written procedures in the operations and maintenance plan for each capture system and control device that are consistent with the manufacturer's, engineer's, or operator's instructions for each system and device.
- e. Plan development and revisions.
  - i. The owner or operator shall develop and keep current the plan required by this Section. Any plan or plan revision shall be consistent with this Section, shall be designed to ensure that the capture and control system performance conforms to the attainment demonstration in the State Implementation Plan Revision: 2024 Hayden Lead (Pb) Nonattainment Area for 2008 Pb NAAQS, and shall be submitted to the Department for review. Any plan or plan revision submitted shall include the associated manufacturer's, engineer's or operator's recommendations and/or instructions used for capture system and control device operations and maintenance.
  - ii. The owner or operator shall submit the initial plan to the Department no later than May 1, 2018 and shall include the initial volumetric flow monitoring provisions in subsection (D)(2)(a), the initial operational limits in subsection (D)(2)(b), the preventative maintenance procedures in subsection (D)(2)(c), and the inspection procedures in subsection (D)(2)(d).
  - iii. The owner or operator shall submit to the Department for approval a plan revision with changes, if any, to the initial volumetric flow monitoring provisions in subsection (D)(2)(a) and initial operational limits in subsection (D)(2)(b) not later than six months after completing a fugitive emissions study conducted in accordance with Appendix 14. The Department shall submit the approved changes to the volumetric flow monitoring provisions and operational limits pursuant to this subsection to EPA Region IX as a SIP revision not later than 12 months after completion of a fugitive emissions study.
  - iv. Other plan revisions may be submitted at any time when necessary. All plans and plan revisions shall be designed to achieve operation of the capture system and/or control device consistent with the attainment demonstration in the State Implementation Plan Revision: 2024 Hayden Lead (Pb) Nonattainment Area for 2008 Pb NAAQS. Except for changes to the volumetric flow monitoring provisions in subsection (D)(2)(a) and operational limits in subsection (D)(2)(b), which shall require prior approval, plans and plan revisions may be implemented upon submittal and shall remain in effect until superseded or until disapproved by the Department. Disapprovals are appealable Department actions.

## 3. Flash Furnace Area Capture Improvements.

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- a. The owner or operator shall install additional hooding and interceptor walls (the "Uptake Improvement System") to improve the capture of fugitive emissions from the flash furnace area, matte tapping and slag skimming areas, route them to the existing converter secondary hood baghouse for fabric filter and high surface area lime injection control, and then to the annulus of the main stack.
- b. The Uptake Improvement System shall have a design evacuation rate of 50,000 to 60,000 ACFM hourly average and shall operate when the flash furnace is in operation except for brief periods when slag is being returned to the flash furnace using the slag launder return. At those times, the ventilation for this system shall be switched to the slag return capture system and then switched back automatically to the Uptake Improvement System at the conclusion of the slag return cycle.
- c. Establishment of Operational Ranges.
  - i. The owner or operator shall establish a range of damper positions based upon the secondary hood baghouse flow monitor that provides reasonable assurance that the Uptake Improvement System exhaust flow is within the design range specified in subsection (D)(3)(b). The ranges shall be established and verified by a stack test no later than 180 days after smelter restart and may be revised thereafter in the same fashion. The proposed ranges, stack test verifying evacuation rates compliant with subsection (D)(3)(b) and proposed revision to Table 1 shall be submitted to the Department within 45 days of the stack test. If the Director concurs that the proposed damper position ranges assure an exhaust flow compliant with subsection (D)(3)(b), the Director shall issue a revised Table 1 reflecting the new damper position range. Thereafter, the owner or operator shall comply with the approved Table 1 range. Until the first submittal is approved, the owner or operator shall use ranges specified by the air pollution control designer. The current ranges can be found in Table 1 of the attachment labeled "Hayden Smelter Site-Specific SIP Requirements," to the current Class I permit.
  - ii. The owner or operator shall establish a timed interlock on the slag return launder such that when slag is returned to the flash furnace the ventilation air from the Uptake Improvement System is switched to the slag return capture system for a defined period of not less than five minutes nor more than 10 minutes and then returns to the Uptake Improvement System automatically. The owner or operator shall optimize the period within the five to 10-minute range during the initial 60-day optimization period by observation and analysis and thereafter as necessary. The first analysis, proposed time period, and proposed revisions to Table 2 shall be submitted no later than 75 days after smelter restart. The Director shall approve any period that falls within both the five to 10-minute range and a range between the mean and mean plus one standard deviation of observed slag return durations. If the Director concurs that the proposed range meets these requirements, the Director shall issue a revised Table 2. All analyses shall be submitted and approved by the Director. Until the first report is approved, the owner or operator shall use ranges specified by the air pollution control designer. The current ranges are specified in Table 2 of the attachment labeled "Hayden Smelter Site-Specific SIP Requirements" to the current Class I permit.
- d. Operational requirements.
  - i. The owner or operator shall operate the Uptake Improvement/Laundry Return combined damper in accordance with the approved Table 1 range or ranges at all times the flash furnace is operating and at all times matte tapping, slag skimming or slag returning is occurring.
  - ii. The owner or operator shall operate the timed interlock in accordance with the approved Table 2 value. Operators shall trigger the interlock prior to starting slag return and may trigger the timed interlock again if slag is still returning at the end of the interlock cycle to minimize emissions.
  - iii. The owner or operator shall inspect the Uptake Improvement System during each scheduled maintenance downturn to ensure that the hooding and walls are in proper position and that there are no visible accretions of material in the mouth of the hooding that would preclude efficient operation. The owner or operator shall quarterly, evaluate the damper controlling air between the Uptake Improvement System and the slag return capture system to ensure it is operating properly. Records of these inspections shall be maintained for five years.
4. Converter and Material Transfer Area Capture Improvements.
  - a. The owner or operator shall install a hood and interceptor walls (the "Fuming Ladle Capture System") to provide a system for the capture of fugitive emissions from fuming ladles in the converter aisle and material transfer areas, route them to the existing converter secondary hood baghouse for fabric filter and high surface area lime injection control, and then to the annulus of the main stack.
  - b. The Fuming Ladle Capture System shall have a design evacuation rate of 40,000 to 50,000 ACFM when a ladle is present within the hooded area. The capture system shall run until the ladle is removed or for at least 20 minutes after the ladle is placed in the containment. Fuming ladles shall not be removed from the fuming Ladle Capture System containment unless transported directly to the tunnel or within the capture area of a secondary hood.
  - c. The owner or operator shall, whenever a fuming ladle is detected, promptly move the fuming ladle into the Fuming Ladle Capture System, the tunnel or within the capture area of a secondary hood.
    - i. The owner or operator shall develop training for its employees responsible for ladle movement on identification of fuming ladles. The training shall be developed within 60 days of

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- smelter restart. Existing employees shall be trained within 90 days of smelter restart and any new employees shall be trained before working ladle operations unsupervised by a trained operator. Employees shall be retrained once every five years. Training records for the operators shall be kept for five years. The training and records shall be available for inspections.
- ii. The training program curriculum required for subsection (D)(4)(b)(i) above shall include:
    - (1) Identification of fuming ladles, including oral description from experienced operators, written descriptions and, after smelter restart, photographs and video of fuming and nonfuming ladles;
    - (2) Procedures on observing ladles to determine when they are fuming;
    - (3) Instruction on when marginal ladles may be moved to the matte tunnels or a secondary hood for control and when they should be moved to the Fuming Ladle Capture System (FLCS);
    - (4) Prompt movement of ladles to, placement in, and operation of the FLCS;
    - (5) When and how ladles may be removed from the FLCS;
    - (6) Steps to take if a ladle remains fuming after initial time out of the FLCS; and
    - (7) Procedures for additional scrutiny of first slag and shell out ladles.
  - iii. The owner or operator shall submit the curriculum required under subsection (D)(4)(b)(ii) above and any written and photographic/video training materials to the Department within 10 days of development of the curriculum and thereafter shall provide the curriculum and materials to inspectors upon request.
  - iv. The owner or operator shall keep a log of the occurrences of fuming ladle events. The log shall include the date of the event, duration of the event, severity of the fuming ladle, and the time elapsed between identification of the fuming ladle and the operator moving the fuming ladle into the Fuming Ladle Capture System, within a secondary hood or into the matte tunnel.
  - v. Training records for the operators shall be kept for five years. The training and records shall be available for inspection.
  - d. The owner or operator shall conduct an initial flow test within 180 days of smelter restart to verify that the system achieves the design flow. The results of this flow test shall be reported to the Department within 45 days of completion of the test.
  - e. The owner or operator shall inspect the Fuming Ladle Capture System during each scheduled maintenance downturn to ensure that it is actuating properly, that the hoods and walls are in proper position, and there are no visible accretions of material in the mouth of the hood that would preclude efficient operation. Records of these inspections shall be maintained for five years.
5. Anode Furnace Secondary Hood Capture Control System.
    - a. The owner or operator shall install secondary hoods around each of the anode furnaces to improve the capture of fugitive emissions from the anode furnaces during charging, holding and processing, route the emissions to a new anode secondary hood baghouse for fabric filter control, and then to the annulus of the main stack. This is the Anode Secondary Hood system.
    - b. The Anode Secondary Hood System.
      - i. The Anode Secondary Hood System shall have an overall design evacuation rate for the total system of 150,000 ACFM hourly average.
      - ii. The anode secondary hood baghouse shall have a maximum design particulate matter emission rate of 0.002 gr/scf.
      - iii. Each secondary hood shall be equipped with dampers that can close completely and operate with a range from 20 to 100 percent to modulate flows to the individual anode furnace.
      - iv. The Anode Secondary Hood System shall be operated to achieve balanced flows ( $\pm 15$  percent) on the two operating anode furnaces when neither are charging. When one anode furnace is charging, the Anode Secondary Hood System shall be balanced so that the charging furnace achieves a minimum of 100,000 ACFM and the other operating furnace gets the balance.
    - c. The owner or operator shall establish a range of damper positions and total flow conditions based upon the anode secondary hood baghouse flow monitor that provides reasonable assurance that the Anode Secondary Hood system exhaust flow is within the design range. These ranges and flow conditions shall be verified during a performance test within 180 days of smelter restart and may be revised thereafter in the same fashion. The proposed ranges and flow conditions, stack test verifying evacuation rates compliant with subsection (D)(5)(b)(iii) and subsection (D)(5)(b)(iv) and proposed revision to Table 3 shall be submitted to the Department within 45 days of the stack test. If the Director concurs that the proposed damper position and flow ranges assure an exhaust flow compliant with subsection (D)(5)(b)(iii) and subsection (D)(5)(b)(iv), the Director shall issue a revised Table 3 reflecting the new approved Table 3 ranges. Until the first performance test, the owner or operator shall use ranges specified by the air pollution control designer. The current flows shall be specified in Table 3. Damper positions shall be logged and the logs kept for five years.
    - d. Operational requirements.
      - i. The owner or operator shall operate the Anode Secondary Hoods in accordance with the approved Table 3 range or ranges at all times the anode furnaces are operating.
      - ii. The owner or operator shall inspect the Anode Secondary Hood System during which scheduled maintenance down turn to ensure that the dampers are working properly, the hoods and walls are in proper position and that there are no visible accretions of material in the mouth of

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the hoods that would preclude efficient operation. Records of these inspections shall be maintained for five years.

6. Emissions from the anode furnace baghouse stack shall be routed to the Main Stack.
- E. Performance Test Requirements.
  1. Main stack performance tests. No later than 180 calendar days after smelter restart, the owner or operator shall conduct initial performance tests on the following:
    - a. The gas stream exiting the anode furnaces baghouse prior to mixing with other gas streams routed to the Main Stack.
    - b. The gas stream exiting the acid plant at a location prior to mixing with other gas streams routed to the Main Stack.
    - c. The gas stream exiting the converter secondary baghouse at a location prior to mixing with other gas streams routed to the Main Stack.
    - d. The gas stream collected by the tertiary hooding at a location prior to mixing with other gas streams routed to the Main Stack.
    - e. The gas stream exiting the vent gas baghouse at a location prior to mixing with other gas streams routed to the Main Stack.
    - f. The gas stream exiting the anode secondary hood baghouse at a location prior to mixing with the other gas streams routed to the Main Stack.
  2. Subsequent performance tests on the gas streams specified in subsection (E)(1) shall be conducted at least annually.
  3. Performance tests shall be conducted under such conditions as the Department specifies to the owner or operator based on representative performance of the affected sources and in accordance with 40 CFR 60, Appendix A, Reference Method 29.
  4. At least 30 calendar days prior to conducting a performance test pursuant to subsections (E)(1) and (E)(2), the owner or operator shall submit a test plan, in accordance with R18-2-312(B) and the Arizona Testing Manual, to the Department for approval. The test plan must include the following:
    - a. Test duration;
    - b. Test location or locations;
    - c. Test method or methods, including those for test method performance audits conducted in accordance with subsection (E)(6); and
    - d. Source operation and other parameters that may affect the test result.
  5. The owner or operator may use alternative or equivalent performance test methods as defined in 40 CFR § 60.2 when approved by the Department and EPA Region IX, as applicable, prior to the test.
  6. The owner or operator shall include a test method performance audit during every performance test in accordance with 40 CFR § 60.8(g).
  7. The owner or operator shall evaluate opacity at the time of each performance test. The opacity evaluation shall evaluate both the opacity at the roofline monitor and note the opacity exiting from the walls or other openings but shall not include dust entrained from vehicles passing through an entryway. The opacity evaluation of the flash furnace building and anode aisle shall be conducted in accordance with 40 CFR 60.13 and the opacity evaluation of the converter aisle shall be conducted in accordance

with 40 CFR 63.1450(c). If complying with 40 CFR Part 63, Subpart QQQ, then testing to demonstrate compliance with that standard shall satisfy this requirement for the converter aisle.

- F. Monitoring Requirements.
  1. The owner or operator shall install, calibrate, maintain and operate a monitoring device that continuously records the volumetric flow rate, or alternative parameter that has a direct relationship to volumetric flow rate such as pressure drop (delta P), if approved by the Department, at a representative point in the anode secondary hood system, fuming ladle control system and uptake improvement hood system.
  2. If the owner or operator seeks an alternative to a volumetric flow monitor, the owner or operator shall submit a proposal to the Department for review and approval. The proposal shall include the following:
    - a. Identification of the parameter or parameters to be monitored in lieu of volumetric flow rate;
    - b. Identification of the location in the hooding system where such monitors would be placed and how such location will give appropriate and representative measurements in accordance with good engineering practices;
    - c. A detailed explanation, including sample calculations, of how such parameters or a parameter has a direct relationship to volumetric flow rate in the hooding system and how such parameter or parameters will ensure proper operation in accordance with design at all times, including detecting any degraded performance over time; and
    - d. Proposed limit or limits including sample calculations, for the selected parameters that would be an enforceable demonstration of acceptable performance. Upon the Department's approval within 180 days of the effective date in subsection (A)(2), this limit shall take effect and be enforceable thereafter until changed in accordance with this subsection.
  3. The owner or operator shall monitor the pressure drop across the anode secondary hood baghouse.
  4. The owner or operator shall monitor the damper positions for the Uptake Improvement System and Fuming Ladle Control System at all times.
  5. The owner or operator shall install, certify, calibrate, maintain and operate PM continuous emission monitoring systems (CEMS) at the locations specified in subsection (F)(1) according to EPA Performance Specification 11 in 40 CFR Part 60, Appendix B (PS-11) and the quality assurance requirements of Procedure 2 in 40 CFR Part 60, Appendix F and in accordance with the requirements of the following subsections.
    - a. No later than 180 days after the effective date of this rule, the owner or operator shall submit to the Department for review and approval a proposed Installation, Certification, and Quality Assurance/Quality Control (Installation, Certification, and QA/QC) Protocol, developed in consultation with the PM CEMS vendor or vendors, for the PM CEMS required on the anode secondary hood baghouse in subsection (F)(4).
    - b. The Installation, Certification, and QA/QC Protocol shall include a schedule and specifically describe a proposed testing plan that is designed to maximize the likelihood of successful certification of the PM

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CEMS. If certification is not approved, then the owner or operator shall consult with the PM CEMS vendor and the Department. Within 60 days of completion of the PS-11 testing (including receipt of the results) that was conducted pursuant to the original Installation, Certification, and QA/QC Protocol for that PM CEMS, the owner or operator shall submit a revised Installation, Certification, and QA/QC Protocol for that PM CEMS to the Department and the EPA for review and approval.

- c. Each PM CEMS shall include a continuous particle mass monitor to measure and record PM concentration, directly or indirectly, and gas stream flow rates on an hourly average basis.
- d. The owner or operator shall maintain, in an electronic database, the hourly average emission values of all PM CEMS in milligrams per dry standard cubic meter (mg/dscm) and pounds per hour (lbs/hr).
- e. In the event that no PM CEMS is successfully certified after the first round of testing, the owner or operator shall, within 90 days of certification failure, submit an updated Installation, Certification and QA/QC Protocol to EPA and the Department for review and approval. Upon completion of the second round of PS-11 testing (including receipt of the results), if the PM CEMS fails to certify, the owner or operator shall submit an alternative PM monitoring plan for such gas streams or stream for review and approval by the EPA and the Department. The alternative monitoring plan shall propose a methodology for using data from the PM CEMS as a continuous parametric monitoring system (CPMS) and stack performance test to ensure continuous compliance with operational limits in (D)(5). Upon approval by the EPA and Department, the owner or operator shall continuously operate the PM CEMS as a CPMS.
- f. The owner or operator shall use reasonable efforts to keep each PM CEMS running and producing data whenever any gas at that location is being exhausted to the atmosphere. If operation of the PM CEMS cannot be maintained for a minimum of 12 months, the owner or operator may submit a demonstration to the Department and EPA that identifies the cause or causes of and explanation or explanations why the PM CEMS is infeasible to operate. The demonstration shall include an alternative PM monitoring plan for review and approval by the Department and the EPA. Operation of the PM CEMS shall be considered infeasible if:
  - i. The PM CEMS cannot be kept in working condition for sufficient periods of time to produce reliable, adequate, or useful data consistent with the Quality Assurance/Quality Control protocol (including, without limitation, PS-11 and Procedure 2); or
  - ii. Recurring, chronic, or unusual equipment adjustment, servicing, or replacement needs in relation to other types of continuous emission monitors cannot be resolved through reasonable expenditures of resources. If the Department and the EPA approve the owner or operator's demonstration that it is infeasible to continue operating a PM CEMS, the owner or

operator shall be entitled to discontinue operation of and remove the PM CEMS. At that point, the owner or operator shall comply with the approved alternative PM monitoring plan. The Department's and the EPA's disapproval of the owner or operator's demonstration or alternative monitoring plan shall constitute and appealable agency action.

6. The owner or operator shall complete two fugitive emissions studies as required by Appendix 14.
  - a. The studies shall be completed according to the updated Fugitive Emissions Study Protocol submitted to the EPA on January 20, 2017 and approved by the EPA on May 31, 2017. The owner or operator may submit modifications to the protocol six months prior to each study for EPA approval and Department comment. Upon EPA approval, the modified protocol shall take effect.
  - b. The first fugitive study shall commence no later than six months after smelter restart or three months after EPA approval of a modified protocol. The owner or operator shall complete 12 months of monitoring and submit a report to the Department and EPA no later than three months after the conclusion of the study. The study shall evaluate the effectiveness of MiniVol samplers in providing high quality, replicable data; compare the MiniVol sampler data to estimates derived from lb/ton emission factors or other process parameters or surrogates; evaluate the accuracy and cost effectiveness of various monitoring approaches; and recommend either a new lb/ton concentrate emission factor or a SIP revision to incorporate an improved monitoring methodology. If the study concludes that the lb/ton concentrate emission factor should be retained, the owner or operator shall submit a justification for why an improved monitoring methodology (e.g., MiniVols) is not feasible and a justification for the selected lb/ton concentrate factor and how it may be revised to maintain accuracy representativeness. If the study concludes that a new methodology should be proposed, the owner or operator shall submit a petition to the Department to revise the SIP within 90 days after submitting the report unless either EPA or the Department provides comments upon the report, in which case the deadline is 60 days after the receipt of the final comments but no earlier than 90 days after the report submittal.
  - c. The second fugitive study shall be commenced within the same calendar quarter, but five years after, the date of commencement of the first study or three months after EPA approval of the protocol, if later, and shall run for 12 months. The second fugitive study shall evaluate whether the monitoring methodology remains appropriate. The owner or operator shall submit a report to EPA and the Department on the adequacy of the monitoring methodology within 90 days after completion of the fugitive monitoring. Based upon the study results, the owner or operator may petition the Department for a SIP revision. The Department or EPA may require the owner or operator to submit a revised monitoring methodology if, based upon the second fugitive study or other credible evidence, the then-current methodology underestimates emissions by

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15 percent or more or overestimates emissions by 20 percent or more.

**G. Compliance Demonstration Requirements.**

1. For purposes of determining compliance with the Main Stack emission limit in subsection (C)(1), the owner or operator shall calculate the combined lead emissions in pounds per hour from the gas streams identified in subsection (E)(1) based on the most recent performance tests conducted in accordance with subsection (E). Continuous compliance with the emission limit in subsection (C)(1) is demonstrated if the most recent performance test under (E)(1) was 0.683 lbs/hr or less.
2. The owner or operator shall determine compliance with the requirements in subsection (D)(2) as follows:
  - a. By maintaining and operating the emissions capture and control equipment in accordance with the capture system and control device operations and maintenance plan required in subsection (D)(2) and recording operating parameters for capture and control equipment as required in subsection (D)(2)(b); and
  - b. By conducting a fugitive emissions study in accordance with Appendix 14 starting not later than six months after smelter restart or three months after EPA approval of a modified protocol. The fugitive emissions study shall demonstrate, as set forth in Appendix 14, that fugitive emissions from the smelter are consistent with estimates used in the attainment demonstration in the State Implementation Plan Revision: 2024 Hayden Lead (Pb) Nonattainment Area for 2008 Pb NAAQS.
3. The owner or operator shall include periods of startup, shutdown, malfunction, or other upset conditions when determining compliance with the emission limit in subsection (C).
4. Proper operation of the control and capture system shall be verified as follows:
  - a. For each outlet identified in subsection (E)(1) that is equipped with a certified PM CEMS, a 30-day average of PM CEMS mg/dscm shall be calculated based on the average of all valid hour data during the prior 30 operating days for each outlet and then across all outlets on a flow-weighted basis using the following equation:

$$E = \frac{\left( \sum_{i=1}^n C_i \times VF_i \right)}{\sum_{i=1}^n VF_i}$$

Where:

- E = Main stack concentration PM, mg/dscm.  
 i = ith certified PM CEMS identified in (G)(1).  
 n = number of certified PM CEMS covered by (G)(1).  
 C = 30-day average of PM CEMS i, mg/dscm.  
 VF1 = 30-day average of volumetric flow measured at PM CEMS i, dscm.
- b. For each outlet identified in subsection (E)(1) that is not equipped with a certified PM CEMS, a 30-day average of the continuous parametric data shall be calculated based on the approved alternative monitoring rate.
  - c. Proper operation of the control and capture system is verified if “E” in subsection (G)(4)(a) is 23 mg/dscm

or less, and any outlet subject to an approved alternative monitoring plan is in compliance.

5. The owner or operator shall demonstrate compliance with the process fugitive limit in subsection (D)(5)(f):
  - a. By demonstrating that all work practice standards set forth in subsections (D)(5), (F)(1), (F)(2), and (F)(3) are being met with no more than a three-hour consecutive period out of manufacturer’s specification before the underlying process unit was shut down or idled; and
  - b. Until the fugitive study required under subsection (F)(5) is completed, by the fifth working day of each month, the owner or operator shall calculate rates of process fugitive lead emissions by multiplying the tons of concentrate processed through the flash furnaces during the three prior calendar months by 0.0018 lb lead/ton of concentrate and then dividing that value by the number of operating hours during the same three calendar months, where an operating is defined as 24 hours for each operating day as defined in R18-2-B1302(B)(2) less any maintenance downturn hours during an operating day in that month, with compliance demonstrated if the calculated value is 0.326 lb/hr or less. The lb/ton concentrate factor provisions in (G)(5) shall remain in effect until a SIP revision replacing them is approved, as modified by subsection (G)(5)(c).
  - c. After the fugitive emissions studies described in subsection (F)(5) are completed, by the fifth working day of each month, the owner or operator shall calculate rates of process fugitive lead emissions by multiplying the tons of concentrate processed during the three prior calendar months by the factor for lead that is developed in the most recent fugitive study and then dividing that value by the number of operating hours, as defined in subsection (F)(5), in the same three calendar months to calculate an average pound/hour with compliance demonstrated if the calculated value is 0.326 lb/hr or less.
- H. Recordkeeping.** The owner or operator shall maintain the following records for at least five years and keep on-site for at least two years:
  1. All records as specified in the operations and maintenance plan required under subsection (D).
  2. All records of major maintenance activities and inspections conducted on emission units, capture systems, monitoring devices, and air pollution control equipment, including those set forth in the operations and maintenance plan required by subsection (D).
  3. All records of performance tests, test plans, and audits required by subsection (E).
  4. The output of the PM CEMS and 30-day flow weighted average value required by subsection (D)(3).
  5. All records of compliance calculations required by subsection (G).
  6. All records of fugitive emission studies and study protocols conducted in accordance with Appendix 14.
  7. All records of the occurrence and duration of any startup, shutdown, or malfunction in the operation of concentrate drying, smelting, converting, anode refining, and casting emission units; and any malfunction of the associated air pollution control equipment that is inoperative or not operating correctly.



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8. All records of reports and notifications required by subsection (I).
  9. Records of the fugitive studies and their supporting data required by (F)(5), in accordance with Appendix 14.
  10. Records of daily concentrate processed and operating hours and the corresponding calculation of 90-day average fugitive lead emissions required by (G)(5).
- I. Reporting.** The owner or operator shall provide the following to the Department:
1. Notification of commencement of construction of any equipment necessary to comply with the operational or emission limits.
  2. Semiannual progress reports on construction of any such equipment postmarked by July 30 for the preceding January-June period and January 30 for the preceding July-December period.
  3. Notification of initial startup of any such equipment within 15 business days of such startup.
  4. Whenever the owner or operator becomes aware of any exceedance of the emission limit set forth in subsection (C), the owner or operator shall notify the Department orally or by electronic or facsimile transmission as soon as practicable, but no later than two business days after the owner or operator first knew of the exceedance.
  5. Within 30 days after the end of each calendar-year quarter, the owner or operator shall submit a quarterly report to the Department for the preceding quarter that shall include dates, times, and descriptions of deviations when the owner or operator operated smelting processes and related control equipment in a manner inconsistent with the operations and maintenance plan required by subsection (D)(2).
  6. Reports from performance testing conducted pursuant to subsection (E) shall be submitted to the Department within 60 calendar days of completion of the performance test. The reports shall be submitted in accordance with the Arizona Testing Manual and A.A.C. R18-2-312(A).
  7. The owner or operator shall submit reports to the Department providing the results of the fugitive studies required in subsection (F)(5) within six months of completion of each study.
  8. The owner or operator shall submit quarterly, by 30 days after the end of each calendar quarter, a summary report showing the date, time and magnitude of any exceedance of the PM CEMS (or approved alternative monitoring system) calculated in accordance with subsection (G)(4) and any exceedance of the fugitive parameters calculation in accordance with subsection (G)(5).
  9. The owner or operator shall submit a report to the Department showing that contingency measures required in subsection (J) were implemented within 90 days of receipt of notice from the Department or EPA Region 9 that the requirement for implementing the contingency measures is triggered.

**Historical Note**

New Section R18-2-B1301 made by final rulemaking at 23 A.A.R. 767, effective on the earlier of July 1, 2018, or 180 calendar days after completion of all Converter Retrofit Project improvements authorized by Significant Permit Revision No. 60647 (Supp. 17-1). Amended by final rulemaking at 32 A.A.R. 93 (January 2, 2026), effective February 7, 2026 (Supp. 25-4).

**the Hayden Smelter**

- A. Applicability.**
1. This Section applies to the owner or operator of the Hayden Smelter.
  2. Effective Date. Except as otherwise provided, the requirements of this Section shall become applicable on December 1, 2018.
- B. Definitions.** In addition to definitions contained in R18-2-101 and R18-2-B1301, the following definitions apply to this Section:
1. "Acid plant scrubber blowdown drying system" means the process in which Venturi scrubber blowdown solids are dried and packaged via a thickener, filter press, electric dryer, and supersack filling stations.
  2. "Control measure" means a piece of equipment used, or actions taken, to minimize lead-bearing fugitive dust emissions that would otherwise be released to the atmosphere. Control equipment may include, but are not limited to, wind fences, chemical dust suppressants, and water sprayers. Actions may include, but are not limited to, relocating sources, curtailing operations, or ceasing operations.
  3. "Hayden Lead Nonattainment Area" means the townships in Gila and Pinal Counties, as identified and codified in 40 CFR § 81.303, that are designated nonattainment for the 2008 Lead National Ambient Air Quality Standards.
  4. "High wind event" means any period of time beginning when the average wind speed, as measured at a meteorological station maintained by the owner or operator that is approved by the Department, is greater than or equal to 15 mph over a 15 minute period, and ending when the average wind speed, as measured at the approved meteorological station maintained by the owner or operator, falls below 15 mph over a 15 minute period.
  5. "Lead-bearing fugitive dust" means uncaptured and/or uncontrolled particulate matter containing lead that is entrained in the ambient air and is caused by activities, including, but not limited to, the movement of soil, vehicles, equipment, and wind.
  6. "Material pile" means material, including concentrate, uncrushed reverts, crushed reverts, and bedding material, that is stored in a pile outside a building or warehouse and is capable of producing lead-bearing fugitive dust.
  7. "Non-smelting process sources" means sources of lead-bearing fugitive dust that are not part of the hot metal process, which includes smelting in the INCO flash furnace, converting, and anode refining and casting. Non-smelting process sources include storage, handling, and unloading of concentrate, uncrushed reverts, crushed reverts, and bedding material; acid plant scrubber blowdown solids; and paved and unpaved roads.
  8. "Ongoing visible emissions" means observed emissions to the outside air that are not brief in duration.
  9. "Road" means any surface on which vehicles pass for the purpose of carrying people or materials from one place to another in the normal course of business at the Hayden Smelter.
  10. "Slag" means the inorganic molten material that is formed during the smelting process and has a lower specific gravity than copper-bearing matte.
  11. "Slag hauler" means any vehicle used to transport molten slag.

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12. "Storage and handling" means all activities associated with the handling and storage of materials that take place at the Hayden Smelter, including, but not limited to, stockpiling, transport on conveyor belts, transport or storage in rail cars, crushing and milling, arrival and handling of offsite concentrate, bedding, and handling of reverts.
13. "Trackout/carry-out" means any materials that adhere to and agglomerate on the surfaces of motor vehicles, haul trucks, and/or equipment (including tires) and that may then fall onto the road.

## C. Operational Standards.

1. Equipment operations. At all times, the owner or operator shall operate and maintain all non-smelting process sources, including all associated air pollution control equipment, control measures, and monitoring equipment, in a manner consistent with good air pollution control practices for minimizing lead-bearing fugitive dust, and in accordance with the fugitive dust plan required by subsection (C)(2) and performance and housekeeping requirements in subsection (D). A determination of whether acceptable operating and maintenance procedures are being used shall be based on all available information to the Department and EPA Region IX, which may include, but is not limited to, monitoring results, review of operating and maintenance procedures and records, review of fugitive dust plans, and inspection of the relevant equipment.
2. Fugitive dust plan. The owner or operator shall develop, implement, and follow a fugitive dust plan that is designed to minimize lead-bearing fugitive dust from non-smelting process sources. At minimum, the fugitive dust plan shall contain the following:
  - a. Performance and housekeeping requirements in subsection (D).
  - b. Design plans and specifications for each wind fence to be installed to control lead-bearing fugitive dust from non-smelting process sources identified in subsections (D)(11) through (D)(14). The dust plan shall contain height limits for the materials being stored in each wind fence, consistent with the design plans and specifications for that particular wind fence. Wind fence design and specifications shall:
    - i. Require full encircling of the source to be controlled, with reasonable and sufficient openings for ingress and egress;
    - ii. Consider the orientation of the wind fence to the prevailing winds;
    - iii. Consider the strength of the winds in the area where the fence will be located;
    - iv. Consider the porosity of the material to be used, which shall not exceed 50 percent; and
    - v. Consider the height of the fence relative to the height of the material being stored. At minimum, wind fence height shall be greater than or equal to the material pile height.
  - c. Design plans and specifications for each new or modified water sprayer system used to control lead-bearing fugitive dust from non-smelting process sources specified in subsections (D)(11) through (D)(14). The number, type, location, watering intensity, flow rates, and other operational parameters of the water sprayers must meet moisture content objectives for sources specified in subsections (D)(11) through (D)(14). The owner or operator may

include in the dust plan an exemption to the water requirements at times when the materials are sufficiently moist or it is raining and thus there is no need for additional wetting until the next scheduled watering to meet moisture content objectives. The dust plan shall include the following for each water sprayer:

- i. Watering schedule;
  - ii. Watering intensity;
  - iii. Minimum flow rate or pressure drop;
  - iv. Appropriate and/or continuous monitoring;
  - v. Schedule for calibration based on the manufacturer's recommended calibration schedule;
  - vi. Preventative maintenance schedule; and
  - vii. Other applicable operational parameters.
- d. Necessary improvements and/or modifications to material conveyor systems, along with a schedule for implementing improvements or modifications, targeted to minimize lead-bearing fugitive dust from non-smelting process sources specified in subsections (D)(11) through (D)(14), as applicable, to the greatest extent practicable. The improvements or modifications may include, but is not limited to, hooding of transfer points, utilizing water sprayers, and employing scrapers, brushes, or cleaning systems at all points where belts loop around themselves to catch and contain material before it falls to the ground.
  - e. Design plans for the concrete pads for the non-smelting process sources specified in subsections (D)(11) and (D)(13). The concrete pads shall be designed to capture, store, and control stormwater or sprayed water to minimize emissions to the greatest extent practicable, including curbing around the outer edges of the concrete pad where feasible.
  - f. Additional controls and measures for sources specified in subsections (D)(11) through (D)(14) to be implemented during high wind events. These additional controls or measures, which must include curtailment or other alteration of activity when appropriate, must be implemented at these sources during all periods of high wind.
  - g. Sample inspection sheets, checklists, or logsheets for each of the inspections identified in subsection (D)(6), and in accordance with the following:
    - i. The inspection sheets or checklists shall include:
      - (1) Specific descriptions of the equipment being inspected and the specific functions being evaluated;
      - (2) The findings of the inspection;
      - (3) The date, time, and location of inspections; and
      - (4) An identification of who performed the inspection or logged the results.
    - ii. The logsheets for high wind events shall include:
      - (1) High wind event start time;
      - (2) High wind event end time;
      - (3) Description of area or activity inspected; and
      - (4) Description of corrective action taken if necessary.

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- h. Design plans of the new acid plant scrubber blow-down drying system specified in subsection (D)(15).
  - i. The name and location of the meteorological station, which must be approved by the Department, that is to be used by the owner or operator for determining high wind events pursuant to subsection (B)(4) and for implementing control requirements pursuant to subsection (D)(5).
- 3. Plan development and revisions. The owner or operator shall develop and keep current the fugitive dust plan required by subsection (C)(2). Any plan or plan revision shall be consistent with this Section and shall be submitted to the Department for review. The initial plan shall be submitted to the Department for review no later than May 1, 2017. Plans and plan revisions shall be consistent with good air pollution control practice for fugitive dust. Except for the meteorological station to be used for high wind events pursuant to subsection (D)(5), which shall require prior approval, plans and plan revisions may be implemented upon submittal and shall remain in effect until superseded or until disapproved by the Department. Disapprovals are appealable Department actions.
- D. Performance and Housekeeping Requirements.** The owner or operator shall comply with these requirements at all times regardless of a fugitive dust plan.
  - 1. Water sprayers. The owner or operator shall implement a recordkeeping system to capture sprayer operations, including identification of the particular operation, lead-bearing fugitive dust source, timing and intensity of watering, and data regarding the quantity of water used at each water sprayer.
  - 2. Wind fences. The owner or operator shall ensure that wind fences used to control lead-bearing fugitive dust from the non-smelting process sources specified in subsections (D)(11) through (D)(14) meet the following requirements:
    - a. Wind fence height shall be greater than or equal to the material pile height. The allowed material pile height shall be posted in a readily visible location at each wind fence.
    - b. Wind fence porosity shall not exceed 50 percent.
  - 3. Material conveyor systems. For sources specified in subsections (D)(11) through (D)(14), as applicable, the owner or operator shall:
    - a. Minimize conveyor drop heights to the greatest extent practicable.
    - b. Clean any spills from conveyors within 30 minutes of discovery. The material collected must be handled in such a way so as to minimize lead-bearing fugitive dust to the maximum extent practicable.
  - 4. Vehicle transport of materials. The owner or operator shall maintain vehicle cargo compartments used to transport materials capable of producing lead-bearing fugitive dust so that the cargo compartment is free of holes or other openings and is covered by a tarp.
  - 5. High wind event requirements.
    - a. During high wind events, the owner or operator shall evaluate the non-smelting process sources specified in subsections (D)(11) through (D)(14) for ongoing visible emissions using the appropriate logsheet for each source.
    - b. If ongoing visible emissions are observed, the owner or operator shall promptly wet the source of emissions with the objective of mitigating further emissions.
  - 6. Physical inspections. The owner or operator shall conduct physical inspections as follows:
    - a. Daily inspections of all water sprayers to make sure they are functioning and are in accordance with the dust plan;
    - b. Daily visual inspections of all material piles to make sure they are maintained within areas protected by a wind fence, that they are not higher than allowed for the wind fence, and to verify that moisture content requirements are met;
    - c. Daily inspections of all material handling areas to identify and clean up track out or spills of materials;
    - d. Daily inspections of conveyor systems to identify and clean up material spills;
    - e. Daily inspections of rumble grates sump levels;
    - f. Daily spot inspections of vehicles carrying lead-bearing fugitive dust-producing materials when vehicles are in use to ensure that material is not overloaded, is properly covered, and cargo compartments are intact;
    - g. Weekly inspections of wind fences for material integrity and structural stability;
    - h. Daily inspections of all paved roads to identify and clean up track out or spills of materials;
    - i. Daily inspections of unpaved roads in subsection (D)(10)(a) to identify areas where chemical dust suppressant coverage has broken down; and
    - j. Bi-weekly inspections of the acid plant scrubber blowdown drying system enclosure.
  - 7. Opacity limit and Method 9 readings.
    - a. Opacity from lead-bearing fugitive dust emissions shall not exceed 20 percent from any part of the facility at any time. Opacity shall be determined by using 40 CFR 60, Appendix A, Reference Method 9, except for unpaved roads, in which opacity shall be determined pursuant to subsection (D)(10)(c).
    - b. In the event that an employee observes ongoing visible emissions at a non-smelting process source covered by this Section, that employee shall promptly contact a Reference Method 9-certified observer, who shall promptly evaluate the emissions and conduct a Reference Method 9 reading, if possible.
    - c. A Reference Method 9-certified observer shall conduct a weekly visible emissions survey of all non-smelting process sources covered by this Section and perform a Reference Method 9 reading for any plumes that on an instantaneous basis appear to exceed 15 percent opacity.
  - 8. Corrective actions.
    - a. At any time that visible emissions from the non-smelting process sources covered by this Section appear to exceed 15 percent opacity, the owner or operator shall take prompt corrective action to identify the source of the emissions and abate such emissions, with the corrective action starting within 30 minutes after discovery. For any non-smelting process source that produces visible emissions that

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- appear to exceed 15 percent opacity, the owner or operator shall perform an analysis of the root cause, and implement a strategy designed to prevent, to the extent feasible, the ongoing recurrence of the source of visible emissions. Within 14 days of completion of its analysis, if appropriate, the owner or operator shall modify the fugitive dust plan in subsection (C)(2) for any changes identified from the analysis differing from the current provisions of the fugitive dust plan.
- b. At any time that the owner or operator becomes aware that provisions of the fugitive dust plan and/or performance and housekeeping provisions required by this Section are not being met, the owner or operator shall take prompt action to return to compliance, which may include modifications to monitoring, recordkeeping, and reporting requirements in the fugitive dust plan. This includes, but is not limited to, the following actions:
    - i. Return water sprayers to full operational status;
    - ii. Repair damaged conveyor hoodings or other enclosures;
    - iii. Apply additional water to ensure that sources are meeting moisture content requirements;
    - iv. Clean any trackout or spillage of dust-producing material, including dropoff of dust producing material from conveyors, using a street sweeper, vacuum, or wet broom with sufficient water and at the speed recommended by the manufacturer;
    - v. Reapplication of chemical dust suppressants in areas where the coating has broken down on unpaved roads; and
    - vi. Revisions to the fugitive dust plan to undertake improved monitoring, recordkeeping, and reporting requirements necessary to ensure that the controls contained in the fugitive dust plan are being implemented as contemplated by the fugitive dust plan.
9. Paved Roads. These requirements apply to all roads at the facility currently paved and roads to be paved in the future. The owner or operator shall:
    - a. Clean roads at least once daily with a sweeper, vacuum, or wet broom in accordance with applicable manufacturer recommendations.
    - b. Maintain the integrity of the road surface.
    - c. Clean up trackout and carry-out of material on the following schedule:
      - i. As expeditiously as practicable, when trackout and carry-out extends a cumulative distance of 50 linear feet or more; and
      - ii. At the end of the workday, for all other trackout and carry-out.
    - d. Comply with a speed limit not to exceed 15 mph for all vehicular traffic. At minimum, speed limit signs shall be posted at all entrances and truck loading and unloading areas and/or at conspicuous areas along the roadway.
  10. Unpaved Roads. These requirements apply to the unpaved roads identified in subsections (D)(10)(a)(i) through (D)(10)(a)(iii) below, including any access points where the unpaved roads adjoin paved roads and any areas of vehicular handling of material. The owner or operator shall:
    - a. Implement a chemical dust suppressant application intensity and schedule, which at minimum shall be:
      - i. For the slag hauler road and all other unpaved roads used or to be used by the slag hauler, chemical dust suppressant shall be applied at least once per week during the summer, and once per every two weeks during the winter.
      - ii. For the main road to the secondary crusher, chemical dust suppressant shall be applied at least once every six weeks, year-round.
      - iii. For unpaved roads near reverts and silica flux crushing operations, chemical dust suppressant shall be applied at least once per two weeks during the summer, and once per month in the winter.
    - b. Increase the frequency of chemical dust suppressant application if necessary to reduce fugitive dust emissions from unpaved roads.
    - c. Not allow visible emissions to exceed 20 percent opacity and shall not allow silt loading equal to or greater than 0.33 oz/ft<sup>2</sup>. However, if silt loading is equal to or greater than 0.33 oz/ft<sup>2</sup>, then the owner or operator shall not allow the average percent silt content to exceed 6 percent. Compliance with these requirements shall be determined by the test methods described in Appendix 15.
    - d. Maintain sufficient watering trucks and personnel to operate such trucks to be employed as an interim measure whenever visible emissions or a breakdown in dust suppressant covering are observed at any point along the treated unpaved road system.
    - e. Immediately, but no later than 30 minutes after initial observation of any visible emissions, apply water or chemical dust suppressant to the portion of the unpaved road where the visible emissions were observed.
    - f. Reapply chemical dust suppressant within 24 hours of discovery of any area where the surface chemical dust suppressant coverage has broken down.
    - g. Collect and prevent from becoming airborne any runoff or material from rinsing or sweeping as soon as practicable.
    - h. Comply with a speed limit not to exceed 15 mph for all vehicular traffic. At minimum, speed limit signs shall be posted at all entrances and truck loading and unloading areas and/or at conspicuous areas along the roadway.
  11. Concentrate Storage, Handling, and Unloading. The owner or operator shall:
    - a. Consolidate and manage all concentrate storage piles in one or more concrete storage pads.
    - b. Store concentrate in an area with a wind fence in accordance with requirements set forth in the fugitive dust plan and pursuant to subsection (D)(2).
    - c. Maintain water sprayers in accordance with requirements set forth in the fugitive dust plan and to ensure the surfaces of concentrate piles are wetted to maintain a nominal 10 percent surface moisture content as determined from representative samples using ASTM Method D2216-10 or other equivalent methods approved by the Department and EPA Region IX.
    - d. Minimize the footprint of the concentrate storage piles by pushing into the stockpile with a front end

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- loader and sweeping open areas of the pads with a self-powered vacuum sweeper at least daily during use.
12. Uncrushed Reverts Handling and Storage. The owner or operator shall:
    - a. Manage uncrushed revert material only in areas protected by a wind fence in accordance with requirements set forth in the fugitive dust plan and pursuant to subsection (D)(2).
    - b. Maintain water sprayers in accordance with requirements set forth in the fugitive dust plan and to ensure the surface of uncrushed revert material is wetted with the objective to minimize lead-bearing fugitive dust emissions to the greatest extent practicable.
  13. Reverts Crushing Operations and Crushed Reverts Storage. The owner or operator shall:
    - a. Crush revert and store crushed revert only on one or more concrete pads.
    - b. Crush revert and store crushed revert only within an area protected by a wind fence in accordance with requirements set forth in the fugitive dust plan and pursuant to subsection (D)(2).
    - c. Maintain water sprayers in accordance with requirements set forth in the fugitive dust plan and to ensure the surfaces of all crushed revert material, including revert managed after it is crushed, is wetted to maintain a nominal 10 percent surface moisture content as determined from representative samples using ASTM Method D2216-10 or other equivalent methods approved by the Department and EPA Region IX.
    - d. By October 2017, relocate all revert crushing operations to 33° 00' 25.84" N, 110° 46' 26.55" W and shall crush revert only at this new location.
  14. Bedding Operations, Including Handling, Storage, and Unloading. The owner or operator shall:
    - a. Perform all bedding activities, including loading and unloading of materials to be blended, only within an area protected by a wind fence in accordance with requirements set forth in the fugitive dust plan and pursuant to subsection (D)(2). These activities include the storage and handling areas for potentially lead-bearing fugitive dust-producing material within the bedding plant area.
    - b. Maintain water sprayers in accordance with requirements set forth in the fugitive dust plan and to ensure the surfaces of material in the bedding area is wetted to maintain a nominal 10 percent surface moisture content as determined from representative samples using ASTM Method D2216-10 or other equivalent methods approved by the Department and EPA Region IX.
    - c. Maintain rumble grates at all of the bedding plant's entrances and exits to shake off material on the loader tires as they enter and exit the area. Material that is tracked out of the bedding area must be cleaned up at the end of the workday.
    - d. Operate its bedding activities in a manner designed to avoid any trackout outside an area protected by a wind fence. Areas of material spillage or trackout, whether inside or outside of an area protected by a wind fence, shall be rinsed or cleaned daily.
  15. Acid Plant Scrubber Blowdown Drying System.
    - a. The owner or operator shall dry acid plant scrubber blowdown solids only in an enclosed system that uses a venturi scrubber, thickener, filter press, and electric dryer that is maintained under negative pressure at all times that materials are being dried.
    - b. The owner or operator shall maintain the negative pressure of the electric dryer using a 2,500 ACFM dryer ventilation fan that must run at all times the electric dryer is operational. Monitoring of the negative pressure shall be demonstrated through the run and stop states of the ventilation fan and electric dryer.
    - c. The acid plant scrubber blowdown drying system shall include the following elements:
      - i. Venturi scrubber slurry that reports to a new thickener.
      - ii. Underflow from the thickener that goes to a filter press for further liquid removal, with the resulting filter cake sent to two electric dryers operating in parallel to provide final drying of the dust cake.
      - iii. Exhaust from the dryers sent to the packed gas cooling tower inlet duct.
      - iv. Dried cake discharged directly into bags.
    - d. The owner or operator shall clean all areas previously used for scrubber blowdown drying and no longer use previous areas for scrubber blowdown drying.
- E. Contingency Requirements.**
1. Contingency measures.
    - a. The owner or operator shall install wind fencing starting west of the filter plant and proceeding around its northern perimeter for an approximate length of 790 feet. The fence shall be at least 20 feet high or greater than or equal to the material pile height at the filter plant, whichever is greater. The allowed material pile height shall be posted in a readily visible location at the wind fence. Wind fence porosity shall not exceed 50 percent.
    - b. The owner or operator shall install a wind fence along the south perimeter road starting at the east end of the former SmithCo processing area and extending for an approximate length of 655 feet. The fence shall be at least 20 feet high or greater than or equal to the material pile height, whichever is greater. The allowed material pile height shall be posted in a readily visible location at the wind fence. Wind fence porosity shall not exceed 50 percent.
    - c. The owner or operator shall install a new perimeter fence on the southwest corner of the property extending from the south entry gateway area toward the chlorinator area and then reconnecting to the existing perimeter at the former SmithCo area. The fence shall be at least six feet high and shall be posted for no trespassing.
    - d. The fencing shall approximate that shown in Figure 4-3 of the State Implementation Plan Revision: 2024 Hayden Lead (Pb) Nonattainment Area for 2008 Pb NAAQS.
  2. Triggers. The owner or operator shall implement the contingency measures set forth in subsection (H)(1) no later than 60 days after receiving notice from the Department or EPA Region 9 that any of the following have occurred:

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- a. Failure to attain the 2008 Pb NAAQS by the January 31, 2027, attainment date.
    - b. Failure to make reasonable further progress (RFP).
  3. The owner or operator shall complete construction of the contingency measures as expeditiously as possible, but no later than 120 to 180 days after initiation.
- F. Ambient Air and Meteorological Monitoring Requirements.
  1. The owner or operator shall conduct ambient air monitoring and sampling for lead as follows:
    - a. At minimum, the owner or operator shall continue to maintain and operate the ambient lead monitors located at ST-14 (the smelter parking lot), ST-23 (Hillcrest area), ST-26 (post office), and ST-18 (next to the concentrate handling area).
    - b. Samples must be collected continuously at all monitor sites specified in subsection (F)(1)(a). For the purposes of this requirement, "continuously" means that 24-hour filters are placed and collected at minimum, every six calendar days at all sites consistent with 40 CFR § 58.12.
    - c. The owner or operator shall follow the Hayden Smelter's Quality Assurance Project Plan (QAPP) applicable to these monitors.
    - d. The monitors must be operated and maintained in accordance with 40 CFR 58, Appendix A.
    - e. The owner or operator shall submit each filter removed from each monitor to a certified laboratory for analysis no later than 18 calendar days after the filter's removal. The owner or operator shall ensure that the laboratory performs its analysis and submits the results to the owner or operator no later than 21 calendar days from the lab's receipt of the filter.
    - f. The owner or operator shall calculate, update, and maintain as a record the following data within 14 calendar days of receipt of any results pertaining to the monitor filters received from a certified lab:
      - i. The total pollutants on the filters collected and analyzed; and
      - ii. Calculations of 30-day rolling average ambient air levels of lead for the ST-23, ST-26, and ST-18 monitors, and 60-day rolling average ambient air levels of lead for the ST-14 monitor, expressed as  $\mu\text{g}/\text{m}^3$ .
    - g. The owner or operator shall retain lead samples collected pursuant to this Section for at least three years. The samples shall be stored in individually sealed containers and labeled with the applicable monitor and date. Upon request, the samples shall be provided to the Department within five business days.
  2. The owner or operator shall conduct meteorological monitoring as follows:
    - a. Continuously monitor and record wind speed and direction data using equipment and a meteorological station approved by the Department.
    - b. The owner or operator shall calculate and record average wind speed in miles per hour over 15 minutes, rolled each minute.
    - c. Conduct wind speed and direction measurements using methods in accordance with EPA's Quality Assurance Handbook for Air Pollution Measurement Systems, Volume IV, Meteorological Measurements, Version 2.0.
  3. The ambient air and meteorological monitoring stations required by this Section may be discontinued at the end of three full calendar years after the Hayden Lead Nonattainment Area is redesignated attainment for the 2008 Lead National Ambient Air Quality Standards.
- G. Compliance Demonstration Requirements. The owner or operator shall demonstrate compliance with this Section by complying with all requirements in the fugitive dust plan pursuant to subsection (C)(2) and implementing all housekeeping and performance requirements pursuant to subsection (D).
- H. Recordkeeping.
  1. The owner or operator shall maintain the following records for at least five years and keep on-site for at least two years:
    - a. Current and past fugitive dust plans required by subsection (C)(2).
    - b. Physical inspection sheets, checklists, and logsheets for inspections conducted in accordance with subsection (D)(6).
    - c. All records of opacity and stabilization tests, if any, conducted in accordance with subsection (D)(10)(c).
    - d. All records of surface moisture content tests, if any, conducted in accordance with subsection (D)(11), subsection (D)(13), and subsection (D)(14).
    - e. All records of major maintenance activities and inspections conducted on monitors required by subsection (F).
    - f. All records of quality assurance and quality control activities for the monitors required by subsection (F).
    - g. All air quality monitoring samples, rolling averages of ambient lead concentrations and necessary calculations, and data required by subsection (F).
    - h. All records of wind data from the meteorological station required by subsection (F).
    - i. All records of any periods during which a monitoring device required by subsection (F) is inoperative or not operating correctly.
    - j. All records of reports and notifications required by subsection (I).
  2. All of the following records maintained for the purposes of the fugitive dust plan required by subsection (C)(2) must be maintained in a recordkeeping log or recordkeeping system. As part of the records, the owner or operator shall include the dates and times for each of the following observations or activities, the name of the employee documenting each activity or observation, and the nature and location of each observation activity:
    - a. Each instance of observed visible emissions of 15 percent opacity or greater, along with a description of any corrective action undertaken and its success.
    - b. Water sprayer operations, including timing and intensity of watering to be captured in the water sprayer recordkeeping system.
    - c. Timing, location, type, and amount of chemical suppressant and water applied to unpaved roads, and a description of the nature and timing of any additional corrective action taken, as necessary, to minimize emissions to the greatest extent practicable.
    - d. Timing and location of all sweeping and cleaning of trackout or spillage material.
    - e. Timing and location of all washdown of concrete areas.
    - f. Timing and location of sump cleanouts.

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- g. Results of all visible emissions surveys and Reference Method 9 readings.
  - h. Appropriate records for operating conditions, including electric dryer ventilation fan start and stop times for the newly designed acid plant scrubber blowdown drying system.
  - i. Calibration records for all measurement devices, including maintenance of manufacturer's manuals or other documentation for suggested calibration schedules and accuracy levels for each measurement device.
  - j. Dates, times, and descriptions of deviations when the owner or operator's operations was carried out in a manner inconsistent with the fugitive dust plan required by subsection (C)(2).
- I. Reporting.** Within 30 days after the end of each calendar-year quarter, the owner or operator shall submit a report to the Department covering the prior quarter that includes the following:
- 1. All instances where observed fugitive emissions coming from sources covered in this Section were 15 percent or greater.
  - 2. The date of all high wind events, with an identification of the location of the reading, wind speed, and duration of the event, and a description of actions taken as a result of the event on a source-by-source basis.
  - 3. All instances where corrective action was required with identification of the emission source involved, what triggered the corrective action, what action the owner or operator undertook to abate or mitigate the problem, and whether the corrective action achieved the intended results.
  - 4. A summary of all times when the electronic recordkeeping system was not recording data, and a summary and indication of the period when recorded data was outside of established operating parameters.
  - 5. A summary of progress of all new construction, installation, upgrades, or modifications to equipment or structures at the facility required by the fugitive dust plan and subsection (D), including dates of commencement and completion of construction, dates of operations of new or modified equipment or structures, and dates old or outdated equipment or structures were permanently retired.
  - 6. Raw monitoring data and calculated ambient lead concentrations from the ambient air monitoring stations required by subsection (F).
- Historical Note**
- New Section R18-2-B1301.01 made by final rulemaking at 23 A.A.R. 767, effective December 1, 2018 (Supp. 17-1). Amended by final rulemaking at 32 A.A.R. 93 (January 2, 2026), effective February 7, 2026 (Supp. 25-4).
- R18-2-B1302. Limits on SO<sub>2</sub> Emissions from the Hayden Smelter**
- A. Applicability.**
- 1. This Section applies to the owner or operator of the Hayden Smelter. It establishes limits on sulfur dioxide emissions from the Hayden Smelter and monitoring, recordkeeping and reporting requirements for those limits.
  - 2. Effective date. Except as otherwise provided, the requirements of this Section shall become applicable upon smelter restart.
  - 3. The sulfur dioxide emissions limitations contained in subsection (C)(3) shall become effective 60 days after the Hayden smelter achieves maximum production after smelter restart or 180 days after smelter restart, whichever occurs first.
  - 4. The operational controls and limitations contained in subsection (D) shall be implemented upon smelter restart or the time specified as otherwise provided in subsection (D).
- B. Definitions.** In addition to definitions contained in R18-2-101 and R18-2-B1301, the following definitions apply to this Section.
- 1. "Anode Secondary Hood System" means the secondary hoods installed around each of the anode furnaces to improve the capture of fugitive emissions from the anode furnaces during charging, holding and processing, route the emissions to a new anode secondary hood baghouse for fabric filter control, and then to the annulus of the main stack.
  - 2. "Continuous emissions monitoring system" or "CEMS" means the total equipment, required under the emission monitoring provisions in this Chapter, used to sample, condition (if applicable), analyze, and to provide, on a continuous basis, a permanent record of emissions.
  - 3. "Fuming ladle" means a ladle emitting an abnormal amount of fume after discharge of material.
  - 4. "Maintenance downtime" means a scheduled maintenance period lasting at least eight working hours.
  - 5. "Operating day" means any calendar day in which any of the following occurs:
    - a. Concentrate is smelted in the smelting furnace;
    - b. Copper or sulfur bearing materials are processed in the converters;
    - c. Blister or scrap copper is processed in the anode furnaces;
    - d. Molten metal, including slag, matte or blister copper, is transferred between vessels; or
    - e. Molten metal is cast into anodes or other intermediate or final products.
  - 6. "Out of control period" means the time that begins with the completion of the fifth, consecutive, daily calibration drift check with a calibration drift in excess of two times the allowable limit, or the time corresponding to the completion of the daily calibration drift check preceding the daily calibration drift check that results in a calibration drift in excess of four times the allowable limit, and the time that ends with the completion of the calibration check following corrective action that results in the calibration drifts at both the zero (or low-level) and high-level measurement points being within the corresponding allowable calibration drift limit.
  - 7. "Smelter restart" means the first day after the issuance of Significant Permit Revision No. 96410 that concentrate is processed through the INCO flash furnace to produce matte.
  - 8. "Table 1" means the table labeled "Uptake Improvement System, Flow Conditions and Damper Positions," in Appendix 1 of the attachment labeled "Hayden Smelter Site-Specific SIP Requirements," in the current Class I Air Quality Permit issued to the Hayden smelter.
  - 9. "Table 2" means the table labeled "Uptake Improvement System Interlock Timing," in Appendix 1 of the attachment labeled "Hayden Smelter Site-Specific SIP Requirements."

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ments,” in the current Class I Air Quality Permit issued to the Hayden smelter.

10. “Table 3” means the table labeled “Anode Secondary Hood System Flow Conditions and Damper Positions,” in Appendix 1 of the attachment labeled “Hayden Smelter Site-Specific SIP Requirements,” in the current Class I Air Quality Permit issued to the Hayden smelter.
11. “Table 4” means the table labeled “Emergency Shutdown Ventilation Flue Emissions,” in Appendix 1 of the attachment labeled “Hayden Smelter Site-Specific SIP Requirements,” in the current Class I Air Quality Permit issued to the Hayden smelter.

**C. Sulfur Dioxide Emissions Limitations.**

1. Sulfur dioxide emissions from the Main Stack shall not exceed 1069.1 pounds per hour on a 14-operating day average.
2. The owner or operator shall not cause to be discharged into the atmosphere from any affected unit subject to 40 CFR 60 subpart P any gases which contain sulfur dioxide

in excess of the limit set forth in 40 CFR § 60.163(a) (as in effect on July 1, 2016 and no later editions).

3. Fugitive emissions limits. These limits shall apply when the underlying processes are in operation, including periods of startup, shutdown and malfunction:
  - a. Fugitive emissions of SO<sub>2</sub> from the flash furnace, matte tapping and slag skimming areas shall not exceed 38.5 pounds/hour, as measured by the flash furnace roofline monitoring system.
  - b. Fugitive emissions of SO<sub>2</sub> from the converter aisle area shall not exceed 10.0 pounds/hour, as measured by the converter aisle roofline monitoring system.
  - c. Fugitive emissions of SO<sub>2</sub> from the anode furnaces shall not exceed 9.0 pounds/hour, as measured by the anode furnace roofline monitoring system.
  - d. The owner or operator may apply for a significant permit revision to change the applicable fugitive emissions limits in subsections (a), (b), and (c) to another set of limits provided in the following table:

Rebalanced Fugitive Emissions Limits	Fugitive emissions of SO <sub>2</sub> from the flash furnace, matte tapping, and slag skimming areas (pounds/hour)	Fugitive emissions of SO <sub>2</sub> from the converter aisle area (pounds/hour)	Fugitive emissions of SO <sub>2</sub> from the anode furnaces (pounds/hour)
Scenario 1	37	10	10
Scenario 2	35.5	10	11
Scenario 3	34	10	12
Scenario 4	36.5	11	9
Scenario 5	35	11	10
Scenario 6	34	11	11
Scenario 7	32.5	11	12
Scenario 8	35	12	9
Scenario 9	33.5	12	10
Scenario 10	32	12	11
Scenario 11	30.5	12	12
Scenario 12	33	13	9
Scenario 13	32	13	10
Scenario 14	30.5	13	11
Scenario 15	29.1	13	12

- e. Unless and until the Department issues a significant permit revision replacing the applicable fugitive emissions limits in subsections (a), (b), and (c) with another set of limits provided in subsection (d), the limits in subsections (a), (b), and (c) shall remain the applicable fugitive emissions limits.

**D. Operational Standards.**

1. Process equipment and control device operations. At all times, including periods of startup, shutdown, and malfunction, the owner or operator shall, to the extent practicable, maintain and operate smelter processes and associated emission capture and/or control equipment in a manner consistent with good air pollution control practices for minimizing SO<sub>2</sub> emissions to the levels required by subsection (C). Determination of whether acceptable operating and maintenance procedures are being used will be based on all information available to the Director and EPA Region IX, which may include, but is not limited to, monitoring results, review of operating and maintenance procedures and records, and inspection of the relevant equipment.
2. Capture system and control device operations and maintenance plan. The owner or operator shall develop and implement an operations and maintenance plan for each

capture system and/or control device used to ventilate or control process gas or emissions from the flash furnace including matte tapping, slag skimming, and slag return operations; converter primary hoods, converter secondary hoods, tertiary ventilation system, and anode refining operations. The operations and maintenance plan must address the following requirements as applicable to each capture system and/or control device.

- a. Monitoring devices. The plan shall provide for installation, operation, calibration, and maintenance of appropriate monitoring devices to measure and record operating limit values or settings at all times the required capture and control system is operating, except during periods of monitor calibration, repair and malfunction. The initial plan shall provide for volumetric flow monitoring on the vent gas baghouse (inlet or outlet), each converter primary hood, each converter secondary hood, the tertiary ventilation system and the anode furnace baghouse (inlet or outlet). All monitoring devices shall be accurate within +/- 10 percent and calibrated according to manufacturer's instructions. If direct measurement of the exhaust flow is infeasible due to physical limitations or exhaust characteristics, the owner or



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operator may propose a reliable equivalent method for approval. Initial monitoring may be adjusted as provided in subsection (D)(2)(e). Dampers that are manually set and remain in the same position while the capture system is operating are exempt from these monitoring requirements. Capture system damper position setting or settings shall be specified in the plan.

- b. Operational limits. The owner or operator shall establish operating limits in the operations and maintenance plan for the capture systems and/or control devices that are representative and reliable indicators of the performance of the capture system and control device operations. The initial operating limits may be adjusted as provided in subsection (D)(2)(e). Initial operating limits shall include the following:
  - i. Identification of those modes of operation when the double dampers between the flash furnace vessel and the vent gas system will be closed and the interstitial space evacuated to the acid plant.
  - ii. A minimum air flow for the furnace ventilation system and associated damper positions for each matte tapping hood or slag skimming hood when operating to ensure that the operation or operations are within the confines or influence of the capture system.
  - iii. A minimum air flow for the secondary hood baghouse and associated damper positions for each slag return hood to ensure that the operation is within the confines or influence of the capture system's ventilation draft during times when the associated process is operating.
  - iv. A minimum air infiltration ratio for the converter primary hoods of 1:1 averaged over 24 converter Blowing hours, rolled hourly measured as volumetric flow in primary hood less the volumetric flow of tuyere Blowing compared to the volumetric flow of tuyere Blowing.
  - v. A minimum secondary hood exhaust rate of 35,000 SCFM during converter Blowing, averaged over 24 converter Blowing hours, rolled hourly.
  - vi. A minimum secondary hood exhaust rate of 133,000 SCFM during all non-Blowing operating hours, averaged over 24 non-Blowing hours, rolled hourly.
  - vii. A minimum negative pressure drop across the secondary hood when the doors are closed equivalent to 0.007 inches of water.
  - viii. A minimum exhaust rate on the tertiary hooding of 400,000 ACFM during all times material is processed in the converter aisle, averaged over 24 hours and rolled hourly.
  - ix. Fan amperes or minimum air flow for the anode furnace baghouse and associated damper positions for each anode furnace hood to ensure that the anode furnace off-gas port is within the confines or influence of the capture system's ventilation draft during times when the associated furnace is operating.
  - x. The anode furnace charge mouth shall be kept covered when the tuyeres are submerged in the metal bath except when copper is being charged to or transferred from the furnace.
  - xi. The temperatures of the acid plant catalyst bed, which shall at minimum, meet the manufacturer's recommendations.
  - xii. The acid plant catalyst replenishment criteria, which shall at minimum, meet the manufacturer's recommendations.
- c. Preventative maintenance. The owner or operator must perform preventative maintenance on each capture system and control device according to written procedures specified in the operation and maintenance plan. The procedures must include a preventative maintenance schedule that is consistent with the manufacturer's or engineer's instructions, or operator's experience working with equipment, and frequency for routine and long-term maintenance. This provision does not prohibit additional maintenance beyond that required by the plan.
- d. Inspections. The owner or operator must perform inspections in accordance with written procedures in the operations and maintenance plan for each capture system and control device that are consistent with the manufacturer's, engineer's or operator's instructions for each system and device.
- e. Plan development and revisions.
  - i. The owner or operator shall develop and keep current the plan required by this Section. Any plan or plan revision shall be consistent with this Section, shall be designed to ensure that the capture and control system performance conforms to the attainment demonstration in the Final SIP Revision: 2023 Hayden Sulfur Dioxide Nonattainment Area for the 1971 and 2010 SO<sub>2</sub> NAAQS, and shall be submitted to the Department for review. Any plan or plan revision submitted shall include the associated manufacturer's recommendations and/or instructions used for capture system and control device operations and maintenance.
  - ii. The owner or operator shall submit the revised plan to the Department within 180 days of smelter restart and shall include the initial volumetric flow monitoring provisions in subsection (D)(2)(a), the initial operational limits in subsection (D)(2)(b), the preventative maintenance procedures in subsection (D)(2)(c), and the inspection procedures in subsection (D)(2)(d).
  - iii. The owner or operator shall submit to the Department for approval a plan revision with changes, if any, to the initial volumetric flow monitoring provisions in subsection (D)(2)(a) and initial operational limits in subsection (D)(2)(b) not later than six months after completing a fugitive emissions study conducted in accordance with Appendix 14. The Department shall submit the approved changes to the volumetric flow monitoring provisions and operational limits pursuant to this subsection to EPA Region IX as a SIP revision not later than 12 months after completion of a fugitive emissions study.

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- iv. Other plan revisions may be submitted at any time when necessary. All plans and plan revisions shall be designed to achieve operation of the capture system and/or control device consistent with the attainment demonstration in the Final SIP Revision: 2023 Hayden Sulfur Dioxide Nonattainment Area for the 1971 and 2010 SO<sub>2</sub> NAAQS. Except for changes to the volumetric flow monitoring provisions in subsection (D)(2)(a) and operational limits in subsection (D)(2)(b), which shall require prior approval, plans and plan revisions may be implemented upon submittal and shall remain in effect until superseded or until disapproved by the Department. Disapprovals are appealable Department actions.
- 3. Flash Furnace Area Capture Improvements.
  - a. Prior to smelter restart after issuance of Significant Permit Revision No. 96410, the owner or operator shall install additional hooding and interceptor walls (the "Uptake Improvement System") to improve the capture of fugitive emissions from the flash furnace area, matte tapping and slag skimming areas, route them to the existing converter secondary hood baghouse for fabric filter and high surface area lime injection control, and then to the annulus of the main stack.
  - b. The Uptake Improvement System shall have a design evaluation rate of 50,000 to 60,000 ACFM hourly average and shall operate when the flash furnace is in operation except for brief periods when slag is being returned to the flash furnace using the slag launder return. At those times, the ventilation for this system shall be switched to the slag return capture system and then switched back automatically to the Uptake Improvement System at the conclusion of the slag return cycle.
  - c. Establishment of Operational Ranges.
    - i. The owner or operator shall establish a range of damper positions based upon the secondary hood baghouse flow monitor that provides reasonable assurance that the Uptake Improvement System exhaust flow is within the design range specified in (D)(3)(b). The ranges shall be established and verified by a stack test no later than 180 days after smelter restart and may be revised thereafter in the same fashion. The proposed ranges, stack test verifying evacuation rates compliant with (D)(3)(b) and proposed revision to Table 1 shall be submitted to the Department within 45 days of the stack test. If the Director concurs that the proposed damper position ranges assure an exhaust flow compliant with (D)(3)(b), the Director shall issue a revised Table 1 reflecting the new damper position range. Thereafter, the owner or operator shall comply with the approved Table 1 range. Until the first submittal is approved, the owner or operator shall use ranges specified in Table 1 of Appendix I of Significant Permit Revision 96410. The current ranges shall be specified in Table 1 of the "Hayden Smelter Site-Specific SIP Requirements" attachment to the Class I Air Quality Permit for the smelter.
    - ii. The owner or operator shall establish a timed interlock on the slag return launder such that when slag is returned to the flash furnace the ventilation air from the Uptake Improvement System is switched to the slag return capture system for a defined period of not less than 5 minutes nor more than 10 minutes and then returns to the Uptake Improvement System automatically. The owner or operator shall optimize the period within the five to 10-minute range established during the initial 60-day optimization period by observation and analysis and thereafter as necessary. The first analysis, proposed time period, and proposed revisions to Table 2 shall be submitted no later than 75 days after the smelter restart. The Director shall approve any period that falls within both the five to 10-minute range and a range between the mean and mean plus a standard deviation of the observed slag return durations. If the Director concurs that the proposed range meets these requirements, the Director shall issue a revised Table 2. All analyses shall be submitted and approved by the Director. Until the first report is approved, the owner or operator shall use ranges specified in Table 2 of Appendix I of Significant Permit Revision No. 96410. The current ranges shall be specified in Table 2 the "Hayden Smelter Site-Specific SIP Requirements" attachment to the Class I Air Quality Permit for the smelter.
  - d. Operational requirements.
    - i. The owner or operator shall operate the Uptake Improvement/Laundry Return combined damper in accordance with the approved Table 1 range or ranges at all times the flash furnace is operating and at all times matte tapping, slag skimming or slag returning is occurring.
    - ii. The owner or operator shall operate the timed interlock in accordance with the approved Table 2 value. Operators shall trigger the interlock prior to starting slag return and may trigger the timed interlock again if slag is still returning at the end of the interlock cycle to minimize emissions.
    - iii. The owner or operator shall inspect the Uptake Improvement System during each scheduled maintenance downtime to ensure that the hooding and walls are in proper position and that there are no visible accretions of material in the mouth of the hooding that would preclude efficient operation. The owner or operator shall quarterly, evaluate the damper controlling air between the Uptake Improvement System and the slag return capture system to ensure it is operating properly. Records of these inspections shall be maintained for five years.
- 4. Converter and Material Transfer Area Capture Improvements.
  - a. Prior to smelter restart after issuance of significant Permit Revision No. 96410, the owner or operator shall install a Fuming Ladle Capture System, which shall have a design evacuation rate of 40,000 to 50,000 ACFM when a ladle is present within the

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- hooded area. The capture system shall run until the ladle is removed or for at least 20 minutes after the ladle is placed in the containment. Fuming ladles shall not be removed from the fuming Ladle Capture System containment unless fuming has stopped or the ladle is transported directly to the tunnel or within the capture area of a secondary hood.
- b. The owner or operator shall develop training for its employees responsible for ladle movement on identification of fuming ladles. The training shall be developed within 60 days of smelter restart. Existing employees shall be trained within 90 days of smelter restart and any new employees shall be trained before working ladle operations unsupervised by a trained operator. Employees shall be retrained once every five years. Training records for the operators shall be kept for five years. The training and records shall be available for inspections.
  - c. The owner or operator shall, whenever a fuming ladle is detected, promptly move the fuming ladle into the Fuming Ladle Capture System.
  - d. The owner or operator shall conduct an initial flow test within 180 days of smelter restart to verify that the system achieves the design flow. The results of this flow test shall be reported to the Department within 45 days of completion of the test.
  - e. The owner or operator shall inspect the Fuming Ladle Capture System during each scheduled maintenance downturn to ensure that it is actuating properly, that the hoods and walls are in proper position, and there are no visible accretions of material in the mouth of the hood that would preclude efficient operation. Records of these inspections shall be maintained for five years.
5. Anode Furnace Secondary Hood Capture Control System.
    - a. Prior to smelter restart after issuance of Significant Permit Revision No. 96410, the owner or operator shall install secondary hoods around each of the anode furnaces to improve the capture of fugitive emissions from the anode furnaces during charging, holding and processing, route the emissions to a new anode secondary hood baghouse for fabric filter control, and then to the annulus of the main stack. This is the Anode Secondary Hood system.
    - b. The Anode Secondary Hood System.
      - i. The Anode Secondary Hood System shall have an overall design evacuation rate for the total system of 150,000 ACFM hourly average.
      - ii. The anode secondary hood baghouse shall have a maximum design emission rate of 0.002 gr/scf.
      - iii. Each secondary hood shall be equipped with dampers that can close completely and operate with a range from 20 to 100 percent to modulate flows to the individual anode furnace.
      - iv. The Anode Secondary Hood System shall be operated to achieve balanced flows ( $\pm 15$  percent) on the two operating anode furnaces when neither are charging. When one anode furnace is charging, the Anode Secondary Hood System shall be balanced so that the charging furnace achieves a minimum of 100,000 ACFM and the other operating furnace gets the balance.
  - c. The owner or operator shall establish a range of damper positions and total flow conditions based upon the anode secondary hood baghouse flow monitor that provides reasonable assurance that the Anode Secondary Hood system exhaust flow is within the design range. These ranges and flow conditions shall be verified during a performance test within 180 days of smelter restart and may be revised thereafter in the same fashion. The proposed ranges and flow conditions, stack test verifying evacuation rates compliant with (D)(5)(b)(i) and (D)(5)(b)(iv) and proposed revision to Table 3 of Appendix 1 shall be submitted to the Department within 45 days of the stack test. If the Director concurs that the proposed damper position and flow ranges assure an exhaust flow compliant with (D)(5)(b)(i) and (D)(5)(b)(iv), the Director shall issue a revised Table 3 of Appendix 1 reflecting the new approved Table 3 ranges. Until the first performance test, the owner or operator shall use ranges specified by the air pollution control designer in Table 3 of Attachment I of Significant Permit Revision 96410. The current flows shall be specified in Table 3 of Appendix 1 of the "Hayden Smelter Site-specific SIP attachment" to the Class I air quality permit for the smelter. Damper positions shall be logged and the logs kept for five years.
  - d. Operational requirements. The owner or operator shall operate the Anode Secondary Hoods in accordance with the approved Table 3 range or ranges at all times the anode furnaces are operating.
  - e. The owner or operator shall inspect the Anode Secondary Hood System during scheduled maintenance down turn to ensure that the dampers are working properly, the hoods and walls are in proper position and that there are no visible accretions of material in the mouth of the hoods that would preclude efficient operation. Records of these inspections shall be maintained for five years.
6. Emissions from the anode furnace baghouse stack shall be routed to the Main Stack.
- E. Main Stack Monitoring.
    1. To determine compliance with subsection (C)(1) the owner or operator of the Hayden Smelter shall install, calibrate, maintain, and operate a CEMS for continuously monitoring and recording SO<sub>2</sub> concentrations and stack gas volumetric flow rates at the following locations.
      - a. The exit of the acid plant;
      - b. The exit of the secondary hood particulate control device after the High Surface Area (HSA) lime injection system;
      - c. The exit of the flash furnace particulate control device after the HSA lime injection system;
      - d. The tertiary ventilation system prior to mixing with any other exhaust streams;
      - e. The anode furnace baghouse stack prior to mixing with any other exhaust streams; and
      - f. The exit of the Anode Secondary Hood Baghouse. This system shall be installed and a relative accuracy test audit (RATA) successfully completed within 180 days of the effective date provided in subsection (A)(3).
    2. Except during periods of systems breakdown, repairs, maintenance, out-of-control periods, calibration checks,

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and zero and span adjustments, the owner or operator shall continuously monitor SO<sub>2</sub> concentrations and stack gas volumetric flow rates at each location in subsection (E)(1).

3. For purposes of this Section, continuous monitoring means the taking and recording of at least one measurement of SO<sub>2</sub> concentration and stack gas flow rate reading from the effluent of each affected stack, outlet, or other approved measurement location in each 15-minute period when the associated process units are operating. Fifteen-minute periods start at the beginning of each clock hour, and run consecutively. All CEMS required by subsection (E)(1) shall complete at least one cycle of operation (sampling, analyzing, and data recording) for each successive 15-minute period.
4. The owner or operator shall demonstrate that the CEMS required by subsection (E)(1) meet all of the following requirements:
  - a. The SO<sub>2</sub> CEMS installed and operated under this Section meets the requirements of 40 CFR 60, Appendix B, Performance Specification 2 and Performance Specification 6. The CEMS on the anode furnace baghouse stack and tertiary ventilation system shall complete an initial Relative Accuracy Test Audit (RATA) in accordance with Performance Specification 2. The RATA runs shall be tied to when the anode furnace is in use and, for the tertiary system, when the converters are in operation and/or material is being transferred in the converter aisle. Asarco may petition the Department and EPA Region IX on the criteria for subsequent RATAs for the anode furnace baghouse stack or tertiary ventilation system CEMS. The petition shall include submittal of CEMS data during the year.
  - b. The SO<sub>2</sub> CEMS installed and operated under this Section meets the quality assurance requirements of 40 CFR 60, Appendix F.
  - c. The owner or operator shall notify the Director in writing at least 30 days in advance of the start of the relative accuracy test audit (RATA) performed on the CEMS.
  - d. The Director shall approve the location of all sampling points for monitoring SO<sub>2</sub> concentration and stack gas volumetric flow rates and the appropriate span values for the monitoring systems. This approval shall be in writing before installation and operation of the measurement instruments.
  - e. The measurement system installed and used under this subsection is subject to the manufacturer's recommended zero adjustment and calibration procedures at least once per operating day unless the manufacturer specifies or recommends calibration at shorter intervals, in which case the owner or operator shall follow those specifications or recommendations. The owner or operator shall make available a record of these procedures that clearly shows instrument readings before and after zero adjustment and calibration.
  - f. The owner or operator shall maintain on hand and ready for immediate installation sufficient spare parts or duplicate systems for the CEMS required by this Section to allow for the replacement within six hours of any monitoring equipment part that fails or malfunctions during operation.

5. Annual stack testing shall use EPA Methods 1, 4, and 6C in 40 CFR 60 Appendix A or an alternate method approved by the Department and EPA Region IX. Annual stack testing shall commence no later than the one year after the date the continuous emission monitoring system was removed. The owner or operator shall submit a test protocol to the Department at least 30 days in advance of testing. The protocol shall provide for three or more 24-hour runs unless the owner or operator justifies a different period and the Department approves such different period. Reports of testing shall be submitted to the Department no later than 60 days after testing or 30 days after receipt, whichever is later. The report shall provide an emissions rate, in the form of a pound per hour or pound per unit of production factor, that shall be used in the compliance demonstration in subsection (H)(1). Except as provided herein, the owner or operator shall otherwise comply with Section R18-2-312 in conducting such testing.

**F. Fugitive Emissions Monitoring.**

1. To determine compliance with subsection (C)(3) the owner or operator of the Hayden Smelter shall install, calibrate, maintain and operate a CEMS for continuously monitoring and recording SO<sub>2</sub> emissions and volumetric flows at the roofline of the following areas when the underlying process units are operating:
  - a. Flash furnace roofline system, located on the penthouse and roof of the flash furnace building;
  - b. Converter aisle roofline system, located at the north and south ends of the converter aisle; and
  - c. Anode aisle roofline system, located over the anode furnaces.
2. These systems shall be installed and certified successfully completed within 180 days of the effective date of this section under (C)(3). The owner or operator shall notify the Director in writing at least 30 days in advance of the initial certification testing performed on the CEMS.
3. The CEMS shall meet the requirements of (E)(4) except that everywhere those provisions specify a relative accuracy test audit (RATA) a cylinder gas audit (CGA) shall be used instead.
4. The owner or operator shall develop a roofline monitoring system operations and maintenance plan (Roofline Plan) that addresses the roofline monitoring system required by (F)(1). The roofline Plan shall include the following elements:
  - a. A diagram showing the location of each intake point and which intake points are directed to which CEMS;
  - b. A protocol for how the intake points will be sampled by the CEMS;
  - c. A description of each CEMS, its required Quality Assurance/Quality Control procedures and span;
  - d. Manufacturer's or installer's recommended zero adjustment and calibration procedures, which must provide for instrument readings before and after zero adjustments and calibrations, to be implemented at least once per operating day on the CEMS and at a frequency set forth in the protocol for flow meters;
  - e. A list of replacement parts that shall be maintained on hand and ready for immediate installation on the CEMS within 6 hours and to allow fabrication of new sample runs and installation within 10 days; and

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- f. Equations showing how mass emission rates will be calculated.
5. The owner or operator shall submit the roofline Plan to the Department and EPA Region IX at least 90 days prior to smelter restart. The owner or operator may submit other revisions at any time when necessary. All revisions shall be designed to achieve data collection at the roofline monitoring system consistent with the attainment demonstration in Final SIP Revision: 2023 Hayden Sulfur Dioxide Nonattainment Area for the 1971 and 2010 SO<sub>2</sub> NAAQS. Plans and plan revisions may be implemented upon submittal and shall remain in effect until superseded or until disapproved by the Department or EPA Region IX.
- G. Emergency Shutdown Ventilation Flue Monitoring. The owner or operator shall install instrumentation on the Emergency Shutdown Ventilation Flue to detect and record all periods that the bypass is in operation. The owner or operator shall keep a log of all times of both damper positions and, when both dampers are open, whether the period is a planned or unplanned maintenance period. The owner or operator shall log any periods when one damper is open and the other damper is closed stating when the malfunctioning damper was repaired. For purposes of this Section, "planned maintenance" means any period where the owner or operator has shut down the associated emissions units and run the evacuation system until the inlet meter at the acid plant registers the equivalent of 53.5 lbs/hr or less before opening the emergency Shutdown Ventilation Flue. The inlet concentration shall be documented in the operating log.
- H. Compliance Demonstration Requirements.
  1. For purposes of determining compliance with the emission limit in subsection (C)(1) the owner or operator shall calculate emissions for each operating day as follows:
    - a. Sum the hourly pounds of SO<sub>2</sub> vented to each uncontrolled shutdown ventilation flue and through each monitoring point listed in subsection (E)(1) for the current operating day and the preceding 13-operating days to calculate the total pounds of SO<sub>2</sub> emissions over the 14-operating day averaging period, as applicable.
    - b. Divide the total amount of SO<sub>2</sub> emissions calculated from subsection (H)(1)(a) by 336 to calculate the 14-operating day average SO<sub>2</sub> emissions.
  2. When no valid hour or hours of data have been recorded by a continuous monitoring system required by subsections (E)(1) and (E)(2) and the associated process unit is operating, the owner or operator shall calculate substitute data for each such period according to the following procedures:
    - a. For a missing data period less than or equal to 24 hours, substitute the average of the hourly SO<sub>2</sub> concentrations recorded by the system for the hour before and the hour after the missing data period.
    - b. For a missing data period greater than 24 hours, substitute the greater of:
      - i. The 90th percentile hourly SO<sub>2</sub> concentrations recorded by the system during the previous 720 quality-assured monitor operating hours.
      - ii. The average of the hourly SO<sub>2</sub> concentrations recorded by the system for the hour before and the four hours after the missing data period.
    - c. Notwithstanding subsections (H)(3)(a) and (H)(3)(b), the owner or operator may present any credible evidence as to the quantity or concentration of emissions during any period of missing data.
3. The owner or operator shall determine compliance with the requirements in subsection (D)(2) as follows: maintaining and operating the emissions capture and control equipment in accordance with the capture system and control device operations and maintenance plan required in subsection (D)(2) and recording operating parameters for capture and control equipment as required in subsection (D)(2)(b).
4. The owner or operator shall include periods of startup, shutdown, malfunction, or other upset conditions when determining compliance with the emission limits in subsection (C).
5. The owner and operator shall demonstrate compliance with the limit in subsection (C)(2) in accordance with 40 CFR §§ 60.165 and 60.166 (as in effect on July 1, 2016 and not later editions).
6. Notwithstanding subsections (H)(2)(a) and (H)(2)(b), the owner or operator may present any credible evidence as to the quantity or concentration of emissions during any period of missing data.
7. For purposes of demonstrating compliance with the main stack limit in (C)(1) and (H)(2)(a), the pounds of SO<sub>2</sub> in the emergency shutdown vent shall be calculated for unplanned use of the emergency shutdown ventilation system as the total volume of the emergency shutdown system at the maximum expected SO<sub>2</sub> concentrations in each segment and 10 percent of that amount for planned shutdowns when the evacuation system is run until SO<sub>2</sub> emissions shown on the combined CEMS system are less than 53.5 lb/hr. Future changes to the design volume of the emergency shutdown system or to the maximum SO<sub>2</sub> concentrations used in the calculation shall be submitted to the Department with a written justification for the change and revised calculations showing the newly calculated planned and unplanned shutdown emissions. This justification may be included as part of a required permit or permit revision. The change shall not be made until approved by the Director. A copy of the current calculations and planned and unplanned shutdown emissions values shall be included in Table 4.
- I. Fugitive Limit Compliance Demonstration Requirements.
  1. Compliance with the fugitive emission limits in (C)(3) shall be demonstrated as follows:
    - a. Each valid hour of calculated emissions from the flash furnace roofline system in (F)(1)(a) shall be compared to the limit in (C)(3) to demonstrate compliance.
    - b. Each valid hour of calculated emissions from the converter aisle roofline system in (F)(1)(b) shall be compared to the limit in (C)(3) to demonstrate compliance.
    - c. Each valid hour of calculated emissions from the anode aisle roofline system in (F)(1)(c) shall be compared to the limit in (C)(3).
    - d. The owner or operator shall maintain 95 percent or more valid hours for each system listed in (F)(1).
    - e. The owner or operator shall include periods of startup, shutdown, malfunction, or other upset condition when determining compliance with the limits in (C)(3).
  2. Conducting a fugitive study in accordance with Appendix 14 starting not later than six months after completion of

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the Converter Retrofit Project authorized by Significant Permit Revision No. 60647. The fugitive study shall demonstrate, as set forth in Appendix 14, that fugitive emissions from the smelter are consistent with estimates used in the attainment demonstration in the Final SIP Revision: 2023 Hayden Sulfur Dioxide Nonattainment Area for the 1971 and 2010 SO<sub>2</sub> NAAQS.

**J.** For the purposes of demonstrating compliance with the limits in subsection (C), all CEMS listed in (C), (E), and (F) shall use the following data validity requirements:

1. Except as provided under (J)(3) for a full operating hour (any clock hour with 60 minutes of unit operation), at least four valid data points are required to calculate the hourly average, i.e., one data point in each of the 15-minute quadrants of the hour.
2. Except as provided under (J)(3) for a partial operating hour (any clock hour with less than 60 minutes of unit operation), at least one valid data point in each 15-minute quadrant of the hour in which the unit operates is required to calculate the hourly average.
3. For any operating hour in which required maintenance or quality-assurance activities are performed:
  - a. If the unit operates in two or more quadrants of the hour, a minimum of two valid data points, separated by at least 15 minutes, is required to calculate the hourly average; or
  - b. If the unit operates in only one quadrant of the hour, at least one valid data point is required to calculate the hourly average.
4. If a daily calibration error check is failed during any operating hour, all data for that hour shall be invalidated, unless a subsequent calibration error test is passed in the same hour and the requirements of (J)(3) are met, based solely on valid data recorded after the successful celebration.
5. For each full or partial operating hour, all valid data points shall be used to calculate the hourly average.
6. Data recorded during periods of continuous monitoring system breakdown, repair, maintenance, out of control periods, calibration checks, and zero and span adjustments shall not be included in the data averages computed under (H) and (I).
7. Either arithmetic or integrated averaging of all data may be used to calculate the hourly average. The data may be recorded in reduced or non-reduced form.

**K.** Recordkeeping.

1. The owner or operator shall maintain a record of each operation and maintenance plan required under subsection (D)(1).
2. The owner or operator shall maintain the following records for at least five years:
  - a. All measurements from the continuous monitoring system required by subsections (E)(1) and (F)(1), including the date, place, and time of sampling or measurement; parameters sampled or measured; and results. All measurements will be calculated daily.
  - b. All records of quality assurance and quality control activities for emissions measuring systems required by subsections (E)(1) and (F)(1).
  - c. All records of calibration checks, adjustments, maintenance, and repairs conducted on the continuous monitoring systems required by subsection (E); including records of all compliance calculations required by subsection (F).

- d. All records of the occurrence and duration of any startup, shutdown, or malfunction in the operation of concentrate drying, smelting, converting, anode refining and casting emission units; any malfunction of the associated air pollution control equipment; or any periods during which a continuous monitoring system or monitoring device required by subsections (E)(1) or (F)(1) is inoperative or not operating correctly.
- e. All records of planned and unplanned shutdown ventilation flue utilization events and calculations used to determine emissions from shutdown ventilation flue utilization events if the owner or operator chooses to use the alternative compliance determination method.
- f. All records of major maintenance activities and inspections conducted on emission units, capture system, air pollution control equipment, and CEMS, including those set forth in the operations and maintenance plan required by subsection (D)(2).
- g. All records of operating days and production records required for calculations in subsection (I).
- h. All records of fugitive emissions studies and study protocols conducted in accordance with Appendix 14.
- i. All records of reports and notifications required by subsection (L).

**L.** Reporting.

1. The owner or operator shall notify the Director in writing at least 30 days in advance of the start of relative accuracy test audit (RATA) procedures performed on the continuous monitoring systems required by subsection (E)(1).
2. Within 30 days after the end of each calendar quarter, the owner or operator shall submit a data assessment report to the Director in accordance with 40 CFR Part 60, Appendix F for the continuous monitoring systems required by subsections (E) and (F).
3. The owner or operator shall submit an excess emissions and monitoring systems performance report or summary report form in accordance with 40 CFR § 60.7(c) to the Director quarterly for the continuous monitoring systems required by subsection (E)(1). Excess emissions means any 14-operating day average as calculated in subsection (H) in excess of the emission limit in subsection (C)(1), any period in which the capture and control system was operating outside of its parameters specified in the capture system and control device operation and maintenance plan in subsection (D)(2). All reports shall be postmarked by the 30th day following the end of each calendar quarter time period.
4. The owner or operator shall provide the following to the Director:
  - a. The owner or operator shall notify the Director of commencement of construction of any equipment necessary to comply with the operational or emission limits.
  - b. The owner or operator shall submit semiannual progress reports on construction of any such equipment postmarked by July 30 for the preceding January-June period and January 30 for the preceding July-December period.

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- c. The owner or operator shall submit notification of initial startup of any such equipment within 15 business days of such startup.
- 5. The owner or operator shall notify the Director of any control equipment malfunctions that cause an exceedance of an applicable limit within two working days within discovery.
- M.** Preconstruction review. This Section is determined to be Reasonably Available Control Technology (RACT) for SO<sub>2</sub> emissions from the operations subject to subsection (C) for purposes of minor source NSR requirement addressed in R18-2-334.

**Historical Note**

New Section R18-2-B1302 made by final rulemaking at 23 A.A.R. 767, effective on the earlier of July 1, 2018, or 180 calendar days after completion of all Converter Retrofit Project improvements authorized by Significant Permit Revision No. 60647 (Supp. 17-1). Amended by final rulemaking at 32 A.A.R. 93 (January 2, 2026), effective February 7, 2026 (Supp. 25-4).

**PART C. MIAMI, ARIZONA, PLANNING AREA****R18-2-C1301. Reserved****Historical Note**

New Section R18-2-C1301 reserved at 23 A.A.R. 767 (Supp. 17-1).

**R18-2-C1302. Limits on SO<sub>2</sub> Emissions from the Miami Smelter**

- A.** Applicability.
  - 1. This Section applies to the owner or operator of the Miami Smelter. It establishes limits on SO<sub>2</sub> emissions from the Miami Smelter and monitoring, recordkeeping and reporting requirements for those limits.
  - 2. Effective date. Except as otherwise provided, the provisions of this Section shall take effect on the later of the effective date of the Administrator's action approving it as part of the state implementation plan or January 1, 2018.
- B.** Definitions. In addition to general definitions contained in R18-2-101, the following definitions apply to this rule.
  - 1. "Capture system" means the collection of components used to capture gases and fumes released from one or more emission points, and to convey the captured gases and fumes to one or more control devices. A capture system may include, but is not limited to, the following components as applicable to a given capture system design: duct intake devices, hoods, enclosures, ductwork, dampers, manifolds, plenums, and fans.
  - 2. "Electric furnace" means a furnace in which copper matte and slag are heated by electrical resistance without the mechanical introduction of air or oxygen.
  - 3. "IsaSmelt<sup>®</sup> furnace" means a furnace in which air, oxygen, and fuel are injected through a top-submerged lance into a molten slag bath to produce slag and copper matte.
  - 4. "Miami Smelter" means the primary copper smelter located near Miami, Gila County, Arizona at latitude 33°24'50"N and longitude 110°51'25"W.
  - 5. "Out of control period" means the time that begins with the completion of the fifth, consecutive, daily calibration drift check with a calibration drift in excess of two times the allowable limit, or the time corresponding to the completion of the daily calibration drift check preceding the daily calibration drift check that results in a calibration

drift in excess of four times the allowable limit, and the time that ends with the completion of the calibration check following corrective action that results in the calibration drifts at both the zero (or low-level) and high-level measurement points being within the corresponding allowable calibration drift limit.

- 6. "Operating day" means any calendar day in which any of the following occurs:
  - a. Concentrate is smelted in the Electric furnace or IsaSmelt<sup>®</sup> furnace;
  - b. Copper or sulfur bearing materials are processed in the converters;
  - c. Blister or scrap copper is processed in the anode furnaces or mold vessel;
  - d. Molten metal, including slag, matte or blister copper, is transferred between vessels;
  - e. Molten metal is cast into molds, anodes, or other intermediate or final products;
  - f. Power is provided to the electric furnace to make or maintain a molten bath; or
  - g. The anode furnace is heated to make or maintain a molten bath.
- C.** Sulfur Dioxide Emission Limitations. Combined SO<sub>2</sub> emissions from the tail gas stack, vent fume stack, aisle scrubber stack, bypass stack, and smelter roofline fugitives shall not exceed 142.45 pounds per hour on a 30-day rolling average basis.
- D.** Operational Standards.
  - 1. Process Equipment and control device operations. At all times, including periods of startup, shutdown, and malfunction, the owner or operator shall, to the extent practicable, maintain and operate smelter processes and associated emission control devices in a manner consistent with good air pollution control practices for minimizing SO<sub>2</sub> emissions from the process gases associated with the IsaSmelt<sup>®</sup> furnace, electric furnace, and converters at least to the levels required by subsection (C). Determination of whether acceptable operating and maintenance procedures are being used will be based on information available to the Director and EPA Region IX, which may include, but is not limited to, monitoring results, review of operating and maintenance procedures and records, and inspection of the relevant equipment.
  - 2. Capture system and control device operations and maintenance plan. The owner or operator shall develop and implement an operations and maintenance plan for each capture system and control device used to ventilate or control process gas or emissions associated with the IsaSmelt<sup>®</sup> furnace, electric furnace, and converters. The owner or operator shall submit the initial plan to the Department and EPA Region IX for review and approval by July 1, 2017.
    - a. The operations and maintenance plan must address the following requirements as applicable to each capture system and control device:
      - i. Monitoring devices. The plan shall provide for installation, operation, calibration, and maintenance of appropriate monitoring devices to measure and record operating limit or range values at all times the required system is operating. Dampers that are manually set and remain in the same position while the capture system is operating are exempt from these monitoring requirements.

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- ii. Operational limits and ranges. The owner or operator shall establish operating limits and ranges in the plan for each capture system and control device that are representative and reliable indicators of capture system performance and control device operation. If selected as an operational limit or range, capture system damper position settings shall be specified in the plan.
      - iii. Preventative maintenance. The owner or operator must perform preventative maintenance for each capture system and control device according to written procedures in the plan. The procedures must include a preventative maintenance schedule that is consistent with the manufacturer's or engineer's instructions and specified frequency for routine and long-term maintenance.
      - iv. Inspections. The owner or operator must perform inspections in accordance with written procedures in the plan for each capture system and control device, including position verification of any manual damper settings specified in the plan, that are consistent with the manufacturer's or engineer's instructions for each system and device.
    - b. The owner or operator shall operate and maintain each capture system and each control device in accordance with the plan required by subsection (D)(2) and as approved by the Department and EPA Region IX, except as provided herein. Until receiving initial approval of the plan, the owner or operator shall operate and maintain each capture system and each control device in accordance with the plan as initially submitted pursuant to subsection (D)(2). The owner or operator shall submit plan revisions for review by the Department and EPA Region IX. At any time, the Department and/or EPA Region IX may require the owner or operator to revise the plan if determined to be inconsistent with subsection (D)(2)(a). Within 60 days of receiving written notification from the Department or EPA Region IX specifying such inconsistency, the owner or operator shall submit a proposal to the Department and EPA Region IX that addresses the inconsistency. The owner or operator shall maintain a current copy of the plan onsite and available for review and inspection upon request.
- E. Monitoring.
- 1. To determine compliance with subsection (C), the owner or operator shall install, calibrate, maintain, and operate continuous monitoring systems to monitor and record SO<sub>2</sub> concentrations and stack gas volumetric flow rates at the following locations.
    - a. The acid plant tail gas stack;
    - b. The vent fume stack;
    - c. The aisle scrubber stack; and
    - d. The bypass stack.
  - 2. To determine compliance with the emission limit in subsection (C), the owner or operator shall install, calibrate, maintain, and operate a continuous monitoring system to monitor and record fugitive SO<sub>2</sub> concentrations at the Miami Smelter roofline.
  - 3. Except during periods of continuous monitoring system breakdown, repairs, maintenance, out-of-control periods, calibration checks, and zero and span adjustments, the owner or operator shall continuously monitor SO<sub>2</sub> concentrations and stack gas volumetric flow rates at each location specified in subsection (E)(1) and use the monitored concentrations and volumetric flow rates when demonstrating compliance with the SO<sub>2</sub> emission limit in subsection (C) in accordance with subsection (F).
  - 4. Except during periods of continuous monitoring system breakdown, repairs, maintenance, out-of-control periods, calibration checks and zero and span adjustments, the owner or operator shall continuously monitor fugitive SO<sub>2</sub> emissions at the Miami Smelter roofline and use the monitored concentrations and volumetric flow rates when demonstrating compliance with the SO<sub>2</sub> emission limit in subsection (C) in accordance with subsection (F).
  - 5. For purposes of subsections (E)(3) and (E)(4), continuous monitoring means the taking and recording of at least one measurement of SO<sub>2</sub> concentration and stack gas flow rate reading from the effluent of each affected stack, outlet, or other approved measurement location in each 15-minute period when the associated process units are operating. Fifteen-minute periods start at the beginning of each clock hour, and run consecutively. All continuous monitoring systems required by subsection (E)(1) shall complete at least one cycle of operation (sampling, analyzing, and data recording) for each successive 15-minute period.
  - 6. If the owner or operator can demonstrate to the Director and EPA Region IX that measurement of stack gas volumetric flow rate in the outlet of any particular piece of SO<sub>2</sub> control equipment would yield inaccurate results or would be technologically infeasible, then the Director and EPA Region IX may allow measurement of the flow rate at an alternative sampling point.
  - 7. The owner or operator shall demonstrate that the continuous monitoring systems required by subsection (E)(1) meet all of the following requirements:
    - a. Each SO<sub>2</sub> continuous monitoring system shall meet the specifications under 40 CFR 60, Appendix B, Performance Specification 6.
    - b. Each SO<sub>2</sub> continuous monitoring system installed and operated under this Section shall also meet the quality assurance requirements of 40 CFR 60, Appendix F, Procedure 1.
    - c. The owner or operator shall notify the Director in writing at least 30 days in advance of the start of the relative accuracy test audit (RATA) procedures performed on each continuous monitoring system.
    - d. The Director shall approve the location of all sampling points for monitoring SO<sub>2</sub> concentrations and stack gas volumetric flow rates in writing before installation and operation of measurement instruments.
    - e. The span of each continuous monitoring system for the acid plant tail stack, vent fume stack, and aisle scrubber stack shall be set at a SO<sub>2</sub> concentration of zero to 0.20% by volume.
    - f. The span of the continuous monitoring system for the bypass stack shall be set at a SO<sub>2</sub> concentration of zero to 20% by volume.
    - g. The zero (or low-level value between 0 and 20% of the span value) and span (50% to 100% of span



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Region IX, except as provided herein. Until receiving initial approval of the plan, the owner or operator shall operate and maintain the continuous monitoring system required by subsection (E)(2) in accordance with the plan as initially submitted pursuant to subsection (E)(2). The owner or operator shall keep the plan current and consistent with subsection (E)(8)(a). The owner or operator shall maintain a current copy of the plan onsite and available for review and inspection upon request. The Department and/or EPA Region IX may require the owner or operator to revise the plan if determined to be inconsistent with subsection (E)(8)(a). Within 60 days of receiving written notification from the Department or EPA Region IX specifying such inconsistency, the owner or operator shall submit a proposal to the Department and EPA Region IX that addresses the inconsistency.

**F. Compliance Demonstration Requirements.**

1. Within 180 days of the effective date set forth in subsection (A)(2), the owner or operator shall demonstrate compliance with the emission limit in subsection (C) by calculating SO<sub>2</sub> emissions for each operating day as follows:
  - a. Sum the hourly pounds of SO<sub>2</sub> measured by the continuous monitoring systems required by subsection (E)(1) and (E)(2) for the current operating day and the preceding 29 operating days to calculate the total pounds of SO<sub>2</sub> emissions over the 30-operating day averaging period.
  - b. Multiply the operating days occurring during a 30-day averaging period by 24 to calculate the total operating hours over the most recent 30-operating day period.
  - c. Divide the total amount of SO<sub>2</sub> emissions calculated from subsection (F)(1)(a) by the total operating hours calculated from subsection (F)(1)(b) to calculate the 30-day rolling hourly average SO<sub>2</sub> emissions.
2. For the continuous monitoring systems required by subsections (E)(1) and (E)(2), hourly emissions shall be computed as follows:
  - a. Except as provided under subsection (F)(2)(c), for a full operating hour (any clock hour with 60 minutes of unit operation), at least four valid data points are required to calculate the hourly average, i.e., one data point in each of the 15-minute quadrants of the hour.
  - b. Except as provided under subsection (F)(2)(c), for a partial operating hour (any clock hour with less than 60 minutes of unit operation), at least one valid data point in each 15-minute quadrant of the hour in which the unit operates is required to calculate the hourly average.
  - c. For any operating hour in which required maintenance or quality-assurance activities are performed:
    - i. If the unit operates in two or more quadrants of the hour, a minimum of two valid data points, separated by at least 15 minutes, is required to calculate the hourly average; or
    - ii. If the unit operates in only one quadrant of the hour, at least one valid data point is required to calculate the hourly average.
- d. If a daily calibration error check is failed during any operating hour, all data for that hour shall be invalidated, unless a subsequent calibration error test is passed in the same hour and the requirements of subsection (F)(2)(c) are met, based solely on valid data recorded after the successful calibration.
- e. For each full or partial operating hour, all valid data points shall be used to calculate the hourly average.
- f. Data recorded during periods of continuous monitoring system breakdown, repair, maintenance, out of control periods, calibration checks, and zero and span adjustments shall not be included in the data averages computed under subsection (F)(3).
- g. Either arithmetic or integrated averaging of all data may be used to calculate the hourly average. The data may be recorded in reduced or non-reduced form.
3. When no valid hour or hours of data have been recorded by a continuous monitoring system required by subsections (E)(1) and (E)(2) and the associated process unit is operating, the owner or operator shall calculate substitute data for each such period according to the following procedures:
  - a. For a missing data period less than or equal to 24 hours, substitute the average of the hourly SO<sub>2</sub> concentrations recorded by the system for the hour before and the hour after the missing data period.
  - b. For a missing data period greater than 24 hours, substitute the greater of:
    - i. The 90th percentile hourly SO<sub>2</sub> concentrations recorded by the system during the previous 720 quality-assured monitor operating hours; or
    - ii. The average of the hourly SO<sub>2</sub> concentrations recorded by the system for the hour before and the hour after the missing data period.
4. The owner or operator shall include periods of startup, shutdown, malfunction, or other upset conditions when determining compliance with the emission limit in subsection (C).

**G. Recordkeeping.**

1. The owner or operator shall maintain records as specified in the capture system and control device operations and maintenance plan required under subsection (D)(2) and the roofline fugitive emissions monitoring plan required under subsection (E)(8).
2. The owner or operator shall maintain the following records for at least five years:
  - a. All measurements from the continuous monitoring systems required by subsection (E)(1) and (E)(2); including the date, place, and time of sampling or measurement, parameters sampled or measured, and results.
  - b. All records of all compliance calculations required by subsection (F).
  - c. All records of quality assurance and quality control activities conducted on the continuous monitoring systems required by subsection (E)(1) and (E)(2).
  - d. All records of continuous monitoring system breakdowns, repairs, maintenance, out of control periods, calibration checks, and zero and span adjustments for the continuous monitoring systems required by subsection (E)(1) and (E)(2).
  - e. All records of the occurrence and duration of any startup, shutdown, or malfunction in the operation of

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Smelter processes; any malfunction of the associated air pollution control equipment; or any periods during which a continuous monitoring system or monitoring device required by subsection (E)(1) and (E)(2) is inoperative.

- f. All records of all major maintenance activities conducted on emission units, capture system, air pollution control equipment, and continuous monitoring systems; including those set forth in the operations and maintenance plan required by subsection (D)(2).
- g. All records of reports and notifications required by subsection (H).

**H. Reporting**

1. Within 30 days after the end of each calendar quarter, the owner or operator shall submit a data assessment report to the Director in accordance with 40 CFR Part 60, Appendix F, Procedure 1 for the continuous monitoring systems required by subsection (E).
2. The owner or operator shall submit an excess emissions and monitoring systems performance report and-or summary report form in accordance with 40 CFR § 60.7(c) to the Director semiannually for the continuous monitoring systems required by subsection (E)(1) and (E)(2). All reports shall be postmarked by the 30th day following the end of each six-month period.
3. The owner or operator shall provide the following to the Director:
  - a. Notification of commencement of construction of the project improvements and equipment authorized by Significant Permit Revision No. 53592 to comply with the operational or emission limits in this Section no later than 30 days after such date.
  - b. Semiannual progress reports on construction of any such improvements and equipment on January 1 and July 1 of each calendar year until construction is complete.
  - c. Notification of initial startup of any such improvements and equipment within 15 days after such date.

- I. Preconstruction review. This Section is determined to be Reasonably Available Control Technology (RACT) for SO<sub>2</sub> emissions from the operations subject to subsection (C) for purposes of minor source NSR requirements addressed in R18-2-334.

**Historical Note**

New Section R18-2-C1302 made by final rulemaking at 23 A.A.R. 767, on the later of the effective date of the Administrator's action approving it as part of the state implementation plan or January 1, 2018.

**PART D. ARIZONA REGIONAL HAZE CLASS I AREAS****R18-2-D1301. Definitions for R18-2-D1302 and R18-2-D1303**

The following definitions apply to R18-2-D1302 and R18-2-D1303:

1. "Average Daily Vehicle Trips (ADT)" means the average number of vehicles that cross a given point on a road over a 24-hour period.
2. "Bulk material" means any material, including but not limited to earth, rock, silt, sediment, sand, gravel, soil, fill, aggregate less than 2 inches in length or diameter, dirt, mud, demolition debris, trash, cinders, pumice, saw dust, and dry concrete, which are capable of producing fugitive dust.

3. "Class I area" means any international park, national wilderness area and national memorial park that exceeds 5,000 acres, or any national park that exceeds 6,000 acres, which are designated under the Clean Air Act as mandatory Federal Class I areas in order to preserve, protect and enhance air quality. The full list of Arizona Federal Class I areas as of the effective date of this Part is defined at 40 CFR 81.403.
4. "Chemical stabilizer/dust suppressant" means hygroscopic material, solution of water and chemical surfactant foam, non-toxic chemical stabilizer or any other dust palliative, which is not prohibited by the U.S. Environmental Protection Agency (EPA), the Arizona Department of Environmental Quality (ADEQ), or any applicable law or regulation, as a treatment material for reducing fugitive dust emissions.
5. "Clean gravel" means a mineral or rock aggregate ranging in size from 0.25 to 3 inches on its longest dimension that is either natural or the product of a mineral processing operation and contains no more than 6% silt by weight.
6. "Construction" means building a capital improvement resting upon, connected to or buried in the earth; modifications to existing structures, including additions, alterations, conversions, expansions, reconstruction, renovations, rehabilitations, and major replacements; or installing infrastructure associated with a new or modified structure, such as roads, flood structures, drainage works and irrigation works, and installation of above- or below-ground utilities.
7. "Construction site" means any property or portion of a property upon which dust generating operations occur as a result of construction.
8. "Disturbed Surface Area" means any portion of the earth's surface that has been physically moved, uncovered, destabilized, or otherwise modified from its undisturbed natural condition.
9. "Dust generating operations" means any activity capable of generating fugitive dust, including but not limited to:
  - a. Earthmoving activities;
  - b. Land clean-up, leveling, back filling;
  - c. Drilling;
  - d. Construction;
  - e. Demolition;
  - f. Bulk material handling, storage or transporting operations;
  - g. Operation of motorized machinery used in Construction;
  - h. Establishing or using unpaved parking lots, haul/access roads within a construction site; or
  - i. Installing initial landscapes using mechanized equipment.
10. "Dust Visibility Protection Areas" means the following townships associated with the Chiricahua National Monument and Wilderness Area, Galiuro Wilderness Area, Saguaro National Park (Wilderness Area), and Superstition Wilderness Area, (except those areas in Tribal Nations and Communities land, which has the same meaning as the term defined in 18 U.S.C. 1151):
  - a. In Cochise County: Township 12 South, Range 19 through 25 East (T12S, R19-25E); T12S, R27-32E; T13S, R19-32E; T14S, R19-32E; T15S, R19-32E; T16S, R19-22E; T16S, R24-32E; T17S, R19-22E; T17S, R24-32E; T18S, R19-21E; T18S, R24-32E;

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- T19S, R19-20E; T19S, R25-32E; T20S, R25-32E; T21S, R26-32E; T22S, R26-32E; T23S, R27-32E; T24S, R28-32E.
- b. In Graham County: T4S, R19-21E; T5S, R19-22E; T6S, R19-23E; T7S, R19-24E; T8S, R19-24E; T9S, R19-25E; T10S, R19 – 25E; T11S, R19-25E.
  - c. In Gila County: T7N, R9-14E; T6N, R9-15E; T5N, R9-15.5E; T4.5N, R15.5-16E; T4N, R10-16E; T3N, R11-17E; T2N, R13-17E; T1N, R13-17E; T1S, R13-17E; T2S, R14-17E; T3S, R14-16E; T4S, R14-16E; T5S, R15-16E.
  - d. In Maricopa County: T7N, R9E; T6N, R7-10E; T5N, R6-10E; T4N, R5-12E; T3N, R5-12E; T2N, R4-13E; T1N, R4-7E; T1S, R5-7E; T2S, R5-7E.
  - e. In Pima County: T11S, R7-18E; T12S, R7-18E; T13S, R7-18E; T14S, R7-18E; T15S, R7-18E; T16S, R8-18E; T17S, R9-18E; T18S, R11-18E; T19S, R15-18E.
  - f. In Pinal County: T1N, R8-13E; T1S, R8-14E; T2S, R8-14E; T3S, R6-14E; T3S, R17-18E; T4S, R7-18E; T5S, R9-18E; T6S, R15-18E; T7S, R15-18E; T8S, R10-18E; T9S, R9-18E; T10S, R8-18E.
11. “Earthmoving activity” means any land clearing, land cutting and filling operations, blasting, trenching, road construction, grading, landscaping, landfill operations, weed abatement through discing, soil mulching, or any other activity associated with land development where the objective is to disturb the surface of the earth.
  12. “Modified unpaved access point” means a project where paving operations are an integral part of new construction, reconstruction, or a pavement rehabilitation project on the paved public road.
  13. “Nonresidential construction site” means a construction site where industrial, commercial, or institutional construction is taking place, including roads on the project site and excluding single family or multifamily home construction. Nonresidential construction does not include:
    - a. Dust generating activities associated with the emergency repair of utilities;
    - b. Roadway construction, unless it is associated with a nonresidential construction site; or
    - c. Ongoing mining and quarrying activities, except construction of new structures.
  14. “Owner or operator” means any person including, but not limited to, the property owner, lessee, developer, responsible official, general or prime contractor, supervisor, management company, or any person who owns, leases, operates, controls, or supervises a dust generating operation subject to the requirements of this Part.
  15. “Pave/Pavement” means the application and maintenance of asphalt, concrete, or other similar material to a roadway surface, such as asphaltic concrete, concrete pavement, chip seal, or rubberized asphalt.
  16. “Paved public road” means a public road that is covered with asphalt, recycled asphalt, asphaltic concrete, concrete, or any other pavement.
  17. “Private road” means any road, equipment path or travel way used for motorized vehicle travel that is not a “public road” defined in R18-2-D1301.18.
  18. “Public road” means any road, equipment path or travel way used for motorized vehicle travel that is owned by federal, state, county, municipal or other governmental or quasi-governmental agencies.
  19. “Trackout” means any and all bulk materials that adhere to and agglomerate on the exterior surface of motor vehicles, haul trucks, or equipment (including tires) and that have fallen onto a paved roadway.
  20. “Unpaved access point” means a location where an “unpaved public road” intersects with, adjoins, or otherwise connects to a “paved public road.”
  21. “Unpaved haul/access road” means any on-site unpaved road used by commercial, industrial, institutional, and/or governmental traffic.
  22. “Unpaved parking and staging area” means any nonresidential area that is not covered by asphalt, recycled asphalt, asphaltic concrete, concrete, or any other pavement that is used for fueling and servicing; shipping, receiving and transfer; or parking or storing equipment, haul trucks, vehicles, and any conveyances, including on-site unpaved access routes to such an area.
  23. “Unpaved public road” means a public road that is not covered with asphalt, recycled asphalt, asphaltic concrete, concrete, or any other pavement.

**Historical Note**

New Section made by final rulemaking at 29 A.A.R. 1658 (July 28, 2023), effective September 10, 2023 (Supp. 23-3).

**R18-2-D1302. Fugitive Dust Emissions from Nonresidential Construction****A. Applicability.**

1. This Section applies to the owner or operator of a nonresidential construction site, as defined in R18-2-D1301(13), within the Dust Visibility Protection Areas, as defined in R18-2-D1301(10).
2. Effective date. Except as otherwise provided, the provisions of this Section shall take effect on January 1, 2025.

**B. Exemptions.** This Section shall not apply to:

1. Areas subject to Maricopa County Air Pollution Control Regulations, Rule 310 Fugitive Dust From Dust-Generating Operations (as amended January 27, 2010);
2. Areas subject to Pinal County Air Quality Control District Code of Regulations, Chapter 4, Article 3. Construction Sites - Fugitive Dust (as amended October 28, 2015) and Chapter 4, Article 7. Construction Sites in Nonattainment Areas – Fugitive Dust (as amended June 3, 2009);

**C. Notification.**

1. The owner or operator of a nonresidential construction site shall notify the Director at least 30 days before beginning any construction activity by submitting a notification form prescribed by the Director.
2. Notification under subsection (C)(1) shall include:
  - a. Applicant name, organization/company, address, phone number, and email address;
  - b. Location of the construction site (street address or GPS coordinates of the center of the site);
  - c. The total area of the property upon which construction activities occur and an estimate of the area expected to be used for parking and staging activities;
  - d. Expected start and completion date of any construction activities;
  - e. Control measures selected from subsections (D)(1) and (2).
3. The owner or operator shall notify the director of any changes to the information included in the notification required under subsection (C)(1) as soon as practicable.

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Notification of a change to the construction start date must be provided no later than 30 days before the new start date.

**D. Standards.**

1. Unpaved parking and staging areas. The owner or operator of a nonresidential construction site with unpaved parking and staging areas that have a cumulative area of one acre or more shall implement and use at least one of the following measures to reduce emissions of fugitive dust:
  - a. Apply and maintain chemical stabilizers/dust suppressants;
  - b. Apply and maintain clean gravel to a depth of two inches;
  - c. Install and maintain pavement.
2. Application and maintenance of chemical stabilizers/dust suppressants under subsection (D)(1)(a) shall be made in accordance with the manufacturer's recommendation.
3. Speed limit. To reduce emissions of fugitive dust, the owner or operator of a nonresidential construction site with 10 acres or more of disturbed surface area associated with the construction project shall restrict maximum vehicular speeds to 15 miles per hour on all unpaved traffic areas of the site including unpaved easements, right of way, unpaved haul/access roads and parking areas by installing speed limit signs at each entrance and along haul/access roads, with a minimum of four signs per site.

**E. Monitoring.**

1. To demonstrate compliance with subsection (D)(1), the owner or operator shall perform inspections on each day dust-generating operations are conducted of all parking and staging areas, including routinely traveled surfaces as evidenced by tire tracks, to ensure continued implementation of required control measures.
2. To demonstrate compliance with subsection (D)(2), the owner or operator shall perform inspections on each day dust-generating operations are conducted of vehicular traffic at the construction site to ensure continued implementation of required control measures.

**F. Recordkeeping and Reporting.**

1. The owner or operator shall maintain the following records:
  - a. Records of control measures implemented and maintained as required by subsection (D) including:
    - i. The types of surface treatments, extent of coverage, and frequency/date of application/installation;
    - ii. Copies of manufacturer specifications for chemical stabilizers/dust suppressants, if applicable; and
    - iii. The number and placement of speed limit signs.
  - b. Written records of self-inspection required by subsections (E)(1) and (E)(2) on each day dust-generating operations are conducted. Inspection records shall, at a minimum, include:
    - i. Identification of inspector;
    - ii. Inspection date and time;
    - iii. General findings of inspection;
    - iv. Gravel coverage and measurements of depth, if applicable;
    - v. A description of how vehicle speed limits are restricted and enforced, such as, speed checks with radar guns, or other effective means; and

- vi. Any corrective action or preventive measures taken as a result of the self-inspection, such as, application of additional dust suppressants or gravel and maintenance or replacement of speed limit signs.

2. Records required by subsections (F)(1)(a) and (F)(1)(b) shall be kept onsite and made available for review by the Director within two business days of notice to the owner or operator. For onsite requests by the Director, the owner or operator shall provide such records without delay.
3. The owner or operator shall retain all records, including supporting documentation, required by this Section for five years from the date of such record.

**Historical Note**

New Section made by final rulemaking at 29 A.A.R. 1658 (July 28, 2023), effective September 10, 2023 (Supp. 23-3).

**R18-2-D1303. Fugitive Dust Emissions from Paved Roads**

- A. Applicability.** This Section applies to the owner or operator of an unpaved access point within the Dust Visibility Protection Areas, as defined in R18-2-D1301(10).
- B. Exemptions.** The provisions of subsection (C)(2) shall not apply to areas subject to Pinal County Air Quality Control District Code of Regulations, Chapter 4, Article 1. West Pinal PM<sub>10</sub> Moderate Nonattainment Area Fugitive Dust (as amended October 28, 2015).
- C. Standards.**
  1. Application of dust controls measures to unpaved access points. The owner or operator of a new or modified unpaved access point with a paved road exceeding 2,700 ADT shall apply dust controls measures to the unpaved access point by implementing and using at least one of the following measures to reduce trackout onto the paved roadway:
    - a. Apply and maintain chemical stabilizers/dust suppressants;
    - b. Apply and maintain clean gravel to a depth of two inches;
    - c. Install and maintain pavement.
  2. Control measures under subsections (C)(1)(a) through (C)(1)(c) shall be applied for the full width of the unpaved roadway and up to the right-of-way limits of the paved road or up to 100 ft. from the centerline of the adjoining paved road, whichever is less. Application and maintenance of chemical stabilizers/dust suppressants under subsection (C)(1)(a) shall be made in accordance with the manufacturer's recommendation.
  3. Cleanup of trackout, spillage, and erosion-caused deposition of any bulk material on paved public roadways. The owner or operator of the property within the Dust Visibility Protection Areas from which the trackout, spillage, or erosion caused deposition came shall, upon discovery of bulk material that extends 50 feet or more from the nearest unpaved surface exit onto the paved public roadway:
    - a. Within 24 hours of discovery, remove the bulk material from the paved public roadway with one of the following control measures:
      - i. Manual sweeping and pickup; or
      - ii. Operating a rotary brush or broom accompanied or preceded by sufficient wetting to limit fugitive dust emissions; or
      - iii. Operating a street sweeper; or

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- iv. Flushing with water, if curb and gutters are not present and where the use of water will not result in a source of trackout material or result in adverse impacts on storm water drainage systems or violate any Arizona Pollutant Discharge Elimination System permit program.
  - b. During removal of bulk material, do so in a manner that does not cause another source of fugitive dust.
  - c. If needed, restrict vehicles from traveling over the bulk material until such time as the material can be removed from the travel lanes of the paved public roadway pursuant to subsection (C)(2)(a). In the event unsafe travel conditions would result from restricting traffic and:
    - i. Removal of such material isn't possible within 72 hours due to a weekend or holiday condition; or
    - ii. After reasonable effort, the owner or operator of the property is unable to obtain state or local agency approval to restrict vehicle traffic and removal of such material isn't possible within 72 hours, the provisions of subsection (C)(2)(a) may be extended upon notification to and approval of the Director.
  - d. The removal of carryout and trackout from paved public roads does not exempt an owner/operator from obtaining state or local agency permits which may be required for the cleanup of bulk material on paved public roads.
- D. Recordkeeping and Reporting.**
1. The owner or operator shall maintain records of control measures implemented and maintained as required by subsection (C) including the date and time of application/installation, and copies of manufacturer specifications for chemical stabilizers/dust suppressants, if applicable.
  2. Records required by subsection (D)(1) shall be made available for review by the Director within two business days of notice to the owner or operator.
  3. The owner or operator shall retain all records, including supporting documentation, required by this Section for five years from the date of such record.
  4. Initial inventory. Within one year from the effective date of this Section, each city, county, state, or federal agency with primary responsibility for any existing paved public roadway with 2,700 ADT or greater shall provide the Director with a list of all unpaved access points under its jurisdiction. Evaluation of ADT shall be based on actual collected ADT data if available, or estimated based on state roadway functional classification designations or other similar means. The evaluation method shall be reported in the initial inventory.
  5. Annual report. By April 1 of each year the owner or operator of a public roadway shall submit to the Director a report containing the following information:
    - a. Location of any unpaved access points to which control measures were applied during the previous calendar year according to subsection (C)(1) (street address or GPS coordinates);
    - b. Actual or estimated ADT of the intersecting paved public roadway portion of each access point and the evaluation method used;
    - c. The control measure applied/installed according to subsection (C)(1);
    - d. The length and width of the unpaved roadway upon which control measures were applied/installed according to subsection (C)(1);
    - e. The start and completion date of initial application/installation of controls according to subsection (C)(1); and
    - f. An update to the list of unpaved access points required under subsection (D)(4) to include any new access points that become subject to this Section due to changes in ADT.

**Historical Note**

New Section made by final rulemaking at 29 A.A.R. 1658 (July 28, 2023), effective September 10, 2023 (Supp. 23-3).

**ARTICLE 14. CONFORMITY DETERMINATIONS****R18-2-1401. Definitions**

Terms used in this Article but not defined in this Article, Article 1 of this Chapter, or A.R.S. § 49-401.01 shall have the meaning given them by the CAA, Titles 23 and 40 U.S.C., other EPA regulations, or other USDOT regulations, in that order of priority. The following definitions and the definitions contained in Article 1 of this Chapter and in A.R.S. § 49-401.01 shall apply to this Article:

1. "ADEQ" means the Arizona Department of Environmental Quality.
2. "ADOT" means the Arizona Department of Transportation.
3. "Applicable implementation plan" is defined in § 302(q) of the CAA and means the portion (or portions) of the implementation plan, or most recent revision thereof, which has been approved under § 110, or promulgated under § 110(c), or promulgated or approved pursuant to regulations promulgated under § 301(d) and which implements the relevant requirements of the CAA.
4. "CAA" means the Clean Air Act, as amended.
5. "Cause or contribute to a new violation" for a project means either of the following:
  - a. To cause or contribute to a new violation of a standard in the area substantially affected by the project or over a region which would otherwise not be in violation of the standard during the future period in question, if the project were not implemented.
  - b. To contribute to a new violation in a manner that would increase the frequency or severity of a new violation of a standard in such area.
6. "Consultation" means that one party confers with another identified party, provides access to all appropriate information to that party needed for meaningful input, and, prior to taking any action, considers the views of that party and responds in accordance with the procedures established in R18-2-1405.
7. "Control strategy implementation plan revision" is the applicable implementation plan which contains specific strategies for controlling the emissions of and reducing ambient levels of pollutants in order to satisfy CAA requirements for demonstrations of reasonable further progress and attainment (CAA §§ 182(b)(1), 182(c)(2)(A), 182(c)(2)(B), 187(a)(7), 189(a)(1)(B), and 189(b)(1)(A); and §§ 192(a) and 192(b), for nitrogen dioxide).
8. "Control strategy period" with respect to particulate matter less than 10 microns in diameter (PM<sub>10</sub>), carbon monoxide (CO), nitrogen dioxide (NO<sub>2</sub>), or ozone precursors (volatile organic compounds (VOC) and oxides of nitro-

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- gen ( $\text{NO}_x$ ), means that period of time after EPA approves control strategy implementation plan revisions containing strategies for controlling  $\text{PM}_{10}$ ,  $\text{NO}_2$ , CO, or ozone, as appropriate. This period ends when the state submits and EPA approves a request under § 107(d) of the CAA for redesignation to an attainment area.
9. "Design concept" means the type of facility identified by the project, e.g., freeway, expressway, arterial highway, grade-separated highway, reserved right-of-way rail transit, mixed traffic rail transit, exclusive busway, etc.
  10. "Design scope" means the design aspects of a facility which will affect the proposed facility's impact on regional emissions, usually as they relate to vehicle or person carrying capacity and control, e.g., number of lanes or tracks to be constructed or added, length of project, signalization, access control including approximate number and location of interchanges, preferential treatment for high-occupancy vehicles, etc.
  11. "EPA" means the United States Environmental Protection Agency.
  12. "FHWA" means the Federal Highway Administration of USDOT.
  13. "FHWA or FTA project" means any highway or transit project which is proposed to receive funding assistance and approval through the Federal-Aid Highway program or the federal mass transit program, or requires Federal Highway Administration (FHWA) or Federal Transit Administration (FTA) approval for some aspect of the project, such as connection to an interstate highway or deviation from applicable design standards on the interstate system.
  14. "FTA" means the Federal Transit Administration of USDOT.
  15. "Forecast period" with respect to a transportation plan means the period covered by the transportation plan pursuant to 23 CFR 450.
  16. "Highway project" means an undertaking to implement or modify a highway facility or highway-related program. Such an undertaking consists of all required phases necessary for implementation. For analytical purposes, it shall be defined sufficiently to:
    - a. Connect logical termini and be of sufficient length to address environmental matters on a broad scope.
    - b. Have independent utility or significance, i.e., be usable and be a reasonable expenditure even if no additional transportation improvements in the area are made.
    - c. Not restrict consideration of alternatives for other reasonably foreseeable transportation improvements.
  17. "Horizon year" means a year for which the transportation plan describes the envisioned transportation system in accordance with R18-2-1406.
  18. "Hot-spot analysis" means an estimation of likely future localized CO and  $\text{PM}_{10}$  pollutant concentrations and a comparison of those concentrations to the national ambient air quality standards. Pollutant concentrations to be estimated should be based on the total emissions burden which may result from the implementation of a single, specific project, summed together with future background concentrations (which can be estimated using the ratio of future to current traffic multiplied by the ratio of future to current emission factors) expected in the area. The total concentration shall be estimated and analyzed at appropriate receptor locations in the area substantially affected by the project. Hot-spot analysis assesses impacts on a scale smaller than the entire nonattainment or maintenance area, including, for example, congested roadway intersections and highways or transit terminals, and uses an air quality dispersion model to determine the effects of emissions on air quality.
  19. "Incomplete data area" means any ozone nonattainment area which EPA has classified, in 40 CFR 81, as an incomplete data area.
  20. "Increase the frequency or severity of a violation" means to cause a location or region to exceed a standard more often or to cause a violation at a greater concentration than previously existed or would otherwise exist during the future period in question, if the project were not implemented.
  21. "ISTEA" means the Intermodal Surface Transportation Efficiency Act of 1991.
  22. "Local transportation agency" means a city, town, or county.
  23. "Maintenance area" means any geographic region of the United States previously designated nonattainment pursuant to the CAA Amendments of 1990 and subsequently redesignated to attainment subject to the requirement to develop a maintenance plan under § 175A of the CAA.
  24. "Maintenance period" with respect to a pollutant or pollutant precursor means that period of time beginning when a state submits and EPA approves a request under § 107(d) of the CAA for redesignation to an attainment area, and lasting for 20 years, unless the applicable implementation plan specifies that the maintenance period shall last for more than 20 years.
  25. "Metropolitan planning organization (MPO)" means the organization designated as being responsible, together with the state, for conducting the continuing, cooperative, and comprehensive planning process under 23 U.S.C. 134 and 49 U.S.C. 1607.
  26. "Milestone" means an emissions level and the date on which it is required to be achieved as described in § 182(g)(1) and § 189(c) of the CAA.
  27. "Motor vehicle emissions budget" means that portion of the total allowable emissions defined in a revision to the applicable implementation plan (or in an implementation plan revision which was endorsed by the Governor or Director of ADEQ, subject to a public hearing, and submitted to EPA, but not yet approved by EPA) for a certain date for the purpose of meeting reasonable further progress milestones or attainment or maintenance demonstrations, for any criteria pollutant or its precursors, allocated by the applicable implementation plan to highway and transit vehicles. The applicable implementation plan for an ozone nonattainment area may also designate a motor vehicle emissions budget for oxides of nitrogen ( $\text{NO}_x$ ) for a reasonable further progress milestone year if the applicable implementation plan demonstrates that this  $\text{NO}_x$  budget will be achieved with measures in the implementation plan (as an implementation plan must do for VOC milestone requirements). The applicable implementation plan for an ozone nonattainment area includes a  $\text{NO}_x$  budget if  $\text{NO}_x$  reductions are being substituted for reductions in volatile organic compounds in milestone years required for reasonable further progress.

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28. "National ambient air quality standards (NAAQS)" means those standards established pursuant to § 109 of the CAA.
29. "NEPA" means the National Environmental Policy Act of 1969, as amended (42 U.S.C. 4321 et seq.).
30. "NEPA process completion" with respect to FHWA or FTA, means the point at which there is a specific action to do any of the following:
  - a. Make a formal final determination that a project is categorically excluded.
  - b. Make a Finding of No Significant Impact.
  - c. Issue a record of decision on a Final Environmental Impact Statement under NEPA.
31. "Nonattainment area" means any geographic region of the United States which has been designated as nonattainment under § 107 of the CAA for any pollutant for which a national ambient air quality standard exists.
32. "Not classified area" means any carbon monoxide nonattainment area which EPA has not classified as either moderate or serious.
33. "Phase II of the interim period" with respect to a pollutant or pollutant precursor means that period of time after December 27, 1993, lasting until the earlier of the following:
  1. Submission to EPA of the relevant control strategy implementation plan revisions which have been endorsed by the Governor or the Director of ADEQ and have been subject to a public hearing.
  2. The date that the CAA requires relevant control strategy implementation plans to be submitted to EPA, provided EPA has made a finding of the state's failure to submit any such plans and the state, MPO, and USDOT have received notice of such finding of the state's failure to submit any such plans.
34. "Project" means a highway project or transit project.
35. "Recipient of funds designated under 23 U.S.C. or the Federal Transit Act" means any agency at any level of state, county, or city government, including any political subdivision or MPO, that routinely receives 23 U.S.C. or Federal Transit Act funds to construct FHWA or FTA projects, operate FHWA or FTA projects or equipment, purchase equipment, or undertake other services or operations via contracts or agreements. This definition does not include private landowners or developers, or contractors or entities that are only paid for services or products created by their own employees.
36. "Regional transportation agency" means a regional transit authority established pursuant to A.R.S. Title 28, Chapter 20 or Chapter 24, or a formal association of political subdivisions involved in regional transportation issues.
37. "Regionally significant transportation project" means a transportation project (other than an exempt project) that is on a facility which serves regional transportation needs (such as access to and from the area outside of the region, major activity centers in the region, major planned developments such as new retail malls, sports complexes, etc., or transportation terminals, as well as most terminals themselves) and would normally be included in the modeling of a metropolitan area's transportation network, including at a minimum all principal arterial highways and all fixed guideway transit facilities that offer an alternative to regional highway travel.
38. "Rural transport ozone nonattainment area" means an ozone nonattainment area that does not include, and is not adjacent to, any part of a Metropolitan Statistical Area or, where one exists, a Consolidated Metropolitan Statistical Area (as defined by the United States Bureau of the Census) and is classified under CAA § 182(h) as a rural transport area.
39. "Standard" means a national ambient air quality standard.
40. "Statewide transportation improvement program (STIP)" means a staged, multi-year, intermodal program of transportation projects covering the state, which is consistent with the statewide transportation plan and metropolitan transportation plans, and developed pursuant to 23 CFR 450.
41. "Statewide transportation plan" means the official intermodal statewide transportation plan that is developed through the statewide planning process for the state, developed pursuant to 23 CFR 450.
42. "Submarginal area" means any ozone nonattainment area which EPA has classified as submarginal in 40 CFR 81.
43. "Transit" is mass transportation by bus, rail, or other conveyance which provides general or special service to the public on a regular and continuing basis. It does not include school buses or charter or sightseeing services.
44. "Transit project" means an undertaking to implement or modify a transit facility or transit-related program, purchase transit vehicles or equipment, or provide financial assistance for transit operations. It does not include actions that are solely within the jurisdiction of local transit agencies, such as changes in routes, schedules, or fares. It may consist of several phases. For analytical purposes, it shall be defined inclusively enough to:
  - a. Connect logical termini and be of sufficient length to address environmental matters on a broad scope.
  - b. Have independent utility or independent significance, i.e., be a reasonable expenditure even if no additional transportation improvements in the area are made.
  - c. Not restrict consideration of alternatives for other reasonably foreseeable transportation improvements.
45. "Transitional area" means any ozone nonattainment area which EPA has classified as transitional in 40 CFR 81.
46. "Transitional period" with respect to a pollutant or pollutant precursor means that period of time which begins after submission to EPA of the relevant control strategy implementation plan which has been endorsed by the Governor or Director of ADEQ and has been subject to a public hearing. The transitional period lasts until EPA takes final approval or disapproval action on the control strategy implementation plan submission or finds it to be incomplete. The precise beginning and end of the transitional period is defined in R18-2-1428.
47. "Transportation control measure (TCM)" means any measure that is specifically identified and committed to in the applicable implementation plan that is either one of the types listed in § 108 of the CAA, or any other measure for the purpose of reducing emissions or concentrations of air pollutants from transportation sources by reducing vehicle use or changing traffic flow or congestion conditions. Notwithstanding the above, vehicle technology-based, fuel-based, and maintenance-based measures which control the emissions from vehicles under fixed traffic conditions are not TCMs for the purposes of this Part.



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- 48. "Transportation improvement program (TIP)" means a staged, multi-year, intermodal program of transportation projects covering a metropolitan planning area which is consistent with the metropolitan transportation plan and developed pursuant to 23 CFR 450.
- 49. "Transportation plan" means the official intermodal metropolitan transportation plan that is developed through the metropolitan planning process for the metropolitan planning area, developed pursuant to 23 CFR 450.
- 50. "Transportation project" means a highway project or a transit project.
- 51. "USDOT" means the United States Department of Transportation.
- 52. "VMT" means the number of vehicle miles traveled.

**Historical Note**

Adopted effective June 15, 1995 (Supp. 95-2).

**R18-2-1402. Applicability**

- A. Except as provided for in subsection (F) or R18-2-1434, conformity determinations are required for all of the following:
  - 1. The adoption, acceptance, approval, or support of transportation plans developed pursuant to 23 CFR 450 or 49 CFR 613 by an MPO or USDOT.
  - 2. The adoption, acceptance, approval, or support of TIPs developed pursuant to 23 CFR 450 or 49 CFR 613 by an MPO or USDOT.
  - 3. The approval, funding, or implementation of FHWA or FTA projects.
- B. Conformity determinations are not required under this Article for individual projects which are not FHWA or FTA projects. However, R18-2-1429 applies to such projects if they are regionally significant.
- C. The provisions of this Article shall apply in all nonattainment and maintenance areas for transportation-related criteria pollutants for which the area is designated nonattainment or has a maintenance plan.
- D. The provisions of this Article apply with respect to emissions of the following criteria pollutants: ozone, carbon monoxide, nitrogen dioxide, and particles with an aerodynamic diameter less than or equal to a nominal 10 micrometers (PM<sub>10</sub>).
- E. The provisions of this Article apply with respect to emissions of the following precursor pollutants:
  - 1. Volatile organic compounds and nitrogen oxides in ozone areas (unless the Administrator determines under § 182(f) of the CAA that additional reductions of NO<sub>x</sub> would not contribute to attainment).
  - 2. Nitrogen oxides in nitrogen dioxide areas.
  - 3. Volatile organic compounds, nitrogen oxides, and PM<sub>10</sub> in PM<sub>10</sub> areas if either of the following apply:
    - a. During the interim period, the EPA Regional Administrator or the Director of ADEQ has made a finding (including a finding in an applicable implementation plan or a submitted implementation plan revision) that transportation-related precursor emissions within the nonattainment area are a significant contributor to the PM<sub>10</sub> nonattainment problem and has so notified ADOT or the MPO where one exists and USDOT.
    - b. During the transitional, control strategy, and maintenance periods, the applicable implementation plan or implementation plan submission establishes a budget for such emissions as part of the reasonable further progress, attainment, or maintenance strategy.

- F. Projects subject to this Article for which the NEPA process and a conformity determination have been completed by FHWA or FTA may proceed toward implementation without further conformity determinations if one of the following major steps has occurred within the most recent three-year period: NEPA process completion; formal start of final design; acquisition of a significant portion of the right-of-way; or approval of the plans, specifications, and estimates. All phases of such projects which were considered in the conformity determination are also included, if those phases were for the purpose of funding, final design, right-of-way acquisition, construction, or any combination of these phases.
- G. A new conformity determination for the project will be required if there is a significant change in project design concept and scope, if a supplemental environmental document for air quality purposes is initiated, or if no major steps to advance the project have occurred within the most recent three-year period.

**Historical Note**

Adopted effective June 15, 1995 (Supp. 95-2).

**R18-2-1403. Priority**

When assisting or approving any action with air quality-related consequences, FHWA and FTA shall give priority to the implementation of those transportation portions of an applicable implementation plan prepared to attain and maintain the NAAQS. This priority shall be consistent with statutory requirements for allocation of funds among states or other jurisdictions.

**Historical Note**

Adopted effective June 15, 1995 (Supp. 95-2).

**R18-2-1404. Frequency of Conformity Determinations**

- A. Conformity determinations and conformity redeterminations for transportation plans, TIPs, and FHWA or FTA projects shall be made according to the requirements of this Section and the applicable implementation plan.
- B. Each new transportation plan shall be found to conform before the transportation plan is approved by the MPO or accepted by USDOT.
- C. All transportation plan revisions shall be found to conform before the transportation plan revisions are approved by the MPO or accepted by USDOT, unless the revision merely adds or deletes exempt projects listed in R18-2-1434 and has been made in accordance with the notification provisions contained in R18-2-1405. The conformity determination shall be based on the transportation plan and the revision taken as a whole.
- D. An existing conformity determination shall lapse unless conformity of existing transportation plans is redetermined:
  - 1. By May 25, 1995, unless previously redetermined consistent with 40 CFR 51, subpart T.
  - 2. Within 18 months after EPA approval of an implementation plan revision which either:
    - a. Establishes or revises a transportation-related emissions budget (as required by CAA §§ 175A(a), 182(b)(1), 182(c)(2)(A), 182(c)(2)(B), 187(a)(7), 189(a)(1)(B), and 189(b)(1)(A); and §§ 192(a) and 192(b), for nitrogen dioxide); or
    - b. Adds, deletes, or changes TCMs.
  - 3. Within 18 months after EPA promulgation of an implementation plan which establishes or revises a transportation-related emissions budget or adds, deletes, or changes TCMs.

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- E. In any case, conformity determinations shall be made no less frequently than every three years, or the existing conformity determination will lapse.
- F. A new TIP shall be found to conform before the TIP is approved by the MPO or accepted by USDOT.
- G. A TIP amendment requires a new conformity determination for the entire TIP before the amendment is approved by the MPO or accepted by USDOT, unless the amendment merely adds or deletes exempt projects listed in R18-2-1434 and has been made in accordance with the notification procedures under R18-2-1405.
- H. After an MPO adopts a new or revised transportation plan, TIP conformity shall be redetermined by the MPO and USDOT within six months from the date of adoption of the plan, unless the new or revised plan merely adds or deletes exempt projects listed in R18-2-1434. Otherwise, the existing conformity determination for the TIP shall lapse.
- I. In any case, TIP conformity determinations shall be made no less frequently than every three years or the existing TIP conformity determination shall lapse.
- J. FHWA or FTA projects shall be found to conform before they are adopted, accepted, approved, or funded. Conformity shall be redetermined for any FHWA or FTA project if none of the following major steps has occurred within the most recent three-year period:
  1. NEPA process completion,
  2. Start of final design,
  3. Acquisition of a significant portion of the right-of-way,
  4. Approval of the plans, specifications, and estimates.
- C. An MPO where one exists, ADEQ, a county air pollution control agency where one exists, ADOT, a transit authority where one exists, and any local transportation agency shall undertake a consultation process in accordance with this Section with each other, with the local or regional offices of EPA, FHWA and FTA, with affected regional transportation agencies, and with the public on the development of the following as described in subsections (D) through (G):
  1. The implementation plan, including the emission budget and list of TCMs in the applicable implementation plan;
  2. The unified planning work program under 23 CFR § 450.314;
  3. The transportation plan and TIP;
  4. The statewide transportation plan and STIP;
  5. Any revisions to the preceding documents;
  6. All transportation conformity determinations.
- D. ADEQ, or the MPO in a county having a population greater than 250,000 persons, shall be the lead agency responsible for preparing an implementation plan, the associated emission budgets, and the list of TCMs in the plan. The lead agency shall also be responsible for assuring the adequacy of the consultation process. The concurrence of ADEQ on each implementation plan is required before ADEQ adopts the plan and transmits it to EPA for inclusion in the state implementation plan pursuant to A.R.S. § 49-406.
- E. ADOT, or the MPO where one exists, shall be the lead agency responsible for preparing the final document or decision and for assuring the adequacy of the consultation process with respect to the development of the transportation plan and the TIP. The MPO shall be the lead agency responsible for preparing the final document or decision and for assuring the adequacy of the consultation process with respect to the development of the unified planning work program under 23 CFR 450.314.
- F. ADOT shall be the lead agency responsible for preparing the final document or decision and for assuring the adequacy of the consultation process with respect to the development of the statewide transportation plan and the STIP.
- G. ADOT, or the MPO where one exists, shall be the lead agency responsible for preparing the final document or decision and for assuring the adequacy of the consultation process with respect to determinations of transportation conformity, except that the entity authorized to adopt or approve a project shall be the lead agency responsible for project-level conformity determinations for projects outside of the transportation plan or TIP and shall assure the adequacy of the consultation process.
- H. Each lead agency described in subsections (D) through (G) shall:
  1. Confer with all other agencies having an interest in the document or decision to be developed;
  2. Provide access to all information needed for meaningful input;
  3. Solicit early and continuing input from those agencies;
  4. Conduct the public consultation process described in subsection (P);
  5. Assure policy-level contact with agencies;
  6. With the exception of notifications pursuant to subsection (M)(8), prior to taking any action required pursuant to subsections (D) through (G), consider the views of each agency and the public and respond to significant comments in a timely, substantive written manner prior to taking any final action and assure that such views and written response are made part of the record of any action.

**Historical Note**

Adopted effective June 15, 1995 (Supp. 95-2).

**R18-2-1405. Consultation**

- A. Consultation procedures as described in this Section shall be undertaken by all of the following entities and shall include the public and affected local and regional transportation agencies in preparing for and making conformity determinations and in developing applicable implementation plans:
  1. An MPO where one exists.
  2. The Arizona Department of Transportation (ADOT).
  3. The United States Department of Transportation (USDOT).
  4. The Arizona Department of Environmental Quality (ADEQ).
  5. The county air pollution control agency established pursuant to A.R.S. Title 49 where one exists.
  6. The United States Environmental Protection Agency (EPA).
- B. The following elements shall be used to implement the consultation processes under subsection (M), with the exception of subsection (M)(8), and under subsection (N), with the exception of subsections (N)(2) and (N)(3), and shall include all affected agencies and interested members of the public, and may be conducted at separate times or in combination:
  1. Providing to the affected agencies and interested members of the public information describing the upcoming decision process,
  2. Distributing or providing access to draft documents,
  3. Providing an opportunity for informal question and answer on the draft document or proposed decision,
  4. Providing an opportunity for formal written comment,
  5. Writing and distributing both a response to comments and the final document or decision.

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- I. FHWA and FTA shall be responsible for assuring timely action on final findings of conformity for transportation plans, TIPs, and federally funded projects, including the basis for those findings, after consulting with other agencies as provided in this Section. FHWA and FTA shall also be responsible for providing guidance on conformity and the transportation planning process to agencies in consultation. FHWA and FTA may rely on the consultation process initiated by ADOT or the MPO where one exists and shall not be required to duplicate that process.
- J. EPA shall be responsible for reviewing and approving updated motor vehicle emissions factors and providing guidance on conformity criteria and procedures to agencies in consultation.
- K. Each lead agency subject to a consultation process under this Section, including any federal agency, shall provide or notice the availability of each final document that is the product of the consultation process, together with all supporting information, to each other agency and members of the public that have participated in the consultation process within 15 days of adopting or approving the document or making the determination. An agency may supply a checklist of available supporting information, which other participating agencies or the public may use to request all or part of the supporting information, in lieu of generally distributing all supporting information.
- L. A meeting that is scheduled or required for another purpose may be used for the purposes of consultation if the conformity consultation purpose is identified in the public notice for the meeting.
- M. A consultation process involving an MPO where one exists, ADEQ, a county air pollution control agency where one exists, ADOT, a transit authority where one exists, local and regional transportation agencies, EPA, USDOT, and the public shall be undertaken for the following:
  - 1. Evaluating and choosing each model and associated methods and assumptions to be used in hot-spot analyses and regional emissions analyses including vehicle miles traveled (VMT) forecasting. The consultation process pursuant to this subsection shall be initiated by ADOT or the MPO where one exists.
  - 2. Determining whether the responsible agency identified in R18-2-1433 has demonstrated that the requirements of R18-2-1416, R18-2-1418 and R18-2-1419 are satisfied without a particular mitigation or control measure. The consultation process pursuant to this subsection shall be initiated by the responsible agency.
  - 3. Making a determination, as required by R18-2-1429(C)(2), whether the project is included in the regional emissions analysis supporting the currently conforming TIP's conformity determination, even if the project is not included in the TIP for the purposes of MPO project selection or endorsement, and whether the project's design concept and scope have changed significantly from those which were included in the regional emissions analysis, or in a manner which would significantly impact use of the facility. The consultation process pursuant to this subsection shall be initiated by the MPO. In nonattainment areas where no MPO exists, ADOT shall initiate the consultation process for making a determination, as required by R18-2-1429(C)(2), whether a project that is outside of a TIP is included in the regional emissions analysis, and whether the project's design concept and scope have changed significantly from those which were included in the regional emissions analysis, or in a manner which would significantly impact use of the facility.
- 4. Determining pursuant to subsection (R) which minor arterials and other transportation projects should be considered "regionally significant" for the purposes of regional emissions analysis and which projects should be considered to have a significant change in design concept and scope from the transportation plan or TIP. The consultation process pursuant to this subsection shall be initiated by the MPO. In nonattainment areas where no MPO exists, ADOT shall initiate the consultation process for determining pursuant to subsection (R) which minor arterials and other transportation projects should be considered "regionally significant" for the purposes of regional emissions analysis.
- 5. Evaluating whether exempt projects as described in R18-2-1434 and R18-2-1435 should be treated as non-exempt in cases where potential adverse emissions impacts may exist for any reason. The consultation process pursuant to this subsection shall be initiated by ADOT or the MPO where one exists.
- 6. Making a determination, as required by R18-2-1413, whether past obstacles to implementation of TCMs which are behind the schedule established in the applicable implementation plan have been identified and are being overcome, and whether state and local agencies with influence over approvals or funding for TCMs are giving maximum priority to approval or funding for TCMs. This consultation process shall also consider whether delays in TCM implementation necessitate revisions to the applicable implementation plan to remove TCMs or to substitute TCMs or other emission reduction measures. The consultation process pursuant to this subsection shall be initiated by ADOT or the MPO where one exists.
- 7. Identifying, as required by R18-2-1431, projects located at sites in PM<sub>10</sub> nonattainment areas which have vehicle and roadway emission and dispersion characteristics which are essentially identical to those at sites which have violations verified by monitoring, and therefore require quantitative PM<sub>10</sub> hot-spot analysis. The consultation process pursuant to this subsection shall be initiated by ADOT or the MPO where one exists.
- 8. Notification of transportation plan or TIP revisions or amendments which merely add or delete exempt projects listed in R18-2-1434. Notice shall be provided by the MPO and need not be provided prior to final action. Notice shall be provided by ADOT for revisions and amendments affecting the state transportation plan and the state TIP. The public involvement process described in subsection (P) is not required for the purposes of this subsection.
- 9. Project-level conformity determinations pursuant to R18-2-1416. The consultation process pursuant to this subsection shall be initiated by the recipient of the funds designated under 23 U.S.C. or the Federal Transit Act.
- N. A consultation process involving the MPO, ADEQ, a county air pollution control agency where one exists, ADOT, appropriate political subdivisions, regional transportation agencies, if any, and the public shall be undertaken for the following:
  - 1. Evaluating events which will trigger new conformity determinations in addition to those triggering events established in R18-2-1404 and including any changes in planning assumptions that may trigger a new conformity determination. The consultation process pursuant to this

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subsection shall be initiated by ADOT or the MPO where one exists.

2. Consulting on emissions analysis for transportation activities which cross the borders of MPOs or nonattainment areas or air basins. The consultation process pursuant to this subsection shall be initiated by ADOT or the MPO where one exists. The public involvement process described in subsection (P) is not required for the purposes of this subsection.
  3. Where the metropolitan planning area does not include the entire nonattainment or maintenance area, a consultation process involving the MPO and ADOT for cooperative planning and analysis for purposes of determining conformity of all projects outside the metropolitan area and within the nonattainment or maintenance area. The consultation process pursuant to this subsection shall be initiated by ADOT. The public involvement process described in subsection (P) is not required for the purposes of this subsection.
  4. The design, schedule, and funding of research and data collection efforts and regional transportation model development. The consultation process pursuant to this subsection shall be initiated by ADOT or the MPO where one exists.
  5. Determining that a conforming project approved with mitigation no longer requires mitigation. The consultation process pursuant to this subsection shall be initiated by ADOT or the MPO where one exists.
- O.** The following consultation processes involve recipients of funds designated under 23 U.S.C. or the Federal Transit Act:
1. A consultation process involving the MPO, ADEQ, a county air pollution control agency where one exists, ADOT, recipients of funds designated under 23 U.S.C. or the Federal Transit Act and any agency created under state law that sponsors or approves transportation projects shall be undertaken to assure that plans for construction of regionally significant projects which are not FHWA or FTA projects, including projects for which alternative locations, design concept or scope, or the no-build option are still being considered, are disclosed as soon as practicable to ADOT or the MPO where one exists, so as to assure that any significant changes to the design concept or scope of those plans are disclosed as soon as practicable. The political subdivision having authority to adopt or approve a regionally significant transportation project, and any agency that becomes aware of any such project through applications for approval, permitting, funding, or otherwise shall disclose such project to ADOT or the MPO if one exists as soon as practicable. To help assure timely disclosure, the political subdivision having authority to adopt or approve any potential regionally significant transportation project shall disclose to ADOT or the MPO on a schedule prescribed by ADOT or the MPO, whichever is appropriate, each project for which alternatives have been identified through the NEPA process and, in particular, any preferred alternative that may be a regionally significant project. The consultation process shall include assuming the location, design concept, and scope of the project, where the sponsor has not yet decided these features, in sufficient detail to allow ADOT or the MPO to perform a regional emissions analysis. The consultation process pursuant to this subsection shall be initiated by ADOT or the MPO where one exists.
  2. A consultation process involving the MPO, ADEQ, a county air pollution control agency where one exists, ADOT, recipients of funds designated under 23 U.S.C. or the Federal Transit Act, any agency created under state law that sponsors or approves transportation projects, and the public shall be undertaken for the development of procedures as described in R18-2-1429. The consultation process pursuant to this subsection shall be initiated by ADOT or the MPO where one exists.
- P.** Public involvement processes shall be conducted according to the requirements of this subsection.
1. ADOT or the MPO, where one exists, when making conformity determinations on transportation plans, programs, and projects shall establish and continuously implement a proactive public involvement process which provides opportunity for public review and comment prior to taking formal action on a conformity determination for all transportation plans and TIPs, that meets the following minimum requirements:
    - a. Includes a process that provides complete information, timely public notice, full public access to key decisions and supports early and continuing involvement of the public in developing plans and TIPs.
    - b. Requires a minimum public comment period of 45 days before the public involvement process is initially adopted or revised.
    - c. Provides timely information about transportation issues and processes to citizens, affected public agencies, representatives of transportation agency employees, private providers of transportation, other interested parties and segments of the community affected by transportation plans, programs, and projects, including but not limited to central city and other local jurisdiction concerns.
    - d. Provides reasonable public access to technical and policy information used in the development of plans and TIPs and open public meetings where matters related to the federal-aid highway and transit programs are being considered.
    - e. Requires adequate public notice of public involvement activities and time for public review and comment at key decision points, including, but not limited to, approval of plans and TIPs and approval of changes in plans and TIPs. In nonattainment areas classified as serious and above, the comment period shall be at least 30 days for the plan, TIP, and major amendments. Public notice shall include mailing of notice to a list of all persons who have requested notice of actions covered by this Article.
    - f. Demonstrates explicit consideration and response to public input received during the planning and program development processes.
    - g. Seeks out and considers the needs of those traditionally underserved by existing transportation systems, including but not limited to low-income and minority households.
    - h. When significant written and oral comments are received on a draft transportation plan or TIP, including the financial plan, as a result of the public involvement process or the consultation process required by this Section, a summary, analysis, and report on the disposition of comments shall be made part of the final plan and TIP.

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- i. If the final transportation plan or TIP differs significantly from the one which was made available for public comment by the MPO and it raises new material issues which interested parties could not reasonably have foreseen from the public involvement efforts, an additional opportunity for public comment on the revised plan or TIP shall be made available.
  - j. ADOT or the MPO where one exists shall specifically address in writing all public comments that known plans for a regionally significant transportation project which is not receiving FHWA or FTA funding or approval have not been properly reflected in the emissions analysis supporting a proposed conformity finding for a transportation plan or TIP.
  - k. Public involvement processes shall be periodically reviewed by ADOT or the MPO in terms of their effectiveness in assuring that the process provides full and open access to all.
  - l. These procedures will be reviewed by the FHWA and the FTA during certification reviews for TMAs, and as otherwise necessary for all MPOs, to assure that full and open access is provided to MPO decisionmaking processes.
  - m. Metropolitan public involvement processes shall be coordinated with statewide public involvement processes wherever possible to enhance public consideration of the issues, plans, and programs and to reduce redundancies and costs.
2. Local and regional transportation agencies when making conformity determinations on regionally significant transportation projects shall establish and implement a public involvement process which meets, at a minimum, the following requirements:
    - a. Provides to the affected agencies and interested members of the public information describing the upcoming decision process.
    - b. Distributes or provides access to draft documents and all information needed for meaningful input.
    - c. Solicits early and continuing input from interested agencies and the public.
    - d. Provides an opportunity for informal question and answer on the draft document or proposed decision.
    - e. Provides an opportunity for formal written comment.
    - f. Provides for writing and distributing both a response to comments and the final document or decision. The response to comments shall consider the views of each agency and the public. The response to comments shall be made in a timely, substantive written manner prior to taking any final action and shall be made part of the record of any action.
- Q.** Any conflict among state agencies or between state agencies and an MPO shall be escalated to the Governor if the conflict cannot be resolved by the directors of the involved agencies. In the first instance, such entities shall make every effort to resolve any differences, including personal meetings between the directors of such entities or their policy-level representatives, to the extent possible. Within 14 calendar days after ADOT or the MPO has notified ADEQ of its decision, ADEQ may appeal a proposed determination of conformity, or other policy decision under this Article, to the Governor. ADEQ must provide notice of any appeal under this subsection to ADOT or the MPO. If ADEQ does not appeal to the Governor within 14 days, ADOT or the MPO may proceed with the final determination or decision. If ADEQ appeals to the Governor, the final conformity determination or policy decision shall have the concurrence of the Governor. The Governor may delegate to another official or agency within the state the role of hearing any appeal under this subsection and of deciding whether to concur in the determination or decision but may not delegate these functions to the director or staff of ADEQ, to any local air quality agency, to ADOT, to any state transportation commission or board, to an MPO, or to any agency that has responsibility for any of these functions.
- R.** The following procedures shall govern the consultation process regarding regionally significant transportation projects as defined in R18-2-1401(37):
1. By September 1, 1995, ADOT or the MPO where one exists shall develop and make available, for each nonattainment or maintenance area, consistent with A.R.S. § 49-408(A), the following:
    - a. A map of the highway or transit facilities in the nonattainment or maintenance area that serve regional transportation needs.
    - b. Guidance on which undertakings to implement or modify a highway facility are not transportation projects as defined in this Article, because they are not of sufficient length to address environmental matters on a broad scope.
    - c. Guidance on which types of transportation projects are normally included in the regional transportation model.
  2. The map and guidance described in subsection (R)(1) shall be produced only after consultation with ADEQ, a county air pollution control agency where one exists, ADOT, a transit authority where one exists, local and regional transportation agencies, and the public. The map developed pursuant to subsection (R)(1) shall be updated prior to the commencement of the next TIP or STIP development cycle, unless no changes have occurred. The guidance developed pursuant to subsection (R)(3) shall be revised as necessary to reflect changes in the regional transportation model.
  3. ADOT or the MPO where one exists shall develop and initiate the consultation process described in subsection (H) for a proposed list of transportation projects to be considered regionally significant. The consultation process shall include the MPO where one exists, ADEQ, a county air pollution control agency where one exists, ADOT, a transit authority where one exists, local and regional transportation agencies, EPA, USDOT, and the public. The list shall include information supporting the proposed classification.
  4. In determining whether a facility serves regional transportation needs, ADOT or the MPO where one exists shall consider at a minimum whether the facility:
    - a. Would be classified as a principal arterial based on average daily traffic or other factors, if not for limitations that the USDOT places on the percentage of streets that can be so classified.
    - b. For all other roadways, whether the facility:
      - i. Serves regional mobility needs, as opposed to local access.
      - ii. Carries regional traffic from one principal arterial to another.

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- iii. Is a modification that expands a facility such that it would serve regional transportation needs.
- 5. For the purposes of this Article, a street with a lower classification than a collector street, as specified in the most recent federal classification map for the region, does not serve regional transportation needs.
- 6. None of the following attributes, by itself, shall require a transportation project to be included in the modeling of a metropolitan area's transportation network:
  - a. The connection of a facility that does not serve regional transportation needs to a facility that does serve regional transportation needs.
  - b. The addition or modification of a lane other than a through lane.
- S. An agency having a role or responsibility under this Section may delegate that role or responsibility to another entity pursuant to the applicable state law but shall notify all other parties to the consultation process of this fact when the delegation occurs and shall also provide to the other parties the name, address, and telephone number of one or more contact persons representing the entity that is accepting the delegated role or responsibility.
- T. The provisions of this Section apply only to TIP and STIP planning cycles beginning with the cycles next following the effective date of this Section. The provisions of 40 CFR 51, Subpart T, continue to apply to all TIP and STIP planning cycles in progress at the time of the effective date of this Section. The provisions of this Section apply to consultation on projects and TIP amendments as of the effective date of this Section.

**Historical Note**

Adopted effective June 15, 1995 (Supp. 95-2).

**R18-2-1406. Content of Transportation Plans**

- A. For transportation plans adopted after January 1, 1995, in serious, severe, or extreme ozone nonattainment areas and in serious carbon monoxide nonattainment areas, the following shall apply:
  - 1. The transportation plan shall specifically describe the transportation system envisioned for certain future years which shall be called horizon years.
  - 2. The agency or organization developing the transportation plan, after consultation pursuant to R18-2-1405, may choose any years to be horizon years, subject to the following restrictions:
    - a. Horizon years may be no more than 10 years apart.
    - b. The first horizon year may be no more than 10 years from the base year used to validate the transportation demand planning model.
    - c. If the attainment year is in the time span of the transportation plan, the attainment year shall be a horizon year.
    - d. The last horizon year shall be the last year of the transportation plan's forecast period.
  - 3. For these horizon years all of the following apply:
    - a. The transportation plan shall quantify and document the demographic and employment factors influencing expected transportation demand, including land-use forecasts, in accordance with implementation plan provisions and R18-2-1405.
    - b. The highway and transit system shall be described in terms of the regionally significant additions or modifications to the existing transportation network

which the transportation plan envisions to be operational in the horizon years. Additions and modifications to the highway network shall be sufficiently identified to indicate intersections with existing regionally significant facilities and to determine their effect on route options between transportation analysis zones. Each added or modified highway segment shall also be sufficiently identified in terms of its design concept and design scope to allow modeling of travel times under various traffic volumes, consistent with the modeling methods for area-wide transportation analysis in use by the MPO. Transit facilities, equipment, and services envisioned for the future shall be identified in terms of design concept, design scope, and operating policies sufficiently to allow modeling of their transit ridership. The description of additions and modifications to the transportation network shall also be sufficiently specific to show that there is a reasonable relationship between expected land use and the envisioned transportation system.

- c. Other future transportation policies, requirements, services, and activities, including intermodal activities, shall be described.
- B. Ozone or CO nonattainment areas which are reclassified from moderate to serious shall meet the requirements of subsection (A) within two years from the date of reclassification.
- C. Transportation plans for other areas shall meet the requirements of subsection (A) at least to the extent it has been the previous practice of the MPO to prepare plans which meet those requirements. Otherwise, transportation plans shall describe the transportation system envisioned for the future specifically enough to allow determination of conformity according to the criteria and procedures of R18-2-1409 through R18-2-1427.
- D. The requirements of this Section supplement other requirements of applicable law or regulation governing the format or content of transportation plans.

**Historical Note**

Adopted effective June 15, 1995 (Supp. 95-2).

**R18-2-1407. Relationship of Transportation Plan and TIP Conformity with the NEPA Process**

The degree of specificity required in the transportation plan and the specific travel network assumed for air quality modeling do not preclude the consideration of alternatives in the NEPA process or other project development studies. Should the NEPA process result in a project with design concept and scope significantly different from that in the transportation plan or TIP, the project shall meet the criteria in R18-2-1409 through R18-2-1427 for projects not from a TIP before NEPA process completion.

**Historical Note**

Adopted effective June 15, 1995 (Supp. 95-2).

**R18-2-1408. Fiscal Constraints for Transportation Plans and TIPs**

Transportation plans and TIPs shall demonstrate that they are fiscally constrained consistent with USDOT's metropolitan planning regulations at 23 CFR 450 in order to be found in conformity.

**Historical Note**

Adopted effective June 15, 1995 (Supp. 95-2).

**R18-2-1409. Criteria and Procedures for Determining Conformity of Transportation Plans, Programs, and Projects:**

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**General**

- A.** In order to be found to conform, each transportation plan, program, and FHWA or FTA project shall satisfy the applicable criteria and procedures in R18-2-1410 through R18-2-1427 as listed in Table 1 of this Section and shall comply with all applicable conformity requirements of implementation plans and of court orders for the area which pertain specifically to conformity determination requirements. The criteria for making conformity determinations differ based on the action under review (transportation plans, TIPs, and FHWA or FTA projects), the time period in which the conformity determination is made, and the relevant pollutant.
- B.** The following table indicates the criteria and procedures in R18-2-1410 through R18-2-1427 which apply for each action in each time period:

**Table 1. Conformity Criteria  
DURING ALL PERIODS**

Action	Criteria
Transportation Plan	R18-2-1410, R18-2-1411, R18-2-1412, R18-2-1413(B)
TIP	R18-2-1410, R18-2-1411, R18-2-1412, R18-2-1413(C)
Project (from a conforming plan and TIP)	R18-2-1410, R18-2-1411, R18-2-1412, R18-2-1414, R18-2-1415, R18-2-1416, R18-2-1417
Project (not from a conforming plan and TIP)	R18-2-1410, R18-2-1411, R18-2-1412, R18-2-1413(D), R18-2-1414, R18-2-1416, R18-2-1417

**PHASE II OF THE INTERIM PERIOD**

Action	Criteria
Transportation Plan	R18-2-1422, R18-2-1425
TIP	R18-2-1423, R18-2-1426
Project (from a conforming plan and TIP)	R18-2-1421
Project (not from a conforming plan and TIP)	R18-2-1421, R18-2-1424, R18-2-1427

**TRANSITIONAL PERIOD**

Action	Criteria
Transportation Plan	R18-2-1418, R18-2-1422, R18-2-1425
TIP	R18-2-1419, R18-2-1423, R18-2-1426
Project (from a conforming plan and TIP)	R18-2-1421
Project (not from a conforming plan and TIP)	R18-2-1420, R18-2-1421, R18-2-1424, R18-2-1427

**CONTROL STRATEGY AND MAINTENANCE PERIODS**

Action	Criteria
Transportation Plan	R18-2-1418
TIP	R18-2-1419
Project (from a conforming plan and TIP)	No additional criteria
Project (not from a conforming plan and TIP)	R18-2-1420

R18-2-1410. The conformity determination must be based on the latest planning assumptions.

R18-2-1411. The conformity determination must be based on the latest emission estimation model available.

R18-2-1412. The MPO must make the conformity determination according to the consultation procedures of this rule and the implementation plan revision required by 40 CFR 51.396.

R18-2-1413. The transportation plan, TIP, or FHWA or FTA project which is not from a conforming plan and TIP must provide for the timely implementation of TCMs from the applicable implementation plan.

R18-2-1414. There must be a currently conforming transportation plan and currently conforming TIP at the time of project approval.

R18-2-1415. The project must come from a conforming transportation plan and program.

R18-2-1416. The FHWA or FTA project must not cause or contribute to any new localized CO or PM<sub>10</sub> violations or increase the frequency or severity of any existing CO or PM<sub>10</sub> violations in CO and PM<sub>10</sub> nonattainment and maintenance areas.

R18-2-1417. The FHWA or FTA project must comply with PM<sub>10</sub> control measures in the applicable implementation plan.

R18-2-1418. The transportation plan must be consistent with the motor vehicle emissions budget(s) in the applicable implementation plan or implementation plan submission.

R18-2-1419. The TIP must be consistent with the motor vehicle emissions budget(s) in the applicable implementation plan or implementation plan submission.

R18-2-1420. The project which is not from a conforming transportation plan and conforming TIP must be consistent with the motor vehicle emissions budget(s) in the applicable implementation plan or implementation plan submission.

R18-2-1421. The FHWA or FTA project must eliminate or reduce the severity and number of localized CO violations in the area substantially affected by the project (in CO nonattainment areas).

R18-2-1422. The transportation plan must contribute to emissions reductions in ozone and CO nonattainment areas.

R18-2-1423. The TIP must contribute to emissions reductions in ozone and CO nonattainment areas.

R18-2-1424. The project which is not from a conforming transportation plan and TIP must contribute to emissions reductions in ozone and CO nonattainment areas.

R18-2-1425. The transportation plan must contribute to emission reductions or must not increase emissions in PM<sub>10</sub> and NO<sub>2</sub> nonattainment areas.

R18-2-1426. The TIP must contribute to emission reductions or must not increase emissions in PM<sub>10</sub> and NO<sub>2</sub> nonattainment areas.

R18-2-1427. The project which is not from a conforming transportation plan and TIP must contribute to emission reductions or must not increase emissions in PM<sub>10</sub> and NO<sub>2</sub> nonattainment areas.

**Historical Note**

Adopted effective June 15, 1995 (Supp. 95-2).

**R18-2-1410. Criteria and Procedures: Latest Planning Assumptions**

**A.** During all periods the conformity determination, with respect to all other applicable criteria in R18-2-1411 through R18-2-1427, shall be based upon the most recent complete planning assumptions in force at the time of the conformity determination. The conformity determination shall satisfy the requirements of subsections (B) through (F).

**B.** Assumptions, including vehicle miles traveled per capita or per household, trip generation per household, vehicle occupancy, household size, vehicle fleet mix, vehicle ownership, and the geographic distribution of population growth shall be

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derived from the estimates of current and future population, employment, travel, and congestion most recently used by ADOT or the MPO where one exists. Population estimates shall be consistent with the estimates developed by the Arizona Department of Economic Security pursuant to A.R.S. § 41-1954(A). The conformity determination shall also be based on the latest assumptions about current and future background concentrations.

- C. The conformity determination for each transportation plan and TIP shall discuss how transit operating policies (including fares and service levels) and assumed transit ridership have changed since the previous conformity determination.
- D. The conformity determination shall include reasonable assumptions about transit service and increases in transit fares and road and bridge tolls over time.
- E. The conformity determination shall use the latest existing information regarding the effectiveness of the TCMs which have already been implemented.
- F. Key assumptions shall be specified and included in the draft documents and supporting materials used for the interagency and public consultation required by R18-2-1405.

**Historical Note**

Adopted effective June 15, 1995 (Supp. 95-2).

**R18-2-1411. Criteria and Procedures: Latest Emissions Model**

- A. During all periods the conformity determination shall be based on the latest emission estimation model available. This criterion is satisfied if the most current version of the motor vehicle emissions model specified by EPA for use in the preparation or revision of implementation plans in that state or area is used for the conformity analysis. Where EMFAC is the motor vehicle emissions model used in preparing or revising the applicable implementation plan, new versions shall be approved by EPA before they are used in the conformity analysis.
- B. Conformity analyses for which the emissions analysis was begun during the grace period or before the Federal Register notice of availability of the latest emission model, or during any grace period announced in such notice, may continue to use the previous version of the model for transportation plans and TIPs. The previous model may also be used for projects if the analysis was begun during the grace period or before the Federal Register notice of availability, provided no more than three years have passed since the draft environmental document was issued.

**Historical Note**

Adopted effective June 15, 1995 (Supp. 95-2).

**R18-2-1412. Criteria and Procedures: Consultation**

All conformity determinations shall be made according to the consultation procedures in R18-2-1405. This criterion applies during all periods. Until the implementation plan revision required by 40 CFR 51.396 is approved by EPA, the conformity determination shall be made according to the procedures in R18-2-1405. Once the implementation plan revision has been approved by EPA, this criterion is satisfied if the conformity determination is made consistent with the implementation plan's consultation requirements.

**Historical Note**

Adopted effective June 15, 1995 (Supp. 95-2).

**R18-2-1413. Criteria and Procedures: Timely Implementation of TCMs**

- A. During all periods the transportation plan, TIP, or FHWA, or FTA project which is not from a conforming plan and TIP

shall provide for the timely implementation of TCMs from the applicable implementation plan.

- B. For transportation plans, this criterion is satisfied if the following two conditions are met:
  1. The transportation plan, in describing the envisioned future transportation system, provides for the timely completion or implementation of all TCMs in the applicable implementation plan which are eligible for funding under 23 U.S.C. or the Federal Transit Act, consistent with schedules included in the applicable implementation plan.
  2. Nothing in the transportation plan interferes with the implementation of any TCM in the applicable implementation plan.
- C. For TIPs, this criterion is satisfied if all of the following conditions are met:
  1. An examination of the specific steps and funding source needed to fully implement each TCM indicates that TCMs which are eligible for funding under 23 U.S.C. or the Federal Transit Act are on or ahead of the schedule established in the applicable implementation plan, or, if such TCMs are behind the schedule established in the applicable implementation plan, the MPO and USDOT have determined that past obstacles to implementation of the TCMs have been identified and have been or are being overcome, and that all state and local agencies with influence over approvals or funding for TCMs are giving maximum priority to approval or funding of TCMs over other projects within their control, including projects in locations outside the nonattainment or maintenance area. Maximum priority to approval or funding of TCMs includes demonstrations with respect to funding acceleration, commitment of staff or other agency resources, diligent efforts to seek approvals, and similar actions.
  2. If federal funding intended for TCMs in the applicable implementation plan has previously been programmed but is reallocated to projects in the TIP other than TCMs, (or if there are no other TCMs in the TIP, to projects in the TIP other than projects which are eligible for federal funding under ISTEA's Congestion Mitigation and Air Quality Improvement Program), and the TCMs are behind the schedule in the implementation plan, the TIP cannot be found to conform.
  3. Nothing in the TIP may interfere with the implementation of any TCM in the applicable implementation plan.
- D. For FHWA or FTA projects which are not from a conforming transportation plan and TIP, this criterion is satisfied if the project does not interfere with the implementation of any TCM in the applicable implementation plan.

**Historical Note**

Adopted effective June 15, 1995 (Supp. 95-2).

**R18-2-1414. Criteria and Procedures: Currently Conforming Transportation Plan and TIP**

During all periods there shall be a currently conforming transportation plan and currently conforming TIP at the time of project approval. This criterion is satisfied if the current transportation plan and TIP have been found to conform to the applicable implementation plan by the MPO and USDOT according to the procedures of this subpart. Only one conforming transportation plan or TIP may exist in an area at any time; conformity determinations of a previous transportation plan or TIP expire once the current plan or TIP is found to conform by USDOT. The conformity determination on a



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transportation plan or TIP will also lapse if conformity is not determined according to the frequency requirements of R18-2-1404.

**Historical Note**

Adopted effective June 15, 1995 (Supp. 95-2).

**R18-2-1415. Criteria and Procedures: Projects from a Plan and TIP**

- A. During all periods the project shall come from a conforming transportation plan and program. Otherwise, the project shall satisfy all criteria in Table 1 of R18-2-1409 for a project not from a conforming transportation plan and TIP. A project is considered to be from a conforming transportation plan if it meets the requirements of subsection (B) and from a conforming program if it meets the requirements of subsection (C).
- B. A project is considered to be from a conforming transportation plan if one of the following conditions applies:
  1. For projects which are required to be identified in the transportation plan in order to satisfy R18-2-1406, the project is specifically included in the conforming transportation plan and the project's design concept and scope have not changed significantly from those which were described in the transportation plan, or in a manner which would significantly impact use of the facility.
  2. For projects which are not required to be specifically identified in the transportation plan, the project is identified in the conforming transportation plan, or is consistent with the policies and purpose of the transportation plan and will not interfere with other projects specifically included in the transportation plan.
- C. A project is considered to be from a conforming program if all of the following conditions are met:
  1. The project is included in the conforming TIP and the design concept and scope of the project were adequate at the time of the TIP conformity determination to determine its contribution to the TIP's regional emissions and have not changed significantly from those which were described in the TIP, or in a manner which would significantly impact use of the facility.
  2. If the TIP describes a project design concept and scope which includes project-level emissions mitigation or control measures, enforceable written commitments to implement such measures shall be obtained from the project sponsor or operator as required by R18-2-1433 in order for the project to be considered from a conforming program. Any change in these mitigation or control measures that would significantly reduce their effectiveness constitutes a change in the design concept and scope of the project.

**Historical Note**

Adopted effective June 15, 1995 (Supp. 95-2).

**R18-2-1416. Criteria and Procedures: Localized CO and PM<sub>10</sub> Violations (Hot Spots)**

- A. During all periods any FHWA or FTA project shall not cause or contribute to any new localized CO or PM<sub>10</sub> violations or increase the frequency or severity of any existing CO or PM<sub>10</sub> violations in CO and PM<sub>10</sub> nonattainment and maintenance areas. This criterion is satisfied if it is demonstrated that no new local violations will be created and the severity or number of existing violations will not be increased as a result of the project.
- B. The demonstration shall be performed according to the requirements of R18-2-1405 and R18-2-1431.

- C. For projects which are not of the type identified by R18-2-1431(A) or R18-2-1431(D), this criterion may be satisfied if consideration of local factors clearly demonstrates that no local violations presently exist and no new local violations will be created as a result of the project. Otherwise, in CO nonattainment and maintenance areas, a quantitative demonstration shall be performed according to the requirements of R18-2-1431(B).

**Historical Note**

Adopted effective June 15, 1995 (Supp. 95-2).

**R18-2-1417. Criteria and Procedures: Compliance with PM<sub>10</sub> Control Measures**

During all periods any FHWA or FTA project shall comply with PM<sub>10</sub> control measures in the applicable implementation plan. This condition is satisfied if control measures (for the purpose of limiting PM<sub>10</sub> emissions from the construction activities or normal use and operation associated with the project) contained in the applicable implementation plan are included in the final plans, specifications, and estimates for the project.

**Historical Note**

Adopted effective June 15, 1995 (Supp. 95-2).

**R18-2-1418. Criteria and Procedures: Motor Vehicle Emissions Budget (Transportation Plan)**

- A. The transportation plan shall be consistent with the motor vehicle emissions budget in the applicable implementation plan or implementation plan submission. This criterion applies during the transitional period and the control strategy and maintenance periods, except as provided in R18-2-1436. This criterion may be satisfied if the requirements in subsections (B) and (C) are met:
- B. A regional emissions analysis shall be performed as follows:
  1. The regional analysis shall estimate emissions of any of the following pollutants and pollutant precursors for which the area is in nonattainment or maintenance and for which the applicable implementation plan or implementation plan submission establishes an emissions budget:
    - a. VOC as an ozone precursor.
    - b. NO<sub>x</sub> as an ozone precursor, unless the Administrator determines that additional reductions of NO<sub>x</sub> would not contribute to attainment.
    - c. CO.
    - d. PM<sub>10</sub> (and its precursors VOC or NO<sub>x</sub> if the applicable implementation plan or implementation plan submission identifies transportation-related precursor emissions within the nonattainment area as a significant contributor to the PM<sub>10</sub> nonattainment problem or establishes a budget for such emissions).
    - e. NO<sub>x</sub> (in NO<sub>2</sub> nonattainment or maintenance areas).
  2. The regional emissions analysis shall estimate emissions from the entire transportation system, including all regionally significant transportation projects contained in the transportation plan and all other regionally significant highway and transit projects expected in the nonattainment or maintenance area in the time-frame of the transportation plan.
  3. The emissions analysis methodology shall meet the requirements of R18-2-1430.
  4. For areas with a transportation plan that meets the content requirements of R18-2-1406(A), the emissions analysis shall be performed for each horizon year. Emissions in milestone years which are between the horizon years may be determined by interpolation.

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5. For areas with a transportation plan that does not meet the content requirements of R18-2-1406(A), the emissions analysis shall be performed for all of the following:
    - a. The last year of the plan's forecast period.
    - b. The attainment year, if the attainment year is in the time span of the transportation plan.
    - c. Any other years in the time span of the transportation plan such that there is not a gap of more than 10 years between analysis years. Emissions in milestone years which are between these analysis years may be determined by interpolation.
  - C. The regional emissions analysis shall demonstrate that for each of the applicable pollutants or pollutant precursors in subsection (B)(1) the emissions are less than or equal to the motor vehicle emissions budget as established in the applicable implementation plan or implementation plan submission as follows:
    1. If the applicable implementation plan or implementation plan submission establishes emissions budgets for milestone years, emissions in each milestone year are less than or equal to the motor vehicle emissions budget established for that year.
    2. For nonattainment areas, emissions in the attainment year are less than or equal to the motor vehicle emissions budget established in the applicable implementation plan or implementation plan submission for that year.
    3. For nonattainment areas, emissions in each analysis or horizon year after the attainment year are less than or equal to the motor vehicle emissions budget established by the applicable implementation plan or implementation plan submission for the attainment year. If emissions budgets are established for years after the attainment year, emissions in each analysis year or horizon year shall be less than or equal to the motor vehicle emissions budget for that year, if any, or the motor vehicle emissions budget for the most recent budget year prior to the analysis year or horizon year.
    4. For maintenance areas, emissions in each analysis or horizon year are less than or equal to the motor vehicle emissions budget established by the maintenance plan for that year, if any, or the emissions budget for the most recent budget year prior to the analysis or horizon year.
- performed for the plan applies to the TIP also. This requires a demonstration that:
- a. The TIP contains all projects which shall be started in the TIP's time-frame in order to achieve the highway and transit system envisioned by the transportation plan in each of its horizon years;
  - b. All TIP projects which are regionally significant are part of the specific highway or transit system envisioned in the transportation plan's horizon years; and
  - c. The design concept and scope of each regionally significant transportation project in the TIP is not significantly different from that described in the transportation plan.
3. If the requirements in subsections (B)(1) and (B)(2) are not met, then either:
    - a. The TIP may be modified to meet those requirements; or
    - b. The transportation plan shall be revised so that the requirements in subsections (B)(1) and (B)(2) are met. Once the revised plan has been found to conform, this criterion is met for the TIP with no additional analysis except a demonstration that the TIP meets the requirements of subsections (B)(1) and (B)(2).
  - C. For areas with a transportation plan that does not meet the content requirements of R18-2-1406(A), a regional emissions analysis shall meet all of the following requirements:
    1. The regional emissions analysis shall estimate emissions from the entire transportation system, including all projects contained in the proposed TIP, the transportation plan, and all other regionally significant highway and transit projects expected in the nonattainment or maintenance area in the time-frame of the transportation plan.
    2. The analysis methodology shall meet the requirements of R18-2-1430(C).
    3. The regional emissions analysis shall satisfy the requirements of R18-2-1418(B)(1), R18-2-1418(B)(5), and R18-2-1418(C).

**Historical Note**

Adopted effective June 15, 1995 (Supp. 95-2).

**R18-2-1419. Criteria and Procedures: Motor Vehicle Emissions Budget (TIP)**

- A. The TIP shall be consistent with the motor vehicle emissions budgets in the applicable implementation plan or implementation plan submission. This criterion applies during the transitional period and the control strategy and maintenance periods, except as provided in R18-2-1436. This criterion may be satisfied if the requirements in subsections (B) and (C) are met.
- B. For areas with a conforming transportation plan that fully meets the content requirements of R18-2-1406(A), this criterion may be satisfied without additional regional emissions analysis if:
  1. Each program year of the TIP is consistent with the federal funding which may be reasonably expected for that year, and required state or local matching funds and funds for state or local funding-only projects are consistent with the revenue sources expected over the same period; and
  2. The TIP is consistent with the conforming transportation plan such that the regional emissions analysis already

**R18-2-1420. Criteria and Procedures: Motor Vehicle Emissions Budget (Project Not from a Plan and TIP)**

- A. The project which is not from a conforming transportation plan and a conforming TIP shall be consistent with the motor vehicle emissions budget in the applicable implementation plan or implementation plan submission. This criterion applies during the transitional period and the control strategy and maintenance periods, except as provided in R18-2-1436. It is satisfied if emissions from the implementation of the project, when considered with the emissions from the projects in the conforming transportation plan and TIP and all other regionally significant transportation projects expected in the area, do not exceed the motor vehicle emissions budget in the applicable implementation plan or implementation plan submission.
- B. For areas with a conforming transportation plan that meets the content requirements of R18-2-1406(A):
  1. This criterion may be satisfied without additional regional analysis if the project is included in the conforming transportation plan, even if it is not specifically included in the latest conforming TIP. This requires a demonstration that all of the following apply:
    - a. Allocating funds to the project will not delay the implementation of projects in the transportation plan

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or TIP which are necessary to achieve the highway and transit system envisioned by the transportation plan in each of its horizon years.

- b. The project is not regionally significant or is part of the specific highway or transit system envisioned in the transportation plan's horizon years.
  - c. The design concept and scope of the project is not significantly different from that described in the transportation plan.
2. If the requirements in subsection (B)(1) are not met, a regional emissions analysis shall be performed as follows:
    - a. The analysis methodology shall meet the requirements of R18-2-1430.
    - b. The analysis shall estimate emissions from the transportation system, including the proposed project and all other regionally significant transportation projects expected in the nonattainment or maintenance area in the time-frame of the transportation plan. The analysis shall include emissions from all previously approved projects which were not from a transportation plan and TIP.
    - c. The regional emissions analysis shall meet the requirements of R18-2-1418(B)(1), R18-2-1418(B)(4) and R18-2-1418(C).
- C. For areas with a transportation plan that does not meet the content requirements of R18-2-1406(A), a regional emissions analysis shall be performed for the project together with the conforming TIP and all other regionally significant transportation projects expected in the nonattainment or maintenance area. This criterion may be satisfied if all of the following apply:
1. The analysis methodology meets the requirements of R18-2-1430(C).
  2. The analysis estimates emissions from the transportation system, including the proposed project, and all other regionally significant transportation projects expected in the nonattainment or maintenance area in the time-frame of the transportation plan.
  3. The regional emissions analysis satisfies the requirements of R18-2-1418(B)(1), R18-2-1418(B)(5), and R18-2-1418(C).

**Historical Note**

Adopted effective June 15, 1995 (Supp. 95-2).

**R18-2-1421. Criteria and Procedures: Localized CO Violations (Hot Spots) in the Interim and Transitional Periods**

- A. Each FHWA or FTA project shall eliminate or reduce the severity and number of localized CO violations in the area substantially affected by the project (in CO nonattainment areas). This criterion applies during the interim and transitional periods only. This criterion is satisfied with respect to existing localized CO violations if it is demonstrated that existing localized CO violations will be eliminated or reduced in severity and number as a result of the project.
- B. The demonstration shall be performed according to the requirements of R18-2-1405 and R18-2-1431.
- C. For projects which are not of the type identified by R18-2-1431(A), this criterion may be satisfied if consideration of local factors clearly demonstrates that existing CO violations will be eliminated or reduced in severity and number. Otherwise, a quantitative demonstration shall be performed according to the requirements of R18-2-1431(B).

**Historical Note**

Adopted effective June 15, 1995 (Supp. 95-2).

**R18-2-1422. Criteria and Procedures: Interim and Transitional Period Reductions in Ozone and CO Areas (Transportation Plan)**

- A. A transportation plan shall contribute to emissions reductions in ozone and CO nonattainment areas. This criterion applies during the interim and transitional periods only, except as otherwise provided in R18-2-1436. It applies to the net effect on emissions of all projects contained in a new or revised transportation plan. This criterion may be satisfied if a regional emissions analysis is performed as described in subsections (B) through (F).
- B. Determine the analysis years for which emissions are to be estimated. Analysis years shall be no more than 10 years apart. The first analysis year shall be no later than the first milestone year (1995 in CO nonattainment areas and 1996 in ozone nonattainment areas). The second analysis year shall be either the attainment year for the area or, if the attainment year is the same as the first analysis year or earlier, the second analysis year shall be at least five years beyond the first analysis year. The last year of the transportation plan's forecast period shall also be an analysis year.
- C. Define the Baseline scenario for each of the analysis years to be the future transportation system that would result from current programs, composed of all of the following, except that projects listed in R18-2-1434 and R18-2-1435 need not be explicitly considered:
  1. All in-place regionally significant highway and transit facilities, services and activities.
  2. All ongoing travel demand management or transportation system management activities.
  3. Completion of all regionally significant transportation projects, regardless of funding source, which are currently under construction or are undergoing right-of-way acquisition (except for hardship acquisition and protective buying); come from the first three years of the previously conforming transportation plan or TIP; or have completed the NEPA process. For the first conformity determination on the transportation plan after November 24, 1993, a project may not be included in the Baseline scenario and shall be included in the Action scenario as described in subsection (D), if one of the following major steps has not occurred within the most recent three-year period:
    - a. NEPA process completion;
    - b. Start of final design;
    - c. Acquisition of a significant portion of the right-of-way;
    - d. Approval of the plans, specifications and estimates.
- D. Define the Action scenario for each of the analysis years as the transportation system that will result in that year from the implementation of the proposed transportation plan, TIPs adopted under it, and other expected regionally significant transportation projects in the nonattainment area. The Action scenario will include all of the following except that projects listed in R18-2-1434 and R18-2-1435 need not be explicitly considered:
  1. All facilities, services, and activities in the Baseline scenario;
  2. Completion of all TCMs and regionally significant transportation projects, including facilities, services, and activities, specifically identified in the proposed transportation plan which will be operational or in effect in the analysis year, except that regulatory TCMs may not be

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assumed to begin at a future time unless the regulation is already adopted by the enforcing jurisdiction or the TCM is identified in the applicable implementation plan;

3. All travel demand management programs and transportation system management activities known to the MPO, but not included in the applicable implementation plan or utilizing any federal funding or approval, which have been fully adopted or funded by the enforcing jurisdiction or sponsoring agency since the last conformity determination on the transportation plan;
  4. The incremental effects of any travel demand management programs and transportation system management activities known to the MPO, but not included in the applicable implementation plan or utilizing any federal funding or approval, which were adopted or funded prior to the date of the last conformity determination on the transportation plan, but which have been modified since then to be more stringent or effective;
  5. Completion of all expected regionally significant highway and transit projects which are not from a conforming transportation plan and TIP;
  6. Completion of all expected regionally significant non-FHWA/FTA highway and transit projects that have clear funding sources and commitments leading toward their implementation and completion by the analysis year.
- E. Estimate the emissions predicted to result in each analysis year from travel on the transportation systems defined by the Baseline and Action scenarios and determine the difference in regional VOC and NO<sub>x</sub> emissions (unless the Administrator determines that additional reductions of NO<sub>x</sub> would not contribute to attainment) between the two scenarios for ozone nonattainment areas and the difference in CO emissions between the two scenarios for CO nonattainment areas. The analysis shall be performed for each of the analysis years according to the requirements of R18-2-1430. Emissions in milestone years which are between the analysis years may be determined by interpolation.
- F. This criterion is met if the regional VOC and NO<sub>x</sub> emissions (for ozone nonattainment areas) and CO emissions (for CO nonattainment areas) predicted in the Action scenario are less than the emissions predicted from the Baseline scenario in each analysis year, and if this can reasonably be expected to be true in the periods between the first milestone year and the analysis years. The regional analysis shall show that the Action scenario contributes to a reduction in emissions from the 1990 emissions by any nonzero amount.

**Historical Note**

Adopted effective June 15, 1995 (Supp. 95-2).

**R18-2-1423. Criteria and Procedures: Interim Period Reductions in Ozone and CO Areas (TIP)**

- A. A TIP shall contribute to emissions reductions in ozone and CO nonattainment areas. This criterion applies during the interim and transitional periods only, except as otherwise provided in R18-2-1436. It applies to the net effect on emissions of all projects contained in a new or revised TIP. This criterion may be satisfied if a regional emissions analysis is performed as described in subsections (B) through (F).
- B. Determine the analysis years for which emissions are to be estimated. The first analysis year shall be no later than the first milestone year (1995 in CO nonattainment areas and 1996 in ozone nonattainment areas). The analysis years shall be no more than 10 years apart. The second analysis year shall be either the attainment year for the area or, if the attainment year

is the same as the first analysis year or earlier, the second analysis year shall be at least five years beyond the first analysis year. The last year of the transportation plan's forecast period shall also be an analysis year.

- C. Define the Baseline scenario as the future transportation system that would result from current programs, composed of all of the following, except that projects listed in R18-2-1434 and R18-2-1435 need not be explicitly considered:
  1. All in-place regionally significant highway and transit facilities, services, and activities.
  2. All ongoing travel demand management or transportation system management activities.
  3. Completion of all regionally significant transportation projects, regardless of funding source, which are currently under construction or are undergoing right-of-way acquisition, except for hardship acquisition and protective buying; come from the first three years of the previously conforming TIP; or have completed the NEPA process. For the first conformity determination on the TIP after November 24, 1993, a project may not be included in the Baseline scenario if one of the following major steps has not occurred within the most recent three-year period:
    - a. NEPA process completion.
    - b. Start of final design.
    - c. Acquisition of a significant portion of the right-of-way.
    - d. Approval of the plans, specifications, and estimates. Such a project shall be included in the Action scenario, as described in subsection (D).
- D. Define the Action scenario as the future transportation system that will result from the implementation of the proposed TIP and other expected regionally significant transportation projects in the nonattainment area in the time-frame of the transportation plan. It will include all of the following, except that projects listed in R18-2-1434 and R18-2-1435 need not be explicitly considered:
  1. All facilities, services, and activities in the Baseline scenario;
  2. Completion of all TCMs and regionally significant transportation projects, including facilities, services, and activities, included in the proposed TIP, except that regulatory TCMs may not be assumed to begin at a future time unless the regulation is already adopted by the enforcing jurisdiction or the TCM is contained in the applicable implementation plan;
  3. All travel demand management programs and transportation system management activities known to the MPO, but not included in the applicable implementation plan or utilizing any federal funding or approval, which have been fully adopted or funded by the enforcing jurisdiction or sponsoring agency since the last conformity determination on the TIP;
  4. The incremental effects of any travel demand management programs and transportation system management activities known to the MPO, but not included in the applicable implementation plan or utilizing any federal funding or approval, which were adopted or funded prior to the date of the last conformity determination on the TIP, but which have been modified since then to be more stringent or effective;
  5. Completion of all expected regionally significant highway and transit projects which are not from a conforming transportation plan and TIP;

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6. Completion of all expected regionally significant non-FHWA/FTA highway and transit projects that have clear funding sources and commitments leading toward their implementation and completion by the analysis year.
  - E. Estimate the emissions predicted to result in each analysis year from travel on the transportation systems defined by the Baseline and Action scenarios, and determine the difference in regional VOC and NO<sub>x</sub> emissions (unless the Administrator determines that additional reductions of NO<sub>x</sub> would not contribute to attainment) between the two scenarios for ozone nonattainment areas and the difference in CO emissions between the two scenarios for CO nonattainment areas. The analysis shall be performed for each of the analysis years according to the requirements of R18-2-1430. Emissions in milestone years which are between analysis years may be determined by interpolation.
  - F. This criterion is met if the regional VOC and NO<sub>x</sub> emissions in ozone nonattainment areas and CO emissions in CO nonattainment areas predicted in the Action scenario are less than the emissions predicted from the Baseline scenario in each analysis year, and if this can reasonably be expected to be true in the period between the analysis years. The regional analysis shall show that the Action scenario contributes to a reduction in emissions from the 1990 emissions by any nonzero amount.
- Historical Note**  
Adopted effective June 15, 1995 (Supp. 95-2).
- R18-2-1424. Criteria and Procedures: Interim Period Reductions for Ozone and CO Areas (Project Not from a Plan and TIP)**  
A transportation project shall contribute to emissions reductions in ozone and CO nonattainment areas. This criterion applies during the interim and transitional periods only, except as otherwise provided in R18-2-1436. This criterion is satisfied if a regional emissions analysis is performed which meets the requirements of R18-2-1422 and which includes the transportation plan and project in the Action scenario. If the project which is not from a conforming transportation plan and TIP is a modification of a project currently in the plan or TIP, the Baseline scenario shall include the project with its original design concept and scope, and the Action scenario shall include the project with its new design concept and scope.
- Historical Note**  
Adopted effective June 15, 1995 (Supp. 95-2).
- R18-2-1425. Criteria and Procedures: Interim Period Reductions for PM<sub>10</sub> and NO<sub>2</sub> Areas (Transportation Plan)**
- A. A transportation plan shall contribute to emission reductions or shall not increase emissions in PM<sub>10</sub> and NO<sub>2</sub> nonattainment areas. This criterion applies only during the interim and transitional periods. It applies to the net effect on emissions of all projects contained in a new or revised transportation plan. This criterion may be satisfied if the requirements of either subsections (B) or (C) are met.
  - B. Demonstrate that implementation of the plan and all other regionally significant transportation projects expected in the nonattainment area will contribute to reductions in emissions of PM<sub>10</sub> in a PM<sub>10</sub> nonattainment area, and of each transportation-related precursor of PM<sub>10</sub> in PM<sub>10</sub> nonattainment areas if the EPA Regional Administrator or the Director of ADEQ has made a finding that such precursor emissions from within the nonattainment area are a significant contributor to the PM<sub>10</sub> nonattainment problem and has so notified the MPO and USDOT, and of NO<sub>x</sub> in an NO<sub>2</sub> nonattainment area, by performing a regional emissions analysis as follows:
    1. Determine the analysis years for which emissions are to be estimated. Analysis years shall be no more than 10 years apart. The first analysis year shall be no later than 1996 (for NO<sub>2</sub> areas) or four years and six months following the date of designation (for PM<sub>10</sub> areas). The second analysis year shall be either the attainment year for the area or, if the attainment year is the same as the first analysis year or earlier, the second analysis year shall be at least five years beyond the first analysis year. The last year of the transportation plan's forecast period shall also be an analysis year.
    2. Define for each of the analysis years the Baseline scenario, as defined in R18-2-1422(C), and the Action scenario, as defined in R18-2-1422(D).
    3. Estimate the emissions predicted to result in each analysis year from travel on the transportation systems defined by the Baseline and Action scenarios and determine the difference between the two scenarios in regional PM<sub>10</sub> emissions in a PM<sub>10</sub> nonattainment area (and transportation-related precursors of PM<sub>10</sub> in PM<sub>10</sub> nonattainment areas if the EPA Regional Administrator or the Director of ADEQ has made a finding that such precursor emissions from within the nonattainment area are a significant contributor to the PM<sub>10</sub> nonattainment problem and has so notified ADOT, the MPO where one exists and USDOT) and in NO<sub>x</sub> emissions in an NO<sub>2</sub> nonattainment area. The analysis shall be performed for each of the analysis years according to the requirements of R18-2-1430. The analysis shall address the periods between the analysis years and the periods between 1990, the first milestone year if any, and the first of the analysis years. Emissions in milestone years which are between the analysis years may be determined by interpolation.
    4. Demonstrate that the regional PM<sub>10</sub> emissions and PM<sub>10</sub> precursor emissions, where applicable, (for PM<sub>10</sub> nonattainment areas) and NO<sub>x</sub> emissions (for NO<sub>2</sub> nonattainment areas) predicted in the Action scenario are less than the emissions predicted from the Baseline scenario in each analysis year, and that this can reasonably be expected to be true in the periods between the first milestone year (if any) and the analysis years.
  - C. Demonstrate that when the projects in the transportation plan and all other regionally significant transportation projects expected in the nonattainment area are implemented, the transportation system's total highway and transit emissions of PM<sub>10</sub> in a PM<sub>10</sub> nonattainment area (and transportation-related precursors of PM<sub>10</sub> in PM<sub>10</sub> nonattainment areas if the EPA Regional Administrator or the Director of ADEQ has made a finding that such precursor emissions from within the nonattainment area are a significant contributor to the PM<sub>10</sub> nonattainment problem and has so notified the MPO and USDOT) and of NO<sub>x</sub> in an NO<sub>2</sub> nonattainment area will not be greater than baseline levels, by performing a regional emissions analysis as follows:
    1. Determine the baseline regional emissions of PM<sub>10</sub> and PM<sub>10</sub> precursors, where applicable (for PM<sub>10</sub> nonattainment areas) and NO<sub>x</sub> (for NO<sub>2</sub> nonattainment areas) from highway and transit sources. Baseline emissions are those estimated to have occurred during calendar year 1990, unless the control strategy implementation plan for that area includes a baseline emissions inventory for a different year.
    2. Estimate the emissions of the applicable pollutant or pollutants from the entire transportation system, including

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projects in the transportation plan and TIP and all other regionally significant transportation projects in the nonattainment area, according to the requirements of R18-2-1430. Emissions shall be estimated for analysis years which are no more than 10 years apart. The first analysis year shall be no later than 1996 (for NO<sub>2</sub> areas) or four years and six months following the date of designation (for PM<sub>10</sub> areas). The second analysis year shall be either the attainment year for the area or, if the attainment year is the same as the first analysis year or earlier, the second analysis year shall be at least five years beyond the first analysis year. The last year of the transportation plan's forecast period shall also be an analysis year.

3. Demonstrate that for each analysis year the emissions estimated in subsection (C)(2) are no greater than baseline emissions of PM<sub>10</sub> and PM<sub>10</sub> precursors, where applicable (for PM<sub>10</sub> nonattainment areas) or NO<sub>x</sub> (for NO<sub>2</sub> nonattainment areas) from highway and transit sources.

**Historical Note**

Adopted effective June 15, 1995 (Supp. 95-2).

**R18-2-1426. Criteria and Procedures: Interim Period Reductions for PM<sub>10</sub> and NO<sub>2</sub> Areas (TIP)**

- A. A TIP shall contribute to emission reductions or shall not increase emissions in PM<sub>10</sub> and NO<sub>2</sub> nonattainment areas. This criterion applies only during the interim and transitional periods. It applies to the net effect on emissions of all projects contained in a new or revised TIP. This criterion may be satisfied if the requirements of either subsection (B) or subsection (C) are met.
- B. Demonstrate that implementation of the plan and TIP and all other regionally significant transportation projects expected in the nonattainment area will contribute to reductions in emissions of PM<sub>10</sub> in a PM<sub>10</sub> nonattainment area (and transportation-related precursors of PM<sub>10</sub> in PM<sub>10</sub> nonattainment areas if the EPA Regional Administrator or the Director of ADEQ has made a finding that such precursor emissions from within the nonattainment area are a significant contributor to the PM<sub>10</sub> nonattainment problem and has so notified the MPO and USDOT) and of NO<sub>x</sub> in an NO<sub>2</sub> nonattainment area, by performing a regional emissions analysis as follows:
  1. Determine the analysis years for which emissions are to be estimated, according to the requirements of R18-2-1425(B)(1).
  2. Define for each of the analysis years the Baseline scenario, as defined in R18-2-1423(C), and the Action scenario, as defined in R18-2-1423(D).
  3. Estimate the emissions predicted to result in each analysis year from travel on the transportation systems defined by the Baseline and Action scenarios as required by R18-2-1425(B)(3), and make the demonstration required by R18-2-1425(B)(4).
- C. Demonstrate that when the projects in the transportation plan and TIP and all other regionally significant transportation projects expected in the area are implemented, the transportation system's total highway and transit emissions of PM<sub>10</sub> in a PM<sub>10</sub> nonattainment area (and transportation-related precursors of PM<sub>10</sub> in PM<sub>10</sub> nonattainment areas if the EPA Regional Administrator or the Director of ADEQ has made a finding that such precursor emissions from within the nonattainment area are a significant contributor to the PM<sub>10</sub> nonattainment problem and has so notified the MPO and USDOT) and of NO<sub>x</sub> in an NO<sub>2</sub> nonattainment area will not be greater than

baseline levels, by performing a regional emissions analysis as required by R18-2-1425(C).

**Historical Note**

Adopted effective June 15, 1995 (Supp. 95-2).

**R18-2-1427. Criteria and Procedures: Interim Period Reductions for PM<sub>10</sub> and NO<sub>2</sub> Areas (Project Not from a Plan and TIP)**

A transportation project which is not from a conforming transportation plan and TIP shall contribute to emission reductions or shall not increase emissions in PM<sub>10</sub> and NO<sub>2</sub> nonattainment areas. This criterion applies during the interim and transitional periods only. This criterion is met if a regional emissions analysis is performed which meets the requirements of R18-2-1425 and which includes the transportation plan and project in the Action scenario. If the project which is not from a conforming transportation plan and TIP is a modification of a project currently in the transportation plan or TIP, and R18-2-1425(B) is used to demonstrate satisfaction of this criterion, the Baseline scenario shall include the project with its original design concept and scope, and the Action scenario shall include the project with its new design concept and scope.

**Historical Note**

Adopted effective June 15, 1995 (Supp. 95-2).

**R18-2-1428. Transition from the Interim Period to the Control Strategy Period**

- A. For areas which submit a control strategy implementation plan revision after November 24, 1993:
  1. The transportation plan and TIP shall be demonstrated to conform according to transitional period criteria and procedures by one year from the date the CAA requires submission of such control strategy implementation plan revision. Otherwise, the conformity status of the transportation plan and TIP will lapse, and no new project-level conformity determinations may be made.
    - a. The conformity of new transportation plans and TIPs may be demonstrated according to Phase II interim period criteria and procedures for 90 days following submission of the control strategy implementation plan revision, provided the conformity of such transportation plans and TIPs is redetermined according to transitional period criteria and procedures as required in subsection (A)(1) and such transportation plans and TIPs are consistent with the motor vehicle emissions budget in the applicable implementation plan or any previously submitted control strategy implementation plan revision.
    - b. Beginning 90 days after submission of the control strategy implementation plan revision, new transportation plans and TIPs shall demonstrate conformity according to transitional period criteria and procedures.
  2. If EPA disapproves the submitted control strategy implementation plan revision and so notifies the state, the MPO where one exists, and USDOT, which initiates the sanction process under CAA §§ 179 or 110(m), the conformity status of the transportation plan and TIP shall lapse 120 days after EPA's disapproval, and no new project-level conformity determinations may be made. No new transportation plan, TIP, or project may be found to conform until another control strategy implementation plan revision is submitted and conformity is demonstrated according to transitional period criteria and procedures.

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3. Notwithstanding subsection (A)(2), if EPA disapproves the submitted control strategy implementation plan revision but determines that the control strategy contained in the revision would have been considered approvable with respect to requirements for emission reductions if all committed measures had been submitted in enforceable form as required by CAA § 110(a)(2)(A), the provisions of subsection (A)(1) shall apply for 12 months following the date of disapproval. The conformity status of the transportation plan and TIP shall lapse 12 months following the date of disapproval unless another control strategy implementation plan revision is submitted to EPA and found to be complete.
- B.** For areas which have not submitted a control strategy implementation plan revision:
1. For areas whose CAA deadline for submission of the control strategy implementation plan revision is after November 24, 1993, and EPA has notified the state, the MPO where one exists, and USDOT of the state's failure to submit a control strategy implementation plan revision, which initiates the sanction process under CAA §§ 179 or 110(m) all of the following shall apply:
    - a. No new transportation plans or TIPs may be found to conform beginning 120 days after the CAA deadline.
    - b. The conformity status of the transportation plan and TIP shall lapse one year after the CAA deadline, and no new project-level conformity determinations may be made.
  2. For areas whose CAA deadline for submission of the control strategy implementation plan was before November 24, 1993, and EPA has made a finding of failure to submit a control strategy implementation plan revision, which initiates the sanction process under CAA §§ 179 or 110(m), all of the following apply unless the failure has been remedied and acknowledged by a letter from the EPA Regional Administrator:
    - a. No new transportation plans or TIPs may be found to conform beginning March 24, 1994.
    - b. The conformity status of the transportation plan and TIP shall lapse November 25, 1994, and no new project-level conformity determinations may be made.
- C.** For areas which have not submitted a complete control strategy implementation plan revision:
1. For areas where EPA notifies the state, the MPO where one exists, and USDOT after November 24, 1993, that the control strategy implementation plan revision submitted by the state is incomplete, which initiates the sanction process under CAA §§ 179 or 110(m), all of the following apply unless the failure has been remedied and acknowledged by a letter from the EPA Regional Administrator:
    - a. No new transportation plans or TIPs may be found to conform beginning 120 days after EPA's incompleteness finding.
    - b. The conformity status of the transportation plan and TIP shall lapse one year after the CAA deadline, and no new project-level conformity determinations may be made.
    - c. Notwithstanding subsections (C)(1)(a) and (b), if EPA notes in its incompleteness finding that the submittal would have been considered complete with respect to requirements for emission reductions if all committed measures had been submitted in enforceable form as required by CAA § 110(a)(2)(A), the provisions of subsection (D)(1) shall apply until November 25, 1994.
- D.** For areas which submitted a control strategy implementation plan before November 24, 1993:
1. The transportation plan and TIP shall have been demonstrated to conform according to transitional period criteria and procedures by November 25, 1994. Otherwise, their conformity status will lapse, and no new project-level conformity determinations may be made. From and after February 22, 1994, new transportation plans and TIPs shall demonstrate conformity according to transitional period criteria and procedures.
  2. If EPA has disapproved the most recent control strategy implementation plan submission, the conformity status of the transportation plan and TIP shall lapse March 24, 1994, and no new project-level conformity determinations may be made. No new transportation plans, TIPs, or projects may be found to conform until another control strategy implementation plan revision is submitted and conformity is demonstrated according to transitional period criteria and procedures.
  3. Notwithstanding subsection (D)(2), if EPA has disapproved the submitted control strategy implementation plan revision but determines that the control strategy contained in the revision would have been considered approvable with respect to requirements for emission reductions if all committed measures had been submitted in enforceable form as required by CAA § 110(a)(2)(A), the provisions of subsection (D)(1) shall apply until November 25, 1994. The conformity status of the transportation plan and TIP shall lapse November 25, 1994, and no new project-level conformity determinations may be made.

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portation plan and TIP shall lapse November 25, 1994, unless another control strategy implementation plan revision is submitted to EPA and found to be complete.

- E. If the currently conforming transportation plan and TIP have not been demonstrated to conform according to transitional period criteria and procedures, the requirements of subsections (E)(1) and (2) shall be met.

1. Before a FHWA or FTA project which is regionally significant and increases single-occupant vehicle capacity (a new general purpose highway on a new location or adding general purpose lanes) may be found to conform, ADEQ shall be consulted on how the emissions which the existing transportation plan and TIP's conformity determination estimates for the Action scenario, as required by R18-2-1422 through R18-2-1427, compare to the motor vehicle emissions budget in the implementation plan submission or the projected motor vehicle emissions budget in the implementation plan under development.
2. In the event of unresolved disputes on such project-level conformity determinations, ADEQ may escalate the issue to the governor consistent with the procedure in R18-2-1405, which applies for ADEQ comments on a conformity determination.

- F. Redetermination of conformity of the existing transportation plan and TIP according to the transitional period criteria and procedures:

1. The redetermination of the conformity of the existing transportation plan and TIP according to transitional period criteria and procedures (as required by subsections (A)(1) and (D)(1)) does not require new emissions analysis and does not have to satisfy the requirements of R18-2-1410 and R18-2-1411 if all of the following are met:
  - a. The control strategy implementation plan revision submitted to EPA uses the MPO's modeling of the existing transportation plan and TIP for its projections of motor vehicle emissions.
  - b. The control strategy implementation plan does not include any transportation projects which are not included in the transportation plan and TIP.
2. A redetermination of conformity as described in subsection (F)(1) is not considered a conformity determination for the purposes of R18-2-1404(E) or R18-2-1404(I) regarding the maximum intervals between conformity determinations. Conformity shall be determined according to all the applicable criteria and procedures of R18-2-1409 within three years of the last determination which did not rely on subsection (F)(1).

- G. Ozone nonattainment areas:

1. The requirements of subsection (B)(1) apply if a serious or above ozone nonattainment area has not submitted the implementation plan revisions which CAA §§ 182(c)(2)(A) and 182(c)(2)(B) require to be submitted to EPA November 15, 1994, even if the area has submitted the implementation plan revision which CAA § 182(b)(1) requires to be submitted to EPA November 15, 1993.
2. The requirements of subsection (B)(1) apply if a moderate ozone nonattainment area which is using photochemical dispersion modeling to demonstrate the "specific annual reductions as necessary to attain" required by CAA § 182(b)(1), and which has permission from EPA to delay submission of such demonstration until November 15, 1994, does not submit such demonstration by that date. The requirements of subsection (B)(1) apply in this

case even if the area has submitted the 15% emission reduction demonstration required by CAA § 182(b)(1).

3. The requirements of subsection (A) apply when the implementation plan revisions required by CAA §§ 182(c)(2)(A) and 182(c)(2)(B) are submitted.
- H. Nonattainment areas which are not required to demonstrate reasonable further progress and attainment. If an area listed in R18-2-1436 submits a control strategy implementation plan revision, the requirements of subsections (A) and (E) apply. Because the areas listed in R18-2-1436 are not required to demonstrate reasonable further progress and attainment and therefore have no CAA deadline, the provisions of subsection (B) do not apply to these areas at any time.
- I. If a control strategy implementation plan revision is not submitted to EPA but a maintenance plan required by CAA § 175A is submitted to EPA, the requirements of subsection (A) or (D) apply, with the maintenance plan submission treated as a "control strategy implementation plan revision" for the purposes of those requirements.
- J. This Section does not become effective until June 1, 1996.

**Historical Note**

Adopted effective June 15, 1995 (Supp. 95-2).

**R18-2-1429. Requirements for Adoption or Approval of Projects by Recipients of Funds Designated under 23 U.S.C. or the Federal Transit Act**

- A. This Section shall not apply to any of the following:
1. A transportation project that is a street with a lower classification than a collector street, as specified in the most recent federal classification map for the region.
  2. An exempt project listed in R18-2-1434.
- B. No recipient of federal funds designated under 23 U.S.C. or the Federal Transit Act shall adopt or approve a transportation project, regardless of funding source, without first determining whether the transportation project is regionally significant. In making this determination, the recipient shall not take any action that is inconsistent with the procedures developed by ADOT or the MPO pursuant to R18-2-1405(R).
- C. No recipient of federal funds designated under 23 U.S.C. or the Federal Transit Act shall adopt or approve a regionally significant highway or transit project, regardless of funding source, unless both of the following apply:
1. There is a currently conforming transportation plan and TIP consistent with the requirements of R18-2-1414.
  2. The requirements of one of the following are met:
    - a. The project comes from a conforming plan and program consistent with the requirements of R18-2-1415.
    - b. The project is included in the regional emissions analysis supporting the currently conforming TIP's conformity determination, even if the project is not strictly "included" in the TIP for the purposes of MPO project selection or endorsement, and the project's design concept and scope have not changed significantly from those which were included in the regional emissions analysis, or in a manner which would significantly impact use of the facility.
    - c. During the control strategy or maintenance period, the project is consistent with the motor vehicle emissions budget in the applicable implementation plan consistent with the requirements of R18-2-1420.
    - d. During Phase II of the interim period, the project contributes to emissions reductions or does not increase emissions consistent with the requirements



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of R18-2-1424 (in ozone and CO nonattainment areas) or R18-2-1427 (in PM<sub>10</sub> and NO<sub>2</sub> nonattainment areas).

- e. During the transitional period, the project satisfies the requirements of both subsections (1)(2)(c) and (d).
- D. Pursuant to the consultation process established in R18-2-1405(O), ADOT or the MPO where one exists shall, not later than September 1, 1995, develop and make available the procedures to be used by any recipient of federal funds designated under 23 U.S.C. or the Federal Transit Act to comply with subsections (B) and (C). These procedures may be revised periodically, as needed, using the same consultation process. At a minimum, such procedures shall provide for the following:
  - 1. The minimum information required by the recipient to make determinations in compliance with subsections (B) and (C);
  - 2. The time-frames for action to be taken by the recipient;
  - 3. For transportation projects determined to be regionally significant, the documentation necessary to demonstrate that the requirements of 23 CFR 450.324(e), (g), and (h) have been met.
- E. After a transportation project is adopted or approved, no subsequent act defined as adoption or approval under this Section or under procedures developed to implement this Section shall be subject to subsection (B) or (C), unless project's design concept or scope have changed significantly since the project was first adopted or approved.
- F. A regionally significant transportation project found to be in conformity, either as a result of a TIP or a separate project analysis, shall retain such conformity finding, irrespective of subsequent analysis, unless the project fails to meet the conditions of its approval or undergoes a significant change in scope. In any event, a conformity determination shall lapse after three years in the absence of a redetermination; except that a project undergoing NEPA approval shall retain its conformity determination, unless none of the following major steps has occurred within the most recent three-year period:
  - 1. NEPA process completion;
  - 2. Start of final design;
  - 3. Acquisition of a significant portion of the right-of-way;
  - 4. Approval of the plans, specifications, and estimates.

**Historical Note**

Adopted effective June 15, 1995 (Supp. 95-2).

**R18-2-1430. Procedures for Determining Regional Transportation-related Emissions**

- A. The following are general requirements for determining regional transportation-related emissions:
  - 1. The regional emissions analysis for the transportation plan, TIP, or project not from a conforming plan and TIP shall include all regionally significant transportation projects expected in the nonattainment or maintenance area, including FHWA or FTA projects proposed in the transportation plan and TIP and all other regionally significant transportation projects which are disclosed to ADOT or the MPO as required by R18-2-1405. Projects which are not regionally significant are not required to be explicitly modeled, but VMT from such projects shall be estimated in accordance with reasonable professional practice. The effects of TCMs and similar projects that are not regionally significant may also be estimated in accordance with reasonable professional practice.

- 2. The emissions analysis may not include for emissions reduction credit any TCMs which have been delayed beyond the scheduled date until such time as implementation has been assured. If the TCM has been partially implemented and it can be demonstrated that it is providing quantifiable emission reduction benefits, the emissions analysis may include that emissions reduction credit.
- 3. Emissions reduction credit from projects, programs, or activities which require a regulation in order to be implemented may not be included in the emissions analysis unless the regulation is already adopted by the enforcing jurisdiction. Adopted regulations are required for demand management strategies for reducing emissions which are not specifically identified in the applicable implementation plan, and for control programs which are external to the transportation system itself, such as tailpipe or evaporative emission standards, limits on gasoline volatility, inspection and maintenance programs, and oxygenated or reformulated gasoline or diesel fuel. A regulatory program may also be considered to be adopted if an opt-in to a federally enforced program has been approved by EPA, if EPA has promulgated the program (if the control program is a federal responsibility, such as tailpipe standards), or if the CAA requires the program without need for individual state action and without any discretionary authority for EPA to set its stringency, delay its effective date, or not implement the program.
- 4. Notwithstanding subsection (A)(3), during the transitional period, control measures or programs which are committed to in an implementation plan submission as described in R18-2-1418 through R18-2-1420, but which has not received final EPA action in the form of a finding of incompleteness, approval, or disapproval, may be assumed for emission reduction credit for the purpose of demonstrating that the requirements of R18-2-1418 through R18-2-1420 are satisfied.
- 5. A regional emissions analysis for the purpose of satisfying the requirements of R18-2-1422 through R18-2-1424 may account for the programs in subsection (A)(4), but the same assumptions about these programs shall be used for both the Baseline and Action scenarios.
- 6. Ambient temperatures shall be consistent with those used to establish the emissions budget in the applicable implementation plan. Factors other than temperatures, for example the fraction of travel in a hot stabilized engine mode, may be modified after interagency consultation according to R18-2-1405 if the newer estimates incorporate additional or more geographically specific information or represent a logically estimated trend in such factors beyond the period considered in the applicable implementation plan.
- B. For serious, severe, and extreme ozone nonattainment areas and serious carbon monoxide areas after January 1, 1995, estimates of regional transportation-related emissions used to support conformity determinations shall be made according to procedures which meet the requirements in subsections (B)(1) through (5).
  - 1. A network-based transportation demand model or models relating travel demand and transportation system performance to land-use patterns, population demographics, employment, transportation infrastructure, and transportation policies shall be used to estimate travel within the

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metropolitan planning area of the nonattainment area. Such a model shall possess all of the following attributes:

- a. The modeling methods and the functional relationships used in the model shall in all respects be in accordance with acceptable professional practice and reasonable for purposes of emission estimation.
  - b. The network-based model shall be validated against ground counts for a base year that is not more than 10 years prior to the date of the conformity determination. Land use, population, and other inputs shall be based on the best available information and appropriate to the validation base year.
  - c. For peak-hour or peak-period traffic assignments, a capacity sensitive assignment methodology shall be used.
  - d. Zone-to-zone travel times used to distribute trips between origin and destination pairs shall be in reasonable agreement with the travel times which result from the process of assignment of trips to network links. Where use of transit currently is anticipated to be a significant factor in satisfying transportation demand, these times should also be used for modeling mode splits.
  - e. Free-flow speeds on network links shall be based on empirical observations.
  - f. Peak and off-peak travel demand and travel times shall be provided.
  - g. Trip distribution and mode choice shall be sensitive to pricing, where pricing is a significant factor, if the network model is capable of such determinations and the necessary information is available.
  - h. The model shall utilize and document a logical correspondence between the assumed scenario of land development and use and the future transportation system for which emissions are being estimated. Reliance on a formal land-use model is not specifically required but is encouraged.
  - i. A dependence of trip generation on the accessibility of destinations via the transportation system, including pricing, is strongly encouraged but not specifically required, unless the network model is capable of such determinations and the necessary information is available.
  - j. A dependence of regional economic and population growth on the accessibility of destinations via the transportation system is strongly encouraged but not specifically required, unless the network model is capable of such determinations and the necessary information is available.
  - k. Consideration of emissions increases from construction-related congestion is not specifically required.
2. Highway Performance Monitoring System (HPMS) estimates of vehicle miles traveled shall be considered the primary measure of vehicle miles traveled within the portion of the nonattainment or maintenance area and for the functional classes of roadways included in HPMS, for urban areas which are sampled on a separate urban area basis. A factor or factors shall be developed to reconcile and calibrate the network-based model estimates of vehicle miles traveled in the base year of its validation to the HPMS estimates for the same period, and these factors shall be applied to model estimates of future vehicle miles traveled. In this factoring process, consideration will be given to differences in the facility coverage of the HPMS and the modeled network description. Departure from these procedures is permitted with the concurrence of USDOT and EPA.
  3. Reasonable methods shall be used to estimate nonattainment area vehicle travel on off-network roadways within the urban transportation planning area and on roadways outside the urban transportation planning area.
  4. Reasonable methods in accordance with good practice shall be used to estimate traffic speeds and delays in a manner that is sensitive to the estimated volume of travel on each roadway segment represented in the network model.
- C. For areas which are not serious, severe, or extreme ozone nonattainment areas or serious carbon monoxide areas, or before January 1, 1995:
    1. Procedures which satisfy some or all of the requirements of subsection (A) shall be used in all areas not subject to subsection (A) in which those procedures have been the previous practice of the MPO.
    2. Regional emissions may be estimated by methods which do not explicitly or comprehensively account for the influence of land use and transportation infrastructure on vehicle miles traveled and traffic speeds and congestion. Such methods shall account for VMT growth by extrapolating historical VMT or projecting future VMT by considering growth in population and historical growth trends for vehicle miles travelled per person. These methods shall also consider future economic activity, transit alternatives, and transportation system policies.
  - D. This subsection applies to any nonattainment or maintenance area or any portion thereof which does not have a metropolitan transportation plan or TIP and whose projects are not part of the emissions analysis of any MPO's metropolitan transportation plan or TIP (because the nonattainment or maintenance area or portion thereof does not contain a metropolitan planning area or portion of a metropolitan planning area and is not part of a Metropolitan Statistical Area or Consolidated Metropolitan Statistical Area which is or contains a nonattainment or maintenance area).
    1. Conformity demonstrations for projects in these areas may satisfy the requirements of R18-2-1420, R18-2-1424, and R18-2-1427 with one regional emissions analysis which includes all the regionally significant transportation projects in the nonattainment or maintenance area or portion thereof.
    2. The requirements of R18-2-1420 shall be satisfied according to the procedures in R18-2-1420(C), with references to the "transportation plan" taken to mean the statewide transportation plan.
    3. The requirements of R18-2-1424 and R18-2-1427 which reference "transportation plan" or "TIP" shall be taken to mean those projects in the statewide transportation plan or statewide TIP which are in the nonattainment or maintenance area or portion thereof.
    4. The requirement of R18-2-1429(A)(2) shall be satisfied if all of the following are met:
      - a. The project is included in the regional emissions analysis which includes all regionally significant highway and transportation projects in the nonattainment or maintenance area or portion thereof and supports the most recent conformity determination made according to the requirements of R18-2-1420, R18-2-1424 or R18-2-1427 (as modified by subsec-

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tions (D)(2) and (D)(3)), as appropriate for the time period and pollutant.

- b. The project's design concept and scope have not changed significantly from those which were included in the regional emissions analysis or in a manner which would significantly impact use of the facility.
- E. For areas in which the implementation plan does not identify construction-related fugitive PM<sub>10</sub> as a contributor to the non-attainment problem, the fugitive PM<sub>10</sub> emissions associated with highway and transit project construction are not required to be considered in the regional emissions analysis.
- F. In PM<sub>10</sub> nonattainment and maintenance areas with implementation plans which identify construction-related fugitive PM<sub>10</sub> as a contributor to the nonattainment problem, the regional PM<sub>10</sub> emissions analysis shall consider construction-related fugitive PM<sub>10</sub> and shall account for the level of construction activity, the fugitive PM<sub>10</sub> control measures in the applicable implementation plan, and the dust-producing capacity of the proposed activities.

**Historical Note**

Adopted effective June 15, 1995 (Supp. 95-2).

**R18-2-1431. Procedures for Determining Localized CO and PM<sub>10</sub> Concentrations (Hot-spot Analysis)**

- A. In the following cases, CO hot-spot analyses shall be based on the applicable air quality models, data bases, and other requirements specified in 40 CFR 51 Appendix W ("Guideline on Air Quality Models (Revised)" (1988), supplement (A) (1987) and supplement (B) (1993), EPA publication no. 450/2-78-027R, incorporated by reference and on file with the Department and with the Secretary of State), unless, after the interagency consultation process described in R18-2-1405 and with the approval of the EPA Regional Administrator, these models, data bases, and other requirements are determined to be inappropriate:
  1. For projects in or affecting locations, areas, or categories of sites which are identified in the applicable implementation plan as sites of current violation or possible current violation;
  2. For those intersections at Level-of-Service D, E, or F, or those that will change to Level-of-Service D, E, or F because of increased traffic volumes related to a new project in the vicinity;
  3. For any project involving or affecting any of the intersections which the applicable implementation plan identifies as the top three intersections in the nonattainment or maintenance area based on the highest traffic volumes;
  4. For any project involving or affecting any of the intersections which the applicable implementation plan identifies as the top three intersections in the nonattainment or maintenance area based on the worst Level-of-Service;
  5. Where use of the "Guideline" models is practicable and reasonable given the potential for violations.
- B. In cases other than those described in subsection (A), other quantitative methods may be used if they represent reasonable and common professional practice.
- C. CO hot-spot analyses shall include the entire project and may be performed only after the major design features which will significantly impact CO concentrations have been identified. The background concentration may be estimated using the ratio of future to current traffic multiplied by the ratio of future to current emission factors.

- D. PM<sub>10</sub> hot-spot analysis shall be performed for projects which are located at sites at which violations have been verified by monitoring, and at sites which have essentially identical vehicle and roadway emission and dispersion characteristics (including sites near one at which a violation has been monitored). The projects which require PM<sub>10</sub> hot-spot analysis shall be determined through the interagency consultation process required in R18-2-1405. In PM<sub>10</sub> nonattainment and maintenance areas, new or expanded bus and rail terminals and transfer points which increase the number of diesel vehicles congregating at a single location require hot-spot analysis. USDOT may choose to make a categorical conformity determination on bus and rail terminals or transfer points based on appropriate modeling of various terminal sizes, configurations, and activity levels. The requirements of this subsection for quantitative hot-spot analysis will not take effect until EPA releases modeling guidance on this subject and announces in the Federal Register that these requirements are in effect.
- E. Hot-spot analysis assumptions shall be consistent with those in the regional emissions analysis for those inputs which are required for both analyses.
- F. PM<sub>10</sub> or CO mitigation or control measures shall be assumed in the hot-spot analysis only where there are enforceable written commitments from the project sponsor or operator to the implementation of such measures, as required by R18-2-1433(A).
- G. CO and PM<sub>10</sub> hot-spot analyses are not required to consider construction-related activities which cause temporary increases in emissions. Each site which is affected by construction-related activities shall be considered separately, using established "Guideline" methods. Temporary increases are defined as those which occur only during the construction phase and last five years or less at any individual site.

**Historical Note**

Adopted effective June 15, 1995 (Supp. 95-2).

**R18-2-1432. Using the Motor Vehicle Emissions Budget in the Applicable Implementation Plan or Implementation Plan Submission**

- A. In interpreting an applicable implementation plan or implementation plan submission with respect to its motor vehicle emissions budget, ADOT or the MPO where one exists and USDOT may not infer additions to the budget that are not explicitly intended by the implementation plan or submission. Unless the implementation plan explicitly quantifies the amount by which motor vehicle emissions could be higher while still allowing a demonstration of compliance with the milestone, attainment, or maintenance requirement and explicitly states an intent that some or all of this additional amount should be available to ADOT or the MPO and USDOT in the emission budget for conformity purposes, ADOT or the MPO may not interpret the budget to be higher than the implementation plan's estimate of future emissions. This applies in particular to applicable implementation plans or submissions which demonstrate that after implementation of control measures in the implementation plan any of the following apply:
  1. Emissions from all sources will be less than the total emissions that would be consistent with a required demonstration of an emissions reduction milestone.
  2. Emissions from all sources will result in achieving attainment prior to the attainment deadline or ambient concentrations in the attainment deadline year will be lower than needed to demonstrate attainment.

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3. Emissions will be lower than needed to provide for continued maintenance.
- B. If an applicable implementation plan submitted before November 24, 1993, demonstrates that emissions from all sources will be less than the total emissions that would be consistent with attainment and quantifies that "safety margin," the state may submit a SIP revision which assigns some or all of this safety margin to highway and transit mobile sources for the purposes of conformity. Such a SIP revision, once it is endorsed by the governor and has been subject to a public hearing, may be used for the purposes of transportation conformity before it is approved by EPA.
- C. A conformity demonstration shall not trade emissions among budgets which the applicable implementation plan or implementation plan submission allocates for different pollutants or precursors, or among budgets allocated to motor vehicles and other sources, without a SIP revision or a SIP which establishes mechanisms for such trades.
- D. If the applicable implementation plan or implementation plan submission estimates future emissions by geographic subarea of the nonattainment area, ADOT or the MPO where one exists and USDOT are not required to consider this to establish subarea budgets, unless the applicable implementation plan or implementation plan submission explicitly indicates an intent to create such subarea budgets for the purposes of conformity.
- E. If a nonattainment area includes more than one MPO, the SIP may establish motor vehicle emissions budgets for each MPO. Otherwise, the MPOs shall collectively make a conformity determination for the entire nonattainment area.

**Historical Note**

Adopted effective June 15, 1995 (Supp. 95-2).

**R18-2-1433. Enforceability of Design Concept and Scope and Project-level Mitigation and Control Measures**

- A. Prior to determining that a transportation project is in conformity, ADOT, the MPO where one exists, other recipient of funds designated under 23 U.S.C. or the Federal Transit Act, FHWA, or FTA shall obtain from the project sponsor or operator enforceable written commitments to implement in the construction of the project and operation of the resulting facility or service any project-level mitigation or control measures which are identified as conditions for NEPA process completion with respect to local PM<sub>10</sub> or CO impacts. Before making conformity determinations enforceable written commitments shall also be obtained for project-level mitigation or control measures which are conditions for making conformity determinations for a transportation plan or TIP and included in the project design concept and scope which is used in the regional emissions analysis required by R18-2-1418 through R18-2-1420 and R18-2-1422 through R18-2-1424 or used in the project-level hot-spot analysis required by R18-2-1416 and R18-2-1421.
- B. Project sponsors voluntarily committing to mitigation measures to facilitate positive conformity determinations shall provide enforceable written commitments and comply with the obligations of such commitments.
- C. Enforceable written commitments to mitigation or control measures shall be obtained prior to a positive conformity determination, and that project sponsors shall comply with such commitments.
- D. During the control strategy and maintenance periods, if ADOT, the MPO, or project sponsor believes the mitigation or control measure is no longer necessary for conformity, the project sponsor or operator may be relieved of its obligation to

implement the mitigation or control measure if it can demonstrate that the requirements of R18-2-1416, R18-2-1418, and R18-2-1419 are satisfied without the mitigation or control measure and so notifies the agencies involved in the inter-agency consultation process required under R18-2-1405. ADOT or the MPO where one exists and USDOT shall confirm that the transportation plan and TIP still satisfy the requirements of R18-2-1418 and R18-2-1419 and that the project still satisfies the requirements of R18-2-1416, and therefore that the conformity determinations for the transportation plan, TIP, and project are still valid.

**Historical Note**

Adopted effective June 15, 1995 (Supp. 95-2).

**R18-2-1434. Exempt Projects**

Notwithstanding the other requirements of this subpart, highway and transit projects of the types listed in Table 2 are exempt from the requirement that a conformity determination be made. Such projects may proceed toward implementation even in the absence of a conforming transportation plan and TIP. A particular action of the type listed in Table 2 is not exempt if ADOT or the MPO where one exists in consultation with other agencies pursuant to R18-2-1405, the EPA, and the FHWA (in the case of a highway project) or the FTA (in the case of a transit project) concur that it has potentially adverse emissions impacts for any reason. States and MPOs shall ensure that exempt projects do not interfere with TCM implementation.

**Table 2. Exempt Projects**  
**Exempt Projects**  
**SAFETY**

1. Railroad or highway crossing.
2. Hazard elimination program.
3. Safer non-federal-aid system roads.
4. Shoulder improvements.
5. Increasing sight distance.
6. Safety improvement program.
7. Traffic control devices and operating assistance other than signalization projects.
8. Railroad or highway crossing warning devices.
9. Guardrails, median barriers, crash cushions.
10. Pavement resurfacing or rehabilitation.
11. Pavement marking demonstration.
12. Emergency relief (23 U.S.C. 125).
13. Fencing.
14. Skid treatments.
15. Safety roadside rest areas.
16. Adding medians.
17. Truck climbing lanes outside the urbanized area.
18. Lighting improvements.
19. Widening narrow pavements or reconstructing bridges (no additional travel lanes).
20. Emergency truck pullovers.

**MASS TRANSIT**

1. Operating assistance to transit agencies.
2. Purchase of support vehicles.
3. Rehabilitation of transit vehicles. (In PM<sub>10</sub> nonattainment or maintenance areas, such projects are exempt only if they are in compliance with control measures in the applicable implementation plan.)
4. Purchase of office, shop, and operating equipment for existing facilities.
5. Purchase of operating equipment for vehicles (e.g., radios, fareboxes, lifts, etc.).

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6. Construction or renovation of power, signal, and communications systems.
7. Construction of small passenger shelters and information kiosks.
8. Reconstruction or renovation of transit buildings and structures (e.g., rail or bus buildings, storage and maintenance facilities, stations, terminals, and ancillary structures).
9. Rehabilitation or reconstruction of track structures, track, and trackbed in existing rights-of-way.
10. Purchase of new buses and rail cars to replace existing vehicles or for minor expansions of the fleet. (In PM<sub>10</sub> nonattainment or maintenance areas, such projects are exempt only if they are in compliance with control measures in the applicable implementation plan.)
11. Construction of new bus or rail storage or maintenance facilities categorically excluded in 23 CFR 771.

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1. Continuation of ride-sharing and van-pooling promotion activities at current levels.
2. Bicycle and pedestrian facilities.

**OTHER**

1. Specific activities which do not involve or lead directly to construction, such as:
  - a. Planning and technical studies.
  - b. Grants for training and research programs.
  - c. Planning activities conducted pursuant to Titles 23 and 49 U.S.C.
  - d. Federal-aid systems revisions.
2. Engineering to assess social, economic and environmental effects of the proposed action or alternatives to that action.
3. Noise attenuation.
4. Advance land acquisitions (23 CFR 712 or 23 CFR 771).
5. Acquisition of scenic easements.
6. Plantings, landscaping, etc.
7. Sign removal.
8. Directional and informational signs.
9. Transportation enhancement activities (except rehabilitation and operation of historic transportation buildings, structures, or facilities).
10. Repair of damage caused by natural disasters, civil unrest, or terrorist acts, except projects involving substantial functional, locational or capacity changes.

**Historical Note**

Adopted effective June 15, 1995 (Supp. 95-2).

**R18-2-1435. Projects Exempt from Regional Emissions Analyses**

Notwithstanding the other requirements of this subpart, highway and transit projects of the types listed in Table 3 are exempt from regional emissions analysis requirements. The local effects of these projects with respect to CO or PM<sub>10</sub> concentrations shall be considered to determine if a hot-spot analysis is required prior to making a project-level conformity determination. These projects may then proceed to the project development process even in the absence of a conforming transportation plan and TIP. A particular action of the type listed in Table 3 is not exempt from regional emissions analysis if the MPO in consultation with other agencies pursuant to R18-2-1405, the EPA, and the FHWA (in the case of a highway project) or the FTA (in the case of a transit project) concur that it has potential regional impacts for any reason.

**Table 3. Projects Exempt From Regional Emissions Analyses****Projects Exempt From Regional Emissions Analyses**

1. Intersection channelization projects.

2. Intersection signalization projects at individual intersections.
3. Interchange reconfiguration projects.
4. Changes in vertical and horizontal alignment.
5. Truck size and weight inspection stations.
6. Bus terminals and transfer points.

**Historical Note**

Adopted effective June 15, 1995 (Supp. 95-2).

**R18-2-1436. Special Provisions for Nonattainment Areas Which are Not Required to Demonstrate Reasonable Further Progress and Attainment**

- A. This Section applies in the following areas:
  1. Rural transport ozone nonattainment areas,
  2. Marginal ozone areas,
  3. Submarginal ozone areas,
  4. Transitional ozone areas,
  5. Incomplete data ozone areas,
  6. Moderate CO areas with a design value of 12.7 ppm or less,
  7. Not classified CO areas.
- B. The criteria and procedures in R18-2-1422 through R18-2-1424 will remain in effect throughout the control strategy period for transportation plans, TIPs, and projects (not from a conforming plan and TIP) in lieu of the procedures in R18-2-1418 through R18-2-1420, except as otherwise provided in subsection (C).
- C. The state or MPO may voluntarily develop an attainment demonstration and corresponding motor vehicle emissions budget like those required in areas with higher nonattainment classifications. In this case, the state shall submit an implementation plan revision which contains that budget and attainment demonstration. Once EPA has approved this implementation plan revision, the procedures in R18-2-1418 through R18-2-1420 apply in lieu of the procedures in R18-2-1422 through R18-2-1424.

**Historical Note**

Adopted effective June 15, 1995 (Supp. 95-2).

**R18-2-1437. Reserved****R18-2-1438. General Conformity for Federal Actions**

The following subparts of 40 CFR 93, Determining Conformity of Federal Actions to State or Federal Implementation Plans, and all accompanying appendices, adopted as of July 1, 1994, and no future editions, are incorporated by reference. These standards are on file with the Office of the Secretary of State and with the Department and shall be applied by the Department.

Subpart B - Determining Conformity of General Federal Actions to State or Federal Implementation Plans (58 FR 63253, November 30, 1993).

**Historical Note**

Adopted effective January 31, 1995 (Supp. 95-1).

**ARTICLE 15. FOREST AND RANGE MANAGEMENT BURNS****R18-2-1501. Definitions**

In addition to the definitions contained in A.R.S. § 49-501 and R182-101, in this Article:

1. "Activity fuels" means those fuels created by human activities such as thinning or logging.
2. "ADEQ" means the Arizona Department of Environmental Quality.
3. "Annual emissions goal" means the annual establishment in cooperation with the F/SLMs, under R18-2-1503(G),

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- of a planned quantifiable value of emissions reduction from prescribed fires and fuels management activities.
4. "Assisting" means an agency or organization providing personnel, services, or other resources to the agency with direct responsibility for prescribed fire management.
  5. "Burn Accomplishment Form" means the online database form as provided by the director to be completed for each approved or approved with conditions Daily Burn Request, with details of the conducted prescribed burn.
  6. "Burn plan" for the purposes of this Article means the ADEQ online database form as provided by the director that includes information on the conditions under which a burn will occur with details of the burn and smoke management prescriptions.
  7. "Burn prescription" means, with regard to a burn project, the pre-determined area, fuel, and weather conditions required to attain planned resource management objectives.
  8. "Burn project" means an active or planned prescribed burn.
  9. "Daily Burn Request" means the online database form as provided by the director that allows burners to request for permission to ignite on a single specific day, submitted under an acknowledged Burn Plan.
  10. "Daily Burn Authorization Process" means the daily process by which ADEQ reviews and approves, approves with conditions, or disapproves "Daily Burn Requests" for the following day.
  11. "Director" means the Director of ADEQ.
  12. "Duff" means forest floor material consisting of decomposing needles and other natural materials.
  13. "Emission reduction techniques (ERT)" means methods for controlling emissions from prescribed fires to minimize the amount of emission output per unit of area burned.
  14. "Federal land manager (FLM)" means any department, agency, delegee, or agent of the federal government, including the following:
    - a. United States Forest Service,
    - b. United States Fish and Wildlife Service,
    - c. National Park Service,
    - d. Bureau of Land Management,
    - e. Bureau of Reclamation,
    - f. Department of Defense,
    - g. Bureau of Indian Affairs, and
    - h. Natural Resources Conservation Service.
  15. "F/SLM" means a federal land manager or a state land manager.
  16. "Local fire management officer" means a person designated by a F/SLM as responsible for fire management in a local district or area.
  17. "National Wildfire Coordinating Group" means the national inter-agency group of federal and state land managers that shares similar wildfire management programs and has established standardized inter-agency training courses and qualifications for fire management positions.
  18. "New Burn Plan" means a Burn Plan that has never been submitted to ADEQ.
  19. "Non-burning alternatives to fire" means techniques that replace fire for at least five years as a means to treat activity fuels created to achieve a particular land management objective (e.g., reduction of fuel-loading, manipulation of fuels, enhancement of wildlife habitat, and ecosystem restoration). These alternatives are not used in conjunction with fire. Techniques used in conjunction with fire are referred to as emission reduction techniques (ERTs).
  20. "Planned resource management objectives" means public interest goals in support of land management agency objectives including silviculture, wildlife habitat management, grazing enhancement, fire hazard reduction, wilderness management, cultural scene maintenance, weed abatement, watershed rehabilitation, vegetative manipulation, and disease and pest prevention.
  21. "Prescribed burning" means the controlled application of fire to wildland fuels that are in either a natural or modified state, under certain burn and smoke management prescription conditions that have been specified by the F/SLM in charge of or assisting the burn, to attain planned resource management objectives. Prescribed burning does not include a fire set or permitted by a public officer to provide instruction in fire-fighting methods, or construction or residential burning under R18-2-602.
  22. "Prescribed Fire Burn Boss" means a person designated by their respective F/SLM with the requisite training and certification to ensure that all ADEQ prescribed fire burn plan specifications and requirements are met before, during, and after a prescribed fire. This includes the following NWCG positions: Prescribed Fire Burn Boss Type 1, Prescribed Fire Burn Boss Type 2, and Prescribed Fire Burn Boss Type 3. A private burner does not qualify as a Burn Boss under this Article.
  23. "Private Burner" means a private person or company assisted by a F/SLM in conducting a prescribed burn under this Article. A person not covered under this definition shall be regulated under A.R.S. § 49-501 and A.A.C. R18-2-602.
  24. "Revised Burn Plan" means any Burn Plan that has been submitted to ADEQ by way of the online database which has remaining un-accomplished acres available and has been revised.
  25. "Smoke management prescription" means the predetermined meteorological conditions that affect smoke transport and dispersion under which a burn could occur without adversely affecting public health and welfare, including transportation networks, considering such factors as National Ambient Air Quality Standard and Class I Visibility Areas.
  26. "Smoke management techniques (SMT)" means management and dispersion practices used during a prescribed burn which affect the direction, duration, height, or density of smoke.
  27. "Smoke management unit" means any of the geographic areas defined by ADEQ whose area is based on primary watershed boundaries and whose outline is determined by diurnal windflow patterns that allow smoke to follow predictable drainage patterns. A map of the state divided into the smoke management units is on file with ADEQ.
  28. "State land manager (SLM)" means any department, agency, or political subdivision of the state government including the following:
    - a. State Land Department,
    - b. Department of Transportation,
    - c. Department of Game and Fish,
    - d. Parks Department,
    - e. Local and Municipal Governments and Agencies,
    - f. Arizona Department of Forestry and Fire Management, and
    - g. Fire Districts.

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29. “Smoke Sensitive Area” means areas where ADEQ determines that smoke and air pollutants can adversely affect public health or welfare. Such areas may include, but are not limited to cities, towns, villages, campgrounds, trails, populated recreational areas, hospitals, nursing homes, schools, roads, airports, public events, shopping centers, and mandatory Class I areas.
30. “Wildfire” means an unplanned ignition, such as lightning, unauthorized and accidental human fires. Wildfires include those incidents where suppression may be limited for safety, economic, or resource concerns.

**Historical Note**

Adopted effective October 8, 1996 (Supp. 96-4).  
Amended by final rulemaking at 10 A.A.R. 388, effective March 16, 2004 (Supp. 04-1). Amended by final rulemaking at 29 A.A.R. 1427 (June 30, 2023), effective August 7, 2023 (Supp. 23-2).

**R18-2-1502. Applicability**

- A. A F/SLM that is conducting or assisting a prescribed burn shall follow the requirements of this Article.
- B. A private burner may conduct burns under this Article if assisted by an F/SLM.
- C. The provisions of this Article apply to all areas of the state except Tribal Nations and Communities land which has the same meaning as the term defined in 18 U.S.C. § 1151. All federally managed lands and all state lands, parks, and forests are under the jurisdiction of ADEQ in matters relating to air pollution from prescribed burning.
- D. Notwithstanding subsection (C), any Tribal Nations and Communities may enter into a memorandum of agreement with ADEQ to implement this Article.

**Historical Note**

Adopted effective October 8, 1996 (Supp. 96-4).  
Amended by final rulemaking at 10 A.A.R. 388, effective March 16, 2004 (Supp. 04-1). Amended by final rulemaking at 29 A.A.R. 1427 (June 30, 2023), effective August 7, 2023 (Supp. 23-2).

**R18-2-1503. Annual, Program Evaluation and Planning**

- A. ADEQ shall hold a meeting after January 31 and before April 1 of each year between ADEQ and F/SLM to evaluate the program and set the annual emissions goals to minimize prescribed fire emissions to the maximum extent feasible using emission reduction techniques and non-burning alternatives to fire subject to economic, technical, and safety feasibility criteria, and consistent with land management objectives.
- B. Outside of the annual meeting, ADEQ may request additional information about future prescribed burns to support regional coordination of smoke management, annual emission goal setting using ERTs, and non-burning alternatives to fire.
- C. At least once every five years, ADEQ shall request long-term projections of future prescribed fire activity from the F/SLM to support planning for visibility impairment and assessment of air quality concerns by ADEQ.
- D. F/SLM may submit topics to discuss at the yearly meeting by contacting ADEQ.

**Historical Note**

Adopted effective October 8, 1996 (Supp. 96-4).  
Amended by final rulemaking at 10 A.A.R. 388, effective March 16, 2004 (Supp. 04-1). Amended by final rulemaking at 29 A.A.R. 1427 (June 30, 2023), effective August 7, 2023 (Supp. 23-2).

**R18-2-1504. Prescribed Burn Plan**

Each F/SLM planning a prescribed burn shall complete and submit to ADEQ the “Burn Plan” form supplied by ADEQ no later than 14 days before the date on which the F/SLM requests permission to burn. ADEQ shall consider the information supplied on the Burn Plan Form as binding conditions under which the burn shall be conducted. A Burn Plan shall be maintained by ADEQ until notification from the F/SLM of the completion of the burn project. The Burn Plan provisions listed in A.A.C. R18-2-1504(1) through (5), may be revised no later than 2:00 p.m. the business day before the burn. Any other revision to the Burn Plan for a burn project shall be submitted in writing no later than 14 days before the date on which the F/SLM requests permission to burn. ADEQ shall not act on the Daily Burn Request until the Burn Plan is submitted by the F/SLM and acknowledged as complete by ADEQ. To facilitate the Daily Burn Authorization Process under R18-2-1505, the Burn Plan Form shall include:

1. An emergency telephone number that is answered 24 hours a day, seven days a week;
2. Burn prescription;
3. Smoke management prescription;
4. The name of the person submitting the Burn Plan on behalf of the F/SLM;
5. Any other information to support the Burn Plan needed by ADEQ to assist in the Daily Burn Authorization Process for smoke management purposes, prevention of negative impacts on smoke sensitive areas, or assessment of contribution to visibility impairment of Class I areas.
6. The total number of acres in the project to be burned, the quantity and type of fuel, type of burn, and the ignition technique to be used;
7. The land management objective or purpose for the burn such as restoration or maintenance of ecological function and indicators of fire resiliency;
8. A map depicting the potential impact of the smoke unless waived either orally or in writing by ADEQ. The potential impact shall be determined by mapping both the daytime and nighttime smoke path and down-drainage flow for 15 miles from the burn site, with smoke-sensitive areas delineated. The map shall use the appropriate scale to show the impacts of the smoke adequately;
9. Modeling of smoke impacts unless waived either orally or in writing by ADEQ, for burns greater than 250 acres per day, or greater than 50 acres per day if the burn is within 15 miles of a Class I Area, an area that is nonattainment for particulates, a carbon monoxide nonattainment area, or other smoke-sensitive area. In consultation with the F/SLM, ADEQ shall provide guidelines on modeling.

**Historical Note**

Adopted effective October 8, 1996 (Supp. 96-4).  
Amended by final rulemaking at 10 A.A.R. 388, effective March 16, 2004 (Supp. 04-1). Amended by final rulemaking at 29 A.A.R. 1427 (June 30, 2023), effective August 7, 2023 (Supp. 23-2).

**R18-2-1505. Prescribed Burn Requests and Authorization**

- A. Each F/SLM planning a prescribed burn, shall complete and submit to ADEQ the “Daily Burn Request” form supplied by ADEQ for each day the F/SLM will complete ignitions. The Daily Burn Request form shall include:
1. The contact information of the F/SLM conducting the burn;

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2. Acknowledgement that a qualified Prescribed Fire Burn Boss is conducting the burn;
  3. Date of the ignition;
  4. The area to be burned on the day for which the Burn Request is submitted, with reference to the Burn Plan, including size, legal location to the section, and latitude and longitude to the minute;
  5. Projected smoke impacts; and
  6. Any local conditions or circumstances known to the F/SLM that, could impact the Daily Burn Authorization Process or the burn.
- B.** After consultation and upon request by ADEQ, the F/SLM shall provide additional information related to the burn or any ongoing prescribed fires or wildfires such as: reports, digital photographs, meteorological, smoke dispersion, or air quality conditions to supplement the Daily Burn Request form and to aid in the Daily Burn Authorization Process. F/SLM may coordinate with ADEQ prior to submitting a Daily Burn Request to discuss potential air quality impacts or other concerns.
- C.** The F/SLM shall submit the Daily Burn Request form to ADEQ as expeditiously as practicable, but no later than 2:00 p.m. of the business day preceding the burn.
- D.** An F/SLM shall not ignite a prescribed burn without receiving the approval of ADEQ, as follows:
1. ADEQ shall only approve, approve with conditions, or disapprove a burn on the business day before the burn is to take place.
  2. If ADEQ fails to address a Burn Request by 10:00 p.m. the business day before the burn is to take place the Burn Request is approved by default after the burner makes a good faith effort to contact ADEQ to confirm that the Burn Request was received by exhausting available methods of communication, which may include contracting the ADEQ smoke management team directly, as well as the main number for the ADEQ air quality division, and leaving voicemails if there is no response.
  3. ADEQ may communicate its decision by verbal, written, or electronic means. ADEQ shall provide a written or electronic reply if requested by the F/SLM.
- E.** If weather conditions cease to conform to those in the smoke management prescription of either the Burn Plan or any conditions on the approval of the applicable Burn Request, the F/SLM shall take appropriate action to reduce further smoke impacts, ensure safe and appropriate fire mitigation, and notify the public as per the requirements established by the National Wildfire Coordinating Group or F/SLM equivalent. The F/SLM may modify the smoke management prescription in the Burn Plan after consultation with ADEQ. A F/SLM conducting a burn shall contact ADEQ if there is any change in the burn conditions that ceases to conform with the Burn Plan and could cause negative impacts to smoke sensitive areas and communicate what areas of the submitted smoke management prescription in the Burn Plan need to be modified.
- F.** The F/SLM shall ensure that there is industry-standard signage and notification to protect public safety on transportation corridors including roadways and airports during a prescribed fire.

**Historical Note**

Adopted effective October 8, 1996 (Supp. 96-4).  
 Amended by final rulemaking at 10 A.A.R. 388, effective March 16, 2004 (Supp. 04-1). Amended by final rulemaking at 29 A.A.R. 1427 (June 30, 2023), effective August 7, 2023 (Supp. 23-2).

**R18-2-1506. Smoke Dispersion Evaluation**

ADEQ shall approve, approve with conditions, or disapprove a Daily Burn Request submitted under R18-2 1505, by using the following factors for each smoke management unit:

1. Analysis of the emissions from burns in progress and residual emissions from previous burns on a day-to-day basis;
2. Analysis of the emissions from wildfires and consideration of their potential long-term growth;
3. Local burn conditions;
4. Burn prescription and smoke management prescription from the applicable Burn Plan;
5. Existing and predicted local air quality, i.e. meteorological or smoke modeling;
6. Local and synoptic meteorological conditions;
7. Type and location of areas to be burned;
8. Protection of the national visibility goal for Class I Areas under § 169A(a)(1) of the Clean Air Act and 40 CFR 51.309;
9. Assessment of duration and intensity of smoke emissions to minimize cumulative impacts;
10. Minimization of smoke impacts in Class I Areas, areas that are non-attainment for particulate matter, carbon monoxide, and ozone non-attainment areas, or other smoke sensitive areas including transportation corridors;
11. Protection of the National Ambient Air Quality Standards.

**Historical Note**

Adopted effective October 8, 1996 (Supp. 96-4).  
 Amended by final rulemaking at 10 A.A.R. 388, effective March 16, 2004 (Supp. 04-1). Amended by final rulemaking at 29 A.A.R. 1427 (June 30, 2023), effective August 7, 2023 (Supp. 23-2).

**R18-2-1507. Prescribed Burn Accomplishment; Wildfire Reporting**

- A.** Each F/SLM conducting a prescribed burn shall complete and submit to ADEQ the "Burn Accomplishment" form supplied by ADEQ. For each burn approval, the F/SLM shall submit a Burn Accomplishment form to ADEQ within seven calendar days following the approved burn. The F/SLM shall include the following information on the Burn Accomplishment form:
1. Any known conditions or circumstances that could impact subsequent Daily Burn approvals;
  2. The date, location, fuel type, fuel loading, and acreage accomplishments;
  3. The ERTs and SMTs described in R18-2-1509 and may include any further ERTs and SMTs that become available, that the F/SLM used to reduce emissions or manage the smoke from the burn.
- B.** The F/SLM shall submit the Burn Accomplishment form as an electronic submittal.
- C.** ADEQ shall maintain a record of Daily Burn Requests, Burn Plan Form Burn Approvals with Conditions, Denials, and Burn Accomplishments data for five years.
- D.** ADEQ may request information about a burn prior to the submission of the Burn Accomplishment Form.
- E.** The F/SLM in whose jurisdiction a wildfire occurs shall, upon request, make available to ADEQ no later than the day after the request is made and may include any necessary information for wildfire incidents, including the location, and estimate of predominant fuel type and quantity consumed, and an estimate of the area blackened that day. The F/SLM shall participate in air quality coordination calls upon request by ADEQ.



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**Historical Note**

Adopted effective October 8, 1996 (Supp. 96-4).  
Amended by final rulemaking at 10 A.A.R. 388, effective March 16, 2004 (Supp. 04-1). Amended by final rulemaking at 29 A.A.R. 1427 (June 30, 2023), effective August 7, 2023 (Supp. 23-2).

**R18-2-1508. Repealed****Historical Note**

Adopted effective October 8, 1996 (Supp. 96-4).  
Amended by final rulemaking at 10 A.A.R. 388, effective March 16, 2004 (Supp. 04-1). Repealed by final rulemaking at 29 A.A.R. 1427 (June 30, 2023), effective August 7, 2023 (Supp. 23-2).

**R18-2-1509. Emission Reduction and Smoke Management Techniques**

- A.** Each F/SLM conducting a prescribed burn shall implement as many Emission Reduction Techniques and Smoke Management Techniques as are feasible subject to economic, technical, and safety feasibility criteria, and land management objectives.
- B.** Emission Reduction Techniques include:
  1. Reducing biomass to be burned by use of techniques such as yarding or consolidation of unmerchandisable material, multi-product timber sales, or public firewood access, when economically feasible;
  2. Reducing biomass to be burned by fuel exclusion practices such as preventing the fire from consuming dead snags or dead and downed woody material through lining, application of fire-retardant foam, or water;
  3. Using mass ignition techniques such as aerial ignition by helicopter to produce high intensity fires of high fuel density areas such as logging slash decks;
  4. Burning only fuels essential to meet resource management objectives;
  5. Minimizing consumption and smoldering by burning under conditions of high fuel moisture of duff and litter;
  6. Minimizing fuel consumption and smoldering by burning under conditions of high fuel moisture of large woody fuels;
  7. Minimizing soil content when slash piles are constructed by using brush blades on material-moving equipment and by constructing piles under dry soil conditions or by using hand piling methods;
  8. Burning fuels in piles or windrows;
  9. Using a backing fire in grass fuels;
  10. Burning fuels with an air curtain incinerator, as defined in R18-2-101, operated according to manufacturer specifications and meeting applicable state or local opacity requirements;
  11. Extinguishing or mopping-up of smoldering fuels;
  12. Chunking of piles and other consolidations of burning material to enhance flaming and fuel consumption, and to minimize smoke production;
  13. Burning before litter fall, green-up of fuels, recently cut large fuels cure in areas with fuels reduction activity, and just before precipitation to reduce fuel smoldering and consumption;
  14. Reduce the area burned, by only burning a portion of the area within a designated perimeter or through mosaic burning.
- C.** Smoke management techniques include:

1. Burning from March 15 through September 15, when meteorological conditions allow for good smoke dispersion;
2. Igniting burns under good-to-excellent ventilation conditions;
3. Suspending operations under poor smoke dispersion conditions;
4. Considering smoke impacts on local community activities and land users;
5. Burning piles when other burns are not feasible, such as when snow or rain is present;
6. Using mass ignition techniques such as aerial ignition by helicopter to produce high combustion efficiency with short duration impacts;
7. Using all opportunities that meet the burn prescription and all burn locations to spread smoke impacts over a broader time period and geographic area;
8. Burning during optimum mid-day dispersion hours, with all ignitions in a burn unit completed by 3:00 p.m. to prevent trapping smoke in inversion or diurnal windflow patterns;
9. Providing information on the adverse impacts of using green or wet wood as fuel when public firewood access is allowed;
10. Implementing maintenance burning in a periodic rotation to shorten prescribed fire duration and reduce excessive fuel accumulations that could result in excessive smoke production in a wildfire; and
11. Using fire-management strategies to shift smoke into more favorable smoke dispersion seasons.

**Historical Note**

Adopted effective October 8, 1996 (Supp. 96-4).  
Amended by final rulemaking at 10 A.A.R. 388, effective March 16, 2004 (Supp. 04-1). Amended by final rulemaking at 29 A.A.R. 1427 (June 30, 2023), effective August 7, 2023 (Supp. 23-2). Amended by final expedited rulemaking at 30 A.A.R. 2422 (July 26, 2024), with an immediate effective date of July 3, 2024 (Supp. 24-3).

**R18-2-1510. Repealed****Historical Note**

Adopted effective October 8, 1996 (Supp. 96-4). Former Section R18-2-1510 renumbered to R18-2-1511; new R18-2-1510 made by final rulemaking at 10 A.A.R. 388, effective March 16, 2004 (Supp. 04-1). Repealed by final rulemaking at 29 A.A.R. 1427 (June 30, 2023), effective August 7, 2023 (Supp. 23-2). Amended by final expedited rulemaking at 30 A.A.R. 2422 (July 26, 2024), with an immediate effective date of July 3, 2024 (Supp. 24-3).

**R18-2-1511. Monitoring**

- A.** ADEQ may require a F/SLM to monitor air quality before, during, or after a prescribed burn as reasonably necessary to assess smoke impacts. Air quality monitoring may be conducted using both federal and non-federal reference methods, as well as other techniques including but not limited to digital photographs, video calling, webcams, visibility monitors, and air quality sensors.
- B.** Unless waived by ADEQ, a F/SLM shall conduct a test burn at the burn site to verify the needed wind speed, direction, and stability, for burns greater than 250 acres per day, or greater than 50 acres per day if the burn is within 15 miles of a Class I Area, an area that is non-attainment for particulate matter, carbon monoxide, or ozone, or other smoke sensitive area.

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- C. An F/SLM shall make monitoring information required under subsection (B) available to ADEQ on the business day following the burn ignition, if an instantaneous method was not used to convey the information.
- D. The F/SLM shall keep on file for one year following the burn date any monitoring information required under this Section.

**Historical Note**

Adopted effective October 8, 1996 (Supp. 96-4). Former Section R18-2-1511 renumbered to R18-2-1512; new R18-2-1511 renumbered from R18-2-1510 and amended by final rulemaking at 10 A.A.R. 388, effective March 16, 2004 (Supp. 04-1). Amended by final rulemaking at 29 A.A.R. 1427 (June 30, 2023), effective August 7, 2023 (Supp. 23-2).

**R18-2-1512. Burner Qualifications**

- A. All burn projects shall be conducted by personnel trained and certified in prescribed fire and smoke management techniques. Burn project personnel shall be trained in the fire and smoke management techniques required by the F/SLM in charge of the burn or the training requirements established by the National Wildfire Coordinating Group.
- B. A Prescribed Fire Burn Boss of the F/SLM with jurisdiction over the prescribed burn shall have smoke management training obtained through one of the following:
  1. Successful completion of a National Wildfire Coordinating Group or F/SLM-equivalent course addressing smoke management; or
  2. Attendance at an ADEQ-approved smoke management workshop.

**Historical Note**

Adopted effective October 8, 1996 (Supp. 96-4). Former Section R18-2-1512 renumbered to R18-2-1513; new R18-2-1512 renumbered from R18-2-1511 and amended by final rulemaking at 10 A.A.R. 388, effective March 16, 2004 (Supp. 04-1). Amended by final rulemaking at 29 A.A.R. 1427 (June 30, 2023), effective August 7, 2023 (Supp. 23-2).

**R18-2-1513. Public Notification and Awareness Program; Regional Coordination**

- A. The Director shall maintain a public education and awareness program webpage, in cooperation with the F/SLM and other interested parties, to inform the general public of the smoke management program described by this Article. The webpage shall inform the public about the health risks and impacts from smoke and prescribed fires; how smoke management techniques can protect air quality; and the role of prescribed fire in natural ecosystems.
- B. ADEQ shall make prescribed burn approval, and wildfire activity information readily available to the public and to facilitate regional coordination efforts and public notification.
- C. ADEQ shall ensure all publicly available information concerning smoke management, including electronic material, is updated annually, or as new information is published.

**Historical Note**

Adopted effective October 8, 1996 (Supp. 96-4). Former Section R18-2-1513 renumbered to R18-2-1514; new R18-2-1513 renumbered from R18-2-1512 and amended by final rulemaking at 10 A.A.R. 388, effective March 16, 2004 (Supp. 04-1). Amended by final rulemaking at 29 A.A.R. 1427 (June 30, 2023), effective August 7, 2023 (Supp. 23-2).

**R18-2-1514. Surveillance and Enforcement**

- A. An F/SLM conducting a prescribed burn shall permit and provide safe escort to ADEQ for the purpose of entering and inspecting burn sites to verify the accuracy of the Daily Burn Request, Burn Plan, or Accomplishment data as well as matching burn approval with actual conditions, smoke dispersion, and air quality impacts. Onground site inspection procedures and aerial surveillance shall be coordinated by ADEQ and the F/SLM for safety purposes.
- B. ADEQ may use remote automated weather station data if necessary to verify current and previous meteorological conditions at or near the burn site.
- C. ADEQ may audit burn accomplishment data, smoke dispersion measurements, or weather measurements from previously conducted burns, if necessary to verify conformity with, or deviation from, procedures and authorizations approved by ADEQ.
- D. Deviation from procedures and authorizations approved by ADEQ constitute a violation of this Article. Violations may require containment or appropriate smoke mitigation action of any active burns and may also require, in the Director's discretion, a five-day moratorium on ignitions by the responsible F/SLM. Violations of this Article are also subject to a civil penalty of not more than \$10,000 per day per violation under A.R.S. § 49-463.

**Historical Note**

Adopted effective October 8, 1996 (Supp. 96-4). Former Section R18-2-1514 repealed; new R18-2-1514 renumbered from R18-2-1513 and amended by final rulemaking at 10 A.A.R. 388, effective March 16, 2004 (Supp. 04-1). Amended by final rulemaking at 29 A.A.R. 1427 (June 30, 2023), effective August 7, 2023 (Supp. 23-2).

**R18-2-1515. Forms and Information Transfers**

- A. ADEQ shall make all forms for completion by a F/SLM available in electronic format as provided by the Director.
- B. After consultation with an F/SLM, ADEQ may require the F/SLM to provide data or completed forms in an electronic format as provided by the Director.

**Historical Note**

Adopted effective October 8, 1996 (Supp. 96-4). Amended by final rulemaking at 10 A.A.R. 388, effective March 16, 2004 (Supp. 04-1). Amended by final rulemaking at 29 A.A.R. 1427 (June 30, 2023), effective August 7, 2023 (Supp. 23-2).

**ARTICLE 16. EXPIRED**

*Article 16, consisting of Sections R18-2-1601 through R18-2-1606, made by final rulemaking at 9 A.A.R. 4541, effective December 2, 2003 (Supp. 03-4).*

**R18-2-1601. Expired****Historical Note**

New Section made by final rulemaking at 9 A.A.R. 4541, effective December 2, 2003 (Supp. 03-4). Section expired under A.R.S. § 41-1056(J) at 24 A.A.R. 2500, effective August 14, 2018 (Supp. 18-3).

**R18-2-1602. Expired****Historical Note**

New Section made by final rulemaking at 9 A.A.R. 4541, effective December 2, 2003 (Supp. 03-4). Section expired under A.R.S. § 41-1056(J) at 24 A.A.R. 2500, effective August 14, 2018 (Supp. 18-3).

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**R18-2-1603. Expired****Historical Note**

New Section made by final rulemaking at 9 A.A.R. 4541, effective December 2, 2003 (Supp. 03-4). Section expired under A.R.S. § 41-1056(J) at 24 A.A.R. 2500, effective August 14, 2018 (Supp. 18-3).

**R18-2-1604. Expired****Historical Note**

New Section made by final rulemaking at 9 A.A.R. 4541, effective December 2, 2003 (Supp. 03-4). Section expired under A.R.S. § 41-1056(J) at 24 A.A.R. 2500, effective August 14, 2018 (Supp. 18-3).

**R18-2-1605. Expired****Historical Note**

New Section made by final rulemaking at 9 A.A.R. 4541, effective December 2, 2003 (Supp. 03-4). Section expired under A.R.S. § 41-1056(J) at 24 A.A.R. 2500, effective August 14, 2018 (Supp. 18-3).

**R18-2-1606. Expired****Historical Note**

New Section made by final rulemaking at 9 A.A.R. 4541, effective December 2, 2003 (Supp. 03-4). Section expired under A.R.S. § 41-1056(J) at 24 A.A.R. 2500, effective August 14, 2018 (Supp. 18-3).

**R18-2-1607. Expired****Historical Note**

Section reserved at 11 A.A.R. 386, effective December 20, 2004, expired under A.R.S. § 41-1056(J) at 24 A.A.R. 2500, effective August 14, 2018 (Supp. 18-3).

**R18-2-1608. Expired****Historical Note**

Section reserved at 11 A.A.R. 386, effective December 20, 2004, expired under A.R.S. § 41-1056(J) at 24 A.A.R. 2500, effective August 14, 2018 (Supp. 18-3).

**R18-2-1609. Expired****Historical Note**

Section reserved at 11 A.A.R. 386, effective December 20, 2004, expired under A.R.S. § 41-1056(J) at 24 A.A.R. 2500, effective August 14, 2018 (Supp. 18-3).

**R18-2-1610. Expired****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 386, effective December 20, 2004 (Supp. 04-4). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2856, effective April 30, 2013 (Supp. 13-3).

**R18-2-1611. Expired****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 386, effective December 20, 2004 (Supp. 04-4). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2856, effective April 30, 2013 (Supp. 13-3).

**R18-2-1612. Expired****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 386, effective December 20, 2004 (Supp. 04-4). Section heading corrected at request of the Department, Office File No. M12-134, filed April 5, 2012 (Supp. 11-4). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2856, effective April 30, 2013 (Supp. 13-3).

**R18-2-1613. Expired****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 386, effective December 20, 2004 (Supp. 04-4). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2856, effective April 30, 2013 (Supp. 13-3).

**ARTICLE 17. EXPIRED****R18-2-1701. Expired****Historical Note**

New Section made by final rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 135, effective August 26, 2016; filed in the Office of the Secretary of State December 23, 2016 (Supp. 16-4).

**Table 1. Expired****Historical Note**

Table 1 made by final rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2). Table 1 expired under A.R.S. § 41-1056(J) at 23 A.A.R. 135, effective August 26, 2016; filed in the Office of the Secretary of State December 23, 2016 (Supp. 16-4).

**R18-2-1702. Expired****Historical Note**

New Section made by final rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 135, effective August 26, 2016; filed in the Office of the Secretary of State December 23, 2016 (Supp. 16-4).

**Table 2. Expired****Historical Note**

Table 2 made by final rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2). Table 2 expired under A.R.S. § 41-1056(J) at 23 A.A.R. 135, effective August 26, 2016; filed in the Office of the Secretary of State December 23, 2016 (Supp. 16-4).

**R18-2-1703. Expired****Historical Note**

New Section made by final rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 135, effective August 26, 2016; filed in the Office of the Secretary of State December 23, 2016 (Supp. 16-4).

**R18-2-1704. Expired****Historical Note**

New Section made by final rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 135, effective August 26, 2016; filed in the Office of the Secretary of State December 23, 2016 (Supp. 16-4).

**R18-2-1705. Expired**

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**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R.135, effective August 26, 2016; filed in the Office of the Secretary of State December 23, 2016 (Supp. 16-4).

**R18-2-1706. Expired****Historical Note**

New Section made by final rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R.135, effective August 26, 2016; filed in the Office of the Secretary of State December 23, 2016 (Supp. 16-4).

**R18-2-1707. Expired****Historical Note**

New Section made by final rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R.135, effective August 26, 2016; filed in the Office of the Secretary of State December 23, 2016 (Supp. 16-4).

**R18-2-1708. Expired****Historical Note**

New Section made by final rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R.135, effective August 26, 2016; filed in the Office of the Secretary of State December 23, 2016 (Supp. 16-4).

**Table 3. Expired****Historical Note**

Table 3 made by final rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2). Table 3 expired under A.R.S. § 41-1056(J) at 23 A.A.R.135, effective August 26, 2016; filed in the Office of the Secretary of State December 23, 2016 (Supp. 16-4).

**R18-2-1709. Expired****Historical Note**

New Section made by final rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R.135, effective August 26, 2016; filed in the Office of the Secretary of State December 23, 2016 (Supp. 16-4).

**ARTICLE 18. REPEALED****R18-2-1801. Repealed****Historical Note**

New Section made by final rulemaking at 14 A.A.R. 2404, effective July 8, 2008 (Supp. 08-2). Section repealed by final rulemaking at 18 A.A.R. 250, effective January 10, 2012 (Supp. 12-1).

**R18-2-1802. Repealed****Historical Note**

New Section made by final rulemaking at 14 A.A.R. 2404, effective July 8, 2008 (Supp. 08-2). Section repealed by final rulemaking at 18 A.A.R. 250, effective January 10, 2012 (Supp. 12-1).

**R18-2-1803. Repealed****Historical Note**

New Section made by final rulemaking at 14 A.A.R. 2404, effective July 8, 2008 (Supp. 08-2). Section repealed by final rulemaking at 18 A.A.R. 250, effective January 10, 2012 (Supp. 12-1).

**R18-2-1804. Repealed****Historical Note**

New Section made by final rulemaking at 14 A.A.R. 2404, effective July 8, 2008 (Supp. 08-2). Section repealed by final rulemaking at 18 A.A.R. 250, effective January 10, 2012 (Supp. 12-1).

**R18-2-1805. Repealed****Historical Note**

New Section made by final rulemaking at 14 A.A.R. 2404, effective July 8, 2008 (Supp. 08-2). Section repealed by final rulemaking at 18 A.A.R. 250, effective January 10, 2012 (Supp. 12-1).

**R18-2-1806. Repealed****Historical Note**

New Section made by final rulemaking at 14 A.A.R. 2404, effective July 8, 2008 (Supp. 08-2). Section repealed by final rulemaking at 18 A.A.R. 250, effective January 10, 2012 (Supp. 12-1).

**R18-2-1807. Repealed****Historical Note**

New Section made by final rulemaking at 14 A.A.R. 2404, effective July 8, 2008 (Supp. 08-2). Section repealed by final rulemaking at 18 A.A.R. 250, effective January 10, 2012 (Supp. 12-1).

**R18-2-1808. Repealed****Historical Note**

New Section made by final rulemaking at 14 A.A.R. 2404, effective July 8, 2008 (Supp. 08-2). Section repealed by final rulemaking at 18 A.A.R. 250, effective January 10, 2012 (Supp. 12-1).

**R18-2-1809. Repealed****Historical Note**

New Section made by final rulemaking at 14 A.A.R. 2404, effective July 8, 2008 (Supp. 08-2). Section repealed by final rulemaking at 18 A.A.R. 250, effective January 10, 2012 (Supp. 12-1).

**R18-2-1810. Repealed****Historical Note**

New Section made by final rulemaking at 14 A.A.R. 2404, effective July 8, 2008 (Supp. 08-2). Section repealed by final rulemaking at 18 A.A.R. 250, effective January 10, 2012 (Supp. 12-1).

**R18-2-1811. Repealed****Historical Note**

New Section made by final rulemaking at 14 A.A.R. 2404, effective July 8, 2008 (Supp. 08-2). Section repealed by final rulemaking at 18 A.A.R. 250, effective January 10, 2012 (Supp. 12-1).

**R18-2-1812. Repealed**

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**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 2404, effective July 8, 2008 (Supp. 08-2). Section repealed by final rulemaking at 18 A.A.R. 250, effective January 10, 2012 (Supp. 12-1).

**CHAPTER APPENDICES****Appendix 1. Repealed****Historical Note**

Former Appendix 1 repealed, new Appendix 1 adopted effective October 2, 1979 (Supp. 79-5). Amended effective May 28, 1982 (Supp. 82-3). Amended effective September 22, 1983 (Supp. 83-5). Amended effective December 1, 1988 (Supp. 88-4). Appendix 1 repealed, new Appendix 1 adopted effective November 15, 1993 (Supp. 93-4). Amended effective October 7, 1994 (Supp. 94-4). Amended effective August 1, 1995 (Supp. 95-3). The reference to R18-2-101(80) amended to reference R18-2-101(84) (Supp. 99-3). Amended by final rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2). Repealed by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

**Appendix 2. Test Methods and Protocols**

The following test methods and protocols are approved for use as directed by the Department under this Chapter. These standards are incorporated by reference as applicable requirements revised as of June 30, 2017, and no future editions or amendments. These standards are on file with the Department, and are also available from the U.S. Government Printing Office, Superintendent of Documents, bookstore.gpo.gov, Mail Stop: SSOP IDCC-SSOM, Washington, D.C. 20402-9328.

- A. 40 CFR 50;
- B. 40 CFR 50, all appendices;
- C. 40 CFR 51, Appendix M, Section IV of Appendix S, and Appendix W;
- D. 40 CFR 52, Appendices D and E;
- E. 40 CFR 53;
- F. 40 CFR 58;
- G. 40 CFR 58, all appendices;
- H. 40 CFR 60, all appendices;
- I. 40 CFR 61, all appendices;
- J. 40 CFR 63, all appendices;
- K. 40 CFR 75, all appendices.
- L. 40 CFR 51.128, Appendix A(1)(B).
- M. Silt Content Test Method. The purpose of this test method is to estimate the silt content of the trafficked parts of commercial farm roads, as defined in R18-2-610. The higher the silt content, the more fine dust particles that are released when cars and trucks drive on commercial farm roads.
  - 1. Equipment:
    - a. A set of sieves with the following openings: 4 millimeters (mm), 2mm, 1 mm, 0.5 mm and 0.25 mm and a lid and collector pan
    - b. A small whisk broom or paintbrush with stiff bristles and dustpan 1 ft. in width. (The broom/brush should preferably have one, thin row of bristles no longer than 1.5 inches in length.)
    - c. A spatula without holes A small scale with half ounce increments (e.g. postal/package scale)
    - d. A shallow, lightweight container (e.g. plastic storage container)
    - e. A sturdy cardboard box or other rigid object with a level surface

- f. Basic calculator
  - g. Cloth gloves (optional for handling metal sieves on hot, sunny days)
  - h. Sealable plastic bags (if sending samples to a laboratory)
  - i. Pencil/pen and paper
2. Step 1: Look for a routinely-traveled surface, as evidenced by tire tracks. [Only collect samples from surfaces that are not wet or damp due to precipitation, dew or watering.] Use caution when taking samples to ensure personal safety with respect to passing vehicles. Gently press the edge of a dustpan (1 foot in width) into the surface four times to mark an area that is 1 square foot. Collect a sample of loose surface material using a whisk broom or brush and slowly sweep the material into the dustpan, minimizing escape of dust particles. Use a spatula to lift heavier elements such as gravel. Only collect dirt/gravel to an approximate depth of 3/8 inch or 1 cm in the 1 square foot area. If you reach a hard, underlying subsurface that is < 3/8 inch in depth, do not continue collecting the sample by digging into the hard surface. In other words, you are only collecting a surface sample of loose material down to 1 cm. In order to confirm that samples are collected to 1 cm. in depth, a wooden dowel or other similar narrow object at least 1 foot in length can be laid horizontally across the survey area while a metric ruler is held perpendicular to the dowel. At this point, you can choose to place the sample collected into a plastic bag or container and take it to an independent laboratory for silt content analysis. A reference to the procedure the laboratory is required to follow is in subsection (10) below.
  3. Step 2: Place a scale on a level surface. Place a lightweight container on the scale. Zero the scale with the weight of the empty container on it. Transfer the entire sample collected in the dustpan to the container, minimizing escape of dust particles. Weigh the sample and record its weight.
  4. Step 3: Stack a set of sieves in order according to the size openings specified above, beginning with the largest size opening (4 mm) at the top. Place a collector pan underneath the bottom (0.25 mm) sieve.
  5. Step 4: Carefully pour the sample into the sieve stack, minimizing escape of dust particles by slowly brushing material into the stack with a whisk broom or brush. (On windy days, use the trunk or door of a car as a wind barricade.) Cover the stack with a lid. Lift up the sieve stack and shake it vigorously up, down and sideways for at least 1 minute.
  6. Step 5: Remove the lid from the stack and disassemble each sieve separately, beginning with the top sieve. As you remove each sieve, examine it to make sure that all of the material has been sifted to the finest sieve through which it can pass; e.g. material in each sieve (besides the top sieve that captures a range of larger elements) should look the same size. If this is not the case, re-stack the sieves and collector pan, cover the stack with the lid, and shake it again for at least 1 minute. (You only need to reassemble the sieve(s) that contain material which requires further sifting.)
  7. Step 6: After disassembling the sieves and collector pan, slowly sweep the material from the collector pan into the empty container originally used to collect and weigh the entire sample. Take care to minimize escape of dust particles. You do not need to do anything with material cap-

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tured in the sieves -- only the collector pan. Weigh the container with the material from the collector pan and record its weight.

8. Step 7: If the source is an unpaved road, multiply the resulting weight by 0.38. If the source is an unpaved parking lot, multiply the resulting weight by 0.55. The resulting number is the estimated silt loading. Then, divide by the total weight of the sample you recorded earlier in Step 2 and multiply by 100 to estimate the percent silt content.
9. Step 8: Select another two routinely-traveled portions of the unpaved road or unpaved parking lot and repeat this test method. Once you have calculated the silt loading and percent silt content of the three samples collected, average your results together.
10. Step 9: Examine Results. If the average silt loading is less than 0.33 oz/ft<sup>2</sup>, the surface is STABLE. If the average silt loading is greater than or equal to 0.33 oz/ft<sup>2</sup>, then proceed to examine the average percent silt content. If the source is an unpaved road and the average percent silt content is 6% or less, the surface is STABLE. If the source is an unpaved parking lot and the average percent silt content is 8% or less, the surface is STABLE. If your field test results are within 2% of the standard (for example, 4%-8% silt content on an unpaved road), it is recommended that you collect three additional samples from the source according to Step 1 and take them to an independent laboratory for silt content analysis.
11. Independent Laboratory Analysis: You may choose to collect 3 samples from the source, according to Step 1, and send them to an independent laboratory for silt content analysis rather than conduct the sieve field procedure. If so, the test method the laboratory is required to use comes from the from the following text: *Procedures For Laboratory Analysis Of Surface/Bulk Dust Loading Samples*, (Fifth Edition, Volume I, Appendix C.2.3 "Silt Analysis", 1995), AP-42, Office of Air Quality Planning & Standards, U.S. Environmental Protection Agency, Research Triangle Park, North Carolina.

**Historical Note**

Former Appendix 2 repealed, new Appendix 2 adopted effective October 2, 1979 (Supp. 79-5). Amended effective May 28, 1982 (Supp. 82-3). Amended effective December 1, 1988 (Supp. 88-4). Repealed effective November 15, 1993 (Supp. 93-4). New Appendix 2 adopted effective December 7, 1995 (Supp. 95-4). Amended effective May 9, 1996 (Supp. 96-2). Amended effective April 4, 1997; filed with the Office of the Secretary of State March 14, 1997 (Supp. 97-1). Amended effective December 4, 1997 (Supp. 97-4). Amended by final rulemaking at 5 A.A.R. 3221, effective August 12, 1999 (Supp. 99-3). Amended by final rulemaking at 6 A.A.R. 4170, effective October 11, 2000 (Supp. 00-4). Amended by final rulemaking at 8 A.A.R. 2543, effective May 24, 2002 (Supp. 02-2). Amended by final rulemaking at 10 A.A.R. 3281, effective September 27, 2004 (Supp. 04-3). Amended by final rulemaking at 11 A.A.R. 3305, effective October 3, 2005 (Supp. 05-3). Amended by final rulemaking at 13 A.A.R. 4199, effective January 5, 2008 (Supp. 07-4). Amended by exempt rulemaking pursuant to Laws 2011, Ch. 214, § 4, at 21 A.A.R. 1156, effective July 2, 2015 (Supp. 15-3). Amended by final expedited rulemaking at 21 A.A.R. 2747, effective December 13, 2015 (Supp. 15-4). Amended by final

expedited rulemaking at 23 A.A.R. 1564, effective May 2, 2018 (Supp. 18-2). Missing subsection number in (M) added at Step 4, as (5), subsections following (M)(5) corrected (Supp. 21-4).

**Appendix 3. Logging**

1. Each log entry required by a change under R18-2-317.02(B) shall include at least the following information:
  - a. A description of the change, including:
    - i. A description of any process change.
    - ii. A description of any equipment change, including both old and new equipment descriptions, model numbers and serial numbers, or any other unique equipment number.
    - iii. A description of any process material change.
  - b. The date and time that the change occurred.
  - c. The provision of R18-2-317.02(B) that authorizes the change to be made with logging.
  - d. The date the entry was made and the first and last name of the person making the entry.
2. Logs shall be kept for five years from the date created. Logging shall be performed in indelible ink in a bound log book with sequentially numbered pages, or in any other form, including electronic format, approved by the Director.

**Historical Note**

Appendix 3 adopted by final rulemaking at 5 A.A.R. 4074, effective September 22, 1999 (Supp. 99-3).

**Appendix 4. Reserved****Appendix 5. Repealed****Historical Note**

Appendix 5 repealed effective November 15, 1993 (Supp. 93-4).

**Appendix 6. Repealed****Historical Note**

Adopted effective August 7, 1975 (Supp. 75-1). Former Appendix 6 repealed, new Appendix 6 adopted effective July 7, 1978 (Supp. 78-4). Former Appendix 6 repealed effective May 14, 1979 (Supp. 79-1).

**Appendix 7. Repealed****Historical Note**

Adopted effective December 22, 1976 (Supp. 76-5). Former Appendix 7 repealed, new Appendix 7 adopted effective January 8, 1980 (Supp. 80-1). Editorial correction, Instructions for Schedule 2, paragraph (15) (Supp. 80-2). Repealed effective September 26, 1990 (Supp. 90-3).

**A8 Appendix 8. Procedures for Utilizing the Sulfur Balance Method for Determining Sulfur Emissions****PROCEDURES FOR UTILIZING THE SULFUR BALANCE METHOD FOR DETERMINING SULFUR EMISSIONS****A8.1. Calculating Input Sulfur**

Total sulfur input is the sum of the product of the weight of each sulfur bearing material introduced into the smelting process as calculated in A8.1.1. multiplied by the fraction of sulfur contained in that material as calculated in A8.1.2. plus the amount of sulfur contained in fuel utilized in the smelting process as calculated in A8.1.3.

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**A8.1.1. Material Weight**

The owner or operator of a copper smelter shall weigh all sulfur-bearing materials, other than fuels, introduced into the smelting process. The weighing shall be subject to the following conditions:

- A8.1.1.1.** Weight shall be determined on a belt scale, rail or truck scales, or other weighing device.
- A8.1.1.2.** Weight shall be determined within an accuracy of  $\pm 5\%$ .
- A8.1.1.3.** All devices or scales used for weighing shall be calibrated to manufacturer's specifications at least once a month.
- A8.1.1.4.** Sulfur-bearing materials subject to being weighed include concentrate, cement copper, reverts that are discarded and not part of the internal circulating load and precipitates. Materials such as limestone and silica flux that are mixed with a charge of sulfur bearing materials shall be weighed and reported by the owner or operator.

**A8.1.2. Sulfur Content**

The owner or operator shall calculate the sulfur content of all sulfur-bearing materials introduced into the smelting process using the following steps or an alternative method approved according to A8.4.1.

- A8.1.2.1. Sampling**  
The procedures followed by the owner or operator in sampling are dependent upon the input vehicles for the sulfur-bearing material.
  - A8.1.2.1.1. Beltfeed**  
The smelter owner or operator shall collect a five-pound sample each hour. The owner or operator shall combine hourly samples for a total daily sample.
  - A8.1.2.1.2. Railcar**  
The smelter owner or operator shall collect a 24-pound sample from each car by the auger method at a minimum of four locations. The owner or operator shall combine each car sample with all other car samples for a total lot sample.
  - A8.1.2.1.3. Truck**  
The owner or operator shall collect a 12-pound sample from each truck load. The owner or operator shall take samples at two locations during unloading. If

more than one truck delivers a single lot, the samples from each truck shall be combined for a total lot sample.

**A8.1.2.2. Sample Preparation**

The owner or operator shall prepare each total sample for analysis in the following manner:

- A8.1.2.2.1.** The sample shall be crushed to minus 1/4 inch particles.
- A8.1.2.2.2.** 2000 gm of the sample shall be split out using a Jones Riffle Splitter or similar device.
- A8.1.2.2.3.** The 2000 gm sample shall be pulverized to minus 150 mesh.
- A8.1.2.2.4.** The pulverized mass shall be mixed using a rolling cloth.
- A8.1.2.2.5.** 500 gm shall be split out for sample analysis.

**A8.1.2.3. Sample Analysis**

- A8.1.2.3.1.** The owner or operator shall analyze the sample to determine sulfur content using the Barium Sulfate ( $\text{BaSO}_4$ ) Gravimetric Method according to A8.4.3. The analysis shall be accurate to within  $\pm 1\%$ .
- A8.1.2.3.2.** For purposes of comparison, the owner or operator shall analyze the sample for copper content using the Potassium Iodide (KI) Titration Method according to A8.4.3. The analysis shall be accurate to within  $\pm 1\%$ .

**A8.1.3. Fuel Sulfur Content**

The owner or operator shall calculate sulfur in fuels by multiplying the amount of fuel that enters the process by the fraction of sulfur in the fuel, as reported to the smelter operator by the fuel's supplier. The sulfur content determination shall be accurate to within  $\pm 5\%$ .

**A8.2. Calculating Removed Sulfur**

Total removed sulfur is the sum of the removed sulfur in each of the following products as determined by each process set forth below, or by other processes approved according to A8.4.1.

**A8.2.1. Furnace and Converter Slags**

- A8.2.1.1.** The owner or operator shall determine the weight of each slag using a scale with an accuracy within  $\pm 5\%$ .
- A8.2.1.2.** The owner or operator shall collect a five-pound sample from each slag pot during tapping operations.

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- A8.2.1.3.** The owner or operator shall prepare the sample and determine the amount of sulfur and copper using the procedures specified in A8.1.2.2. and A8.1.2.3.
- A8.2.2. Dust Collection Equipment Dusts**
- A8.2.2.1.** After the owner or operator collects the dust and places it in a rail car or truck they shall weigh it using a scale with an accuracy within  $\pm 5\%$ .
- A8.2.2.2.** The owner or operator shall sample the dust and prepare and analyze a sample for sulfur and copper using the procedures specified in A8.1.2.1., A8.1.2.2., and A8.1.2.3.
- A8.2.3. Strong Acids**
- A8.2.3.1.** The owner or operator shall take an inventory of strong acids daily by means of a manometer or sight glass, and increase the inventory by the amounts of acid shipped or otherwise transferred during that day.
- A8.2.3.2.** The owner or operator shall ensure the daily inventory will be accurate to within  $\pm 5\%$ .
- A8.2.3.3.** The owner or operator shall take a sample of each batch of the inventoried acid and analyze the sample for sulfur, according to the procedures in A8.1.2.3.
- A8.2.4. Weak Acids**
- A8.2.4.1.** The owner or operator shall determine the amount of weak acid discharged from an acid plant and scrubber systems by a time volumetric method of measurement in gallons per minute and to an accuracy of within  $\pm 20\%$ .
- A8.2.4.2.** The owner or operator shall analyze a 500 ml sample of the weak acid daily for sulfur content according to the procedures in A8.1.2.3.
- A8.2.5. Sulfur in Copper Production**
- A8.2.5.1.** The owner or operator shall determine the weight of copper produced by weight of copper cast to an accuracy of within  $\pm 5\%$ .
- A8.2.5.2.** The owner or operator shall record the weight and number of castings.
- A8.2.5.3.** The owner or operator shall obtain a sample of the copper, either by the grab sample method while casting, or by the use of at least three drill holes on a representative casting from each charge.
- A8.2.5.4.** The owner or operator shall obtain at least one sample from each charge.
- A8.2.5.5.** The owner or operator shall analyze each sample for sulfur content using the Barium Sulfate ( $\text{BaSO}_4$ ) Gravimetric Method according to A8.4.3. The analysis shall be accurate to within  $\pm 50\%$ .
- A8.2.6. Materials in Process**
- A8.2.6.1.** The owner or operator shall determine the total tonnage of materials in process by physical inventory on the first or last day of each month.
- A8.2.6.2.** The owner or operator shall calculate a monthly change in in-process inventory for each material in process by taking the difference between the inventory from each material in process on the first or last day of the preceding month and multiplying that difference by the monthly composite sulfur assay for that material.
- A8.2.6.3.** The change in monthly in-process inventory shall be accurate to within  $\pm 50\%$ .
- A8.3. Sulfur Dioxide Emissions Monitoring**
- A8.3.1.** The sulfur dioxide emissions monitoring and recording system required under R18-2-715.01(K) through R18-2-715.01(N) shall meet the following specifications:
- A8.3.1.1.** The monitoring system shall be capable of continuously monitoring sulfur dioxide emissions with an accuracy of within  $\pm 20\%$  and a confidence level of 95%.
- A8.3.1.2.** The owner or operator shall operate and calibrate the sulfur dioxide emission monitoring and recording equipment according to manufacturer's specifications for the equipment except that calibration shall be done at least once every 24 hours.
- A8.3.2.** The sulfur removal equipment bypass monitoring required under R18-2-715.01(Q) shall consist of a detector and recorder system capable of producing a permanent record of all periods that the bypass is in operation.
- A8.4. General Provisions**
- A8.4.1.** For purposes of this Appendix, an approved alternative method, process, or procedure, must be approved in writing by the Director and the U.S. Environmental Protection Agency.
- A8.4.2.** The processes and procedures specified in this Appendix shall be available for inspection, review and verification by the Department at all reasonable times.
- A8.4.3.** The barium sulfate gravimetric test method and potassium iodide titra-



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tion test method provided in *Standard Methods of Chemical Analysis*, Volume One, *The Elements*, Sixth Edition, N. Howell Furman (ed.), D. Van Nostrand Company, Inc., Princeton, New Jersey, 1962, pages 410-411, 1006-1011, and 1342-1343 (and no future editions or amendments) is incorporated by reference and available at the Department.

**Historical Note**

Adopted effective December 22, 1976 (Supp. 76-5). Correction, Appendix 8, A8-2-1.1 (Supp. 77-2). Amended effective May 28, 1982 (Supp. 82-3). Amended effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 11 A.A.R. 2216, effective July 18, 2005 (Supp. 05-2). Subsection levels updated for clarity. No other changes have been made to Appendix 8 (Supp. 21-4).

**A9. Appendix 9. Monitoring Requirements****MONITORING REQUIREMENTS**

- A9.1.** Unless otherwise approved by the Director or specified in applicable Sections, the requirements of this Appendix shall apply to all continuous monitoring systems required under applicable Sections.
- A9.2.** All continuous monitoring systems and monitoring devices shall be installed and operational prior to conducting performance tests under rule R18-2-312. Verification of operational status shall, as a minimum, consist of the following:
- A9.2.1.** For continuous monitoring systems referenced in A9.3.1. below, completion of the conditioning period specified by applicable requirements in the Arizona Testing Manual and 40 CFR 60.
  - A9.2.2.** For continuous monitoring systems referenced in A9.3.2. below, completion of seven days of operation.
  - A9.2.3.** For monitoring devices referenced in other applicable Sections, completions of the manufacturer's written requirements or recommendations for checking the operation or calibration of the device.
- A9.3.** During any performance tests required under rule R18-2-312 or within 30 days thereafter and at such other times as may be required by the Director, the owner or operator of any affected facility shall conduct continuous monitoring system performance evaluations and furnish the Director within 60 days thereof, 2, or upon request, more copies of a written report of the results of such tests. The continuous monitoring system performance evaluations shall be conducted in accordance with the following specifications and procedures:
- A9.3.1.** Continuous monitoring systems listed within this subsection, except as provided in A9.3.2. below shall be evaluated in accordance with the requirements and procedures contained in the applicable performance specification of the Arizona Testing Manual and 40 CFR 60.
    - A9.3.1.1.** Continuous monitoring systems for measuring opacity of emissions shall comply with Performance Specification 1.
    - A9.3.1.2.** Continuous monitoring systems for measuring nitrogen oxides emissions shall comply with Performance Specification 2.
    - A9.3.1.3.** Continuous monitoring systems for measuring sulfur dioxide emissions shall comply with Performance Specification 2.
    - A9.3.1.4.** Continuous monitoring systems for measuring the oxygen content or carbon dioxide content of effluent gases shall comply with Performance Specification 3.
  - A9.3.2.** An owner or operator who, prior to September 11, 1974, entered into a binding contractual obligation to purchase specific continuous monitoring system components except as referenced by A9.3.2.3. below shall comply with the following requirements:
    - A9.3.2.1.** Continuous monitoring systems for measuring opacity of emissions shall be capable of measuring emission levels within  $\pm 20\%$ . The Calibration Error Test and associated calculation procedures set forth in Performance Specification 1 of 40 CFR 60, Appendix B shall be used for demonstrating compliance with this specification.
    - A9.3.2.2.** Continuous monitoring systems for measurement of nitrogen oxides or sulfur dioxide shall be capable of measuring emission levels within  $\pm 20\%$  with a confidence level of 95%. The Calibration Error Test, the Field Test for Accuracy (Relative), and associated operating and calculation procedures set forth in Performance Specification 2 of 40 CFR 60, Appendix B shall be used for demonstrating compliance with this specification.
    - A9.3.2.3.** Owners or operators of all continuous monitoring systems installed on an affected facility prior to October 6, 1975, are not required to conduct tests under A9.3.2.1. and/or A9.3.2.2. above unless requested by the Director.
  - A9.3.3.** All continuous monitoring systems referenced by A9.3.2. above shall be upgraded or replaced (if necessary) with new continuous monitoring systems, and such improved systems shall be demonstrated to comply with applicable performance specifications under A9.3.1. above by September 11, 1979.
- A9.4.** Owners or operators of all continuous monitoring systems installed in accordance with the provisions of these rules shall check the zero and span drift at least once daily in accordance with the method prescribed by the manufacturer of such systems unless the manufacturer recommends adjustments at shorter intervals, in which case such recommendations shall be followed. The zero and span shall, as a minimum, be adjusted whenever the 24-hour zero drift or 24-hour calibration drift limits of the applicable performance specifications in 40 CFR 60, Appendix B are

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exceeded. For continuous monitoring systems measuring opacity of emissions, the optical surfaces exposed to the effluent gases shall be cleaned prior to performing the zero or span drift adjustments except that for systems using automatic zero adjustments, the optical surfaces shall be cleaned when the cumulative automatic zero compensation exceeds 4% opacity. Unless otherwise approved by the Director, the following procedures, as applicable, shall be followed:

- A9.4.1.** For extractive continuous monitoring systems measuring gases, minimum procedures shall include introducing applicable zero and span gas mixtures into the measurement system as near the probe as practical. Span and zero gases certified by their manufacturer to be traceable to the National Bureau of Standards reference gases will be used whenever these reference gases are available. The span and zero gas mixtures shall be the same composition as specified in the 40 CFR 60, Appendix B. Every six months from date of manufacture, span and zero gases shall be re-analyzed by conducting triplicate analyses with Reference Methods 6 for SO<sub>2</sub>, 7 for NO<sub>x</sub> and 3 for O<sub>2</sub> and CO<sub>2</sub>, respectively. The gases may be analyzed at less frequent intervals if longer shelf lives are guaranteed by the manufacturer.
- A9.4.2.** For nonextractive continuous monitoring systems measuring gases, minimum procedures shall include upscale check(s) using a certified calibration gas cell or test cell which is functionally equivalent to a known gas concentration. The zero check may be performed by computing the zero value from upscale measurements or by mechanically producing a zero condition.
- A9.4.3.** For continuous monitoring systems measuring opacity of emissions, minimum procedures shall include a method for producing a simulated zero opacity condition and an upscale (span) opacity condition using a certified neutral density filter or other related technique to produce a known obscuration of the light beam. Such procedures shall provide a system check of the analyzer internal optical surfaces and all electronic circuitry including the lamp and photodetector assembly.
- A9.5.** Except for system breakdowns, repairs, calibration checks, and zero and span adjustments required under A9.4. above, all continuous monitoring systems shall be in continuous operation and shall meet minimum frequency of operation requirements as follows:
- A9.5.1.** All continuous monitoring systems referenced by A9.3.1. and A9.3.2. above for measuring opacity of emissions shall complete a minimum of one cycle of operation (sampling, analyzing, and data recording) for each successive 10-second period.
- A9.5.2.** All continuous monitoring systems referenced by A9.3.1. above for measuring oxides of nitrogen, sulfur dioxide, carbon dioxide, or oxygen shall complete a minimum of one cycle of operation (sampling, analyzing, and data recording) for each successive 15-minute period.
- A9.5.3.** All continuous monitoring systems referenced by A9.3.2. above, except opacity, shall complete a minimum of one cycle of operation (sampling, analyzing, and data recording) for each successive one-hour period.
- A9.6.** All continuous monitoring systems for monitoring devices shall be installed such that representative measurements of emissions or process parameters from the affected facility are obtained. Additional procedures for location of continuous monitoring systems contained in the applicable Performance Specifications of 40 CFR 60, Appendix B shall be used.
- A9.7.** When the effluents from a single affected facility or two or more affected facilities subject to the same emission standards are combined before being released to the atmosphere, the owner or operator may install applicable continuous monitoring systems on each effluent or on the combined effluent. When the affected facilities are not subject to the same emission standards, separate continuous monitoring systems shall be installed on each effluent. When the effluent from one affected facility is released to the atmosphere through more than one point, the owner or operator shall install applicable continuous monitoring systems on each separate effluent unless the installation of fewer systems is approved by the Director.
- A9.8.** Owners or operators of all continuous monitoring systems for measurement of opacity shall reduce all data to six-minute averages and for systems other than opacity to one-hour averages, respectively. Six minute opacity averages shall be calculated from 24 or more data points equally spaced over each six-minute period. For systems other than opacity, one-hour averages shall be computed from four or more data points equally spaced over each one-hour period. Data recorded during periods of system breakdowns, repairs, calibration checks, and zero and span adjustments shall not be included in the data averages computed under this subsection. An arithmetic or integrated average of all data may be used. The data output of all continuous monitoring systems may be recorded in reduced or nonreduced form (e.g. ppm pollutant and percent O<sub>2</sub> or lb/million Btu of pollutant). All excess emissions shall be converted into units of the standard using the applicable conversion procedures specified in subparts. After conversion into units of the standard, the data may be rounded to the same number of significant digits used in these rules to specify the applicable standard (e.g., rounded to the nearest 1% opacity).
- A9.9.** Upon written application by an owner or operator, the Director may approve alternatives to any monitoring procedures or requirements of these rules including, but not limited to the following:
- A9.9.1.** Alternative monitoring requirements when installation of a continuous monitoring system or monitoring device specified by these rules would not provide accurate measurements due to liquid water or other interferences caused by substances with the effluent gases.
- A9.9.2.** Alternative monitoring requirements when the affected facility is infrequently operated.
- A9.9.3.** Alternative monitoring requirements to accommodate continuous monitoring systems that require additional measurements to correct for stack moisture conditions.
- A9.9.4.** Alternative locations for installing continuous monitoring systems or monitoring devices when the owner or operator can demonstrate that installation at alternate locations will enable accurate and representative measurements.
- A9.9.5.** Alternative methods of converting pollutant concentration measurements to units of the standards.

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- A9.9.6.** Alternative procedures for performing daily checks of zero and span drift that do not involve use of span gases or test cells.
- A9.9.7.** Alternatives to the ASTM test methods or sampling procedures specified by any subpart.
- A9.9.8.** Alternative continuous monitoring systems that do not meet the design or performance requirements in Performance Specification 1 in 40 CFR 60, Appendix B but adequately demonstrate a definite and consistent relationship between its measurements and the measurements of opacity by a system complying with the requirements in Performance Specification 1. The Director may require that such demonstration be performed for each affected facility.
- A9.9.9.** Alternative monitoring requirements when the effluent from a single affected facility or the combined effluent from two or more affected facilities are released to the atmosphere through more than one point.

**Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective September 26, 1990 (Supp. 90-3). Amended effective June 15, 1995 (Supp. 95-2). Subsection levels updated for clarity. No other changes have been made to Appendix 9 (Supp. 21-4).

**Appendix 10. Repealed****Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective July 9, 1980 (Supp. 80-4). Amended effective June 19, 1981 (Supp. 81-3). Repealed by final rulemaking at 15 A.A.R. 281, effective March 7, 2009 (Supp. 09-1).

**Appendix 11. Repealed****Historical Note**

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective September 11, 1983 (Supp. 83-5). Repealed by final rulemaking at 15 A.A.R. 281, effective March 7, 2009 (Supp. 09-1).

**Appendix 12. Expired****Historical Note**

New Appendix 12 made by final rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2). Appendix 12 expired under A.R.S. § 41-1056(J) at 23 A.A.R. 3427, effective October 10, 2017 (Supp. 17-4).

**Appendix 13. Repealed****Historical Note**

New Appendix 13 made by final rulemaking at 14 A.A.R. 2404, effective July 8, 2008 (Supp. 08-2). Appendix repealed by final rulemaking at 18 A.A.R. 250, effective January 10, 2012 (Supp. 12-1).

**A14. Appendix 14. Procedures for Sulfur Dioxide and Lead Fugitive Emissions Studies for the Hayden Smelter****A14.1. Applicability**

This Appendix applies to the owner or operator of the primary copper smelter located in Hayden, Arizona at latitude 33°0'15"N and longitude 110°46'31"W.

**A14.2. Study Objectives**

The owner or operator shall conduct fugitive emissions studies to derive a measurement or accurate estimate of total fugitive sulfur dioxide and lead emissions from the Hayden smelter during operations, including planned and unplanned start-up and shutdown periods and malfunctions, for the processes identified in A14.3 below. The studies shall include uncaptured fugitive sulfur dioxide emissions from the smelter processing units, but not emissions due solely to the use of fuel for space heating or steam generation, burners at anode casting, or slag pouring at the slag dump. The studies shall evaluate the extent to which correlations may exist between fugitive sulfur dioxide, lead, and particulate matter (PM/PM<sub>10</sub>/PM<sub>2.5</sub>) emissions, and shall develop such correlations as feasible.

The studies shall also be used to help validate that the operating conditions or ranges specified in the capture and control device maintenance and operations plans required in R18-2-B1301(D)(2) and R18-2-B1302(D)(2) are consistent with operating conditions demonstrating attainment of the 2008 Lead National Ambient Air Quality Standards (NAAQS) in the State Implementation Plan Revision: 2024 Hayden Lead (Pb) Nonattainment Area for 2008 Pb NAAQS and the Final State Implementation Plan Revision: 2023 Hayden Sulfur Dioxide Nonattainment Area for the 1971 and 2010 SO<sub>2</sub> NAAQS.

**A14.3. Processes Evaluated**

From the fugitive emissions studies, the owner or operator shall develop an emission factor or accurate estimate of fugitive emissions for sulfur dioxide and lead during operations, including planned and unplanned start-up and shutdown periods and malfunctions, produced by each of the following smelting processes:

- i. Flash furnace building, including flash furnace and dryer operations
- ii. Converter aisle, including converter and related operations
- iii. Anode furnace aisle, including oxidizing, polishing and related operations

**A14.4. Averaging Periods**

The emission estimate shall include the average pounds per hour emission factor for the fugitive lead and sulfur dioxide emissions from each step in the smelting process identified in A14.3. The estimate shall include all time periods, including planned and unplanned start-up and shutdown periods and malfunctions.

**A14.5. Methods and Study Protocols****A14.5.1. Sulfur Dioxide Fugitive Emissions Studies**

The fugitive emissions studies for Sulfur Dioxide shall be completed according to the updated Fugitive Emissions Study Protocol submitted to the EPA on January 20, 2017 and approved by the EPA on May 31, 2017. The owner or operator may submit modifications to the protocol six months prior to each study for EPA approval and Department comment. Upon EPA approval, the modified protocol shall take effect. Study protocols shall specify the method or methods used to meet the study objectives as described in A14.2, including during all recurring operating scenarios from all processes identified in A14.3.

Each fugitive emissions measurement system shall include validation of adequate velocity for flow measurements (i.e., the expected exhaust velocity is within the measurement range of the instrument), and have a suffi-

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cient number of flow and temperature sensors to ensure calculation of representative exhaust flows through each roof monitor vent. The number of such sensors and their locations for each monitoring system shall account for the physical configuration of the roof monitor vent, the locations of emitting activities relative to the roof monitor vent, and heat generated by the equipment served by the roof monitor vent.

The fugitive emissions studies shall include operation and process information to help understand the emission impacts of startup, shutdown, malfunctions, and significant changes in process operations. This shall include, for example, dates, times and duration of these events, cause of malfunctions, and descriptions of process changes.

After the completion of each fugitive emissions study, the owner or operator shall modify study methods based on data and lessons learned from previous studies, and submit such modified methods in the proceeding study protocols prior to conducting future emissions studies.

#### A14.5.2. Lead Fugitive Emissions Studies

The fugitive emissions studies for Lead shall be completed according to the updated Fugitive Emissions Study Protocol submitted to the EPA on January 20, 2017 and approved by the EPA on May 31, 2017. The owner or operator may submit modifications to the protocol six months prior to each study for EPA approval and Department comment. Upon EPA approval, the modified protocol shall take effect. Study protocols shall specify the method or methods used to meet the study objectives as described in A14.2, including during all recurring operating scenarios from all processes identified in A14.3.

Each fugitive emissions measurement system shall include validation of adequate velocity for flow measurements (i.e., the expected exhaust velocity is within the measurement range of the instrument), and have a sufficient number of flow and temperature sensors to ensure calculation of representative exhaust flows through each roof monitor vent. The number of such sensors and their locations for each monitoring system shall account for the physical configuration of the roof monitor vent, the locations of emitting activities relative to the roof monitor vent, and heat generated by the equipment served by the roof monitor vent.

The fugitive emissions studies shall include operation and process information to help understand the emission impacts of startup, shutdown, malfunctions, and significant changes in process operations. This shall include, for example, dates, times and duration of these events, cause of malfunctions, and descriptions of process changes.

After the completion of each fugitive emissions study, the owner or operator shall modify study methods based on data and lessons learned from previous studies, and submit such modified methods in the proceeding study protocols prior to conducting future emissions studies.

#### A14.6. Study Duration, Frequency, and Submission Schedule

##### A14.6.1. Sulfur Dioxide Fugitive Emissions Studies

The first fugitive emissions study must commence not later than six months after the completion of all project improvements authorized by Significant Permit Revision No. 96410. The second study commencement date shall occur within the same calendar quarter, but five years later from the date of commencement of the first study.

The owner or operator shall submit the results of each fugitive emissions study in a report to the Department and EPA Region IX for review and approval not later than six months after completing a study. The data collection portion of the first and second fugitive emissions studies shall be conducted for a period of 12 months to assess the content and quantity of fugitive sulfur dioxide and lead emissions.

##### A14.6.2. Lead Fugitive Emissions Studies

The first fugitive emissions study must commence within six months after restart of the smelter following the 2019 shutdown or three months after EPA approval of a modified protocol, whichever is later. The second study commencement date shall occur within the same calendar quarter, but five years after the date of commencement of the first study. The owner or operator shall submit the results of each fugitive emissions study in a report to the Department and EPA Region IX for review and approval not later than six months after completing a study. The data collection portion of the first and second fugitive emissions studies shall be conducted for a period of 12 months to assess the content and quantity of fugitive lead emissions.

#### A14.7. Study Reports and Subsequent Studies

At minimum, fugitive emission study reports submitted pursuant to A14.6 must include:

- i. Resultant emission factors used to determine fugitive emissions of sulfur dioxide and lead.
- ii. Resultant average fugitive lead emissions for each process identified in A14.3.
- iii. Resultant peak one-hour fugitive sulfur dioxide emissions for each process identified in A14.3.
- iv. Seasonal differences, if any.
- v. Comparisons of results from past studies, if any.
- vi. Descriptions and identification of volumetric flow monitoring provisions in R18-2-B1301(D)(2)(a) and R18-2-B1302(D)(2)(a) and operational limits R18-2-B1301(D)(2)(b) and R18-2-B1302(D)(2)(b) that are associated with fugitive emissions.
- vii. An analysis of whether the results from a study demonstrate that the volumetric flow monitoring provisions in R18-2-B1301(D)(2)(a) and R18-2-B1302(D)(2)(a) and the operational limits in R18-2-B1301(D)(2)(b) and R18-2-B1302(D)(2)(b) continuously ensure that actual fugitive sulfur dioxide and lead emissions are consistent with the modeled emission rates used in the attainment demonstrations in the State Implementation Plan Revision: 2024 Hayden Lead (Pb) Nonattainment Area for 2008 Pb NAAQS and the Final State Implementation Plan Revision: 2023 Hayden Sulfur Dioxide Nonattainment Area for the 1971 and 2010 SO<sub>2</sub> NAAQS. The analysis must also identify subsequent fugitive emissions studies, if any, needed to remedy inaccurate operational limits and volumetric flow monitoring provisions and to ensure attainment of the 2008 Lead NAAQS and 2010 Sulfur Dioxide NAAQS. The scope, duration, and frequency of any subsequent fugitive emissions studies must also be identified. This provision and the report's conclusion neither require nor prohibit future fugitive emission studies.
- viii. An analysis of whether supplemental modeling is needed to evaluate whether the 2010 Sulfur Dioxide

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NAAQS and/or 2008 Lead NAAQS will be attained at the emissions rates determined by the study.

- ix. A summary of methods as followed per approved study protocols.

**A14.7.1. Lead Specific**

For lead fugitive emissions, a study shall also:

- i. Evaluate the effectiveness of MiniVol samplers in providing high quality, replicable data.
- ii. Compare the MiniVol sampler data to estimates derived from lb/ton emission factors or other process parameters or surrogates.
- iii. Evaluate the accuracy and cost effectiveness of various monitoring approaches.
- iv. Recommend either a new lb/ton concentrate emission factor or a SIP revision to incorporate an improved monitoring methodology.

If the lead fugitive emissions study concludes that the lb/ton concentrate emission factor should be retained, permittee shall submit a justification for why an improved monitoring methodology (e.g., MiniVols) is not feasible and a justification for the selected lb/ton concentrate factor and how it may be revised to maintain accuracy and representativeness. If the study concludes that a new methodology should be proposed, the owner or operator shall submit a petition to the Department to revise the SIP within 90 days after submitting the report unless either EPA or the Department provides comments upon the report, in which case the deadline is 60 days after the receipt of the final comments but no earlier than 90 days after the report submittal.

**A14.8. Revisions to Operations and Maintenance Plan**

If an analysis conducted in accordance with A14.7(vi) demonstrates that fugitive emissions associated with volumetric flow monitoring provisions in R18-2-B1301(D)(2)(a) and R18-2-B1302(D)(2)(a) and operational limits in R18-2-B1301(D)(2)(b) and R18-2-B1302(D)(2)(b) may exceed the modeled emission rates used in the State Implementation Plan Revision: 2024 Hayden Lead (Pb) Nonattainment Area for 2008 Pb NAAQS or the Final State Implementation Plan Revision: 2023 Hayden Sulfur Dioxide Nonattainment Area for the 1971 and 2010 SO<sub>2</sub> NAAQS, and result in an increased likelihood of a NAAQS exceedance based on modeling required under A14.9, then the owner or operator shall submit to the Department for approval, not later than six months after completing a study, recommended changes to operational limits and volumetric flow monitoring provisions as an operations and maintenance plan revision pursuant to R18-2-B1301(D)(2)(e) and R18-2-B1302(D)(2)(e) that would achieve necessary fugitive emissions levels to demonstrate attainment of the NAAQS at the same level of assurance as in the attainment demonstrations. Until receiving approval of the plan revision, the owner or operator shall operate and maintain the volumetric flow monitoring provisions and the operational limits in accordance with the plan as initially submitted pursuant to R18-2-B1301(D)(2)(e) and R18-2-B1302(D)(2)(e). Additionally, the owner and operator shall submit new attainment demonstrations pursuant to A14.9, making appropriate demonstrations of attainment at adjusted fugitive emissions levels.

Similarly, if an analysis conducted in accordance with A14.7(vi) demonstrates that fugitive emissions associated with the volumetric flow monitoring provisions in R18-2-

B1301(D)(2)(a) and R18-2-B1302(D)(2)(a) and operational limits in R18-2-B1301(D)(2)(b) and R18-2-B1302(D)(2)(b) may exceed the modeled emission rates used in the State Implementation Plan Revision: 2024 Hayden Lead (Pb) Nonattainment Area for 2008 Pb NAAQS or the Final State Implementation Plan Revision: 2023 Hayden Sulfur Dioxide Nonattainment Area for the 1971 and 2010 SO<sub>2</sub> NAAQS, and result in an increased likelihood of a NAAQS exceedance based on modeling required under A14.9, then the Department shall submit appropriate changes to the operational limits and volumetric flow monitoring provisions, and any revised attainment demonstration pursuant to A14.9, if applicable, to EPA Region IX as a SIP revision not later than 12 months after completion of a fugitive emissions study.

**A14.9. Supplemental Modeling**

If an analysis conducted in accordance with A14.7(vii) demonstrates that fugitive emissions associated with volumetric flow monitoring provisions in R18-2-B1301(D)(2)(a) and R18-2-B1302(D)(2)(a) and operational limits in R18-2-B1301(D)(2)(b) and R18-2-B1302(D)(2)(b) are greater than the modeled emission rates used in the State Implementation Plan Revision: 2024 Hayden Lead (Pb) Nonattainment Area for 2008 Pb NAAQS or the Final State Implementation Plan Revision: 2023 Hayden Sulfur Dioxide Nonattainment Area for the 1971 and 2010 SO<sub>2</sub> NAAQS, the owner or operator shall remodel to evaluate whether the 2010 Sulfur Dioxide NAAQS and/or 2008 Lead NAAQS will be attained as such higher rates. The owner or operator shall submit such modeling to the Department and EPA Region IX for review and approval not later than six months after completing a fugitive emissions study.

If the revised modeling demonstrates that the 2010 Sulfur Dioxide NAAQS and/or 2008 Lead NAAQS will be attained, the Department shall submit such modeling demonstration and revised fugitive emissions assumptions as a SIP revision to EPA Region IX not later than 12 months after completion of a fugitive emissions study. Alternatively, the owner or operator shall propose additional emission control requirements to revise the SIP, or any combination of revised control measures and modeled attainment, to demonstrate attainment of the 2010 Sulfur Dioxide NAAQS and/or 2008 Lead NAAQS.

**Historical Note**

A14, Appendix 14 made by final rulemaking at 23 A.A.R. 722, effective May 7, 2017 (Supp. 17-1). Because of a clerical error in Supp. 17-1, A14, Appendix 14 was inadvertently published at the end of Article 13. At the request of the Department it has been moved to the end of this Chapter (Supp. 17-3). Subsection levels updated for clarity. No other changes have been made to Appendix 14 (Supp. 21-4). Amended by final rulemaking at 32 A.A.R. 93 (January 2, 2026), effective February 7, 2026 (Supp. 25-4).

**A15. Appendix 15. Test Methods for Determining Opacity and Stabilization of Unpaved Roads****A15.1. Applicability**

This Appendix applies to unpaved roads at the primary copper smelter located in Hayden, Arizona at latitude 33°0'15"N and longitude 110°46'31"W.

**A15.2. Opacity Test Method**

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The purpose of this test method is to estimate the percent opacity of fugitive dust plumes caused by vehicle movement on unpaved roads. This method can only be conducted by an individual who has received certification as a qualified observer. Qualification and testing requirements can be found in Section A15.4 of this Appendix.

**A15.2.1. Step 1**

Stand at least 16.5 feet from the fugitive dust source in order to provide a clear view of the emissions with the sun oriented in the 140° sector to the back. Following the above requirements, make opacity observations so that the line of vision is approximately perpendicular to the dust plume and wind direction. If multiple plumes are involved, do not include more than one plume in the line of sight at one time.

**A15.2.2. Step 2**

Record the fugitive dust source location, source type, method of control used, if any, observer's name, certification data and affiliation, and a sketch of the observer's position relative to the fugitive dust source. Also record the time, estimated distance to the fugitive dust source location, approximate wind direction, estimated wind speed, description of the sky condition (presence and color of clouds), observer's position to the fugitive dust source, and color of the plume and type of background on the visible emission observation from both when opacity readings are initiated and completed.

**A15.2.3. Step 3**

Make opacity observations, to the extent possible, using a contrasting background that is perpendicular to the line of vision. Make opacity observations approximately 1 meter above the surface from which the plume is generated. Note that the observation is to be made at only one visual point upon generation of a plume, as opposed to visually tracking the entire length of a dust plume as it is created along a surface. Make two observations per vehicle, beginning with the first reading at zero seconds and the second reading at five seconds. The zero-second observation should begin immediately after a plume has been created above the surface involved. Do not look continuously at the plume but, instead, observe the plume briefly at zero seconds and then again at five seconds.

**A15.2.4. Step 4**

Record the opacity observations to the nearest 5% on an observational record sheet. Each momentary observation recorded represents the average opacity of emissions for a 5-second period. While it is not required by the test method, EPA recommends that the observer estimate the size of vehicles which generate dust plumes for which readings are taken (e.g. midsize passenger car or heavy-duty truck) and the approximate speeds the vehicles are traveling when readings are taken.

**A15.2.5. Step 5**

Repeat Step 3 (Section A15.2.3 of this Appendix) and Step 4 (Section A15.2.4 of this Appendix) until you have recorded a total of 12 consecutive opacity readings. This will occur once six vehicles have driven on the source in your line of observa-

tion for which you are able to take proper readings. The 12 consecutive readings must be taken within the same period of observation but must not exceed 1 hour. Observations immediately preceding and following interrupted observations can be considered consecutive.

**A15.2.6. Step 6**

Average the 12 opacity readings together. If the average opacity reading equals 20% or lower, the source is in compliance.

**A15.3. Silt Content Test Method**

The purpose of this test method is to estimate the silt content of the trafficked parts of unpaved roads. The higher the silt content, the more fine dust particles that are released when cars and trucks drive on unpaved roads.

**A15.3.1. Equipment**

**A15.3.1.1.** A set of sieves with the following openings: 4 millimeters (mm), 2 mm, 1 mm, 0.5 mm and 0.25 mm (or a set of standard/commonly available sieves), a lid, and collector pan.

**A15.3.1.2.** A small whisk broom or paintbrush with stiff bristles and dustpan 1 ft. in width. (The broom/brush should preferably have one, thin row of bristles no longer than 1.5 inches in length).

**A15.3.1.3.** A spatula without holes.

**A15.3.1.4.** A small scale with half-ounce increments (e.g., postal/package scale).

**A15.3.1.5.** A shallow, lightweight container (e.g., plastic storage container).

**A15.3.1.6.** A sturdy cardboard box or other rigid object with a level surface.

**A15.3.1.7.** A basic calculator.

**A15.3.1.8.** Cloth gloves (optional for handling metal sieves on hot, sunny days).

**A15.3.1.9.** Sealable plastic bags (if sending samples to a laboratory).

**A15.3.1.10.** A pencil/pen and paper.

**A15.3.2. Step 1**

Look for a routinely traveled surface, as evidenced by tire tracks. (Only collect samples from surfaces that are not damp due to precipitation or dew. This statement is not meant to be a standard in itself for dampness where watering is being used as a control measure. It is only intended to ensure that surface testing is done in a representative manner.) Use caution when taking samples to ensure personal safety with respect to passing vehicles. Gently press the edge of a dustpan (1 foot in width) into the surface four times to mark an area that is 1 square foot. Collect a sample of loose surface material using a whiskbroom or brush and slowly sweep the material into the dustpan, minimizing escape of dust particles. Use a spatula to lift heavier elements such as gravel. Only collect dirt/gravel to an approximate depth of 3/8 inch or 1 cm in the 1 square foot area. If you reach a hard, underlying subsurface that is < 3/8 inch in depth, do not continue collecting the sample by digging into the hard surface. In other words, you are only collecting a surface sample of loose material down to 1 cm. In order to confirm that samples are col-

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lected to 1 cm in depth, a wooden dowel or other similar narrow object at least 1 foot in length can be laid horizontally across the survey area while a metric ruler is held perpendicular to the dowel.

At this point, you can choose to place the sample collected into a plastic bag or container and take it to an independent laboratory for silt content analysis. A reference to the procedure the laboratory is required to follow is at the end of this section.

**A15.3.3. Step 2**

Place a scale on a level surface. Place a lightweight container on the scale. Zero the scale with the weight of the empty container on it. Transfer the entire sample collected in the dustpan to the container, minimizing escape of dust particles. Weigh the sample and record its weight.

**A15.3.4. Step 3**

Stack a set of sieves in order according to the size openings specified above, beginning with the largest size opening (4 mm) at the top. Place a collector pan underneath the bottom (0.25 mm) sieve.

**A15.3.5. Step 4**

Carefully pour the sample into the sieve stack, minimizing escape of dust particles by slowly brushing material into the stack with a whisk-broom or brush. (On windy days, use the trunk or door of a car as a wind barricade.) Cover the stack with a lid. Lift up the sieve stack and shake it vigorously up, down and sideways for at least 1 minute.

**A15.3.6. Step 5**

Remove the lid from the stack and disassemble each sieve separately, beginning with the top sieve. As you remove each sieve, examine it to make sure that all of the material has been sifted to the finest sieve through which it can pass (e.g., material in each sieve [besides the top sieve that captures a range of larger elements] should look the same size). If this is not the case, re-stack the sieves and collector pan, cover the stack with the lid, and shake it again for at least 1 minute. (You only need to reassemble the sieve(s) that contain material, which requires further sifting.)

**A15.3.7. Step 6**

After disassembling the sieves and collector pan, slowly sweep the material from the collector pan into the empty container originally used to collect and weigh the entire sample. Take care to minimize escape of dust particles. You do not need to do anything with material captured in the sieves; only the collector pan. Weigh the container with the material from the collector pan and record its weight.

**A15.3.8. Step 7**

If the source is an unpaved road, multiply the resulting weight by 0.38. The resulting number is the estimated silt loading. Then, divide by the total weight of the sample you recorded earlier in Step 2 (Section A15.3.3 of this Appendix) and multiply by 100 to estimate the percent silt content.

**A15.3.9. Step 8**

Select another two routinely traveled portions of the unpaved road and repeat this test method. Once you have calculated the silt loading and percent silt

content of the three samples collected, average your results together.

**A15.3.10. Step 9**

Examine results. If the average silt loading is less than 0.33 oz/ft<sup>2</sup>, the surface is STABLE. If the average silt loading is greater than or equal to 0.33 oz/ft<sup>2</sup>, then proceed to examine the average percent silt content. If the source is an unpaved road and the average percent silt content is 6% or less, the surface is STABLE. If your field test results are within 2% of the standard (for example, 4%–8% silt content on an unpaved road), it is recommended that you collect three additional samples from the source according to Step 1 (Section A15.3.2 of this Appendix) and take them to an independent laboratory for silt content analysis.

**A15.3.11. Independent Laboratory Analysis**

You may choose to collect 3 samples from the source, according to Step 1 (Section A15.3.2 of this Appendix), and send them to an independent laboratory for silt content analysis rather than conduct the sieve field procedure. If so, the test method the laboratory is required to use is: U.S. Environmental Protection Agency (1995), "Procedures for Laboratory Analysis of Surface/Bulk Dust Loading Samples", (AP-42 Fifth Edition, Volume I, Appendix C.2.3 "Silt Analysis"), Office of Air Quality Planning and Standards, Research Triangle Park, North Carolina.

**A15.4. Qualification and Testing****A15.4.1. Certification Requirements**

To receive certification as a qualified observer, a candidate must be tested and demonstrate the ability to assign opacity readings in 5% increments to 25 different black plumes and 25 different white plumes, with an error not to exceed 15% opacity on any one reading and an average error not to exceed 7.5% opacity in each category. Candidates shall be tested according to the procedures described in Section A15.4.2 of this Appendix. Any smoke generator used pursuant to Section A15.4.2 of this Appendix shall be equipped with a smoke meter which meets the requirements of Section A15.4.3 of this Appendix. Certification tests that do not meet the requirements of Sections A15.4.2 and A15.4.3 of this Appendix are not valid. The certification shall be valid for a period of six months, and after each six-month period the qualification procedures must be repeated by an observer in order to retain certification.

**A15.4.2. Certification Procedure**

The certification test consists of showing the candidate a complete run of 50 plumes, 25 black plumes and 25 white plumes, generated by a smoke generator. Plumes shall be presented in random order within each set of 25 black and 25 white plumes. The candidate assigns an opacity value to each plume and records the observation on a suitable form. At the completion of each run of 50 readings, the score of the candidate is determined. If a candidate fails to qualify, the complete run of 50 readings must be repeated in any retest. The smoke test may be administered as part of a smoke school or training program, and may be preceded

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by training or familiarization runs of the smoke generator, during which candidates are shown black and white plumes of known opacity.

**A15.4.3. Smoke Generator Specifications**

Any smoke generator used for the purpose of Section A15.4.2 of this Appendix shall be equipped with a smoke meter installed to measure opacity across the diameter of the smoke generator stack. The smoke meter output shall display in-stack opacity, based upon a path length equal to the stack exit diameter on a full 0% to 100% chart recorder scale. The smoke meter optical design and performance shall meet the specifications shown in Table 1 of this Appendix. The smoke meter shall be calibrated as prescribed in Section A15.4.3.1 of this Appendix prior to conducting each smoke reading test. At the completion of each test, the zero and span drift shall be checked, and if the drift exceeds plus or minus 1% opacity, the condition shall be corrected prior to conducting any subsequent test runs. The smoke meter shall be demonstrated, at the time of installation, to meet the specifications listed in Table 1 of this Appendix. This demonstration shall be repeated following any subsequent repair or replacement of the photocell or associated electronic circuitry, including the chart recorder or output meter, or every six months, whichever occurs first.

**A15.4.3.1. Calibration**

The smoke meter is calibrated after allowing a minimum of 30 minutes warm-up by alternately producing simulated opacity of 0% and 100%. When stable response at 0% or 100% is noted, the smoke meter is adjusted to produce an output of 0% or 100%, as appropriate. This calibration shall be repeated until stable 0% and 100% readings are produced without adjustment. Simulated 0% and 100% opacity values may be produced by alternately switching the power to the light source on and off while the smoke generator is not producing smoke.

**A15.4.3.2. Smoke Meter Evaluation**

The smoke meter design and performance are to be evaluated as follows:

**A15.4.3.2.1. Light Source**

Verify, from manufacturer's data and from voltage measurements made at the lamp, as installed, that the lamp is operated within plus or minus 5% of the nominal rated voltage.

**A15.4.3.2.2. Spectral Response of Photocell**

Verify from manufacturer's data that the photocell has a photopic response (i.e., the spectral sensitivity of the cell shall closely approximate the standard spectral-luminosity curve for photopic vision which is

referenced in (b) of Table 1 of this Appendix).

**A15.4.3.2.3. Angle of View**

Check construction geometry to ensure that the total angle of view of the smoke plume, as seen by the photocell, does not exceed 15°. Calculate the total angle of view ( $\phi_v$ ) as follows:

$$\text{Total Angle of View} = 2 \tan^{-1} (d/2L)$$

where:

d = The photocell diameter + the diameter of the limiting aperture; and

L = The distance from the photocell to the limiting aperture. The limiting aperture is the point in the path between the photocell and the smoke plume where the angle of view is most restricted. In smoke generator smoke meters, this is normally an orifice plate.

**A15.4.3.2.4. Angle of Projection**

Check construction geometry to ensure that the total angle of projection of the lamp on the smoke plume does not exceed 15°. Calculate the total angle of projection ( $\phi_p$ ) as follows:

$$\text{Total Angle of Projection} = 2 \tan^{-1} (d/2L)$$

where:

d = The sum of the length of the lamp filament + the diameter of the limiting aperture; and

L = The distance from the lamp to the limiting aperture.

**A15.4.3.2.5. Calibration Error**

Using neutral-density filters of known opacity, check the error between the actual response and the theoretical linear response of the smoke meter. This check is accomplished by first calibrating the smoke meter, according to Section A15.4.3.1 of this Appendix, and then inserting a series of three neutral-density filters of nominal opacity of 20%, 50%, and 75% in the smoke meter path length. Use filters calibrated within plus or minus 2%. Care should be taken when inserting the filters to prevent stray light from affecting the meter. Make a total of five nonconsecutive readings for each filter. The maximum opacity error on any one reading shall be plus or minus 3%.

**A15.4.3.2.6. Zero and Span Drift**

Determine the zero and span drift by calibrating and operating the smoke generator in a normal manner over a 1-hour period. The drift is measured



TITLE 18. ENVIRONMENTAL QUALITY

CHAPTER 2. DEPARTMENT OF ENVIRONMENTAL QUALITY - AIR POLLUTION CONTROL

by checking the zero and span at the end of this period.

**A15.4.3.2.7. Response Time**

Determine the response time by producing the series of five simulated 0% and 100% opacity values and observing the time required to reach stable response. Opacity values of 0% and 100% may be simulated by alternately switching the power to the light source off and on while the smoke generator is not operating.

**Historical Note**

A15, Appendix 15, made by final rulemaking at 23 A.A.R. 767, effective May 7, 2017 (Supp. 17-1). Because of a clerical error in Supp. 17-1, A15, Appendix 15 was inadvertently published at the end of Article 13. At the request of the Department it has been moved to the end of this Chapter (Supp. 17-3). Subsection levels updated for clarity. No other changes have been made to Appendix 15 (Supp. 21-4).

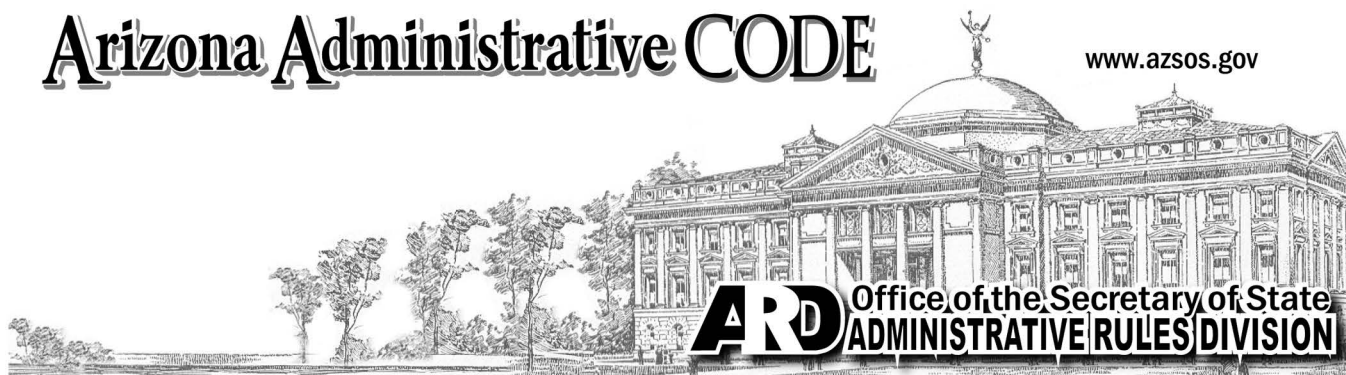
**Table 1. Smoke Meter Design and Performance Specifications**

Parameter	Specification
a. Light source	Incandescent lamp operated at nominal rated voltage
b. Spectral response of photocell	Photopic (daylight spectral response of the human eye)
c. Angle of view	15° maximum total angle
d. Angle of projection	15° maximum total angle
e. Calibration error	Plus or minus 3% opacity; maximum
f. Zero and span drift	Plus or minus 1% opacity, 30 minutes
g. Response time	Less than or equal to 5 seconds

**Historical Note**

Table 1 made by final rulemaking at 23 A.A.R. 767, effective May 7, 2017 (Supp. 17-1). Table 1 separated from Appendix 15. No other changes have been made to Table 1 (Supp. 21-4).

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**CHAPTER 4. DEPARTMENT OF ENVIRONMENTAL QUALITY - SAFE DRINKING WATER**  
**18 A.A.C. 4**

**Supplement Information**  
**Supp. 25-4**

Rules codified between October 1, 2025 through December 31, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-4 replaces Supp. 25-1, 1-40 pages.**

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

## PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

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The definition for a rule is provided for under A.R.S. § 41-1001. “*Rule*’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

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The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

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First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

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### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

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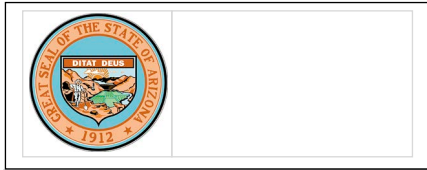
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*Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.*

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## Administrative Rules Division

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## TITLE 18. ENVIRONMENTAL QUALITY

## CHAPTER 4. DEPARTMENT OF ENVIRONMENTAL QUALITY - SAFE DRINKING WATER

Authority: A.R.S. § 49-104 et seq.

## Supp. 25-4

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*Article 2, consisting of Sections R18-4-201 through R18-4-290, repealed effective April 28, 1995 (Supp. 95-2).*

*Article 2 consisting of Sections R18-4-201 through R18-4-290, adopted effective August 8, 1991 (Supp. 91-3).*

*Article 2 consisting of Sections R18-4-201 through R18-4-290 and Appendices 1-7, repealed effective August 8, 1991 (Supp. 91-3).*

*Article 2 consisting of Sections R9-8-210 through R9-8-213, R9-8-220 through R9-8-227, R9-8-230 through R9-8-236, R9-8-250 through R9-8-253, R9-8-260 through R9-8-273, R9-8-290, and Appendices 1 through 6 renumbered as Article 2, Sections R18-4-210 through R18-4-213, R18-4-220 through R18-4-227, R18-4-230 through R18-4-236, R18-4-250 through R18-4-253, R18-4-260 through R18-4-273, R18-4-290, and Appendices 1 through 6 (Supp. 87-3).*

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*New Article 4, consisting of Section R18-1-402, made by final expedited rulemaking at 29 A.A.R. 1472 (June 30, 2023), with an immediate effective date of June 7, 2023 (Supp. 23-2).*

*Article 4, consisting of Sections R18-4-401 through R18-4-405, repealed by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).*

*Article 4, consisting of Sections R18-4-401 thru R18-4-405, adopted effective April 28, 1995 (Supp. 95-2).*

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*Article 5 recodified to 18 A.A.C. 5, Article 5 at 10 A.A.R. 585, effective January 30, 2004 (Supp. 04-1).*

*Article 5, consisting of Sections R18-4-501 through R18-4-509, adopted effective April 28, 1995 (Supp. 95-2).*

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*Article 6, consisting of Sections R18-4-601 through R18-4-607, adopted by final rulemaking effective September 23, 1999; the A.A.R. citation was not available at the time of publication and will appear in Supp. 99-4 (Supp. 99-3).*

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*Article 7, consisting of Sections R18-4-701 through R18-4-710 and Appendices A and B, adopted by final rulemaking at 6 A.A.R. 2019, effective May 10, 2000 (Supp. 00-2).*

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**ARTICLE 8. TECHNICAL ASSISTANCE**

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**ARTICLE 1. PRIMARY DRINKING WATER REGULATIONS****R18-4-101. Authority and Purpose**

- A. This Chapter is created under the authority of A.R.S. Title 49, Chapter 2, Article 9, and the federal Safe Drinking Water Act, 42 U.S.C. 300f through 300j-26.
- B. The purposes of this Chapter include the following:
1. To protect the public health and welfare by ensuring that all potable water distributed or sold to the public by public water systems is free from unwholesome, poisonous, deleterious, or other foreign substances, and filth or disease-causing substances or organisms; and
  2. To enable the state to maintain primary enforcement responsibility of the Safe Drinking Water Act, including the requirements of 40 CFR 141 and 142.

**Historical Note**

Former Section R9-20-504 repealed, new Section R9-20-504 adopted effective November 1, 1979 (Supp. 79-6). Former Section R9-20-504 amended, renumbered as Section R9-20-501, then renumbered as Section R18-4-101 effective October 23, 1987 (Supp. 87-4). R18-4-101 recodified to R18-5-101 (Supp. 95-2). New Section adopted effective April 28, 1995 (Supp. 95-2). Amended effective June 3, 1998 (Supp. 98-3). Amended effective December 8, 1998 (Supp. 98-4). Amended by final rulemaking effective September 23, 1999; the A.A.R. citation was not available at the time of publication and will appear in Supp. 99-4 (Supp. 99-3). Amended by final rulemaking at 5 A.A.R. 4456, effective September 23, 1999 (Supp. 99-4). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 3046, effective May 1, 2002 (Supp. 02-3). Section repealed; new Section made by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-102. Incorporation by Reference of 40 CFR 141 and 142**

- A. Unless otherwise specified in this Chapter, all references to regulations in 40 CFR 141 and 142 in this Chapter refer to the July 1, 2014, version of the regulations. Copies of the incorporated material are available for review at the Arizona Department of Environmental Quality, 1110 W. Washington St., Phoenix, AZ, 85007, and are available from the U.S. General Printing office at <http://www.gpo.gov/fdsys/browse/collectionCfr.action?collectionCode=CFR>.
- B. A reference to a federal statute or regulation in a federal statute or regulation incorporated by reference in this Chapter shall refer to and incorporate by reference the referenced statute or regulation as of the date specified in subsection (A), unless the referenced statute or regulation is incorporated by reference elsewhere in this Chapter in a modified form, in which case the reference shall be to the statute or regulation as incorporated in this Chapter.
- C. Documents incorporated by reference in a federal statute or regulation incorporated by reference in this Chapter are also incorporated by reference in this Chapter, as of the date specified in the federal statute or regulation.
- D. A federal rule incorporated by reference in this Chapter shall include all "Effective Date Notes" associated with the federal rule.
- E. The term "State" or "primacy agency" in the text of a federal statute or regulation incorporated by reference in this Chapter shall mean the Arizona Department of Environmental Quality unless otherwise noted.

**Historical Note**

Adopted as Section R9-20-502 and renumbered as Section R18-4-102 effective October 23, 1987 (Supp. 87-4). R18-4-102 recodified to R18-5-102 (Supp. 95-2). New Section adopted effective April 28, 1995 (Supp. 95-2). Amended effective June 3, 1998 (Supp. 98-3). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Section repealed; new Section made by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3). Amended by final rulemaking at 22 A.A.R. 379, effective April 2, 2016 (Supp. 16-1).

**R18-4-103. General – 40 CFR 141, Subpart A**

- A. 40 CFR 141, Subpart A (40 CFR 141.1 through 141.6), is incorporated by reference as of the date specified in R18-4-102, except for the changes listed in this Section; this incorporation does not include any later amendments or editions.
- B. The definition of "State" in 40 CFR 141.2 is not incorporated by reference. In addition to the terms defined in A.R.S. §§ 49-201 and 49-351, and 40 CFR 141.2, in this Chapter, unless otherwise specified, the terms listed below have the following meanings.

"Air-gap separation" means a physical separation between the discharge end of a supply pipe and the top rim of its receiving vessel of at least 1 inch or twice the diameter of the supply pipe, whichever is greater.

"ANSI/NSF Standard 60" means American National Standards Institute/NSF International Standard 60 - 2014a, Drinking Water Treatment Chemicals - Health Effects, November 17, 2014, incorporated by reference and on file with the Department. This material is available from NSF International, 789 N. Dixboro Road, P.O. Box 130140, Ann Arbor, MI 48113-0140, USA; (734) 769-8010; <http://www.nsf.org>. This incorporation by reference includes no future editions or amendments.

"ANSI/NSF Standard 61" means American National Standards Institute/NSF International Standard 61 - 2014a, Drinking Water System Components - Health Effects, October 19, 2014, incorporated by reference and on file with the Department. This material is available from NSF International, 789 N. Dixboro Road, P.O. Box 130140, Ann Arbor, MI 48113-0140, USA; (734) 769-8010; <http://www.nsf.org>. This incorporation by reference includes no future editions or amendments.

"Backflow" means a reverse flow condition that causes water or mixtures of water and other liquids, gases, or substances to flow back into the distribution system. Backflow can be created by a difference in water pressure (backpressure), a vacuum or partial vacuum (backsiphonage), or a combination of both.

"Backflow-prevention assembly" means a mechanical device used to prevent backflow.

"Capacity" means the overall capability of a water system to consistently produce and deliver water meeting all national and state primary drinking water regulations in effect when new or modified operations begin. Capacity includes the technical, managerial, and financial capacities of the water system to plan for, achieve, and maintain compliance with applicable national and state primary drinking water regulations.



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“Capacity development” means improving public water system finances, management, infrastructure, and operations, so that the public water system can provide safe drinking water consistently, reliably, and cost-effectively.

“Capacity development report” means an annual report adopted by the Department that describes progress made in improving technical, managerial, or financial capacity of public water systems in Arizona.

“Cross connection” means a physical connection between a public water system and any source of water or other substance that may lead to contamination of the water provided by the public water system through backflow.

“Distribution system” means a pipeline, appurtenance, device, and facility of a public water system that conducts water from a source or water treatment plant to persons served by the system.

“Department” means the Arizona Department of Environmental Quality.

“Double check valve assembly” means a backflow-prevention assembly that contains two independently acting check valves with tightly closing, resilient-seated shut-off valves on each end of the assembly and properly located, resilient-seated test cocks.

“Elementary business plan” means a document containing all of the items necessary for a complete review of the technical, managerial, and financial capacity of a new public water system under Article 6 of this Chapter.

“Entry point to the distribution system” means a compliance sampling point anywhere on a finished water line that is representative of a water source and located after the well, surface water intake, treatment plant, storage tank, or pressure tank, whichever is last in the process flow, but prior to where the water is discharged into the distribution system and prior to the first service connection.

“EPA” means the United States Environmental Protection Agency.

“Exclusion” means a waiver granted by the Department under R18-4-219 from a requirement of this Chapter that is not a requirement contained in a federal drinking water law.

“Exemption” means a form of temporary relief from a maximum contaminant level or treatment technique granted by the Department to a public water system, pending installation and operation of treatment facilities, acquisition of an alternate source, or completion of improvements in treatment processes to bring the system into compliance with drinking water regulations.

“Financial capacity” means the ability of a public water system to acquire and manage sufficient financial resources for the system to achieve and maintain compliance with the federal Safe Drinking Water Act.

“Groundwater system” means a public water system that is supplied solely by groundwater that is not under the direct influence of surface water.

“Lead-free” has the same meaning prescribed in A.R.S. § 49-353(B).

“Major stockholder” means a person who has 20% or more ownership interest in a public water system.

“Master priority list” means a list created by the Department that ranks public water systems according to the criteria in R18-4-803.

“Monitoring assistance program” means the program established by A.R.S. § 49-360 to assist public water systems with mandatory monitoring for contaminants and administered by the Department under 18 A.A.C. 4.

“Operational assistance” means professional or financial assistance provided to a public water system to improve the technical, managerial, or financial operations of the public water system.

“Protected water source” means a groundwater source that:

Meets the requirements of A.A.C. R18-5- 502(D);

Is not located within 100 feet of a drywell as defined by A.A.C. R18-9-101(21); and

Is not located within 100 feet of a condition that can constitute an environmental nuisance as described in A.R.S. § 49-141(A).

“Reduced pressure principle backflow-prevention assembly” means a backflow-prevention assembly that contains two independently acting check valves; a hydraulically operating, mechanically independent pressure differential relief valve located between the two check valves; tightly closing, resilient seated shut-off valves on each end of the check valve assembly; and properly located resilient seated test cocks.

“Service connection” means a location at the meter or, in the absence of a meter, at the curbstop or building inlet.

“Service line” means the water line that runs from the corporation stop at a water main to the building inlet, including any pigtail, gooseneck, or fitting.

“State” means the Arizona Department of Environmental Quality, except during any time period during which the Department does not have primary enforcement responsibility pursuant to Section 1413 of the Act, the term “State” means the Regional Administrator of EPA Region 9.

“System evaluation assistance” means assistance provided to assess the status of the public water system’s technical, managerial, and financial components, with emphasis on infrastructure status.

“Technical assistance” means operational assistance, system evaluation assistance, or both.

“Treatment” means a process that changes the quality of water by physical, chemical, or biological means.

“Treatment technique” means a treatment procedure promulgated by EPA in lieu of an MCL.

“Variance” means relief from a maximum contaminant level or treatment technique granted by the Department to a public water system when characteristics of a system’s raw water source preclude the system from complying with maximum contaminant levels prescribed by drinking water regulations, despite application of best technology

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treatment techniques, or other means available to the system.

“Water main” means a pipe that is exterior to buildings and is used to distribute drinking water to more than one property.

“Water Infrastructure Finance Authority” means the entity created under A.R.S. § 49-1201 et seq. to provide financial assistance to political subdivisions, Indian tribes, and eligible drinking water facilities for constructing, acquiring, or improving wastewater treatment facilities, drinking water facilities, nonpoint source projects, and other related water quality facilities and projects.

“Water treatment plant” means a process, device, or structure used to improve the physical, chemical, or biological quality of the water in a public water system. A booster chlorination facility that is designed to maintain an effective disinfectant residual in water in the distribution system is not a water treatment plant.

- C. 40 CFR 141.4, entitled “variances and exemptions,” is incorporated by reference subject to the following modifications:
1. The phrase “entity with primary enforcement responsibility” is changed to “Department.”
  2. When reviewing and acting on requests for variances and exemptions, the Department shall act in accordance with the procedures at 42 U.S.C. 300g-4 and 300g-5 (2004) of the Act (Public Health Service Act §§ 1415 and 1416), including:
    - a. The Department shall require a public water system granted a variance under subsection (C) to comply with the requirements in a compliance schedule as expeditiously as practicable.
    - b. The Department shall promptly notify EPA of all variances and exemptions granted by the Department in the manner specified in the Act.
    - c. The Department shall enforce a schedule or other requirement on which a variance or exemption is conditioned under 42 U.S.C. 300g-3 and A.R.S. § 49-354, as if the schedule or other requirement is part of a national primary drinking water regulation incorporated by reference in this Chapter.
    - d. “Treatment technique requirement,” for the purpose of subsection (C), means a requirement in a national primary drinking water regulation which specifies for a contaminant, in accordance with 42 U.S.C. 300f(1)(C)(ii), each treatment technique known to lead to a reduction in the level of the contaminant sufficient to satisfy the requirements of 42 U.S.C. 300g-1(b).
    - e. If the Department grants a variance or exemption, the Department shall prescribe:
      - i. A compliance schedule that includes increments of progress or measures to develop an alternative source of water supply; and
      - ii. An implementation schedule that includes such control measures as the Department deems necessary for each contaminant.
- D. 40 CFR 142, 142.2, 142.20, and Subparts E, F, G, and K, are incorporated by reference as of the date specified in R18-4-102, with the following changes; this incorporation does not include any later amendments or editions. The following substitutions are to be applied in the listed order.
1. 40 CFR 142.46, 142.302, 142.313 are not incorporated by reference.
  2. 40 CFR 142.20(a), (b). The phrase “States with primary enforcement responsibility” is changed to “the Department”; the second sentences in 142.20(a) and 142.20(b) are deleted.
  3. 40 CFR 142.60(b), 142.61(b). The phrase “Administrator in a state that does not have primary enforcement responsibility or a state with primary enforcement responsibility (primacy state) that issues variances” is changed to “Department.”
  4. 40 CFR 142.40(a), (b); 142.41; 142.50(a); 142.51. The phrase “a State that does not have primary enforcement responsibility” is changed to “Arizona”.
  5. 40 CFR 142.60(b), (c), (d); 142.61(b), (c). The phrase “Administrator or [‘primacy’ or ‘primary’] state that issues variances” is changed to “Department.”
  6. 40 CFR 142.60(b), (d); 142.61(b), (d); 142.62(e), (g)(1); 142.65(a)(4). The phrase “Administrator or [the] primacy state” is changed to “Department”; the phrase “Administrator’s or primacy state’s” is changed to “Department’s.”
  7. In 40 CFR 142, Subpart K:
    - a. The phrases “[‘a’ or ‘the’] State or [the] Administrator,” “Administrator or State,” “the public water system, State and the Administrator,” and “a State exercising primary enforcement responsibility for public water systems (or the Administrator for other systems)” are changed to “the Department.”
    - b. 40 CFR 142.301. The last sentence is deleted.
    - c. 40 CFR 142.303(b). The phrase “a State exercising primary enforcement responsibility for public water systems” is changed to “the Department.”
    - d. 40 CFR 142.306(b)(2). The phrase “(or by the Administrator in States which do not have primary enforcement responsibility)” is deleted.
    - e. 40 CFR 142.308(a), 142.309(c). The phrase “the State, Administrator, or [the] public water system as directed by the State or Administrator” is changed to “the Department or the public water system, as determined by the Department.”
    - f. 40 CFR 142.308(b). The text of this subsection is replaced by the following: “At the time of proposal, the Department must publish a notice in the *Arizona Administrative Register* or a newspaper or newspapers of wide circulation in the affected region of the State. This notice shall include the information listed in paragraph (c) of this section.”
    - g. 40 CFR 142.308(c)(7). The phrase “the primacy agency” is changed to “the Department.”
  8. In all parts of 40 CFR 142 incorporated by reference other than Subpart K, the term “Administrator” is changed to “Department”; the pronoun “he” is changed to “the Department”; and the pronoun “his” is changed to “the Department’s.”
  9. In all parts of 40 CFR 142 incorporated by reference, the term “a state” or “the state” is changed to “the Department”; the term “the State’s” is changed to “the Department’s.”
  10. 40 CFR 142.62(h)(3). The term “State-approved” is changed to “Department-approved.”
  11. In 40 CFR 142.44(b). The text of this subsection is replaced by the following: “Public notice of an opportunity for hearing on a variance schedule shall be circulated in a manner designed to inform interested and potentially

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interested persons of the proposed schedule, and shall meet the notice requirements of A.A.C. R18-1-401.”

12. In 40 CFR 142.54(b). The text of this subsection is replaced by the following: “Public notice of an opportunity for hearing on an exemption schedule shall be circulated in a manner designed to inform interested and potentially interested persons of the proposed schedule, and shall meet the notice requirements of A.A.C. R18-1-401.”
13. 40 CFR 142.44(d), 142.54(d). The third, fourth, and fifth sentences of these subsections are deleted.
14. 40 CFR 142.44(e), 142.54(e). The text of these subsections is replaced by the following: “A hearing convened pursuant to paragraph (d) of this section shall be conducted according to the procedural requirements of A.A.C. R18-1-402.”

- E. 40 CFR 141.5 is not incorporated by reference.

**Historical Note**

Former Section R9-20-505 repealed, new Section R9-20-505 adopted effective November 1, 1979 (Supp. 79-6). Former Section R9-20-505 amended, renumbered as Section R9-20-503, then renumbered as Section R18-4-103 effective October 23, 1987 (Supp. 87-4). R18-4-103 recodified to R18-5-103 (Supp. 95-2). New Section adopted effective April 28, 1995 (Supp. 95-2). Amended effective June 3, 1998 (Supp. 98-3). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 3046, effective May 1, 2002 (Supp. 02-3). Section R18-4-103 repealed; new Section made by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3). Amended by final rulemaking at 22 A.A.R. 379, effective April 2, 2016 (Supp. 16-1). Amended by final expedited rulemaking at 31 A.A.R. 980 (March 28, 2025), with an immediate effective date of March 7, 2025 (Supp. 25-1).

**R18-4-104. Maximum Contaminant Levels – 40 CFR 141, Subpart B**

40 CFR 141, Subpart B (40 CFR 141.11 through 141.13), is incorporated by reference as of the date specified in R18-4-102; this incorporation does not include any later amendments or editions.

**Historical Note**

Former Section R9-20-506 repealed, new Section R9-20-506 adopted effective November 1, 1979 (Supp. 79-6). Amended effective March 19, 1980 (Supp. 80-2). Former Section R9-20-506 amended, renumbered as Section R9-20-504, then renumbered as Section R18-4-104 effective October 23, 1987 (Supp. 87-4). R18-4-104 recodified to R18-5-104 (Supp. 95-2). New Section adopted effective April 28, 1995 (Supp. 95-2). Amended effective June 3, 1998 (Supp. 98-3). Amended effective December 8, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 3046, effective May 1, 2002 (Supp. 02-3). Amended under R1-1-109(B) to correct a manifest clerical error; subsection R18-4-104(J)(3) moved to its proper place as subsection R18-4-104(K)(3); compare at 8 A.A.R. 3086, July 26, 2002 (Supp. 03-1). Section R18-4-104 renumbered to R18-4-211; new Section made by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-105. Monitoring and Analytical Requirements – 40 CFR 141, Subpart C**

- A. 40 CFR 141, Subpart C (40 CFR 141.21 through 141.29 and Appendix A), is incorporated by reference as of the date specified in R18-4-102, subject to the modifications specified in this Section; this incorporation does not include any later amendments or editions.
- B. 40 CFR 141.21(c)(2), 141.21(d) and 141.21(f) are not incorporated by reference.
- C. 40 CFR 141.22: the last sentence of 141.22(a) is replaced by the following: “Turbidity measurements shall be made using analytical methods approved by EPA and the Arizona Department of Health Services.”
- D. 40 CFR 141.23(k) is not incorporated by reference.
- E. 40 CFR 141.24(f)(17), 141.24(f)(20), and 141.24(h)(19) are not incorporated by reference.
- F. 40 CFR 141.25: the following text replaces the text of 40 CFR 141.25(a) and (b): “Analysis for the following contaminants shall be conducted to determine compliance with 40 CFR 141.66 (radioactivity) using analytical methods approved by EPA and the Arizona Department of Health Services:
  1. Naturally occurring contaminants: gross alpha and beta, gross alpha, radium 226, radium 228, and uranium.
  2. Man-made contaminants: radioactive cesium, radioactive iodine, radioactive strontium 89, 90, tritium, and gamma emitters.”
- G. 40 CFR 141.27, alternate analytical techniques, is not incorporated by reference; the following text is substituted in its place: “The use of an alternate analytical technique approved by EPA and the Arizona Department of Health Services shall not decrease the frequency of monitoring required by this Chapter.”
- H. 40 CFR 141.28:
  1. In 40 CFR 141.28(a), the term “State” is changed to “Arizona Department of Health Services.”
  2. In 40 CFR 141.28(b), the term “State” is changed to “Arizona Department of Health Services or Arizona Department of Environmental Quality.”
  3. A new subsection (c) is added: “A laboratory that performs drinking water analysis in Arizona shall be certified by EPA or the Arizona Department of Health Services.”

**Historical Note**

Former Section R9-20-507 repealed, new Section R9-20-507 adopted effective November 1, 1979 (Supp. 79-6). Former Section R9-20-507 amended, renumbered as Section R9-20-505, then renumbered as Section R18-4-105 effective October 23, 1987 (Supp. 87-4). R18-4-105 recodified to R18-5-105 (Supp. 95-2). New Section adopted effective April 28, 1995 (Supp. 95-2). Amended effective June 3, 1998 (Supp. 98-3). Section repealed by final rulemaking at 8 A.A.R. 3046, effective May 6, 2002 (Supp. 02-3). New Section R18-4-105 renumbered from R18-4-105.01 at 8 A.A.R. 2756, effective June 6, 2002 (Supp. 02-3). Subsection citation in part 4 of Table 2 corrected (Supp. 04-1). Section R18-4-105 and Tables 1 through 4 repealed; new Section made by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3). Amended by final rulemaking at 22 A.A.R. 379, effective April 2, 2016 (Supp. 16-1).

**R18-4-105.01. Renumbered****Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3046, effective May 6, 2002 (Supp. 02-3). Section renumbered

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to R18-4-105 at 8 A.A.R. 2756, effective June 6, 2002 (Supp. 02-3).

**R18-4-106. Reporting and Recordkeeping – 40 CFR 141, Subpart D**

- A. 40 CFR 141, Subpart D (40 CFR 141.31 through 141.35), is incorporated by reference as of the date specified in R18-4-102; this incorporation does not include any later amendments or editions. The requirements in the following subsections are in addition to the requirements of 40 CFR 141, Subpart D.
- B. Department reporting forms. A public water system shall report to the Department the results of all analyses completed under this Chapter on Department-approved forms.
- C. Direct reporting. A public water system may contract with a laboratory or another agent to report monitoring results to the Department, but the public water system remains legally responsible for compliance with reporting requirements.

**Historical Note**

Adopted effective March 19, 1980 (Supp. 80-2). Former Section R9-20-508 amended, renumbered as Section R9-20-506, then renumbered as Section R18-4-106 effective October 23, 1987 (Supp. 87-4). Amended subsection (F) effective November 30, 1988 (Supp. 88-4). R18-4-106 recodified to R18-5-106 (Supp. 95-2). New Section adopted effective April 28, 1995 (Supp. 95-2). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Section R18-4-106 repealed; new Section made by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-107. Special Regulations, Including Monitoring - 40 CFR 141, Subpart E**

40 CFR 141, Subpart E (40 CFR 141.40 through 141.42) revised as of July 1, 2021 and published by the Office of the Federal Register, National Archives and Records Administration is incorporated by reference. This rule does not include any later amendments or editions of the incorporated material. Copies of the incorporated material are available for inspection at the Arizona Department of Environmental Quality, 1110 W. Washington, Phoenix, AZ 85007 or may be obtained from the U.S. Government Publishing Office, bookstore.gpo.gov, P.O. Box. 979050, St. Louis, MO 63197-9000.

**Historical Note**

Former Section R9-20-509 repealed, new Section R9-20-509 adopted effective November 1, 1979 (Supp. 79-6). Former Section R9-20-509 amended, renumbered as Section R9-20-507, then renumbered as Section R18-4-107 effective October 23, 1987 (Supp. 87-4). Amended subsection (B) effective November 30, 1988 (Supp. 88-4). R18-4-107 recodified to R18-5-107 (Supp. 95-2). New Section adopted effective April 28, 1995 (Supp. 95-2). Section R18-4-107 repealed; new Section made by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3). Amended by final expedited rulemaking at 29 A.A.R. 1472 (June 30, 2023), with an immediate effective date of June 7, 2023 (Supp. 23-2).

**R18-4-108. Maximum Contaminant Level Goals and Maximum Residual Disinfectant Level Goals – 40 CFR 141, Subpart F**

40 CFR 141, Subpart F (40 CFR 141.50 through 141.55), is incorporated by reference as of the date specified in R18-4-102; this incorporation does not include any later amendments or editions.

**Historical Note**

Former Section R9-20-510 repealed, new Section R9-20-510 adopted effective November 1, 1979 (Supp. 79-6). Former Section R9-20-510 amended, renumbered as Section R9-20-508, then renumbered as Section R18-4-108 effective October 23, 1987 (Supp. 87-4). Amended subsection (D) effective November 30, 1988 (Supp. 88-4). R18-4-108 recodified to R18-5-108 (Supp. 95-2). New Section R18-4-108 renumbered from R18-4-109 and amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Section R18-4-108 renumbered to R18-4-205; new Section made by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-109. Primary Drinking Water Regulations: Maximum Contaminant Levels and Maximum Residual Disinfectant Levels – 40 CFR 141, Subpart G**

40 CFR 141, Subpart G (40 CFR 141.60 through 141.66), is incorporated by reference as of the date specified in R18-4-102; this incorporation does not include any later amendments or editions.

**Historical Note**

Former Section R9-20-511 repealed, new Section R9-20-511 adopted effective November 1, 1979 (Supp. 79-6). Former Section R9-20-511 amended, renumbered as Section R9-20-509, then renumbered as Section R18-4-109 effective October 23, 1987 (Supp. 87-4). R18-4-109 recodified to R18-5-109 (Supp. 95-2). New Section adopted effective April 28, 1995 (Supp. 95-2). Amended effective June 3, 1998 (Supp. 98-3). Former Section R18-4-109 renumbered to R18-4-108; new Section R18-4-109 made by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Section R18-4-109 repealed; new Section made by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-110. Filtration and Disinfection – 40 CFR 141, Subpart H**

- A. 40 CFR 141, Subpart H (40 CFR 141.70 through 141.76), is incorporated by reference as of the date specified in R18-4-102, subject to the modifications specified in this Section; this incorporation does not include any later amendments or editions.
- B. The text of 40 CFR 141.74(a) is replaced by the following: “*Analytical requirements.* In order to demonstrate compliance with the requirements of this Part, public water systems shall use analytical methods approved by EPA and the Arizona Department of Health Services for monitoring under this Part.”

**Historical Note**

Former Section R9-20-512 repealed, new Section R9-20-512 adopted effective November 1, 1979 (Supp. 79-6). Former Section R9-20-512 amended, renumbered as Section R9-20-510, then renumbered as Section R18-4-110 effective October 23, 1987 (Supp. 87-4). Amended subsection (B) effective November 30, 1988 (Supp. 88-4). R18-4-110 recodified to R18-5-110 (Supp. 95-2). New Section adopted effective April 28, 1995 (Supp. 95-2). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Section R18-4-110 repealed; new Section made by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-111. Control of Lead and Copper – 40 CFR 141, Subpart I**

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- A. 40 CFR 141, Subpart I (40 CFR 141.80 through 141.91), is incorporated by reference as of the date specified in R18-4-102, subject to the modifications specified in this Section; this incorporation does not include any later amendments or editions.
- B. The first sentence of 40 CFR 141.89(a) is replaced by the following: "Analyses for lead, copper, pH, conductivity, calcium, alkalinity, orthophosphate, silica, and temperature shall be conducted using analytical methods approved by EPA and the Arizona Department of Health Services. Analyses under this Section for lead and copper shall be conducted by laboratories that have been certified by EPA or the Arizona Department of Health Services."
- C. The text of 40 CFR 141.89(a)(1) is not incorporated by reference.
- incorporation does not include any later amendments or editions.
- B. 40 CFR 141.131 is not incorporated by reference.
- C. In order to demonstrate compliance with the requirements of this Chapter:
  1. Public water systems shall use analytical methods approved by EPA and the Arizona Department of Health Services for monitoring under this Chapter; and
  2. Analyses of drinking water samples shall be conducted by laboratories that have been certified by EPA or the Arizona Department of Health Services.
- D. A party approved by the Department shall measure daily chlorine samples at the entrance to the distribution system.
- E. A public water system may measure residual disinfectant concentrations for chlorine, chloramines, and chlorine dioxide by using N,N-diethyl-p-phenylenediamine (DPD) colorimetric test kits. A party approved by the Department shall measure residual disinfectant concentration.

**Historical Note**

Adopted as Section R9-20-511 and renumbered as Section R18-4-111 effective October 23, 1987 (Supp. 87-4). R18-4-111 recodified to R18-5-111 (Supp. 95-2). New Section adopted effective April 28, 1995 (Supp. 95-2). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Section R18-4-111 repealed; new Section made by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-112. Use of Non-Centralized Treatment Devices – 40 CFR 141, Subpart J**

40 CFR 141.101 is incorporated by reference as of the date specified in R18-4-102; this incorporation does not include any later amendments or editions.

**Historical Note**

Former Section R9-20-517 repealed, new Section R9-20-517 adopted effective November 1, 1979 (Supp. 79-6). Amended effective March 19, 1980 (Supp. 80-2). Former Section R9-20-517 amended, renumbered as Section R9-20-512, then renumbered as Section R18-4-112 effective October 23, 1987 (Supp. 87-4). R18-4-112 recodified to R18-5-112 (Supp. 95-2). New Section adopted effective April 28, 1995 (Supp. 95-2). Section R18-4-112 renumbered to R18-4-219; new Section made by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-113. Treatment Techniques – 40 CFR 141, Subpart K**

40 CFR 141, Subpart K (40 CFR 141.110 through 141.111), is incorporated by reference as of the date specified in R18-4-102; this incorporation does not include any later amendments or editions.

**Historical Note**

Adopted as Section R9-20-513 and renumbered as Section R18-4-113 effective October 23, 1987 (Supp. 87-4). Amended subsections (A) and (C) effective November 30, 1988 (Supp. 88-4). R18-4-113 recodified to R18-5-113 (Supp. 95-2). New Section adopted effective April 28, 1995 (Supp. 95-2). Section R18-4-113 repealed; new Section made by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-114. Disinfectant Residuals, Disinfection Byproducts, and Disinfection Byproduct Precursors – 40 CFR 141, Subpart L**

- A. 40 CFR 141, Subpart L (40 CFR 141.130 through 141.135), is incorporated by reference as of the date specified in R18-4-102, subject to the modifications specified in this Section; this

**Historical Note**

Former Section R9-20-519 repealed, new Section R9-20-519 adopted effective November 1, 1979 (Supp. 79-6). Former Section R9-20-519 amended, renumbered as Section R9-20-514, then renumbered as Section R18-4-114 effective October 23, 1987 (Supp. 87-4). R18-4-114 recodified to R18-5-114 (Supp. 95-2). New Section adopted effective April 28, 1995 (Supp. 95-2). Section R18-4-114 renumbered to R18-4-202; new Section made by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-115. Renumbered****Historical Note**

Former Section R9-20-520 repealed, new Section R9-20-520 adopted effective November 1, 1979 (Supp. 79-6). Former Section R9-20-520 amended, renumbered as Section R9-20-515, then renumbered as Section R18-4-115 effective October 23, 1987 (Supp. 87-4). R18-4-115 recodified to R18-5-115 (Supp. 95-2). New Section adopted effective April 28, 1995 (Supp. 95-2). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Section R18-4-115 renumbered to R18-4-215 by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-116. Renumbered****Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Amended effective June 3, 1998 (Supp. 98-3). Section R18-4-116 renumbered to R18-4-204 by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-117. Consumer Confidence Reports – 40 CFR 141, Subpart O**

40 CFR 141, Subpart O (40 CFR 141.151 through 141.155 and Appendix A), is incorporated by reference as of the date specified in R18-4-102; this incorporation does not include any later amendments or editions.

**Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Amended effective June 3, 1998 (Supp. 98-3). Section R18-4-117 renumbered to R18-4-209; new Section made by final

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rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-118. Enhanced Filtration and Disinfection - Systems Serving 10,000 or More People – 40 CFR 141, Subpart P**

40 CFR 141, Subpart P (40 CFR 141.170 through 141.175), is incorporated by reference as of the date specified in R18-4-102; this incorporation does not include any later amendments or editions.

**Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Section R18-4-118 renumbered to R18-4-208; new Section made by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-119. Public Notification of Drinking Water Violations – 40 CFR 141, Subpart Q**

40 CFR 141, Subpart Q (40 CFR 141.201 through 141.211 and Appendices A, B, and C), is incorporated by reference as of the date specified in R18-4-102; this incorporation does not include any later amendments or editions.

**Historical Note**

Former Section R18-4-215 renumbered R18-4-119 pursuant to R1-1-404 effective April 28, 1995 (Supp. 95-2). Amended effective June 3, 1998 (Supp. 98-3). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Section R18-4-119 renumbered to R18-4-213; new Section made by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-120. Renumbered**

**Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Amended effective December 8, 1998 (Supp. 98-4). Section R18-4-120 renumbered to R18-4-206 by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-121. Ground Water Rule – 40 CFR 141, Subpart S**

A. 40 CFR Part 141, Subpart S (40 CFR 141.400 through 141.405), is incorporated by reference as of the date specified in R18-4-102, subject to the modifications specified in this Section; this incorporation does not include any later amendments or editions.

B. 40 CFR 141.402(a)(4) is modified as follows:  
Consecutive and wholesale systems.

- (i) In addition to the other requirements of this paragraph (a), a consecutive ground water system that has a total coliform-positive sample, collected under § 141.21(a) until March 31, 2016 or under §§ 141.854 through 141.857 beginning April 1, 2016, within 24 hours of being notified of the total coliform-positive sample must:

- (A) Notify the wholesale system(s) and,
- (B) Collect a sample from its consecutive connection with the wholesale ground water system and analyze it for a fecal indicator under paragraph (c) of this section.

- (ii) If the sample collected under paragraph (a)(4)(i)(B) of this section is fecal indicator-positive, within 24 hours:

- (A) The consecutive system must notify the wholesale ground water system, and
- (B) Both systems must consult with the Department on additional sampling to meet the requirements of paragraph (a)(3) of this section.

**Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Amended effective June 3, 1998 (Supp. 98-3). Section R18-4-121 renumbered to R18-4-201; new Section made by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3). Amended by final rulemaking at 22 A.A.R. 379, effective April 2, 2016 (Supp. 16-1).

**R18-4-122. Enhanced Filtration and Disinfection – Systems Serving Fewer Than 10,000 People – 40 CFR 141, Subpart T**

40 CFR 141, Subpart T (40 CFR 141.500 through 141.571), is incorporated by reference as of the date specified in R18-4-102; this incorporation does not include any later amendments or editions.

**Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Amended effective December 8, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Section R18-4-122 renumbered to R18-4-207; new Section made by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**Appendix A. Renumbered**

**Historical Note**

New Appendix made by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Appendix A repealed; new Appendix A made by final rulemaking at 8 A.A.R. 3046, effective May 1, 2002 (Supp. 02-3). Appendix A renumbered to a position after R18-4-125 at 8 A.A.R. 2756, effective June 6, 2002 (Supp. 02-3).

**R18-4-123. Initial Distribution System Evaluations – 40 CFR 141, Subpart U**

40 CFR 141, Subpart U (40 CFR 141.600 through 141.605), is incorporated by reference as of the date specified in R18-4-102; this incorporation does not include any later amendments or editions.

**Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Section R18-4-123 renumbered to R18-4-216; new Section made by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-124. Stage 2 Disinfection Byproducts Requirements – 40 CFR 141, Subpart V**

40 CFR 141, Subpart V (40 CFR 141.620 through 141.629), is incorporated by reference as of the date specified in R18-4-102; this incorporation does not include any later amendments or editions.

**Historical Note**

Adopted effective February 9, 1996 (Supp. 96-1). Section R18-4-124 renumbered to R18-4-203; new Section made by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-125. Enhanced Treatment For *Cryptosporidium* – 40 CFR 141, Subpart W**

40 CFR 141, Subpart W (40 CFR 141.700 through 141.723), is incorporated by reference as of the date specified in R18-4-102; this incorporation does not include any later amendments or editions.

**Historical Note**

Adopted effective February 9, 1996 (Supp. 96-1). Section R18-4-125 renumbered to R18-4-214; new Section made

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by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-126. Revised Total Coliform Rule 40 CFR Part 141, Subpart Y**

- A. 40 CFR Part 141, Subpart Y (40 CFR 141.851 through 141.861), is incorporated by reference as of the date specified in R18-4-102, subject to modifications specified in this Section; this incorporation does not include any later amendments or editions.
- B. 40 CFR 141.851(d), 141.852, 141.853(c)(2), and 141.854(h)(2)(i) – (ii) are not incorporated by reference.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 379, effective April 2, 2016 (Supp. 16-1).

**Appendix A. Repealed**

**Historical Note**

Appendix A renumbered from a position after R18-4-122 to a position after R18-4-125 at 8 A.A.R. 2756, effective June 6, 2002 (Supp. 02-3). Subsection citation in Appendix A corrected (Supp. 04-1). Appendix A repealed by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**ARTICLE 2. STATE DRINKING WATER REGULATIONS**

**R18-4-201. Enforcement**

- A. A water supplier who constructs, operates, or maintains a public water system contrary to the provisions of this Chapter or fails to maintain the quality of water within the public water system as required by this Chapter is subject to the actions provided in A.R.S. §§ 49-142 and 49-354.
- B. If the Department determines that a public water system is not in compliance with any of the provisions of this Chapter, the Department may issue an order to the water supplier that requires the public water system to make no further service connections or that limits the number of service connections until the Department determines that the public water system achieves compliance.
- C. The Department may determine compliance or initiate enforcement action based upon analytical results and other information compiled by the Department or other federal, state, or local agencies.
- D. The Department shall round compliance data to the same number of significant figures as the MCL in question to determine compliance with the MCL.

**Historical Note**

Former Section R9-8-212 repealed, new Section R9-8-212 adopted effective May 26, 1978 (Supp. 78-3). Amended effective August 7, 1979 (Supp. 79-4). Amended effective November 2, 1982 (Supp. 82-6). Amended by renumbering subsections (P) thru (W) as (Q) thru (X) and adding a new subsection (P) effective January 6, 1984 (Supp. 84-1). Former Section R9-8-212 renumbered without change as Section R18-4-212 (Supp. 87-3). Former Section R18-4-212 amended and renumbered as Section R18-4-201 effective June 30, 1989 (Supp. 89-2). Section repealed, new Section adopted effective August 8, 1991 (Supp. 91-3). Section repealed, new Section adopted effective April 28, 1995 (Supp. 95-2). Amended effective June 3, 1998 (Supp. 98-3). Section R18-4-201 repealed; new Section renumbered from R18-

4-121 and amended by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-202. Certified Operators**

A water supplier of a public water system shall ensure that:

1. The water system is operated in accordance with 18 A.A.C. 5, Article 1.
2. The water system is operated by an operator who is properly certified pursuant to 18 A.A.C. 5, Article 1, to operate each water treatment plant in the system and the distribution system.

**Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Section R18-4-202 repealed; new Section renumbered from R18-4-114 and amended by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-203. Operation and Maintenance**

A water supplier shall maintain and keep in proper operating condition all facilities used in production, treatment, and distribution of the water supply so as to comply with the requirements of this Chapter and 18 A.A.C. 5.

**Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Section R18-4-203 renumbered to R18-4-210; new Section renumbered from R18-4-124 and amended by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-204. Emergency Operation Plans**

- A. The water supplier for a community water system shall develop and keep an emergency operations plan in an easily accessible location. At a minimum, the emergency operations plan shall detail the steps that the community water system will take to assure continuation of service in the following emergency situations:
1. Loss of a source;
  2. Loss of water supply due to major component failure;
  3. Damage to power supply equipment or loss of power;
  4. Contamination of water in the distribution system from backflow;
  5. Collapse of a reservoir, reservoir roof, or pumphouse structure;
  6. A break in a transmission or distribution line; and
  7. Chemical or microbiological contamination of the water supply.
- B. The emergency operations plan required by subsection (A) shall address all of the following:
1. Provision of alternate sources of water during the emergency;
  2. Notice procedures for regulatory agencies, news media, and users;
  3. Disinfection and testing of the distribution system once service is restored;
  4. Identification of critical system components that shall remain in service or be returned to service quickly;
  5. Critical spare parts inventory; and
  6. Staff training in emergency response procedures.
- C. In the event that an emergency situation that is listed in subsection (A) occurs, the Emergency Operation Plan shall be implemented by the community water system.

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**Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Section R18-4-204 repealed; new Section renumbered from R18-4-116 and amended by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-205. Sample Collection, Preservation, and Transportation**

A public water system shall collect each sample using the sample preservation, container, and maximum holding time procedure prescribed by the Arizona Department of Health Services in 9 A.A.C. 14, Article 6, and approved by EPA for the analytical method used.

**Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Amended effective June 3, 1998 (Supp. 98-3). Section R18-4-205 repealed; new Section renumbered from R18-4-108 and amended by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-206. Monitoring and Sampling by the Department and MAP Contractors**

- A. The Department may take samples from a public water system. If the Department takes a sample at a public water system, the Department shall forward a copy of the analytical results to the water supplier.
- B. If a public water system fails to monitor, the Department may monitor to determine compliance with MCLs. A public water system shall not use Department monitoring to satisfy monitoring requirements prescribed by this Chapter. This subsection does not apply to monitoring under the monitoring assistance program.
- C. A contractor shall take compliance samples for the categories of contaminants listed in A.R.S. § 49-360(A) for a public water system that participates in the monitoring assistance program.
- D. The sampling location for chemical contaminants must be the entry point to the distribution system or the compliance monitoring point specified by the Department, unless otherwise specified in this Chapter. An entry point to a distribution system is the point at which water is discharged into the distribution system from a well, storage tank, pressure tank, or water treatment plant.

**Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Amended effective June 3, 1998 (Supp. 98-3). Amended effective December 8, 1998 (Supp. 98-4). Section R18-4-206 repealed; new Section renumbered from R18-4-120 and amended by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-207. Entry and Inspection of Public Water Systems**

- A. A Department inspection shall comply with A.R.S. § 41-1009.
- B. 40 CFR 142.34(a) is incorporated by reference as of the date specified in R18-4-102, subject to the modifications specified in this Section; this incorporation does not include any later amendments or editions. The phrase "Administrator" is changed to "Department."

**Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Amended by final rulemaking at 7 A.A.R. 5067, effective October 16, 2001 (Supp. 01-4). Section R18-4-207 repealed; new Section renumbered from R18-4-122 and amended by

final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-208. Sanitary Surveys**

- A. Each public water system shall undergo sanitary surveys in accordance with a schedule established by the Department, or when the Department determines that a sanitary survey is necessary to assure compliance with this Chapter.
- B. A sanitary survey shall be performed for a public water system at least once every five years; however, a non-community water system using only protected and disinfected ground water shall have a sanitary survey performed at least every 10 years.
- C. When establishing a sanitary survey schedule or determining that a sanitary survey is required prior to the next scheduled sanitary survey, the Department shall consider:
  1. The quality and quantity of the source water; and
  2. Whether the system is properly designed, maintained and operated.
- D. Proper operation and maintenance means operating and maintaining the public water system in compliance with this Chapter; 18 A.A.C. 5, Article 5; and in conformance with the applicable portions of Engineering Bulletin No. 10, "Guidelines for the Construction of Water Systems," incorporated by reference in A.A.C. R18-5-502.
- E. The Department shall review the results of a sanitary survey to determine whether the existing monitoring frequency is adequate, and whether any additional measures are required in order to ensure that the system will remain in compliance with this Chapter.
- F. In conducting a sanitary survey of a groundwater system, information on sources of contamination within a delineated wellhead protection area shall be considered by the Department instead of collecting new information, if the information was collected since the last time the system was subject to a sanitary survey.
- G. A water supplier shall make the changes to the design, operation, and maintenance of the public water system specified by the Department in order to bring the system into compliance with the requirements of this Chapter, and shall make the changes within the time limits set by the Department.
- H. A sanitary survey of a public water system shall be made by a representative of the Department, a professional engineer or sanitarian who is registered in Arizona, a certified water system operator, or other person approved by the Department.
- I. A sanitary survey shall comply with A.R.S. § 41-1009 when conducted by the Department.

**Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Amended effective June 3, 1998 (Supp. 98-3). Section R18-4-208 repealed; new Section renumbered from R18-4-118 and amended by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-209. Unsafe Supplies**

The Department may order a public water system to disconnect a source to protect the public health from an acute health risk that is attributable to the source. An acute health risk is posed when one of the following occurs:

1. A violation of a MCL for total coliform and fecal coliform or *E. coli* are present that is attributable to the source,
2. A violation of the MCL for nitrate or nitrite that is attributable to the source, or



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3. An occurrence of a waterborne disease outbreak that is attributable to the source.

**Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Amended effective June 3, 1998 (Supp. 98-3). Amended by final rulemaking at 7 A.A.R. 5067, effective October 16, 2001 (Supp. 01-4). Section R18-4-209 repealed; new Section renumbered from R18-4-117 by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-210. Total Coliform; Special Events**

- A. A water system that does not meet the definition of a public water system, but serves a large number of persons for a short duration of time, such as a special event, must take corrective action as required in R18-4-126 after receiving a positive coliform result, including taking additional samples until all samples test negative for total coliform and negative for E.coli if:
  1. The total number of user-days exceeds 600.
  2. A user-day is calculated by multiplying the number of days the event will run by the average number of persons expected to be served each day.
- B. The water system shall submit a minimum of two sample results to the Department at least seven days before the beginning of the special event. The water system shall submit a minimum of one additional sample result to the Department for each day of the special event.

**Historical Note**

Adopted effective May 26, 1978 (Supp. 78-3). Amended effective August 7, 1979 (Supp. 79-4). Amended subsection (C) and added subsection (D) effective January 6, 1984 (Supp. 84-1). Former Section R9-8-210 renumbered without change as Section R18-4-210 (Supp. 87-3). Repealed effective June 30, 1989 (Supp. 89-2). New Section adopted effective August 8, 1991 (Supp. 91-3). Section repealed, new Section adopted effective April 28, 1995 (Supp. 95-2). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Section repealed by final rulemaking at 8 A.A.R. 3046, effective May 6, 2002 (Supp. 02-3). New Section R18-4-210 renumbered from R18-4-203 and amended by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3). Amended by final rulemaking at 22 A.A.R. 379, effective April 2, 2016 (Supp. 16-1).

**R18-4-211. Reporting Requirements**

- A. Cross connection incidents. A public water system shall submit a written cross connection incident report to the Department and the local county health department within five days of the occurrence of a cross connection problem that results in contamination of water provided by the public water system. The report shall address all of the following:
  1. Date and time of discovery of the cross connection incident,
  2. Nature of the cross connection incident,
  3. Affected area,
  4. Cause of the cross connection incident,
  5. Public health impact,
  6. Date and text of any public health advisory issued,
  7. Corrective action taken, and
  8. Date of completion of corrective action.
- B. Emergencies. A public water system shall notify the Department, by telephone or facsimile, as soon as possible but no later than 24 hours after the occurrence of any of the following emergencies:

1. Loss of water supply from a source;
2. Loss of water supply due to major component failure;
3. Damage to power supply equipment or loss of power;
4. Contamination of water in the distribution system from backflow;
5. Collapse of a reservoir, reservoir roof, or pumphouse structure;
6. Break in a transmission or distribution line that results in a loss of service to customers for more than four hours; and
7. Chemical or microbiological contamination of the water supply.

- C. Waterborne disease outbreak. A public water system shall report to the Department the occurrence of a waterborne disease outbreak that may be attributable to water provided by the public water system as soon as possible but no later than 24 hours after the public water system receives actual notice of the waterborne disease outbreak.
- D. Department requests for records. A public water system shall submit to the Department, within the time stated in the Department's request, copies of any records that the public water system is required to retain under this Chapter or copies of any documents that the Department is entitled to inspect under 42 U.S.C. 300j-4 (2001).
- E. Department reporting forms. A public water system shall report to the Department the results of all analyses completed under this Chapter on Department-approved forms.
- F. Direct reporting. A public water system may contract with a laboratory or another agent to report monitoring results to the Department, but the public water system remains legally responsible for compliance with reporting requirements.
- G. Forty eight-hour reporting requirement. A public water system shall report the failure to comply with any of the provisions of this Chapter to the Department within 48 hours, except where a different reporting period is specified in this Chapter.

**Historical Note**

Corrected A.R.S. reference (Supp. 77-3). Amended effective May 26, 1978 (Supp. 78-3). Amended effective January 6, 1984 (Supp. 84-1). Former Section R9-8-211 renumbered without change as Section R18-4-211 (Supp. 87-3). Amended effective Dec. 1, 1988 (Supp. 88-4). Repealed effective June 30, 1989 (Supp. 89-2). New Section adopted effective August 8, 1991 (Supp. 91-3). Section repealed, new Section adopted effective April 28, 1995 (Supp. 95-2). Section R18-4-211 repealed; new Section renumbered from R18-4-104 and amended by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-212. Groundwater Under the Direct Influence of Surface Water**

- A. The Department suspects the following sources to be groundwater under the direct influence of surface water:
  1. A spring;
  2. An infiltration gallery;
  3. A radial well collector, Ranney well, or horizontal well;
  4. A well that is less than 500 feet from a surface water, and:
    - a. The Department conducts a vulnerability assessment and determines that the source is vulnerable to direct surface water influence, or
    - b. The Department cannot assess the vulnerability of the groundwater source to direct surface water influence because of a lack of information or the uncertainty.

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- taint of available information on the local hydrogeology or well construction characteristics;
5. A shallow well with perforations or well screens that are less than 50 feet below the ground surface;
  6. A hand-dug or auger-bored well without a casing;
  7. A groundwater source for which turbidity data is available that shows that the groundwater violates an interim MCL for turbidity;
  8. A groundwater source for which data is available that shows that total coliform, fecal coliform, or *E. Coli* are present in untreated groundwater from the source that are not related to new well development, source modification, repair, or maintenance; and
  9. Any groundwater source if the temperature of the groundwater fluctuates 15% to 20% from the mean groundwater temperature over the course of a year or if changes in the temperature of the groundwater correlate to similar changes in the temperature of surface water.
- B.** The Department shall conduct a sanitary survey of each public water system that the Department suspects is using a groundwater source under the direct influence of surface water.
- C.** The Department shall provide written notice to a public water system that the Department suspects a groundwater source is under the direct influence of surface water. A public water system may submit information to the Department to show that a groundwater source is not under the direct influence of surface water. Information that is submitted to show that a suspect groundwater source is not under the direct influence of surface water shall be in writing and shall be prepared by a qualified professional, such as a professional engineer registered in Arizona, registered geologist, water system operator, or hydrogeologist. The Department shall review any information submitted by a qualified professional to show a suspect groundwater source is not under the direct influence of surface water within 90 days after receipt of the information and determine if the source remains suspect.
- D.** If a groundwater source continues to be suspect after the analyses required in subsections (A) through (C), the Department may require a public water system that is suspected of using a groundwater source that is under the direct influence of surface water to conduct Microscopic Particle Analysis (MPA) monitoring of the groundwater source. A public water system may request that the Department allow the system to use an alternative method to determine whether a groundwater source is under the direct influence of surface water. An alternative method to determine whether a groundwater source is under the direct influence of surface water shall be approved by the Arizona Department of Health Services under 9 A.A.C. 14, Article 6.
- E.** A public water system shall conduct MPA monitoring as follows:
1. Each sample shall be representative of the groundwater source. A public water system shall not take a sample of blended water or a sample of water from the distribution system.
  2. Each sample shall be collected and analyzed according to the procedures prescribed in the "Consensus Method for Determining Groundwaters Under the Direct Influence of Surface Water Using Microscopic Particulate Analysis (MPA)," EPA 910/9-92-029, United States Environmental Protection Agency, Environmental Services Division, Manchester Environmental Laboratory, 7411 Beach Dr. E., Port Orchard, WA 98366, October 1992 (and no future editions or amendments), which is incorporated by reference and on file with the Department.
3. The Department shall schedule MPA monitoring at a time when the groundwater source is most susceptible to direct surface water influence.
  4. The Department shall use the MPA risk ratings in Table 1 to determine whether groundwater is under the direct influence of surface water.
    - a. If the MPA risk rating of the initial sample indicates a high or moderate risk of direct surface water influence, the public water system shall collect a second sample for MPA at the same location on a date scheduled by the Department. If the MPA risk rating of the second sample indicates a high or moderate risk of direct surface water influence, the Department shall determine that the groundwater is under the direct influence of surface water. If the risk rating of the second sample indicates a low risk of direct surface water influence, the public water system shall collect a third sample for MPA at the same location on a date scheduled by the Department. If a third sample is taken, the Department shall determine whether the groundwater is under the direct influence of surface water under subsection (E)(4)(c).
    - b. If the MPA risk rating of the initial sample indicates a low risk of direct surface water influence, the public water system shall collect a second sample for MPA at the same location on a date scheduled by the Department. If the MPA risk rating of the second sample indicates a low risk of direct surface water influence, the Department shall determine that the groundwater is not under the direct influence of surface water. If the MPA risk rating of the second sample indicates a high or moderate risk of direct surface water influence, the public water system shall collect a third sample for MPA at the same location on a date scheduled by the Department. If a third sample is taken, the Department shall determine whether the groundwater is under the direct influence of surface water under subsection (E)(4)(c).
    - c. If a third sample is required and the MPA risk rating of the third sample indicates a high or moderate risk of direct surface water influence, the Department shall determine that the groundwater is under the direct influence of surface water. If the MPA risk rating of the third sample indicates a low risk of direct surface water influence, the Department shall determine that the groundwater is not under the direct influence of surface water.
- F.** If the Department determines a source to be groundwater under the direct influence of surface water under subsection (E) and a public water system demonstrates to the Department that it is feasible to take corrective action to prevent direct surface water influence, the Department shall establish a schedule of compliance for the public water system to take corrective action instead of requiring installation of filtration and disinfection treatment. A schedule of compliance to take corrective action shall require:
1. Completion of corrective action no later than 18 months after receipt of the initial MPA monitoring results, and

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2. A second round of MPA monitoring to determine whether the source is under the direct influence of surface water after completion of the corrective action.
- G.** Except as provided in subsection (F), a public water system with a source that the Department determines to be groundwater under the direct influence of surface water shall provide filtration and disinfection required under 40 CFR 141 Subparts H, P, and T, as incorporated by reference in this Chapter, within 18 months after the date that the Department makes the final determination that the groundwater is under the direct influence of surface water.
- H.** The Department shall provide a written notice to a public water system of a final determination that a groundwater source is under the direct influence of surface water. The notice shall contain the information required by A.R.S. § 41-1092.03(A).
- I.** A public water system may appeal a final determination that a groundwater source is under the direct influence of surface water by serving notice of appeal with the Department under the Uniform Administrative Hearing Procedures in A.R.S.

Title 41, Chapter 6, Article 10. A public water system shall file notice of appeal with the Department within 30 days after receiving notice of the Department's determination that a groundwater source is under the direct influence of surface water. The Department shall notify the Office of Administrative Hearings which shall schedule a hearing on the appeal within 60 days after the date that notice of appeal is filed with the Department. Hearings shall be conducted according to the Uniform Administrative Hearing Procedures in A.R.S. Title 41, Chapter 6, Article 10.

**Historical Note**

Adopted effective August 8, 1991 (Supp. 91-3). Section repealed, new Section adopted effective April 28, 1995 (Supp. 95-2). Amended effective June 3, 1998 (Supp. 98-3). Amended effective December 8, 1998 (Supp. 98-4). Section R18-4-212 repealed; new Section renumbered from R18-4-301.01 and amended by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**Table 1. Decision Matrix for Determining Groundwater Under the Direct Influence of Surface Water**

Initial Sample MPA Risk Rating	Second Sample MPA Risk Rating	Third Sample MPA Risk Rating	Groundwater Under the Direct Influence of Surface Water
High	High or Moderate		Yes
High	Low	High or Moderate	Yes
High	Low	Low	No
Moderate	High or Moderate		Yes
Moderate	Low	High or Moderate	Yes
Moderate	Low	Low	No
Low	High or Moderate	High or Moderate	Yes
Low	High or Moderate	Low	No
Low	Low		No

**Historical Note**

New Table 1 renumbered from R18-4-301.01, Table 1 by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-213. Standards for Additives, Materials, and Equipment**

- A.** Each product added directly to water during production or treatment shall conform to ANSI/NSF Standard 60. Products covered by this subsection include but are not limited to:
1. Coagulation and flocculation chemicals;
  2. Chemicals for corrosion and scale control;
  3. Chemicals for softening, precipitation, sequestering, and pH adjustment;
  4. Disinfection and oxidation chemicals;
  5. Chemicals for fluoridation, defluoridation, algae control, and dechlorination;
  6. Dyes and tracers;
  7. Antifreezes, antifoamers, regenerants, and separation process scale inhibitors and cleaners; and
  8. Water well drilling and rehabilitation aids.
- B.** Except as identified in subsections (D) and (E), a material or product installed after January 1, 1993, that comes into contact with water or a water treatment chemical shall conform to ANSI/NSF Standard 61. Products and materials covered by this subsection include but are not limited to:
1. Process media, such as carbon and sand;
  2. Joining and sealing materials, such as solvents, cements, welding materials, and gaskets;
  3. Lubricants;
  4. Pipes and related products, such as tanks and fittings;
  5. Mechanical devices used in treatment, transmission, or distribution systems such as valves, chlorinators, and separation membranes; and
  6. Surface coatings and paints.
- C.** Evidence that a product conforms to the requirements of this Section shall be the appearance on the product or product package of a seal of a certifying entity that is accredited by the American National Standards Institute to provide the certification.
- D.** *Chemicals and additives certified as conforming to the national sanitation foundation standards comply with the standards required by this section. ... In those instances where chemicals, additives and drinking water system components that come into contact with drinking water are essential to the design, construction or operation of the drinking water system and have not been certified by the national sanitation foundation or have national sanitation foundation certification but are not available from more than one source, the standards shall provide for the use of alternatives which include:*
1. *Chemicals and additives composed entirely of ingredients determined by the environmental protection agency, the food and drug administration or other federal agencies as appropriate for addition to potable water or aqueous food.*

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2. *Chemicals and additives composed entirely of ingredients listed in the national academy of sciences water chemicals codex.*
  3. *Chemicals, additives and drinking water system components consistent with the specifications of the American water works association.*
  4. *Chemicals, additives and drinking water system components that are designed for use in drinking water systems and that are consistent with the specifications of the American society for testing and materials.*
  5. *Drinking water system components that are historically used or in use in drinking water systems consistent with standard practice and that have not been demonstrated during past applications in the United States to contribute to water contamination.* A.R.S. §§ 49-353.01(B) and (C) (2006).
- E.** The Department exempts the following materials and products from the requirement to conform to ANSI/NSF Standard 61:
1. A concrete structure, tank, or treatment tank basin that is constructed onsite if the structure, tank, or basin is not normally coated or sealed and the construction materials used in the concrete are consistent with subsection (D). If a coating or sealant is specified by the design engineer, the coating or sealant shall comply with ANSI/NSF Standard 61;
  2. An earthen reservoir or canal located upstream of water treatment;
  3. A water treatment plant that is comprised of components that comply with subsections (B), (C), and (D);
  4. A synthetic tank constructed of material that meets Food and Drug Administration standards for a material that comes into contact with drinking water or aqueous food, or a galvanized steel tank, either of which is:
    - a. Less than 15,000 gallons in capacity, and
    - b. Used in a public water system with 500 or fewer service connections; or
  5. A pipe, treatment plant component, or water distribution system component made of lead-free stainless steel.
- Historical Note**
- Former Section R9-8-213 repealed, new Section R9-8-213 adopted effective May 26, 1978 (Supp. 78-3). Amended effective August 7, 1979 (Supp. 79-4). Amended effective January 6, 1984 (Supp. 84-1). Former Section R9-8-213 renumbered without change as Section R18-4-213 (Supp. 87-3). Amended effective June 30, 1989 (Supp. 89-2). Section repealed, new Section adopted effective August 8, 1991 (Supp. 91-3). Section repealed, new Section adopted effective April 28, 1995 (Supp. 95-2). Amended effective June 3, 1998 (Supp. 98-3). Section R18-4-213 repealed; new Section renumbered from R18-4-119 and amended by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).
- R18-4-214. Hauled Water**
- A.** All hauled water for delivery to a public water system shall be obtained from a source that is approved pursuant to 18 A.A.C. 5, Article 5, or a regulated public water system.
  - B.** Materials or products that come into contact with the water shall comply with R18-4-213(B).
  - C.** Roof hatches shall be fitted with a watertight cover.
  - D.** A bottom drain valve or other provisions to allow complete drainage and cleaning of a water transport container shall be provided.
  - E.** Hoses that are used to deliver drinking water shall be equipped with a cap and shall remain capped when not in use.
  - F.** A water hauler shall, at all times, maintain a residual free chlorine level of 0.2 mg/l to 1.0 mg/l in the water that is hauled in a water transport container. A chlorine disinfectant shall be added at the time water is loaded into the container. The residual free chlorine level shall be measured each time water is off-loaded from the container. The water hauler shall maintain a log of all on-loading, chlorine disinfectant additions and residual-free chlorine measurements. Such records shall be maintained for at least three years and made available to the Department for review upon request.
  - G.** A water transport container shall be for hauling drinking water only. The container shall be plainly and conspicuously labeled "For Drinking Water Use Only."
- Historical Note**
- Adopted effective August 8, 1991 (Supp. 91-3). Section repealed, new Section adopted effective April 28, 1995 (Supp. 95-2). Amended by final rulemaking at 8 A.A.R. 3046, effective May 1, 2002 (Supp. 02-3). Section R18-4-214 repealed; new Section renumbered from R18-4-125 and amended by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).
- R18-4-214.01. Repealed**
- Historical Note**
- New Section made by final rulemaking at 8 A.A.R. 3046, effective May 1, 2002 (Supp. 02-3). Section R18-4-214.01 repealed by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).
- R18-4-214.02. Repealed**
- Historical Note**
- New Section made by final rulemaking at 8 A.A.R. 3046, effective January 1, 2004 (Supp. 02-3). R18-4-214.02 including Table 1 and Table 2 repealed by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).
- R18-4-215. Backflow Prevention**
- A.** A public water system shall protect its system from contamination caused by backflow through unprotected cross-connections by requiring the installation and periodic testing of backflow-prevention assemblies. Required backflow-prevention assemblies shall be installed as close as practicable to the service connection.
  - B.** A public water system shall ensure that a backflow-prevention assembly is installed whenever any of the following occur:
    1. A substance harmful to human health is handled in a manner that could permit its entry into the public water system. These substances include chemicals, chemical or biological process waters, water from public water supplies that has deteriorated in sanitary quality, and water that has entered a fire sprinkler system. A Class 1 or Class 2 fire sprinkler system is exempt from the requirements of this Section;
    2. A source of water supply exists on the user's premises that is not accepted as an additional source by the public water system or is not approved by the Department;
    3. An unprotected cross-connection exists or a cross-connection problem has previously occurred within a user's premises; or
    4. There is a significant possibility that a cross-connection problem will occur and entry to the premises is restricted

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to the extent that cross-connection inspections cannot be made with sufficient frequency or on sufficiently short notice to ensure that unprotected cross-connections do not exist.

- C. Unless a cross-connection problem is specifically identified, or as otherwise provided in this Section, the requirements of this Section shall not apply to single-family residences used solely for residential purposes.
- D. A backflow-prevention assembly required by this Section shall comply with the following:
  - 1. If equipped with test cocks, it shall have been issued a certificate of approval by:
    - a. The University of Southern California Foundation for Cross-Connection Control and Hydraulic Research (USC-FCCCHR), or
    - b. A third-party certifying entity that is unrelated to the product's manufacturer or vendor, and is approved by the Department.
  - 2. If not equipped with test cocks, it shall be approved by a third-party certifying entity that is unrelated to the product's manufacturer or vendor and is approved by the Department.
- E. The minimum level of backflow protection that is provided to protect a public water system shall be the level recommended in Section 7.2 of the Manual of Cross-Connection Control, Ninth Edition, USC-FCCCHR, KAP-200 University Park MC-2531, Los Angeles, CA, 90089-2531, December 1993, (and no future editions or amendments), incorporated by reference and on file with the Department. The types of backflow prevention that may be required, listed in decreasing order according to the level of protection they provide, include: an air-gap separation (AG), a reduced pressure principle backflow prevention (RP) assembly, a pressure vacuum breaker (PVB) assembly, and a double check valve (DC) assembly. Nothing contained in this Section shall prevent a public water system from requiring the use of a higher level of protection than the level required by this subsection.
  - 1. A public water system may make installation of a required backflow-prevention assembly a condition of service. A user's failure to comply with this requirement shall be sufficient cause for the public water system to terminate water service.
  - 2. Specific installation requirements for backflow prevention include the following:
    - a. Any backflow prevention required by this Section shall be installed in accordance with the manufacturer's specifications.
    - b. For an AG installation, all piping between the user's connection and the receiving tank shall be entirely visible unless otherwise approved in writing by the public water system.
    - c. An RP assembly shall not be installed in a meter box, pit, or vault unless adequate drainage is provided.
    - d. A PVB assembly may be installed for use on a landscape water irrigation system if the irrigation system conforms to all of the criteria listed below. An RP assembly is required whenever any of the criteria are not met.
      - i. The water use beyond the assembly is for irrigation purposes only;
      - ii. The PVB is installed in accordance with the manufacturer's specifications;
      - iii. The irrigation system is designed and constructed to be incapable of inducing backpressure; and
      - iv. The injection of chemical pesticides and fertilizers, chemigation, is not used or provided in the irrigation system.
- F. Each backflow-prevention assembly required by this Section shall be tested at least annually, or more frequently if directed by the public water system or the Department. Each assembly shall also be tested after installation, relocation, or repair. An assembly shall not be placed in service unless it has been tested and is functioning as designed. The following provisions shall apply to the testing of backflow-prevention assemblies:
  - 1. Testing shall be in accordance with procedures described in Section 9 of the Manual of Cross-Connection Control. The public water system shall notify the water user when testing of backflow-prevention assemblies is needed. The notice shall specify the date by which the testing must be completed and the results forwarded to the public water system.
  - 2. Testing shall be performed by a person who is currently certified as a "general" tester by the California-Nevada Section of the American Water Works Association (CA-NV Section, AWWA), the Arizona State Environmental Technical Training (ASETT) Center, or other certifying authority approved by the Department.
  - 3. When a backflow-prevention assembly is tested and found to be defective, it shall be repaired or replaced in accordance with the provisions of this Section.
- G. A public water system shall maintain records of backflow-prevention assembly installations and tests performed on backflow-prevention assemblies in its service area. Records shall be retained by the public water system for at least three years and shall be made available for review by the Department upon request. These records shall include an inventory of backflow-prevention assemblies required by this Section and, for each assembly, all of the following information:
  - 1. Assembly identification number and description,
  - 2. Location,
  - 3. Date of tests,
  - 4. Description of repairs and recommendations for repairs made by the tester, and
  - 5. The tester's name and certificate number.
- H. A public water system shall submit a written cross-connection incident report to the Department and the local health authority within five business days after a cross-connection problem occurs that results in contamination of the public water system. The report shall address all of the following:
  - 1. Date and time of discovery of the unprotected cross-connection,
  - 2. Nature of the cross-connection problem,
  - 3. Affected area,
  - 4. Cause of the cross-connection problem,
  - 5. Public health impact,
  - 6. Date and text of any public health advisory issued,
  - 7. Each corrective action taken, and
  - 8. Date of completion of each corrective action.
- I. An individual with direct responsibility for implementing a backflow prevention program for a water system serving more than 50,000 persons, or an individual with direct responsibility for implementing a backflow prevention program for a water system serving 50,000 or fewer persons if the Department has determined that such a need exists, shall be licensed

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as a “cross-connection control program specialist” by the CANNV Section, AWWA, the ASETT Center, or another certifying authority approved by the Department.

**Historical Note**

Adopted effective August 8, 1991 (Supp. 91-3). Section repealed, new Section adopted effective April 28, 1995 (Supp. 95-2). Amended effective June 3, 1998 (Supp. 98-3). Section R18-4-215 repealed; new Section renumbered from R18-4-115 and amended by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-216. Vending Machines**

An owner of a water vending machine shall be responsible for the proper operation of each water vending machine. The owner shall do all of the following:

1. Clean and maintain each water vending machine according to the manufacturer’s recommendations;
2. Retain maintenance and cleaning records for one year;
3. Have analyses performed at least once every six months for total coliform bacteria. Results of such analyses shall be retained for one year. If a sample is positive for total coliform, the water vending machine shall be removed from service, and all components shall be cleaned, replaced, or serviced. The water vending machine shall not be placed back into service until another total coliform bacteria analysis is performed and the result is negative; and
4. Maintain in operable condition all ultraviolet, ozone, or other disinfection components and automatic disabling capabilities built into the vending machine for use in the event of a disinfection system malfunction.

**Historical Note**

Adopted effective August 8, 1991 (Supp. 91-3). Section repealed, new Section adopted effective April 28, 1995 (Supp. 95-2). Amended effective June 3, 1998 (Supp. 98-3). Amended effective December 8, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Section R18-4-216 repealed; new Section renumbered from R18-4-123 and amended by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-217. Use of Blending to Achieve Compliance with Maximum Contaminant Levels**

- A. A public water system may use blending to achieve compliance with a MCL if all of the following requirements are met:
1. The public water system has obtained the Department’s written approval for a blending plan that includes the following elements:
    - a. Detailed drawings and schematics that show flow, concentrations, and controls;
    - b. Proposed automatic or electronic devices that will be incorporated to ensure that the blend remains in the desired range or shuts off the offending source or triggers an alarm when the blend falls out of the desired range;
    - c. Individual test results from all sources proposed to be blended;
    - d. Projected contaminant levels that will result from blending that show both best-case and worst-case scenarios;
    - e. Identified techniques, and any other information requested by the Department, that show how the

blending plan will produce water that will comply with MCLs; and

2. The public water system has obtained the Department’s written approval for a monitoring program designed to verify continued compliance with MCLs at all subsequent downstream service connections. This program shall include monitoring on at least a quarterly basis of both of the following:
  - a. All sources contributing to the blend; and
  - b. Blended water to ensure that the provisions of this Section are met.

- B. A public water system shall submit an amended blending plan to the Department to confirm that the new blend achieves compliance with MCLs whenever sources are added to or removed from service or the relative flow rates from blended sources are changed in a way that changes the blend.

**Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Amended effective June 3, 1998 (Supp. 98-3). Amended by final rulemaking at 7 A.A.R. 5067, effective October 16, 2001 (Supp. 01-4). Section R18-4-217 repealed; new Section renumbered from R18-4-221 and amended by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-218. Criteria and Procedures for Public Water Systems Using Point-of-Entry or Point-of-Use Treatment Devices**

- A. A water supplier may use a point-of-entry (POE) or point-of-use (POU) treatment technology to achieve compliance with a MCL or treatment technique if the water supplier meets the requirements of this Section.
- B. A public water system may use a POE or POU treatment device to achieve compliance with a MCL, if the treatment device:
1. Is not used to achieve compliance with an MCL or treatment technique for a microbial contaminant or an indicator for a microbial contaminant, in accordance with 42 U.S.C. 300g-1(b)(4)(E)(ii) (2007);
  2. Is listed in 40 CFR 141 as an acceptable compliance technology for the applicable contaminant;
  3. Is certified against the applicable NSF/ANSI Standards;
  4. Is owned, controlled and maintained by a public water system or by a person under contract with the public water system to ensure proper operation, maintenance, and compliance with MCLs or treatment techniques; and
  5. Is equipped with mechanical warnings to ensure that customers are automatically notified of recommended system maintenance and or operational problems. This performance indication device shall provide notice to the end user at a defined moment in time without shutting off the POE or POU device.
- C. Prior to installing a POE or POU treatment device, a public water system shall obtain the Department’s written approval of a POE or POU operation and maintenance (O & M) plan. A public water system shall submit an O & M plan to the Department that ensures proper long-term operation, maintenance, and monitoring of the POE or POU treatment devices. An O & M plan shall ensure that:
1. The POE or POU treatment device provides health protection equivalent to the health protection provided by centralized water treatment. “Equivalent” means that water treated by the POE or POU treatment device meets all national primary drinking water regulations.

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2. A residential building, or a nonresidential building that uses water for human consumption, that is connected to the public water system has a POE or POU treatment device that is installed, operated, maintained, and monitored in a manner that assures continuous compliance with the MCLs, treatment techniques, and other requirements of this Chapter.
3. Multi-unit residential and nonresidential buildings utilizing POU treatment devices to achieve compliance with this Chapter have a sufficient number of POU devices installed to provide adequate potable water for all residents, employees, and customers.
4. The rights and responsibilities of persons served by the public water system are conveyed with the title upon the sale of property containing a POU treatment device, including but not limited to the following:
  - a. The public water system owns and is responsible for maintaining a POU treatment device that is installed to meet the requirements of this Section; and
  - b. Persons served by public water systems must grant public water system employees reasonable access to POU treatment devices, so that the devices can be properly maintained. Public water systems may discontinue water service to a customer who refuses to allow public water system employees to enter the customer's home or business to inspect and maintain POU treatment devices.

**Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Amended effective June 3, 1998 (Supp. 98-3). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Section R18-4-218 repealed; new Section renumbered from R18-4-222 and amended by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-219. Exclusions**

- A. A water supplier may request an exclusion from any requirement contained in this Chapter if such requirement is not also a requirement contained in a federal drinking water law. The Department shall consider the application of a water supplier for an exclusion from compliance with portions of this Chapter if the water supplier satisfactorily demonstrates that:
  1. The request is not for a requirement that could be the subject of a variance or exemption under R18-4-103;
  2. The request is not for requirements relating to turbidity, nitrate, or microbiological contaminants; and
  3. The exclusion will not result in unreasonable risk to public health.
- B. An application for an exclusion shall contain the following information:
  1. The nature and duration of the exclusion requested,
  2. Analytical results of water quality sampling of the water system including tests conducted as required by this Chapter,
  3. An explanation and submittal of evidence that the exclusion will not result in an unreasonable risk to public health, and
  4. Other information that the applicant believes to be pertinent or that the Department requires.
- C. The Department shall take the following action on the application:
  1. If the Department grants the request for an exclusion, it shall notify the applicant of that decision in writing

within 90 days of receipt of the application. Such notice shall identify the facility covered, the conditions and requirements of the exclusion, including control measures, and that the exclusion may be terminated upon a finding that the water system has failed to comply with any conditions or requirements of the exclusion.

2. If the Department determines that an exclusion is not justified, it shall notify the applicant of the intention of denial within 90 days of receipt of the application, indicating the reasons for the proposed denial, and shall offer the applicant an opportunity to submit additional information to the Department within 30 days of the notice of intention to deny application. The Department shall make a final determination and notify the applicant within 30 days after receiving such additional information. If no additional information is submitted, the application shall be denied.
- D. In addition to reviewing a request submitted by a water supplier, the Department may, on its own initiative, grant exclusions to water systems, either individually or on a group basis, if the exclusions meet criteria prescribed in subsection (A).

**Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Amended effective June 3, 1998 (Supp. 98-3). Amended effective December 8, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Section R18-4-219 repealed; new Section renumbered from R18-4-112 and amended by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-220. Repealed****Historical Note**

Adopted effective May 26, 1978 (Supp. 78-3). Amended effective August 7, 1979 (Supp. 79-4). Amended effective January 6, 1984 (Supp. 84-1). Former Section R9-8-220 renumbered without change as Section R18-4-220 (Supp. 87-3). Section repealed effective June 30, 1989 (Supp. 89-2). New Section adopted effective August 8, 1991 (Supp. 91-3). Section repealed, new Section adopted April 28, 1995 (Supp. 95-2). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 3046, effective May 1, 2002 (Supp. 02-3). Section R18-4-220 repealed by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-221. Renumbered****Historical Note**

Former Section R9-8-221 repealed, new Section R9-8-221 adopted effective May 26, 1978 (Supp. 78-3). Correction, subsection (D), paragraph (2), subparagraph (b), drinking water standard for silvex, should read 0.01 mg/l as amended effective May 26, 1978 (Supp. 82-3). Amended subsection (D) effective November 2, 1982 (Supp. 82-6). Amended effective January 6, 1984 (Supp. 84-1). Former Section R9-8-221 renumbered without change as Section R18-4-221 (Supp. 87-3). Amended and new subsections (F) and (G) added effective June 30, 1989 (Supp. 89-2). Section repealed, new Section adopted effective August 8, 1991 (Supp. 91-3). Section repealed, new Section adopted effective April 28, 1995 (Supp. 95-2). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Section

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R18-4-221 renumbered to R18-4-217 by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-222. Renumbered****Historical Note**

Former Section R9-8-222 repealed, new Section R9-8-222 adopted effective May 26, 1978 (Supp. 78-3). Amended effective January 6, 1984 (Supp. 84-1). Former Section R9-8-222 renumbered without change as Section R18-4-222 (Supp. 87-3). Amended and new subsections (C) and (D) added effective June 30, 1989 (Supp. 89-2). Section repealed, new Section adopted effective August 8, 1991 (Supp. 91-3). Section repealed, new Section adopted effective April 28, 1995 (Supp. 95-2). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Section R18-4-222 renumbered to R18-4-218 by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-223. Use of Bottled Water**

- A. A public water system may use bottled water on a temporary basis to avoid an unreasonable risk to health. A public water system shall not use bottled water to achieve compliance with a MCL.
- B. If a public water system uses bottled water to avoid an unreasonable risk to health, the public water system is responsible for the provision of sufficient quantities of bottled water to every person served by the public water system via door-to-door bottled water delivery.
- C. A public water system that uses bottled water as a condition for receiving a variance or an exemption shall comply with the following:
  1. The public water system shall develop and put in place a monitoring program approved by the Department that provides reasonable assurances that the bottled water meets applicable MCLs. The public water system shall monitor a representative sample of the bottled water to determine compliance with applicable MCLs during the first three-month period that it supplies the bottled water to the public and annually thereafter. Results of the bottled water monitoring program shall be provided to the Department annually; or
  2. The public water system shall receive a certification from the bottled water company that the bottled water supplied has been taken from an "approved source" as defined in 21 CFR 129.3(a); the bottled water company has conducted monitoring in accordance with 21 CFR 129.80(g)(1) through (3); and the bottled water does not exceed any MCLs or quality limits as set out in 21 CFR 165.110, 21 CFR 110, and 21 CFR 129. The public water system shall provide the certification to the Department in the first quarter after it supplies bottled water and annually thereafter. The Department may waive the certification requirements prescribed in this subsection if an approved monitoring program is already in place in another state; and
  3. The public water system is fully responsible for the provision of sufficient quantities of bottled water to every person served by the public water system via door-to-door bottled water delivery.

**Historical Note**

Former Section R9-8-223 repealed, new Section R9-8-223 adopted effective May 26, 1978 (Supp. 78-3).

Amended effective August 7, 1979 (Supp. 79-4). Amended subsection (D), paragraph (4) effective November 2, 1982 (Supp. 82-6). Amended effective January 6, 1984 (Supp. 84-1). Former Section R9-8-223 renumbered without change as Section R18-4-223 (Supp. 87-3). Amended and a new subsection (F) added effective June 30, 1989 (Supp. 89-2). Section repealed, new Section adopted effective August 8, 1991 (Supp. 91-3). Section repealed, new Section adopted effective April 28, 1995 (Supp. 95-2). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1).

**R18-4-224. Renumbered****Historical Note**

Former Section R9-224 repealed, new Section R9-8-224 adopted effective May 26, 1978 (Supp. 78-3). Amended effective January 6, 1984 (Supp. 84-1). Former Section R9-8-224 renumbered without change as Section R18-4-224 (Supp. 87-3). Amended effective June 30, 1989 (Supp. 89-2). Former Section R18-4-224 repealed effective August 8, 1991 (Supp. 91-3). New Section adopted effective December 8, 1998 (Supp. 98-4). Amended by final rulemaking at 7 A.A.R. 5067, effective October 16, 2001 (Supp. 01-4). Section R18-4-224 renumbered to R18-4-301 by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-225. Renumbered****Historical Note**

Adopted effective May 26, 1978 (Supp. 78-3). Former Section R9-8-225 renumbered without change as Section R18-4-225 (Supp. 87-3). Former Section R18-4-224 repealed effective August 8, 1991 (Supp. 91-3). New Section adopted effective December 8, 1998 (Supp. 98-4). Amended by final rulemaking at 7 A.A.R. 5067, effective October 16, 2001 (Supp. 01-4). Section R18-4-225 renumbered to R18-4-304 by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-226. Renumbered****Historical Note**

Adopted effective May 26, 1978 (Supp. 78-3). Amended effective August 7, 1979 (Supp. 79-4). Amended subsection (B) effective January 6, 1984 (Supp. 84-1). Former Section R9-8-226 renumbered without change as Section R18-4-226 (Supp. 87-3). Amended effective June 30, 1989 (Supp. 89-2). Former Section R18-4-224 repealed effective August 8, 1991 (Supp. 91-3). New Section adopted effective December 8, 1998 (Supp. 98-4). Amended by final rulemaking at 7 A.A.R. 5067, effective October 16, 2001 (Supp. 01-4). Section R18-4-226 renumbered to R18-4-305 by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-227. Repealed****Historical Note**

Adopted effective May 26, 1978 (Supp. 78-3). Amended effective January 6, 1984 (Supp. 84-1). Former Section R9-3-227 renumbered without change as Section R18-4-227 (Supp. 87-3). Amended effective June 30, 1989 (Supp. 89-2). Former Section R18-4-224 repealed effective August 8, 1991 (Supp. 91-3).

**R18-4-228. Repealed**



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**Historical Note**

Adopted effective June 30, 1989 (Supp. 89-2). Former Section R18-4-224 repealed effective August 8, 1991 (Supp. 91-3).

**R18-4-229. Repealed****Historical Note**

Adopted effective June 30, 1989 (Supp. 89-2). Former Section R18-4-224 repealed effective August 8, 1991 (Supp. 91-3).

**R18-4-230. Repealed****Historical Note**

Adopted effective May 26, 1978 (Supp. 78-3). Former Section R9-8-230 renumbered without change as Section R18-4-230 (Supp. 87-3). Amended effective June 30, 1989 (Supp. 89-2). Section repealed, new Section adopted effective August 8, 1991 (Supp. 91-3). Repealed effective April 28, 1995 (Supp. 95-2).

**R18-4-231. Repealed****Historical Note**

Former Section R9-8-231 repealed, new Section R9-8-231 adopted effective May 26, 1978 (Supp. 78-3). Former Section R9-8-231 renumbered without change as Section R18-4-231 (Supp. 87-3). Amended effective June 30, 1989 (Supp. 89-2). Section repealed, new Section adopted effective August 8, 1991 (Supp. 91-3). Repealed effective April 28, 1995 (Supp. 95-2).

**R18-4-232. Repealed****Historical Note**

Former Section R9-8-232 repealed, new Section R9-8-232 adopted effective May 26, 1978 (Supp. 78-3). Amended effective January 6, 1984 (Supp. 84-1). Former Section R9-8-232 renumbered without change as Section R18-4-232 (Supp. 87-3). Amended effective June 30, 1989 (Supp. 89-2). Section repealed, new Section adopted effective August 8, 1991 (Supp. 91-3). Repealed effective April 28, 1995 (Supp. 95-2).

**R18-4-233. Repealed****Historical Note**

Former Section R9-8-233 repealed, new Section R9-8-232 adopted effective May 26, 1978 (Supp. 78-3). Former Section R9-8-233 renumbered without change as Section R18-4-233 (Supp. 87-3). Section repealed, new Section adopted effective August 8, 1991 (Supp. 91-3). Repealed effective April 28, 1995 (Supp. 95-2).

**R18-4-234. Repealed****Historical Note**

Former Section R9-8-234 repealed, new Section R9-8-234 adopted effective May 26, 1978 (Supp. 78-3). Amended effective Feb. 20, 1980 (Supp. 80-1). Amended effective January 6, 1984 (Supp. 84-1). Former Section R9-8-234 renumbered without change as Section R18-4-234 (Supp. 87-3). Amended effective June 30, 1989 (Supp. 89-2). Section repealed, new Section adopted effective August 8, 1991 (Supp. 91-3). Repealed effective April 28, 1995 (Supp. 95-2).

**R18-4-235. Repealed****Historical Note**

Adopted effective January 6, 1984 (Supp. 84-1). Former Section R9-8-235 renumbered without change as Section R18-4-235 (Supp. 87-3). Section repealed, new Section adopted effective August 8, 1991 (Supp. 91-3). Repealed effective April 28, 1995 (Supp. 95-2).

**R18-4-236. Repealed****Historical Note**

Adopted effective January 6, 1984 (Supp. 84-1). Former Section R9-8-236 renumbered without change as Section R18-4-236 (Supp. 87-3). Amended effective June 30, 1989 (Supp. 89-2). Section repealed, new Section adopted effective August 8, 1991 (Supp. 91-3). Repealed effective April 28, 1995 (Supp. 95-2).

**R18-4-237. Repealed****Historical Note**

Adopted effective June 30, 1989 (Supp. 89-2). Section repealed, new Section adopted effective August 8, 1991 (Supp. 91-3). Repealed effective April 28, 1995 (Supp. 95-2).

**R18-4-238. Repealed****Historical Note**

Adopted effective August 8, 1991 (Supp. 91-3). Repealed effective April 28, 1995 (Supp. 95-2).

**R18-4-239. Repealed****Historical Note**

Adopted effective August 8, 1991 (Supp. 91-3). Repealed effective April 28, 1995 (Supp. 95-2).

**R18-4-240. Repealed****Historical Note**

Adopted effective August 8, 1991 (Supp. 91-3). Repealed effective April 28, 1995 (Supp. 95-2).

**R18-4-241. Repealed****Historical Note**

Adopted effective August 8, 1991 (Supp. 91-3). Repealed effective April 28, 1995 (Supp. 95-2).

**R18-4-242. Repealed****Historical Note**

Adopted effective August 8, 1991 (Supp. 91-3). Repealed effective April 28, 1995 (Supp. 95-2).

**R18-4-243. Repealed****Historical Note**

Adopted effective August 8, 1991 (Supp. 91-3). Repealed effective April 28, 1995 (Supp. 95-2).

**R18-4-244. Repealed****Historical Note**

Adopted effective August 8, 1991 (Supp. 91-3). Repealed effective April 28, 1995 (Supp. 95-2).

**R18-4-245. Repealed****Historical Note**

Adopted effective August 8, 1991 (Supp. 91-3). Repealed effective April 28, 1995 (Supp. 95-2).

**R18-4-246. Repealed**

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**Historical Note**

Adopted effective August 8, 1991 (Supp. 91-3). Repealed effective April 28, 1995 (Supp. 95-2).

**R18-4-247. Repealed****Historical Note**

Adopted effective August 8, 1991 (Supp. 91-3). Repealed effective April 28, 1995 (Supp. 95-2).

**R18-4-248. Repealed****Historical Note**

Adopted effective August 8, 1991 (Supp. 91-3). Repealed effective April 28, 1995 (Supp. 95-2).

**R18-4-249. Repealed****Historical Note**

Adopted effective August 8, 1991 (Supp. 91-3). Repealed effective April 28, 1995 (Supp. 95-2).

**R18-4-250. Repealed****Historical Note**

Former Section R9-8-250 repealed, new Section R9-8-250 adopted effective May 26, 1978 (Supp. 78-3). Former Section R9-8-250 renumbered without change as Section R18-4-250 (Supp. 87-3). Amended effective June 30, 1989 (Supp. 89-2). Section repealed, new Section adopted effective August 8, 1991 (Supp. 91-3). Repealed effective April 28, 1995 (Supp. 95-2).

**R18-4-251. Repealed****Historical Note**

Former Section R9-8-250 repealed, new Section R9-8-251 adopted effective May 26, 1978 (Supp. 78-3). Amended effective August 7, 1979 (Supp. 79-4). Amended by adding subsection (B) effective November 2, 1982 (Supp. 82-6). Former Section R9-8-251 renumbered without change as Section R18-4-251 (Supp. 87-3). Amended effective June 30, 1989 (Supp. 89-2). Repealed effective August 8, 1991 (Supp. 91-3). Repealed effective April 28, 1995 (Supp. 95-2).

**R18-4-252. Repealed****Historical Note**

Former Section R9-8-252 repealed, new Section R9-8-252 adopted effective May 26, 1978 (Supp. 78-3). Amended effective August 7, 1979 (Supp. 79-4). Amended subsection (A) effective January 6, 1984 (Supp. 84-1). Former Section R9-8-252 renumbered without change as Section R18-4-252 (Supp. 87-3). Amended by adding a new subsection (C) effective June 30, 1989 (Supp. 89-2). Repealed effective August 8, 1991 (Supp. 91-3).

**R18-4-253. Repealed****Historical Note**

Former Section R9-8-253 repealed, new Section R9-8-253 adopted effective May 26, 1978 (Supp. 78-3). Amended effective August 7, 1979 (Supp. 79-4). Amended subsection (A) and deleted subsection (B) effective January 6, 1984 (Supp. 84-1). Former Section R9-8-253 renumbered without change as Section R18-4-253 (Supp. 87-3). Repealed effective August 8, 1991 (Supp. 91-3).

**R18-4-254. Reserved****R18-4-255. Reserved****R18-4-256. Reserved****R18-4-257. Reserved****R18-4-258. Reserved****R18-4-259. Reserved****R18-4-260. Repealed****Historical Note**

Adopted effective May 26, 1978 (Supp. 78-3). Former Section R9-8-260 renumbered without change as Section R18-4-260 (Supp. 87-3). Amended effective June 30, 1989 (Supp. 89-2). Repealed effective April 28, 1995 (Supp. 95-2).

**R18-4-261. Repealed****Historical Note**

Adopted effective May 26, 1978 (Supp. 78-3). Former Section R9-8-261 renumbered without change as Section R18-4-261 (Supp. 87-3). Amended effective June 30, 1989 (Supp. 89-2). Repealed effective April 28, 1995 (Supp. 95-2).

**R18-4-262. Repealed****Historical Note**

Adopted effective May 26, 1978 (Supp. 78-3). Former Section R9-8-262 renumbered without change as Section R18-4-262 (Supp. 87-3). Repealed effective April 28, 1995 (Supp. 95-2).

**R18-4-263. Repealed****Historical Note**

Adopted effective May 26, 1978 (Supp. 78-3). Amended effective January 6, 1984 (Supp. 84-1). Former Section R9-8-263 renumbered without change as Section R18-4-263 (Supp. 87-3). Section repealed, new Section adopted effective August 8, 1991 (Supp. 91-3). Repealed effective April 28, 1995 (Supp. 95-2).

**R18-4-264. Repealed****Historical Note**

Adopted effective May 26, 1978 (Supp. 78-3). Amended subsection (B) effective January 6, 1984 (Supp. 84-1). Former Section R9-8-264 renumbered without change as Section R18-4-264 (Supp. 87-3). Repealed effective June 30, 1989 (Supp. 89-2). New Section adopted effective August 8, 1991 (Supp. 91-3). Repealed effective April 28, 1995 (Supp. 95-2).

**R18-4-265. Repealed****Historical Note**

Adopted effective May 26, 1978 (Supp. 78-3). Amended effective January 6, 1984 (Supp. 84-1). Former Section R9-8-265 renumbered without change as Section R18-4-265 (Supp. 87-3). Amended subsections (B) and (C) effective June 30, 1989 (Supp. 89-2). Section repealed, new Section adopted effective August 8, 1991 (Supp. 91-3). Repealed effective April 28, 1995 (Supp. 95-2).

**R18-4-266. Repealed****Historical Note**

Adopted effective May 26, 1978 (Supp. 78-3). Former Section R9-8-266 renumbered without change as Section

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R18-4-266 (Supp. 87-3). Amended subsection (A) effective June 30, 1989 (Supp. 89-2). Section repealed, new Section adopted effective August 8, 1991 (Supp. 91-3). Repealed effective April 28, 1995 (Supp. 95-2).

**R18-4-267. Repealed****Historical Note**

Adopted effective May 26, 1978 (Supp. 78-3). Amended effective August 7, 1979 (Supp. 79-4). Amended effective January 6, 1984 (Supp. 84-1). Former Section R9-8-267 renumbered without change as Section R18-4-267 (Supp. 87-3). Amended effective June 30, 1989 (Supp. 89-2). Section repealed, new Section adopted effective August 8, 1991 (Supp. 91-3). Repealed effective April 28, 1995 (Supp. 95-2).

**R18-4-268. Repealed****Historical Note**

Adopted effective May 26, 1978 (Supp. 78-3). Amended effective January 6, 1984 (Supp. 84-1). Former Section R9-8-268 renumbered without change as Section R18-4-268 (Supp. 87-3). Amended effective June 30, 1989 (Supp. 89-2). Section repealed, new Section adopted effective August 8, 1991 (Supp. 91-3). Repealed effective April 28, 1995 (Supp. 95-2).

**R18-4-269. Repealed****Historical Note**

Adopted effective May 26, 1978 (Supp. 78-3). Former Section R9-8-269 renumbered without change as Section R18-4-269 (Supp. 87-3). Amended subsection (A) effective June 30, 1989 (Supp. 89-2). Section repealed, new Section adopted effective August 8, 1991 (Supp. 91-3). Repealed effective April 28, 1995 (Supp. 95-2).

**R18-4-270. Repealed****Historical Note**

Adopted effective May 26, 1978 (Supp. 78-3). Former Section R9-8-270 renumbered without change as Section R18-4-270 (Supp. 87-3). Repealed effective June 30, 1989 (Supp. 89-2). New Section adopted effective August 8, 1991 (Supp. 91-3). Repealed effective April 28, 1995 (Supp. 95-2).

**R18-4-271. Repealed****Historical Note**

Adopted effective May 26, 1978 (Supp. 78-3). Former Section R9-8-271 renumbered without change as Section R18-4-271 (Supp. 87-3). Amended effective June 30, 1989 (Supp. 89-2). Section repealed, new Section adopted effective August 8, 1991 (Supp. 91-3). Repealed effective April 28, 1995 (Supp. 95-2).

**R18-4-272. Repealed****Historical Note**

Adopted effective May 26, 1978 (Supp. 78-3). Amended subsections (A) and (D) effective January 6, 1984 (Supp. 84-1). Former Section R9-8-272 renumbered without change as Section R18-4-272 (Supp. 87-3). Amended effective June 30, 1989 (Supp. 89-2). Section repealed, new Section adopted effective August 8, 1991 (Supp. 91-3). Repealed effective April 28, 1995 (Supp. 95-2).

**R18-4-273. Repealed****Historical Note**

Adopted effective May 26, 1978 (Supp. 78-3). Amended effective August 7, 1979 (Supp. 79-4). Amended effective January 6, 1984 (Supp. 84-1). Former Section R9-8-273 renumbered without change as Section R18-4-273 (Supp. 87-3). Amended effective June 30, 1989 (Supp. 89-2). Section repealed, new Section adopted effective August 8, 1991 (Supp. 91-3). Repealed effective April 28, 1995 (Supp. 95-2).

**R18-4-274. Reserved****R18-4-275. Reserved****R18-4-276. Reserved****R18-4-277. Reserved****R18-4-278. Reserved****R18-4-279. Reserved****R18-4-280. Repealed****Historical Note**

Adopted effective August 8, 1991 (Supp. 91-3). Repealed effective April 28, 1995 (Supp. 95-2).

**R18-4-281. Repealed****Historical Note**

Adopted effective August 8, 1991 (Supp. 91-3). Repealed effective April 28, 1995 (Supp. 95-2).

**R18-4-282. Repealed****Historical Note**

Adopted effective August 8, 1991 (Supp. 91-3). Repealed effective April 28, 1995 (Supp. 95-2).

**R18-4-283. Reserved****R18-4-284. Reserved****R18-4-285. Reserved****R18-4-286. Reserved****R18-4-287. Reserved****R18-4-288. Reserved****R18-4-289. Reserved****R18-4-290. Repealed****Historical Note**

Adopted effective May 26, 1978 (Supp. 78-3). Former Section R9-8-290 renumbered without change as Section R18-4-290 (Supp. 87-3). Amended effective June 30, 1989 (Supp. 89-2). Section repealed, new Section adopted effective August 8, 1991 (Supp. 91-3). Repealed effective April 28, 1995 (Supp. 95-2).

**Appendix 1. Repealed****Historical Note**

Amended effective January 6, 1984 (Supp. 84-1). Amended effective June 30, 1989 (Supp. 89-2). Repealed effective August 8, 1991 (Supp. 91-3).

**Appendix 2. Repealed****Historical Note**

Amended effective January 6, 1984 (Supp. 84-1). Amended effective June 30, 1989 (Supp. 89-2). Repealed effective August 8, 1991 (Supp. 91-3).

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**Appendix 3. Repealed****Historical Note**

Amended effective January 6, 1984 (Supp. 84-1).  
Amended effective June 30, 1989 (Supp. 89-2). Repealed effective August 8, 1991 (Supp. 91-3).

**Appendix 4. Repealed****Historical Note**

Former Appendix 4 repealed, new Appendix 4 adopted effective January 6, 1984 (Supp. 84-1). Amended effective June 30, 1989 (Supp. 89-2). Repealed effective August 8, 1991 (Supp. 91-3).

**Appendix 5. Repealed****Historical Note**

Former Appendix 5 renumbered as Appendix 6, new Appendix 5 adopted effective November 2, 1982 (Supp. 82-6). Amended effective June 30, 1989 (Supp. 89-2). Repealed effective August 8, 1991 (Supp. 91-3).

**Appendix 6. Repealed****Historical Note**

Former Appendix 5 renumbered as Appendix 6 effective November 2, 1982 (Supp. 82-6). Former Appendix 6 repealed, new Appendix 6 adopted effective January 6, 1984 (Supp. 84-1). Amended effective June 30, 1989 (Supp. 89-2). Repealed effective August 8, 1991 (Supp. 91-3).

**Appendix 7. Repealed****Historical Note**

Adopted effective June 30, 1989 (Supp. 89-2). Repealed effective August 8, 1991 (Supp. 91-3).

**ARTICLE 3. MONITORING ASSISTANCE PROGRAM****R18-4-301. Definitions and Applicability****A. Definitions.** The following definitions apply for purposes of this Article:

1. "Annual operation costs" means the mean annual average baseline monitoring assistance program operation costs of the three preceding calendar years.
2. "Baseline monitoring" means initial, routine, and reduced monitoring for contaminants included in the monitoring assistance program, which, at a minimum, include those categories of contaminants listed in A.R.S. § 49-360(A)(1) through (A)(4), which are:
  - a. Volatile organic chemicals,
  - b. Synthetic organic chemicals,
  - c. Inorganic chemicals except for copper and lead,
  - d. Radiochemicals.
 Baseline monitoring does not include the quarterly monitoring required for the life of the system as a condition of treatment approval under Title 18, Chapter 5, Article 5.
3. "Compliance period" means a full calendar year.
4. "Triggered monitoring" means increased monitoring required by this Chapter when the results of baseline monitoring indicate the presence of a contaminant at a level that requires increased monitoring by a participating public water system. Triggered monitoring does not include quarterly monitoring required for the life of a system as a condition of treatment approval under Title 18, Chapter 5, Article 5.

5. "Triggered monitoring assistance program" means the subpart of the monitoring assistance program that allows the Department to conduct triggered monitoring for those public water systems that are already participating in the monitoring assistance program for baseline monitoring.
- B.** Mandatory baseline monitoring participation. Except as allowed by subsection (D), a community or non-transient, non-community public water system that serves 10,000 or fewer persons shall participate in the monitoring assistance program for baseline monitoring. Within 60 days after receiving notice of participation in the monitoring assistance program from the Department, a public water system that determines that it serves more than 10,000 persons shall substantiate its determination by submitting evidence-based documentation to the Department.
- C.** Voluntary baseline monitoring participation. A public water system that is not obligated to participate in the baseline monitoring assistance program may elect to participate in the baseline monitoring assistance program subject to subsections (1) through (3). Upon payment of the required fees, the public water system's participation shall begin at the start of the next full calendar year of a compliance period.
  1. The owner of the public water system must:
    - a. Request permission from the Department to participate in the baseline monitoring assistance program, on a form provided by the Department,
    - b. Agree to participate in the baseline monitoring assistance program for a minimum of three years,
    - c. Pay the fees required by R18-4-304,
    - d. Provide information regarding the number of service connections and entry points to the distribution system, and
    - e. Agree to MAP programmatic procedures, such as agreeing to allow the contractor on-site and timely payment of fees; and
  2. The Department determines, in its discretion, that the system is likely not a financial or administrative burden to the program, thereby approving the system for participation in MAP.
  3. However, if a voluntary MAP participant poses a financial or administrative burden to the program, as determined by the Department, the Department may deny or revoke approval to participate. For existing participants, revocation is effective upon the start of the calendar quarter following the Department's written notification to the system. The system may participate in MAP at a later date, subject to a new participation request and Department approval pursuant to this subsection.
- D.** Monitoring Assistance Program Opt-out Applicability and Procedures for Department of Defense Public Water Systems.
  1. Public water systems owned and operated by the U.S. Department of Defense (DoD) may conditionally opt out of the Monitoring Assistance Program in a form and manner prescribed by ADEQ.
  2. A DoD owned and operated facility that meets Monitoring Assistance Program applicability thresholds in A.R.S. § 49-360 and has previously opted out of the program may opt in to the program at any time.
  3. Notwithstanding subsection (D)(1), ADEQ may require a DoD public water system to participate in the Monitoring Assistance Program if the Department determines that the DoD public water system has compliance deficiencies that pose a significant risk to any person, the public health, safety, or welfare, or the environment. ADEQ may

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require a DoD public water system to become a participant of the Monitoring Assistance Program either temporarily or indefinitely, based upon the gravity of the deficiency or deficiencies and upon the deviation of the deficiency or deficiencies from required standards.

**Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Amended by final rulemaking at 8 A.A.R. 3046, effective May 1, 2002 (Supp. 02-3). Section R18-4-301 repealed; new Section renumbered from R18-4-224 and amended by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3). Amended by final rulemaking at 31 A.A.R. 4179 (October 31, 2025), effective December 7, 2025 (Supp. 25-4).

**R18-4-301.01. Renumbered****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 1686, effective April 19, 1999 (Supp. 99-2). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Section R18-4-301.01 renumbered to R18-4-212 by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**Table 1. Renumbered****Historical Note**

New Table made by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Table 1 following R18-4-301.01 renumbered to R18-4-212, Table 1 by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-301.02. Repealed****Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3046, effective May 1, 2002 (Supp. 02-3). Section R18-4-301.02 and Tables 1 and 2 repealed by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-302. Contractor Responsibilities**

- A. Under the monitoring assistance program, a contractor is authorized to collect, transport, analyze, and report water samples on behalf of a participating public water system.
- B. A contractor or a party designated by a contractor to conduct baseline monitoring shall conduct baseline monitoring for all contaminants for which the system is required to monitor under this Chapter, except for copper, lead, disinfection byproducts, and contaminants monitored under any Surface Water Treatment Rule, such as turbidity, and microbiological contaminants, which all remain the responsibility of the public water system.
- C. A contractor or a party designated by a contractor to conduct triggered monitoring shall conduct triggered monitoring as required pursuant to this Article and the Department's contractual agreement with the contractor.
- D. A contractor shall deliver electronic copies of monitoring analysis results to the public water system and to the Department according to the method established in the contract.

**Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Amended effective June 3, 1998 (Supp. 98-3). Amended by final rulemaking at 8 A.A.R. 3046, effective May 1, 2002 (Supp. 02-3). Section R18-4-302 repealed; new Section

made by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3). Amended by final rulemaking at 31 A.A.R. 4179 (October 31, 2025), effective December 7, 2025 (Supp. 25-4).

**R18-4-303. Public Water System Responsibilities**

- A. Although a contractor performs baseline monitoring when a public water system participates in the monitoring assistance program, the public water system remains legally responsible for compliance with all requirements of this Chapter.
- B. The legal owner of a public water system participating in the monitoring assistance program shall notify the Department by July 1 of each year of:
  1. The legal owner's name, current mailing address, and phone number;
  2. The population currently served by the public water system;
  3. The public water system identification number;
  4. The number of meters and service connections currently in the public water system;
  5. The name, email, and phone number of the current administrative contact; and
  6. The name, email, and phone number of the current operator in direct responsible charge, as defined in Title 18, Chapter 5, Article 1.
- C. A public water system that participates in the monitoring assistance program shall not deny a contractor access to or restrict a contractor's access to the public water system or prevent a contractor from collecting a sample covered under the monitoring assistance program.

**Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Amended effective June 3, 1998 (Supp. 98-3). Amended by final rulemaking at 8 A.A.R. 3046, effective May 1, 2002 (Supp. 02-3). Section R18-4-303 repealed; new Section made by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3). Amended by final rulemaking at 31 A.A.R. 4179 (October 31, 2025), effective December 7, 2025 (Supp. 25-4).

**R18-4-304. Fees for the Monitoring Assistance Program and Triggered Monitoring Participation**

- A. Baseline monitoring fees. The Department shall assess, and a public water system participating in the baseline monitoring assistance program shall pay, the following annual fees, subject to adjustments referenced in subsection (B):
  1. An annual fee of \$447, and
  2. A unit fee of \$4.60 per meter or service connection.
- B. Baseline monitoring fund surplus credit process. If the monitoring assistance fund has a surplus after execution of the previous year's contract, any surplus above annual operation costs of the baseline monitoring assistance program shall be used to reduce future annual fees for public water systems that paid baseline monitoring annual fees in the previous compliance period, in a manner consistent with the program invoicing system and A.R.S. § 49-360(G). In the first compliance period that a public water system participates in the baseline monitoring assistance program, the public water system shall pay the full amount of annual fees due under this Section, and is not entitled to a fee reduction resulting from a surplus in the monitoring assistance fund from a prior compliance period. Triggered monitoring fees are not considered part of the annual operation costs of the mandatory baseline monitoring assistance program. ADEQ shall account and reconcile triggered

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monitoring fees separately from baseline monitoring fees in the monitoring assistance fund.

- C. Baseline monitoring eligibility change impacts on participation cessation and fees. If a public water system serving 10,000 or fewer persons at the beginning of a compliance period increases service during the compliance period so that the public water system serves more than 10,000 persons annually, the public water system may elect to cease participation in the baseline monitoring assistance program under the following conditions:

1. If the monitoring assistance program has already conducted monitoring for the public water system during the compliance period, the public water system shall remain in the monitoring assistance program, and pay annual fees, for the remainder of the compliance period. Upon conclusion of the compliance period, said public water system may conditionally elect to continue to be a part of the monitoring assistance program, subject to the approval, or re-approval, required by the voluntary participation requirements in R18-4-301(C).
2. If the monitoring assistance program has not conducted monitoring for the public water system during the compliance period, the public water system may cease participating in the monitoring assistance program, and if so, the Department shall refund any monitoring fees paid by the public water system during the compliance period.

- D. Triggered monitoring participation and cessation.

1. Only a public water system that participates in the baseline monitoring assistance program may elect to participate in the triggered monitoring assistance program.
2. A qualifying public water system may elect to participate in the triggered monitoring assistance program by notifying the Department on a form provided by the Department.
3. A triggered monitoring program system participant shall continue to be part of the triggered monitoring assistance program until one or more of the following applies:
  - a. Triggered monitoring is no longer required,
  - b. The public water system opts out of the program via notice in writing to the Department, on a form provided by the Department,
  - c. The Department removes the public water system from participation in the program for nonpayment under R18-4-305(F), or
  - d. The Department removes the public water system from participation in triggered and or voluntary

baseline monitoring because the public water system likely poses a financial or administrative burden to the program, as set forth in R18-4-301(C)(2).

4. A public water system may opt out of the triggered monitoring assistance program, unless the public water system participates in the program as a condition of an administrative or judicial order, in which case the terms of the administrative or judicial order apply.

- E. Triggered monitoring fees.

1. If a public water system elects to allow, on a case-by-case basis, the Department to conduct triggered increased monitoring, then prior to sampling the public water system shall agree to pay the invoiced fees on a form provided by the director, which are based on the maximum fees listed in Table 1.
2. The Department shall only charge triggered monitoring fees up to the actual costs to the agency for the specific services provided, including necessary administrative cost fees.
3. The Department may refuse to continue triggered increased monitoring if the public water system has not paid the fees in subsection (E)(1) of this section.

- F. Triggered monitoring Consumer Price Index (CPI) annual adjustment. The Department shall adjust all max triggered monitoring assistance program fees identified in subsection (E), including Table 1, every December, to the nearest dollar, by multiplying each of the fees by the Consumer Price Index (CPI) for the most recent year, and then dividing by the CPI for the year 2023. The CPI for any year is the average of the Consumer Price Index for All Urban Consumers, Phoenix-Mesa- Chandler, AZ Metropolitan Statistical Area, all items published by the United States Department of Labor, as of the close of the 12-month period ending in October of that year. The Department shall publish the CPI adjusted fees each year via either:

1. The Department's website, or
2. A Notice of Public Information published in the *Arizona Administrative Register*.

**Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Section R18-4-304 repealed; new Section renumbered from R18-4-225 and amended by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3). Amended by final rulemaking at 31 A.A.R. 4179 (October 31, 2025), effective December 7, 2025 (Supp. 25-4).

**Table 1. Table of Maximum Fees for the Triggered Monitoring Assistance Program**

Triggered Monitoring Contaminant or Contaminant Category Regulated under this Chapter	Max Fee Per Triggered Monitoring Contaminant, Contaminant Category*, or Separate Sampling Trip
One sample of Radionuclides (RADs)*	\$580.00
One sample of VOCs*	\$290.00
One sample of IOCs (regulated)*	\$551.00
One sample of PFAS (regulated)*	\$845.00
One sample of SOCs (regulated)*	\$1,155.00
Sampling trip to a water system	\$150.00

Footnote: \* Includes one sampling trip and administrative fees

**Historical Note**

Table 1 made by final rulemaking at 31 A.A.R. 4179 (October 31, 2025), effective December 7, 2025 (Supp. 25-4).

**R18-4-305. Collection and Payment of Fees**

- A. The Department shall annually mail, or email, an invoice for fees to the legal owner of a public water system participating in the monitoring assistance program. The owner of the public

water system shall pay the invoiced amount to the Department, at the address listed on the invoice, by the due date indicated on the invoice.

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- B. The Department shall make refunds or billing corrections if a public water system demonstrates an error in the amount billed. The owner of a public water system shall send a written request for a refund or correction to the Department, at the address on the invoice, within 90 days of the invoice date.
- C. The Department may verify the number of meters and service connections of a participating public water system.
- D. The Department shall not waive applicable fees prescribed by R18-4-304.
- E. The owner of a public water system that fails to pay fees assessed by the Department in a timely manner shall be subject to the penalties listed in A.R.S. § 49-354. Failure to notify the Department of the owner's current mailing address or electronic contact information does not relieve the owner of a public water system from liability for penalties.
- F. ADEQ may refuse to conduct voluntary baseline or triggered monitoring, or to provide other assistance, to public water systems that are in arrears in paying monitoring assistance program fees.

**Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Section R18-4-305 renumbered to R18-4-306 by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). New Section R18-4-305 renumbered from R18-4-226 and amended by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3). Amended by final rulemaking at 31 A.A.R. 4179 (October 31, 2025), effective December 7, 2025 (Supp. 25-4).

**R18-4-306. Repealed****Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Former Section R18-4-306 repealed; new Section R18-4-306 renumbered from R18-4-305 and amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Repealed by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-307. Repealed****Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Amended effective June 3, 1998 (Supp. 98-3). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Repealed by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-308. Repealed****Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Repealed by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-309. Repealed****Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Repealed by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-310. Repealed****Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Amended effective June 3, 1998 (Supp. 98-3). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Repealed by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-311. Repealed****Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Amended effective June 3, 1998 (Supp. 98-3). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Repealed by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-312. Repealed****Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Repealed by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-313. Repealed****Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Repealed by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-314. Repealed****Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Amended effective June 3, 1998 (Supp. 98-3). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Repealed by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-315. Repealed****Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Repealed by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-316. Repealed****Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Amended effective June 3, 1998 (Supp. 98-3). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Repealed by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-317. Repealed****Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Repealed by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**Table 1. Repealed****Historical Note**

Table 1 adopted by final rulemaking at 5 A.A.R. 1686, effective April 19, 1999 (Supp. 99-2). Table repealed by

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final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1).

**Appendix A. Repealed****Historical Note**

New Appendix made by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Appendix A repealed by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**Appendix B. Repealed****Historical Note**

New Appendix made by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Appendix B repealed by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**ARTICLE 4. OTHER SAFE DRINKING WATER ACT REGULATIONS****R18-4-401. Repealed****Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Amended effective December 8, 1998 (Supp. 98-4). Former Section R18-4-401 repealed; new Section R18-4-401 renumbered from R18-4-402 and amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Repealed by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-402. Use of Lead Free Pipes, Fittings, Fixtures, Solder, and Flux for Drinking Water – 40 CFR 143, Subpart B**  
40 CFR 143, Subpart B (40 CFR 143.10 through 143.20) revised as of July 1, 2021 and published by the Office of the Federal Register, National Archives and Records Administration is incorporated by reference. This rule does not include any later amendments or editions of the incorporated material. Copies of the incorporated material are available for inspection at the Arizona Department of Environmental Quality, 1110 W. Washington, Phoenix, AZ 85007 or may be obtained from the U.S. Government Publishing Office, bookstore.gpo.gov, P.O. Box. 979050, St. Louis, MO 63197-9000.

**Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Amended effective June 3, 1998 (Supp. 98-3). Amended effective December 8, 1998 (Supp. 98-4). Former Section R18-4-402 renumbered to R18-4-401; new Section R18-4-402 renumbered from R18-4-403 and amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Repealed by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3). New Section made by final expedited rulemaking at 29 A.A.R. 1472 (June 30, 2023), with an immediate effective date of June 7, 2023 (Supp. 23-2).

**R18-4-403. Repealed****Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Section repealed; new Section adopted effective June 3, 1998 (Supp. 98-3). Amended by final rulemaking at 7 A.A.R. 5067, effective October 16, 2001 (Supp. 01-4). Section R18-4-403 renumbered to R18-4-402 by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). New Section made by final rulemaking at 8 A.A.R. 3046, effective May 1, 2002 (Supp. 02-3). Repealed by

final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-404. Repealed****Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Amended effective December 8, 1998 (Supp. 98-4). Section repealed by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1).

**R18-4-405. Repealed****Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Amended effective December 8, 1998 (Supp. 98-4). Section repealed by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1).

**ARTICLE 5. RECODIFIED**

*Article 5 recodified to 18 A.A.C. 5, Article 5 at 10 A.A.R. 585, effective January 30, 2004 (Supp. 04-1).*

**R18-4-501. Recodified****Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Section recodified to R18-5-501 at 10 A.A.R. 585, effective January 30, 2004 (Supp. 04-1).

**R18-4-502. Recodified****Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). A.R.S. citation in subsection (D)(4) corrected (Supp. 04-1). Section recodified to R18-5-502 at 10 A.A.R. 585, effective January 30, 2004 (Supp. 04-1).

**R18-4-503. Recodified****Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Section recodified to R18-5-503 at 10 A.A.R. 585, effective January 30, 2004 (Supp. 04-1).

**R18-4-504. Recodified****Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Amended effective June 3, 1998 (Supp. 98-3). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Section recodified to R18-5-504 at 10 A.A.R. 585, effective January 30, 2004 (Supp. 04-1).

**R18-4-505. Recodified****Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Subsection citation in subsection (B) corrected (Supp. 04-1). Section recodified to R18-5-505 at 10 A.A.R. 585, effective January 30, 2004 (Supp. 04-1).

**R18-4-506. Recodified****Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Amended by final rulemaking at 8 A.A.R. 973, effective February



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19, 2002 (Supp. 02-1). Section recodified to R18-5-506 at 10 A.A.R. 585, effective January 30, 2004 (Supp. 04-1).

**R18-4-507. Recodified****Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Section recodified to R18-5-507 at 10 A.A.R. 585, effective January 30, 2004 (Supp. 04-1).

**R18-4-508. Recodified****Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Section recodified to R18-5-508 at 10 A.A.R. 585, effective January 30, 2004 (Supp. 04-1).

**R18-4-509. Recodified****Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Section recodified to R18-5-509 at 10 A.A.R. 585, effective January 30, 2004 (Supp. 04-1).

**Appendix A. Repealed****Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Correction of word "sued" to "used" in subsection (71) (Supp. 96-1). Appendix A amended effective June 3, 1998 (Supp. 98-3). Appendix A repealed by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1).

**Appendix B. Repealed****Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Appendix B repealed; new Appendix B renumbered from Appendix C without change effective June 3, 1998 (Supp. 98-3). Appendix B repealed by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1).

**Appendix C. Renumbered****Historical Note**

Adopted effective April 28, 1995 (Supp. 95-2). Appendix C renumbered to Appendix B without change effective June 3, 1998 (Supp. 98-3).

**ARTICLE 6. CAPACITY DEVELOPMENT REQUIREMENTS FOR A NEW PUBLIC DRINKING WATER SYSTEM****R18-4-601. Applicability**

This Article applies to new CWSs and new NTNCWSs that begin operation on or after October 1, 1999. This Article does not apply to an existing public water system.

**Historical Note**

New Section adopted by final rulemaking effective September 23, 1999; the A.A.R. citation was not available at the time of publication and will appear in Supp. 99-4 (Supp. 99-3). Amended by final rulemaking at 5 A.A.R. 4456, effective September 23, 1999 (Supp. 99-4).

**R18-4-602. Elementary Business Plan**

A. To become a new public water system, an owner shall file an elementary business plan for review and approval by the Department, on a form provided by the Department. The elementary business plan shall meet the requirements of and con-

tain all information required in R18-4-603, R18-4-604, and R18-4-605.

- B. An owner shall not commence operation of a public water system without Department approval under R18-4-606.
- C. If the owner of a new public water system fails to submit a complete application, the Department shall suspend the review process and send a notice of incomplete elementary business plan to the owner. The owner shall submit the missing information to the Department within 60 days of the date of the notice of incomplete elementary business plan. If missing information is not received at the Department within the 60 day time period, the Department shall deny the elementary business plan and return the elementary business plan to the owner.

**Historical Note**

New Section adopted by final rulemaking effective September 23, 1999; the A.A.R. citation was not available at the time of publication and will appear in Supp. 99-4 (Supp. 99-3). Amended by final rulemaking at 5 A.A.R. 4456, effective September 23, 1999 (Supp. 99-4).

**R18-4-603. Technical Capacity Requirements**

An owner of a new public water system shall submit the following to the Department for a determination of technical capacity:

1. Documentation of a drinking water source minimum of 50 gallons of water per person per day for a period of 100 years, a 100 year water availability designation from the Arizona Department of Water Resources (ADWR), or a Certificate of Assured Water Supply from ADWR;
2. Documentation that the drinking water served to the public will meet the safe drinking water standards of this Chapter;
3. Documentation that infrastructure, treatment, and storage design meets the requirements of this Chapter, Articles 1, 2, and 4, and Chapter 5, Article 5;
4. Documentation that the public water system is operated by a certified operator of the sufficient grade and type; and
5. Documentation that contains at least the following:
  - a. Day 1 to final build-out technical and engineering needs projections;
  - b. Proposed water system design specification and proposed uses including commercial and domestic use phases;
  - c. Information describing the life of the plant;
  - d. A demonstration that all site-specific components meet nationally recognized standards, such as those established by the American Water Works Association, National Sanitation Foundation, or Underwriter's Laboratory;
  - e. Manufacturers' specifications on components used in the construction of the water system; and
  - f. Corrective action plan to address site-specific component replacement or repair protocols based on manufacturer's recommendations or engineer's specification.

**Historical Note**

New Section adopted by final rulemaking effective September 23, 1999; the A.A.R. citation was not available at the time of publication and will appear in Supp. 99-4 (Supp. 99-3). Amended by final rulemaking at 5 A.A.R. 4456, effective September 23, 1999 (Supp. 99-4). Amended by final expedited rulemaking at 31 A.A.R.

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980 (March 28, 2025), with an immediate effective date of March 7, 2025 (Supp. 25-1).

**R18-4-604. Managerial Capacity Requirements**

An owner of a new public water system shall submit the following information as part of the elementary business plan to the Department for a determination of managerial capacity:

1. A statement of how the public water system is owned, such as by major stockholders, board of directors, sole proprietor cooperative, governmental agency or district, corporation, limited partnership, or limited liability corporation;
2. Name, address, and phone number of owner;
3. Organizational chart of the new public water system;
4. Staff job descriptions and responsibilities;
5. Water system capital improvement plan up to the proposed full system build-out or for a five-year projection, whichever is greater;
6. Certified operator grade and type that will be required by the new public water system, based upon water system design specifications;
7. A statement of the intent to create a CWS or NTNCWS and any intent to transfer ownership of the public water system as part of the construction plan or project phase build-out;
8. Method to ensure provision of information listed in Appendix B, item 4 to subsequent owners; and
9. A disclosure statement signed by the owner setting forth the owner's responsibility to comply with the requirements of this Article and to disclose all information relevant to the operation of the public water system upon transfer of ownership as outlined in Appendix B.

**Historical Note**

New Section adopted by final rulemaking effective September 23, 1999; the A.A.R. citation was not available at the time of publication and will appear in Supp. 99-4 (Supp. 99-3). Amended by final rulemaking at 5 A.A.R. 4456, effective September 23, 1999 (Supp. 99-4).

**R18-4-605. Financial Capacity Requirements**

An owner of a new public water system shall submit information for a five-year financial capacity plan, or a financial capacity plan to the end of the build-out phase, whichever is longer, that demonstrates financial capacity and documents or contains all of the information listed in Appendices C and D.

**Historical Note**

New Section adopted by final rulemaking effective September 23, 1999; the A.A.R. citation was not available at the time of publication and will appear in Supp. 99-4 (Supp. 99-3). Amended by final rulemaking at 5 A.A.R. 4456, effective September 23, 1999 (Supp. 99-4).

**R18-4-606. Review, Approval, Denial Process**

- A. The Department shall review and evaluate technical capacity, based upon the requirements in R18-4-603 and Appendix A.
- B. The Department shall review and evaluate managerial capacity, based upon the requirements in R18-4-604 and Appendix A.

**Appendix A. Elementary Business Plan Checklist**

- C. The Department shall accept a financial determination made by the Arizona Corporation Commission (ACC) as meeting the financial capacity requirements contained in this Article for a new CWS or new NTNCWS under the jurisdiction of the ACC. The applicant shall submit documentation to the Department that verifies ACC approval of the public water system's financial capacity.
- D. The Department shall accept a financial determination as set forth in the certificate of assured water supply from the Arizona Department of Water Resources, Active Management Area Program (ADWR) as meeting the financial capacity requirements contained in this Article for a new CWS or new NTNCWS. The owner shall submit documentation to the Department that verifies ADWR approval of its financial capacity.
- E. If a new public water system does not fall under financial review jurisdiction of the ACC or ADWR, the new CWS or new NTNCWS shall submit to the Department for review a completed financial capacity portion of the elementary business plan. The Department shall review and evaluate financial capacity, based upon the requirements in R18-4-605 and Appendices A, C, and D.
- F. The Department shall notify an owner of a new public water system in writing of a deficiency in the elementary business plan or approve or deny the elementary business plan within 90 days of a receipt of a complete elementary business plan. The owner shall have 60 days from the date of a notice of deficiency to submit to the Department the information necessary to correct the deficiency in the elementary business plan. If the owner of the new public water system fails to send the requested information so that it is received by the Department within 60 days of the date of the notice of deficiency, the Department shall deny the elementary business plan and return it to the owner with a written explanation for the denial and information on the appeal process.
- G. If an owner modifies technical or managerial specifications at any time between the approval to construct and the approval of construction, the owner shall notify the Department of the need to modify the elementary business plan in the technical, managerial, and financial capacity documentation. The Department shall revoke approval of the elementary business plan if the owner fails to notify the Department within 30 days of a modification.

**Historical Note**

New Section adopted by final rulemaking effective September 23, 1999; the A.A.R. citation was not available at the time of publication and will appear in Supp. 99-4 (Supp. 99-3). Amended by final rulemaking at 5 A.A.R. 4456, effective September 23, 1999 (Supp. 99-4).

**R18-4-607. Appeals**

An owner may appeal denial of an elementary business plan under A.R.S. § 41-1092 et seq.

**Historical Note**

New Section adopted by final rulemaking effective September 23, 1999; the A.A.R. citation was not available at the time of publication and will appear in Supp. 99-4 (Supp. 99-3). Amended by final rulemaking at 5 A.A.R. 4456, effective September 23, 1999 (Supp. 99-4).

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## Elementary Business Plan Checklist

Technical Capacity	Yes	No	N/A
1. Source Adequacy - Does the documentation demonstrate 50 gallons of water per person per day for 100 years or does the system have an Arizona Department of Water Resources Certificate of assured water supply?	_____	_____	_____
2. Source Adequacy - Does the source approval information demonstrate that the source meets drinking water quality standards or have applicable drinking water technologies been described?	_____	_____	_____
3. Infrastructure - Do the design criteria meet the requirements of R18-4-502 through R18-4-509?	_____	_____	_____
4. Treatment - Do the design criteria include treatment technologies approved by ADEQ in 18 A.A.C. 4, Articles 2, 3, and 5?	_____	_____	_____
5. Does the system have a certified operator of the appropriate grade and type?	_____	_____	_____
6. Does the documentation include an elementary business plan containing technical and engineering needs projections for a time period covering day 1 to final build-out or for a five-year time period, which ever is greater?	_____	_____	_____
7. Does the documentation include the proposed water system design specifications and proposed uses including commercial and domestic use phases?	_____	_____	_____
8. Does the documentation include an elementary business plan containing the information on the components used in the design and construction of the system along with the components life span based upon manufacturer's specifications?	_____	_____	_____
9. Does the documentation include an Operations and Maintenance Plan that contains standards that are nationally recognized on all site-specific components, such as American Water Works Association, National Sanitation Foundation, or Underwriter's Laboratory?	_____	_____	_____
10. Does the documentation include an operation and maintenance plan with the manufacturer's specifications on all components used in the construction of the water system?	_____	_____	_____
11. Does the documentation include an operations and maintenance plan and emergency operation plan to address site-specific component replacement or repair protocols based on manufacturer's recommendations or engineer's specifications?	_____	_____	_____
Managerial Capacity	Yes	No	N/A
12. Does the documentation include ownership type?	_____	_____	_____
Select all that apply.			
Sole Proprietor	_____	_____	_____
Major Stockholders	_____	_____	_____
Board of Directors	_____	_____	_____
Cooperative	_____	_____	_____
Government Agency or District	_____	_____	_____
Corporation	_____	_____	_____
Limited Liability Corporation	_____	_____	_____
Partnership	_____	_____	_____
Other	_____	_____	_____
13. Does the documentation include name, address, and telephone number of owner?	_____	_____	_____
14. Does the documentation include an organizational chart of owners, management, and staff with their position or job titles?	_____	_____	_____
15. Does the documentation include staff job descriptions and responsibilities?	_____	_____	_____
16. Does the documentation include a capital improvement plan up to the proposed full system build-out or for a five-year projection, whichever is greater?	_____	_____	_____
17. Does the documentation identify the grade and type of certified operator that will be needed to operate the system according to site-specific components?	_____	_____	_____
18. Does the documentation identify the intent to create a CWS or NTNCWS?	_____	_____	_____
19. Does the documentation transfer the ownership of the water system as part of the build-out phase of the project?	_____	_____	_____
20. Does the documentation identify the policies or mechanisms to ensure that all system-specific technical, managerial, and financial information of the water system is transferred to a new owner?	_____	_____	_____
21. Does the documentation include the owner's signed disclosure statement agreeing to comply with the requirements of these Articles and a general disclosure statement agreeing to disclose all information relevant to the operation of the water system to any transferee of ownership? (See Appendix B).	_____	_____	_____

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Financial Capacity	Yes	No	N/A
22. Is the system regulated by the Arizona Corporation Commission (ACC) or ADWR? If Yes go to Question 23. If No go to Question 25.	_____	_____	_____
23. Has the system received an approval from the ACC on its fee structure, or ADWR on its financial capacity?	_____	_____	_____
24. Systems regulated by the Arizona Corporation Commission or Department of Water Resources shall provide information required in 22 and 23 for the financial capacity determination review by ADEQ.	_____	_____	_____
25. For New CWSs and NTNCWS NOT regulated by ACC, is all information listed in Appendices C and D included?	_____	_____	_____

**Historical Note**

Appendix A adopted by final rulemaking effective September 23, 1999; the A.A.R. citation was not available at the time of publication and will appear in Supp. 99-4 (Supp. 99-3). Amended by final rulemaking at 5 A.A.R. 4456, effective September 23, 1999 (Supp. 99-4).

**Appendix B. Drinking Water Capacity Development Statement of Responsibility****Drinking Water Capacity Development Statement of Responsibility****Applicant Information:****Name:****Mailing Address:****Phone Number:****Fax Number:****E-mail:****Statement Information:****1) Name of Water System:** \_\_\_\_\_ **PWS ID#** \_\_\_\_\_**2) Ownership Type (Please check all that apply):**

☐ Sole Proprietor    ☐ Major Stockholders    ☐ Board of Directors  
☐ Cooperative    ☐ Government Agency    ☐ District  
☐ Public Entity    ☐ Corporation    ☐ Limited Liability Corporation  
☐ Other (please explain) \_\_\_\_\_

**3) Name of Owner(s): (Check one)    See below    Attach a separate sheet if more space is needed**

Owner 1:

Owner 2:

Owner 3:

**4) Agencies with rules applicable to the Water System: (Please check all that apply)**

☐ Arizona Department of Environmental Quality    ☐ Arizona Corporation Commission  
☐ Arizona Department of Water Resources    ☐ Arizona Department of Real Estate  
☐ Arizona Department of Commerce    ☐ Arizona Department of Agriculture  
☐ Arizona Department of Corrections    ☐ Office of the Fire Marshal  
☐ Arizona Land Department    ☐ Arizona Department of Revenue  
☐ Arizona Department of Transportation    ☐ Maricopa County Environmental Services  
☐ Pima County Department of Environmental Quality    ☐ Environmental Protection Agency Region IX  
☐ Other(s) please specify \_\_\_\_\_

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**5) Statement of Intent (Select one):**

- ☐ It **IS** the intent of the owner or developer of this NEW CWS or NEW NTNCWS to transfer ownership of the water system. As part of the ownership transfer, it is understood that the owner or developer has a responsibility to disclose and transfer ALL information relevant to the construction and operation of the water system to the new owner.
- ☐ It is **NOT** the intent of the owner to transfer ownership of the NEW CWS or NTNCWS within one year of the completion of construction of the water system.

**6) Date owner expects to begin operation:**

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**7) Drinking Water Sources used: (Select all that apply)**

☐ Ground Water ☐ Purchased Ground Water  
☐ Surface Water ☐ Purchased Surface Water

**8) Table of Contents of Systems Elementary Business Plan (Please check one):**

- ☐ The Table of Contents of the Elementary Business Plan is attached.
- ☐ The Table of Contents of the Elementary Business Plan is summarized below.
- Summary \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**9) Signature of each current owner:** Check if additional signature page is attached. \_\_\_\_\_

I agree to comply with the requirements of 18 A.A.C. 4, Article 6.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Historical Note**

Appendix B adopted by final rulemaking effective September 23, 1999; the A.A.R. citation was not available at the time of publication and will appear in Supp. 99-4 (Supp. 99-3). Amended by final rulemaking at 5 A.A.R. 4456, effective September 23, 1999 (Supp. 99-4).

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## Appendix C. Financial Capacity for New CWSs and NTNCWSs, Worksheet 1

Financial Capacity for New CWSs and NTNCWSs  
Worksheet 1

Owner: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

5-Year Financial Projection	Year 1 Projection	Year 2 Projection	Year 3 Projection	Year 4 Projection	Year 5 Projection
<b>Enter Year:</b>					
<b>1. Beginning Cash on Hand</b>					
a. Unmetered Water Revenue					
b. Metered Water Revenue					
c. Other Water Revenue					
<b>d. Total Water Revenues (1a thru 1c)</b>					
e. Connection Fees					
f. Interest and Dividend Income					
g. Other Income					
<b>h. Total Cash Revenues (1d thru 1g)</b>					
i. Additional Revenue Needed					
j. Loans, Grants or other Cash Injection (please specify)					
<b>2. Total Cash Balance (1h to 1j)</b>					
<b>3. Total Cash Available (1+2)</b>					
<b>4. Operating Expenses</b>					
a. Salaries and wages					
b. Employee Pensions and Benefits					
c. Utilities					
d. Chemicals					
e. Materials and Supplies					
f. Laboratory					
g. Contractual Services					
h. Insurance					

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i. Miscellaneous					
<b>j. Total Operations and Maintenance Expenses (4a thru 4i)</b>					
k. Replacement Expenditures					
<b>l. Total Operations and Maintenance expenditures plus Replacement expenditures (4j+4k)</b>					
m. Loan Principal/Capital Lease Payments					
n. Loan Interest Payments					
o. Capital Purchases (specify):					
<b>5. Total Cash Paid Out (4m thru 4o)</b>					
<b>6. Ending Cash Position (3 - 5)</b>					
<b>7. Number of Customer Accounts</b>					
<b>8. Average Annual User Charge per account (1d/7)</b>					
<b>9. Coverage Ratio (1h-4l)/(4m+4n)</b>					
<b>10. Operating Ratio (1d/4l)</b>					
<b>11. End of Year Operating Cash (6 - 12)</b>					
<b>12. End of Year Reserves</b>					
a. Operating Reserves					
b. Debt Service Reserve					
c. Capital Improvement Reserve					
d. Replacement Reserve					
e. Other					
<b>Total Reserves (12a thru 12e)</b>					

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## Appendix C. (Continued) Financial Capacity for New CWSs and NTNCWSs, Definitions for Worksheet 1

**Arizona Financial Capacity For New  
CWSs and NTNCWSs  
Definitions for Worksheet 1**

5-Year Financial Projection	Year 1 Projection	Year 2 Projection	Year 3 Projection	Year 4 Projection	Year 5 Projection
<b>1. Beginning Cash on Hand</b>	For the current year budget, use the actual cash balance. For all other years, cash on hand should equal item #12 from the previous period.				
a) Unmetered Water Revenue	All cash received or estimated for water supplied to residential, commercial, industrial and public customers where the customer charge is not based on quantity, but is based on other criteria such as diameter of service pipe, room, or foot of frontage.				
b) Metered Water Revenue	All cash received or estimated for water supplied to residential, commercial, industrial, and public customers where the charge is based on quantity of water delivered.				
c) Other water revenues	Other cash received or estimated from sales of water, sales for irrigation, sales for resale, inter-municipal sales, or ad valorem taxes.				
d) Total Water Revenues	Total 1(a) thru 1(c)				
e) Connection Fee	All cash received or estimated for connection of customer service during the year.				
f) Interest and Dividend Income	All cash received or estimated on interest income from securities, loans, notes, and similar instruments, whether the securities are carried as investments or included in sinking or reserve accounts.				
g) Other income	Other revenues collected or estimated during the period (such as disconnection or change in service fees, profit on materials billed to customers, servicing of customer lines, late payment fees, rents, sales of assets, or ad valorem taxes (infrastructure portion)).				
h) Total Cash Revenues	<b>Add 1(d) thru 1(g)</b>				
i) Additional Revenues Needed	Additional cash needed to cover cash needs.				
j) Loans, Grants or other Cash Injections	Includes loans or grants from financial institutions, inter-municipal loans, state or federal sources.				
<b>2. Total Cash Balance</b>	<b>Add items 1(h) thru 1(j)</b>				
<b>3. Total Cash Available</b>	<b>Add items 1 and 2</b>				
<b>4. Operating Expenses</b>	Use actual amounts paid when completing the prior year. Estimate the amounts for projected years based on prior year amounts, trends, and other known variables.				
a) Salaries and wages	Cash expenditures made or estimated for salaries, bonuses, and other considerations for work related to the operation and maintenance of the facility, including administration and compensation for officers and directors.				
b) Employee Pensions and Benefits	Paid vacations, paid sick leave, health insurance, unemployment insurance, pension plan, and other similar liabilities.				
c) Utilities	Amounts paid or estimated for all fuel or electrical power.				
d) Chemicals	Amounts paid or estimated for chemicals used in treatment and distribution.				
e) Materials and Supplies	Amounts paid or estimated for materials and supplies used for operation and maintenance of the new public water system other than those under contractual services.				
f) Laboratory	Amounts paid or estimated for laboratory and associated services.				
g) Contractual Services	Amounts paid or estimated for outside engineering, accounting, legal, managerial, and other services.				
h) Insurance	Amounts paid or estimated for vehicle, liability, worker's compensation, and other insurance associated with the public water system.				
i) Miscellaneous	Amounts paid or estimated for all expenses not included elsewhere (such as permit fees, training, and certification fees).				
<b>j) Total operation and maintenance expenditures</b>	<b>Add amounts in lines 4(a) thru 4(i).</b>				
k) Replacement expenditures	Amounts paid or estimated for replacement of equipment to maintain system integrity (capital improvement plan).				



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<b>l) Total Operations and Maintenance expenditures plus Replacement expenditures</b>	<b>Add amounts in 4(j) and 4(k)</b>
m) Loan Principal, Capital Lease or Loan payment	Include cash payments made or estimated for principal and interest on all loans, including vehicle loans and equipment on time payments, and capital lease payments.
n) Loan Interest payments	Include cash payments made or estimated for interest on all loans, including vehicle loans, and equipment on time payments, and capital lease payments.
o) Capital Purchases	Amount of cash outlays or estimates for items such as equipment, building, or vehicle purchases and leasehold improvements that were not a part of the initial design of the water system.
<b>5) Total Cash Paid Out</b>	<b>Add amounts in 4(m) thru 4(o)</b>
<b>6) Total Cash Available Minus Expenditures Calculation</b>	<b>Take Amount in 1 and subtract Amount in 5.</b> If this amount is positive, there is operating cash left over after all calculated expenditure obligations have been met. If the number is negative, there are more expenses than there are funds available to pay for the expenses to operate the water system.
<b>7) Number of Customer Accounts</b>	Use most recent system data or expected increases.
<b>8) Average User Charge per Customer</b>	<b>Take amount listed in 1(d) and divide it by amount listed in 7.</b>
<b>9) Coverage Ratio</b>	<b>Take amount in 1(h) and subtract the amount in 4(l). Then divide that amount with the sum of 4(m) + 4(n).</b> The equation looks like this: $\frac{1(h) - 4(l)}{4(m) + 4(n)}$ and measures the sufficiency of net operating profit to cover the debt service requirements of the system. A bond covenant might require the debt service to meet or exceed certain limits.
<b>10) Operating Ratio</b>	<b>Take amount in 1(d) and divide it by the amount in 4(l). The equation looks like this: <math>\frac{1(d)}{4(l)}</math>.</b> This figure measures whether operating revenues are sufficient to cover operation, maintenance, replacement expenses. An operating ratio of 1:0 is the minimum for a self-supporting facility. If there are debt service requirements, the operating ratio would have to be higher.
<b>11) End of Year Operating Cash</b>	All non-reserved cash. <b>Add amounts from 6 thru 12.</b>
<b>12) End of Year Reserves</b>	Do not include depreciation as a reserve unless there is actually a designated depreciation reserve containing cash set aside for future expansion.
a) Operating Cash Reserve	Funds set aside to meet cash flow, operating, and seasonal fluctuations.
b) Debt Service Reserve	Funds specifically set aside to retire debt as it is scheduled.
c) Capital Improvement Reserve	Funds specifically set aside to meet long-term objectives for a major facility expansion, improvement, or the construction of a new facility.
d) Replacement Reserves	Funds specifically set aside for the future replacement of equipment needed to maintain the integrity of the facility over the useful life of the equipment.
<b>e) Total End of Year Reserves</b>	<b>Add amounts 12 (a) thru 12 (d).</b>

**Historical Note**

Appendix C adopted by final rulemaking effective September 23, 1999; the A.A.R. citation was not available at the time of publication and will appear in Supp. 99-4 (Supp. 99-3). Amended by final rulemaking at 5 A.A.R. 4456, effective September 23, 1999 (Supp. 99-4).

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**Appendix D. Water System Financial Viability Tests****Water System Financial Viability Tests**

Test 1: Will the proposed water system collect sufficient revenues to meet all of its projected expenses?

Measurements:

- a. Total Revenues - Total Expenses = Net Income  $> 0$
- b. Total Revenues - One-Time Revenues - Interest Income - Other Income = Operating Revenues
- c. Total Expenses - One-Time Expenditures - Debt Service - Capital Outlays = Operating Expenditures
- d. Operating Revenues - Operating Expenses = Net Revenues  $> 0$
- e. Operating Ratio = Operating Expenses  $\leq$  1 Operating Revenues

Test 2: Will the proposed water system generate reserves?

The following measurements shall be  $> 0$  at the time submitted:

- a. Operating Cash Reserve = \$ \_\_\_\_\_
- b. Replacement Reserve = \$ \_\_\_\_\_
- c. Working Capital = Current Assets - Current Liabilities

Test 3: Are the proposed rates reasonable compared to the median household income of the area to be served?

The following measurement shall be:

Average Annual Rates  $<$  Median Household Income  $\times$  2.5%.

- \* The sources of median household income data include the most recent United States Census Bureau (USCB) data collected by the Department or generated by an impartial third party experienced in collecting income data and supplied to the Department by the applicant seeking viability determinations. Acceptable sources of income data, other than USCB data include feasibility studies, engineering reports, market studies, income surveys, or another source or collection methodology approved by the Department.

**Historical Note**

Appendix D adopted by final rulemaking effective September 23, 1999; the A.A.R. citation was not available at the time of publication and will appear in Supp. 99-4 (Supp. 99-3). Amended by final rulemaking at 5 A.A.R. 4456, effective September 23, 1999; Test 1(e) amended to correct a manifest clerical error (Supp. 99-4).

**ARTICLE 7. REPEALED****R18-4-701. Repealed****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2019, effective May 10, 2000 (Supp. 00-2). Section R18-4-701 repealed by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-702. Repealed****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2019, effective May 10, 2000 (Supp. 00-2). Section R18-4-702 repealed by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-703. Repealed****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R.

2019, effective May 10, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 3046, effective May 1, 2002 (Supp. 02-3). Section R18-4-703 repealed by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-704. Repealed****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2019, effective May 10, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 3046, effective May 1, 2002 (Supp. 02-3). Clarifying words "of Article 1" added to subsection (A)(1) (Supp. 04-1). Section R18-4-703 and Table 1 repealed by final rulemaking at 14 A.A.R. 2978, effective August 30,

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2008 (Supp. 08-3).

(Supp. 02-3).

**R18-4-705. Repealed****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2019, effective May 10, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Section R18-4-705 repealed by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-706. Repealed****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2019, effective May 10, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Section R18-4-706 repealed by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-707. Repealed****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2019, effective May 10, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Section R18-4-707 repealed by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-708. Repealed****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2019, effective May 10, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Section R18-4-708 repealed by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-709. Repealed****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2019, effective May 10, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 3046, effective May 1, 2002 (Supp. 02-3). Section R18-4-709 repealed by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-710. Repealed****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2019, effective May 10, 2000 (Supp. 00-2). Section R18-4-710 repealed by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**Appendix A. Repealed****Historical Note**

New Appendix adopted by final rulemaking at 6 A.A.R. 2019, effective May 10, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Appendix A repealed by final rulemaking at 8 A.A.R. 3046, effective May 1, 2002

**Appendix B. Repealed****Historical Note**

New Appendix adopted by final rulemaking at 6 A.A.R. 2019, effective May 10, 2000 (Supp. 00-2). Former Appendix B renumbered to Appendix C; new Appendix B made by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Appendix B repealed by final rulemaking at 8 A.A.R. 3046, effective May 1, 2002 (Supp. 02-3).

**Appendix C. Repealed****Historical Note**

New Appendix C renumbered from Appendix B by final rulemaking at 8 A.A.R. 973, effective February 19, 2002 (Supp. 02-1). Appendix C repealed by final rulemaking at 8 A.A.R. 3046, effective May 1, 2002 (Supp. 02-3).

**ARTICLE 8. TECHNICAL ASSISTANCE****R18-4-801. Repealed****Historical Note**

New Section made by final rulemaking at 8 A.A.R. 262, effective December 27, 2001 (Supp. 01-4). Section R18-4-801 repealed by final rulemaking at 14 A.A.R. 2978, effective August 30, 2008 (Supp. 08-3).

**R18-4-802. Technical Assistance Plan**

The Department shall include a technical assistance plan in the capacity development report it publishes annually. The technical assistance plan shall include a description of the types of technical assistance the Department expects to provide, the sources and uses of technical assistance, and a master priority list.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 262, effective December 27, 2001 (Supp. 01-4).

**R18-4-803. Master Priority List**

- A. Each year the Department shall develop a master priority list that ranks public water systems according to their need for technical assistance.
- B. The Department shall rank public water systems on the master priority list based on consideration of the following criteria:
  1. Size of population served,
  2. Type of public water system,
  3. Type of ownership,
  4. Water source (surface water or ground water),
  5. Participation in the monitoring assistance program,
  6. History of major monitoring or reporting deficiencies,
  7. History of acute or non-acute MCL violations,
  8. History of operation or maintenance violations,
  9. Lack of a certified operator,
  10. Prior assistance from the Department or the Water Infrastructure Finance Authority within the last five years, and
  11. Any or other measurable objective criteria related to the technical, managerial, or financial capacity of a public water system.
- C. If all other criteria are equal, the Department shall assign priority to public water systems with the most operation or maintenance violations.
- D. The Department shall publish the master priority list annually in the *Arizona Administrative Register* and hold an oral proceeding to obtain public comment on the master priority list.

## TITLE 18. ENVIRONMENTAL QUALITY

## CHAPTER 4. DEPARTMENT OF ENVIRONMENTAL QUALITY - SAFE DRINKING WATER

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 262, effective December 27, 2001 (Supp. 01-4).

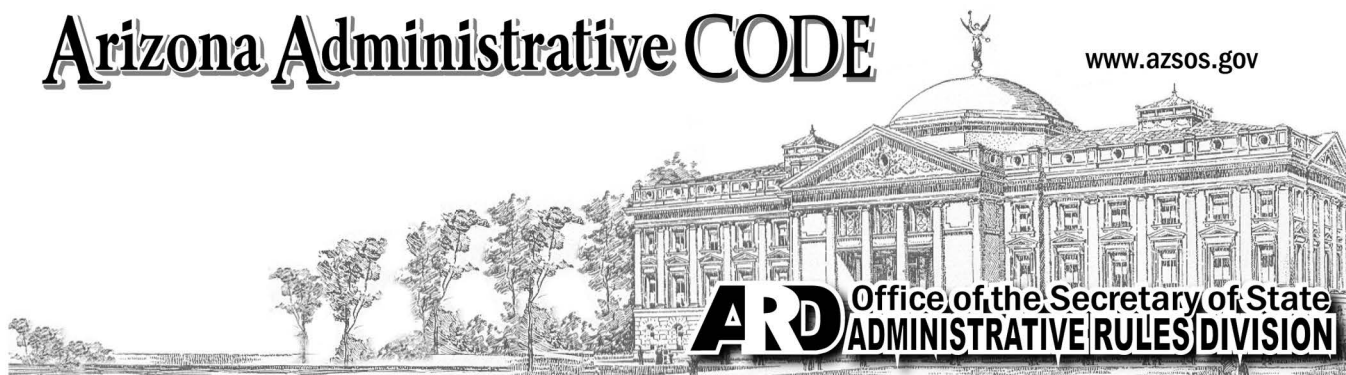
**R18-4-804. Technical Assistance Awards**

- A.** The Department shall award technical assistance to the public water systems with the highest ranking on the master priority list, as funding permits.
- B.** The Department may provide technical assistance directly, or the Department may employ a consultant to provide the assistance.

- C.** If a public water system refuses technical assistance offered by the Department, or the Department determines that a public water system is not able to proceed with technical assistance within the next fiscal year, the Department shall bypass the public water system on the master priority list. The Department shall replace a bypassed public water system with the public water system next in line to receive technical assistance in accordance with the priority criteria in R18-4-803(B).

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 262, effective December 27, 2001 (Supp. 01-4).



**TITLE 18. ENVIRONMENTAL QUALITY**  
**CHAPTER 13. DEPARTMENT OF ENVIRONMENTAL QUALITY - SOLID WASTE MANAGEMENT**  
**18 A.A.C. 13**

**Supplement Information**  
**Supp. 25-4**

Rules codified between October 1, 2025 through December 31, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-4 replaces Supp. 25-2, 1-77 pages.**

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

## PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “*Rule*’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

### THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

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### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at [www.azsos.gov/rules](http://www.azsos.gov/rules), click on the *Administrative Register* link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

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*Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.*

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## Administrative Rules Division

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## TITLE 18. ENVIRONMENTAL QUALITY

## CHAPTER 13. DEPARTMENT OF ENVIRONMENTAL QUALITY - SOLID WASTE MANAGEMENT

Authority: A.R.S. §§ 41-1003 and 49-104

## Supp. 25-4

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*Editor's Note: This Chapter contains rules which were adopted under an exemption from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to A.R.S. § 49-701.01(C)(1) and (2). Exemption from A.R.S. Title 41, Chapter 6 means that the Department did not submit these rules to the Governor's Regulatory Review Council for review; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was not required to hold public hearings on these rules.*

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*rulemaking at 18 A.A.R. 1217, effective July 1, 2012 (Supp. 12-2).*

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**Editor's Note:** The recodification at 7 A.A.R. 2522 described below erroneously moved Sections into 18 A.A.C. 9, Article 9. Those Sections were actually recodified to 18 A.A.C. 9, Article 10. See the Historical Notes for more information (Supp. 01-4).

Article 15, consisting of Sections R18-13-1501 through R18-13-1514 and Appendix A, recodified to 18 A.A.C. 9, Article 9 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2).

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Article 19, consisting of Section R18-13-1901, repealed by final rulemaking at 31 A.A.R. 4716 (December 26, 2025), effective December 3, 2025 (Supp. 25-4).

Article 19, consisting of Section R18-13-1901, made by final rulemaking at 30 A.A.R. 3900 (December 27, 2024), effective February 4, 2025 (Supp. 24-4).

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**ARTICLE 20. USED OIL**

Article 20, consisting of Sections R18-13-2001 through R18-13-2003, made by final rulemaking at 30 A.A.R. 3900 (December 27, 2024), effective February 4, 2025 (Supp. 24-4).

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**ARTICLE 21. SOLID WASTE LANDFILL REGISTRATION AND DISPOSAL FEES**

Article 21, consisting of Sections R18-13-2101 through R18-13-2103, made by final rulemaking at 9 A.A.R. 1770, effective July 14, 2003 (Supp. 03-2).

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**ARTICLE 22. NEW TIRE SELLERS**

Article 22, consisting of Sections R18-13-2201 and R18-13-

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2202, made by final rulemaking at 30 A.A.R. 3900 (December 27, 2024), effective February 4, 2025 (Supp. 24-4).

## Section

<a href="#">R18-13-2201.</a>	<a href="#">Definitions .....</a>	<a href="#">71</a>
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**ARTICLE 23. RESERVED****ARTICLE 24. RESERVED****ARTICLE 25. EXPIRED**

Article 25, consisting of Section R18-13-2501, expired at 23 A.A.R. 3429, effective October 10, 2017 (Supp. 17-4).

Article 25, consisting of Section R18-13-2501, adopted by final rulemaking at 5 A.A.R. 4654, effective November 15, 1999 (Supp. 99-4).

## Section

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**ARTICLE 26. EXPIRED**

Article 26, consisting of Sections R18-13-2601 through R18-13-2604, expired at 16 A.A.R. 705, effective April 6, 2010 (Supp. 10-2).

Article 26, consisting of Sections R18-13-2601 through R18-13-2604, made by exempt rulemaking at 14 A.A.R. 4258, effective October 20, 2008 (Supp. 08-4).

## Section

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**ARTICLE 27. EXPIRED**

Article 27 consisting of Sections R18-13-2701 through R18-13-2703, expired under A.R.S. § 41-1056(J) at 22 A.A.R. 2984, effective September 15, 2016 (Supp. 16-3).

Article 27 consisting of Sections R18-13-2701 through R18-13-2703, made by exempt rulemaking at 16 A.A.R. 848, effective July 1, 2010 (Supp. 10-2).

## Section

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**ARTICLE 1. RESERVED**

*Editor's Note: Article 2, consisting of Section R18-13-201, was adopted under an exemption from the provisions of A.R.S. Title 41, Chapter 6, pursuant to A.R.S. § 49-701.01(C)(1) and (2). Exemption from A.R.S. Title 41, Chapter 6 means the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Department did not submit the rules to the Governor's Regulatory Review Council for review; and the Department was not required to hold public hearings on this Section (Supp. 98-3).*

**ARTICLE 2. SOLID WASTE DEFINITIONS; EXEMPTIONS**

*Editor's Note: The following Section was adopted under an exemption from the provisions of the Administrative Procedure Act which means that these rules were not reviewed by the Governor's Regulatory Review Council; the agency did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the agency was not required to hold public hearings on these rules (Supp. 98-3).*

**R18-13-201. Land Application of Biosolids Exemption**

- A. This Section applies only to biosolids as defined in R18-9-1001. The land application of biosolids, when placed on or applied to the land in full conformity with 18 A.A.C. 9, Article 10 and A.R.S. § 49-761(F), and if the site of land application has ceased to receive application of biosolids and all applicable site restrictions set by A.A.C. Title 18 Environmental Quality have been satisfied, is exempt statewide from the definition of solid waste found at A.R.S. § 49-701.01(A). This exemption applies only when the biosolids and the soil to which it has been applied remain at the site of the application.
- B. This exemption does not alter or set any new standard for the soil remediation standards found at 18 A.A.C. 7, Article 2.

**Historical Note**

Adopted under and exemption from A.R.S. Title 41, Chapter 6, pursuant to A.R.S. § 49-701.01(C)(1) and (2), effective July 27, 1998 (Supp. 98-3). Amended by exempt rulemaking at 5 A.A.R. 4004, effective September 17, 1999 (Supp. 99-3). Amended by final expedited rulemaking at 27 A.A.R. 57, with an immediate effective date of January 5, 2021 (Supp. 21-1).

**R18-13-202. Coal Slurry Discharges from Pipeline Leaks Exemption**

This Section applies only to coal slurry discharges onto the ground from pipeline leaks. Coal slurry discharges onto the ground from pipeline leaks are exempt statewide from the definition of solid waste prescribed in A.R.S. § 49-701.01(A) if both of the following conditions are met:

1. The discharge was the result of an accidental pipeline leak.
2. The thickness of the layer of coal slurry on the ground that resulted from the discharge is 3 inches or less.

**Historical Note**

New Section adopted by exempt rulemaking at 5 A.A.R. 4004, effective September 17, 1999 (Supp. 99-3).

**ARTICLE 3. REFUSE AND OTHER OBJECTIONABLE WASTES****R18-13-301. Reserved****R18-13-302. Definitions**

- A. "Approved" means acceptable to the Department.
- B. "Ashes" means residue from the burning of any combustible material.

- C. "Department" means the Department of Environmental Quality or a local health department designated by the Department of Environmental Quality.
- D. "Garbage" means all animal and vegetable wastes resulting from the processing, handling, preparation, cooking, and serving of food or food materials.
- E. "Manure" means animal excreta, including cleanings from barns, stables, corrals, pens, or conveyances used for stabling, transporting, or penning of animals or fowls.
- F. "Person" means the state, a municipality, district or other political subdivision, a cooperative, institution, corporation, company, firm, partnership or individual.
- G. "Refuse" means all putrescible and nonputrescible solid and semisolid wastes, except human excreta, but including garbage, rubbish, ashes, manure, street cleanings, dead animals, abandoned automobiles, and industrial wastes.
- H. "Rubbish" means nonputrescible solid wastes, excluding ashes, consisting of both combustible and noncombustible wastes, such as paper, cardboard, waste metal, tin cans, yard clippings, wood, glass, bedding, crockery and similar materials.

**Historical Note**

Section recodified from A.A.C. R18-8-502, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3).

**R18-13-303. Responsibility**

- A. The owner, agent, or the occupant of any premises, business establishment, or industry shall be responsible for the sanitary condition of said premises, business establishment, or industry. No person shall place, deposit, or allow to be placed or deposited on his premises or on any public street, road, or alley any refuse or other objectionable waste, except in a manner described in these rules.
- B. The owner, agent, or the occupant of any premises, business establishment, or industry shall be responsible for the storage and disposal of all refuse accumulated, by a method or methods described in these rules.
- C. The collection and disposal of all refuse not acceptable for collection by a collection agency is the responsibility of each occupant, business establishment, or industry where such refuse accumulates, and all such refuse shall be stored, collected, and disposed of in a manner approved by the Department.
- D. All dangerous materials and substances shall, where necessary, be rendered harmless prior to collection and disposal.

**Historical Note**

Section recodified from A.A.C. R18-8-503, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3).

**R18-13-304. Inspection**

Representatives of the Department shall make such inspections of any premises, container, process, equipment, or vehicle used for collection, storage, transportation, disposal, or reclamation or refuse as are necessary to ensure compliance with these rules.

**Historical Note**

Section recodified from A.A.C. R18-8-504, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3).

**R18-13-305. Collection Required**

- A. Where refuse collection service is available, the following refuse shall be required to be collected: Garbage, ashes, rub-

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bish, and small dead animals which do not exceed 75 pounds in weight.

- B.** The following refuse is not considered acceptable for collection but may be collected at the discretion of the collection agency where special facilities or equipment required for the collection and disposal of such wastes are provided:
1. Dangerous materials or substances, such as poisons, acids, caustics, infected materials, radioactive materials, and explosives.
  2. Materials resulting from the repair, excavation, or construction of buildings and structures.
  3. Solid wastes resulting from industrial processes.
  4. Animals exceeding 75 pounds in weight, condemned animals, animals from a slaughterhouse, or other animals normally considered industrial waste.
  5. Manure.

**Historical Note**

Section recodified from A.A.C. R18-8-505, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3).

**R18-13-306. Notices**

- A.** All collection agencies shall provide each householder, or business establishment served, with a copy of the requirements governing the storage and collection of refuse which shall cover at least the following items:
1. Definitions.
  2. Places to be served.
  3. Places not to be served.
  4. Scheduled day or days of collection.
  5. Materials acceptable for collection.
  6. Materials not acceptable for collection.
  7. Preparation of refuse for collection.
  8. Types and size of containers permitted.
  9. Points from which collections will be made.
  10. Necessary safeguards for collectors.
- B.** All such notices governing storage and collection shall conform to these rules.

**Historical Note**

Section recodified from A.A.C. R18-8-506, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3).

**R18-13-307. Storage**

- A.** All refuse shall be stored in accordance with the requirements of this Section. The owner, agent, or occupant of every dwelling, business establishment, or other premises where refuse accumulates shall provide a sufficient number of suitable and approved containers for receiving and storing of refuse, and shall keep all refuse therein, except as otherwise provided by this Chapter.
- B.** Garbage shall be stored in durable, rust resistant, nonabsorbent, watertight, and easily cleanable containers, with close fitting covers and having adequate handles or bails to facilitate handling. The size of the container shall be determined by the collection agency.
- C.** Rubbish and ashes shall be stored in durable containers. Bulky rubbish such as tree trimmings, newspapers, weeds, and large cardboard boxes shall be handled as directed by the collection agency. Where garbage separation is not required, containers for the storage of mixed rubbish and garbage shall meet the requirements specified in subsection (B).
- D.** Containers for the storage of refuse shall be maintained in such a manner as to prevent the creation of a nuisance or a menace

to public health. Containers that are broken or otherwise fail to meet the requirements of the rules shall be replaced, by the owner of said containers, with approved containers.

- E.** Manure and droppings shall be removed from pens, stables, yards, cages, conveyances, and other enclosures as often as necessary to prevent a health hazard or the creation of a nuisance. All material removed shall be handled and stored in a manner that will maintain the premises nuisance free.

**Historical Note**

Section recodified from A.A.C. R18-8-507, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3).

**R18-13-308. Frequency of Collection; Variance**

- A.** The collection of garbage, refuse, rubbish, and ashes shall be in accordance with rules of the collection agency except that the frequency of collection shall not be less than once per week.
- B.** A variance from the required frequency of collection in subsection (A) may be granted by the county department designated by the county to approve variances to allow for collection less than once weekly. The variance may be granted upon submission of an acceptable plan by the collection agency to the designated county department demonstrating that no public health hazards or nuisances will exist and that fly breeding will be controlled by either biological, chemical, or mechanical means. The variance may be revoked whenever the designated county department determines that the circumstances warranting the variance no longer exist.
- C.** A county may request the Department of Environmental Quality to assume the functions of granting and revoking variances under this Section.
- D.** For the purposes of this Section, "collection agency" means a city, town, person, or commercial service that offers collection or transportation of garbage, refuse, rubbish, and ashes as a service.

**Historical Note**

Section recodified from A.A.C. R18-8-508, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3). Section amended by final rulemaking at 30 A.A.R. 3900 (December 27, 2024), effective February 4, 2025 (Supp. 24-4).

**R18-13-309. Place of Collection**

- A.** All refuse shall be properly placed on the premises for convenient collection as designated by the collection agency.
- B.** Where alleys are provided, collection shall be made on the alley side of the premises.

**Historical Note**

Section recodified from A.A.C. R18-8-509, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3).

**R18-13-310. Vehicles**

- A.** Vehicles used for collection and transportation of garbage, or refuse containing garbage, shall have covered, watertight, metal bodies of easily cleanable construction, shall be cleaned frequently to prevent a nuisance or insect breeding, and shall be maintained in good repair.
- B.** Vehicles used for collection and transportation of refuse shall be loaded and moved in such a manner that the contents, including ashes, will not fall, leak, or spill therefrom. Where spillage does occur, it shall be picked up immediately by the collector and returned to the vehicle or container.

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- C. Vehicles used for collection and transportation of rubbish or manure shall be of such construction as to prevent leakage or spillage, and shall provide a cover to prevent blowing of materials or creating a nuisance.

**Historical Note**

Section recodified from A.A.C. R18-8-510, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3).

**R18-13-311. Disposal; General**

- A. All refuse shall be disposed of by a method or methods included in these rules and shall include rodent, insect, and nuisance control at the place or places of disposal. Approval must be obtained from the Department for all new disposal sites and may change in the method of disposal prior to use.
- B. Carcasses of large dead animals shall be buried or cremated, unless satisfactory arrangements have been made for disposal by rendering or other approved methods.
- C. All public "dumping grounds", provided in compliance with A.R.S. § 9-441, shall be maintained and operated in accordance with the requirements of these rules.
- D. Manure shall be disposed of by sanitary landfill, composting, incineration, or used as fertilizer in such a manner as not to create insect breeding or a nuisance.

**Historical Note**

Section recodified from A.A.C. R18-8-511, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3).

**R18-13-312. Methods of Disposal**

Approval must be obtained from the Department for any method or methods used for the disposal of refuse prior to the start of operations, and shall be accomplished by one or more of the methods listed below:

1. Sanitary landfill -- Consists of the disposal of refuse on land and the daily compaction and covering of the refuse with 6 to 12 inches of earth so as to prevent a health hazard or nuisance. The final compacted earth cover shall be a minimum of 2 feet in depth. Where sanitary landfill operations are proposed, the Department will require the following:
  - a. The landfill shall be located so that seepage will not create a health hazard, nuisance, or cause pollution of any watercourse or water bearing strata.
  - b. Adequate and proper surface drainage shall be provided to prevent ponding or erosion by rainwater of the finished fill.
  - c. Provision shall be made for the control of insects, rodents, wind blown refuse, and accidental fire.
  - d. Burning of refuse is prohibited.
  - e. An all weather access road is required.
  - f. Suitable equipment and operating personnel shall be provided.
  - g. Salvaging, if permitted, shall be rigidly controlled.
  - h. A variance from the daily compaction and covering requirement may be granted for sites serving less than 2,000 people by the Department of Environmental Quality upon submission of an acceptable plan approved by the local health department demonstrating that no public health hazards or nuisances will exist. The variance will allow for compaction and cover every two weeks at sites serving less than 500 people; weekly compaction and cover for sites serving from 500 to 1,000 people; and twice

weekly compaction and cover for sites serving from 1,000 to 2,000 people. The variance may be revoked whenever the Department of Environmental Quality determines that the circumstances warranting the variance no longer exist.

2. Incineration -- Where incineration is to be employed, the plans and specifications, along with any other information necessary to evaluate the project, shall be submitted to the Department and approval received prior to construction. In addition, an approved method for the disposal of non-combustible refuse is required. Where incineration is proposed, the following items shall be provided:
  - a. The capacity of the incinerator shall be sufficient for the maximum production of refuse expected.
  - b. Noncombustible refuse shall be disposed of by methods approved by the Department.
  - c. Skilled personnel to assure the proper operation and maintenance of the facilities in a nuisance-free manner.
3. Composting -- This method of disposal is acceptable to the Department under the following conditions:
  - a. That plans and specifications and other information necessary to evaluate the project are submitted to the Department and approval received prior to start of construction.
  - b. That provisions are made for the proper disposal of all refuse not considered suitable for composting.
  - c. Skilled personnel shall be provided to assure the proper operation and maintenance of the facilities in a nuisance-free manner.
4. Garbage grinding -- This method, involving the separate collection and disposal of garbage into a community sewerage system through commercial type grinders or mandatory community-wide installation of individual household grinders, will be acceptable to the Department provided that suitable means shall be provided for the disposal of all remaining refuse.
5. Hog feeding -- This method of disposal will only be approved under the following conditions:
  - a. The garbage is collected and stored in suitable containers.
  - b. Only approved type vehicles are used for collection.
  - c. All garbage is effectively heat-treated in accordance with Title 24, Chapter 7, Article 3 (A.R.S. §§ 24-941 through 24-949).
  - d. All remaining refuse, including nonedible garbage, is collected and disposed of separately by methods approved by the Department.
6. Manure disposal -- Manure shall be disposed of by sanitary landfill, composting, incinerating, or used as a fertilizer in such a manner as not to create insect breeding or a nuisance.

**Historical Note**

Section recodified from A.A.C. R18-8-512, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3).

**ARTICLE 4. SOLID WASTE FACILITIES SUBJECT TO BEST MANAGEMENT PRACTICES****R18-13-401. Definitions**

- A. "Department" means the Arizona Department of Environmental Quality.

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- B.** “Material recovery facility” means a transfer facility that collects, compacts, repackages, sorts, or processes commingled recyclable solid waste generated offsite for the purpose of recycling and transport, or where source separated recyclable solid waste is processed for sale to various markets, and where the incoming materials are predominantly recyclable solid waste.
- C.** “Recyclable solid waste” means a product or material described in subsection (C)(1) or (2), and for which subsection (C)(3) is true:
1. A product with no useful life remaining for the purposes for which it was produced, or if useful life remains, the product will not, due to location, quantity, or owner choice, remain in use or be reused for a purpose for which it was produced.
  2. A material that is a result of a process or activity whose purpose was to produce something else.
  3. The product or material retains some economic value, with or without further processing, as a raw material or feedstock in some process other than incineration or combustion.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4).

**R18-13-402. Solid Waste Facilities Subject to Best Management Practices; Fees**

- A.** The following solid waste facilities subject to best management practices under A.R.S. § 49-762.02 shall register with the Department and pay registration fees as provided in this Section:
1. A transfer facility, as defined in A.R.S. § 49-701, with a daily throughput of 180 cubic yards or less, but not including:
    - a. A material recovery facility where the incoming materials are primarily source separated recyclables; or
    - b. Community or neighborhood recycling bins including drop boxes, roll off containers, and plastic containers used to collect residential, business, or governmental recyclable solid waste.
  2. A site at which more than 500 and fewer than 5,000 waste tires are stored on any day that is not required to obtain plan approval pursuant to A.R.S. § 49-762.
- B.** Initial registration. A new solid waste facility listed in subsection (A) shall not begin operation until the owner or operator registers with the Department on a form approved by the Department. The owner or operator of a new solid waste facility listed in subsection (A) shall submit an initial registration fee of \$1,485 at the time of registration under this subsection.
- C.** Annual registration fee. The Department shall bill an annual registration fee of \$742 to a registered solid waste facility listed in subsection (A) that has not filed a notice of termination of registration with the Department. The owner or operator of a registered solid waste facility listed in subsection (A) shall pay the annual registration fee within 30 days of invoice receipt.
- D.** Registration as a waste tire collection site under R18-13-1211 shall satisfy registration and fee requirements pursuant to this Section for a site under subsection (A)(2) of this Section.
- E.** Beginning July 1, 2026, the Director shall adjust the fee amounts in subsections (B) and (C) of this Section annually by the following method, except that no adjustment in any year

shall exceed four percent of the fee amount of the preceding year:

1. Multiply the amount by the October CPI for the most recent year and then divide by the October CPI for the year 2024. The October CPI for any year is the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-Scottsdale, AZ, all items, published by the United States Department of Labor at [www.bls.gov/cpi/regional-resources.htm](http://www.bls.gov/cpi/regional-resources.htm), for October of that year.
2. Round the result from subsection (E)(1) down to the nearest cent. ADEQ shall post the new amounts on its webpage and install them in the billing software as soon as practicable.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4). Section amended by emergency rulemaking at 31 A.A.R. 1897 (June 13, 2025), effective June 6, 2025, for 180 days (Supp. 25-2). Amended by final rulemaking at 31 A.A.R. 4716 (December 26, 2025), with an immediate effective date of December 3, 2025 (Supp. 25-4).

**ARTICLE 5. REQUIREMENTS FOR SOLID WASTE FACILITIES SUBJECT TO SELF-CERTIFICATION****R18-13-501. Solid Waste Facilities Requiring Self-Certification; Registration Fees**

- A.** The following solid waste facilities requiring self-certification under A.R.S. § 49-762.01 shall register with the Department and pay annual registration fees as provided in this Section:
1. A transfer facility, as defined in A.R.S. § 49-701, with a daily throughput of more than 180 cubic yards, including a material recovery facility, but not including:
    - a. A material recovery facility where the incoming materials are primarily source separated recyclables; or
    - b. Community or neighborhood recycling bins including drop boxes, roll off containers, and plastic containers used to collect residential, business, or governmental recyclable solid waste.
  2. A facility storing 5,000 or more waste tires on any one day and not required to obtain plan approval.
  3. A waste tire shredding and processing facility.
- B.** Initial registration for a new facility. The owner or operator of a planned new facility identified in subsection (A) of this Section shall submit the following information to the Department before beginning construction:
1. The name of the solid waste facility.
  2. The name, mailing address and telephone number of each owner and operator of the solid waste facility.
  3. The physical location of the solid waste facility by physical address, latitude and longitude, or legal description. If none of these are practical, by driving directions from the nearest city or town.
  4. A brief description of operations, including waste management methods, types and volumes of waste handled, waste storage and treatment equipment, and the length of time the waste remains onsite.
  5. A diagram of the property showing its approximate size and the planned location of the solid waste facility or facilities.
  6. Documentation that the facility will comply with local zoning laws or, if the owner is an agency or political subdivision of this state, with A.R.S. § 49-767.

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7. Documentation that the facility has any other environmental permit that is required by statute.
  8. A copy of the public notice in a newspaper of general circulation in the area where the facility will be located stating the intent to construct and operate a new solid waste facility pursuant to A.R.S. § 49-762.05.
- C.** Initial and annual registration for an existing facility. The owner or operator of an existing facility identified in subsection (A) of this Section shall submit the following information to the Department annually on a form approved by the Department and note any changes since the last registration:
1. The name of the solid waste facility.
  2. The name, address and telephone number of each owner and operator of the solid waste facility.
  3. The physical location of the solid waste facility by physical address, latitude and longitude, or legal description. If none of these are practical, by driving directions from the nearest city or town.
  4. A brief description of operations, including waste management methods, types and volumes of waste handled, waste storage and treatment equipment, and the length of time the waste remains onsite.
  5. A diagram of the property showing its approximate size and the location of the solid waste facility or facilities.
  6. Documentation that the facility remains in compliance with the most current local zoning laws or with A.R.S. § 49-767, as applicable.
  7. Documentation that the facility continues to hold any other environmental permit that is required by statute.
- D.** Self-certification. With each registration under subsection (B) or (C) of this Section, the owner or operator shall certify that the information submitted is true, accurate, and complete to the best of the person's knowledge and belief.
- E.** Registration fees. The owner or operator of a transfer facility under subsection (A)(1) shall pay the Department \$1,485 for the initial registration of a new facility, and \$742 for each annual registration thereafter. The owner or operator of a tire facility under subsection (A)(2) or (3) shall pay the Department \$1,485 for the initial registration of a new facility, and \$371 for each annual registration thereafter. The Department shall bill the annual registration fee to a solid waste facility under subsection (A) that has not filed a notice of termination of registration with the Department and the solid waste facility shall pay within 30 days of invoice receipt.
- F.** Beginning July 1, 2026, the Director shall adjust the fee amounts in subsection (E) of this Section annually by the following method, except that no adjustment in any year shall exceed four percent of the fee amount of the preceding year:
1. Multiply the amount by the October CPI for the most recent year and then divide by the October CPI for the year 2024. The October CPI for any year is the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-Scottsdale, AZ, all items, published by the United States Department of Labor at [www.bls.gov/cpi/regional-resources.htm](http://www.bls.gov/cpi/regional-resources.htm), for October of that year.
  2. Round the result from subsection (F)(1) down to the nearest cent. ADEQ shall post the new amounts on its webpage and install them in the billing software as soon as practicable.
- G.** As used in this Section:
1. "Department" means the Arizona Department of Environmental Quality.
  2. "Material recovery facility" means a transfer facility that collects, compacts, repackages, sorts, or processes com-

mingled recyclable solid waste generated offsite for the purpose of recycling and transport, or where source separated recyclable solid waste is processed for sale to various markets, and where the incoming materials are predominantly recyclable solid waste.

3. "Recyclable solid waste" means a product or material described in subsection (G)(3)(a) or (b), and for which subsection (G)(3)(c) is true:
  - a. A product with no useful life remaining for the purposes for which it was produced, or if useful life remains, the product will not, due to location, quantity, or owner choice, remain in use or be reused for a purpose for which it was produced.
  - b. A material that is a result of a process or activity whose purpose was to produce something else.
  - c. The product or material retains some economic value, with or without further processing, as a raw material or feedstock in some process other than incineration or combustion.

**Historical Note**

New Section made by final rulemaking at 18 A.A.R. 1217, effective July 1, 2012 (Supp. 12-2). Amended by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4). Section amended by emergency rulemaking at 31 A.A.R. 1897 (June 13, 2025), effective June 6, 2025, for 180 days (Supp. 25-2). Amended by final rulemaking at 31 A.A.R. 4716 (December 26, 2025), with an immediate effective date of December 3, 2025 (Supp. 25-4).

**ARTICLE 6. RESERVED****ARTICLE 7. SOLID WASTE FACILITY PLAN REVIEW FEES****R18-13-701. Definitions**

In addition to the definitions provided in A.R.S. §§ 49-701, 49-701.01, and 49-851, and 18 A.A.C. 13, the following definitions apply in this Article:

1. "Aquifer Protection Permit" or "APP" means the permit that is required pursuant to A.R.S. § 49-241.
2. "MSWLF" means a municipal solid waste landfill as defined in A.R.S. § 49-701.
3. "Non-APP requirements for Non-MSWLFs" means 40 CFR 257 requirements and the restrictive covenant and location restrictions required in A.R.S. Title 49, Chapter 4.
4. "Non-MSWLF" means a landfill that is not a municipal solid waste landfill as defined in A.R.S. § 49-701.
5. "RD&D" means research, development, and demonstration.
6. "Review hours" means the hours or portions of hours that the Department's staff spends on a request for a plan review. Review hours include the time spent by the project manager and technical review team members, and if requested by the applicant, the supervisor or unit manager.
7. "Review-related costs" means any of the following costs applicable to a specific plan review:
  - a. Presiding officer services for public hearings on a plan review decision,
  - b. Court reporter services for public hearings on a plan review decision,
  - c. Facility rentals for public hearings on a plan review decision,

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- d. Charges for laboratory analyses performed during the plan review,
  - e. Other reasonable and necessary review-related expenses documented in writing by the Department and agreed to by an applicant.
8. "Solid waste facility plan" means a plan or the individual components of a plan, such as the design, operational, closure, or post-closure plan, or the demonstration of financial responsibility as required by A.R.S. § 49-770, submitted to the Department for review and plan approval.

**Historical Note**

Adopted effective July 1, 1996; filed in the Office of the Secretary of State December 1, 1995 (Supp. 95-4). Amended effective May 15, 1997 (Supp. 97-2). Amended by exempt rulemaking at 8 A.A.R. 3747, effective November 1, 2002 (Supp. 02-3). Amended by final rulemaking at 18 A.A.R. 1217, effective July 1, 2012 (Supp. 12-2).

**R18-13-702. Solid Waste Facility Plan Review Fees**

- A. With each application submitted for approval pursuant to A.R.S. § 49-762.03, the applicant shall remit an initial fee in accordance with one of the fee tables in this subsection, unless otherwise provided in subsection (B) of this Section. This subsection also lists the maximum fees that the Department will bill the applicant. All fees paid shall be payable to the state of Arizona. The Department shall deposit the fees paid into the Solid Waste Fee Fund established pursuant to A.R.S. § 49-881, unless otherwise authorized or required by law.

**Fee Tables****Fees for Plan Review of New Solid Waste Facilities**

	Initial	Maximum
Solid Waste Landfills	\$20,000	\$297,047
Non-APP requirements for Non-MSWLFs operating under an APP	\$2,000	\$74,262
Other Solid Waste Facilities Subject to Plan Approval	\$10,000	\$148,524

**Fees for Modifications to Solid Waste Facility Plans**

	Initial	Maximum
Solid Waste Landfills – Type IV	\$1,500	\$222,786
Solid Waste Landfills – Type III	\$750	\$111,393
Other Solid Waste Facilities Subject to Plan Approval - Type IV	\$750	\$111,393
Other Solid Waste Facilities Subject to Plan Approval - Type III	\$500	\$74,262

**Fees for Review of Financial Responsibility Plans for Solid Waste Facilities**

	Initial	Maximum
Annual Review for Solid Waste Landfills	\$891 Flat Fee	N/A
Other Solid Waste Facilities	\$200	\$7,426

- B. The Department shall bill an applicant for plan review services, subject to an hourly rate, no more than monthly, but at least semi-annually. The following information shall be included in each bill:
1. The dates of the billing period;
  2. After January 1, 2013, the date and number of review hours performed during the billing period itemized by employee name, position type and specifically describing:

- a. Each review task performed,
  - b. The facility and operational unit involved, and
  - c. The hourly rate;
3. A description and amount of any other reasonable review-related cost; and
  4. The total fees paid to date, the total fees due for the billing period, the date when the fees are due, and the maximum fee for the project.
- C. Within 30 days after the Department makes a final determination whether to approve or disapprove of the facility plan, or when an applicant withdraws or closes the application for review, the Department shall prepare and issue a final itemized bill of its review. If the Department determines that the actual cost of reviewing the plan is less than the initial fee and any interim fees paid, the Department shall refund the difference to the applicant within 30 days after the issuance of the approval or disapproval of the application. If the Department determines that the actual cost of plan review is greater than the corresponding amount listed, the Department shall list the amount that the applicant owes on the final itemized bill, except that the final itemized bill shall not exceed the applicable maximum fee specified in subsection (A). The applicant shall pay in full the amount due within 30 days of receipt of the final itemized bill.
- D. If the final bill is not paid within the 30 days, the Department shall mail a second notice to the applicant. Failure to pay the amount due within 60 days of receipt of the notice shall result in the Department initiation of proceedings for suspension of the approval, in accordance with A.R.S. § 49-782. The suspension shall continue until full payment is received at the Department. If full payment is not received at the Department within 365 days of the date of the approval, the approval shall be revoked in accordance with A.R.S. § 49-782. The Department shall not review any further plans for an entity which has not paid all fees due for a previous review of a solid waste facility plan.
- E. The hourly rate is \$181.
- F. Beginning July 1, 2026, the Director shall adjust the fee amounts in the columns of the Fee Tables titled "Maximum", the annual review for solid waste landfills flat fee in the Fee Table - Fees for Review of Financial Responsibility Plans for Solid Waste Facilities, and the hourly rate amount in subsection (E) of this Section annually by the following method, except that no adjustment in any year shall exceed four percent of the fee amount of the preceding year:
1. Multiply the amount by the October CPI for the most recent year and then divide by the October CPI for the year 2024. The October CPI for any year is the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-Scottsdale, AZ, all items, published by the United States Department of Labor at [www.bls.gov/cpi/regional-resources.htm](http://www.bls.gov/cpi/regional-resources.htm), for October of that year.
  2. Round the result from subsection (F)(1) down to the nearest cent. ADEQ shall post the new amounts on its webpage and install them in the billing software as soon as practicable.

**Historical Note**

Adopted effective July 1, 1996; filed in the Office of the Secretary of State December 1, 1995 (Supp. 95-4). Corrected typographical error "facilities" in Schedules A, B, and C, to reflect Section filed in the Office of the Secretary of State December 1, 1995. Section amended effective May 15, 1997; except for special waste management plan component fees listed in Schedules A, B, and C,



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which become effective July 1, 1997 (Supp. 97-2). Amended by exempt rulemaking at 5 A.A.R. 3869, effective October 1, 1999 (Supp. 99-3). Amended by exempt rulemaking at 8 A.A.R. 3747, effective November 1, 2002 (Supp. 02-3). Amended by final rulemaking at 18 A.A.R. 1217, effective July 1, 2012 (Supp. 12-2). Amended by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4). Amended by final rulemaking at 31 A.A.R. 4716 (December 26, 2025), with an immediate effective date of December 3, 2025 (Supp. 25-4).

**R18-13-703. Review of Bill**

- A.** An applicant who disagrees with the final bill received from the Department for plan review and issuance or denial of a solid waste facility plan approval under this Article may make a written request to the Director for a review of the bill and may pay the bill under protest. The request for review shall specify the matters in dispute and shall be received by the Department within 10 working days of the date of receipt of the final bill.
- B.** Unless the Department and applicant agree otherwise, the review shall take place within 30 days of receipt by the Department of the request. The Director shall make a final decision as to whether the time and costs billed are correct and reasonable. The final decision shall be mailed to the applicant within 10 working days after the date of the review and is subject to appeal pursuant to A.R.S. §§ 41-1092 through 1092.12.

**Historical Note**

Adopted effective July 1, 1996; filed in the Office of the Secretary of State December 1, 1995 (Supp. 95-4). Amended by final rulemaking at 18 A.A.R. 1217, effective July 1, 2012 (Supp. 12-2). Amended by final expedited rulemaking at 27 A.A.R. 57, with an immediate effective date of January 5, 2021 (Supp. 21-1).

**R18-13-704. Repealed****Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 3747, effective November 1, 2002 (Supp. 02-3). Section repealed by final rulemaking at 18 A.A.R. 1217, effective July 1, 2012 (Supp. 12-2).

**R18-13-705. Repealed****Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 3747, effective November 1, 2002 (Supp. 02-3). Section repealed by final rulemaking at 18 A.A.R. 1217, effective July 1, 2012 (Supp. 12-2).

**R18-13-706. Repealed****Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 3747, effective November 1, 2002 (Supp. 02-3). Section repealed by final rulemaking at 18 A.A.R. 1217, effective July 1, 2012 (Supp. 12-2).

**ARTICLE 8. GENERAL PERMITS****R18-13-801. General Permit Fees**

- A.** The Department shall assess annual fees for operation under a general permit established in rule as described in the Table below. Beginning July 1, 2026, the Director shall adjust the fee amounts in the Table below annually by the following method,

except that no adjustment in any year shall exceed four percent of the fee amount of the preceding year:

1. Multiply the amount by the October CPI for the most recent year and then divide by the October CPI for the year 2024. The October CPI for any year is the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-Scottsdale, AZ, all items, published by the United States Department of Labor at [www.bls.gov/cpi/regional-resources.htm](http://www.bls.gov/cpi/regional-resources.htm), for October of that year.
  2. Round the result from subsection (A)(1) down to the nearest cent. ADEQ shall post the new amounts on its webpage and install them in the billing software as soon as practicable.
- B.** In addition to the technical requirements proposed for any general permit to be included in this Article, the Department shall propose the category to be assigned to the permit according to the Table below.
- C.** An applicant shall pay the initial fee when approval to operate is requested. The Department shall bill an annual fee to facilities that have not notified the Department that they are no longer operating and have met the closure requirements of this Chapter.
- D.** For the purpose of this Article, “complex” has the meaning in A.A.C. R18-1-501. “Standard” is any facility that is not complex.

**Table. Solid Waste General Permits**

Category	Initial Fee	Annual Fee
Collection, Storage and Transfer-Standard	\$1,114	\$149
Collection, Storage and Transfer-Complex	\$11,139	\$1,485
Treatment-Standard	\$1,485	\$149
Treatment-Complex	\$14,852	\$1,485
Disposal	\$22,279	N/A

**Historical Note**

New Section made by final rulemaking at 18 A.A.R. 1217, effective July 1, 2012 (Supp. 12-2). Amended by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4). Amended by final rulemaking at 31 A.A.R. 4716 (December 26, 2025), with an immediate effective date of December 3, 2025 (Supp. 25-4).

**R18-13-802. Disposal General Permit: Non-Municipal Solid Waste Landfills at Mining Operations**

- A.** This general permit is adopted pursuant to A.R.S. § 49-706 as an alternative to plan approvals for facilities identified in A.R.S. § 49-762(A)(1). This general permit authorizes disposal of solid waste in a landfill at a mining operation if the landfill meets one of the following criteria:
1. The landfill is identified as a discharging facility in an area-wide aquifer protection permit and is located within the pollutant management area developed for that permit; or
  2. The landfill is located within the pollutant management area of an area-wide aquifer protection permit but is exempt from the permit requirement because it contains only inert material as defined in A.R.S. § 49-201; or
  3. The landfill is located at a site qualifying as a groundwater protection permit facility as defined in A.R.S. § 49-241.01(C) and the site has submitted an administratively complete application for an aquifer protection permit that has not been denied. Landfills that are located at mining operations and that are subject to best management prac-

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tices under A.R.S. § 49-762.02(6) are required to comply with those practices and do not require coverage under this general permit.

**B. Authorized and prohibited materials.**

1. Disposal of the following is allowed under this general permit:
  - a. Solid waste generated at the mining operation where the landfill is located; and
  - b. Incidental amounts of putrescible waste generated at the mining operation where the landfill is located. For the purposes of this Section, "putrescible waste" means solid waste which contains organic matter capable of being decomposed by microorganisms and of such a character and proportion as to be capable of attracting or providing food for birds.
2. Disposal of the following is prohibited under this general permit:
  - a. Used oil as defined in A.R.S. § 49-801(3).
  - b. Human excreta as defined in R18-13-1102.
  - c. Special waste as defined in A.R.S. § 49-851(A)(5).
  - d. Biohazardous medical waste as defined in R18-13-1401.
  - e. Radioactive waste material regulated for disposal pursuant to Title 12, Chapter 1 of the Arizona Administrative Code.
  - f. Hazardous waste as defined in A.R.S. § 49-921(5), including hazardous waste generated by a conditionally exempt small quantity generator.
  - g. Bulk or noncontainerized liquid waste.
  - h. Waste containing polychlorinated biphenyls regulated for disposal pursuant to 40 CFR 761.

**C. A person may operate a landfill at a mining operation under this general permit if:**

1. Operation of the landfill complies with the requirements of this Section;
2. The person files a Notice of Intent to Operate that complies with subsections (D) and (E);
3. The person satisfies any requests for additional information from the Department regarding the Notice of Intent to Operate landfill operation and receives a written Authorization to Operate from the Director; and
4. The person submits the applicable fee established in R18-13-801 for the Disposal category.

**D. Notice of Intent to Operate.** An applicant shall submit to the Department a Notice of Intent to Operate under this general permit. The Notice shall contain:

1. The name, address, and telephone number of the applicant;
2. The name, address, and telephone number of a contact person familiar with the operation of the facility;
3. The legal description of the landfill area, latitude and longitude coordinates, a detailed figure(s) showing both the existing landfill boundary and the anticipated future waste footprint of the landfill at the time of closure, and a map showing the location of the landfill within the mining operation;
4. A description of how the applicant will meet the public access restrictions in subsection (H)(3);
5. A description of how the applicant will meet the cover requirements in subsection (H)(4);
6. A description of how the applicant will meet the methane requirements in subsection (H)(5). For landfills that have accepted waste prior to the effective date of this Section

only, the applicant shall include recent methane monitoring sampling results from either:

- a. One (1) measurement per acre of landfill waste footprint; or
  - b. A minimum of four (4) monitoring probes installed to the depth of refuse around the perimeter of the landfill and measured quarterly for the presence of methane gas for a period of one (1) year;
7. A narrative description of the landfill, including whether the landfill is existing or planned, the acreage of the current and planned waste footprint, estimated disposal capacity in cubic yards, expected lifespan, projected rate of waste disposal in tons per day or per week, and sources of solid waste generation;
  8. A listing of any other federal or state environmental permits issued for or needed by the landfill, including any individual plan approval, APP, Groundwater Quality Protection Permit, or Notice of Disposal; and
  9. A signature on the Notice of Intent to Operate certifying that the applicant agrees to comply with all terms of this general permit.
- E. Existing facility application deadline.** Existing facilities that qualify for coverage under subsections (A)(1), (A)(2), or (A)(3) on the effective date of this rule shall submit a Notice of Intent to Operate within 2 years of the effective date of this rule to obtain coverage. The Director may extend this date in individual cases if the facility could not have submitted an administratively complete Notice in time with reasonable diligence.
- F. Authorization review.**
1. Inspection. The Department may inspect the facility to determine that the applicable terms of this general permit are being met.
  2. Authority to Operate issuance.
    - a. If the Department determines, based on its review and an inspection, if conducted, that the facility conforms to the requirements of this general permit, the Director shall issue an Authority to Operate.
    - b. The Authority to Operate authorizes the person to operate the landfill under the terms of this general permit.
  3. Authority to Operate denial. If the Department determines, based on its review and an inspection, if conducted, that the facility does not conform to the requirements of this general permit, the Director shall notify the person of the decision not to issue the Authority to Operate and the person shall not operate the landfill under this general permit. The notification shall inform the person of:
    - a. The reason for the denial with reference to the statute or rule on which the denial is based;
    - b. The person's right to appeal the denial, including the number of days the applicant has to file a protest challenging the denial and the name and telephone number of the Department contact person who can answer questions regarding the appeals process; and
    - c. The person's right to request an informal settlement conference under A.R.S. §§ 41-1092.03(A) and 41-1092.06.
- G. Statutory requirements.** The landfill shall be:
1. Located according to the applicable location restrictions in A.R.S. § 49-772; and
  2. Subject to a restrictive covenant recorded pursuant to A.R.S. § 49-771.

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**H. Operational requirements.**

1. Inspect the landfill at least quarterly and after large storm events for overall integrity and condition of the facility, including stormwater diversions, and conduct maintenance and repairs as needed. For the purposes of this Section, a "large storm event" is defined as one-half inch of precipitation in any 24-hour period.
2. Direct storm water runoff from surrounding areas away from the landfill.
3. Restrict public access to the landfill or to the mining operation site by signs or physical barriers, including natural barriers.
4. Apply cover at such frequencies and in such a manner as to control windblown dispersion of waste, reduce the risk of fire and impede disease vectors' access to the waste, taking into account the types and volumes of waste placed in the landfill, the frequency of disposal, and other relevant considerations. The Department may allow other techniques that are demonstrated to be equally protective as applying cover material.
5. Concentrations of methane gas shall not exceed 25% of the lower explosive limit in facility structures within 100 feet of the landfill boundary and shall not exceed the lower explosive limit beyond the landfill boundary.
6. Methane monitoring.
  - a. For landfills that have accepted waste prior to the effective date of this Section only, the applicant shall include recent methane monitoring data as described in subsection (D)(6) with the Notice of Intent to Operate.
    - i. If the data demonstrate that concentrations of methane gas do not exceed 25% of the lower explosive limit, then no methane monitoring is required in order to operate under this permit.
    - ii. If the data demonstrate that concentrations of methane gas exceed 25% of the lower explosive limit, then annual methane monitoring using one of the data gathering methods described in subsection (D)(6) is required in order to operate under this permit. Results of such annual methane monitoring shall be submitted to the Department.
      - (1) A person operating a landfill subject to annual methane monitoring may reduce monitoring to once every five years if the results of three consecutive annual sampling events demonstrate that concentrations of methane gas do not exceed 25% of the lower explosive limit.
      - (2) A person operating a landfill subject to annual methane monitoring may request the Department to reduce or eliminate such monitoring based on any other methods approved by the Department, including consideration of the potential for methane gas to be present in facility structures within 100 feet of the landfill boundary at concentrations exceeding 25% of the lower explosive limit.
  - b. For landfills that have not accepted waste prior to the effective date of this Section, no methane monitoring is required in order to obtain coverage or operate under this permit.

7. Maintain an operating record that documents compliance with the conditions in this permit.

- I. Recordkeeping.** A permittee shall maintain the following information for at least 10 years and make it available to the Department upon request:
  1. Landfill construction drawings and as-built plans, if available;
  2. The operating record required by subsection (H)(7); and
  3. Methane monitoring results, if any, obtained under subsection (H)(6).
- J. Reporting requirements.** A permittee shall report the following to the Department:
  1. Methane monitoring concentrations that exceed those listed in subsection (H)(5) within 7 days of the determination.
  2. A change in ownership or expansion of the planned waste footprint as soon as practicable. These events shall require the filing of a new Notice of Intent to Operate.
- K. General applicability.** Landfills covered under this general permit:
  1. Are not subject to rules adopted by the Department under A.R.S. § 49-761.
  2. Are exempt from the solid waste facility plan requirements in A.R.S. §§ 49-762.03 and 49-762.04 as provided in A.R.S. § 49-762(B).
- L.** For the purposes of this Section, "mining" has the definition at A.R.S. § 27-301.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 2679, effective November 9, 2014 (Supp. 14-3).

**ARTICLE 9. SOLID WASTE MANAGEMENT PLANNING**

**R18-13-901. Reserved**

**R18-13-902. Expired**

**Historical Note**

Section recodified from A.A.C. R18-8-402, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3). Section expired under A.R.S. § 41-1056(J) at 22 A.A.R. 2983, effective September 15, 2016 (Supp. 16-3).

**ARTICLE 10. COAL COMBUSTION RESIDUALS****R18-13-1001. Applicability; Incorporation by Reference; General Provisions**

- A.** This Article becomes effective as follows:
  1. Provisions related to the submission of initial CCR permit applications, including R18-13-1010(A), R18-13-1010(B)(1), R18-13-1010(C), R18-13-1010(D), R18-13-1010(E), R18-13-1010(G), R18-13-1021(B), (D), and (E), and applicable definitions, are effective 60 days after the filing of this rule with the Secretary of State.
  2. All other provisions of this Article are effective upon the date of CCR program approval.
- B.** Any reference or citation to 40 CFR 257, or a section thereof, appearing in the body of this Article includes any modification to the CFR or section made by this Article. When federal regulatory language that has been incorporated by reference into Arizona rule has also been amended, brackets [ ] indicate where the amended language would be placed if it was part of the federal regulation. The subsection labeling for incorporated material in this Article may not conform to the Arizona Secretary of State's formatting requirements, because the for-

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matting reflects the structure of the incorporated federal regulation.

- C. 40 CFR 257.50 through 257.53, revised as of December 14, 2020 (and no future editions) are incorporated by reference, modified by the following subsections, and on file with the Arizona Department of Environmental Quality (ADEQ) with the exception of the following:

1. 40 CFR 257.50(e) is not incorporated by reference;
2. 40 CFR 257.51 is not incorporated by reference. 40 CFR 257, subpart D was effective as federal law as provided therein, but is effective as state law, as incorporated in this Article, on the effective date of CCR program approval.

- D. 40 CFR 257.53, titled "Definitions", is amended as follows:

1. "New CCR surface impoundment" means:
  - [a. In the places listed below, a CCR surface impoundment that begins construction or operation after the effective date of these rules:
    - i. R18-13-1002(B), (C), and (D);
    - ii. R18-13-1003.01;
    - iii. R18-13-1004(B), (C) and (D);
    - iv. R18-13-1010(D)(11);
    - v. R18-13-1010.01; and
    - vi. R18-13-1017(E).
  - b. Other than as listed in paragraph (a),] a CCR surface impoundment or lateral expansion of an existing or new CCR surface impoundment that first receives CCR or commences construction after October 19, 2015. A new CCR surface impoundment has commenced construction if the owner or operator has obtained the federal, state, and local approvals or permits necessary to begin physical construction and a continuous on-site, physical construction program had begun after October 19, 2015.
2. "Participating State" means [Arizona, after CCR program approval.]
3. "Participating State Director" means the [Director of ADEQ, after CCR program approval.]
4. "Qualified professional engineer" means an individual who is licensed by [the state of Arizona] as a Professional Engineer to practice one or more disciplines of engineering and who is qualified by education, technical knowledge and experience to make the specific technical certifications required under this [Article. An engineer is considered qualified to provide information to the Director regarding the safe storage level of a reservoir if the engineer:
  - a. Is licensed in accordance with A.R.S. Title 32, Chapter 1, with proficiency in engineering and knowledge of dam technology,
  - b. Has three years of experience in the field of dam safety, and
  - c. Has actual experience in conducting dam safety inspections.]
5. "State" means [Arizona.]

- E. In addition to the definitions in 40 CFR 257.53:

1. "ADEQ" or "Department" means the Arizona Department of Environmental Quality.
2. "Applicable requirement" means a requirement in A.R.S. Title 49, Chapter 4, this Article, or Article 17, to which an owner or operator is subject based on the applicability criteria in these laws.

3. "CCR multi-unit" means a group of CCR units operating with a multi-unit groundwater monitoring system complying with 40 CFR 257.91(d).
4. "CCR program approval" means United States Environmental Protection Agency approval of the Arizona coal combustion residuals program in accordance with 42 United States Code section 6945(d)(1).
5. "Certification from a qualified professional engineer or approval from the Participating State Director or approval from EPA where EPA is the permitting authority" means "certification from a qualified professional engineer, approved by the Director or EPA where EPA is the permitting authority", unless specifically provided otherwise.
6. "Director" or "State Director" means [the director of ADEQ.]
7. "Discharge" has the same meaning prescribed in A.R.S. § 49-201.
8. "EPA" means the United States Environmental Protection Agency.

- F. The following definitions are also applicable in this Article:

1. "Appurtenant structure" means any structure that is contiguous and essential to the safe operation of the CCR surface impoundment including embankments, saddle dikes, outlet works and controls, diversion ditches, spillway and controls, access structures, bridges, and related housing at a surface impoundment.
2. "Emergency spillway" means a spillway designed to safely pass the inflow design flood routed through the reservoir. If the flow is controlled by gates, it is a controlled spillway. If the flow is not controlled by gates, it is an uncontrolled spillway.
3. "Incremental adverse consequences" means under the same loading conditions, the additional adverse consequences such as economic, intangible, lifeline, or human losses, that would occur due to the failure or improper operation of the CCR surface impoundment over those that would have occurred without failure or improper operation of the CCR surface impoundment.
4. "Intangible losses" means incremental adverse consequences to property that are not economic in nature, including property related to social, cultural, unique, or resource-based values, including the loss of irreplaceable and unique historic and cultural features; long-lasting pollution of land or water; or long-lasting or permanent changes to the ecology, including fish and endangered species habitat identified and evaluated by a public natural resource management or protection agency.
5. "Maximum credible earthquake" means the most severe earthquake that is believed to be possible at a point on the basis of geologic and seismological evidence.
6. "Maximum water surface" means the maximum elevation of the reservoir water level attained during routing of the inflow design flood.
7. "Outlet works" means a closed conduit under or through a CCR surface impoundment or through an abutment for the controlled discharge of the contents normally impounded by a CCR surface impoundment and reservoir. The outlet works include the inlet and outlet structures appurtenant to the conduit. Outlet works may be controlled or uncontrolled.
8. "Probable maximum flood" or "PMF" means the flood runoff expected from the most severe combination of critical meteorologic and hydrologic conditions that are rea-

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sonably possible in the [region, including rain and snow where applicable. 0.5 PMF is that flood represented by the flood hydrograph with ordinates equal to 0.5 the corresponding ordinates of the PMF hydrograph.]

9. "Probable maximum precipitation" means the greatest depth of precipitation for a given duration that is theoretically physically possible over a particular size storm area at a particular geographical location at a particular time of year.
10. "Reservoir" means a CCR surface impoundment.
11. "Residual freeboard" or "freeboard" means the vertical distance between the highest water surface elevation during the inflow design flood and the lowest point at the top of the CCR surface impoundment.
12. "Safe storage level" means the maximum reservoir surface elevation at which the Director determines it is safe to impound water, other liquids, or CCR in the reservoir.
13. "Safety deficiency" means a condition at a CCR surface impoundment that impairs or adversely affects the safe operation of the CCR surface impoundment.
14. "Spillway crest" means the highest elevation of the floor of the spillway along a centerline profile through the spillway.
15. "Storage capacity" means the maximum volume of CCR, liquid, sediment, or debris that can be impounded in the reservoir with no discharge, including the situation where an uncontrolled outlet becomes plugged. When spillways are present, the storage capacity is reached when the reservoir level is at the crest of the emergency spillway, or at the top of permanently mounted emergency spillway gates in the closed position. Storage capacity excludes dead storage below the natural ground surface.
16. "Total freeboard" means the vertical distance between the emergency spillway crest or the safe storage level and the top of the CCR surface impoundment.
17. "Unsafe" means that safety deficiencies in a CCR surface impoundment or spillway could result in failure of the CCR surface impoundment with subsequent loss of human life or significant property damage.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1002. Location Restrictions**

- A. 40 CFR 257.60 through 40 CFR 257.64, revised as of December 14, 2020 (and no future editions) are incorporated by reference, modified by the following subsections, and on file with ADEQ.
- B. In addition to the location requirements in 40 CFR 257.62(a), new CCR surface impoundments and all lateral expansions of CCR surface impoundments shall not be located within 60 meters (200 feet) of the outermost damage zone of a fault that has had displacement in either Holocene or Late Pleistocene time unless the owner or operator demonstrates by the date specified in § 257.62(c)(2) that an alternative setback distance of less than 60 meters (200 feet) will prevent damage to the structural integrity of the CCR impoundment.
- C. In addition to the requirements in 40 CFR 257.63(a), the following requirements are added:
  1. For a new or lateral expansion of a CCR surface impoundment, the owner or operator shall submit a review of the seismic or earthquake history of the area around the surface impoundment within a radius of 100

miles to establish the relationship of the site to known faults and epicenters. The review shall include any known earthquakes and the epicenter locations and magnitudes of the earthquakes.

2. For a new or lateral expansion of a CCR surface impoundment, the owner or operator shall identify the location of active or potentially active faults that have experienced Holocene or Late Pleistocene displacement within a radius of 100 miles of the site.
3. For a new or lateral expansion of a high or significant hazard potential CCR surface impoundment, the owner or operator shall design the impoundment to withstand the maximum credible earthquake or the maximum horizontal acceleration, whichever is greater.
- D. In addition to the requirements in 40 CFR 257.64, the owner or operator shall not construct a new CCR surface impoundment or a CCR surface impoundment lateral expansion on active faults, as defined by § 257.62(a), collapsible soils, dispersive soils, sinkholes, fissures, or soils with the potential for subsidence, unless the owner or operator demonstrates that the CCR surface impoundment can safely withstand the anticipated offset or other unsafe effects on the CCR surface impoundment.
- E. Subsections (B), (C), and (D) of this Section are based on Arizona dam safety standards in existence on July 12, 2024, are additional to those in 40 CFR 257, subpart D, as incorporated in this Article, and do not apply to:
  1. CCR surface impoundments with a maximum height of less than 6 feet, regardless of storage capacity;
  2. CCR surface impoundments with a maximum height of between 6 and 25 feet and a storage capacity of less than 50 acre-feet; or
  3. CCR surface impoundments with a maximum height greater than 25 feet and a storage capacity of 15 acre-feet or less.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1003. Design Criteria**

- A. 40 CFR 257.70 through 40 CFR 257.74, revised as of December 14, 2020 (and no future editions) are incorporated by reference, modified by the following subsections, and on file with ADEQ.
- B. 40 CFR 257.73(a)(4) is amended by deleting "not to exceed a height of 6 inches above the slope of the dike,".
- C. 40 CFR 257.73(d)(1)(iv) is amended by deleting "not to exceed a height of 6 inches above the slope of the dike,".
- D. 40 CFR 257.74(a)(4) is amended by deleting "not to exceed a height of 6 inches above the slope of the dike,".
- E. 40 CFR 257.74(d)(1)(iv) is amended by deleting "not to exceed a height of 6 inches above the slope of the dike,".
- F. 40 CFR 257.74(d)(1)(v)(B) is amended as follows: "(B) The combined capacity of all spillways must adequately manage flow during and following the peak discharge from a:
  - (1) Probable maximum flood (PMF) for a high hazard potential CCR surface impoundment; or
  - (2) 1000-year flood [or 0.5 PMF, whichever is greater] for a significant hazard potential CCR surface impoundment; or
  - (3) 100-year flood [or 0.25 PMF, whichever is greater] for a low hazard potential CCR surface impoundment."
- G. Subsection (F) of this Section is based on Arizona dam safety standards in existence on July 12, 2024, is additional to those

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in 40 CFR 257, subpart D, as incorporated in this Article, and does not apply to:

1. CCR surface impoundments with a maximum height of less than 6 feet, regardless of storage capacity;
2. CCR surface impoundments with a maximum height of between 6 and 25 feet and a storage capacity of less than 50 acre-feet; or
3. CCR surface impoundments with a maximum height greater than 25 feet and a storage capacity of 15 acre-feet or less.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1003.01. Additional Arizona Design Criteria for New CCR Surface Impoundments and Lateral Expansions of CCR Surface Impoundments**

- A. The requirements in this Section are additional to those in 40 CFR 257, subpart D, as incorporated in this Article, and do not replace any requirement of 40 CFR 257, subpart D, as incorporated herein.
  - B. Geotechnical Requirements. The owner or operator shall provide an evaluation of the static stability of the foundation, CCR surface impoundment, and slopes of the reservoir rim.
  - C. CCR surface impoundment Embankment Requirements.
    1. Geotechnical Requirements. Table 1 states additional minimum factors of safety for embankment stability under various loading conditions not covered by 40 CFR 257.74(e).
      - a. The analysis of minimum factors of safety shall include the effects of anisotropy on the phreatic surface position by using a ratio of horizontal permeability to vertical permeability of at least 10. The Director may require ratios of up to 100 if the material types and construction techniques will cause excessive stratification.
      - b. The owner or operator shall use tests modeling the conditions being analyzed to determine the strengths used in the stability analysis. The stability analysis shall include total and effective stress strengths appropriate for the different material zones and conditions analyzed. The stability analysis shall use undrained strengths or strength parameters for all saturated materials.
      - c. If applicable, the owner or operator shall perform an analysis of the upstream slope stability for a partial pool with steady seepage considering the reservoir level that provides the lowest factor of safety.
    2. Seismic Requirements
      - a. The owner or operator shall determine the seismic characteristics of the site as prescribed in R18-13-1002(B) and (C) and R18-13-1010.01(G)(3)(m).
      - b. The owner or operator shall determine the liquefaction susceptibility of the embankment, foundation, and abutments and may use standard penetration testing, cone penetration testing, shear wave velocity measurements, or a combination of these methods to make this determination. The owner or operator shall compute the minimum factor of safety against liquefaction at specific points and make a determination of whether the overall site is subject to liquefaction.
  - c. The owner or operator shall compute a minimum factor of safety against overtopping due to deformation and settlement in each of the following cases. The minimum factor of safety against overtopping can be no less than 2.5, determined by dividing the total pre-earthquake freeboard by the estimated vertical settlement in feet. The owner or operator shall determine the total vertical settlement by adding the settlement values of the upstream and downstream slopes.
    - i. An embankment, foundation, or abutment is not subject to liquefaction, has a maximum peak acceleration of more than 0.2g or a maximum peak acceleration of more than 0.35g and consists of clay on a clay or bedrock foundation; or
    - ii. The embankment, foundation or abutment is subject to liquefaction.
  - d. The owner or operator shall perform a liquefaction analysis to establish approximate boundaries of liquefiable zones and physical characteristics of the soil following liquefaction for an embankment, foundation, or abutment subject to liquefaction. The owner or operator shall perform an analysis of the potential for flow liquefaction.
  - e. Other analytical procedures may be required by the Director for sites with high seismicity or low strength embankment or foundation soils.
3. Miscellaneous Design Requirements
    - a. The design of any significant or high hazard potential CCR surface impoundment shall provide seepage collection and prevent internal erosion or piping due to embankment cracking or other causes.
    - b. The Director shall review the filter and permeability design for a chimney drain, drain blanket, toe drain, or outlet conduit filter diaphragms on the basis of unique site characteristics.
      - i. The minimum thickness of an internal drain is 3 feet.
      - ii. The minimum width of a chimney drain is 6 feet.
      - iii. The owner or operator shall filter match an internal drain to its adjacent material.
      - iv. The owner or operator shall design internal drains with sufficient capacity for the expected drainage without the use of drainpipes using only natural granular materials.
    - c. The use of a geosynthetic is not permitted in a design if it serves as the sole defense against CCR surface impoundment embankment failure. The use of geotextiles and geonets as a filter or drain material or a geomembrane liner is permitted only in a location that is easily accessible for repair or if its excavation cannot create an unsafe condition at the CCR surface impoundment. The Director may impose permit conditions, including monitoring appropriate to the hazard classification, inspection, and necessary repairs.
    - d. The owner or operator shall use armoring on any upstream slope of a CCR surface impoundment embankment. If the owner or operator uses rock rip-rap for armoring, it shall be well-graded, durable, sized to withstand wave action, and placed on a well-graded pervious sand and gravel bedding or

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geotextile with filtering capacity appropriate for the site.

- e. The minimum width of the top of a CCR surface impoundment embankment is equal to the structural height of the CCR surface impoundment divided by 5 plus an additional 5 feet. The required minimum width for any CCR surface impoundment embankment is 12 feet. The maximum width for any CCR surface impoundment embankment is 25 feet.

- D. The requirements in this Section are based on Arizona dam safety standards additional to those in 40 CFR 257, subpart D, as incorporated in this Article, and do not apply to:
  1. CCR surface impoundments with a maximum height of less than 6 feet, regardless of storage capacity;
  2. CCR surface impoundments with a maximum height of between 6 and 25 feet and a storage capacity of less than 50 acre-feet; or
  3. CCR surface impoundments with a maximum height greater than 25 feet and a storage capacity of 15 acre-feet or less.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**Table 1. Minimum Factors of Safety for Stability**  
(Not applicable to an embankment on a clay shale foundation)

Embankment Loading Condition	Minimum Factor of Safety
End of construction case for embankments greater than 50 feet in height on weak foundations	1.4
Steady state seepage - upstream (critical partial pool)	1.5
Instantaneous drawdown - upstream slope	1.2

**Historical Note**

Table 1, Minimum Factors of Safety for Stability, made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1003.02. Additional Emergency Action Plan Requirements for CCR Surface Impoundments**

- A. In addition to the emergency action plan (EAP) requirements in 40 CFR 257.73(a)(3) and 257.74(a)(3), the EAP shall:
  1. Contain a notification chart showing the priority for notification in an emergency situation. The owner shall notify local emergency response agencies, affected downstream populations, county emergency management agencies, and affected flood control districts;
  2. Contain a delineation of potentially unsafe conditions, evaluation procedures, and triggering events that require the initiation of partial or full emergency notification procedures, based on the urgency of the situation; including the following:
    - a. Sliding of upstream or downstream slopes or abutments contiguous to the CCR surface impoundment;
    - b. Sudden subsidence of the top of the CCR surface impoundment;
    - c. Longitudinal or transverse cracking of the top of the CCR surface impoundment;
    - d. Unusual release of water from the downstream slope or face of the CCR surface impoundment;
    - e. Other unusual conditions at the downstream slope of the CCR surface impoundment;

- f. Significant landslides in the reservoir area;
  - g. Increasing volume of seepage;
  - h. Cloudy seepage or recent deposits of soil at seepage exit points;
  - i. Sudden cracking or displacement of concrete in a concrete or masonry CCR surface impoundment spillway or outlet works;
  - j. Loss of freeboard or CCR surface impoundment cross section due to storm wave erosion;
  - k. Flood waters overtopping an embankment CCR surface impoundment; or
  - l. Spillway backcutting that threatens evacuation of the reservoir.
3. Contain a specific notification procedure for each emergency situation anticipated;
  4. Contain a description of emergency supplies and resources, equipment access to the site, and alternative means of communication.
  5. Require the owner to submit a copy of the proposed emergency action plan for review by the Arizona Division of Emergency Management and all local emergency coordinators involved in the plan. The owner shall incorporate appropriate recommendations generated by the reviews and submit the revised emergency action plan to the Department.
  6. Be reviewed and updated, at a minimum, every year to ensure the information is accurate and to incorporate changes such as new personnel, changing roles of emergency agencies, emergency response resources, conditions of the surface impoundment and information learned from mock exercises. The owner shall send updated portions of the plan to persons and agencies holding copies of the plan within 15 days after preparation of an update. The updated plan shall be placed in the facility's operating record as required by § 257.105(f)(6).
  7. Notwithstanding subsection (6) above, the owner or operator of a CCR surface impoundment may amend the written EAP at any time provided the revised plan is placed in the facility's operating record as required by § 257.105(f)(6). The owner or operator must amend the written EAP whenever there is a change in conditions that would substantially affect the EAP in effect.
  8. Be certified by a qualified professional engineer stating that the written EAP, and any subsequent amendment of the EAP, meets the requirements of this Article.
- B. In addition to the emergency action plan requirements in §§ 257.73(a)(3) and 257.74(a)(3), as incorporated:
    1. The owner or operator shall increase the frequency of observation when the reservoir is full, during heavy rains or flooding, and following an earthquake.
    2. The owner or operator is responsible for the safety of the CCR surface impoundment and shall take action to lower any liquid portion of the reservoir if it appears that the impoundment has weakened or is in danger of failing.
    3. The owner or operator of a CCR surface impoundment shall immediately notify the Department and responsible authorities in adjacent and downstream communities, including emergency management authorities, of a condition that may threaten the safety of the impoundment. The owner shall take necessary actions to protect human life and property, including action required under an emergency action plan or order issued under this Article. The owner shall report these actions to the Director as

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- soon as possible, but not later than 12 hours after discovery of the conditions.
4. If CCR surface impoundment failure appears imminent, the owner or operator shall notify the county sheriff, and the Arizona Department of Public Safety or other emergency official immediately.
  5. The owner or operator shall notify the Director immediately of any emergency condition that exists and any emergency action taken.
  6. Emergency actions not impairing the safety of the CCR surface impoundment may be taken before guidance can be provided by an engineer and do not require prior approval of the Director. Emergency actions do not excuse an owner's responsibility to promptly undertake a permanent solution. Emergency actions include:
    - a. Stockpiling materials such as riprap, earth fill, sand, sandbags, and plastic sheeting.
    - b. Lowering the reservoir level by making releases through the outlet or a gated spillway, by pumping, or by siphoning.
    - c. Armoring eroded areas by placing sandbags, riprap, plastic sheeting, or other available material.
    - d. Plugging leakage entrances on the upstream slope.
    - e. Increasing freeboard by placing sandbags or temporary earth fill on the CCR surface impoundment.
    - f. Diverting flood waters to prevent them from entering the reservoir basin.
    - g. Constructing training berms to control flood waters.
    - h. Placing sandbag ring dikes or reverse filter materials around boils at the downstream toe to provide back pressure.
    - i. Removing obstructions from outlet or spillway flow areas.
  7. Emergency actions impairing the safety of the CCR surface impoundment require prior approval of the Director. An owner shall not lower the water level by excavating the spillway or embankment unless failure is imminent.
  8. The Director shall issue an emergency approval to repair, alter, or remove an existing CCR surface impoundment if the Director finds that immediate remedial action is necessary to alleviate an imminent threat to human life or property.
    - a. The emergency approval shall be provided in writing.
    - b. The emergency approval may contain conditions the Director determines are appropriate to protect human life or property.
    - c. The emergency approval is effective immediately for 30 days after notice is issued unless extended in writing by the Director. The Director shall also send notice to the county flood control district of the county in which the CCR surface impoundment is located, all municipalities within five miles downstream of the CCR surface impoundment, and any additional persons identified in the emergency action plan.
    - d. The Director may institute legal or administrative proceedings that the Director deems appropriate for violations of the emergency approval or conditions of the emergency approval.
    - e. After the Director issues an emergency approval, the Department shall post information related to the approval on the Department's CCR website as soon as practicable.
  - C. The requirements in this Section are based on Arizona dam safety standards additional to those in 40 CFR 257, subpart D, as incorporated in this Article, and do not apply to:
    1. CCR surface impoundments with a maximum height of less than 6 feet, regardless of storage capacity;
    2. CCR surface impoundments with a maximum height of between 6 and 25 feet and a storage capacity of less than 50 acre-feet; or
    3. CCR surface impoundments with a maximum height greater than 25 feet and a storage capacity of 15 acre-feet or less.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R.  
1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1004. Operating Criteria**

- A. 40 CFR 257.80 through 40 CFR 257.84, revised as of December 14, 2020 (and no future editions) are incorporated by reference, modified by the following subsections, and on file with ADEQ:
  - B. 40 CFR 257.82(a)(3) is amended as follows: "(3) The inflow design flood is:
    - (i) For a high hazard potential CCR surface impoundment, as determined under § 257.73(a)(2) or § 257.74(a)(2), the probable maximum flood;
    - (ii) For a significant hazard potential CCR surface impoundment, as determined under § 257.73(a)(2) or § 257.74(a)(2), the 1,000-year flood [or, for new impoundments and lateral expansions, 0.5 PMF, whichever is greater];
    - (iii) For a low hazard potential CCR surface impoundment, as determined under § 257.73(a)(2) or § 257.74(a)(2), the 100-year flood [or, for new impoundments and lateral expansions, 0.25 PMF, whichever is greater]; or
    - (iv) For an incised CCR surface impoundment, the 25-year flood."
- C. In addition to the requirements in 40 CFR 257.82(a), the following requirements are added:
  1. Inflow Design Flood Requirements. For new impoundments and lateral expansions, an owner or operator shall ensure that the total freeboard is the largest of the following:
    - a. The sum of the inflow design flood maximum water depth above the spillway crest plus wave run up.
    - b. The sum of the inflow design flood maximum water depth above the spillway crest plus 3 feet.
    - c. A minimum of 5 feet.
  2. Surface Impoundment Site and Reservoir Area Requirements
    - a. An owner or operator shall demonstrate that reservoir storage during the inflow design flood will not result in incremental adverse consequences during the inflow design flood. In determining whether a discharge will result in incremental adverse consequences, the Director shall evaluate whether the owner or operator has taken any or all of the following actions: issuing public notice to upstream affected property owners, complying with flood insurance requirements, adopting emergency action plans, conducting mock flood drills, acquiring flood easements or other acquisitions of real property, or



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other actions appropriate to safeguard the CCR surface impoundment site and reservoir.

- b. The owner or operator shall clear the reservoir storage area of debris.
- c. The owner or operator shall place borrow areas a safe distance from the upstream toe and the downstream toe of the CCR surface impoundment to prevent a piping failure of the CCR surface impoundment.
- d. The owner or operator shall keep the top of the CCR surface impoundment and appurtenant structures accessible by equipment and vehicles for emergency operations and maintenance.

**D.** In addition to the requirements in 40 CFR 257.82(b), the following requirement are added:

**1.** Emergency Spillway Requirements. An owner or operator of a new CCR surface impoundment with emergency spillways or a lateral expansion of a CCR surface impoundment with emergency spillways shall:

- a. Construct each spillway in a manner that avoids flooding in excess of the flooding that would have occurred in the same location under the same conditions before construction. The owner or operator of a CCR surface impoundment shall demonstrate that a spillway discharge would not result in incremental adverse consequences. In determining whether a spillway discharge of a CCR surface impoundment would result in incremental adverse consequences, the Director shall evaluate whether the owner or operator has taken any or all of the following actions: issuing public notice to downstream property owners, complying with flood insurance requirements, adopting emergency action plans, conducting mock flood drills, acquiring flow easements or other acquisitions of real property, or other actions appropriate to safeguard the CCR surface impoundment site and flood channel.
- b. Include a control structure to avoid head cutting and lowering of the spillway crest for spillways excavated in soils or soft rock. In the alternative, the design may provide evidence acceptable to the Director that erosion during the inflow design flood will not result in a sudden release of the reservoir.
- c. Provide each spillway and channel with a minimum width of 10 feet and suitable armor to prevent erosion during the discharge resulting from the inflow design flood.
- d. Ensure that downstream spillway channel flows do not encroach on the CCR surface impoundment unless suitable erosion protection is constructed.
- e. Not construct bridges or fences across a spillway unless the construction is approved as part of the CCR facility permit. The CCR facility permit may include conditions regarding the design and operation of the spillway and fencing, based on safety concerns.
- f. Not use a pipe or culvert as an emergency spillway unless specifically approved in the CCR facility permit following review of the CCR surface impoundment design and site characteristics.

**2.** Outlet Works Requirements. An owner or operator shall ensure that a CCR surface impoundment that has outlet works has a low-level outlet works that:

- a. Is capable of draining the reservoir to the sediment pool level or CCR surface. A low-level outlet works for a high or significant hazard potential CCR surface impoundment shall be a minimum of 36 inches in diameter. A low-level outlet works for a low hazard potential CCR surface impoundment shall be a minimum of 18 inches in diameter.
- b. Has a filter diaphragm or other current practice measures to reduce the potential for piping along the conduit.
- c. Has accessible outlet controls when the spillway is in use.
- d. Has an emergency manual override system or can be operated manually.
- e. Is constructed of materials appropriate for loading condition, seismic forces, thermal expansion, cavitation, corrosion, and potential abrasion. The owner or operator shall not use corrugated metal pipes or other thin-walled pipes except as a form for a cast-in-place concrete conduit. The owner or operator shall construct outlet conduits of cast-in-place reinforced concrete. The owner or operator shall design each outlet to maintain water tightness. The owner or operator shall construct each outlet to prevent the occurrence of piping adjacent to the outlet.
- f. Has an operating or guard gate on the upstream end of any gated outlet.
- g. Has an outlet conduit near the base of one of the abutments on native bedrock or other competent material. The entire length of the conduit shall be supported on foundation materials of uniform density and consistency to prevent adverse differential settlement.
- h. Has an upstream valve or gate capable of controlling the discharge through all ranges of flow on any gated outlet conduit.
- i. Has a trashrack designed for a minimum of 25% of the reservoir head to which it would be subjected if completely clogged at the upstream end of the outlet.
- j. Has an outlet conduit designed for internal pressure equal to the full reservoir head and for superimposed embankment loads, acting separately.

**E.** 40 CFR 257.83(a)(1)(i) is amended to read: "At intervals not exceeding seven days, inspect for any appearances of actual or potential structural weakness and other conditions which are disrupting or have the potential to disrupt the operation or safety of the CCR unit. [The owner or operator shall increase the frequency of observation when the reservoir is full, during heavy rains or flooding, and following an earthquake.]"

**F.** 40 CFR 257.83, titled "Inspection requirements for CCR surface impoundments", subsection (b)(1) is amended to read: "If the existing or new CCR surface impoundment or any lateral expansion of the CCR surface impoundment is subject to the periodic structural stability assessment requirements under § 257.73(d) or § 257.74(d), the CCR unit must additionally be inspected on a periodic basis by a qualified professional engineer to ensure that the design, construction, operation, and maintenance of the CCR unit is consistent with recognized and generally accepted good engineering standards. [The owner or operator shall notify the Director and submit a written summary of the engineer's qualifications at least 14 days before the scheduled inspection.] The inspection must, at a minimum, include:"

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- G.** In addition to the inspection requirements for CCR surface impoundments in 40 CFR 257.83(b)(1), the following requirements are added:
1. Inspection of any permanent monument or monitoring installations;
  2. Assessment of all parts of the CCR surface impoundment that are related to the CCR surface impoundment's safety; and
  3. A recommendation regarding the safe storage level of the impoundment.
- H.** In addition to the inspection requirements for CCR surface impoundments in 40 CFR 257.83(b)(5), the owner or operator shall notify the Department within 24 hours and in writing within five days if a deficiency or release could result in harm to human health or the environment or has resulted in a release. The owner or operator shall notify the Department in writing within 14 days of all other deficiencies under 40 CFR 257.83(b)(5).
- I.** In addition to the inspection requirements for CCR surface impoundments in 40 CFR 257.83, the following requirements are added:
1. Notwithstanding 40 CFR 257.73(a)(2)(i) and (ii) and 40 CFR 257.74(a)(2)(i) and (ii), a qualified professional engineer shall review the hazard potential classification of each CCR surface impoundment during each subsequent inspection under § 257.83(b)(4)(i) and revise the classification in accordance with current conditions.]
  2. Maintenance and Repair
    - a. An owner shall perform general maintenance and ordinary repairs that do not impair the safety of the CCR surface impoundment. General maintenance and ordinary repair activities listed under this subsection do not require prior approval of the Director. These repair activities include:
      - i. Removing brush or tall weeds.
      - ii. Cutting trees and removing slash from the embankment or spillway. Small stumps may be removed provided no excavation into the embankment occurs.
      - iii. Exterminating rodents by trapping or other methods. Rodent damage may be repaired provided it does not involve excavation that extends more than 2 feet into the embankment and replacement materials are compacted as they are placed.
      - iv. Repairing erosion gullies less than 2 feet deep on the embankment or in the spillway.
      - v. Grading the surface on the top of the CCR surface impoundment embankment or spillway to eliminate potholes and provide proper drainage, provided the freeboard is not reduced.
      - vi. Placing additional riprap and bedding on the upstream slope, or in the spillway in areas that have sustained minor damage and restoring the original riprap protection where the damage has not yet resulted in erosion and weakening of the CCR surface impoundment.
      - vii. Painting, caulking, or lubricating metal structures.
      - viii. Patching or caulking spalled or cracked concrete to prevent deterioration.
      - ix. Removing debris, rock, or earth from outlet conduits or spillway channels and basins.
      - x. Patching to prevent deterioration within outlet works.
      - xi. Replacing worn or damaged parts on outlet valves or controls to restore them to original condition or its equivalent.
      - xii. Repairing or replacing fences intended to keep traffic or livestock off the CCR surface impoundment or spillway.
    - b. General maintenance and ordinary repair that may impair or adversely affect safety, such as excavation into or near the toe of the CCR surface impoundment, construction of new appurtenant structures for the CCR surface impoundment, and repair of damage that has already significantly weakened the CCR surface impoundment shall be performed in accordance with this Article. The Director shall determine pursuant to R18-13-1017 whether general maintenance and ordinary repair activities not listed in paragraph (a) will impair safety.]
- J.** Subsections (B) through (I) of this Section are based on Arizona dam safety standards additional to those in 40 CFR 257, subpart D, as incorporated in this Article, and do not apply to:
1. CCR surface impoundments with a maximum height of less than 6 feet, regardless of storage capacity;
  2. CCR surface impoundments with a maximum height of between 6 and 25 feet and a storage capacity of less than 50 acre-feet; or
  3. CCR surface impoundments with a maximum height greater than 25 feet and a storage capacity of 15 acre-feet or less.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R.  
1363 (April 25, 2025), effective date June 1, 2025 (Supp.  
25-2).

**R18-13-1005. Groundwater Monitoring and Corrective Action**

- A.** 40 CFR 257.90 through 40 CFR 257.98, revised as of December 14, 2020 (and no future editions) are incorporated by reference, modified by the following subsections, and on file with ADEQ, with the exception of 40 CFR 257.90(g), "Suspension of groundwater monitoring requirements".
- B.** 40 CFR 257.94(a) is amended as follows: "(a) The owner or operator of a CCR unit must conduct detection monitoring at all groundwater monitoring wells consistent with this section. At a minimum, a detection monitoring program must include groundwater monitoring for all constituents listed in appendix III to this part. [The Director may require monitoring for constituents or pollutants not listed in appendix III based on information that non-CCR waste has been placed in a CCR unit. The owner or operator may propose to the Director that monitoring for non-CCR constituents be based on the facility's most recent aquifer protection permit. Requirements for non-CCR constituents at existing and new CCR units, including alert levels, discharge limitations, compliance schedules, corrective actions and temporary cessation or plans shall be no more stringent than required to satisfy the requirements of A.R.S. Title 49, Chapter 2, Article 3, and 18 A.A.C. 9, Articles 1 and 2.]"
- C.** 40 CFR 257.94(e)(2) is amended as follows: "(2) The owner or operator may demonstrate that a source other than the CCR unit caused the statistically significant increase over background levels for a constituent or that the statistically significant increase resulted from error in sampling, analysis,

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statistical evaluation, or natural variation in groundwater quality. [An owner or operator that is investigating whether to submit an alternative source demonstration under this section, shall notify the Director in writing within seven days of that decision.] The owner or operator shall complete the written demonstration within 90 days of [determining that there is] a statistically significant increase over background levels to include obtaining a certification from a qualified professional engineer verifying the accuracy of the information in the report, [and submit the demonstration and certification to the Director for approval.] If the owner or operator completes a successful demonstration, as supported by a certification from a qualified professional engineer, within the 90-day period, the owner or operator may continue with a detection monitoring program, [unless such demonstration is subsequently disapproved by the Director.] If a successful demonstration was not completed within the 90-day period [or if the Director disapproves the demonstration,] the owner or operator shall initiate an assessment monitoring program as required under § 257.95. The owner or operator also shall include the demonstration in the annual groundwater monitoring and corrective action report required by § 257.90(e), in addition to the certification by a qualified professional engineer [and Director approval.]”

**D.** 40 CFR 257.95(g)(3)(ii) is modified as follows: “(ii) Demonstrate that a source other than the CCR unit caused the contamination, or that the statistically significant increase resulted from error in sampling, analysis, statistical evaluation, or natural variation in groundwater quality. [An owner or operator that is investigating whether to submit an alternative source demonstration under this section, shall notify the Director in writing within seven days of that decision.] Any such demonstration shall be supported by a report that includes the factual or evidentiary basis for any conclusions, and shall be certified to be accurate by a qualified professional engineer. [The demonstration, report and certification shall be submitted to the Director for approval.] If a successful demonstration is made, the owner or operator shall continue monitoring in accordance with the assessment monitoring program pursuant to this section, and may return to detection monitoring if the constituents in Appendix III and Appendix IV of this part are at or below background as specified in paragraph (e) of this section, [unless such demonstration is subsequently disapproved by the Director.] The owner or operator must also include the demonstration in the annual groundwater monitoring and corrective action report required by § 257.90(e), in addition to the certification by a qualified professional engineer [and Director approval.]”

**E.** 40 CFR 257.95(g)(4) is modified as follows: “(4) If a successful demonstration has not been made at the end of the 90-day period provided by paragraph (g)(3)(ii) of this section, [or if the Director disapproves the demonstration,] the owner or operator of the CCR unit shall initiate the assessment of corrective measures requirements under § 257.96.”

**F.** 40 CFR 257.95(h) is amended as follows:

“(h) The owner or operator of the CCR unit shall establish a groundwater protection standard for each constituent in appendix IV to this part [and each pollutant identified pursuant to subsection (B)] detected in the groundwater. The groundwater protection standard shall be:

(1) For constituents [for which an Aquifer Water Quality Standard has been established under 18 A.A.C. 11, Article 4, either the Aquifer Water Quality Standard for that constituent, or the maximum

contaminant level (MCL) that has been established under §§ 141.62 and 141.66 of this title, whichever is more stringent. For constituents for which no Aquifer Water Quality Standard exists, and] for which a maximum contaminant level (MCL) has been established under §§ 141.62 and 141.66 of this title, the MCL for that constituent.

(2) [For constituents for which no Aquifer Water Quality Standard exists, and for which a maximum contaminant level (MCL) has not been established under 40 CFR 141.62 and 141.66, the background concentration established from wells in accordance with § 257.91.]

(3) For constituents for which the background level is higher than the levels identified under [paragraph (h)(1)] of this section, the background concentration.”

**G.** 40 CFR 257.97, titled “Selection of remedy”, paragraph (a) is amended as follows: “(a) Based on the results of the corrective measures assessment conducted under § 257.96, the owner or operator must, as soon as feasible, select a remedy that, at a minimum, meets the standards listed in paragraph (b) of this section. This requirement applies in addition to, not in place of, any applicable standards under the Occupational Safety and Health Act. The owner or operator must prepare a semi-annual report describing the progress in selecting and designing the remedy. Upon selection of a remedy, the owner or operator must prepare a final report describing the selected remedy and how it meets the standards specified in paragraph (b) of this section. The owner or operator shall obtain a certification, from a qualified professional engineer, [which shall be submitted to the Director for approval.] that the remedy selected meets the requirements of this section. The report has been completed when it is placed in the operating record as required by § 257.105(h)(12). [The remedy selected shall be incorporated into the initial CCR facility permit, or added to it as a major permit modification.]”

**H.** 40 CFR 257.98, titled “Implementation of the corrective action program” paragraph (e) is amended as follows: “(e) Upon completion of the remedy, the owner or operator must prepare a notification stating that the remedy has been completed. The owner or operator must obtain a certification, from a qualified professional engineer, [which shall be submitted to the Director for approval,] attesting that the remedy has been completed in compliance with the requirements of paragraph (c) of this section. The [notification] has been completed when it is placed in the operating record as required by § 257.105(h)(13).”

#### Historical Note

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

#### R18-13-1006. Closure and Post-Closure Care

40 CFR 257.100 through 40 CFR 257.104, revised as of December 14, 2020 (and no future editions) are incorporated by reference, on file with ADEQ, and modified by adding paragraph (4) to 40 CFR 257.104(b) as follows: “Inspection and monitoring, as required by § 257.83(b), as amended, shall continue throughout the post-closure care period.”

#### Historical Note

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

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**R18-13-1007. Recordkeeping, Notification, and Posting of Information to the Internet**

- A. 40 CFR 257.105 through 40 CFR 257.107, revised as of December 14, 2020 (and no future editions) are incorporated by reference, modified by the following subsections, and on file with ADEQ.
- B. 40 CFR 257.105(f)(6) is amended as follows: “(6) The emergency action plan (EAP), and any amendment of the EAP, as required by §§ 257.73(a)(3), 257.74(a)(3), [and R18-13-1003.02,] except that only the most recent EAP must be maintained in the facility’s operating record irrespective of the time requirement specified in paragraph (b) of this section.”
- C. 40 CFR 257.105(h)(1) is amended as follows: “(1) [All] annual groundwater monitoring and corrective action [reports,] as required by § 257.90(e) [, throughout the active life of the unit and post-closure care period.]”
- D. 40 CFR 257.105 is amended by adding paragraph (k) as follows: “By March 15 of each calendar year, the owner or operator of a CCR facility shall determine and place in the operating record the amount of CCR beneficially used in the previous calendar year. The amount shall be measured based on when the product leaves the facility site.”
- E. 40 CFR 257.105 is amended by adding paragraph (l) as follows: “The financial assurance cost estimate and financial assurance mechanisms used to satisfy R18-13-1020.”
- F. 40 CFR 257.106 is amended by adding paragraph (k) as follows: “The owner or operator of a CCR unit subject to this subpart shall notify the Director when information has been placed in the operating record under § 257.105(k).”
- G. 40 CFR 257.107 is amended by adding paragraph (k): “(k) CCR Facility Permit. The owner or operator of a CCR unit subject to this subpart must place the entire CCR facility permit on the facility’s CCR website. The placement of the initial permit shall be updated with each modification within 30 days of the Director’s approval of the modification.”

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1008. 40 CFR 257, Appendices III and IV**

40 CFR 257, Appendices III and IV, revised as of December 14, 2020 (and no future editions) are incorporated by reference and on file with ADEQ.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1010. Permit Application Requirements for CCR Facilities**

- A. The owner or operator of a CCR unit that meets the applicability requirements in 40 CFR 257.50 shall submit to the Director a complete application for an initial or a renewal CCR facility permit, any new CCR unit, or any lateral expansion to a CCR unit, on an application form, as described in this Section.
- B. The time for application submittal shall be as follows:
  - 1. An application for an initial CCR facility permit shall be submitted within 180 days after the effective date of CCR program approval. An application for an initial CCR facility permit may be submitted prior to CCR program approval as allowed under A.R.S. § 49-891(F).
  - 2. An application for a new CCR unit or lateral expansion of a CCR unit shall be submitted before beginning construc-

tion. Construction may not begin until the Director issues approval through a permit or modification authorizing construction, unless:

- a. For a CCR surface impoundment before a CCR facility permit has been issued for that facility, the owner or operator has obtained approval to construct from ADWR and demonstrates to the satisfaction of the Director that commencing construction before approval is necessary to comply with 40 CFR 257, as incorporated in this Article.
- b. For a CCR unit other than a CCR surface impoundment before a CCR facility permit has been issued for that facility, the owner or operator demonstrates to the satisfaction of the Director that commencing construction before approval is necessary to comply with 40 CFR 257, as incorporated in this Article.
- 3. For a renewal permit as required under R18-13-1016(A).
- C. The owner or operator shall hold a public meeting in order to solicit questions from the community and inform the community about its intended permit at one of the times listed in subsections (1) and (2). The owner or operator shall notify ADEQ at least 30 days before the meeting and provide adequate public notice for the meeting:
  - 1. Within 90 days after receiving notice from the Director that its application is administratively complete, or
  - 2. Prior to submitting an initial or renewal CCR facility permit application.
- D. An owner or operator applying for a CCR facility permit shall provide the Department with the following information in the application and shall clearly identify any confidential business information that if made public, would divulge the trade secrets of the person as defined in A.R.S. § 49-201, or other information likely to cause substantial harm to the person’s competitive position:
  - 1. Sufficient information about the facility for the Director to establish permit conditions to ensure compliance with, including to assess the applicability of, applicable provisions in A.R.S. Title 49, Chapter 4, and this Article. Such information includes but is not limited to physical location; description; operations; operating history; the address of the facility’s CCR website; a list of other federal or state environmental permits issued to the owner or operator for the facility where the CCR unit is located; and for surface impoundments, the current Arizona Department of Water Resources license pursuant to A.A.C. R12-15-1214.
  - 2. Sufficient information about the owners and operators of each CCR unit at the facility for the Director to identify, contact, communicate with them and determine compliance with A.R.S. Title 49, Chapter 4 and this Article. Such information includes, but is not limited to contact information, ownership status (e.g., private, governmental) of each CCR unit and CCR-related solid waste management operation at the facility; and a description of allocated responsibilities among owners and operators of CCR units at the facility. Each owner and operator of a CCR unit shall sign and certify the accuracy of the application, unless an agreement is provided to the Director that one owner or operator is signing and certifying for the rest.
  - 3. Sufficient technical information about each CCR unit at the facility necessary for the Director to establish permit conditions to require compliance with, including to assess the applicability of, applicable provisions in A.R.S. Title

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- 49, Chapter 4 and this Article. Such information includes, but is not limited to the location, design, construction, operation, maintenance, closure and retrofit of each CCR unit, descriptions of all CCR and non-CCR wastestreams placed into a CCR unit, as well as liners, controls, monitoring approaches, the groundwater monitoring system, and corrective action or remedial measures.
4. Sufficient technical and other information about the geologic and hydrogeologic characteristics and features of the area surrounding each CCR unit, including subsurface characteristics, to support decisions by the Director to establish permit conditions to require compliance with, including to assess the applicability of, applicable provisions of this Article, and to evaluate the compliance approaches proposed in the permit application. The owner and operator shall provide, at a minimum, information about the following in proximity to the CCR unit(s): floodplains and wetlands, fault lines or unstable areas, groundwater and surface water, soil and subsoil characteristics, groundwater well locations and uses, adjacent land uses, and other similar information.
  5. Sufficient technical and other information characterizing conditions surrounding each CCR unit for the Director to establish permit conditions to require compliance with, including to assess the applicability of, applicable provisions in this Article. This includes but is not limited to groundwater, aquifers, soil, or other sampling data; date and procedures used to characterize background concentrations; well construction diagrams and drill logs; hydrogeologic cross-sections; information about the activities that yielded the sampling data, including quality assurance data; delineation of contaminant plumes; and other relevant information required to make technical assessments to characterize the presence or absence of leakage or releases from the CCR unit.
  6. Plans, maps, drawings, diagrams, and other visual information, in addition to narrative information, including, at a minimum:
    - a. A site map, depicting the location of the CCR unit(s) and surrounding features representing site conditions, monitoring wells, and other pertinent information, including all known property lines, structures, water wells, injection wells, drywells and their uses, topography, the location of points of discharge, and all known borings.
    - b. A topographic map, depicting each CCR unit, surrounding geologic and hydrogeologic features, surface water features, access and haul roads, and other pertinent information. Information in these maps must be provided to allow the Director to understand site conditions and evaluate compliance strategies proposed by the owner and operator, to draft terms and conditions that will achieve compliance with the requirements of this Article.
    - c. Potentiometric maps depicting groundwater flow direction, all CCR units at the facility, any delineated plumes of contamination from releases from CCR units, all groundwater monitoring wells or other monitoring points where water level data were gathered, potable wells on the facility property or nearby property, and other pertinent information. A sufficient number and quality of maps are required to represent seasonal or temporal changes in groundwater flow direction.
    - d. Other documents, including: hydrogeologic cross-sections depicting subsurface conditions, drill logs, CCR unit construction diagram(s), and groundwater monitoring well construction diagrams.
    - e. All site-specific compliance plans and assessments required by this Article (e.g., fugitive emissions/dust control plan required by § 257.80, emergency action plan required by § 257.73, run-on and run-off control system plan required by § 257.81(c), inflow design flood control system plan required by § 257.82(c), closure plan or retrofit plan required by § 257.102, and post-closure care plan required by § 257.104).
    - f. All certifications and other documentation of decisions made or actions taken such as:
      - i. Certifications concerning the initial and periodic structural stability assessments required by §§ 257.73(d) and 257.74(d).
      - ii. Certifications concerning the initial and periodic safety factor assessments required by §§ 257.73(e) and 257.74(e).
      - iii. The inflow design flood certification under § 257.82(c)(5), the most recent inspection report required by § 257.83(b)(2), and the most recent hazard class certification required by § 257.73(a)(2)(ii).
      - iv. Documentation supporting a groundwater monitoring program meeting all requirements of 257.91 and 257.93 including certifications that the design and construction of the system meets the requirements of 257.91 and that the statistical method for evaluating groundwater monitoring data is appropriate pursuant to § 257.93(f)(6). The groundwater monitoring program shall also demonstrate compliance with 257.94, 257.95, or 257.98, as applicable;
      - v. The most recent annual groundwater monitoring and corrective action report prepared pursuant to 257.90(e);
      - vi. Any notice of return to detection monitoring from assessment monitoring pursuant to § 257.95(e);
      - vii. Any alternative source demonstration pursuant to § 257.94(e)(2) or § 257.95(g)(3)(ii);
      - viii. Any assessment of corrective measures pursuant to § 257.96, along with the certification for any extension of time to complete the assessment and documentation of the public meeting required by § 257.96(e);
      - ix. Any selection of remedy required by § 257.97;
      - x. Documentation supporting implementation of the corrective action programs as required by § 257.98;
      - xi. A report describing any CCR units that the facility has closed since October 19, 2015. The report shall demonstrate that closure complied with the requirements of 40 CFR 257, subpart D at the time of closure, be certified by a qualified professional engineer, and shall include the post-closure plan, if applicable; and
      - xii. Technical data, such as design drawings and specifications, cost estimates, and engineering studies shall be certified by a qualified professional engineer.

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7. The expected operational life of each CCR unit.
8. If submitting financial assurance as provided by A.R.S. § 49-770(C), the information required by R18-13-1020.
9. The applicable fee established in R18-13-1021.
10. Certification in writing that the information submitted in the application is true and accurate to the best of the knowledge of each owner and operator or as provided in subsection (D)(2) of this Section.
11. For any new CCR surface impoundment, and any lateral expansion, reconstruction, repair, or enlargement of a CCR surface impoundment, the information required by this Section, R18-13-1003.01, and R18-13-1010.01, prepared by or under the supervision of a qualified professional engineer.
  - a. A construction quality assurance plan describing all aspects of construction supervision.
  - b. The following may be submitted with the application or during construction.
    - i. An emergency action plan as prescribed in 40 CFR 257.73 and 257.74 and R18-13-1003.02.
    - ii. An operation and maintenance plan to accomplish the annual maintenance.
    - iii. An instrumentation plan regarding instruments that evaluate the performance of the CCR surface impoundment.
12. For a CCR surface impoundment, a statement by a qualified professional engineer that determines the CCR surface impoundment's hazard class in accordance with this Article. The qualified professional engineer shall submit a map of the area that would be inundated by failure or improper operation of the CCR surface impoundment. The qualified professional engineer shall demonstrate whether failure or improper operation of the CCR surface impoundment would result in:
  - a. Loss of human life. The demonstration may be based on an emergency action plan for persons who may be in the area of inundation;
  - b. Significant incremental adverse consequences; or
  - c. Significant intangible losses, as defined in R18-13-1001 and identified and evaluated by a public natural resource management or protection agency.
13. The Department may require additional information as necessary for the protection of human life, property, human health and the environment.

- E. Completeness. When the Director receives an application containing the information required by this Section for all applicable CCR units and CCR-related solid waste management operations at the facility and that meets the administrative completeness requirements of R18-1-503(A), the Director shall notify the owner or operator that the application is complete. The Department shall post a notice on the Department's website pursuant to R18-13-1018.
- F. After a permit application is determined by the Director to be complete, and before permit issuance, the owner or operator shall notify the Director if any application components have changed or need to be added.
- G. The owner or operator of a CCR unit that has submitted an application for dam modification to the Arizona Department of Water Resources related to a CCR surface impoundment after July 12, 2024 shall notify the Department within 30 days of submittal or the effective date of this rule, whichever is later. For the purposes of this subsection, an "application for dam modification" means an application submitted to the Arizona

Department of Water Resources under A.A.C. R12-15-1208 through R12-15-1211.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1010.01. Additional Application Requirements for Constructing or Modifying CCR Surface Impoundments for Applications Submitted After CCR Program Approval**

- A. The requirements in this Section are additional to those in 40 CFR 257, subpart D, as incorporated in this Article, and do not replace or negate any requirement of 40 CFR 257, subpart D, as incorporated herein.
- B. Applications to Construct, Reconstruct, Repair, Enlarge, or Alter a High or Significant Hazard Potential CCR Surface Impoundment. An application to construct, reconstruct, repair, enlarge, alter or laterally expand a high or significant hazard potential CCR surface impoundment shall include the following prepared by or under the supervision of a qualified professional engineer:
  1. All construction drawings as prescribed in subsection (G)(1) of this Section.
  2. All construction specifications as prescribed in subsection (G)(2) of this Section.
  3. An engineering design report that includes information needed to evaluate all aspects of the design of the CCR surface impoundment and appurtenances, including references with page numbers to support any assumptions used in the design, as prescribed in subsection (G)(3) of this Section. The engineering design report shall recommend a safe storage level for existing CCR surface impoundments being reconstructed, repaired, enlarged, or altered.
  4. A construction quality assurance plan describing all aspects of construction supervision.
- C. Applications to Breach or Remove a High or Significant Hazard Potential CCR Surface Impoundment Embankment.
  1. An application shall include plans for the excavation of the embankment down to the level of the natural ground at the maximum section. Upon approval of the Director, additional breaches may be made. This provision shall not be construed to require more than total removal of the embankment regardless of the flood magnitude. The breach or breaches shall be of sufficient width to pass the greater of:
    - a. The 100-year flood at a depth of less than 5 feet, or
    - b. The 100-year flood at a normal flood depth of not more than 2 feet at a distance of 2,000 feet downstream of the CCR surface impoundment.
  2. The sides of each breach shall be excavated to a slope ratio that is stable and not steeper than 1 horizontal to 1 vertical.
  3. Each breach shall be designed to prevent silt or CCR that has previously been deposited on the reservoir bottom and the excavated material from the breach from washing downstream.
  4. Before breaching the CCR surface impoundment embankment, the reservoir shall be emptied in a controlled manner that will not endanger lives or damage downstream property. The applicant shall obtain approval from the Director for the method of breaching or removal.

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5. An application to breach or remove a high or significant hazard potential CCR surface impoundment embankment shall include the following prepared by or under the supervision of a qualified professional engineer:
    - a. The construction drawing or drawings for the breach or removal of a CCR surface impoundment, including the location, dimensions, and lowest elevation of each breach.
    - b. A construction quality assurance plan describing all aspects of construction supervision.
  6. Reduction of a high or significant hazard potential CCR surface impoundment to a size less than subsection (H)(1), (H)(2) or (H)(3) of this Section shall be approved pursuant to R18-13-1017 under the following circumstances:
    - a. The owner or operator shall submit a completed application and construction drawings for the reduction and the appropriate specifications, prepared by or under the supervision of a qualified professional engineer.
    - b. The construction drawings and specifications shall contain sufficient detail to enable a contractor to bid on and complete the project.
    - c. The plans shall comply with all requirements of this subsection (C) except that the breach is not required to be to natural ground.
    - d. Upon completion of the reduction to a size less than subsection (H)(1), (H)(2) or (H)(3) of this Section, the qualified professional engineer shall file as constructed drawings and specifications with the Department.
- D. Applications to Construct, Reconstruct, Repair, Enlarge, Alter, Breach, or Remove a Low Hazard Potential CCR Surface Impoundment.**
1. An application package to construct, reconstruct, repair, enlarge, or alter a low hazard potential CCR surface impoundment shall include the following prepared by or under the supervision of a qualified professional engineer:
    - a. Files of all construction drawings as prescribed by subsection (G)(1) of this Section.
    - b. Files of all construction specifications as prescribed by subsection (G)(2) of this Section.
    - c. An engineering design report that includes information needed to evaluate all aspects of the design of the CCR surface impoundment and appurtenances, including references with page numbers to support any assumptions used in the design, as prescribed in subsection (G)(3) of this Section.
  2. An application package for the breach or removal of a low hazard potential CCR surface impoundment embankment shall include the following:
    - a. A completed application shall contain the following information:
      - i. The name and address of the owners and operators of the CCR surface impoundment.
      - ii. A description of the proposed removal.
      - iii. The proposed time for beginning and completing the removal.
    - b. A statement by a qualified professional engineer demonstrating both of the following:
      - i. That the CCR surface impoundment embankment will be excavated to the level of natural ground at the maximum section; and
      - ii. That the breach or breaches will be of sufficient width to pass the greater of:
        - (1) The 100-year flood at a depth of less than 5 feet, or
        - (2) The 100-year flood at a normal flood depth of not more than 2 feet at a distance of 2,000 feet downstream of the CCR surface impoundment embankment,
        - (3) This paragraph (ii) shall not be construed to require more than a total removal of the CCR surface impoundment embankment regardless of flood magnitude.
    - iii. That the sides of the breach will be excavated to a slope ratio that is stable and not steeper than 1 horizontal to 1 vertical.
- E. Construction of a High, Significant, or Low Hazard Potential CCR surface impoundment.**
1. Before commencement of construction activities, the owner or operator shall invite to a pre-construction conference all involved regulatory agencies, the prime contractor, and all subcontractors. At this meeting the Department shall identify, to the extent possible, the key construction stages at which an inspection will be made. At least 48 hours before each key construction stage identified for inspection, the owner or operator or the owner's qualified professional engineer shall provide notice to the Department.
  2. The owner or operator's qualified professional engineer shall oversee construction of a new CCR surface impoundment or the lateral expansion reconstruction, repair, enlargement, alteration, breach, or removal of an existing CCR surface impoundment.
  3. A qualified professional engineer shall supervise or direct the supervision of construction in accordance with the construction quality assurance plan.
  4. The owner or operator's qualified professional engineer shall submit summary reports of construction activities and test results according to a schedule approved by the Department.
  5. The owner or operator shall immediately report to the Department any condition encountered during construction that requires a deviation from the approved plans and specifications.
  6. The owner or operator shall promptly submit a written request for approval of any necessary change with sufficient information to justify the proposed change. The owner or operator shall not commence construction with-

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out the written approval of the Director unless the change is a minor change. A minor change is a change that complies with the requirements of this Article and provides equal or better safety performance.

7. Upon completion of construction, the owner or operator shall notify the Department in writing. The Department shall make a final inspection. The owner or operator shall correct any deficiencies noted during the inspection. The owner shall not use the CCR surface impoundment before issuance of a permit or permit modification unless the Director issues written approval.
- F. Completion Documents for a Significant or High Hazard Potential CCR Surface Impoundment. Within 90 days after completion of the construction or removal work for a significant or high hazard potential CCR surface impoundment and final inspection by the Department, the owner or operator shall file the following:
  1. One set of full sized as constructed drawings prepared and sealed by the qualified professional engineer who supervised the construction. If changes were made during construction, the owner or operator shall file supplemental drawings showing the CCR surface impoundment and appurtenances as actually constructed.
  2. Construction records, including grouting, materials testing, and locations and baseline readings for permanent bench marks and instrumentation, initial surveys, and readings.
  3. Photographs of construction from exposure of the foundation to completion of construction.
  4. A brief completion report summarizing the salient features of the project, including a description of the causes for any changes or deviations from the approved drawings and specifications that were made during the construction phase.
  5. A schedule for filling the impoundment, specifying fill rates, CCR surface or liquid level elevations to be held for observation, and a schedule for inspecting and monitoring the CCR surface impoundment.
  6. An operating manual for the CCR surface impoundment and its appurtenant structures. The operating manual shall include a process for safety inspections prescribed in R18-13-1004. The operating manual shall include schedules for surveillance activities and baseline information for any installed instrumentation as follows:
    - a. The frequency of monitoring,
    - b. The data recording format,
    - c. A graphical presentation of data, and
    - d. The person who will perform the work.
- G. Construction Drawings, Construction Specifications, and Engineering Design Report for a High, Significant, or Low Hazard Potential CCR Surface Impoundment. The owner or operator and qualified professional engineer are responsible for complete and adequate design of a CCR surface impoundment and for including in the application all aspects of the design pertaining to the safety of the CCR surface impoundment.
  1. Construction Drawing Requirements. The construction drawings required by subsections (B), (C), and (D) of this Section shall include the following:
    - a. The seal and signature of a qualified professional engineer.
    - b. One or more topographic maps of the CCR surface impoundment, spillway, outlet works, and reservoir on a scale large enough to accurately locate the CCR surface impoundment and appurtenances, indicate cut and fill lines, and show the property lines and ownership status of the land. Contour intervals shall be compatible with the height and size of the CCR surface impoundment and its appurtenances and shall show design and construction details.
    - c. A reservoir area and capacity curve that reflect area in acres and capacity in acre-feet in relation to depth of CCR and liquids and elevation in the reservoir. The construction drawings shall show the spillway invert and top of CCR surface impoundment elevations. The construction drawings shall also show the reservoir volume and space functional allocations. The construction drawings may include alternate scales as required for the owner or operator's use.
    - d. Spillway and outlet works rating curves and tables at a scale or scales that allow determination of discharge rate in cubic feet per second at both low and high flows as measured by depth of water passing over the spillway control section.
    - e. A location map showing the CCR surface impoundment footprint and all exploration drill holes, test pits, trenches, adits, borrow areas, and bench marks with elevations, reference points, and permanent ties. This map shall use the same vertical and horizontal control as the topographic map.
    - f. Geologic information including 1 or more geologic maps, profile along the centerline, and other pertinent cross sections of the CCR surface impoundment site, spillway or spillways, and appurtenant structures, aggregate and material sources, and reservoir area at 1 or more scales compatible with the site and geologic complexity, showing logs of exploration drill holes, test pits, trenches, and adits.
    - g. One or more plans of the CCR surface impoundment to delineate design and construction details.
    - h. Foundation profile along the CCR surface impoundment embankment centerline at a true scale where the vertical scale is equal to the horizontal scale, showing the existing ground and proposed finished grade at cut and fill elevations, including anticipated geologic formations. The foundation profile shall include any proposed grout and drain holes.
    - i. Profile and a sufficient number of cross sections of the CCR surface impoundment embankment to delineate design and construction details. The drawings shall illustrate and show dimensions of camber, details of the top, core zone, interior filters and drains, and other zone details. The profile of the CCR surface impoundment may be drawn to different horizontal and vertical scales if required for detail. A maximum section of the CCR surface impoundment shall be drawn to a true scale, where the vertical scale is equal to the horizontal scale. The outlet conduit may be shown on the maximum section if this is typical of the proposed construction.
    - j. One or more CCR surface impoundment embankment foundation plans showing excavation grades and cut slopes with any proposed foundation preparation, grout and drain holes, and foundation dewatering requirements.
    - k. Plan, profile, and details of the outlet works, including the intake structure, the gate system, conduit, trashrack, conduit filter diaphragm, conduit concrete



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encasement, and the downstream outlet structure. The drawings shall include all connection and structural design details.

1. Plan, profile, control section, and cross sections of the spillway, including details of any foundation preparation, grouting, or concrete work that is planned. A complex control structure, a concrete chute, or an energy dissipating device for a terminal structure shall include both hydraulic and structural design details.
- m. Hydrologic data, drainage area and flood routing, and diversion criteria.
2. Construction Specification Requirements. The construction specifications required by subsections (B), (C) and (D) of this Section shall include the following:
  - a. The seal and signature of a qualified professional engineer.
  - b. The statement that the construction drawings and specifications shall not be materially changed without the prior written approval of the Director.
  - c. A detailed description of the work to be performed and a statement of the requirements for the various types of materials and installation techniques that will enter into the permanent construction.
  - d. The statement that construction shall not be considered complete until the Director has approved the construction in writing.
  - e. The statement that the owner or operator's qualified professional engineer shall control the quality of construction.
  - f. The following construction information:
    - i. All earth and rock material descriptions, placement criteria, and construction requirements for all elements of the CCR surface impoundment and related structures.
    - ii. All concrete, grout, and shotcrete material and mix descriptions, placement and consolidation criteria, temperature controls, and construction requirements for all elements of the CCR surface impoundment and related structures.
    - iii. Material criteria and material testing, cleaning, and treatment. If foundation or curtain grouting is required, the specifications shall describe the type of grout, grouting method, special equipment necessary, recording during grouting, and foundation monitoring to avoid disturbance from grouting.
    - iv. All materials testing that will be performed by the contractor for pre-qualification of materials, including special performance testing, such as water pressure tests in conduits. The Director shall accept materials that are pre-tested successfully and constructed in-place in accordance with specifications.
    - v. A plan for control or diversion of surface water during construction. The design qualified professional engineer may determine frequency of storm runoff to be controlled during construction, commensurate with the risk of economic loss during construction.
    - vi. Criteria for blast monitoring and acceptable blast vibration levels, including particle velocities for the CCR surface impoundment and other critical appurtenances. Monitoring equipment and monitoring locations shall be specified.
- vii. Instrumentation material descriptions, placement criteria, and construction requirements and a statement that instrumentation shall be installed by experienced specialty subcontractors.
3. Engineering Design Report Requirements. The engineering design report required by subsections (B), (C) and (D) of this Section shall include the following:
  - a. The seal and signature of a qualified professional engineer.
  - b. The classification under 40 CFR 257.74(a)(2) of the proposed CCR surface impoundment, or for the proposed lateral expansion of an existing CCR surface impoundment.
  - c. Hydrologic considerations, including calculations and a summary table of data used in determining the required emergency spillway capacity and freeboard, and design of any diversion or detention structures. The design report shall include input and output listings.
  - d. Hydraulic characteristics, engineering data, and calculations used in determining the capacities of the outlet works and emergency spillway. The design report shall include input and output listings.
  - e. Geotechnical investigation and testing of the CCR surface impoundment site and reservoir basin. Results and analysis of subsurface investigations, including logs of test borings and geologic cross sections.
  - f. Guidelines and criteria for blasting to be used by the contractor in preparing the blasting plan.
  - g. Details of the plan for control or diversion of surface water during construction.
  - h. Details of the dewatering plan for subsurface water during construction.
  - i. Testing results of earth and rock materials, including the location of test pits and the logs of these pits.
  - j. Discussion and design of the foundation blanket grouting, grout curtain, and grout cap based on foundation stability and seepage considerations.
  - k. Calculations and basic assumptions on loads and limiting stresses for reinforced concrete design. The design report shall include input and output listings.
  - l. A discussion and stability analysis of the CCR surface impoundment embankment including appropriate seismic loading, safety factors, and embankment zone strength characteristics. Analyses shall include both short-term and long-term loading on upstream and downstream slopes. The design report shall include input and output listings.
  - m. A discussion of seismicity of the project area and activity of faults in the vicinity. The design report shall use both deterministic and statistical methods and identify the appropriate seismic coefficient for use in analyses.
  - n. Discussion and design of the cutoff trench based on seepage and other considerations.
  - o. Permeability characteristics of foundation and CCR surface impoundment embankment materials, including calculations for seepage quantities through the CCR surface impoundment, the foundation, and anticipated in the internal drain system. The design

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report shall include input and output listings. The design report shall include copies of any flow nets used.

- p. Discussion and design of internal drainage based on seepage quantity calculations. The design report shall include instrumentation necessary to monitor the drainage system and filter design calculations for protection against piping of foundation and embankment.
  - q. Erosion protection against waves and rainfall runoff for both the upstream and downstream slopes, as appropriate.
  - r. Discussion and design of foundation treatment to compensate for geological weakness in the CCR surface impoundment foundation and abutment areas and in the spillway foundation area.
  - s. Post-construction vertical and horizontal movement systems.
  - t. Discussion of foundation conditions including the potential for subsidence, fissures, dispersive soils, collapsible soils, and sink holes.
- H.** This Section consists of enhancements to 40 CFR 257, subpart D based on Arizona dam safety standards and apply in addition to 40 CFR 257, subpart D but do not apply to:
- 1. CCR surface impoundments with a maximum height of less than 6 feet, regardless of storage capacity;
  - 2. CCR surface impoundments with a maximum height of between 6 and 25 feet and a storage capacity of less than 50 acre-feet; or
  - 3. CCR surface impoundments with a maximum height greater than 25 feet and a storage capacity of 15 acre-feet or less.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1011. Permit Contents**

- A.** Standard permit conditions for CCR facility permits. The following conditions shall be incorporated into all CCR facility permits either expressly or by reference. If incorporated by reference, a specific citation to these regulations shall be provided in the permit.
- 1. Duty to comply. The owner or operator shall comply with all conditions of this CCR facility permit, except to the extent and for the duration any noncompliance is authorized by the Director. Any unauthorized permit noncompliance constitutes a violation of this Article and is subject to enforcement action, permit termination, or denial of a permit application.
  - 2. Duty to reapply. If the owner or operator wishes to continue an activity regulated by this permit after the expiration date of the permit, the owner or operator shall apply for and obtain a new permit.
  - 3. Need to halt or reduce activity not a defense. It shall not be a defense for an owner or operator in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit.
  - 4. Requirement to mitigate impacts of noncompliance. In the event of noncompliance with this permit, the owner or operator shall take all reasonable steps to minimize releases to the environment and shall carry out such measures as necessary to reduce reasonable probability of adverse impacts on health and the environment.
  - 5. New statutory requirements or regulations. If the standards or regulations on which this permit is based change through changes to statute, promulgation of new or amended regulations, or by judicial decision, and this results in failure of the permit terms and conditions to ensure compliance with the revised standard or regulation, the owner or operator shall apply for a permit modification. The owner or operator shall submit an application to modify this permit to include the revised requirements within 180 days after the change becomes effective.
  - 6. Proper operation and maintenance. The owner or operator shall ensure the proper operation and maintenance of all units, appurtenant structures, ancillary equipment and systems of treatment and control, which are installed or used to achieve compliance with the conditions of this permit. Failure to properly operate and maintain such equipment or structures does not excuse failure to comply with requirements in this permit. The term "Proper operation and maintenance" includes effective performance, adequate funding, adequate staffing and training, and adequate laboratory and process controls, including appropriate quality assurance procedures. Operation of back-up or auxiliary equipment or similar systems is required only when necessary to achieve compliance with the conditions of this permit.
  - 7. Permit actions. This permit may be modified, or terminated for cause. The application by the owner or operator for a permit modification, or termination, or anticipated noncompliance, does not stay any permit condition.
  - 8. Property rights. The permit does not convey any property rights of any sort, nor any exclusive privilege.
  - 9. Duty to provide information. The owner or operator shall furnish to the Director, within a reasonable time, any relevant information which the Director may request to determine whether cause exists for modifying, or terminating this permit, or to determine compliance with this permit. The owner or operator shall also furnish to the Director, upon request, copies of records required to be kept by this permit.
  - 10. Inspection and entry. The owner or operator shall allow the Director or an authorized representative, upon the presentation of credentials and other documents as may be required by law, to:
    - a. Enter at reasonable times upon the permitted premises where a regulated unit or activity is located or conducted, or where records that must be kept under the conditions of this permit are located;
    - b. Have access to and copy, at reasonable times, any records that must be kept under the conditions of this permit;
    - c. Inspect at reasonable times any units, appurtenant structures, equipment (including monitoring and control equipment), practices, or operations regulated or required under this permit; and
    - d. Sample or monitor at reasonable times, for the purposes of assuring permit compliance or as otherwise authorized by this Article, any substances or parameters at any location.
  - 11. Monitoring and records.
    - a. Samples and measurements taken for the purpose of monitoring shall be representative of the monitored activity.
    - b. The owner or operator shall retain records of all monitoring information, including all calibration,

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- maintenance, and quality assurance records; all original monitoring data; copies of all reports and certifications required by this permit; and records of all data for a period of at least ten years from the date of the sample, measurement, report, certification, or application. This period may be extended by request of the Director at any time. The owner or operator shall maintain records and data used to support a permit application for the lifetime of the permit. The owner or operator shall maintain records of all groundwater monitoring, including records of groundwater well construction and groundwater elevation measurements, throughout the active life of the unit, the post-closure care period and until completion of all corrective action.
12. Signatory requirements. All applications, reports, or information required to be submitted to the Director by this permit shall be signed and certified by each owner and operator of a CCR unit unless an agreement is provided to the Director that one owner or operator is certifying for the rest.
  13. Reporting requirements.
    - a. Anticipated noncompliance. The owner or operator shall provide written or electronic notice to the Director as soon as possible, but no later than 60 days in advance of any planned changes in the permitted facility or activity which may result in non-compliance with permit requirements.
    - b. The owner or operator shall report to the Department by phone or electronically any noncompliance or release which has a reasonable probability of adverse effects on health or the environment as soon as possible, and no later than 24 hours after the time the owner or operator first becomes aware of the circumstances. The notification shall include the following:
      - i. Information concerning release of any CCR that may endanger public drinking water supplies.
      - ii. Any information about a release of CCR that could have a reasonable probability of adverse effects on health or the environment outside the facility.
      - iii. The description of the release and its cause shall include:
        - (1) Name, business address, business email address, and business telephone number of the owner and operator;
        - (2) Name, address, email address, and telephone number of the facility;
        - (3) Date, time, and type of release;
        - (4) Name and quantity of material or materials involved;
        - (5) The extent of injuries, if any;
        - (6) An assessment of actual or potential hazards to the environment and human health outside the facility, where applicable;
        - (7) Estimated quantity and disposition of recovered material that resulted from the release; and
        - (8) Action taken to mitigate the risk, including any preparation in advance of a severe weather event
    - iv. A narrative shall also be posted on the facility CCR website no later than five days after the time the owner or operator becomes aware of the circumstances. The narrative shall contain a description of the noncompliance and its cause; the period of noncompliance including exact dates and times, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent reoccurrence of the noncompliance. The Director may waive the five-day notice requirement in favor of posting a written report within fifteen days.
    - c. Where the owner or operator becomes aware that they failed to submit any relevant facts in a permit application or submitted incorrect information in a permit application or in any report to the Director, the owner or operator shall promptly submit such facts or corrected information to the Director.
  14. Severability. Invalidation of a portion of this permit does not necessarily render the whole permit invalid. ADEQ intends that this permit remains in effect to the extent possible. In the event that any part of this permit is invalidated, the Director will advise the owner or operator as to the effect of such invalidation.
- B.** In addition to the standard conditions in subsection (A), the Director shall establish permit terms and conditions in a CCR facility permit, on a case-by-case basis, in accordance with the requirements and procedures of A.R.S. Title 49, Chapter 4 and this Article. At a minimum, each CCR facility permit shall include all permit terms and conditions necessary to ensure compliance with A.R.S. Title 49, Chapter 4 and this Article.
  - C.** Each CCR facility permit shall contain, either expressly or by reference, all requirements of this Article that are applicable to the permitted CCR units and CCR-associated solid waste management activities at the facility. In satisfying this provision, the Director may incorporate the applicable requirements directly into terms and conditions in the permit or incorporate them by reference. If incorporated by reference, a specific citation to the applicable regulations or requirements shall be provided in the permit.
  - D.** Protectiveness. Each CCR facility permit shall contain such terms and conditions as the Director determines are necessary to ensure there is no reasonable probability of adverse effects on safety, health or the environment from the solid waste management of CCR at the facility.
  - E.** The owner or operator of a CCR surface impoundment shall install, maintain, and monitor instrumentation to evaluate the performance of the CCR surface impoundment. The Director shall require site-specific instrumentation that the Director deems necessary for monitoring the safety of the CCR surface impoundment when failure may endanger human life and property. Conditions that may require monitoring include land subsidence, earth fissures, embankment cracking, phreatic surface, seepage, and embankment movements.
  - F.** The permit shall contain a safe storage level for each CCR surface impoundment.
  - G.** A CCR facility permit is issued for a fixed term of ten years. The term of a permit shall not be extended by modification of the permit beyond the maximum duration specified in this subsection.

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**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1012. Compliance Schedules**

- A.** The Director may include compliance schedules in the CCR facility permit according to subsection (B) or (C), or both.
- B.** The owner or operator shall follow a timeline for future compliance, if established in the CCR facility permit, that provides for action from the owner or operator that is not required until after the date of permit issuance. The timeline shall establish dates for their achievement.
  - 1. If the time necessary for completion of an interim requirement is more than one year and is not readily divisible into stages for completion, the permit shall contain interim dates for submission of reports on progress toward completion of the interim requirement and shall indicate a projected completion date.
  - 2. Unless otherwise specified in the permit, within 30 days after the applicable date specified in a compliance schedule, the owner or operator shall submit to the Department a report documenting that the required action was taken within the time specified.
- C.** When an owner or operator that has applied for a CCR facility permit will not be in compliance with one or more applicable requirements in A.R.S. Title 49, Chapter 4, or this Article at the time of permit issuance, the Director may include in the CCR facility permit a schedule of compliance. The schedule of compliance shall include an enforceable sequence of actions leading to compliance. This schedule of compliance shall resemble and be at least as stringent as that contained in any judicial consent decree or administrative order to which the owner or operator is subject. Any such schedule of compliance shall be supplemental to, and shall not sanction noncompliance with, the applicable requirements in A.R.S. Title 49, Chapter 4 or this Article on which it is based.
  - 1. Time for compliance. Any schedule of compliance established in a CCR facility permit under subsection (C) shall require compliance as soon as feasible.
  - 2. Interim dates. If a permit establishes a schedule of compliance which exceeds one year from the date of permit issuance, the schedule shall set forth interim requirements and the dates for their achievement.
    - a. The time between interim dates shall not exceed one year.
    - b. The permit shall require posting on the facility's CCR website of reports of progress toward completion of the interim requirements and indicate a projected completion date. The time between progress reports shall not exceed six months.
  - 3. Reporting. The permit shall require that, no later than 30 days following each interim milestone deadline and the final deadline of the schedule of compliance, the owner or operator shall submit a report to the Director documenting that the required action was taken within the time specified and shall post a notification on the facility's CCR website of its compliance or noncompliance with the interim or final requirement.
- D.** After reviewing the activity pursuant to any schedule established under this Section, the Director may modify the CCR facility permit, based on changed circumstances relating to the required action.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1013. CCR Facility Permit Issuance or Denial**

- A.** The Director shall issue CCR facility permits after CCR program approval, based upon the information obtained by or made available to the Department, if the Director determines that the permit requires the owner or operator to comply with A.R.S. Title 49, Chapter 4, this Article and Article 17. The procedures in this Article related to permit applications are applicable before CCR program approval, except that the licensing time frames requirements of 18 A.A.C. 1 do not apply until CCR program approval.
- B.** The Director shall provide the owner or operator with written notification of the final decision to grant or deny the permit within the applicable licensing time frames requirements and include the following:
  - 1. The owner or operator's right to appeal the final permit determination, including the number of days the owner or operator has to file an appeal and the name and telephone number of the Department contact person who can answer questions regarding the appeals process;
  - 2. If the permit is denied, the reason for the denial with reference to the statute or rule on which the denial is based; and
  - 3. The owner or operator's right to request an informal settlement conference under A.R.S. §§ 41-1092.03(A) and 41-1092.06.
- C.** The Director may deny a CCR facility permit if the Director determines upon completion of the application process that the owner or operator has:
  - 1. Failed or refused to correct a deficiency in the CCR facility permit application;
  - 2. Failed to demonstrate that the CCR units and their operation will comply with the requirements of A.R.S. Title 49, Chapter 4 and this Article. The Director shall base this determination on:
    - a. The information submitted in the CCR facility permit application,
    - b. Any information submitted to the Department following a public hearing, or
    - c. Any relevant information that is developed or acquired by the Department; or
  - 3. Provided false or misleading information.
- D.** Upon denying a CCR facility permit, the Director shall issue an order directing the owner or operator to begin closure of all CCR units at the facility according to § 257.101.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1014. CCR Permit Transfer**

- A.** The owner or operator of a CCR unit shall notify the Department 30 days prior to the planned transfer of any portion of ownership or operational control of a CCR unit or facility. If prior notice is impractical, the owner or operator shall notify the Department as soon as practical. The new owner and operator shall submit a permit modification request prior to the transfer of ownership or operational control or as soon as practicable thereafter.
- B.** The new owner or operator:

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1. Shall include a written agreement between the previous and new owner or operator indicating a specific date for transfer of all permit responsibility, coverage, and liability;
  2. Submit the applicable initial fee for a minor permit modification established in R18-13-1021;
  3. Demonstrate technical capability necessary to fully carry out the terms of the permit and financial capability according to R18-13-1020; and
  4. Submit a signed statement that it has reviewed the permit and agrees to the terms of the permit including any compliance schedules or new terms needed as a result of the transfer.
- C. An owner or operator shall continue to comply with all permit conditions until the Director modifies/transfers the permit, regardless of whether ownership or operational control has already been transferred.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1015. CCR Permit Termination**

The Director may, after notice and opportunity for a hearing, terminate a CCR facility permit for any of the following causes:

1. Significant noncompliance by the owner or operator with the permit;
2. Failure by the owner or operator in the permit application or during the permit issuance process to fully disclose all relevant facts;
3. Misrepresentation by the owner or operator of any relevant facts at any time;
4. A determination by the Director that the permit fails to ensure there is no reasonable probability of adverse effects to health or the environment and the permitted activity can only be regulated to acceptable levels by permit termination; and
5. The Director has determined that all permitted activities have ceased and the owner or operator has completed closure, the required post-closure care and any required corrective action.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1016. Permit Renewals**

- A. To renew a CCR facility permit, the owner or operator shall submit an application under R18-13-1010 at least 180 days before the expiration date of the effective permit.
- B. If the owner or operator has submitted a timely and complete application for renewal under R18-13-1010, the terms and conditions of the existing CCR facility permit continue in force beyond the expiration date of the permit, but only until the effective date of the issuance or denial of a revised CCR facility permit.
- C. The owner or operator shall renew the CCR facility permit as long as any CCR unit remains operational or is closing, in corrective action or post-closure care.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1017. Modification of a CCR Facility Permit**

- A. The Director may modify a CCR facility permit upon the request of the facility owner or operator or upon the Director's initiative.
  1. The owner or operator may submit a request for CCR facility permit modification in writing on a form provided by the Department with the applicable fee established in R18-13-1021, explaining the facts and reasons justifying the request.
  2. The Department may modify a permit, classify the modification, and collect the appropriate fee if:
    - a. There are alterations, additions, or changes in the operation or condition of the permitted facility which occurred after permit issuance and require permit conditions or terms that are different or absent from those in the existing permit;
    - b. The Director has received new information after the permit has been issued that:
      - i. Was not available to the Director at the time of permit issuance (other than revised regulations, guidance, or test methods) and would have justified the inclusion of different permit conditions at the time of issuance to ensure compliance with A.R.S. Title 49, Chapter 4 and this Article, or
      - ii. Otherwise shows that modification is necessary to ensure that there is no reasonable probability of adverse effects on safety, health or the environment.
    - c. There is a change in an underlying regulatory or statutory requirement
    - d. An error or omission is discovered that makes the permit inconsistent with regulatory or statutory requirements.
- B. Upon receiving a request from an owner or operator, the Department shall determine whether the application is complete and whether the modification would be major, minor, or administrative.
- C. The Department shall process modification requests following the applicable licensing time-frames.
- D. A modified CCR facility permit supersedes the previous CCR facility permit upon the effective date of the modification, except as provided in R18-13-1011(F).
- E. Major permit modifications. A major modification is one that substantially alters the CCR unit or its operation requiring a material change to a substantive term, provision, requirement, or a limiting parameter of a permit, or one that could substantially impact human health or the environment. The owner or operator shall not make any change that requires a major permit modification without approval from the Director. The list below contains examples of major modifications:
  1. Add a new CCR unit including a new landfill unit, a lateral expansion, or a new surface impoundment unit not already authorized by a CCR facility permit, including replacing a CCR unit.
  2. Increase the maximum permissible operating storage level of CCR and liquids at a CCR surface impoundment or raising the embankment.
  3. Selection of a remedy under 40 CFR 257.97.
- F. Minor permit modifications. A minor modification is a modification that makes a routine change to a substantive term, provision, requirement, or a limiting parameter of a permit. The Director shall follow procedures for a minor modification to a CCR facility permit for those nonmajor alterations, additions,

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or changes in the operation or condition of the permitted facility which occurred after permit issuance and which require permit conditions that are different or absent from those in the existing permit. The owner or operator shall not make any change that requires a minor permit modification without approval from the Director. Minor permit modifications include, but are not limited to, the following:

1. Incorporate a change to an Aquifer Water Quality Standard in 18 A.A.C. 9, or a Maximum Contaminant Level under 40 CFR §§ 141.62 and 141.66, which serves as the underlying basis for a permit condition;
  2. Change a construction requirement, treatment method, or operational practice, if the alteration complies with the requirements of A.R.S. Title 49, Chapter 4 and this Article and provides equal or better performance;
  3. Change to a groundwater sampling and analysis program including the following:
    - a. A change in the statistical method for evaluating groundwater monitoring data required by 40 CFR 257.93(f)(6);
    - b. A change to an alternative groundwater sampling and analysis frequency pursuant to 40 CFR 257.94(d) or 257.95(c);
    - c. Assessment of corrective measures pursuant to 40 CFR 257.96;
    - d. Changes to an approved groundwater monitoring system, including reducing the number of groundwater monitoring wells, or making changes in location, depth, or design of groundwater monitoring wells required by the permit.
  4. Change an interim or final compliance date in a compliance schedule, if the Director determines just cause exists for changing the date;
  5. Change the owner or operator's financial assurance mechanism or estimates under R18-13-1020;
  6. Transfer a permit under R18-13-1014;
  7. Replace monitoring equipment, including a well, if the replacement results in equal or greater monitoring effectiveness, but not including routine maintenance or replacement of well components and related equipment;
  8. Breaching or removing a surface impoundment embankment. These activities shall be performed according to R18-13-1010.01(C) and (D).
  9. Add interim measures to the corrective action program or make material changes to the corrective action requirements in the permit.
  10. Change a permit condition that is based on a change in an underlying regulatory or statutory requirement, unless it requires substantial changes to the design, operation, or compliance strategies established in the permit and requires the application of significant technical judgment or discretion.
  11. Increases to estimates of the maximum extent of operations or the maximum inventory of waste in the closure plan.
  12. Completion of closure activities of a CCR unit.
  13. Modify a CCR unit, including physical changes or changes in management practices which are not administrative modifications under subsection (G) or major modifications under subsection (E).
- G.** Administrative permit modifications. The Director shall follow procedures for an administrative modification to a CCR facility permit to:
1. Correct a typographical error;

2. Change nontechnical administrative information, excluding a permit transfer;
3. Correct minor technical errors, such as errors in calculation not impacting any design aspects, locational information, citation of laws and citations of construction specifications;
4. Increase the frequency, duration, or stringency of the requirements for inspections, maintenance activities, monitoring, reporting, recordkeeping, or web posting or to revise a laboratory method;

**H.** The Director may change the categorization of a CCR facility permit modification.

**I.** An owner or operator may request a permit modification based on actions from more than one category of permit modification. Where possible, the Director may combine several requested permit modifications into one modification from the highest category.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1018. Public Notice Requirements for Permit Actions**

- A.** The Director shall provide notice as described after determining an application complete for the following permit actions. The notice shall contain information about the licensing timeframes for the permit action and describe how a person can inspect all permit application materials, either in person or online.
1. An initial or renewed CCR facility permit;
    - a. On the ADEQ website;
    - b. To anyone requesting such notice;
    - c. To the entities listed in A.R.S. § 49-111.
  2. A major modification to a CCR facility permit;
    - a. On the ADEQ website;
    - b. To anyone requesting such notice;
    - c. To the entities listed in A.R.S. § 49-111.
  3. A minor modification to a CCR facility permit;
    - a. On the ADEQ website;
    - b. To anyone requesting such notice.
- B.** The Director shall provide notice as described when proposing to issue or deny the items listed below. The notice shall describe how a person can inspect all permit application materials, either in person or online.
1. An initial or renewed CCR facility permit;
    - a. Once, in a daily or weekly newspaper of general circulation where the facility is located;
    - b. On the ADEQ website;
    - c. To anyone requesting such notice;
    - d. By requiring the owner or operator to place paper copies of a notice and supplemental information in a local library or community center.
  2. A major modification to a CCR facility permit;
    - a. Once, in a daily or weekly newspaper of general circulation where the facility is located;
    - b. On the ADEQ website;
    - c. To anyone requesting such notice;
    - d. By requiring the owner or operator to place paper copies of a notice and supplemental information in a local library or community center.
- C.** The Director shall provide notice as described when issuing or denying the following:
1. An initial or renewed CCR facility permit;

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- a. To anyone who commented on the proposed initial or renewed CCR facility permit;
  - b. On the ADEQ website;
  - c. To anyone requesting such notice.
- 2. A major modification to a CCR facility permit;
  - a. To anyone who commented on the proposed major modification;
  - b. On the ADEQ website;
  - c. To anyone requesting such notice.
- 3. A minor modification to a CCR facility permit;
  - a. On the ADEQ website;
  - b. To anyone requesting such notice.
- 4. An administrative permit modification: To anyone requesting such notice.
- D. The Director shall provide notice as described when terminating a CCR facility permit:
  - 1. On the ADEQ website;
  - 2. To anyone requesting such notice.
- E. The notice for a permit action under subsection (B)(1) or (B)(2) shall:
  - 1. Include a brief summary of the draft document,
  - 2. Contain information about the licensing timeframes for the permit action and explain where further information on the permit action can be obtained,
  - 3. Describe when and how comments may be made,
  - 4. Provide at least 30 days for comments from publication of the notice, and
  - 5. Explain how a public hearing may be requested.
- F. After a notice is issued under subsection (B)(1) or (B)(2), the Department shall schedule a public hearing if requested and if the Director determines there is sufficient public interest. The Director shall provide notice of the hearing as provided in subsection (B)(1)(a) or (B)(2)(a) at least 30 days before the hearing. The Department may conduct a public hearing for a CCR facility permit or major modification virtually.
- G. The Department shall respond to comments received on the proposed CCR facility permit or major modification when the final decision is made under subsection (C). The Department shall send a copy of the comment responses to all commenters and notify commenters of their potential rights under A.R.S. § 41-1092.03(B). The Department shall send the comment responses to commenters and anyone requesting a copy and post the comment responses on the Department's website.
- construction, reconstruction, repair, enlargement, alteration, breach, or removal.
  - 2. To inspect a CCR surface impoundment that is subject to this Article.
  - 3. To investigate or assemble data to aid review and study of the design and construction of CCR surface impoundments, reservoirs, and appurtenances or make watershed investigations to facilitate decisions on public safety to fulfill the duties of this Article and A.R.S. Title 49, Chapter 4.
  - 4. To ascertain compliance with this Article and A.R.S. Title 49, Chapter 4.
- C. ADEQ Inspection and Entry for CCR surface impoundments. The Director or a designated representative may enter at reasonable times upon private or public property and the owner or operator shall permit such entry, where a CCR surface impoundment is located, including a CCR surface impoundment under construction, reconstruction, repair, enlargement, alteration, breach, or removal, for any of the following purposes:
  - 1. To enter any establishment or other place maintained by such person where such CCR units are or have been operated;
  - 2. To have access to, and to copy all records relating to CCR units;
  - 3. To inspect any facilities, equipment (including monitoring and control equipment), practices, and operations, relating to CCR units;
  - 4. To inspect, monitor, and obtain samples from such person of any CCR units and monitoring and control equipment; and
  - 5. To record any inspection by use of written, electronic, magnetic and photographic media.
- D. Upon receipt of a complaint that a CCR surface impoundment is endangering people or property:
  - 1. The Director shall inspect the CCR surface impoundment unless there is substantial cause to believe the complaint is without merit.
  - 2. The Director shall provide a written report of the inspection to the complainant and the CCR surface impoundment owner.
- E. Penalties. A person who violates any CCR facility permit, provision of this Article, or order issued pursuant to a CCR facility permit is subject to civil and/or criminal penalties pursuant to A.R.S. §§ 49-783 and 791, as amended. Nothing in this Article shall be construed to limit the Director's or Attorney General's enforcement powers authorized by law including but not limited to the seeking or recovery of any civil or criminal penalties.
- F. A certification statement may be required on written submittals to ADEQ in response to Compliance Orders or in response to information requested pursuant to subsection (B) of this Section. In addition, ADEQ may request in writing that a certification statement appear in any written submittal to ADEQ. The certification statement shall be signed by a person authorized to act on behalf of the company or empowered to make decisions on behalf of the company on the matter contained in the document.
- G. The Director shall conduct a CCR surface impoundment safety inspection annually or more frequently for each high hazard potential CCR surface impoundment, triennially for each significant hazard potential CCR surface impoundment, and once every five years for each low hazard potential CCR surface impoundment.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1019. Compliance; ADEQ Inspections; Violations and Enforcement**

- A. ADEQ Inspection and Entry. For purposes of ensuring compliance with the provisions of Title 49 and this Article, the owner or operator of a CCR facility, shall, upon request of any representative of ADEQ designated by the Director, furnish information pertaining to such CCR facility.
- B. ADEQ Inspection and Entry for CCR units. The Director or a designated representative may enter at reasonable times upon private or public property and the owner or operator shall permit such entry, where a CCR surface impoundment is located, including a CCR surface impoundment under construction, reconstruction, repair, enlargement, alteration, breach, or removal, for any of the following purposes:
  - 1. To enforce the conditions of approval of the construction drawings and specifications related to an application for

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**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1020. Financial Assurance Requirements**

- A.** The owner or operator of a CCR unit shall submit both of the following for each CCR unit within 180 days of CCR program approval:
1. The latest demonstration of financial responsibility made for the CCR facility under 18 A.A.C. 9, Article 2.
  2. If not already submitted with a permit application before CCR program approval, the following third-party cost estimates that are representative of regional fair market costs for each CCR unit at the facility within 180 days after CCR program approval:
    - a. The estimate for the Cost of Facility Closure that meets the requirements in 40 CFR §§ 257.102 and 257.103, consistent with the closure plans submitted thereunder;
    - b. The estimate for the Cost to Ensure Proper Post-Closure Care according to 40 CFR § 257.104, consistent with the post-closure plan submitted thereunder;
    - c. The estimate for the Cost to Perform Corrective Action as a result of any known releases from the facility as provided under 40 CFR §§ 257.97 and 257.98 and any compliance schedules in the facility permit.
- B.** A CCR facility that submits a demonstration under subsection (A)(1) shall update that demonstration to comply with subsection (A)(2) before a CCR facility permit is issued. The owner or operator shall demonstrate financial assurance for the total amounts in subsection (A)(2) using one or more mechanisms in Article 17 of this Chapter.
- C.** The cost estimates shall be dated and updated every 3 years and as necessary whenever closure plans or post-closure plans are amended pursuant to §§ 257.102(b)(3) or 257.104(d)(3), or corrective action costs are changed under § 257.98.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1021. Fees**

- A.** After CCR program approval, the Department shall send an invoice to each CCR facility and the owner or operator of a CCR facility shall pay to ADEQ an annual registration fee as shown in Table 2. The invoice shall have a due date of the first of a month that is at least 30 days after CCR program approval and the fee shall be due on that date and annually thereafter on the first of that month.
- B.** When submitting an application for any of the license types in Table 3 below, an owner or operator shall remit to ADEQ an initial application fee as shown in Table 3.
- C.** If the total cost of processing the application identified in the Table 3 is less than the initial fee listed in the Table, the Department shall refund the difference between the total cost and the amount listed in the Table to the owner or operator.
1. Permits and permit modifications. If the total cost of processing the application is greater than the initial fee received plus other amounts paid, the Department shall bill the owner or operator for the difference upon permit approval. The owner or operator shall pay the difference in full before ADEQ issues the permit or modification.

2. Withdrawals. In the event of a withdrawal of the permit application by the owner or operator, if the total costs of processing the application are less than the amount paid, the Department shall refund the difference. If the total costs are greater than the amount paid, the Department shall bill the owner or operator for the difference, and the owner or operator shall pay the difference within 45 days of the date of the bill.
- D.** For the permitting actions in Table 3, the Department shall provide the owner or operator itemized bills at least quarterly for the expenses associated with evaluating the application and approving or denying the permit or permit modification. The invoice shall be paid within 30 days of receipt. The following information shall be included in each bill:
1. The dates of the billing period;
  2. The date and number of review hours itemized by employee name, position type and specifically describing:
    - a. Each review task performed,
    - b. Each CCR unit involved, and
    - c. The hourly rate;
  3. A description and amount of review-related costs as described in subsection (E)(2); and
  4. The total fees paid to date, the total fees due for the billing period, the date when the fees are due, and the maximum fee for the project.
- E.** For the permitting actions in Table 3, fees shall consist of processing charges and review-related costs as follows:
1. Processing charges. The Department shall calculate the processing charges using a rate of \$244 per hour, multiplied by the number of review hours, including pre-application meetings with the Department, used to evaluate and approve or deny the permit or permit modification.
  2. Review-related costs means any of the following costs applicable to a specific application:
    - a. Per diem expenses,
    - b. Transportation costs,
    - c. Reproduction costs,
    - d. Laboratory analysis charges performed during the review of the permit or permit modification,
    - e. Public notice advertising and mailing costs,
    - f. Presiding officer expenses for public hearings on a permitting decision,
    - g. Court reporter expenses for public hearings on a permitting decision,
    - h. Facility rentals for public hearings on a permitting decision
    - i. Costs related to the public notice required by R18-13-1018.
    - j. Other reasonable and necessary review-related expenses documented in writing by the Department.
  3. Total itemized billings for an application shall not exceed the maximum amounts listed in Table 3 in this Section.
  4. Beginning January 1, 2026, the Director shall adjust the amounts in Table 2, Table 3, and subsection (E)(1) above annually by the following method:
    - a. Multiply the amount by the October CPI for the most recent year and then divide by the October CPI for 2024. The October CPI for any year is the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-Scottsdale, AZ, all items, published by the United States Department of Labor at [www.bls.gov/cpi/regional-resources.htm](http://www.bls.gov/cpi/regional-resources.htm), for October of that year.



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- b. Round the result from subsection (E)(4)(a) of this Section to the nearest cent. ADEQ shall post the new amounts on its webpage and install them in the billing software as soon as practicable.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**Table 2. Facility Annual Registration Fees**

CCR Unit	Annual Fee
CCR Surface Impoundment	\$17,450 each
Approved CCR Multi-unit	\$21,860
CCR Landfill	\$13,150 each
Closed CCR Unit subject to post-closure	\$10,200 each

**Historical Note**

Table 2, Facility Annual Registration Fees, made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**Table 3. CCR Facility Permitting Fees**

License Type	Initial Fee	Maximum Fee
CCR Facility Permit (new or renewal)	\$20,000	\$200,000
Major Modification	\$10,000	\$100,000
Minor Modification	\$5,000	\$50,000
Administrative Modification	\$1,500 flat fee	NA

**Historical Note**

Table 3, CCR Facility Permitting Fees, made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**ARTICLE 11. COLLECTION, TRANSPORTATION, AND DISPOSAL OF HUMAN EXCRETA**

*Article 11 recodified from existing Sections in 18 A.A.C. 8, Article 6 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4).*

**R18-13-1101. Reserved****R18-13-1102. Definitions**

- A. "Chemical toilet" means a toilet with a watertight, impervious pail or tank that contains a chemical solution placed directly under the seat and a pipe or conduit that connects the riser to the tank.
- B. "Department" means the Department of Environmental Quality or a local health department designated by the Department.
- C. "Earth-pit privy" means a device for disposal of human excreta in a pit in the earth.
- D. "Human excreta" means human fecal and urinary discharges and includes any waste that contains this material.
- E. "License" means a stamp, seal, or numbered certificate issued by the Department.
- F. "Pail or can type privy" means a privy equipped with a watertight container, located directly under the seat for receiving deposits of human excreta, that provides for removal of a waste receptacle that can be emptied and cleaned.
- G. "Person" means the state, a municipality, district or other political subdivision, a cooperative, institution, corporation, company, firm, partnership, or individual.
- H. "Sewage" means the waste from toilets, baths, sinks, lavatories, laundries, and other plumbing fixtures in residences, institutions, public and business buildings, mobile homes, and other places of human habitation, employment, or recreation.

**Historical Note**

Recodified from R18-8-602 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Amended by final rulemaking at 9 A.A.R. 1356, effective June 7, 2003 (Supp. 03-2).

**R18-13-1103. General Requirements; License Fees**

- A. Any person owning or operating a vehicle or appurtenant equipment used to store, collect, transport, or dispose of sewage or human excreta that is removed from a septic tank or other onsite wastewater treatment facility; earth pit privy, pail or can type privy, or other type of privy; sewage vault; or fixed or transportable chemical toilet shall obtain a license for each vehicle from the Department. The person shall apply on a form approved by the Department and shall demonstrate that each vehicle is designed and constructed to meet the requirements of this Article.
- B. A person shall operate and maintain the vehicle and equipment so that a health hazard, environmental nuisance, or violation of a water quality standard established under 18 A.A.C. 11 is not created.
- C. License terms.
- For each newly licensed vehicle:
    - Subject to inspection conducted by the Department pursuant to this Article, the initial license fee shall be \$371, to be submitted with the license application, and the annual license fee shall be \$111; or
    - Subject to inspection conducted by a county pursuant to a delegation agreement with the Department, the initial license fee shall be \$270, to be submitted with the license application, and the annual license fee shall be \$111.
  - After initial licensure of a vehicle, the Department will renew the license annually after payment of the annual fee according to subsection (C)(3). The licensee shall renew by completing a renewal form approved by the Department and submitting the annual license fee to the Department no later than 30 days before expiration.
  - Each vehicle license may be renewed if:
    - The annual license fee is paid,
    - The owner or operator is in compliance with subsection (D) of this Section,
    - The vehicle is operated by the same person for the same purpose,
    - The vehicle has been inspected within the last 12 months pursuant to any inspection required under this Article and found in compliance with this Article, and
    - The vehicle is maintained according to this Article.
- D. Any person owning or operating a vehicle or appurtenant equipment used to collect, store, transport, or dispose of sewage or human excreta shall obtain any required permit from the local county authority in each county in which the person proposes to operate.
- E. Beginning July 1, 2026, the Director shall adjust the fee amounts in subsection (C) of this Section annually by the following method, except that no adjustment in any year shall exceed four percent of the fee amount of the preceding year:
  - Multiply the amount by the October CPI for the most recent year and then divide by the October CPI for the year 2024. The October CPI for any year is the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-Scottsdale, AZ, all items, published by the United States Department of Labor at [www.bls.gov/cpi/regional-resources.htm](http://www.bls.gov/cpi/regional-resources.htm), for October of that year.

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2. Round the result from subsection (E)(1) down to the nearest cent. ADEQ shall post the new amounts on its web-page and install them in the billing software as soon as practicable.

**Historical Note**

Recodified from R18-8-603 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 1356, effective June 7, 2003 (Supp. 03-2). Amended by final rulemaking at 18 A.A.R. 1217, effective July 1, 2012 (Supp. 12-2). Amended by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4). Section amended by emergency rulemaking at 31 A.A.R. 1897 (June 13, 2025), effective June 6, 2025, for 180 days (Supp. 25-2). Amended by final rulemaking at 31 A.A.R. 4716 (December 26, 2025), with an immediate effective date of December 3, 2025 (Supp. 24-4).

**R18-13-1104. Repealed****Historical Note**

Recodified from R18-8-604 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Section repealed by final rulemaking at 9 A.A.R. 1356, effective June 7, 2003 (Supp. 03-2).

**R18-13-1105. Reserved****R18-13-1106. Inspection**

The Department may inspect vehicles and appurtenant equipment used to collect, store, transport, or dispose sewage or human excreta as necessary to assure compliance with this Article.

**Historical Note**

Recodified from R18-8-606 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Amended by final rulemaking at 9 A.A.R. 1356, effective June 7, 2003 (Supp. 03-2).

**R18-13-1107. Reserved****R18-13-1108. Repealed****Historical Note**

Recodified from R18-8-608 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Section repealed by final rulemaking at 9 A.A.R. 1356, effective June 7, 2003 (Supp. 03-2).

**R18-13-1109. Reserved****R18-13-1110. Reserved****R18-13-1111. Reserved****R18-13-1112. Sanitary Requirements**

- A. A person owning or operating a vehicle or appurtenant equipment to collect, store, transport, or dispose of sewage or human excreta shall ensure that:
  1. Sewage and human excreta is collected, stored, transported, and disposed of in a sanitary manner and does not endanger the public health or create an environmental nuisance;
  2. The vehicle is equipped with a leak-proof and fly-tight container that has a capacity of at least 750 gallons and all portable containers, pumps, hoses, tools, and other implements are stored within a covered and fly-tight enclosure when not in use;

3. Contents intended for removal are transferred as quickly as possible by means of a portable fly-tight container or suction pump and hose to the transportation container.
  4. The transportation container is tightly closed and made fly-tight immediately after the contents have been transferred,
  5. Portable containers are kept fly-tight while being transported to and from the vehicle,
  6. Any waste dropped or spilled in the process of collection is cleaned up immediately and the area disinfected;
  7. The vehicle, tools, and equipment are maintained in good repair at all times and, at the end of each day's work, all portable containers, transportation containers, suction pumps, hose, and other tools are cleaned and disinfected; and
  8. All wastes collected are disposed of according to the recommendations of the local county health department and that no change in the recommended method of disposal is made without its prior approval. The local county health department shall recommend disposal by one of the following methods:
    - a. At a designated point into a sewage treatment facility or sewage collection system with the approval of the owner or operator of the facility or system,
    - b. By burying all wastes from chemical toilets in an area approved by the local county health department, or
    - c. Into a sanitary landfill with approval of the owner or operator of the landfill and following any precautions designated by the owner and operator to protect the health of the workers and the public.
- B. Open dumping is prohibited except in designated areas approved by the local county health department.

**Historical Note**

Recodified from R18-8-612 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Amended by final rulemaking at 9 A.A.R. 1356, effective June 7, 2003 (Supp. 03-2).

**R18-13-1113. Repealed****Historical Note**

Recodified from R18-8-613 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Section repealed by final rulemaking at 9 A.A.R. 1356, effective June 7, 2003 (Supp. 03-2).

**R18-13-1114. Repealed****Historical Note**

Recodified from R18-8-614 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Section repealed by final rulemaking at 9 A.A.R. 1356, effective June 7, 2003 (Supp. 03-2).

**R18-13-1115. Repealed****Historical Note**

Recodified from R18-8-615 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Section repealed by final rulemaking at 9 A.A.R. 1356, effective June 7, 2003 (Supp. 03-2).

**R18-13-1116. Suspension and Revocation**

- A. If a Department inspection indicates that a licensed vehicle is not maintained and operated or work cannot be performed

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according to this Article, the Department shall notify the owner in writing of all violations noted.

- B. The Department shall give the owner a reasonable period of time to correct the violations and comply with the provisions of this Article. If the owner fails to comply within the time limit specified, the Department may suspend or revoke the vehicle license based on the number and severity of violations. The Department shall follow the provisions of A.R.S. Title 41, Chapter, Article 10 in any suspension or revocation proceeding.
- C. The Department shall consider the revocation or suspension of a permit by a local health department for violation of this Article as grounds for revocation of the vehicle license. The local health department shall immediately suspend both the vehicle license and the permit issued by the local health department for gross violation of this Article if in the opinion of the local health department a serious health hazard or environmental nuisance exists.
- D. The owner of the vehicle whose license is suspended or revoked may appeal the final administrative decision as permitted under A.R.S. § 41-1092.08.

**Historical Note**

Recodified from R18-8-616 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Amended by final rulemaking at 9 A.A.R. 1356, effective June 7, 2003 (Supp. 03-2).

**R18-13-1117. Reinstatement**

- A. Upon request of the vehicle owner, the Department may reinstate a suspended or revoked vehicle license following a Department reinspection and based on an evaluation of compliance with the requirements of this Article.
- B. Upon request of a vehicle owner that fails to complete a renewal form approved by the Department and submit the annual license fee to the Department no later than 30 days before expiration, the Department may reinstate an expired vehicle license after completion of a renewal form, submitting the appropriate annual license fee, and following a Department determination of compliance with the requirements of this Article.

**Historical Note**

Recodified from R18-8-617 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Amended by final rulemaking at 9 A.A.R. 1356, effective June 7, 2003 (Supp. 03-2). Amended by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4).

**R18-13-1118. Repealed****Historical Note**

Recodified from R18-8-618 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Section repealed by final rulemaking at 9 A.A.R. 1356, effective June 7, 2003 (Supp. 03-2).

**R18-13-1119. Repealed****Historical Note**

Recodified from R18-8-619 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Section repealed by final rulemaking at 9 A.A.R. 1356, effective June 7, 2003 (Supp. 03-2).

**R18-13-1120. Repealed****Historical Note**

Recodified from R18-8-620 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Section repealed by final rulemaking at 9 A.A.R. 1356, effective June 7, 2003 (Supp. 03-2).

**ARTICLE 12. WASTE TIRES; USED TIRES****R18-13-1201. Definitions**

In addition to the definitions provided in A.R.S. § 44-1301, the following definitions apply in this Article:

1. "Aquifer protection permit" means an authorization issued by the Department under A.R.S. § 49-241 et seq.
2. "Burial cell" means an area where mining waste tires are placed in or on the land for burial.
3. "Mining" means activities dedicated to the exploration, extraction, beneficiation, and processing, including smelting and refining, of metallic ores.
4. "Mining facility" means any land, building, installation, structure, equipment, device, conveyance, or area dedicated to mining.
5. "Mining waste tire" means an off-road tire that is greater than three feet in outside diameter that was used in mining.
6. "Operator" means an owner, part owner, management agency, or lessee of a mining facility, a person responsible for the overall operation or control of a mining facility, or an authorized representative of the operator.
7. "Person" is defined in A.R.S. § 49-201.
8. "Waste tire collection site" is defined in A.R.S. § 44-1301.
9. "Waste tire cover" means waste tires that are chopped or shredded into pieces that do not exceed four inches in diameter used for cover at a solid waste landfill.

**Historical Note**

Section recodified from A.A.C. R18-8-701, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3). Amended by final rulemaking at 7 A.A.R. 5695, effective November 27, 2001 (Supp. 01-4). Amended by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4).

**R18-13-1202. Burial of Mining Waste Tires**

- A. The operator shall file with the Director a one-time notice within 24 hours after commencement of burial of mining waste tires consisting of a map of the mining facility that clearly identifies the locations and dimensions of each burial cell and the estimated number of mining waste tires that will be buried in each cell. The operator shall identify each burial cell using an alphabetical or numeric identifier. If a mining facility uses a new burial cell not included in the commencement of burial notice, the operator shall notify the Department within 24 hours after commencement of burial in that cell.
- B. An operator shall only permit burial of mining waste tires in areas that are, or will be, included in an aquifer protection permit issued for the mining facility. An operator shall not permit burial of mining waste tires in leach areas unless prior to burial the Department issues an aquifer protection permit covering the leach area.
- C. An operator shall not permit a burial cell to be located within 10 feet of another burial cell.
- D. An operator shall not permit the burial of mining waste tires unless the tires are waste generated at the mining facility or another mining facility of the same owner.

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**Historical Note**

Section recodified from A.A.C. R18-8-702, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3). Amended by final rulemaking at 7 A.A.R. 5695, effective November 27, 2001 (Supp. 01-4).

**R18-13-1203. Cover Requirements**

- A. The operator shall cover all mining industry off-road motor vehicle waste tires buried pursuant to this Article with a minimum of 6 inches of earthen material within 50 days of placement, or sooner if necessary, to prevent vector breeding or fire.
- B. The operator shall place final cover over the off-road motor vehicle waste tires within 180 days after placement of the last tire which will be buried in a cell. The final cover shall consist of earthen material which is at least 3 feet deep or which complies with the requirements of the aquifer protection permit for the area where the burial cell is located.
- C. The operator shall maintain final cover in compliance with this Section for as long as the mining industry off-road motor vehicle waste tires remain in the burial cell.

**Historical Note**

Section recodified from A.A.C. R18-8-703, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3).

**R18-13-1204. Annual Report**

By March 30 of each year, until a burial cell closure certification is filed with the Department, the operator of the mining facility shall file an annual report with the Director which documents the location of each burial cell established during the preceding calendar year, the alphabetical or numerical identifier of each burial cell, and the number of off-road motor vehicle waste tires which were placed in each burial cell for burial during the preceding calendar year. If no tires were placed in the burial cell for burial during the preceding year, the annual report shall so indicate.

**Historical Note**

Section recodified from A.A.C. R18-8-704, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3).

**R18-13-1205. Burial Cell Closure Certification**

An operator shall file with the Director a burial cell closure certification within 30 days after placing final cover over the mining waste tires under R18-13-1203(B). The certificate shall contain a statement by the operator that no additional tires will be buried in the burial cell and a statement by an Arizona registered engineer certifying that the cover requirements of R18-13-1203 have been met.

**Historical Note**

Section recodified from A.A.C. R18-8-705, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3). Amended by final rulemaking at 7 A.A.R. 5695, effective November 27, 2001 (Supp. 01-4).

**R18-13-1206. Storage**

At no time shall more than 500 mining industry off-road motor vehicle waste tires be stored at the mining facility outside of a burial cell unless the mining facility has Department approval to operate a waste tire collection facility, pursuant to A.R.S. §§ 44-1304 and 49-762.

**Historical Note**

Section recodified from A.A.C. R18-8-706, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3).

**R18-13-1207. Maintenance of Records**

For at least three years after the burial cell closure certification is filed with the Department, the mining facility operator shall maintain, at the mining facility, records which document the number of tires buried in each cell.

**Historical Note**

Section recodified from A.A.C. R18-8-707, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3).

**R18-13-1208. Inspections**

The Department may inspect a mining facility, during regular operating hours, to determine whether mining industry off-road motor vehicle waste tire burial is in compliance with this Article.

**Historical Note**

Section recodified from A.A.C. R18-8-708, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3).

**R18-13-1209. Repealed****Historical Note**

Section recodified from A.A.C. R18-8-709, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3). Section repealed by final rulemaking at 7 A.A.R. 5695, effective November 27, 2001 (Supp. 01-4).

**R18-13-1210. Waste Tire Cover**

Waste tires used as cover at a solid waste landfill shall be used according to the solid waste facility plan required by A.R.S. § 49-762. An operator shall not permit mining waste tires to be used as cover at a solid waste landfill for more than two consecutive days at a time.

**Historical Note**

Section recodified from A.A.C. R18-8-710, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3). Amended by final rulemaking at 7 A.A.R. 5695, effective November 27, 2001 (Supp. 01-4).

**R18-13-1211. Registration of New Waste Tire Collection Sites; Fee**

- A. A new waste tire collection site shall not begin operation until the owner or operator registers with the Department. The owner or operator shall register on a form approved by the Department that includes a statement that the site is in compliance with A.R.S. § 49-762.07(F) and A.R.S. Title 44, Chapter 9, Article 8, as applicable. The owner or operator of a new waste tire collection site shall pay an initial registration fee of \$742 within 30 days of invoice receipt.
- B. The owner or operator shall pay a \$111 registration fee annually thereafter within 30 days of invoice receipt.
- C. Beginning July 1, 2026, the Director shall adjust the fee amounts in subsections (A) and (B) of this Section annually by the following method, except that no adjustment in any year shall exceed four percent of the fee amount of the preceding year:
  1. Multiply the amount by the October CPI for the most recent year and then divide by the October CPI for the year 2024. The October CPI for any year is the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-Scottsdale, AZ, all items, published by the United States Department of Labor at [www.bls.gov/cpi/regional-resources.htm](http://www.bls.gov/cpi/regional-resources.htm), for October of that year.
  2. Round the result from subsection (C)(1) down to the nearest cent. ADEQ shall post the new amounts on its

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webpage and install them in the billing software as soon as practicable.

**Historical Note**

New Section made by final rulemaking at 18 A.A.R. 1217, effective July 1, 2012 (Supp. 12-2). Amended by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4). Section amended by emergency rulemaking at 31 A.A.R. 1897 (June 13, 2025), effective June 6, 2025, for 180 days (Supp. 25-2). Amended by final rulemaking at 31 A.A.R. 4716 (December 26, 2025), with an immediate effective date of December 3, 2025 (Supp. 25-4).

**R18-13-1212. Registration of Outdoor Used Tire Sites; Fee**

- A. A person shall not store 100 or more used tires outdoors until the person registers with the Department. A person that stores 100 or more used tires outdoors shall pay an initial registration fee of \$742 within 30 days of invoice receipt. The person shall register on a form approved by the Department that includes a statement that the site is in compliance with A.R.S. § 49-762.07(F) and A.R.S. Title 44, Chapter 9, Article 8, as applicable.
- B. A \$111 registration fee shall be paid annually thereafter within 30 days of invoice receipt.
- C. For the purposes of this Section:
  1. "Used tire" means any tire which has been used for more than one day on a motor vehicle.
  2. "Outdoors" means other than inside a building with a weatherproof roof.
- D. Beginning July 1, 2026, the Director shall adjust the fee amounts in subsections (A) and (B) of this Section annually by the following method, except that no adjustment in any year shall exceed four percent of the fee amount of the preceding year:
  1. Multiply the amount by the October CPI for the most recent year and then divide by the October CPI for the year 2024. The October CPI for any year is the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-Scottsdale, AZ, all items, published by the United States Department of Labor at [www.bls.gov/cpi/regional-resources.htm](http://www.bls.gov/cpi/regional-resources.htm), for October of that year.
  2. Round the result from subsection (D)(1) down to the nearest cent. ADEQ shall post the new amounts on its webpage and install them in the billing software as soon as practicable.

**Historical Note**

New Section made by final rulemaking at 18 A.A.R. 1217, effective July 1, 2012 (Supp. 12-2). Amended by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4). Section amended by emergency rulemaking at 31 A.A.R. 1897 (June 13, 2025), effective June 6, 2025, for 180 days (Supp. 25-2). Amended by final rulemaking at 31 A.A.R. 4716 (December 26, 2025), with an immediate effective date of December 3, 2025 (Supp. 25-4).

**R18-13-1212.01. Waste Tire Collection Site Subject to Plan Approval; Fees**

- A. Initial registration. A waste tire collection site that is required to obtain plan approval under A.R.S. § 49-762(A)(7) shall not begin operation until the owner or operator registers with the Department on a form approved by the Department.

- B. Annual registration fee. The Department shall bill an annual registration fee of \$5,000 to a registered waste tire collection site that is required to obtain plan approval under A.R.S. § 49-762(A)(7) that has not filed a notice of termination of registration with the Department. The owner or operator of the waste tire collection site that is required to obtain plan approval under A.R.S. § 49-762(A)(7) shall pay the annual registration fee within 30 days of invoice receipt.
- C. Beginning July 1, 2026, the Director shall adjust the fee amounts in subsection (B) of this Section annually by the following method, except that no adjustment in any year shall exceed four percent of the fee amount of the preceding year:
  1. Multiply the amount by the October CPI for the most recent year and then divide by the October CPI for the year 2024. The October CPI for any year is the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-Scottsdale, AZ, all items, published by the United States Department of Labor at [www.bls.gov/cpi/regional-resources.htm](http://www.bls.gov/cpi/regional-resources.htm), for October of that year.
  2. Round the result from subsection (C)(1) down to the nearest cent. ADEQ shall post the new amounts on its webpage and install them in the billing software as soon as practicable.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4). Section amended by emergency rulemaking at 31 A.A.R. 1897 (June 13, 2025), effective June 6, 2025, for 180 days (Supp. 25-2). Amended by final rulemaking at 31 A.A.R. 4716 (December 26, 2025), with an immediate effective date of December 3, 2025 (Supp. 25-4).

**R18-13-1213. Facilities Subject to More Than One Tire Site Registration; Single Fee**

A person who is required to register a tire facility under more than one of the Sections listed in subsections (1) through (4) shall register and follow procedures under each Section, but is only required to pay the registration fees under the Section with the highest fees.

1. R18-13-1211.
2. R18-13-1212.
3. R18-13-1212.01.
4. R18-13-501.

**Historical Note**

New Section made by final rulemaking at 18 A.A.R. 1217, effective July 1, 2012 (Supp. 12-2). Amended by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4). Section amended by emergency rulemaking at 31 A.A.R. 1897 (June 13, 2025), effective June 6, 2025, for 180 days (Supp. 25-2). Emergency expired (Supp. 25-4).

**ARTICLE 13. SPECIAL WASTE AND BEST MANAGEMENT PRACTICES FOR SHREDDER RESIDUE****R18-13-1301. Definitions**

In addition to the terms prescribed in A.R.S. § 49-851, the terms in this Article shall have the following meanings:

1. "Disposal" means discharging, depositing, injecting, dumping, spilling, leaking, or placing special waste into or on land or water so that the special waste or any constituent of the special waste may enter the environment, be emitted into the air, or discharged into any waters, including groundwater.

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2. "Exception report" means a report that a generator shall submit to the Director which notifies the Director that the generator has not received a copy of the special waste manifest from the primary or alternate special waste receiving facility to which the special waste was sent pursuant to the generator's instructions on the special waste manifest, or from any special waste receiving facility to which special waste was sent.
3. "Generator" means a person whose act or process onsite produces a special waste listed in, or designated pursuant to, A.R.S. §§ 49-852, 49-854, and 49-855, or whose act or process first causes such special waste to be subject to regulation.
4. "Identification number" means an alphanumeric identifier issued by the Department to each generator, special shipper, and special waste receiving facility to be used on documents, as required pursuant to this Article, in conjunction with shipment of special waste.
5. "Off-site consignment" means a generator's delivery of materials or wastes for transport off-site to a special waste receiving facility within Arizona for treatment, storage, recycling, or disposal.
6. "Off-site" means any property located within Arizona that is not onsite as defined in A.R.S. § 49-851(3).
7. "Operator" means a person who owns and controls all or part of a special waste receiving facility, or who leases, operates, or controls such facility, a person responsible for the overall operation of such a facility, a management agency, or an authorized representative.
8. "Recycling" means recycling as defined in A.R.S. § 49-831(21).
9. "Shredder residue" means waste from the shredding of motor vehicles.
10. "Significant manifest discrepancy" means a difference of more than 10% by weight for bulk shipments, any variation in a piece count for a batch delivery, or any difference in the type of special waste received as compared to the type of special waste listed on the manifest.
11. "Special waste receiving facility" means an off-site location to which special waste is sent to be treated, recycled, stored, or disposed.
12. "Special waste manifest" means a form provided by the Department, shown as Appendix B to this Article, and used to identify the origin, quantity, composition, routing, and destination of special waste during its transportation from a generator's facility to a special waste receiving facility.
13. "Special waste shipper" means a person who transports special waste for off-site treatment, recycling, storage, or disposal.
14. "Treatment" means any method, technique, or process designed to change the physical, chemical, or biological character or composition of special waste.

**Historical Note**

Section recodified from A.A.C. R18-8-301, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3). Amended by final expedited rulemaking at 27 A.A.R. 57, with an immediate effective date of January 5, 2021 (Supp. 21-1).

**R18-13-1302. Special Waste Generator Manifesting Requirements**

- A. A generator shall request a generator identification number on a form provided by the Director, and shown as Appendix A to

this Article, prior to shipping special waste. Within 30 days of receiving the completed form, the Director shall issue the identification number to the generator.

- B. Prior to off-site consignment of special waste, the generator shall do all of the following:
  1. Complete and sign the "Generator" section of a special waste manifest.
  2. Obtain the handwritten signature of the special waste shipper on the special waste manifest.
  3. Retain the generator's copy of the special waste manifest.
  4. Give the special waste manifest and the remaining attached copies to the special waste shipper or forward it to the receiving facility.
- C. Within 14 days after shipment was accepted by a special waste shipper for off-site consignment, the generator shall submit to the Director one legible copy of each special waste manifest with the generator's section completed and containing signatures of the generator and special waste shipper.
- D. If, within 35 days after the date the waste was accepted by the initial special waste shipper, the generator does not receive a completed copy of this special waste manifest with the handwritten signature of the special waste receiving facility operator, the generator shall contact the special waste shipper and the special waste receiving facility operator to determine the status of the special waste.
- E. The generator shall submit an exception report to the Director if the generator does not receive a completed, signed, legible copy of the special waste manifest within 45 days of the date the waste was accepted by the initial special waste shipper for off-site consignment. The exception report shall contain both of the following:
  1. A cover letter, signed by the generator, which explains the efforts made to locate the special waste and the results of those efforts.
  2. A legible copy of the special waste manifest which was signed by the generator and the special waste shipper and retained by the generator.
- F. The generator shall retain a legible copy of each signed special waste manifest for at least three years from the date of acceptance of a shipment of special waste for off-site consignment.
- G. If a person is required to have a manifest, shipping paper or shipping record under federal law for the special waste, the federal manifest, shipping paper, or shipping record may be used in lieu of the Arizona special waste manifest form so long as the federal manifest, shipping paper, or shipping record includes all the information required on the Arizona special waste manifest form.

**Historical Note**

Section recodified from A.A.C. R18-8-302, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3). Amended by final expedited rulemaking at 27 A.A.R. 57, with an immediate effective date of January 5, 2021 (Supp. 21-1).

**R18-13-1303. Special Waste Shipper Manifesting Requirements**

- A. A special waste shipper who receives special waste in Arizona for transport to a special waste receiving facility in Arizona shall request a special waste shipper identification number on a form provided by the Director and shown as Appendix A to this Article. The Director shall issue an identification number within 30 days of receipt of the completed form.
- B. A special waste shipper shall:

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1. Accept special waste for intrastate shipment to a special waste receiving facility only if the waste is accompanied by a special waste manifest which is completed and signed in accordance with the provisions of R18-13-1302.
2. Deliver the entire shipment of special waste to a special waste receiving facility as designated on the special waste manifest. If unable to deliver the special waste to the primary or alternate special waste receiving facility designated on the special waste manifest:
  - a. Return the special waste to the generator, or
  - b. Contact the generator and obtain instructions for an alternate special waste receiving facility and deliver the waste accordingly.
- C. Shipments of special waste between facilities owned by the same generator shall be exempt from the requirements of rules adopted pursuant to A.R.S. § 49-856.

**Historical Note**

Section recodified from A.A.C. R18-8-303, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3). Amended by final expedited rulemaking at 27 A.A.R. 57, with an immediate effective date of January 5, 2021 (Supp. 21-1).

**R18-13-1304. Special Waste Receiving Facility Manifesting Requirements**

- A. A special waste receiving facility shall request an identification number on a form provided by the Director, and shown as Appendix A to this Article, and obtain the number prior to receiving special waste. The Department shall issue the identification number within 30 days of receipt of the completed form.
- B. A special waste receiving facility shall receive only special waste for which it has a special waste manifest signed and dated by the generator and special waste shipper. In the "Facility" section of the special waste manifest, the operator of the special waste receiving facility shall do all of the following:
  1. Enter the identification number.
  2. Sign and date each copy of a special waste manifest to certify that the type and amount of special waste, as stated on the special waste manifest, was received.
  3. Indicate on the special waste manifest any significant discrepancies between the description, volume, or weight of the special waste as stated on the special waste manifest and the special waste received.
- C. After completing the "Facility" portion of the special waste manifest, the operator of the special waste receiving facility shall send one legible copy each of the signed special waste manifest to the Director and the generator within 30 days of the delivery of the special waste.
- D. Upon discovery of a significant manifest discrepancy in the special waste manifest and the special waste received, the operator of the special waste receiving facility shall:
  1. Contact the generator and special waste shipper to attempt to reconcile the discrepancy.
  2. If the discrepancy cannot be resolved within 15 days after receiving the waste, submit a letter to the Director, along with the special waste manifest within five days. The letter shall describe the significant manifest discrepancy and all attempts to reconcile it.

**Historical Note**

Section recodified from A.A.C. R18-8-304, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3). Amended by final expedited rulemaking at

27 A.A.R. 57, with an immediate effective date of January 5, 2021 (Supp. 21-1).

**R18-13-1305. Records**

All records required by this Article shall be retained for at least three years. If notification of an enforcement action by the Department has been received, the records shall be retained until a final determination has been made in the matter or in accordance with the final determination.

**Historical Note**

Section recodified from A.A.C. R18-8-305, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3).

**R18-13-1306. Fees**

- A. Initial registration fee. Upon making a request for a special waste identification number on a form as provided by the Director, and shown as Appendix A to this Article, an applicant shall submit to the Department an initial registration fee for each operation as follows:
  1. For a generator of shredder residue, \$3,600; and
  2. For a special waste shipper, \$1,800.
- B. Annual registration fee. The Department shall bill an annual registration to a generator of shredder residue, a special waste receiving facility, and a special waste shipper that has a special waste identification number that has not filed a notice of termination of registration with the Department for each operation as follows:
  1. For a generator of shredder residue, \$3,000;
  2. For a special waste receiving facility, \$5,000; and
  3. For a special waste shipper, \$1,500.
- C. A generator of shredder residue, special waste receiving facility, or special waste shipper shall pay the annual registration fee within 30 days of invoice receipt.
- D. In accordance with A.R.S. § 49-855(G), a solid waste landfill that pays registration fees under A.R.S. § 49-747 is exempt from the fees under subsections (A) and (B) of this Section.
- E. Beginning July 1, 2026, the Director shall adjust the fee amounts in subsections (A) and (B) of this Section annually by the following method, except that no adjustment in any year shall exceed four percent of the fee amount of the preceding year:
  1. Multiply the amount by the October CPI for the most recent year and then divide by the October CPI for the year 2024. The October CPI for any year is the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-Scottsdale, AZ, all items, published by the United States Department of Labor at [www.bls.gov/cpi/regional-resources.htm](http://www.bls.gov/cpi/regional-resources.htm), for October of that year.
  2. Round the result from subsection (E)(1) down to the nearest cent. ADEQ shall post the new amounts on its webpage and install them in the billing software as soon as practicable.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4). Section repealed by emergency rulemaking at 31 A.A.R. 1897 (June 13, 2025), effective June 6, 2025, for 180 days (Supp. 25-2). Amended by final rulemaking at 31 A.A.R. 4716 (December 26, 2025), with an immediate effective date of December 3, 2025 (Supp. 25-4).

**R18-13-1307. Best Management Practices for Waste from Shredding Motor Vehicles; Fees**

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- A. A generator of shredder residue shall follow sampling protocol as follows or submit to the Department for review and approval, at least two weeks prior to the sampling event, an alternative written sampling plan which is consistent with requirements set forth in "Test Methods for Evaluating Solid Waste," EPA SW-846, 3rd Edition, Volume II, Chapter Nine, Sampling Plan, Physical/Chemical Method, EPA, Office of Solid Waste and Emergency Response, Washington, D.C., September 1986, and updated November 1990, and no future editions or amendments, ("EPA Sampling Plan"), herein incorporated by reference and on file with the Department and the Office of the Secretary of State:
1. Sample collection shall be done in accordance with one of the following:
    - a. Sampling procedure 1, consisting of both of the following steps:
      - i. The generator shall collect samples from a shredder residue sampling pile which shall consist of the average amount of shredder residue from eight hours of operation of the shredder. The shredder residue sampling pile shall be formed into a square shape for sampling purposes. Refer to Exhibit 1.
      - ii. One 2,000-gram sample shall be collected from each sample point as indicated in Exhibit 1. Samples from sample points A-1, B-1, and C-1 shall be collected from the top of the pile. Samples from sample points A-2, B-2, and C-2 shall be collected from the base of the pile. A sample from sample point C-3 shall be collected at the vertical midpoint at the center of the pile. The seven 2,000-gram samples shall be numbered consecutively. Three of the seven 2,000-gram samples shall then be chosen at random by selecting numbers from a calculator programmed to generate random numbers. The samples shall be analyzed for the constituents and at the frequencies listed in Table A of this Section.
    - b. Sampling procedure 2, consisting of both of the following steps:
      - i. The generator shall collect seven 2,000-gram samples during or immediately following the normal generation of shredder residue. For each sample, shredder residue shall be collected for 8 to 12 minutes, during which a minimum of 500 pounds shall be generated. This process shall be performed seven times to create seven 500-pound amounts. Each 500-pound amount shall be formed into a square shape for sampling purposes. Refer to Exhibit 1.
      - ii. Twenty 100-gram samples shall be collected from throughout each of the seven 500-pound piles generated. Upon completion of collection, all 20 samples from each of the seven 500-pound piles shall be combined together into seven separate 2,000-gram samples and numbered consecutively. Three of the seven 2,000-gram samples shall then be chosen at random by selecting numbers from a calculator programmed to generate random numbers. The samples shall be analyzed for the constituents and at the frequencies listed in Table A of this Section.
  2. Each 2,000 grams of shredder residue collected shall include both large and small particles, in proportion to shredder residue generated. The generator shall use a container which is large enough to hold the entire amount of shredder residue collected from each sample point.
  3. The generator shall comply with requirements for sample preservation, temperature, and holding times, as set forth in the EPA Sampling Plan.
  4. Each one of the three 2,000-gram samples selected at random shall be divided into four equal 500-gram portions and a 200-gram subsample shall be taken from each of the four equal 500-gram portions. Each subsample shall then be passed through a 9.5mm screen. All particles which do not pass through the 9.5mm screen shall be hand cut until small enough to pass through the screen. All four 200-gram subsamples shall then be remixed together and redivided into four equal 200-gram portions. The following amounts shall be taken for constituent sampling:
    - a. 10-15 grams per 200-gram subsample for a total of 40-60 grams per 2,000-gram sample for Polychlorinated Biphenyls (PCB) analysis as set forth in subsection (A)(10).
    - b. 25 grams per 200-gram subsample for a total of 100 grams per sample for toxicity characteristic leaching procedure extractions for contaminants as set forth in 40 CFR 261.24, Table 1 (incorporated by reference in R18-8-261(A)), as set forth in subsection (A)(7).
    - c. 1.25 grams per 200-gram subsample for a total of 5 grams per 2,000-gram sample for extraction fluid determination.
  5. Each constituent sample shall be put into a container. Container labeling and chain-of-custody documentation shall be consistent with the requirements in the EPA Sampling Plan.
  6. The constituent samples shall be analyzed by a laboratory licensed by the Arizona Department of Health Services in accordance with A.R.S. § 36-495.
  7. Of the three samples selected at random, one sample amount required by subsection (A)(4)(b) shall be analyzed for the extractable heavy metals arsenic, barium, cadmium, chromium, lead, mercury, selenium, and silver, as set forth in 40 CFR 261.24, Table 1. The remaining two samples shall each be analyzed for extractable cadmium and lead.
  8. If the results of all three of the analyses for any extractable heavy metal in subsection (A)(7) are below the Regulatory Level of the Maximum Concentration of Contaminants for the Toxicity Characteristic as set forth in 40 CFR 261.24, Table 1, the simple arithmetic mean of the extractable cadmium and lead and the single analysis for the remaining six extractable heavy metals shall be used to determine if the sampled shredder residue will be classified as hazardous waste.
  9. If the analyses of any one of three selected samples exceeds the regulatory level as set forth in 40 CFR 261.24, Table 1, an additional subsample from the sample in question shall be subjected to confirmation analysis. If the confirmation sample analysis totals are in excess of the regulatory level as set forth in 40 CFR 261.24, Table 1, the remaining four of the original seven samples shall be analyzed for those extractable heavy metals which exceed the regulatory level as set forth in 40 CFR 261.24,



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Table 1. The simple arithmetic mean of the results of all seven samples shall be used to determine if the sampled shredder residue will be classified as hazardous waste.

10. The three samples selected at random shall be analyzed for PCB concentration in the amounts required by subsection (A)(4)(a). If the samples contain concentrations of PCB less than 50 mg/kg, the simple arithmetic mean of the three samples shall be used for reporting to the Director. If any one of the three samples contains concentrations of PCB greater than 50 mg/kg, an additional subsample from the sample in question shall be subjected to confirmation analysis. If the PCB concentration for that sample exceeds 50 mg/kg, the remaining four of the original seven samples shall be analyzed for PCB, in amounts required by subsection (A)(4)(a), and the simple arithmetic mean of all the samples shall be used to determine if the sampled shredder residue will be classified as hazardous waste.
- B. Shredder residue determined to be hazardous waste shall be managed in accordance with A.R.S. § 49-921 et seq. and R18-8-260 et seq.
- C. The generator shall do all of the following:
  1. Secure the facility to prevent unauthorized entry;
  2. Cover or otherwise manage the shredder residue pile to prevent wind dispersal;
  3. Place the shredder residue pile on a surface with a permeability coefficient equal to or less than  $1 \times 10^{-7}$  cm/s;
  4. Design, construct, operate, and maintain a run-on control system capable of preventing flow onto the waste pile during peak discharge from, at a minimum, a 25-year storm;
  5. Design, construct, operate, and maintain a run-off management system to collect and control at a minimum, the water volume resulting from a 24-hour, 25-year storm;
  6. Provide collection and holding facilities for run-on and run-off control systems, which shall have a permeability coefficient equal to or less than  $1 \times 10^{-7}$  cm/s;
  7. Record the date accumulation of shredder residue begins.
- D. Shredder residue shall be treated, recycled, sorted, stored, or disposed at a Department-approved special waste facility approved in accordance with A.R.S. § 49-857. A facility which seeks to become a special waste facility shall submit a special waste management plan to the Department to ensure compliance with subsection (C).
- E. A generator shall not store shredder residue for longer than 90 days. A special waste facility shall not store shredder residue for longer than one year.
- F. Shredder residue which has been determined to be nonhazardous pursuant to this Section shall be transported in accordance with the requirements for transportation of garbage as set forth in R18-13-310.
- G. The owner or operator of a special waste facility shall pay, to the Department, the fees required by A.R.S. §§ 49-855(C)(2) and 49-863 as follows:
  1. \$6.68 per ton of shredder residue received; and
  2. Not more than \$66,835.67 per generator site per year for shredder residue that is transported to a facility regulated by the Department for treatment, storage or disposal.
- H. Beginning July 1, 2026, the Director shall adjust the fee amounts in subsection (G) of this Section annually by the following method, except that no adjustment in any year shall exceed four percent of the fee amount of the preceding year:
  1. Multiply the amount by the October CPI for the most recent year and then divide by the October CPI for the

year 2024. The October CPI for any year is the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-Scottsdale, AZ, all items, published by the United States Department of Labor at [www.bls.gov/cpi/regional-resources.htm](http://www.bls.gov/cpi/regional-resources.htm), for October of that year.

2. Round the result from subsection (H)(1) down to the nearest cent. ADEQ shall post the new amounts on its webpage and install them in the billing software as soon as practicable.

**Historical Note**

Section recodified from A.A.C. R18-8-307, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3). Amended by final rulemaking at 18 A.A.R. 1217, effective July 1, 2012 (Supp. 12-2). Amended by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4). Amended by final rulemaking at 31 A.A.R. 4716 (December 26, 2025), with an immediate effective date of December 3, 2025 (Supp. 25-4).

**Table A. Target Analyses and Sampling Frequency**

Constituents	Frequency
* TCLP Metals	Quarterly
* TCLP Volatiles	Annually
* TCLP Semi-volatiles	Annually
Polychlorinated Biphenyls (PCB)	Quarterly
* Toxicity Characteristic Leaching Procedure (TCLP)	

**Historical Note**

Table A recodified from 18 A.A.C. 8, Article 3, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3).

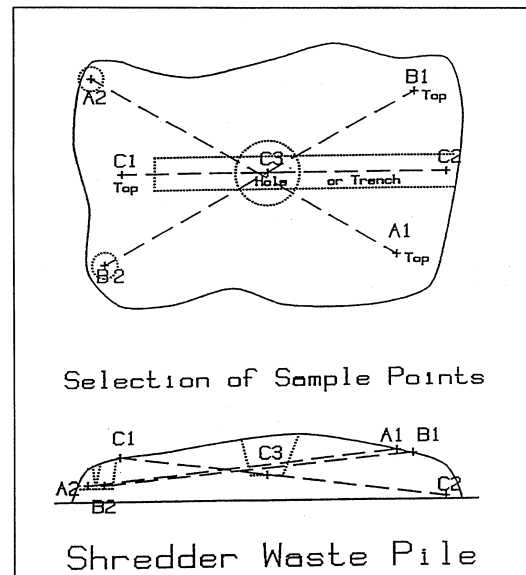
**Exhibit 1. Selection of Sample Points, Shredder Waste Pile****Historical Note**

Exhibit 1 recodified from 18 A.A.C. 8, Article 3, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3).

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## Appendix A. Application for Arizona Special Waste Identification Number

Please refer to the instructions on the accompanying page before completing this form.	<h1>ADEQ</h1>	Application for Arizona Special Waste Identification Number	Date Received: (Do not write here official use only)
1. Mark Appropriate Box: <input type="checkbox"/> Generator <input type="checkbox"/> Shipper <input type="checkbox"/> Receiving Facility <input type="checkbox"/> Multiple			
2. Company/Agency Name			
3. Company/Agency Address (Physical Address, not P.O. Box or Route Number).			
4. Company/Agency Mailing Address (If different than above).			
5. Company/Agency Contact (Person to contact regarding special waste activities). Name:   Job Title: _____ Phone Number: (   ) _____			
6. Company/Agency Contact Address.			
7. Name and Address of Company's/Agency's Legal Owner.     Phone Number: (   ) _____			
Certification: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this form and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of civil penalties.			
8. Signature:	9. Name and Official Title: (Type or Print)	10. Date Signed:	
11. Please list special wastes generated, transported, stored, or received by applicant.			

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**Instructions for the Completion of the ADEQ Application for the Arizona Special Waste Identification Number.**

1. Place an "X" in the appropriate box indicating which type of operation you will be performing.
2. Enter the complete company/agency name.
3. Enter the complete address. Do not use P.O. Box or Route Number.
4. Enter the complete address if it is different than the address listed in item 3.
5. Enter the name, job title, and complete phone number of the person who will act as the company/agency contact.
6. Enter the complete address of the company/agency contact listed in item 5.
7. Enter the name, complete address, and phone number of the company's/agency's legal owner.
8. Enter the signature of the person who will assume the responsibility of completion of this form and its contents.
9. Enter the name and title of the responsible person listed in item 8.
10. Enter the date that the responsible person signed the document.
11. List all special wastes that the applicant generates, transports, stores, or receives.

**Historical Note**

Appendix A recodified from 18 A.A.C. 8, Article 3, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3).

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## Appendix B. Special Waste Manifest

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
SPECIAL WASTE MANIFEST

G e n e r a t o r	1. Generator's AZ ID No.		Emergency Response Notification Phone Number		
	3. Generator's Name and Mailing Address				
	Generator's Phone Number and Area Code				
	4. Transporter 1 Company Name and Mailing Address		Transporter's AZ ID No.		
			Transporter's Phone No.		
	5. Transporter 2 Company Name and Mailing Address		Transporter's AZ ID No.		
			Transporter's Phone No.		
	6. Primary Receiving Facility Name and Address (physical site location, if different)		Facility's AZ ID No.		
			Facility's Phone No.		
	7. Alternate Receiving Facility Name and Address (physical site location, if different)		Facility's AZ ID No.		
		Facility's Phone No.			
	8. U.S. DOT description, (if applicable) (Non-DOT regulated materials enter shipping name, physical state and description of all contents of waste)		Containers No.	Total Quantity	Unit Wt/Vol
			Mark if Haz Mat		"X"
9. Additional information on transportation, treatment, storage, or disposal					
10. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled and are in all respects in proper condition for transport by highway according to applicable international and governmental regulations.					
				Date	
Printed/Typed Name		Signature			
T r a n s p o r t	11. Transporter 1 Acknowledgment of Receipt of Materials				
	Date				
	Printed/Typed Name		Signature		
F a c i l i t y	12. Transporter 2 Acknowledgment of Receipt of Materials				
	Date				
	Printed/Typed Name		Signature		
F a c i l i t y	13. Discrepancy Indication Space				
	14. Facility Owner or Operator: Certification of receipt of special waste materials covered by this manifest except as noted in above item.				
	Date				
Printed/Typed Name		Signature			

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**Instructions for the Completion of the ADEQ Special Waste Manifest**

1. Enter the generator's Arizona Identification Number in box 1.
2. Enter the Emergency Response Notification Phone Number in box 2.
3. Enter the generator's name and complete mailing address, including city, state, and zip code, along with the generator's phone number, including the area code, in box 3.
4. Enter the transporter's name, transporter's Arizona identification number, and telephone number, including the area code, in box 4.
5. Complete this box if a second transporter is to be used to transport the special waste to the receiving facility, following the instructions outlined in number 4 in box 5.
6. Enter the name, address, and physical site location of the primary special waste receiving facility. In the appropriate spaces, include the facility's Arizona identification number and the telephone number, including the area code, in box 6.
7. Enter the name, address, and physical site location of the alternate special waste receiving facility. In the appropriate spaces, include the facility's Arizona identification number and the telephone number, including the area code, in box 7.
8. Enter United States Department of Transportation description (Including proper shipping name, hazard class, and identification number, if applicable) (For all non-Department of Transportation-regulated materials, enter the proper name, physical state, and description of all contents of the waste).

Mark an "X" in this column if waste is classified as a hazardous material.

Container Number

Enter the number of containers being shipped for each waste.

Total Quantity

Numerical value representing the number of containers multiplied by the container size. Answer will be listed in pounds, gallons, or cubic yards.

Unit weight or volume

P - Pounds

G - Gallons

Y - Cubic Yards

9. Use this space to indicate special transportation, treatment, storage, or disposal information. Emergency response telephone numbers or similar information may be included here in box 9.
10. Print or type the generator's name followed by their signature and date in box 10.
11. Print or type the primary transporter's name followed by their signature and date in box 11.
12. Print or type the secondary transporter's name followed by their signature and date in box 12.
13. Indicate significant discrepancies in this box. Significant manifest discrepancy is defined as "a difference of more than 10% by weight for bulk shipments, any variation in a piece count for batch deliveries, or an obvious difference in a special waste type is discovered by inspection or analysis between the type or amount of a special waste designated in a special waste manifest, and the type or amount received by a special waste receiving facility" in box 13.
14. Print or type the receiving facility's owner or operator name followed by their signature and date in box 14.

**Historical Note**

Appendix B recodified from 18 A.A.C. 8, Article 3, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3).

**ARTICLE 14. BIOHAZARDOUS MEDICAL WASTE AND DISCARDED DRUGS**

**R18-13-1401. Definitions**

In addition to the definitions in A.R.S. § 49-701, the following definitions apply in this Article:

1. "Alternative treatment technology" means a treatment method other than autoclaving or incineration that achieves the treatment standards described in R18-13-1415.
2. "Approved medical waste facility plan" means the document that has been approved by the Department under A.R.S. § 49-762.04, and that authorizes the operator to accept biohazardous medical waste at its solid waste facility.
3. "Autoclaving," means using a combination of heat, steam, pressure, and time to achieve sterile conditions.
4. "Biohazardous medical waste" is composed of one or more of the following:
  - a. Cultures and stocks: Discarded cultures and stocks generated in the diagnosis, treatment or immunization of a human being or animal or in any research relating to that diagnosis, treatment or immunization, or in the production or testing of biologicals.
  - b. Human blood and blood products: Discarded products and materials that are saturated and/or dripping with human blood or caked with dried human blood, including items that would release blood in a liquid or semi-liquid form if compressed or broken, and items that contain serum, plasma, and other blood components. An item would be considered caked if it could release flakes or particles when handled.
  - c. Human pathological wastes: Discarded organs, tissues, and body parts, including cerebrospinal fluid,

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- synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid and amniotic fluid, removed during surgery or other medical procedures, including autopsy, obstetrics, or emergency care. Human pathological wastes do not include the head, spinal column, hair, nails, or teeth.
- d. Medical sharps: Discarded sharps that pose a stick hazard that have come into contact with blood, blood products, or pathological waste. Examples include hypodermic needles; scalpel blades; and needles attached to tubing or syringes.
  - e. Research animal wastes: Animal carcasses, body parts, and bedding of animals that have been infected with agents that produce, or may produce, human infection.
  - f. Tattoo and body modification waste: any waste generated during the course of physically altering a human being, including tattooing, ear piercing, or any other process where a foreign object is used to cut or pierce the skin.
  - g. Trauma scene waste: any crime scene, accident, or trauma clean-up wastes generated by individuals or commercial entities hired to clean crime scenes or accidents, such as sharps and materials that contain human blood and blood products.
5. "Biologicals" means preparations made from living organisms or their products, including vaccines, cultures, or other biological products intended for use in diagnosing, immunizing, or treating humans or animals or in research pertaining to these activities.
  6. "Biological indicator" means a representative microorganism used to evaluate treatment efficacy.
  7. "CFR" means the Code of Federal Regulations.
  8. "Chemotherapy waste" means any discarded material that has come in contact with an agent that kills or prevents the reproduction of malignant cells.
    - a. Trace contaminated chemotherapy waste includes: masks, empty drug vials, gloves, gowns, IV tubing, empty IV bags/bottles, and spill clean-up materials.
    - b. Bulk chemotherapy waste, such as full expired vials of chemotherapy drugs, is not biohazardous medical waste. Bulk chemotherapy waste may be considered hazardous wastes and must be handled according to the hazardous waste regulations if deemed a hazardous waste by the generator.
  9. "Dedicated vehicle" means a motor vehicle or trailer that is pulled by a motor vehicle used by a transporter for the purpose of transporting biohazardous medical waste in conjunction with other compatible waste according to the USDOT requirements, listed at 49 CFR 177.848, revised as of October 1, 2020, and no future editions or later amendments, is incorporated by reference in this Section and on file with ADEQ.
  10. "Department-approved facility" means a storage, transfer, treatment, or disposal facility that has undergone plan approval as described in R18-13-1410.
  11. "Discarded drug" means any prescription medicine or over-the-counter medicine used in the diagnosis, treatment, or immunization of a human being or animal, that the generator intends to abandon. The term does not include hazardous waste or controlled substances regulated by the United States Drug Enforcement Agency.
  12. "Disposal facility" means a municipal solid waste landfill that has been approved by the Department under A.R.S. § 49-762.04 to accept untreated biohazardous medical waste for disposal.
  13. "Emergency situations" include those situations where following location restrictions may result in an imminent threat to human health and the environment.
  14. "Facility plan" has the meaning given to it in A.R.S. § 49-701.
  15. "Generator" means a person whose act or process produces biohazardous medical waste, or a discarded drug, or whose act first causes medical waste or a discarded drug to become subject to regulation.
  16. "Hazardous waste" has the meaning prescribed in A.R.S. § 49-921.
  17. "Health care worker" means, with respect to R18-13-1403(B)(5), a person who provides health care services at an off-site location that is none of the following: a residence, a facility where health care is normally provided, or a facility licensed by the Arizona Department of Health Services.
  18. "Improper disposal of biohazardous medical waste" means the disposal by a person of untreated or inadequately treated biohazardous medical waste at any place that is not approved to accept untreated biohazardous medical waste.
  19. "Independent testing laboratory" means a testing laboratory independent of oversight activities by a provider of alternative treatment technology.
  20. "Medical sharps container" means a vessel that is rigid, puncture resistant, leak proof, and equipped with a cap capable of being securely closed.
  21. "Medical waste," as defined in A.R.S. § 49-701, means *"any solid waste which is generated in the diagnosis, treatment or immunization of a human being or animal or in any research relating to that diagnosis, treatment or immunization, or in the production or testing of biologicals, and includes discarded drugs but does not include hazardous waste as defined in A.R.S. § 49-921 other than conditionally exempt small quantity generator waste."*
  22. "Medical waste treatment facility" or "treatment facility" means a solid waste facility approved by the Department under A.R.S. § 49-762.04 to accept and treat biohazardous medical waste from off-site generators.
  23. "Multi-purpose vehicle" means any motor vehicle operated by a health care worker in the course of providing health care services, where the general purpose is the non-commercial transporting of people and the hauling of goods and supplies, but not solid waste. A multi-purpose vehicle is limited to hauling biohazardous medical waste generated at a location other than a hospital or clinic.
  24. "Off site" means a location that does not fall within the definition of "on site" contained in A.R.S. § 49-701.
  25. "Packaging" or "properly packaged" means the use of a container or a practice under R18-13-1407.
  26. "Putrescible waste" means waste materials capable of being decomposed rapidly by microorganisms.
  27. "Radioactive material" has the meaning under A.R.S. § 30-651.
  28. "Secure" means to lock out or otherwise restrict access to unauthorized personnel.
  29. "Spill" means either of the following:
    - a. Any release of biohazardous medical waste from its package while in the generator's storage area.
    - b. Any release of biohazardous medical waste from its package or the release of packaged biohazardous

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medical waste by the transporter at a place or site that is not a medical waste treatment or disposal facility.

30. "Store" or "storage" means, in addition to the meaning under A.R.S. § 49-701, either of the following:
  - a. The temporary holding of properly packaged biohazardous medical waste by a generator in a designated accumulation area awaiting collection by a transporter.
  - b. The temporary holding of properly packaged biohazardous medical waste by a transporter or a treater at an approved medical waste storage facility or treatment facility.
31. "Technology provider" means a person that manufactures or a vendor who supplies alternative medical waste treatment technology.
32. "Tracking document" means the written instrument that signifies acceptance of biohazardous medical waste by a transporter, or a transfer, storage, treatment, or disposal facility operator.
33. "Transportation management plan" means the transporter's written plan consisting of both of the following:
  - a. The procedures used by the transporter to minimize the exposure to employees and the general public to biohazardous medical waste throughout the process of collecting, transporting, and handling.
  - b. The emergency procedures used by the transporter for handling spills or accidents.
34. "Transporter" means a person engaged in the business of hauling of biohazardous medical waste from the point of generation to a Department-approved storage facility or to a Department-approved treatment or disposal facility.
35. "Treat" or "treatment" means, with respect to the methods used to render biohazardous medical waste less infectious: incinerating, autoclaving, or using the alternative treatment technologies prescribed in this Article.
36. "Treated medical waste" means biohazardous medical waste that has been treated and that meets the treatment standards of R18-13-1415. Treated medical waste that requires no further processing is considered solid waste.
37. "Treater" means a person, also known as an operator, who receives solid waste facility plan approval for the purpose of operating a medical waste treatment facility to treat biohazardous medical waste that is generated off site.
38. "Treatment certification statement" means the written document provided by either a generator who treats biohazardous medical waste on site or by a treater to inform a solid waste disposal or recycling facility that biohazardous medical waste has been treated as prescribed in this Article, and therefore is no longer subject to regulation under this Article.
39. "Treatment standards" mean the levels of microbial inactivation, prescribed in R18-13-1415, to be achieved for a specific type of biohazardous medical waste.
40. "USDOT" means the United States Department of Transportation.
41. "Universal biohazard symbol" or "biohazard symbol" means a representation that conforms to the design shown in 29 CFR 1910.145(f)(8)(ii) (Office of the Federal Register, National Archives and Records Administration, July 1, 1998) and which is incorporated by reference in this rule. This incorporation does not include any later amendments or editions. Copies of the incorporated

material are available for inspection at the Department of Environmental Quality and the Office of the Secretary of State.

42. "Vehicle not dedicated to the transportation of biohazardous medical waste but which is engaged in commerce" means a motor vehicle or a trailer pulled by a motor vehicle whose primary purpose is the transporting of goods that are not solid waste or biohazardous medical waste and that is used by a transporter for the temporary transportation of biohazardous medical waste.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3776, effective September 17, 1999 (Supp. 99-3).

Amended by final rulemaking at 27 A.A.R. 2801 (December 3, 2021), effective January 4, 2022 (Supp. 21-4).

**R18-13-1402. Applicability**

- A. This Article applies to the following:
  1. A generator who treats biohazardous medical waste on site, before disposing of it as treated medical waste, and to any equipment used for that purpose. Specific requirements for a generator who treats on site are prescribed in R18-13-1405.
  2. A generator who contracts with a medical waste treatment facility for the purpose of treating biohazardous medical waste. Specific requirements for such a generator are prescribed in R18-13-1406.
  3. A person who transports biohazardous medical waste and any motor vehicle used for that purpose.
  4. A medical waste treatment facility operator, a medical waste treatment facility, and any equipment used for medical waste treatment.
  5. A person who provides alternative medical waste treatment technology for the purpose of treatment, and to any technology used for treatment.
  6. A person in possession of biohazardous medical waste if the waste does not meet the treatment standards in R18-13-1415.
  7. An operator of a Department-approved disposal facility who accepts untreated biohazardous medical waste.
  8. A person who generates medical sharps in the preparation of human remains.
  9. A person who generates medical sharps in the treatment of humans or animals.
  10. A generator of discarded drugs not returned to the manufacturer.
- B. The requirements for biohazardous medical waste set out for collection do not apply to the manner in which the generator collects or handles material prior to that material becoming biohazardous medical waste.
- C. Provisions in this Article requiring placement in Department-approved facilities do not restrict the right to place materials in facilities that are out of state or in Indian Country.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3776, effective September 17, 1999 (Supp. 99-3).

Amended by final rulemaking at 27 A.A.R. 2801 (December 3, 2021), effective January 4, 2022 (Supp. 21-4).

**R18-13-1403. Exemptions; Partial Exemptions**

- A. The following persons are exempt from the requirements of this Article:

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1. Law enforcement personnel handling biohazardous medical waste for law enforcement purposes.
  2. A person in possession of medical waste that is regulated by a state or federal agency due to its radioactive nature.
  3. A person who returns unused medical sharps to the manufacturer.
  4. A household generator residing in a private, public, or semi-public residence who generates biohazardous medical waste in the administration of self care or the agent of the household generator who administers the medical care. This exemption does not apply to the facility in which the person resides if that facility is licensed by the Arizona Department of Health Services.
  5. A generator that separates medical devices from the medical waste stream that are sent out for re-processing and returned to the generator.
  6. A person in possession of human bodies regulated by A.R.S. Title 36.
- B.** The following are conditionally exempt from the requirements of this Article:
1. A person who prepares human corpses, remains, and anatomical parts that are intended for interment or cremation. However, medical sharps must be disposed of as prescribed by this Article.
  2. A person who operates an emergency rescue vehicle, an ambulance, or a blood service collection vehicle in the course of providing medical services if the biohazardous medical waste is returned to the home facility for disposal. This facility is considered to be the point of generation for packaging, treatment, and disposal.
  3. A person who discharges liquid and semi-liquid biohazardous medical wastes, excluding cultures and stocks, to the sanitary sewer system if the operator of the wastewater sewer system and treatment facility allows, permits, authorizes, or otherwise approves of the discharges.
  4. Hazardous waste regulated by A.R.S. Title 49, Chapter 5.
  5. A health care worker who uses a multi-purpose vehicle in the conduct of routine health care business other than transporting waste is exempt from the requirements of R18-13-1409 if the health care worker complies with all of the following:
    - a. Packages the biohazardous medical waste according to R18-13-1407.
    - b. Secures the packaged biohazardous medical waste within the vehicle so as to minimize spills.
    - c. Transports the biohazardous medical waste to the place of business or to a medical waste treatment or disposal facility.
    - d. Cleans the vehicle when it shows visible signs of contamination.
    - e. Secures the vehicle to prevent unauthorized contact with the biohazardous medical waste.
  6. A person who transports biohazardous medical waste between multiple properties separated by a public thoroughfare and which is owned or operated by the same owner or governmental entity is exempt from the requirements of R18-13-1409 if the person complies with R18-13-1403(B)(5)(a) through (e).
  7. A hospital that chooses to accept medical sharps from staff physicians who generate medical sharps in a private practice is exempt from the requirement to obtain facility plan approval as long as the hospital collects medical sharps for off-site treatment or disposal.
- C.** The following are exempt from some of the requirements of this Article:
1. A generator who treats biohazardous medical waste on site and who accepts for treatment medical waste described in R18-13-1403(A)(4) is exempt from the requirement to obtain solid waste facility plan approval prescribed in R18-13-1410.
  2. A generator who self-hauls biohazardous medical waste to a Department-approved medical waste treatment, storage, transfer, or disposal facility is exempt from the requirements of R18-13-1409 if the generator complies with R18-13-1403(B)(5)(a) through (e).

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3776, effective September 17, 1999 (Supp. 99-3).  
Amended by final rulemaking at 27 A.A.R. 2801 (December 3, 2021), effective January 4, 2022 (Supp. 21-4).

**R18-13-1404. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3776, effective September 17, 1999 (Supp. 99-3).  
Repealed by final rulemaking at 27 A.A.R. 2801 (December 3, 2021), effective January 4, 2022 (Supp. 21-4).

**R18-13-1405. Biohazardous Medical Waste Treated On Site**

- A.** A person who treats biohazardous medical waste on site shall use incineration, autoclaving, or an alternative medical waste treatment method that meets the treatment standards prescribed in R18-13-1415.
- B.** A generator who uses:
1. Incineration shall follow the requirements of subsections (C), (F), (G), and (H),
  2. Autoclaving shall follow the requirements of subsections (D), (F), (G) and (H), or
  3. An alternative treatment method shall follow the requirements of subsections (E), (F), (G), and (H).
- C.** A generator who incinerates biohazardous medical waste on site shall comply with all of the following requirements:
1. Obtain a permit if required by the local or state air quality agency having jurisdiction.
  2. Reduce the biohazardous medical waste, excluding metallic items, into carbonized or mineralized ash.
  3. Determine whether incinerator ash is hazardous waste as required by hazardous waste rules promulgated under A.R.S. Title 49, Chapter 5.
  4. Dispose of the non-hazardous waste incinerator ash at a Department-approved municipal solid waste landfill.
- D.** A generator who autoclaves biohazardous medical waste on site shall comply with all of the following requirements:
1. Further process by grinding, shredding, or any other process, any recognizable animals and human tissue, organs, or body parts, to render such waste non-recognizable and ensure effective treatment.
  2. Operate the autoclave at the manufacturer's specifications appropriate for the quantity and density of the load.
  3. Keep records of operational performance levels for six months after each treatment cycle. Operational performance level recordkeeping includes all of the following:
    - a. Duration of time for each treatment cycle.
    - b. The temperature and pressure maintained in the treatment unit during each cycle.



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- c. The method used to determine treatment parameters in the manufacturer's specifications.
  - d. The method in manufacturer's specifications used to confirm microbial inactivation and the test results.
  - e. Any other operating parameters in the manufacturer's specifications for each treatment cycle.
4. Keep records of equipment maintenance for the duration of equipment use that include the date and result of all equipment calibration and maintenance.
- E.** A generator who uses an alternative treatment method on site shall comply with all of the following requirements:
- 1. Use only alternative treatment methods registered under R18-13-1414.
  - 2. Further process by grinding, shredding, or any other process, any recognizable animals and human tissue, organs, or body parts, to render this waste non-recognizable and ensure effective treatment.
  - 3. Follow the manufacturer's specifications for equipment operation.
  - 4. Supply upon request all of the following:
    - a. The Departmental registration number for the alternative medical waste treatment technology and the type of biohazardous medical waste that the equipment is registered to treat.
    - b. The equipment specifications that include all of the following:
      - i. The operating procedures for the equipment that enable the treater to comply with the treatment standards described in this Article for the type of waste treated.
      - ii. The instructions for equipment maintenance, testing, and calibration that enable the treater to comply with the treatment standards described in this Article for the type of waste treated.
  - 5. Maintain a training manual regarding the proper operation of the equipment.
  - 6. Maintain a treatment record consisting of a log of the volume of medical waste treated and a schedule of calibration and maintenance performed under the manufacturer's specifications.
  - 7. Maintain treatment records for six months after the treatment date for each load treated.
  - 8. Maintain the equipment specifications for the duration of equipment use.
- F.** A generator shall do all of the following:
- 1. Package the treated medical waste according to the waste collection agency's requirements;
  - 2. Attach to the package or container a label, placard, or tag with the following words: "This medical waste has been treated as required by the Arizona Department of Environmental Quality standards" before placing the treated medical waste out for collection as a general solid waste. The generator shall ensure that the treated medical waste meets the standards of R18-13-1415.
  - 3. Upon request of the solid waste collection agency or municipal solid waste landfill, provide a certification that the treated medical waste meets the standards of R18-13-1415.
  - 4. Make treatment records available for Departmental inspection upon request.
- G.** A generator of medical sharps shall handle medical sharps as prescribed in R18-13-1419.
- H.** A generator of chemotherapy waste, cultures and stocks, or animal waste shall handle that waste as prescribed in R18-13-1420.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3776, effective September 17, 1999 (Supp. 99-3).

**R18-13-1406. Biohazardous Medical Waste Transported Off Site for Treatment**

- A.** A generator of biohazardous medical waste shall cause the waste to first be packaged as prescribed in this Article and shall subsequently either self-haul or store the waste as provided under R18-13-1408 and set the waste out for collection by a properly licensed transporter under R18-13-1409.
- B.** A generator shall obtain a copy of the tracking document signed by the transporter signifying acceptance of the biohazardous medical waste. A generator shall keep a copy of the tracking document for the period required under the USDOT requirements, as listed in 49 CFR 172.201, revised as of October 1, 2020, and no future editions or later amendments, is incorporated by reference in this Section and on file with ADEQ. The tracking document shall contain all of the following information:
- 1. Name and address of the generator, transporter, and medical waste treatment, storage, transfer, or disposal facility, as applicable.
  - 2. Quantity of biohazardous medical waste collected by weight, volume, or number of containers.
  - 3. Identification number attached to bags or containers, as specified as by the USDOT requirements, as listed in 49 CFR 172.300 through 172.338, revised as of October 1, 2020, and no future editions or later amendments, is incorporated by reference in this Section and on file with ADEQ.
  - 4. Date the biohazardous medical waste is collected.
- C.** A generator of chemotherapy waste, cultures and stocks, or animal waste shall handle the waste as prescribed in R18-13-1420.
- D.** A generator of medical sharps shall handle the waste as prescribed in R18-13-1419.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3776, effective September 17, 1999 (Supp. 99-3).

Amended by final rulemaking at 27 A.A.R. 2801 (December 3, 2021), effective January 4, 2022 (Supp. 21-4).

**R18-13-1407. Non-Sharps Packaging**

- A.** A generator who sets biohazardous medical waste that does not include sharps out for collection for off-site treatment or disposal shall package the biohazardous medical waste in either of the following:
- 1. A red disposable plastic bag that is:
    - a. Leak resistant,
    - b. Impervious to moisture,
    - c. Of sufficient strength to prevent tearing or bursting under normal conditions of use and handling,
    - d. Sealed to prevent leakage during transport, and
    - e. Placed in a secondary container. This container shall be constructed of materials that will prevent breakage of the bag in storage and handling during collection and transportation and bear the universal biohazard symbol. The secondary container may be either disposable or reusable.

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2. A reusable container that bears the universal biohazard symbol and that is:
    - a. Leak-proof on all sides and bottom, closed with a fitted lid, and constructed of smooth, easily cleanable materials that are impervious to liquids and resistant to corrosion by disinfection agents and hot water, and
    - b. Used for the storage or transport of biohazardous medical waste and cleaned after each use unless the inner surfaces of the container have been protected by disposable liners, bags, or other devices removed with the waste. "Cleaning" means agitation to remove visible particles combined with one of the following:
      - i. Exposure to hot water at a temperature of at least 180° F for a minimum of 15 seconds.
      - ii. Exposure to an EPA-approved chemical disinfectant used under established protocols and regulations.
      - iii. Any other method that the Department determines is acceptable, if the determination of acceptability is made in advance of the cleaning.
  - B. A generator shall handle any container used for the storage or transport of biohazardous medical waste that is not capable of being cleaned as described in subsection (A)(2)(b), or that is disposable packaging, as biohazardous medical waste.
  - C. A generator shall not use reusable containers described in subsection (A)(2) for any purpose other than the storage of biohazardous medical waste.
  - D. A generator shall not reuse disposable packaging and liners and shall manage such items as biohazardous medical waste.
1. Putrescible biohazardous medical waste may be kept unrefrigerated up to 72 hours if it would not otherwise cause odor detectable beyond the property line or attract vermin.
  2. Refrigerate at 40° F or less from hour 72 through day 90 putrescible biohazardous medical waste kept for up to 90 days.
  3. Nonputrescible biohazardous medical waste may be kept unrefrigerated for up to 90 days.
  4. Store biohazardous medical waste for 90 days or less unless the generator has obtained facility plan approval under A.R.S. § 49-762.04 and is in compliance with the design and operational requirements prescribed in R18-13-1412.
  5. Keep the storage area free of visible contamination.
  6. Protect biohazardous medical waste from contact with water, precipitation, wind, or animals. A generator shall ensure that the waste does not provide a breeding place or a food source for insects or rodents.
  7. Handle spills by re-packaging the biohazardous medical waste, re-labeling the containers and cleaning any soiled surface as prescribed in R18-13-1407(A)(2)(b).
  8. Notwithstanding subsections (C)(1) and (2), a generator shall minimize the off-site migration of odors and the presence of vermin. If the Department determines that a generator has not acted or adequately addressed odors or vermin, the Department shall require the waste to be removed or refrigerated at 40° F or less.
- D. Trace chemotherapy waste shall be clearly identified as such by its label.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R.

3776, effective September 17, 1999 (Supp. 99-3).

Amended by final rulemaking at 27 A.A.R. 2801

(December 3, 2021), effective January 4, 2022 (Supp. 21-4).

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R.

3776, effective September 17, 1999 (Supp. 99-3).

Amended by final rulemaking at 27 A.A.R. 2801

(December 3, 2021), effective January 4, 2022 (Supp. 21-4).

**R18-13-1408. Storage**

- A. A generator may place a container of biohazardous medical waste alongside a container of solid waste if the biohazardous medical waste is identified and not allowed to co-mingle with the solid waste. The storage area shall not be used to store substances for human consumption or for medical supplies.
- B. Once biohazardous medical waste has been packaged for shipment off site, a generator shall provide a storage area for biohazardous medical waste until the waste is collected and shall comply with both of the following requirements:
  1. Secure the storage area in a manner that restricts access to, or contact with the biohazardous medical waste to authorized persons.
  2. Display the universal biohazard symbol and post warning signs worded as follows for medical waste storage areas: (in English) "CAUTION -- BIOHAZARDOUS MEDICAL WASTE STORAGE AREA -- UNAUTHORIZED PERSONS KEEP OUT" and (in Spanish) "PRECAUCION -- ZONA DE ALMACENAMIENTO DE DESPERDICIOS BIOLOGICOS PELIGROSOS -- PROHIBIDA LA ENTRADA A PERSONAS NO AUTORIZADAS."
- C. Beginning at the time the waste is set out for collection, a generator who stores biohazardous medical waste shall comply with all of the following requirements:

**R18-13-1409. Transporter License; Fees; Transportation**

- A. A transporter shall obtain a transporter license from the Department as provided under subsections (B) and (C) of this Section in addition to possessing a permit, license, or approval if required by a local health department, environmental agency, or other governmental agency with jurisdiction.
- B. A transporter license is valid for five years after issuance. To renew the license, the licensee shall submit an application no later than 60 days prior to the license's expiration, and shall pay the license renewal fee, as provided in subsection (B)(1). With each application submitted for approval, the applicant shall remit an initial transporter license application fee as provided in subsection (B)(1). All fees paid shall be payable to the state of Arizona. The Department shall deposit the fees paid into the Solid Waste Fee Fund established pursuant to A.R.S. § 49-881, unless otherwise authorized or required by law.
  1. To apply for or to renew a transporter license, an applicant shall submit all of the following in a Department-approved format:
    - a. The name, address, and telephone number of the transportation company or entity.
    - b. All owners' names, addresses, and telephone numbers.
    - c. All names, addresses, and telephone numbers of any agents authorized to act on behalf of the owner.

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- d. A copy of either the certificate of disclosure required by A.R.S. § 49-109 or a written acknowledgment that this disclosure is not required.
  - e. Photocopies or other evidence of the issuance of a permit, license, or approval if required by a local health department, environmental agency, or other governmental agency with jurisdiction.
  - f. A copy of the transportation management plan as defined in R18-13-1401.
  - g. A list identifying each dedicated vehicle.
  - h. For an initial transporter license application, a fee of \$1,800, and for a license renewal, a fee of \$1,500.
2. The Department may only issue a transporter license, including a renewal, if all of the items in subsection (B)(1)(a) through (h) have been received and determined to be correct and complete, and a Department inspection of each transporting vehicle shows that the vehicle is in compliance with this Article.
- C.** Transporters shall pay by the invoice due date an annual fee of \$1,113 for each calendar year following payment of the new or renewal application license fee and subsequent years in which a renewal application license fee is not charged and paid, indicated in Table 2. Fee Table, Transporters Annual Fee.
- D.** Amendments. After issuance, the licensee shall submit to the Department any change to the information listed in subsections (B)(1)(a) through (g) of this Section within 30 days of its occurrence. Vehicles may only be added to the license after a Department inspection shows that the vehicle is in compliance with this Article. Amendments adding vehicles to the license shall be processed after payment of inspection fees and other expenses, except that the application fee shall be \$148.
- E.** A person who transports biohazardous medical waste shall maintain in each transporting vehicle at all times a transportation management plan.
- F.** A transporter who accepts biohazardous medical waste from a generator shall transmit electronically or leave a physical copy of the tracking document described in R18-13-1406(B) with the person from whom the waste is accepted. A transporter shall ensure that a copy of the tracking document accompanies the person who has physical possession of the biohazardous medical waste. Upon delivery to a Department-approved transfer, storage, treatment, or disposal facility, the transporter shall obtain a copy of the tracking document, signed by a person representing the receiving facility, signifying acceptance of the biohazardous medical waste.
- G.** A transporter who transports biohazardous medical waste in a dedicated vehicle shall ensure that the cargo box, trailer, or compartment can be secured to limit access to authorized persons at all times except during loading and unloading. In addition, the cargo box, trailer, or compartment shall be constructed in compliance with one of the following:
- 1. Have a fully enclosed, leak-proof cargo compartment consisting of a floor, sides, and a roof that are made of a non-porous material impervious to biohazardous medical waste and physically separated from the driver's compartment.
  - 2. Haul a fully enclosed, leak-proof cargo box made of a non-porous material impervious to biohazardous medical waste.
  - 3. Tow a fully enclosed leak-proof trailer made of a non-porous material impervious to biohazardous medical waste.
- H.** A person who transports biohazardous medical waste in a vehicle not dedicated to the transportation of biohazardous medical waste, but that is used at least once weekly for a month, shall comply with the following:
- 1. Subsections (A), (E) through (G), and (I) of this Section.
  - 2. Clean the vehicle as prescribed in R18-13-1407(A)(2)(b) before it is used for another purpose.
- I.** A transporter of biohazardous medical waste shall comply with all of the following:
- 1. Accept only biohazardous medical waste packaged as prescribed in R18-13-1407.
  - 2. Accept biohazardous medical waste only after providing the generator with a signed tracking document as prescribed in R18-13-1406(B), and keep a copy of the tracking document for the period required under the USDOT requirements, as listed in 49 CFR 172.201.
  - 3. Deliver biohazardous medical waste to a Department-approved biohazardous medical waste storage, transfer, treatment, or disposal facility within the following timeframes:
    - a. 72 hours of collection, if putrescible and unrefrigerated; or
    - b. 90 days of collection, if putrescible and refrigerated at 40° F or less from hour 72 through day 90; or
    - c. 90 days of collection, if nonputrescible and unrefrigerated.
  - 4. Not hold biohazardous medical waste longer than specified under subsection (I)(3) unless the vehicle is parked at a Department-approved facility.
  - 5. Except in emergency situations, not unload, reload, or transfer the biohazardous medical waste to another vehicle in any location other than a Department-approved facility. Combination vehicles or trailers may be uncoupled and coupled to another cargo vehicle or truck trailer as long as the biohazardous medical waste is not removed from the cargo compartment.
- J.** Beginning July 1, 2026, the Director shall adjust the fee amounts in subsections (B), (C), and (D) of this Section, and Table 2. Fee Table, Transporters Annual Fee, annually by the following method, except that no adjustment in any year shall exceed four percent of the fee amount of the preceding year:
- 1. Multiply the amount by the October CPI for the most recent year and then divide by the October CPI for the year 2024. The October CPI for any year is the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-Scottsdale, AZ, all items, published by the United States Department of Labor at [www.bls.gov/cpi/regional-resources.htm](http://www.bls.gov/cpi/regional-resources.htm), for October of that year.
  - 2. Round the result from subsection (J)(1) down to the nearest cent. ADEQ shall post the new amounts on its webpage and install them in the billing software as soon as practicable.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3776, effective September 17, 1999 (Supp. 99-3). Amended by final rulemaking at 18 A.A.R. 1217, effective July 1, 2012 (Supp. 12-2). Amended by final rulemaking at 27 A.A.R. 2801 (December 3, 2021), effective January 4, 2022 (Supp. 21-4). Amended by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4). Section amended by emergency rulemaking at 31 A.A.R. 1897 (June 13, 2025), effective June 6, 2025, for 180 days (Supp. 25-2). Amended by final rulemaking at 31 A.A.R. 4716 (December 26, 2025), with an immediate effective date of December 3, 2025 (Supp. 25-4).

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Amended by final rulemaking at 31 A.A.R. 4716 (December 26, 2025), with an immediate effective date of December 3, 2025 (Supp. 25-4).

**Table 1. Frequency of Application for Transporter License**

Year	Type of Application	Frequency
1	New	Once
6, 11, 16, etc.	Renewal	Every 5th Year

**Historical Note**

Table 1. Fee Table, Transporter License Fees; Frequency of Application for Transporter License Fees made by final rulemaking at 27 A.A.R. 2801 (December 3, 2021), effective January 4, 2022 (Supp. 21-4). Amended by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4).

**Table 2. Fee Table – Transporter Annual Fees**

Years	Amount
1	\$1,800
6, 11, 16, etc.	\$1,500
2, 3, 4, 5, 7, 8, 9, 10, 12, 13, etc.	\$1,113

**Historical Note**

Table 2. Fee Table, Transporter Annual Fee made by final rulemaking at 27 A.A.R. 2801 (December 3, 2021), effective January 4, 2022 (Supp. 21-4). Amended by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4). Amended by emergency rulemaking at 31 A.A.R. 1897 (June 13, 2025), effective June 6, 2025, for 180 days (Supp. 25-2). Amended by final rulemaking at 31 A.A.R. 4716 (December 26, 2025), with an immediate effective date of December 3, 2025 (Supp. 25-4).

**R18-13-1410. Storage, Transfer, Treatment, and Disposal Facilities; Facility Plan Approval; Fees**

- A. A person shall obtain solid waste facility plan approval from the Department as prescribed in A.R.S. § 49-762.04 and pursuant to R18-13-702 to construct any facility that will be used to store, transfer, treat, or dispose of biohazardous medical waste that was generated off site. Plan approval shall be obtained before starting construction of the medical waste treatment or disposal facility. This requirement also applies to solid waste facilities for which an operator self-certifies under A.R.S. § 49-762.05, if the facility also will receive biohazardous medical waste.
- B. If an air quality permit is required for the facility under A.R.S. Title 49, Chapter 3, the person shall include evidence of that air quality permit, or evidence of an air quality permit application with the application for solid waste facility plan approval.
- C. A person applying for facility plan approval shall ensure that the plan contains information demonstrating how the plan will comply with this Article.
- D. Annual registration fee. The Department shall bill an annual registration fee to a biohazardous medical waste facility described in subsection (A) of this Section as follows:
  1. For a disposal or treatment facility, \$12,500;
  2. For a storage facility, \$7,500; and
  3. For a transfer facility, \$3,000.
- E. A facility subject to more than one fee under subsection (D) of this Section shall only pay the highest fee amount.
- F. The biohazardous medical waste facility shall pay the annual registration fee within 30 days of invoice receipt.

- G. Beginning July 1, 2026, the Director shall adjust the fee amounts in subsection (D) of this Section annually by the following method, except that no adjustment in any year shall exceed four percent of the fee amount of the preceding year:

1. Multiply the amount by the October CPI for the most recent year and then divide by the October CPI for the year 2024. The October CPI for any year is the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-Scottsdale, AZ, all items, published by the United States Department of Labor at [www.bls.gov/cpi/regional-resources.htm](http://www.bls.gov/cpi/regional-resources.htm), for October of that year.
2. Round the result from subsection (G)(1) down to the nearest cent. ADEQ shall post the new amounts on its webpage and install them in the billing software as soon as practicable.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3776, effective September 17, 1999 (Supp. 99-3). Amended by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4). Amended by emergency rulemaking at 31 A.A.R. 1897 (June 13, 2025), effective June 6, 2025, for 180 days (Supp. 25-2). Amended by final rulemaking at 31 A.A.R. 4716 (December 26, 2025), with an immediate effective date of December 3, 2025 (Supp. 25-4).

**R18-13-1411. Storage and Transfer Facilities; Design and Operation**

An operator of a storage facility or transfer facility shall comply with all of the following design and operation requirements:

1. Design the facility so that biohazardous medical waste is always handled and stored separately from other types of solid waste if accepted at the facility.
2. Display prominently the universal biohazard symbol as prescribed in R18-13-1401.
3. Construct the storage area from smooth, easily cleanable non-porous material that is impervious to liquids and resistant to corrosion by disinfecting agents and hot water.
4. Protect biohazardous medical waste from contact with water, precipitation, wind, or animals.
5. Specify in the application for facility plan approval the maximum storage time that biohazardous medical waste will remain at the facility. If putrescible biohazardous medical waste will be stored for more than 72 hours, the operator shall equip the facility with a refrigerator to refrigerate putrescible biohazardous medical waste. The operator of the facility shall maintain the temperature in the refrigerator at 40° F or less.
6. Accept biohazardous medical waste only if it is accompanied by the tracking document. The operator shall sign the tracking document and keep a copy of the acceptance documentation for the period required under the USDOT requirements, as listed in 49 CFR 172.201.
7. Accept biohazardous medical waste if it is packaged as described in R18-13-1407. If a biohazardous medical waste container is damaged or leaking, improperly labeled, or otherwise unacceptable, a transfer facility operator shall do one of the following:
  - a. Reject the waste and return it to the transporter or self-hauling generator.
  - b. Accept the waste and immediately repackage it as prescribed in R18-13-1407(A).

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8. Clean the storage area daily. "Clean" means to remove visible particles combined with one of the following:
  - a. Exposure to hot water at a temperature of at least 180° F for a minimum of 15 seconds.
  - b. Exposure to an EPA-approved chemical disinfectant used under established protocols and regulations.
  - c. Any other method that the Department determines is acceptable, if the determination of acceptability is made in advance of the cleaning.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R.

3776, effective September 17, 1999 (Supp. 99-3).

Amended by final rulemaking at 27 A.A.R. 2801

(December 3, 2021), effective January 4, 2022 (Supp. 21-4).

**R18-13-1412. Treatment Facilities; Application Requirements; Design and Operation**

- A. An operator who applies for facility plan approval shall comply with subsections (A)(1) and (2) as well as all of the requirements in subsections (B)(1) through (11):
  1. Submit to the Department the following documentation:
    - a. Equipment specifications that identify the proper type of medical waste to be treated in the equipment and any design or equipment restrictions.
    - b. Manufacturer's specifications and operating procedures for the equipment that describe the type and volume of waste to be treated, monitoring data of the treatment process, and calibration and testing of the equipment, providing specific details about the capability of the equipment to achieve the treatment standards prescribed in R18-13-1415.
    - c. Instructions for equipment maintenance, testing, and calibration that ensure the equipment achieves the treatment standards prescribed in R18-13-1415.
    - d. Training manual for the equipment.
    - e. Written certification from the manufacturer stating that the equipment, when operated properly, is capable of achieving the treatment standards prescribed in R18-13-1415.
  2. Submit to the Department and have readily available at the facility, an operations procedure manual describing how the waste will be handled from the time it is accepted by the treater through the treatment process and final disposition of the treated waste. The operations procedure manual shall include all of the following:
    - a. Provisions for treating biohazardous medical waste within 72 hours of receipt or refrigerating at 40° F or less upon determination that treatment or disposal will not occur within 72 hours. Nonputrescible biohazardous medical waste that is not immediately treated may be stored for up to 90 days unrefrigerated.
    - b. A contingency plan if the treatment equipment is out of service for an extended period of time. The plan shall address the manner and length of time for storage of the waste. An operator shall not store biohazardous medical waste more than 90 days. The plan shall be based on the capacity of the treatment equipment to treat all waste at the facility, including any backlog of stored waste and any new waste intake. If the 90-day time-frame will be exceeded, the operator shall either stop accepting waste until the backlog is treated, or contract with another treatment facility for treating the waste.
- B. An operator of a Department-approved facility shall comply with all of the following:
  1. Have readily accessible written procedures stating that biohazardous medical waste is to be accepted from a transporter only if the waste is accompanied by a tracking document, and written procedures that require compliance with both of the following:
    - a. The treater or the treater's authorized agent shall sign the tracking document and keep a copy of the acceptance documentation for the period required under the USDOT requirements, as listed in 49 CFR 172.201.
    - b. If a biohazardous medical waste container is damaged or leaking, improperly labeled, or otherwise unacceptable, a treater shall do one of the following:
      - i. Reject the waste and return it to the transporter or self-hauling generator.
      - ii. Accept the waste and transfer it directly from the transporting vehicle to the treatment processing unit.
      - iii. If the waste will not be treated immediately, repackage the waste for storage.
  2. Assure that the facility is designed to meet both of the following requirements:
    - a. Any floor or wall surface in the processing area of the facility which may come into contact with biohazardous medical waste is constructed of a smooth, easily cleanable non-porous material that is impervious to liquids.
    - b. The floor surface in the treatment and storage area either has a curb of sufficient height to contain spills or slopes to a drain that connects to an approved sanitary sewage system, septic tank system, or collection device.
  3. Store biohazardous medical waste as required in R18-13-1408.
  4. Comply with all of the following if the treatment method is incineration:
    - a. Reduce the incinerated medical waste, excluding metallic items, into carbonized or mineralized ash by incineration.
    - b. Determine whether the ash is hazardous waste as required under R18-8-262.
  5. Conduct any autoclaving according to the manufacturer's specifications for the unit.
  6. Use only alternative medical waste treatment methods that achieve the treatment standards in R18-13-1415(A).
  7. Treat animal waste, chemotherapy waste, and cultures and stocks as prescribed in R18-13-1420.
  8. Render medical sharps incapable of creating a stick hazard by using an encapsulation agent or any other process that prevents a stick hazard.
  9. Keep records of equipment maintenance and operational performance levels for three years. The records shall include the date and result of all equipment calibration and maintenance. Operational performance level records

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shall indicate the duration of time for each treatment cycle and:

- a. For steam treatment and microwaving treatment records, both the temperature and pressure maintained in the treatment unit during each cycle and the method used for confirmation of temperature and pressure.
  - b. For chemical treatment, a description of the solution used.
  - c. For incineration, the temperature is maintained in the treatment unit during operation.
  - d. Any other operating parameters in the manufacturer's specifications.
  - e. A description of the treatment method used and a copy of the maintenance test results.
10. Not open a sealed biohazardous medical waste container prior to treatment unless opening the container is required to treat the contents. Transfer of the entire contents, when performed as part of the treatment process, is permitted.
  11. Clean the storage and treatment areas as necessary to protect the public health and employee health and safety.
- C. The treater shall make treatment records available for Departmental inspection upon request.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3776, effective September 17, 1999 (Supp. 99-3).  
Amended by final rulemaking at 27 A.A.R. 2801 (December 3, 2021), effective January 4, 2022 (Supp. 21-4).

**R18-13-1413. Changes to Approved Medical Waste Facility Plans**

- A. As required by A.R.S. § 49-762.06, before making any change to an approved facility plan, a facility owner or operator shall submit a notice to the Department stating the type of change requested, including but not limited to:
1. A Type I change to an approved medical waste facility plan is a change not described in subsections (A)(2), (3), or (4).
  2. A Type II change to an approved medical waste facility plan is a change in which treatment equipment is replaced with equal or like equipment, resulting in either no increase to treatment capacity or the addition of equipment that is not directly used in the treatment process.
  3. A Type III change to an approved medical waste facility plan is a change described by one of the following:
    - a. Treatment equipment is added, resulting in less than a 25% increase in treatment capacity.
    - b. The storage area is enlarged resulting in less than a 25% increase in storage capacity.
    - c. Treatment technology is changed.
  4. A Type IV change to an approved medical waste facility plan is a change described by one of the following:
    - a. Treatment equipment is added, resulting in a 25% or more increase in treatment capacity.
    - b. The storage area is enlarged resulting in a 25% or more increase in storage capacity.
    - c. Treatment equipment is added that requires an environmental permit.
    - d. An expansion of the treatment facility onto land not previously described in the approved plan.
- B. As required by A.R.S. § 49-762.06, a treatment facility operator who has identified a change under subsection (A) shall comply with one of the following:

1. For a Type I change, make the change without notice to, or approval by the Department.
  2. For a Type II change, before making any change, provide written notification that describes the change to the Department. The addition of refrigeration units only for compliance with this Article is a Type II change for which no Departmental approval is required.
  3. For a Type III or Type IV change, submit an amended plan to the Department for approval before making any change. Departmental approval is required prior to making any change.
- C. An owner or operator of an existing municipal solid waste landfill who intends to accept untreated biohazardous medical waste shall submit a notice of a Type III change and an amended facility plan.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3776, effective September 17, 1999 (Supp. 99-3).  
Amended by final rulemaking at 27 A.A.R. 2801 (December 3, 2021), effective January 4, 2022 (Supp. 21-4).

**R18-13-1414. Alternative Medical Waste Treatment Methods: Registration and Equipment Specifications**

- A. A manufacturer or its agent who applies for alternative medical waste treatment method registration shall submit to the Department all of the following:
1. The manufacturer or company name and address.
  2. The name, address, and telephone number of the person who submits the application.
  3. A description of the alternative medical waste treatment method.
  4. A list of any other states in which the treatment method is used, including a copy of any state approvals.
  5. A description of by-products generated as result of the alternative treatment method.
  6. A certification statement that the contents of the application are true and accurate to the knowledge and belief of the applicant.
  7. Written documentation demonstrating that the alternative medical waste treatment method is capable of compliance with the treatment standards in this Article for the type of waste treated. The manufacturer shall employ a laboratory independent of any oversight activities by the manufacturer to provide this analysis.
  8. The manufacturer's equipment specifications for the alternative medical waste treatment method being registered, including all of the following:
    - a. Unit model number, or serial number.
    - b. Equipment specifications that identify the proper type of biohazardous medical waste to be treated by the equipment and any design or equipment restrictions.
    - c. Operating procedures for the equipment that ensure the equipment complies with the treatment standards prescribed in this Article for the type of waste treated.
    - d. Instructions for equipment maintenance, testing, and calibration that ensure the equipment complies with the treatment standards prescribed in this Article for the type of waste treated.
  9. Written documentation of registration if required by A.R.S. § 3-351.

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- B. The Department shall make a determination whether to approve the registration application. If the Department approves the application, it shall issue to the applicant a certification of registration containing an alternative medical waste treatment method registration number. Only an alternative technology method with a valid Department issued registration number meets the requirements of this Article.
- C. If documentation of Departmental registration is not on file with a generator utilizing alternative medical waste treatment technology, the Department shall classify biohazardous medical waste treated using the unregistered alternative treatment technology as untreated biohazardous medical waste.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R.

3776, effective September 17, 1999 (Supp. 99-3).

Amended by final rulemaking at 27 A.A.R. 2801

(December 3, 2021), effective January 4, 2022 (Supp. 21-4).

**R18-13-1415. Treatment Standards, Quantification of Microbial Inactivation and Efficacy Testing Protocols**

- A. A treater using an alternative treatment technology shall ensure that treatment achieves either of the following treatment standards:
1. A 6  $\log_{10}$  inactivation in the concentration of vegetative microorganisms.
  2. A 4  $\log_{10}$  inactivation in the concentration of *Bacillus stearothermophilus* or *Bacillus subtilis* as is appropriate to the technology.
- B. A treater utilizing an alternative treatment method shall conduct efficacy studies to demonstrate that the treatment mechanisms are capable of achieving the standards in subsection (A) through either of the following:
1. Mycobacterial species used as indicators of vegetative microorganisms:
    - a. *Mycobacterium phlei*, or
    - b. *Mycobacterium bovis* (BOG) (ATCC 35743)
  2. Spore suspensions of one of the following two bacterial species, as appropriate to the technology, used as biological indicators in efficacy tests of thermal, chemical, and irradiation treatment systems. Studies shall demonstrate a 4  $\log_{10}$  reduction in the concentration of viable spores, through the use of an initial inoculum suspension of 5  $\log_{10}$  or greater of:
    - a. *Bacillus stearothermophilus* (ATCC 7953), or
    - b. *Bacillus subtilis* (ATCC 19659).
- C. A treater utilizing an alternative treatment method shall quantify microbial inactivation as follows:
1. Microbial inactivation, or “kill” efficacy is equated to “ $\log_{10}$  Kill” that is defined as the difference between the logarithms of the number of viable test microorganisms before and after treatment. This definition is stated as:  
 $\log_{10}\text{Kill} = \log_{10}(\text{cfu/g “I”}) - \log_{10}(\text{cfu/g “R”})$   
 where:  
 $\log_{10}\text{Kill}$  is equivalent to the term  $\log_{10}$  reduction,  
 “I” is the number of viable test microorganisms introduced into the treatment unit,  
 “R” is the number of viable test microorganisms recovered from the treatment unit, and  
 “cfu/g” are colony forming units per gram of waste solids.
  2. For those treatment processes that can maintain the integrity of the biological indicator carrier of the desired microbiological test strain, biological indicators of the

required strain and concentration may be used to demonstrate microbial inactivation. Quantification is evaluated by growth or no growth of the cultured biological indicator.

3. For those treatment mechanisms that cannot ensure or provide integrity of the biological indicator, quantitative measurement of microbial inactivation requires a two-step approach: Step 1 “Control” and Step 2 “Test”. The purpose of Step 1 is to account for the reduction of test microorganisms due to loss by dilution or physical entrapment.
  - a. Step 1:
    - i. Use microbial cultures of a predetermined concentration necessary to ensure a sufficient microbial recovery at the end of this step.
    - ii. Add suspension to a standardized medical waste load that is to be processed under normal operating conditions without the addition of the treatment agent (that is, heat, chemicals).
    - iii. Collect and wash waste samples after processing to recover the biological indicator organisms in the sample.
    - iv. Plate the recovered microorganism suspensions to quantify microbial recovery. The number of viable microorganisms recovered serves as a baseline quantity for comparison to the number of recovered microorganisms from wastes processed with the treatment agent.
    - v. The required number of recovered viable indicator microorganisms from Step 1 must be equal to or greater than the number of microorganisms required to demonstrate the prescribed Log reduction, either a 6  $\log_{10}$  reduction for vegetative microorganisms or a 4  $\log_{10}$  reduction for bacterial spores. This can be defined by the following equation:  
 $\log_{10}\text{RC} = \log_{10}\text{IC} - \log_{10}\text{NR}$   
 or  
 $\log_{10}\text{NR} = \log_{10}\text{IC} - \log_{10}\text{RC}$   
 where:  
 $\log_{10}\text{RC}$  is greater than 6 for vegetative microorganisms and greater than 4 for bacterial spores and where:  
 $\log_{10}\text{RC}$  is the number of viable “control” microorganisms in colony forming units per gram of waste solids recovered in the non-treated, processed waste residue;  
 $\log_{10}\text{IC}$  is the number of viable “control” microorganisms in colony forming units per gram of waste solids introduced into the treatment unit;  
 $\log_{10}\text{NR}$  is the number of “control” microorganisms in colony forming units per gram of waste solids which were not recovered in the non-treated, processed waste residue.  $\log_{10}\text{NR}$  represents an accountability factor for microbial loss.
  - b. Step 2:
    - i. Use microbial cultures of the same concentration as in Step 1.
    - ii. Add suspension to the standardized medical waste load that is to be processed under normal operating conditions with the addition of the treatment agent.

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- iii. Collect and wash waste samples after processing to recover the biological indicator organisms in the sample.
- iv. Plate recovered microorganism suspensions to quantify microbial recovery.
- v. From data collected from Step 1 and Step 2, the level of microbial inactivation, "Log<sub>10</sub> Kill", is calculated by employing the following equation:  

$$\text{Log}_{10}\text{Kill} = \text{Log}_{10}\text{IT} - \text{Log}_{10}\text{NR} - \text{Log}_{10}\text{RT}$$
 where:  
 Log<sub>10</sub>Kill is equivalent to the term Log<sub>10</sub> reduction;  
 Log<sub>10</sub>IT is the number of viable "Test" microorganisms in colony forming units per gram of waste solids introduced into the treatment unit.  

$$\text{Log}_{10}\text{IT} = \text{Log}_{10}\text{IC};$$
  
 Log<sub>10</sub>NR is the number of "Control" microorganisms in colony forming units per gram of waste solids which were not recovered in the non-treated, processed waste residue;  
 Log<sub>10</sub>RT is the number of viable "Test" microorganisms in colony forming units per gram of waste solids recovered in treated, processed waste residue.

- D. A treater shall employ the appropriate methodology to determine efficacy of the treatment technology following the protocols in subsection (C) that are congruent with the treatment method.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3776, effective September 17, 1999 (Supp. 99-3).

Amended by final rulemaking at 27 A.A.R. 2801 (December 3, 2021), effective January 4, 2022 (Supp. 21-4).

**R18-13-1416. Recycled Materials**

- A. Once a generator places biohazardous medical waste in a red bag as required in R18-13-1407, a person shall not remove any of the biohazardous medical waste from the bag until the biohazardous medical waste has been treated as required in R18-13-1415.
- B. A generator of biohazardous medical waste intending to recycle any portion of the biohazardous medical waste shall segregate that portion of biohazardous medical waste from the portion of biohazardous medical waste that will not be recycled. The generator shall do either of the following:
  - 1. Treat the biohazardous medical waste intended for recycling as required in R18-13-1415 before sending the treated medical waste to a recycler.
  - 2. Follow the requirements in R18-13-1406, R18-13-1407, and R18-13-1408, before either contracting with a transporter to haul or self-hauling the biohazardous medical waste to a treatment facility for treatment. After treatment, the treated medical waste may be sent to a recycler.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3776, effective September 17, 1999 (Supp. 99-3).

**R18-13-1417. Disposal Facilities: Design and Operation**

An operator of a municipal solid waste landfill that accepts untreated biohazardous medical waste shall comply with all of the following in design and operational requirements:

- 1. Accept biohazardous medical waste only if packaged according to R18-13-1407.
- 2. Keep the biohazardous medical waste disposal area separate from the general purpose disposal area.
- 3. Clearly label the biohazardous medical waste disposal area, informing persons that the disposal area contains untreated medical waste.
- 4. Not drive directly over deposited medical waste. The operator shall achieve compaction by first spreading a layer of soil that is sufficiently thick to prevent compaction equipment from coming into direct contact with the waste, or dragging waste over the area.
- 5. Cover the biohazardous medical waste with 6 inches of compacted soil at the end of the working day or more often as necessary to prevent vector breeding and odors.
- 6. Not allow salvaging of untreated biohazardous medical waste from the landfill.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3776, effective September 17, 1999 (Supp. 99-3).

Amended by final rulemaking at 27 A.A.R. 2801 (December 3, 2021), effective January 4, 2022 (Supp. 21-4).

**R18-13-1418. Discarded Drugs**

Discarded drugs that are not hazardous waste, not returned to the manufacturer, and not segregated and labeled on site for transport to a treatment facility shall be destroyed on site by the generator of such drugs by any method that prevents the drugs' use prior to placing the waste out for collection. If federal or state law prescribes a specific method for destruction of discarded drugs, the generator shall comply with that law.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3776, effective September 17, 1999 (Supp. 99-3).

Amended by final rulemaking at 27 A.A.R. 2801 (December 3, 2021), effective January 4, 2022 (Supp. 21-4).

**R18-13-1419. Medical Sharps**

- A. Medical sharps shall be handled as follows:
  - 1. A generator who treats biohazardous medical waste on site shall place medical sharps in a sharps container after rendering them incapable of creating a stick hazard by using an encapsulation agent or any other process that prevents a stick hazard. Medical sharps encapsulated or processed in this manner are considered to be solid waste.
  - 2. A generator who ships biohazardous medical waste off site for treatment shall either:
    - a. Place medical sharps in a medical sharps container and follow the requirements of R18-13-1406, or
    - b. Package and send medical sharps to a treatment facility via a mail-back system as prescribed by the instructions provided by the mail-back system operator. The generator shall retain proof of shipping.
- B. Notwithstanding subsections (A)(1) and (2), the following syringes do not have to be placed in a medical sharps container:
  - 1. Syringes that have never had a needle (sharp) attached.
  - 2. Syringes where a needle or sharp had been attached and has been separated from the syringe so that no stick or puncture hazard remains with the syringe.
- C. Syringes that are exempted by subsections (B)(1) and (2) from being placed in a medical sharps container are not biohazardous.



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ous medical waste, and may be treated as a solid waste, if they are not composed of biohazardous items listed in R18-13-1401(4) and do not contain discarded drugs or another regulated substance.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3776, effective September 17, 1999 (Supp. 99-3).  
Amended by final rulemaking at 27 A.A.R. 2801 (December 3, 2021), effective January 4, 2022 (Supp. 21-4).

**R18-13-1420. Additional Handling Requirements for Certain Wastes**

- A.** A person who treats the following biohazardous medical waste categories shall meet the following additional requirements:
1. Cultures and stocks shall be incinerated, autoclaved, or treated by an alternative medical waste treatment method that meets the treatment standards set forth in R18-13-1415(A). If cultures and stocks are shipped off site for treatment or disposal, they shall be packaged inside a watertight primary container with absorbent packing materials. The primary container shall be placed inside a watertight secondary inner container that is then placed inside an outer container with sufficient cushioning material to prevent shifting between the secondary inner container and the outer container. If federal or state law prescribes specific requirements for packaging and transporting this waste, the treater shall comply with that law.
  2. Trace chemotherapy waste shall be incinerated or disposed of in either an approved solid waste or hazardous waste disposal facility.
  3. Experimental or research animal waste shall be handled as follows:
    - a. Autoclave bedding on site or package as described in R18-13-1407 for off-site treatment or landfilling.
    - b. Incinerate animal carcasses on site, or if taken off site for treatment, comply with one of the following requirements:
      - i. Package the waste in a leakproof, covered container, label the contents and send to an incinerator or a Department-approved landfill, or
      - ii. If treated by a method other than incineration, pre-process by grinding, then treat by a method that achieves the standards of R18-13-1415(A).
- B.** If a treater uses grinding in combination with another treatment method described in this Article, the treater shall conduct it in a closed system to prevent humans from being exposed to the release of the waste into the environment. If grinding is used for medical sharps, the grinding shall render the medical sharps incapable of creating a stick hazard.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3776, effective September 17, 1999 (Supp. 99-3).  
Amended by final rulemaking at 27 A.A.R. 2801 (December 3, 2021), effective January 4, 2022 (Supp. 21-4).

**ARTICLE 15. RECODIFIED**

*Editor's Note: The recodification at 7 A.A.R. 2522 described below erroneously moved Sections into 18 A.A.C. 9, Article 9. Those Sections were actually recodified to 18 A.A.C. 9, Article 10. See the Historical Notes for more information (Supp. 01-4).*

*Article 15, consisting of Sections R18-13-1501 through R18-*

*13-1514 and Appendix A, recodified to 18 A.A.C. 9, Article 9 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2).*

**R18-13-1501. Recodified****Historical Note**

Adopted effective April 23, 1996 (Supp. 96-2). Section recodified to R18-9-902 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Previous note correction: Section actually recodified to R18-9-1002 (Supp. 01-4).

**R18-13-1502. Recodified****Historical Note**

Adopted effective April 23, 1996 (Supp. 96-2). Section recodified to R18-9-901 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Previous note correction: Section actually recodified to R18-9-1001 (Supp. 01-4).

**R18-13-1503. Recodified****Historical Note**

Adopted effective April 23, 1996 (Supp. 96-2). Section recodified to R18-9-903 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Previous note correction: Section actually recodified to R18-9-1003 (Supp. 01-4).

**R18-13-1504. Recodified****Historical Note**

Adopted effective April 23, 1996 (Supp. 96-2). Section recodified to R18-9-904 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Previous note correction: Section actually recodified to R18-9-1004 (Supp. 01-4).

**R18-13-1505. Recodified****Historical Note**

Adopted effective April 23, 1996 (Supp. 96-2). Section recodified to R18-9-905 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Previous note correction: Section actually recodified to R18-9-1005 (Supp. 01-4).

**R18-13-1506. Recodified****Historical Note**

Adopted effective April 23, 1996 (Supp. 96-2). Section recodified to R18-9-906 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Previous note correction: Section actually recodified to R18-9-1006 (Supp. 01-4).

**R18-13-1507. Recodified****Historical Note**

Adopted effective April 23, 1996 (Supp. 96-2). Section recodified to R18-9-907 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Previous note correction: Section actually recodified to R18-9-1007 (Supp. 01-4).

**R18-13-1508. Recodified****Historical Note**

Adopted effective April 23, 1996 (Supp. 96-2). Section recodified to R18-9-908 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Previous note correction: Section actually recodified to R18-9-1008 (Supp. 01-4).

**R18-13-1509. Recodified****Historical Note**

Adopted effective April 23, 1996 (Supp. 96-2). Section recodified to R18-9-909 at 7 A.A.R. 2522, effective May

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24, 2001 (Supp. 01-2). Previous note correction: Section actually recodified to R18-9-1009 (Supp. 01-4).

**R18-13-1510. Recodified****Historical Note**

Adopted effective April 23, 1996 (Supp. 96-2). Section recodified to R18-9-910 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Previous note correction: Section actually recodified to R18-9-1010 (Supp. 01-4).

**R18-13-1511. Recodified****Historical Note**

Adopted effective April 23, 1996 (Supp. 96-2). Section recodified to R18-9-911 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Previous note correction: Section actually recodified to R18-9-1011 (Supp. 01-4).

**R18-13-1512. Recodified****Historical Note**

Adopted effective April 23, 1996 (Supp. 96-2). Section recodified to R18-9-912 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Previous note correction: Section actually recodified to R18-9-1012 (Supp. 01-4).

**R18-13-1513. Recodified****Historical Note**

Adopted effective April 23, 1996 (Supp. 96-2). Section recodified to R18-9-913 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Previous note correction: Section actually recodified to R18-9-1013 (Supp. 01-4).

**R18-13-1514. Recodified****Historical Note**

Adopted effective April 23, 1996 (Supp. 96-2). Section recodified to R18-9-914 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Previous note correction: Section actually recodified to R18-9-1014 (Supp. 01-4).

**Appendix A. Recodified****Historical Note**

Appendix A, "Procedures to Determine Annual Biosolids Application Rates", adopted effective April 23, 1996 (Supp. 96-2). Appendix A recodified to 18 A.A.C. 9, Article 9 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Previous note correction: Section actually recodified to 18 A.A.C. 9, Article 10 (Supp. 01-4).

**ARTICLE 16. BEST MANAGEMENT PRACTICES FOR PETROLEUM CONTAMINATED SOIL**

*Article 16, consisting of Sections R18-13-1601 through R18-13-1614, recodified from 18 A.A.C. 8, Article 16 at 8 A.A.R. 5172, effective November 27, 2002; Section and subsection citations within this Article were also updated under A.R.S. § 41-1011(C) (Supp. 02-4).*

**R18-13-1601. Definitions**

In addition to definitions in A.R.S. § 49-851 and A.A.C. R18-13-1301, the terms in this Article shall have the following meanings:

1. "Accumulation site" means an area or site at which PCS from one or more points of generation under the control of the generator of PCS is accumulated for more than 12 hours but less than 90 days prior to treatment, storage, or disposal.

2. "Containment system" means a system designed to contain an accumulation of special waste which meets the design and performance standards in R18-13-1608 and either R18-13-1609 or R18-13-1611.
3. "Excavated" means removed from the earth by scraping or digging a hole or cavity in the earth's surface or otherwise removed from the earth's surface.
4. "Facility" or "special waste receiving facility" means a treatment facility, storage facility, or disposal facility which has been approved by the Director in accordance with A.R.S. § 49-857 or has qualified for Interim Use Facility status pursuant to A.R.S. § 49-858.
5. "Hazardous waste" means hazardous waste as defined in A.R.S. § 49-921(5).
6. "Non-fuel, non-solvent petroleum product" means a petroleum-based substance refined from virgin crude oil that is not used as a solvent or fuel including mineral oils and hydraulic oils.
7. "Non-regulated soils" means soils that are neither hazardous waste, PCS, nor solid waste PCS, and which do not constitute an environmental nuisance pursuant to A.R.S. §§ 49-141 through 49-144.
8. "PCS" or "petroleum-contaminated soils" means soils *excavated for storage, treatment or disposal containing* one or more of the contaminants in the list below at the following concentrations:
  - a. Benzene greater than or equal to 1.4 mg/kg,
  - b. Toluene greater than or equal to 650 mg/kg,
  - c. Ethylbenzene greater than or equal to 400 mg/kg,
  - d. Total Xylenes greater than or equal to 420 mg/kg,
  - e. Anthracene greater than or equal to 240,000 mg/kg,
  - f. Benz(A)anthracene greater than or equal to 21 mg/kg,
  - g. Benzo(A)pyrene greater than or equal to 2.1 mg/kg,
  - h. Benzo(B)fluoranthene greater than or equal to 21 mg/kg,
  - i. Benzo(K)fluoranthene greater than or equal to 210 mg/kg,
  - j. Chrysene greater than or equal to 2,000 mg/kg,
  - k. Dibenz(A,H)anthracene greater than or equal to 2.1 mg/kg,
  - l. Fluoranthene greater than or equal to 22,000 mg/kg,
  - m. Fluorene greater than or equal to 26,000 mg/kg,
  - n. Indenopyrene greater than or equal to 21 mg/kg,
  - o. Naphthalene greater than or equal to 190 mg/kg,
  - p. Pyrene greater than or equal to 29,000 mg/kg.
9. "PCS disposal facility" means a site or special waste receiving facility at which the disposal of PCS has been approved by the Director pursuant to A.R.S. § 49-857 or has qualified for Interim Use Facility status pursuant to A.R.S. § 49-858.
10. "Petroleum" means petroleum as defined in A.R.S. § 49-1001(11).
11. "Point of compliance" means point of compliance as defined in A.R.S. § 49-244.
12. "Special waste shipper" means a person who transports special waste for off-site treatment, storage, or disposal.
13. "Solid waste PCS" means excavated soils contaminated with petroleum that are not hazardous waste and not PCS but that contain one or more of the contaminants in the list below at the following concentrations:
  - a. Benzene greater than or equal to 0.65 but less than 1.4 mg/kg;
  - b. Toluene greater than or equal to 650 mg/kg;

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- c. Ethylbenzene greater than or equal to 400 mg/kg;
  - d. Total Xylenes greater than or equal to 270 but less than 420 mg/kg;
  - e. Anthracene greater than or equal to 22,000 but less than 240,000 mg/kg;
  - f. Benz(A)anthracene greater than or equal to 6.9 but less than 21 mg/kg;
  - g. Benzo(A)pyrene greater than or equal to 0.69 but less than 2.1 mg/kg;
  - h. Benzo(B)fluoranthene greater than or equal to 6.9 but less than 21 mg/kg;
  - i. Benzo(K)fluoranthene greater than or equal to 69 but less than 210 mg/kg;
  - j. Chrysene greater than or equal to 680 but less than 2,000 mg/kg;
  - k. Dibenz(A,H)anthracene greater than or equal to 0.69 but less than 2.1 mg/kg;
  - l. Fluoranthene greater than or equal to 2,300 but less than 22,000 mg/kg;
  - m. Fluorene greater than or equal to 2,700 but less than 26,000 mg/kg;
  - n. Indenopyrene greater than or equal to 6.9 but less than 21 mg/kg;
  - o. Naphthalene greater than or equal to 56 but less than 190 mg/kg;
  - p. Pyrene greater than or equal to 2,300 but less than 29,000 mg/kg.
- 14. "Storage" means the holding of PCS for a period of more than 90 days but less than one year.
  - 15. "Storage facility" means a special waste receiving facility which engages in storage and which has been approved by the Director pursuant to A.R.S. § 49-857 or has qualified for Interim Use Facility status pursuant to A.R.S. § 49-858.
  - 16. "Temporary treatment facility" means an on-site treatment facility, or an off-site treatment facility owned or operated by the generator of PCS, where the PCS is treated to reduce the contaminants that make it PCS and which complies with the requirements of R18-13-1610.
  - 17. "Treatability study" means a study in which a special waste is subjected to a treatment process to determine any one or more of the following:
    - a. Whether the waste is amenable to the treatment process,
    - b. What pretreatment is required,
    - c. The optimal process conditions needed to achieve the desired treatment,
    - d. The efficiency of a treatment process,
    - e. The characteristics and volumes of residual contaminants from a particular treatment process,
    - f. Toxicological and health effects.
  - 18. "Treatment facility" means a special waste receiving facility at which PCS is treated to reduce the PCS contaminants and, if in the state of Arizona, has been Department-approved pursuant to A.R.S. § 49-857 or has qualified for Interim Use Facility status pursuant to A.R.S. § 49-858.
- A. The Director declares that PCS, as defined in R18-13-1601(8), constitutes a special waste as defined in A.R.S. § 49-851(A)(9). Except as otherwise provided in this Section and R18-13-1603, PCS shall be treated, stored, and disposed of in accordance with this Article. PCS shall not be diluted with any material or substance for purposes of avoiding applicability of these rules.
  - B. PCS which is used in a treatability study shall comply with all of the following:
    - 1. The owner or operator of the facility where a treatability study is to be conducted shall notify the Department of its intent to conduct a treatability study at least 30 days prior to the commencement of the treatability study.
    - 2. The total quantity of PCS used in the treatability study shall not exceed 5000 kilograms, unless evidence is provided which justifies the need for a larger quantity and permission to use a larger amount is granted by the Director.
    - 3. The owner or operator of the facility shall maintain records detailing the treatability study and the results obtained in accordance with R18-13-1614.
    - 4. The treatability study shall be completed and the PCS shall be removed from the site within one year from commencement of the study.
    - 5. Upon completion of the treatability study, the owner or operator of a facility shall dispose of the PCS used in the treatability study in accordance with this Article.
    - 6. Sampling of the PCS shall be conducted in accordance with R18-13-1604(B) and (C) before and after the treatability study is performed.
    - 7. The performance of the treatability study shall not result in an environmental nuisance pursuant to A.R.S. §§ 49-141 through 49-144.
  - C. PCS which is excavated pursuant to the requirements of A.R.S. Title 49, Chapter 6, Underground Storage Tank Regulation, and which is not removed from the site, shall comply with the requirements of R18-13-1610 and R18-13-1612.
  - D. PCS incorporated into asphalt for use in paving is not subject to other provisions of this Article if the owner or operator of the facility where the asphalt is produced does all of the following:
    - 1. Notifies the Department in writing at least 30 days prior to commencing such incorporation,
    - 2. Maintains records in accordance with R18-13-1614,
    - 3. Stores the PCS prior to incorporation in accordance with R18-13-1611.
  - E. Requirements in this Article for Department-approved facilities do not apply to facilities that are out of state or in Indian Country.

**Historical Note**

Recodified from R18-8-1602 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Amended by final expedited rulemaking at 27 A.A.R. 57, with an immediate effective date of January 5, 2021 (Supp. 21-1).

**R18-13-1603. Exemptions**

- A. Solid waste PCS are exempt from the provisions of this Article, except for the requirements in R18-13-1604, and are subject to A.R.S. § 49-761 et seq.
- B. Non-regulated soils are exempt from the provisions of this Article, except for the requirements in R18-13-1604, and are exempt from the requirements of A.R.S. § 49-761 et seq.
- C. Asphaltic cement which is not hazardous waste is exempt from the requirements of this Article.

**Historical Note**

Recodified from R18-8-1601 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Amended by final expedited rulemaking at 27 A.A.R. 57, with an immediate effective date of January 5, 2021 (Supp. 21-1).

**R18-13-1602. Applicability**

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- D. Soils which are contaminated with petroleum, which have been generated by households, and which are not hazardous waste, shall be exempt from the requirements of this Article.

**Historical Note**

Recodified from R18-8-1603 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Amended by final expedited rulemaking at 27 A.A.R. 57, with an immediate effective date of January 5, 2021 (Supp. 21-1).

**R18-13-1604. Waste Determination**

- A. A generator of excavated soil contaminated with petroleum shall determine whether the soil is PCS, solid waste PCS, or non-regulated soil. The basis for the determination shall be maintained for at least three years and shall be made available to the Department upon request. The generator shall make such determination using either of the following methods:
1. Testing the soil pursuant to subsection (B) of this Section. Laboratory analysis of these samples shall be performed by a laboratory licensed by the Arizona Department of Health Services. Approved testing methods, which identify concentrations for total recoverable extraction of contaminants, shall be used.
  2. Application of knowledge of the characteristics of the contaminated soil in light of the known or potential source of the contamination. The Department may require sampling to confirm the accuracy of applied knowledge.
- B. Sampling of soils contaminated with petroleum shall be performed in accordance with a site-specific written sampling plan which is consistent with the requirements set forth in either of the following:
1. "Test Methods for Evaluating Solid Waste", EPA SW-846, 3rd Edition Volume II: Field Manual, Physical/Chemical Method, Chapter Nine (SW-846 Third Edition), 1986, Environmental Protection Agency, Washington, D.C. and no future editions or amendments, incorporated herein by reference and on file with the Department and the Office of the Secretary of State.
  2. "Quality Assurance Project Plan", Chapter 9, May 1991 Edition, Arizona Department of Environmental Quality, Phoenix, Arizona and no future editions or amendments incorporated herein by reference and on file with the Department and the Office of the Secretary of State.
- C. If soil excavated during the initial investigation of a site to determine the extent of contamination is PCS, the PCS may be returned into the excavation site from which the soil was removed if all of the following conditions are met:
1. There is no freestanding liquid within the excavation, unless the State Fire Marshal or other jurisdictional fire authority directs otherwise, and the requirements of subsections (C)(2) and (3) are met.
  2. The owner or operator provides notification to the Department that the PCS has been returned to the excavation within 14 days after the return of the PCS to the excavation.
  3. The owner or operator completes a site characterization within 120 days and implements remediation within 150 days after the date the site characterization began.

**Historical Note**

Recodified from R18-8-1604 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Amended by final expedited rulemaking at 27 A.A.R. 57, with an immediate effective date of January 5, 2021 (Supp. 21-1).

**R18-13-1605. Transportation**

- A. PCS transported to a special waste receiving facility in Arizona shall be transported by a special waste shipper which has met the requirements of R18-13-1303.
- B. A special waste shipper shall transport the PCS in closed containers pursuant to R18-13-1611(E) or shall ensure that any vehicle used to transport the PCS is loaded and covered in such a manner that the contents will not blow, fall, leak, or spill from the vehicle.
- C. A special waste shipper transporting PCS to a special waste receiving facility in Arizona, except a facility located on Indian country, shall deliver PCS to a special waste receiving facility approved by the Department.

**Historical Note**

Recodified from R18-8-1605 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4).

**R18-13-1606. Fees**

- A. In accordance with A.R.S. §§ 49-855(C)(2) and 49-863, the treatment, storage, or disposal facility in this state that first receives a shipment of PCS shall remit to the Department a fee of \$6.68 per ton but not more than \$66,835.67 per generator site per year for PCS that is transported to the facility.
- B. Initial registration fee. Upon making a request for a special waste identification number on a form as provided by the Director pursuant to Article 13, A generator of PCS shall submit to the Department an initial registration fee of \$900.
- C. Annual registration fee. The Department shall bill an annual registration fee to a generator of PCS or special waste receiving facility that has received facility approval under R18-13-1607 that has not filed a notice of termination of registration with the Department as follows:
1. For a generator of PCS, \$750; and
  2. For a special waste receiving facility, \$5,000.
- D. The generator of PCS or special waste receiving facility shall pay the annual registration fee within 30 days of invoice receipt.
- E. In accordance with A.R.S. § 49-855(G), a solid waste landfill that pays registration fees under A.R.S. § 49-747 is exempt from the annual registration fee under subsection (C) of this Section.
- F. Beginning July 1, 2026, the Director shall adjust the fee amounts in subsections (A), (B), and (C) of this Section annually by the following method, except that no adjustment in any year shall exceed four percent of the fee amount of the preceding year:
1. Multiply the amount by the October CPI for the most recent year and then divide by the October CPI for the year 2024. The October CPI for any year is the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-Scottsdale, AZ, all items, published by the United States Department of Labor at [www.bls.gov/cpi/regional-resources.htm](http://www.bls.gov/cpi/regional-resources.htm), for October of that year.
  2. Round the result from subsection (F)(1) down to the nearest cent. ADEQ shall post the new amounts on its webpage and install them in the billing software as soon as practicable.

**Historical Note**

Recodified from R18-8-1606 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Amended by final rulemaking at 18 A.A.R. 1217, effective July 1, 2012 (Supp. 12-2). Amended by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4). Amended by emer-

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agency rulemaking at 31 A.A.R. 1897 (June 13, 2025), effective June 6, 2025, for 180 days; reference to (F)(1) corrected to (B)(1) under subsection (B)(2) by the Division (Supp. 25-2). Amended by final rulemaking at 31 A.A.R. 4716 (December 26, 2025), with an immediate effective date of December 3, 2025 (Supp. 25-4).

**R18-13-1607. Facility Approval; Application**

- A.** PCS shall be treated, stored, or disposed only at a PCS disposal facility, storage facility, treatment facility, or temporary treatment facility. A facility located in Arizona shall not be constructed or operated prior to obtaining written approval from the Department, except as provided for in A.R.S. § 49-858.
- B.** The owner or operator of a PCS treatment, storage, or disposal facility shall submit an application to the Department which contains all of the information required in accordance with A.R.S. § 49-762.
- C.** In addition to the requirements specified in A.R.S. § 49-762, the application shall contain all of the following:
  1. A vicinity map, in a scale not over 1:24,000, which shows where the facility is located with respect to the surroundings, including an indication of the use of the adjacent properties.
  2. An engineering report which includes all of the following:
    - a. Detailed plans and specifications for the entire facility including manufacturer's performance data and design features of treatment, pollution control, and monitoring equipment.
    - b. A site description which includes general information on the geology, hydrogeology, soils, and land use. If a facility is located within the pollution management area of a facility for which an aquifer protection permit has been issued under A.R.S. § 49-241 et seq., then the applicant may resubmit or incorporate by reference the general information.
    - c. A background soil sampling plan and results which characterize the site, including the rationale used to determine the locations, depths, and number of samples.
  3. A site map, in a scale not to exceed 1:2,400, which clearly identifies where the PCS shall be deposited, containment berms, fencing and security measures, access roads, any improvements, wells, and location of surface water courses.
  4. An operational plan which includes all of the following:
    - a. General description of the daily operations of the facility and the processes, techniques, or methods to be employed;
    - b. The source, amount, concentration of contaminants, and any other relevant information concerning the PCS to be handled;
    - c. The schedule for sampling the PCS during treatment to evaluate treatment methods;
    - d. Description of plans for final use and disposal of PCS and remediated soil, liners, piping, carbon canisters, and any other contaminated equipment;
    - e. Procedures to ensure that only waste which has been characterized is received and that hazardous waste is not received;
    - f. Procedures for random inspection of incoming loads to verify that only waste which has been characterized is accepted;

- g. Procedures for collecting and managing run-off which comes in contact with PCS;
  - h. Procedures for recordkeeping of all inspection results, training of personnel, and sampling results;
  - i. Procedures to control public access, and prevent unauthorized entry and illegal dumping.
5. A contingency plan for emergency preparedness which describes alternatives for storage, treatment, or disposal.
  6. A closure plan which includes:
    - a. A description of the steps necessary to close the facility, the specific proposed closure activities, and an implementation schedule;
    - b. Information on site conditions and characterization of the waste received during the life of the facility;
    - c. A description of the sampling plan utilized to sample background soil beneath the site following closure;
    - d. A description of plans for use of the land site after closure;
    - e. A description of post-closure care.
  7. An affidavit that the proposed facility is in compliance with local zoning requirements in effect at the time the application is submitted.
- D.** Following completion of construction of a facility and prior to placement of PCS on the site, the owner or operator shall submit to the Department a construction certification report, including as-built plans which indicate any changes to the design or operational plans for the facility.
  - E.** Plans required in accordance with this Section shall be sealed by a professional engineer registered in the state of Arizona, if required by statute.
  - F.** A facility shall be in compliance with all other applicable federal, state, and local approvals or permits which are required for the design, construction, and operation of the facility.

**Historical Note**

Recodified from R18-8-1607 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Amended by final expedited rulemaking at 27 A.A.R. 57, with an immediate effective date of January 5, 2021 (Supp. 21-1).

**R18-13-1608. General Design and Performance Standards**

- A.** A facility which receives PCS for treatment, storage, or disposal shall be designed and operated to ensure compliance with the following performance standards relating to aquifer protection:
  1. Pollutants discharged shall in no event cause or contribute to a violation of Aquifer Water Quality Standards, at the applicable point of compliance, or, if the facility is a municipal solid waste landfill, it shall comply with the requirements of A.R.S. § 49-761.01(C).
  2. Any pollutant discharged shall not further degrade, at the applicable point of compliance, the quality of any aquifer that already violates an Aquifer Water Quality Standard for that pollutant.
- B.** A facility which receives PCS for treatment, storage, or disposal shall meet the general design criteria of either subsection (B)(1) or (2) as follows:
  1. The PCS shall be held within a containment system designed and constructed to preclude the migration of contaminants into subsurface soil, groundwater, or surface water. The containment system shall meet the following criteria:
    - a. Maintain a maximum permeability coefficient of no more than  $1 \times 10^{-7}$  cm/sec;

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- b. Be designed to provide structural integrity throughout the life of the facility;
  - c. Be designed in accordance with the applicable design criteria set forth in subsection (C) of this Section and R18-13-1609 through R18-13-1613; or
- 2. An alternative design shall contain, at a minimum, all of the following and shall demonstrate that the design will limit discharges listed in A.R.S. § 49-243(D) to the maximum extent practicable:
  - a. The hydrogeologic setting of the facility and the capacity of the liner and soils to preclude discharge to groundwater or surface water;
  - b. The operating methods, processes, or other alternatives to be used at the facility;
  - c. Additional factors which would influence the quality and mobility of the leachate produced and the potential for that leachate to migrate to groundwater or surface water.
- C. A PCS treatment, storage, or disposal facility shall meet the following general design criteria:
  - 1. The facility shall be designed to prevent run-on and run-off. The design shall provide run-on control for the peak discharge from a 24-hour, 25-year storm event. Run-off shall be collected and controlled for at least the water volume resulting from a 24-hour, 25-year storm event.
  - 2. The facility shall not restrict the flow of the 100-year floodplain, reduce temporary water storage capacity of the floodplain, or be maintained in a manner which results in a washout or inundation of the PCS.
  - 3. The owner or operator shall control public access and shall prevent unauthorized vehicular traffic and illegal dumping.
  - 4. The owner or operator shall manage any standing water that has come into contact with the PCS in accordance with rules promulgated pursuant to A.R.S. § 49-761 et seq.
- D. A facility which manages PCS in accordance with the requirements of this Article shall be exempt from the aquifer protection permit requirements in accordance with A.R.S. § 49-250(B)(21).
- E. A facility which has been issued an aquifer protection permit from the Department shall be exempt from the requirements of subsections (A) and (B) of this Section but shall comply with the requirements of subsection (C).

**Historical note**

Recodified from R18-8-1608 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Amended by final expedited rulemaking at 27 A.A.R. 57, with an immediate effective date of January 5, 2021 (Supp. 21-1).

**R18-13-1609. Treatment Facility**

- A. The owner or operator of a PCS treatment facility shall obtain approval from the Department prior to commencement of construction or operation and shall comply with all of the following:
  - 1. Not dilute PCS as a method of treatment, except as allowed in the approved plan for the facility;
  - 2. Treat the PCS or, if the chosen treatment process fails to remediate the soil to below the regulatory thresholds, dispose of the PCS pursuant to R18-13-1613.
  - 3. Sample the treated soil and provide the results of the sampling to the Department within 45 days of completion of the treatment.

- B. A PCS treatment facility designed in accordance with R18-13-1608(B)(1) shall comply with the following specific design criteria:
  - 1. At a minimum, a containment system shall include a clay, synthetic, concrete, or asphalt liner component which is placed upon a foundation or prepared subgrade which supports the liner, and resists pressure gradients above and below the liner, to prevent failure due to settlement, compression, or uplift.
  - 2. During construction or installation of a containment system, liners and cover systems shall be inspected for uniformity, damage, and imperfections. Immediately after construction or installation is completed, and prior to placement of PCS within the containment system, the systems shall be checked for both of the following:
    - a. Synthetic liners and covers shall be inspected to ensure tight seams and joints and the absence of tears, punctures, or blisters.
    - b. Concrete, asphalt, and soil-based liners and covers shall be inspected for imperfections including lenses, cracks, channels, root holes, or other structural non-uniformities that may cause an increase in the permeability of the liner or cover.
  - 3. The liner component shall consist of one of the following:
    - a. A synthetic liner which is compatible with the waste and which has a minimum 6" buffer layer of sand or soil between the liner and the PCS.
    - b. A compacted soil or admixed liner provided with a minimum 6" buffer layer of sand or soil between the liner and the PCS.
    - c. An asphalt or reinforced concrete liner which is not in the drainage area of a dry well and is free of unsealed cracks and seams.
  - 4. Aeration equipment shall be limited to the area above the buffer layers indicated in subsections (B)(2)(a) and (b).
  - 5. The owner or operator of the facility shall utilize protective measures to ensure containment system integrity during placement, treatment, or removal of the PCS.
  - 6. PCS stored at a treatment facility prior to treatment shall be stored in accordance with the requirements of R18-13-1611.

**Historical Note**

Recodified from R18-8-1609 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4).

**R18-13-1610. Temporary Treatment Facility**

- A. The owner or operator of a temporary treatment facility shall treat and remove all PCS from the temporary treatment facility within one year from the date of commencement of receipt of PCS for treatment. PCS shall not be diluted to meet any treatment requirement, except in accordance with the approved plan.
- B. A temporary treatment facility shall obtain approval from the Department prior to commencing construction or operation. In lieu of the requirements of R18-13-1607(C), an application for approval shall contain all of the following:
  - 1. An affidavit signed by the owner or operator of the temporary treatment facility which states that the facility will comply with the requirements of this Article;
  - 2. An affidavit that the proposed facility is in compliance with local zoning requirements in effect at the time the application is submitted;

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3. Application information required pursuant to A.R.S. § 49-762.03(C)) for plan approval for temporary treatment facilities;
  4. A vicinity map, in a scale not over 1:24,000, which shows where the facility is located with respect to the surroundings, including an indication of the use of the adjacent properties;
  5. A site description which includes general information on the geology, hydrogeology, soils, and land use;
  6. A background soil sampling plan and results which characterize the site, including the rationale used to determine the locations, depths and number of samples;
  7. A site map, in a scale not to exceed 1:2,400, which clearly identifies where the PCS shall be deposited, containment berms, fencing and security measures, access roads, any improvements, wells, and location of surface water courses;
  8. An operational plan which includes all of the following:
    - a. General description of the daily operations of the facility and the processes, techniques, or methods to be employed;
    - b. The source, amount, concentration of contaminants, and any other relevant information concerning the PCS to be handled;
    - c. The schedule for sampling the PCS during treatment to evaluate treatment methods;
    - d. Description of plans for final use and disposal of PCS and remediated soil, liners, piping, carbon canisters, and any other contaminated equipment;
  9. A closure and post-closure care plan which includes both of the following:
    - a. A description of the steps necessary to close the facility, the specific proposed closure activities, and an implementation schedule;
    - b. A description of the sampling plan utilized to sample background soil beneath the site following closure.
- C.** A temporary treatment facility shall not be operated for more than one year unless a one-time extension is granted by the Department. The Department may grant an extension of up to one additional year if all of the following are met:
1. The inability to perform is caused by events beyond the control of the owner or operator, including acts of God, which include flood, tornado, earthquake, and causes beyond the owner's or operator's control including fire, explosion, unforeseen strikes or work stoppages, riot, sabotage, public enemy, war, requirements established by courts of competent jurisdiction, and other governing law. Financial inability to perform shall not be justification for an extension.
  2. The owner and operator submits to the Department verifiable documentation which includes all of the following:
    - a. A description of the circumstances causing any delay;
    - b. Evidence of the existence of the circumstance;
    - c. A description of past, present, and future measures taken or to be taken by the owner or operator to prevent or minimize any delay;
    - d. A timetable by which the owner and operator will resume and complete required performance.
  3. The request is received at least 60 days prior to the expiration of the year in which the facility first received PCS. Where the Department grants an extension, that extension shall be granted prior to the expiration of the deadline and communicated to the owner or operator in writing.
- D.** A temporary treatment facility shall meet the design criteria as specified in R18-13-1608 and R18-13-1609(B).
  - E.** PCS stored at a temporary treatment facility prior to treatment shall be stored in accordance with the requirements of R18-13-1611.
  - F.** In accordance with A.R.S. §§ 49-762.03(C), a temporary treatment facility shall be exempt from the notice and public hearing requirements set forth in A.R.S. § 49-762.04(A).
- Historical Note**  
Recodified from R18-8-1610 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Amended by final expedited rulemaking at 27 A.A.R. 57, with an immediate effective date of January 5, 2021 (Supp. 21-1).
- R18-13-1611. Storage Facility**
- A.** A shipment of PCS shall not be stored for a period exceeding one year from the date the PCS is received.
  - B.** Each shipment of contaminated soil shall be identified by source and stored in a manner which does not allow commingling of different shipments until all sampling results have been obtained. PCS shall be stored within an approved containment system and shall not be commingled with treated soils.
  - C.** A PCS storage facility shall obtain approval from the Department prior to commencement of construction or operation. A PCS storage facility designed in accordance with R18-13-1608(B)(1) shall comply with either of the following:
    1. The containment system shall meet the requirements of R18-13-1609(B).
    2. The PCS shall be stored in tanks or containers which meet the requirements of subsection (E) of this Section.
  - D.** A PCS storage area or each tank or container used for storage shall be marked as follows:  
CAUTION: CONTAINS PETROLEUM-CONTAMINATED SOIL  
GENERATOR NAME:  
GENERATOR ID#:  
ACCUMULATION START DATE:  
The owner or operator of the storage facility shall fill in the accumulation start date at the time the PCS is placed into storage. The letters shall be legible, not obstructed from view, on a high contrast background, and sufficiently durable to equal or exceed the duration of storage. Lettering size shall be 2.5 cm (1 inch) and in Sans Serif, Gothic, or Block style.
  - E.** A tank or container used to store PCS shall meet all of the following requirements:
    1. Prevent leakage of PCS and any free liquids from the tank or container;
    2. Be made of, or lined with, materials which will not react with the PCS;
    3. Be kept closed during storage except to add or remove PCS;
    4. Not be opened, handled, or stored in a manner which may rupture the tank or container or cause it to leak;
    5. Shall be inspected monthly by the owner or operator of the storage facility for leaks and for deterioration. A written record of the inspection shall be prepared at the time of the inspection and shall document corrective action, if any, taken as a result of the inspection.
  - F.** A PCS storage facility at which PCS is stored in piles shall comply with both of the following:
    1. All storage piles shall be covered or otherwise managed to control wind dispersal of the PCS.

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2. Storage piles of PCS shall be inspected weekly and a written record of the inspection shall be prepared at the time of the inspection which documents any corrective action taken as a result of the inspection. The record shall document detection of any of the following:
  - a. Deterioration, malfunctions, or improper operation of run-on and run-off control systems;
  - b. Malfunctioning of wind dispersal control systems;
  - c. The presence of leachate in and the malfunctioning of any leachate collection and removal systems.

**Historical Note**

Recodified from R18-8-1611 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4).

**R18-13-1612. Accumulation Sites**

- A. PCS from one or more points of generation under the control of a single generator may be accumulated in an accumulation site under the control of that generator for up to 90 days prior to shipment of the PCS to a storage, disposal, or treatment facility.
- B. An accumulation site shall comply with the storage facility requirements set forth in R18-13-1611, except subsection (A) of that Section. An accumulation site shall not be required to comply with the requirements in R18-13-1607.
- C. While PCS is at an accumulation site, the owner or operator shall control public access and prevent unauthorized vehicular traffic and illegal dumping. PCS shall be managed to prevent the PCS from being exposed to storm water run-on or run-off.

**Historical Note**

Recodified from R18-8-1612 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4).

**R18-13-1613. Disposal**

- A. PCS shall be disposed at a special waste receiving facility which has been approved for the disposal of PCS, or at a hazardous waste management facility as defined in R18-13-260(E)(13).
- B. A PCS disposal facility designed in accordance with R18-13-1608(B)(1) shall comply with the following specific design criteria:
  1. The disposal facility shall be designed with a composite liner, as defined in subsection (B)(2), and a leachate collection system that is designed and constructed to maintain less than a 12-inch depth of leachate over the liner.
  2. For purposes of this Section, "composite liner" means a system consisting of two components: the upper component shall consist of a minimum 30-mil flexible membrane liner (FML) and the lower component shall consist of at least a two-foot layer of compacted soil with a permeability coefficient of no more than  $1 \times 10^{-7}$  cm/sec. FML components consisting of high density polyethylene (HDPE) shall be at least 60 mil thick. The FML component shall be installed in direct and uniform contact with the compacted soil component.

**Historical Note**

Recodified from R18-8-1613 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Amended by final expedited rulemaking at 27 A.A.R. 57, with an immediate effective date of January 5, 2021 (Supp. 21-1).

**R18-13-1614. Records**

Records required to be kept pursuant to this Article shall be maintained by the owner or operator and made available for inspection

by the Director for a period of three years or longer during the course of an enforcement action or litigation.

**Historical Note**

Recodified from R18-8-1614 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4).

**ARTICLE 17. FINANCIAL ASSURANCE****R18-13-1701. Definitions**

1. "Book net worth" means the net difference between total assets and total liabilities.
2. "Face amount" means the total amount the insurer is obligated to pay under the policy.
3. "Net working capital" means current assets minus current liabilities.
4. "Substantial business relationship" means a pattern of recent or ongoing business transactions to the extent that a guaranty contract issued incident to that relationship is valid and enforceable.
5. "Tangible net worth" means an owner or operator's book net worth, plus subordinated debts, less goodwill, patent rights, royalties, and assets and receivables due from affiliates or shareholders.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1702. Reserved****R18-13-1703. Financial Demonstrations for CCR Facilities**

- A. Financial demonstration. The owner or operator of a CCR facility for which a financial demonstration is required under this Chapter shall demonstrate financial capability to meet all of the following based on third-party cost estimates that are representative of regional fair market costs:
  1. Cost of Facility Closure for all applicable units at the facility,
  2. Cost to Ensure Proper Post-Closure Care for all applicable units at the Facility, and
  3. Cost to perform any corrective action as a result of known releases at all applicable units at the facility
- B. The owner or operator shall:
  1. Submit a letter signed by the chief financial officer stating that the owner or operator is financially capable of meeting the costs described in subsection (A);
  2. For a state or federal agency, county, city, town, or other local governmental entity, submit a statement specifying the details of the financial arrangements used to meet the estimated costs described in subsection (A), including any other details that demonstrate how the owner or operator is financially capable of meeting those costs;
  3. For other than a state or federal agency, county, city, town, or other local governmental entity, submit the information required for at least one of the financial assurance mechanisms listed in R18-13-1704 that covers the closure, post-closure, and corrective action costs submitted under subsection (A), including:
    - a. The selected financial mechanism or mechanisms;
    - b. The amount covered by each financial mechanism;
    - c. The institution or company that is responsible for each financial mechanism used in the demonstration;
    - d. Any other details that demonstrate how the owner or operator is financially capable of meeting the costs



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described in R18-13-1020(A)(2) or other applicable rules in this Chapter.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1704. Financial Assurance Mechanisms**

- A.** The owner or operator of a CCR facility for which a financial demonstration under R18-13-1703 is required by this Chapter may use any one or a combination of the following mechanisms to cover the financial assurance obligations under R18-13-1703(A):
1. Financial test for self-assurance. If an owner or operator uses a financial test for self-assurance, the owner or operator shall not consolidate the financial statement with a parent or sibling company. The owner or operator shall make the demonstration in either subsection (1)(a) or (b) and submit the information required in subsection (1)(c):
    - a. The owner or operator may demonstrate:
      - i. One of the following:
        - (1) A ratio of total liabilities to net worth less than 2.0 and a ratio of current assets to current liabilities greater than 1.5;
        - (2) A ratio of total liabilities to net worth less than 2.0 and a ratio of the sum of net annual income plus depreciation, depletion, and amortization to total liabilities greater than 0.1; or
        - (3) A ratio of the sum of net annual income plus depreciation, depletion, and amortization to total liabilities greater than 0.1 and a ratio of current assets to current liabilities greater than 1.5;
      - ii. The net working capital and tangible net worth of the owner or operator each are at least six times the closure, post-closure and corrective action cost estimates; and
      - iii. The owner or operator has assets in the U.S. of at least 90 percent of total assets or six times the closure, post-closure and corrective action cost estimates; or
    - b. The owner or operator may demonstrate:
      - i. The owner or operator's senior unsecured debt has a current investment-grade rating as issued by Moody's Investor Service, Inc.; Standard and Poor's Corporation; or Fitch Ratings;
      - ii. The tangible net worth of the owner or operator is at least six times the closure, post-closure and corrective action cost estimates; and
      - iii. The owner or operator has assets in the U.S. of at least 90 percent of total assets or six times the closure, post-closure and corrective action cost estimates; and
    - c. The owner or operator shall submit:
      - i. A letter signed by the owner or operator's chief financial officer that identifies the criterion specified in subsection (1)(a) or (b) and used by the owner or operator to satisfy the financial assurance requirements of this Section, an explanation of how the owner or operator meets the criterion, and certification of the letter's accuracy, and
      - ii. A statement from an independent certified public accountant verifying that the demonstration submitted under subsection (1)(c)(i) is accurate based on a review of the owner or operator's financial statements for the latest completed fiscal year or more recent financial data and no adjustment to the financial statement is necessary.
  2. Performance surety bond. The owner or operator may use a performance surety bond if all the following conditions are met:
    - a. The company providing the performance bond is listed as an acceptable surety on federal bonds in Circular 570 of the U.S. Department of the Treasury;
    - b. The bond provides for performance of all the covered items listed in R18-13-1703(A) by the surety, or by payment into a standby trust fund of an amount equal to the penal amount if the owner or operator fails to perform the required activities;
    - c. The penal amount of the bond is at least equal to the amount of the cost estimate developed in R18-13-1703(A) if the bond is the only method used to satisfy the requirements of this Section or a pro-rata amount if used with another financial assurance mechanism;
    - d. The surety bond names the Arizona Department of Environmental Quality as beneficiary;
    - e. The original surety bond is submitted to the Director;
    - f. Under the terms of the bond, the surety is liable on the bond obligation when the owner or operator fails to perform as guaranteed by the bond; and
    - g. The surety payments under the terms of the bond are deposited directly into the Standby Trust Fund.
  3. Certificate of deposit. The owner or operator may use a certificate of deposit if the following conditions are met:
    - a. The owner or operator submits to the Director one or more certificates of deposit made payable to or assigned to the Department to cover the owner or operator's financial assurance obligation or a pro-rata amount if used with another financial assurance mechanism;
    - b. The certificate of deposit is insured by the Federal Deposit Insurance Corporation and is automatically renewable;
    - c. The bank assigns the certificate of deposit to the Arizona Department of Environmental Quality;
    - d. Only the Department has access to the certificate of deposit; and
    - e. Interest accrues to the owner or operator during the period the owner or operator gives the certificate as financial assurance, unless the interest is required to satisfy the requirements in R18-13-1703(A).
  4. Trust fund. The owner or operator may use a trust fund if the following conditions are met:
    - a. The trust fund names the Arizona Department of Environmental Quality as beneficiary, and
    - b. The trust is initially funded in an amount at least equal to:
      - i. The cost estimate for the items submitted under R18-13-1703(A),
      - ii. The amount specified in a compliance schedule approved in a CCR facility permit, or

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- iii. A pro-rata amount if used with another financial assurance mechanism.
- 5. Letter of credit. The owner or operator may use a letter of credit if the following conditions are met:
  - a. The financial institution issuing the letter is regulated and examined by a federal or state agency;
  - b. The letter of credit is irrevocable and issued for at least one year in an amount equal to the cost estimate submitted under R18-13-1703(A) or a pro rata amount if used with another financial assurance mechanism. The letter of credit provides that the expiration date is automatically extended for a period of at least one year unless the issuing institution has canceled the letter of credit by sending notice of cancellation by certified mail to the owner or operator and the Director 90 days in advance of cancellation or expiration. The owner or operator shall provide alternate financial assurance within 60 days of receiving the notice of expiration or cancellation;
  - c. The financial institution names the Arizona Department of Environmental Quality as beneficiary for the letter of credit; and
  - d. The letter is prepared by the financial institution and identifies the letter of credit issue date, expiration date, dollar sum of the credit, the name and address of the Department as the beneficiary, and the name and address of the owner or operator.
- 6. Insurance policy. The owner or operator may use an insurance policy if the following conditions are met:
  - a. The insurance is effective before signature of the permit or substitution of insurance for other extant financial assurance instruments posted with the Director;
  - b. The insurer is authorized to transact the business of insurance in the state and has an AM BEST Rating of at least a B+ or the equivalent;
  - c. The owner or operator submits a copy of the insurance policy to the Department;
  - d. The insurance policy guarantees that funds are available to pay costs for all items listed under R18-13-1703(A) without a deductible. The policy also guarantees that once cleanup steps begin that the insurer will pay out funds to the Director or other entity designated by the Director up to an amount equal to the face amount of the policy;
  - e. The policy guarantees that while closure, post-closure, or corrective action activities are conducted the insurer will pay out funds to the Director or other entity designated by the Director up to an amount equal to the face amount of the policy;
  - f. The insurance policy is issued for a face amount at least equal to the current cost estimate submitted to the Director for performance of all items listed under R18-13-1703(A) or a pro-rata amount if used with another financial assurance mechanism. Actual payments by the insurer will not change the face amount, although the insurer's future liability is reduced by the amount of the payments, during the policy period;
  - g. The insurance policy names the Arizona Department of Environmental Quality as additional insured;
  - h. The policy contains a provision allowing assignment of the policy to a successor owner or operator. The transfer of the policy is conditional upon consent of the insurer and the Department; and
- i. The insurance policy provides that the insurer does not cancel, terminate, or fail to renew the policy except for failure to pay the premium. The automatic renewal of the policy, at a minimum, provides the insured with a renewal option at the face amount of the expiring policy. If the owner or operator fails to pay the premium, the insurer may cancel the policy by sending notice of cancellation by certified mail to the owner or operator and to the Director 90 days in advance of the cancellation. If the insurer cancels the policy, the owner or operator shall provide alternate financial assurance within 60 days of receiving the notice of cancellation.
- 7. Cash deposit. The owner or operator may use a cash deposit if the cash is deposited with the Department to cover the financial assurance obligation under R18-13-1703(A).
- 8. Guarantees.
  - a. The owner or operator may use guarantees to cover the financial assurance obligations under R18-13-1703(A) if the following conditions are met:
    - i. The owner or operator submits to the Department an affidavit certifying that the guarantee arrangement is valid under all applicable federal and state laws. If the owner or operator is a corporation, the owner or operator shall include a certified copy of the corporate resolution authorizing the corporation to enter into an agreement to guarantee the owner or operator's financial assurance obligation;
    - ii. The owner or operator submits to the Department documentation that explains the substantial business relationship between the guarantor and the owner or operator;
    - iii. The owner or operator demonstrates that the guarantor meets conditions of the financial mechanism listed in subsection (1). For purposes of applying the criteria in subsection (1) to a guarantor, substitute "guarantor" for the term "owner or operator" as used in subsection (1);
    - iv. The guarantee is governed by and complies with state law;
    - v. The guarantee continues in full force until released by the Director or replaced by another financial assurance mechanism listed under subsection (1);
    - vi. The guarantee provides that, if the owner or operator fails to perform closure, post-closure care or corrective action of a facility covered by the guarantee, the guarantor shall perform or pay a third party to perform closure, post-closure care or corrective action, as required by the permit, or establish a fully funded trust fund as specified under subsection (4) in the name of the owner or operator; and
    - vii. The guarantor names the Arizona Department of Environmental Quality as beneficiary of the guarantee.
  - b. Guarantee reporting. The guarantor shall notify or submit a report to the Department within 30 days of:

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- i. An increase in financial responsibility during the fiscal year that affects the guarantor's ability to meet the financial demonstration;
  - ii. Receiving an adverse auditor's notice, opinion, or qualification; or
  - iii. Receiving a Department notification requesting an update of the guarantor's financial condition.
9. An owner or operator may use a financial assurance mechanism not listed in subsections (1) through (8) if approved by the Director.
- B.** Loss of coverage. If the Director believes that an owner or operator will lose financial capability under this Section, the owner or operator shall, within 30 days from the date of receipt of the Director's request, submit evidence that the financial demonstration under R18-13-1703 is being met or provide an alternative financial assurance mechanism.
- C.** Financial assurance mechanism substitution. An owner or operator may substitute one financial assurance mechanism for another if the substitution is approved by the Director through a permit modification or other Department approval.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**ARTICLE 18. RESERVED****ARTICLE 19. REPEALED****R18-13-1901. Repealed****Historical Note**

New Section made by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4). Amended by emergency rulemaking at 31 A.A.R. 1897 (June 13, 2025), effective June 6, 2025, for 180 days (Supp. 25-2).  
Repealed by final rulemaking at 31 A.A.R. 4716 (December 26, 2025), with an immediate effective date of December 3, 2025 (Supp. 25-4).

**ARTICLE 20. USED OIL****R18-13-2001. Definitions**

- A.** "40 CFR 279", and any section therein, refers to 40 CFR part 279, as amended on January 1, 1997, and no future editions or later amendments. Copies of 40 CFR 279 are available at <https://www.govinfo.gov/app/collection/cfr/>. Copies are on file with the Department.
- B.** "CFR" means the Code of Federal Regulations.
- C.** "Department" means the Arizona Department of Environmental Quality.
- D.** "Used oil" means the same as defined in 40 CFR 279.1 and includes oil that has been contaminated as a result of handling, transportation, or storage.
- E.** "Used oil collection center" means the same as defined in 40 CFR 279.1.
- F.** "Used oil burner" means the same as defined in 40 CFR 279.1.
- G.** "Used oil fuel marketer" means the same as defined in 40 CFR 279.1.
- H.** "Used oil handler" means a used oil burner, used oil marketer, used oil transporter, or used oil processor.
- I.** "Used oil processor" means the same as defined in 40 CFR 279.1.
- J.** "Used oil transporter" means the same as defined in 40 CFR 279.1.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4).

**R18-13-2002. Used Oil Handler Registration; Fee**

- A.** Initial registration. A new used oil handler that has received, or is required to obtain, an EPA identification number pursuant to 40 CFR 279 shall not begin operation until the owner or operator registers with the Department on a form approved by the Department. A new used oil handler shall submit an initial registration fee at the time of registration under this subsection as follows:
  - 1. For a used oil processor, \$500;
  - 2. For a used oil burner, \$500;
  - 3. For a used oil transporter, \$500; and
  - 4. For a used oil fuel marketer, \$500.
- B.** Annual registration fee. The Department shall bill an annual registration fee to a used oil handler that has received, or is required to obtain, an EPA identification number pursuant to 40 CFR 279 that has not filed a notice of termination of registration with the Department as follows:
  - 1. For a used oil processor, \$2,500;
  - 2. For a used oil burner, \$2,500;
  - 3. For a used oil transporter, \$1,500; and
  - 4. For a used oil fuel marketer, \$900.
- C.** The registered used oil handler shall pay the annual registration fee within 30 days of invoice receipt.
- D.** Beginning July 1, 2026, the Director shall adjust the fee amounts in subsections (A) and (B) of this Section annually by the following method, except that no adjustment in any year shall exceed four percent of the fee amount of the preceding year:
  - 1. Multiply the amount by the October CPI for the most recent year and then divide by the October CPI for the year 2024. The October CPI for any year is the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-Scottsdale, AZ, all items, published by the United States Department of Labor at [www.bls.gov/cpi/regional-resources.htm](http://www.bls.gov/cpi/regional-resources.htm), for October of that year.
  - 2. Round the result from subsection (D)(1) down to the nearest cent. ADEQ shall post the new amounts on its webpage and install them in the billing software as soon as practicable.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4). Amended by emergency rulemaking at 31 A.A.R. 1897 (June 13, 2025), effective June 6, 2025, for 180 days (Supp. 25-2).  
Amended by final rulemaking at 31 A.A.R. 4716 (December 26, 2025), with an immediate effective date of December 3, 2025 (Supp. 25-4).

**R18-13-2003. Used Oil Collection Center Identification Number; Requirements**

- A.** A used oil collection center shall request a used oil collection center identification number on a form provided by the Director pursuant to A.R.S. § 49-802(C) that contains all of the following:
  - 1. The company name;
  - 2. The name of the owner of the company;
  - 3. The mailing address and telephone number of the company;
  - 4. The location of the collection center; and

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5. A description of the type of used oil activity at the company.
- B. Within 30 days of receiving the completed form, the Director shall issue the identification number to the used oil collection center.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4).

**ARTICLE 21. SOLID WASTE LANDFILL REGISTRATION AND DISPOSAL FEES**

*Article 21, consisting of Sections R18-13-2101 through R18-13-2103, made by final rulemaking at 9 A.A.R. 1770, effective July 14, 2003 (Supp. 03-2).*

**R18-13-2101. Definitions**

In addition to the definitions in A.R.S. §§ 49-701 and 49-701.01, for the purpose of this Article, the terms used in this Article have the following meanings:

1. "Defined time period" means the 12-month period that begins on July 1 of a calendar year and ends on June 30 of the following calendar year and consists of the actual number of calendar days in that 12-month period.
2. "Disposal fee invoice" means the quarterly landfill disposal fee invoice the Department mails to a landfill operator, on which the landfill operator indicates the amount of waste received and the amount of the disposal fees owed to the Department as required under A.R.S. § 49-836.
3. "Local public facility" means a facility operated pursuant to A.R.S. § 49-741.
4. "Recycling residue" means waste generated from recycling:
  - a. Solid waste; or
  - b. Effluent from a secondary wastewater treatment plant or wastewaters.

**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 1770, effective July 14, 2003 (Supp. 03-2). Amended by final rulemaking at 18 A.A.R. 1217, effective July 1, 2012 (Supp. 12-2). Amended by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4).

**R18-13-2102. Solid Waste Landfill Registration; Annual Registration Fee**

- A. An operator of a new solid waste landfill shall register the solid waste landfill with the Department on a form approved by the Department.
- B. An existing solid waste landfill shall pay an annual registration fee within 30 days of receipt of an invoice from the Department according to the following:
  1. For municipal solid waste landfills that received less than 12,000 tons during the defined time period, \$1,856.
  2. For municipal solid waste landfills that received at least 12,000 tons but less than 60,000 tons during the defined time period, \$3,713.
  3. For municipal solid waste landfills that received at least 60,000 tons but less than 225,000 tons or more during the defined time period, \$10,000.
  4. For municipal solid waste landfills that received 225,000 tons or more during the defined time period, \$18,565.

5. For non-municipal solid waste landfills that received less than 60,000 tons during the defined time period, \$5,000.
6. For non-municipal solid waste landfills that received 60,000 tons or more during the defined time period, \$5,569.
- C. The Department shall determine the amount of waste received by a solid waste landfill by one of the following methods:
  1. As the reported tons of solid waste received on the disposal fee invoices over the defined time period; or
  2. As the reported units of compacted or uncompacted solid waste received on the disposal fee invoices and reported under R18-13-2104 over the defined time period.
- D. Beginning July 1, 2026, the Director shall adjust the fee amounts in subsection (B) of this Section annually by the following method, except that no adjustment in any year shall exceed four percent of the fee amount of the preceding year:
  1. Multiply the amount by the October CPI for the most recent year and then divide by the October CPI for the year 2024. The October CPI for any year is the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-Scottsdale, AZ, all items, published by the United States Department of Labor at [www.bls.gov/cpi/regional-resources.htm](http://www.bls.gov/cpi/regional-resources.htm), for October of that year.
  2. Round the result from subsection (C)(1) down to the nearest cent. ADEQ shall post the new amounts on its webpage and install them in the billing software as soon as practicable.

**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 1770, effective July 14, 2003 (Supp. 03-2). Amended by final rulemaking at 18 A.A.R. 1217, effective July 1, 2012 (Supp. 12-2). Amended by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4). Amended by emergency rulemaking at 31 A.A.R. 1897 (June 13, 2025), effective June 6, 2025, for 180 days (Supp. 25-2). Amended by final rulemaking at 31 A.A.R. 4716 (December 26, 2025), with an immediate effective date of December 3, 2025 (Supp. 25-4).

**R18-13-2103. Landfill Closure and Post-Closure Care Obligations; Fees**

- A. The Department shall calculate and the solid waste landfill shall pay the annual landfill registration fee until the first defined time period after the solid waste landfill stops accepting waste.
- B. From the time a solid waste landfill stops accepting waste as specified in subsection (A), until the owner or operator of the solid waste landfill has completed closure and is released from its obligation for post-closure care as required by A.R.S. §§ 49-761 or 49-770, the annual registration fee is \$3,500.
- C. Beginning July 1, 2026, the Director shall adjust the fee amounts in subsection (B) of this Section annually by the following method, except that no adjustment in any year shall exceed four percent of the fee amount of the preceding year:
  1. Multiply the amount by the October CPI for the most recent year and then divide by the October CPI for the year 2024. The October CPI for any year is the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-Scottsdale, AZ, all items, published by the United States Department of Labor at [www.bls.gov/cpi/regional-resources.htm](http://www.bls.gov/cpi/regional-resources.htm), for October of that year.
  2. Round the result from subsection (C)(1) down to the nearest cent. ADEQ shall post the new amounts on its

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webpage and install them in the billing software as soon as practicable.

**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 1770, effective July 14, 2003 (Supp. 03-2). Amended by final rulemaking at 18 A.A.R. 1217, effective July 1, 2012 (Supp. 12-2). Amended by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4). Repealed by emergency rulemaking at 31 A.A.R. 1897 (June 13, 2025), effective June 6, 2025, for 180 days (Supp. 25-2). Amended by final rulemaking at 31 A.A.R. 4716 (December 26, 2025), with an immediate effective date of December 3, 2025 (Supp. 25-4).

**R18-13-2104. Solid Waste Landfill Disposal Fee; Exemptions**

- A. The operator of a solid waste landfill shall pay to the Department the disposal fee required by A.R.S. § 49-836 as follows:
  1. \$.58 for each six cubic yards of uncompacted solid waste;
  2. \$.58 for each three cubic yards of compacted solid waste; or
  3. \$.58 per ton of solid waste.
- B. A solid waste landfill that receives only waste generated on site shall compute the fee in subsection (A) of this Section by one of the following methods:
  1. By actual volume or weight; or
  2. By estimate based on landfill capacity use, volume or number of waste loads or any other reasonable means for approximating the volume or weight of disposed waste.
- C. Facilities that generate recycling residue shall pay the disposal fee required by A.R.S. § 49-836 as follows, to an annual maximum of \$34,942.20, for on-site disposal:
  1. \$.29 for the dry weight or volume of the recycling residue generated; or
  2. \$.29 for the dewatered weight or volume of the recycling residue generated.
- D. A person who for a fee disposes of waste in a solid waste landfill that is not regulated by the Department shall keep accurate records of the waste disposed of in those landfills and shall pay to the Department the disposal fee as prescribed in subsection (A) of this Section.
- E. The operator of a local public facility that does not have on-site operators or scales shall pay to the Department a fee that shall be calculated by multiplying the population of the political subdivision served by the local public facility by \$.16.
- F. A person who is subject to fees under this Section shall sign and submit a form prepared by the Department with each fee payment. The form shall state the total volume or weight of solid waste disposed of at that landfill during the payment period.
- G. The following are exempt from the requirements of this Section:
  1. Persons disposing of a load containing less than six cubic yards of uncompacted solid waste or three cubic yards of compacted solid waste.
  2. A site used solely for the reclamation of land through the introduction of landscaping rubble or inert material.
  3. Material produced in connection with a mining or metallurgical operation.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4).

**ARTICLE 22. NEW TIRE SELLERS****R18-13-2201. Definitions**

- A. "Motor vehicle" means any automobile, motorcycle, truck, trailer, semitrailer, truck tractor and semitrailer combination or other vehicle operated on the roads of this state, used to transport persons or property and propelled by power other than muscular power, but motor vehicle does not include traction engines, vehicles that run only on a track, bicycles or mopeds.
- B. "Tire seller" means a retail seller of motor vehicle tires or a wholesale seller of motor vehicle tires who sells tires to the state, to a political subdivision of the state, or to a private entity not for resale, but does not include a person whose retail sales of new motor vehicle tires are not in the ordinary course of business.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4). Amended by final rulemaking at 31 A.A.R. 4716 (December 26, 2025), with an immediate effective date of December 3, 2025 (Supp. 25-4).

**R18-13-2202. New Tire Sellers; Fee**

- A. Beginning April 1, 2025, a tire seller of new motor vehicle tires shall collect a fee of 2% of the retail sales price, not including transaction privilege tax, of each tire to a maximum of \$4.66 per tire. For the sale of a new motor vehicle with a gross weight of under 10,000 pounds by a manufacturer to a wholesaler or retailer, if the sales price of the tires is not specified by the manufacturer, the tire seller shall collect a fee of \$2.33 per tire.
- B. A seller required to collect a fee under subsection (A) of this Section may credit \$.10 per tire against the fee for expenses incurred by the seller for accounting and reporting related to the fee.
- C. A seller who collects a fee under subsection (A) of this Section shall remit the fee to the Arizona Department of Revenue for deposit on a quarterly basis in the waste tire fund established pursuant to section A.R.S. § 44-1305.
- D. Beginning July 1, 2026, the Director shall adjust the fee amounts in subsection (A) of this Section annually by the following method, except that no adjustment in any year shall exceed four percent of the fee amount of the preceding year:
  1. Multiply the amount by the October CPI for the most recent year and then divide by the October CPI for the year 2024. The October CPI for any year is the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-Scottsdale, AZ, all items, published by the United States Department of Labor at [www.bls.gov/cpi/regional-resources.htm](http://www.bls.gov/cpi/regional-resources.htm), for October of that year.
  2. Round the result from subsection (D)(1) down to the nearest cent. ADEQ shall notify the Arizona Department of Revenue of the adjusted fee amounts and post the new amounts on its webpage as soon as practicable.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4). Amended by final rulemaking at 31 A.A.R. 4716 (December 26, 2025), with an immediate effective date of December 3, 2025 (Supp. 25-4).

## TITLE 18. ENVIRONMENTAL QUALITY

## CHAPTER 13. DEPARTMENT OF ENVIRONMENTAL QUALITY - SOLID WASTE MANAGEMENT

**ARTICLE 23. RESERVED****ARTICLE 24. RESERVED****ARTICLE 25. EXPIRED****R18-13-2501. Expired****Historical Note**

Section adopted by final rulemaking at 5 A.A.R. 4654, effective November 15, 1999 (Supp. 99-4). Section expired under A.R.S. § 41-1056(J), at 23 A.A.R. 3429, effective October 10, 2017 (Supp. 17-4).

**ARTICLE 26. EXPIRED****R18-13-2601. Expired****Historical Note**

Section made by exempt rulemaking at 14 A.A.R. 4258, effective October 20, 2008 (Supp. 08-4). Section expired under A.R.S. § 41-1056(E) at 16 A.A.R. 705, effective April 6, 2010 (Supp. 10-2).

**R18-13-2602. Expired****Historical Note**

Section made by exempt rulemaking at 14 A.A.R. 4258, effective October 20, 2008 (Supp. 08-4). Section expired under A.R.S. § 41-1056(E) at 16 A.A.R. 705, effective April 6, 2010 (Supp. 10-2).

**R18-13-2603. Expired****Historical Note**

Section made by exempt rulemaking at 14 A.A.R. 4258, effective October 20, 2008 (Supp. 08-4). Section expired under A.R.S. § 41-1056(E) at 16 A.A.R. 705, effective April 6, 2010 (Supp. 10-2).

**R18-13-2604. Expired****Historical Note**

Section made by exempt rulemaking at 14 A.A.R. 4258, effective October 20, 2008 (Supp. 08-4). Section expired under A.R.S. § 41-1056(E) at 16 A.A.R. 705, effective April 6, 2010 (Supp. 10-2).

**ARTICLE 27. EXPIRED****R18-13-2701. Expired****Historical Note**

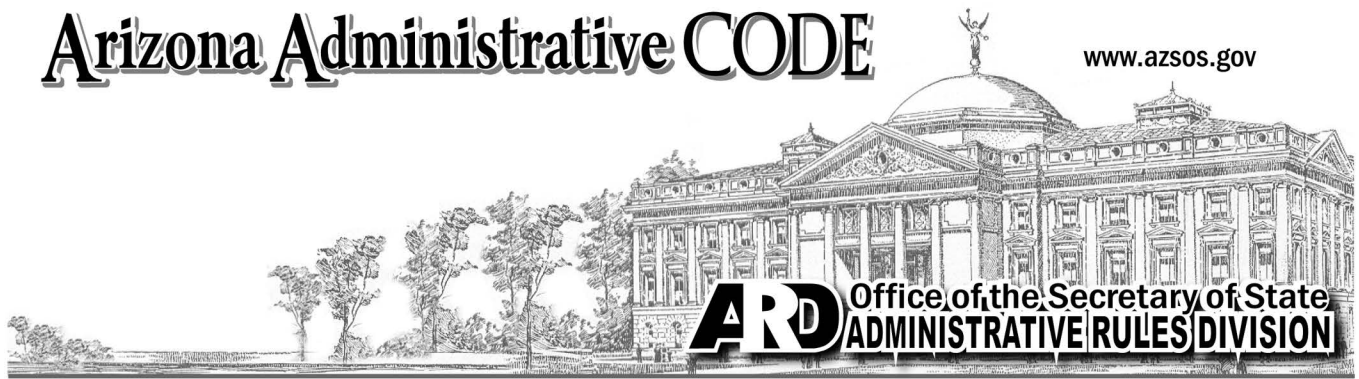
New Section made by exempt rulemaking at 16 A.A.R. 848, effective July 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 16 A.A.R. 1503, effective July 1, 2010 (Supp. 10-3). Section expired under A.R.S. § 41-1056(J) at 22 A.A.R. 2984, effective September 15, 2016 (Supp. 16-3).

**R18-13-2702. Expired****Historical Note**

New Section made by exempt rulemaking at 16 A.A.R. 848, effective July 1, 2010 (Supp. 10-2). Section expired under A.R.S. § 41-1056(J) at 22 A.A.R. 2984, effective September 15, 2016 (Supp. 16-3).

**R18-13-2703. Expired****Historical Note**

New Section made by exempt rulemaking at 16 A.A.R. 848, effective July 1, 2010 (Supp. 10-2). Section and fee table expired under A.R.S. § 41-1056(J) at 22 A.A.R. 2984, effective September 15, 2016 (Supp. 16-3).



**TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE**  
**CHAPTER 4. DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS - FINANCIAL INSTITUTIONS**

**20 A.A.C. 4**

**Supplement Information**  
**Supp. 25-4**

Rules codified between October 1, 2025 through December 31, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-4 replaces Supp. 25-2, 1-50 pages.**

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

## PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “*Rule*’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

### THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

### HOW TO USE THE CODE

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### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at [www.azsos.gov/rules](http://www.azsos.gov/rules), click on the *Administrative Register* link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

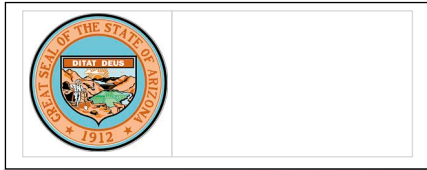
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*Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.*

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## Administrative Rules Division

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 4. DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS - FINANCIAL INSTITUTIONS

Authority: A.R.S. § 6-123(2)

## Supp. 25-4

**Editor's Note:** The name of the Arizona Department of Financial Institutions was changed to the Department of Insurance and Financial Institutions under Laws 2019, Ch. 252, effective July 1, 2020 (Supp. 22-2).

**Editor's Note:** The Banking Department's name was changed to the Arizona Department of Financial Institutions under the authority of A.R.S. § 6-110, originally enacted as Laws 2004, Ch. 188, effective January 1, 2006 (Supp. 06-1).

**Editor's Note:** Title 20, formerly Commerce, Banking, and Insurance, is now Commerce, Financial Institutions, and Insurance. This change became effective when the Banking Department changed its name to the Department of Financial Institutions, effective January 1, 2006 (Supp. 06-1).

20 A.A.C. 4, consisting of R20-4-101 through R20-4-106, R20-4-201 through R20-4-215, R20-4-301 through R20-4-331, R20-4-401 through R20-4-402, R20-4-501 through R20-4-536, R20-4-601 through R20-4-620, R20-4-701 through R20-4-707, R20-4-801 through R20-4-816, R20-4-901 through R20-4-924, R20-4-1001, R20-4-1101 through R20-4-1102, R20-4-1201 through R20-4-1220, R20-4-1401 through R20-4-1410, R20-4-1501 through R20-4-1530, R20-4-1601 through R20-4-1604, and R20-4-1701 through R20-4-1706, recodified from 4 A.A.C. 4, consisting of R4-4-101 through R4-4-106, R4-4-201 through R4-4-215, R4-4-301 through R4-4-331, R4-4-401 through R4-4-402, R4-4-501 through R4-4-536, R4-4-601 through R4-4-620, R4-4-701 through R4-4-707, R4-4-801 through R4-4-816, R4-4-901 through R4-4-924, R4-4-1001, R4-4-1101 through R4-4-1102, R4-4-1201 through R4-4-1220, R4-4-1401 through R4-4-1410, R4-4-1501 through R4-4-1530, R4-4-1601 through R4-4-1604, and R4-4-1701 through R4-4-1706, pursuant to R1-1-102 (Supp. 95-1).

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Article 1, consisting of Sections R4-4-101 through R4-4-106 adopted effective August 16, 1991 (Supp. 91-3).

Article 1, consisting of Sections R4-4-101 through R4-4-104, repealed effective August 16, 1991 (Supp. 91-3).

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*Former Article 6, consisting of Section R4-4-601, repealed effective October 26, 1978. R20-4-601 recodified from R4-4-601 (Supp. 95-1).*

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*Article 13, consisting of Sections R20-4-1301 through R20-4-1305, emergency expired on April 21, 2011. New Sections R20-4-*

*1301 through R20-4-1305 were made by final rulemaking on effective April 22, 2011. Emergency rules removed from this Chapter for clarity. (Supp. 15-1).*

*Article 13, consisting of Sections R20-4-1301 through R20-4-1305, emergency rulemaking renewed at 16 A.A.R. 2165, effective October 24, 2010 for an additional 180 days (Supp. 10-4).*

*Article 13, consisting of Sections R20-4-1301 through R20-4-1305, made by emergency rulemaking at 16 A.A.R. 839, effective April 27, 2010 for 180 days (Supp. 10-2).*

*Article 13, consisting of Sections R20-4-1301 through R20-4-1305, emergency expired April 21, 2011; new Article consisting of Sections R20-4-1301 through R20-4-1305, made by final rulemaking at 16 A.A.R. 2401, effective April 22, 2011 (Supp. 10-4).*

*Article 13, consisting of Sections R20-4-1301 through R20-4-1305, emergency rulemaking renewed at 16 A.A.R. 2165, effective October 24, 2010 for an additional 180 days (Supp. 10-4).*

*Article 13, consisting of Sections R20-4-1301 through R20-4-1305, made by emergency rulemaking at 16 A.A.R. 839, effective April 27, 2010 for 180 days (Supp. 10-2).*

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*Article 18, consisting of Sections R20-4-1801 through R20-4-1812, adopted by final rulemaking at 5 A.A.R. 2094, effective June*

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*Article 19, consisting of Sections R20-4-1901 through R20-4-1911, adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2).*

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

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**ARTICLE 1. GENERAL****R20-4-101. Scope of Article**

The rules in this Article apply to all activities of the Director and to the interpretation of all Arizona statutes and rules administered by the Director.

**Historical Note**

Former Rule 1. Former R4-4-101 repealed, new R4-4-101 adopted effective August 16, 1991 (Supp. 91-3).

R20-4-101 recodified from R4-4-101 (Supp. 95-1).

Amended by final rulemaking at 31 A.A.R. 533 (February 14, 2025), effective April 6, 2025 (Supp. 25-1).

**R20-4-102. Definitions**

In this Chapter, unless otherwise specified:

1. "Active management" means directing a licensee's activities by a responsible individual, who:
  - a. Is knowledgeable about the licensee's Arizona activities;
  - b. Supervises compliance with:
    - i. The laws enforced by the Department of Insurance and Financial Institutions - Financial Institutions Division as they relate to the licensee, and
    - ii. Other applicable laws and rules; and
  - c. Has sufficient authority to ensure compliance.
2. "Affiliate" means the same as defined under A.R.S. §§ 6-901, 6-941, 6-971, and 6-991.
3. "Attorney General" means the Attorney General or an assistant Attorney General of the state of Arizona.
4. "Back-office location" means a location that:
  - a. Is dedicated to administrative and operational functions of the licensee that are incidental to the activity requiring licensure;
  - b. Does not involve interaction with the public whether in-person, telephonically, or electronically;
  - c. Is subject to the licensee's comprehensive written information security plan; and
  - d. Is able to produce records associated with the location as part of a Department investigation or examination.
5. "Branch office" means, unless otherwise provided by law, a business location which is not the licensee's principal place of business, is maintained by the licensee, and where the licensee conducts regulated activities. A branch office does not include a "back-office location" or "remote work location" as defined in this Section.
6. "Business of a savings and loan association or savings bank" means receiving money on deposit subject to payment by check or any other form of order or request or on presentation of a certificate of deposit or other evidence of debt.
7. "Compensation" means, in applying that term's definition in A.R.S. §§ 6-901, 6-941, and 6-971, anything received in advance, after repayment, or at any time during a loan's life. This subsection expressly excludes the following items from those definitions of compensation:
  - a. Charges or fees customarily received after a loan's closing including prepayment penalties, termination fees, reinvestment fees, late fees, default interest, transfer fees, impound account interest and fees, extension fees, and modification fees. However, extension fees and modification fees are compensation if the lender advances additional funds or increases the credit limit on an open-end mortgage as part of the extension or modification;
  - b. Out-of-pocket expenses paid to independent third parties including appraisal fees, credit report fees, legal fees, document preparation fees, title insurance premiums, recording, filing, and statutory fees, collection fees, servicing fees, escrow fees, and trustee's fees;
  - c. Insurance commissions;
  - d. Contingent or additional interest, including interest based on net operating income; or
  - e. Equity participation.
8. "Commercial finance transaction," as that term is used in this Section's definitions of the terms "Engaged in the business of making mortgage loans" and "Engaged in the business of making mortgage loans or mortgage banking loans," means a loan made primarily for other than personal, family, or household purposes.
9. "Control of a licensee," as used in A.R.S. §§ 6-903, 6-944, or 6-978, does not include acquiring additional fractional equity interests in a licensee by any person who already has the power to vote 51% or more of the licensee's outstanding voting equity interests.
10. "Correspondent contract," as that term is used in A.R.S. §§ 6-941, 6-943, 6-971, or 6-973, means an agreement between a lender and a funding source under which the funding source may fund, or is required to fund, loans originated by the lender.
11. "Cushion," as that term is used in R20-4-1811 or R20-4-1908, means funds that a servicer or lender may require a borrower to pay into an escrow or impound account before the borrower's periodic payments are available in the account to cover unanticipated disbursements.
12. "Department" means the same as defined under A.R.S. § 6-101(5).
13. "Directly or indirectly makes, negotiates, or offers to make or negotiate" and "Directly or indirectly making, negotiating, or offering to make or negotiate," as those phrases are used in A.R.S. §§ 6-901, 6-941, or 6-971:
  - a. Includes any of the following:
    - i. Providing consulting or advisory services in connection with a mortgage loan transaction, mortgage banking loan transaction, or commercial mortgage loan transaction to an investor, concerning the location or identity of potential borrowers if the consulting or advisory services include direct interaction, including by telephone or electronic means, with a potential borrower that results in a request or obtaining a consumer's date of birth, social security number, credit report, employment information, work history, or account information held in any depository, trust, or investment account;
    - ii. Providing consulting or advisory services in connection with a mortgage loan transaction, mortgage banking loan transaction, or commercial mortgage loan transaction to a consumer, concerning the location or identity of potential lenders if the consulting or advisory services include a representation with regard to pre-qualification, approval, rate, terms, or conditions of a loan;
    - iii. Preparing or providing assistance in preparing an application for a mortgage loan transaction,

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- mortgage banking loan transaction, or commercial mortgage banking loan transaction;
- iv. Loan processing; or
  - v. Loan underwriting.
- b. Does not include:
- i. Providing technological, mechanical, or word processing services to prepare papers or documents associated with a mortgage loan transaction, mortgage banking loan transaction, or commercial mortgage banking loan transaction;
  - ii. Purchasing, selling, negotiating to purchase or sell, or offering to purchase or sell a mortgage loan, mortgage banking loan, or commercial mortgage banking loan already funded;
  - iii. Making, negotiating, or offering to make additional advances on an existing open-ended mortgage loan, mortgage banking loan, or commercial mortgage loan including revolving credit lines; or
  - iv. Modifying, renewing, or replacing a mortgage loan, a mortgage banking loan, or a commercial mortgage loan already funded, if the parties to and security for the loan are the same as the original loan immediately before the modification, renewal, or replacement, and if no additional funds are advanced and no increase is made in the credit limit on an open-ended loan. Replacing a loan means making a new loan simultaneously with terminating an existing loan.
14. "Director" means the same as defined under A.R.S. § 20-102.
  15. "Electronic record" means the same as defined under A.R.S. § 44-7002(7).
  16. "Employee" means a natural person who has an employment relationship with a licensee that is acknowledged by both the person and the licensee, and:
    - a. The person is entitled to payment, or is paid, by the licensee;
    - b. The licensee withholds and remits, or is liable for withholding and remitting, payroll deductions for all applicable federal and state payroll taxes, if applicable;
    - c. The licensee has the right to hire and fire the employee and the employee's assistants;
    - d. The licensee directs the methods and procedures for performing the employee's job;
    - e. The licensee supervises the employee's business conduct and the employee's compliance with applicable laws and rules; and
    - f. The rights and duties under subsections (16)(a) through (e) belong to the licensee regardless of whether another person also shares those rights and duties.
  17. "Engaged in the business of making mortgage loans," as that phrase is used in A.R.S. § 6-902, and "engaged in the business of making mortgage loans or mortgage banking loans," as that phrase is used in A.R.S. § 6-942, mean the direct or indirect making of a total of more than five mortgage banking loans or mortgage loans, or both in a calendar year. Each loan counts only once as of its closing date. A person is not "engaged in the business of making mortgage loans or mortgage banking loans" if the person makes loans solely in commercial finance transactions in which no more than 35% of the aggregate value of all security taken by the investor on the closing date is a lien, or liens, on real property.
  18. "Exclusive contract," as that term is used in A.R.S. §§ 6-912 and 6-991.02, means a written agreement in which a loan originator agrees to perform services as a loan originator subject to supervision and control by a person holding a certificate of exemption issued under A.R.S. § 6-912 on an exclusive basis. The agreement provides that the loan originator is expressly prohibited from performing loan origination or modification services for any other person during the time the agreement is in effect.
  19. "Generally accepted accounting principles" means United States Generally Accepted Accounting Principles issued by the Financial Accounting Standards Board or the International Financial Reporting Standards issued by the International Accounting Standards Board.
  20. "Loan," as that term is used in A.R.S. §§ 6-126(D)(5) and (7), means all loans negotiated or closed that are secured by Arizona real property.
  21. "Loan Processing" means requesting, collecting, receiving, or reviewing a loan application's supporting documents for use in underwriting, and communicating with the consumer to obtain information necessary for making a credit decision.
  22. "Loan underwriting" means analyzing information in connection with the making of a credit decision.
  23. "Person" means a natural person, including a sole proprietor, or any legal or commercial entity including a corporation, business trust, estate, trust, partnership, limited partnership, joint venture, association, limited liability company, limited liability partnership, or limited liability limited partnership.
  24. "Property insurance," as that term is used in A.R.S. §§ 6-909 and 6-947, does not include flood insurance as that term is used in the Flood Disaster Protection Act of 1973, as modified by the National Flood Insurance Reform Act of 1994. 42 U.S.C. 4001, et seq.
  25. "Reasonable investigation of the background," as that term is used in A.R.S. §§ 6-903, 6-943, or 6-976 means a licensee, at a minimum:
    - a. Collects and reviews all the documents authorized by the Immigration Reform and Control Act of 1986, 8 U.S.C. 1324a;
    - b. Obtains a completed Employment Eligibility Verification (Form I-9), if applicable;
    - c. Obtains a completed and signed employment application, if applicable;
    - d. Obtains a signed statement attesting to all of an applicant's felony convictions, including detailed information regarding each conviction;
    - e. Consults with the applicant's most recent or next most recent employer, if any;
    - f. Makes inquiries regarding the applicant's qualifications and competence for the position;
    - g. If for a loan originator, loan processor, branch manager, supervisor, or similar position, obtains a current credit report from a credit reporting agency; and
    - h. Investigates further if any information received in the above inquiries raises questions as to the applicant's honesty, truthfulness, integrity, or competence. An inquiry is sufficient after two attempts to contact a person, including at least one written inquiry.

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26. “Record” means the same as defined under A.R.S. § 44-7002(13).
27. “Registered Exempt Person” means a person who is exempt from licensure pursuant to A.R.S. § 6-912 and A.R.S. Title 6, Chapter 9, Articles 1, 2, and 3 as a federally chartered savings bank that is registered with the nationwide mortgage licensing system and registry and holds a certificate of exemption.
28. “Registered to do business in this state” means:
- If an Arizona corporation, it is incorporated under A.R.S. Title 10, Chapter 2, Article 1;
  - If a foreign corporation, it obtains authority to transact business in Arizona under A.R.S. Title 10, Chapter 15, Article 1;
  - If a business trust, it obtains authority to transact business in Arizona under A.R.S. Title 10, Chapter 18, Article 4;
  - If an estate, it acts through a personal representative duly appointed by this state’s Superior Court, under the provisions of A.R.S. Title 14, Chapter 3 or 4;
  - If a trust, it delivers to the Director an executed copy of the trust instrument creating the trust together with:
    - All the current amendments, or
    - A true copy of the trust instrument certified accurate and complete by a trustee of the trust before a notary public;
  - If a general partnership, limited partnership, limited liability company, limited liability partnership, or limited liability limited partnership, it is organized under A.R.S. Title 29;
  - If a foreign general partnership, limited partnership, limited liability company, limited liability partnership, or limited liability limited partnership, it is registered with the Arizona Secretary of State’s office under A.R.S. Title 29;
  - If a joint venture, association, or any entity not specified in this subsection, it is organized and conducts its business in compliance with Arizona law; or
    - The entity is exempt from registration.
29. “Remote work location” means a location at which the employees (including licensed loan originators) of a licensee may conduct licensed activities other than the principal place of business or branch office. Licensed activities from a remote work location are permitted when under the supervision of the licensee and when all of the following apply:
- The licensee has written policies and procedures for supervision of employees working from their residence or a location other than a licensed location;
  - Access to company platforms and customer information shall be in accordance with the licensee’s comprehensive written information security plan; and
  - Physical records shall not be maintained at a remote work location.
30. “Resident of this state” means a natural person domiciled in Arizona.
31. “Responsible individual” or “responsible person”, as those terms are used in A.R.S. §§ 6-903, 6-943, 6-973, and 6-976, means a resident of this state who:
- Is in active management of a licensee’s affairs; and
  - Meets the qualifications listed in A.R.S. §§ 6-903, 6-943, or 6-973.

**Historical Note**

Former Rule 2. Former R4-4-102 repealed, new R4-4-102 adopted effective August 16, 1991 (Supp. 91-3).

R20-4-102 recodified from R4-4-102 (Supp. 95-1). Amended by final rulemaking at 5 A.A.R. 2094, effective June 10 (Supp. 99-2). Amended by final rulemaking at 7 A.A.R. 668, effective January 10, 2001 (Supp. 01-1). Amended by final rulemaking at 8 A.A.R. 145, effective December 10, 2001 (Supp. 01-4). Amended by final rulemaking at 18 A.A.R. 2622, effective December 2, 2012 (Supp. 12-4). Amended by final rulemaking at 31 A.A.R. 533 (February 14, 2025), effective April 6, 2025 (Supp. 25-1).

**R20-4-103. Repealed****Historical Note**

Former Rule 3. Former R4-4-103 repealed, new R4-4-103 adopted effective August 16, 1991 (Supp. 91-3).

R20-4-103 recodified from R4-4-103 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 4670, effective November 14, 2000 (Supp. 00-4). Repealed by final rulemaking at 31 A.A.R. 533 (February 14, 2025), effective April 6, 2025 (Supp. 25-1).

**R20-4-104. Acceptance of Other Forms**

If another entity’s applications and forms provide all the information required by Arizona law, the Director has the discretion to accept them, even if another provision of this Chapter requires use of a specific Department form. The Director’s exercise of the discretion to accept alternative forms does not limit the Director’s power to require additional information necessary to complete an application or other form.

**Historical Note**

Former Rule 4. Former R4-4-104 repealed, new R4-4-104 adopted effective August 16, 1991 (Supp. 91-3).

R20-4-104 recodified from R4-4-104 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 4670, effective November 14, 2000 (Supp. 00-4). Amended by final rulemaking at 31 A.A.R. 533 (February 14, 2025), effective April 6, 2025 (Supp. 25-1).

**R20-4-105. Claims Against a Deposit in Place of Bond****A. As used in this Section:**

- “Deposit” means cash or alternatives to cash deposited by a licensee with the Director in place of a bond.
- “Depositor” means licensee or an employee of the licensee who makes a deposit with the Director.
- “Verified claim” means a claim filed with the Director under subsection (B).
- “Award” means an amount of money granted under subsection (F).

**B. A person may file a claim against a deposit by delivering documentation of the claim to the Director. The claim shall be based on a final judgment in favor of the claimant, entered by a court of competent jurisdiction. To support a claim, the judgment shall be:**

- Against a depositor;
- For injury caused by the depositor’s wrongful act, default, fraud, or misrepresentation committed in the course of the depositor’s licensed business activity; and
- Documented by:
  - A certified copy of the complaint in the action;
  - A certified copy of the judgment in the action;

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- c. A statement that execution of the judgment has not been stayed, or an explanation of the terms and reason for any stay;
  - d. A statement of any amounts recovered on the judgment; and
  - e. A sworn and notarized statement that the claim is true and correct to the best of the claimant's knowledge and belief.
- C. A claimant shall file a claim with the Director, and all required supporting documentation, not more than six months after entry of the judgment asserted in the claim. However, if execution of the asserted judgment is stayed during the first six months after its entry, the claimant may file a verified claim only during the six months after the stay is lifted. The Department shall process a timely-filed verified claim as a request for hearing under A.R.S. § 41-1092.03(B).
- D. The claimant shall notify the depositor of the filing of a verified claim under this Section, and make the depositor a party to all proceedings on the claim. To do so, the claimant shall send the depositor a copy of all documents filed under subsection (B). The claimant shall make this delivery no more than 10 days after the original filing with the Director under subsection (B). The Department considers a proceeding on a verified claim to be a contested case, governed by the provisions of 20 A.A.C. 4, Article 12.
- E. The Director shall, after a hearing, deny a verified claim if the hearing produces evidence of any of the following circumstances:
  - 1. The judgment is not for an injury caused by the depositor and described in subsection (B)(2);
  - 2. The judgment was awarded by default, stipulation, or consent, and no showing is made in the hearing of an injury caused by the depositor and described in subsection (B)(2);
  - 3. The judgment's execution has been stayed for any reason;
  - 4. The judgment was procured through fraud or collusion;
  - 5. The judgment has been satisfied from other sources; or
  - 6. The action that produced the judgment was barred by the applicable statute of limitations at the time it was commenced.
- F. If the Director grants a verified claim, the Director shall do so in the amount of the compensatory damages awarded against the depositor in the judgment, exclusive of:
  - 1. Attorney's fees, and
  - 2. Amounts previously paid on the judgment.
- G. A person injured by a depositor shall give the Director written notice at the time of filing a civil action if the claims alleged could be made as a verified claim under this Section. The written notice shall include a statement of the amount of compensatory damages sought against the depositor. The injured person shall provide further information about the civil action to the Director upon request.
- H. If the Director grants a verified claim under subsection (F), the Director shall authorize the State Treasurer, in writing, to release the deposit to the claimant in the amount stated in subsection (F) if the Director has not received notice of another pending civil action under subsection (G).
- I. If given notice under subsection (G), the Director shall determine whether the deposit is sufficient to satisfy all claims under subsection (F). The Director shall determine award amounts for each claim of which the Director has notice, and authorize payment, as follows:
  - 1. If the deposit is sufficient to satisfy all claims under subsection (F), the Director shall authorize its release as described in subsection (H).
  - 2. If the deposit is not sufficient to satisfy all claims under subsection (F), the Director shall calculate the award on each claim as follows:
    - a. Each granted claim shall receive a pro rata share of the total deposit.
    - b. Each pro rata share shall be a dollar amount calculated by multiplying the total deposit by a fraction.
      - i. The numerator of the fraction is the amount of the Director's award for the verified claim.
      - ii. The denominator of the fraction is the sum of the amount of the Director's award for the verified claim plus the total compensatory damages sought in all other civil actions against the same depositor disclosed to the Director under subsection (G).
    - c. The Director shall authorize the State Treasurer to release the pro rata portion of the deposit calculated for each verified claim.
- J. A depositor or former licensee may request return of its deposit if it substitutes a bond for the deposit, or if its license is surrendered, revoked, or expired, and if all statutory conditions for release of the deposit have been satisfied. The Director shall not release any part of a deposit to a depositor or former licensee until the Director determines whether there are any awards on verified claims unsatisfied because of an apportionment under subsection (I). The Director shall use the deposit amount to pay any unsatisfied portion of those awards. If the deposit amount is not sufficient to pay in full all unsatisfied awards, the Director shall pay the remaining amount of the deposit to claimants in the ratio their awards bear to the total of all awards granted against the deposit.
- K. The court supervising a licensee in receivership may order the release of a deposit to persons injured by conduct described in subsection (B). In that event, the receiver shall deliver a certified copy of the court's order to the Director. The copy may be uncertified if the receiver is the Director or any other officer or agency of the state of Arizona. The Director shall then authorize the State Treasurer, in writing, to release the deposit to the receiver. The receiver shall distribute the deposit as ordered by the receivership court, rather than under this Section.

**Historical Note**

Adopted effective August 16, 1991 (Supp. 91-3). R20-4-105 recodified from R4-4-105 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 4670, effective November 14, 2000 (Supp. 00-4). Amended by final rulemaking at 31 A.A.R. 533 (February 14, 2025), effective April 6, 2025 (Supp. 25-1).

**R20-4-106. Bankruptcy**

An enterprise licensee or consumer lender licensee shall immediately deliver written notice to the Director if it files a voluntary bankruptcy petition, or if its creditors name the licensee a debtor in an involuntary bankruptcy petition. On the date of each of the following documents' filing with the bankruptcy court, the licensee shall deliver to the Director a copy of the:

- 1. Petition for relief,
- 2. Schedule of assets and liabilities,
- 3. Statement of financial affairs,
- 4. List of creditors, and
- 5. Plan of reorganization.

**Historical Note**



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Adopted effective August 16, 1991 (Supp. 91-3). R20-4-106 recodified from R4-4-106 (Supp. 95-1). Amended by final rulemaking at 8 A.A.R. 145, effective December 10, 2001 (Supp. 01-4). Amended by final rulemaking at 31 A.A.R. 533 (February 14, 2025), effective April 6, 2025 (Supp. 25-1).

**R20-4-107. Licensing Time-frames**

**A.** Definitions. The definitions in A.R.S. § 41-1072 and the following definitions apply to this Section.

1. "Application" means a document specified or described in this Title, or in any statute enforced by the Department, requesting any permit, certificate, approval, registration, charter, or similar permission described in Table A, together with all supporting documentation required by statute or rule.
2. "License" means the same as defined under A.R.S. § 41-1001(13).

**B.** The time-frames listed in Table A apply to licenses issued by the Department. The licensing time-frames consist of an administrative completeness review, a substantive review, and an overall review. The administrative completeness review time-frame begins to run upon receipt of an application by the Department.

**C.** Within the time-frame for the administrative completeness review set forth in Table A, the Department shall notify the applicant in writing whether the application is complete or deficient.

1. If the application is deficient, the Department shall issue a notice of deficiency to the applicant which shall include a comprehensive list of the specific deficiencies. If the Department issues a written notice of deficiency within the administrative completeness review time-frame, the administrative completeness review time-frame and the overall review time-frame are suspended from the date the notice is issued until the date that the Department receives an adequate response from the applicant.
2. The Department is not precluded from issuing additional notices of deficiency during an administrative completeness review.
3. If an applicant does not adequately respond to each specified deficiency in a notice of deficiency issued under subsection (C)(1) within 60 days after the date of a notice of deficiency the application is deemed withdrawn, and the

Department is not required to take further action with respect to the application.

**D.** Within the time-frame for the substantive review set forth in Table A, the Department may issue one comprehensive written request for additional information to the applicant specifying each component or item of information required.

1. If the Department issues a comprehensive written request for additional information within the substantive review time-frame, the substantive review time-frame and the overall time-frame are suspended from the date the written request is issued until the date that the Department receives an adequate response from the applicant.
2. The Department is not precluded from issuing supplemental requests by mutual agreement for additional information, during the substantive review.
3. If an applicant does not adequately respond to each component or item of information required in a comprehensive written request or a supplemental request for additional information, within 60 days after the date of a comprehensive written request, or within 60 days after the date of the supplemental request for additional information, the application is deemed withdrawn, and the Department is not required to take further action with respect to the application.

**E.** Within the overall time-frames set forth in Table A, unless extended by mutual agreement under A.R.S. § 41-1075, the Department shall notify the applicant in writing that the application is granted or denied. If the application is denied, the Department shall provide to the applicant a written notice that complies with the provisions of A.R.S. § 41-1076.

**F.** In computing the time periods prescribed in these time-frame rules, the last day of a notice period is included in the computation, unless it is a Saturday, Sunday, or legal holiday.

**G.** The time-frames in this Section apply solely to actions taken by the Department. Nothing in this Section relieves a licensee or applicant of a duty to fulfill any other legal or regulatory requirement that is a condition of its power and authority to engage in business.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 8 A.A.R. 145, effective December 10, 2001 (Supp. 01-4). Amended by final rulemaking at 31 A.A.R. 533 (February 14, 2025), effective April 6, 2025 (Supp. 25-1).

**Table A. Licensing Time-frames**

No.	License Type	Legal Authority	Administrative Completeness Review (Days)	Substantive Review (Days)	Overall Time-Frame (Days)
1	Bank	A.R.S. § 6-203, et seq.			
	Initial Application	R20-4-211	75	75	150
2	Bank Trust Dept.	A.R.S. § 6-381			
	Initial Application	A.R.S. § 6-203, A.R.S. § 6-204(C)	60	60	120
3	Savings & Loan	A.R.S. § 6-401, et seq.			
	Initial Application	A.R.S. § 6-408, R20-4-327	75	75	150
4	Credit Union	A.R.S. § 6-501, et seq.			
	Initial Application	A.R.S. § 6-506(A)	150	150	300
5	Trust Company	A.R.S. § 6-851, et seq.			
	Initial Application	A.R.S. § 6-854(A)	75	75	150

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6	Consumer Lender	A.R.S. § 6-601, et seq.			
	Initial Application	A.R.S. § 6-603(C)	60	60	120
7	Debt Management	A.R.S. § 6-701, et seq.			
	Initial Application	A.R.S. § 6-704(A), R20-4-602(A)	60	60	120
8	Escrow Agent	A.R.S. § 6-801, et seq.			
	Initial Application	A.R.S. § 6-814	60	60	120
9	Mortgage Broker or Commercial Mortgage Broker	A.R.S. § 6-901, et seq.			
	Initial Application	A.R.S. § 6-903(C) & (D)	60	60	120
10	Mortgage Banker	A.R.S. § 6-941, et seq.			
	Initial Application	A.R.S. § 6-943(D)	60	60	120
11	Commercial Mortgage Banker	A.R.S. § 6-971, et seq.			
	Initial Application	A.R.S. § 6-974(A)	60	60	120
12	Acquisition of Control of Financial Institution	R20-4-1602, R20-4-1702			
	Initial Application	A.R.S. § 6-1104	30	30	60
13	Money Transmitter	A.R.S. § 6-1201, et seq.			
	Initial Application	A.R.S. § 6-1204(A)	60	60	120
14	Advance Fee Loan Broker	A.R.S. § 6-1301, et seq.			
	Initial Application	A.R.S. § 6-1303(A)	60	60	120
15	Premium Finance Co.	A.R.S. § 6-1401, et seq.			
	Initial Application	A.R.S. § 6-1402(C)	60	60	120
16	Collection Agency	A.R.S. § 32-1001, et seq.			
	Initial Application	A.R.S. § 32-1021, R20-4-1502	60	60	120
17	Sales Finance Co.	A.R.S. § 44-281, et seq.			
	Initial Application	A.R.S. § 44-282(B)	60	60	120
18	Certificate of Exemption	A.R.S. § 6-912			
	Initial Application	A.R.S. § 6-912(B)	60	60	120
19	Loan Originators	A.R.S. § 6-991, et seq.			
	Initial Application	A.R.S. § 6-991.04(A)	60	60	120
20	Real Estate Appraisal	A.R.S. § 32-3601, et seq.			
	Initial Application	A.R.S. § 32-3611	60	60	120
21	Property Tax Agent	A.R.S. § 32-3651, et seq.			
	Initial Application	A.R.S. § 32-3652	60	60	120
22	Appraisal Management Company	A.R.S. § 32-3661, et seq.			
	Initial Application	A.R.S. § 32-3662	60	60	120

**Historical Note**

Table A adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 8 A.A.R. 145, effective December 10, 2001 (Supp. 01-4). Amended by final rulemaking at 18 A.A.R. 2622, effective December 2, 2012 (Supp. 12-4). Amended by final rulemaking at 31 A.A.R. 533 (February 14, 2025), effective April 6, 2025 (Supp. 25-1). Amended by final rulemaking at 32 A.A.R. 123 (January 2, 2026), effective February 9, 2025 (Supp. 25-4).

**ARTICLE 2. BANK ORGANIZATION AND REGULATION****R20-4-201. Articles of Incorporation**

A licensee shall deliver to the Director a copy of each amendment to the licensee's articles of incorporation within 30 days after the amendment is filed with the Arizona Corporation Commission. Before delivery to the Director, an officer of the licensee shall cer-

tify the copy delivered in compliance with this Section, in writing, signed by the certifying officer, attesting to the completeness, accuracy, and authenticity of the certified copy.

**Historical Note**

Former Rule 1. R20-4-201 recodified from R4-4-201 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R.

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811, effective January 10, 2001 (Supp. 01-1). Amended by final rulemaking at 29 A.A.R. 1919 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).

**R20-4-202. Bylaws**

A licensee shall deliver to the Director a copy of each amendment to the licensee's bylaws within 30 days after the amendment is adopted. An officer of the licensee shall certify the copy delivered in compliance with this Section, in writing, attesting to the completeness, accuracy, and authenticity of the certified copy.

**Historical Note**

Former Rule 2. R20-4-202 recodified from R4-4-202 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 811, effective January 10, 2001 (Supp. 01-1). Amended by final rulemaking at 29 A.A.R. 1919 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).

**R20-4-203. Repealed****Historical Note**

Former Rule 3; Amended subsection (C) effective September 4, 1981 (Supp. 81-5). R20-4-203 recodified from R4-4-203 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-204. Repealed****Historical Note**

Former Rule 4. R20-4-204 recodified from R4-4-204 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-205. Repealed****Historical Note**

Former Rule 5. R20-4-205 recodified from R4-4-205 (Supp. 95-1). Section repealed by final rulemaking at 6 A.A.R. 3188, effective August 3, 2000 (Supp. 00-3).

**R20-4-206. Bankers Blanket Bond Coverage - A.R.S. § 6-188**

- A. Each bank shall carry at least the following basic blanket bond coverage listed in Table B.
- B. Each bank shall supplement the bankers blanket bond coverage with at least a \$2,000,000 excess fidelity bond.

**Historical Note**

Former Rule 6. R20-4-206 recodified from R4-4-206 (Supp. 95-1). Amended by final rulemaking at 29 A.A.R. 1919 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).

**Table B. Basic Blanket Bond Coverage**

Banks with Deposits of:		Amounts:
Less than \$25,000,000		\$300,000
25,000,000	to 35,000,000	350,000
35,000,000	to 50,000,000	450,000
50,000,000	to 75,000,000	550,000
75,000,000	to 100,000,000	700,000
100,000,000	to 150,000,000	850,000
150,000,000	to 250,000,000	1,200,000
250,000,000	to 500,000,000	1,700,000
500,000,000	to 1,000,000,000	2,500,000
1,000,000,000	to 2,000,000,000	4,000,000
2,000,000,000	to 5,000,000,000	6,000,000
5,000,000,000	to 20,000,000,000	9,000,000
Over 20,000,000,000		10,000,000

**Historical Note**

Table B removed from R20-4-206(A) to conform with the codification scheme of this Chapter and amended by final rulemaking at 29 A.A.R. 1919 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).

**R20-4-207. Capital Obligations**

- A. An applicant for a Director's order of approval to issue a capital obligation shall submit the following documents to the Director and shall not issue any capital obligation before the Director issues the order of approval. The required documents are:
  1. A certified copy of the resolution adopted by the Board of Directors, or a certified copy of the unanimous written consent of the Board of Directors, authorizing the sale of the capital obligation;
  2. A copy of the agreement underlying the capital obligation;
  3. A copy of the note or debenture intended to represent the capital obligation; and
  4. A copy of the prospectus, if any, proposed for use in the sale of the capital obligation.
- B. Each document evidencing a capital obligation shall:
  1. Bear on its face, in bold face type, the following: This obligation is not a deposit and is not insured by the Federal Deposit Insurance Corporation.
  2. Have a maturity provision that either:
    - a. Gives the obligation a maturity of at least five years, or
    - b. In the case of an obligation or issue that provides for scheduled repayments of principal, gives an average maturity of at least five years. The restriction on maturity stated in this subsection does not apply to any obligation that otherwise meets all the requirements of this Section if the Director determines that exigent circumstances require the issuance of the obligation without regard to any restriction on maturity. The provisions of this subsection do not apply to mandatory convertible debt obligations or issues.
  3. State expressly on its face that the obligation:
    - a. Is subordinated and junior in right of payment to the issuing bank's obligations to its depositors and to the bank's other obligations to its general and secured creditors, and
    - b. Is ineligible as collateral for a loan by the issuing bank, except as provided in A.R.S. § 6-354.
  4. Be unsecured.
  5. State expressly on its face that the issuing bank may not retire any part of its capital obligation without the Director's prior written order of approval, and the prior written consent of the Federal Deposit Insurance Corporation.
  6. Include, if the obligation is issued to a depository institution, a specific waiver of the right of offset by the lending depository institution.
  7. State that, in the event of liquidation, all depositors and other creditors of the bank are to be paid in full before any payment of principal or interest is made on a capital obligation.
- C. No payment shall be made under an optional right of payment reserved to the bank without the separate authorization of the Director. The Director may grant that authority in the initial order of approval or in a later order of approval.

**Historical Note**

Former Rule 7. R20-4-207 recodified from R4-4-207

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(Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 2155, effective May 4, 2001 (Supp. 01-2). Amended by final rulemaking at 29 A.A.R. 1919 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).

**R20-4-208. Repealed****Historical Note**

Former Rule 8. R20-4-208 recodified from R4-4-208 (Supp. 95-1). Section repealed by final rulemaking at 6 A.A.R. 3188, effective August 3, 2000 (Supp. 00-3).

**R20-4-209. Notice of Permanent Closing of Banking Office**

A bank may close fewer than all of its banking offices. Before closing any office, a bank shall deliver a letter to the Director specifying the banking office it plans to close and the closing date. The bank shall ensure that the Director receives the letter at least 10 days before the closing date. Closing the banking office shall terminate the bank's authority to maintain that banking office on the date of the actual closure.

**Historical Note**

Former Rule 9. R20-4-209 recodified from R4-4-209 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 5388, effective November 9, 2001 (Supp. 01-4). Amended by final rulemaking at 29 A.A.R. 1919 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).

**R20-4-210. Repealed****Historical Note**

Former Rule 10. R20-4-210 recodified from R4-4-210 (Supp. 95-1). Section repealed by final rulemaking at 6 A.A.R. 3188, effective August 3, 2000 (Supp. 00-3).

**R20-4-211. Application for a Banking Permit**

- A. Before an application is filed, the representatives of the potential applicant shall meet with the Director to discuss capitalization, location, and management of the proposed bank.
- B. After the meeting required by subsection (A), persons who wish to proceed with the application process shall submit an application in the form the Director prescribes. The applicant shall support the application with sufficient information to enable the Director to make a determination.

**Historical Note**

Former Rule 11. R20-4-211 recodified from R4-4-211 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 3188, effective August 3, 2000 (Supp. 00-3). Amended by final rulemaking at 29 A.A.R. 1919 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).

**R20-4-212. Repealed****Historical Note**

Former Rule 12. Amended effective September 4, 1981 (Supp. 81-4). R20-4-212 recodified from R4-4-212 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-213. Repealed****Historical Note**

Former Rule 13. Repealed effective September 13, 1981 (Supp. 81-5). R20-4-213 recodified from R4-4-213 (Supp. 95-1).

**R20-4-214. Preservation of Records**

- A. Every bank shall keep its corporate and business records as originals or as copies of the originals made by reproduction

methods that accurately and permanently preserve the records. Copies complying with this subsection, when satisfactorily identified, have the same evidentiary status as an original. A bank may keep its records as electronic records if the bank can generate all information and copies required by this Section within the timeframe set by the Department for examination or other purposes.

- B. A bank shall keep its corporate and business records for the period required by this Section. These periods are measured from the date of the last entry or final action date. A bank shall have and comply with its own record retention schedule that is consistent with this Section. A bank may comply with this Section by complying with a preemptive federal regulation, even if the federal regulation requires a shorter retention period than is listed in this Section. This Section does not prohibit record retention for longer periods than these state-required minimums for any reason, including a retention period established by preemptive federal law or regulation. Likewise, this Section does not prohibit a bank from keeping any type of record not required in subsection (D).
- C. Beginning on the effective date of this Section, corporate and business records of a bank operating in the state of Arizona are classified, and their retention periods are prescribed, according to the schedule in subsection (D). Retention periods are listed in subsection (D) using the notations, acronyms, and abbreviations listed in subsections (C)(1) through (20).
  1. A numerical designation refers to a period of years unless a shorter period of time is specified in the schedule.
  2. "AC" means after closure.
  3. "ACH" means automated clearing house.
  4. "AE" means after expiration.
  5. "ALC" means after last contact.
  6. "AP" means after paid.
  7. "ATD" means after termination date.
  8. "CTR" means a cash transaction report required by the Federal Bank Secrecy Act.
  9. "FDIC" means the Federal Deposit Insurance Corporation.
  10. "FHA" means the Federal Housing Administration.
  11. "FHLMC" means the Federal Home Loan Mortgage Corporation.
  12. "FNMA" means the Federal National Mortgage Association.
  13. "GNMA" means the Government National Mortgage Association.
  14. "IRS" means the United States Department of the Treasury's Internal Revenue Service.
  15. "M" means months.
  16. "P" means the bank shall keep the record permanently.
  17. "PMI" means private mortgage insurance.
  18. "SAR" means a suspicious activity report required by the Federal Bank Secrecy Act.
  19. "TTL" means a treasury, tax, and loan account maintained by a bank.
  20. "UCC" means the Uniform Commercial Code as it is in effect in Arizona.
- D. Retention Schedule
  1. Accounting and Auditing
    - a. Accrual and bond amortization 3
    - b. Audit report 6
    - c. Audit work papers 3
    - d. Bank call, income and dividend report 5
    - e. Bill, statement, or invoice – paid 7
    - f. Budget work papers 2
    - g. Collateral vault "in-and-out" ticket 1

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h.	Daily reserve computation	1	c.	Film copy of every IRS financial reporting form	6
i.	Earnings report	7	d.	Program change	P
j.	Expense voucher or invoice	7	e.	System, program and procedure manual	P
k.	Financial statement	7	6.	Deposits	
l.	Interoffice reconciliation	1	a.	Account opened and account closed	1
m.	Interoffice transaction	1	b.	Certificate of deposit purchase record	7
n.	Periodic statement for account owned by bank	2	c.	Check paid, withdrawal slip, and other debits to account	7
o.	Reconcilement of deposits – due to bank	2	d.	Club account check register	1
p.	Reconcilement register – due from bank	2	e.	Club account coupon	1
q.	Return and cash item register	1	f.	SAR – for suspicious transaction under \$10,000	5
r.	Service contract	2	g.	CTR – for transaction exceeding \$10,000	5
s.	Treasury tax and loan account	2	h.	Customer authorization, resolution, and signature card	6 AC
t.	Unclaimed property record	5	i.	Deposit account record needed to reconstruct	7
2.	Administration		j.	Deposit and other credits	7
a.	Articles of incorporation or association, bylaws or other record of organization	P	k.	Dormant account – after closed or escheated	7 ALC
b.	Bankers blanket bond-record showing compliance	5AE	l.	Form 1096 and 1099 reports to IRS	7
c.	Bank examiner's report	7	m.	Individual retirement account record	7
d.	Capital note issuance and transfer record	P	n.	Interest check or other record of interest payment and reports	7
e.	Depreciation record – office equipment	3	o.	Internal management reports:	
f.	Dividend check and register	7	i.	Large balance	1
g.	Dividend check – outstanding	P	ii.	Overdraft	1
h.	Expired policy insuring the bank	3 AE	iii.	Public funds	1
i.	FDIC assessment base, record	5	iv.	Service charges	1
j.	FDIC certificate	P	v.	Stop payment	1
k.	Insurance policy number, record of premium paid and amount recovered	3 AE	vi.	Uncollected funds	1
l.	Legal proceedings when completed	5	vii.	Unposted item	1
m.	Minute book of:		viii.	Zero balance	1
i.	Meetings of the board of directors	P	p.	Ledger card	5 AC
ii.	Meeting of committees of the board of directors	P	q.	Power of attorney document	7 ATD
iii.	Shareholders' meetings	P	r.	Receipt for statement held at customer's request	1
n.	Postage meter record book (from date of final entry)	1	s.	Record showing compliance with the following federal regulations. The state retention period applies unless, and until, it is preempted by federal law:	
o.	Real estate documentation	5 ATD	i.	Regulation CC, Expedited Funds Availability Act	2
p.	Report to directors	3	ii.	Regulation DD, Truth in Savings Act	2
q.	Stock issuance and transfer record	P	iii.	Regulation E, Electronic Funds Transfer Act	2
r.	Required report to supervisory agency	3	t.	Returned statement and canceled checks	6
s.	Tax controversy or proceeding when completed	7	u.	Statement	6
t.	Tax record not material to any controversy	7	v.	Stop payment order	6 AE
u.	Voting list and proxies	3	w.	Document used to request and receive Tax Identification Number	6
3.	Collections		x.	Transaction journal	6
a.	Collection payment record	1	y.	Trial balance	6
b.	Collection receipt – carbon	1	7.	Due from banks	
c.	Collection register	1	a.	Advice from correspondent bank	1
d.	Coupon cash letter – outgoing	1	b.	Bank statement	1
e.	Coupon envelope	1	c.	Draft – original	7
f.	Customer file copy	1	d.	Draft register or copy	1 AP
g.	Incoming collection letter	1	e.	Duplicate check – information and documentation pertaining to issuance	7
h.	Incoming contract or note letter	1	f.	Reconcilement register	1
4.	Customer service		8.	Due to banks	
a.	Broker account holder – identification	5	a.	Account opened and account closed – reports	1
b.	Broker's confirmation	3	b.	Advice – copy	1
c.	Broker's invoice	3	c.	Incoming cash letter memo for credit	1
d.	Broker's statement	3	d.	Incoming cash letter for remittance	1
e.	E-Bond application	2	e.	Reconcilement register (TTL)	2
f.	E-Bond sold or redeemed – record	2	f.	Reconcilement verification	1
g.	E-Bond transmittal letter	2	g.	Resolution	2 AC
h.	Lock box daily receipts	1	h.	Signature card	6 AC
i.	Night depository agreement	1 AC	i.	Trial balance (fiche)	7
j.	Night depository daily record	1	j.	Undelivered statement, reconstruction available from bank records	1
k.	Safekeeping record and receipt	5			
l.	Securities buy order and sell order	3			
5.	Data processing (management information systems)				
a.	Back-up data (for reconstruction) daily, end of month, quarter, or year	1			
b.	Disaster recovery program	P			

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k. Undelivered statement, reconstruction not possible	7		
9. General			
a. Address change order	1		
b. Affidavit from customer including affidavit of loss, forgery, or non-use of cashier's check	1		
c. Writ of attachment or garnishment	5		
d. Attachment, release	5		
e. Armored car receipt	1		
f. Check book order	1		
g. Check book – receipt	1		
h. Court order memorandum record	5		
i. Notice of Protest	1		
j. Vault record – opening and closing	1		
k. Wire transfer debit entry and credit entry	7		
10. General ledger			
a. Daily statement of condition	3		
b. General journal – if byproduct of posting the general ledger	3		
c. General journal – if used as book of original entry with description	3		
d. General ledger	5		
e. General ledger ticket – debit and credit	2		
11. International department			
a. Broker account holder – identification	5		
b. Cable copy	7		
c. Cable requisition	7		
d. Collection paid	1		
e. Correspondence	2		
f. Draft	7		
g. Foreign collection register	6		
h. Foreign draft application	6		
i. Foreign draft – carbon	2 ATD		
j. Foreign exchange remittance sheet or book	6		
k. Foreign financial account – record	7		
l. Foreign mail transfer application	6		
m. Foreign mail transfer – carbon	2 ATD		
n. Foreign outstanding cash	2		
o. Foreign payment – incoming	2		
p. Letter of credit application	2		
q. Letter of credit ledger sheet	7		
r. Transfer outside of the United States in excess of \$10,000 – record	5		
12. Investments			
a. Bonds			
i. Amortization record	6		
ii. Confirmation	3		
iii. Safekeeping receipt	2		
b. Broker's securities			
i. Broker's invoice	3		
ii. Broker's statement	3		
iii. Report of lost or stolen securities	3		
iv. Safekeeping advice	2		
v. Taxpayer identification number	5		
c. Commercial paper			
i. Broker's advice	2		
ii. Purchase order	2		
iii. Remittance advice	2		
d. Mortgage-backed securities			
i. Buy-and-sell agreement	3		
ii. Commitment letter	7		
iii. FHLMC and FNMA loan file	7		
iv. GNMA certificate	7		
v. Interest accrual record	7		
vi. Monthly remittance report	7		
13. Loans. A bank shall keep each loan record listed for the period required by this subsection. These periods are measured from the date of final activity. A bank shall have and comply with its own record retention schedule that is consistent with this subsection. A bank may comply with this subsection by complying with a preemptive federal regulation, even if the federal regulation requires a shorter retention period than is listed in this subsection. This subsection does not prohibit record retention for longer periods than these state-required minimums for any reason, including a retention period established by preemptive federal law or regulation. Likewise, this Section does not prohibit a bank from keeping any type of record not required by this subsection.			
a. All loans – general			
i. Application for loan approval		6	
ii. Appraisal		6	
iii. Borrower's financial statement		6	
iv. Charge-off record		10	
v. Charged off note		10	
vi. Collateral file		6	
vii. Correspondence		6	
viii. Credit file- all documentation		6	
ix. Credit report		6	
x. Daily proof and record		6	
xi. Loan committee minutes		P	
xii. Miscellaneous loan reports including new loan journal, paid loan journal, past due report, and transaction journal as original entry		6	
xiii. Other documentation for reconstruction of loan		2	
b. Commercial loans			
i. Application for loan denied		12 M	
ii. Bill of sale		6	
iii. Borrowing resolution		3	
iv. Business annual report (fiscal or year end) – after date of report		3	
v. Business cash-flow analysis report – after date of report		3	
vi. Business tax return – after date of return		6	
vii. Commitment letter		6	
viii. Copy of mortgage note or deed of trust		6	
ix. Evidence of insurance		6	
x. Guaranty		6	
xi. Letter of credit		6	
xii. Participation agreement		6	
xiii. Promissory note		6	
xiv. Purchase and sale agreement		6	
xv. Security agreement		6	
xvi. Title documentation		6	
xvii. UCC filing		6	
c. Consumer loans			
i. Application for loan denied, including adverse action notice		25 M	
ii. Collateral record		6	
iii. Hazard insurance record		6	
iv. Invoice		6	
v. Life and disability insurance record		6	
vi. Overdraft loan agreement		6	
vii. Promissory note and modification agreement – copy		6	
viii. Title documentation		6	
ix. UCC filing – copy		6	
d. Real estate loans			
i. Assignment of escrow		6	
ii. Assumption		6	
iii. Commitment letter		6	
iv. Copy of deed of trust or mortgage note, as it may have been modified		6	
v. Escrow analysis record		6	
vi. Evidence of any FHA or PMI insurance required		6	
vii. Hazard insurance		life of loan	
viii. Proof of insurance excluding hazard		6	

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ix. Sales contract	6	e. Teller's exchange ticket	1
x. Settlement sheet	6	f. Teller's machine tape	1
xi. Survey	6	19. Transit, proof, and clearing	6
xii. Title documentation	6	a. ACH entry	2
e. Construction loans. In addition to the documents specified in subsection (d), a bank shall keep a record for a construction loan as specified in this subsection:		b. Advice of correction to deposit	2
i. Certificate of occupancy	6	c. Clearinghouse settlement sheet – recapitulation of checks delivered to the clearinghouse or federal reserve	2
ii. Construction progress report	6	d. Record of items processed	6
iii. Contractor's cost breakdown	6	e. Proof machine tape or other record	2
iv. Disbursement documentation	6	f. Receipt for transit letter	1
v. Inspection report	6	g. Return item letter	5
vi. Residential construction specifications and material list	6	20. Trust department administration	
14. Official checks and drafts		a. Appraisal of real or personal property held as a trust asset	3 AC
a. Affidavit, bond, indemnity agreement, other documentation supporting the issuance of a duplicate check or draft	7	b. Correspondence	3 AC
b. Bank draft	3	c. Decree or receipt and release	3 AC
c. Cashier's check – canceled	7	d. Fee record and supporting data	3 AC
d. Cashier's check register – copy	7	e. Intermediate and final account	3 AC
e. Expense check – canceled	7	f. Legal documentation including judgment, court order, and legal opinion	3 AC
f. Expense check register – copy	7	g. Paid bill	3 AP
g. Expense voucher or invoice	7	h. Real estate insurance policy	1 AE
h. Money order – bank or personal	7	i. Real estate and mortgage document	3 AC
i. Money order register – copy	7	j. Receipt for asset received or delivered	3 AC
j. Official check outstanding	P	k. Record of asset tax cost	3 AC
15. Personnel Records		l. Summary card, original instrument, agreement and amendment, and letters of appointment	3 AC
a. Attendance record, and time card	3	m. Synopsis sheet	3 AC
b. Authorization for payroll deduction	2	21. Corporate trust	
c. Department of labor report	5	a. Bond registration journal	3 AC
d. Disability record	5	b. Bond – canceled	7
e. Employee record and personnel folder	5	c. Indemnity bond	P
f. Employment application	3 AT	d. Certification	2
g. Insurance record	2	e. Coupon envelope	6 M
h. Payroll check	2	f. Coupon – canceled	6 M
i. Pension fund record	10	g. Customer receipt	7
j. Profit sharing fund record	10	h. Dividend and coupon record	3 AC
k. Rejected employee application	2	i. Dividend and interest disbursement check and list	3 AC
l. Salary ledger or electronic data processing printout	4	j. General ledger ticket	2
m. Salary receipt	2	k. Legal paper	P
n. W-3 reconciliation of income tax withheld from wages	3	l. Copy of canceled stock certificate, original returned to customer	1
o. W-4 withholding exemption certificate	3	m. Stock registration journal	3 AC
p. Wage and tax statement record (W-2)	7	n. Stock transfer memo	1
q. Wage differential documentation (Fair Labor Standards Act)	3	o. Stock transfer receipt	1
16. Registered mail		p. Tax return	3 AC
a. Marine insurance book	3	q. Transfer – supporting papers	3 AC
b. Record of incoming and outgoing registered mail	1	r. Transfer journal	3 AC
c. Return receipt card	3	s. Transfer tax waiver	3 AC
17. Safe deposit vault		t. Trust ledger – corporate	7
a. Access ticket or card	6	22. Personal trust	
b. Court order and correspondence	6	a. Record of previously discharged fiduciary	
c. Delivery of will, burial plot deed, insurance policy – receipt	6	i. Accounting	3 AC
d. Forced entry record	6	ii. Decree	3 AC
e. Lease or contract – closed account	2 AC	iii. Receipt and release	3 AC
f. Ledger record of account	1	b. Accounting – recorded	3 AC
g. Opened box contents – record and report	7	c. Advice of payment – securities department regarding bond and coupon collection	3 AC
h. Rent receipt – copy	1	d. Appraisal	
i. Sale to satisfy lien – record	7	i. Real property	3 AC
j. Signature card, authorization, and resolution	6 AC	ii. Personal property	3 AC
18. Tellers		e. Asset delivery receipt	3 AC
a. Mail teller envelope	3 M	f. Authorization	
b. Teller's balancing recap or recap book	1	i. By co-fiduciary	P
c. Teller's cash ticket – original and carbons	1	ii. By consultant	P
d. Teller's cash shipment record	1	g. Approval	5
		i. By co-fiduciary	P
		ii. By consultant	P
		h. Broker's statement	7

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- i. Buy and sell order 7
- j. Cash documentation 7
  - i. Customer cash and asset statement 7
  - ii. Cash and security journal 7
  - iii. Cash trial balance 1
- k. Common trust fund annual report 10
- l. Correspondence 3 AC
  - i. Transfer letter 3 AC
  - ii. Claim letter 3 AC
- m. Coupon collection letter 7
- n. Court accounting and petition 7
- o. Daily transaction journal 6 M
- p. Debits and credits – daily 1
- q. Documentation necessary to support account decision 3 AC
- r. Tax Documentation 10
  - i. Federal estate tax return 10
  - ii. State estate tax return 10
  - iii. Tax-related work papers 10
  - iv. Federal gift tax return 10
- s. Fee calculations and supporting data 1
- t. Income tax return 3 AC
  - i. Federal 3 AC
  - ii. State 3 AC
- u. Inventory 3 AC
- v. Investment review and related material 3 AC
- w. Minutes P
  - i. Investment committee P
  - ii. Trust committee P
- 23. Other personal trust records 3 AC
  - a. Legal opinion 3 AC
  - b. Correspondence related to legal opinion 3 AC
  - c. Paid bill 7
  - d. Review and recommendation 3 AC
  - e. Safekeeping record and receipt 3 AC
  - f. Security ledger sheet P
  - g. Trust check 10
  - h. Trust entry – original 3 AC
  - i. Trust or agency agreement – original 3 AC
  - j. Vault withdrawal and deposit ticket 7
  - k. Will – certified copy P
  - l. Work papers supporting tax return 7
- 24. Trust Investments 10
  - a. Annual report 10
    - i. Common trust fund 10
    - ii. Pooled fund 10
  - b. Valuation 10
    - i. Common trust fund 10
    - ii. Pooled fund 10
  - c. Minutes P
    - i. Investment committee P
    - ii. Administrative committee P
  - d. Investment order and broker's confirmation 3 AC
  - e. Investment review and related material 3 AC
  - f. Correspondence 3 AC
  - g. Summary of annual account activity 3 AC
- 25. Wire transfer 1
  - a. Incoming wire log 1
  - b. Outgoing wire log 7
  - c. Transmission record 7
  - d. Wire transfer request 7

**Historical Note**

Former Rule 14. R20-4-214 recodified from R4-4-214 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 4142, effective September 12, 2001 (Supp. 01-3). Missing notation in subsection (D)(1)(j) corrected as proposed at 7 A.A.R. 2491 (Supp. 20-1). Amended by final rulemaking at 29 A.A.R. 1919 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).

**R20-4-215. Trust Business**

Each bank authorized to conduct trust business under their banking permit shall comply with the applicable requirements of R20-4-808 through R20-4-816.

**Historical Note**

Adopted effective June 30, 1977 (Supp. 77-3). R20-4-215 recodified from R4-4-215 (Supp. 95-1). Amended by final rulemaking at 29 A.A.R. 1919 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).

**ARTICLE 3. EXPIRED****R20-4-301. Expired****Historical Note**

Former Rule 1. R20-4-301 recodified from R4-4-301 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 841, effective March 14, 2017 (Supp. 17-1).

**R20-4-302. Repealed****Historical Note**

Former Rule 2; Repealed effective January 19, 1984 (Supp. 84-1). R20-4-302 recodified from R4-4-302 (Supp. 95-1).

**R20-4-303. Expired****Historical Note**

Former Rule 3. R20-4-303 recodified from R4-4-303 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 841, effective March 14, 2017 (Supp. 17-1).

**R20-4-304. Expired****Historical Note**

Former Rule 4. R20-4-304 recodified from R4-4-304 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 841, effective March 14, 2017 (Supp. 17-1).

**R20-4-305. Repealed****Historical Note**

Former Rule 5. R20-4-305 recodified from R4-4-305 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-306. Repealed****Historical Note**

Former Rule 6. R20-4-306 recodified from R4-4-306 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-307. Repealed****Historical Note**

Former Rule 7. R20-4-307 recodified from R4-4-307 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-308. Repealed****Historical Note**

Former Rule 8. R20-4-308 recodified from R4-4-308 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-309. Expired****Historical Note**

Former Rule 9. R20-4-309 recodified from R4-4-309 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J)



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at 23 A.A.R. 841, effective March 14, 2017 (Supp. 17-1).

(Supp. 96-3).

**R20-4-310. Reserved****R20-4-322. Repealed****R20-4-311. Repealed****Historical Note**

Former Rule 11; Repealed effective January 19, 1984 (Supp. 84-1). R20-4-311 recodified from R4-4-311 (Supp. 95-1).

Former Rule 22; Repealed effective January 19, 1984 (Supp. 84-1). R20-4-322 recodified from R4-4-322 (Supp. 95-1).

**R20-4-312. Repealed****Historical Note**

Former Rule 12. R20-4-312 recodified from R4-4-312 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

Former Rule 23. R20-4-323 recodified from R4-4-323 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-313. Reserved****R20-4-324. Expired****Historical Note****R20-4-314. Repealed**

Former Rule 14. R20-4-314 recodified from R4-4-314 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

Former Rule 24. R20-4-324 recodified from R4-4-324 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 841, effective March 14, 2017 (Supp. 17-1).

**R20-4-325. Expired****Historical Note****R20-4-315. Repealed**

Former Rule 15. R20-4-315 recodified from R4-4-315 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

Former Rule 25. R20-4-325 recodified from R4-4-325 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 841, effective March 14, 2017 (Supp. 17-1).

**R20-4-326. Expired****Historical Note****R20-4-316. Repealed**

Former Rule 16. R20-4-316 recodified from R4-4-316 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

Former Rule 26. R20-4-326 recodified from R4-4-326 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 841, effective March 14, 2017 (Supp. 17-1).

**R20-4-327. Expired****Historical Note****R20-4-317. Repealed**

Former Rule 17; Repealed effective January 19, 1984 (Supp. 84-1). R20-4-317 recodified from R4-4-317 (Supp. 95-1).

Former Rule 27. R20-4-327 recodified from R4-4-327 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 841, effective March 14, 2017 (Supp. 17-1).

**R20-4-328. Expired****Historical Note****R20-4-318. Expired**

Former Rule 18. R20-4-318 recodified from R4-4-318 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 841, effective March 14, 2017 (Supp. 17-1).

Former Rule 28. R20-4-328 recodified from R4-4-328 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 841, effective March 14, 2017 (Supp. 17-1).

**R20-4-329. Repealed****Historical Note****R20-4-319. Repealed**

Former Rule 19. R20-4-319 recodified from R4-4-319 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

Former Rule 29. R20-4-329 recodified from R4-4-329 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-330. Expired****Historical Note****R20-4-320. Repealed**

Former Rule 20. R20-4-320 recodified from R4-4-320 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

Original Rule. R20-4-330 recodified from R4-4-330 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 841, effective March 14, 2017 (Supp. 17-1).

**R20-4-331. Repealed****Historical Note****R20-4-321. Repealed**

Former Rule 21. R20-4-321 recodified from R4-4-321 (Supp. 95-1). Repealed effective September 19, 1996

Original Rule. R20-4-331 recodified from R4-4-331 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

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**ARTICLE 4. CREDIT UNIONS**

(Supp. 96-3).

**R20-4-401. Fidelity Bond Coverage**

- A. A credit union shall have a fidelity bond in the form and in the amount required to maintain federal insurance on its accounts.
- B. A fidelity bond purchased by a credit union to comply with this Section shall include faithful-performance-of-duty coverage.
- C. A credit union shall purchase its fidelity bond from an insurer that holds a certificate of authority from the Director to transact surety business in Arizona.

**Historical Note**

Former Rule 1. R20-4-401 recodified from R4-4-401 (Supp. 95-1). Amended effective April 21, 1995 (Supp. 95-2). Amended by final rulemaking at 7 A.A.R. 2229, effective May 3, 2001 (Supp. 01-2). Amended by final rulemaking at 29 A.A.R. 1937 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-402. Repealed****Historical Note**

Former Rule 2. R20-4-402 recodified from R4-4-402 (Supp. 95-1). Repealed effective April 21, 1995 (Supp. 95-2).

**ARTICLE 5. CONSUMER LENDERS****R20-4-501. Repealed****Historical Note**

Former Rule 1. R20-4-501 recodified from R4-4-501 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-502. Repealed****Historical Note**

Former Rule 2. R20-4-502 recodified from R4-4-502 (Supp. 95-1). Section repealed by final rulemaking at 6 A.A.R. 3380, effective August 3, 2000 (Supp. 00-3).

**R20-4-503. Adjustments in Precomputed Charges**

A licensee shall adjust the total precomputed charges if the first installment period is more or less than one month in duration. The licensee's records shall reflect the adjustment's collection in one of three ways.

1. In the first installment payment,
2. Amortized over the life of the contract, or
3. As part of the final payment.

**Historical Note**

Former Rule 3. R20-4-503 recodified from R4-4-503 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 4605, effective November 14, 2000 (Supp. 00-4). Amended by final rulemaking at 29 A.A.R. 1942 (September 1, 2023), effective October 7, 2023 (Supp. 23-3).

**R20-4-504. Repealed****Historical Note**

Former Rule 4. R20-4-504 recodified from R4-4-504 (Supp. 95-1). Section repealed by final rulemaking at 6 A.A.R. 4605, effective November 14, 2000 (Supp. 00-4).

**R20-4-505. Repealed****Historical Note**

Former Rule 5. R20-4-505 recodified from R4-4-505 (Supp. 95-1). Repealed effective September 19, 1996

**R20-4-506. Repealed****Historical Note**

Former Rule 6. R20-4-506 recodified from R4-4-506 (Supp. 95-1). Section repealed by final rulemaking at 6 A.A.R. 3380, effective August 3, 2000 (Supp. 00-3).

**R20-4-507. Repealed****Historical Note**

Former Rule 7. R20-4-507 recodified from R4-4-507 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-508. Cut-off Date for Computing Refunds upon Early Repayment in Full**

If a borrower repays a loan before the due date of the final installment, the licensee shall calculate any refund or credit due on the precomputed loan using the following rules:

1. A licensee shall credit any full repayment, made on or before the 15th day following an installment date, as if received on the last previous installment date.
2. A licensee shall credit any full repayment, made on or after the 16th day following an installment date, as if received on the next installment date.

**Historical Note**

Former Rule 8. R20-4-508 recodified from R4-4-508 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 4605, November 14, 2000 (Supp. 00-4). Amended by final rulemaking at 29 A.A.R. 1942 (September 1, 2023), effective October 7, 2023 (Supp. 23-3).

**R20-4-509. Repealed****Historical Note**

Former Rule 9. R20-4-509 recodified from R4-4-509 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-510. Repealed****Historical Note**

Former Rule 10. R20-4-510 recodified from R4-4-510 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-511. Repealed****Historical Note**

Former Rule 11. R20-4-511 recodified from R4-4-511 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-512. Reserved****R20-4-513. Repealed****Historical Note**

Former Rule 13. R20-4-513 recodified from R4-4-513 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-514. Repealed****Historical Note**

Former Rule 14. R20-4-514 recodified from R4-4-514 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

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**R20-4-515. Repealed****Historical Note**

Former Rule 15. R20-4-515 recodified from R4-4-515 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-516. Repealed****Historical Note**

Former Rule 16. R20-4-516 recodified from R4-4-516 (Supp. 95-1). Section repealed by final rulemaking at 6 A.A.R. 4605, effective November 14, 2000 (Supp. 00-4).

**R20-4-517. Repealed****Historical Note**

Former Rule 17. R20-4-517 recodified from R4-4-517 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-518. Deferral Fee**

- A. A licensee may collect a deferral fee at the time it agrees to a deferment or at any time after the assessment of a deferral fee. If a licensee receives a payment after it agrees to a deferment, it may apply the payment first to the deferral fee. Any remainder of the payment shall be applied to the balance of the loan.
- B. If a licensee receives a payment that is large enough to pay in full a delinquent installment and all allowable delinquency fees, the licensee shall apply the payment first to the delinquent installment and fees. The licensee shall not show the paid installment as deferred, and shall not collect a deferral fee.

**Historical Note**

Former Rule 18. R20-4-518 recodified from R4-4-518 (Supp. 95-1). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 4605, effective November 14, 2000 (Supp. 00-4). Amended by final rulemaking at 29 A.A.R. 1942 (September 1, 2023), effective October 7, 2023 (Supp. 23-3).

**R20-4-519. Deferment Statement**

A licensee shall give the borrower a statement at the time it agrees to a deferment and shall retain a copy of the statement in the borrower's credit file. The statement shall contain the following information:

1. The amount of the deferral fee,
2. The date of the borrower's next scheduled payment,
3. The amount of the borrower's next scheduled payment, and
4. The extended maturity date of the loan.

**Historical Note**

Former Rule 19. R20-4-519 recodified from R4-4-519 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 4605, effective November 14, 2000 (Supp. 00-4). Amended by final rulemaking at 29 A.A.R. 1942 (September 1, 2023), effective October 7, 2023 (Supp. 23-3).

**R20-4-520. Repealed****Historical Note**

Former Rule 20. R20-4-520 recodified from R4-4-520 (Supp. 95-1). Section repealed by final rulemaking at 6 A.A.R. 3380, effective August 3, 2000 (Supp. 00-3).

**R20-4-521. Repealed****Historical Note**

Former Rule 21. R20-4-521 recodified from R4-4-521 (Supp. 95-1). Section repealed by final rulemaking at 6 A.A.R. 3380, effective August 3, 2000 (Supp. 00-3).

**R20-4-522. Repealed****Historical Note**

Former Rule 22. R20-4-522 recodified from R4-4-522 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-523. Repealed****Historical Note**

Former Rule 23. R20-4-523 recodified from R4-4-523 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-524. Books, Accounts, and Records**

- A. A licensee may keep its books, accounts, and records as electronic records if the licensee can generate all information and copies required by this Section within the timeframe set by the Department for examination or other purposes.
- B. A licensee authorized under A.R.S. Title 6, Chapter 5 shall:
  1. Keep its books, accounts, and records of operations separate from the books, accounts, and records of its other business activities; and
  2. In addition to any statutory requirements, the books, accounts, and records of operations shall include the following:
    - a. A file containing a record of all legal actions brought during the fiscal year which the licensee shall keep until the Department conducts its examination of the licensee;
    - b. An itemized record of disbursement of the proceeds of each loan which shall also include, if the licensee makes precomputed loans, the amount of refund on each loan that is renewed or refinanced;
    - c. A record of the receipt of all allowable fees;
    - d. A record for each borrower and each loan that contains documentary evidence of filing or recording each instrument of record for the loan; and
    - e. A record of the borrower's voluntary election to purchase any insurance in connection with a loan if that insurance is sold by the licensee.

**Historical Note**

Former Rule 24. R20-4-524 recodified from R4-4-524 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 4605, effective November 14, 2000 (Supp. 00-4). Amended by final rulemaking at 29 A.A.R. 1942 (September 1, 2023), effective October 7, 2023 (Supp. 23-3).

**R20-4-525. Repealed****Historical Note**

Former Rule 25. R20-4-525 recodified from R4-4-525 (Supp. 95-1). Section repealed by final rulemaking at 6 A.A.R. 4605, effective November 14, 2000 (Supp. 00-4).

**R20-4-526. Repealed****Historical Note**

Former Rule 26. R20-4-526 recodified from R4-4-526 (Supp. 95-1). Section repealed by final rulemaking at 6 A.A.R. 4605, effective November 14, 2000 (Supp. 00-4).

**R20-4-527. Repealed****Historical Note**

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Former Rule 27. R20-4-527 recodified from R4-4-527 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-528. Repealed****Historical Note**

Former Rule 28. R20-4-528 recodified from R4-4-528 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-529. Repealed****Historical Note**

Former Rule 29. R20-4-529 recodified from R4-4-529 (Supp. 95-1). Section repealed by final rulemaking at 6 A.A.R. 4605, effective November 14, 2000 (Supp. 00-4).

**R20-4-530. Repealed****Historical Note**

Former Rule 30. R20-4-530 recodified from R4-4-530 (Supp. 95-1). Section repealed by final rulemaking at 6 A.A.R. 4605, effective November 14, 2000 (Supp. 00-4).

**R20-4-531. Repealed****Historical Note**

Former Rule 31. R20-4-531 recodified from R4-4-531 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-532. Repealed****Historical Note**

Former Rule 32. R20-4-532 recodified from R4-4-532 (Supp. 95-1). Section repealed by final rulemaking at 6 A.A.R. 3380, effective August 3, 2000 (Supp. 00-3).

**R20-4-533. Reserved****R20-4-534. Insurance**

- A.** A licensee shall obtain written evidence of the borrower's voluntary election to purchase insurance in connection with a loan if the licensee's sale of insurance to the borrower is intended to secure repayment of a loan. The licensee shall retain this evidence of voluntary election in its records as required by statute. A document sufficient to comply with this Section shall read substantially as follows:

TO SECURE REPAYMENT OF MY LOAN, I ELECT TO PURCHASE INSURANCE IN THE AMOUNT OF \$ \_\_\_\_\_.  
I UNDERSTAND THAT MY TOTAL LOAN OBLIGATION IS THE SUM OF \$ \_\_\_\_\_.

- B.** A licensee shall obtain written evidence of the borrower's voluntary election to purchase property insurance in connection with a loan if the licensee's sale of property insurance to the borrower is intended to secure repayment of a loan. The licensee shall retain this evidence of voluntary election in its records as required by statute. A document sufficient to comply with this Section shall read substantially as follows:

TO SECURE REPAYMENT OF MY LOAN, I ELECT TO PURCHASE PROPERTY INSURANCE IN THE AMOUNT OF \$ \_\_\_\_\_.  
I UNDERSTAND THAT MY TOTAL LOAN OBLIGATION IS THE SUM OF \$ \_\_\_\_\_.  
I ATTEST THAT THE VALUE OF MY PROPERTY INSURED IN CONNECTION WITH THIS LOAN IS

THE SUM OF  
\$ \_\_\_\_\_.

**Historical Note**

Former Rule 34. R20-4-534 recodified from R4-4-534 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 4605, effective November 14, 2000 (Supp. 00-4). Amended by final rulemaking at 29 A.A.R. 1942 (September 1, 2023), effective October 7, 2023 (Supp. 23-3).

**R20-4-535. Reserved****R20-4-536. Repealed****Historical Note**

Former Rule 36. R20-4-536 recodified from R4-4-536 (Supp. 95-1). Section repealed by final rulemaking at 6 A.A.R. 3380, effective August 3, 2000 (Supp. 00-3).

**ARTICLE 6. DEBT MANAGEMENT COMPANIES**

*Article 6, consisting of Sections R4-4-601 through R4-4-620, adopted effective October 26, 1978, except that Sections R4-4-603, R4-4-604 and R4-4-607 shall become effective January 1, 1979. R20-4-601 through R20-4-620 recodified from R4-4-601 through R4-4-620 (Supp. 95-1).*

*Former Article 6 consisting of Section R4-4-601 repealed effective October 26, 1978. R20-4-601 recodified from R4-4-601 (Supp. 95-1).*

**R20-4-601. Repealed****Historical Note**

Former Rule 1; Former Section R4-4-601 repealed, new Section R4-4-601 adopted effective October 26, 1978 (Supp. 78-5). R20-4-601 recodified from R4-4-601 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-602. Applications**

- A.** An applicant for a debt management company license shall send the Department an application on the form required by the Director. If the Director determines that a credit report is required as authorized under A.R.S. § 6-704(A), the applicant shall order a credit report from a credit reporting agency disclosing the credit history of the applicant's principals or managing agents and submit the credit report to the Department. A complete application shall include the credit report required by this Section and all of the following:

1. The surety bond required by A.R.S. § 6-704(B);
2. Fidelity bonds if required by the Director under A.R.S. § 6-704(D);
3. The nonrefundable application fee specified in A.R.S. § 6-126(A)(14);
4. An original license fee described in A.R.S. §§ 6-126(B), 6-126(D)(2), and 6-706;
5. A sample of the contract intended to be used by the applicant required by A.R.S. § 6-704(E);
6. Current financial statements as described in R20-4-604(A)(5);
7. A copy of the current articles of incorporation, by-laws, partnership agreement or other organizing documents used to form the applicant business entity;
8. The name and address information required under A.R.S. § 6-704(A); and
9. A background check, on the form required by the Department, for each of the applicant's principals, principal officers, trustees, partners, and managing agents.

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- B. A debt management company applying to operate a branch office or use an agency shall send the Department an application on the form required by the Director.
- C. A debt management company applying to renew a license shall deliver, on or before December 31 of each year, an application to the Department on the form required by the Director. A debt management company shall apply separately to renew each authorized business location. With each application for renewal, a debt management company shall include the renewal fee described in A.R.S. § 6-706 and specified in A.R.S. § 6-126(D)(2).
- D. The Department may require additional information the Director considers necessary in connection with an application under this Section.

**Historical Note**

Adopted effective October 26, 1978 (Supp. 78-5). R20-4-602 recodified from R4-4-602 (Supp. 95-1). Amended by final rulemaking at 8 A.A.R. 2708, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 29 A.A.R. 1945 (September 1, 2023), effective October 2, 2023 (Supp. 23-3). Amended by final rulemaking at 32 A.A.R. 123 (January 2, 2026), effective February 9, 2025 (Supp. 25-4).

**R20-4-603. Reports**

- A. Each debt management company and each nonprofit corporation or association exempt from licensure under A.R.S. § 6-702(4) and (5), shall send the Department an annual report of its business and operations for each place of business during the previous year beginning July 1 and ending June 30, using the form required by the Director. A debt management company shall deliver its report to the Department on or before August 15.
- B. Each debt management company shall notify the Department of any change in its ownership or in the names of its officers, directors, trustees, partners, or managing agents within 30 days of the change.

**Historical Note**

Adopted effective January 1, 1979 (Supp. 78-5). R20-4-603 recodified from R4-4-603 (Supp. 95-1). Amended by final rulemaking at 8 A.A.R. 2708, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 29 A.A.R. 1945 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-604. Records**

- A. A debt management company shall keep books, accounts, and records adequate to provide a clear and readily understandable record of all its business activity. A debt management company may keep its books, accounts, and records as electronic records if the debt management company can generate all information and documentation required by this Section in the timeframe set by the Department for examination or other purposes. A debt management company's books, accounts, and records shall include:
  - 1. A file for each account containing:
    - a. A copy of all correspondence concerning the account;
    - b. Evidence of the notice given to creditors of the debt management contract;
    - c. A subsidiary ledger disclosing all financial transactions concerning the account;
    - d. A copy of each written statement of account given to the debtor;

- e. The original budget analysis required under R20-4-607; and
  - f. The original contract between the debt management company and the debtor, including all amendments.
- 2. A trust account general ledger, which is kept current daily, which reflects each deposit to and disbursement from the trust account.
- 3. Each reconciliation of the debt management company's trust account, prepared at least once a month.
- 4. A general ledger, kept current monthly, which reflects each financial transaction by the debt management company except those recorded in its trust account general ledger.
- 5. A financial statement produced in accordance with generally accepted accounting principles at least once every three months, or more frequently if directed by the Director, which reflects the financial condition of the debt management company. The financial statement shall include:
  - a. A balance sheet,
  - b. A statement of income and retained earnings,
  - c. A statement of changes in financial condition, and
  - d. Appropriate footnotes that either:
    - i. Explain entries in the documents listed in subsections (A)(5)(a), (b), and (c);
    - ii. Contain material information not required or not reportable in documents listed in subsections (A)(5)(a), (b), or (c); or
    - iii. Contain other disclosures required by generally accepted accounting principles.
- 6. A record of all litigation naming the debt management company as a party including:
  - a. For pending litigation:
    - i. A copy of the complaint;
    - ii. A copy of any answer filed by the debt management company in response to the complaint; and
    - iii. A copy of any motion filed by the debt management company; and
  - b. For any litigation that is no longer pending, a copy of any judgment showing the settlement date, dismissal, or other final order disposing of the litigation.
- B. All records required under this Section may be maintained at the debt management company's office in Arizona. A debt management company may keep its records outside this state if it:
  - 1. Makes the records available to the Director, for examination or other purposes, in this state not more than three business days after demand; and
  - 2. Allows its debtor customers to call toll free to obtain information from the records that are not available from the debt management company's office in Arizona.
- C. Each debt management company shall preserve its books, accounts, and records for the period required by A.R.S. §§ 6-709(J) and 6-710(1).

**Historical Note**

Adopted effective January 1, 1979 (Supp. 78-5). R20-4-604 recodified from R4-4-604 (Supp. 95-1). Amended by final rulemaking at 8 A.A.R. 2708, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 29 A.A.R. 1945 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

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**R20-4-605. Reserved****R20-4-606. Reserved****R20-4-607. Budget Analysis**

- A. A debt management company shall not accept an account unless it first concludes that the debtor can reasonably meet the payments agreed upon by the debt management company and the debtor. The debt management company's conclusion shall be supported by a written budget analysis kept in the company's records.
- B. The written budget analysis shall either be part of an application form or a separate document. The debtor shall date and sign the written budget analysis before the debt management company draws any conclusions from the budget analysis.
- C. The budget analysis shall disclose the disposable income available for payment to the debt management company after the debtor pays their reasonable and necessary living expenses including taxes, insurance, child support, alimony, and residential rent or mortgage payments.

**Historical Note**

Adopted effective January 1, 1979 (Supp. 78-5). R20-4-607 recodified from R4-4-607 (Supp. 95-1). Amended by final rulemaking at 8 A.A.R. 2708, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 29 A.A.R. 1945 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-608. Reserved****R20-4-609. Repealed****Historical Note**

Adopted effective October 26, 1978 (Supp. 78-5). R20-4-609 recodified from R4-4-609 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-610. Repealed****Historical Note**

Adopted effective October 26, 1978 (Supp. 78-5). R20-4-610 recodified from R4-4-610 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-611. Advertising**

- A. A debt management company shall not use advertising, communication, or sales material that contains:
1. A false, misleading, or deceptive statement about the debt management company's services or charges. A statement is a violation of this Section if the person making the statement does not state a material fact necessary to make the statement true, in light of the circumstances under which it is made;
  2. A claim, direct or implied, that the debt management company consolidates debts or makes loans; or
  3. A schedule of payments in any form.
- B. A debt management company's advertising, communication, and sales material shall contain the following legend, conspicuously displayed in at least 12 point type and in bold print: "NOT A LOAN COMPANY."

**Historical Note**

Adopted effective October 26, 1978 (Supp. 78-5). R20-4-611 recodified from R4-4-611 (Supp. 95-1). Amended by final rulemaking at 8 A.A.R. 2708, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 29 A.A.R. 1945 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-612. Solvency and Minimum Liquid Assets**

- A. A debt management company shall not operate if it is insolvent. For purposes of this Section "insolvent" has the same meaning as in A.R.S. § 47-1201(23).
- B. To determine compliance with A.R.S. § 6-709(A), a debt management company's liquid assets include funds held in its trust account. Liquid assets do not include goodwill and other intangible assets. A debt management company's total liquid assets shall exceed by \$2,500.00 the total of all its current business liabilities together with all balances held for debtors as reflected in the company's subsidiary ledgers.
- C. Except as otherwise provided by this Section, or in a specific ruling by the Director, a debt management company shall use generally accepted accounting principles to compute assets and liabilities.

**Historical Note**

Adopted effective October 26, 1978 (Supp. 78-5). R20-4-612 recodified from R4-4-612 (Supp. 95-1). Amended by final rulemaking at 8 A.A.R. 2708, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 29 A.A.R. 1945 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-613. Reserved****R20-4-614. Reserved****R20-4-615. Reserved****R20-4-616. Reserved****R20-4-617. Reserved****R20-4-618. Reserved****R20-4-619. Reserved****R20-4-620. Repealed****Historical Note**

Adopted effective October 26, 1978 (Supp. 78-5). R20-4-620 recodified from R4-4-620 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 2708, effective June 6, 2002 (Supp. 02-2).

**ARTICLE 7. ESCROW AGENTS****R20-4-701. Change in Location of Business**

An escrow agent shall submit to the Director notice of any change in the location of the escrow agent's business. The escrow agent shall ensure that the Director receives the notice at least five days before the escrow agent conducts business at the new location. The escrow agent shall remit the fee required by A.R.S. § 6-126(A), to the Director with the notice of the location change.

**Historical Note**

Former Rule 1. R20-4-701 recodified from R4-4-701 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 5385, effective November 9, 2001 (Supp. 01-4). Amended by final rulemaking at 29 A.A.R. 1949 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-702. Account Practices and Records**

An escrow agent shall maintain records to enable the Director to reconstruct the details of each escrow transaction. The records shall include the following:

1. The seller's name and address;
2. The buyer's name and address;
3. The lender's name and address, if any;

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4. The borrower's name and address, if any;
5. The real estate agent's name and address, if any;
6. Complete escrow instructions;
7. Records and supporting documentation for each receipt and disbursement made through the escrow; and
8. A copy of the escrow settlement.

**Historical Note**

Former Rule 2. R20-4-702 recodified from R4-4-702 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 5385, effective November 9, 2001 (Supp. 01-4). Amended by final rulemaking at 29 A.A.R. 1949 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-703. Preservation of Records**

An escrow agent shall preserve the records, books, and accounts pertaining to each escrow transaction for at least three years following the final settlement date of the transaction. An escrow agent may keep its records as electronic records if the escrow agent can generate all information and copies of documents required by A.R.S. § 6-831 within the timeframe set by the Department for examination or other purposes.

**Historical Note**

Former Rule 3. R20-4-703 recodified from R4-4-703 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 5385, effective November 9, 2001 (Supp. 01-4). Amended by final rulemaking at 29 A.A.R. 1949 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-704. Subsidiary Account Records**

An escrow agent shall maintain subsidiary account records that identify the funds deposited in each escrow account. The total of all credit balances in the subsidiary accounts shall always equal the balance of the general ledger control account.

**Historical Note**

Former Rule 4. R20-4-704 recodified from R4-4-704 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 5385, effective November 9, 2001 (Supp. 01-4). Amended by final rulemaking at 29 A.A.R. 1949 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-705. Reserved****R20-4-706. Repealed****Historical Note**

Former Rule 6. R20-4-706 recodified from R4-4-706 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 5385, effective November 9, 2001 (Supp. 01-4).

**R20-4-707. Expired****Historical Note**

Adopted effective June 25, 1993 (Supp. 93-2). R20-4-707 recodified from R4-4-707 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 21 A.A.R. 411, effective September 30, 2014 (Supp. 15-1).

**R20-4-708. Financial Condition and Resources**

The Director shall consider the following criteria in evaluating an escrow agent's, other escrow agent's, or applicant's financial condition and resources under A.R.S. § 6-817:

1. Amount of positive net worth,
2. Amount of tangible net worth,
3. Amount of liquid assets,
4. Amount of cash provided by operations,
5. Ratio of debt to net worth,

6. Owner's personal financial resources,
7. Outside resources available,
8. Profitability,
9. Projected operating results,
10. Status as agent for a title insurance company, and
11. Sources of new business.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5385, effective November 9, 2001 (Supp. 01-4). Amended by final rulemaking at 29 A.A.R. 1949 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**ARTICLE 8. TRUST COMPANIES****R20-4-801. Definitions**

In addition to the definitions provided in A.R.S. § 6-851, the following terms apply to this Article unless the context otherwise requires:

"Account" means the trust, estate, or other fiduciary relationship established with a trust department or trust company.

"Affiliate" has the meaning stated at A.R.S. § 6-801.

"Director" has the meaning stated at A.R.S. § 20-102.

"Governing instrument" means a document, and all its operative amendments, that:

- Creates a trust and regulates the trustee's conduct,
- Creates an agency relationship between a trust department or trust company and a client, or
- Otherwise evidences a fiduciary relationship between a trust department or trust company and a client.

"Investment responsibility" means full and unrestricted discretion to invest trust funds without direction from anyone as to any matter, including the terms of the trade or the identity of the broker.

"Person" has the meaning stated at A.R.S. § 20-105.

"Trust asset" means any property or property right held by a trust department or trust company for the benefit of another.

"Trust department" means a permittee under both A.R.S. § 6-201 et seq. and Article 2 of this Chapter that possesses a banking permit authorizing it to engage in trust business.

"Trust funds" means any money held by a trust department or trust company for the benefit of another.

"Trustor" means a person who creates or funds a trust, or both.

**Historical Note**

Adopted effective June 30, 1977 (Supp. 77-3). R20-4-801 recodified from R4-4-801 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 2471, effective June 8, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 2718, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 29 A.A.R. 1952 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).

**R20-4-802. Reserved****R20-4-803. Reserved****R20-4-804. Repealed****Historical Note**

Adopted effective June 30, 1977 (Supp. 77-3). R20-4-804 recodified from R4-4-804 (Supp. 95-1). Repealed by final rulemaking at 6 A.A.R. 2471, effective June 8, 2000 (Supp. 00-2).

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**R20-4-805. Reports**

- A. Within 90 days following each December 31, each trust department and trust company shall file an annual report of trust assets with the Director on the form prescribed by the Director. The annual report shall include the current market value of all trust assets held by the trust department or trust company as of December 31. The report shall also identify and briefly describe all transactions conducted in the report period that are regulated by subsections R20-4-812(E) through (G).
- B. Each trust company shall deliver a copy of its annual report and certificate of disclosure to the Director within 10 days of filing the report and certificate at the Arizona Corporation Commission. A report or certificate covered by this subsection is one filed under the authority of A.R.S. §§ 10-202 or 10-1622. A copy delivered to the Director, as required in this subsection, shall be date-stamped by the Arizona Corporation Commission to confirm the actual filing date.
- C. Each trust company shall notify the Director of any change in the directors or officers of the company within 10 days of the change. Any trust company with more than 25 officers may, after obtaining the Director's written approval, limit the officers covered by this subsection to those with substantial involvement in the trust company's corporate operations or in the trust company's trust business in this state.

**Historical Note**

Adopted effective September 1, 1977 (Supp. 77-3). R20-4-805 recodified from R4-4-805 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 2471, effective June 8, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 2718, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 29 A.A.R. 1952 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).

**R20-4-806. Records**

- A. Every trust company shall keep its records as originals or as copies of the originals made by reproduction methods that accurately and permanently preserve the records. A trust company may keep its records as electronic records if the trust company can generate all information and copies required by this Section within the timeframe set by the Department for examination or other purposes.
- B. A trust department or trust company shall keep books, accounts, and records adequate to provide clear and readily understandable evidence of all business conducted by the trust department or trust company, including the following:
  1. A file for each account that includes:
    - a. The governing instrument,
    - b. All contracts and other legal documents,
    - c. Copies of all correspondence,
    - d. Accounting records disclosing all the financial transactions, and
    - e. A listing of all the account's assets and liabilities.
  2. An investment file for each account that includes:
    - a. All original documentary evidence of the account's assets; or
    - b. Copies of the original documentary evidence of the account's assets, together with written evidence of custody or receipt of the originals by an authorized holder; and
    - c. A record of the initial and annual investment reviews for the account.
  3. The corporate general ledger kept current on a daily basis. This record shall identify and segregate all financial transactions conducted by the trust department or

trust company for itself, distinguishing them from those relating to the trust department's or trust company's trust business;

4. Unaudited financial statements. A trust department or trust company shall produce these statements quarterly or more frequently when required by the Director. The financial statements shall include at least:
  - a. A balance sheet; and
  - b. A statement of income, expenses, and retained earnings.
5. Adequate records of all pending litigation that names the trust department or trust company as a party.
- C. A trust department shall keep its fiduciary records separate and distinct from the trust department's corporate records.
- D. A trust department or trust company shall keep records described in subsections (B)(1) and (2) for at least three years after closing an account. If litigation occurs concerning a particular account, the trust department or trust company shall keep that account's records, described in subsections (B)(1) and (2), for three years after the litigation is resolved.

**Historical Note**

Adopted effective September 1, 1977 (Supp. 77-3). R20-4-806 recodified from R4-4-806 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 2471, effective June 8, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 2718, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 29 A.A.R. 1952 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).

**R20-4-807. Unsafe or Unsound Condition**

For purposes of A.R.S. §§ 6-863 and 6-865, a trust company conducts business in an unsafe manner or its affairs are in an unsound condition if it:

1. Violates any fiduciary duty or obligation, including those listed in Sections R20-4-809 through R20-4-815;
2. Violates any state or federal requirement for operating or maintaining trusts, common trust funds, or other accounts;
3. Violates any applicable federal or state law or regulation regarding corporations or securities;
4. Employs an officer or director who violates a corporate fiduciary duty;
5. Is insolvent; or
6. Engages in any conduct that the Director determines constitutes an unsafe or unsound business practice jeopardizing the trust company's financial condition or the interests of a stockholder, creditor, trustor, beneficiary, or trust company's principal.

**Historical Note**

Adopted effective June 30, 1977 (Supp. 77-3). R20-4-807 recodified from R4-4-807 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 2471, effective June 8, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 2718, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 29 A.A.R. 1952 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).

**R20-4-808. Administration of Fiduciary Powers**

- A. The board of directors and the officers share responsibility for the exercise of fiduciary powers by a trust department or trust company. The board of directors is responsible for determining policy; investing and disposing of trust assets; and directing and reviewing the actions of all directors, officers, and committees of the board that exercise fiduciary powers. The



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board of directors may delegate the necessary power and authority to perform the trust department's or trust company's duties as a fiduciary to selected directors, officers, employees, or committees of the board if the delegation is consistent with the corporate charter. The minutes of the board's meetings shall duly reflect all those delegations.

- B. A trust department or trust company shall not accept a new account without first obtaining the board's approval, or that of the directors, officers, or committees that the board may have authorized to approve new accounts. The trust department or trust company shall keep a written record of each new account approval and of the closing of each account. The trust department or trust company shall conduct an asset review within 60 days after it accepts each new account if it has investment responsibility for that account. The trust department's or trust company's board shall ensure that an annual review of account assets is conducted for each account in which the trust department or trust company has investment responsibility, to determine whether to retain or dispose of the assets.
- C. A trust department or trust company exercising fiduciary powers shall use independent legal counsel admitted to practice in Arizona to advise and inform the trust department or trust company on fiduciary matters and all other legal issues presented to the trust department or trust company by the conduct of its trust business.

**Historical Note**

Adopted effective June 30, 1977 (Supp. 77-3). R20-4-808 recodified from R4-4-808 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 2471, effective June 8, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 2718, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 29 A.A.R. 1952 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).

**R20-4-809. Fiduciary Duties**

A trust department or trust company shall perform all fiduciary duties imposed upon it by law, including the following:

1. Administer accounts strictly according to the governing instrument and solely in the account beneficiary's interests;
2. Use reasonable care and skill to make the account productive;
3. Provide complete and accurate information about the nature and amount of assets held to each account's beneficiary or principal and permit the beneficiary, principal, or any person duly authorized by the beneficiary or principal to inspect the account's records at any time during normal business hours. The information provided in compliance with this subsection shall be delivered at least quarterly, unless:
  - a. The trust department or trust company and its account's beneficiary, principal, or authorized person agree otherwise in writing;
  - b. The governing instrument provides otherwise; or
  - c. A different frequency is established by a lawful course of dealing before the effective date of this Section; and
4. Comply with all lawful provisions of the governing instrument.

**Historical Note**

Adopted effective June 30, 1977 (Supp. 77-3). R20-4-809 recodified from R4-4-809 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 2471, effective June 8, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R.

2718, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 29 A.A.R. 1952 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).

**R20-4-810. Funds Awaiting Investment or Distribution**

- A. Trust funds held by a trust department or trust company awaiting investment or distribution shall not remain uninvested or undistributed any longer than is reasonable for the account's proper management.
- B. A trust department or trust company may keep trust funds in deposit accounts maintained by the trust department or trust company unless prohibited by law or by the governing instrument. The trust department or trust company shall set aside collateral security for all deposited trust funds under a third party's control. The collateral shall be the following types of securities, in any combination:
  1. Direct obligations of the United States or any agency, department, division, or administration of the federal government;
  2. Any other obligations fully guaranteed by the United States government as to principal and interest;
  3. Obligations of a Federal Reserve Bank;
  4. Obligations of any state, political subdivision of a state, or public authority organized under the laws of a state; or
  5. Readily marketable securities that either:
    - a. Qualify as investment securities under the Investment Securities regulations of the Comptroller of the Currency, 12 CFR, Chapter 1, Part 1; or
    - b. Satisfy state pledging requirements under A.R.S. § 6-245(C).
- C. The securities set aside under subsection (B) shall, at all times, have a market value no less than the amount of trust funds deposited. No collateral security is required to the extent the Federal Deposit Insurance Corporation, or its successor, insures the deposited trust funds.

**Historical Note**

Adopted effective June 30, 1977 (Supp. 77-3). R20-4-810 recodified from R4-4-810 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 2471, effective June 8, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 2718, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 29 A.A.R. 1952 (September 1, 2023), effective October 8, 2023 (Supp. 23-3). Amended by final rulemaking at 29 A.A.R. 1952 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).

**R20-4-811. Investment of Trust Funds**

- A. A trust department or trust company shall invest trust funds according to:
  1. The governing instrument; and
  2. All applicable laws, including A.R.S. §§ 6-862, 14-7402, and 14-7501 through 14-7512
- B. A trust department or trust company shall make any collective investment of trust funds exclusively under the terms of R20-4-815.

**Historical Note**

Adopted effective June 30, 1977 (Supp. 77-3). R20-4-811 recodified from R4-4-811 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 2471, effective June 8, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 2718, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 29 A.A.R. 1952 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).

**R20-4-812. Self-dealing**

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- A.** A trust department or trust company shall not invest trust funds in the following types of property unless expressly authorized by the governing instrument, applicable state or federal law, or court order:
1. Its own securities;
  2. Other types of property acquired from the trust department or trust company;
  3. Property acquired from the trust department's or trust company's directors, officers, or employees;
  4. Property acquired from the trust department's or trust company's affiliates;
  5. Property acquired from its affiliates' directors, officers, or employees; or
  6. Property acquired from other individuals or organizations with an interest in the trust department or trust company if that interest might affect the trust department's or trust company's exercise of discretion to the detriment of its trust clients.
- B.** A trust department or trust company may use trust funds to purchase its own securities, or its affiliates' securities:
1. If the trust department or trust company has authority under subsection (A), and
  2. If those securities are offered pro rata to all stockholders of the trust department or trust company.
- C.** A trust department or trust company shall not sell or loan trust property to itself, or to the following types of persons, unless expressly authorized by the governing instrument, applicable state or federal law, or court order:
1. Its directors, officers, or employees;
  2. Its affiliates;
  3. Its affiliates' directors, officers, or employees; or
  4. Other individuals or organizations with an interest in the trust department or trust company if that interest might affect the trust department's or trust company's exercise of discretion to the detriment of its trust clients.
- D.** However, a trust department or trust company may sell or loan trust property to persons prohibited by subsection (C) if either:
1. Its counsel has advised in writing that, by holding certain property, the trust department or trust company has incurred a contingent or potential liability for breach of fiduciary duty; and
    - a. The proposed sale or loan avoids the contingent or potential liability;
    - b. Its board of directors authorizes the sale or loan by an action duly noted in the trust department's or trust company's minutes;
    - c. Its board of directors' action expressly authorizes reimbursement to the affected account; and
    - d. The affected account is reimbursed, in cash, at no loss to that account; or
  2. The Director requires or approves, in writing, the sale or loan to otherwise prohibited parties.
- E.** A trust department or trust company may sell trust property held in one account to another of its accounts if:
1. The transaction is fair to both accounts; and
  2. The transaction is not prohibited by the governing instruments, applicable state or federal law, or court order.
- F.** A trust department or trust company may loan trust property held in one account to another of its accounts if:
1. The transaction is fair to both accounts; and
  2. The transaction is not prohibited by the governing instruments, applicable state or federal law, or court order.
- G.** A trust department or trust company may make a loan to a trust account, taking trust assets of the borrowing account as security for repayment, if:
1. The transaction is fair to the borrowing account; and
  2. The transaction is not prohibited by the governing instrument, applicable state or federal law, or court order.

**Historical Note**

Adopted effective June 30, 1977 (Supp. 77-3). R20-4-812 recodified from R4-4-812 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 2471, effective June 8, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 2718, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 29 A.A.R. 1952 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).

**R20-4-813. Custody of Investments**

- A.** A trust department or trust company shall keep each account's investments separate from its own assets. A trust department or trust company shall place each account's assets in the joint control of at least two officers or employees of the trust department or trust company designated in writing for that purpose by:
1. The trust department's or trust company's board of directors, or
  2. One or more officers authorized by the trust department's or trust company's board of directors to make the designation.
- B.** A trust department or trust company shall either:
1. Keep each account's investments separate from all other accounts' investments, except as provided in R20-4-815; or
  2. Adequately identify each account's property in the trust department's or trust company's records.

**Historical Note**

Adopted effective June 30, 1977 (Supp. 77-3). R20-4-813 recodified from R4-4-813 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 2471, effective June 8, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 2718, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 29 A.A.R. 1952 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).

**R20-4-814. Compensation**

- A.** A trust department or trust company acting as a fiduciary may charge a reasonable fee for its services. The trust department or trust company shall receive the fee allowed by the court when it is acting under a court appointment. Any agreement as to fees in the governing instrument shall control the fee unless contrary to law, regulation, or court order.
- B.** A trust department or trust company shall not permit any of its officers or employees to take any compensation for acting as a co-fiduciary with the trust department or trust company in the administration of an account.

**Historical Note**

Adopted effective June 30, 1977 (Supp. 77-3). R20-4-814 recodified from R4-4-814 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 2471, effective June 8, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 2718, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 29 A.A.R. 1952 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).

**R20-4-815. Collective Investments**

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- A.** All collective investments made by a trust department or trust company shall be in a common trust fund established under A.R.S. § 6-871 and maintained by the trust department or trust company exclusively for the collective investment and reinvestment of funds contributed by the trust department or trust company acting as a fiduciary. A trust department or trust company shall not establish a common trust fund unless it first:
1. Prepares a written plan regarding the common trust fund; and
  2. Obtains its board of directors' approval of the plan, evidenced by a duly adopted resolution or the board's unanimous written consent.
- B.** The plan shall describe the common trust fund's operational details, including a description of:
1. The trust department's or trust company's investment powers and investment policy over all funds deposited in the common trust fund,
  2. The manner for allocating the common trust fund's income and losses,
  3. The criteria for admission to or withdrawal from participating in the common trust fund, and
  4. The method for valuing assets in the common trust fund and the frequency of valuation.
- C.** A trust department or trust company shall advise all persons having an interest in its common trust fund of the existence of the plan described in subsection (B), and shall provide a copy of the plan upon request.
- D.** The annual report required under R20-4-805(A) shall include all common trust funds operated by the trust department or trust company.

**Historical Note**

Adopted effective June 30, 1977 (Supp. 77-3). R20-4-815 recodified from R4-4-815 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 2471, effective June 8, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 2718, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 29 A.A.R. 1952 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).

**R20-4-816. Termination of Trust or Fiduciary Powers and Duties**

- A.** Any trust department that wants to surrender its trust powers shall file with the Director a certified copy of the appropriate resolution of its board of directors or of the board's unanimous written consent. If, after investigation, the Director concludes that the trust department has no remaining fiduciary duties, the Director shall notify the trust department that it no longer has authority to exercise trust powers.
- B.** Any trust company that wants to surrender its certificate of authority to conduct trust business and wind up its affairs shall file with the Director a certified copy of the appropriate resolution of its board of directors or of the board's unanimous written consent. Upon receipt of the resolution or consent, the Director shall cancel the trust company's certificate of authority, and the trust company shall not accept new trust accounts.
- C.** After winding up its affairs, any trust company that wants to surrender its rights and obligations as a fiduciary and remove itself from the Director's supervision shall file with the Director a certified copy of the appropriate resolution of its board of directors or of the board's unanimous written consent. If, after investigation, the Director concludes that the trust company has no further fiduciary duties, the Director shall notify the

trust company that it no longer has authority to exercise fiduciary powers.

- D.** Any trust department or trust company that surrenders its powers, rights, obligations, or certificate under this Section or that has them canceled, suspended, or revoked shall continue to be regulated under A.R.S. § 6-864 and this Article until it winds up its affairs. No action under this Section impairs any liability or cause of action, existing or incurred, against any trust department or trust company or its stockholders, directors, or officers.

**Historical Note**

Adopted effective June 30, 1977 (Supp. 77-3). R20-4-816 recodified from R4-4-816 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 2471, effective June 8, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 2718, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 29 A.A.R. 1952 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).

**Appendix A. Repealed****Historical Note**

Appendix A repealed by final rulemaking at 6 A.A.R. 2471, effective June 8, 2000 (Supp. 00-2).

**Appendix B. Repealed****Historical Note**

Appendix B repealed by final rulemaking at 6 A.A.R. 2471, effective June 8, 2000 (Supp. 00-2).

**ARTICLE 9. MORTGAGE BROKERS****R20-4-901. Reserved****Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-901 recodified from R4-4-901 (Supp. 95-1). Section repealed by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2).

**R20-4-902. Reserved****Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-902 recodified from R4-4-902 (Supp. 95-1). Section repealed by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2).

**R20-4-903. Exemption for an Entity Regulated by an Agency of this State, Other States, or by the United States**

- A.** The exemption under A.R.S. § 6-902 (A)(1) only applies to a person whose offers to make or negotiate a mortgage loan, as defined in A.R.S. § 6-901, and all mortgage loans made or negotiated by the person, are regulated directly by an agency of this state, any other state, or the United States.
- B.** The required regulation of the transactions listed in subsection (A) includes:
1. Rules governing a claimant's accounting and recordkeeping practices,
  2. The authority to examine a claimant's books and records relating to its mortgage lending activities, and
  3. The ability to place a claimant into receivership or conservatorship with regard to the claimant's mortgage lending activities.

**Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-903 recodified from R4-4-903 (Supp. 95-1). Amended by

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final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2313 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-904. Reserved****Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-904 recodified from R4-4-904 (Supp. 95-1). Section repealed by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2).

**R20-4-905. Repealed****Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-905 recodified from R4-4-905 (Supp. 95-1). Section repealed by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2).

**R20-4-906. Equivalent and Related Experience**

- A.** An applicant may satisfy the three years' experience requirement of A.R.S. § 6-903 by the types of lending-related experience listed in this subsection. The Department counts each month in the following types of work experience toward the three years required for a mortgage broker license, under A.R.S. § 6-903(C) or (D), or as a responsible individual, under A.R.S. § 6-903(H). The Department counts a fractional month of experience, at least 15 days long, as a full month.
1. Mortgage broker, responsible individual, or branch manager for a licensee;
  2. Mortgage banker, responsible individual, or branch manager for a licensee;
  3. Loan originator with responsibility primarily for loans secured by lien interests on real property;
  4. Lender's branch manager with responsibility primarily for loans secured by lien interests on real property;
  5. Attorney licensed in Arizona;
  6. Manager or supervisor of loan originators;
  7. Mortgage processor, mortgage underwriter, or mortgage quality control professional with responsibility primarily for loans secured by lien interests on real property;
  8. Executive, supervisor, or policy maker involved in administering, or operating a mortgage-related business; or
  9. Regulator, examiner, investigator, compliance expert, or auditor whose primary function is the review of mortgage companies, and their compliance processes whose experience is determined to be sufficient by the Department.
- B.** An applicant with insufficient actual experience of the types listed in subsection (A) may satisfy the remainder of the three years' experience requirement of A.R.S. § 6-903 by the types of related experience listed in this subsection. The Department counts each month in the following types of work experience according to the ratio listed below, of actual experience to equivalent experience, credited towards qualifying for a license, under A.R.S. § 6-903(C) or (D), or as a responsible individual, under A.R.S. § 6-903(H). The Department counts a fractional month of experience, at least 15 days long, as a full month. An applicant receives credit in only one area listed and for not more than three years' actual experience. The remaining years of experience required to qualify for a license shall be obtained from types of work experiences listed in subsection (A). A minimum of one year of experience must be obtained from the types of work experience listed in subsection (A).

1. Attorney not licensed in Arizona but licensed in another U.S. state or territory...3:2
2. Paralegal with experience in real estate matters...3:2
3. Mortgage broker or mortgage banker from another state without a license...3:2
4. Real estate broker with an Arizona license or license from a state with substantially equivalent licensing requirements...3:2
5. Escrow officer...3:2
6. Trust officer with a title company...3:2
7. Title officer with a title company...3:1.5
8. Lender's branch manager with responsibility primarily for loans not secured by lien interests on real property...3:1.5
9. Loan originator with responsibility primarily for loans not secured by lien interests on real property...3:1

**Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-906 recodified from R4-4-906 (Supp. 95-1). Amended by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2313 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-907. Course of Study**

- A.** A course of study shall be satisfactorily completed if the applicant has:
1. Attended at least 24 hours of class, and
  2. Received a passing grade on the final exam.
- B.** A course of study shall meet all the following requirements:
1. The following items shall be submitted by the school to the Director on an annual basis:
    - a. Course materials,
    - b. Class content outlines on a session-by-session basis, and
    - c. Sample final exam.
  2. The following subjects shall be taught:
    - a. Mortgage, deed of trust, and security agreement law;
    - b. Negotiable instrument law;
    - c. Mortgage broker law;
    - d. Escrow agent law;
    - e. Recordkeeping requirements of R20-4-917;
    - f. Federal Housing Administration, Veterans Administration, Federal National Mortgage Association, Federal Home Loan Mortgage Corporation requirements;
    - g. Ethics;
    - h. Principal and agent law;
    - i. Arithmetical computations common to mortgage brokerage;
    - j. Real estate lending principles;
    - k. Real estate law;
    - l. Real Estate Settlement Procedures Act, 12 U.S.C. 2601 through 2617, and Consumer Credit Protection Act, 15 U.S.C. 1601 et seq., and the regulations promulgated thereunder; and
    - m. Securities law.
  3. A final exam shall be given that substantially tests the student's knowledge of the subjects described above.
- C.** The Director shall review the items submitted to the Department and determine within 60 days of submission whether the proposed course of study is satisfactory. The Director may audit a course of study at any time. If the Director finds that a course of study is unsatisfactory, or if the Director has not

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received the course materials, course content outlines, and sample final exam within the prior 13 months, the Director may withhold or suspend approval.

**Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-907 recodified from R4-4-907 (Supp. 95-1). Amended by final rulemaking at 31 A.A.R. 2313 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-908. Reserved****Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-908 recodified from R4-4-908 (Supp. 95-1). Section repealed by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2).

**R20-4-909. Reserved****Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-909 recodified from R4-4-909 (Supp. 95-1). Section repealed by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2).

**R20-4-910. Reserved****Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-910 recodified from R4-4-910 (Supp. 95-1). Section repealed by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2).

**R20-4-911. Qualified Replacement Responsible Individual**

If a licensee chooses an individual to serve as a replacement responsible individual and that individual has not satisfactorily completed the course of study required by A.R.S. § 6-903(C)(2) or passed the mortgage broker examination required by A.R.S. § 6-903(C)(3), and is not given the opportunity to do so prior to the expiration of the 90-day time period provided in A.R.S. § 6-903(I), but otherwise meets the requirements of A.R.S. §§ 6-903(C), 6-903(D) or 6-903(H), the individual shall be qualified as a replacement responsible individual until the next course of study has been held and, if the person successfully completes the course of study, until the mortgage broker examination next following the completion of the course of study has been held and the results of the examination are available. If the individual fails to satisfactorily complete the course of study or fails the mortgage broker examination, the licensee shall then have a new 90-day time period within which to place itself under the active management of a qualified responsible individual. Notwithstanding the foregoing, a licensee shall have no longer than 180 days within which to place the license under the active management of a qualified responsible individual unless the Director grants additional time to the licensee for good cause shown.

**Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-911 recodified from R4-4-911 (Supp. 95-1). Amended by final rulemaking at 31 A.A.R. 2313 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-912. Restrictions on the Term of a Cash Alternative**

If an applicant or a licensee elects to place with the Director a deposit in the form of a certificate of deposit or investment certificate, in addition to the requirements of A.R.S. § 6-903(M), the certificate of deposit or investment certificate shall not be renewable, nor expire, earlier than 12 months from the date of issuance.

**Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-912 recodified from R4-4-912 (Supp. 95-1). Amended by final rulemaking at 31 A.A.R. 2313 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-913. Reserved****Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-913 recodified from R4-4-913 (Supp. 95-1). Section repealed by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2).

**R20-4-914. Reserved****Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-914 recodified from R4-4-914 (Supp. 95-1). Section repealed by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2).

**R20-4-915. Requirements for a Person Intended to Oversee a Branch Office**

The person designated as a branch office manager to oversee the operations of a branch office, as specified in A.R.S. § 6-904(H), shall be knowledgeable about the branch activities of the licensee, shall supervise compliance by the branch with applicable law and rules, and shall have sufficient authority to ensure such compliance. One person may oversee more than one branch.

**Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-915 recodified from R4-4-915 (Supp. 95-1). Amended by final rulemaking at 31 A.A.R. 2313 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-916. Notification of Change of Address**

If the address of the principal place of business or of any branch office is changed, the licensee shall immediately notify the Director of the change of location. A copy of the license shall continue to be displayed at the place of business until a new license is issued.

**Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-916 recodified from R4-4-916 (Supp. 95-1). Amended by final rulemaking at 31 A.A.R. 2313 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-917. Recordkeeping Requirements**

- A. A licensee may keep its records as electronic records if the licensee can generate all information and complete and legible copies required by this Section within the timeframe set by the Department for examination or other purposes.
- B. In addition to any statutory requirement regarding records, a record maintained by a mortgage broker shall include the following:
  1. A list of all executed loan applications or executed fee agreements that includes the following information:
    - a. Applicant's name;
    - b. Application date;
    - c. Amount of initial loan request;
    - d. Final disposition date;
    - e. Disposition (funded, denied, etc.); and
    - f. Name of loan officer;
  2. A record, such as a cash receipts journal, of all money received in connection with a mortgage loan including:
    - a. Payor's name;

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- b. Date received;
    - c. Amount; and
    - d. Receipt's purpose, including identification of a related loan, if any;
  - 3. A sequential listing of checks written for each bank account relating to the mortgage broker business, such as a cash disbursement journal, including:
    - a. Payee's name;
    - b. Amount;
    - c. Date; and
    - d. Payment's purpose, including identification of a related loan, if any;
  - 4. Bank account activity source documents for the mortgage broker business including receipted deposit tickets, numbered receipts for cash, bank account statements, paid checks, and bank advices;
  - 5. A trust subsidiary ledger for each borrower that deposits trust funds showing:
    - a. Borrower's name or co-borrowers' names;
    - b. Loan number, if any;
    - c. Amount received;
    - d. Purpose for the amount received;
    - e. Date received;
    - f. Date deposited into trust account;
    - g. Amount disbursed from trust account;
    - h. Date disbursed from trust account;
    - i. Disbursement's payee and purpose; and
    - j. Balance;
  - 6. A file for each application for a mortgage loan containing:
    - a. The agreement with the customer concerning the broker's services, whether as a loan application, fee agreement, or both;
    - b. Document showing the application's final disposition, such as a settlement statement, closing disclosure, or a denial or withdrawal letter;
    - c. Correspondence sent, received, or both by the licensee;
    - d. Contract, agreement, and escrow instructions to or with any depository;
    - e. Documents showing compliance, to the extent applicable, with the Consumer Credit Protection Act's (15 U.S.C. §§ 1601 et seq.) disclosure requirements, the Real Estate Settlement Procedures Act's (12 U.S.C. §§ 2601 through 2617) disclosure requirements, and the regulations promulgated thereunder such as copies of the loan estimates and closing disclosures required by the TILA-RESPA Integrated Disclosure Rule (12 CFR 1024 and 1026);
    - f. If the loan is funded by an investor that is not a financial institution, an enterprise, a licensed real estate broker or salesman, a profit sharing or pension trust or, an insurance company, the documents provided to the investor under A.R.S. § 6-907, a copy of the executed note and executed deed of trust or mortgage, and any assignment by the broker to the investor;
    - g. If the loan is closed in the mortgage broker's name, a copy of all closing documents including: closing instructions, any applicable rescission notice, HUD-1 settlement statement, closing disclosure, final truth-in-lending disclosure, executed note, executed deed of trust or mortgage, and each assignment of beneficial interest by the licensee; and
    - h. Itemized list of all fees taken in advance including appraisal fee, credit report fee, and application fee;
  - 7. Samples of every piece of advertising relating to the mortgage broker's business in Arizona;
  - 8. Copies of governmental or regulatory compliance reviews;
  - 9. If the licensee is not a natural person, a file containing:
    - a. Organizational documents for the entity;
    - b. Minutes;
    - c. A record, including a stock or ownership transfer ledger, showing ownership of all proportional equity interests in the licensee, ascertainable as of any given record date; and
    - d. Annual report, if required by law;
  - 10. If the licensee or anyone directly or indirectly owning more than 20% of the licensee has a felony conviction, a copy of the judgment or other record of conviction;
  - 11. If the licensee or anyone directly or indirectly owning more than 20% of the licensee has, in the previous seven years, been named a defendant in any civil suit, a copy of the complaint, any answer filed by the licensee, and any judgment, dismissal, or other final order disposing of the action; and
  - 12. If the licensee maintains records outside this state, the specific address where the records are kept, and a person's name to contact for them.
- C.** If 10 or fewer transactions have occurred during the prior calendar quarter, a licensee shall reconcile and update all records specified in subsection (B) at least once each calendar quarter. A licensee shall reconcile and update all records specified in subsection (B) monthly if more than 10 transactions occurred during the prior calendar quarter. In addition to reconciling each trust bank account, a licensee shall verify each trust balance to each trust subsidiary ledger at each reconciliation.
- D.** A licensee shall retain the documents described in subsections (B)(1) and (B)(6) for the length of time provided in A.R.S. § 6-906. For the purposes of A.R.S. § 6-906, a mortgage loan's closing date, on a loan application that did not result in the making of a loan, is either:
- 1. The date a licensee receives a written cancellation notice from an applicant; or
  - 2. The date a licensee mails written notice to an applicant that the application has been denied, as required by federal law.
- E.** A licensee shall maintain all records described in this Section, and not included in subsection (D), for at least two years.

**Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-917 recodified from R4-4-917 (Supp. 95-1). Amended by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2313 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-918. Repealed****Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-918 recodified from R4-4-918 (Supp. 95-1). Section repealed by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2).

**R20-4-919. Deposit of Monies Received by a Mortgage Broker**

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All monies received by a mortgage broker which are required to be deposited into an escrow account with an escrow agent licensed pursuant to A.R.S. § 6-801 et seq. shall be deposited by 5:00 p.m. on the next business day after receipt of the funds.

**Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-919 recodified from R4-4-919 (Supp. 95-1). Amended by final rulemaking at 31 A.A.R. 2313 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-920. Requirements for the Testing Committee**

- A. No licensee shall submit more than five names as nominees to serve on the testing committee. The resumes of the nominees shall be included. The names and resumes shall be submitted to the Director no later than August 1 of each even-numbered year. On or before September 30 of each even-numbered year, the Director shall appoint four persons from the nominees submitted and one employee of the Department as members of the testing committee. A person may serve more than one two-year term. If the Director does not find at least four persons from the list to be acceptable, the Director shall solicit additional nominees from licensees.
- B. In the event of a vacancy on the testing committee, the remaining members of the committee shall submit a list of nominees within 45 days of the vacancy to the Director containing not less than two nominees for each vacancy. The Director shall then appoint a nominee from the list to fill each vacancy for the remainder of the term. If the Director does not find at least one person from the list to be acceptable to fill each vacancy, the remaining members of the committee shall, upon request, submit an additional list of nominees to the Director.
- C. The Director may remove any member of the committee at any time without cause.
- D. The committee shall review and revise questions on the test not less than once every two years. All questions used on the test shall first be submitted to and approved by the Director.
- E. The handbook for mortgage brokers shall be updated by the committee as necessary to reflect changes in the law.

**Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-920 recodified from R4-4-920 (Supp. 95-1). Amended by final rulemaking at 31 A.A.R. 2313 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-921. Authorizations to Complete Blank Spaces**

An authorization, under A.R.S. § 6-909(A), allowing a licensee or escrow agent to complete certain blank spaces in a document after it is signed by a party to the transaction shall:

1. Specifically identify the document and the blank spaces to be completed;
2. Be in writing, dated, and signed by the authorizing parties; and
3. Contain the following notice, conspicuously printed on its face: YOUR SIGNATURE BELOW AUTHORIZES YOUR MORTGAGE BROKER OR ESCROW AGENT TO FILL IN SPACES YOU LEFT BLANK IN SPECIFIED LOAN DOCUMENTS YOU ARE ABOUT TO SIGN OR MAY HAVE ALREADY SIGNED. UNDER STATE LAW YOU CAN GIVE THIS AUTHORITY, BUT YOU ARE NOT REQUIRED TO DO SO. YOU CAN REFUSE TO SIGN ANY DOCUMENTS UNTIL ALL BLANKS ARE COMPLETELY FILLED IN.

**Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-

921 recodified from R4-4-921 (Supp. 95-1). Amended by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2313 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-922. Determining Loan Amounts**

In determining the amount of a mortgage loan pursuant to A.R.S. § 6-909(D) or (G), only the principal amount of the loan shall be considered and not any points, interest, finance charges, insurance premiums of any kind, compensation paid to third parties, or compensation retained by the mortgage broker, or its agents.

**Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-922 recodified from R4-4-922 (Supp. 95-1). Amended by final rulemaking at 31 A.A.R. 2313 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-923. Delay or Cause Delay**

A mortgage broker shall not be deemed to have delayed or to have caused delay if such delay occurs due to events outside the control of the mortgage broker.

**Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-923 recodified from R4-4-923 (Supp. 95-1). Amended by final rulemaking at 31 A.A.R. 2313 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-924. Receipt and Disbursement of Monies**

A licensee is not receiving or disbursing monies in servicing or arranging a mortgage loan if the licensee, at the request of the lender or servicing agent, on an infrequent basis, assists in the collection or servicing of a mortgage loan by receiving from the borrower a check or draft payable to the lender or servicing agent and forwarding such instrument to the lender or servicing agent not later than 5:00 p.m. on the next business day after receipt by the licensee. For the purposes of this rule, an infrequent basis means, with regard to a particular loan, for not more than 25% of the regularly scheduled payments of the mortgage loan during a calendar year.

**Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-924 recodified from R4-4-924 (Supp. 95-1). Amended by final rulemaking at 31 A.A.R. 2313 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-925. Waiver of Examination and Course of Study**

The Director's waiver of the examination and course of study requirement under A.R.S. § 6-903 extends to a person designated as a responsible individual by either an applicant or a licensee under A.R.S. § 6-903.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2313 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-926. Acquisition of Additional Interest in Licensee by Majority Owner**

A person owning 51% or more of a licensee's outstanding voting equity interests, and who acquires the power to vote additional fractional equity interests, shall deliver written notice of the acquisition to the Director. The person shall deliver the notice before completing the acquisition. Within 10 days after completing the acquisition,

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the person shall deliver documentation evidencing the acquisition to the Director.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2313 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-927. Conversion to Commercial Mortgage Broker License**

- A. Under A.R.S. § 6-913, a mortgage broker licensee shall only be permitted to convert the license to a commercial mortgage broker license during the renewal period established by A.R.S. § 6-904.
- B. The licensee seeking conversion shall not be subject to the 12 continuing education units as prescribed by A.R.S. § 6-903(V).
- C. The licensee seeking conversion shall submit:
  1. The renewal fees required by A.R.S. § 6-126 for commercial mortgage brokers, and
  2. The information and documents required by A.R.S. § 6-903.

**Historical Note**

New Section adopted by final rulemaking at 18 A.A.R. 2622, effective December 2, 2012 (Supp. 12-4). Amended by final rulemaking at 31 A.A.R. 2313 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-928. Certificate of Exemption Application**

Under A.R.S. §§ 6-902.01(C) and 6-912(C), upon application for a certificate of exemption, an applicant shall pay a nonrefundable fee of \$300.

**Historical Note**

New Section adopted by final rulemaking at 18 A.A.R. 2622, effective December 2, 2012 (Supp. 12-4). Amended by final rulemaking at 31 A.A.R. 2313 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**ARTICLE 10. SAFE DEPOSIT AND SAFEKEEPING CODE****R20-4-1001. Notice of Change of Location of Safe Deposit Repository**

- A. A corporation or association that moves a repository shall give written notice of the location change to the Director and to its customers.
  1. A corporation or association shall provide notice of the location change to the Director by mailing the notice required under this subsection by first class mail no less than 30 days before the scheduled moving date. The corporation or association shall include a copy of the notice to customers required under subsection (B).
  2. A corporation or association shall provide notice of the location change to its customers by:
    - a. Publishing notice of the change of location in:
      - i. An English language newspaper of general circulation in the county where the repository will be closed,
      - ii. In a weekly newspaper for two consecutive publications, or
      - iii. In a daily newspaper for three consecutive days; and
    - b. Publishing the notice no more than 90 days, and no less than 30 days, before the scheduled moving date.
- B. The corporation or association shall include all the following information in the notice:

1. The date the corporation or association intends to move the repository,
2. The earliest date a customer can remove contents and transact other business related to the move,
3. The latest date a customer can remove contents and transact other business related to the move,
4. The street address of the repository to be closed, and
5. The street address of the new repository.

**Historical Note**

Former Rule 1. R20-4-1001 recodified from R4-4-1001 (Supp. 95-1). Amended by final rulemaking at 8 A.A.R. 5227, effective February 4, 2003 (Supp. 02-4). Preceding Historical Note entry corrected to read 2003 instead of 2002 (Supp. 03-1). Amended by final rulemaking at 29 A.A.R. 1937 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**ARTICLE 11. PUBLIC DEPOSITORIES FOR PUBLIC MONIES****R20-4-1101. Capital Structure of Banks; Defined**

“Capital structure” as the term is applied to banks under Article 2.1, Chapter 2, Title 35, Arizona Revised Statutes, means the sum of the following reserves and capital accounts of the institution as stated in the institution’s report of condition required by the supervisory banking authority for the year end next preceding the institution’s bid for deposit:

1. Reserve for bad debt losses on loans,
2. Other reserves on loans,
3. Reserves on securities,
4. Capital notes and debentures,
5. Preferred stock – total par value,
6. Common stock – total par value,
7. Surplus,
8. Undivided profits, and
9. Reserve for contingencies and other capital reserves.

**Historical Note**

Adopted as an emergency effective July 29, 1975 (Supp. 75-1). Amended effective December 26, 1975 (Supp. 75-2). R20-4-1101 recodified from R4-4-1101 (Supp. 95-1). Amended by final rulemaking at 29 A.A.R. 1937 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1102. Expired****Historical Note**

Adopted as an emergency effective July 29, 1975 (Supp. 75-1). Amended effective December 26, 1975 (Supp. 75-2). R20-4-1102 recodified from R4-4-1102 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 382, effective February 5, 2020 (Supp. 20-1).

**ARTICLE 12. RULES OF PRACTICE AND PROCEDURE BEFORE THE DIRECTOR****R20-4-1201. Scope of Article; Definitions**

- A. Scope. This Article, Title 6, Title 32, Chapters 9 and 36, and Title 44, Chapter 2.1 of the Arizona Revised Statutes govern administrative hearings before the Department. The Department shall use the authority of A.R.S. Title 41, Chapter 6, Article 10, the Office of Administrative Hearings’ procedural rules and this Article to govern the initiation and conduct of administrative hearings. In an administrative hearing, special procedural requirements in state statute or another Section in this Article shall also govern the proceedings unless the requirements are inconsistent with either A.R.S. Title 41, Chapter 6,



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Article 10, the Office of Administrative Hearings' rules, or this Article. Except as otherwise provided in Section R20-4-1220 for rulemaking petitions, this Article does not apply to rulemaking or to investigative proceedings before the Director. Unless expressly applicable by rule or statute, the Arizona Rules of Civil Procedure do not apply to administrative hearings.

- B.** In addition to the definitions provided in A.R.S. §§ 41-1001 and 41-1092, the following terms apply to this Article:

"Administrative Hearing" means an appealable agency action as defined by A.R.S. § 41-1092(3) or a contested case as defined by A.R.S. § 41-1001(5) subject to A.R.S. Title 41, Chapter 6, Article 10.

"Attorney General" means the Attorney General of Arizona, and the Attorney General's assistants and special agents.

"Department" means the Arizona Department of Insurance and Financial Institutions – Financial Institutions Division.

"Director" has the meaning stated at A.R.S. § 20-102.

"Party" has the meaning prescribed at A.R.S. § 41-1001(16) and includes any person or entity subject to the jurisdiction of the Department under A.R.S. Title 6, Title 32 - Chapter 9, Title 32 - Chapter 36, and Title 44 - Chapter 2.1.

#### Historical Note

Adopted effective February 7, 1978 (Supp. 78-1). R20-4-1201 recodified from R4-4-1201 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 4262, effective September 12, 2001 (Supp. 01-3). Amended by final rulemaking at 28 A.A.R. 3620 (November 25, 2022), effective January 1, 2023 (Supp. 22-4).

#### **R20-4-1202. Appearance and Practice before the Director for Administrative Hearings**

- A.** A party may appear on their own behalf or through counsel.  
**B.** When an attorney other than the Attorney General appears or intends to appear before the Director or the Department, they shall promptly disclose their name and contact information and the name and contact information of the party on whose behalf they intend to appear.

#### Historical Note

Adopted effective February 7, 1978 (Supp. 78-1). R20-4-1202 recodified from R4-4-1202 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 4262, effective September 12, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 28 A.A.R. 3620 (November 25, 2022), effective January 1, 2023 (Supp. 22-4).

#### **R20-4-1203. Repealed**

#### Historical Note

Adopted effective February 7, 1978 (Supp. 78-1). R20-4-1203 recodified from R4-4-1203 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 4262, effective September 12, 2001 (Supp. 01-3).

#### **R20-4-1204. Filing; Service**

- A.** A document filed by a party with the Department is filed on the date it is received by the Department as established by the Department's earliest stamped date on the face of the document or by some other method of affixing a received date by the Department.  
**B.** If a party is represented by an attorney, service is effectuated by service upon the attorney unless additional service upon the

represented party is required by an administrative law judge or the Department.

- C.** A document is served upon a party as provided for under A.R.S. § 41-1092.04 and Section R2-19-108. A party effectuating service is responsible for producing proof of service if requested by the Department.

#### Historical Note

Adopted effective February 7, 1978 (Supp. 78-1). R20-4-1204 recodified from R4-4-1204 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 4262, effective September 12, 2001 (Supp. 01-3). Amended to correct a typographical error in subsection (B) (Supp. 01-4). Amended by final rulemaking at 28 A.A.R. 3620 (November 25, 2022), effective January 1, 2023 (Supp. 22-4).

#### **R20-4-1205. Repealed**

#### Historical Note

Adopted effective February 7, 1978 (Supp. 78-1). R20-4-1205 recodified from R4-4-1205 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 4262, effective September 12, 2001 (Supp. 01-3).

#### **R20-4-1206. Repealed**

#### Historical Note

Adopted effective February 7, 1978 (Supp. 78-1). R20-4-1206 recodified from R4-4-1206 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 4262, effective September 12, 2001 (Supp. 01-3).

#### **R20-4-1207. Repealed**

#### Historical Note

Adopted effective February 7, 1978 (Supp. 78-1). R20-4-1207 recodified from R4-4-1207 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 4262, effective September 12, 2001 (Supp. 01-3).

#### **R20-4-1208. Repealed**

#### Historical Note

Adopted effective February 7, 1978 (Supp. 78-1). R20-4-1208 recodified from R4-4-1208 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 4262, effective September 12, 2001 (Supp. 01-3). Repealed by final rulemaking at 28 A.A.R. 3620 (November 25, 2022), effective January 1, 2023 (Supp. 22-4).

#### **R20-4-1209. Answer to Notice of an Administrative Hearing**

- A.** The Department may, in a notice of hearing, direct one or more parties to file a written answer to the allegations contained in the notice of hearing. Even if not directed to do so, any party to the proceeding may file an answer.  
**B.** A party directed to file an answer shall do so within 20 days after issuance of a notice of hearing, unless the notice of hearing states a different period for the answer. The Department may require any party to answer, in a reasonable time, amendments to the assertions in the notice made after service of the original notice.  
**C.** An answer filed under this Section shall briefly state the party's position or defense to the proceeding and shall specifically admit or deny each of the allegations in the notice of hearing. An answering party who does not have, or cannot easily obtain, knowledge or information sufficient to admit or deny an allegation shall state that inability which shall have the effect of a denial. Any allegation not denied is admitted. A party who intends to deny only a part of an allegation, shall

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expressly admit as much of that allegation as is true and shall deny the remainder.

- D. A party who fails to file an answer required by this Section within the time allowed is in default. The Director may resolve the proceeding against a defaulting party. In doing so, the Director may regard any allegations in the notice of hearing as admitted by the defaulting party.
- E. Defenses not raised in the answer are waived.

**Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1). R20-4-1209 recodified from R4-4-1209 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 4262, effective September 12, 2001 (Supp. 01-3). Amended by final rulemaking at 28 A.A.R. 3620 (November 25, 2022), effective January 1, 2023 (Supp. 22-4).

**R20-4-1210. Stay Pending a Hearing**

A person aggrieved by the Department's action or order who files a timely written request for a hearing may ask, in the request for a hearing, that the Director stay an action or any part of an order that will become effective before a hearing. The Director may, in the Director's discretion, stay the legal effectiveness of any action or order until the matter can be heard and finally decided if the aggrieved person's request demonstrates that:

1. The person has a reasonable defense that might prevail on the merits at the hearing,
2. The person will suffer irreparable injury unless the Director grants the stay,
3. The stay would not substantially or irreparably harm other interested persons, and
4. The stay would not jeopardize the public interest or contravene public policy.

**Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1). R20-4-1210 recodified from R4-4-1210 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 4262, effective September 12, 2001 (Supp. 01-3). Amended by final rulemaking at 28 A.A.R. 3620 (November 25, 2022), effective January 1, 2023 (Supp. 22-4).

**R20-4-1211. Repealed****Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1). R20-4-1211 recodified from R4-4-1211 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 4262, effective September 12, 2001 (Supp. 01-3). Repealed by final rulemaking at 28 A.A.R. 3620 (November 25, 2022), effective January 1, 2023 (Supp. 22-4).

**R20-4-1212. Repealed****Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1). R20-4-1212 recodified from R4-4-1212 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 4262, effective September 12, 2001 (Supp. 01-3).

**R20-4-1213. Repealed****Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1). R20-4-1213 recodified from R4-4-1213 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 4262, effective September 12, 2001 (Supp. 01-3).

**R20-4-1214. Repealed****Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1). R20-4-1214 recodified from R4-4-1214 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 4262, effective September 12, 2001 (Supp. 01-3).

**R20-4-1215. Repealed****Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1). R20-4-1215 recodified from R4-4-1215 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 4262, effective September 12, 2001 (Supp. 01-3).

**R20-4-1216. Repealed****Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1). R20-4-1216 recodified from R4-4-1216 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 4262, effective September 12, 2001 (Supp. 01-3).

**R20-4-1217. Repealed****Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1). R20-4-1217 recodified from R4-4-1217 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 4262, effective September 12, 2001 (Supp. 01-3).

**R20-4-1218. Repealed****Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1). R20-4-1218 recodified from R4-4-1218 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 4262, effective September 12, 2001 (Supp. 01-3).

**R20-4-1219. Request for Rehearing or Review**

- A. Any party aggrieved by an administrative decision may file with the Director within time limits and other procedural guidelines contained in A.R.S. § 41-1092.09, a written motion for rehearing or review of the decision specifying the particular reason for the request.
- B. A party filing a motion under this Section may amend the motion at any time before a response to the motion is filed. An amended motion tolls the time for filing a response and the time for rendering a decision on the motion.
- C. A request for rehearing or review which is not timely filed is deemed waived for the purpose of judicial review.
- D. A motion for rehearing or review shall specify which of the grounds listed in subsection (G) it is based upon and shall set forth the specific facts and laws in support of the motion. A motion may cite relevant portions of testimony from the hearing if a transcript is provided with the motion and may cite hearing exhibits by reference to the exhibit number. The motion shall specify the relief sought by the request, such as a different finding of fact, conclusion of law or order and may seek multiple forms of relief in the alternative. When a motion for rehearing or review is based on an affidavit, the moving party shall attach the affidavit to the motion.
- E. A party may file a separate request for a stay of the Director's decision. Filing a stay request or a motion for rehearing or review does not stay an order filed by the Director. The Director may stay an order pending the resolution of a motion for rehearing or review.
- F. Each party served with a motion for rehearing or review shall be permitted to file a written response within 15 days after the

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motion has been filed. Affidavits may be attached to and filed with a response. A response may cite relevant portions of testimony from the hearing if a transcript is provided with the response and may cite hearing exhibits by reference to the exhibit number. The Director has the discretion to hear oral argument to consider a request for rehearing or review.

- G. The Director may grant a motion for rehearing or review for any of the following causes:
  1. Irregularity in the proceedings before the Department, in any order, or any abuse of discretion that deprives the moving party of a fair hearing;
  2. Misconduct by the Department, the administrative law judge, or the prevailing party;
  3. Accident or surprise that could not have been prevented by ordinary care;
  4. Newly discovered material evidence that could not reasonably have been discovered and produced at the original hearing;
  5. Excessive or insufficient penalties;
  6. Error in admitting or rejecting evidence or other legal errors occurring at the hearing; and
  7. The decision is not justified by the evidence or is contrary to law.
- H. The Director may affirm or modify the decision or grant a rehearing as to all or any of the parties and on all or part of the issues for any reason listed in subsection (G). An order granting a rehearing shall specify the reason for granting the rehearing, and the rehearing shall cover only those matters specified.
- I. The Director, within the time for filing a motion for rehearing, may without a motion for rehearing, order a rehearing for any reason that would allow the granting of a motion for rehearing by a party. The order for rehearing, granted without a motion, shall specify the reason for granting the rehearing.
- J. The Director may grant a motion for rehearing, timely served, for a reason not stated in the motion. The order for rehearing, granted for a reason not stated in the motion, shall specify the reason for granting the rehearing.

**Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1). R20-4-1219 recodified from R4-4-1219 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 4262, effective September 12, 2001 (Supp. 01-3). Amended by final rulemaking at 28 A.A.R. 3620 (November 25, 2022), effective January 1, 2023 (Supp. 22-4).

**R20-4-1220. Petition for Rulemaking Action**

- A. The following definitions apply in this Section.
  1. "Petitioner" means a person who petitions the Department for Rulemaking action as authorized under A.R.S. § 41-1033(A).
  2. "Rule" has the meaning stated at A.R.S. § 41-1001 and is enforceable by the Department.
  3. "Rulemaking action" means the process for formulation and finalization of a new rule, or amendment or repeal of an existing rule.
  4. "Substantive Policy Statement" has the meaning stated at A.R.S. § 41-1001, is advisory only, and is not enforceable by the Department.
- B. Any person may petition the Department under A.R.S. § 41-1033(A) to either:
  1. Make, amend, or repeal a final Rule; or
  2. Review an existing agency practice or Substantive Policy Statement that the Petitioner alleges to constitute a Rule.

- C. A person who files a petition pursuant to A.R.S. § 41-1033(A), shall include the following information in the petition:
  1. The Petitioner's name and contact information;
  2. The name and address of any organization the Petitioner represents;
  3. Whether the Petitioner is petitioning the Department to:
    - a. Make, amend, or repeal a final Rule; or
    - b. Review an existing agency practice or Substantive Policy Statement that the Petitioner alleges to constitute a Rule;
  4. A detailed explanation of Petitioner's basis for submitting the petition;
  5. If the Petitioner is petitioning the Department to make a Rule, the language of the proposed new Section and the specific authority for the requested Rulemaking action;
  6. If the Petitioner is petitioning the Department to amend an existing Rule, a citation to the existing Section to be amended, the language of the proposed Rule amendment, and the specific authority for the requested Rulemaking action;
  7. If the Petitioner is petitioning the Department to repeal an existing Rule, a citation to the existing Section or subsection to be repealed, and an explanation of why the Rule should be repealed including, if applicable, how the Rule does not meet the requirements of A.R.S. § 41-1030;
  8. If the Petitioner is petitioning the Department to review an existing agency practice that the Petitioner alleges to constitute a Rule, a description of the Department's practice, an explanation of how the Department's practice constitutes a Rule being enforced by the Department, the language of the proposed new Rule, and the specific authority for the requested Rulemaking action;
  9. If the petitioner is petitioning the Department to review a Substantive Policy Statement that the Petitioner alleges to constitute a Rule, a citation to the Substantive Policy Statement, an explanation of how the Substantive Policy Statement is being enforced by the Department as a Rule, the language of the proposed new Rule, and the specific authority for the requested Rulemaking action; and
  10. The Petitioner's dated signature.
- D. The petitioner may submit additional supporting information, including:
  1. Statistical data; and
  2. A list of other persons and entities likely to be affected by the proposed Rulemaking action, with an explanation of the likely effects.
- E. Within 60 days of the date the Department receives the petition, the Director shall send the petitioner a written decision indicating whether the Department is denying the petition or will initiate the requested Rulemaking action, with the reasons for the decision.

**Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1). R20-4-1220 recodified from R4-4-1220 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 4262, effective September 12, 2001 (Supp. 01-3). Section repealed; new Section amended by final rulemaking at 28 A.A.R. 3620 (November 25, 2022), effective January 1, 2023 (Supp. 22-4). Subsections C(5) through (10), (D) and (E) omitted when codified in Supp. 22-4; the rule text has been published as promulgated at 28 A.A.R. 3620 (Supp. 24-1).

**ARTICLE 13. LOAN ORIGINATORS****R20-4-1301. Scope of Article**

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This Article applies to any applicant for or holder of a loan originator license.

**Historical Note**

New Section made by emergency rulemaking at 16 A.A.R. 839, effective April 27, 2010 for 180 days (Supp. 10-2). Section renewed by emergency rulemaking and amended at 16 A.A.R. 2165, effective October 24, 2010 for 180 days (Supp. 10-4). Emergency expired April 21, 2011; new Section made by final rulemaking at 16 A.A.R. 2401, effective April 22, 2011 (Supp. 10-4). Since emergency expired, the emergency rulemaking has been removed. (Supp. 15-1). Amended by final rulemaking at 31 A.A.R. 2321 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1302. Course of Study to Qualify for Licensure**

- A. The Director shall, under the authority of A.R.S. § 6-991.03(B)(1), approve a course of study that includes only those courses reviewed and approved by the Nationwide Mortgage Licensing System pursuant to A.R.S. § 6-991.03(E) and (F) and the Secure and Fair Enforcement for Mortgage Licensing Act of 2008 (12 U.S.C. §§ 5101 through 5117).
- B. An applicant for a loan originator license shall satisfactorily complete a course of study by:
  1. Attending at least 20 hours of instruction, and
  2. Receiving a passing grade of not less than 75% correct answers on the exam required by A.R.S. § 6-991.07 and the Secure and Fair Enforcement for Mortgage Licensing Act of 2008 (12 U.S.C. §§ 5101 through 5117).
- C. A pre-licensure course of study shall include 20 hours of instruction in the following areas:
  1. Federal law and regulation, including the Real Estate Settlement Procedures Act ("RESPA"), the Truth in Lending Act ("TILA"), good faith estimates, federal privacy laws, fair lending laws including the Equal Credit Opportunity Act ("ECOA") and the Fair Credit Reporting Act ("FCRA"): three hours;
  2. Business ethics, including fraud, consumer protection laws, and fair lending practices: three hours;
  3. Non-traditional mortgage product lending standards: two hours;
  4. Arizona real estate and mortgage lending law, including loan origination and processing, Arizona law relating to agency and the obligations between principal and agent, and state privacy laws: four hours; and
  5. The remaining eight hours should be comprised of instruction in:
    - a. The obligations between principal and agent;
    - b. The statutory and regulatory laws governing loan originators;
    - c. Arithmetical computations common to mortgage lending;
    - d. Principles of real estate lending;
    - e. The purpose and effect of mortgages, deeds of trust, and security agreements;
    - f. The terms and conditions of conforming and non-conforming residential mortgages;
    - g. Real estate appraisal; and
    - h. The principles of appraisal independence.
- D. A continuing education course of study shall include eight hours of instruction each year in the following areas:
  1. Federal law and regulation, including the Real Estate Settlement Procedures Act ("RESPA"), the Truth in Lending Act ("TILA"), good faith estimates, federal privacy laws,

fair lending laws including the Equal Credit Opportunity Act ("ECOA") and the Fair Credit Reporting Act ("FCRA"): three hours;

2. Business ethics, including fraud, consumer protection laws, and fair lending practices: two hours;
3. Non-traditional mortgage product lending standards: two hours; and
4. Arizona real estate and mortgage lending law, including loan origination and processing, Arizona law relating to agency and the obligations between principal and agent, and state privacy laws: one hour.

**Historical Note**

New Section made by emergency rulemaking at 16 A.A.R. 839, effective April 27, 2010 for 180 days (Supp. 10-2). Section renewed by emergency rulemaking and amended at 16 A.A.R. 2165, effective October 24, 2010 for 180 days (Supp. 10-4). Emergency expired April 21, 2011; new Section made by final rulemaking at 16 A.A.R. 2401, effective April 22, 2011 (Supp. 10-4). Since emergency expired, the emergency rulemaking has been removed. (Supp. 15-1). Amended by final rulemaking at 31 A.A.R. 2321 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1303. Financial Responsibility**

An applicant for a loan originator license shall demonstrate financial responsibility, as required by A.R.S. § 6-991.03, by either:

1. Depositing with the Director a bond as specified by A.R.S. § 6-991.03(B)(6) and paying to the Director, for deposit into the Mortgage Recovery Fund, the sum of \$100 at the time of filing an original or a renewal application pursuant to A.R.S. § 6-991.03(B)(8); or
2. Depositing with the Director a bond as specified by A.R.S. § 6-991.03(B)(6) and depositing with the Director a bond as specified by A.R.S. § 6-991.03(B)(8).

**Historical Note**

New Section made by emergency rulemaking at 16 A.A.R. 839, effective April 27, 2010 for 180 days (Supp. 10-2). Section renewed by emergency rulemaking at 16 A.A.R. 2165, effective October 24, 2010 for 180 days (Supp. 10-4). Emergency expired April 21, 2011; new Section made by final rulemaking at 16 A.A.R. 2401, effective April 22, 2011 (Supp. 10-4). Since emergency expired, the emergency rulemaking has been removed. (Supp. 15-1). Amended by final rulemaking at 31 A.A.R. 2321 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1304. Fees**

Loan Originator program fees:

1. Initial application fee (non-refundable) pursuant to A.R.S. § 6-126(A)(26): \$350,
2. Initial license fee (prorated according to the number of quarters remaining until the next annual renewal) pursuant to A.R.S. § 6-126(B): \$150,
3. Annual renewal fee pursuant to A.R.S. § 6-126(D)(10): \$150,
4. Transfer license to a new employer pursuant to A.R.S. § 6-126(A)(27): \$50,
5. Change of residence address pursuant to A.R.S. § 6-991.04(J): \$50,
6. Examination pursuant to A.R.S. § 6-991.07(E): the amount charged by the vendor,

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7. Late renewal pursuant to A.R.S. § 6-991.04(E): \$25 per day after the filing deadline.

**Historical Note**

New Section made by emergency rulemaking at 16 A.A.R. 839, effective April 27, 2010 for 180 days (Supp. 10-2). Section renewed by emergency rulemaking and amended at 16 A.A.R. 2165, effective October 24, 2010 for 180 days (Supp. 10-4). Emergency expired April 21, 2011; new Section made by final rulemaking at 16 A.A.R. 2401, effective April 22, 2011 (Supp. 10-4). Since emergency expired, the emergency rulemaking has been removed. (Supp. 15-1). Amended by final rulemaking at 31 A.A.R. 2321 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1305. Practice and Procedure**

Loan originators shall follow the practice outlined in 20 A.A.C. 4, Article 12 (Rules of Practice and Procedure Before the Director) for challenging information the Director enters into the Nationwide Mortgage Licensing System and Registry pursuant to A.R.S. §§ 6-991.03(K) and 6-991.04(M).

**Historical Note**

New Section made by emergency rulemaking at 16 A.A.R. 839, effective April 27, 2010 for 180 days (Supp. 10-2). Section repealed; new Section made by renewed emergency rulemaking at 16 A.A.R. 2165, effective October 24, 2010 for 180 days (Supp. 10-4). Emergency expired April 21, 2011; new Section made by final rulemaking at 16 A.A.R. 2401, effective April 22, 2011 (Supp. 10-4). Since emergency expired, the emergency rulemaking has been removed. (Supp. 15-1). Amended by final rulemaking at 31 A.A.R. 2321 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**ARTICLE 14. INVESTIGATIONS****R20-4-1401. Definitions**

In this Article, unless the context otherwise requires:

1. "Examination" means reviewing an applicant's or licensee's operations, books, and records for any lawful purpose, including those listed in A.R.S. § 6-124(A).
2. "Investigation" means an inquiry, other than an examination, into the affairs of a licensed or unlicensed entity including a review of the entity's operations, books, and records, conducted by the Director for any lawful purpose, including those listed in A.R.S. § 6-124(A).
3. "Licensee" means a financial institution or enterprise licensed with the Department.

**Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1). Former Section R4-4-1401 repealed, new Section R4-4-1401 renumbered from R4-4-1402 and amended effective August 14, 1991 (Supp. 91-3). Amended effective August 14, 1991 (Supp. 91-3). R20-4-1401 recodified from R4-4-1401 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 4653, effective December 6, 2003 (Supp. 03-4). Amended by final rulemaking at 29 A.A.R. 1958 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1402. Repealed****Historical Note**

Former Section R4-4-1402 renumbered to R4-4-1401, new Section R4-4-1402 adopted effective August 14, 1991 (Supp. 91-3). R20-4-1402 recodified from R4-4-

1402 (Supp. 95-1). Section repealed by final rulemaking at 9 A.A.R. 4653, effective December 6, 2003 (Supp. 03-4).

**R20-4-1403. Subpoenas: Service; Amendment; Investigation or Examination not a Condition of the Director's Subpoena Power**

The Director may serve a subpoena using any means intended to effectuate delivery of the subpoena. A Department employee, or an attorney or agent of the Attorney General's office, may accomplish service for the Director. The Director may amend a subpoena at any time, and may serve the amended subpoena as provided in this Section. Under A.R.S. §§ 6-123(3), 6-124(B), and 12-2212, the Director may compel testimony or document production, by subpoena or other means, regardless of whether an examination or investigation is in progress.

**Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1). Former Section R4-4-1403 repealed, new Section R4-4-1403 renumbered from R4-4-1407 and amended effective August 14, 1991 (Supp. 91-3). R20-4-1403 recodified from R4-4-1403 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 4653, effective December 6, 2003 (Supp. 03-4). Amended by final rulemaking at 29 A.A.R. 1958 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1404. Repealed****Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1). Repealed effective August 14, 1991 (Supp. 91-3). R20-4-1404 recodified from R4-4-1404 (Supp. 95-1).

**R20-4-1405. Background Information**

- A. In connection with an examination or investigation, the Director may investigate the following persons' background:
1. An applicant or a licensee, or a person whom the Director reasonably believes may be violating any statute or rule administered by the Director; and
  2. An officer, director, agent, employee, partner, joint venturer, affiliate, or other person associated with a person described in subsection (A)(1), if the other person has or had any involvement in or control over the activities of the person described in subsection (A)(1).
- B. In connection with an examination or investigation, the Director may require a person described in A.R.S. § 6-123.01(A) or (E) to submit a statement of personal history to the Department.

**Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1). Former Section R4-4-1405 repealed, new Section R4-4-1405 renumbered from R4-4-1409 and amended effective August 14, 1991 (Supp. 91-3). R20-4-1405 recodified from R4-4-1405 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 4653, effective December 6, 2003 (Supp. 03-4). Amended by final rulemaking at 29 A.A.R. 1958 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1406. Repealed****Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1). Repealed effective August 14, 1991 (Supp. 91-3). R20-4-1406 recodified from R4-4-1406 (Supp. 95-1).

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**R20-4-1407. Renumbered****Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1).  
Renumbered to R4-4-1403 effective August 14, 1991  
(Supp. 91-3). R20-4-1407 recodified from R4-4-1407  
(Supp. 95-1).

**R20-4-1408. Repealed****Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1).  
Repealed effective August 14, 1991 (Supp. 91-3). R20-4-  
1408 recodified from R4-4-1408 (Supp. 95-1).

**R20-4-1409. Renumbered****Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1).  
Renumbered to R4-4-1405 effective August 14, 1991  
(Supp. 91-3). R20-4-1409 recodified from R4-4-1409  
(Supp. 95-1).

**R20-4-1410. Repealed****Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1).  
Repealed effective August 14, 1991 (Supp. 91-3). R20-4-  
1410 recodified from R4-4-1410 (Supp. 95-1).

**ARTICLE 15. COLLECTION AGENCIES****R20-4-1501. Definitions**

In this Article, unless the context otherwise requires:

1. "Account" means a contractual arrangement between a client and a collection agency that obligates the collection agency to attempt to collect one or more debts on the client's behalf.
2. "Active Manager" means the person who is in active management of the conduct of the collection agency's business, and who meets the qualifications listed in A.R.S. § 32-1023(A).
3. "Client" means a person who has hired a collection agency to collect a debt.
4. "Collection agency" has the meaning in A.R.S. § 32-1001(2).
5. "Contact" means to communicate with, and includes attempted communications.
6. "Credit bureau" or "credit reporting agency" means any person engaged exclusively in the business of gathering, recording, and disseminating information about the credit-worthiness, financial responsibility, paying habits, and character of persons being considered for credit extension.
7. "Creditor" means a person who offers or extends credit creating a debt, or to whom a debt is owed. The term does not include a person that receives an assignment or transfer of a defaulted debt solely for use in collecting the debt for someone else.
8. "Debt" means a debtor's actual or claimed obligation to pay money, whether or not the obligation has been reduced to judgment.
9. "Debtor" means a person obligated to pay a debt. The term also means a person claimed to be obligated to pay a debt.
10. "Director" has the meaning stated at A.R.S. § 20-102.

**Historical Note**

Adopted as an emergency effective September 6, 1978,

pursuant to A.R.S. § 41-1003, valid for only 90 days  
(Supp. 78-5). Adopted effective December 6, 1978  
(Supp. 78-6). R20-4-1501 recodified from R4-4-1501  
(Supp. 95-1). Amended by final rulemaking at 12 A.A.R.  
1331, effective June 4, 2006 (Supp. 06-2). Amended by  
final rulemaking at 29 A.A.R. 1961 (September 1, 2023),  
effective October 2, 2023 (Supp. 23-3).

**R20-4-1502. Applications**

- A. An applicant for a license shall complete and file an application, as required by the Department, by delivering the application to the Director, together with the following documents and payment:
  1. The bond required by A.R.S. § 32-1021;
  2. The nonrefundable investigation fee and original license fee required by A.R.S. § 32-1028 and stated in A.R.S. § 6-126;
  3. A current financial statement in the form required by the Department;
  4. A certified copy of the current articles of incorporation, by-laws, partnership agreement, or other organizational documents under which the applicant proposes to conduct business; and
  5. A statement of personal history for each principal officer, partner, and manager of the applicant, in the form required by the Department.
- B. An out-of-state collection agency applying for a license under A.R.S. § 32-1024 shall complete and file the application required by subsection (A), together with a signed statement declaring that:
  1. The requirements for securing the out-of-state license were, when issued, substantially the same or equivalent to the requirements imposed under A.R.S. Title 32, Chapter 9, Article 2. The statement shall also contain a complete description of those requirements.
  2. The state issuing the out-of-state license extends reciprocity to Arizona licensees under similar circumstances. The statement shall also contain a complete description of the conditions for reciprocity in the other state.
- C. A licensee applying for license renewal shall complete and file an application, as required by the Department, by delivering the renewal application to the Director before January 1, together with the renewal fee required by A.R.S. § 32-1028 and stated in A.R.S. § 6-126. An application for renewal shall also include a current financial statement in the form required by the Department.
- D. An applicant for a provisional license under A.R.S. § 32-1027 shall complete and file an application as required by the Department, by delivering the application to the Director within 30 days of the event justifying a provisional license. The applicant shall deliver the application together with each of the following:
  1. A bond that satisfies the requirements of A.R.S. § 32-1022;
  2. A current financial statement as required by the Department;
  3. A detailed description of the facts justifying the issuance of a provisional license; and
  4. Evidence that the licensee notified the Director as required by A.R.S. § 32-1023, in the event the licensee has terminated its active manager.
- E. An applicant for a provisional license shall, in each instance, be appropriate to the circumstances justifying the provisional license, as follows:

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1. A licensee's personal representative, or the personal representative's appointee, shall complete and file an application if the licensee, a natural person, has died;
  2. The surviving partners shall complete and file an application if the licensee, a partnership, has dissolved;
  3. A licensee shall complete and file an application if an active manager's employment was terminated.
- F.** An applicant for a provisional license shall clearly label the top of the first page with the heading "APPLICATION FOR PROVISIONAL LICENSE UNDER A.R.S. § 32-1027."
- G.** The Director may require additional information the Director considers necessary in connection with any application under this Section.

**Historical Note**

Adopted as an emergency effective September 6, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-5). Adopted effective December 6, 1978 (Supp. 78-6). R20-4-1502 recodified from R4-4-1502 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 4742, effective November 13, 2000 (Supp. 00-4). Amended by final rulemaking at 29 A.A.R. 1961 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1503. Reports**

A collection agency shall notify the Director in writing of any change in the officers, directors, partners, or active manager of the collection agency not more than 10 days after the change. With the notice, the collection agency shall provide the Director with a Statement of Personal History for each new officer, director, partner, or active manager on a form obtained from the Department.

**Historical Note**

Adopted effective December 18, 1979 (Supp. 79-6). R20-4-1503 recodified from R4-4-1503 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1331, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking at 29 A.A.R. 1961 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1504. Records**

- A.** A licensee may keep its books, accounts, and records as electronic records if the licensee can generate all information and copies required by this Section within the timeframe set by the Department for examination or other purposes.
- B.** All licensees shall keep and maintain books, accounts, and records adequate to provide a clear and readily understandable record of all business conducted by the collection agency, including:
1. Records or books of account listing all clients' accounts. Each account shall reflect its true condition at each calendar month's end, and shall include:
    - a. The client's name and address;
    - b. Each debtor's name worked for collection in that month;
    - c. The amount, description, and date of each debit and each credit to the account; and
    - d. The balance due to, or owing from, the client.
  2. A record and history of each debt for collection that clearly shows:
    - a. The debtor's name;
    - b. The debt's principal amount;
    - c. The interest charged or collected;
    - d. The amount, and description, of any other charges;
    - e. The amount, and date, of each payment received or collected; and

f. The current balance due on the debt.

3. An original of each written contract between the licensee and a client, including any contract amendments.
  4. A trust general ledger reflecting all deposits to and payments from a trust account. A licensee shall post transactions to its trust general ledger at least every five business days. A licensee shall bring its trust general ledger current within 24 hours when requested by the Director.
  5. The licensee's trust account reconciliation, prepared at least once a month.
  6. Books, records, and files maintained so that the Director can easily conduct an unannounced spot check, as well as the examinations and investigations required by A.R.S. §§ 6-122 and 6-124.
  7. A copy of all pleadings in pending litigation that names the collection agency as a defendant.
  8. A record of fictitious names used by the agency's debt collectors as required by R20-4-1520.
- C.** A person issuing a receipt for a collection agency shall sign the receipt using that person's true name. Each receipt shall also show the collection agency's name.
- D.** A licensee shall maintain all records required under this Section and shall make them available for examination, investigation, or audit in Arizona within three working days after the Director demands the records.
- E.** A licensee shall retain the records required by this Section for the following periods:
1. A licensee shall retain all records described in subsections (B)(1), and (B)(3) through (8) for at least seven years following their creation.
  2. A licensee shall retain all records described in subsection (B)(2) for at least three years from an account's assignment to the licensee. If a licensee collects any money on an account, the licensee shall retain the records described in subsection (B)(2) for at least three years from the last collection date.

**Historical Note**

Adopted as an emergency effective September 6, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-5). Adopted effective December 6, 1978 (Supp. 78-6). Amended effective December 18, 1979 (Supp. 79-6). R20-4-1504 recodified from R4-4-1504 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 4742, effective November 13, 2000 (Supp. 00-4). Amended by final rulemaking at 29 A.A.R. 1961 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1505. Trust Account**

- A.** A licensee that maintains an office in Arizona shall deposit all funds collected for a client in a trust account at a federally insured depository institution in Arizona. A licensee that does not maintain an office in Arizona shall deposit all funds collected for a client in a trust account at a federally insured depository institution in the state where the licensee maintains its principal office. A licensee shall deposit all client funds before the close of its business on the third business day after the licensee receives the funds. Client funds shall remain on deposit as required by this Section until:
1. Paid over to a client, or
  2. Otherwise paid as provided in this Section.
- B.** A licensee shall pay funds from the trust account either:
1. By prenumbered printed checks, or
  2. By electronic payment.

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- C. A licensee shall deposit in its trust account only the funds it has collected for its client. A licensee, its officers, directors, partners, managers, members, or employees shall not commingle, or permit the commingling of, their own funds with client funds. This prohibition includes any funds that a licensee, or any officer, director, partner, manager, member, or employee claims an interest in if that interest arises outside the licensee's contract with a client.
- D. A licensee shall keep unpaid client funds in its trust account. A licensee may maintain a separate trust account for dormant accounts into which the licensee deposits unpaid funds such as those of a client that cannot be located, or any trust account check issued to a client that is returned without being negotiated. As to all those unpaid funds, under A.R.S. § 44-307, a licensee shall file an abandoned property report at the Arizona Department of Revenue as and when required by law.
- E. A licensee shall withdraw from its trust account all fees and commissions due the licensee under its contract with a client and deposit them directly into its own operating account.
- F. A licensee shall not pay funds from its trust account except as:
  1. Provided in this Section,
  2. Expressly authorized in its contract with a client, or
  3. Authorized in writing by the Director.

**Historical Note**

Adopted effective December 18, 1979 (Supp. 79-6). R20-4-1505 recodified from R4-4-1505 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 4742, effective November 13, 2000 (Supp. 00-4). Amended by final rulemaking at 29 A.A.R. 1961 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1506. Articles of Incorporation; Bylaws; Organizing Documents**

- A. A collection agency organized as a corporation shall file with the Director a copy of each amendment to its articles of incorporation within 30 days after the amendment is adopted. Before filing with the Director, an officer of the collection agency shall certify the copy filed in compliance with this Section, in writing, signed by the certifying officer, attesting to the completeness, accuracy, and authenticity of the certified copy.
- B. A collection agency organized as a corporation shall file with the Director a copy of each amendment to its bylaws within 10 days after the amendment is adopted. An officer of the collection agency shall certify the copy filed in compliance with this Section, in writing, attesting to the completeness, accuracy, and authenticity of the certified copy.
- C. A collection agency not organized as a corporation shall file with the Director a copy of each amendment to its organizing documents within 10 days after the amendment is adopted. A partner, active manager, or agent of the collection agency shall certify the copy filed in compliance with this Section, in writing, attesting to the completeness, accuracy, and authenticity of the certified copy.

**Historical Note**

Adopted effective December 18, 1979 (Supp. 79-6). R20-4-1506 recodified from R4-4-1506 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1331, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking at 29 A.A.R. 1961 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1507. Representations of Collection Agency's Identity**

In all communications with debtors, either orally or in writing, all the following rules apply:

1. A collection agency shall represent itself as a collection agency,
2. A collection agency shall not directly or indirectly claim to be a credit reporting agency or credit bureau if it is not,
3. A collection agency shall not directly or indirectly claim to be a law enforcement agency, and
4. A collection agency shall not directly or indirectly claim to be a law firm.

**Historical Note**

Adopted as an emergency effective September 6, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-5). Adopted effective December 6, 1978 (Supp. 78-6). R20-4-1507 recodified from R4-4-1507 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1331, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking at 29 A.A.R. 1961 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1508. Representations of the Law**

A collection agency shall not:

1. Misrepresent the state of the law to a debtor;
2. Send a debtor written material that simulates legal process; or
3. Represent or imply that a debtor is, or may be, subject to criminal prosecution or arrest because of a failure to pay the debt.

**Historical Note**

Adopted as an emergency effective September 6, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-5). Adopted effective December 6, 1978 (Supp. 78-6). R20-4-1508 recodified from R4-4-1508 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1331, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking at 29 A.A.R. 1961 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1509. Representations as to Fees, Costs, and Legal Proceedings; Disinterested Counsel Required**

- A. A collection agency shall not threaten to collect, or attempt to collect, an attorney's fee, collection cost, or other fee that the debtor is not obliged to pay under the debtor's contract with the collection agency's creditor client.
- B. A collection agency shall not inform a debtor that legal proceedings have been started unless, in fact, a lawsuit has been filed against the debtor.
- C. A collection agency shall not threaten to start legal proceedings against a debtor unless the collection agency actually intends, at the time of the threat, to sue.
- D. A collection agency shall not threaten to turn an account over to a lawyer unless the collection agency actually intends to do so at the time of the threat.
- E. A collection agency shall not file a lawsuit against a debtor unless the lawsuit is filed by an attorney who has no personal or financial interest in the collection agency filing the lawsuit against the debtor.

**Historical Note**

Adopted as an emergency effective September 6, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-5). Adopted effective December 6, 1978 (Supp. 78-6). R20-4-1509 recodified from R4-4-1509 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1331, effective June 4, 2006 (Supp. 06-2). Amended by



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final rulemaking at 29 A.A.R. 1961 (September 1, 2023),  
effective October 2, 2023 (Supp. 23-3).

**R20-4-1510. Representations as to Rights Waived or Remedies Available**

- A.** A collection agency shall not inform a debtor that:
1. The debtor waives any legal right or legal defense by a failure to contact the collection agency, and
  2. The collection agency has the power or right to bypass the legal process.
- B.** A collection agency shall not misrepresent the remedies available to the collection agency.

**Historical Note**

Adopted as an emergency effective September 6, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-5). Adopted effective December 6, 1978 (Supp. 78-6). R20-4-1510 recodified from R4-4-1510 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1331, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking at 29 A.A.R. 1961 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1511. Prohibition of Harassment**

- A.** A collection agency shall not use unauthorized or oppressive tactics designed to harass any person to pay a debt.
- B.** A collection agency shall not use written or oral communications that ridicule, disgrace, or humiliate any person, or tend to ridicule, disgrace, or humiliate any person.
- C.** A collection agency shall not state, imply, or tend to imply, in written or oral communications, that any person is guilty of fraud or any other crime.
- D.** A collection agency shall not permit its agents, employees, representatives, debt collectors, or officers to use obscene or abusive language in efforts to collect a debt.
- E.** A collection agency or its agents, employees, representatives or officers are subject to penalties listed in A.R.S. § 32-1056(B) for any violation of this Article, as well as other liabilities imposed under any other provision of law.

**Historical Note**

Adopted as an emergency effective September 6, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-5). Adopted effective December 6, 1978 (Supp. 78-6). R20-4-1511 recodified from R4-4-1511 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1331, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking at 29 A.A.R. 1961 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1512. Contacts with Debtors and Others**

- A.** A collection agency shall contact a debtor by telephone only during reasonable hours. A collection agency shall make a reasonable attempt to contact a debtor at the debtor's residence. A collection agency may contact a debtor at the debtor's place of employment if a reasonable attempt to contact the debtor at the debtor's residence has failed.
- B.** A collection agency shall not threaten to or contact a third party, including a debtor's friend, relative, neighbor, or employer and:
1. Inform the third party of the debt;
  2. Ask the third party to pressure the debtor into paying the debt; or
  3. Ask the third party to pay the debt, unless the third party is legally obligated to pay the debt.
- C.** Despite the other provisions of this Section, a collection agency may make lawful service on third parties, including

employers, of a writ of garnishment or other writ in aid of execution after judgment has been entered against a debtor.

**Historical Note**

Adopted as an emergency effective September 6, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-5). Adopted effective December 6, 1978 (Supp. 78-6). R20-4-1512 recodified from R4-4-1512 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1331, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking at 29 A.A.R. 1961 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1513. Cessation of Communication with the Debtor**

- A.** A collection agency shall stop contacting a debtor, directly or indirectly, if the debtor tells the collection agency that the debtor is represented by a lawyer and wants the collection agency to communicate with the debtor through the debtor's lawyer. The collection agency may later contact the debtor if the collection agency contacts the lawyer named by the debtor and learns that the lawyer does not represent the debtor.
- B.** A collection agency shall stop contacting a debtor, directly or indirectly, if the debtor gives the collection agency written notice that the debtor:
1. Refuses to pay the debt, or
  2. Wants the collection agency to stop all further communication with the debtor.
- C.** Despite the provisions of subsection (B), a collection agency may contact a debtor to inform the debtor that:
1. The collection agency has stopped trying to collect the debt, or
  2. The collection agency or the creditor may invoke specific remedies that are customarily used by the collection agency or the creditor.
- D.** The debtor's written notice under subsection (B) is effective upon receipt by the collection agency if delivered by mail.

**Historical Note**

Adopted as an emergency effective September 6, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-5). Adopted effective December 6, 1978 (Supp. 78-6). Amended effective December 18, 1979 (Supp. 79-6). R20-4-1513 recodified from R4-4-1513 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1331, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking at 29 A.A.R. 1961 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1514. Disclosure of Information to Debtor**

- A.** Within five days after the initial communication with the debtor, a collection agency shall obtain and be able to inform the debtor of:
1. The name of the creditor;
  2. The time and place of the creation of the debt;
  3. The merchandise, services, or other value provided in exchange for the debt; and
  4. The date when the account was turned over to the collection agency by the creditor.
- B.** A collection agency shall give the debtor access to any of the collection agency's records that contain the information listed in subsection (A).
- C.** At the debtor's request, the collection agency shall give the debtor, free of charge, a copy of any document from its records that contains the information listed in subsection (A).

**Historical Note**

Adopted as an emergency effective September 6, 1978,

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pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-5). Adopted effective December 6, 1978 (Supp. 78-6). R20-4-1514 recodified from R4-4-1514 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1331, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking at 29 A.A.R. 1961 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1515. Aiding and Abetting**

A collection agency shall not help or encourage, directly or indirectly, any person to evade or violate any provision of:

1. This Article, or
2. A.R.S. Title 32, Chapter 9.

**Historical Note**

Adopted as an emergency effective September 6, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-5). Adopted effective December 6, 1978 (Supp. 78-6). R20-4-1515 recodified from R4-4-1515 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1331, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking at 29 A.A.R. 1961 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1516. Advertising**

A collection agency shall not use any form of communication to state or imply that the collection agency is:

1. Approved, bonded by, or affiliated with the state of Arizona;
2. A state agency;
3. The director of any state agency; or
4. Authorized to practice law.

**Historical Note**

Adopted as an emergency effective September 6, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-5). Adopted effective December 6, 1978 (Supp. 78-6). R20-4-1516 recodified from R4-4-1516 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1331, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking at 29 A.A.R. 1961 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1517. Repealed****Historical Note**

Adopted as an emergency effective September 6, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-5). Adopted effective December 6, 1978 (Supp. 78-6). R20-4-1517 recodified from R4-4-1517 (Supp. 95-1). Section repealed by final rulemaking at 12 A.A.R. 1331, effective June 4, 2006 (Supp. 06-2).

**R20-4-1518. Agreements with Clients**

A collection agency's records shall document each client's account in writing. The records for an account shall include either a written agreement between the client creditor and the collection agency, or a written direction from the creditor to the collection agency concerning a specific debt placed for collection. The collection agency shall keep records that are specific, easily understood, and unambiguous. A provision of a written agreement or written direction that suggests the collection agency has authority to represent the client in court, or to practice law in any other way, is void and prohibited by this Section. The records for an account shall separately state:

1. The names of the parties to the agreement or written direction,

2. The terms or rate of compensation paid to the collection agency,
3. The length of time the agreement or written direction is intended to be in effect, and
4. Any conditions regarding collection of a particular debt.

**Historical Note**

Adopted effective December 18, 1979 (Supp. 79-6). R20-4-1518 recodified from R4-4-1518 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1331, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking at 29 A.A.R. 1961 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1519. Licensee Names and Control**

- A. The Department shall not issue a license with a name that is:
  1. Similar to, or that may be confused with, any federal, state, county, or municipal government function or agency;
  2. Descriptive of any business activity that the applicant does not actually conduct;
  3. The same as, or similar to, the name of any existing collection agency, or
  4. Otherwise deceptive or misleading.
- B. The Department may permit the use of a name otherwise prohibited under subsection (A)(3) based on its analysis of whether the name includes geographic or other information that distinguishes it from the existing collection agency.
- C. A collection agency shall not use a collection agency license to do business under more than one name. Each collection agency shall apply for and obtain a separate license for each business name it intends to use in Arizona.

**Historical Note**

Adopted effective December 18, 1979 (Supp. 79-6). R20-4-1519 recodified from R4-4-1519 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1331, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking at 29 A.A.R. 1961 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1520. Representations of Collection Agency Employees' Identity or Position**

- A. A collection agency shall not allow its debt collector, agent, representative, employee, or officer to:
  1. Misrepresent the person's true position with the collection agency;
  2. Claim to be, or imply that the person is, an attorney unless the person is licensed to practice law;
  3. Claim to be, or imply that the person is, a public official, peace officer, or any other type of public employee; or
  4. Claim to be, or imply that the person is, any other third party.
- B. In any communication with a debtor, a person working for a collection agency shall indicate that the person is a debt collector.
- C. A collection agency shall keep a record of all fictitious names used by its debt collectors during their employment. The collection agency shall record the information required by this subsection before permitting the use of a fictitious name. The collection agency shall file a copy of the record of fictitious names with the Department on July 1 and December 31 of each year. After filing the initial report, a collection agency shall identify all changes to the record on July 1 and December 31 of each year. The collection agency's record of fictitious names shall include:

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1. The true name of each debt collector that uses a fictitious name;
2. Each fictitious name used by the debt collector, together with the dates when the name is used; and
3. The residential street address and residential mailing address of each debt collector that uses a fictitious name.

**Historical Note**

Adopted effective December 18, 1979 (Supp. 79-6). R20-4-1520 recodified from R4-4-1520 (Supp. 95-1).

Amended by final rulemaking at 12 A.A.R. 1331, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking at 29 A.A.R. 1961 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1521. Duty of Investigation**

A collection agency shall give copies of its evidence of the debt to the debtor or the debtor's attorney upon request. After providing the evidence, but before continuing its collection efforts against the debtor, the collection agency shall investigate any claim by the debtor or the debtor's attorney that:

1. The debtor has been misidentified,
2. The debt has been paid,
3. The debt has been discharged in bankruptcy, or
4. Based on any other reasonable claim, the debt is not owed.

**Historical Note**

Adopted effective December 18, 1979 (Supp. 79-6). R20-4-1521 recodified from R4-4-1521 (Supp. 95-1).

Amended by final rulemaking at 12 A.A.R. 1331, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking at 29 A.A.R. 1961 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1522. Reserved****R20-4-1523. Reserved****R20-4-1524. Reserved****R20-4-1525. Reserved****R20-4-1526. Reserved****R20-4-1527. Reserved****R20-4-1528. Reserved****R20-4-1529. Reserved****R20-4-1530. Repealed****Historical Note**

Adopted as an emergency effective September 6, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-5). Adopted effective December 6, 1978 (Supp. 78-6). R20-4-1530 recodified from R4-4-1530 (Supp. 95-1). Section repealed by final rulemaking at 6 A.A.R. 4742, effective November 13, 2000 (Supp. 00-4).

**ARTICLE 16. ACQUIRING CONTROL OF FINANCIAL INSTITUTIONS****R20-4-1601. Definitions**

In addition to the definitions provided in A.R.S. § 6-141, the following terms apply to this Article unless the context otherwise requires:

“Acquiring party” means a person who intends to acquire control of a bank, trust company, savings and loan association, or controlling person under A.R.S. Title 6, Chapter 1, Article 4.

“Bank” has the meaning stated in A.R.S. § 6-101.

“Director” has the meaning stated in A.R.S. § 6-101(7).

“Savings and loan association” means a person required to possess a permit issued by the Director under A.R.S. Title 6, Chapter 3.

“Target company” means a bank, savings and loan association, trust company, or controlling person to be acquired by an acquiring party.

“Trust company” has the meaning stated in A.R.S. § 6-851.

**Historical Note**

Adopted as an emergency effective September 6, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-5). Adopted effective January 12, 1979 (Supp. 79-1). R20-4-1601 recodified from R4-4-1601 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 5055, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 29 A.A.R. 1937 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1602. Application for Approval to Acquire Control of Financial Institution**

- A. An applicant seeking approval to acquire control of a bank, savings and loan association, or controlling person of a bank or savings and loan association, under A.R.S. Title 6, Chapter 1, Article 4, shall file with the Director copies of all application documents filed with federal regulatory agencies in connection with the planned acquisition of control.
- B. As used in this subsection, “executive officer” includes the chairman of the board, president, each vice president, cashier, secretary, treasurer, and every other person who participates in major policymaking functions of the applicant. Under A.R.S. § 6-145(A), an applicant seeking approval to acquire control of a trust company or controlling person of a trust company, under A.R.S. Title 6, Chapter 1, Article 4 shall supply all information the Director requires under this subsection. The Director may require an applicant to supplement or amend its application based on issues raised by the initial submission. The initial application shall consist of the following items:
  1. A copy of the signed purchase agreement;
  2. The applicant's audited financial statement;
  3. A personal history statement, on a form supplied by the Department, for each executive officer and each director of the acquiring party;
  4. Each executive officer's and each director's personal financial statement;
  5. A full set of fingerprints for each executive officer and each director; and
  6. A copy of each executive officer's and each director's driver's license.

**Historical Note**

Adopted as an emergency effective September 6, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-5). Adopted effective January 12, 1979 (Supp. 79-1). R20-4-1602 recodified from R4-4-1602 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 5055, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 29 A.A.R. 1937 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1603. Repealed****Historical Note**

Adopted as an emergency effective September 6, 1978,

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pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-5). Adopted effective January 12, 1979 (Supp. 79-1). R20-4-1603 recodified from R4-4-1603 (Supp. 95-1). Section repealed by final rulemaking at 9 A.A.R. 5055, effective January 3, 2004 (Supp. 03-4).

**R20-4-1604. Repealed****Historical Note**

Adopted as an emergency effective September 6, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-5). Adopted effective January 12, 1979 (Supp. 79-1). R20-4-1604 recodified from R4-4-1604 (Supp. 95-1). Section repealed by final rulemaking at 9 A.A.R. 5055, effective January 3, 2004 (Supp. 03-4).

**ARTICLE 17. ARIZONA INTERSTATE BANK AND SAVINGS AND LOAN ASSOCIATION ACT****R20-4-1701. Definitions**

In addition to the definitions provided in A.R.S. § 6-321, the following terms apply to this Article unless the context otherwise requires:

“Applicant” means an out-of-state financial institution that intends to acquire control of an in-state financial institution.

“Director” has the meaning stated in A.R.S. § 6-101(7).

**Historical Note**

Adopted effective October 1, 1986 (Supp. 86-5). R20-4-1701 recodified from R4-4-1701 (Supp. 95-1). Amended by final rulemaking at 11 A.A.R. 2031, effective July 2, 2005 (Supp. 05-2). Amended by final rulemaking at 29 A.A.R. 1937 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1702. Notice to the Director of Intent to Acquire Control of an In-state Financial Institution; Surrender of an Acquired Financial Institution’s Charter**

- A. An applicant shall give written notice of an acquisition to the Director in the form of a courtesy copy of its federal application. The acquiring entity shall ensure that the notice is delivered to the Director not less than ten days before the effective date of the acquisition. No other application is required under the provisions of A.R.S. Title 6, Chapter 2, Article 7, the Arizona Interstate Bank and Savings and Loan Association Act. The Director may impose conditions on an acquisition under the authority of A.R.S. §§ 6-324 and 6-328.
- B. An acquired in-state financial institution shall surrender, by delivery to the Director, all permits and certificates issued by the Director within ten days after the effective date of the acquisition unless the acquired institution intends to continue operating, after the acquisition, as a stand-alone subsidiary under the authority of its existing Arizona banking permit.

**Historical Note**

Adopted effective October 1, 1986 (Supp. 86-5). R20-4-1702 recodified from R4-4-1702 (Supp. 95-1). Amended by final rulemaking at 11 A.A.R. 2031, effective July 2, 2005 (Supp. 05-2). Amended by final rulemaking at 29 A.A.R. 1937 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1703. Repealed****Historical Note**

Adopted effective October 1, 1986 (Supp. 86-5). R20-4-1703 recodified from R4-4-1703 (Supp. 95-1). Section repealed by final rulemaking at 11 A.A.R. 2031, effective

July 2, 2005 (Supp. 05-2).

**R20-4-1704. Public Notice**

- A. An applicant shall transmit to the Director one copy of each notice and the publisher’s affidavit of publication required by the Federal Reserve Board, the Federal Deposit Insurance Corporation, or other regulatory authority that has concurrent jurisdiction.
- B. An applicant shall provide the Director copies of any protests known to have been received by the Federal Reserve Board, the Federal Deposit Insurance Corporation, or other regulatory authority that has concurrent jurisdiction.

**Historical Note**

Adopted effective October 1, 1986 (Supp. 86-5). R20-4-1704 recodified from R4-4-1704 (Supp. 95-1). Amended by final rulemaking at 11 A.A.R. 2031, effective July 2, 2005 (Supp. 05-2). Amended by final rulemaking at 29 A.A.R. 1937 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1705. Repealed****Historical Note**

Adopted effective October 1, 1986 (Supp. 86-5). R20-4-1705 recodified from R4-4-1705 (Supp. 95-1). Section repealed by final rulemaking at 11 A.A.R. 2031, effective July 2, 2005 (Supp. 05-2).

**R20-4-1706. Repealed****Historical Note**

Adopted effective October 1, 1986 (Supp. 86-5). R20-4-1706 recodified from R4-4-1706 (Supp. 95-1). Section repealed by final rulemaking at 11 A.A.R. 2031, effective July 2, 2005 (Supp. 05-2).

**ARTICLE 18. MORTGAGE BANKERS****R20-4-1801. Exemption for an Entity Regulated by an Agency of this State, Other States, or by the United States**

- A. The exemption under A.R.S. § 6-942(A)(1) only applies to a person whose offers to make or negotiate a “mortgage banking loan” or a “mortgage loan,” as those terms are defined in A.R.S. § 6-941, and all mortgage banking loans and mortgage loans made or negotiated by the person, are regulated directly by an agency of this state, any other state, or the United States.
- B. The required regulation of the transactions listed in subsection (A) includes:
  1. Rules governing a claimant’s accounting and recordkeeping practices;
  2. The authority to examine a claimant’s books and records relating to its mortgage banking activities or mortgage lending activities, or both; and
  3. The ability to place a claimant into receivership or conservatorship with regard to the claimant’s mortgage banking activities, or mortgage lending activities, or both.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2324 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1802. Equivalent and Related Experience**

- A. An applicant may satisfy the three years’ experience requirement of A.R.S. § 6-943 by the types of lending-related experience listed in this subsection. The Department counts each month in the following types of work experience toward the

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three years required either for a mortgage banker license, or as a responsible individual, both under A.R.S. § 6-943(C). The Department counts a fractional month of experience, at least 15 days long, as a full month.

1. Mortgage broker, responsible individual, or branch manager for a licensee;
2. Mortgage banker, responsible individual, or branch manager for a licensee;
3. Loan originator with responsibility primarily for loans secured by lien interests on real property;
4. Lender's branch manager with responsibility primarily for loans secured by lien interests on real property;
5. Attorney licensed in Arizona;
6. Manager or supervisor of loan originators;
7. Mortgage processor, mortgage underwriter, or mortgage quality control professional with responsibility primarily for loans secured by lien interests on real property;
8. Executive, supervisor, or policy maker involved in administering, or operating a mortgage-related business; or
9. Regulator, examiner, investigator, compliance expert, or auditor whose primary function is the review of mortgage companies, and their compliance processes whose experience is determined to be sufficient by the Department.

- B.** An applicant with insufficient actual experience of the types listed in subsection (A) may satisfy the remainder of the three years' experience requirement of A.R.S. § 6-943 by the types of related experience listed in this subsection. The Department counts each month in the following types of work experience according to the ratio listed below, of actual experience to equivalent experience, credited toward qualifying for a license, or as a responsible individual, both under A.R.S. § 6-943(C). The Department counts a fractional month of experience, at least 15 days long, as a full month. The remaining years of experience required to qualify for a license shall be obtained from types of work experiences listed in subsection (A). A minimum of one year of experience must be obtained from the types of work experience listed in subsection (A).

1. Attorney not licensed in Arizona but licensed in another U.S. state or territory...3:2
2. Paralegal with experience in real estate matters...3:2
3. Mortgage broker or mortgage banker from another state without a license...3:2
4. Real estate broker with an Arizona license or license from a state with substantially equivalent licensing requirements...3:2
5. Escrow officer...3:2
6. Trust officer with a title company...3:2
7. Title officer with a title company...3:1.5
8. Lender's branch manager with responsibility primarily for loans not secured by lien interests on real property...3:1.5
9. Loan originator with responsibility primarily for loans not secured by lien interests on real property...3:1

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2324 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1803. Restrictions on the Term of a Cash Alternative to a Surety Bond**

A licensee or applicant shall not place a certificate of deposit or investment certificate as a cash alternative to a surety bond with the

Director that is renewable or expires earlier than 12 months from the date of issuance.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2324 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1804. Requirements for a Person Intended to Oversee a Branch Office**

The person designated as a branch office manager to oversee the operations of a branch office, as specified in A.R.S. § 6-944(E), shall be knowledgeable about the branch activities of the licensee, supervise compliance by the branch with applicable laws and rules, and have sufficient authority to ensure such compliance. One person may oversee more than one branch.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2324 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1805. Notification of Change of Address**

If a licensee changes the licensee's principal place of business, or the location of a branch office, the licensee shall notify the Director of the new address at least five business days before the address change. A copy of the license shall continue to be displayed at the place of business until a new license is issued.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 8 A.A.R. 145, effective December 10, 2001 (Supp. 01-4). Amended by final rulemaking at 31 A.A.R. 2324 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1806. Recordkeeping Requirements**

- A.** A licensee may keep its records as electronic records if the licensee can generate all information and complete and legible copies required by this Section within the timeframe set by the Department for examination or other purposes.
- B.** In addition to any statutory requirement regarding records, a record maintained by a mortgage banker shall include the following:
1. A list of all executed loan applications or executed fee agreements that includes the following information:
    - a. Applicant's name;
    - b. Application date;
    - c. Amount of initial loan request;
    - d. Final disposition date;
    - e. Disposition (funded, denied); and
    - f. Name of loan officer;
  2. A record, such as a cash receipts journal, of all money received in connection with mortgage banking loans or mortgage loans including:
    - a. Payor's name;
    - b. Date received;
    - c. Amount; and
    - d. Receipt's purpose including identification of a related loan, if any;
  3. A sequential listing of checks written for each bank account relating to the mortgage banker business, such as a cash disbursement journal, including:
    - a. Payee's name;

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- b. Amount;
    - c. Date; and
    - d. Payment's purpose including identification of a related loan, if any;
  4. Bank account activity source documents for the mortgage banker business including receipted deposit tickets, numbered receipts for cash, bank account statements, paid checks, and bank advices;
  5. A trust subsidiary ledger for each borrower that deposits trust funds showing:
    - a. Borrower's name or co-borrowers' names;
    - b. Loan number, if any;
    - c. Amount received;
    - d. Purpose for the amount received;
    - e. Date received;
    - f. Date deposited into trust account;
    - g. Amount disbursed from trust account;
    - h. Date disbursed from trust account;
    - i. Disbursement's payee and purpose; and
    - j. Balance;
  6. A file for each application for a mortgage banking loan or a mortgage loan containing:
    - a. The agreement with the customer concerning the mortgage banker's services, whether as a loan application, fee agreement, or both;
    - b. Document showing the application's final disposition, such as a settlement statement, closing disclosure, or a denial or withdrawal letter;
    - c. Correspondence sent, received, or both by the licensee;
    - d. Contract, agreement and escrow instructions to or with any depository;
    - e. Documents showing compliance, to the extent applicable, with the Consumer Credit Protection Act's (15 U.S.C. §§ 1601 et seq.) disclosure requirements, the Real Estate Settlement Procedures Act's (12 U.S.C. §§ 2601 through 2617) disclosure requirements, and the regulations promulgated thereunder, such as copies of the loan estimates and closing disclosures required by the TILA-RESPA Integrated Disclosure Rule (12 CFR 1024 and 1026);
    - f. If the loan is closed in the licensee's name, and funded by a lender that is not an institutional investor as defined at A.R.S. § 6-943, a copy of the executed note, executed deed of trust or mortgage, and each assignment of beneficial interest by the licensee, if any. If any of the documents listed in this subsection have been recorded, the file shall also contain legible copies of the recorded documents; and
    - g. Itemized list of all fees taken in advance including appraisal fee, credit report fee, and application fee;
  7. Samples of every piece of advertising relating to the mortgage banker's business in Arizona;
  8. Copies of governmental or regulatory compliance reviews;
  9. If the licensee is not a natural person, a file containing:
    - a. Organizational documents for the entity;
    - b. Minutes;
    - c. A record, including a stock or ownership transfer ledger, showing ownership of all proportional equity interests in the licensee, ascertainable as of any given record date; and
    - d. Annual report, if required by law;
  10. If the licensee or anyone directly or indirectly owning more than 20% of the licensee has a felony conviction, a copy of the judgment or other record of conviction;
  11. If the licensee or anyone directly or indirectly owning more than 20% of the licensee has, in the previous seven years, been named a defendant in any civil suit, a copy of the complaint, any answer filed by the licensee, and any judgment, dismissal or other final order disposing of the action;
  12. If the licensee maintains records outside this state, the specific address where the records are kept, and a person's name to contact for them;
  13. If a licensee does business in other states, it must be able to separate Arizona loan information from information relating to other states to enable the Director to conduct an examination; and
  14. A licensee shall produce a trial balance of the general ledger monthly to evidence the mortgage banker's net worth.
- C.** If 10 or fewer transactions have occurred during the prior calendar quarter, a licensee shall reconcile and update all records specified in subsection (B) at least once each calendar quarter. A licensee shall reconcile and update all records specified in subsection (B) monthly if more than 10 transactions occurred during the prior calendar quarter. In addition to reconciling each trust bank account, a licensee shall verify each trust balance to each trust subsidiary ledger at each reconciliation.
- D.** A licensee shall retain the documents described in subsections (B)(1) and (6) for the length of time provided in A.R.S. § 6-946. For the purposes of A.R.S. § 6-946, the mortgage banking loan's closing date, on a loan application that did not result in the making of a loan, is either:
1. The date a licensee receives a written cancellation notice from an applicant; or
  2. The date a licensee mails written notice to an applicant that an application has been denied, as required by federal law.
- E.** A licensee shall maintain all other records described in this Section, and not included in subsection (D), for at least two years.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2324 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1807. Providing Copies of Records**

For each loan closed in an Arizona mortgage broker's name with a concurrent assignment of beneficial interest to a mortgage banker, the mortgage banker licensee shall provide to the mortgage broker in whose name the loan closed a copy of:

1. The closing instructions;
2. Any applicable rescission notice;
3. The HUD-1 settlement statement, if applicable;
4. The closing disclosure;
5. The final truth in lending disclosure;
6. The note;
7. The executed deed of trust or mortgage; and
8. Each assignment of beneficial interest by the mortgage banker licensee.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2324 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

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**R20-4-1808. Authorization to Complete Blank Spaces**

An authorization, under A.R.S. § 6-947(A), allowing a licensee or escrow agent to complete certain blank spaces in a document after it is signed by a party to the transaction shall:

1. Specifically identify the document and the blank spaces to be completed;
2. Be in writing, dated, and signed by the authorizing parties; and
3. Contain the following notice, conspicuously printed on its face: YOUR SIGNATURE BELOW AUTHORIZES YOUR MORTGAGE BANKER OR ESCROW AGENT TO FILL IN SPACES YOU LEFT BLANK IN SPECIFIED LOAN DOCUMENTS YOU ARE ABOUT TO SIGN OR MAY HAVE ALREADY SIGNED. UNDER STATE LAW YOU CAN GIVE THIS AUTHORITY, BUT YOU ARE NOT REQUIRED TO DO SO. YOU CAN REFUSE TO SIGN ANY DOCUMENTS UNTIL ALL BLANKS ARE COMPLETELY FILLED IN.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2324 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1809. Determining Loan Amounts**

The amount of a mortgage banking loan or a mortgage loan under A.R.S. §§ 6-947(E) or 6-947(K), is the principal amount of the loan and does not include any points, interest, finance charges, insurance premiums of any kind, compensation paid to third parties, or compensation retained by a mortgage banker, or its agents.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2324 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1810. Delay or Cause Delay**

A mortgage banker does not delay or does not cause delay if the delay occurs due to events outside the control of the mortgage banker.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2324 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1811. Impound Account**

The total of all funds retained by a mortgage banker from all periodic payments made by a borrower to maintain a cushion, as defined in R20-4-102, shall not exceed one-sixth of the estimated total annual payments from the impound account.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2324 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1812. Acquisition of Additional Interest in Licensee by Majority Owner**

A person owning 51% or more of a licensee's outstanding voting equity interests who acquires the power to vote additional fractional equity interests, shall deliver written notice of the acquisition to the Director. The person shall deliver the notice before completing the acquisition. Within 10 days after completing the acquisition, the

person shall deliver documentation evidencing the acquisition to the Director.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2324 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1813. Conversion to Mortgage Broker License**

Under A.R.S. § 6-949 to apply for a conversion from a mortgage banker license to a mortgage broker license, the applicant shall submit during the renewal period all applicable renewal fees and renewal documents required by A.R.S. § 6-903 for mortgage brokers.

**Historical Note**

New Section adopted by final rulemaking at 18 A.A.R. 2622, effective December 2, 2012 (Supp. 12-4). Amended by final rulemaking at 31 A.A.R. 2324 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**ARTICLE 19. COMMERCIAL MORTGAGE BANKERS****R20-4-1901. Exemption for an Institutional Investor**

- A. The exemption from the licensure requirement for an institutional investor, solely as that term is used in A.R.S. §§ 6-971, 6-972, and this Article, applies only if a person claiming the exemption meets all the following criteria:
1. The claimant originates, or directly or indirectly makes, negotiates, or offers to make or negotiate commercial mortgage loans that are all exclusively funded by the claimant's own resources, as defined in A.R.S. § 6-971;
  2. The claimant does so in the regular course of business;
  3. The claimant makes only commercial mortgage loans, as defined in A.R.S. § 6-971;
  4. The claimant makes each loan on the security of commercial property, as defined in A.R.S. § 6-971; and
  5. The claimant makes only loans of more than \$250,000.
- B. If a claimant makes even one commercial mortgage loan that does not satisfy all the above criteria, any claim of exemption is invalid and that person shall not engage in any lending activity before obtaining a license.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2330 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1902. Exemption for an Entity Regulated by an Agency of this State, Other States, or by the United States**

- A. The exemption under A.R.S. § 6-972(9) only applies to a person whose offers to make or negotiate a "commercial mortgage loan," as that term is defined in A.R.S. § 6-971, and all commercial mortgage loans made or negotiated by the person, are regulated directly by an agency of this state, any other state, or the United States.
- B. The required regulation of the transactions listed in subsection (A) includes:
1. Rules governing a claimant's accounting and recordkeeping practices,
  2. The authority to examine a claimant's books and records relating to its commercial mortgage lending activities, and
  3. The ability to place a claimant into receivership or conservatorship with regard to the claimant's commercial mortgage lending activities.

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**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2330 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1903. Equivalent and Related Experience**

- A.** An applicant may satisfy the three years' experience requirement of A.R.S. § 6-973 by the types of lending-related experience listed in this subsection. The Department counts each month in the following types of work experience towards the three years required either for a commercial mortgage banker license, or as a responsible individual, both under A.R.S. § 6-973(D). The Department counts a fractional month of experience, at least 15 days long, as a full month.
1. Mortgage broker, responsible individual, or branch manager for a licensee;
  2. Mortgage banker, responsible individual, or branch manager for a licensee;
  3. Commercial mortgage broker, or responsible individual, or branch manager for a licensee;
  4. Commercial mortgage banker, or responsible individual, or branch manager for a licensee;
  5. Loan originator with responsibility primarily for loans secured by lien interests on commercial real property;
  6. Lender's branch manager with responsibility primarily for loans secured by lien interests on commercial real property;
  7. Attorney licensed in Arizona;
  8. Manager or supervisor of loan originators;
  9. Mortgage processor, mortgage underwriter, or mortgage quality control professional with responsibility primarily for loans secured by lien interests on real property;
  10. Executive, supervisor, or policymaker involved in administering, or operating a mortgage-related business; or
  11. Regulator, examiner, investigator, compliance expert, or auditor whose primary function is the review of mortgage companies, and their compliance processes whose experience is determined to be sufficient by the Department.
- B.** The Department will review and evaluate the experience of an applicant with insufficient actual experience of the types listed in subsection (A) on a case by case basis.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2330 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1904. Restrictions on the Term of a Cash Alternative to a Surety Bond**

A licensee or applicant shall not place a certificate of deposit or investment certificate as a cash alternative to a surety bond with the Director that is renewable or expires earlier than 12 months from the date of issuance.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2330 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1905. Requirements for a Person Intended to Oversee a Branch Office**

The person designated as a branch office manager to oversee the operations of a branch office, as specified in A.R.S. § 6-979(B), shall be knowledgeable about the branch activities of the licensee,

supervise compliance by the branch with applicable laws and rules, and have sufficient authority to ensure such compliance. One person may oversee more than one branch.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2330 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1906. Notification of Change of Address**

If a licensee changes the licensee's principal place of business, or the location of a branch office, the licensee shall immediately notify the Director of the address change. A copy of the license shall continue to be displayed at the place of business until a new license is issued.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2330 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1907. Recordkeeping Requirements**

- A.** A licensee may keep its records as electronic records if the licensee can generate all information and complete and legible copies required by this Section within the timeframe set by the Department for examination or other purposes.
- B.** In addition to any statutory requirement regarding records, a record maintained by a commercial mortgage banker shall include the following:
1. A list of all executed loan applications or executed fee agreements that includes the following information:
    - a. Applicant's name;
    - b. Application date;
    - c. Amount of initial loan request;
    - d. Final disposition date;
    - e. Disposition (funded, denied); and
    - f. Name of loan officer;
  2. A record, such as a cash receipts journal, of all money received in connection with commercial mortgage loans including:
    - a. Payor's name;
    - b. Date received;
    - c. Amount; and
    - d. Receipt's purpose including identification of a related loan, if any;
  3. A sequential listing of checks written for each bank account relating to the commercial mortgage banker business, such as a cash disbursement journal, including:
    - a. Payee's name;
    - b. Amount;
    - c. Date; and
    - d. Payment's purpose including identification of a related loan, if any;
  4. Bank account activity source documents for the commercial mortgage banker business including receipted deposit tickets, numbered receipts for cash, bank account statements, paid checks, and bank advices;
  5. A trust subsidiary ledger for each borrower that deposits trust funds showing:
    - a. Borrower's name or co-borrowers' names;
    - b. Loan number, if any;
    - c. Amount received;
    - d. Purpose for the amount received;
    - e. Date received;



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- f. Date deposited into trust account;
- g. Amount disbursed from trust account;
- h. Date disbursed from trust account;
- i. Disbursement's payee and purpose, and
- j. Balance;
- 6. A file for each application for a commercial mortgage loan containing:
  - a. The agreement with the customer concerning the commercial mortgage banker's services, whether as a loan application, fee agreement, or both;
  - b. The documents showing the application's final disposition, such as a settlement statements, a denial or withdrawal letter, or internal memorandum;
  - c. Correspondence sent, received, or both by the licensee;
  - d. Contract, agreement, and escrow instructions to or with any depository;
  - e. If the loan is closed in the licensee's name, a copy of all closing documents including: closing instructions, copy of the executed note, executed deed of trust or mortgage, and each assignment of beneficial interest by the licensee, if any. If any of the documents listed in this subsection have been recorded, the file shall also contain legible copies of the recorded documents; and
  - f. Itemized list of all fees taken in advance including appraisal fee, credit report fee, and application fee;
- 7. Samples of every piece of advertising relating to the commercial mortgage banker's business in Arizona;
- 8. Copies of governmental or regulatory reviews;
- 9. If the licensee is a not a natural person, a file containing:
  - a. Organizational documents for the entity;
  - b. Minutes;
  - c. A record, including a stock or ownership transfer ledger, showing ownership of all proportional equity interests in the licensee, ascertainable as of any given record date; and
  - d. Annual report, if required by law;
- 10. If the licensee or anyone directly or indirectly owning more than 20% of the licensee has a felony conviction, a copy of the judgment or other record of conviction;
- 11. If the licensee or anyone directly or indirectly owning more than 20% of the licensee has, in the previous seven years, been named a defendant in any civil suit, a copy of the complaint, any answer filed by the licensee, and any judgment, dismissal or other final order disposing of the action;
- 12. If the licensee maintains records outside this state, the specific address where the records are kept, and a person's name to contact for them;
- 13. If a licensee does business in other states, it must be able to separate Arizona loan information from information relating to other states to enable the Director to conduct an examination; and
- 14. A licensee shall produce a trial balance of the general ledger monthly to evidence the commercial mortgage banker's net worth.
- C. If 10 or fewer transactions have occurred during the prior calendar quarter, a licensee shall reconcile and update all records specified in subsection (B) at least once each calendar quarter. A licensee shall reconcile and update all records specified in subsection (B) monthly if more than 10 transactions occurred during the prior calendar quarter. In addition to reconciling

each trust bank account, a licensee shall verify each trust balance to each trust subsidiary ledger at each reconciliation.

- D. A licensee shall retain the documents described in subsections (B)(1) and (6) for the length of time provided in A.R.S. § 6-983. For the purposes of A.R.S. § 6-983, the commercial mortgage loan's closing date, on a loan application that did not result in the making of a loan, is either:
  - 1. The date a licensee receives a written cancellation notice from the applicant,
  - 2. The date a licensee mails written notice to an applicant that an application has been denied, or
  - 3. The date of a licensee's internal memorandum closing a loan file.
- E. A licensee shall maintain all other records described in this Section, and not included in subsection (D), for at least two years.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2330 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1908. Impound Accounts**

The total of all funds, if any, retained by the commercial mortgage banker from all periodic payments made by the borrower to maintain a cushion, as defined in R20-4-102, is limited only by the written agreement of the parties, if at all.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2330 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1909. Authorization to Complete Blank Spaces**

An authorization, under A.R.S. § 6-984(A), allowing a licensee or escrow agent to complete certain blank spaces in a document after it is signed by a party to the transaction shall:

- 1. Specifically identify the document and the blank spaces to be completed;
- 2. Be in writing, dated, and signed by the authorizing party; and
- 3. Contain the following notice, conspicuously printed on its face: YOUR SIGNATURE BELOW AUTHORIZES YOUR COMMERCIAL MORTGAGE BANKER OR ESCROW AGENT TO FILL IN SPACES YOU LEFT BLANK IN SPECIFIED LOAN DOCUMENTS YOU ARE ABOUT TO SIGN OR MAY HAVE ALREADY SIGNED. UNDER STATE LAW YOU CAN GIVE THIS AUTHORITY, BUT YOU ARE NOT REQUIRED TO DO SO. YOU CAN REFUSE TO SIGN ANY DOCUMENTS UNTIL ALL BLANKS ARE COMPLETELY FILLED IN.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2330 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1910. Delay or Cause Delay**

A commercial mortgage banker does not delay or does not cause delay if the delay occurs due to events outside the control of the commercial mortgage banker.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R.

## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 4. DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS - FINANCIAL INSTITUTIONS

2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2330 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1911. Acquisition of Additional Interest in Licensee by Majority Owner**

A person owning 51% or more of a licensee's outstanding voting equity interests who acquires the power to vote additional fractional equity interests, shall deliver written notice of the acquisition to the Director. The person shall deliver the notice before completing the

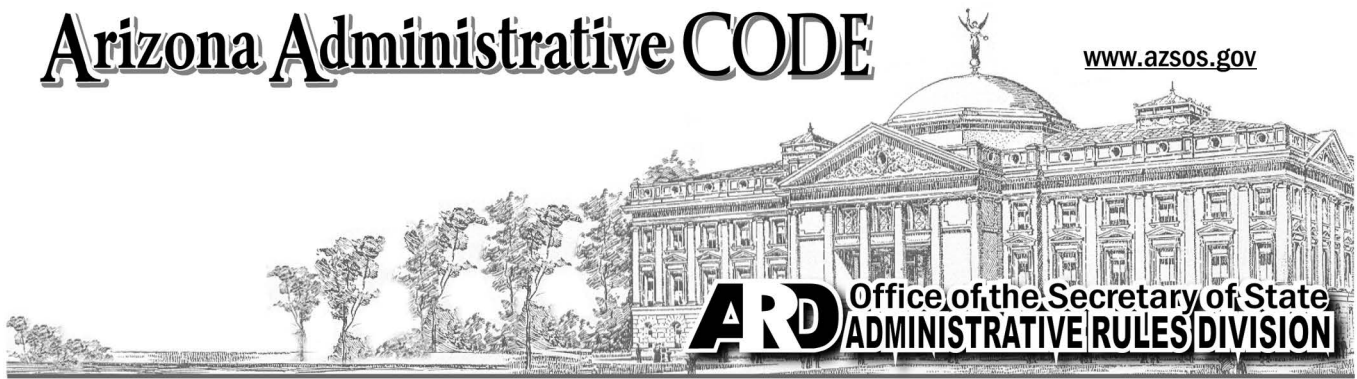
acquisition. Within 10 days after completing the acquisition, the person shall deliver documentation evidencing the acquisition to the Director.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2330 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

# Arizona Administrative CODE

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

### CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

#### 20 A.A.C. 5

#### Supplement Information

#### Supp. 25-4

Rules codified between October 1, 2025 through December 31, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-4 replaces Supp. 25-2, 1-543 pages.**

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

## PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

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The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

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### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

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An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at [www.azsos.gov/rules](http://www.azsos.gov/rules), click on the *Administrative Register* link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

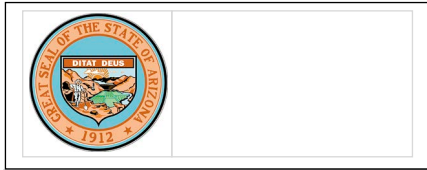
The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

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*Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.*

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## Administrative Rules Division

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Authority: A.R.S. §§ 23-107(A)(1) and 23-405(4)

## Supp. 25-4

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*Article 2, consisting of Sections R20-5-201 through R20-5-224, repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).*

*Article 2, consisting of Sections R4-13-201 through R4-13-222, adopted effective July 6, 1993 (Supp. 93-3).*

*Article 2, consisting of Sections R4-13-201 through R4-13-224, repealed effective July 6, 1993 (Supp. 93-3).*

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## ARTICLE 3. INDUSTRIAL COMMISSION WORKERS' COMPENSATION CLAIMS

*Article 3, consisting of Sections R20-5-301 through R20-5-303, made final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).*

*Article 3, consisting of Sections R20-5-301 through R20-5-329, expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).*

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*Article 7, consisting of Sections R20-5-701 through R20-5-706, made by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 8, 2025 (Supp. 25-4).*

*Article 7, consisting of Sections R20-5-701 through R20-5-739, repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).*

*Article 7, consisting of new Sections R20-5-701 through R20-5-739, adopted effective September 9, 1998 (Supp. 98-3).*

*R20-5-701 through R20-5-708 recodified from R4-13-701 through R4-13-708 (Supp. 95-1).*

*Article 7, consisting of Sections R4-13-701 through R4-13-708, transferred to the Department of Agriculture, Title 3, Chapter 8, Article 7, Sections R3-8-201 through R3-8-208, pursuant to Laws 1990, Ch. 374, Sec. 445 (Supp. 91-3).*

*New Article 7 adopted effective July 13, 1989. (Supp. 89-3)*

*Laws 1981, Ch. 149, effective January 1, 1982, provided for the transfer of the Office of Fire Marshal from the Industrial Commission to the Department of Emergency and Military Affairs, Division of Emergency Services (Supp. 82-2).*

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*Article 9, consisting of new Sections R20-5-901 through R20-5-908, made by final rulemaking at 30 A.A.R. 2130 (June 28, 2024), effective August 5, 2024 (Supp. 24-2).*

*Article 9, consisting of Sections R20-5-901 through R20-5-914, expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).*

*Former Article 9 consisting of Sections R4-13-901 through R4-13-906 repealed effective May 27, 1977. R20-5-901 through R20-5-914 recodified from R4-13-901 through R4-13-914 (Supp. 95-1).*

*Article 9 consisting of Sections R4-13-901 through R4-13-914 adopted effective May 27, 1977.*

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**ARTICLE 11. REPEALED**

*Article 11, consisting of Sections R20-5-1101 through R20-5-1136, repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).*

*Article 11, consisting of Sections R20-5-1101 through R20-5-1136, made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).*

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**ARTICLE 12. ARIZONA MINIMUM WAGE AND EARNED PAID SICK TIME PRACTICE AND PROCEDURE**

*Article 12, consisting of Sections R20-5-1201 through R20-5-1220, made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).*

*Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3).*

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*Article 12, consisting of Sections R20-5-1201 through R20-5-1220, made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1).*

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*Article 14, consisting of Sections R20-5-1401 through R20-5-1404, made by final exempt rulemaking at 27 A.A.R. 2920 (December 17, 2021), effective January 1, 2022 (Supp. 21-4).*

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#### APPENDIX A. ARIZONA PHYSICIANS' AND PHARMACEUTICAL FEE SCHEDULE 2025

*Editor's Note: Fee schedules are available for download in pdf and an Excel spreadsheet at the Arizona Industrial Commission's website, <https://www.azica.gov/arizona-physicians-fee-schedule>*

*Editor's Note: In 2025 an amendment was added to A.R.S. § 23-908(I) which removed the requirement of the Industrial Commission of Arizona to publish its Notice of Exempt Rulemaking of the Arizona Physicians' and Pharmaceutical Fee Schedule in the Arizona Administrative Register. Therefore, there are no references to the publication in the A.A.R. of the notice in historical notes in Supp. 25-2. The original notice is on file with the Division and available for review online at [www.azsos.gov/rules](http://www.azsos.gov/rules) under the "Notices" link, file number R25-111.*

*Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule repealed; new Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).*

*Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule repealed; new Appendix A, Arizona Physicians' and*

*Pharmaceutical Fee Schedule made by exempt rulemaking at 30 A.A.R. 1093 (May 24, 2024), effective May 1, 2024 (Supp. 24-2).*

*Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule repealed; new Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3).*

*Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule repealed; new Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3).*

*Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule repealed; new Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3).*

*Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule repealed; new Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3).*

*Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A will remain in effect though September 30, 2020 (Supp. 19-3).*

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

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**ARTICLE 1. WORKERS' COMPENSATION CLAIMS DIVISION****R20-5-101. Application of the Article; Notice of Rules**

- A. This Article applies to all actions and proceedings before the Commission resulting from:
1. Injuries that occurred on or after January 1, 1969;
  2. Petitions to Reopen or Petitions for Readjustment or Rearrangement of Compensation filed on or after that date.
- B. The Commission deems all parties to have knowledge of this Article.
- C. The Commission shall provide a copy of this Article upon request to any person free of charge.

**Historical Note**

Former Rule 1. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-101 recodified from R4-13-101 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Amended by final rulemaking at 14 A.A.R. 4530, effective, December 2, 2008 (Supp. 08-4). Amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-102. Definitions**

In this Article, unless the context otherwise requires:

“Act” means the Arizona Workers’ Compensation Act, A.R.S. Title 23, Ch. 6, Articles 1 through 12.

“Authorized representative” means an individual authorized by law to act on behalf of a party who files with the Commission a written instrument advising of the individual’s authority to act on behalf of the party.

“Business days” means all days except Saturdays, Sundays, and state legal holidays.

“Carrier” means every insurance carrier authorized by the Arizona Department of Insurance and Financial Institutions to underwrite workers’ compensation insurance in Arizona.

“Claimant” means any person who is entitled to apply for benefits under the Act.

“Filing” means actual receipt of a paper or electronic Commission date-stamped report, document, instrument, videotape, audiotape, or other matter at a Commission office or through the ICA Community.

“ICA Community” means the Commission’s self-service electronic claims portal.

“Physician” means a licensed physician or other licensed practitioner of the healing arts.

“Self-insured employer” means an employer or workers’ compensation pool granted authority by the Commission to self-insure for workers’ compensation.

“Uninsured employer” means an employer that is subject to and fails to comply with A.R.S. §§ 23-961 or 23-962.

**Historical Note**

Former Rule 2. R20-5-102 recodified from R4-13-102 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-103. Location of Industrial Commission Offices and Office Hours**

The principal office of the Industrial Commission of Arizona is located in Phoenix, Arizona. An office is also located in Tucson, Arizona. The offices are open on business days from 8:00 a.m. until 5:00 p.m.

**Historical Note**

Former Rule 3. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-103 recodified from R4-13-103 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-104. Address of Claimant and Uninsured Employer**

- A. A claimant or their authorized representative shall advise in writing to the Commission and carrier or self-insured employer of the claimant’s current mailing address and place of residence. If a claimant files a workers’ compensation claim against an uninsured employer, the claimant shall advise the special fund division of the claimant’s current mailing address and place of residence.
- B. An uninsured employer or their authorized representative against whom a claimant files a workers’ compensation claim shall advise in writing the special fund division of the uninsured employer’s current mailing address and place or places of business.
- C. Providing the address of a claimant’s or uninsured employer’s attorney or authorized representative is not sufficient to meet the requirements of this Section.

**Historical Note**

Former Rule 4. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-104 recodified from R4-13-104 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-105. Filing Requirements; Time for Filing; Computation of Time; Service of Awards and Other Matters from the Claims Division**

- A. A report, document, instrument, videotape, audiotape, or other matter required to be filed with the Commission under A.R.S. § 23-901 et seq. and this Article shall be filed within the time required by law and this Article.
- B. For purposes of computing time under this Article, the following applies:
1. The Commission shall not include in the computation of time the day of the act or event from which the designated period begins to run.
  2. The Commission shall include in the computation of time the last day of the designated period, unless the last day is a Saturday, Sunday, or state legal holiday, in which event the period runs until the end of the next business day.
  3. If the period of time prescribed is less than 11 days, the Commission shall not include intermediate Saturdays, Sundays, or state legal holidays in the computation of time.
- C. The Commission shall deem a report, document, instrument, videotape, audiotape, or other matter filed at the Tucson office as filed at the principal office for purposes of computing time.
- D. An award, notice, document, or other matter required by the Act, this Article, or other law to be served from the Commission shall be made upon a party or, if represented, the party’s

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authorized representative. Service upon the authorized representative is service upon the party.

**E.** Service may be made and is deemed complete by:

1. Depositing the document or matter in the United States mail, with postage prepaid, addressed to the party served at the address as shown by the records of the Commission;
2. Personal service in the same manner as a summons is served in a civil action; or
3. Through the chosen method of service in the Commission "ICA Community."

**F.** If "three consecutive mailings" are returned as non-deliverable it is sufficient evidence of nonconformity with R20-5-104 and considered an abandonment of the claim.

**Historical Note**

Former Rule 5. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-105 recodified from R4-13-105 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-106. Claims Division Forms**

**A.** The following forms, and accompanying instruction sheets, are available at <http://www.azica.gov> or upon request from the Commission Claims Division, and shall be used when applicable:

1. Employer Report of Injury,
2. Worker's and Physician's Report of Injury,
3. Worker's Report of Injury,
4. Dependent Benefits Claim,
5. Notice of Claim Status,
6. Carrier's Recommended Average Monthly Wage Calculation,
7. Request to Leave the State,
8. Request to Change Doctors,
9. Request for Hearing,
10. Notice of Suspension of Benefits,
11. Notice of Permanent Disability Benefits,
12. Notice of Death Benefits,
13. Notice of Permanent Disability and Request for Determination of Benefits,
14. Notice of Supportive Medical Maintenance Benefits,
15. Petition to Reopen,
16. Petition for Rearrangement,
17. Annual Report of Income,
18. Notice of Intent to Suspend,
19. Permanent Compensation Payment Plan,
20. Compliant of Bad Faith and Unfair Claim Processing Practices,
21. Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material,
22. Professional Employer Agreement,
23. Employee Rejection of Terms,
24. Employee Revocation of Rejection of Terms,
25. Administer Account Request,
26. Change, Combine or Delete Request,
27. Request to Maintain an Out-of-State Claims Office,
28. Medical Treatment Preauthorization.

**B.** Forms prescribed under subsection (A) shall not be changed, amended, or otherwise altered without the prior written approval of the Commission.

**Historical Note**

Former Rule 6. Amended effective March 1, 1987, filed

February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-106 recodified from R4-13-106 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Amended by final rulemaking at 15 A.A.R. 991, effective June 2, 2009 (Supp. 09-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3). Amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-107. Manner of Completion of Forms and Documents**

- A.** An individual completing a form or document shall fill out the form or document legibly and completely.
- B.** A party shall sign any form or document that is required by A.R.S. § 23-1028(D).
- C.** A party or a party's authorized representative shall sign all other forms or documents that are required under the Act, this Chapter, or other laws.
- D.** If, within the time period prescribed by law, a party files an illegible or incomplete form or document, the Commission shall serve notice to the party that the form or document fails to comply with this Section. The Commission deems the report or document timely filed if the party files a properly completed and signed form or document within 14 days after the Commission serves the notice described in this subsection.

**Historical Note**

Former Rule 7. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-107 recodified from R4-13-107 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-108. Confidentiality of a Commission Claims File; Reproduction and Inspection of a Commission Claims File**

- A.** Except as provided in this Section, a claims file maintained by the Commission is private and confidential and the Commission shall not make the claims file available for inspection and copying. For purposes of this Section, "claims file" means the official record maintained by the Commission for a claimant's industrial injury including the worker's report of injury, employer's report of injury, worker and physician's report of injury, and all other reports, records, instruments, videotapes, audiotapes, transcripts, and other matters scanned or otherwise placed into the file.
- B.** The Commission shall make a Commission claims file or transcript relating to a current or prior claim of a claimant available for inspection and copying to any person or authorized representative that is a party to any proceeding currently or previously before the Commission involving the same claimant.
- C.** The Commission shall not make a Commission claims file or transcript available to a non-party for inspection and copying unless the Commission receives a court order or written authorization signed by the affected claimant or the affected claimant's authorized representative.
- D.** A Commission claims file shall not be removed from a Commission office unless in the custody of an authorized representative of the Commission.

**Historical Note**

Former Rule 8. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective

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August 28, 1992 (Supp. 92-3). R20-5-108 recodified from R4-13-108 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-109. Employer Duty to Report Fatality**

If an employee dies as a result of an injury by accident arising out of and in the course of employment, the employer shall report the death to the Commission's claims division no later than the next business day following the death. The report shall state the name of the employee, when, how, and where the accident occurred, and the nature of the condition causing the accident. This Section does not limit or affect an employer's duty to report a death to the Arizona Division of Occupational Safety and Health of the Commission as required under R20-5-629.

**Historical Note**

Former Rule 9. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-109 recodified from R4-13-109 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-109 renumbered to R20-5-224; new Section R20-5-109 renumbered from R20-5-110 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-110. Request for Autopsy**

If a claim is filed for compensation for death from an industrial injury and an autopsy is requested, the expense of the autopsy shall be borne by the requesting party.

**Historical Note**

Former Rule 10. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-110 recodified from R4-13-110 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-110 renumbered to R20-5-109; new Section R20-5-110 renumbered from R20-5-111 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-111. Physician's Initial Report of Injury**

- A. A physician shall complete and file with the Commission a physician's initial report of injury under A.R.S. § 23-908(A) within eight days after first providing treatment to an injured worker. The physician shall report the injury:
  - 1. Using the Worker's and Physician's Report of Injury, or
  - 2. Attaching a medical report that contains the information required in the Worker's and Physician's Report of Injury.
- B. The physician shall sign and date the Worker's and Physician's Report of Injury or the medical report. The signature of the physician may be typewritten or stamped on this form.
- C. If a claimant uses the Worker's and Physician's Report of Injury to initiate a claim, either the injured worker or the injured worker's authorized representative shall sign the worker's portion of the Worker's and Physician's Report of Injury.

**Historical Note**

Former Rule 11. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-111 recodified from R4-13-111 (Supp. 95-1). Section R20-5-111 renumbered to R20-5-110; new Section R20-5-111 renumbered from R20-5-112 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6,

2025 (Supp. 25-4).

**R20-5-112. Physician's Duty to Provide Signed Reports; Rating of Impairment of Function; Restriction Against Interruption or Suspension of Benefits; Change of Physician**

- A. If a claimant's disability extends beyond seven days, every physician who attends, treats, or examines the claimant shall provide to the carrier, self-insured employer, or special fund division, at least once every 30 days while the claimant's disability continues, a personally signed report describing the:
  - 1. Claimant's condition,
  - 2. Nature of treatment, and
  - 3. Current work status.
- B. When a physician discharges a claimant from treatment, the physician:
  - 1. Shall determine whether the claimant has sustained any impairment of function resulting from the industrial injury. The physician should rate the percentage of impairment using the standards for the evaluation of permanent impairment as published in the 6th edition of the American Medical Association Guides to the Evaluation of Permanent Impairment, published January 2008, if applicable; and
  - 2. Shall provide a final signed report to the carrier, self-insured employer, or special fund division that details the rating of impairment and the clinical findings that support the rating.
- C. A carrier, self-insured employer, and special fund division shall not interrupt or suspend a claimant's temporary disability compensation benefits because a physician fails to comply with any requirement of subsection (A).
- D. A carrier, self-insured employer, and special fund division may withhold payment to a physician for services rendered to a claimant until the physician complies with subsection (A).
- E. Upon application of a party, the Commission shall authorize a change of physician if any of the following applies:
  - 1. The Commission determines that the health, life, or recovery of a claimant is hindered, endangered, or impaired;
  - 2. The attending physician agrees to the change or is unavailable to continue treatment;
  - 3. The Commission determines that the relationship between the attending physician and claimant renders further progress or improvement unlikely;
  - 4. The Commission determines that the claimant's recovery may be expedited by a change of physician or conditions of treatment; or
  - 5. The carrier, self-insured employer, or special fund division agrees to the change.
- F. Except as provided in A.R.S. § 23-1070 and this subsection, a claimant who is examined by a physician under A.R.S. § 23-908(F) is not required to obtain written authorization to change to another physician. If, however, the claimant continues to see, or treat with, a physician who the claimant initially saw or treated with under A.R.S. § 23-908(F), then that physician is an attending physician, and the claimant shall obtain written authorization to change under A.R.S. § 23-1071(B) if the claimant seeks to change to another physician.
- G. Within 10 days of a request, a claimant shall provide to a party in a Commission proceeding involving the claimant, a release of information authorizing any attending, treating, or examining medical provider to provide records described in A.R.S. § 23-908(A).

**Historical Note**

Former Rule 12. Amended effective March 1, 1987, filed

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February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-112 recodified from R4-13-112 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-112 renumbered to R20-5-111; new Section R20-5-112 renumbered from R20-5-113 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-113. Examination at Request of Commission, Carrier or Employer**

- A. If the Commission or a party requests an examination of a claimant by a physician, the party requesting the examination shall serve the claimant, or if represented, the claimant's attorney of record, with notice of the time, date, place, and physician conducting the examination at least 15 days before the scheduled date of the examination.
- B. If a claimant unreasonably fails to attend or promptly advise of the claimant's inability to attend an examination under this Section, the party requesting the examination may charge the claimant or deduct from the claimant's entitlement to present or future temporary or permanent disability compensation, any reasonable expense of the missed appointment.
- C. If a carrier, self-insured employer, or special fund division requests an examination of a claimant's mental or physical condition under A.R.S. § 23-1026, the carrier, self-insured employer, or special fund division shall immediately, upon receipt of the report of the examination, provide a copy of the report to the claimant or the claimant's authorized representative. If the mental condition of an unrepresented claimant is examined under A.R.S. § 23-1026, the carrier, self-insured employer, or special fund division may, in its discretion, provide the report to the claimant's treating physician rather than to the claimant.

**Historical Note**

Former Rule 13. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-113 recodified from R4-13-113 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-113 renumbered to R20-5-112; new Section R20-5-113 renumbered from R20-5-114 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-114. Request to Leave the State**

- A. The effective date of an order granting or denying a request to leave the state under A.R.S. § 23-1071(A) is the date a claimant files a request to leave the state with the Commission.
- B. For purposes of A.R.S. § 23-1071(A):
  1. "Leave the state" means to travel across the state border, except when the logical or nearest medical facility is situated across the state border;
  2. "While the necessity of having medical treatment continues" means the period in which a claimant asserts an entitlement to temporary compensation, or active medical, surgical, or hospital benefits; and
  3. "From the date the employee first requested the written approval" means from the date the claimant's request is filed with the Commission.

**Historical Note**

Former Rule 14. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-114 recodified from R4-13-114 (Supp. 95-1). Amended by final rulemak-

ing at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-114 renumbered to R20-5-113; new Section R20-5-114 renumbered from R20-5-115 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-115. Payment of Claimant's Travel Expenses When Directed to Report for Medical Examination or Treatment**

- A. If a claimant is directed by a carrier, self-insured employer, or special fund division to report for a medical examination or treatment in a locality other than either the claimant's current place of residence or employment, the carrier, self-insured employer, or special fund division shall pay, in advance, the claimant's travel expenses from either the claimant's current place of residence or employment, whichever route of travel is required.
- B. For purposes of this Section, "travel expenses" means those expenses required to be paid under A.R.S. § 23-1026(A).
- C. The carrier, self-insured employer, or special fund division shall calculate travel expenses using the current rates applicable to state employees.

**Historical Note**

Former Rule 15. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-115 recodified from R4-13-115 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-115 renumbered to R20-5-114; new Section R20-5-115 renumbered from R20-5-116 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-116. Medical, Surgical, Hospital, and Burial Expenses**

- A. A carrier, self-insured employer, or special fund division, shall pay bills for medical, surgical, and hospital benefits provided under A.R.S. § 23-901 et seq. according to applicable medical and surgical fee schedules adopted by the Commission and in effect at the time the services are rendered. A physician or provider of nursing, hospital, drug or other medical services shall itemize and submit a bill for payment only to the responsible carrier, self-insured employer, or special fund division.
- B. Medical treatment or services shall not be delayed or cancelled due to payment requirements or billing disputes with any carrier, self-insured employer, or special fund division on any accepted workers' compensation claim.
- C. A medical provider, their agent or debt collector shall not seek payment from any claimant for any disputed or unpaid amounts that are the responsibility of the carrier, self-insured employer, or special fund division.
- D. If a claimant pays a bill described in subsection (A), the responsible carrier, self-insured employer, or special fund division shall reimburse the claimant the amount allowed by the fee schedules, provided that the claimant presents receipted vouchers or other proof of payment to support the claim for reimbursement.
- E. If an insured employer pays a bill described in subsection (A), the responsible carrier or self-insured employer shall reimburse the employer the amount allowed by the fee schedules, provided that the employer presents receipted vouchers or other proof of payment to support the claim for reimbursement.

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- F. A carrier, self-insured employer, or special fund division may pay any authorized burial expenses directly to the funeral service professional.
- G. If an employee's dependent pays burial expenses, the responsible carrier, self-insured employer, or special fund division shall reimburse the dependent the amount authorized by A.R.S. § 23-1046 provided that the dependent presents proof of payment to support the claim for reimbursement.
- H. If an insured employer pays burial expenses, the responsible carrier or self-insured employer shall reimburse the employer to the extent authorized by A.R.S. § 23-1046 provided that the employer presents proof of payment to support the claim for reimbursement.

**Historical Note**

Former Rule 16. Amended subsections (A) and (B) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Correction to subsection (A) as certified effective March 1, 1987 (Supp. 88-4). R20-5-116 recodified from R4-13-116 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-116 renumbered to R20-5-115; new Section R20-5-116 renumbered from R20-5-117 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-117. Effective Date of Notices of Claim Status and Other Determinations; Attachments to Notices of Claim Status; Form of Notices of Claim Status**

- A. If a notice of claim status accepting a claim for benefits is final, any subsequent notice of claim status that changes a claimant's amount of, or entitlement to, compensation or medical, surgical, or hospital benefits shall not have a retroactive effect for more than 30 days from the date a carrier or self-insured employer issues the subsequent notice of claim status. This subsection does not apply to a subsequent notice that affects the entitlement to or amount of death benefits. The Commission may for good cause relieve a carrier or self-insured employer of the effect of this subsection.
- B. If a notice of claim status or other determination issued by a carrier, self-insured employer, or special fund division, is based upon a physician's report:
  1. The carrier, self-insured employer, or special fund division shall attach a copy of the physician's complete report to the notice of claim status or other determination sent to the Commission; and
  2. The carrier, self-insured employer, or special fund division shall attach a copy of the physician's complete report to the notice of claim status or other determination served on a party, except as provided in R20-5-113(C).
- C. If a carrier, self-insured employer, or special fund division pays compensation to a claimant:
  1. The carrier or self-insured employer shall close the claim by issuing a notice of claim status; and
  2. The special fund division shall close the claim by issuing a notice of determination.
- D. The inadvertent failure of a carrier, self-insured employer, or special fund division to comply with subsection (B) shall not affect the validity of a notice or determination if the carrier, self-insured employer, or special fund division issuing the notice or determination had in its possession at the time the notice or determination is issued a medical report consistent with the notice or determination.

**Historical Note**

Former Rule 17. Amended effective March 1, 1987, filed

February 26, 1987 (Supp. 87-1). R20-5-117 recodified from R4-13-117 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-117 renumbered to R20-5-116; new Section R20-5-117 renumbered from R20-5-118 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-118. Notice of Third-party Settlement**

- A. Except as otherwise provided by law, if an employer is insured for workers' compensation insurance and a claimant, or in the event of death, the claimant's dependent, elects to proceed against a third party, the claimant shall notify the appropriate workers' compensation carrier, or self-insured employer, of any settlement or judgment in the third party suit and the basis upon which the claimant and third party agree to disburse the proceeds of the settlement or judgment.
- B. If an employer is uninsured for workers' compensation insurance and a claimant, or in the event of death, the claimant's dependent, elects to proceed against a third party, the claimant shall notify the special fund division of any settlement or judgment in the third-party suit and the basis upon which the claimant and third party agree to disburse the proceeds of the settlement or judgment.
- C. If a lawsuit is filed against a third party, the claimant or the claimant's attorney shall provide copies of pleadings and all offers of settlement to the workers' compensation carrier, self-insured employer, or special fund division to whom notice is required under subsections (A) and (B).

**Historical Note**

Former Rule 18. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-118 recodified from R4-13-118 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-118 renumbered to R20-5-117; new Section R20-5-118 renumbered from R20-5-119 at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-119. Rejection of the Act**

If an employee serves upon an employer written notice under A.R.S. § 23-906(B), rejecting the provisions of the Act, the employer shall keep one copy of the rejection in the employer's business records.

**Historical Note**

Former Rule 19. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-119 recodified from R4-13-119 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-119 renumbered to R20-5-118; new Section R20-5-119 renumbered from R20-5-123 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-120. Rejection Not Applicable to New Employment**

- A. An election by an employee to reject the Act is not binding upon the employee in a new employment by another employer or following re-employment by the same employer.
- B. If an employee is continuously employed and the employer changes workers' compensation carriers, form of doing business, or becomes self-insured, the prior rejection is valid and remains in full force and effect.



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**Historical Note**

Former Rule 20. Amended subsections (A) and (B) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-120 recodified from R4-13-120 (Supp. 95-1). Section R20-5-120 renumbered to R20-5-220; new Section R20-5-120 renumbered from R20-5-124 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-121. Rejection Before an Employer Complies with A.R.S. §§ 23-961(A) and 23-906(D)**

An employee's rejection of the Act received by an employer before the employer complies with the requirements of A.R.S. §§ 23-961(A) or 23-906(D) is valid and continues in full force and effect whether the employer subsequently obtains workers' compensation coverage under A.R.S. § 23-961(A), posts the notice required under A.R.S. § 23-906(D), or makes available the forms required under A.R.S. § 23-906(D).

**Historical Note**

Former Rule 21. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-121 recodified from R4-13-121 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Amended by final rulemaking at 10 A.A.R. 724, effective February 3, 2004 (Supp. 04-1). Amended by final rulemaking at 11 A.A.R. 2973, effective July 12, 2005 (Supp. 05-3). Amended by final rulemaking at 13 A.A.R. 4139, effective November 6, 2007 (Supp. 07-4). Section R20-5-121 renumbered to R20-5-301; new Section R20-5-121 renumbered from R20-5-125 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-122. Revocation of Rejection**

- A. An employee who rejects the Act may revoke that rejection by serving upon the employee's employer an original and one copy of a written notice of revocation. The written revocation shall state that the employee revokes the employee's prior rejection of the Act.
- B. Within five days after receiving a written notice of revocation, an insured employer shall file with the employer's carrier, or workers' compensation pool, a copy of the notice of revocation. The employee has all rights to compensation and benefits provided by the Act for any injury that occurs after the employee serves the revocation notice upon the employer.

**Historical Note**

Former Rule 22. Amended subsections (A) and (B) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-122 recodified from R4-13-122 (Supp. 95-1). Section R20-5-122 renumbered to R20-5-302; new Section R20-5-122 renumbered from R20-5-126 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-123. Carrier Notification of Coverage**

- A. Every carrier authorized to underwrite workers' compensation insurance in Arizona shall, within five days after undertaking to insure an employer, report that information to the rating organization approved by the Arizona Department of Insurance and Financial Institutions pursuant to A.R.S. § 20-357.
- B. The Self-Insurance Unit of the Commission shall notify the Claims Division at least 14 days prior to the effective date of an employer being authorized by the Commission to self-insure for workers' compensation.

- C. The carrier shall promptly notify the rating organization of any cancellation by the employer or failure of the employer to renew the policy.
- D. Policies may not be cancelled by the insurer except for non-payment or when one or both parties to a Professional Employer Organization agreement terminate the agreement.

**Historical Note**

Former Rule 23. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-123 recodified from R4-13-123 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-123 renumbered to R20-5-119; new Section R20-5-123 renumbered from R20-5-127 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-124. Medical Information Reproduction Cost Limitation; Definition of Medical Information**

- A. A health care provider shall not charge more than \$.25 per page plus \$10 per hour in associated clerical costs for reproduction of medical information when a party, an authorized representative of a party, or an entity that is authorized by a claimant in a workers' compensation matter makes a request for that information under A.R.S. § 23-908(D). For electronic medical records only the \$10 per hour in associated clerical costs are chargeable.
- B. This Section applies to all A.R.S. § 23-908(B) health care providers providing medical services to injured claimants including health care providers that contract with copying services, recordkeeping services, or other similar services for the reproduction of medical information. For purposes of this Section, fees for reproduction of medical information charged by these services are considered the same as if the reproduction fees are charged by a health care provider.
- C. For purposes of this Section, "medical information" means:
  1. A communication recorded in any form or medium and maintained for the purpose of patient care, diagnosis, or treatment, including a report, note, order, test result, photograph, videotape, X-ray, and billing record;
  2. A report of an independent medical examination that describes patient care or treatment;
  3. A psychological record;
  4. A medical record held by a health care provider including a medical record prepared by another provider; and
  5. A recorded communication between emergency medical personnel and medical personnel concerning the care or treatment of a person.
- D. For purposes of this Section, "medical information" does not include:
  1. Materials that are prepared in connection with utilization review, peer review, or quality assurance activities, including records that a health care provider prepares under A.R.S. §§ 36-441, 36-445 or 36-2402; and
  2. Recorded telephone and radio calls to and from a publicly operated emergency dispatch office relating to requests for emergency services or reports of suspected criminal activity.

**Historical Note**

Former Rule 24. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-124 recodified from R4-13-124 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-124 renumbered to R20-5-120; new Section R20-5-124 renumbered from

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R20-5-128 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-125. Carrier or Workers' Compensation Pool Determinations Binding upon its Insured or Member**

- A. The Commission deems a carrier or workers' compensation pool the agent of an employer insured by the carrier or workers' compensation pool.
- B. The Commission also deems any action or determination taken or made by the carrier or workers' compensation pool binding upon the employer. The employer may not protest or petition the Commission for relief concerning an action or determination taken by the employer's carrier or workers' compensation pool unless the employer notifies the carrier or workers' compensation pool, and the Commission in writing that the employer disagrees with the carrier's or worker's compensation pool's action or determination within the time described in A.R.S. § 23-947.

**Historical Note**

Former Rule 25. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-125 recodified from R4-13-125 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-125 renumbered to R20-5-121; new Section R20-5-125 renumbered from R20-5-129 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-126. Claims Office Location and Function; Requirements of Maintaining an Out-of-State Claims Office**

- A. Except as provided in subsection (B), each carrier that has or is underwriting workers' compensation insurance in Arizona, and each employer and workers' compensation pool that has been granted authority to act as a self-insurer by the Commission, shall maintain a workers' compensation claims office in Arizona. A carrier, self-insured employer, and self-insured workers' compensation pool shall process and pay workers' compensation claims and maintain the workers' compensation claims files described in R20-5-127 in its Arizona office. A carrier, self-insured employer, and self-insured workers' compensation pool shall notify the claims division of the Commission of the address of the Arizona claims office.
- B. Except as provided in subsections (C) and (D), a carrier or self-insured employer may request authorization from the Commission to maintain an out-of-state claims office. The Commission shall grant a carrier or self-insured employer authorization to maintain an out-of-state claims office no later than 20 days after the carrier or self-insured employer provides satisfactory evidence of the following:
  - 1. Existence of a toll-free telephone line to the out-of-state claims office;
  - 2. Completion of Commission claims division's training by the individuals responsible for claims processing at the out-of-state office.
- C. The Commission shall rescind its authorization to maintain an out-of-state claims office if a carrier or self-insured employer no longer meets the requirements of subsection (B) or fails to process and pay claims as required under the Act and this Article.
- D. A carrier or self-insured employer maintaining an out-of-state claims office shall print the carrier's or self-insured employer's toll-free telephone number to the out-of-state claims office on all notices of claim status or other determinations issued by the out-of-state claims office. Failure to print

the toll-free telephone number on a notice or other determination as required by this subsection does not affect the validity of the notice or determination.

- E. For claims processing purposes, a carrier, self-insured employer, or self-insured workers' compensation pool may have more than one designated representative provided the carrier, self-insured employer, or self-insured workers' compensation pool:
  - 1. Notifies the Commission at the time an insurance policy is issued or authorization to self-insure is granted; and
  - 2. Notifies the Commission each time that the insurance policy is renewed.
- F. The Commission Self-Insurance Unit shall notify the Commission when self-insurance authority is granted, revoked, or terminated.

**Historical Note**

Former Rule 26. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-126 recodified from R4-13-126 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-126 renumbered to R20-5-122; new Section R20-5-126 renumbered from R20-5-130 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-127. Maintenance of Carrier and Self-insured Employer Claims Files; Contents; Inspection and Copying; Exchange of Medical Reports; Authorization to Obtain Medical Records**

- A. A carrier and self-insured employer shall maintain a workers' compensation claims file for each claimant. A carrier and self-insured employer shall include in a workers' compensation claims file all employer's reports, medical and hospital reports, awards, orders, notices of claims status, wage data, and all other items affecting the claim required by law to be maintained by a carrier or self-insured employer.
- B. Subject to subsection (C), all parties, authorized representatives of parties, and authorized representatives of the Commission may inspect and copy items contained in a carrier's or self-insured employer's claims file within five days from the date the item is filed in the claims file. In lieu of producing a claims file for inspection and copying, with the written permission of the claimant, a digital copy of the claims file may be provided within five days of a party's request.
- C. If a carrier or self-insured employer maintains a claims file at an out-of-state claims office, the carrier or self-insured employer shall make the claims file available for copying and inspection to the persons listed in subsection (B) within 10 days after receiving a request for the file at a location in Arizona designated by the carrier or self-insured employer. In lieu of producing a claims file for inspection and copying at a location in Arizona, with the written permission of the claimant, a digital copy of the claims file may be provided within five days of a party's request.
- D. A carrier or self-insured employer shall furnish copies of a claims file within 10 days after receiving a request from any party, authorized representative of a party, and authorized representative of the Commission at a charge not to exceed \$.25 per page. A carrier or self-insured employer may require prepayment of the copying charges if the requester or authorized representative has an account with the carrier or self-insured employer that is more than 30 days overdue.
- E. A carrier or self-insured employer is not required to maintain in a claims file, or produce for inspection and copying:

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1. Documents or matters representing the work product of the carrier or self-insured employer;
  2. Documents or matters representing the work product of a carrier's or self-insured's attorney; or
  3. Investigation and rehabilitation reports.
- F. All medical records concerning a claimant's mental or physical condition that are in a party's possession shall be furnished, upon request, to another party in the same Commission proceeding.

**Historical Note**

Former Rule 27. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-127 recodified from R4-13-127 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-127 renumbered to R20-5-123; new Section R20-5-127 renumbered from R20-5-131 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-128. Bad Faith and Unfair Claim Processing Practices**

- A. For purposes of A.R.S. § 23-930, an employer, self-insured employer, carrier, or claims processing representative commits "bad faith" if the employer, self-insured employer, carrier, or claims processing representative:
1. Institutes a proceeding or interposes a defense that is not:
    - a. Well-grounded in fact;
    - b. Warranted by existing law; or
    - c. A good faith argument for the extension, modification, or reversal of existing law;
  2. Unreasonably delays:
    - a. Payment of benefits; or
    - b. Authorization for, or receipt of, medical benefits or treatment;
  3. Unreasonably underpays benefits;
  4. Unreasonably terminates benefits;
  5. Intentionally misleads a claimant as to applicable statutes of limitation, benefits, or remedies available to the claimant under the Act or under this Article; or
  6. Unreasonably interferes with or obstructs the claimant's right to choose the claimant's attending physician, except in cases involving a self-insured employer under A.R.S. § 23-1070.
- B. For purposes of A.R.S. § 23-930, an employer, self-insured employer, carrier, or claims processing representative commits "unfair claim processing practices" if the employer, self-insured employer, carrier, or claims processing representative:
1. Unreasonably issues a notice of claim status without adequate supporting information in its possession or available to it;
  2. Unreasonably fails to acknowledge communications from the Commission, an unrepresented claimant, or a claimant's attorney with respect to a claim;
  3. Fails to act reasonably and promptly upon communications from the Commission, an unrepresented claimant, or a claimant's attorney with respect to a claim;
  4. Directly advises a claimant not to consult or obtain the services of an attorney; or
  5. Communicates directly, for an improper purpose, with a claimant represented by an attorney.
- C. A person alleging bad faith or unfair claim processing practices ("complainant") shall file a written complaint with the claims manager of the Commission. The complainant, or the

complainant's authorized representative, shall sign the complaint.

- D. The complaint shall describe the specific actions of the employer, self-insured employer, carrier, or claims processing representative, that are alleged to constitute bad faith or unfair claim processing practices. A complaint form is available upon request from the Commission.
- E. Upon receipt of a complaint under this subsection, the claims manager of the Commission shall serve the complaint upon all parties.
- F. If the Commission acts on its own motion under A.R.S. § 23-930(A), the claims manager shall mail a notice of alleged bad faith or unfair claim processing practices to the claimant or the claimant's authorized representative and the:
1. Employer;
  2. Self-insured employer;
  3. Carrier; or
  4. Claims processing representative.
- G. The person or entity named in a complaint or notice served under A.R.S. § 23-930 and this Section shall file with the claims manager a written response to the complaint or notice, within 30 days after service by the Commission of the complaint or notice.
- H. The person or entity filing a written response shall serve a copy of the response upon the complainant, or the complainant's authorized representative, if represented.
- I. If the person or entity named in a complaint or notice served under A.R.S. § 23-930 and this Section fails to file a written response, the Commission shall consider the absence of a response a denial of the allegations of the complaint or notice.
- J. Upon receipt of a written response, or upon the expiration of 30 days if no response is filed, the Commission shall enter an award as it deems, in its discretion, appropriate under A.R.S. §§ 23-930(B) or (C).

**Historical Note**

Former Rule 28. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-128 recodified from R4-13-128 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-128 renumbered to R20-5-124; new Section R20-5-128 renumbered from R20-5-163 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-129. Human Immunodeficiency Virus, Hepatitis C, Methicillin-resistant Staphylococcus Aureus, Spinal Meningitis and Tuberculosis; Significant Exposure; Employee Notification; Reporting; Documentation; Forms**

- A. An employer subject to the Act shall notify its employees of the requirements of A.R.S. §§ 23-1043.02, 23-1043.03, and 23-1043.04 by posting the Commission notices titled "Work Exposure to Bodily Fluids" and "Work Exposure to methicillin-resistant Staphylococcus Aureus (MRSA), Spinal Meningitis, or Tuberculosis (TB)" in a conspicuous place immediately next to the "Notice to Employees" notice required under A.R.S. § 23-906(D).
- B. Properly posted "Work Exposure to Bodily Fluids" and "Work Exposure to Methicillin-resistant Staphylococcus Aureus (MRSA), Spinal Meningitis, or Tuberculosis (TB)" notices constitute sufficient notice to employees of the requirements of a prima facie case under A.R.S. §§ 1043.02(B), 23-1043.03(B), and 23-1043.04(B).
- C. An employer's carrier, claims processor, or workers' compensation pool shall provide the notices specified in subsection

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(A) to the employer. These notices are also available from the Commission upon request.

- D. An employer shall make readily available to its employees the Commission form described in R20-5-106 titled "Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material." An employer's carrier, claims processor, or workers' compensation pool shall provide the "Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material" to the employer. This form is also available from the Commission upon request.
- E. If an employee sustains a significant exposure as defined in A.R.S. §§ 23-1043.02(G), 23-1043.03(G), or 23-1043.04(H)(2), the employee shall complete, date, and sign a "Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material" form. The employee or employee's authorized representative shall give to the employer the completed, dated, and signed form. The employer shall return one copy of the completed form to the employee or to the employee's authorized representative. Nothing in this subsection limits the requirements to report an injury or file a claim under the Act.
- F. If an employee submits an initial written report of a significant exposure to an employer, but does not use the Commission form titled "Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material" the employer shall provide the employee the Commission form within five calendar days after receiving the employee's initial written report.
- G. The date of the receipt by the employer or its authorized representative of the employee's initial report is the date used to compute the time period prescribed in A.R.S. §§ 23-1043.02(B)(2), 23-1043.03(B)(2), and 23-1043.04(B)(2) if:
  1. The initial report contains the information required in the "Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material" form, or
  2. The employee gives to the employer the completed Commission form within 10 calendar days after the employee's receipt of the Commission form.
- H. Failure or refusal by the employer to provide the Commission form to the employee shall not be a defense to a prima facie claim under A.R.S. §§ 23-1043.02(B), 23-1043.03(B), and 23-1043.04(B).
- I. In investigating the circumstances and facts surrounding an employee's report to an employer of a significant exposure under A.R.S. §§ 23-1043.02(C), 23-1043.03(C), and 23-1043.04(C), the employer, or its carrier, or any employees, agents or contractors of either the employer or carrier, shall not disclose to any person, except as authorized or required by law, that the reporting employee, or any witness or alleged source of exposure, may have or did contract the human immunodeficiency virus, acquired immune deficiency syndrome, hepatitis C, methicillin-resistant *Staphylococcus aureus*, spinal meningitis, or tuberculosis. However, an employer, its carrier or their respective attorneys, may:
  1. Direct an agent to investigate the employee's report of significant exposure, and
  2. Communicate with the investigating agent about the conduct and results of the investigation.
- J. As required under the federal Occupational Safety and Health Standard for Bloodborne Pathogens, 29 CFR 1910.1030, an employer shall pay for the testing required by A.R.S. § 23-1043.02.

**Historical Note**

Former Rule 29. Amended subsection (A) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-129 recodified from R4-13-129 (Supp. 95-1). Amended by

final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-129 renumbered to R20-5-125; new Section R20-5-129 renumbered from R20-5-164 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-130. Renumbered****Historical Note**

Former Rule 30. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-130 recodified from R4-13-130 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-130 renumbered to R20-5-126 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-131. Renumbered****Historical Note**

Former Rule 31. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-131 recodified from R4-13-131 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-131 renumbered to R20-5-127 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-132. Renumbered****Historical Note**

Former Rule 32. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-132 recodified from R4-13-132 (Supp. 95-1). Section R20-5-132 renumbered to R20-5-235 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-133. Repealed****Historical Note**

Former Rule 33. Amended subsections (A), (C), (D) and (E) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-133 recodified from R4-13-133 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section repealed by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-134. Repealed****Historical Note**

Former Rule 34. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-134 recodified from R4-13-134 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section repealed by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-135. Repealed****Historical Note**

Former Rule 35. Amended subsections (A) and (B) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-135 recodified from R4-13-135 (Supp. 95-1). Section

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repealed by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-136. Expired****Historical Note**

Former Rule 36. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-136 recodified from R4-13-136 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section expired under A.R.S. § 41-1056(J) at 22 A.A.R. 3475, effective November 8, 2016 (Supp. 16-4).

**R20-5-137. Renumbered****Historical Note**

Former Rule 37. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-137 recodified from R4-13-137 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-137 renumbered to R20-5-204 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-138. Renumbered****Historical Note**

Former Rule 38. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-138 recodified from R4-13-138 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-138 renumbered to R20-5-205 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-139. Renumbered****Historical Note**

Former Rule 39. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-139 recodified from R4-13-139 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-139 renumbered to R20-5-206 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-140. Renumbered****Historical Note**

Former Rule 40. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-140 recodified from R4-13-140 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-140 renumbered to R20-5-207 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-141. Renumbered****Historical Note**

Former Rule 41. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-141 recodified from R4-13-141 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-141 renumbered to R20-5-209 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-142. Renumbered****Historical Note**

Former Rule 42. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-142 recodified from R4-13-142 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-142 renumbered to R20-5-210 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-143. Renumbered****Historical Note**

Former Rule 43. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-143 recodified from R4-13-143 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-143 renumbered to R20-5-211 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-144. Renumbered****Historical Note**

Former Rule 44. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-144 recodified from R4-13-144 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-144 renumbered to R20-5-212 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-145. Renumbered****Historical Note**

Former Rule 45. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-145 recodified from R4-13-145 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-145 renumbered to R20-5-213 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-146. Repealed****Historical Note**

Former Rule 46. R20-5-146 recodified from R4-13-146 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-147. Repealed****Historical Note**

Former Rule 47. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-147 recodified from R4-13-147 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section repealed by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-148. Renumbered****Historical Note**

Former Rule 48. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-148 recodified from R4-13-148 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-148 renumbered to R20-5-215 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

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ber 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-149. Renumbered****Historical Note**

Former Rule 49. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-149 recodified from R4-13-149 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-149 renumbered to R20-5-216 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-150. Renumbered****Historical Note**

Former Rule 50. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-150 recodified from R4-13-150 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-150 renumbered to R20-5-217 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-151. Renumbered****Historical Note**

Former Rule 51. R20-5-151 recodified from R4-13-151 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-151 renumbered to R20-5-218 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-152. Renumbered****Historical Note**

Former Rule 52. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-152 recodified from R4-13-152 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-152 renumbered to R20-5-219 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-153. Renumbered****Historical Note**

Former Rule 53. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-153 recodified from R4-13-153 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-153 renumbered to R20-5-221 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-154. Renumbered****Historical Note**

Former Rule 54. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-154 recodified from R4-13-154 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-154 renumbered to R20-5-222 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-155. Renumbered****Historical Note**

Former Rule 55. Amended subsections (A) and (D) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1).

R20-5-155 recodified from R4-13-155 (Supp. 95-1).

Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-155 renumbered to R20-5-223 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-156. Renumbered****Historical Note**

Former Rule 56. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-156 recodified from R4-13-156 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-157 renumbered to R20-5-229 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-157. Renumbered****Historical Note**

Former Rule 57. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-157 recodified from R4-13-157 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-157 renumbered to R20-5-230 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-158. Renumbered****Historical Note**

Former Rule 58. Amended subsection (C) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-158 recodified from R4-13-158 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-158 renumbered to R20-5-231 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-159. Renumbered****Historical Note**

Former Rule 59. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-159 recodified from R4-13-159 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-159 renumbered to R20-5-232 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-160. Application to Set Attorney Fees Under A.R.S. § 23-1069**

- A. For purposes of A.R.S. § 23-1069, “final disposition of a case” occurs when all compensation benefits have been released to a claimant.
- B. A claimant or attorney filing an application for attorney’s fees under A.R.S. § 23-1069 shall serve notice of the application to all parties, including if applicable, the insurance carrier, self-insured employer, or special fund division.
- C. Upon the filing of an application, the attorney and claimant shall, provide information to the Commission to enable the Commission to award reasonable attorney’s fees.
- D. Attorney’s fees awarded under this Section shall be set by the Commission, an administrative law judge, or other authorized representative of the Commission.

**Historical Note**

Former Rule 60. Amended effective March 1, 1987, filed

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February 26, 1987 (Supp. 87-1). R20-5-160 recodified from R4-13-160 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-161. Renumbered****Historical Note**

Former Rule 61. R20-5-161 recodified from R4-13-161 (Supp. 95-1). Section R20-5-161 renumbered to R20-5-233 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-162. Renumbered****Historical Note**

Former Rule 62. R20-5-162 recodified from R4-13-162 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-162 renumbered to R20-5-234 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-163. Bad Faith and Unfair Claim Processing Practices**

- A.** For purposes of A.R.S. § 23-930, an employer, self-insured employer, insurance carrier, or claims processing representative commits “bad faith” if the employer, self-insured employer, insurance carrier, or claims processing representative:
1. Institutes a proceeding or interposes a defense that is not:
    - a. Well-grounded in fact;
    - b. Warranted by existing law; or
    - c. A good faith argument for the extension, modification, or reversal of existing law;
  2. Unreasonably delays:
    - a. Payment of benefits; or
    - b. Authorization for, or receipt of, medical benefits or treatment;
  3. Unreasonably underpays benefits;
  4. Unreasonably terminates benefits;
  5. Intentionally misleads a claimant as to applicable statutes of limitation, benefits, or remedies available to the claimant under the Act or under this Article; or
  6. Unreasonably interferes with or obstructs the claimant’s right to choose the claimant’s attending physician, except in cases involving a self-insured employer under A.R.S. § 23-1070.
- B.** For purposes of A.R.S. § 23-930, an employer, self-insured employer, insurance carrier, or claims processing representative commits “unfair claim processing practices” if the employer, self-insured employer, insurance carrier, or claims processing representative:
1. Unreasonably issues a notice of claim status without adequate supporting information in its possession or available to it;
  2. Unreasonably fails to acknowledge communications from the Commission, an unrepresented claimant, or a claimant’s attorney with respect to a claim;
  3. Fails to act reasonably and promptly upon communications from the Commission, an unrepresented claimant, or a claimant’s attorney with respect to a claim;
  4. Directly advises a claimant not to consult or obtain the services of an attorney; or
  5. Communicates directly, for an improper purpose, with a claimant represented by an attorney.
- C.** A person alleging bad faith or unfair claim processing practices (“complainant”) shall file a written complaint with the

claims manager of the Commission. The complainant, or the complainant’s authorized representative, shall sign the complaint.

- D.** The complaint shall describe the specific actions of the employer, self-insured employer, insurance carrier, or claims processing representative, that are alleged to constitute bad faith or unfair claim processing practices. A complaint form is available upon request from the Commission.
- E.** Upon receipt of a complaint under this subsection, the claims manager of the Commission shall serve the complaint upon all parties.
- F.** If the Commission acts on its own motion under A.R.S. § 23-930(A), the claims manager shall mail a notice of alleged bad faith or unfair claim processing practices to the claimant or the claimant’s authorized representative and the:
1. Employer;
  2. Self-insured employer;
  3. Insurance carrier; or
  4. Claims processing representative.
- G.** The person or entity named in a complaint or notice served under A.R.S. § 23-930 and this Section shall file with the claims manager a written response to the complaint or notice, within 30 days after service by the Commission of the complaint or notice.
- H.** The person or entity filing a written response shall serve a copy of the response upon the complainant, or the complainant’s authorized representative, if represented.
- I.** If the person or entity named in a complaint or notice served under A.R.S. § 23-930 and this Section fails to file a written response, the Commission shall consider the absence of a response a denial of the allegations of the complaint or notice.
- J.** Upon receipt of a written response, or upon the expiration of 30 days if no response is filed, the Commission shall enter an award as it deems, in its discretion, appropriate under A.R.S. §§ 23-930(B) or (C).

**Historical Note**

Adopted as an emergency effective February 1, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Amended and readopted as an emergency effective April 29, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Readopted without change as an emergency effective August 1, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Readopted without change as an emergency effective November 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Amended and readopted as an emergency effective July 11, 1989 (Supp. 89-3). Adopted as a permanent rule effective October 4, 1989 (Supp. 89-4). R20-5-163 recodified from R4-13-163 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-164. Human Immunodeficiency Virus, Hepatitis C, Methicillin-resistant *Staphylococcus Aureus*, Spinal Meningitis and Tuberculosis; Significant Exposure; Employee Notification; Reporting; Documentation; Forms**

- A.** An employer subject to the Act shall notify its employees of the requirements of A.R.S. §§ 23-1043.02, 23-1043.03, and 23-1043.04 by posting the Commission notices titled “Work Exposure to Bodily Fluids” and “Work Exposure to methicillin-resistant *Staphylococcus Aureus* (MRSA), Spinal Meningitis, or Tuberculosis (TB)” in a conspicuous place immediately next to the “Notice to Employees” notice required under A.R.S. § 23-906(D).

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- B.** Properly posted “Work Exposure to Bodily Fluids” and “Work Exposure to Methicillin-resistant *Staphylococcus Aureus* (MRSA), Spinal Meningitis, or Tuberculosis (TB)” notices constitute sufficient notice to employees of the requirements of a prima facie case under A.R.S. §§ 1043.02(B), 23-1043.03(B), and 23-1043.04(B).
- C.** An employer’s insurance carrier, claims processor, or workers’ compensation pool shall provide the notices specified in subsection (A) to the employer. These notices are also available from the Commission upon request.
- D.** An employer shall make readily available to its employees the Commission form described in R20-5-106 titled “Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material.” An employer’s insurance carrier, claims processor, or workers’ compensation pool shall provide the “Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material” to the employer. This form is also available from the Commission upon request.
- E.** If an employee sustains a significant exposure as defined in A.R.S. §§ 23-1043.02(G), 23-1043.03(G), or 23-1043.04(H)(2), the employee shall complete, date, and sign a “Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material” form. The employee or employee’s authorized representative shall give to the employer the completed, dated, and signed form. The employer shall return one copy of the completed form to the employee or to the employee’s authorized representative. Nothing in this subsection limits the requirements to report an injury or file a claim under the Act.
- F.** If an employee submits a written report of a significant exposure to an employer, but does not use the Commission form titled “Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material,” the employer shall provide the employee the Commission form within five calendar days after receiving the employee’s initial written report.
- G.** The date of the receipt by the employer or its authorized representative of the employee’s initial report is the date used to compute the time period prescribed in A.R.S. §§ 23-1043.02(B)(2), 23-1043.03(B)(2), and 23-1043.04(B)(2) if:
1. The initial report contains the information required in the “Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material” form, or
  2. The employee gives to the employer the completed Commission form within 10 calendar days after the employee’s receipt of the Commission form.
- H.** Failure or refusal by the employer to provide the Commission form to the employee shall not be a defense to a prima facie claim under A.R.S. §§ 23-1043.02(B), 23-1043.03(B), and 23-1043.04(B).
- I.** In investigating the circumstances and facts surrounding an employee’s report to an employer of a significant exposure under A.R.S. §§ 23-1043.02(C), 23-1043.03(C), and 23-1043.04(C), the employer, or its carrier, or any employees, agents or contractors of either the employer or carrier, shall not disclose to any person, except as authorized or required by law, that the reporting employee, or any witness or alleged source of exposure, may have or did contract the human immunodeficiency virus, acquired immune deficiency syndrome, hepatitis C, methicillin-resistant *Staphylococcus aureus*, spinal meningitis, or tuberculosis. However, an employer, its carrier or their respective attorneys, may:
1. Direct an agent to investigate the employee’s report of significant exposure, and
  2. Communicate with the investigating agent about the conduct and results of the investigation.
- J.** As required under the federal Occupational Safety and Health Standard for Bloodborne Pathogens, 29 CFR 1910.1030, an employer shall pay for the testing required by A.R.S. § 23-1043.02.

**Historical Note**

Adopted effective April 9, 1992 (Supp. 92-2). R20-5-163 recodified from R4-13-163 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Amended by final rulemaking at 15 A.A.R. 991, effective June 2, 2009 (Supp. 09-2).

**R20-5-165. Calculation of Maximum Average Monthly Wage**

In using the Bureau of Labor Statistics Employment Cost Index to adopt the amount of an increase to the maximum average monthly wage under A.R.S. § 23-1041(E), the Commission shall use the *Bureau of Labor Statistics, Employment Cost Index for Wages and Salaries, for Civilian Workers, by Occupational Group and Industry, All Workers*, available at <http://www.bls.gov/>.

**Historical Note**

New Section made by final rulemaking at 19 A.A.R. 1925, effective July 10, 2013 (Supp. 13-3).

**ARTICLE 2. WORKERS’ COMPENSATION CLAIMS HEARING PROCESS AND PROCEDURE****R20-5-201. Application of the Article; Notice of Rules; Part of Record**

- A.** This Article applies to all actions and proceedings before the Commission resulting from:
1. Injuries that occurred on or after January 1, 1969;
  2. Petitions to Reopen or Petitions for Readjustment or Rearrangement of Compensation filed on or after that date; and
  3. Requests for hearing under A.R.S. §§ 23-907(H), (I), and (J).
- B.** This Article is part of the record in each action or proceeding without reference to the Article.
- C.** The Commission deems all parties to have knowledge of this Article.
- D.** The Commission shall provide a copy of this Article upon request to any person free of charge.

**Historical Note**

Former Rule I. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-201 recodified from R4-13-201 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section made by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-202. Definitions**

In this Article, unless the context otherwise requires:

“Act” means the Arizona Workers’ Compensation Act, A.R.S. Title 23, Ch. 6, Articles 1 through 12.

“Authorized representative” means an individual authorized by law to act on behalf of a party who files with the Commission a written instrument advising of the individual’s authority to act on behalf of the party.

“Business days” means all days except Saturdays, Sundays, and state legal holidays.



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“Carrier” means every insurance carrier authorized by the Arizona Department of Insurance and Financial Institutions to underwrite workers’ compensation insurance in Arizona.

“Claimant” means any person who is entitled to apply for benefits under the Act.

“Filing” means actual receipt of a paper or electronic Commission date-stamped report, document, instrument, videotape, audiotape, or other matter at a Commission office or through the ICA Community.

“ICA Community” means the Commission’s self-service electronic claims portal.

“Physician” means a licensed physician or other licensed practitioner of the healing arts.

“Self-insured employer” means an employer or workers’ compensation pool granted authority by the Commission to self-insure for workers’ compensation.

“Uninsured employer” means an employer that is subject to and fails to comply with A.R.S. §§ 23-961 or 23-962.

**Historical Note**

Former Rule II. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-202 recodified from R4-13-202 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section made by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4). New Section made by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-203. Filing Requirements; Time for Filing; Computation of Time**

- A. A report, document, instrument, videotape, audiotape, or other matter required to be filed with the Commission under A.R.S. § 23-901 et seq. and this Article shall be filed within the time required by law and this Article.
- B. For purposes of computing time under this Article, the following applies:
  1. The Commission shall not include in the computation of time the day of the act or event from which the designated period begins to run.
  2. The Commission shall include in the computation of time the last day of the designated period, unless the last day is a Saturday, Sunday, or state legal holiday, in which event the period runs until the end of the next business day.
  3. If the period of time prescribed is less than 11 days, the Commission shall not include intermediate Saturdays, Sundays, or state legal holidays in the computation of time.
- C. The Commission shall deem a report, document, instrument, videotape, audiotape, or other matter filed at the Tucson office as filed at the principal office for purposes of computing time.

**Historical Note**

Former Rule III. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-203 recodified from R4-13-203 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section made by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-204. Requests for Hearing**

- A. Any interested party or the party’s authorized representative, except as otherwise provided by law or this Article, may request a hearing on a claim. A request for hearing shall be in writing.
- B. A party filing a request for hearing shall serve a copy upon all other parties at the same time that the party files the request for hearing with the Commission. The failure to serve a copy of a request for hearing upon other parties does not affect the validity of the hearing request.

**Historical Note**

Former Rule IV. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-204 recodified from R4-13-204 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-204 renumbered from R20-5-137 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-205. Hearing Calendar and Assignment to Administrative Law Judge; Notification of Hearing**

- A. The chief administrative law judge shall maintain a hearing calendar. The chief administrative law judge shall ensure that a request for hearing filed in accordance with this Article is:
  1. Placed on the hearing calendar, and
  2. Assigned to an administrative law judge who is designated as the presiding administrative law judge.
- B. A presiding administrative law judge may hold a hearing at an earlier date than required under A.R.S. § 23-941(D), if all parties to the proceeding agree.

**Historical Note**

Former Rule V. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-205 recodified from R4-13-205 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-205 renumbered from R20-5-138 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-206. Administrative Resolution of Issues by Stipulation Before Filing a Request for Hearing**

- A. At any time before the filing of a request for hearing, parties may resolve issues by written stipulation. The parties shall file the stipulation with the Commission for approval or other action as may be appropriate.
- B. If the Commission determines that a written stipulation is reasonably supported by the facts, the Commission may approve the stipulation or enter an appropriate award without a request for hearing filed or hearing convened.

**Historical Note**

Former Rule VI; Amended effective February 27, 1975 (Supp. 75-1). Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-206 recodified from R4-13-206 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-206 renumbered from R20-5-139 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-207. Informal Conferences**

- A. A presiding administrative law judge may hold an informal conference to:
  1. Resolve and dispose of disputed issues;

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2. Narrow or limit the scope of the issues to be considered at a subsequent hearing;
  3. Simplify the method of proof at a hearing; or
  4. Eliminate the need for hearing if the facts appear to be uncontested.
- B.** A party may request that a pending hearing be disposed of by an informal conference, by filing a written request that:
1. Specifies the purpose for the conference consistent with subsection (A), and
  2. Does not contain any argument regarding the merits of the case.
- C.** If the presiding administrative law judge determines that an informal conference is appropriate, the judge shall give notice to the parties of the time and place of the conference. The presiding administrative law judge may, without a request from a party, schedule an informal conference by giving five days' notice to the parties of the time, place, and subject matter of the informal conference. The parties may waive the five day notice requirement of this subsection.
- D.** If a presiding administrative law judge disposes of issues in controversy at an informal conference, the presiding administrative law judge may enter an award without convening a hearing.
- E.** If a presiding administrative law judge disposes of, narrows, or limits some, but not all issues in controversy, the presiding administrative law judge shall prepare and mail to the parties a statement setting forth the issues to be resolved at a hearing. The presiding administrative law judge shall limit the hearing to the issues contained in the statement unless at the hearing all parties and the presiding administrative law judge agree that the judge may consider issues beyond the scope of the statement.
- F.** Upon request by a party or upon a presiding administrative law judge's own motion, the presiding administrative law judge may order the parties to file a joint statement listing the disputed issues to be considered at formal hearing. The presiding administrative law judge shall give the parties at least 10 days to file the statement and shall order the parties to file the statement three to 10 days before the first scheduled hearing.

**Historical Note**

Former Rule VII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-207 recodified from R4-13-207 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-207 renumbered from R20-5-140 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-208. Confidentiality of an Administrative Hearing File; Reproduction and Inspection of an Administrative Hearing File**

- A.** Except as provided in this Section, an administrative hearing file maintained by the Commission is private and confidential and the Commission shall not make the administrative hearing file available for inspection and copying. For purposes of this Section, "administrative hearing file" means the official record maintained by the Commission for a hearing arising under this Article including all pleadings, evidence submitted by the parties and other reports, records, instruments, videotapes, audiotapes, transcripts, and other matters scanned or otherwise placed into the file.
- B.** Except as provided in subsection (D), the Commission shall make an administrative hearing file relating to a current or prior claim of a claimant available for inspection and copying

by any party to any proceeding currently or previously before the Commission involving the same claimant.

- C.** Except as provided in subsection (D), the Commission shall not make an administrative hearing file available to a non-party for inspection and copying unless the Commission receives a court order or written authorization signed by the affected claimant or the affected claimant's authorized representative.
- D.** The Commission shall make a transcript contained in an administrative hearing file available for inspection and copying if the party requesting to inspect the transcript is a person authorized under subsections (B) or (C) and agrees to pay the costs of producing a written transcript if one has not previously been transcribed unless the request is part of request for review under A.R.S. § 23-943.

**Historical Note**

Former Rule VIII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-208 recodified from R4-13-208 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section made by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-209. Subpoena Requests for Witnesses; Objection to Documents or Reports Prepared by Out-of-State Witness**

- A.** A party may request a presiding administrative law judge to issue a subpoena to compel the appearance of a non-medical witness by filing a written request with the presiding administrative law judge at least 10 days before the date of the first scheduled hearing.
- B.** A party may request a presiding administrative law judge to issue a subpoena to compel the appearance of an expert medical witness by filing a written request with the presiding administrative law judge at least 20 days before the date of the first scheduled hearing.
- C.** The presiding administrative law judge may order the party requesting a subpoena to file within five days of the order a written statement summarizing the substance of the testimony expected of the witness.
- D.** A presiding administrative law judge shall issue a subpoena requested under this Section if the judge determines that the testimony of the witness is material and necessary and, if applicable:
1. The party files a timely statement under subsection (C); or
  2. The party shows at or before the first scheduled hearing that good cause exists for the party's failure to respond timely to the judge's order under subsection (C).
- E.** The Commission may serve a subpoena by mail unless the party requesting the subpoena requests personal service. If a party requests personal service of a subpoena, the Commission shall prepare the subpoena and the party requesting personal service shall:
1. Ensure that the subpoena is served in the same manner as in a civil action; and
  2. Pay all expenses of the service.
- F.** If a party timely requested a subpoena for a witness who fails to appear at a scheduled hearing, the presiding administrative law judge may grant a continued hearing if the party requesting the subpoena demonstrates that:
1. The testimony of the witness is material and necessary, and

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2. Good cause is shown as to why the witness failed to appear.
- G. If a non-medical witness requests a witness fee, the party requesting the subpoena shall pay the non-medical witness fees and mileage provided for witnesses in civil actions in the Superior Court. If more than one party subpoenas the same witness, the parties shall divide the witness fee equally.
- H. The Commission shall pay the witness fee to a medical witness under the Commission's medical fee schedule after the presiding administrative law judge approves the fee.
- I. A presiding administrative law judge shall not consider or place into evidence a timely filed physician's report authored by a physician residing outside Arizona if a party files an objection to that report at least 20 days before the scheduled hearing, unless the party submitting the report produces the author for cross-examination either at the hearing or at a deposition. Nothing in R20-5-211(G) precludes a party from taking or submitting into evidence a deposition of a physician taken under this subsection. The party submitting into evidence a report of an out-of-state physician shall pay the expenses of a deposition taken under this subsection.
- J. A presiding administrative law judge shall not consider or place into evidence a timely filed document prepared by a non-medical witness who resides outside Arizona if a party files an objection to that document at least seven days before the scheduled hearing unless the party submitting the document produces the author for cross-examination either at the hearing or at a deposition. Nothing precludes a party from taking or submitting into evidence a deposition within the time limits set by a presiding administrative law judge. The party submitting into evidence a document prepared by an out-of-state non-medical witness shall pay the expenses of a deposition taken under this subsection.
- K. If a presiding administrative law judge approves, the testimony of a party's out-of-state non-medical or expert medical witness may be taken telephonically or by video.

**Historical Note**

Former Rule IX. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-209 recodified from R4-13-209 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-209 renumbered from R20-5-141 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-210. In-State Oral Depositions**

- A. A party may take the oral deposition of another party or a witness residing in Arizona by serving a Notice of Deposition by Oral Examination upon the deponent and every party at least 10 days before the date of the oral deposition and at least 40 days before the first scheduled hearing.
- B. A party may file with the presiding administrative law judge a written objection to the taking of an oral deposition within five days after service of the Notice of Deposition. If no request for hearing has been filed, a party shall file the written objection with the chief administrative law judge. The party objecting to the deposition shall:
  1. State the basis for objecting to the deposition; and
  2. Serve a copy of the party's objections on all parties.
- C. The oral deposition shall not commence until the presiding administrative law judge rules on the written objection. The presiding administrative law judge shall rule on the written objection to the taking of an oral deposition within seven days after a party files a written objection by:

1. Ordering the deposition to proceed;
  2. Ordering the deposition not be taken; or
  3. Entering any other appropriate protective order.
- D. The party taking the deposition shall comply with the Arizona Rules of Civil Procedure governing the taking of depositions.
  - E. Only the fees and costs associated with the taking of any deposition shall be borne by the party taking the deposition.
  - F. A presiding administrative law judge, in the exercise of discretion, and upon a showing of good cause, may cancel or continue a hearing because a party fails to take or complete a deposition under this Section.
  - G. A deposition taken under this Section shall only be used to impeach a witness during a hearing, except that, in the exercise of discretion, the presiding administrative law judge may admit a deposition into evidence for another purpose if:
    1. The deponent is deceased at the time of the hearing, or
    2. All parties agree.
  - H. A party may take a telephonic or video deposition under this Section either by agreement of the parties or by order of the presiding administrative law judge in the exercise of the judge's discretion.

**Historical Note**

Former Rule X. R20-5-210 recodified from R4-13-210 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-210 renumbered from R20-5-142 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-211. Out-of-State Oral Depositions**

- A. A party shall obtain permission from a presiding administrative law judge before taking an out-of-state oral deposition of another party or a witness by filing a written request with the presiding administrative law judge that contains:
  1. The name and address of the party or witness to be deposed, and
  2. Each reason why the testimony is necessary.
- B. The party requesting permission to take the out-of-state deposition shall serve a copy of the request upon each party.
- C. If no objection to the request for permission to take the deposition is filed under subsection (D) the presiding administrative law judge shall, within seven days from the date of the request, grant or deny permission to take the deposition.
- D. A party may file with the presiding administrative law judge a written objection to the taking of an out-of-state oral deposition within five days after being served with a request to take the out-of-state deposition. The party objecting to the out-of-state deposition shall:
  1. State the basis for objecting to the deposition; and
  2. Serve a copy of the party's objections on each party.
- E. The oral deposition shall not commence until the presiding administrative law judge rules on the written objection. The presiding administrative law judge shall rule on the written objection to the taking of an out-of-state oral deposition within seven days after a party files the written objection by:
  1. Ordering the deposition to proceed,
  2. Ordering the deposition not be taken, or
  3. Entering any other appropriate protective order.
- F. A party shall not take more than two depositions per hearing under this Section unless a presiding administrative law judge, upon a showing of good cause, approves the taking of additional depositions.
- G. In the exercise of discretion, the presiding administrative law judge may admit into evidence a deposition taken under this

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Section if the transcript of the deposition is filed with the Commission at least five days before any scheduled hearing or as otherwise directed by the presiding administrative law judge. If the transcript of the deposition is not timely filed under this subsection, the administrative law judge shall not consider the deposition for any purpose unless the parties and the administrative law judge agree that the deposition may be considered.

- H. A party may take a telephonic or video deposition under this Section either by agreement of the parties or by order of a presiding administrative law judge in the exercise of the administrative law judge's discretion.
- I. A party taking a deposition taken under this Section shall comply with R20-5-210(A), (D), (E) and (F).

**Historical Note**

Former Rule XI. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-211 recodified from R4-13-211 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-211 renumbered from R20-5-143 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-212. Written Interrogatories**

- A. After a party files a request for hearing with the Commission, any party may serve written interrogatories upon another party. A party shall serve written interrogatories at least 40 days before the initial hearing.
- B. A party shall not serve more than 25 interrogatories, including subsections.
- C. A party shall serve answers to the interrogatories upon all parties within 10 days after service of the interrogatories. A party shall not file answers to the interrogatories with the Commission.
- D. A presiding administrative law judge shall not cancel or continue a hearing because a party fails to answer interrogatories under this Section.
- E. A party shall only use written interrogatories served under this Section to impeach a witness during a hearing, except that, in the exercise of discretion, the presiding administrative law judge may admit the interrogatory answers into evidence for another purpose if the party answering the interrogatories is deceased at the time of the scheduled hearing.

**Historical Note**

Former Rule XII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-212 recodified from R4-13-212 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-212 renumbered from R20-5-144 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-213. Refusal to Answer or Attend; Motion to Compel; Sanctions Imposed**

- A. If a party or deponent refuses to answer any question asked at a deposition under R20-5-210 or R20-5-211, the party asking the question shall either complete the deposition in other matters or adjourn the deposition. With notice to all persons affected by the deponent's refusal to answer a question, the party asking the question may apply to the presiding administrative law judge for an order compelling the deponent to answer the question.

- B. If a party refuses to answer an interrogatory served under R20-5-212, the party serving the interrogatory may submit the interrogatory to the presiding administrative law judge and apply for an order compelling the answer.
- C. If a presiding administrative law judge issues an order compelling an answer under subsection (A) or (B) and finds that a refusal to answer is without substantial justification, the presiding administrative law judge shall require the party or witness refusing to answer or the authorized representative advising that party or witness not to answer, or both of them, to pay to the party asking the question:
  1. Reasonable attorney's fees incurred to obtain the order compelling the answer, and
  2. Reasonable expenses that will be incurred to obtain the requested answer.
- D. If a presiding administrative law judge denies a motion to compel an answer under subsection (A) or (B), and finds that the motion was made without substantial justification, the presiding administrative law judge shall require the party filing the motion, or the parties' authorized representative advising that party to make the motion, or both of them, to pay to the party or witness refusing to answer, reasonable attorney's fees incurred in opposing the motion.
- E. In addition to the sanctions authorized under R20-5-230, a presiding administrative law judge may, upon motion, impose the following sanctions upon a party, or an officer or managing agent of that party, who willfully fails to appear for a deposition after being served with proper notice of the deposition, or fails to serve answers to interrogatories after proper service of the interrogatories:
  1. Strike out all or any part of a document filed by the party;
  2. Dismiss the action or proceeding, or any part of the action or proceeding;
  3. Order the suspension or forfeiture of compensation; or
  4. Preclude the introduction of evidence.
- F. The Commission shall not consider a discovery motion unless the moving party attaches a separate statement to the discovery motion certifying that after good faith efforts to do so, the moving party has been unable to satisfactorily resolve the matter giving rise to the discovery motion with the opposing party.
- G. The party filing a motion under subsections (A), (B), or (E) shall attach to the motion:
  1. The statement required under subsection (F), and
  2. A proposed order that includes the relief requested and a service page with the names and addresses of all parties served.

**Historical Note**

Former Rule XIII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-213 recodified from R4-13-213 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-213 renumbered from R20-5-145 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-214. Service Between Parties**

- A. Any document required by this Article or other law to be served between parties, shall be made upon the party, or, if represented by legal counsel, the party's legal counsel. Service upon legal counsel is considered service upon the party.
- B. Service may be made and is deemed complete by:
  1. Depositing the document in regular or certified mail, addressed to the party served at the address shown in the

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records of the Commission, or by personal delivery upon the party, or

2. With a party's consent, transmission by email to a provided email address.

**Historical Note**

Former Rule XIV. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-214 recodified from R4-13-214 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section made by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-215. Burden of Presentation of Evidence; Offer of Proof**

- A. A party shall rest at the conclusion of the presentation of their evidence. If there is a dispute as to which party has the burden of proof, the presiding administrative law judge shall direct who has the burden of proof.
- B. If a presiding administrative law judge prohibits a witness from answering a question, the presiding administrative law judge shall permit an offer of proof in the form of an avowal or in writing.

**Historical Note**

Former Rule XV. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-215 recodified from R4-13-215 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-215 renumbered from R20-5-148 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-216. Presence of Claimant at Hearing; Notice of a Parties' Non-Appearance at Hearing; Assessment of Hearing Costs for Non-Appearance**

- A. A claimant, whether or not represented by an attorney, shall appear personally at any hearing without the necessity of subpoena unless excused by the presiding administrative law judge. Appearance by video at a remote hearing satisfies the requirement of personal appearance.
- B. Subject to subsection (A), at least three days before a scheduled hearing a party shall notify the presiding administrative law judge of any non-appearance by a party or party's authorized representative that requires the judge to cancel or reschedule the hearing.
- C. If a party fails to notify the presiding administrative law judge as required under subsection (B), the presiding administrative law judge may order the party to reimburse the Commission for hearing expenses and costs incurred by the Commission including fees of expert medical witnesses and other witness fees.

**Historical Note**

Former Rule XVI. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-216 recodified from R4-13-216 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-216 renumbered from R20-5-149 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-217. Joinder of a Party**

- A. An administrative law judge may join as a party any person or entity in favor of whom or against whom a right to relief may exist and over whom the Commission may acquire jurisdiction.
- B. Joinder may be made upon application of any party or upon the presiding administrative law judge's own motion.
- C. A party seeking to join another person or entity shall file a motion requesting joinder with the presiding administrative law judge within 30 days of when the party knew or should have known to join the party. The moving party shall serve a copy of the motion upon the person or entity for whom joinder is requested, and upon all other parties.
- D. If the requirements of this Section are met, the presiding administrative law judge shall join as a party the person or entity for whom joinder is requested and shall issue a notice advising the parties of the joinder.
- E. A person or entity upon whom a motion to join is filed under this Article may file a response to the motion within 10 days after the motion is filed.

**Historical Note**

Former Rule XVII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-217 recodified from R4-13-217 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-217 renumbered from R20-5-150 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-218. Special Appearance**

Any party against whom a claim may exist under the Act, or against whom a contingent liability may exist under the Act, and over whom the Commission has not acquired jurisdiction, may enter a special appearance. A special appearance made under this Section does not invoke the jurisdiction of the Commission.

**Historical Note**

Former Rule XVIII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-218 recodified from R4-13-218 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-218 renumbered from R20-5-151 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-219. Resolution of Issues by Stipulation After the Filing of a Request for Hearing; Notice of Resolution; Assessment of Hearing Costs**

- A. Subject to the requirement of subsection (D), parties may stipulate to any fact or issue after a party files a request for hearing. The stipulation may be in writing or made orally at the time of hearing.
- B. A stipulation is binding upon the parties unless a presiding administrative law judge or the Commission grants the parties permission to withdraw the stipulation.
- C. If a stipulation is not reasonably supported by the evidence, a presiding administrative law judge or the Commission, may set aside or refuse to accept the stipulation and proceed to determine the true facts.
- D. A party shall notify a presiding administrative law judge of any stipulation, compromise or settlement agreement, full and final settlement, or withdrawal of a hearing request before the decision upon hearing becomes final or, if a party requests review pursuant to A.R.S. § 23-943, before the presiding judge enters a decision upon review.

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- E. The presiding administrative law judge may order a party or parties to reimburse the Commission for hearing expenses and costs incurred by the Commission including fees of expert medical witnesses and other witness fees if a party fails to notify the presiding administrative law judge as required under subsection (D).

**Historical Note**

Former Rule XIX. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-219 recodified from R4-13-219 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-219 renumbered from R20-5-152 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-220. Settlement Agreements, Compromises and Releases**

- A. No settlement agreement, compromise, release, waiver of rights, or full and final settlement of a workers' compensation claim, will be valid unless approved by the Commission.
- B. The acceptance of any payments or the signing of a settlement agreement, compromise, release, waiver of rights, or full and final settlement, unless approved by the Commission, shall not release the employer or the insurance carrier from any obligation imposed by the Workers' Compensation Law.
- C. The carrier or employer shall not be entitled to a credit for any sums paid to an employee under a settlement agreement, compromise, release, waiver of rights, or full and final settlement which has not been approved by the Commission.

**Historical Note**

Former Rule XX. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-220 recodified from R4-13-220 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-220 renumbered from R20-5-120 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-221. Exclusion of Witnesses**

Any party may request that all other witnesses except the parties be excluded from the hearing until called to testify. The presiding administrative law judge may, in the judge's discretion, grant or deny the request. If the request is granted, the presiding administrative law judge shall admonish each witness not to discuss the witness's testimony with anyone other than attorneys on the case.

**Historical Note**

Former Rule XXI. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-221 recodified from R4-13-221 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-221 renumbered from R20-5-153 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-222. Correspondence to Administrative Law Judge**

A person submitting correspondence, including subpoena requests, to an administrative law judge concerning a matter pending before the administrative law judge, shall contemporaneously serve a copy of the correspondence upon all other parties, or if represented, the parties' authorized representatives. The administrative law judge

shall not consider correspondence or subpoena requests to be evidence except by agreement of all parties to the matter.

**Historical Note**

Former Rule XXII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-222 recodified from R4-13-222 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-222 renumbered from R20-5-154 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-223. Filing of Medical and Non-Medical Reports Into Evidence; Request for Subpoena to Cross-examine Author of Report Submitted into Evidence; Failure to Timely Request Subpoena for Author**

- A. A party filing a medical report or hospital record into evidence ("medical report") that is not already contained in the Commission's claims file, shall file the medical report with the presiding administrative law judge at least 25 days before the first scheduled hearing.
- B. However, a party adverse to a party who schedules a medical examination may offer into evidence the report of any medical examination as provided in subsection (A) or within five days after the adverse party receives the report, subject to the right of cross-examination by the party who scheduled the examination.
- C. A party filing into evidence a document, report, instrument, or other matter not described in subsection (A) ("nonmedical report") that is not already contained in the Commission's claims file, shall file the non-medical report with the presiding administrative law judge at least 15 days before the first scheduled hearing.
- D. The party filing a medical or non-medical report into evidence shall serve a copy of the report to all other parties.
- E. A presiding administrative law judge shall not receive into evidence any medical or non-medical report that is not filed as required under this Section. If the report has been placed in the Administrative Hearing file, the presiding administrative law judge shall remove the report from the Administrative Hearing file and return the report to the filing party.
- F. Notwithstanding subsection (E), the presiding administrative law judge may suspend the requirements of this Section;
1. Upon a showing of good cause; or
  2. If the parties agree that the judge may accept the medical or non-medical report into evidence.
- G. The party filing a medical or non-medical report under this Section shall file a cover letter with the report stating:
1. The party's identity;
  2. The reports filed; and
  3. Proof of service of the reports upon the other parties.
- H. A party seeking to cross-examine the author of any medical or non-medical report filed into evidence shall request a subpoena under R20-5-209.
- I. If a party fails to timely request a subpoena under this Section and R20-5-209, the party waives the right to cross-examine the author of any medical or non-medical report filed into evidence and the presiding administrative law judge shall admit the medical or non-medical report into evidence.

**Historical Note**

Former Rule XXIII. Section repealed effective July 6, 1993 (Supp. 93-3). R20-5-223 recodified from R4-13-223 (Supp. 95-1). New Section adopted October 9, 1998 (Supp. 98-4). Section repealed by final rulemaking at 28

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A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-223 renumbered from R20-5-155 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-224. Admission into Evidence of Documents Contained in a Commission Claims File**

- A. If a party or an administrative law judge considers a document contained in a Commission claims file, including a transcript of a prior proceeding, necessary or appropriate for hearing purposes, the administrative law judge shall receive a copy of the document into evidence if the document is otherwise admissible.
- B. With the permission of the administrative law judge, instead of submitting a copy of the document into evidence, a party may provide an accurate description of the document that includes the claimant's claim number and the Record ID the Commission assigns to the document.

**Historical Note**

Former Rule XXIV. Section repealed effective July 6, 1993 (Supp. 93-3). R20-5-224 recodified from R4-13-224 (Supp. 95-1). New Section adopted effective October 9, 1998 (Supp. 98-4). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-224 renumbered from R20-5-109 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-225. Guardian Ad-Litem Definitions**

With respect to A.R.S. § 23-1066, the following definitions apply: "Guardian Ad-Litem" means a person appointed by the administrative law judge to protect the interest of a minor or an incapacitated person in a particular case.

"Incapacitated Person" means any person who is impaired by reason of mental illness, mental deficiency, mental disorder, physical illness or disability, chronic use of drugs, chronic intoxication, or other cause, to the extent that they lack sufficient understanding or capacity to make or communicate responsible decisions on their behalf.

"Minor" means a person under 18 years of age, except for those exempted under A.R.S. § 23-905(A) and legally emancipated minors.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-226. Guardian Ad-Litem Procedure**

- A. An administrative law judge may appoint a guardian ad-litem upon its own initiative.
- B. An interested party seeking the appointment of a guardian ad-litem shall file a motion with the presiding administrative law judge, or if there is no presiding administrative law judge with the chief administrative law judge.
- C. The motion for appointment of a guardian ad-litem should include the basis for the request and supporting documentation.
- D. In cases involving claims of an incapacitated person, the administrative law judge shall conduct a hearing. The standard of proof for the need of a guardian ad-litem shall be clear and convincing evidence.

- E. In cases involving claims of a minor, the administrative law judge may issue an order without a hearing upon clear and convincing evidence the claimant is a minor.
- F. The administrative law judge shall issue an order granting or denying the motion.
- G. The order appointing the guardian ad-litem must set forth the basis for the guardian ad-litem's appointment, the scope and duration of the guardian ad-litem's appointment, and the guardian ad-litem's powers, including those described in R20-5-227.
- H. The order may be challenged within 30 days pursuant to A.R.S. § 23-946.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-227. Guardian Ad-Litem Qualifications, Role, Authority, and Report**

- A. A guardian ad-litem appointed by an administrative law judge must be licensed to practice law in Arizona. A guardian ad-litem must not ever have represented any of the parties; and must not be related to any party or to a party's attorney.
- B. The primary role of the guardian ad litem is to investigate and make a determination as to what is in the best interest of the incapacitated person or minor with respect to the specific workers' compensation matter they are navigating. The guardian ad-litem shall report and provide guidance to the administrative law judge regarding the best interest of the incapacitated person or minor in the workers' compensation proceedings. The role of a guardian ad-litem may include investigating whether the subject person needs a guardian, conservator, or other protective order under Title 14 of the Arizona Revised Statutes.
- C. The guardian ad-litem does not represent the minor or incapacitated person in the proceeding before the Commission and may not be called to testify but may be asked to advise the court on any pending issue in the proceeding before the Commission.
- D. The guardian ad-litem may perform any act specifically authorized by the administrative law judge.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-228. Guardian Ad-Litem Compensation**

- A. The administrative law judge may appoint an attorney from the Commission's Legal Division as the guardian ad-litem at no cost to the parties.
- B. Should a party request the use of an attorney outside of the Commission's Legal Division, the requesting party shall enter into a fee arrangement directly with the guardian ad-litem.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-229. Continuance of Hearing**

- A. A party may request a continuance of a scheduled hearing. If a party shows good cause, a presiding administrative law judge may grant a request that a hearing be continued.
- B. If at the conclusion of a hearing a party seeks to continue the hearing to introduce additional evidence, the party shall state specifically and in detail:

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1. The nature and substance of the additional evidence,
  2. The names and addresses of additional witnesses, and
  3. The reason the party was unable to produce the evidence or witnesses at the hearing.
- C. A presiding administrative law judge may deny a request for a continuance under subsection (B) if the presiding administrative law judge determines that, with the exercise of due diligence, the evidence or testimony could have been produced or the evidence or testimony would be cumulative, immaterial, or unnecessary.
- D. A presiding administrative law judge may, on the judge's own motion, continue a hearing and order further examinations or investigations that the judge determines are warranted.
- E. If more than 40 days before the first scheduled hearing, a presiding administrative law judge reschedules the hearing discovery and filing deadlines under this Article shall be calculated with respect to the new hearing date.
- F. If less than 40 days before the first scheduled hearing, a presiding administrative law judge reschedules the hearing discovery and filing deadlines under this Article shall be calculated with respect to the original hearing date.

**Historical Note**

New Section R20-5-229 renumbered from R20-5-156 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-230. Sanctions**

- A. A presiding administrative law judge may impose the following sanctions against any party or authorized representative of a party who fails to comply with this Article or fails to comply with an order of the presiding administrative law judge or Commission:
1. Dismissal of the party's request for hearing;
  2. Refusal to permit the introduction of evidence by the party; or
  3. Assessment of reasonable attorney's fees and costs against the sanctioned party or authorized representative of a party.
- B. If a party shows good cause, a presiding administrative law judge or the Commission may relieve a party of sanctions imposed under subsection (A).

**Historical Note**

New Section R20-5-230 renumbered from R20-5-157 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-231. Service of Awards and Other Matters from the Commission**

- A. An award, decision, order, subpoena, notice, document, or other matter required by the Act, this Article, or other law to be served from the Commission shall be made upon a party or, if represented, the party's authorized representative. Service upon the authorized representative is service upon the party.
- B. Service may be made and is deemed complete by:
1. Depositing the document or matter in the United States mail, with postage prepaid, addressed to the party served at the address as shown by the records of the Commission;
  2. Personal service in the same manner as a summons is served in a civil action; or
  3. Through the chosen method of service in the Commission "ICA Community."
- C. Proof of service may be made by an affidavit or oral testimony of the person making such service.

- D. If "three consecutive mailings" are returned as non-deliverable it is sufficient evidence of nonconformity with R20-5-104 and considered an abandonment of the claim.

**Historical Note**

New Section R20-5-231 renumbered from R20-5-158 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-232. Record for Award or Decision on Review**

A presiding administrative law judge's award or decision under A.R.S. § 23-942 or award or decision upon review under A.R.S. § 23-943 shall be based upon:

1. The record as it exists at the conclusion of the hearings, and
2. Any memoranda provided under A.R.S. § 23-943(E) or requested by the presiding administrative law judge,
3. Any stipulation filed under R20-5-219.

**Historical Note**

New Section R20-5-232 renumbered from R20-5-159 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-233. Stipulations for Extensions of Time**

Stipulations for extensions of time in which to file papers or briefs in the various courts shall be received and signed by the Chief Counsel or other members of the Legal Department.

**Historical Note**

New Section R20-5-233 renumbered from R20-5-161 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-234. Legal Division Participation**

The chief counsel and other members of the legal staff of the Commission who participate in proceedings or matters under the Act and this Article do so on behalf of the Commission.

**Historical Note**

New Section R20-5-234 renumbered from R20-5-162 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-235. Parties' Notice to Commission of Intention to Impose Liability upon A.R.S. § 23-1065 Special Fund**

If the notices required by A.R.S. § 23-1065 are not given to the Commission, the Commission shall not be bound by the testimony and evidence presented at a hearing as it relates to the imposition of liability upon the special fund division.

**Historical Note**

New Section R20-5-235 renumbered from R20-5-132 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-236. A.R.S. § 23-1026 Examination Motion for Relief**

- A. If a carrier, self-insured employer, or special fund division requests an examination of a claimant's mental or physical condition under A.R.S. § 23-1026, to protect a claimant from annoyance, embarrassment, oppression, or undue burden or expense, an administrative law judge may order, upon good cause shown, one or both of the following:
1. That a requested examination not be held; or
  2. That the examination may be conducted only on specified terms and conditions, including a designation of the time, place, and examining physician.
- B. A claimant requesting protection under subsection (A) shall file a motion with the presiding administrative law judge or



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chief administrative law judge if a judge has not been assigned to the case, within three days after the claimant receives notice of the examination. The claimant shall serve a copy of the motion on all parties. The party requesting the examination shall have three days after receiving the motion to file a response. The party shall serve the response on the claimant or, if represented, the claimant's attorney of record.

**Historical Note**

New Section R20-5-236 made by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**ARTICLE 3. INDUSTRIAL COMMISSION WORKERS' COMPENSATION CLAIMS****R20-5-301. Present Value and Basis of Calculation of Lump Sum Commutation Awards**

- A. The Commission shall calculate the present value of an award that is commuted to a lump sum under R20-5-302. The Commission shall not include in the present value calculation compensation paid before the filing of a lump sum commutation petition. The Commission shall use the filing date of a lump sum commutation petition to compute the present value of an award.
- B. The Commission shall calculate the present value of an award at least annually, whether payable for a period of months or based upon the life of the employee, using the United States Life Tables, 2021, National Vital Statistics Reports, Vol. 72, Number 12, November 7, 2023, Table incorporated by reference, and discounted at the rate established by the Commission. This incorporation does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is available for review at the Commission and may be obtained from the U.S. Department of Health and Human Services, Centers for Disease Control. The rate established by the Commission is based on the following formula: The mean average of the three-month Treasury Bill rate on December 31 of each of the five years prior to July 1 of the current year. The rate, once calculated, is effective until the Commission calculates a new rate under this subsection. The discount rate is published in the minutes of the Commission meeting establishing the rate and is available upon request from the Commission.

**Historical Note**

Former Rule I. R20-5-301 recodified from R4-13-301 (Supp. 95-1). Section R20-5-301 repealed; new Section R20-5-301 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1). New Section R20-5-301 renumbered from R20-5-121 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-302. Lump Sum Commutation**

- A. A petition for a lump sum commutation in an unscheduled case shall not be approved unless the carrier approves of such petition.
- B. If the lump sum commutation petition is approved by the carrier, the Commission's primary consideration in passing upon the petition will be whether more net income per month will be generated after receipt of the lump sum than the applicant is presently receiving. The granting of a lump sum petition will only be granted if the facts demonstrate a reasonable basis for financial betterment or rehabilitation of the claimant.
- C. The burden of proving that the commutation of compensation satisfies the criteria in subsection (B) is on the applicant.

**Historical Note**

Former Rule II; Amended effective March 9, 1981 (Supp. 81-2). R20-5-302 recodified from R4-13-302 (Supp. 95-1). Section R20-5-302 repealed; new Section R20-5-302 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1). New Section R20-5-302 renumbered from R20-5-122 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-303. Calculation of Maximum Average Monthly Wage**

In using the Bureau of Labor Statistics Employment Cost Index to adopt the amount of an increase to the maximum average monthly wage under A.R.S. § 23-1041(E), the Commission shall use the Bureau of Labor Statistics, Employment Cost Index for Wages and Salaries, for Civilian Workers, by Occupational Group and Industry, All Workers, available at <http://www.bls.gov/>.

**Historical Note**

Former Rule III; Amended effective March 9, 1981 (Supp. 81-2). R20-5-303 recodified from R4-13-303 (Supp. 95-1). Section R20-5-303 repealed; new Section R20-5-303 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1). New Section R20-5-303 renumbered from R20-5-165 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-304. Expired****Historical Note**

Former Rule IV; Amended effective March 9, 1981 (Supp. 81-2). R20-5-304 recodified from R4-13-304 (Supp. 95-1). Section R20-5-304 repealed; new Section R20-5-304 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-305. Expired****Historical Note**

Former Rule V; Former Section R4-13-305 renumbered and amended as Section R4-13-306, new Section R20-5-305 adopted effective March 9, 1981 (Supp. 81-2). R20-5-305 recodified from R4-13-305 (Supp. 95-1). Section R20-5-305 repealed; new Section R20-5-305 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-306. Expired****Historical Note**

Former Rule VI. Former Section R4-13-306 renumbered and amended as Section R4-13-307, former Section R4-13-305 renumbered and amended as Section R4-13-306 effective March 9, 1981 (Supp. 81-2). R20-5-306 recodified from R4-13-306 (Supp. 95-1). Section R20-5-306 repealed; new Section R20-5-306 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-307. Expired****Historical Note**

Former Rule VII. Former Section R4-13-307 renumbered

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as Section R4-13-309, former Section R4-13-306 renumbered and amended as Section R4-13-307 effective March 9, 1981 (Supp. 81-2). R20-5-307 recodified from R4-13-307 (Supp. 95-1). Section R20-5-307 repealed; new Section R20-5-307 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-308. Expired****Historical Note**

Former Rule VIII. Former Section R4-13-308 renumbered as Section R4-13-310, new Section R4-13-308 adopted effective March 9, 1981 (Supp. 81-2). R20-5-308 recodified from R4-13-308 (Supp. 95-1). Section R20-5-308 repealed; new Section R20-5-308 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-309. Expired****Historical Note**

Former Rule IX. Former Section R4-13-309 repealed, former Section R4-13-307 renumbered as Section R4-13-309 effective March 9, 1981 (Supp. 81-2). R20-5-309 recodified from R4-13-309 (Supp. 95-1). Section R20-5-309 repealed; new Section R20-5-309 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-310. Expired****Historical Note**

Former Rule X. Former Section R4-13-310 renumbered and amended as Section R4-13-312, former Section R4-13-308 renumbered as Section R4-13-310 effective March 9, 1981 (Supp. 81-2). R20-5-310 recodified from R4-13-310 (Supp. 95-1). Section R20-5-310 repealed; new Section R20-5-310 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-311. Expired****Historical Note**

Former Rule XI. Former Section R4-13-311 repealed, new Section R4-13-311 adopted effective March 9, 1981 (Supp. 81-2). R20-5-311 recodified from R4-13-311 (Supp. 95-1). Section R20-5-311 repealed; new Section R20-5-311 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-312. Expired****Historical Note**

Former Rule XII. Former Section R4-13-312 renumbered as Section R4-13-314, former Section R4-13-310 renumbered and amended as Section R4-13-312 effective March 9, 1981 (Supp. 81-2). R20-5-312 recodified from R4-13-312 (Supp. 95-1). Section R20-5-312 repealed; new Section R20-5-312 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-313. Expired****Historical Note**

Former Rule XIII. Former Section R4-13-313 renumbered and amended as Section R4-13-318 effective March 9, 1981 (Supp. 81-2). R20-5-313 recodified from R4-13-313 (Supp. 95-1). New Section adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-314. Expired****Historical Note**

Former Section R4-13-312 renumbered as Section R4-13-314 effective March 9, 1981 (Supp. 81-2). R20-5-314 recodified from R4-13-314 (Supp. 95-1). Section R20-5-314 repealed; new Section R20-5-314 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-315. Expired****Historical Note**

Adopted effective March 9, 1981 (Supp. 81-2). R20-5-315 recodified from R4-13-315 (Supp. 95-1). Section R20-5-315 repealed; new Section R20-5-315 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-316. Expired****Historical Note**

Adopted effective March 9, 1981 (Supp. 81-2). R20-5-316 recodified from R4-13-316 (Supp. 95-1). Section R20-5-316 repealed; new Section R20-5-316 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-317. Expired****Historical Note**

Adopted effective March 9, 1981 (Supp. 81-2). R20-5-317 recodified from R4-13-317 (Supp. 95-1). Section R20-5-317 repealed; new Section R20-5-317 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-318. Expired****Historical Note**

Former Section R4-13-313 renumbered and amended as Section R4-13-318 effective March 9, 1981 (Supp. 81-2). R20-5-318 recodified from R4-13-318 (Supp. 95-1). Section R20-5-318 repealed; new Section R20-5-318 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-319. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-320. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section

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tion expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-321. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-322. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-323. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-324. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-325. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-326. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-327. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-328. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-329. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**ARTICLE 4. ARIZONA BOILERS AND LINED HOT WATER HEATERS****R20-5-401. Applicability**

This Article applies to all Boilers, Lined Hot Water Heaters, and Pressure Vessels operated in Arizona, except the following:

1. Boilers, Lined Hot Water Heaters, and Pressure Vessels regulated by the United States Government;

2. Boilers, Lined Hot Water Heaters, and Pressure Vessels operated in private residences or Apartment Complexes of not more than six units; and
3. Boilers, Lined Hot Water Heaters, and Pressure Vessels operated on Indian reservations.
4. A Lined Hot Water Heater that does not exceed any of the following:
  - a. Heat input of 200,000 BTU/hr;
  - b. Water temperature of 210° F; or
  - c. Nominal water containing capacity of 120 gallons.
5. An electric Boiler that does not exceed either of the following:
  - a. Tank volume of one-and-a-half cubic feet; or
  - b. MAWP of 100 pounds per square inch or less, with a pressure relief system to prevent excess pressure.

**Historical Note**

Former Rules B-1.1 and B-1.2. Former Section R4-13-401 repealed, new Section R4-13-401 adopted effective April 12, 1979 (Supp. 79-2). Section R4-13-401 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-401 recodified from R4-13-401 (Supp. 95-1).

Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

**R20-5-402. Definitions**

In addition to the definitions provided in A.R.S. § 23-471, the following definitions apply to this Article:

“Act” means A.R.S. Title 23, Chapter 2, Article 11.

“Alteration” means any change in the item described on the original manufacturer’s data report which affects the pressure-containing capability of the Boiler or Pressure Vessel, including but not limited to:

Nonphysical changes such as an increase in the MAWP either internal or external, or

A reduction in minimum design temperature of a Boiler or Pressure Vessel requiring additional mechanical tests.

“ANSI” means American National Standards Institute, Inc.

“Apartment Complex” means a building with multiple family dwelling units, not used for commercial purposes, including condominiums and townhouses, where Boilers are located in a common area outside of the individual dwelling units, such as a Boiler room.

“Applicant” means an individual requesting permission to act as a Special Inspector under A.R.S. § 23-485.

“ASME” means the American Society of Mechanical Engineers.

“Authorized Inspector” means an Authorized Representative under A.R.S. § 23-471(1) or a Special Inspector under A.R.S. § 23-485.

“Blowdown Tank” or “Blowdown Separator” means an ASME-stamped vessel designed to receive discharged steam or hot water from a Boiler blowoff or blowdown piping system.

“BTU” means British thermal units.

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“Condemned” means a Boiler or Lined Hot Water Heater that has been inspected and found to be unsafe by an Authorized Inspector and has been stamped or tagged with the code XXX AZ8 XXX.

“CSD-1” means Controls and Safety Devices for Automatically Fired Boilers, published by ASME, incorporated by reference in R20-5-404(A)(4).

“Direct Fired Jacketed Steam Kettle” means a jacketed steam kettle having its own source of energy, such as gas or electricity for generating steam within the jacket’s walls.

“External Inspection” means an examination of a Boiler or Lined Hot Water Heater performed by an Authorized Inspector when the Boiler or Lined Hot Water Heater is in operation.

“Forced Circulation Lined Hot Water Heater” means a Lined Hot Water Heater used for potable water, a Lined Hot Water Heater requiring movement of water to prevent overheating and failure of the tubes or coils, and has no definitive waterline.

“Fully Attended Power Boiler” means a Power Boiler that is operated by an individual who meets the requirements of R20-5-408(D), and whose primary function is the care, maintenance, and operation of the Boiler and the equipment associated with the Boiler system.

“Historical Boilers” means steam Boilers preserved, restored, or maintained for hobby or demonstration use.

“HS” means heating surface.

“Inspection Certificate” means a document issued by the Division for the operation of a Boiler, Lined Hot Water Heater, or Direct Fired Jacketed Steam Kettle when a Certificate Inspection has been successfully completed.

“Internal Inspection” means a complete examination of the internal and external surfaces of a Boiler or Lined Hot Water Heater by an Authorized Inspector after the Boiler or Lined Hot Water Heater is shut down.

“Kw” means kilowatt.

“MAWP” means maximum allowable working pressure.

“National Board Commissioned Inspector” means an individual who holds a valid and current National Board Commission issued by the National Board of Boiler and Pressure Vessel Inspectors.

“National Board Registration Number” means a unique number issued to a Boiler, Lined Hot Water Heater, or Pressure Vessel by the manufacturer and recorded with the National Board of Boiler and Pressure Vessel Inspectors.

“NFPA” means National Fire Protection Association.

“Non-Standard Boiler” means any Boiler, Lined Hot Water Heater, or Pressure Vessel that is not constructed or maintained to the standards incorporated by reference of this Article.

“Out of Service” means to either: (1) physically sever or disconnect all sources of energy (water, gas, fuel, electricity, etc.); cap all fuel lines; and disconnect or remove all electrical lines from the Boiler, Lined Hot Water Heater, or Pressure Vessel; or (2) to lock out and tag out the Boiler, Hot Water Heater, or Pressure Vessel per 29 C.F.R. §1910.147, OSHA, General Industry Regulations.

“Portable Boiler” means a Boiler permanently affixed to a trailer with wheels, that is totally self-contained while operating, and not attached to any other object either by pipe, hose, or wire.

“PVHO” means Pressure Vessels for Human Occupancy.

“Relief Valve” means an ASME-stamped automatic pressure relieving device designed for liquid service which is actuated by the pressure upstream of the valve and opens further with an increase in pressure above the stamped pressure.

“Repairs” means work necessary to restore a Boiler, Lined Hot Water Heater, or Pressure Vessel to operating condition that complies with this Article.

“Safety Relief Valve” means an ASME-stamped automatically pressure-actuated relieving device designed for use either as a Safety Valve or as a Relief Valve.

“Safety Valve” means an ASME-stamped automatic pressure relieving device designed for steam or vapor service which is actuated by the pressure upstream of the valve and characterized by full opening pop-action.

“Secondhand” means a Boiler, Lined Hot Water Heater, or Pressure Vessel that has changed both location and ownership since original installation.

“Serves” means either mailing to the last known address of the receiving party, or transmitting by other means, including electronic transmission, with the written consent of the receiving party.

“Shelter” means a permanent structure that provides protection from the weather.

“Special Inspector” means an inspector who is issued a Special Inspector Certificate under R20-5-420.

“State Identification Number” means a unique number assigned by the Division to a Boiler, Lined Hot Water Heater, or Pressure Vessel installed in Arizona.

“User” means a person or entity that does not have legal title to a Boiler, Lined Hot Water Heater, or Pressure Vessel, but has control and responsibility for the operation of a Boiler, Lined Hot Water Heater, or Pressure Vessel.

**Historical Note**

Former Rules B-2.1 through B-2.6. Former Section R4-13-402 repealed, new Section R4-13-402 adopted effective April 12, 1979 (Supp. 79-2). Amended effective March 31, 1981 (Supp. 81-2). Amended effective May 11, 1981 (Supp. 81-3). Amended effective May 31, 1985 (Supp. 85-3). Section R4-1-402 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-402 recodified from R4-13-402 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

**R20-5-403. Repealed****Historical Note**

Former Rules B-3.1 through B-3.3. Former Section R4-13-403 repealed, new Section R4-13-403 adopted effective April 12, 1978 (Supp. 79-2). Section R4-13-403 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-403 recodified from R4-13-403

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(Supp. 95-1). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Repealed by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

**R20-5-404. Standards for Boilers, Lined Hot Water Heaters and Pressure Vessels**

**A.** The following apply to this Article:

1. An Owner, Operator, or User, of a Boiler, Lined Hot Water Heater or Pressure Vessel installed, repaired, replaced, or reinstalled in Arizona, six months after the effective date of this Article shall comply with the 2019 ASME Boiler and Pressure Vessel Code, Sections I, II, IV, V, VI, VII, VIII Division 1, 2, 3, IX, X, ASME 2020 Code for Pressure Piping B31.1, and 2019 ASME PVHO-1 Safety Standard for Pressure Vessels for Human Occupancy incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from the ASME at Three Park Avenue, New York, NY 10016-5990 or at <http://www.asme.org/>.
  2. An Owner, Operator, or User, of a Boiler, Lined Hot Water Heater, or Pressure Vessel installed, repaired, replaced, or reinstalled in Arizona, before the effective date of this Article shall comply with subsection (A)(1), or the ASME Boiler and Pressure Vessel Code in effect at the time of the last installation, repair, replacement, or reinstallation of the boiler Boiler, Lined Hot Water Heater, or Pressure Vessel in Arizona.
  3. An Owner, Operator, or User of a gas-fired Lined Hot Water Heater installed, operated, repaired, replaced, or reinstalled in Arizona shall comply with the American National Standard for Gas Water Heaters, ANSI Z21.10.3 2017, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from ANSI, Customer Service Department, 25 W. 43rd Street, 4th Floor, New York, NY 10036 or at <http://www.ansi.org/>.
  4. An Owner, Operator, or User, of a Boiler installed, repaired, replaced, or reinstalled in Arizona after the effective date of this Article shall comply with the American National Standard for Controls and Safety Devices for Automatically Fired Boilers, ANSI/ASME CSD-1-2018, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from the ASME, Three Park Avenue, New York, NY 10016-5990 or at <http://www.asme.org/>.
  5. An Owner, Operator, or User, of a Boiler installed, repaired, replaced, or reinstalled in Arizona before the effective date of this Article shall comply with the American National Standard for Controls and Safety Devices for Automatically Fired Boilers in effect at the time of the last installation, repair, replacement or reinstallation of a Boiler in Arizona. As an alternative, an Owner, Operator, or User, of a Boiler described in this subsection may comply with subsection (A)(4).
  6. A permanent source of outside air shall be provided for each Boiler and Lined Hot Water Heater room to assure complete combustion of the fuel as required by ANSI Z223.1- 2018, NFPA 54, National Fuel Gas Code incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from ANSI, at Customer Service Department, 25 W. 43rd Street, 4th Floor, New York, NY 10036 or at <http://www.ansi.org/>.
  7. All new Power Boilers installed after the effective date of this subsection, having power piping, welded or mechanically assembled, (pipe, valves, and fittings) falling within the scope of ASME Code, Section I, shall be designed, constructed and listed on the appropriate ASME Code, Section I, manufacturer's data report, P-2A, P-4A, P-4B, P-6 as applicable, incorporated by reference in R20-5-404(A)(1).
  8. An Owner, Operator, or User, of a Boiler installed, repaired, replaced, or reinstalled in Arizona having a capacity equal to or greater than 12,500,000 BTU/hr input after the effective date of this subsection shall comply with ANSI NFPA 85, Boiler and Combustion Systems Hazards Code, 2019 edition, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from ANSI, at Customer Service Department, 25 W. 43rd Street, 4th Floor, New York, NY 10036 or at <http://www.ansi.org/>.
- B.** The following registration requirements apply to this Article;
1. All Boilers, Lined Hot Water Heaters, and Pressure Vessels, including reinstalled and Secondhand Boilers, shall be registered with the National Board of Boiler and Pressure Vessel Inspectors except for:
    - a. Non-Standard Boilers installed up to six months after the effective date of this Section,
    - b. Cast iron Boilers, and
    - c. Cast aluminum Boilers.
  2. All fired and unfired Pressure Vessels installed or reinstalled on or after July 1, 2009, shall be registered with the National Board of Boiler and Pressure Vessel Inspectors.
- C.** The following installation, maintenance, and repair requirements apply to this Article.
1. An Owner, Operator, or User shall maintain a signed copy of the Manufacturer's Data Report, and Manufacturer's/Installing Contractors Report for ASME CSD-1, if applicable for a Boiler, Lined Hot Water Heater, or Pressure Vessel at the location of the Boiler Lined Hot Water Heater, or Pressure Vessel and make the reports available for review upon request from an Authorized Inspector.
  2. A Boiler shall have masonry or structural supports of sufficient strength and rigidity to safely support the Boiler and its contents without any vibration in the Boiler or its connecting piping.
  3. There shall be at least 36 in. (915 mm) of clearance on each side of the Boiler or Lined Hot Water Heater. Alternative clearances according to the manufacturer's recommendations are subject to approval by an Authorized

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Inspector prior to installation of a Boiler, Lined Hot Water Heater or Pressure Vessel.

4. A Boiler with a manhole shall have at least five feet clearance between the Boiler manhole and any wall, ceiling, or piping.
5. A newly constructed Boiler room in excess of 500 square feet of floor area and containing one or more Boilers with a fuel capacity of 1,000,000 BTU /hr or a heating capacity greater than 285 Kw (electric), shall have at least two exits on each level of the Boiler or Boilers. The Owner, Operator, or User shall ensure each exit is remotely located from other exits.
6. An Owner, Operator, or User shall keep a Boiler, Lined Hot Water Heater, or Pressure Vessel room clean and with no obstructions to the Boiler, Lined Hot Water Heater, or Pressure Vessel.
7. An Owner, Operator, or User shall not store flammable or explosive materials in a Boiler or Lined Hot Water Heater room.
8. An Owner, Operator, or User shall not store combustibles any less than three feet from any part of a Boiler, Lined Hot Water Heater, or Pressure Vessel.
9. If a Boiler, Lined Hot Water Heater, or Pressure Vessel is moved outside Arizona for temporary use or Repairs, the Owner, Operator, or User shall not reinstall the Boiler, Lined Hot Water Heater, or Pressure Vessel in Arizona until receiving verbal or written approval from the Division under R20-5-419. If the Division grants approval the Owner, Operator, or User shall not operate the reinstalled Boiler, Lined Hot Water Heater, or Pressure Vessel until receiving an Inspection Certificate under this Article.
10. Before a new Power Boiler or Secondhand Boiler or Pressure Vessel is installed, an inspection in accordance with R20-5-408 shall be made by an Authorized Inspector or by a National Board Commissioned Inspector. This inspection is to assess the integrity of the vessel and evaluate the original design specification. Prior to installation, an application shall be filed by the Owner, Operator, or User of the Boiler or Pressure Vessel with the Division for approval. This application shall contain the following information:
  - a. Name of the Owner, Operator, or User;
  - b. Mailing address of Owner, Operator, or User;
  - c. Business telephone number of Owner, Operator, or User;
  - d. Installation name and address;
  - e. Installation date;
  - f. Start up date;
  - g. Name and address of Boiler or Pressure Vessel insurance company;
  - h. Arizona serial number of the Boiler or Pressure Vessel being replaced, if applicable;
  - i. Description of the new, or Secondhand Power Boiler or Pressure Vessel to include:
    - i. Manufacture's name,
    - ii. Date manufactured,
    - iii. MAWP or temperature of Boiler or Pressure Vessel, and
    - iv. National Board registration number;
  - j. Name, address, business phone number, cell phone number, fax number and state contractor's license number of company or individual that will be installing the Boiler or Pressure Vessel;
  - k. Name, title, and phone number of the contact person on the site of installation; and
  - l. Signature, title, and date of the person submitting the application.
11. Before the Owner, Operator, or User installing a Secondhand Boiler or Pressure Vessel, the Boiler or Pressure Vessel shall pass a hydrostatic test that is witnessed by an Authorized Inspector or by any National Board Commissioned inspector in accordance with R20-5-411.
12. An Owner, Operator, or User of a Portable Boiler shall notify an Authorized Inspector before installing the Portable Boiler and shall not operate the Portable Boiler until the Owner, Operator, or User receives an Inspection Certificate from the Division.

**Historical Note**

Former Rules B-4.1 through B-4.3. Former Section R4-13-404 repealed, new Section R4-13-404 adopted effective April 12, 1979 (Supp. 79-2). Amended subsection (P) by adding paragraph (7) and amended subsection (Q) effective October 3, 1980 (Supp. 80-5). Section R4-13-404 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-404 recodified from R4-13-404 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

**R20-5-405. Repealed****Historical Note**

Former Section R4-13-405 repealed effective April 12, 1979 (Supp. 79-2). New Section R4-13-405 adopted effective June 13, 1980 (Supp. 80-3). Section R4-13-405 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-405 recodified from R4-13-405 (Supp. 95-1). Repealed by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-406. Repairs and Alterations**

- A. If Repairs or Alterations may affect the working pressure or safety of a Boiler, Lined Hot Water Heater, or Pressure Vessel, an Owner, Operator, or User shall consult with an Authorized Inspector before having the Repairs or Alterations made. The Authorized Inspector shall provide the Owner, Operator, or User information regarding the best method to repair or alter the Boiler, Lined Hot Water Heater, or Pressure Vessel. The Owner, Operator, or User shall ensure that an Authorized Inspector inspects and approves the Repairs and Alterations after the Repairs or Alterations are made.
- B. Repairs and Alterations to Boilers, Lined Hot Water Heaters, or Pressure Vessels shall conform to the applicable provisions of the National Board Inspection Code, ANSI/NB-23-2019, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007, and may be obtained from the National Board of Boiler and Pressure Vessel Inspectors, at 1055 Crupper Avenue, Columbus, OH 43229-1183 or at <http://www.nationalboard.org/>.
- C. An Owner, Operator, or User shall not permit an individual to remove or repair a safety appliance of a Boiler, Lined Hot Water Heater, or Pressure Vessel in operation. An Owner, Operator, or User shall not permit a person to remove or repair a safety appliance of a Boiler, Lined Hot Water Heater, or Pressure Vessel not in operation except as provided under the

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ASME Code. If an Owner, Operator, or User permits a person to remove a safety appliance from a Boiler, Lined Hot Water Heater, or Pressure Vessel as provided under the ASME Code, then the Owner, Operator, or User shall ensure that the safety appliance is reinstalled in proper working order before the Boiler, Hot Water Heater, or Pressure Vessel is placed back into operation.

- D.** No person shall alter in any manner a Safety Valve, Relief Valve, or Safety Relief Valve, except by an organization qualified in accordance with The National Board Inspection Code, ANSI/NB-23-2019 Edition, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007, and may be obtained from the National Board of Boiler and Pressure Vessel Inspectors at 1055 Crupper Avenue, Columbus, OH 43229-1183 or at <http://www.nationalboard.org/>.
- E.** Repairs of fittings or appliances shall comply with the requirements of the National Board Inspection Code, ANSI/NB-23 2019 Edition, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from the National Board of Boiler and Pressure Vessel Inspectors, at 1055 Crupper Avenue, Columbus, OH 43229-1183 or at <http://www.nationalboard.org/>.
- F.** On or after the effective date of this subsection, replacement of fittings or appliances shall comply with the requirements of the 2019 ASME Boiler and Pressure Vessel Code, Sections I, II, IV, V, VI, VII, VIII, Division 1, 2, 3, IX, X and 2018 ASME Code for Pressure Piping B31.1, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007. A copy of the incorporated material may also be obtained from ASME, Three Park Avenue, New York, NY 10016-5990 or at <http://www.asme.org>.
- Historical Note**
- Former Section R4-13-406 repealed effective April 12, 1979 (Supp. 79-2). New Section R4-13-406 adopted effective June 13, 1980 (Supp. 80-3). Section R4-13-406 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-406 recodified from R4-13-406 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).
- R20-5-407. Inspection of Boilers, Lined Hot Water Heaters, Direct Fired Jacketed Steam Kettles and Issuance of Inspection Certificates**
- A.** An Authorized Inspector shall comply with the guidelines set forth in The National Board Inspection Code, ANSI/NB-23-2019 Edition, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from the National Board of Boiler and Pressure Vessel Inspectors, 1055 Crupper Avenue, Columbus, OH 43229-1183 or at <http://www.nationalboard.org/>.
- B.** If an Owner, Operator, or User fails to comply with the requirements for an inspection or pressure test under this Article, the Division shall withhold the Inspection Certificate until the Owner, Operator, or User complies with the requirements.
- C.** An Authorized Inspector shall not engage in the sale of any object or device relating to, or equipment associated with, Boilers, Lined Hot Water Heaters, or Direct Fired Jacketed Steam Kettles.
- D.** Under A.R.S. § 23-485(D), the Special Inspector shall file an inspection report within 30 days of an inspection by entering data into the Division's Web-based inspection entry form, by submitting a paper inspection report issued by the Division, or by electronic transfer of data. Whatever form of data transfer a Special Inspector chooses, there shall be no cost to the Division. The inspection report shall contain the following:
- Whether it is a Certificate or non-Certificate Inspection;
  - Whether it is an Internal Inspection, External Inspection, or both;
  - Name of location, address and phone number of the object;
  - Name, address and phone number of owner or responsible party;
  - Contact person's name and phone number at the inspection location;
  - State Identification Number;
  - Inspection Certificate due date;
  - Inspection Certificate duration;
  - Install/reinstall date, if known;
  - Whether the object is active, inactive, Out-of-Service, standby, or scrapped;
  - MAWP permitted or allowed;
  - National Board registration number;
  - Name of the manufacturer and the year the object was built;
  - Special location in plant, if applicable;
  - Boiler type;
  - Purpose of the Boiler;
  - Specify type of fuel used;
  - Whether the firing method is automatic, manual, or unknown;
  - Whether the fuel train is in compliance with CSD-1, NFPA 85, Z21.10.3 or other;
  - Whether the Boiler is fully attended as per R20-5-408(C);
  - Size/input rate, as applicable;
  - Size classification (HS/BTU/Kw);
  - Whether the heating surface type is stamped, computed, or unknown;
  - Minimum Safety Valve relief capacity required;
  - Whether the minimum Safety Valve relief capacity type is BTU/Hr, lbs/Hr or unknown;
  - Number of temperature/pressure controls, as applicable;
  - Owner number assigned by the Owner to specifically identify object's location;
  - Inspection date;
  - Whether the Inspection Certificate is posted;
  - Safety Valve total capacity;
  - Safety Valve total capacity type (PPH/Hr or BTU/Hr);
  - Safety Valve #1 set pressure;
  - Safety Valve #2 set pressure;
  - Safety Valve #3 set pressure;
  - Safety Valve code stamping (Example: V, HV, UV, UV3.TV, TD, OR NV);
  - Whether the object has been hydro tested;

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37. Hydro Test (psi), if applicable;
  38. Whether Pressure/Altitude Gage was tested;
  39. Whether the condition of the object is okay to issue an Inspection Certificate;
  40. Inspection comments, condition of Boiler;
  41. Violations noted;
  42. Inspector name and Special Inspector number; and
  43. National Board Commission number.
- E.** The Division shall issue to an Owner, Operator, or User an Inspection Certificate within 30 calendar days of receipt of an inspection report that documents a Boiler, Lined Hot Water Heater, or Direct Fired Jacketed Steam Kettle that complies with the Act and this Article. An Owner, Operator, or User of a Boiler, Lined Hot Water Heater, or Direct Fired Jacketed Steam Kettle shall post the Inspection Certificate in the establishment where the Boiler, Lined Hot Water Heater, or Direct Fired Jacketed Steam Kettle is located.
- F.** An Owner, Operator, or User shall ensure that an Authorized Inspector tags or stamps a steam Boiler with an identification number immediately after installing, but before operating, a new steam Boiler, or when an Authorized Inspector performs an initial Certificate Inspection of an existing steam Boiler. The identification number shall be at least 5/16" in height and in the following format: AZ-# # # #.
- G.** The Division shall mark with a metal dye stamp a Boiler or Lined Hot Water Heater identified by the Division as not safe for further service, with the code "XXX AZ8 XXX" which shall designate that the Boiler or Lined Hot Water Heater is Condemned.
- H.** For any conditions not covered by this Article, the applicable provisions of the ASME Code that was in effect in Arizona at the time of the installation of the Boiler or Lined Hot Water Heater shall apply.

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-407 recodified from R4-13-407 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

**R20-5-408. Frequency of Inspection**

- A.** An Owner, Operator, or User, of an existing Power Boiler or High Temperature Water Boiler shall ensure that an Authorized Inspector performs a Certificate Inspection and/or an External Inspection prior to operating the Power Boiler or High Temperature Water Boiler. A Certificate Inspection shall also be performed every 12 months thereafter and an External Inspection of the Power Boiler or High Temperature Water Boiler shall be performed every 12 months thereafter. An Authorized Inspector shall perform the External Inspection while the Power Boiler or High Temperature Water Boiler is in operation to ensure that safety devices are operating properly.
- B.** An Authorized Inspector shall perform an Internal Inspection and pressure test on a Boiler, Lined Hot Water Heater, or Pressure Vessel if the Authorized Inspector determines from an External Inspection of the Boiler, Lined Hot Water Heater, or Pressure Vessel that continued operation is a danger to the public or worker safety.
- C.** The Division shall issue a 12-month Inspection Certificate to an Owner, Operator, or User to operate a Fully Attended Power Boiler if:

1. An Owner, Operator, or User ensures that an Authorized Inspector performs an External Inspection and audit of the operational methods and logs of the Fully Attended Power Boiler at least every 12 months and performs an Internal Inspection of the Fully Attended Power Boiler at least every 36 months; and
  2. Continuous boiler water treatment is under the direct supervision of persons trained and experienced in water treatment for the purpose of controlling and limiting corrosion and deposits; and
  3. Records are available for review, that indicate:
    - a. The date, time, and reason the Boiler is Out of Service; and
    - b. Daily analysis of water samples that adequately show the conditions of the water and elements or characteristics that are capable of producing corrosion or other deterioration to the Boiler or its parts; and
  4. Controls, safety devices, instrumentation, and other equipment necessary for safe operation are current, in service, calibrated, and meet the requirements of an appropriate safety code for the size Boilers, such as NFPA 85, ASME CSD-1 Controls and Safety Devices for Automatically Fired Boilers, National Board Inspection Code ANSI/NB-23, and state requirements; and
  5. Inspection reports of an Authorized Inspector document that the Fully Attended Power Boiler complies with the Act and this Article.
- D.** An Owner, Operator, or User of a Direct-Fired Jacketed Steam Kettle shall ensure that an Authorized Inspector performs a Certificate Inspection at the time of installation, and every 24 months thereafter.
- E.** An Owner, Operator, or User of a steam heating or process Boiler, not exceeding 15 p.s.i. MAWP, steam or vapor, shall ensure that an Authorized Inspector performs a Certificate Inspection and an External Inspection of the heating or process boiler every 24 months.
- F.** An Owner, Operator, or User of a hot water heating, hot water supply Boiler, or Lined Hot Water Heater shall ensure that an Authorized Inspector performs a Certificate Inspection and External Inspection of the hot water heating or hot water supply Boiler or Lined Hot Water Heater at installation. An inspection certificate issued by the Division following an inspection under this subsection shall not state an expiration date.

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-408 recodified from R4-13-408 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

**R20-5-409. Notification and Preparation for Inspection**

- A.** An Authorized Inspector shall perform a Certificate Inspection at a time mutually agreeable to the Authorized Inspector and the Owner, Operator, or User.
- B.** Before an Authorized Inspector performs an Internal Inspection of a Boiler, an Owner, Operator, or User shall:
1. Cool the furnace and combustion chambers;
  2. Drain the water from the Boiler;



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3. Remove the manhole and handhole plates, wash-out plugs, inspection plugs in water column connections, and disassemble all low-water fuel cutoff float chambers or bowls;
4. Remove insulation or brickwork if necessary to determine the condition of the Boiler, headers, furnace, supports, and other parts;
5. Remove the pressure gauge for testing;
6. Prevent any leakage of steam or hot water into the boiler by disconnecting the involved pipe or valve;
7. Close, tag, and padlock the non-return and steam stop valves before opening the manhole or handhole covers and entering any part of the steam generating unit that is connected to a common header with other Boilers. Open the free blow drain or cock between the non-return and steam stop valves;
8. Close, tag, and padlock the blowoff valves after draining the Boiler; and
9. Open all drains and vent lines.

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-409 recodified from R4-13-409 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

**R20-5-410. Report of Accident**

An Owner, Operator, or User shall notify the Division within 24 hours of an explosion, severe overheating, or personal injury involving a Boiler, Lined Hot Water Heater, or Direct Fired Jacketed Steam Kettle. A person shall not remove or disturb the involved Boiler, Lined Hot Water Heater, or Direct Fired Jacketed Steam Kettle or parts of the Boiler, Lined Hot Water Heater, or Direct Fired Jacketed Steam Kettle before an investigation by an Authorized Inspector, except for the purpose of preventing personal injury or limiting consequential damage.

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-410 recodified from R4-13-410 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

**R20-5-411. Hydrostatic Tests**

The Owner, Operator, or User of a Boiler shall perform a hydrostatic or pneumatic pressure test in accordance with the code incorporated by reference in R20-5-404(A) and R20-5-406(B).

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-411 recodified from R4-13-411 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

**R20-5-412. Automatic Low-water Fuel Cutoff Devices or Combined Water Feeding and Fuel Cutoff Devices**

- A. An Owner, Operator, or User shall ensure that low-water fuel cutoff devices or combined water feeding and fuel cutoff devices do not interfere with an Operator's or Authorized Inspector's ability to safely clean, repair, or inspect a Boiler, Lined Hot Water Heater, or Pressure Vessel.
- B. A low-water fuel cutoff device shall have a pressure rating not less than the set pressure of the Safety Valve or Safety Relief Valve.
- C. In addition to the requirements of subsections (A) and (B), all low-water fuel cutoffs and flow sensing devices shall be constructed and installed in accordance with applicable ASME Code and standards for Boilers and Direct Fired Jacketed Steam Kettle in R20-5-404(A).

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-412 recodified from R4-13-412 (Supp. 95-1). Amended effective October 9, 1998 (98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

**R20-5-413. Safety and Safety Relief Valves**

- A. A valve shall not be placed between a Safety Valve, Relief Valve, or a Safety Relief Valve and the Boiler, Lined Hot Water Heater, or Pressure Vessel, or between a Safety Valve, Relief Valve, or a Safety Relief Valve and the discharge pipe attached to the Boiler, Lined Hot Water Heater, or Pressure Vessel.
- B. When a Power Boiler is supplied with feed-water directly from a water main without the use of a feeding apparatus, Safety Valves shall not be set at a pressure greater than 94% of the lowest pressure obtained in the water main feeding the Boiler;
- C. Safety Valves, Safety Relief Valves, and Relief Valves shall conform to the requirements of the 2019 ASME Boiler and Pressure Vessel Code, Section I, IV or VIII, July, incorporated by reference as applicable. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ and may be obtained from ASME, Three Park Avenue, New York, NY 10016-5990 or at <http://www.asme.org/>.
- D. The resetting, repairing, and restamping of Safety Valves, Relief Valves, and Safety Relief Valves shall be done by a qualified valve repair organization holding a valid "VR" Certificate of Authorization issued by the National Board of Boiler and Pressure Vessel Inspectors. ASME valve manufacturers holding a valid "V," "HV," and "UV" Certificate or Certificates of Authorization may also do this work provided they also have a valid "VR" Certificate of Authorization issued by the National Board of Boiler and Pressure Vessel Inspectors.
- E. With jurisdictional approval, Owner, Operators, and Users of Boilers, Lined Hot Water Heaters, and Pressure Vessels may authorize external adjustments to bring installed Safety Valves, Relief Valves, and Safety Relief Valves back to the stamped set pressure when performed by the Owner's, Operator's, or User's trained, qualified, regular, and full-time employees. Refer to Supplement 7.10 of the National Board Inspection Code for guidelines regarding training, documentation, and the implementation of a quality system for the Owner, Operator, or User employees. All such external adjustments shall be resealed with a metal tag showing the identification of the organization making the adjustments and the

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date. If any valve repairs are required, they shall be done by a qualified "VR" certificate holder.

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-413 recodified from R4-13-413 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

**R20-5-414. Repealed****Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-414 recodified from R4-13-414 (Supp. 95-1). Repealed by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-415. Boiler Blowdown, Blowoff Equipment and Drains**

- A. Except as provided in this Section, an Owner, Operator, or User of blowdown and blowoff equipment shall comply with the National Board of Boiler and Pressure Vessel Inspectors, A Guide for Blowoff Vessels, NB-27, Revision 1 (1/13), 2012 Edition, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from the National Board of Boiler and Pressure Vessel Inspectors, 1055 Crupper Avenue, Columbus, OH 43229-1183 or at <http://www.nationalboard.org/>.
- B. Blowdown from a Boiler is a hazard to life and property.
- C. Blowdown from a Boiler shall pass through blowdown equipment that reduces pressure and temperature to levels not exceeding 5 p.s.i.g. and 140° F.
- D. The thickness of a blowdown vessel shall be at least 3/16".
- E. All blowdown equipment shall be fitted with openings that allow cleaning and inspection of the equipment.
- F. Blowdown Separators may be used with Boilers instead of Boiler Blowdown Tanks, provided that Blowdown Separators are operated with a temperature gauge and water cooler to prevent drain water temperature from exceeding 140° F.
- G. In addition to the requirements of subsections (A) through (F), the following requirements apply to blowdown piping, valves and drains for Power Boilers: Each Power Boiler and High Temperature Water Boiler shall be installed and maintained according to ASME Code, Section 1 and B31.1, incorporated by reference in R20-5-404, at the time of installation.
- H. In addition to the requirements of subsections (A) through (F), the following requirements apply to bottom blowdown or drain valves for heating Boilers and Lined Hot Water Heaters:
  1. A hot water heating Boiler or Lined Hot Water Heater shall have a bottom blowdown or drain pipe connection fitted with a valve or cock connected with the lowest available water space with the minimum size of blowdown piping and valves as required by ASME Code, Section IV, incorporated by reference, in R20-5-404(A).
  2. Discharge outlets of blowdown pipes, Safety Valves, Relief Valves, or Safety Relief Valves, and other piping shall be located and structurally supported to prevent injury to individuals.

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-415 recodified from R4-13-415 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

**R20-5-416. Maximum Allowable Working Pressure**

- A. The ASME Code under which a Boiler, Lined Hot Water Heater, or Pressure Vessel was constructed and stamped shall determine the MAWP.
- B. If components in the Boiler, or hot water system such as valves, pumps, expansion tanks, storage tanks or piping have a lesser working pressure rating than the Boiler or Lined Hot Water Heater, the pressure setting for the Safety Valve Relief Valve, or Safety Relief Valve on the Boiler or Lined Hot Water Heater shall be based upon the component with the lowest MAWP rating.

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-416 recodified from R4-13-416 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

**R20-5-417. Maintenance and Operation of Boilers, Lined Hot Water Heaters and Direct Fired Jacketed Steam Kettles**

- A. An Owner, Operator, or User of a lined Boiler, Lined Hot Water Heater, or Direct Fired Jacketed Steam Kettle constructed under the ASME Code, Sections I, IV or VIII Division 1, incorporated by reference in R20-5-404(A) shall comply with the manufacturer's maintenance and operation instructions.
- B. In addition to the requirements of subsection (A), an Owner, Operator, or User of a Boiler constructed under the ASME Code, Sections I, or IV shall comply with the following preventive maintenance schedule if the boiler contains the component or system listed.
  1. On a daily basis, the Owner, Operator, or User shall:
    - a. Test the low-water fuel cutoff and alarm, and
    - b. Check the burner flame for proper combustion.
  2. On a weekly basis, the Owner, Operator, or User shall:
    - a. Check for proper ignition, and
    - b. Check the flame failure detection system.
  3. On a monthly basis, the Owner, Operator, or User shall:
    - a. Test all fan and air pressure interlocks,
    - b. Check the main burner safety shutoff valve,
    - c. Check the low fire start switch,
    - d. Test fuel pressure and temperature interlocks of oil-fired units, and
    - e. Test the high and low fuel pressure switch of gas-fired units.
  4. Every six months, the Owner, Operator, or User shall:
    - a. Inspect burner components;
    - b. Check flame failure system components, such as vacuum tubes, amplifier and relays;
    - c. Check wiring of all interlocks and shutoff valves; and

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- d. Check steam and blowdown piping and valves.
- 5. Annually, the Owner, Operator, or User shall:
  - a. Replace vacuum tubes, scanners, or flame rods in the flame failure system according to the manufacturer's instructions;
  - b. Check all coils and diaphragms; and
  - c. Test operating parts of all safety shutoff and control valves.
  - d. Unless there is other information to assess their accuracy or reliability, all pressure gages shall be removed, tested, and their readings compared to the readings of a calibrated standard test gage or a dead weight tester.
- C. An Owner, Operator, or User of a Power Boiler or High Temperature Water Boiler shall designate an individual who meets the requirements of subsection (D) to operate the Boiler. An Owner, Operator, or User may operate the Boiler if the Owner, Operator, or User meets the requirements of subsection (D).
- D. An Operator or User of a Power Boiler or High Temperature Water Boiler shall meet the following minimum requirements:
  - 1. Knowledge of and an ability to explain the function and operation of all safety controls of the Boiler,
  - 2. Ability to start the Boiler in a safe manner,
  - 3. Knowledge of all safe methods of feeding water to the Boiler,
  - 4. Knowledge of and the ability to blow down the Boiler in a safe manner,
  - 5. Knowledge of safety procedures to follow if water exceeds or drops below permissible safety levels, and
  - 6. Knowledge of and the ability to safely shut down the Boiler.

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-417 recodified from R4-13-417 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

**R20-5-418. Non-standard Boilers**

An Owner, Operator, or User shall remove from service a Boiler, Lined Hot Water Heater, or Pressure Vessel that does not bear an ASME stamp unless a variance is requested under R20-5-429.

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-418 recodified from R4-13-418 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

**R20-5-419. Request to Reinstall Boiler or Lined Hot Water Heater**

- A. The Division shall grant or deny approval to reinstall a Boiler or Lined Hot Water Heater within three business days after an Owner, Operator, or User requests approval. The order of the Division granting or denying approval shall be in writing.
- B. The Division shall grant approval if the Boiler or Lined Hot Water Heater complies with the Act and this Article. The Division shall deny approval if the Boiler or Lined Hot Water Heater does not comply with the Act and this Article.

sion shall deny approval if the Boiler or Lined Hot Water Heater does not comply with the Act and this Article.

- C. An order of the Division denying approval shall be final unless an Owner, Operator, or User requests a hearing under A.R.S. § 23-479 within 15 days after the Division Serves the order. The Owner, Operator, or User requesting a hearing shall have the burden to prove that a Boiler or Lined Hot Water Heater meets the requirements of the Act and this Article.

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-419 recodified from R4-13-419 (Supp. 95-1). New Section adopted effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

**R20-5-420. Special Inspector Certificate under A.R.S. § 23-485**

- A. The Division shall administratively review an Applicant's application for a Special Inspector Certificate under A.R.S. § 23-485 within seven days of receipt of the application to determine if the application is complete. If the application is incomplete, the Division shall notify the Applicant in writing of the missing documentation or information necessary to comply with this Article.
- B. The Division shall deem an application withdrawn if the Applicant fails to file a complete application within ten days of being notified by the Division that the application is incomplete pursuant to subsection A, unless the Applicant obtains an extension to provide the missing information. An Applicant may obtain an extension to submit the missing information by filing a written request with the Division no later than ten days after the Division Serves notice that the application is incomplete, stating the reasons why the Applicant is unable to meet the ten-day deadline.
- C. An application for a Special Inspector Certificate under A.R.S. § 23-485 is deemed complete under subsection (A) when the following is filed with the Division:
  - 1. Written documentation demonstrating that the Applicant holds a current commission issued by the National Board of Boiler and Pressure Vessel Inspectors; and
  - 2. Proof of employment as a full-time inspector for a company conducting business in Arizona with a certificate of accreditation as outlined in A.R.S. § 23-485 and whose duties as an inspector include making inspections of Boilers or Lined Hot Water Heaters to be used or insured by such company and not for resale.
- D. If an Applicant meets the criteria of A.R.S. § 23-485 and subsection (C) of this Section, the Division shall issue a Special Inspector Certificate to the Applicant within 15 calendar days. If an Applicant fails to meet the criteria of A.R.S. § 23-485 and subsection (C) of this Section, the Division shall issue a written notice denying eligibility to the Applicant. The Commission shall deem the notice denying eligibility final if an Applicant does not request a hearing within 15 calendar days after the Division Serves the notice.
- E. A Hearing on the denial of eligibility for a Special Inspector Certificate shall be governed by the following provisions:
  - 1. A request for hearing protesting a denial of eligibility shall be in writing and signed by the Applicant or the Applicant's legal representative and filed with the Division.

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2. The Commission shall hold a hearing under A.R.S. § 41-1065. The hearing shall be recorded.
3. The chair of the Commission or designee shall preside over hearings held under this Section. The chair shall apply the provisions of A.R.S. § 41-1062 et seq. to hearings held under this Section and shall have the authority and power of a presiding officer as described in A.R.S. § 41-1062.
4. A decision of the Commission to deny or grant eligibility for a Special Inspector Certificate shall be based upon the criteria set forth in A.R.S. § 23-485 and this Section and shall be made by a majority vote of the quorum of Commission members present when the decision is rendered at a public meeting. After a decision is rendered at a public meeting, the Commission shall issue a written decision upon hearing which shall include findings of fact and conclusions of law, separately stated. An order of the Commission denying a Special Inspector Certificate is final unless an applicant files a request for review within 15 days after the Commission Serves its order.
5. A request for review shall be based upon one or more of the following grounds which have materially affected the rights of an Applicant:
  - a. Irregularities in the hearing proceedings or any order or abuse of discretion whereby the Applicant seeking review was deprived of a fair hearing;
  - b. Misconduct by the Division;
  - c. Accident or surprise which could not have been prevented by ordinary prudence;
  - d. Newly discovered material evidence that could not have been discovered with reasonable diligence and produced at the hearing;
  - e. Excessive or insufficient sanctions or penalties imposed at hearing;
  - f. Error in the admission or rejection of evidence, or errors of law occurring at, or during the course of, the hearing;
  - g. Bias or prejudice of the Division; and
  - h. The order, decision, or findings of fact are not justified by the evidence or are contrary to law.
6. The Commission shall issue a decision upon review no later than 30 days after receiving a request for review.
7. The Commission's decision upon review is final unless an Applicant seeks judicial review as provided in A.R.S. § 23-483.

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-420 recodified from R4-13-420 (Supp. 95-1). New Section adopted effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

**R20-5-421. Repealed****Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-421 recodified from R4-13-421 (Supp. 95-1).

**R20-5-422. Repealed****Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-422 recodified from R4-13-422 (Supp. 95-1).

**R20-5-423. Repealed****Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-423 recodified from R4-13-423 (Supp. 95-1).

**R20-5-424. Repealed****Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-424 recodified from R4-13-424 (Supp. 95-1).

**R20-5-425. Repealed****Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-425 recodified from R4-13-425 (Supp. 95-1).

**R20-5-426. Repealed****Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-426 recodified from R4-13-426 (Supp. 95-1).

**R20-5-427. Repealed****Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-427 recodified from R4-13-427 (Supp. 95-1).

**R20-5-428. Repealed****Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-428 recodified from R4-13-428 (Supp. 95-1).

**R20-5-429. Variance**

- A. Any Owner, Operator, or User may apply to the Director for a variance from the requirements of this Article, upon demonstrating the construction, installation, and operation of the Boiler, Lined Hot Water Heater, or Pressure Vessel will maintain the same level of safety as prescribed by this Article. The Director shall issue a variance if the Director determines that the proponent of the variance has demonstrated the construction, installation, and operation of the Boiler, Lined Hot Water Heater, or Pressure Vessel will maintain the same level of safety as prescribed by this Article. The variance issued shall prescribe the construction, installation, operation, maintenance, and repair conditions that the Owner, Operator, or User shall maintain.
- B. A variance may be modified or revoked upon application by an Owner, Operator, or User or the Director, on the Director's own motion at any time after six months from issuance if the owner or user Owner, Operator, or User has not complied with the variance or if the variance does not protect the health and safety of employees or general public.
- C. The application for a variance shall be made on the form issued by the Division and contains the following information:
  1. Owner, Operator, or User name and company name;
  2. Mailing address;
  3. Telephone number;
  4. Fax number;
  5. Contact person;
  6. Contact person's telephone number;
  7. Address or location of proposed variance;
  8. Type of facility to include;
    - a. Variance description,
    - b. Justification for variance,
    - c. Component or system involved,
    - d. Supporting documentation for variance,
    - e. Identify the statute, rule, code or standard to justify the variance; and

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9. Printed name and title of Owner, Operator, or User, signature of Owner, Operator, or User, and date.

- D. If an Owner, Operator, or User does not agree with the variance issued or revoked by the Director, a request for a hearing under A.R.S. § 23-479 can be made with the Commission.

**Historical Note**

New Section made by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

**R20-5-430. Forced Circulation Lined Hot Water Heaters**

- A. All water tube or coil-type Lined Hot Water Heaters that require forced circulation to prevent overheating and failure of the tubes or coils shall have a safety control, to prevent burner operation at a flow rate inadequate to protect the Lined Hot Water Heater unit against overheating, at all allowable firing rates. The safety control shall shut down the burner and prevent restarting until an adequate flow is restored. The flow sensing device shall be labeled and listed by a nationally recognized testing agency as a standard for limit controls complying with UL 353. This safety control shall be independent of any other operating controls.
- B. All water tube or coil-type Lined Hot Water Heaters that require forced circulation to prevent overheating and failure of the tubes or coils, shall have a manually operated remote shutdown switch or circuit breaker and shall be located just outside the Lined Hot Water Heater's room door and marked for easy identification. The shutdown switch shall be installed in a manner to safeguard against tampering. If a Lined Hot Water Heater's room door is on the building exterior, the switch shall be located just inside the door. If there is more than one door to the Lined Hot Water Heater's room, there shall be a switch located at each door. The remote shutdown switch or circuit breaker shall disconnect all power to the burner controls.

**Historical Note**

New Section made by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

**R20-5-431. Code Cases**

Code cases approved for use by ASME are allowed to be used in the design, fabrication and testing of Boilers, Lined Hot Water Heaters, and Pressure Vessels provided approval from the boiler chief is obtained prior to use.

**Historical Note**

New Section made by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

**R20-5-432. Historical Boilers**

Historical boilers shall require an initial Certificate Inspection by an Authorized Inspector in accordance with The National Board Inspection Code, followed by a Certificate Inspection every three years thereafter if stored inside a shelter, or annually if stored outdoors. The initial Certificate Inspection shall include ultrasonic thickness testing of all pressure boundaries. Thinning of the pressure retaining boundary shall be monitored and recorded on the inspection report.

**Historical Note**

New Section made by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

**ARTICLE 5. ELEVATOR AND CONVEYANCE SAFETY****R20-5-501. Repealed****Historical Note**

Former Rule E-1. Amended effective November 9, 1979 (Supp. 79-6). R20-5-501 recodified from R4-13-501 (Supp. 95-1). Section repealed by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1).

**R20-5-502. Definitions**

In addition to the definitions provided in A.R.S. § 23-491, the following definitions apply to this Article:

"Alteration" or "altered" means work performed to any conveyance that is not routine maintenance or repair.

"ASME" means American Society of Mechanical Engineers.

"ANSI" means American National Standard Institute.

"AZFS key" means Arizona Firefighters Service Key, a universal key used by a firefighter to operate a conveyance during an emergency.

"Chief" means the head inspector of the Elevator Safety Section of the Division of Occupational Safety and Health.

"Conveyance" defined in A.R.S. § 23-491, also includes employee elevators for construction and demolition operations, material lifts, platform lifts, orchestra lifts and stairway chairlifts.

"Elevator Safety Section" means the Elevator Safety Section of the Division of Occupational Safety and Health of the Commission.

"Employee elevator for construction and demolition operations" means an elevator that is not an integral part of a building, is installed inside or outside buildings or structures during construction, alteration, or demolition operations, and is used to raise and lower workers and other personnel.

"Inspection" means the official determination by an inspector of the condition of all parts of the equipment on which the safe operation of a conveyance depends.

"Orchestra lift" means a lift operating at a speed of 15 (4.6 meters) per minute or less, not designed for passenger use, not for moving during performances, providing an extension of the stage, and providing an extension of the auditorium floor.

"Platform lift" means a powered hoisting and lowering mechanism designed to transport mobility-impaired persons on a guided platform that travels on an incline or vertically.

"Stairway chairlift" means a powered hoisting and lowering mechanism that is guided and equipped with a seat to transport seated passengers along stairways.

"State Serial Number" is a unique number assigned by the Chief Elevator Inspector to a conveyance.

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**Historical Note**

Former Rule E-2. R20-5-502 recodified from R4-13-502 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2). Amended by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

**R20-5-503. Repealed****Historical Note**

Former Rule E-3. R20-5-503 recodified from R4-13-503 (Supp. 95-1). Section repealed by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1).

**R20-5-504. Safety Standard for Platform Lifts and Stairway Chairlifts**

- A. Every owner or operator of a platform lift or stairway chairlift installed, repaired, or altered on or after January 1, 2023, shall comply with ASME A18.1-2020 (Safety Standard for Platform Lifts and Stairway Chairlifts), with amendments as of November 29, 2020, which is incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. This incorporation by reference does not include any later amendments or editions of the incorporated matter.
- B. Every owner or operator of a platform lift or stairway chairlift installed, repaired, or altered prior to January 1, 2023, shall comply with either: (1) ASME A18.1-2005 (Safety Standard for Platform Lifts and Stairway Chairlifts), with amendments as of November 29, 2005; or (2) ASME A18.1-2020 (Safety Standard for Platform Lifts and Stairway Chairlift), with amendments as of November 29, 2020, which are incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. These incorporations by reference do not include any later amendments or editions of the incorporated matter.
- C. A copy of the referenced material is available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and ASME at Three Park Avenue, New York, New York 10016-5990 or at <http://www.asme.org>.

**Historical Note**

Former Rule E-4. R20-5-504 recodified from R4-13-504 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2). Amended by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

**R20-5-505. Certificate of Inspection**

The owner or operator of a conveyance shall maintain the Commission's certificate at the same location as the conveyance or related equipment and make the certificate available for inspection and copying upon request. The State Serial Number or certificate shall be posted or displayed in or within close proximity to the conveyance in a location that is easily accessible.

**Historical Note**

Former Rule E-5. R20-5-505 recodified from R4-13-505 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by

final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2). Amended by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

**R20-5-506. Recordkeeping**

- A. The Elevator Safety Section shall assign a State Serial Number to every conveyance for recordkeeping purposes. The State Serial Number shall be on a tag that is affixed to the controller or mainline disconnect of the conveyance.
- B. The owner or operator of a conveyance shall notify the Elevator Safety Section at least 90 days before installation, relocation, or alteration of a conveyance.
- C. The owner or operator of a conveyance shall notify the Elevator Safety Section within 24 hours of every accident resulting in injury to a person or disabling damage to a conveyance. For purposes of this subsection, disabling damage means any damage to a conveyance that impairs normal operations.

**Historical Note**

Former Rule E-6. Amended effective November 9, 1979 (Supp. 79-6). R20-5-506 recodified from R4-13-506 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2). Amended by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

**R20-5-507. Safety Code for Elevators, Escalators, Dumbwaiters, Moving Walks, Material Lifts, Special Purpose Personnel Elevators, and Dumbwaiters with Automatic Transfer Devices**

- A. Every owner or operator of an elevator, escalator, dumbwaiter, moving walk, material lift, special purpose personnel elevator, or dumbwaiter with automatic transfer device installed, repaired, or altered on or after January 1, 2023, shall comply with the ASME A17.1-2019 (Safety Code for Elevators and Escalators) or ASME A17.7-2007 (Performance-Based Safety Code for Elevators and Escalators) as referenced in ASME A17.1-2019, which are incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. These incorporations by reference do not include any later amendments or editions of the incorporated matter.
- B. Every owner or operator of an elevator, escalator, dumbwaiter, moving walk, material lift, special purpose personnel elevator, or dumbwaiter with automatic transfer device installed, repaired, or altered between May 5, 2009, and December 31, 2022, shall comply with either: (1) ASME A17.1-2019 (Safety Code for Elevators and Escalators); (2) ASME A17.1-2007 (Safety Code for Elevators and Escalators); or (3) ASME A17.7-2007 (Performance-Based Safety Code for Elevators and Escalators), as referenced in ASME A17.1-2019 and ASME A17.1-2007, which are incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. These incorporations by reference do not include any later amendments or editions of the incorporated matter.
- C. Every owner or operator of an elevator, escalator, dumbwaiter, moving walk, material lift, special purpose personnel elevator, or dumbwaiter with automatic transfer device installed, repaired, or altered before May 5, 2009, shall comply with either: (1) ASME A17.1-2019 (Safety Code for Elevators and Escalators); (2) ASME A17.1-2007 (Safety Code for Elevators

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and Escalators); (3) ASME A17.7-2007 (Performance-Based Safety Code for Elevators and Escalators), as referenced in ASME A17.1-2019 and A17.1-2007; or (4) the version of ASME A17.1 (Safety Code for Elevators and Escalators) in effect at the time of installation, which are incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. These incorporations by reference do not include any later amendments or editions of the incorporated matter.

- D. For installations of a residential elevator, escalator, dumbwaiter, moving walk, material lift, or dumbwaiter with an automatic transfer device, installed after February 6, 2020, the distance between the hoistway face of the hoistway doors and the hoistway edge of the landing sill shall not exceed 19 mm (0.75 in.) for swinging doors and 57 mm (2.25 in.) for sliding doors.
- E. A copy of the referenced material is available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and may be obtained from ASME at Three Park Avenue, New York, New York 10016-5990 or at <http://www.asme.org>.

**Historical Note**

Former Rule R4-13-507 repealed, new Section R4-13-507 adopted effective November 9, 1979 (Supp. 79-6).

Amended effective March 30, 1981 (Supp. 81-2).

Amended effective June 23, 1983 (Supp. 83-3). Amended effective July 24, 1985 (Supp. 85-4). Amended effective

September 5, 1989 (Supp. 89-3). Amended effective March 20, 1992 (Supp. 91-2). R20-5-507 recodified from R4-13-507 (Supp. 95-1). Amended effective October 8, 1996 (Supp. 96-4). Amended by final rulemaking at 5 A.A.R. 2935, effective August 4, 1999 (Supp. 99-3).

Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final

rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2). Amended by final rulemaking at 25 A.A.R. 2182, with an immediate effective date of August 6, 2019 (Supp. 19-3). Amended by final rulemaking at 26 A.A.R. 311, with an immediate effective date of February 6, 2020 (Supp. 20-1). Amended by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective

date of January 9, 2023 (Supp. 23-1).

**R20-5-508. Safety Standard for Manlifts**

- A. Every owner or operator of a manlift installed, repaired, or altered on or after January 1, 2023, shall comply with ASME A90.1-2015 (Safety Standard for Belt Manlifts), which is incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. This incorporation by reference does not include any later amendments or editions of the incorporated matter.
- B. Every owner or operator of a manlift installed, repaired, or altered prior to January 1, 2023, shall comply with either: (1) ASME A90.1-2015 (Safety Standard for Belt Manlifts); or (2) ASME A90.1-2003 (Safety Standard for Belt Manlifts), which are incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. These incorporations by reference do not include any later amendments or editions of the incorporated matter.
- C. A copy of the referenced material is available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and ASME at Three Park

Avenue, New York, New York 10016-5990 or at <http://www.asme.org>.

**Historical Note**

Adopted effective November 9, 1979 (Supp. 79-6). R20-5-508 recodified from R4-13-508 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2). Amended by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

**R20-5-509. Safety Requirements for Personnel Hoists and Employee Elevators for Construction and Demolition Operations**

- A. Every owner or operator of a personnel hoist or employee elevator for construction and demolition operation installed, repaired, or altered on or after January 1, 2023, shall comply with ANSI A10.4-2016 (Safety Requirements for Personnel Hoists and Employee Elevators for Construction and Demolition Sites), which is incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. This incorporation by reference does not include any later amendments or editions of the incorporated matter.
- B. Every owner or operator of a personnel hoist or employee elevator for construction and demolition operation installed prior to January 1, 2023, shall comply with either: (1) ANSI A10.4-2016 (Safety Requirements for Personnel Hoists and Employee Elevators for Construction and Demolition Sites); or (2) ANSI A10.4-2007 (Safety Requirements for Personnel Hoists and Employee Elevators for Construction and Demolition Sites), which are incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. These incorporations by reference do not include any later amendments or editions of the incorporated matter.
- C. A copy of the referenced material is available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and ANSI at 25 West 43rd Street, 4th Floor, New York, New York, 10036 or at <http://www.ansi.org>.

**Historical Note**

Adopted effective November 9, 1979 (Supp. 79-6). Amended effective June 23, 1983 (Supp. 83-3). R20-5-509 recodified from R4-13-509 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2). Amended by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

**R20-5-510. Safety Requirements for Material Hoists**

- A. Every owner or operator of a material hoist installed, repaired, or altered on or after January 1, 2023, shall comply with ANSI A10.5-2020 (Safety Requirements for Material Hoists), which is incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. This incorporation by reference does not include any later amendments or editions of the incorporated matter.
- B. Every owner or operator of a material hoist installed, repaired, or altered prior to January 1, 2023, shall comply with either:

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(1) ANSI A10.5-2020 (Safety Requirements for Material Hoists); or (2) ANSI A10.5-2006 (Safety Requirements for Material Hoists), which are incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. These incorporations by reference do not include any later amendments or editions of the incorporated matter.

- C. A copy of the referenced material is available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and ANSI at 25 West 43rd Street, 4th Floor, New York, New York, 10036 or at <http://www.ansi.org>.

**Historical Note**

Adopted effective November 9, 1979 (Supp. 79-6). Amended effective June 23, 1983 (Supp. 83-3). R20-5-510 recodified from R4-13-510 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2). Amended by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

**R20-5-511. Repealed****Historical Note**

Adopted effective March 30, 1981 (Supp. 81-2). R20-5-511 recodified from R4-13-511 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2). Repealed by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

**R20-5-512. Expired****Historical Note**

Adopted effective March 30, 1981 (Supp. 81-2). R20-5-512 recodified from R4-13-512 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 2320, effective May 19, 2005 (Supp. 05-2).

**R20-5-513. Firefighters' Emergency Operation**

All conveyances equipped with firefighters' emergency operation shall utilize the AZFS key.

**Historical Note**

New Section made by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2). Amended by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

**R20-5-514. Standard for Elevator Suspension, Compensation, and Governor Systems**

- A. Every owner or operator of an elevator with elevator suspension, compensation, or governor systems installed, repaired, or altered on or after the effective date of this subsection shall comply with ASME A17.6-2017 (Standard for Elevator Suspension, Compensation, and Governor Systems), which is incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. This incorporation by reference does not include any later amendments or editions of the incorporated matter.

- B. A copy of the referenced material is available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and ASME at Three Park Avenue, New York, New York, 10016-5990 or at <http://www.asme.org>.

**Historical Note**

New Section made by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

**R20-5-515. Safety Requirements for Stage and Orchestra Lifts**

- A. Every owner or operator of a stage lift installed, repaired, or altered on or after the effective date of this section shall comply with ANSI E1.42-2018 (Entertainment Technology - Design, Installation, and Use of Orchestra Pit Lifts), which is incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. This incorporation by reference does not include any later amendments or editions of the incorporated matter.
- B. A copy of the reference material is available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and ANSI at 25 West 43rd Street, 4th Floor, New York, New York, 10036 or at <http://www.ansi.org>.

**Historical Note**

New Section made by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

**ARTICLE 6. OCCUPATIONAL SAFETY AND HEALTH STANDARDS****R20-5-601. The Federal Occupational Safety and Health Standards for Construction, 29 CFR 1926**

Each employer shall comply with the standards in the Federal Occupational Safety and Health Standards for Construction, as published in 29 CFR 1926, with amendments as of January 13, 2025, incorporated by reference. Copies of these referenced materials are available for review at the Industrial Commission of Arizona and may be obtained from the United States Government Printing Office, Superintendent of Documents, Washington, D.C. 20402. These standards shall apply to all conditions and practices related to construction activity by all employers, both public and private, in the state of Arizona. This incorporation by reference does not include amendments or editions to 29 CFR 1926 published after January 13, 2025.

**Historical Note**

Editorial correction (Supp. 75-1). Amended as an emergency effective November 16, 1977 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Amended as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-601 repealed, former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). Amended effective June 17, 1981 (Supp. 81-3). Amended effective November 14, 1984 (Supp. 84-6). Amended effective March 3, 1987 (Supp. 87-1). Amended effective April 22, 1988; amended effective May 26, 1988 (Supp. 88-2). Amended effective October 14, 1988 (Supp. 88-4). Amended effective September 14, 1989 (Supp. 89-3). Amended effective April 2, 1990 (Supp. 90-2). Amended effective August 6, 1990 (Supp. 90-3). Amended effective February 8, 1991



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(Supp. 91-1). Amended effective November 21, 1991 (Supp. 91-4). Amended effective February 28, 1992 (Supp. 91-2). Amended effective October 22, 1992; amended effective December 23, 1992 (Supp. 92-4). Amended effective September 13, 1993 (Supp. 93-3). Amended effective October 21, 1993; amended effective December 17, 1993 (Supp. 93-4). Amended effective May 11, 1994 (Supp. 94-2). Amended effective November 18, 1994 (Supp. 94-4). Amended effective January 12, 1995; R20-5-601 recodified from R4-13-601 (Supp. 95-1). Amended effective August 28, 1996 (Supp. 96-3). Amended effective April 1, 1997 (Supp. 97-2). Amended effective December 12, 1997 (Supp. 97-4). Amended effective August 27, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 592, effective January 14, 2000 (Supp. 00-1). Amended by final rulemaking at 8 A.A.R. 851, effective February 5, 2002 (Supp. 02-1). Amended by final rulemaking at 9 A.A.R. 2108, effective June 2, 2003 (Supp. 03-2). Amended by final rulemaking at 12 A.A.R. 4102, effective December 4, 2006 (Supp. 06-4). Amended by final rulemaking at 13 A.A.R. 1417, effective March 30, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 2711, effective June 17, 2008 (Supp. 08-2). Amended by final rulemaking at 16 A.A.R. 1469, effective September 11, 2010 (Supp. 10-3). Amended by final rulemaking at 17 A.A.R. 1264, effective June 13, 2011 (Supp. 11-2). Amended by final rulemaking at 18 A.A.R. 1492, effective August 5, 2012 by Notice of Public Information at 18 A.A.R. 1653 (Supp. 12-2). Amended by final rulemaking at 18 A.A.R. 3007, effective October 24, 2012 (Supp. 12-4). Amended by final rulemaking at 22 A.A.R. 773, effective March 16, 2016 (Supp. 16-1). Amended by final rulemaking at 22 A.A.R. 1391, effective May 10, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2316, effective July 23, 2018 (Supp. 18-3). Amended by final rulemaking at 26 A.A.R. 373, with an immediate effective date of February 11, 2020 (Supp. 20-1). Amended by final rulemaking at 28 A.A.R. 1761 (July 22, 2022), with an immediate effective date of July 8, 2022 (Supp. 22-3). Amended by final rulemaking at 32 A.A.R. 126 (January 2, 2026), with an immediate effective date of December 8, 2025 (Supp. 25-4).

**R20-5-601.01. Expired****Historical Note**

New Section made by exempt rulemaking at 18 A.A.R. 1144, effective May 25, 2012 (Supp. 12-2). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 290, effective January 15, 2020 (Supp. 20-1).

**R20-5-602. The Federal Occupational Safety and Health Standards for General Industry, 29 CFR 1910**

Each employer shall comply with the standards in Subparts B through Z inclusive of the Federal Occupational Safety and Health Standards for General Industry, as published in 29 CFR 1910, with amendments as of January 13, 2025, incorporated by reference. Copies of these reference materials are available for review at the Industrial Commission of Arizona and may be obtained from the United States Government Printing Office, Superintendent of Documents, Washington, D.C. 20402. These standards shall apply to all conditions and practices related to general industry activity by all employers, both public and private, in the state of Arizona; provided that this Section shall not apply to those conditions and practices which are the subject of R20-5-601. This incorporation by

reference does not include amendments or editions to 29 CFR 1910 published after January 13, 2025.

**Historical Note**

Editorial correction (Supp. 75-1). Amended as an emergency effective November 16, 1977 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). New Section R4-13-602 adopted effective July 30, 1980 (Supp. 80-4). Amended as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-602 repealed, former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). Amended effective June 17, 1981 (Supp. 81-3). Amended subsection (A) effective October 1, 1981 (Supp. 81-5). Amended subsection (A) effective March 5, 1982 (Supp. 82-2). Amended subsection (A) effective May 6, 1983 (Supp. 83-3). Amended subsection (A) effective April 6, 1984 (Supp. 84-2). Amended subsection (A) effective July 3, 1984 (Supp. 84-4). Amended subsection (A) effective October 18, 1984 (Supp. 84-5). Editorial correction, amendment October 18, 1984, withdrawn for subsequent certification. Amended effective November 14, 1984, and December 14, 1984 (Supp. 84-6). Amended subsection (A) effective June 9, 1986 (Supp. 86-3). Amended subsection (A) effective March 3, 1987 (Supp. 87-1). Amended subsection (A) effective June 26, 1987 (Supp. 87-2). Amended subsection (A) effective April 22, 1988; amended subsection (A) effective May 26, 1988 (Supp. 88-2). Amended subsection (A) effective October 14, 1988 (Supp. 88-4). Amended effective September 14, 1989 (Supp. 89-3). Amended effective April 2, 1990 (Supp. 90-2). Amended effective August 6, 1990 (Supp. 90-3). Amended effective February 8, 1991 (Supp. 91-1). Amended effective November 21, 1991 (Supp. 91-4). Amended effective February 28, 1992 (Supp. 91-2). Amended effective March 20, 1992 (Supp. 91-2). Amended effective June 16, 1992 (Supp. 92-2). Amended effective October 22, 1992; amended effective December 23, 1992 (Supp. 92-4). Amended effective May 14, 1993 (Supp. 93-2). Amended effective September 13, 1993 (Supp. 93-3). Amended effective October 21, 1993; amended effective December 17, 1993 (Supp. 93-4). Amended effective May 11, 1994 (Supp. 94-2). Amended effective July 19, 1994 (Supp. 94-3). Amended effective November 18, 1994 (Supp. 94-4). Amended effective January 12, 1995; Amended effective February 10, 1995; R20-5-602 recodified from R4-13-602 (Supp. 95-1). Amended effective August 28, 1996 (Supp. 96-3). Amended effective April 1, 1997 (Supp. 97-2). Amended effective December 12, 1997 (Supp. 97-4). Amended effective August 27, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 592, effective January 14, 2000 (Supp. 00-1). Amended by final rulemaking at 7 A.A.R. 5137, effective October 19, 2001 (Supp. 01-4). Amended by final rulemaking at 9 A.A.R. 2108, effective June 2, 2003 (Supp. 03-2). Amended by final rulemaking at 11 A.A.R. 576, effective January 4, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 4102, effective December 4, 2006 (Supp. 06-4). Amended by final rulemaking at 13 A.A.R. 1417, effective March 30, 2007 (Supp. 07-1). Amended by final rulemaking at 13 A.A.R. 2927, effective July 31, 2007 (07-3). Amended by final rulemaking at 14 A.A.R. 193, effective January 8, 2008 (Supp. 08-1). Amended by final rulemaking at 14 A.A.R. 2711, effective June 17, 2008 (Supp. 08-2). Amended by

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final rulemaking at 14 A.A.R. 4337, effective December 30, 2008 (Supp. 08-4). Amended by final rulemaking at 15 A.A.R. 1564, effective August 31, 2009 (Supp. 09-3). Amended by final rulemaking at 16 A.A.R. 1469, effective September 11, 2010 (Supp. 10-3). Amended by final rulemaking at 17 A.A.R. 109, effective January 12, 2011 (Supp. 11-1). Amended by final rulemaking at 17 A.A.R. 1264, effective June 13, 2011 (Supp. 11-2). Amended by final rulemaking at 18 A.A.R. 1492, effective August 5, 2012 by Notice of Public Information at 18 A.A.R. 1653 (Supp. 12-2). Amended by final rulemaking at 18 A.A.R. 3007, effective October 24, 2012 (Supp. 12-4). Amended by final rulemaking at 22 A.A.R. 773, effective March 16, 2016 (Supp. 16-1). Amended by final rulemaking at 24 A.A.R. 2316, effective July 23, 2018 (Supp. 18-3).

Amended by final rulemaking at 26 A.A.R. 373, with an immediate effective date of February 11, 2020 (Supp. 20-1). Amended by final rulemaking at 28 A.A.R. 1761 (July 22, 2022), with an immediate effective date of July 8, 2022 (Supp. 22-3). Amended by final rulemaking at 32 A.A.R. 126 (January 2, 2026), with an immediate effective date of December 8, 2025 (Supp. 25-4).

**R20-5-602.01. Subpart T, Commercial Diving Operations**

Each employer shall comply with the standards in Subpart T of the Federal Occupational Safety and Health Standards for the General Industry as published in 29 CFR 1910, with amendments as specified in R20-5-602, except that the exemption set forth in 29 CFR 1910.401(a)(2)(ii) shall not apply. Subpart T shall apply to any diving operation performed solely for search, rescue, or related public safety purposes by or under the control of a governmental agency.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 193, effective January 8, 2008 (Supp. 08-1).

**R20-5-602.02. Subpart U; COVID-19 Healthcare Standards**

Unless expired or withdrawn by the Federal Occupational Safety and Health Administration and except as otherwise provided in Arizona Revised Statutes (A.R.S.), Title 23, Chapter 2, Articles 8 and 8.1 and A.R.S. § 23-425, each covered employer shall comply with the standards in Subpart U of the Federal Occupational Safety and Health Standards for the General Industry, as published in 29 CFR 1910(U). For purposes of this Section, a “covered employer” means an employer subject to Subpart U, as set forth in 29 CFR 1910.502. Copies of the referenced material is available for review at the Industrial Commission of Arizona and may be obtained from the United States Government Printing Office, Superintendent of Documents, Washington, D.C. 20402. This incorporation by reference does not include amendments or editions to 29 CFR 1910(U) published after June 21, 2021.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 589 (March 31, 2022), with an immediate effective date of February 16, 2022 (Supp. 22-1).

**R20-5-603. The Federal Occupational Safety and Health Standards for Agriculture, 29 CFR 1928**

Each employer shall comply with the standards in Subparts A through D inclusive of the Federal Occupational Safety and Health Standards for Agriculture, as published in 29 CFR 1928, with amendments as of March 7, 1996, incorporated by reference and on file with the Office of the Secretary of State. Copies of these referenced materials are available for review at the Industrial Commission of Arizona and may be obtained from the United States Government Printing Office, Superintendent of Documents, Washington, D.C. 20402. This incorporation by reference does not

include amendments or editions to 29 CFR 1928 published after March 7, 1996.

**Historical Note**

Adopted effective February 28, 1975 (Supp. 75-1). Former Section R4-13-603 repealed, new Section R4-13-603 adopted as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-603 repealed, former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). Amended effective April 22, 1988 (Supp. 88-2). Amended effective December 17, 1993 (Supp. 93-4). Amended effective May 11, 1994 (Supp. 94-2). Amended effective November 18, 1994 (Supp. 94-4). Amended effective February 10, 1995. R20-5-603 recodified from R4-13-603 (Supp. 95-1). Amended effective April 1, 1997 (Supp. 97-2).

**R20-5-604. Rules of Agency Practice and Procedure concerning OSHA Access to Employee Medical Records, 29 CFR 1913**

Each employer pursuant to A.R.S. § 23-403(B) shall comply with Federal Regulations, Title 29, Part 1913, with amendments as of May 23, 1980 (amendments of May 23, 1980 on file with the Secretary of State), which are hereby adopted and incorporated by reference as if set forth fully herein. This regulation applies to OSHA Access to Employee Medical Records.

**Historical Note**

Adopted effective February 28, 1975 (Supp. 75-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Repealed as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Repealed effective March 2, 1981 (Supp. 81-2). New rule adopted effective November 14, 1984 (Supp. 84-6). R20-5-604 recodified from R4-13-604 (Supp. 95-1).

**R20-5-605. Hoes for Weeding or Thinning Crops**

- A. The use of a hoe with a handle less than four feet in length for weeding or thinning crops is prohibited. This prohibition is based upon the existence of other practical and adequate alternatives to the use of these short-handle hoes.
- B. This rule does not apply to greenhouse or nursery operations.

**Historical Note**

Adopted effective February 28, 1975 (Supp. 75-1). Repealed as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Repealed effective March 2, 1981 (Supp. 81-2). New Section R4-13-605 adopted effective September 7, 1984 (Supp. 84-5). R20-5-605 recodified from R4-13-605 (Supp. 95-1).

**R20-5-606. State Definition of Terms Used in Adopting Federal Standards Pursuant to R20-5-601, R20-5-602, R20-5-603 and R20-5-604**

For the purposes of the standards enumerated in the federal occupational safety and health standards incorporated into R20-5-601, R20-5-602, R20-5-603, and R20-5-604:

1. “Agency” means the Industrial Commission of Arizona.
2. “Assistant Secretary” means the Director of the Arizona Division of Occupational Safety and Health of the Industrial Commission of Arizona.

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3. “Assistant Secretary of Labor for Occupational Safety and Health” means the Director of the Arizona Division of Occupational Safety and Health of the Industrial Commission of Arizona.
4. “Office of the Solicitor of Labor” means Legal Counsel for the Industrial Commission of Arizona.
5. “OSHA” means Arizona Division of Occupational Safety and Health.

**Historical Note**

Adopted effective February 28, 1975 (Supp. 75-1). Repealed as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Repealed effective March 2, 1981 (Supp. 81-2). New Section R4-13-606 adopted effective May 31, 1985 (Supp. 85-3). R20-5-606 recodified from R4-13-606 (Supp. 95-1).

**R20-5-607. Expired****Historical Note**

Adopted effective February 28, 1975 (Supp. 75-1). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-607 repealed, former emergency adoption effective October 29, 1980, adopted and amended effective March 2, 1981 (Supp. 81-2). R20-5-607 recodified from R4-13-607 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 5062, effective September 30, 2003 (Supp. 03-4).

**R20-5-608. Definitions**

In addition to the definitions provided in A.R.S. § 23-401, the following definitions apply to this Article:

“Act” means the Arizona Occupational Safety and Health Act of 1972.

“Compliance Safety and Health Officer” means a person authorized by the Occupational Safety and Health Division, Industrial Commission of Arizona, to conduct inspections.

“Establishment” means a single physical location where business is conducted or where services or industrial operations are performed. (For example: a factory, mill, stores, hotel, restaurant, movie theatre, farm, ranch, bank, sales office, warehouse, or central administrative office.) Where distinctly separate activities are performed at a single physical location (such as contract construction activities from the same physical location as a lumber yard), each activity shall be treated as a separate physical establishment, and a separate notice or notices shall be posted in each such establishment, to the extent that such notices have been furnished by the Industrial Commission of Arizona, Division of Occupational Safety and Health. Where employers are engaged in activities which are physically dispersed, such as agriculture, construction, transportation, communications, and electric, gas and sanitary services, the notice or notices required by this Section shall be posted at the location to which employees report each day. Where employees do not usually work at, or report to, a single establishment, such as traveling salesmen, technicians, engineers, etc., such notice or notices shall be posted at the location from which the employees operate to carry out their activities. In all cases, such notice or notices shall be posted in accordance with requirements of R20-5-609.

“Working days” means Mondays through Fridays but shall not include Saturdays, Sundays, or state holidays. In computing 15 working days, the day of the receipt of any notice shall not be

included, and the last day of the 15 working days shall be included.

**Historical Note**

Adopted effective February 28, 1975 (Supp. 75-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-608 repealed, new Section R4-13-608 adopted effective March 2, 1981 (Supp. 81-2). R20-5-608 recodified from R4-13-608 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-609. Posting of Notice: Availability of the Act, Regulations and Applicable Standards**

- A. Each employer shall post and keep posted a notice or notices, to be furnished by the Industrial Commission of Arizona, Division of Occupational Safety and Health, informing employees of the protections and obligations provided for in the Act, and that for assistance and information, including copies of the Act and of specific safety and health standards, employees should contact the employer or the nearest office of the Industrial Commission. Such notice or notices shall be posted by the employer in each establishment in a conspicuous place or places where notices to employees are customarily posted. Each employer shall take steps to ensure that such notices are not altered, defaced, or covered by other material.
- B. Copies of the Act, all regulations published in this Chapter and applicable standards will be available at all offices of the Arizona Division of Occupational Safety and Health. If an employer has obtained copies of these materials, the employer shall make them available upon request to any employee or the employee’s authorized representative for review in the establishment where the employee is employed on the same day the request is made or at the earliest time mutually convenient to the employee or the employee’s authorized representative and the employer.
- C. Any employer failing to comply with the provisions of this Section shall be subject to citation and penalty in accordance with the provisions of A.R.S. § 23-418.

**Historical Note**

Adopted effective February 28, 1975 (Supp. 75-1). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-609 repealed, former Section R4-13-608 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-609 effective March 2, 1981 (Supp. 81-2). R20-5-609 recodified from R4-13-609 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-610. Authority for Inspection**

- A. The Director of the Division of Occupational Safety and Health or the Director’s authorized representative upon presentation of credentials shall be permitted to enter without delay and at reasonable times any factory, plant, establishment, construction site, or other area, or place of environment where work is performed by an employee of an employer; to inspect and investigate during regular working hours and in a reasonable manner, any such place of employment, and all pertinent conditions, structures, machines, apparatus, devices,

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equipment and materials therein; to question privately any employer, owner, operator, agent or employee and to review records required by the Act and regulations published in this Article and other records which are directly related to the purpose of the inspection.

- B. Representatives of the Secretary of Health, Education, and Welfare are authorized to make inspections and to question employers and employees in order to carry out the functions of the Secretary of Health, Education, and Welfare under the Williams-Steiger Occupational Safety and Health Act. Inspections conducted by Department of Labor Compliance Safety and Health Officers and representatives of the Secretary of Health, Education and Welfare under Section 8 of the Williams-Steiger Occupational Safety and Health Act and pursuant to 29 CFR Part 1903 shall not affect the authority of any state to conduct inspections in accordance with agreements and plans under Section 18 of the Williams-Steiger Occupational Safety and Health Act.
- C. Prior to inspecting areas containing information which is classified by an agency of the United States government in the interests of national security, Compliance Safety and Health Officers shall have obtained the appropriate security clearance.

**Historical Note**

Adopted effective February 28, 1975 (Supp. 75-1).  
Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-610 repealed, former Section R4-13-609 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-610 effective March 2, 1981 (Supp. 81-2).  
R20-5-610 recodified from R4-13-610 (Supp. 95-1).  
Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-611. Objection to Inspection**

- A. Upon a refusal to permit a Compliance Safety and Health Officer, in the exercise of official duties, to enter without delay and at reasonable times any place of employment or any place therein, to inspect, to review records, or to privately question any employer, owner, operator, agent, or employee, in accordance with R20-5-610, or to permit a representative of employees to accompany the Compliance Safety and Health Officer during the physical inspection of any workplace in accordance with R20-5-615, the Compliance Safety and Health Officer shall terminate the inspection or confine the inspection to other areas, conditions, structures, machines, apparatus, devices, equipment, materials, records, or interviews concerning which no objection is raised. The Compliance Safety and Health Officer shall endeavor to ascertain the reason for such refusal and shall immediately report the refusal and the reason therefore to the Director of the Division. The Director shall immediately consult with the Industrial Commission and its legal counsel, who shall promptly take appropriate action, including compulsory process if necessary.
- B. Compulsory process may be sought in advance of an inspection or reinvestigation if, in the judgment of the Director of the Division and the Industrial Commission Chief Legal Counsel, circumstances exist including but not limited to specific evidence of an existing violation or reasonable legislative or administrative standards for conducting an inspection which make pre-inspection process desirable or necessary.
- C. With the approval of the Industrial Commission, and the Industrial Commission Chief Legal Counsel, compulsory pro-

cess may also be obtained by the Director of the Division or the Director's designee.

- D. For purposes of this Section, the term compulsory process shall mean the institution of any appropriate action, including ex parte application for an inspection warrant or its equivalent.

**Historical Note**

Adopted effective June 19, 1975 (Supp. 75-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6).  
Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-611 repealed, former Section R4-13-610 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-611 effective March 2, 1981 (Supp. 81-2). R20-5-611 recodified from R4-13-611 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-612. Entry Not a Waiver**

Any permission to enter, inspect, review records, or question any person shall not imply or be conditioned upon a waiver of any cause of action, citation, or penalty under the Act. Compliance Safety and Health Officers are not authorized to grant any such waiver.

**Historical Note**

Adopted effective June 19, 1975 (Supp. 75-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6).  
Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-612 repealed, former Section R4-13-611 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-612 effective March 2, 1981 (Supp. 81-2).  
R20-5-612 recodified from R4-13-612 (Supp. 95-1).

**R20-5-613. Advance Notice of Inspections**

- A. Advance notice of inspections may not be given except in the following situations:
  1. In cases of apparent imminent danger, to enable the employer to abate the danger as quickly as possible;
  2. In circumstances where the inspection can most effectively be conducted after regular business hours or where special preparations are necessary for an inspection;
  3. Where necessary to ensure the presence of representatives of the employer and employees or the appropriate personnel needed to aid in an inspection; and
  4. In other circumstances where the Division Director determines that the giving of advance notice would enhance the probability of an effective and thorough inspection.
- B. In the situations described in subsection (A) of this Section, advance notice of inspections may be given only if authorized by the Division Director. When advance notice is given, it shall be the employer's responsibility promptly to notify the authorized representative of employees of the inspection, if the identity of such representative is known to the employer. (See rule R20-5-615(B) as to situations where there is no authorized representative of employees.) Upon the request of the employer, the Compliance Safety and Health Officer will inform the authorized representative of employees of the inspection, provided that the employer furnishes the Compliance Safety and Health Officer with the identity of such representative and with such other information as is necessary to enable the Compliance Safety and Health Officer promptly to inform such representative of the inspection. An employer

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who fails to comply with the obligation under this subsection promptly to inform the authorized representative of the employees of the inspection or to furnish such information as is necessary to enable the Compliance Safety and Health Officer to promptly inform such representative of the inspection may be subject to citation and penalty under A.R.S. § 23-408. Advance notice in any of the situations described in subsection (A) of this Section shall not be given more than 24 hours before the inspection is scheduled to be conducted, except in apparent imminent danger situations and other unusual circumstances.

**Historical Note**

Adopted effective July 28, 1975 (Supp. 75-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6).

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-613 repealed, former Section R4-13-612 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-613 effective March 2, 1981 (Supp. 81-2). R20-5-613 recodified from R4-13-613 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-614. Conduct of Inspections**

- A. At the beginning of an inspection, Compliance Safety and Health Officers shall present their credentials to the owner, operator, or agent in charge at the establishment; explain the nature and purpose of the inspection; and indicate generally the scope of the inspection and the records specified in R20-5-610 which they wish to review.
- B. Compliance Safety and Health Officers shall have authority to take environmental samples and to take or obtain photographs related to the purpose of the inspection, employ other reasonable investigative techniques, and question privately any employer, owner, operator, agent or employee of an establishment.
- C. In taking photographs and samples, Compliance Safety and Health Officers shall take reasonable precautions to ensure that such actions with flash, spark producing, or other equipment would not be hazardous. Compliance Safety and Health Officers shall comply with all employer safety and health rules and practices at the establishment being inspected, and they shall wear and use appropriate protective clothing and equipment.
- D. The conduct of inspections shall be such as to preclude unreasonable disruption to the operations of the employer's establishment.
- E. At the conclusion of an inspection, a Compliance Safety and Health Officer shall confer with the employer or employer representative and informally advise the employer or employer representative of any apparent safety or health violations disclosed by the inspection. During such conference, the employer shall be afforded an opportunity to bring to the attention of the Compliance Safety and Health Officer any pertinent information regarding conditions in the workplace.
- F. Small business inspections, qualifying under the Small Business Bill of Rights A.R.S. § 41-1009, shall be subject to the provisions in A.R.S. § 41-1009.

**Historical Note**

Adopted effective March 2, 1976 (Supp. 76-2). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6).

Adopted as an emergency effective October 29, 1980,

pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-614 repealed, former Section R4-13-613 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-614 effective March 2, 1981 (Supp. 81-2).

R20-5-614 recodified from R4-13-614 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-615. Representatives of Employers and Employees**

- A. Compliance Safety and Health Officers shall be in charge of inspections and questioning of persons. A Compliance Safety and Health Officer may permit additional employer representatives and additional representatives authorized by employees if it is determined that such additional representatives will further aid the inspection. A different employer and employee representative may accompany the Compliance Officer during each different phase of an inspection if this will not interfere with the conduct of the inspection.
- B. Compliance Safety and Health Officers shall have authority to resolve all disputes as to who is the representative authorized by the employer and employees for the purpose of this Section. If there is no authorized representative of employees, or if the Compliance Safety and Health Officer is unable to determine with reasonable certainty who is such representative, the Compliance Safety and Health Officer shall consult with a reasonable number of employees concerning matters of safety and health in the workplace.
- C. The representative(s) authorized by employees shall be an employee(s) of the employer. However, if in the judgment of the Compliance Safety and Health Officer, good cause has been shown why accompaniment by a third party who is not an employee is reasonably necessary to the conduct of an effective and thorough physical inspection of the workplace, such third party may accompany the Compliance Safety and Health Officer during the inspection.
- D. Compliance Safety and Health Officers are authorized to deny the right of accompaniment under this Section to any person whose conduct interferes with a fair and orderly inspection. The right of accompaniment in areas containing trade secrets shall be subject to the provisions of R20-5-616(B). With regard to information classified by an agency of the United States government in the interest of national security, only persons authorized to have access to such information may accompany a Compliance Safety and Health Officer in areas containing such information.
- E. An employee of the division or the commission may not:
  1. Before, during or after an inspection or investigation, communicate to an employer that the employer should not be represented by an attorney or that the employer may be treated more favorably by the division or the commission if the employer is not represented by an attorney.
  2. Conduct an audio recording of an oral statement provided during an interview without the knowledge and consent of the person being interviewed. The employee of the division or the commission shall inform the person being interviewed of the person's right to receive a copy of the recorded oral statement within a reasonable time.
  3. Obtain a written statement during an interview without informing the person of the person's right to receive a copy of the written statement within a reasonable time.

**Historical Note**

Adopted effective March 2, 1976 (Supp. 76-2). Repealed

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as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-615 repealed, former Section R4-13-614 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-615 effective March 2, 1981 (Supp. 81-2). R20-5-615 recodified from R4-13-615 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-616. Trade Secrets**

- A.** At the commencement of an inspection, the employer may identify areas in the establishment which contain or which might reveal a trade secret. If the Compliance Safety and Health Officer has no clear reason to question such identification, information obtained in such areas, including all negatives and prints of photographs, environmental samples, shall be labeled “confidential-trade secret” and shall not be disclosed except in accordance with provisions of A.R.S. § 23-426.
- B.** Upon the request of an employer, any authorized representative of employees under R20-5-615 in an area containing trade secrets shall be an employee in that area or an employee authorized by the employer to enter that area. Where there is no such representative or employee, a Compliance Safety and Health officer shall consult with a reasonable number of employees who work in that area concerning matters of safety and health.

**Historical Note**

Adopted effective March 2, 1976 (Supp. 76-2). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-616 repealed, former Section R4-13-615 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-616 effective March 2, 1981 (Supp. 81-2). R20-5-616 recodified from R4-13-616 (Supp. 95-1).

**R20-5-617. Consultation with Employees**

Compliance Safety and Health Officers may privately consult with employees concerning matters of occupational safety and health to the extent they deem necessary for the conduct of an effective and thorough inspection. During the course of an inspection, any employee shall be afforded an opportunity to bring any violation of the Act, which the employee has reason to believe exists in the workplace, to the attention of the Compliance Safety and Health Officer.

**Historical Note**

Adopted effective January 21, 1976 (Supp. 76-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-617 repealed, former Section R4-13-616 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-617 effective March 2, 1981 (Supp. 81-2). R20-5-617 recodified from R4-13-617 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

(Supp. 24-2).

**R20-5-618. Complaints by Employees**

- A.** A copy of a complaint submitted pursuant to A.R.S. § 23-408 shall be provided to the employer or the employer’s agent by the Director of the Division of Occupational Safety and Health or the employers’ representative no later than the time of inspection, except that, upon the request of the person giving such notice, the person’s name shall not appear in such copy or in any record published, released, or made available by the Arizona Division of Occupational Safety and Health.
- B.** If upon receipt of such notification the Division Director determines that the complaint meets the requirements set forth in subsection (A), and that there are reasonable grounds to believe that the alleged violation exists, the Division Director shall cause an inspection to be made as soon as practicable, to determine if such alleged violation exists. Inspections under this Section shall not be limited to matters referred to in the complaint.

**Historical Note**

Adopted effective January 21, 1976 (Supp. 76-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-618 repealed, former Section R4-13-617 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-618 effective March 2, 1981 (Supp. 81-2). R20-5-618 recodified from R4-13-618 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-619. Inspection Not Warranted; Informal Review**

If the Division Director determines that an inspection is not warranted because there are no reasonable grounds to believe that a violation or danger exists with respect to a complaint in accordance with A.R.S. § 23-408, the Division Director shall notify the complaining party in writing of such determination. The complaining party may obtain review of such determination by submitting a written statement of position with the Industrial Commission and, at the same time, providing the employer with a copy of such statement by certified mail. The employer may submit an opposing written statement of position with the Industrial Commission and, at the same time, provide the complaining party with a copy of such statement by certified mail. Upon the request of the complaining party or the employer, the Industrial Commission, at their discretion, may hold an informal conference in which the complaining party and the employer may orally present their views. After considering all written and oral views presented, the Industrial Commission shall affirm, modify, or reverse the determination of the Division Director and furnish the complaining party and the employer a written notification of their decision and the reasons therefore. The decision of the Industrial Commission shall be final and not subject to further review. Such determination shall be without prejudice to the filing of a new complaint meeting the requirements of A.R.S. § 23-408.

**Historical Note**

Adopted effective May 25, 1977 (Supp. 77-3). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-619 repealed, former Section

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R4-13-618 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-619 effective March 2, 1981 (Supp. 81-2). R20-5-619 recodified from R4-13-619 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-620. Expired****Historical Note**

Adopted effective May 25, 1977 (Supp. 77-3). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-620 repealed, former Section R4-13-619 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-620 effective March 2, 1981 (Supp. 81-2). R20-5-620 recodified from R4-13-620 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 5062, effective September 30, 2003 (Supp. 03-4).

**R20-5-621. Citations: Notices of De Minimis Violations**

- A. The Division Director shall review the inspection reports of the Compliance Safety and Health Officer. If, on the basis of the report, the Division Director believes that the employer has violated a requirement of A.R.S. § 23-403, of any standard, rule or order promulgated pursuant to A.R.S. § 23-410 of the Act, or of any substantive rule published in these rules, the Division Director shall, if appropriate, consult with the Industrial Commission's counsel and shall issue to the employer either a citation or notice of de minimis violations. An appropriate citation or notice of de minimis violation shall be issued even though after being informed of an alleged violation by the Compliance Safety and Health Officer, the employer immediately abates, or initiates steps to abate, such alleged violation. Any citation or notice of de minimis violations shall be issued with reasonable promptness after termination of the inspection. No citation may be issued under this rule after the expiration of six months following the occurrence of any alleged violation.
- B. If a citation or notice of de minimis violation issued for a violation alleged in a request for inspection under A.R.S. § 23-408, a copy of the citation or notice of de minimis violation shall also be sent to the employee or representative of employees who made such request or notification.
- C. After an inspection, if the Division Director determines that a citation is not warranted with respect to a danger or violation alleged to exist in a request for inspection under A.R.S. § 23-408, the informal review procedures prescribed in rule R20-5-619 shall be applicable. After considering all views presented, the Industrial Commission shall affirm the determination of the Division Director, order a reinspection, or issue a citation if the Industrial Commission believes that the inspection disclosed a violation. The Industrial Commission shall furnish the complaining party and the employer with a written notification of their determination and the reasons therefore. The determination of the Industrial Commission shall be final and not subject to review.
- D. Every citation shall state that the issuance of a citation does not constitute a finding that a violation of the Act has occurred unless there is a failure to contest as provided for in the Act or, if contested, unless a citation is affirmed by the Office of Administrative Hearings or the Review Board.

**Historical Note**

Adopted as an emergency effective May 24, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-3). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-620 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-621 effective March 2, 1981 (Supp. 81-2). R20-5-621 recodified from R4-13-621 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-622. Proposed Penalties**

- A. All employers shall be notified of any proposed penalties, issued pursuant to A.R.S. § 23-418 and A.R.S. § 23-418.01, by certified mail or by a signed verification in person.
- B. The Division Director shall determine the amount of any proposed penalty, giving due consideration to the appropriateness of penalty with respect to the size of the business of the employer being charged, the gravity of the violation, the good faith of the employer, quick-fix abatement, and the history of previous violations in accordance with the provisions of A.R.S. § 23-418.
- C. Appropriate penalties may be proposed with respect to an alleged violation even though after being informed of such alleged violation by the Compliance Safety and Health Officer, the employer immediately abates, or initiates steps to abate, such alleged violation. Penalties shall not be proposed for de minimis violations which have no direct or immediate relationship to safety or health.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-621 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-622 effective March 2, 1981 (Supp. 81-2). R20-5-622 recodified from R4-13-622 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-623. Posting of Citations**

- A. Upon receipt of any citation under the Act, the employer shall immediately post such citation, or a copy thereof, unedited, at or near each place an alleged violation referred to in the citation occurred, except as provided below. Where, because of the nature of the employer's operations, it is not practicable to post the citation at or near each place of alleged violation, such citation shall be posted, unedited, in a prominent place where it will be readily observable by all affected employees. For example, where employers are engaged in activities which are physically dispersed, the citation may be posted at the location to which the employees report each day. Where employees do not primarily work at or report to a single location, the citation may be posted at the location from which the employees operate to carry out their activities. The employer shall take steps to ensure that the citation is not altered, defaced, or covered by other material. Notices of de minimis violations need not be posted.
- B. Each citation, or a copy thereof, shall remain posted until the violation has been abated, or for three working days, whichever is later. The filing by the employer of a notice of intention to contest under A.R.S. § 23-420 shall not affect the posting

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responsibility under this rule unless and until the Office of Administrative Hearings and/or Review Board issues a final order vacating the citation.

- C. An employer to whom a citation has been issued may post a notice in the same location where such citation is posted indicating that the citation is being contested before the Office of Administrative Hearings and/or Review Board, and such notice may explain the reasons for such contest. The employer may also indicate that specified steps have been taken to abate the violation.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-622 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-623 effective March 2, 1981 (Supp. 81-2). R20-5-623 recodified from R4-13-623 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-624. Employer and Employee Contests before the Office of Administrative Hearings**

- A. All notices to contest citations and/or penalties shall be submitted to the Division Director and immediately transmitted to the Office of Administrative Hearings in accordance with the Rules of Procedure prescribed by the Industrial Commission.
- B. Any affected employee or employee representative appealing the period allowed an employer to abate a particular violation shall submit the notice of contest to the Division Director who shall immediately transmit such notice to the Office of Administrative Hearings in accordance with the Rules of Procedure prescribed by the Industrial Commission.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-623 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-624 effective March 2, 1981 (Supp. 81-2). R20-5-624 recodified from R4-13-624 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-625. Failure to Abate a Violation for Which a Citation Has Been Issued**

- A. All employers failing to abate an alleged violation for which a citation has been issued, within the period permitted for its abatement, shall be notified of such failure and any proposed penalties issued pursuant to A.R.S. § 23-418 by certified mail or by signed verification in person.
- B. All notices to contest a notification of failure to abate a violation and of proposed additional penalty shall be submitted to the Division Director and immediately transmitted to the Office of Administrative Hearings in accordance with the Rules of Procedure prescribed by the Industrial Commission.
- C. Each notification of failure to abate a violation and of proposed additional penalty shall state that it shall be deemed to be the final order of the Industrial Commission and not subject to review by any court or agency unless within fifteen working days from the receipt of such notification, the employer notifies the Division Director in writing of the intent to contest the notification or the proposed additional penalty before the Office of Administrative Hearings.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-624 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-625 effective March 2, 1981 (Supp. 81-2). R20-5-625 recodified from R4-13-625 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-626. Informal Conferences**

At the request of an affected employer, employee, or representative of employees, the Industrial Commission, or their designee, may hold an informal conference for the purpose of discussing any issues raised by an inspection, citation, notice of proposed penalty, or notice of intention to contest. The settlement of any issue at such conference shall be subject to rules and procedures prescribed by the Industrial Commission. If the conference is requested by the employer, an affected employee or an affected employee's representative shall be afforded an opportunity to participate, at the discretion of the Industrial Commission or their designee. If the conference is requested by an employee or representative of employees, the employer shall be afforded an opportunity to participate, at the discretion of the Industrial Commission or their designee. Any party may be represented by counsel in such conference. No such conference or request for such conference shall operate as a stay of any fifteen working day period for filing a notice of intention to contest as prescribed in A.R.S. § 23-417(A).

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-625 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-626 effective March 2, 1981 (Supp. 81-2). R20-5-626 recodified from R4-13-626 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-627. Abatement Verification**

- A. Scope and application. This Section applies to employers, as defined in A.R.S. § 23-401, who receive a citation for a violation of the Arizona Occupational Safety and Health Act.
- B. Definitions
1. Abatement means action by an employer to comply with a cited standard or rule or to eliminate a recognized hazard, as defined in A.R.S. § 23-401, identified by the Division during an inspection.
  2. Abatement date means:
    - a. For an uncontested citation item, the later of:
      - i. The date in the citation for abatement of the violation;
      - ii. The date approved by the Division as a result of a petition for modification of the abatement date (PMA); or
      - iii. The date for abatement completion as established in a citation by an informal conference agreement.
    - b. For a contested citation item for which an administrative law judge has issued a final decision affirming the violation, the later of
      - i. The date identified in the final decision for completion of abatement;
      - ii. The date computed by adding the original period allowed for abatement in the citation to



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begin 15 days from the final decision date of an administrative law judge; or

iii. The date established by a formal settlement agreement.

3. Affected employee means an employee who is exposed to the hazard identified as a violation in a citation.

4. Final order date means:

a. The date on which an uncontested citation is deemed final under A.R.S. § 23-417(A); or

b. For a contested citation item: The date on which a decision or order of an administrative law judge becomes final under A.R.S. §§ 23-421 or 23-423.

5. Movable equipment means a hand-held or non-hand-held machine or device, powered or unpowered, that is used to do work and is moved within or between workplaces.

**C. Abatement certification.**

1. Within 10 calendar days after the abatement date, an employer shall certify to the Division that the employer has abated each cited violation except as provided in subsection (C)(2). An employer may use Appendix A to certify abatement.

2. An employer is not required to certify abatement if a Compliance Safety and Health Officer, during an onsite inspection:

a. Observes, within 24 hours after a violation is identified, that abatement has occurred; and

b. Notes the abatement action on the citation.

3. An employer's certification that abatement is complete shall include, for each cited violation, in addition to the information required by subsection (H), the completion date and method of abatement and a statement that affected employees and their representatives have been informed of the completed abatement.

**D. Abatement documentation.**

1. Within 10 days after the abatement date, an employer shall submit to the Division, documents which evidence that abatement is complete for each willful or repeat violation and for any serious violation for which abatement documentation is required.

2. Documents which evidence that abatement is complete may include documents for purchase or repair of equipment, photographs or videos of the abatement, or other written records.

**E. Abatement plans.**

1. The Division may require an employer to submit an abatement plan, except for a nonserious violation, when the time permitted for abatement is more than 90 days. The citation shall state that an abatement plan is required. An employer may use Appendix B for an abatement plan.

2. An employer shall submit an abatement plan for each cited violation within 25 days from the date of a final order when the citation states that a plan is required. In the abatement plan, the employer shall identify:

- a. The violation,
- b. The steps necessary to achieve abatement,
- c. A schedule for completing abatement, and
- d. How the employer will protect employees from the violative condition until abatement is complete.

**F. Progress reports.**

1. The Division may require an employer who submits an abatement plan under subsection (E), to submit periodic progress reports for each cited violation. If the Division requires a periodic progress report, the citation shall include the following information:

a. Periodic progress reports are required and the cited violations for which periodic progress reports are required;

b. The date on which an initial progress report must be submitted. The date of the initial progress report shall be no sooner than 30 days after the submission date required for abatement;

c. Whether additional progress reports are required; and

d. The date on which additional progress reports shall be submitted.

2. For each violation, the employer shall summarize in the progress report, the action taken to achieve abatement and the date the action was taken.

**G. Employee notification.**

1. An employer shall inform affected employees and the employees' representative of abatement activities covered by this Section by posting a copy of each document submitted to the Division or a summary of the document at the location of the cited violation.

2. For employers who have mobile work operations, the employer shall:

a. Post each document or a summary of the document submitted to the Division in a conspicuous place where it can be readily seen by employees and the employee representative; or

b. Take other steps to communicate fully to affected employees and the employees' representative about abatement actions.

3. The employer shall inform employees and the employees' representative of the right to examine and copy all abatement documents submitted by the employer to the Division.

a. An employee or an employee representative shall submit a written request to examine and copy all abatement documents within three working days of receiving notice that the documents have been submitted to the Division.

b. An employer shall comply with an employee's or employee representative's written request to examine and copy abatement documents within five working days of receiving the request.

4. An employer shall ensure that notice in subsection (G)(1) to employees and a employee representative is provided at the same time or before the information is provided to the Division and that abatement documents are:

a. Not altered, defaced, or physically covered by other material; and

b. Remain posted for at least three working days after submission to the Division.

**H. Transmitting abatement documents.**

1. An employer shall include, in each submission required by this Section, the following information:

a. The employer's name and address;

b. The inspection number to which the submission relates;

c. The citation, item number, and location to which the submission relates;

d. A statement that the information submitted is accurate; and

e. The signature of the employer or the employer's authorized representative.

2. The date of postmark is the date of submission for mailed documents. For documents transmitted by other means,

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the date the Division receives the document is the date of submission.

**I. Movable equipment.**

1. For serious, repeat, and willful violations involving movable equipment, an employer shall attach a warning tag or a copy of the citation to the operating controls or to the cited component of equipment that is moved within or between workplaces. The Division shall deem attaching a copy of the citation to the equipment to meet the tagging requirement of subsection (I)(3) and the posting requirement of R20-5-623.
2. The employer shall use a warning tag to warn employees about the nature of the violation involving the movable equipment and identifies the location of the violation. An employer may use the tag in Appendix C to meet this requirement.
3. If a violation has not been abated, an employer shall attach a warning tag or a copy of the citation to the equipment as follows:
  - a. For hand-held equipment, the employer shall attach a warning tag or copy of the citation within eight hours after the employer receives the citation; and
  - b. For non-hand-held equipment, the employer shall attach a warning tag or copy of the citation before moving the equipment within or between workplaces.
4. For the construction industry, a tag that is designed and used in accordance with 29 CFR 1926.20(b)(3) and 29 CFR 1926.200(h) is deemed by the Division to meet the requirements of this Section when the information required by subsection (I)(2) is included on the tag.
5. An employer shall ensure that the tag or copy of the citation attached to movable equipment is not altered, defaced, or physically covered by other material.
6. An employer shall ensure that the tag or copy of the citation attached to movable equipment remains attached until:
  - a. The employer has abated the violation and all abatement verification documents required by this Section have been submitted to the Division;
  - b. The employer has permanently removed the cited equipment from service or the cited equipment is no longer within the employer's control; or
  - c. The Division, administrative law judge, or Review Board vacates the citation.

**Historical Note**

Adopted effective June 26, 1998 (Supp. 98-2). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**Appendix A. Sample Abatement - Certification Letter (Nonmandatory)**

[Name], Director  
The Industrial Commission of Arizona  
Division of Occupational Safety and Health  
P. O. Box 19070  
Phoenix, Arizona 85005

[Company's Name]  
[Company's Address]  
The hazard referenced in Inspection Number [Insert 9-digit #] for violation identified as:  
Citation [insert #] and item [insert #] was corrected on [insert date] by:

\_\_\_\_\_  
Citation [insert #] and item [insert #] was corrected on [insert date] by:

\_\_\_\_\_  
Citation [insert #] and item [insert #] was corrected on [insert date] by:

\_\_\_\_\_  
Citation [insert #] and item [insert #] was corrected on [insert date] by:

\_\_\_\_\_  
Citation [insert #] and item [insert #] was corrected on [insert date] by:

\_\_\_\_\_  
I attest that the information contained in this document is accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Name

**Historical Note**

Appendix A adopted effective June 26, 1998 (Supp. 98-2).

**Appendix B. Sample Abatement Plan or Progress Report (Nonmandatory)**

(Name), Director  
The Industrial Commission of Arizona  
Division of Occupational Safety and Health  
P. O. Box 19070  
Phoenix, Arizona 85005

[Company's Name]  
[Company's Address]

Check one:

Abatement Plan [ ]

Progress Report [ ]

Inspection Number \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

Citation Number(s)\* \_\_\_\_\_

Item Number(s)\* \_\_\_\_\_

Action	Proposed Completion Date (for abatement plans only)	Completion Date (for progress reports only)
1. ....	.....	.....
2. ....	.....	.....
3. ....	.....	.....
4. ....	.....	.....
5. ....	.....	.....

Date required for final abatement: \_\_\_\_\_  
I attest that the information contained in this document is accurate.

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Signature

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Typed or Printed Name

Name of primary point of contact for questions: (optional)

Telephone number: \_\_\_\_\_

\*Abatement plans or progress reports for more than one citation item may be combined in a single abatement plan or progress report if the abatement actions, proposed completion dates, and actual completion dates (for progress reports only) are the same for each of the citation items.

**Historical Note**

Appendix B adopted effective June 26, 1998 (Supp. 98-2).

**Appendix C. Sample Warning Tag (Nonmandatory)**

<p style="text-align: center;"><b>O</b></p> <p style="text-align: center;"><b>WARNING:</b></p> <p style="text-align: center;">EQUIPMENT HAZARD BY ADOSH</p> <p style="text-align: center;">EQUIPMENT CITED:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">HAZARD CITED:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">FOR DETAILED INFORMATION: SEE ADOSH CITATION POSTED AT:</p> <p>_____</p> <p>_____</p>
---

BACKGROUND COLOR--ORANGE

MESSAGE COLOR--BLACK

**Historical Note**

Appendix C adopted effective June 26, 1998 (Supp. 98-2).

**R20-5-628. Safe Transportation of Compressed Air or Other Gases**

An employer shall not use Polyvinyl Chloride (PVC) piping in a place of employment for the transportation and distribution of compressed air or other compressed gases in an above-ground installation.

**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 1161, effective March 11, 2003 (Supp. 03-1).

**R20-5-629. The Occupational Injury and Illness Recording and Reporting Requirements, 29 CFR 1904**

Each employer shall comply with the standards in the Federal Occupational Safety and Health Standards for Recordkeeping, as published in 29 CFR 1904, with amendments as of July 21, 2023, incorporated by reference. Copies of the incorporated materials are available for review at the Industrial Commission of Arizona and may be obtained from the United States Government Printing Office, Superintendent of Documents, Washington, D.C. 20402. These standards shall apply to all conditions and practices related to recordkeeping by all employers, both public and private, in the state of Arizona. This incorporation by reference does not include amendments or editions to 29 CFR 1904 published after July 21, 2023.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4). Amended by final rulemaking at 9 A.A.R. 874, effective February 19, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 318, effective January 1, 2004 (Supp. 03-4). Amended by final rulemaking at 22 A.A.R. 775, effective March 16, 2016 (Supp. 16-1). Amended by final rulemaking at 24 A.A.R. 2263, effective July 23, 2018 (Supp. 18-3). Amended by final rulemaking at 26 A.A.R. 373, with an immediate effective date of February 11, 2020 (Supp. 20-1). Amended by final rulemaking at 28 A.A.R. 1761 (July 22, 2022), with an immediate effective date of July 8, 2022 (Supp. 22-3). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-630. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-640 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-630 effective March 2, 1981 (Supp. 81-2). R20-5-630 recodified from R4-13-631 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-631. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-631 recodified from R4-13-631 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-632. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-632 recodified from R4-13-632 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-633. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29,

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1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-633 recodified from R4-13-633 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-634. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-634 recodified from R4-13-634 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-635. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-635 recodified from R4-13-635 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-636. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted and amended effective March 2, 1981 (Supp. 81-2). R20-5-636 recodified from R4-13-636 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-637. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). Amended effective December 14, 1994 (Supp. 94-4). R20-5-637 recodified from R4-13-637 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-638. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-638 recodified from R4-13-638 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-639. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-639 recodified from R4-13-639 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective

December 31, 2001 (Supp. 01-4).

**R20-5-640. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-641 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-640 effective March 2, 1981 (Supp. 81-2). R20-5-640 recodified from R4-13-640 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-641. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-642 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-641 effective March 2, 1981 (Supp. 81-2). R20-5-641 recodified from R4-13-641 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-642. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-643 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-642 effective March 2, 1981 (Supp. 81-2). R20-5-642 recodified from R4-13-642 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-643. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-644 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-643 effective March 2, 1981 (Supp. 81-2). R20-5-643 recodified from R4-13-643 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-644. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-645 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-644 effective March 2, 1981 (Supp. 81-2). R20-5-644 recodified from R4-13-644 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-645. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-646 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-645 effective March 2, 1981 (Supp. 81-2). R20-5-645 recodified from R4-13-645

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(Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-646. Emergency Expired****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Emergency expired. R20-5-646 recodified from R4-13-646 (Supp. 95-1).

**R20-5-647. Reserved****R20-5-648. Reserved****R20-5-649. Reserved****R20-5-650. Definitions**

As used in Sections R20-5-650 through R20-5-669 inclusive, unless the context clearly requires otherwise:

“Act” means the Arizona Occupational Safety and Health Act of 1972 (Arizona Revised Statutes, Title 23, Chapter 2, Article 10).

“Affected employee” means an employee or authorized employee representatives, such as the employee’s collective bargaining agent, who would be affected by the granting or denial of a variance.

“Commission” means the Industrial Commission of Arizona.

“Party” means a person admitted to participate in a hearing conducted in accordance with subsection (3) R20-5-624. An applicant for relief and any affected employee shall be entitled to be named as parties.

“Person” means an individual, partnership, association, corporation, business trust, legal representative, an organized group of individuals, or political subdivision.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-651 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-650 effective March 2, 1981 (Supp. 81-2). R20-5-650 recodified from R4-13-650 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-651. Petitions for Amendments**

Any person may at any time petition the Commission in writing to revise, amend, or revoke any provisions of rules R20-5-650 through R20-5-669 inclusive. The petition should set forth either the terms or the substance of the rule desired, with a concise statement of the reasons therefor and the effects thereof.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-652 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-651 effective March 2, 1981 (Supp. 81-2). R20-5-651 recodified from R4-13-651 (Supp. 95-1).

**R20-5-652. Effects of Variances**

All variances granted hereunder shall have only future effect. In their discretion, the Commission may decline to entertain an application for variance on the subject or issue concerning which a citation has been issued to the employer involved and a proceeding on

the citation or a related issue concerning a proposed penalty or period of abatement is pending before the Federal Occupational Safety and Health Review Commission, Office of Administrative Hearings or the Arizona Review Board until the completion of such proceeding.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-654 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-652 effective March 2, 1981 (Supp. 81-2). R20-5-652 recodified from R4-13-652 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-653. Public Notice of a Granted Variance**

Every final action granting a variance, shall be published in statewide newspapers. Every such final action shall specify the alternative to the standard involved which the particular variance permits.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-655 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-653 effective March 2, 1981 (Supp. 81-2). R20-5-653 recodified from R4-13-653 (Supp. 95-1).

**R20-5-654. Variances; Form of Documents; Subscription; Copies**

- A. No particular form is prescribed for applications and other papers which may be filed in proceedings pursuant to R20-5-655 and R20-5-656. However, any applications and other papers shall be clearly legible. An original and six copies of any application and other papers shall be filed. The original shall be typewritten. Clear carbon copies or printed or processed copies are acceptable copies.
- B. Each application or other paper which is filed in proceedings hereunder shall be signed by the person filing the same or by an attorney or other authorized representative and where required by these regulations shall be verified by the applicant.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-646 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-654 effective March 2, 1981 (Supp. 81-2). R20-5-654 recodified from R4-13-654 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-655. Variances under A.R.S. § 23-411**

- A. Any employer, or class of employers, desiring a variance from a standard or regulation or any portion thereof, authorized by A.R.S. § 23-411(B) may file a written application containing the information specified in A.R.S. § 23-411(C) with the Industrial Commission of Arizona, 800 West Washington, Phoenix, Arizona 85007.
- B. In accordance with A.R.S. § 23-411(B)(3), an application may also be made for an interim order to be effective until a decision is rendered on the application for the variance filed previously or concurrently. An application for an interim order shall include a verified statement of facts and arguments supporting

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such application. The Commission may rule ex parte upon the application.

- C. If an application for a variance is denied, the applicant shall be given prompt notice of the denial, which shall include, or be accompanied by, a brief statement of the grounds therefore.
- D. If an interim order is granted, a copy of the order shall be served upon the applicant for the order and other parties and the terms of the order shall be published in statewide newspapers. It shall be a condition of the order that the affected employer shall give notice thereof to affected employees by the same means to be used to inform them of an application for variance.
- E. Renewal of rules or orders. Any final rule or order issued under A.R.S. § 23-411 may be renewed or extended as permitted by the applicable Section and in the manner prescribed for its issuance.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-657 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-655 effective March 2, 1981 (Supp. 81-2). R20-5-655 recodified from R4-13-655 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-656. Variances under A.R.S. § 23-412**

- A. Any employer, or class of employers, desiring a variance authorized by A.R.S. § 23-412 may file a written application with the Industrial Commission of Arizona, 800 W. Washington, Phoenix, Arizona 85007.
- B. An application shall contain the information specified in A.R.S. § 23-412.
- C. An application may also be made for an interim order to be effective until a decision is rendered on the application for the variance filed previously or concurrently. An application for an interim order shall include a verified statement of facts and arguments supporting such application. The Commission may rule ex parte upon the application.
- D. If an application is denied, the applicant shall be given prompt notice of the denial, which shall include, or be accompanied by, a brief statement of the grounds therefore.
- E. If an interim order is granted, a copy of the order shall be served upon the applicant and other parties, and the terms of the order shall be published in statewide newspapers. It shall be a condition of the order that the affected employer shall give notice thereof to affected employees by the same means to be used to inform them of an application for a variance.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-658 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-656 effective March 2, 1981 (Supp. 81-2). R20-5-656 recodified from R4-13-656 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-657. Federal Multi-state Variances**

Where a federal variance has been granted with multi-state applicability, including applicability in this state operating under a state plan approved under Section 18 of the Federal Williams-Steiger Occupational Safety and Health Act of 1970, from a standard or

portion thereof identical to this state's standard or rule or portion thereof such variance shall likewise be deemed an authoritative interpretation of the employer(s)' compliance obligation with regard to the state standard or portion thereof provided no objections of substance are found to be interposed by the Commission.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-659 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-657 effective March 2, 1981 (Supp. 81-2). R20-5-657 recodified from R4-13-657 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-658. Action on Applications**

- A. If an application filed pursuant to R20-5-655, R20-5-656, or R20-5-657 does not conform to the applicable Section, the Commission may deny the application.
- B. The Commission shall cause to be published in statewide newspapers a notice of the filing of an approved application which shall include:
  1. The terms, or an accurate summary, of the application;
  2. A reference to the Section of the Act under which the application has been filed;
  3. An invitation to interested persons to submit within a stated period of time written data, views, or arguments regarding the application; and
  4. Information to affected employers, employees, of any right to request a hearing on the application.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-660 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-658 effective March 2, 1981 (Supp. 81-2). R20-5-658 recodified from R4-13-658 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-659. Request for Hearings on Petition**

- A. Any employer, employee, authorized employee representative, representative, or other person interested in or affected by an order of the Commission may petition for a hearing on the reasonableness and lawfulness of an order issued under A.R.S. §§ 23-411 or 23-412, by a verified petition filed with the Commission.
- B. A request for a hearing filed shall include:
  1. The name and address of the applicant;
  2. A concise statement of facts showing how the employer, employee, authorized employee representative, representative, or other person would be affected by the relief applied for;
  3. A petition shall set forth specifically and in detail the order upon which a hearing is desired;
  4. The reasons why the order is unreasonable or unlawful;
  5. The issue to be considered by the Commission on the hearing. Objections other than those set forth in the petition are deemed finally waived.
  6. If the applicant is an employer, a certification that the applicant has informed the affected employees of the application by:

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- a. Giving a copy thereof to their authorized representative;
  - b. Posting at the place or places where notices to employees are normally posted, a statement giving a summary of the petition specifying where a copy of the full petition may be examined (or, in lieu of the summary, posting the application itself); and
  - c. Other appropriate means.
7. If the applicant is an affected employee, a certification that a copy of the petition has been furnished to the employer.
- C. The Commission may on its own motion proceed to modify or revoke a rule or order issued under A.R.S. §§ 23-411 or 23-412. In such event, the Commission shall cause to be published in statewide newspapers a notice of its intention, affording interested persons an opportunity to submit written data, views, or arguments regarding the proposal and informing the affected employer and employees of their right to request a hearing and shall take such other action as may be appropriate to give actual notice to the affected employees. Any request for a hearing shall include a short and plain statement of:
1. How the proposed modification or revocation would affect the requesting party; and
  2. What the requesting party would seek to show on the subjects or issues involved.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-661 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-659 effective March 2, 1981 (Supp. 81-2). R20-5-659 recodified from R4-13-659 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-660. Consolidation of Proceedings**

The Commission on its own motion or that of any party may consolidate or contemporaneously consider two or more proceedings which involve the same or closely related issues.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-662 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-660 effective March 2, 1981 (Supp. 81-2). R20-5-660 recodified from R4-13-660 (Supp. 95-1).

**R20-5-661. Notice of Hearing**

Upon request for a hearing as provided in this Section, or upon its own initiative, the Commission shall serve, or cause to be served, a reasonable notice of hearing which shall include:

1. The time, place, and nature of the hearing;
2. The legal authority under which the hearing is to be held;
3. A specification of issues of fact and law.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-663 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-661 effective March 2, 1981 (Supp. 81-2). R20-5-661 recodified from R4-13-661 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of

June 6, 2024 (Supp. 24-2).

**R20-5-662. Manner of Service**

Service of any document upon any party may be made by personal delivery of, or by mailing, a copy of the document to the last known address of the party. The person serving the document shall certify to the manner and the date of the service.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-664 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-662 effective March 2, 1981 (Supp. 81-2). R20-5-662 recodified from R4-13-662 (Supp. 95-1).

**R20-5-663. Commission; Powers and Duties**

- A. The Commissioners shall have all powers necessary or appropriate to conduct a fair, full, and impartial hearing, including the following:
1. To administer oaths and affirmations;
  2. To rule upon offers of proof and receive relevant evidence;
  3. To provide for discovery and to determine its scope;
  4. To regulate the course of the hearing and the conduct of the parties and their counsel therein;
  5. To consider and rule upon procedural requests;
  6. To hold conferences for the settlement or simplification of the issues by consent of the parties;
  7. To make, or to cause to be made, an inspection of the employment or place of employment involved;
  8. To make decisions in accordance with A.R.S. §§ 23-405(5), 23-411, 23-412, and 23-945; and
  9. To take any other appropriate action authorized by the Act, this Section, or A.R.S. § 23-945.
- B. Insubordinate conduct at any hearing before the Commission shall be grounds for exclusion from the hearing.
- C. If a witness or a party refuses to answer a question after being directed to do so, or refuses to obey an order to provide or permit discovery, the Commission may make such orders with regard to the refusal as are just and appropriate, including an order denying an application of an applicant or regulating the contents of the record of the hearing.
- D. On any procedural question not regulated by this Section, the Act, or A.R.S. § 23-945, Commission shall be guided to the extent practicable by any pertinent provisions of the Occupational Safety and Health Rules of Procedure.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-665 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-663 effective March 2, 1981 (Supp. 81-2). R20-5-663 recodified from R4-13-663 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-664. Prehearing Conferences**

- A. Upon its own motion or the motion of a party, the Commission may direct the parties or their counsel to meet with them for a conference to consider:
1. Simplification of the issues;
  2. Necessity or desirability of amendments to documents for purposes of clarification, simplification, or limitation;

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3. Stipulations, admissions of fact, and of contents and authenticity of documents;
4. Limitation of the number of parties and of expert witnesses; and
5. Such other matters as may tend to expedite the disposition of the proceeding and to assure a just conclusion thereof.

- B.** The Commission shall make an order which recites the action taken at the conference, the amendments allowed to any documents which have been filed, and the agreements made between the parties as to any of the matters considered, and which limits the issues for hearings to those not disposed of by admission or agreements; and such order when entered controls the subsequent course of the hearing, unless modified at the hearing, to prevent manifest injustice.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-666 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-664 effective March 2, 1981 (Supp. 81-2). R20-5-664 recodified from R4-13-664 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-665. Consent Findings and Rules or Orders**

- A.** At any time before the reception of evidence in any hearing, or during any hearing, a reasonable opportunity may be afforded to permit the negotiation by the parties of an agreement containing consent findings and a rule or order disposing of the whole or any part of the proceeding. The allowance of such opportunity and the duration thereof shall be in the discretion of the Commission, after consideration of the nature of the proceeding, the requirements of the public interest, the representations of the parties, and the probability of an agreement which will result in a just disposition of the issues involved.
- B.** Any agreement containing consent findings in rule or other disposing of a proceeding shall also provide:
1. That the rule or order shall have the same force and effect as if made after a full hearing;
  2. That the entire record on which any rule or order may be based shall consist solely of the application and the agreement;
  3. A waiver of any further procedural steps before the Commission; and
  4. A waiver of any right to challenge or contest the validity of the findings and of the rule or order made in accordance with the agreement.
- C.** On or before the expiration of the time granted for negotiations, the parties or their counsel may:
1. Submit the proposed agreement to the Commission for its consideration; or
  2. Inform the Commission that agreement cannot be reached.
- D.** In the event an agreement containing consent findings and rule or order is submitted within the time allowed therefor, the Commission may accept such agreement by issuing its decision based upon the agreed findings.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-667 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-665 effective March 2, 1981

(Supp. 81-2). R20-5-665 recodified from R4-13-665 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-666. Discovery**

- A.** For reasons of unavailability or for other good cause shown, the testimony of any witness may be taken by deposition.
1. Depositions may be taken orally or upon written interrogatories before any person designated by the Commission and having power to administer oaths.
  2. Any party desiring to take the deposition of a witness may make application in writing to the Commission, setting forth:
    - a. The reasons why such deposition should be taken;
    - b. The time when, the place where, and the name and post office address of the person before whom the deposition is to be taken;
    - c. The name and address of each witness; and
    - d. The subject matter concerning which each witness is expected to testify.
  3. Such notice as the Commission may order shall be given by the party taking the deposition to every other party.
  4. Each witness testifying upon deposition shall be sworn, and the parties not calling the witness shall have the right to cross-examine the witness. The questions propounded and the answers thereto, together with all objections made, shall be reduced to writing, read to the witness, subscribed by the witness, and certified by the officer before whom the deposition is taken. Thereafter, the officer shall seal the deposition, with two copies thereof, in an envelope and mail the same by registered mail to the presiding hearing examiner. Subject to such objections to the questions and answers as were noted at the time of taking the deposition and would be valid were the witness personally present and testifying, such deposition may be read and offered in evidence by the party taking it as against any party who was present, represented at the taking of the deposition, or who had due notice thereof. No part of a deposition shall be admitted in evidence unless there is a showing that the reasons for the taking of the deposition in the first instance exist at the time of the hearing.
- B.** Whenever appropriate to a just disposition of any issue in a hearing, the Commission may allow discovery by any other appropriate procedure, such as by written interrogatories upon a party, production of documents by a party, or by entry for inspection of the employment or place of employment involved.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-668 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-666 effective March 2, 1981 (Supp. 81-2). R20-5-666 recodified from R4-13-666 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-667. Variance Hearings**

- A.** Except as may be ordered otherwise by the Commission, the party applying for relief shall proceed first at a hearing.
- B.** The party applying for relief shall have the burden of proof.
- C.** A party shall be entitled to present its case or defense by oral or documentary evidence, to submit rebuttal evidence, and to



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conduct such cross-examination as may be required for a full and true disclosure of the facts.

1. Any oral or documentary evidence may be received, but the Commission shall exclude evidence which is irrelevant, immaterial, or unduly repetitious.
2. The testimony of a witness shall be upon oath or affirmation administered by the Commission.

- D.** Official notice may be taken of any material fact not appearing in evidence in the record, which is among the traditional matters of judicial notice: provided that the parties shall be given adequate notice, at the hearing or by reference in the Commission's decision, of the matters so noticed and shall be given adequate opportunity to show the contrary.
- E.** Minutes shall be taken of the Commission hearings. Copies of the minutes may be obtained by the parties upon written application filed with the secretary of the Commission and upon the payment of fees at the rate provided in the agreement with the Commission.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-669 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-667 effective March 2, 1981 (Supp. 81-2). R20-5-667 recodified from R4-13-667 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-668. Decisions of the Commission**

- A.** Proposed findings of fact, conclusions, and rules or orders. Within 10 days after completion of the hearing or such additional time as the Commission may allow, each party may file with the Commission proposed findings of fact, conclusions of law, and rule or order, together with a supporting brief expressing the reasons for such proposals. Such proposals and brief shall be served on all other parties and shall refer to all portions of the record and to all authorities relied upon in support of each proposal.
- B.** Decisions of the Commission. Within a reasonable time after the time allowed for the filing of proposed findings of fact, conclusions of law, and rule or order, the Commission shall make and serve upon each party its decision, which shall become final upon the 30th day after service thereof, unless exceptions are filed thereto, as provided in rule R20-5-669. The decision of the Commission shall include:
1. A statement of findings and conclusions, with reasons and basis therefor, upon each material issue of fact, law, or discretion presented on the record, and
  2. The appropriate rule, order, relief, or denial thereof. The decision of the hearing examiner shall be based upon a consideration of the whole record and shall state all facts officially notice and relied upon. It shall be made on the basis of a preponderance of reliable and probative evidence.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-670 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-668 effective March 2, 1981 (Supp. 81-2). R20-5-668 recodified from R4-13-668 (Supp. 95-1).

**R20-5-669. Judicial Review**

Any employer, employee, authorized employee representative, representative, or any person in interest is dissatisfied with an order of the Commission may appeal in accordance with A.R.S. § 23-413.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-674 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-670 effective March 2, 1980 (Supp. 81-2). R20-5-669 recodified from R4-13-669 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-670. Field Sanitation**

- A.** This Section applies to any agricultural establishment where a crew of five or more employees are engaged on any given day in hand-labor operations in one location.
- B.** As used in this Section:
1. "Agricultural establishment" means a business operation that uses paid employees in the production of food, fiber or other material such as seed, seedlings, plants or parts of plants.
  2. "Crew of employees" means a group of persons who are employed to perform hand-labor operations as a unit at an agricultural establishment. "Crew of employees" does not include the employer and the employer's immediate family members.
  3. "Hand-labor operations" means agricultural activities or operations performed in the field by hand or with hand tools. Hand-labor operations include the hand-harvest of vegetables, nuts and fruits, hand-weeding of crops and hand-planting of seedlings. Hand-labor operations do not include such activities as logging operations, irrigation operations, the care or feeding of livestock or hand-labor operations in permanent structure, such as canning facilities or packing houses. Hand-labor operations do not include activities in which persons are acting as equipment operators.
  4. "Handwashing facility" means a facility providing either a basin, container or outlet with an adequate supply of potable water, soap and single-use towels.
  5. "Potable water" means water that meets the standards for drinking purposes prescribed by the state or local authority having jurisdiction or water that meets the quality standards prescribed by the United States Environmental Protection Agency's National Interim Primary Drinking Water Regulations, published in 40 CFR Part 141 (July 1983), incorporated by reference and on file in the Office of the Secretary of State.
  6. "Toilet facility" means a facility designed for the purpose of both defecation and urination, including biological or chemical toilets, combustion toilets or sanitary privies, which is supplied with toilet paper adequate for employee needs. Toilet facilities may be either fixed or portable.
- C.** Employers shall provide the following for employees engaged in hand-labor operations at an agricultural establishment without cost to the employee:
1. Potable drinking water as follows:
    - a. Potable water shall be provided and shall be placed in locations readily accessible to all employees.
    - b. The water shall be suitably cool, no more than 80°F, and in sufficient amounts, a minimum of two gallons per employee, taking into account the air tempera-

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ture, humidity and the nature of the work performed, to meet employees' need.

- c. The water shall be dispensed in single-use drinking cups or by fountains. The use of common drinking cups or dippers is prohibited.
2. Toilet and handwashing facilities as follows:
  - a. One toilet facility and one handwashing facility shall be provided for each 40 employees or fraction thereof, except as provided in subsection (D) of this Section.
  - b. Toilet facilities shall have doors that can be closed and latched from the inside and shall be constructed to ensure privacy.
  - c. Toilet and handwashing facilities shall be accessibly located, in close proximity to each other and within 1/4 mile of each employee's place of work in the field. If it is not feasible to locate facilities accessibly and within the required distance due to the terrain, facilities shall be located at the point of closest vehicular access.
- D. Toilet and handwashing facilities are not required for employees who perform field work for a period of three hours or less (including transportation time to and from the field) during the day.
- E. Potable drinking water and toilet and handwashing facilities shall be maintained in accordance with appropriate public health sanitation practices, including all of the following:
  1. Drinking water containers shall be covered, cleaned and refilled daily.
  2. Toilet facilities shall be operational and maintained in clean and sanitary condition and shall be supplied with toilet paper adequate for employee needs.
  3. Handwashing facilities shall be maintained in clean and sanitary condition.
  4. Disposal of wastes from facilities shall not cause unsanitary conditions.
- F. Employees shall be allowed reasonable opportunities during the workday to use the facilities.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Adopted effective May 2, 1986 (Supp. 86-3). R20-5-670 recodified from R4-13-670 (Supp. 95-1).

**R20-5-671. Reserved**

**R20-5-672. Reserved**

**R20-5-673. Reserved**

**R20-5-674. Emergency Expired**

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Emergency expired. R20-5-674 recodified from R4-13-674 (Supp. 95-1).

**R20-5-675. Reserved**

**R20-5-676. Reserved**

**R20-5-677. Reserved**

**R20-5-678. Reserved**

**R20-5-679. Reserved**

**R20-5-680. Protected Activity**

- A. All complaints pursuant to A.R.S. § 23-425 shall relate to conditions at the workplace. The filing of complaints need not be in writing for purposes of this subsection except that those complaints filed pursuant to R20-5-682 shall comply with R20-5-682. The term "filed any complaint" as used in A.R.S. § 23-425(A) includes:
  1. Employee requests for inspection pursuant to A.R.S. § 23-408;
  2. Complaints registered with other state, local or federal governmental agencies which have the authority to regulate or investigate occupational safety and health conditions;
  3. Complaints lodged with employers; or
  4. Complaints filed as specified in R20-5-682.
- B. The term "instituted or caused to be instituted any proceeding" as used in A.R.S. § 23-425(A) includes:
  1. Inspections of worksites under A.R.S. § 23-408(A);
  2. Employee contest of abatement date under A.R.S. § 23-417(D);
  3. Employee initiation of proceedings for promulgation of an occupational safety and health standard under A.R.S. § 23-410(A);
  4. Employee application for modification or revocation of a variance under A.R.S. § 23-413;
  5. Employee judicial challenge to a standard under A.R.S. § 23-410(E);
  6. Employee appeal of an Administrative Law Judge order under A.R.S. § 23-421(C);
  7. Exercise of rights by any employee pursuant to A.R.S. § 23-418.01;
  8. Any other employee action authorized by the Arizona Occupational Safety and Health Act of 1972; or
  9. Setting into motion the activities of others which result in the proceedings specified in subsections (B)(1) through (8).
- C. The term "testified or is about to testify in any such proceeding" as used in A.R.S. § 23-425(A) includes:
  1. Testimony in proceedings instituted or caused to be instituted by the employee; or
  2. Any statements given in the course of judicial, quasi-judicial or administrative proceedings. For this purpose, administrative proceedings include inspections, investigations and administrative rulemaking or adjudicative functions.
- D. The term "the exercise by such employee on behalf of himself or others of any right afforded by this Article" as used in A.R.S. § 23-425(A) includes:
  1. The right to participate as a party in enforcement proceedings pursuant to A.R.S. § 23-408;
  2. The right to request information from the Industrial Commission; or
  3. To cooperate with inspections or investigations by the Industrial Commission.
- E. If the employee, with no reasonable alternative, refuses in good faith to be exposed to a dangerous condition, the employee is engaged in protected activity. The condition causing the employee's apprehension of death or injury must be of such a nature that a reasonable person, under the circumstances then confronting the employee, would conclude there is a real danger of death or serious injury and that there is insufficient time, due to the urgency of the situation, to eliminate the dangers through resort to regular statutory enforcement channels. In addition, in such circumstances, the employee, where possible, must also have sought from the

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employer and been unable to obtain a correction of the dangerous condition.

- F. Employees who refuse to comply with valid occupational safety and health standards or valid safety rules implemented by the employer are not protected by A.R.S. § 23-425.

**Historical Note**

Adopted effective May 3, 1989 (Supp. 89-2). R20-5-680 recodified from R4-13-680 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-681. Elements of a Violation of A.R.S. § 23-425**

To establish a violation of A.R.S. § 23-425(A), the employee shall prove all of the following:

1. The employee was engaged in protected activities as defined in R20-5-680.
2. The employer had actual or implied knowledge of the employee's protected activities prior to the adverse action which the employee claims to be a discharge or discrimination.
3. The action claimed to be discharge or discrimination was adverse to the employee.
4. The alleged discharge or discrimination would not have taken place but for the employee's engagement in the protected activity.

**Historical Note**

Adopted effective May 3, 1989 (Supp. 89-2). R20-5-681 recodified from R4-13-681 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-682. Procedure**

- A. A complaint of A.R.S. § 23-425(A) discharge or discrimination shall be filed with the Division of Occupational Safety and Health by the employee or by a representative authorized by A.R.S. § 23-408 to do so on the employee's behalf. The complaint shall be written and shall be signed by the person filing the complaint.
- B. The date of filing a complaint under A.R.S. § 23-425(B) is the date of receipt of the complaint by the Division. The date of receipt is the date of postmark, date of facsimile transmittal, date of email communication, date of telephone call, date of hand-delivery to a third-party commercial carrier, or date of in-person filing at the Division. If the post-mark is absent or illegible, the date filed is the date the complaint is received by the Division.
- C. The Division will accept or deny an employee's withdrawal of a complaint; however the Industrial Commission's investigatory jurisdiction shall not be foreclosed by unilateral action of the employee.
- D. The Industrial Commission may resolve an A.R.S. § 23-425 complaint with the employer without the consent of the employee.
- E. The Industrial Commission's jurisdiction to investigate and determine A.R.S. § 23-425 complaints is independent of the jurisdiction of other agencies or bodies. The Industrial Commission may defer to the results of other such proceedings where:
  1. The rights asserted in those other proceedings are substantially the same as the rights pursuant to A.R.S. § 23-425;
  2. The factual issues in such proceedings are substantially the same as the factual issues before the Industrial Commission;
  3. The proceedings were fair and regular; and

4. The outcome of the proceedings was not inconsistent with the purposes of this Chapter and the Act.

- F. A determination pursuant to A.R.S. § 23-425(C) includes:

1. A decision to not proceed with the case;
2. To defer the case to another forum; or
3. To proceed to litigation in Superior Court.

**Historical Note**

Adopted effective May 3, 1989 (Supp. 89-2). R20-5-682 recodified from R4-13-682 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-683. Reconsideration of Initial Determination**

- A. In cases where ADOSH issues an initial determination to not proceed with a complaint filed under A.R.S. § 23-425, the employee can request reconsideration of the initial determination.
- B. The request for reconsideration must be filed with, and received by, the ADOSH Director within 15 calendar days from the receipt of the initial determination letter.
- C. The reconsideration will be placed upon the agenda for a meeting of the Industrial Commission of Arizona Commissioners.
- D. The employee, and the employer will be notified of the reconsideration date, and may appear at the Commissioners' meeting to provide testimony. The employee, and the employer will not be allowed to present documentary evidence.
- E. Upon hearing the testimony, and review of the file, the Commissioners may:
  1. Affirm the initial determination;
  2. Remand the file back to ADOSH for further investigation; or
  3. Reverse the initial determination and have a lawsuit filed in the appropriate Superior Court.
- F. The decision of the Commissioners will constitute the final determination of the Division.

**Historical Note**

New Section made by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**ARTICLE 7. INDUSTRIAL COMMISSION LEGAL DIVISION****R20-5-701. Application to Set Attorney Fees Under A.R.S. § 23-1069**

- A. For purposes of A.R.S. § 23-1069, "final disposition of a case" occurs when all compensation benefits have been released to a claimant.
- B. A claimant or attorney filing an application for attorney's fees under A.R.S. § 23-1069 shall file the application with the Commission Legal Division to the attention of the Chief Legal Counsel and serve notice of the application to all parties, including if applicable, the carrier, self-insured employer, or special fund division.
- C. Upon the filing of an application, the attorney and claimant shall, provide information to the Commission to enable the Commission to award reasonable attorney's fees.
- D. Attorney's fees awarded under this Section shall be set by the Commission, an administrative law judge, or other authorized representative of the Commission.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-701 renumbered from R20-5-160 and amended by final

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rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-702. Opening a Fraud Unit Investigation**

- A. A person alleging fraudulent activities, statements, or representations made in connection with Arizona workers' compensation claims may file a written complaint with the Fraud Unit.
- B. The written complaint shall describe the specific actions of the claimant, employer, self-insured employer, insurance carrier, or claims processing representative alleged to constitute fraud. The Fraud Unit may require a complainant to provide additional information to determine whether it has jurisdiction over a complaint.
- C. Upon receipt of a complete complaint, the Fraud Unit shall have up to 30 days to determine if the Fraud Unit has jurisdiction to investigate the complaint.
- D. If the Fraud Unit determines it has jurisdiction over a complaint, it will open a formal investigation. If the Fraud Unit does not have jurisdiction over a complaint, it will notify the complainant.
- E. The Fraud Unit may open an investigation on its own motion under A.R.S. § 23-934(A).

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-702 made by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-703. Fraud Unit Jurisdiction**

- A. The Fraud Unit shall have jurisdiction to investigate allegations of:
  1. Claimant fraud related to workers' compensation claims receiving indemnity or medical benefits.
  2. Employer or Carrier fraud related to workers' compensation insurance coverage, payment of premiums, or payment of workers' compensation benefits.
  3. Medical Provider fraud related to workers' compensation claims.
- B. For purposes of this Section, "Fraud" means knowingly making a false statement or representation or concealing information in order to obtain any compensation, benefit or payment for themselves or another.
- C. The Fraud Unit does not have jurisdiction over allegations of unfair claims processing practices and bad faith claims.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-703 made by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-704. Fraud Unit Duties and Investigation Timeline**

The Fraud Unit shall:

1. Investigate complaints that it has jurisdiction over pursuant to R20-5-703.
2. Develop a written report documenting the formal investigation of a complaint and its findings.
3. Complete its investigation and provide the complainant with the written report in subsection (2) within 150 days of opening a formal investigation.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-704 made by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

tion repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-704 made by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-705. Fraud Unit Investigators Authority**

- A. Fraud Unit Investigators may request the submission of papers, documents, reports, or other evidence relating to a formal investigation under A.R.S. § 23-934 and this Section.
- B. Fraud Unit Investigators may take depositions, subpoena witnesses or documentary evidence, administer oaths and examine under oath any individual relative to the subject of any formal Fraud Unit investigation.
- C. A subpoena issued under this Section shall be served in the same manner as if issued from a superior court. If a person fails to obey a subpoena lawfully served, the Fraud Unit shall forthwith forward a report of such disobedience, together with a copy of the subpoena and proof of service thereof, to the superior court for the county in which the person was required to appear. The court shall forthwith cause such person to be produced and shall impose penalties as though they had disobeyed a subpoena issued out of such court.
- D. If the documents, materials or other information the Fraud Unit seeks to obtain by request are located outside Arizona, the person requested to provide the documents, materials or other information shall arrange for the Fraud Unit or a representative, including an official of the state in which the documents, materials or other information is located, to examine the documents, materials or other information where it is located.
- E. A person who being under oath testifies falsely or makes any false affidavit during the course of any examination or as part of the Fraud Unit investigation, may be prosecuted for perjury.
- F. The materials collected by the Fraud Unit during its investigation are privileged and confidential until the Fraud Unit completes its formal investigation. Any documents, materials or other information that is provided to the Fraud Unit pursuant to this section is not subject to discovery or subpoena until opened for public inspection by the Fraud Unit or, after notice and a hearing, a court determines that the Fraud Unit would not be unduly burdened by compliance with the subpoena. The Fraud Unit shall keep the identity of an informant confidential, including any information that might identify the informant, unless the request for information is made by a law enforcement agency, the Department of Insurance Fraud Unit, the attorney general or a county attorney for purposes of a criminal investigation or prosecution. The Fraud Unit may use the documents, materials or other information in the furtherance of any regulatory or legal action brought as a part of the Fraud Unit's official duties.
- G. Where a Fraud Unit Investigator deems it necessary the Fraud Unit Investigator may verify a claimant's annual earnings reported pursuant to A.R.S. § 23-1047 with the department of economic security unemployment insurance information.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-705 made by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-706. Fraud Unit Reporting**

- A. If after a formal investigation, a complaint is substantiated by a preponderance of the evidence, in addition to submitting a

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written report to the complainant the Fraud Unit under A.R.S. § 23-934(B), may also report the violations of law to the claimant, claimant's representative, to the reporting employer, self-insured employer or insurance carrier, to the appropriate licensing agency as defined in A.R.S. § 20-466.04, and to the appropriate county attorney or the attorney general for prosecution.

- B.** Any allegation involving unfair claim processing practices or bad faith by an employer, self-insured employer, insurance carrier or claims processing representative shall be reported to the Commission and addressed under A.R.S. § 23-930.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-705 made by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

**R20-5-707. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-708. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-709. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-710. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-711. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-712. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-713. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435

(October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-714. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-715. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 22 A.A.R. 2782, effective September 7, 2016 (Supp. 16-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-716. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-717. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-718. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-719. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-720. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-721. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-722. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of

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October 5, 2022 (Supp. 22-4).

**R20-5-723. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-724. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-725. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-726. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-727. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-728. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-729. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-730. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-731. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-732. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-733. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-734. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-735. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-736. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-737. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-738. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-739. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**ARTICLE 8. OCCUPATIONAL SAFETY AND HEALTH RULES OF PROCEDURE****R20-5-801. Notice of Rules**

This Article applies to all actions and proceedings before an administrative law judge pertaining to those issues arising out of Title 23, Chapter 2, Article 10. In the event of a conflict between A.R.S. §§ 23-401 through 23-433 or this Article and the rules of procedure pertaining to OAH, A.R.S. §§ 23-401 through 23-433 and this Article control.

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**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-801 recodified from R4-13-801 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-802. Repealed****Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-802 recodified from R4-13-802 (Supp. 95-1). Repealed by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-803. Definitions**

In addition to the definitions provided in A.R.S. § 23-401, the following definitions apply to this Article:

“Act” means the Arizona Occupational Safety and Health Act of 1972.

“Affected employee” means an employee of a cited employer who is exposed to the alleged hazard described in a citation, as a result of assigned duties.

“Authorized employee representative” means a labor organization which has a collective bargaining relationship with the cited employer and which represents affected employees.

“Citation” means a written communication issued by the Division of Occupational Safety and Health of the Industrial Commission of Arizona pursuant to A.R.S. § 23-415.

“OAH” means the Arizona Office of Administrative Hearings.

“Party” shall have the same meaning as “interested party,” as defined in A.R.S. § 23-401.

“Representative” means any person, including an authorized employee representative, authorized by a party to represent the party under A.R.S. § 23-429 in a proceeding.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-803 recodified from R4-13-803 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-804. Computation of Time**

In computing any period of time prescribed or allowed in this Article, the day from which the designated period begins to run shall not be included. The last day of the period so computed shall be included unless it is a Saturday, Sunday, or legal holiday. When the period of time prescribed or allowed is less than seven days, intermediate Saturdays, Sundays, and legal holidays shall be excluded in the computation.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-804 recodified from R4-13-804 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-805. Record Address**

The initial pleading filed by any interested party shall contain the party’s name, address, email address, and telephone number. Any change in such information must be communicated promptly in writing to the Commission, OAH, and all other interested parties. An interested party who fails to furnish such correct and current information shall be deemed to have waived the right to object to the validity of any notice and/or service which has been made to the last known address of the party as shown by the records of the Commission.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-805 recodified from R4-13-805 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-806. Service and Notice**

- A. At the time of filing pleadings or other documents a copy thereof shall be served by the filing party on every other interested party.
- B. Service upon an interested party who has appeared through a representative shall be made only upon such representative.
- C. Unless otherwise herein indicated, service may be accomplished by (1) postage prepaid first class mail; (2) by personal delivery; or (3) with an interested party’s consent, transmission by email. Service is deemed effected at the time of mailing or emailing (if by mail or email) or at the time of personal delivery (if by personal delivery).
- D. Proof of service shall be accomplished by a written statement of the same which sets forth the date and manner of service. Such statement shall be filed with the pleading or document.
- E. Service and notice to employees represented by an authorized employee representative shall be deemed accomplished by serving the authorized employee representative in the manner prescribed in subsection (C).
- F. In the event that there are any affected employees who are not represented by an authorized employee representative, the employer shall, immediately upon receipt of notice of the time and place of hearing, post, where the citation is required to be posted, a copy of the notice of the time and place of hearing and a notice informing such affected employees of their right to appear at the hearing and state their position and of the availability of all pleadings for inspection and copying at reasonable times. A notice in the following form shall be deemed to comply with this subsection:  
(Name of employer)

Your employer has been cited by the Arizona Division of Occupational Safety and Health for violating the Arizona Occupational Safety and Health Act of 1972. The citation has been contested and will be the subject of a hearing before the Arizona Office of Administrative Hearings. Affected employees are entitled to appear in this hearing under the terms and conditions established by the Industrial Commission and the Arizona Office of Administrative Hearings in published rules of procedure. Notice of Intent to Participate should be sent to:

Arizona Office of Administrative Hearings  
1740 West Adams Street, Lower Level,  
Phoenix, Arizona 85007.

All papers relevant to this matter may be inspected at:

(Place reasonably convenient to employees, preferably at or near workplace.)

Where appropriate, the second sentence of the above Notice may be deleted and the following sentence will be substituted:

The reasonableness of the period prescribed by the Industrial Commission for abatement of the violation has been contested and will be the subject of a hearing before the Arizona Office of Administrative Hearings.

- G. Where service is accomplished by posting, proof of such posting shall be filed with OAH not later than five days following the posting.

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- H. The authorized employee representative, if any, shall be served with the proof of posting set forth in subsection (G) and with a copy of the notice of time and place of hearing.
- I. A copy of the notice of time and place of hearing shall be served by the employer on the authorized employee representative of affected employees in the manner prescribed in subsection (C) of this Section, if the employer has not been informed that the authorized employee representative has entered an appearance with OAH as of the date such notice is received by the employer.
- J. Where a request for hearing is filed by an affected employee who is not represented by an authorized employee representative and there are other affected employees who are represented by an authorized employee representative, the unrepresented employee shall, upon receipt of the notice of time and place of hearing, serve a copy thereof on such authorized employee representative in the manner prescribed in subsection (C) of this Section and shall file proof of such service with OAH.
- K. Where a request for hearing is filed by an affected employee or an authorized employee representative, a copy of the request for hearing shall be provided to the employer for posting by the employer at the place the citation is required to be posted.
- L. An authorized employee representative who files a request for hearing shall be responsible for serving any other authorized employee representative whose members are affected employees.
- M. Where posting is required by this Section, such posting shall be maintained until the commencement of the hearing or until earlier disposition.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-806 recodified from R4-13-806 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-807. Consolidation**

Cases may be consolidated on the motion of any interested party, or on the administrative law judge's own motion, where there exist common parties, common questions of law or fact, or both, or in such other circumstances as justice and the administration of the Act require.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-807 recodified from R4-13-807 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-808. Severance**

Upon an administrative law judge's own motion, or upon motion of any party, the administrative law judge may, for good cause, order any part of a proceeding severed with respect to some or all issues or parties.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-808 recodified from R4-13-808 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-809. Election to Appear**

- A. Affected employees may elect to appear at a hearing for the purpose of testifying or stating their position concerning the subject matter of a hearing.
- B. An affected employee desiring to appear at a hearing must notify the administrative law judge in writing.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-809 recodified from R4-13-809 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-810. Employee Representatives**

- A. Affected employees may appear in person or through a representative.
- B. An authorized employee representative shall be deemed to control all matters respecting the interest of represented employees during the proceedings.
- C. Affected employees who are represented by an authorized employee representative may appear only through the authorized employee representative.
- D. Any representative may withdraw from representation by filing a written notice of withdrawal with the administrative law judge and by serving a copy thereof on all interested parties.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-810 recodified from R4-13-810 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-811. Form of Pleadings**

- A. Except as provided in A.R.S. § 23-420 and this Article, there are no specific requirements as to the form of any pleading or filing. All pleading and filings shall contain a caption sufficient to identify the parties in accordance with R20-5-812. All pleadings and motions shall include the citation number and a clear and plain statement of the relief that is sought, together with the grounds therefor.
- B. Pleadings and other filings (other than exhibits and petitions for hearing) shall be typewritten and double spaced, on standard letter size paper.
- C. Pleadings and motions shall be signed or electronically signed by the party filing or by the representative. Such signing constitutes a representation by the signer that the signer has read the pleading or motion, that to the best of the signer's knowledge, information and belief the statements made therein are true, and that it is not interposed for delay.
- D. OAH may refuse for filing any pleading or document which does not comply with the requirements of subsections (A), (B), and (C) of this Section.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-811 recodified from R4-13-811 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-812. Caption; Titles of Cases**

- A. Cases initiated by a cited employer filing a request for hearing contesting citations and/or proposed penalties shall be titled: Arizona Division of Occupational Safety and Health, Complainant, vs. (name of employer), Respondent.
- B. Cases initiated by a cited employer filing a request for hearing for modification of the abatement period shall be titled: (name of employer), Petitioner vs. Arizona Division of Occupational Safety and Health, Respondent.
- C. Cases initiated by an affected employee filing a request for hearing for modification of the abatement period shall be titled: (name of affected employee or authorized employee representative), Petitioner vs. Arizona Division of Occupational Safety and Health, Respondent, and (employer), Respondent.



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- D. The case titles listed in subsections (A), (B), and (C) of this Section shall appear in the left upper portion of the initial page of any pleading, motion, or filing (other than exhibits).
- E. The initial page of any pleading, motion, or filing (other than exhibits and requests for hearing) shall show the citation number at the upper right of the page, opposite the title.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-812 recodified from R4-13-811 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-813. Requests for Hearing**

- A. Requests for hearing shall be filed with the Arizona Division of Occupational Safety and Health.
- B. Requests for hearing shall be in writing and contain a clear and plain statement of the relief that is sought, together with the grounds thereof.
- C. The Commission shall, after receipt of a request for hearing, refer the file to OAH for hearing and determination.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-813 recodified from R4-13-813 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-814. Pre-hearing Conference**

- A. At any time before a hearing, the administrative law judge, sua sponte or on motion of an interested party, may direct the parties, or their representatives, to exchange information or to participate in a pre-hearing conference for the purpose of considering matters which will tend to simplify the issues or expedite the proceedings.
- B. The administrative law judge may issue a pre-hearing order which includes the agreements reached by the parties. Such order shall be served on all parties and shall be part of the record.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-814 recodified from R4-13-814 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-815. Payment of Witness Fees and Mileage**

Witnesses summoned before OAH shall be paid the same fees and mileage that are paid to witnesses in the courts of Arizona. Witness fees and mileage shall be paid by the party at whose request the witness appears.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-815 recodified from R4-13-815 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-816. Expired****Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-816 recodified from R4-13-816 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 22 A.A.R. 3475, effective November 8, 2016 (Supp. 16-4).

**R20-5-817. Failure to Appear -- Withdrawal of Request for Hearing**

- A. The failure of an interested party who has requested a hearing to appear at such scheduled hearing shall be deemed to be an

admission of the validity of any citation, abatement period, or penalty issued pursuant to A.R.S. § 23-417(A), and additionally a waiver of all rights except the right to be served with a copy of the decision of the administrative law judge and to request review.

- B. Withdrawal of a request for hearing shall be construed as an admission of the validity of any citation, abatement period or penalty issued pursuant to A.R.S. § 23-417(A). No decision need be issued in this case, as the subject instrument is deemed to be admitted.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-817 recodified from R4-13-817 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-818. Duties and Powers of Administrative Law Judges**

It shall be the duty of the administrative law judge to conduct a fair and impartial hearing, to assure that the facts are fully elicited, to adjudicate all issues and avoid delay. The administrative law judge shall have authority with respect to assigned cases, between the time a case is assigned and the time a decision is issued, subject to the rules and regulations of the Commission and OAH, to:

1. Administer oaths and affirmations;
2. Rule upon admissibility of exhibits;
3. Rule upon applications for depositions;
4. Regulate the course of the hearing and, if appropriate or necessary, exclude persons or counsel from the hearing for contemptuous conduct and strike all related testimony of witnesses refusing to answer any proper questions;
5. Call and examine witnesses;
6. Request the parties at any time during the hearing to state their respective positions concerning any issue in the case or theory in support thereof;
7. Adjourn the hearing as the needs of justice and good administration require;
8. Issue appropriate orders for protection of trade secrets;
9. Take any other action necessary under the foregoing and authorized by the rules and regulations of the Commission and OAH.

**Historical Note**

Adopted effective August 27, 1975 (Supp. 75-1). R20-5-818 recodified from R4-13-818 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-819. Witness Deposition; In State**

- A. After a request for hearing has been filed with the Commission, any party desiring to take the deposition of any other interested party or witness residing within the State of Arizona shall file with the administrative law judge, a notice of deposition. Copies of such notice shall be served at least five days prior to the date of the deposition upon the deponent and upon every interested party by the party desiring to take the deposition.
- B. If any interested party or the deponent has any objection to the taking of a deposition, the objecting party shall file with the administrative law judge and serve on all interested parties written objections thereto setting forth the basis of the opposition to the deposition. Such objection shall be filed with the administrative law judge within two days after the notice of deposition by is received.
- C. If objections to the taking of the deposition are filed with the administrative law judge as provided in subsection (B), the

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administrative law judge shall rule on the objections within five days of the filing of the objections. The taking of the deposition shall be held in abeyance pending the ruling of the administrative law judge. The administrative law judge shall either order the deposition to proceed, order that the deposition not be taken, or enter such other protective order as may be appropriate.

- D. The party taking a deposition shall comply with the Arizona Rules of Civil Procedure governing the taking of depositions.
- E. The expense of any deposition shall be borne by the party taking the deposition but shall not include the expense of any other interested party.
- F. A scheduled hearing shall not be cancelled or continued for failure to timely take or complete a deposition pursuant to the provisions of this Section.
- G. Depositions taken pursuant to the provisions of this Section shall only be used at the time of a hearing for impeachment of a witness, unless the deponent is deceased or a non-party witness is unavailable at the time of the scheduled hearing, in which event the deposition transcript may be admitted into evidence. The transcript shall be filed with the administrative law judge at least 15 days prior to the hearing date if an interested party intends to introduce it into evidence. If the deposition transcript is not filed within the time prescribed herein, it shall not be considered for any purpose except by stipulation of all interested parties, and then only with the concurrence of the administrative law judge.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-819 recodified from R4-13-819 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-820. Witness Deposition; Out-of-State**

- A. After a request for hearing is filed with the Commission, any interested party desiring to take the deposition of any other interested party or witness residing outside the State of Arizona shall file with the administrative law judge, a request for permission to take the deposition. The request shall include the name and address of the witness and set forth the reason why the witness's testimony is necessary for an adjudication of the case. Copies of the request shall be served upon each interested party by the party requesting permission to take the deposition. If no objection to the request for permission to take the deposition is filed as provided in subsection (B), the administrative law judge may, within 10 days, in the administrative law judge's discretion, grant or deny the permission to take the deposition. If the administrative law judge permits the taking of the deposition, the requesting party may proceed in the manner provided by and subject to the limitations of R20-5-819, subsections (A), (D), (E), and (F).
- B. If any interested party objects to the taking of the deposition of an interested party or witness, the objecting party shall file with the administrative law judge and serve on all other interested parties written objections thereto setting forth the basis for the opposition to the deposition. Such objection shall be filed with the administrative law judge within five days after the request to take the deposition is served.
- C. If objections to the taking of a deposition are filed with the administrative law judge as provided in subsection (B), the hearing officer shall rule on the objections within five days after the filing of the objections. The taking of the deposition shall be held in abeyance pending the ruling of the administrative law judge. The administrative law judge shall either order the deposition to proceed, order that the deposition not be

taken, or enter such other protective order as may be appropriate. If the administrative law judge orders that the deposition proceed, the party may proceed to take the deposition in the manner provided by and subject to the limitation of R20-5-819, subsections (A), (D), (E), and (F).

- D. The transcript of any deposition taken pursuant to this Section shall be filed with the administrative law judge at least 15 days prior to the hearing date and may be admitted into evidence. If the transcript is not filed within the time prescribed herein, it shall not be considered for any purpose except by stipulation of all interested parties, and then only with the concurrence of the administrative law judge.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-820 recodified from R4-13-820 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-821. Written Interrogatories and Request for Production of Documents**

- A. After a request for hearing is filed with the Commission, any interested party desiring to issue written interrogatories or a request for production of documents to another interested party shall be limited to 25 in number, inclusive of sub-parts.
- B. Answers to written interrogatories or a request for production of documents shall be served on all interested parties by the answering party within 30 days after service of the interrogatories or a request for production of documents, or within 30 days after a ruling by the administrative law judge that the interrogatories must be answered or documents must be produced.
- C. No scheduled hearing shall be cancelled or continued for failure of a party to timely issue interrogatories or a request for production of documents to another interested party.
- D. Written interrogatories issued pursuant to the provisions of this Section may only be used at the time of hearing for impeachment of a witness unless the answering party is deceased at the time of the scheduled hearing in which event the interrogatory answers may be admitted into evidence.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-821 recodified from R4-13-821 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-822. Refusal to Answer; Refusal to Attend**

- A. If an interested party or witness refuses to answer any question propounded during deposition pursuant to R20-5-819 and R20-5-820, the deposition shall be completed in other matters, as the proponent of the question may prefer. Thereafter on reasonable notice to all parties and persons affected thereby the proponent of the question may apply to the administrative law judge for an order compelling an answer. Upon the refusal of an interested party to answer any interrogatory submitted under R20-5-821, or produce a document requested under R20-5-821, the proponent of the interrogatory or requestor of the document may on like notice make like application for such an order from the administrative law judge. If the motion is granted and if the administrative law judge finds that the refusal was without substantial justification, the administrative law judge shall require the refusing party, witness, or representative advising the refusal or either of them to pay to the party propounding the interrogatory or requesting the document the amount of the reasonable attorney's fees incurred in obtaining the order and the reasonable expenses which will be incurred

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to obtain the requested answers or documents. If the motion is denied and if the administrative law judge finds that the motion was made without substantial justification, the administrative law judge shall require the party filing the motion or the representative advising the party to file the motion, or both, to pay to the refusing party or witness the amount of the reasonable attorney's fees incurred in opposing the motion.

- B.** If an interested party or a representative of an interested party willfully fails to appear for deposition after being served with the proper notice, or fails to serve answers to interrogatories or produce requested documents after proper service of such interrogatories or request for production of documents, the administrative law judge, on motion and notice, may strike out all or any part of any pleading of that party, dismiss the action or proceeding or any part thereof, or preclude the introduction of evidence.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-822 recodified from R4-13-822 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-823. Burden of Proof**

- A.** In all proceedings other than those stated in subsection (B) commenced by the filing of a request for hearing, the burden of proof shall rest with the Arizona Division of Occupational Safety and Health.
- B.** In proceedings commenced by a request for hearing requesting modification of the abatement period, the burden of establishing the necessity for such modification shall rest with the petitioner.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-823 recodified from R4-13-823 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-824. Intermediary Rulings or Orders by the Administrative Law Judge**

No intermediary rulings or orders by the administrative law judge may be appealed to the Review Board, but shall become a part of the record.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-824 recodified from R4-13-824 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-825. Legal Memoranda**

Legal memoranda may be filed if authorized by the applicable rules of procedure or the administrative law judge. When authorized, the administrative law judge shall establish reasonable briefing deadlines for all interested parties.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-825 recodified from R4-13-825 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-826. Administrative Law Judge Decisions**

- A.** The decision of the administrative law judge shall be signed, include findings and conclusions of fact and law, and include an order.

- B.** OAH shall retain jurisdiction to require compliance with the order, or to determine a breach of an approved settlement agreement.
- C.** A request to determine breach of a settlement agreement shall be filed with the administrative law judge and served upon all interested parties.
- D.** A request for review by the Review Board shall be filed with the administrative law judge and served upon all interested parties and the Commission.

**Historical Note**

Amended effective August 27, 1975 (Supp. 75-1). R20-5-826 recodified from R4-13-826 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-827. Settlement**

- A.** Settlement is encouraged at any stage of the proceedings where such settlement is consistent with the provisions and objectives of the Act.
- B.** A settlement agreement submitted by interested parties shall be accompanied by a proposed order which, if appropriate, shall be approved and signed by the administrative law judge.
- C.** Where parties enter into a settlement agreement, the settlement agreement shall be served upon represented and unrepresented affected employees in the manner set forth in R20-5-806. Proof of such service shall accompany the proposed settlement when submitted to the administrative law judge.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-827 recodified from R4-13-827 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-828. Special Circumstances; Waiver of Rules**

In special circumstances, or for good cause shown, the administrative law judge may, upon application by any interested party, or on sua sponte, waive any rule or make such orders as justice or the administration of the Act requires.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-828 recodified from R4-13-828 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-829. Variances**

- A.** Any hearing concerning variances shall be filed with the Commission and shall be heard by the Commission at a time set by the Commission.
- B.** Such proceeding shall be informal but shall be transcribed at the expense of the person seeking the variance if a written record of the proceeding is requested.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-829 recodified from R4-13-829 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**ARTICLE 9. YOUTH EMPLOYMENT****R20-5-901. Definitions**

In this Article, the definitions of A.R.S. §§ 23-230, 23-231, 23-232, and 23-233 apply. In addition, unless the context otherwise requires, the following definitions shall apply to both the Act and this Article:

“Act” means A.R.S. Title 23, Chapter 2, Article 3.

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“Baking” means to cook food with dry heat, especially in an oven.

“Cafeteria” means a restaurant in which the customers are served at a counter and carry their meals on trays to tables.

“Cooking” means to prepare food for eating by applying heat.

“Counter” means a flat surface on which food is prepared or served.

“Department” means the Labor Department of the Industrial Commission of Arizona.

“Director” means the Director of the Department.

“Employee” means every minor in receipt of or entitled to compensation for labor performed for any employer.

“Lunch counter” means a long counter at which lunches are sold.

“Snack bar” means a lunch counter or small restaurant where light meals are served.

“Soda fountain” means a lunch counter in a commercial establishment equipped for preparing and serving soft drinks, ice-cream dishes, or sandwiches.

“Work about” means engage in labor in the area or vicinity.

“Work in” means engage in labor in the occupation or activity.

“Work in connection with” means engage in labor in relation to the occupation or activity.

**Historical Note**

Adopted effective January 13, 1976 (Supp. 76-1). Former Section R4-13-901 repealed, new Section R4-13-901 adopted effective May 27, 1977 (Supp. 77-3). R20-5-901 recodified from R4-13-901 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1). New Section made by final rulemaking at 30 A.A.R. 2130 (June 28, 2024), effective August 5, 2024 (Supp. 24-2).

**R20-5-902. Forms**

The following forms, available at <http://www.azica.gov> and upon request from the Division, shall be used when applicable:

1. Application for variation;
2. Request for hearing on cease and desist order form;
3. Request for hearing on denied variation, modification, or renewal of variation form;
4. Youth labor complaint form.

**Historical Note**

Adopted effective January 13, 1976 (Supp. 76-1). Former Section R4-13-902 repealed, new Section R4-13-902 adopted effective May 27, 1977 (Supp. 77-3). R20-5-902 recodified from R4-13-902 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1). New Section made by final rulemaking at 30 A.A.R. 2130 (June 28, 2024), effective August 5, 2024 (Supp. 24-2).

**R20-5-903. Recordkeeping Requirements for Youths Under the Age of 16**

An establishment employing youths under the age of 16 must have the following information available:

1. Number of hours the youth is employed in each week,
2. Number of hours the youth is employed in each day,
3. The dates the youth is enrolled in a session of school,
4. The name of the school district in which the youth is enrolled,

5. The specific hours the youth works at the establishment.

**Historical Note**

Adopted effective January 13, 1976 (Supp. 76-1). Former Section R4-13-903 repealed, new Section R4-13-903 adopted effective May 27, 1977 (Supp. 77-3). R20-5-903 recodified from R4-13-903 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1). New Section made by final rulemaking at 30 A.A.R. 2130 (June 28, 2024), effective August 5, 2024 (Supp. 24-2).

**R20-5-904. Findings and Order Issued by the Department**

- A. Upon receipt of a complaint alleging a violation of the Act, the Department shall issue a Findings and Order of its determination.
- B. If the Department determines that an employer has violated the Act, the Department shall:
  1. Shall direct the employer or other person to cease and desist from the violation and may take action necessary to remedy the violation, and
  2. Order the employer to pay a civil penalty to the general fund, consistent with A.R.S. § 23-236.
- C. If the Department determines that no violation of the Act has occurred, or if the Department is unable to reach a conclusion based on the evidence submitted, the Department shall notify the parties and shall dismiss the complaint.
- D. The Director of the Department shall sign the written Findings and Order issued by the Department.

**Historical Note**

Adopted effective January 13, 1976 (Supp. 76-1). Former Section R4-13-904 repealed, new Section R4-13-904 adopted effective May 27, 1977 (Supp. 77-3). R20-5-904 recodified from R4-13-904 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1). New Section made by final rulemaking at 30 A.A.R. 2130 (June 28, 2024), effective August 5, 2024 (Supp. 24-2).

**R20-5-905. Conduct Hindering an Investigation**

An employer hinders an investigation under the Act if the employer engages in conduct, or causes another person to engage in conduct, that delays or otherwise interferes with the Department’s investigation, including:

1. Obstructing or refusing to admit the Department to any place of employment authorized under the Act;
2. Obstructing or refusing to permit interviews authorized under the Act;
3. Failing to make, keep, or preserve records required under the Act or this Article;
4. Failing to permit the review and copying of records required under the Act and this Article; and
5. Falsifying any record required under the Act or this Article.

**Historical Note**

Adopted effective January 13, 1976 (Supp. 76-1). Former Section R4-13-905 repealed, new Section R4-13-905 adopted effective May 27, 1977 (Supp. 77-3). R20-5-905 recodified from R4-13-905 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1). New Section made by final rulemaking at 30 A.A.R. 2130 (June 28, 2024), effective August 5, 2024 (Supp. 24-2).

**R20-5-906. Hearing Procedure on Cease and Desist**

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**Order; Review**

- A. A request for hearing on a cease and desist order form must be completed in writing and received by the Director no later than 20 days after the issuance of the cease and desist order.
- B. The Department has the burden of proof to establish a violation of the Act.
- C. An Administrative Law Judge shall preside over hearings held under this Section and shall apply the provisions of A.R.S. § 41-1062 to hearings held under this Section and shall have the authority and power of a presiding officer as described in A.R.S. § 41-1062.
- D. The Chief Counsel of the Commission, or a designee, shall represent the Division in hearings held under this Section.
- E. Except as otherwise provided by law, a party to a hearing may appear on its own behalf or through an authorized legal representative. When an authorized legal representative appears or intends to appear before the Commission, the representative shall file a notice of appearance with the Commission.
- F. Upon the completion of a hearing, the ALJ shall issue an order either affirming, modifying, or reversing the cease and desist order.
- G. The order issued by the ALJ after the hearing is final unless within 30 days after the date of service of an order a party requests review.
- H. A party may request review of the ALJ order by filing with the ALJ a written request for review.
- I. Upon the completion of a review, the ALJ shall issue an order upon review either affirming, modifying, or reversing the ALJ order no later than 30 days after receiving a request for review.
- J. The order upon review is final unless a party seeks judicial review as provided in A.R.S. § 23-237(C).

**Historical Note**

Adopted effective January 13, 1976 (Supp. 76-1). Former Section R4-13-906 repealed, new Section R4-13-906 adopted effective May 27, 1977 (Supp. 77-3). R20-5-906 recodified from R4-13-906 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1). New Section made by final rulemaking at 30 A.A.R. 2130 (June 28, 2024), effective August 5, 2024 (Supp. 24-2).

**R20-5-907. Hearing Procedure on Denied Variation, Modification, or Renewal of Variation; Review**

- A. A request for hearing on denied variation, modification, or renewal of variation form must be completed in writing and received by the Director no later than 30 days after the issuance of the denied variation request.
- B. The Department has the burden of proof to establish the application, modification, or renewal for variation does not satisfy the requirements established in A.R.S. § 23-241(A).
- C. An Administrative Law Judge shall preside over hearings held under this Section and shall apply the provisions of A.R.S. § 41-1062 to hearings held under this Section and shall have the authority and power of a presiding officer as described in A.R.S. § 41-1062.
- D. The Chief Counsel of the Commission, or a designee, shall represent the Division in hearings held under this Section.
- E. Except as otherwise provided by law, a party to a hearing may appear on its own behalf or through an authorized legal representative. When an authorized legal representative appears or intends to appear before the Commission, the representative shall file a notice of appearance with the Commission.
- F. Upon the completion of a hearing, the ALJ shall issue an order either affirming, modifying, or reversing the denied variation, modification, or renewal of variation.

- G. The order issued by the ALJ after the hearing is final unless within 30 days after the date of service of an order a party requests review.
- H. A party may request review of the ALJ order by filing with the ALJ a written request for review.
- I. Upon the completion of a review, the ALJ shall issue an order upon review either affirming, modifying, or reversing the ALJ order no later than 30 days after receiving a request for review.
- J. The order upon review is final unless an action is commenced pursuant to A.R.S. § 12-904.

**Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-907 recodified from R4-13-907 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1). New Section made by final rulemaking at 30 A.A.R. 2130 (June 28, 2024), effective August 5, 2024 (Supp. 24-2).

**R20-5-908. Service**

- A. A determination, order, or other document required by this Article or other law to be served upon a party, shall be made upon the party, or, if represented by legal counsel, the party's legal counsel. Service upon legal counsel is considered service upon the party.
- B. Service may be made and is deemed complete by:
  - 1. Depositing the document in regular or certified mail, addressed to the party served at the address shown in the records of the Department, or by personal delivery upon the party.
  - 2. With a party's consent, transmission by email to the email address shown in the records of the Department.

**Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-908 recodified from R4-13-908 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1). New Section made by final rulemaking at 30 A.A.R. 2130 (June 28, 2024), effective August 5, 2024 (Supp. 24-2).

**R20-5-909. Expired****Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-909 recodified from R4-13-909 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

**R20-5-910. Expired****Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-910 recodified from R4-13-910 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

**R20-5-911. Expired****Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-911 recodified from R4-13-911 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

**R20-5-912. Expired****Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-912 recodified from R4-13-912 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the

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Secretary of State February 4, 2000 (Supp. 00-1).

**R20-5-913. Expired****Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-913 recodified from R4-13-913 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

**R20-5-914. Expired****Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-914 recodified from R4-13-914 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

**ARTICLE 10. WAGE CLAIMS****R20-5-1001. Definitions**

In this Article, unless the context otherwise requires:

1. "Claim" means a wage claim pursuant to A.R.S. § 23-356.
2. "Claimant" means an individual who files a claim.
3. "Day" means calendar day.
4. "Department" means the Labor Department of the Industrial Commission of Arizona.
5. "Determination" means a finding by the Department under A.R.S. § 23-357 that a claim is either valid or invalid or that the Department cannot resolve the dispute.
6. "Director" means the Director of the Department.
7. "Dismissal" means an action by the Department in which the Department dismisses the claim and refers the claimant to other statutory remedies.
8. "Notice" or "notification" when made by the Department or the Director means a written communication served on the employer or claimant, or both.

**Historical Note**

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1001 recodified from R4-13-1001 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking 27 A.A.R. 515, effective May 14, 2021 (Supp. 21-1).

**R20-5-1002. Forms**

The following forms are available upon request from the Department or from the Industrial Commission of Arizona's website at [www.azica.gov](http://www.azica.gov):

1. Wage claim. When making a claim, a claimant shall provide the following information to the Department:
  - a. Claimant's name, mailing address, e-mail address, telephone number, and date of birth;
  - b. Employer's name, address, telephone number, and description of business;
  - c. Claimant's dates of employment, position, and pay;
  - d. The amount of the wages owed and the time period worked related to the unpaid wages; and
  - e. Claimant's signature or electronic signature and signature date.
2. Employer response. The employer responding to a claim shall provide the following information to the Department:
  - a. Employer's legal name, including any trade names, legal domicile state, address, telephone number, description of business, and an e-mail address for the designated representative of employer;
  - b. Claimant's dates of employment, position, and pay;

- c. Whether claimant is owed any wages, and, if so, employer's reason for nonpayment; and
- d. Employer's signature or electronic signature and signature date.

**Historical Note**

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1002 recodified from R4-13-1002 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking 27 A.A.R. 515, effective May 14, 2021 (Supp. 21-1).

**R20-5-1003. Filing Requirements; Time for Filing; Computation of Time**

- A. A claimant shall file a claim with the Department within one year of the date of the accrual of the claim.
- B. In computing any period of time prescribed or allowed by this Article, the day of the act or event from which the designated period of time begins to run is not included. The last day of the period and Saturdays, Sundays, and legal holidays are included in the computation of time.
- C. The date of filing of the claim is the date the claimant's wage claim form is received by the Department.
- D. The Department shall deem a form, document, instrument, or other written record filed at the Tucson office as filed at the Phoenix office for the purpose of computing time.
- E. An individual filing a form or document related to a claim shall legibly fill out the form or document.
- F. If the wage claim form received from a claimant does not include the information required by R20-5-1002(1), the Department shall return the wage claim form to the claimant with a request that the claimant provide the required information and return the completed wage claim form to the Department within 14 days of the date of service of the Department's request. If the Department does not receive the completed wage claim form within 14 days, the Department shall not initiate an investigation of the claim and the Department shall consider the claim withdrawn without prejudice. The claimant may re-file a withdrawn wage claim with the information required by R20-5-1002(1), if the claim is re-filed within one year of the date of the accrual of the claim.

**Historical Note**

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1003 recodified from R4-13-1003 (Supp. 95-1). Former R20-5-1003 renumbered to R20-5-1004; new R20-5-1003 made by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking 27 A.A.R. 515, effective May 14, 2021 (Supp. 21-1).

**R20-5-1004. Investigation of Claim**

- A. The Department shall serve a copy of a claimant's wage claim form on the employer listed on the wage claim, with a request that the employer complete and file the employer response form within 14 days of the date of service of the Department's request.
- B. If the Department does not receive the employer response form under subsection (A), the Department shall serve written notice on the employer stating that the employer must pay the amount claimed or file a written response to the wage claim within 14 days of the date of service of the Department's written notice.
- C. The Department shall serve a copy of the employer's response on the claimant and offer the claimant the opportunity to file a written reply to the employer's response within 14 days from the date of service. If the Department does not receive claim-

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ant's reply within 14 days, the Department shall make a determination of the claim based on the evidence in the file.

- D. If the employer fails or refuses to pay the amount claimed or submit a written response to the claim in accordance with subsection (B), the Department shall make a determination of the claim based on the evidence in the file.
- E. Upon request from the Department, and if necessary to complete the Department's investigation, the claimant, the employer, or both, shall submit further written information or meet with the Director or the Director's designee. Except for statements made during settlement, mediation, or an informal conference, the Director or the Director's designee may administer oaths for the purpose of taking affidavits and may record the meeting.
- F. Upon completion of its investigation, the Department shall serve the Department's determination in writing on the parties.

**Historical Note**

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1004 recodified from R4-13-1004 (Supp. 95-1). Former R20-5-1004 renumbered to R20-5-1005; new R20-5-1004 renumbered from R20-5-1003 and amended by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking 27 A.A.R. 515, effective May 14, 2021 (Supp. 21-1).

**R20-5-1005. Mediation of Disputes**

- A. During the investigation of a claim, the Department may mediate and conciliate a dispute between the claimant and the employer.
- B. If mediation results in an informal resolution of the claim, the Director or the Director's designee shall prepare and ensure execution of documents providing for the resolution of the claim.

**Historical Note**

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1005 recodified from R4-13-1005 (Supp. 95-1). Former R20-5-1005 renumbered to R20-5-1006; new R20-5-1005 renumbered from R20-5-1004 and amended by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2).

**R20-5-1006. Dismissal of Claim**

- A. The Department shall dismiss a claim if:
  1. The claim is filed more than one year after the date of the accrual of the claim,
  2. The claimant does not comply with R20-5-1003(F),
  3. The amount of wages owed exceeds \$5,000.00,
  4. The Department's investigation of the claimant's evidence reveals no possible violation of A.R.S. § 23-350 et seq.,
  5. The claimant has filed a civil action regarding the same claim,
  6. The employer listed on the claim is in bankruptcy,
  7. The Department is unable to locate the employer based on the information provided by the claimant, or
  8. The wages in question have been withheld from the claimant pursuant to the claimant's prior written authorization.
- B. The Department shall send a notice of dismissal to the claimant and, except as provided in subsections (A)(1) through (A)(3) and (7), the Department shall send a notice of dismissal to the employer. Notices of dismissal shall notify the claimant of the availability of other remedies.

**Historical Note**

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-

1006 recodified from R4-13-1006 (Supp. 95-1). Former R20-5-1006 renumbered to R20-5-1007; new R20-5-1006 renumbered from R20-5-1005 and amended by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking 27 A.A.R. 515, effective May 14, 2021 (Supp. 21-1).

**R20-5-1007. Notice of Right of Review**

A determination issued under A.R.S. § 23-357 shall include a notice informing the parties of their right to seek review under A.R.S. § 23-358 and § 12-901 et seq.

**Historical Note**

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1007 recodified from R4-13-1007 (Supp. 95-1). Former R20-5-1007 renumbered to R20-5-1008; new R20-5-1007 renumbered from R20-5-1006 and amended by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking 27 A.A.R. 515, effective May 14, 2021 (Supp. 21-1).

**R20-5-1008. Payment of Claim**

- A. The Department shall send any payment of a wage claim received by the Department to the claimant by certified mail, return receipt requested, unless the claimant elects to pick up the check in person at the Department.
- B. If the Department discovers that payment of a wage claim is alleged to have been made directly to the claimant, the Department shall verify the payment by serving the claimant with notice that payment of the wage claim is alleged to have been made directly to the claimant. If the claimant confirms that payment of the wage claim was made directly to the claimant or does not respond to the Department's notice within 14 days of the date of service of the Department's notice, the Department shall deem the claim to have been paid and shall dismiss the wage claim.
- C. Payment of a partial amount of a wage claim does not preclude the Department from completing its investigation of the balance of the claim.
- D. In the case of a determination and directive for payment issued by the Department under A.R.S. § 23-357, the Department shall, if the employer agrees and with the written consent of the claimant, enter into a payment agreement with the employer for payment of the amount of wages found to be owed the claimant.

**Historical Note**

New R20-5-1008 renumbered from R20-5-1007; Section amended by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking 27 A.A.R. 515, effective May 14, 2021 (Supp. 21-1).

**R20-5-1009. Service of Determinations, Notices, and Other Documents**

- A. A determination, notice, or other document required by this Article or other law to be served upon a party, shall be made upon the party, or, if represented by legal counsel, the party's legal counsel. Service upon legal counsel is considered service upon the party.
- B. Service may be made and is deemed complete by:
  1. Depositing the document in regular or certified mail, addressed to the party served at the address shown in the records of the Department, or by personal delivery upon the party.
  2. With a party's consent, transmission by e-mail to the e-mail address shown in the records of the Department.

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**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking 27 A.A.R. 515, effective May 14, 2021 (Supp. 21-1).

**ARTICLE 11. REPEALED****R20-5-1101. Repealed****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1102. Repealed****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1103. Repealed****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1104. Repealed****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1105. Repealed****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1106. Repealed****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1107. Repealed****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1108. Repealed****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1109. Repealed****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1110. Repealed****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1111. Repealed****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1112. Repealed****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1113. Repealed****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1114. Repealed****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1115. Repealed****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1116. Repealed**



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**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1133. Repealed****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1134. Repealed****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1135. Repealed****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1136. Repealed****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

# ARTICLE 12. ARIZONA MINIMUM WAGE AND EARNED PAID SICK TIME PRACTICE AND PROCEDURE

**R20-5-1201. Notice of Rules**

- A. This Article applies to all actions and proceedings before the Industrial Commission of Arizona arising under A.R.S. Title 23, Articles 8 and 8.1.
- B. The Industrial Commission of Arizona shall provide a copy of this Article upon request to any person free of charge.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

**R20-5-1202. Definitions**

In this Article, the definitions of A.R.S. §§ 23-362 (version two), 23-371, and 23-364 apply. In addition, unless the context otherwise requires, the following definitions shall apply to both the Act and this Article:

“Act” means A.R.S. Title 23, Chapter 2, Articles 8 and 8.1.

“Affected employee” means an employee or employees on whose behalf a complaint may be filed alleging a violation under the Act.

“Amount of earned paid sick time available to the employee” means the amount of earned paid sick time or equivalent paid time off that is available to the employee for use in the current year.

“Amount of earned paid sick time taken by the employee to date in the year” means the amount of earned paid sick time or equivalent paid time off taken by the employee to date in the current year. Where an employee has used available equivalent paid time off for either the purposes enumerated in A.R.S. § 23-373 or other purposes, the employer may count that usage towards the “amount of earned paid sick time taken by the employee to date in the year.”

“Amount of pay the employee has received as earned paid sick time” means the amount of pay the employee has received as earned paid sick time or equivalent paid time off to date in the current year. Where an employee has received pay for equivalent paid time off for the purposes enumerated in A.R.S. § 23-373 or other purposes, the employer may count that pay towards the “amount of pay the employee has received as earned paid sick time.”

“Authorized representative” means a person prescribed by law to act on behalf of a party who files with the Department a written instrument advising of the person’s authority to act on behalf of the party.

“Casual Basis,” when applied to babysitting services, means employment which is irregular or intermittent.

“Commission” means monetary compensation based on:

A percentage of total sales,

A percentage of sales in excess of a specified amount,

A fixed allowance per unit, or

Some other formula the employer and employee agree to as a measure of accomplishment.

“Communicable disease” has the meaning prescribed by A.R.S. § 36-661.

“Complainant” means a person or organization filing an administrative complaint under the Act.

“Department” means the Labor Department of the Industrial Commission of Arizona or other authorized division of the Industrial Commission as designated by the Industrial Commission.

“Earned sick time” under A.R.S. § 23-364(G) means earned paid sick time.

“Employee’s regular paycheck” means a regular payroll record that is readily available to employees and contains the information required by A.R.S. § 23-375(C), including physical or electronic paychecks or paystubs.

“Equivalent paid time off” means paid time off provided under a paid leave policy, such as a paid time off policy, that makes available an amount of paid leave sufficient to meet the accrual requirements of the Act that may be used for the same purposes and under the same conditions as earned paid sick time.

“Filing” means receipt of a report, document, instrument, videotape, audiotape, or other written matter at an office of the Department.

The term “health care professional” in A.R.S. § 23-373(G) has the same meaning as “health care professional,” as defined in this Section.

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“Health care professional” means any of the following:

A “physician” as defined by A.R.S. § 36-2351;

A “physician assistant” as defined by A.R.S. § 32-2501;

A “registered nurse practitioner” as defined by A.R.S. § 32-1601.

A certified nurse midwife who is a registered nurse practitioner approved by the Arizona State Board of Nursing to provide primary care services during pregnancy, childbirth, and the postpartum period;

A dentist licensed under A.R.S. Title 32, Chapter 11, Article 2; or

A behavioral health provider practicing as:

A psychologist licensed under A.R.S. Title 32, Chapter 19.1;

A clinical social worker licensed under A.R.S. § 32-3293;

A marriage and family therapist licensed under A.R.S. § 32-3311; or

A professional counselor licensed under A.R.S. § 32-3301.

“Health care provider” has the meaning prescribed by A.R.S. § 36-661.

“Hours worked” means all hours for which an employee covered under the Act is employed and required to give to the employer, including all time during which an employee is on duty or at a prescribed work place and all time the employee is suffered or permitted to work.

“Minimum wage” means the lowest rate of monetary compensation required under the Act.

“Monetary compensation” means cash or its equivalent due to an employee by reason of employment.

“On duty” means time spent working or waiting that the employer controls and that the employee is not permitted to use for the employee’s own purpose.

“Public benefits” has the same meaning as “state or local public benefit,” as prescribed by A.R.S. § 1-502(I).

“Public health emergency” means a state of emergency declared by the governor in which there is an occurrence or imminent threat of an illness or health condition caused by bioterrorism, an epidemic or pandemic disease or a highly fatal infectious agent or biological toxin and that poses a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability.

“Salaried” means receiving a fixed amount of pay regardless of how many hours are worked each week.

“Salary” means a fixed compensation paid regularly for employment.

“Same hourly rate” means the following:

For employees paid on the basis of a single hourly rate, “same hourly rate” shall be the hourly rate the employee would have earned for the period of time in which earned paid sick time or equivalent paid time off is used, but shall in no case be less than minimum wage.

For employees who are paid multiple hourly rates of pay, “same hourly rate” shall be determined in the following order of priority, but shall in no case be less than minimum wage:

The hourly rate the employee would have earned, if known, for each hour of earned paid sick time or equivalent paid time off used.

The weighted average of all hourly rates of pay during the previous pay period.

For employees who are paid a salary, no additional pay is due when the employee’s use of earned paid sick time or equivalent paid time off results in no reduction in the employee’s regular salary during the pay period in which the earned paid sick time or equivalent paid time off is used. “Same hourly rate” for salaried employees shall be determined in the following order of priority, but shall in no case be less than minimum wage:

The wages an employee earns during each pay period covered by the salary divided by the number of hours agreed to be worked during each pay period, if the number of hours to be worked during each pay period was previously established.

The wages an employee earns during each work-week covered by the salary in the current year divided by 40 hours.

For employees paid on a commission, piece-rate, or fee-for-service basis, “same hourly rate” shall be determined in the following order of priority, but shall in no case be less than minimum wage:

The hourly rate of pay previously agreed upon by the employer and the employee as:

A minimum hourly rate for work performed; or

An hourly rate for payment of earned paid sick time or equivalent paid time off.

The wages that the employee would have been paid, if known, for the period of time in which earned paid sick time or equivalent paid time off is used, divided by the number of hours of earned paid sick time or equivalent paid time off used.

A reasonable estimation of the commission, piece-rate, or fee-for-service compensation that the employee would have been paid for the period of time in which the earned paid sick time or equivalent paid time off is used divided by the number of hours of earned paid sick time or equivalent paid time off used.

The hourly average of all commission, piece rate, or fee-for-service compensation that the employee earned during the previous 90 days, if the employee worked regularly during the previous 90-day period, based on:

Hours that the employee actually worked; or

A 40-hour workweek.

The hourly average of all commission, piece rate, or fee-for-service compensation that the employee earned during the previous 365 days, based on:

Hours that the employee actually worked; or

A 40-hour workweek.

“Same hourly rate” includes shift differentials and premiums meant to compensate an employee for work performed under differing conditions (such as hazard pay or a shift differential for working at night) if the employee

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would have been entitled to the shift differential or premium for the period of time in which earned paid sick time or equivalent paid time off is used.

“Same hourly rate” does not include:

Additions to an employee’s base rate for overtime or holiday pay;

Subject to the “Same hourly rate,” bonuses or other types of incentive pay; and

Tips or gifts.

“Smallest increment that the employer’s payroll system uses to account for absences or use of other time” means the smallest increment of time that an employer utilizes, by policy or practice, to account for absences or use of other paid time off.

“Tip” means a sum that a customer presents as a gift in recognition of some service performed, and includes gratuities. The sum may be in the form of cash, amounts paid by bank check or other negotiable instrument payable at par, or amounts the employer transfers to the employee under directions from a credit customer who designates an amount to be added to a bill as a tip. Gifts in forms other than cash or its equivalent as described in this definition, such as event tickets, passes, or merchandise, are not tips.

“Violation” means a transgression of any statute or rule, or any part of a statute or rule, including both acts and omissions.

“Willfully” means acting with actual knowledge of the requirements of the Act or this Article, or acting with reckless disregard of the requirements of the Act or this Article.

“Workday” means any fixed period of 24 consecutive hours.

“Workweek” means any fixed and regularly recurring period of seven consecutive workdays.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4). Amended by final rulemaking at 29 A.A.R. 607 (February 24, 2023), with an immediate effective date of February 9, 2023 (Supp. 23-1).

**R20-5-1203. Duty to Provide Current Address**

- A. A complainant shall provide and keep the Labor Department advised of the complainant’s current mailing address and telephone number.
- B. An employer under investigation by the Department shall provide and keep the Labor Department advised of the employer’s current mailing address and telephone number.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

**R20-5-1204. Forms Prescribed by the Department**

Forms prescribed by the Department, including the poster required under R20-5-1208, shall not be changed, amended, or otherwise altered without the prior written approval of the Department.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

**R20-5-1205. Determination of Employment Relationship**

- A. Determination of an employment relationship under the Act, which includes whether an individual is an independent contractor, shall be based upon the economic realities of the relationship. Consideration of whether an individual is economically dependent on the employer for which the individual performs work shall be determined by factors showing dependence, which non-exclusive factors shall include those factors identified in A.R.S. §§ 23-902(D) and 23-1601(B).
- B. An individual who works for another person without any express or implied compensation agreement is not an employee under the Act. This may include an individual that volunteers to work for civic, charitable, or humanitarian reasons that are offered freely and without direct or implied pressure or coercion from an employer, provided that the volunteer is not otherwise employed by the employer to perform the same type of services as those which the individual proposes to volunteer.
- C. An individual who works for another individual as a babysitter on a casual basis and whose vocation is not babysitting, is not an employee under the Act even if the individual performs other household work not related to caring for the children, provided the household work does not exceed 20% of the total hours worked on the particular babysitting assignment.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

**R20-5-1206. Payment of Minimum Wage; Commissions; Tips; Front Loading Earned Paid Sick Time; Limitation on Carry Over of Unused Earned Paid Sick Time**

- A. Subject to the requirements of the Act and this Article, no less than the minimum wage shall be paid for all hours worked, regardless of the frequency of payment and regardless of whether the wage is paid on an hourly, salaried, commissioned, piece rate, or any other basis.
- B. If the combined wages of an employee are less than the applicable minimum wage for a work week, the employer shall pay monetary compensation already earned, and no less than the difference between the amounts earned and the minimum wage as required under the Act.
- C. The workweek is the basis for determining an employee’s hourly wage. Upon hire, an employer shall advise the employee of the employee’s designated workweek. Once established, an employer shall not change or manipulate an employee’s workweek to evade the requirements of the Act.
- D. In computing the minimum wage, an employer shall consider only monetary compensation and shall count tips and commissions in the workweek in which the tip or commission is earned.
- E. An employer is allowed to:
  1. Require or permit employees to pool, share, or split tips; and

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2. Require an employee to report tips to the employer in order to meet reporting requirements of this Article and federal law.
- F. An employer who hires an employee after the beginning of the employer's year is not required to provide additional earned paid sick time or equivalent paid time off during that year if the employer provides the employee for immediate use on the employee's ninetieth calendar day after commencing employment an amount of earned paid sick time or equivalent paid time off that meets or exceeds the employer's reasonable projection of the amount of earned paid sick time or equivalent paid time off that the employee would have accrued from the date of hire through the end of the employer's year at a rate of one hour for every 30 hours worked. If the amount of earned paid sick time or equivalent paid time off provided is less than the employee would have accrued based on hours actually worked during the employer's year, the employer shall immediately provide an amount of earned paid sick time or equivalent paid time off that reflects the difference between the employer's projection and the amount of earned paid sick time or equivalent paid time off that the employee would have accrued for hours actually worked in the year.
- G. Subject to subsection (F), an employer with 15 or more employees that provides its employees for immediate use at the beginning of each year 40 or more hours of earned paid sick time or 40 or more hours of equivalent paid time off is not required to provide carryover or additional accrual.
- H. Subject to subsection (F), an employer with fewer than 15 employees that provides its employees for immediate use at the beginning of each year 24 or more hours of earned paid sick time or 24 or more hours of equivalent paid time off is not required to provide carryover or additional accrual.
- I. Unless an employer: (1) elects to pay an employee for unused earned paid sick time or equivalent paid time off at the end of a year pursuant to A.R.S. § 23-372(D)(4); or (2) meets the requirements of subsections (G) or (H), unused earned paid sick time and equivalent paid time off may be carried over to the next year, as follows:
1. Subject to an employer's entitlement to permit greater carry over, an employee of an employer with 15 or more employees may carry over to the following year up to 40 hours of unused earned paid sick time or equivalent paid time off.
  2. Subject to an employer's entitlement to permit greater carry over, an employee of an employer with fewer than 15 employees may carryover to the following year up to 24 hours of unused earned paid sick time or equivalent paid time off.
  3. Carry over shall not affect accrual, usage rights, or usage limits under the Act.
- tions of waiter, waitress, bellhop, busboy, car wash attendant, hairdresser, barber, valet, and service bartender.
- B. For purposes of calculating the permissible credit for tips under A.R.S. § 23-363(C), the following applies:
1. Tips are customarily and regularly received in the occupation in which the employee is engaged;
  2. Except as provided in R20-5-1206(E), the employee actually receives the tip free of employer control as to how the employee uses the tip and the tip becomes the employee's property;
  3. Employees who customarily and regularly receive tips may pool, share, or split tips between them, and the amount each employee actually retains is considered the tip of the employee who retains it;
  4. Employer-required sharing of tips with employees who do not customarily and regularly receive tips in the occupation in which the employee is engaged, including management or food preparers, are not credited toward that employee's minimum wage; and
  5. A compulsory charge for service imposed on a customer by an employer's establishment are not credited toward an employee's minimum wage unless the employer actually distributes the charge to the employee in the pay period in which the charge is earned.
- C. Upon hiring or assigning an individual to a position that customarily and regularly receives tips, an employer intending to exercise a tip credit shall provide written notice to the employee prior to exercising the tip credit. Thereafter, the employer shall notify the employee in writing each pay period of the amount per hour that the employer takes as a tip credit.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

**R20-5-1208. Posting Requirements; Small Employer Exemption**

- A. With the exception of small employers, every employer subject to the Act shall place the posters prescribed by the Department in a conspicuous place in every establishment where employees are employed and where notices to employees are customarily placed. The employer shall ensure that the notices are not removed, altered, defaced, or covered by other material.
- B. In this Section, unless context otherwise requires, "small employer" means a corporation, proprietorship, partnership, joint venture, limited liability company, trust, or association that has less than \$500,000 in gross annual revenue.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

**R20-5-1207. Tip Credit Toward Minimum Wage**

- A. In this Section, unless the context otherwise requires, "customarily and regularly" means receiving tips on a consistent and recurrent basis, the frequency of which may be greater than occasional, but less than constant, and includes the occupa-

**R20-5-1209. Records Availability**

- A. Each employer shall keep the records required under the Act and this Article safe and accessible at the place or places of employment, or at one or more established central recordkeeping offices where the records are customarily maintained.

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When the employer maintains the records at a central record-keeping office other than in the place or places of employment, the employer shall make the records available to the Department within 72 hours following notice from the Department.

- B. Employers or technology that is necessary to facilitate inspection and copying of the records.
- C. Each employer required to maintain records under the Act shall make enlargement, recomputation, or transcription of the records and shall submit to the Department the records or reports in a readable format upon the Department's written request.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

**R20-5-1210. General Recordkeeping Requirements**

- A. Payroll records required to be kept under the Act include:
  - 1. All time and earning cards or sheets on which are entered the daily starting and stopping time of individual employees, or of separate work forces, or the amounts of work accomplished by individual employees on a daily, weekly, or pay period basis (for example, units produced) when those amounts determine in whole or in part those employees' pay period wages and earned paid sick time or equivalent paid time off;
  - 2. From their last effective date, all wage-rate tables or schedules of the employer that provide the piece rates or other rates used in computing wages; and
  - 3. Records of additions to or deductions from wages paid and records that support or corroborate the additions or deductions.
- B. Except as otherwise provided in this Section, every employer shall maintain and preserve payroll or other records containing the following information and data with respect to each employee to whom the Act applies:
  - 1. Name in full, and on the same record, the employee's identifying symbol or number if it is used in place of the employee's name on any time, work, or payroll record;
  - 2. Home address, including zip code;
  - 3. Date of birth, if under 19;
  - 4. Occupation in which employed;
  - 5. Time of day and day of week on which the employee's workweek begins. If the employee is part of a workforce or employed in or by an establishment all of whose workers have a workweek beginning at the same time on the same day, then a single notation of the time of the day and beginning day of the workweek for the whole workforce or establishment is permitted;
  - 6. Regular hourly rate of pay for any workweek and an explanation of the basis of pay by indicating the monetary amount paid on a per hour, per day, per week, per piece, commission on sales, or other basis, including the amount and nature of each payment;
  - 7. Hours worked each workday and total hours worked each workweek;
  - 8. Total daily or weekly wages due for hours worked during the workday or workweek;
  - 9. Total additions to or deductions from wages paid each pay period including employee purchase orders or wage assignments, including, for individual employee records,

the dates, amounts, and nature of the items that make up the total additions and deductions;

- 10. Total wages paid each pay period;
- 11. Date of payment and the pay period covered by payment;
- 12. The amount of earned paid sick time available to the employee;
- 13. The amount of earned paid sick time taken by the employee to date in the year;
- 14. The amount of pay the employee has received as earned paid sick time; and
- C. For an employee who is compensated on a salary basis at a rate that exceeds the minimum wage required under the Act and who, under 29 CFR 541, is an exempt bona fide executive, administrative, or professional employee, including an employee employed in the capacity of academic administrative personnel or teachers in elementary or secondary schools, or in outside sales, an employer shall maintain and preserve:
  - 1. Records containing the information and data required under subsections (B)(1) through (B)(5), and (B)(10) through (B)(14); and
  - 2. Records containing the basis on which wages are paid in sufficient detail to permit a determination or calculation of whether the salary received exceeds the minimum wage required under the Act, including a record of the hours upon which payment of the salary is based, whether full time or part time.
- D. With respect to employees working on fixed schedules, an employer may maintain records showing instead of the hours worked each day and each workweek as required under this Section, the schedule of daily and weekly hours the employee normally works, provided:
  - 1. In weeks in which an employee adheres to this schedule, the employer indicates by check mark, statement, or other method, that the employee actually worked the hours; and
  - 2. In weeks in which more or fewer than the scheduled hours are worked, the employer records the number of hours actually worked each day and each week.
- E. With respect to an employee that customarily and regularly receives tips, the employer shall ensure that the records required under this Article include the following information:
  - 1. A symbol, letter, or other notation placed on the pay records identifying each employee whose wage is determined in part by tips;
  - 2. Amount of tips the employee reports to the employer;
  - 3. The hourly wage of each tipped employee after taking into consideration the employee's tips;
  - 4. Hours worked each workday in any occupation in which the employee does not receive tips, and total daily or week straight-time payment made by the employer for the hours;
  - 5. Hours worked each workday in occupations in which the employee receives tips and total daily or weekly straight-time wages for the hours; and
  - 6. Copy of the notice required under R20-5-1207(C).
- F. An employer who makes retroactive payment of wages, voluntarily or involuntarily, shall record on the pay records, the amount of the payment to each employee, the period covered by the payment, and the date of payment.
- G. For an employee who is signed to a contract to play minor league baseball and is exempt pursuant to 29 U.S.C. 213(a)(19), an employer shall maintain and preserve records containing the information and data required under subsections (B)(1) through (B)(5), (B)(10) and (B)(11).

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R.

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473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4). Amended by final rulemaking at 29 A.A.R. 607 (February 24, 2023), with an immediate effective date of February 9, 2023 (Supp. 23-1).

**R20-5-1211. Administrative Complaints**

- A. A person or organization alleging a minimum wage, earned paid sick time, or equivalent paid time off violation shall file a complaint with the Labor Department within one year from the date the wages, earned paid sick time, or equivalent paid time off were due.
- B. A person or organization alleging retaliation, discrimination, or a violation of A.R.S. § 23-377 shall file a complaint with the Labor Department within one year from the date the alleged violation occurred or when the employee knew or should have known of the alleged violation.
- C. The person or organization filing a complaint with the Labor Department shall sign the complaint.
- D. Any person or organization other than an affected employee who files a complaint shall include the names of affected employees.
- E. Upon its own complaint, the Department may investigate violations under the Act.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

**R20-5-1212. Conduct that Hinders Investigation**

An employer hinders an investigation under the Act if the employer engages in conduct, or causes another person to engage in conduct, that delays or otherwise interferes with the Department's investigation, including:

1. Obstructing or refusing to admit the Department to any place of employment authorized under the Act;
2. Obstructing or refusing to permit interviews authorized under the Act;
3. Failing to make, keep, or preserve records required under the Act or this Article;
4. Failing to permit the review and copying of records required under the Act and this Article; and
5. Falsifying any record required under the Act or this Article.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

**R20-5-1213. Findings and Order Issued by the Department**

- A. Except as provided in R20-5-1219, after receipt of a complaint alleging a violation of the Act, the Department shall issue a Findings and Order of its determination. The Department shall serve its Findings and Order to both the employer and the

complainant. Service may be made and is deemed complete by either depositing the document in regular or certified mail, addressed to the party served at the address shown in the records of the Department, by personal delivery upon the party, or with a party's consent, transmission by email to the email address shown in the records of the Department.

- B. If the Department determines that an employer has violated the minimum wage, earned paid sick time, or equivalent paid time off requirements, the Department shall order the employer to pay the employee, and if applicable, affected employees, the balance of the wages, earned paid sick time, or equivalent paid time off owed, including interest at the legal rate and an additional amount equal to twice the underpaid wages, earned paid sick time, or equivalent paid time off owed.
- C. If the Department determines that a retaliation, discrimination, confidentiality, or nondisclosure violation has occurred, the Department shall direct the employer or other person to cease and desist from the violation and may take action necessary to remedy the violation, including:
  1. Rehiring or reinstatement,
  2. Reimbursement of lost wages and interest,
  3. Payment of penalty to employees or affected employees as provided for in the Act and this Article, and
  4. Posting of notices to employees.
- D. If the Department determines that no violation of the Act has occurred, or if the Department is unable to reach a conclusion based on the evidence submitted, the Department shall notify the parties and shall dismiss the complaint without prejudice. After notification of the Department's determination, the complainant may bring a civil action under A.R.S. § 23-364(E).
- E. The Department may assess civil penalties for recordkeeping, posting, and other violations under the Act and this Article as part of a Findings and Order issued under subsection (A) or the civil penalties and other violations may be assessed as a separate Findings and Order. If issued as a separate Findings and Order, the Department shall serve, personally or by regular first class mail, the Findings and Order on the employer and, if a complaint has been filed, the complainant.
- F. The Director of the Department shall sign the written Findings and Order issued by the Department.
- G. If an employer does not comply with a Findings and Order issued by the Department within 10 days following finality of the Findings and Order, the Department may refer the matter to a law enforcement officer.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4). Amended by final rulemaking at 29 A.A.R. 607 (February 24, 2023), with an immediate effective date of February 9, 2023 (Supp. 23-1).

**R20-5-1214. Review of Department Findings and Order; Hearings; Issuance of Decision Upon Hearing**

- A. Except as provided in R20-5-1213(D), a party aggrieved by a Findings and Order issued by the Department may request a hearing by filing a written request for hearing with the Department within 30 days after the Findings and Order is served upon the party. Failure to timely file a request for hearing means that the Findings and Order issued by the Department is final and res judicata to all parties.

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- B. A request for hearing shall be in writing and contain:
  1. The name and address of the party requesting the hearing,
  2. The signature of the party or the party's authorized representative, and
  3. A statement that a hearing is requested.
- C. Upon receipt of a timely filed request for hearing, the Department shall refer the matter to the Administrative Law Judge Division of the Commission for hearing.
- D. Except as otherwise provided in this Section, the hearing shall be conducted under A.R.S. § 41-1061 et seq.
- E. A person submitting correspondence or other documents, including subpoena requests, to an administrative law judge concerning a matter pending before the administrative law judge, shall contemporaneously serve a copy of the correspondence or other document upon all other parties, or if represented, the parties' authorized representative.
- F. The administrative law judge may dismiss a request for hearing when it appears to the judge's satisfaction that the parties have resolved the disputed issue or issues.
- G. The administrative law judge shall issue a written decision upon hearing containing findings of fact and conclusions of law no later than 30 days after the matter is submitted for decision. The decision shall be sent to the parties at their last known addresses served personally or by regular first class mail.
- H. A decision issued under this Section is final when entered unless a party files a request for rehearing or review as provided in R20-5-1215 or commences an action in the Superior Court as provided in R20-5-1216 and A.R.S. § 12-901 et seq. The decision shall contain a statement explaining the review rights of a party.
- C. A request for rehearing or review shall state the specific facts and law in support of the request and shall specify the relief sought by the request.
- D. A party shall have 15 days from the date of the filing of a request for rehearing or review to file a written response. Failure to respond shall not be deemed an admission against interest.
- E. The administrative law judge shall issue a decision upon review no later than 30 days after receiving a request for review or response, if one is filed.
- F. A decision upon review is final unless a party seeks judicial review as provided in R20-5-1216.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

**R20-5-1216. Judicial Review of Decision Upon Hearing or Decision Upon Review**

- A. A party aggrieved by a decision upon hearing issued under R20-5-1214 or a decision upon review issued under R20-5-1215 may seek review by commencing an action in the Superior Court as provided in A.R.S. § 12-901 et seq. within 35 days from the date a copy of the decision sought to be reviewed is served personally or by regular first class mail upon the party affected.
- B. A decision upon hearing issued under R20-5-1214 or a decision upon review issued under R20-5-1215 is final unless a party seeks judicial review as provided under A.R.S. § 12-901 et seq.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

**R20-5-1215. Request for Rehearing or Review of Decision Upon Hearing**

- A. A party may request rehearing or review of a decision issued under R20-5-1214 by filing with the Administrative Law Judge a written request for rehearing or review no later than 15 days after the written decision is served personally or by regular first class mail upon the parties.
- B. A request for rehearing or review shall be based upon any of the following causes that materially affected the rights of an aggrieved party:
  1. Irregularities in the hearing proceeding or any order, or abuse of discretion that deprives a party seeking review of a fair hearing;
  2. Accident or surprise that could not have been prevented by ordinary prudence;
  3. Newly discovered material evidence that could not have been discovered with reasonable diligence and produced at the hearing;
  4. Error in the admission or rejection of evidence, or errors of law occurring at the hearing;
  5. Bias or prejudice of the Department or administrative law judge; and
  6. The findings of fact or conclusions of law contained in the decision are not justified by the evidence or are contrary to law.

**R20-5-1217. Assessment of Civil Penalties Under A.R.S. § 23-364(F)**

The Department may assess civil penalties for violations of the Act and this Article, including the assessment of civil penalties for engaging in conduct that hinders an investigation of the Department as specified in R20-5-1212.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

**R20-5-1218. Collection of Wages, Earned Paid Sick Time, Equivalent Paid Time Off, or Penalty Payments Owed**

- A. Upon determination that wages, earned paid sick time, equivalent paid time off, or penalty payments are due and unpaid to any employee, the employee may, or the Department may on behalf of an employee, obtain judgment and execution, garnishment, attachment, or other available remedies for collection of unpaid wages and penalty payments established by a final Findings and Order of the Department.



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- B. If payment cannot be made to the employee, the Department shall receive monetary compensation or penalty payments on behalf of the employee and transmit monies it receives as payment in a special state fund as provided in A.R.S. § 23-356(C).
- C. The Department may amend a Findings and Order to conform to the legal name of the business or the person who is the defendant employer to a complaint under the Act, provided service of the Findings and Order was made on the defendant or the defendant's agent. If a judgment has been entered on the order, the Department may apply to the clerk of the superior court to amend a judgment that has been issued under a final order, provided service was made on the defendant or the defendant's agent.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

**R20-5-1219. Resolution of Disputes**

Notwithstanding any other provision of law, the Department may mediate and conciliate a dispute between the parties.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

**R20-5-1220. Small Employer Request for Exception to Recordkeeping Requirements**

- A. In this Section, unless context otherwise requires, "small employer" means a corporation, proprietorship, partnership, joint venture, limited liability company, trust, or association that has less than \$500,000 in gross annual revenue.
- B. A small employer, or any category of small employer that is unreasonably burdened by the recordkeeping requirements of the Act and this Article may file a written petition for exception with the Department requesting relief from certain recordkeeping requirements under this Article. The petition shall:
  1. State the reasons for the request for relief;
  2. State an alternate manner or method of making, keeping, and preserving records that will enable the Department to determine hours worked and wages paid; and
  3. Include the signature of the employer or an authorized representative of the employer.
- C. Subject to any conditions or limitations necessary to ensure fulfillment of the purpose and intent of Act, the Department may grant a petition for exception if it finds that:
  1. The small employer, or category of small employer is unreasonably burdened by the recordkeeping requirements of the Act and this Article; and
  2. The relief requested and alternative proposed will not hinder the Department's enforcement of the Act and this Article.
- D. For good cause, the Department may rescind a prior order granting relief under this Section.
- E. Relief under this Section is effective upon the Department's written authorization.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R.

473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

**ARTICLE 13. TREATMENT GUIDELINES****R20-5-1301. Adoption and Applicability of the Article**

- A. The Industrial Commission of Arizona (Commission) has adopted the Work Loss Data Institute's *Official Disability Guidelines – Treatment in Workers Compensation* (ODG) as the standard reference for evidence-based medicine used in treating injured workers within the context of Arizona's workers' compensation system. By adopting and referencing the most recent edition (at the time of treatment), and continuously updated Official Disability Guidelines, the Commission can ensure the latest available medical evidence is used in making medical treatment decisions for injured workers.
- B. Until further action of the Commission, the guidelines shall apply to all body parts and conditions.
- C. The Commission may modify or change the applicability of the guidelines as described in subsection (B) if the Commission determines that modification or changing the applicability of the guidelines will: 1) improve medical treatment for injured workers, 2) make treatment and claims processing more efficient and cost effective, and 3) if the Commission's modification expands the applicability of the guidelines, the guidelines adequately cover the relevant body parts or conditions. Before taking action to modify or change the applicability of the guidelines, the Commission shall provide an opportunity for public comment and hold a public hearing. A decision of the Commission under this subsection shall be made by a majority vote of a quorum of Commission members present at a public meeting.
- D. Action taken by the Commission to modify or change the applicability of the guidelines under subsection (C) shall be published in the minutes of the Commission meeting when such action was taken. The minutes of this action shall be published on the Commission's website and shall be available from the Commission upon request.
- E. The guidelines shall apply prospectively. Recommendations provided in the guidelines related to the management of chronic pain and the use of opioids for all stages of pain management shall apply to medical treatment or services occurring on or after October 1, 2016. For purposes of this process, chronic pain shall be defined by the guidelines. Recommendations provided in the guidelines related to all other body parts and conditions shall apply to medical treatment or services occurring on or after October 1, 2018.
- F. This Article applies to all claims filed with the Commission.
- G. This Article only applies to medical treatment and services for body parts and conditions that have been accepted as compensable.
- H. The guidelines are to be used as a tool to support clinical decision making and quality health care delivery to injured employees. The guidelines set forth care that is generally considered reasonable and are presumed correct if the guidelines provide recommendations related to the requested treatment or service. This is a rebuttable presumption and reasonable medical care may include deviations from the guidelines. To support a request to deviate from the guidelines, the provider must produce documentation and justification that demonstrates by a preponderance of credible medical evidence a medical basis for departing from the guidelines. Credible medical evidence may include clinical expertise and judgment.

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- I. The Commission shall provide administrative review and oversight of this Article.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

**R20-5-1302. Definitions**

In this Article and R20-5-106(A)(12), unless the context otherwise requires:

“Act” means the Arizona Workers’ Compensation Act, A.R.S. Title 23, Chapter 6.

“Active Practice” means performing patient care for a minimum of eight hours per week in one of the five preceding years.

“Administrative Law Judge” or “ALJ” means a hearing officer appointed under A.R.S. § 23-108.02.

“Administrative Review” means a process that includes a peer review for preauthorization of a request for medical treatment or services conducted pursuant to R20-5-1311. The administrative review process will be managed by the Medical Resource Office (MRO) at the Industrial Commission of Arizona.

“American Board of Medical Specialties” means the organization that develops a uniform system for specialty boards to administer examinations for certification of physicians within specific medicine specialties.

“American Osteopathic Association” means the organization that develops a uniform system for specialty boards to administer examinations for certification of osteopathic physicians within specific osteopathic medicine specialties.

“Applicability” means the body parts and medical conditions that are covered under this Article and authorized by the Commission under R20-5-1301(B) and (C).

“Claim” means the workers’ compensation claim filed by the injured employee under the Act.

“Contractor” means an independent peer review organization accredited by URAC.

“Fast Track ALJ Dispute Resolution Program” or “fast track process” means the voluntary dispute resolution process set forth in R20-5-1312(B).

“International Classification of Diseases Code” or “ICD Code” means a set of medical diagnostic codes that creates a universal language for reporting diseases and injury.

“International Classification of Diseases” or “ICD” means an official list of categories of diseases, physical and mental, that is issued and maintained by the World Health Organization.

“IME” means an independent medical examination scheduled under R20-5-114.

“Injured Employee” means a person defined in A.R.S. § 23-901 whose claim has been accepted for workers’ compensation benefits.

“Medical File Review Opinions” means a formal examination of patient data and medical records for the purpose of determining the need for medical treatment, services or both.

“Payer” means an insurance carrier defined under A.R.S. § 23-901, a self-insured employer defined in R20-5-102, a third-party administrator, and the Special Fund of the Industrial Commission of Arizona.

“Peer Review” means an independent medical review conducted by an individual meeting the requirements of R20-5-1311(I).

“Preauthorization” means the written request prescribed by R20-5-1303 from a provider to a payer requesting approval to provide medical treatment or services to an injured employee.

“Provider” means a physician as defined in R20-5-102.

“Reconsideration” means a written request to the payer or identified review organization by an injured employee or medical provider to reconsider a previous payer decision to deny medical treatment or services and that identifies the specific justification to support the request.

“Third-Party Administrator” means an organization that processes insurance or employee benefit claims for a separate entity.

“Treatment Guidelines” or “guidelines” means medical treatment guidelines that are used as a tool to support clinical decision making and quality health care delivery to injured employees.

“URAC” refers to URAC, a non-profit organization formerly known as the Utilization Review Accreditation Commission.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

**R20-5-1303. Provider Request for Preauthorization**

- A. No preauthorization is required under the Act to ensure payment for reasonably required medical treatment or services. While preauthorization is not required under the Act, a provider may seek preauthorization as provided in this subsection.
- B. A provider shall submit a request for preauthorization in writing using Section I (Provider Request for Preauthorization) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12). A provider shall attach documentation to a request for preauthorization that supports the medical necessity and appropriateness of the treatment or services requested, such as office notes and diagnostic reports.
- C. A provider may submit the request for preauthorization by mail, electronically or by fax.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

**R20-5-1304. Payer Denial of Request for Preauthorization**

- A. A payer shall not deny a request for preauthorization solely because the guidelines do not address the requested treatment or services.
- B. A payer shall not deny a request for preauthorization that is supported by the guidelines, unless the payer can rebut the presumption of reasonableness and correctness with a medical or psychological opinion establishing by a preponderance of the evidence that there is a contraindication or significant medical or psychological reason not to authorize the requested treatment or services. Upon request by the provider or injured employee, a denial of preauthorization in this situation shall be processed as an immediate referral to the Commission for administrative review as provided in R20-5-1311 unless the payer obtains an IME in support of its denial. If the payer obtains an IME which serves as the basis for the denial, then

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review of the payer's decision shall be processed as a request for investigation under A.R.S. § 23-1061(J) if filed by the injured employee.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2).

**R20-5-1305. Payer Denial of Payment for Provided Treatment or Services**

- A. A payer shall not deny payment for provided treatment or services solely because the guidelines do not address the requested treatment or services.
- B. A payer shall not deny payment for provided treatment or services supported by the guidelines, unless the payer can rebut the presumption of reasonableness and correctness with a medical or psychological opinion establishing by a preponderance of the evidence that there is a medical contraindication or significant medical or psychological reason not to pay for the treatment or services.
- C. A dispute related to a payer's failure to pay for provided treatment or services may be processed as a request for investigation under A.R.S. § 23-1061(J) if filed by an injured employee.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2).

**R20-5-1306. Payer Reversal of Decision to Deny Treatment or Services**

A payer may reverse its decision to deny treatment or services at any time throughout the process described in this Article. In this situation, the payer's subsequent authorization or agreement to pay for the treatment or services at issue shall end this process.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2).

**R20-5-1307. Payer Decision, In Whole or In Part**

A payer may issue a decision approving or denying a request for preauthorization in whole, or in part.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2).

**R20-5-1308. Failure to Comply with Required Time Limits**

A payer's failure to comply with the required time limits of this process may be considered unreasonable delay under R20-5-163.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2).

**R20-5-1309. Payer Decision on Request for Preauthorization**

- A. Except as provided in subsections (C) or (D), a payer shall communicate to the provider its decision on a request for preauthorization no later than 7 business days after the request is received. The decision shall be issued in writing using Section II (Payer Decision on Request for Preauthorization) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12). A payer shall attach to the decision a statement of what has been authorized, including, if applicable, a partial authorization, and, if the request for preauthorization is denied, in whole or in part, a statement of explanation that includes the medical reason supporting the payer's decision. For purposes of this Section, the 7 business days begin to run the day after the payer receives the request.

- B. If a payer fails to communicate to a provider its decision on request for preauthorization within 7 business days, then the payer's failure to take action is deemed a "no response" and the provider or injured employee may submit a request for administrative review directly to the Commission as provided in R20-5-1311.
- C. If a payer receives a request for preauthorization not submitted on Section I (Provider Request for Preauthorization) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12) or an incomplete request for preauthorization using Section I (Provider Request for Preauthorization) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12), the payer shall:
  1. No later than 7 business days after the request is received and identified, act on the request for preauthorization pursuant to subsection (A); or
  2. No later than 7 business days after the request is received and identified, notify the provider in writing that the request for preauthorization is incomplete or, if applicable, that a request for preauthorization must be submitted on Section I (Provider Request for Preauthorization) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12).
- D. If, no later than 7 business days after a request for preauthorization has been received, a payer provides written notice to the provider that an IME has been requested under R20-5-114 using Section II (Payer Decision on Request for Preauthorization) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12), then the payer's decision on a request for preauthorization shall be issued no later than 7 business days after the final IME report has been received by the payer. The payer shall provide a copy of the final IME report to the provider upon receipt of the IME report.
- E. Unless the payer decision was supported by an IME or otherwise falls within subsection R20-5-1304(B), an injured employee or provider may seek reconsideration of a payer decision by submitting a written request to the payer (or review organization identified by the payer) using Section III (Provider or Employee Request for Reconsideration) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12). A provider shall attach to a request for reconsideration a statement of the specific reasons and justifications to support the request. If not previously provided, the injured employee or provider shall attach supporting medical documentation with the request for reconsideration.
- F. An injured employee may seek review of a payer decision that is supported by an IME by requesting an investigation under A.R.S. § 23-1061(J).
- G. Unless the decision was supported by an IME, an injured employee or provider may seek review of a payer decision issued under R20-5-1304(B) by requesting administrative review by the Commission as provided in R20-5-1311.
- H. A payer shall provide a copy of its written decision to deny treatment or services to the injured employee or, if represented, to the injured employee's authorized representative.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

**R20-5-1310. Payer Reconsideration on Request for Preau-**

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**thorization**

- A.** Except as provided in subsection (C), a payer shall communicate to the provider its decision on a request for reconsideration no later than 7 business days after the request is received. This decision shall be issued in writing using Section IV (Payer Decision on Request for Reconsideration) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12). A payer shall attach to the decision a statement of what has been authorized, including, if applicable, a partial authorization, and, if the request for preauthorization is denied, in whole or in part, a statement of explanation that includes the medical reason supporting the payer's decision. For purposes of this subsection, the 7 business days begin to run the day after the payer receives the request for reconsideration.
- B.** If a payer fails to respond to a request for reconsideration within 7 business days, the provider or injured employee may submit a request for administrative review directly to the Commission as provided in R20-5-1311.
- C.** If, no later than 7 business days after a request for reconsideration has been received, a payer provides written notice to the provider that an IME has been requested under R20-5-114 using Section IV (Payer Decision on Request for Reconsideration) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12), then the payer's decision on a request for reconsideration shall be issued no later than 7 business days after the final IME report has been received by the payer. The payer shall provide a copy of the final IME report to the provider upon receipt of the report.
- D.** Commission Review of Payer Reconsideration Decision:
1. An injured employee or provider may seek review of a payer reconsideration decision by requesting an administrative review by the Commission as provided in R20-5-1311 unless the payer decision was supported by an IME.
  2. An injured employee may seek review of a payer reconsideration decision that is supported by an IME by requesting an investigation under A.R.S. § 23-1061(J).
- E.** A payer shall provide a copy of its written reconsideration decision to deny treatment or services to the injured employee or, if represented, to the injured employee's authorized representative.
- Historical Note**  
New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).
- R20-5-1311. Administrative Review by Commission**
- A.** Absent further action of the Commission under R20-5-1301(C), administrative review under this Article is available for requests for medical treatment or services related to all body parts and conditions.
- B.** A request for administrative review shall be in writing using Section V (Provider or Employee Request for Administrative Peer Review) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12). A request for administrative review must attach copies of relevant medical information or records and copies of all documentation related to the payer's decision or non-response. A request for administrative review must be submitted to the Commission by mail, electronically or by fax.
- C.** Upon receipt of a request for administrative review, the Commission shall determine whether the administrative review is available under this Article.
1. If administrative review is not available, then no later than three business days after receiving a request for administrative review, the Commission shall send notice to the injured employee and payer that administrative review is not available.
  2. If administrative review is available, then no later than three business days after receiving the request, the Commission shall send notice to the payer that a request for administrative review has been received and provide information on how to participate in the process.
- D.** The administrative review conducted under this Section shall apply the guidelines as described in this Article and include a peer review performed by an individual meeting the requirements of subsection (I). The peer review shall consist of a records review and, when possible as described in subsection (I)(5), a conversation between the provider and individual conducting the peer review.
- E.** The Commission may enter into an agreement with one or more contractors, who shall be URAC accredited, to provide the review described in subsection (D).
- F.** The payer shall pay for the costs of the peer review conducted by the contractor.
- G.** To assist in its review, the Commission or its contractor may request or receive additional information and documentation from the provider, injured employee or payer, who shall cooperate and provide the Commission or its contractor with any necessary medical information, including information pertaining to the payer's decision.
- H.** Before the Commission or its contractor issues a determination denying the request for treatment or services, a good faith effort shall be made to conduct a peer review with the provider requesting authorization to perform the treatment or services.
- I.** The individual conducting the peer review shall:
1. Hold an active, unrestricted license or certification to practice medicine or a health profession and be involved in the active practice of medicine or a health profession during the five preceding years. For purposes of this subsection, "active practice" means performing patient care for a minimum of eight hours per week in one of the five preceding years;
  2. Be licensed in Arizona, unless the Commission or its contractor is unable to find such an individual, in which case the peer review may be conducted by an individual who is licensed in another state of the United States and who meets the other requirements of this subsection;
  3. For a review of a request from an allopathic or osteopathic physician, nurse practitioner, physician assistant, or other mid-level provider, hold a current certification from the American Board of Medical Specialties or the American Osteopathic Association in the area or areas appropriate to the condition, procedure or treatment under review;
  4. Be in the same profession and the same specialty or subspecialty as typically performs or prescribes the medical procedure or treatment requested; and
  5. Make a good faith effort to contact the provider requesting the preauthorization. This good faith effort shall include making telephone contact during the provider's normal business hours and offering to schedule the peer review at a time convenient for the provider.
- J.** A provider may bill the payer for time spent participating in a peer review under this Section.
- K.** The Commission or its contractor shall issue a written determination of its administrative review that contains the name and

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title of the person that performed the administrative review, and includes the following information:

1. Whether the request for treatment or services is authorized or denied, in whole or in part;
  2. The information reviewed;
  3. The principle reason for the decision; and
  4. The clinical basis and rationale for the decision.
- L.** An interested party dissatisfied with the administrative review determination may request that the dispute be referred to the Commission's Administrative Law Judge Division for hearing. This request for hearing shall:
1. Be in writing;
  2. Filed no later than 10 business days after the administrative review determination is issued; and
  3. State whether the party requests to participate in the Fast Track ALJ Dispute Resolution Program by stipulation, or declines to participate in the Fast Track ALJ Dispute Resolution Program.
- M.** If a timely request for hearing is filed, the administrative review determination is deemed null and void and shall serve no evidentiary purpose.
- N.** The information provided by the parties under this Section and the determination issued by the Commission shall become a part of the Commission claims file for the injured employee.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

**R20-5-1312. Hearing Process**

- A.** A referral of a request for hearing under R20-5-1311(L) shall be processed as provided for in the Act unless all parties agree to participate in the fast track process.
- B.** The following applies only to the Fast Track ALJ Dispute Resolution Program:
1. Parties must agree to participate in the Fast Track ALJ Dispute Resolution Program with the understanding that a short form decision will be issued.
  2. Review by the presiding ALJ shall be limited to the treatment or service dispute considered at the administrative review under R20-5-1311.
  3. The presiding ALJ shall issue a notice of hearing within 10 business days of the receipt of the fully executed agreement to participate and certificate of readiness.
  4. The hearing shall be held within 30 calendar days from the day that the notice of hearing is issued to the extent practicable.
  5. Discovery is limited to five interrogatories and no depositions are permitted.
  6. The presiding ALJ shall take all lay witness testimony at the time of the hearing and will not hold any further hearings.
  7. The presiding ALJ shall consider documentary medical evidence only; no medical testimony shall be taken.
  8. Medical file review opinions shall be deemed to constitute substantial evidence to support the requested treatment or service.
  9. All documentary evidence shall be submitted no later than 10 business days before the scheduled hearing.
  10. The hearing shall be recorded, but not transcribed, unless one or more of the parties files a request for review under A.R.S. § 23-942 and A.R.S. § 23-943.

11. The presiding ALJ shall issue a short form decision within five business days after the matter is deemed submitted.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2).

**ARTICLE 14. MUNICIPAL FIREFIGHTER CANCER REIMBURSEMENT FUND AND FIREFIGHTER AND FIRE INVESTIGATOR CANCER CLAIM REPORTING****R20-5-1401. Application of the Article and Definitions**

- A.** This Article applies to reimbursement claims submitted to the Municipal Firefighter Cancer Reimbursement Fund under Arizona Revised Statutes ("A.R.S."), Title 23, Chapter 11, and firefighter and fire investigator cancer claim reporting under A.R.S. § 23-971.
- B.** The definitions in A.R.S. §§ 23-1701 and 23-901.09 apply in this Article.
- C.** "Cancer-related claims" as used in A.R.S. § 23-971 and this Article shall mean Arizona workers' compensation claims involving any disease, infirmity, or impairment of health that is caused by cancer.
- D.** "Fiscal year" or "reporting period" shall mean the 12-month cycle that begins on July 1 and ends on June 30.
- E.** "Loss valuation date" shall mean the last day of the reporting period and the date on which firefighter and fire investigator cancer claim data shall be determined for reporting purposes.
- F.** An "open" claim shall mean a workers' compensation claim that is eligible for temporary compensation and/or active medical treatment. A "closed" claim shall mean a workers' compensation claim in which temporary compensation and active medical treatment have been terminated.

**Historical Note**

New Section made by final exempt rulemaking at 27 A.A.R. 2920 (December 17, 2021), effective January 1, 2022 (Supp. 21-4). Amended by final rulemaking at 28 A.A.R. 1483 (June 24, 2022), with an immediate effective date of June 10, 2022 (Supp. 22-2).

**R20-5-1402. Reimbursement Claims**

- A.** A Municipal Payor seeking reimbursement from the Fund shall submit a reimbursement claim in writing on the Municipal Firefighter Cancer Reimbursement Form approved by the Commission.
- B.** The Municipal Firefighter Cancer Reimbursement Form shall include the following attestations, which shall be made by an authorized representative of a Municipal Payor seeking reimbursement from the Fund:
1. The reimbursement request includes only eligible compensation and benefits paid under A.R.S. § 23-1702(A) on municipal firefighter or municipal fire investigator workers' compensation claims accepted under A.R.S. § 23-901.09.
  2. The reimbursement request only includes amounts actually paid by the Municipal Payor for compensation and benefits under A.R.S. § 23-1702(A) during the immediately preceding fiscal year.
  3. The reimbursement request does not include amounts paid for expenses relating to case management, vocational rehabilitation, or similar nonmedical costs.
  4. The information included in, or submitted with, the Municipal Firefighter Cancer Reimbursement Form is true and correct.

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- C. The Municipal Firefighter Cancer Reimbursement Form shall not be changed, amended, or otherwise altered without the prior written approval of the Commission.
- D. A Municipal Payor seeking reimbursement from the Fund for compensation and benefits paid during a fiscal year shall submit a reimbursement claim to the Commission between July 1 and August 31 immediately following the applicable fiscal year.
- E. Failure to timely submit a reimbursement claim for compensation and benefits paid during a fiscal year before the claim submission deadline in subsection (D) will be deemed a waiver of the right of the Municipal Payor to request reimbursement for amounts paid during the applicable fiscal year. Failure to include all eligible compensation or benefits in a reimbursement claim before the claim submission deadline in subsection (D) will be deemed a waiver of the right of the Municipal Payor to request reimbursement for any omitted amounts paid during the applicable fiscal year.
- F. The Commission shall process reimbursements pursuant to A.R.S. § 23-1702(C) on or before December 31 of each year.
- G. The maximum annual amount of aggregate reimbursements paid by the Fund shall in no event exceed the total amount of monies in the Fund as of close of business on June 30 of the applicable fiscal year.

**Historical Note**

New Section made by final exempt rulemaking at 27 A.A.R. 2920 (December 17, 2021), effective January 1, 2022 (Supp. 21-4).

**R20-5-1403. Recordkeeping and Record Inspections**

- A. Municipal Payors seeking reimbursement from the Fund shall maintain all records supporting amounts included in a reimbursement claim for at least ten years after the reimbursement claim is filed.
- B. Municipal Payor records supporting amounts included in a reimbursement claim shall always be open for inspection by the Commission or representatives of the Commission to ascertain information necessary for its administration of A.R.S. §§ 23-1701 through 23-1703. Upon request, a Municipal Payor shall make such records available to the Commission within 30 days.

**Historical Note**

New Section made by final exempt rulemaking at 27 A.A.R. 2920 (December 17, 2021), effective January 1, 2022 (Supp. 21-4).

**R20-5-1404. Fund Overpayments**

- A. A Municipal Payor that discovers an error in a reimbursement claim which may result or has resulted in an overpayment from the Fund shall notify the Commission of the error within three business days of discovery of the error.
- B. Overpayments made by the Fund to Municipal Payors that are discovered through inspection of records, or otherwise, shall be returned to the Fund by the applicable Municipal Payor within 30 days of notification by the Commission.

**Historical Note**

New Section made by final exempt rulemaking at 27 A.A.R. 2920 (December 17, 2021), effective January 1, 2022 (Supp. 21-4).

**R20-5-1405. Cancer Claim Reporting Method; Frequency; Deadlines; Duration**

- A. Cancer-related claim reporting under A.R.S. § 23-971 and this Article shall be performed electronically through the commission's electronic claims portal. Insurance carriers, self-insured

employers, self-insurance pools, or a designee (including third-party administrators or an adjuster) are authorized to complete required claim reporting. Duplicate reporting of the same claim information is prohibited.

- B. Subject to the claim reporting durations specified in subsection (D), insurance carriers, self-insured employers, and self-insurance pools subject to A.R.S. § 23-971 shall annually report the data elements specified in R20-5-1407 and R20-5-1408 for cancer-related claims filed by or on behalf of firefighters and fire investigators.
- C. Claim data reported pursuant to subsection (B) shall be determined as of the loss valuation date for the applicable reporting period.
- D. Claim reporting shall be completed within 31 days after each applicable reporting period, i.e., no later than July 31 of each year.
- E. Claim reporting under A.R.S. § 23-971 is subject to the following claim reporting durations:
  1. Denied Claims: Reported one time following the reporting period during which the claim is denied by a notice of claim status. Reporting is not required for claims denied prior to July 1, 2021.
  2. Claims Accepted on or after July 1, 2021: Reported for the longer of: (a) the duration the claim remains open plus two additional annual reports after the claim is closed; or (b) ten annual reports after acceptance of the claim.
  3. Claims Accepted before July 1, 2021: If the claim was open on July 1, 2021, the claim shall be reported for the duration the claim remains open plus two additional annual reports after the claim is closed. If the claim was closed as of July 1, 2021, and was accepted on or after July 1, 2011, the claim shall be reported for two annual reports. If the claim was closed as of July 1, 2021, and was accepted prior to July 1, 2011, reporting is not required.
  4. Reopened Claims: Reported for the longer of: (1) the duration the claim remains open (following acceptance of the petition to reopen), plus two additional annual reports after the claim is closed; or (2) ten annual reports after acceptance of the petition to reopen.
  5. Claims that Develop into Cancer-Related Claims: If a claim develops into a cancer-related claim, reporting should begin following the reporting period in which the claim developed into a cancer-related claim. In these circumstances, the claim shall be reported for the longer of: (1) the duration the claim remains open plus two additional annual reports after the claim is closed; or (2) ten annual reports.
  6. Non-Cancer-Related Claims: If a cancer-related claim develops into a claim that no longer meets the definition of a cancer-related claim, no further annual reporting is required.
  7. Informational Claims: Claims that have been filed but have not been accepted or denied as of the applicable loss valuation date shall not be reported.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1483 (June 24, 2022), with an immediate effective date of June 10, 2022 (Supp. 22-2).

**R20-5-1406. Cancer Reporting; Required General Data Elements**

- A. Name of Data Provider (i.e., What entity is reporting the data?): The name of the insurance carrier, self-insured

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employer, self-insurance pool, or designee submitting the cancer-related claim data.

- B. Data Provider Type Code: Insurance Carrier; Self-Insured Employer; Self-Insurance Pool; Third-Party Administrator; or Other Designee.
- C. Name of Person Submitting Data: The name of the individual submitting the cancer-related claim data.
- D. Name of Data Provider Primary Contact: The name of the individual designated by the Data Provider who can be contacted regarding the data submission. (May be the same as the "Name of Person Submitting the Data.")
- E. Data Provider Primary Contact Phone Number: The phone number of the Data Provider Primary Contact.
- F. Data Provider Primary Contact Email Address: The email address of the Data Provider Primary Contact.
- G. Loss valuation date: The last day of the 12-month reporting period.
- H. Total Number of New Cancer-Related Claims: Total number of cancer-related claims filed by or on behalf of firefighters and fire investigators during the applicable reporting period (whether or not the claims are included in the detailed reporting).
  1. Accepted: Total number of new cancer-related claims accepted during the applicable reporting period.
  2. Denied: Total number of cancer-related claims denied during the applicable reporting period.
  3. Pending: Total number of cancer-related claims pending decision on the applicable loss valuation date.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1483 (June 24, 2022), with an immediate effective date of June 10, 2022 (Supp. 22-2).

**R20-5-1407. Cancer Reporting; Required Claim-Specific Data Elements**

- A. Unique Claim Identifier: The unique, alphanumeric claim identifier (up to 20 characters, but no less than seven characters) assigned by the carrier, self-insured employer, or self-insurance pool to a specific claim. The claim identifier shall remain the same throughout the life of the claim. Usage of the commission's claim number is prohibited. Usage of claimant name, personally-identifiable information, or carrier/self-insured employer/self-insurance pool name in identifier is prohibited.
- B. Transaction Type Code: The code that identifies a report as an initial report (01) or subsequent report (02).
- C. Occupational Descriptor Code: (01) = Firefighter (02) = Fire Investigator.
- D. Sex Code: The sex of the injured worker. (M = Male, F = Female, N = Not Reported.)
- E. Birth Year: The 4-digit birth year of the injured worker.
- F. Year Claim Reported: The 4-digit year the claim was reported to the carrier/self-insured employer/self-insurance pool.
- G. Year of Loss: The 4-digit year when the injury (cancer) became manifest.
- H. Year of Hire: The 4-digit year when the injured worker was hired by the employer as a firefighter or fire investigator (either full-time or part-time). If unknown, enter (U).
- I. Name of Carrier, Self-Insured Employer, or Self-Insurance Pool: Complete business name of insurance carrier or self-insured employer/pool responsible for the claim.
- J. Employer Name: The complete business name of the employer (including a DBA, if applicable) related to the claim.
- K. County Code: The code corresponding to Arizona county primarily served by the employer (01) = Apache; (2) = Cochise; (3) = Coconino; (4) = Gila; (5) = Graham; (6) = Greenlee; (7) = La Paz; (8) = Maricopa; (9) = Mohave; (10) = Navajo; (11) = Pima; (12) = Pinal; (13) = Santa Cruz; (14) = Yavapai; (15) = Yuma.
- L. Claim Acceptance Date: The date the claim was first accepted as compensable. If the claim was denied, enter (D).
- M. Claim Denial Code: The code corresponding to the reason a claim was denied. (01) = Claim not compensable; (02) No coverage; (03) Other reason. If the claim was accepted, enter (A).
- N. Claims Status Code: The code corresponding to the claim's status as of the loss valuation date. (01) = claim is open (not reopened) on the loss valuation date; (02) = claim is closed on the loss valuation date; (03) = claim is reopened on the loss valuation date. If the claim was denied, enter (D).
- O. Benefit Code: The code that identifies under which provision of the law benefits are being paid on the loss valuation date. (01) = Death; (02) = Permanent Total Disability; (03) Permanent Partial Disability - Unscheduled; (04) Permanent Partial Disability - No Loss; (05) Temporary Total Disability; (06) Temporary Partial Disability; (07) Claim Denied.
- P. Settlement Code: (00) = Claim not subject to settlement during the reporting period; (01) = Full and final settlement during the reporting period; (03) Stipulated award during the reporting period; (05) Noncompensable settlement during the reporting period; (06) = Compromise settlement during the reporting period; (09) Other settlement during the reporting period; (10) Multiple settlements during the reporting period.
- Q. Lump Sum Indicator: Indicates whether the claim has been settled by a lump sum amount. N = No; Y = Yes.
- R. Closed Date: If the claim closed during the reporting period, report the date of claim closure. (Required if the claim closed during the reporting period.)
- S. Reopened Date: If the claim re-opened during reporting period, report the date of claim reopening. (Required if the claim reopened during the reporting period.)
- T. Primary Type of Cancer Code: The primary type of cancer involved in the claim on the loss valuation date. Options are brain (01), bladder (02), rectal (03), colon (04), lymphoma (05), leukemia (06), adenocarcinoma (07), mesothelioma of the respiratory tract (08), buccal cavity (09), pharynx (10), esophagus (11), large intestine (12), lung (13), kidney (14), prostate (15), skin (16), stomach (17), ovarian (18), breast (19), testicular (20), non-Hodgkin's lymphoma (21), multiple myeloma (22), and malignant melanoma (23). Non-listed cancers may be designated as "other" (30).
- U. Secondary Type of Cancer Code: If applicable, the secondary type of cancer involved in the claim on the loss valuation date. Options are brain (01), bladder (02), rectal (03), colon (04), lymphoma (05), leukemia (06), adenocarcinoma (07), mesothelioma of the respiratory tract (08), buccal cavity (09), pharynx (10), esophagus (11), large intestine (12), lung (13), kidney (14), prostate (15), skin (16), stomach (17), ovarian (18), breast (19), testicular (20), non-Hodgkin's lymphoma (21), multiple myeloma (22), and malignant melanoma (23). Non-listed cancers may be designated as "other" (30). (Required if applicable.)
- V. Amounts Paid (as of loss valuation date):
  1. Indemnity Paid: The total amount of paid indemnity for the claim as of the loss valuation date. These losses consist of all paid benefits due to an employee's lost wages or inability to work, including compensation paid to a deceased claimant prior to death, burial expense, claimant's attorney fees, vocational rehabilitation benefits, indemnity settlement payments, and employer's liability

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losses and expenses. Allocated loss adjustment expense ("ALAE") for other than employer's liability coverage shall be excluded from indemnity losses.

2. Medical Paid: The total amount of medical losses paid for the claim as of the loss valuation date, including medical settlement payments.
3. ALAE Paid: The total amount of ALAE paid for the claim as of the loss valuation date.
4. Death Benefits Paid: The total amount of death benefits paid for the claim as of the loss valuation date.

**W. Incurred Amounts (as of loss valuation date):**

1. Incurred Indemnity Amount: The total of "Indemnity Paid" plus the current outstanding reserve indemnity benefits, excluding loss adjustment expenses (e.g., ALAE and unallocated loss adjustment expense ("ULAE")).
2. Incurred Medical Amount: The total of "Medical Paid" plus the current outstanding reserve medical benefits, excluding loss adjustment expenses (e.g., ALAE and ULAE).
3. Incurred ALAE Amount: The total of "ALAE Paid" plus the current outstanding reserve ALAE.
4. Incurred Death Benefits Amount: The total of "Death Benefits Paid" plus the current outstanding reserve death benefits, excluding loss adjustment expenses (e.g., ALAE and ULAE).

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1483 (June 24, 2022), with an immediate effective date of June 10, 2022 (Supp. 22-2).

**ARTICLE 15. WORKERS' COMPENSATION SELF-INSURANCE**

**R20-5-1501. Definitions**

In addition to the definitions provided in A.R.S. § 23-901, the following definitions apply to this Article:

1. "Act" means the Arizona Workers' Compensation Act, A.R.S. § 23-901 et seq.
2. "Administrator" means an individual or organization designated by a Self-Insurance Pool Board to manage the daily operations of a Self-Insurance Pool.
3. "Agreement to Process and Pay" means a written agreement that requires an entity to process and pay or guaranty the payment of another entity's liabilities.
4. "Applicant" means an entity or pool seeking initial or renewal authority to self-insure for workers' compensation, a Self-Insurance Pool seeking to add a new member, or a Self-Insurer seeking to Self-Administer.
5. "Authorization Date" means the date designated by the Commission on which self-insurance authority begins.
6. "Basic Premium Factor" means a factor used in the Retrospective Rating Plan formula to represent expenses of the Self-Insurer, such as acquisition, audit, administration, and profit or contingencies, but not taxes.
7. "Cash Flow Ratio" means a numerical relationship that reflects an entity's ability to meet current financial obligations out of cash flow and is calculated as follows: (cash flow from operations) divided by (current liabilities).
8. "Claim" or "claim" means a workers' compensation claim.
9. "Deviation Rate" means the rate applied to the Manual Premium to calculate a discount from the Manual Premium.
10. "D-Ratio" means a factor used in the Ex-Medical Plan that reflects the ratio of primary expected losses and total expected losses.
11. "Division" means the self-insurance office of the Commission.
12. "Ex-Medical Plan" means a method of determining the premium upon which taxes are calculated that provides for rate revisions based upon the Self-Insurer operating a medical facility with a program for providing medical, surgical, or hospital services to a majority of the Self-Insurer's employees that complies with the requirements of A.R.S. § 23-1070.
13. "Experience Modification Rate" means a ratio comparing actual losses to expected losses based on a formula determined by an approved Rating Organization or the Commission.
14. "Fiscal Year" or "fiscal year" means a 12-month financial or accounting period.
15. "Fixed Premium Plan" means a method of determining the premium upon which taxes are calculated in which neither losses nor incurred loss reserves are used for the net taxable premium calculation.
16. "Guaranteed Cost Plan" means a method of determining the premium upon which taxes are calculated that provides for a direct relationship, on an annual basis, of the premium for tax purposes and the Experience Modification Rate developed to reflect the loss payment and incurred loss experience of the Self-Insurer.
17. "Local Government Investment Pool" means a pooled investment fund operated by the Arizona State Treasurer according to A.R.S. § 35-326.
18. "Loss Conversion Factor" means a factor used in the Retrospective Rating Plan formula that is used to cover unallocated claims and the costs of the Self-Insurer's claims services.
19. "Manual Premium" means the aggregate payroll by individual Payroll Classification Code multiplied by the Payroll Classification Rate.
20. "Member" or "member" means an employer described in A.R.S. §§ 11-952.01, 15-382 23-961.01, or 41-621.01 that has joined with other employers to operate a Self-Insurance Pool.
21. "Parent Company" means a company that has sufficient ownership in another entity (the Subsidiary) to have control, directly or indirectly, of the Subsidiary.
22. "Payroll" or "payroll" means the total wages and salaries paid by an employer.
23. "Payroll Classification Code" means a four-digit numerical code assigned by a Rating Organization or the Commission to differentiate between the various job duties or scope of work performed by employees.
24. "Payroll Classification Rate" means a rate assigned to an individual Payroll Classification Code by a Rating Organization or the Commission.
25. "Public Entity" means an individual employer that is a state, county, municipality, school district, or any other entity with taxing authority.
26. "Public Entity Pool" means a workers' compensation pool organized under A.R.S. §§ 11-952.01, 15-382, or 41-621.01.
27. "Public Entity Trust Fund" means an internal service fund or sub-fund dedicated to workers' compensation or risk management established by a Public Entity from which money is used to pay workers' compensation claim liabilities and expenses.



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28. "Rating Organization" means an entity that meets the requirements of A.R.S. § 20-363 and is approved by the Department of Insurance and Financial Institutions to establish rates, codes, and formulas used to calculate workers' compensation premiums.
29. "Renewal Date" means the date designated by the Commission by which a renewal application shall be filed with the Division.
30. "Reserves" or "reserves" means an amount of money that is set aside to satisfy the financial and legal obligations associated with a workers' compensation claim or group of claims.
31. "Resolution of Authorization" means a document issued by the Commission that grants authority to self-insure for purposes of workers' compensation.
32. "Retrospective Rating Plan" means a method of determining the premium upon which taxes are calculated that provides for a relationship between the premiums for tax purposes, the Experience Modification Rate developed to reflect the loss payment and incurred loss experience of the Self-Insurer, and the actual incurred losses for the tax year.
33. "Security" or "security" means any financial instrument authorized by R20-5-1521 through R20-5-1524, or appropriate documents renewing, amending, or continuing any of these.
34. "Self-Administer" means the process under which a Self-Insurer administers its own claims, once approved by the Division.
35. "Self-Insurance Pool" means a Public Entity Pool or Similar Industry Pool.
36. "Self-Insurance Pool Board" means a body of individuals that directs a Self-Insurance Pool according to R20-5-1527.
37. "Self-Insurer" means an entity authorized by the Commission to self-insure for workers' compensation and may include a Public Entity, an individual private employer under A.R.S. § 23-961(A)(2), a Public Entity Pool, or a Similar Industry Pool.
38. "Similar Industry Pool" means a pool with members in similar industries as authorized by A.R.S. § 23-961.01.
39. "Subsidiary" means an entity of which a Parent Company has sufficient ownership to have control, directly or indirectly.
40. "Third-Party Administrator" means an organization that processes workers' compensation claims for a Self-Insurer.
41. "Workers' Compensation Pool Loss Account" means an account or sub-account in the Workers' Compensation Pool Operations Account established by a Self-Insurance Pool from which money is used to pay workers' compensation claims, liabilities, and expenses.
42. "Workers' Compensation Pool Operations Account" means an account or sub-account into which premiums, investment proceeds, and other revenues are deposited for purposes of a Self-Insurance Pool.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1502. Computation of Time; Extension of Time Limits**

- A. In computing any time period prescribed or allowed by this Article, the day of the event from which the time period begins

to run shall not be included, but the last day of the period computed shall be included unless it is a Saturday, Sunday, or legal holiday, in which event the period shall run until the end of the next day that is not a Saturday, Sunday, or legal holiday. When the time period prescribed or allowed is less than 11 days, intermediate Saturdays, Sundays, and legal holidays shall not be included in the computation of time.

- B. Except as otherwise precluded by law, the Division may extend time limits prescribed by this Article for good cause. A request for an extension of a time limit shall be filed with the Division in writing and shall state the reasons for the request.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1503. Forms and Reports**

The following forms, available at <http://www.azica.gov> and upon request from the Division, shall be used when applicable:

1. Initial Application for Authority to Self-Insure Form,
2. Self-Insurance Renewal Application Form,
3. New Pool Member Application Form,
4. Workers' Compensation Liability Form,
5. Application to Self-Administer Form,
6. Self-Provider of Medical Benefits Form,
7. Parent Guaranty Form,
8. Workers' Compensation Guaranty Bond Form,
9. Statutory Deposit Agreement Form,
10. Custody Agreement Form,
11. Request for Waiver of Security Form,
12. Notice of Termination of Self-Insurance Form,
13. Annual Payroll Report Form,
14. Annual Medical Report Form,
15. Annual Injury Report Form,
16. Annual Hospital Report Form,
17. Quarterly Tax Payment Form.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1504. Self-Insurance Criteria**

- A. A Public Entity may file an application for authority to self-insure if:
  1. The Public Entity's annual payroll is at least \$2 million; and
  2. The Public Entity's total assets are at least \$25 million.
- B. An individual employer that is not a Public Entity may file an application for authority to self-insure if:
  1. The employer has been engaged in business in Arizona for at least five consecutive years immediately before the prospective Authorization Date;
  2. The employer's annual Arizona payroll is at least \$2 million, including the combined payrolls of any Subsidiaries that will be covered by the self-insurance program; and
  3. The employer meets one of the following criteria:
    - a. The employer's total assets are at least \$25 million; or
    - b. The employer's net worth is at least \$5 million and Cash Flow Ratio is at least 0.25.
- C. A Public Entity Pool may file an application for authority to self-insure if:
  1. The requirements set forth in A.R.S. §§ 11-952.01, 15-382, or 41-621.01, as applicable, are satisfied;

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2. The combined annual payroll of the members of the Public Entity Pool is at least \$2 million; and
  3. The combined net worth of the members of the Public Entity Pool is at least \$1 million.
- D.** A Similar Industry Pool may file an application for authority to self-insure if:
1. The requirements set forth in A.R.S. § 23-961.01 are satisfied;
  2. The members of the Similar Industry Pool have been engaged in business in Arizona for at least five consecutive years immediately before the prospective Authorization Date;
  3. The combined annual Arizona payroll of the members of the Similar Industry Pool is at least \$2 million; and
  4. The combined net worth of the members of the Similar Industry Pool is at least \$1 million.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1505. Initial Application Requirements**

- A.** An individual employer or pool seeking to apply for initial authority to self-insure shall file with the Division a completed Initial Application for Authority to Self-Insure Form and the documentation and information required in subsection (B).
- B.** For an initial application to self-insure to be deemed complete, the following documentation and information shall be provided by the Applicant:
1. A resolution of the Applicant's board of directors or governing body, authorizing the filing of the application. If the Applicant does not have a board of directors or governing body, an authorized representative shall sign the resolution.
  2. A list of the aggregate payroll by Payroll Classification Code for the most current and prior two fiscal years.
  3. A copy of the Applicant's audited financial statements for the most current and prior two fiscal years, including any notes to the financial statements. If audited financial statements for the most current or prior two fiscal years are not reasonably available, internally-reviewed and signed financial statements that conform with Generally Accepted Accounting Principles may be substituted. If a new Self-Insurance Pool does not have the financial statements required by this subsection, the pool shall provide detailed projections for capitalization, cash flow, and liabilities of the pool.
  4. A detailed description of the Applicant's loss control program, including a description of existing or planned occupational safety and health requirements and training programs.
  5. Except for a new Self-Insurance Pool that does not have the information required by this subsection, a loss run of all claims incurred in Arizona from the most current complete calendar year and the prior three calendar years. The loss run must include the following information, if applicable, for each incurred claim: Payroll Classification Code, Commission claim number, employee name, date of injury, total paid medical, medical reserves, total paid indemnity (including death benefits), and indemnity reserves.
  6. If applicable, copies of excess insurance policies that meet the requirements of R20-5-1526, or written confirmation from an authorized insurance company that it will provide excess insurance coverage to the Applicant by the prospective Authorization Date.
  7. Except for a new Self-Insurance Pool that does not have the information required by this subsection, if the Applicant's Experience Modification Rate specific to Arizona for the most recent complete fiscal year is greater than 1.10, a written statement describing the causes of the inflated Experience Modification Rate and outlining remedial measures the Applicant has taken or will take to lower the Experience Modification Rate.
  8. Except for an Applicant seeking to Self-Administer under R20-5-1510, a copy of a signed agreement between the Applicant and a Third-Party Administrator or, if an agreement has not been completed, a written confirmation from a Third-Party Administrator that it will contract with the Applicant on or before the prospective Authorization Date to process workers' compensation claims for the Applicant.
  9. If an Applicant is seeking to Self-Administer, a completed Application to Self-Administer Form and the information and documentation required in R20-5-1510(C).
  10. If an eligible Applicant intends to direct medical care under A.R.S. § 23-1070, a completed Self-Provider of Medical Benefits Form, the detailed statement of the arrangements required in A.R.S. § 23-1070(B), and a copy of the current medical or hospital agreements, if applicable.
  11. If the Applicant is a Public Entity or a Public Entity Pool seeking a waiver of security under R20-5-1525, a completed Request for Waiver of Security Form and a current actuarial report that satisfies the requirements in R20-5-1513(B).
  12. If the Applicant is a Subsidiary:
    - a. A completed Parent Guaranty Form or an Agreement to Process and Pay signed by a designated representative of the Parent Company that guarantees the payment of the Subsidiary's obligations.
    - b. A resolution of the Parent Company's board of directors or governing body authorizing the designated representative to complete, sign, and file the Parent Guaranty Form or Agreement to Process and Pay. If the Parent Company does not have a board of directors or governing body, an authorized representative shall sign the resolution.
    - c. A copy of the Parent Company's audited financial statements for the most current and prior two fiscal years, including any notes to the financial statements. If audited financial statements for the most current or prior two fiscal years are not reasonably available, internally-reviewed and signed financial statements that conform with Generally Accepted Accounting Principles may be substituted.
  13. If the Applicant is a Self-Insurance Pool:
    - a. The contract or agreement required under A.R.S. §§ 11-952.01, 15-382, 23-961.01, or 41-621.01, as applicable, to establish the pool.
    - b. The articles of incorporation and bylaws governing the pool, if applicable.
    - c. The participation, coverage, and indemnity agreements between the pool and each member.
    - d. Written authorization from the board of directors or governing body of each member, authorizing membership in the pool. If a member does not have a

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board of directors or governing body, an authorized representative shall sign the written authorization.

- e. A signed resolution from the Self-Insurance Pool Board approving each member for membership in the pool.
- f. An original or a certified copy of fidelity or crime insurance policy that meets the requirements of R20-5-1528 or written confirmation from an authorized insurance company that it will issue the required fidelity or crime insurance policy on or before the prospective Authorization Date.
- g. A copy of the signed agreement or contract of hire between the Self-Insurance Pool Board and the designated Administrator.
- h. A detailed description of the underwriting program required under R20-5-1529.
- i. A current actuarial report that meets the requirements of R20-15-1513(B) and documents the rate structure needed to set member premium levels to adequately cover potential losses and expenses of the pool.
- j. For each member, a schedule showing, for the most recent complete fiscal year and the prior two fiscal years, net workers' compensation premiums paid, total workers' compensation losses incurred, and, if available, Experience Modification Rate specific to Arizona.
- k. A copy of each member's audited financial statements for the most current and prior two fiscal years, including any notes to the financial statements. If audited financial statements for the most current or prior two fiscal years are not reasonably available, internally-reviewed and signed financial statements that conform with Generally Accepted Accounting Principles may be substituted.
- l. If any member's Experience Modification Rate specific to Arizona for the most recent complete fiscal year is greater than 1.10, a written statement describing the causes of the inflated Experience Modification Rate and outlining remedial measures the member has taken or will take to lower the Experience Modification Rate.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1506. Renewal Application Requirements**

- A. A Self-Insurer seeking to apply for renewal of authority to self-insure shall file with the Division a completed Self-Insurance Renewal Application Form and the documentation and information required under subsection (B) on or before the Renewal Date or, if applicable, the date specified in subsection (D).
- B. For a renewal application to be deemed complete, the following documentation and information shall be provided by the Applicant:
  1. A copy of the Applicant's most-recent audited financial statements completed according to R20-5-1513(A), including any notes to the financial statement.
  2. A completed Workers' Compensation Liability Form.
  3. A current loss run of all open claims incurred in Arizona on or after the Authorization Date. The loss run must include the following information, if applicable, for each claim: Payroll Classification Code, Commission claim

number, employee name, date of injury, total paid medical, medical reserves, total paid indemnity (including death benefits), indemnity reserves, excess insurance carrier name (if applicable), amount of excess credit expected (if applicable), and excess insurance self-insured retention amount per occurrence (if applicable).

4. If applicable, copies of excess insurance policies that meet the requirements of R20-5-1526 or written confirmation from an authorized insurance company that it will provide excess insurance coverage to the Applicant. For each claim accepted by an excess insurance carrier on or after the Authorization Date, documentation to establish claim acceptance. For each claim submitted to an excess insurance carrier that is pending review by the excess insurance carrier, documentation to establish claim submission.
5. If the Applicant's Experience Modification Rate specific to Arizona for the most recent complete fiscal year is greater than 1.10, a written statement describing the causes of the inflated Experience Modification Rate and outlining remedial measures the Applicant has taken and will take to lower the Experience Modification Rate.
6. If the Applicant's denial rate exceeds 12% of claims filed during the prior approved period of self-insurance, a written statement from the Applicant identifying the reason or reasons for each denial.
7. Except for Applicants that have been approved to Self-Administer or are seeking to Self-Administer under R20-5-1510, a copy of the signed agreement between the Self-Insurer and a Third-Party Administrator, if different from the last filing approved by the Commission.
8. If an Applicant intends to Self-Administer, regardless of whether the Applicant has been previously approved to Self-Administer, a completed Application to Self-Administer Form and current information and documentation required under R20-5-1510(C).
9. If an eligible Applicant directs or intends to direct medical care under A.R.S. § 23-1070, a completed Self-Provider of Medical Benefits Form, the detailed statement of the arrangements required in A.R.S. § 23-1070(B), and a copy of the current medical or hospital agreements, if applicable.
10. If the Applicant is a Public Entity or a Public Entity Pool that is seeking a waiver of security under R20-5-1525, a completed Request for Waiver of Security Form and a current actuarial report that satisfies the requirements in R20-5-1513(B).
11. If the Applicant is a Subsidiary, a copy of the Parent Company's most-recent audited financial statements, including any notes to the financial statements. If audited financial statements are not reasonably available, internally-reviewed and signed financial statements that conform with Generally Accepted Accounting Principles may be substituted.
12. If the Applicant is a Subsidiary and the Parent Company has changed since the last application or renewal approved by the Commission:
  - a. A completed Parent Guaranty Form or Agreement to Process and Pay signed by a designated representative of the Parent Company that guarantees the payment of the Subsidiary's obligations.
  - b. A resolution of the Parent Company's board of directors or governing body authorizing the designated representative to complete, sign, and file the Parent Guaranty Form or Agreement to Process and

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Pay. If a Parent Company does not have a board of directors or governing body, an authorized representative shall sign the resolution.

13. If the Applicant is a Self-Insurance Pool:
  - a. Updated copies of the documentation and information required in R20-5-1505(B)(13)(a) through (c), (g), and (h), if changed since the last filing approved by the Commission.
  - b. A current actuarial report that meets the requirements of R20-5-1513(B).
  - c. An original or a certified copy of the Self-Insurance Pool's current fidelity or crime insurance policy that meets the requirements of R20-5-1528.
- C. A complete renewal application submitted to the Division before the Self-Insurer's Renewal Date shall serve to extend existing authority to self-insure until the earliest of the following:
  1. The date the Commission takes action on the application according to R20-5-1509;
  2. The date the Self-Insurer terminates self-insurance under R20-5-1518; or
  3. The date the renewal application is withdrawn.
- D. Upon written request, the Commission may temporarily extend the duration of an existing authorization to self-insure for up to 90 days after a designated Renewal Date if the Self-Insurer is working in good faith to file a complete renewal application with the Division and additional time is necessary to file a complete renewal application.
- E. If a Self-Insurer does not file a complete renewal application on or before the Renewal Date or the date specified in subsection (D), if applicable, or a renewal application is deemed withdrawn, self-insurance authority ceases and the individual employer or each member of the pool shall provide the Commission proof of compliance with A.R.S. § 23-961(A) not later than 10 days after the Self-Insurer's Renewal Date, the date specified in subsection (D), or the date the renewal application is withdrawn, whichever is later.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1507. New Member Application Requirements for Self-Insurance Pools**

- A. Except as authorized in subsection (C), a previously authorized Self-Insurance Pool seeking to add a new member shall file with the Division a completed New Pool Member Application Form and the documentation and information required in subsection (B).
- B. For a new member application to be deemed complete, the following documentation and information shall be provided by the Applicant:
  1. A resolution of the Self-Insurance Pool Board authorizing the filing of the New Pool Member Application Form.
  2. The documentation and information listed in R20-5-1505(B)(2), (B)(5), (B)(7), (B)(13)(c) through (e), and (B)(13)(j) through (l) specifically pertaining to the employer seeking to join the Self-Insurance Pool.
- C. An approved Self-Insurance Pool in good standing that has operated for one year or more may admit new members without Commission approval. Upon admission of a new member into a Self-Insurance Pool under this subsection, the Self-Insurance Pool shall provide to the Division a list of the new member's coverage locations and the documentation and

information listed in R20-5-1505(B)(13)(c) through (e) specifically pertaining to the new member.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1508. Processing of Initial, Renewal, and New Member Applications**

- A. The Division shall administratively review an initial, renewal, or new member application within 20 days of receipt of the application to determine if the application is complete. If the application is incomplete, the Division shall notify the Applicant in writing of the missing documentation or information necessary to comply with this Article.
- B. The Division shall deem an initial, renewal, or new member application withdrawn if the Applicant fails to file a complete application within 30 days of being notified by the Division that the application is incomplete according to subsection (A) or fails to submit requested information or documentation within 30 days of receiving a request under subsection (F).
- C. Unless the substantive review time frame is extended under A.R.S. § 41-1075, the Commission shall determine whether an initial, renewal, or new member application meets the substantive criteria of A.R.S. §§ 11-952.01, 15-382, 23-961, 23-961.01, and 41-621.01, and this Article, as applicable, within 60 days after the initial, renewal, or new member application is deemed complete.
- D. The overall timeframe for processing initial, renewal, and new member applications is 80 days, unless extended under A.R.S. § 41-1072 et seq.
- E. Upon the filing of a complete initial, renewal, or new member application, the Division shall review the submitted documentation and information and:
  1. Evaluate and determine whether the Applicant meets the requirements of A.R.S. §§ 11-952.01, 15-382, 23-961, 23-961.01, and 41-621.01 and this Article, as applicable;
  2. Evaluate and determine whether the Applicant has the financial ability to process and pay benefits required under the Act;
  3. Evaluate and determine whether a waiver of security is appropriate under R20-5-1525 or, if security is required, the appropriate amount of security; and
  4. If the Division recommends approval of an initial or renewal application, evaluate and determine a recommended term of self-insurance, which may not be less than one year or more than two years from the date of Commission approval under R20-5-1509.
- F. The Division may request an Applicant to provide additional information and documentation reasonably related to the Division's review and evaluation under subsection (E).
- G. The Division shall consider the following information in determining whether two or more employers meet the "similar industry" requirement in A.R.S. § 23-961.01(A):
  1. The two-digit sector designation of the most recent edition of the North American Industry Classification System assigned to the employers;
  2. The extent to which the employers are engaged in business involving similar products, services, activities, and processes; and
  3. Other relevant information describing or concerning the business of the employers.
- H. The Division shall present its evaluation, findings, and recommendations according to subsection (E) to the Commission.

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**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1509. Commission Review of Initial, Renewal, and New Member Applications**

- A. The Commission shall consider the following before approving or denying an initial, renewal, or new member application:
  1. The documentation and information submitted by Applicant according to R20-5-1505, R20-5-1506, R20-5-1507, or R20-5-1508(F);
  2. The evaluation, findings, and recommendations of the Division according to R20-5-1508; and
  3. The requirements of A.R.S. §§ 11-952.01, 15-382, 23-961, 23-961.01, and 41-621.01 and this Article, as applicable.
- B. The Commission may approve or deny an initial, renewal, or new member application or may remand an application to the Division for further review or to request additional information or documents according to R20-5-1508(F). A decision to approve, deny, or remand an application shall be made by a majority vote of a quorum of Commission members present at a public meeting.
- C. When approving an initial or renewal application, the Commission shall determine: (1) the term of self-insurance authorization, which may not be less than one year or more than two years from the date of Commission approval; (2) whether to grant a waiver of security under R20-5-1525; and (3) if security is required, the amount of security that must be posted. The Commission shall require an amount of security that reasonably reflects the Self-Insurer's future total estimated liability and is sufficient to fully protect the Special Fund in the event of an assignment under A.R.S. § 23-966, which amount may exceed the amounts specified in R20-5-1520(A).
- D. The Commission shall deny an initial, renewal, or new member application if the Commission finds either of the following:
  1. The Applicant does not meet the requirements of A.R.S. §§ 11-952.01, 15-382, 23-961, 23-961.01, and 41-621.01 or this Article, as applicable; or
  2. The Applicant is unable to process and pay benefits required under the Act.
- E. On or before the Authorization Date, following Commission approval of an initial application for self-insurance authority, or within 30 days after Commission approval of a renewal or new member application, a Self-Insurer shall:
  1. Unless the Commission has granted a waiver of security under R20-5-1525, post required security;
  2. Secure excess insurance coverage that meets the requirements of R20-5-1526, if applicable;
  3. Either obtain Division approval to Self-Administer under R20-5-1510 or complete the process of contracting with a Third-Party Administrator; and
  4. For Self-Insurance Pools, secure an active fidelity or crime insurance policy, unless the pool is exempt according to R20-5-1528(C).
- F. Upon approval of an initial, renewal, or new Member application, the Division shall serve a Resolution of Authorization on the Applicant no later than 30 days after Commission approval. The Resolution of Authorization approving an initial application shall contain the Authorization Date, the applicable Renewal Date, and the amount of security required. The Resolution of Authorization approving a renewal application shall contain the applicable Renewal Date and the amount of security required. The Resolution of Authorization approving

addition of a new member shall contain the amount of additional security the Self-Insurance Pool is required to post. The Resolution of Authorization may be electronically signed by the Commission.

- G. If the Commission denies an initial, renewal, or new member application, the Commission shall issue and serve written findings and an order on the Applicant no later than 30 days after the Commission denial. The findings and order may be electronically signed by the Commission.
- H. If an Applicant's current Experience Modification Rate specific to Arizona exceeds 1.10, the Commission may approve authorization to self-insure that is contingent upon the Applicant receiving, within six months of the Commission's approval, occupational safety and health services from either the Arizona Division of Occupational Safety and Health or a qualified occupational safety and health professional. Upon written request and for good cause shown, the Division may extend the six-month deadline for receiving safety and health consultation services.
- I. A Self-Insurer shall maintain all security, insurance policies, and contracts required under this Article during an approved period of self-insurance and while a renewal application is pending before the Commission.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1510. Processing of Workers' Compensation Claims; Authorization to Self-Administer**

- A. A Self-Insurer shall utilize a Third-Party Administrator to process workers' compensation claims unless the Division authorizes the Self-Insurer to Self-Administer.
- B. A Self-Insurer seeking to Self-Administer shall file with the Division a completed Application to Self-Administer Form and all documentation and information required under subsection (C).
- C. The Division, in consultation with the Claims Division of the Commission, shall authorize a Self-Insurer to Self-Administer if the Self-Insurer provides documentation and information establishing the following:
  1. The Self-Insurer has facilities and equipment sufficient to manage, process, and store its own information pertaining to the Self-Insurer's workers' compensation claims;
  2. The Self-Insurer's workers' compensation claims are processed by persons with experience, training, and knowledge regarding the processing of Arizona workers' compensation claims and the requirements of the Act and applicable administrative rules; and
  3. The persons processing the Self-Insurer's claims have completed the Claims Division's workers' compensation training program within the prior two years.
- D. The Division shall administratively review an application to Self-Administer within 20 days of receipt to determine if the application is complete. If the application is incomplete, the Division shall notify the Applicant in writing of the missing documentation or information necessary to comply with this section.
- E. The Division shall deem an application to Self-Administer withdrawn if the Applicant fails to file a completed application within 10 days of being notified by the Division that the application is incomplete according to subsection (D).
- F. Unless the substantive review time frame is extended under A.R.S. § 41-1075, the Division shall determine whether an application to Self-Administer meets the substantive criteria of

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subsection (C) within 30 days after the application to Self-Administer is deemed complete.

- G. The overall timeframe for processing an application to Self-Administer is 50 days, unless extended under A.R.S. § 41-1072 et seq.
- H. Upon approval of an application to Self-Administer, the Division shall serve a certificate of authorization on the Applicant no later than 30 days after approval.
- I. The Division shall revoke a certificate of authorization to Self-Administer if the Self-Insurer no longer satisfies the requirements in subsection (C).
- J. If the Division denies a request to Self-Administer or revokes a certificate of authorization, the Division shall issue and serve written findings and an order on the Applicant no later than 30 days after the denial or revocation.
- K. Authorization to Self-Administer shall continue until any of the following occurs: (1) self-insurance authority ceases; (2) the Self-Insurer contracts with a Third-Party Administrator to process workers' compensation claims; or (3) authority to Self-Administer is revoked by the Division.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1511. Location of Claims Files**

A Self-Insurer shall provide written notice to the Division regarding the location of the Self-Insurer's open and closed claims files within 90 days of the Authorization Date. If a Self-Insurer or Third-Party Administrator intends to change the location of its claims files, the Self-Insurer shall provide written notice to the Division of the change in location at least 30 days before the files are moved.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1512. Reports, Books, Records, and Data Review by the Commission; Audit**

- A. All reports, books, records, minutes, and data of a Self-Insurer relating to matters governed by the Act and this Article are subject to review by the Commission or its authorized representative upon request. A Self-Insurer shall ensure that reports, books, records, minutes, and data relating to matters governed by the Act and this Article are accurate and maintained in a legible and understandable manner.
- B. The Commission may, upon notice of three days, perform or have performed for its benefit an audit of the reports, books, records, minutes, and data of a Self-Insurer relating to matters governed by the Act and this Article. The Commission shall be responsible for the cost of an audit.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1513. Financial Statements and Actuarial Reports**

- A. A Self-Insurer shall ensure that audited financial statements are prepared annually at the end of the Self-Insurer's fiscal year by a certified public accountant experienced in auditing financial statements.
- B. Actuarial reports and studies required in this Article must be completed by an actuary that is a member of the American Academy of Actuaries (MAAA) or a fellow of the Casualty Actuarial Society (FCAS). At a minimum, actuarial reports

must address claim reserves, supplemental reserves, and actuarial liabilities using an expected confidence level and a discount rate consistent with Actuarial Standard of Practice No. 20 (or a successor standard).

- C. Upon request, a Self-Insurer shall file its most-recent annual audited financial statements or actuarial report with the Division.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1514. Claim Processing and Reserving**

- A. Self-Insurers and Third-Party Administrators shall ensure that claims are processed and benefits are paid in compliance with the Act and applicable administrative rules.
- B. Self-Insurers and Third-Party Administrators shall adopt and adhere to industry-standard reserving practices and maintain claim reserves at the full undiscounted value of each claim, including related claim expenses.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1515. Notice of Adverse Condition, Bankruptcy, Change in Ownership Status, or Change in Business Address**

- A. A Self-Insurer shall notify the Division in writing within 10 days of any adverse condition or material change that impacts or could impact the Self-Insurer's ability to process and pay benefits required under the Act. When a Self-Insurer provides notice to the Commission under this subsection, the Self-Insurer shall provide a written proposal to correct the actual or potential adverse condition or material change.
- B. A Public Entity Pool shall notify the Division within 30 days of receipt of any notification from the Director of the Department of Insurance and Financial Institutions according to A.R.S. §§ 11-952.01(N) and 41-621.01(L).
- C. A Self-Insurer shall notify the Division in writing within 10 days of any bankruptcy filing under federal law or insolvency proceeding under any state's laws.
- D. A Self-Insurer shall notify the Division in writing within 30 days of any change in the ownership status or business address of the Self-Insurer.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1516. Revocation of Self-Insurance Authorization**

- A. The Commission may revoke authorization to self-insure for good cause. Good cause for revocation includes, but is not limited to, any of the following:
  1. Impairment of the solvency of the Self-Insurer;
  2. An inability or failure to process and pay benefits required under the Act, including the failure to pay or comply with any award of the Commission;
  3. The failure of the Self-Insurer to respond within 10 days to a demand by the Commission to substitute security when the posted security is unsatisfactory or insufficient in amount or character;
  4. The failure of the Self-Insurer to pay tax assessments levied by the Commission within 30 days of the due dates prescribed by A.R.S. §§ 23-961 and 23-1065;

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5. The failure of the Self-Insurer to promptly provide the Commission with notices or information required under this Article;
  6. The failure of the Self-Insurer to comply with the Act or administrative rules contained in Title 20, Chapter 5, Articles 1, 13, 14 and this Article;
  7. The willful misstating of material fact in any documentation or information provided to the Commission;
  8. The failure of a Public Entity Pool to comply with the recommendations of the Director of the Department of Insurance and Financial Institutions within 60 days of the date of notice issued under A.R.S. §§ 11-952.01(N) and 41-621.01(L); or
  9. Except for a Self-Insurer approved to Self-Administer, the failure to contract with or adequately fund a Third-Party Administrator for claim processing and payment.
- B.** Upon receiving information indicating that any of the grounds for revocation described in subsection (A) may apply, the Division shall conduct an investigation. If, upon completion of the investigation, the Division determines that sufficient evidence exists to warrant revocation of authorization to self-insure, the Division shall promptly present its findings and recommendations to the Commission.
- C.** The decision of the Commission to revoke authorization to self-insure shall be made by a majority vote of a quorum of Commissioners present at a public meeting. The Commission shall issue and serve written findings and an order revoking self-insurance authority no later than 10 days after the Commission vote. The findings and order may be electronically signed by the Commission.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1517. Retaining Authorization to Self-Insure Through Insolvency or Bankruptcy**

- A.** If a Self-Insurer becomes insolvent or files for protection under the United States Bankruptcy Code seeking to reorganize, and desires to remain self-insured, it shall file with the Division a written statement regarding its intent to reorganize under the applicable provisions of the United States Bankruptcy Code. The statement shall discuss in detail the Self-Insurer's financial ability to continue self-insurance.
- B.** A Self-Insurer shall file the statement described in subsection (A) with the Division within 10 days of the insolvency or bankruptcy filing. The letter shall be signed by an authorized representative of the Self-Insurer.
- C.** A Self-Insurer seeking to retain authorization to self-insure through bankruptcy shall ensure that a provision addressing the Self-Insurer's obligations to workers' compensation claimants and the Commission is included in the plan of reorganization filed with the United States Bankruptcy Court.
- D.** During the period between the initial bankruptcy filing and a final bankruptcy court determination, the Self-Insurer may continue its self-insurance status only after demonstrating to the Commission ongoing ability to process and pay benefits required under the Act. The Commission may require the Self-Insurer to post additional security in an amount the Commission deems appropriate to fully protect the Special Fund in the event of an assignment under A.R.S. § 23-966, which amount may exceed the amount specified in R20-5-1520(A).
- E.** A Self-Insurer shall file with the Division a copy of any proposed plan of reorganization or liquidation, including amendments, within 10 days of filing.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1518. Voluntary Termination of Self-Insurance Authorization**

- A.** A Self-Insurer voluntarily terminating self-insurance shall file a completed Notice of Termination of Self-Insurance Form at least 30 days before the effective date of the termination.
- B.** If a Self-Insurer voluntarily terminates self-insurance, the individual employer or each member of a Self-Insurance Pool shall provide the Commission proof of compliance with A.R.S. § 23-961(A) not later than 10 days after the termination is effective.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1519. Withdrawal from a Self-Insurance Pool; Termination of Membership by a Self-Insurance Pool**

- A.** A member of a Self-Insurance Pool may voluntarily withdraw from a Self-Insurance Pool or a Self-Insurance Pool may terminate an employer's membership in a Self-Insurance Pool under the bylaws of the Self-Insurance Pool and applicable law.
- B.** A Self-Insurance Pool shall provide the Commission written notice of a member's intent to withdraw from a Self-Insurance Pool or a Self-Insurance Pool's intent to terminate an employer's membership in a Self-Insurance Pool at least 30 days before the withdrawal or termination is effective.
- C.** If a member of a Self-Insurance Pool withdraws from a Self-Insurance Pool or a Self-Insurance Pool terminates an employer's membership in a Self-Insurance Pool, the terminated or withdrawing member shall provide the Commission proof of compliance with A.R.S. § 23-961(A) not later than 10 days after the termination or withdrawal is effective.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1520. Security Amount and Type; Apportionment Credit; Excess Insurance Credit; Release**

- A.** Except as provided in R20-5-1525, and subject to the minimum requirements in A.R.S. § 23-961:
1. A newly approved Self-Insurer shall post security in an amount equal to the prior three-year average of annual total paid medical and indemnity benefits, unless the Commission requires a different amount according to R20-5-1509(C).
  2. A Self-Insurer renewing authority to self-insure shall post security in an amount equal to 125% of its total estimated future indemnity and medical liability as calculated on the Workers' Compensation Liability Form, unless the Commission requires a different amount according to R20-5-1509(C).
  3. A Self-Insurance Pool adding a new member shall post security in an amount equal to the prior three-year average of annual total paid medical and indemnity benefits of the new member, unless the Commission requires a different amount according to R20-5-1509(C).
- B.** Except as provided in R20-5-1525, a Self-Insurer shall post a type of security authorized in R20-5-1521 through R20-5-1524. A Self-Insurer or former Self-Insurer may substitute one

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type of authorized security with a different type of authorized security.

- C. The Commission shall approve a credit for apportionment against the amount of security required under this Article, which credit may not result in an amount of security that is less than the minimum security required by A.R.S. § 23-961, if the Self-Insurer provides proof that apportionment has been approved for one or more claims.
- D. The Commission shall approve a credit for excess insurance against the amount of security required under this Article, which credit may not result in an amount of security that is less than the minimum security required by A.R.S. § 23-961, if:
  - 1. The excess insurance requirements in R20-5-1526(A) are satisfied;
  - 2. The Self-Insurer provides proof that excess insurance coverage exists for incurred claims;
  - 3. The Self-Insurer has timely notified the excess insurance carrier of the incurred claims or the excess insurance carrier has accepted the incurred claims;
  - 4. The excess insurance carrier has not denied coverage for the incurred claims; and
  - 5. The excess insurance carrier is solvent.
- E. The Self-Insurer shall calculate apportionment or excess insurance credits using the Workers' Compensation Liability Form.
- F. Subject to A.R.S. § 23-961(A)(2), a former Self-Insurer may request a reduction in the amount of security that must remain posted with the Commission by filing a written request with the Division. The written request must attach the information specified in R20-5-1506(B)(1) through (4). The Division may request additional information and documentation reasonably related to the Division's review and evaluation under subsection (G).
- G. Upon the filing of a request to reduce the amount of security by a former Self-Insurer, the Division shall review the documentation and information and:
  - 1. Evaluate and determine whether the former Self-Insurer has the financial ability to process and pay benefits required under the Act for claims that were incurred during the period of self-insurance; and
  - 2. Evaluate and determine an appropriate amount of security to fully protect the Special Fund in the event of an assignment under A.R.S. § 23-966.
- H. The Division shall present its evaluation, findings, and recommendations according to subsection (G) to the Commission. The Commission may approve a reduction in the amount of security, deny a reduction, or remand an application to the Division for further review or to request additional documentation or information. A decision of the Commission shall be made by a majority vote of a quorum of Commission members present at a public meeting.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1521. Guaranty Bond; Effective Date**

A Self-Insurer may post a guaranty bond or rider of a guaranty bond as security if:

- 1. The insurance carrier providing the guaranty bond submits the bond to the Commission on the Workers' Compensation Guaranty Bond Form, which is signed by an authorized representative of the Self-Insurer and the insurance carrier;

- 2. Any rider of a guaranty bond is signed and dated by an authorized representative of the insurance carrier and the Self-Insurer;
- 3. The penal sum of the guaranty bond or rider is no less than the amount the Self-Insurer is required to post as security under this Article;
- 4. The insurance carrier issuing the guaranty bond or rider is authorized to transact the business of surety insurance in Arizona by the Department of Insurance and Financial Institutions;
- 5. The insurance carrier issuing the guaranty bond or rider does not have an affiliate relationship with the Self-Insurer;
- 6. The insurance carrier issuing the guaranty bond or rider has a rating with A.M. Best of at least A-; and
- 7. The guaranty bond or rider bears the same effective date as the Authorization Date.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1522. Letter of Credit**

- A. A Self-Insurer may post a letter of credit as security if:
  - 1. The letter of credit is registered to: "The Industrial Commission of Arizona, in trust for the fulfillment by [INSERT SELF-INSURER'S NAME] of its obligations under the Arizona Workers' Compensation laws";
  - 2. The bank issuing the letter of credit is a federal or Arizona-chartered bank upon which demand may be made and from which funds will be immediately payable on demand;
  - 3. The letter of credit includes the name and address of the Self-Insurer;
  - 4. An authorized representative of the issuing bank executes the letter of credit;
  - 5. The original letter of credit and original amendments to a letter of credit are provided to the Commission;
  - 6. The initial letter of credit is valid for a period of one year from the effective date;
  - 7. The issuing bank does not have an affiliate relationship with the Self-Insurer;
  - 8. The letter of credit includes a provision that the letter of credit automatically extends for consecutive periods of one year, unless the issuing bank provides written notice to the Commission 60 days before the expiration of any one-year term that the issuing bank will not renew the letter of credit for the additional period;
  - 9. The letter of credit states the amount available under the letter of credit, which shall be no less than the amount the Self-Insurer is required to post as security under this Article; and
  - 10. The letter of credit includes a statement that the Commission may make a demand on the letter of credit by providing the issuing bank a signed statement by an official of the Commission stating either that the Self-Insurer has failed to comply with its workers' compensation obligations or failed to renew or substitute acceptable security for its workers' compensation liability 30 days before the expiration of the letter of credit.
- B. The written notice required in subsection (A)(8) shall be sent to the Division via email or by mail with delivery confirmation.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435



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**R20-5-1523. Local Government Investment Pool Funds**

A Public Entity or Public Entity Pool may post Local Government Investment Pool funds as security if:

1. The Public Entity or Public Entity Pool completes a Statutory Deposit Agreement Form, which is signed by an authorized representative of the Self-Insurer, the Arizona State Treasurer, and the Commission; and
2. The funds deposited with the Arizona State Treasurer are no less than the amount the Self-Insurer is required to post as security under this Article.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1524. Federal Money Market Fund or Treasury Note**

A Self-Insurer may post a federal money market fund or a treasury note as security if:

1. The Self-Insurer completes a Custody Agreement Form, which is signed by an authorized representative of the Self-Insurer, the custodial bank, the Arizona State Treasurer, and the Commission; and
2. The amount of the Federal money market fund or treasury note posted shall be no less than the amount the Self-Insurer is required to post as security under this Article.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1525. Waiver from Requirement to Post Security for a Public Entity or Public Entity Pool**

- A. Only a Public Entity or Public Entity Pool is eligible for a waiver from posting security.
- B. A Public Entity or Public Entity Pool may receive a waiver from posting security if:
  1. The Public Entity has conducted business or the Public Entity Pool has operated in Arizona for a minimum of five consecutive years;
  2. The Public Entity Trust Fund (for a Public Entity) or the Workers' Compensation Pool Loss Account (for a Public Entity Pool) continually maintains a positive fund/account balance; and
  3. The Public Entity Trust Fund (for a Public Entity) or the Workers' Compensation Pool Loss Account (for a Public Entity Pool) is continually funded to cover actuarial liabilities of the Self-Insurer's incurred claims in accordance with the February 1996 Governmental Accounting Standards Board Statement No. 30 (Risk Financing Omnibus, An Amendment of GASB Statement No. 10), available from the Governmental Accounting Standards Board. This incorporation by reference does not include any later amendments or editions of the incorporated matter. A copy of the incorporated matter is available from the Commission or may be obtained from the Governmental Accounting Standards Board at 401 Merritt 7, P.O. Box 5116, Norwalk, CT 06856-5116.
- C. The decision of the Commission to approve, deny, or revoke a request for waiver of security shall be made by a majority vote of a quorum of Commissioners present at a public meeting.
- D. If the Commission grants a waiver of security, the waiver shall be included in the Resolution of Authorization issued under

R20-5-1509(F). The Division shall return any security previously posted or provided to the Commission within 30 days after the approval of a waiver of security.

- E. A Public Entity or Public Entity Pool which has been granted a waiver of security must file current financial statements and a statement of unpaid liabilities with the Division every six months, beginning six months after a waiver is granted.
- F. If the Commission denies a request for waiver of security or revokes a waiver of security, the Commission shall issue and serve written findings and an order on the Applicant no later than 30 days after the Commission denial or revocation. The findings and order may be electronically signed by the Commission.
- G. The Commission shall revoke a waiver of security if the Commission determines a Public Entity or Public Entity Pool no longer satisfies the criteria in subsection (B) or does not comply with subsection (E) and the Public Entity or Public Entity Pool does not cure the deficiency within 30 days of being notified by the Division. Within 10 days of service of a written findings and order revoking a waiver of security, a Public Entity or Public Entity Pool must file with the Commission a completed Workers' Compensation Liability Form and post security as required by the Commission.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1526. Excess Insurance**

- A. A Self-Insurer may secure specific and aggregate excess insurance if all of the following are satisfied:
  1. The insurance carrier issuing excess insurance is authorized to transact the business of excess insurance in Arizona by the Department of Insurance and Financial Institutions;
  2. The retention for specific excess insurance is not less than \$100,000 without advance written approval by the Commission;
  3. Payments of workers' compensation benefits on a claim made by a Self-Insurer, member, or through security posted by a Self-Insurer are applied toward reaching the retention level in the excess insurance policy;
  4. The excess insurance carrier does not have an affiliate relationship with the Self-Insurer; and
  5. The excess insurance policy provides that insolvency of the Self-Insurer does not relieve the excess insurance carrier of liability under the policy.
- B. A Self-Insurer or insurance company seeking to cancel or refuse renewal of an excess insurance policy shall provide 60 days written notice of the proposed cancellation or non-renewal to the Commission. The written notice shall be sent by registered or certified mail. Failure to provide notice as required by this subsection shall preclude cancellation or non-renewal of the policy.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1527. Self-Insurance Pool Board; Administrator**

- A. A Self-Insurance Pool shall be directed by a Self-Insurance Pool Board consistent with A.R.S. §§ 11-952.01, 15-382, 23-961.01, 41-621.01, and this Article, as applicable.
- B. The Self-Insurance Pool Board of a Similar Industry Pool shall consist of five or more individuals elected for a stated term of

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office, at least 60% of which shall be representatives of members of the Similar Industry Pool.

- C. The duties of a Self-Insurance Pool Board shall include:
1. Responsibility for all operations of the Self-Insurance Pool;
  2. Ensuring compliance with the Act and this Article;
  3. Hiring an Administrator to manage the daily operations of the Self-Insurance Pool;
  4. Reviewing and acting on applications for membership in the Self-Insurance Pool;
  5. Contracting with a Third-Party Administrator, unless the Division has authorized the Self-Insurance Pool to Self-Administer;
  6. Ensuring the Self-Insurance Pool complies with statutory accounting principles (SAP) and provides accurate financial information to enable complete and accurate preparation of financial reports;
  7. Maintaining all records and documents relating to the formation and ongoing operations of the Self-Insurance Pool;
  8. Ensuring that accurate minutes of meetings of the Self-Insurance Pool Board are completed and signed by an authorized representative of the Self-Insurance Pool;
  9. Maintaining all reports, books, records, and data relating to matters governed by this Article according to R20-5-1512; and
  10. Ensuring that accounts and records of the Self-Insurance Pool are audited as required under R20-5-1513(A).
- D. Except as prohibited by law, a Self-Insurance Pool Board may delegate duties to an Administrator. Delegation of duties to an Administrator shall be contained in a signed agreement or contract of hire between the Self-Insurance Pool Board and the Administrator.
- E. An Administrator of a Self-Insurance Pool is subject to all of the following requirements:
1. Unless otherwise authorized by law, an Administrator for a Self-Insurance Pool shall not be a member of the Self-Insurance Pool Board.
  2. Unless otherwise authorized by law, an Administrator for a Self-Insurance Pool shall not be a member of the Self-Insurance Pool or an employee of a member of the Self-Insurance Pool.
  3. Before a Self-Insurance Pool Board can hire an Administrator, the Self-Insurance Pool shall disclose to the prospective Administrator all existing agreements between the pool and providers of services or insurance coverage and the prospective Administrator shall disclose to the Self-Insurance Pool Board any actual or perceived employment or financial interest that the Administrator or relative (as defined in A.R.S. § 38-502) of the Administrator has in the providers of services or insurance coverage.
  4. Before a Self-Insurance Pool enters into an agreement with a provider of services or insurance coverage, the Administrator shall disclose to the Self-Insurance Pool Board any actual or perceived employment or financial interest that the Administrator or a relative (as defined in A.R.S. § 38-502) of the Administrator has in the prospective provider of services or insurance coverage.
- F. Self-Insurance Pool Boards and Administrators shall not:
1. Extend credit to members for payment of a premium;
  2. Utilize money collected as premiums for any purpose not authorized by this Article;
  3. Borrow money from the Self-Insurance Pool;

4. Borrow money in the name and on behalf of the Self-Insurance Pool without providing prior written notice to the Division of the nature and purpose of the loan; and
5. Admit into the Self-Insurance Pool an employer whose admission would impair the ability of the Self-Insurance Pool to process and pay benefits required under the Act.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1528. Self-Insurance Pool Fidelity or Crime Insurance**

- A. Except as stated in subsection (C), a Self-Insurance Pool shall maintain during all periods of self-insurance a fidelity or crime insurance policy that protects the pool from unlawful actions of the following:
1. Individuals appointed to the Self-Insurance Pool Board (individual and collective liability);
  2. The Administrator of the Self-Insurance Pool;
  3. Employees of the Self-Insurance Pool; and
  4. Employees of the Administrator, if applicable.
- B. The limit of liability of the fidelity or crime insurance policy required in subsection (A) shall be no less than \$1 million per occurrence and shall be sufficient to protect the Self-Insurance Pool from damages resulting from unlawful acts related to of any assets controlled or managed by the Self-Insurance Pool Board, the Administrator, employees of the Self-Insurance Pool, and employees of the Administrator, if applicable.
- C. A Self-Insurance Pool that maintains at least \$3 million in surplus funds at all times during an approved period of self-insurance is exempt from the requirements in this Section.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1529. Self-Insurance Pool Loss Control and Underwriting Programs**

- A. A Self-Insurance Pool shall maintain during all periods of self-insurance a loss control program that includes, at a minimum, written safety requirements and training programs for all employees of the members. A Self-Insurance Pool shall ensure that the loss control program is administered by persons with education, experience, or training in loss control.
- B. A Self-Insurance Pool shall maintain during all periods of self-insurance an underwriting program that enables the pool to establish workers' compensation premiums and to fully discharge the Self-Insurance Pool's obligation to process and pay benefits required under the Act. A Self-Insurance Pool shall ensure that the underwriting program is administered by persons with education, experience, or training in underwriting.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1530. Self-Insurance Pool Workers' Compensation Pool Operations Account; Workers' Compensation Pool Loss Account**

- A. A Self-Insurance Pool shall maintain a Workers' Compensation Pool Operations Account, which is subject to all of the following:
1. All workers' compensation premiums charged to members of the Self-Insurance Pool shall be deposited into the

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Workers' Compensation Pool Operations Account, which account shall be maintained in a designated federally-insured depository.

2. A Self-Insurance Pool shall pay all operational expenses of the pool relating to workers' compensation, excluding administrative expenses associated with processing workers' compensation claims, from the Workers' Compensation Pool Operations Account.
  3. Funds from the Workers' Compensation Pool Operations Account shall be transferred to the Workers' Compensation Pool Loss Account, as needed, to enable the Self-Insurance Pool to pay from the Workers' Compensation Pool Loss Account all liabilities imposed or arising under the Act and all administrative expenses associated with processing workers' compensation claims.
  4. If the Workers' Compensation Pool Operations Account is co-mingled with another account, the activities of the Workers' Compensation Pool Operations Account are segregated in the financial records.
- B.** A Self-Insurance Pool shall maintain a Workers' Compensation Pool Loss Account, which is subject to all of the following.
1. A Self-Insurance Pool shall maintain its Workers' Compensation Pool Loss Account in a designated federally-insured depository.
  2. A Self-Insurance Pool shall pay all workers' compensation claim expenses, including current and contingent workers' compensation claim liabilities of and administrative expenses associated with processing workers' compensation claims, from the Workers' Compensation Pool Loss Account.
  3. A Self-Insurance Pool shall ensure that its Workers' Compensation Pool Loss Account is actuarially sound and able to process and pay benefits required under the Act.
  4. If the Workers' Compensation Pool Loss Account is co-mingled with another account, the activities of the Workers' Compensation Pool Loss Account are segregated in the financial records.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1531. Gross Annual Premium of a Self-Insurance Pool; Calculation of Member Premiums; Discounts; Penalties; Refunds**

- A.** The gross annual workers' compensation premium for a Self-Insurance Pool shall be sufficient to fund the workers' compensation administrative expenses and total incurred workers' compensation losses of the pool.
- B.** A Self-Insurance Pool shall calculate and collect member premiums using industry best practices and formulas generally accepted in the industry.
- C.** A Self-Insurance Pool shall not discount established Payroll Classification Rates unless the discount is based upon the expense and loss experience of the Self-Insurance Pool and is supported and justified by an actuarial feasibility study.
- D.** A Self-Insurance Pool may apply a penalty rate in excess of an annual premium to any member, provided the Self-Insurance Pool serves written justification and notice on the member 30 days before the effective date of the penalty rate.
- E.** A Self-Insurance Pool may declare a refund of surplus funds, including excess investment income, to its members if the amount of the refund is supported by an actuarial report.

- F.** A Self-Insurance Pool discounting established Payroll Classification Rates under subsection (C) or declaring a refund of surplus funds under subsection (E) shall notify the Division at least 60 days before the Self-Insurance Pool discounts the Payroll Classification Rates or refunds surplus funds.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1532. Similar Industry Pool; Joint and Several Liability of Members**

- A.** The joint and several liability clause required by A.R.S. § 23-961.01(E) applies to any agreements used to form a Similar Industry Pool on a cooperative or contract basis, through a joint formation of a nonprofit corporation, or by the execution of a trust agreement.
- B.** A Similar Industry Pool shall ensure that the pool and all members read and agree, in writing, to the following terms:
  1. The members of the pool are jointly and severally liable for the liabilities of the pool to the extent the pool is unable to, or does not, satisfy the liabilities;
  2. Member liability under subsection (B)(1) extends to all liabilities incurred by the pool during the member's period of membership in the pool, including all future liabilities that accrued during the member's period of membership in the pool; and
  3. In the event that claims are assigned to the Special Fund under A.R.S. § 23-966, the Commission shall have a right of reimbursement against the members jointly and severally for any and all amounts paid by the Special Fund, including costs, necessary expenses, and reasonable attorney's fees, to the extent that such liabilities are not covered by the pool's security or other assets.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1533. Completion of Reports in Support of Tax Rating Plans; Calculation and Payment of Self-Insurance Taxes**

- A.** A Self-Insurer shall submit to the Division the information required in R20-5-1536, R20-5-1537, R20-5-1538, or R20-5-1539, as applicable, by January 31 of each year. A request for an extension may be filed with the Division in writing and shall state the reasons the Self-Insurer is unable to meet the deadline. A request for an extension shall be granted for good cause.
- B.** After receiving the information required in R20-5-1536, R20-5-1537, R20-5-1538, or R20-5-1539, as applicable, the Division shall determine the annual taxes owed by the Self-Insurer. The Division shall also determine whether the Self-Insurer has overpaid or underpaid its taxes for the previous calendar year. If the total of the quarterly payments is less than the actual taxes for the year, the Self-Insurer shall pay the difference on or before March 31 of the calendar year in which the taxes are due. If the total of the quarterly payments exceeds the amount of the actual taxes for the year, the Division shall refund the amount described in A.R.S. § 23-961 or § 23-1065, as applicable.
- C.** A Self-Insurer shall pay to the Commission the Self-Insurer's annual workers' compensation premium taxes on or before March 31 based on the net taxable premium calculated for the preceding calendar year. A Self-Insurer shall pay a premium tax of at least \$250.00 per calendar year.

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- D.** The Division shall calculate a Self-Insurer's quarterly taxes owed under A.R.S. §§ 23-961 and 23-1065 in one of the following ways:
1. 25% of the tax calculated for the previous year; or
  2. A calculation based on actual payroll and losses calculated for each quarter, using the same rating plan to calculate the quarterly payment as used to calculate the taxes required under A.R.S. §§ 23-961 and 23-1065. If the Division selects this method, the Self-Insurer shall submit quarterly payroll and loss information by Payroll Classification Code upon request.
- E.** Quarterly tax payments are due April 30, July 31, October 31, and January 31 for the periods ending March 31, June 30, September 30, and December 31, respectively.
- F.** If the Self-Insurer fails to pay the annual or quarterly taxes to the Commission when due, the Self-Insurer shall pay a penalty of \$25.00 or 5% of the tax or payment due, whichever is more, plus interest at the rate of 1% per month from the date the tax or payment was due until paid.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1534. Premium Rates; Deviation Rates**

- A.** Annually, by September 15, premium calculation rates and a schedule of Deviation Rates shall be calculated and approved by the Commission at a public rate hearing. The premium calculation rates and the schedule of Deviation Rates shall be effective the following calendar year.
- B.** The Deviation Rate applicable to a Self-Insurer relates directly to the Self-Insurer's safety record, which is measured by the Self-Insurer's Experience Modification Rating specific to Arizona for the prior year. The schedule of Deviation Rates will include the Experience Modification Rate ranges that apply to each Deviation Rate.
- C.** The Experience Modification Rate for purposes of determining the Deviation Rate shall be calculated as follows:
1. In the first year of self-insurance, the Experience Modification Rate is set at 1.00;
  2. In the second and third years of self-insurance, the Division calculates the Experience Modification Rate based upon the payroll and loss data accumulated by the Self-Insurer during its entire term of self-insurance; and
  3. In the fourth year of self-insurance and all following years, the Division calculates the Experience Modification Rate based upon the payroll and loss data of the prior three tax years.
- D.** If the Division cannot calculate an Experience Modification Rate in the second and all following years because the Self-Insurer does not have any injuries, the Self-Insurer shall receive the highest Deviation Rate.
- E.** The lowest Deviation Rate included in the schedule of Deviation Rates shall not be less than 10%.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1535. Basis for Definitions, Classifications, Rating Procedures, and Plans**

The Division may use the definitions, classifications, and rating procedures specified in rating plans filed by a Rating Organization or developed by the Division to calculate the net taxable premium under A.R.S. §§ 23-961 and 23-1065.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1536. Fixed Premium Plan; Eligibility; Formula; Necessary Information**

- A.** Except as provided in R20-5-1539, a Self-Insurer shall use a Fixed Premium Plan for purposes of premium taxes required under A.R.S. §§ 23-961 and 23-1065 if the Self-Insurer's annual net taxable premium does not exceed \$100,000.
- B.** Except as provided in R20-5-1539, a Self-Insurer may elect to use a Fixed Premium Plan for purposes of premium taxes required under A.R.S. §§ 23-961 and 23-1065 if the Self-Insurer's annual net taxable premium exceeds \$100,000.
- C.** The Division shall calculate the net taxable premium under a Fixed Premium Plan as follows: [(payroll multiplied by the applicable Payroll Classification Rate) multiplied by (1 minus the Deviation Rate)] less premium discounts.
- D.** The Fixed Premium Plan applies only to operations and payroll in Arizona. The Self-Insurer shall combine all operations in Arizona to calculate the premium taxes required under A.R.S. §§ 23-961 and 23-1065.
- E.** A Self-Insurer shall provide the following in support of using a Fixed Premium Plan:
1. Completed Annual Payroll Report Form for the current tax year;
  2. Completed Annual Medical Report Form for the current tax year;
  3. Completed Annual Injury Report Forms for current and prior three tax years; and
  4. Completed Quarterly Tax Payment Form.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1537. Ex-Medical Plan; Eligibility; Formula; Necessary Information**

- A.** Except as provided in R20-5-1539, a Self-Insurer may elect to use an Ex-Medical for purposes of premium taxes required under A.R.S. §§ 23-961 and 23-1065 if the Self-Insurer's annual net taxable premium exceeds \$100,000 and the Self-Insurer operates a medical facility with a program for providing medical, surgical, or hospital services to a majority of the employees of the Self-Insurer or the employees of the members of a Self-Insurance Pool that complies with the requirements of A.R.S. § 23-1070.
- B.** The Division shall calculate the net taxable premium under an Ex-Medical Plan on a Payroll Classification Code basis as follows: [(payroll multiplied by the Payroll Classification Rate) multiplied by (1 minus the Deviation Rate) multiplied by (1 minus the D-Ratio)] less premium discounts.
- C.** The Ex-Medical Plan applies only to operations and payroll in Arizona. The Self-Insurer shall combine all operations in Arizona to calculate the premium taxes required under A.R.S. §§ 23-961 and 23-1065.
- D.** A Self-Insurer shall provide the following in support of using an Ex-Medical Plan:
1. The completed forms required in R20-5-1536(E); and
  2. Completed Annual Hospital Report Form for the current tax year.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of

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October 5, 2022 (Supp. 22-4).

**R20-5-1538. Guaranteed Cost Plan; Eligibility; Formula; Necessary Information**

- A. Except as provided in R20-5-1539, a Self-Insurer may elect to use a Guaranteed Cost Plan for purposes of premium taxes required under A.R.S. §§ 23-961 and 23-1065 if the Self-Insurer's annual net taxable premium exceeds \$100,000.
- B. The Division shall calculate the net taxable premium under a Guaranteed Cost Plan, using the most recent year's data, as follows: [(payroll multiplied by the Payroll Classification Rate) multiplied by (the Experience Modification Rate specific to Arizona) multiplied by (1 minus the Deviation Rate)] less premium discounts.
- C. The Guaranteed Cost Plan applies only to operations and payroll in Arizona. The Self-Insurer shall combine all operations in Arizona to calculate the premium taxes required under A.R.S. §§ 23-961 and 23-1065.
- D. The Experience Modification Rate specific to Arizona for purposes of determining the net taxable premium under a Guaranteed Cost Plan shall be calculated in the manner described in R20-5-1534(C). If the Division cannot calculate an Experience Modification Rate in the second and all following tax years because the Self-Insurer does not have any injuries, the Experience Modification Rate shall be set at 1.00.
- E. A Self-Insurer shall provide the completed forms required by R20-5-1536(E) in support of using a Guaranteed Cost Plan.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1539. Retrospective Rating Plan; Eligibility; Formula; Necessary Information**

- A. The Division may require a Self-Insurer to use a Retrospective Rating Plan for purposes of premium taxes required under A.R.S. §§ 23-961 and 23-1065 if:
  - 1. The Self-Insurer has an Experience Modification Rate specific to Arizona that exceeds 1.10 for two consecutive years; or
  - 2. The Self-Insurer demonstrates financial instability as evidenced by declining financial ratios, an increase in leveraged debt or a net loss.
- B. The Division shall calculate the net taxable premium under a Retrospective Rating Plan, using the most recent year's data, as follows: {(payroll multiplied by the Payroll Classification Rate) multiplied by (the Experience Modification Rate specific to Arizona) multiplied by (1 minus the Deviation Rate) multiplied by the (Basic Premium Factor)} plus [(losses for the current year plus adjusted losses from the previous year) multiplied by (the Loss Conversion Factor)] multiplied by the tax multiplier.
- C. The Retrospective Rating Plan applies only to operations and payroll in Arizona. The Self-Insurer shall combine all operations in Arizona to calculate the premium taxes required under A.R.S. §§ 23-961 and 23-1065.
- D. The Experience Modification Rate specific to Arizona for purposes of determining the net taxable premium under a Guaranteed Cost Plan shall be calculated in the manner described in R20-5-1534(C). If the Division cannot calculate an Experience Modification Rate in the second and all following tax years because the Self-Insurer does not have any injuries, the Experience Modification Rate shall be set at 1.00.
- E. The Division shall use assigned risk rates to calculate the premium taxes required under A.R.S. §§ 23-961 and 23-1065 for all Self-Insurers on the Retrospective Rating Plan. The

assigned risk rates shall be established annually by an actuary retained by the Commission that is a member the American Academy of Actuaries (MAAA) or a fellow of the Casualty Actuarial Society (FCAS).

- F. A Self-Insurer shall provide the information required by R20-5-1536(E) in support of using a Retrospective Rating Plan.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1540. Hearing Procedure on Denied Initial Application, Denied Renewal Application, Denied New Member Application, Revocation of Authority, or Denied Application for Waiver of Security**

- A. A party may request a hearing under A.R.S. § 23-945 in the following circumstances:
  - 1. Denial of an initial application, renewal application, or new member application under R20-5-1509.
  - 2. Denial of an application to Self-Administer or revocation of authority to Self-Administer under R20-5-1510.
  - 3. Revocation of self-insurance authorization under R20-5-1516.
  - 4. Denial of a request for waiver of security or revocation of a waiver of security under R20-5-1525.
- B. A request for hearing shall comply with A.R.S. § 23-945 and be signed by an authorized representative of the party. The party shall file the request for hearing with the Commission within 30 days from the date the Commission's written findings and order under R20-5-1509, R20-5-1510, R20-5-1516, or R20-5-1525 is served on the party. A written findings and order of the Commission under R20-5-1509, R20-5-1510, R20-5-1516, or R20-5-1525 is deemed final if a request for hearing is not received by the Chief Counsel of the Commission within the time specified in this subsection.
- C. The party filing a request for hearing under subsection (A)(1), (A)(2), or (A)(4) has the burden of proof to establish that it has met the applicable requirements of the Act and this Article. If a party files a request for hearing under subsection (A)(3), the Commission has the burden of proof to establish that good cause existed for revocation of self-insurance authorization.
- D. The Chair of the Commission or designee shall preside over hearings held under this section. Except as otherwise provided in this section, the Chair or designee shall apply the provisions of A.R.S. § 41-1062 to hearings held under this section and shall have the authority and power of a presiding officer as described in A.R.S. § 41-1062.
- E. The Chief Counsel of the Commission shall represent the Commission in hearings held under this section and, upon direction of the Chair of the Commission, shall issue on behalf of the Commission all notices and subpoenas required under this section.
- F. Except as otherwise provided by law, a party to a hearing may appear on its own behalf or through an authorized legal representative. When an authorized legal representative appears or intends to appear before the Commission, the representative shall file a notice of appearance with the Commission.
- G. For purposes of this section, a document is considered filed when the Commission receives the document. All documents required to be filed with the Commission under R20-5-1541 and this section shall be served upon the Chief Counsel of the Commission and, if applicable, upon all parties to the proceeding.
- H. The Commission shall serve written notice of hearing upon all parties at least 20 days before a scheduled hearing. The notice

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of hearing shall comply with the requirements in A.R.S. § 41-1061.

- I. In addition to the provisions contained in A.R.S. §§ 41-1061 and 41-1062, the following provisions apply to all hearings conducted under this section:
  - 1. A party may make an opening and closing statement with the permission of the Chair of the Commission or designee if the Chair or designee determines that the statement will be helpful to a determination of the issues.
  - 2. All witnesses at a hearing shall testify under oath or affirmation.
  - 3. The Chair or designee may admit documents into evidence if filed no later than 15 days before the date of the hearing. Upon request or upon direction from the Chair or designee, the Commission may issue a subpoena to the author of any document submitted into evidence to appear and testify at the hearing.
  - 4. Upon written request by a party or upon direction from the Chair or designee, the Commission may issue a subpoena requiring the attendance and testimony of a witness. A party shall submit its subpoena request no later than 10 days before the date of the hearing.
  - 5. Upon written request by a party or upon direction from the Chair or designee, the Commission may issue a subpoena duces tecum requiring the production of documents or other tangible evidence. The written request by a party shall contain a statement explaining the general relevance, materiality, and reasonable particularity of the documentary or other tangible evidence and the facts to be proved by them.
- J. The Commission shall make a record of all hearings under this section. Any party desiring a copy of record may request a copy from the Commission.
- K. Upon the completion of a hearing, the Commission shall issue a decision upon hearing either affirming, modifying, or reversing the original decision. The decision of the Commission shall be made by a majority vote of the quorum of Commission members present at a public meeting. The decision upon hearing shall comply with the provisions of A.R.S. § 41-1063.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of

October 5, 2022 (Supp. 22-4).

**R20-5-1541. Request for Review of Decision Upon Hearing**

- A. A party may request review of a Commission decision upon hearing issued under R20-5-1540 by filing with the Commission a written request for review no later than 15 days after the decision upon hearing is served upon the parties. A decision upon hearing under R20-5-1540 is deemed final if a request for hearing is not received by the Commission within the time specified in this subsection.
- B. A request for review of a Commission decision upon hearing must be based upon one or more of the following grounds materially affecting the rights of the requesting party:
  - 1. Irregularities in the hearing proceedings or any order or abuse of discretion that deprives a party seeking review of a fair hearing;
  - 2. Misconduct of the prevailing party;
  - 3. Accident or surprise, which could not have been prevented;
  - 4. Newly discovered material evidence that could not have been discovered with reasonable diligence and produced at the hearing;
  - 5. Error in the admission or rejection of evidence, or errors of law occurring at, or during the hearing;
  - 6. Bias or prejudice of the Division or Commission; or
  - 7. The decision upon hearing is not justified by the evidence or is contrary to law.
- C. The request for review shall state the specific facts and law in support of the request and shall specify the relief sought.
- D. Upon the completion of a review, the Commission shall issue a decision upon review either affirming, modifying, or reversing the decision upon hearing no later than 30 days after receiving a request for review. The decision of the Commission shall be made by a majority vote of the quorum of Commission members present at a public meeting. The decision upon hearing shall comply with the provisions of A.R.S. § 41-1063.
- E. The Commission's decision upon review is final unless a party seeks judicial review as provided in A.R.S. § 23-946.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**Appendix A. Arizona Physicians' and Pharmaceutical Fee Schedule 2025/2026**

Arizona Physicians' and Pharmaceutical Fee Schedule  
Adopted by The Industrial Commission of Arizona Medical Resource Office

Phone (602) 542-4308 / Fax (602) 542-4797

[mro@azica.gov](mailto:mro@azica.gov)

Effective May 1, 2025

**INTRODUCTION**

Since 1925, when the Arizona Legislature passed the state's first Workers' Compensation Act ("Act"), the Industrial Commission of Arizona ("Commission") has administered the workers' compensation laws of that Act. The Act includes the authority of the Commission to set a schedule of fees to be charged by healthcare providers attending injured employees (also referred to in this document as "injured worker" or "claimant." A.R.S. § 23-908(B). In 2004, the Act was amended to include the setting of fees for prescription medicines required to treat an injured employee. A.R.S. § 23-908(C). This fee schedule is referred to as the Arizona Physicians' and Pharmaceutical Fee Schedule (Fee Schedule).

Any reference to "healthcare providers" in the Fee Schedule is intended to include all licensed professionals whose scope of practice allows them to legally provide services to injured workers. Any reference to "physician" in relation to workers' compensation cases includes the following: doctors of medicine, doctors of osteopathy, doctors of podiatric medicine, doctors of chiropractic, doctors of naturopathic medicine, certified registered nurse anesthetists, physician assistants and nurse practitioners. Healthcare providers treating employees under industrial coverage are entitled by law to charge according to the schedule of fees adopted by the Commission. Accurate calculation of fees based upon this schedule, the filing of reports and bills for payment, and the use of forms prescribed are essential to timely and correct payment for a provider's services and can be vital in the award of benefits to the injured worker and their dependents.

This Fee Schedule has been updated to incorporate by reference the following:

1. The 2025 Edition of the American Medical Association's *Current Procedural Terminology* (CPT®) publication, including the general guidelines, identifiers, modifiers, and terminology associated with the incorporated codes
2. The 2025 Healthcare Common Procedure Coding System (HCPCS) codes that include procedures, supplies, products, and services published by the Centers for Medicare & Medicaid Services (CMS).
3. The unit values and guidance for consultative, diagnostic, and therapeutic services published in the most recent edition of *Relative Value Guide*, American Society of Anesthesiologists (ASA) <https://www.asahq.org>.
4. The 2025 *Clinical Diagnostic Laboratory Fee Schedule*, CMS Clinical Laboratory Fee Schedule <https://www.cms.gov/medicare/payment/fee-schedules/clinical-laboratory-fee-schedule-clfs/files>.
5. The *National Correct Coding Initiative Edits*, CMS; <https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medicare-ncci-policy-manual>
6. Physicians as Assistants at Surgery: 2023 Update <https://www.facs.org/media/gp3ny4ps/2023-update-physicians-as-assistants-at-surgery.pdf>
7. Surgical global periods published by CMS, 2025 Update

8. *The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR)* was published by the American Psychiatric Association in March 2022;  
<https://www.psychiatry.org/Psychiatrists/Practice/DSM>
9. ICD-10 Version: 2019: International Statistical Classification of Diseases and Related Health Problems 10th Revision published by the World Health Organization (WHO); <https://icd.who.int/browse10/2019/en>
10. FAIR Health data, copyright 2025, FAIR Health, Inc.

Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx. To the extent that a conflict may exist between an incorporated portion of the CPT® publication or HCPCS codes and a code, guideline, identifier, or modifier unique to Arizona, then the Arizona code, guideline, identifier, or modifier shall control.

Except as otherwise noted, unit values assigned to the service codes listed in this document are the product of the Industrial Commission of Arizona and are not associated in any way with the American Medical Association, the American Society of Anesthesiologists, the Centers for Medicare and Medicaid Services, or any other entity or organization.

#### A. GENERAL GUIDANCE

1. Reimbursements and billing associated with Pharmaceuticals are found in the Pharmaceutical Fee Schedule Section and HCPCS Guidelines of this document.
2. A CPT code shall be billed when a CPT code exists that accurately describes the service provided. If no CPT code exists that accurately describes the service, a HCPCS code shall be billed. A miscellaneous or unlisted code shall not be used when a specific CPT or HCPCS code exists that describes the service. Reimbursement values for unlisted codes are By Report and the bill must be accompanied by documentation to support the amount billed. Exceptions apply to the following services for which HCPCS codes should be used in place of CPT codes:
  - Drug testing: CPT codes 80320-80377 may not be used to bill for drug testing. HCPCS codes G0480 - G0483 shall be used for definitive drug testing.
3. Except when governed by a separate contract or network that governs fees pursuant to A.R.S. § 23-908(J)(1), this Fee Schedule establishes the maximum reimbursement values for services performed by healthcare providers to injured workers under Arizona's workers' compensation law.
4. If a healthcare provider or insurance carrier is referring an injured worker to a medical specialist for evaluation and/or treatment, the medical specialist's diagnosis becomes the foundational diagnosis for billing purposes.



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5. Routine progress and routine final reports filed by the attending healthcare provider do not ordinarily command a fee.
6. Payment will be made for only one professional visit in any one (1) day except when the submitted report clearly demonstrates the need for the additional visit and fee.
7. Fees for hospital, office, or home visits, subsequent to the initial visit, are not to be added to coded surgical procedures performed on the same day.
8. Routine office treatment principally by injection of drugs, other than antibiotics, requires authorization by the carrier or self-insured employer for each series of ten (10) after the first series of ten (10).
9. Except in emergencies, a carrier must be given notice regarding a consultation and the consultant must provide his/her report to the carrier and the attending healthcare provider within a reasonable period of time to facilitate processing of the claim.
10. The Commission requests that carriers notify attending healthcare providers at the same time the claimant is notified that their claim is closed with or without supportive care. If a claim is approved for reopening, the carrier should also notify the attending healthcare provider of that approval.
11. Missed individual appointments for consultants, without prior notification, will be compensated at 50% of the consultation fee.
12. The Commission will investigate an injured worker's complaint of bad faith/unfair claims processing practices, and if appropriate, impose penalties under A.R.S. § 23-930, in those circumstances where a "peer to peer" review was not conducted by a healthcare provider with appropriate skill, training, and knowledge or where the individual performing the "peer to peer" review was not licensed. The Commission will also investigate an injured workers' complaint of bad faith/unfair claims processing practice, and if appropriate, impose penalties under A.R.S. § 23- 930, for a denial of treatment based on the failure of the treating doctor to participate in a "peer to peer" review, when the treating doctor has not been given reasonable time or opportunity to participate in the "peer to peer" review.
13. As authorized under A.A.C. R20-5-128, the fee for the reproduction of medical records for workers' compensation purposes shall be 25¢ per page and \$10.00 per hour per person for reasonable clerical costs associated with locating and reproducing the documents.
14. Reimbursement values for telehealth services are governed by the Fee Schedule and no reductions are justified unless specified by the Fee Schedule. The performance of telehealth services is governed by Arizona Revised Statutes, Title 36, Chapter 36. Bills for telehealth services shall include modifier -95 and place of service (POS) code according to the incorporated AMA/CMS guidelines. Reimbursement for telehealth services shall be based on the non-facility (NF) rate regardless of the POS code.

15. Healthcare providers shall use the appropriate International Statistical Classification of Disease and Related Health Problems (ICD-10 code(s)) published by the World Health Organization (WHO) to classify and code all diseases, signs, and symptoms, abnormal findings, social circumstances, and external causes of injury and/or disease. Mental health providers shall reference the most recent published version of the Diagnostic and Statistical Manual of Mental Disorder (DSM) published by the American Psychiatric Association to define and classify mental disorders when establishing the appropriate ICD-10 code(s).

## B. PAYMENT AND REVIEW OF BILLINGS

1. Under Arizona workers' compensation law, an insurance carrier, self-insured employer, or their representative is not responsible for payment of a billing for medical, surgical, and hospital benefits that the insurance carrier, employer, or representative received more than twenty-four (24) months from the date that the medical service was rendered, or from the date on which the provider knew or should have known that the service was rendered, whichever occurs later. A subsequent billing or corrective billing does not restart the limitations period. *See A.R.S. § 23-1062.01.*
2. It is incumbent upon the insurance carrier, self-insured employer, and third party processing service to inform all parties, including the Commission, regarding changes in addresses for bill processing locations.
3. Under Arizona workers' compensation law, a healthcare provider is entitled to timely payment for services rendered. An insurance carrier, self-insured employer, or claims processing representative shall make a determination whether to deny or pay a medical bill on an accepted claim, in whole or in part, including the decision as to the amount to pay, within thirty (30) days from the date the claim is accepted, if the billing is received before the date of acceptance, or within thirty (30) days from the date of the receipt of the billing if the billing is received after the date of acceptance. All billing denials shall be based on reasonable justification. The insurance carrier, self-insured employer, or claims processing representative shall pay the approved portion of the billing within thirty (30) days after the determination for payment is made. If the billing is not paid within the applicable time period, the insurance carrier, self-insured employer, or claims processing representative shall pay interest to the health provider on the billing at a rate that is equal to the legal rate. Interest shall be calculated beginning on the date that the payment to the healthcare provider is due. *See A.R.S. § 23-1062.01.*

To ensure timely and accurate payment of a medical billing, a billing must contain the information required under A.R.S. § 23-1062.01. A billing must contain at least the following information: Correct demographic patient information including claim number, if known; Correct provider information, including name, address, telephone number, and federal taxpayer identification number; Appropriate medical coding with dollar amounts and units clearly stated with all descriptions and dates of services clearly printed; and legible medical reports required for each date of service if the billing is for direct treatment of the injured worker.

4. Payment of a workers' compensation medical billing is governed by A.R.S. § 23-1062.01, which includes:
  - a. Timeframes for processing and payment of medical bills;
  - b. Criteria for billing denials;
  - c. A provision that the injured worker is not responsible for payment of any portion of a medical bill on an accepted claim or payment of any portion of a medical billing that is being disputed;

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- d. A provision that the insurance carrier or self-insured employer may establish an internal system for resolving payment disputes;
  - e. A provision that A.R.S. § 23-1062.01 does not apply to written contracts entered into between healthcare providers and insurance carriers and self-insured employers or their representatives that specify payment periods or contractual remedies for untimely payments; and
  - f. A provision that the Industrial Commission does not have jurisdiction over contract disputes between the parties.
5. Healthcare providers shall bill the code that most accurately describes the service performed. If an insurance carrier, self-insured employer, or claims processing representative determines that the documentation submitted does not support the procedure code billed, the payment to the healthcare provider may be appropriately adjusted based on Fee Schedule reimbursement values. *See* A.R.S. § 23-1062.01. The payer shall provide documentation justifying the adjustment and clearly outline the process a healthcare provider may follow to appeal the determination. Payers shall not downcode medical billings under the Arizona Physicians' & Pharmaceutical Fee Schedule. Downcoding is defined as a payer changing a code in a payment remittance to a code at a lower service level than was billed by the healthcare provider. As applicable, the health care provider may resubmit the bill with documentation that addresses the reason for the adjustment.
6. "Reasonable justification" to deny a bill does not include the payment/billing policies of other private or public entities (publications) unless the publication has been incorporated by reference in the Fee Schedule.
7. Excluding bundling and unbundling issues, it is not the Commission's intent to restrict an insurance carrier's, self-insured employer's, or third party processing service's ability to address issues not addressed by the Fee Schedule. This includes evaluating unlisted procedures, establishing values for unlisted procedures, establishing values for codes that are listed as "BR" or "RNE", or new CPT® codes that have not been incorporated by the Industrial Commission, or managing issues outside the jurisdiction of the Fee Schedule, such as hospital billings.
8. Healthcare providers shall provide legible medical documentation and reports that are sufficient for insurance carriers/self-insured employers to determine if treatment is being directed towards injuries sustained in an industrial accident or incident. The healthcare provider shall ensure that their patients' medical files include the information required by A.R.S. § 32-1401.2. The healthcare provider is not required to provide copies of documents or reports that they did not author and that are not in their possession (*i.e.*, Employers' First Report of Injury).
9. Treating physicians shall submit a narrative that justifies the billing of a level four (4) or five (5) E/M service.
10. The Commission has incorporated by reference the Centers for Medicare and Medicaid Services, Evaluation and Management Services Guide, and the most current American Medical Association, Evaluation and Management Code and Guideline Changes. Medical billings shall be prepared and reviewed consistent with how these guidelines are used and interpreted by CMS. Additionally, payers are required to disclose any additional guideline(s) utilized in their Explanation of Reviews (or other similar document).

11. A payer's Explanation of Review (or other similar document) shall contain sufficient information to allow the healthcare provider to determine whether the amount of payment is correct and whom to contact regarding any questions related to the payment. Information in the Explanation of Review (or other similar document) shall include the following:
  - a. The name of the injured worker;
  - b. The name of the payer and the name of the third party administrator ("TPA"), if applicable;
  - c. If applicable, the name, telephone number, and address of all entities that reviewed the medical billing on behalf of the payer;
  - d. If applicable, the name, telephone number, and address of the party that has a written contract signed by the healthcare provider that allows the contracting party or other third party to access and pay rates that are different from those provided under this Fee Schedule;
  - e. The amount billed by the healthcare provider;
  - f. The amount of any reduction due to a written contract with the healthcare provider; and
  - g. The amount of payment.
12. Nothing in this Fee Schedule precludes a healthcare provider from entering into a separate contract that governs fees. In this instance, reimbursement shall be made according to the applicable contracted charge. In the absence of a separate contract that governs a healthcare provider's fees, reimbursement shall be made according to this Fee Schedule. A payer shall demonstrate that it is entitled to pay the contracted rate in the event of a dispute by providing a valid copy of the governing contract to the healthcare provider. If a payer fails to provide evidence that it is entitled to pay a contracted rate, then the payer shall be required to make payment as provided in this Fee Schedule.
13. Billing and reimbursement guidelines for Pharmaceuticals are found in the Pharmaceutical Fee Schedule Section of this document.
14. The Fee Schedule does not apply to ambulance service providers. Service fees for ground ambulance transportation are set and mandated by the Arizona Department of Health Services through its Arizona Ground Ambulance Service Rate Schedule. A.R.S. § 36-2239(D) states "an ambulance service shall not charge, demand or collect any remuneration for any service greater or less than or different from the rate or charge determined and fixed by the department as the rate or charge for that service." Service fees published in the Arizona Ground Ambulance Service Rate Schedule are applicable in the workers' compensation setting.

#### **C. REIMBURSEMENT OF MID-LEVEL MEDICAL PROVIDERS**

1. Certified Registered Nurse Anesthetists ("CRNAs") are reimbursed at 85% of the fee schedule.
  - a. Physician Assistants and Nurse Practitioners are reimbursed at 85% of the fee schedule *except* if services are provided "incident to" a physician's professional services. In that instance,

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reimbursement is required to be at 100% of the fee schedule. The following criteria are identified as establishing the “incident to” exception:

- b. The Physician Assistant and Nurse Practitioner must work under the direct supervision of an appropriately licensed physician,
  - c. The Physician must initially see that patient and establish a plan of care for that patient (“treatment plan”),
  - d. Subsequent service provided by the Physician Assistant and Nurse Practitioner must be a part of the documented treatment plan, and
  - e. The Physician must always be involved in the patient’s treatment plan and see the patient often enough to demonstrate that the Physician is actively participating in and managing the patient’s care.
2. For purposes of the Fee Schedule, the Commission recognizes that direct supervision of a Physician Assistant or Nurse Practitioner by a Physician can be accomplished through the use of modern technology and telecommunications (telemedicine) and may not require the on-site presence of the Physician when the Physician Assistant or Nurse Practitioner sees the patient. In all instances, however, and regardless of the extent to which telemedicine is used, the Physician must actively participate in and manage the patient’s care if services provided by a Physician Assistant or Nurse Practitioner are billed at 100% of the fee schedule under the “incident to” exception.
  3. It is the responsibility of the Physician to document if the services provided by a Physician Assistant and Nurse Practitioner are “incident to” the Physician’s professional service. If either the incident to criteria is not met, or the documentation submitted fails to support the “incident to” criteria, the reimbursement should be made at 85% of the fee schedule.

#### D. DIRECTED CARE AND USE OF NETWORKS

The Arizona Workers’ Compensation Act only permits private self-insured employers to direct medical care. A.R.S. § 23-1070(A); See also *Southwest Gas Corp. v. Industrial Commission of Arizona*, 200 Ariz. 292, 25 P.3d 1164 (2001).

<sup>1</sup> It should be noted that the law governing directed care is not limited to “medical doctors,” but instead applies to medical, surgical, and hospital benefits. See A.R.S. § 23-1070. The phrase, “medical, surgical, and hospital benefits” is defined in A.R.S. § 23- 1062(A), which states: “Promptly, upon notice to the employer, every injured employee shall receive medical, surgical and hospital benefits or other treatment, nursing, medicine, surgical supplies, crutches and other apparatus, including artificial members, reasonably required at the time of the injury, and during the period of disability. Such benefits shall be termed ‘medical, surgical and hospital benefits.’”

This limitation on the scope of directed care means that employees of private self-insured employers do not have an unrestricted right to choose their own healthcare providers, while employees of all other employers do (including public self-insured employers).<sup>1</sup> Notwithstanding an employee's right to choose, many workers' compensation insurance carriers ("carriers") and public self-insured employers ("employers") have taken advantage of "networks" to reduce their costs. This is done by either creating their own network of "preferred providers" or by contracting with a third party to access private healthcare networks.

Actions or conduct that impair or limit the right of an employee to choose their healthcare provider may rise to the level of bad faith and/or unfair claims processing practices under A.R.S. § 23-930. The Commission will investigate a complaint of bad faith/unfair claims processing practices, and if appropriate, impose penalties under A.R.S. § 23-930, in those circumstances where a carrier, employer, or TPA has engaged in conduct that results in directing a claimant to a "network" provider. The following are examples of conduct that the Commission would consider appropriate for investigation under A.R.S. § 23-930.

- A claimant is told that they must see a healthcare provider that is "in the network;"
- A claimant is told that care from a "non-network" healthcare provider is not authorized;
- A "network" healthcare provider is told that referrals are required to be made to another "network" healthcare provider;
- A "network" healthcare provider is told that they may not recommend a "non-network" healthcare provider to a patient;
- A "non-network" healthcare provider is told that care will only be authorized if provided by a "network" provider; and
- A "non-network" healthcare provider is told that reimbursement will be made according to "network" discounts.

## **E. TREATMENT OF INDUSTRIAL INJURIES AND DISEASES**

1. An employee who sustains an injury arising out of, or in the course of, employment is entitled, under Arizona law, to select a healthcare provider of his/her own choice unless that employee is employed by a private self-insured employer as described in A.R.S. § 23-1070. Employers described in A.R.S. § 23-1070, excluding the State or Political Subdivisions thereof, are allowed to direct medical care.
2. The attending healthcare provider's promptness and professional exactness in the completion and filing of workers' compensation forms are extremely important to the employee being treated. The injured or disabled employee's claim to medical benefits and compensation can rest on the conscientious attention of the healthcare provider in processing the required reports. Rules addressing the completion of these forms are found in Title 20, Chapter 5, Article 1 of the Arizona Administrative Code, which can be obtained at: [http://apps.azsos.gov/public\\_services/Title\\_20/20-05.pdf](http://apps.azsos.gov/public_services/Title_20/20-05.pdf)

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3. The Commission, the employer, and the insurance carrier may, at any time, designate a healthcare provider or healthcare providers to examine an employee. Additionally, upon application of the employer, employee, or insurance carrier, the Commission may order a change of healthcare provider or a change of conditions of treatment when there are reasonable grounds or a belief that the employee's health or progress can thus be improved.
4. A claimant may not change doctors without the written authorization of the insurance carrier, the Commission, or the attending physician. A claimant may not transfer from one hospital to another without the written authorization of the insurance carrier or the Commission. If the patient's employment requires leaving the locale in which he/she is receiving treatment, the attending physician should arrange for continued treatment and notify the carrier of such arrangement. It is the responsibility of the physician or the hospital to which a patient has transferred to ascertain whether such a change has been authorized.
5. Treatment of conditions unrelated to the injuries sustained in the industrial accident may be denied as unauthorized if the treatment seems directed principally toward the non-industrial condition or if the treatment does not seem necessary for the patient's physical rehabilitation from the industrial injury.
6. If the patient refuses to submit to a medical examination or to cooperate with the healthcare provider's treatments, the carrier or self-insured employer should be notified.
7. If an employee is capable of some form of gainful employment, it is proper for the healthcare provider to release the employee to light work and make a specific report to the carrier or self-insured employer as to the date of such release. It can be to the employee's economic advantage to be released to light work since he/she can receive compensation based on 66 2/3% of the difference between one's earnings and one's established wage. On the other hand, it would not be to the employee's economic advantage to be released to light work if, in fact, the employee is not capable of performing such work. The healthcare provider's judgment in such matters is extremely important.
8. If the employee no longer requires active medical care for the industrial injury and is discharged from treatment, the healthcare provider is required to provide a signed report with the date of discharge to the carrier or self-insured employer, even if, as a private patient, the employee may require further medical care for conditions unrelated to the industrial accident. This final report and discharge date are necessary for closing the claim file.
9. When a healthcare provider discharges a claimant from treatment, the healthcare provider shall determine whether the employee has suffered any impairment of function, or disfigurement about the head or face, including injury to or loss of teeth, and include this information in the final signed report provided to the carrier or self-insured employer. The Rules of Procedure Before the Industrial Commission of Arizona require that any rating of the percentage of functional impairment should be made in accordance with the standards of evaluation published in the most recent edition of the American Medical Association Guides to the Evaluation of Permanent Impairment. Additional guidance on appropriate billing and reimbursement for impairment evaluations is found in the Evaluation and Management Section of this document.

10. Once an exposure to a blood-borne pathogen occurs, the workers' compensation insurance carrier/self-insured employer is responsible for payment of the accepted treatment protocol which includes the HBIG vaccination (Hepatitis B Immune Globulin), and, if necessary, the three (3) Hepatitis B vaccinations.

When a work-related incident occurs that may have exposed an employee to Hepatitis, the insurance carrier/self-insured employer is responsible for paying for the testing and/or treatment of Hepatitis B or C. As to the treatment of HIV, if a bona fide claim exists under A.R.S. § 23-1043.02, then the insurance carrier/self-insured employer is responsible for paying for the treatment.

11. It is the employer's responsibility, in accordance with existing OSHA standards, to pay for HIV testing. The insurance carrier may seek reimbursement from the employer for the costs associated with providing the series of three (3) Hepatitis B vaccinations if the employer failed to provide them in violation of federal and state laws.

## **F. REOPENING OF CLAIMS**

1. Whether or not the employee has suffered a permanent disability, on a claim that has been previously accepted, the claim may be reopened on the basis of a new, additional, or previously undiscovered disability or condition, but:
  - a. The claimant should use the form of petition prescribed by the Commission;
  - b. The petition must be personally signed by the worker or his authorized representative and must be filed at any office of the Industrial Commission of Arizona;
  - c. The petition, in order to be considered, must be accompanied by the healthcare provider's medical report.
2. If the claim is reopened, the payment for such reasonable and necessary medical, hospital and laboratory work expenses shall be paid by the insurance carrier if such expenses are incurred within fifteen (15) days of the filing of the petition to reopen.
3. No monetary compensation is payable for any period prior to the date of filing of the petition to reopen. Surgical benefits are not payable for any period prior to the date of filing of a petition to reopen, except that surgical benefits are payable for a period prior to the date of filing not to exceed seven (7) days if a bona fide medical emergency precludes the employee from filing a petition to reopen prior to the surgery. Other information relative to reopening rights may be found at A.R.S. § 23-1061(H).
4. If a claim is approved for reopening, the carrier must notify the attending healthcare provider of that approval.

## **G. NO-INSURANCE CLAIMS**

"No-Insurance" claims are workers' compensation claims involving injuries to employees of employers who do not have workers' compensation insurance coverage as required by Arizona law. In such cases, all claims and reports are to be addressed to the No-Insurance Section of the Special Fund of The Industrial Commission of Arizona.



## H. CONSULTATIONS

Workers' compensation cases can present additional medical and legal problems that justify consultation sooner and more frequently than the average private patient. In complex cases and cases requiring an estimate of general or unscheduled disability, consultation with specialists in the appropriate field may be requested by any interested party. The Industrial Commission continues to recognize the necessity for consultations in workers' compensation and establishes relative value units and rates for consultation codes.

## I. WITNESS FEES

1. Insurance providers, self-insured employers, and the Special Fund of the Commission are responsible for paying \$150.00 for the first hour of testimony (or any portion thereof) and \$50.00 for each twenty (20) minute increment following the initial hour (or any portion thereof) to a healthcare provider who testifies at hearing at their request.
2. The Commission is responsible for paying \$150.00 for the first hour of testimony (or any portion thereof) and \$50.00 for each twenty (20) minute increment following the initial hour (or any portion thereof) to a healthcare provider who testifies at hearing on request of a workers' compensation claimant.

## J. DEFINITIONS OF SELECT UNIT VALUES

1. BY REPORT "BR" ITEMS: "BR" in the value column indicates that the value of this service is to be determined "by report" because the service is too unusual or variable to be assigned a unit relativity. Pertinent information concerning the nature, intent, and need for the procedure or service, the time, the skill and equipment necessary, etc., is to be furnished. A detailed clinical record is not necessary.
2. RELATIVITY NOT ESTABLISHED "RNE" ITEMS: "RNE" in the value column indicates new or infrequently performed services for which sufficient data has not been collected to allow the establishment of relativity. "RNE" items are clearly definable and not inherently variable as are BR procedures. A report may be necessary.
3. MATERIALS AND SUPPLIES: A healthcare provider is not entitled to be reimbursed for supplies and materials normally necessary to perform a billable service. Examples of those items that are not reimbursable are listed below. Billing and reimbursement guidelines for materials and supplies that are reimbursable are found in the HCPCS Section of the Fee Schedule.

Drugs that are administered to patients in a clinical setting shall be billed using the appropriate HCPCS code and reimbursed according to the Pharmaceutical Fee Schedule Guidelines. The provisions in this subsection do not apply to hospitals, ambulatory surgery centers, and ambulance service providers.

Examples of supplies that are usually not separately reimbursable include:

Applied hot or cold packs  
Eye patches, injections, or debridement trays  
Steri-strips  
Needles Syringes  
Eye/ear trays  
Drapes Sterile  
gloves  
Applied eye wash or eye drops  
Creams (massage)  
Fluorescein  
Ultrasound pads and gel Tissues  
Urine collection kits Gauze  
Cotton balls/fluff  
Sterile water  
Band-Aids and dressings for simple wound occlusion Head  
sheets  
Aspiration trays  
Sterile trays for laceration repair and more complex surgeries Tape for dressings

4. **MODIFIERS:** A two-digit (numeric or alpha) sequence that provides the means by which the reporting healthcare provider can specify that a procedure performed has been altered under a special circumstance. This allows defining the modifying circumstance of the service or procedure without creating a separate procedure or listing.

#### Modifier Examples

*Professional Component (PC):* Certain procedures are a combination of a physician, or Professional component and a technical component. When modifier 26 is added to an appropriate code, a PC allowable amount will be paid.

*Technical Component (TC):* The TC component reflects the technical portion of the procedure code. When the technical component is provided by a healthcare provider other than the one providing the professional component, the healthcare provider bills for the technical component by adding modifier TC to the applicable code.

#### **K. LIST OF ACRONYMS**

AMA	American Medical Association
APA	American Psychological Association

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A.R.S.	Arizona Revised Statute
AS	Assistant Surgeon
AWP	Average Wholesale Price
AZ	Arizona
BR	By Report
CCI	Current Coding Initiative (National)
CF	Conversion Factor
CMS	Centers for Medicare & Medicaid
Services CPT	Current Procedural Terminology
CRNA	Certified Registered Nurse
Anesthetist DME	Durable Medical Equipment
DSM	Diagnostic and Statistical Manual of Mental Disorder
E/M	Evaluation and management services
FCE	Functional Capacity Evaluation
FDA	Food and Drug Administration
FUD	Follow-up day(s)
HBIG	Hepatitis B Immune Globulin
HCPCS	Healthcare Common Procedure Coding
System HIV	Human Immunodeficiency Virus
ICD-10-CM	International Classification of Diseases, Tenth Revision, Clinical
Modification IME	Independent medical examination
MPFS	Medicare physician fee schedule
MRI	Magnetic resonance imaging
NCCI	(see CCI)
NDC	National Drug Code
NF	Non-Facility
NP	Nurse Practitioner
ODG	Official Disability Guidelines
OSHA	Occupational Safety and Health
Association OTC	Over-the-counter
PA	Physician Assistant
PC	Professional Component
PFS	Pharmaceutical Fee Schedule
POS	Place of Service
RBRVS	Resource Based Relative
Value Scale RNE	Relativity Not Established
RVU	Relative value unit
TC	Technical Component
TPA	Third Party Administrator
WHO	World Health Organization

**Historical Note**

New Appendix A, Introduction made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Introduction will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Introduction repealed; new Appendix A, Introduction made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Introduction repealed; new Appendix A, Introduction made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Introduction repealed; new Appendix A, Introduction made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Introduction repealed; new Appendix A, Introduction made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Introduction repealed; new Appendix A, Introduction made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Introduction repealed; new Appendix A, Introduction made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).

**PHARMACEUTICAL FEE SCHEDULE****A. GENERAL PROVISIONS AND APPLICABILITY OF THE PHARMACEUTICAL FEE SCHEDULE**

1. The Pharmaceutical Fee Schedule (PFS) applies to prescription and over-the-counter (OTC) medications required to treat an injured employee, whether administered by a healthcare provider or dispensed by a pharmacy (including online or mail order pharmacies) or by a healthcare provider.
2. Medications are not reimbursable unless “reasonably required” at the time of injury or during the period of disability. *See* A.R.S. § 23-1062(A); A.A.C. R20-5-1303(A). The Industrial Commission of Arizona has adopted the Official Disability Guidelines (ODG), including ODG’s Drug Formulary Appendix A (ODG Formulary), as the standard reference for evidence-based medicine used in treating injured employees within the context of Arizona’s workers’ compensation system. Effective October 1, 2018, ODG applies to all body parts and conditions. *See* A.A.C. R20-5-1301(B), (E). ODG is to be used as a tool to support clinical decision-making and quality health care delivery to injured employees. The ODG Formulary sets forth pharmaceutical guidelines that are generally considered reasonable and are presumed correct if the guidelines provide recommendations related to a particular medication. *See* A.A.C. R20-5-1301(H). Healthcare providers are encouraged to consult the ODG Formulary before dispensing, administering, or prescribing medications to injured employees.
3. Generic drugs must be dispensed or administered to injured employees when appropriate, consistent with A.R.S. § 32-1963.01(A)<sup>1</sup>, (B), and (D) through (L)<sup>2</sup>. *See* A.R.S. § 23-908(C). For purposes of this subsection, the definitions in A.R.S. § 32-1963.01(L) apply<sup>3</sup>. Whenever possible: (1) healthcare providers should prescribe less costly drugs; (2) pharmacies and healthcare providers (under Section G) should dispense generic drugs with lower AWP values; and (3) healthcare providers (under Section F) should administer generic drugs with lower AWP values.

<sup>1</sup> A.R.S. § 32-1963.01(A) states: “If a medical practitioner prescribes a brand name drug and does not indicate an intent to prevent substitution as prescribed in subsection E of this section, a pharmacist may fill the prescription with a generic equivalent drug.”

<sup>2</sup> A.R.S. § 32-1963.01(E) states: “A prescription generated in this state must be dispensed as written only if the prescriber writes or clearly displays ‘DAW’, ‘dispense as written’, ‘do not substitute’ or ‘medically necessary’ or any statement by the prescriber that clearly indicates an intent to prevent substitution on the face of the prescription form. A prescription from out of state or from agencies of the United States government must be dispensed as written only if the prescriber writes or clearly displays ‘do not substitute’, ‘dispense as written’ or ‘medically necessary’ or any statement by the prescriber that clearly indicates an intent to prevent substitution on the face of the prescription form.”

<sup>3</sup> A.R.S. § 32-1963.01(L) states, in part:

2. “Brand name drug” means a drug with a proprietary name assigned to it by the manufacturer or distributor.
4. “Generic equivalent” or “generically equivalent” means a drug that has an identical amount of the same active chemical ingredients in the same dosage form, that meets applicable standards of strength, quality and purity according to the United States pharmacopeia or other nationally recognized compendium and that, if administered in the same amounts, will provide comparable therapeutic effects. Generic equivalent or generically equivalent does not include a drug that is listed by the United States food and drug administration as having unresolved bioequivalence concerns according to the administration’s most recent publication of approved drug products with therapeutic equivalence evaluations.

**B. DEFINITIONS.**

1. “Administer” has the meaning set forth in A.R.S. 32-1901(1).
2. “Average Wholesale Price” or “AWP” means the wholesale price charged on a specific commodity that is assigned by the drug manufacturer and is listed in a nationally recognized drug pricing file.
3. “Commercially available” means a drug product is widely available for purchase in pharmacies accessible to the general public, including in brick and mortar pharmacies accessible to the general public.
4. “Compound medication” means a pharmaceutical product created by virtue of mixing or combining drugs and/or components to meet the unique needs of an individual patient when the finished product does not recreate a commercially available product.
5. “Dispense” or “dispensing” means to deliver to an ultimate user by or pursuant to the lawful order of a healthcare provider, including the prescribing, administering, packaging, labeling, or compounding necessary to prepare for that delivery. *See* A.R.S. § 32-1901(27).
6. “Drug” has the meaning set forth in A.R.S. § 32-1901(31).
7. “Hospital” means any institution for the care and treatment of the sick and injured that is approved and licensed as a hospital by: (1) the Arizona Department of Health Services; or (2) an equivalent regulatory agency in another U.S. state, territory, or district. *See* A.R.S. § 32-1901(42).
8. “Healthcare provider” means any person who is permitted/licensed and authorized by law to use and prescribe prescription medications, acting within the scope of such authority, for the treatment of sick and injured human beings or for the diagnosis or prevention of sickness in human beings in the State of Arizona or any U.S. state, territory or district. *See* A.R.S. § 32-1901(53).
9. “Non-traditional strength” medication means a finished drug product in a strength (*i.e.*, dosage) that is not commercially available in pharmacies accessible to the general public.
10. “Over-the-counter medication” or “OTC medication” means a finished drug product, including label and container according to context, which does not require a prescription order.
11. “Pharmacy” has the meaning set forth in A.R.S. § 32-1901(71).
12. “Pharmacy accessible to the general public” means a pharmacy that is readily accessible and provides pharmaceutical services (including prescription medication services) to all segments of the general public without restricting services to a defined or exclusive group of consumers, including but not limited to consumers who have access to services because they are treated by or have an affiliation with a specific entity or medical practitioner. This definition includes mail order pharmacies delivering pharmaceutical services to workers’ compensation claimants if both of the following apply:

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- a. The pharmacy does not limit or restrict access to claimants with an affiliation to a medical provider or other entity.
  - b. Any healthcare provider or other entity referring a claimant to the pharmacy does not receive or accept any rebate, refund, commission, preference, or other consideration as compensation for the referral.
13. “Pharmacy not accessible to the general public” means a pharmacy that provides pharmaceutical services (including prescription medication services) only to a defined or exclusive group of consumers, including but not limited to consumers who have access to services because they are treated by or have an affiliation with a specific entity or medical practitioner. “Pharmacy not accessible to the general public” does not include a hospital pharmacy. This definition does not include mail order pharmacies delivering pharmaceutical services to workers’ compensation claimants if both of the following apply:
  - a. The pharmacy does not limit or restrict access to claimants with an affiliation to a medical provider or other entity.
  - b. Any medical provider or other entity referring a claimant to the pharmacy does not receive or accept any rebate, refund, commission, preference, or other consideration as compensation for the referral.
14. “Prescription” means either a prescription order or a prescription medication. *See* A.R.S. § 32-1901(80).
15. “Prescription medication” means any drug, including label and container according to context, which is dispensed pursuant to a prescription order. *See* A.R.S. § 32-1901(81).
16. “Prescription order” shall have the meaning set forth in A.R.S. § 32-1901(84).
17. “Repackaged medication” means a finished drug product removed from the container in which it was distributed by the original manufacturer and placed into a different container without further manipulation of the drug. The term also includes the act of placing the contents of multiple containers of the same finished drug product into one container. The term also includes “co-pack drug” products which contain two or more separate finished medications that are contained in a single package or unit. The term does not include a drug that is manipulated in any other way, including if the drug is reconstituted, diluted, mixed, or combined with another ingredient.
18. “Therapeutically-similar” medication means a medication that is expected to produce a clinical effect comparable to the original product. Key considerations for determining the “most therapeutically-similar” medications are: (1) the similarity of the clinical effects; (2) the extent to which active ingredients overlap; (3) the similarity of the dosage profiles; and (4) the similarity of the mode of administration; and (5) the similarity of the intended strength.
19. “Traditional strength” medication means a finished drug product in a formulation that is commercially available in pharmacies accessible to the general public.
20. “Ultimate user” means a person who lawfully possesses a prescription medication for that person's own use or for the use of a member of that person's household. *See* A.R.S. § 32-1901(95).

**C. GENERAL GUIDELINES FOR BILLING AND REIMBURSEMENT OF PRESCRIPTION MEDICATIONS.**

1. Except as permitted in Sections F and G of the current PFS, an insurance carrier, self-insured employer, or the Special Fund of the Commission is responsible for the payment of prescription medications only if all of the following apply:
  - a. The prescription medication is dispensed by an individual who is currently licensed to practice the profession of pharmacy by either: (i) the Arizona State Board of Pharmacy; or (ii) an equivalent regulatory agency in another U.S. state, territory, or district; and
  - b. The prescription medication is dispensed by a pharmacy accessible to the general public, including online or mail-order pharmacies that are accessible to the general public.
2. Subject to Sections C(7), D, E, and F(2), reimbursement for prescription medications shall be based on the actual medication dispensed or administered, including a substituted medication that is dispensed or administered pursuant to A.R.S. § 32-1963.01.
3. Except as specified in Sections D and E of the current PFS, a pharmaceutical bill submitted for a prescription medication must include the National Drug Code (NDC) of the original manufacturer registered with the U.S. Food & Drug Administration (FDA), the quantity dispensed, and the reimbursement value of the medication. Under no circumstance shall an NDC other than the original manufacturer's NDC be used.
4. The reimbursement value for prescription medications shall be based on the current PFS reimbursement methodology in the absence of a contractual agreement between the pharmacy or healthcare provider and payer governing reimbursement. Network discounts may not be applied in the absence of a contractual agreement with the pharmacy or healthcare provider authorizing such discounts.
5. The reimbursement value for a prescription medication shall be determined on the date a drug is dispensed from pricing published in the most recent issue, as updated in the most recent update, of a nationally recognized pharmaceutical publication designated by the Commission. For purposes of determining AWP, the Commission has selected Medi-Span®.
6. The reimbursement value for a prescription medication shall be determined by reference to the original manufacturer's NDC and shall be calculated on a per unit basis as follows:
  - a. Generic drugs:
    - (75% of AWP per unit) x (number of units dispensed).
  - b. Brand name drugs:
    - (85% of AWP per unit) x (number of units dispensed).
7. Reimbursement for non-traditional strength prescription medications shall be calculated on a per unit basis, as of the date of dispensing or administering, based on the original manufacturer's NDC and corresponding AWP of the most therapeutically-similar traditional strength form of the same medication. Under no circumstance shall the NDC of the non-traditional strength medication be used.



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8. The reimbursement value for OTC medications shall be calculated on a per unit basis, as of the date of dispensing, based on the retail price (per unit) of the OTC medication in settings where the medication is commercially available.
9. Subject to Section C(10), the reimbursement value for OTC medications that are not commercially available in pharmacies accessible to the general public shall be calculated on a per unit basis, as of the date of dispensing, based on the retail price (per unit) of the most therapeutically-similar OTC medication commercially available in pharmacies accessible to the general public. Under no circumstance shall the NDC or AWP of the non-commercially available OTC medication be used.
10. The reimbursement value for OTC medications that are not commercially available may not exceed:
  - a. Thirty dollars (\$30.00) for a thirty-day supply (or a pro-rated amount if the supply is greater or less than thirty days) for a topical cream or lotion.
  - b. Seventy-five dollars (\$75.00) for a thirty-day supply (or a pro-rated amount if the supply is greater or less than thirty days) for topical patches.

**D. BILLING AND REIMBURSEMENT FOR REPACKAGED MEDICATIONS.**

1. A pharmaceutical bill submitted for a repackaged medication must identify the NDC of the repackaged medication, the NDC of the original manufacturer registered with the U.S. FDA, the quantity dispensed, and the reimbursement value of the repackaged medication. Under no circumstances shall the reimbursement value of a repackaged medication be based upon an NDC other than the original manufacturer's NDC. A repackaged NDC shall not be used for calculating the reimbursement value of a repackaged medication and shall not be considered the original manufacturer's NDC.
2. If a pharmaceutical bill for a repackaged medication is submitted without the original manufacturer's NDC, the payer has the discretion to determine the appropriate NDC (and corresponding AWP) to use or, alternatively, may deny coverage until the appropriate NDC is furnished.
3. The reimbursement value for a repackaged medication shall be based on the current PFS reimbursement methodology contained in Section C of the PFS, utilizing the NDC(s) and corresponding AWP(s) of the original manufacturer(s).
4. Any component of a co-pack drug product for which there is no NDC shall not be reimbursed.

**E. BILLING AND REIMBURSEMENT FOR COMPOUND MEDICATIONS.**

1. A pharmaceutical bill submitted for a compound medication must identify each reimbursable component ingredient, the applicable NDC of each reimbursable component ingredient, the corresponding quantity of each component ingredient, and the calculated reimbursement value of each component ingredient. All component ingredients of a compound medication must be billed on a single bill.
2. The reimbursement value for a compound medication shall be calculated at the component ingredient level. The reimbursement value for a compound medication shall be based on the sum of the reimbursement values of each component ingredient and the corresponding component ingredient's NDC, based on the current PFS reimbursement methodology set forth in Section C.
3. Any component ingredient in a compound medication for which there is no NDC shall not be reimbursed.
4. Any component ingredient in a topical compound medication that is not FDA approved for topical use shall not be reimbursed.
5. If any component ingredient in a compound medication is a repackaged medication, the reimbursement value for the repackaged medication ingredient shall be determined based on the current PFS reimbursement methodology set forth in Section C, using the AWP corresponding to the NDC of the original manufacturer. *See* Section D.
6. The maximum reimbursement value for a topical compound medication shall be the lesser of:
  - a. Two hundred dollars (\$200.00) for a 30-day supply (or a pro-rated amount if the supply is greater or less than 30 days), or
  - b. The reimbursement value of the compound medication as calculated under this section.

**F. BILLING AND REIMBURSEMENT FOR MEDICATIONS ADMINISTERED BY A HEALTHCARE PROVIDER.**

1. A pharmaceutical bill submitted for a medication administered by a healthcare provider must comply with billing procedures outlined in Sections C, D, and E of the current PFS, as applicable.
2. The reimbursement value for a medication administered by a healthcare provider shall be based on the current PFS reimbursement methodology contained in Sections C, D, and E of the PFS, as applicable.

**G. REIMBURSEMENT FOR MEDICATIONS DISPENSED BY A HEALTHCARE PROVIDER OR IN A PHARMACY NOT ACCESSIBLE TO THE GENERAL PUBLIC.<sup>4,5</sup>**

1. An insurance carrier, self-insured employer, or the Special Fund of the Commission is responsible for the payment of prescription medications that are dispensed by a healthcare provider or in a pharmacy not accessible to the general public if all of the following apply:
  - a. The prescription medication is dispensed by a healthcare provider or a pharmacy not accessible to the general public to the injured employee within seven days of the date of the industrial injury;
  - b. The prescription medication is limited to no more than a one-time, ten-day supply;
  - c. The prescription medication conforms to dosages and formulations that are commercially available in pharmacies accessible to the general public.
2. An insurance carrier, self-insured employer, or the Special Fund of the Commission is responsible for the payment of prescription medications that are dispensed by a healthcare provider or in a pharmacy not accessible to the general public if all of the following apply:
  - a. The injured employee does not have access to a pharmacy accessible to the general public within 20 miles of the injured employee's home address, work address, or the address of the prescribing healthcare provider;
  - b. The injured employee cannot reasonably acquire the prescription medication from an online or mail order pharmacy accessible to the general public; and
  - c. The prescription medication conforms to dosages and formulations which are commercially available in pharmacies accessible to the general public.
3. An insurance carrier, self-insured employer, or the Special Fund of the Commission is responsible for the payment of prescription medications that are dispensed by a healthcare provider or in a pharmacy not accessible to the general public if the dispensing of a prescription medication for an individual claim and specified duration has been pre-approved in writing by the insurance carrier, self-insured employer, or the Special Fund of the Commission. Nothing in this section requires an insurance carrier, self-insured employer, or the Special Fund of the Commission to pre-approve the dispensing of prescription medications under this subsection.

<sup>4</sup> Dispensing pursuant to Section G is subject to the Arizona Opioid Epidemic Act, which imposes statutory limits on the prescribing and dispensing of schedule II opioids. For more information about the Arizona Opioid Epidemic Act, please see the FAQs published by the Arizona State Board of Pharmacy, available at <https://drive.google.com/file/d/1JCIs8VwtdJ1T-DyGfJN3WWUm4KhDMXe-/view>.

<sup>5</sup> Section G sets forth reimbursement guidelines for medications dispensed in settings that are not accessible to the general public in Arizona's worker's compensation system and does not interfere with a medical practitioner's ability to dispense medications pursuant to A.R.S. § 32-1491 or seek payment from sources unrelated to workers' compensation.

4. An insurance carrier, self-insured employer, or the Special Fund of the Commission is responsible for the payment of prescription medications that are dispensed by a pharmacy not accessible to the general public if all of the following apply:
  - a. The prescription medication was dispensed to an injured employee whose workers' compensation claim was initially denied by the carrier, self-insured employer, or the Special Fund of the Commission;
  - b. The injured employee protested the claim denial by filing a timely request for hearing;
  - c. The workers' compensation claim was either: (a) subsequently accepted by the carrier, self-insured employer, or the Special Fund of the Commission; or (b) the claim was found to be compensable by the Commission's Administrative Law Judge Division, the Arizona Court of Appeals, or the Arizona Supreme Court;
  - d. The prescription medication was dispensed during the time period between: (a) the initial claim denial and (b) the subsequent acceptance of the claim or the compensability determination by the Commission's Administrative Law Judge Division, the Arizona Court of Appeals, or the Arizona Supreme Court; and
  - e. The prescription medication conforms to dosages and formulations that are commercially available in pharmacies accessible to the general public.
5. The guidelines in Section C(1) and this section do not apply to prescription medications dispensed during in-patient hospital care or upon discharge from in-patient hospital care.
6. Subject to the limitations in this section, medications that have been provided as free samples to a healthcare provider may be dispensed to an injured employee when appropriate, but are not reimbursable.

#### **H. DISPENSING FEE.**

1. If a prescription medication is dispensed by a pharmacy accessible to the general public pursuant to a prescription order, a dispensing fee of up to seven dollars (\$7.00) per prescription medication, repackaged medication, or compound medication may be charged. The dispensing fee does not apply to OTC medications that are not prescribed by a healthcare provider.
2. If a prescription medication is dispensed by a healthcare provider or in a pharmacy not accessible to the general public pursuant to Section G(1), (2), or (3), a dispensing fee of up to seven dollars (\$7.00) per prescription medication, repackaged medication, or compound medication may be charged. If an OTC medication is dispensed by a healthcare provider or by a pharmacy not accessible to the general public, a dispensing fee is not permitted.
3. If a prescription or OTC medication is administered by a healthcare provider, a dispensing fee is not permitted.

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**I. ADDITIONAL BILLING GUIDELINES.**

## 1. Paper billing by a physician:

The following is an example of how to report both the repackaged NDC and original NDC on the CMS 1500 form using the shaded area of line 24. The information is reported in the following order: qualifier (N4), NDC code, one space, unit/basis of measurement qualifier, quantity, one space, ORIG, qualifier (N4), NDC code.”

24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. CPT/HCPCS	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINT	F. \$ CHARGES	G. DAYS OF UNITS	H. J30C Rate	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
MM	DD	YY	MM	DD	YY	EMG	MODIFIER								
N4	55	28	90	47	590	UN30	ORIG	N4	00025152531						
10	01	05	10	01	05	11		J3490		A	500	00	30	N	12345678901
														NPI	0123456789

If a physician does not bill using the CMS 1500 form or is not able to include all the required information on the CMS 1500 form (due to software/system limitations), then the physician may provide the required information (in the required order) separately or as an attachment to the CMS 1500 form.

## 2. Paper billing by non-physician entities.

A non-physician entity using paper billing to bill for medications shall use the most recent version of the Workers' Compensation/Property & Casualty Universal Claim Form (WC/PC UCF) adopted by the National Council for Prescription Drug Programs.

**J. SEVERABILITY CLAUSE.**

If any provision of the Pharmaceutical Fee Schedule or the application thereof to any person or circumstances is held invalid, such invalidity shall not affect other provisions or application of the Pharmaceutical Fee Schedule which can be given effect without the invalid provisions or application, and to this end the provisions of this Pharmaceutical Fee Schedule are severable.

**Historical Note**

New Appendix A, Pharmaceutical Fee Schedule made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Pharmaceutical Fee Schedule will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Pharmaceutical Fee Schedule repealed; new Appendix A, Pharmaceutical Fee Schedule made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Pharmaceutical Fee Schedule repealed; new Appendix A, Pharmaceutical Fee Schedule made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Pharmaceutical Fee Schedule repealed; new Appendix A, Pharmaceutical Fee Schedule made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Pharmaceutical Fee Schedule repealed; new Appendix A, Pharmaceutical Fee Schedule made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Pharmaceutical Fee Schedule repealed; new Appendix A, Pharmaceutical Fee Schedule made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Pharmaceutical Fee Schedule repealed; new Appendix A, Pharmaceutical Fee Schedule made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).

## ANESTHESIA GUIDELINES

Information regarding publications incorporated by reference is found in the Introduction Section of the Fee Schedule.

The following Commission guidelines are in addition to the CPT® guidelines and represent additional guidance from the Commission relative to unit values for anesthesia services. To the extent that a conflict may exist between an incorporated portion of the CPT®, the most recent edition of Relative Value Guide, or the American Society of Anesthesiologists, and a code, guideline, identifier, or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

- A. CERTIFIED REGISTERED NURSE ANESTHETISTS: Are reimbursed at 85% of the fee schedule when billed with modifier QZ.
- B. ANESTHESIA MODIFIERS: Anesthesia modifiers, which may include physical status and other optional modifiers, may be added to the basic values. Unit values for physical status modifiers are as follows:

	Unit Values
P1 A normal healthy patient	0
P2 A patient with mild systemic disease	0
P3 A patient with severe systemic disease	1
P4 A patient with severe systemic disease that is a constant threat to life	2
P5 A moribund patient who is not expected to survive without the operation	3
P6 A declared brain-dead patient whose organs are being removed for donor purposes	0

- AA Anesthesia services personally performed by an anesthesiologist are reimbursed at 100% of the lesser of billed charges or the fee schedule calculation.
- AD Medical supervision by a physician: more than four (4) concurrent anesthesia procedures reimbursed at 50% of the lesser of billed charges or fee schedule calculation.
- QK Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals reimbursed at 50% of the lesser of billed charges or fee schedule calculation.
- QX CRNA service: with medical direction by a physician reimbursed at 50% of fee schedule calculation.
- QZ CRNA service without medical direction by a physician is reimbursed at 85% of the lesser of billed charges or fee schedule calculation.

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**Historical Note**

New Appendix A. Anesthesia Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019;

Appendix A Anesthesia Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Anesthesia Guidelines repealed; new Appendix A, Anesthesia Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Anesthesia Guidelines repealed; new Appendix A, Anesthesia

Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Anesthesia Guidelines repealed; new Appendix A, Anesthesia Guidelines made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Anesthesia Guidelines repealed; new Appendix A, Anesthesia Guidelines made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A. Anesthesia Guidelines repealed; new Appendix A, Anesthesia Guidelines made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Anesthesia Guidelines repealed; new Appendix A, Anesthesia Guidelines made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Anesthesia Codes 2025****Anesthesia Conversion Factor \$61.00**

Code	Category	Base Unit	RBRVS Rate
00100	Anesthesia	5	305.00
00102	Anesthesia	6	366.00
00103	Anesthesia	5	305.00
00104	Anesthesia	4	244.00
00120	Anesthesia	5	305.00
00124	Anesthesia	4	244.00
00126	Anesthesia	4	244.00
00140	Anesthesia	5	305.00
00142	Anesthesia	4	244.00
00144	Anesthesia	6	366.00
00145	Anesthesia	6	366.00
00147	Anesthesia	4	244.00
00148	Anesthesia	4	244.00
00160	Anesthesia	5	305.00
00162	Anesthesia	7	427.00
00164	Anesthesia	4	244.00
00170	Anesthesia	5	305.00
00172	Anesthesia	6	366.00
00174	Anesthesia	6	366.00
00176	Anesthesia	7	427.00
00190	Anesthesia	5	305.00
00192	Anesthesia	7	427.00
00210	Anesthesia	11	671.00
00211	Anesthesia	10	610.00
00212	Anesthesia	5	305.00
00214	Anesthesia	9	549.00
00215	Anesthesia	9	549.00
00216	Anesthesia	15	915.00
00218	Anesthesia	13	793.00
00220	Anesthesia	10	610.00
00222	Anesthesia	6	366.00
00300	Anesthesia	5	305.00
00320	Anesthesia	6	366.00
00322	Anesthesia	3	183.00
00326	Anesthesia	7	427.00
00350	Anesthesia	10	610.00
00352	Anesthesia	5	305.00

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Anesthesia Codes 2025****Anesthesia Conversion Factor \$61.00**

Code	Category	Base Unit	RBRVS Rate
00400	Anesthesia	3	183.00
00402	Anesthesia	5	305.00
00404	Anesthesia	5	305.00
00406	Anesthesia	13	793.00
00410	Anesthesia	4	244.00
00450	Anesthesia	5	305.00
00454	Anesthesia	3	183.00
00470	Anesthesia	6	366.00
00472	Anesthesia	10	610.00
00474	Anesthesia	13	793.00
00500	Anesthesia	15	915.00
00520	Anesthesia	6	366.00
00522	Anesthesia	4	244.00
00524	Anesthesia	4	244.00
00528	Anesthesia	8	488.00
00529	Anesthesia	11	671.00
00530	Anesthesia	4	244.00
00532	Anesthesia	4	244.00
00534	Anesthesia	7	427.00
00537	Anesthesia	10	610.00
00539	Anesthesia	18	1098.00
00540	Anesthesia	12	732.00
00541	Anesthesia	15	915.00
00542	Anesthesia	15	915.00
00546	Anesthesia	15	915.00
00548	Anesthesia	17	1037.00
00550	Anesthesia	10	610.00
00560	Anesthesia	15	915.00
00561	Anesthesia	25	1525.00
00562	Anesthesia	20	1220.00
00563	Anesthesia	25	1525.00
00566	Anesthesia	25	1525.00
00567	Anesthesia	18	1098.00
00580	Anesthesia	20	1220.00
00600	Anesthesia	10	610.00
00604	Anesthesia	13	793.00
00620	Anesthesia	10	610.00

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Anesthesia Codes 2025****Anesthesia Conversion Factor \$61.00**

Code	Category	Base Unit	RBRVS Rate
00625	Anesthesia	13	793.00
00626	Anesthesia	15	915.00
00630	Anesthesia	8	488.00
00632	Anesthesia	7	427.00
00635	Anesthesia	4	244.00
00640	Anesthesia	3	183.00
00670	Anesthesia	13	793.00
00700	Anesthesia	4	244.00
00702	Anesthesia	4	244.00
00730	Anesthesia	5	305.00
00731	Anesthesia	5	305.00
00732	Anesthesia	6	366.00
00750	Anesthesia	4	244.00
00752	Anesthesia	6	366.00
00754	Anesthesia	7	427.00
00756	Anesthesia	7	427.00
00770	Anesthesia	15	915.00
00790	Anesthesia	7	427.00
00792	Anesthesia	13	793.00
00794	Anesthesia	8	488.00
00796	Anesthesia	30	1830.00
00797	Anesthesia	11	671.00
00800	Anesthesia	4	244.00
00802	Anesthesia	5	305.00
00811	Anesthesia	4	244.00
00812	Anesthesia	3	183.00
00813	Anesthesia	5	305.00
00820	Anesthesia	5	305.00
00830	Anesthesia	4	244.00
00832	Anesthesia	6	366.00
00834	Anesthesia	5	305.00
00836	Anesthesia	6	366.00
00840	Anesthesia	6	366.00
00842	Anesthesia	4	244.00
00844	Anesthesia	7	427.00
00846	Anesthesia	8	488.00
00848	Anesthesia	8	488.00

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Anesthesia Codes 2025****Anesthesia Conversion Factor \$61.00**

Code	Category	Base Unit	RBRVS Rate
00851	Anesthesia	6	366.00
00860	Anesthesia	6	366.00
00862	Anesthesia	7	427.00
00864	Anesthesia	8	488.00
00865	Anesthesia	7	427.00
00866	Anesthesia	10	610.00
00868	Anesthesia	10	610.00
00870	Anesthesia	5	305.00
00872	Anesthesia	7	427.00
00873	Anesthesia	5	305.00
00880	Anesthesia	15	915.00
00882	Anesthesia	10	610.00
00902	Anesthesia	5	305.00
00904	Anesthesia	7	427.00
00906	Anesthesia	4	244.00
00908	Anesthesia	6	366.00
00910	Anesthesia	3	183.00
00912	Anesthesia	5	305.00
00914	Anesthesia	5	305.00
00916	Anesthesia	5	305.00
00918	Anesthesia	5	305.00
00920	Anesthesia	3	183.00
00921	Anesthesia	3	183.00
00922	Anesthesia	6	366.00
00924	Anesthesia	4	244.00
00926	Anesthesia	4	244.00
00928	Anesthesia	6	366.00
00930	Anesthesia	4	244.00
00932	Anesthesia	4	244.00
00934	Anesthesia	6	366.00
00936	Anesthesia	8	488.00
00938	Anesthesia	4	244.00
00940	Anesthesia	3	183.00
00942	Anesthesia	4	244.00
00944	Anesthesia	6	366.00
00948	Anesthesia	4	244.00
00950	Anesthesia	5	305.00

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**ARIZONA PHYSICIANS' FEE SCHEDULE**

**Anesthesia Codes 2025**

**Anesthesia Conversion Factor \$61.00**

Code	Category	Base Unit	RBRVS Rate
00952	Anesthesia	4	244.00
01112	Anesthesia	5	305.00
01120	Anesthesia	6	366.00
01130	Anesthesia	3	183.00
01140	Anesthesia	15	915.00
01150	Anesthesia	10	610.00
01160	Anesthesia	4	244.00
01170	Anesthesia	8	488.00
01173	Anesthesia	12	732.00
01200	Anesthesia	4	244.00
01202	Anesthesia	4	244.00
01210	Anesthesia	6	366.00
01212	Anesthesia	10	610.00
01214	Anesthesia	8	488.00
01215	Anesthesia	10	610.00
01220	Anesthesia	4	244.00
01230	Anesthesia	6	366.00
01232	Anesthesia	5	305.00
01234	Anesthesia	8	488.00
01250	Anesthesia	4	244.00
01260	Anesthesia	3	183.00
01270	Anesthesia	8	488.00
01272	Anesthesia	4	244.00
01274	Anesthesia	6	366.00
01320	Anesthesia	4	244.00
01340	Anesthesia	4	244.00
01360	Anesthesia	5	305.00
01380	Anesthesia	3	183.00
01382	Anesthesia	3	183.00
01390	Anesthesia	3	183.00
01392	Anesthesia	4	244.00
01400	Anesthesia	4	244.00
01402	Anesthesia	7	427.00
01404	Anesthesia	5	305.00
01420	Anesthesia	3	183.00
01430	Anesthesia	3	183.00
01432	Anesthesia	6	366.00

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Anesthesia Codes 2025****Anesthesia Conversion Factor \$61.00**

Code	Category	Base Unit	RBRVS Rate
01440	Anesthesia	8	488.00
01442	Anesthesia	8	488.00
01444	Anesthesia	8	488.00
01462	Anesthesia	3	183.00
01464	Anesthesia	3	183.00
01470	Anesthesia	3	183.00
01472	Anesthesia	5	305.00
01474	Anesthesia	5	305.00
01480	Anesthesia	3	183.00
01482	Anesthesia	4	244.00
01484	Anesthesia	4	244.00
01486	Anesthesia	7	427.00
01490	Anesthesia	3	183.00
01500	Anesthesia	8	488.00
01502	Anesthesia	6	366.00
01520	Anesthesia	3	183.00
01522	Anesthesia	5	305.00
01610	Anesthesia	5	305.00
01620	Anesthesia	4	244.00
01622	Anesthesia	4	244.00
01630	Anesthesia	5	305.00
01634	Anesthesia	9	549.00
01636	Anesthesia	15	915.00
01638	Anesthesia	10	610.00
01650	Anesthesia	6	366.00
01652	Anesthesia	10	610.00
01654	Anesthesia	8	488.00
01656	Anesthesia	10	610.00
01670	Anesthesia	4	244.00
01680	Anesthesia	3	183.00
01710	Anesthesia	3	183.00
01712	Anesthesia	5	305.00
01714	Anesthesia	5	305.00
01716	Anesthesia	5	305.00
01730	Anesthesia	3	183.00
01732	Anesthesia	3	183.00
01740	Anesthesia	4	244.00

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Anesthesia Codes 2025****Anesthesia Conversion Factor \$61.00**

Code	Category	Base Unit	RBRVS Rate
01742	Anesthesia	5	305.00
01744	Anesthesia	5	305.00
01756	Anesthesia	6	366.00
01758	Anesthesia	5	305.00
01760	Anesthesia	7	427.00
01770	Anesthesia	6	366.00
01772	Anesthesia	6	366.00
01780	Anesthesia	3	183.00
01782	Anesthesia	4	244.00
01810	Anesthesia	3	183.00
01820	Anesthesia	3	183.00
01829	Anesthesia	3	183.00
01830	Anesthesia	3	183.00
01832	Anesthesia	6	366.00
01840	Anesthesia	6	366.00
01842	Anesthesia	6	366.00
01844	Anesthesia	6	366.00
01850	Anesthesia	3	183.00
01852	Anesthesia	4	244.00
01860	Anesthesia	3	183.00
01916	Anesthesia	5	305.00
01920	Anesthesia	7	427.00
01922	Anesthesia	7	427.00
01924	Anesthesia	5	305.00
01925	Anesthesia	7	427.00
01926	Anesthesia	8	488.00
01930	Anesthesia	5	305.00
01931	Anesthesia	7	427.00
01932	Anesthesia	6	366.00
01933	Anesthesia	7	427.00
01937	Anesthesia	4	244.00
01938	Anesthesia	4	244.00
01939	Anesthesia	4	244.00
01940	Anesthesia	4	244.00
01941	Anesthesia	5	305.00
01942	Anesthesia	5	305.00
01951	Anesthesia	3	183.00

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Anesthesia Codes 2025****Anesthesia Conversion Factor \$61.00**

Code	Category	Base Unit	RBRVS Rate
01952	Anesthesia	5	305.00
01953	Anesthesia	1	61.00
01958	Anesthesia	5	305.00
01960	Anesthesia	5	305.00
01961	Anesthesia	7	427.00
01962	Anesthesia	8	488.00
01963	Anesthesia	8	488.00
01965	Anesthesia	4	244.00
01966	Anesthesia	4	244.00
01967	Anesthesia	5	305.00
01968	Anesthesia	2	122.00
01969	Anesthesia	5	305.00
01990	Anesthesia	7	427.00
01991	Anesthesia	3	183.00
01992	Anesthesia	5	305.00
01996	Anesthesia	3	183.00
99100	Anesthesia	1	61.00
99116	Anesthesia	5	305.00
99135	Anesthesia	5	305.00
99140	Anesthesia	2	122.00

**Historical Note**

Anesthesia Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019;

Anesthesia Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Anesthesia Codes 2019-2020 repealed; new Anesthesia Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Anesthesia Codes 2020-2021 repealed; new Appendix A,

Anesthesia Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Anesthesia Codes 2021-2022 repealed; new Anesthesia Codes 2022-2023 made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A,

Anesthesia Codes 2022-2023 repealed; new Anesthesia Codes 2023-2024 made by exempt rulemaking at 29

A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A. Anesthesia Codes 2023-2024 repealed; new Appendix A, Anesthesia Codes 2025 made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).



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## SURGERY GUIDELINES

Information regarding publications incorporated by reference is found in the Introduction Section of the Fee Schedule.

The following Commission guidelines are in addition to the CPT<sup>®</sup> guidelines and represent additional guidance from the Commission relative to unit values for surgical services. To the extent that a conflict may exist between CMS, an incorporated portion of the CPT<sup>®</sup>, and a code, guideline, identifier, or modifier unique to Arizona, then the Arizona code, guideline, identifier, or modifier shall control. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

- A. **MATERIALS AND SUPPLIES:** A healthcare provider may charge for materials and supplies as described in the HCPCS Section of this Fee Schedule.
- B. **MULTIPLE PROCEDURES:** It is appropriate to designate multiple procedures that are rendered on the same date by separate entries. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s). **Note:** This modifier should not be appended to designated “add-on” codes.
- C. **SPECIAL REPORT:** A typical request for more detailed information from an insurance carrier regarding a billing does not constitute a “special report”, which is defined in the CPT<sup>®</sup> book.
- D. **MODIFIERS:** Listed services and procedures may be modified under certain circumstances. When applicable, the modifying circumstance should be identified by the addition of the appropriate modifier code, which may be reported in either of two ways. The modifier may be reported by a two-digit number placed after the usual procedure number from which it is separated by a hyphen. Or the modifier may be reported by a separate five-digit code that is used in addition to the procedure code. If more than one modifier is used, the “Multiple Modifiers” code placed first after the procedure code indicates that one or more additional modifier codes will follow.

Modifiers either unique to Arizona or containing explanatory language specific to Arizona are as follows:

- 22 **Increased Procedural Services:** Use of this modifier will result in a twenty-five percent (25%) increase in the listed value for the listed procedure.
- 25 **Separately Identifiable Evaluation and Management Service by the same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service.** It may be necessary to indicate that on the day a procedure or service identified by a CPT<sup>®</sup> code was performed, the patient’s condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed (see Evaluation and Management Services Guidelines for instructions on determining level of E/M service). As such, different diagnoses are not required for reporting of the E/M services on the same date. The circumstance may be reported by adding modifier 25 to the appropriate level of E/M service.
- 47 **Anesthesia by Surgeon:** Used to report anesthesia by the attending or assistant surgeon (does not include local anesthesia). Reimbursement shall be fifty percent (50%) of the base unit as indicated in the Anesthesia section of the Fee Schedule. This modifier shall be allowed no more than once per surgical encounter.

- 50 **Bilateral Procedure:** Unless otherwise identified in the listings, when bilateral procedures which add significant time or complexity to patient care are provided at the same operative session, identify and value the first or major procedure as listed. Identify the secondary or lesser procedure(s) by adding modifier 50 to the usual procedure number(s) and value at fifty percent (50%) of the listed value(s). If, however, the procedures are independently complex and involve different parts of the body, including digits, the bilateral procedure rule would not apply. In such cases, independent procedures would be billed at one hundred percent (100%) of their listed value with modifier 51.
- 51 **Multiple Procedures:** When multiple procedures are performed during the same operative session\*, the procedures should be valued at the appropriate percent of its listed value, as shown below:
- 100% (full value) for the first or major procedure 50% for the second and multiple procedure(s) sixth and subsequent procedures – by report.

\*Multiple Procedure Guidelines do not apply to codes specifically identified as “Add-on/Additional Procedures, Global indicator ZZZ”.

The major or primary procedure is defined as the procedure with the highest value and is the code that determines the follow-up days when a surgery has multiple procedures. The second procedure is the procedure with the next highest value, the third the next highest value, and so on. If, however, the procedures are independently complex such as digits, tendons, nerves, or artery repair, the multiple procedure rule would not apply. In such cases, independent procedures would be billed at one hundred percent (100%) of their listed value.

When performing multiple procedures with different global period values during the same operative session, the global period value for the session is the largest global period value.

- 57 **Decision for Surgery:** An Evaluation and Management (E/M) service that resulted in the initial decision to perform the surgery may be identified by adding modifier 57 to the appropriate level of E/M service.
- 59 **Distinct Procedural Service:** Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures/services, other than E/M services, that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used.

**Note:** Modifier 59 should not be appended to an E/M service. To report a separate and distinct E/M service with a non-E/M service performed on the same date, see modifier 25.

**Note:** If an epidural or peripheral nerve block injection (62320-62327 or 64400-64530) for postoperative pain management is reported separately on the same date of service as an anesthesia 0XXXX code, **modifier 59** shall

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be appended to the epidural or peripheral nerve block injection code (62320-62327 or 64400-64530) to indicate that it was administered for postoperative pain management. An epidural or peripheral nerve block injection (62320-62327 or 64400-64530) for postoperative pain management in patients receiving general anesthesia, spinal (subarachnoid injection) anesthesia, or postoperative pain management in patients receiving general anesthesia, spinal (subarachnoid injection) anesthesia, or regional anesthesia by epidural injection as described above may be administered preoperatively, intraoperatively, or postoperatively.

- 62 Two Surgeons: By prior agreement, the total value of services performed by two (2) surgeons working together as primary surgeons may be apportioned in relation to the responsibility and work done, provided the patient is made aware of the fee distribution according to medical ethics. If no apportionment is listed, the fee should be split evenly between the co-surgeons. The total value may be increased by twenty-five percent (25%) in lieu of the usual assistant's charge. Under these circumstances, the services of each surgeon should be identified by adding this modifier 62 to the joint procedure number(s) and valued as agreed upon. (Usual charges for surgical assistance may be warranted if still another physician is required as part of the surgical team.) The value of the procedure should be 125% of the customary value listed. Payment of 125% of the maximum allowable would be divided between the participating surgeons.

Two Surgeons – When two (2) surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding modifier 62 to the procedure code and any associated add-on codes(s) for that procedure as long as both surgeons continue to work together as primary surgeons. Each surgeon should report the co-surgery once using the same procedure code. If additional procedure(s) (including add-on procedure(s)) are performed during the same surgical session, separate code(s) may be reported with modifier 62 added.

**Note:** If a co-surgeon acts as an assistant in the performance of additional procedure(s), other than those reported with modifier 62, during the same surgical session, those services may be reported using separate procedure code(s) with modifier 80, 81, or 82 added, as appropriate.

- 80 Assistant Surgeon: These services are valued at twenty percent (20%) of the listed value of the surgical procedure(s).
- 81 Minimum Assistant Surgeon: These services are valued at sixteen percent (16%) of the listed value of the surgical procedure(s).
- 82 Assistant Surgeon (when qualified resident surgeon not available): These services are valued at sixteen percent (16%) of the listed value of the surgical procedure(s).

AS Use the modifier AS for assistant at surgery services when services are provided by a Physician Assistant (PA), Nurse Practitioner (NP), or Clinical Nurse Specialist (CNS). These services are valued at fourteen percent (14%) of the listed value of the surgical procedure(s). No further adjustment for mid-level medical providers as mentioned in section C of the Introduction shall be applied.

**Note:** A Medical Doctor or Doctor of Osteopathic Medicine should not submit the AS modifier. This modifier is only valid for use by a PA, NP, and CNS when billing under their own provider number.

**Historical Note**

New Appendix A. Surgery Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A., Surgery Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A. Surgery Guidelines repealed; new Appendix A. Surgery Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Surgery Guidelines repealed; new Appendix A, Surgery Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Surgery Guidelines repealed; new Appendix A, Surgery Guidelines made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Surgery Guidelines repealed; new Appendix A, Surgery Guidelines made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3) Appendix A, Surgery Guidelines repealed; new Appendix A, Surgery Guidelines made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Surgery Guidelines repealed; new Appendix A, Surgery Guidelines made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
10004 00	Surgery	1.60	1.30	115.20	93.60
10005 00	Surgery	3.99	2.17	287.28	156.24
10006 00	Surgery	1.80	1.48	129.60	106.56
10007 00	Surgery	9.09	2.66	654.48	191.52
10008 00	Surgery	4.25	1.55	306.00	111.60
10009 00	Surgery	12.54	3.21	902.88	231.12
10010 00	Surgery	7.04	2.15	506.88	154.80
10011 00	Surgery	-	-	1262.16	1262.16
10012 00	Surgery	-	-	762.48	762.48
10021 00	Surgery	3.02	1.65	217.44	118.80
10030 00	Surgery	18.56	3.99	1336.32	287.28
10035 00	Surgery	10.51	2.48	756.72	178.56
10036 00	Surgery	8.54	1.26	614.88	90.72
10040 00	Surgery	3.48	1.56	250.56	112.32
10060 00	Surgery	3.84	3.24	276.48	233.28
10061 00	Surgery	6.44	5.56	463.68	400.32
10080 00	Surgery	7.37	3.19	530.64	229.68
10081 00	Surgery	10.16	5.18	731.52	372.96
10120 00	Surgery	4.55	3.20	327.60	230.40
10121 00	Surgery	7.95	5.55	572.40	399.60
10140 00	Surgery	5.09	3.60	366.48	259.20
10160 00	Surgery	3.91	2.93	281.52	210.96
10180 00	Surgery	7.91	5.44	569.52	391.68
11000 00	Surgery	1.76	0.80	126.72	57.60
11001 00	Surgery	0.81	0.44	58.32	31.68
11004 00	Surgery	16.91	16.91	1217.52	1217.52
11005 00	Surgery	23.02	23.02	1657.44	1657.44
11006 00	Surgery	20.90	20.90	1504.80	1504.80
11008 00	Surgery	8.11	8.11	583.92	583.92
11010 00	Surgery	13.28	8.33	956.16	599.76
11011 00	Surgery	14.96	8.97	1077.12	645.84
11012 00	Surgery	19.37	12.47	1394.64	897.84
11042 00	Surgery	3.87	1.82	278.64	131.04
11043 00	Surgery	6.97	4.62	501.84	332.64
11044 00	Surgery	9.31	6.73	670.32	484.56
11045 00	Surgery	1.19	0.74	85.68	53.28
11046 00	Surgery	2.18	1.62	156.96	116.64
11047 00	Surgery	3.63	2.89	261.36	208.08
11055 00	Surgery	2.10	0.46	151.20	33.12
11056 00	Surgery	2.44	0.66	175.68	47.52
11057 00	Surgery	2.66	0.84	191.52	60.48
11102 00	Surgery	2.96	1.12	213.12	80.64
11103 00	Surgery	1.48	0.65	106.56	46.80
11104 00	Surgery	3.69	1.40	265.68	100.80
11105 00	Surgery	1.78	0.76	128.16	54.72
11106 00	Surgery	4.59	1.69	330.48	121.68

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
11107 00	Surgery	2.10	0.91	151.20	65.52
11200 00	Surgery	2.79	2.33	200.88	167.76
11201 00	Surgery	0.55	0.48	39.60	34.56
11300 00	Surgery	2.95	1.01	212.40	72.72
11301 00	Surgery	3.59	1.54	258.48	110.88
11302 00	Surgery	4.07	1.79	293.04	128.88
11303 00	Surgery	4.52	2.14	325.44	154.08
11305 00	Surgery	3.10	1.11	223.20	79.92
11306 00	Surgery	3.61	1.45	259.92	104.40
11307 00	Surgery	4.08	1.84	293.76	132.48
11308 00	Surgery	4.30	2.06	309.60	148.32
11310 00	Surgery	3.41	1.35	245.52	97.20
11311 00	Surgery	4.07	1.88	293.04	135.36
11312 00	Surgery	4.63	2.23	333.36	160.56
11313 00	Surgery	5.39	2.86	388.08	205.92
11400 00	Surgery	3.84	2.57	276.48	185.04
11401 00	Surgery	4.67	3.21	336.24	231.12
11402 00	Surgery	5.16	3.51	371.52	252.72
11403 00	Surgery	5.97	4.57	429.84	329.04
11404 00	Surgery	6.77	5.03	487.44	362.16
11406 00	Surgery	9.64	7.55	694.08	543.60
11420 00	Surgery	3.80	2.51	273.60	180.72
11421 00	Surgery	4.78	3.31	344.16	238.32
11422 00	Surgery	5.39	4.15	388.08	298.80
11423 00	Surgery	6.21	4.81	447.12	346.32
11424 00	Surgery	7.20	5.53	518.40	398.16
11426 00	Surgery	9.95	8.17	716.40	588.24
11440 00	Surgery	4.27	3.26	307.44	234.72
11441 00	Surgery	5.20	4.04	374.40	290.88
11442 00	Surgery	5.81	4.47	418.32	321.84
11443 00	Surgery	6.88	5.45	495.36	392.40
11444 00	Surgery	8.57	6.89	617.04	496.08
11446 00	Surgery	11.64	9.65	838.08	694.80
11450 00	Surgery	12.86	8.02	925.92	577.44
11451 00	Surgery	15.79	10.14	1136.88	730.08
11462 00	Surgery	12.63	7.69	909.36	553.68
11463 00	Surgery	15.78	10.08	1136.16	725.76
11470 00	Surgery	13.62	8.76	980.64	630.72
11471 00	Surgery	16.28	10.69	1172.16	769.68
11600 00	Surgery	5.91	3.69	425.52	265.68
11601 00	Surgery	6.85	4.48	493.20	322.56
11602 00	Surgery	7.35	4.87	529.20	350.64
11603 00	Surgery	8.38	5.82	603.36	419.04
11604 00	Surgery	9.35	6.41	673.20	461.52
11606 00	Surgery	13.48	9.50	970.56	684.00
11620 00	Surgery	5.93	3.72	426.96	267.84
11621 00	Surgery	6.89	4.52	496.08	325.44

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
11622 00	Surgery	7.59	5.10	546.48	367.20
11623 00	Surgery	8.89	6.30	640.08	453.60
11624 00	Surgery	10.12	7.15	728.64	514.80
11626 00	Surgery	12.21	8.75	879.12	630.00
11640 00	Surgery	6.09	3.83	438.48	275.76
11641 00	Surgery	7.11	4.70	511.92	338.40
11642 00	Surgery	8.05	5.48	579.60	394.56
11643 00	Surgery	9.49	6.86	683.28	493.92
11644 00	Surgery	11.69	8.47	841.68	609.84
11646 00	Surgery	15.18	11.67	1092.96	840.24
11719 00	Surgery	0.43	0.22	30.96	15.84
11720 00	Surgery	0.99	0.43	71.28	30.96
11721 00	Surgery	1.35	0.71	97.20	51.12
11730 00	Surgery	3.42	1.61	246.24	115.92
11732 00	Surgery	0.98	0.50	70.56	36.00
11740 00	Surgery	1.73	0.99	124.56	71.28
11750 00	Surgery	4.80	3.07	345.60	221.04
11755 00	Surgery	3.64	1.81	262.08	130.32
11760 00	Surgery	5.53	3.30	398.16	237.60
11762 00	Surgery	8.68	5.69	624.96	409.68
11765 00	Surgery	4.94	2.82	355.68	203.04
11770 00	Surgery	10.43	5.60	750.96	403.20
11771 00	Surgery	18.88	13.70	1359.36	986.40
11772 00	Surgery	23.17	17.60	1668.24	1267.20
11900 00	Surgery	1.72	0.88	123.84	63.36
11901 00	Surgery	2.10	1.35	151.20	97.20
11920 00	Surgery	6.01	3.44	432.72	247.68
11921 00	Surgery	6.60	3.94	475.20	283.68
11922 00	Surgery	1.84	0.85	132.48	61.20
11950 00	Surgery	2.49	1.57	179.28	113.04
11951 00	Surgery	3.30	2.18	237.60	156.96
11952 00	Surgery	4.40	3.06	316.80	220.32
11954 00	Surgery	4.87	3.37	350.64	242.64
11960 00	Surgery	30.94	30.94	2227.68	2227.68
11970 00	Surgery	17.12	17.12	1232.64	1232.64
11971 00	Surgery	16.86	16.86	1213.92	1213.92
11976 00	Surgery	4.33	2.76	311.76	198.72
11980 00	Surgery	2.83	1.65	203.76	118.80
11981 00	Surgery	3.03	1.89	218.16	136.08
11982 00	Surgery	3.31	2.18	238.32	156.96
11983 00	Surgery	4.25	3.10	306.00	223.20
12001 00	Surgery	2.82	1.34	203.04	96.48
12002 00	Surgery	3.43	1.76	246.96	126.72
12004 00	Surgery	3.99	2.19	287.28	157.68
12005 00	Surgery	5.31	2.82	382.32	203.04
12006 00	Surgery	6.17	3.49	444.24	251.28
12007 00	Surgery	6.88	4.33	495.36	311.76

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
12011 00	Surgery	3.37	1.67	242.64	120.24
12013 00	Surgery	3.51	1.73	252.72	124.56
12014 00	Surgery	4.26	2.22	306.72	159.84
12015 00	Surgery	5.19	2.81	373.68	202.32
12016 00	Surgery	6.63	3.81	477.36	274.32
12017 00	Surgery	4.60	4.60	331.20	331.20
12018 00	Surgery	5.21	5.21	375.12	375.12
12020 00	Surgery	8.98	5.72	646.56	411.84
12021 00	Surgery	5.30	4.25	381.60	306.00
12031 00	Surgery	7.82	4.57	563.04	329.04
12032 00	Surgery	9.09	5.75	654.48	414.00
12034 00	Surgery	9.99	6.19	719.28	445.68
12035 00	Surgery	11.68	7.30	840.96	525.60
12036 00	Surgery	13.07	8.54	941.04	614.88
12037 00	Surgery	14.66	9.89	1055.52	712.08
12041 00	Surgery	7.86	4.40	565.92	316.80
12042 00	Surgery	9.26	5.91	666.72	425.52
12044 00	Surgery	11.45	6.49	824.40	467.28
12045 00	Surgery	12.38	8.23	891.36	592.56
12046 00	Surgery	15.03	9.64	1082.16	694.08
12047 00	Surgery	16.48	10.68	1186.56	768.96
12051 00	Surgery	8.43	5.10	606.96	367.20
12052 00	Surgery	9.42	6.02	678.24	433.44
12053 00	Surgery	10.83	6.49	779.76	467.28
12054 00	Surgery	11.40	6.63	820.80	477.36
12055 00	Surgery	15.01	9.09	1080.72	654.48
12056 00	Surgery	17.38	11.64	1251.36	838.08
12057 00	Surgery	18.13	12.70	1305.36	914.40
13100 00	Surgery	10.15	6.04	730.80	434.88
13101 00	Surgery	11.79	7.40	848.88	532.80
13102 00	Surgery	3.47	2.14	249.84	154.08
13120 00	Surgery	10.57	6.93	761.04	498.96
13121 00	Surgery	12.66	7.75	911.52	558.00
13122 00	Surgery	3.77	2.45	271.44	176.40
13131 00	Surgery	11.58	7.28	833.76	524.16
13132 00	Surgery	14.02	9.06	1009.44	652.32
13133 00	Surgery	5.03	3.73	362.16	268.56
13151 00	Surgery	12.62	8.35	908.64	601.20
13152 00	Surgery	14.79	10.03	1064.88	722.16
13153 00	Surgery	5.56	4.10	400.32	295.20
13160 00	Surgery	24.12	24.12	1736.64	1736.64
14000 00	Surgery	19.30	15.36	1389.60	1105.92
14001 00	Surgery	24.57	19.82	1769.04	1427.04
14020 00	Surgery	21.30	17.21	1533.60	1239.12
14021 00	Surgery	26.31	21.48	1894.32	1546.56
14040 00	Surgery	23.02	18.90	1657.44	1360.80
14041 00	Surgery	27.98	23.06	2014.56	1660.32

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
14060 00	Surgery	23.24	20.12	1673.28	1448.64
14061 00	Surgery	30.17	24.72	2172.24	1779.84
14301 00	Surgery	32.65	26.25	2350.80	1890.00
14302 00	Surgery	6.43	6.43	462.96	462.96
14350 00	Surgery	20.12	20.12	1448.64	1448.64
15002 00	Surgery	10.24	6.60	737.28	475.20
15003 00	Surgery	2.06	1.33	148.32	95.76
15004 00	Surgery	11.75	7.81	846.00	562.32
15005 00	Surgery	3.50	2.68	252.00	192.96
15011 00	Surgery	0.00	0.00	BR	BR
15012 00	Surgery	0.00	0.00	BR	BR
15013 00	Surgery	0.00	0.00	BR	BR
15014 00	Surgery	0.00	0.00	BR	BR
15015 00	Surgery	0.00	0.00	BR	BR
15016 00	Surgery	0.00	0.00	BR	BR
15017 00	Surgery	0.00	0.00	BR	BR
15018 00	Surgery	0.00	0.00	BR	BR
15040 00	Surgery	7.82	3.80	563.04	273.60
15050 00	Surgery	17.66	13.95	1271.52	1004.40
15100 00	Surgery	26.16	21.68	1883.52	1560.96
15101 00	Surgery	5.52	3.31	397.44	238.32
15110 00	Surgery	25.00	21.58	1800.00	1553.76
15111 00	Surgery	3.43	3.05	246.96	219.60
15115 00	Surgery	24.50	21.17	1764.00	1524.24
15116 00	Surgery	4.62	4.13	332.64	297.36
15120 00	Surgery	25.48	20.88	1834.56	1503.36
15121 00	Surgery	6.15	3.93	442.80	282.96
15130 00	Surgery	21.69	18.15	1561.68	1306.80
15131 00	Surgery	2.95	2.69	212.40	193.68
15135 00	Surgery	26.24	22.89	1889.28	1648.08
15136 00	Surgery	2.91	2.69	209.52	193.68
15150 00	Surgery	21.26	19.37	1530.72	1394.64
15151 00	Surgery	3.57	3.26	257.04	234.72
15152 00	Surgery	4.62	4.33	332.64	311.76
15155 00	Surgery	24.03	22.10	1730.16	1591.20
15156 00	Surgery	4.80	4.50	345.60	324.00
15157 00	Surgery	5.34	4.90	384.48	352.80
15200 00	Surgery	25.33	20.38	1823.76	1467.36
15201 00	Surgery	4.15	2.28	298.80	164.16
15220 00	Surgery	23.22	18.45	1671.84	1328.40
15221 00	Surgery	3.81	2.06	274.32	148.32
15240 00	Surgery	28.07	24.09	2021.04	1734.48
15241 00	Surgery	5.18	3.19	372.96	229.68
15260 00	Surgery	30.23	25.58	2176.56	1841.76
15261 00	Surgery	6.11	4.03	439.92	290.16
15271 00	Surgery	4.59	2.52	330.48	181.44
15272 00	Surgery	0.73	0.50	52.56	36.00

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
15273 00	Surgery	9.12	5.79	656.64	416.88
15274 00	Surgery	2.38	1.31	171.36	94.32
15275 00	Surgery	4.76	2.80	342.72	201.60
15276 00	Surgery	0.98	0.74	70.56	53.28
15277 00	Surgery	10.20	6.67	734.40	480.24
15278 00	Surgery	2.82	1.67	203.04	120.24
15570 00	Surgery	27.36	22.05	1969.92	1587.60
15572 00	Surgery	26.70	22.34	1922.40	1608.48
15574 00	Surgery	25.96	21.87	1869.12	1574.64
15576 00	Surgery	23.65	19.63	1702.80	1413.36
15600 00	Surgery	10.09	6.44	726.48	463.68
15610 00	Surgery	11.13	7.49	801.36	539.28
15620 00	Surgery	13.50	9.97	972.00	717.84
15630 00	Surgery	13.98	10.47	1006.56	753.84
15650 00	Surgery	16.41	12.32	1181.52	887.04
15730 00	Surgery	42.02	27.45	3025.44	1976.40
15731 00	Surgery	33.85	30.09	2437.20	2166.48
15733 00	Surgery	31.03	31.03	2234.16	2234.16
15734 00	Surgery	45.33	45.33	3263.76	3263.76
15736 00	Surgery	36.78	36.78	2648.16	2648.16
15738 00	Surgery	38.12	38.12	2744.64	2744.64
15740 00	Surgery	30.72	25.52	2211.84	1837.44
15750 00	Surgery	28.28	28.28	2036.16	2036.16
15756 00	Surgery	68.46	68.46	4929.12	4929.12
15757 00	Surgery	68.01	68.01	4896.72	4896.72
15758 00	Surgery	67.74	67.74	4877.28	4877.28
15760 00	Surgery	25.54	21.12	1838.88	1520.64
15769 00	Surgery	14.59	14.59	1050.48	1050.48
15770 00	Surgery	20.46	20.46	1473.12	1473.12
15771 00	Surgery	18.55	15.61	1335.60	1123.92
15772 00	Surgery	5.81	4.47	418.32	321.84
15773 00	Surgery	18.10	15.27	1303.20	1099.44
15774 00	Surgery	5.67	4.33	408.24	311.76
15775 00	Surgery	11.30	7.69	813.60	553.68
15776 00	Surgery	15.28	10.52	1100.16	757.44
15777 00	Surgery	6.42	6.42	462.24	462.24
15778 00	Surgery	11.76	11.76	846.72	846.72
15780 00	Surgery	25.47	20.08	1833.84	1445.76
15781 00	Surgery	15.79	12.71	1136.88	915.12
15782 00	Surgery	14.65	11.25	1054.80	810.00
15783 00	Surgery	13.63	10.84	981.36	780.48
15786 00	Surgery	6.83	4.08	491.76	293.76
15787 00	Surgery	0.90	0.51	64.80	36.72
15788 00	Surgery	11.58	6.59	833.76	474.48
15789 00	Surgery	16.10	12.51	1159.20	900.72
15792 00	Surgery	10.01	6.40	720.72	460.80
15793 00	Surgery	14.34	10.90	1032.48	784.80

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
15820 00	Surgery	17.33	15.44	1247.76	1111.68
15821 00	Surgery	18.57	16.48	1337.04	1186.56
15822 00	Surgery	13.80	11.95	993.60	860.40
15823 00	Surgery	18.59	16.48	1338.48	1186.56
15824 00	Surgery	-	-	4811.76	4811.76
15825 00	Surgery	-	-	8731.44	8731.44
15826 00	Surgery	0.00	0.00	BR	BR
15828 00	Surgery	-	-	7128.00	7128.00
15829 00	Surgery	-	-	8270.64	8270.64
15830 00	Surgery	35.59	35.59	2562.48	2562.48
15832 00	Surgery	28.18	28.18	2028.96	2028.96
15833 00	Surgery	26.65	26.65	1918.80	1918.80
15834 00	Surgery	27.15	27.15	1954.80	1954.80
15835 00	Surgery	28.29	28.29	2036.88	2036.88
15836 00	Surgery	24.24	24.24	1745.28	1745.28
15837 00	Surgery	26.31	21.81	1894.32	1570.32
15838 00	Surgery	19.79	19.79	1424.88	1424.88
15839 00	Surgery	27.03	22.44	1946.16	1615.68
15840 00	Surgery	30.39	30.39	2188.08	2188.08
15841 00	Surgery	53.76	53.76	3870.72	3870.72
15842 00	Surgery	81.27	81.27	5851.44	5851.44
15845 00	Surgery	32.25	32.25	2322.00	2322.00
15847 00	Surgery	-	-	1459.44	1459.44
15851 00	Surgery	1.71	1.97	123.12	141.84
15852 00	Surgery	1.33	1.33	95.76	95.76
15853 00	Surgery	0.34	0.34	24.48	24.48
15854 00	Surgery	0.43	0.43	30.96	30.96
15860 00	Surgery	3.19	3.19	229.68	229.68
15876 00	Surgery	-	-	1788.48	1788.48
15877 00	Surgery	-	-	3690.00	3690.00
15878 00	Surgery	0.00	0.00	BR	BR
15879 00	Surgery	-	-	8332.56	8332.56
15920 00	Surgery	19.35	19.35	1393.20	1393.20
15922 00	Surgery	24.24	24.24	1745.28	1745.28
15931 00	Surgery	21.42	21.42	1542.24	1542.24
15933 00	Surgery	26.47	26.47	1905.84	1905.84
15934 00	Surgery	29.86	29.86	2149.92	2149.92
15935 00	Surgery	35.04	35.04	2522.88	2522.88
15936 00	Surgery	26.92	26.92	1938.24	1938.24
15937 00	Surgery	29.71	29.71	2139.12	2139.12
15940 00	Surgery	21.58	21.58	1553.76	1553.76
15941 00	Surgery	28.76	28.76	2070.72	2070.72
15944 00	Surgery	28.37	28.37	2042.64	2042.64
15945 00	Surgery	30.95	30.95	2228.40	2228.40
15946 00	Surgery	48.40	48.40	3484.80	3484.80
15950 00	Surgery	19.37	19.37	1394.64	1394.64
15951 00	Surgery	27.28	27.28	1964.16	1964.16

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
15952 00	Surgery	27.83	27.83	2003.76	2003.76
15953 00	Surgery	30.63	30.63	2205.36	2205.36
15956 00	Surgery	35.24	35.24	2537.28	2537.28
15958 00	Surgery	35.20	35.20	2534.40	2534.40
15999 00	Surgery	0.00	0.00	BR	BR
16000 00	Surgery	2.42	1.37	174.24	98.64
16020 00	Surgery	2.58	1.69	185.76	121.68
16025 00	Surgery	4.70	3.34	338.40	240.48
16030 00	Surgery	5.99	4.00	431.28	288.00
16035 00	Surgery	5.85	5.85	421.20	421.20
16036 00	Surgery	2.47	2.47	177.84	177.84
17000 00	Surgery	2.05	1.66	147.60	119.52
17003 00	Surgery	0.20	0.06	14.40	4.32
17004 00	Surgery	5.00	2.98	360.00	214.56
17106 00	Surgery	10.44	8.39	751.68	604.08
17107 00	Surgery	13.57	10.94	977.04	787.68
17108 00	Surgery	19.25	15.99	1386.00	1151.28
17110 00	Surgery	3.40	2.09	244.80	150.48
17111 00	Surgery	3.99	2.55	287.28	183.60
17250 00	Surgery	2.54	1.13	182.88	81.36
17260 00	Surgery	3.00	2.14	216.00	154.08
17261 00	Surgery	4.46	2.66	321.12	191.52
17262 00	Surgery	5.35	3.34	385.20	240.48
17263 00	Surgery	5.80	3.69	417.60	265.68
17264 00	Surgery	6.23	3.96	448.56	285.12
17266 00	Surgery	7.08	4.63	509.76	333.36
17270 00	Surgery	4.52	2.92	325.44	210.24
17271 00	Surgery	5.01	3.19	360.72	229.68
17272 00	Surgery	5.66	3.66	407.52	263.52
17273 00	Surgery	6.29	4.14	452.88	298.08
17274 00	Surgery	7.37	5.07	530.64	365.04
17276 00	Surgery	8.54	6.09	614.88	438.48
17280 00	Surgery	4.24	2.65	305.28	190.80
17281 00	Surgery	5.41	3.58	389.52	257.76
17282 00	Surgery	6.18	4.12	444.96	296.64
17283 00	Surgery	7.32	5.14	527.04	370.08
17284 00	Surgery	8.32	6.00	599.04	432.00
17286 00	Surgery	10.75	8.19	774.00	589.68
17311 00	Surgery	20.44	10.60	1471.68	763.20
17312 00	Surgery	12.35	5.65	889.20	406.80
17313 00	Surgery	19.21	9.52	1383.12	685.44
17314 00	Surgery	11.82	5.21	851.04	375.12
17315 00	Surgery	2.42	1.48	174.24	106.56
17340 00	Surgery	1.59	1.48	114.48	106.56
17360 00	Surgery	3.71	2.82	267.12	203.04
17380 00	Surgery	-	-	91.44	91.44
17999 00	Surgery	0.00	0.00	BR	BR

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
19000 00	Surgery	2.91	1.27	209.52	91.44
19001 00	Surgery	0.78	0.61	56.16	43.92
19020 00	Surgery	13.83	9.55	995.76	687.60
19030 00	Surgery	4.85	2.24	349.20	161.28
19081 00	Surgery	14.56	4.82	1048.32	347.04
19082 00	Surgery	11.08	2.41	797.76	173.52
19083 00	Surgery	14.40	4.53	1036.80	326.16
19084 00	Surgery	10.87	2.28	782.64	164.16
19085 00	Surgery	22.01	5.30	1584.72	381.60
19086 00	Surgery	16.93	2.64	1218.96	190.08
19100 00	Surgery	4.38	2.05	315.36	147.60
19101 00	Surgery	9.59	6.79	690.48	488.88
19105 00	Surgery	65.41	6.31	4709.52	454.32
19110 00	Surgery	14.46	10.79	1041.12	776.88
19112 00	Surgery	13.66	9.92	983.52	714.24
19120 00	Surgery	15.78	12.76	1136.16	918.72
19125 00	Surgery	17.40	14.11	1252.80	1015.92
19126 00	Surgery	4.78	4.78	344.16	344.16
19281 00	Surgery	7.17	2.90	516.24	208.80
19282 00	Surgery	5.03	1.45	362.16	104.40
19283 00	Surgery	7.64	2.93	550.08	210.96
19284 00	Surgery	5.50	1.46	396.00	105.12
19285 00	Surgery	10.60	2.48	763.20	178.56
19286 00	Surgery	8.60	1.24	619.20	89.28
19287 00	Surgery	18.25	3.70	1314.00	266.40
19288 00	Surgery	13.99	1.87	1007.28	134.64
19294 00	Surgery	4.92	4.92	354.24	354.24
19296 00	Surgery	103.47	6.32	7449.84	455.04
19297 00	Surgery	2.80	2.80	201.60	201.60
19298 00	Surgery	25.70	9.65	1850.40	694.80
19300 00	Surgery	17.44	13.22	1255.68	951.84
19301 00	Surgery	20.01	20.01	1440.72	1440.72
19302 00	Surgery	27.49	27.49	1979.28	1979.28
19303 00	Surgery	29.07	29.07	2093.04	2093.04
19305 00	Surgery	34.69	34.69	2497.68	2497.68
19306 00	Surgery	37.00	37.00	2664.00	2664.00
19307 00	Surgery	35.71	35.71	2571.12	2571.12
19316 00	Surgery	24.06	24.06	1732.32	1732.32
19318 00	Surgery	33.15	33.15	2386.80	2386.80
19325 00	Surgery	18.75	18.75	1350.00	1350.00
19328 00	Surgery	16.90	16.90	1216.80	1216.80
19330 00	Surgery	19.65	19.65	1414.80	1414.80
19340 00	Surgery	23.09	23.09	1662.48	1662.48
19342 00	Surgery	23.15	23.15	1666.80	1666.80
19350 00	Surgery	25.18	20.50	1812.96	1476.00
19355 00	Surgery	22.88	18.78	1647.36	1352.16
19357 00	Surgery	35.26	35.26	2538.72	2538.72

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
19361 00	Surgery	47.11	47.11	3391.92	3391.92
19364 00	Surgery	81.87	81.87	5894.64	5894.64
19367 00	Surgery	53.48	53.48	3850.56	3850.56
19368 00	Surgery	65.34	65.34	4704.48	4704.48
19369 00	Surgery	60.72	60.72	4371.84	4371.84
19370 00	Surgery	20.45	20.45	1472.40	1472.40
19371 00	Surgery	21.69	21.69	1561.68	1561.68
19380 00	Surgery	24.55	24.55	1767.60	1767.60
19396 00	Surgery	8.07	4.31	581.04	310.32
19499 00	Surgery	0.00	0.00	BR	BR
20100 00	Surgery	18.07	18.07	1301.04	1301.04
20101 00	Surgery	16.62	6.33	1196.64	455.76
20102 00	Surgery	17.83	7.74	1283.76	557.28
20103 00	Surgery	16.82	10.42	1211.04	750.24
20150 00	Surgery	30.54	30.54	2198.88	2198.88
20200 00	Surgery	6.42	2.90	462.24	208.80
20205 00	Surgery	9.04	4.68	650.88	336.96
20206 00	Surgery	6.38	1.71	459.36	123.12
20220 00	Surgery	6.80	2.59	489.60	186.48
20225 00	Surgery	11.08	3.85	797.76	277.20
20240 00	Surgery	4.20	4.20	302.40	302.40
20245 00	Surgery	10.28	10.28	740.16	740.16
20250 00	Surgery	11.95	11.95	860.40	860.40
20251 00	Surgery	13.14	13.14	946.08	946.08
20500 00	Surgery	3.79	2.74	272.88	197.28
20501 00	Surgery	4.14	1.07	298.08	77.04
20520 00	Surgery	6.56	4.51	472.32	324.72
20525 00	Surgery	13.98	7.56	1006.56	544.32
20526 00	Surgery	2.50	1.71	180.00	123.12
20527 00	Surgery	2.66	1.99	191.52	143.28
20550 00	Surgery	1.75	1.17	126.00	84.24
20551 00	Surgery	1.73	1.15	124.56	82.80
20552 00	Surgery	1.57	1.09	113.04	78.48
20553 00	Surgery	1.81	1.24	130.32	89.28
20555 00	Surgery	10.20	10.20	734.40	734.40
20560 00	Surgery	0.76	0.45	54.72	32.40
20561 00	Surgery	1.11	0.68	79.92	48.96
20600 00	Surgery	1.62	1.07	116.64	77.04
20604 00	Surgery	2.50	1.39	180.00	100.08
20605 00	Surgery	1.65	1.10	118.80	79.20
20606 00	Surgery	2.70	1.56	194.40	112.32
20610 00	Surgery	1.96	1.36	141.12	97.92
20611 00	Surgery	2.98	1.77	214.56	127.44
20612 00	Surgery	1.97	1.24	141.84	89.28
20615 00	Surgery	7.46	4.84	537.12	348.48
20650 00	Surgery	7.08	5.14	509.76	370.08
20660 00	Surgery	7.27	7.27	523.44	523.44

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
20661 00	Surgery	15.92	15.92	1146.24	1146.24
20662 00	Surgery	16.09	16.09	1158.48	1158.48
20663 00	Surgery	14.83	14.83	1067.76	1067.76
20664 00	Surgery	27.45	27.45	1976.40	1976.40
20665 00	Surgery	3.61	3.01	259.92	216.72
20670 00	Surgery	10.49	4.42	755.28	318.24
20680 00	Surgery	18.02	12.80	1297.44	921.60
20690 00	Surgery	18.21	18.21	1311.12	1311.12
20692 00	Surgery	34.45	34.45	2480.40	2480.40
20693 00	Surgery	13.81	13.81	994.32	994.32
20694 00	Surgery	13.16	10.55	947.52	759.60
20696 00	Surgery	35.24	35.24	2537.28	2537.28
20697 00	Surgery	50.76	50.76	3654.72	3654.72
20700 00	Surgery	2.51	2.51	180.72	180.72
20701 00	Surgery	1.91	1.91	137.52	137.52
20702 00	Surgery	4.28	4.28	308.16	308.16
20703 00	Surgery	3.14	3.14	226.08	226.08
20704 00	Surgery	4.50	4.50	324.00	324.00
20705 00	Surgery	3.72	3.72	267.84	267.84
20802 00	Surgery	82.77	82.77	5959.44	5959.44
20805 00	Surgery	98.25	98.25	7074.00	7074.00
20808 00	Surgery	118.43	118.43	8526.96	8526.96
20816 00	Surgery	61.97	61.97	4461.84	4461.84
20822 00	Surgery	53.62	53.62	3860.64	3860.64
20824 00	Surgery	62.10	62.10	4471.20	4471.20
20827 00	Surgery	55.07	55.07	3965.04	3965.04
20838 00	Surgery	83.99	83.99	6047.28	6047.28
20900 00	Surgery	11.40	5.42	820.80	390.24
20902 00	Surgery	8.23	8.23	592.56	592.56
20910 00	Surgery	14.69	14.69	1057.68	1057.68
20912 00	Surgery	14.66	14.66	1055.52	1055.52
20920 00	Surgery	12.18	12.18	876.96	876.96
20922 00	Surgery	18.62	15.22	1340.64	1095.84
20924 00	Surgery	15.48	15.48	1114.56	1114.56
20930 00	Surgery	-	-	550.80	550.80
20931 00	Surgery	3.33	3.33	239.76	239.76
20932 00	Surgery	22.56	22.56	1624.32	1624.32
20933 00	Surgery	20.69	20.69	1489.68	1489.68
20934 00	Surgery	22.54	22.54	1622.88	1622.88
20936 00	Surgery	-	-	716.40	716.40
20937 00	Surgery	5.02	5.02	361.44	361.44
20938 00	Surgery	5.49	5.49	395.28	395.28
20939 00	Surgery	2.10	2.10	151.20	151.20
20950 00	Surgery	7.70	2.69	554.40	193.68
20955 00	Surgery	73.31	73.31	5278.32	5278.32
20956 00	Surgery	79.59	79.59	5730.48	5730.48
20957 00	Surgery	82.91	82.91	5969.52	5969.52

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
20962 00	Surgery	80.81	80.81	5818.32	5818.32
20969 00	Surgery	81.33	81.33	5855.76	5855.76
20970 00	Surgery	85.89	85.89	6184.08	6184.08
20972 00	Surgery	85.62	85.62	6164.64	6164.64
20973 00	Surgery	90.38	90.38	6507.36	6507.36
20974 00	Surgery	2.60	1.57	187.20	113.04
20975 00	Surgery	5.40	5.40	388.80	388.80
20979 00	Surgery	1.68	0.93	120.96	66.96
20982 00	Surgery	99.76	10.92	7182.72	786.24
20983 00	Surgery	145.37	10.19	10466.64	733.68
20985 00	Surgery	4.33	4.33	311.76	311.76
20999 00	Surgery	0.00	0.00	BR	BR
21010 00	Surgery	22.41	22.41	1613.52	1613.52
21011 00	Surgery	11.30	8.02	813.60	577.44
21012 00	Surgery	10.37	10.37	746.64	746.64
21013 00	Surgery	16.08	12.23	1157.76	880.56
21014 00	Surgery	15.89	15.89	1144.08	1144.08
21015 00	Surgery	21.27	21.27	1531.44	1531.44
21016 00	Surgery	30.41	30.41	2189.52	2189.52
21025 00	Surgery	24.28	20.28	1748.16	1460.16
21026 00	Surgery	16.57	13.31	1193.04	958.32
21029 00	Surgery	23.48	19.09	1690.56	1374.48
21030 00	Surgery	13.89	11.02	1000.08	793.44
21031 00	Surgery	11.48	8.27	826.56	595.44
21032 00	Surgery	11.29	7.98	812.88	574.56
21034 00	Surgery	39.03	33.91	2810.16	2441.52
21040 00	Surgery	14.02	11.06	1009.44	796.32
21044 00	Surgery	26.08	26.08	1877.76	1877.76
21045 00	Surgery	36.15	36.15	2602.80	2602.80
21046 00	Surgery	29.78	29.78	2144.16	2144.16
21047 00	Surgery	36.61	36.61	2635.92	2635.92
21048 00	Surgery	30.17	30.17	2172.24	2172.24
21049 00	Surgery	34.75	34.75	2502.00	2502.00
21050 00	Surgery	26.04	26.04	1874.88	1874.88
21060 00	Surgery	23.62	23.62	1700.64	1700.64
21070 00	Surgery	18.49	18.49	1331.28	1331.28
21073 00	Surgery	12.27	7.48	883.44	538.56
21076 00	Surgery	26.73	21.60	1924.56	1555.20
21077 00	Surgery	64.79	52.87	4664.88	3806.64
21079 00	Surgery	44.70	35.66	3218.40	2567.52
21080 00	Surgery	50.83	40.10	3659.76	2887.20
21081 00	Surgery	46.83	36.76	3371.76	2646.72
21082 00	Surgery	44.08	34.08	3173.76	2453.76
21083 00	Surgery	41.74	31.46	3005.28	2265.12
21084 00	Surgery	47.60	36.36	3427.20	2617.92
21085 00	Surgery	20.75	14.71	1494.00	1059.12
21086 00	Surgery	48.08	39.00	3461.76	2808.00

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
21087 00	Surgery	48.08	39.00	3461.76	2808.00
21088 00	Surgery	-	-	4083.12	4083.12
21089 00	Surgery	0.00	0.00	BR	BR
21100 00	Surgery	18.71	10.99	1347.12	791.28
21110 00	Surgery	25.53	21.20	1838.16	1526.40
21116 00	Surgery	6.19	1.32	445.68	95.04
21120 00	Surgery	19.85	15.32	1429.20	1103.04
21121 00	Surgery	19.24	16.17	1385.28	1164.24
21122 00	Surgery	22.58	22.58	1625.76	1625.76
21123 00	Surgery	25.34	25.34	1824.48	1824.48
21125 00	Surgery	76.18	20.37	5484.96	1466.64
21127 00	Surgery	117.30	23.53	8445.60	1694.16
21137 00	Surgery	22.85	22.85	1645.20	1645.20
21138 00	Surgery	27.76	27.76	1998.72	1998.72
21139 00	Surgery	32.93	32.93	2370.96	2370.96
21141 00	Surgery	40.06	40.06	2884.32	2884.32
21142 00	Surgery	41.11	41.11	2959.92	2959.92
21143 00	Surgery	42.37	42.37	3050.64	3050.64
21145 00	Surgery	46.54	46.54	3350.88	3350.88
21146 00	Surgery	48.61	48.61	3499.92	3499.92
21147 00	Surgery	51.11	51.11	3679.92	3679.92
21150 00	Surgery	49.24	49.24	3545.28	3545.28
21151 00	Surgery	54.19	54.19	3901.68	3901.68
21154 00	Surgery	58.36	58.36	4201.92	4201.92
21155 00	Surgery	64.72	64.72	4659.84	4659.84
21159 00	Surgery	77.54	77.54	5582.88	5582.88
21160 00	Surgery	84.07	84.07	6053.04	6053.04
21172 00	Surgery	64.35	64.35	4633.20	4633.20
21175 00	Surgery	66.43	66.43	4782.96	4782.96
21179 00	Surgery	45.83	45.83	3299.76	3299.76
21180 00	Surgery	51.17	51.17	3684.24	3684.24
21181 00	Surgery	22.53	22.53	1622.16	1622.16
21182 00	Surgery	63.71	63.71	4587.12	4587.12
21183 00	Surgery	69.27	69.27	4987.44	4987.44
21184 00	Surgery	74.47	74.47	5361.84	5361.84
21188 00	Surgery	47.34	47.34	3408.48	3408.48
21193 00	Surgery	37.02	37.02	2665.44	2665.44
21194 00	Surgery	42.78	42.78	3080.16	3080.16
21195 00	Surgery	40.16	40.16	2891.52	2891.52
21196 00	Surgery	42.90	42.90	3088.80	3088.80
21198 00	Surgery	30.44	30.44	2191.68	2191.68
21199 00	Surgery	30.61	30.61	2203.92	2203.92
21206 00	Surgery	29.47	29.47	2121.84	2121.84
21208 00	Surgery	48.56	22.46	3496.32	1617.12
21209 00	Surgery	23.67	18.24	1704.24	1313.28
21210 00	Surgery	52.39	23.17	3772.08	1668.24
21215 00	Surgery	119.79	24.09	8624.88	1734.48

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
21230 00	Surgery	22.58	22.58	1625.76	1625.76
21235 00	Surgery	22.21	17.32	1599.12	1247.04
21240 00	Surgery	31.69	31.69	2281.68	2281.68
21242 00	Surgery	30.50	30.50	2196.00	2196.00
21243 00	Surgery	48.71	48.71	3507.12	3507.12
21244 00	Surgery	30.25	30.25	2178.00	2178.00
21245 00	Surgery	36.49	28.46	2627.28	2049.12
21246 00	Surgery	25.58	25.58	1841.76	1841.76
21247 00	Surgery	47.48	47.48	3418.56	3418.56
21248 00	Surgery	29.71	24.14	2139.12	1738.08
21249 00	Surgery	40.38	33.71	2907.36	2427.12
21255 00	Surgery	40.08	40.08	2885.76	2885.76
21256 00	Surgery	37.59	37.59	2706.48	2706.48
21260 00	Surgery	41.26	41.26	2970.72	2970.72
21261 00	Surgery	73.07	73.07	5261.04	5261.04
21263 00	Surgery	67.58	67.58	4865.76	4865.76
21267 00	Surgery	48.25	48.25	3474.00	3474.00
21268 00	Surgery	60.56	60.56	4360.32	4360.32
21270 00	Surgery	30.90	22.73	2224.80	1636.56
21275 00	Surgery	25.56	25.56	1840.32	1840.32
21280 00	Surgery	17.74	17.74	1277.28	1277.28
21282 00	Surgery	12.11	12.11	871.92	871.92
21295 00	Surgery	6.05	6.05	435.60	435.60
21296 00	Surgery	12.34	12.34	888.48	888.48
21299 00	Surgery	0.00	0.00	BR	BR
21315 00	Surgery	4.63	1.81	333.36	130.32
21320 00	Surgery	6.49	2.86	467.28	205.92
21325 00	Surgery	13.42	13.42	966.24	966.24
21330 00	Surgery	16.13	16.13	1161.36	1161.36
21335 00	Surgery	21.61	21.61	1555.92	1555.92
21336 00	Surgery	19.22	19.22	1383.84	1383.84
21337 00	Surgery	12.56	9.23	904.32	664.56
21338 00	Surgery	20.30	20.30	1461.60	1461.60
21339 00	Surgery	22.94	22.94	1651.68	1651.68
21340 00	Surgery	22.84	22.84	1644.48	1644.48
21343 00	Surgery	32.81	32.81	2362.32	2362.32
21344 00	Surgery	41.93	41.93	3018.96	3018.96
21345 00	Surgery	24.27	19.46	1747.44	1401.12
21346 00	Surgery	30.35	30.35	2185.20	2185.20
21347 00	Surgery	31.36	31.36	2257.92	2257.92
21348 00	Surgery	32.98	32.98	2374.56	2374.56
21355 00	Surgery	13.53	9.99	974.16	719.28
21356 00	Surgery	16.53	12.28	1190.16	884.16
21360 00	Surgery	15.97	15.97	1149.84	1149.84
21365 00	Surgery	32.79	32.79	2360.88	2360.88
21366 00	Surgery	38.61	38.61	2779.92	2779.92
21385 00	Surgery	22.22	22.22	1599.84	1599.84

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
21386 00	Surgery	21.06	21.06	1516.32	1516.32
21387 00	Surgery	23.21	23.21	1671.12	1671.12
21390 00	Surgery	24.13	24.13	1737.36	1737.36
21395 00	Surgery	30.41	30.41	2189.52	2189.52
21400 00	Surgery	6.69	5.26	481.68	378.72
21401 00	Surgery	15.38	10.14	1107.36	730.08
21406 00	Surgery	17.80	17.80	1281.60	1281.60
21407 00	Surgery	19.67	19.67	1416.24	1416.24
21408 00	Surgery	27.35	27.35	1969.20	1969.20
21421 00	Surgery	19.56	16.57	1408.32	1193.04
21422 00	Surgery	19.17	19.17	1380.24	1380.24
21423 00	Surgery	24.08	24.08	1733.76	1733.76
21431 00	Surgery	20.94	20.94	1507.68	1507.68
21432 00	Surgery	21.64	21.64	1558.08	1558.08
21433 00	Surgery	52.33	52.33	3767.76	3767.76
21435 00	Surgery	42.61	42.61	3067.92	3067.92
21436 00	Surgery	61.53	61.53	4430.16	4430.16
21440 00	Surgery	22.43	17.97	1614.96	1293.84
21445 00	Surgery	23.11	18.78	1663.92	1352.16
21450 00	Surgery	17.71	14.45	1275.12	1040.40
21451 00	Surgery	23.09	19.28	1662.48	1388.16
21452 00	Surgery	21.45	13.54	1544.40	974.88
21453 00	Surgery	32.36	27.58	2329.92	1985.76
21454 00	Surgery	15.05	15.05	1083.60	1083.60
21461 00	Surgery	53.04	31.27	3818.88	2251.44
21462 00	Surgery	57.90	34.74	4168.80	2501.28
21465 00	Surgery	24.45	24.45	1760.40	1760.40
21470 00	Surgery	35.21	35.21	2535.12	2535.12
21480 00	Surgery	4.18	0.95	300.96	68.40
21485 00	Surgery	28.28	23.14	2036.16	1666.08
21490 00	Surgery	24.12	24.12	1736.64	1736.64
21497 00	Surgery	21.28	17.72	1532.16	1275.84
21499 00	Surgery	0.00	0.00	BR	BR
21501 00	Surgery	14.74	10.36	1061.28	745.92
21502 00	Surgery	15.41	15.41	1109.52	1109.52
21510 00	Surgery	13.74	13.74	989.28	989.28
21550 00	Surgery	7.94	4.71	571.68	339.12
21552 00	Surgery	13.66	13.66	983.52	983.52
21554 00	Surgery	22.24	22.24	1601.28	1601.28
21555 00	Surgery	13.07	9.42	941.04	678.24
21556 00	Surgery	16.13	16.13	1161.36	1161.36
21557 00	Surgery	28.86	28.86	2077.92	2077.92
21558 00	Surgery	40.45	40.45	2912.40	2912.40
21600 00	Surgery	17.49	17.49	1259.28	1259.28
21601 00	Surgery	34.47	34.47	2481.84	2481.84
21602 00	Surgery	46.46	46.46	3345.12	3345.12
21603 00	Surgery	50.38	50.38	3627.36	3627.36

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
21610 00	Surgery	37.09	37.09	2670.48	2670.48
21615 00	Surgery	18.79	18.79	1352.88	1352.88
21616 00	Surgery	21.41	21.41	1541.52	1541.52
21620 00	Surgery	15.24	15.24	1097.28	1097.28
21627 00	Surgery	16.67	16.67	1200.24	1200.24
21630 00	Surgery	39.78	39.78	2864.16	2864.16
21685 00	Surgery	29.63	29.63	2133.36	2133.36
21700 00	Surgery	10.67	10.67	768.24	768.24
21705 00	Surgery	15.91	15.91	1145.52	1145.52
21720 00	Surgery	16.50	16.50	1188.00	1188.00
21725 00	Surgery	16.69	16.69	1201.68	1201.68
21740 00	Surgery	30.73	30.73	2212.56	2212.56
21742 00	Surgery	-	-	3432.96	3432.96
21743 00	Surgery	-	-	5253.12	5253.12
21750 00	Surgery	20.30	20.30	1461.60	1461.60
21811 00	Surgery	17.70	17.70	1274.40	1274.40
21812 00	Surgery	21.43	21.43	1542.96	1542.96
21813 00	Surgery	29.36	29.36	2113.92	2113.92
21820 00	Surgery	4.75	4.71	342.00	339.12
21825 00	Surgery	16.81	16.81	1210.32	1210.32
21899 00	Surgery	0.00	0.00	BR	BR
21920 00	Surgery	7.64	4.70	550.08	338.40
21925 00	Surgery	14.99	11.61	1079.28	835.92
21930 00	Surgery	15.17	11.16	1092.24	803.52
21931 00	Surgery	14.37	14.37	1034.64	1034.64
21932 00	Surgery	20.27	20.27	1459.44	1459.44
21933 00	Surgery	22.44	22.44	1615.68	1615.68
21935 00	Surgery	30.83	30.83	2219.76	2219.76
21936 00	Surgery	42.67	42.67	3072.24	3072.24
22010 00	Surgery	29.85	29.85	2149.20	2149.20
22015 00	Surgery	29.08	29.08	2093.76	2093.76
22100 00	Surgery	29.20	29.20	2102.40	2102.40
22101 00	Surgery	27.34	27.34	1968.48	1968.48
22102 00	Surgery	23.20	23.20	1670.40	1670.40
22103 00	Surgery	3.99	3.99	287.28	287.28
22110 00	Surgery	32.37	32.37	2330.64	2330.64
22112 00	Surgery	35.04	35.04	2522.88	2522.88
22114 00	Surgery	35.04	35.04	2522.88	2522.88
22116 00	Surgery	4.28	4.28	308.16	308.16
22206 00	Surgery	74.58	74.58	5369.76	5369.76
22207 00	Surgery	72.64	72.64	5230.08	5230.08
22208 00	Surgery	17.75	17.75	1278.00	1278.00
22210 00	Surgery	54.49	54.49	3923.28	3923.28
22212 00	Surgery	46.33	46.33	3335.76	3335.76
22214 00	Surgery	46.26	46.26	3330.72	3330.72
22216 00	Surgery	10.90	10.90	784.80	784.80
22220 00	Surgery	49.69	49.69	3577.68	3577.68

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
22222 00	Surgery	54.10	54.10	3895.20	3895.20
22224 00	Surgery	48.29	48.29	3476.88	3476.88
22226 00	Surgery	10.81	10.81	778.32	778.32
22310 00	Surgery	9.60	9.18	691.20	660.96
22315 00	Surgery	27.76	24.02	1998.72	1729.44
22318 00	Surgery	50.55	50.55	3639.60	3639.60
22319 00	Surgery	56.16	56.16	4043.52	4043.52
22325 00	Surgery	45.37	45.37	3266.64	3266.64
22326 00	Surgery	46.23	46.23	3328.56	3328.56
22327 00	Surgery	47.12	47.12	3392.64	3392.64
22328 00	Surgery	8.49	8.49	611.28	611.28
22505 00	Surgery	4.58	4.58	329.76	329.76
22510 00	Surgery	51.88	12.92	3735.36	930.24
22511 00	Surgery	51.83	12.17	3731.76	876.24
22512 00	Surgery	21.08	6.16	1517.76	443.52
22513 00	Surgery	160.96	15.25	11589.12	1098.00
22514 00	Surgery	160.21	14.25	11535.12	1026.00
22515 00	Surgery	82.13	6.48	5913.36	466.56
22526 00	Surgery	55.84	9.83	4020.48	707.76
22527 00	Surgery	45.77	4.51	3295.44	324.72
22532 00	Surgery	54.54	54.54	3926.88	3926.88
22533 00	Surgery	50.52	50.52	3637.44	3637.44
22534 00	Surgery	10.84	10.84	780.48	780.48
22548 00	Surgery	60.24	60.24	4337.28	4337.28
22551 00	Surgery	51.74	51.74	3725.28	3725.28
22552 00	Surgery	11.91	11.91	857.52	857.52
22554 00	Surgery	38.56	38.56	2776.32	2776.32
22556 00	Surgery	51.31	51.31	3694.32	3694.32
22558 00	Surgery	46.30	46.30	3333.60	3333.60
22585 00	Surgery	9.72	9.72	699.84	699.84
22586 00	Surgery	62.29	62.29	4484.88	4484.88
22590 00	Surgery	48.78	48.78	3512.16	3512.16
22595 00	Surgery	46.60	46.60	3355.20	3355.20
22600 00	Surgery	39.97	39.97	2877.84	2877.84
22610 00	Surgery	39.34	39.34	2832.48	2832.48
22612 00	Surgery	48.03	48.03	3458.16	3458.16
22614 00	Surgery	11.76	11.76	846.72	846.72
22630 00	Surgery	47.74	47.74	3437.28	3437.28
22632 00	Surgery	9.64	9.64	694.08	694.08
22633 00	Surgery	55.06	55.06	3964.32	3964.32
22634 00	Surgery	14.56	14.56	1048.32	1048.32
22800 00	Surgery	41.74	41.74	3005.28	3005.28
22802 00	Surgery	63.89	63.89	4600.08	4600.08
22804 00	Surgery	73.32	73.32	5279.04	5279.04
22808 00	Surgery	55.20	55.20	3974.40	3974.40
22810 00	Surgery	60.68	60.68	4368.96	4368.96
22812 00	Surgery	66.50	66.50	4788.00	4788.00

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
22818 00	Surgery	64.88	64.88	4671.36	4671.36
22819 00	Surgery	74.67	74.67	5376.24	5376.24
22830 00	Surgery	25.21	25.21	1815.12	1815.12
22836 00	Surgery	51.49	51.49	3707.28	3707.28
22837 00	Surgery	56.74	56.74	4085.28	4085.28
22838 00	Surgery	57.48	57.48	4138.56	4138.56
22840 00	Surgery	22.64	22.64	1630.08	1630.08
22841 00	Surgery	-	-	4166.64	4166.64
22842 00	Surgery	22.92	22.92	1650.24	1650.24
22843 00	Surgery	24.56	24.56	1768.32	1768.32
22844 00	Surgery	29.60	29.60	2131.20	2131.20
22845 00	Surgery	21.80	21.80	1569.60	1569.60
22846 00	Surgery	22.71	22.71	1635.12	1635.12
22847 00	Surgery	23.87	23.87	1718.64	1718.64
22848 00	Surgery	10.79	10.79	776.88	776.88
22849 00	Surgery	39.78	39.78	2864.16	2864.16
22850 00	Surgery	22.60	22.60	1627.20	1627.20
22852 00	Surgery	21.75	21.75	1566.00	1566.00
22853 00	Surgery	7.74	7.74	557.28	557.28
22854 00	Surgery	10.08	10.08	725.76	725.76
22855 00	Surgery	33.79	33.79	2432.88	2432.88
22856 00	Surgery	49.37	49.37	3554.64	3554.64
22857 00	Surgery	52.84	52.84	3804.48	3804.48
22858 00	Surgery	15.23	15.23	1096.56	1096.56
22859 00	Surgery	10.07	10.07	725.04	725.04
22860 00	Surgery	12.38	12.38	891.36	891.36
22861 00	Surgery	70.82	70.82	5099.04	5099.04
22862 00	Surgery	70.85	70.85	5101.20	5101.20
22864 00	Surgery	63.26	63.26	4554.72	4554.72
22865 00	Surgery	69.19	69.19	4981.68	4981.68
22867 00	Surgery	32.32	32.32	2327.04	2327.04
22868 00	Surgery	7.26	7.26	522.72	522.72
22869 00	Surgery	13.01	13.01	936.72	936.72
22870 00	Surgery	3.49	3.49	251.28	251.28
22899 00	Surgery	0.00	0.00	BR	BR
22900 00	Surgery	17.30	17.30	1245.60	1245.60
22901 00	Surgery	20.31	20.31	1462.32	1462.32
22902 00	Surgery	14.23	10.24	1024.56	737.28
22903 00	Surgery	13.46	13.46	969.12	969.12
22904 00	Surgery	31.59	31.59	2274.48	2274.48
22905 00	Surgery	40.31	40.31	2902.32	2902.32
22999 00	Surgery	0.00	0.00	BR	BR
23000 00	Surgery	16.72	11.03	1203.84	794.16
23020 00	Surgery	21.22	21.22	1527.84	1527.84
23030 00	Surgery	13.18	7.80	948.96	561.60
23031 00	Surgery	12.93	6.85	930.96	493.20
23035 00	Surgery	20.88	20.88	1503.36	1503.36

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
23040 00	Surgery	21.98	21.98	1582.56	1582.56
23044 00	Surgery	17.21	17.21	1239.12	1239.12
23065 00	Surgery	6.77	4.83	487.44	347.76
23066 00	Surgery	17.40	11.46	1252.80	825.12
23071 00	Surgery	12.88	12.88	927.36	927.36
23073 00	Surgery	21.27	21.27	1531.44	1531.44
23075 00	Surgery	15.45	10.11	1112.40	727.92
23076 00	Surgery	16.72	16.72	1203.84	1203.84
23077 00	Surgery	34.29	34.29	2468.88	2468.88
23078 00	Surgery	43.63	43.63	3141.36	3141.36
23100 00	Surgery	15.68	15.68	1128.96	1128.96
23101 00	Surgery	14.15	14.15	1018.80	1018.80
23105 00	Surgery	19.73	19.73	1420.56	1420.56
23106 00	Surgery	15.56	15.56	1120.32	1120.32
23107 00	Surgery	20.43	20.43	1470.96	1470.96
23120 00	Surgery	18.12	18.12	1304.64	1304.64
23125 00	Surgery	21.81	21.81	1570.32	1570.32
23130 00	Surgery	19.06	19.06	1372.32	1372.32
23140 00	Surgery	17.15	17.15	1234.80	1234.80
23145 00	Surgery	21.38	21.38	1539.36	1539.36
23146 00	Surgery	19.25	19.25	1386.00	1386.00
23150 00	Surgery	20.53	20.53	1478.16	1478.16
23155 00	Surgery	24.48	24.48	1762.56	1762.56
23156 00	Surgery	20.92	20.92	1506.24	1506.24
23170 00	Surgery	17.43	17.43	1254.96	1254.96
23172 00	Surgery	17.61	17.61	1267.92	1267.92
23174 00	Surgery	23.51	23.51	1692.72	1692.72
23180 00	Surgery	21.23	21.23	1528.56	1528.56
23182 00	Surgery	20.71	20.71	1491.12	1491.12
23184 00	Surgery	22.70	22.70	1634.40	1634.40
23190 00	Surgery	17.75	17.75	1278.00	1278.00
23195 00	Surgery	22.96	22.96	1653.12	1653.12
23200 00	Surgery	45.63	45.63	3285.36	3285.36
23210 00	Surgery	53.46	53.46	3849.12	3849.12
23220 00	Surgery	58.52	58.52	4213.44	4213.44
23330 00	Surgery	9.03	5.16	650.16	371.52
23333 00	Surgery	14.67	14.67	1056.24	1056.24
23334 00	Surgery	32.36	32.36	2329.92	2329.92
23335 00	Surgery	38.42	38.42	2766.24	2766.24
23350 00	Surgery	4.72	1.48	339.84	106.56
23395 00	Surgery	39.08	39.08	2813.76	2813.76
23397 00	Surgery	34.59	34.59	2490.48	2490.48
23400 00	Surgery	29.67	29.67	2136.24	2136.24
23405 00	Surgery	18.81	18.81	1354.32	1354.32
23406 00	Surgery	22.51	22.51	1620.72	1620.72
23410 00	Surgery	25.07	25.07	1805.04	1805.04
23412 00	Surgery	26.05	26.05	1875.60	1875.60

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
23415 00	Surgery	21.53	21.53	1550.16	1550.16
23420 00	Surgery	29.81	29.81	2146.32	2146.32
23430 00	Surgery	22.79	22.79	1640.88	1640.88
23440 00	Surgery	23.15	23.15	1666.80	1666.80
23450 00	Surgery	28.84	28.84	2076.48	2076.48
23455 00	Surgery	29.58	29.58	2129.76	2129.76
23460 00	Surgery	33.20	33.20	2390.40	2390.40
23462 00	Surgery	32.48	32.48	2338.56	2338.56
23465 00	Surgery	34.03	34.03	2450.16	2450.16
23466 00	Surgery	34.11	34.11	2455.92	2455.92
23470 00	Surgery	36.35	36.35	2617.20	2617.20
23472 00	Surgery	43.74	43.74	3149.28	3149.28
23473 00	Surgery	48.62	48.62	3500.64	3500.64
23474 00	Surgery	52.47	52.47	3777.84	3777.84
23480 00	Surgery	25.11	25.11	1807.92	1807.92
23485 00	Surgery	29.05	29.05	2091.60	2091.60
23490 00	Surgery	26.31	26.31	1894.32	1894.32
23491 00	Surgery	30.99	30.99	2231.28	2231.28
23500 00	Surgery	7.13	7.30	513.36	525.60
23505 00	Surgery	11.38	10.56	819.36	760.32
23515 00	Surgery	22.11	22.11	1591.92	1591.92
23520 00	Surgery	7.67	7.62	552.24	548.64
23525 00	Surgery	12.57	11.48	905.04	826.56
23530 00	Surgery	17.77	17.77	1279.44	1279.44
23532 00	Surgery	19.33	19.33	1391.76	1391.76
23540 00	Surgery	7.54	7.49	542.88	539.28
23545 00	Surgery	11.43	10.24	822.96	737.28
23550 00	Surgery	17.59	17.59	1266.48	1266.48
23552 00	Surgery	19.84	19.84	1428.48	1428.48
23570 00	Surgery	7.48	7.74	538.56	557.28
23575 00	Surgery	12.94	11.95	931.68	860.40
23585 00	Surgery	29.73	29.73	2140.56	2140.56
23600 00	Surgery	10.59	10.04	762.48	722.88
23605 00	Surgery	14.72	13.35	1059.84	961.20
23615 00	Surgery	27.02	27.02	1945.44	1945.44
23616 00	Surgery	37.49	37.49	2699.28	2699.28
23620 00	Surgery	8.62	8.25	620.64	594.00
23625 00	Surgery	12.01	10.98	864.72	790.56
23630 00	Surgery	23.98	23.98	1726.56	1726.56
23650 00	Surgery	10.55	9.51	759.60	684.72
23655 00	Surgery	12.69	12.69	913.68	913.68
23660 00	Surgery	18.03	18.03	1298.16	1298.16
23665 00	Surgery	13.69	12.56	985.68	904.32
23670 00	Surgery	26.72	26.72	1923.84	1923.84
23675 00	Surgery	17.25	15.58	1242.00	1121.76
23680 00	Surgery	28.45	28.45	2048.40	2048.40
23700 00	Surgery	6.02	6.02	433.44	433.44

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
23800 00	Surgery	31.30	31.30	2253.60	2253.60
23802 00	Surgery	39.07	39.07	2813.04	2813.04
23900 00	Surgery	42.02	42.02	3025.44	3025.44
23920 00	Surgery	34.22	34.22	2463.84	2463.84
23921 00	Surgery	14.58	14.58	1049.76	1049.76
23929 00	Surgery	0.00	0.00	BR	BR
23930 00	Surgery	10.78	6.61	776.16	475.92
23931 00	Surgery	9.01	4.94	648.72	355.68
23935 00	Surgery	15.87	15.87	1142.64	1142.64
24000 00	Surgery	14.83	14.83	1067.76	1067.76
24006 00	Surgery	21.97	21.97	1581.84	1581.84
24065 00	Surgery	7.75	4.94	558.00	355.68
24066 00	Surgery	19.07	13.10	1373.04	943.20
24071 00	Surgery	12.43	12.43	894.96	894.96
24073 00	Surgery	21.18	21.18	1524.96	1524.96
24075 00	Surgery	15.89	10.15	1144.08	730.80
24076 00	Surgery	16.80	16.80	1209.60	1209.60
24077 00	Surgery	31.12	31.12	2240.64	2240.64
24079 00	Surgery	40.21	40.21	2895.12	2895.12
24100 00	Surgery	13.04	13.04	938.88	938.88
24101 00	Surgery	15.58	15.58	1121.76	1121.76
24102 00	Surgery	19.00	19.00	1368.00	1368.00
24105 00	Surgery	11.23	11.23	808.56	808.56
24110 00	Surgery	18.25	18.25	1314.00	1314.00
24115 00	Surgery	22.64	22.64	1630.08	1630.08
24116 00	Surgery	26.28	26.28	1892.16	1892.16
24120 00	Surgery	16.51	16.51	1188.72	1188.72
24125 00	Surgery	19.22	19.22	1383.84	1383.84
24126 00	Surgery	20.06	20.06	1444.32	1444.32
24130 00	Surgery	15.88	15.88	1143.36	1143.36
24134 00	Surgery	22.97	22.97	1653.84	1653.84
24136 00	Surgery	19.50	19.50	1404.00	1404.00
24138 00	Surgery	21.23	21.23	1528.56	1528.56
24140 00	Surgery	21.61	21.61	1555.92	1555.92
24145 00	Surgery	18.33	18.33	1319.76	1319.76
24147 00	Surgery	19.39	19.39	1396.08	1396.08
24149 00	Surgery	36.07	36.07	2597.04	2597.04
24150 00	Surgery	46.79	46.79	3368.88	3368.88
24152 00	Surgery	40.79	40.79	2936.88	2936.88
24155 00	Surgery	26.03	26.03	1874.16	1874.16
24160 00	Surgery	38.19	38.19	2749.68	2749.68
24164 00	Surgery	22.26	22.26	1602.72	1602.72
24200 00	Surgery	6.72	4.39	483.84	316.08
24201 00	Surgery	18.62	12.40	1340.64	892.80
24220 00	Surgery	5.59	1.97	402.48	141.84
24300 00	Surgery	13.76	13.76	990.72	990.72
24301 00	Surgery	23.01	23.01	1656.72	1656.72

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
24305 00	Surgery	17.90	17.90	1288.80	1288.80
24310 00	Surgery	14.54	14.54	1046.88	1046.88
24320 00	Surgery	23.93	23.93	1722.96	1722.96
24330 00	Surgery	22.06	22.06	1588.32	1588.32
24331 00	Surgery	24.08	24.08	1733.76	1733.76
24332 00	Surgery	19.03	19.03	1370.16	1370.16
24340 00	Surgery	18.66	18.66	1343.52	1343.52
24341 00	Surgery	23.06	23.06	1660.32	1660.32
24342 00	Surgery	23.71	23.71	1707.12	1707.12
24343 00	Surgery	22.08	22.08	1589.76	1589.76
24344 00	Surgery	33.78	33.78	2432.16	2432.16
24345 00	Surgery	21.87	21.87	1574.64	1574.64
24346 00	Surgery	33.78	33.78	2432.16	2432.16
24357 00	Surgery	12.74	12.74	917.28	917.28
24358 00	Surgery	16.42	16.42	1182.24	1182.24
24359 00	Surgery	20.41	20.41	1469.52	1469.52
24360 00	Surgery	27.59	27.59	1986.48	1986.48
24361 00	Surgery	30.76	30.76	2214.72	2214.72
24362 00	Surgery	32.33	32.33	2327.76	2327.76
24363 00	Surgery	43.95	43.95	3164.40	3164.40
24365 00	Surgery	19.74	19.74	1421.28	1421.28
24366 00	Surgery	20.94	20.94	1507.68	1507.68
24370 00	Surgery	46.60	46.60	3355.20	3355.20
24371 00	Surgery	53.42	53.42	3846.24	3846.24
24400 00	Surgery	25.36	25.36	1825.92	1825.92
24410 00	Surgery	32.27	32.27	2323.44	2323.44
24420 00	Surgery	32.35	32.35	2329.20	2329.20
24430 00	Surgery	32.20	32.20	2318.40	2318.40
24435 00	Surgery	32.99	32.99	2375.28	2375.28
24470 00	Surgery	20.69	20.69	1489.68	1489.68
24495 00	Surgery	27.70	27.70	1994.40	1994.40
24498 00	Surgery	26.39	26.39	1900.08	1900.08
24500 00	Surgery	11.48	10.57	826.56	761.04
24505 00	Surgery	15.79	14.12	1136.88	1016.64
24515 00	Surgery	26.94	26.94	1939.68	1939.68
24516 00	Surgery	26.23	26.23	1888.56	1888.56
24530 00	Surgery	12.11	11.08	871.92	797.76
24535 00	Surgery	19.43	17.83	1398.96	1283.76
24538 00	Surgery	24.16	24.16	1739.52	1739.52
24545 00	Surgery	28.40	28.40	2044.80	2044.80
24546 00	Surgery	31.68	31.68	2280.96	2280.96
24560 00	Surgery	10.54	9.34	758.88	672.48
24565 00	Surgery	16.96	15.48	1221.12	1114.56
24566 00	Surgery	22.25	22.25	1602.00	1602.00
24575 00	Surgery	22.58	22.58	1625.76	1625.76
24576 00	Surgery	11.15	9.94	802.80	715.68
24577 00	Surgery	17.45	15.90	1256.40	1144.80

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
24579 00	Surgery	25.63	25.63	1845.36	1845.36
24582 00	Surgery	25.17	25.17	1812.24	1812.24
24586 00	Surgery	32.99	32.99	2375.28	2375.28
24587 00	Surgery	33.13	33.13	2385.36	2385.36
24600 00	Surgery	11.90	10.78	856.80	776.16
24605 00	Surgery	14.81	14.81	1066.32	1066.32
24615 00	Surgery	21.90	21.90	1576.80	1576.80
24620 00	Surgery	18.26	18.26	1314.72	1314.72
24635 00	Surgery	20.89	20.89	1504.08	1504.08
24640 00	Surgery	3.13	2.39	225.36	172.08
24650 00	Surgery	8.44	7.87	607.68	566.64
24655 00	Surgery	14.13	12.72	1017.36	915.84
24665 00	Surgery	20.30	20.30	1461.60	1461.60
24666 00	Surgery	22.50	22.50	1620.00	1620.00
24670 00	Surgery	9.30	8.50	669.60	612.00
24675 00	Surgery	14.40	13.05	1036.80	939.60
24685 00	Surgery	20.14	20.14	1450.08	1450.08
24800 00	Surgery	25.55	25.55	1839.60	1839.60
24802 00	Surgery	30.60	30.60	2203.20	2203.20
24900 00	Surgery	23.44	23.44	1687.68	1687.68
24920 00	Surgery	22.50	22.50	1620.00	1620.00
24925 00	Surgery	17.59	17.59	1266.48	1266.48
24930 00	Surgery	23.70	23.70	1706.40	1706.40
24931 00	Surgery	28.41	28.41	2045.52	2045.52
24935 00	Surgery	37.08	37.08	2669.76	2669.76
24940 00	Surgery	0.00	0.00	BR	BR
24999 00	Surgery	0.00	0.00	BR	BR
25000 00	Surgery	10.79	10.79	776.88	776.88
25001 00	Surgery	10.90	10.90	784.80	784.80
25020 00	Surgery	22.22	22.22	1599.84	1599.84
25023 00	Surgery	39.50	39.50	2844.00	2844.00
25024 00	Surgery	23.81	23.81	1714.32	1714.32
25025 00	Surgery	37.34	37.34	2688.48	2688.48
25028 00	Surgery	20.78	20.78	1496.16	1496.16
25031 00	Surgery	11.47	11.47	825.84	825.84
25035 00	Surgery	18.19	18.19	1309.68	1309.68
25040 00	Surgery	17.25	17.25	1242.00	1242.00
25065 00	Surgery	7.64	4.79	550.08	344.88
25066 00	Surgery	11.52	11.52	829.44	829.44
25071 00	Surgery	13.02	13.02	937.44	937.44
25073 00	Surgery	16.51	16.51	1188.72	1188.72
25075 00	Surgery	15.51	9.75	1116.72	702.00
25076 00	Surgery	16.01	16.01	1152.72	1152.72
25077 00	Surgery	26.14	26.14	1882.08	1882.08
25078 00	Surgery	35.44	35.44	2551.68	2551.68
25085 00	Surgery	13.91	13.91	1001.52	1001.52
25100 00	Surgery	10.90	10.90	784.80	784.80

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
25101 00	Surgery	12.63	12.63	909.36	909.36
25105 00	Surgery	15.12	15.12	1088.64	1088.64
25107 00	Surgery	19.18	19.18	1380.96	1380.96
25109 00	Surgery	16.60	16.60	1195.20	1195.20
25110 00	Surgery	10.77	10.77	775.44	775.44
25111 00	Surgery	10.16	10.16	731.52	731.52
25112 00	Surgery	12.17	12.17	876.24	876.24
25115 00	Surgery	23.34	23.34	1680.48	1680.48
25116 00	Surgery	18.71	18.71	1347.12	1347.12
25118 00	Surgery	11.93	11.93	858.96	858.96
25119 00	Surgery	15.56	15.56	1120.32	1120.32
25120 00	Surgery	15.54	15.54	1118.88	1118.88
25125 00	Surgery	18.40	18.40	1324.80	1324.80
25126 00	Surgery	18.52	18.52	1333.44	1333.44
25130 00	Surgery	14.05	14.05	1011.60	1011.60
25135 00	Surgery	17.38	17.38	1251.36	1251.36
25136 00	Surgery	15.43	15.43	1110.96	1110.96
25145 00	Surgery	16.14	16.14	1162.08	1162.08
25150 00	Surgery	17.55	17.55	1263.60	1263.60
25151 00	Surgery	18.06	18.06	1300.32	1300.32
25170 00	Surgery	44.49	44.49	3203.28	3203.28
25210 00	Surgery	15.29	15.29	1100.88	1100.88
25215 00	Surgery	19.13	19.13	1377.36	1377.36
25230 00	Surgery	13.47	13.47	969.84	969.84
25240 00	Surgery	13.37	13.37	962.64	962.64
25246 00	Surgery	5.69	2.16	409.68	155.52
25248 00	Surgery	12.90	12.90	928.80	928.80
25250 00	Surgery	16.52	16.52	1189.44	1189.44
25251 00	Surgery	22.10	22.10	1591.20	1591.20
25259 00	Surgery	13.08	13.08	941.76	941.76
25260 00	Surgery	19.63	19.63	1413.36	1413.36
25263 00	Surgery	19.58	19.58	1409.76	1409.76
25265 00	Surgery	23.16	23.16	1667.52	1667.52
25270 00	Surgery	15.32	15.32	1103.04	1103.04
25272 00	Surgery	17.29	17.29	1244.88	1244.88
25274 00	Surgery	20.52	20.52	1477.44	1477.44
25275 00	Surgery	20.73	20.73	1492.56	1492.56
25280 00	Surgery	17.49	17.49	1259.28	1259.28
25290 00	Surgery	13.55	13.55	975.60	975.60
25295 00	Surgery	16.31	16.31	1174.32	1174.32
25300 00	Surgery	21.29	21.29	1532.88	1532.88
25301 00	Surgery	19.82	19.82	1427.04	1427.04
25310 00	Surgery	21.95	21.95	1580.40	1580.40
25312 00	Surgery	22.08	22.08	1589.76	1589.76
25315 00	Surgery	23.59	23.59	1698.48	1698.48
25316 00	Surgery	28.01	28.01	2016.72	2016.72
25320 00	Surgery	30.46	30.46	2193.12	2193.12

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
25332 00	Surgery	25.92	25.92	1866.24	1866.24
25335 00	Surgery	28.86	28.86	2077.92	2077.92
25337 00	Surgery	27.33	27.33	1967.76	1967.76
25350 00	Surgery	20.75	20.75	1494.00	1494.00
25355 00	Surgery	23.48	23.48	1690.56	1690.56
25360 00	Surgery	20.21	20.21	1455.12	1455.12
25365 00	Surgery	28.03	28.03	2018.16	2018.16
25370 00	Surgery	30.94	30.94	2227.68	2227.68
25375 00	Surgery	29.14	29.14	2098.08	2098.08
25390 00	Surgery	23.59	23.59	1698.48	1698.48
25391 00	Surgery	30.40	30.40	2188.80	2188.80
25392 00	Surgery	30.93	30.93	2226.96	2226.96
25393 00	Surgery	34.36	34.36	2473.92	2473.92
25394 00	Surgery	24.09	24.09	1734.48	1734.48
25400 00	Surgery	24.57	24.57	1769.04	1769.04
25405 00	Surgery	31.67	31.67	2280.24	2280.24
25415 00	Surgery	29.54	29.54	2126.88	2126.88
25420 00	Surgery	35.49	35.49	2555.28	2555.28
25425 00	Surgery	29.41	29.41	2117.52	2117.52
25426 00	Surgery	34.16	34.16	2459.52	2459.52
25430 00	Surgery	22.53	22.53	1622.16	1622.16
25431 00	Surgery	24.18	24.18	1740.96	1740.96
25440 00	Surgery	23.60	23.60	1699.20	1699.20
25441 00	Surgery	28.68	28.68	2064.96	2064.96
25442 00	Surgery	24.86	24.86	1789.92	1789.92
25443 00	Surgery	24.10	24.10	1735.20	1735.20
25444 00	Surgery	25.40	25.40	1828.80	1828.80
25445 00	Surgery	22.16	22.16	1595.52	1595.52
25446 00	Surgery	35.69	35.69	2569.68	2569.68
25447 00	Surgery	24.58	24.58	1769.76	1769.76
25448 00	Surgery	27.14	27.14	1954.08	1954.08
25449 00	Surgery	31.52	31.52	2269.44	2269.44
25450 00	Surgery	19.07	19.07	1373.04	1373.04
25455 00	Surgery	22.46	22.46	1617.12	1617.12
25490 00	Surgery	22.09	22.09	1590.48	1590.48
25491 00	Surgery	22.71	22.71	1635.12	1635.12
25492 00	Surgery	27.73	27.73	1996.56	1996.56
25500 00	Surgery	9.07	8.22	653.04	591.84
25505 00	Surgery	15.93	14.42	1146.96	1038.24
25515 00	Surgery	20.67	20.67	1488.24	1488.24
25520 00	Surgery	18.05	17.02	1299.60	1225.44
25525 00	Surgery	24.30	24.30	1749.60	1749.60
25526 00	Surgery	29.29	29.29	2108.88	2108.88
25530 00	Surgery	8.46	7.78	609.12	560.16
25535 00	Surgery	15.49	14.29	1115.28	1028.88
25545 00	Surgery	19.32	19.32	1391.04	1391.04
25560 00	Surgery	9.24	8.26	665.28	594.72

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
25565 00	Surgery	16.26	14.48	1170.72	1042.56
25574 00	Surgery	20.85	20.85	1501.20	1501.20
25575 00	Surgery	27.74	27.74	1997.28	1997.28
25600 00	Surgery	10.77	10.33	775.44	743.76
25605 00	Surgery	16.89	15.93	1216.08	1146.96
25606 00	Surgery	20.69	20.69	1489.68	1489.68
25607 00	Surgery	22.87	22.87	1646.64	1646.64
25608 00	Surgery	25.47	25.47	1833.84	1833.84
25609 00	Surgery	32.28	32.28	2324.16	2324.16
25622 00	Surgery	9.79	9.03	704.88	650.16
25624 00	Surgery	15.48	14.02	1114.56	1009.44
25628 00	Surgery	22.15	22.15	1594.80	1594.80
25630 00	Surgery	9.72	9.04	699.84	650.88
25635 00	Surgery	14.68	13.32	1056.96	959.04
25645 00	Surgery	17.65	17.65	1270.80	1270.80
25650 00	Surgery	10.43	9.69	750.96	697.68
25651 00	Surgery	15.23	15.23	1096.56	1096.56
25652 00	Surgery	19.29	19.29	1388.88	1388.88
25660 00	Surgery	14.08	14.08	1013.76	1013.76
25670 00	Surgery	18.68	18.68	1344.96	1344.96
25671 00	Surgery	16.62	16.62	1196.64	1196.64
25675 00	Surgery	14.43	13.01	1038.96	936.72
25676 00	Surgery	19.43	19.43	1398.96	1398.96
25680 00	Surgery	16.55	16.55	1191.60	1191.60
25685 00	Surgery	22.59	22.59	1626.48	1626.48
25690 00	Surgery	15.34	15.34	1104.48	1104.48
25695 00	Surgery	19.54	19.54	1406.88	1406.88
25800 00	Surgery	22.47	22.47	1617.84	1617.84
25805 00	Surgery	25.96	25.96	1869.12	1869.12
25810 00	Surgery	26.63	26.63	1917.36	1917.36
25820 00	Surgery	19.93	19.93	1434.96	1434.96
25825 00	Surgery	24.31	24.31	1750.32	1750.32
25830 00	Surgery	31.17	31.17	2244.24	2244.24
25900 00	Surgery	22.13	22.13	1593.36	1593.36
25905 00	Surgery	21.55	21.55	1551.60	1551.60
25907 00	Surgery	18.95	18.95	1364.40	1364.40
25909 00	Surgery	21.08	21.08	1517.76	1517.76
25915 00	Surgery	35.47	35.47	2553.84	2553.84
25920 00	Surgery	22.34	22.34	1608.48	1608.48
25922 00	Surgery	19.78	19.78	1424.16	1424.16
25924 00	Surgery	21.80	21.80	1569.60	1569.60
25927 00	Surgery	26.14	26.14	1882.08	1882.08
25929 00	Surgery	18.48	18.48	1330.56	1330.56
25931 00	Surgery	24.15	24.15	1738.80	1738.80
25999 00	Surgery	0.00	0.00	BR	BR
26010 00	Surgery	10.04	4.31	722.88	310.32
26011 00	Surgery	14.04	5.68	1010.88	408.96

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
26020 00	Surgery	17.19	17.19	1237.68	1237.68
26025 00	Surgery	12.93	12.93	930.96	930.96
26030 00	Surgery	15.20	15.20	1094.40	1094.40
26034 00	Surgery	17.08	17.08	1229.76	1229.76
26035 00	Surgery	26.43	26.43	1902.96	1902.96
26037 00	Surgery	17.34	17.34	1248.48	1248.48
26040 00	Surgery	9.87	9.87	710.64	710.64
26045 00	Surgery	14.67	14.67	1056.24	1056.24
26055 00	Surgery	17.61	9.10	1267.92	655.20
26060 00	Surgery	7.89	7.89	568.08	568.08
26070 00	Surgery	10.05	10.05	723.60	723.60
26075 00	Surgery	10.54	10.54	758.88	758.88
26080 00	Surgery	12.42	12.42	894.24	894.24
26100 00	Surgery	10.60	10.60	763.20	763.20
26105 00	Surgery	10.67	10.67	768.24	768.24
26110 00	Surgery	10.14	10.14	730.08	730.08
26111 00	Surgery	12.85	12.85	925.20	925.20
26113 00	Surgery	16.91	16.91	1217.52	1217.52
26115 00	Surgery	16.55	10.33	1191.60	743.76
26116 00	Surgery	16.25	16.25	1170.00	1170.00
26117 00	Surgery	22.92	22.92	1650.24	1650.24
26118 00	Surgery	32.18	32.18	2316.96	2316.96
26121 00	Surgery	18.52	18.52	1333.44	1333.44
26123 00	Surgery	25.81	25.81	1858.32	1858.32
26125 00	Surgery	8.06	8.06	580.32	580.32
26130 00	Surgery	14.56	14.56	1048.32	1048.32
26135 00	Surgery	17.15	17.15	1234.80	1234.80
26140 00	Surgery	15.73	15.73	1132.56	1132.56
26145 00	Surgery	16.00	16.00	1152.00	1152.00
26160 00	Surgery	18.40	9.84	1324.80	708.48
26170 00	Surgery	12.66	12.66	911.52	911.52
26180 00	Surgery	14.01	14.01	1008.72	1008.72
26185 00	Surgery	17.33	17.33	1247.76	1247.76
26200 00	Surgery	13.97	13.97	1005.84	1005.84
26205 00	Surgery	18.66	18.66	1343.52	1343.52
26210 00	Surgery	13.92	13.92	1002.24	1002.24
26215 00	Surgery	17.49	17.49	1259.28	1259.28
26230 00	Surgery	15.48	15.48	1114.56	1114.56
26235 00	Surgery	15.25	15.25	1098.00	1098.00
26236 00	Surgery	13.71	13.71	987.12	987.12
26250 00	Surgery	32.50	32.50	2340.00	2340.00
26260 00	Surgery	24.41	24.41	1757.52	1757.52
26262 00	Surgery	19.45	19.45	1400.40	1400.40
26320 00	Surgery	10.87	10.87	782.64	782.64
26340 00	Surgery	11.23	11.23	808.56	808.56
26341 00	Surgery	3.56	2.39	256.32	172.08
26350 00	Surgery	22.59	22.59	1626.48	1626.48

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
26352 00	Surgery	25.15	25.15	1810.80	1810.80
26356 00	Surgery	24.47	24.47	1761.84	1761.84
26357 00	Surgery	27.33	27.33	1967.76	1967.76
26358 00	Surgery	30.11	30.11	2167.92	2167.92
26370 00	Surgery	23.72	23.72	1707.84	1707.84
26372 00	Surgery	27.64	27.64	1990.08	1990.08
26373 00	Surgery	26.60	26.60	1915.20	1915.20
26390 00	Surgery	26.56	26.56	1912.32	1912.32
26392 00	Surgery	30.22	30.22	2175.84	2175.84
26410 00	Surgery	18.17	18.17	1308.24	1308.24
26412 00	Surgery	21.61	21.61	1555.92	1555.92
26410 00	Surgery	18.17	18.17	1308.24	1308.24
26416 00	Surgery	27.85	27.85	2005.20	2005.20
26410 00	Surgery	18.17	18.17	1308.24	1308.24
26420 00	Surgery	22.39	22.39	1612.08	1612.08
26426 00	Surgery	15.61	15.61	1123.92	1123.92
26428 00	Surgery	24.11	24.11	1735.92	1735.92
26432 00	Surgery	16.52	16.52	1189.44	1189.44
26433 00	Surgery	17.28	17.28	1244.16	1244.16
26434 00	Surgery	21.07	21.07	1517.04	1517.04
26437 00	Surgery	20.23	20.23	1456.56	1456.56
26440 00	Surgery	19.64	19.64	1414.08	1414.08
26442 00	Surgery	30.07	30.07	2165.04	2165.04
26445 00	Surgery	18.26	18.26	1314.72	1314.72
26449 00	Surgery	21.63	21.63	1557.36	1557.36
26450 00	Surgery	14.13	14.13	1017.36	1017.36
26455 00	Surgery	14.03	14.03	1010.16	1010.16
26460 00	Surgery	13.73	13.73	988.56	988.56
26471 00	Surgery	20.05	20.05	1443.60	1443.60
26474 00	Surgery	19.74	19.74	1421.28	1421.28
26476 00	Surgery	19.49	19.49	1403.28	1403.28
26477 00	Surgery	19.05	19.05	1371.60	1371.60
26478 00	Surgery	19.99	19.99	1439.28	1439.28
26479 00	Surgery	20.48	20.48	1474.56	1474.56
26480 00	Surgery	21.97	21.97	1581.84	1581.84
26483 00	Surgery	26.33	26.33	1895.76	1895.76
26485 00	Surgery	25.30	25.30	1821.60	1821.60
26489 00	Surgery	29.12	29.12	2096.64	2096.64
26490 00	Surgery	25.45	25.45	1832.40	1832.40
26492 00	Surgery	28.13	28.13	2025.36	2025.36
26494 00	Surgery	25.55	25.55	1839.60	1839.60
26496 00	Surgery	27.46	27.46	1977.12	1977.12
26497 00	Surgery	27.43	27.43	1974.96	1974.96
26498 00	Surgery	35.69	35.69	2569.68	2569.68
26499 00	Surgery	26.44	26.44	1903.68	1903.68
26500 00	Surgery	20.85	20.85	1501.20	1501.20
26502 00	Surgery	22.89	22.89	1648.08	1648.08

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
26508 00	Surgery	20.46	20.46	1473.12	1473.12
26510 00	Surgery	19.43	19.43	1398.96	1398.96
26516 00	Surgery	22.58	22.58	1625.76	1625.76
26517 00	Surgery	26.29	26.29	1892.88	1892.88
26518 00	Surgery	26.60	26.60	1915.20	1915.20
26520 00	Surgery	20.54	20.54	1478.88	1478.88
26525 00	Surgery	20.69	20.69	1489.68	1489.68
26530 00	Surgery	16.80	16.80	1209.60	1209.60
26531 00	Surgery	19.54	19.54	1406.88	1406.88
26535 00	Surgery	13.69	13.69	985.68	985.68
26536 00	Surgery	22.70	22.70	1634.40	1634.40
26540 00	Surgery	21.23	21.23	1528.56	1528.56
26541 00	Surgery	25.39	25.39	1828.08	1828.08
26542 00	Surgery	21.92	21.92	1578.24	1578.24
26545 00	Surgery	22.23	22.23	1600.56	1600.56
26546 00	Surgery	31.73	31.73	2284.56	2284.56
26548 00	Surgery	24.29	24.29	1748.88	1748.88
26550 00	Surgery	49.80	49.80	3585.60	3585.60
26551 00	Surgery	99.14	99.14	7138.08	7138.08
26553 00	Surgery	98.48	98.48	7090.56	7090.56
26554 00	Surgery	114.63	114.63	8253.36	8253.36
26555 00	Surgery	41.85	41.85	3013.20	3013.20
26556 00	Surgery	102.47	102.47	7377.84	7377.84
26560 00	Surgery	19.27	19.27	1387.44	1387.44
26561 00	Surgery	29.76	29.76	2142.72	2142.72
26562 00	Surgery	41.76	41.76	3006.72	3006.72
26565 00	Surgery	21.64	21.64	1558.08	1558.08
26567 00	Surgery	21.83	21.83	1571.76	1571.76
26568 00	Surgery	28.09	28.09	2022.48	2022.48
26580 00	Surgery	46.69	46.69	3361.68	3361.68
26587 00	Surgery	31.93	31.93	2298.96	2298.96
26590 00	Surgery	43.31	43.31	3118.32	3118.32
26591 00	Surgery	14.82	14.82	1067.04	1067.04
26593 00	Surgery	19.55	19.55	1407.60	1407.60
26596 00	Surgery	24.89	24.89	1792.08	1792.08
26600 00	Surgery	9.59	9.15	690.48	658.80
26605 00	Surgery	10.43	9.41	750.96	677.52
26607 00	Surgery	15.59	15.59	1122.48	1122.48
26608 00	Surgery	14.94	14.94	1075.68	1075.68
26615 00	Surgery	17.83	17.83	1283.76	1283.76
26641 00	Surgery	13.22	12.05	951.84	867.60
26645 00	Surgery	13.62	12.41	980.64	893.52
26650 00	Surgery	15.01	15.01	1080.72	1080.72
26665 00	Surgery	19.40	19.40	1396.80	1396.80
26670 00	Surgery	11.17	9.98	804.24	718.56
26675 00	Surgery	14.54	13.27	1046.88	955.44
26676 00	Surgery	15.86	15.86	1141.92	1141.92

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
26685 00	Surgery	17.88	17.88	1287.36	1287.36
26686 00	Surgery	19.18	19.18	1380.96	1380.96
26700 00	Surgery	10.77	9.92	775.44	714.24
26705 00	Surgery	13.76	12.47	990.72	897.84
26706 00	Surgery	13.94	13.94	1003.68	1003.68
26715 00	Surgery	17.76	17.76	1278.72	1278.72
26720 00	Surgery	6.44	6.05	463.68	435.60
26725 00	Surgery	10.81	9.63	778.32	693.36
26727 00	Surgery	14.75	14.75	1062.00	1062.00
26735 00	Surgery	18.40	18.40	1324.80	1324.80
26740 00	Surgery	7.45	7.05	536.40	507.60
26742 00	Surgery	11.76	10.55	846.72	759.60
26746 00	Surgery	22.83	22.83	1643.76	1643.76
26750 00	Surgery	6.03	6.10	434.16	439.20
26755 00	Surgery	10.20	8.73	734.40	628.56
26756 00	Surgery	13.19	13.19	949.68	949.68
26765 00	Surgery	15.62	15.62	1124.64	1124.64
26770 00	Surgery	9.19	8.36	661.68	601.92
26775 00	Surgery	12.46	11.18	897.12	804.96
26776 00	Surgery	14.00	14.00	1008.00	1008.00
26785 00	Surgery	17.02	17.02	1225.44	1225.44
26820 00	Surgery	25.18	25.18	1812.96	1812.96
26841 00	Surgery	23.44	23.44	1687.68	1687.68
26842 00	Surgery	25.25	25.25	1818.00	1818.00
26843 00	Surgery	23.70	23.70	1706.40	1706.40
26844 00	Surgery	26.10	26.10	1879.20	1879.20
26850 00	Surgery	22.29	22.29	1604.88	1604.88
26852 00	Surgery	25.34	25.34	1824.48	1824.48
26860 00	Surgery	18.56	18.56	1336.32	1336.32
26861 00	Surgery	3.05	3.05	219.60	219.60
26862 00	Surgery	23.26	23.26	1674.72	1674.72
26863 00	Surgery	6.79	6.79	488.88	488.88
26910 00	Surgery	23.15	23.15	1666.80	1666.80
26951 00	Surgery	21.39	21.39	1540.08	1540.08
26952 00	Surgery	20.78	20.78	1496.16	1496.16
26989 00	Surgery	0.00	0.00	BR	BR
26990 00	Surgery	20.71	20.71	1491.12	1491.12
26991 00	Surgery	21.16	16.05	1523.52	1155.60
26992 00	Surgery	30.54	30.54	2198.88	2198.88
27000 00	Surgery	11.92	11.92	858.24	858.24
27001 00	Surgery	16.57	16.57	1193.04	1193.04
27003 00	Surgery	18.46	18.46	1329.12	1329.12
27005 00	Surgery	22.14	22.14	1594.08	1594.08
27006 00	Surgery	21.84	21.84	1572.48	1572.48
27025 00	Surgery	28.62	28.62	2060.64	2060.64
27027 00	Surgery	26.92	26.92	1938.24	1938.24
27030 00	Surgery	28.52	28.52	2053.44	2053.44

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
27033 00	Surgery	29.65	29.65	2134.80	2134.80
27035 00	Surgery	34.12	34.12	2456.64	2456.64
27036 00	Surgery	31.07	31.07	2237.04	2237.04
27040 00	Surgery	10.14	6.06	730.08	436.32
27041 00	Surgery	21.58	21.58	1553.76	1553.76
27043 00	Surgery	14.34	14.34	1032.48	1032.48
27045 00	Surgery	22.35	22.35	1609.20	1609.20
27047 00	Surgery	14.88	11.06	1071.36	796.32
27048 00	Surgery	18.77	18.77	1351.44	1351.44
27049 00	Surgery	43.22	43.22	3111.84	3111.84
27050 00	Surgery	12.62	12.62	908.64	908.64
27052 00	Surgery	17.89	17.89	1288.08	1288.08
27054 00	Surgery	21.15	21.15	1522.80	1522.80
27057 00	Surgery	30.65	30.65	2206.80	2206.80
27059 00	Surgery	54.88	54.88	3951.36	3951.36
27060 00	Surgery	14.43	14.43	1038.96	1038.96
27062 00	Surgery	13.98	13.98	1006.56	1006.56
27065 00	Surgery	16.15	16.15	1162.80	1162.80
27066 00	Surgery	25.08	25.08	1805.76	1805.76
27067 00	Surgery	31.59	31.59	2274.48	2274.48
27070 00	Surgery	26.63	26.63	1917.36	1917.36
27071 00	Surgery	29.40	29.40	2116.80	2116.80
27075 00	Surgery	62.85	62.85	4525.20	4525.20
27076 00	Surgery	75.83	75.83	5459.76	5459.76
27077 00	Surgery	84.52	84.52	6085.44	6085.44
27078 00	Surgery	61.99	61.99	4463.28	4463.28
27080 00	Surgery	15.58	15.58	1121.76	1121.76
27086 00	Surgery	9.33	5.19	671.76	373.68
27087 00	Surgery	18.85	18.85	1357.20	1357.20
27090 00	Surgery	25.30	25.30	1821.60	1821.60
27091 00	Surgery	48.23	48.23	3472.56	3472.56
27093 00	Surgery	6.70	2.03	482.40	146.16
27095 00	Surgery	8.99	2.44	647.28	175.68
27096 00	Surgery	4.92	2.50	354.24	180.00
27097 00	Surgery	21.00	21.00	1512.00	1512.00
27098 00	Surgery	21.39	21.39	1540.08	1540.08
27100 00	Surgery	25.44	25.44	1831.68	1831.68
27105 00	Surgery	26.63	26.63	1917.36	1917.36
27110 00	Surgery	29.62	29.62	2132.64	2132.64
27111 00	Surgery	27.61	27.61	1987.92	1987.92
27120 00	Surgery	39.42	39.42	2838.24	2838.24
27122 00	Surgery	33.54	33.54	2414.88	2414.88
27125 00	Surgery	34.41	34.41	2477.52	2477.52
27130 00	Surgery	38.93	38.93	2802.96	2802.96
27132 00	Surgery	50.55	50.55	3639.60	3639.60
27134 00	Surgery	57.46	57.46	4137.12	4137.12
27137 00	Surgery	44.34	44.34	3192.48	3192.48

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
27138 00	Surgery	46.05	46.05	3315.60	3315.60
27140 00	Surgery	27.40	27.40	1972.80	1972.80
27146 00	Surgery	38.87	38.87	2798.64	2798.64
27147 00	Surgery	44.34	44.34	3192.48	3192.48
27151 00	Surgery	47.89	47.89	3448.08	3448.08
27156 00	Surgery	51.57	51.57	3713.04	3713.04
27158 00	Surgery	42.43	42.43	3054.96	3054.96
27161 00	Surgery	37.09	37.09	2670.48	2670.48
27165 00	Surgery	41.56	41.56	2992.32	2992.32
27170 00	Surgery	35.55	35.55	2559.60	2559.60
27175 00	Surgery	20.44	20.44	1471.68	1471.68
27176 00	Surgery	28.18	28.18	2028.96	2028.96
27177 00	Surgery	33.98	33.98	2446.56	2446.56
27178 00	Surgery	28.18	28.18	2028.96	2028.96
27179 00	Surgery	29.85	29.85	2149.20	2149.20
27181 00	Surgery	34.12	34.12	2456.64	2456.64
27185 00	Surgery	22.06	22.06	1588.32	1588.32
27187 00	Surgery	30.38	30.38	2187.36	2187.36
27197 00	Surgery	4.03	4.03	290.16	290.16
27198 00	Surgery	9.60	9.60	691.20	691.20
27200 00	Surgery	5.98	6.07	430.56	437.04
27202 00	Surgery	16.21	16.21	1167.12	1167.12
27215 00	Surgery	18.20	18.20	1310.40	1310.40
27216 00	Surgery	26.92	26.92	1938.24	1938.24
27217 00	Surgery	25.29	25.29	1820.88	1820.88
27218 00	Surgery	34.69	34.69	2497.68	2497.68
27220 00	Surgery	12.89	12.73	928.08	916.56
27222 00	Surgery	29.91	29.91	2153.52	2153.52
27226 00	Surgery	32.02	32.02	2305.44	2305.44
27227 00	Surgery	49.99	49.99	3599.28	3599.28
27228 00	Surgery	56.73	56.73	4084.56	4084.56
27230 00	Surgery	15.08	14.82	1085.76	1067.04
27232 00	Surgery	22.23	22.23	1600.56	1600.56
27235 00	Surgery	27.65	27.65	1990.80	1990.80
27236 00	Surgery	36.25	36.25	2610.00	2610.00
27238 00	Surgery	14.51	14.51	1044.72	1044.72
27240 00	Surgery	29.15	29.15	2098.80	2098.80
27244 00	Surgery	37.30	37.30	2685.60	2685.60
27245 00	Surgery	37.25	37.25	2682.00	2682.00
27246 00	Surgery	12.14	12.04	874.08	866.88
27248 00	Surgery	22.72	22.72	1635.84	1635.84
27250 00	Surgery	5.39	5.39	388.08	388.08
27252 00	Surgery	22.78	22.78	1640.16	1640.16
27253 00	Surgery	28.63	28.63	2061.36	2061.36
27254 00	Surgery	38.59	38.59	2778.48	2778.48
27256 00	Surgery	9.70	7.30	698.40	525.60
27257 00	Surgery	11.00	11.00	792.00	792.00

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
27258 00	Surgery	33.82	33.82	2435.04	2435.04
27259 00	Surgery	46.80	46.80	3369.60	3369.60
27265 00	Surgery	13.01	13.01	936.72	936.72
27266 00	Surgery	17.87	17.87	1286.64	1286.64
27267 00	Surgery	13.61	13.61	979.92	979.92
27268 00	Surgery	16.82	16.82	1211.04	1211.04
27269 00	Surgery	37.63	37.63	2709.36	2709.36
27275 00	Surgery	5.68	5.68	408.96	408.96
27278 00	Surgery	364.96	14.37	BR	1034.64
27279 00	Surgery	24.43	24.43	1758.96	1758.96
27280 00	Surgery	41.52	41.52	2989.44	2989.44
27282 00	Surgery	26.30	26.30	1893.60	1893.60
27284 00	Surgery	48.47	48.47	3489.84	3489.84
27286 00	Surgery	49.71	49.71	3579.12	3579.12
27290 00	Surgery	49.19	49.19	3541.68	3541.68
27295 00	Surgery	37.99	37.99	2735.28	2735.28
27299 00	Surgery	0.00	0.00	BR	BR
27301 00	Surgery	20.40	15.62	1468.80	1124.64
27303 00	Surgery	19.71	19.71	1419.12	1419.12
27305 00	Surgery	14.93	14.93	1074.96	1074.96
27306 00	Surgery	10.58	10.58	761.76	761.76
27307 00	Surgery	12.62	12.62	908.64	908.64
27310 00	Surgery	22.48	22.48	1618.56	1618.56
27323 00	Surgery	8.20	5.34	590.40	384.48
27324 00	Surgery	12.67	12.67	912.24	912.24
27325 00	Surgery	17.41	17.41	1253.52	1253.52
27326 00	Surgery	16.16	16.16	1163.52	1163.52
27327 00	Surgery	14.95	9.67	1076.40	696.24
27328 00	Surgery	19.05	19.05	1371.60	1371.60
27329 00	Surgery	31.60	31.60	2275.20	2275.20
27330 00	Surgery	13.11	13.11	943.92	943.92
27331 00	Surgery	14.78	14.78	1064.16	1064.16
27332 00	Surgery	19.91	19.91	1433.52	1433.52
27333 00	Surgery	18.20	18.20	1310.40	1310.40
27334 00	Surgery	21.13	21.13	1521.36	1521.36
27335 00	Surgery	23.49	23.49	1691.28	1691.28
27337 00	Surgery	12.87	12.87	926.64	926.64
27339 00	Surgery	23.02	23.02	1657.44	1657.44
27340 00	Surgery	11.65	11.65	838.80	838.80
27345 00	Surgery	15.10	15.10	1087.20	1087.20
27347 00	Surgery	16.30	16.30	1173.60	1173.60
27350 00	Surgery	20.13	20.13	1449.36	1449.36
27355 00	Surgery	18.78	18.78	1352.16	1352.16
27356 00	Surgery	22.73	22.73	1636.56	1636.56
27357 00	Surgery	24.99	24.99	1799.28	1799.28
27358 00	Surgery	8.20	8.20	590.40	590.40
27360 00	Surgery	27.47	27.47	1977.84	1977.84

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
27364 00	Surgery	47.37	47.37	3410.64	3410.64
27365 00	Surgery	62.02	62.02	4465.44	4465.44
27369 00	Surgery	5.15	1.20	370.80	86.40
27372 00	Surgery	17.77	12.34	1279.44	888.48
27380 00	Surgery	19.05	19.05	1371.60	1371.60
27381 00	Surgery	25.06	25.06	1804.32	1804.32
27385 00	Surgery	18.59	18.59	1338.48	1338.48
27386 00	Surgery	26.15	26.15	1882.80	1882.80
27390 00	Surgery	13.98	13.98	1006.56	1006.56
27391 00	Surgery	17.87	17.87	1286.64	1286.64
27392 00	Surgery	21.92	21.92	1578.24	1578.24
27393 00	Surgery	15.50	15.50	1116.00	1116.00
27394 00	Surgery	20.17	20.17	1452.24	1452.24
27395 00	Surgery	26.98	26.98	1942.56	1942.56
27396 00	Surgery	19.06	19.06	1372.32	1372.32
27397 00	Surgery	28.03	28.03	2018.16	2018.16
27400 00	Surgery	21.40	21.40	1540.80	1540.80
27403 00	Surgery	19.86	19.86	1429.92	1429.92
27405 00	Surgery	20.76	20.76	1494.72	1494.72
27407 00	Surgery	24.46	24.46	1761.12	1761.12
27409 00	Surgery	29.52	29.52	2125.44	2125.44
27412 00	Surgery	49.98	49.98	3598.56	3598.56
27415 00	Surgery	41.75	41.75	3006.00	3006.00
27416 00	Surgery	29.92	29.92	2154.24	2154.24
27418 00	Surgery	24.98	24.98	1798.56	1798.56
27420 00	Surgery	22.90	22.90	1648.80	1648.80
27422 00	Surgery	22.81	22.81	1642.32	1642.32
27424 00	Surgery	23.00	23.00	1656.00	1656.00
27425 00	Surgery	14.09	14.09	1014.48	1014.48
27427 00	Surgery	21.71	21.71	1563.12	1563.12
27428 00	Surgery	34.14	34.14	2458.08	2458.08
27429 00	Surgery	38.49	38.49	2771.28	2771.28
27430 00	Surgery	22.74	22.74	1637.28	1637.28
27435 00	Surgery	24.75	24.75	1782.00	1782.00
27437 00	Surgery	20.32	20.32	1463.04	1463.04
27438 00	Surgery	25.73	25.73	1852.56	1852.56
27440 00	Surgery	24.45	24.45	1760.40	1760.40
27441 00	Surgery	25.23	25.23	1816.56	1816.56
27442 00	Surgery	26.65	26.65	1918.80	1918.80
27443 00	Surgery	25.00	25.00	1800.00	1800.00
27445 00	Surgery	38.09	38.09	2742.48	2742.48
27446 00	Surgery	34.87	34.87	2510.64	2510.64
27447 00	Surgery	38.88	38.88	2799.36	2799.36
27448 00	Surgery	25.34	25.34	1824.48	1824.48
27450 00	Surgery	30.67	30.67	2208.24	2208.24
27454 00	Surgery	39.30	39.30	2829.60	2829.60
27455 00	Surgery	29.28	29.28	2108.16	2108.16

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
27457 00	Surgery	29.10	29.10	2095.20	2095.20
27465 00	Surgery	37.90	37.90	2728.80	2728.80
27466 00	Surgery	36.03	36.03	2594.16	2594.16
27468 00	Surgery	40.71	40.71	2931.12	2931.12
27470 00	Surgery	35.89	35.89	2584.08	2584.08
27472 00	Surgery	38.42	38.42	2766.24	2766.24
27475 00	Surgery	20.39	20.39	1468.08	1468.08
27477 00	Surgery	22.52	22.52	1621.44	1621.44
27479 00	Surgery	28.04	28.04	2018.88	2018.88
27485 00	Surgery	20.67	20.67	1488.24	1488.24
27486 00	Surgery	42.60	42.60	3067.20	3067.20
27487 00	Surgery	53.00	53.00	3816.00	3816.00
27488 00	Surgery	36.50	36.50	2628.00	2628.00
27495 00	Surgery	34.37	34.37	2474.64	2474.64
27496 00	Surgery	16.99	16.99	1223.28	1223.28
27497 00	Surgery	17.88	17.88	1287.36	1287.36
27498 00	Surgery	20.26	20.26	1458.72	1458.72
27499 00	Surgery	21.57	21.57	1553.04	1553.04
27500 00	Surgery	16.18	14.84	1164.96	1068.48
27501 00	Surgery	15.59	15.39	1122.48	1108.08
27502 00	Surgery	23.03	23.03	1658.16	1658.16
27503 00	Surgery	24.50	24.50	1764.00	1764.00
27506 00	Surgery	40.66	40.66	2927.52	2927.52
27507 00	Surgery	29.42	29.42	2118.24	2118.24
27508 00	Surgery	16.35	15.47	1177.20	1113.84
27509 00	Surgery	20.71	20.71	1491.12	1491.12
27510 00	Surgery	20.85	20.85	1501.20	1501.20
27511 00	Surgery	30.17	30.17	2172.24	2172.24
27513 00	Surgery	37.33	37.33	2687.76	2687.76
27514 00	Surgery	29.32	29.32	2111.04	2111.04
27516 00	Surgery	16.21	15.16	1167.12	1091.52
27517 00	Surgery	21.30	21.30	1533.60	1533.60
27519 00	Surgery	27.07	27.07	1949.04	1949.04
27520 00	Surgery	10.32	9.53	743.04	686.16
27524 00	Surgery	23.09	23.09	1662.48	1662.48
27530 00	Surgery	9.75	9.16	702.00	659.52
27532 00	Surgery	19.25	17.95	1386.00	1292.40
27535 00	Surgery	27.24	27.24	1961.28	1961.28
27536 00	Surgery	36.13	36.13	2601.36	2601.36
27538 00	Surgery	15.12	14.07	1088.64	1013.04
27540 00	Surgery	24.95	24.95	1796.40	1796.40
27550 00	Surgery	15.97	14.64	1149.84	1054.08
27552 00	Surgery	19.58	19.58	1409.76	1409.76
27556 00	Surgery	26.60	26.60	1915.20	1915.20
27557 00	Surgery	31.64	31.64	2278.08	2278.08
27558 00	Surgery	35.96	35.96	2589.12	2589.12
27560 00	Surgery	11.74	10.71	845.28	771.12

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
27562 00	Surgery	15.27	15.27	1099.44	1099.44
27566 00	Surgery	27.28	27.28	1964.16	1964.16
27570 00	Surgery	4.77	4.77	343.44	343.44
27580 00	Surgery	44.67	44.67	3216.24	3216.24
27590 00	Surgery	23.44	23.44	1687.68	1687.68
27591 00	Surgery	29.41	29.41	2117.52	2117.52
27592 00	Surgery	20.31	20.31	1462.32	1462.32
27594 00	Surgery	15.33	15.33	1103.76	1103.76
27596 00	Surgery	21.41	21.41	1541.52	1541.52
27598 00	Surgery	20.98	20.98	1510.56	1510.56
27599 00	Surgery	0.00	0.00	BR	BR
27600 00	Surgery	12.19	12.19	877.68	877.68
27601 00	Surgery	13.38	13.38	963.36	963.36
27602 00	Surgery	14.33	14.33	1031.76	1031.76
27603 00	Surgery	15.69	11.84	1129.68	852.48
27604 00	Surgery	13.91	10.16	1001.52	731.52
27605 00	Surgery	9.79	5.57	704.88	401.04
27606 00	Surgery	8.26	8.26	594.72	594.72
27607 00	Surgery	18.25	18.25	1314.00	1314.00
27610 00	Surgery	19.74	19.74	1421.28	1421.28
27612 00	Surgery	17.60	17.60	1267.20	1267.20
27613 00	Surgery	7.59	4.92	546.48	354.24
27614 00	Surgery	17.56	12.61	1264.32	907.92
27615 00	Surgery	30.69	30.69	2209.68	2209.68
27616 00	Surgery	37.78	37.78	2720.16	2720.16
27618 00	Surgery	14.53	9.38	1046.16	675.36
27619 00	Surgery	14.25	14.25	1026.00	1026.00
27620 00	Surgery	13.79	13.79	992.88	992.88
27625 00	Surgery	17.43	17.43	1254.96	1254.96
27626 00	Surgery	18.71	18.71	1347.12	1347.12
27630 00	Surgery	16.28	11.03	1172.16	794.16
27632 00	Surgery	12.52	12.52	901.44	901.44
27634 00	Surgery	20.41	20.41	1469.52	1469.52
27635 00	Surgery	17.67	17.67	1272.24	1272.24
27637 00	Surgery	22.96	22.96	1653.12	1653.12
27638 00	Surgery	22.77	22.77	1639.44	1639.44
27640 00	Surgery	25.21	25.21	1815.12	1815.12
27641 00	Surgery	20.04	20.04	1442.88	1442.88
27645 00	Surgery	53.46	53.46	3849.12	3849.12
27646 00	Surgery	46.51	46.51	3348.72	3348.72
27647 00	Surgery	29.97	29.97	2157.84	2157.84
27648 00	Surgery	6.13	1.54	441.36	110.88
27650 00	Surgery	20.16	20.16	1451.52	1451.52
27652 00	Surgery	20.32	20.32	1463.04	1463.04
27654 00	Surgery	21.93	21.93	1578.96	1578.96
27656 00	Surgery	15.69	10.37	1129.68	746.64
27658 00	Surgery	11.38	11.38	819.36	819.36

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
27659 00	Surgery	14.44	14.44	1039.68	1039.68
27664 00	Surgery	10.96	10.96	789.12	789.12
27665 00	Surgery	12.78	12.78	920.16	920.16
27675 00	Surgery	15.20	15.20	1094.40	1094.40
27676 00	Surgery	18.67	18.67	1344.24	1344.24
27680 00	Surgery	13.00	13.00	936.00	936.00
27681 00	Surgery	15.61	15.61	1123.92	1123.92
27685 00	Surgery	19.75	14.26	1422.00	1026.72
27686 00	Surgery	16.23	16.23	1168.56	1168.56
27687 00	Surgery	13.93	13.93	1002.96	1002.96
27690 00	Surgery	19.56	19.56	1408.32	1408.32
27691 00	Surgery	22.73	22.73	1636.56	1636.56
27692 00	Surgery	3.07	3.07	221.04	221.04
27695 00	Surgery	14.91	14.91	1073.52	1073.52
27696 00	Surgery	16.74	16.74	1205.28	1205.28
27698 00	Surgery	19.48	19.48	1402.56	1402.56
27700 00	Surgery	21.83	21.83	1571.76	1571.76
27702 00	Surgery	29.24	29.24	2105.28	2105.28
27703 00	Surgery	33.82	33.82	2435.04	2435.04
27704 00	Surgery	17.29	17.29	1244.88	1244.88
27705 00	Surgery	22.69	22.69	1633.68	1633.68
27707 00	Surgery	12.51	12.51	900.72	900.72
27709 00	Surgery	34.64	34.64	2494.08	2494.08
27712 00	Surgery	33.59	33.59	2418.48	2418.48
27715 00	Surgery	32.63	32.63	2349.36	2349.36
27720 00	Surgery	26.66	26.66	1919.52	1919.52
27722 00	Surgery	27.37	27.37	1970.64	1970.64
27724 00	Surgery	38.00	38.00	2736.00	2736.00
27725 00	Surgery	37.05	37.05	2667.60	2667.60
27726 00	Surgery	29.17	29.17	2100.24	2100.24
27727 00	Surgery	31.67	31.67	2280.24	2280.24
27730 00	Surgery	18.13	18.13	1305.36	1305.36
27732 00	Surgery	14.07	14.07	1013.04	1013.04
27734 00	Surgery	20.24	20.24	1457.28	1457.28
27740 00	Surgery	21.75	21.75	1566.00	1566.00
27742 00	Surgery	23.84	23.84	1716.48	1716.48
27745 00	Surgery	22.42	22.42	1614.24	1614.24
27750 00	Surgery	10.98	10.18	790.56	732.96
27752 00	Surgery	16.65	15.20	1198.80	1094.40
27756 00	Surgery	18.15	18.15	1306.80	1306.80
27758 00	Surgery	27.38	27.38	1971.36	1971.36
27759 00	Surgery	30.39	30.39	2188.08	2188.08
27760 00	Surgery	10.56	9.74	760.32	701.28
27762 00	Surgery	15.14	13.66	1090.08	983.52
27766 00	Surgery	18.60	18.60	1339.20	1339.20
27767 00	Surgery	9.22	9.24	663.84	665.28
27768 00	Surgery	14.01	14.01	1008.72	1008.72

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
27769 00	Surgery	22.23	22.23	1600.56	1600.56
27780 00	Surgery	9.81	9.03	706.32	650.16
27781 00	Surgery	13.73	12.64	988.56	910.08
27784 00	Surgery	21.76	21.76	1566.72	1566.72
27786 00	Surgery	9.87	9.03	710.64	650.16
27788 00	Surgery	13.33	12.04	959.76	866.88
27792 00	Surgery	19.71	19.71	1419.12	1419.12
27808 00	Surgery	10.63	9.67	765.36	696.24
27810 00	Surgery	14.86	13.36	1069.92	961.92
27814 00	Surgery	23.33	23.33	1679.76	1679.76
27816 00	Surgery	10.47	9.30	753.84	669.60
27818 00	Surgery	15.44	13.74	1111.68	989.28
27822 00	Surgery	26.54	26.54	1910.88	1910.88
27823 00	Surgery	29.89	29.89	2152.08	2152.08
27824 00	Surgery	9.95	9.64	716.40	694.08
27825 00	Surgery	17.04	15.33	1226.88	1103.76
27826 00	Surgery	25.94	25.94	1867.68	1867.68
27827 00	Surgery	34.07	34.07	2453.04	2453.04
27828 00	Surgery	40.17	40.17	2892.24	2892.24
27829 00	Surgery	21.50	21.50	1548.00	1548.00
27830 00	Surgery	12.28	11.35	884.16	817.20
27831 00	Surgery	12.80	12.80	921.60	921.60
27832 00	Surgery	23.31	23.31	1678.32	1678.32
27840 00	Surgery	12.09	12.09	870.48	870.48
27842 00	Surgery	15.23	15.23	1096.56	1096.56
27846 00	Surgery	22.13	22.13	1593.36	1593.36
27848 00	Surgery	24.27	24.27	1747.44	1747.44
27860 00	Surgery	5.01	5.01	360.72	360.72
27870 00	Surgery	30.62	30.62	2204.64	2204.64
27871 00	Surgery	21.06	21.06	1516.32	1516.32
27880 00	Surgery	26.90	26.90	1936.80	1936.80
27881 00	Surgery	24.90	24.90	1792.80	1792.80
27882 00	Surgery	17.75	17.75	1278.00	1278.00
27884 00	Surgery	17.49	17.49	1259.28	1259.28
27886 00	Surgery	19.56	19.56	1408.32	1408.32
27888 00	Surgery	17.19	17.19	1237.68	1237.68
27889 00	Surgery	19.26	19.26	1386.72	1386.72
27892 00	Surgery	16.51	16.51	1188.72	1188.72
27893 00	Surgery	18.92	18.92	1362.24	1362.24
27894 00	Surgery	24.89	24.89	1792.08	1792.08
27899 00	Surgery	0.00	0.00	BR	BR
28001 00	Surgery	5.09	2.88	366.48	207.36
28002 00	Surgery	7.29	4.21	524.88	303.12
28003 00	Surgery	11.21	7.71	807.12	555.12
28005 00	Surgery	17.36	17.36	1249.92	1249.92
28008 00	Surgery	12.80	9.00	921.60	648.00
28010 00	Surgery	7.14	6.39	514.08	460.08

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
28011 00	Surgery	9.65	8.58	694.80	617.76
28020 00	Surgery	16.00	11.06	1152.00	796.32
28022 00	Surgery	14.57	10.01	1049.04	720.72
28024 00	Surgery	13.91	9.51	1001.52	684.72
28035 00	Surgery	16.00	11.08	1152.00	797.76
28039 00	Surgery	14.13	10.23	1017.36	736.56
28041 00	Surgery	13.70	13.70	986.40	986.40
28043 00	Surgery	11.40	7.95	820.80	572.40
28045 00	Surgery	14.47	10.65	1041.84	766.80
28046 00	Surgery	21.46	21.46	1545.12	1545.12
28047 00	Surgery	31.48	31.48	2266.56	2266.56
28050 00	Surgery	12.43	8.52	894.96	613.44
28052 00	Surgery	11.60	7.79	835.20	560.88
28054 00	Surgery	10.94	7.17	787.68	516.24
28055 00	Surgery	11.87	11.87	854.64	854.64
28060 00	Surgery	15.47	10.99	1113.84	791.28
28062 00	Surgery	17.51	12.45	1260.72	896.40
28070 00	Surgery	15.30	10.57	1101.60	761.04
28072 00	Surgery	14.69	9.96	1057.68	717.12
28080 00	Surgery	16.15	11.70	1162.80	842.40
28086 00	Surgery	15.53	10.62	1118.16	764.64
28088 00	Surgery	13.87	9.03	998.64	650.16
28090 00	Surgery	13.93	9.45	1002.96	680.40
28092 00	Surgery	12.62	8.35	908.64	601.20
28100 00	Surgery	18.45	12.83	1328.40	923.76
28102 00	Surgery	18.84	18.84	1356.48	1356.48
28103 00	Surgery	11.78	11.78	848.16	848.16
28104 00	Surgery	15.84	10.90	1140.48	784.80
28106 00	Surgery	12.96	12.96	933.12	933.12
28107 00	Surgery	15.21	10.58	1095.12	761.76
28108 00	Surgery	13.01	8.85	936.72	637.20
28110 00	Surgery	13.87	9.04	998.64	650.88
28111 00	Surgery	14.16	9.71	1019.52	699.12
28112 00	Surgery	14.42	9.59	1038.24	690.48
28113 00	Surgery	17.57	13.09	1265.04	942.48
28114 00	Surgery	32.20	25.60	2318.40	1843.20
28116 00	Surgery	20.44	15.84	1471.68	1140.48
28118 00	Surgery	18.24	12.98	1313.28	934.56
28119 00	Surgery	15.74	11.13	1133.28	801.36
28120 00	Surgery	20.09	15.10	1446.48	1087.20
28122 00	Surgery	17.78	13.41	1280.16	965.52
28124 00	Surgery	14.32	10.26	1031.04	738.72
28126 00	Surgery	11.63	7.63	837.36	549.36
28130 00	Surgery	19.14	19.14	1378.08	1378.08
28140 00	Surgery	16.96	12.88	1221.12	927.36
28150 00	Surgery	12.50	8.55	900.00	615.60
28153 00	Surgery	12.02	8.05	865.44	579.60

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
28160 00	Surgery	12.19	8.18	877.68	588.96
28171 00	Surgery	33.65	33.65	2422.80	2422.80
28173 00	Surgery	21.88	21.88	1575.36	1575.36
28175 00	Surgery	14.24	14.24	1025.28	1025.28
28190 00	Surgery	7.11	4.02	511.92	289.44
28192 00	Surgery	13.72	9.50	987.84	684.00
28193 00	Surgery	15.55	11.10	1119.60	799.20
28200 00	Surgery	14.80	10.00	1065.60	720.00
28202 00	Surgery	18.06	13.15	1300.32	946.80
28208 00	Surgery	14.44	9.80	1039.68	705.60
28210 00	Surgery	17.60	12.82	1267.20	923.04
28220 00	Surgery	13.40	9.31	964.80	670.32
28222 00	Surgery	16.07	11.28	1157.04	812.16
28225 00	Surgery	12.37	8.13	890.64	585.36
28226 00	Surgery	18.55	12.34	1335.60	888.48
28230 00	Surgery	12.94	8.73	931.68	628.56
28232 00	Surgery	11.22	7.36	807.84	529.92
28234 00	Surgery	12.29	8.30	884.88	597.60
28238 00	Surgery	19.95	14.75	1436.40	1062.00
28240 00	Surgery	13.22	8.99	951.84	647.28
28250 00	Surgery	17.71	12.65	1275.12	910.80
28260 00	Surgery	21.70	16.37	1562.40	1178.64
28261 00	Surgery	32.69	25.93	2353.68	1866.96
28262 00	Surgery	41.73	33.86	3004.56	2437.92
28264 00	Surgery	26.96	20.95	1941.12	1508.40
28270 00	Surgery	14.58	10.24	1049.76	737.28
28272 00	Surgery	11.39	7.66	820.08	551.52
28280 00	Surgery	14.89	10.39	1072.08	748.08
28285 00	Surgery	16.24	11.88	1169.28	855.36
28286 00	Surgery	13.12	9.02	944.64	649.44
28288 00	Surgery	18.04	13.29	1298.88	956.88
28289 00	Surgery	20.60	14.12	1483.20	1016.64
28291 00	Surgery	20.39	14.51	1468.08	1044.72
28292 00	Surgery	20.95	14.86	1508.40	1069.92
28295 00	Surgery	30.87	18.25	2222.64	1314.00
28296 00	Surgery	26.31	15.71	1894.32	1131.12
28297 00	Surgery	30.18	18.23	2172.96	1312.56
28298 00	Surgery	24.79	15.45	1784.88	1112.40
28299 00	Surgery	30.12	18.17	2168.64	1308.24
28300 00	Surgery	19.88	19.88	1431.36	1431.36
28302 00	Surgery	21.97	21.97	1581.84	1581.84
28304 00	Surgery	24.93	18.77	1794.96	1351.44
28305 00	Surgery	20.48	20.48	1474.56	1474.56
28306 00	Surgery	18.21	12.43	1311.12	894.96
28307 00	Surgery	23.62	15.96	1700.64	1149.12
28308 00	Surgery	17.10	11.87	1231.20	854.64
28309 00	Surgery	27.54	27.54	1982.88	1982.88

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
28310 00	Surgery	16.50	11.21	1188.00	807.12
28312 00	Surgery	16.80	10.88	1209.60	783.36
28313 00	Surgery	15.97	11.15	1149.84	802.80
28315 00	Surgery	14.34	9.98	1032.48	718.56
28320 00	Surgery	18.78	18.78	1352.16	1352.16
28322 00	Surgery	23.61	17.62	1699.92	1268.64
28340 00	Surgery	16.99	12.41	1223.28	893.52
28341 00	Surgery	19.75	14.75	1422.00	1062.00
28344 00	Surgery	12.52	8.53	901.44	614.16
28345 00	Surgery	15.38	11.04	1107.36	794.88
28360 00	Surgery	33.54	33.54	2414.88	2414.88
28400 00	Surgery	7.76	7.21	558.72	519.12
28405 00	Surgery	14.15	12.72	1018.80	915.84
28406 00	Surgery	18.17	18.17	1308.24	1308.24
28415 00	Surgery	34.05	34.05	2451.60	2451.60
28420 00	Surgery	39.42	39.42	2838.24	2838.24
28430 00	Surgery	7.52	6.62	541.44	476.64
28435 00	Surgery	11.63	10.32	837.36	743.04
28436 00	Surgery	15.30	15.30	1101.60	1101.60
28445 00	Surgery	31.81	31.81	2290.32	2290.32
28446 00	Surgery	37.28	37.28	2684.16	2684.16
28450 00	Surgery	6.62	6.00	476.64	432.00
28455 00	Surgery	7.90	7.09	568.80	510.48
28456 00	Surgery	11.45	11.45	824.40	824.40
28465 00	Surgery	19.68	19.68	1416.96	1416.96
28470 00	Surgery	6.81	6.43	490.32	462.96
28475 00	Surgery	8.11	7.14	583.92	514.08
28476 00	Surgery	12.04	12.04	866.88	866.88
28485 00	Surgery	17.19	17.19	1237.68	1237.68
28490 00	Surgery	4.46	3.93	321.12	282.96
28495 00	Surgery	5.64	4.70	406.08	338.40
28496 00	Surgery	15.19	8.54	1093.68	614.88
28505 00	Surgery	19.54	15.14	1406.88	1090.08
28510 00	Surgery	3.80	3.80	273.60	273.60
28515 00	Surgery	5.12	4.48	368.64	322.56
28525 00	Surgery	16.85	12.32	1213.20	887.04
28530 00	Surgery	3.70	3.25	266.40	234.00
28531 00	Surgery	9.87	5.58	710.64	401.76
28540 00	Surgery	6.09	5.48	438.48	394.56
28545 00	Surgery	9.75	8.55	702.00	615.60
28546 00	Surgery	17.71	11.00	1275.12	792.00
28555 00	Surgery	25.45	19.84	1832.40	1428.48
28570 00	Surgery	7.47	6.27	537.84	451.44
28575 00	Surgery	11.89	10.67	856.08	768.24
28576 00	Surgery	12.15	12.15	874.80	874.80
28585 00	Surgery	27.34	21.77	1968.48	1567.44
28600 00	Surgery	6.85	5.84	493.20	420.48

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
28605 00	Surgery	10.78	9.64	776.16	694.08
28606 00	Surgery	12.30	12.30	885.60	885.60
28615 00	Surgery	25.26	25.26	1818.72	1818.72
28630 00	Surgery	4.74	3.40	341.28	244.80
28635 00	Surgery	5.23	4.00	376.56	288.00
28636 00	Surgery	10.75	6.89	774.00	496.08
28645 00	Surgery	19.56	14.86	1408.32	1069.92
28660 00	Surgery	3.89	2.89	280.08	208.08
28665 00	Surgery	4.61	3.84	331.92	276.48
28666 00	Surgery	5.28	5.28	380.16	380.16
28675 00	Surgery	17.26	12.66	1242.72	911.52
28705 00	Surgery	36.96	36.96	2661.12	2661.12
28715 00	Surgery	28.69	28.69	2065.68	2065.68
28725 00	Surgery	23.73	23.73	1708.56	1708.56
28730 00	Surgery	22.08	22.08	1589.76	1589.76
28735 00	Surgery	23.72	23.72	1707.84	1707.84
28737 00	Surgery	20.87	20.87	1502.64	1502.64
28740 00	Surgery	24.75	18.74	1782.00	1349.28
28750 00	Surgery	23.33	17.50	1679.76	1260.00
28755 00	Surgery	15.19	10.29	1093.68	740.88
28760 00	Surgery	23.06	17.36	1660.32	1249.92
28800 00	Surgery	15.99	15.99	1151.28	1151.28
28805 00	Surgery	21.28	21.28	1532.16	1532.16
28810 00	Surgery	12.78	12.78	920.16	920.16
28820 00	Surgery	8.82	5.33	635.04	383.76
28825 00	Surgery	8.65	5.20	622.80	374.40
28890 00	Surgery	9.31	6.77	670.32	487.44
28899 00	Surgery	0.00	0.00	BR	BR
29000 00	Surgery	11.29	6.10	812.88	439.20
29010 00	Surgery	8.71	4.92	627.12	354.24
29015 00	Surgery	9.32	5.52	671.04	397.44
29035 00	Surgery	8.22	4.42	591.84	318.24
29040 00	Surgery	9.36	5.33	673.92	383.76
29044 00	Surgery	9.17	5.14	660.24	370.08
29046 00	Surgery	10.02	5.76	721.44	414.72
29049 00	Surgery	3.13	2.14	225.36	154.08
29055 00	Surgery	7.10	4.23	511.20	304.56
29058 00	Surgery	3.86	2.87	277.92	206.64
29065 00	Surgery	3.02	2.08	217.44	149.76
29075 00	Surgery	2.75	1.93	198.00	138.96
29085 00	Surgery	3.01	2.07	216.72	149.04
29086 00	Surgery	2.41	1.50	173.52	108.00
29105 00	Surgery	2.57	1.25	185.04	90.00
29125 00	Surgery	2.08	1.23	149.76	88.56
29126 00	Surgery	2.45	1.51	176.40	108.72
29130 00	Surgery	1.30	0.87	93.60	62.64
29131 00	Surgery	1.69	1.05	121.68	75.60

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
29200 00	Surgery	0.94	0.53	67.68	38.16
29240 00	Surgery	0.88	0.53	63.36	38.16
29260 00	Surgery	0.87	0.56	62.64	40.32
29280 00	Surgery	0.89	0.59	64.08	42.48
29305 00	Surgery	7.84	4.86	564.48	349.92
29325 00	Surgery	8.66	5.45	623.52	392.40
29345 00	Surgery	4.20	3.02	302.40	217.44
29355 00	Surgery	4.38	3.21	315.36	231.12
29358 00	Surgery	5.06	3.14	364.32	226.08
29365 00	Surgery	3.86	2.66	277.92	191.52
29405 00	Surgery	2.50	1.79	180.00	128.88
29425 00	Surgery	2.34	1.65	168.48	118.80
29435 00	Surgery	3.86	2.64	277.92	190.08
29440 00	Surgery	1.32	0.83	95.04	59.76
29445 00	Surgery	3.89	2.95	280.08	212.40
29450 00	Surgery	4.41	3.36	317.52	241.92
29505 00	Surgery	2.83	1.61	203.76	115.92
29515 00	Surgery	2.26	1.52	162.72	109.44
29520 00	Surgery	1.03	0.55	74.16	39.60
29530 00	Surgery	0.88	0.54	63.36	38.88
29540 00	Surgery	0.85	0.52	61.20	37.44
29550 00	Surgery	0.59	0.33	42.48	23.76
29580 00	Surgery	1.89	0.78	136.08	56.16
29581 00	Surgery	2.61	0.79	187.92	56.88
29584 00	Surgery	2.34	0.47	168.48	33.84
29700 00	Surgery	2.01	1.00	144.72	72.00
29705 00	Surgery	1.97	1.36	141.84	97.92
29710 00	Surgery	3.82	2.49	275.04	179.28
29720 00	Surgery	2.71	1.33	195.12	95.76
29730 00	Surgery	1.98	1.34	142.56	96.48
29740 00	Surgery	3.06	2.07	220.32	149.04
29750 00	Surgery	3.30	2.32	237.60	167.04
29799 00	Surgery	0.00	0.00	BR	BR
29800 00	Surgery	16.35	16.35	1177.20	1177.20
29804 00	Surgery	18.04	18.04	1298.88	1298.88
29805 00	Surgery	14.49	14.49	1043.28	1043.28
29806 00	Surgery	32.22	32.22	2319.84	2319.84
29807 00	Surgery	31.47	31.47	2265.84	2265.84
29819 00	Surgery	18.00	18.00	1296.00	1296.00
29820 00	Surgery	16.43	16.43	1182.96	1182.96
29821 00	Surgery	18.24	18.24	1313.28	1313.28
29822 00	Surgery	16.66	16.66	1199.52	1199.52
29823 00	Surgery	18.17	18.17	1308.24	1308.24
29824 00	Surgery	20.77	20.77	1495.44	1495.44
29825 00	Surgery	18.01	18.01	1296.72	1296.72
29826 00	Surgery	5.15	5.15	370.80	370.80
29827 00	Surgery	32.47	32.47	2337.84	2337.84

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
29828 00	Surgery	27.90	27.90	2008.80	2008.80
29830 00	Surgery	14.14	14.14	1018.08	1018.08
29834 00	Surgery	15.24	15.24	1097.28	1097.28
29835 00	Surgery	15.73	15.73	1132.56	1132.56
29836 00	Surgery	18.03	18.03	1298.16	1298.16
29837 00	Surgery	16.01	16.01	1152.72	1152.72
29838 00	Surgery	18.28	18.28	1316.16	1316.16
29840 00	Surgery	14.08	14.08	1013.76	1013.76
29843 00	Surgery	15.04	15.04	1082.88	1082.88
29844 00	Surgery	15.46	15.46	1113.12	1113.12
29845 00	Surgery	18.04	18.04	1298.88	1298.88
29846 00	Surgery	16.11	16.11	1159.92	1159.92
29847 00	Surgery	16.75	16.75	1206.00	1206.00
29848 00	Surgery	15.85	15.85	1141.20	1141.20
29850 00	Surgery	19.22	19.22	1383.84	1383.84
29851 00	Surgery	28.41	28.41	2045.52	2045.52
29855 00	Surgery	23.89	23.89	1720.08	1720.08
29856 00	Surgery	30.29	30.29	2180.88	2180.88
29860 00	Surgery	20.20	20.20	1454.40	1454.40
29861 00	Surgery	21.25	21.25	1530.00	1530.00
29862 00	Surgery	24.80	24.80	1785.60	1785.60
29863 00	Surgery	24.93	24.93	1794.96	1794.96
29866 00	Surgery	32.16	32.16	2315.52	2315.52
29867 00	Surgery	38.95	38.95	2804.40	2804.40
29868 00	Surgery	50.59	50.59	3642.48	3642.48
29870 00	Surgery	16.96	12.76	1221.12	918.72
29871 00	Surgery	15.87	15.87	1142.64	1142.64
29873 00	Surgery	16.57	16.57	1193.04	1193.04
29874 00	Surgery	16.46	16.46	1185.12	1185.12
29875 00	Surgery	15.28	15.28	1100.16	1100.16
29876 00	Surgery	20.03	20.03	1442.16	1442.16
29877 00	Surgery	19.06	19.06	1372.32	1372.32
29879 00	Surgery	20.30	20.30	1461.60	1461.60
29880 00	Surgery	17.26	17.26	1242.72	1242.72
29881 00	Surgery	16.64	16.64	1198.08	1198.08
29882 00	Surgery	21.08	21.08	1517.76	1517.76
29883 00	Surgery	25.63	25.63	1845.36	1845.36
29884 00	Surgery	19.02	19.02	1369.44	1369.44
29885 00	Surgery	23.22	23.22	1671.84	1671.84
29886 00	Surgery	19.60	19.60	1411.20	1411.20
29887 00	Surgery	23.13	23.13	1665.36	1665.36
29888 00	Surgery	29.60	29.60	2131.20	2131.20
29889 00	Surgery	37.34	37.34	2688.48	2688.48
29891 00	Surgery	20.62	20.62	1484.64	1484.64
29892 00	Surgery	19.57	19.57	1409.04	1409.04
29893 00	Surgery	19.93	13.45	1434.96	968.40
29894 00	Surgery	15.47	15.47	1113.84	1113.84

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
29895 00	Surgery	14.03	14.03	1010.16	1010.16
29897 00	Surgery	15.05	15.05	1083.60	1083.60
29898 00	Surgery	17.09	17.09	1230.48	1230.48
29899 00	Surgery	30.32	30.32	2183.04	2183.04
29900 00	Surgery	15.63	15.63	1125.36	1125.36
29901 00	Surgery	16.73	16.73	1204.56	1204.56
29902 00	Surgery	17.72	17.72	1275.84	1275.84
29904 00	Surgery	19.70	19.70	1418.40	1418.40
29905 00	Surgery	15.63	15.63	1125.36	1125.36
29906 00	Surgery	20.35	20.35	1465.20	1465.20
29907 00	Surgery	26.83	26.83	1931.76	1931.76
29914 00	Surgery	30.29	30.29	2180.88	2180.88
29915 00	Surgery	30.87	30.87	2222.64	2222.64
29916 00	Surgery	30.91	30.91	2225.52	2225.52
29999 00	Surgery	0.00	0.00	BR	BR
30000 00	Surgery	7.91	3.71	569.52	267.12
30020 00	Surgery	7.92	3.72	570.24	267.84
30100 00	Surgery	4.16	2.08	299.52	149.76
30110 00	Surgery	7.40	4.05	532.80	291.60
30115 00	Surgery	14.01	14.01	1008.72	1008.72
30117 00	Surgery	28.69	12.36	2065.68	889.92
30118 00	Surgery	21.21	21.21	1527.12	1527.12
30120 00	Surgery	15.42	12.74	1110.24	917.28
30124 00	Surgery	9.21	9.21	663.12	663.12
30125 00	Surgery	19.56	19.56	1408.32	1408.32
30130 00	Surgery	12.52	12.52	901.44	901.44
30140 00	Surgery	8.89	5.37	640.08	386.64
30150 00	Surgery	23.93	23.93	1722.96	1722.96
30160 00	Surgery	24.43	24.43	1758.96	1758.96
30200 00	Surgery	3.28	1.83	236.16	131.76
30210 00	Surgery	4.54	3.14	326.88	226.08
30220 00	Surgery	8.91	3.90	641.52	280.80
30300 00	Surgery	6.20	3.66	446.40	263.52
30310 00	Surgery	6.22	6.22	447.84	447.84
30320 00	Surgery	14.68	14.68	1056.96	1056.96
30400 00	Surgery	36.82	36.82	2651.04	2651.04
30410 00	Surgery	42.43	42.43	3054.96	3054.96
30420 00	Surgery	43.26	43.26	3114.72	3114.72
30430 00	Surgery	32.15	32.15	2314.80	2314.80
30435 00	Surgery	40.16	40.16	2891.52	2891.52
30450 00	Surgery	52.55	52.55	3783.60	3783.60
30460 00	Surgery	25.01	25.01	1800.72	1800.72
30462 00	Surgery	47.97	47.97	3453.84	3453.84
30465 00	Surgery	30.74	30.74	2213.28	2213.28
30468 00	Surgery	71.33	5.09	5135.76	366.48
30469 00	Surgery	69.38	4.51	4995.36	324.72
30520 00	Surgery	20.21	20.21	1455.12	1455.12

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
30540 00	Surgery	22.18	22.18	1596.96	1596.96
30545 00	Surgery	30.03	30.03	2162.16	2162.16
30560 00	Surgery	9.40	4.54	676.80	326.88
30580 00	Surgery	18.45	14.06	1328.40	1012.32
30600 00	Surgery	15.78	11.83	1136.16	851.76
30620 00	Surgery	20.09	20.09	1446.48	1446.48
30630 00	Surgery	20.06	20.06	1444.32	1444.32
30801 00	Surgery	6.53	4.51	470.16	324.72
30802 00	Surgery	8.33	6.04	599.76	434.88
30901 00	Surgery	4.67	1.69	336.24	121.68
30903 00	Surgery	7.22	2.32	519.84	167.04
30905 00	Surgery	10.36	3.19	745.92	229.68
30906 00	Surgery	11.28	3.96	812.16	285.12
30915 00	Surgery	18.11	18.11	1303.92	1303.92
30920 00	Surgery	26.14	26.14	1882.08	1882.08
30930 00	Surgery	3.59	3.59	258.48	258.48
30999 00	Surgery	0.00	0.00	BR	BR
31000 00	Surgery	5.55	3.36	399.60	241.92
31002 00	Surgery	5.61	5.61	403.92	403.92
31020 00	Surgery	12.74	10.38	917.28	747.36
31030 00	Surgery	19.40	15.56	1396.80	1120.32
31032 00	Surgery	17.95	17.95	1292.40	1292.40
31040 00	Surgery	24.16	24.16	1739.52	1739.52
31050 00	Surgery	15.56	15.56	1120.32	1120.32
31051 00	Surgery	20.78	20.78	1496.16	1496.16
31070 00	Surgery	14.30	14.30	1029.60	1029.60
31075 00	Surgery	24.85	24.85	1789.20	1789.20
31080 00	Surgery	32.67	32.67	2352.24	2352.24
31081 00	Surgery	35.02	35.02	2521.44	2521.44
31084 00	Surgery	36.23	36.23	2608.56	2608.56
31085 00	Surgery	37.35	37.35	2689.20	2689.20
31086 00	Surgery	35.30	35.30	2541.60	2541.60
31087 00	Surgery	33.68	33.68	2424.96	2424.96
31090 00	Surgery	33.12	33.12	2384.64	2384.64
31200 00	Surgery	18.72	18.72	1347.84	1347.84
31201 00	Surgery	23.39	23.39	1684.08	1684.08
31205 00	Surgery	28.13	28.13	2025.36	2025.36
31225 00	Surgery	54.07	54.07	3893.04	3893.04
31230 00	Surgery	60.30	60.30	4341.60	4341.60
31231 00	Surgery	5.69	1.93	409.68	138.96
31233 00	Surgery	8.10	4.06	583.20	292.32
31235 00	Surgery	9.27	4.83	667.44	347.76
31237 00	Surgery	7.96	4.83	573.12	347.76
31238 00	Surgery	7.73	5.03	556.56	362.16
31239 00	Surgery	18.28	18.28	1316.16	1316.16
31240 00	Surgery	4.79	4.79	344.88	344.88
31241 00	Surgery	13.26	13.26	954.72	954.72

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
31242 00	Surgery	71.40	4.73	5140.80	340.56
31243 00	Surgery	69.33	4.73	4991.76	340.56
31253 00	Surgery	14.92	14.92	1074.24	1074.24
31254 00	Surgery	13.12	7.28	944.64	524.16
31255 00	Surgery	9.66	9.66	695.52	695.52
31256 00	Surgery	5.43	5.43	390.96	390.96
31257 00	Surgery	13.31	13.31	958.32	958.32
31259 00	Surgery	14.09	14.09	1014.48	1014.48
31267 00	Surgery	7.93	7.93	570.96	570.96
31276 00	Surgery	11.30	11.30	813.60	813.60
31287 00	Surgery	6.03	6.03	434.16	434.16
31288 00	Surgery	7.01	7.01	504.72	504.72
31290 00	Surgery	34.45	34.45	2480.40	2480.40
31291 00	Surgery	36.88	36.88	2655.36	2655.36
31292 00	Surgery	29.73	29.73	2140.56	2140.56
31293 00	Surgery	32.17	32.17	2316.24	2316.24
31294 00	Surgery	36.77	36.77	2647.44	2647.44
31295 00	Surgery	47.05	4.74	3387.60	341.28
31296 00	Surgery	47.84	5.41	3444.48	389.52
31297 00	Surgery	46.62	4.32	3356.64	311.04
31298 00	Surgery	88.33	7.64	6359.76	550.08
31299 00	Surgery	0.00	0.00	BR	BR
31300 00	Surgery	37.57	37.57	2705.04	2705.04
31360 00	Surgery	61.65	61.65	4438.80	4438.80
31365 00	Surgery	76.11	76.11	5479.92	5479.92
31367 00	Surgery	65.19	65.19	4693.68	4693.68
31368 00	Surgery	72.01	72.01	5184.72	5184.72
31370 00	Surgery	61.15	61.15	4402.80	4402.80
31375 00	Surgery	58.16	58.16	4187.52	4187.52
31380 00	Surgery	57.35	57.35	4129.20	4129.20
31382 00	Surgery	62.77	62.77	4519.44	4519.44
31390 00	Surgery	83.75	83.75	6030.00	6030.00
31395 00	Surgery	87.78	87.78	6320.16	6320.16
31400 00	Surgery	30.62	30.62	2204.64	2204.64
31420 00	Surgery	25.11	25.11	1807.92	1807.92
31500 00	Surgery	4.23	4.23	304.56	304.56
31502 00	Surgery	1.03	1.03	74.16	74.16
31505 00	Surgery	2.64	1.50	190.08	108.00
31510 00	Surgery	6.45	3.66	464.40	263.52
31511 00	Surgery	6.27	4.03	451.44	290.16
31512 00	Surgery	6.48	3.89	466.56	280.08
31513 00	Surgery	3.94	3.94	283.68	283.68
31515 00	Surgery	6.43	3.35	462.96	241.20
31520 00	Surgery	4.71	4.71	339.12	339.12
31525 00	Surgery	7.49	4.81	539.28	346.32
31526 00	Surgery	4.73	4.73	340.56	340.56
31527 00	Surgery	5.86	5.86	421.92	421.92

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
31528 00	Surgery	4.34	4.34	312.48	312.48
31529 00	Surgery	4.83	4.83	347.76	347.76
31530 00	Surgery	5.96	5.96	429.12	429.12
31531 00	Surgery	6.31	6.31	454.32	454.32
31535 00	Surgery	5.69	5.69	409.68	409.68
31536 00	Surgery	6.29	6.29	452.88	452.88
31540 00	Surgery	7.22	7.22	519.84	519.84
31541 00	Surgery	7.86	7.86	565.92	565.92
31545 00	Surgery	10.78	10.78	776.16	776.16
31546 00	Surgery	16.34	16.34	1176.48	1176.48
31551 00	Surgery	46.53	46.53	3350.16	3350.16
31552 00	Surgery	44.93	44.93	3234.96	3234.96
31553 00	Surgery	50.45	50.45	3632.40	3632.40
31554 00	Surgery	50.47	50.47	3633.84	3633.84
31560 00	Surgery	9.33	9.33	671.76	671.76
31561 00	Surgery	10.17	10.17	732.24	732.24
31570 00	Surgery	10.27	6.87	739.44	494.64
31571 00	Surgery	7.45	7.45	536.40	536.40
31572 00	Surgery	15.30	5.43	1101.60	390.96
31573 00	Surgery	8.56	4.47	616.32	321.84
31574 00	Surgery	26.87	4.49	1934.64	323.28
31575 00	Surgery	3.83	2.09	275.76	150.48
31576 00	Surgery	8.01	3.61	576.72	259.92
31577 00	Surgery	8.08	4.02	581.76	289.44
31578 00	Surgery	9.09	4.49	654.48	323.28
31579 00	Surgery	5.89	3.61	424.08	259.92
31580 00	Surgery	38.55	38.55	2775.60	2775.60
31584 00	Surgery	42.32	42.32	3047.04	3047.04
31587 00	Surgery	36.48	36.48	2626.56	2626.56
31590 00	Surgery	28.03	28.03	2018.16	2018.16
31591 00	Surgery	33.29	33.29	2396.88	2396.88
31592 00	Surgery	52.21	52.21	3759.12	3759.12
31599 00	Surgery	0.00	0.00	BR	BR
31600 00	Surgery	9.08	9.08	653.76	653.76
31601 00	Surgery	13.44	13.44	967.68	967.68
31603 00	Surgery	9.51	9.51	684.72	684.72
31605 00	Surgery	9.87	9.87	710.64	710.64
31610 00	Surgery	28.68	28.68	2064.96	2064.96
31611 00	Surgery	16.16	16.16	1163.52	1163.52
31612 00	Surgery	2.78	1.45	200.16	104.40
31613 00	Surgery	12.70	12.70	914.40	914.40
31614 00	Surgery	21.40	21.40	1540.80	1540.80
31615 00	Surgery	5.12	3.48	368.64	250.56
31622 00	Surgery	7.52	3.90	541.44	280.80
31623 00	Surgery	8.18	3.88	588.96	279.36
31624 00	Surgery	7.65	3.94	550.80	283.68
31625 00	Surgery	10.33	4.58	743.76	329.76

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
31626 00	Surgery	22.85	5.84	1645.20	420.48
31627 00	Surgery	30.24	2.82	2177.28	203.04
31628 00	Surgery	10.98	5.15	790.56	370.80
31629 00	Surgery	13.30	5.49	957.60	395.28
31630 00	Surgery	5.85	5.85	421.20	421.20
31631 00	Surgery	6.67	6.67	480.24	480.24
31632 00	Surgery	1.92	1.42	138.24	102.24
31633 00	Surgery	2.41	1.85	173.52	133.20
31634 00	Surgery	41.97	5.55	3021.84	399.60
31635 00	Surgery	8.77	5.16	631.44	371.52
31636 00	Surgery	6.40	6.40	460.80	460.80
31637 00	Surgery	2.23	2.23	160.56	160.56
31638 00	Surgery	7.24	7.24	521.28	521.28
31640 00	Surgery	7.24	7.24	521.28	521.28
31641 00	Surgery	7.42	7.42	534.24	534.24
31643 00	Surgery	4.98	4.98	358.56	358.56
31645 00	Surgery	8.22	4.33	591.84	311.76
31646 00	Surgery	4.20	4.20	302.40	302.40
31647 00	Surgery	6.03	6.03	434.16	434.16
31648 00	Surgery	5.78	5.78	416.16	416.16
31649 00	Surgery	2.03	2.03	146.16	146.16
31651 00	Surgery	2.22	2.22	159.84	159.84
31652 00	Surgery	35.71	6.48	2571.12	466.56
31653 00	Surgery	37.02	7.18	2665.44	516.96
31654 00	Surgery	3.57	1.96	257.04	141.12
31660 00	Surgery	5.53	5.53	398.16	398.16
31661 00	Surgery	5.86	5.86	421.92	421.92
31717 00	Surgery	8.38	3.11	603.36	223.92
31720 00	Surgery	1.59	1.59	114.48	114.48
31725 00	Surgery	2.33	2.33	167.76	167.76
31730 00	Surgery	30.60	4.45	2203.20	320.40
31750 00	Surgery	40.53	40.53	2918.16	2918.16
31755 00	Surgery	51.85	51.85	3733.20	3733.20
31760 00	Surgery	40.92	40.92	2946.24	2946.24
31766 00	Surgery	52.59	52.59	3786.48	3786.48
31770 00	Surgery	39.37	39.37	2834.64	2834.64
31775 00	Surgery	41.47	41.47	2985.84	2985.84
31780 00	Surgery	36.10	36.10	2599.20	2599.20
31781 00	Surgery	43.20	43.20	3110.40	3110.40
31785 00	Surgery	32.30	32.30	2325.60	2325.60
31786 00	Surgery	42.76	42.76	3078.72	3078.72
31800 00	Surgery	21.20	21.20	1526.40	1526.40
31805 00	Surgery	24.45	24.45	1760.40	1760.40
31820 00	Surgery	13.28	10.03	956.16	722.16
31825 00	Surgery	18.48	14.70	1330.56	1058.40
31830 00	Surgery	14.84	11.13	1068.48	801.36
31899 00	Surgery	0.00	0.00	BR	BR

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
32035 00	Surgery	22.02	22.02	1585.44	1585.44
32036 00	Surgery	23.52	23.52	1693.44	1693.44
32096 00	Surgery	23.93	23.93	1722.96	1722.96
32097 00	Surgery	23.94	23.94	1723.68	1723.68
32098 00	Surgery	22.54	22.54	1622.88	1622.88
32100 00	Surgery	24.26	24.26	1746.72	1746.72
32110 00	Surgery	44.15	44.15	3178.80	3178.80
32120 00	Surgery	26.14	26.14	1882.08	1882.08
32124 00	Surgery	27.57	27.57	1985.04	1985.04
32140 00	Surgery	29.56	29.56	2128.32	2128.32
32141 00	Surgery	45.14	45.14	3250.08	3250.08
32150 00	Surgery	30.37	30.37	2186.64	2186.64
32151 00	Surgery	29.97	29.97	2157.84	2157.84
32160 00	Surgery	23.98	23.98	1726.56	1726.56
32200 00	Surgery	34.06	34.06	2452.32	2452.32
32215 00	Surgery	24.01	24.01	1728.72	1728.72
32220 00	Surgery	47.64	47.64	3430.08	3430.08
32225 00	Surgery	29.68	29.68	2136.96	2136.96
32310 00	Surgery	27.43	27.43	1974.96	1974.96
32320 00	Surgery	47.75	47.75	3438.00	3438.00
32400 00	Surgery	5.08	2.47	365.76	177.84
32408 00	Surgery	24.50	4.47	1764.00	321.84
32440 00	Surgery	46.60	46.60	3355.20	3355.20
32442 00	Surgery	90.02	90.02	6481.44	6481.44
32445 00	Surgery	104.27	104.27	7507.44	7507.44
32480 00	Surgery	43.92	43.92	3162.24	3162.24
32482 00	Surgery	47.01	47.01	3384.72	3384.72
32484 00	Surgery	42.55	42.55	3063.60	3063.60
32486 00	Surgery	69.09	69.09	4974.48	4974.48
32488 00	Surgery	70.71	70.71	5091.12	5091.12
32491 00	Surgery	43.81	43.81	3154.32	3154.32
32501 00	Surgery	7.14	7.14	514.08	514.08
32503 00	Surgery	53.17	53.17	3828.24	3828.24
32504 00	Surgery	60.49	60.49	4355.28	4355.28
32505 00	Surgery	27.75	27.75	1998.00	1998.00
32506 00	Surgery	4.57	4.57	329.04	329.04
32507 00	Surgery	4.57	4.57	329.04	329.04
32540 00	Surgery	51.21	51.21	3687.12	3687.12
32550 00	Surgery	22.22	6.02	1599.84	433.44
32551 00	Surgery	4.61	4.61	331.92	331.92
32552 00	Surgery	5.46	4.67	393.12	336.24
32553 00	Surgery	14.87	5.20	1070.64	374.40
32554 00	Surgery	6.87	2.61	494.64	187.92
32555 00	Surgery	9.19	3.21	661.68	231.12
32556 00	Surgery	21.37	3.69	1538.64	265.68
32557 00	Surgery	19.12	4.38	1376.64	315.36
32560 00	Surgery	7.34	2.24	528.48	161.28

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
32561 00	Surgery	2.85	1.99	205.20	143.28
32562 00	Surgery	2.55	1.77	183.60	127.44
32601 00	Surgery	9.13	9.13	657.36	657.36
32604 00	Surgery	14.15	14.15	1018.80	1018.80
32606 00	Surgery	13.67	13.67	984.24	984.24
32607 00	Surgery	9.12	9.12	656.64	656.64
32608 00	Surgery	11.21	11.21	807.12	807.12
32609 00	Surgery	7.55	7.55	543.60	543.60
32650 00	Surgery	19.98	19.98	1438.56	1438.56
32651 00	Surgery	32.58	32.58	2345.76	2345.76
32652 00	Surgery	49.30	49.30	3549.60	3549.60
32653 00	Surgery	31.55	31.55	2271.60	2271.60
32654 00	Surgery	35.63	35.63	2565.36	2565.36
32655 00	Surgery	28.49	28.49	2051.28	2051.28
32656 00	Surgery	24.01	24.01	1728.72	1728.72
32658 00	Surgery	21.36	21.36	1537.92	1537.92
32659 00	Surgery	21.94	21.94	1579.68	1579.68
32661 00	Surgery	23.81	23.81	1714.32	1714.32
32662 00	Surgery	26.65	26.65	1918.80	1918.80
32663 00	Surgery	41.44	41.44	2983.68	2983.68
32664 00	Surgery	25.27	25.27	1819.44	1819.44
32665 00	Surgery	36.55	36.55	2631.60	2631.60
32666 00	Surgery	25.94	25.94	1867.68	1867.68
32667 00	Surgery	4.58	4.58	329.76	329.76
32668 00	Surgery	4.59	4.59	330.48	330.48
32669 00	Surgery	39.80	39.80	2865.60	2865.60
32670 00	Surgery	47.38	47.38	3411.36	3411.36
32671 00	Surgery	52.41	52.41	3773.52	3773.52
32672 00	Surgery	44.93	44.93	3234.96	3234.96
32673 00	Surgery	36.06	36.06	2596.32	2596.32
32674 00	Surgery	6.31	6.31	454.32	454.32
32701 00	Surgery	6.15	6.15	442.80	442.80
32800 00	Surgery	28.32	28.32	2039.04	2039.04
32810 00	Surgery	26.91	26.91	1937.52	1937.52
32815 00	Surgery	82.86	82.86	5965.92	5965.92
32820 00	Surgery	41.65	41.65	2998.80	2998.80
32850 00	Surgery	-	-	6999.12	6999.12
32851 00	Surgery	96.79	96.79	6968.88	6968.88
32852 00	Surgery	104.20	104.20	7502.40	7502.40
32853 00	Surgery	135.41	135.41	9749.52	9749.52
32854 00	Surgery	143.12	143.12	10304.64	10304.64
32855 00	Surgery	-	-	1073.52	1073.52
32856 00	Surgery	-	-	2132.64	2132.64
32900 00	Surgery	43.66	43.66	3143.52	3143.52
32905 00	Surgery	39.62	39.62	2852.64	2852.64
32906 00	Surgery	48.79	48.79	3512.88	3512.88
32940 00	Surgery	36.66	36.66	2639.52	2639.52

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
32960 00	Surgery	3.79	2.69	272.88	193.68
32994 00	Surgery	137.76	12.89	9918.72	928.08
32997 00	Surgery	9.89	9.89	712.08	712.08
32998 00	Surgery	88.09	12.88	6342.48	927.36
32999 00	Surgery	0.00	0.00	BR	BR
33016 00	Surgery	6.89	6.89	496.08	496.08
33017 00	Surgery	7.25	7.25	522.00	522.00
33018 00	Surgery	8.51	8.51	612.72	612.72
33019 00	Surgery	6.15	6.15	442.80	442.80
33020 00	Surgery	24.63	24.63	1773.36	1773.36
33025 00	Surgery	22.93	22.93	1650.96	1650.96
33030 00	Surgery	59.15	59.15	4258.80	4258.80
33031 00	Surgery	72.98	72.98	5254.56	5254.56
33050 00	Surgery	30.00	30.00	2160.00	2160.00
33120 00	Surgery	61.69	61.69	4441.68	4441.68
33130 00	Surgery	40.40	40.40	2908.80	2908.80
33140 00	Surgery	45.87	45.87	3302.64	3302.64
33141 00	Surgery	3.88	3.88	279.36	279.36
33202 00	Surgery	22.89	22.89	1648.08	1648.08
33203 00	Surgery	24.07	24.07	1733.04	1733.04
33206 00	Surgery	13.47	13.47	969.84	969.84
33207 00	Surgery	14.17	14.17	1020.24	1020.24
33208 00	Surgery	15.30	15.30	1101.60	1101.60
33210 00	Surgery	4.74	4.74	341.28	341.28
33211 00	Surgery	4.92	4.92	354.24	354.24
33212 00	Surgery	9.62	9.62	692.64	692.64
33213 00	Surgery	10.01	10.01	720.72	720.72
33214 00	Surgery	14.19	14.19	1021.68	1021.68
33215 00	Surgery	9.21	9.21	663.12	663.12
33216 00	Surgery	11.02	11.02	793.44	793.44
33217 00	Surgery	10.96	10.96	789.12	789.12
33218 00	Surgery	11.55	11.55	831.60	831.60
33220 00	Surgery	11.31	11.31	814.32	814.32
33221 00	Surgery	10.58	10.58	761.76	761.76
33222 00	Surgery	10.22	10.22	735.84	735.84
33223 00	Surgery	12.12	12.12	872.64	872.64
33224 00	Surgery	15.04	15.04	1082.88	1082.88
33225 00	Surgery	13.56	13.56	976.32	976.32
33226 00	Surgery	14.40	14.40	1036.80	1036.80
33227 00	Surgery	10.05	10.05	723.60	723.60
33228 00	Surgery	10.52	10.52	757.44	757.44
33229 00	Surgery	11.03	11.03	794.16	794.16
33230 00	Surgery	11.07	11.07	797.04	797.04
33231 00	Surgery	11.86	11.86	853.92	853.92
33233 00	Surgery	6.94	6.94	499.68	499.68
33234 00	Surgery	14.34	14.34	1032.48	1032.48
33235 00	Surgery	18.84	18.84	1356.48	1356.48

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
33236 00	Surgery	23.38	23.38	1683.36	1683.36
33237 00	Surgery	25.04	25.04	1802.88	1802.88
33238 00	Surgery	28.18	28.18	2028.96	2028.96
33240 00	Surgery	10.66	10.66	767.52	767.52
33241 00	Surgery	6.40	6.40	460.80	460.80
33243 00	Surgery	40.76	40.76	2934.72	2934.72
33244 00	Surgery	25.48	25.48	1834.56	1834.56
33249 00	Surgery	26.92	26.92	1938.24	1938.24
33250 00	Surgery	43.01	43.01	3096.72	3096.72
33251 00	Surgery	48.19	48.19	3469.68	3469.68
33254 00	Surgery	40.29	40.29	2900.88	2900.88
33255 00	Surgery	48.00	48.00	3456.00	3456.00
33256 00	Surgery	56.80	56.80	4089.60	4089.60
33257 00	Surgery	17.36	17.36	1249.92	1249.92
33258 00	Surgery	19.27	19.27	1387.44	1387.44
33259 00	Surgery	25.20	25.20	1814.40	1814.40
33261 00	Surgery	47.56	47.56	3424.32	3424.32
33262 00	Surgery	11.02	11.02	793.44	793.44
33263 00	Surgery	11.46	11.46	825.12	825.12
33264 00	Surgery	11.94	11.94	859.68	859.68
33265 00	Surgery	40.37	40.37	2906.64	2906.64
33266 00	Surgery	54.44	54.44	3919.68	3919.68
33267 00	Surgery	30.97	30.97	2229.84	2229.84
33268 00	Surgery	3.81	3.81	274.32	274.32
33269 00	Surgery	24.68	24.68	1776.96	1776.96
33270 00	Surgery	16.56	16.56	1192.32	1192.32
33271 00	Surgery	13.48	13.48	970.56	970.56
33272 00	Surgery	10.34	10.34	744.48	744.48
33273 00	Surgery	11.90	11.90	856.80	856.80
33274 00	Surgery	14.11	14.11	1015.92	1015.92
33275 00	Surgery	14.92	14.92	1074.24	1074.24
33276 00	Surgery	17.16	17.16	1235.52	1235.52
33277 00	Surgery	8.17	8.17	588.24	588.24
33278 00	Surgery	17.03	17.03	1226.16	1226.16
33279 00	Surgery	10.23	10.23	736.56	736.56
33280 00	Surgery	6.19	6.19	445.68	445.68
33281 00	Surgery	10.88	10.88	783.36	783.36
33285 00	Surgery	117.61	2.58	8467.92	185.76
33286 00	Surgery	3.83	2.53	275.76	182.16
33287 00	Surgery	11.55	11.55	831.60	831.60
33288 00	Surgery	14.63	14.63	1053.36	1053.36
33289 00	Surgery	9.83	9.83	707.76	707.76
33300 00	Surgery	72.17	72.17	5196.24	5196.24
33305 00	Surgery	120.23	120.23	8656.56	8656.56
33310 00	Surgery	34.65	34.65	2494.80	2494.80
33315 00	Surgery	56.38	56.38	4059.36	4059.36
33320 00	Surgery	31.75	31.75	2286.00	2286.00

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
33321 00	Surgery	35.16	35.16	2531.52	2531.52
33322 00	Surgery	41.10	41.10	2959.20	2959.20
33330 00	Surgery	42.08	42.08	3029.76	3029.76
33335 00	Surgery	55.04	55.04	3962.88	3962.88
33340 00	Surgery	22.87	22.87	1646.64	1646.64
33361 00	Surgery	35.51	35.51	2556.72	2556.72
33362 00	Surgery	38.75	38.75	2790.00	2790.00
33363 00	Surgery	40.13	40.13	2889.36	2889.36
33364 00	Surgery	40.03	40.03	2882.16	2882.16
33365 00	Surgery	41.80	41.80	3009.60	3009.60
33366 00	Surgery	46.11	46.11	3319.92	3319.92
33367 00	Surgery	17.87	17.87	1286.64	1286.64
33368 00	Surgery	21.63	21.63	1557.36	1557.36
33369 00	Surgery	28.55	28.55	2055.60	2055.60
33370 00	Surgery	3.93	3.93	282.96	282.96
33390 00	Surgery	56.83	56.83	4091.76	4091.76
33391 00	Surgery	67.35	67.35	4849.20	4849.20
33404 00	Surgery	51.58	51.58	3713.76	3713.76
33405 00	Surgery	66.98	66.98	4822.56	4822.56
33406 00	Surgery	85.03	85.03	6122.16	6122.16
33410 00	Surgery	75.10	75.10	5407.20	5407.20
33411 00	Surgery	98.72	98.72	7107.84	7107.84
33412 00	Surgery	92.30	92.30	6645.60	6645.60
33413 00	Surgery	94.62	94.62	6812.64	6812.64
33414 00	Surgery	63.35	63.35	4561.20	4561.20
33415 00	Surgery	59.84	59.84	4308.48	4308.48
33416 00	Surgery	59.76	59.76	4302.72	4302.72
33417 00	Surgery	49.48	49.48	3562.56	3562.56
33418 00	Surgery	52.93	52.93	3810.96	3810.96
33419 00	Surgery	12.41	12.41	893.52	893.52
33420 00	Surgery	42.85	42.85	3085.20	3085.20
33422 00	Surgery	49.13	49.13	3537.36	3537.36
33425 00	Surgery	80.37	80.37	5786.64	5786.64
33426 00	Surgery	70.34	70.34	5064.48	5064.48
33427 00	Surgery	71.89	71.89	5176.08	5176.08
33430 00	Surgery	82.66	82.66	5951.52	5951.52
33440 00	Surgery	99.82	99.82	7187.04	7187.04
33460 00	Surgery	70.44	70.44	5071.68	5071.68
33463 00	Surgery	90.54	90.54	6518.88	6518.88
33464 00	Surgery	71.86	71.86	5173.92	5173.92
33465 00	Surgery	81.12	81.12	5840.64	5840.64
33468 00	Surgery	72.21	72.21	5199.12	5199.12
33474 00	Surgery	64.41	64.41	4637.52	4637.52
33475 00	Surgery	68.32	68.32	4919.04	4919.04
33476 00	Surgery	45.26	45.26	3258.72	3258.72
33477 00	Surgery	38.16	38.16	2747.52	2747.52
33478 00	Surgery	46.74	46.74	3365.28	3365.28

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
33496 00	Surgery	49.13	49.13	3537.36	3537.36
33500 00	Surgery	46.07	46.07	3317.04	3317.04
33501 00	Surgery	33.04	33.04	2378.88	2378.88
33502 00	Surgery	38.07	38.07	2741.04	2741.04
33503 00	Surgery	39.60	39.60	2851.20	2851.20
33504 00	Surgery	43.61	43.61	3139.92	3139.92
33505 00	Surgery	60.60	60.60	4363.20	4363.20
33506 00	Surgery	60.48	60.48	4354.56	4354.56
33507 00	Surgery	50.81	50.81	3658.32	3658.32
33508 00	Surgery	0.47	0.47	33.84	33.84
33509 00	Surgery	5.09	5.09	366.48	366.48
33510 00	Surgery	57.09	57.09	4110.48	4110.48
33511 00	Surgery	62.71	62.71	4515.12	4515.12
33512 00	Surgery	71.35	71.35	5137.20	5137.20
33513 00	Surgery	72.90	72.90	5248.80	5248.80
33514 00	Surgery	76.70	76.70	5522.40	5522.40
33516 00	Surgery	79.39	79.39	5716.08	5716.08
33517 00	Surgery	5.48	5.48	394.56	394.56
33518 00	Surgery	12.06	12.06	868.32	868.32
33519 00	Surgery	15.91	15.91	1145.52	1145.52
33521 00	Surgery	19.10	19.10	1375.20	1375.20
33522 00	Surgery	21.45	21.45	1544.40	1544.40
33523 00	Surgery	24.15	24.15	1738.80	1738.80
33530 00	Surgery	15.36	15.36	1105.92	1105.92
33533 00	Surgery	55.31	55.31	3982.32	3982.32
33534 00	Surgery	64.97	64.97	4677.84	4677.84
33535 00	Surgery	72.17	72.17	5196.24	5196.24
33536 00	Surgery	77.74	77.74	5597.28	5597.28
33542 00	Surgery	77.56	77.56	5584.32	5584.32
33545 00	Surgery	90.04	90.04	6482.88	6482.88
33548 00	Surgery	86.73	86.73	6244.56	6244.56
33572 00	Surgery	6.73	6.73	484.56	484.56
33600 00	Surgery	50.96	50.96	3669.12	3669.12
33602 00	Surgery	49.50	49.50	3564.00	3564.00
33606 00	Surgery	52.69	52.69	3793.68	3793.68
33608 00	Surgery	53.38	53.38	3843.36	3843.36
33610 00	Surgery	52.65	52.65	3790.80	3790.80
33611 00	Surgery	57.54	57.54	4142.88	4142.88
33612 00	Surgery	59.07	59.07	4253.04	4253.04
33615 00	Surgery	59.08	59.08	4253.76	4253.76
33617 00	Surgery	63.94	63.94	4603.68	4603.68
33619 00	Surgery	81.20	81.20	5846.40	5846.40
33620 00	Surgery	48.67	48.67	3504.24	3504.24
33621 00	Surgery	27.59	27.59	1986.48	1986.48
33622 00	Surgery	100.92	100.92	7266.24	7266.24
33641 00	Surgery	48.44	48.44	3487.68	3487.68
33645 00	Surgery	51.15	51.15	3682.80	3682.80

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
33647 00	Surgery	53.63	53.63	3861.36	3861.36
33660 00	Surgery	51.86	51.86	3733.92	3733.92
33665 00	Surgery	56.46	56.46	4065.12	4065.12
33670 00	Surgery	58.00	58.00	4176.00	4176.00
33675 00	Surgery	58.13	58.13	4185.36	4185.36
33676 00	Surgery	59.67	59.67	4296.24	4296.24
33677 00	Surgery	61.97	61.97	4461.84	4461.84
33681 00	Surgery	54.69	54.69	3937.68	3937.68
33684 00	Surgery	55.72	55.72	4011.84	4011.84
33688 00	Surgery	55.43	55.43	3990.96	3990.96
33690 00	Surgery	35.81	35.81	2578.32	2578.32
33692 00	Surgery	57.58	57.58	4145.76	4145.76
33694 00	Surgery	57.54	57.54	4142.88	4142.88
33697 00	Surgery	60.61	60.61	4363.92	4363.92
33702 00	Surgery	45.91	45.91	3305.52	3305.52
33710 00	Surgery	60.50	60.50	4356.00	4356.00
33720 00	Surgery	45.94	45.94	3307.68	3307.68
33724 00	Surgery	45.47	45.47	3273.84	3273.84
33726 00	Surgery	59.92	59.92	4314.24	4314.24
33730 00	Surgery	59.32	59.32	4271.04	4271.04
33732 00	Surgery	48.90	48.90	3520.80	3520.80
33735 00	Surgery	38.60	38.60	2779.20	2779.20
33736 00	Surgery	41.85	41.85	3013.20	3013.20
33741 00	Surgery	22.02	22.02	1585.44	1585.44
33745 00	Surgery	31.46	31.46	2265.12	2265.12
33746 00	Surgery	12.57	12.57	905.04	905.04
33750 00	Surgery	37.41	37.41	2693.52	2693.52
33755 00	Surgery	39.23	39.23	2824.56	2824.56
33762 00	Surgery	38.01	38.01	2736.72	2736.72
33764 00	Surgery	39.23	39.23	2824.56	2824.56
33766 00	Surgery	39.46	39.46	2841.12	2841.12
33767 00	Surgery	42.09	42.09	3030.48	3030.48
33768 00	Surgery	12.19	12.19	877.68	877.68
33770 00	Surgery	62.32	62.32	4487.04	4487.04
33771 00	Surgery	64.02	64.02	4609.44	4609.44
33774 00	Surgery	53.39	53.39	3844.08	3844.08
33775 00	Surgery	54.92	54.92	3954.24	3954.24
33776 00	Surgery	58.09	58.09	4182.48	4182.48
33777 00	Surgery	55.88	55.88	4023.36	4023.36
33778 00	Surgery	69.38	69.38	4995.36	4995.36
33779 00	Surgery	68.36	68.36	4921.92	4921.92
33780 00	Surgery	69.70	69.70	5018.40	5018.40
33781 00	Surgery	67.94	67.94	4891.68	4891.68
33782 00	Surgery	94.91	94.91	6833.52	6833.52
33783 00	Surgery	102.55	102.55	7383.60	7383.60
33786 00	Surgery	67.08	67.08	4829.76	4829.76
33788 00	Surgery	45.35	45.35	3265.20	3265.20

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
33800 00	Surgery	29.28	29.28	2108.16	2108.16
33802 00	Surgery	32.38	32.38	2331.36	2331.36
33803 00	Surgery	34.11	34.11	2455.92	2455.92
33814 00	Surgery	45.29	45.29	3260.88	3260.88
33820 00	Surgery	28.79	28.79	2072.88	2072.88
33822 00	Surgery	30.34	30.34	2184.48	2184.48
33824 00	Surgery	35.17	35.17	2532.24	2532.24
33840 00	Surgery	36.90	36.90	2656.80	2656.80
33845 00	Surgery	39.75	39.75	2862.00	2862.00
33851 00	Surgery	37.89	37.89	2728.08	2728.08
33852 00	Surgery	41.58	41.58	2993.76	2993.76
33853 00	Surgery	54.32	54.32	3911.04	3911.04
33858 00	Surgery	99.79	99.79	7184.88	7184.88
33859 00	Surgery	71.75	71.75	5166.00	5166.00
33863 00	Surgery	92.47	92.47	6657.84	6657.84
33864 00	Surgery	94.52	94.52	6805.44	6805.44
33866 00	Surgery	26.98	26.98	1942.56	1942.56
33871 00	Surgery	95.64	95.64	6886.08	6886.08
33875 00	Surgery	80.64	80.64	5806.08	5806.08
33877 00	Surgery	105.87	105.87	7622.64	7622.64
33880 00	Surgery	52.28	52.28	3764.16	3764.16
33881 00	Surgery	44.91	44.91	3233.52	3233.52
33883 00	Surgery	32.52	32.52	2341.44	2341.44
33884 00	Surgery	11.54	11.54	830.88	830.88
33886 00	Surgery	28.12	28.12	2024.64	2024.64
33889 00	Surgery	23.34	23.34	1680.48	1680.48
33891 00	Surgery	28.14	28.14	2026.08	2026.08
33894 00	Surgery	28.74	28.74	2069.28	2069.28
33895 00	Surgery	22.86	22.86	1645.92	1645.92
33897 00	Surgery	17.00	17.00	1224.00	1224.00
33900 00	Surgery	17.35	17.35	1249.20	1249.20
33901 00	Surgery	22.81	22.81	1642.32	1642.32
33902 00	Surgery	22.02	22.02	1585.44	1585.44
33903 00	Surgery	25.95	25.95	1868.40	1868.40
33904 00	Surgery	8.70	8.70	626.40	626.40
33910 00	Surgery	76.84	76.84	5532.48	5532.48
33915 00	Surgery	40.55	40.55	2919.60	2919.60
33916 00	Surgery	122.78	122.78	8840.16	8840.16
33917 00	Surgery	43.33	43.33	3119.76	3119.76
33920 00	Surgery	53.47	53.47	3849.84	3849.84
33922 00	Surgery	41.28	41.28	2972.16	2972.16
33924 00	Surgery	8.38	8.38	603.36	603.36
33925 00	Surgery	50.65	50.65	3646.80	3646.80
33926 00	Surgery	71.14	71.14	5122.08	5122.08
33927 00	Surgery	74.67	74.67	5376.24	5376.24
33928 00	Surgery	0.00	0.00	BR	BR
33929 00	Surgery	0.00	0.00	BR	BR

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
33930 00	Surgery	0.00	0.00	BR	BR
33933 00	Surgery	0.00	0.00	BR	BR
33935 00	Surgery	144.69	144.69	10417.68	10417.68
33940 00	Surgery	0.00	0.00	BR	BR
33944 00	Surgery	-	-	1239.84	1239.84
33945 00	Surgery	143.21	143.21	10311.12	10311.12
33946 00	Surgery	9.10	9.10	655.20	655.20
33947 00	Surgery	10.09	10.09	726.48	726.48
33948 00	Surgery	7.04	7.04	506.88	506.88
33949 00	Surgery	6.87	6.87	494.64	494.64
33951 00	Surgery	12.39	12.39	892.08	892.08
33952 00	Surgery	12.51	12.51	900.72	900.72
33953 00	Surgery	13.82	13.82	995.04	995.04
33954 00	Surgery	13.98	13.98	1006.56	1006.56
33955 00	Surgery	24.15	24.15	1738.80	1738.80
33956 00	Surgery	24.46	24.46	1761.12	1761.12
33957 00	Surgery	5.40	5.40	388.80	388.80
33958 00	Surgery	5.40	5.40	388.80	388.80
33959 00	Surgery	6.85	6.85	493.20	493.20
33962 00	Surgery	6.85	6.85	493.20	493.20
33963 00	Surgery	13.64	13.64	982.08	982.08
33964 00	Surgery	14.38	14.38	1035.36	1035.36
33965 00	Surgery	5.40	5.40	388.80	388.80
33966 00	Surgery	6.95	6.95	500.40	500.40
33967 00	Surgery	7.59	7.59	546.48	546.48
33968 00	Surgery	1.00	1.00	72.00	72.00
33969 00	Surgery	7.94	7.94	571.68	571.68
33970 00	Surgery	10.35	10.35	745.20	745.20
33971 00	Surgery	20.97	20.97	1509.84	1509.84
33973 00	Surgery	14.66	14.66	1055.52	1055.52
33974 00	Surgery	26.48	26.48	1906.56	1906.56
33975 00	Surgery	38.33	38.33	2759.76	2759.76
33976 00	Surgery	46.19	46.19	3325.68	3325.68
33977 00	Surgery	33.10	33.10	2383.20	2383.20
33978 00	Surgery	39.00	39.00	2808.00	2808.00
33979 00	Surgery	56.93	56.93	4098.96	4098.96
33980 00	Surgery	52.27	52.27	3763.44	3763.44
33981 00	Surgery	24.20	24.20	1742.40	1742.40
33982 00	Surgery	56.90	56.90	4096.80	4096.80
33983 00	Surgery	66.93	66.93	4818.96	4818.96
33984 00	Surgery	8.33	8.33	599.76	599.76
33985 00	Surgery	14.97	14.97	1077.84	1077.84
33986 00	Surgery	15.41	15.41	1109.52	1109.52
33987 00	Surgery	6.06	6.06	436.32	436.32
33988 00	Surgery	22.67	22.67	1632.24	1632.24
33989 00	Surgery	14.38	14.38	1035.36	1035.36
33990 00	Surgery	10.56	10.56	760.32	760.32

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
33991 00	Surgery	13.28	13.28	956.16	956.16
33992 00	Surgery	5.51	5.51	396.72	396.72
33993 00	Surgery	4.86	4.86	349.92	349.92
33995 00	Surgery	10.38	10.38	747.36	747.36
33997 00	Surgery	4.73	4.73	340.56	340.56
33999 00	Surgery	0.00	0.00	BR	BR
34001 00	Surgery	26.91	26.91	1937.52	1937.52
34051 00	Surgery	29.46	29.46	2121.12	2121.12
34101 00	Surgery	17.57	17.57	1265.04	1265.04
34111 00	Surgery	17.53	17.53	1262.16	1262.16
34151 00	Surgery	40.85	40.85	2941.20	2941.20
34201 00	Surgery	29.95	29.95	2156.40	2156.40
34203 00	Surgery	27.87	27.87	2006.64	2006.64
34401 00	Surgery	39.36	39.36	2833.92	2833.92
34421 00	Surgery	20.48	20.48	1474.56	1474.56
34451 00	Surgery	42.17	42.17	3036.24	3036.24
34471 00	Surgery	31.73	31.73	2284.56	2284.56
34490 00	Surgery	16.96	16.96	1221.12	1221.12
34501 00	Surgery	26.43	26.43	1902.96	1902.96
34502 00	Surgery	45.67	45.67	3288.24	3288.24
34510 00	Surgery	30.07	30.07	2165.04	2165.04
34520 00	Surgery	29.15	29.15	2098.80	2098.80
34530 00	Surgery	27.74	27.74	1997.28	1997.28
34701 00	Surgery	36.25	36.25	2610.00	2610.00
34702 00	Surgery	52.56	52.56	3784.32	3784.32
34703 00	Surgery	40.17	40.17	2892.24	2892.24
34704 00	Surgery	66.74	66.74	4805.28	4805.28
34705 00	Surgery	44.64	44.64	3214.08	3214.08
34706 00	Surgery	66.65	66.65	4798.80	4798.80
34707 00	Surgery	34.06	34.06	2452.32	2452.32
34708 00	Surgery	53.26	53.26	3834.72	3834.72
34709 00	Surgery	9.40	9.40	676.80	676.80
34710 00	Surgery	23.34	23.34	1680.48	1680.48
34711 00	Surgery	8.61	8.61	619.92	619.92
34712 00	Surgery	19.23	19.23	1384.56	1384.56
34713 00	Surgery	3.60	3.60	259.20	259.20
34714 00	Surgery	7.89	7.89	568.08	568.08
34715 00	Surgery	8.71	8.71	627.12	627.12
34716 00	Surgery	10.92	10.92	786.24	786.24
34717 00	Surgery	12.90	12.90	928.80	928.80
34718 00	Surgery	36.18	36.18	2604.96	2604.96
34808 00	Surgery	5.91	5.91	425.52	425.52
34812 00	Surgery	6.01	6.01	432.72	432.72
34813 00	Surgery	6.85	6.85	493.20	493.20
34820 00	Surgery	9.85	9.85	709.20	709.20
34830 00	Surgery	51.70	51.70	3722.40	3722.40
34831 00	Surgery	56.73	56.73	4084.56	4084.56

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
34832 00	Surgery	55.59	55.59	4002.48	4002.48
34833 00	Surgery	11.48	11.48	826.56	826.56
34834 00	Surgery	3.77	3.77	271.44	271.44
34839 00	Surgery	0.00	0.00	Bundled Code	Bundled Code
34841 00	Surgery	-	-	4110.48	4110.48
34842 00	Surgery	-	-	5084.64	5084.64
34843 00	Surgery	-	-	4832.64	4832.64
34844 00	Surgery	-	-	6657.12	6657.12
34845 00	Surgery	-	-	4621.68	4621.68
34846 00	Surgery	-	-	5520.24	5520.24
34847 00	Surgery	-	-	6001.92	6001.92
34848 00	Surgery	-	-	8178.48	8178.48
35001 00	Surgery	32.59	32.59	2346.48	2346.48
35002 00	Surgery	33.47	33.47	2409.84	2409.84
35005 00	Surgery	29.33	29.33	2111.76	2111.76
35011 00	Surgery	29.65	29.65	2134.80	2134.80
35013 00	Surgery	34.83	34.83	2507.76	2507.76
35021 00	Surgery	37.26	37.26	2682.72	2682.72
35022 00	Surgery	42.57	42.57	3065.04	3065.04
35045 00	Surgery	28.49	28.49	2051.28	2051.28
35081 00	Surgery	50.67	50.67	3648.24	3648.24
35082 00	Surgery	63.49	63.49	4571.28	4571.28
35091 00	Surgery	52.17	52.17	3756.24	3756.24
35092 00	Surgery	76.03	76.03	5474.16	5474.16
35102 00	Surgery	55.05	55.05	3963.60	3963.60
35103 00	Surgery	63.51	63.51	4572.72	4572.72
35111 00	Surgery	39.04	39.04	2810.88	2810.88
35112 00	Surgery	47.96	47.96	3453.12	3453.12
35121 00	Surgery	46.40	46.40	3340.80	3340.80
35122 00	Surgery	55.44	55.44	3991.68	3991.68
35131 00	Surgery	40.67	40.67	2928.24	2928.24
35132 00	Surgery	47.96	47.96	3453.12	3453.12
35141 00	Surgery	32.04	32.04	2306.88	2306.88
35142 00	Surgery	38.70	38.70	2786.40	2786.40
35151 00	Surgery	36.31	36.31	2614.32	2614.32
35152 00	Surgery	41.06	41.06	2956.32	2956.32
35180 00	Surgery	23.13	23.13	1665.36	1665.36
35182 00	Surgery	53.09	53.09	3822.48	3822.48
35184 00	Surgery	28.38	28.38	2043.36	2043.36
35188 00	Surgery	39.29	39.29	2828.88	2828.88
35189 00	Surgery	44.30	44.30	3189.60	3189.60
35190 00	Surgery	22.26	22.26	1602.72	1602.72
35201 00	Surgery	27.42	27.42	1974.24	1974.24
35206 00	Surgery	23.64	23.64	1702.08	1702.08
35207 00	Surgery	22.99	22.99	1655.28	1655.28
35211 00	Surgery	41.19	41.19	2965.68	2965.68

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
35216 00	Surgery	61.64	61.64	4438.08	4438.08
35221 00	Surgery	43.49	43.49	3131.28	3131.28
35226 00	Surgery	24.39	24.39	1756.08	1756.08
35231 00	Surgery	37.32	37.32	2687.04	2687.04
35236 00	Surgery	29.86	29.86	2149.92	2149.92
35241 00	Surgery	42.38	42.38	3051.36	3051.36
35246 00	Surgery	46.10	46.10	3319.20	3319.20
35251 00	Surgery	51.05	51.05	3675.60	3675.60
35256 00	Surgery	30.02	30.02	2161.44	2161.44
35261 00	Surgery	28.89	28.89	2080.08	2080.08
35266 00	Surgery	25.54	25.54	1838.88	1838.88
35271 00	Surgery	40.84	40.84	2940.48	2940.48
35276 00	Surgery	43.08	43.08	3101.76	3101.76
35281 00	Surgery	48.17	48.17	3468.24	3468.24
35286 00	Surgery	27.26	27.26	1962.72	1962.72
35301 00	Surgery	33.12	33.12	2384.64	2384.64
35302 00	Surgery	32.71	32.71	2355.12	2355.12
35303 00	Surgery	35.94	35.94	2587.68	2587.68
35304 00	Surgery	37.35	37.35	2689.20	2689.20
35305 00	Surgery	35.84	35.84	2580.48	2580.48
35306 00	Surgery	13.01	13.01	936.72	936.72
35311 00	Surgery	45.72	45.72	3291.84	3291.84
35321 00	Surgery	26.69	26.69	1921.68	1921.68
35331 00	Surgery	42.45	42.45	3056.40	3056.40
35341 00	Surgery	40.36	40.36	2905.92	2905.92
35351 00	Surgery	37.75	37.75	2718.00	2718.00
35355 00	Surgery	30.15	30.15	2170.80	2170.80
35361 00	Surgery	44.68	44.68	3216.96	3216.96
35363 00	Surgery	47.67	47.67	3432.24	3432.24
35371 00	Surgery	23.89	23.89	1720.08	1720.08
35372 00	Surgery	28.59	28.59	2058.48	2058.48
35390 00	Surgery	4.66	4.66	335.52	335.52
35400 00	Surgery	4.21	4.21	303.12	303.12
35500 00	Surgery	9.29	9.29	668.88	668.88
35501 00	Surgery	42.79	42.79	3080.88	3080.88
35506 00	Surgery	37.42	37.42	2694.24	2694.24
35508 00	Surgery	39.08	39.08	2813.76	2813.76
35509 00	Surgery	41.42	41.42	2982.24	2982.24
35510 00	Surgery	36.09	36.09	2598.48	2598.48
35511 00	Surgery	32.90	32.90	2368.80	2368.80
35512 00	Surgery	35.40	35.40	2548.80	2548.80
35515 00	Surgery	39.08	39.08	2813.76	2813.76
35516 00	Surgery	35.83	35.83	2579.76	2579.76
35518 00	Surgery	33.57	33.57	2417.04	2417.04
35521 00	Surgery	36.09	36.09	2598.48	2598.48
35522 00	Surgery	34.35	34.35	2473.20	2473.20
35523 00	Surgery	36.14	36.14	2602.08	2602.08

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
35525 00	Surgery	32.32	32.32	2327.04	2327.04
35526 00	Surgery	50.92	50.92	3666.24	3666.24
35531 00	Surgery	57.17	57.17	4116.24	4116.24
35533 00	Surgery	44.22	44.22	3183.84	3183.84
35535 00	Surgery	55.80	55.80	4017.60	4017.60
35536 00	Surgery	49.59	49.59	3570.48	3570.48
35537 00	Surgery	61.09	61.09	4398.48	4398.48
35538 00	Surgery	68.45	68.45	4928.40	4928.40
35539 00	Surgery	64.23	64.23	4624.56	4624.56
35540 00	Surgery	71.57	71.57	5153.04	5153.04
35556 00	Surgery	40.83	40.83	2939.76	2939.76
35558 00	Surgery	35.86	35.86	2581.92	2581.92
35560 00	Surgery	50.02	50.02	3601.44	3601.44
35563 00	Surgery	38.90	38.90	2800.80	2800.80
35565 00	Surgery	38.40	38.40	2764.80	2764.80
35566 00	Surgery	48.61	48.61	3499.92	3499.92
35570 00	Surgery	43.26	43.26	3114.72	3114.72
35571 00	Surgery	38.78	38.78	2792.16	2792.16
35572 00	Surgery	10.03	10.03	722.16	722.16
35583 00	Surgery	42.23	42.23	3040.56	3040.56
35585 00	Surgery	48.89	48.89	3520.08	3520.08
35587 00	Surgery	39.14	39.14	2818.08	2818.08
35600 00	Surgery	5.45	5.45	392.40	392.40
35601 00	Surgery	41.27	41.27	2971.44	2971.44
35606 00	Surgery	34.44	34.44	2479.68	2479.68
35612 00	Surgery	30.76	30.76	2214.72	2214.72
35616 00	Surgery	32.38	32.38	2331.36	2331.36
35621 00	Surgery	32.10	32.10	2311.20	2311.20
35623 00	Surgery	38.63	38.63	2781.36	2781.36
35626 00	Surgery	46.96	46.96	3381.12	3381.12
35631 00	Surgery	54.10	54.10	3895.20	3895.20
35632 00	Surgery	52.98	52.98	3814.56	3814.56
35633 00	Surgery	57.91	57.91	4169.52	4169.52
35634 00	Surgery	51.85	51.85	3733.20	3733.20
35636 00	Surgery	46.81	46.81	3370.32	3370.32
35637 00	Surgery	48.67	48.67	3504.24	3504.24
35638 00	Surgery	51.19	51.19	3685.68	3685.68
35642 00	Surgery	29.14	29.14	2098.08	2098.08
35645 00	Surgery	27.87	27.87	2006.64	2006.64
35646 00	Surgery	49.85	49.85	3589.20	3589.20
35647 00	Surgery	44.99	44.99	3239.28	3239.28
35650 00	Surgery	30.02	30.02	2161.44	2161.44
35654 00	Surgery	40.05	40.05	2883.60	2883.60
35656 00	Surgery	31.40	31.40	2260.80	2260.80
35661 00	Surgery	31.76	31.76	2286.72	2286.72
35663 00	Surgery	35.82	35.82	2579.04	2579.04
35665 00	Surgery	34.37	34.37	2474.64	2474.64

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE**

**Surgery Codes 2025**

**Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
35666 00	Surgery	37.66	37.66	2711.52	2711.52
35671 00	Surgery	33.04	33.04	2378.88	2378.88
35681 00	Surgery	2.32	2.32	167.04	167.04
35682 00	Surgery	10.27	10.27	739.44	739.44
35683 00	Surgery	11.97	11.97	861.84	861.84
35685 00	Surgery	5.79	5.79	416.88	416.88
35686 00	Surgery	4.70	4.70	338.40	338.40
35691 00	Surgery	27.83	27.83	2003.76	2003.76
35693 00	Surgery	24.70	24.70	1778.40	1778.40
35694 00	Surgery	29.08	29.08	2093.76	2093.76
35695 00	Surgery	30.17	30.17	2172.24	2172.24
35697 00	Surgery	4.28	4.28	308.16	308.16
35700 00	Surgery	4.43	4.43	318.96	318.96
35701 00	Surgery	13.11	13.11	943.92	943.92
35702 00	Surgery	12.18	12.18	876.96	876.96
35703 00	Surgery	12.36	12.36	889.92	889.92
35800 00	Surgery	22.03	22.03	1586.16	1586.16
35820 00	Surgery	59.49	59.49	4283.28	4283.28
35840 00	Surgery	36.50	36.50	2628.00	2628.00
35860 00	Surgery	24.95	24.95	1796.40	1796.40
35870 00	Surgery	36.67	36.67	2640.24	2640.24
35875 00	Surgery	17.36	17.36	1249.92	1249.92
35876 00	Surgery	27.65	27.65	1990.80	1990.80
35879 00	Surgery	27.08	27.08	1949.76	1949.76
35881 00	Surgery	30.04	30.04	2162.88	2162.88
35883 00	Surgery	34.98	34.98	2518.56	2518.56
35884 00	Surgery	36.36	36.36	2617.92	2617.92
35901 00	Surgery	14.13	14.13	1017.36	1017.36
35903 00	Surgery	16.60	16.60	1195.20	1195.20
35905 00	Surgery	49.29	49.29	3548.88	3548.88
35907 00	Surgery	56.06	56.06	4036.32	4036.32
36000 00	Surgery	0.00	0.00	Bundled Code	Bundled Code
36002 00	Surgery	4.61	3.07	331.92	221.04
36005 00	Surgery	7.22	1.40	519.84	100.80
36010 00	Surgery	15.20	3.16	1094.40	227.52
36011 00	Surgery	22.89	4.58	1648.08	329.76
36012 00	Surgery	23.87	5.14	1718.64	370.08
36013 00	Surgery	22.12	3.70	1592.64	266.40
36014 00	Surgery	22.36	4.46	1609.92	321.12
36015 00	Surgery	24.00	5.07	1728.00	365.04
36100 00	Surgery	15.74	4.48	1133.28	322.56
36140 00	Surgery	14.49	2.60	1043.28	187.20
36160 00	Surgery	16.07	3.61	1157.04	259.92
36200 00	Surgery	16.85	4.10	1213.20	295.20
36215 00	Surgery	29.81	6.28	2146.32	452.16
36216 00	Surgery	30.75	8.02	2214.00	577.44

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
36217 00	Surgery	53.74	9.97	3869.28	717.84
36218 00	Surgery	6.13	1.55	441.36	111.60
36221 00	Surgery	28.10	5.87	2023.20	422.64
36222 00	Surgery	35.68	8.45	2568.96	608.40
36223 00	Surgery	49.51	9.83	3564.72	707.76
36224 00	Surgery	60.32	11.04	4343.04	794.88
36225 00	Surgery	47.00	9.77	3384.00	703.44
36226 00	Surgery	58.81	10.96	4234.32	789.12
36227 00	Surgery	7.28	3.61	524.16	259.92
36228 00	Surgery	38.65	7.48	2782.80	538.56
36245 00	Surgery	35.37	6.93	2546.64	498.96
36246 00	Surgery	23.79	7.38	1712.88	531.36
36247 00	Surgery	40.49	8.71	2915.28	627.12
36248 00	Surgery	3.39	1.42	244.08	102.24
36251 00	Surgery	36.56	7.46	2632.32	537.12
36252 00	Surgery	39.75	10.45	2862.00	752.40
36253 00	Surgery	57.45	10.35	4136.40	745.20
36254 00	Surgery	55.77	12.22	4015.44	879.84
36260 00	Surgery	19.90	19.90	1432.80	1432.80
36261 00	Surgery	12.57	12.57	905.04	905.04
36262 00	Surgery	9.60	9.60	691.20	691.20
36299 00	Surgery	0.00	0.00	BR	BR
36400 00	Surgery	0.82	0.55	59.04	39.60
36405 00	Surgery	0.71	0.44	51.12	31.68
36406 00	Surgery	0.53	0.26	38.16	18.72
36410 00	Surgery	0.54	0.27	38.88	19.44
36415 00	Surgery	0.28	0.28	20.23	20.23
36416 00	Surgery	0.00	0.00	Bundled Code	Bundled Code
36420 00	Surgery	1.40	1.40	100.80	100.80
36425 00	Surgery	1.17	1.17	84.24	84.24
36430 00	Surgery	1.29	1.29	92.88	92.88
36440 00	Surgery	1.46	1.46	105.12	105.12
36450 00	Surgery	4.99	4.99	359.28	359.28
36455 00	Surgery	3.71	3.71	267.12	267.12
36456 00	Surgery	2.87	2.87	206.64	206.64
36460 00	Surgery	10.23	10.23	736.56	736.56
36465 00	Surgery	36.58	3.54	2633.76	254.88
36466 00	Surgery	38.39	4.47	2764.08	321.84
36468 00	Surgery	-	-	292.32	292.32
36470 00	Surgery	3.46	1.14	249.12	82.08
36471 00	Surgery	5.93	2.23	426.96	160.56
36473 00	Surgery	33.90	5.32	2440.80	383.04
36474 00	Surgery	7.33	2.64	527.76	190.08
36475 00	Surgery	30.60	8.16	2203.20	587.52
36476 00	Surgery	8.21	3.93	591.12	282.96
36478 00	Surgery	28.21	8.18	2031.12	588.96

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
36479 00	Surgery	8.90	3.99	640.80	287.28
36481 00	Surgery	49.53	9.52	3566.16	685.44
36482 00	Surgery	47.33	5.28	3407.76	380.16
36483 00	Surgery	4.12	2.61	296.64	187.92
36500 00	Surgery	5.38	5.38	387.36	387.36
36510 00	Surgery	2.56	1.55	184.32	111.60
36511 00	Surgery	3.31	3.31	238.32	238.32
36512 00	Surgery	3.14	3.14	226.08	226.08
36513 00	Surgery	3.21	3.21	231.12	231.12
36514 00	Surgery	20.51	2.77	1476.72	199.44
36516 00	Surgery	64.09	2.62	4614.48	188.64
36522 00	Surgery	39.28	2.86	2828.16	205.92
36555 00	Surgery	5.51	2.49	396.72	179.28
36556 00	Surgery	6.22	2.49	447.84	179.28
36557 00	Surgery	33.10	9.68	2383.20	696.96
36558 00	Surgery	23.58	7.68	1697.76	552.96
36560 00	Surgery	35.37	11.55	2546.64	831.60
36561 00	Surgery	27.82	9.84	2003.04	708.48
36563 00	Surgery	31.20	10.81	2246.40	778.32
36565 00	Surgery	23.80	10.03	1713.60	722.16
36566 00	Surgery	116.08	10.59	8357.76	762.48
36568 00	Surgery	2.74	2.74	197.28	197.28
36569 00	Surgery	2.81	2.81	202.32	202.32
36570 00	Surgery	41.40	10.02	2980.80	721.44
36571 00	Surgery	35.60	9.32	2563.20	671.04
36572 00	Surgery	10.94	2.40	787.68	172.80
36573 00	Surgery	10.98	2.46	790.56	177.12
36575 00	Surgery	4.17	0.99	300.24	71.28
36576 00	Surgery	9.97	5.44	717.84	391.68
36578 00	Surgery	12.25	5.99	882.00	431.28
36580 00	Surgery	5.46	1.91	393.12	137.52
36581 00	Surgery	22.01	5.42	1584.72	390.24
36582 00	Surgery	25.04	8.52	1802.88	613.44
36583 00	Surgery	32.85	9.92	2365.20	714.24
36584 00	Surgery	9.34	1.74	672.48	125.28
36585 00	Surgery	38.90	9.17	2800.80	660.24
36589 00	Surgery	4.91	4.06	353.52	292.32
36590 00	Surgery	6.63	5.65	477.36	406.80
36591 00	Surgery	0.83	0.83	59.76	59.76
36592 00	Surgery	0.89	0.89	64.08	64.08
36593 00	Surgery	1.04	1.04	74.88	74.88
36595 00	Surgery	17.03	5.32	1226.16	383.04
36596 00	Surgery	3.42	1.36	246.24	97.92
36597 00	Surgery	3.27	1.78	235.44	128.16
36598 00	Surgery	3.48	1.04	250.56	74.88
36600 00	Surgery	0.82	0.44	59.04	31.68
36620 00	Surgery	1.29	1.29	92.88	92.88

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
36625 00	Surgery	3.10	3.10	223.20	223.20
36640 00	Surgery	3.49	3.49	251.28	251.28
36660 00	Surgery	2.01	2.01	144.72	144.72
36680 00	Surgery	1.78	1.78	128.16	128.16
36800 00	Surgery	3.56	3.56	256.32	256.32
36810 00	Surgery	5.71	5.71	411.12	411.12
36815 00	Surgery	3.99	3.99	287.28	287.28
36818 00	Surgery	20.27	20.27	1459.44	1459.44
36819 00	Surgery	21.43	21.43	1542.96	1542.96
36820 00	Surgery	21.47	21.47	1545.84	1545.84
36821 00	Surgery	19.41	19.41	1397.52	1397.52
36823 00	Surgery	42.31	42.31	3046.32	3046.32
36825 00	Surgery	23.31	23.31	1678.32	1678.32
36830 00	Surgery	19.63	19.63	1413.36	1413.36
36831 00	Surgery	18.21	18.21	1311.12	1311.12
36832 00	Surgery	22.25	22.25	1602.00	1602.00
36833 00	Surgery	23.74	23.74	1709.28	1709.28
36835 00	Surgery	14.48	14.48	1042.56	1042.56
36836 00	Surgery	228.21	10.46	16431.12	753.12
36837 00	Surgery	271.02	13.48	19513.44	970.56
36838 00	Surgery	33.50	33.50	2412.00	2412.00
36860 00	Surgery	6.95	3.28	500.40	236.16
36861 00	Surgery	4.10	4.10	295.20	295.20
36901 00	Surgery	20.21	4.94	1455.12	355.68
36902 00	Surgery	34.41	7.01	2477.52	504.72
36903 00	Surgery	118.86	9.22	8557.92	663.84
36904 00	Surgery	51.53	10.76	3710.16	774.72
36905 00	Surgery	64.53	12.95	4646.16	932.40
36906 00	Surgery	151.63	14.91	10917.36	1073.52
36907 00	Surgery	16.85	4.30	1213.20	309.60
36908 00	Surgery	40.13	6.07	2889.36	437.04
36909 00	Surgery	53.14	5.86	3826.08	421.92
37140 00	Surgery	69.61	69.61	5011.92	5011.92
37145 00	Surgery	64.61	64.61	4651.92	4651.92
37160 00	Surgery	66.34	66.34	4776.48	4776.48
37180 00	Surgery	63.78	63.78	4592.16	4592.16
37181 00	Surgery	69.61	69.61	5011.92	5011.92
37182 00	Surgery	23.82	23.82	1715.04	1715.04
37183 00	Surgery	163.70	10.92	11786.40	786.24
37184 00	Surgery	48.75	12.62	3510.00	908.64
37185 00	Surgery	13.64	4.76	982.08	342.72
37186 00	Surgery	33.84	7.16	2436.48	515.52
37187 00	Surgery	47.89	11.53	3448.08	830.16
37188 00	Surgery	41.13	8.28	2961.36	596.16
37191 00	Surgery	57.00	6.46	4104.00	465.12
37192 00	Surgery	36.58	10.09	2633.76	726.48
37193 00	Surgery	42.80	10.14	3081.60	730.08

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
37195 00	Surgery	-	-	1581.84	1581.84
37197 00	Surgery	44.16	8.80	3179.52	633.60
37200 00	Surgery	6.32	6.32	455.04	455.04
37211 00	Surgery	11.32	11.32	815.04	815.04
37212 00	Surgery	9.89	9.89	712.08	712.08
37213 00	Surgery	6.76	6.76	486.72	486.72
37214 00	Surgery	3.59	3.59	258.48	258.48
37215 00	Surgery	29.01	29.01	2088.72	2088.72
37216 00	Surgery	29.28	29.28	2108.16	2108.16
37217 00	Surgery	31.80	31.80	2289.60	2289.60
37218 00	Surgery	24.43	24.43	1758.96	1758.96
37220 00	Surgery	70.74	11.67	5093.28	840.24
37221 00	Surgery	86.59	14.37	6234.48	1034.64
37222 00	Surgery	17.71	5.42	1275.12	390.24
37223 00	Surgery	35.73	6.18	2572.56	444.96
37224 00	Surgery	82.02	12.96	5905.44	933.12
37225 00	Surgery	244.26	17.39	17586.72	1252.08
37226 00	Surgery	226.06	15.13	16276.32	1089.36
37227 00	Surgery	311.96	20.86	22461.12	1501.92
37228 00	Surgery	116.00	15.78	8352.00	1136.16
37229 00	Surgery	249.50	20.19	17964.00	1453.68
37230 00	Surgery	249.67	20.27	17976.24	1459.44
37231 00	Surgery	327.58	21.60	23585.76	1555.20
37232 00	Surgery	23.23	5.80	1672.56	417.60
37233 00	Surgery	30.26	9.39	2178.72	676.08
37234 00	Surgery	101.51	8.21	7308.72	591.12
37235 00	Surgery	112.49	10.89	8099.28	784.08
37236 00	Surgery	77.46	12.88	5577.12	927.36
37237 00	Surgery	36.59	6.17	2634.48	444.24
37238 00	Surgery	96.98	8.98	6982.56	646.56
37239 00	Surgery	48.55	4.42	3495.60	318.24
37241 00	Surgery	129.78	12.48	9344.16	898.56
37242 00	Surgery	199.91	13.89	14393.52	1000.08
37243 00	Surgery	242.41	16.40	17453.52	1180.80
37244 00	Surgery	185.27	19.29	13339.44	1388.88
37246 00	Surgery	51.23	10.20	3688.56	734.40
37247 00	Surgery	17.41	5.09	1253.52	366.48
37248 00	Surgery	38.35	8.68	2761.20	624.96
37249 00	Surgery	12.74	4.29	917.28	308.88
37252 00	Surgery	26.60	2.61	1915.20	187.92
37253 00	Surgery	5.08	2.08	365.76	149.76
37500 00	Surgery	18.63	18.63	1341.36	1341.36
37501 00	Surgery	0.00	0.00	BR	BR
37565 00	Surgery	21.75	21.75	1566.00	1566.00
37600 00	Surgery	22.53	22.53	1622.16	1622.16
37605 00	Surgery	21.76	21.76	1566.72	1566.72
37606 00	Surgery	22.53	22.53	1622.16	1622.16

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
37607 00	Surgery	11.10	11.10	799.20	799.20
37609 00	Surgery	9.17	6.10	660.24	439.20
37615 00	Surgery	15.54	15.54	1118.88	1118.88
37616 00	Surgery	34.15	34.15	2458.80	2458.80
37617 00	Surgery	39.39	39.39	2836.08	2836.08
37618 00	Surgery	11.72	11.72	843.84	843.84
37619 00	Surgery	51.76	51.76	3726.72	3726.72
37650 00	Surgery	13.63	13.63	981.36	981.36
37660 00	Surgery	39.52	39.52	2845.44	2845.44
37700 00	Surgery	7.30	7.30	525.60	525.60
37718 00	Surgery	11.68	11.68	840.96	840.96
37722 00	Surgery	13.58	13.58	977.76	977.76
37735 00	Surgery	17.21	17.21	1239.12	1239.12
37760 00	Surgery	17.05	17.05	1227.60	1227.60
37761 00	Surgery	15.78	15.78	1136.16	1136.16
37765 00	Surgery	12.29	7.96	884.88	573.12
37766 00	Surgery	14.58	9.82	1049.76	707.04
37780 00	Surgery	7.04	7.04	506.88	506.88
37785 00	Surgery	10.19	7.50	733.68	540.00
37788 00	Surgery	37.72	37.72	2715.84	2715.84
37790 00	Surgery	14.63	14.63	1053.36	1053.36
37799 00	Surgery	0.00	0.00	BR	BR
38100 00	Surgery	34.64	34.64	2494.08	2494.08
38101 00	Surgery	35.11	35.11	2527.92	2527.92
38102 00	Surgery	7.82	7.82	563.04	563.04
38115 00	Surgery	38.90	38.90	2800.80	2800.80
38120 00	Surgery	32.03	32.03	2306.16	2306.16
38129 00	Surgery	0.00	0.00	BR	BR
38200 00	Surgery	3.84	3.84	276.48	276.48
38204 00	Surgery	0.00	0.00	Bundled Code	Bundled Code
38205 00	Surgery	2.48	2.48	178.56	178.56
38206 00	Surgery	2.44	2.44	175.68	175.68
38207 00	Surgery	1.32	1.32	95.04	95.04
38208 00	Surgery	0.83	0.83	59.76	59.76
38209 00	Surgery	0.35	0.35	25.20	25.20
38210 00	Surgery	2.35	2.35	169.20	169.20
38211 00	Surgery	2.14	2.14	154.08	154.08
38212 00	Surgery	1.41	1.41	101.52	101.52
38213 00	Surgery	0.35	0.35	25.20	25.20
38214 00	Surgery	1.20	1.20	86.40	86.40
38215 00	Surgery	1.41	1.41	101.52	101.52
38220 00	Surgery	4.72	2.01	339.84	144.72
38221 00	Surgery	4.82	2.07	347.04	149.04
38222 00	Surgery	5.23	2.22	376.56	159.84
38225 00	Surgery	-	-	208.80	208.80
38226 00	Surgery	-	-	84.24	84.24

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
38227 00	Surgery	-	-	84.96	84.96
38228 00	Surgery	8.66	5.27	623.52	379.44
38230 00	Surgery	6.06	6.06	436.32	436.32
38232 00	Surgery	5.57	5.57	401.04	401.04
38240 00	Surgery	7.21	7.21	519.12	519.12
38241 00	Surgery	5.32	5.32	383.04	383.04
38242 00	Surgery	3.76	3.76	270.72	270.72
38243 00	Surgery	3.70	3.70	266.40	266.40
38300 00	Surgery	10.13	6.42	729.36	462.24
38305 00	Surgery	15.12	15.12	1088.64	1088.64
38308 00	Surgery	14.34	14.34	1032.48	1032.48
38380 00	Surgery	17.60	17.60	1267.20	1267.20
38381 00	Surgery	24.25	24.25	1746.00	1746.00
38382 00	Surgery	20.52	20.52	1477.44	1477.44
38500 00	Surgery	10.12	7.73	728.64	556.56
38505 00	Surgery	5.15	2.55	370.80	183.60
38510 00	Surgery	15.87	12.65	1142.64	910.80
38520 00	Surgery	14.25	14.25	1026.00	1026.00
38525 00	Surgery	13.43	13.43	966.96	966.96
38530 00	Surgery	17.31	17.31	1246.32	1246.32
38531 00	Surgery	13.59	13.59	978.48	978.48
38542 00	Surgery	15.86	15.86	1141.92	1141.92
38550 00	Surgery	15.96	15.96	1149.12	1149.12
38555 00	Surgery	31.11	31.11	2239.92	2239.92
38562 00	Surgery	21.45	21.45	1544.40	1544.40
38564 00	Surgery	21.26	21.26	1530.72	1530.72
38570 00	Surgery	15.59	15.59	1122.48	1122.48
38571 00	Surgery	19.89	19.89	1432.08	1432.08
38572 00	Surgery	26.99	26.99	1943.28	1943.28
38573 00	Surgery	35.49	35.49	2555.28	2555.28
38589 00	Surgery	0.00	0.00	BR	BR
38700 00	Surgery	24.40	24.40	1756.80	1756.80
38720 00	Surgery	40.57	40.57	2921.04	2921.04
38724 00	Surgery	43.75	43.75	3150.00	3150.00
38740 00	Surgery	21.33	21.33	1535.76	1535.76
38745 00	Surgery	26.79	26.79	1928.88	1928.88
38746 00	Surgery	6.30	6.30	453.60	453.60
38747 00	Surgery	7.93	7.93	570.96	570.96
38760 00	Surgery	25.31	25.31	1822.32	1822.32
38765 00	Surgery	39.55	39.55	2847.60	2847.60
38770 00	Surgery	24.25	24.25	1746.00	1746.00
38780 00	Surgery	31.86	31.86	2293.92	2293.92
38790 00	Surgery	2.47	2.47	177.84	177.84
38792 00	Surgery	2.46	0.95	177.12	68.40
38794 00	Surgery	8.48	8.48	610.56	610.56
38900 00	Surgery	4.11	4.11	295.92	295.92
38999 00	Surgery	0.00	0.00	BR	BR

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
39000 00	Surgery	15.21	15.21	1095.12	1095.12
39010 00	Surgery	23.60	23.60	1699.20	1699.20
39200 00	Surgery	25.90	25.90	1864.80	1864.80
39220 00	Surgery	33.95	33.95	2444.40	2444.40
39401 00	Surgery	9.18	9.18	660.96	660.96
39402 00	Surgery	11.97	11.97	861.84	861.84
39499 00	Surgery	0.00	0.00	BR	BR
39501 00	Surgery	25.62	25.62	1844.64	1844.64
39503 00	Surgery	171.28	171.28	12332.16	12332.16
39540 00	Surgery	25.92	25.92	1866.24	1866.24
39541 00	Surgery	28.15	28.15	2026.80	2026.80
39545 00	Surgery	26.85	26.85	1933.20	1933.20
39560 00	Surgery	24.21	24.21	1743.12	1743.12
39561 00	Surgery	37.83	37.83	2723.76	2723.76
39599 00	Surgery	0.00	0.00	BR	BR
40490 00	Surgery	3.66	2.08	263.52	149.76
40500 00	Surgery	15.87	11.27	1142.64	811.44
40510 00	Surgery	14.71	10.63	1059.12	765.36
40520 00	Surgery	15.21	10.92	1095.12	786.24
40525 00	Surgery	16.70	16.70	1202.40	1202.40
40527 00	Surgery	19.06	19.06	1372.32	1372.32
40530 00	Surgery	16.77	12.33	1207.44	887.76
40650 00	Surgery	14.55	9.73	1047.60	700.56
40652 00	Surgery	15.71	11.09	1131.12	798.48
40654 00	Surgery	17.74	13.03	1277.28	938.16
40700 00	Surgery	30.59	30.59	2202.48	2202.48
40701 00	Surgery	36.03	36.03	2594.16	2594.16
40702 00	Surgery	30.32	30.32	2183.04	2183.04
40720 00	Surgery	31.10	31.10	2239.20	2239.20
40761 00	Surgery	32.66	32.66	2351.52	2351.52
40799 00	Surgery	0.00	0.00	BR	BR
40800 00	Surgery	6.12	3.65	440.64	262.80
40801 00	Surgery	8.88	6.12	639.36	440.64
40804 00	Surgery	5.92	3.59	426.24	258.48
40805 00	Surgery	8.65	6.07	622.80	437.04
40806 00	Surgery	3.01	0.91	216.72	65.52
40808 00	Surgery	5.05	2.73	363.60	196.56
40810 00	Surgery	6.44	3.71	463.68	267.12
40812 00	Surgery	8.28	5.51	596.16	396.72
40814 00	Surgery	11.24	8.63	809.28	621.36
40816 00	Surgery	12.13	9.23	873.36	664.56
40818 00	Surgery	10.84	8.00	780.48	576.00
40819 00	Surgery	8.20	6.13	590.40	441.36
40820 00	Surgery	7.63	4.97	549.36	357.84
40830 00	Surgery	6.76	4.45	486.72	320.40
40831 00	Surgery	8.95	6.15	644.40	442.80
40840 00	Surgery	25.80	19.07	1857.60	1373.04

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
40842 00	Surgery	24.93	18.60	1794.96	1339.20
40843 00	Surgery	36.19	26.40	2605.68	1900.80
40844 00	Surgery	45.51	35.75	3276.72	2574.00
40845 00	Surgery	44.52	36.45	3205.44	2624.40
40899 00	Surgery	0.00	0.00	BR	BR
41000 00	Surgery	4.45	3.25	320.40	234.00
41005 00	Surgery	6.82	3.58	491.04	257.76
41006 00	Surgery	10.28	7.11	740.16	511.92
41007 00	Surgery	9.95	6.80	716.40	489.60
41008 00	Surgery	12.04	7.99	866.88	575.28
41009 00	Surgery	12.77	8.73	919.44	628.56
41010 00	Surgery	6.36	3.32	457.92	239.04
41015 00	Surgery	12.11	9.15	871.92	658.80
41016 00	Surgery	13.98	10.47	1006.56	753.84
41017 00	Surgery	13.92	10.39	1002.24	748.08
41018 00	Surgery	15.83	12.16	1139.76	875.52
41019 00	Surgery	14.82	14.82	1067.04	1067.04
41100 00	Surgery	5.59	3.26	402.48	234.72
41105 00	Surgery	5.61	3.35	403.92	241.20
41108 00	Surgery	5.04	2.79	362.88	200.88
41110 00	Surgery	6.81	3.92	490.32	282.24
41112 00	Surgery	10.16	7.38	731.52	531.36
41113 00	Surgery	10.86	8.01	781.92	576.72
41114 00	Surgery	18.75	18.75	1350.00	1350.00
41115 00	Surgery	7.72	4.42	555.84	318.24
41116 00	Surgery	9.98	6.58	718.56	473.76
41120 00	Surgery	31.67	31.67	2280.24	2280.24
41130 00	Surgery	39.19	39.19	2821.68	2821.68
41135 00	Surgery	64.58	64.58	4649.76	4649.76
41140 00	Surgery	64.97	64.97	4677.84	4677.84
41145 00	Surgery	81.80	81.80	5889.60	5889.60
41150 00	Surgery	65.50	65.50	4716.00	4716.00
41153 00	Surgery	71.35	71.35	5137.20	5137.20
41155 00	Surgery	88.79	88.79	6392.88	6392.88
41250 00	Surgery	8.50	4.68	612.00	336.96
41251 00	Surgery	9.30	5.57	669.60	401.04
41252 00	Surgery	9.80	6.33	705.60	455.76
41510 00	Surgery	13.68	13.68	984.96	984.96
41512 00	Surgery	20.02	20.02	1441.44	1441.44
41520 00	Surgery	10.93	7.64	786.96	550.08
41530 00	Surgery	26.64	11.36	1918.08	817.92
41599 00	Surgery	0.00	0.00	BR	BR
41800 00	Surgery	9.03	4.81	650.16	346.32
41805 00	Surgery	9.07	5.83	653.04	419.76
41806 00	Surgery	12.09	8.25	870.48	594.00
41820 00	Surgery	-	-	701.28	701.28
41821 00	Surgery	-	-	229.68	229.68

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
41822 00	Surgery	10.68	6.19	768.96	445.68
41823 00	Surgery	15.95	11.25	1148.40	810.00
41825 00	Surgery	6.55	3.70	471.60	266.40
41826 00	Surgery	8.99	5.94	647.28	427.68
41827 00	Surgery	13.08	8.85	941.76	637.20
41828 00	Surgery	10.65	6.77	766.80	487.44
41830 00	Surgery	14.07	9.50	1013.04	684.00
41850 00	Surgery	-	-	442.80	442.80
41870 00	Surgery	-	-	820.80	820.80
41872 00	Surgery	14.21	9.34	1023.12	672.48
41874 00	Surgery	11.80	7.58	849.60	545.76
41899 00	Surgery	0.00	0.00	BR	BR
42000 00	Surgery	4.79	3.32	344.88	239.04
42100 00	Surgery	4.37	3.35	314.64	241.20
42104 00	Surgery	6.50	4.10	468.00	295.20
42106 00	Surgery	7.57	4.89	545.04	352.08
42107 00	Surgery	13.48	9.89	970.56	712.08
42120 00	Surgery	30.15	30.15	2170.80	2170.80
42140 00	Surgery	9.20	4.98	662.40	358.56
42145 00	Surgery	20.79	20.79	1496.88	1496.88
42160 00	Surgery	6.71	4.24	483.12	305.28
42180 00	Surgery	7.62	5.70	548.64	410.40
42182 00	Surgery	9.88	7.82	711.36	563.04
42200 00	Surgery	28.04	28.04	2018.88	2018.88
42205 00	Surgery	29.14	29.14	2098.08	2098.08
42210 00	Surgery	32.55	32.55	2343.60	2343.60
42215 00	Surgery	21.30	21.30	1533.60	1533.60
42220 00	Surgery	17.55	17.55	1263.60	1263.60
42225 00	Surgery	29.86	29.86	2149.92	2149.92
42226 00	Surgery	27.38	27.38	1971.36	1971.36
42227 00	Surgery	25.50	25.50	1836.00	1836.00
42235 00	Surgery	22.44	22.44	1615.68	1615.68
42260 00	Surgery	25.87	20.30	1862.64	1461.60
42280 00	Surgery	5.28	3.28	380.16	236.16
42281 00	Surgery	6.74	4.90	485.28	352.80
42299 00	Surgery	0.00	0.00	BR	BR
42300 00	Surgery	6.44	4.75	463.68	342.00
42305 00	Surgery	13.16	13.16	947.52	947.52
42310 00	Surgery	5.14	4.11	370.08	295.92
42320 00	Surgery	7.79	5.45	560.88	392.40
42330 00	Surgery	7.03	5.02	506.16	361.44
42335 00	Surgery	12.91	8.05	929.52	579.60
42340 00	Surgery	15.91	10.49	1145.52	755.28
42400 00	Surgery	2.82	1.59	203.04	114.48
42405 00	Surgery	9.18	6.89	660.96	496.08
42408 00	Surgery	16.23	10.62	1168.56	764.64
42409 00	Surgery	11.77	7.12	847.44	512.64

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
42410 00	Surgery	19.07	19.07	1373.04	1373.04
42415 00	Surgery	31.99	31.99	2303.28	2303.28
42420 00	Surgery	35.80	35.80	2577.60	2577.60
42425 00	Surgery	25.41	25.41	1829.52	1829.52
42426 00	Surgery	40.70	40.70	2930.40	2930.40
42440 00	Surgery	12.63	12.63	909.36	909.36
42450 00	Surgery	14.26	11.10	1026.72	799.20
42500 00	Surgery	13.55	10.51	975.60	756.72
42505 00	Surgery	17.34	13.90	1248.48	1000.80
42507 00	Surgery	14.92	14.92	1074.24	1074.24
42509 00	Surgery	24.62	24.62	1772.64	1772.64
42510 00	Surgery	18.35	18.35	1321.20	1321.20
42550 00	Surgery	4.51	1.83	324.72	131.76
42600 00	Surgery	16.32	10.85	1175.04	781.20
42650 00	Surgery	2.25	1.81	162.00	130.32
42660 00	Surgery	2.99	2.39	215.28	172.08
42665 00	Surgery	11.20	6.66	806.40	479.52
42699 00	Surgery	0.00	0.00	BR	BR
42700 00	Surgery	5.78	4.15	416.16	298.80
42720 00	Surgery	13.48	11.65	970.56	838.80
42725 00	Surgery	24.20	24.20	1742.40	1742.40
42800 00	Surgery	4.75	3.58	342.00	257.76
42804 00	Surgery	6.43	3.73	462.96	268.56
42806 00	Surgery	7.20	4.30	518.40	309.60
42808 00	Surgery	7.03	5.07	506.16	365.04
42809 00	Surgery	6.16	3.82	443.52	275.04
42810 00	Surgery	11.72	8.63	843.84	621.36
42815 00	Surgery	16.29	16.29	1172.88	1172.88
42820 00	Surgery	8.89	8.89	640.08	640.08
42821 00	Surgery	9.27	9.27	667.44	667.44
42825 00	Surgery	8.23	8.23	592.56	592.56
42826 00	Surgery	7.82	7.82	563.04	563.04
42830 00	Surgery	6.53	6.53	470.16	470.16
42831 00	Surgery	7.09	7.09	510.48	510.48
42835 00	Surgery	6.09	6.09	438.48	438.48
42836 00	Surgery	7.53	7.53	542.16	542.16
42842 00	Surgery	30.30	30.30	2181.60	2181.60
42844 00	Surgery	41.23	41.23	2968.56	2968.56
42845 00	Surgery	65.80	65.80	4737.60	4737.60
42860 00	Surgery	5.96	5.96	429.12	429.12
42870 00	Surgery	17.70	17.70	1274.40	1274.40
42890 00	Surgery	42.40	42.40	3052.80	3052.80
42892 00	Surgery	55.69	55.69	4009.68	4009.68
42894 00	Surgery	70.65	70.65	5086.80	5086.80
42900 00	Surgery	10.03	10.03	722.16	722.16
42950 00	Surgery	23.92	23.92	1722.24	1722.24
42953 00	Surgery	28.79	28.79	2072.88	2072.88

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
42955 00	Surgery	22.75	22.75	1638.00	1638.00
42960 00	Surgery	4.90	4.90	352.80	352.80
42961 00	Surgery	12.73	12.73	916.56	916.56
42962 00	Surgery	15.69	15.69	1129.68	1129.68
42970 00	Surgery	12.48	12.48	898.56	898.56
42971 00	Surgery	13.74	13.74	989.28	989.28
42972 00	Surgery	15.36	15.36	1105.92	1105.92
42975 00	Surgery	2.92	2.92	210.24	210.24
42999 00	Surgery	0.00	0.00	BR	BR
43020 00	Surgery	17.24	17.24	1241.28	1241.28
43030 00	Surgery	15.91	15.91	1145.52	1145.52
43045 00	Surgery	38.96	38.96	2805.12	2805.12
43100 00	Surgery	19.28	19.28	1388.16	1388.16
43101 00	Surgery	30.04	30.04	2162.88	2162.88
43107 00	Surgery	88.32	88.32	6359.04	6359.04
43108 00	Surgery	130.99	130.99	9431.28	9431.28
43112 00	Surgery	101.16	101.16	7283.52	7283.52
43113 00	Surgery	128.25	128.25	9234.00	9234.00
43116 00	Surgery	146.40	146.40	10540.80	10540.80
43117 00	Surgery	96.65	96.65	6958.80	6958.80
43118 00	Surgery	106.92	106.92	7698.24	7698.24
43121 00	Surgery	84.60	84.60	6091.20	6091.20
43122 00	Surgery	76.93	76.93	5538.96	5538.96
43123 00	Surgery	132.92	132.92	9570.24	9570.24
43124 00	Surgery	112.57	112.57	8105.04	8105.04
43130 00	Surgery	23.95	23.95	1724.40	1724.40
43135 00	Surgery	43.64	43.64	3142.08	3142.08
43180 00	Surgery	16.55	16.55	1191.60	1191.60
43191 00	Surgery	4.70	4.70	338.40	338.40
43192 00	Surgery	5.11	5.11	367.92	367.92
43193 00	Surgery	5.12	5.12	368.64	368.64
43194 00	Surgery	5.78	5.78	416.16	416.16
43195 00	Surgery	5.59	5.59	402.48	402.48
43196 00	Surgery	5.91	5.91	425.52	425.52
43197 00	Surgery	5.77	2.45	415.44	176.40
43198 00	Surgery	6.40	2.93	460.80	210.96
43200 00	Surgery	7.79	2.62	560.88	188.64
43201 00	Surgery	7.72	3.09	555.84	222.48
43202 00	Surgery	10.40	3.06	748.80	220.32
43204 00	Surgery	4.02	4.02	289.44	289.44
43205 00	Surgery	4.17	4.17	300.24	300.24
43206 00	Surgery	9.01	3.96	648.72	285.12
43210 00	Surgery	12.77	12.77	919.44	919.44
43211 00	Surgery	6.94	6.94	499.68	499.68
43212 00	Surgery	5.63	5.63	405.36	405.36
43213 00	Surgery	34.97	7.69	2517.84	553.68
43214 00	Surgery	5.82	5.82	419.04	419.04

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
43215 00	Surgery	11.54	4.22	830.88	303.84
43216 00	Surgery	11.94	3.98	859.68	286.56
43217 00	Surgery	12.34	4.75	888.48	342.00
43220 00	Surgery	25.60	3.53	1843.20	254.16
43226 00	Surgery	11.37	3.91	818.64	281.52
43227 00	Surgery	17.23	4.89	1240.56	352.08
43229 00	Surgery	20.48	5.82	1474.56	419.04
43231 00	Surgery	4.61	4.61	331.92	331.92
43232 00	Surgery	5.86	5.86	421.92	421.92
43233 00	Surgery	6.79	6.79	488.88	488.88
43235 00	Surgery	8.54	3.65	614.88	262.80
43236 00	Surgery	11.74	4.10	845.28	295.20
43237 00	Surgery	5.78	5.78	416.16	416.16
43238 00	Surgery	6.88	6.88	495.36	495.36
43239 00	Surgery	11.04	4.10	794.88	295.20
43240 00	Surgery	11.54	11.54	830.88	830.88
43241 00	Surgery	4.23	4.23	304.56	304.56
43242 00	Surgery	7.75	7.75	558.00	558.00
43243 00	Surgery	7.04	7.04	506.88	506.88
43244 00	Surgery	7.23	7.23	520.56	520.56
43245 00	Surgery	17.24	5.24	1241.28	377.28
43246 00	Surgery	5.94	5.94	427.68	427.68
43247 00	Surgery	11.33	5.23	815.76	376.56
43248 00	Surgery	12.15	4.92	874.80	354.24
43249 00	Surgery	30.64	4.55	2206.08	327.60
43250 00	Surgery	13.20	5.06	950.40	364.32
43251 00	Surgery	14.47	5.80	1041.84	417.60
43252 00	Surgery	10.11	4.98	727.92	358.56
43253 00	Surgery	7.76	7.76	558.72	558.72
43254 00	Surgery	7.98	7.98	574.56	574.56
43255 00	Surgery	18.15	5.93	1306.80	426.96
43257 00	Surgery	6.87	6.87	494.64	494.64
43259 00	Surgery	6.69	6.69	481.68	481.68
43260 00	Surgery	9.51	9.51	684.72	684.72
43261 00	Surgery	9.97	9.97	717.84	717.84
43262 00	Surgery	10.52	10.52	757.44	757.44
43263 00	Surgery	10.54	10.54	758.88	758.88
43264 00	Surgery	10.74	10.74	773.28	773.28
43265 00	Surgery	12.73	12.73	916.56	916.56
43266 00	Surgery	6.44	6.44	463.68	463.68
43270 00	Surgery	21.14	6.65	1522.08	478.80
43273 00	Surgery	3.51	3.51	252.72	252.72
43274 00	Surgery	13.62	13.62	980.64	980.64
43275 00	Surgery	11.09	11.09	798.48	798.48
43276 00	Surgery	14.17	14.17	1020.24	1020.24
43277 00	Surgery	11.15	11.15	802.80	802.80
43278 00	Surgery	12.75	12.75	918.00	918.00

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
43279 00	Surgery	38.54	38.54	2774.88	2774.88
43280 00	Surgery	32.49	32.49	2339.28	2339.28
43281 00	Surgery	46.10	46.10	3319.20	3319.20
43282 00	Surgery	51.96	51.96	3741.12	3741.12
43283 00	Surgery	4.67	4.67	336.24	336.24
43284 00	Surgery	19.82	19.82	1427.04	1427.04
43285 00	Surgery	20.35	20.35	1465.20	1465.20
43286 00	Surgery	94.76	94.76	6822.72	6822.72
43287 00	Surgery	105.29	105.29	7580.88	7580.88
43288 00	Surgery	111.16	111.16	8003.52	8003.52
43289 00	Surgery	0.00	0.00	BR	BR
43290 00	Surgery	72.45	5.31	5216.40	382.32
43291 00	Surgery	13.47	4.79	969.84	344.88
43300 00	Surgery	19.02	19.02	1369.44	1369.44
43305 00	Surgery	33.04	33.04	2378.88	2378.88
43310 00	Surgery	44.03	44.03	3170.16	3170.16
43312 00	Surgery	46.95	46.95	3380.40	3380.40
43313 00	Surgery	87.43	87.43	6294.96	6294.96
43314 00	Surgery	93.44	93.44	6727.68	6727.68
43320 00	Surgery	42.16	42.16	3035.52	3035.52
43325 00	Surgery	41.00	41.00	2952.00	2952.00
43327 00	Surgery	25.22	25.22	1815.84	1815.84
43328 00	Surgery	33.33	33.33	2399.76	2399.76
43330 00	Surgery	40.33	40.33	2903.76	2903.76
43331 00	Surgery	39.94	39.94	2875.68	2875.68
43332 00	Surgery	34.46	34.46	2481.12	2481.12
43333 00	Surgery	37.88	37.88	2727.36	2727.36
43334 00	Surgery	36.83	36.83	2651.76	2651.76
43335 00	Surgery	39.52	39.52	2845.44	2845.44
43336 00	Surgery	42.95	42.95	3092.40	3092.40
43337 00	Surgery	45.76	45.76	3294.72	3294.72
43338 00	Surgery	3.37	3.37	242.64	242.64
43340 00	Surgery	41.64	41.64	2998.08	2998.08
43341 00	Surgery	41.72	41.72	3003.84	3003.84
43351 00	Surgery	39.44	39.44	2839.68	2839.68
43352 00	Surgery	31.94	31.94	2299.68	2299.68
43360 00	Surgery	66.73	66.73	4804.56	4804.56
43361 00	Surgery	81.20	81.20	5846.40	5846.40
43400 00	Surgery	45.89	45.89	3304.08	3304.08
43405 00	Surgery	43.52	43.52	3133.44	3133.44
43410 00	Surgery	31.30	31.30	2253.60	2253.60
43415 00	Surgery	76.47	76.47	5505.84	5505.84
43420 00	Surgery	30.71	30.71	2211.12	2211.12
43425 00	Surgery	42.95	42.95	3092.40	3092.40
43450 00	Surgery	5.60	2.38	403.20	171.36
43453 00	Surgery	22.79	2.59	1640.88	186.48
43460 00	Surgery	6.30	6.30	453.60	453.60

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
43496 00	Surgery	0.00	0.00	BR	BR
43497 00	Surgery	23.57	23.57	1697.04	1697.04
43499 00	Surgery	0.00	0.00	BR	BR
43500 00	Surgery	23.86	23.86	1717.92	1717.92
43501 00	Surgery	40.59	40.59	2922.48	2922.48
43502 00	Surgery	46.00	46.00	3312.00	3312.00
43510 00	Surgery	28.81	28.81	2074.32	2074.32
43520 00	Surgery	21.63	21.63	1557.36	1557.36
43605 00	Surgery	25.58	25.58	1841.76	1841.76
43610 00	Surgery	29.45	29.45	2120.40	2120.40
43611 00	Surgery	37.06	37.06	2668.32	2668.32
43620 00	Surgery	59.62	59.62	4292.64	4292.64
43621 00	Surgery	68.37	68.37	4922.64	4922.64
43622 00	Surgery	69.39	69.39	4996.08	4996.08
43631 00	Surgery	43.77	43.77	3151.44	3151.44
43632 00	Surgery	61.24	61.24	4409.28	4409.28
43633 00	Surgery	57.92	57.92	4170.24	4170.24
43634 00	Surgery	63.86	63.86	4597.92	4597.92
43635 00	Surgery	3.36	3.36	241.92	241.92
43640 00	Surgery	36.03	36.03	2594.16	2594.16
43641 00	Surgery	36.43	36.43	2622.96	2622.96
43644 00	Surgery	52.35	52.35	3769.20	3769.20
43645 00	Surgery	55.81	55.81	4018.32	4018.32
43647 00	Surgery	-	-	1945.44	1945.44
43648 00	Surgery	-	-	1249.20	1249.20
43651 00	Surgery	20.00	20.00	1440.00	1440.00
43652 00	Surgery	23.25	23.25	1674.00	1674.00
43653 00	Surgery	17.60	17.60	1267.20	1267.20
43659 00	Surgery	0.00	0.00	BR	BR
43752 00	Surgery	1.19	1.19	85.68	85.68
43753 00	Surgery	0.64	0.64	46.08	46.08
43754 00	Surgery	6.89	1.16	496.08	83.52
43755 00	Surgery	5.93	1.80	426.96	129.60
43756 00	Surgery	7.92	1.51	570.24	108.72
43757 00	Surgery	10.67	2.30	768.24	165.60
43761 00	Surgery	3.67	3.08	264.24	221.76
43762 00	Surgery	6.57	1.12	473.04	80.64
43763 00	Surgery	9.70	2.63	698.40	189.36
43770 00	Surgery	34.07	34.07	2453.04	2453.04
43771 00	Surgery	38.63	38.63	2781.36	2781.36
43772 00	Surgery	28.76	28.76	2070.72	2070.72
43773 00	Surgery	38.63	38.63	2781.36	2781.36
43774 00	Surgery	29.10	29.10	2095.20	2095.20
43775 00	Surgery	33.17	33.17	2388.24	2388.24
43800 00	Surgery	28.09	28.09	2022.48	2022.48
43810 00	Surgery	30.75	30.75	2214.00	2214.00
43820 00	Surgery	40.60	40.60	2923.20	2923.20

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
43825 00	Surgery	39.62	39.62	2852.64	2852.64
43830 00	Surgery	21.29	21.29	1532.88	1532.88
43831 00	Surgery	18.54	18.54	1334.88	1334.88
43832 00	Surgery	31.63	31.63	2277.36	2277.36
43840 00	Surgery	41.04	41.04	2954.88	2954.88
43842 00	Surgery	34.59	34.59	2490.48	2490.48
43843 00	Surgery	38.80	38.80	2793.60	2793.60
43845 00	Surgery	59.17	59.17	4260.24	4260.24
43846 00	Surgery	49.85	49.85	3589.20	3589.20
43847 00	Surgery	54.52	54.52	3925.44	3925.44
43848 00	Surgery	58.27	58.27	4195.44	4195.44
43860 00	Surgery	49.30	49.30	3549.60	3549.60
43865 00	Surgery	51.47	51.47	3705.84	3705.84
43870 00	Surgery	21.44	21.44	1543.68	1543.68
43880 00	Surgery	48.43	48.43	3486.96	3486.96
43881 00	Surgery	-	-	3346.56	3346.56
43882 00	Surgery	0.00	0.00	BR	BR
43886 00	Surgery	11.25	11.25	810.00	810.00
43887 00	Surgery	10.19	10.19	733.68	733.68
43888 00	Surgery	14.20	14.20	1022.40	1022.40
43999 00	Surgery	0.00	0.00	BR	BR
44005 00	Surgery	32.89	32.89	2368.08	2368.08
44010 00	Surgery	25.43	25.43	1830.96	1830.96
44015 00	Surgery	4.20	4.20	302.40	302.40
44020 00	Surgery	29.44	29.44	2119.68	2119.68
44021 00	Surgery	29.41	29.41	2117.52	2117.52
44025 00	Surgery	29.65	29.65	2134.80	2134.80
44050 00	Surgery	28.28	28.28	2036.16	2036.16
44055 00	Surgery	44.95	44.95	3236.40	3236.40
44100 00	Surgery	3.14	3.14	226.08	226.08
44110 00	Surgery	25.62	25.62	1844.64	1844.64
44111 00	Surgery	29.48	29.48	2122.56	2122.56
44120 00	Surgery	36.80	36.80	2649.60	2649.60
44121 00	Surgery	7.17	7.17	516.24	516.24
44125 00	Surgery	35.40	35.40	2548.80	2548.80
44126 00	Surgery	74.25	74.25	5346.00	5346.00
44127 00	Surgery	85.64	85.64	6166.08	6166.08
44128 00	Surgery	7.25	7.25	522.00	522.00
44130 00	Surgery	39.68	39.68	2856.96	2856.96
44132 00	Surgery	0.00	0.00	BR	BR
44133 00	Surgery	0.00	0.00	BR	BR
44135 00	Surgery	0.00	0.00	BR	BR
44136 00	Surgery	0.00	0.00	BR	BR
44137 00	Surgery	0.00	0.00	BR	BR
44139 00	Surgery	3.58	3.58	257.76	257.76
44140 00	Surgery	40.38	40.38	2907.36	2907.36
44141 00	Surgery	54.27	54.27	3907.44	3907.44

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
44143 00	Surgery	49.50	49.50	3564.00	3564.00
44144 00	Surgery	52.87	52.87	3806.64	3806.64
44145 00	Surgery	49.40	49.40	3556.80	3556.80
44146 00	Surgery	62.79	62.79	4520.88	4520.88
44147 00	Surgery	58.01	58.01	4176.72	4176.72
44150 00	Surgery	55.53	55.53	3998.16	3998.16
44151 00	Surgery	64.49	64.49	4643.28	4643.28
44155 00	Surgery	61.78	61.78	4448.16	4448.16
44156 00	Surgery	68.93	68.93	4962.96	4962.96
44157 00	Surgery	65.59	65.59	4722.48	4722.48
44158 00	Surgery	67.21	67.21	4839.12	4839.12
44160 00	Surgery	37.37	37.37	2690.64	2690.64
44180 00	Surgery	27.80	27.80	2001.60	2001.60
44186 00	Surgery	19.71	19.71	1419.12	1419.12
44187 00	Surgery	32.68	32.68	2352.96	2352.96
44188 00	Surgery	36.39	36.39	2620.08	2620.08
44202 00	Surgery	41.71	41.71	3003.12	3003.12
44203 00	Surgery	7.15	7.15	514.80	514.80
44204 00	Surgery	46.00	46.00	3312.00	3312.00
44205 00	Surgery	39.95	39.95	2876.40	2876.40
44206 00	Surgery	51.99	51.99	3743.28	3743.28
44207 00	Surgery	54.03	54.03	3890.16	3890.16
44208 00	Surgery	58.73	58.73	4228.56	4228.56
44210 00	Surgery	52.79	52.79	3800.88	3800.88
44211 00	Surgery	62.89	62.89	4528.08	4528.08
44212 00	Surgery	60.52	60.52	4357.44	4357.44
44213 00	Surgery	5.54	5.54	398.88	398.88
44227 00	Surgery	49.56	49.56	3568.32	3568.32
44238 00	Surgery	0.00	0.00	BR	BR
44300 00	Surgery	25.42	25.42	1830.24	1830.24
44310 00	Surgery	31.26	31.26	2250.72	2250.72
44312 00	Surgery	18.05	18.05	1299.60	1299.60
44314 00	Surgery	30.17	30.17	2172.24	2172.24
44316 00	Surgery	42.68	42.68	3072.96	3072.96
44320 00	Surgery	36.13	36.13	2601.36	2601.36
44322 00	Surgery	30.28	30.28	2180.16	2180.16
44340 00	Surgery	19.01	19.01	1368.72	1368.72
44345 00	Surgery	31.67	31.67	2280.24	2280.24
44346 00	Surgery	35.61	35.61	2563.92	2563.92
44360 00	Surgery	4.25	4.25	306.00	306.00
44361 00	Surgery	4.70	4.70	338.40	338.40
44363 00	Surgery	5.66	5.66	407.52	407.52
44364 00	Surgery	6.04	6.04	434.88	434.88
44365 00	Surgery	5.39	5.39	388.08	388.08
44366 00	Surgery	7.08	7.08	509.76	509.76
44369 00	Surgery	7.25	7.25	522.00	522.00
44370 00	Surgery	7.88	7.88	567.36	567.36

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
44372 00	Surgery	7.10	7.10	511.20	511.20
44373 00	Surgery	5.70	5.70	410.40	410.40
44376 00	Surgery	8.39	8.39	604.08	604.08
44377 00	Surgery	8.80	8.80	633.60	633.60
44378 00	Surgery	11.33	11.33	815.76	815.76
44379 00	Surgery	12.06	12.06	868.32	868.32
44380 00	Surgery	5.88	1.73	423.36	124.56
44381 00	Surgery	27.63	2.51	1989.36	180.72
44382 00	Surgery	8.69	2.21	625.68	159.12
44384 00	Surgery	4.54	4.54	326.88	326.88
44385 00	Surgery	6.45	2.17	464.40	156.24
44386 00	Surgery	9.10	2.65	655.20	190.80
44388 00	Surgery	9.44	4.65	679.68	334.80
44389 00	Surgery	12.15	5.10	874.80	367.20
44390 00	Surgery	12.01	6.24	864.72	449.28
44391 00	Surgery	18.55	6.80	1335.60	489.60
44392 00	Surgery	11.60	5.94	835.20	427.68
44394 00	Surgery	12.97	6.67	933.84	480.24
44401 00	Surgery	66.68	7.15	4800.96	514.80
44402 00	Surgery	7.71	7.71	555.12	555.12
44403 00	Surgery	8.96	8.96	645.12	645.12
44404 00	Surgery	12.40	5.10	892.80	367.20
44405 00	Surgery	16.16	5.43	1163.52	390.96
44406 00	Surgery	6.79	6.79	488.88	488.88
44407 00	Surgery	8.13	8.13	585.36	585.36
44408 00	Surgery	6.85	6.85	493.20	493.20
44500 00	Surgery	0.57	0.57	41.04	41.04
44602 00	Surgery	42.16	42.16	3035.52	3035.52
44603 00	Surgery	48.52	48.52	3493.44	3493.44
44604 00	Surgery	31.67	31.67	2280.24	2280.24
44605 00	Surgery	38.71	38.71	2787.12	2787.12
44615 00	Surgery	32.24	32.24	2321.28	2321.28
44620 00	Surgery	25.98	25.98	1870.56	1870.56
44625 00	Surgery	30.29	30.29	2180.88	2180.88
44626 00	Surgery	47.58	47.58	3425.76	3425.76
44640 00	Surgery	41.83	41.83	3011.76	3011.76
44650 00	Surgery	43.04	43.04	3098.88	3098.88
44660 00	Surgery	40.14	40.14	2890.08	2890.08
44661 00	Surgery	46.24	46.24	3329.28	3329.28
44680 00	Surgery	32.51	32.51	2340.72	2340.72
44700 00	Surgery	29.93	29.93	2154.96	2154.96
44701 00	Surgery	5.07	5.07	365.04	365.04
44705 00	Surgery	3.39	2.14	244.08	154.08
44715 00	Surgery	0.00	0.00	BR	BR
44720 00	Surgery	8.15	8.15	586.80	586.80
44721 00	Surgery	11.42	11.42	822.24	822.24
44799 00	Surgery	0.00	0.00	BR	BR

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
44800 00	Surgery	23.48	23.48	1690.56	1690.56
44820 00	Surgery	25.79	25.79	1856.88	1856.88
44850 00	Surgery	22.65	22.65	1630.80	1630.80
44899 00	Surgery	0.00	0.00	BR	BR
44900 00	Surgery	23.74	23.74	1709.28	1709.28
44950 00	Surgery	19.42	19.42	1398.24	1398.24
44955 00	Surgery	2.49	2.49	179.28	179.28
44960 00	Surgery	26.50	26.50	1908.00	1908.00
44970 00	Surgery	18.29	18.29	1316.88	1316.88
44979 00	Surgery	0.00	0.00	BR	BR
45000 00	Surgery	13.01	13.01	936.72	936.72
45005 00	Surgery	9.57	5.12	689.04	368.64
45020 00	Surgery	17.43	17.43	1254.96	1254.96
45100 00	Surgery	9.24	9.24	665.28	665.28
45108 00	Surgery	11.45	11.45	824.40	824.40
45110 00	Surgery	54.19	54.19	3901.68	3901.68
45111 00	Surgery	32.59	32.59	2346.48	2346.48
45112 00	Surgery	54.05	54.05	3891.60	3891.60
45113 00	Surgery	55.50	55.50	3996.00	3996.00
45114 00	Surgery	54.69	54.69	3937.68	3937.68
45116 00	Surgery	46.10	46.10	3319.20	3319.20
45119 00	Surgery	55.88	55.88	4023.36	4023.36
45120 00	Surgery	48.27	48.27	3475.44	3475.44
45121 00	Surgery	52.62	52.62	3788.64	3788.64
45123 00	Surgery	33.37	33.37	2402.64	2402.64
45126 00	Surgery	81.41	81.41	5861.52	5861.52
45130 00	Surgery	32.51	32.51	2340.72	2340.72
45135 00	Surgery	38.82	38.82	2795.04	2795.04
45136 00	Surgery	53.14	53.14	3826.08	3826.08
45150 00	Surgery	12.94	12.94	931.68	931.68
45160 00	Surgery	31.10	31.10	2239.20	2239.20
45171 00	Surgery	18.71	18.71	1347.12	1347.12
45172 00	Surgery	24.87	24.87	1790.64	1790.64
45190 00	Surgery	21.07	21.07	1517.04	1517.04
45300 00	Surgery	3.88	1.46	279.36	105.12
45303 00	Surgery	26.90	2.56	1936.80	184.32
45305 00	Surgery	5.33	2.20	383.76	158.40
45307 00	Surgery	6.33	3.04	455.76	218.88
45308 00	Surgery	6.05	2.56	435.60	184.32
45309 00	Surgery	6.25	2.72	450.00	195.84
45315 00	Surgery	6.76	3.21	486.72	231.12
45317 00	Surgery	6.51	3.32	468.72	239.04
45320 00	Surgery	6.61	3.19	475.92	229.68
45321 00	Surgery	3.14	3.14	226.08	226.08
45327 00	Surgery	3.55	3.55	255.60	255.60
45330 00	Surgery	5.57	1.71	401.04	123.12
45331 00	Surgery	8.41	2.17	605.52	156.24

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
45332 00	Surgery	8.20	3.13	590.40	225.36
45333 00	Surgery	9.61	2.81	691.92	202.32
45334 00	Surgery	14.23	3.49	1024.56	251.28
45335 00	Surgery	8.55	2.02	615.60	145.44
45337 00	Surgery	3.39	3.39	244.08	244.08
45338 00	Surgery	8.86	3.58	637.92	257.76
45340 00	Surgery	13.18	2.32	948.96	167.04
45341 00	Surgery	3.68	3.68	264.96	264.96
45342 00	Surgery	5.04	5.04	362.88	362.88
45346 00	Surgery	64.40	4.75	4636.80	342.00
45347 00	Surgery	4.56	4.56	328.32	328.32
45349 00	Surgery	5.86	5.86	421.92	421.92
45350 00	Surgery	19.24	3.00	1385.28	216.00
45378 00	Surgery	10.13	5.48	729.36	394.56
45379 00	Surgery	12.88	7.05	927.36	507.60
45380 00	Surgery	12.82	5.96	923.04	429.12
45381 00	Surgery	13.07	5.96	941.04	429.12
45382 00	Surgery	19.38	7.65	1395.36	550.80
45384 00	Surgery	14.44	6.77	1039.68	487.44
45385 00	Surgery	13.46	7.51	969.12	540.72
45386 00	Surgery	17.75	6.29	1278.00	452.88
45388 00	Surgery	69.05	7.99	4971.60	575.28
45389 00	Surgery	8.54	8.54	614.88	614.88
45390 00	Surgery	9.80	9.80	705.60	705.60
45391 00	Surgery	7.61	7.61	547.92	547.92
45392 00	Surgery	8.97	8.97	645.84	645.84
45393 00	Surgery	7.42	7.42	534.24	534.24
45395 00	Surgery	58.30	58.30	4197.60	4197.60
45397 00	Surgery	63.20	63.20	4550.40	4550.40
45398 00	Surgery	23.74	6.97	1709.28	501.84
45399 00	Surgery	0.00	0.00	BR	BR
45400 00	Surgery	33.89	33.89	2440.08	2440.08
45402 00	Surgery	45.29	45.29	3260.88	3260.88
45499 00	Surgery	0.00	0.00	BR	BR
45500 00	Surgery	17.38	17.38	1251.36	1251.36
45505 00	Surgery	18.27	18.27	1315.44	1315.44
45520 00	Surgery	4.73	1.22	340.56	87.84
45540 00	Surgery	31.49	31.49	2267.28	2267.28
45541 00	Surgery	28.33	28.33	2039.76	2039.76
45550 00	Surgery	43.55	43.55	3135.60	3135.60
45560 00	Surgery	20.85	20.85	1501.20	1501.20
45562 00	Surgery	35.38	35.38	2547.36	2547.36
45563 00	Surgery	49.96	49.96	3597.12	3597.12
45800 00	Surgery	38.42	38.42	2766.24	2766.24
45805 00	Surgery	44.24	44.24	3185.28	3185.28
45820 00	Surgery	38.51	38.51	2772.72	2772.72
45825 00	Surgery	46.34	46.34	3336.48	3336.48

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
45900 00	Surgery	6.47	6.47	465.84	465.84
45905 00	Surgery	5.18	5.18	372.96	372.96
45910 00	Surgery	5.87	5.87	422.64	422.64
45915 00	Surgery	10.69	6.97	769.68	501.84
45990 00	Surgery	3.20	3.20	230.40	230.40
45999 00	Surgery	0.00	0.00	BR	BR
46020 00	Surgery	3.53	3.53	254.16	254.16
46030 00	Surgery	7.54	2.62	542.88	188.64
46040 00	Surgery	16.87	13.06	1214.64	940.32
46045 00	Surgery	13.40	13.40	964.80	964.80
46050 00	Surgery	7.04	3.10	506.88	223.20
46060 00	Surgery	14.87	14.87	1070.64	1070.64
46070 00	Surgery	8.34	8.34	600.48	600.48
46080 00	Surgery	8.59	4.80	618.48	345.60
46083 00	Surgery	6.20	3.36	446.40	241.92
46200 00	Surgery	14.35	10.36	1033.20	745.92
46220 00	Surgery	7.47	3.70	537.84	266.40
46221 00	Surgery	8.62	5.89	620.64	424.08
46230 00	Surgery	9.36	5.29	673.92	380.88
46250 00	Surgery	14.50	9.76	1044.00	702.72
46255 00	Surgery	15.67	10.79	1128.24	776.88
46257 00	Surgery	12.70	12.70	914.40	914.40
46258 00	Surgery	14.74	14.74	1061.28	1061.28
46260 00	Surgery	14.68	14.68	1056.96	1056.96
46261 00	Surgery	16.20	16.20	1166.40	1166.40
46262 00	Surgery	17.92	17.92	1290.24	1290.24
46270 00	Surgery	16.19	12.30	1165.68	885.60
46275 00	Surgery	17.06	12.91	1228.32	929.52
46280 00	Surgery	14.67	14.67	1056.24	1056.24
46285 00	Surgery	17.10	12.99	1231.20	935.28
46288 00	Surgery	17.02	17.02	1225.44	1225.44
46320 00	Surgery	6.36	3.44	457.92	247.68
46500 00	Surgery	9.39	5.59	676.08	402.48
46505 00	Surgery	9.41	7.54	677.52	542.88
46600 00	Surgery	3.43	1.25	246.96	90.00
46601 00	Surgery	4.46	2.81	321.12	202.32
46604 00	Surgery	18.31	1.98	1318.32	142.56
46606 00	Surgery	8.15	2.28	586.80	164.16
46607 00	Surgery	6.15	3.71	442.80	267.12
46608 00	Surgery	8.50	2.56	612.00	184.32
46610 00	Surgery	8.05	2.42	579.60	174.24
46611 00	Surgery	6.53	2.42	470.16	174.24
46612 00	Surgery	9.67	2.89	696.24	208.08
46614 00	Surgery	4.95	1.95	356.40	140.40
46615 00	Surgery	5.21	2.72	375.12	195.84
46700 00	Surgery	19.87	19.87	1430.64	1430.64
46705 00	Surgery	17.49	17.49	1259.28	1259.28

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
46706 00	Surgery	5.52	5.52	397.44	397.44
46707 00	Surgery	15.44	15.44	1111.68	1111.68
46710 00	Surgery	33.63	33.63	2421.36	2421.36
46712 00	Surgery	66.61	66.61	4795.92	4795.92
46715 00	Surgery	16.95	16.95	1220.40	1220.40
46716 00	Surgery	37.62	37.62	2708.64	2708.64
46730 00	Surgery	60.22	60.22	4335.84	4335.84
46735 00	Surgery	69.20	69.20	4982.40	4982.40
46740 00	Surgery	65.65	65.65	4726.80	4726.80
46742 00	Surgery	75.68	75.68	5448.96	5448.96
46744 00	Surgery	106.49	106.49	7667.28	7667.28
46746 00	Surgery	117.21	117.21	8439.12	8439.12
46748 00	Surgery	126.95	126.95	9140.40	9140.40
46750 00	Surgery	22.55	22.55	1623.60	1623.60
46751 00	Surgery	20.41	20.41	1469.52	1469.52
46753 00	Surgery	18.88	18.88	1359.36	1359.36
46754 00	Surgery	10.49	7.38	755.28	531.36
46760 00	Surgery	33.24	33.24	2393.28	2393.28
46761 00	Surgery	27.44	27.44	1975.68	1975.68
46900 00	Surgery	7.30	4.20	525.60	302.40
46910 00	Surgery	7.96	4.09	573.12	294.48
46916 00	Surgery	7.75	4.30	558.00	309.60
46917 00	Surgery	13.07	3.92	941.04	282.24
46922 00	Surgery	9.30	4.20	669.60	302.40
46924 00	Surgery	16.57	5.54	1193.04	398.88
46930 00	Surgery	6.65	4.67	478.80	336.24
46940 00	Surgery	7.95	4.38	572.40	315.36
46942 00	Surgery	7.53	3.93	542.16	282.96
46945 00	Surgery	10.40	10.40	748.80	748.80
46946 00	Surgery	11.57	11.57	833.04	833.04
46947 00	Surgery	11.82	11.82	851.04	851.04
46948 00	Surgery	13.46	13.46	969.12	969.12
46999 00	Surgery	0.00	0.00	BR	BR
47000 00	Surgery	8.79	2.59	632.88	186.48
47001 00	Surgery	3.11	3.11	223.92	223.92
47010 00	Surgery	36.64	36.64	2638.08	2638.08
47015 00	Surgery	35.20	35.20	2534.40	2534.40
47100 00	Surgery	25.69	25.69	1849.68	1849.68
47120 00	Surgery	70.20	70.20	5054.40	5054.40
47122 00	Surgery	102.93	102.93	7410.96	7410.96
47125 00	Surgery	92.36	92.36	6649.92	6649.92
47130 00	Surgery	99.02	99.02	7129.44	7129.44
47133 00	Surgery	-	-	8493.84	8493.84
47135 00	Surgery	162.61	162.61	11707.92	11707.92
47140 00	Surgery	107.73	107.73	7756.56	7756.56
47141 00	Surgery	128.62	128.62	9260.64	9260.64
47142 00	Surgery	141.58	141.58	10193.76	10193.76

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
47143 00	Surgery	-	-	1741.68	1741.68
47144 00	Surgery	-	-	1828.08	1828.08
47145 00	Surgery	-	-	2078.64	2078.64
47146 00	Surgery	9.75	9.75	702.00	702.00
47147 00	Surgery	11.40	11.40	820.80	820.80
47300 00	Surgery	34.24	34.24	2465.28	2465.28
47350 00	Surgery	41.01	41.01	2952.72	2952.72
47360 00	Surgery	56.35	56.35	4057.20	4057.20
47361 00	Surgery	90.23	90.23	6496.56	6496.56
47362 00	Surgery	42.74	42.74	3077.28	3077.28
47370 00	Surgery	37.90	37.90	2728.80	2728.80
47371 00	Surgery	38.03	38.03	2738.16	2738.16
47379 00	Surgery	0.00	0.00	BR	BR
47380 00	Surgery	43.58	43.58	3137.76	3137.76
47381 00	Surgery	44.70	44.70	3218.40	3218.40
47382 00	Surgery	104.18	21.73	7500.96	1564.56
47383 00	Surgery	169.07	13.39	12173.04	964.08
47399 00	Surgery	0.00	0.00	BR	BR
47400 00	Surgery	64.56	64.56	4648.32	4648.32
47420 00	Surgery	40.22	40.22	2895.84	2895.84
47425 00	Surgery	41.18	41.18	2964.96	2964.96
47460 00	Surgery	38.29	38.29	2756.88	2756.88
47480 00	Surgery	26.61	26.61	1915.92	1915.92
47490 00	Surgery	9.87	9.87	710.64	710.64
47531 00	Surgery	12.13	2.08	873.36	149.76
47532 00	Surgery	24.30	6.21	1749.60	447.12
47533 00	Surgery	33.43	7.71	2406.96	555.12
47534 00	Surgery	36.87	10.80	2654.64	777.60
47535 00	Surgery	25.55	5.74	1839.60	413.28
47536 00	Surgery	18.23	3.88	1312.56	279.36
47537 00	Surgery	14.07	2.83	1013.04	203.76
47538 00	Surgery	105.91	6.87	7625.52	494.64
47539 00	Surgery	118.29	12.37	8516.88	890.64
47540 00	Surgery	119.66	12.79	8615.52	920.88
47541 00	Surgery	33.77	9.82	2431.44	707.04
47542 00	Surgery	14.35	3.96	1033.20	285.12
47543 00	Surgery	11.34	4.17	816.48	300.24
47544 00	Surgery	23.94	4.57	1723.68	329.04
47550 00	Surgery	4.85	4.85	349.20	349.20
47552 00	Surgery	8.24	8.24	593.28	593.28
47553 00	Surgery	8.26	8.26	594.72	594.72
47554 00	Surgery	13.25	13.25	954.00	954.00
47555 00	Surgery	9.80	9.80	705.60	705.60
47556 00	Surgery	11.10	11.10	799.20	799.20
47562 00	Surgery	20.06	20.06	1444.32	1444.32
47563 00	Surgery	21.81	21.81	1570.32	1570.32
47564 00	Surgery	33.87	33.87	2438.64	2438.64

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
47570 00	Surgery	23.51	23.51	1692.72	1692.72
47579 00	Surgery	0.00	0.00	BR	BR
47600 00	Surgery	32.40	32.40	2332.80	2332.80
47605 00	Surgery	34.07	34.07	2453.04	2453.04
47610 00	Surgery	37.86	37.86	2725.92	2725.92
47612 00	Surgery	38.37	38.37	2762.64	2762.64
47620 00	Surgery	41.41	41.41	2981.52	2981.52
47700 00	Surgery	32.01	32.01	2304.72	2304.72
47701 00	Surgery	52.22	52.22	3759.84	3759.84
47711 00	Surgery	46.74	46.74	3365.28	3365.28
47712 00	Surgery	59.99	59.99	4319.28	4319.28
47715 00	Surgery	40.15	40.15	2890.80	2890.80
47720 00	Surgery	34.90	34.90	2512.80	2512.80
47721 00	Surgery	40.87	40.87	2942.64	2942.64
47740 00	Surgery	39.61	39.61	2851.92	2851.92
47741 00	Surgery	44.48	44.48	3202.56	3202.56
47760 00	Surgery	67.56	67.56	4864.32	4864.32
47765 00	Surgery	90.88	90.88	6543.36	6543.36
47780 00	Surgery	74.30	74.30	5349.60	5349.60
47785 00	Surgery	96.82	96.82	6971.04	6971.04
47800 00	Surgery	46.93	46.93	3378.96	3378.96
47801 00	Surgery	33.42	33.42	2406.24	2406.24
47900 00	Surgery	41.60	41.60	2995.20	2995.20
47999 00	Surgery	0.00	0.00	BR	BR
48000 00	Surgery	56.62	56.62	4076.64	4076.64
48001 00	Surgery	69.25	69.25	4986.00	4986.00
48020 00	Surgery	35.66	35.66	2567.52	2567.52
48100 00	Surgery	26.84	26.84	1932.48	1932.48
48102 00	Surgery	14.96	6.97	1077.12	501.84
48105 00	Surgery	84.76	84.76	6102.72	6102.72
48120 00	Surgery	33.62	33.62	2420.64	2420.64
48140 00	Surgery	47.21	47.21	3399.12	3399.12
48145 00	Surgery	49.19	49.19	3541.68	3541.68
48146 00	Surgery	56.69	56.69	4081.68	4081.68
48148 00	Surgery	37.76	37.76	2718.72	2718.72
48150 00	Surgery	93.57	93.57	6737.04	6737.04
48152 00	Surgery	86.54	86.54	6230.88	6230.88
48153 00	Surgery	93.02	93.02	6697.44	6697.44
48154 00	Surgery	86.92	86.92	6258.24	6258.24
48155 00	Surgery	54.77	54.77	3943.44	3943.44
48160 00	Surgery	-	-	11097.36	11097.36
48400 00	Surgery	3.18	3.18	228.96	228.96
48500 00	Surgery	34.72	34.72	2499.84	2499.84
48510 00	Surgery	33.15	33.15	2386.80	2386.80
48520 00	Surgery	33.19	33.19	2389.68	2389.68
48540 00	Surgery	39.41	39.41	2837.52	2837.52
48545 00	Surgery	40.65	40.65	2926.80	2926.80

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
48547 00	Surgery	53.93	53.93	3882.96	3882.96
48548 00	Surgery	50.32	50.32	3623.04	3623.04
48550 00	Surgery	0.00	0.00	BR	BR
48551 00	Surgery	-	-	1234.80	1234.80
48552 00	Surgery	7.01	7.01	504.72	504.72
48554 00	Surgery	79.89	79.89	5752.08	5752.08
48556 00	Surgery	39.20	39.20	2822.40	2822.40
48999 00	Surgery	0.00	0.00	BR	BR
49000 00	Surgery	23.26	23.26	1674.72	1674.72
49002 00	Surgery	31.42	31.42	2262.24	2262.24
49010 00	Surgery	27.86	27.86	2005.92	2005.92
49013 00	Surgery	13.62	13.62	980.64	980.64
49014 00	Surgery	11.37	11.37	818.64	818.64
49020 00	Surgery	48.01	48.01	3456.72	3456.72
49040 00	Surgery	30.37	30.37	2186.64	2186.64
49060 00	Surgery	33.30	33.30	2397.60	2397.60
49062 00	Surgery	23.32	23.32	1679.04	1679.04
49082 00	Surgery	6.19	2.18	445.68	156.96
49083 00	Surgery	8.57	3.15	617.04	226.80
49084 00	Surgery	3.22	3.22	231.84	231.84
49180 00	Surgery	5.18	2.44	372.96	175.68
49185 00	Surgery	35.95	3.54	2588.40	254.88
49186 00	Surgery	39.50	39.50	2844.00	2844.00
49187 00	Surgery	50.48	50.48	3634.56	3634.56
49188 00	Surgery	60.32	60.32	4343.04	4343.04
49189 00	Surgery	70.17	70.17	5052.24	5052.24
49190 00	Surgery	86.50	86.50	6228.00	6228.00
49215 00	Surgery	66.39	66.39	4780.08	4780.08
49250 00	Surgery	18.12	18.12	1304.64	1304.64
49255 00	Surgery	24.04	24.04	1730.88	1730.88
49320 00	Surgery	10.03	10.03	722.16	722.16
49321 00	Surgery	10.45	10.45	752.40	752.40
49322 00	Surgery	11.35	11.35	817.20	817.20
49323 00	Surgery	19.40	19.40	1396.80	1396.80
49324 00	Surgery	11.66	11.66	839.52	839.52
49325 00	Surgery	12.45	12.45	896.40	896.40
49326 00	Surgery	5.61	5.61	403.92	403.92
49327 00	Surgery	3.89	3.89	280.08	280.08
49329 00	Surgery	0.00	0.00	BR	BR
49400 00	Surgery	4.44	2.67	319.68	192.24
49402 00	Surgery	25.89	25.89	1864.08	1864.08
49405 00	Surgery	25.47	5.72	1833.84	411.84
49406 00	Surgery	25.48	5.71	1834.56	411.12
49407 00	Surgery	21.81	6.07	1570.32	437.04
49411 00	Surgery	14.20	5.53	1022.40	398.16
49412 00	Surgery	2.46	2.46	177.12	177.12
49418 00	Surgery	28.20	5.92	2030.40	426.24

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
49419 00	Surgery	12.46	12.46	897.12	897.12
49421 00	Surgery	6.76	6.76	486.72	486.72
49422 00	Surgery	6.59	6.59	474.48	474.48
49423 00	Surgery	16.68	2.07	1200.96	149.04
49424 00	Surgery	5.20	1.09	374.40	78.48
49425 00	Surgery	23.68	23.68	1704.96	1704.96
49426 00	Surgery	20.35	20.35	1465.20	1465.20
49427 00	Surgery	1.17	1.17	84.24	84.24
49428 00	Surgery	13.05	13.05	939.60	939.60
49429 00	Surgery	13.85	13.85	997.20	997.20
49435 00	Surgery	3.54	3.54	254.88	254.88
49436 00	Surgery	15.68	5.64	1128.96	406.08
49440 00	Surgery	23.90	6.01	1720.80	432.72
49441 00	Surgery	27.83	7.16	2003.76	515.52
49442 00	Surgery	22.71	6.13	1635.12	441.36
49446 00	Surgery	22.95	4.30	1652.40	309.60
49450 00	Surgery	16.96	1.94	1221.12	139.68
49451 00	Surgery	18.14	2.60	1306.08	187.20
49452 00	Surgery	22.06	4.00	1588.32	288.00
49460 00	Surgery	20.62	1.50	1484.64	108.00
49465 00	Surgery	4.00	0.89	288.00	64.08
49491 00	Surgery	24.24	24.24	1745.28	1745.28
49492 00	Surgery	29.09	29.09	2094.48	2094.48
49495 00	Surgery	12.48	12.48	898.56	898.56
49496 00	Surgery	18.76	18.76	1350.72	1350.72
49500 00	Surgery	12.72	12.72	915.84	915.84
49501 00	Surgery	18.49	18.49	1331.28	1331.28
49505 00	Surgery	15.94	15.94	1147.68	1147.68
49507 00	Surgery	17.89	17.89	1288.08	1288.08
49520 00	Surgery	19.25	19.25	1386.00	1386.00
49521 00	Surgery	21.80	21.80	1569.60	1569.60
49525 00	Surgery	17.49	17.49	1259.28	1259.28
49540 00	Surgery	20.47	20.47	1473.84	1473.84
49550 00	Surgery	17.62	17.62	1268.64	1268.64
49553 00	Surgery	19.24	19.24	1385.28	1385.28
49555 00	Surgery	18.41	18.41	1325.52	1325.52
49557 00	Surgery	21.89	21.89	1576.08	1576.08
49591 00	Surgery	10.31	10.31	742.32	742.32
49592 00	Surgery	14.34	14.34	1032.48	1032.48
49593 00	Surgery	17.25	17.25	1242.00	1242.00
49594 00	Surgery	22.44	22.44	1615.68	1615.68
49595 00	Surgery	23.26	23.26	1674.72	1674.72
49596 00	Surgery	30.88	30.88	2223.36	2223.36
49600 00	Surgery	22.33	22.33	1607.76	1607.76
49605 00	Surgery	147.32	147.32	10607.04	10607.04
49606 00	Surgery	34.32	34.32	2471.04	2471.04
49610 00	Surgery	21.12	21.12	1520.64	1520.64

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
49611 00	Surgery	18.62	18.62	1340.64	1340.64
49613 00	Surgery	12.68	12.68	912.96	912.96
49614 00	Surgery	17.20	17.20	1238.40	1238.40
49615 00	Surgery	19.23	19.23	1384.56	1384.56
49616 00	Surgery	25.82	25.82	1859.04	1859.04
49617 00	Surgery	26.72	26.72	1923.84	1923.84
49618 00	Surgery	37.43	37.43	2694.96	2694.96
49621 00	Surgery	22.64	22.64	1630.08	1630.08
49622 00	Surgery	28.16	28.16	2027.52	2027.52
49623 00	Surgery	6.08	6.08	437.76	437.76
49650 00	Surgery	13.22	13.22	951.84	951.84
49651 00	Surgery	17.24	17.24	1241.28	1241.28
49659 00	Surgery	0.00	0.00	BR	BR
49900 00	Surgery	25.06	25.06	1804.32	1804.32
49904 00	Surgery	41.70	41.70	3002.40	3002.40
49905 00	Surgery	10.49	10.49	755.28	755.28
49906 00	Surgery	-	-	9653.04	9653.04
49999 00	Surgery	0.00	0.00	BR	BR
50010 00	Surgery	21.23	21.23	1528.56	1528.56
50020 00	Surgery	30.47	30.47	2193.84	2193.84
50040 00	Surgery	27.78	27.78	2000.16	2000.16
50045 00	Surgery	27.99	27.99	2015.28	2015.28
50060 00	Surgery	34.07	34.07	2453.04	2453.04
50065 00	Surgery	36.11	36.11	2599.92	2599.92
50070 00	Surgery	35.44	35.44	2551.68	2551.68
50075 00	Surgery	43.50	43.50	3132.00	3132.00
50080 00	Surgery	20.93	20.93	1506.96	1506.96
50081 00	Surgery	33.62	33.62	2420.64	2420.64
50100 00	Surgery	32.73	32.73	2356.56	2356.56
50120 00	Surgery	28.48	28.48	2050.56	2050.56
50125 00	Surgery	29.45	29.45	2120.40	2120.40
50130 00	Surgery	30.94	30.94	2227.68	2227.68
50200 00	Surgery	14.84	3.74	1068.48	269.28
50205 00	Surgery	22.85	22.85	1645.20	1645.20
50220 00	Surgery	31.75	31.75	2286.00	2286.00
50225 00	Surgery	35.48	35.48	2554.56	2554.56
50230 00	Surgery	38.24	38.24	2753.28	2753.28
50234 00	Surgery	38.91	38.91	2801.52	2801.52
50236 00	Surgery	43.71	43.71	3147.12	3147.12
50240 00	Surgery	39.76	39.76	2862.72	2862.72
50250 00	Surgery	36.39	36.39	2620.08	2620.08
50280 00	Surgery	28.38	28.38	2043.36	2043.36
50290 00	Surgery	26.98	26.98	1942.56	1942.56
50300 00	Surgery	0.00	0.00	BR	BR
50320 00	Surgery	46.39	46.39	3340.08	3340.08
50323 00	Surgery	-	-	1039.68	1039.68
50325 00	Surgery	-	-	838.80	838.80

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
50327 00	Surgery	6.43	6.43	462.96	462.96
50328 00	Surgery	5.65	5.65	406.80	406.80
50329 00	Surgery	5.37	5.37	386.64	386.64
50340 00	Surgery	29.26	29.26	2106.72	2106.72
50360 00	Surgery	73.61	73.61	5299.92	5299.92
50365 00	Surgery	87.84	87.84	6324.48	6324.48
50370 00	Surgery	36.96	36.96	2661.12	2661.12
50380 00	Surgery	62.05	62.05	4467.60	4467.60
50382 00	Surgery	28.72	7.38	2067.84	531.36
50384 00	Surgery	24.65	6.67	1774.80	480.24
50385 00	Surgery	29.04	6.39	2090.88	460.08
50386 00	Surgery	21.68	4.84	1560.96	348.48
50387 00	Surgery	15.74	2.44	1133.28	175.68
50389 00	Surgery	11.80	1.58	849.60	113.76
50390 00	Surgery	2.78	2.78	200.16	200.16
50391 00	Surgery	3.74	2.90	269.28	208.80
50396 00	Surgery	3.44	3.44	247.68	247.68
50400 00	Surgery	34.56	34.56	2488.32	2488.32
50405 00	Surgery	41.69	41.69	3001.68	3001.68
50430 00	Surgery	18.30	4.54	1317.60	326.88
50431 00	Surgery	9.28	1.98	668.16	142.56
50432 00	Surgery	26.09	6.01	1878.48	432.72
50433 00	Surgery	32.49	7.47	2339.28	537.84
50434 00	Surgery	26.08	5.61	1877.76	403.92
50435 00	Surgery	17.09	2.94	1230.48	211.68
50436 00	Surgery	4.49	4.49	323.28	323.28
50437 00	Surgery	7.46	7.46	537.12	537.12
50500 00	Surgery	38.90	38.90	2800.80	2800.80
50520 00	Surgery	35.08	35.08	2525.76	2525.76
50525 00	Surgery	44.42	44.42	3198.24	3198.24
50526 00	Surgery	47.55	47.55	3423.60	3423.60
50540 00	Surgery	34.31	34.31	2470.32	2470.32
50541 00	Surgery	27.47	27.47	1977.84	1977.84
50542 00	Surgery	34.88	34.88	2511.36	2511.36
50543 00	Surgery	44.52	44.52	3205.44	3205.44
50544 00	Surgery	37.03	37.03	2666.16	2666.16
50545 00	Surgery	39.85	39.85	2869.20	2869.20
50546 00	Surgery	36.04	36.04	2594.88	2594.88
50547 00	Surgery	49.23	49.23	3544.56	3544.56
50548 00	Surgery	40.04	40.04	2882.88	2882.88
50549 00	Surgery	0.00	0.00	BR	BR
50551 00	Surgery	10.92	8.72	786.24	627.84
50553 00	Surgery	11.69	9.31	841.68	670.32
50555 00	Surgery	12.49	10.13	899.28	729.36
50557 00	Surgery	12.70	10.25	914.40	738.00
50561 00	Surgery	14.38	11.68	1035.36	840.96
50562 00	Surgery	17.18	17.18	1236.96	1236.96

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
50570 00	Surgery	14.54	14.54	1046.88	1046.88
50572 00	Surgery	15.74	15.74	1133.28	1133.28
50574 00	Surgery	16.72	16.72	1203.84	1203.84
50575 00	Surgery	21.11	21.11	1519.92	1519.92
50576 00	Surgery	16.68	16.68	1200.96	1200.96
50580 00	Surgery	17.95	17.95	1292.40	1292.40
50590 00	Surgery	22.16	17.25	1595.52	1242.00
50592 00	Surgery	79.44	10.11	5719.68	727.92
50593 00	Surgery	106.61	13.51	7675.92	972.72
50600 00	Surgery	28.10	28.10	2023.20	2023.20
50605 00	Surgery	30.33	30.33	2183.76	2183.76
50606 00	Surgery	14.20	4.11	1022.40	295.92
50610 00	Surgery	28.31	28.31	2038.32	2038.32
50620 00	Surgery	27.07	27.07	1949.04	1949.04
50630 00	Surgery	26.75	26.75	1926.00	1926.00
50650 00	Surgery	31.10	31.10	2239.20	2239.20
50660 00	Surgery	34.18	34.18	2460.96	2460.96
50684 00	Surgery	3.74	1.52	269.28	109.44
50686 00	Surgery	4.28	2.66	308.16	191.52
50688 00	Surgery	2.35	2.35	169.20	169.20
50690 00	Surgery	3.53	2.11	254.16	151.92
50693 00	Surgery	28.50	5.98	2052.00	430.56
50694 00	Surgery	32.08	7.81	2309.76	562.32
50695 00	Surgery	38.49	10.01	2771.28	720.72
50700 00	Surgery	27.79	27.79	2000.88	2000.88
50705 00	Surgery	52.80	5.25	3801.60	378.00
50706 00	Surgery	24.03	5.29	1730.16	380.88
50715 00	Surgery	36.38	36.38	2619.36	2619.36
50722 00	Surgery	30.64	30.64	2206.08	2206.08
50725 00	Surgery	32.97	32.97	2373.84	2373.84
50727 00	Surgery	15.43	15.43	1110.96	1110.96
50728 00	Surgery	21.10	21.10	1519.20	1519.20
50740 00	Surgery	37.03	37.03	2666.16	2666.16
50750 00	Surgery	34.49	34.49	2483.28	2483.28
50760 00	Surgery	33.84	33.84	2436.48	2436.48
50770 00	Surgery	34.49	34.49	2483.28	2483.28
50780 00	Surgery	33.39	33.39	2404.08	2404.08
50782 00	Surgery	32.18	32.18	2316.96	2316.96
50783 00	Surgery	33.70	33.70	2426.40	2426.40
50785 00	Surgery	36.39	36.39	2620.08	2620.08
50800 00	Surgery	27.69	27.69	1993.68	1993.68
50810 00	Surgery	42.52	42.52	3061.44	3061.44
50815 00	Surgery	36.67	36.67	2640.24	2640.24
50820 00	Surgery	39.29	39.29	2828.88	2828.88
50825 00	Surgery	49.16	49.16	3539.52	3539.52
50830 00	Surgery	53.73	53.73	3868.56	3868.56
50840 00	Surgery	36.89	36.89	2656.08	2656.08

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
50845 00	Surgery	37.64	37.64	2710.08	2710.08
50860 00	Surgery	28.37	28.37	2042.64	2042.64
50900 00	Surgery	25.32	25.32	1823.04	1823.04
50920 00	Surgery	26.48	26.48	1906.56	1906.56
50930 00	Surgery	32.95	32.95	2372.40	2372.40
50940 00	Surgery	26.65	26.65	1918.80	1918.80
50945 00	Surgery	29.02	29.02	2089.44	2089.44
50947 00	Surgery	41.28	41.28	2972.16	2972.16
50948 00	Surgery	38.15	38.15	2746.80	2746.80
50949 00	Surgery	0.00	0.00	BR	BR
50951 00	Surgery	11.44	9.10	823.68	655.20
50953 00	Surgery	12.12	9.70	872.64	698.40
50955 00	Surgery	12.91	10.45	929.52	752.40
50957 00	Surgery	13.03	10.50	938.16	756.00
50961 00	Surgery	11.67	9.35	840.24	673.20
50970 00	Surgery	10.98	10.98	790.56	790.56
50972 00	Surgery	10.61	10.61	763.92	763.92
50974 00	Surgery	14.00	14.00	1008.00	1008.00
50976 00	Surgery	13.81	13.81	994.32	994.32
50980 00	Surgery	10.54	10.54	758.88	758.88
51020 00	Surgery	14.23	14.23	1024.56	1024.56
51040 00	Surgery	8.86	8.86	637.92	637.92
51045 00	Surgery	14.86	14.86	1069.92	1069.92
51050 00	Surgery	14.30	14.30	1029.60	1029.60
51060 00	Surgery	17.61	17.61	1267.92	1267.92
51065 00	Surgery	17.53	17.53	1262.16	1262.16
51080 00	Surgery	12.41	12.41	893.52	893.52
51100 00	Surgery	2.20	1.16	158.40	83.52
51101 00	Surgery	4.51	1.52	324.72	109.44
51102 00	Surgery	7.07	4.21	509.04	303.12
51500 00	Surgery	19.24	19.24	1385.28	1385.28
51520 00	Surgery	17.99	17.99	1295.28	1295.28
51525 00	Surgery	25.75	25.75	1854.00	1854.00
51530 00	Surgery	23.15	23.15	1666.80	1666.80
51535 00	Surgery	23.45	23.45	1688.40	1688.40
51550 00	Surgery	28.89	28.89	2080.08	2080.08
51555 00	Surgery	37.73	37.73	2716.56	2716.56
51565 00	Surgery	38.54	38.54	2774.88	2774.88
51570 00	Surgery	43.93	43.93	3162.96	3162.96
51575 00	Surgery	54.13	54.13	3897.36	3897.36
51580 00	Surgery	56.56	56.56	4072.32	4072.32
51585 00	Surgery	62.87	62.87	4526.64	4526.64
51590 00	Surgery	57.57	57.57	4145.04	4145.04
51595 00	Surgery	65.12	65.12	4688.64	4688.64
51596 00	Surgery	70.35	70.35	5065.20	5065.20
51597 00	Surgery	68.51	68.51	4932.72	4932.72
51600 00	Surgery	6.12	1.28	440.64	92.16

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
51605 00	Surgery	1.15	1.15	82.80	82.80
51610 00	Surgery	3.82	1.95	275.04	140.40
51700 00	Surgery	2.27	0.89	163.44	64.08
51701 00	Surgery	1.32	0.75	95.04	54.00
51702 00	Surgery	1.85	0.74	133.20	53.28
51703 00	Surgery	4.43	2.27	318.96	163.44
51705 00	Surgery	2.93	1.57	210.96	113.04
51710 00	Surgery	4.06	2.40	292.32	172.80
51715 00	Surgery	10.52	5.95	757.44	428.40
51720 00	Surgery	2.67	1.31	192.24	94.32
51721 00	Surgery	16.25	6.47	1170.00	465.84
51725 00	Surgery	6.21	6.21	447.12	447.12
51725 26	Surgery	2.24	2.24	161.28	161.28
51725 TC	Surgery	3.97	3.97	285.84	285.84
51726 00	Surgery	8.32	8.32	599.04	599.04
51726 26	Surgery	2.50	2.50	180.00	180.00
51726 TC	Surgery	5.82	5.82	419.04	419.04
51727 00	Surgery	10.21	10.21	735.12	735.12
51727 26	Surgery	3.13	3.13	225.36	225.36
51727 TC	Surgery	7.08	7.08	509.76	509.76
51728 00	Surgery	10.16	10.16	731.52	731.52
51728 26	Surgery	3.06	3.06	220.32	220.32
51728 TC	Surgery	7.10	7.10	511.20	511.20
51729 00	Surgery	10.76	10.76	774.72	774.72
51729 26	Surgery	3.73	3.73	268.56	268.56
51729 TC	Surgery	7.03	7.03	506.16	506.16
51736 00	Surgery	0.41	0.41	29.52	29.52
51736 26	Surgery	0.24	0.24	17.28	17.28
51736 TC	Surgery	0.17	0.17	12.24	12.24
51741 00	Surgery	0.43	0.43	30.96	30.96
51741 26	Surgery	0.25	0.25	18.00	18.00
51741 TC	Surgery	0.18	0.18	12.96	12.96
51784 00	Surgery	1.92	1.92	138.24	138.24
51784 26	Surgery	1.09	1.09	78.48	78.48
51784 TC	Surgery	0.83	0.83	59.76	59.76
51785 00	Surgery	11.82	11.82	851.04	851.04
51785 26	Surgery	2.77	2.77	199.44	199.44
51785 TC	Surgery	9.05	9.05	651.60	651.60
51792 00	Surgery	7.57	7.57	545.04	545.04
51792 26	Surgery	1.67	1.67	120.24	120.24
51792 TC	Surgery	5.90	5.90	424.80	424.80
51797 00	Surgery	4.98	4.98	358.56	358.56
51797 26	Surgery	1.17	1.17	84.24	84.24
51797 TC	Surgery	3.81	3.81	274.32	274.32
51798 00	Surgery	0.35	0.35	25.20	25.20
51800 00	Surgery	31.10	31.10	2239.20	2239.20
51820 00	Surgery	32.53	32.53	2342.16	2342.16

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
51840 00	Surgery	20.90	20.90	1504.80	1504.80
51841 00	Surgery	24.15	24.15	1738.80	1738.80
51845 00	Surgery	17.58	17.58	1265.76	1265.76
51860 00	Surgery	22.39	22.39	1612.08	1612.08
51865 00	Surgery	26.85	26.85	1933.20	1933.20
51880 00	Surgery	14.03	14.03	1010.16	1010.16
51900 00	Surgery	24.80	24.80	1785.60	1785.60
51920 00	Surgery	22.99	22.99	1655.28	1655.28
51925 00	Surgery	32.31	32.31	2326.32	2326.32
51940 00	Surgery	48.95	48.95	3524.40	3524.40
51960 00	Surgery	41.39	41.39	2980.08	2980.08
51980 00	Surgery	21.48	21.48	1546.56	1546.56
51990 00	Surgery	22.37	22.37	1610.64	1610.64
51992 00	Surgery	25.09	25.09	1806.48	1806.48
51999 00	Surgery	0.00	0.00	BR	BR
52000 00	Surgery	6.59	2.39	474.48	172.08
52001 00	Surgery	12.59	8.51	906.48	612.72
52005 00	Surgery	8.51	3.98	612.72	286.56
52007 00	Surgery	12.73	4.96	916.56	357.12
52010 00	Surgery	10.82	4.94	779.04	355.68
52204 00	Surgery	10.61	4.21	763.92	303.12
52214 00	Surgery	21.21	5.20	1527.12	374.40
52224 00	Surgery	22.20	6.01	1598.40	432.72
52234 00	Surgery	7.30	7.30	525.60	525.60
52235 00	Surgery	8.55	8.55	615.60	615.60
52240 00	Surgery	11.60	11.60	835.20	835.20
52250 00	Surgery	7.11	7.11	511.92	511.92
52260 00	Surgery	6.26	6.26	450.72	450.72
52265 00	Surgery	10.46	4.84	753.12	348.48
52270 00	Surgery	11.92	5.42	858.24	390.24
52275 00	Surgery	15.41	7.39	1109.52	532.08
52276 00	Surgery	7.85	7.85	565.20	565.20
52277 00	Surgery	9.58	9.58	689.76	689.76
52281 00	Surgery	9.18	4.54	660.96	326.88
52282 00	Surgery	10.00	10.00	720.00	720.00
52283 00	Surgery	10.08	6.02	725.76	433.44
52284 00	Surgery	76.26	4.91	5490.72	353.52
52285 00	Surgery	9.96	5.87	717.12	422.64
52287 00	Surgery	10.97	5.04	789.84	362.88
52290 00	Surgery	7.24	7.24	521.28	521.28
52300 00	Surgery	8.30	8.30	597.60	597.60
52301 00	Surgery	8.60	8.60	619.20	619.20
52305 00	Surgery	8.24	8.24	593.28	593.28
52310 00	Surgery	9.04	4.52	650.88	325.44
52315 00	Surgery	13.51	8.14	972.72	586.08
52317 00	Surgery	25.39	10.28	1828.08	740.16
52318 00	Surgery	14.02	14.02	1009.44	1009.44

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
52320 00	Surgery	7.32	7.32	527.04	527.04
52325 00	Surgery	9.48	9.48	682.56	682.56
52327 00	Surgery	7.67	7.67	552.24	552.24
52330 00	Surgery	17.27	7.81	1243.44	562.32
52332 00	Surgery	11.21	4.64	807.12	334.08
52334 00	Surgery	5.46	5.46	393.12	393.12
52341 00	Surgery	8.42	8.42	606.24	606.24
52342 00	Surgery	9.17	9.17	660.24	660.24
52343 00	Surgery	10.21	10.21	735.12	735.12
52344 00	Surgery	10.95	10.95	788.40	788.40
52345 00	Surgery	11.68	11.68	840.96	840.96
52346 00	Surgery	13.21	13.21	951.12	951.12
52351 00	Surgery	8.99	8.99	647.28	647.28
52352 00	Surgery	10.51	10.51	756.72	756.72
52353 00	Surgery	11.60	11.60	835.20	835.20
52354 00	Surgery	12.37	12.37	890.64	890.64
52355 00	Surgery	13.86	13.86	997.92	997.92
52356 00	Surgery	12.32	12.32	887.04	887.04
52400 00	Surgery	14.30	14.30	1029.60	1029.60
52402 00	Surgery	7.85	7.85	565.20	565.20
52441 00	Surgery	35.91	6.24	2585.52	449.28
52442 00	Surgery	24.49	1.51	1763.28	108.72
52450 00	Surgery	14.39	14.39	1036.08	1036.08
52500 00	Surgery	14.93	14.93	1074.96	1074.96
52601 00	Surgery	21.86	21.86	1573.92	1573.92
52630 00	Surgery	12.31	12.31	886.32	886.32
52640 00	Surgery	9.84	9.84	708.48	708.48
52647 00	Surgery	45.22	19.62	3255.84	1412.64
52648 00	Surgery	46.71	20.86	3363.12	1501.92
52649 00	Surgery	24.79	24.79	1784.88	1784.88
52700 00	Surgery	13.38	13.38	963.36	963.36
53000 00	Surgery	4.49	4.49	323.28	323.28
53010 00	Surgery	9.06	9.06	652.32	652.32
53020 00	Surgery	2.89	2.89	208.08	208.08
53025 00	Surgery	2.08	2.08	149.76	149.76
53040 00	Surgery	11.89	11.89	856.08	856.08
53060 00	Surgery	5.74	5.04	413.28	362.88
53080 00	Surgery	12.74	12.74	917.28	917.28
53085 00	Surgery	19.55	19.55	1407.60	1407.60
53200 00	Surgery	4.82	4.26	347.04	306.72
53210 00	Surgery	23.53	23.53	1694.16	1694.16
53215 00	Surgery	27.82	27.82	2003.04	2003.04
53220 00	Surgery	13.66	13.66	983.52	983.52
53230 00	Surgery	18.40	18.40	1324.80	1324.80
53235 00	Surgery	19.14	19.14	1378.08	1378.08
53240 00	Surgery	12.86	12.86	925.92	925.92
53250 00	Surgery	12.03	12.03	866.16	866.16

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
53260 00	Surgery	6.29	5.49	452.88	395.28
53265 00	Surgery	6.94	5.73	499.68	412.56
53270 00	Surgery	6.44	5.61	463.68	403.92
53275 00	Surgery	7.90	7.90	568.80	568.80
53400 00	Surgery	24.11	24.11	1735.92	1735.92
53405 00	Surgery	26.23	26.23	1888.56	1888.56
53410 00	Surgery	29.35	29.35	2113.20	2113.20
53415 00	Surgery	33.79	33.79	2432.88	2432.88
53420 00	Surgery	25.22	25.22	1815.84	1815.84
53425 00	Surgery	28.06	28.06	2020.32	2020.32
53430 00	Surgery	29.21	29.21	2103.12	2103.12
53431 00	Surgery	34.49	34.49	2483.28	2483.28
53440 00	Surgery	22.64	22.64	1630.08	1630.08
53442 00	Surgery	23.71	23.71	1707.12	1707.12
53444 00	Surgery	23.86	23.86	1717.92	1717.92
53445 00	Surgery	22.81	22.81	1642.32	1642.32
53446 00	Surgery	19.39	19.39	1396.08	1396.08
53447 00	Surgery	24.23	24.23	1744.56	1744.56
53448 00	Surgery	38.17	38.17	2748.24	2748.24
53449 00	Surgery	18.50	18.50	1332.00	1332.00
53450 00	Surgery	12.41	12.41	893.52	893.52
53451 00	Surgery	0.00	0.00	BR	BR
53452 00	Surgery	0.00	0.00	BR	BR
53453 00	Surgery	0.00	0.00	BR	BR
53454 00	Surgery	-	-	366.48	366.48
53460 00	Surgery	13.83	13.83	995.76	995.76
53500 00	Surgery	22.50	22.50	1620.00	1620.00
53502 00	Surgery	14.71	14.71	1059.12	1059.12
53505 00	Surgery	14.70	14.70	1058.40	1058.40
53510 00	Surgery	19.10	19.10	1375.20	1375.20
53515 00	Surgery	23.91	23.91	1721.52	1721.52
53520 00	Surgery	16.89	16.89	1216.08	1216.08
53600 00	Surgery	2.67	1.91	192.24	137.52
53601 00	Surgery	2.59	1.60	186.48	115.20
53605 00	Surgery	1.90	1.90	136.80	136.80
53620 00	Surgery	5.01	2.60	360.72	187.20
53621 00	Surgery	4.80	2.14	345.60	154.08
53660 00	Surgery	2.27	1.24	163.44	89.28
53661 00	Surgery	2.24	1.20	161.28	86.40
53665 00	Surgery	1.11	1.11	79.92	79.92
53850 00	Surgery	40.77	10.81	2935.44	778.32
53852 00	Surgery	39.85	11.56	2869.20	832.32
53854 00	Surgery	47.95	11.56	3452.40	832.32
53855 00	Surgery	18.60	2.43	1339.20	174.96
53860 00	Surgery	67.93	6.74	4890.96	485.28
53865 00	Surgery	87.98	4.91	6334.56	353.52
53866 00	Surgery	4.23	2.46	304.56	177.12

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
53899 00	Surgery	0.00	0.00	BR	BR
54000 00	Surgery	4.93	3.39	354.96	244.08
54001 00	Surgery	6.00	4.27	432.00	307.44
54015 00	Surgery	9.16	9.16	659.52	659.52
54050 00	Surgery	4.39	3.27	316.08	235.44
54055 00	Surgery	4.21	2.95	303.12	212.40
54056 00	Surgery	4.42	3.44	318.24	247.68
54057 00	Surgery	4.20	2.93	302.40	210.96
54060 00	Surgery	5.91	4.01	425.52	288.72
54065 00	Surgery	6.78	5.27	488.16	379.44
54100 00	Surgery	6.07	3.67	437.04	264.24
54105 00	Surgery	8.31	6.43	598.32	462.96
54110 00	Surgery	18.82	18.82	1355.04	1355.04
54111 00	Surgery	24.01	24.01	1728.72	1728.72
54112 00	Surgery	28.14	28.14	2026.08	2026.08
54115 00	Surgery	13.89	12.94	1000.08	931.68
54120 00	Surgery	19.09	19.09	1374.48	1374.48
54125 00	Surgery	24.90	24.90	1792.80	1792.80
54130 00	Surgery	35.74	35.74	2573.28	2573.28
54135 00	Surgery	45.12	45.12	3248.64	3248.64
54150 00	Surgery	4.45	2.87	320.40	206.64
54160 00	Surgery	6.63	4.37	477.36	314.64
54161 00	Surgery	5.97	5.97	429.84	429.84
54162 00	Surgery	7.72	6.06	555.84	436.32
54163 00	Surgery	6.66	6.66	479.52	479.52
54164 00	Surgery	5.93	5.93	426.96	426.96
54200 00	Surgery	3.55	2.68	255.60	192.96
54205 00	Surgery	16.08	16.08	1157.76	1157.76
54220 00	Surgery	6.69	4.03	481.68	290.16
54230 00	Surgery	3.23	2.41	232.56	173.52
54231 00	Surgery	4.36	3.48	313.92	250.56
54235 00	Surgery	2.77	2.24	199.44	161.28
54240 00	Surgery	3.27	3.27	235.44	235.44
54240 26	Surgery	1.93	1.93	138.96	138.96
54240 TC	Surgery	1.34	1.34	96.48	96.48
54250 00	Surgery	3.64	3.64	262.08	262.08
54250 26	Surgery	3.20	3.20	230.40	230.40
54250 TC	Surgery	0.44	0.44	31.68	31.68
54300 00	Surgery	19.45	19.45	1400.40	1400.40
54304 00	Surgery	22.48	22.48	1618.56	1618.56
54308 00	Surgery	21.56	21.56	1552.32	1552.32
54312 00	Surgery	24.61	24.61	1771.92	1771.92
54316 00	Surgery	29.80	29.80	2145.60	2145.60
54318 00	Surgery	21.46	21.46	1545.12	1545.12
54322 00	Surgery	23.48	23.48	1690.56	1690.56
54324 00	Surgery	29.05	29.05	2091.60	2091.60
54326 00	Surgery	28.28	28.28	2036.16	2036.16

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
54328 00	Surgery	28.10	28.10	2023.20	2023.20
54332 00	Surgery	30.30	30.30	2181.60	2181.60
54336 00	Surgery	35.59	35.59	2562.48	2562.48
54340 00	Surgery	17.18	17.18	1236.96	1236.96
54344 00	Surgery	28.34	28.34	2040.48	2040.48
54348 00	Surgery	30.30	30.30	2181.60	2181.60
54352 00	Surgery	42.24	42.24	3041.28	3041.28
54360 00	Surgery	21.70	21.70	1562.40	1562.40
54380 00	Surgery	24.05	24.05	1731.60	1731.60
54385 00	Surgery	27.95	27.95	2012.40	2012.40
54390 00	Surgery	37.17	37.17	2676.24	2676.24
54400 00	Surgery	16.06	16.06	1156.32	1156.32
54401 00	Surgery	20.16	20.16	1451.52	1451.52
54405 00	Surgery	24.30	24.30	1749.60	1749.60
54406 00	Surgery	22.03	22.03	1586.16	1586.16
54408 00	Surgery	23.83	23.83	1715.76	1715.76
54410 00	Surgery	25.98	25.98	1870.56	1870.56
54411 00	Surgery	30.91	30.91	2225.52	2225.52
54415 00	Surgery	16.08	16.08	1157.76	1157.76
54416 00	Surgery	21.63	21.63	1557.36	1557.36
54417 00	Surgery	27.03	27.03	1946.16	1946.16
54420 00	Surgery	21.15	21.15	1522.80	1522.80
54430 00	Surgery	19.28	19.28	1388.16	1388.16
54435 00	Surgery	12.56	12.56	904.32	904.32
54437 00	Surgery	20.51	20.51	1476.72	1476.72
54440 00	Surgery	-	-	1739.52	1739.52
54450 00	Surgery	2.10	1.71	151.20	123.12
54500 00	Surgery	2.24	2.24	161.28	161.28
54505 00	Surgery	6.34	6.34	456.48	456.48
54512 00	Surgery	16.27	16.27	1171.44	1171.44
54520 00	Surgery	9.95	9.95	716.40	716.40
54522 00	Surgery	17.72	17.72	1275.84	1275.84
54530 00	Surgery	15.41	15.41	1109.52	1109.52
54535 00	Surgery	22.39	22.39	1612.08	1612.08
54550 00	Surgery	14.86	14.86	1069.92	1069.92
54560 00	Surgery	20.70	20.70	1490.40	1490.40
54600 00	Surgery	13.70	13.70	986.40	986.40
54620 00	Surgery	8.99	8.99	647.28	647.28
54640 00	Surgery	13.06	13.06	940.32	940.32
54650 00	Surgery	21.47	21.47	1545.84	1545.84
54660 00	Surgery	10.91	10.91	785.52	785.52
54670 00	Surgery	12.40	12.40	892.80	892.80
54680 00	Surgery	23.68	23.68	1704.96	1704.96
54690 00	Surgery	19.73	19.73	1420.56	1420.56
54692 00	Surgery	22.70	22.70	1634.40	1634.40
54699 00	Surgery	0.00	0.00	BR	BR
54700 00	Surgery	6.48	6.48	466.56	466.56

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
54800 00	Surgery	3.75	3.75	270.00	270.00
54830 00	Surgery	11.30	11.30	813.60	813.60
54840 00	Surgery	9.76	9.76	702.72	702.72
54860 00	Surgery	12.69	12.69	913.68	913.68
54861 00	Surgery	17.15	17.15	1234.80	1234.80
54865 00	Surgery	10.95	10.95	788.40	788.40
54900 00	Surgery	24.09	24.09	1734.48	1734.48
54901 00	Surgery	31.74	31.74	2285.28	2285.28
55000 00	Surgery	3.60	2.54	259.20	182.88
55040 00	Surgery	10.27	10.27	739.44	739.44
55041 00	Surgery	15.46	15.46	1113.12	1113.12
55060 00	Surgery	11.52	11.52	829.44	829.44
55100 00	Surgery	6.97	5.11	501.84	367.92
55110 00	Surgery	11.81	11.81	850.32	850.32
55120 00	Surgery	10.80	10.80	777.60	777.60
55150 00	Surgery	14.94	14.94	1075.68	1075.68
55175 00	Surgery	11.09	11.09	798.48	798.48
55180 00	Surgery	20.77	20.77	1495.44	1495.44
55200 00	Surgery	11.46	8.43	825.12	606.96
55250 00	Surgery	10.01	6.99	720.72	503.28
55300 00	Surgery	5.56	5.56	400.32	400.32
55400 00	Surgery	15.09	15.09	1086.48	1086.48
55500 00	Surgery	11.87	11.87	854.64	854.64
55520 00	Surgery	14.00	14.00	1008.00	1008.00
55530 00	Surgery	10.68	10.68	768.96	768.96
55535 00	Surgery	13.03	13.03	938.16	938.16
55540 00	Surgery	16.92	16.92	1218.24	1218.24
55550 00	Surgery	13.01	13.01	936.72	936.72
55559 00	Surgery	0.00	0.00	BR	BR
55600 00	Surgery	12.78	12.78	920.16	920.16
55605 00	Surgery	15.84	15.84	1140.48	1140.48
55650 00	Surgery	21.62	21.62	1556.64	1556.64
55680 00	Surgery	10.54	10.54	758.88	758.88
55700 00	Surgery	7.21	3.86	519.12	277.92
55705 00	Surgery	7.98	7.98	574.56	574.56
55706 00	Surgery	11.36	11.36	817.92	817.92
55720 00	Surgery	13.65	13.65	982.80	982.80
55725 00	Surgery	18.02	18.02	1297.44	1297.44
55801 00	Surgery	32.83	32.83	2363.76	2363.76
55810 00	Surgery	39.07	39.07	2813.04	2813.04
55812 00	Surgery	48.01	48.01	3456.72	3456.72
55815 00	Surgery	52.55	52.55	3783.60	3783.60
55821 00	Surgery	25.17	25.17	1812.24	1812.24
55831 00	Surgery	25.81	25.81	1858.32	1858.32
55840 00	Surgery	35.06	35.06	2524.32	2524.32
55842 00	Surgery	34.98	34.98	2518.56	2518.56
55845 00	Surgery	40.71	40.71	2931.12	2931.12

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
55860 00	Surgery	26.24	26.24	1889.28	1889.28
55862 00	Surgery	32.79	32.79	2360.88	2360.88
55865 00	Surgery	39.93	39.93	2874.96	2874.96
55866 00	Surgery	35.76	35.76	2574.72	2574.72
55867 00	Surgery	31.42	31.42	2262.24	2262.24
55870 00	Surgery	5.40	4.23	388.80	304.56
55873 00	Surgery	163.03	23.01	11738.16	1656.72
55874 00	Surgery	81.79	4.91	5888.88	353.52
55875 00	Surgery	23.59	23.59	1698.48	1698.48
55876 00	Surgery	4.47	3.07	321.84	221.04
55880 00	Surgery	29.41	29.41	2117.52	2117.52
55881 00	Surgery	263.05	14.56	18939.60	1048.32
55882 00	Surgery	272.21	17.91	19599.12	1289.52
55899 00	Surgery	0.00	0.00	BR	BR
55920 00	Surgery	13.95	13.95	1004.40	1004.40
55970 00	Surgery	0.00	0.00	BR	BR
55980 00	Surgery	0.00	0.00	BR	BR
56405 00	Surgery	4.38	3.85	315.36	277.20
56420 00	Surgery	5.53	3.32	398.16	239.04
56440 00	Surgery	5.50	5.50	396.00	396.00
56441 00	Surgery	5.47	4.68	393.84	336.96
56442 00	Surgery	1.45	1.45	104.40	104.40
56501 00	Surgery	5.73	4.04	412.56	290.88
56515 00	Surgery	8.30	6.42	597.60	462.24
56605 00	Surgery	2.87	1.77	206.64	127.44
56606 00	Surgery	1.13	0.86	81.36	61.92
56620 00	Surgery	17.74	17.74	1277.28	1277.28
56625 00	Surgery	20.20	20.20	1454.40	1454.40
56630 00	Surgery	29.00	29.00	2088.00	2088.00
56631 00	Surgery	35.90	35.90	2584.80	2584.80
56632 00	Surgery	43.35	43.35	3121.20	3121.20
56633 00	Surgery	34.92	34.92	2514.24	2514.24
56634 00	Surgery	39.22	39.22	2823.84	2823.84
56637 00	Surgery	45.94	45.94	3307.68	3307.68
56640 00	Surgery	46.13	46.13	3321.36	3321.36
56700 00	Surgery	6.14	6.14	442.08	442.08
56740 00	Surgery	9.47	9.47	681.84	681.84
56800 00	Surgery	7.66	7.66	551.52	551.52
56805 00	Surgery	35.00	35.00	2520.00	2520.00
56810 00	Surgery	8.19	8.19	589.68	589.68
56820 00	Surgery	3.77	2.53	271.44	182.16
56821 00	Surgery	5.04	3.41	362.88	245.52
57000 00	Surgery	6.09	6.09	438.48	438.48
57010 00	Surgery	13.81	13.81	994.32	994.32
57020 00	Surgery	3.71	2.37	267.12	170.64
57022 00	Surgery	5.48	5.48	394.56	394.56
57023 00	Surgery	9.64	9.64	694.08	694.08

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
57061 00	Surgery	4.99	3.49	359.28	251.28
57065 00	Surgery	7.37	5.61	530.64	403.92
57100 00	Surgery	3.10	1.97	223.20	141.84
57105 00	Surgery	5.29	4.42	380.88	318.24
57106 00	Surgery	16.23	16.23	1168.56	1168.56
57107 00	Surgery	43.91	43.91	3161.52	3161.52
57109 00	Surgery	52.30	52.30	3765.60	3765.60
57110 00	Surgery	27.16	27.16	1955.52	1955.52
57111 00	Surgery	52.30	52.30	3765.60	3765.60
57120 00	Surgery	16.01	16.01	1152.72	1152.72
57130 00	Surgery	6.88	5.23	495.36	376.56
57135 00	Surgery	7.42	5.69	534.24	409.68
57150 00	Surgery	1.69	0.76	121.68	54.72
57155 00	Surgery	12.15	8.65	874.80	622.80
57156 00	Surgery	6.95	4.59	500.40	330.48
57160 00	Surgery	2.23	1.38	160.56	99.36
57170 00	Surgery	2.32	1.42	167.04	102.24
57180 00	Surgery	5.88	3.65	423.36	262.80
57200 00	Surgery	10.04	10.04	722.88	722.88
57210 00	Surgery	11.86	11.86	853.92	853.92
57220 00	Surgery	10.48	10.48	754.56	754.56
57230 00	Surgery	12.61	12.61	907.92	907.92
57240 00	Surgery	18.50	18.50	1332.00	1332.00
57250 00	Surgery	18.56	18.56	1336.32	1336.32
57260 00	Surgery	23.44	23.44	1687.68	1687.68
57265 00	Surgery	26.21	26.21	1887.12	1887.12
57267 00	Surgery	7.47	7.47	537.84	537.84
57268 00	Surgery	15.30	15.30	1101.60	1101.60
57270 00	Surgery	24.44	24.44	1759.68	1759.68
57280 00	Surgery	29.04	29.04	2090.88	2090.88
57282 00	Surgery	20.89	20.89	1504.08	1504.08
57283 00	Surgery	21.06	21.06	1516.32	1516.32
57284 00	Surgery	25.21	25.21	1815.12	1815.12
57285 00	Surgery	20.86	20.86	1501.92	1501.92
57287 00	Surgery	22.34	22.34	1608.48	1608.48
57288 00	Surgery	22.44	22.44	1615.68	1615.68
57289 00	Surgery	23.86	23.86	1717.92	1717.92
57291 00	Surgery	16.59	16.59	1194.48	1194.48
57292 00	Surgery	24.91	24.91	1793.52	1793.52
57295 00	Surgery	15.14	15.14	1090.08	1090.08
57296 00	Surgery	28.82	28.82	2075.04	2075.04
57300 00	Surgery	18.46	18.46	1329.12	1329.12
57305 00	Surgery	29.29	29.29	2108.88	2108.88
57307 00	Surgery	32.46	32.46	2337.12	2337.12
57308 00	Surgery	20.07	20.07	1445.04	1445.04
57310 00	Surgery	14.90	14.90	1072.80	1072.80
57311 00	Surgery	16.78	16.78	1208.16	1208.16

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
57320 00	Surgery	17.01	17.01	1224.72	1224.72
57330 00	Surgery	23.09	23.09	1662.48	1662.48
57335 00	Surgery	35.36	35.36	2545.92	2545.92
57400 00	Surgery	3.92	3.92	282.24	282.24
57410 00	Surgery	3.19	3.19	229.68	229.68
57415 00	Surgery	5.29	5.29	380.88	380.88
57420 00	Surgery	4.01	2.71	288.72	195.12
57421 00	Surgery	5.35	3.67	385.20	264.24
57423 00	Surgery	27.88	27.88	2007.36	2007.36
57425 00	Surgery	29.25	29.25	2106.00	2106.00
57426 00	Surgery	26.29	26.29	1892.88	1892.88
57452 00	Surgery	3.80	2.74	273.60	197.28
57454 00	Surgery	5.07	4.02	365.04	289.44
57455 00	Surgery	4.86	3.27	349.92	235.44
57456 00	Surgery	4.55	3.01	327.60	216.72
57460 00	Surgery	9.24	4.81	665.28	346.32
57461 00	Surgery	10.34	5.50	744.48	396.00
57465 00	Surgery	1.65	1.28	118.80	92.16
57500 00	Surgery	4.52	2.27	325.44	163.44
57505 00	Surgery	4.59	3.30	330.48	237.60
57510 00	Surgery	4.96	3.40	357.12	244.80
57511 00	Surgery	5.94	4.45	427.68	320.40
57513 00	Surgery	6.11	4.43	439.92	318.96
57520 00	Surgery	10.62	8.99	764.64	647.28
57522 00	Surgery	9.10	7.73	655.20	556.56
57530 00	Surgery	11.33	11.33	815.76	815.76
57531 00	Surgery	55.06	55.06	3964.32	3964.32
57540 00	Surgery	23.83	23.83	1715.76	1715.76
57545 00	Surgery	25.08	25.08	1805.76	1805.76
57550 00	Surgery	13.01	13.01	936.72	936.72
57555 00	Surgery	18.66	18.66	1343.52	1343.52
57556 00	Surgery	17.72	17.72	1275.84	1275.84
57558 00	Surgery	4.73	3.87	340.56	278.64
57700 00	Surgery	10.73	10.73	772.56	772.56
57720 00	Surgery	10.11	10.11	727.92	727.92
57800 00	Surgery	2.32	1.45	167.04	104.40
58100 00	Surgery	3.01	1.89	216.72	136.08
58110 00	Surgery	1.50	1.21	108.00	87.12
58120 00	Surgery	8.94	7.05	643.68	507.60
58140 00	Surgery	27.71	27.71	1995.12	1995.12
58145 00	Surgery	16.95	16.95	1220.40	1220.40
58146 00	Surgery	34.69	34.69	2497.68	2497.68
58150 00	Surgery	30.70	30.70	2210.40	2210.40
58152 00	Surgery	37.19	37.19	2677.68	2677.68
58180 00	Surgery	28.97	28.97	2085.84	2085.84
58200 00	Surgery	40.73	40.73	2932.56	2932.56
58210 00	Surgery	54.88	54.88	3951.36	3951.36

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
58240 00	Surgery	88.40	88.40	6364.80	6364.80
58260 00	Surgery	25.26	25.26	1818.72	1818.72
58262 00	Surgery	27.92	27.92	2010.24	2010.24
58263 00	Surgery	29.95	29.95	2156.40	2156.40
58267 00	Surgery	32.16	32.16	2315.52	2315.52
58270 00	Surgery	26.92	26.92	1938.24	1938.24
58275 00	Surgery	29.86	29.86	2149.92	2149.92
58280 00	Surgery	31.85	31.85	2293.20	2293.20
58285 00	Surgery	42.92	42.92	3090.24	3090.24
58290 00	Surgery	34.58	34.58	2489.76	2489.76
58291 00	Surgery	37.34	37.34	2688.48	2688.48
58292 00	Surgery	39.33	39.33	2831.76	2831.76
58294 00	Surgery	36.55	36.55	2631.60	2631.60
58300 00	Surgery	3.25	1.51	234.00	108.72
58301 00	Surgery	3.28	1.98	236.16	142.56
58321 00	Surgery	2.48	1.44	178.56	103.68
58322 00	Surgery	2.74	1.71	197.28	123.12
58323 00	Surgery	0.44	0.36	31.68	25.92
58340 00	Surgery	6.98	1.75	502.56	126.00
58345 00	Surgery	8.72	8.72	627.84	627.84
58346 00	Surgery	15.16	15.16	1091.52	1091.52
58350 00	Surgery	4.52	2.85	325.44	205.20
58353 00	Surgery	26.41	6.95	1901.52	500.40
58356 00	Surgery	47.69	10.57	3433.68	761.04
58400 00	Surgery	13.92	13.92	1002.24	1002.24
58410 00	Surgery	24.54	24.54	1766.88	1766.88
58520 00	Surgery	24.03	24.03	1730.16	1730.16
58540 00	Surgery	27.59	27.59	1986.48	1986.48
58541 00	Surgery	22.03	22.03	1586.16	1586.16
58542 00	Surgery	24.98	24.98	1798.56	1798.56
58543 00	Surgery	25.35	25.35	1825.20	1825.20
58544 00	Surgery	27.27	27.27	1963.44	1963.44
58545 00	Surgery	27.15	27.15	1954.80	1954.80
58546 00	Surgery	33.46	33.46	2409.12	2409.12
58548 00	Surgery	56.70	56.70	4082.40	4082.40
58550 00	Surgery	26.60	26.60	1915.20	1915.20
58552 00	Surgery	29.57	29.57	2129.04	2129.04
58553 00	Surgery	33.65	33.65	2422.80	2422.80
58554 00	Surgery	39.19	39.19	2821.68	2821.68
58555 00	Surgery	10.17	4.57	732.24	329.04
58558 00	Surgery	37.32	6.94	2687.04	499.68
58559 00	Surgery	8.49	8.49	611.28	611.28
58560 00	Surgery	9.35	9.35	673.20	673.20
58561 00	Surgery	10.70	10.70	770.40	770.40
58562 00	Surgery	12.23	6.63	880.56	477.36
58563 00	Surgery	59.03	7.36	4250.16	529.92
58565 00	Surgery	47.21	13.77	3399.12	991.44

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
58570 00	Surgery	24.37	24.37	1754.64	1754.64
58571 00	Surgery	27.38	27.38	1971.36	1971.36
58572 00	Surgery	31.37	31.37	2258.64	2258.64
58573 00	Surgery	36.68	36.68	2640.96	2640.96
58575 00	Surgery	58.25	58.25	4194.00	4194.00
58578 00	Surgery	0.00	0.00	BR	BR
58579 00	Surgery	0.00	0.00	BR	BR
58580 00	Surgery	80.42	12.17	5790.24	876.24
58600 00	Surgery	11.20	11.20	806.40	806.40
58605 00	Surgery	10.17	10.17	732.24	732.24
58611 00	Surgery	2.25	2.25	162.00	162.00
58615 00	Surgery	7.62	7.62	548.64	548.64
58660 00	Surgery	20.70	20.70	1490.40	1490.40
58661 00	Surgery	19.65	19.65	1414.80	1414.80
58662 00	Surgery	21.50	21.50	1548.00	1548.00
58670 00	Surgery	11.22	11.22	807.84	807.84
58671 00	Surgery	11.22	11.22	807.84	807.84
58672 00	Surgery	21.96	21.96	1581.12	1581.12
58673 00	Surgery	23.83	23.83	1715.76	1715.76
58674 00	Surgery	24.47	24.47	1761.84	1761.84
58679 00	Surgery	0.00	0.00	BR	BR
58700 00	Surgery	24.21	24.21	1743.12	1743.12
58720 00	Surgery	22.96	22.96	1653.12	1653.12
58740 00	Surgery	27.30	27.30	1965.60	1965.60
58750 00	Surgery	27.37	27.37	1970.64	1970.64
58752 00	Surgery	27.29	27.29	1964.88	1964.88
58760 00	Surgery	24.69	24.69	1777.68	1777.68
58770 00	Surgery	25.91	25.91	1865.52	1865.52
58800 00	Surgery	10.88	9.56	783.36	688.32
58805 00	Surgery	12.90	12.90	928.80	928.80
58820 00	Surgery	10.25	10.25	738.00	738.00
58822 00	Surgery	21.52	21.52	1549.44	1549.44
58825 00	Surgery	21.36	21.36	1537.92	1537.92
58900 00	Surgery	13.18	13.18	948.96	948.96
58920 00	Surgery	21.50	21.50	1548.00	1548.00
58925 00	Surgery	23.22	23.22	1671.84	1671.84
58940 00	Surgery	16.80	16.80	1209.60	1209.60
58943 00	Surgery	36.26	36.26	2610.72	2610.72
58950 00	Surgery	34.77	34.77	2503.44	2503.44
58951 00	Surgery	43.51	43.51	3132.72	3132.72
58952 00	Surgery	49.61	49.61	3571.92	3571.92
58953 00	Surgery	60.32	60.32	4343.04	4343.04
58954 00	Surgery	65.28	65.28	4700.16	4700.16
58956 00	Surgery	41.06	41.06	2956.32	2956.32
58958 00	Surgery	49.73	49.73	3580.56	3580.56
58960 00	Surgery	30.15	30.15	2170.80	2170.80
58970 00	Surgery	7.22	5.89	519.84	424.08

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
58974 00	Surgery	-	-	1049.76	1049.76
58976 00	Surgery	7.73	6.34	556.56	456.48
58999 00	Surgery	0.00	0.00	BR	BR
59000 00	Surgery	3.55	2.42	255.60	174.24
59001 00	Surgery	5.34	5.34	384.48	384.48
59012 00	Surgery	6.03	6.03	434.16	434.16
59015 00	Surgery	4.77	3.94	343.44	283.68
59020 00	Surgery	2.13	2.13	153.36	153.36
59020 26	Surgery	1.09	1.09	78.48	78.48
59020 TC	Surgery	1.04	1.04	74.88	74.88
59025 00	Surgery	1.48	1.48	106.56	106.56
59025 26	Surgery	0.87	0.87	62.64	62.64
59025 TC	Surgery	0.61	0.61	43.92	43.92
59030 00	Surgery	3.36	3.36	241.92	241.92
59050 00	Surgery	1.50	1.50	108.00	108.00
59051 00	Surgery	1.25	1.25	90.00	90.00
59070 00	Surgery	11.96	9.27	861.12	667.44
59072 00	Surgery	15.62	15.62	1124.64	1124.64
59074 00	Surgery	11.53	9.27	830.16	667.44
59076 00	Surgery	15.62	15.62	1124.64	1124.64
59100 00	Surgery	25.88	25.88	1863.36	1863.36
59120 00	Surgery	24.68	24.68	1776.96	1776.96
59121 00	Surgery	24.69	24.69	1777.68	1777.68
59130 00	Surgery	28.64	28.64	2062.08	2062.08
59136 00	Surgery	27.19	27.19	1957.68	1957.68
59140 00	Surgery	12.64	12.64	910.08	910.08
59150 00	Surgery	23.95	23.95	1724.40	1724.40
59151 00	Surgery	23.41	23.41	1685.52	1685.52
59160 00	Surgery	8.11	5.67	583.92	408.24
59200 00	Surgery	3.98	2.02	286.56	145.44
59300 00	Surgery	6.83	4.44	491.76	319.68
59320 00	Surgery	4.58	4.58	329.76	329.76
59325 00	Surgery	7.24	7.24	521.28	521.28
59350 00	Surgery	8.34	8.34	600.48	600.48
59400 00	Surgery	72.82	72.82	5243.04	5243.04
59409 00	Surgery	23.99	23.99	1727.28	1727.28
59410 00	Surgery	32.49	32.49	2339.28	2339.28
59412 00	Surgery	3.09	3.09	222.48	222.48
59414 00	Surgery	2.73	2.73	196.56	196.56
59425 00	Surgery	16.96	13.02	1221.12	937.44
59426 00	Surgery	31.05	23.91	2235.60	1721.52
59430 00	Surgery	7.90	5.36	568.80	385.92
59510 00	Surgery	80.89	80.89	5824.08	5824.08
59514 00	Surgery	27.21	27.21	1959.12	1959.12
59515 00	Surgery	40.30	40.30	2901.60	2901.60
59525 00	Surgery	14.41	14.41	1037.52	1037.52
59610 00	Surgery	76.28	76.28	5492.16	5492.16

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
59612 00	Surgery	27.19	27.19	1957.68	1957.68
59614 00	Surgery	35.14	35.14	2530.08	2530.08
59618 00	Surgery	81.75	81.75	5886.00	5886.00
59620 00	Surgery	28.15	28.15	2026.80	2026.80
59622 00	Surgery	41.70	41.70	3002.40	3002.40
59812 00	Surgery	10.92	9.33	786.24	671.76
59820 00	Surgery	13.25	11.73	954.00	844.56
59821 00	Surgery	13.05	11.46	939.60	825.12
59830 00	Surgery	14.03	14.03	1010.16	1010.16
59840 00	Surgery	7.51	6.70	540.72	482.40
59841 00	Surgery	12.87	11.30	926.64	813.60
59850 00	Surgery	11.90	11.90	856.80	856.80
59851 00	Surgery	12.99	12.99	935.28	935.28
59852 00	Surgery	17.80	17.80	1281.60	1281.60
59855 00	Surgery	12.87	12.87	926.64	926.64
59856 00	Surgery	15.07	15.07	1085.04	1085.04
59857 00	Surgery	17.55	17.55	1263.60	1263.60
59866 00	Surgery	7.17	7.17	516.24	516.24
59870 00	Surgery	16.19	16.19	1165.68	1165.68
59871 00	Surgery	4.01	4.01	288.72	288.72
59897 00	Surgery	0.00	0.00	BR	BR
59898 00	Surgery	0.00	0.00	BR	BR
59899 00	Surgery	0.00	0.00	BR	BR
60000 00	Surgery	5.65	4.84	406.80	348.48
60100 00	Surgery	3.29	2.26	236.88	162.72
60200 00	Surgery	20.28	20.28	1460.16	1460.16
60210 00	Surgery	21.47	21.47	1545.84	1545.84
60212 00	Surgery	31.03	31.03	2234.16	2234.16
60220 00	Surgery	21.40	21.40	1540.80	1540.80
60225 00	Surgery	28.41	28.41	2045.52	2045.52
60240 00	Surgery	27.70	27.70	1994.40	1994.40
60252 00	Surgery	39.73	39.73	2860.56	2860.56
60254 00	Surgery	50.13	50.13	3609.36	3609.36
60260 00	Surgery	32.80	32.80	2361.60	2361.60
60270 00	Surgery	40.95	40.95	2948.40	2948.40
60271 00	Surgery	31.83	31.83	2291.76	2291.76
60280 00	Surgery	13.82	13.82	995.04	995.04
60281 00	Surgery	18.08	18.08	1301.76	1301.76
60300 00	Surgery	3.09	1.44	222.48	103.68
60500 00	Surgery	29.33	29.33	2111.76	2111.76
60502 00	Surgery	39.39	39.39	2836.08	2836.08
60505 00	Surgery	42.03	42.03	3026.16	3026.16
60512 00	Surgery	7.19	7.19	517.68	517.68
60520 00	Surgery	31.68	31.68	2280.96	2280.96
60521 00	Surgery	33.63	33.63	2421.36	2421.36
60522 00	Surgery	40.67	40.67	2928.24	2928.24
60540 00	Surgery	32.53	32.53	2342.16	2342.16

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
60545 00	Surgery	37.47	37.47	2697.84	2697.84
60600 00	Surgery	40.35	40.35	2905.20	2905.20
60605 00	Surgery	48.34	48.34	3480.48	3480.48
60650 00	Surgery	35.96	35.96	2589.12	2589.12
60659 00	Surgery	0.00	0.00	BR	BR
60660 00	Surgery	73.92	9.49	5322.24	683.28
60661 00	Surgery	11.99	6.57	863.28	473.04
60699 00	Surgery	0.00	0.00	BR	BR
61000 00	Surgery	3.47	3.47	249.84	249.84
61001 00	Surgery	3.30	3.30	237.60	237.60
61020 00	Surgery	3.22	3.22	231.84	231.84
61026 00	Surgery	3.42	3.42	246.24	246.24
61050 00	Surgery	2.41	2.41	173.52	173.52
61055 00	Surgery	3.46	3.46	249.12	249.12
61070 00	Surgery	1.69	1.69	121.68	121.68
61105 00	Surgery	14.42	14.42	1038.24	1038.24
61107 00	Surgery	9.44	9.44	679.68	679.68
61108 00	Surgery	27.92	27.92	2010.24	2010.24
61120 00	Surgery	23.18	23.18	1668.96	1668.96
61140 00	Surgery	39.10	39.10	2815.20	2815.20
61150 00	Surgery	41.46	41.46	2985.12	2985.12
61151 00	Surgery	30.58	30.58	2201.76	2201.76
61154 00	Surgery	39.31	39.31	2830.32	2830.32
61156 00	Surgery	38.09	38.09	2742.48	2742.48
61210 00	Surgery	11.07	11.07	797.04	797.04
61215 00	Surgery	16.03	16.03	1154.16	1154.16
61250 00	Surgery	26.78	26.78	1928.16	1928.16
61253 00	Surgery	30.58	30.58	2201.76	2201.76
61304 00	Surgery	50.21	50.21	3615.12	3615.12
61305 00	Surgery	61.36	61.36	4417.92	4417.92
61312 00	Surgery	63.20	63.20	4550.40	4550.40
61313 00	Surgery	60.77	60.77	4375.44	4375.44
61314 00	Surgery	55.90	55.90	4024.80	4024.80
61315 00	Surgery	63.20	63.20	4550.40	4550.40
61316 00	Surgery	2.65	2.65	190.80	190.80
61320 00	Surgery	57.99	57.99	4175.28	4175.28
61321 00	Surgery	64.95	64.95	4676.40	4676.40
61322 00	Surgery	72.74	72.74	5237.28	5237.28
61323 00	Surgery	72.38	72.38	5211.36	5211.36
61330 00	Surgery	54.96	54.96	3957.12	3957.12
61333 00	Surgery	61.64	61.64	4438.08	4438.08
61340 00	Surgery	44.21	44.21	3183.12	3183.12
61343 00	Surgery	66.92	66.92	4818.24	4818.24
61345 00	Surgery	62.50	62.50	4500.00	4500.00
61450 00	Surgery	58.71	58.71	4227.12	4227.12
61458 00	Surgery	61.71	61.71	4443.12	4443.12
61460 00	Surgery	64.40	64.40	4636.80	4636.80

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
61500 00	Surgery	39.46	39.46	2841.12	2841.12
61501 00	Surgery	34.52	34.52	2485.44	2485.44
61510 00	Surgery	67.42	67.42	4854.24	4854.24
61512 00	Surgery	77.92	77.92	5610.24	5610.24
61514 00	Surgery	58.69	58.69	4225.68	4225.68
61516 00	Surgery	57.23	57.23	4120.56	4120.56
61517 00	Surgery	2.64	2.64	190.08	190.08
61518 00	Surgery	84.55	84.55	6087.60	6087.60
61519 00	Surgery	89.81	89.81	6466.32	6466.32
61520 00	Surgery	113.17	113.17	8148.24	8148.24
61521 00	Surgery	96.43	96.43	6942.96	6942.96
61522 00	Surgery	66.88	66.88	4815.36	4815.36
61524 00	Surgery	63.74	63.74	4589.28	4589.28
61526 00	Surgery	100.94	100.94	7267.68	7267.68
61530 00	Surgery	93.54	93.54	6734.88	6734.88
61531 00	Surgery	37.80	37.80	2721.60	2721.60
61533 00	Surgery	46.85	46.85	3373.20	3373.20
61534 00	Surgery	50.65	50.65	3646.80	3646.80
61535 00	Surgery	31.04	31.04	2234.88	2234.88
61536 00	Surgery	78.65	78.65	5662.80	5662.80
61537 00	Surgery	74.90	74.90	5392.80	5392.80
61538 00	Surgery	81.05	81.05	5835.60	5835.60
61539 00	Surgery	72.09	72.09	5190.48	5190.48
61540 00	Surgery	66.50	66.50	4788.00	4788.00
61541 00	Surgery	65.76	65.76	4734.72	4734.72
61543 00	Surgery	66.47	66.47	4785.84	4785.84
61544 00	Surgery	58.08	58.08	4181.76	4181.76
61545 00	Surgery	97.21	97.21	6999.12	6999.12
61546 00	Surgery	70.51	70.51	5076.72	5076.72
61548 00	Surgery	47.79	47.79	3440.88	3440.88
61550 00	Surgery	36.95	36.95	2660.40	2660.40
61552 00	Surgery	45.70	45.70	3290.40	3290.40
61556 00	Surgery	52.38	52.38	3771.36	3771.36
61557 00	Surgery	51.79	51.79	3728.88	3728.88
61558 00	Surgery	57.68	57.68	4152.96	4152.96
61559 00	Surgery	73.43	73.43	5286.96	5286.96
61563 00	Surgery	60.63	60.63	4365.36	4365.36
61564 00	Surgery	73.55	73.55	5295.60	5295.60
61566 00	Surgery	68.43	68.43	4926.96	4926.96
61567 00	Surgery	77.96	77.96	5613.12	5613.12
61570 00	Surgery	57.30	57.30	4125.60	4125.60
61571 00	Surgery	60.95	60.95	4388.40	4388.40
61575 00	Surgery	76.44	76.44	5503.68	5503.68
61576 00	Surgery	127.30	127.30	9165.60	9165.60
61580 00	Surgery	74.85	74.85	5389.20	5389.20
61581 00	Surgery	80.96	80.96	5829.12	5829.12
61582 00	Surgery	92.09	92.09	6630.48	6630.48

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
61583 00	Surgery	88.99	88.99	6407.28	6407.28
61584 00	Surgery	87.27	87.27	6283.44	6283.44
61585 00	Surgery	99.19	99.19	7141.68	7141.68
61586 00	Surgery	76.37	76.37	5498.64	5498.64
61590 00	Surgery	90.45	90.45	6512.40	6512.40
61591 00	Surgery	92.73	92.73	6676.56	6676.56
61592 00	Surgery	95.75	95.75	6894.00	6894.00
61595 00	Surgery	72.09	72.09	5190.48	5190.48
61596 00	Surgery	72.96	72.96	5253.12	5253.12
61597 00	Surgery	88.62	88.62	6380.64	6380.64
61598 00	Surgery	86.46	86.46	6225.12	6225.12
61600 00	Surgery	63.59	63.59	4578.48	4578.48
61601 00	Surgery	73.26	73.26	5274.72	5274.72
61605 00	Surgery	65.22	65.22	4695.84	4695.84
61606 00	Surgery	87.99	87.99	6335.28	6335.28
61607 00	Surgery	92.14	92.14	6634.08	6634.08
61608 00	Surgery	99.28	99.28	7148.16	7148.16
61611 00	Surgery	14.09	14.09	1014.48	1014.48
61613 00	Surgery	99.61	99.61	7171.92	7171.92
61615 00	Surgery	85.32	85.32	6143.04	6143.04
61616 00	Surgery	100.58	100.58	7241.76	7241.76
61618 00	Surgery	39.45	39.45	2840.40	2840.40
61619 00	Surgery	43.29	43.29	3116.88	3116.88
61623 00	Surgery	17.30	17.30	1245.60	1245.60
61624 00	Surgery	34.99	34.99	2519.28	2519.28
61626 00	Surgery	27.14	27.14	1954.08	1954.08
61630 00	Surgery	41.13	41.13	2961.36	2961.36
61635 00	Surgery	45.01	45.01	3240.72	3240.72
61640 00	Surgery	14.01	14.01	1008.72	1008.72
61641 00	Surgery	4.92	4.92	354.24	354.24
61642 00	Surgery	9.84	9.84	708.48	708.48
61645 00	Surgery	25.40	25.40	1828.80	1828.80
61650 00	Surgery	17.61	17.61	1267.92	1267.92
61651 00	Surgery	7.52	7.52	541.44	541.44
61680 00	Surgery	68.93	68.93	4962.96	4962.96
61682 00	Surgery	125.72	125.72	9051.84	9051.84
61684 00	Surgery	86.67	86.67	6240.24	6240.24
61686 00	Surgery	136.40	136.40	9820.80	9820.80
61690 00	Surgery	66.74	66.74	4805.28	4805.28
61692 00	Surgery	110.93	110.93	7986.96	7986.96
61697 00	Surgery	128.17	128.17	9228.24	9228.24
61698 00	Surgery	140.43	140.43	10110.96	10110.96
61700 00	Surgery	103.73	103.73	7468.56	7468.56
61702 00	Surgery	122.20	122.20	8798.40	8798.40
61703 00	Surgery	41.80	41.80	3009.60	3009.60
61705 00	Surgery	79.38	79.38	5715.36	5715.36
61708 00	Surgery	77.67	77.67	5592.24	5592.24

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
61710 00	Surgery	65.56	65.56	4720.32	4720.32
61711 00	Surgery	79.54	79.54	5726.88	5726.88
61715 00	Surgery	36.47	36.47	2625.84	2625.84
61720 00	Surgery	39.08	39.08	2813.76	2813.76
61735 00	Surgery	48.96	48.96	3525.12	3525.12
61736 00	Surgery	37.11	37.11	2671.92	2671.92
61737 00	Surgery	44.05	44.05	3171.60	3171.60
61750 00	Surgery	43.24	43.24	3113.28	3113.28
61751 00	Surgery	42.65	42.65	3070.80	3070.80
61760 00	Surgery	48.62	48.62	3500.64	3500.64
61770 00	Surgery	49.68	49.68	3576.96	3576.96
61781 00	Surgery	7.11	7.11	511.92	511.92
61782 00	Surgery	5.17	5.17	372.24	372.24
61783 00	Surgery	6.97	6.97	501.84	501.84
61790 00	Surgery	27.24	27.24	1961.28	1961.28
61791 00	Surgery	34.71	34.71	2499.12	2499.12
61796 00	Surgery	31.36	31.36	2257.92	2257.92
61797 00	Surgery	6.61	6.61	475.92	475.92
61798 00	Surgery	42.29	42.29	3044.88	3044.88
61799 00	Surgery	9.12	9.12	656.64	656.64
61800 00	Surgery	4.52	4.52	325.44	325.44
61850 00	Surgery	30.37	30.37	2186.64	2186.64
61860 00	Surgery	47.90	47.90	3448.80	3448.80
61863 00	Surgery	46.23	46.23	3328.56	3328.56
61864 00	Surgery	8.53	8.53	614.16	614.16
61867 00	Surgery	69.67	69.67	5016.24	5016.24
61868 00	Surgery	15.03	15.03	1082.16	1082.16
61880 00	Surgery	18.17	18.17	1308.24	1308.24
61885 00	Surgery	16.31	16.31	1174.32	1174.32
61886 00	Surgery	27.20	27.20	1958.40	1958.40
61888 00	Surgery	12.21	12.21	879.12	879.12
61889 00	Surgery	37.73	37.73	2716.56	2716.56
61891 00	Surgery	17.90	17.90	1288.80	1288.80
61892 00	Surgery	24.90	24.90	1792.80	1792.80
62000 00	Surgery	31.88	31.88	2295.36	2295.36
62005 00	Surgery	39.11	39.11	2815.92	2815.92
62010 00	Surgery	47.18	47.18	3396.96	3396.96
62100 00	Surgery	47.88	47.88	3447.36	3447.36
62115 00	Surgery	51.83	51.83	3731.76	3731.76
62117 00	Surgery	60.05	60.05	4323.60	4323.60
62120 00	Surgery	63.18	63.18	4548.96	4548.96
62121 00	Surgery	46.86	46.86	3373.92	3373.92
62140 00	Surgery	31.31	31.31	2254.32	2254.32
62141 00	Surgery	35.11	35.11	2527.92	2527.92
62142 00	Surgery	27.55	27.55	1983.60	1983.60
62143 00	Surgery	32.17	32.17	2316.24	2316.24
62145 00	Surgery	42.93	42.93	3090.96	3090.96

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
62146 00	Surgery	38.43	38.43	2766.96	2766.96
62147 00	Surgery	43.72	43.72	3147.84	3147.84
62148 00	Surgery	3.80	3.80	273.60	273.60
62160 00	Surgery	5.68	5.68	408.96	408.96
62161 00	Surgery	46.74	46.74	3365.28	3365.28
62162 00	Surgery	57.87	57.87	4166.64	4166.64
62164 00	Surgery	64.18	64.18	4620.96	4620.96
62165 00	Surgery	46.08	46.08	3317.76	3317.76
62180 00	Surgery	49.06	49.06	3532.32	3532.32
62190 00	Surgery	28.72	28.72	2067.84	2067.84
62192 00	Surgery	30.53	30.53	2198.16	2198.16
62194 00	Surgery	15.32	15.32	1103.04	1103.04
62200 00	Surgery	42.26	42.26	3042.72	3042.72
62201 00	Surgery	37.39	37.39	2692.08	2692.08
62220 00	Surgery	29.83	29.83	2147.76	2147.76
62223 00	Surgery	31.59	31.59	2274.48	2274.48
62225 00	Surgery	16.66	16.66	1199.52	1199.52
62230 00	Surgery	25.81	25.81	1858.32	1858.32
62252 00	Surgery	2.65	2.65	190.80	190.80
62252 26	Surgery	1.39	1.39	100.08	100.08
62252 TC	Surgery	1.26	1.26	90.72	90.72
62256 00	Surgery	18.87	18.87	1358.64	1358.64
62258 00	Surgery	34.04	34.04	2450.88	2450.88
62263 00	Surgery	18.96	9.78	1365.12	704.16
62264 00	Surgery	12.94	7.35	931.68	529.20
62267 00	Surgery	7.81	4.58	562.32	329.76
62268 00	Surgery	10.03	10.03	722.16	722.16
62269 00	Surgery	7.75	7.75	558.00	558.00
62270 00	Surgery	4.38	1.93	315.36	138.96
62272 00	Surgery	5.62	2.81	404.64	202.32
62273 00	Surgery	5.02	3.39	361.44	244.08
62280 00	Surgery	9.67	4.82	696.24	347.04
62281 00	Surgery	7.14	4.70	514.08	338.40
62282 00	Surgery	9.19	4.26	661.68	306.72
62284 00	Surgery	5.50	2.47	396.00	177.84
62287 00	Surgery	18.14	18.14	1306.08	1306.08
62290 00	Surgery	10.12	4.68	728.64	336.96
62291 00	Surgery	9.09	4.25	654.48	306.00
62292 00	Surgery	17.53	17.53	1262.16	1262.16
62294 00	Surgery	29.41	29.41	2117.52	2117.52
62302 00	Surgery	7.47	3.53	537.84	254.16
62303 00	Surgery	7.60	3.53	547.20	254.16
62304 00	Surgery	7.42	3.48	534.24	250.56
62305 00	Surgery	8.10	3.63	583.20	261.36
62320 00	Surgery	4.76	2.96	342.72	213.12
62321 00	Surgery	7.76	3.21	558.72	231.12
62322 00	Surgery	3.95	2.34	284.40	168.48

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
62323 00	Surgery	7.63	2.97	549.36	213.84
62324 00	Surgery	4.09	2.67	294.48	192.24
62325 00	Surgery	7.26	3.25	522.72	234.00
62326 00	Surgery	4.09	2.55	294.48	183.60
62327 00	Surgery	7.91	3.19	569.52	229.68
62328 00	Surgery	6.56	2.53	472.32	182.16
62329 00	Surgery	7.79	3.11	560.88	223.92
62350 00	Surgery	12.14	12.14	874.08	874.08
62351 00	Surgery	28.04	28.04	2018.88	2018.88
62355 00	Surgery	8.56	8.56	616.32	616.32
62360 00	Surgery	9.55	9.55	687.60	687.60
62361 00	Surgery	13.46	13.46	969.12	969.12
62362 00	Surgery	11.74	11.74	845.28	845.28
62365 00	Surgery	9.11	9.11	655.92	655.92
62367 00	Surgery	0.96	0.73	69.12	52.56
62368 00	Surgery	1.34	1.02	96.48	73.44
62369 00	Surgery	2.74	1.03	197.28	74.16
62370 00	Surgery	2.75	1.37	198.00	98.64
62380 00	Surgery	-	-	5009.76	5009.76
63001 00	Surgery	37.75	37.75	2718.00	2718.00
63003 00	Surgery	37.92	37.92	2730.24	2730.24
63005 00	Surgery	36.96	36.96	2661.12	2661.12
63011 00	Surgery	33.19	33.19	2389.68	2389.68
63012 00	Surgery	36.51	36.51	2628.72	2628.72
63015 00	Surgery	45.45	45.45	3272.40	3272.40
63016 00	Surgery	46.62	46.62	3356.64	3356.64
63017 00	Surgery	38.87	38.87	2798.64	2798.64
63020 00	Surgery	33.74	33.74	2429.28	2429.28
63030 00	Surgery	28.06	28.06	2020.32	2020.32
63035 00	Surgery	6.98	6.98	502.56	502.56
63040 00	Surgery	41.96	41.96	3021.12	3021.12
63042 00	Surgery	39.46	39.46	2841.12	2841.12
63043 00	Surgery	-	-	2327.76	2327.76
63044 00	Surgery	-	-	1440.72	1440.72
63045 00	Surgery	39.40	39.40	2836.80	2836.80
63046 00	Surgery	37.63	37.63	2709.36	2709.36
63047 00	Surgery	33.85	33.85	2437.20	2437.20
63048 00	Surgery	6.33	6.33	455.76	455.76
63050 00	Surgery	45.27	45.27	3259.44	3259.44
63051 00	Surgery	51.41	51.41	3701.52	3701.52
63052 00	Surgery	7.77	7.77	559.44	559.44
63053 00	Surgery	6.88	6.88	495.36	495.36
63055 00	Surgery	49.59	49.59	3570.48	3570.48
63056 00	Surgery	45.33	45.33	3263.76	3263.76
63057 00	Surgery	9.69	9.69	697.68	697.68
63064 00	Surgery	53.74	53.74	3869.28	3869.28
63066 00	Surgery	6.20	6.20	446.40	446.40

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
63075 00	Surgery	41.31	41.31	2974.32	2974.32
63076 00	Surgery	7.33	7.33	527.76	527.76
63077 00	Surgery	44.25	44.25	3186.00	3186.00
63078 00	Surgery	6.24	6.24	449.28	449.28
63081 00	Surgery	53.67	53.67	3864.24	3864.24
63082 00	Surgery	7.99	7.99	575.28	575.28
63085 00	Surgery	58.61	58.61	4219.92	4219.92
63086 00	Surgery	5.73	5.73	412.56	412.56
63087 00	Surgery	73.62	73.62	5300.64	5300.64
63088 00	Surgery	7.76	7.76	558.72	558.72
63090 00	Surgery	58.84	58.84	4236.48	4236.48
63091 00	Surgery	5.24	5.24	377.28	377.28
63101 00	Surgery	70.63	70.63	5085.36	5085.36
63102 00	Surgery	69.88	69.88	5031.36	5031.36
63103 00	Surgery	8.80	8.80	633.60	633.60
63170 00	Surgery	48.95	48.95	3524.40	3524.40
63172 00	Surgery	43.44	43.44	3127.68	3127.68
63173 00	Surgery	52.93	52.93	3810.96	3810.96
63185 00	Surgery	37.88	37.88	2727.36	2727.36
63190 00	Surgery	37.66	37.66	2711.52	2711.52
63191 00	Surgery	42.51	42.51	3060.72	3060.72
63197 00	Surgery	52.52	52.52	3781.44	3781.44
63200 00	Surgery	47.49	47.49	3419.28	3419.28
63250 00	Surgery	90.33	90.33	6503.76	6503.76
63251 00	Surgery	92.36	92.36	6649.92	6649.92
63252 00	Surgery	92.35	92.35	6649.20	6649.20
63265 00	Surgery	50.90	50.90	3664.80	3664.80
63266 00	Surgery	52.47	52.47	3777.84	3777.84
63267 00	Surgery	41.98	41.98	3022.56	3022.56
63268 00	Surgery	44.97	44.97	3237.84	3237.84
63270 00	Surgery	63.57	63.57	4577.04	4577.04
63271 00	Surgery	63.49	63.49	4571.28	4571.28
63272 00	Surgery	57.63	57.63	4149.36	4149.36
63273 00	Surgery	57.24	57.24	4121.28	4121.28
63275 00	Surgery	55.01	55.01	3960.72	3960.72
63276 00	Surgery	54.66	54.66	3935.52	3935.52
63277 00	Surgery	47.81	47.81	3442.32	3442.32
63278 00	Surgery	48.98	48.98	3526.56	3526.56
63280 00	Surgery	64.67	64.67	4656.24	4656.24
63281 00	Surgery	64.20	64.20	4622.40	4622.40
63282 00	Surgery	60.75	60.75	4374.00	4374.00
63283 00	Surgery	58.37	58.37	4202.64	4202.64
63285 00	Surgery	79.85	79.85	5749.20	5749.20
63286 00	Surgery	78.94	78.94	5683.68	5683.68
63287 00	Surgery	83.69	83.69	6025.68	6025.68
63290 00	Surgery	85.10	85.10	6127.20	6127.20
63295 00	Surgery	9.98	9.98	718.56	718.56

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
63300 00	Surgery	55.51	55.51	3996.72	3996.72
63301 00	Surgery	64.73	64.73	4660.56	4660.56
63302 00	Surgery	66.71	66.71	4803.12	4803.12
63303 00	Surgery	70.71	70.71	5091.12	5091.12
63304 00	Surgery	71.84	71.84	5172.48	5172.48
63305 00	Surgery	76.38	76.38	5499.36	5499.36
63306 00	Surgery	75.09	75.09	5406.48	5406.48
63307 00	Surgery	73.50	73.50	5292.00	5292.00
63308 00	Surgery	9.60	9.60	691.20	691.20
63600 00	Surgery	33.71	33.71	2427.12	2427.12
63610 00	Surgery	17.62	17.62	1268.64	1268.64
63620 00	Surgery	34.62	34.62	2492.64	2492.64
63621 00	Surgery	7.60	7.60	547.20	547.20
63650 00	Surgery	65.76	12.48	4734.72	898.56
63655 00	Surgery	25.81	25.81	1858.32	1858.32
63661 00	Surgery	20.34	10.01	1464.48	720.72
63662 00	Surgery	26.13	26.13	1881.36	1881.36
63663 00	Surgery	26.58	13.58	1913.76	977.76
63664 00	Surgery	27.24	27.24	1961.28	1961.28
63685 00	Surgery	10.28	10.28	740.16	740.16
63688 00	Surgery	9.10	9.10	655.20	655.20
63700 00	Surgery	40.41	40.41	2909.52	2909.52
63702 00	Surgery	44.13	44.13	3177.36	3177.36
63704 00	Surgery	51.30	51.30	3693.60	3693.60
63706 00	Surgery	56.85	56.85	4093.20	4093.20
63707 00	Surgery	29.02	29.02	2089.44	2089.44
63709 00	Surgery	34.11	34.11	2455.92	2455.92
63710 00	Surgery	33.19	33.19	2389.68	2389.68
63740 00	Surgery	30.45	30.45	2192.40	2192.40
63741 00	Surgery	20.67	20.67	1488.24	1488.24
63744 00	Surgery	22.00	22.00	1584.00	1584.00
63746 00	Surgery	18.93	18.93	1362.96	1362.96
64400 00	Surgery	3.37	1.57	242.64	113.04
64405 00	Surgery	2.27	1.59	163.44	114.48
64408 00	Surgery	2.43	1.36	174.96	97.92
64415 00	Surgery	3.99	2.08	287.28	149.76
64416 00	Surgery	2.30	2.30	165.60	165.60
64417 00	Surgery	4.79	1.93	344.88	138.96
64418 00	Surgery	2.58	1.66	185.76	119.52
64420 00	Surgery	2.95	1.76	212.40	126.72
64421 00	Surgery	1.00	0.73	72.00	52.56
64425 00	Surgery	3.28	1.63	236.16	117.36
64430 00	Surgery	2.93	1.65	210.96	118.80
64435 00	Surgery	2.38	1.31	171.36	94.32
64445 00	Surgery	4.68	2.16	336.96	155.52
64446 00	Surgery	2.25	2.25	162.00	162.00
64447 00	Surgery	3.48	1.90	250.56	136.80

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
64448 00	Surgery	2.15	2.15	154.80	154.80
64449 00	Surgery	1.95	1.95	140.40	140.40
64450 00	Surgery	2.22	1.24	159.84	89.28
64451 00	Surgery	6.72	2.46	483.84	177.12
64454 00	Surgery	6.54	2.47	470.88	177.84
64455 00	Surgery	1.49	0.99	107.28	71.28
64461 00	Surgery	3.97	2.31	285.84	166.32
64462 00	Surgery	2.11	1.43	151.92	102.96
64463 00	Surgery	6.66	2.42	479.52	174.24
64466 00	Surgery	3.71	1.97	267.12	141.84
64467 00	Surgery	6.86	2.27	493.92	163.44
64468 00	Surgery	4.28	2.19	308.16	157.68
64469 00	Surgery	10.47	2.38	753.84	171.36
64473 00	Surgery	3.50	1.76	252.00	126.72
64474 00	Surgery	6.78	2.19	488.16	157.68
64479 00	Surgery	7.92	3.92	570.24	282.24
64480 00	Surgery	4.01	1.84	288.72	132.48
64483 00	Surgery	7.30	3.33	525.60	239.76
64484 00	Surgery	3.28	1.51	236.16	108.72
64486 00	Surgery	3.26	1.55	234.72	111.60
64487 00	Surgery	6.12	1.78	440.64	128.16
64488 00	Surgery	3.78	1.80	272.16	129.60
64489 00	Surgery	9.98	2.24	718.56	161.28
64490 00	Surgery	5.76	3.16	414.72	227.52
64491 00	Surgery	2.93	1.78	210.96	128.16
64492 00	Surgery	2.92	1.79	210.24	128.88
64493 00	Surgery	5.32	2.73	383.04	196.56
64494 00	Surgery	2.72	1.52	195.84	109.44
64495 00	Surgery	2.69	1.53	193.68	110.16
64505 00	Surgery	4.39	3.21	316.08	231.12
64510 00	Surgery	4.32	2.29	311.04	164.88
64517 00	Surgery	5.80	3.80	417.60	273.60
64520 00	Surgery	6.76	2.55	486.72	183.60
64530 00	Surgery	6.69	2.84	481.68	204.48
64553 00	Surgery	111.73	13.79	8044.56	992.88
64555 00	Surgery	61.46	9.81	4425.12	706.32
64561 00	Surgery	21.41	9.09	1541.52	654.48
64566 00	Surgery	3.39	0.89	244.08	64.08
64568 00	Surgery	18.35	18.35	1321.20	1321.20
64569 00	Surgery	23.67	23.67	1704.24	1704.24
64570 00	Surgery	22.77	22.77	1639.44	1639.44
64575 00	Surgery	9.53	9.53	686.16	686.16
64580 00	Surgery	9.60	9.60	691.20	691.20
64581 00	Surgery	19.72	19.72	1419.84	1419.84
64582 00	Surgery	25.22	25.22	1815.84	1815.84
64583 00	Surgery	26.05	26.05	1875.60	1875.60
64584 00	Surgery	21.98	21.98	1582.56	1582.56

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
64585 00	Surgery	7.18	4.35	516.96	313.20
64590 00	Surgery	12.43	8.87	894.96	638.64
64595 00	Surgery	10.11	6.94	727.92	499.68
64596 00	Surgery	0.00	0.00	BR	BR
64597 00	Surgery	0.00	0.00	BR	BR
64598 00	Surgery	0.00	0.00	BR	BR
64600 00	Surgery	14.37	7.29	1034.64	524.88
64605 00	Surgery	26.82	13.00	1931.04	936.00
64610 00	Surgery	22.87	14.59	1646.64	1050.48
64611 00	Surgery	4.00	3.43	288.00	246.96
64612 00	Surgery	4.15	3.60	298.80	259.20
64615 00	Surgery	4.60	3.71	331.20	267.12
64616 00	Surgery	4.19	3.33	301.68	239.76
64617 00	Surgery	4.84	3.26	348.48	234.72
64620 00	Surgery	6.37	5.38	458.64	387.36
64624 00	Surgery	11.46	4.41	825.12	317.52
64625 00	Surgery	13.96	5.90	1005.12	424.80
64628 00	Surgery	12.34	12.34	888.48	888.48
64629 00	Surgery	5.82	5.82	419.04	419.04
64630 00	Surgery	7.75	5.82	558.00	419.04
64632 00	Surgery	2.75	2.04	198.00	146.88
64633 00	Surgery	12.89	5.77	928.08	415.44
64634 00	Surgery	7.46	2.00	537.12	144.00
64635 00	Surgery	13.00	5.77	936.00	415.44
64636 00	Surgery	7.00	1.76	504.00	126.72
64640 00	Surgery	7.45	3.62	536.40	260.64
64642 00	Surgery	4.63	3.23	333.36	232.56
64643 00	Surgery	2.81	2.08	202.32	149.76
64644 00	Surgery	5.37	3.50	386.64	252.00
64645 00	Surgery	3.63	2.44	261.36	175.68
64646 00	Surgery	4.89	3.52	352.08	253.44
64647 00	Surgery	5.48	3.99	394.56	287.28
64650 00	Surgery	2.63	1.22	189.36	87.84
64653 00	Surgery	3.07	1.54	221.04	110.88
64680 00	Surgery	10.06	4.85	724.32	349.20
64681 00	Surgery	13.54	6.65	974.88	478.80
64702 00	Surgery	15.81	15.81	1138.32	1138.32
64704 00	Surgery	9.94	9.94	715.68	715.68
64708 00	Surgery	15.51	15.51	1116.72	1116.72
64712 00	Surgery	18.17	18.17	1308.24	1308.24
64713 00	Surgery	24.41	24.41	1757.52	1757.52
64714 00	Surgery	23.43	23.43	1686.96	1686.96
64716 00	Surgery	15.53	15.53	1118.16	1118.16
64718 00	Surgery	18.60	18.60	1339.20	1339.20
64719 00	Surgery	12.57	12.57	905.04	905.04
64721 00	Surgery	13.72	13.49	987.84	971.28
64722 00	Surgery	11.40	11.40	820.80	820.80

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
64726 00	Surgery	8.25	8.25	594.00	594.00
64727 00	Surgery	5.33	5.33	383.76	383.76
64732 00	Surgery	14.12	14.12	1016.64	1016.64
64734 00	Surgery	15.93	15.93	1146.96	1146.96
64736 00	Surgery	10.20	10.20	734.40	734.40
64738 00	Surgery	13.61	13.61	979.92	979.92
64740 00	Surgery	13.91	13.91	1001.52	1001.52
64742 00	Surgery	14.89	14.89	1072.08	1072.08
64744 00	Surgery	15.67	15.67	1128.24	1128.24
64746 00	Surgery	13.03	13.03	938.16	938.16
64755 00	Surgery	27.86	27.86	2005.92	2005.92
64760 00	Surgery	15.88	15.88	1143.36	1143.36
64763 00	Surgery	15.72	15.72	1131.84	1131.84
64766 00	Surgery	19.36	19.36	1393.92	1393.92
64771 00	Surgery	18.53	18.53	1334.16	1334.16
64772 00	Surgery	17.01	17.01	1224.72	1224.72
64774 00	Surgery	13.14	13.14	946.08	946.08
64776 00	Surgery	12.32	12.32	887.04	887.04
64778 00	Surgery	5.38	5.38	387.36	387.36
64782 00	Surgery	14.03	14.03	1010.16	1010.16
64783 00	Surgery	6.43	6.43	462.96	462.96
64784 00	Surgery	22.18	22.18	1596.96	1596.96
64786 00	Surgery	30.42	30.42	2190.24	2190.24
64787 00	Surgery	7.03	7.03	506.16	506.16
64788 00	Surgery	12.50	12.50	900.00	900.00
64790 00	Surgery	26.10	26.10	1879.20	1879.20
64792 00	Surgery	32.76	32.76	2358.72	2358.72
64795 00	Surgery	5.98	5.98	430.56	430.56
64802 00	Surgery	26.16	26.16	1883.52	1883.52
64804 00	Surgery	36.69	36.69	2641.68	2641.68
64809 00	Surgery	33.54	33.54	2414.88	2414.88
64818 00	Surgery	23.72	23.72	1707.84	1707.84
64820 00	Surgery	23.38	23.38	1683.36	1683.36
64821 00	Surgery	21.44	21.44	1543.68	1543.68
64822 00	Surgery	21.44	21.44	1543.68	1543.68
64823 00	Surgery	24.24	24.24	1745.28	1745.28
64831 00	Surgery	21.29	21.29	1532.88	1532.88
64832 00	Surgery	9.90	9.90	712.80	712.80
64834 00	Surgery	22.77	22.77	1639.44	1639.44
64835 00	Surgery	24.89	24.89	1792.08	1792.08
64836 00	Surgery	24.89	24.89	1792.08	1792.08
64837 00	Surgery	10.84	10.84	780.48	780.48
64840 00	Surgery	29.30	29.30	2109.60	2109.60
64856 00	Surgery	30.65	30.65	2206.80	2206.80
64857 00	Surgery	31.77	31.77	2287.44	2287.44
64858 00	Surgery	35.60	35.60	2563.20	2563.20
64859 00	Surgery	7.36	7.36	529.92	529.92

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
64861 00	Surgery	46.74	46.74	3365.28	3365.28
64862 00	Surgery	41.55	41.55	2991.60	2991.60
64864 00	Surgery	25.99	25.99	1871.28	1871.28
64865 00	Surgery	32.50	32.50	2340.00	2340.00
64866 00	Surgery	37.43	37.43	2694.96	2694.96
64868 00	Surgery	29.82	29.82	2147.04	2147.04
64872 00	Surgery	3.45	3.45	248.40	248.40
64874 00	Surgery	5.16	5.16	371.52	371.52
64876 00	Surgery	5.84	5.84	420.48	420.48
64885 00	Surgery	32.34	32.34	2328.48	2328.48
64886 00	Surgery	38.75	38.75	2790.00	2790.00
64890 00	Surgery	32.71	32.71	2355.12	2355.12
64891 00	Surgery	34.77	34.77	2503.44	2503.44
64892 00	Surgery	31.83	31.83	2291.76	2291.76
64893 00	Surgery	33.94	33.94	2443.68	2443.68
64895 00	Surgery	40.05	40.05	2883.60	2883.60
64896 00	Surgery	43.20	43.20	3110.40	3110.40
64897 00	Surgery	38.31	38.31	2758.32	2758.32
64898 00	Surgery	41.49	41.49	2987.28	2987.28
64901 00	Surgery	17.70	17.70	1274.40	1274.40
64902 00	Surgery	20.48	20.48	1474.56	1474.56
64905 00	Surgery	30.11	30.11	2167.92	2167.92
64907 00	Surgery	39.29	39.29	2828.88	2828.88
64910 00	Surgery	23.14	23.14	1666.08	1666.08
64911 00	Surgery	31.06	31.06	2236.32	2236.32
64912 00	Surgery	27.08	27.08	1949.76	1949.76
64913 00	Surgery	5.11	5.11	367.92	367.92
64999 00	Surgery	0.00	0.00	BR	BR
65091 00	Surgery	21.90	21.90	1576.80	1576.80
65093 00	Surgery	21.71	21.71	1563.12	1563.12
65101 00	Surgery	25.09	25.09	1806.48	1806.48
65103 00	Surgery	25.94	25.94	1867.68	1867.68
65105 00	Surgery	28.25	28.25	2034.00	2034.00
65110 00	Surgery	39.06	39.06	2812.32	2812.32
65112 00	Surgery	44.79	44.79	3224.88	3224.88
65114 00	Surgery	46.75	46.75	3366.00	3366.00
65125 00	Surgery	13.40	8.80	964.80	633.60
65130 00	Surgery	25.19	25.19	1813.68	1813.68
65135 00	Surgery	25.49	25.49	1835.28	1835.28
65140 00	Surgery	27.42	27.42	1974.24	1974.24
65150 00	Surgery	20.65	20.65	1486.80	1486.80
65155 00	Surgery	28.55	28.55	2055.60	2055.60
65175 00	Surgery	23.02	23.02	1657.44	1657.44
65205 00	Surgery	0.85	0.86	61.20	61.92
65210 00	Surgery	1.14	1.07	82.08	77.04
65220 00	Surgery	1.81	1.22	130.32	87.84
65222 00	Surgery	2.02	1.48	145.44	106.56

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
65235 00	Surgery	21.60	21.60	1555.20	1555.20
65260 00	Surgery	29.03	29.03	2090.16	2090.16
65265 00	Surgery	32.62	32.62	2348.64	2348.64
65270 00	Surgery	8.30	4.17	597.60	300.24
65272 00	Surgery	15.54	10.47	1118.88	753.84
65273 00	Surgery	11.24	11.24	809.28	809.28
65275 00	Surgery	17.45	13.66	1256.40	983.52
65280 00	Surgery	19.81	19.81	1426.32	1426.32
65285 00	Surgery	32.68	32.68	2352.96	2352.96
65286 00	Surgery	20.51	14.67	1476.72	1056.24
65290 00	Surgery	14.50	14.50	1044.00	1044.00
65400 00	Surgery	20.62	17.97	1484.64	1293.84
65410 00	Surgery	4.26	3.06	306.72	220.32
65420 00	Surgery	15.89	11.35	1144.08	817.20
65426 00	Surgery	19.77	14.28	1423.44	1028.16
65430 00	Surgery	3.44	3.02	247.68	217.44
65435 00	Surgery	2.45	2.07	176.40	149.04
65436 00	Surgery	11.59	11.03	834.48	794.16
65450 00	Surgery	9.89	9.70	712.08	698.40
65600 00	Surgery	12.98	10.21	934.56	735.12
65710 00	Surgery	33.79	33.79	2432.88	2432.88
65730 00	Surgery	37.05	37.05	2667.60	2667.60
65750 00	Surgery	37.25	37.25	2682.00	2682.00
65755 00	Surgery	37.13	37.13	2673.36	2673.36
65756 00	Surgery	35.05	35.05	2523.60	2523.60
65757 00	Surgery	-	-	562.32	562.32
65760 00	Surgery	-	-	2076.48	2076.48
65765 00	Surgery	0.00	0.00	BR	BR
65767 00	Surgery	0.00	0.00	BR	BR
65770 00	Surgery	41.66	41.66	2999.52	2999.52
65771 00	Surgery	0.00	0.00	BR	BR
65772 00	Surgery	13.57	12.08	977.04	869.76
65775 00	Surgery	17.07	17.07	1229.04	1229.04
65778 00	Surgery	37.64	1.30	2710.08	93.60
65779 00	Surgery	32.98	3.12	2374.56	224.64
65780 00	Surgery	17.62	17.62	1268.64	1268.64
65781 00	Surgery	39.34	39.34	2832.48	2832.48
65782 00	Surgery	33.99	33.99	2447.28	2447.28
65785 00	Surgery	60.79	13.23	4376.88	952.56
65800 00	Surgery	3.57	2.65	257.04	190.80
65810 00	Surgery	13.80	13.80	993.60	993.60
65815 00	Surgery	18.94	14.20	1363.68	1022.40
65820 00	Surgery	24.30	24.30	1749.60	1749.60
65850 00	Surgery	24.96	24.96	1797.12	1797.12
65855 00	Surgery	7.27	6.09	523.44	438.48
65860 00	Surgery	9.13	7.39	657.36	532.08
65865 00	Surgery	14.18	14.18	1020.96	1020.96

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
65870 00	Surgery	17.66	17.66	1271.52	1271.52
65875 00	Surgery	18.81	18.81	1354.32	1354.32
65880 00	Surgery	19.75	19.75	1422.00	1422.00
65900 00	Surgery	29.29	29.29	2108.88	2108.88
65920 00	Surgery	23.49	23.49	1691.28	1691.28
65930 00	Surgery	19.01	19.01	1368.72	1368.72
66020 00	Surgery	5.83	3.92	419.76	282.24
66030 00	Surgery	5.24	3.32	377.28	239.04
66130 00	Surgery	20.81	16.76	1498.32	1206.72
66150 00	Surgery	26.02	26.02	1873.44	1873.44
66155 00	Surgery	26.00	26.00	1872.00	1872.00
66160 00	Surgery	29.22	29.22	2103.84	2103.84
66170 00	Surgery	32.45	32.45	2336.40	2336.40
66172 00	Surgery	35.44	35.44	2551.68	2551.68
66174 00	Surgery	18.54	18.54	1334.88	1334.88
66175 00	Surgery	21.48	21.48	1546.56	1546.56
66179 00	Surgery	32.05	32.05	2307.60	2307.60
66180 00	Surgery	33.75	33.75	2430.00	2430.00
66183 00	Surgery	30.50	30.50	2196.00	2196.00
66184 00	Surgery	23.51	23.51	1692.72	1692.72
66185 00	Surgery	25.24	25.24	1817.28	1817.28
66225 00	Surgery	27.72	27.72	1995.84	1995.84
66250 00	Surgery	22.10	16.52	1591.20	1189.44
66500 00	Surgery	11.63	11.63	837.36	837.36
66505 00	Surgery	12.66	12.66	911.52	911.52
66600 00	Surgery	26.69	26.69	1921.68	1921.68
66605 00	Surgery	32.18	32.18	2316.96	2316.96
66625 00	Surgery	12.75	12.75	918.00	918.00
66630 00	Surgery	16.85	16.85	1213.20	1213.20
66635 00	Surgery	17.00	17.00	1224.00	1224.00
66680 00	Surgery	17.70	17.70	1274.40	1274.40
66682 00	Surgery	19.69	19.69	1417.68	1417.68
66683 00	Surgery	23.15	23.15	1666.80	1666.80
66700 00	Surgery	13.45	11.64	968.40	838.08
66710 00	Surgery	13.12	11.64	944.64	838.08
66711 00	Surgery	15.07	15.07	1085.04	1085.04
66720 00	Surgery	13.94	12.26	1003.68	882.72
66740 00	Surgery	13.07	11.64	941.04	838.08
66761 00	Surgery	8.81	6.99	634.32	503.28
66762 00	Surgery	14.18	12.65	1020.96	910.80
66770 00	Surgery	15.75	14.34	1134.00	1032.48
66820 00	Surgery	13.76	13.76	990.72	990.72
66821 00	Surgery	9.89	9.24	712.08	665.28
66825 00	Surgery	24.54	24.54	1766.88	1766.88
66830 00	Surgery	21.04	21.04	1514.88	1514.88
66840 00	Surgery	20.54	20.54	1478.88	1478.88
66850 00	Surgery	23.37	23.37	1682.64	1682.64

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
66852 00	Surgery	24.84	24.84	1788.48	1788.48
66920 00	Surgery	22.21	22.21	1599.12	1599.12
66930 00	Surgery	25.37	25.37	1826.64	1826.64
66940 00	Surgery	23.25	23.25	1674.00	1674.00
66982 00	Surgery	22.09	22.09	1590.48	1590.48
66983 00	Surgery	-	-	1669.68	1669.68
66984 00	Surgery	16.13	16.13	1161.36	1161.36
66985 00	Surgery	22.82	22.82	1643.04	1643.04
66986 00	Surgery	26.72	26.72	1923.84	1923.84
66987 00	Surgery	-	-	2499.84	2499.84
66988 00	Surgery	-	-	2170.80	2170.80
66989 00	Surgery	25.35	25.35	1825.20	1825.20
66990 00	Surgery	2.62	2.62	188.64	188.64
66991 00	Surgery	20.30	20.30	1461.60	1461.60
66999 00	Surgery	0.00	0.00	BR	BR
67005 00	Surgery	14.23	14.23	1024.56	1024.56
67010 00	Surgery	16.23	16.23	1168.56	1168.56
67015 00	Surgery	17.88	17.88	1287.36	1287.36
67025 00	Surgery	21.87	18.71	1574.64	1347.12
67027 00	Surgery	25.07	25.07	1805.04	1805.04
67028 00	Surgery	3.37	2.74	242.64	197.28
67030 00	Surgery	16.54	16.54	1190.88	1190.88
67031 00	Surgery	11.51	10.50	828.72	756.00
67036 00	Surgery	26.53	26.53	1910.16	1910.16
67039 00	Surgery	28.39	28.39	2044.08	2044.08
67040 00	Surgery	30.65	30.65	2206.80	2206.80
67041 00	Surgery	33.78	33.78	2432.16	2432.16
67042 00	Surgery	33.78	33.78	2432.16	2432.16
67043 00	Surgery	35.65	35.65	2566.80	2566.80
67101 00	Surgery	9.94	8.46	715.68	609.12
67105 00	Surgery	8.80	8.16	633.60	587.52
67107 00	Surgery	33.23	33.23	2392.56	2392.56
67108 00	Surgery	35.18	35.18	2532.96	2532.96
67110 00	Surgery	26.32	24.09	1895.04	1734.48
67113 00	Surgery	39.27	39.27	2827.44	2827.44
67115 00	Surgery	14.83	14.83	1067.76	1067.76
67120 00	Surgery	19.80	16.46	1425.60	1185.12
67121 00	Surgery	26.75	26.75	1926.00	1926.00
67141 00	Surgery	7.99	6.42	575.28	462.24
67145 00	Surgery	7.22	6.42	519.84	462.24
67208 00	Surgery	17.87	17.11	1286.64	1231.92
67210 00	Surgery	15.28	14.79	1100.16	1064.88
67218 00	Surgery	41.07	41.07	2957.04	2957.04
67220 00	Surgery	15.71	14.80	1131.12	1065.60
67221 00	Surgery	8.38	6.17	603.36	444.24
67225 00	Surgery	0.87	0.81	62.64	58.32
67227 00	Surgery	8.77	7.56	631.44	544.32

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
67228 00	Surgery	10.07	9.00	725.04	648.00
67229 00	Surgery	34.22	34.22	2463.84	2463.84
67250 00	Surgery	26.59	26.59	1914.48	1914.48
67255 00	Surgery	20.44	20.44	1471.68	1471.68
67299 00	Surgery	0.00	0.00	BR	BR
67311 00	Surgery	13.58	13.58	977.76	977.76
67312 00	Surgery	19.73	19.73	1420.56	1420.56
67314 00	Surgery	13.58	13.58	977.76	977.76
67316 00	Surgery	21.07	21.07	1517.04	1517.04
67318 00	Surgery	20.39	20.39	1468.08	1468.08
67320 00	Surgery	5.15	5.15	370.80	370.80
67331 00	Surgery	3.73	3.73	268.56	268.56
67332 00	Surgery	6.02	6.02	433.44	433.44
67334 00	Surgery	3.68	3.68	264.96	264.96
67335 00	Surgery	5.53	5.53	398.16	398.16
67340 00	Surgery	8.62	8.62	620.64	620.64
67343 00	Surgery	20.08	20.08	1445.76	1445.76
67345 00	Surgery	7.34	6.53	528.48	470.16
67346 00	Surgery	5.74	5.74	413.28	413.28
67399 00	Surgery	0.00	0.00	BR	BR
67400 00	Surgery	30.53	30.53	2198.16	2198.16
67405 00	Surgery	26.63	26.63	1917.36	1917.36
67412 00	Surgery	29.05	29.05	2091.60	2091.60
67413 00	Surgery	28.36	28.36	2041.92	2041.92
67414 00	Surgery	42.76	42.76	3078.72	3078.72
67415 00	Surgery	3.05	3.05	219.60	219.60
67420 00	Surgery	51.19	51.19	3685.68	3685.68
67430 00	Surgery	40.79	40.79	2936.88	2936.88
67440 00	Surgery	39.59	39.59	2850.48	2850.48
67445 00	Surgery	45.00	45.00	3240.00	3240.00
67450 00	Surgery	41.02	41.02	2953.44	2953.44
67500 00	Surgery	2.30	1.93	165.60	138.96
67505 00	Surgery	2.53	2.13	182.16	153.36
67515 00	Surgery	1.52	1.39	109.44	100.08
67516 00	Surgery	3.58	2.89	257.76	208.08
67550 00	Surgery	32.01	32.01	2304.72	2304.72
67560 00	Surgery	32.68	32.68	2352.96	2352.96
67570 00	Surgery	37.46	37.46	2697.12	2697.12
67599 00	Surgery	0.00	0.00	BR	BR
67700 00	Surgery	8.25	3.49	594.00	251.28
67710 00	Surgery	7.02	2.92	505.44	210.24
67715 00	Surgery	7.71	3.24	555.12	233.28
67800 00	Surgery	3.87	3.06	278.64	220.32
67801 00	Surgery	4.88	3.92	351.36	282.24
67805 00	Surgery	6.08	4.85	437.76	349.20
67808 00	Surgery	10.98	10.98	790.56	790.56
67810 00	Surgery	5.41	2.04	389.52	146.88

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
67820 00	Surgery	0.56	0.66	40.32	47.52
67825 00	Surgery	4.01	3.66	288.72	263.52
67830 00	Surgery	7.90	4.11	568.80	295.92
67835 00	Surgery	13.18	13.18	948.96	948.96
67840 00	Surgery	8.18	4.67	588.96	336.24
67850 00	Surgery	6.41	3.94	461.52	283.68
67875 00	Surgery	5.35	2.86	385.20	205.92
67880 00	Surgery	13.88	10.99	999.36	791.28
67882 00	Surgery	16.99	14.05	1223.28	1011.60
67900 00	Surgery	19.34	15.05	1392.48	1083.60
67901 00	Surgery	23.48	17.52	1690.56	1261.44
67902 00	Surgery	21.54	21.54	1550.88	1550.88
67903 00	Surgery	17.89	14.29	1288.08	1028.88
67904 00	Surgery	21.93	17.70	1578.96	1274.40
67906 00	Surgery	15.01	15.01	1080.72	1080.72
67908 00	Surgery	16.05	12.86	1155.60	925.92
67909 00	Surgery	16.28	13.06	1172.16	940.32
67911 00	Surgery	16.64	16.64	1198.08	1198.08
67912 00	Surgery	26.20	14.45	1886.40	1040.40
67914 00	Surgery	14.38	9.84	1035.36	708.48
67915 00	Surgery	9.19	5.94	661.68	427.68
67916 00	Surgery	17.99	12.84	1295.28	924.48
67917 00	Surgery	18.42	13.59	1326.24	978.48
67921 00	Surgery	14.04	9.34	1010.88	672.48
67922 00	Surgery	9.04	5.99	650.88	431.28
67923 00	Surgery	18.00	12.84	1296.00	924.48
67924 00	Surgery	19.16	13.61	1379.52	979.92
67930 00	Surgery	10.97	7.00	789.84	504.00
67935 00	Surgery	17.81	13.02	1282.32	937.44
67938 00	Surgery	7.69	3.43	553.68	246.96
67950 00	Surgery	17.35	13.76	1249.20	990.72
67961 00	Surgery	17.48	13.54	1258.56	974.88
67966 00	Surgery	23.06	19.42	1660.32	1398.24
67971 00	Surgery	21.34	21.34	1536.48	1536.48
67973 00	Surgery	27.44	27.44	1975.68	1975.68
67974 00	Surgery	27.36	27.36	1969.92	1969.92
67975 00	Surgery	20.24	20.24	1457.28	1457.28
67999 00	Surgery	0.00	0.00	BR	BR
68020 00	Surgery	3.62	3.28	260.64	236.16
68040 00	Surgery	1.87	1.43	134.64	102.96
68100 00	Surgery	5.27	2.86	379.44	205.92
68110 00	Surgery	6.97	4.44	501.84	319.68
68115 00	Surgery	9.71	5.44	699.12	391.68
68130 00	Surgery	16.31	12.30	1174.32	885.60
68135 00	Surgery	4.73	4.48	340.56	322.56
68200 00	Surgery	1.24	1.02	89.28	73.44
68320 00	Surgery	21.97	16.08	1581.84	1157.76

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
68325 00	Surgery	19.49	19.49	1403.28	1403.28
68326 00	Surgery	19.15	19.15	1378.80	1378.80
68328 00	Surgery	20.91	20.91	1505.52	1505.52
68330 00	Surgery	18.43	13.73	1326.96	988.56
68335 00	Surgery	19.21	19.21	1383.12	1383.12
68340 00	Surgery	17.76	11.84	1278.72	852.48
68360 00	Surgery	16.04	12.23	1154.88	880.56
68362 00	Surgery	19.45	19.45	1400.40	1400.40
68371 00	Surgery	12.25	12.25	882.00	882.00
68399 00	Surgery	0.00	0.00	BR	BR
68400 00	Surgery	8.68	3.93	624.96	282.96
68420 00	Surgery	9.70	4.95	698.40	356.40
68440 00	Surgery	3.12	2.99	224.64	215.28
68500 00	Surgery	31.47	31.47	2265.84	2265.84
68505 00	Surgery	31.33	31.33	2255.76	2255.76
68510 00	Surgery	13.26	8.51	954.72	612.72
68520 00	Surgery	21.91	21.91	1577.52	1577.52
68525 00	Surgery	7.62	7.62	548.64	548.64
68530 00	Surgery	12.74	7.55	917.28	543.60
68540 00	Surgery	29.08	29.08	2093.76	2093.76
68550 00	Surgery	36.17	36.17	2604.24	2604.24
68700 00	Surgery	17.93	17.93	1290.96	1290.96
68705 00	Surgery	7.65	4.93	550.80	354.96
68720 00	Surgery	24.04	24.04	1730.88	1730.88
68745 00	Surgery	24.16	24.16	1739.52	1739.52
68750 00	Surgery	25.47	25.47	1833.84	1833.84
68760 00	Surgery	6.45	4.37	464.40	314.64
68761 00	Surgery	4.29	3.49	308.88	251.28
68770 00	Surgery	18.64	18.64	1342.08	1342.08
68801 00	Surgery	2.84	2.37	204.48	170.64
68810 00	Surgery	4.78	3.83	344.16	275.76
68811 00	Surgery	4.05	4.05	291.60	291.60
68815 00	Surgery	10.98	6.62	790.56	476.64
68816 00	Surgery	24.14	4.67	1738.08	336.24
68840 00	Surgery	3.97	3.51	285.84	252.72
68841 00	Surgery	1.14	0.97	82.08	69.84
68850 00	Surgery	1.73	1.54	124.56	110.88
68899 00	Surgery	0.00	0.00	BR	BR
69000 00	Surgery	5.53	3.80	398.16	273.60
69005 00	Surgery	6.57	4.90	473.04	352.80
69020 00	Surgery	6.87	4.35	494.64	313.20
69090 00	Surgery	-	-	59.04	59.04
69100 00	Surgery	2.83	1.38	203.76	99.36
69105 00	Surgery	4.26	1.96	306.72	141.12
69110 00	Surgery	14.00	9.89	1008.00	712.08
69120 00	Surgery	11.66	11.66	839.52	839.52
69140 00	Surgery	27.06	27.06	1948.32	1948.32

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
69145 00	Surgery	12.17	7.76	876.24	558.72
69150 00	Surgery	30.16	30.16	2171.52	2171.52
69155 00	Surgery	48.83	48.83	3515.76	3515.76
69200 00	Surgery	2.42	1.44	174.24	103.68
69205 00	Surgery	2.87	2.87	206.64	206.64
69209 00	Surgery	0.47	0.47	33.84	33.84
69210 00	Surgery	1.44	0.96	103.68	69.12
69220 00	Surgery	2.38	1.56	171.36	112.32
69222 00	Surgery	6.43	4.13	462.96	297.36
69300 00	Surgery	19.50	14.28	1404.00	1028.16
69310 00	Surgery	33.53	33.53	2414.16	2414.16
69320 00	Surgery	46.79	46.79	3368.88	3368.88
69399 00	Surgery	0.00	0.00	BR	BR
69420 00	Surgery	5.71	3.67	411.12	264.24
69421 00	Surgery	4.59	4.59	330.48	330.48
69424 00	Surgery	3.80	1.85	273.60	133.20
69433 00	Surgery	6.04	4.03	434.88	290.16
69436 00	Surgery	4.85	4.85	349.20	349.20
69440 00	Surgery	20.71	20.71	1491.12	1491.12
69450 00	Surgery	16.40	16.40	1180.80	1180.80
69501 00	Surgery	21.35	21.35	1537.20	1537.20
69502 00	Surgery	28.31	28.31	2038.32	2038.32
69505 00	Surgery	36.90	36.90	2656.80	2656.80
69511 00	Surgery	37.75	37.75	2718.00	2718.00
69530 00	Surgery	50.52	50.52	3637.44	3637.44
69535 00	Surgery	79.96	79.96	5757.12	5757.12
69540 00	Surgery	6.24	3.91	449.28	281.52
69550 00	Surgery	31.93	31.93	2298.96	2298.96
69552 00	Surgery	47.63	47.63	3429.36	3429.36
69554 00	Surgery	75.98	75.98	5470.56	5470.56
69601 00	Surgery	30.52	30.52	2197.44	2197.44
69602 00	Surgery	32.59	32.59	2346.48	2346.48
69603 00	Surgery	38.57	38.57	2777.04	2777.04
69604 00	Surgery	33.31	33.31	2398.32	2398.32
69610 00	Surgery	11.49	8.67	827.28	624.24
69620 00	Surgery	22.24	15.01	1601.28	1080.72
69631 00	Surgery	26.62	26.62	1916.64	1916.64
69632 00	Surgery	32.39	32.39	2332.08	2332.08
69633 00	Surgery	31.55	31.55	2271.60	2271.60
69635 00	Surgery	38.46	38.46	2769.12	2769.12
69636 00	Surgery	42.29	42.29	3044.88	3044.88
69637 00	Surgery	42.11	42.11	3031.92	3031.92
69641 00	Surgery	31.21	31.21	2247.12	2247.12
69642 00	Surgery	40.03	40.03	2882.16	2882.16
69643 00	Surgery	36.62	36.62	2636.64	2636.64
69644 00	Surgery	45.30	45.30	3261.60	3261.60
69645 00	Surgery	44.46	44.46	3201.12	3201.12

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
69646 00	Surgery	47.03	47.03	3386.16	3386.16
69650 00	Surgery	24.08	24.08	1733.76	1733.76
69660 00	Surgery	27.72	27.72	1995.84	1995.84
69661 00	Surgery	36.10	36.10	2599.20	2599.20
69662 00	Surgery	34.51	34.51	2484.72	2484.72
69666 00	Surgery	24.22	24.22	1743.84	1743.84
69667 00	Surgery	24.23	24.23	1744.56	1744.56
69670 00	Surgery	28.30	28.30	2037.60	2037.60
69676 00	Surgery	24.96	24.96	1797.12	1797.12
69700 00	Surgery	20.00	20.00	1440.00	1440.00
69705 00	Surgery	76.61	5.22	5515.92	375.84
69706 00	Surgery	79.32	7.29	5711.04	524.88
69710 00	Surgery	-	-	2087.28	2087.28
69711 00	Surgery	25.14	25.14	1810.08	1810.08
69714 00	Surgery	14.93	14.93	1074.96	1074.96
69716 00	Surgery	18.69	18.69	1345.68	1345.68
69717 00	Surgery	16.90	16.90	1216.80	1216.80
69719 00	Surgery	19.40	19.40	1396.80	1396.80
69720 00	Surgery	35.43	35.43	2550.96	2550.96
69725 00	Surgery	55.98	55.98	4030.56	4030.56
69726 00	Surgery	14.36	14.36	1033.92	1033.92
69727 00	Surgery	16.02	16.02	1153.44	1153.44
69728 00	Surgery	17.86	17.86	1285.92	1285.92
69729 00	Surgery	20.24	20.24	1457.28	1457.28
69730 00	Surgery	20.67	20.67	1488.24	1488.24
69740 00	Surgery	34.78	34.78	2504.16	2504.16
69745 00	Surgery	37.05	37.05	2667.60	2667.60
69799 00	Surgery	0.00	0.00	BR	BR
69801 00	Surgery	6.78	3.75	488.16	270.00
69805 00	Surgery	30.90	30.90	2224.80	2224.80
69806 00	Surgery	27.62	27.62	1988.64	1988.64
69905 00	Surgery	27.51	27.51	1980.72	1980.72
69910 00	Surgery	29.70	29.70	2138.40	2138.40
69915 00	Surgery	45.03	45.03	3242.16	3242.16
69930 00	Surgery	36.38	36.38	2619.36	2619.36
69949 00	Surgery	0.00	0.00	BR	BR
69950 00	Surgery	52.37	52.37	3770.64	3770.64
69955 00	Surgery	58.88	58.88	4239.36	4239.36
69960 00	Surgery	56.47	56.47	4065.84	4065.84
69970 00	Surgery	63.69	63.69	4585.68	4585.68
69979 00	Surgery	0.00	0.00	BR	BR
69990 00	Surgery	6.55	6.55	471.60	471.60

## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**Historical Note**

New Appendix A, Surgery Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Surgery Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Surgery Codes 2019-2020 repealed; new Appendix A, Surgery Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Surgery Codes 2020-2021 repealed; new Appendix A, Surgery Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Surgery Codes 2021-2022 repealed; new Surgery Codes 2022-2023 made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Surgery Codes 2022-2023 repealed; new Surgery Codes 2023-2024 made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Surgery Codes 2023-2024 repealed; new Appendix A, Surgery Codes 2024-2025 made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Surgery Codes 2024-2025 repealed; new Appendix A, Surgery Codes 2025 made by exempt rulemaking at effective May 1, 2025 (Supp. 25-2).

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

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## RADIOLOGY GUIDELINES

Information regarding publications incorporated by reference is found in the Introduction Section of the Fee Schedule.

The following Commission guidelines are in addition to CMS and CPT® guidelines and represent additional guidance from the Commission relative to unit values for these services. To the extent that a conflict may exist between an incorporated portion of the CPT® and a code, guideline, identifier, or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

**A. GENERAL GUIDELINES**

1. Values include usual contrast media, equipment, and materials. An additional charge may be warranted when special surgical trays and materials are provided by the healthcare provider.
2. Values include consultation and written reports to the referring healthcare provider.
3. X-ray findings and attending healthcare provider's written orders for x-rays must be included with the statement for x-ray services. Bills unsupported by findings will not be paid.
4. X-rays should be taken, reported, and be properly marked for identification and orientation in accordance with the accepted standard of radiologic practice in the State of Arizona.

**B. MODIFIERS**

Modifiers identify circumstances that alter or enhance the description of the service. For radiology codes, two modifiers affect the assigned unit value and are listed in *The Essential RBRVS*. However, other modifiers may be required for correct reporting of service. See CMS and the 2025 CPT® publication for additional information on modifiers. Listed radiology modifiers affect the unit values as follows:

1. Total: When no modifier is listed, the unit value represents the global value of the procedure. The five-digit code is used to represent a global service inclusive of the professional and technical value of providing that service. The following sections provide additional definitions for each component.
2. Professional: Modifier 26 is used to designate professional services. The professional component includes examination of the patient, when indicated, performance and/or supervision of the procedure, interpretation and written report of the examination, and consultation with referring healthcare providers.
3. Technical: Modifier TC is used to designate the technical value of providing the service. The technical component includes personnel, materials, space, equipment, and other allocated facility overhead normally included in providing the service.

### C. REFERENCE TO RELATIVE VALUES

Two patterns of billing currently prevail in radiology. The first pattern occurs when a total charge for the radiology service, including both the professional component (“PC”) and technical component (“TC”), is billed by appropriately licensed healthcare providers working in offices, clinics, and independent diagnostic testing facilities. The second pattern occurs when services are performed in settings such as a hospital or ambulatory surgery center radiology department. The radiologist submits a separate statement to the payer for services that compose the professional component. The hospital or ambulatory surgery center charges for use of the department facilities and the services of its employees as the technical component.

The Radiology Relative Values scales have been devised for use in radiology and are not coordinated with scales for services in other branches of medicine such as surgery, medicine, or pathology. The two scales are compatible only within themselves. Some procedures are noted as a “BR” value or “By Report”. This usage is intended to indicate that circumstances involving a given patient procedure may require much more than the average amount of time and effort to perform and thus a value would be unique and could not be anticipated or established. When such added involvement is claimed, a written explanation will usually be required as an addendum to the bill.

The PC values do not include TC charges made by the hospital in which the procedure was accomplished. Such charges by the hospital or ambulatory surgery center cover the services of technologists and other staff, the films, contrast media, radioactive agents, chemical and other materials, the use of the space and facilities of the x-ray department plus any other hospital or ambulatory surgery center costs. Most hospitals or ambulatory surgery centers have derived their own schedule of charges for these items. Establishment of hospital or ambulatory surgery center charges is not the subject of the Fee Schedule.

The separation of billing in no way implies a division of responsibility, but only a division of the charge. The radiologist is a physician performing a needed medical service for a patient and must retain full responsibility for his or her own activity and full responsibility for the potential supervision of technologists, the selection and maintenance of equipment, the control of radiation hazards, and the general administration of the radiology department.

### D. REVIEW OF DIAGNOSTIC STUDIES

No separate charge is warranted for prior studies reviewed in conjunction with a visit, consultation, record review, or other evaluation by a healthcare provider; neither the professional component value modifier 26 nor the radiological consultation CPT® code 76140 is reimbursable. The review of diagnostic tests is included in the evaluation and management codes.

## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**Historical Note**

New Appendix A. Radiology Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A. Radiology Guidelines will remain in effect through September 30, 2020 (Supp. 19-3).

Appendix A, Radiology Guidelines repealed; new Appendix A, Radiology Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Radiology Guidelines repealed; new Appendix A, Radiology Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Radiology Guidelines repealed; new Radiology Guidelines made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3).

Appendix A, Radiology Guidelines repealed; new Radiology Guidelines made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Radiology Guidelines repealed; new Appendix A, Radiology Guidelines made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Radiology Guidelines repealed; new Appendix A, Radiology Guidelines made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Radiology Codes 2025****Radiology Conversion Factor \$70.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
70010 00	Radiology	1.75	1.75	122.50	122.50
70015 00	Radiology	4.91	4.91	343.70	343.70
70015 26	Radiology	1.68	1.68	117.60	117.60
70015 TC	Radiology	3.23	3.23	226.10	226.10
70030 00	Radiology	0.99	0.99	69.30	69.30
70030 26	Radiology	0.26	0.26	18.20	18.20
70030 TC	Radiology	0.73	0.73	51.10	51.10
70100 00	Radiology	1.16	1.16	81.20	81.20
70100 26	Radiology	0.26	0.26	18.20	18.20
70100 TC	Radiology	0.90	0.90	63.00	63.00
70110 00	Radiology	1.31	1.31	91.70	91.70
70110 26	Radiology	0.36	0.36	25.20	25.20
70110 TC	Radiology	0.95	0.95	66.50	66.50
70120 00	Radiology	1.15	1.15	80.50	80.50
70120 26	Radiology	0.26	0.26	18.20	18.20
70120 TC	Radiology	0.89	0.89	62.30	62.30
70130 00	Radiology	1.87	1.87	130.90	130.90
70130 26	Radiology	0.49	0.49	34.30	34.30
70130 TC	Radiology	1.38	1.38	96.60	96.60
70134 00	Radiology	1.84	1.84	128.80	128.80
70134 26	Radiology	0.51	0.51	35.70	35.70
70134 TC	Radiology	1.33	1.33	93.10	93.10
70140 00	Radiology	0.96	0.96	67.20	67.20
70140 26	Radiology	0.29	0.29	20.30	20.30
70140 TC	Radiology	0.67	0.67	46.90	46.90
70150 00	Radiology	1.40	1.40	98.00	98.00
70150 26	Radiology	0.37	0.37	25.90	25.90
70150 TC	Radiology	1.03	1.03	72.10	72.10
70160 00	Radiology	1.13	1.13	79.10	79.10
70160 26	Radiology	0.25	0.25	17.50	17.50
70160 TC	Radiology	0.88	0.88	61.60	61.60
70170 00	Radiology	-	-	103.60	103.60
70170 26	Radiology	0.43	0.43	30.10	30.10
70170 TC	Radiology	-	-	73.50	73.50
70190 00	Radiology	1.12	1.12	78.40	78.40
70190 26	Radiology	0.32	0.32	22.40	22.40
70190 TC	Radiology	0.80	0.80	56.00	56.00

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Radiology Codes 2025****Radiology Conversion Factor \$70.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
70200 00	Radiology	1.43	1.43	100.10	100.10
70200 26	Radiology	0.40	0.40	28.00	28.00
70200 TC	Radiology	1.03	1.03	72.10	72.10
70210 00	Radiology	0.97	0.97	67.90	67.90
70210 26	Radiology	0.25	0.25	17.50	17.50
70210 TC	Radiology	0.72	0.72	50.40	50.40
70220 00	Radiology	1.13	1.13	79.10	79.10
70220 26	Radiology	0.31	0.31	21.70	21.70
70220 TC	Radiology	0.82	0.82	57.40	57.40
70240 00	Radiology	0.98	0.98	68.60	68.60
70240 26	Radiology	0.27	0.27	18.90	18.90
70240 TC	Radiology	0.71	0.71	49.70	49.70
70250 00	Radiology	1.08	1.08	75.60	75.60
70250 26	Radiology	0.26	0.26	18.20	18.20
70250 TC	Radiology	0.82	0.82	57.40	57.40
70260 00	Radiology	1.34	1.34	93.80	93.80
70260 26	Radiology	0.40	0.40	28.00	28.00
70260 TC	Radiology	0.94	0.94	65.80	65.80
70300 00	Radiology	0.40	0.40	28.00	28.00
70300 26	Radiology	0.15	0.15	10.50	10.50
70300 TC	Radiology	0.25	0.25	17.50	17.50
70310 00	Radiology	1.22	1.22	85.40	85.40
70310 26	Radiology	0.24	0.24	16.80	16.80
70310 TC	Radiology	0.98	0.98	68.60	68.60
70320 00	Radiology	1.63	1.63	114.10	114.10
70320 26	Radiology	0.33	0.33	23.10	23.10
70320 TC	Radiology	1.30	1.30	91.00	91.00
70328 00	Radiology	1.03	1.03	72.10	72.10
70328 26	Radiology	0.26	0.26	18.20	18.20
70328 TC	Radiology	0.77	0.77	53.90	53.90
70330 00	Radiology	1.59	1.59	111.30	111.30
70330 26	Radiology	0.34	0.34	23.80	23.80
70330 TC	Radiology	1.25	1.25	87.50	87.50
70332 00	Radiology	2.44	2.44	170.80	170.80
70332 26	Radiology	0.77	0.77	53.90	53.90
70332 TC	Radiology	1.67	1.67	116.90	116.90
70336 00	Radiology	7.97	7.97	557.90	557.90

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Radiology Codes 2025****Radiology Conversion Factor \$70.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
70336 26	Radiology	2.07	2.07	144.90	144.90
70336 TC	Radiology	5.90	5.90	413.00	413.00
70350 00	Radiology	0.53	0.53	37.10	37.10
70350 26	Radiology	0.26	0.26	18.20	18.20
70350 TC	Radiology	0.27	0.27	18.90	18.90
70355 00	Radiology	0.57	0.57	39.90	39.90
70355 26	Radiology	0.30	0.30	21.00	21.00
70355 TC	Radiology	0.27	0.27	18.90	18.90
70360 00	Radiology	0.94	0.94	65.80	65.80
70360 26	Radiology	0.26	0.26	18.20	18.20
70360 TC	Radiology	0.68	0.68	47.60	47.60
70370 00	Radiology	3.08	3.08	215.60	215.60
70370 26	Radiology	0.45	0.45	31.50	31.50
70370 TC	Radiology	2.63	2.63	184.10	184.10
70371 00	Radiology	3.35	3.35	234.50	234.50
70371 26	Radiology	1.25	1.25	87.50	87.50
70371 TC	Radiology	2.10	2.10	147.00	147.00
70380 00	Radiology	1.12	1.12	78.40	78.40
70380 26	Radiology	0.24	0.24	16.80	16.80
70380 TC	Radiology	0.88	0.88	61.60	61.60
70390 00	Radiology	3.39	3.39	237.30	237.30
70390 26	Radiology	0.54	0.54	37.80	37.80
70390 TC	Radiology	2.85	2.85	199.50	199.50
70450 00	Radiology	3.25	3.25	227.50	227.50
70450 26	Radiology	1.20	1.20	84.00	84.00
70450 TC	Radiology	2.05	2.05	143.50	143.50
70460 00	Radiology	4.52	4.52	316.40	316.40
70460 26	Radiology	1.59	1.59	111.30	111.30
70460 TC	Radiology	2.93	2.93	205.10	205.10
70470 00	Radiology	5.28	5.28	369.60	369.60
70470 26	Radiology	1.79	1.79	125.30	125.30
70470 TC	Radiology	3.49	3.49	244.30	244.30
70480 00	Radiology	4.84	4.84	338.80	338.80
70480 26	Radiology	1.81	1.81	126.70	126.70
70480 TC	Radiology	3.03	3.03	212.10	212.10
70481 00	Radiology	5.49	5.49	384.30	384.30
70481 26	Radiology	1.59	1.59	111.30	111.30

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Radiology Codes 2025****Radiology Conversion Factor \$70.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
70481 TC	Radiology	3.90	3.90	273.00	273.00
70482 00	Radiology	6.39	6.39	447.30	447.30
70482 26	Radiology	1.78	1.78	124.60	124.60
70482 TC	Radiology	4.61	4.61	322.70	322.70
70486 00	Radiology	3.90	3.90	273.00	273.00
70486 26	Radiology	1.21	1.21	84.70	84.70
70486 TC	Radiology	2.69	2.69	188.30	188.30
70487 00	Radiology	4.63	4.63	324.10	324.10
70487 26	Radiology	1.59	1.59	111.30	111.30
70487 TC	Radiology	3.04	3.04	212.80	212.80
70488 00	Radiology	5.60	5.60	392.00	392.00
70488 26	Radiology	1.78	1.78	124.60	124.60
70488 TC	Radiology	3.82	3.82	267.40	267.40
70490 00	Radiology	4.57	4.57	319.90	319.90
70490 26	Radiology	1.81	1.81	126.70	126.70
70490 TC	Radiology	2.76	2.76	193.20	193.20
70491 00	Radiology	5.60	5.60	392.00	392.00
70491 26	Radiology	1.94	1.94	135.80	135.80
70491 TC	Radiology	3.66	3.66	256.20	256.20
70492 00	Radiology	6.72	6.72	470.40	470.40
70492 26	Radiology	2.27	2.27	158.90	158.90
70492 TC	Radiology	4.45	4.45	311.50	311.50
70496 00	Radiology	8.42	8.42	589.40	589.40
70496 26	Radiology	2.46	2.46	172.20	172.20
70496 TC	Radiology	5.96	5.96	417.20	417.20
70498 00	Radiology	8.41	8.41	588.70	588.70
70498 26	Radiology	2.46	2.46	172.20	172.20
70498 TC	Radiology	5.95	5.95	416.50	416.50
70540 00	Radiology	6.87	6.87	480.90	480.90
70540 26	Radiology	1.89	1.89	132.30	132.30
70540 TC	Radiology	4.98	4.98	348.60	348.60
70542 00	Radiology	8.13	8.13	569.10	569.10
70542 26	Radiology	2.28	2.28	159.60	159.60
70542 TC	Radiology	5.85	5.85	409.50	409.50
70543 00	Radiology	10.31	10.31	721.70	721.70
70543 26	Radiology	3.04	3.04	212.80	212.80
70543 TC	Radiology	7.27	7.27	508.90	508.90

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Radiology Codes 2025****Radiology Conversion Factor \$70.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
70544 00	Radiology	6.56	6.56	459.20	459.20
70544 26	Radiology	1.68	1.68	117.60	117.60
70544 TC	Radiology	4.88	4.88	341.60	341.60
70545 00	Radiology	6.93	6.93	485.10	485.10
70545 26	Radiology	1.68	1.68	117.60	117.60
70545 TC	Radiology	5.25	5.25	367.50	367.50
70546 00	Radiology	10.04	10.04	702.80	702.80
70546 26	Radiology	2.08	2.08	145.60	145.60
70546 TC	Radiology	7.96	7.96	557.20	557.20
70547 00	Radiology	6.58	6.58	460.60	460.60
70547 26	Radiology	1.69	1.69	118.30	118.30
70547 TC	Radiology	4.89	4.89	342.30	342.30
70548 00	Radiology	7.50	7.50	525.00	525.00
70548 26	Radiology	2.11	2.11	147.70	147.70
70548 TC	Radiology	5.39	5.39	377.30	377.30
70549 00	Radiology	10.52	10.52	736.40	736.40
70549 26	Radiology	2.53	2.53	177.10	177.10
70549 TC	Radiology	7.99	7.99	559.30	559.30
70551 00	Radiology	5.98	5.98	418.60	418.60
70551 26	Radiology	2.08	2.08	145.60	145.60
70551 TC	Radiology	3.90	3.90	273.00	273.00
70552 00	Radiology	8.24	8.24	576.80	576.80
70552 26	Radiology	2.51	2.51	175.70	175.70
70552 TC	Radiology	5.73	5.73	401.10	401.10
70553 00	Radiology	9.71	9.71	679.70	679.70
70553 26	Radiology	3.24	3.24	226.80	226.80
70553 TC	Radiology	6.47	6.47	452.90	452.90
70554 00	Radiology	11.55	11.55	808.50	808.50
70554 26	Radiology	3.01	3.01	210.70	210.70
70554 TC	Radiology	8.54	8.54	597.80	597.80
70555 00	Radiology	-	-	1453.20	1453.20
70555 26	Radiology	3.53	3.53	247.10	247.10
70555 TC	Radiology	-	-	1206.10	1206.10
70557 00	Radiology	-	-	315.00	315.00
70557 26	Radiology	4.50	4.50	315.00	315.00
70557 TC	Radiology	0.00	0.00	BR	BR
70558 00	Radiology	-	-	1394.40	1394.40

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
70558 26	Radiology	4.98	4.98	348.60	348.60
70558 TC	Radiology	-	-	1045.80	1045.80
70559 00	Radiology	-	-	917.70	917.70
70559 26	Radiology	4.72	4.72	330.40	330.40
70559 TC	Radiology	-	-	587.30	587.30
71045 00	Radiology	0.78	0.78	54.60	54.60
71045 26	Radiology	0.26	0.26	18.20	18.20
71045 TC	Radiology	0.52	0.52	36.40	36.40
71046 00	Radiology	1.01	1.01	70.70	70.70
71046 26	Radiology	0.31	0.31	21.70	21.70
71046 TC	Radiology	0.70	0.70	49.00	49.00
71047 00	Radiology	1.26	1.26	88.20	88.20
71047 26	Radiology	0.39	0.39	27.30	27.30
71047 TC	Radiology	0.87	0.87	60.90	60.90
71048 00	Radiology	1.37	1.37	95.90	95.90
71048 26	Radiology	0.44	0.44	30.80	30.80
71048 TC	Radiology	0.93	0.93	65.10	65.10
71100 00	Radiology	1.10	1.10	77.00	77.00
71100 26	Radiology	0.32	0.32	22.40	22.40
71100 TC	Radiology	0.78	0.78	54.60	54.60
71101 00	Radiology	1.26	1.26	88.20	88.20
71101 26	Radiology	0.38	0.38	26.60	26.60
71101 TC	Radiology	0.88	0.88	61.60	61.60
71110 00	Radiology	1.31	1.31	91.70	91.70
71110 26	Radiology	0.41	0.41	28.70	28.70
71110 TC	Radiology	0.90	0.90	63.00	63.00
71111 00	Radiology	1.57	1.57	109.90	109.90
71111 26	Radiology	0.46	0.46	32.20	32.20
71111 TC	Radiology	1.11	1.11	77.70	77.70
71120 00	Radiology	1.00	1.00	70.00	70.00
71120 26	Radiology	0.28	0.28	19.60	19.60
71120 TC	Radiology	0.72	0.72	50.40	50.40
71130 00	Radiology	1.23	1.23	86.10	86.10
71130 26	Radiology	0.31	0.31	21.70	21.70
71130 TC	Radiology	0.92	0.92	64.40	64.40
71250 00	Radiology	4.05	4.05	283.50	283.50
71250 26	Radiology	1.52	1.52	106.40	106.40

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
71250 TC	Radiology	2.53	2.53	177.10	177.10
71260 00	Radiology	5.08	5.08	355.60	355.60
71260 26	Radiology	1.64	1.64	114.80	114.80
71260 TC	Radiology	3.44	3.44	240.80	240.80
71270 00	Radiology	5.97	5.97	417.90	417.90
71270 26	Radiology	1.76	1.76	123.20	123.20
71270 TC	Radiology	4.21	4.21	294.70	294.70
71271 00	Radiology	4.19	4.19	293.30	293.30
71271 26	Radiology	1.52	1.52	106.40	106.40
71271 TC	Radiology	2.67	2.67	186.90	186.90
71275 00	Radiology	8.59	8.59	601.30	601.30
71275 26	Radiology	2.57	2.57	179.90	179.90
71275 TC	Radiology	6.02	6.02	421.40	421.40
71550 00	Radiology	10.19	10.19	713.30	713.30
71550 26	Radiology	2.06	2.06	144.20	144.20
71550 TC	Radiology	8.13	8.13	569.10	569.10
71551 00	Radiology	11.35	11.35	794.50	794.50
71551 26	Radiology	2.43	2.43	170.10	170.10
71551 TC	Radiology	8.92	8.92	624.40	624.40
71552 00	Radiology	14.27	14.27	998.90	998.90
71552 26	Radiology	3.20	3.20	224.00	224.00
71552 TC	Radiology	11.07	11.07	774.90	774.90
71555 00	Radiology	10.13	10.13	709.10	709.10
71555 26	Radiology	2.52	2.52	176.40	176.40
71555 TC	Radiology	7.61	7.61	532.70	532.70
72020 00	Radiology	0.73	0.73	51.10	51.10
72020 26	Radiology	0.23	0.23	16.10	16.10
72020 TC	Radiology	0.50	0.50	35.00	35.00
72040 00	Radiology	1.19	1.19	83.30	83.30
72040 26	Radiology	0.32	0.32	22.40	22.40
72040 TC	Radiology	0.87	0.87	60.90	60.90
72050 00	Radiology	1.62	1.62	113.40	113.40
72050 26	Radiology	0.39	0.39	27.30	27.30
72050 TC	Radiology	1.23	1.23	86.10	86.10
72052 00	Radiology	1.86	1.86	130.20	130.20
72052 26	Radiology	0.43	0.43	30.10	30.10
72052 TC	Radiology	1.43	1.43	100.10	100.10

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
72070 00	Radiology	0.99	0.99	69.30	69.30
72070 26	Radiology	0.29	0.29	20.30	20.30
72070 TC	Radiology	0.70	0.70	49.00	49.00
72072 00	Radiology	1.18	1.18	82.60	82.60
72072 26	Radiology	0.32	0.32	22.40	22.40
72072 TC	Radiology	0.86	0.86	60.20	60.20
72074 00	Radiology	1.34	1.34	93.80	93.80
72074 26	Radiology	0.35	0.35	24.50	24.50
72074 TC	Radiology	0.99	0.99	69.30	69.30
72080 00	Radiology	1.04	1.04	72.80	72.80
72080 26	Radiology	0.30	0.30	21.00	21.00
72080 TC	Radiology	0.74	0.74	51.80	51.80
72081 00	Radiology	1.29	1.29	90.30	90.30
72081 26	Radiology	0.37	0.37	25.90	25.90
72081 TC	Radiology	0.92	0.92	64.40	64.40
72082 00	Radiology	2.11	2.11	147.70	147.70
72082 26	Radiology	0.45	0.45	31.50	31.50
72082 TC	Radiology	1.66	1.66	116.20	116.20
72083 00	Radiology	2.40	2.40	168.00	168.00
72083 26	Radiology	0.51	0.51	35.70	35.70
72083 TC	Radiology	1.89	1.89	132.30	132.30
72084 00	Radiology	2.95	2.95	206.50	206.50
72084 26	Radiology	0.60	0.60	42.00	42.00
72084 TC	Radiology	2.35	2.35	164.50	164.50
72100 00	Radiology	1.19	1.19	83.30	83.30
72100 26	Radiology	0.32	0.32	22.40	22.40
72100 TC	Radiology	0.87	0.87	60.90	60.90
72110 00	Radiology	1.56	1.56	109.20	109.20
72110 26	Radiology	0.38	0.38	26.60	26.60
72110 TC	Radiology	1.18	1.18	82.60	82.60
72114 00	Radiology	1.84	1.84	128.80	128.80
72114 26	Radiology	0.44	0.44	30.80	30.80
72114 TC	Radiology	1.40	1.40	98.00	98.00
72120 00	Radiology	1.22	1.22	85.40	85.40
72120 26	Radiology	0.32	0.32	22.40	22.40
72120 TC	Radiology	0.90	0.90	63.00	63.00
72125 00	Radiology	3.96	3.96	277.20	277.20

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
72125 26	Radiology	1.40	1.40	98.00	98.00
72125 TC	Radiology	2.56	2.56	179.20	179.20
72126 00	Radiology	5.13	5.13	359.10	359.10
72126 26	Radiology	1.71	1.71	119.70	119.70
72126 TC	Radiology	3.42	3.42	239.40	239.40
72127 00	Radiology	5.98	5.98	418.60	418.60
72127 26	Radiology	1.78	1.78	124.60	124.60
72127 TC	Radiology	4.20	4.20	294.00	294.00
72128 00	Radiology	3.95	3.95	276.50	276.50
72128 26	Radiology	1.40	1.40	98.00	98.00
72128 TC	Radiology	2.55	2.55	178.50	178.50
72129 00	Radiology	5.18	5.18	362.60	362.60
72129 26	Radiology	1.72	1.72	120.40	120.40
72129 TC	Radiology	3.46	3.46	242.20	242.20
72130 00	Radiology	6.05	6.05	423.50	423.50
72130 26	Radiology	1.79	1.79	125.30	125.30
72130 TC	Radiology	4.26	4.26	298.20	298.20
72131 00	Radiology	3.94	3.94	275.80	275.80
72131 26	Radiology	1.40	1.40	98.00	98.00
72131 TC	Radiology	2.54	2.54	177.80	177.80
72132 00	Radiology	5.15	5.15	360.50	360.50
72132 26	Radiology	1.71	1.71	119.70	119.70
72132 TC	Radiology	3.44	3.44	240.80	240.80
72133 00	Radiology	5.99	5.99	419.30	419.30
72133 26	Radiology	1.78	1.78	124.60	124.60
72133 TC	Radiology	4.21	4.21	294.70	294.70
72141 00	Radiology	5.80	5.80	406.00	406.00
72141 26	Radiology	2.09	2.09	146.30	146.30
72141 TC	Radiology	3.71	3.71	259.70	259.70
72142 00	Radiology	8.38	8.38	586.60	586.60
72142 26	Radiology	2.54	2.54	177.80	177.80
72142 TC	Radiology	5.84	5.84	408.80	408.80
72146 00	Radiology	5.81	5.81	406.70	406.70
72146 26	Radiology	2.09	2.09	146.30	146.30
72146 TC	Radiology	3.72	3.72	260.40	260.40
72147 00	Radiology	8.29	8.29	580.30	580.30
72147 26	Radiology	2.51	2.51	175.70	175.70

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
72147 TC	Radiology	5.78	5.78	404.60	404.60
72148 00	Radiology	5.82	5.82	407.40	407.40
72148 26	Radiology	2.09	2.09	146.30	146.30
72148 TC	Radiology	3.73	3.73	261.10	261.10
72149 00	Radiology	8.23	8.23	576.10	576.10
72149 26	Radiology	2.53	2.53	177.10	177.10
72149 TC	Radiology	5.70	5.70	399.00	399.00
72156 00	Radiology	9.74	9.74	681.80	681.80
72156 26	Radiology	3.25	3.25	227.50	227.50
72156 TC	Radiology	6.49	6.49	454.30	454.30
72157 00	Radiology	9.76	9.76	683.20	683.20
72157 26	Radiology	3.25	3.25	227.50	227.50
72157 TC	Radiology	6.51	6.51	455.70	455.70
72158 00	Radiology	9.72	9.72	680.40	680.40
72158 26	Radiology	3.25	3.25	227.50	227.50
72158 TC	Radiology	6.47	6.47	452.90	452.90
72159 00	Radiology	10.38	10.38	726.60	726.60
72159 26	Radiology	2.53	2.53	177.10	177.10
72159 TC	Radiology	7.85	7.85	549.50	549.50
72170 00	Radiology	0.84	0.84	58.80	58.80
72170 26	Radiology	0.25	0.25	17.50	17.50
72170 TC	Radiology	0.59	0.59	41.30	41.30
72190 00	Radiology	1.26	1.26	88.20	88.20
72190 26	Radiology	0.36	0.36	25.20	25.20
72190 TC	Radiology	0.90	0.90	63.00	63.00
72191 00	Radiology	9.27	9.27	648.90	648.90
72191 26	Radiology	2.53	2.53	177.10	177.10
72191 TC	Radiology	6.74	6.74	471.80	471.80
72192 00	Radiology	4.05	4.05	283.50	283.50
72192 26	Radiology	1.53	1.53	107.10	107.10
72192 TC	Radiology	2.52	2.52	176.40	176.40
72193 00	Radiology	6.90	6.90	483.00	483.00
72193 26	Radiology	1.63	1.63	114.10	114.10
72193 TC	Radiology	5.27	5.27	368.90	368.90
72194 00	Radiology	7.62	7.62	533.40	533.40
72194 26	Radiology	1.71	1.71	119.70	119.70
72194 TC	Radiology	5.91	5.91	413.70	413.70

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
72195 00	Radiology	6.94	6.94	485.80	485.80
72195 26	Radiology	2.06	2.06	144.20	144.20
72195 TC	Radiology	4.88	4.88	341.60	341.60
72196 00	Radiology	8.17	8.17	571.90	571.90
72196 26	Radiology	2.43	2.43	170.10	170.10
72196 TC	Radiology	5.74	5.74	401.80	401.80
72197 00	Radiology	10.24	10.24	716.80	716.80
72197 26	Radiology	3.11	3.11	217.70	217.70
72197 TC	Radiology	7.13	7.13	499.10	499.10
72198 00	Radiology	10.30	10.30	721.00	721.00
72198 26	Radiology	2.53	2.53	177.10	177.10
72198 TC	Radiology	7.77	7.77	543.90	543.90
72200 00	Radiology	1.01	1.01	70.70	70.70
72200 26	Radiology	0.25	0.25	17.50	17.50
72200 TC	Radiology	0.76	0.76	53.20	53.20
72202 00	Radiology	1.18	1.18	82.60	82.60
72202 26	Radiology	0.32	0.32	22.40	22.40
72202 TC	Radiology	0.86	0.86	60.20	60.20
72220 00	Radiology	0.98	0.98	68.60	68.60
72220 26	Radiology	0.25	0.25	17.50	17.50
72220 TC	Radiology	0.73	0.73	51.10	51.10
72240 00	Radiology	3.33	3.33	233.10	233.10
72240 26	Radiology	1.29	1.29	90.30	90.30
72240 TC	Radiology	2.04	2.04	142.80	142.80
72255 00	Radiology	3.18	3.18	222.60	222.60
72255 26	Radiology	1.28	1.28	89.60	89.60
72255 TC	Radiology	1.90	1.90	133.00	133.00
72265 00	Radiology	3.24	3.24	226.80	226.80
72265 26	Radiology	1.19	1.19	83.30	83.30
72265 TC	Radiology	2.05	2.05	143.50	143.50
72270 00	Radiology	4.55	4.55	318.50	318.50
72270 26	Radiology	1.96	1.96	137.20	137.20
72270 TC	Radiology	2.59	2.59	181.30	181.30
72285 00	Radiology	3.95	3.95	276.50	276.50
72285 26	Radiology	1.66	1.66	116.20	116.20
72285 TC	Radiology	2.29	2.29	160.30	160.30
72295 00	Radiology	3.32	3.32	232.40	232.40

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
72295 26	Radiology	1.18	1.18	82.60	82.60
72295 TC	Radiology	2.14	2.14	149.80	149.80
73000 00	Radiology	0.98	0.98	68.60	68.60
73000 26	Radiology	0.24	0.24	16.80	16.80
73000 TC	Radiology	0.74	0.74	51.80	51.80
73010 00	Radiology	0.72	0.72	50.40	50.40
73010 26	Radiology	0.26	0.26	18.20	18.20
73010 TC	Radiology	0.46	0.46	32.20	32.20
73020 00	Radiology	0.65	0.65	45.50	45.50
73020 26	Radiology	0.22	0.22	15.40	15.40
73020 TC	Radiology	0.43	0.43	30.10	30.10
73030 00	Radiology	1.04	1.04	72.80	72.80
73030 26	Radiology	0.27	0.27	18.90	18.90
73030 TC	Radiology	0.77	0.77	53.90	53.90
73040 00	Radiology	3.88	3.88	271.60	271.60
73040 26	Radiology	0.80	0.80	56.00	56.00
73040 TC	Radiology	3.08	3.08	215.60	215.60
73050 00	Radiology	0.87	0.87	60.90	60.90
73050 26	Radiology	0.27	0.27	18.90	18.90
73050 TC	Radiology	0.60	0.60	42.00	42.00
73060 00	Radiology	0.96	0.96	67.20	67.20
73060 26	Radiology	0.23	0.23	16.10	16.10
73060 TC	Radiology	0.73	0.73	51.10	51.10
73070 00	Radiology	0.88	0.88	61.60	61.60
73070 26	Radiology	0.24	0.24	16.80	16.80
73070 TC	Radiology	0.64	0.64	44.80	44.80
73080 00	Radiology	0.98	0.98	68.60	68.60
73080 26	Radiology	0.25	0.25	17.50	17.50
73080 TC	Radiology	0.73	0.73	51.10	51.10
73085 00	Radiology	2.94	2.94	205.80	205.80
73085 26	Radiology	0.77	0.77	53.90	53.90
73085 TC	Radiology	2.17	2.17	151.90	151.90
73090 00	Radiology	0.88	0.88	61.60	61.60
73090 26	Radiology	0.23	0.23	16.10	16.10
73090 TC	Radiology	0.65	0.65	45.50	45.50
73092 00	Radiology	0.94	0.94	65.80	65.80
73092 26	Radiology	0.23	0.23	16.10	16.10

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
73092 TC	Radiology	0.71	0.71	49.70	49.70
73100 00	Radiology	1.01	1.01	70.70	70.70
73100 26	Radiology	0.24	0.24	16.80	16.80
73100 TC	Radiology	0.77	0.77	53.90	53.90
73110 00	Radiology	1.24	1.24	86.80	86.80
73110 26	Radiology	0.25	0.25	17.50	17.50
73110 TC	Radiology	0.99	0.99	69.30	69.30
73115 00	Radiology	3.93	3.93	275.10	275.10
73115 26	Radiology	0.81	0.81	56.70	56.70
73115 TC	Radiology	3.12	3.12	218.40	218.40
73120 00	Radiology	0.94	0.94	65.80	65.80
73120 26	Radiology	0.24	0.24	16.80	16.80
73120 TC	Radiology	0.70	0.70	49.00	49.00
73130 00	Radiology	1.12	1.12	78.40	78.40
73130 26	Radiology	0.25	0.25	17.50	17.50
73130 TC	Radiology	0.87	0.87	60.90	60.90
73140 00	Radiology	1.15	1.15	80.50	80.50
73140 26	Radiology	0.20	0.20	14.00	14.00
73140 TC	Radiology	0.95	0.95	66.50	66.50
73200 00	Radiology	4.89	4.89	342.30	342.30
73200 26	Radiology	1.40	1.40	98.00	98.00
73200 TC	Radiology	3.49	3.49	244.30	244.30
73201 00	Radiology	6.08	6.08	425.60	425.60
73201 26	Radiology	1.63	1.63	114.10	114.10
73201 TC	Radiology	4.45	4.45	311.50	311.50
73202 00	Radiology	7.49	7.49	524.30	524.30
73202 26	Radiology	1.70	1.70	119.00	119.00
73202 TC	Radiology	5.79	5.79	405.30	405.30
73206 00	Radiology	9.05	9.05	633.50	633.50
73206 26	Radiology	2.53	2.53	177.10	177.10
73206 TC	Radiology	6.52	6.52	456.40	456.40
73218 00	Radiology	9.16	9.16	641.20	641.20
73218 26	Radiology	1.91	1.91	133.70	133.70
73218 TC	Radiology	7.25	7.25	507.50	507.50
73219 00	Radiology	10.03	10.03	702.10	702.10
73219 26	Radiology	2.28	2.28	159.60	159.60
73219 TC	Radiology	7.75	7.75	542.50	542.50

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
73220 00	Radiology	12.43	12.43	870.10	870.10
73220 26	Radiology	3.05	3.05	213.50	213.50
73220 TC	Radiology	9.38	9.38	656.60	656.60
73221 00	Radiology	6.20	6.20	434.00	434.00
73221 26	Radiology	1.91	1.91	133.70	133.70
73221 TC	Radiology	4.29	4.29	300.30	300.30
73222 00	Radiology	9.45	9.45	661.50	661.50
73222 26	Radiology	2.29	2.29	160.30	160.30
73222 TC	Radiology	7.16	7.16	501.20	501.20
73223 00	Radiology	11.70	11.70	819.00	819.00
73223 26	Radiology	3.05	3.05	213.50	213.50
73223 TC	Radiology	8.65	8.65	605.50	605.50
73225 00	Radiology	9.91	9.91	693.70	693.70
73225 26	Radiology	2.38	2.38	166.60	166.60
73225 TC	Radiology	7.53	7.53	527.10	527.10
73501 00	Radiology	1.00	1.00	70.00	70.00
73501 26	Radiology	0.27	0.27	18.90	18.90
73501 TC	Radiology	0.73	0.73	51.10	51.10
73502 00	Radiology	1.43	1.43	100.10	100.10
73502 26	Radiology	0.32	0.32	22.40	22.40
73502 TC	Radiology	1.11	1.11	77.70	77.70
73503 00	Radiology	1.82	1.82	127.40	127.40
73503 26	Radiology	0.40	0.40	28.00	28.00
73503 TC	Radiology	1.42	1.42	99.40	99.40
73521 00	Radiology	1.24	1.24	86.80	86.80
73521 26	Radiology	0.32	0.32	22.40	22.40
73521 TC	Radiology	0.92	0.92	64.40	64.40
73522 00	Radiology	1.62	1.62	113.40	113.40
73522 26	Radiology	0.42	0.42	29.40	29.40
73522 TC	Radiology	1.20	1.20	84.00	84.00
73523 00	Radiology	1.86	1.86	130.20	130.20
73523 26	Radiology	0.45	0.45	31.50	31.50
73523 TC	Radiology	1.41	1.41	98.70	98.70
73525 00	Radiology	3.74	3.74	261.80	261.80
73525 26	Radiology	0.83	0.83	58.10	58.10
73525 TC	Radiology	2.91	2.91	203.70	203.70
73551 00	Radiology	0.89	0.89	62.30	62.30

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
73551 26	Radiology	0.24	0.24	16.80	16.80
73551 TC	Radiology	0.65	0.65	45.50	45.50
73552 00	Radiology	1.07	1.07	74.90	74.90
73552 26	Radiology	0.26	0.26	18.20	18.20
73552 TC	Radiology	0.81	0.81	56.70	56.70
73560 00	Radiology	1.02	1.02	71.40	71.40
73560 26	Radiology	0.24	0.24	16.80	16.80
73560 TC	Radiology	0.78	0.78	54.60	54.60
73562 00	Radiology	1.22	1.22	85.40	85.40
73562 26	Radiology	0.27	0.27	18.90	18.90
73562 TC	Radiology	0.95	0.95	66.50	66.50
73564 00	Radiology	1.42	1.42	99.40	99.40
73564 26	Radiology	0.33	0.33	23.10	23.10
73564 TC	Radiology	1.09	1.09	76.30	76.30
73565 00	Radiology	1.20	1.20	84.00	84.00
73565 26	Radiology	0.25	0.25	17.50	17.50
73565 TC	Radiology	0.95	0.95	66.50	66.50
73580 00	Radiology	3.23	3.23	226.10	226.10
73580 26	Radiology	0.91	0.91	63.70	63.70
73580 TC	Radiology	2.32	2.32	162.40	162.40
73590 00	Radiology	0.95	0.95	66.50	66.50
73590 26	Radiology	0.23	0.23	16.10	16.10
73590 TC	Radiology	0.72	0.72	50.40	50.40
73592 00	Radiology	0.94	0.94	65.80	65.80
73592 26	Radiology	0.23	0.23	16.10	16.10
73592 TC	Radiology	0.71	0.71	49.70	49.70
73600 00	Radiology	0.96	0.96	67.20	67.20
73600 26	Radiology	0.23	0.23	16.10	16.10
73600 TC	Radiology	0.73	0.73	51.10	51.10
73610 00	Radiology	1.09	1.09	76.30	76.30
73610 26	Radiology	0.25	0.25	17.50	17.50
73610 TC	Radiology	0.84	0.84	58.80	58.80
73615 00	Radiology	3.73	3.73	261.10	261.10
73615 26	Radiology	0.81	0.81	56.70	56.70
73615 TC	Radiology	2.92	2.92	204.40	204.40
73620 00	Radiology	0.85	0.85	59.50	59.50
73620 26	Radiology	0.22	0.22	15.40	15.40

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
73620 TC	Radiology	0.63	0.63	44.10	44.10
73630 00	Radiology	1.02	1.02	71.40	71.40
73630 26	Radiology	0.24	0.24	16.80	16.80
73630 TC	Radiology	0.78	0.78	54.60	54.60
73650 00	Radiology	0.85	0.85	59.50	59.50
73650 26	Radiology	0.23	0.23	16.10	16.10
73650 TC	Radiology	0.62	0.62	43.40	43.40
73660 00	Radiology	0.87	0.87	60.90	60.90
73660 26	Radiology	0.19	0.19	13.30	13.30
73660 TC	Radiology	0.68	0.68	47.60	47.60
73700 00	Radiology	3.95	3.95	276.50	276.50
73700 26	Radiology	1.40	1.40	98.00	98.00
73700 TC	Radiology	2.55	2.55	178.50	178.50
73701 00	Radiology	5.07	5.07	354.90	354.90
73701 26	Radiology	1.63	1.63	114.10	114.10
73701 TC	Radiology	3.44	3.44	240.80	240.80
73702 00	Radiology	5.94	5.94	415.80	415.80
73702 26	Radiology	1.70	1.70	119.00	119.00
73702 TC	Radiology	4.24	4.24	296.80	296.80
73706 00	Radiology	9.83	9.83	688.10	688.10
73706 26	Radiology	2.66	2.66	186.20	186.20
73706 TC	Radiology	7.17	7.17	501.90	501.90
73718 00	Radiology	6.77	6.77	473.90	473.90
73718 26	Radiology	1.90	1.90	133.00	133.00
73718 TC	Radiology	4.87	4.87	340.90	340.90
73719 00	Radiology	7.99	7.99	559.30	559.30
73719 26	Radiology	2.28	2.28	159.60	159.60
73719 TC	Radiology	5.71	5.71	399.70	399.70
73720 00	Radiology	10.25	10.25	717.50	717.50
73720 26	Radiology	3.05	3.05	213.50	213.50
73720 TC	Radiology	7.20	7.20	504.00	504.00
73721 00	Radiology	6.19	6.19	433.30	433.30
73721 26	Radiology	1.91	1.91	133.70	133.70
73721 TC	Radiology	4.28	4.28	299.60	299.60
73722 00	Radiology	9.50	9.50	665.00	665.00
73722 26	Radiology	2.29	2.29	160.30	160.30
73722 TC	Radiology	7.21	7.21	504.70	504.70



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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
73723 00	Radiology	11.67	11.67	816.90	816.90
73723 26	Radiology	3.05	3.05	213.50	213.50
73723 TC	Radiology	8.62	8.62	603.40	603.40
73725 00	Radiology	10.25	10.25	717.50	717.50
73725 26	Radiology	2.54	2.54	177.80	177.80
73725 TC	Radiology	7.71	7.71	539.70	539.70
74018 00	Radiology	0.90	0.90	63.00	63.00
74018 26	Radiology	0.26	0.26	18.20	18.20
74018 TC	Radiology	0.64	0.64	44.80	44.80
74019 00	Radiology	1.11	1.11	77.70	77.70
74019 26	Radiology	0.33	0.33	23.10	23.10
74019 TC	Radiology	0.78	0.78	54.60	54.60
74021 00	Radiology	1.28	1.28	89.60	89.60
74021 26	Radiology	0.38	0.38	26.60	26.60
74021 TC	Radiology	0.90	0.90	63.00	63.00
74022 00	Radiology	1.50	1.50	105.00	105.00
74022 26	Radiology	0.46	0.46	32.20	32.20
74022 TC	Radiology	1.04	1.04	72.80	72.80
74150 00	Radiology	4.15	4.15	290.50	290.50
74150 26	Radiology	1.67	1.67	116.90	116.90
74150 TC	Radiology	2.48	2.48	173.60	173.60
74160 00	Radiology	7.02	7.02	491.40	491.40
74160 26	Radiology	1.79	1.79	125.30	125.30
74160 TC	Radiology	5.23	5.23	366.10	366.10
74170 00	Radiology	7.89	7.89	552.30	552.30
74170 26	Radiology	1.96	1.96	137.20	137.20
74170 TC	Radiology	5.93	5.93	415.10	415.10
74174 00	Radiology	11.57	11.57	809.90	809.90
74174 26	Radiology	3.10	3.10	217.00	217.00
74174 TC	Radiology	8.47	8.47	592.90	592.90
74175 00	Radiology	9.31	9.31	651.70	651.70
74175 26	Radiology	2.56	2.56	179.20	179.20
74175 TC	Radiology	6.75	6.75	472.50	472.50
74176 00	Radiology	5.59	5.59	391.30	391.30
74176 26	Radiology	2.45	2.45	171.50	171.50
74176 TC	Radiology	3.14	3.14	219.80	219.80
74177 00	Radiology	9.19	9.19	643.30	643.30

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
74177 26	Radiology	2.58	2.58	180.60	180.60
74177 TC	Radiology	6.61	6.61	462.70	462.70
74178 00	Radiology	10.29	10.29	720.30	720.30
74178 26	Radiology	2.83	2.83	198.10	198.10
74178 TC	Radiology	7.46	7.46	522.20	522.20
74181 00	Radiology	5.95	5.95	416.50	416.50
74181 26	Radiology	2.05	2.05	143.50	143.50
74181 TC	Radiology	3.90	3.90	273.00	273.00
74182 00	Radiology	9.19	9.19	643.30	643.30
74182 26	Radiology	2.43	2.43	170.10	170.10
74182 TC	Radiology	6.76	6.76	473.20	473.20
74183 00	Radiology	10.28	10.28	719.60	719.60
74183 26	Radiology	3.11	3.11	217.70	217.70
74183 TC	Radiology	7.17	7.17	501.90	501.90
74185 00	Radiology	10.25	10.25	717.50	717.50
74185 26	Radiology	2.52	2.52	176.40	176.40
74185 TC	Radiology	7.73	7.73	541.10	541.10
74190 00	Radiology	-	-	151.90	151.90
74190 26	Radiology	0.65	0.65	45.50	45.50
74190 TC	Radiology	-	-	106.40	106.40
74210 00	Radiology	2.78	2.78	194.60	194.60
74210 26	Radiology	0.83	0.83	58.10	58.10
74210 TC	Radiology	1.95	1.95	136.50	136.50
74220 00	Radiology	2.88	2.88	201.60	201.60
74220 26	Radiology	0.85	0.85	59.50	59.50
74220 TC	Radiology	2.03	2.03	142.10	142.10
74221 00	Radiology	3.24	3.24	226.80	226.80
74221 26	Radiology	0.99	0.99	69.30	69.30
74221 TC	Radiology	2.25	2.25	157.50	157.50
74230 00	Radiology	3.65	3.65	255.50	255.50
74230 26	Radiology	0.75	0.75	52.50	52.50
74230 TC	Radiology	2.90	2.90	203.00	203.00
74235 00	Radiology	-	-	336.00	336.00
74235 26	Radiology	1.68	1.68	117.60	117.60
74235 TC	Radiology	-	-	218.40	218.40
74240 00	Radiology	3.62	3.62	253.40	253.40
74240 26	Radiology	1.14	1.14	79.80	79.80

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
74240 TC	Radiology	2.48	2.48	173.60	173.60
74246 00	Radiology	4.09	4.09	286.30	286.30
74246 26	Radiology	1.26	1.26	88.20	88.20
74246 TC	Radiology	2.83	2.83	198.10	198.10
74248 00	Radiology	2.44	2.44	170.80	170.80
74248 26	Radiology	0.99	0.99	69.30	69.30
74248 TC	Radiology	1.45	1.45	101.50	101.50
74250 00	Radiology	3.60	3.60	252.00	252.00
74250 26	Radiology	1.14	1.14	79.80	79.80
74250 TC	Radiology	2.46	2.46	172.20	172.20
74251 00	Radiology	10.49	10.49	734.30	734.30
74251 26	Radiology	1.64	1.64	114.80	114.80
74251 TC	Radiology	8.85	8.85	619.50	619.50
74261 00	Radiology	12.50	12.50	875.00	875.00
74261 26	Radiology	3.40	3.40	238.00	238.00
74261 TC	Radiology	9.10	9.10	637.00	637.00
74262 00	Radiology	14.05	14.05	983.50	983.50
74262 26	Radiology	3.54	3.54	247.80	247.80
74262 TC	Radiology	10.51	10.51	735.70	735.70
74263 00	Radiology	21.64	21.64	1514.80	1514.80
74263 26	Radiology	3.36	3.36	235.20	235.20
74263 TC	Radiology	18.28	18.28	1279.60	1279.60
74270 00	Radiology	4.52	4.52	316.40	316.40
74270 26	Radiology	1.45	1.45	101.50	101.50
74270 TC	Radiology	3.07	3.07	214.90	214.90
74280 00	Radiology	6.45	6.45	451.50	451.50
74280 26	Radiology	1.77	1.77	123.90	123.90
74280 TC	Radiology	4.68	4.68	327.60	327.60
74283 00	Radiology	7.79	7.79	545.30	545.30
74283 26	Radiology	3.00	3.00	210.00	210.00
74283 TC	Radiology	4.79	4.79	335.30	335.30
74290 00	Radiology	2.50	2.50	175.00	175.00
74290 26	Radiology	0.46	0.46	32.20	32.20
74290 TC	Radiology	2.04	2.04	142.80	142.80
74300 00	Radiology	-	-	91.00	91.00
74300 26	Radiology	0.39	0.39	27.30	27.30
74300 TC	Radiology	-	-	63.70	63.70

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
74301 00	Radiology	-	-	84.00	84.00
74301 26	Radiology	0.30	0.30	21.00	21.00
74301 TC	Radiology	-	-	63.00	63.00
74328 00	Radiology	-	-	226.80	226.80
74328 26	Radiology	0.68	0.68	47.60	47.60
74328 TC	Radiology	-	-	179.20	179.20
74329 00	Radiology	-	-	219.80	219.80
74329 26	Radiology	0.69	0.69	48.30	48.30
74329 TC	Radiology	-	-	171.50	171.50
74330 00	Radiology	-	-	207.20	207.20
74330 26	Radiology	0.80	0.80	56.00	56.00
74330 TC	Radiology	-	-	151.20	151.20
74340 00	Radiology	-	-	280.00	280.00
74340 26	Radiology	0.76	0.76	53.20	53.20
74340 TC	Radiology	-	-	226.80	226.80
74355 00	Radiology	-	-	280.00	280.00
74355 26	Radiology	1.08	1.08	75.60	75.60
74355 TC	Radiology	-	-	204.40	204.40
74360 00	Radiology	-	-	329.70	329.70
74360 26	Radiology	0.80	0.80	56.00	56.00
74360 TC	Radiology	-	-	273.70	273.70
74363 00	Radiology	-	-	434.70	434.70
74363 26	Radiology	1.18	1.18	82.60	82.60
74363 TC	Radiology	-	-	352.10	352.10
74400 00	Radiology	3.97	3.97	277.90	277.90
74400 26	Radiology	0.68	0.68	47.60	47.60
74400 TC	Radiology	3.29	3.29	230.30	230.30
74410 00	Radiology	4.17	4.17	291.90	291.90
74410 26	Radiology	0.69	0.69	48.30	48.30
74410 TC	Radiology	3.48	3.48	243.60	243.60
74415 00	Radiology	4.48	4.48	313.60	313.60
74415 26	Radiology	0.69	0.69	48.30	48.30
74415 TC	Radiology	3.79	3.79	265.30	265.30
74420 00	Radiology	2.34	2.34	163.80	163.80
74420 26	Radiology	0.73	0.73	51.10	51.10
74420 TC	Radiology	1.61	1.61	112.70	112.70
74425 00	Radiology	4.00	4.00	280.00	280.00

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
74425 26	Radiology	0.72	0.72	50.40	50.40
74425 TC	Radiology	3.28	3.28	229.60	229.60
74430 00	Radiology	1.24	1.24	86.80	86.80
74430 26	Radiology	0.45	0.45	31.50	31.50
74430 TC	Radiology	0.79	0.79	55.30	55.30
74440 00	Radiology	2.86	2.86	200.20	200.20
74440 26	Radiology	0.53	0.53	37.10	37.10
74440 TC	Radiology	2.33	2.33	163.10	163.10
74445 00	Radiology	-	-	195.30	195.30
74445 26	Radiology	1.59	1.59	111.30	111.30
74445 TC	Radiology	-	-	84.00	84.00
74450 00	Radiology	-	-	140.00	140.00
74450 26	Radiology	0.46	0.46	32.20	32.20
74450 TC	Radiology	-	-	107.80	107.80
74455 00	Radiology	3.04	3.04	212.80	212.80
74455 26	Radiology	0.46	0.46	32.20	32.20
74455 TC	Radiology	2.58	2.58	180.60	180.60
74470 00	Radiology	-	-	145.60	145.60
74470 26	Radiology	0.75	0.75	52.50	52.50
74470 TC	Radiology	-	-	93.10	93.10
74485 00	Radiology	3.53	3.53	247.10	247.10
74485 26	Radiology	1.16	1.16	81.20	81.20
74485 TC	Radiology	2.37	2.37	165.90	165.90
74712 00	Radiology	12.43	12.43	870.10	870.10
74712 26	Radiology	4.26	4.26	298.20	298.20
74712 TC	Radiology	8.17	8.17	571.90	571.90
74713 00	Radiology	6.05	6.05	423.50	423.50
74713 26	Radiology	2.63	2.63	184.10	184.10
74713 TC	Radiology	3.42	3.42	239.40	239.40
74740 00	Radiology	2.71	2.71	189.70	189.70
74740 26	Radiology	0.54	0.54	37.80	37.80
74740 TC	Radiology	2.17	2.17	151.90	151.90
74742 00	Radiology	-	-	240.80	240.80
74742 26	Radiology	0.86	0.86	60.20	60.20
74742 TC	Radiology	-	-	180.60	180.60
74775 00	Radiology	-	-	198.80	198.80
74775 26	Radiology	0.88	0.88	61.60	61.60

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Radiology Codes 2025****Radiology Conversion Factor \$70.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
74775 TC	Radiology	-	-	137.20	137.20
75557 00	Radiology	8.42	8.42	589.40	589.40
75557 26	Radiology	3.28	3.28	229.60	229.60
75557 TC	Radiology	5.14	5.14	359.80	359.80
75559 00	Radiology	11.25	11.25	787.50	787.50
75559 26	Radiology	4.05	4.05	283.50	283.50
75559 TC	Radiology	7.20	7.20	504.00	504.00
75561 00	Radiology	10.97	10.97	767.90	767.90
75561 26	Radiology	3.64	3.64	254.80	254.80
75561 TC	Radiology	7.33	7.33	513.10	513.10
75563 00	Radiology	12.77	12.77	893.90	893.90
75563 26	Radiology	4.16	4.16	291.20	291.20
75563 TC	Radiology	8.61	8.61	602.70	602.70
75565 00	Radiology	1.36	1.36	95.20	95.20
75565 26	Radiology	0.35	0.35	24.50	24.50
75565 TC	Radiology	1.01	1.01	70.70	70.70
75571 00	Radiology	3.06	3.06	214.20	214.20
75571 26	Radiology	0.82	0.82	57.40	57.40
75571 TC	Radiology	2.24	2.24	156.80	156.80
75572 00	Radiology	6.94	6.94	485.80	485.80
75572 26	Radiology	2.44	2.44	170.80	170.80
75572 TC	Radiology	4.50	4.50	315.00	315.00
75573 00	Radiology	9.33	9.33	653.10	653.10
75573 26	Radiology	3.59	3.59	251.30	251.30
75573 TC	Radiology	5.74	5.74	401.80	401.80
75574 00	Radiology	9.84	9.84	688.80	688.80
75574 26	Radiology	3.37	3.37	235.90	235.90
75574 TC	Radiology	6.47	6.47	452.90	452.90
75580 00	Radiology	25.94	25.94	1815.80	1815.80
75580 26	Radiology	1.04	1.04	72.80	72.80
75580 TC	Radiology	24.90	24.90	1743.00	1743.00
75600 00	Radiology	5.20	5.20	364.00	364.00
75600 26	Radiology	0.69	0.69	48.30	48.30
75600 TC	Radiology	4.51	4.51	315.70	315.70
75605 00	Radiology	3.61	3.61	252.70	252.70
75605 26	Radiology	1.58	1.58	110.60	110.60
75605 TC	Radiology	2.03	2.03	142.10	142.10

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
75625 00	Radiology	3.76	3.76	263.20	263.20
75625 26	Radiology	2.00	2.00	140.00	140.00
75625 TC	Radiology	1.76	1.76	123.20	123.20
75630 00	Radiology	4.68	4.68	327.60	327.60
75630 26	Radiology	2.77	2.77	193.90	193.90
75630 TC	Radiology	1.91	1.91	133.70	133.70
75635 00	Radiology	12.51	12.51	875.70	875.70
75635 26	Radiology	3.34	3.34	233.80	233.80
75635 TC	Radiology	9.17	9.17	641.90	641.90
75705 00	Radiology	7.70	7.70	539.00	539.00
75705 26	Radiology	3.51	3.51	245.70	245.70
75705 TC	Radiology	4.19	4.19	293.30	293.30
75710 00	Radiology	4.44	4.44	310.80	310.80
75710 26	Radiology	2.42	2.42	169.40	169.40
75710 TC	Radiology	2.02	2.02	141.40	141.40
75716 00	Radiology	4.87	4.87	340.90	340.90
75716 26	Radiology	2.73	2.73	191.10	191.10
75716 TC	Radiology	2.14	2.14	149.80	149.80
75726 00	Radiology	5.12	5.12	358.40	358.40
75726 26	Radiology	2.80	2.80	196.00	196.00
75726 TC	Radiology	2.32	2.32	162.40	162.40
75731 00	Radiology	4.63	4.63	324.10	324.10
75731 26	Radiology	1.61	1.61	112.70	112.70
75731 TC	Radiology	3.02	3.02	211.40	211.40
75733 00	Radiology	5.18	5.18	362.60	362.60
75733 26	Radiology	1.80	1.80	126.00	126.00
75733 TC	Radiology	3.38	3.38	236.60	236.60
75736 00	Radiology	4.33	4.33	303.10	303.10
75736 26	Radiology	1.53	1.53	107.10	107.10
75736 TC	Radiology	2.80	2.80	196.00	196.00
75741 00	Radiology	3.87	3.87	270.90	270.90
75741 26	Radiology	1.77	1.77	123.90	123.90
75741 TC	Radiology	2.10	2.10	147.00	147.00
75743 00	Radiology	4.43	4.43	310.10	310.10
75743 26	Radiology	2.29	2.29	160.30	160.30
75743 TC	Radiology	2.14	2.14	149.80	149.80
75746 00	Radiology	4.05	4.05	283.50	283.50

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
75746 26	Radiology	1.55	1.55	108.50	108.50
75746 TC	Radiology	2.50	2.50	175.00	175.00
75756 00	Radiology	4.87	4.87	340.90	340.90
75756 26	Radiology	1.63	1.63	114.10	114.10
75756 TC	Radiology	3.24	3.24	226.80	226.80
75774 00	Radiology	2.87	2.87	200.90	200.90
75774 26	Radiology	1.36	1.36	95.20	95.20
75774 TC	Radiology	1.51	1.51	105.70	105.70
75801 00	Radiology	-	-	527.10	527.10
75801 26	Radiology	1.28	1.28	89.60	89.60
75801 TC	Radiology	-	-	437.50	437.50
75803 00	Radiology	-	-	525.00	525.00
75803 26	Radiology	1.65	1.65	115.50	115.50
75803 TC	Radiology	-	-	409.50	409.50
75805 00	Radiology	-	-	536.90	536.90
75805 26	Radiology	1.15	1.15	80.50	80.50
75805 TC	Radiology	-	-	456.40	456.40
75807 00	Radiology	-	-	542.50	542.50
75807 26	Radiology	1.55	1.55	108.50	108.50
75807 TC	Radiology	-	-	434.00	434.00
75809 00	Radiology	2.43	2.43	170.10	170.10
75809 26	Radiology	0.68	0.68	47.60	47.60
75809 TC	Radiology	1.75	1.75	122.50	122.50
75810 00	Radiology	-	-	916.30	916.30
75810 26	Radiology	1.44	1.44	100.80	100.80
75810 TC	Radiology	-	-	815.50	815.50
75820 00	Radiology	3.18	3.18	222.60	222.60
75820 26	Radiology	1.44	1.44	100.80	100.80
75820 TC	Radiology	1.74	1.74	121.80	121.80
75822 00	Radiology	3.98	3.98	278.60	278.60
75822 26	Radiology	2.04	2.04	142.80	142.80
75822 TC	Radiology	1.94	1.94	135.80	135.80
75825 00	Radiology	3.42	3.42	239.40	239.40
75825 26	Radiology	1.59	1.59	111.30	111.30
75825 TC	Radiology	1.83	1.83	128.10	128.10
75827 00	Radiology	3.52	3.52	246.40	246.40
75827 26	Radiology	1.58	1.58	110.60	110.60

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
75827 TC	Radiology	1.94	1.94	135.80	135.80
75831 00	Radiology	3.59	3.59	251.30	251.30
75831 26	Radiology	1.52	1.52	106.40	106.40
75831 TC	Radiology	2.07	2.07	144.90	144.90
75833 00	Radiology	4.42	4.42	309.40	309.40
75833 26	Radiology	2.06	2.06	144.20	144.20
75833 TC	Radiology	2.36	2.36	165.20	165.20
75840 00	Radiology	3.84	3.84	268.80	268.80
75840 26	Radiology	1.61	1.61	112.70	112.70
75840 TC	Radiology	2.23	2.23	156.10	156.10
75842 00	Radiology	4.77	4.77	333.90	333.90
75842 26	Radiology	2.11	2.11	147.70	147.70
75842 TC	Radiology	2.66	2.66	186.20	186.20
75860 00	Radiology	3.79	3.79	265.30	265.30
75860 26	Radiology	1.60	1.60	112.00	112.00
75860 TC	Radiology	2.19	2.19	153.30	153.30
75870 00	Radiology	4.92	4.92	344.40	344.40
75870 26	Radiology	1.79	1.79	125.30	125.30
75870 TC	Radiology	3.13	3.13	219.10	219.10
75872 00	Radiology	3.84	3.84	268.80	268.80
75872 26	Radiology	1.61	1.61	112.70	112.70
75872 TC	Radiology	2.23	2.23	156.10	156.10
75880 00	Radiology	3.23	3.23	226.10	226.10
75880 26	Radiology	1.00	1.00	70.00	70.00
75880 TC	Radiology	2.23	2.23	156.10	156.10
75885 00	Radiology	4.12	4.12	288.40	288.40
75885 26	Radiology	1.94	1.94	135.80	135.80
75885 TC	Radiology	2.18	2.18	152.60	152.60
75887 00	Radiology	4.14	4.14	289.80	289.80
75887 26	Radiology	1.96	1.96	137.20	137.20
75887 TC	Radiology	2.18	2.18	152.60	152.60
75889 00	Radiology	3.70	3.70	259.00	259.00
75889 26	Radiology	1.53	1.53	107.10	107.10
75889 TC	Radiology	2.17	2.17	151.90	151.90
75891 00	Radiology	3.72	3.72	260.40	260.40
75891 26	Radiology	1.54	1.54	107.80	107.80
75891 TC	Radiology	2.18	2.18	152.60	152.60

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Radiology Codes 2025

## Radiology Conversion Factor \$70.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
75893 00	Radiology	3.16	3.16	221.20	221.20
75893 26	Radiology	0.75	0.75	52.50	52.50
75893 TC	Radiology	2.41	2.41	168.70	168.70
75894 00	Radiology	-	-	2139.90	2139.90
75894 26	Radiology	2.14	2.14	149.80	149.80
75894 TC	Radiology	-	-	1990.10	1990.10
75898 00	Radiology	-	-	283.50	283.50
75898 26	Radiology	2.71	2.71	189.70	189.70
75898 TC	Radiology	-	-	93.80	93.80
75901 00	Radiology	6.66	6.66	466.20	466.20
75901 26	Radiology	0.66	0.66	46.20	46.20
75901 TC	Radiology	6.00	6.00	420.00	420.00
75902 00	Radiology	2.56	2.56	179.20	179.20
75902 26	Radiology	0.54	0.54	37.80	37.80
75902 TC	Radiology	2.02	2.02	141.40	141.40
75956 00	Radiology	-	-	1713.60	1713.60
75956 26	Radiology	9.79	9.79	685.30	685.30
75956 TC	Radiology	-	-	1028.30	1028.30
75957 00	Radiology	-	-	1631.70	1631.70
75957 26	Radiology	8.39	8.39	587.30	587.30
75957 TC	Radiology	-	-	1044.40	1044.40
75958 00	Radiology	-	-	1082.90	1082.90
75958 26	Radiology	5.57	5.57	389.90	389.90
75958 TC	Radiology	-	-	693.00	693.00
75959 00	Radiology	-	-	973.70	973.70
75959 26	Radiology	4.87	4.87	340.90	340.90
75959 TC	Radiology	-	-	632.80	632.80
75970 00	Radiology	-	-	863.10	863.10
75970 26	Radiology	1.11	1.11	77.70	77.70
75970 TC	Radiology	-	-	785.40	785.40
75984 00	Radiology	2.83	2.83	198.10	198.10
75984 26	Radiology	1.12	1.12	78.40	78.40
75984 TC	Radiology	1.71	1.71	119.70	119.70
75989 00	Radiology	3.32	3.32	232.40	232.40
75989 26	Radiology	1.64	1.64	114.80	114.80
75989 TC	Radiology	1.68	1.68	117.60	117.60
76000 00	Radiology	1.29	1.29	90.30	90.30

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
76000 26	Radiology	0.45	0.45	31.50	31.50
76000 TC	Radiology	0.84	0.84	58.80	58.80
76010 00	Radiology	0.88	0.88	61.60	61.60
76010 26	Radiology	0.26	0.26	18.20	18.20
76010 TC	Radiology	0.62	0.62	43.40	43.40
76014 00	Radiology	0.33	0.33	23.10	23.10
76015 00	Radiology	1.59	1.59	111.30	111.30
76016 00	Radiology	2.20	2.20	154.00	154.00
76016 26	Radiology	0.84	0.84	58.80	58.80
76016 TC	Radiology	1.36	1.36	95.20	95.20
76017 00	Radiology	6.79	6.79	475.30	475.30
76017 26	Radiology	1.07	1.07	74.90	74.90
76017 TC	Radiology	5.72	5.72	400.40	400.40
76018 00	Radiology	3.45	3.45	241.50	241.50
76018 26	Radiology	1.05	1.05	73.50	73.50
76018 TC	Radiology	2.40	2.40	168.00	168.00
76019 00	Radiology	4.50	4.50	315.00	315.00
76019 26	Radiology	0.83	0.83	58.10	58.10
76019 TC	Radiology	3.67	3.67	256.90	256.90
76080 00	Radiology	1.80	1.80	126.00	126.00
76080 26	Radiology	0.74	0.74	51.80	51.80
76080 TC	Radiology	1.06	1.06	74.20	74.20
76098 00	Radiology	1.29	1.29	90.30	90.30
76098 26	Radiology	0.45	0.45	31.50	31.50
76098 TC	Radiology	0.84	0.84	58.80	58.80
76100 00	Radiology	2.64	2.64	184.80	184.80
76100 26	Radiology	0.82	0.82	57.40	57.40
76100 TC	Radiology	1.82	1.82	127.40	127.40
76120 00	Radiology	3.29	3.29	230.30	230.30
76120 26	Radiology	0.56	0.56	39.20	39.20
76120 TC	Radiology	2.73	2.73	191.10	191.10
76125 00	Radiology	-	-	90.30	90.30
76125 26	Radiology	0.40	0.40	28.00	28.00
76125 TC	Radiology	-	-	62.30	62.30
76140 00	Radiology	0.00	0.00	BR	BR
76145 00	Radiology	29.54	29.54	2067.80	2067.80
76376 00	Radiology	0.77	0.77	53.90	53.90

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
76376 26	Radiology	0.28	0.28	19.60	19.60
76376 TC	Radiology	0.49	0.49	34.30	34.30
76377 00	Radiology	2.38	2.38	166.60	166.60
76377 26	Radiology	1.12	1.12	78.40	78.40
76377 TC	Radiology	1.26	1.26	88.20	88.20
76380 00	Radiology	3.98	3.98	278.60	278.60
76380 26	Radiology	1.34	1.34	93.80	93.80
76380 TC	Radiology	2.64	2.64	184.80	184.80
76390 00	Radiology	-	-	1068.90	1068.90
76390 26	Radiology	-	-	182.00	182.00
76390 TC	Radiology	-	-	886.90	886.90
76391 00	Radiology	6.07	6.07	424.90	424.90
76391 26	Radiology	1.55	1.55	108.50	108.50
76391 TC	Radiology	4.52	4.52	316.40	316.40
76496 00	Radiology	0.00	0.00	BR	BR
76496 26	Radiology	0.00	0.00	BR	BR
76496 TC	Radiology	0.00	0.00	BR	BR
76497 00	Radiology	0.00	0.00	BR	BR
76497 26	Radiology	0.00	0.00	BR	BR
76497 TC	Radiology	0.00	0.00	BR	BR
76498 00	Radiology	0.00	0.00	BR	BR
76498 26	Radiology	0.00	0.00	BR	BR
76498 TC	Radiology	0.00	0.00	BR	BR
76499 00	Radiology	0.00	0.00	BR	BR
76499 26	Radiology	0.00	0.00	BR	BR
76499 TC	Radiology	0.00	0.00	BR	BR
76506 00	Radiology	3.28	3.28	229.60	229.60
76506 26	Radiology	0.90	0.90	63.00	63.00
76506 TC	Radiology	2.38	2.38	166.60	166.60
76510 00	Radiology	2.03	2.03	142.10	142.10
76510 26	Radiology	1.15	1.15	80.50	80.50
76510 TC	Radiology	0.88	0.88	61.60	61.60
76511 00	Radiology	1.69	1.69	118.30	118.30
76511 26	Radiology	1.05	1.05	73.50	73.50
76511 TC	Radiology	0.64	0.64	44.80	44.80
76512 00	Radiology	1.43	1.43	100.10	100.10
76512 26	Radiology	0.90	0.90	63.00	63.00

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
76512 TC	Radiology	0.53	0.53	37.10	37.10
76513 00	Radiology	2.23	2.23	156.10	156.10
76513 26	Radiology	0.96	0.96	67.20	67.20
76513 TC	Radiology	1.27	1.27	88.90	88.90
76514 00	Radiology	0.34	0.34	23.80	23.80
76514 26	Radiology	0.23	0.23	16.10	16.10
76514 TC	Radiology	0.11	0.11	7.70	7.70
76516 00	Radiology	1.40	1.40	98.00	98.00
76516 26	Radiology	0.67	0.67	46.90	46.90
76516 TC	Radiology	0.73	0.73	51.10	51.10
76519 00	Radiology	2.04	2.04	142.80	142.80
76519 26	Radiology	0.90	0.90	63.00	63.00
76519 TC	Radiology	1.14	1.14	79.80	79.80
76529 00	Radiology	2.52	2.52	176.40	176.40
76529 26	Radiology	0.93	0.93	65.10	65.10
76529 TC	Radiology	1.59	1.59	111.30	111.30
76536 00	Radiology	3.28	3.28	229.60	229.60
76536 26	Radiology	0.80	0.80	56.00	56.00
76536 TC	Radiology	2.48	2.48	173.60	173.60
76604 00	Radiology	1.74	1.74	121.80	121.80
76604 26	Radiology	0.81	0.81	56.70	56.70
76604 TC	Radiology	0.93	0.93	65.10	65.10
76641 00	Radiology	3.06	3.06	214.20	214.20
76641 26	Radiology	1.04	1.04	72.80	72.80
76641 TC	Radiology	2.02	2.02	141.40	141.40
76642 00	Radiology	2.54	2.54	177.80	177.80
76642 26	Radiology	0.97	0.97	67.90	67.90
76642 TC	Radiology	1.57	1.57	109.90	109.90
76700 00	Radiology	3.46	3.46	242.20	242.20
76700 26	Radiology	1.14	1.14	79.80	79.80
76700 TC	Radiology	2.32	2.32	162.40	162.40
76705 00	Radiology	2.60	2.60	182.00	182.00
76705 26	Radiology	0.83	0.83	58.10	58.10
76705 TC	Radiology	1.77	1.77	123.90	123.90
76706 00	Radiology	3.20	3.20	224.00	224.00
76706 26	Radiology	0.77	0.77	53.90	53.90
76706 TC	Radiology	2.43	2.43	170.10	170.10

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Radiology Codes 2025****Radiology Conversion Factor \$70.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
76770 00	Radiology	3.23	3.23	226.10	226.10
76770 26	Radiology	1.04	1.04	72.80	72.80
76770 TC	Radiology	2.19	2.19	153.30	153.30
76775 00	Radiology	1.82	1.82	127.40	127.40
76775 26	Radiology	0.82	0.82	57.40	57.40
76775 TC	Radiology	1.00	1.00	70.00	70.00
76776 00	Radiology	4.38	4.38	306.60	306.60
76776 26	Radiology	1.07	1.07	74.90	74.90
76776 TC	Radiology	3.31	3.31	231.70	231.70
76800 00	Radiology	5.42	5.42	379.40	379.40
76800 26	Radiology	1.88	1.88	131.60	131.60
76800 TC	Radiology	3.54	3.54	247.80	247.80
76801 00	Radiology	3.49	3.49	244.30	244.30
76801 26	Radiology	1.40	1.40	98.00	98.00
76801 TC	Radiology	2.09	2.09	146.30	146.30
76802 00	Radiology	1.79	1.79	125.30	125.30
76802 26	Radiology	1.17	1.17	81.90	81.90
76802 TC	Radiology	0.62	0.62	43.40	43.40
76805 00	Radiology	4.02	4.02	281.40	281.40
76805 26	Radiology	1.41	1.41	98.70	98.70
76805 TC	Radiology	2.61	2.61	182.70	182.70
76810 00	Radiology	2.59	2.59	181.30	181.30
76810 26	Radiology	1.38	1.38	96.60	96.60
76810 TC	Radiology	1.21	1.21	84.70	84.70
76811 00	Radiology	5.32	5.32	372.40	372.40
76811 26	Radiology	2.67	2.67	186.90	186.90
76811 TC	Radiology	2.65	2.65	185.50	185.50
76812 00	Radiology	5.67	5.67	396.90	396.90
76812 26	Radiology	2.51	2.51	175.70	175.70
76812 TC	Radiology	3.16	3.16	221.20	221.20
76813 00	Radiology	3.40	3.40	238.00	238.00
76813 26	Radiology	1.66	1.66	116.20	116.20
76813 TC	Radiology	1.74	1.74	121.80	121.80
76814 00	Radiology	2.20	2.20	154.00	154.00
76814 26	Radiology	1.39	1.39	97.30	97.30
76814 TC	Radiology	0.81	0.81	56.70	56.70
76815 00	Radiology	2.42	2.42	169.40	169.40

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
76815 26	Radiology	0.92	0.92	64.40	64.40
76815 TC	Radiology	1.50	1.50	105.00	105.00
76816 00	Radiology	3.25	3.25	227.50	227.50
76816 26	Radiology	1.20	1.20	84.00	84.00
76816 TC	Radiology	2.05	2.05	143.50	143.50
76817 00	Radiology	2.75	2.75	192.50	192.50
76817 26	Radiology	1.06	1.06	74.20	74.20
76817 TC	Radiology	1.69	1.69	118.30	118.30
76818 00	Radiology	3.56	3.56	249.20	249.20
76818 26	Radiology	1.48	1.48	103.60	103.60
76818 TC	Radiology	2.08	2.08	145.60	145.60
76819 00	Radiology	2.57	2.57	179.90	179.90
76819 26	Radiology	1.08	1.08	75.60	75.60
76819 TC	Radiology	1.49	1.49	104.30	104.30
76820 00	Radiology	1.32	1.32	92.40	92.40
76820 26	Radiology	0.70	0.70	49.00	49.00
76820 TC	Radiology	0.62	0.62	43.40	43.40
76821 00	Radiology	2.63	2.63	184.10	184.10
76821 26	Radiology	0.99	0.99	69.30	69.30
76821 TC	Radiology	1.64	1.64	114.80	114.80
76825 00	Radiology	7.67	7.67	536.90	536.90
76825 26	Radiology	2.33	2.33	163.10	163.10
76825 TC	Radiology	5.34	5.34	373.80	373.80
76826 00	Radiology	4.61	4.61	322.70	322.70
76826 26	Radiology	1.16	1.16	81.20	81.20
76826 TC	Radiology	3.45	3.45	241.50	241.50
76827 00	Radiology	2.06	2.06	144.20	144.20
76827 26	Radiology	0.82	0.82	57.40	57.40
76827 TC	Radiology	1.24	1.24	86.80	86.80
76828 00	Radiology	1.44	1.44	100.80	100.80
76828 26	Radiology	0.78	0.78	54.60	54.60
76828 TC	Radiology	0.66	0.66	46.20	46.20
76830 00	Radiology	3.53	3.53	247.10	247.10
76830 26	Radiology	0.98	0.98	68.60	68.60
76830 TC	Radiology	2.55	2.55	178.50	178.50
76831 00	Radiology	3.42	3.42	239.40	239.40
76831 26	Radiology	1.02	1.02	71.40	71.40

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
76831 TC	Radiology	2.40	2.40	168.00	168.00
76856 00	Radiology	3.14	3.14	219.80	219.80
76856 26	Radiology	0.97	0.97	67.90	67.90
76856 TC	Radiology	2.17	2.17	151.90	151.90
76857 00	Radiology	1.50	1.50	105.00	105.00
76857 26	Radiology	0.70	0.70	49.00	49.00
76857 TC	Radiology	0.80	0.80	56.00	56.00
76870 00	Radiology	2.99	2.99	209.30	209.30
76870 26	Radiology	0.90	0.90	63.00	63.00
76870 TC	Radiology	2.09	2.09	146.30	146.30
76872 00	Radiology	5.89	5.89	412.30	412.30
76872 26	Radiology	0.96	0.96	67.20	67.20
76872 TC	Radiology	4.93	4.93	345.10	345.10
76873 00	Radiology	5.24	5.24	366.80	366.80
76873 26	Radiology	2.27	2.27	158.90	158.90
76873 TC	Radiology	2.97	2.97	207.90	207.90
76881 00	Radiology	1.60	1.60	112.00	112.00
76881 26	Radiology	1.28	1.28	89.60	89.60
76881 TC	Radiology	0.32	0.32	22.40	22.40
76882 00	Radiology	1.93	1.93	135.10	135.10
76882 26	Radiology	0.98	0.98	68.60	68.60
76882 TC	Radiology	0.95	0.95	66.50	66.50
76883 00	Radiology	2.17	2.17	151.90	151.90
76883 26	Radiology	1.72	1.72	120.40	120.40
76883 TC	Radiology	0.45	0.45	31.50	31.50
76885 00	Radiology	4.03	4.03	282.10	282.10
76885 26	Radiology	1.05	1.05	73.50	73.50
76885 TC	Radiology	2.98	2.98	208.60	208.60
76886 00	Radiology	2.97	2.97	207.90	207.90
76886 26	Radiology	0.88	0.88	61.60	61.60
76886 TC	Radiology	2.09	2.09	146.30	146.30
76932 00	Radiology	-	-	198.80	198.80
76932 26	Radiology	1.05	1.05	73.50	73.50
76932 TC	Radiology	-	-	125.30	125.30
76936 00	Radiology	7.72	7.72	540.40	540.40
76936 26	Radiology	2.78	2.78	194.60	194.60
76936 TC	Radiology	4.94	4.94	345.80	345.80

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
76937 00	Radiology	1.15	1.15	80.50	80.50
76937 26	Radiology	0.40	0.40	28.00	28.00
76937 TC	Radiology	0.75	0.75	52.50	52.50
76940 00	Radiology	-	-	338.80	338.80
76940 26	Radiology	3.00	3.00	210.00	210.00
76940 TC	Radiology	-	-	128.80	128.80
76941 00	Radiology	-	-	245.00	245.00
76941 26	Radiology	1.89	1.89	132.30	132.30
76941 TC	Radiology	-	-	112.70	112.70
76942 00	Radiology	1.77	1.77	123.90	123.90
76942 26	Radiology	0.90	0.90	63.00	63.00
76942 TC	Radiology	0.87	0.87	60.90	60.90
76945 00	Radiology	-	-	182.70	182.70
76945 26	Radiology	0.94	0.94	65.80	65.80
76945 TC	Radiology	-	-	116.90	116.90
76946 00	Radiology	1.00	1.00	70.00	70.00
76946 26	Radiology	0.54	0.54	37.80	37.80
76946 TC	Radiology	0.46	0.46	32.20	32.20
76948 00	Radiology	2.39	2.39	167.30	167.30
76948 26	Radiology	0.94	0.94	65.80	65.80
76948 TC	Radiology	1.45	1.45	101.50	101.50
76965 00	Radiology	2.86	2.86	200.20	200.20
76965 26	Radiology	2.02	2.02	141.40	141.40
76965 TC	Radiology	0.84	0.84	58.80	58.80
76975 00	Radiology	-	-	205.10	205.10
76975 26	Radiology	1.20	1.20	84.00	84.00
76975 TC	Radiology	-	-	121.10	121.10
76977 00	Radiology	0.22	0.22	15.40	15.40
76977 26	Radiology	0.08	0.08	5.60	5.60
76977 TC	Radiology	0.14	0.14	9.80	9.80
76978 00	Radiology	5.82	5.82	407.40	407.40
76978 26	Radiology	2.28	2.28	159.60	159.60
76978 TC	Radiology	3.54	3.54	247.80	247.80
76979 00	Radiology	3.70	3.70	259.00	259.00
76979 26	Radiology	1.20	1.20	84.00	84.00
76979 TC	Radiology	2.50	2.50	175.00	175.00
76981 00	Radiology	3.17	3.17	221.90	221.90

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Radiology Codes 2025

## Radiology Conversion Factor \$70.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
76981 26	Radiology	0.85	0.85	59.50	59.50
76981 TC	Radiology	2.32	2.32	162.40	162.40
76982 00	Radiology	2.77	2.77	193.90	193.90
76982 26	Radiology	0.84	0.84	58.80	58.80
76982 TC	Radiology	1.93	1.93	135.10	135.10
76983 00	Radiology	1.78	1.78	124.60	124.60
76983 26	Radiology	0.69	0.69	48.30	48.30
76983 TC	Radiology	1.09	1.09	76.30	76.30
76984 00	Radiology	-	-	151.20	151.20
76984 26	Radiology	0.93	0.93	65.10	65.10
76984 TC	Radiology	-	-	86.10	86.10
76987 00	Radiology	-	-	464.10	464.10
76987 26	Radiology	2.85	2.85	199.50	199.50
76987 TC	Radiology	-	-	264.60	264.60
76988 00	Radiology	-	-	293.30	293.30
76988 26	Radiology	1.80	1.80	126.00	126.00
76988 TC	Radiology	-	-	167.30	167.30
76989 00	Radiology	-	-	174.30	174.30
76989 26	Radiology	1.07	1.07	74.90	74.90
76989 TC	Radiology	-	-	99.40	99.40
76998 00	Radiology	-	-	226.10	226.10
76998 26	Radiology	1.39	1.39	97.30	97.30
76998 TC	Radiology	-	-	128.80	128.80
76999 00	Radiology	0.00	0.00	BR	BR
76999 26	Radiology	0.00	0.00	BR	BR
76999 TC	Radiology	0.00	0.00	BR	BR
77001 00	Radiology	2.91	2.91	203.70	203.70
77001 26	Radiology	0.54	0.54	37.80	37.80
77001 TC	Radiology	2.37	2.37	165.90	165.90
77002 00	Radiology	3.41	3.41	238.70	238.70
77002 26	Radiology	0.79	0.79	55.30	55.30
77002 TC	Radiology	2.62	2.62	183.40	183.40
77003 00	Radiology	3.08	3.08	215.60	215.60
77003 26	Radiology	0.84	0.84	58.80	58.80
77003 TC	Radiology	2.24	2.24	156.80	156.80
77011 00	Radiology	6.54	6.54	457.80	457.80
77011 26	Radiology	1.83	1.83	128.10	128.10

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
77011 TC	Radiology	4.71	4.71	329.70	329.70
77012 00	Radiology	3.78	3.78	264.60	264.60
77012 26	Radiology	2.06	2.06	144.20	144.20
77012 TC	Radiology	1.72	1.72	120.40	120.40
77013 00	Radiology	-	-	1054.20	1054.20
77013 26	Radiology	5.42	5.42	379.40	379.40
77013 TC	Radiology	-	-	674.80	674.80
77014 00	Radiology	3.58	3.58	250.60	250.60
77014 26	Radiology	1.36	1.36	95.20	95.20
77014 TC	Radiology	2.22	2.22	155.40	155.40
77021 00	Radiology	12.47	12.47	872.90	872.90
77021 26	Radiology	2.10	2.10	147.00	147.00
77021 TC	Radiology	10.37	10.37	725.90	725.90
77022 00	Radiology	-	-	1337.00	1337.00
77022 26	Radiology	5.92	5.92	414.40	414.40
77022 TC	Radiology	-	-	922.60	922.60
77046 00	Radiology	6.45	6.45	451.50	451.50
77046 26	Radiology	2.03	2.03	142.10	142.10
77046 TC	Radiology	4.42	4.42	309.40	309.40
77047 00	Radiology	6.65	6.65	465.50	465.50
77047 26	Radiology	2.25	2.25	157.50	157.50
77047 TC	Radiology	4.40	4.40	308.00	308.00
77048 00	Radiology	10.22	10.22	715.40	715.40
77048 26	Radiology	2.98	2.98	208.60	208.60
77048 TC	Radiology	7.24	7.24	506.80	506.80
77049 00	Radiology	10.41	10.41	728.70	728.70
77049 26	Radiology	3.26	3.26	228.20	228.20
77049 TC	Radiology	7.15	7.15	500.50	500.50
77053 00	Radiology	1.61	1.61	112.70	112.70
77053 26	Radiology	0.51	0.51	35.70	35.70
77053 TC	Radiology	1.10	1.10	77.00	77.00
77054 00	Radiology	2.08	2.08	145.60	145.60
77054 26	Radiology	0.63	0.63	44.10	44.10
77054 TC	Radiology	1.45	1.45	101.50	101.50
77061 00	Radiology	-	-	130.20	130.20
77061 26	Radiology	0.00	0.00	BR	BR
77061 TC	Radiology	-	-	130.20	130.20

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
77062 00	Radiology	-	-	137.90	137.90
77062 26	Radiology	0.00	0.00	BR	BR
77062 TC	Radiology	-	-	137.90	137.90
77063 00	Radiology	1.57	1.57	109.90	109.90
77063 26	Radiology	0.85	0.85	59.50	59.50
77063 TC	Radiology	0.72	0.72	50.40	50.40
77065 00	Radiology	3.77	3.77	263.90	263.90
77065 26	Radiology	1.14	1.14	79.80	79.80
77065 TC	Radiology	2.63	2.63	184.10	184.10
77066 00	Radiology	4.75	4.75	332.50	332.50
77066 26	Radiology	1.40	1.40	98.00	98.00
77066 TC	Radiology	3.35	3.35	234.50	234.50
77067 00	Radiology	3.85	3.85	269.50	269.50
77067 26	Radiology	1.08	1.08	75.60	75.60
77067 TC	Radiology	2.77	2.77	193.90	193.90
77071 00	Radiology	1.63	1.63	114.10	114.10
77072 00	Radiology	0.77	0.77	53.90	53.90
77072 26	Radiology	0.27	0.27	18.90	18.90
77072 TC	Radiology	0.50	0.50	35.00	35.00
77073 00	Radiology	1.36	1.36	95.20	95.20
77073 26	Radiology	0.39	0.39	27.30	27.30
77073 TC	Radiology	0.97	0.97	67.90	67.90
77074 00	Radiology	1.96	1.96	137.20	137.20
77074 26	Radiology	0.62	0.62	43.40	43.40
77074 TC	Radiology	1.34	1.34	93.80	93.80
77075 00	Radiology	2.97	2.97	207.90	207.90
77075 26	Radiology	0.78	0.78	54.60	54.60
77075 TC	Radiology	2.19	2.19	153.30	153.30
77076 00	Radiology	3.21	3.21	224.70	224.70
77076 26	Radiology	1.00	1.00	70.00	70.00
77076 TC	Radiology	2.21	2.21	154.70	154.70
77077 00	Radiology	1.39	1.39	97.30	97.30
77077 26	Radiology	0.49	0.49	34.30	34.30
77077 TC	Radiology	0.90	0.90	63.00	63.00
77078 00	Radiology	3.00	3.00	210.00	210.00
77078 26	Radiology	0.35	0.35	24.50	24.50
77078 TC	Radiology	2.65	2.65	185.50	185.50

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
77080 00	Radiology	1.18	1.18	82.60	82.60
77080 26	Radiology	0.28	0.28	19.60	19.60
77080 TC	Radiology	0.90	0.90	63.00	63.00
77081 00	Radiology	0.96	0.96	67.20	67.20
77081 26	Radiology	0.28	0.28	19.60	19.60
77081 TC	Radiology	0.68	0.68	47.60	47.60
77084 00	Radiology	9.60	9.60	672.00	672.00
77084 26	Radiology	2.26	2.26	158.20	158.20
77084 TC	Radiology	7.34	7.34	513.80	513.80
77085 00	Radiology	1.62	1.62	113.40	113.40
77085 26	Radiology	0.42	0.42	29.40	29.40
77085 TC	Radiology	1.20	1.20	84.00	84.00
77086 00	Radiology	1.03	1.03	72.10	72.10
77086 26	Radiology	0.24	0.24	16.80	16.80
77086 TC	Radiology	0.79	0.79	55.30	55.30
77089 00	Radiology	1.20	1.20	84.00	84.00
77090 00	Radiology	0.09	0.09	6.30	6.30
77091 00	Radiology	0.82	0.82	57.40	57.40
77092 00	Radiology	0.29	0.29	20.30	20.30
77261 00	Radiology	2.12	2.12	148.40	148.40
77262 00	Radiology	3.28	3.28	229.60	229.60
77263 00	Radiology	5.10	5.10	357.00	357.00
77280 00	Radiology	8.04	8.04	562.80	562.80
77280 26	Radiology	1.13	1.13	79.10	79.10
77280 TC	Radiology	6.91	6.91	483.70	483.70
77285 00	Radiology	13.34	13.34	933.80	933.80
77285 26	Radiology	1.70	1.70	119.00	119.00
77285 TC	Radiology	11.64	11.64	814.80	814.80
77290 00	Radiology	13.22	13.22	925.40	925.40
77290 26	Radiology	2.48	2.48	173.60	173.60
77290 TC	Radiology	10.74	10.74	751.80	751.80
77293 00	Radiology	12.08	12.08	845.60	845.60
77293 26	Radiology	3.17	3.17	221.90	221.90
77293 TC	Radiology	8.91	8.91	623.70	623.70
77295 00	Radiology	14.59	14.59	1021.30	1021.30
77295 26	Radiology	6.81	6.81	476.70	476.70
77295 TC	Radiology	7.78	7.78	544.60	544.60

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Radiology Codes 2025****Radiology Conversion Factor \$70.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
77299 00	Radiology	0.00	0.00	BR	BR
77299 26	Radiology	0.00	0.00	BR	BR
77299 TC	Radiology	0.00	0.00	BR	BR
77300 00	Radiology	2.02	2.02	141.40	141.40
77300 26	Radiology	0.99	0.99	69.30	69.30
77300 TC	Radiology	1.03	1.03	72.10	72.10
77301 00	Radiology	55.58	55.58	3890.60	3890.60
77301 26	Radiology	12.71	12.71	889.70	889.70
77301 TC	Radiology	42.87	42.87	3000.90	3000.90
77306 00	Radiology	4.50	4.50	315.00	315.00
77306 26	Radiology	2.22	2.22	155.40	155.40
77306 TC	Radiology	2.28	2.28	159.60	159.60
77307 00	Radiology	8.76	8.76	613.20	613.20
77307 26	Radiology	4.62	4.62	323.40	323.40
77307 TC	Radiology	4.14	4.14	289.80	289.80
77316 00	Radiology	7.44	7.44	520.80	520.80
77316 26	Radiology	2.22	2.22	155.40	155.40
77316 TC	Radiology	5.22	5.22	365.40	365.40
77317 00	Radiology	9.79	9.79	685.30	685.30
77317 26	Radiology	2.91	2.91	203.70	203.70
77317 TC	Radiology	6.88	6.88	481.60	481.60
77318 00	Radiology	13.92	13.92	974.40	974.40
77318 26	Radiology	4.61	4.61	322.70	322.70
77318 TC	Radiology	9.31	9.31	651.70	651.70
77321 00	Radiology	2.86	2.86	200.20	200.20
77321 26	Radiology	1.51	1.51	105.70	105.70
77321 TC	Radiology	1.35	1.35	94.50	94.50
77331 00	Radiology	1.97	1.97	137.90	137.90
77331 26	Radiology	1.39	1.39	97.30	97.30
77331 TC	Radiology	0.58	0.58	40.60	40.60
77332 00	Radiology	1.23	1.23	86.10	86.10
77332 26	Radiology	0.72	0.72	50.40	50.40
77332 TC	Radiology	0.51	0.51	35.70	35.70
77333 00	Radiology	4.11	4.11	287.70	287.70
77333 26	Radiology	1.20	1.20	84.00	84.00
77333 TC	Radiology	2.91	2.91	203.70	203.70
77334 00	Radiology	3.80	3.80	266.00	266.00

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
77334 26	Radiology	1.82	1.82	127.40	127.40
77334 TC	Radiology	1.98	1.98	138.60	138.60
77336 00	Radiology	2.74	2.74	191.80	191.80
77338 00	Radiology	14.27	14.27	998.90	998.90
77338 26	Radiology	6.81	6.81	476.70	476.70
77338 TC	Radiology	7.46	7.46	522.20	522.20
77370 00	Radiology	4.50	4.50	315.00	315.00
77371 00	Radiology	-	-	4681.60	4681.60
77372 00	Radiology	27.95	27.95	1956.50	1956.50
77373 00	Radiology	29.35	29.35	2054.50	2054.50
77385 00	Radiology	-	-	1434.30	1434.30
77386 00	Radiology	-	-	1437.10	1437.10
77387 00	Radiology	-	-	196.00	196.00
77399 00	Radiology	0.00	0.00	BR	BR
77399 26	Radiology	0.00	0.00	BR	BR
77399 TC	Radiology	0.00	0.00	BR	BR
77401 00	Radiology	1.23	1.23	86.10	86.10
77402 00	Radiology	-	-	180.60	180.60
77407 00	Radiology	0.00	0.00	BR	BR
77412 00	Radiology	-	-	364.70	364.70
77417 00	Radiology	0.49	0.49	34.30	34.30
77423 00	Radiology	0.00	0.00	BR	BR
77424 00	Radiology	0.00	0.00	BR	BR
77425 00	Radiology	0.00	0.00	BR	BR
77427 00	Radiology	5.81	5.81	406.70	406.70
77431 00	Radiology	3.28	3.28	229.60	229.60
77432 00	Radiology	12.88	12.88	901.60	901.60
77435 00	Radiology	19.46	19.46	1362.20	1362.20
77469 00	Radiology	9.73	9.73	681.10	681.10
77470 00	Radiology	4.40	4.40	308.00	308.00
77470 26	Radiology	3.23	3.23	226.10	226.10
77470 TC	Radiology	1.17	1.17	81.90	81.90
77499 00	Radiology	0.00	0.00	BR	BR
77499 26	Radiology	0.00	0.00	BR	BR
77499 TC	Radiology	0.00	0.00	BR	BR
77520 00	Radiology	-	-	2625.00	2625.00
77522 00	Radiology	-	-	2163.00	2163.00

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
77523 00	Radiology	-	-	2302.30	2302.30
77525 00	Radiology	-	-	3804.50	3804.50
77600 00	Radiology	16.32	16.32	1142.40	1142.40
77600 26	Radiology	2.14	2.14	149.80	149.80
77600 TC	Radiology	14.18	14.18	992.60	992.60
77605 00	Radiology	28.20	28.20	1974.00	1974.00
77605 26	Radiology	2.98	2.98	208.60	208.60
77605 TC	Radiology	25.22	25.22	1765.40	1765.40
77610 00	Radiology	20.21	20.21	1414.70	1414.70
77610 26	Radiology	2.08	2.08	145.60	145.60
77610 TC	Radiology	18.13	18.13	1269.10	1269.10
77615 00	Radiology	31.89	31.89	2232.30	2232.30
77615 26	Radiology	2.93	2.93	205.10	205.10
77615 TC	Radiology	28.96	28.96	2027.20	2027.20
77620 00	Radiology	18.92	18.92	1324.40	1324.40
77620 26	Radiology	2.49	2.49	174.30	174.30
77620 TC	Radiology	16.43	16.43	1150.10	1150.10
77750 00	Radiology	11.98	11.98	838.60	838.60
77750 26	Radiology	7.96	7.96	557.20	557.20
77750 TC	Radiology	4.02	4.02	281.40	281.40
77761 00	Radiology	12.81	12.81	896.70	896.70
77761 26	Radiology	6.13	6.13	429.10	429.10
77761 TC	Radiology	6.68	6.68	467.60	467.60
77762 00	Radiology	16.85	16.85	1179.50	1179.50
77762 26	Radiology	9.16	9.16	641.20	641.20
77762 TC	Radiology	7.69	7.69	538.30	538.30
77763 00	Radiology	23.93	23.93	1675.10	1675.10
77763 26	Radiology	13.80	13.80	966.00	966.00
77763 TC	Radiology	10.13	10.13	709.10	709.10
77767 00	Radiology	7.52	7.52	526.40	526.40
77767 26	Radiology	1.67	1.67	116.90	116.90
77767 TC	Radiology	5.85	5.85	409.50	409.50
77768 00	Radiology	11.05	11.05	773.50	773.50
77768 26	Radiology	2.22	2.22	155.40	155.40
77768 TC	Radiology	8.83	8.83	618.10	618.10
77770 00	Radiology	10.49	10.49	734.30	734.30
77770 26	Radiology	3.10	3.10	217.00	217.00

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
77770 TC	Radiology	7.39	7.39	517.30	517.30
77771 00	Radiology	18.37	18.37	1285.90	1285.90
77771 26	Radiology	6.05	6.05	423.50	423.50
77771 TC	Radiology	12.32	12.32	862.40	862.40
77772 00	Radiology	27.45	27.45	1921.50	1921.50
77772 26	Radiology	8.53	8.53	597.10	597.10
77772 TC	Radiology	18.92	18.92	1324.40	1324.40
77778 00	Radiology	28.06	28.06	1964.20	1964.20
77778 26	Radiology	13.95	13.95	976.50	976.50
77778 TC	Radiology	14.11	14.11	987.70	987.70
77789 00	Radiology	4.01	4.01	280.70	280.70
77789 26	Radiology	1.81	1.81	126.70	126.70
77789 TC	Radiology	2.20	2.20	154.00	154.00
77790 00	Radiology	0.57	0.57	39.90	39.90
77799 00	Radiology	0.00	0.00	BR	BR
77799 26	Radiology	0.00	0.00	BR	BR
77799 TC	Radiology	0.00	0.00	BR	BR
78012 00	Radiology	2.43	2.43	170.10	170.10
78012 26	Radiology	0.26	0.26	18.20	18.20
78012 TC	Radiology	2.17	2.17	151.90	151.90
78013 00	Radiology	5.05	5.05	353.50	353.50
78013 26	Radiology	0.51	0.51	35.70	35.70
78013 TC	Radiology	4.54	4.54	317.80	317.80
78014 00	Radiology	6.41	6.41	448.70	448.70
78014 26	Radiology	0.69	0.69	48.30	48.30
78014 TC	Radiology	5.72	5.72	400.40	400.40
78015 00	Radiology	6.27	6.27	438.90	438.90
78015 26	Radiology	0.95	0.95	66.50	66.50
78015 TC	Radiology	5.32	5.32	372.40	372.40
78016 00	Radiology	7.44	7.44	520.80	520.80
78016 26	Radiology	0.97	0.97	67.90	67.90
78016 TC	Radiology	6.47	6.47	452.90	452.90
78018 00	Radiology	8.38	8.38	586.60	586.60
78018 26	Radiology	1.15	1.15	80.50	80.50
78018 TC	Radiology	7.23	7.23	506.10	506.10
78020 00	Radiology	2.37	2.37	165.90	165.90
78020 26	Radiology	0.78	0.78	54.60	54.60

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
78020 TC	Radiology	1.59	1.59	111.30	111.30
78070 00	Radiology	7.94	7.94	555.80	555.80
78070 26	Radiology	1.12	1.12	78.40	78.40
78070 TC	Radiology	6.82	6.82	477.40	477.40
78071 00	Radiology	9.42	9.42	659.40	659.40
78071 26	Radiology	1.65	1.65	115.50	115.50
78071 TC	Radiology	7.77	7.77	543.90	543.90
78072 00	Radiology	11.67	11.67	816.90	816.90
78072 26	Radiology	2.17	2.17	151.90	151.90
78072 TC	Radiology	9.50	9.50	665.00	665.00
78075 00	Radiology	11.90	11.90	833.00	833.00
78075 26	Radiology	1.05	1.05	73.50	73.50
78075 TC	Radiology	10.85	10.85	759.50	759.50
78099 00	Radiology	0.00	0.00	BR	BR
78099 26	Radiology	0.00	0.00	BR	BR
78099 TC	Radiology	0.00	0.00	BR	BR
78102 00	Radiology	4.77	4.77	333.90	333.90
78102 26	Radiology	0.74	0.74	51.80	51.80
78102 TC	Radiology	4.03	4.03	282.10	282.10
78103 00	Radiology	5.06	5.06	354.20	354.20
78103 26	Radiology	0.88	0.88	61.60	61.60
78103 TC	Radiology	4.18	4.18	292.60	292.60
78104 00	Radiology	6.74	6.74	471.80	471.80
78104 26	Radiology	1.08	1.08	75.60	75.60
78104 TC	Radiology	5.66	5.66	396.20	396.20
78110 00	Radiology	2.09	2.09	146.30	146.30
78110 26	Radiology	0.23	0.23	16.10	16.10
78110 TC	Radiology	1.86	1.86	130.20	130.20
78111 00	Radiology	2.75	2.75	192.50	192.50
78111 26	Radiology	0.31	0.31	21.70	21.70
78111 TC	Radiology	2.44	2.44	170.80	170.80
78120 00	Radiology	2.14	2.14	149.80	149.80
78120 26	Radiology	0.28	0.28	19.60	19.60
78120 TC	Radiology	1.86	1.86	130.20	130.20
78121 00	Radiology	2.83	2.83	198.10	198.10
78121 26	Radiology	0.44	0.44	30.80	30.80
78121 TC	Radiology	2.39	2.39	167.30	167.30

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
78122 00	Radiology	2.98	2.98	208.60	208.60
78122 26	Radiology	0.61	0.61	42.70	42.70
78122 TC	Radiology	2.37	2.37	165.90	165.90
78130 00	Radiology	3.73	3.73	261.10	261.10
78130 26	Radiology	0.72	0.72	50.40	50.40
78130 TC	Radiology	3.01	3.01	210.70	210.70
78140 00	Radiology	3.28	3.28	229.60	229.60
78140 26	Radiology	0.72	0.72	50.40	50.40
78140 TC	Radiology	2.56	2.56	179.20	179.20
78185 00	Radiology	4.59	4.59	321.30	321.30
78185 26	Radiology	0.48	0.48	33.60	33.60
78185 TC	Radiology	4.11	4.11	287.70	287.70
78191 00	Radiology	3.73	3.73	261.10	261.10
78191 26	Radiology	0.72	0.72	50.40	50.40
78191 TC	Radiology	3.01	3.01	210.70	210.70
78195 00	Radiology	9.51	9.51	665.70	665.70
78195 26	Radiology	1.64	1.64	114.80	114.80
78195 TC	Radiology	7.87	7.87	550.90	550.90
78199 00	Radiology	0.00	0.00	BR	BR
78199 26	Radiology	0.00	0.00	BR	BR
78199 TC	Radiology	0.00	0.00	BR	BR
78201 00	Radiology	5.25	5.25	367.50	367.50
78201 26	Radiology	0.60	0.60	42.00	42.00
78201 TC	Radiology	4.65	4.65	325.50	325.50
78202 00	Radiology	5.83	5.83	408.10	408.10
78202 26	Radiology	0.71	0.71	49.70	49.70
78202 TC	Radiology	5.12	5.12	358.40	358.40
78215 00	Radiology	5.39	5.39	377.30	377.30
78215 26	Radiology	0.68	0.68	47.60	47.60
78215 TC	Radiology	4.71	4.71	329.70	329.70
78216 00	Radiology	4.07	4.07	284.90	284.90
78216 26	Radiology	0.81	0.81	56.70	56.70
78216 TC	Radiology	3.26	3.26	228.20	228.20
78226 00	Radiology	8.70	8.70	609.00	609.00
78226 26	Radiology	1.03	1.03	72.10	72.10
78226 TC	Radiology	7.67	7.67	536.90	536.90
78227 00	Radiology	11.68	11.68	817.60	817.60

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
78227 26	Radiology	1.25	1.25	87.50	87.50
78227 TC	Radiology	10.43	10.43	730.10	730.10
78230 00	Radiology	4.86	4.86	340.20	340.20
78230 26	Radiology	0.63	0.63	44.10	44.10
78230 TC	Radiology	4.23	4.23	296.10	296.10
78231 00	Radiology	3.12	3.12	218.40	218.40
78231 26	Radiology	0.62	0.62	43.40	43.40
78231 TC	Radiology	2.50	2.50	175.00	175.00
78232 00	Radiology	3.07	3.07	214.90	214.90
78232 26	Radiology	0.56	0.56	39.20	39.20
78232 TC	Radiology	2.51	2.51	175.70	175.70
78258 00	Radiology	5.89	5.89	412.30	412.30
78258 26	Radiology	0.99	0.99	69.30	69.30
78258 TC	Radiology	4.90	4.90	343.00	343.00
78261 00	Radiology	5.44	5.44	380.80	380.80
78261 26	Radiology	0.81	0.81	56.70	56.70
78261 TC	Radiology	4.63	4.63	324.10	324.10
78262 00	Radiology	6.68	6.68	467.60	467.60
78262 26	Radiology	0.96	0.96	67.20	67.20
78262 TC	Radiology	5.72	5.72	400.40	400.40
78264 00	Radiology	8.88	8.88	621.60	621.60
78264 26	Radiology	1.10	1.10	77.00	77.00
78264 TC	Radiology	7.78	7.78	544.60	544.60
78265 00	Radiology	10.58	10.58	740.60	740.60
78265 26	Radiology	1.35	1.35	94.50	94.50
78265 TC	Radiology	9.23	9.23	646.10	646.10
78266 00	Radiology	11.90	11.90	833.00	833.00
78266 26	Radiology	1.44	1.44	100.80	100.80
78266 TC	Radiology	10.46	10.46	732.20	732.20
78267 00	Radiology	0.34	0.34	23.93	23.93
78268 00	Radiology	2.92	2.92	204.31	204.31
78278 00	Radiology	9.37	9.37	655.90	655.90
78278 26	Radiology	1.37	1.37	95.90	95.90
78278 TC	Radiology	8.00	8.00	560.00	560.00
78282 00	Radiology	-	-	185.50	185.50
78282 26	Radiology	0.45	0.45	31.50	31.50
78282 TC	Radiology	-	-	154.00	154.00

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
78290 00	Radiology	8.85	8.85	619.50	619.50
78290 26	Radiology	0.94	0.94	65.80	65.80
78290 TC	Radiology	7.91	7.91	553.70	553.70
78291 00	Radiology	7.14	7.14	499.80	499.80
78291 26	Radiology	1.24	1.24	86.80	86.80
78291 TC	Radiology	5.90	5.90	413.00	413.00
78299 00	Radiology	0.00	0.00	BR	BR
78299 26	Radiology	0.00	0.00	BR	BR
78299 TC	Radiology	0.00	0.00	BR	BR
78300 00	Radiology	6.08	6.08	425.60	425.60
78300 26	Radiology	0.87	0.87	60.90	60.90
78300 TC	Radiology	5.21	5.21	364.70	364.70
78305 00	Radiology	7.41	7.41	518.70	518.70
78305 26	Radiology	1.16	1.16	81.20	81.20
78305 TC	Radiology	6.25	6.25	437.50	437.50
78306 00	Radiology	7.92	7.92	554.40	554.40
78306 26	Radiology	1.19	1.19	83.30	83.30
78306 TC	Radiology	6.73	6.73	471.10	471.10
78315 00	Radiology	9.30	9.30	651.00	651.00
78315 26	Radiology	1.41	1.41	98.70	98.70
78315 TC	Radiology	7.89	7.89	552.30	552.30
78350 00	Radiology	0.96	0.96	67.20	67.20
78350 26	Radiology	0.32	0.32	22.40	22.40
78350 TC	Radiology	0.64	0.64	44.80	44.80
78351 00	Radiology	0.44	0.44	30.80	30.80
78399 00	Radiology	0.00	0.00	BR	BR
78399 26	Radiology	0.00	0.00	BR	BR
78399 TC	Radiology	0.00	0.00	BR	BR
78414 00	Radiology	-	-	289.10	289.10
78414 26	Radiology	0.62	0.62	43.40	43.40
78414 TC	Radiology	-	-	245.70	245.70
78428 00	Radiology	5.12	5.12	358.40	358.40
78428 26	Radiology	1.07	1.07	74.90	74.90
78428 TC	Radiology	4.05	4.05	283.50	283.50
78429 00	Radiology	-	-	1710.10	1710.10
78429 26	Radiology	2.34	2.34	163.80	163.80
78429 TC	Radiology	-	-	1546.30	1546.30

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Radiology Codes 2025****Radiology Conversion Factor \$70.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
78430 00	Radiology	-	-	1564.50	1564.50
78430 26	Radiology	2.21	2.21	154.70	154.70
78430 TC	Radiology	-	-	1409.80	1409.80
78431 00	Radiology	-	-	2649.50	2649.50
78431 26	Radiology	2.59	2.59	181.30	181.30
78431 TC	Radiology	-	-	2468.20	2468.20
78432 00	Radiology	0.00	0.00	BR	BR
78432 26	Radiology	2.85	2.85	199.50	199.50
78432 TC	Radiology	0.00	0.00	BR	BR
78433 00	Radiology	-	-	4755.80	4755.80
78433 26	Radiology	3.04	3.04	212.80	212.80
78433 TC	Radiology	-	-	4543.00	4543.00
78434 00	Radiology	-	-	253.40	253.40
78434 26	Radiology	0.86	0.86	60.20	60.20
78434 TC	Radiology	-	-	193.20	193.20
78445 00	Radiology	5.14	5.14	359.80	359.80
78445 26	Radiology	0.70	0.70	49.00	49.00
78445 TC	Radiology	4.44	4.44	310.80	310.80
78451 00	Radiology	9.18	9.18	642.60	642.60
78451 26	Radiology	1.89	1.89	132.30	132.30
78451 TC	Radiology	7.29	7.29	510.30	510.30
78452 00	Radiology	12.64	12.64	884.80	884.80
78452 26	Radiology	2.23	2.23	156.10	156.10
78452 TC	Radiology	10.41	10.41	728.70	728.70
78453 00	Radiology	7.91	7.91	553.70	553.70
78453 26	Radiology	1.37	1.37	95.90	95.90
78453 TC	Radiology	6.54	6.54	457.80	457.80
78454 00	Radiology	11.71	11.71	819.70	819.70
78454 26	Radiology	1.88	1.88	131.60	131.60
78454 TC	Radiology	9.83	9.83	688.10	688.10
78456 00	Radiology	8.43	8.43	590.10	590.10
78456 26	Radiology	1.38	1.38	96.60	96.60
78456 TC	Radiology	7.05	7.05	493.50	493.50
78457 00	Radiology	4.68	4.68	327.60	327.60
78457 26	Radiology	1.07	1.07	74.90	74.90
78457 TC	Radiology	3.61	3.61	252.70	252.70
78458 00	Radiology	5.71	5.71	399.70	399.70

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Radiology Codes 2025****Radiology Conversion Factor \$70.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
78458 26	Radiology	1.27	1.27	88.90	88.90
78458 TC	Radiology	4.44	4.44	310.80	310.80
78459 00	Radiology	-	-	3797.50	3797.50
78459 26	Radiology	2.17	2.17	151.90	151.90
78459 TC	Radiology	-	-	3645.60	3645.60
78466 00	Radiology	4.79	4.79	335.30	335.30
78466 26	Radiology	0.94	0.94	65.80	65.80
78466 TC	Radiology	3.85	3.85	269.50	269.50
78468 00	Radiology	5.44	5.44	380.80	380.80
78468 26	Radiology	1.11	1.11	77.70	77.70
78468 TC	Radiology	4.33	4.33	303.10	303.10
78469 00	Radiology	6.12	6.12	428.40	428.40
78469 26	Radiology	1.28	1.28	89.60	89.60
78469 TC	Radiology	4.84	4.84	338.80	338.80
78472 00	Radiology	6.19	6.19	433.30	433.30
78472 26	Radiology	1.35	1.35	94.50	94.50
78472 TC	Radiology	4.84	4.84	338.80	338.80
78473 00	Radiology	7.87	7.87	550.90	550.90
78473 26	Radiology	2.03	2.03	142.10	142.10
78473 TC	Radiology	5.84	5.84	408.80	408.80
78481 00	Radiology	4.83	4.83	338.10	338.10
78481 26	Radiology	1.34	1.34	93.80	93.80
78481 TC	Radiology	3.49	3.49	244.30	244.30
78483 00	Radiology	6.53	6.53	457.10	457.10
78483 26	Radiology	2.02	2.02	141.40	141.40
78483 TC	Radiology	4.51	4.51	315.70	315.70
78491 00	Radiology	-	-	1656.90	1656.90
78491 26	Radiology	2.13	2.13	149.10	149.10
78491 TC	Radiology	-	-	1507.80	1507.80
78492 00	Radiology	-	-	2881.90	2881.90
78492 26	Radiology	2.47	2.47	172.90	172.90
78492 TC	Radiology	-	-	2709.00	2709.00
78494 00	Radiology	6.27	6.27	438.90	438.90
78494 26	Radiology	1.64	1.64	114.80	114.80
78494 TC	Radiology	4.63	4.63	324.10	324.10
78496 00	Radiology	1.24	1.24	86.80	86.80
78496 26	Radiology	0.67	0.67	46.90	46.90

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
78496 TC	Radiology	0.57	0.57	39.90	39.90
78499 00	Radiology	0.00	0.00	BR	BR
78499 26	Radiology	0.00	0.00	BR	BR
78499 TC	Radiology	0.00	0.00	BR	BR
78579 00	Radiology	5.06	5.06	354.20	354.20
78579 26	Radiology	0.67	0.67	46.90	46.90
78579 TC	Radiology	4.39	4.39	307.30	307.30
78580 00	Radiology	6.39	6.39	447.30	447.30
78580 26	Radiology	1.03	1.03	72.10	72.10
78580 TC	Radiology	5.36	5.36	375.20	375.20
78582 00	Radiology	8.89	8.89	622.30	622.30
78582 26	Radiology	1.47	1.47	102.90	102.90
78582 TC	Radiology	7.42	7.42	519.40	519.40
78597 00	Radiology	5.44	5.44	380.80	380.80
78597 26	Radiology	1.00	1.00	70.00	70.00
78597 TC	Radiology	4.44	4.44	310.80	310.80
78598 00	Radiology	8.06	8.06	564.20	564.20
78598 26	Radiology	1.14	1.14	79.80	79.80
78598 TC	Radiology	6.92	6.92	484.40	484.40
78599 00	Radiology	0.00	0.00	BR	BR
78599 26	Radiology	0.00	0.00	BR	BR
78599 TC	Radiology	0.00	0.00	BR	BR
78600 00	Radiology	4.99	4.99	349.30	349.30
78600 26	Radiology	0.61	0.61	42.70	42.70
78600 TC	Radiology	4.38	4.38	306.60	306.60
78601 00	Radiology	5.89	5.89	412.30	412.30
78601 26	Radiology	0.70	0.70	49.00	49.00
78601 TC	Radiology	5.19	5.19	363.30	363.30
78605 00	Radiology	5.50	5.50	385.00	385.00
78605 26	Radiology	0.75	0.75	52.50	52.50
78605 TC	Radiology	4.75	4.75	332.50	332.50
78606 00	Radiology	8.85	8.85	619.50	619.50
78606 26	Radiology	0.89	0.89	62.30	62.30
78606 TC	Radiology	7.96	7.96	557.20	557.20
78608 00	Radiology	-	-	3570.00	3570.00
78608 26	Radiology	2.04	2.04	142.80	142.80
78608 TC	Radiology	-	-	3427.20	3427.20

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
78609 00	Radiology	2.12	2.12	148.40	148.40
78609 26	Radiology	2.12	2.12	148.40	148.40
78609 TC	Radiology	0.00	0.00	BR	BR
78610 00	Radiology	4.79	4.79	335.30	335.30
78610 26	Radiology	0.41	0.41	28.70	28.70
78610 TC	Radiology	4.38	4.38	306.60	306.60
78630 00	Radiology	9.04	9.04	632.80	632.80
78630 26	Radiology	0.94	0.94	65.80	65.80
78630 TC	Radiology	8.10	8.10	567.00	567.00
78635 00	Radiology	9.06	9.06	634.20	634.20
78635 26	Radiology	0.86	0.86	60.20	60.20
78635 TC	Radiology	8.20	8.20	574.00	574.00
78645 00	Radiology	8.70	8.70	609.00	609.00
78645 26	Radiology	0.78	0.78	54.60	54.60
78645 TC	Radiology	7.92	7.92	554.40	554.40
78650 00	Radiology	7.27	7.27	508.90	508.90
78650 26	Radiology	0.72	0.72	50.40	50.40
78650 TC	Radiology	6.55	6.55	458.50	458.50
78660 00	Radiology	3.94	3.94	275.80	275.80
78660 26	Radiology	0.63	0.63	44.10	44.10
78660 TC	Radiology	3.31	3.31	231.70	231.70
78699 00	Radiology	0.00	0.00	BR	BR
78699 26	Radiology	0.00	0.00	BR	BR
78699 TC	Radiology	0.00	0.00	BR	BR
78700 00	Radiology	4.70	4.70	329.00	329.00
78700 26	Radiology	0.62	0.62	43.40	43.40
78700 TC	Radiology	4.08	4.08	285.60	285.60
78701 00	Radiology	6.16	6.16	431.20	431.20
78701 26	Radiology	0.69	0.69	48.30	48.30
78701 TC	Radiology	5.47	5.47	382.90	382.90
78707 00	Radiology	6.37	6.37	445.90	445.90
78707 26	Radiology	1.31	1.31	91.70	91.70
78707 TC	Radiology	5.06	5.06	354.20	354.20
78708 00	Radiology	5.27	5.27	368.90	368.90
78708 26	Radiology	1.66	1.66	116.20	116.20
78708 TC	Radiology	3.61	3.61	252.70	252.70
78709 00	Radiology	9.94	9.94	695.80	695.80

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Radiology Codes 2025****Radiology Conversion Factor \$70.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
78709 26	Radiology	1.92	1.92	134.40	134.40
78709 TC	Radiology	8.02	8.02	561.40	561.40
78725 00	Radiology	2.92	2.92	204.40	204.40
78725 26	Radiology	0.50	0.50	35.00	35.00
78725 TC	Radiology	2.42	2.42	169.40	169.40
78730 00	Radiology	1.98	1.98	138.60	138.60
78730 26	Radiology	0.22	0.22	15.40	15.40
78730 TC	Radiology	1.76	1.76	123.20	123.20
78740 00	Radiology	6.27	6.27	438.90	438.90
78740 26	Radiology	0.80	0.80	56.00	56.00
78740 TC	Radiology	5.47	5.47	382.90	382.90
78761 00	Radiology	5.84	5.84	408.80	408.80
78761 26	Radiology	1.01	1.01	70.70	70.70
78761 TC	Radiology	4.83	4.83	338.10	338.10
78799 00	Radiology	0.00	0.00	BR	BR
78799 26	Radiology	0.00	0.00	BR	BR
78799 TC	Radiology	0.00	0.00	BR	BR
78800 00	Radiology	6.84	6.84	478.80	478.80
78800 26	Radiology	0.91	0.91	63.70	63.70
78800 TC	Radiology	5.93	5.93	415.10	415.10
78801 00	Radiology	7.32	7.32	512.40	512.40
78801 26	Radiology	1.00	1.00	70.00	70.00
78801 TC	Radiology	6.32	6.32	442.40	442.40
78802 00	Radiology	8.25	8.25	577.50	577.50
78802 26	Radiology	1.10	1.10	77.00	77.00
78802 TC	Radiology	7.15	7.15	500.50	500.50
78803 00	Radiology	10.14	10.14	709.80	709.80
78803 26	Radiology	1.48	1.48	103.60	103.60
78803 TC	Radiology	8.66	8.66	606.20	606.20
78804 00	Radiology	17.09	17.09	1196.30	1196.30
78804 26	Radiology	1.38	1.38	96.60	96.60
78804 TC	Radiology	15.71	15.71	1099.70	1099.70
78808 00	Radiology	1.20	1.20	84.00	84.00
78811 00	Radiology	-	-	3692.50	3692.50
78811 26	Radiology	2.11	2.11	147.70	147.70
78811 TC	Radiology	-	-	3544.80	3544.80
78812 00	Radiology	-	-	4637.50	4637.50

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Radiology Codes 2025****Radiology Conversion Factor \$70.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
78812 26	Radiology	2.65	2.65	185.50	185.50
78812 TC	Radiology	-	-	4452.00	4452.00
78813 00	Radiology	-	-	4725.00	4725.00
78813 26	Radiology	2.70	2.70	189.00	189.00
78813 TC	Radiology	-	-	4536.00	4536.00
78814 00	Radiology	-	-	5267.50	5267.50
78814 26	Radiology	3.01	3.01	210.70	210.70
78814 TC	Radiology	-	-	5056.80	5056.80
78815 00	Radiology	-	-	5897.50	5897.50
78815 26	Radiology	3.37	3.37	235.90	235.90
78815 TC	Radiology	-	-	5661.60	5661.60
78816 00	Radiology	-	-	5932.50	5932.50
78816 26	Radiology	3.39	3.39	237.30	237.30
78816 TC	Radiology	-	-	5695.20	5695.20
78830 00	Radiology	12.75	12.75	892.50	892.50
78830 26	Radiology	1.99	1.99	139.30	139.30
78830 TC	Radiology	10.76	10.76	753.20	753.20
78831 00	Radiology	18.95	18.95	1326.50	1326.50
78831 26	Radiology	2.49	2.49	174.30	174.30
78831 TC	Radiology	16.46	16.46	1152.20	1152.20
78832 00	Radiology	24.03	24.03	1682.10	1682.10
78832 26	Radiology	2.86	2.86	200.20	200.20
78832 TC	Radiology	21.17	21.17	1481.90	1481.90
78835 00	Radiology	2.65	2.65	185.50	185.50
78835 26	Radiology	0.63	0.63	44.10	44.10
78835 TC	Radiology	2.02	2.02	141.40	141.40
78999 00	Radiology	0.00	0.00	BR	BR
78999 26	Radiology	0.00	0.00	BR	BR
78999 TC	Radiology	0.00	0.00	BR	BR
79005 00	Radiology	4.04	4.04	282.80	282.80
79005 26	Radiology	2.49	2.49	174.30	174.30
79005 TC	Radiology	1.55	1.55	108.50	108.50
79101 00	Radiology	4.36	4.36	305.20	305.20
79101 26	Radiology	2.75	2.75	192.50	192.50
79101 TC	Radiology	1.61	1.61	112.70	112.70
79200 00	Radiology	3.92	3.92	274.40	274.40
79200 26	Radiology	2.34	2.34	163.80	163.80

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Radiology Codes 2025****Radiology Conversion Factor \$70.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
79200 TC	Radiology	1.58	1.58	110.60	110.60
79300 00	Radiology	-	-	469.70	469.70
79300 26	Radiology	1.88	1.88	131.60	131.60
79300 TC	Radiology	-	-	338.10	338.10
79403 00	Radiology	5.10	5.10	357.00	357.00
79403 26	Radiology	2.65	2.65	185.50	185.50
79403 TC	Radiology	2.45	2.45	171.50	171.50
79440 00	Radiology	3.53	3.53	247.10	247.10
79440 26	Radiology	2.34	2.34	163.80	163.80
79440 TC	Radiology	1.19	1.19	83.30	83.30
79445 00	Radiology	-	-	415.10	415.10
79445 26	Radiology	3.26	3.26	228.20	228.20
79445 TC	Radiology	-	-	186.90	186.90
79999 00	Radiology	0.00	0.00	BR	BR
79999 26	Radiology	0.00	0.00	BR	BR
79999 TC	Radiology	0.00	0.00	BR	BR

**Historical Note**

New Appendix A, Radiology Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A Radiology Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Radiology Codes 2019-2020 repealed; new Appendix A, Radiology Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A,

Radiology Codes 2020-2021 repealed; new Appendix A, Radiology Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Radiology Codes 2021-2022 repealed; new Appendix A, Radiology Codes 2022-2023 made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Radiology Codes 2022-2023 repealed; new Appendix A, Radiology Codes 2023-2024 made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Radiology Codes 2023-2024 repealed; new Appendix A, Radiology Codes 2024-2025 made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Radiology Codes 2024-2025 repealed; new Appendix A, Radiology Codes 2025 made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).

## PATHOLOGY AND LABORATORY GUIDELINES

Information regarding publications incorporated by reference is found in the Introduction Section of the Fee Schedule.

The following Commission guidelines are in addition to the CPT® guidelines and represent additional guidance from the Commission relative to unit values for these services. To the extent that a conflict may exist between an incorporated portion of the CPT® publication or HCPCS code and a code, guideline, identifier, or modifier unique to Arizona, then the Arizona code, guideline, identifier, or modifier shall control. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

A healthcare provider seeking reimbursement for presumptive, or “point of care” drug testing shall submit to the payer written documentation establishing:

1. That the testing is medically necessary and reasonably required;
2. The type of drug testing utilized; and
3. The healthcare provider’s interpretation of the “point of care” testing.

For purposes of this section, presumptive or “point of care” testing is testing that is performed at or near the site of patient care (*i.e.*, the healthcare provider’s office).

CPT® codes 80305-80307 are used for reporting presumptive drug class screening. Each code represents all drugs and drug classes performed by the respective methodology per date of service.

Healthcare providers performing validity testing on urine specimens utilized for drug testing shall not separately bill the validity testing. For example, if a laboratory performs a urinary pH, specific gravity, creatinine, nitrates, oxidants, or other tests to confirm that a urine specimen is not adulterated, this testing is not separately billed.

Definitive drug testing may be reported with HCPCS codes G0480 - G0483. These codes differ based on the number of drug classes including metabolites tested. Only one (1) code from this group of codes may be reported per date of service. Requests for quantitative or definitive testing require documentation that qualifies necessity.

G0480 – Definitive drug testing 1 – 7 drug class(es) including metabolites(s) if performed

G0481 – Definitive drug testing 8 – 14 drug class(es) including metabolite(s) if performed

G0482 – Definitive drug testing 15 – 21 drug class(es) including metabolites(s) if performed

G0483 – Definitive drug testing of 22 or more drug class(es), including metabolite(s) if performed.

**Historical Note**

New Appendix A, Pathology and Laboratory Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Pathology and Laboratory Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Pathology and Laboratory Guidelines repealed; new Appendix A, Pathology and Laboratory Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Pathology and Laboratory Guidelines repealed; new Appendix A, Pathology and Laboratory Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Pathology and Laboratory Guidelines repealed; new Appendix A, Pathology and Laboratory Guidelines made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Pathology and Laboratory Guidelines repealed; new Appendix A, Pathology and Laboratory Guidelines made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Pathology and Laboratory Guidelines repealed; new Appendix A, Pathology and Laboratory Guidelines made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
80047 00	Pathology	0.42	0.42	28.86	28.86
80048 00	Pathology	0.26	0.26	17.78	17.78
80050 00	Pathology	-	-	321.64	321.64
80051 00	Pathology	0.22	0.22	14.74	14.74
80053 00	Pathology	0.33	0.33	22.20	22.20
80055 00	Pathology	1.48	1.48	100.51	100.51
80061 00	Pathology	0.41	0.41	28.15	28.15
80069 00	Pathology	0.27	0.27	18.25	18.25
80074 00	Pathology	1.47	1.47	100.13	100.13
80076 00	Pathology	0.25	0.25	17.18	17.18
80081 00	Pathology	2.31	2.31	157.37	157.37
80143 00	Pathology	0.58	0.58	39.19	39.19
80145 00	Pathology	1.19	1.19	81.08	81.08
80150 00	Pathology	0.47	0.47	31.70	31.70
80151 00	Pathology	0.58	0.58	39.19	39.19
80155 00	Pathology	1.19	1.19	81.08	81.08
80156 00	Pathology	0.45	0.45	30.63	30.63
80157 00	Pathology	0.41	0.41	27.85	27.85
80158 00	Pathology	0.56	0.56	37.95	37.95
80159 00	Pathology	0.62	0.62	42.36	42.36
80161 00	Pathology	0.58	0.58	39.19	39.19
80162 00	Pathology	0.41	0.41	27.92	27.92
80163 00	Pathology	0.41	0.41	27.92	27.92
80164 00	Pathology	0.42	0.42	28.46	28.46
80165 00	Pathology	0.42	0.42	28.46	28.46
80167 00	Pathology	0.58	0.58	39.19	39.19
80168 00	Pathology	0.51	0.51	34.35	34.35
80169 00	Pathology	0.42	0.42	28.86	28.86
80170 00	Pathology	0.51	0.51	34.43	34.43
80171 00	Pathology	0.67	0.67	45.56	45.56
80173 00	Pathology	0.49	0.49	33.17	33.17
80175 00	Pathology	0.41	0.41	27.85	27.85
80176 00	Pathology	0.45	0.45	30.88	30.88
80177 00	Pathology	0.41	0.41	27.85	27.85
80178 00	Pathology	0.20	0.20	13.90	13.90
80179 00	Pathology	0.58	0.58	39.19	39.19
80180 00	Pathology	0.56	0.56	37.95	37.95
80181 00	Pathology	0.58	0.58	39.19	39.19
80183 00	Pathology	0.41	0.41	27.85	27.85
80184 00	Pathology	0.47	0.47	32.16	32.16
80185 00	Pathology	0.41	0.41	27.85	27.85
80186 00	Pathology	0.43	0.43	28.93	28.93
80187 00	Pathology	0.84	0.84	56.99	56.99

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Pathology Codes 2025

## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
80188 00	Pathology	0.51	0.51	34.88	34.88
80189 00	Pathology	0.84	0.84	56.99	56.99
80190 00	Pathology	1.85	1.85	126.13	126.13
80192 00	Pathology	0.52	0.52	35.21	35.21
80193 00	Pathology	1.19	1.19	81.08	81.08
80194 00	Pathology	0.45	0.45	30.69	30.69
80195 00	Pathology	0.42	0.42	28.86	28.86
80197 00	Pathology	0.42	0.42	28.86	28.86
80198 00	Pathology	0.44	0.44	29.73	29.73
80199 00	Pathology	0.84	0.84	56.99	56.99
80200 00	Pathology	0.50	0.50	33.91	33.91
80201 00	Pathology	0.37	0.37	25.06	25.06
80202 00	Pathology	0.42	0.42	28.46	28.46
80203 00	Pathology	0.41	0.41	27.85	27.85
80204 00	Pathology	1.19	1.19	81.08	81.08
80210 00	Pathology	0.84	0.84	56.99	56.99
80220 00	Pathology	0.58	0.58	39.19	39.19
80230 00	Pathology	1.19	1.19	81.08	81.08
80235 00	Pathology	0.84	0.84	56.99	56.99
80280 00	Pathology	1.19	1.19	81.08	81.08
80285 00	Pathology	0.84	0.84	56.99	56.99
80299 00	Pathology	0.58	0.58	39.19	39.19
80305 00	Pathology	0.39	0.39	26.49	26.49
80306 00	Pathology	0.53	0.53	36.03	36.03
80307 00	Pathology	1.92	1.92	130.63	130.63
80320 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80321 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80322 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80323 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80324 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80325 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80326 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80327 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80328 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80329 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80330 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80331 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80332 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80333 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80334 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80335 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80336 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80337 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80338 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Pathology Codes 2025****Pathology Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
80339 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80340 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80341 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80342 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80343 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80344 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80345 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80346 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80347 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80348 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80349 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80350 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80351 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80352 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80353 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80354 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80355 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80356 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80357 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80358 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80359 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80360 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80361 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80362 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80363 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80364 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80365 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80366 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80367 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80368 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80369 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80370 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80371 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80372 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80373 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80374 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80375 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80376 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80377 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80400 00	Pathology	1.01	1.01	68.57	68.57
80402 00	Pathology	2.69	2.69	182.81	182.81
80406 00	Pathology	2.42	2.42	164.52	164.52
80408 00	Pathology	3.88	3.88	263.83	263.83

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Pathology Codes 2025

## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
80410 00	Pathology	2.48	2.48	168.96	168.96
80412 00	Pathology	24.78	24.78	1685.19	1685.19
80414 00	Pathology	1.60	1.60	108.56	108.56
80415 00	Pathology	1.73	1.73	117.49	117.49
80416 00	Pathology	6.47	6.47	440.04	440.04
80417 00	Pathology	1.36	1.36	92.48	92.48
80418 00	Pathology	17.91	17.91	1218.20	1218.20
80420 00	Pathology	5.00	5.00	340.31	340.31
80422 00	Pathology	1.42	1.42	96.85	96.85
80424 00	Pathology	1.56	1.56	106.16	106.16
80426 00	Pathology	4.59	4.59	311.99	311.99
80428 00	Pathology	2.06	2.06	140.22	140.22
80430 00	Pathology	4.00	4.00	271.88	271.88
80432 00	Pathology	5.12	5.12	348.15	348.15
80434 00	Pathology	8.81	8.81	599.20	599.20
80435 00	Pathology	3.18	3.18	216.53	216.53
80436 00	Pathology	2.82	2.82	191.64	191.64
80438 00	Pathology	1.56	1.56	105.97	105.97
80439 00	Pathology	2.08	2.08	141.29	141.29
80503 00	Pathology	0.81	0.65	55.08	44.20
80504 00	Pathology	1.57	1.39	106.76	94.52
80505 00	Pathology	2.87	2.65	195.16	180.20
80506 00	Pathology	1.26	1.26	85.68	85.68
81000 00	Pathology	0.12	0.12	8.45	8.45
81001 00	Pathology	0.10	0.10	6.66	6.66
81002 00	Pathology	0.11	0.11	7.32	7.32
81003 00	Pathology	0.07	0.07	4.73	4.73
81005 00	Pathology	0.07	0.07	4.56	4.56
81007 00	Pathology	0.93	0.93	63.03	63.03
81015 00	Pathology	0.09	0.09	6.41	6.41
81020 00	Pathology	0.15	0.15	9.88	9.88
81025 00	Pathology	0.27	0.27	18.10	18.10
81050 00	Pathology	0.11	0.11	7.65	7.65
81099 00	Pathology	0.00	0.00	BR	BR
81105 00	Pathology	3.78	3.78	256.94	256.94
81106 00	Pathology	3.78	3.78	256.94	256.94
81107 00	Pathology	3.78	3.78	256.94	256.94
81108 00	Pathology	3.78	3.78	256.94	256.94
81109 00	Pathology	3.78	3.78	256.94	256.94
81110 00	Pathology	3.78	3.78	256.94	256.94
81111 00	Pathology	3.78	3.78	256.94	256.94
81112 00	Pathology	3.78	3.78	256.94	256.94
81120 00	Pathology	5.97	5.97	406.26	406.26
81121 00	Pathology	9.14	9.14	621.82	621.82

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Pathology Codes 2025****Pathology Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
81161 00	Pathology	8.63	8.63	586.52	586.52
81162 00	Pathology	56.42	56.42	3836.33	3836.33
81163 00	Pathology	14.47	14.47	983.85	983.85
81164 00	Pathology	18.06	18.06	1228.19	1228.19
81165 00	Pathology	8.75	8.75	594.68	594.68
81166 00	Pathology	9.32	9.32	633.51	633.51
81167 00	Pathology	8.75	8.75	594.68	594.68
81168 00	Pathology	6.41	6.41	435.81	435.81
81170 00	Pathology	9.27	9.27	630.67	630.67
81171 00	Pathology	4.24	4.24	288.01	288.01
81172 00	Pathology	8.50	8.50	577.76	577.76
81173 00	Pathology	9.32	9.32	633.51	633.51
81174 00	Pathology	5.73	5.73	389.33	389.33
81175 00	Pathology	20.91	20.91	1422.16	1422.16
81176 00	Pathology	7.48	7.48	508.53	508.53
81177 00	Pathology	4.24	4.24	288.01	288.01
81178 00	Pathology	4.24	4.24	288.01	288.01
81179 00	Pathology	4.24	4.24	288.01	288.01
81180 00	Pathology	4.24	4.24	288.01	288.01
81181 00	Pathology	4.24	4.24	288.01	288.01
81182 00	Pathology	4.24	4.24	288.01	288.01
81183 00	Pathology	4.24	4.24	288.01	288.01
81184 00	Pathology	4.24	4.24	288.01	288.01
81185 00	Pathology	26.16	26.16	1779.06	1779.06
81186 00	Pathology	5.73	5.73	389.33	389.33
81187 00	Pathology	4.24	4.24	288.01	288.01
81188 00	Pathology	4.24	4.24	288.01	288.01
81189 00	Pathology	8.50	8.50	577.76	577.76
81190 00	Pathology	5.73	5.73	389.33	389.33
81191 00	Pathology	6.41	6.41	435.81	435.81
81192 00	Pathology	6.41	6.41	435.81	435.81
81193 00	Pathology	6.41	6.41	435.81	435.81
81194 00	Pathology	16.02	16.02	1089.55	1089.55
81195 00	Pathology	39.06	39.06	2656.24	2656.24
81200 00	Pathology	1.46	1.46	99.33	99.33
81201 00	Pathology	24.11	24.11	1639.74	1639.74
81202 00	Pathology	8.66	8.66	588.63	588.63
81203 00	Pathology	6.18	6.18	420.45	420.45
81204 00	Pathology	4.24	4.24	288.01	288.01
81205 00	Pathology	2.94	2.94	199.69	199.69
81206 00	Pathology	5.07	5.07	344.68	344.68
81207 00	Pathology	4.48	4.48	304.49	304.49
81208 00	Pathology	6.64	6.64	451.18	451.18

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Pathology Codes 2025

## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
81209 00	Pathology	1.22	1.22	82.64	82.64
81210 00	Pathology	5.42	5.42	368.73	368.73
81212 00	Pathology	13.60	13.60	924.98	924.98
81215 00	Pathology	11.60	11.60	788.86	788.86
81216 00	Pathology	5.72	5.72	389.17	389.17
81217 00	Pathology	11.60	11.60	788.86	788.86
81218 00	Pathology	7.48	7.48	508.53	508.53
81219 00	Pathology	3.76	3.76	255.70	255.70
81220 00	Pathology	17.21	17.21	1170.10	1170.10
81221 00	Pathology	3.01	3.01	204.38	204.38
81222 00	Pathology	13.45	13.45	914.62	914.62
81223 00	Pathology	15.43	15.43	1049.02	1049.02
81224 00	Pathology	5.22	5.22	354.75	354.75
81225 00	Pathology	9.01	9.01	612.51	612.51
81226 00	Pathology	13.94	13.94	947.92	947.92
81227 00	Pathology	5.40	5.40	367.49	367.49
81228 00	Pathology	27.82	27.82	1892.01	1892.01
81229 00	Pathology	35.86	35.86	2438.59	2438.59
81230 00	Pathology	5.40	5.40	367.49	367.49
81231 00	Pathology	5.40	5.40	367.49	367.49
81232 00	Pathology	5.40	5.40	367.49	367.49
81233 00	Pathology	5.42	5.42	368.73	368.73
81234 00	Pathology	4.24	4.24	288.01	288.01
81235 00	Pathology	10.03	10.03	682.34	682.34
81236 00	Pathology	8.75	8.75	594.68	594.68
81237 00	Pathology	5.42	5.42	368.73	368.73
81238 00	Pathology	18.55	18.55	1261.34	1261.34
81239 00	Pathology	8.50	8.50	577.76	577.76
81240 00	Pathology	2.03	2.03	138.10	138.10
81241 00	Pathology	2.27	2.27	154.24	154.24
81242 00	Pathology	1.13	1.13	76.98	76.98
81243 00	Pathology	1.76	1.76	119.91	119.91
81244 00	Pathology	1.39	1.39	94.37	94.37
81245 00	Pathology	5.12	5.12	347.94	347.94
81246 00	Pathology	2.57	2.57	174.49	174.49
81247 00	Pathology	5.40	5.40	367.49	367.49
81248 00	Pathology	11.60	11.60	788.86	788.86
81249 00	Pathology	18.55	18.55	1261.34	1261.34
81250 00	Pathology	1.81	1.81	122.96	122.96
81251 00	Pathology	1.46	1.46	99.33	99.33
81252 00	Pathology	3.13	3.13	212.58	212.58
81253 00	Pathology	1.90	1.90	129.33	129.33
81254 00	Pathology	1.08	1.08	73.58	73.58
81255 00	Pathology	1.59	1.59	108.16	108.16

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Pathology Codes 2025****Pathology Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
81256 00	Pathology	2.02	2.02	137.40	137.40
81257 00	Pathology	3.16	3.16	214.97	214.97
81258 00	Pathology	11.60	11.60	788.86	788.86
81259 00	Pathology	18.55	18.55	1261.34	1261.34
81260 00	Pathology	1.22	1.22	82.64	82.64
81261 00	Pathology	6.12	6.12	416.22	416.22
81262 00	Pathology	2.12	2.12	144.11	144.11
81263 00	Pathology	9.11	9.11	619.15	619.15
81264 00	Pathology	5.34	5.34	363.12	363.12
81265 00	Pathology	7.21	7.21	489.97	489.97
81266 00	Pathology	9.42	9.42	640.78	640.78
81267 00	Pathology	6.41	6.41	436.13	436.13
81268 00	Pathology	8.06	8.06	548.24	548.24
81269 00	Pathology	6.26	6.26	425.49	425.49
81270 00	Pathology	2.83	2.83	192.69	192.69
81271 00	Pathology	4.24	4.24	288.01	288.01
81272 00	Pathology	10.19	10.19	692.71	692.71
81273 00	Pathology	3.86	3.86	262.51	262.51
81274 00	Pathology	8.50	8.50	577.76	577.76
81275 00	Pathology	5.97	5.97	406.26	406.26
81276 00	Pathology	5.97	5.97	406.26	406.26
81277 00	Pathology	35.86	35.86	2438.59	2438.59
81278 00	Pathology	6.41	6.41	435.81	435.81
81279 00	Pathology	5.73	5.73	389.33	389.33
81283 00	Pathology	2.27	2.27	154.24	154.24
81284 00	Pathology	4.24	4.24	288.01	288.01
81285 00	Pathology	8.50	8.50	577.76	577.76
81286 00	Pathology	8.50	8.50	577.76	577.76
81287 00	Pathology	3.85	3.85	262.02	262.02
81288 00	Pathology	5.95	5.95	404.30	404.30
81289 00	Pathology	5.73	5.73	389.33	389.33
81290 00	Pathology	1.22	1.22	82.64	82.64
81291 00	Pathology	2.02	2.02	137.36	137.36
81292 00	Pathology	20.88	20.88	1419.85	1419.85
81293 00	Pathology	10.23	10.23	695.84	695.84
81294 00	Pathology	6.26	6.26	425.49	425.49
81295 00	Pathology	11.80	11.80	802.42	802.42
81296 00	Pathology	10.44	10.44	709.99	709.99
81297 00	Pathology	6.59	6.59	448.41	448.41
81298 00	Pathology	19.84	19.84	1349.32	1349.32
81299 00	Pathology	9.52	9.52	647.49	647.49
81300 00	Pathology	7.36	7.36	500.33	500.33
81301 00	Pathology	10.78	10.78	732.76	732.76

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Pathology Codes 2025

## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
81302 00	Pathology	16.32	16.32	1109.71	1109.71
81303 00	Pathology	3.71	3.71	252.27	252.27
81304 00	Pathology	4.64	4.64	315.34	315.34
81305 00	Pathology	5.42	5.42	368.73	368.73
81306 00	Pathology	9.01	9.01	612.51	612.51
81307 00	Pathology	20.91	20.91	1422.16	1422.16
81308 00	Pathology	9.32	9.32	633.51	633.51
81309 00	Pathology	8.50	8.50	577.76	577.76
81310 00	Pathology	7.62	7.62	518.24	518.24
81311 00	Pathology	9.14	9.14	621.82	621.82
81312 00	Pathology	4.24	4.24	288.01	288.01
81313 00	Pathology	7.88	7.88	536.18	536.18
81314 00	Pathology	10.19	10.19	692.71	692.71
81315 00	Pathology	6.41	6.41	435.81	435.81
81316 00	Pathology	6.41	6.41	435.81	435.81
81317 00	Pathology	20.91	20.91	1422.16	1422.16
81318 00	Pathology	10.23	10.23	695.84	695.84
81319 00	Pathology	6.29	6.29	427.81	427.81
81320 00	Pathology	9.01	9.01	612.51	612.51
81321 00	Pathology	18.55	18.55	1261.34	1261.34
81322 00	Pathology	1.44	1.44	97.96	97.96
81323 00	Pathology	9.27	9.27	630.67	630.67
81324 00	Pathology	23.44	23.44	1594.25	1594.25
81325 00	Pathology	23.79	23.79	1617.84	1617.84
81326 00	Pathology	1.44	1.44	97.96	97.96
81327 00	Pathology	5.94	5.94	403.63	403.63
81328 00	Pathology	5.40	5.40	367.49	367.49
81329 00	Pathology	4.24	4.24	288.01	288.01
81330 00	Pathology	1.45	1.45	98.81	98.81
81331 00	Pathology	1.58	1.58	107.36	107.36
81332 00	Pathology	1.35	1.35	91.76	91.76
81333 00	Pathology	4.24	4.24	288.01	288.01
81334 00	Pathology	10.19	10.19	692.71	692.71
81335 00	Pathology	5.40	5.40	367.49	367.49
81336 00	Pathology	9.32	9.32	633.51	633.51
81337 00	Pathology	5.73	5.73	389.33	389.33
81338 00	Pathology	4.65	4.65	316.03	316.03
81339 00	Pathology	5.73	5.73	389.33	389.33
81340 00	Pathology	6.46	6.46	439.20	439.20
81341 00	Pathology	1.53	1.53	104.25	104.25
81342 00	Pathology	6.23	6.23	423.60	423.60
81343 00	Pathology	4.24	4.24	288.01	288.01
81344 00	Pathology	4.24	4.24	288.01	288.01
81345 00	Pathology	5.73	5.73	389.33	389.33

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Pathology Codes 2025****Pathology Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
81346 00	Pathology	5.40	5.40	367.49	367.49
81347 00	Pathology	5.97	5.97	406.26	406.26
81348 00	Pathology	5.42	5.42	368.73	368.73
81349 00	Pathology	37.03	37.03	2518.35	2518.35
81350 00	Pathology	7.23	7.23	491.92	491.92
81351 00	Pathology	19.84	19.84	1349.32	1349.32
81352 00	Pathology	10.19	10.19	692.71	692.71
81353 00	Pathology	9.52	9.52	647.49	647.49
81355 00	Pathology	2.73	2.73	185.42	185.42
81357 00	Pathology	5.97	5.97	406.26	406.26
81360 00	Pathology	5.97	5.97	406.26	406.26
81361 00	Pathology	5.40	5.40	367.49	367.49
81362 00	Pathology	11.60	11.60	788.86	788.86
81363 00	Pathology	6.26	6.26	425.49	425.49
81364 00	Pathology	10.03	10.03	682.34	682.34
81370 00	Pathology	12.43	12.43	845.35	845.35
81371 00	Pathology	12.51	12.51	850.40	850.40
81372 00	Pathology	12.48	12.48	848.44	848.44
81373 00	Pathology	3.94	3.94	267.89	267.89
81374 00	Pathology	2.30	2.30	156.26	156.26
81375 00	Pathology	6.82	6.82	464.05	464.05
81376 00	Pathology	3.78	3.78	256.94	256.94
81377 00	Pathology	2.93	2.93	199.17	199.17
81378 00	Pathology	10.68	10.68	726.47	726.47
81379 00	Pathology	10.37	10.37	705.05	705.05
81380 00	Pathology	5.48	5.48	372.62	372.62
81381 00	Pathology	5.25	5.25	357.17	357.17
81382 00	Pathology	3.82	3.82	260.00	260.00
81383 00	Pathology	3.37	3.37	229.42	229.42
81400 00	Pathology	1.98	1.98	134.46	134.46
81401 00	Pathology	4.24	4.24	288.01	288.01
81402 00	Pathology	4.65	4.65	316.03	316.03
81403 00	Pathology	5.73	5.73	389.33	389.33
81404 00	Pathology	8.50	8.50	577.76	577.76
81405 00	Pathology	9.32	9.32	633.51	633.51
81406 00	Pathology	8.75	8.75	594.68	594.68
81407 00	Pathology	26.16	26.16	1779.06	1779.06
81408 00	Pathology	61.83	61.83	4204.47	4204.47
81410 00	Pathology	15.58	15.58	1059.53	1059.53
81411 00	Pathology	41.74	41.74	2838.42	2838.42
81412 00	Pathology	75.70	75.70	5147.45	5147.45
81413 00	Pathology	18.08	18.08	1229.60	1229.60
81414 00	Pathology	18.08	18.08	1229.60	1229.60

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Pathology Codes 2025

## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
81415 00	Pathology	147.77	147.77	10048.69	10048.69
81416 00	Pathology	370.98	370.98	25226.84	25226.84
81417 00	Pathology	9.89	9.89	672.72	672.72
81418 00	Pathology	28.35	28.35	1927.92	1927.92
81419 00	Pathology	75.70	75.70	5147.45	5147.45
81420 00	Pathology	23.47	23.47	1595.70	1595.70
81422 00	Pathology	23.47	23.47	1595.70	1595.70
81425 00	Pathology	155.54	155.54	10576.77	10576.77
81426 00	Pathology	83.78	83.78	5696.96	5696.96
81427 00	Pathology	72.27	72.27	4914.29	4914.29
81430 00	Pathology	50.24	50.24	3416.13	3416.13
81431 00	Pathology	21.01	21.01	1428.62	1428.62
81432 00	Pathology	40.31	40.31	2741.21	2741.21
81434 00	Pathology	18.48	18.48	1256.95	1256.95
81435 00	Pathology	40.31	40.31	2741.21	2741.21
81437 00	Pathology	40.31	40.31	2741.21	2741.21
81439 00	Pathology	18.08	18.08	1229.60	1229.60
81440 00	Pathology	102.76	102.76	6987.83	6987.83
81441 00	Pathology	75.70	75.70	5147.45	5147.45
81442 00	Pathology	66.27	66.27	4506.35	4506.35
81443 00	Pathology	75.70	75.70	5147.45	5147.45
81445 00	Pathology	18.48	18.48	1256.95	1256.95
81448 00	Pathology	18.08	18.08	1229.60	1229.60
81449 00	Pathology	18.48	18.48	1256.95	1256.95
81450 00	Pathology	23.48	23.48	1596.71	1596.71
81451 00	Pathology	23.48	23.48	1596.71	1596.71
81455 00	Pathology	90.26	90.26	6137.69	6137.69
81456 00	Pathology	90.26	90.26	6137.69	6137.69
81457 00	Pathology	27.73	27.73	1885.43	1885.43
81458 00	Pathology	32.35	32.35	2199.68	2199.68
81459 00	Pathology	92.42	92.42	6284.74	6284.74
81460 00	Pathology	39.79	39.79	2705.58	2705.58
81462 00	Pathology	36.97	36.97	2513.92	2513.92
81463 00	Pathology	41.59	41.59	2828.16	2828.16
81464 00	Pathology	101.67	101.67	6913.23	6913.23
81465 00	Pathology	28.94	28.94	1967.69	1967.69
81470 00	Pathology	28.26	28.26	1921.44	1921.44
81471 00	Pathology	28.26	28.26	1921.44	1921.44
81479 00	Pathology	0.00	0.00	BR	BR
81490 00	Pathology	25.99	25.99	1767.25	1767.25
81493 00	Pathology	32.46	32.46	2207.35	2207.35
81500 00	Pathology	8.05	8.05	547.63	547.63
81503 00	Pathology	27.73	27.73	1885.71	1885.71
81504 00	Pathology	16.08	16.08	1093.16	1093.16

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Pathology Codes 2025****Pathology Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
81506 00	Pathology	2.13	2.13	144.89	144.89
81507 00	Pathology	24.58	24.58	1671.28	1671.28
81508 00	Pathology	1.68	1.68	114.15	114.15
81509 00	Pathology	45.98	45.98	3126.80	3126.80
81510 00	Pathology	1.72	1.72	116.76	116.76
81511 00	Pathology	4.75	4.75	322.69	322.69
81512 00	Pathology	2.15	2.15	146.15	146.15
81513 00	Pathology	4.41	4.41	299.84	299.84
81514 00	Pathology	8.13	8.13	552.87	552.87
81515 00	Pathology	8.13	8.13	552.87	552.87
81517 00	Pathology	5.45	5.45	370.39	370.39
81518 00	Pathology	119.73	119.73	8141.96	8141.96
81519 00	Pathology	119.73	119.73	8141.96	8141.96
81520 00	Pathology	77.60	77.60	5277.06	5277.06
81521 00	Pathology	119.73	119.73	8141.96	8141.96
81522 00	Pathology	119.73	119.73	8141.96	8141.96
81523 00	Pathology	119.73	119.73	8141.96	8141.96
81525 00	Pathology	96.33	96.33	6550.57	6550.57
81528 00	Pathology	15.73	15.73	1069.77	1069.77
81529 00	Pathology	222.37	222.37	15121.39	15121.39
81535 00	Pathology	17.91	17.91	1218.16	1218.16
81536 00	Pathology	5.49	5.49	373.27	373.27
81538 00	Pathology	88.76	88.76	6035.52	6035.52
81539 00	Pathology	23.50	23.50	1597.70	1597.70
81540 00	Pathology	115.93	115.93	7883.39	7883.39
81541 00	Pathology	119.73	119.73	8141.96	8141.96
81542 00	Pathology	119.73	119.73	8141.96	8141.96
81546 00	Pathology	111.29	111.29	7568.05	7568.05
81551 00	Pathology	62.76	62.76	4267.54	4267.54
81552 00	Pathology	240.40	240.40	16346.99	16346.99
81554 00	Pathology	168.33	168.33	11446.68	11446.68
81558 00	Pathology	100.17	100.17	6811.25	6811.25
81560 00	Pathology	19.81	19.81	1346.97	1346.97
81595 00	Pathology	100.17	100.17	6811.25	6811.25
81596 00	Pathology	2.23	2.23	151.76	151.76
81599 00	Pathology	0.00	0.00	BR	BR
82009 00	Pathology	0.14	0.14	9.50	9.50
82010 00	Pathology	0.25	0.25	17.18	17.18
82013 00	Pathology	0.38	0.38	25.84	25.84
82016 00	Pathology	0.51	0.51	34.67	34.67
82017 00	Pathology	0.52	0.52	35.46	35.46
82024 00	Pathology	1.19	1.19	81.19	81.19
82030 00	Pathology	0.80	0.80	54.24	54.24

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Pathology Codes 2025

## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
82040 00	Pathology	0.15	0.15	10.41	10.41
82042 00	Pathology	0.24	0.24	16.36	16.36
82043 00	Pathology	0.18	0.18	12.15	12.15
82044 00	Pathology	0.19	0.19	13.10	13.10
82045 00	Pathology	1.05	1.05	71.35	71.35
82075 00	Pathology	0.93	0.93	63.07	63.07
82077 00	Pathology	0.53	0.53	36.31	36.31
82085 00	Pathology	0.30	0.30	20.41	20.41
82088 00	Pathology	1.26	1.26	85.67	85.67
82103 00	Pathology	0.42	0.42	28.25	28.25
82104 00	Pathology	0.45	0.45	30.40	30.40
82105 00	Pathology	0.52	0.52	35.25	35.25
82106 00	Pathology	0.53	0.53	35.74	35.74
82107 00	Pathology	1.99	1.99	135.41	135.41
82108 00	Pathology	0.79	0.79	53.56	53.56
82120 00	Pathology	0.19	0.19	12.59	12.59
82127 00	Pathology	0.44	0.44	29.81	29.81
82128 00	Pathology	0.43	0.43	29.16	29.16
82131 00	Pathology	0.71	0.71	48.31	48.31
82135 00	Pathology	0.51	0.51	34.58	34.58
82136 00	Pathology	0.61	0.61	41.22	41.22
82139 00	Pathology	0.52	0.52	35.46	35.46
82140 00	Pathology	0.45	0.45	30.63	30.63
82143 00	Pathology	0.29	0.29	19.66	19.66
82150 00	Pathology	0.20	0.20	13.62	13.62
82154 00	Pathology	0.89	0.89	60.61	60.61
82157 00	Pathology	0.91	0.91	61.55	61.55
82160 00	Pathology	0.79	0.79	53.71	53.71
82163 00	Pathology	0.63	0.63	43.14	43.14
82164 00	Pathology	0.45	0.45	30.69	30.69
82166 00	Pathology	1.19	1.19	81.19	81.19
82172 00	Pathology	0.65	0.65	44.34	44.34
82175 00	Pathology	0.59	0.59	39.88	39.88
82180 00	Pathology	0.31	0.31	20.79	20.79
82190 00	Pathology	0.49	0.49	33.43	33.43
82232 00	Pathology	0.50	0.50	34.01	34.01
82233 00	Pathology	0.00	0.00	BR	BR
82234 00	Pathology	0.00	0.00	BR	BR
82239 00	Pathology	0.53	0.53	35.99	35.99
82240 00	Pathology	0.82	0.82	55.88	55.88
82247 00	Pathology	0.16	0.16	10.55	10.55
82248 00	Pathology	0.16	0.16	10.55	10.55
82252 00	Pathology	0.14	0.14	9.59	9.59
82261 00	Pathology	0.52	0.52	35.46	35.46

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Pathology Codes 2025****Pathology Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
82270 00	Pathology	0.14	0.14	9.21	9.21
82271 00	Pathology	0.16	0.16	11.18	11.18
82272 00	Pathology	0.13	0.13	8.89	8.89
82274 00	Pathology	0.49	0.49	33.47	33.47
82286 00	Pathology	0.16	0.16	10.85	10.85
82300 00	Pathology	0.73	0.73	49.70	49.70
82306 00	Pathology	0.92	0.92	62.23	62.23
82308 00	Pathology	0.83	0.83	56.32	56.32
82310 00	Pathology	0.16	0.16	10.85	10.85
82330 00	Pathology	0.42	0.42	28.76	28.76
82331 00	Pathology	0.41	0.41	28.04	28.04
82340 00	Pathology	0.19	0.19	12.68	12.68
82355 00	Pathology	0.36	0.36	24.34	24.34
82360 00	Pathology	0.40	0.40	27.06	27.06
82365 00	Pathology	0.40	0.40	27.12	27.12
82370 00	Pathology	0.39	0.39	26.32	26.32
82373 00	Pathology	0.56	0.56	37.97	37.97
82374 00	Pathology	0.15	0.15	10.26	10.26
82375 00	Pathology	0.38	0.38	25.90	25.90
82376 00	Pathology	0.43	0.43	29.58	29.58
82378 00	Pathology	0.59	0.59	39.86	39.86
82379 00	Pathology	0.52	0.52	35.46	35.46
82380 00	Pathology	0.29	0.29	19.38	19.38
82382 00	Pathology	0.84	0.84	57.39	57.39
82383 00	Pathology	0.90	0.90	61.13	61.13
82384 00	Pathology	0.78	0.78	53.08	53.08
82387 00	Pathology	0.56	0.56	37.97	37.97
82390 00	Pathology	0.33	0.33	22.58	22.58
82397 00	Pathology	0.44	0.44	29.68	29.68
82415 00	Pathology	0.39	0.39	26.64	26.64
82435 00	Pathology	0.14	0.14	9.67	9.67
82436 00	Pathology	0.18	0.18	12.09	12.09
82438 00	Pathology	0.15	0.15	10.51	10.51
82441 00	Pathology	0.19	0.19	12.63	12.63
82465 00	Pathology	0.13	0.13	9.14	9.14
82480 00	Pathology	0.24	0.24	16.54	16.54
82482 00	Pathology	0.30	0.30	20.62	20.62
82485 00	Pathology	0.64	0.64	43.41	43.41
82495 00	Pathology	0.63	0.63	42.63	42.63
82507 00	Pathology	0.86	0.86	58.44	58.44
82523 00	Pathology	0.58	0.58	39.27	39.27
82525 00	Pathology	0.38	0.38	26.09	26.09
82528 00	Pathology	0.70	0.70	47.34	47.34

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## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
82530 00	Pathology	0.52	0.52	35.13	35.13
82533 00	Pathology	0.50	0.50	34.27	34.27
82540 00	Pathology	0.14	0.14	9.75	9.75
82542 00	Pathology	0.74	0.74	50.64	50.64
82550 00	Pathology	0.20	0.20	13.69	13.69
82552 00	Pathology	0.41	0.41	28.15	28.15
82553 00	Pathology	0.36	0.36	24.28	24.28
82554 00	Pathology	0.37	0.37	24.95	24.95
82565 00	Pathology	0.16	0.16	10.76	10.76
82570 00	Pathology	0.16	0.16	10.89	10.89
82575 00	Pathology	0.29	0.29	19.89	19.89
82585 00	Pathology	0.44	0.44	29.73	29.73
82595 00	Pathology	0.20	0.20	13.60	13.60
82600 00	Pathology	0.60	0.60	40.78	40.78
82607 00	Pathology	0.47	0.47	31.70	31.70
82608 00	Pathology	0.44	0.44	30.10	30.10
82610 00	Pathology	0.57	0.57	38.93	38.93
82615 00	Pathology	0.30	0.30	20.08	20.08
82626 00	Pathology	0.78	0.78	53.12	53.12
82627 00	Pathology	0.69	0.69	46.73	46.73
82633 00	Pathology	0.96	0.96	65.13	65.13
82634 00	Pathology	0.91	0.91	61.55	61.55
82638 00	Pathology	0.38	0.38	25.75	25.75
82642 00	Pathology	0.91	0.91	61.55	61.55
82652 00	Pathology	1.19	1.19	80.94	80.94
82653 00	Pathology	0.71	0.71	48.29	48.29
82656 00	Pathology	0.36	0.36	24.24	24.24
82657 00	Pathology	0.69	0.69	46.61	46.61
82658 00	Pathology	1.36	1.36	92.56	92.56
82664 00	Pathology	1.90	1.90	129.29	129.29
82668 00	Pathology	0.58	0.58	39.50	39.50
82670 00	Pathology	0.86	0.86	58.74	58.74
82671 00	Pathology	1.00	1.00	67.90	67.90
82672 00	Pathology	0.67	0.67	45.62	45.62
82677 00	Pathology	0.75	0.75	50.83	50.83
82679 00	Pathology	0.77	0.77	52.45	52.45
82681 00	Pathology	0.86	0.86	58.74	58.74
82693 00	Pathology	0.46	0.46	31.32	31.32
82696 00	Pathology	0.81	0.81	55.16	55.16
82705 00	Pathology	0.16	0.16	10.72	10.72
82710 00	Pathology	0.52	0.52	35.32	35.32
82715 00	Pathology	0.71	0.71	48.29	48.29
82725 00	Pathology	0.58	0.58	39.46	39.46
82726 00	Pathology	0.61	0.61	41.52	41.52

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Pathology Codes 2025****Pathology Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
82728 00	Pathology	0.42	0.42	28.65	28.65
82731 00	Pathology	1.99	1.99	135.41	135.41
82735 00	Pathology	0.57	0.57	38.98	38.98
82746 00	Pathology	0.45	0.45	30.90	30.90
82747 00	Pathology	0.55	0.55	37.10	37.10
82757 00	Pathology	0.54	0.54	36.45	36.45
82759 00	Pathology	0.66	0.66	45.16	45.16
82760 00	Pathology	0.35	0.35	23.55	23.55
82775 00	Pathology	0.65	0.65	44.29	44.29
82776 00	Pathology	0.36	0.36	24.68	24.68
82777 00	Pathology	1.37	1.37	93.02	93.02
82784 00	Pathology	0.29	0.29	19.55	19.55
82785 00	Pathology	0.51	0.51	34.60	34.60
82787 00	Pathology	0.25	0.25	16.86	16.86
82800 00	Pathology	0.34	0.34	23.12	23.12
82803 00	Pathology	0.81	0.81	54.81	54.81
82805 00	Pathology	2.44	2.44	165.59	165.59
82810 00	Pathology	0.30	0.30	20.54	20.54
82820 00	Pathology	0.41	0.41	28.04	28.04
82930 00	Pathology	0.21	0.21	14.11	14.11
82938 00	Pathology	0.55	0.55	37.19	37.19
82941 00	Pathology	0.55	0.55	37.06	37.06
82943 00	Pathology	0.44	0.44	30.04	30.04
82945 00	Pathology	0.12	0.12	8.26	8.26
82946 00	Pathology	0.55	0.55	37.36	37.36
82947 00	Pathology	0.12	0.12	8.26	8.26
82948 00	Pathology	0.16	0.16	10.60	10.60
82950 00	Pathology	0.15	0.15	9.99	9.99
82951 00	Pathology	0.40	0.40	27.06	27.06
82952 00	Pathology	0.12	0.12	8.24	8.24
82955 00	Pathology	0.30	0.30	20.39	20.39
82960 00	Pathology	0.19	0.19	12.72	12.72
82962 00	Pathology	0.10	0.10	6.90	6.90
82963 00	Pathology	0.66	0.66	45.16	45.16
82965 00	Pathology	0.41	0.41	27.64	27.64
82977 00	Pathology	0.22	0.22	15.14	15.14
82978 00	Pathology	0.48	0.48	32.48	32.48
82979 00	Pathology	0.29	0.29	19.85	19.85
82985 00	Pathology	0.52	0.52	35.23	35.23
83001 00	Pathology	0.57	0.57	39.06	39.06
83002 00	Pathology	0.57	0.57	38.93	38.93
83003 00	Pathology	0.52	0.52	35.04	35.04
83006 00	Pathology	2.34	2.34	158.93	158.93

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Pathology Codes 2025

## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
83009 00	Pathology	2.08	2.08	141.61	141.61
83010 00	Pathology	0.39	0.39	26.45	26.45
83012 00	Pathology	0.83	0.83	56.53	56.53
83013 00	Pathology	2.08	2.08	141.61	141.61
83014 00	Pathology	0.24	0.24	16.52	16.52
83015 00	Pathology	0.65	0.65	44.02	44.02
83018 00	Pathology	0.68	0.68	46.17	46.17
83020 00	Pathology	0.40	0.40	27.06	27.06
83020 26	Pathology	0.53	0.53	36.04	36.04
83021 00	Pathology	0.56	0.56	37.97	37.97
83026 00	Pathology	0.12	0.12	8.43	8.43
83030 00	Pathology	0.33	0.33	22.58	22.58
83033 00	Pathology	0.25	0.25	16.82	16.82
83036 00	Pathology	0.30	0.30	20.41	20.41
83037 00	Pathology	0.30	0.30	20.41	20.41
83045 00	Pathology	0.20	0.20	13.64	13.64
83050 00	Pathology	0.25	0.25	17.24	17.24
83051 00	Pathology	0.23	0.23	15.37	15.37
83060 00	Pathology	0.27	0.27	18.50	18.50
83065 00	Pathology	0.28	0.28	18.92	18.92
83068 00	Pathology	0.29	0.29	19.91	19.91
83069 00	Pathology	0.12	0.12	8.30	8.30
83070 00	Pathology	0.15	0.15	9.99	9.99
83080 00	Pathology	0.52	0.52	35.46	35.46
83088 00	Pathology	0.91	0.91	62.08	62.08
83090 00	Pathology	0.55	0.55	37.67	37.67
83150 00	Pathology	0.69	0.69	47.11	47.11
83491 00	Pathology	0.55	0.55	37.63	37.63
83497 00	Pathology	0.40	0.40	27.12	27.12
83498 00	Pathology	0.84	0.84	57.12	57.12
83500 00	Pathology	0.70	0.70	47.62	47.62
83505 00	Pathology	0.75	0.75	51.08	51.08
83516 00	Pathology	0.36	0.36	24.24	24.24
83518 00	Pathology	0.30	0.30	20.27	20.27
83519 00	Pathology	0.57	0.57	38.68	38.68
83520 00	Pathology	0.53	0.53	36.31	36.31
83521 00	Pathology	0.53	0.53	36.31	36.31
83525 00	Pathology	0.35	0.35	24.03	24.03
83527 00	Pathology	0.40	0.40	27.22	27.22
83528 00	Pathology	0.61	0.61	41.67	41.67
83529 00	Pathology	0.53	0.53	36.31	36.31
83540 00	Pathology	0.20	0.20	13.60	13.60
83550 00	Pathology	0.27	0.27	18.37	18.37
83570 00	Pathology	0.27	0.27	18.60	18.60

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Pathology Codes 2025****Pathology Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
83582 00	Pathology	0.48	0.48	32.52	32.52
83586 00	Pathology	0.40	0.40	26.91	26.91
83593 00	Pathology	0.88	0.88	59.91	59.91
83605 00	Pathology	0.36	0.36	24.32	24.32
83615 00	Pathology	0.19	0.19	12.70	12.70
83625 00	Pathology	0.40	0.40	26.89	26.89
83630 00	Pathology	0.61	0.61	41.41	41.41
83631 00	Pathology	0.61	0.61	41.27	41.27
83632 00	Pathology	0.63	0.63	42.51	42.51
83633 00	Pathology	0.35	0.35	23.65	23.65
83655 00	Pathology	0.37	0.37	25.46	25.46
83661 00	Pathology	0.68	0.68	46.23	46.23
83662 00	Pathology	0.58	0.58	39.75	39.75
83663 00	Pathology	0.58	0.58	39.75	39.75
83664 00	Pathology	0.60	0.60	40.62	40.62
83670 00	Pathology	0.30	0.30	20.62	20.62
83690 00	Pathology	0.21	0.21	14.48	14.48
83695 00	Pathology	0.44	0.44	30.10	30.10
83698 00	Pathology	1.43	1.43	97.35	97.35
83700 00	Pathology	0.35	0.35	23.67	23.67
83701 00	Pathology	1.05	1.05	71.18	71.18
83704 00	Pathology	1.06	1.06	71.88	71.88
83718 00	Pathology	0.25	0.25	17.22	17.22
83719 00	Pathology	0.39	0.39	26.80	26.80
83721 00	Pathology	0.32	0.32	22.07	22.07
83722 00	Pathology	1.06	1.06	71.88	71.88
83727 00	Pathology	0.53	0.53	36.14	36.14
83735 00	Pathology	0.21	0.21	14.08	14.08
83775 00	Pathology	0.23	0.23	15.49	15.49
83785 00	Pathology	0.82	0.82	56.02	56.02
83789 00	Pathology	0.75	0.75	50.68	50.68
83825 00	Pathology	0.50	0.50	34.18	34.18
83835 00	Pathology	0.52	0.52	35.61	35.61
83857 00	Pathology	0.33	0.33	22.58	22.58
83861 00	Pathology	0.69	0.69	47.26	47.26
83864 00	Pathology	0.88	0.88	59.91	59.91
83872 00	Pathology	0.18	0.18	12.32	12.32
83873 00	Pathology	0.53	0.53	36.16	36.16
83874 00	Pathology	0.40	0.40	27.16	27.16
83876 00	Pathology	1.57	1.57	106.92	106.92
83880 00	Pathology	1.21	1.21	82.53	82.53
83883 00	Pathology	0.42	0.42	28.59	28.59
83884 00	Pathology	0.00	0.00	BR	BR

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Pathology Codes 2025

## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
83885 00	Pathology	0.76	0.76	51.53	51.53
83915 00	Pathology	0.34	0.34	23.44	23.44
83916 00	Pathology	0.85	0.85	57.58	57.58
83918 00	Pathology	0.73	0.73	49.61	49.61
83919 00	Pathology	0.51	0.51	34.58	34.58
83921 00	Pathology	0.66	0.66	44.59	44.59
83930 00	Pathology	0.20	0.20	13.90	13.90
83935 00	Pathology	0.21	0.21	14.34	14.34
83937 00	Pathology	0.92	0.92	62.75	62.75
83945 00	Pathology	0.45	0.45	30.38	30.38
83950 00	Pathology	1.99	1.99	135.41	135.41
83951 00	Pathology	1.99	1.99	135.41	135.41
83970 00	Pathology	1.28	1.28	86.78	86.78
83986 00	Pathology	0.11	0.11	7.53	7.53
83987 00	Pathology	0.11	0.11	7.53	7.53
83992 00	Pathology	-	-	68.00	68.00
83993 00	Pathology	0.61	0.61	41.27	41.27
84030 00	Pathology	0.17	0.17	11.56	11.56
84035 00	Pathology	0.12	0.12	8.37	8.37
84060 00	Pathology	0.24	0.24	16.06	16.06
84066 00	Pathology	0.30	0.30	20.31	20.31
84075 00	Pathology	0.16	0.16	10.89	10.89
84078 00	Pathology	0.26	0.26	17.36	17.36
84080 00	Pathology	0.46	0.46	31.07	31.07
84081 00	Pathology	0.51	0.51	34.73	34.73
84085 00	Pathology	0.29	0.29	19.85	19.85
84087 00	Pathology	0.33	0.33	22.56	22.56
84100 00	Pathology	0.15	0.15	9.96	9.96
84105 00	Pathology	0.18	0.18	12.15	12.15
84106 00	Pathology	0.18	0.18	12.24	12.24
84110 00	Pathology	0.26	0.26	17.74	17.74
84112 00	Pathology	3.03	3.03	206.25	206.25
84119 00	Pathology	0.41	0.41	28.09	28.09
84120 00	Pathology	0.45	0.45	30.92	30.92
84126 00	Pathology	1.21	1.21	82.22	82.22
84132 00	Pathology	0.15	0.15	10.01	10.01
84133 00	Pathology	0.15	0.15	9.94	9.94
84134 00	Pathology	0.45	0.45	30.67	30.67
84135 00	Pathology	0.66	0.66	44.71	44.71
84138 00	Pathology	0.65	0.65	44.25	44.25
84140 00	Pathology	0.64	0.64	43.45	43.45
84143 00	Pathology	0.71	0.71	47.95	47.95
84144 00	Pathology	0.64	0.64	43.85	43.85
84145 00	Pathology	0.84	0.84	57.22	57.22

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Pathology Codes 2025****Pathology Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
84146 00	Pathology	0.60	0.60	40.74	40.74
84150 00	Pathology	1.29	1.29	87.81	87.81
84152 00	Pathology	0.57	0.57	38.66	38.66
84153 00	Pathology	0.57	0.57	38.66	38.66
84154 00	Pathology	0.57	0.57	38.66	38.66
84155 00	Pathology	0.11	0.11	7.72	7.72
84156 00	Pathology	0.11	0.11	7.72	7.72
84157 00	Pathology	0.12	0.12	8.41	8.41
84160 00	Pathology	0.17	0.17	11.79	11.79
84163 00	Pathology	0.47	0.47	31.64	31.64
84165 00	Pathology	0.33	0.33	22.58	22.58
84165 26	Pathology	0.53	0.53	36.04	36.04
84166 00	Pathology	0.55	0.55	37.48	37.48
84166 26	Pathology	0.53	0.53	36.04	36.04
84181 00	Pathology	0.53	0.53	35.80	35.80
84181 26	Pathology	0.53	0.53	36.04	36.04
84182 00	Pathology	0.90	0.90	61.41	61.41
84182 26	Pathology	0.53	0.53	36.04	36.04
84202 00	Pathology	0.44	0.44	30.17	30.17
84203 00	Pathology	0.30	0.30	20.48	20.48
84206 00	Pathology	0.83	0.83	56.11	56.11
84207 00	Pathology	0.87	0.87	59.07	59.07
84210 00	Pathology	0.45	0.45	30.44	30.44
84220 00	Pathology	0.29	0.29	19.85	19.85
84228 00	Pathology	0.36	0.36	24.45	24.45
84233 00	Pathology	2.72	2.72	184.74	184.74
84234 00	Pathology	2.01	2.01	136.39	136.39
84235 00	Pathology	2.20	2.20	149.74	149.74
84238 00	Pathology	1.13	1.13	76.88	76.88
84244 00	Pathology	0.68	0.68	46.23	46.23
84252 00	Pathology	0.63	0.63	42.55	42.55
84255 00	Pathology	0.79	0.79	53.67	53.67
84260 00	Pathology	0.96	0.96	65.13	65.13
84270 00	Pathology	0.67	0.67	45.68	45.68
84275 00	Pathology	0.42	0.42	28.25	28.25
84285 00	Pathology	0.78	0.78	53.00	53.00
84295 00	Pathology	0.15	0.15	10.11	10.11
84300 00	Pathology	0.16	0.16	10.64	10.64
84302 00	Pathology	0.15	0.15	10.22	10.22
84305 00	Pathology	0.66	0.66	44.69	44.69
84307 00	Pathology	0.57	0.57	38.43	38.43
84311 00	Pathology	0.25	0.25	17.03	17.03
84315 00	Pathology	0.10	0.10	6.90	6.90

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Pathology Codes 2025

## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
84375 00	Pathology	1.21	1.21	81.99	81.99
84376 00	Pathology	0.17	0.17	11.56	11.56
84377 00	Pathology	0.17	0.17	11.56	11.56
84378 00	Pathology	0.36	0.36	24.24	24.24
84379 00	Pathology	0.36	0.36	24.24	24.24
84392 00	Pathology	0.17	0.17	11.54	11.54
84393 00	Pathology	0.00	0.00	BR	BR
84394 00	Pathology	0.00	0.00	BR	BR
84402 00	Pathology	0.79	0.79	53.54	53.54
84403 00	Pathology	0.80	0.80	54.26	54.26
84410 00	Pathology	1.59	1.59	107.80	107.80
84425 00	Pathology	0.66	0.66	44.63	44.63
84430 00	Pathology	0.36	0.36	24.45	24.45
84431 00	Pathology	1.09	1.09	73.81	73.81
84432 00	Pathology	0.50	0.50	33.76	33.76
84433 00	Pathology	0.69	0.69	46.61	46.61
84436 00	Pathology	0.21	0.21	14.44	14.44
84437 00	Pathology	0.20	0.20	13.60	13.60
84439 00	Pathology	0.28	0.28	18.96	18.96
84442 00	Pathology	0.46	0.46	31.07	31.07
84443 00	Pathology	0.52	0.52	35.32	35.32
84445 00	Pathology	1.57	1.57	106.92	106.92
84446 00	Pathology	0.44	0.44	29.81	29.81
84449 00	Pathology	0.56	0.56	37.84	37.84
84450 00	Pathology	0.16	0.16	10.89	10.89
84460 00	Pathology	0.16	0.16	11.14	11.14
84466 00	Pathology	0.39	0.39	26.82	26.82
84478 00	Pathology	0.18	0.18	12.07	12.07
84479 00	Pathology	0.20	0.20	13.60	13.60
84480 00	Pathology	0.44	0.44	29.81	29.81
84481 00	Pathology	0.52	0.52	35.61	35.61
84482 00	Pathology	0.49	0.49	33.13	33.13
84484 00	Pathology	0.39	0.39	26.21	26.21
84485 00	Pathology	0.22	0.22	15.14	15.14
84488 00	Pathology	0.23	0.23	15.35	15.35
84490 00	Pathology	0.31	0.31	20.88	20.88
84510 00	Pathology	0.33	0.33	22.35	22.35
84512 00	Pathology	0.31	0.31	21.21	21.21
84520 00	Pathology	0.12	0.12	8.30	8.30
84525 00	Pathology	0.16	0.16	10.78	10.78
84540 00	Pathology	0.17	0.17	11.69	11.69
84545 00	Pathology	0.22	0.22	15.14	15.14
84550 00	Pathology	0.14	0.14	9.50	9.50
84560 00	Pathology	0.16	0.16	10.68	10.68

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Pathology Codes 2025****Pathology Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
84577 00	Pathology	0.52	0.52	35.32	35.32
84578 00	Pathology	0.14	0.14	9.40	9.40
84580 00	Pathology	0.30	0.30	20.08	20.08
84583 00	Pathology	0.19	0.19	12.72	12.72
84585 00	Pathology	0.48	0.48	32.58	32.58
84586 00	Pathology	1.09	1.09	74.27	74.27
84588 00	Pathology	1.05	1.05	71.35	71.35
84590 00	Pathology	0.36	0.36	24.41	24.41
84591 00	Pathology	0.53	0.53	35.86	35.86
84597 00	Pathology	0.42	0.42	28.84	28.84
84600 00	Pathology	0.53	0.53	35.97	35.97
84620 00	Pathology	0.40	0.40	27.14	27.14
84630 00	Pathology	0.35	0.35	23.94	23.94
84681 00	Pathology	0.64	0.64	43.75	43.75
84702 00	Pathology	0.47	0.47	31.64	31.64
84703 00	Pathology	0.23	0.23	15.81	15.81
84704 00	Pathology	0.47	0.47	32.14	32.14
84830 00	Pathology	0.39	0.39	26.70	26.70
84999 00	Pathology	0.00	0.00	BR	BR
85002 00	Pathology	0.15	0.15	10.13	10.13
85004 00	Pathology	0.20	0.20	13.60	13.60
85007 00	Pathology	0.12	0.12	7.99	7.99
85008 00	Pathology	0.11	0.11	7.21	7.21
85009 00	Pathology	0.16	0.16	10.66	10.66
85013 00	Pathology	0.22	0.22	14.72	14.72
85014 00	Pathology	0.07	0.07	4.98	4.98
85018 00	Pathology	0.07	0.07	4.98	4.98
85025 00	Pathology	0.24	0.24	16.33	16.33
85027 00	Pathology	0.20	0.20	13.60	13.60
85032 00	Pathology	0.13	0.13	9.06	9.06
85041 00	Pathology	0.09	0.09	6.35	6.35
85044 00	Pathology	0.13	0.13	9.06	9.06
85045 00	Pathology	0.12	0.12	8.39	8.39
85046 00	Pathology	0.17	0.17	11.71	11.71
85048 00	Pathology	0.08	0.08	5.34	5.34
85049 00	Pathology	0.14	0.14	9.42	9.42
85055 00	Pathology	1.10	1.10	75.13	75.13
85060 00	Pathology	0.70	0.70	47.60	47.60
85097 00	Pathology	2.08	1.40	141.44	95.20
85130 00	Pathology	0.37	0.37	25.00	25.00
85170 00	Pathology	0.50	0.50	34.27	34.27
85175 00	Pathology	0.63	0.63	42.82	42.82
85210 00	Pathology	0.40	0.40	27.29	27.29

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Pathology Codes 2025

## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
85220 00	Pathology	0.55	0.55	37.10	37.10
85230 00	Pathology	0.55	0.55	37.63	37.63
85240 00	Pathology	0.55	0.55	37.63	37.63
85244 00	Pathology	0.63	0.63	42.93	42.93
85245 00	Pathology	0.71	0.71	48.23	48.23
85246 00	Pathology	0.71	0.71	48.23	48.23
85247 00	Pathology	0.71	0.71	48.23	48.23
85250 00	Pathology	0.59	0.59	40.03	40.03
85260 00	Pathology	0.55	0.55	37.63	37.63
85270 00	Pathology	0.55	0.55	37.63	37.63
85280 00	Pathology	0.60	0.60	40.68	40.68
85290 00	Pathology	0.51	0.51	34.35	34.35
85291 00	Pathology	0.28	0.28	19.15	19.15
85292 00	Pathology	0.59	0.59	39.80	39.80
85293 00	Pathology	0.59	0.59	39.80	39.80
85300 00	Pathology	0.37	0.37	24.91	24.91
85301 00	Pathology	0.33	0.33	22.73	22.73
85302 00	Pathology	0.37	0.37	25.25	25.25
85303 00	Pathology	0.43	0.43	29.09	29.09
85305 00	Pathology	0.36	0.36	24.41	24.41
85306 00	Pathology	0.47	0.47	32.21	32.21
85307 00	Pathology	0.47	0.47	32.21	32.21
85335 00	Pathology	0.40	0.40	27.06	27.06
85337 00	Pathology	0.53	0.53	36.31	36.31
85345 00	Pathology	0.14	0.14	9.86	9.86
85347 00	Pathology	0.13	0.13	9.00	9.00
85348 00	Pathology	0.14	0.14	9.44	9.44
85360 00	Pathology	0.26	0.26	17.68	17.68
85362 00	Pathology	0.21	0.21	14.48	14.48
85366 00	Pathology	2.49	2.49	169.15	169.15
85370 00	Pathology	0.38	0.38	26.13	26.13
85378 00	Pathology	0.30	0.30	20.43	20.43
85379 00	Pathology	0.31	0.31	21.40	21.40
85380 00	Pathology	0.31	0.31	21.40	21.40
85384 00	Pathology	0.30	0.30	20.43	20.43
85385 00	Pathology	0.45	0.45	30.40	30.40
85390 00	Pathology	0.48	0.48	32.54	32.54
85390 26	Pathology	1.06	1.06	72.08	72.08
85396 00	Pathology	0.57	0.57	38.76	38.76
85397 00	Pathology	0.95	0.95	64.88	64.88
85400 00	Pathology	0.24	0.24	16.21	16.21
85410 00	Pathology	0.24	0.24	16.21	16.21
85415 00	Pathology	0.53	0.53	36.14	36.14
85420 00	Pathology	0.20	0.20	13.73	13.73

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Pathology Codes 2025****Pathology Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
85421 00	Pathology	0.31	0.31	21.40	21.40
85441 00	Pathology	0.13	0.13	8.83	8.83
85445 00	Pathology	0.21	0.21	14.34	14.34
85460 00	Pathology	0.24	0.24	16.25	16.25
85461 00	Pathology	0.29	0.29	19.68	19.68
85475 00	Pathology	0.27	0.27	18.65	18.65
85520 00	Pathology	0.40	0.40	27.52	27.52
85525 00	Pathology	0.37	0.37	24.89	24.89
85530 00	Pathology	0.40	0.40	27.52	27.52
85536 00	Pathology	0.21	0.21	14.46	14.46
85540 00	Pathology	0.27	0.27	18.08	18.08
85547 00	Pathology	0.27	0.27	18.08	18.08
85549 00	Pathology	0.58	0.58	39.42	39.42
85555 00	Pathology	0.23	0.23	15.70	15.70
85557 00	Pathology	0.41	0.41	28.09	28.09
85576 00	Pathology	0.77	0.77	52.37	52.37
85576 26	Pathology	0.53	0.53	36.04	36.04
85597 00	Pathology	0.56	0.56	37.80	37.80
85598 00	Pathology	0.56	0.56	37.80	37.80
85610 00	Pathology	0.13	0.13	9.02	9.02
85611 00	Pathology	0.12	0.12	8.28	8.28
85612 00	Pathology	0.54	0.54	36.77	36.77
85613 00	Pathology	0.30	0.30	20.14	20.14
85635 00	Pathology	0.30	0.30	20.71	20.71
85651 00	Pathology	0.13	0.13	8.98	8.98
85652 00	Pathology	0.08	0.08	5.68	5.68
85660 00	Pathology	0.17	0.17	11.58	11.58
85670 00	Pathology	0.18	0.18	12.13	12.13
85675 00	Pathology	0.21	0.21	14.40	14.40
85705 00	Pathology	0.30	0.30	20.24	20.24
85730 00	Pathology	0.19	0.19	12.63	12.63
85732 00	Pathology	0.20	0.20	13.60	13.60
85810 00	Pathology	0.36	0.36	24.53	24.53
85999 00	Pathology	0.00	0.00	BR	BR
86000 00	Pathology	0.22	0.22	14.67	14.67
86001 00	Pathology	0.24	0.24	16.44	16.44
86003 00	Pathology	0.16	0.16	10.97	10.97
86005 00	Pathology	0.25	0.25	16.75	16.75
86008 00	Pathology	0.55	0.55	37.69	37.69
86015 00	Pathology	0.37	0.37	25.33	25.33
86021 00	Pathology	0.47	0.47	31.64	31.64
86022 00	Pathology	0.57	0.57	38.62	38.62
86023 00	Pathology	0.39	0.39	26.19	26.19

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Pathology Codes 2025

## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
86036 00	Pathology	0.37	0.37	25.33	25.33
86037 00	Pathology	0.37	0.37	25.33	25.33
86038 00	Pathology	0.37	0.37	25.42	25.42
86039 00	Pathology	0.35	0.35	23.46	23.46
86041 00	Pathology	0.57	0.57	38.68	38.68
86042 00	Pathology	0.57	0.57	38.68	38.68
86043 00	Pathology	0.37	0.37	25.33	25.33
86051 00	Pathology	0.36	0.36	24.24	24.24
86052 00	Pathology	0.37	0.37	25.33	25.33
86053 00	Pathology	1.17	1.17	79.32	79.32
86060 00	Pathology	0.23	0.23	15.35	15.35
86063 00	Pathology	0.18	0.18	12.13	12.13
86077 00	Pathology	1.58	1.43	107.44	97.24
86078 00	Pathology	1.58	1.44	107.44	97.92
86079 00	Pathology	1.57	1.43	106.76	97.24
86140 00	Pathology	0.16	0.16	10.89	10.89
86141 00	Pathology	0.40	0.40	27.22	27.22
86146 00	Pathology	0.79	0.79	53.50	53.50
86147 00	Pathology	0.79	0.79	53.50	53.50
86148 00	Pathology	0.50	0.50	33.78	33.78
86152 00	Pathology	7.75	7.75	527.20	527.20
86153 26	Pathology	0.98	0.98	66.64	66.64
86155 00	Pathology	0.49	0.49	33.61	33.61
86156 00	Pathology	0.25	0.25	16.97	16.97
86157 00	Pathology	0.25	0.25	16.94	16.94
86160 00	Pathology	0.37	0.37	25.23	25.23
86161 00	Pathology	0.37	0.37	25.23	25.23
86162 00	Pathology	0.63	0.63	42.72	42.72
86171 00	Pathology	0.31	0.31	21.04	21.04
86200 00	Pathology	0.40	0.40	27.22	27.22
86215 00	Pathology	0.41	0.41	27.85	27.85
86225 00	Pathology	0.42	0.42	28.88	28.88
86226 00	Pathology	0.37	0.37	25.46	25.46
86231 00	Pathology	0.37	0.37	25.42	25.42
86235 00	Pathology	0.55	0.55	37.69	37.69
86255 00	Pathology	0.37	0.37	25.33	25.33
86255 26	Pathology	0.53	0.53	36.04	36.04
86256 00	Pathology	0.37	0.37	25.33	25.33
86256 26	Pathology	0.53	0.53	36.04	36.04
86258 00	Pathology	0.37	0.37	25.33	25.33
86277 00	Pathology	0.49	0.49	33.09	33.09
86280 00	Pathology	0.25	0.25	17.22	17.22
86294 00	Pathology	0.79	0.79	53.75	53.75
86300 00	Pathology	0.64	0.64	43.75	43.75

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Pathology Codes 2025****Pathology Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
86301 00	Pathology	0.64	0.64	43.75	43.75
86304 00	Pathology	0.64	0.64	43.75	43.75
86305 00	Pathology	0.64	0.64	43.75	43.75
86308 00	Pathology	0.16	0.16	10.89	10.89
86309 00	Pathology	0.20	0.20	13.60	13.60
86310 00	Pathology	0.23	0.23	15.49	15.49
86316 00	Pathology	0.64	0.64	43.75	43.75
86317 00	Pathology	0.46	0.46	31.51	31.51
86318 00	Pathology	0.56	0.56	38.03	38.03
86320 00	Pathology	0.92	0.92	62.90	62.90
86320 26	Pathology	0.53	0.53	36.04	36.04
86325 00	Pathology	0.72	0.72	48.62	48.62
86325 26	Pathology	0.53	0.53	36.04	36.04
86328 00	Pathology	1.40	1.40	95.19	95.19
86329 00	Pathology	0.43	0.43	29.54	29.54
86331 00	Pathology	0.37	0.37	25.18	25.18
86332 00	Pathology	0.75	0.75	51.23	51.23
86334 00	Pathology	0.69	0.69	46.96	46.96
86334 26	Pathology	0.53	0.53	36.04	36.04
86335 00	Pathology	0.91	0.91	61.70	61.70
86335 26	Pathology	0.53	0.53	36.04	36.04
86336 00	Pathology	0.48	0.48	32.77	32.77
86337 00	Pathology	0.66	0.66	45.01	45.01
86340 00	Pathology	0.47	0.47	31.70	31.70
86341 00	Pathology	0.73	0.73	49.55	49.55
86343 00	Pathology	0.39	0.39	26.19	26.19
86344 00	Pathology	0.32	0.32	21.84	21.84
86352 00	Pathology	4.20	4.20	285.61	285.61
86353 00	Pathology	1.52	1.52	103.07	103.07
86355 00	Pathology	1.17	1.17	79.32	79.32
86356 00	Pathology	0.83	0.83	56.30	56.30
86357 00	Pathology	1.17	1.17	79.32	79.32
86359 00	Pathology	1.17	1.17	79.32	79.32
86360 00	Pathology	1.45	1.45	98.76	98.76
86361 00	Pathology	0.83	0.83	56.30	56.30
86362 00	Pathology	0.37	0.37	25.33	25.33
86363 00	Pathology	1.17	1.17	79.32	79.32
86364 00	Pathology	0.36	0.36	24.24	24.24
86366 00	Pathology	0.57	0.57	38.68	38.68
86367 00	Pathology	2.40	2.40	163.51	163.51
86376 00	Pathology	0.45	0.45	30.59	30.59
86381 00	Pathology	0.79	0.79	53.50	53.50
86382 00	Pathology	0.52	0.52	35.55	35.55

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Pathology Codes 2025

## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
86384 00	Pathology	0.42	0.42	28.61	28.61
86386 00	Pathology	0.67	0.67	45.79	45.79
86403 00	Pathology	0.36	0.36	24.26	24.26
86406 00	Pathology	0.33	0.33	22.37	22.37
86408 00	Pathology	1.30	1.30	88.57	88.57
86409 00	Pathology	2.46	2.46	167.36	167.36
86413 00	Pathology	1.59	1.59	108.12	108.12
86430 00	Pathology	0.19	0.19	12.91	12.91
86431 00	Pathology	0.18	0.18	11.92	11.92
86480 00	Pathology	1.92	1.92	130.30	130.30
86481 00	Pathology	3.09	3.09	210.22	210.22
86485 00	Pathology	-	-	92.48	92.48
86486 00	Pathology	0.19	0.19	12.92	12.92
86510 00	Pathology	0.23	0.23	15.64	15.64
86580 00	Pathology	0.30	0.30	20.40	20.40
86581 00	Pathology	0.00	0.00	BR	BR
86590 00	Pathology	0.39	0.39	26.61	26.61
86592 00	Pathology	0.13	0.13	8.98	8.98
86593 00	Pathology	0.14	0.14	9.25	9.25
86596 00	Pathology	0.37	0.37	25.33	25.33
86602 00	Pathology	0.31	0.31	21.40	21.40
86603 00	Pathology	0.40	0.40	27.06	27.06
86606 00	Pathology	0.47	0.47	31.64	31.64
86609 00	Pathology	0.40	0.40	27.08	27.08
86611 00	Pathology	0.31	0.31	21.40	21.40
86612 00	Pathology	0.40	0.40	27.12	27.12
86615 00	Pathology	0.41	0.41	27.73	27.73
86617 00	Pathology	0.48	0.48	32.56	32.56
86618 00	Pathology	0.53	0.53	35.80	35.80
86619 00	Pathology	0.41	0.41	28.13	28.13
86622 00	Pathology	0.28	0.28	18.77	18.77
86625 00	Pathology	0.41	0.41	27.58	27.58
86628 00	Pathology	0.37	0.37	25.25	25.25
86631 00	Pathology	0.37	0.37	24.85	24.85
86632 00	Pathology	0.39	0.39	26.66	26.66
86635 00	Pathology	0.35	0.35	24.11	24.11
86638 00	Pathology	0.37	0.37	25.48	25.48
86641 00	Pathology	0.45	0.45	30.29	30.29
86644 00	Pathology	0.44	0.44	30.25	30.25
86645 00	Pathology	0.52	0.52	35.42	35.42
86648 00	Pathology	0.47	0.47	31.98	31.98
86651 00	Pathology	0.41	0.41	27.73	27.73
86652 00	Pathology	0.41	0.41	27.73	27.73
86653 00	Pathology	0.41	0.41	27.73	27.73

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Pathology Codes 2025****Pathology Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
86654 00	Pathology	0.41	0.41	27.73	27.73
86658 00	Pathology	0.40	0.40	27.39	27.39
86663 00	Pathology	0.41	0.41	27.58	27.58
86664 00	Pathology	0.47	0.47	32.14	32.14
86665 00	Pathology	0.56	0.56	38.13	38.13
86666 00	Pathology	0.31	0.31	21.40	21.40
86668 00	Pathology	0.44	0.44	29.77	29.77
86671 00	Pathology	0.38	0.38	25.75	25.75
86674 00	Pathology	0.46	0.46	30.94	30.94
86677 00	Pathology	0.52	0.52	35.42	35.42
86682 00	Pathology	0.40	0.40	27.35	27.35
86684 00	Pathology	0.49	0.49	33.30	33.30
86687 00	Pathology	0.28	0.28	19.11	19.11
86688 00	Pathology	0.43	0.43	29.43	29.43
86689 00	Pathology	0.60	0.60	40.68	40.68
86692 00	Pathology	0.53	0.53	36.07	36.07
86694 00	Pathology	0.44	0.44	30.25	30.25
86695 00	Pathology	0.41	0.41	27.73	27.73
86696 00	Pathology	0.60	0.60	40.68	40.68
86698 00	Pathology	0.43	0.43	28.99	28.99
86701 00	Pathology	0.27	0.27	18.69	18.69
86702 00	Pathology	0.42	0.42	28.42	28.42
86703 00	Pathology	0.42	0.42	28.82	28.82
86704 00	Pathology	0.37	0.37	25.33	25.33
86705 00	Pathology	0.36	0.36	24.74	24.74
86706 00	Pathology	0.33	0.33	22.58	22.58
86707 00	Pathology	0.36	0.36	24.32	24.32
86708 00	Pathology	0.38	0.38	26.05	26.05
86709 00	Pathology	0.35	0.35	23.67	23.67
86710 00	Pathology	0.42	0.42	28.49	28.49
86711 00	Pathology	0.52	0.52	35.51	35.51
86713 00	Pathology	0.47	0.47	32.16	32.16
86717 00	Pathology	0.38	0.38	25.75	25.75
86720 00	Pathology	0.50	0.50	34.06	34.06
86723 00	Pathology	0.41	0.41	27.73	27.73
86727 00	Pathology	0.40	0.40	27.06	27.06
86732 00	Pathology	0.46	0.46	31.53	31.53
86735 00	Pathology	0.40	0.40	27.43	27.43
86738 00	Pathology	0.41	0.41	27.83	27.83
86741 00	Pathology	0.41	0.41	27.73	27.73
86744 00	Pathology	0.49	0.49	33.61	33.61
86747 00	Pathology	0.46	0.46	31.60	31.60
86750 00	Pathology	0.41	0.41	27.73	27.73

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Pathology Codes 2025

## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
86753 00	Pathology	0.38	0.38	26.05	26.05
86756 00	Pathology	0.49	0.49	33.40	33.40
86757 00	Pathology	0.60	0.60	40.68	40.68
86759 00	Pathology	0.56	0.56	38.32	38.32
86762 00	Pathology	0.44	0.44	30.25	30.25
86765 00	Pathology	0.40	0.40	27.08	27.08
86768 00	Pathology	0.41	0.41	27.73	27.73
86769 00	Pathology	1.30	1.30	88.57	88.57
86771 00	Pathology	0.76	0.76	51.46	51.46
86774 00	Pathology	0.46	0.46	31.11	31.11
86777 00	Pathology	0.44	0.44	30.25	30.25
86778 00	Pathology	0.45	0.45	30.29	30.29
86780 00	Pathology	0.41	0.41	27.83	27.83
86784 00	Pathology	0.39	0.39	26.40	26.40
86787 00	Pathology	0.40	0.40	27.08	27.08
86788 00	Pathology	0.52	0.52	35.42	35.42
86789 00	Pathology	0.44	0.44	30.25	30.25
86790 00	Pathology	0.40	0.40	27.08	27.08
86793 00	Pathology	0.41	0.41	27.73	27.73
86794 00	Pathology	0.52	0.52	35.42	35.42
86800 00	Pathology	0.49	0.49	33.45	33.45
86803 00	Pathology	0.44	0.44	30.00	30.00
86804 00	Pathology	0.48	0.48	32.56	32.56
86805 00	Pathology	5.86	5.86	398.39	398.39
86806 00	Pathology	1.47	1.47	100.05	100.05
86807 00	Pathology	2.43	2.43	165.34	165.34
86808 00	Pathology	0.92	0.92	62.39	62.39
86812 00	Pathology	0.80	0.80	54.26	54.26
86813 00	Pathology	1.79	1.79	121.93	121.93
86816 00	Pathology	0.93	0.93	63.42	63.42
86817 00	Pathology	3.28	3.28	223.13	223.13
86821 00	Pathology	1.13	1.13	76.86	76.86
86825 00	Pathology	3.38	3.38	230.17	230.17
86826 00	Pathology	1.13	1.13	76.79	76.79
86828 00	Pathology	1.98	1.98	134.94	134.94
86829 00	Pathology	1.98	1.98	134.94	134.94
86830 00	Pathology	2.95	2.95	200.81	200.81
86831 00	Pathology	2.53	2.53	172.13	172.13
86832 00	Pathology	10.01	10.01	680.60	680.60
86833 00	Pathology	10.07	10.07	684.91	684.91
86834 00	Pathology	11.05	11.05	751.68	751.68
86835 00	Pathology	9.98	9.98	678.94	678.94
86849 00	Pathology	0.00	0.00	BR	BR
86850 00	Pathology	0.30	0.30	20.54	20.54

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Pathology Codes 2025****Pathology Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
86860 00	Pathology	-	-	208.76	208.76
86870 00	Pathology	-	-	171.36	171.36
86880 00	Pathology	0.17	0.17	11.33	11.33
86885 00	Pathology	0.18	0.18	12.02	12.02
86886 00	Pathology	0.16	0.16	10.89	10.89
86890 00	Pathology	-	-	543.32	543.32
86891 00	Pathology	-	-	1216.52	1216.52
86900 00	Pathology	0.09	0.09	6.29	6.29
86901 00	Pathology	0.09	0.09	6.29	6.29
86902 00	Pathology	0.20	0.20	13.35	13.35
86904 00	Pathology	0.51	0.51	34.35	34.35
86905 00	Pathology	0.12	0.12	8.05	8.05
86906 00	Pathology	0.24	0.24	16.29	16.29
86910 00	Pathology	0.00	0.00	BR	BR
86911 00	Pathology	0.00	0.00	BR	BR
86920 00	Pathology	-	-	131.92	131.92
86921 00	Pathology	-	-	131.24	131.24
86922 00	Pathology	-	-	127.84	127.84
86923 00	Pathology	-	-	36.04	36.04
86927 00	Pathology	-	-	22.44	22.44
86930 00	Pathology	0.00	0.00	BR	BR
86931 00	Pathology	0.00	0.00	BR	BR
86932 00	Pathology	0.00	0.00	BR	BR
86940 00	Pathology	0.27	0.27	18.44	18.44
86941 00	Pathology	0.37	0.37	25.46	25.46
86945 00	Pathology	-	-	191.76	191.76
86950 00	Pathology	0.00	0.00	BR	BR
86960 00	Pathology	-	-	106.08	106.08
86965 00	Pathology	-	-	527.00	527.00
86970 00	Pathology	-	-	185.64	185.64
86971 00	Pathology	-	-	76.16	76.16
86972 00	Pathology	-	-	307.36	307.36
86975 00	Pathology	0.00	0.00	BR	BR
86976 00	Pathology	-	-	73.44	73.44
86977 00	Pathology	0.00	0.00	BR	BR
86978 00	Pathology	-	-	263.84	263.84
86985 00	Pathology	-	-	129.88	129.88
86999 00	Pathology	0.00	0.00	BR	BR
87003 00	Pathology	0.52	0.52	35.40	35.40
87015 00	Pathology	0.21	0.21	14.04	14.04
87040 00	Pathology	0.32	0.32	21.70	21.70
87045 00	Pathology	0.29	0.29	19.85	19.85
87046 00	Pathology	0.29	0.29	19.85	19.85

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Pathology Codes 2025

## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
87070 00	Pathology	0.27	0.27	18.12	18.12
87071 00	Pathology	0.31	0.31	20.79	20.79
87073 00	Pathology	0.30	0.30	20.31	20.31
87075 00	Pathology	0.29	0.29	19.91	19.91
87076 00	Pathology	0.25	0.25	16.99	16.99
87077 00	Pathology	0.25	0.25	16.99	16.99
87081 00	Pathology	0.20	0.20	13.94	13.94
87084 00	Pathology	0.84	0.84	56.91	56.91
87086 00	Pathology	0.25	0.25	16.97	16.97
87088 00	Pathology	0.25	0.25	17.01	17.01
87101 00	Pathology	0.24	0.24	16.21	16.21
87102 00	Pathology	0.26	0.26	17.68	17.68
87103 00	Pathology	0.63	0.63	43.01	43.01
87106 00	Pathology	0.32	0.32	21.70	21.70
87107 00	Pathology	0.32	0.32	21.70	21.70
87109 00	Pathology	0.48	0.48	32.35	32.35
87110 00	Pathology	0.61	0.61	41.20	41.20
87116 00	Pathology	0.33	0.33	22.70	22.70
87118 00	Pathology	0.45	0.45	30.71	30.71
87140 00	Pathology	0.17	0.17	11.71	11.71
87143 00	Pathology	0.39	0.39	26.32	26.32
87147 00	Pathology	0.16	0.16	10.89	10.89
87149 00	Pathology	0.62	0.62	42.15	42.15
87150 00	Pathology	1.08	1.08	73.77	73.77
87152 00	Pathology	0.24	0.24	16.27	16.27
87153 00	Pathology	3.57	3.57	242.51	242.51
87154 00	Pathology	6.74	6.74	458.41	458.41
87158 00	Pathology	0.24	0.24	16.27	16.27
87164 00	Pathology	0.33	0.33	22.58	22.58
87164 26	Pathology	0.56	0.56	38.08	38.08
87166 00	Pathology	0.35	0.35	23.76	23.76
87168 00	Pathology	0.13	0.13	8.98	8.98
87169 00	Pathology	0.13	0.13	9.06	9.06
87172 00	Pathology	0.13	0.13	8.98	8.98
87176 00	Pathology	0.18	0.18	12.36	12.36
87177 00	Pathology	0.28	0.28	18.71	18.71
87181 00	Pathology	0.15	0.15	9.99	9.99
87184 00	Pathology	0.23	0.23	15.72	15.72
87185 00	Pathology	0.15	0.15	9.99	9.99
87186 00	Pathology	0.27	0.27	18.18	18.18
87187 00	Pathology	1.24	1.24	84.45	84.45
87188 00	Pathology	0.21	0.21	13.96	13.96
87190 00	Pathology	0.23	0.23	15.37	15.37
87197 00	Pathology	0.46	0.46	31.58	31.58

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Pathology Codes 2025****Pathology Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
87205 00	Pathology	0.13	0.13	8.98	8.98
87206 00	Pathology	0.17	0.17	11.33	11.33
87207 00	Pathology	0.19	0.19	12.59	12.59
87207 26	Pathology	0.53	0.53	36.04	36.04
87209 00	Pathology	0.56	0.56	37.80	37.80
87210 00	Pathology	0.18	0.18	12.24	12.24
87220 00	Pathology	0.13	0.13	8.98	8.98
87230 00	Pathology	0.61	0.61	41.50	41.50
87250 00	Pathology	0.60	0.60	41.12	41.12
87252 00	Pathology	0.81	0.81	54.81	54.81
87253 00	Pathology	0.62	0.62	42.47	42.47
87254 00	Pathology	0.60	0.60	41.12	41.12
87255 00	Pathology	1.05	1.05	71.18	71.18
87260 00	Pathology	0.45	0.45	30.34	30.34
87265 00	Pathology	0.37	0.37	25.18	25.18
87267 00	Pathology	0.41	0.41	28.21	28.21
87269 00	Pathology	0.42	0.42	28.61	28.61
87270 00	Pathology	0.37	0.37	25.18	25.18
87271 00	Pathology	0.41	0.41	28.21	28.21
87272 00	Pathology	0.37	0.37	25.18	25.18
87273 00	Pathology	0.37	0.37	25.18	25.18
87274 00	Pathology	0.37	0.37	25.18	25.18
87275 00	Pathology	0.38	0.38	25.75	25.75
87276 00	Pathology	0.50	0.50	33.78	33.78
87278 00	Pathology	0.48	0.48	32.79	32.79
87279 00	Pathology	0.51	0.51	34.54	34.54
87280 00	Pathology	0.41	0.41	28.21	28.21
87281 00	Pathology	0.37	0.37	25.18	25.18
87283 00	Pathology	1.88	1.88	127.82	127.82
87285 00	Pathology	0.38	0.38	25.61	25.61
87290 00	Pathology	0.41	0.41	28.21	28.21
87299 00	Pathology	0.50	0.50	33.85	33.85
87300 00	Pathology	0.37	0.37	25.18	25.18
87301 00	Pathology	0.37	0.37	25.18	25.18
87305 00	Pathology	0.37	0.37	25.18	25.18
87320 00	Pathology	0.46	0.46	31.53	31.53
87324 00	Pathology	0.37	0.37	25.18	25.18
87327 00	Pathology	0.41	0.41	28.21	28.21
87328 00	Pathology	0.43	0.43	29.05	29.05
87329 00	Pathology	0.37	0.37	25.18	25.18
87332 00	Pathology	0.37	0.37	25.18	25.18
87335 00	Pathology	0.39	0.39	26.61	26.61
87336 00	Pathology	0.49	0.49	33.64	33.64

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Pathology Codes 2025

## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
87337 00	Pathology	0.37	0.37	25.18	25.18
87338 00	Pathology	0.44	0.44	30.23	30.23
87339 00	Pathology	0.49	0.49	33.64	33.64
87340 00	Pathology	0.32	0.32	21.72	21.72
87341 00	Pathology	0.32	0.32	21.72	21.72
87350 00	Pathology	0.36	0.36	24.24	24.24
87380 00	Pathology	0.57	0.57	38.60	38.60
87385 00	Pathology	0.41	0.41	27.85	27.85
87389 00	Pathology	0.74	0.74	50.62	50.62
87390 00	Pathology	0.74	0.74	50.58	50.58
87391 00	Pathology	0.68	0.68	46.04	46.04
87400 00	Pathology	0.44	0.44	29.70	29.70
87420 00	Pathology	0.43	0.43	29.24	29.24
87425 00	Pathology	0.37	0.37	25.18	25.18
87426 00	Pathology	1.09	1.09	74.27	74.27
87427 00	Pathology	0.37	0.37	25.18	25.18
87428 00	Pathology	2.17	2.17	147.77	147.77
87430 00	Pathology	0.52	0.52	35.34	35.34
87449 00	Pathology	0.37	0.37	25.18	25.18
87451 00	Pathology	0.32	0.32	22.09	22.09
87467 00	Pathology	0.78	0.78	53.23	53.23
87468 00	Pathology	1.08	1.08	73.77	73.77
87469 00	Pathology	1.08	1.08	73.77	73.77
87471 00	Pathology	1.08	1.08	73.77	73.77
87472 00	Pathology	1.32	1.32	90.06	90.06
87475 00	Pathology	0.62	0.62	42.15	42.15
87476 00	Pathology	1.08	1.08	73.77	73.77
87478 00	Pathology	1.08	1.08	73.77	73.77
87480 00	Pathology	0.62	0.62	42.15	42.15
87481 00	Pathology	1.08	1.08	73.77	73.77
87482 00	Pathology	1.72	1.72	117.18	117.18
87483 00	Pathology	12.88	12.88	876.17	876.17
87484 00	Pathology	1.08	1.08	73.77	73.77
87485 00	Pathology	0.62	0.62	42.15	42.15
87486 00	Pathology	1.08	1.08	73.77	73.77
87487 00	Pathology	1.32	1.32	90.06	90.06
87490 00	Pathology	0.70	0.70	47.83	47.83
87491 00	Pathology	1.08	1.08	73.77	73.77
87492 00	Pathology	1.65	1.65	112.41	112.41
87493 00	Pathology	1.15	1.15	78.35	78.35
87495 00	Pathology	0.93	0.93	63.13	63.13
87496 00	Pathology	1.08	1.08	73.77	73.77
87497 00	Pathology	1.32	1.32	90.06	90.06
87498 00	Pathology	1.08	1.08	73.77	73.77

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Pathology Codes 2025****Pathology Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
87500 00	Pathology	1.08	1.08	73.77	73.77
87501 00	Pathology	1.59	1.59	107.87	107.87
87502 00	Pathology	2.96	2.96	201.39	201.39
87503 00	Pathology	0.90	0.90	61.43	61.43
87505 00	Pathology	3.97	3.97	269.70	269.70
87506 00	Pathology	8.13	8.13	552.87	552.87
87507 00	Pathology	12.88	12.88	876.17	876.17
87510 00	Pathology	0.62	0.62	42.15	42.15
87511 00	Pathology	1.08	1.08	73.77	73.77
87512 00	Pathology	1.29	1.29	87.79	87.79
87513 00	Pathology	1.08	1.08	73.77	73.77
87516 00	Pathology	1.08	1.08	73.77	73.77
87517 00	Pathology	1.32	1.32	90.06	90.06
87520 00	Pathology	0.97	0.97	65.63	65.63
87521 00	Pathology	1.08	1.08	73.77	73.77
87522 00	Pathology	1.32	1.32	90.06	90.06
87523 00	Pathology	1.32	1.32	90.06	90.06
87525 00	Pathology	0.92	0.92	62.65	62.65
87526 00	Pathology	1.21	1.21	82.53	82.53
87527 00	Pathology	1.29	1.29	87.79	87.79
87528 00	Pathology	0.62	0.62	42.15	42.15
87529 00	Pathology	1.08	1.08	73.77	73.77
87530 00	Pathology	1.32	1.32	90.06	90.06
87531 00	Pathology	1.79	1.79	121.93	121.93
87532 00	Pathology	1.08	1.08	73.77	73.77
87533 00	Pathology	1.29	1.29	87.79	87.79
87534 00	Pathology	0.68	0.68	46.08	46.08
87535 00	Pathology	1.08	1.08	73.77	73.77
87536 00	Pathology	2.63	2.63	178.90	178.90
87537 00	Pathology	0.68	0.68	46.08	46.08
87538 00	Pathology	1.08	1.08	73.77	73.77
87539 00	Pathology	1.81	1.81	123.23	123.23
87540 00	Pathology	0.62	0.62	42.15	42.15
87541 00	Pathology	1.08	1.08	73.77	73.77
87542 00	Pathology	1.29	1.29	87.79	87.79
87550 00	Pathology	0.62	0.62	42.15	42.15
87551 00	Pathology	1.49	1.49	101.41	101.41
87552 00	Pathology	1.32	1.32	90.06	90.06
87555 00	Pathology	0.83	0.83	56.51	56.51
87556 00	Pathology	1.29	1.29	87.62	87.62
87557 00	Pathology	1.32	1.32	90.06	90.06
87560 00	Pathology	0.84	0.84	57.37	57.37
87561 00	Pathology	1.08	1.08	73.77	73.77

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## Pathology Codes 2025

## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
87562 00	Pathology	1.32	1.32	90.06	90.06
87563 00	Pathology	1.08	1.08	73.77	73.77
87564 00	Pathology	2.37	2.37	161.39	161.39
87580 00	Pathology	0.62	0.62	42.15	42.15
87581 00	Pathology	1.08	1.08	73.77	73.77
87582 00	Pathology	9.36	9.36	636.18	636.18
87590 00	Pathology	0.83	0.83	56.51	56.51
87591 00	Pathology	1.08	1.08	73.77	73.77
87592 00	Pathology	1.32	1.32	90.06	90.06
87593 00	Pathology	1.59	1.59	107.87	107.87
87594 00	Pathology	1.08	1.08	73.77	73.77
87623 00	Pathology	1.08	1.08	73.77	73.77
87624 00	Pathology	1.08	1.08	73.77	73.77
87625 00	Pathology	1.25	1.25	85.25	85.25
87626 00	Pathology	2.17	2.17	147.58	147.58
87631 00	Pathology	4.41	4.41	299.84	299.84
87632 00	Pathology	6.74	6.74	458.41	458.41
87633 00	Pathology	12.88	12.88	876.17	876.17
87634 00	Pathology	2.17	2.17	147.58	147.58
87635 00	Pathology	1.59	1.59	107.87	107.87
87636 00	Pathology	4.41	4.41	299.84	299.84
87637 00	Pathology	4.41	4.41	299.84	299.84
87640 00	Pathology	1.08	1.08	73.77	73.77
87641 00	Pathology	1.08	1.08	73.77	73.77
87650 00	Pathology	0.62	0.62	42.15	42.15
87651 00	Pathology	1.08	1.08	73.77	73.77
87652 00	Pathology	1.29	1.29	87.79	87.79
87653 00	Pathology	1.08	1.08	73.77	73.77
87660 00	Pathology	0.62	0.62	42.15	42.15
87661 00	Pathology	1.08	1.08	73.77	73.77
87662 00	Pathology	1.59	1.59	107.87	107.87
87797 00	Pathology	0.93	0.93	63.13	63.13
87798 00	Pathology	1.08	1.08	73.77	73.77
87799 00	Pathology	1.32	1.32	90.06	90.06
87800 00	Pathology	1.35	1.35	91.80	91.80
87801 00	Pathology	2.17	2.17	147.58	147.58
87802 00	Pathology	0.39	0.39	26.76	26.76
87803 00	Pathology	0.49	0.49	33.64	33.64
87804 00	Pathology	0.51	0.51	34.79	34.79
87806 00	Pathology	1.01	1.01	68.89	68.89
87807 00	Pathology	0.40	0.40	27.54	27.54
87808 00	Pathology	0.47	0.47	32.14	32.14
87809 00	Pathology	0.67	0.67	45.74	45.74
87810 00	Pathology	1.09	1.09	74.19	74.19

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Pathology Codes 2025****Pathology Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
87811 00	Pathology	1.28	1.28	86.99	86.99
87850 00	Pathology	0.76	0.76	51.63	51.63
87880 00	Pathology	0.51	0.51	34.75	34.75
87899 00	Pathology	0.50	0.50	33.78	33.78
87900 00	Pathology	4.03	4.03	274.03	274.03
87901 00	Pathology	7.96	7.96	541.22	541.22
87902 00	Pathology	7.96	7.96	541.22	541.22
87903 00	Pathology	15.11	15.11	1027.28	1027.28
87904 00	Pathology	0.81	0.81	54.81	54.81
87905 00	Pathology	0.38	0.38	25.69	25.69
87906 00	Pathology	3.98	3.98	270.62	270.62
87910 00	Pathology	7.96	7.96	541.22	541.22
87912 00	Pathology	7.96	7.96	541.22	541.22
87913 00	Pathology	7.96	7.96	541.22	541.22
87999 00	Pathology	0.00	0.00	BR	BR
88000 00	Pathology	0.00	0.00	BR	BR
88005 00	Pathology	0.00	0.00	BR	BR
88007 00	Pathology	0.00	0.00	BR	BR
88012 00	Pathology	0.00	0.00	BR	BR
88014 00	Pathology	0.00	0.00	BR	BR
88016 00	Pathology	0.00	0.00	BR	BR
88020 00	Pathology	0.00	0.00	BR	BR
88025 00	Pathology	0.00	0.00	BR	BR
88027 00	Pathology	0.00	0.00	BR	BR
88028 00	Pathology	0.00	0.00	BR	BR
88029 00	Pathology	0.00	0.00	BR	BR
88036 00	Pathology	-	-	112.88	112.88
88037 00	Pathology	0.00	0.00	BR	BR
88040 00	Pathology	0.00	0.00	BR	BR
88045 00	Pathology	0.00	0.00	BR	BR
88099 00	Pathology	0.00	0.00	BR	BR
88104 00	Pathology	2.40	2.40	163.20	163.20
88104 26	Pathology	0.81	0.81	55.08	55.08
88104 TC	Pathology	1.59	1.59	108.12	108.12
88106 00	Pathology	2.13	2.13	144.84	144.84
88106 26	Pathology	0.55	0.55	37.40	37.40
88106 TC	Pathology	1.58	1.58	107.44	107.44
88108 00	Pathology	2.10	2.10	142.80	142.80
88108 26	Pathology	0.65	0.65	44.20	44.20
88108 TC	Pathology	1.45	1.45	98.60	98.60
88112 00	Pathology	2.03	2.03	138.04	138.04
88112 26	Pathology	0.80	0.80	54.40	54.40
88112 TC	Pathology	1.23	1.23	83.64	83.64

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Pathology Codes 2025

## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
88120 00	Pathology	16.77	16.77	1140.36	1140.36
88120 26	Pathology	1.69	1.69	114.92	114.92
88120 TC	Pathology	15.08	15.08	1025.44	1025.44
88121 00	Pathology	12.16	12.16	826.88	826.88
88121 26	Pathology	1.41	1.41	95.88	95.88
88121 TC	Pathology	10.75	10.75	731.00	731.00
88125 00	Pathology	0.87	0.87	59.16	59.16
88125 26	Pathology	0.40	0.40	27.20	27.20
88125 TC	Pathology	0.47	0.47	31.96	31.96
88130 00	Pathology	0.56	0.56	37.80	37.80
88140 00	Pathology	0.25	0.25	16.80	16.80
88141 00	Pathology	0.75	0.75	51.00	51.00
88142 00	Pathology	0.63	0.63	42.59	42.59
88143 00	Pathology	0.71	0.71	48.44	48.44
88147 00	Pathology	1.56	1.56	106.29	106.29
88148 00	Pathology	0.56	0.56	38.24	38.24
88150 00	Pathology	0.56	0.56	38.24	38.24
88152 00	Pathology	0.85	0.85	58.11	58.11
88153 00	Pathology	0.74	0.74	50.52	50.52
88155 00	Pathology	0.45	0.45	30.80	30.80
88160 00	Pathology	2.50	2.50	170.00	170.00
88160 26	Pathology	0.75	0.75	51.00	51.00
88160 TC	Pathology	1.75	1.75	119.00	119.00
88161 00	Pathology	2.52	2.52	171.36	171.36
88161 26	Pathology	0.74	0.74	50.32	50.32
88161 TC	Pathology	1.78	1.78	121.04	121.04
88162 00	Pathology	3.96	3.96	269.28	269.28
88162 26	Pathology	1.14	1.14	77.52	77.52
88162 TC	Pathology	2.82	2.82	191.76	191.76
88164 00	Pathology	0.56	0.56	38.24	38.24
88165 00	Pathology	1.31	1.31	88.76	88.76
88166 00	Pathology	0.56	0.56	38.24	38.24
88167 00	Pathology	0.56	0.56	38.24	38.24
88172 00	Pathology	1.69	1.69	114.92	114.92
88172 26	Pathology	1.03	1.03	70.04	70.04
88172 TC	Pathology	0.66	0.66	44.88	44.88
88173 00	Pathology	5.14	5.14	349.52	349.52
88173 26	Pathology	2.02	2.02	137.36	137.36
88173 TC	Pathology	3.12	3.12	212.16	212.16
88174 00	Pathology	0.78	0.78	53.33	53.33
88175 00	Pathology	0.82	0.82	55.94	55.94
88177 00	Pathology	0.89	0.89	60.52	60.52
88177 26	Pathology	0.63	0.63	42.84	42.84
88177 TC	Pathology	0.26	0.26	17.68	17.68

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Pathology Codes 2025****Pathology Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
88182 00	Pathology	4.81	4.81	327.08	327.08
88182 26	Pathology	1.10	1.10	74.80	74.80
88182 TC	Pathology	3.71	3.71	252.28	252.28
88184 00	Pathology	2.34	2.34	159.12	159.12
88185 00	Pathology	0.68	0.68	46.24	46.24
88187 00	Pathology	1.06	1.06	72.08	72.08
88188 00	Pathology	1.80	1.80	122.40	122.40
88189 00	Pathology	2.45	2.45	166.60	166.60
88199 00	Pathology	0.00	0.00	BR	BR
88199 26	Pathology	0.00	0.00	BR	BR
88199 TC	Pathology	0.00	0.00	BR	BR
88230 00	Pathology	3.60	3.60	244.89	244.89
88233 00	Pathology	4.35	4.35	295.85	295.85
88235 00	Pathology	4.65	4.65	315.97	315.97
88237 00	Pathology	4.44	4.44	302.20	302.20
88239 00	Pathology	4.56	4.56	310.12	310.12
88240 00	Pathology	0.40	0.40	27.48	27.48
88241 00	Pathology	0.37	0.37	25.42	25.42
88245 00	Pathology	5.35	5.35	364.04	364.04
88248 00	Pathology	5.35	5.35	364.04	364.04
88249 00	Pathology	5.35	5.35	364.04	364.04
88261 00	Pathology	8.17	8.17	555.71	555.71
88262 00	Pathology	3.88	3.88	263.81	263.81
88263 00	Pathology	4.65	4.65	315.95	315.95
88264 00	Pathology	4.47	4.47	304.00	304.00
88267 00	Pathology	5.83	5.83	396.42	396.42
88269 00	Pathology	5.37	5.37	365.07	365.07
88271 00	Pathology	0.66	0.66	45.03	45.03
88272 00	Pathology	1.26	1.26	85.56	85.56
88273 00	Pathology	1.08	1.08	73.18	73.18
88274 00	Pathology	1.31	1.31	89.09	89.09
88275 00	Pathology	1.58	1.58	107.61	107.61
88280 00	Pathology	1.03	1.03	70.36	70.36
88283 00	Pathology	2.12	2.12	144.21	144.21
88285 00	Pathology	0.83	0.83	56.57	56.57
88289 00	Pathology	1.06	1.06	72.38	72.38
88291 00	Pathology	1.02	1.02	69.36	69.36
88299 00	Pathology	0.00	0.00	BR	BR
88300 00	Pathology	0.50	0.50	34.00	34.00
88300 26	Pathology	0.13	0.13	8.84	8.84
88300 TC	Pathology	0.37	0.37	25.16	25.16
88302 00	Pathology	1.00	1.00	68.00	68.00
88302 26	Pathology	0.20	0.20	13.60	13.60

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Pathology Codes 2025

## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
88302 TC	Pathology	0.80	0.80	54.40	54.40
88304 00	Pathology	1.28	1.28	87.04	87.04
88304 26	Pathology	0.33	0.33	22.44	22.44
88304 TC	Pathology	0.95	0.95	64.60	64.60
88305 00	Pathology	2.15	2.15	146.20	146.20
88305 26	Pathology	1.08	1.08	73.44	73.44
88305 TC	Pathology	1.07	1.07	72.76	72.76
88307 00	Pathology	8.60	8.60	584.80	584.80
88307 26	Pathology	2.37	2.37	161.16	161.16
88307 TC	Pathology	6.23	6.23	423.64	423.64
88309 00	Pathology	12.84	12.84	873.12	873.12
88309 26	Pathology	4.18	4.18	284.24	284.24
88309 TC	Pathology	8.66	8.66	588.88	588.88
88311 00	Pathology	0.61	0.61	41.48	41.48
88311 26	Pathology	0.36	0.36	24.48	24.48
88311 TC	Pathology	0.25	0.25	17.00	17.00
88312 00	Pathology	3.35	3.35	227.80	227.80
88312 26	Pathology	0.77	0.77	52.36	52.36
88312 TC	Pathology	2.58	2.58	175.44	175.44
88313 00	Pathology	2.46	2.46	167.28	167.28
88313 26	Pathology	0.35	0.35	23.80	23.80
88313 TC	Pathology	2.11	2.11	143.48	143.48
88314 00	Pathology	2.57	2.57	174.76	174.76
88314 26	Pathology	0.58	0.58	39.44	39.44
88314 TC	Pathology	1.99	1.99	135.32	135.32
88319 00	Pathology	4.06	4.06	276.08	276.08
88319 26	Pathology	0.78	0.78	53.04	53.04
88319 TC	Pathology	3.28	3.28	223.04	223.04
88321 00	Pathology	2.90	2.45	197.20	166.60
88323 00	Pathology	3.48	3.48	236.64	236.64
88323 26	Pathology	2.58	2.58	175.44	175.44
88323 TC	Pathology	0.90	0.90	61.20	61.20
88325 00	Pathology	4.70	3.98	319.60	270.64
88329 00	Pathology	1.63	1.03	110.84	70.04
88331 00	Pathology	3.02	3.02	205.36	205.36
88331 26	Pathology	1.80	1.80	122.40	122.40
88331 TC	Pathology	1.22	1.22	82.96	82.96
88332 00	Pathology	1.64	1.64	111.52	111.52
88332 26	Pathology	0.89	0.89	60.52	60.52
88332 TC	Pathology	0.75	0.75	51.00	51.00
88333 00	Pathology	2.73	2.73	185.64	185.64
88333 26	Pathology	1.79	1.79	121.72	121.72
88333 TC	Pathology	0.94	0.94	63.92	63.92
88334 00	Pathology	1.67	1.67	113.56	113.56

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
88334 26	Pathology	1.09	1.09	74.12	74.12
88334 TC	Pathology	0.58	0.58	39.44	39.44
88341 00	Pathology	2.89	2.89	196.52	196.52
88341 26	Pathology	0.82	0.82	55.76	55.76
88341 TC	Pathology	2.07	2.07	140.76	140.76
88342 00	Pathology	3.37	3.37	229.16	229.16
88342 26	Pathology	1.01	1.01	68.68	68.68
88342 TC	Pathology	2.36	2.36	160.48	160.48
88344 00	Pathology	5.17	5.17	351.56	351.56
88344 26	Pathology	1.12	1.12	76.16	76.16
88344 TC	Pathology	4.05	4.05	275.40	275.40
88346 00	Pathology	4.33	4.33	294.44	294.44
88346 26	Pathology	1.04	1.04	70.72	70.72
88346 TC	Pathology	3.29	3.29	223.72	223.72
88348 00	Pathology	14.76	14.76	1003.68	1003.68
88348 26	Pathology	2.25	2.25	153.00	153.00
88348 TC	Pathology	12.51	12.51	850.68	850.68
88350 00	Pathology	3.31	3.31	225.08	225.08
88350 26	Pathology	0.84	0.84	57.12	57.12
88350 TC	Pathology	2.47	2.47	167.96	167.96
88355 00	Pathology	4.26	4.26	289.68	289.68
88355 26	Pathology	2.40	2.40	163.20	163.20
88355 TC	Pathology	1.86	1.86	126.48	126.48
88356 00	Pathology	7.08	7.08	481.44	481.44
88356 26	Pathology	3.53	3.53	240.04	240.04
88356 TC	Pathology	3.55	3.55	241.40	241.40
88358 00	Pathology	4.04	4.04	274.72	274.72
88358 26	Pathology	1.43	1.43	97.24	97.24
88358 TC	Pathology	2.61	2.61	177.48	177.48
88360 00	Pathology	3.57	3.57	242.76	242.76
88360 26	Pathology	1.20	1.20	81.60	81.60
88360 TC	Pathology	2.37	2.37	161.16	161.16
88361 00	Pathology	3.47	3.47	235.96	235.96
88361 26	Pathology	1.25	1.25	85.00	85.00
88361 TC	Pathology	2.22	2.22	150.96	150.96
88362 00	Pathology	6.91	6.91	469.88	469.88
88362 26	Pathology	3.22	3.22	218.96	218.96
88362 TC	Pathology	3.69	3.69	250.92	250.92
88363 00	Pathology	0.70	0.56	47.60	38.08
88364 00	Pathology	3.87	3.87	263.16	263.16
88364 26	Pathology	0.98	0.98	66.64	66.64
88364 TC	Pathology	2.89	2.89	196.52	196.52
88365 00	Pathology	5.22	5.22	354.96	354.96

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## Pathology Codes 2025

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
88365 26	Pathology	1.24	1.24	84.32	84.32
88365 TC	Pathology	3.98	3.98	270.64	270.64
88366 00	Pathology	8.04	8.04	546.72	546.72
88366 26	Pathology	1.79	1.79	121.72	121.72
88366 TC	Pathology	6.25	6.25	425.00	425.00
88367 00	Pathology	3.27	3.27	222.36	222.36
88367 26	Pathology	0.96	0.96	65.28	65.28
88367 TC	Pathology	2.31	2.31	157.08	157.08
88368 00	Pathology	4.47	4.47	303.96	303.96
88368 26	Pathology	1.23	1.23	83.64	83.64
88368 TC	Pathology	3.24	3.24	220.32	220.32
88369 00	Pathology	3.92	3.92	266.56	266.56
88369 26	Pathology	0.99	0.99	67.32	67.32
88369 TC	Pathology	2.93	2.93	199.24	199.24
88371 00	Pathology	0.69	0.69	46.73	46.73
88371 26	Pathology	0.56	0.56	38.08	38.08
88372 00	Pathology	0.81	0.81	55.12	55.12
88372 26	Pathology	0.53	0.53	36.04	36.04
88373 00	Pathology	1.97	1.97	133.96	133.96
88373 26	Pathology	0.73	0.73	49.64	49.64
88373 TC	Pathology	1.24	1.24	84.32	84.32
88374 00	Pathology	8.17	8.17	555.56	555.56
88374 26	Pathology	1.21	1.21	82.28	82.28
88374 TC	Pathology	6.96	6.96	473.28	473.28
88375 00	Pathology	1.39	1.39	94.52	94.52
88377 00	Pathology	11.63	11.63	790.84	790.84
88377 26	Pathology	1.87	1.87	127.16	127.16
88377 TC	Pathology	9.76	9.76	663.68	663.68
88380 00	Pathology	3.78	3.78	257.04	257.04
88380 26	Pathology	1.54	1.54	104.72	104.72
88380 TC	Pathology	2.24	2.24	152.32	152.32
88381 00	Pathology	5.83	5.83	396.44	396.44
88381 26	Pathology	0.68	0.68	46.24	46.24
88381 TC	Pathology	5.15	5.15	350.20	350.20
88387 00	Pathology	1.00	1.00	68.00	68.00
88387 26	Pathology	0.78	0.78	53.04	53.04
88387 TC	Pathology	0.22	0.22	14.96	14.96
88399 00	Pathology	0.00	0.00	BR	BR
88399 26	Pathology	0.00	0.00	BR	BR
88399 TC	Pathology	0.00	0.00	BR	BR
88720 00	Pathology	0.16	0.16	10.55	10.55
88738 00	Pathology	0.16	0.16	10.55	10.55
88740 00	Pathology	0.29	0.29	19.70	19.70
88741 00	Pathology	0.29	0.29	19.70	19.70

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
88749 00	Pathology	0.00	0.00	BR	BR
89049 00	Pathology	8.70	1.83	591.60	124.44
89050 00	Pathology	0.15	0.15	9.92	9.92
89051 00	Pathology	0.17	0.17	11.77	11.77
89055 00	Pathology	0.13	0.13	8.98	8.98
89060 00	Pathology	0.23	0.23	15.41	15.41
89060 26	Pathology	0.53	0.53	36.04	36.04
89125 00	Pathology	0.18	0.18	12.36	12.36
89160 00	Pathology	0.15	0.15	10.20	10.20
89190 00	Pathology	0.18	0.18	12.17	12.17
89220 00	Pathology	0.57	0.57	38.76	38.76
89230 00	Pathology	0.09	0.09	6.12	6.12
89240 00	Pathology	0.00	0.00	BR	BR
89250 00	Pathology	-	-	3298.00	3298.00
89251 00	Pathology	-	-	3600.60	3600.60
89253 00	Pathology	-	-	1678.92	1678.92
89254 00	Pathology	-	-	1307.64	1307.64
89255 00	Pathology	-	-	989.40	989.40
89257 00	Pathology	-	-	845.92	845.92
89258 00	Pathology	-	-	1998.52	1998.52
89259 00	Pathology	-	-	566.44	566.44
89260 00	Pathology	-	-	436.56	436.56
89261 00	Pathology	-	-	485.52	485.52
89264 00	Pathology	-	-	970.36	970.36
89268 00	Pathology	-	-	1538.16	1538.16
89272 00	Pathology	-	-	2522.12	2522.12
89280 00	Pathology	-	-	3569.32	3569.32
89281 00	Pathology	-	-	3244.28	3244.28
89290 00	Pathology	-	-	3523.76	3523.76
89291 00	Pathology	-	-	4081.36	4081.36
89300 00	Pathology	0.30	0.30	20.69	20.69
89310 00	Pathology	0.27	0.27	18.10	18.10
89320 00	Pathology	0.38	0.38	25.88	25.88
89321 00	Pathology	0.37	0.37	25.33	25.33
89322 00	Pathology	0.48	0.48	32.58	32.58
89325 00	Pathology	0.33	0.33	22.43	22.43
89329 00	Pathology	0.61	0.61	41.18	41.18
89330 00	Pathology	0.32	0.32	21.82	21.82
89331 00	Pathology	0.61	0.61	41.18	41.18
89335 00	Pathology	-	-	648.72	648.72
89337 00	Pathology	-	-	5632.44	5632.44
89342 00	Pathology	-	-	1268.20	1268.20
89343 00	Pathology	-	-	1086.64	1086.64

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Pathology Codes 2025****Pathology Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
89344 00	Pathology	-	-	975.12	975.12
89346 00	Pathology	-	-	1290.64	1290.64
89352 00	Pathology	-	-	1024.08	1024.08
89353 00	Pathology	-	-	341.36	341.36
89354 00	Pathology	-	-	485.52	485.52
89356 00	Pathology	-	-	973.08	973.08
89398 00	Pathology	0.00	0.00	BR	BR
G0480 00	Pathology	3.54	3.54	240.56	240.56
G0481 00	Pathology	4.84	4.84	329.19	329.19
G0482 00	Pathology	6.14	6.14	417.80	417.80
G0483 00	Pathology	7.63	7.63	519.08	519.08
G0659 00	Pathology	1.92	1.92	130.63	130.63

**Historical Note**

New Appendix A, Pathology and Laboratory Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Pathology and Laboratory Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Pathology and Laboratory Codes 2019-2020 repealed; new Appendix A, Pathology and Laboratory Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Pathology Codes 2020-2021 repealed; new Appendix A, Pathology Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Pathology Codes 2021-2022 repealed; new Appendix A, Pathology Codes 2022- 2023 made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Pathology Codes 2022-2023 repealed; new Appendix A, Pathology Codes 2023-2024 made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Pathology Codes 2023- 2024 repealed; new Appendix A, Pathology Codes 2024- 2025 made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Pathology Codes 2024- 2025 repealed; new Appendix A, Pathology Codes 2025 made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).



## MEDICINE GUIDELINES

Information regarding publications incorporated by reference is found in the Introduction Section of the Fee Schedule.

The following Commission guidelines are in addition to the CPT® guidelines and represent additional guidance from the Commission relative to unit values for these services. To the extent that a conflict may exist between an incorporated portion of the CPT® publication or HCPCS codes and a code, guideline, identifier, or modifier unique to Arizona, then the Arizona code, guideline, identifier, or modifier shall control. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

- A. **MATERIALS SUPPLIED BY A HEALTHCARE PROVIDER:** A healthcare provider may charge for materials and supplies as described in the HCPCS Section of the Physician's Fee Schedule.
- B. **COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT:** CPT® Code 99199 can be used to bill for the services of an interpreter when they are used to comply with the provisions of "The Americans With Disabilities Act", *i.e.*, interpreters for the hearing impaired.
- C. **ADD-ON CODES:** Some of the listed procedures are commonly carried out in addition to the primary procedure performed. All add-on codes found in the CPT® codebook are exempt from the multiple procedure concept. They are exempt from the use of modifier 51.
- D. **SEPARATE PROCEDURES:** Some of the procedures or services listed in the CPT® codebook that are commonly carried out as an integral component of a total service or procedure have been identified by the inclusion of the term "separate procedure". The codes designated as a "separate procedure" should not be reported in addition to the code for the total procedure or service of which it is considered an integral component.

When a procedure or service is carried out independently or considered to be unrelated or distinct from other procedures/services provided at that time, it may be reported by itself, or in addition to other procedures/services by appending modifier 59 to the specific "separate procedure" code to indicate that the procedure is not considered to be a component of another procedure, but is a distinct, independent procedure.

- E. **BUNDLED CODES:** Indicates that the service is always bundled in a payment for another service. If these services are covered, payment for them is subsumed by the payment for the services to which they are incident (*e.g.*, a telephone call from a hospital nurse regarding the care of a patient).
- F. **MODERATE SEDATION:** Codes specific to the provider performing the services (*e.g.*, CPT® codes 99151, 99152, and 99153) are used when the physician performing the procedure provides the sedation whereas CPT® codes 99155, 99156, and 99157 are used when sedation is provided by a healthcare provider other than the physician performing the procedure.

**Historical Note**

New Appendix A, Medicine Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Medicine Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Medicine Guidelines repealed; new Appendix A, Medicine Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Medicine Guidelines repealed; new Appendix A, Medicine Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Medicine Guidelines repealed; new Appendix A, Medicine Guidelines made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Medicine Guidelines repealed; new Appendix A, Medicine Guidelines made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Medicine Guidelines repealed; new Appendix A, Medicine Guidelines made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Medicine Guidelines repealed; new Appendix A, Medicine Guidelines made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).

## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Medicine Codes 2025

## Medicine Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
90281 00	Medicine	-	-	80.92	80.92
90283 00	Medicine	-	-	31.96	31.96
90284 00	Medicine	0.00	0.00	BR	BR
90287 00	Medicine	0.00	0.00	BR	BR
90288 00	Medicine	0.00	0.00	BR	BR
90291 00	Medicine	-	-	96.56	96.56
90296 00	Medicine	0.00	0.00	BR	BR
90371 00	Medicine	-	-	307.36	307.36
90375 00	Medicine	-	-	589.56	589.56
90376 00	Medicine	-	-	403.24	403.24
90377 00	Medicine	-	-	526.32	526.32
90378 00	Medicine	-	-	1676.88	1676.88
90380 00	Medicine	-	-	471.92	471.92
90381 00	Medicine	-	-	478.72	478.72
90384 00	Medicine	-	-	129.20	129.20
90385 00	Medicine	-	-	51.68	51.68
90386 00	Medicine	-	-	128.52	128.52
90389 00	Medicine	-	-	128.52	128.52
90393 00	Medicine	-	-	48.28	48.28
90396 00	Medicine	-	-	155.72	155.72
90399 00	Medicine	0.00	0.00	BR	BR
90460 00	Medicine	0.69	0.69	46.92	46.92
90461 00	Medicine	0.26	0.26	17.68	17.68
90471 00	Medicine	0.62	0.62	42.16	42.16
90472 00	Medicine	0.44	0.44	29.92	29.92
90473 00	Medicine	0.50	0.50	34.00	34.00
90474 00	Medicine	0.36	0.36	24.48	24.48
90476 00	Medicine	-	-	45.56	45.56
90477 00	Medicine	0.00	0.00	BR	BR
90480 00	Medicine	-	-	42.16	42.16
90581 00	Medicine	0.00	0.00	BR	BR
90584 00	Medicine	0.00	0.00	BR	BR
90585 00	Medicine	-	-	33.32	33.32
90586 00	Medicine	-	-	315.52	315.52
90587 00	Medicine	0.00	0.00	BR	BR
90589 00	Medicine	-	-	353.60	353.60
90593 00	Medicine	0.00	0.00	BR	BR
90611 00	Medicine	-	-	78.88	78.88
90619 00	Medicine	-	-	160.48	160.48
90620 00	Medicine	-	-	198.56	198.56
90621 00	Medicine	-	-	167.28	167.28
90622 00	Medicine	-	-	64.60	64.60
90623 00	Medicine	-	-	195.84	195.84
90624 00	Medicine	0.00	0.00	BR	BR
90625 00	Medicine	-	-	257.72	257.72
90626 00	Medicine	-	-	311.44	311.44
90627 00	Medicine	-	-	268.60	268.60
90632 00	Medicine	-	-	150.28	150.28

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
90633 00	Medicine	-	-	48.28	48.28
90634 00	Medicine	-	-	64.60	64.60
90636 00	Medicine	-	-	125.12	125.12
90637 00	Medicine	-	-	103.36	103.36
90638 00	Medicine	0.00	0.00	BR	BR
90644 00	Medicine	-	-	48.28	48.28
90647 00	Medicine	-	-	40.80	40.80
90648 00	Medicine	-	-	37.40	37.40
90649 00	Medicine	-	-	178.84	178.84
90650 00	Medicine	-	-	191.76	191.76
90651 00	Medicine	-	-	250.92	250.92
90653 00	Medicine	-	-	175.44	175.44
90655 00	Medicine	-	-	23.12	23.12
90656 00	Medicine	-	-	46.92	46.92
90657 00	Medicine	-	-	23.12	23.12
90658 00	Medicine	-	-	46.24	46.24
90660 00	Medicine	-	-	60.52	60.52
90661 00	Medicine	-	-	77.52	77.52
90662 00	Medicine	-	-	175.44	175.44
90664 00	Medicine	0.00	0.00	BR	BR
90666 00	Medicine	-	-	17.00	17.00
90667 00	Medicine	-	-	10.20	10.20
90668 00	Medicine	-	-	31.28	31.28
90670 00	Medicine	-	-	542.64	542.64
90671 00	Medicine	-	-	533.12	533.12
90672 00	Medicine	-	-	31.96	31.96
90673 00	Medicine	-	-	175.44	175.44
90674 00	Medicine	-	-	29.92	29.92
90675 00	Medicine	-	-	688.84	688.84
90676 00	Medicine	-	-	173.40	173.40
90677 00	Medicine	-	-	626.28	626.28
90678 00	Medicine	0.00	0.00	BR	BR
90679 00	Medicine	-	-	211.48	211.48
90680 00	Medicine	-	-	99.28	99.28
90681 00	Medicine	-	-	132.60	132.60
90682 00	Medicine	-	-	63.24	63.24
90683 00	Medicine	0.00	0.00	BR	BR
90684 00	Medicine	-	-	689.52	689.52
90685 00	Medicine	-	-	31.96	31.96
90686 00	Medicine	-	-	25.84	25.84
90687 00	Medicine	-	-	19.04	19.04
90688 00	Medicine	-	-	25.84	25.84
90689 00	Medicine	-	-	31.96	31.96
90690 00	Medicine	-	-	112.88	112.88
90691 00	Medicine	-	-	103.36	103.36
90694 00	Medicine	-	-	64.60	64.60
90696 00	Medicine	-	-	77.52	77.52
90697 00	Medicine	-	-	152.32	152.32

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Medicine Codes 2025

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
90698 00	Medicine	-	-	108.80	108.80
90700 00	Medicine	-	-	38.76	38.76
90702 00	Medicine	-	-	35.36	35.36
90707 00	Medicine	-	-	87.72	87.72
90710 00	Medicine	-	-	231.20	231.20
90713 00	Medicine	-	-	44.88	44.88
90714 00	Medicine	-	-	70.72	70.72
90715 00	Medicine	-	-	80.92	80.92
90716 00	Medicine	-	-	147.56	147.56
90717 00	Medicine	-	-	175.44	175.44
90723 00	Medicine	-	-	101.32	101.32
90732 00	Medicine	-	-	280.84	280.84
90733 00	Medicine	-	-	122.40	122.40
90734 00	Medicine	-	-	142.80	142.80
90736 00	Medicine	-	-	192.44	192.44
90738 00	Medicine	-	-	276.76	276.76
90739 00	Medicine	-	-	353.60	353.60
90740 00	Medicine	-	-	332.52	332.52
90743 00	Medicine	-	-	157.76	157.76
90744 00	Medicine	-	-	64.60	64.60
90746 00	Medicine	-	-	148.24	148.24
90747 00	Medicine	-	-	295.80	295.80
90748 00	Medicine	-	-	59.16	59.16
90749 00	Medicine	0.00	0.00	BR	BR
90750 00	Medicine	-	-	184.96	184.96
90756 00	Medicine	-	-	31.96	31.96
90758 00	Medicine	0.00	0.00	BR	BR
90759 00	Medicine	-	-	155.04	155.04
90785 00	Medicine	0.44	0.38	29.92	25.84
90791 00	Medicine	5.16	4.42	350.88	300.56
90792 00	Medicine	5.81	5.06	395.08	344.08
90832 00	Medicine	2.44	2.13	165.92	144.84
90833 00	Medicine	2.25	1.99	153.00	135.32
90834 00	Medicine	3.22	2.81	218.96	191.08
90836 00	Medicine	2.86	2.53	194.48	172.04
90837 00	Medicine	4.77	4.16	324.36	282.88
90838 00	Medicine	3.80	3.38	258.40	229.84
90839 00	Medicine	4.59	4.03	312.12	274.04
90840 00	Medicine	2.25	2.00	153.00	136.00
90845 00	Medicine	3.07	2.70	208.76	183.60
90846 00	Medicine	3.05	3.04	207.40	206.72
90847 00	Medicine	3.18	3.17	216.24	215.56
90849 00	Medicine	1.16	0.91	78.88	61.88
90853 00	Medicine	0.87	0.75	59.16	51.00
90863 00	Medicine	0.75	0.70	51.00	47.60
90865 00	Medicine	4.81	3.62	327.08	246.16
90867 00	Medicine	-	-	508.64	508.64
90868 00	Medicine	-	-	385.56	385.56

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
90869 00	Medicine	-	-	972.40	972.40
90870 00	Medicine	5.15	3.12	350.20	212.16
90875 00	Medicine	1.75	1.73	119.00	117.64
90876 00	Medicine	3.11	2.78	211.48	189.04
90880 00	Medicine	3.07	2.54	208.76	172.72
90882 00	Medicine	-	-	48.28	48.28
90885 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
90887 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
90889 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
90899 00	Medicine	0.00	0.00	BR	BR
90901 00	Medicine	1.22	0.57	82.96	38.76
90912 00	Medicine	2.40	1.26	163.20	85.68
90913 00	Medicine	0.97	0.71	65.96	48.28
90935 00	Medicine	2.10	2.10	142.80	142.80
90937 00	Medicine	3.04	3.04	206.72	206.72
90940 00	Medicine	-	-	35.36	35.36
90945 00	Medicine	2.57	2.57	174.76	174.76
90947 00	Medicine	3.63	3.63	246.84	246.84
90951 00	Medicine	34.60	34.60	2352.80	2352.80
90952 00	Medicine	0.00	0.00	BR	BR
90953 00	Medicine	-	-	1063.52	1063.52
90954 00	Medicine	29.81	29.81	2027.08	2027.08
90955 00	Medicine	15.58	15.58	1059.44	1059.44
90956 00	Medicine	10.42	10.42	708.56	708.56
90957 00	Medicine	22.87	22.87	1555.16	1555.16
90958 00	Medicine	14.90	14.90	1013.20	1013.20
90959 00	Medicine	9.73	9.73	661.64	661.64
90960 00	Medicine	10.60	10.60	720.80	720.80
90961 00	Medicine	8.80	8.80	598.40	598.40
90962 00	Medicine	6.08	6.08	413.44	413.44
90963 00	Medicine	18.01	18.01	1224.68	1224.68
90964 00	Medicine	15.44	15.44	1049.92	1049.92
90965 00	Medicine	14.87	14.87	1011.16	1011.16
90966 00	Medicine	8.80	8.80	598.40	598.40
90967 00	Medicine	0.52	0.52	35.36	35.36
90968 00	Medicine	0.51	0.51	34.68	34.68
90969 00	Medicine	0.50	0.50	34.00	34.00
90970 00	Medicine	0.29	0.29	19.72	19.72
90989 00	Medicine	-	-	599.08	599.08
90993 00	Medicine	-	-	87.04	87.04
90997 00	Medicine	2.62	2.62	178.16	178.16
90999 00	Medicine	0.00	0.00	BR	BR
91010 00	Medicine	6.47	6.47	439.96	439.96
91010 26	Medicine	1.89	1.89	128.52	128.52
91010 TC	Medicine	4.58	4.58	311.44	311.44
91013 00	Medicine	0.75	0.75	51.00	51.00
91013 26	Medicine	0.27	0.27	18.36	18.36
91013 TC	Medicine	0.48	0.48	32.64	32.64

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## ARIZONA PHYSICIANS' FEE SCHEDULE

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## Medicine Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
91020 00	Medicine	8.07	8.07	548.76	548.76
91020 26	Medicine	2.12	2.12	144.16	144.16
91020 TC	Medicine	5.95	5.95	404.60	404.60
91022 00	Medicine	5.15	5.15	350.20	350.20
91022 26	Medicine	2.12	2.12	144.16	144.16
91022 TC	Medicine	3.03	3.03	206.04	206.04
91030 00	Medicine	4.30	4.30	292.40	292.40
91030 26	Medicine	1.35	1.35	91.80	91.80
91030 TC	Medicine	2.95	2.95	200.60	200.60
91034 00	Medicine	5.60	5.60	380.80	380.80
91034 26	Medicine	1.45	1.45	98.60	98.60
91034 TC	Medicine	4.15	4.15	282.20	282.20
91035 00	Medicine	13.11	13.11	891.48	891.48
91035 26	Medicine	2.40	2.40	163.20	163.20
91035 TC	Medicine	10.71	10.71	728.28	728.28
91037 00	Medicine	4.95	4.95	336.60	336.60
91037 26	Medicine	1.44	1.44	97.92	97.92
91037 TC	Medicine	3.51	3.51	238.68	238.68
91038 00	Medicine	11.59	11.59	788.12	788.12
91038 26	Medicine	1.63	1.63	110.84	110.84
91038 TC	Medicine	9.96	9.96	677.28	677.28
91040 00	Medicine	14.80	14.80	1006.40	1006.40
91040 26	Medicine	1.44	1.44	97.92	97.92
91040 TC	Medicine	13.36	13.36	908.48	908.48
91065 00	Medicine	1.96	1.96	133.28	133.28
91065 26	Medicine	0.28	0.28	19.04	19.04
91065 TC	Medicine	1.68	1.68	114.24	114.24
91110 00	Medicine	20.89	20.89	1420.52	1420.52
91110 26	Medicine	3.30	3.30	224.40	224.40
91110 TC	Medicine	17.59	17.59	1196.12	1196.12
91111 00	Medicine	24.85	24.85	1689.80	1689.80
91111 26	Medicine	1.33	1.33	90.44	90.44
91111 TC	Medicine	23.52	23.52	1599.36	1599.36
91112 00	Medicine	45.69	45.69	3106.92	3106.92
91112 26	Medicine	3.10	3.10	210.80	210.80
91112 TC	Medicine	42.59	42.59	2896.12	2896.12
91113 00	Medicine	25.54	25.54	1736.72	1736.72
91113 26	Medicine	3.56	3.56	242.08	242.08
91113 TC	Medicine	21.98	21.98	1494.64	1494.64
91117 00	Medicine	4.03	4.03	274.04	274.04
91120 00	Medicine	14.32	14.32	973.76	973.76
91120 26	Medicine	1.42	1.42	96.56	96.56
91120 TC	Medicine	12.90	12.90	877.20	877.20
91122 00	Medicine	8.17	8.17	555.56	555.56
91122 26	Medicine	2.58	2.58	175.44	175.44
91122 TC	Medicine	5.59	5.59	380.12	380.12
91132 00	Medicine	12.51	12.51	850.68	850.68
91132 26	Medicine	0.77	0.77	52.36	52.36

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Medicine Codes 2025

## Medicine Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
91132 TC	Medicine	11.74	11.74	798.32	798.32
91133 00	Medicine	13.13	13.13	892.84	892.84
91133 26	Medicine	0.98	0.98	66.64	66.64
91133 TC	Medicine	12.15	12.15	826.20	826.20
91200 00	Medicine	0.91	0.91	61.88	61.88
91200 26	Medicine	0.31	0.31	21.08	21.08
91200 TC	Medicine	0.60	0.60	40.80	40.80
91299 00	Medicine	0.00	0.00	BR	BR
91299 26	Medicine	0.00	0.00	BR	BR
91299 TC	Medicine	0.00	0.00	BR	BR
91304 00	Medicine	-	-	339.32	339.32
91318 00	Medicine	-	-	138.04	138.04
91319 00	Medicine	-	-	184.28	184.28
91320 00	Medicine	-	-	327.76	327.76
91321 00	Medicine	-	-	309.40	309.40
91322 00	Medicine	-	-	340.00	340.00
92002 00	Medicine	2.51	1.34	170.68	91.12
92004 00	Medicine	4.42	2.76	300.56	187.68
92012 00	Medicine	2.64	1.48	179.52	100.64
92014 00	Medicine	3.74	2.23	254.32	151.64
92015 00	Medicine	0.57	0.55	38.76	37.40
92018 00	Medicine	4.18	4.18	284.24	284.24
92019 00	Medicine	2.17	2.17	147.56	147.56
92020 00	Medicine	0.81	0.60	55.08	40.80
92025 00	Medicine	1.09	1.09	74.12	74.12
92025 26	Medicine	0.57	0.57	38.76	38.76
92025 TC	Medicine	0.52	0.52	35.36	35.36
92060 00	Medicine	1.91	1.91	129.88	129.88
92060 26	Medicine	1.09	1.09	74.12	74.12
92060 TC	Medicine	0.82	0.82	55.76	55.76
92065 00	Medicine	1.19	0.97	80.92	65.96
92066 00	Medicine	0.80	0.80	54.40	54.40
92071 00	Medicine	1.08	0.95	73.44	64.60
92072 00	Medicine	3.70	2.74	251.60	186.32
92081 00	Medicine	1.00	1.00	68.00	68.00
92081 26	Medicine	0.47	0.47	31.96	31.96
92081 TC	Medicine	0.53	0.53	36.04	36.04
92082 00	Medicine	1.40	1.40	95.20	95.20
92082 26	Medicine	0.61	0.61	41.48	41.48
92082 TC	Medicine	0.79	0.79	53.72	53.72
92083 00	Medicine	1.89	1.89	128.52	128.52
92083 26	Medicine	0.79	0.79	53.72	53.72
92083 TC	Medicine	1.10	1.10	74.80	74.80
92100 00	Medicine	2.54	0.95	172.72	64.60
92132 00	Medicine	0.89	0.89	60.52	60.52
92132 26	Medicine	0.46	0.46	31.28	31.28
92132 TC	Medicine	0.43	0.43	29.24	29.24
92133 00	Medicine	0.92	0.92	62.56	62.56

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Medicine Codes 2025****Medicine Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
92133 26	Medicine	0.49	0.49	33.32	33.32
92133 TC	Medicine	0.43	0.43	29.24	29.24
92134 00	Medicine	0.97	0.97	65.96	65.96
92134 26	Medicine	0.53	0.53	36.04	36.04
92134 TC	Medicine	0.44	0.44	29.92	29.92
92136 00	Medicine	1.41	1.41	95.88	95.88
92136 26	Medicine	0.89	0.89	60.52	60.52
92136 TC	Medicine	0.52	0.52	35.36	35.36
92137 00	Medicine	1.76	1.76	119.68	119.68
92137 26	Medicine	1.04	1.04	70.72	70.72
92137 TC	Medicine	0.72	0.72	48.96	48.96
92145 00	Medicine	0.39	0.39	26.52	26.52
92145 26	Medicine	0.16	0.16	10.88	10.88
92145 TC	Medicine	0.23	0.23	15.64	15.64
92201 00	Medicine	0.74	0.67	50.32	45.56
92202 00	Medicine	0.46	0.43	31.28	29.24
92227 00	Medicine	0.53	0.53	36.04	36.04
92228 00	Medicine	0.89	0.89	60.52	60.52
92228 26	Medicine	0.49	0.49	33.32	33.32
92228 TC	Medicine	0.40	0.40	27.20	27.20
92229 00	Medicine	1.35	1.35	91.80	91.80
92230 00	Medicine	3.79	0.94	257.72	63.92
92235 00	Medicine	4.72	4.72	320.96	320.96
92235 26	Medicine	1.25	1.25	85.00	85.00
92235 TC	Medicine	3.47	3.47	235.96	235.96
92240 00	Medicine	7.08	7.08	481.44	481.44
92240 26	Medicine	1.39	1.39	94.52	94.52
92240 TC	Medicine	5.69	5.69	386.92	386.92
92242 00	Medicine	9.72	9.72	660.96	660.96
92242 26	Medicine	1.60	1.60	108.80	108.80
92242 TC	Medicine	8.12	8.12	552.16	552.16
92250 00	Medicine	1.10	1.10	74.80	74.80
92250 26	Medicine	0.61	0.61	41.48	41.48
92250 TC	Medicine	0.49	0.49	33.32	33.32
92260 00	Medicine	0.57	0.32	38.76	21.76
92265 00	Medicine	2.61	2.61	177.48	177.48
92265 26	Medicine	1.35	1.35	91.80	91.80
92265 TC	Medicine	1.26	1.26	85.68	85.68
92270 00	Medicine	3.60	3.60	244.80	244.80
92270 26	Medicine	1.24	1.24	84.32	84.32
92270 TC	Medicine	2.36	2.36	160.48	160.48
92273 00	Medicine	3.70	3.70	251.60	251.60
92273 26	Medicine	1.05	1.05	71.40	71.40
92273 TC	Medicine	2.65	2.65	180.20	180.20
92274 00	Medicine	2.68	2.68	182.24	182.24
92274 26	Medicine	0.98	0.98	66.64	66.64
92274 TC	Medicine	1.70	1.70	115.60	115.60
92283 00	Medicine	1.63	1.63	110.84	110.84

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Medicine Codes 2025

## Medicine Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
92283 26	Medicine	0.26	0.26	17.68	17.68
92283 TC	Medicine	1.37	1.37	93.16	93.16
92284 00	Medicine	0.91	0.91	61.88	61.88
92285 00	Medicine	0.69	0.69	46.92	46.92
92285 26	Medicine	0.09	0.09	6.12	6.12
92285 TC	Medicine	0.60	0.60	40.80	40.80
92286 00	Medicine	1.16	1.16	78.88	78.88
92286 26	Medicine	0.63	0.63	42.84	42.84
92286 TC	Medicine	0.53	0.53	36.04	36.04
92287 00	Medicine	3.95	3.95	268.60	268.60
92287 26	Medicine	0.70	0.70	47.60	47.60
92287 TC	Medicine	3.25	3.25	221.00	221.00
92310 00	Medicine	2.96	1.69	201.28	114.92
92311 00	Medicine	3.05	1.50	207.40	102.00
92312 00	Medicine	3.67	1.81	249.56	123.08
92313 00	Medicine	2.92	1.27	198.56	86.36
92314 00	Medicine	2.57	1.00	174.76	68.00
92315 00	Medicine	2.43	0.62	165.24	42.16
92316 00	Medicine	3.00	0.93	204.00	63.24
92317 00	Medicine	2.56	0.62	174.08	42.16
92325 00	Medicine	1.35	1.35	91.80	91.80
92326 00	Medicine	1.15	1.15	78.20	78.20
92340 00	Medicine	1.04	0.54	70.72	36.72
92341 00	Medicine	1.19	0.68	80.92	46.24
92342 00	Medicine	1.28	0.77	87.04	52.36
92352 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92353 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92354 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92355 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92358 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92370 00	Medicine	0.91	0.47	61.88	31.96
92371 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92499 00	Medicine	0.00	0.00	BR	BR
92499 26	Medicine	0.00	0.00	BR	BR
92499 TC	Medicine	0.00	0.00	BR	BR
92502 00	Medicine	2.86	2.86	194.48	194.48
92504 00	Medicine	0.86	0.28	58.48	19.04
92507 00	Medicine	2.32	2.32	157.76	157.76
92508 00	Medicine	0.73	0.73	49.64	49.64
92511 00	Medicine	3.46	1.14	235.28	77.52
92512 00	Medicine	1.93	0.81	131.24	55.08
92516 00	Medicine	2.18	0.67	148.24	45.56
92517 00	Medicine	2.27	1.25	154.36	85.00
92518 00	Medicine	2.28	1.27	155.04	86.36
92519 00	Medicine	3.66	1.89	248.88	128.52
92520 00	Medicine	2.71	1.20	184.28	81.60
92521 00	Medicine	4.04	4.04	274.72	274.72
92522 00	Medicine	3.36	3.36	228.48	228.48

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## ARIZONA PHYSICIANS' FEE SCHEDULE

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## Medicine Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
92523 00	Medicine	6.91	6.91	469.88	469.88
92524 00	Medicine	3.30	3.30	224.40	224.40
92526 00	Medicine	2.56	2.56	174.08	174.08
92531 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92532 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92533 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92534 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92537 00	Medicine	1.17	1.17	79.56	79.56
92537 26	Medicine	0.91	0.91	61.88	61.88
92537 TC	Medicine	0.26	0.26	17.68	17.68
92538 00	Medicine	0.66	0.66	44.88	44.88
92538 26	Medicine	0.47	0.47	31.96	31.96
92538 TC	Medicine	0.19	0.19	12.92	12.92
92540 00	Medicine	3.14	3.14	213.52	213.52
92540 26	Medicine	2.27	2.27	154.36	154.36
92540 TC	Medicine	0.87	0.87	59.16	59.16
92541 00	Medicine	0.75	0.75	51.00	51.00
92541 26	Medicine	0.62	0.62	42.16	42.16
92541 TC	Medicine	0.13	0.13	8.84	8.84
92542 00	Medicine	0.86	0.86	58.48	58.48
92542 26	Medicine	0.74	0.74	50.32	50.32
92542 TC	Medicine	0.12	0.12	8.16	8.16
92544 00	Medicine	0.54	0.54	36.72	36.72
92544 26	Medicine	0.43	0.43	29.24	29.24
92544 TC	Medicine	0.11	0.11	7.48	7.48
92545 00	Medicine	0.51	0.51	34.68	34.68
92545 26	Medicine	0.40	0.40	27.20	27.20
92545 TC	Medicine	0.11	0.11	7.48	7.48
92546 00	Medicine	3.96	3.96	269.28	269.28
92546 26	Medicine	0.44	0.44	29.92	29.92
92546 TC	Medicine	3.52	3.52	239.36	239.36
92547 00	Medicine	0.31	0.31	21.08	21.08
92548 00	Medicine	1.40	1.40	95.20	95.20
92548 26	Medicine	0.99	0.99	67.32	67.32
92548 TC	Medicine	0.41	0.41	27.88	27.88
92549 00	Medicine	1.94	1.94	131.92	131.92
92549 26	Medicine	1.33	1.33	90.44	90.44
92549 TC	Medicine	0.61	0.61	41.48	41.48
92550 00	Medicine	0.65	0.65	44.20	44.20
92551 00	Medicine	0.38	0.38	25.84	25.84
92552 00	Medicine	1.20	1.20	81.60	81.60
92553 00	Medicine	1.45	1.45	98.60	98.60
92555 00	Medicine	0.91	0.91	61.88	61.88
92556 00	Medicine	1.41	1.41	95.88	95.88
92557 00	Medicine	1.09	0.95	74.12	64.60
92558 00	Medicine	0.28	0.25	19.04	17.00
92562 00	Medicine	1.49	1.49	101.32	101.32
92563 00	Medicine	1.07	1.07	72.76	72.76

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
92565 00	Medicine	0.66	0.66	44.88	44.88
92567 00	Medicine	0.48	0.32	32.64	21.76
92568 00	Medicine	0.45	0.45	30.60	30.60
92570 00	Medicine	0.96	0.86	65.28	58.48
92571 00	Medicine	0.95	0.95	64.60	64.60
92572 00	Medicine	1.71	1.71	116.28	116.28
92575 00	Medicine	2.22	2.22	150.96	150.96
92576 00	Medicine	1.36	1.36	92.48	92.48
92577 00	Medicine	0.69	0.69	46.92	46.92
92579 00	Medicine	1.32	1.10	89.76	74.80
92582 00	Medicine	2.68	2.68	182.24	182.24
92583 00	Medicine	1.78	1.78	121.04	121.04
92584 00	Medicine	3.24	3.24	220.32	220.32
92587 00	Medicine	0.65	0.65	44.20	44.20
92587 26	Medicine	0.54	0.54	36.72	36.72
92587 TC	Medicine	0.11	0.11	7.48	7.48
92588 00	Medicine	1.00	1.00	68.00	68.00
92588 26	Medicine	0.85	0.85	57.80	57.80
92588 TC	Medicine	0.15	0.15	10.20	10.20
92590 00	Medicine	-	-	96.56	96.56
92591 00	Medicine	-	-	97.24	97.24
92592 00	Medicine	-	-	44.20	44.20
92593 00	Medicine	-	-	48.28	48.28
92594 00	Medicine	-	-	44.88	44.88
92595 00	Medicine	-	-	96.56	96.56
92596 00	Medicine	2.40	2.40	163.20	163.20
92597 00	Medicine	2.20	2.20	149.60	149.60
92601 00	Medicine	4.71	3.64	320.28	247.52
92602 00	Medicine	2.96	2.06	201.28	140.08
92603 00	Medicine	4.43	3.54	301.24	240.72
92604 00	Medicine	2.67	1.97	181.56	133.96
92605 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92606 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92607 00	Medicine	3.74	3.74	254.32	254.32
92608 00	Medicine	1.47	1.47	99.96	99.96
92609 00	Medicine	3.12	3.12	212.16	212.16
92610 00	Medicine	2.58	2.13	175.44	144.84
92611 00	Medicine	2.75	2.75	187.00	187.00
92612 00	Medicine	5.98	1.98	406.64	134.64
92613 00	Medicine	1.09	1.09	74.12	74.12
92614 00	Medicine	4.51	1.95	306.68	132.60
92615 00	Medicine	0.97	0.97	65.96	65.96
92616 00	Medicine	6.94	2.97	471.92	201.96
92617 00	Medicine	1.21	1.20	82.28	81.60
92618 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92620 00	Medicine	2.67	2.37	181.56	161.16
92621 00	Medicine	0.65	0.56	44.20	38.08
92622 00	Medicine	2.37	1.98	161.16	134.64

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
92623 00	Medicine	0.61	0.52	41.48	35.36
92625 00	Medicine	2.01	1.81	136.68	123.08
92626 00	Medicine	2.58	2.22	175.44	150.96
92627 00	Medicine	0.61	0.52	41.48	35.36
92630 00	Medicine	-	-	100.64	100.64
92633 00	Medicine	-	-	93.84	93.84
92640 00	Medicine	3.24	2.79	220.32	189.72
92650 00	Medicine	0.79	0.79	53.72	53.72
92651 00	Medicine	2.37	2.37	161.16	161.16
92652 00	Medicine	3.25	3.25	221.00	221.00
92653 00	Medicine	2.43	2.43	165.24	165.24
92700 00	Medicine	0.00	0.00	BR	BR
92920 00	Medicine	15.49	15.49	1053.32	1053.32
92921 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92924 00	Medicine	18.45	18.45	1254.60	1254.60
92925 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92928 00	Medicine	17.21	17.21	1170.28	1170.28
92929 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92933 00	Medicine	19.32	19.32	1313.76	1313.76
92934 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92937 00	Medicine	17.20	17.20	1169.60	1169.60
92938 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92941 00	Medicine	19.34	19.34	1315.12	1315.12
92943 00	Medicine	19.34	19.34	1315.12	1315.12
92944 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92950 00	Medicine	9.59	5.43	652.12	369.24
92953 00	Medicine	0.03	0.03	2.04	2.04
92960 00	Medicine	4.58	3.21	311.44	218.28
92961 00	Medicine	7.16	7.16	486.88	486.88
92970 00	Medicine	5.53	5.53	376.04	376.04
92971 00	Medicine	2.94	2.94	199.92	199.92
92972 00	Medicine	4.31	4.31	293.08	293.08
92973 00	Medicine	5.15	5.15	350.20	350.20
92974 00	Medicine	4.71	4.71	320.28	320.28
92975 00	Medicine	11.00	11.00	748.00	748.00
92977 00	Medicine	1.68	1.68	114.24	114.24
92978 00	Medicine	-	-	537.88	537.88
92978 26	Medicine	2.77	2.77	188.36	188.36
92978 TC	Medicine	-	-	349.52	349.52
92979 00	Medicine	-	-	326.40	326.40
92979 26	Medicine	2.21	2.21	150.28	150.28
92979 TC	Medicine	-	-	176.12	176.12
92986 00	Medicine	39.09	39.09	2658.12	2658.12
92987 00	Medicine	40.30	40.30	2740.40	2740.40
92990 00	Medicine	32.28	32.28	2195.04	2195.04
92997 00	Medicine	18.55	18.55	1261.40	1261.40
92998 00	Medicine	9.33	9.33	634.44	634.44
93000 00	Medicine	0.43	0.43	29.24	29.24

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
93005 00	Medicine	0.19	0.19	12.92	12.92
93010 00	Medicine	0.24	0.24	16.32	16.32
93015 00	Medicine	2.19	2.19	148.92	148.92
93016 00	Medicine	0.62	0.62	42.16	42.16
93017 00	Medicine	1.15	1.15	78.20	78.20
93018 00	Medicine	0.42	0.42	28.56	28.56
93024 00	Medicine	3.39	3.39	230.52	230.52
93024 26	Medicine	1.62	1.62	110.16	110.16
93024 TC	Medicine	1.77	1.77	120.36	120.36
93025 00	Medicine	3.83	3.83	260.44	260.44
93025 26	Medicine	1.09	1.09	74.12	74.12
93025 TC	Medicine	2.74	2.74	186.32	186.32
93040 00	Medicine	0.40	0.40	27.20	27.20
93041 00	Medicine	0.20	0.20	13.60	13.60
93042 00	Medicine	0.20	0.20	13.60	13.60
93050 00	Medicine	0.49	0.49	33.32	33.32
93050 26	Medicine	0.24	0.24	16.32	16.32
93050 TC	Medicine	0.25	0.25	17.00	17.00
93150 00	Medicine	3.03	1.24	206.04	84.32
93151 00	Medicine	2.65	1.17	180.20	79.56
93152 00	Medicine	4.22	2.61	286.96	177.48
93153 00	Medicine	1.58	0.64	107.44	43.52
93224 00	Medicine	2.11	2.11	143.48	143.48
93225 00	Medicine	0.54	0.54	36.72	36.72
93226 00	Medicine	1.03	1.03	70.04	70.04
93227 00	Medicine	0.54	0.54	36.72	36.72
93228 00	Medicine	0.75	0.75	51.00	51.00
93229 00	Medicine	23.02	23.02	1565.36	1565.36
93241 00	Medicine	8.03	8.03	546.04	546.04
93242 00	Medicine	0.35	0.35	23.80	23.80
93243 00	Medicine	7.00	7.00	476.00	476.00
93244 00	Medicine	0.68	0.68	46.24	46.24
93245 00	Medicine	8.36	8.36	568.48	568.48
93246 00	Medicine	0.35	0.35	23.80	23.80
93247 00	Medicine	7.26	7.26	493.68	493.68
93248 00	Medicine	0.75	0.75	51.00	51.00
93260 00	Medicine	2.26	2.26	153.68	153.68
93260 26	Medicine	1.22	1.22	82.96	82.96
93260 TC	Medicine	1.04	1.04	70.72	70.72
93261 00	Medicine	2.08	2.08	141.44	141.44
93261 26	Medicine	1.05	1.05	71.40	71.40
93261 TC	Medicine	1.03	1.03	70.04	70.04
93264 00	Medicine	1.55	1.05	105.40	71.40
93268 00	Medicine	5.05	5.05	343.40	343.40
93270 00	Medicine	0.24	0.24	16.32	16.32
93271 00	Medicine	4.10	4.10	278.80	278.80
93272 00	Medicine	0.71	0.71	48.28	48.28
93278 00	Medicine	0.95	0.95	64.60	64.60

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Medicine Codes 2025

## Medicine Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
93278 26	Medicine	0.37	0.37	25.16	25.16
93278 TC	Medicine	0.58	0.58	39.44	39.44
93279 00	Medicine	1.99	1.99	135.32	135.32
93279 26	Medicine	0.92	0.92	62.56	62.56
93279 TC	Medicine	1.07	1.07	72.76	72.76
93280 00	Medicine	2.32	2.32	157.76	157.76
93280 26	Medicine	1.08	1.08	73.44	73.44
93280 TC	Medicine	1.24	1.24	84.32	84.32
93281 00	Medicine	2.47	2.47	167.96	167.96
93281 26	Medicine	1.21	1.21	82.28	82.28
93281 TC	Medicine	1.26	1.26	85.68	85.68
93282 00	Medicine	2.35	2.35	159.80	159.80
93282 26	Medicine	1.21	1.21	82.28	82.28
93282 TC	Medicine	1.14	1.14	77.52	77.52
93283 00	Medicine	2.89	2.89	196.52	196.52
93283 26	Medicine	1.64	1.64	111.52	111.52
93283 TC	Medicine	1.25	1.25	85.00	85.00
93284 00	Medicine	3.12	3.12	212.16	212.16
93284 26	Medicine	1.78	1.78	121.04	121.04
93284 TC	Medicine	1.34	1.34	91.12	91.12
93285 00	Medicine	1.76	1.76	119.68	119.68
93285 26	Medicine	0.74	0.74	50.32	50.32
93285 TC	Medicine	1.02	1.02	69.36	69.36
93286 00	Medicine	1.33	1.33	90.44	90.44
93286 26	Medicine	0.43	0.43	29.24	29.24
93286 TC	Medicine	0.90	0.90	61.20	61.20
93287 00	Medicine	1.54	1.54	104.72	104.72
93287 26	Medicine	0.64	0.64	43.52	43.52
93287 TC	Medicine	0.90	0.90	61.20	61.20
93288 00	Medicine	1.66	1.66	112.88	112.88
93288 26	Medicine	0.60	0.60	40.80	40.80
93288 TC	Medicine	1.06	1.06	72.08	72.08
93289 00	Medicine	2.12	2.12	144.16	144.16
93289 26	Medicine	1.06	1.06	72.08	72.08
93289 TC	Medicine	1.06	1.06	72.08	72.08
93290 00	Medicine	1.56	1.56	106.08	106.08
93290 26	Medicine	0.61	0.61	41.48	41.48
93290 TC	Medicine	0.95	0.95	64.60	64.60
93291 00	Medicine	1.44	1.44	97.92	97.92
93291 26	Medicine	0.52	0.52	35.36	35.36
93291 TC	Medicine	0.92	0.92	62.56	62.56
93292 00	Medicine	1.51	1.51	102.68	102.68
93292 26	Medicine	0.61	0.61	41.48	41.48
93292 TC	Medicine	0.90	0.90	61.20	61.20
93293 00	Medicine	1.24	1.24	84.32	84.32
93293 26	Medicine	0.41	0.41	27.88	27.88
93293 TC	Medicine	0.83	0.83	56.44	56.44
93294 00	Medicine	0.87	0.87	59.16	59.16

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
93295 00	Medicine	1.07	1.07	72.76	72.76
93296 00	Medicine	0.60	0.60	40.80	40.80
93297 00	Medicine	1.80	1.80	122.40	122.40
93297 26	Medicine	0.73	0.73	49.64	49.64
93297 TC	Medicine	1.07	1.07	72.76	72.76
93298 00	Medicine	3.02	3.02	205.36	205.36
93298 26	Medicine	0.73	0.73	49.64	49.64
93298 TC	Medicine	2.29	2.29	155.72	155.72
93303 00	Medicine	6.45	6.45	438.60	438.60
93303 26	Medicine	1.80	1.80	122.40	122.40
93303 TC	Medicine	4.65	4.65	316.20	316.20
93304 00	Medicine	4.54	4.54	308.72	308.72
93304 26	Medicine	1.04	1.04	70.72	70.72
93304 TC	Medicine	3.50	3.50	238.00	238.00
93306 00	Medicine	5.81	5.81	395.08	395.08
93306 26	Medicine	2.02	2.02	137.36	137.36
93306 TC	Medicine	3.79	3.79	257.72	257.72
93307 00	Medicine	4.05	4.05	275.40	275.40
93307 26	Medicine	1.28	1.28	87.04	87.04
93307 TC	Medicine	2.77	2.77	188.36	188.36
93308 00	Medicine	2.92	2.92	198.56	198.56
93308 26	Medicine	0.73	0.73	49.64	49.64
93308 TC	Medicine	2.19	2.19	148.92	148.92
93312 00	Medicine	6.97	6.97	473.96	473.96
93312 26	Medicine	3.12	3.12	212.16	212.16
93312 TC	Medicine	3.85	3.85	261.80	261.80
93313 00	Medicine	0.33	0.33	22.44	22.44
93314 00	Medicine	6.67	6.67	453.56	453.56
93314 26	Medicine	2.62	2.62	178.16	178.16
93314 TC	Medicine	4.05	4.05	275.40	275.40
93315 00	Medicine	-	-	556.24	556.24
93315 26	Medicine	3.68	3.68	250.24	250.24
93315 TC	Medicine	-	-	306.00	306.00
93316 00	Medicine	0.75	0.75	51.00	51.00
93317 00	Medicine	-	-	503.20	503.20
93317 26	Medicine	2.59	2.59	176.12	176.12
93317 TC	Medicine	-	-	327.08	327.08
93318 00	Medicine	-	-	582.76	582.76
93318 26	Medicine	3.00	3.00	204.00	204.00
93318 TC	Medicine	-	-	378.76	378.76
93319 00	Medicine	1.61	0.69	109.48	46.92
93320 00	Medicine	1.50	1.50	102.00	102.00
93320 26	Medicine	0.52	0.52	35.36	35.36
93320 TC	Medicine	0.98	0.98	66.64	66.64
93321 00	Medicine	0.74	0.74	50.32	50.32
93321 26	Medicine	0.21	0.21	14.28	14.28
93321 TC	Medicine	0.53	0.53	36.04	36.04
93325 00	Medicine	0.68	0.68	46.24	46.24

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
93325 26	Medicine	0.09	0.09	6.12	6.12
93325 TC	Medicine	0.59	0.59	40.12	40.12
93350 00	Medicine	5.47	5.47	371.96	371.96
93350 26	Medicine	2.02	2.02	137.36	137.36
93350 TC	Medicine	3.45	3.45	234.60	234.60
93351 00	Medicine	6.88	6.88	467.84	467.84
93351 26	Medicine	2.42	2.42	164.56	164.56
93351 TC	Medicine	4.46	4.46	303.28	303.28
93352 00	Medicine	1.05	1.05	71.40	71.40
93355 00	Medicine	6.60	6.60	448.80	448.80
93356 00	Medicine	1.09	0.35	74.12	23.80
93451 00	Medicine	24.50	24.50	1666.00	1666.00
93451 26	Medicine	3.83	3.83	260.44	260.44
93451 TC	Medicine	20.67	20.67	1405.56	1405.56
93452 00	Medicine	25.66	25.66	1744.88	1744.88
93452 26	Medicine	6.89	6.89	468.52	468.52
93452 TC	Medicine	18.77	18.77	1276.36	1276.36
93453 00	Medicine	32.75	32.75	2227.00	2227.00
93453 26	Medicine	9.21	9.21	626.28	626.28
93453 TC	Medicine	23.54	23.54	1600.72	1600.72
93454 00	Medicine	25.84	25.84	1757.12	1757.12
93454 26	Medicine	6.96	6.96	473.28	473.28
93454 TC	Medicine	18.88	18.88	1283.84	1283.84
93455 00	Medicine	28.85	28.85	1961.80	1961.80
93455 26	Medicine	8.13	8.13	552.84	552.84
93455 TC	Medicine	20.72	20.72	1408.96	1408.96
93456 00	Medicine	32.17	32.17	2187.56	2187.56
93456 26	Medicine	9.08	9.08	617.44	617.44
93456 TC	Medicine	23.09	23.09	1570.12	1570.12
93457 00	Medicine	35.11	35.11	2387.48	2387.48
93457 26	Medicine	10.21	10.21	694.28	694.28
93457 TC	Medicine	24.90	24.90	1693.20	1693.20
93458 00	Medicine	29.77	29.77	2024.36	2024.36
93458 26	Medicine	8.58	8.58	583.44	583.44
93458 TC	Medicine	21.19	21.19	1440.92	1440.92
93459 00	Medicine	32.05	32.05	2179.40	2179.40
93459 26	Medicine	9.73	9.73	661.64	661.64
93459 TC	Medicine	22.32	22.32	1517.76	1517.76
93460 00	Medicine	35.56	35.56	2418.08	2418.08
93460 26	Medicine	10.91	10.91	741.88	741.88
93460 TC	Medicine	24.65	24.65	1676.20	1676.20
93461 00	Medicine	39.23	39.23	2667.64	2667.64
93461 26	Medicine	12.05	12.05	819.40	819.40
93461 TC	Medicine	27.18	27.18	1848.24	1848.24
93462 00	Medicine	6.06	6.06	412.08	412.08
93463 00	Medicine	2.87	2.87	195.16	195.16
93464 00	Medicine	6.43	6.43	437.24	437.24
93464 26	Medicine	2.62	2.62	178.16	178.16

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## Medicine Codes 2025

## Medicine Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
93464 TC	Medicine	3.81	3.81	259.08	259.08
93503 00	Medicine	2.58	2.58	175.44	175.44
93505 00	Medicine	18.55	18.55	1261.40	1261.40
93505 26	Medicine	6.65	6.65	452.20	452.20
93505 TC	Medicine	11.90	11.90	809.20	809.20
93563 00	Medicine	1.51	1.51	102.68	102.68
93564 00	Medicine	1.62	1.62	110.16	110.16
93565 00	Medicine	0.80	0.80	54.40	54.40
93566 00	Medicine	0.76	0.76	51.68	51.68
93567 00	Medicine	1.10	1.10	74.80	74.80
93568 00	Medicine	1.37	1.37	93.16	93.16
93569 00	Medicine	1.10	1.10	74.80	74.80
93571 00	Medicine	-	-	410.04	410.04
93571 26	Medicine	2.11	2.11	143.48	143.48
93571 TC	Medicine	-	-	266.56	266.56
93572 00	Medicine	-	-	221.68	221.68
93572 26	Medicine	1.53	1.53	104.04	104.04
93572 TC	Medicine	-	-	117.64	117.64
93573 00	Medicine	1.83	1.83	124.44	124.44
93574 00	Medicine	2.04	2.04	138.72	138.72
93575 00	Medicine	2.71	2.71	184.28	184.28
93580 00	Medicine	28.55	28.55	1941.40	1941.40
93581 00	Medicine	38.79	38.79	2637.72	2637.72
93582 00	Medicine	19.36	19.36	1316.48	1316.48
93583 00	Medicine	21.71	21.71	1476.28	1476.28
93584 00	Medicine	1.73	1.73	117.64	117.64
93585 00	Medicine	1.63	1.63	110.84	110.84
93586 00	Medicine	2.07	2.07	140.76	140.76
93587 00	Medicine	3.03	3.03	206.04	206.04
93588 00	Medicine	3.07	3.07	208.76	208.76
93590 00	Medicine	31.34	31.34	2131.12	2131.12
93591 00	Medicine	25.98	25.98	1766.64	1766.64
93592 00	Medicine	11.30	11.30	768.40	768.40
93593 00	Medicine	-	-	96.56	96.56
93593 26	Medicine	5.54	5.54	376.72	376.72
93593 TC	Medicine	0.00	0.00	BR	BR
93594 00	Medicine	0.00	0.00	BR	BR
93594 26	Medicine	8.51	8.51	578.68	578.68
93594 TC	Medicine	0.00	0.00	BR	BR
93595 00	Medicine	0.00	0.00	BR	BR
93595 26	Medicine	7.59	7.59	516.12	516.12
93595 TC	Medicine	0.00	0.00	BR	BR
93596 00	Medicine	-	-	967.64	967.64
93596 26	Medicine	9.45	9.45	642.60	642.60
93596 TC	Medicine	-	-	325.04	325.04
93597 00	Medicine	-	-	1927.80	1927.80
93597 26	Medicine	12.28	12.28	835.04	835.04
93597 TC	Medicine	-	-	1092.76	1092.76

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Medicine Codes 2025****Medicine Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
93598 00	Medicine	0.00	0.00	BR	BR
93598 26	Medicine	1.93	1.93	131.24	131.24
93598 TC	Medicine	0.00	0.00	BR	BR
93600 00	Medicine	-	-	382.84	382.84
93600 26	Medicine	3.38	3.38	229.84	229.84
93600 TC	Medicine	-	-	153.00	153.00
93602 00	Medicine	-	-	315.52	315.52
93602 26	Medicine	3.34	3.34	227.12	227.12
93602 TC	Medicine	-	-	88.40	88.40
93603 00	Medicine	-	-	360.40	360.40
93603 26	Medicine	3.34	3.34	227.12	227.12
93603 TC	Medicine	-	-	133.28	133.28
93609 00	Medicine	-	-	750.04	750.04
93609 26	Medicine	7.94	7.94	539.92	539.92
93609 TC	Medicine	-	-	210.12	210.12
93610 00	Medicine	-	-	426.36	426.36
93610 26	Medicine	4.70	4.70	319.60	319.60
93610 TC	Medicine	-	-	106.76	106.76
93612 00	Medicine	-	-	439.28	439.28
93612 26	Medicine	4.65	4.65	316.20	316.20
93612 TC	Medicine	-	-	123.08	123.08
93613 00	Medicine	8.51	8.51	578.68	578.68
93615 00	Medicine	-	-	97.24	97.24
93615 26	Medicine	1.06	1.06	72.08	72.08
93615 TC	Medicine	-	-	25.16	25.16
93616 00	Medicine	-	-	197.20	197.20
93616 26	Medicine	1.71	1.71	116.28	116.28
93616 TC	Medicine	-	-	80.92	80.92
93618 00	Medicine	-	-	711.96	711.96
93618 26	Medicine	6.28	6.28	427.04	427.04
93618 TC	Medicine	-	-	284.92	284.92
93619 00	Medicine	-	-	1333.48	1333.48
93619 26	Medicine	11.18	11.18	760.24	760.24
93619 TC	Medicine	-	-	573.24	573.24
93620 00	Medicine	-	-	1944.12	1944.12
93620 26	Medicine	18.01	18.01	1224.68	1224.68
93620 TC	Medicine	-	-	719.44	719.44
93621 00	Medicine	-	-	706.52	706.52
93621 26	Medicine	2.39	2.39	162.52	162.52
93621 TC	Medicine	-	-	544.00	544.00
93622 00	Medicine	-	-	1405.56	1405.56
93622 26	Medicine	4.96	4.96	337.28	337.28
93622 TC	Medicine	-	-	1068.28	1068.28
93623 00	Medicine	-	-	310.76	310.76
93623 26	Medicine	1.60	1.60	108.80	108.80
93623 TC	Medicine	-	-	201.96	201.96
93624 00	Medicine	-	-	608.60	608.60
93624 26	Medicine	6.98	6.98	474.64	474.64

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
93624 TC	Medicine	-	-	138.72	138.72
93631 00	Medicine	-	-	1657.84	1657.84
93631 26	Medicine	11.46	11.46	779.28	779.28
93631 TC	Medicine	-	-	878.56	878.56
93640 00	Medicine	-	-	873.80	873.80
93640 26	Medicine	5.14	5.14	349.52	349.52
93640 TC	Medicine	-	-	524.28	524.28
93641 00	Medicine	-	-	1148.52	1148.52
93641 26	Medicine	8.95	8.95	608.60	608.60
93641 TC	Medicine	-	-	539.92	539.92
93642 00	Medicine	9.79	9.79	665.72	665.72
93642 26	Medicine	7.34	7.34	499.12	499.12
93642 TC	Medicine	2.45	2.45	166.60	166.60
93644 00	Medicine	5.66	5.66	384.88	384.88
93644 26	Medicine	4.17	4.17	283.56	283.56
93644 TC	Medicine	1.49	1.49	101.32	101.32
93650 00	Medicine	17.05	17.05	1159.40	1159.40
93653 00	Medicine	24.46	24.46	1663.28	1663.28
93654 00	Medicine	29.48	29.48	2004.64	2004.64
93655 00	Medicine	8.98	8.98	610.64	610.64
93656 00	Medicine	27.72	27.72	1884.96	1884.96
93657 00	Medicine	8.99	8.99	611.32	611.32
93660 00	Medicine	4.92	4.92	334.56	334.56
93660 26	Medicine	2.68	2.68	182.24	182.24
93660 TC	Medicine	2.24	2.24	152.32	152.32
93662 00	Medicine	-	-	325.72	325.72
93662 26	Medicine	2.06	2.06	140.08	140.08
93662 TC	Medicine	-	-	185.64	185.64
93668 00	Medicine	0.44	0.44	29.92	29.92
93701 00	Medicine	0.79	0.79	53.72	53.72
93702 00	Medicine	3.55	3.55	241.40	241.40
93724 00	Medicine	8.31	8.31	565.08	565.08
93724 26	Medicine	6.92	6.92	470.56	470.56
93724 TC	Medicine	1.39	1.39	94.52	94.52
93740 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
93745 00	Medicine	0.00	0.00	BR	BR
93745 26	Medicine	0.00	0.00	BR	BR
93745 TC	Medicine	0.00	0.00	BR	BR
93750 00	Medicine	1.54	1.20	104.72	81.60
93770 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
93784 00	Medicine	1.38	1.38	93.84	93.84
93786 00	Medicine	0.68	0.68	46.24	46.24
93788 00	Medicine	0.17	0.17	11.56	11.56
93790 00	Medicine	0.53	0.53	36.04	36.04
93792 00	Medicine	2.06	2.06	140.08	140.08
93793 00	Medicine	0.34	0.34	23.12	23.12
93797 00	Medicine	0.51	0.25	34.68	17.00
93798 00	Medicine	0.76	0.40	51.68	27.20

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
93799 00	Medicine	0.00	0.00	BR	BR
93799 26	Medicine	0.00	0.00	BR	BR
93799 TC	Medicine	0.00	0.00	BR	BR
93880 00	Medicine	5.62	5.62	382.16	382.16
93880 26	Medicine	1.12	1.12	76.16	76.16
93880 TC	Medicine	4.50	4.50	306.00	306.00
93882 00	Medicine	3.68	3.68	250.24	250.24
93882 26	Medicine	0.69	0.69	46.92	46.92
93882 TC	Medicine	2.99	2.99	203.32	203.32
93886 00	Medicine	7.68	7.68	522.24	522.24
93886 26	Medicine	1.34	1.34	91.12	91.12
93886 TC	Medicine	6.34	6.34	431.12	431.12
93888 00	Medicine	4.83	4.83	328.44	328.44
93888 26	Medicine	1.06	1.06	72.08	72.08
93888 TC	Medicine	3.77	3.77	256.36	256.36
93892 00	Medicine	8.77	8.77	596.36	596.36
93892 26	Medicine	1.73	1.73	117.64	117.64
93892 TC	Medicine	7.04	7.04	478.72	478.72
93893 00	Medicine	10.01	10.01	680.68	680.68
93893 26	Medicine	1.75	1.75	119.00	119.00
93893 TC	Medicine	8.26	8.26	561.68	561.68
93895 00	Medicine	-	-	274.04	274.04
93895 26	Medicine	0.00	0.00	BR	BR
93895 TC	Medicine	-	-	274.04	274.04
93896 00	Medicine	5.35	5.35	363.80	363.80
93896 26	Medicine	1.21	1.21	82.28	82.28
93896 TC	Medicine	4.14	4.14	281.52	281.52
93897 00	Medicine	6.73	6.73	457.64	457.64
93897 26	Medicine	1.10	1.10	74.80	74.80
93897 TC	Medicine	5.63	5.63	382.84	382.84
93898 00	Medicine	7.05	7.05	479.40	479.40
93898 26	Medicine	1.29	1.29	87.72	87.72
93898 TC	Medicine	5.76	5.76	391.68	391.68
93922 00	Medicine	2.45	2.45	166.60	166.60
93922 26	Medicine	0.35	0.35	23.80	23.80
93922 TC	Medicine	2.10	2.10	142.80	142.80
93923 00	Medicine	3.89	3.89	264.52	264.52
93923 26	Medicine	0.63	0.63	42.84	42.84
93923 TC	Medicine	3.26	3.26	221.68	221.68
93924 00	Medicine	4.77	4.77	324.36	324.36
93924 26	Medicine	0.70	0.70	47.60	47.60
93924 TC	Medicine	4.07	4.07	276.76	276.76
93925 00	Medicine	7.08	7.08	481.44	481.44
93925 26	Medicine	1.10	1.10	74.80	74.80
93925 TC	Medicine	5.98	5.98	406.64	406.64
93926 00	Medicine	4.25	4.25	289.00	289.00
93926 26	Medicine	0.67	0.67	45.56	45.56
93926 TC	Medicine	3.58	3.58	243.44	243.44

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
93930 00	Medicine	5.90	5.90	401.20	401.20
93930 26	Medicine	1.12	1.12	76.16	76.16
93930 TC	Medicine	4.78	4.78	325.04	325.04
93931 00	Medicine	3.66	3.66	248.88	248.88
93931 26	Medicine	0.68	0.68	46.24	46.24
93931 TC	Medicine	2.98	2.98	202.64	202.64
93970 00	Medicine	5.53	5.53	376.04	376.04
93970 26	Medicine	0.96	0.96	65.28	65.28
93970 TC	Medicine	4.57	4.57	310.76	310.76
93971 00	Medicine	3.54	3.54	240.72	240.72
93971 26	Medicine	0.62	0.62	42.16	42.16
93971 TC	Medicine	2.92	2.92	198.56	198.56
93975 00	Medicine	7.81	7.81	531.08	531.08
93975 26	Medicine	1.62	1.62	110.16	110.16
93975 TC	Medicine	6.19	6.19	420.92	420.92
93976 00	Medicine	4.73	4.73	321.64	321.64
93976 26	Medicine	1.12	1.12	76.16	76.16
93976 TC	Medicine	3.61	3.61	245.48	245.48
93978 00	Medicine	5.38	5.38	365.84	365.84
93978 26	Medicine	1.14	1.14	77.52	77.52
93978 TC	Medicine	4.24	4.24	288.32	288.32
93979 00	Medicine	3.49	3.49	237.32	237.32
93979 26	Medicine	0.69	0.69	46.92	46.92
93979 TC	Medicine	2.80	2.80	190.40	190.40
93980 00	Medicine	3.50	3.50	238.00	238.00
93980 26	Medicine	1.76	1.76	119.68	119.68
93980 TC	Medicine	1.74	1.74	118.32	118.32
93981 00	Medicine	2.11	2.11	143.48	143.48
93981 26	Medicine	0.63	0.63	42.84	42.84
93981 TC	Medicine	1.48	1.48	100.64	100.64
93985 00	Medicine	7.38	7.38	501.84	501.84
93985 26	Medicine	1.13	1.13	76.84	76.84
93985 TC	Medicine	6.25	6.25	425.00	425.00
93986 00	Medicine	4.33	4.33	294.44	294.44
93986 26	Medicine	0.68	0.68	46.24	46.24
93986 TC	Medicine	3.65	3.65	248.20	248.20
93990 00	Medicine	4.34	4.34	295.12	295.12
93990 26	Medicine	0.68	0.68	46.24	46.24
93990 TC	Medicine	3.66	3.66	248.88	248.88
93998 00	Medicine	0.00	0.00	BR	BR
94002 00	Medicine	2.72	2.72	184.96	184.96
94003 00	Medicine	1.91	1.91	129.88	129.88
94004 00	Medicine	1.40	1.40	95.20	95.20
94005 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
94010 00	Medicine	0.82	0.82	55.76	55.76
94010 26	Medicine	0.24	0.24	16.32	16.32
94010 TC	Medicine	0.58	0.58	39.44	39.44
94011 00	Medicine	2.51	2.51	170.68	170.68

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
94012 00	Medicine	4.08	4.08	277.44	277.44
94013 00	Medicine	0.55	0.55	37.40	37.40
94014 00	Medicine	1.68	1.68	114.24	114.24
94015 00	Medicine	0.96	0.96	65.28	65.28
94016 00	Medicine	0.72	0.72	48.96	48.96
94060 00	Medicine	1.17	1.17	79.56	79.56
94060 26	Medicine	0.30	0.30	20.40	20.40
94060 TC	Medicine	0.87	0.87	59.16	59.16
94070 00	Medicine	1.90	1.90	129.20	129.20
94070 26	Medicine	0.81	0.81	55.08	55.08
94070 TC	Medicine	1.09	1.09	74.12	74.12
94150 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
94150 26	Medicine	0.00	0.00	Bundled Code	Bundled Code
94150 TC	Medicine	0.00	0.00	Bundled Code	Bundled Code
94200 00	Medicine	0.45	0.45	30.60	30.60
94200 26	Medicine	0.08	0.08	5.44	5.44
94200 TC	Medicine	0.37	0.37	25.16	25.16
94375 00	Medicine	1.17	1.17	79.56	79.56
94375 26	Medicine	0.42	0.42	28.56	28.56
94375 TC	Medicine	0.75	0.75	51.00	51.00
94450 00	Medicine	2.63	2.63	178.84	178.84
94450 26	Medicine	0.59	0.59	40.12	40.12
94450 TC	Medicine	2.04	2.04	138.72	138.72
94452 00	Medicine	1.52	1.52	103.36	103.36
94452 26	Medicine	0.42	0.42	28.56	28.56
94452 TC	Medicine	1.10	1.10	74.80	74.80
94453 00	Medicine	2.01	2.01	136.68	136.68
94453 26	Medicine	0.54	0.54	36.72	36.72
94453 TC	Medicine	1.47	1.47	99.96	99.96
94610 00	Medicine	1.65	1.65	112.20	112.20
94617 00	Medicine	2.68	2.68	182.24	182.24
94617 26	Medicine	0.93	0.93	63.24	63.24
94617 TC	Medicine	1.75	1.75	119.00	119.00
94618 00	Medicine	1.03	1.03	70.04	70.04
94618 26	Medicine	0.65	0.65	44.20	44.20
94618 TC	Medicine	0.38	0.38	25.84	25.84
94619 00	Medicine	1.96	1.96	133.28	133.28
94619 26	Medicine	0.63	0.63	42.84	42.84
94619 TC	Medicine	1.33	1.33	90.44	90.44
94621 00	Medicine	4.66	4.66	316.88	316.88
94621 26	Medicine	2.00	2.00	136.00	136.00
94621 TC	Medicine	2.66	2.66	180.88	180.88
94625 00	Medicine	2.32	0.53	157.76	36.04
94626 00	Medicine	2.52	0.77	171.36	52.36
94640 00	Medicine	0.24	0.24	16.32	16.32
94642 00	Medicine	-	-	80.92	80.92
94644 00	Medicine	1.73	1.73	117.64	117.64
94645 00	Medicine	0.51	0.51	34.68	34.68

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
94660 00	Medicine	1.96	1.09	133.28	74.12
94662 00	Medicine	1.02	1.02	69.36	69.36
94664 00	Medicine	0.54	0.54	36.72	36.72
94667 00	Medicine	0.76	0.76	51.68	51.68
94668 00	Medicine	1.16	1.16	78.88	78.88
94669 00	Medicine	0.63	0.63	42.84	42.84
94680 00	Medicine	1.58	1.58	107.44	107.44
94680 26	Medicine	0.37	0.37	25.16	25.16
94680 TC	Medicine	1.21	1.21	82.28	82.28
94681 00	Medicine	1.44	1.44	97.92	97.92
94681 26	Medicine	0.28	0.28	19.04	19.04
94681 TC	Medicine	1.16	1.16	78.88	78.88
94690 00	Medicine	1.45	1.45	98.60	98.60
94690 26	Medicine	0.11	0.11	7.48	7.48
94690 TC	Medicine	1.34	1.34	91.12	91.12
94726 00	Medicine	1.70	1.70	115.60	115.60
94726 26	Medicine	0.35	0.35	23.80	23.80
94726 TC	Medicine	1.35	1.35	91.80	91.80
94727 00	Medicine	1.35	1.35	91.80	91.80
94727 26	Medicine	0.35	0.35	23.80	23.80
94727 TC	Medicine	1.00	1.00	68.00	68.00
94728 00	Medicine	1.33	1.33	90.44	90.44
94728 26	Medicine	0.36	0.36	24.48	24.48
94728 TC	Medicine	0.97	0.97	65.96	65.96
94729 00	Medicine	1.68	1.68	114.24	114.24
94729 26	Medicine	0.26	0.26	17.68	17.68
94729 TC	Medicine	1.42	1.42	96.56	96.56
94760 00	Medicine	0.11	0.11	7.48	7.48
94761 00	Medicine	0.12	0.12	8.16	8.16
94762 00	Medicine	0.74	0.74	50.32	50.32
94772 00	Medicine	-	-	372.64	372.64
94772 26	Medicine	-	-	148.92	148.92
94772 TC	Medicine	-	-	223.72	223.72
94774 00	Medicine	0.00	0.00	BR	BR
94775 00	Medicine	0.00	0.00	BR	BR
94776 00	Medicine	0.00	0.00	BR	BR
94777 00	Medicine	-	-	127.16	127.16
94780 00	Medicine	1.60	0.68	108.80	46.24
94781 00	Medicine	0.65	0.24	44.20	16.32
94799 00	Medicine	0.00	0.00	BR	BR
94799 26	Medicine	0.00	0.00	BR	BR
94799 TC	Medicine	0.00	0.00	BR	BR
95004 00	Medicine	0.11	0.11	7.48	7.48
95012 00	Medicine	0.56	0.56	38.08	38.08
95017 00	Medicine	0.25	0.11	17.00	7.48
95018 00	Medicine	0.59	0.21	40.12	14.28
95024 00	Medicine	0.23	0.03	15.64	2.04
95027 00	Medicine	0.14	0.14	9.52	9.52

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
95028 00	Medicine	0.37	0.37	25.16	25.16
95044 00	Medicine	0.15	0.15	10.20	10.20
95052 00	Medicine	0.17	0.17	11.56	11.56
95056 00	Medicine	1.59	1.59	108.12	108.12
95060 00	Medicine	1.19	1.19	80.92	80.92
95065 00	Medicine	0.88	0.88	59.84	59.84
95070 00	Medicine	1.06	1.06	72.08	72.08
95076 00	Medicine	3.74	2.19	254.32	148.92
95079 00	Medicine	2.58	2.02	175.44	137.36
95115 00	Medicine	0.32	0.32	21.76	21.76
95117 00	Medicine	0.37	0.37	25.16	25.16
95120 00	Medicine	-	-	38.76	38.76
95125 00	Medicine	-	-	38.76	38.76
95130 00	Medicine	-	-	32.64	32.64
95131 00	Medicine	-	-	51.68	51.68
95132 00	Medicine	-	-	68.00	68.00
95133 00	Medicine	-	-	108.80	108.80
95134 00	Medicine	-	-	154.36	154.36
95144 00	Medicine	0.49	0.10	33.32	6.80
95145 00	Medicine	1.05	0.10	71.40	6.80
95146 00	Medicine	1.93	0.10	131.24	6.80
95147 00	Medicine	1.86	0.10	126.48	6.80
95148 00	Medicine	2.76	0.10	187.68	6.80
95149 00	Medicine	3.67	0.10	249.56	6.80
95165 00	Medicine	0.43	0.10	29.24	6.80
95170 00	Medicine	0.32	0.10	21.76	6.80
95180 00	Medicine	4.19	3.05	284.92	207.40
95199 00	Medicine	0.00	0.00	BR	BR
95249 00	Medicine	1.98	1.98	134.64	134.64
95250 00	Medicine	4.31	4.31	293.08	293.08
95251 00	Medicine	1.03	1.03	70.04	70.04
95700 00	Medicine	-	-	570.52	570.52
95705 00	Medicine	-	-	1353.20	1353.20
95706 00	Medicine	-	-	324.36	324.36
95707 00	Medicine	-	-	2022.32	2022.32
95708 00	Medicine	-	-	609.28	609.28
95709 00	Medicine	-	-	1767.32	1767.32
95710 00	Medicine	-	-	712.64	712.64
95711 00	Medicine	-	-	503.88	503.88
95712 00	Medicine	-	-	1166.20	1166.20
95713 00	Medicine	-	-	1285.20	1285.20
95714 00	Medicine	-	-	645.32	645.32
95715 00	Medicine	-	-	2592.16	2592.16
95716 00	Medicine	-	-	3792.36	3792.36
95717 00	Medicine	3.21	3.16	218.28	214.88
95718 00	Medicine	4.04	3.97	274.72	269.96
95719 00	Medicine	4.83	4.75	328.44	323.00
95720 00	Medicine	6.20	6.10	421.60	414.80

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
95721 00	Medicine	6.20	6.08	421.60	413.44
95722 00	Medicine	7.53	7.40	512.04	503.20
95723 00	Medicine	7.62	7.47	518.16	507.96
95724 00	Medicine	9.55	9.39	649.40	638.52
95725 00	Medicine	8.75	8.56	595.00	582.08
95726 00	Medicine	12.16	11.93	826.88	811.24
95782 00	Medicine	29.15	29.15	1982.20	1982.20
95782 26	Medicine	3.61	3.61	245.48	245.48
95782 TC	Medicine	25.54	25.54	1736.72	1736.72
95783 00	Medicine	30.89	30.89	2100.52	2100.52
95783 26	Medicine	3.93	3.93	267.24	267.24
95783 TC	Medicine	26.96	26.96	1833.28	1833.28
95800 00	Medicine	3.85	3.85	261.80	261.80
95800 26	Medicine	1.15	1.15	78.20	78.20
95800 TC	Medicine	2.70	2.70	183.60	183.60
95801 00	Medicine	2.92	2.92	198.56	198.56
95801 26	Medicine	1.20	1.20	81.60	81.60
95801 TC	Medicine	1.72	1.72	116.96	116.96
95803 00	Medicine	3.91	3.91	265.88	265.88
95803 26	Medicine	1.23	1.23	83.64	83.64
95803 TC	Medicine	2.68	2.68	182.24	182.24
95805 00	Medicine	13.16	13.16	894.88	894.88
95805 26	Medicine	1.68	1.68	114.24	114.24
95805 TC	Medicine	11.48	11.48	780.64	780.64
95806 00	Medicine	2.88	2.88	195.84	195.84
95806 26	Medicine	1.29	1.29	87.72	87.72
95806 TC	Medicine	1.59	1.59	108.12	108.12
95807 00	Medicine	12.42	12.42	844.56	844.56
95807 26	Medicine	1.73	1.73	117.64	117.64
95807 TC	Medicine	10.69	10.69	726.92	726.92
95808 00	Medicine	14.72	14.72	1000.96	1000.96
95808 26	Medicine	2.41	2.41	163.88	163.88
95808 TC	Medicine	12.31	12.31	837.08	837.08
95810 00	Medicine	18.81	18.81	1279.08	1279.08
95810 26	Medicine	3.47	3.47	235.96	235.96
95810 TC	Medicine	15.34	15.34	1043.12	1043.12
95811 00	Medicine	19.70	19.70	1339.60	1339.60
95811 26	Medicine	3.62	3.62	246.16	246.16
95811 TC	Medicine	16.08	16.08	1093.44	1093.44
95812 00	Medicine	10.42	10.42	708.56	708.56
95812 26	Medicine	1.66	1.66	112.88	112.88
95812 TC	Medicine	8.76	8.76	595.68	595.68
95813 00	Medicine	13.29	13.29	903.72	903.72
95813 26	Medicine	2.51	2.51	170.68	170.68
95813 TC	Medicine	10.78	10.78	733.04	733.04
95816 00	Medicine	11.62	11.62	790.16	790.16
95816 26	Medicine	1.66	1.66	112.88	112.88
95816 TC	Medicine	9.96	9.96	677.28	677.28

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
95819 00	Medicine	13.53	13.53	920.04	920.04
95819 26	Medicine	1.66	1.66	112.88	112.88
95819 TC	Medicine	11.87	11.87	807.16	807.16
95822 00	Medicine	12.51	12.51	850.68	850.68
95822 26	Medicine	1.66	1.66	112.88	112.88
95822 TC	Medicine	10.85	10.85	737.80	737.80
95824 00	Medicine	-	-	197.20	197.20
95824 26	Medicine	1.13	1.13	76.84	76.84
95824 TC	Medicine	-	-	120.36	120.36
95829 00	Medicine	52.16	52.16	3546.88	3546.88
95829 26	Medicine	9.66	9.66	656.88	656.88
95829 TC	Medicine	42.50	42.50	2890.00	2890.00
95830 00	Medicine	19.78	2.72	1345.04	184.96
95836 00	Medicine	3.15	3.15	214.20	214.20
95851 00	Medicine	0.73	0.23	49.64	15.64
95852 00	Medicine	0.62	0.17	42.16	11.56
95857 00	Medicine	1.90	0.84	129.20	57.12
95860 00	Medicine	3.31	3.31	225.08	225.08
95860 26	Medicine	1.49	1.49	101.32	101.32
95860 TC	Medicine	1.82	1.82	123.76	123.76
95861 00	Medicine	4.62	4.62	314.16	314.16
95861 26	Medicine	2.37	2.37	161.16	161.16
95861 TC	Medicine	2.25	2.25	153.00	153.00
95863 00	Medicine	6.28	6.28	427.04	427.04
95863 26	Medicine	2.90	2.90	197.20	197.20
95863 TC	Medicine	3.38	3.38	229.84	229.84
95864 00	Medicine	6.64	6.64	451.52	451.52
95864 26	Medicine	3.08	3.08	209.44	209.44
95864 TC	Medicine	3.56	3.56	242.08	242.08
95865 00	Medicine	4.36	4.36	296.48	296.48
95865 26	Medicine	2.41	2.41	163.88	163.88
95865 TC	Medicine	1.95	1.95	132.60	132.60
95866 00	Medicine	3.89	3.89	264.52	264.52
95866 26	Medicine	1.93	1.93	131.24	131.24
95866 TC	Medicine	1.96	1.96	133.28	133.28
95867 00	Medicine	3.11	3.11	211.48	211.48
95867 26	Medicine	1.23	1.23	83.64	83.64
95867 TC	Medicine	1.88	1.88	127.84	127.84
95868 00	Medicine	3.75	3.75	255.00	255.00
95868 26	Medicine	1.81	1.81	123.08	123.08
95868 TC	Medicine	1.94	1.94	131.92	131.92
95869 00	Medicine	2.72	2.72	184.96	184.96
95869 26	Medicine	0.58	0.58	39.44	39.44
95869 TC	Medicine	2.14	2.14	145.52	145.52
95870 00	Medicine	2.40	2.40	163.20	163.20
95870 26	Medicine	0.58	0.58	39.44	39.44
95870 TC	Medicine	1.82	1.82	123.76	123.76
95872 00	Medicine	5.48	5.48	372.64	372.64

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
95872 26	Medicine	4.35	4.35	295.80	295.80
95872 TC	Medicine	1.13	1.13	76.84	76.84
95873 00	Medicine	2.04	2.04	138.72	138.72
95873 26	Medicine	0.57	0.57	38.76	38.76
95873 TC	Medicine	1.47	1.47	99.96	99.96
95874 00	Medicine	2.20	2.20	149.60	149.60
95874 26	Medicine	0.57	0.57	38.76	38.76
95874 TC	Medicine	1.63	1.63	110.84	110.84
95875 00	Medicine	3.60	3.60	244.80	244.80
95875 26	Medicine	1.72	1.72	116.96	116.96
95875 TC	Medicine	1.88	1.88	127.84	127.84
95885 00	Medicine	1.79	1.79	121.72	121.72
95885 26	Medicine	0.54	0.54	36.72	36.72
95885 TC	Medicine	1.25	1.25	85.00	85.00
95886 00	Medicine	2.80	2.80	190.40	190.40
95886 26	Medicine	1.33	1.33	90.44	90.44
95886 TC	Medicine	1.47	1.47	99.96	99.96
95887 00	Medicine	2.44	2.44	165.92	165.92
95887 26	Medicine	1.09	1.09	74.12	74.12
95887 TC	Medicine	1.35	1.35	91.80	91.80
95905 00	Medicine	0.98	0.98	66.64	66.64
95905 26	Medicine	0.08	0.08	5.44	5.44
95905 TC	Medicine	0.90	0.90	61.20	61.20
95907 00	Medicine	2.65	2.65	180.20	180.20
95907 26	Medicine	1.55	1.55	105.40	105.40
95907 TC	Medicine	1.10	1.10	74.80	74.80
95908 00	Medicine	3.30	3.30	224.40	224.40
95908 26	Medicine	1.93	1.93	131.24	131.24
95908 TC	Medicine	1.37	1.37	93.16	93.16
95909 00	Medicine	3.97	3.97	269.96	269.96
95909 26	Medicine	2.32	2.32	157.76	157.76
95909 TC	Medicine	1.65	1.65	112.20	112.20
95910 00	Medicine	5.19	5.19	352.92	352.92
95910 26	Medicine	3.09	3.09	210.12	210.12
95910 TC	Medicine	2.10	2.10	142.80	142.80
95911 00	Medicine	6.23	6.23	423.64	423.64
95911 26	Medicine	3.86	3.86	262.48	262.48
95911 TC	Medicine	2.37	2.37	161.16	161.16
95912 00	Medicine	7.26	7.26	493.68	493.68
95912 26	Medicine	4.62	4.62	314.16	314.16
95912 TC	Medicine	2.64	2.64	179.52	179.52
95913 00	Medicine	8.50	8.50	578.00	578.00
95913 26	Medicine	5.48	5.48	372.64	372.64
95913 TC	Medicine	3.02	3.02	205.36	205.36
95919 00	Medicine	0.48	0.48	32.64	32.64
95919 26	Medicine	0.29	0.29	19.72	19.72
95919 TC	Medicine	0.19	0.19	12.92	12.92
95921 00	Medicine	2.59	2.59	176.12	176.12

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
95921 26	Medicine	1.30	1.30	88.40	88.40
95921 TC	Medicine	1.29	1.29	87.72	87.72
95922 00	Medicine	2.66	2.66	180.88	180.88
95922 26	Medicine	1.34	1.34	91.12	91.12
95922 TC	Medicine	1.32	1.32	89.76	89.76
95923 00	Medicine	3.53	3.53	240.04	240.04
95923 26	Medicine	1.31	1.31	89.08	89.08
95923 TC	Medicine	2.22	2.22	150.96	150.96
95924 00	Medicine	4.41	4.41	299.88	299.88
95924 26	Medicine	2.53	2.53	172.04	172.04
95924 TC	Medicine	1.88	1.88	127.84	127.84
95925 00	Medicine	4.60	4.60	312.80	312.80
95925 26	Medicine	0.81	0.81	55.08	55.08
95925 TC	Medicine	3.79	3.79	257.72	257.72
95926 00	Medicine	4.21	4.21	286.28	286.28
95926 26	Medicine	0.78	0.78	53.04	53.04
95926 TC	Medicine	3.43	3.43	233.24	233.24
95927 00	Medicine	5.29	5.29	359.72	359.72
95927 26	Medicine	0.80	0.80	54.40	54.40
95927 TC	Medicine	4.49	4.49	305.32	305.32
95928 00	Medicine	7.08	7.08	481.44	481.44
95928 26	Medicine	2.31	2.31	157.08	157.08
95928 TC	Medicine	4.77	4.77	324.36	324.36
95929 00	Medicine	7.09	7.09	482.12	482.12
95929 26	Medicine	2.29	2.29	155.72	155.72
95929 TC	Medicine	4.80	4.80	326.40	326.40
95930 00	Medicine	1.98	1.98	134.64	134.64
95930 26	Medicine	0.54	0.54	36.72	36.72
95930 TC	Medicine	1.44	1.44	97.92	97.92
95933 00	Medicine	2.40	2.40	163.20	163.20
95933 26	Medicine	0.92	0.92	62.56	62.56
95933 TC	Medicine	1.48	1.48	100.64	100.64
95937 00	Medicine	3.04	3.04	206.72	206.72
95937 26	Medicine	1.01	1.01	68.68	68.68
95937 TC	Medicine	2.03	2.03	138.04	138.04
95938 00	Medicine	11.17	11.17	759.56	759.56
95938 26	Medicine	1.33	1.33	90.44	90.44
95938 TC	Medicine	9.84	9.84	669.12	669.12
95939 00	Medicine	16.54	16.54	1124.72	1124.72
95939 26	Medicine	3.48	3.48	236.64	236.64
95939 TC	Medicine	13.06	13.06	888.08	888.08
95940 00	Medicine	0.96	0.96	65.28	65.28
95941 00	Medicine	-	-	1780.92	1780.92
95954 00	Medicine	11.51	11.51	782.68	782.68
95954 26	Medicine	3.28	3.28	223.04	223.04
95954 TC	Medicine	8.23	8.23	559.64	559.64
95955 00	Medicine	5.44	5.44	369.92	369.92
95955 26	Medicine	1.56	1.56	106.08	106.08

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
95955 TC	Medicine	3.88	3.88	263.84	263.84
95957 00	Medicine	8.71	8.71	592.28	592.28
95957 26	Medicine	2.98	2.98	202.64	202.64
95957 TC	Medicine	5.73	5.73	389.64	389.64
95958 00	Medicine	21.28	21.28	1447.04	1447.04
95958 26	Medicine	6.58	6.58	447.44	447.44
95958 TC	Medicine	14.70	14.70	999.60	999.60
95961 00	Medicine	9.83	9.83	668.44	668.44
95961 26	Medicine	4.74	4.74	322.32	322.32
95961 TC	Medicine	5.09	5.09	346.12	346.12
95962 00	Medicine	8.44	8.44	573.92	573.92
95962 26	Medicine	5.10	5.10	346.80	346.80
95962 TC	Medicine	3.34	3.34	227.12	227.12
95965 00	Medicine	-	-	3285.76	3285.76
95965 26	Medicine	12.08	12.08	821.44	821.44
95965 TC	Medicine	-	-	2464.32	2464.32
95966 00	Medicine	-	-	2006.00	2006.00
95966 26	Medicine	5.90	5.90	401.20	401.20
95966 TC	Medicine	-	-	1604.80	1604.80
95967 00	Medicine	-	-	1193.40	1193.40
95967 26	Medicine	5.09	5.09	346.12	346.12
95967 TC	Medicine	-	-	847.28	847.28
95970 00	Medicine	0.56	0.55	38.08	37.40
95971 00	Medicine	1.43	1.15	97.24	78.20
95972 00	Medicine	1.70	1.18	115.60	80.24
95976 00	Medicine	1.13	1.11	76.84	75.48
95977 00	Medicine	1.51	1.49	102.68	101.32
95980 00	Medicine	1.34	1.34	91.12	91.12
95981 00	Medicine	1.19	0.53	80.92	36.04
95982 00	Medicine	1.80	1.10	122.40	74.80
95983 00	Medicine	1.48	1.45	100.64	98.60
95984 00	Medicine	1.29	1.28	87.72	87.04
95990 00	Medicine	2.61	2.61	177.48	177.48
95991 00	Medicine	3.27	1.17	222.36	79.56
95992 00	Medicine	1.27	1.06	86.36	72.08
95999 00	Medicine	0.00	0.00	BR	BR
96000 00	Medicine	2.48	2.48	168.64	168.64
96001 00	Medicine	3.17	3.17	215.56	215.56
96002 00	Medicine	0.64	0.64	43.52	43.52
96004 00	Medicine	3.17	3.17	215.56	215.56
96020 00	Medicine	-	-	315.52	315.52
96020 26	Medicine	4.64	4.64	315.52	315.52
96020 TC	Medicine	0.00	0.00	BR	BR
96041 00	Medicine	-	-	105.40	105.40
96105 00	Medicine	2.90	2.90	197.20	197.20
96110 00	Medicine	0.35	0.35	23.80	23.80
96112 00	Medicine	3.93	3.62	267.24	246.16
96113 00	Medicine	1.65	1.49	112.20	101.32

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
96116 00	Medicine	2.74	2.36	186.32	160.48
96121 00	Medicine	2.25	1.97	153.00	133.96
96125 00	Medicine	3.08	3.08	209.44	209.44
96127 00	Medicine	0.14	0.14	9.52	9.52
96130 00	Medicine	3.63	3.28	246.84	223.04
96131 00	Medicine	2.56	2.24	174.08	152.32
96132 00	Medicine	3.87	3.18	263.16	216.24
96133 00	Medicine	2.89	2.25	196.52	153.00
96136 00	Medicine	1.26	0.70	85.68	47.60
96137 00	Medicine	1.11	0.53	75.48	36.04
96138 00	Medicine	1.04	1.04	70.72	70.72
96139 00	Medicine	1.04	1.04	70.72	70.72
96146 00	Medicine	0.07	0.07	4.76	4.76
96156 00	Medicine	3.06	2.68	208.08	182.24
96158 00	Medicine	2.10	1.84	142.80	125.12
96159 00	Medicine	0.72	0.63	48.96	42.84
96160 00	Medicine	0.09	0.09	6.12	6.12
96161 00	Medicine	0.09	0.09	6.12	6.12
96164 00	Medicine	0.32	0.29	21.76	19.72
96165 00	Medicine	0.15	0.13	10.20	8.84
96167 00	Medicine	2.23	1.95	151.64	132.60
96168 00	Medicine	0.80	0.70	54.40	47.60
96170 00	Medicine	2.32	2.17	157.76	147.56
96171 00	Medicine	0.84	0.78	57.12	53.04
96202 00	Medicine	0.72	0.64	48.96	43.52
96203 00	Medicine	0.18	0.18	12.24	12.24
96360 00	Medicine	0.93	0.93	63.24	63.24
96361 00	Medicine	0.36	0.36	24.48	24.48
96365 00	Medicine	1.79	1.79	121.72	121.72
96366 00	Medicine	0.60	0.60	40.80	40.80
96367 00	Medicine	0.82	0.82	55.76	55.76
96368 00	Medicine	0.57	0.57	38.76	38.76
96369 00	Medicine	4.15	4.15	282.20	282.20
96370 00	Medicine	0.49	0.49	33.32	33.32
96371 00	Medicine	1.72	1.72	116.96	116.96
96372 00	Medicine	0.43	0.43	29.24	29.24
96373 00	Medicine	0.57	0.57	38.76	38.76
96374 00	Medicine	1.05	1.05	71.40	71.40
96375 00	Medicine	0.44	0.44	29.92	29.92
96376 00	Medicine	-	-	65.28	65.28
96377 00	Medicine	0.54	0.54	36.72	36.72
96379 00	Medicine	0.00	0.00	BR	BR
96380 00	Medicine	0.69	0.69	46.92	46.92
96381 00	Medicine	0.59	0.59	40.12	40.12
96401 00	Medicine	2.05	2.05	139.40	139.40
96402 00	Medicine	1.08	1.08	73.44	73.44
96405 00	Medicine	2.46	0.86	167.28	58.48
96406 00	Medicine	3.77	1.32	256.36	89.76

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
96409 00	Medicine	2.86	2.86	194.48	194.48
96411 00	Medicine	1.57	1.57	106.76	106.76
96413 00	Medicine	3.69	3.69	250.92	250.92
96415 00	Medicine	0.79	0.79	53.72	53.72
96416 00	Medicine	3.63	3.63	246.84	246.84
96417 00	Medicine	1.82	1.82	123.76	123.76
96420 00	Medicine	2.92	2.92	198.56	198.56
96422 00	Medicine	4.46	4.46	303.28	303.28
96423 00	Medicine	2.07	2.07	140.76	140.76
96425 00	Medicine	4.80	4.80	326.40	326.40
96440 00	Medicine	21.42	4.05	1456.56	275.40
96446 00	Medicine	4.55	0.59	309.40	40.12
96450 00	Medicine	4.76	2.29	323.68	155.72
96521 00	Medicine	3.53	3.53	240.04	240.04
96522 00	Medicine	3.35	3.35	227.80	227.80
96523 00	Medicine	0.72	0.72	48.96	48.96
96542 00	Medicine	3.80	1.23	258.40	83.64
96547 00	Medicine	10.85	10.85	737.80	737.80
96548 00	Medicine	4.97	4.97	337.96	337.96
96549 00	Medicine	0.00	0.00	BR	BR
96567 00	Medicine	3.95	3.95	268.60	268.60
96570 00	Medicine	1.61	1.61	109.48	109.48
96571 00	Medicine	0.74	0.74	50.32	50.32
96573 00	Medicine	6.58	6.58	447.44	447.44
96574 00	Medicine	8.09	8.09	550.12	550.12
96900 00	Medicine	0.75	0.75	51.00	51.00
96902 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
96904 00	Medicine	1.99	1.99	135.32	135.32
96910 00	Medicine	3.51	3.51	238.68	238.68
96912 00	Medicine	2.98	2.98	202.64	202.64
96913 00	Medicine	4.52	4.52	307.36	307.36
96920 00	Medicine	4.23	1.52	287.64	103.36
96921 00	Medicine	4.52	1.73	307.36	117.64
96922 00	Medicine	5.65	2.78	384.20	189.04
96931 00	Medicine	5.00	5.00	340.00	340.00
96932 00	Medicine	3.71	3.71	252.28	252.28
96933 00	Medicine	1.29	1.29	87.72	87.72
96934 00	Medicine	3.53	3.53	240.04	240.04
96935 00	Medicine	2.28	2.28	155.04	155.04
96936 00	Medicine	1.25	1.25	85.00	85.00
96999 00	Medicine	0.00	0.00	BR	BR
99000 00	Medicine	-	-	12.92	12.92
99001 00	Medicine	-	-	17.68	17.68
99002 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
99024 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
99026 00	Medicine	-	-	77.52	77.52
99027 00	Medicine	0.00	0.00	BR	BR
99050 00	Medicine	-	-	31.96	31.96

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
99051 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
99053 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
99056 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
99058 00	Medicine	-	-	42.16	42.16
99060 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
99070 00	Medicine	0.00	0.00	BR	BR
99071 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
99072 00	Medicine	0.00	0.00	BR	BR
99075 00	Medicine	0.00	0.00	BR	BR
99078 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
99080 00	Medicine	0.00	0.00	BR	BR
99082 00	Medicine	0.00	0.00	BR	BR
99091 00	Medicine	1.60	1.60	108.80	108.80
99151 00	Medicine	1.79	0.71	121.72	48.28
99152 00	Medicine	1.50	0.36	102.00	24.48
99153 00	Medicine	0.36	0.36	24.48	24.48
99155 00	Medicine	2.46	2.46	167.28	167.28
99156 00	Medicine	2.20	2.20	149.60	149.60
99157 00	Medicine	1.71	1.71	116.28	116.28
99170 00	Medicine	4.94	2.51	335.92	170.68
99172 00	Medicine	-	-	37.40	37.40
99173 00	Medicine	0.10	0.10	6.80	6.80
99174 00	Medicine	0.19	0.19	12.92	12.92
99175 00	Medicine	0.90	0.90	61.20	61.20
99177 00	Medicine	0.15	0.15	10.20	10.20
99183 00	Medicine	3.16	3.16	214.88	214.88
99184 00	Medicine	6.34	6.34	431.12	431.12
99188 00	Medicine	0.35	0.29	23.80	19.72
99190 00	Medicine	-	-	541.96	541.96
99191 00	Medicine	-	-	419.56	419.56
99192 00	Medicine	-	-	277.44	277.44
99195 00	Medicine	2.69	2.69	182.92	182.92
99199 00	Medicine	0.00	0.00	BR	BR
99500 00	Medicine	-	-	144.84	144.84
99501 00	Medicine	-	-	161.16	161.16
99502 00	Medicine	-	-	354.96	354.96
99503 00	Medicine	-	-	77.52	77.52
99504 00	Medicine	-	-	97.24	97.24
99505 00	Medicine	-	-	675.92	675.92
99506 00	Medicine	-	-	96.56	96.56
99507 00	Medicine	-	-	110.16	110.16
99509 00	Medicine	-	-	14.28	14.28
99510 00	Medicine	-	-	113.56	113.56
99511 00	Medicine	0.00	0.00	BR	BR
99512 00	Medicine	-	-	1793.84	1793.84
99600 00	Medicine	0.00	0.00	BR	BR
99601 00	Medicine	-	-	193.12	193.12
99602 00	Medicine	-	-	112.88	112.88

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Medicine Codes 2025****Medicine Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
99605 00	Medicine	-	-	48.28	48.28
99606 00	Medicine	-	-	40.12	40.12
99607 00	Medicine	-	-	40.12	40.12

**Historical Note**

New Appendix A, Medicine Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Medicine Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Medicine Codes 2019-2020 repealed; new Appendix A, Medicine Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Medicine Codes 2020-2021 repealed; new Appendix A, Medicine Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Medicine Codes 2021-2022 repealed; new Appendix A, Medicine Codes 2022-2023 made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Medicine Codes 2022-2023 repealed; new Appendix A, Medicine Codes 2023-2024 made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Medicine Codes 2023-2024 repealed; new Appendix A, Medicine Codes 2024-2025 made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Medicine Codes 2024-2025 repealed; new Appendix A, Medicine Codes 2025 made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).

## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

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## PHYSICAL MEDICINE AND REHABILITATION GUIDELINES

Information regarding publications incorporated by reference is found in the Introduction Section of the Fee Schedule.

The following Commission guidelines are in addition to the CPT® guidelines and represent additional guidance from the Commission relative to physical medicine and rehabilitation services. To the extent that a conflict may exist between an incorporated portion of the CPT® and a code, guideline, identifier, or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

General requirements on reporting services are found in the Introduction of the Fee Schedule. In addition to the definitions and commonalities preceding the coded medical procedures, several other requirements unique to this Section (Physical Medicine and Rehabilitation) are defined or identified as follows:

- A. Physical therapy (PT) evaluation codes (97161-97163) and occupational therapy (OT) evaluation codes (97165-97167) are billed at the initial visit and a re-evaluation code (97164 for PT, 97168 for OT) may be billed once every two (2) calendar weeks following an initial evaluation. Additional billing for PT and OT evaluation services may be allowed when specific additional services are warranted. Approval of the payer must be obtained prior to performing additional services. Criteria to select the appropriate evaluation and re-evaluation codes are outlined in the current CPT® publication.

**Note:** These limitations do **not** apply to referring healthcare providers or to providers who treat patients once per month.

- B. When multiple modalities (untimed 97012-97028 and/or time-based 97032-97036) are performed, the first modality (or the first unit of a time-based modality) is reported as listed. The second modality (or the second unit of a time-based modality) is identified by adding modifier -51 to the code number. The second and each subsequent modality (or unit(s) of a time-based modality) should be valued at 50% of its listed value.

First modality reported or first unit of a time-based modality	-100%
Second, third, and additional approved modality or unit(s)	- 50%

Any more than three (3) modalities or more than three (3) units of a time-based modality or any combination of time-based and untimed modalities equaling three (3) billed units per body part being treated must have prior approval from the payer. The time a healthcare provider bills for a time-based modality (97032-97036) does not count towards the total timed therapeutic procedure maximum of four (4) units or 67 minutes. However, the time spent performing time-based modalities counts towards the total treatment time and should be used to determine the number of units a provider bills (*see* Section E and Example 5). **The amount of time spent performing each specific procedure or modality provided to the patient is not required to be documented in the treatment notes** (*see* Section G).

**Note:** 97010 is a bundled service and not separately reportable.

Example:

During a visit, a patient receives the following services:

45 minutes therapeutic exercise 97110

15 minutes mechanical traction 97012

15 minutes unattended electrical stimulation 97014

10 minutes ultrasound 97035

15 minutes moist heat 97010 while receiving the electric stimulation

Under the multiple modality rule, the healthcare provider would bill:

97110 3 units at 100% of value (therapeutic procedure, timed code)

97012 1 unit at 100% of value (modality, untimed code)

97014 1 unit at 50% of value (modality, untimed code)

97035 1 unit at 50% of value (modality, timed code)

97010 is bundled into the above services and not paid as a separate service. The total time spent performing time-based codes (97110 and 97035) is 55 minutes and justifies billing four (4) units of time-based services (*see* Section E).

- C. CPT® codes describing therapeutic procedures (97110-97150 and 97530-97546) are not subject to the multiple modality rule and shall be paid at 100% of their listed value. When performing therapeutic procedure(s), (excluding work hardening/conditioning, 97545-97546, and physical test or measures for functional capacity evaluation, 97750), a maximum of four (4) units or 67 minutes is allowed each day. Approval must be obtained from the payer prior to performing therapeutic procedures in excess of this maximum (*e.g.* when multiple body parts are treated in a single visit). Reimbursement for therapeutic procedures in excess of the maximum, without prior approval, shall not affect reimbursement for therapeutic procedures performed within the allowed maximum.
- D. The values for the codes in this section include the time and work of the healthcare provider, the equipment required to provide the service, and the cost of the healthcare provider's liability insurance. Medications and disposable electrodes used in these procedures should be considered supplies and managed in accordance with the HCPCS Section of this Fee Schedule.
- E. Time-Based Physical Medicine and Rehabilitation CPT® codes are billed according to guidance from the Centers for Medicare and Medicaid Services (CMS), as published in the [Medicare Claims Processing Manual, Chapter 5, Section 20.2, C. Counting Minutes for Timed Codes in 15 Minute Units](#).

When only one service is provided in a day, healthcare providers should not bill for services provided for less than eight (8) minutes. For any single 15-minute timed CPT® code in the same day, healthcare providers bill a single 15-minute unit for treatment of greater than or equal to eight (8) minutes through and including 22 minutes. If the duration of a single procedure in a day is greater than or equal to 23 minutes through and including 37 minutes, two (2) units should be billed. Please refer to the table below, which outlines how to bill for up to four (4) units or 67 minutes, without payer approval.

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Units	Number of Minutes
0	< 8 minutes
1	≥ 8 minutes and ≤ 22 minutes
2	≥ 23 minutes and ≤ 37 minutes
3	≥ 38 minutes and ≤ 52 minutes
4	≥ 53 minutes and ≤ 67 minutes

If additional therapeutic procedures and/or time-based modalities are approved by the payer, the pattern for determining time/units is continued.

When more than one service represented by 15-minute timed codes is performed in a single day, the total number of minutes of service determines the number of timed units billed (as noted in the chart above). For any service represented by a 15-minute timed code that is performed for seven (7) minutes or less on the same day as another service also represented by a 15-minute timed code performed for seven (7) minutes or less, and the total time of these two services is eight (8) minutes or greater, the provider may bill one (1) unit of service that was performed for the most minutes. The same logic is applied if three (3) or more different services are performed on the same day for seven (7) minutes or less.

The expectation, based on the work values assigned to these codes, is that a healthcare provider's direct patient contact time for each unit will average 15 minutes in length. If more than one 15-minute timed CPT® code is billed during a single calendar day, the total number of units billed is constrained by the total treatment time for that day.

When documenting to support the billing of timed CPT® codes, the healthcare provider should **document the total number of timed minutes and the total time of the treatment provided that day**. Total treatment time includes the minutes for timed code treatment and untimed code treatment. Total treatment time does not include time for services that are not billable (*e.g.*, rest periods). **The amount of time for each specific intervention/modality provided to the patient is not required to be documented in the treatment note.**

It is important that the total number of timed treatment minutes support the billing of units on the invoice and that the total treatment time also reflects the services billed as untimed codes. The billing and the total timed code treatment minutes documented must be consistent. Additional guidance for documentation of timed codes is found in the [CMS Benefit Policy Manual, Chapter 15, 220.3, E. Treatment Note](#).

Examples of how to count the appropriate number of minutes for the total therapy minutes provided:

#### Example 1

During a visit, the patient receives the following services:

45 minutes therapeutic exercise 97110

5 minutes manual therapy 97140

7 minutes therapeutic activities 97530

Total Timed Codes: 57 minutes

The healthcare provider would bill: 4 units

97110      3 units

97530      1 unit

Since the total time spent providing manual therapy and therapeutic exercises is greater than eight (8) minutes, one (1) unit is billed for the service which was performed for more time.

#### Example 2

During a visit, the patient receives the following services:

24 minutes neuromuscular reeducation 97112

23 minutes therapeutic exercise 97110

Total Timed Codes: 47 minutes

The healthcare provider would bill: 3 units

97112 2 units

97110 1 unit

Each service is provided for more than 15 minutes, so at least one (1) unit is appropriate for each. Two (2) units are billed for Neuromuscular reeducation since that service was performed for more time.

#### Example 3

During a visit, the patient receives the following services:

20 minutes therapeutic activities 97530

20 minutes therapeutic exercise 97110

Total Timed Codes: 40 minutes

The healthcare provider would bill: 3 units

97530 2 units

97110 1 unit

OR

97110 2 units

97530 1 unit

Each service was provided for 20 minutes, which would allow for one unit for each service. However, the total time of 40 minutes allows for three (3) units to be billed. Since the time for each service is the same, the healthcare provider can choose which code to bill for two (2) units and which code to bill for one (1) unit.

#### Example 4

During a visit, the patient receives the following services:

33 minutes therapeutic exercise 97110

7 minutes manual therapy 97140

Total Timed Codes: 40 minutes

The healthcare provider would bill: 3 units

97110 2 units

97140 1 unit

The first 30 minutes of therapeutic exercise is two (2) units. The remaining three (3) minutes is added to the seven (7) minutes of manual therapy and then is billed for one unit of manual therapy. The time for manual therapy is greater than the remaining time from the therapeutic exercise.

Example 5

During a visit, the patient receives the following services:

18 minutes therapeutic exercise 97110

13 minutes manual therapy 97140

10 minutes gait training 97116

8 minutes ultrasound 97035

Total Timed Codes: 49 minutes

The healthcare provider would bill: 3 units

97110            1 unit

97140            1 unit

97116            1 unit

Bill the procedures that the most time was spent performing. One (1) unit each of 97110, 97140, and 97116. Although the ultrasound should be documented, it cannot be billed, as the healthcare provider is constrained by the total timed codes minutes. Since the total for the timed codes is 49 minutes, only three (3) units would be billed.

- F. A work hardening program is limited to 6 1/2 hours per day, not to exceed a six (6) week period of time.
- G. The payer has the right to require documentation to establish that a modality or therapeutic procedure was performed. Inasmuch as these Guidelines allow for re-evaluations to be performed every two (2) weeks, it is at that time the healthcare provider should address and document the status of the treatment protocol.

It is not appropriate for the payer on a per billing basis to require a healthcare provider to provide unnecessarily detailed documentation to justify payment. A healthcare provider is required to comply with A.R.S. § 23-1062.01 when submitting a bill. For example, the purpose of modalities like hot and cold packs, paraffin baths, and whirlpools is straightforward. Modalities are utilized as a sub-element of the overall treatment protocol to prepare the injured worker for therapy or to minimize the impact of the therapy on the injured worker. Other than a statement that certain modalities were performed, any additional documentation such as the purpose of the application of modalities, resulting flexibility or comfort is unnecessary. Additionally, listing the amount of weight an individual is lifting, repetitions, and sets is, again, unnecessary. During a re-evaluation visit, the healthcare provider should provide documentation regarding changes in strength, stamina, and flexibility.

Documentation of each treatment shall include the following elements:

- Date of treatment.
- Identification of each specific intervention/modality provided and billed, both timed and untimed services in a manner that it can be compared with the billing record to verify correct coding.
- Total timed code treatment minutes and total treatment time in minutes (the amount of time for each specific intervention/modality provided is not required).
- Signatures (written or electronic) and professional designation of the qualified healthcare provider who furnished or supervised the services provided.

**Historical Note**

New Appendix A, Physical Medicine Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Physical Medicine Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Physical Medicine Guidelines repealed; new Appendix A, Physical Medicine Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20- 3). Appendix A, Physical Medicine Guidelines repealed; new Appendix A, Physical Medicine and Rehabilitation Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Physical Medicine Guidelines repealed; new Appendix A, Physical Medicine and Rehabilitation Guidelines made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Physical Medicine and Rehabilitation Guidelines repealed; new Appendix A, Physical Medicine and Rehabilitation Guidelines made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Physical Medicine and Rehabilitation Guidelines repealed; new Appendix A, Physical Medicine and Rehabilitation Guidelines made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Physical Medicine and Rehabilitation Guidelines repealed; new Appendix A, Physical Medicine and Rehabilitation Guidelines made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).



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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Physical Medicine Codes 2025****Physical Medicine Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
97010 00	Physical Medicine	0.20	0.20	13.60	13.60
97012 00	Physical Medicine	0.44	0.44	29.92	29.92
97014 00	Physical Medicine	0.38	0.38	25.84	25.84
97016 00	Physical Medicine	0.36	0.36	24.48	24.48
97018 00	Physical Medicine	0.19	0.19	12.92	12.92
97022 00	Physical Medicine	0.48	0.48	32.64	32.64
97024 00	Physical Medicine	0.22	0.22	14.96	14.96
97026 00	Physical Medicine	0.21	0.21	14.28	14.28
97028 00	Physical Medicine	0.25	0.25	17.00	17.00
97032 00	Physical Medicine	0.44	0.44	29.92	29.92
97033 00	Physical Medicine	0.58	0.58	39.44	39.44
97034 00	Physical Medicine	0.42	0.42	28.56	28.56
97035 00	Physical Medicine	0.43	0.43	29.24	29.24
97036 00	Physical Medicine	1.06	1.06	72.08	72.08
97037 00	Physical Medicine	0.00	0.00	BR	BR
97039 00	Physical Medicine	0.00	0.00	BR	BR
97110 00	Physical Medicine	0.89	0.89	60.52	60.52
97112 00	Physical Medicine	0.99	0.99	67.32	67.32
97113 00	Physical Medicine	1.13	1.13	76.84	76.84
97116 00	Physical Medicine	0.89	0.89	60.52	60.52
97124 00	Physical Medicine	0.92	0.92	62.56	62.56
97129 00	Physical Medicine	0.67	0.66	45.56	44.88
97130 00	Physical Medicine	0.64	0.64	43.52	43.52
97139 00	Physical Medicine	0.00	0.00	BR	BR
97140 00	Physical Medicine	0.84	0.84	57.12	57.12
97150 00	Physical Medicine	0.54	0.54	36.72	36.72
97151 00	Physical Medicine	-	-	31.96	31.96
97152 00	Physical Medicine	-	-	21.08	21.08
97153 00	Physical Medicine	-	-	20.40	20.40
97154 00	Physical Medicine	-	-	16.32	16.32
97155 00	Physical Medicine	-	-	25.84	25.84
97156 00	Physical Medicine	-	-	24.48	24.48

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Physical Medicine Codes 2025****Physical Medicine Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
97157 00	Physical Medicine	-	-	20.40	20.40
97158 00	Physical Medicine	-	-	15.64	15.64
97161 00	Physical Medicine	3.03	3.03	206.04	206.04
97162 00	Physical Medicine	3.03	3.03	206.04	206.04
97163 00	Physical Medicine	3.03	3.03	206.04	206.04
97164 00	Physical Medicine	2.09	2.09	142.12	142.12
97165 00	Physical Medicine	3.11	3.11	211.48	211.48
97166 00	Physical Medicine	3.11	3.11	211.48	211.48
97167 00	Physical Medicine	3.11	3.11	211.48	211.48
97168 00	Physical Medicine	2.15	2.15	146.20	146.20
97169 00	Physical Medicine	-	-	57.80	57.80
97170 00	Physical Medicine	-	-	112.88	112.88
97171 00	Physical Medicine	-	-	225.76	225.76
97172 00	Physical Medicine	-	-	80.92	80.92
97530 00	Physical Medicine	1.07	1.07	72.76	72.76
97533 00	Physical Medicine	1.87	1.87	127.16	127.16
97535 00	Physical Medicine	0.99	0.99	67.32	67.32
97537 00	Physical Medicine	0.98	0.98	66.64	66.64
97542 00	Physical Medicine	0.95	0.95	64.60	64.60
97545 00	Physical Medicine	-	-	161.84	161.84
97546 00	Physical Medicine	-	-	80.24	80.24
97550 00	Physical Medicine	1.61	1.38	109.48	93.84
97551 00	Physical Medicine	0.79	0.74	53.72	50.32
97552 00	Physical Medicine	0.68	0.32	46.24	21.76
97597 00	Physical Medicine	2.99	1.05	203.32	71.40
97598 00	Physical Medicine	1.34	0.72	91.12	48.96
97602 00	Physical Medicine	-	-	64.60	64.60
97605 00	Physical Medicine	1.30	0.73	88.40	49.64
97606 00	Physical Medicine	1.55	0.79	105.40	53.72
97607 00	Physical Medicine	9.99	0.63	679.32	42.84
97608 00	Physical Medicine	10.42	0.73	708.56	49.64
97610 00	Physical Medicine	12.28	0.53	835.04	36.04

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Physical Medicine Codes 2025****Physical Medicine Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
97750 00	Physical Medicine	1.03	1.03	70.04	70.04
97755 00	Physical Medicine	1.16	1.16	78.88	78.88
97760 00	Physical Medicine	1.42	1.42	96.56	96.56
97761 00	Physical Medicine	1.25	1.25	85.00	85.00
97763 00	Physical Medicine	1.55	1.55	105.40	105.40
97799 00	Physical Medicine	0.00	0.00	BR	BR
97802 00	Physical Medicine	1.10	0.97	74.80	65.96
97803 00	Physical Medicine	0.96	0.82	65.28	55.76
97804 00	Physical Medicine	0.51	0.46	34.68	31.28
97810 00	Physical Medicine	1.38	0.93	93.84	63.24
97811 00	Physical Medicine	0.79	0.71	53.72	48.28
97813 00	Physical Medicine	1.59	1.12	108.12	76.16
97814 00	Physical Medicine	0.89	0.72	60.52	48.96
98925 00	Physical Medicine	0.94	0.68	63.92	46.24
98926 00	Physical Medicine	1.36	1.03	92.48	70.04
98927 00	Physical Medicine	1.77	1.37	120.36	93.16
98928 00	Physical Medicine	2.15	1.73	146.20	117.64
98929 00	Physical Medicine	2.53	2.06	172.04	140.08
98940 00	Physical Medicine	0.82	0.66	55.76	44.88
98941 00	Physical Medicine	1.19	1.01	80.92	68.68
98942 00	Physical Medicine	1.54	1.36	104.72	92.48
98943 00	Physical Medicine	0.77	0.67	52.36	45.56
98960 00	Physical Medicine	0.94	0.94	63.92	63.92
98961 00	Physical Medicine	0.45	0.45	30.60	30.60
98962 00	Physical Medicine	0.33	0.33	22.44	22.44
98966 00	Physical Medicine	0.40	0.35	27.20	23.80
98967 00	Physical Medicine	0.74	0.68	50.32	46.24
98968 00	Physical Medicine	1.02	0.95	69.36	64.60
98970 00	Physical Medicine	0.35	0.35	23.80	23.80
98971 00	Physical Medicine	0.66	0.66	44.88	44.88
98972 00	Physical Medicine	1.00	0.99	68.00	67.32
98975 00	Physical Medicine	0.61	0.61	41.48	41.48

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Physical Medicine Codes 2025****Physical Medicine Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
98976 00	Physical Medicine	1.33	1.33	90.44	90.44
98977 00	Physical Medicine	1.33	1.33	90.44	90.44
98978 00	Physical Medicine	-	-	79.56	79.56
98980 00	Physical Medicine	1.55	0.91	105.40	61.88
98981 00	Physical Medicine	1.21	0.89	82.28	60.52

**Historical Note**

New Appendix A, Physical Medicine Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Physical Medicine Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Physical Medicine Codes 2019-2020 repealed; new Appendix A, Physical Medicine Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Physical Medicine Codes 2020-2021 repealed; new Appendix A, Physical Medicine Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Physical Medicine Codes 2021-2022 repealed; new Appendix A, Physical Medicine Codes 2022-2023 made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Physical Medicine Codes 2022-2023 repealed; new Appendix A, Physical Medicine Codes 2023-2024 made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Physical Medicine Codes 2023-2024 repealed; new Appendix A, 2024-2025 made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Physical Medicine Codes 2024-2025 repealed; new Appendix A, Physical Medicine Codes 2025 made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).

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## EVALUATION AND MANAGEMENT GUIDELINES

Information regarding publications incorporated by reference is found in the Introduction of the Fee Schedule.

The evaluation and management guidelines incorporated by reference may be found in the CPT® published by the AMA and is reprinted, in part, below with permission. To the extent that a conflict may exist between an incorporated portion of the CPT® publication or HCPCS code and a code, guideline, identifier or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

Documentation and review of records, when required, is inclusive to the performance of the appropriate E/M service. A healthcare provider shall only be reimbursed for time that is not accounted for in the E/M service code by billing prolonged services codes 99415, 99416, 99417, or 99418. Proper documentation must justify the use of these codes and accompany the invoice.

**Impairment Examinations**

Impairment examinations shall be billed using CPT® 99455, work related or medical disability examination by the treating physician, or CPT® 99456, work related or medical disability examination by other than the treating physician. Physicians may bill one unit of these codes for the initial hour and an additional unit for each 30-minute increment after the initial hour. Each 30-minute increment commences the minute following the end of the previous time interval. The physician shall include documentation that demonstrates the complexity of the case and the time spent on the service to justify billing each additional unit. Reimbursement for CPT® codes 99455 and 99456 shall be made at 100% of the listed reimbursement value for the initial unit and 50% of the listed reimbursement value for each additional unit.

Example:

A physician spends 72 minutes performing a work related disability examination on a patient they previously treated.

The physician would bill two units of 99455 and be reimbursed at 1.5 times the listed reimbursement value for CPT® 99455.

**Remote Monitoring**

**One** HCPCS code is included in this section of the 2025/2026 Fee Schedule for remote monitoring:

G2010 – Remote evaluation of recorded video and/or images submitted by an established patient (*e.g.*, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.

**A. CLASSIFICATION OF EVALUATION AND MANAGEMENT (E/M) SERVICES.**

The E/M section is divided into broad categories such as office visits, hospital inpatient or observation care visits, and consultations. Most of the categories are further divided into two or more subcategories of E/M services. For example, there are two subcategories of office visits (new patient and established patient) and there are two subcategories of hospital inpatient and observation care visits (initial and subsequent). The subcategories of E/M services are further classified into levels of E/M services that are identified by specific codes.

The basic format of the levels of E/M services based on medical decision making (MDM) or time is the same. First, a unique code number is listed. Second, the place and/or type of service is specified, (*e.g.*, office or other outpatient visit). Third, the content of the service is defined. Fourth, time is specified. (A detailed discussion of time is provided in the Guidelines for Selecting Level of Service Based on Time.)

The place of service and service type are defined by the location where the face-to-face encounter with the patient and/or family/caregiver occurs. For example, service provided to a nursing facility resident brought to the office is reported with an office or other outpatient code.

**New and Established Patients**

Solely for the purposes of distinguishing between new and established patients, professional services are those face-to-face services rendered by physicians and other qualified healthcare providers who may report evaluation and management services. A new patient is one who has not received any professional services from the physician or other qualified healthcare provider or another physician or other qualified healthcare provider of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.

An established patient is one who has received professional services from the physician or other qualified healthcare provider or another physician or other qualified healthcare provider of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years. In the instance where a physician or other qualified healthcare provider is on call for or covering for another physician or other qualified healthcare provider, the patient's encounter will be classified as it would have been by the physician or other qualified healthcare provider who is not available. When advanced practice nurses and physician assistants are working with physicians, they are considered as working in the exact same specialty and subspecialty as the physician.

No distinction is made between new and established patients in the emergency department. E/M services in the emergency department category may be reported for any new or established patient who presents for treatment in the emergency department.

**Initial and Subsequent Services**

Some categories apply to both new and established patients (*e.g.*, hospital inpatient or observation care). These categories differentiate services by whether the service is the initial service or a subsequent service. For the purpose of distinguishing between initial or subsequent visits, professional services are those face-to-face services rendered by physicians and other qualified healthcare providers who may report evaluation and management services. An initial service is when the patient has not received any professional services from the physician or other qualified

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healthcare provider or another physician or other qualified healthcare provider of the exact same specialty and subspecialty who belongs to the same group practice, during the inpatient, observation, or nursing facility admission and stay.

A subsequent service is when the patient has received professional service(s) from the physician or other qualified healthcare provider or another physician or other qualified healthcare provider of the exact same specialty and subspecialty who belongs to the same group practice, during the admission and stay.

In the instance when a physician or other qualified healthcare provider is on call for or covering for another physician or other qualified healthcare provider, the patient's encounter will be classified as it would have been by the physician or other qualified healthcare provider who is not available. When advanced practice nurses and physician assistants are working with physicians, they are considered as working in the exact same specialty and subspecialty as the physician.

For reporting hospital inpatient or observation care services, a stay that includes a transition from observation to inpatient is a single stay. For reporting nursing facility services, a stay that includes transition(s) between skilled nursing facility and nursing facility level of care is the same stay.

**Split or Shared Visits**

Physician(s) and other qualified healthcare provider(s) (QHP[s]) may act as a team in providing care for the patient, working together during a single E/M service. The split or shared visits guidelines are applied to determine which professional may report the service. If the physician or other QHP performs a substantive portion of the encounter, the physician or other QHP may report the service. If code selection is based on total time on the date of the encounter, the service is reported by the professional who spent the majority of the face-to-face or non-face-to-face time performing the service. For the purpose of reporting E/M services within the context of team-based care, performance of a substantive part of the MDM requires that the physician's(s) or other QHP(s) made or approved the management plan for the number and complexity of problems addressed at the encounter and takes responsibility for that plan with its inherent risk of complications and/or morbidity or mortality of patient management. By doing so, a physician or other QHP has performed two of the three elements used in the selection of the code level based on MDM. If the amount and/or complexity of data to be reviewed and analyzed is used by the physician or other QHP to determine the reported code level, assessing an independent historian's narrative and the ordering or review of tests or documents do not have to be personally performed by the physician or other QHP, because the relevant items would be considered in formulating the management plan. Independent interpretation of tests and discussion of management plan or test interpretation must be personally performed by the physician or other QHP if these are used to determine the reported code level by the physician or other QHP.

**Multiple Evaluation and Management Services on the Same Date**

The following guidelines apply to services that a patient may receive for hospital inpatient care, observation care, or nursing facility care. For instructions regarding transitions to these settings from the office or outpatient, home or residence, or emergency department setting, see guidelines for Hospital Inpatient and Observation Care Services or Nursing Facility Services.

A patient may receive E/M services in more than one setting on a calendar date. A patient may also have more than one visit in the same setting on a calendar date. The guidelines for multiple E/M services on the same date address circumstances in which the patient has received multiple visits or services from the same physician or other QHP or another physician or QHP of the exact same specialty and subspecialty who belongs to the same group practice.

Per day: The hospital inpatient and observation care services and the nursing facility services are “per day” services. When multiple visits occur over the course of a single calendar date in the same setting, a single service is reported. When using MDM for code level selection, use the aggregated MDM over the course of the calendar date. When using time for code level selection, sum the time over the course of the day using the guidelines for reporting time.

Multiple encounters in different settings or facilities: A patient may be seen and treated in different facilities (e.g., a hospital-to-hospital transfer). When more than one primary E/M service is reported and time is used to select the code level for either service, only the time spent providing that individual service may be allocated to the code level selected for reporting that service. No time may be counted twice when reporting more than one E/M service. Prolonged services are also based on the same allocation and their relationship to the primary service. The designation of the facility may be defined by licensure or regulation. Transfer from a hospital bed to a nursing facility bed in a hospital with nursing facility beds is considered as two services in two facilities because there is a discharge from one type of designation to another. An intra-facility transfer for a different level of care (e.g., from a routine unit to a critical care unit) does not constitute a new stay, nor does it constitute a transfer to a different facility.

Emergency department (ED) and services in other settings (same or different facilities): Time spent in an ED by a physician or other QHP who provides subsequent E/M services may be included in calculating total time on the date of the encounter when ED services are not reported and another E/M service is reported (e.g., hospital inpatient and observation care services).

Discharge services and services in other facilities: Each service may be reported separately as long as any time spent on the discharge service is not counted towards the total time of a subsequent service in which code level selection for the subsequent service is based on time. This includes any hospital inpatient or observation care services (including admission and discharge services) time (99234, 99235, 99236) because these services may be selected based on MDM or time. When these services are reported with another E/M service on the same calendar date, time related to the hospital inpatient or observation care service (including admission and discharge services) may not be used for code selection of the subsequent service.

Discharge Services and services in the same facility: If the patient is discharged and readmitted to the same facility on the same calendar date, report a subsequent care service instead of a discharge or initial service. For the purpose of E/M reporting, this is a single stay.

Discharge services and services in a different facility: If the patient is admitted to another facility, for the purpose of E/M reporting, this is considered a different stay. Discharge and initial services may be reported as long as time spent on the discharge service is not counted towards the total time of the subsequent service reported when code level selection is based on time.



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Critical care services: Reporting guidelines for intensive and critical care services that are performed on the same calendar date as another E/M service are described in the service specific section guidelines.

Transitions between office or other outpatient, home or residence, or emergency department and hospital inpatient or observation or nursing facility: See the guidelines for Hospital Inpatient and Observation Care Services or Nursing Facility Services. If the patient is seen in two settings and only one service is reported, the total time on the date of the encounter of the aggregated MDM is used for determining the level of the single reported service. If prolonged services are reported, use the prolonged services code that is appropriate for the primary service reported, regardless of where the patient was located when the prolonged services time threshold was met. The choice of the primary service is at the discretion of the reporting physician or other QHP.

**Services Reported Separately**

Any specifically identifiable procedure or service (i.e., identified with a specific CPT code) performed on the date of E/M services may be reported separately.

The ordering and actual performance and/or interpretation of diagnostic tests/studies during a patient encounter are not included in determining the levels of E/M services when the professional interpretation of those tests/studies is reported separately by the physician or other qualified healthcare provider reporting the E/M service. Tests that do not require separate interpretation (e.g., tests that are results only) and are analyzed as part of MDM do not count as an independent interpretation, but may be counted as ordered or reviewed for selecting an MDM level. The performance of diagnostic tests/studies for which specific CPT codes are available may be reported separately, in addition to the appropriate E/M code. The interpretation of the results of diagnostic tests/studies (i.e., professional component) with preparation of a separate distinctly identifiable signed written report may also be reported separately, using the appropriate CPT code and, if required, with modifier 26 appended. The physician or other qualified healthcare provider may need to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant separately identifiable E/M service. The E/M service may be caused or prompted by the symptoms or condition for which the procedure and/or service was provided. This circumstance may be reported by adding modifier 25 to the appropriate level of E/M service. As such, different diagnoses are not required for reporting of the procedure and the E/M services on the same date.

**History and/or Examination**

E/M codes that have levels of services include a medically appropriate history and/or physical examination, when performed. The nature and extent of the history and/or physical examination are determined by the treating physician or other qualified healthcare provider reporting the service. The care team may collect information, and the patient or caregiver may supply information directly (e.g., by electronic health record [EHR] portal or questionnaire) that is reviewed by the reporting physician or other qualified healthcare provider. The extent of history and physical examination is not an element in the selection of the level of these E/M service codes.

**B. LEVELS OF E/M SERVICES.**

Select the appropriate level of E/M services based on the following:

1. The level of the MDM as defined for each service, **or**
2. The total time for E/M services performed on the date of the encounter.

Within each category or subcategory of E/M service based on MDM or time, there are three to five levels of E/M services available for reporting purposes. Levels of E/M services are NOT interchangeable among the different categories or subcategories of service. For example, the first level of E/M services in the subcategory of office visit, new patient, does not have the same definition as the first level of E/M services in the subcategory of office visit, established patient. Each level of E/M services may be used by all physicians or other qualified healthcare providers.

### **Guidelines for Selecting Level of Service Based on Medical Decision Making**

Four types of MDM are recognized: straightforward, low, moderate, and high. The concept of the level of MDM does not apply to CPT codes 99211 and 99281.

MDM includes establishing diagnoses, assessing the status of a condition, and/or selecting a management option. MDM is defined by three elements. The elements are:

- The number and complexity of problem(s) that are addressed during the encounter.
- The amount and/or complexity of data to be reviewed and analyzed. These data include medical records, tests, and/or other information that must be obtained, ordered, reviewed, and analyzed for the encounter. This includes information obtained from multiple sources or interprofessional communications that are not reported separately and interpretation of tests that are not reported separately. Ordering a test is included in the category of test result(s) and the review of the test result is part of the encounter and not a subsequent encounter. Ordering a test may include those considered but not selected after shared decision making. For example, a patient may request diagnostic imaging that is not necessary for their condition and discussion of the lack of benefit may be required. Alternatively, a test may normally be performed, but due to the risk for a specific patient it is not ordered. These considerations must be documented. Data are divided into three categories:
  1. Tests, documents, orders, or independent historian(s). (Each unique test, order, or document is counted to meet a threshold number.)
  2. Independent interpretation of tests (not separately reported).
  3. Discussion of management or test interpretation with an external physician or other qualified healthcare provider or appropriate source (not separately reported).
- The risk of complications and/or morbidity or mortality of patient management. This includes decisions made at the encounter, associated with diagnostic procedure(s), and treatment(s). This includes the possible management options selected and those considered but not selected after shared decision making with the patient and/or family. For example, a decision about hospitalization includes considerations of alternative levels of care. Examples may include a psychiatric patient with a sufficient degree of support in the outpatient setting or the decision to not hospitalize a patient with advanced dementia with an acute condition that would generally warrant inpatient care, but for whom the goal is palliative treatment.

Shared decision making involves eliciting patient and/or family preferences, patient and/or family education, and explaining risks and benefits of management options.

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MDM may be impacted by role and management responsibility.

When the physician or other qualified healthcare provider is reporting a separate CPT® code that includes interpretation and/or report, the interpretation and/or report is not counted toward the MDM when selecting a level of E/M services. When the physician or other qualified healthcare provider is reporting a separate service for discussion of management with a physician or another qualified healthcare provider, the discussion is not counted toward the MDM when selecting a level of outpatient E/M services.

The Levels of Medical Decision Making (MDM) table (Table 1) is a guide to assist in selecting the level of MDM for reporting an E/M services code. The table includes the four levels of MDM (*i.e.*, straightforward, low, moderate, high) and the three elements of MDM (*i.e.*, number and complexity of problems addressed at the encounter, amount and/or complexity of data reviewed and analyzed, and risk of complications and/or morbidity or mortality of patient management). To qualify for a particular level of MDM, two of the three elements for that level of MDM must be met or exceeded.

Examples in the table may be more or less applicable to specific settings of care. For example, the decision to hospitalize applies to the outpatient or nursing facility encounters, whereas the decision to escalate hospital level of care (e.g., transfer to ICU) applies to the hospitalized or observation care patient. See also the introductory guidelines of each code family section.

The elements listed in Table 1, Levels of Medical Decision Making, are defined in the guidelines for number and complexity of problems addressed at the encounter, amount and/or complexity of data to be reviewed and analyzed, and risk of complications and/or morbidity or mortality of patient management.

**Table 1: Levels of Medical Decision Making (MDM)**

<b>Elements of Medical Decision Making</b>			
<b>Level of MDM</b> (Based on 2 out of 3 Elements of MDM)	<b>Number and Complexity of Problems Addressed at the Encounter</b>	<b>Amount and/or Complexity of Data to Be Reviewed and Analyzed</b> <i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>	<b>Risk of Complications and/or Morbidity or Mortality of Patient Management</b>
<b>Straightforward</b>	<b>Minimal</b>  1 self-limited or minor problem	<b>Minimal or none</b>	<b>Minimal risk of morbidity from additional diagnostic testing or treatment</b>
<b>Low</b>	<b>Low</b> <ul style="list-style-type: none"> <li>• 2 or more self-limited or minor problems;</li> <li>or</li> <li>• 1 stable, chronic illness;</li> <li>or</li> <li>• 1 acute, uncomplicated illness or injury;</li> <li>or</li> <li>• 1 stable, acute illness;</li> <li>or</li> <li>• 1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care</li> </ul>	<b>Limited</b> (Must meet the requirements of at least 1 out of 2 categories) <b>Category 1: Tests and documents</b> <ul style="list-style-type: none"> <li>• Any combination of 2 from the following: <ul style="list-style-type: none"> <li>• Review of prior external note(s) from each unique source*;</li> <li>• Review of the result(s) of each unique test*;</li> <li>• Ordering of each unique test*</li> </ul> </li> </ul> or <b>Category 2: Assessment requiring an independent historian(s)</b> (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)	<b>Low risk or morbidity from additional diagnostic testing or treatment</b>

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<p><b>Moderate</b></p>	<p><b>Moderate</b></p> <ul style="list-style-type: none"> <li>• 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment;</li> </ul> <p><b>or</b></p> <ul style="list-style-type: none"> <li>• 2 or more stable, chronic illnesses;</li> </ul> <p><b>or</b></p> <ul style="list-style-type: none"> <li>• 1 undiagnosed new problem with uncertain prognosis;</li> </ul> <p><b>or</b></p> <ul style="list-style-type: none"> <li>• 1 acute illness with systemic symptoms;</li> </ul> <p><b>or</b></p> <ul style="list-style-type: none"> <li>• 1 acute, complicated injury</li> </ul>	<p><b>Moderate</b></p> <p><i>(Must meet the requirements of at least 1 out of 3 categories)</i></p> <p><b>Category 1: Tests, documents, or independent historian(s)</b></p> <ul style="list-style-type: none"> <li>• Any combination of 3 from the following: <ul style="list-style-type: none"> <li>• Review of prior external note(s) from each unique source*;</li> <li>• Review of the result(s) of each unique test*;</li> <li>• Ordering of each unique test*;</li> <li>• Assessment requiring an independent historian(s)</li> </ul> </li> </ul> <p><b>or</b></p> <p><b>Category 2: Independent interpretation of tests</b></p> <ul style="list-style-type: none"> <li>• Independent interpretation of a test performed by another physician /other qualified healthcare provider (not separately reported);</li> </ul> <p><b>or</b></p> <p><b>Category 3: Discussion of management or test interpretation</b></p> <ul style="list-style-type: none"> <li>• Discussion of management or test interpretation with external physician/other qualified healthcare provider/appropriate source (not separately reported)</li> </ul>	<p><b>Moderate risk of morbidity from additional diagnostic testing or treatment</b></p> <p><i>Examples only:</i></p> <ul style="list-style-type: none"> <li>• Prescription drug management</li> <li>• Decision regarding minor surgery with identified patient or procedure risk factors</li> <li>• Decision regarding elective major surgery without identified patient or procedure risk factors</li> <li>• Diagnosis or treatment significantly limited by social determinants of health.</li> </ul>
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<b>High</b>	<b>High</b> <ul style="list-style-type: none"> <li>1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment;</li> </ul> <b>or</b> <ul style="list-style-type: none"> <li>1 acute or chronic illness or injury that poses a threat to life or bodily function</li> </ul>	<b>Extensive</b> <i>(Must meet the requirements of at least 2 out of 3 categories)</i> <b>Category 1: Tests, documents or independent historian(s)</b> <b>Any combination of 3 from the following:</b> <ul style="list-style-type: none"> <li>Review of prior external note(s) from each unique source*;</li> <li>Review of the result(s) of each unique test*;</li> <li>Ordering of each unique test*;</li> <li>Assessment requiring an independent historian(s)</li> </ul> <b>or</b> <b>Category 2: Independent interpretation of tests</b> <ul style="list-style-type: none"> <li>Independent interpretation of a test performed by another physician/other qualified healthcare provider (not separately reported);</li> </ul> <b>or</b> <b>Category 3: Discussion of management or test interpretation</b> <ul style="list-style-type: none"> <li>Discussion of management or test interpretation with external physician/other qualified healthcare provider/appropriate source (not separately reported)</li> </ul>	<b>High risk of morbidity from additional diagnostic testing or treatment</b> <i>Examples only:</i> <ul style="list-style-type: none"> <li>Drug therapy requiring intensive monitoring for toxicity</li> <li>Decision regarding elective major surgery with identified patient or procedure risk factors</li> <li>Decision regarding emergency major surgery</li> <li>Decision regarding hospitalization or escalation of hospital-level care</li> <li>Decision not to resuscitate or to de-escalate care because of poor prognosis</li> <li>Decision regarding parenteral controlled substances</li> </ul>
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### Number and Complexity of Problems Addressed at the Encounter

One element used in selecting the level of office or other outpatient services is the number and complexity of the problems that are addressed at an encounter. Multiple new or established conditions may be addressed at the same time and may affect MDM. Symptoms may cluster around a specific diagnosis and each symptom is not necessarily a unique condition. Comorbidities/underlying diseases, in and of themselves, are not considered in selecting a level of E/M services **unless** they are addressed, and their presence increases the amount and/or complexity of data to be reviewed and analyzed or the risk of complications and/or morbidity or mortality of patient management. The final diagnosis for a condition does not, in and of itself, determine the complexity or risk, as extensive evaluation may be required to reach the conclusion that the signs or symptoms do not represent a highly morbid condition. Therefore, presenting symptoms that are unlikely to represent a highly morbid condition may “drive” MDM even when the ultimate diagnosis is not highly morbid. The evaluation and/or treatment should be consistent with the likely nature of the condition. Multiple problems of a lower severity may, in the aggregate, create higher risk due

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to interaction.

The term “risk” as used in these definitions relates to risk from the condition. While condition risk and management risk may often correlate, the risk from the condition is distinct from the risk of management.

Definitions for the elements of MDM (see Table 1, Levels of Medical Decision Making) are:

Problem: A problem is a disease, condition, illness, injury, symptom, sign, finding, complaint, or other matter addressed at the encounter, with or without a diagnosis being established at the time of the encounter.

Problem addressed: A problem is addressed or managed when it is evaluated or treated at the encounter by the physician or other qualified healthcare provider reporting the service. This includes consideration of further testing or treatment that may not be elected by virtue of risk/benefit analysis or patient/parent/guardian/surrogate choice. Notation in the patient’s medical record that another professional is managing the problem without additional assessment or care coordination documented does not qualify as being addressed or managed by the physician or other qualified healthcare provider reporting the service. Referral without evaluation (by history, examination, or diagnostic study[ies]) or consideration of treatment does not qualify as being addressed or managed by the physician or other qualified healthcare provider reporting the service. For hospital inpatient and observation care services the problem addressed is the problem status on the date of the encounter, which may be significantly different than on admission. It is the problem being managed or co-managed by the reporting physician or other qualified healthcare provider and may not be the cause of admission or continued stay.

Minimal problem: A problem that may not require the presence of the physician or other qualified healthcare provider, but the service is provided under the physician’s or other qualified healthcare provider’s supervision (see CPT codes 99211, 99281).

Self-limiting or minor problem: A problem that runs a definite and prescribed course, is transient in nature, and is not likely to permanently alter health status.

Stable, chronic illness: A problem with an expected duration of at least one year or until the death of the patient. For the purpose of defining chronicity, conditions are treated as chronic whether or not stage or severity changes (e.g., uncontrolled diabetes and controlled diabetes are a single chronic condition). “Stable” for the purposes of categorizing MDM is defined by the specific treatment goals for an individual patient. A patient who is not at his or her treatment goal is not stable, even if the condition has not changed and there is no short-term threat to life or function. For example, in a patient with persistently poorly controlled blood pressure for whom better control is a goal is not stable, even if the pressures are not changing and the patient is asymptomatic, the risk of morbidity **without** treatment is significant.

Acute, uncomplicated illness or injury: A recent or new short-term problem with low risk of morbidity for which treatment is considered. There is little to no risk of mortality with treatment, and full recovery without functional impairment is expected. A problem that is normally self-limited or minor but is not resolving consistent with a definite and prescribed course is an acute, uncomplicated illness.

Acute, uncomplicated illness or injury requiring hospital inpatient or observation level care: A recent or new short-term problem with low risk of morbidity for which treatment is required. There is little to no risk of mortality with treatment, and full recovery without functional impairment is expected. The treatment required is delivered in a hospital inpatient or observation I level setting.

Stable, acute illness: A problem that is new or recent for which treatment has been initiated. The patient is improved and, while resolution may not be complete, is stable with respect to this condition.

Chronic illness with exacerbation, progression, or side effects of treatment: A chronic illness that is acutely worsening, poorly controlled, or progressing with an intent to control progression and requiring additional supportive care or requiring attention to treatment for side effects.

Undiagnosed new problem with uncertain prognosis: A problem in the differential diagnosis that represents a condition likely to result in a high risk of morbidity without treatment.

Acute illness with systemic symptoms: An illness that causes systemic symptoms and has a high risk of morbidity without treatment. For systemic general symptoms, such as fever, body aches, or fatigue in a minor illness that may be treated to alleviate symptoms, see the definitions for *self-limited or minor problem* or *acute, uncomplicated illness or injury*. Systemic symptoms may not be general but may be a single system.

Acute, complicated injury: An injury which requires treatment that includes evaluation of body systems that are not directly part of the injured organ, the injury is extensive, or the treatment options are multiple and/or associated with a risk of morbidity.

Chronic illness with severe exacerbation, progression, or side effects of treatment: The severe exacerbation or progression of a chronic illness or severe side effects of treatment that have significant risk of morbidity and may require escalation in level of care.

Acute or chronic illness or injury that poses a threat to life or bodily function: An acute illness with systemic symptoms, and acute complicated injury, or a chronic illness or injury with exacerbation and/or progression or side effects of treatment, that poses a threat to life or bodily function in the near term without treatment. Some symptoms may represent a condition that is significantly probable and poses a potential threat to life or bodily function. These may be included in this category when the evaluation and treatment are consistent with this degree of potential severity.

### **Amount and/or Complexity of Data to Be Reviewed and Analyzed**

One element used in selecting the level of services is the amount and/or complexity of data to be reviewed or analyzed at an encounter.

Analyzed: the process of using the data as part of the MDM. The data element itself may not be subject to analysis



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(e.g., glucose), but it is instead included in the thought processes for diagnosis, evaluation, or treatment. Tests ordered are presumed to be analyzed when the results are reported. Therefore, when they are ordered during an encounter, they are counted in that encounter. Tests that are ordered outside of an encounter may be counted in the encounter in which they are analyzed. In the case of a recurring order, each new result may be counted in the encounter in which it is analyzed. For example, an encounter that includes an order for monthly prothrombin times would count for one prothrombin time ordered and reviewed. Additional future results, if analyzed in a subsequent encounter, may be counted as a single test in that subsequent encounter. Any service for which the professional component is separately reported by the physician or other qualified healthcare provider reporting the E/M services is not counted as a data element ordered, reviewed, analyzed, or independently interpreted for the purposes of determining the level of MDM.

Test: Tests are imaging, laboratory, psychometric, or physiologic data. A clinical laboratory panel (e.g., basic metabolic panel [80047]) is a single test. The differentiation between single or multiple tests is defined in accordance with the CPT® code set. For the purposes of data reviewed and analyzed, pulse oximetry is not a test.

Unique: A unique test is defined by the CPT® code set. When multiple results of the same unique test (e.g., serial blood glucose values) are compared during an E/M service, count it as one unique test. Tests that have overlapping elements are not unique, even if they are identified with distinct CPT® codes. For example, a CBC with differential would incorporate the set of hemoglobin, CBC, without differential, and platelet count. A unique source is defined as a physician or other qualified healthcare provider in a distinct group or different specialty or subspecialty, or a unique entity. Review of all the materials from any unique source counts as one element toward MDM.

Combination of Data Elements: A combination of different data elements, for example, a combination of notes reviewed, tests ordered, tests reviewed, or independent historian, allows these elements to be summed. It does not require each item type or category to be represented. A unique test ordered, plus a note reviewed and an independent historian would be a combination of three elements.

External: External records, communications, and/or test results are from an external physician, other qualified healthcare provider, facility, or health care organization.

External physician or other qualified healthcare provider: An external physician or other qualified healthcare provider who is not in the same group practice or is of a different specialty or subspecialty. This includes licensed professionals who are practicing independently. The individual may also be a facility or organizational provider such as from a hospital, nursing facility, or home health care agency.

Discussion: Discussion requires an interactive exchange. The exchange must be direct and not through intermediaries (e.g., clinical staff or trainees). Sending chart notes or written exchanges that are within progress notes does not qualify as an interactive exchange. The discussion does not need to be on the date of the encounter, but it is counted only once and only when it is used in the decision making of the encounter. It may be synchronous (i.e., does not need to be in person), but it must be initiated and completed within a short time period (e.g., within a day or two).

Independent historian(s): An individual (*e.g.*, parent, guardian, surrogate, spouse, witness) who provides a history in addition to a history provided by the patient who is unable to provide a complete or reliable history (*e.g.*, due to developmental stage, dementia, or psychosis) or because a confirmatory history is judged to be necessary. In the case where there may be conflict or poor communication between multiple historians and more than one historian is needed, the independent historian requirement is met. It does not include translation services. The independent history does not need to be obtained in person but does need to be obtained directly from the historian providing the independent information.

Independent interpretations: The interpretation of a test for which there is a CPT® code and an interpretation or report is customary. This does not apply when the physician or other healthcare provider who reports the E/M service is reporting or has previously reported the test. A form of interpretation should be documented but need not conform to the usual standards of a complete report for the test. A test that is ordered and independently interpreted may count both as a test ordered and interpreted.

Appropriate source: For the purpose of the discussion of management data element (see Table 1, levels of Medical Decision Making), an appropriate source includes professionals who are not healthcare providers but may be involved in the management of the patient (*e.g.*, lawyer, parole officer, case manager, teacher). It does not include discussion with family or informal caregivers. For the purpose of documents reviewed, documents from an appropriate source may be counted.

### **Risk of Complications and/or Morbidity or Mortality of Patient Management**

One element used in selecting the level of service is the risk of complications and/or morbidity or mortality of patient management at an encounter. This is distinct from the risk of the condition itself.

Risk: The probability and/or consequences of an event. The assessment of the level of risk is affected by the nature of the event under consideration. For example, a low probability of death may be high risk, whereas a high chance of a minor, self-limited adverse effect of treatment may be low risk. Definitions of risk are based upon the usual behavior and thought processes of a physician or other qualified healthcare provider in the same specialty. Trained clinicians apply common language usage meanings to terms such as *high*, *medium*, *low*, or *minimal* risk and do not require quantification for these definitions (though quantification may be provided when evidence-based medicine has established probabilities). For the purposes of MDM, level of risk is based upon consequences of the problem(s) addressed at the encounter when appropriately treated. Risk also includes MDM related to the need to initiate or forego further testing, treatment and/or hospitalization. The risk of patient management criteria applies to the patient management decisions made by the reporting physician or other healthcare provider as part of the reported encounter.

Morbidity: A state of illness or functional impairment that is expected to be of substantial duration during which function is limited, quality of life is impaired, or there is organ damage that may not be transient despite treatment.

Social determinants of health: Economic and social conditions that influence the health of people and communities. Examples may include food or housing insecurity.

Surgery (minor or major, elective, emergency, procedure or patient risk):

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**Surgery - Minor or Major:** The classification of surgery into minor or major is based on the common meaning of such terms when used by trained clinicians, similar to the use of the term “risk.” These terms are not defined by a surgical package classification.

**Surgery – Risk Factors, Patient or Procedure:** Risk factors are those that are relevant to the patient and procedure. Evidence-based risk calculators may be used, but are not required, in assessing patient and procedure risk.

**Drug therapy requiring intensive monitoring for toxicity:** A drug that requires intensive monitoring is a therapeutic agent that has the potential to cause serious morbidity or death. The monitoring is performed for assessment of these adverse effects and not primarily for assessment of therapeutic efficacy. The monitoring should be that which is generally accepted practice for the agent but may be patient-specific in some cases. Intensive monitoring may be long-term or short-term. Long-term intensive monitoring is not performed less than quarterly. The monitoring may be performed with a laboratory test, a physiologic test, or imaging. Monitoring by history or examination does not qualify. The monitoring affects the level of MDM in an encounter in which it is considered in the management of the patient. An example may be monitoring for cytopenia with the use of an antineoplastic agent between dose cycles. Examples of monitoring that do not qualify include monitoring glucose levels during insulin therapy, as the primary reason is the therapeutic effect (unless severe hypoglycemia is a current, significant concern); or annual electrolytes and renal function for a patient on a diuretic, as the frequency does not meet the threshold.

**Parenteral controlled substances:** The level of risk is based on the usual behavior and thought processes of a physician or other qualified healthcare provider in the same specialty and subspecialty and not simply based on the presence of an order for parenteral controlled substances.

### **Guidelines for Selecting Level of Service Based on Time**

Certain categories of time-based E/M codes that do not have levels of services based on MDM (e.g., Critical Care Services) in the E/M section use time differently. It is important to review the instructions for each category.

Time is **not** a descriptive component for the emergency department levels of E/M services because emergency department services are typically provided on a variable intensity basis, often involving multiple encounters with several patients over an extended period of time.

When time is used for reporting E/M services codes, the time defined in the service descriptors is used for selecting the appropriate level of services. The E/M services for which these guidelines apply require a face-to-face encounter with the physician or other qualified healthcare provider and the patient and/or family/caregiver. For office or other outpatient services, if the physician’s or other qualified healthcare provider’s time is spent in the supervision of clinical staff who perform the face-to-face services of the encounter, use 99211.

For coding purposes, time for these services is the total time on the date of the encounter. It includes both the face-to-face time with the patient and/or family/caregiver and non-face-to-face time personally spent by the physician and/or other qualified healthcare provider(s) on the day of the encounter (includes time in activities that require the physician or other qualified healthcare provider and does not include time in activities normally performed by clinical staff). It includes time regardless of the location of the physician or other qualified healthcare provider (e.g., whether on or off the inpatient unit or in or out of the outpatient office). It does not include any time spent in the performance of other separately reported service(s).

Each service that may be reported using time for code level selection has a required time threshold. The concept of attaining a mid-point between levels does not apply. A full 15 minutes is required to report any unit of prolonged service codes 99417, and 99418.

Physician(s) and other qualified healthcare provider(s) may each provide a portion of the face-to-face and non-face-to-face work related to the service. When time is being used to select the appropriate level of services for which time-based reporting is allowed, the time personally spent by the physician(s) and other qualified healthcare provider(s) assessing and managing the patient and/or counseling, educating, communicating results to the patient/family/caregiver on the date of the encounter is summed to define total time. Only distinct time should be summed (i.e., when two or more individuals jointly meet with or discuss the patient, only the time of one individual should be counted).

When prolonged time occurs, the appropriate prolonged services code may be reported. The total time on the date of the encounter spent caring for the patient should be documented in the medical record when it is used as the basis for code selection.

Physician or other qualified healthcare provider time includes the following activities, when performed:

- Preparing to see the patient (e.g., review of tests)
- Obtaining and/or reviewing separately obtained history
- Performing a medically appropriate examination and/or evaluation
- Counseling and educating the patient/family/caregiver
- Ordering medications, tests, or procedures
- Referring and communicating with other healthcare providers (when not separately reported)
- Documenting clinical information in the electronic or other health record
- Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
- Care coordination (not separately reported)

Do not count time spent on the following:

- The performance of other services that are reported separately
- Travel
- Teaching that is general and not limited to discussion that is required for the management of a specific patient.

For split or shared visits, see the split or shared visits guidelines.

**C. UNLISTED SERVICE.**

An E/M service may be provided that is not listed in this section of CPT<sup>®</sup> codebook. When reporting such a service, the appropriate unlisted code may be used to indicate the service, identifying it by “Special Report,” as discussed in item E. The “Unlisted Services” and accompanying codes for the E/M section are as follows:

99429 Unlisted preventive medicine service

99499 Unlisted evaluation and management service

**D. SPECIAL REPORT.**

An unlisted service or one that is unusual, variable, or new may require a special report demonstrating the medical appropriateness of the service. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure and the time, effort, and equipment necessary to provide the service. Additional items that may be included are complexity of symptoms, final diagnosis, pertinent physical findings, diagnostic and therapeutic procedures, concurrent problems, and follow-up care.

**Historical Note**

New Appendix A, Evaluation and Management Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Evaluation and Management Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Evaluation and Management Guidelines repealed; new Appendix A, Evaluation and Management Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Evaluation and Management Guidelines repealed; new Appendix A, Evaluation and Management Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Evaluation and Management Guidelines repealed; new Appendix A, Evaluation and Management Guidelines made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Evaluation and Management Guidelines repealed; new Appendix A, Evaluation and Management Guidelines made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Evaluation and Management Guidelines repealed; new Appendix A, Evaluation and Management Guidelines made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Evaluation and Management Guidelines repealed; new Appendix A, Evaluation and Management Guidelines made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
98000 00	E&M	1.54	1.35	104.72	91.80
98001 00	E&M	2.54	2.33	172.72	158.44
98002 00	E&M	4.05	3.78	275.40	257.04
98003 00	E&M	5.37	5.08	365.16	345.44
98004 00	E&M	1.19	1.01	80.92	68.68
98005 00	E&M	2.08	1.88	141.44	127.84
98006 00	E&M	3.07	2.80	208.76	190.40
98007 00	E&M	4.07	3.78	276.76	257.04
98008 00	E&M	1.46	1.29	99.28	87.72
98009 00	E&M	2.42	2.24	164.56	152.32
98010 00	E&M	3.77	3.53	256.36	240.04
98011 00	E&M	4.90	4.64	333.20	315.52
98012 00	E&M	1.09	0.95	74.12	64.60
98013 00	E&M	1.90	1.73	129.20	117.64
98014 00	E&M	2.78	2.56	189.04	174.08
98015 00	E&M	4.04	3.78	274.72	257.04
98016 00	E&M	0.49	0.45	33.32	30.60
99202 00	E&M	2.16	1.40	146.88	95.20
99203 00	E&M	3.37	2.45	229.16	166.60
99204 00	E&M	5.05	3.99	343.40	271.32
99205 00	E&M	6.67	5.43	453.56	369.24
99211 00	E&M	0.70	0.26	47.60	17.68
99212 00	E&M	1.70	1.05	115.60	71.40
99213 00	E&M	2.75	1.97	187.00	133.96
99214 00	E&M	3.87	2.90	263.16	197.20
99215 00	E&M	5.43	4.29	369.24	291.72
99221 00	E&M	2.46	2.46	167.28	167.28
99222 00	E&M	3.88	3.88	263.84	263.84
99223 00	E&M	5.17	5.17	351.56	351.56
99231 00	E&M	1.46	1.46	99.28	99.28
99232 00	E&M	2.36	2.36	160.48	160.48
99233 00	E&M	3.52	3.52	239.36	239.36
99234 00	E&M	2.90	2.90	197.20	197.20
99235 00	E&M	4.72	4.72	320.96	320.96
99236 00	E&M	6.17	6.17	419.56	419.56
99238 00	E&M	2.42	2.42	164.56	164.56
99239 00	E&M	3.42	3.42	232.56	232.56
99242 00	E&M	2.24	1.65	152.32	112.20
99243 00	E&M	3.38	2.63	229.84	178.84
99244 00	E&M	4.81	3.99	327.08	271.32
99245 00	E&M	6.27	5.35	426.36	363.80
99252 00	E&M	2.10	2.10	142.80	142.80
99253 00	E&M	2.97	2.97	201.96	201.96
99254 00	E&M	4.11	4.11	279.48	279.48
99255 00	E&M	5.52	5.52	375.36	375.36
99281 00	E&M	0.34	0.34	23.12	23.12
99282 00	E&M	1.25	1.25	85.00	85.00
99283 00	E&M	2.11	2.11	143.48	143.48

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
99284 00	E&M	3.60	3.60	244.80	244.80
99285 00	E&M	5.22	5.22	354.96	354.96
99288 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99291 00	E&M	8.21	6.36	558.28	432.48
99292 00	E&M	3.57	3.18	242.76	216.24
99304 00	E&M	2.40	2.40	163.20	163.20
99305 00	E&M	3.97	3.97	269.96	269.96
99306 00	E&M	5.42	5.42	368.56	368.56
99307 00	E&M	1.19	1.19	80.92	80.92
99308 00	E&M	2.22	2.22	150.96	150.96
99309 00	E&M	3.22	3.22	218.96	218.96
99310 00	E&M	4.59	4.59	312.12	312.12
99315 00	E&M	2.43	2.43	165.24	165.24
99316 00	E&M	3.89	3.89	264.52	264.52
99341 00	E&M	1.47	1.47	99.96	99.96
99342 00	E&M	2.34	2.34	159.12	159.12
99344 00	E&M	4.23	4.23	287.64	287.64
99345 00	E&M	5.99	5.99	407.32	407.32
99347 00	E&M	1.35	1.35	91.80	91.80
99348 00	E&M	2.29	2.29	155.72	155.72
99349 00	E&M	3.79	3.79	257.72	257.72
99350 00	E&M	5.50	5.50	374.00	374.00
99358 00	E&M	2.67	2.63	181.56	178.84
99359 00	E&M	1.13	1.08	76.84	73.44
99360 00	E&M	1.73	1.73	117.64	117.64
99366 00	E&M	1.21	1.18	82.28	80.24
99367 00	E&M	1.59	1.59	108.12	108.12
99368 00	E&M	1.04	1.04	70.72	70.72
99374 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99375 00	E&M	3.07	2.53	208.76	172.04
99377 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99378 00	E&M	3.07	2.53	208.76	172.04
99379 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99380 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99381 00	E&M	0.00	0.00	BR	BR
99382 00	E&M	0.00	0.00	BR	BR
99383 00	E&M	0.00	0.00	BR	BR
99384 00	E&M	0.00	0.00	BR	BR
99385 00	E&M	0.00	0.00	BR	BR
99386 00	E&M	0.00	0.00	BR	BR
99387 00	E&M	0.00	0.00	BR	BR
99391 00	E&M	0.00	0.00	BR	BR
99392 00	E&M	0.00	0.00	BR	BR
99393 00	E&M	0.00	0.00	BR	BR
99394 00	E&M	0.00	0.00	BR	BR
99395 00	E&M	0.00	0.00	BR	BR
99396 00	E&M	0.00	0.00	BR	BR
99397 00	E&M	0.00	0.00	BR	BR

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99401 00	E&M	0.00	0.00	BR	BR
99402 00	E&M	0.00	0.00	BR	BR
99403 00	E&M	0.00	0.00	BR	BR
99404 00	E&M	0.00	0.00	BR	BR
99406 00	E&M	0.00	0.00	BR	BR
99407 00	E&M	0.00	0.00	BR	BR
99408 00	E&M	0.00	0.00	BR	BR
99409 00	E&M	0.00	0.00	BR	BR
99411 00	E&M	0.00	0.00	BR	BR
99412 00	E&M	0.00	0.00	BR	BR
99415 00	E&M	0.62	0.62	42.16	42.16
99416 00	E&M	0.29	0.29	19.72	19.72
99417 00	E&M	0.92	0.89	62.56	60.52
99418 00	E&M	1.17	1.17	79.56	79.56
99421 00	E&M	0.45	0.38	30.60	25.84
99422 00	E&M	0.88	0.76	59.84	51.68
99423 00	E&M	1.39	1.18	94.52	80.24
99424 00	E&M	2.50	2.23	170.00	151.64
99425 00	E&M	1.82	1.52	123.76	103.36
99426 00	E&M	1.91	1.47	129.88	99.96
99427 00	E&M	1.56	1.06	106.08	72.08
99429 00	E&M	0.00	0.00	BR	BR
99437 00	E&M	1.78	1.48	121.04	100.64
99439 00	E&M	1.42	1.02	96.56	69.36
99446 00	E&M	0.53	0.53	36.04	36.04
99447 00	E&M	1.07	1.07	72.76	72.76
99448 00	E&M	1.59	1.59	108.12	108.12
99449 00	E&M	2.15	2.15	146.20	146.20
99450 00	E&M	0.00	0.00	BR	BR
99451 00	E&M	1.02	1.02	69.36	69.36
99452 00	E&M	1.04	1.04	70.72	70.72
99453 00	E&M	0.61	0.61	41.48	41.48
99454 00	E&M	1.33	1.33	90.44	90.44
99455 00	E&M	5.23	5.23	355.64	355.64
99456 00	E&M	6.87	6.87	467.16	467.16
99457 00	E&M	1.48	0.89	100.64	60.52
99458 00	E&M	1.19	0.89	80.92	60.52
99459 00	E&M	0.64	0.64	43.52	43.52
99460 00	E&M	2.74	2.74	186.32	186.32
99461 00	E&M	2.74	1.80	186.32	122.40
99462 00	E&M	1.19	1.19	80.92	80.92
99463 00	E&M	3.21	3.21	218.28	218.28
99464 00	E&M	2.14	2.14	145.52	145.52
99465 00	E&M	4.19	4.19	284.92	284.92
99466 00	E&M	6.84	6.84	465.12	465.12
99467 00	E&M	3.43	3.43	233.24	233.24
99468 00	E&M	26.37	26.37	1793.16	1793.16
99469 00	E&M	11.41	11.41	775.88	775.88

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
99471 00	E&M	22.83	22.83	1552.44	1552.44
99472 00	E&M	11.86	11.86	806.48	806.48
99473 00	E&M	0.43	0.43	29.24	29.24
99474 00	E&M	0.51	0.26	34.68	17.68
99475 00	E&M	16.59	16.59	1128.12	1128.12
99476 00	E&M	10.06	10.06	684.08	684.08
99477 00	E&M	10.01	10.01	680.68	680.68
99478 00	E&M	3.92	3.92	266.56	266.56
99479 00	E&M	3.56	3.56	242.08	242.08
99480 00	E&M	3.43	3.43	233.24	233.24
99483 00	E&M	8.23	5.75	559.64	391.00
99484 00	E&M	1.64	1.28	111.52	87.04
99485 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99486 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99487 00	E&M	4.07	2.69	276.76	182.92
99489 00	E&M	2.18	1.46	148.24	99.28
99490 00	E&M	1.87	1.48	127.16	100.64
99491 00	E&M	2.54	2.24	172.72	152.32
99492 00	E&M	4.49	2.81	305.32	191.08
99493 00	E&M	4.13	3.06	280.84	208.08
99494 00	E&M	1.73	1.20	117.64	81.60
99495 00	E&M	6.22	4.15	422.96	282.20
99496 00	E&M	8.43	5.64	573.24	383.52
99497 00	E&M	2.46	2.24	167.28	152.32
99498 00	E&M	2.13	2.12	144.84	144.16
99499 00	E&M	0.00	0.00	BR	BR
G2010 00	E&M	0.37	0.27	25.16	18.36

**Historical Note**

New Appendix A, Evaluation and Management Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Evaluation and Management Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Evaluation and Management Codes 2019-2020 repealed; new Appendix A, Evaluation and Management Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Evaluation and Management Codes 2020-2021 repealed; new Appendix A, Evaluation and Management Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Evaluation and Management Codes 2021-2022 repealed; new Appendix A, Evaluation and Management Codes 2022-2023 made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Evaluation and Management Codes 2022-2023 repealed; new Appendix A, Evaluation and Management Codes 2023-2024 made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Evaluation and Management Codes 2023-2024 repealed; new Appendix A, Evaluation and Management Codes 2024-2025 made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Evaluation and Management Codes 2024-2025 repealed; new Appendix A, Evaluation and Management Codes 2025 made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

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## CATEGORY III CODES GUIDELINES

Information regarding publications incorporated by reference is found in the Introduction Section of the Fee Schedule.

The following Commission guidelines are in addition to the CPT® guidelines and represent additional guidance from the Commission relative to unit values for these services. To the extent that a conflict may exist between an incorporated portion of the CPT® publication or HCPCS code and a code, guideline, identifier or modifier unique to Arizona, then the Arizona code, guideline, identifier, or modifier shall control. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

Category III Codes are temporary codes developed to allow collection of data for emerging technology, services, and procedures. The five character alphanumeric codes contain four numbers with one alpha character in the fifth place. If a Category III Code is available, this code must be reported instead of a Category I unlisted code.

**Historical Note**

New Appendix A, Category III Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Category III Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Category III Guidelines; new Appendix A, Category III Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Category III Guidelines repealed; new Appendix A, Category III Codes Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Category III Code Guidelines repealed; new Appendix A, Category III Codes Guidelines made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Category III Code Guidelines repealed; new Appendix A, Category III Codes Guidelines made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Category III Codes Guidelines repealed; new Appendix A, Category III Codes Guidelines made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Category III Codes Guidelines repealed; new Appendix A, Category III Codes Guidelines made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Category III Codes 2025**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
0042T 00	Category III	0.00	0.00	RNE	RNE
0054T 00	Category III	0.00	0.00	RNE	RNE
0055T 00	Category III	0.00	0.00	RNE	RNE
0071T 00	Category III	0.00	0.00	RNE	RNE
0072T 00	Category III	0.00	0.00	RNE	RNE
0075T 00	Category III	0.00	0.00	RNE	RNE
0075T 26	Category III	0.00	0.00	RNE	RNE
0075T TC	Category III	0.00	0.00	RNE	RNE
0076T 00	Category III	0.00	0.00	RNE	RNE
0076T 26	Category III	0.00	0.00	RNE	RNE
0076T TC	Category III	0.00	0.00	RNE	RNE
0095T 00	Category III	0.00	0.00	RNE	RNE
0098T 00	Category III	0.00	0.00	RNE	RNE
0100T 00	Category III	0.00	0.00	RNE	RNE
0101T 00	Category III	0.00	0.00	RNE	RNE
0102T 00	Category III	0.00	0.00	RNE	RNE
0106T 00	Category III	0.00	0.00	RNE	RNE
0107T 00	Category III	0.00	0.00	RNE	RNE
0108T 00	Category III	0.00	0.00	RNE	RNE
0109T 00	Category III	0.00	0.00	RNE	RNE
0110T 00	Category III	0.00	0.00	RNE	RNE
0164T 00	Category III	0.00	0.00	RNE	RNE
0165T 00	Category III	0.00	0.00	RNE	RNE
0174T 00	Category III	0.00	0.00	RNE	RNE
0175T 00	Category III	0.00	0.00	RNE	RNE
0184T 00	Category III	0.00	0.00	RNE	RNE
0198T 00	Category III	0.00	0.00	RNE	RNE
0200T 00	Category III	0.00	0.00	RNE	RNE
0201T 00	Category III	0.00	0.00	RNE	RNE
0202T 00	Category III	0.00	0.00	RNE	RNE
0207T 00	Category III	0.00	0.00	RNE	RNE
0208T 00	Category III	0.00	0.00	RNE	RNE
0209T 00	Category III	0.00	0.00	RNE	RNE
0210T 00	Category III	0.00	0.00	RNE	RNE
0211T 00	Category III	0.00	0.00	RNE	RNE

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Category III Codes 2025

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
0212T 00	Category III	0.00	0.00	RNE	RNE
0213T 00	Category III	0.00	0.00	RNE	RNE
0214T 00	Category III	0.00	0.00	RNE	RNE
0215T 00	Category III	0.00	0.00	RNE	RNE
0216T 00	Category III	0.00	0.00	RNE	RNE
0217T 00	Category III	0.00	0.00	RNE	RNE
0218T 00	Category III	0.00	0.00	RNE	RNE
0219T 00	Category III	0.00	0.00	RNE	RNE
0220T 00	Category III	0.00	0.00	RNE	RNE
0221T 00	Category III	0.00	0.00	RNE	RNE
0222T 00	Category III	0.00	0.00	RNE	RNE
0232T 00	Category III	0.00	0.00	RNE	RNE
0234T 00	Category III	0.00	0.00	RNE	RNE
0235T 00	Category III	0.00	0.00	RNE	RNE
0236T 00	Category III	0.00	0.00	RNE	RNE
0237T 00	Category III	0.00	0.00	RNE	RNE
0238T 00	Category III	0.00	0.00	RNE	RNE
0253T 00	Category III	0.00	0.00	RNE	RNE
0263T 00	Category III	0.00	0.00	RNE	RNE
0264T 00	Category III	0.00	0.00	RNE	RNE
0265T 00	Category III	0.00	0.00	RNE	RNE
0266T 00	Category III	0.00	0.00	RNE	RNE
0267T 00	Category III	0.00	0.00	RNE	RNE
0268T 00	Category III	0.00	0.00	RNE	RNE
0269T 00	Category III	0.00	0.00	RNE	RNE
0270T 00	Category III	0.00	0.00	RNE	RNE
0271T 00	Category III	0.00	0.00	RNE	RNE
0272T 00	Category III	0.00	0.00	RNE	RNE
0273T 00	Category III	0.00	0.00	RNE	RNE
0274T 00	Category III	0.00	0.00	RNE	RNE
0275T 00	Category III	0.00	0.00	RNE	RNE
0278T 00	Category III	0.00	0.00	RNE	RNE
0308T 00	Category III	0.00	0.00	RNE	RNE
0329T 00	Category III	0.00	0.00	RNE	RNE
0330T 00	Category III	0.00	0.00	RNE	RNE

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Category III Codes 2025**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
0331T 00	Category III	0.00	0.00	RNE	RNE
0332T 00	Category III	0.00	0.00	RNE	RNE
0333T 00	Category III	0.00	0.00	RNE	RNE
0335T 00	Category III	0.00	0.00	RNE	RNE
0338T 00	Category III	0.00	0.00	RNE	RNE
0339T 00	Category III	0.00	0.00	RNE	RNE
0342T 00	Category III	0.00	0.00	RNE	RNE
0345T 00	Category III	0.00	0.00	RNE	RNE
0347T 00	Category III	0.00	0.00	RNE	RNE
0348T 00	Category III	0.00	0.00	RNE	RNE
0349T 00	Category III	0.00	0.00	RNE	RNE
0350T 00	Category III	0.00	0.00	RNE	RNE
0351T 00	Category III	0.00	0.00	RNE	RNE
0352T 00	Category III	0.00	0.00	RNE	RNE
0353T 00	Category III	0.00	0.00	RNE	RNE
0354T 00	Category III	0.00	0.00	RNE	RNE
0358T 00	Category III	0.00	0.00	RNE	RNE
0362T 00	Category III	0.00	0.00	RNE	RNE
0373T 00	Category III	0.00	0.00	RNE	RNE
0378T 00	Category III	0.00	0.00	RNE	RNE
0379T 00	Category III	0.00	0.00	RNE	RNE
0394T 00	Category III	0.00	0.00	RNE	RNE
0395T 00	Category III	0.00	0.00	RNE	RNE
0397T 00	Category III	0.00	0.00	RNE	RNE
0402T 00	Category III	0.00	0.00	RNE	RNE
0403T 00	Category III	0.00	0.00	RNE	RNE
0408T 00	Category III	0.00	0.00	RNE	RNE
0409T 00	Category III	0.00	0.00	RNE	RNE
0410T 00	Category III	0.00	0.00	RNE	RNE
0411T 00	Category III	0.00	0.00	RNE	RNE
0412T 00	Category III	0.00	0.00	RNE	RNE
0413T 00	Category III	0.00	0.00	RNE	RNE
0414T 00	Category III	0.00	0.00	RNE	RNE
0415T 00	Category III	0.00	0.00	RNE	RNE
0416T 00	Category III	0.00	0.00	RNE	RNE

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Category III Codes 2025

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
0417T 00	Category III	0.00	0.00	RNE	RNE
0417T 26	Category III	0.00	0.00	RNE	RNE
0417T TC	Category III	0.00	0.00	RNE	RNE
0418T 00	Category III	0.00	0.00	RNE	RNE
0418T 26	Category III	0.00	0.00	RNE	RNE
0418T TC	Category III	0.00	0.00	RNE	RNE
0419T 00	Category III	0.00	0.00	RNE	RNE
0420T 00	Category III	0.00	0.00	RNE	RNE
0421T 00	Category III	0.00	0.00	RNE	RNE
0422T 00	Category III	0.00	0.00	RNE	RNE
0437T 00	Category III	0.00	0.00	RNE	RNE
0439T 00	Category III	0.00	0.00	RNE	RNE
0440T 00	Category III	0.00	0.00	RNE	RNE
0441T 00	Category III	0.00	0.00	RNE	RNE
0442T 00	Category III	0.00	0.00	RNE	RNE
0443T 00	Category III	0.00	0.00	RNE	RNE
0444T 00	Category III	0.00	0.00	RNE	RNE
0445T 00	Category III	0.00	0.00	RNE	RNE
0449T 00	Category III	0.00	0.00	RNE	RNE
0450T 00	Category III	0.00	0.00	RNE	RNE
0464T 00	Category III	0.00	0.00	RNE	RNE
0469T 00	Category III	0.00	0.00	RNE	RNE
0472T 00	Category III	0.00	0.00	RNE	RNE
0473T 00	Category III	0.00	0.00	RNE	RNE
0474T 00	Category III	0.00	0.00	RNE	RNE
0479T 00	Category III	0.00	0.00	RNE	RNE
0480T 00	Category III	0.00	0.00	RNE	RNE
0481T 00	Category III	0.00	0.00	RNE	RNE
0483T 00	Category III	0.00	0.00	RNE	RNE
0484T 00	Category III	0.00	0.00	RNE	RNE
0485T 00	Category III	0.00	0.00	RNE	RNE
0485T 26	Category III	0.00	0.00	RNE	RNE
0485T TC	Category III	0.00	0.00	RNE	RNE
0486T 00	Category III	0.00	0.00	RNE	RNE
0486T 26	Category III	0.00	0.00	RNE	RNE

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Category III Codes 2025**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
0486T TC	Category III	0.00	0.00	RNE	RNE
0488T 00	Category III	0.00	0.00	RNE	RNE
0489T 00	Category III	0.00	0.00	RNE	RNE
0490T 00	Category III	0.00	0.00	RNE	RNE
0494T 00	Category III	0.00	0.00	RNE	RNE
0495T 00	Category III	0.00	0.00	RNE	RNE
0496T 00	Category III	0.00	0.00	RNE	RNE
0505T 00	Category III	0.00	0.00	RNE	RNE
0506T 00	Category III	0.00	0.00	RNE	RNE
0506T 26	Category III	0.00	0.00	RNE	RNE
0506T TC	Category III	0.00	0.00	RNE	RNE
0507T 00	Category III	0.00	0.00	RNE	RNE
0507T 26	Category III	0.00	0.00	RNE	RNE
0507T TC	Category III	0.00	0.00	RNE	RNE
0510T 00	Category III	0.00	0.00	RNE	RNE
0511T 00	Category III	0.00	0.00	RNE	RNE
0512T 00	Category III	0.00	0.00	RNE	RNE
0513T 00	Category III	0.00	0.00	RNE	RNE
0515T 00	Category III	0.00	0.00	RNE	RNE
0516T 00	Category III	0.00	0.00	RNE	RNE
0517T 00	Category III	0.00	0.00	RNE	RNE
0518T 00	Category III	0.00	0.00	RNE	RNE
0519T 00	Category III	0.00	0.00	RNE	RNE
0520T 00	Category III	0.00	0.00	RNE	RNE
0521T 00	Category III	0.00	0.00	RNE	RNE
0521T 26	Category III	0.00	0.00	RNE	RNE
0521T TC	Category III	0.00	0.00	RNE	RNE
0522T 00	Category III	0.00	0.00	RNE	RNE
0522T 26	Category III	0.00	0.00	RNE	RNE
0522T TC	Category III	0.00	0.00	RNE	RNE
0523T 00	Category III	0.00	0.00	RNE	RNE
0524T 00	Category III	0.00	0.00	RNE	RNE
0525T 00	Category III	0.00	0.00	RNE	RNE
0526T 00	Category III	0.00	0.00	RNE	RNE
0527T 00	Category III	0.00	0.00	RNE	RNE

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Category III Codes 2025

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
0528T 00	Category III	0.00	0.00	RNE	RNE
0528T 26	Category III	0.00	0.00	RNE	RNE
0528T TC	Category III	0.00	0.00	RNE	RNE
0529T 00	Category III	0.00	0.00	RNE	RNE
0529T 26	Category III	0.00	0.00	RNE	RNE
0529T TC	Category III	0.00	0.00	RNE	RNE
0530T 00	Category III	0.00	0.00	RNE	RNE
0531T 00	Category III	0.00	0.00	RNE	RNE
0532T 00	Category III	0.00	0.00	RNE	RNE
0541T 00	Category III	0.00	0.00	RNE	RNE
0542T 00	Category III	0.00	0.00	RNE	RNE
0543T 00	Category III	0.00	0.00	RNE	RNE
0544T 00	Category III	0.00	0.00	RNE	RNE
0545T 00	Category III	0.00	0.00	RNE	RNE
0546T 00	Category III	0.00	0.00	RNE	RNE
0547T 00	Category III	0.00	0.00	RNE	RNE
0552T 00	Category III	0.00	0.00	RNE	RNE
0554T 00	Category III	0.00	0.00	RNE	RNE
0555T 00	Category III	0.00	0.00	RNE	RNE
0556T 00	Category III	0.00	0.00	RNE	RNE
0557T 00	Category III	0.00	0.00	RNE	RNE
0558T 00	Category III	0.00	0.00	RNE	RNE
0559T 00	Category III	0.00	0.00	RNE	RNE
0560T 00	Category III	0.00	0.00	RNE	RNE
0561T 00	Category III	0.00	0.00	RNE	RNE
0562T 00	Category III	0.00	0.00	RNE	RNE
0563T 00	Category III	0.00	0.00	RNE	RNE
0565T 00	Category III	0.00	0.00	RNE	RNE
0566T 00	Category III	0.00	0.00	RNE	RNE
0569T 00	Category III	0.00	0.00	RNE	RNE
0570T 00	Category III	0.00	0.00	RNE	RNE
0571T 00	Category III	0.00	0.00	RNE	RNE
0572T 00	Category III	0.00	0.00	RNE	RNE
0573T 00	Category III	0.00	0.00	RNE	RNE
0574T 00	Category III	0.00	0.00	RNE	RNE

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Category III Codes 2025**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
0575T 00	Category III	0.00	0.00	RNE	RNE
0576T 00	Category III	0.00	0.00	RNE	RNE
0577T 00	Category III	0.00	0.00	RNE	RNE
0578T 00	Category III	0.00	0.00	RNE	RNE
0579T 00	Category III	0.00	0.00	RNE	RNE
0580T 00	Category III	0.00	0.00	RNE	RNE
0581T 00	Category III	0.00	0.00	RNE	RNE
0582T 00	Category III	0.00	0.00	RNE	RNE
0583T 00	Category III	0.00	0.00	RNE	RNE
0584T 00	Category III	0.00	0.00	RNE	RNE
0585T 00	Category III	0.00	0.00	RNE	RNE
0586T 00	Category III	0.00	0.00	RNE	RNE
0587T 00	Category III	0.00	0.00	RNE	RNE
0588T 00	Category III	0.00	0.00	RNE	RNE
0589T 00	Category III	0.00	0.00	RNE	RNE
0590T 00	Category III	0.00	0.00	RNE	RNE
0591T 00	Category III	0.00	0.00	RNE	RNE
0592T 00	Category III	0.00	0.00	RNE	RNE
0593T 00	Category III	0.00	0.00	RNE	RNE
0594T 00	Category III	0.00	0.00	RNE	RNE
0596T 00	Category III	0.00	0.00	RNE	RNE
0597T 00	Category III	0.00	0.00	RNE	RNE
0598T 00	Category III	0.00	0.00	RNE	RNE
0599T 00	Category III	0.00	0.00	RNE	RNE
0600T 00	Category III	0.00	0.00	RNE	RNE
0601T 00	Category III	0.00	0.00	RNE	RNE
0602T 00	Category III	0.00	0.00	RNE	RNE
0603T 00	Category III	0.00	0.00	RNE	RNE
0604T 00	Category III	0.00	0.00	RNE	RNE
0605T 00	Category III	0.00	0.00	RNE	RNE
0606T 00	Category III	0.00	0.00	RNE	RNE
0607T 00	Category III	0.00	0.00	RNE	RNE
0608T 00	Category III	0.00	0.00	RNE	RNE
0609T 00	Category III	0.00	0.00	RNE	RNE
0610T 00	Category III	0.00	0.00	RNE	RNE

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Category III Codes 2025

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
0611T 00	Category III	0.00	0.00	RNE	RNE
0612T 00	Category III	0.00	0.00	RNE	RNE
0613T 00	Category III	0.00	0.00	RNE	RNE
0614T 00	Category III	0.00	0.00	RNE	RNE
0615T 00	Category III	0.00	0.00	RNE	RNE
0619T 00	Category III	0.00	0.00	RNE	RNE
0620T 00	Category III	0.00	0.00	RNE	RNE
0621T 00	Category III	0.00	0.00	RNE	RNE
0622T 00	Category III	0.00	0.00	RNE	RNE
0623T 00	Category III	0.00	0.00	RNE	RNE
0624T 00	Category III	0.00	0.00	RNE	RNE
0625T 00	Category III	0.00	0.00	RNE	RNE
0626T 00	Category III	0.00	0.00	RNE	RNE
0627T 00	Category III	0.00	0.00	RNE	RNE
0628T 00	Category III	0.00	0.00	RNE	RNE
0629T 00	Category III	0.00	0.00	RNE	RNE
0630T 00	Category III	0.00	0.00	RNE	RNE
0631T 00	Category III	0.00	0.00	RNE	RNE
0632T 00	Category III	0.00	0.00	RNE	RNE
0633T 00	Category III	0.00	0.00	RNE	RNE
0633T 26	Category III	0.00	0.00	RNE	RNE
0633T TC	Category III	0.00	0.00	RNE	RNE
0634T 00	Category III	0.00	0.00	RNE	RNE
0634T 26	Category III	0.00	0.00	RNE	RNE
0634T TC	Category III	0.00	0.00	RNE	RNE
0635T 00	Category III	0.00	0.00	RNE	RNE
0635T 26	Category III	0.00	0.00	RNE	RNE
0635T TC	Category III	0.00	0.00	RNE	RNE
0636T 00	Category III	0.00	0.00	RNE	RNE
0636T 26	Category III	0.00	0.00	RNE	RNE
0636T TC	Category III	0.00	0.00	RNE	RNE
0637T 00	Category III	0.00	0.00	RNE	RNE
0637T 26	Category III	0.00	0.00	RNE	RNE
0637T TC	Category III	0.00	0.00	RNE	RNE
0638T 00	Category III	0.00	0.00	RNE	RNE

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Category III Codes 2025**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
0638T 26	Category III	0.00	0.00	RNE	RNE
0638T TC	Category III	0.00	0.00	RNE	RNE
0639T 00	Category III	0.00	0.00	RNE	RNE
0640T 00	Category III	0.00	0.00	RNE	RNE
0640T 26	Category III	0.00	0.00	RNE	RNE
0640T TC	Category III	0.00	0.00	RNE	RNE
0643T 00	Category III	0.00	0.00	RNE	RNE
0644T 00	Category III	0.00	0.00	RNE	RNE
0645T 00	Category III	0.00	0.00	RNE	RNE
0646T 00	Category III	0.00	0.00	RNE	RNE
0647T 00	Category III	0.00	0.00	RNE	RNE
0648T 00	Category III	0.00	0.00	RNE	RNE
0648T 26	Category III	0.00	0.00	RNE	RNE
0648T TC	Category III	0.00	0.00	RNE	RNE
0649T 00	Category III	0.00	0.00	RNE	RNE
0649T 26	Category III	0.00	0.00	RNE	RNE
0649T TC	Category III	0.00	0.00	RNE	RNE
0650T 00	Category III	0.00	0.00	RNE	RNE
0650T 26	Category III	0.00	0.00	RNE	RNE
0650T TC	Category III	0.00	0.00	RNE	RNE
0651T 00	Category III	0.00	0.00	RNE	RNE
0652T 00	Category III	0.00	0.00	RNE	RNE
0653T 00	Category III	0.00	0.00	RNE	RNE
0654T 00	Category III	0.00	0.00	RNE	RNE
0655T 00	Category III	0.00	0.00	RNE	RNE
0656T 00	Category III	0.00	0.00	RNE	RNE
0657T 00	Category III	0.00	0.00	RNE	RNE
0658T 00	Category III	0.00	0.00	RNE	RNE
0659T 00	Category III	0.00	0.00	RNE	RNE
0660T 00	Category III	0.00	0.00	RNE	RNE
0661T 00	Category III	0.00	0.00	RNE	RNE
0662T 00	Category III	0.00	0.00	RNE	RNE
0663T 00	Category III	0.00	0.00	RNE	RNE
0664T 00	Category III	0.00	0.00	RNE	RNE
0665T 00	Category III	0.00	0.00	RNE	RNE

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Category III Codes 2025

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
0666T 00	Category III	0.00	0.00	RNE	RNE
0667T 00	Category III	0.00	0.00	RNE	RNE
0668T 00	Category III	0.00	0.00	RNE	RNE
0669T 00	Category III	0.00	0.00	RNE	RNE
0670T 00	Category III	0.00	0.00	RNE	RNE
0671T 00	Category III	0.00	0.00	RNE	RNE
0672T 00	Category III	0.00	0.00	RNE	RNE
0673T 00	Category III	0.00	0.00	RNE	RNE
0674T 00	Category III	0.00	0.00	RNE	RNE
0675T 00	Category III	0.00	0.00	RNE	RNE
0676T 00	Category III	0.00	0.00	RNE	RNE
0677T 00	Category III	0.00	0.00	RNE	RNE
0678T 00	Category III	0.00	0.00	RNE	RNE
0679T 00	Category III	0.00	0.00	RNE	RNE
0680T 00	Category III	0.00	0.00	RNE	RNE
0681T 00	Category III	0.00	0.00	RNE	RNE
0682T 00	Category III	0.00	0.00	RNE	RNE
0683T 00	Category III	0.00	0.00	RNE	RNE
0683T 26	Category III	0.00	0.00	RNE	RNE
0683T TC	Category III	0.00	0.00	RNE	RNE
0684T 00	Category III	0.00	0.00	RNE	RNE
0684T 26	Category III	0.00	0.00	RNE	RNE
0684T TC	Category III	0.00	0.00	RNE	RNE
0685T 00	Category III	0.00	0.00	RNE	RNE
0685T 26	Category III	0.00	0.00	RNE	RNE
0685T TC	Category III	0.00	0.00	RNE	RNE
0686T 00	Category III	0.00	0.00	RNE	RNE
0687T 00	Category III	0.00	0.00	RNE	RNE
0688T 00	Category III	0.00	0.00	RNE	RNE
0689T 00	Category III	0.00	0.00	RNE	RNE
0689T 26	Category III	0.00	0.00	RNE	RNE
0689T TC	Category III	0.00	0.00	RNE	RNE
0690T 00	Category III	0.00	0.00	RNE	RNE
0690T 26	Category III	0.00	0.00	RNE	RNE
0690T TC	Category III	0.00	0.00	RNE	RNE

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Category III Codes 2025**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
0691T 00	Category III	0.00	0.00	RNE	RNE
0691T 26	Category III	0.00	0.00	RNE	RNE
0691T TC	Category III	0.00	0.00	RNE	RNE
0692T 00	Category III	0.00	0.00	RNE	RNE
0693T 00	Category III	0.00	0.00	RNE	RNE
0694T 00	Category III	0.00	0.00	RNE	RNE
0694T 26	Category III	0.00	0.00	RNE	RNE
0694T TC	Category III	0.00	0.00	RNE	RNE
0695T 00	Category III	0.00	0.00	RNE	RNE
0696T 00	Category III	0.00	0.00	RNE	RNE
0697T 00	Category III	0.00	0.00	RNE	RNE
0697T 26	Category III	0.00	0.00	RNE	RNE
0697T TC	Category III	0.00	0.00	RNE	RNE
0698T 00	Category III	0.00	0.00	RNE	RNE
0698T 26	Category III	0.00	0.00	RNE	RNE
0698T TC	Category III	0.00	0.00	RNE	RNE
0699T 00	Category III	0.00	0.00	RNE	RNE
0700T 00	Category III	0.00	0.00	RNE	RNE
0700T 26	Category III	0.00	0.00	RNE	RNE
0700T TC	Category III	0.00	0.00	RNE	RNE
0701T 00	Category III	0.00	0.00	RNE	RNE
0701T 26	Category III	0.00	0.00	RNE	RNE
0701T TC	Category III	0.00	0.00	RNE	RNE
0704T 00	Category III	0.00	0.00	RNE	RNE
0705T 00	Category III	0.00	0.00	RNE	RNE
0706T 00	Category III	0.00	0.00	RNE	RNE
0707T 00	Category III	0.00	0.00	RNE	RNE
0708T 00	Category III	0.00	0.00	RNE	RNE
0709T 00	Category III	0.00	0.00	RNE	RNE
0710T 00	Category III	0.00	0.00	RNE	RNE
0711T 00	Category III	0.00	0.00	RNE	RNE
0712T 00	Category III	0.00	0.00	RNE	RNE
0713T 00	Category III	0.00	0.00	RNE	RNE
0714T 00	Category III	0.00	0.00	RNE	RNE
0716T 00	Category III	0.00	0.00	RNE	RNE

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Category III Codes 2025

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
0717T 00	Category III	0.00	0.00	RNE	RNE
0718T 00	Category III	0.00	0.00	RNE	RNE
0719T 00	Category III	0.00	0.00	RNE	RNE
0720T 00	Category III	0.00	0.00	RNE	RNE
0721T 00	Category III	0.00	0.00	RNE	RNE
0721T 26	Category III	0.00	0.00	RNE	RNE
0721T TC	Category III	0.00	0.00	RNE	RNE
0722T 00	Category III	0.00	0.00	RNE	RNE
0722T 26	Category III	0.00	0.00	RNE	RNE
0722T TC	Category III	0.00	0.00	RNE	RNE
0723T 00	Category III	0.00	0.00	RNE	RNE
0723T 26	Category III	0.00	0.00	RNE	RNE
0723T TC	Category III	0.00	0.00	RNE	RNE
0724T 00	Category III	0.00	0.00	RNE	RNE
0724T 26	Category III	0.00	0.00	RNE	RNE
0724T TC	Category III	0.00	0.00	RNE	RNE
0725T 00	Category III	0.00	0.00	RNE	RNE
0726T 00	Category III	0.00	0.00	RNE	RNE
0727T 00	Category III	0.00	0.00	RNE	RNE
0728T 00	Category III	0.00	0.00	RNE	RNE
0729T 00	Category III	0.00	0.00	RNE	RNE
0730T 00	Category III	0.00	0.00	RNE	RNE
0731T 00	Category III	0.00	0.00	RNE	RNE
0732T 00	Category III	0.00	0.00	RNE	RNE
0733T 00	Category III	0.00	0.00	RNE	RNE
0734T 00	Category III	0.00	0.00	RNE	RNE
0735T 00	Category III	0.00	0.00	RNE	RNE
0736T 00	Category III	0.00	0.00	RNE	RNE
0737T 00	Category III	0.00	0.00	RNE	RNE
0738T 00	Category III	0.00	0.00	RNE	RNE
0739T 00	Category III	0.00	0.00	RNE	RNE
0740T 00	Category III	0.00	0.00	RNE	RNE
0741T 00	Category III	0.00	0.00	RNE	RNE
0742T 00	Category III	0.00	0.00	RNE	RNE
0742T 26	Category III	0.00	0.00	RNE	RNE

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Category III Codes 2025**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
0742T TC	Category III	0.00	0.00	RNE	RNE
0743T 00	Category III	0.00	0.00	RNE	RNE
0743T 26	Category III	0.00	0.00	RNE	RNE
0743T TC	Category III	0.00	0.00	RNE	RNE
0744T 00	Category III	0.00	0.00	RNE	RNE
0745T 00	Category III	0.00	0.00	RNE	RNE
0746T 00	Category III	0.00	0.00	RNE	RNE
0747T 00	Category III	0.00	0.00	RNE	RNE
0748T 00	Category III	0.00	0.00	RNE	RNE
0749T 00	Category III	0.00	0.00	RNE	RNE
0750T 00	Category III	0.00	0.00	RNE	RNE
0751T 00	Category III	0.00	0.00	RNE	RNE
0752T 00	Category III	0.00	0.00	RNE	RNE
0753T 00	Category III	0.00	0.00	RNE	RNE
0754T 00	Category III	0.00	0.00	RNE	RNE
0755T 00	Category III	0.00	0.00	RNE	RNE
0756T 00	Category III	0.00	0.00	RNE	RNE
0757T 00	Category III	0.00	0.00	RNE	RNE
0758T 00	Category III	0.00	0.00	RNE	RNE
0759T 00	Category III	0.00	0.00	RNE	RNE
0760T 00	Category III	0.00	0.00	RNE	RNE
0761T 00	Category III	0.00	0.00	RNE	RNE
0762T 00	Category III	0.00	0.00	RNE	RNE
0763T 00	Category III	0.00	0.00	RNE	RNE
0764T 00	Category III	0.00	0.00	RNE	RNE
0765T 00	Category III	0.00	0.00	RNE	RNE
0766T 00	Category III	0.00	0.00	RNE	RNE
0767T 00	Category III	0.00	0.00	RNE	RNE
0770T 00	Category III	0.00	0.00	RNE	RNE
0771T 00	Category III	0.00	0.00	RNE	RNE
0772T 00	Category III	0.00	0.00	RNE	RNE
0773T 00	Category III	0.00	0.00	RNE	RNE
0774T 00	Category III	0.00	0.00	RNE	RNE
0776T 00	Category III	0.00	0.00	RNE	RNE
0777T 00	Category III	0.00	0.00	RNE	RNE

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Category III Codes 2025

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
0777T 26	Category III	0.00	0.00	RNE	RNE
0777T TC	Category III	0.00	0.00	RNE	RNE
0778T 00	Category III	0.00	0.00	RNE	RNE
0779T 00	Category III	0.00	0.00	RNE	RNE
0779T 26	Category III	0.00	0.00	RNE	RNE
0779T TC	Category III	0.00	0.00	RNE	RNE
0780T 00	Category III	0.00	0.00	RNE	RNE
0781T 00	Category III	0.00	0.00	RNE	RNE
0782T 00	Category III	0.00	0.00	RNE	RNE
0783T 00	Category III	0.00	0.00	RNE	RNE
0784T 00	Category III	0.00	0.00	RNE	RNE
0785T 00	Category III	0.00	0.00	RNE	RNE
0786T 00	Category III	0.00	0.00	RNE	RNE
0787T 00	Category III	0.00	0.00	RNE	RNE
0788T 00	Category III	0.00	0.00	RNE	RNE
0789T 00	Category III	0.00	0.00	RNE	RNE
0790T 00	Category III	0.00	0.00	RNE	RNE
0791T 00	Category III	0.00	0.00	RNE	RNE
0792T 00	Category III	0.00	0.00	RNE	RNE
0793T 00	Category III	0.00	0.00	RNE	RNE
0794T 00	Category III	0.00	0.00	RNE	RNE
0795T 00	Category III	0.00	0.00	RNE	RNE
0796T 00	Category III	0.00	0.00	RNE	RNE
0797T 00	Category III	0.00	0.00	RNE	RNE
0798T 00	Category III	0.00	0.00	RNE	RNE
0799T 00	Category III	0.00	0.00	RNE	RNE
0800T 00	Category III	0.00	0.00	RNE	RNE
0801T 00	Category III	0.00	0.00	RNE	RNE
0802T 00	Category III	0.00	0.00	RNE	RNE
0803T 00	Category III	0.00	0.00	RNE	RNE
0804T 00	Category III	0.00	0.00	RNE	RNE
0804T 26	Category III	0.00	0.00	RNE	RNE
0804T TC	Category III	0.00	0.00	RNE	RNE
0805T 00	Category III	0.00	0.00	RNE	RNE
0806T 00	Category III	0.00	0.00	RNE	RNE

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Category III Codes 2025**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
0807T 00	Category III	0.00	0.00	RNE	RNE
0807T 26	Category III	0.00	0.00	RNE	RNE
0807T TC	Category III	0.00	0.00	RNE	RNE
0808T 00	Category III	0.00	0.00	RNE	RNE
0808T 26	Category III	0.00	0.00	RNE	RNE
0808T TC	Category III	0.00	0.00	RNE	RNE
0810T 00	Category III	0.00	0.00	RNE	RNE
0811T 00	Category III	0.00	0.00	RNE	RNE
0812T 00	Category III	0.00	0.00	RNE	RNE
0813T 00	Category III	0.00	0.00	RNE	RNE
0814T 00	Category III	0.00	0.00	RNE	RNE
0815T 00	Category III	0.00	0.00	RNE	RNE
0815T 26	Category III	0.00	0.00	RNE	RNE
0815T TC	Category III	0.00	0.00	RNE	RNE
0816T 00	Category III	0.00	0.00	RNE	RNE
0817T 00	Category III	0.00	0.00	RNE	RNE
0818T 00	Category III	0.00	0.00	RNE	RNE
0819T 00	Category III	0.00	0.00	RNE	RNE
0820T 00	Category III	0.00	0.00	RNE	RNE
0821T 00	Category III	0.00	0.00	RNE	RNE
0822T 00	Category III	0.00	0.00	RNE	RNE
0823T 00	Category III	0.00	0.00	RNE	RNE
0824T 00	Category III	0.00	0.00	RNE	RNE
0825T 00	Category III	0.00	0.00	RNE	RNE
0826T 00	Category III	0.00	0.00	RNE	RNE
0826T 26	Category III	0.00	0.00	RNE	RNE
0826T TC	Category III	0.00	0.00	RNE	RNE
0827T 00	Category III	0.00	0.00	RNE	RNE
0828T 00	Category III	0.00	0.00	RNE	RNE
0829T 00	Category III	0.00	0.00	RNE	RNE
0830T 00	Category III	0.00	0.00	RNE	RNE
0831T 00	Category III	0.00	0.00	RNE	RNE
0832T 00	Category III	0.00	0.00	RNE	RNE
0833T 00	Category III	0.00	0.00	RNE	RNE
0834T 00	Category III	0.00	0.00	RNE	RNE

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Category III Codes 2025

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
0835T 00	Category III	0.00	0.00	RNE	RNE
0836T 00	Category III	0.00	0.00	RNE	RNE
0837T 00	Category III	0.00	0.00	RNE	RNE
0838T 00	Category III	0.00	0.00	RNE	RNE
0839T 00	Category III	0.00	0.00	RNE	RNE
0840T 00	Category III	0.00	0.00	RNE	RNE
0841T 00	Category III	0.00	0.00	RNE	RNE
0842T 00	Category III	0.00	0.00	RNE	RNE
0843T 00	Category III	0.00	0.00	RNE	RNE
0844T 00	Category III	0.00	0.00	RNE	RNE
0845T 00	Category III	0.00	0.00	RNE	RNE
0846T 00	Category III	0.00	0.00	RNE	RNE
0847T 00	Category III	0.00	0.00	RNE	RNE
0848T 00	Category III	0.00	0.00	RNE	RNE
0849T 00	Category III	0.00	0.00	RNE	RNE
0850T 00	Category III	0.00	0.00	RNE	RNE
0851T 00	Category III	0.00	0.00	RNE	RNE
0852T 00	Category III	0.00	0.00	RNE	RNE
0853T 00	Category III	0.00	0.00	RNE	RNE
0854T 00	Category III	0.00	0.00	RNE	RNE
0855T 00	Category III	0.00	0.00	RNE	RNE
0856T 00	Category III	0.00	0.00	RNE	RNE
0857T 00	Category III	0.00	0.00	RNE	RNE
0857T 26	Category III	0.00	0.00	RNE	RNE
0857T TC	Category III	0.00	0.00	RNE	RNE
0858T 00	Category III	0.00	0.00	RNE	RNE
0858T 26	Category III	0.00	0.00	RNE	RNE
0858T TC	Category III	0.00	0.00	RNE	RNE
0859T 00	Category III	0.00	0.00	RNE	RNE
0859T 26	Category III	0.00	0.00	RNE	RNE
0859T TC	Category III	0.00	0.00	RNE	RNE
0860T 00	Category III	0.00	0.00	RNE	RNE
0861T 00	Category III	0.00	0.00	RNE	RNE
0862T 00	Category III	0.00	0.00	RNE	RNE
0863T 00	Category III	0.00	0.00	RNE	RNE

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Category III Codes 2025**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
0864T 00	Category III	0.00	0.00	RNE	RNE
0865T 00	Category III	0.00	0.00	RNE	RNE
0865T 26	Category III	0.00	0.00	RNE	RNE
0865T TC	Category III	0.00	0.00	RNE	RNE
0866T 00	Category III	0.00	0.00	RNE	RNE
0866T 26	Category III	0.00	0.00	RNE	RNE
0866T TC	Category III	0.00	0.00	RNE	RNE
0867T 00	Category III	0.00	0.00	RNE	RNE
0868T 00	Category III	0.00	0.00	RNE	RNE
0868T 26	Category III	0.00	0.00	RNE	RNE
0868T TC	Category III	0.00	0.00	RNE	RNE
0869T 00	Category III	0.00	0.00	RNE	RNE
0870T 00	Category III	0.00	0.00	RNE	RNE
0871T 00	Category III	0.00	0.00	RNE	RNE
0872T 00	Category III	0.00	0.00	RNE	RNE
0873T 00	Category III	0.00	0.00	RNE	RNE
0874T 00	Category III	0.00	0.00	RNE	RNE
0875T 00	Category III	0.00	0.00	RNE	RNE
0876T 00	Category III	0.00	0.00	RNE	RNE
0876T 26	Category III	0.00	0.00	RNE	RNE
0876T TC	Category III	0.00	0.00	RNE	RNE
0877T 00	Category III	0.00	0.00	RNE	RNE
0878T 00	Category III	0.00	0.00	RNE	RNE
0879T 00	Category III	0.00	0.00	RNE	RNE
0880T 00	Category III	0.00	0.00	RNE	RNE
0881T 00	Category III	0.00	0.00	RNE	RNE
0882T 00	Category III	0.00	0.00	RNE	RNE
0883T 00	Category III	0.00	0.00	RNE	RNE
0884T 00	Category III	0.00	0.00	RNE	RNE
0885T 00	Category III	0.00	0.00	RNE	RNE
0886T 00	Category III	0.00	0.00	RNE	RNE
0887T 00	Category III	0.00	0.00	RNE	RNE
0888T 00	Category III	0.00	0.00	RNE	RNE
0889T 00	Category III	0.00	0.00	RNE	RNE
0890T 00	Category III	0.00	0.00	RNE	RNE

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Category III Codes 2025

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
0891T 00	Category III	0.00	0.00	RNE	RNE
0892T 00	Category III	0.00	0.00	RNE	RNE
0893T 00	Category III	0.00	0.00	RNE	RNE
0893T 26	Category III	0.00	0.00	RNE	RNE
0893T TC	Category III	0.00	0.00	RNE	RNE
0894T 00	Category III	0.00	0.00	RNE	RNE
0895T 00	Category III	0.00	0.00	RNE	RNE
0896T 00	Category III	0.00	0.00	RNE	RNE
0897T 00	Category III	0.00	0.00	RNE	RNE
0897T 26	Category III	0.00	0.00	RNE	RNE
0897T TC	Category III	0.00	0.00	RNE	RNE
0898T 00	Category III	0.00	0.00	RNE	RNE
0898T 26	Category III	0.00	0.00	RNE	RNE
0898T TC	Category III	0.00	0.00	RNE	RNE
0899T 00	Category III	0.00	0.00	RNE	RNE
0899T 26	Category III	0.00	0.00	RNE	RNE
0899T TC	Category III	0.00	0.00	RNE	RNE
0900T 00	Category III	0.00	0.00	RNE	RNE
0900T 26	Category III	0.00	0.00	RNE	RNE
0900T TC	Category III	0.00	0.00	RNE	RNE
0901T 00	Category III	0.00	0.00	RNE	RNE
0902T 00	Category III	0.00	0.00	RNE	RNE
0903T 00	Category III	0.00	0.00	RNE	RNE
0904T 00	Category III	0.00	0.00	RNE	RNE
0905T 00	Category III	0.00	0.00	RNE	RNE
0906T 00	Category III	0.00	0.00	RNE	RNE
0907T 00	Category III	0.00	0.00	RNE	RNE
0908T 00	Category III	0.00	0.00	RNE	RNE
0909T 00	Category III	0.00	0.00	RNE	RNE
0910T 00	Category III	0.00	0.00	RNE	RNE
0911T 00	Category III	0.00	0.00	RNE	RNE
0912T 00	Category III	0.00	0.00	RNE	RNE
0913T 00	Category III	0.00	0.00	RNE	RNE
0914T 00	Category III	0.00	0.00	RNE	RNE
0915T 00	Category III	0.00	0.00	RNE	RNE

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Category III Codes 2025**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
0916T 00	Category III	0.00	0.00	RNE	RNE
0917T 00	Category III	0.00	0.00	RNE	RNE
0918T 00	Category III	0.00	0.00	RNE	RNE
0919T 00	Category III	0.00	0.00	RNE	RNE
0920T 00	Category III	0.00	0.00	RNE	RNE
0921T 00	Category III	0.00	0.00	RNE	RNE
0922T 00	Category III	0.00	0.00	RNE	RNE
0923T 00	Category III	0.00	0.00	RNE	RNE
0924T 00	Category III	0.00	0.00	RNE	RNE
0925T 00	Category III	0.00	0.00	RNE	RNE
0926T 00	Category III	0.00	0.00	RNE	RNE
0926T 26	Category III	0.00	0.00	RNE	RNE
0926T TC	Category III	0.00	0.00	RNE	RNE
0927T 00	Category III	0.00	0.00	RNE	RNE
0927T 26	Category III	0.00	0.00	RNE	RNE
0927T TC	Category III	0.00	0.00	RNE	RNE
0928T 00	Category III	0.00	0.00	RNE	RNE
0929T 00	Category III	0.00	0.00	RNE	RNE
0930T 00	Category III	0.00	0.00	RNE	RNE
0930T 26	Category III	0.00	0.00	RNE	RNE
0930T TC	Category III	0.00	0.00	RNE	RNE
0931T 00	Category III	0.00	0.00	RNE	RNE
0931T 26	Category III	0.00	0.00	RNE	RNE
0931T TC	Category III	0.00	0.00	RNE	RNE
0932T 00	Category III	0.00	0.00	RNE	RNE
0932T 26	Category III	0.00	0.00	RNE	RNE
0932T TC	Category III	0.00	0.00	RNE	RNE
0933T 00	Category III	0.00	0.00	RNE	RNE
0934T 00	Category III	0.00	0.00	RNE	RNE
0935T 00	Category III	0.00	0.00	RNE	RNE
0936T 00	Category III	0.00	0.00	RNE	RNE
0937T 00	Category III	0.00	0.00	RNE	RNE
0938T 00	Category III	0.00	0.00	RNE	RNE
0939T 00	Category III	0.00	0.00	RNE	RNE
0940T 00	Category III	0.00	0.00	RNE	RNE

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Category III Codes 2025**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
0941T 00	Category III	0.00	0.00	RNE	RNE
0942T 00	Category III	0.00	0.00	RNE	RNE
0943T 00	Category III	0.00	0.00	RNE	RNE
0944T 00	Category III	0.00	0.00	RNE	RNE
0944T 26	Category III	0.00	0.00	RNE	RNE
0944T TC	Category III	0.00	0.00	RNE	RNE
0945T 00	Category III	0.00	0.00	RNE	RNE
0946T 00	Category III	0.00	0.00	RNE	RNE
0946T 26	Category III	0.00	0.00	RNE	RNE
0946T TC	Category III	0.00	0.00	RNE	RNE
0947T 00	Category III	0.00	0.00	RNE	RNE
0947T 26	Category III	0.00	0.00	RNE	RNE
0947T TC	Category III	0.00	0.00	RNE	RNE

**Historical Note**

New Appendix A, Category III Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Category III Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Category III Codes 2019- 2020 repealed; new Appendix A, Category III Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20- 3). Appendix A, Category III Codes 2020-2021 repealed; new Appendix A, Category III Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Category III Codes 2021-2022 repealed; new Appendix A, Category III Codes 2022-2023 made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Category III Codes 2022-2023 repealed; new Appendix A, Category III Codes 2023-2024 made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Category III Codes 2023-2024 repealed; new Appendix A, Category III Codes 2024-2025 made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Category III Codes 2024-2025 repealed; new Appendix A, Category III Codes 2025 made by final exempt rulemaking effective May 1, 2025 (Supp. 25-2).



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## HCPCS GUIDELINES

Information regarding the incorporation of HCPCS codes is found in the Introduction to the Fee Schedule.

HCPCS codes are five-character codes with a leading alpha-character followed by four numeric digits.

The following Commission guidelines are provided in addition to the Center for Medicare & Medicaid Services' (CMS) HCPCS codes and descriptions and represent additional guidance from the Commission relative to services unique or uniquely utilized in Workers' Compensation. To the extent that a conflict may exist between an incorporated HCPCS code and a code, guideline, identifier, or modifier unique to Arizona, then the Arizona code, guideline, identifier, or modifier shall control. Codes that contain explanatory language specific to Arizona are preceded by Δ in this Fee Schedule. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

HCPCS codes in this section are used to bill for services, equipment, and supplies including:

- Medical and surgical supplies
- Durable medical equipment
- Physician-administered drugs
- Prosthetics and orthotics
- Vision and hearing supplies

In this section, any reference to Durable Medical Equipment (DME) includes reimbursable supplies, prosthetics, and orthotics.

**A. REIMBURSEMENT**

1. Materials and supplies normally necessary to perform a service, such as needles and syringes, ultrasound pads and gel, band-aids, and dressings are considered part of a healthcare provider's overhead and are not separately reimbursable. Please see Section J of the Introduction Guidelines to the Fee Schedule for more examples of non-reimbursable supplies and materials.
2. This section of the fee schedule includes maximum reimbursement amounts for DME, services, and procedures billed with HCPCS codes.
3. DME dispensed by a healthcare provider to the patient ancillary to an office visit shall be reimbursed at the lesser of the provider's billed charge or the value listed in the fee schedule.
4. DME may be reimbursed differently based on whether the zip code where the materials are provided are classified by CMS as rural or nonrural. The fee schedule includes different rates for rural and nonrural zip codes where applicable. The zip codes included on the list below shall be reimbursed based on the fees in the "Rural" column in the fee schedule. All other zip codes shall be reimbursed based on the "Nonrural" fee.

**Rural Zip Codes**

85135	85371	85542	85621	85920	85936	86034	86511
85192	85390	85543	85623	85922	85937	86039	86512
85320	85501	85544	85624	85923	85938	86042	86514
85321	85502	85545	85628	85924	85939	86043	86515
85325	85530	85546	85631	85925	85940	86047	86520
85328	85531	85547	85634	85926	85941	86054	86535
85334	85532	85548	85637	85927	85942	86502	86538
85341	85533	85550	85640	85928	86025	86503	86540
85344	85534	85551	85646	85929	86028	86504	86544
85346	85535	85552	85648	85930	86029	86505	86545
85348	85536	85553	85901	85932	86030	86506	86547
85357	85539	85554	85902	85933	86031	86507	86556
85358	85540	85611	85911	85934	86032	86508	
85359	85541	85618	85912	85935	86033	86510	

5. DME shipped to the patient shall be reimbursed based on the location of the patient when determining if the fees for rural or nonrural zip codes apply.
6. HCPCS codes describing physician-administered drugs and biologicals including, chemotherapy and immunosuppressive drugs, inhalation solutions and other miscellaneous drugs and solutions shall be used when billing for these products. Please refer to the Pharmaceutical Fee Schedule for billing and reimbursement information for prescription and over-the-counter drugs, including those that are described by HCPCS codes.
7. DME items that are listed as By Report, have no listed value, or are not included in the fee schedule, shall be reimbursed at 140% of the actual cost. The DME provider shall include a copy of the original invoice for each item. No additional reimbursement for shipping or delivery shall be provided. If the DME was procured from an intermediary entity (e.g., wholesaler) and not the original manufacturer, the provider must disclose any rebates, reductions, discounts, or relationship with that intermediary entity and the impact on the original manufacturer's cost of that item. Reimbursement may also be based on a predetermined agreement between the provider and the payer.
8. Services that are listed as By Report, have no listed value, or are not included in the fee schedule, shall be reimbursed based on a predetermined agreement between the provider and the payer.
9. Reimbursement for DME shall not be less than the actual cost of an item. Specialized (e.g., bariatric) equipment may have an actual cost that is greater than the reimbursement value listed in the Fee Schedule. The DME provider must demonstrate the actual cost of the DME is greater than the listed reimbursement value by presenting a copy of the original invoice for that item. The reimbursement value for the item shall be based on a predetermined agreement

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between the DME provider and the payer. When the DME was procured from an intermediary entity (e.g., wholesaler) and not the original manufacturer, the provider must disclose any rebates, reductions, discounts, or relationship with that intermediary entity and the impact on the original manufacturer's cost of that item.

10. Home Health Care – please see the Home Health Care Fee Schedule Guidelines.

**B. MODIFIERS**

1. As appropriate, durable medical equipment, should be billed with the following modifiers:
  - a. NU – indicates the purchase of new equipment.
  - b. UE – indicates the purchase of used equipment.
  - c. RR – indicates that the equipment is being rented. Rental periods shall be considered monthly unless defined differently in the code description.
    - i. The maximum rental period is 13 months. After 13 months, the equipment shall be considered purchased.

**Note:** Not all durable medical equipment will have modifiers. For example, certain supplies are low cost and therefore will not have used or rental options; other codes may have “rental” or “used” included in the code description.

**C. BILLING**

1. Providers of orthotics and prostheses may bill for fitting, training, and management using CPT® codes 97760-97763.
2. DME and Implantable devices shall be billed separately from facility and professional service fees only if they are not considered bundled with the primary service code.
3. Certain DME may be rented. Determination to purchase or rent DME shall be based on CMS Medicare guidelines in effect on the date the patient takes possession of the DME.
4. Materials, supplies, and equipment billed with a miscellaneous code (e.g., E1399 – durable medical equipment, miscellaneous) shall include the brand name and model number of the DME being supplied when available.
5. Actual shipping or delivery costs necessary to transit DME to the injured worker may be billed except those DME items described in Subsection (A)(7). Documentation demonstrating the cost of shipping shall be included with the invoice.

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**Historical Note**

New Appendix A, HCPCS Guidelines made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, HCPCS Guidelines repealed; new Appendix A, HCPCS Guidelines made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, HCPCS Guidelines repealed; new Appendix A, HCPCS Guidelines made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).

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Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
A2001 00	HCPCS	1,062.94	1,062.94
A2002 00	HCPCS	417.82	417.82
A2005 00	HCPCS	188.66	188.66
A2006 00	HCPCS	BR	BR
A2008 00	HCPCS	BR	BR
A2010 00	HCPCS	BR	BR
A2011 00	HCPCS	243.80	243.80
A2012 00	HCPCS	BR	BR
A2014 00	HCPCS	69.85	69.85
A2015 00	HCPCS	875.67	875.67
A2019 00	HCPCS	411.61	411.61
A2021 00	HCPCS	1,340.56	1,340.56
A2022 00	HCPCS	1,417.12	1,417.12
A2025 00	HCPCS	217.57	217.57
A4100 00	HCPCS	BR	BR
A4206 00	HCPCS	0.83	0.83
A4207 00	HCPCS	1.34	1.34
A4208 00	HCPCS	10.68	10.68
A4209 00	HCPCS	2.17	2.17
A4210 00	HCPCS	1.79	1.79
A4211 00	HCPCS	24.88	24.88
A4212 00	HCPCS	14.20	14.20
A4213 00	HCPCS	4.42	4.42
A4215 00	HCPCS	0.88	0.88
A4216 00	HCPCS	0.85	0.85
A4217 00	HCPCS	6.13	6.13
A4218 00	HCPCS	2.24	2.24
A4220 00	HCPCS	53.02	53.02
A4221 00	HCPCS	35.27	39.41
A4222 00	HCPCS	66.89	76.64
A4223 00	HCPCS	137.49	137.49
A4224 00	HCPCS	35.27	39.41
A4225 00	HCPCS	4.73	4.91
A4226 00	HCPCS	9.34	9.34
A4230 00	HCPCS	10.68	10.68
A4231 00	HCPCS	7.10	7.10
A4232 00	HCPCS	3.58	3.58
A4233 NU	HCPCS	0.71	0.71
A4234 NU	HCPCS	3.30	3.30
A4235 NU	HCPCS	1.40	1.40
A4236 NU	HCPCS	1.62	1.62
A4238 00	HCPCS	474.35	474.35
A4239 00	HCPCS	375.09	375.09
A4244 00	HCPCS	1.79	1.79

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**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
A4245 00	HCPCS	5.75	5.75
A4246 00	HCPCS	7.10	7.10
A4247 00	HCPCS	10.68	10.68
A4248 00	HCPCS	0.08	0.08
A4250 00	HCPCS	17.39	17.39
A4252 00	HCPCS	13.82	13.82
A4253 NU	HCPCS	11.65	11.65
A4255 00	HCPCS	8.04	8.04
A4256 00	HCPCS	4.73	4.73
A4257 00	HCPCS	24.96	24.96
A4258 00	HCPCS	2.97	2.97
A4259 00	HCPCS	1.99	1.99
A4262 00	HCPCS	20.92	20.92
A4263 00	HCPCS	52.89	52.89
A4265 00	HCPCS	6.66	6.66
A4266 00	HCPCS	61.39	61.39
A4267 00	HCPCS	0.70	0.70
A4268 00	HCPCS	1.29	1.29
A4269 00	HCPCS	14.20	14.20
A4270 00	HCPCS	12.03	12.03
A4271 00	HCPCS	46.80	46.80
A4280 00	HCPCS	10.14	10.14
A4281 00	HCPCS	8.89	8.89
A4282 00	HCPCS	15.55	15.55
A4283 00	HCPCS	2.69	2.69
A4284 00	HCPCS	7.60	7.60
A4285 00	HCPCS	5.31	5.31
A4286 00	HCPCS	6.20	6.20
A4287 00	HCPCS	0.43	0.43
A4290 00	HCPCS	274.50	274.50
A4300 00	HCPCS	17.78	17.78
A4301 00	HCPCS	200.69	200.69
A4305 00	HCPCS	56.08	56.08
A4306 00	HCPCS	28.01	28.01
A4310 00	HCPCS	15.08	15.08
A4311 00	HCPCS	28.69	28.69
A4312 00	HCPCS	35.28	35.28
A4313 00	HCPCS	36.23	36.23
A4314 00	HCPCS	42.03	42.03
A4315 00	HCPCS	51.59	51.59
A4316 00	HCPCS	55.55	55.55
A4320 00	HCPCS	10.28	10.28
A4321 00	HCPCS	1.79	1.79
A4322 00	HCPCS	5.96	5.96

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**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
A4326 00	HCPCS	21.10	21.10
A4327 00	HCPCS	82.67	82.67
A4328 00	HCPCS	20.41	20.41
A4330 00	HCPCS	14.01	14.01
A4331 00	HCPCS	6.22	6.22
A4332 00	HCPCS	0.21	0.21
A4333 00	HCPCS	4.34	4.34
A4334 00	HCPCS	9.62	9.62
A4335 00	HCPCS	BR	BR
A4336 00	HCPCS	2.81	2.81
A4338 00	HCPCS	24.00	24.00
A4340 00	HCPCS	62.10	62.10
A4341 00	HCPCS	477.30	477.30
A4342 00	HCPCS	1,205.18	1,205.18
A4344 00	HCPCS	31.30	31.30
A4346 00	HCPCS	37.66	37.66
A4349 00	HCPCS	3.93	3.93
A4351 00	HCPCS	3.54	3.54
A4352 00	HCPCS	12.56	12.56
A4353 00	HCPCS	13.71	13.71
A4354 00	HCPCS	23.10	23.10
A4355 00	HCPCS	15.40	15.40
A4356 00	HCPCS	83.72	83.72
A4357 00	HCPCS	18.90	18.90
A4358 00	HCPCS	11.52	11.52
A4360 00	HCPCS	0.92	0.92
A4361 00	HCPCS	35.91	35.91
A4362 00	HCPCS	6.79	6.79
A4363 00	HCPCS	4.34	4.34
A4364 00	HCPCS	5.75	5.75
A4366 00	HCPCS	2.52	2.52
A4367 00	HCPCS	14.39	14.39
A4368 00	HCPCS	0.49	0.49
A4369 00	HCPCS	4.03	4.03
A4371 00	HCPCS	7.03	7.03
A4372 00	HCPCS	8.22	8.22
A4373 00	HCPCS	12.26	12.26
A4375 00	HCPCS	33.59	33.59
A4376 00	HCPCS	93.07	93.07
A4377 00	HCPCS	8.39	8.39
A4378 00	HCPCS	60.14	60.14
A4379 00	HCPCS	29.37	29.37
A4380 00	HCPCS	73.02	73.02
A4381 00	HCPCS	9.04	9.04

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**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
A4382 00	HCPCS	48.16	48.16
A4383 00	HCPCS	55.13	55.13
A4384 00	HCPCS	18.79	18.79
A4385 00	HCPCS	9.97	9.97
A4387 00	HCPCS	4.40	4.40
A4388 00	HCPCS	8.53	8.53
A4389 00	HCPCS	12.14	12.14
A4390 00	HCPCS	18.77	18.77
A4391 00	HCPCS	13.82	13.82
A4392 00	HCPCS	15.99	15.99
A4393 00	HCPCS	17.68	17.68
A4394 00	HCPCS	5.07	5.07
A4395 00	HCPCS	0.07	0.07
A4396 00	HCPCS	79.18	79.18
A4398 00	HCPCS	27.03	27.03
A4399 00	HCPCS	24.00	24.00
A4400 00	HCPCS	95.59	95.59
A4402 00	HCPCS	3.12	3.12
A4404 00	HCPCS	3.00	3.00
A4405 00	HCPCS	6.68	6.68
A4406 00	HCPCS	11.20	11.20
A4407 00	HCPCS	17.14	17.14
A4408 00	HCPCS	19.31	19.31
A4409 00	HCPCS	12.14	12.14
A4410 00	HCPCS	17.68	17.68
A4411 00	HCPCS	9.97	9.97
A4412 00	HCPCS	5.29	5.29
A4413 00	HCPCS	10.78	10.78
A4414 00	HCPCS	9.62	9.62
A4415 00	HCPCS	11.73	11.73
A4416 00	HCPCS	5.39	5.39
A4417 00	HCPCS	7.29	7.29
A4418 00	HCPCS	3.54	3.54
A4419 00	HCPCS	3.37	3.37
A4420 00	HCPCS	2.17	2.17
A4421 00	HCPCS	BR	BR
A4422 00	HCPCS	0.21	0.21
A4423 00	HCPCS	3.63	3.63
A4424 00	HCPCS	9.31	9.31
A4425 00	HCPCS	7.00	7.00
A4426 00	HCPCS	5.33	5.33
A4427 00	HCPCS	5.46	5.46
A4428 00	HCPCS	12.75	12.75
A4429 00	HCPCS	16.14	16.14

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
A4430 00	HCPCS	16.66	16.66
A4431 00	HCPCS	12.14	12.14
A4432 00	HCPCS	7.01	7.01
A4433 00	HCPCS	6.57	6.57
A4434 00	HCPCS	7.35	7.35
A4435 00	HCPCS	11.27	11.27
A4436 00	HCPCS	31.88	31.88
A4437 00	HCPCS	31.88	31.88
A4438 00	HCPCS	2.70	2.70
A4450 00	HCPCS	0.13	0.13
A4452 00	HCPCS	0.46	0.46
A4453 00	HCPCS	44.51	44.51
A4455 00	HCPCS	2.37	2.37
A4456 00	HCPCS	0.48	0.48
A4457 00	HCPCS	446.73	446.73
A4458 00	HCPCS	6.20	6.20
A4459 00	HCPCS	4,303.92	4,303.92
A4461 00	HCPCS	6.45	6.45
A4463 00	HCPCS	26.04	26.04
A4465 00	HCPCS	24.88	24.88
A4467 00	HCPCS	31.60	31.60
A4480 00	HCPCS	7.10	7.10
A4481 00	HCPCS	0.71	0.71
A4483 00	HCPCS	5.82	5.82
A4490 00	HCPCS	31.98	31.98
A4495 00	HCPCS	27.57	27.57
A4500 00	HCPCS	34.27	34.27
A4510 00	HCPCS	87.23	87.23
A4520 00	HCPCS	0.81	0.81
A4540 00	HCPCS	802.63	802.63
A4541 00	HCPCS	55.45	55.45
A4542 00	HCPCS	723.13	723.13
A4544 00	HCPCS	8.71	8.71
A4545 00	HCPCS	56.80	56.80
A4550 00	HCPCS	38.30	38.30
A4553 00	HCPCS	8.44	8.44
A4554 00	HCPCS	0.48	0.48
A4555 00	HCPCS	17.39	17.39
A4556 00	HCPCS	23.76	23.76
A4557 00	HCPCS	16.41	27.12
A4558 00	HCPCS	10.67	10.67
A4559 00	HCPCS	0.18	0.18
A4560 00	HCPCS	214.44	214.44
A4561 00	HCPCS	39.02	39.02

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
A4562 00	HCPCS	97.19	97.19
A4563 00	HCPCS	2,251.40	2,251.40
A4565 00	HCPCS	15.06	15.06
A4566 00	HCPCS	30.70	30.70
A4570 00	HCPCS	24.95	24.95
A4575 00	HCPCS	509.85	509.85
A4580 00	HCPCS	70.74	70.74
A4590 00	HCPCS	56.53	56.53
A4594 NU	HCPCS	4,248.20	4,248.20
A4595 00	HCPCS	17.51	37.30
A4596 00	HCPCS	55.45	55.45
A4600 00	HCPCS	29.41	29.41
A4601 00	HCPCS	97.02	97.02
A4602 NU	HCPCS	7.29	7.29
A4604 NU	HCPCS	67.51	94.11
A4605 NU	HCPCS	32.09	32.09
A4606 00	HCPCS	62.29	62.29
A4608 00	HCPCS	98.06	98.06
A4611 NU	HCPCS	303.51	303.51
A4611 RR	HCPCS	78.69	78.69
A4611 UE	HCPCS	230.44	230.44
A4612 NU	HCPCS	224.83	224.83
A4612 RR	HCPCS	30.35	30.35
A4612 UE	HCPCS	170.87	170.87
A4613 NU	HCPCS	191.10	191.10
A4613 RR	HCPCS	44.97	44.97
A4613 UE	HCPCS	146.13	146.13
A4614 00	HCPCS	46.52	46.52
A4615 00	HCPCS	1.43	1.43
A4616 00	HCPCS	0.11	0.11
A4617 00	HCPCS	6.06	6.06
A4618 NU	HCPCS	14.80	14.80
A4618 RR	HCPCS	2.02	2.02
A4618 UE	HCPCS	11.09	11.09
A4619 NU	HCPCS	3.50	3.57
A4620 00	HCPCS	1.18	1.18
A4623 00	HCPCS	10.91	10.91
A4624 NU	HCPCS	5.17	5.17
A4625 00	HCPCS	12.89	12.89
A4626 00	HCPCS	5.29	5.29
A4627 00	HCPCS	28.01	28.01
A4628 NU	HCPCS	7.14	7.14
A4629 00	HCPCS	9.04	9.04
A4630 NU	HCPCS	12.10	12.10

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
A4633 NU	HCPCS	80.28	80.28
A4635 NU	HCPCS	8.50	8.50
A4635 RR	HCPCS	1.36	1.36
A4635 UE	HCPCS	5.67	5.67
A4636 NU	HCPCS	5.40	5.73
A4636 RR	HCPCS	0.55	0.63
A4636 UE	HCPCS	4.06	4.23
A4637 NU	HCPCS	3.00	3.04
A4637 RR	HCPCS	0.31	0.39
A4637 UE	HCPCS	2.25	2.30
A4639 RR	HCPCS	56.20	56.20
A4640 NU	HCPCS	84.80	102.03
A4640 RR	HCPCS	8.48	11.24
A4640 UE	HCPCS	63.60	74.34
A4648 00	HCPCS	254.48	254.48
A4649 00	HCPCS	BR	BR
A4651 00	HCPCS	10.68	10.68
A4657 00	HCPCS	1.34	1.34
A4660 00	HCPCS	29.30	29.30
A4663 00	HCPCS	34.73	34.73
A4670 00	HCPCS	133.03	133.03
A4671 00	HCPCS	95.23	95.23
A4674 00	HCPCS	84.99	84.99
A4680 00	HCPCS	100.53	100.53
A4690 00	HCPCS	145.05	145.05
A4706 00	HCPCS	43.61	43.61
A4708 00	HCPCS	62.75	62.75
A4709 00	HCPCS	42.73	42.73
A4714 00	HCPCS	10.68	10.68
A4719 00	HCPCS	14.20	14.20
A4723 00	HCPCS	13.82	13.82
A4750 00	HCPCS	12.03	12.03
A4755 00	HCPCS	96.52	96.52
A4770 00	HCPCS	7.10	7.10
A4772 00	HCPCS	4.03	4.03
A4860 00	HCPCS	6.20	6.20
A4890 00	HCPCS	464.06	464.06
A4911 00	HCPCS	11.52	11.52
A4913 00	HCPCS	BR	BR
A4927 00	HCPCS	12.46	12.46
A4928 00	HCPCS	8.89	8.89
A4930 00	HCPCS	0.90	0.90
A4931 00	HCPCS	35.11	35.11
A5051 00	HCPCS	4.03	4.03

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Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
A5052 00	HCPCS	2.91	2.91
A5053 00	HCPCS	2.87	2.87
A5054 00	HCPCS	3.51	3.51
A5055 00	HCPCS	2.73	2.73
A5056 00	HCPCS	9.14	9.14
A5057 00	HCPCS	18.77	18.77
A5061 00	HCPCS	6.92	6.92
A5062 00	HCPCS	4.06	4.06
A5063 00	HCPCS	5.29	5.29
A5071 00	HCPCS	11.76	11.76
A5072 00	HCPCS	6.73	6.73
A5073 00	HCPCS	5.95	5.95
A5081 00	HCPCS	5.52	5.52
A5082 00	HCPCS	19.80	19.80
A5083 00	HCPCS	1.26	1.26
A5093 00	HCPCS	3.82	3.82
A5102 00	HCPCS	38.22	38.22
A5105 00	HCPCS	79.76	79.76
A5112 00	HCPCS	67.73	67.73
A5113 00	HCPCS	9.21	9.21
A5114 00	HCPCS	17.50	17.50
A5120 00	HCPCS	0.46	0.46
A5121 00	HCPCS	12.39	12.39
A5122 00	HCPCS	25.12	25.12
A5126 00	HCPCS	2.56	2.56
A5131 00	HCPCS	26.36	26.36
A5200 00	HCPCS	22.09	22.09
A5500 00	HCPCS	124.39	124.39
A5501 00	HCPCS	373.06	373.06
A5503 00	HCPCS	63.36	63.36
A5504 00	HCPCS	63.36	63.36
A5505 00	HCPCS	63.36	63.36
A5506 00	HCPCS	63.36	63.36
A5507 00	HCPCS	63.36	63.36
A5508 00	HCPCS	70.74	70.74
A5510 00	HCPCS	111.22	111.22
A5512 00	HCPCS	50.74	50.74
A5513 00	HCPCS	75.71	75.71
A5514 00	HCPCS	75.71	75.71
A6010 00	HCPCS	60.58	60.58
A6011 00	HCPCS	4.47	4.47
A6021 00	HCPCS	41.13	41.13
A6022 00	HCPCS	41.13	41.13
A6023 00	HCPCS	372.26	372.26

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
A6024 00	HCPCS	12.10	12.10
A6025 00	HCPCS	28.01	28.01
A6154 00	HCPCS	28.10	28.10
A6196 00	HCPCS	14.39	14.39
A6197 00	HCPCS	32.17	32.17
A6198 00	HCPCS	31.98	31.98
A6199 00	HCPCS	10.32	10.32
A6203 00	HCPCS	6.59	6.59
A6204 00	HCPCS	12.17	12.17
A6205 00	HCPCS	0.29	0.29
A6206 00	HCPCS	11.58	11.58
A6207 00	HCPCS	14.36	14.36
A6208 00	HCPCS	72.02	72.02
A6209 00	HCPCS	14.62	14.62
A6210 00	HCPCS	38.98	38.98
A6211 00	HCPCS	57.46	57.46
A6212 00	HCPCS	19.00	19.00
A6213 00	HCPCS	13.82	13.82
A6214 00	HCPCS	20.15	20.15
A6215 00	HCPCS	4.42	4.42
A6216 00	HCPCS	0.07	0.07
A6217 00	HCPCS	0.34	0.34
A6218 00	HCPCS	0.18	0.18
A6219 00	HCPCS	1.86	1.86
A6220 00	HCPCS	5.07	5.07
A6221 00	HCPCS	4.03	4.03
A6222 00	HCPCS	4.17	4.17
A6223 00	HCPCS	4.75	4.75
A6224 00	HCPCS	7.04	7.04
A6228 00	HCPCS	2.17	2.17
A6229 00	HCPCS	7.04	7.04
A6231 00	HCPCS	9.17	9.17
A6232 00	HCPCS	13.43	13.43
A6233 00	HCPCS	37.51	37.51
A6234 00	HCPCS	12.81	12.81
A6235 00	HCPCS	32.90	32.90
A6236 00	HCPCS	53.30	53.30
A6237 00	HCPCS	15.47	15.47
A6238 00	HCPCS	44.60	44.60
A6240 00	HCPCS	23.95	23.95
A6241 00	HCPCS	5.03	5.03
A6242 00	HCPCS	11.84	11.84
A6243 00	HCPCS	24.11	24.11
A6244 00	HCPCS	76.85	76.85

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
A6245 00	HCPCS	14.22	14.22
A6246 00	HCPCS	19.43	19.43
A6247 00	HCPCS	46.52	46.52
A6248 00	HCPCS	31.78	31.78
A6251 00	HCPCS	3.89	3.89
A6252 00	HCPCS	6.37	6.37
A6253 00	HCPCS	12.39	12.39
A6254 00	HCPCS	2.34	2.34
A6255 00	HCPCS	5.95	5.95
A6256 00	HCPCS	3.14	3.14
A6257 00	HCPCS	3.00	3.00
A6258 00	HCPCS	8.43	8.43
A6259 00	HCPCS	21.39	21.39
A6260 00	HCPCS	BR	BR
A6261 00	HCPCS	46.69	46.69
A6262 00	HCPCS	0.57	0.57
A6266 00	HCPCS	3.74	3.74
A6402 00	HCPCS	0.21	0.21
A6403 00	HCPCS	0.80	0.80
A6404 00	HCPCS	0.56	0.56
A6407 00	HCPCS	3.65	3.65
A6410 00	HCPCS	0.73	0.73
A6411 00	HCPCS	7.10	7.10
A6412 00	HCPCS	0.67	0.67
A6413 00	HCPCS	0.21	0.21
A6441 00	HCPCS	1.33	1.33
A6442 00	HCPCS	0.32	0.32
A6443 00	HCPCS	0.55	0.55
A6444 00	HCPCS	1.09	1.09
A6445 00	HCPCS	0.62	0.62
A6446 00	HCPCS	0.76	0.76
A6447 00	HCPCS	1.33	1.33
A6448 00	HCPCS	2.25	2.25
A6449 00	HCPCS	3.43	3.43
A6450 00	HCPCS	3.43	3.43
A6451 00	HCPCS	3.43	3.43
A6452 00	HCPCS	11.54	11.54
A6453 00	HCPCS	1.23	1.23
A6454 00	HCPCS	1.54	1.54
A6455 00	HCPCS	2.73	2.73
A6456 00	HCPCS	2.45	2.45
A6457 00	HCPCS	2.23	2.23
A6504 00	HCPCS	386.61	386.61
A6505 00	HCPCS	435.60	435.60

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
A6506 00	HCPCS	657.20	657.20
A6507 00	HCPCS	280.76	280.76
A6508 00	HCPCS	334.11	334.11
A6509 00	HCPCS	417.82	417.82
A6511 00	HCPCS	492.07	492.07
A6520 00	HCPCS	172.38	172.38
A6521 00	HCPCS	683.98	683.98
A6522 00	HCPCS	418.85	418.85
A6523 00	HCPCS	993.79	993.79
A6524 00	HCPCS	522.56	522.56
A6525 00	HCPCS	1,054.97	1,054.97
A6526 00	HCPCS	944.78	944.78
A6527 00	HCPCS	1,737.32	1,737.32
A6528 00	HCPCS	908.46	908.46
A6529 00	HCPCS	1,435.52	1,435.52
A6530 00	HCPCS	53.26	53.26
A6531 00	HCPCS	44.51	44.51
A6532 00	HCPCS	80.51	80.51
A6533 00	HCPCS	74.79	74.79
A6534 00	HCPCS	85.40	85.40
A6535 00	HCPCS	98.32	98.32
A6536 00	HCPCS	100.81	100.81
A6537 00	HCPCS	119.52	119.52
A6538 00	HCPCS	139.93	139.93
A6539 00	HCPCS	133.41	133.41
A6540 00	HCPCS	159.05	159.05
A6541 00	HCPCS	188.41	188.41
A6544 00	HCPCS	69.85	69.85
A6545 00	HCPCS	93.88	93.88
A6550 00	HCPCS	42.74	46.26
A6552 00	HCPCS	79.03	79.03
A6553 00	HCPCS	308.60	308.60
A6554 00	HCPCS	108.67	108.67
A6555 00	HCPCS	308.60	308.60
A6556 00	HCPCS	422.93	422.93
A6557 00	HCPCS	422.93	422.93
A6558 00	HCPCS	436.45	436.45
A6559 00	HCPCS	1.29	1.29
A6562 00	HCPCS	1,384.15	1,384.15
A6563 00	HCPCS	1,384.15	1,384.15
A6564 00	HCPCS	1,491.03	1,491.03
A6565 00	HCPCS	239.18	239.18
A6566 00	HCPCS	347.27	347.27
A6567 00	HCPCS	1,091.13	1,091.13

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Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
A6568 00	HCPCS	226.65	226.65
A6569 00	HCPCS	1,290.59	1,290.59
A6570 00	HCPCS	154.42	154.42
A6571 00	HCPCS	928.12	928.12
A6572 00	HCPCS	143.29	143.29
A6573 00	HCPCS	340.02	340.02
A6574 00	HCPCS	433.48	433.48
A6575 00	HCPCS	140.48	140.48
A6576 00	HCPCS	266.04	266.04
A6577 00	HCPCS	220.19	220.19
A6578 00	HCPCS	108.44	108.44
A6579 00	HCPCS	427.03	427.03
A6580 00	HCPCS	423.89	423.89
A6581 00	HCPCS	99.50	99.50
A6582 00	HCPCS	66.36	66.36
A6583 00	HCPCS	218.29	218.29
A6585 00	HCPCS	258.47	258.47
A6586 00	HCPCS	761.46	761.46
A6587 00	HCPCS	99.75	99.75
A6588 00	HCPCS	332.44	332.44
A6589 00	HCPCS	131.24	131.24
A6590 00	HCPCS	612.36	612.36
A6591 00	HCPCS	124.40	124.40
A6594 00	HCPCS	47.78	47.78
A6595 00	HCPCS	47.00	47.00
A6596 00	HCPCS	0.25	0.25
A6597 00	HCPCS	2.11	2.11
A6598 00	HCPCS	1.02	1.02
A6599 00	HCPCS	2.32	2.32
A6600 00	HCPCS	4.19	4.19
A6601 00	HCPCS	4.70	4.70
A6602 00	HCPCS	6.86	6.86
A6603 00	HCPCS	3.22	3.22
A6604 00	HCPCS	1.88	1.88
A6605 00	HCPCS	2.14	2.14
A6606 00	HCPCS	6.37	6.37
A6607 00	HCPCS	1.71	1.71
A6608 00	HCPCS	7.10	7.10
A6610 00	HCPCS	308.60	308.60
A7000 NU	HCPCS	14.35	15.85
A7001 NU	HCPCS	64.69	64.69
A7002 NU	HCPCS	7.50	7.50
A7003 NU	HCPCS	2.65	4.10
A7004 NU	HCPCS	2.13	2.94

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Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
A7005 NU	HCPCS	19.08	41.27
A7006 NU	HCPCS	11.33	16.10
A7007 NU	HCPCS	5.07	7.50
A7008 NU	HCPCS	21.50	21.50
A7009 NU	HCPCS	82.26	82.26
A7010 NU	HCPCS	24.01	37.49
A7012 NU	HCPCS	4.42	6.33
A7013 NU	HCPCS	0.88	1.33
A7014 NU	HCPCS	5.21	7.43
A7015 NU	HCPCS	2.09	3.02
A7016 NU	HCPCS	14.20	14.20
A7017 NU	HCPCS	178.33	240.10
A7017 RR	HCPCS	17.84	24.02
A7017 UE	HCPCS	133.76	180.08
A7018 00	HCPCS	0.52	0.67
A7020 NU	HCPCS	27.27	27.27
A7021 NU	HCPCS	184.81	184.81
A7025 RR	HCPCS	85.08	85.08
A7026 NU	HCPCS	56.22	56.22
A7027 NU	HCPCS	200.58	288.76
A7028 NU	HCPCS	55.71	80.28
A7029 NU	HCPCS	26.38	34.37
A7030 NU	HCPCS	149.48	243.53
A7031 NU	HCPCS	56.84	90.94
A7032 NU	HCPCS	31.95	52.14
A7033 NU	HCPCS	26.40	38.67
A7034 NU	HCPCS	95.42	152.03
A7035 NU	HCPCS	30.76	50.99
A7036 NU	HCPCS	17.72	25.35
A7037 NU	HCPCS	20.09	45.92
A7038 NU	HCPCS	3.58	6.55
A7039 NU	HCPCS	10.47	18.68
A7040 00	HCPCS	77.20	77.20
A7041 00	HCPCS	145.12	145.12
A7044 NU	HCPCS	135.83	180.54
A7045 NU	HCPCS	19.50	27.85
A7045 RR	HCPCS	1.95	2.79
A7045 UE	HCPCS	14.63	20.90
A7046 NU	HCPCS	22.16	29.06
A7047 NU	HCPCS	236.50	236.50
A7048 00	HCPCS	80.79	80.79
A7501 00	HCPCS	205.42	205.42
A7502 00	HCPCS	97.65	97.65
A7503 00	HCPCS	22.19	22.19

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
A7504 00	HCPCS	1.33	1.33
A7505 00	HCPCS	9.17	9.17
A7506 00	HCPCS	0.63	0.63
A7507 00	HCPCS	4.89	4.89
A7508 00	HCPCS	5.61	5.61
A7509 00	HCPCS	2.76	2.76
A7520 00	HCPCS	92.86	92.86
A7521 00	HCPCS	92.02	92.02
A7522 00	HCPCS	88.34	88.34
A7523 00	HCPCS	43.23	43.23
A7524 00	HCPCS	151.44	151.44
A7525 00	HCPCS	4.03	4.03
A7526 00	HCPCS	6.64	6.64
A7527 00	HCPCS	7.00	7.00
A8000 NU	HCPCS	299.99	299.99
A8000 RR	HCPCS	30.00	30.00
A8000 UE	HCPCS	225.05	225.05
A8001 NU	HCPCS	299.99	299.99
A8001 RR	HCPCS	30.00	30.00
A8001 UE	HCPCS	225.05	225.05
A9152 00	HCPCS	0.18	0.18
A9153 00	HCPCS	42.73	42.73
A9180 00	HCPCS	88.13	88.13
A9272 00	HCPCS	18.73	18.73
A9273 00	HCPCS	7.10	7.10
A9274 00	HCPCS	36.51	36.51
A9276 00	HCPCS	18.68	18.68
A9277 00	HCPCS	960.16	960.16
A9278 00	HCPCS	874.78	874.78
A9281 00	HCPCS	61.85	61.85
A9282 00	HCPCS	642.11	642.11
A9283 00	HCPCS	65.42	65.42
A9284 00	HCPCS	17.33	17.33
A9286 00	HCPCS	BR	BR
A9293 00	HCPCS	83.65	83.65
A9300 00	HCPCS	BR	BR
A9500 00	HCPCS	287.03	287.03
A9502 00	HCPCS	256.77	256.77
A9503 00	HCPCS	67.61	67.61
A9505 00	HCPCS	191.35	191.35
A9509 00	HCPCS	565.11	565.11
A9510 00	HCPCS	63.06	63.06
A9512 00	HCPCS	25.84	25.84
A9513 00	HCPCS	665.64	665.64

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
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Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
A9516 00	HCPCS	296.74	296.74
A9517 00	HCPCS	71.18	71.18
A9520 00	HCPCS	976.60	976.60
A9521 00	HCPCS	670.12	670.12
A9526 00	HCPCS	1,499.88	1,499.88
A9528 00	HCPCS	237.15	237.15
A9530 00	HCPCS	478.77	478.77
A9531 00	HCPCS	12.46	12.46
A9537 00	HCPCS	133.53	133.53
A9538 00	HCPCS	109.42	109.42
A9539 00	HCPCS	119.28	119.28
A9540 00	HCPCS	452.93	452.93
A9541 00	HCPCS	288.82	288.82
A9548 00	HCPCS	1,873.19	1,873.19
A9552 00	HCPCS	703.89	703.89
A9555 00	HCPCS	766.19	766.19
A9556 00	HCPCS	187.32	187.32
A9558 00	HCPCS	467.64	467.64
A9560 00	HCPCS	263.37	263.37
A9561 00	HCPCS	66.71	66.71
A9562 00	HCPCS	1,174.66	1,174.66
A9567 00	HCPCS	189.56	189.56
A9569 00	HCPCS	2,536.14	2,536.14
A9570 00	HCPCS	7,754.75	7,754.75
A9572 00	HCPCS	7,360.60	7,360.60
A9573 00	HCPCS	5.01	5.01
A9574 00	HCPCS	0.10	0.10
A9575 00	HCPCS	0.16	0.16
A9576 00	HCPCS	2.04	2.04
A9577 00	HCPCS	2.55	2.55
A9578 00	HCPCS	2.51	2.51
A9579 00	HCPCS	2.08	2.08
A9580 00	HCPCS	504.55	504.55
A9581 00	HCPCS	20.58	20.58
A9584 00	HCPCS	5,266.20	5,266.20
A9585 00	HCPCS	0.39	0.39
A9586 00	HCPCS	3,803.30	3,803.30
A9587 00	HCPCS	159.75	159.75
A9588 00	HCPCS	1,147.43	1,147.43
A9589 00	HCPCS	1,930.19	1,930.19
A9591 00	HCPCS	1,467.83	1,467.83
A9592 00	HCPCS	2,626.89	2,626.89
A9595 00	HCPCS	957.98	957.98
A9596 00	HCPCS	1,897.17	1,897.17

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
A9602 00	HCPCS	1,521.24	1,521.24
A9606 00	HCPCS	285.18	285.18
A9607 00	HCPCS	522.77	522.77
A9608 00	HCPCS	1,109.63	1,109.63
A9697 00	HCPCS	964.64	964.64
A9700 00	HCPCS	254.09	254.09
A9800 00	HCPCS	1,326.36	1,326.36
A9900 00	HCPCS	BR	BR
A9999 00	HCPCS	BR	BR
E0100 NU	HCPCS	40.60	40.60
E0100 RR	HCPCS	11.58	11.58
E0100 UE	HCPCS	30.44	30.44
E0105 NU	HCPCS	96.08	96.08
E0105 RR	HCPCS	17.35	17.35
E0105 UE	HCPCS	73.16	73.16
E0110 NU	HCPCS	129.01	129.01
E0110 RR	HCPCS	31.26	31.26
E0110 UE	HCPCS	96.71	96.71
E0111 NU	HCPCS	88.52	88.52
E0111 RR	HCPCS	16.49	16.49
E0111 UE	HCPCS	68.35	68.35
E0112 NU	HCPCS	61.53	61.53
E0112 RR	HCPCS	19.45	19.45
E0112 UE	HCPCS	46.93	46.93
E0113 NU	HCPCS	35.15	35.15
E0113 RR	HCPCS	10.05	10.05
E0113 UE	HCPCS	26.36	26.36
E0114 NU	HCPCS	78.47	78.47
E0114 RR	HCPCS	16.76	16.76
E0114 UE	HCPCS	59.32	59.32
E0116 NU	HCPCS	46.13	46.13
E0116 RR	HCPCS	10.49	10.49
E0116 UE	HCPCS	34.72	34.72
E0117 RR	HCPCS	37.67	37.67
E0118 00	HCPCS	665.88	665.88
E0130 NU	HCPCS	72.93	101.53
E0130 RR	HCPCS	7.29	18.40
E0130 UE	HCPCS	54.70	77.14
E0135 NU	HCPCS	72.93	113.08
E0135 RR	HCPCS	7.29	18.77
E0135 UE	HCPCS	54.70	86.03
E0140 RR	HCPCS	43.79	56.50
E0141 NU	HCPCS	81.40	138.80
E0141 RR	HCPCS	8.13	23.28

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E0141 UE	HCPCS	61.05	104.09
E0143 NU	HCPCS	81.40	145.53
E0143 RR	HCPCS	8.13	22.62
E0143 UE	HCPCS	61.05	108.98
E0144 RR	HCPCS	46.84	50.27
E0147 NU	HCPCS	681.38	864.26
E0147 RR	HCPCS	68.14	86.44
E0147 UE	HCPCS	511.04	648.21
E0148 NU	HCPCS	132.61	184.07
E0148 RR	HCPCS	13.26	18.42
E0148 UE	HCPCS	99.46	138.05
E0149 RR	HCPCS	18.89	29.74
E0153 NU	HCPCS	129.37	129.37
E0153 RR	HCPCS	15.36	15.36
E0153 UE	HCPCS	97.01	97.01
E0154 NU	HCPCS	77.34	105.01
E0154 RR	HCPCS	7.74	11.77
E0154 UE	HCPCS	58.00	79.34
E0155 NU	HCPCS	33.35	42.04
E0155 RR	HCPCS	3.33	5.18
E0155 UE	HCPCS	25.02	31.81
E0156 NU	HCPCS	25.34	36.90
E0156 RR	HCPCS	2.53	4.31
E0156 UE	HCPCS	19.01	27.68
E0157 NU	HCPCS	85.92	121.24
E0157 RR	HCPCS	8.60	12.81
E0157 UE	HCPCS	64.44	90.93
E0158 NU	HCPCS	34.20	43.18
E0158 RR	HCPCS	3.42	5.01
E0158 UE	HCPCS	25.65	32.49
E0159 NU	HCPCS	23.80	28.71
E0159 RR	HCPCS	2.38	2.88
E0159 UE	HCPCS	17.85	21.55
E0160 NU	HCPCS	46.20	54.36
E0160 RR	HCPCS	4.62	6.36
E0160 UE	HCPCS	34.65	40.75
E0161 NU	HCPCS	38.92	43.60
E0161 RR	HCPCS	3.89	5.80
E0161 UE	HCPCS	29.19	32.63
E0162 NU	HCPCS	242.26	242.26
E0162 RR	HCPCS	25.42	25.42
E0162 UE	HCPCS	187.85	187.85
E0163 NU	HCPCS	89.26	157.01
E0163 RR	HCPCS	8.93	28.80

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E0163 UE	HCPCS	66.95	120.04
E0165 RR	HCPCS	20.09	29.57
E0167 NU	HCPCS	18.00	21.83
E0167 RR	HCPCS	1.81	2.24
E0167 UE	HCPCS	13.51	16.41
E0168 NU	HCPCS	189.87	256.58
E0168 RR	HCPCS	18.98	25.65
E0168 UE	HCPCS	142.39	192.43
E0170 RR	HCPCS	272.36	309.19
E0171 RR	HCPCS	51.28	56.57
E0175 NU	HCPCS	110.12	110.12
E0175 RR	HCPCS	11.00	11.00
E0175 UE	HCPCS	81.06	81.06
E0181 RR	HCPCS	27.05	39.96
E0182 RR	HCPCS	35.11	44.98
E0183 RR	HCPCS	27.05	39.96
E0184 NU	HCPCS	259.10	311.67
E0184 RR	HCPCS	25.91	35.41
E0184 UE	HCPCS	194.33	236.49
E0185 NU	HCPCS	294.10	423.70
E0185 RR	HCPCS	29.41	53.14
E0185 UE	HCPCS	220.58	322.42
E0186 RR	HCPCS	31.29	37.27
E0187 RR	HCPCS	36.64	41.73
E0188 NU	HCPCS	38.84	48.80
E0188 RR	HCPCS	3.89	5.33
E0188 UE	HCPCS	29.13	36.62
E0189 NU	HCPCS	87.07	97.15
E0189 RR	HCPCS	8.71	10.14
E0189 UE	HCPCS	65.31	72.87
E0190 NU	HCPCS	84.31	84.31
E0190 RR	HCPCS	28.20	28.20
E0190 UE	HCPCS	63.24	63.24
E0191 NU	HCPCS	16.62	16.62
E0191 RR	HCPCS	2.02	2.02
E0191 UE	HCPCS	12.39	12.39
E0193 RR	HCPCS	1,175.50	1,358.39
E0194 RR	HCPCS	6,365.70	6,365.70
E0196 RR	HCPCS	53.30	54.01
E0197 RR	HCPCS	29.41	42.31
E0198 RR	HCPCS	42.88	42.88
E0199 NU	HCPCS	52.23	59.71
E0199 RR	HCPCS	5.22	5.95
E0199 UE	HCPCS	39.19	44.77

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E0200 NU	HCPCS	131.81	131.81
E0200 RR	HCPCS	17.89	17.89
E0200 UE	HCPCS	98.92	98.92
E0202 RR	HCPCS	104.13	104.13
E0203 00	HCPCS	462.21	462.21
E0205 NU	HCPCS	322.66	322.66
E0205 RR	HCPCS	39.56	39.56
E0205 UE	HCPCS	242.00	242.00
E0210 NU	HCPCS	54.31	54.31
E0210 RR	HCPCS	6.02	6.02
E0210 UE	HCPCS	40.68	40.68
E0215 NU	HCPCS	125.45	125.45
E0215 RR	HCPCS	14.50	14.50
E0215 UE	HCPCS	94.04	94.04
E0217 NU	HCPCS	971.12	971.12
E0217 RR	HCPCS	108.11	108.11
E0217 UE	HCPCS	728.29	728.29
E0218 NU	HCPCS	449.65	449.65
E0218 RR	HCPCS	201.21	201.21
E0218 UE	HCPCS	337.23	337.23
E0221 00	HCPCS	3,585.67	3,585.67
E0225 NU	HCPCS	760.23	760.23
E0225 RR	HCPCS	74.93	74.93
E0225 UE	HCPCS	570.18	570.18
E0235 RR	HCPCS	33.74	33.74
E0236 RR	HCPCS	79.44	79.44
E0239 NU	HCPCS	879.90	879.90
E0239 RR	HCPCS	88.00	88.00
E0239 UE	HCPCS	659.95	659.95
E0240 NU	HCPCS	151.76	151.76
E0240 RR	HCPCS	15.18	15.18
E0240 UE	HCPCS	113.81	113.81
E0241 00	HCPCS	36.85	36.85
E0243 00	HCPCS	69.69	69.69
E0244 00	HCPCS	86.63	86.63
E0245 00	HCPCS	92.46	92.46
E0246 00	HCPCS	109.07	109.07
E0247 NU	HCPCS	134.90	134.90
E0247 RR	HCPCS	33.73	33.73
E0247 UE	HCPCS	101.16	101.16
E0248 NU	HCPCS	195.59	195.59
E0248 RR	HCPCS	22.47	22.47
E0248 UE	HCPCS	146.71	146.71
E0249 NU	HCPCS	165.61	165.61

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E0249 RR	HCPCS	18.20	18.20
E0249 UE	HCPCS	124.19	124.19
E0250 RR	HCPCS	105.25	139.02
E0251 RR	HCPCS	98.60	115.67
E0255 RR	HCPCS	105.64	156.07
E0256 RR	HCPCS	103.33	125.30
E0260 RR	HCPCS	105.64	175.49
E0261 RR	HCPCS	105.64	172.47
E0265 RR	HCPCS	250.84	293.92
E0266 RR	HCPCS	218.26	257.53
E0271 NU	HCPCS	203.41	302.32
E0271 RR	HCPCS	20.34	30.97
E0271 UE	HCPCS	152.56	232.57
E0272 NU	HCPCS	228.77	301.22
E0272 RR	HCPCS	22.88	30.88
E0272 UE	HCPCS	171.58	225.30
E0273 NU	HCPCS	113.54	113.54
E0273 RR	HCPCS	11.24	11.24
E0273 UE	HCPCS	84.31	84.31
E0274 NU	HCPCS	146.13	146.13
E0274 RR	HCPCS	63.06	63.06
E0274 UE	HCPCS	110.17	110.17
E0275 NU	HCPCS	23.81	25.47
E0275 RR	HCPCS	2.38	2.87
E0275 UE	HCPCS	17.86	19.08
E0276 NU	HCPCS	20.73	22.12
E0276 RR	HCPCS	2.07	2.66
E0276 UE	HCPCS	15.55	17.12
E0277 RR	HCPCS	349.83	723.39
E0280 NU	HCPCS	53.03	54.75
E0280 RR	HCPCS	5.31	6.40
E0280 UE	HCPCS	39.77	41.06
E0290 RR	HCPCS	99.20	116.10
E0291 RR	HCPCS	76.78	83.93
E0292 RR	HCPCS	105.39	126.10
E0293 RR	HCPCS	99.34	112.63
E0294 RR	HCPCS	105.64	167.19
E0295 RR	HCPCS	105.64	164.36
E0296 RR	HCPCS	195.71	215.50
E0297 RR	HCPCS	172.70	203.07
E0300 RR	HCPCS	436.10	457.32
E0301 RR	HCPCS	276.82	360.11
E0302 RR	HCPCS	802.90	1,041.24
E0303 RR	HCPCS	281.71	390.21

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**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E0304 RR	HCPCS	812.42	1,099.84
E0305 RR	HCPCS	18.38	24.86
E0310 NU	HCPCS	186.93	267.81
E0310 RR	HCPCS	18.69	28.21
E0310 UE	HCPCS	140.20	201.96
E0315 00	HCPCS	286.27	286.27
E0316 RR	HCPCS	302.76	302.76
E0325 NU	HCPCS	16.02	16.83
E0325 RR	HCPCS	1.60	2.32
E0325 UE	HCPCS	11.12	11.12
E0326 NU	HCPCS	16.53	18.05
E0326 RR	HCPCS	1.65	2.07
E0326 UE	HCPCS	12.40	13.55
E0328 00	HCPCS	19,669.64	19,669.64
E0329 00	HCPCS	24,773.27	24,773.27
E0371 RR	HCPCS	349.83	526.83
E0372 RR	HCPCS	349.83	601.23
E0373 RR	HCPCS	349.83	662.66
E0424 RR	HCPCS	133.81	242.65
E0430 00	HCPCS	60.05	60.05
E0431 RR	HCPCS	30.14	43.32
E0433 RR	HCPCS	64.30	72.28
E0434 RR	HCPCS	64.30	72.28
E0439 RR	HCPCS	133.81	242.65
E0441 00	HCPCS	92.46	104.82
E0442 00	HCPCS	92.46	104.82
E0443 00	HCPCS	83.79	100.14
E0444 00	HCPCS	83.79	100.14
E0445 00	HCPCS	16.24	16.24
E0447 00	HCPCS	125.69	152.04
E0459 NU	HCPCS	281.04	281.04
E0459 RR	HCPCS	28.10	28.10
E0459 UE	HCPCS	210.77	210.77
E0462 RR	HCPCS	484.53	484.53
E0465 RR	HCPCS	1,867.12	1,867.12
E0466 RR	HCPCS	1,867.12	1,867.12
E0467 RR	HCPCS	2,152.99	2,190.12
E0468 RR	HCPCS	1,997.25	1,997.25
E0469 RR	HCPCS	2,146.26	2,146.26
E0470 RR	HCPCS	181.83	285.29
E0471 RR	HCPCS	442.16	793.97
E0472 RR	HCPCS	673.20	919.34
E0480 RR	HCPCS	85.97	85.97
E0482 RR	HCPCS	780.72	780.72

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E0483 RR	HCPCS	2,079.57	2,079.57
E0484 NU	HCPCS	72.25	72.25
E0484 RR	HCPCS	7.22	7.22
E0484 UE	HCPCS	54.19	54.19
E0485 NU	HCPCS	224.83	224.83
E0485 RR	HCPCS	22.47	22.47
E0485 UE	HCPCS	168.62	168.62
E0486 NU	HCPCS	7,306.82	7,306.82
E0486 RR	HCPCS	899.29	899.29
E0486 UE	HCPCS	5,480.12	5,480.12
E0490 RR	HCPCS	175.11	175.11
E0491 00	HCPCS	144.62	144.62
E0500 RR	HCPCS	207.21	207.21
E0530 RR	HCPCS	50.95	50.95
E0550 RR	HCPCS	98.07	98.07
E0555 NU	HCPCS	5.63	5.63
E0555 RR	HCPCS	3.37	3.37
E0555 UE	HCPCS	4.49	4.49
E0560 NU	HCPCS	289.14	289.14
E0560 RR	HCPCS	33.88	33.88
E0560 UE	HCPCS	216.87	216.87
E0561 NU	HCPCS	116.94	158.20
E0561 RR	HCPCS	11.69	15.81
E0561 UE	HCPCS	87.71	118.64
E0562 NU	HCPCS	231.49	383.82
E0562 RR	HCPCS	23.16	38.37
E0562 UE	HCPCS	173.61	287.87
E0565 RR	HCPCS	71.68	90.08
E0570 RR	HCPCS	9.74	21.14
E0572 RR	HCPCS	39.75	61.64
E0574 RR	HCPCS	73.51	73.51
E0575 RR	HCPCS	173.71	173.71
E0580 NU	HCPCS	226.00	226.00
E0580 RR	HCPCS	22.61	22.61
E0580 UE	HCPCS	169.46	169.46
E0585 RR	HCPCS	43.85	55.66
E0600 RR	HCPCS	82.81	82.81
E0601 RR	HCPCS	69.40	132.90
E0602 NU	HCPCS	57.74	57.74
E0602 RR	HCPCS	5.82	5.82
E0602 UE	HCPCS	43.32	43.32
E0603 NU	HCPCS	337.23	337.23
E0603 RR	HCPCS	223.71	223.71
E0603 UE	HCPCS	252.94	252.94

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**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E0604 NU	HCPCS	393.44	393.44
E0604 RR	HCPCS	101.16	101.16
E0604 UE	HCPCS	295.08	295.08
E0605 NU	HCPCS	49.03	49.03
E0605 RR	HCPCS	6.02	6.02
E0605 UE	HCPCS	36.79	36.79
E0606 RR	HCPCS	44.88	44.88
E0607 NU	HCPCS	130.70	130.70
E0607 RR	HCPCS	13.06	13.06
E0607 UE	HCPCS	98.00	98.00
E0610 NU	HCPCS	465.25	465.25
E0610 RR	HCPCS	49.07	49.07
E0610 UE	HCPCS	348.98	348.98
E0615 NU	HCPCS	927.26	927.26
E0615 RR	HCPCS	97.27	97.27
E0615 UE	HCPCS	695.45	695.45
E0617 RR	HCPCS	594.72	594.72
E0618 RR	HCPCS	533.30	533.30
E0619 RR	HCPCS	453.81	453.81
E0620 RR	HCPCS	171.01	171.01
E0621 NU	HCPCS	144.45	168.52
E0621 RR	HCPCS	14.45	16.83
E0621 UE	HCPCS	108.35	126.41
E0627 NU	HCPCS	433.92	567.99
E0627 RR	HCPCS	43.39	56.80
E0627 UE	HCPCS	325.43	425.98
E0629 NU	HCPCS	425.91	565.22
E0629 RR	HCPCS	42.59	56.52
E0629 UE	HCPCS	319.42	423.89
E0630 RR	HCPCS	99.27	153.27
E0635 RR	HCPCS	214.37	228.96
E0636 RR	HCPCS	1,690.50	1,951.36
E0637 NU	HCPCS	4,674.11	4,674.11
E0637 RR	HCPCS	337.23	337.23
E0637 UE	HCPCS	3,505.59	3,505.59
E0638 NU	HCPCS	5,043.95	5,043.95
E0638 RR	HCPCS	505.85	505.85
E0638 UE	HCPCS	3,782.97	3,782.97
E0639 RR	HCPCS	218.20	218.20
E0640 RR	HCPCS	218.20	218.20
E0641 00	HCPCS	11,785.51	11,785.51
E0642 00	HCPCS	7,533.13	7,533.13
E0650 NU	HCPCS	1,408.76	1,408.76
E0650 RR	HCPCS	169.48	169.48

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**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E0650 UE	HCPCS	1,056.59	1,056.59
E0651 NU	HCPCS	1,774.46	1,774.46
E0651 RR	HCPCS	183.53	183.53
E0651 UE	HCPCS	1,330.87	1,330.87
E0652 NU	HCPCS	10,370.04	10,370.04
E0652 RR	HCPCS	1,024.87	1,024.87
E0652 UE	HCPCS	7,770.57	7,770.57
E0655 NU	HCPCS	211.12	211.12
E0655 RR	HCPCS	24.82	24.82
E0655 UE	HCPCS	158.54	158.54
E0656 RR	HCPCS	113.04	113.04
E0657 RR	HCPCS	106.19	106.19
E0660 NU	HCPCS	312.30	312.30
E0660 RR	HCPCS	32.51	32.51
E0660 UE	HCPCS	234.25	234.25
E0665 NU	HCPCS	267.99	267.99
E0665 RR	HCPCS	27.51	27.51
E0665 UE	HCPCS	201.01	201.01
E0666 NU	HCPCS	270.12	270.12
E0666 RR	HCPCS	27.82	27.82
E0666 UE	HCPCS	202.62	202.62
E0667 NU	HCPCS	633.30	633.30
E0667 RR	HCPCS	71.51	71.51
E0667 UE	HCPCS	475.01	475.01
E0668 NU	HCPCS	864.35	864.35
E0668 RR	HCPCS	85.30	85.30
E0668 UE	HCPCS	648.28	648.28
E0669 NU	HCPCS	358.58	358.58
E0669 RR	HCPCS	35.85	35.85
E0669 UE	HCPCS	268.97	268.97
E0670 NU	HCPCS	2,458.88	2,458.88
E0670 RR	HCPCS	263.21	263.21
E0670 UE	HCPCS	1,844.07	1,844.07
E0671 NU	HCPCS	812.46	812.46
E0671 RR	HCPCS	81.30	81.30
E0671 UE	HCPCS	609.29	609.29
E0672 NU	HCPCS	631.26	631.26
E0672 RR	HCPCS	63.18	63.18
E0672 UE	HCPCS	473.48	473.48
E0673 NU	HCPCS	524.54	524.54
E0673 RR	HCPCS	52.46	52.46
E0673 UE	HCPCS	393.48	393.48
E0675 RR	HCPCS	752.19	752.19
E0676 NU	HCPCS	3,247.72	3,247.72

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Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E0676 RR	HCPCS	324.77	324.77
E0676 UE	HCPCS	2,435.79	2,435.79
E0677 RR	HCPCS	113.04	113.04
E0678 RR	HCPCS	63.34	63.34
E0679 RR	HCPCS	35.85	35.85
E0680 RR	HCPCS	1,037.01	1,037.01
E0681 RR	HCPCS	177.45	177.45
E0682 RR	HCPCS	86.44	86.44
E0683 RR	HCPCS	111.90	111.90
E0691 NU	HCPCS	1,757.70	1,757.70
E0691 RR	HCPCS	175.76	175.76
E0691 UE	HCPCS	1,318.28	1,318.28
E0692 NU	HCPCS	2,207.20	2,207.20
E0692 RR	HCPCS	220.68	220.68
E0692 UE	HCPCS	1,655.39	1,655.39
E0693 NU	HCPCS	2,720.84	2,720.84
E0693 RR	HCPCS	272.10	272.10
E0693 UE	HCPCS	2,040.63	2,040.63
E0694 NU	HCPCS	8,660.20	8,660.20
E0694 RR	HCPCS	866.01	866.01
E0694 UE	HCPCS	6,495.20	6,495.20
E0705 NU	HCPCS	76.76	96.96
E0705 RR	HCPCS	7.67	9.79
E0705 UE	HCPCS	57.57	65.86
E0720 NU	HCPCS	96.57	382.37
E0730 NU	HCPCS	95.93	386.44
E0731 NU	HCPCS	123.03	426.87
E0732 RR	HCPCS	64.02	64.02
E0733 RR	HCPCS	64.02	64.02
E0734 RR	HCPCS	615.36	615.36
E0735 RR	HCPCS	64.02	64.02
E0736 RR	HCPCS	64.02	64.02
E0738 RR	HCPCS	2,799.51	2,799.51
E0739 RR	HCPCS	2,192.86	2,192.86
E0740 RR	HCPCS	102.28	102.28
E0743 RR	HCPCS	332.43	332.43
E0744 RR	HCPCS	179.13	179.13
E0745 RR	HCPCS	175.11	175.11
E0746 NU	HCPCS	112.41	112.41
E0747 NU	HCPCS	7,660.11	7,660.11
E0747 RR	HCPCS	761.18	761.18
E0747 UE	HCPCS	5,691.32	5,691.32
E0748 NU	HCPCS	7,610.51	7,610.51
E0748 RR	HCPCS	761.00	761.00

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Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E0748 UE	HCPCS	5,707.90	5,707.90
E0749 RR	HCPCS	556.23	556.23
E0760 NU	HCPCS	6,324.18	6,324.18
E0760 RR	HCPCS	632.42	632.42
E0760 UE	HCPCS	4,743.07	4,743.07
E0761 00	HCPCS	3,216.32	3,216.32
E0762 RR	HCPCS	215.08	215.08
E0764 RR	HCPCS	2,164.71	2,164.71
E0765 NU	HCPCS	164.56	164.56
E0765 RR	HCPCS	16.49	16.49
E0765 UE	HCPCS	123.47	123.47
E0766 RR	HCPCS	22,488.84	22,488.84
E0770 NU	HCPCS	445.14	445.14
E0770 RR	HCPCS	140.50	140.50
E0770 UE	HCPCS	333.87	333.87
E0776 NU	HCPCS	238.03	238.03
E0776 RR	HCPCS	25.05	30.76
E0776 UE	HCPCS	176.40	176.40
E0779 RR	HCPCS	30.52	30.52
E0780 NU	HCPCS	20.29	20.29
E0781 RR	HCPCS	421.68	451.26
E0782 NU	HCPCS	8,398.25	8,398.25
E0782 RR	HCPCS	839.86	839.86
E0782 UE	HCPCS	6,298.68	6,298.68
E0783 NU	HCPCS	16,014.15	16,014.15
E0783 RR	HCPCS	1,601.45	1,601.45
E0783 UE	HCPCS	12,010.67	12,010.67
E0784 RR	HCPCS	760.31	788.48
E0786 NU	HCPCS	15,620.82	15,620.82
E0786 RR	HCPCS	1,562.06	1,562.06
E0786 UE	HCPCS	11,715.62	11,715.62
E0791 RR	HCPCS	500.95	559.73
E0830 00	HCPCS	160.90	160.90
E0840 NU	HCPCS	143.32	143.32
E0840 RR	HCPCS	27.15	27.15
E0840 UE	HCPCS	107.45	107.45
E0849 RR	HCPCS	100.81	100.81
E0850 NU	HCPCS	174.65	174.65
E0850 RR	HCPCS	28.22	28.22
E0850 UE	HCPCS	131.01	131.01
E0855 RR	HCPCS	96.68	96.68
E0856 RR	HCPCS	30.10	30.10
E0860 NU	HCPCS	73.89	73.89
E0860 RR	HCPCS	12.75	12.75

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**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E0860 UE	HCPCS	55.45	55.45
E0870 NU	HCPCS	227.53	227.53
E0870 RR	HCPCS	26.24	26.24
E0870 UE	HCPCS	170.67	170.67
E0880 NU	HCPCS	229.64	229.64
E0880 RR	HCPCS	38.56	38.56
E0880 UE	HCPCS	172.21	172.21
E0890 NU	HCPCS	200.19	200.19
E0890 RR	HCPCS	64.23	64.23
E0890 UE	HCPCS	161.27	161.27
E0900 NU	HCPCS	213.05	213.05
E0900 RR	HCPCS	54.04	54.04
E0900 UE	HCPCS	159.82	159.82
E0910 RR	HCPCS	18.48	27.19
E0911 RR	HCPCS	70.48	81.20
E0912 RR	HCPCS	139.29	172.55
E0920 RR	HCPCS	90.29	90.29
E0930 RR	HCPCS	89.35	89.35
E0935 RR	HCPCS	37.81	37.81
E0936 RR	HCPCS	168.62	168.62
E0940 RR	HCPCS	34.97	48.89
E0941 RR	HCPCS	84.90	84.90
E0942 NU	HCPCS	33.00	33.00
E0942 RR	HCPCS	4.61	4.61
E0942 UE	HCPCS	24.70	24.70
E0944 NU	HCPCS	78.41	78.41
E0944 RR	HCPCS	9.03	9.03
E0944 UE	HCPCS	58.86	58.86
E0945 NU	HCPCS	78.41	78.41
E0945 RR	HCPCS	8.65	8.65
E0945 UE	HCPCS	58.86	58.86
E0946 RR	HCPCS	115.74	115.74
E0947 NU	HCPCS	1,186.28	1,186.28
E0947 RR	HCPCS	122.99	122.99
E0947 UE	HCPCS	889.67	889.67
E0948 NU	HCPCS	1,147.38	1,147.38
E0948 RR	HCPCS	114.70	114.70
E0948 UE	HCPCS	809.28	809.28
E0950 NU	HCPCS	126.76	145.29
E0950 RR	HCPCS	12.67	15.76
E0950 UE	HCPCS	95.07	108.23
E0951 NU	HCPCS	20.59	28.04
E0951 RR	HCPCS	2.06	2.86
E0951 UE	HCPCS	15.44	21.01

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**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E0952 NU	HCPCS	28.27	28.62
E0952 RR	HCPCS	2.83	3.07
E0952 UE	HCPCS	21.21	21.46
E0953 NU	HCPCS	127.65	153.20
E0953 RR	HCPCS	12.77	15.32
E0953 UE	HCPCS	95.73	114.90
E0954 NU	HCPCS	89.05	96.87
E0954 RR	HCPCS	8.89	9.93
E0954 UE	HCPCS	66.79	72.62
E0955 RR	HCPCS	23.87	30.35
E0956 NU	HCPCS	127.65	153.20
E0956 RR	HCPCS	12.77	15.32
E0956 UE	HCPCS	95.73	114.90
E0957 NU	HCPCS	204.95	226.56
E0957 RR	HCPCS	20.50	22.67
E0957 UE	HCPCS	153.72	169.92
E0958 RR	HCPCS	69.23	80.75
E0959 NU	HCPCS	73.50	73.50
E0959 RR	HCPCS	7.39	8.41
E0959 UE	HCPCS	55.43	55.62
E0960 NU	HCPCS	121.60	143.16
E0960 RR	HCPCS	12.17	14.34
E0960 UE	HCPCS	91.21	107.38
E0961 NU	HCPCS	32.94	47.87
E0961 RR	HCPCS	3.29	4.91
E0961 UE	HCPCS	24.71	28.60
E0966 NU	HCPCS	120.60	134.83
E0966 RR	HCPCS	12.05	13.40
E0966 UE	HCPCS	90.44	101.12
E0967 NU	HCPCS	119.46	126.35
E0967 RR	HCPCS	11.94	12.64
E0967 UE	HCPCS	89.60	94.72
E0968 RR	HCPCS	35.03	35.03
E0969 NU	HCPCS	306.38	306.38
E0969 RR	HCPCS	30.34	30.34
E0969 UE	HCPCS	229.80	229.80
E0970 NU	HCPCS	168.62	168.62
E0970 RR	HCPCS	56.21	56.21
E0970 UE	HCPCS	126.46	126.46
E0971 NU	HCPCS	47.71	70.15
E0971 RR	HCPCS	4.77	7.03
E0971 UE	HCPCS	35.78	52.64
E0973 NU	HCPCS	84.83	145.89
E0973 RR	HCPCS	8.48	14.13

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Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E0973 UE	HCPCS	63.62	109.42
E0974 NU	HCPCS	125.52	130.37
E0974 RR	HCPCS	12.56	14.87
E0974 UE	HCPCS	94.15	98.52
E0978 NU	HCPCS	37.79	55.31
E0978 RR	HCPCS	3.78	5.85
E0978 UE	HCPCS	28.34	41.47
E0980 NU	HCPCS	54.95	54.95
E0980 RR	HCPCS	6.48	6.48
E0980 UE	HCPCS	40.98	40.98
E0981 NU	HCPCS	70.85	72.70
E0981 RR	HCPCS	7.08	7.59
E0981 UE	HCPCS	53.14	54.53
E0982 NU	HCPCS	73.84	73.84
E0982 RR	HCPCS	7.84	8.26
E0982 UE	HCPCS	55.38	55.38
E0983 RR	HCPCS	454.68	454.68
E0984 RR	HCPCS	373.70	373.70
E0985 RR	HCPCS	35.69	39.61
E0986 RR	HCPCS	951.51	951.51
E0988 RR	HCPCS	563.02	563.02
E0990 NU	HCPCS	110.73	163.37
E0990 RR	HCPCS	11.07	17.58
E0990 UE	HCPCS	83.03	125.64
E0992 NU	HCPCS	131.19	166.42
E0992 RR	HCPCS	13.12	16.38
E0992 UE	HCPCS	98.39	124.82
E0994 NU	HCPCS	34.50	34.50
E0994 RR	HCPCS	3.49	3.49
E0994 UE	HCPCS	25.86	25.86
E0995 NU	HCPCS	45.53	47.88
E0995 RR	HCPCS	4.55	4.84
E0995 UE	HCPCS	34.15	35.92
E1002 RR	HCPCS	631.76	657.54
E1003 RR	HCPCS	739.45	739.90
E1004 RR	HCPCS	812.76	816.82
E1005 RR	HCPCS	888.54	888.54
E1006 RR	HCPCS	1,088.36	1,088.36
E1007 RR	HCPCS	1,360.74	1,417.25
E1008 RR	HCPCS	1,395.76	1,434.80
E1010 RR	HCPCS	189.67	191.27
E1011 NU	HCPCS	1,642.55	1,642.55
E1012 RR	HCPCS	189.67	191.27
E1014 RR	HCPCS	71.46	71.46

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**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E1015 NU	HCPCS	196.71	221.38
E1015 RR	HCPCS	19.67	22.13
E1015 UE	HCPCS	147.53	166.03
E1016 NU	HCPCS	186.35	213.19
E1016 RR	HCPCS	18.63	21.34
E1016 UE	HCPCS	139.78	159.88
E1020 RR	HCPCS	30.18	36.97
E1028 RR	HCPCS	21.39	29.74
E1029 RR	HCPCS	62.29	62.29
E1030 RR	HCPCS	196.46	196.46
E1031 RR	HCPCS	71.50	88.40
E1035 RR	HCPCS	979.22	1,140.86
E1036 RR	HCPCS	1,379.70	1,628.06
E1037 RR	HCPCS	171.35	204.47
E1038 RR	HCPCS	24.53	31.08
E1039 RR	HCPCS	53.28	63.67
E1050 RR	HCPCS	199.23	199.23
E1060 RR	HCPCS	246.58	246.58
E1070 RR	HCPCS	214.27	214.27
E1083 RR	HCPCS	130.91	130.91
E1084 RR	HCPCS	191.88	191.88
E1085 NU	HCPCS	549.71	549.71
E1085 RR	HCPCS	35.25	35.25
E1085 UE	HCPCS	412.27	412.27
E1086 NU	HCPCS	2,186.42	2,186.42
E1086 RR	HCPCS	224.83	224.83
E1086 UE	HCPCS	1,639.82	1,639.82
E1087 RR	HCPCS	210.38	210.38
E1088 RR	HCPCS	279.47	279.47
E1089 NU	HCPCS	168.62	168.62
E1089 RR	HCPCS	56.21	56.21
E1089 UE	HCPCS	126.46	126.46
E1090 NU	HCPCS	2,810.32	2,810.32
E1090 RR	HCPCS	382.20	382.20
E1090 UE	HCPCS	2,107.74	2,107.74
E1092 RR	HCPCS	251.38	251.38
E1093 RR	HCPCS	216.19	216.19
E1100 RR	HCPCS	186.84	186.84
E1110 RR	HCPCS	186.84	186.84
E1130 NU	HCPCS	786.88	786.88
E1130 RR	HCPCS	78.69	78.69
E1130 UE	HCPCS	590.17	590.17
E1140 NU	HCPCS	664.92	664.92
E1140 RR	HCPCS	216.03	216.03

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E1140 UE	HCPCS	257.42	257.42
E1150 RR	HCPCS	159.56	159.56
E1160 RR	HCPCS	122.28	122.28
E1161 RR	HCPCS	462.81	462.81
E1170 RR	HCPCS	174.73	174.73
E1171 RR	HCPCS	156.77	156.77
E1172 RR	HCPCS	191.66	191.66
E1180 RR	HCPCS	198.23	198.23
E1190 RR	HCPCS	229.00	229.00
E1195 RR	HCPCS	245.71	245.71
E1200 RR	HCPCS	170.20	170.20
E1220 00	HCPCS	10,935.22	10,935.22
E1221 RR	HCPCS	92.95	92.95
E1222 RR	HCPCS	129.19	129.19
E1223 RR	HCPCS	144.77	144.77
E1224 RR	HCPCS	158.75	158.75
E1225 RR	HCPCS	61.15	78.57
E1226 NU	HCPCS	610.95	800.91
E1226 RR	HCPCS	61.10	89.66
E1226 UE	HCPCS	458.22	600.66
E1227 NU	HCPCS	461.40	461.40
E1227 RR	HCPCS	54.29	54.29
E1227 UE	HCPCS	346.09	346.09
E1228 RR	HCPCS	54.82	54.82
E1230 NU	HCPCS	4,424.27	4,424.27
E1230 RR	HCPCS	435.13	435.13
E1230 UE	HCPCS	3,499.06	3,499.06
E1232 RR	HCPCS	418.32	418.32
E1233 RR	HCPCS	433.40	433.40
E1234 RR	HCPCS	377.33	377.33
E1235 RR	HCPCS	363.34	363.34
E1236 RR	HCPCS	320.56	320.56
E1237 RR	HCPCS	323.33	323.33
E1238 RR	HCPCS	320.56	320.56
E1240 RR	HCPCS	192.99	192.99
E1250 NU	HCPCS	1,042.06	1,042.06
E1250 RR	HCPCS	112.41	112.41
E1250 UE	HCPCS	781.55	781.55
E1260 NU	HCPCS	562.07	562.07
E1260 RR	HCPCS	288.06	288.06
E1260 UE	HCPCS	421.54	421.54
E1270 RR	HCPCS	145.25	145.25
E1280 RR	HCPCS	256.75	256.75
E1285 NU	HCPCS	2,281.97	2,281.97

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**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E1285 RR	HCPCS	167.50	167.50
E1285 UE	HCPCS	1,711.47	1,711.47
E1290 NU	HCPCS	867.82	867.82
E1290 RR	HCPCS	247.31	247.31
E1290 UE	HCPCS	650.87	650.87
E1295 RR	HCPCS	237.59	237.59
E1296 NU	HCPCS	817.45	817.45
E1296 RR	HCPCS	97.73	97.73
E1296 UE	HCPCS	613.12	613.12
E1297 NU	HCPCS	204.62	204.62
E1297 RR	HCPCS	22.74	22.74
E1297 UE	HCPCS	153.44	153.44
E1298 NU	HCPCS	828.70	828.70
E1298 RR	HCPCS	84.78	84.78
E1298 UE	HCPCS	621.52	621.52
E1310 NU	HCPCS	3,570.42	3,570.42
E1310 RR	HCPCS	357.06	357.06
E1310 UE	HCPCS	2,677.79	2,677.79
E1353 00	HCPCS	55.40	55.40
E1354 00	HCPCS	16.24	16.24
E1355 00	HCPCS	41.75	41.75
E1356 00	HCPCS	321.65	321.65
E1372 NU	HCPCS	186.23	250.71
E1372 RR	HCPCS	18.62	31.22
E1372 UE	HCPCS	139.68	186.72
E1390 RR	HCPCS	133.81	242.65
E1391 RR	HCPCS	133.81	242.65
E1392 RR	HCPCS	64.30	72.28
E1399 00	HCPCS	BR	BR
E1405 RR	HCPCS	177.66	298.31
E1406 RR	HCPCS	143.56	263.79
E1510 NU	HCPCS	1,011.71	1,011.71
E1510 RR	HCPCS	101.16	101.16
E1510 UE	HCPCS	758.79	758.79
E1594 NU	HCPCS	8,993.00	8,993.00
E1594 RR	HCPCS	891.80	891.80
E1594 UE	HCPCS	6,744.75	6,744.75
E1610 NU	HCPCS	3,372.38	3,372.38
E1610 RR	HCPCS	607.03	607.03
E1610 UE	HCPCS	2,529.28	2,529.28
E1637 00	HCPCS	70.34	70.34
E1639 00	HCPCS	126.99	126.99
E1700 RR	HCPCS	67.47	67.47
E1701 00	HCPCS	20.73	20.73

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E1702 00	HCPCS	44.13	44.13
E1800 RR	HCPCS	239.62	239.62
E1801 RR	HCPCS	234.25	234.25
E1802 RR	HCPCS	639.27	639.27
E1803 RR	HCPCS	239.62	239.62
E1804 RR	HCPCS	239.62	239.62
E1805 RR	HCPCS	246.99	246.99
E1806 RR	HCPCS	192.22	192.22
E1807 RR	HCPCS	246.99	246.99
E1808 RR	HCPCS	246.99	246.99
E1810 RR	HCPCS	243.71	243.71
E1811 RR	HCPCS	243.47	243.47
E1812 RR	HCPCS	168.21	168.21
E1813 RR	HCPCS	243.71	243.71
E1814 RR	HCPCS	243.71	243.71
E1815 RR	HCPCS	246.99	246.99
E1816 RR	HCPCS	247.32	247.32
E1818 RR	HCPCS	252.49	252.49
E1820 NU	HCPCS	150.85	150.85
E1820 RR	HCPCS	15.11	15.11
E1820 UE	HCPCS	113.13	113.13
E1821 NU	HCPCS	205.86	205.86
E1821 RR	HCPCS	20.52	20.52
E1821 UE	HCPCS	154.45	154.45
E1822 RR	HCPCS	246.99	246.99
E1823 RR	HCPCS	246.99	246.99
E1825 RR	HCPCS	246.99	246.99
E1826 RR	HCPCS	246.99	246.99
E1827 RR	HCPCS	246.99	246.99
E1828 RR	HCPCS	246.99	246.99
E1829 RR	HCPCS	246.99	246.99
E1830 RR	HCPCS	246.99	246.99
E1831 RR	HCPCS	124.29	124.29
E1840 RR	HCPCS	716.62	716.62
E1841 RR	HCPCS	886.07	886.07
E1905 RR	HCPCS	926.16	926.16
E2000 RR	HCPCS	94.04	94.04
E2001 RR	HCPCS	82.81	82.81
E2100 NU	HCPCS	1,258.10	1,258.10
E2100 RR	HCPCS	125.85	125.85
E2100 UE	HCPCS	943.61	943.61
E2101 NU	HCPCS	368.82	368.82
E2101 RR	HCPCS	36.89	36.89
E2101 UE	HCPCS	276.63	276.63

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E2102 NU	HCPCS	328.34	328.34
E2102 RR	HCPCS	32.83	32.83
E2102 UE	HCPCS	246.27	246.27
E2103 NU	HCPCS	413.50	413.50
E2103 RR	HCPCS	41.36	41.36
E2103 UE	HCPCS	310.13	310.13
E2104 NU	HCPCS	74.83	74.83
E2104 RR	HCPCS	7.50	7.50
E2104 UE	HCPCS	56.17	56.17
E2120 RR	HCPCS	554.58	554.58
E2201 NU	HCPCS	507.21	645.75
E2201 RR	HCPCS	50.72	64.57
E2201 UE	HCPCS	380.41	484.32
E2202 NU	HCPCS	723.83	872.73
E2202 RR	HCPCS	72.38	87.28
E2202 UE	HCPCS	542.88	654.57
E2203 NU	HCPCS	691.84	851.27
E2203 RR	HCPCS	69.19	85.12
E2203 UE	HCPCS	518.88	638.43
E2204 NU	HCPCS	1,188.99	1,465.34
E2204 RR	HCPCS	118.90	146.54
E2204 UE	HCPCS	891.76	1,099.01
E2205 NU	HCPCS	56.84	62.83
E2205 RR	HCPCS	5.68	6.24
E2205 UE	HCPCS	42.63	47.17
E2206 NU	HCPCS	61.98	73.85
E2206 RR	HCPCS	6.20	7.38
E2206 UE	HCPCS	46.49	55.40
E2207 NU	HCPCS	74.77	83.23
E2207 RR	HCPCS	7.48	8.34
E2207 UE	HCPCS	56.08	62.43
E2208 NU	HCPCS	124.50	168.20
E2208 RR	HCPCS	12.45	16.83
E2208 UE	HCPCS	93.38	126.15
E2209 NU	HCPCS	135.07	164.93
E2209 RR	HCPCS	13.51	16.48
E2209 UE	HCPCS	101.30	123.72
E2210 NU	HCPCS	8.69	10.39
E2210 RR	HCPCS	0.87	1.04
E2210 UE	HCPCS	6.52	7.81
E2211 NU	HCPCS	55.16	64.97
E2211 RR	HCPCS	5.52	7.01
E2211 UE	HCPCS	41.38	47.59
E2212 NU	HCPCS	10.16	11.30

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E2212 RR	HCPCS	1.02	1.18
E2212 UE	HCPCS	7.63	8.51
E2213 NU	HCPCS	48.40	56.31
E2213 RR	HCPCS	4.84	5.66
E2213 UE	HCPCS	36.30	42.21
E2214 NU	HCPCS	52.18	59.71
E2214 RR	HCPCS	5.22	6.85
E2214 UE	HCPCS	39.13	44.77
E2215 NU	HCPCS	16.53	18.47
E2215 RR	HCPCS	1.65	1.85
E2215 UE	HCPCS	12.40	13.85
E2216 NU	HCPCS	71.58	78.62
E2216 RR	HCPCS	7.15	9.39
E2216 UE	HCPCS	53.69	58.97
E2217 NU	HCPCS	63.35	69.58
E2217 RR	HCPCS	6.33	8.32
E2217 UE	HCPCS	47.52	52.18
E2218 NU	HCPCS	71.58	78.62
E2218 RR	HCPCS	7.15	9.39
E2218 UE	HCPCS	53.69	58.97
E2219 NU	HCPCS	63.35	69.58
E2219 RR	HCPCS	6.33	8.32
E2219 UE	HCPCS	47.52	52.18
E2220 NU	HCPCS	45.99	54.45
E2220 RR	HCPCS	4.59	5.35
E2220 UE	HCPCS	34.48	41.24
E2221 NU	HCPCS	43.06	48.76
E2221 RR	HCPCS	4.31	4.86
E2221 UE	HCPCS	32.30	36.58
E2222 NU	HCPCS	36.83	40.82
E2222 RR	HCPCS	3.68	4.06
E2222 UE	HCPCS	27.64	30.63
E2224 NU	HCPCS	149.31	163.03
E2224 RR	HCPCS	14.94	18.65
E2224 UE	HCPCS	111.99	122.29
E2225 NU	HCPCS	30.77	34.05
E2225 RR	HCPCS	3.08	3.40
E2225 UE	HCPCS	23.09	25.49
E2226 NU	HCPCS	64.06	72.86
E2226 RR	HCPCS	6.41	7.28
E2226 UE	HCPCS	48.05	54.64
E2227 RR	HCPCS	351.82	351.82
E2228 RR	HCPCS	153.43	178.12
E2231 NU	HCPCS	228.05	276.77

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E2231 RR	HCPCS	22.81	27.68
E2231 UE	HCPCS	171.04	207.56
E2291 00	HCPCS	669.30	669.30
E2292 00	HCPCS	745.22	745.22
E2293 00	HCPCS	1,326.12	1,326.12
E2294 00	HCPCS	867.75	867.75
E2298 RR	HCPCS	288.71	288.71
E2301 00	HCPCS	20,966.40	20,966.40
E2310 RR	HCPCS	184.98	191.13
E2311 RR	HCPCS	373.30	386.37
E2312 RR	HCPCS	379.33	379.33
E2313 RR	HCPCS	60.28	60.28
E2321 RR	HCPCS	251.36	259.64
E2322 RR	HCPCS	237.47	237.61
E2323 NU	HCPCS	115.75	116.19
E2323 RR	HCPCS	11.58	11.61
E2323 UE	HCPCS	86.81	87.12
E2324 NU	HCPCS	73.88	73.88
E2324 RR	HCPCS	7.35	7.35
E2324 UE	HCPCS	55.41	55.41
E2325 RR	HCPCS	226.97	227.02
E2326 RR	HCPCS	58.55	58.55
E2327 RR	HCPCS	440.41	440.41
E2328 RR	HCPCS	835.42	835.42
E2329 RR	HCPCS	297.75	297.75
E2330 RR	HCPCS	576.93	576.93
E2331 00	HCPCS	1,606.82	1,606.82
E2340 NU	HCPCS	700.95	700.95
E2340 RR	HCPCS	70.13	70.13
E2340 UE	HCPCS	525.78	525.78
E2341 NU	HCPCS	1,051.54	1,051.54
E2341 RR	HCPCS	105.14	105.14
E2341 UE	HCPCS	788.69	788.69
E2342 NU	HCPCS	876.30	876.30
E2342 RR	HCPCS	87.63	87.63
E2342 UE	HCPCS	657.23	657.23
E2343 NU	HCPCS	1,402.09	1,402.09
E2343 RR	HCPCS	140.20	140.20
E2343 UE	HCPCS	1,051.54	1,051.54
E2351 NU	HCPCS	1,178.27	1,178.27
E2351 RR	HCPCS	117.82	117.82
E2351 UE	HCPCS	883.71	883.71
E2359 NU	HCPCS	274.69	316.09
E2359 RR	HCPCS	27.47	31.61

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E2359 UE	HCPCS	206.02	237.08
E2360 NU	HCPCS	186.80	186.80
E2360 RR	HCPCS	20.82	22.08
E2360 UE	HCPCS	140.07	140.07
E2361 NU	HCPCS	185.04	220.68
E2361 RR	HCPCS	18.51	22.08
E2361 UE	HCPCS	138.78	165.51
E2362 NU	HCPCS	176.92	176.92
E2362 RR	HCPCS	17.70	17.70
E2362 UE	HCPCS	132.65	132.65
E2363 NU	HCPCS	227.56	286.99
E2363 RR	HCPCS	22.75	28.71
E2363 UE	HCPCS	170.66	215.25
E2364 NU	HCPCS	186.80	186.80
E2364 RR	HCPCS	21.03	21.42
E2364 UE	HCPCS	140.07	140.07
E2365 NU	HCPCS	119.11	163.02
E2365 RR	HCPCS	11.91	16.30
E2365 UE	HCPCS	89.33	122.29
E2366 NU	HCPCS	245.36	331.74
E2366 RR	HCPCS	24.54	36.57
E2366 UE	HCPCS	184.03	248.82
E2367 NU	HCPCS	637.85	696.82
E2367 RR	HCPCS	63.78	69.68
E2367 UE	HCPCS	478.39	522.62
E2368 RR	HCPCS	66.43	80.85
E2369 RR	HCPCS	61.60	73.26
E2370 RR	HCPCS	86.53	116.06
E2371 NU	HCPCS	228.05	254.14
E2371 RR	HCPCS	22.81	25.42
E2371 UE	HCPCS	171.04	190.62
E2373 RR	HCPCS	132.24	132.24
E2374 RR	HCPCS	85.25	87.65
E2375 RR	HCPCS	109.51	133.81
E2376 RR	HCPCS	211.76	219.03
E2377 RR	HCPCS	78.46	80.16
E2378 RR	HCPCS	91.20	99.69
E2381 NU	HCPCS	98.00	118.68
E2381 RR	HCPCS	9.80	11.86
E2381 UE	HCPCS	73.50	89.01
E2382 NU	HCPCS	31.07	32.73
E2382 RR	HCPCS	3.11	3.25
E2382 UE	HCPCS	23.31	24.57
E2383 NU	HCPCS	210.06	242.44

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**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E2383 RR	HCPCS	21.00	24.23
E2383 UE	HCPCS	157.54	181.85
E2384 NU	HCPCS	98.92	123.10
E2384 RR	HCPCS	9.90	12.29
E2384 UE	HCPCS	74.19	92.32
E2385 NU	HCPCS	74.56	78.32
E2385 RR	HCPCS	7.46	7.84
E2385 UE	HCPCS	55.92	58.73
E2386 NU	HCPCS	168.70	218.20
E2386 RR	HCPCS	16.87	21.83
E2386 UE	HCPCS	126.53	163.67
E2387 NU	HCPCS	79.62	98.67
E2387 RR	HCPCS	7.97	9.86
E2387 UE	HCPCS	59.72	74.00
E2388 NU	HCPCS	81.13	83.03
E2388 RR	HCPCS	8.12	8.32
E2388 UE	HCPCS	60.86	62.29
E2389 NU	HCPCS	45.35	45.74
E2389 RR	HCPCS	4.54	4.58
E2389 UE	HCPCS	34.02	34.29
E2390 NU	HCPCS	70.22	71.18
E2390 RR	HCPCS	7.01	7.11
E2390 UE	HCPCS	52.67	53.37
E2391 NU	HCPCS	28.60	33.36
E2391 RR	HCPCS	2.86	3.35
E2391 UE	HCPCS	21.45	25.03
E2392 NU	HCPCS	67.16	83.90
E2392 RR	HCPCS	6.72	8.41
E2392 UE	HCPCS	50.37	62.93
E2394 NU	HCPCS	95.69	117.78
E2394 RR	HCPCS	9.58	11.79
E2394 UE	HCPCS	71.76	88.34
E2395 NU	HCPCS	71.89	85.72
E2395 RR	HCPCS	7.20	8.58
E2395 UE	HCPCS	53.91	64.32
E2396 NU	HCPCS	83.33	103.85
E2396 RR	HCPCS	8.33	10.78
E2396 UE	HCPCS	62.50	77.91
E2397 NU	HCPCS	725.83	810.07
E2397 RR	HCPCS	72.59	81.02
E2397 UE	HCPCS	544.38	607.50
E2398 NU	HCPCS	224.39	224.39
E2398 RR	HCPCS	22.44	22.44
E2398 UE	HCPCS	168.28	168.28

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Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E2402 RR	HCPCS	1,087.86	2,060.66
E2500 NU	HCPCS	764.92	764.92
E2500 RR	HCPCS	76.50	76.50
E2500 UE	HCPCS	573.68	573.68
E2502 NU	HCPCS	2,339.05	2,339.05
E2502 RR	HCPCS	233.94	233.94
E2502 UE	HCPCS	1,754.31	1,754.31
E2504 NU	HCPCS	3,085.56	3,085.56
E2504 RR	HCPCS	308.59	308.59
E2504 UE	HCPCS	2,314.17	2,314.17
E2506 NU	HCPCS	4,524.30	4,524.30
E2506 RR	HCPCS	452.41	452.41
E2506 UE	HCPCS	3,393.17	3,393.17
E2508 NU	HCPCS	6,996.09	6,996.09
E2508 RR	HCPCS	699.61	699.61
E2508 UE	HCPCS	5,247.09	5,247.09
E2510 NU	HCPCS	13,239.18	13,239.18
E2510 RR	HCPCS	1,323.91	1,323.91
E2510 UE	HCPCS	9,929.36	9,929.36
E2511 NU	HCPCS	171.93	171.93
E2511 RR	HCPCS	4.49	4.49
E2511 UE	HCPCS	35.41	35.41
E2512 NU	HCPCS	2,451.72	2,451.72
E2512 RR	HCPCS	134.90	134.90
E2512 UE	HCPCS	1,003.28	1,003.28
E2513 NU	HCPCS	6,164.12	6,164.12
E2513 RR	HCPCS	616.43	616.43
E2513 UE	HCPCS	4,623.11	4,623.11
E2601 NU	HCPCS	61.92	87.08
E2601 RR	HCPCS	6.19	8.72
E2601 UE	HCPCS	46.44	65.32
E2602 NU	HCPCS	133.87	177.27
E2602 RR	HCPCS	13.38	17.74
E2602 UE	HCPCS	100.41	132.96
E2603 NU	HCPCS	168.70	221.70
E2603 RR	HCPCS	16.87	22.18
E2603 UE	HCPCS	126.52	166.29
E2604 NU	HCPCS	245.90	291.83
E2604 RR	HCPCS	24.60	29.18
E2604 UE	HCPCS	184.42	218.89
E2605 NU	HCPCS	345.93	418.57
E2605 RR	HCPCS	34.59	41.86
E2605 UE	HCPCS	259.45	313.95
E2606 NU	HCPCS	558.21	661.32

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E2606 RR	HCPCS	55.82	66.14
E2606 UE	HCPCS	418.66	495.96
E2607 NU	HCPCS	335.78	429.90
E2607 RR	HCPCS	33.57	42.99
E2607 UE	HCPCS	251.83	322.43
E2608 NU	HCPCS	429.10	527.21
E2608 RR	HCPCS	42.91	52.71
E2608 UE	HCPCS	321.82	395.40
E2609 00	HCPCS	3,382.47	3,382.47
E2611 NU	HCPCS	252.08	406.13
E2611 RR	HCPCS	25.21	40.60
E2611 UE	HCPCS	189.07	304.63
E2612 NU	HCPCS	497.77	634.93
E2612 RR	HCPCS	49.78	63.49
E2612 UE	HCPCS	373.34	476.20
E2613 NU	HCPCS	505.83	613.40
E2613 RR	HCPCS	50.58	61.35
E2613 UE	HCPCS	379.37	460.05
E2614 NU	HCPCS	745.56	874.72
E2614 RR	HCPCS	74.56	87.47
E2614 UE	HCPCS	559.17	656.05
E2615 NU	HCPCS	578.21	703.05
E2615 RR	HCPCS	57.82	70.31
E2615 UE	HCPCS	433.66	527.30
E2616 NU	HCPCS	778.60	946.40
E2616 RR	HCPCS	77.87	94.64
E2616 UE	HCPCS	583.94	709.81
E2617 00	HCPCS	3,991.33	3,991.33
E2619 NU	HCPCS	83.54	85.02
E2619 RR	HCPCS	8.36	8.50
E2619 UE	HCPCS	62.66	63.80
E2620 NU	HCPCS	631.67	806.57
E2620 RR	HCPCS	63.17	80.67
E2620 UE	HCPCS	473.76	604.94
E2621 NU	HCPCS	743.37	893.02
E2621 RR	HCPCS	74.34	89.31
E2621 UE	HCPCS	557.52	669.76
E2622 NU	HCPCS	529.94	544.38
E2622 RR	HCPCS	52.99	54.45
E2622 UE	HCPCS	397.46	408.28
E2623 NU	HCPCS	670.15	690.62
E2623 RR	HCPCS	67.02	69.08
E2623 UE	HCPCS	502.61	517.94
E2624 NU	HCPCS	538.51	550.97

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Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E2624 RR	HCPCS	53.86	55.10
E2624 UE	HCPCS	403.89	413.24
E2625 NU	HCPCS	666.46	689.85
E2625 RR	HCPCS	66.65	68.98
E2625 UE	HCPCS	499.84	517.38
E2626 NU	HCPCS	1,030.69	1,196.20
E2626 RR	HCPCS	103.07	119.60
E2626 UE	HCPCS	773.02	897.11
E2627 NU	HCPCS	1,657.75	1,877.37
E2627 RR	HCPCS	165.77	187.77
E2627 UE	HCPCS	1,243.33	1,408.02
E2628 NU	HCPCS	1,231.64	1,435.57
E2628 RR	HCPCS	123.16	143.56
E2628 UE	HCPCS	923.72	1,076.67
E2629 NU	HCPCS	1,602.41	1,810.72
E2629 RR	HCPCS	160.24	181.06
E2629 UE	HCPCS	1,201.82	1,358.03
E2630 NU	HCPCS	1,110.75	1,248.38
E2630 RR	HCPCS	111.08	124.84
E2630 UE	HCPCS	833.07	936.28
E2631 NU	HCPCS	448.08	507.70
E2631 RR	HCPCS	44.81	50.78
E2631 UE	HCPCS	336.06	380.77
E2632 NU	HCPCS	283.22	318.75
E2632 RR	HCPCS	28.32	31.86
E2632 UE	HCPCS	212.42	239.05
E2633 NU	HCPCS	235.77	268.77
E2633 RR	HCPCS	23.58	26.88
E2633 UE	HCPCS	176.83	201.59
E3000 RR	HCPCS	336.06	336.06
E8000 00	HCPCS	4,750.98	4,750.98
E8001 00	HCPCS	7,176.81	7,176.81
E8002 00	HCPCS	7,813.26	7,813.26
G0480-G0483, G0659 00	HCPCS	See Pathology Fee Schedule	See Pathology Fee Schedule
G2010 00	HCPCS	See E/M Fee Schedule	See E/M Fee Schedule
JXXXX 00	HCPCS	See Pharmaceutical Fee Schedule	See Pharmaceutical Fee Schedule
K0001 RR	HCPCS	38.88	72.90
K0002 RR	HCPCS	63.15	116.93
K0003 RR	HCPCS	60.55	108.79
K0004 NU	HCPCS	2,248.25	2,248.25
K0004 RR	HCPCS	71.82	170.20

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**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
K0004 UE	HCPCS	1,686.19	1,686.19
K0005 NU	HCPCS	3,555.82	3,555.82
K0005 RR	HCPCS	355.59	355.59
K0005 UE	HCPCS	2,666.90	2,666.90
K0006 NU	HCPCS	1,124.13	1,124.13
K0006 RR	HCPCS	104.65	181.29
K0006 UE	HCPCS	843.09	843.09
K0007 NU	HCPCS	1,573.77	1,573.77
K0007 RR	HCPCS	141.99	243.85
K0007 UE	HCPCS	1,180.33	1,180.33
K0009 RR	HCPCS	139.80	139.80
K0010 NU	HCPCS	6,744.75	6,744.75
K0010 RR	HCPCS	833.27	833.27
K0010 UE	HCPCS	5,058.56	5,058.56
K0011 NU	HCPCS	6,895.59	6,895.59
K0011 RR	HCPCS	961.53	961.53
K0011 UE	HCPCS	5,171.70	5,171.70
K0012 NU	HCPCS	3,147.56	3,147.56
K0012 RR	HCPCS	589.83	589.83
K0012 UE	HCPCS	2,360.65	2,360.65
K0015 RR	HCPCS	23.58	28.01
K0017 NU	HCPCS	80.43	82.57
K0017 RR	HCPCS	8.04	8.27
K0017 UE	HCPCS	60.33	61.92
K0018 NU	HCPCS	45.46	46.41
K0018 RR	HCPCS	4.55	4.63
K0018 UE	HCPCS	34.10	34.82
K0019 NU	HCPCS	20.13	26.68
K0019 RR	HCPCS	2.02	2.67
K0019 UE	HCPCS	15.11	20.02
K0020 NU	HCPCS	77.01	77.01
K0020 RR	HCPCS	7.70	7.70
K0020 UE	HCPCS	57.75	57.75
K0037 NU	HCPCS	75.67	78.43
K0037 RR	HCPCS	7.24	7.24
K0037 UE	HCPCS	56.76	58.84
K0038 NU	HCPCS	40.19	40.21
K0038 RR	HCPCS	4.00	4.00
K0038 UE	HCPCS	30.14	30.14
K0039 NU	HCPCS	86.31	87.82
K0039 RR	HCPCS	8.64	8.81
K0039 UE	HCPCS	64.74	65.86
K0040 NU	HCPCS	87.44	109.80
K0040 RR	HCPCS	8.75	10.98

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**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
K0040 UE	HCPCS	65.59	82.36
K0041 NU	HCPCS	82.49	85.13
K0041 RR	HCPCS	8.25	8.50
K0041 UE	HCPCS	61.87	63.81
K0042 NU	HCPCS	52.22	52.22
K0042 RR	HCPCS	5.22	5.22
K0042 UE	HCPCS	39.14	39.14
K0043 NU	HCPCS	32.37	32.37
K0043 RR	HCPCS	3.25	3.25
K0043 UE	HCPCS	24.29	24.29
K0044 NU	HCPCS	27.59	27.59
K0044 RR	HCPCS	2.77	2.77
K0044 UE	HCPCS	20.65	20.65
K0045 NU	HCPCS	93.59	94.53
K0045 RR	HCPCS	9.37	9.60
K0045 UE	HCPCS	70.20	70.90
K0046 NU	HCPCS	32.37	32.37
K0046 RR	HCPCS	3.25	3.25
K0046 UE	HCPCS	24.29	24.29
K0047 NU	HCPCS	116.33	121.53
K0047 RR	HCPCS	11.63	12.17
K0047 UE	HCPCS	87.25	91.17
K0050 NU	HCPCS	53.87	53.87
K0050 RR	HCPCS	5.38	5.38
K0050 UE	HCPCS	40.43	40.43
K0051 NU	HCPCS	85.37	86.28
K0051 RR	HCPCS	8.54	8.62
K0051 UE	HCPCS	64.04	64.71
K0052 NU	HCPCS	116.31	141.50
K0052 RR	HCPCS	11.63	14.17
K0052 UE	HCPCS	87.23	106.11
K0053 NU	HCPCS	138.42	161.80
K0053 RR	HCPCS	13.85	16.18
K0053 UE	HCPCS	103.81	121.32
K0056 NU	HCPCS	151.51	177.55
K0056 RR	HCPCS	15.15	17.77
K0056 UE	HCPCS	113.62	133.20
K0065 NU	HCPCS	77.10	85.51
K0065 RR	HCPCS	7.71	8.55
K0065 UE	HCPCS	57.83	64.16
K0069 NU	HCPCS	154.31	182.60
K0069 RR	HCPCS	15.43	18.27
K0069 UE	HCPCS	115.74	136.95
K0070 RR	HCPCS	26.19	32.12

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**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
K0071 NU	HCPCS	180.10	204.85
K0071 RR	HCPCS	18.02	20.52
K0071 UE	HCPCS	135.07	153.65
K0072 NU	HCPCS	112.59	125.24
K0072 RR	HCPCS	11.26	12.53
K0072 UE	HCPCS	84.45	93.94
K0073 NU	HCPCS	57.95	64.37
K0073 RR	HCPCS	5.80	6.43
K0073 UE	HCPCS	43.46	48.26
K0077 NU	HCPCS	88.70	105.64
K0077 RR	HCPCS	8.88	10.56
K0077 UE	HCPCS	66.53	79.23
K0098 NU	HCPCS	39.63	43.76
K0098 RR	HCPCS	3.96	4.40
K0098 UE	HCPCS	29.74	32.83
K0105 NU	HCPCS	163.87	186.65
K0105 RR	HCPCS	16.39	18.66
K0105 UE	HCPCS	122.91	140.01
K0195 RR	HCPCS	17.30	26.85
K0455 RR	HCPCS	480.83	480.83
K0552 00	HCPCS	4.73	4.91
K0601 NU	HCPCS	2.14	2.16
K0602 NU	HCPCS	12.10	12.26
K0603 NU	HCPCS	1.09	1.09
K0604 NU	HCPCS	11.66	11.77
K0605 NU	HCPCS	27.87	28.22
K0606 RR	HCPCS	4,925.94	4,925.94
K0607 RR	HCPCS	38.01	38.01
K0608 NU	HCPCS	237.09	237.09
K0608 RR	HCPCS	23.76	23.76
K0608 UE	HCPCS	177.81	177.81
K0609 00	HCPCS	1,576.75	1,576.75
K0669 00	HCPCS	573.87	573.87
K0672 00	HCPCS	139.59	139.59
K0730 RR	HCPCS	337.22	337.22
K0733 NU	HCPCS	47.05	50.93
K0733 RR	HCPCS	4.70	5.12
K0733 UE	HCPCS	35.28	38.22
K0738 RR	HCPCS	64.30	72.28
K0739 00	HCPCS	53.63	53.63
K0800 NU	HCPCS	1,388.16	1,860.35
K0800 RR	HCPCS	138.81	186.05
K0800 UE	HCPCS	1,041.11	1,395.27
K0801 NU	HCPCS	2,492.56	3,166.13

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
K0801 RR	HCPCS	249.26	316.58
K0801 UE	HCPCS	1,869.42	2,374.60
K0802 NU	HCPCS	3,367.88	3,866.18
K0802 RR	HCPCS	336.78	386.61
K0802 UE	HCPCS	2,525.92	2,899.64
K0806 NU	HCPCS	2,384.00	2,510.31
K0806 RR	HCPCS	238.41	251.03
K0806 UE	HCPCS	1,788.01	1,882.75
K0807 NU	HCPCS	3,694.61	3,847.72
K0807 RR	HCPCS	369.46	384.78
K0807 UE	HCPCS	2,770.96	2,885.79
K0808 NU	HCPCS	5,711.26	5,950.67
K0808 RR	HCPCS	571.13	595.07
K0808 UE	HCPCS	4,283.44	4,462.99
K0813 RR	HCPCS	442.82	547.50
K0814 RR	HCPCS	460.60	641.24
K0815 RR	HCPCS	513.11	721.31
K0816 RR	HCPCS	471.73	682.39
K0820 RR	HCPCS	458.84	574.90
K0821 RR	HCPCS	471.73	675.28
K0822 RR	HCPCS	513.11	781.89
K0823 RR	HCPCS	471.73	766.02
K0824 RR	HCPCS	729.27	1,008.78
K0825 RR	HCPCS	682.44	927.91
K0826 RR	HCPCS	1,167.84	1,463.99
K0827 RR	HCPCS	1,036.29	1,260.56
K0828 RR	HCPCS	1,516.33	1,705.41
K0829 RR	HCPCS	1,463.14	1,604.29
K0831 00	HCPCS	10,213.45	10,213.45
K0835 RR	HCPCS	612.56	819.31
K0836 RR	HCPCS	635.33	849.72
K0837 RR	HCPCS	785.67	1,005.16
K0838 RR	HCPCS	696.36	895.96
K0839 RR	HCPCS	1,043.63	1,314.57
K0840 RR	HCPCS	1,602.31	2,002.14
K0841 RR	HCPCS	690.28	891.23
K0842 RR	HCPCS	689.29	890.72
K0843 RR	HCPCS	818.27	1,066.60
K0848 RR	HCPCS	1,336.40	1,336.40
K0849 RR	HCPCS	1,284.85	1,284.85
K0850 RR	HCPCS	1,550.14	1,550.14
K0851 RR	HCPCS	1,490.48	1,490.48
K0852 RR	HCPCS	1,791.09	1,791.09
K0853 RR	HCPCS	1,839.92	1,839.92

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**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
K0854 RR	HCPCS	2,437.50	2,437.50
K0855 RR	HCPCS	2,302.57	2,302.57
K0856 RR	HCPCS	1,434.44	1,434.44
K0857 RR	HCPCS	1,463.21	1,463.21
K0858 RR	HCPCS	1,779.74	1,779.74
K0859 RR	HCPCS	1,697.33	1,697.33
K0860 RR	HCPCS	2,542.60	2,542.60
K0861 RR	HCPCS	1,436.75	1,436.75
K0862 RR	HCPCS	1,779.74	1,779.74
K0863 RR	HCPCS	2,542.60	2,542.60
K0864 RR	HCPCS	3,025.68	3,025.68
K0884 00	HCPCS	27,992.87	27,992.87
K0899 00	HCPCS	4,416.66	4,416.66
K1007 00	HCPCS	130,503.40	130,503.40
K1027 00	HCPCS	8,874.85	8,874.85
L0112 00	HCPCS	2,304.32	2,304.32
L0113 00	HCPCS	469.50	469.50
L0120 00	HCPCS	55.82	55.82
L0130 00	HCPCS	278.73	278.73
L0140 00	HCPCS	100.97	100.97
L0150 00	HCPCS	227.25	227.25
L0160 00	HCPCS	278.81	278.81
L0170 00	HCPCS	1,344.74	1,344.74
L0172 00	HCPCS	251.05	251.05
L0174 00	HCPCS	577.70	577.70
L0180 00	HCPCS	748.94	748.94
L0190 00	HCPCS	1,041.73	1,041.73
L0200 00	HCPCS	1,085.99	1,085.99
L0220 00	HCPCS	193.17	193.17
L0450 00	HCPCS	186.52	281.64
L0452 00	HCPCS	5,376.01	5,376.01
L0454 00	HCPCS	570.99	570.99
L0455 00	HCPCS	346.28	469.10
L0456 00	HCPCS	1,637.44	1,637.44
L0457 00	HCPCS	992.99	1,345.22
L0458 00	HCPCS	1,468.28	1,468.28
L0460 00	HCPCS	1,652.66	1,652.66
L0462 00	HCPCS	2,055.65	2,055.65
L0464 00	HCPCS	2,447.21	2,447.21
L0466 00	HCPCS	785.69	785.69
L0467 00	HCPCS	388.35	598.75
L0468 00	HCPCS	952.28	952.28
L0469 00	HCPCS	494.83	738.51
L0470 00	HCPCS	1,340.75	1,340.75

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Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
L0472 00	HCPCS	850.32	850.32
L0480 00	HCPCS	2,551.57	2,551.57
L0482 00	HCPCS	2,909.87	2,909.87
L0484 00	HCPCS	3,274.61	3,274.61
L0486 00	HCPCS	3,546.47	3,546.47
L0488 00	HCPCS	1,652.66	1,652.66
L0490 00	HCPCS	465.75	465.75
L0491 00	HCPCS	1,264.40	1,264.40
L0492 00	HCPCS	872.54	872.54
L0621 00	HCPCS	98.34	149.10
L0622 00	HCPCS	543.28	543.28
L0623 00	HCPCS	176.27	239.13
L0624 00	HCPCS	137.90	137.90
L0625 00	HCPCS	55.02	74.51
L0626 00	HCPCS	128.31	128.31
L0627 00	HCPCS	676.77	676.77
L0628 00	HCPCS	83.76	113.48
L0629 00	HCPCS	248.30	248.30
L0630 00	HCPCS	266.63	266.63
L0631 00	HCPCS	1,690.14	1,690.14
L0633 00	HCPCS	472.12	472.12
L0635 00	HCPCS	2,012.95	2,012.95
L0636 00	HCPCS	2,979.91	2,979.91
L0637 00	HCPCS	1,991.86	1,991.86
L0638 00	HCPCS	2,171.40	2,171.40
L0639 00	HCPCS	1,991.86	1,991.86
L0640 00	HCPCS	1,722.81	1,722.81
L0641 00	HCPCS	77.84	105.43
L0642 00	HCPCS	410.49	556.04
L0643 00	HCPCS	161.73	219.07
L0648 00	HCPCS	1,025.18	1,388.62
L0649 00	HCPCS	286.37	387.90
L0650 00	HCPCS	1,186.18	1,624.85
L0651 00	HCPCS	1,186.18	1,624.85
L0700 00	HCPCS	4,251.58	4,251.58
L0710 00	HCPCS	4,392.05	4,392.05
L0810 00	HCPCS	5,424.44	5,424.44
L0820 00	HCPCS	4,276.12	4,276.12
L0830 00	HCPCS	6,594.45	6,594.45
L0859 00	HCPCS	1,921.43	1,921.43
L0861 00	HCPCS	354.84	354.84
L0970 00	HCPCS	240.35	240.35
L0972 00	HCPCS	216.43	216.43
L0974 00	HCPCS	363.92	363.92

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
L0976 00	HCPCS	256.91	256.91
L0978 00	HCPCS	404.81	404.81
L0980 00	HCPCS	27.54	27.54
L0982 00	HCPCS	27.31	27.31
L0984 00	HCPCS	107.86	107.86
L1000 00	HCPCS	4,269.50	4,269.50
L1005 00	HCPCS	5,269.49	5,269.49
L1006 00	HCPCS	1,796.79	1,796.79
L1010 00	HCPCS	119.81	119.81
L1020 00	HCPCS	181.78	181.78
L1025 00	HCPCS	244.87	244.87
L1030 00	HCPCS	105.10	105.10
L1040 00	HCPCS	164.05	164.05
L1050 00	HCPCS	175.10	175.10
L1060 00	HCPCS	201.11	201.11
L1070 00	HCPCS	189.24	189.24
L1080 00	HCPCS	100.66	100.66
L1085 00	HCPCS	323.71	323.71
L1090 00	HCPCS	192.77	192.77
L1100 00	HCPCS	334.43	334.43
L1110 00	HCPCS	537.10	537.10
L1120 00	HCPCS	83.52	83.52
L1200 00	HCPCS	3,294.97	3,294.97
L1210 00	HCPCS	550.26	550.26
L1220 00	HCPCS	465.91	465.91
L1230 00	HCPCS	936.17	936.17
L1240 00	HCPCS	163.28	163.28
L1250 00	HCPCS	129.53	129.53
L1260 00	HCPCS	141.62	141.62
L1270 00	HCPCS	162.95	162.95
L1280 00	HCPCS	181.43	181.43
L1290 00	HCPCS	165.28	165.28
L1300 00	HCPCS	3,512.87	3,512.87
L1310 00	HCPCS	3,301.17	3,301.17
L1320 00	HCPCS	3,270.76	3,270.76
L1600 00	HCPCS	258.26	258.26
L1610 00	HCPCS	92.32	92.32
L1620 00	HCPCS	262.02	262.02
L1630 00	HCPCS	290.75	290.75
L1640 00	HCPCS	727.78	727.78
L1650 00	HCPCS	426.09	426.09
L1652 00	HCPCS	586.85	586.85
L1653 00	HCPCS	586.85	586.85
L1660 00	HCPCS	269.92	269.92

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
L1680 00	HCPCS	2,562.31	2,562.31
L1681 00	HCPCS	3,836.64	3,836.64
L1685 00	HCPCS	2,501.45	2,501.45
L1686 00	HCPCS	1,918.32	1,918.32
L1690 00	HCPCS	3,183.68	3,183.68
L1700 00	HCPCS	3,211.46	3,211.46
L1710 00	HCPCS	3,759.36	3,759.36
L1720 00	HCPCS	2,771.12	2,771.12
L1730 00	HCPCS	2,380.11	2,380.11
L1755 00	HCPCS	3,312.54	3,312.54
L1810 00	HCPCS	204.90	204.90
L1812 00	HCPCS	95.59	160.87
L1820 00	HCPCS	249.51	249.51
L1821 00	HCPCS	249.51	249.51
L1830 00	HCPCS	86.13	144.63
L1831 00	HCPCS	484.57	484.57
L1832 00	HCPCS	1,145.03	1,145.03
L1833 00	HCPCS	620.47	951.69
L1834 00	HCPCS	1,542.93	1,542.93
L1836 00	HCPCS	121.79	184.27
L1840 00	HCPCS	1,933.64	1,933.64
L1843 00	HCPCS	1,477.22	1,477.22
L1844 00	HCPCS	3,343.86	3,343.86
L1845 00	HCPCS	1,289.16	1,289.16
L1846 00	HCPCS	2,349.28	2,349.28
L1847 00	HCPCS	946.95	946.95
L1848 00	HCPCS	946.95	946.95
L1850 00	HCPCS	280.52	474.08
L1851 00	HCPCS	818.97	1,239.10
L1852 00	HCPCS	781.28	1,122.03
L1860 00	HCPCS	2,256.60	2,256.60
L1900 00	HCPCS	481.29	481.29
L1902 00	HCPCS	144.27	144.27
L1904 00	HCPCS	988.89	988.89
L1906 00	HCPCS	252.91	252.91
L1907 00	HCPCS	926.41	926.41
L1910 00	HCPCS	562.38	562.38
L1920 00	HCPCS	574.99	574.99
L1930 00	HCPCS	497.48	497.48
L1932 00	HCPCS	1,469.16	1,469.16
L1940 00	HCPCS	1,040.02	1,040.02
L1945 00	HCPCS	1,946.70	1,946.70
L1950 00	HCPCS	1,566.39	1,566.39
L1951 00	HCPCS	1,382.67	1,382.67

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
L1960 00	HCPCS	1,165.65	1,165.65
L1970 00	HCPCS	1,218.87	1,218.87
L1971 00	HCPCS	771.69	771.69
L1980 00	HCPCS	771.81	771.81
L1990 00	HCPCS	937.40	937.40
L2000 00	HCPCS	2,133.01	2,133.01
L2005 00	HCPCS	6,746.36	6,746.36
L2006 00	HCPCS	54,817.01	54,817.01
L2010 00	HCPCS	1,944.45	1,944.45
L2020 00	HCPCS	2,455.53	2,455.53
L2030 00	HCPCS	2,130.39	2,130.39
L2034 00	HCPCS	3,298.46	3,298.46
L2035 00	HCPCS	285.18	285.18
L2036 00	HCPCS	3,498.74	3,498.74
L2037 00	HCPCS	3,502.70	3,502.70
L2038 00	HCPCS	2,573.96	2,573.96
L2040 00	HCPCS	280.03	280.03
L2050 00	HCPCS	1,001.77	1,001.77
L2060 00	HCPCS	1,220.97	1,220.97
L2070 00	HCPCS	233.81	233.81
L2080 00	HCPCS	756.41	756.41
L2090 00	HCPCS	922.14	922.14
L2106 00	HCPCS	1,429.85	1,429.85
L2108 00	HCPCS	2,078.01	2,078.01
L2112 00	HCPCS	905.28	905.28
L2114 00	HCPCS	1,220.63	1,220.63
L2116 00	HCPCS	1,497.09	1,497.09
L2126 00	HCPCS	2,160.75	2,160.75
L2128 00	HCPCS	3,394.02	3,394.02
L2132 00	HCPCS	1,311.24	1,311.24
L2134 00	HCPCS	2,033.95	2,033.95
L2136 00	HCPCS	2,486.97	2,486.97
L2180 00	HCPCS	246.29	246.29
L2182 00	HCPCS	168.59	168.59
L2184 00	HCPCS	195.38	195.38
L2186 00	HCPCS	237.45	237.45
L2188 00	HCPCS	472.36	472.36
L2190 00	HCPCS	137.73	137.73
L2192 00	HCPCS	749.83	749.83
L2200 00	HCPCS	99.97	99.97
L2210 00	HCPCS	141.36	141.36
L2220 00	HCPCS	172.21	172.21
L2230 00	HCPCS	161.36	161.36
L2232 00	HCPCS	163.86	163.86

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
L2240 00	HCPCS	175.90	175.90
L2250 00	HCPCS	747.24	747.24
L2260 00	HCPCS	421.55	421.55
L2265 00	HCPCS	247.66	247.66
L2270 00	HCPCS	112.94	112.94
L2275 00	HCPCS	246.68	246.68
L2280 00	HCPCS	952.25	952.25
L2300 00	HCPCS	566.20	566.20
L2310 00	HCPCS	258.71	258.71
L2320 00	HCPCS	432.70	432.70
L2330 00	HCPCS	825.75	825.75
L2335 00	HCPCS	477.74	477.74
L2340 00	HCPCS	939.89	939.89
L2350 00	HCPCS	1,873.84	1,873.84
L2360 00	HCPCS	107.63	107.63
L2370 00	HCPCS	539.84	539.84
L2375 00	HCPCS	237.62	237.62
L2380 00	HCPCS	258.90	258.90
L2385 00	HCPCS	281.68	281.68
L2387 00	HCPCS	348.03	348.03
L2390 00	HCPCS	230.20	230.20
L2395 00	HCPCS	301.57	301.57
L2397 00	HCPCS	208.43	208.43
L2405 00	HCPCS	143.53	143.53
L2415 00	HCPCS	199.96	199.96
L2425 00	HCPCS	235.98	235.98
L2430 00	HCPCS	235.98	235.98
L2492 00	HCPCS	186.48	186.48
L2500 00	HCPCS	663.45	663.45
L2510 00	HCPCS	1,527.54	1,527.54
L2520 00	HCPCS	968.80	968.80
L2525 00	HCPCS	2,393.01	2,393.01
L2526 00	HCPCS	1,335.73	1,335.73
L2530 00	HCPCS	494.10	494.10
L2540 00	HCPCS	889.10	889.10
L2550 00	HCPCS	603.99	603.99
L2570 00	HCPCS	1,001.66	1,001.66
L2580 00	HCPCS	976.01	976.01
L2600 00	HCPCS	431.91	431.91
L2610 00	HCPCS	510.72	510.72
L2620 00	HCPCS	562.28	562.28
L2622 00	HCPCS	644.90	644.90
L2624 00	HCPCS	696.37	696.37
L2627 00	HCPCS	2,703.83	2,703.83

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
L2628 00	HCPCS	2,642.47	2,642.47
L2630 00	HCPCS	520.74	520.74
L2640 00	HCPCS	706.71	706.71
L2650 00	HCPCS	210.90	210.90
L2660 00	HCPCS	391.94	391.94
L2670 00	HCPCS	321.62	321.62
L2680 00	HCPCS	298.58	298.58
L2750 00	HCPCS	131.82	131.82
L2755 00	HCPCS	215.15	215.15
L2760 00	HCPCS	127.78	127.78
L2768 00	HCPCS	214.48	214.48
L2780 00	HCPCS	142.32	142.32
L2785 00	HCPCS	66.64	66.64
L2795 00	HCPCS	178.70	178.70
L2800 00	HCPCS	224.32	224.32
L2810 00	HCPCS	164.25	164.25
L2820 00	HCPCS	182.62	182.62
L2830 00	HCPCS	197.57	197.57
L2840 00	HCPCS	68.91	68.91
L2850 00	HCPCS	118.06	118.06
L2861 00	HCPCS	630.01	630.01
L2999 00	HCPCS	BR	BR
L3000 00	HCPCS	517.17	517.17
L3001 00	HCPCS	217.77	217.77
L3002 00	HCPCS	265.90	265.90
L3003 00	HCPCS	286.92	286.92
L3010 00	HCPCS	286.92	286.92
L3020 00	HCPCS	326.62	326.62
L3030 00	HCPCS	125.65	125.65
L3031 00	HCPCS	201.66	201.66
L3040 00	HCPCS	77.48	77.48
L3050 00	HCPCS	77.48	77.48
L3060 00	HCPCS	121.41	121.41
L3070 00	HCPCS	52.30	52.30
L3080 00	HCPCS	52.30	52.30
L3090 00	HCPCS	67.02	67.02
L3100 00	HCPCS	71.18	71.18
L3140 00	HCPCS	146.59	146.59
L3150 00	HCPCS	134.01	134.01
L3160 00	HCPCS	162.39	162.39
L3170 00	HCPCS	83.78	83.78
L3201 00	HCPCS	69.85	69.85
L3202 00	HCPCS	70.98	70.98
L3203 00	HCPCS	75.26	75.26

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
L3204 00	HCPCS	69.85	69.85
L3206 00	HCPCS	70.99	70.99
L3207 00	HCPCS	76.38	76.38
L3208 00	HCPCS	107.53	107.53
L3209 00	HCPCS	41.15	41.15
L3211 00	HCPCS	45.49	45.49
L3215 00	HCPCS	91.41	91.41
L3216 00	HCPCS	163.72	163.72
L3217 00	HCPCS	94.11	94.11
L3219 00	HCPCS	270.70	270.70
L3221 00	HCPCS	163.60	163.60
L3222 00	HCPCS	178.63	178.63
L3224 00	HCPCS	123.66	123.66
L3225 00	HCPCS	142.25	142.25
L3230 00	HCPCS	514.43	514.43
L3250 00	HCPCS	391.03	391.03
L3252 00	HCPCS	428.99	428.99
L3254 00	HCPCS	32.48	32.48
L3255 00	HCPCS	32.27	32.27
L3257 00	HCPCS	113.72	113.72
L3260 00	HCPCS	49.32	49.32
L3265 00	HCPCS	32.72	32.72
L3300 00	HCPCS	85.85	85.85
L3310 00	HCPCS	134.01	134.01
L3320 00	HCPCS	198.07	198.07
L3330 00	HCPCS	931.77	931.77
L3332 00	HCPCS	121.41	121.41
L3334 00	HCPCS	62.83	62.83
L3340 00	HCPCS	140.35	140.35
L3350 00	HCPCS	37.72	37.72
L3360 00	HCPCS	58.63	58.63
L3370 00	HCPCS	81.61	81.61
L3380 00	HCPCS	81.61	81.61
L3390 00	HCPCS	81.61	81.61
L3400 00	HCPCS	67.02	67.02
L3410 00	HCPCS	152.84	152.84
L3420 00	HCPCS	90.06	90.06
L3430 00	HCPCS	263.83	263.83
L3440 00	HCPCS	125.65	125.65
L3450 00	HCPCS	173.82	173.82
L3455 00	HCPCS	67.02	67.02
L3460 00	HCPCS	56.49	56.49
L3465 00	HCPCS	96.29	96.29
L3470 00	HCPCS	102.58	102.58

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
L3480 00	HCPCS	102.58	102.58
L3485 00	HCPCS	45.84	45.84
L3500 00	HCPCS	48.16	48.16
L3510 00	HCPCS	48.16	48.16
L3520 00	HCPCS	52.30	52.30
L3530 00	HCPCS	52.30	52.30
L3540 00	HCPCS	83.78	83.78
L3550 00	HCPCS	14.62	14.62
L3560 00	HCPCS	37.72	37.72
L3570 00	HCPCS	140.35	140.35
L3580 00	HCPCS	106.79	106.79
L3590 00	HCPCS	87.93	87.93
L3595 00	HCPCS	69.08	69.08
L3600 00	HCPCS	125.65	125.65
L3610 00	HCPCS	165.41	165.41
L3620 00	HCPCS	125.65	125.65
L3630 00	HCPCS	165.41	165.41
L3640 00	HCPCS	71.18	71.18
L3650 00	HCPCS	122.05	122.05
L3660 00	HCPCS	187.74	187.74
L3670 00	HCPCS	232.69	232.69
L3671 00	HCPCS	1,350.15	1,350.15
L3674 00	HCPCS	1,771.10	1,771.10
L3675 00	HCPCS	262.95	262.95
L3677 00	HCPCS	98.80	98.80
L3678 00	HCPCS	96.47	96.47
L3702 00	HCPCS	432.64	432.64
L3710 00	HCPCS	213.63	213.63
L3720 00	HCPCS	1,346.00	1,346.00
L3730 00	HCPCS	1,855.06	1,855.06
L3740 00	HCPCS	2,199.33	2,199.33
L3760 00	HCPCS	749.28	749.28
L3761 00	HCPCS	749.28	749.28
L3762 00	HCPCS	161.11	161.11
L3763 00	HCPCS	1,263.60	1,263.60
L3764 00	HCPCS	1,453.10	1,453.10
L3765 00	HCPCS	1,921.23	1,921.23
L3766 00	HCPCS	2,034.45	2,034.45
L3806 00	HCPCS	680.64	680.64
L3807 00	HCPCS	374.67	374.67
L3808 00	HCPCS	681.45	681.45
L3809 00	HCPCS	374.67	374.67
L3891 00	HCPCS	245.39	245.39
L3900 00	HCPCS	2,445.06	2,445.06

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
L3901 00	HCPCS	3,009.62	3,009.62
L3904 00	HCPCS	6,026.33	6,026.33
L3905 00	HCPCS	1,485.95	1,485.95
L3906 00	HCPCS	813.13	813.13
L3908 00	HCPCS	123.28	123.28
L3912 00	HCPCS	195.16	195.16
L3913 00	HCPCS	405.80	405.80
L3915 00	HCPCS	796.46	796.46
L3916 00	HCPCS	796.46	796.46
L3917 00	HCPCS	158.35	158.35
L3918 00	HCPCS	158.35	158.35
L3919 00	HCPCS	405.80	405.80
L3921 00	HCPCS	481.29	481.29
L3923 00	HCPCS	134.26	134.26
L3924 00	HCPCS	134.26	134.26
L3925 00	HCPCS	98.45	98.45
L3927 00	HCPCS	52.39	52.39
L3929 00	HCPCS	160.87	160.87
L3930 00	HCPCS	160.87	160.87
L3931 00	HCPCS	359.24	359.24
L3933 00	HCPCS	319.65	319.65
L3935 00	HCPCS	330.99	330.99
L3956 00	HCPCS	48.38	48.38
L3960 00	HCPCS	1,512.38	1,512.38
L3961 00	HCPCS	2,517.38	2,517.38
L3962 00	HCPCS	1,476.50	1,476.50
L3967 00	HCPCS	2,972.20	2,972.20
L3971 00	HCPCS	2,821.32	2,821.32
L3973 00	HCPCS	2,972.20	2,972.20
L3975 00	HCPCS	2,517.38	2,517.38
L3976 00	HCPCS	2,517.38	2,517.38
L3977 00	HCPCS	2,821.32	2,821.32
L3978 00	HCPCS	2,972.20	2,972.20
L3980 00	HCPCS	636.17	636.17
L3981 00	HCPCS	1,508.19	1,508.19
L3982 00	HCPCS	768.24	768.24
L3984 00	HCPCS	708.29	708.29
L3995 00	HCPCS	58.81	58.81
L4000 00	HCPCS	2,681.38	2,681.38
L4002 00	HCPCS	37.65	37.65
L4010 00	HCPCS	1,411.33	1,411.33
L4020 00	HCPCS	1,811.35	1,811.35
L4030 00	HCPCS	1,061.75	1,061.75
L4040 00	HCPCS	858.42	858.42

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**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
L4045 00	HCPCS	689.84	689.84
L4050 00	HCPCS	868.18	868.18
L4055 00	HCPCS	562.18	562.18
L4060 00	HCPCS	668.33	668.33
L4070 00	HCPCS	591.82	591.82
L4080 00	HCPCS	182.28	182.28
L4090 00	HCPCS	173.61	173.61
L4100 00	HCPCS	219.35	219.35
L4110 00	HCPCS	178.33	178.33
L4130 00	HCPCS	1,043.35	1,043.35
L4205 00	HCPCS	48.72	48.72
L4210 00	HCPCS	98.20	98.20
L4350 00	HCPCS	187.98	187.98
L4360 00	HCPCS	509.53	509.53
L4361 00	HCPCS	509.53	509.53
L4370 00	HCPCS	297.75	297.75
L4386 00	HCPCS	261.00	261.00
L4387 00	HCPCS	261.00	261.00
L4392 00	HCPCS	38.09	38.09
L4394 00	HCPCS	27.75	27.75
L4396 00	HCPCS	271.63	271.63
L4397 00	HCPCS	271.63	271.63
L4398 00	HCPCS	125.08	125.08
L4631 00	HCPCS	3,098.62	3,098.62
L5000 00	HCPCS	1,009.83	1,009.83
L5010 00	HCPCS	2,267.06	2,267.06
L5020 00	HCPCS	4,440.00	4,440.00
L5050 00	HCPCS	4,474.13	4,474.13
L5060 00	HCPCS	6,188.15	6,188.15
L5100 00	HCPCS	4,517.53	4,517.53
L5105 00	HCPCS	7,783.22	7,783.22
L5150 00	HCPCS	7,867.78	7,867.78
L5160 00	HCPCS	8,557.61	8,557.61
L5200 00	HCPCS	6,743.45	6,743.45
L5210 00	HCPCS	4,975.45	4,975.45
L5220 00	HCPCS	6,179.73	6,179.73
L5230 00	HCPCS	8,523.06	8,523.06
L5250 00	HCPCS	11,624.69	11,624.69
L5270 00	HCPCS	11,522.85	11,522.85
L5280 00	HCPCS	11,407.63	11,407.63
L5301 00	HCPCS	5,122.14	5,122.14
L5312 00	HCPCS	6,621.10	6,621.10
L5321 00	HCPCS	7,363.71	7,363.71
L5331 00	HCPCS	9,785.75	9,785.75

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
L5341 00	HCPCS	11,323.16	11,323.16
L5400 00	HCPCS	2,666.38	2,666.38
L5410 00	HCPCS	702.07	702.07
L5420 00	HCPCS	3,405.53	3,405.53
L5430 00	HCPCS	949.17	949.17
L5450 00	HCPCS	684.57	684.57
L5460 00	HCPCS	916.26	916.26
L5500 00	HCPCS	2,865.63	2,865.63
L5505 00	HCPCS	3,896.84	3,896.84
L5510 00	HCPCS	2,956.06	2,956.06
L5520 00	HCPCS	3,219.92	3,219.92
L5530 00	HCPCS	3,869.80	3,869.80
L5535 00	HCPCS	3,799.38	3,799.38
L5540 00	HCPCS	4,052.44	4,052.44
L5560 00	HCPCS	3,950.25	3,950.25
L5570 00	HCPCS	4,330.80	4,330.80
L5580 00	HCPCS	5,256.51	5,256.51
L5585 00	HCPCS	4,655.25	4,655.25
L5590 00	HCPCS	5,385.90	5,385.90
L5595 00	HCPCS	9,021.17	9,021.17
L5600 00	HCPCS	9,962.09	9,962.09
L5610 00	HCPCS	4,117.64	4,117.64
L5611 00	HCPCS	3,330.05	3,330.05
L5613 00	HCPCS	5,490.67	5,490.67
L5614 00	HCPCS	2,783.61	2,783.61
L5615 00	HCPCS	12,038.32	12,038.32
L5616 00	HCPCS	2,371.36	2,371.36
L5617 00	HCPCS	922.94	922.94
L5618 00	HCPCS	485.23	485.23
L5620 00	HCPCS	491.47	491.47
L5622 00	HCPCS	636.99	636.99
L5624 00	HCPCS	698.67	698.67
L5626 00	HCPCS	917.90	917.90
L5628 00	HCPCS	812.27	812.27
L5629 00	HCPCS	534.00	534.00
L5630 00	HCPCS	925.82	925.82
L5631 00	HCPCS	738.30	738.30
L5632 00	HCPCS	397.10	397.10
L5634 00	HCPCS	681.52	681.52
L5636 00	HCPCS	428.15	428.15
L5637 00	HCPCS	644.71	644.71
L5638 00	HCPCS	1,090.33	1,090.33
L5639 00	HCPCS	2,511.95	2,511.95
L5640 00	HCPCS	1,303.75	1,303.75

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
L5642 00	HCPCS	1,041.08	1,041.08
L5643 00	HCPCS	2,615.34	2,615.34
L5644 00	HCPCS	992.47	992.47
L5645 00	HCPCS	1,517.66	1,517.66
L5646 00	HCPCS	920.67	920.67
L5647 00	HCPCS	1,782.20	1,782.20
L5648 00	HCPCS	1,106.29	1,106.29
L5649 00	HCPCS	3,220.07	3,220.07
L5650 00	HCPCS	1,093.75	1,093.75
L5651 00	HCPCS	2,017.95	2,017.95
L5652 00	HCPCS	732.59	732.59
L5653 00	HCPCS	1,094.72	1,094.72
L5654 00	HCPCS	684.67	684.67
L5655 00	HCPCS	594.26	594.26
L5656 00	HCPCS	831.10	831.10
L5658 00	HCPCS	632.51	632.51
L5661 00	HCPCS	1,263.93	1,263.93
L5665 00	HCPCS	1,147.16	1,147.16
L5666 00	HCPCS	156.83	156.83
L5668 00	HCPCS	226.25	226.25
L5670 00	HCPCS	607.95	607.95
L5671 00	HCPCS	1,114.44	1,114.44
L5672 00	HCPCS	529.68	529.68
L5673 00	HCPCS	1,316.67	1,316.67
L5676 00	HCPCS	811.87	811.87
L5677 00	HCPCS	1,104.66	1,104.66
L5678 00	HCPCS	88.96	88.96
L5679 00	HCPCS	1,097.21	1,097.21
L5680 00	HCPCS	535.85	535.85
L5681 00	HCPCS	2,169.86	2,169.86
L5682 00	HCPCS	1,401.15	1,401.15
L5683 00	HCPCS	2,169.86	2,169.86
L5684 00	HCPCS	107.84	107.84
L5685 00	HCPCS	211.29	211.29
L5686 00	HCPCS	104.30	104.30
L5688 00	HCPCS	136.86	136.86
L5690 00	HCPCS	219.24	219.24
L5692 00	HCPCS	297.70	297.70
L5694 00	HCPCS	406.45	406.45
L5695 00	HCPCS	365.37	365.37
L5696 00	HCPCS	414.53	414.53
L5697 00	HCPCS	179.86	179.86
L5698 00	HCPCS	230.51	230.51
L5699 00	HCPCS	417.73	417.73

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
L5700 00	HCPCS	6,135.58	6,135.58
L5701 00	HCPCS	7,617.82	7,617.82
L5702 00	HCPCS	9,733.98	9,733.98
L5703 00	HCPCS	4,044.89	4,044.89
L5704 00	HCPCS	1,024.66	1,024.66
L5705 00	HCPCS	1,682.23	1,682.23
L5706 00	HCPCS	1,667.27	1,667.27
L5707 00	HCPCS	2,370.16	2,370.16
L5710 00	HCPCS	805.80	805.80
L5711 00	HCPCS	1,169.87	1,169.87
L5712 00	HCPCS	965.40	965.40
L5714 00	HCPCS	839.02	839.02
L5716 00	HCPCS	1,632.92	1,632.92
L5718 00	HCPCS	2,040.99	2,040.99
L5722 00	HCPCS	1,823.23	1,823.23
L5724 00	HCPCS	3,240.69	3,240.69
L5726 00	HCPCS	3,314.05	3,314.05
L5728 00	HCPCS	5,331.14	5,331.14
L5780 00	HCPCS	2,565.11	2,565.11
L5781 00	HCPCS	6,600.27	6,600.27
L5782 00	HCPCS	6,958.17	6,958.17
L5783 00	HCPCS	4,323.62	4,323.62
L5785 00	HCPCS	922.99	922.99
L5790 00	HCPCS	1,486.09	1,486.09
L5795 00	HCPCS	1,875.19	1,875.19
L5810 00	HCPCS	1,090.80	1,090.80
L5811 00	HCPCS	1,634.00	1,634.00
L5812 00	HCPCS	1,266.52	1,266.52
L5814 00	HCPCS	6,126.36	6,126.36
L5816 00	HCPCS	1,905.39	1,905.39
L5818 00	HCPCS	2,151.56	2,151.56
L5822 00	HCPCS	2,861.45	2,861.45
L5824 00	HCPCS	3,435.87	3,435.87
L5826 00	HCPCS	5,151.50	5,151.50
L5828 00	HCPCS	6,146.76	6,146.76
L5830 00	HCPCS	4,251.34	4,251.34
L5840 00	HCPCS	6,782.16	6,782.16
L5841 00	HCPCS	5,241.66	5,241.66
L5845 00	HCPCS	2,956.67	2,956.67
L5848 00	HCPCS	1,773.86	1,773.86
L5850 00	HCPCS	214.96	214.96
L5855 00	HCPCS	691.92	691.92
L5856 00	HCPCS	39,599.73	39,599.73
L5857 00	HCPCS	14,051.53	14,051.53

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
L5858 00	HCPCS	30,657.90	30,657.90
L5859 00	HCPCS	23,934.37	23,934.37
L5910 00	HCPCS	608.58	608.58
L5920 00	HCPCS	891.58	891.58
L5925 00	HCPCS	732.86	732.86
L5926 00	HCPCS	1,276.31	1,276.31
L5930 00	HCPCS	5,552.39	5,552.39
L5940 00	HCPCS	895.85	895.85
L5950 00	HCPCS	1,307.32	1,307.32
L5960 00	HCPCS	1,619.91	1,619.91
L5961 00	HCPCS	8,620.29	8,620.29
L5962 00	HCPCS	1,316.91	1,316.91
L5964 00	HCPCS	1,895.81	1,895.81
L5966 00	HCPCS	2,457.84	2,457.84
L5968 00	HCPCS	5,994.48	5,994.48
L5970 00	HCPCS	429.34	429.34
L5971 00	HCPCS	429.34	429.34
L5972 00	HCPCS	789.60	789.60
L5973 00	HCPCS	28,998.75	28,998.75
L5974 00	HCPCS	522.10	522.10
L5975 00	HCPCS	764.72	764.72
L5976 00	HCPCS	1,254.72	1,254.72
L5978 00	HCPCS	653.83	653.83
L5979 00	HCPCS	5,064.96	5,064.96
L5980 00	HCPCS	7,091.56	7,091.56
L5981 00	HCPCS	5,504.20	5,504.20
L5982 00	HCPCS	1,295.24	1,295.24
L5984 00	HCPCS	1,276.31	1,276.31
L5985 00	HCPCS	465.84	465.84
L5986 00	HCPCS	1,419.75	1,419.75
L5987 00	HCPCS	11,866.69	11,866.69
L5988 00	HCPCS	3,295.40	3,295.40
L5990 00	HCPCS	2,992.72	2,992.72
L5991 00	HCPCS	16,134.37	16,134.37
L6000 00	HCPCS	2,976.88	2,976.88
L6010 00	HCPCS	3,312.76	3,312.76
L6020 00	HCPCS	3,088.62	3,088.62
L6026 00	HCPCS	7,787.49	7,787.49
L6050 00	HCPCS	4,242.49	4,242.49
L6055 00	HCPCS	5,440.86	5,440.86
L6100 00	HCPCS	3,530.52	3,530.52
L6110 00	HCPCS	4,572.25	4,572.25
L6120 00	HCPCS	5,191.70	5,191.70
L6130 00	HCPCS	5,799.89	5,799.89

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
L6200 00	HCPCS	6,112.13	6,112.13
L6205 00	HCPCS	7,461.13	7,461.13
L6250 00	HCPCS	6,016.39	6,016.39
L6300 00	HCPCS	8,347.08	8,347.08
L6310 00	HCPCS	6,798.89	6,798.89
L6320 00	HCPCS	3,828.78	3,828.78
L6350 00	HCPCS	8,709.53	8,709.53
L6360 00	HCPCS	7,136.23	7,136.23
L6370 00	HCPCS	4,550.53	4,550.53
L6380 00	HCPCS	2,173.57	2,173.57
L6382 00	HCPCS	2,734.42	2,734.42
L6384 00	HCPCS	3,545.72	3,545.72
L6386 00	HCPCS	899.74	899.74
L6388 00	HCPCS	918.60	918.60
L6400 00	HCPCS	5,198.73	5,198.73
L6450 00	HCPCS	6,337.03	6,337.03
L6500 00	HCPCS	5,760.92	5,760.92
L6550 00	HCPCS	8,543.39	8,543.39
L6570 00	HCPCS	9,806.17	9,806.17
L6580 00	HCPCS	3,002.99	3,002.99
L6582 00	HCPCS	2,312.67	2,312.67
L6584 00	HCPCS	3,754.59	3,754.59
L6586 00	HCPCS	3,193.82	3,193.82
L6588 00	HCPCS	5,433.60	5,433.60
L6590 00	HCPCS	4,773.85	4,773.85
L6600 00	HCPCS	420.25	420.25
L6605 00	HCPCS	414.96	414.96
L6610 00	HCPCS	373.02	373.02
L6611 00	HCPCS	679.21	679.21
L6615 00	HCPCS	307.83	307.83
L6616 00	HCPCS	108.99	108.99
L6620 00	HCPCS	642.11	642.11
L6621 00	HCPCS	3,773.11	3,773.11
L6623 00	HCPCS	1,077.87	1,077.87
L6624 00	HCPCS	6,212.53	6,212.53
L6625 00	HCPCS	1,191.58	1,191.58
L6628 00	HCPCS	804.97	804.97
L6629 00	HCPCS	294.22	294.22
L6630 00	HCPCS	362.15	362.15
L6632 00	HCPCS	109.17	109.17
L6635 00	HCPCS	394.62	394.62
L6637 00	HCPCS	720.55	720.55
L6638 00	HCPCS	4,125.18	4,125.18
L6640 00	HCPCS	470.68	470.68

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
L6641 00	HCPCS	337.58	337.58
L6642 00	HCPCS	437.78	437.78
L6645 00	HCPCS	715.22	715.22
L6646 00	HCPCS	5,202.79	5,202.79
L6647 00	HCPCS	856.52	856.52
L6648 00	HCPCS	5,365.92	5,365.92
L6650 00	HCPCS	758.35	758.35
L6655 00	HCPCS	168.29	168.29
L6660 00	HCPCS	205.65	205.65
L6665 00	HCPCS	83.31	83.31
L6670 00	HCPCS	107.44	107.44
L6672 00	HCPCS	377.78	377.78
L6675 00	HCPCS	256.48	256.48
L6676 00	HCPCS	271.71	271.71
L6677 00	HCPCS	489.34	489.34
L6680 00	HCPCS	519.79	519.79
L6682 00	HCPCS	517.57	517.57
L6684 00	HCPCS	780.95	780.95
L6686 00	HCPCS	1,322.68	1,322.68
L6687 00	HCPCS	980.31	980.31
L6688 00	HCPCS	1,061.98	1,061.98
L6689 00	HCPCS	1,211.04	1,211.04
L6690 00	HCPCS	1,402.88	1,402.88
L6691 00	HCPCS	771.88	771.88
L6692 00	HCPCS	1,252.93	1,252.93
L6693 00	HCPCS	4,683.18	4,683.18
L6694 00	HCPCS	1,316.67	1,316.67
L6695 00	HCPCS	1,097.21	1,097.21
L6696 00	HCPCS	2,169.86	2,169.86
L6697 00	HCPCS	2,169.86	2,169.86
L6698 00	HCPCS	1,114.44	1,114.44
L6703 00	HCPCS	603.92	603.92
L6704 00	HCPCS	1,312.09	1,312.09
L6706 00	HCPCS	725.19	725.19
L6707 00	HCPCS	2,769.05	2,769.05
L6708 00	HCPCS	1,874.07	1,874.07
L6709 00	HCPCS	2,714.39	2,714.39
L6711 00	HCPCS	1,109.05	1,109.05
L6712 00	HCPCS	2,041.93	2,041.93
L6713 00	HCPCS	2,577.20	2,577.20
L6714 00	HCPCS	2,182.87	2,182.87
L6715 00	HCPCS	5,207.96	5,207.96
L6721 00	HCPCS	3,879.74	3,879.74
L6722 00	HCPCS	3,344.64	3,344.64

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
L6805 00	HCPCS	711.52	711.52
L6810 00	HCPCS	365.75	365.75
L6880 00	HCPCS	39,412.74	39,412.74
L6881 00	HCPCS	6,743.93	6,743.93
L6882 00	HCPCS	5,115.59	5,115.59
L6883 00	HCPCS	2,888.52	2,888.52
L6884 00	HCPCS	5,001.84	5,001.84
L6885 00	HCPCS	7,136.23	7,136.23
L6890 00	HCPCS	381.07	381.07
L6895 00	HCPCS	938.28	938.28
L6900 00	HCPCS	3,370.95	3,370.95
L6905 00	HCPCS	3,289.45	3,289.45
L6910 00	HCPCS	3,204.60	3,204.60
L6915 00	HCPCS	1,356.70	1,356.70
L6920 00	HCPCS	12,528.01	12,528.01
L6925 00	HCPCS	14,298.00	14,298.00
L6930 00	HCPCS	11,660.40	11,660.40
L6935 00	HCPCS	13,542.83	13,542.83
L6940 00	HCPCS	14,758.59	14,758.59
L6945 00	HCPCS	17,151.58	17,151.58
L6950 00	HCPCS	16,757.31	16,757.31
L6955 00	HCPCS	20,069.15	20,069.15
L6960 00	HCPCS	21,472.47	21,472.47
L6965 00	HCPCS	24,931.21	24,931.21
L6970 00	HCPCS	26,404.06	26,404.06
L6975 00	HCPCS	31,221.74	31,221.74
L7007 00	HCPCS	5,782.15	5,782.15
L7008 00	HCPCS	9,720.41	9,720.41
L7009 00	HCPCS	5,899.63	5,899.63
L7040 00	HCPCS	4,737.17	4,737.17
L7045 00	HCPCS	2,715.99	2,715.99
L7170 00	HCPCS	9,852.68	9,852.68
L7180 00	HCPCS	60,881.95	60,881.95
L7181 00	HCPCS	66,095.78	66,095.78
L7185 00	HCPCS	10,059.76	10,059.76
L7186 00	HCPCS	14,863.53	14,863.53
L7190 00	HCPCS	13,176.84	13,176.84
L7191 00	HCPCS	15,531.52	15,531.52
L7259 00	HCPCS	6,779.32	6,779.32
L7360 00	HCPCS	408.17	408.17
L7362 00	HCPCS	433.83	433.83
L7364 00	HCPCS	798.14	798.14
L7366 00	HCPCS	1,031.21	1,031.21
L7367 00	HCPCS	642.22	642.22

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
L7368 00	HCPCS	832.54	832.54
L7400 00	HCPCS	505.58	505.58
L7401 00	HCPCS	566.02	566.02
L7402 00	HCPCS	611.24	611.24
L7403 00	HCPCS	607.46	607.46
L7404 00	HCPCS	916.89	916.89
L7405 00	HCPCS	1,199.13	1,199.13
L7510 00	HCPCS	229.21	229.21
L7520 00	HCPCS	76.34	76.34
L7600 00	HCPCS	163.73	163.73
L7700 00	HCPCS	206.63	206.63
L7900 00	HCPCS	745.72	745.72
L8000 00	HCPCS	81.80	81.80
L8001 00	HCPCS	206.93	206.93
L8002 00	HCPCS	272.13	272.13
L8010 00	HCPCS	94.86	94.86
L8015 00	HCPCS	98.90	98.90
L8020 00	HCPCS	351.25	351.25
L8030 00	HCPCS	641.73	641.73
L8031 00	HCPCS	641.73	641.73
L8032 00	HCPCS	64.62	64.62
L8035 00	HCPCS	6,043.49	6,043.49
L8040 00	HCPCS	4,321.03	4,321.03
L8041 00	HCPCS	5,208.56	5,208.56
L8042 00	HCPCS	5,852.31	5,852.31
L8043 00	HCPCS	6,554.60	6,554.60
L8044 00	HCPCS	7,256.87	7,256.87
L8045 00	HCPCS	4,561.07	4,561.07
L8046 00	HCPCS	4,681.88	4,681.88
L8047 00	HCPCS	2,399.38	2,399.38
L8300 00	HCPCS	189.00	189.00
L8310 00	HCPCS	298.40	298.40
L8320 00	HCPCS	119.76	119.76
L8330 00	HCPCS	110.60	110.60
L8400 00	HCPCS	35.27	35.27
L8410 00	HCPCS	45.49	45.49
L8415 00	HCPCS	40.24	40.24
L8417 00	HCPCS	124.07	124.07
L8420 00	HCPCS	43.57	43.57
L8430 00	HCPCS	46.79	46.79
L8435 00	HCPCS	43.40	43.40
L8440 00	HCPCS	93.69	93.69
L8460 00	HCPCS	149.32	149.32
L8465 00	HCPCS	81.96	81.96

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
L8470 00	HCPCS	14.95	14.95
L8480 00	HCPCS	17.85	17.85
L8485 00	HCPCS	24.18	24.18
L8500 00	HCPCS	1,108.95	1,108.95
L8501 00	HCPCS	202.99	202.99
L8505 00	HCPCS	129.58	129.58
L8507 00	HCPCS	69.09	69.09
L8509 00	HCPCS	180.14	180.14
L8510 00	HCPCS	416.84	416.84
L8511 00	HCPCS	119.98	119.98
L8512 00	HCPCS	3.56	3.56
L8513 00	HCPCS	8.57	8.57
L8514 00	HCPCS	155.53	155.53
L8515 00	HCPCS	104.09	104.09
L8600 00	HCPCS	1,143.63	1,143.63
L8603 00	HCPCS	736.78	736.78
L8605 00	HCPCS	1,181.49	1,181.49
L8606 00	HCPCS	382.58	382.58
L8607 00	HCPCS	70.73	70.73
L8609 00	HCPCS	10,747.80	10,747.80
L8610 00	HCPCS	983.53	983.53
L8612 00	HCPCS	1,336.80	1,336.80
L8613 00	HCPCS	496.23	496.23
L8614 00	HCPCS	33,145.77	33,145.77
L8615 00	HCPCS	743.99	743.99
L8616 00	HCPCS	173.29	173.29
L8617 00	HCPCS	151.35	151.35
L8618 00	HCPCS	43.23	43.23
L8619 00	HCPCS	14,229.25	14,229.25
L8621 00	HCPCS	1.04	1.04
L8622 00	HCPCS	0.53	0.53
L8623 00	HCPCS	106.72	106.72
L8624 00	HCPCS	266.03	266.03
L8625 00	HCPCS	311.53	311.53
L8627 00	HCPCS	12,086.49	12,086.49
L8628 00	HCPCS	2,142.77	2,142.77
L8629 00	HCPCS	295.34	295.34
L8630 00	HCPCS	566.12	566.12
L8631 00	HCPCS	3,760.23	3,760.23
L8641 00	HCPCS	594.92	594.92
L8642 00	HCPCS	582.05	582.05
L8658 00	HCPCS	512.85	512.85
L8659 00	HCPCS	3,183.18	3,183.18
L8670 00	HCPCS	935.38	935.38

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**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
L8678 00	HCPCS	17.51	37.30
L8679 00	HCPCS	14,452.86	14,452.86
L8680 00	HCPCS	1,072.08	1,072.08
L8681 00	HCPCS	1,812.75	1,812.75
L8682 00	HCPCS	10,326.23	10,326.23
L8683 00	HCPCS	9,089.47	9,089.47
L8684 00	HCPCS	1,323.48	1,323.48
L8687 00	HCPCS	64,987.75	64,987.75
L8689 00	HCPCS	2,845.44	2,845.44
L8690 00	HCPCS	7,847.38	7,847.38
L8691 00	HCPCS	2,840.81	2,840.81
L8692 00	HCPCS	6,997.44	6,997.44
L8693 00	HCPCS	2,501.31	2,501.31
L8694 00	HCPCS	1,557.82	1,557.82
L8695 00	HCPCS	27.45	27.45
L8696 00	HCPCS	357.53	357.53
L8701 00	HCPCS	47,998.22	47,998.22
L8702 00	HCPCS	94,433.72	94,433.72
Q0035 00	HCPCS	29.89	29.89
Q0081 00	HCPCS	270.09	270.09
Q0083 00	HCPCS	BR	BR
Q0084 00	HCPCS	358.60	358.60
Q0091 00	HCPCS	60.68	60.68
Q0092 00	HCPCS	36.23	36.23
Q0111 00	HCPCS	25.47	25.47
Q0112 00	HCPCS	8.16	8.16
Q0113 00	HCPCS	5.98	5.98
Q0114 00	HCPCS	13.64	13.64
Q0115 00	HCPCS	35.00	35.00
Q0477 00	HCPCS	1,279.75	1,279.75
Q0478 00	HCPCS	303.16	303.16
Q0479 00	HCPCS	19,746.59	19,746.59
Q0480 00	HCPCS	139,999.90	139,999.90
Q0481 00	HCPCS	23,969.89	23,969.89
Q0482 00	HCPCS	7,507.82	7,507.82
Q0483 00	HCPCS	30,928.91	30,928.91
Q0484 00	HCPCS	6,006.31	6,006.31
Q0485 00	HCPCS	579.87	579.87
Q0486 00	HCPCS	482.65	482.65
Q0487 00	HCPCS	563.09	563.09
Q0489 00	HCPCS	26,813.67	26,813.67
Q0490 00	HCPCS	1,159.84	1,159.84
Q0491 00	HCPCS	1,823.40	1,823.40
Q0492 00	HCPCS	146.87	146.87

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**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
Q0493 00	HCPCS	418.31	418.31
Q0494 00	HCPCS	353.98	353.98
Q0495 00	HCPCS	6,890.42	6,890.42
Q0496 00	HCPCS	2,473.09	2,473.09
Q0497 00	HCPCS	772.25	772.25
Q0498 00	HCPCS	847.35	847.35
Q0499 00	HCPCS	275.31	275.31
Q0500 00	HCPCS	50.39	50.39
Q0501 00	HCPCS	842.41	842.41
Q0502 00	HCPCS	1,072.50	1,072.50
Q0503 00	HCPCS	2,145.08	2,145.08
Q0504 00	HCPCS	1,131.91	1,131.91
Q0506 00	HCPCS	1,408.97	1,408.97
Q0507 00	HCPCS	BR	BR
Q0508 00	HCPCS	BR	BR
Q0509 00	HCPCS	BR	BR
Q0510 00	HCPCS	48.03	48.03
Q0511 00	HCPCS	23.09	23.09
Q0512 00	HCPCS	15.16	15.16
Q0513 00	HCPCS	126.38	126.38
Q0514 00	HCPCS	63.18	63.18
Q0515 00	HCPCS	BR	BR
Q1004 00	HCPCS	BR	BR
Q1005 00	HCPCS	BR	BR
Q3031 00	HCPCS	BR	BR
Q4001 00	HCPCS	85.60	85.60
Q4002 00	HCPCS	323.43	323.43
Q4003 00	HCPCS	61.46	61.46
Q4004 00	HCPCS	212.79	212.79
Q4005 00	HCPCS	22.67	22.67
Q4006 00	HCPCS	51.06	51.06
Q4007 00	HCPCS	11.33	11.33
Q4008 00	HCPCS	25.52	25.52
Q4009 00	HCPCS	15.13	15.13
Q4010 00	HCPCS	34.03	34.03
Q4011 00	HCPCS	7.55	7.55
Q4012 00	HCPCS	17.07	17.07
Q4013 00	HCPCS	27.55	27.55
Q4014 00	HCPCS	46.45	46.45
Q4015 00	HCPCS	13.79	13.79
Q4016 00	HCPCS	23.21	23.21
Q4017 00	HCPCS	15.92	15.92
Q4018 00	HCPCS	25.37	25.37
Q4019 00	HCPCS	7.97	7.97

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**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
Q4020 00	HCPCS	12.74	12.74
Q4021 00	HCPCS	11.79	11.79
Q4022 00	HCPCS	21.28	21.28
Q4023 00	HCPCS	5.92	5.92
Q4024 00	HCPCS	10.65	10.65
Q4025 00	HCPCS	66.05	66.05
Q4026 00	HCPCS	206.32	206.32
Q4027 00	HCPCS	33.05	33.05
Q4028 00	HCPCS	103.22	103.22
Q4029 00	HCPCS	50.54	50.54
Q4030 00	HCPCS	133.03	133.03
Q4031 00	HCPCS	25.24	25.24
Q4032 00	HCPCS	66.51	66.51
Q4033 00	HCPCS	47.15	47.15
Q4034 00	HCPCS	117.21	117.21
Q4035 00	HCPCS	23.56	23.56
Q4036 00	HCPCS	58.65	58.65
Q4037 00	HCPCS	28.71	28.71
Q4038 00	HCPCS	72.03	72.03
Q4039 00	HCPCS	14.41	14.41
Q4040 00	HCPCS	36.01	36.01
Q4041 00	HCPCS	34.97	34.97
Q4042 00	HCPCS	59.70	59.70
Q4043 00	HCPCS	17.49	17.49
Q4044 00	HCPCS	29.89	29.89
Q4045 00	HCPCS	20.30	20.30
Q4046 00	HCPCS	32.65	32.65
Q4047 00	HCPCS	10.11	10.11
Q4048 00	HCPCS	16.34	16.34
Q4049 00	HCPCS	3.68	3.68
Q4310 00	HCPCS	3,016.97	3,016.97
Q4326 00	HCPCS	1,397.10	1,397.10
Q4331 00	HCPCS	1,396.21	1,396.21
Q4332 00	HCPCS	1,499.43	1,499.43
Q5001 00	HCPCS	154.84	154.84
Q5002 00	HCPCS	144.16	144.16
Q5003 00	HCPCS	180.67	180.67
Q5004 00	HCPCS	145.95	145.95
Q5005 00	HCPCS	1,317.92	1,317.92
Q5006 00	HCPCS	1,495.84	1,495.84
Q5007 00	HCPCS	BR	BR
Q5008 00	HCPCS	BR	BR
Q5009 00	HCPCS	BR	BR
Q5010 00	HCPCS	184.25	184.25

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
Q5133 00	HCPCS	8.39	8.39
Q5135 00	HCPCS	5.75	5.75
Q9950 00	HCPCS	26.15	26.15
Q9951 00	HCPCS	1.79	1.79
Q9953 00	HCPCS	65.42	65.42
Q9954 00	HCPCS	16.49	16.49
Q9955 00	HCPCS	369.73	369.73
Q9956 00	HCPCS	58.25	58.25
Q9957 00	HCPCS	58.25	58.25
Q9958 00	HCPCS	0.10	0.10
Q9959 00	HCPCS	0.14	0.14
Q9960 00	HCPCS	0.97	0.97
Q9961 00	HCPCS	0.41	0.41
Q9962 00	HCPCS	0.95	0.95
Q9963 00	HCPCS	0.30	0.30
Q9965 00	HCPCS	1.69	1.69
Q9966 00	HCPCS	0.57	0.57
Q9967 00	HCPCS	0.20	0.20
Q9968 00	HCPCS	24.05	24.05
Q9969 00	HCPCS	9.79	9.79
T4521 00	HCPCS	0.64	0.64
T4522 00	HCPCS	0.69	0.69
T4523 00	HCPCS	0.71	0.71
T4524 00	HCPCS	0.88	0.88
T4525 00	HCPCS	0.77	0.77
T4526 00	HCPCS	0.70	0.70
T4527 00	HCPCS	0.87	0.87
T4528 00	HCPCS	0.88	0.88
T4529 00	HCPCS	0.49	0.49
T4530 00	HCPCS	0.50	0.50
T4531 00	HCPCS	0.90	0.90
T4532 00	HCPCS	0.81	0.81
T4533 00	HCPCS	0.70	0.70
T4534 00	HCPCS	0.80	0.80
T4535 00	HCPCS	0.48	0.48
T4536 00	HCPCS	8.44	8.44
T4537 00	HCPCS	10.68	10.68
T4539 00	HCPCS	5.75	5.75
T4540 00	HCPCS	7.99	7.99
T4541 00	HCPCS	0.50	0.50
T4542 00	HCPCS	0.69	0.69
T4543 00	HCPCS	1.79	1.79
T4544 00	HCPCS	1.79	1.79
V2020 00	HCPCS	140.48	140.48

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
V2025 00	HCPCS	152.66	152.66
V2100 00	HCPCS	65.83	65.83
V2101 00	HCPCS	88.24	88.24
V2102 00	HCPCS	107.02	107.02
V2103 00	HCPCS	62.85	62.85
V2104 00	HCPCS	66.49	66.49
V2105 00	HCPCS	72.91	72.91
V2106 00	HCPCS	87.23	87.23
V2107 00	HCPCS	93.90	93.90
V2108 00	HCPCS	89.26	89.26
V2109 00	HCPCS	100.34	100.34
V2110 00	HCPCS	85.95	85.95
V2111 00	HCPCS	101.30	101.30
V2112 00	HCPCS	106.33	106.33
V2113 00	HCPCS	105.42	105.42
V2114 00	HCPCS	114.21	114.21
V2115 00	HCPCS	159.14	159.14
V2118 00	HCPCS	158.86	158.86
V2121 00	HCPCS	169.62	169.62
V2200 00	HCPCS	98.38	98.38
V2201 00	HCPCS	119.70	119.70
V2202 00	HCPCS	110.49	110.49
V2203 00	HCPCS	107.02	107.02
V2204 00	HCPCS	108.61	108.61
V2205 00	HCPCS	107.21	107.21
V2206 00	HCPCS	120.48	120.48
V2207 00	HCPCS	116.97	116.97
V2208 00	HCPCS	128.86	128.86
V2209 00	HCPCS	120.90	120.90
V2210 00	HCPCS	128.95	128.95
V2211 00	HCPCS	156.60	156.60
V2212 00	HCPCS	147.01	147.01
V2213 00	HCPCS	136.93	136.93
V2214 00	HCPCS	154.87	154.87
V2215 00	HCPCS	190.44	190.44
V2218 00	HCPCS	182.81	182.81
V2219 00	HCPCS	74.82	74.82
V2220 00	HCPCS	70.70	70.70
V2221 00	HCPCS	197.89	197.89
V2299 00	HCPCS	101.88	101.88
V2300 00	HCPCS	121.69	121.69
V2301 00	HCPCS	149.83	149.83
V2302 00	HCPCS	137.79	137.79
V2303 00	HCPCS	131.28	131.28

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
V2304 00	HCPCS	136.19	136.19
V2305 00	HCPCS	136.61	136.61
V2306 00	HCPCS	137.72	137.72
V2307 00	HCPCS	147.53	147.53
V2308 00	HCPCS	143.88	143.88
V2309 00	HCPCS	174.22	174.22
V2310 00	HCPCS	147.14	147.14
V2311 00	HCPCS	180.14	180.14
V2312 00	HCPCS	200.77	200.77
V2313 00	HCPCS	224.21	224.21
V2314 00	HCPCS	208.11	208.11
V2315 00	HCPCS	258.20	258.20
V2318 00	HCPCS	328.65	328.65
V2319 00	HCPCS	83.45	83.45
V2320 00	HCPCS	88.03	88.03
V2321 00	HCPCS	244.96	244.96
V2399 00	HCPCS	102.83	102.83
V2410 00	HCPCS	200.89	200.89
V2430 00	HCPCS	242.10	242.10
V2499 00	HCPCS	39.20	39.20
V2500 00	HCPCS	147.74	147.74
V2501 00	HCPCS	232.40	232.40
V2502 00	HCPCS	340.02	340.02
V2503 00	HCPCS	236.04	236.04
V2510 00	HCPCS	198.66	198.66
V2511 00	HCPCS	321.02	321.02
V2512 00	HCPCS	372.69	372.69
V2513 00	HCPCS	341.95	341.95
V2520 00	HCPCS	175.24	175.24
V2521 00	HCPCS	305.09	305.09
V2522 00	HCPCS	395.89	395.89
V2523 00	HCPCS	253.04	253.04
V2524 00	HCPCS	202.80	202.80
V2526 00	HCPCS	87.23	87.23
V2530 00	HCPCS	374.77	374.77
V2531 00	HCPCS	893.19	893.19
V2600 00	HCPCS	171.72	171.72
V2615 00	HCPCS	1,769.50	1,769.50
V2623 00	HCPCS	2,011.11	2,011.11
V2624 00	HCPCS	102.30	102.30
V2625 00	HCPCS	725.26	725.26
V2626 00	HCPCS	446.99	446.99
V2627 00	HCPCS	2,165.17	2,165.17
V2628 00	HCPCS	511.24	511.24

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**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
V2629 00	HCPCS	3,306.30	3,306.30
V2630 00	HCPCS	200.02	200.02
V2631 00	HCPCS	200.02	200.02
V2632 00	HCPCS	200.02	200.02
V2700 00	HCPCS	98.14	98.14
V2702 00	HCPCS	25.84	25.84
V2710 00	HCPCS	136.04	136.04
V2715 00	HCPCS	26.04	26.04
V2718 00	HCPCS	63.97	63.97
V2730 00	HCPCS	45.89	45.89
V2744 00	HCPCS	27.57	27.57
V2745 00	HCPCS	17.86	17.86
V2750 00	HCPCS	40.17	40.17
V2755 00	HCPCS	27.92	27.92
V2756 00	HCPCS	5.31	5.31
V2760 00	HCPCS	35.88	35.88
V2761 00	HCPCS	48.93	48.93
V2762 00	HCPCS	98.32	98.32
V2770 00	HCPCS	43.72	43.72
V2780 00	HCPCS	28.07	28.07
V2781 00	HCPCS	161.49	161.49
V2782 00	HCPCS	106.20	106.20
V2783 00	HCPCS	119.70	119.70
V2784 00	HCPCS	77.85	77.85
V2786 00	HCPCS	76.50	76.50
V2787 00	HCPCS	967.26	967.26
V2788 00	HCPCS	1,058.53	1,058.53
V2790 00	HCPCS	677.22	677.22
V2797 00	HCPCS	37.41	37.41
V2799 00	HCPCS	BR	BR
V5008 00	HCPCS	91.20	91.20
V5010 00	HCPCS	134.82	134.82
V5011 00	HCPCS	273.66	273.66
V5014 00	HCPCS	214.44	214.44
V5020 00	HCPCS	137.06	137.06
V5030 00	HCPCS	2,355.92	2,355.92
V5050 00	HCPCS	2,066.71	2,066.71
V5060 00	HCPCS	1,989.71	1,989.71
V5090 00	HCPCS	425.81	425.81
V5100 00	HCPCS	2,144.55	2,144.55
V5110 00	HCPCS	595.35	595.35
V5120 00	HCPCS	1,924.34	1,924.34
V5130 00	HCPCS	3,226.66	3,226.66
V5140 00	HCPCS	4,038.26	4,038.26

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Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
V5150 00	HCPCS	70.28	70.28
V5160 00	HCPCS	860.45	860.45
V5171 00	HCPCS	2,687.90	2,687.90
V5172 00	HCPCS	1,691.23	1,691.23
V5181 00	HCPCS	1,631.11	1,631.11
V5200 00	HCPCS	436.44	436.44
V5214 00	HCPCS	3,896.28	3,896.28
V5215 00	HCPCS	3,543.89	3,543.89
V5221 00	HCPCS	3,710.74	3,710.74
V5240 00	HCPCS	545.92	545.92
V5241 00	HCPCS	470.32	470.32
V5247 00	HCPCS	2,413.35	2,413.35
V5248 00	HCPCS	3,900.30	3,900.30
V5249 00	HCPCS	1,715.67	1,715.67
V5250 00	HCPCS	3,763.26	3,763.26
V5251 00	HCPCS	3,247.13	3,247.13
V5252 00	HCPCS	3,451.34	3,451.34
V5253 00	HCPCS	5,018.44	5,018.44
V5254 00	HCPCS	2,399.53	2,399.53
V5255 00	HCPCS	2,356.82	2,356.82
V5256 00	HCPCS	2,680.75	2,680.75
V5257 00	HCPCS	2,577.96	2,577.96
V5258 00	HCPCS	5,362.39	5,362.39
V5259 00	HCPCS	4,103.62	4,103.62
V5260 00	HCPCS	3,817.55	3,817.55
V5261 00	HCPCS	5,847.35	5,847.35
V5262 00	HCPCS	1,854.51	1,854.51
V5263 00	HCPCS	4,085.45	4,085.45
V5264 00	HCPCS	108.15	108.15
V5265 00	HCPCS	40.47	40.47
V5266 00	HCPCS	1.34	1.34
V5270 00	HCPCS	321.69	321.69
V5275 00	HCPCS	85.89	85.89
V5281 00	HCPCS	80.51	80.51
V5282 00	HCPCS	3,268.50	3,268.50
V5284 00	HCPCS	81.41	81.41
V5285 00	HCPCS	5,377.54	5,377.54
V5286 00	HCPCS	5,376.14	5,376.14
V5288 00	HCPCS	1,183.04	1,183.04
V5290 00	HCPCS	541.51	541.51
V5299 00	HCPCS	BR	BR
V5336 00	HCPCS	181.12	181.12
V5362 00	HCPCS	129.96	129.96
V5363 00	HCPCS	138.33	138.33

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## HCPCS Codes 2025

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
V5364 00	HCPCS	199.35	199.35

## Historical Note

New Appendix A, HCPCS Codes made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, HCPCS Codes repealed; new Appendix A, HCPCS Codes 2024 made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, HCPCS Codes 2024 repealed; new Appendix A, HCPCS Codes 2025 made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).

## HOME HEALTHCARE GUIDELINES

Information regarding publications incorporated by reference is found in the Introduction of the Fee Schedule.

The following Commission guidelines are in addition to the CPT® guidelines and the Center for Medicare & Medicaid Services' (CMS) HCPCS codes and descriptions and represent additional guidance from the Commission relative to services unique or uniquely utilized in Workers' Compensation. To the extent that a conflict may exist between an incorporated portion of the CPT® publication or a HCPCS code and a code, guideline, identifier, or modifier unique to Arizona, then the Arizona code, guideline, identifier, or modifier shall control. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

**GENERAL GUIDANCE:**

1. The determination that the injury/illness or condition is work related must be made by the payer and home health services shall be authorized as medically necessary.
2. All nursing services and personal care services shall have prior authorization by the payer.
3. A description of needed nursing or other attendant care must accompany the request for authorization.
4. Rates and reimbursement guidelines shall be predetermined in writing.
5. Except when governed by a separate contract or network that governs fees pursuant to A.R.S. § 23-908(J)(1), reasonably required supplies shall be reimbursed based on the HCPCS Guidelines. This includes supplies dispensed prior to the execution of an agreement and during times when preauthorization of services is in process.
6. Submission of invoices and reimbursement for invoices shall be made in accordance with A.R.S. § 23-1062.01 (See Section B of the Introduction).

**Historical Note**

New Appendix A, Home Healthcare Guidelines made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Home Healthcare Guidelines repealed; new Appendix A, Home Healthcare Guidelines made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Home Healthcare Guidelines repealed; new Appendix A, Home Healthcare Guidelines made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA SPECIFIC CODES GUIDELINES

Information regarding publications incorporated by reference is found in the Introduction Section of the Fee Schedule.

The following Commission guidelines are in addition to the CPT<sup>®</sup> guidelines and represent additional guidance from the Commission relative to services uniquely utilized in Workers' Compensation in Arizona. To the extent that a conflict may exist between an incorporated portion of the CPT<sup>®</sup> and a code, guideline, identifier, or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

- A. PEER TO PEER CONSULTATION: Healthcare providers may bill for Peer-to-Peer consultations by using Arizona state specific codes AZ001 and AZ002. Determination of the proper code is based on time spent in discussion and review.

AZ001 Peer-to-Peer interprofessional telephone consultations between treating physician or healthcare provider and Peer Reviewer; 5-10 minutes of medical consultative discussion and review

AZ002 Peer-to-Peer interprofessional telephone consultations between treating physician or healthcare provider and Peer Reviewer; 11-30 minutes of medical consultative discussion and review

- B. NURSE CASE MANAGER MEETING: Healthcare providers may bill for meeting with a nurse case manager (NCM) by using Arizona state specific codes AZ003 and AZ004. Determination of the proper code is based on patient presence during the meeting.

AZ003 Meeting with NCM with patient.

AZ003 may be billed if time is spent discussing a patient's treatment plan or other related information with the NCM when the patient is present. This should not be billed if there is no interaction with the NCM who is present during the time that a service, which is billed using a separate CPT<sup>®</sup> code, is performed. The documentation must include:

- The name of the NCM.
- The name of the organization the NCM is representing
- The purpose of the interaction

AZ004 Meeting with NCM without patient

AZ004 may be billed if time is spent discussing a patient's treatment plan or other related information with the NCM

when the patient is not present. The documentation must include:

- The name of the NCM.
- The name of the organization the NCM is representing.
- The purpose of the interaction.

It is not appropriate for the payer on a per billing basis to require a healthcare provider to provide unnecessarily detailed documentation to justify payment. A healthcare provider is required to comply with A.R.S. § 23-1062.01 when submitting a bill.

## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

- C. SPECIAL REPORTS: Healthcare providers may bill for completion of workers' compensation insurance forms by using Arizona state specific code AZ005 when the request is submitted by the Commission, the payer or third-party administrator of the payer, or the Special Fund of the Commission and limited to one billing of code AZ005 per thirty (30) day period. The applicable form must be attached to the billing.
- AZ005 Completion of workers' compensation insurance forms (i.e. return-to-work status, work restrictions, supportive care restrictions) which are requested or required either by the Commission, the applicable payer (insurance, self-insured employer, or the Special Fund of the Commission), or a third-party administrator of the applicable payer, not to exceed more than one billing in a thirty (30) day period. The applicable form must be attached to the billing.
- D. TRAVEL REIMBURSEMENT: Healthcare providers may bill for collection and handling performed outside of a physician's office or laboratory.
- AZ026 Mileage charge for collection and handling service performed outside of the physician's office or laboratory, within a radius of seven (7) miles.
- AZ027 Mileage charge for collection and handling service performed outside of the physician's office or laboratory, per mile over seven (7) miles.
- AZ028 When more than one patient is seen, apportion mileage charge among total number of patients.
- AZ030 Mileage round trip: each mile in excess of eight (8) miles of travel by physician.
- AZ031 Within large metropolitan areas a travel time basis may be appropriate. Code AZ031 would apply to Arizona's major metropolitan areas, to include Phoenix, Tucson, Flagstaff, Kingman, and Yuma. This code would only be used when travel times are 45 minutes or more.
- E. EXPERT TESTIMONY: Medical testimony by personal appearance or deposition of a physician is reported using Arizona specific code AZ099. Reimbursement for time spent providing testimony at hearing is described in Section I of the Introduction Section of the Fee Schedule.

**Historical Note**

New Appendix A, Special Services Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Special Services Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Special Services Guidelines repealed; new Appendix A, Special Services Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Special Services Guidelines repealed; new Appendix A, Special Services Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Special Services Guidelines repealed; new Appendix A, Special Services Guidelines made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Special Services Guidelines repealed; new Appendix A, Special Services Guidelines made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Special Services Guidelines repealed; new Appendix A, with new heading Arizona Specific Codes Guidelines made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Special Services Guidelines repealed; new Appendix A, with new heading Arizona Specific Codes Guidelines made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).

## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Arizona Specific Codes 2025**

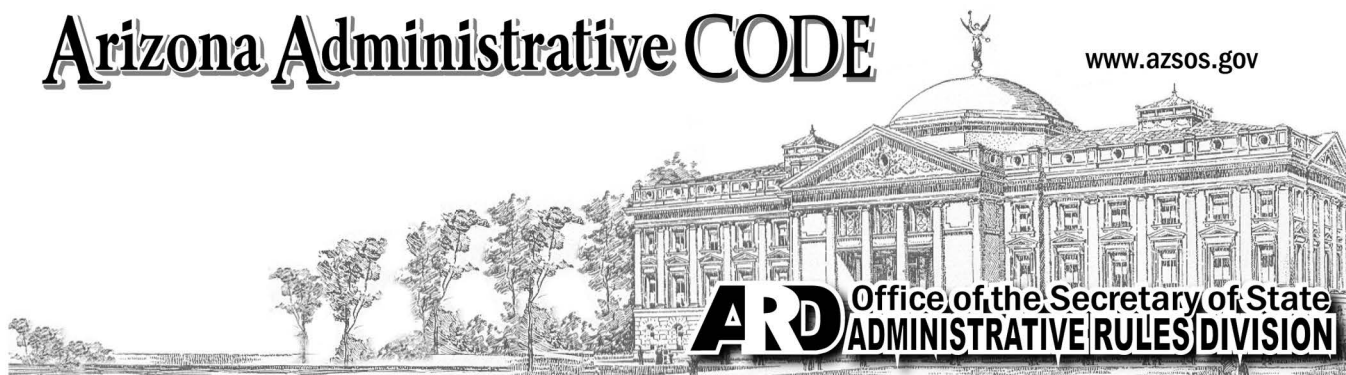
Code	Category	Description	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
AZ001 00	AZ Specific Codes	Peer-to-Peer interprofessional telephone consultations between treating physician or medical provider and Peer Reviewer; 5-10 minutes of medical consultative discussion and review.	75.00	75.00
AZ002 00	AZ Specific Codes	Peer-to-Peer interprofessional telephone consultations between treating physician or medical provider and Peer Reviewer; 11-30 minutes of medical consultative discussion and review.	100.00	100.00
AZ003 00	AZ Specific Codes	Meeting with NCM with patient.	75.00	75.00
AZ004 00	AZ Specific Codes	Meeting with NCM without patient.	100.00	100.00
AZ005 00	AZ Specific Codes	Completion of workers' compensation insurance forms (i.e. return-to-work status, work restrictions, supportive care restrictions) which are requested or required by the Commission, the applicable payer (insurance, self-insured employer, or the Special Fund of the Commission), or a third party administrator of the applicable payer, not to exceed more than one billing in a thirty (30) day period. The applicable form must be attached to the billing.	40.00	40.00
AZ026 00	AZ Specific Codes	Mileage charge, within a radius of 7 miles, for a collection and handling service performed outside the physician's office or laboratory.	BR	BR
AZ027 00	AZ Specific Codes	Over 7 miles, per mile.	BR	BR
AZ028 00	AZ Specific Codes	When more than one patient seen, apportion mileage charge among total number of patients.	BR	BR
AZ030 00	AZ Specific Codes	Mileage round-trip: each mile in excess of 8 miles of travel by physician.	BR	BR
AZ031 00	AZ Specific Codes	Within large metropolitan areas a travel time basis may be appropriate. Code AZ031 00 would apply to Arizona's major metropolitan areas, to include Phoenix, Tucson, Flagstaff, Kingman and Yuma. This code would only be used when travel times are 45 minutes or more.	BR	BR
AZ099 00	AZ Specific Codes	Expert testimony at hearing, for the initial hour (or any portion thereof), prorated for each additional 20 minute increment (or any portion thereof).	150.00	150.00

**Historical Note**

New Appendix A, Special Services Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Special Services Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Special Services Codes 2019- 2020 repealed; new Appendix A, Special Services Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Special Services Codes 2020-2021 repealed; new Appendix A, Special Services Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Special Services Codes 2021-2022 repealed; new Appendix A, Special Services Codes 2022-2023 made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Special Services Codes 2022-2023 repealed; new Appendix A, Special Services Codes 2023-2024 made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Special Services Codes 2023-2024 repealed; new Appendix A, with new heading Arizona Specific Codes 2024 made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Arizona Specific Codes 2024 repealed; new Arizona Specific Codes 2025 made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).

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**TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE**  
**CHAPTER 6. DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS - INSURANCE**  
**DIVISION**  
**20 A.A.C. 6**

**Supplement Information**  
**Supp. 25-4**

Rules codified between October 1, 2025 through December 31, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-4 replaces Supp. 24-4, 1-171 pages.**

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

## PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

### THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

### HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at [www.azsos.gov/rules](http://www.azsos.gov/rules), click on the *Administrative Register* link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

### PERSONAL USE/COMMERCIAL USE

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*Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.*

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## Administrative Rules Division

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 6. DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS - INSURANCE DIVISION

Authority: A.R.S. § 20-101 et seq.

## Supp. 25-4

## CHAPTER TABLE OF CONTENTS

*Editor's Note: Due to a clerical error the following Sections had incorrect effective dates as released in Supp. 23-4: R20-6-205, R20-6-604, R20-6-801, R20-6-1003 and Appendix B, R20-6-2002, R20-6-2401. The year has been corrected to 2024. Please destroy any copy of the digitally signed version of this Chapter from Date: 2024.02.05. The new version is Supp. 23-4, Ver. 2, digitally signed 2024.03.01.*

*Editor's Note: The name of the Arizona Department of Insurance was changed to the Department of Insurance and Financial Institutions - Insurance Division under Laws 2019, Ch. 252, effective July 1, 2020 (Supp. 22-2).*

*Editor's Note: 20 A.A.C. 6, consisting of R20-6-101 through R20-6-159, R20-6-201 through R20-6-218, R20-6-301 through R20-6-308, R20-6-401 through R20-6-409, R20-6-501, R20-6-601 through R20-6-607, R20-6-701 through R20-6-709, R20-6-801 through R20-6-802, R20-6-901, R20-6-1001 through R20-6-1016, R20-6-1101 through R20-6-1120, R20-6-1201 through R20-6-1205, R20-6-1401 through R20-6-1408, R20-6-1601 through R20-6-1607, and R20-6-1701 through R20-6-1704 recodified from 4 A.A.C. 14, consisting of R4-14-101 through R4-14-159, R4-14-301 through R4-14-308, R4-14-401 through R4-14-409, R4-14-501, R4-14-601 through R4-14-607, R4-14-701 through R4-14-709, R4-201 through R4-14-218, R4-14-801 through R4-14-802, R4-14-901, R4-14-1001 through R4-14-1016, R4-14-1101 through R4-14-1120, R4-14-1201 through R4-14-1205, R4-14-1401 through R4-14-1408, R4-14-1601 through R4-14-1607, and R4-14-1701 through R4-14-1704, pursuant to R1-1-102 (Supp. 95-1).*

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*Article 11, consisting of Sections R4-14-1101 through R4-14-1120 and Appendices A through E, adopted again by emergency effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1).*

*Article 11, consisting of Sections R4-14-1101 through R4-14-1120 and Appendices A through E, adopted by emergency effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). R20-6-1101 through R20-6-1120 recodified from R4-14-1101 through R4-14-1120 (Supp. 95-1).*

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*Article 16, consisting of Sections R20-6-1601 through R20-6-1608, renumbered to Article 16, Part 1, R20-6A1601 through R20-6A1608; Article 16, consisting of Sections R20-6-1610 through R20-6-1612, renumbered to Article 16, Part 2; by final rulemaking at 28 A.A.R. 493 (March 4, 2022), effective April 9, 2022 (Supp. 22-1).*

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**ARTICLE 1. RULES OF PRACTICE AND PROCEDURE BEFORE THE DIRECTOR****R20-6-101. Scope of Article; Definitions****A. Scope.**

1. Administrative Hearings. This Article and Title 20 of the Arizona Revised Statutes govern administrative hearings before the Department. The Department shall use the authority of A.R.S. Title 41, Chapter 6, Article 10, the Office of Administrative Hearings' procedural rules, and this Article to govern the initiation and conduct of administrative hearings. In an administrative hearing, special procedural requirements in state statute or another Section in this Article shall also govern the proceedings unless the requirements are inconsistent with either A.R.S. Title 41, Chapter 6, Article 10, the Office of Administrative Hearings' rules or this Article.
2. Director's Hearings. Director's Hearings are governed by this Article and Title 20 of the Arizona Revised Statutes.
3. Rulemaking and Investigative Proceedings. Except as otherwise provided in Section R20-6-160 for rulemaking petitions, this Article does not apply to rulemaking or investigative proceedings before the Director.
4. Arizona Rules of Civil Procedure. Unless expressly applicable by rule or statute, the Arizona Rules of Civil Procedure do not apply to administrative or Director's hearings.

**B. Definitions.** In addition to the definitions provided in A.R.S. §§ 41-1001 and 41-1092, the following terms apply to this Article:

1. "Administrative Hearing" means an appealable agency action as defined by A.R.S. § 41-1092(3) or a contested case as defined by A.R.S. § 41-1001(5) subject to A.R.S. § 20-161 and A.R.S. Title 41, Chapter 6, Article 10.
2. "Attorney General" means the Attorney General of Arizona, and the Attorney General's assistants or special agents.
3. "Department" means the Arizona Department of Insurance and Financial Institutions, Division of Insurance.
4. "Director" has the meaning stated at A.R.S. § 20-102 or a Hearing Officer or any deputy, assistant, or examiner of the Director acting in the Director's name in accordance with A.R.S. § 20-150.
5. "Director's Hearing" means a hearing required by Title 20 to be conducted by the Director that is not an administrative hearing. A Director's hearing is not subject to the Arizona Open Meeting law. Director's hearings are required for, but not limited to, the following:
  - a. Taking comments to determine whether the cooperation among rating organizations and insurers is unfair or unreasonable or otherwise inconsistent with the provisions of Title 20 under A.R.S. § 20-365;
  - b. Taking comments to determine whether a reasonable degree of price competition exists at the consumer level with respect to a particular class of business or to determine an allowable percentage of increase in a proposed rate level for a particular line, subtitle, or class of business under A.R.S. § 20-383(B);
  - c. Taking comments to exempt rate filings or to find that a particular market is noncompetitive for purposes of rate filing under A.R.S. §§ 20-385(F) and (G);
  - d. Taking comments to determine recognized surplus lines under A.R.S. § 20-409;

- e. Taking comments regarding acquisitions within a holding company system if the acquisition would require the approval of other states under A.R.S. § 20-481.07(G);
  - f. Taking comments to establish criteria for third parties who are eligible to provide credit enhancement for separate accounts and to accept assets that are pledged under A.R.S. § 20-536.01(C);
  - g. Taking comments to prescribe standards to allow investments in separate accounts to exceed established limits under A.R.S. § 20-536.01(D);
  - h. Taking comments in order to prescribe an investment grade rating, to recognize rating agencies for purposes of investment, or to prescribe standards by which obligations of insurers who have not received an investment grade rating may be eligible for investment under A.R.S. §§ 20-544 and 20-545;
  - i. Taking comments from parties affected by a proposed corporate acquisition, merger or consolidation of title insurers under A.R.S. §§ 20-1576(A)(1) and 20-1577(A);
  - j. Taking comments to establish a loss ratio standard for credit property and credit unemployment insurance under A.R.S. § 10-1621.05(B);
  - k. Taking comments for the purpose of exempting certain forms from the application of Title 20, Chapter 6, Article 14: Cancellation or Non-Renewal of Commercial Insurance under A.R.S. § 20-1671(12); and
  - l. Taking comments to establish prima facie rates for credit life and credit disability insurance under Section R20-6-604.03(A).
6. "Hearing Officer" means a person appointed by the Director to conduct a Director's hearing.
  7. "Party" has the meaning prescribed at A.R.S. § 41-1001(16) and includes any person or entity subject to the jurisdiction of the Department under A.R.S. Title 20.

**Historical Note**

Adopted effective January 23, 1992 (Supp. 92-1). R20-6-101 recodified from R4-14-101 (Supp. 95-1). Amended by final rulemaking at 5 A.A.R. 618, effective February 4, 1999 (Supp. 99-1). Amended by final rulemaking at 28 A.A.R. 3626 (November 25, 2022), effective January 1, 2023 (Supp. 22-4).

**R20-6-102. Appearance and Practice before the Director for Administrative and Director's Hearings**

- A.** A party may appear in their own behalf or through counsel. An insurer may appear through legal counsel or through a duly authorized officer of the corporation.
- B.** When an attorney other than the Attorney General appears or intends to appear before the Director or the Department, they shall promptly disclose their name and contact information and the name and contact information of the person on whose behalf they intend to appear.
- C.** Conduct at any Director's hearing which, in the discretion of the Director or Hearing Officer is deemed contemptuous shall be grounds for exclusion from the hearing. Contemptuous conduct shall include willful disruption or obstruction of any Director's hearing, or any other willful conduct during any Director's hearing which lessens the dignity or authority of the Director or Hearing Officer.
- D.** Notice of a Director's Hearing is subject to Title 20 and shall contain at a minimum:

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1. The subject matter on which the Director intends to take comments including the specific statutory sections authorizing the Director to conduct the hearing;
  2. The date, time and place of the Director's hearing;
  3. The guidelines for interested parties to submit comments to the Director and to participate in the hearing; and
  4. Any other information the Director deems appropriate.
- E. Notice of a Director's Hearing shall be posted on the Department's website and in compliance with A.R.S. § 38-431.02. The Director may additionally notify interested persons as the Director deems appropriate.

**Historical Note**

Adopted effective January 23, 1992 (Supp. 92-1). R20-6-102 recodified from R4-14-102 (Supp. 95-1). Amended by final rulemaking at 28 A.A.R. 3626 (November 25, 2022), effective January 1, 2023 (Supp. 22-4).

**R20-6-103. Filing; Service**

- A. A document filed by a party with the Department is filed on the date it is received by the Department as established by the Department's earliest stamped date on the face of the document or by some other method of affixing a received date by the Department.
- B. If a party is represented by an attorney, service is effectuated by service upon the attorney unless additional service upon the represented party is required by an administrative law judge or the Department.
- C. A document is served upon a party as provided for under A.R.S. § 41-1092.04 and Section R2-19-108. A party effectuating service is responsible for producing proof of service if requested by the Department.

**Historical Note**

Adopted effective January 23, 1992 (Supp. 92-1). R20-6-103 recodified from R4-14-103 (Supp. 95-1). Amended by final rulemaking at 28 A.A.R. 3626 (November 25, 2022), effective January 1, 2023 (Supp. 22-4).

**R20-6-104. Expired****Historical Note**

Adopted effective January 23, 1992 (Supp. 92-1). R20-6-104 recodified from R4-14-104 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 1421, effective May 31, 2011 (Supp. 11-3).

**R20-6-105. Expired****Historical Note**

Adopted effective January 23, 1992 (Supp. 92-1). R20-6-105 recodified from R4-14-105 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 1421, effective May 31, 2011 (Supp. 11-3).

**R20-6-106. Answer to Notice of an Administrative Hearing**

- A. The Department may, in a notice of hearing, direct one or more parties to file a written answer to the allegations contained in the notice of hearing. Even if not directed to do so, any party to the proceeding may file an answer.
- B. A party directed to file an answer shall do so within 20 days after issuance of a notice of hearing, unless the notice of hearing states a different period for the answer. The Department may require any party to answer, in a reasonable time, amendments to the assertions in the notice made after service of the original notice.
- C. An answer filed under this Section shall briefly state the party's position or defense to the proceeding and shall specifi-

cally admit or deny each of the allegations in the notice of hearing. An answering party who does not have, or cannot easily obtain, knowledge or information sufficient to admit or deny an allegation shall state that inability which shall have the effect of a denial. Any allegation not denied is admitted. A party who intends to deny only a part of an allegation shall expressly admit as much of that allegation as is true and shall deny the remainder.

- D. A party who fails to file an answer required by this Section within the time allowed is in default. The Director may resolve the proceeding against the defaulting party. In doing so, the Director may regard any allegations in the notice of hearing as admitted by the defaulting party.
- E. Defenses not raised in the answer are waived.

**Historical Note**

Adopted effective January 23, 1992 (Supp. 92-1). R20-6-106 recodified from R4-14-106 (Supp. 95-1). Amended by final rulemaking at 28 A.A.R. 3626 (November 25, 2022), effective January 1, 2023 (Supp. 22-4).

**R20-6-107. Expired****Historical Note**

Adopted effective January 23, 1992 (Supp. 92-1). R20-6-107 recodified from R4-14-107 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 1421, effective May 31, 2011 (Supp. 11-3).

**R20-6-108. Expired****Historical Note**

Adopted effective January 23, 1992 (Supp. 92-1). R20-6-108 recodified from R4-14-108 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 1421, effective May 31, 2011 (Supp. 11-3).

**R20-6-109. Expired****Historical Note**

Adopted effective January 23, 1992 (Supp. 92-1). R20-6-109 recodified from R4-14-109 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 1421, effective May 31, 2011 (Supp. 11-3).

**R20-6-110. Expired****Historical Note**

Adopted effective January 23, 1992 (Supp. 92-1). R20-6-110 recodified from R4-14-110 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 1421, effective May 31, 2011 (Supp. 11-3).

**R20-6-111. Expired****Historical Note**

Adopted effective January 23, 1992 (Supp. 92-1). R20-6-111 recodified from R4-14-111 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 22 A.A.R. 3374, effective May 31, 2016 (Supp. 16-4).

**R20-6-112. Expired****Historical Note**

Adopted effective January 23, 1992 (Supp. 92-1). R20-6-112 recodified from R4-14-112 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 22 A.A.R. 3374, effective May 31, 2016 (Supp. 16-4).

**R20-6-113. Expired**

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**Historical Note**

Adopted effective January 23, 1992 (Supp. 92-1). R20-6-113 recodified from R4-14-113 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 1421, effective May 31, 2011 (Supp. 11-3).

**R20-6-114. Request for Rehearing or Review**

- A. Any party aggrieved by an administrative decision may file with the Director, within time limits and other procedural guidelines contained in A.R.S. § 41-1092.09, a written motion for a rehearing or review of the decision specifying the particular reason for the request.
- B. A party filing a motion under this Section may amend the motion at any time before a response to the motion is filed. An amended motion tolls the time for filing a response and the time for rendering a decision on the motion.
- C. A request for rehearing or review which is not timely filed is deemed waived for the purpose of judicial review.
- D. A motion for rehearing shall specify which of the grounds listed in subsection (G) it is based upon and shall set forth the specific facts and laws in support of the motion. A motion may cite relevant portions of testimony from the hearing if a transcript is provided with the motion and may cite hearing exhibits by reference to the exhibit number. The motion shall specify the relief sought by the request, such as a different finding of fact, conclusion of law or order and may seek multiple forms of relief in the alternative. When a motion for rehearing or review is based on an affidavit, the moving party shall attach the affidavit to the motion.
- E. A party may file a separate request for a stay of the Director's decision pursuant to A.R.S. § 20-162(B). Filing a stay request or a motion for rehearing does not stay an order filed by the Director. The Director may stay an order pending the resolution of a motion for rehearing or review.
- F. Each party served with a motion for rehearing or review shall be permitted to file a written response within 15 days after the motion has been filed. Affidavits may be attached to and filed with a response. A response may cite relevant portions of testimony from the hearing if a transcript is provided with the response and may cite hearing exhibits by reference to the exhibit number. The Director has the discretion to hear oral argument to consider a request for rehearing or review.
- G. The Director may grant a motion for rehearing or review for any of the following causes:
  1. Irregularity in the proceedings before the Department, in any order, or any abuse of discretion that deprives the moving party of a fair hearing;
  2. Misconduct by the Department, the administrative law judge, or the prevailing party;
  3. Accident or surprise that could not have been prevented by ordinary care;
  4. Newly discovered material evidence that could not reasonably have been discovered and produced at the original hearing;
  5. Excessive or insufficient penalties;
  6. Error in admitting or rejecting evidence or other legal errors occurring at the hearing; and
  7. The decision is not justified by the evidence or is contrary to law.
- H. The Director may affirm or modify the decision or grant a rehearing as to all or any of the parties and on all or part of the issues for any reason listed in subsection (G). An order granting a rehearing shall specify the reason for granting the rehearing, and the rehearing shall cover only those matters specified.

- I. The Director, within the time for filing a motion for rehearing, may without a motion for rehearing, order a rehearing for any reason that would allow the granting of a motion for rehearing by a party. The order for rehearing, granted without a motion, shall specify the reason for granting the rehearing.
- J. The Director may grant a motion for rehearing, timely served, for a reason not stated in the motion. The order for rehearing, granted for a reason not stated in the motion, shall specify the reason for granting the rehearing.

**Historical Note**

Adopted effective January 23, 1992 (Supp. 92-1). R20-6-114 recodified from R4-14-114 (Supp. 95-1). Amended effective June 15, 1998 (Supp. 98-2). Amended by final rulemaking at 28 A.A.R. 3626 (November 25, 2022), effective January 1, 2023 (Supp. 22-4).

**R20-6-115. Repealed**

**Historical Note**

Adopted effective January 23, 1992 (Supp. 92-1). R20-6-115 recodified from R4-14-115 (Supp. 95-1). Amended effective June 15, 1998 (Supp. 98-2). Repealed by final rulemaking at 28 A.A.R. 3626 (November 25, 2022), effective January 6, 2023 (Supp. 22-4).

- R20-6-116. Reserved
- R20-6-117. Reserved
- R20-6-118. Reserved
- R20-6-119. Reserved
- R20-6-120. Reserved
- R20-6-121. Reserved
- R20-6-122. Reserved
- R20-6-123. Reserved
- R20-6-124. Reserved
- R20-6-125. Reserved
- R20-6-126. Reserved
- R20-6-127. Reserved
- R20-6-128. Reserved
- R20-6-129. Reserved
- R20-6-130. Reserved
- R20-6-131. Reserved
- R20-6-132. Reserved
- R20-6-133. Reserved
- R20-6-134. Reserved
- R20-6-135. Reserved
- R20-6-136. Reserved
- R20-6-137. Reserved
- R20-6-138. Reserved
- R20-6-139. Reserved
- R20-6-140. Reserved
- R20-6-141. Reserved
- R20-6-142. Reserved

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- R20-6-143. Reserved**
- R20-6-144. Reserved**
- R20-6-145. Reserved**
- R20-6-146. Reserved**
- R20-6-147. Reserved**
- R20-6-148. Reserved**
- R20-6-149. Reserved**
- R20-6-150. Reserved**
- R20-6-151. Reserved**
- R20-6-152. Reserved**
- R20-6-153. Reserved**
- R20-6-154. Reserved**
- R20-6-155. Reserved**
- R20-6-156. Reserved**
- R20-6-157. Reserved**
- R20-6-158. Reserved**
- R20-6-159. Repealed**

**Historical Note**

Adopted effective February 17, 1977 (Supp. 77-1). R20-6-159 recodified from R4-14-159 (Supp. 95-1). Repealed effective June 15, 1998 (Supp. 98-2).

**R20-6-160. Petition for Rulemaking Action**

- A.** The following definitions apply in this Section.
  - 1. "Petitioner" means a person who petitions the Department for Rulemaking action as authorized under A.R.S. § 41-1033(A).
  - 2. "Rule" has the meaning stated at A.R.S. § 41-1001 and is enforceable by the Department.
  - 3. "Rulemaking action" means the process for formulation and finalization of a new rule, or amendment or repeal of an existing rule.
  - 4. "Substantive Policy Statement" has the meaning stated at A.R.S. § 41-1001, is advisory only, and is not enforceable by the Department.
- B.** Any person may petition the Department under A.R.S. § 41-1033(A) to either:
  - 1. Make, amend, or repeal a final Rule;
  - 2. Review an existing agency practice or Substantive Policy Statement that the Petitioner alleges to constitute a Rule.
- C.** A person who files a petition pursuant to A.R.S. § 41-1033(A), shall include the following information in the petition:
  - 1. The Petitioner's name and contact information;
  - 2. The name and address of any organization the Petitioner represents;
  - 3. Whether the Petitioner is petitioning the Department to:
    - a. Make, amend, or repeal a final Rule; or
    - b. Review an existing agency practice or Substantive Policy Statement that the Petitioner alleges to constitute a Rule;
  - 4. A detailed explanation of Petitioner's basis for submitting the petition;
  - 5. If the Petitioner is petitioning the Department to make a Rule, the language of the proposed new Section and the specific authority for the requested Rulemaking action;

- 6. If the Petitioner is petitioning the Department to amend an existing Rule, a citation to the existing Section or subsection to be amended, the language of the proposed Rule amendment, and the specific authority for the requested Rulemaking action;
- 7. If the Petitioner is petitioning the Department to repeal an existing Rule, a citation to the existing Section or subsection to be repealed, and an explanation of why the Rule should be repealed including, if applicable, how the Rule does not meet the requirements of A.R.S. § 41-1030;
- 8. If the Petitioner is petitioning the Department to review an existing agency practice that the Petitioner alleges to constitute a Rule, a description of the Department's practice, an explanation of how the Department's practice constitutes a Rule being enforced by the Department, the language of the proposed new Rule, and the specific authority for the requested Rulemaking action;
- 9. If the Petitioner is petitioning the Department to review a Substantive Policy Statement that the Petitioner alleges to constitute a Rule, a citation to the Substantive Policy Statement, an explanation of how the Substantive Policy Statement is being enforced by the Department as a Rule, the language of the proposed new Rule, and the specific authority for the requested Rulemaking action; and
- 10. The Petitioner's dated signature.
- D.** The petitioner may submit additional supporting information, including:
  - 1. Statistical data; and
  - 2. A list of other persons and entities likely to be affected by the proposed Rulemaking action, with an explanation of the likely effects.
- E.** Within 60 days of the date the Department receives the petition, the Department shall send the Petitioner a written decision indicating whether the Department is denying the petition or will initiate the requested Rulemaking action, with the reasons for the decision.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 618, effective February 4, 1999 (Supp. 99-1). Section heading corrected at Department Request, Office File No. M11-401, filed October 27, 2011 (Supp. 11-3). Amended by final rulemaking at 28 A.A.R. 3626 (November 25, 2022), effective January 1, 2023 (Supp. 22-4).

**ARTICLE 2. TRANSACTION OF INSURANCE****R20-6-201. Advertisements of Health**

- A.** Definitions. The following definitions apply to this Section and to R20-6-201.01, R20-6-201.02, and R20-6-203:
  - 1. "Advertisement" means materials and information used by an insurer to generate insurance business.
    - a. Advertisement includes the following information:
      - i. Printed and published material, audio visual material, or other forms of electronic communication that an insurer uses or displays in direct mail, newspapers, magazines, radio, television, billboards, Internet web sites, and similar media to inform the public about the insurer or its products;
      - ii. Descriptive literature and sales aids an insurer issues or releases for presentation to members of the public, including circulars, leaflets, booklets, depictions, illustrations, and form letters;



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- iii. Prepared sales talks and presentations and material for use by an insurer or prepared by an insurer for use by authorized producers; and
  - iv. Material included with a policy when the policy is delivered and material used in the solicitation of renewals and reinstatements;
- b. "Advertisement" does not include the following:
  - i. Material used solely for training and educating an insurer's employees or producers;
  - ii. Material used in-house by insurers;
  - iii. Communications within an insurer's own organization not intended for dissemination to the public;
  - iv. Individual communications with current policy holders regarding a member's personal information other than material urging the policyholders to increase or expand coverages;
  - v. Correspondence between a prospective group or blanket policyholder and an insurer in the course of negotiating a group or blanket contract;
  - vi. Court-approved material ordered by a court to be disseminated to policyholders;
  - vii. Material in connection with promotion or sponsorship of a charitable event in which only the name of the insurer is displayed;
  - viii. A general announcement from a group or blanket policyholder to eligible individuals on an employment or membership list that a contract or program has been written or arranged. The announcement shall clearly indicate that it is preliminary to the issuance of a booklet and that does not describe the specific benefits under the contract or program nor the advantages as to the purchase of the contract or program;
  - ix. A general announcement by the sponsor that endorses the program;
  - x. Health and wellness material with general health and wellness information; or
  - xi. Press releases and news releases not intended to generate business.
- 2. "Disability insurance" has the same meaning prescribed in A.R.S. § 20-253.
- 3. "Elimination period" means the time between the date a loss occurs and the date that benefits begin to accrue for that loss.
- 4. "Exclusion" means a policy term stating a risk that an insurer has not assumed.
- 5. "Health insurance" means:
  - a. Disability insurance;
  - b. Insurance provided by a service corporation regulated under A.R.S. § 20-821 et seq.;
  - c. Insurance provided by a prepaid dental plan organization regulated under A.R.S. § 20-1001 et seq.; and
  - d. Insurance provided by a health care services organization regulated under A.R.S. § 20-1051 et seq.
- 6. "Insurance administrator" or "administrator" has the meaning prescribed in A.R.S. § 20-485(A)(1).
- 7. "Insurer" has the same meaning prescribed in A.R.S. § 20-104.
- 8. "Limitation" means a policy term, other than an exclusion or reduction, that decreases the risk assumed by the insurer or the insurer's obligation to provide benefits.
- 9. "Person" has the meaning in A.R.S. § 20-105.
- 10. "Policy" means any plan, certificate, contract, agreement, statement of coverage, evidence of coverage, subscription contract, membership coverage, rider, or endorsement that provides disability benefits, health insurance, medical, surgical or hospital expense benefits, long-term care benefits, or Medicare supplement benefits in the form of a cash indemnity, reimbursement, or service.
- 11. "Reduction" means a policy term that reduces the amount of an insured's benefits. A reduction means that the insurer has assumed the risk of a particular loss, but the amount or period of the insurer's coverage is less than what the insurer would have paid for the loss without the reduction.
- 12. "Spokesperson" means a person making a testimonial about or an endorsement of an insurer's product who:
  - a. Has a financial interest in the insurer or a related entity as a stockholder, director, officer, employee, or independent contractor;
  - b. Has been formed by the insurer, is owned or controlled by the insurer or its employees, or is a person who owns or controls an insurer;
  - c. Is in a policy-making position and affiliated with the insurer in any capacity described in subsections (a) or (b); or
  - d. Is directly or indirectly compensated for making the testimonial or endorsement.
- B. Scope.**
  - 1. This Section applies to all advertisements for health insurance.
  - 2. This Section applies to the conduct of insurers, producers, and third-party administrators.
- C. General requirements.** Insurers, producers, and third-party administrators shall ensure that health insurance advertisements meet the requirements of this Section.
  - 1. Advertisements shall be truthful and not misleading. The insurer shall not use words or phrases, the meaning of which is clear only by implication or by familiarity with insurance terminology.
  - 2. An advertisement shall not omit information or use words, phrases, statements, references, or illustrations if the omission of information or use of words, phrases, statements, references, or illustrations may mislead or deceive purchasers or prospective purchasers.
  - 3. The words and phrases used to describe a policy shall accurately describe the benefits of the policy and not exaggerate any benefit through the use of phrases such as "all," "full," "complete," "comprehensive," "unlimited," "up to," "as high as," "this policy will pay your hospital and surgical bills" or "this policy will replace your income," or similar words and phrases.
  - 4. If a policy covers only one disease or a list of specified diseases, any advertisement for the policy shall not imply coverage beyond the specified diseases.
  - 5. If a policy pays varying amounts for the same loss occurring under different conditions or pays benefits only when a loss occurs under certain conditions, any advertisement for the policy shall disclose the limited conditions.
  - 6. If an advertisement specifies payment of a particular dollar amount for hospital room and board expenses, the advertisement shall also include the maximum daily benefit and the maximum time limit for which those expenses are covered.

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7. An advertisement that refers to any dollar amount, period of time for which a benefit is payable, cost of policy, or specific policy benefit or the loss for which a benefit is payable shall also disclose any related exclusions, reductions, and limitations without which the advertisement would have the capacity and tendency to mislead or deceive.
  8. An advertisement covered by subsection (C)(7) shall disclose the existence of a waiting period if a policy contains a period between the effective date of the policy and the effective date of coverage under the policy. The advertisement shall disclose the existence of an elimination period.
  9. An advertisement shall disclose any exclusion, reduction, or limitation applicable to a pre-existing condition; however, an insurer is not required to make disclosure in an advertisement that does not reference specific product information, benefit level, or dollar amounts.
  10. If a policy has an exclusion, reduction, or limitation applicable to a preexisting condition, an advertisement shall not state or imply that the applicant's physical condition or medical history will not affect the issuance of the policy or payment of a claim and shall not use the phrase "no medical examination required" or other similar phrase.
  11. If an advertisement refers to renewability, cancellation, or termination of a policy, or states or illustrates time or age in connection with eligibility of applicants or continuation of the policy, the advertisement shall disclose the provisions relating to renewability, cancellation, and termination and any modification of benefits, losses covered, or premiums because of age or for other reasons, in a manner that does not minimize or obscure the qualifying conditions.
  12. An advertisement shall not make any offer prohibited under A.R.S. § 20-452(4).
  13. An advertisement shall not advertise any health insurance policy or form that has not been approved by the Department, unless the policy or form being advertised is exempt from approval or not subject to approval by order or statute.
  14. An advertisement shall not state or imply that a product being offered is an introductory, special, or initial offer that will entitle the applicant to receive advantages not described in the policy by accepting the offer.
  15. An advertisement designed to produce leads either by use of a coupon, a request to write or call the company, or subsequent advertisement before contact, shall disclose that a producer may contact the potential applicant.
- D.** Method of disclosure of required information. If an insurer is required by law to disclose particular information, the information shall be conspicuous and in close proximity to the statements to which the information relates, or under a prominent caption so that the required disclosure is not minimized, obscured, presented in an ambiguous fashion, or intermingled with the content of the advertisement.
- E.** Testimonials.
1. Testimonials used in advertisements shall be genuine, represent the current opinion of the author, be applicable to the policy advertised, and be accurately reproduced. The insurer shall provide the Department with the full name of the author and a copy of the full testimonial if the advertisement is filed with the Department or requested by the Department. If an insurer uses a testimonial, the insurer adopts the statements in the testimonial as the insurer's own statements. If a testimonial or endorsement is used more than one year after it is given, the insurer shall obtain a written confirmation from the author that the testimonial represents the current opinion of the author.
  2. The insurer shall disclose that a spokesperson has a financial interest or the proprietary or representative capacity of a spokesperson in an advertisement in the introductory portion of a testimonial or endorsement in the same form and with equal prominence as the endorsement. If a spokesperson is directly or indirectly compensated for making a testimonial or endorsement, the insurer shall disclose that fact in the advertisement by language that states, "Paid Endorsement," or words of similar import in type, style, and size at least equal to that used for the spokesperson's name or the body of the testimonial or endorsement, whichever is larger. For television or radio advertising, the insurer shall place the required disclosure prominently in the introductory portion of the advertisement.
- F.** Statistics. An advertisement with information on the dollar amounts of claims paid, the number of persons insured, or similar statistical information relating to any insurer or policy shall not use facts that are irrelevant to the sale of insurance and shall accurately reflect all of the relevant facts specific to the advertised policy or insurer. An advertisement shall not state or imply that statistics are derived from the policy being advertised unless that is true. The insurer shall identify in the advertisement the source of any statistics used.
- G.** Inspection of policy. An offer in an advertisement of free inspection of a policy or offer of a premium refund does not cure misleading or deceptive statements in the advertisement.
- H.** Identification of plan or number of policies.
1. If an advertisement offers a choice in the amount of benefits the advertisement shall disclose that the amount of benefits depends on the policy selected and that the premium will vary with the amount of the benefits.
  2. If an advertisement refers to benefits contained in more than one policy, other than a group master policy, the advertisement shall disclose that the benefits are provided only if multiple policies are purchased.
- I.** Disparaging comparisons and statements. An advertisement shall not make unfair, incomplete, or unsubstantiated comparisons of other insurers' policies or benefits or falsely disparage other insurers' policies, services, or business methods. A comparison is unsubstantiated if the insurer has no empirical study, analysis, or documentation supporting the comparative statement or comparison of policies or benefits.
- J.** Jurisdictional limits. If an insurer has an advertisement that is meant to be seen or heard beyond the limits of the jurisdiction in which the insurer is licensed, the advertisement shall indicate that the insurer is licensed in a specified state or states only, or is not licensed in a specified state or states, by use of language such as "This Company is licensed only in State A" or "This Company is not licensed in State B."
- K.** Identity of insurer. The insurer shall state the name of the actual insurer in all of its advertisements. An advertisement shall clearly identify the insurer and shall not use a trade name, an insurance group designation, name of the parent company of the insurer, name of a particular division of the insurer, service mark, slogan, symbol, or other device that may mislead or deceive the public as to the insurer's identity.

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- L.** Group insurance. An advertisement shall not state or imply that prospective policyholders become group or quasi-group members and enjoy special rates or underwriting privileges, unless it is true. An advertisement to join an association, trust, or group that is also an invitation to contract for insurance coverage shall disclose that the applicant will be purchasing both membership in the association, trust, or group and insurance coverage.
- M.** Government approval. An advertisement shall not state or imply any of the following:
  1. That a governmental agency or regulator is connected with or has provided or endorsed a policy or endorsed an insurer;
  2. That a governmental agency or regulator has examined an insurer's financial condition and found it satisfactory. This subsection does not apply if an insurer is responding to a specific documented, public, false allegation about its financial condition.
- N.** Endorsements. An advertisement may state that an individual, group, society, association, or other organization has approved or endorsed the insurer or its policy if the organization or group has done so in writing and if any proprietary relationship between the organization and the insurer is disclosed.
- O.** Claims handling. An advertisement shall not contain false statements about the time within which claims are paid or statements that imply that claim settlements will be liberal or generous beyond the terms of the policy.
- P.** Statements about the insurer. An advertisement shall not contain false or misleading statements about an insurer's assets, corporate structure, financial standing, length of time in business, or relative position in the insurance business.

**Historical Note**

Former General Rule Number 2. R20-6-201 recodified from R4-14-201 (Supp. 95-1). Amended by final rulemaking at 13 A.A.R 2061, effective August 4, 2007 (Supp. 07-2).

**R20-6-201.01. Insurer Advertising Responsibility and Records**

- A.** An insurer shall establish, and at all times maintain, a system of control over the content, form, and method of dissemination of all advertisements. The insurer whose policies are advertised is responsible for the advertisements, regardless of who writes, creates, designs, or presents the advertisement, except the insurer is not responsible for any advertisement placed by a person to whom the insurer gave no actual or apparent authority. Before using an advertisement about an insurer or its products, a producer shall get written approval from the insurer for use of advertisements that were not supplied by the insurer.
- B.** An insurer shall maintain, at its home or principal office, the following:
  1. Advertisements disseminated by the insurer in Arizona or any other state, including:
    - a. Each printed, published, recorded, or prepared advertisement of individual policies; and
    - b. Typical printed, published, recorded, or prepared advertisements of blanket, franchise, and group policies.
  2. A notation attached to each advertisement specifying the manner and extent of distribution and the form number of any policy advertised; and
  3. Documentation supporting any testimonials, statistical claims, or comparisons shown in the advertising.

- C.** An insurer shall maintain the advertisements, notations, and supporting documentation for at least three years from the date of first dissemination.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R 2061, effective August 4, 2007 (Supp. 07-2).

**R20-6-201.02. Procedures for Filing Advertising Materials; Transmittal Form**

- A.** An insurer that is required to file a health insurance advertisement with the Department as specified in A.R.S. §§ 20-826(T), 20-1018, 20-1057(X), 20-1110(E), or 20-1662 shall file the advertisement with a transmittal form prescribed by the Department.
- B.** The transmittal form shall include the following information:
  1. Identifying information of the insurer, including name, address, National Association of Insurance Commissioners' identification number, and type of insurer;
  2. A contact person at the insurer with whom the Department can communicate about the advertisement;
  3. Description of the type of advertisement being filed;
  4. Planned use and dissemination of the advertisement, including date of first use, or a statement that the advertisement will not be used any earlier than a specified date;
  5. Description of product being advertised;
  6. Form number and name for the advertised product;
  7. A certification from an officer of the insurer that the advertisement complies with applicable laws; and
  8. The dated signature of the insurer's officer.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R 2061, effective August 4, 2007 (Supp. 07-2).

**R20-6-202. Advertising, Solicitation, and Transaction of Life Insurance**

- A.** The definitions in R20-6-201(A) and the following definition apply in this Section:
 

"Life insurance" means a life insurance contract, including all benefits payable under the policy.
- B.** Applicability
  1. This Section applies to:
    - a. All persons subject to regulation under A.R.S. Title 20; and
    - b. Advertising, promotion, solicitation, negotiation, and sale of life insurance policies, regardless of the form of dissemination.
  2. This Section does not apply to group insurance, franchise insurance, or to annuities without life contingencies.
- C.** General provisions. A life insurance advertisement shall not mislead the public by:
  1. Omitting information that fairly describes the subject matter as a life insurance policy and the benefits available under the policy;
  2. Placing undue emphasis on facts that, even if true, are not relevant to the sale of life insurance; or
  3. Placing undue emphasis on features of incidental or secondary importance to the life insurance aspects of the policy.
- D.** The Department deems the following acts misleading and deceptive:
  1. Using any statement, including phrases such as "investment," "investment plan," "founders plan," "charter plan," "expansion plan," "profit," "profits," or "profit sharing," in a context or under circumstances or condi-

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- tions that may mislead a purchaser or prospective purchaser to believe that the insurer is selling something other than a life insurance policy or will provide some benefit not included in the policy, or not available to other persons of the same class and equal expectation of life;
2. Using any phrase as the name or title of a life insurance policy if the phrase does not include the words "life insurance," unless other language in the same document expressly provides that the contract is a life insurance policy;
  3. Making any statement relating to the growth or earnings of the life insurance industry or to the tax status of life insurance companies in a context that would reasonably be understood as attempting to interest a prospective applicant in the purchase of shares of stock in the insurance company rather than in the purchase of a life insurance policy;
  4. Making any statement that reasonably tends to imply that the insured will enjoy a status common to a stockholder or will acquire a stock ownership interest in the insurance company by purchasing the policy, unless the statement is made with reference to policies of domestic life insurers engaged in a program allowed under A.R.S. § 20-453;
  5. Providing a policyholder with a premium receipt book, policy jacket, return envelope, or other printed or electronic material referring to the insurer's "investment department," "insured investment department," or similar terminology in a manner implying that the policy is sold, issued, or serviced by the insurer's investment department;
  6. Making any statement that reasonably tends to imply that, by purchasing a policy, the purchaser or prospective purchaser will become a member of a limited group of persons who may receive the payment of dividends, special advantages, benefits, or favored treatment unless the insurance contract specifically provides for the described payment of dividend, special advantages, benefits, or favored treatment;
  7. Stating or implying that only a limited number of persons or limited class of persons may buy a particular kind of policy, unless the limitation is related to recognized underwriting practices or specifically stated in the policy or rider;
  8. Describing premium payments in language that states the payment is a "deposit," unless:
    - a. The payment establishes a debtor-creditor relationship between the insurance company and the policyholder; or
    - b. The term is used with the word "premium" in a manner as to clearly indicate the true character of the payment;
  9. Providing any illustration or projection of future dividends that:
    - a. Is not based on the company's actual scale for payment of current dividends, and
    - b. Does not clearly indicate that the dividends are not guarantees;
  10. Using the words "dividends," "cash dividends," "surplus," or similar phrases in a manner that states or implies that the payment of dividends is guaranteed or certain to occur;
  11. Stating, without qualification, that a purchaser of a policy will share in a stated percentage or portion of the insurer's earnings;
  12. Making any statement that projected dividends under a participating policy will be or can be sufficient at any future time to assure the receipt of benefits such as a paid-up policy without further payment of premiums unless the statement also explains:
    - a. The benefits or coverage that would be provided at the future time, and
    - b. The conditions under which the receipt of benefits without further payment of premiums would occur;
  13. Describing a life insurance policy or premium payments in terms of "units of participation," unless accompanied by other language clearly indicating that the references are to a life insurance policy or to premium payments, as applicable.
  14. Advising producers to avoid disclosing that life insurance is the subject of the solicitation or sale;
  15. Stating that an insured is guaranteed certain benefits if the policy is allowed to lapse, without explaining the non-forfeiture benefits;
  16. Using a dollar amount in printed material to be shown to a prospective policyholder, unless the amount is accompanied by language that:
    - a. States the nature of the dollar amount,
    - b. Prohibits including the use of dollar amounts not related to guaranteed values and properly projected dividend figures, and
    - c. Prohibits the use of figures showing growth of stock values, or other values not a part of the life insurance contract.
  17. Stating that a policy provides features not found in any other insurance policy, unless the insurer can demonstrate that other policies do not have the same feature;
  18. Making any statement or implication about an insurance policy that cannot be verified by reference to the policy contract, a sample of the policy being described, or the company's officially published rate book and dividend illustrations;
  19. Stating that life insurance is "loss proof" or "depression proof," except that an insurer may make statements that life insurance benefits, other than dividends, are guaranteed by the company regardless of economic conditions;
  20. Making any statement that a company makes a profit as a result of policy lapses or surrenders;
  21. Making comparisons to the past experience of other life insurance companies as a means of projecting possible experience for the company issuing the advertising; and
  22. Conduct or statements designed to mislead a prospective applicant or purchaser.

**Historical Note**

Former General Rule Number 68-14. R20-6-202 recodified from R4-14-202 (Supp. 95-1). Amended by final rulemaking at 13 A.A.R 2061, effective August 4, 2007 (Supp. 07-2).

**R20-6-203. Form Filings; Translations**

- A. An insurer, rate service organization, or rating organization shall provide to the Department, at the time of filing, an English language translation of each form, advertisement, or other document or material that the insurer is required by statute or rule to file with the Department, if the filed document or material contains communication in a language other than English.
- B. The translation filed under subsection (A) shall compare the foreign language version in a side-by-side format with the

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English language translation. An insurer, rate service organization, or rating organization shall ensure that the translation is performed by a person with formal college-level or specialized training in the foreign language, including training in grammar and sentence syntax.

- C. With each translation, an insurer, rate service organization, or rating organization shall also provide to the Department a sworn statement signed by the translator who translated the document that includes the qualifications of the translator under subsection (B) and attests that the translation is identical in substance to the English document or material.
- D. If an insurer, rate service organization, or rating organization files a foreign language version of a document or material that the insurer has previously filed in English, the insurer is not required to refile the English version, but shall identify the English version, provide the side-by-side comparison under subsection (B), and file the sworn statement required under subsection (C).

**Historical Note**

Former General Rule Number 71-23; Repealed effective January 1, 1981 (Supp. 80-6). R20-6-203 recodified from R4-14-203 (Supp. 95-1). New Section made by final rulemaking at 13 A.A.R. 2061, effective August 4, 2007 (Supp. 07-2).

**R20-6-204. Expired****Historical Note**

Former General Rule Number 71-24; Former Section R4-14-204 repealed, new Section R4-14-204 adopted effective January 1, 1981 (Supp. 80-6). R20-6-204 recodified from R4-14-204 (Supp. 95-1). Amended effective July 14, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 475, effective January 5, 2000 (Supp. 00-1). Amended by final rulemaking at 13 A.A.R. 2061, effective August 4, 2007 (Supp. 07-2). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 136, effective December 15, 2016 (Supp. 16-4).

**R20-6-205. Local or Regional Retaliatory Tax Information****A. Definitions.**

1. "Addition to the rate of tax" means the tax rate determined under subsection (D) to be applied under A.R.S. 20-230(A) and this Section to foreign or alien insurers domiciled in a foreign country or other state that impose local or regional taxes.
2. "Alien insurer" has the meaning prescribed in A.R.S. § 20-201.
3. "Arizona life insurer" means a domestic insurer authorized to issue life insurance policies in this state within the meaning of A.R.S. § 20-254 or annuities within the meaning of A.R.S. § 20-254.01, regardless of whether the insurer is authorized to transact disability insurance in this state.
4. "Department" means the Arizona Department of Insurance and Financial Institutions.
5. "Director" has the meaning prescribed in A.R.S. § 20-102.
6. "Domestic insurer" has the meaning prescribed in A.R.S. § 20-203.
7. "Foreign insurer" has the meaning prescribed in A.R.S. § 20-204.
8. "Foreign or alien life insurer" means a foreign or alien insurer authorized to issue life insurance policies in this state within the meaning of A.R.S. § 20-254 or annuities

within the meaning of A.R.S. § 20-254.01, regardless of whether the insurer is authorized to transact disability insurance in this state.

9. "Local or regional taxes" means any tax, license, or other obligation imposed upon domestic insurers or their producers by any:
    - a. City, county, or other political subdivision of a foreign country or other state; or
    - b. Combination of cities, counties, or other political subdivisions of a foreign country or other state.
  10. "Other Arizona insurer" means a domestic insurer authorized to transact one or more lines of insurance in this state but not authorized to transact life insurance or annuities in this state.
  11. "Other foreign or alien insurer" means a foreign or alien insurer authorized to transact one or more lines of insurance in this state but not authorized to transact life insurance or annuities in this state.
  12. "Other state" means any state in the United States, the District of Columbia, and territories or possessions of the United States, excluding Arizona.
  13. "Premium Tax and Fees Report," includes the "Survey of Arizona Domestic Insurers" and the "Retaliatory Taxes and Fees Worksheet," and means the form prescribed by the Director and filed annually by insurers under A.R.S. § 20-224.
- B. Scope.** This Section applies to all foreign, alien, and domestic insurers and to Premium Tax and Fees Reports filed by all insurers.
- C. Data to be reported by domestic insurers.** As a part of its Premium Tax and Fees Report, each domestic insurer shall file a Survey of Arizona Domestic Insurers that reports the following data for the calendar year covered by the insurer's Premium Tax and Fees Report with respect to each foreign country or other state in which the insurer was required to pay any local or regional taxes:
1. Total local or regional taxes paid; and
  2. Total premiums taxed under the premium taxing statute of the foreign country or other state, as reported by the insurer in any premium tax report filed under the laws of the foreign country or other state.
- D. Computation of statewide and foreign countrywide additions to the rate of tax.** For each foreign country or other state having one or more local or regional taxes on domestic insurers, the Department shall compute on a statewide or foreign countrywide basis an addition to the rate of tax. The Department shall compute the addition to the rate of tax payable by Arizona life insurers separately from the addition to the rate of tax payable by other Arizona insurers. The addition to the rate of tax payable by each category of Arizona domestic insurers shall be the quotient of:
1. The aggregate local or regional taxes reported as paid to the foreign country or other state by domestic insurers in each category for the calendar year covered by the Premium Tax and Fees Report divided by,
  2. The aggregate statewide or foreign countrywide premiums taxed under the premium taxing statute of the other state or foreign country reported by domestic insurers in each category for the calendar year covered by the Premium Tax and Fees Report.
- E. Publication of additions to the rate of tax.** The Department shall publish additions to the rate of tax determined under A.R.S. § 20-230(A) and this Section, based upon the survey information gathered from domestic insurers for the preceding

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calendar year under subsection (C). The Department shall publish the information annually on the Department website, on or before November 1, and in the Retaliatory Taxes and Fees Worksheet for the next year's Premium Tax and Fees Report.

- F.** Foreign and Alien Insurers' Report of the Effect of Local or Regional Taxes. Each foreign or alien insurer domiciled in a foreign country or other state for which the Department publishes an addition to the rate of tax shall include in the "State or Country of Incorporation" column of its Retaliatory Taxes and Fees Worksheet for the calendar year covered by its Premium Tax and Fees Report an amount equal to:
1. The total premiums received in Arizona that would be taxed under the laws of the domiciliary jurisdiction, as reported in the "State or Country of Incorporation" column of its premium tax and fees report multiplied by,
  2. The applicable addition to the rate of tax published by the Department for the calendar year covered by the insurer's Premium Tax and Fees Report.
- G.** Contesting computation. A foreign or alien insurer subject to this Section may preserve the right to contest the computation of the addition to the rate of tax by submitting a notice of appeal under A.R.S. Title 41, Chapter 6, Article 10 before or at the time the retaliatory tax is paid. Subject to A.R.S. § 20-162, the filing of a notice of appeal to contest the computation of the applicable addition to the rate of tax does not relieve a foreign or alien insurer of the obligation to timely pay the retaliatory tax, and does not stay accrual of any applicable interest and penalties.

**Historical Note**

Former General Rule Number 71-25; Repealed effective March 19, 1976 (Supp. 76-2). R20-6-205 recodified from R4-14-205 (Supp. 95-1). Section R20-6-205 renumbered from R20-6-206 and amended by final rulemaking at 13 A.A.R. 2061, effective August 4, 2007 (Supp. 07-2). Section amended by final rulemaking at 29 A.A.R. 3621 (November 24, 2023), effective January 7, 2024 (Supp. 23-4). Effective date corrected (Supp. 23-4, Ver. 2).

**R20-6-206. Expired****Historical Note**

Former General Rule Number 72-30. Repealed effective February 22, 1993 (Supp. 93-1). R20-6-206 recodified from R4-14-206 (Supp. 95-1). New Section adopted effective December 29, 1995 (Supp. 95-4). Amended effective November 5, 1998 (Supp. 98-4). Former R20-6-206 renumbered to R20-6-205; new R20-6-206 renumbered from R20-6-207 and amended by final rulemaking at 13 A.A.R. 2061, effective August 4, 2007 (Supp. 07-2). Section expired under A.R.S. § 41-1056(J) at 22 A.A.R. 3374, effective May 31, 2016 (Supp. 16-4).

**R20-6-207. Gender Discrimination**

- A.** The following definitions apply to this Section:
1. "Applicant" means a person who is applying for a policy.
  2. "Policy" means an insurance policy, plan, contract, certificate, evidence of coverage, subscription contract, or binder, including a rider or endorsement offered by an insurer.
  3. "Insurer" means any company that issues a policy.
- B.** Applicability and scope. This Section applies to any policy or certificate delivered or issued for delivery in this state.
- C.** Availability requirements.

1. An insurer shall not deny availability of any insurance policy on the basis of the gender or marital status of the insured or prospective insured.
  2. An insurer shall not restrict, modify, exclude, reduce, or limit the amount of benefits payable, or any term, conditions or type of coverage on the basis of an applicant's or insured's gender or marital status, except to the extent the amount of benefits, term, conditions, or type of coverage vary as a result of the application of rate differentials permitted under A.R.S. Title 20.
  3. An insurer may consider marital status to determine whether a person is eligible for dependent coverage or benefits.
- D.** Prohibited practices. The following practices and any other practice that treats similarly situated persons differently based on gender unless the different treatment is specifically allowed by law, is prohibited.
1. Denying coverage to a person of one gender who is self-employed, employed part-time, or employed by relatives, if coverage is offered to a person of the opposite gender who is similarly employed;
  2. Denying a policy rider to a person of one gender if the rider is available to a person of the opposite gender;
  3. Denying maternity benefits to an applicant or insured who buys a policy for individual coverage if the insurer offers comparable family coverage policies with maternity benefits;
  4. Denying, under group policies, dependent coverage to an employee of one gender if dependent coverage is available to an employee of the opposite gender;
  5. Denying a disability income policy to an employed person of one gender if a policy is offered to a person of the opposite gender who is similarly employed;
  6. Treating complications of pregnancy differently from any other illness or sickness covered under a policy;
  7. Restricting, reducing, modifying, or excluding benefits relating to coverage involving the genital organs of only one gender;
  8. Offering lower maximum monthly benefits to a person of one gender than to a person of the opposite gender who is in the same classification under a disability income policy;
  9. Offering more restrictive benefit periods or more restrictive definitions of disability to a person of one gender than to a person of the opposite gender who is in the same classification under a disability income policy;
  10. Establishing different conditions for a policyholder of one gender to exercise benefit options contained in the policy than for a person of the opposite gender;
  11. Limiting the amount of coverage an insured or prospective insured may purchase based upon the insured's or prospective insured's marital status unless the limitation is for the purpose of defining persons eligible for dependent's benefits; and
  12. Otherwise restricting, modifying, excluding or reducing the availability of any insurance contract, the amount of benefits payable, or any term, condition or type of coverage on account of gender or marital status in all lines of insurance.

**Historical Note**

Former General Rule Number 73-32. R20-6-207 recodified from R4-14-207 (Supp. 95-1). Former R20-6-207 renumbered to R20-6-206; new R20-6-207 renumbered from R20-6-209 and amended by final rulemaking at 13

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A.A.R. 2061, effective August 4, 2007  
(Supp. 07-2).

**R20-6-208. Group Coverage Discontinuance and Replacement****A. Definitions.** The following definitions apply in this Section:

1. "Group insurance" means an insurance benefit that meets all the following conditions:
  - a. Coverage is provided through insurance policies or subscriber contracts to classes of employees or members defined in terms of conditions pertaining to employment or membership;
  - b. The coverage is not available to the general public and can be obtained and maintained only because of the covered person's membership in or connection with the particular organization or group;
  - c. Coverage is paid for by bulk payment of premiums to the insurer; and
  - d. An employer, union, or association sponsors the plan.
2. "Health insurance coverage" means a hospital and medical expense incurred policy, a nonprofit health care service plan contract, a health maintenance organization subscriber contract, or any other health care plan or arrangement that pays for or furnishes medical or health care services whether by insurance or otherwise, but does not include the following:
  - a. Coverage only for accident, or disability income insurance, or any combination of accident and disability income insurance;
  - b. Coverage issued as a supplement to liability insurance;
  - c. Liability insurance, including general liability insurance and automobile liability insurance;
  - d. Workers' compensation or similar insurance;
  - e. Automobile medical payment insurance;
  - f. Credit-only insurance;
  - g. Coverage for onsite medical clinics; and
  - h. Other insurance coverage similar to the coverage specified in subsections (2)(a) through (g), of the Health Insurance Portability and Accountability Act of 1996 (Pub.L.No. 104-191) (HIPAA), under which benefits for medical care are secondary or incidental to other insurance benefits.
  - i. The following benefits, if the benefits are provided under a separate policy, certificate, or contract of insurance or are otherwise not an integral part of the coverage:
    - i. Limited-scope dental or vision benefits;
    - ii. Benefits for long-term care, nursing home care, home health care, community-based care, or any combination of those benefits;
    - iii. Other similar, limited benefits specified in federal regulations issued under HIPAA.
  - j. The following benefits if provided under a separate policy, certificate, or contract of insurance with no coordination between provision of benefits and any exclusion of benefits under a group health plan maintained by the same plan sponsor and if the benefits are paid for an event regardless of whether the benefits are provided under a group health plan maintained by the same plan sponsor:
    - i. Coverage only for a specified disease or illness, or

- ii. Hospital indemnity or other fixed indemnity insurance.
  - k. The following benefits if the benefits are offered as a separate policy, certificate, or contract of insurance:
    - i. Medicare supplemental policy as defined under § 1882(g)(1) of the Social Security Act, 42 U.S.C. 1395ss;
    - ii. Coverage supplemental to the coverage provided under, 10 U.S.C. Title 10, Chapter 55; or
    - iii. Similar supplemental coverage provided to coverage under a group health plan.
  3. "Health status-related factor" means any of the following:
    - a. Health status;
    - b. Medical condition, including a physical or mental illness;
    - c. Claims experience;
    - d. Receipt of health care;
    - e. Medical history;
    - f. Genetic information;
    - g. Evidence of insurability, including conditions arising out of acts of domestic violence; or
    - h. Disability.
  4. "Insurer" means an insurer that offers or provides group health insurance coverage, and includes an insurer that issues disability insurance as defined in A.R.S. § 20-253, a medical, dental, or optometric service corporation as defined in A.R.S. § 20-822, and a health care services organization as defined in A.R.S. § 20-1051.
- B.** This Section applies to all group insurance issued by an insurer.
- C.** Effective date of discontinuance for non-payment of premium.
1. If a group insurance policy provides for automatic discontinuance of the policy after a premium remains unpaid through the grace period allowed for payment, the insurer is liable for valid claims for covered losses incurred before the end of the grace period.
  2. If the insurer's actions after the end of the grace period indicate that the insurer considers the group insurance policy as continuing in force beyond the end of the grace period the insurer is liable for valid claims for losses beginning before the effective date of written notice of discontinuance to the policyholder or other entity responsible for paying premiums.
    - a. The following actions indicate that the insurer considers the policy in force:
      - i. Continued recognition, acknowledgement, or payment of subsequently incurred claims, or
      - ii. Continued enrollment of employees or dependents.
    - b. The following actions shall not indicate that the insurer considers that policy in force:
      - i. Recognition, payment, or acknowledgement of a claim by an insurer or processing a denial based on eligibility or other denial reasons set forth in the group benefit plan booklet; or
      - ii. Recognition, payment, or acknowledgement of claims due to the group's failure to notify the insurer that the employee or member is no longer eligible for coverage or the group policy is terminated.
  3. The effective date of discontinuance shall not be before midnight at the end of the third scheduled work day after the date on which the notice of discontinuance is delivered.

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**D. Requirements for notice of discontinuance.**

1. An insurer's notice of discontinuance shall include a request to the group policyholder to notify covered employees of the date when the group policy or contract will discontinue and to advise that, unless otherwise provided in the policy or contract, the insurer is not liable for claims for losses incurred after the date of discontinuance. If the plan involves employee contributions, the notice of discontinuance shall also advise that if the policyholder continues to collect employee contributions beyond the date of discontinuance, the policyholder is solely liable for benefits for the period which contributions were collected.
2. The insurer shall also provide the policyholder with a supply of notice forms that the policyholder can distribute to the covered employees. The notice forms shall explain the discontinuance and the effective date, and advise employees to refer to their certificates or contracts to determine their rights on discontinuance.

**E. Extension of benefits.**

1. A group policy shall provide a reasonable provision for extension of benefits for an employee or dependent who is totally disabled on the date of discontinuance as follows:
  - a. For a group life plan with a disability benefit extension of any type such as a premium waiver extension, extended death benefit in the event of total disability, or payment of income for a specified period during total disability, the discontinuance of the group policy shall not terminate the benefit extension.
  - b. For a group plan providing benefits for loss of time from work or specific indemnity during hospital confinement, discontinuance of the policy during a disability or hospital confinement shall not effect benefits payable for that disability or hospital confinement.
  - c. A hospital or medical expense coverage, other than dental and maternity expense, shall include a reasonable extension of benefits or accrued liability provision. A provision is reasonable if:
    - i. It provides an extension of at least 12 months under "major medical" and "comprehensive medical" type coverage; or
    - ii. Under other types of hospital or medical expense coverage, it provides either an extension of at least 90 days or an accrued liability for expenses incurred during a period of disability or during a period of at least 90 days starting with a specific event that occurred while coverage was in force, such as an accident.
2. An insurer shall ensure that the policy and group insurance certificates includes a description of the extension of benefits or accrued liability provision.
3. An insurer shall ensure that benefits payable during a period of extension or accrued liability are subject to the policy's regular benefit limits, such as benefits ceasing at exhaustion of a benefit period or of maximum benefits.
4. For hospital or medical expense coverage, an insurer may limit benefit payments to payments applicable to the disabling condition only.

**F. Continuance of coverage in situations involving replacement of one plan by another.**

1. When a group policyholder secures replacement coverage with a new insurer, self-insures, or foregoes provision of coverage, the replaced insurer is liable only to the extent of its accrued liabilities and extensions of benefits after the date of discontinuance.
2. The succeeding insurer shall cover each individual who:
  - a. Was eligible for coverage under the prior plan on the date of discontinuance, and
  - b. Is eligible for coverage according to the succeeding insurer's plan of benefits with respect to a class of individuals eligible for coverage.
3. For the purpose of successive health insurance coverage under subsection (F)(2), a succeeding insurer's plan of benefits shall:
  - a. Not have any non-confinement rules; and
  - b. Provide, as to any actively-at-work rules, that absence from work due to a health status-related factor is treated as being actively-at-work.
4. Nothing in subsection (F)(2) prohibits an insurer from performing coordination of benefits.
5. A succeeding insurer shall cover each individual not covered under the succeeding insurer's plan of benefits under subsection (F)(2) according to subsections (a) and (b) if the individual was validly covered, including benefit extension, under the prior plan on the date of discontinuance and is a member of a class of individuals eligible for coverage under the succeeding insurer's plan. Any reference in subsection (a) or (b) to an individual who was or was not totally disabled is a reference to the individual's status immediately before the effective date of coverage for the succeeding insurer.
  - a. The minimum level of benefits to be provided by the succeeding insurer shall be the level of benefits of the prior insurer's plan reduced by any benefits payable by the prior plan.
  - b. The succeeding insurer shall provide coverage until at least the earliest of the following dates:
    - i. The date the individual becomes eligible under the succeeding insurer's plan as described in subsection (F)(2);
    - ii. The date the individual's coverage would terminate according to the succeeding insurer's plan provisions applicable to individual termination of coverage such as at termination of employment or ceasing to be eligible dependent; or
    - iii. For an individual who was totally disabled, and covered by a type of coverage for which subsection (E) requires an extension of accrued liability, the end of any period of extension of benefits or accrued liability that is required of the prior insurer under subsection (E), or if the prior insurer's policy is not subject to subsection (E), would have been required of the insurer had its policy been subject to subsection (E) at the time the prior plan was discontinued and replaced by the succeeding insurer's plan;
  - c. For health insurance coverage, if an individual who was totally disabled at the time the prior insurer's plan was discontinued and replaced by the succeeding insurer's plan, and if subsection (E) requires an extension of benefits or accrued liability, the minimum level of benefits to be provided by the succeeding insurer shall be the level of benefits of the prior



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- insurer's plan, reduced by any benefits paid by the prior plan.
- d. If the succeeding insurer's plan has a preexisting conditions limitation, the level of benefits applicable to preexisting conditions of persons becoming covered by the succeeding insurer's plan according to subsection (F) during the period the limitation applies under the new plan shall be the lesser of:
    - i. The benefits of the new plan determined without application of the preexisting conditions limitation, or
    - ii. The benefits of the prior plan.
  - e. The succeeding insurer, in applying any deductibles, coinsurance amounts applicable to out-of-pocket maximums, or waiting periods, shall give credit for the satisfaction or partial satisfaction of the same or similar provisions under a prior plan providing similar benefits. For deductibles or coinsurance amounts applicable to out-of-pocket maximums, the credit shall apply for the same or overlapping benefit periods and shall be given for expenses actually incurred and applied against the deductible or coinsurance provisions of the prior plan during the 90 days before the effective date of the succeeding insurer's plan but only to the extent these expenses are recognized under the terms of the succeeding insurer's plan and are subject to similar deductible or coinsurance provisions.
  - f. If the succeeding insurer is required under this Section to make a determination about the benefits in the prior plan, the succeeding insurer may ask the prior plan to provide a statement of the benefits available or other pertinent information sufficient to permit the succeeding insurer to verify the benefit determination. For the purposes of this Section, all definitions, conditions, and covered-expense provisions of the prior plan shall govern the benefit determination. The benefit determination is made as if the succeeding insurer had not replaced coverage.

**Historical Note**

Former General Rule Number 73-34. R20-6-208 recodified from R4-14-208 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 491, effective September 30, 2001 (Supp. 02-1). Section R20-6-208 renumbered from R20-6-210 and amended by final rulemaking at 13 A.A.R. 2061, effective August 4, 2007 (Supp. 07-2).

**R20-6-209. Life Insurance Solicitation****A. Scope.**

1. This Section applies to any solicitation, negotiation, or procurement of life insurance occurring in Arizona. This Section applies to any issuer of life insurance contracts, including fraternal benefit societies.
  2. Unless otherwise specifically included, the Section does not apply to:
    - a. Annuities,
    - b. Credit life insurance,
    - c. Group life insurance,
    - d. Life insurance policies issued in connection with a pension and welfare plan as defined by and subject to the federal Employee Retirement Income Security Act of 1974 (ERISA), 29 U.S.C. 1001 et seq.; or
  - e. Variable life insurance under which the death benefits and cash values vary according to unit values of investments held in a separate account.
- B.** In this Section, the following apply:
1. "Buyer's Guide" means a document that contains the language in the Appendix to this Section or language approved by the Director.
  2. "Cash dividend" means the current illustrated dividend that can be applied toward payment of the gross premium.
  3. "Equivalent Level Annual Dividend" is calculated as follows:
    - a. Accumulate the annual cash dividends at 5% interest compounded annually to the end of the 10th and 20th policy years;
    - b. Divide each accumulation in subsection (a) by an interest factor that converts the accumulation into one equivalent level annual amount that, if paid at the beginning of each year, would accrue to the values in subsection (a) over the periods stipulated in subsection (a). If the period is 10 years, the factor is 13.207 and if the period is 20 years, the factor is 34.719.
    - c. Divide the results in subsection (b) by the number of thousands of the Equivalent Level Death Benefit to arrive at the "Equivalent Level Annual Dividend."
  4. "Equivalent Level Death Benefit" means the amount of benefit of a policy or term life insurance rider calculated as follows:
    - a. Accumulate the guaranteed amount payable upon death, regardless of the cause of death, at the beginning of each policy year for 10 and 20 years at 5% interest compounded annually to the end of the 10th and 20th policy years, respectively.
    - b. Divide each accumulation in subsection (a) by an interest factor that converts the accumulation into one equivalent level annual amount that, if paid at the beginning of each year, would accrue to the value in subsection (a) over the periods stipulated in subsection (a). If the period is 10 years, the factor is 13.207 and if the period is 20 years, the factor is 34.719.
  5. "Generic name" means a short title that is descriptive of the premium and benefit patterns of a policy or a rider.
  6. "Life Insurance Surrender Cost Index" means the cost index that is calculated as follows:
    - a. Determine the guaranteed cash surrender value, if any, available at the end of the 10th and 20th policy years.
    - b. For policies participating in dividends, add the terminal dividend payable upon surrender, if any, to the accumulation of the annual Cash Dividends at 5% interest compounded annually to the end of the period selected and add this sum to the amount determined in subsection (a).
    - c. Divide the result in subsection (b) (subsection (a) for guaranteed-cost policies) by an interest factor that converts into an equivalent level annual amount that, if paid at the beginning of each year, would accrue to the value in subsection (b) or subsection (a) for guaranteed cost policies, over the periods stipulated in subsection (a)). If the period is 10 years, the factor is 13.207 and if the period is 20 years, the factor is 34.719.

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- d. Determine the equivalent level premium by accumulating each annual premium payable for the basic policy or rider at 5% interest compounded annually to the end of the period stipulated in subsection (a) and dividing the result by the respective factors stated in subsection (c). This amount is the annual premium payable for a level premium plan.
- e. Subtract the result of subsection (c) from subsection (d).
- f. Divide the result of subsection (e) by the number of thousands of the Equivalent Level Death Benefit to arrive at the Live Insurance Surrender Cost Index.
- 7. The Life Insurance Net Payment Cost Index is calculated in the same manner as the comparable Life Insurance Cost Index except that the cash surrender value and any terminal dividend are set at zero.
- 8. "Policy Summary" means a written statement describing elements of the policy, including:
  - a. The following prominently placed title: Statement of Policy Cost and Benefit Information.
  - b. The name and address of the insurance producer, or, if no producer is involved, a statement of the procedure to be followed to receive responses to inquiries regarding the Policy Summary.
  - c. The full name and home office or administrative office address of the company by which the life insurance policy is to be or has been written.
  - d. The generic name of the basic policy and each rider.
  - e. For the first five policy years and representative policy years thereafter sufficient to clearly illustrate the premium and benefit patterns, including the years for which Life Insurance Cost Indexes are displayed and at least one age from 60 through 65 or maturity, whichever is earlier, the following amounts, where applicable:
    - i. The annual premium for the basic policy;
    - ii. The annual premium for each optional rider;
    - iii. Guaranteed amount payable upon death at the beginning of the policy year regardless of the cause of death except for suicide, or other specifically enumerated exclusions provided by the basic policy and each optional rider, with benefits provided under the basic policy and each rider shown separately;
    - iv. Total guaranteed cash surrender values at the end of the year with values shown separately for the basic policy and each rider;
    - v. Cash dividends payable at the end of the year with values shown separately for the basic policy and each rider. Dividends need not be displayed beyond the twentieth policy year; and
    - vi. Guaranteed endowment amounts payable under the policy that are not included under guaranteed cash surrender values in subsection (iv).
  - f. The effective policy loan annual percentage interest rate, if the policy contains this provision, specifying whether the rate is applied in advance or in arrears. If the policy loan interest rate is variable, the Policy Summary shall include the maximum annual percentage rate.
  - g. Life Insurance Cost Indexes for 10 and 20 years but not beyond the premium-paying period. Separate indexes shall be displayed for the basic policy and for each optional term life insurance rider. The indexes need not be included for optional riders that are limited to benefits such as accidental death benefits, disability waiver of premium, preliminary term life insurance coverage of less than 12 months, and guaranteed insurability benefits, nor for basic policies or optional riders covering more than one life.
  - h. The Equivalent Level Annual Dividend in the case of participating policies and participating optional term life insurance riders, under the same circumstances and for the same durations at which Life Insurance Cost Indexes are displayed.
  - i. If the Policy Summary includes dividends, a statement that dividends are based on the insurer's current dividend scale and are not guaranteed and a statement in close proximity to the Equivalent Level Annual Dividend as follows: "An explanation of the intended use of the Equivalent Level Annual Dividend is included in the Life Insurance Buyer's Guide."
  - j. A statement in close proximity to the Life Insurance Cost Indexes as follows: "An explanation of the intended use of these indexes is provided in the Life Insurance Buyer's Guide."
  - k. The date on which the Policy Summary is prepared. The Policy Summary shall consist of a separate document. All information required to be disclosed shall not be minimized or obscure. Any amounts that remain level for two or more years of the policy may be represented by a single number that clearly indicates the amounts that are applicable for each policy year. Amounts in subsection (8)(e) shall be listed in total, not on a per thousand nor per unit basis. If more than one insured is covered under one policy or rider, guaranteed death benefits shall be displayed separately for each insured or for each class of insured if death benefits do not differ within the class. Zero amounts shall be displayed as zero and shall not be displayed as a blank space.
- C. Disclosure requirements.
  - 1. The insurer shall provide to all prospective purchasers, a Buyer's Guide and a Policy Summary before accepting the applicant's initial premium or premium deposit, unless the policy for which application is made contains an unconditional refund provision of at least 10 days or unless the Policy Summary contains an unconditional refund offer, in which case the Buyer's Guide and Policy Summary shall be delivered with the policy or before delivery of the policy.
  - 2. The insurer shall provide a Buyer's Guide and a Policy Summary to any prospective purchaser upon request.
  - 3. If the Equivalent Level Death Benefit of a policy does not exceed \$5,000, the requirement for providing a Policy Summary is satisfied by delivery of a written statement containing the information described in subsections (D)(8)(b), (c), (d), (e)(i) through (e)(iii), (f), (g), (j), and (k).
- D. General rules.
  - 1. Each insurer shall maintain at its home office or principal office for at least three years after its last authorized use a copy of each form the insurer authorized for use.
  - 2. A producer shall inform a prospective purchaser, before commencing a life insurance sales presentation, that the producer is acting as a life insurance producer and inform the prospective purchaser of the full name of the insurer.

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ance company that the producer is representing. If an insurance producer is not involved in the sale, the insurer shall inform the prospective purchaser of the insurance company's full name.

3. An insurer or producer shall not use terms such as financial planner, investment advisor, financial consultant, or financial counseling to imply that the insurance producer is generally engaged in an advisory business in which compensation is unrelated to sales unless that is true.
  4. If an insurer or producer refers to policy dividends, the reference shall include a statement that dividends are not guaranteed.
  5. An insurer shall not use a system or presentation that does not recognize the time value of money through the use of appropriate interest adjustments for comparing the cost of two or more life insurance policies unless the system or presentation is used to demonstrate the cash flow pattern of a policy and the presentation is accompanied by a statement disclosing that the presentation does not recognize that, because of interest, a dollar in the future has less value than a dollar today.
  6. In a presentation of benefits, an insurer shall not display guaranteed and non-guaranteed benefits as a single sum unless they are shown separately and in close proximity.
  7. An insurer shall include with a statement regarding the use of the Life Insurance Cost Indexes an explanation that the indexes are useful only for the comparison of the relative costs of two or more similar policies.
  8. An insurer shall include with a Life Insurance Cost Index that reflects dividends or an Equivalent Level Annual Dividend a statement that it is based on the company's current dividend scale and is not guaranteed.
  9. If an insurer reserves the right to change the premium for a basic policy or rider, the annual premium shall be the maximum annual premium.
- E. An insurer's failure to provide or deliver a Buyer's Guide or a Policy Summary as provided in subsection (C) constitutes an omission that misrepresents the benefits, advantages, conditions, or terms of an insurance policy.

**Appendix. Life Insurance Buyers Guide**

## Life Insurance Buyer's Guide

The face page of the Buyer's Guide shall read as follows:

## Life Insurance Buyer's Guide

This guide can show you how to save money when you shop for life insurance. It helps you to:

- Decide how much life insurance you should buy,
- Decide what kind of life insurance policy you need, and
- Compare the cost of similar life insurance policies.

Prepared by the National Association of Insurance Commissioners

Reprinted by (Company Name)

(Month and year of printing)

The Buyer's Guide shall contain the following language at the bottom of page 2:

The National Association of Insurance Commissioners is an association of state insurance regulatory officials. This association helps the various Insurance Departments to coordinate insurance laws for

the benefit of all consumers. You are urged to use this Guide in making a life insurance purchase.

**Buying Life Insurance**

When you buy life insurance, you want a policy that fits your needs without costing too much. Your first step is to decide how much you need, how much you can afford to pay and the kind of policy you want. Then, find out what various companies charge for that kind of policy. You can find important differences in the cost of life insurance by using the life insurance cost indexes that are described in this guide. A good life insurance producer or company will be able and willing to help you with each of these shopping steps.

If you are going to make a good choice when you buy life insurance, you need to understand what kinds are available. If one kind does not seem to fit your needs, ask about the other kinds that are described in this guide. If you feel that you need more information than is given here, you may want to check with a life insurance producer or company or books on life insurance in your public library.

This guide does not endorse any company or policy.

The remaining text of the buyer's guide shall begin on page 3 as follows:

**Choosing the Amount**

One way to decide how much life insurance you need is to figure how much cash and income your dependents would need if you were to die. You should think of life insurance as a source of cash needed for expenses of final illnesses, paying taxes, mortgages or other debts. It can also provide income for your family's living expenses, educational costs and other future expenses. Your new policy should come as close as you can afford to making up the difference between (1) what your dependents would have if you were to die now, and (2) what they would actually need.

**Choosing the Right Kind**

All life insurance policies agree to pay an amount of money if you die. But all policies are not the same. There are three basic kinds of life insurance.

1. Term insurance
2. Whole life insurance
3. Endowment insurance

Remember, no matter how fancy the policy title or sales presentation might appear, all life insurance policies contain one or more of the three basic kinds. If you are confused about a policy that sounds complicated, ask the producer or company if it combines more than one kind of life insurance. The following is a brief description of the three basic kinds:

**Term Insurance**

Term insurance is death protection of a "term" of one or more years. Death benefits will be paid only if you die within that term of years. Term insurance generally provides the largest immediate death protection for your premium dollar.

Some term insurance policies are "renewable" for one or more additional terms even if your health has changed. Each time you renew the policy for a new term, premiums will be higher. You should check the premiums at older ages and the length of time the policy can be continued.

Some term insurance policies are also "convertible." This means that before the end of the conversion period, you may trade the term policy for a whole life or endowment insurance policy even if you

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are not in good health. Premiums for the new policy will be higher than you have been paying for the term insurance.

#### Whole Life Insurance

Whole life insurance gives death protection for as long as you live. The most common type is called “straight life” or “ordinary life” insurance, for which you pay the same premiums for as long as you live. These premiums can be several times higher than you would pay initially for the same amount of term insurance. But they are smaller than the premiums you would eventually pay if you were to keep renewing a term insurance policy until your later years.

Some whole life policies let you pay premiums for a shorter period such as 20 years, or until age 65. Premiums for these policies are higher than for ordinary life insurance since the premium payments are squeezed into a shorter period.

Although you pay higher premiums, to begin with, for whole life insurance than for term insurance, whole life insurance policies develop “cash values” which you may have if you stop paying premiums. You can generally either take the cash, or use it to buy some continuing insurance protection. Technically speaking, these values are called “nonforfeiture benefits.” This refers to benefits you do not lose (or “forfeit”) when you stop paying premiums. The amount of these benefits depends on the kind of policy you have, its size, and how long you have owned it.

A policy with cash values may also be used as collateral for a loan. If you borrow from the life insurance company, the rate of interest is shown in your policy. Any money that you owe on a policy loan would be deducted from the benefits if you were to die, or from the cash value if you were to stop paying premiums.

#### Endowment Insurance

An endowment insurance policy pays a sum or income to you – the policyholder – if you live to a certain age. If you were to die before then, the death benefit would be paid to your beneficiary. Premiums and cash values for endowment insurance are higher than the same amount of whole life insurance. Thus endowment insurance gives you the least amount of death protection for your premium dollar.

#### Finding a Low Cost Policy

After you have decided which kind of life insurance fits your needs, look for a good buy. Your chances of finding a good buy are better if you use two types of index numbers that have been developed to aid in shopping for life insurance. One is called the “Surrender Cost Index” and the other is the “Net Payment Cost Index.” It will be worth your time to try to understand how these indexes are used, but in any event, use them only for comparing the relative costs of similar policies. **LOOK FOR POLICIES WITH LOW COST INDEX NUMBERS.**

#### What is Cost?

“Cost” is the difference between what you pay and what you get back. If you pay a premium for life insurance and get nothing back, your cost for the death protection is the premium. If you pay a premium and get something back later on, such as a cash value, your cost is smaller than the premium.

The cost of some policies can also be reduced by dividends; these are called “participating” policies. Companies may tell you what their current dividends are, but the size of future dividends is unknown today and cannot be guaranteed. Dividends actually paid are set each year by the company.

Some policies do not pay dividends. These are called “guaranteed cost” or “non participating” policies. Every feature of a guaranteed

cost policy is fixed so that you know in advance what your future cost will be.

The premiums and cash values of a participating policy are guaranteed, but the dividends are not. Premiums for participating policies are typically higher than for guaranteed cost policies, but the cost to you may be higher or lower, depending on the dividends actually paid.

#### What Are Cost Indexes?

In order to compare the cost of policies, you need to look at:

1. Premiums
2. Cash values
3. Dividends

Cost indexes use one or more of these factors to give you a convenient way to compare relative costs of similar policies. When you compare costs, an adjustment must be made to take into account that money is paid and received at different times. It is not enough to just add up the premiums you will pay and subtract the cash values and dividends you expect to get back. These indexes take care of the arithmetic for you. Instead of having to add, subtract, multiply and divide many numbers yourself, you just compare the index numbers which you can get from life insurance producers and companies:

1. Life Insurance Surrender Cost Index. This index is useful if you consider the level of the cash values to be of primary importance to you. It helps you compare costs if at some future point in time, such as 10 or 20 years, you were to surrender the policy and take its cash value.

Life Insurance Net Payment Cost Index. This Index is useful if your main concern is the benefits that are to be paid at your death and if the level of cash values is of secondary importance to you. It helps you compare costs at some future point in time, such as 10 or 20 years, if you continue paying premiums on your policy and do not take its cash value.

There is another number called the Equivalent Level Annual Dividend. It shows the part dividends play in determining the cost index of a participating policy. Adding a policy’s Equivalent Level Annual Dividend to its cost index allows you to compare total costs of similar policies before deducting dividends. However, if you make any cost comparisons of a participating policy with a non participating policy, remember that the total cost of the participating policy will be reduced by dividends, but the cost of the non participating policy will not change.

#### How Do I Use Cost Indexes?

The most important thing to remember when using cost indexes is that a policy with a small index number is generally a better buy than a comparable policy with a larger index number. The following rules are also important:

- (1) Cost comparisons should only be made between similar plans of life insurance. Similar plans are those which provide essentially the same basic benefits and require premium payments for approximately the same period of time. The closer policies are to being identical, the more reliable the cost comparison will be.
- (2) Compare index numbers only for the kind of policy, for your age and for the amount you intend to buy. Since no one company offers the lowest cost for all types of insurance at all ages and for all amounts of insurance, it is important that you get the indexes for the actual policy, age and amount which you intend to buy. Just because a “Shopper’s Guide” tells you that one company’s policy is a good buy for a particular age and

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amount, you should not assume that all of that company's policies are equally good buys.

- (3) Small differences in index numbers could be offset by other policy features, or differences in the quality of service you may expect from the company or its producer. Therefore, when you find small differences in cost indexes, your choice should be based on something other than cost.
- (4) In any event, you will need other information on which to base your purchase decision. Be sure you can afford the premiums, and that you understand its cash values, dividends and death benefits. You should also make a judgment on how well the life insurance company or producer will provide service in the future, to you as a policyholder.
- (5) These life insurance cost indexes apply to new policies and should not be used to determine whether you should drop a policy you have already owned for awhile, in favor of a new one. If such a replacement is suggested, you should ask for information from the company that issued the old policy before you take action.

#### Important Things To Remember – A Summary

The first decision you must make when buying a life insurance policy is choosing a policy whose benefits and premiums must closely meet your needs and ability to pay. Next, find a policy which is also a relatively good buy. If you compare Surrender Cost Indexes and Net Payment Cost Indexes of similar competing policies, your chances of finding a relatively good buy will be better than if you do not shop. REMEMBER, LOOK FOR POLICIES WITH LOWER COST INDEX NUMBERS. A good life insurance producer can help you to choose the amount of life insurance and kind of policy you want and will give you cost indexes so that you make cost comparisons of similar policies.

Don't buy life insurance unless you intend to stick with it. A policy which is a good buy when held for 20 years can be very costly if you quit during the early years of the policy. If you surrender such a policy during the first few years, you may get little or nothing back and much of your premium may have been used for company expenses.

Read your new policy carefully, and ask the producer or company for an explanation of anything you do not understand. Whatever you decide now, it is important to review your life insurance program every few years to keep up with changes in your income and responsibilities.

#### Historical Note

Adopted effective June 13, 1977 (Supp. 77-3). R20-6-209 recodified from R4-14-209 (Supp. 95-1). Former R20-6-209 renumbered to R20-6-207; new R20-6-209 renumbered from R20-6-211 and amended by final rulemaking at 13 A.A.R. 2061, effective August 4, 2007 (Supp. 07-2).

#### **R20-6-210. Readable and Understandable Policy: Private Passenger Automobile, Homeowner, Personal Line Dwelling, and Mobile Homeowner**

- A. Definitions. The following definitions apply in this Section:
  1. "Readable insurance policy" means a policy that can be read and reasonably understood by a person without special knowledge or training.
  2. "Policy" means a contract or agreement for insurance, or an insurance certificate regardless of the name used, and includes all clauses, endorsements, and papers attached or incorporated.
- B. Scope. This Section applies to private passenger motor vehicle policies, homeowner policies, personal line dwelling policies,

for four family units or less, and mobile homeowner policies delivered or issued for delivery in Arizona.

- C. Compliance.
  1. An insurer shall test the readability of its policy by use of the Flesch Readability Formula as set forth in Rudolf Flesch, *The Art of Readable Writing* (1949, as revised 1974).
  2. An insurer shall not use a policy unless the policy has a total readability score of 40 or more on the Flesch scale.
  3. An insurer shall include with each policy form filing required to be filed with the Director a checklist for the line of insurance setting forth the Flesch score.
- D. Readability guidelines.
  1. General organization of text.
    - a. A policy shall be divided into logically arranged sections for ease of locating content.
    - b. Each section shall be self-contained as to provisions relating solely to that section (for example, an exclusion section shall not be mixed with other parts of a policy).
    - c. General policy provisions applying to all or several like coverages shall be located in a common area.
    - d. The policy shall not contain non-essential provisions.
    - e. Defined words and terms shall be placed in a separate section at the beginning of the policy.
  2. Visual aids to readability. The insurer shall ensure that each policy meets the following format requirements:
    - a. Type size shall be at least eight point.
    - b. The font shall be block print rather than script, and legible.
    - c. Captions and headings shall be distinguishable from the general text.
    - d. White space separating coverages, policy sections, and columns shall be sufficient to make a distinct separation.
    - e. Defined words and terms shall be distinguishable from the general text.
  3. Language usage. The insurer shall ensure that each policy:
    - a. Is written in everyday, conversational language;
    - b. Uses short, simple sentences and words in common usage;
    - c. Uses an easy-to-read style, personal pronouns, and present tense active verbs.

#### Historical Note

Adopted effective May 28, 1979 (Supp. 79-1). R20-6-210 recodified from R4-14-210 (Supp. 95-1). Former R20-6-210 renumbered to R20-6-208; new R20-6-210 renumbered from R20-6-212 and amended by final rulemaking at 13 A.A.R. 2061, effective August 4, 2007 (Supp. 07-2).

#### **R20-6-211. Discrimination on the Basis of Blindness or Partial Blindness**

- A. Definitions. The following definitions apply in this Section:
  1. "Policy" means a contract or agreement for or effecting insurance, or a certificate of insurance, regardless of the name used, and includes all clauses, riders, endorsements, and attached papers.
  2. "Person" has the same meaning prescribed in A.R.S. § 20-105.
- B. Scope. This Section applies to all policies delivered or issued for delivery in this state.

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- C. Prohibition. An insurer shall not engage in the following prohibited acts or practices that constitute unfair discrimination between individuals of the same class:
1. Refusal to insure or refusal to continue to insure, or limiting the amount, extent, or kind of coverage available to an individual solely because of blindness or partial blindness; or
  2. Charging an individual a different rate for the same coverage solely because of blindness or partial blindness.
- D. In this subsection, “refusal to insure” includes denial by an insurer of disability insurance coverage on the grounds that the policy defines “disability” as being presumed if the insured loses eyesight. An insurer may exclude from coverage disabilities consisting solely of blindness or partial blindness if the insured was blind or partially blind when the policy was issued.
- E. For all other conditions, including the underlying cause of the blindness or partial blindness, a person who is blind or partially blind is subject to the same standards of sound actuarial principles or actual or reasonably anticipated experience as a sighted person.

**Historical Note**

Adopted effective August 1, 1977 (Supp. 77-4).  
Amended effective March 27, 1976 (Supp. 78-2). Correction, Historical Note for Supp. 77-4 should read adopted effective January 1, 1979 filed August 1, 1977. Historical Note for Supp. 78-2 should read Appendix amended effective January 1, 1979 filed March 27, 1978 (Supp. 79-5). Editorial correction, (D)(7)(a), title now shown in italics (Supp. 81-1). R20-6-211 recodified from R4-14-211 (Supp. 95-1). Former R20-6-211 renumbered to R20-6-209; new R20-6-211 renumbered from R20-6-213 and amended by final rulemaking at 13 A.A.R. 2061, effective August 4, 2007 (Supp. 07-2).

**R20-6-212. Forms for Replacement of Life Insurance Policies and Annuities**

An insurer shall use the following forms of the National Association of Insurance Commissioners Model Regulations (and no future editions or amendments), which are incorporated by reference and available at the Department of Insurance and Financial Institutions, Division of Insurance, 100 N. 15th Ave., Suite 261, Phoenix, AZ 85007-2630 and the National Association of Insurance Commissioners, Publications Department, 1100 Walnut Street, Suite 1500, Kansas City, MO 64106-2197:

1. For the purposes of meeting the requirements of A.R.S. § 20-1241.03(C): Life Insurance and Annuities Replacement Model Regulation (MDL 613), Appendix A – Important Notice: Replacement of Life Insurance or Annuities, 2015, and no future editions.
2. For the purposes of meeting the requirements of A.R.S. § 20-1241.07(A): Life Insurance and Annuities Replacement Model Regulation (MDL 613), Appendix B – Notice Regarding Replacing Your Life Insurance Policy or Annuity?, 2015, and no future editions.
3. For the purpose of meeting the requirements of A.R.S. § 20-1241.07(B)(2): Life Insurance and Annuities Replacement Model Regulation (MDL 613), Appendix C – Important Notice: Replacement of Life Insurance or Annuities, 2015, and no future editions.

**Historical Note**

Adopted effective March 27, 1978 (Supp. 78-2). Editorial correction see subsection (A) citation to A.R.S. (Supp. 78-4). Editorial correction see subsections (B) and (F)

citation to A.R.S. (Supp. 78-6). R20-6-212 recodified from R4-14-212 (Supp. 95-1). Former R20-6-212 renumbered to R20-6-210; new R20-6-212 renumbered from R20-6-215 and amended by final rulemaking at 13 A.A.R. 2061, effective August 4, 2007 (Supp. 07-2). Amended by final rulemaking at 28 A.A.R. 454 (February 25, 2022), effective April 5, 2022 (Supp. 22-1).

**R20-6-212.01. Buyer’s Guide for Annuities**

An insurer shall use the following publication of the National Association of Insurance Commissioners (and no future editions), which are incorporated by reference and available at the Department of Insurance and Financial Institutions, Division of Insurance, 100 N. 15th Ave., Suite 261, Phoenix, AZ 85007-2630 and the National Association of Insurance Commissioners, Publications Department, 1100 Walnut Street, Suite 1500, Kansas City, MO 64106-2197:

For the purpose of meeting the requirements of A.R.S. § 20-1242.02 regarding a Buyer’s Guide: Buyer’s Guide for Deferred Annuities, - Fixed, 2013, and no future editions.

**Historical Note**

Section R20-6-212.01 renumbered from R20-6-215.01 and amended by final rulemaking at 13 A.A.R. 2061, effective August 4, 2007 (Supp. 07-2). Amended by final rulemaking at 28 A.A.R. 454 (February 25, 2022), effective April 5, 2022 (Supp. 22-1).

**R20-6-212.02. Standards for Annuity Illustrations**

- A. Definitions. The definitions in A.R.S. § 20-1242 and this subsection apply to this Section.

“Illustration” means a personalized presentation or depiction prepared for and provided to an individual consumer that includes non-guaranteed elements of an annuity contract over a period of years.

“Indexing Method” means point-to-point, dialing averaging or monthly averaging.

“Index Term” means the period over which indexed-based interest is calculated.

“Market Value Adjustment” or “MVA” means a feature that is a positive or negative adjustment that may be applied to the account value and/or cash value of the annuity upon withdrawal, surrender, contract annuitization or death benefit payment based on either the movement of an external index or on the company’s current guaranteed interest rate being offered on new premiums or new rates for renewal periods, if that withdrawal, surrender, contract annuitization or death benefit payment occurs at a time other than on a specified guaranteed benefit date.

“Registered product” means an annuity contract or life insurance policy subject to the prospectus delivery requirements of the Securities Act of 1933.

- B. An insurer or producer may elect to provide a consumer an illustration at any time, provided that the illustration is in compliance with this Section and:

1. Is clearly labeled as an illustration;
2. Includes a statement referring customers to the disclosure document and buyer’s guide provided to them at time of purchase for additional information about their annuity; and
3. Is prepared by the insurer or third party using software that is authorized by the insurer prior to its use, provided that the insurer maintains a system of control over the use of the illustration.

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- C. An illustration furnished to an applicant for a group annuity contract or contracts issued to a single applicant on multiple lives may be either an individual or composite illustration representative of the coverage on the lives of members of the group or the multiple lives covered.
- D. The illustration shall not be provided unless accompanied by the disclosure document referenced in A.R.S. § 20-1242.02.
- E. When using an illustration, the illustration shall not:
  - 1. Describe non-guaranteed elements in a manner that is misleading or has the capacity or tendency to mislead;
  - 2. State or imply that the payment or amount of non-guaranteed elements is guaranteed; or
  - 3. Be incomplete.
- F. Costs and fees of any type shall be individually noted and explained.
- G. An illustration shall conform to the following requirements:
  - 1. The illustration shall be labeled with the date on which it was prepared;
  - 2. Each page, including any explanatory notes or pages, shall be numbered and show its relationship to the total number of pages in the disclosure document (e.g., the fourth page of a seven-page disclosure document shall be labeled "page 4 of 7 pages");
  - 3. The assumed dates of premium receipt and benefit payout within a contract year shall be clearly identified;
  - 4. If the age of the proposed insured is shown as a component of the tabular detail, it shall be issue-age plus the number of years the contract is assumed to have been in force;
  - 5. The assumed premium on which the illustrated benefits and values are based shall be clearly identified, including rider premium for any benefits being illustrated;
  - 6. Any charges for riders or other contract features assessed against the account value or the crediting rate shall be recognized in the illustrated values and shall be accompanied by a statement indicating the nature of the rider benefits or the contract features, and whether or not they are included in the illustration;
  - 7. Guaranteed death benefits and values available upon surrender, if any, for the illustrated contract premium shall be shown and clearly labeled guaranteed;
  - 8. Except as provided in subsection (G)(22) of this Section, the non-guaranteed elements underlying the non-guaranteed illustrated values shall be no more favorable than current non-guaranteed elements and shall not include any assumed future improvement of such elements. Additionally, non-guaranteed elements used in calculating non-guaranteed illustrated values at any future duration shall reflect any planned changes, including any planned changes that may occur after expiration of an initial guaranteed or bonus period;
  - 9. In determining the non-guaranteed illustrated values for a fixed indexed annuity, the index-based interest rate and account value shall be calculated for three different scenarios: one to reflect historical performance of the index for the most recent 10 calendar years; one to reflect the historical performance of the index for the continuous period of 10 calendar years out of the last 20 calendar years that would result in the least index value growth (the "low scenario"); one to reflect the historical performance of the index for the continuous period of 10 calendar years out of the last 20 calendar years that would result in the most index value growth (the "high scenario"). The following requirements apply:
    - a. The most recent 10 calendar years and the last 20 calendar years are defined to end on the prior December 31, except for illustrations prepared during the first three months of the year, for which the end date of the calendar year period may be the December 31 prior to the last full calendar year;
    - b. If any index utilized in determination of an account value has not been in existence for at least 10 calendar years, indexed returns for that index shall not be illustrated. If the fixed indexed annuity provides an option to allocate account value to more than one indexed or fixed declared rate account, and one or more of these indexes has not been in existence for at least 10 calendar years, the allocation to such indexed account or accounts shall be assumed to be zero;
    - c. If any index utilized in determination of an account value has been in existence for at least 10 calendar years but less than 20 calendar years, the 10 calendar year periods that define the low and high scenarios shall be chosen from the exact number of years the index has been in existence;
    - d. The non-guaranteed element or elements, such as caps, spreads, participation rates, or other interest crediting adjustments, used in calculating the non-guaranteed index-based interest rate shall be no more favorable than the corresponding current element or elements;
    - e. If a fixed indexed annuity provides an option to allocate the account value to more than one indexed or fixed declared rate account:
      - i. The allocation used in the illustration shall be the same for all three scenarios; and
      - ii. The 10 calendar year periods resulting in the least and greatest index growth periods shall be determined independently for each indexed account option.
    - f. The geometric mean annual effective rate of the account value growth over the 10 calendar year period shall be shown for each scenario;
    - g. If the most recent 10 calendar year historical period experience of the index is shorter than the number of years needed to fulfill the requirement of subsection (I) of this Section, the most recent 10 calendar year historical experience of the index shall be used for each subsequent 10 calendar year period beyond the initial period for the purpose of calculating the account value for the remaining years of the illustration;
    - h. The low and high scenarios:
      - i. Need not show surrender values (if different than account values);
      - ii. Shall not extend beyond 10 calendar years (and therefore are not subject to the requirements of subsection (I) of this Section beyond subsection (I)(1)(a) of this Section); and
      - iii. May be shown on a separate page;
    - i. For the low and high scenarios, a graphical presentation shall also be included comparing the movement of the account value over the 10 calendar year period for the low scenario, the high scenario and the most recent 10 calendar year scenario; and
    - j. The low and high scenarios should reflect the irregular nature of the index performance and should trigger

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- every type of adjustment to the index-based interest rate under the contract. The effect of the adjustments should be clear; for example, additional columns showing how the adjustment applied may be included. If an adjustment to the index-based interest rate is not triggered in the illustration (because no historical values of the index in the required illustration range would have triggered it), the illustration shall so state;
10. The guaranteed elements, if any, shall be shown before corresponding non-guaranteed elements and shall be specifically referred to on any page of an illustration that shows or describes only the non-guaranteed elements (e.g., “see page 1 for guaranteed elements”);
  11. The account or accumulation value of a contract, if shown, shall be identified by the name this value is given in the contract being illustrated and shown in close proximity to the corresponding value available upon surrender;
  12. The value available upon surrender shall be identified by the name this value is given in the contract being illustrated and shall be the amount available to the contract owner in a lump sum after deduction of surrender charges, bonus forfeitures, contract loans, contract loan interest, and application of any market value adjustment, as applicable;
  13. Illustrations may show contract benefits and values in graphic or chart form in addition to the tabular form;
  14. Any illustration of non-guaranteed elements shall be accompanied by a statement indicating that:
    - a. The benefits and values are not guaranteed;
    - b. The assumptions on which they are based are subject to change by the insurer; and
    - c. Actual results may be higher or lower;
  15. Illustrations based on non-guaranteed credited interest and non-guaranteed annuity income rates shall contain equally prominent comparisons to guaranteed credited interest and guaranteed annuity income rates, including any guaranteed and non-guaranteed participation rates, caps, or spreads for fixed indexed annuities;
  16. The annuity income rate illustrated shall not be greater than the current annuity income rate unless the contract guarantees are in fact more favorable;
  17. Illustrations shall be concise and easy to read;
  18. Key terms shall be defined and then used consistently throughout the illustration;
  19. Illustrations shall not depict values beyond the maximum annuitization age or date;
  20. Annuitization benefits shall be based on contract values that reflect surrender charges or any other adjustments, if applicable; and
  21. Illustrations shall show both annuity income rates per \$1,000.00 and the dollar amounts of the periodic income payable.
  22. For participating immediate and deferred income annuities:
    - a. Illustrations may not assume any future improvement in the applicable dividend scale (or scales, if more than one dividend scale applies, such as for a flexible premium annuity);
    - b. Illustrations must reflect the equitable apportionment of dividends, whether performance meets, exceeds, or falls short of expectations;
  - c. If the dividend scale is based on a portfolio rate method, the portfolio rate underlying the illustrated dividend scale shall not be assumed to increase;
  - d. If the dividend scale is based on an investment cohort method, the illustrated dividend scale should assume that reinvestment rates grade to long-term interest rates, subject to the following conditions:
    - i. Any assumptions as to future investment performance in the dividend formula must be consistent with assumptions that are reflected in the marketplace within the normal range of analyst forecasts and investor behavior; these assumptions may not be changed arbitrarily, notwithstanding changes in markets or economic conditions, and must be consistent with assumptions that the issuer uses with respect to other lines of business; and
    - ii. The illustrated dividend scale should assume that reinvestment rates grade to long-term interest rates, based on U.S. Treasury bonds. For the purposes of this grading, the assumed long-term rates should not exceed the rates calculated using the formula in subsection (G)(22)(d)(iii), based on the time to maturity or reinvestment (the “Tenor”) of the investments supporting the cohort of policies.
    - iii. Maximum long-term interest rates should be calculated for tenors of three months (or less), five years, 10 years, and 20 years (or more), using U.S. Treasury rates. For each tenor, the maximum long-term interest rate will vary over time, based on historical interest rates as they emerge. The formula for the maximum long-term interest rate is the average of the median bond rate over the last 600 months and the average bond rate over the last 120 months, rounded to the nearest quarter of one percent (0.25%).
    - iv. The maximum long-term interest rate for a tenor should be recalculated once per year, in January, using historical rates as of December 31 of the calendar year two years prior to the calendar year of the calculation date. The historical rate for each month is the rate reported for the last business day of the month.
    - v. Grading to the maximum long-term interest rates should take place over no less than 20 years from issue if U.S. Treasury rates as of the illustration date are below the long-term rates, or, no more than 20 years from issue if U.S. Treasury rates as of the illustration date are above the long-term rates.
    - vi. When the 10-year U.S. Treasury rate is less than the 10-year maximum long-term interest rate, an additional illustrated dividend scale should be presented. This additional illustrated dividend scale shall assume that reinvestment U.S. Treasury rates do not exceed the initial investment U.S. Treasury rates and illustrate dividends no less than half of the dividends illustrated under the current dividend scales. If the assumption that reinvestment U.S. Treasury rates do not exceed the initial investment U.S. Treasury rates conflicts with the illustration, i.e.



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half of the current dividends are greater than would be permitted by the assumption, then the reinvestment U.S. Treasury rates should equal the initial investment U.S. Treasury rates.

- vii. The illustration should include a disclosure that is substantially similar to the following:

The illustrated current dividend scale is based on interest rates that are assumed to gradually [increase/decrease] from current rates to long-term interest rates, over a period of [20] years. By regulation, the long-term assumed interest rates cannot not and do not exceed the rates listed in column (c) of the table below.

- viii. If the illustration contains an additional dividend scale pursuant to subsection (G)(22)(d)(vi), then the illustration should also include a disclosure that is substantially similar to the following:

The additional illustrated dividend scale is based on interest rates that are assumed not to increase and do not exceed the interest rates in column (b) of the table below.

Column A	Column B	Column C
Tenor	Current Interest Rate	Long Term
	Treasury Rate as of 12/31/2016	Mean Reversed Treasury Rate
3 Month (or less)	0.51%	3.00%
5 Year	1.93%	4.50%
10 Year	2.45%	5.00%
20 Years (or more)	3.06%	5.50%

- H. An annuity illustration shall include a narrative summary that includes all the following unless provided at the same time in a disclosure statement:

1. A brief description of any contract features, riders or options, guaranteed and/or non-guaranteed, shown in the basic illustration and the impact they may have on the benefits and values of the contract;
2. A brief description of any other optional benefits or features that are selected, but not shown in the illustration and the impact they have on the benefits and values of the contract;
3. Identification and a brief definition of column headings and key terms used in the illustration;
4. A statement containing in substance the following:

- a. For other than fixed indexed annuities:  
This illustration assumes the annuity's current non-guaranteed elements will not change. It is likely that they will change and actual values will be higher or lower than those in this illustration but will not be less than the minimum guarantees.

The values in this illustration are not guarantees or even estimates of the amounts you can expect from your annuity. Please review the entire Disclosure Document and Buyer's Guide provided with your Annuity Contract for more detailed information;

- b. For fixed indexed annuities:  
This illustration assumes the index will repeat historical performance and that the annuity's current

non-guaranteed elements, such as caps, spreads, participation rates or other interest crediting adjustments, will not change. It is likely that the index will not repeat historical performance, the non-guaranteed elements will change, and actual values will be higher or lower than those in this illustration but will not be less than the minimum guarantees.

The values in this illustration are not guarantees or even estimates of the amounts you can expect from your annuity. Please review the entire Disclosure Document and Buyer's Guide provided with your Annuity Contract for more detailed information;

5. Additional explanations as follows:

- a. Minimum guarantees shall be clearly explained;
- b. The effect on contract values of contract surrender prior to maturity shall be explained;
- c. Any conditions on the payment of bonuses shall be explained;
- d. For annuities sold as an IRA, qualified plan or in another arrangement subject to the required minimum distribution (RMD) requirements of the Internal Revenue Code, the effect of RMDs on the contract values shall be explained;
- e. For annuities with recurring surrender charge schedules, a clear and concise explanation of what circumstances will cause the surrender charge to recur; and
- f. A brief description of the types of annuity income options available shall be explained, including:
  - i. The earliest or only maturity date for annuitization (as the term is defined in the contract);
  - ii. For contracts with an optional maturity date, the periodic income amount for at least one of the annuity income options available based on the guaranteed rates in the contract, at the later of age 70 or 10 years after issue, but in no case later than the maximum annuitization age or date in the contract;
  - iii. For contracts with a fixed maturity date, the periodic income amount for at least one of the annuity income options available, based on the guaranteed rates in the contract at the fixed maturity date; and
  - iv. The periodic income amount based on the currently available periodic income rates for the annuity income option in subsection (H)(5)(f)(ii) or in subsection (H)(5)(f)(iii), if desired.

- I. Following the narrative summary, an illustration shall include a numeric summary which shall include at minimum, numeric values at the following durations:

1. The first 10 contract years or the surrender charge period if longer than 10 years, including any renewal surrender charge period or periods;
2. Every tenth contract year up to the later of 30 years or age 70; and
3. Required annuitization age or required annuitization date.

- J. If the annuity contains a market value adjustment ("MVA"), the following provisions apply to the illustration:

1. The MVA shall be referred to as such throughout the illustration;
2. The narrative shall include an explanation, in simple terms, of the potential effect of the MVA on the value available upon surrender;

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3. The narrative shall include an explanation, in simple terms, of the potential effect of the MVA on the death benefit;
  4. A statement, containing in substance the following, shall be included:  
When you make a withdrawal, the amount you receive may be increased or decreased by a Market Value Adjustment (MVA). If the interest rates on which the MVA is based go up after you buy your annuity, the MVA likely will decrease the amount you receive. If interest rates go down, the MVA will likely increase the amount you receive.
  5. Illustrations shall describe both the upside and the downside aspects of the contract features relating to the MVA;
  6. The illustrative effect of the MVA shall be shown under at least one positive and one negative scenario. This demonstration shall appear on a separate page and be clearly labeled that it is information demonstrating the potential impact of a MVA;
  7. Actual MVA floors and ceilings as listed in the contract shall be illustrated; and
  8. If the MVA has significant characteristics not addressed by subsections (J)(1) through (J)(6), the effect of such characteristics shall be shown in the illustration.
- K.** A narrative summary for a fixed indexed annuity illustration also shall include the following unless provided at the same time as the disclosure statement:
1. An explanation, in simple terms, of the elements used to determine the index-based interest, including but not limited to, the following elements:
    - a. The index(es) which will be used to determine the index-based interest;
    - b. The Indexing Method;
    - c. The Index Term;
    - d. The participation rate, if applicable;
    - e. The cap, if applicable; and
    - f. The spread, if applicable;
  2. The narrative shall include an explanation, in simple terms, of how index-based interest is credited in the indexed annuity;
  3. The narrative shall include a brief description of the frequency with which the company can re-set the elements used to determine the index-based credits, including the participation rate, the cap, and the spread, if applicable; and
  4. If the product allows the contract holder to make allocations to a declared-rate segment, then the narrative shall include a brief description of:
    - a. Any options to make allocations to a declared-rate segment, both for new premiums and for transfers from the index-based segments; and
    - b. Differences in guarantees applicable to the declared-rate segment and the index-based segments.
- L.** A numeric summary for a fixed indexed annuity illustration shall include, at a minimum, the following elements:
1. The assumed growth rate of the index in accordance with subsection (G)(9);
  2. The assumed values for the participation rate, cap and spread, if applicable; and
  3. The assumed allocation between index-based segments and the declared-rate segment, if applicable, in accordance with subsection (G)(9).
- M.** If the contract is issued other than as applied for, a revised illustration conforming to the contract as issued shall be sent with the contract, except that non-substantive changes, including but not limited to, changes in the amount of expected initial or additional premiums and any changes in amounts of exchanges pursuant to Section 1053 of the Internal Revenue Code, rollovers and transfers, which do not alter the key benefits and features of the annuity as applied for will not require a revised illustration unless requested by the applicant.
- N.** Annuity Illustration Examples. Illustrations A through C are examples only and do not reflect specific characteristics of any actual product for sale by any company.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 454 (February 25, 2022), effective April 5, 2022 (Supp. 22-1).

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**Illustration A. Annuity Illustration Example****ABC Life Insurance Company***Company Product Name*

Flexible Premium Fixed Deferred Annuity with a Market Value Adjustment (MVA)

An Illustration Prepared for John Doe by John Agent on mm/dd/yyyy

(Contact us at Policyownerservice@ABCLife.com or 555-555-5555)

Sex: Male	Initial Premium Payment: \$100,000.00
Age at Issue: 54	Planned Annual Premium Payments: None
Annuitant: John Doe	Tax Status: Nonqualified
Oldest Age at Which Annuity Payments Can Begin: 95	Withdrawals: None Illustrated

<b>Initial Interest Guarantee Period</b>	5 Years
<b>Initial Guaranteed Interest Crediting Rates</b>	
First Year (reflects first year only interest bonus credit of 0.75%):	4.15%
Remainder of Initial Interest Guarantee Period:	3.40%
<b>Market Value Adjustment Period:</b>	5 Years
<b>Minimum Guaranteed Interest Rate after Initial Interest Guarantee Period*:</b>	3%

\* After the Initial Interest Guarantee Period, a new interest rate will be declared annually. This rate cannot be lower than the Minimum Guaranteed Interest Rate.

**Annuity Income Options and Illustrated Monthly Income Values**

This annuity is designed to pay an income that is guaranteed to last as long as the Annuitant lives. When annuity income payments are to begin, the income payment amounts will be determined by applying an annuity income rate to the annuity Account Value.

**Annuity income options include the following:**

- Periodic payments for Annuitant's life
- Periodic payments for Annuitant's life with payments guaranteed for a certain number of years
- Periodic payments for Annuitant's life with payments continuing for the life of a survivor annuitant

**Illustrated Annuity Income Option:** Monthly payments for annuitant's life with payments guaranteed for 10-year period.

**Assumed Age When Payments Start: 70**

	Account Value	Monthly Annuity Income Rate/\$1,000 of Account Value*	Monthly Annuity Income
Based on Rates Guaranteed in the Contract	\$164,798	\$5.00	\$823.99
Based on Rates Currently Offered by the Company	\$171,976	\$6.50	\$1,117.84

\*If, at the time of annuitization, the annuity income rates currently offered by the company are higher than the annuity income rates guaranteed in the contract, the current rates will apply.

**Historical Note**

New Appendix A made by final rulemaking at 28 A.A.R. 454 (February 25, 2022), effective April 5, 2022 (Supp. 22-1).

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**Illustration B. Annuity Illustration Example****ABC Life Insurance Company***Company Product Name*

Flexible Premium Fixed Deferred Annuity with a Market Value Adjustment (MVA)

An Illustration Prepared for John Doe by John Agent on mm/dd/yyyy

Contact us at Policyownerservice@ABCLife.com or 555-555-5555

Contract Year/Age	Premium Payment	Values Based on Guaranteed Rates				Value Based on Assumption that Initial Guaranteed Rates Continue		
		Interest Crediting Rate	Account Value	Cash Surrender Value Before MVA	Minimum Cash Surrender Value After MVA	Interest Crediting Rate	Account Value	Cash Surrender Value Before and After MVA
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1 / 55	\$100,000	4.15%	\$104,150	\$95,818	\$92,000	4.15%	\$104,150	\$95,818
2 / 56	0	3.40%	107,691	100,153	93,000	3.40%	107,691	100,153
3 / 57	0	3.40%	111,353	104,671	95,614	3.40%	111,353	104,671
4 / 58	0	3.40%	115,139	109,382	98,482	3.40%	115,139	109,382
5 / 59	0	3.40%	119,053	114,291	114,291	3.40%	119,053	114,291
6 / 60	0	3.00%	122,625	118,946	118,946	3.40%	123,101	119,408
7 / 61	0	3.00%	126,304	123,778	123,778	3.40%	127,287	124,741
8 / 62	0	3.00%	130,093	130,093	130,093	3.40%	131,614	131,614
9 / 63	0	3.00%	133,996	133,996	133,996	3.40%	136,089	136,089
10 / 64	0	3.00%	138,015	138,015	138,015	3.40%	140,716	140,716
11 / 65	0	3.00%	142,156	142,156	142,156	3.40%	145,501	145,501
16 / 70	0	3.00%	164,798	164,798	164,798	3.40%	171,976	171,976
21 / 75	0	3.00%	191,046	191,046	191,046	3.40%	203,268	203,268
26 / 80	0	3.00%	221,474	221,474	221,474	3.40%	240,255	240,255
31 / 85	0	3.00%	256,749	256,749	256,749	3.40%	283,972	283,972
36 / 90	0	3.00%	297,643	297,643	297,643	3.40%	335,643	335,643
41 / 95	0	3.00%	345,050	345,050	345,050	3.40%	396,717	396,717

**Column Descriptions**

- (1) **Ages** shown are measured from the Annuitant's age at issue.
- (2) **Premium Payments** are assumed to be made at the beginning of the Contract Year shown.

**Values Based on Guaranteed Rates**

- (3) **Interest Crediting Rates** shown are annual rates; however, interest is credited daily. During the Initial Interest Guarantee Period, values developed from the Initial Premium Payment are illustrated using the Initial Guaranteed Interest Rate(s) declared by the insurance company, which include an additional first year only interest bonus credit of 0.75%. The interest rates will be guaranteed for the Initial Interest Guarantee Period, subject to an MVA. After the Initial Interest Guarantee Period, a new renewal interest rate will be declared annually, but can never be less than the Minimum Guaranteed Interest Rate shown.
- (4) **Account Value** is the amount you have at the end of each year if you leave your money in the contract until you start receiving annuity payments. It is also the amount available upon the Annuitant's death if it occurs before annuity payments begin. The death benefit is not affected by surrender charges or the MVA.
- (5) **Cash Surrender Value Before MVA** is the amount available at the end of each year if you surrender the contract (after deduction of any Surrender Charge) but before the application of any MVA. Surrender charges are applied to the Account Value according to the schedule below until the surrender charge period ends, which may be after the Initial Interest Guarantee Period has ended.

**Years Measured from Premium Payment:**

1	2	3	4	5	6	7	8+
8%	7%	6%	5%	4%	3%	2%	0%

**Surrender Charges:**

- (6) **Minimum Cash Surrender Value After MVA** is the minimum amount available at the end of each year if you surrender your contract before the end of five years, no matter what the MVA is. The minimum is set by law. The amount you receive may be higher or lower than the cash surrender value due to the application of the MVA, but never lower than this minimum. Otherwise the MVA works as follows: If the interest rate available on new contracts offered by the company is LOWER than your Initial Guaranteed Interest Rate, the MVA will INCREASE the amount you receive. If the interest rate available on new contracts offered by the company is HIGHER than your initial guaranteed interest rate, the MVA will DECREASE the amount you receive. The charts below provide additional information concerning the MVA.

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**Values Based on Assumption that Initial Guaranteed Rates Continue**

- (7) **Interest Crediting Rates** are the same as in Column (3) for the Initial Interest Guarantee Period. After the Initial Interest Guarantee Period, a new renewal interest rate will be declared annually. For the purposes of calculating the values in this column, it is assumed that the Initial Guaranteed Interest Rate (without the bonus) will continue as the new renewal interest rate in all years. The actual renewal interest rates are not subject to an MVA and will very likely NOT be the same as the illustrated renewal interest rates.
- (8) **Account Value** is calculated the same way as Column (4).
- (9) **Cash Surrender Value Before and after MVA** is the Cash Surrender Value at the end of each year assuming that Initial Guaranteed Interest Rates continue, and that the continuing rates are the rates offered by the company on new contracts. In this case the MVA would be zero, and Cash Surrender Values before and after the MVA would be the same.

**Important Note:** This illustration assumes you will take no withdrawals from your annuity before you begin to receive periodic income payments. **Withdrawals will reduce both the annuity Account Value and the Cash Surrender Value.** You may make partial withdrawals of up to 10% of your account value each contract year without paying surrender charges. Excess withdrawals (above 10%) and full withdrawals will be subject to surrender charges.

**This illustration assumes the annuity's current interest crediting rates will not change. It is likely that they will change and actual values may be higher or lower than those in the illustrations.**

**The values in this illustration are not guaranteed or even estimates of the amounts you can expect from your annuity. For more information, read the annuity disclosure and annuity buyer's guide.**

**Historical Note**

New Appendix B made by final rulemaking at 28 A.A.R. 454 (February 25, 2022), effective April 5, 2022 (Supp. 22-1).

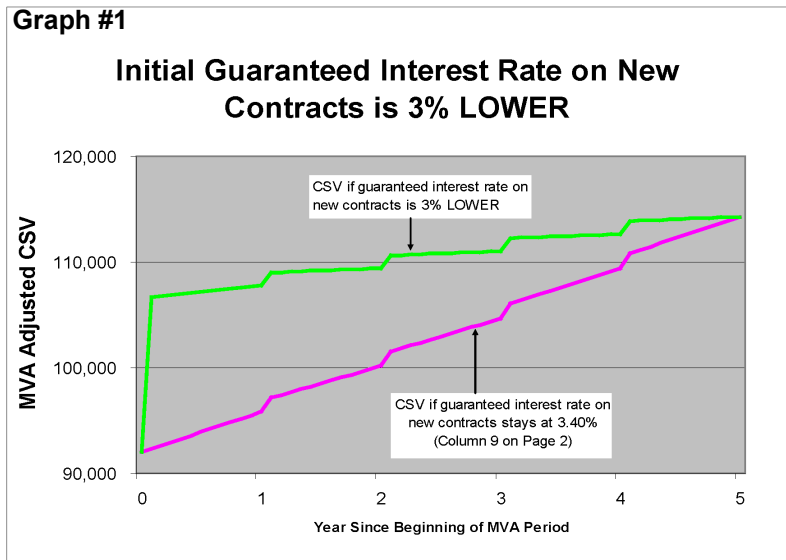
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**Illustration C. MVA-adjusted Cash Surrender Values (CSVs) Under Sample Scenarios****MVA-adjusted Cash Surrender Values (CSVs) Under Sample Scenarios**

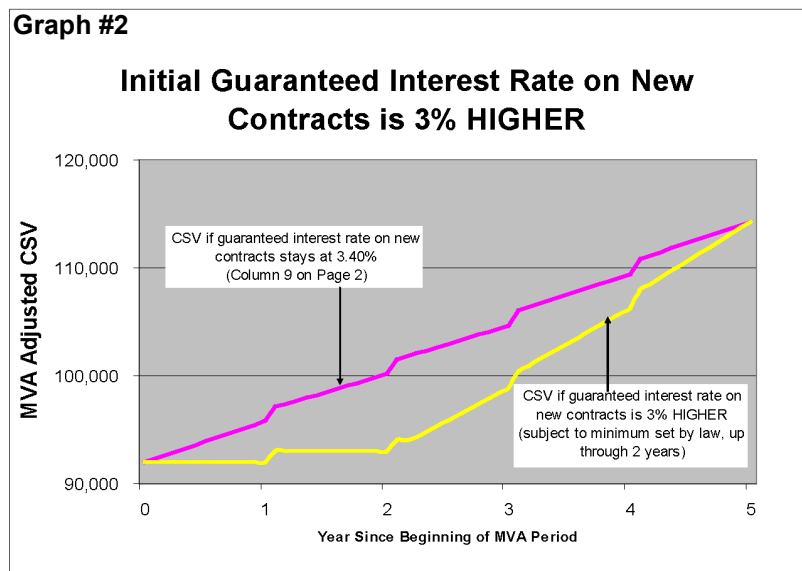
The graphs below show MVA-adjusted Cash Surrender Values (CSVs) during the first five years of the contract, as illustrated on the illustration spreadsheet above (\$100,000 single premium, a 5-year MVA Period) under two sample scenarios, as described below.

**Graph #1** shows if the interest rate on new contracts is 3% LOWER than your Initial Guaranteed Interest Rate, the MVA will increase the amount you receive (upper line). The lower line shows the Cash Surrender Values if the Initial Guaranteed Interest Rates continue (from Column (9) on the illustration spreadsheet above (referenced as Page 2 in the graph)).



**Graph #2** shows if the interest rate on new contracts is 3% HIGHER than your Initial Guaranteed Interest Rate, the MVA will decrease the amount you receive, but not below the minimum set by law (Column (6) on the illustration spreadsheet above (referenced as Page 2 in the graph)), which in this scenario's limits the decrease for the first 2 years (lower line). The upper line shows the Cash Surrender Values if the Initial Guaranteed Interest Rates continue (from Column (9) on the illustration spreadsheet above).

These graphs and the sample guaranteed interest rates on new contracts used are for demonstration purposes only and are not intended to be a projection of how guaranteed interest rates on new contracts are likely to behave.

**Historical Note**

Appendix C made by final rulemaking at 28 A.A.R. 454 (February 25, 2022), effective April 5, 2022 (Supp. 22-1).

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**R20-6-213. Life and Disability Insurance Policy Language Simplification****A. Definitions.** The following definitions apply in this Section:

1. "Company" or "insurer" means any life or disability insurance company, benefit insurer, benefit stock insurer, prepaid dental plan organizations, health care service organizations, and all similar type organizations.
2. "Director" means the Director of Insurance of Arizona.
3. "Policy" or "policy form" means any policy, contract, plan or agreement of life or disability insurance, including credit life insurance and credit disability insurance, delivered or issued for delivery in the state by any company subject to this rule; and any certificate issued under a group insurance policy delivered or issued for delivery in this state.

**B. Applicability.**

1. This Section and R20-6-212 apply to all life and disability insurance policies delivered or issued for delivery in this state by any company but do not apply to:
  - a. Any policy that is a security subject to federal jurisdiction;
  - b. Any group policy covering a group of 1,000 or more lives at date of issue, other than a group credit life insurance policy or a group credit disability insurance policy however, this shall not exempt any certificate issued under a group policy delivered or issued for delivery in this state; or
  - c. Any group annuity contract that serves as a funding vehicle for pension, profit-sharing, or deferred compensation plans;
2. Except as provided in R20-6-210, no other rule of this state setting language simplification standards shall apply to any policy forms.

**C. Minimum policy language simplification standards.**

1. Except as stated in subsection (B), an insurer shall not deliver or issue for delivery a policy form that has not been approved by the Director unless:
  - a. The text achieves a minimum score of 40 on the Flesch reading ease test or an equivalent score on any other comparable test as provided in subsection (3);
  - b. It is printed, except for specification pages, schedules, and tables, in no less than 10 point type, one point leaded;
  - c. The style, arrangement and overall appearance of the policy do not give undue prominence to any portion of the text of the policy or to any endorsements or riders; and
  - d. The policy, if the policy has more than 3,000 words printed on three or fewer pages of text or if the policy has more than three pages regardless of the number of words, contains a table of contents or an index of the principal sections of the policy.
2. An insurer shall measure a Flesch reading ease test score as follows:
  - a. For policy forms containing 10,000 words or less of text, an insurer shall analyze the entire form. For policy forms containing more than 10,000 words, an insurer may analyze the readability of two, 200-word samples per page instead of the entire form. The insurer shall separate the samples by at least 20 printed lines.
  - b. The insurer shall count the number of words and sentences in the text, then divide the total number of

words by the total number of sentences, then multiply that figure by a factor of 1.015.

- c. The insurer shall count and divide the total number of syllables by the total number of words, then multiply that figure by a factor of 84.6.
  - d. The sum of the figures computed under subsections (b) and (c) subtracted from 206.835 equals the Flesch reading ease score for the policy form.
  - e. For subsections (b), (c), and (d), the insurer shall use the following procedures:
    - i. A contraction, hyphenated word, or numbers and letters, when separated by spaces, shall be counted as one word;
    - ii. A unit of words ending with a period, semicolon, or colon, but excluding headings and captions, shall be counted as a sentence; and
    - iii. A syllable means a unit of spoken language consisting of one or more letters of a word as divided by an accepted dictionary. If the dictionary shows two or more equally acceptable pronunciations of a word, the pronunciation containing fewer syllables may be used.
  - f. The term "text" as used in this subsection shall include all printed matter except the following:
    - i. The name and address of the insurer, the name, number or title of the policy, the table of contents or index, captions and subcaptions, specification pages, schedules or tables; and
    - ii. Policy language that is drafted to conform to the requirements of a federal law, regulation, or agency interpretation, policy language required by a collectively bargained agreement, medical terminology, words defined in the policy, and policy language required by law or regulation, if the insurer identifies the language or terminology excepted by this subsection and certifies, in writing, that the language or terminology is entitled to be excepted by this subsection.
  3. Any other reading test may be approved by the Director for use as an alternative to the Flesch reading test if it is comparable in result to the Flesch reading ease test.
  4. Filings subject to this subsection shall be accompanied by a certificate signed by an officer of the insurer stating that the filing meets the minimum reading ease score on the test used or stating that the score is lower than the minimum required but should be approved under subsection (G) of this Section. To confirm the accuracy of any certification, the Director may require the submission of further information to verify the certification in question.
  5. At the option of the insurer, riders, endorsements, applications and other forms made a part of the policy may be scored as separate forms or as part of the policy with which they may be used.
- D.** The Director may authorize a lower score than the Flesch reading ease score required in subsection (C)(1)(a) if a lower score:
1. Provides a more accurate reflection of readability of a policy form;
  2. Is warranted by the nature of a particular policy form or type or class of policy forms; or
  3. Is caused by certain policy language drafted to conform to the requirements of any state statute, rule, or agency interpretation of law.

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**Historical Note**

Adopted effective November 21, 1977 (Supp. 77-6).  
 Amended effective March 27, 1978 (Supp. 78-2).  
 Amended subsection (E), deleted subsection (F) and added new subsections (F) and (G) effective December 3, 1986 (Supp. 86-6). R20-6-213 recodified from R4-14-213 (Supp. 95-1). Former R20-6-213 renumbered to R20-6-211; new R20-6-213 renumbered from R20-6-216 and amended by final rulemaking at 13 A.A.R. 2061, effective August 4, 2007 (Supp. 07-2). Corrected error in R20-6-213(D) that referenced subsection (E)(1)(a), which was relabeled as (C)(1)(a) in Supp. 07-2 (Supp. 08-1).

**R20-6-214. Coordination of Benefits****A. Applicability.**

1. This Section applies to all:
  - a. Group disability insurance policies;
  - b. Group subscriber contracts of hospital and medical service corporations and health care services organizations;
  - c. Group disability policies of benefit insurers; and
  - d. Group-type contracts that contain a coordination of benefits provision, are not available to the general public, and can be obtained and maintained only because of the covered person's membership in or connection with a particular organization. Group-type contracts that meet this description are included regardless of whether denominated as "franchise," "blanket," or some other designation.
2. This Section does not apply to:
  - a. Individual or family policies or individual or family subscriber contracts except as provided for in subsection (A)(1);
  - b. Group or group-type hospital indemnity benefits, written on a non-expense incurred basis, of \$30 per day or less unless characterized as reimbursement-type benefits and designed or administered to give the insured the right to elect indemnity-type benefits, instead of the reimbursement type benefits at the time of claim; or
  - c. School accident type coverages, written on a blanket, group, or franchise basis.

**B. Definitions. In this Section, the following definitions apply:**

1. "Allowable expense" means any necessary, reasonable, and customary item of expense, at least a portion of which is covered under one or more of the plans covering the person for whom claim is made or service provided.
  - a. When a plan provides benefits in the form of services rather than cash payments, the reasonable cash value of each service rendered is deemed to be both an allowable expense and a benefit paid.
  - b. A plan that takes Medicare or similar government benefits into consideration when determining the application of its coordination of benefits provision does not expand the definition of an allowable expense.
2. "Claim determination period" means an appropriate period of time such as "calendar year" or "benefit period" as defined in the policy.
3. "Plan," within the coordination of benefits provisions of a group policy or subscriber contract, means the types of coverage that the insurer may consider in determining whether overinsurance exists with respect to a specific claim.

4. "School accident-type coverage" means coverage of grammar school and high school students for accidents only, including athletic injuries, either on a 24-hour basis or "to-and-from school," for which the parent pays the entire premium.

**C. Order-of-benefit determination.**

1. When a claim under a plan with a coordination of benefit provision involves another plan that also has a coordination of benefit provision, the insurer shall make the order-of-benefit determination as follows:
  - a. The plan that covers the person claiming benefits other than as a dependent shall determine benefits before those of the plan that covers the person as a dependent.
  - b. The plan of a parent whose birthday occurs earlier in a calendar year shall cover a dependent child before the benefits of a plan of a parent whose birthday occurs later in a calendar year. The word "birthday" as used in this subsection refers only to month and day in a calendar year, not the year in which the person was born.
  - c. If two or more plans cover a person as a dependent child of divorced or separated parents, benefits for the child are determined in the following order:
    - i. First, the plan of the parent with custody of the child;
    - ii. Then, the plan of the spouse of the parent with custody of the child; and
    - iii. Finally, the plan of the parent not having custody of the child.
  - d. Notwithstanding subsection (c), if the specific terms of a court decree state that one of the parents is responsible for the health care expenses of the child, and the entity obligated to pay or provide the benefits of the plan of that parent has actual knowledge of those terms, the benefits of that plan are determined first.
2. The benefits of a plan that covers a person as an employee (or as that employee's dependent) are determined before those of a plan that covers that person as a laid off or retired employee (or as that employee's dependent). If the other plan does not have this provision and if, as a result, the plans do not agree on the order of benefits, this subsection does apply.
3. If none of the provisions of subsection (C) determines the order of benefits, the benefits of the plan that covered a claimant longer are determined before those of the plan that covered that person for the shorter time.
4. If one of the plans is issued out of this state and determines the order of benefits based upon the gender of a parent and, as a result, the plans do not agree on the order of benefits, the plan with the gender rule shall determine the order of benefits.

**D. Excess and other nonconforming provisions. A plan with an order of benefit determination provision that complies with this Section, a complying plan, may coordinate its benefits with a plan that is "excess" or "always secondary" or that uses an order-of-benefit determination provision that is inconsistent with this Section, a noncomplying plan, on the following basis:**

1. If the complying plan is the primary plan, it shall pay or provide its benefits on a primary basis.
2. If the complying plan is the secondary plan, it shall pay or provide its benefits first, as the secondary plan. The pay-



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ment shall be the limit of the complying plan's liability, except as provided in subsection (4).

3. If the noncomplying plan does not provide the information needed by the complying plan to determine its benefits within a reasonable time after it is requested to do so, the complying plan shall assume that the benefits of the noncomplying plan are identical to its own, and shall pay benefits accordingly. The complying plan shall adjust any payments it makes based on the assumption whether information becomes available as the actual benefits of the noncomplying plan.
4. If the noncomplying plan pays benefits so that the claimant receives less in benefits than the claimant would have received had the noncomplying plan paid or provided its benefits as the primary plan, the complying plan shall advance to or on behalf of the claimant an amount equal to the difference. The complying plan shall not have a right to reimbursement from the claimant.

**Historical Note**

Adopted effective October 26, 1979 (Supp. 79-5). R20-6-214 recodified from R4-14-214 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 491, effective September 30, 2001 (Supp. 02-1). Section R20-6-214 renumbered from R20-6-217 and amended by final rulemaking at 13 A.A.R. 2061, effective August 4, 2007 (Supp. 07-2).

**R20-6-215. Renumbered****Historical Note**

Adopted effective September 7, 1981 (Supp. 81-3). Amended subsections (D) through (H), deleted Agent's Statement and Exhibit D effective March 30, 1983 (Supp. 83-2). R20-6-215 recodified from R4-14-215 (Supp. 95-1). Amended by exempt rulemaking at 9 A.A.R. 5595, effective January 1, 2004 (Supp. 03-4). Former R20-6-215 renumbered to R20-6-212 by final rulemaking at 13 A.A.R. 2061, effective August 4, 2007 (Supp. 07-2).

**R20-6-215.01. Renumbered****Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 5595, effective January 1, 2004 (Supp. 03-4). Former R20-6-215.01 renumbered to R20-6-212.01 by final rulemaking at 13 A.A.R. 2061, effective August 4, 2007 (Supp. 07-2).

**R20-6-216. Renumbered****Historical Note**

Adopted effective as set forth in subsection (H) (Supp. 80-6). R20-6-216 recodified from R4-14-216 (Supp. 95-1). Former R20-6-216 renumbered to R20-6-213 by final rulemaking at 13 A.A.R. 2061, effective August 4, 2007 (Supp. 07-2).

**R20-6-217. Renumbered****Historical Note**

Adopted effective September 14, 1982 (Supp. 82-3). Amended subsections (C) and (D), deleted (F) effective January 1, 1987, filed December 16, 1986 (Supp. 86-6). R20-6-217 recodified from R4-14-217 (Supp. 95-1). Former R20-6-217 renumbered to R20-6-214 by final rulemaking at 13 A.A.R. 2061, effective August 4, 2007 (Supp. 07-2).

*Editor's Note: The following Section expired under A.R.S. § 41-1056(E) on September 30, 2001 at 8 A.A.R. 491. The Notice of Rule Expiration was not received until January 9, 2002. Therefore, the repeal of the rule noted in the Historical Note is moot (Supp. 02-1).*

**R20-6-218. Repealed****Historical Note**

Adopted effective November 9, 1984 (Supp. 84-6). R20-6-218 recodified from R4-14-218 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 5443, effective November 16, 2001 (Supp. 01-4). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 491, effective September 30, 2001 (Supp. 02-1); refer to the Editor's Note before the Section.

**ARTICLE 3. FINANCIAL PROVISIONS AND PROCEDURES****R20-6-301. Expired****Historical Note**

Former General Rule Number 3. R20-6-301 recodified from R4-14-301 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 491, effective September 30, 2001 (Supp. 02-1).

**R20-6-302. Expired****Historical Note**

Former General Rule 62-11. R20-6-302 recodified from R4-14-302 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 491, effective September 30, 2001 (Supp. 02-1).

**R20-6-303. Termination of Certificate of Authority and Release of Deposit**

**A.** Domestic Insurers. To request termination of a certificate of authority and, if applicable, release of statutory deposit, a domestic insurer shall file all of the following with the director:

1. A written request for termination of certificate of authority and release of deposit;
2. The insurer's original certificate of authority or an affidavit of lost certificate of authority;
3. A statement of the insurer's financial condition as of a date within 60 days of the filing date of the request for termination that includes a written statement, signed by two officers of the insurer as authorized on the jurat page of the insurer's most recent annual statement, verifying that the statement of financial condition reflects the insurer's financial position as of the date signed.
4. A plan of extinguishment for its outstanding liabilities that satisfies the requirements of subsection (C) or a sworn affidavit stating that the insurer has no outstanding liabilities to policyholders or claimants under subsection (C);
5. A certified copy of the insurer's Board of Directors resolution or other documentation of the insurer's official action taken according to the insurer's statutorily required organizational documents approving the insurer's:
  - a. Withdrawal from the insurance business,
  - b. Dissolution of the insurer,
  - c. Merger with an insurer authorized in Arizona to transact the insurer's previously written and active lines of business of the insurer requesting termination, or

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- d. Transfer of domicile to another state or country.
6. A copy of the insurer's Articles of Dissolution, Articles of Merger, Articles of Amendment, Articles of Redomestication, or other documentation that the insurer intends to file with the Arizona Corporation Commission after issuance of the Director's order as provided in subsection (D)(2);
  7. If requested by the director, a written agreement that guarantees payment of substantially all liabilities of the domestic insurer, other than obligations extinguished under subsection (C).
- B. Foreign and Alien Insurers.** To request termination of its certificate of authority and, if applicable, release of its deposit, a foreign or alien insurer shall file all of the following with the director:
1. A written request for termination of certificate of authority and release of deposit;
  2. The insurer's original certificate of authority or an affidavit of lost certificate of authority;
  3. A statement of the insurer's financial condition as of a date within 60 days of the filing date of the request for termination that includes a written statement, signed by two officers of the insurer as authorized on the jurat page of the insurer's most recent annual statement, verifying that the statement of financial condition reflects the insurer's financial position as of the date signed.
  4. A plan of extinguishment for its Arizona liabilities that satisfies the requirements of subsection (C) or a sworn affidavit stating that the insurer has no Arizona liabilities under subsection (C);
  5. A copy of an order issued by the insurance director or other appropriate regulatory authority in the insurer's state or country of domicile that approves or authorizes either the insurer's:
    - a. Withdrawal from the insurance business,
    - b. Dissolution of the insurer,
    - c. Merger (approval of the merger from the states of domicile of the insurers), or
    - d. Transfer of domicile, if applicable.
  6. A copy of the insurer's Articles of Dissolution, Articles of Merger, Articles of Amendment, Articles of Redomestication or other required documentation that the insurer filed in its state of domicile; and
  7. If requested by the director, a written agreement that guarantees payment of substantially all Arizona liabilities of the insurer, other than obligations extinguished under subsection (C).
- C. Insurer's Plan for Extinguishment of Liabilities.**
1. To extinguish substantially all liabilities under subsection (A)(4) or subsection (B)(4) as applicable, an insurer may:
    - a. Reinsure the insurer's business in force with another insurer by entering into an agreement of bulk reinsurance that shall be effective when filed with and approved in writing by the director.
      - i. The agreement shall provide for assumption of all policyholder claims by the reinsurer including claims incurred but unreported as of the effective date of the agreement.
      - ii. The agreement may include recapture provisions exercisable by the insurer in the event the termination of its certificate of authority is not completed.
      - iii. Unless the director otherwise approves, the agreement shall provide that the reinsurer be licensed in Arizona for the particular lines of business reinsured.
    - b. Merge with another insurer that:
      - i. Assumes the liabilities of the non-surviving insurer; and
      - ii. Is authorized in Arizona for the previously written and active lines of business assumed, unless otherwise approved by the director.
    - c. Use its deposit, any additional security deposit or both to secure payment of former policyholder, policyholder, or claimant liabilities that are not reinsured or otherwise secured.
  2. For purposes of this Section, "substantially all liabilities" under Title 20 means all policyholder and claimant obligations reported by the insurer in the statement of financial condition, whether or not liquidated in amount, and shall include former policyholder claims and rights to refunds.
- D. Consideration of the Request for Termination of Certificate of Authority and Release of Deposit under subsections (A) and (B).**
1. If the director determines that the insurer has extinguished substantially all liabilities as required under this Section and has otherwise demonstrated compliance with this Section and A.R.S. Title 20, the director shall grant the request to terminate the certificate of authority and, if appropriate, release the insurer's deposit, provided:
    - a. The insurer has no fees, taxes, assessments or filings outstanding to the Department; and
    - b. The insurer is not subject of any pending investigation or examination under Title 20 by the Department.
  2. The director's order shall condition the release of a domestic insurer's deposit upon receipt by the director of evidence of the official filing with the Arizona Corporation Commission of the documentation described in subsection (A)(6).
  3. If the director determines that the insurer is unable to extinguish substantially all liabilities as required under this Section, or otherwise has not complied with this Section or with A.R.S. Title 20, the director shall notify the insured in writing that the request has been denied and the reasons for the denial.
- E. Exclusions.** This Section does not apply to:
1. An insurer's exchange and substitution of cash or eligible securities under A.R.S. § 20-586;
  2. An insurer's withdrawal of excess deposits, either cash or eligible securities, under A.R.S. §§ 20-587 and 20-588(A)(2); or
  3. Releases of deposits made under A.R.S. § 20-588(A)(3).
- Historical Note**
- Former General Rule 72-29. R20-6-303 recodified from R4-14-303 (Supp. 95-1). Section R20-6-303 repealed; new Section R20-6-303 made by final rulemaking at 14 A.A.R. 3432, effective October 4, 2008 (Supp 08-3).
- R20-6-304. Reserved**
- R20-6-305. Expired**
- Historical Note**
- Adopted effective September 13, 1978, except that it shall apply to the accounting treatment for unearned premium reserves and reinsurance premium receivables for credit life disability insurance on January 1, 1979, and all

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annual statements filed for periods on or after that date (Supp. 78-5). R20-6-305 recodified from R4-14-305 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 491, effective September 30, 2001 (Supp. 02-1).

**R20-6-306. Reserved****R20-6-307. Life and Disability Reinsurance Agreements**

**A.** Scope. This rule applies to all domestic life and disability insurers and reinsurers, and to all other licensed life and disability insurers and accredited reinsurers that are not subject to a substantially similar rule in their jurisdictions of domicile. This rule applies to the disability business of licensed property and casualty insurers. This rule does not apply to assumption reinsurance, yearly renewable term reinsurance, or nonproportional stop loss or catastrophe reinsurance, or similar forms of nonproportional reinsurance.

**B. Definitions**

1. "Agreement" means a reinsurance agreement and any amendment to a reinsurance agreement.
2. "Credit Quality" means the risk that invested assets supporting the reinsured business will decrease in value but excludes decreases to changes in interest rate.
3. "Department" means the Arizona Department of Insurance and Financial Institutions – Insurance Division.
4. "Director" has the same meaning as A.R.S. § 20-102.
5. "Disintermediation" means the risk that interest rates will rise and policy loans and surrenders will increase or maturing contracts will not renew at anticipated rates of renewal.
6. "Lapse" means the risk that a policy will voluntarily terminate before the recoupment of a statutory surplus strain experienced at issuance of the policy.
7. "Reinvestment" means the risk that interest rates will fall and funds reinvested will therefore earn less than expected.

**C. Accounting Requirements**

1. Unless authorized by the Director, an insurer shall not, for reinsurance ceded, reduce any liability, or establish any asset in any statutory financial statement filed with the Department if, by the terms of the agreement, or in effect, any of the following conditions exist:
  - a. Renewal expense allowances provided or to be provided to the ceding insurer by the reinsurer in any accounting period are not sufficient to cover the ceding insurer's allocable renewal expenses anticipated at the time the business is reinsured on the portion of the business reinsured, unless a liability is established for the present value of the shortfall using assumptions equal to the applicable statutory reserve basis on the business reinsured.
  - b. The ceding insurer is required to reimburse the reinsurer for negative experience under the agreement. Neither the offset of the ceding insurer's experience refunds against current and prior years' losses, nor payment by the ceding insurer of an amount equal to the reinsurer's current and prior years' losses upon voluntary termination of in-force reinsurance by the ceding insurer, shall be considered a reimbursement to the reinsurer for negative experience.
  - c. The ceding insurer may be deprived of surplus or assets at the reinsurer's option or automatically upon the occurrence of a specified event, including the insolvency of the ceding insurer. Termination of the

agreement by the reinsurer for nonpayment of reinsurance premiums or other amounts due shall not be considered a deprivation of surplus or assets within the meaning of this subsection.

- d. The ceding insurer is required, at scheduled times, to terminate the agreement or recapture automatically all or part of the reinsurance ceded.
  - e. The ceding insurer may be required to pay the reinsurer amounts other than from income reasonably expected from the reinsured policies.
  - f. Significant risks inherent in the business reinsured are not transferred to the reinsurer. Table A identifies the risks deemed significant for representative types of business.
  - g. The credit quality, reinvestment, or disintermediation risk is significant for the business reinsured and the ceding company does not transfer the underlying assets to the reinsurer, segregate the underlying assets in a trust or escrow account, or otherwise segregate the underlying assets. The assets that support the reserves for classes of business that do not have a significant credit quality, reinvestment, or disintermediation risk, or for long-term care or long-term disability insurance, traditional non-par permanent, traditional par permanent, adjustable premium permanent, indeterminate premium permanent, or universal life fixed premium with no dump-in premiums allowed, may be held by the ceding company without segregation. To determine the reserves for classes of business, the supporting assets of which may be held without being segregated, the reserve interest rate adjustment formula shall reflect the ceding company's investment earnings and incorporate all realized and unrealized gains and losses reported in the ceding insurer's statutory financial statement.
  - h. Settlements are made less frequently than quarterly or payments due from the reinsurer are not made in cash within 90 days of the settlement date.
  - i. The ceding insurer is required to make representations or warranties unrelated to the business reinsured.
  - j. The ceding insurer is required to make representations or warranties related to future performance of the business reinsured.
2. An agreement entered into after the effective date of this rule to reinsure business issued before the effective date of the agreement shall be filed by the ceding insurer with the Director within 30 days after execution of the agreement. Each filing shall be accompanied by a description of the corresponding reduction in liabilities or other credit for reinsurance, and any other financial impact of the agreement, reported in the ceding insurer's statutory financial statements. When an increase in surplus net of federal income tax results from an agreement falling under this subsection, the ceding insurer shall separately identify the increase as a surplus item in the aggregate write-ins for gains and losses in surplus in the Capital and Surplus account of the ceding insurer's statutory financial statement. As earnings emerge from the business reinsured, the ceding insurer shall report in its statutory financial statement recognition of surplus increase as income on a net of tax basis as reinsurance ceded.

**D. Written Agreements**

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1. A ceding insurer shall not reduce any liability or establish any asset in any statutory financial statement filed with the Department, unless the ceding insurer and the reinsurer have executed an agreement or a binding letter of intent by the “as of” date of the statutory financial statement.
2. A ceding insurer shall not be allowed a credit for the reinsurance ceded based on a letter of intent unless the ceding insurer and the reinsurer execute an agreement within 90 days from the execution date of the letter of intent.
3. The agreement shall provide that:
  - a. The agreement constitutes the entire contract between the parties with respect to the business reinsured, and there are no understandings between the parties other than as expressed in the agreement; and
  - b. Any change or modification to the agreement shall be void unless made by written amendment signed by all parties.

**Historical Note**

Adopted effective February 3, 1993 (Supp. 93-1). R20-6-307 recodified from R4-14-307 (Supp. 95-1). Amended effective December 7, 1995 (Supp. 95-4). Amended by final rulemaking at 29 A.A.R. 739 (March 17, 2023), effective May 8, 2023 (Supp. 23-1).

**Table A. Risk Categories**

Risk Categories:

- |                |                        |
|----------------|------------------------|
| (a). Morbidity | (d). Credit Quality    |
| (b). Mortality | (e). Reinvestment      |
| (c). Lapse     | (f). Disintermediation |

	a	b	c	d	e	f
Disability Insurance, other than long-term care or long-term disability insurance	+	0	+	0	0	0
Long-term care or long-term disability insurance	+	0	+	+	+	0
Immediate Annuities	0	+	0	+	+	0
Single Premium Deferred Annuities	0	0	+	+	+	+
Flexible Premium Deferred Annuities	0	0	+	+	+	+
Guaranteed Interest Contracts	0	0	0	+	+	+
Other Annuity Deposit Business	0	0	+	+	+	+
Single Premium Whole Life	0	+	+	+	+	+
Traditional Non-par Permanent Life	0	+	+	+	+	+
Traditional Non-par Term Life	0	+	+	0	0	0
Traditional Par Permanent Life	0	+	+	+	+	+
Traditional Par Term Life	0	+	+	0	0	0
Adjustable Premium Permanent Life	0	+	+	+	+	+
Indeterminate Premium Permanent Life	0	+	+	+	+	+
Universal Life Flexible Premium	0	+	+	+	+	+
Universal Life Fixed Premium, with dump-in premiums allowed	0	+	+	+	+	+

+ - Significant

0 - Insignificant

**Historical Note**

Adopted effective December 7, 1995 (Supp. 95-4). Corrected misspelled word “adjustable” as submitted in final rule (Supp. 98-3).

**R20-6-308. Expired**

expired under A.R.S. § 41-1056(E) at 13 A.A.R. 1278, effective September 30, 2006 (Supp. 07-1).

**Historical Note**

Adopted effective March 22, 1993 (Supp. 93-1). R20-6-308 recodified from R4-14-308 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 22 A.A.R. 3374, effective May 31, 2016 (Supp. 16-4).

**R20-6-309. Expired****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 255, effective January 1, 2000 (Supp. 99-4). Section

**R20-6-309.01. Expired****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 255, effective January 1, 2000 (Supp. 99-4). Section expired under A.R.S. § 41-1056(E) at 13 A.A.R. 1278, effective September 30, 2006 (Supp. 07-1).

**R20-6-309.02. Expired****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 255, effective January 1, 2000 (Supp. 99-4). Section

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expired under A.R.S. § 41-1056(E) at 13 A.A.R. 1278, effective September 30, 2006 (Supp. 07-1).

**R20-6-309.03. Expired****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 255, effective January 1, 2000 (Supp. 99-4). Section expired under A.R.S. § 41-1056(E) at 13 A.A.R. 1278, effective September 30, 2006 (Supp. 07-1).

**R20-6-309.04. Expired****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 255, effective January 1, 2000 (Supp. 99-4). Section expired under A.R.S. § 41-1056(E) at 13 A.A.R. 1278, effective September 30, 2006 (Supp. 07-1).

**R20-6-310. Corporate Governance**

The purpose of Sections R20-6-310.01 through R20-6-310.03 is to set forth procedures for filing and the required contents of the Corporate Governance Annual Disclosure (CGAD) deemed necessary by the Director to carry out the provisions of Title 20, Chapter 2, Article 16 on Corporate Governance.

**Historical Note**

New Section made by final exempt rulemaking at 25 A.A.R. 3715, with an immediate effective date of December 4, 2019 (Supp. 19-4).

**R20-6-310.01. Definitions**

The definitions in A.R.S. § 20-492 and this Section apply to Sections R20-6-310.02 through R20-6-310.04.

“CGAD” means Corporate Governance Annual Disclosure.

“NAIC” means National Association of Insurance Commissioners.

“Senior Management” means any corporate officer responsible for reporting information to the board of directors at regular intervals or providing this information to shareholders or regulators and shall include, for example and without limitation, the Chief Executive Officer (“CEO”), Chief Financial Officer (“CFO”), Chief Operations Officer (“COO”), Chief Procurement Officer (“CPO”), Chief Legal Officer (“CLO”), Chief Information Officer (“CIO”), Chief Technology Officer (“CTO”), Chief Revenue Officer (“CRO”), Chief Visionary Officer (“CVO”), or any other “C” level executive.

**Historical Note**

New Section made by final exempt rulemaking at 25 A.A.R. 3715, with an immediate effective date of December 4, 2019 (Supp. 19-4).

**R20-6-310.02. Filing Procedures**

- A. Deadline to file. An insurer, or the insurance group of which the insurer is a member, required to file a CGAD by A.A.C. Title 20, Chapter 2, Article 16 shall, no later than June 1 of each calendar year, submit to the Director a CGAD that contains the information described in Section R20-6-310.03.
- B. Attestation. The CGAD must include a signature of the insurer’s or insurance group’s CEO or corporate secretary attesting to the best of that person’s belief and knowledge that the insurer or insurance group has implemented the corporate governance practices and that the copy of the CGAD has been provided to the insurer’s or insurance group’s Board of Directors or appropriate committee of the Board of Directors.

- C. Format of the CGAD. The insurer or insurance group shall have discretion regarding the appropriate format for providing the information required and is permitted to customize the CGAD to provide the most relevant information necessary to permit the Director to gain an understanding of the corporate governance structure, policies and practices utilized by the insurer or insurance group.
- D. Insurer or insurance group to determine level of reporting.
  1. For purposes of completing the CGAD, the insurer or insurance group may choose to provide information on governance activities that occur at the ultimate controlling parent level, an intermediate holding company level and/or the individual legal entity level, depending on how the insurer or insurance group has structured its system of corporate governance.
  2. The insurer or insurance group is encouraged to make the CGAD disclosures at:
    - a. The level at which the insurer’s or insurance group’s risk appetite is determined,
    - b. The level at which the earnings, capital, liquidity, operations, and reputation of the insurer are overseen collectively and at which the supervision of those factors are coordinated and exercised, or
    - c. The level at which legal liability for failure of general corporate governance duties would be placed.
  3. If the insurer or insurance group determines the level of reporting based on the criteria in subsection (D)(2), it shall indicate which of the three criteria was used to determine the level of reporting and explain any subsequent changes in the level of reporting.
- E. CGAD completed at the insurance group level. Notwithstanding subsection (A) and as outlined in A.R.S. § 20-492.01, if the CGAD is completed at the insurance group level, then it must be filed with the lead state of the group as determined by the procedures outlined in the NAIC’s Financial Analysis Handbook 2018 Annual/2019 Quarterly, pp. 771 through 774, and no future editions. In these instances, a copy of the CGAD must also be provided, upon request, to the chief regulatory official of any state in which the insurance group has a domestic insurer.
- F. Reference to other existing documents. An insurer or insurance group may comply with this Section by referencing other existing documents (e.g., ORSA Summary Report, Holding Company Form B or F Filings, Securities and Exchange Commission (SEC) Proxy Statements, foreign regulatory reporting requirements, etc.) if the documents provide information that is comparable to the information described in R20-6-310.03. The insurer or insurance group shall clearly reference the location of the relevant information within the CGAD and attach the referenced document if it is not already filed or available to the Director.
- G. Subsequent filings of the CGAD. Each year following the initial filing of the CGAD, the insurer or insurance group shall file an amended version of the previously filed CGAD indicating where changes have been made to the previously filed CGAD. The filing shall also state if no changes are made to the information or activities previously reported by the insurer or insurance group.

**Historical Note**

New Section made by final exempt rulemaking at 25 A.A.R. 3715, with an immediate effective date of December 4, 2019 (Supp. 19-4).

**R20-6-310.03. Contents of CGAD**

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- A. Inclusion of attachments. The insurer or insurance group shall be as descriptive as possible in completing the CGAD, with inclusion of attachments or example documents that are used in the governance process, since these may provide a means to demonstrate the strengths of their governance framework and practices.
- B. Board. The CGAD shall describe the insurer's or insurance group's corporate governance framework and structure including consideration of the following:
  - 1. The Board and its various committees ultimately responsible for overseeing the insurer or insurance group and the level or levels at which that oversight occurs (e.g., ultimate control level, intermediate holding company, legal entity, etc.). The insurer or insurance group shall describe and discuss the rationale for the current Board size and structure; and
  - 2. The duties of the Board and each of its significant committees and how they are governed (e.g., bylaws, charters, informal mandates, etc.), as well as how the Board's leadership is structured, including a discussion of the roles of the Chief Executive Officer (CEO) and Chairman of the Board within the organization.
- C. Senior Governing Entity. The insurer or insurance group shall describe the policies and practices of the most senior governing entity and its significant committees, including a discussion of the following factors:
  - 1. How the qualifications, expertise and experience of each Board member meet the needs of the insurer or insurance group.
  - 2. How an appropriate amount of independence is maintained on the Board and its significant committees.
  - 3. The number of meetings held by the Board and its significant committees over the past year as well as information on director attendance.
  - 4. How the insurer or insurance group identifies, nominates and elects members of the Board and its committees. The discussion should include, for example:
    - a. Whether a nomination committee is in place to identify and select individuals for consideration.
    - b. Whether term limits are placed on directors.
    - c. How the election and re-election processes function.
    - d. Whether a Board diversity policy is in place and if so, how it functions.
  - 5. The processes in place for the Board to evaluate its performance and the performance of its committees, as well as any recent measures taken to improve performance (including any Board or committee training programs that have been put in place).
- D. Senior Management. The insurer or insurance group shall describe the policies and practices for directing Senior Management, including a description of the following factors:
  - 1. Any processes or practices (i.e., suitability standards) to determine whether officers and key persons in control functions have the appropriate background, experience and integrity to fulfill their prospective roles, including:
    - a. Identification of the specific positions for which suitability standards have been developed and a description of the standards employed.
    - b. Any changes in an officer's or key person's suitability as outlined by the insurer's or insurance group's standards and procedures to monitor and evaluate such changes.
  - 2. The insurer's or insurance group's code of business conduct and ethics, the discussion of which considers, for example:
    - a. Compliance with laws, rules, and regulations; and
    - b. Proactive reporting of any illegal or unethical behavior.
  - 3. The insurer's or insurance group's processes for performance evaluation, compensation and corrective action to ensure effective senior management throughout the organization, including a description of the general objectives of significant compensation programs and what the programs are designed to reward. The description shall include sufficient detail to allow the Director to understand how the organization ensures that compensation programs do not encourage and/or reward excessive risk-taking. Elements to be discussed may include, for example:
    - a. The Board's role in overseeing management compensation programs and practices.
    - b. The various elements of compensation awarded in the insurer's or insurance group's compensation programs and how the insurer or insurance group determines and calculates the amount of each element of compensation paid;
    - c. How compensation programs are related to both company and individual performance over time;
    - d. Whether compensation programs include risk adjustments and how those adjustments are incorporated into the programs for employees at different levels;
    - e. Any clawback provisions built into the programs to recover awards or payments if the performance measures upon which they are based are restated or otherwise adjusted;
    - f. Any other factors relevant to understanding how the insurer or insurance group monitors its compensation policies to determine whether its risk management objectives are met by incentivizing its employees.
  - 4. The insurer's or insurance group's plans for CEO and Senior Management succession.
- E. Oversight. The insurer or insurance group shall describe the processes by which the Board, its committees and Senior Management ensure an appropriate amount of oversight to the critical risk areas impacting the insurer's business activities, including a discussion of:
  - 1. How oversight and management responsibilities are delegated between the Board, its committees and Senior Management;
  - 2. How the Board is kept informed of the insurer's strategic plans, the associated risks, and steps the Senior Management is taking to monitor and manage those risks;
  - 3. How reporting responsibilities are organized for each critical risk area. The description should allow the Director to understand the frequency at which information on each critical risk area is reported to and reviewed by Senior Management and the Board. This description may include, for example, the following critical risk areas of the insurer:
    - a. Risk management processes (an ORSA Summary Report filer may refer to its ORSA Summary Report submitted pursuant to A.R.S. § 20-491.03);
    - b. Actuarial function;
    - c. Investment decision-making processes;

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- d. Reinsurance decision-making processes;
- e. Business strategy/finance decision-making processes;
- f. Compliance function;
- g. Financial reporting/internal auditing; and
- h. Market conduct decision-making processes.

**Historical Note**

New Section made by final exempt rulemaking at 25 A.A.R. 3715, with an immediate effective date of December 4, 2019 (Supp. 19-4).

**R20-6-310.04. Severability Clause**

If any provision of this Section, or the application thereof to any person or circumstance, is held invalid, such determination shall not affect other provisions or applications of this Section which can be given effect without the invalid provision or application, and to that end the provisions of this Section are severable.

**Historical Note**

New Section made by final exempt rulemaking at 25 A.A.R. 3715, with an immediate effective date of December 4, 2019 (Supp. 19-4).

**Appendix A. Expired****Table 1. Expired****Table 2. Expired****Table 3. Expired****Table 4. Expired****Table 5. Expired****Table 6. Expired****Historical Note**

Appendix A adopted by final rulemaking at 6 A.A.R. 255, effective January 1, 2000 (Supp. 99-4). Appendix A (including Tables 1 through 6) expired under A.R.S. § 41-1056(E) at 13 A.A.R. 1278, effective September 30, 2006 (Supp. 07-1).

**ARTICLE 4. TYPES OF INSURANCE COMPANIES****R20-6-401. Proxies, Consents, and Authorizations of Domestic Stock Insurers**

- A. The Department incorporates by reference National Association of Insurance Commissioners Model Laws, Regulations and Guidelines, Volume III, pp. 490-1 through 490-33, Regulation Regarding Proxies, Consents, and Authorization of Domestic Stock Insurers, April 1995 (and no future editions or amendments), which is on file with and available from the Department of Insurance, 100 N. 15th Ave., Suite 261, Phoenix, AZ 85007-2630, the Department's website: <https://difi.az.gov/insurance-division-rulemaking>, and the National Association of Insurance Commissioners, Publications Department, 1100 Walnut Street, Suite 1500, Kansas City, MO 64106-2197, modified as follows:

Section 1 A is modified to read: "No domestic stock insurer that has any class of equity securities held of record by 100 or more persons, or any director, officer or employee of that insurer, or any other person, shall solicit, or permit the use of the person's name to solicit, by mail or otherwise, any proxy, consent, or authorization in respect to any class of equity securities in contravention of this regulation and Schedules A and B, hereby made a part of this regulation.

- B. Domestic stock insurance companies shall comply with this Section as required under A.R.S. § 20-143(B).

**Historical Note**

Former General Rule 57-3. R20-6-401 recodified from R4-14-401 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E), filed in the Office of the Secretary of State August 24, 2000 (Supp. 00-3). New Section made by final rulemaking at 9 A.A.R. 1086, effective March 6, 2003 (Supp. 03-1). Section amended by final expedited rulemaking with an immediate effective date of September 16, 2019 (Supp. 19-3). Section amended by final rulemaking at 29 A.A.R. 3615 (November 24, 2023), effective January 7, 2024 (Supp. 23-4).

**R20-6-402. Expired****Historical Note**

Former General Rule 69-19. R20-6-402 recodified from R4-14-402 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E), filed in the Office of the Secretary of State August 24, 2000 (Supp. 00-3).

**Exhibit A. Expired****Historical Note**

Former General Rule 69-19. R20-6-402 recodified from R4-14-402 (Supp. 95-1). Exhibit expired under A.R.S. § 41-1056(E), filed in the Office of the Secretary of State August 24, 2000 (Supp. 00-3).

**Exhibit B. Expired****Historical Note**

Former General Rule 69-19. R20-6-402 recodified from R4-14-402 (Supp. 95-1). Exhibit expired under A.R.S. § 41-1056(E), filed in the Office of the Secretary of State August 24, 2000 (Supp. 00-3).

**R20-6-403. Expired****Historical Note**

Former General Rule 69-21. R20-6-403 recodified from R4-14-403 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E), filed in the Office of the Secretary of State August 24, 2000 (Supp. 00-3).

**Appendix A. Expired****Historical Note**

R20-6-403, Appendix A recodified from R4-14-403, Appendix A (Supp. 95-1). Appendix expired under A.R.S. § 41-1056(E), filed in the Office of the Secretary of State August 24, 2000 (Supp. 00-3).

**Appendix B. Expired****Historical Note**

R20-6-403, Appendix B recodified from R4-14-403, Appendix B (Supp. 95-1). Appendix expired under A.R.S. § 41-1056(E), filed in the Office of the Secretary of State August 24, 2000 (Supp. 00-3).

**Appendix C. Expired****Historical Note**

R20-6-403, Appendix C recodified from R4-14-403, Appendix C (Supp. 95-1). Appendix expired under A.R.S. § 41-1056(E), filed in the Office of the Secretary of State August 24, 2000 (Supp. 00-3).

**R20-6-404. Repealed**

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**Historical Note**

Former General Rule 73-31; Repealed effective January 1, 1981 (Supp. 80-6). R20-6-404 recodified from R4-14-404 (Supp. 95-1).

**R20-6-405. Health Care Services Organization****A. Scope**

1. The scope of this Section is the scope of A.R.S. Title 20 as it relates to Insurers or Hospital or Medical Service Corporations. As it relates to Health Care Services Organizations, the scope of this Section is the scope of Title 20, Chapter 1 and Title 20, Chapter 4, Article 9, as provided in A.R.S. § 20-1068. This Section is applicable to agents of persons, and persons operating or proposing to operate Health Care Services Organizations in the State of Arizona.
2. The statutory authority for this Section, A.R.S. Title 20, Chapter 4, Article 9, does not provide for exemptions for persons or agents of persons subject to A.R.S. Title 20, Chapter 4, Article 9, and no such exemption is intended or should be presumed by this Section or any provision of this Section.

**B.** Repeal. This Section does not repeal any known prior Section, memorandum, bulletin, directive or opinion on this subject matter. If such prior Section or directive exists and is in conflict with this Section, it is repealed by this Section.

**C.** Definitions. In addition to the definitions provided in A.R.S. § 20-1051, the following definitions apply to this Section unless the context otherwise requires:

1. "Agent" has the same meaning as "insurance producer" found at A.R.S. § 20-281(5).
2. "Certificate of Authority" has the meaning found at A.R.S. § 20-217.
3. "Director" has the meaning found at A.R.S. § 20-102.
4. "Hospital Service Corporation" has the meaning found at A.R.S. § 20-822.
5. "Insurer" has the meaning found at A.R.S. § 20-104.
6. "License" means the authority to act as an agent of a Health Care Services Organization.
7. "Medical Service Corporation" has the meaning found at A.R.S. § 20-822.
8. "Net charges" means the total of all sums prepaid by or for all enrollees, less approved refunds, adjustments and deductions, as consideration for Health Care Services of a Health Care Plan under an Evidence of Coverage.
9. "Physician and patient relationship" has the meaning found at A.R.S. § 20-833.
10. "Prepaid Group Practice Plan" means a person authorized and approved under A.R.S. Title 20.
11. "Prepaid Health Plan" means any Health Care Plan to pay or make reimbursement for Health Care Services on a prepaid basis other than insured plans otherwise authorized and approved under A.R.S. Title 20.
12. "Transact" has the meaning found at A.R.S. § 20-106(A) and (B).
13. "Unqualified agent" means a person directly or indirectly representing or acting for a Health Care Services Organization and not qualified as an agent thereof.

**D. Certificate of Authority – Application**

1. Pursuant to the authority of A.R.S. § 20-1053(A)(13), the Director finds that biographical information disclosing the past activities, employment and financial transactions of principals, principal officers, controlling persons, and agents of applicant Health Care Services Organizations is necessary for the protection of residents of this State.

2. Pursuant to the authority of A.R.S. § 20-1053(A)(13), the Director finds that records of fingerprints of principal officers and agents of applicant Health Care Services Organizations may be necessary for the protection of citizens of this state and may be required prior to licensing or approval of a Certificate of Authority.

**E. Certificate of Authority – Grounds for denial**

1. Policy. A Certificate of Authority to operate a Health Care Services Organization shall not be granted until the Director is satisfied by the affirmative showing, verified by the applicant, that all of the requirements of A.R.S. §§ 20-1051, 20-1052, 20-1052.01, 20-1053 and 20-1054 are met and will continue to be met.
2. Guidelines. The guidelines and standards for determination of appropriate mechanisms to achieve an effective Health Care Plan include, but are not limited to the following:
  - a. Ability to provide basic Health Care Services without undue restrictions, limitations, discrimination, unreasonable fee schedules, or unreasonable administrative costs; an affirmative showing that the form of organization does not evidence any coercion, duress or other compulsion over members;
  - b. The form of organization does not lend itself to practices prohibited by A.R.S. §§ 20-441 through 20-459, and
  - c. The evidence of coverage does not contain provisions or statements which are unjust, inequitable, misleading, deceptive or untrue or encourage misrepresentation.
3. Failure to pay obligations. Applications for a Certificate of Authority to operate a Health Care Services Organization may be denied or rejected if the applicant has failed after 30 days from the entry of final judgment, to pay obligations within the provisions of an evidence of coverage issued by such applicant. The provisions of this Section may be waived by the Director upon a clear affirmative showing that the applicant is defending an action or appealing a judgment at law or equity in a court of this state, or is required to obtain a Certificate of Authority so as to maintain such action.

**F. Solicitation requirements**

1. Forms for evidences of coverage, advertising matter, sales material and amendments thereto will not be approved until the Director is satisfied all applicable statutory requirements have been met and will continue to be met, and the necessary fees have been paid.
2. Each Health Care Services Organization shall maintain at its home or principal office a complete file containing every printed, published or prepared advertisement brochure, form letter of solicitation, evidence of coverage, certificate, agreement or contract, and a copy of all radio and television forms of the above hereafter disseminated in this or any other state with a notation attached to each such solicitation or inducement to indicate the manner and extent of distribution and the date of approval by the Department of such solicitation. Such advertising file shall be maintained for a period of not less than three years.

**G. Taxes**

1. All Health Care Services Organizations operating and transacting business in the State of Arizona shall on or before March 1 and with the filing of the Annual Report,



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file a tax return and pay the tax due on the filed return pursuant to A.R.S. § 20-1060.

2. Annual tax returns required to be filed coincident with the annual report shall be for the full calendar year next preceding the date of filing the annual report.
3. Net charges, as in this Section defined, shall represent the net charges received during the calendar year next preceding the date of filing the annual report and tax return.

**H. Deposit requirements**

1. In the event a Health Care Services Organization determines to maintain statutory deposits by a surety bond, such surety bond shall be on a form as approved by the Director guaranteeing the payment of Health Care Services furnished to enrollees, and shall be deposited with the State Treasurer.
2. Provider sponsored Health Care Services Organizations claiming to be exempt from the deposit requirement, pursuant to A.R.S. § 20-1055(F), shall submit to the Director an affirmative showing or certification executed by an authorized federal, state or municipal government or political subdivision thereof, demonstrating operational commitments equivalent to the statutory deposit requirements.
3. Statutory deposits shall not be withdrawn or a surety bond cancelled until all contingent and perfected liens, including judgments, debts, and other liabilities for payment of Health Care Services to which the enrollee is entitled under the evidence of coverage, shall have been paid and the Director authorizes, in writing, to withdraw such deposits or cancel such bonds. Equal par value statutory deposit exchanges may be completed without the Director's prior approval.

**I. Insurers and hospital and medical service corporations – Certificate of Authority**

1. Insurers, Hospital Service Corporation, Medical Service Corporations, and Hospital and Medical Service Corporations, holding current Certificates of Authority to do business in this state may organize and operate Health Care Services Organizations jointly or severally without compliance with the deposit and reserve requirements of the statute if the application contains an affirmative showing that the applicant organization has complied with comparable provisions of Title 20, and is an appropriate mechanism to achieve an effective Health Care Plan.
2. The provisions of statute and this Section applying to Certificates of Authority and Application therefor, shall apply to all insurers, Hospital Service Corporations, Medical Service Corporations, and Hospital and Medical Service Corporations doing business in this state.
3. Organizations claiming exemption or partial exemption pursuant to A.R.S. § 20-1063(C) shall file with the Director simultaneously with the application for Certificate of Authority, a statement affirmatively showing that the applicant has complied with provisions of Title 20 A.R.S. comparable to or more restrictive than the provisions of Title 20, Chapter 4, Article 9, and shall have received the written approval of the Director for such exemption or partial exemption.

**J. Application, examination and licensing of agents. No agent of a Health Care Services Organization shall be eligible for transactions of a Health Care Services Organization unless, prior to making any solicitation or transaction, the agent has been appointed by a Health Care Services Organization holding a current valid Certificate of Authority and is licensed as an**

insurance producer. The Health Care Services Organization is not required to report its appointments to the Department. An agent directly or indirectly representing or acting for a Health Care Services Organization and not licensed or otherwise qualified under A.R.S. Title 20, shall be an unqualified agent.

**K. Forms**

1. The forms prescribed by this Section and their instructions are adopted as requirements of the Director and necessary for the protection of citizens of this state. Such forms, instructions, manuals or examinations are those currently in use, but the same may be amended and approved without reference to this Section. The form of manual or examination of agents, or any form adopted by the Director may be reproduced for the purpose of reporting or for other purposes.
2. For good cause shown, the Director may authorize the filing of forms and reports on dates other than required by this Section, if applied for in writing not less than 10 days prior to the due date of the report and statement, exhibit, return or accounting.

**L. Severability. In any provision of this Section or the forms, statements, returns or reports made part of this Section, or the application to any person or circumstance is held invalid, such invalidity shall not affect the provisions of applications of this Section, which can be given effect without the invalid provision or application, and to this end the provisions of this Section are declared to be severable.****Historical Note**

Former General Rule 73-33; Amended subsections (E), (P), (R), (S), and (T) effective August 12, 1981 (Supp. 81-4). R20-6-405 recodified from R4-14-405 (Supp. 95-1). Section amended by final rulemaking at 29 A.A.R. 3615 (November 24, 2023), effective January 7, 2024 (Supp. 23-4).

**R20-6-406. Expired****Historical Note**

Adopted effective May 18, 1978 (Supp. 78-3). R20-6-406 recodified from R4-14-406 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E), filed in the Office of the Secretary of State August 24, 2000 (Supp. 00-3).

**R20-6-407. Service Companies**

- A. Scope.** This rule shall apply to all service companies except those that are exempt under A.R.S. § 20-1095.02.
- B. Definitions.** The definitions in A.R.S. § 20-1095 apply to this rule.
  1. "Contract Holder" has the same meaning as "consumer" as defined in A.R.S. § 20-1095(1).
  2. "Department" means the Arizona Department of Insurance and Financial Institutions, Insurance Division.
  3. "Director" means the Director of the Department.
  4. "Insolvent" as used in A.R.S. § 20-1095.08(3) means total liabilities are equal to or exceed total assets.
  5. "Provider" means a person who is contractually obligated to the service contract holder under the terms of a service contract. "Provider" is synonymous with "service company" and "obligor" as defined in A.R.S. § 20-1095(6).
  6. "Reasonable time" or "Reasonable period of time:"
    - a. As used in A.R.S. § 20-1095.06(C)(2), means at the time of purchase or mailed or electronically delivered but not more than 10 business days after the purchase date of the contract. The service company

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must be able to provide proof of delivery if requested by the Department.

- b. As used in A.R.S. § 20-1095.09(A)(4), is what an ordinary person would consider “reasonable” under the totality of the circumstances.

7. “Solvent” as used in A.R.S. § 20-1095.03(A)(1) means total assets exceed total liabilities.

8. “Subcontractor” means a person or business having a contractual relationship with a service company to provide work or services which a service company has agreed to perform under a service contract. If required by the type of work being performed, all subcontractors must be licensed.

**C. Application for a service company permit.**

1. Application form. The application for a service company permit shall be on a form designated by the Department and shall be transmitted through an electronic online system if such a system is designated on the Department’s web site. An application must be complete and have all attachments to be considered by the Department.

2. Application. The application shall contain the following information:

- a. Applicant’s full legal name;
- b. Applicant’s federal employer identification number (EIN);
- c. Applicant’s trade name or names, if applicable;
- d. Applicant’s state of domicile;
- e. Applicant’s form of business entity (corporation, limited liability company, etc.);
- f. Applicant’s addresses, phone numbers, e-mail address or addresses and website or addresses;
- g. Name, address, and phone number or e-mail address for each contact person of the applicant;
- h. A list of the applicant’s officers, directors, LLC managers, and persons owning 25% or more of the service company, and for each officer, director, manager, or person owning 25% or more of an entity that owns the service company;
- i. If the applicant intends to use a service contract administrator, the name and contact information for the applicant’s service contract administrator;
- j. The applicant’s fiscal year end date;
- k. A summary of the applicant’s financial position including current assets, current liabilities, equity and income;
- l. The name and signature of an officer of the applicant; and
- m. Any other information the Department deems necessary to aid in the approval of the application.

3. Application attachments. The applicant shall include the following as part of the application:

- a. A copy of the service company’s most recent financial statement sworn to and certified by the owner, duly elected officer or a certified public accountant.
- b. Evidence of compliance with the financial security requirements of A.R.S. § 20-1095.03(A)(3).
- c. A biographical affidavit, on a form approved by the Department, for each officer, director, LLC manager, or person owning 25% or more of the service company, and for each officer, director, manager, or person owning 25% or more of an entity that owns the service company.

- d. A list of any actions taken against the applicant in any jurisdiction by a regulatory agency or state attorney general.

4. Application fee. At the time of filing the application, the applicant shall pay the nonrefundable application fee prescribed by A.R.S. § 20-167 and fixed by the Department.

**D. Term of the service company permit.**

1. Term of permit. A service company permit shall have a term that begins on the date that the Department either grants or renews a service company permit and expires at midnight on the last day of the month, three months after the service company’s fiscal year-end date.

2. The Department is not required to issue a paper copy of the service company permit. However, the Department will make a copy of the service company permit available by electronic or other means.

3. Expiration of a service company permit.

- a. Unless the Department receives an application and full payment of fees for renewal prior to the end of the service company permit term, the service company permit expires.
- b. A service company whose permit term has expired shall not offer, extend, or renew a service contract.
- c. A service company whose permit has expired shall continue to fulfill the obligations of its in-force contracts and shall maintain the security required under A.R.S. § 20-1095.03(3) until such time that all of the service company’s contractual obligations to contract holders are fulfilled.

**E. Service company permit renewal and late-renewal.**

1. Timely renewal. A service company seeking to renew its permit shall file with the Department a renewal application, consisting of the renewal application form, all required attachments and the renewal fee after the end of its fiscal year but before the expiration of its permit term. A service company shall transmit the renewal application through an electronic online system if such a system is designated on the Department’s website. A renewal application must be complete, have all required attachments and the renewal fee to be considered as having been received by the Department.

2. Renewal form. A service company shall use the renewal form designated by the Department. The renewal shall contain the following information:

- a. Service company name appearing on the permit, and the service company’s Arizona license number and EIN;
- b. Any additions or deletions to the service company’s trade name or trade names, addresses, phone numbers and website addresses;
- c. Any changes to the service company’s contact person or persons or service contract administrator, or their contact information;
- d. A summary of the applicant’s financial position including current assets, current liabilities, equity and income; and
- e. Any other information the Department deems necessary to aid in the renewal of the permit.

3. Renewal attachments. The service company shall attach the following to the renewal:

- a. A copy of the service company’s financial statement as of the end of the service company’s most recently completed fiscal year, sworn to and certified by the

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- owner, duly elected officer or a certified public accountant.
- b. Evidence of continuing compliance with the financial security requirements of A.R.S. § 20-1095.03(A)(3).
  - c. Any additions or deletions to the officers, directors, LLC managers, or persons owning 25% or more of the service company, or to an entity that owns the service company since the last report to the Department.
  - d. A biographical affidavit, on a form approved by the Department, for each new person identified in subsection (3)(c).
  - e. Any actions taken against the service company in any jurisdiction by a regulatory agency or state attorney general not previously reported to the Department.
4. Renewal fee. At the time of filing the renewal, the service company shall pay a nonrefundable renewal fee as prescribed by A.R.S. § 20-167 and fixed by the Department.
  5. Late-renewed application and fee.
    - a. Late-renewal period. A service company whose permit term has expired may file a renewal application up to ninety days after the expiration of the permit term. After the ninety-day period, a renewal application will not be accepted by the Department and the service company must file a service company permit application with the Department pursuant to subsection (C) of this Section.
    - b. A service company whose permit term has expired shall not offer, extend, or renew a service contract until the permit is renewed or a new permit is issued by the Department.
    - c. Fee. In addition to the nonrefundable renewal fee required under subsection (E)(4) of this Section, the service company shall pay a nonrefundable additional fee of \$25 per day starting the calendar day after the permit term expiration and ending on the date the service company files a complete renewal application.
    - d. Term of a late-renewed permit. The term of a late-renewed permit shall begin on the date the Department renews the permit and shall end on the last day of the permit term.
- F. Deposits of cash or alternatives to cash.**
1. Contracts issued, renewed, or extended on or after August 3, 2018. For any contract that a service company issues, extends, or renews from and after August 3, 2018, a service company may not satisfy the financial responsibility requirements of A.R.S. § 20-1095.04 by means of providing a deposit of cash or alternatives to cash.
  2. Contracts issued, renewed, or extended before August 3, 2018. If a service company provided a deposit of cash or alternatives to cash covering service contracts that were issued, last extended, or last renewed prior to August 3, 2018, the service company shall maintain the deposit in the amount required to cover those contracts and the deposit shall not be encumbered.
  3. Release of deposits of cash or alternatives to cash. As it relates to financial responsibility requirements fulfilled by a deposit of cash or alternatives to cash, the Director shall only release the deposit upon one of the following:
    - a. The service company provides a surety bond or mechanical reimbursement policy that covers the outstanding service contract liabilities secured by the cash or alternatives to cash.
- b. The Department has approved the assumption of outstanding service contracts and liabilities by another service company that has acknowledged the assumption of the outstanding contracts and that shall provide each affected contract holder an endorsement issued by the mechanical reimbursement insurer or surety.
  - c. The service company provides evidence satisfactory to the Department that:
    - i. The outstanding service contracts and liabilities have expired or have been cancelled in accordance with the service contract terms;
    - ii. All claims under the service contracts have been settled; and
    - iii. The service company is financially able and agrees to be financially responsible for any valid unreported claims.
- G. Filing of forms.**
1. Contracts to be submitted for approval. A service company shall submit contracts for the Department's approval pursuant to A.R.S. § 20-1095.06. A service company is not required to submit advertisements or marketing materials for approval by the Department but shall abide by the provisions of Title 20, Chapter 2 - Article 6, Chapter 4 - Article 11, and this Section regarding misrepresentations in the sales of service contracts.
  2. Requirements for approval. No service contract form shall be approved unless it:
    - a. Complies with A.R.S. § 20-1095.06;
    - b. Identifies the covered products under the contract and, in bold-faced type, preferably in a larger font, the specific items or components of those products which are excluded;
    - c. States the service fee or deductible charge, if any, to be charged, or applied, for service calls and/or each covered repair;
    - d. Specifies in clear and easily understood language the specific circumstances under which a contract holder may engage a subcontractor who is not recommended by the service company without becoming financially responsible under the contract and whether pre-authorization is required prior to engaging a subcontractor who is not recommended by the service company;
    - e. Specifies in clear and easily understood language the service company's financial responsibilities to the contract holder when any of the systems, products or appliances covered by the contract cannot be replaced or repaired;
    - f. If applicable, states the conditions under which the service contract or coverage may be reinstated;
    - g. States the dates of coverage under the service contract including any delay in coverage that differs from the purchase date of the contract which would extend the coverage term of the contract and any terms that govern renewal of the service contract; and
    - h. If providing a pro rata refund upon cancellation of the service contract before the end of the coverage period of the service contract, the service contract shall contain language in conformance with A.R.S. § 20-1095.06(D)(9).

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3. Disapproval of contracts. The Department may disapprove any service contract that is in violation of Title 20, Chapter 4 - Article 11, or this subsection (G). The service company may request a hearing to appeal the disapproval pursuant to A.R.S. § 20-161.

**Historical Note**

Adopted effective April 30, 1981 (Supp. 81-2). Former Section R4-14-407 repealed and a new Section R4-14-407 adopted effective July 2, 1987 (Supp. 87-3). R20-6-407 recodified from R4-14-407 (Supp. 95-1). Section amended by final rulemaking at 28 A.A.R. 3968 (December 30, 2022), effective February 6, 2023 (Supp. 22-4).

**R20-6-408. Expired****Historical Note**

Former Section R4-14-408 renumbered as Section R4-14-409; a new Section R4-14-408 adopted effective July 15, 1987 (Supp. 87-3). R20-6-408 recodified from R4-14-408 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 24 A.A.R. 3106, effective October 9, 2018 (Supp. 18-4).

**R20-6-409. Hospital, Medical, Dental, and Optometric Service Corporations**

- A.** Applicability. This rule applies to all subscription contracts issued by hospital, medical, dental and optometric service corporations.
- B.** Subscription contract provision. Subscription contracts of hospital, medical, dental and optometric service corporations subject to the provisions of Article 3, Chapter 4 of Title 20, A.R.S., shall meet the requirements of the following Sections:
1. R20-6-201. Advertisements of Health,
  2. R20-6-207. Gender Discrimination,
  3. R20-6-208. Group Coverage Discontinuance and Replacement,
  4. R20-6-211. Discrimination on the Basis of Blindness or Partial Blindness,
  5. R20-6-213. Life and Disability Insurance Policy Language Simplification, and
  6. R20-6-607. Reasonableness of Benefits in Relation to Premium Charged.

**Historical Note**

Adopted effective July 9, 1982 (Supp. 82-4). Former Section R4-14-408 renumbered without change as Section R4-14-409 effective July 15, 1987 (Supp. 87-3). R20-6-409 recodified from R4-14-409 (Supp. 95-1). Section amended by final rulemaking at 29 A.A.R. 3615 (November 24, 2023), effective January 7, 2024 (Supp. 23-4).

**ARTICLE 5. THE INSURANCE CONTRACT****R20-6-501. Ten-day Period to Examine Disability Insurance Policy**

For the purpose of implementing A.R.S. §§ 20-442, 20-443, 20-826, 20-1111 and 20-1113 and to make more specific the regulation therein provided relative to policies of individual disability insurance (accident and sickness, hospitalization, medical, surgical and loss of time) issued in the State of Arizona and further to provide satisfactory public remedy against the hazards of misunderstanding by an applicant, of deception and coercion by an agent and of certain policy exclusions and limitations that cheapen the value of coverage, the Insurance Department of Arizona adopts the following rule:

1. Each policy of individual disability insurance, except one for which no provision for renewal is made, issued for delivery in the State of Arizona on or after October 1, 1961, by an insurance company or by a hospital or medical service corporation shall have printed on the first page thereof or attached thereto or endorsed thereupon in prominent style a notice declaring that, during a period of 10 days (or, at the insurer's option, a longer period) from the date of delivery to the policyholder, such policy may be returned for cancellation to the insurer at its home office (or, at the insurer's option, to its branch office or to the agent through whom it was purchased) and declaring further that in the event of such return the insurer will refund the entirety of any premium paid therefor, including any policy fees or other charges, and that the policy shall be deemed void from the beginning and that the parties shall be returned to their original position as if no policy had been issued.
2. The Insurance Department does not specify the particular language the notice shall contain but prefers usage of a phraseology approximately along the lines of either the longer (Form A) or shorter (Form B) sample below:

**Sample Form A****NOTICE OF TEN-DAY RIGHT TO EXAMINE POLICY**

The \_\_\_\_\_ Insurance Company urges you to read this policy carefully and trusts that upon doing so you will fully understand, and will be pleased with, its coverage. If, however, questions arise or information is desired, do not hesitate to consult the selling agent. In addition, should the policy for any reason be unsatisfactory, by surrendering it within ten days following receipt to our office at \_\_\_\_\_ or to the selling agent, immediately full premium will be refunded and the policy will be cancelled and deemed void and as never in force and effect.

**Sample Form B****IMPORTANT NOTICE**

If for any reason this policy is unsatisfactory, it may be returned for cancellation within ten days following receipt – in which case the entire premium will be refunded.

(Insurer's name and address)

**Historical Note**

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Former General Rule 61-7. R20-6-501 recodified from R4-14-501 (Supp. 95-1).

**ARTICLE 6. TYPES OF INSURANCE CONTRACTS****R20-6-601. Regulations Governing Bail Transactions****A. General provisions**

1. Effective date
  - a. These regulations are effective November 1, 1960. On and after date, no bail transaction or severable portion thereof shall be conducted, directly or indirectly except in full conformity herewith.
  - b. No surety insurer shall furnish for use and no bail bond agent shall use any forms or documents which contain any provisions contrary to these regulations on or after the effective date hereof.
2. Authority. Authority for these regulations is A.R.S. §§ 20-142, 20-143 and 20-257 and A.R.S. Chapter 2, Article 3.
3. Public interest served. These regulations serve the public interest by prohibiting inequities in bail transactions and by establishing standards of licensing and conduct for bail bond agents.
4. Regulations as severable. These regulations shall be construed as severable, such that, where one or more Sections are held invalid, such remaining Sections will not be adversely affected.
5. Penalty. Violation of these regulations will subject the guilty party to the penalties of A.R.S. §§ 20-114, 20-220 and 20-316 and to the enforcement procedures of A.R.S. §§ 20-152 and 20-160 through 20-166.

**B. Definitions**

1. "Bail transaction" defined. As used in these regulations, the term "bail transaction" includes solicitation and inducement, preliminary negotiation and effectuation of a contract of surety insurance and the transaction of matters subsequent thereto and arising therefrom – all in connection with the release of persons arrested or confined.
2. "Bail bond agent" defined. As used in these regulations, the term "bail bond agent" means any person who engages in a bail transaction on behalf of a surety insurer or representative thereof.
3. "Arrestee" defined. As used in these regulations, the term "arrestee" means any person arrested or detained whose release on bail is solicited or procured or concerning whose release negotiations are commenced.
4. "Director" defined. As used in these regulations, the term "Director" means the Director of Insurance of the state.

**C. Licensing**

1. Application for license. Each application for original or renewal license as a bail bond agent shall be on a form furnished by the Director, and each applicant for such license shall furnish such supplementary information and supporting statements as the Director may require.
2. Prohibited associations. A bail bond license shall not be issued to, renewed for or maintained by any person who associates regularly with criminals, gamblers or persons of poor repute – except to the extent such association is required by business or professional duty and responsibility.
3. Transactions by unlicensed persons prohibited. No bail bond agent shall directly or indirectly permit any person on his behalf to solicit or negotiate bail transactions unless such person is duly licensed by the Director.

4. Employees. Employees of bail bond agents performing only clerical duties need not be licensed hereunder and shall be deemed not engaged in bail transactions.

**D. Conduct of bail bond agents**

1. Disclosure of business. Every bail bond agent shall conduct his business in such a manner that the public and those dealing with him shall be aware of the capacity in which he is acting.
2. Control of employees. A bail bond agent shall exercise direct supervision over his employees and keep informed of their actions as his employees.
3. Prohibited employees. No bail bond agent shall have in his employ at any time any criminal, gambler or person of poor repute.
4. Acting for attorney. No bail bond agent shall receive, or collect for an attorney any money or other item of value for attorney's fee, costs or any other purpose on behalf of an arrestee, unless a receipt is given therefor.
5. Informants prohibited. No bail bond agent shall for any purpose, directly or indirectly, enter into an arrangement of any kind or have an understanding with a law enforcement officer, with a newspaper employee, with a messenger service or employee thereof, with a trusty in a jail, with other person incarcerated in a jail, or with any person whatever, to inform or notify any bail bond agent directly or indirectly of:
  - a. The existence of a criminal complaint;
  - b. The fact of an arrest; or
  - c. The fact that an arrest of any person is pending or contemplated; or
  - d. Any information pertaining to matters set forth in (a), (b), and (c) hereof or to the persons involved therewith.
6. Compliance with rules of public authority. No bail bond agent shall solicit any person in a bail transaction in a prison or jail or other place of detention, court or public institution connected with the administration of justice unless said bail bond agent has fully complied with every rule, regulation and ordinance issued by each public authority governing the conduct of persons in or about said premises.
7. Representations to public authority
  - a. No bail bond agent shall make any misleading or untrue representation to a court or to a public official with respect to a bail transaction, nor for the purpose of avoiding or preventing a forfeiture of bail or of having set aside a forfeiture which has occurred.
  - b. Every bail bond agent shall truthfully and fully answer every question asked him by the Director or his representative respecting his bail transactions and matters relating to the conduct of his bail business. Any bail bond agent may have his attorney present when he answers any such question.
8. Maintenance of records. Every bail bond agent shall keep complete records of all business done under authority of his license. Such records shall be open to inspection or examination by the Director or his representatives at all reasonable times at the principal place of business of the bail bond agent as designated in his license.

**E. Charges, collateral, refunds and rebates**

1. Rates
  - a. No bail bond agent shall issue or deliver a bail bond except at the premium rates most recently filed and

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- approved by the Director in accordance with A.R.S. § 20-357.
- b. Every bail bond agent shall post the premium rates of the surety insurer he represents in a conspicuous manner at his place of business.
  2. Charges permitted. No bail bond agent shall, in any bail transaction or in connection therewith, directly or indirectly, charge or collect money or other valuable consideration from any person except for the following purposes:
    - a. To pay the premium at the rates established by the surety insurer and approved by the Director.
    - b. To provide collateral.
    - c. To reimburse himself for actual and reasonable expenses incurred in connection with the individual bail transaction, including:
      - i. Guard fees after the first 12 hours following release of an arrestee on bail;
      - ii. Notary fees, recording fees, necessary long distance telephone expenses, telegram charges, and travel expenses for other than local community travel.
      - iii. Any other actual expenditure necessary to the bail transaction which is not usually and customarily incurred in connection with the ordinary operation and conduct of bail transactions.
  3. Delivery of documents to arrestee
    - a. Every bail bond agent shall, at the time of obtaining the release of an arrestee on bail or immediately thereafter, deliver to such arrestee or to the principal person with whom negotiations were made, if other than the arrestee, a copy of the bail bond premium agreement, which shall include:
      - i. The name of the surety insurer and the name and business address of the bail bond agent.
      - ii. The amount of bail and the premium thereof.
    - b. The bail bond agent shall also deliver at such time a statement detailing all charges in addition to the premium, the amount received on account, the unpaid balance if any, and a description of and a receipt for any collateral received.
  4. Collateral
    - a. Any bail bond agent who receives collateral in connection with a bail transaction shall do so in a fiduciary capacity and, prior to any forfeiture of bail, shall keep such collateral separate and apart from any other funds, assets or property of such bail bond agent.
    - b. Any collateral received shall be returned to the person who deposited it with the bail bond agent or any assignee as soon as the obligation, the satisfaction of which was secured by the collateral, is discharged. Where such collateral has been deposited to secure the obligation of a bond, it shall be returned immediately upon the entry of any order by an authorized official by virtue of which liability under the bond is terminated, or, if any bail bond agent fails to cooperate fully with any authorized official to secure the termination of such liability, immediately upon the accrual of any right to secure an order of termination of liability.
    - c. When such collateral has been deposited as security for unpaid premium or charges and, if such premium or charges remained unpaid at the time of exoneration and after demand therefor has thereafter been made by the bail bond agent, collateral other than cash may be levied upon in the manner provided by law and cash collateral up to the amount of such unpaid premium or charges may be applied in payment thereof.
    - d. If collateral received by a bail bond agent is in excess of the bail forfeited, such excess shall be returned to the depositor immediately upon application of the collateral to the forfeiture subject, however, to any claim of the bail bond agent for unpaid premium or charges as provided in subparagraph (c) of paragraph (4) of subsection (E), or as agreed to in writing by the bail bond agent and arrestee or his indemnitor.
    5. Premium refund upon surrender of arrestee. No bail bond agent shall surrender an arrestee to custody prior to the time specified in the bail bond for the appearance of the arrestee, or prior to any other occasion when the presence of the arrestee in court is lawfully required, without returning all premium paid therefor, unless as a result of judicial action, or material misrepresentation by the arrestee or his indemnitor with respect to the execution of the bail bond agreement, or a material and substantial increase in the hazard assumed. Failure of the arrestee to pay the premium, or charges permitted under these regulations or any part thereof, and failure to furnish collateral required by the bail bond agent, shall not be considered a material and substantial increase in the hazard assumed.
    6. Rebating prohibited. No bail bond agent shall pay or allow in any manner, directly or indirectly, to any person who is not also a bail bond agent any commission or valuable consideration on or in connection with a bail transaction. This Section shall not prohibit payments by a bail bond agent to an unlicensed person of charges by such persons for services of the kind specified in paragraph (2) subsection (E) of this Section.

**Historical Note**

Former General Rule 60-5. R20-6-601 recodified from R4-14-601 (Supp. 95-1).

**R20-6-602. Nationwide Inland Marine Definition**

- A. Applicability. This rule applies to risks and coverages which may be classified or identified as Marine, Inland Marine or Transportation insurance but shall not be construed to mean that the kinds of risks and coverages are solely Marine, Inland Marine or Transportation insurance in all instances. This rule shall not be construed to restrict or limit in any way the exercise of any insuring powers granted under charters and license whether used separately, in combination or otherwise.
- B. Marine and/or transportation policies may cover under the following conditions:
  1. Imports.
    - a. Imports may be covered wherever the property may be and without restriction as to time, provided the coverage of the issuing companies includes hazards of transportation.
    - b. An import, as a proper subject of marine or transportation insurance, shall be deemed to maintain its character as such so long as the property remains segregated in such a way that it can be identified and has not become incorporated and mixed with the general mass of property in the United States, and

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- shall be deemed to have been completed when such property has been:
- i. Sold and delivered by the importer, factor or consignee; or
  - ii. Removed from place of storage and placed on sale as part of the importer's stock in trade at a point of sale or distribution; or
  - iii. Delivered for manufacture, processing or change in form to premises of the importer or of another for any such purposes.
2. Exports.
    - a. Exports may be covered wherever the property may be located without restriction as to time, provided the coverage of each issuing company includes hazards of transportation.
    - b. An export, as a proper subject of marine or transportation insurance, shall be deemed to acquire its character as such when designated or while being prepared for export and retain that character unless diverted for domestic trade, and when so diverted, the provisions of this rule respecting domestic shipments shall apply, provided, however, that this provision shall not apply to long established methods of insuring certain commodities, e.g., cotton.
  3. Domestic shipments.
    - a. Domestic shipments on consignment, for sale or distribution, exhibit, or trial, or approval or auction, while in transit, while in the custody of others and while being returned, provided the coverage of each issuing company includes hazards of transportation, and further provided that in no event shall the policy cover domestic shipments on consignment on premises owned, leased or operated by the consignor.
    - b. Domestic shipments not on consignment, provided the coverage of the issuing companies includes hazards of transportation, beginning and ending within the United States, and further provided that such shipments shall not be covered at manufacturing premises nor after arrival at premises owned, leased or operated by assured or purchaser.
  4. Bridges, tunnels and other instrumentalities of transportation and communication excluding buildings, their improvements and betterments, their furniture and furnishings, fixed contents and supplies held in storage. The foregoing includes:
    - a. Bridges, tunnels, other similar instrumentalities, including auxiliary facilities and equipment attendant thereto.
    - b. Piers, wharves, docks, slips, dry docks and marine railways.
    - c. Pipelines, including on-line propulsion, regulating and other equipment appurtenant to such pipelines, but excluding all property at manufacturing, producing, refining, converting, treating or conditioning plants.
    - d. Power transmission and telephone and telegraph lines, excluding all property at generating, converting or transforming stations, substations and exchanges.
    - e. Radio and television communication equipment in use as such including towers and antennae with auxiliary equipment, and appurtenant electrical operating and control apparatus.
    - f. Outdoor cranes, loading bridges and similar equipment used to load, unload and transport.
  5. Personal Property Floater Risks covering individuals and/or generally
    - a. Personal Effects Floater Policies
    - b. The Personal Property Floater
    - c. Government Service Floater
    - d. Personal Fur Floaters
    - e. Personal Jewelry Floaters
    - f. Wedding Present Floaters for not exceeding 90 days after the date of the wedding.
    - g. Silverware Floaters.
    - h. Fine Arts Floaters, covering paintings, etchings, pictures, tapestries, art glass windows, and other bona fide works of art of rarity, historical value or artistic merit.
    - i. Stamp and Coin Floaters.
    - j. Musical Instrument Floaters. Radios, televisions, record players and combinations thereof are not deemed musical instruments.
    - k. Mobile Articles, Machinery and Equipment Floaters, excluding vehicles designed for highway use and auto homes, trailers and semi-trailers except when hauled by tractors not designed for highway use, covering identified property of a mobile or floating nature pertaining to or usual to a household. Such policies shall not cover furniture and fixtures not customarily used away from premises where such property is usually kept.
    - l. Installment Sales and Leased Property Policies covering property pertaining to a household and sold under conditional contract of sale, partial payment contract or installment sales contract or leased, but excluding motor vehicles designed for highway use. Such policies must cover in transit but shall not extend beyond the termination of the seller's or lessor's interest.
    - m. Live Animal Floaters.
  6. Commercial Property Floater Risks covering property pertaining to a business, profession or occupation.
    - a. Radium Floaters.
    - b. Physicians' and Surgeons Instrument Floaters. Such policies may include coverage of such furniture, fixtures and tenant assured's interest in such improvements and betterments of buildings as are located in that portion of the premises occupied by the assured in the practice of his profession.
    - c. Pattern and Die Floaters.
    - d. Theatrical Floaters, excluding buildings and their improvements and betterments, and furniture and fixtures that do not travel about with theatrical troupes.
    - e. Film Floaters, including builders' risk during the production and coverage on completed negatives and positives and sound records.
    - f. Salesmen's Samples Floaters.
    - g. Exhibition Policies on property while on exhibition and in transit to or from such exhibitions.
    - h. Live Animal Floaters.
    - i. Builders Risks and/or Installation Risks covering interest of owner, seller or contractor, against loss or damage to machinery, equipment, building materials or supplies, being used with and during the course of installation, testing, building, renovating or repair-

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ing. Such policies may cover at points or places where work is being performed, while in transit and during temporary storage or deposit, of property designated for and awaiting specific installation, building, renovating or repairing.

- i. Such coverage shall be limited to Builders Risks or Installation Risks where Perils in addition to Fire and Extended Coverage are to be insured.
  - ii. If written for account of owner, the coverage shall cease upon completion and acceptance thereof; or if written for account of a seller or contractor the coverage shall terminate when the interest of the seller or contractor ceases.
  - j. Mobile Articles, Machinery and Equipment Floaters, excluding motor vehicles designed for highway use and auto homes, trailers and semi-trailers except when hauled by tractors not designed for highway use and snow plows constructed exclusively for highway use covering identified property of a mobile or floating nature, not on sale or consignment, or in course of manufacture, which has come into the custody or control of parties who intend to use such property for the purpose for which it was manufactured or created. Such policies shall not cover furniture and fixtures not customarily used away from premises where such property is usually kept.
  - k. Property in transit to and from and in custody of bailees not owned, controlled or operated by the bailor. Such policies shall not cover bailee's property at his premises.
  - l. Installment sales and leased property. Policies covering property sold under conditional contract of sale, partial payment contract, installment sales contract, or leased but excluding motor vehicles designed for highway use. Such policies must cover in transit but shall not extend beyond the termination of the seller's or lessor's interest. This Section is not intended to include machinery and equipment under certain "lease-back" contracts.
  - m. Garment Contractors Floaters.
  - n. Furriers or Fur Storer's Customer's Policies, i.e., policies under which certificates or receipt are issued by furriers or fur storers covering specified articles the property of customers.
  - o. Accounts Receivable Policies, Valuable Papers and Records Policies.
  - p. Floor Plan Policies, covering property for sale while in possession of dealers under a Floor Plan or any similar plan under which the dealer borrows money from a bank or lending institution with which to pay the manufacturer, provided:
    - i. Such merchandise is specifically identifiable as encumbered to the bank or lending institution.
    - ii. The dealer's right to sell or otherwise dispose of such merchandise is conditioned upon its being released from encumbrance by the bank or lending institution.
    - iii. That such policies cover in transit and do not extend beyond the termination of the dealer's interest.
    - iv. That such policies shall not cover automobiles or motor vehicles; merchandise for which the dealer's collateral is the stock or inventory as distinguished from merchandise specifically identifiable as encumbered to the lending institution.
  - q. Sign and Street Clock Policies, including neon signs, automatic or mechanical signs, street clocks, while in use as such.
  - r. Fine Arts Policies covering paintings, etchings, pictures, tapestries, art glass windows, and other bona fide works of art of rarity, historical value or artistic merit, for account of museums, galleries, universities, businesses, municipalities and other similar interests.
  - s. Policies covering personal property which, when sold to the ultimate purchaser, may be covered specifically, by the owner, under Inland Marine Policies including:
    - i. Musical Instrument Dealers Policies, covering property consisting principally of musical instruments and their accessories. Radios, televisions, record players and combinations thereof are not deemed musical instruments.
    - ii. Camera Dealers Policies, covering property consisting principally of cameras and their accessories.
    - iii. Furrier's Dealers Policies, covering property consisting principally of furs and fur garments.
    - iv. Equipment Dealers Policies, covering mobile equipment consisting of binders, reapers, tractors, harvesters, harrows, tedders and other similar agricultural equipment and accessories therefor; construction equipment consisting of bulldozers, road scrapers, tractors, compressors, pneumatic tools, and similar equipment and accessories therefor; but excluding motor vehicles designed for highway use.
    - v. Stamp and Coin Dealers covering property of philatelic and numismatic nature.
    - vi. Jewelers' Block Policies.
    - vii. Fine Arts Dealers.

Such policies may include coverage of money in locked safes or vaults on the Assured's premises. Such policies also may include coverage of furniture, fixtures, tools, machinery, patterns, molds, dies and tenant insureds interest in improvements of buildings.
  - t. Wool Growers Floaters.
  - u. Domestic Bulk Liquids Policies, covering tanks and domestic bulk liquids stored therein.
  - v. Difference in Conditions Coverage excluding fire and extended coverage perils.
  - w. Electronic Data Processing Policies.
- C. Unless otherwise permitted, nothing in the foregoing shall be construed to permit MARINE OR TRANSPORTATION POLICIES TO COVER:
1. Storage of assured's merchandise, except as hereinbefore provided.
  2. Merchandise in course of manufacture, the property of and on the premises of the manufacturer.
  3. Furniture and fixtures and improvements and betterments to buildings.
  4. Monies and/or securities in safes, vaults, safety deposit vaults, bank or assured's premises, except while in course of transportation.



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**Historical Note**

Former General Rule 59-4; Amended effective August 30, 1985 (Supp. 85-4). R20-6-602 recodified from R4-14-602 (Supp. 95-1).

**R20-6-603. Repealed****Historical Note**

Former General Rule 69-18; Repealed effective July 27, 1981 (Supp. 81-4). R20-6-603 recodified from R4-14-603 (Supp. 95-1).

**R20-6-604. Consumer Credit Insurance; Definitions**

The definitions in A.R.S. § 20-1603 and this Section apply to R20-6-604 through R20-6-604.10.

1. "Actual loss ratio" means incurred claims divided by earned premiums at rates in use.
2. "Actuarially equivalent" means of equal actuarial present value determined as of a given date with each value based on the same set of actuarial assumptions. When used in this Article in reference to rates and coverage, "actuarially equivalent" means a rate or coverage that is actuarially determined to yield loss ratios of 50% for credit life insurance and 60% for credit disability insurance.
3. "Credit insurance" means credit life insurance, credit disability insurance, or both, but does not include any insurance for which there is no identifiable charge.
4. "Earned premiums" means earned premiums at prima facie rates and earned premiums at rates in use.
5. "Earned premiums at prima facie rates" means an insurer's actual earned premiums, adjusted to the amount that the insurer would have earned if the insurer's premium rates had equaled the prima facie rates in effect during the experience period.
6. "Earned premiums at rates in use" means the premiums that an insurer actually earns on the premium rates the insurer charges during an experience period.
7. "Evidence of individual insurability" means information about a debtor's health status or medical history that a debtor provides as a condition of credit insurance becoming effective.
8. "Experience" means an insurer's earned premiums and incurred claims during an experience period.
9. "Experience period" means a period of time for which an insurer reports income and expense information on the insurer's credit insurance business.
10. "Final adjusted rates" means the prima facie rates referred to in R20-6-604.04 and R20-6-604.05, subject to any deviations approved under R20-6-604.08.
11. "Incurred claims" means the total claims an insurer pays during an experience period, adjusted for the change in the claim reserves.
12. "Plan of credit insurance" means an insurance plan based on one of the following rate and coverage categories:
  - a. Credit life insurance, other than on revolving accounts, including joint and single life coverage, decreasing and level insurance, and outstanding balance and single premium;
  - b. Credit life insurance on revolving accounts;
  - c. Credit life insurance on an age-graded basis;
  - d. Credit disability insurance, other than on revolving accounts, including outstanding balance and single premium, and each combination of waiting period and retroactive or non-retroactive benefits;

- e. Credit disability insurance on revolving accounts, including each combination of waiting period and retroactive or non-retroactive benefits.
13. "Preexisting condition" means a condition:
  - a. For which a debtor received medical advice, consultation, or treatment within six months before the effective date of credit insurance coverage; and
  - b. From which the debtor dies, in the case of life insurance, or becomes disabled, in the case of disability insurance, within six months after the effective date of coverage.
14. "Prima facie adjusted loss ratio" means incurred claims divided by earned premiums at prima facie rates.
15. "Prima facie rates" means the rates established by the Director as prescribed in R20-6-604.03.
16. "Reasonableness standard" means the requirement in A.R.S. § 20-1610(B) that an insurer's premiums for credit insurance shall not be excessive in relation to the benefits provided under the policy.
17. "Rule of Anticipation" means the product of the gross single premium per \$100 of indebtedness for a debtor's remaining term of indebtedness, times the number of hundreds of dollars of remaining indebtedness.

**Historical Note**

Former General Rule 70-22; Correction, original publication did not include Exhibit C (Supp. 76-1). Amended effective January 8, 1980 (Supp. 80-1). Former Section R4-14-604 repealed, new Section R4-14-604 adopted effective April 1, 1982. See subsection (N) for further detail (Supp. 82-2). Amended subsection (N) and Exhibit A effective March 30, 1983 (Supp. 83-2). R20-6-604 recodified from R4-14-604 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2725, effective June 7, 2002 (Supp. 02-2). Section amended by final rulemaking at 29 A.A.R. 3621 (November 24, 2023), effective January 7, 2024 (Supp. 23-4). Effective date corrected (Supp. 23-4, Ver. 2).

**Exhibit A. Repealed****Historical Note**

Former General Rule 70-22; Correction, original publication did not include Exhibit C (Supp. 76-1). Amended effective January 8, 1980 (Supp. 80-1). Former Section R4-14-604 repealed, new Section R4-14-604 adopted effective April 1, 1982. See subsection (N) for further detail (Supp. 82-2). Amended subsection (N) and Exhibit A effective March 30, 1983 (Supp. 83-2). R20-6-604 recodified from R4-14-604 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 2725, effective June 7, 2002 (Supp. 02-2).

**R20-6-604.01. Rights and Treatment of Debtors****A. Creditor Obligations.**

1. Multiple plans of insurance. If a creditor makes more than one plan of credit insurance available to debtors, the creditor shall inform each debtor of each plan for which the debtor is eligible and of the premium and charges for each plan.
2. Substitution. If a creditor requires a debtor to have credit insurance as additional security for a debt, the creditor shall inform the debtor in writing of the debtor's right to obtain alternative coverage as prescribed in A.R.S. § 20-1614 before the loan transaction is completed.

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3. Remittance of premiums. If a creditor adds an insurance charge or premium to a debt, the creditor shall remit the insurance charge or premium to the insurer within 60 days after it is added to the debt.
- B. Creditor and insurer obligations regarding insurance on refinanced debt.**
  1. If a debt is discharged because the debtor refinances the debt before the scheduled maturity date, the creditor shall notify the insurer that issued the credit insurance on the discharged debt.
  2. An insurer shall not issue any credit insurance that covers the refinanced debt with an effective date preceding the termination date of the insurance on the original debt.
  3. The insurer issuing the coverage on the discharged debt shall refund to or credit the debtor with all unearned insurance charges or premium according to R20-6-604.06.
  4. If a debt is refinanced, the effective date of the policy provisions in any new insurance covering the refinanced debt shall be the first date on which the debtor became insured under the previous policy. An insurer may apply any new exclusion period or preexisting condition limitation only to the portion of the new loan that exceeds the previous loan.
- C. Required policy provisions.**
  1. Termination provisions for group policies. A group credit insurance policy shall provide for continued coverage of debtors covered under the policy if the policy terminates, as follows:
    - a. For a policy with a single premium payment, or any other payment method that prepays coverage for more than one month, a provision requiring continued insurance coverage for the entire period for which the premium has been paid; and
    - b. For a policy with a monthly premium payment, a provision requiring the insurer to send the debtor a termination notice at least 30 days before the effective date of termination, unless an insurer is issuing replacement coverage in at least the same amount, without lapse of coverage.
  2. Maximum aggregate provisions. A provision in an individual policy or group certificate that sets a maximum limit on total claim payments shall apply only to that individual policy or group certificate.
- D. Creditor and insurer obligations when debtor prepays debt.**
  1. Except as provided in subsection (D)(2), if a debtor prepays a debt in full, any credit insurance covering the debt shall terminate on the date of prepayment. The creditor and insurer shall refund to or credit the debtor with any unearned premium according to R20-6-604.06.
  2. If a debt is fully prepaid because of the debtor's death or any other lump-sum credit insurance payment, a creditor or insurer is not required to refund premium for the coverage under which the lump sum was paid.
  3. If a claim under credit disability coverage is in progress at the time of prepayment, the insurer:
    - a. May calculate the refund as if the prepayment did not occur until the end of the period for payment of benefits, and
    - b. Is not required to refund premiums for any period for which credit disability benefits are payable.
- E. Benefits payable on revolving account.** If a debtor is paying for credit insurance coverage on a revolving account and dies, the insurer shall pay a benefit amount equal to the amount of

indebtedness outstanding on the date of death. The insurer may exclude preexisting conditions occurring within six months of any advance on the revolving account, running separately for each advance or charge.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2725, effective June 7, 2002 (Supp. 02-2).

**R20-6-604.02. Satisfying the Reasonableness Standard**

- A.** An insurer shall comply with all requirements of A.R.S. § 20-1610 regarding premium and insurance charges.
- B.** An insurer may satisfy the reasonableness standard in A.R.S. § 20-1610(B) if the insurer's premium rate develops a loss ratio of not less than 50% for credit life insurance and not less than 60% for credit disability insurance.
- C.** While in effect, the rates described in R20-6-604.04 and R20-6-604.05, subject to any deviations approved under R20-6-604.08 are conclusively presumed to develop the loss ratios described in subsection (B). For purposes of prospective effect, the Department may rebut this presumption by disapproving or withdrawing approval for the rates as prescribed in A.R.S. § 20-1610.
- D.** An insurer may provide coverage other than the standard coverage described in R20-6-604.04 and R20-6-604.05. An insurer that wishes to provide nonstandard coverage shall:
  1. File the nonstandard coverage policy information as prescribed in A.R.S. § 20-1609, and
  2. Demonstrate that the rates for the coverage are reasonably expected to develop a loss ratio of not less than 50% for credit life insurance and not less than 60% for credit disability insurance.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2725, effective June 7, 2002 (Supp. 02-2).

**R20-6-604.03. Determination of Prima Facie Rates**

- A.** The Director shall, by order, establish prima facie rates as prescribed in this Section.
- B.** At least once every three years, the Director shall:
  1. Determine the rate of expected claims on a statewide basis;
  2. Compare the rate of expected claims with the rate of actual claims for the past three years determined from the incurred claims and earned premiums at prima facie rates; and
  3. If the Director determines that the prima facie rates require adjustment, issue a notice of hearing and proposed order adjusting the actual statewide prima facie rates. The hearing date on the proposed order shall be no earlier than 45 days from the date of the notice.
- C.** The Director shall mail a copy of the notice and proposed order to:
  1. Each insurer that reported transaction of credit insurance on its annual statement immediately preceding the date of the notice, and
  2. Any other person who sends the Director a written request for notice of proceedings to adjust the prima facie rates.
- D.** Any person may submit written comments to the Director or appear at the hearing and provide oral comments on the record. Written comments shall be received no later than the close of record date specified in the notice of hearing.
- E.** The Director shall:
  1. Consider written and oral comments; and

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2. Issue a final order setting prima facie rates no later than 30 days after the close of record date specified in the notice of hearing.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2725, effective June 7, 2002 (Supp. 02-2).

**R20-6-604.04. Credit Life Insurance Rates and Provisions**

- A. Under the process prescribed in R20-6-604.03, the Director shall issue an order establishing prima facie rates for credit life insurance.
- B. The Department shall presume that an insurer meets the loss ratios prescribed in R20-6-604.02(B) if the insurer uses the prima facie rates, subject to the requirements in this Section and R20-6-604.08. An insurer may use the prima facie rates without filing additional actuarial support.
- C. A credit life insurance policy shall meet the requirements listed in this Section. The policy shall:
  1. Provide coverage for death, by whatever means caused, to all eligible debtors, with or without evidence of individual insurability for debtors that purchase coverage within 30 days of being eligible;
  2. Have no exclusions other than for:
    - a. Suicide within six months after the effective date of coverage, or
    - b. A preexisting condition;
  3. Have no age restrictions, except the following permissible exclusions:
    - a. An age restriction providing that no insurance will become effective on a debtor on or after the attainment of age 70 and that all insurance shall terminate on a debtor attaining age 70; and
    - b. An age restriction for a revolving credit life insurance policy that:
      - i. Excludes a class of debtors determined by age, or
      - ii. Provides for termination of insurance or reduction in the amount of insurance when a debtor reaches age 70; and
  4. For insurance on revolving accounts, have the date on which an advance or charge occurs as the effective date of coverage for each part of the insurance attributable to a different advance or a charge to the plan account. Any exclusion period or preexisting condition limitation shall run separately for each advance or charge.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2725, effective June 7, 2002 (Supp. 02-2).

**R20-6-604.05. Credit Disability Insurance Rates and Provisions**

- A. Under the process prescribed in R20-6-604.03, the Director shall issue an order establishing prima facie rates for credit disability insurance.
- B. The Department shall presume that an insurer meets the loss ratios prescribed in R20-6-604.02(B) if the insurer uses the prima facie rates, subject to the requirements in this Section and R20-6-604.08. An insurer may use the prima facie rates without filing additional actuarial support.
- C. A credit disability insurance policy shall meet the requirements listed in this Section. The policy shall:
  1. Provide coverage for disability, by whatever means caused, to all eligible debtors, with or without evidence of

individual insurability for debtors that purchase coverage within 30 days of becoming eligible;

2. Include a definition of disability that is no more restrictive than the following:
  - a. For the first 12 months of disability, the inability of the insured to perform the essential functions of the insured's occupation; and
  - b. After the first 12 months of disability, the inability of the insured to perform the essential functions of any occupation for which the insured is reasonably suited by virtue of education, training, or experience;
3. Not include any employment requirement that a debtor be employed more than full-time on the effective date of coverage, with a definition of "full-time" as a regular work week of at least 30 hours;
4. Have no exclusions other than for disabilities resulting from:
  - a. Normal pregnancy,
  - b. Intentionally self-inflicted injury, or
  - c. A preexisting condition;
5. For insurance on revolving accounts, have the date on which an advance or charge occurs as the effective date of coverage for each part of the insurance attributable to a different advance or a charge to the plan account. Any exclusion period or preexisting condition limitation shall run separately for each advance or charge;
6. Have no age restrictions, except the following permissible exclusion:
 

An age restriction providing that no insurance will become effective on a debtor on or after the attainment of age 65 and that all insurance shall terminate on a debtor attaining age 66; and
7. Include a provision for a daily benefit of not less than one-thirtieth of the monthly benefit payable under the policy.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2725, effective June 7, 2002 (Supp. 02-2).

**R20-6-604.06. Refund Methods**

- A. When refunding premiums as prescribed in A.R.S. § 20-1611, an insurer shall use the following methods:
  1. For insurance paid by a single premium, the Rule of Anticipation method; and
  2. For insurance paid by other than a single premium, a method that refunds at least the pro rata gross unearned amount charged to the debtor.
- B. The Director may approve other refund methods similar to those described in subsection (A), that are actuarially equivalent to the type of coverage the debtor purchased.
- C. An insurer's refund method may recognize adjustments to a daily basis for interest or payments if the adjustments are consistent with the underlying credit transaction.
- D. An insurer is not required to refund any amount less than \$5.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2725, effective June 7, 2002 (Supp. 02-2).

**R20-6-604.07. Experience Reports**

- A. By April 1 of each year, an insurer that transacts credit insurance in this state shall file with the Director an experience report, on a form specified by the Director, for each class of business that the insurer transacts as provided in this Section.

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1. In this Section, a "class of business" means:
  - a. Credit unions;
  - b. Banks, savings and loan institutions, and mortgage companies;
  - c. Finance companies, small loan companies, and consumer lenders defined in A.R.S. § 6-601(5);
  - d. Dealers, including auto, truck, and boat dealers, retail stores, and other persons selling financed goods; and
  - e. All other persons selling credit insurance not specifically listed in subsection (A)(1)(a) through (d).
2. The report shall include the following information:
  - a. Mode of premium payment,
  - b. Plan of benefits description,
  - c. Earned premiums,
  - d. Incurred claims,
  - e. Loss ratios, and
  - f. For credit life insurance, mean insurance in force.
- B. For each day a report is late, the Director may assess a penalty as prescribed in A.R.S. § 20-223.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2725, effective June 7, 2002 (Supp. 02-2).

**R20-6-604.08. Use of Prima Facie Rates; Rate Deviations**

- A. Use of rates greater than prima facie rates. An insurer may file for approval and use of any deviated rates that are higher than the prima facie rates referred to in R20-6-604.04 and R20-6-604.05 as prescribed in A.R.S. § 20-1610.
  1. The deviated rates shall meet the minimum loss ratio standards and other requirements prescribed by R20-6-604.02.
  2. The filing shall specify the accounts to which the rates apply.
  3. The rates may be:
    - a. Applied uniformly to all accounts of the insurer; or
    - b. Applied on an equitable basis approved by the Director to accounts of the insurer for which the insurer's experience has been less favorable than expected.
- B. Approval period of deviated rates. An insurer may use a deviated rate for the same period of time as the experience period used to establish the rate, not to exceed a period of three years from the date of approval. An insurer may file for a new deviated rate before the end of the approval period, but not more often than once in any 12 month period.
- C. Approval is non-transferable. The Director's approval of a deviated rate is not transferable to another insurer. If an insurer acquires an account for which another insurer obtained a deviated rate, the successor insurer may not charge the deviated rate without obtaining approval for the deviated rate as prescribed in subsection (B).
- D. Use of rates lower than filed rates. An insurer may use a rate that is less than its filed rate without notice to the Director.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2725, effective June 7, 2002 (Supp. 02-2).

**R20-6-604.09. Supervision of Consumer Credit Insurance Operations**

- A. At least once every three years, an insurer transacting credit insurance in Arizona shall review the credit insurance operations of each creditor with whom the insurer does business to

ensure that each creditor is complying with applicable credit insurance laws. The insurer shall review the following:

1. The creditor does not charge rates in excess of the prima facie rates or any deviated rates for which the insurer obtains approval;
  2. The creditor makes benefit payments as prescribed in the policy; and
  3. The creditor refunds unearned premiums as prescribed in R20-6-604.06.
- B. The insurer shall maintain for the Director's inspection a written record of each review and action the insurer takes to address any creditor noncompliance found by the insurer, for at least three years following the end of the review.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2725, effective June 7, 2002 (Supp. 02-2).

**R20-6-604.10. Prohibited Transactions**

- A. The practices listed in this Section are deemed unfair trade practices under A.R.S. § 20-442. An insurer that commits any of the following practices is subject to penalties as prescribed in A.R.S. § 20-456:
  1. Offering or providing a creditor with any special advantage or any service not set out in either the group insurance contract or in the agency contract, other than payment of commissions;
  2. Agreeing to deposit with a bank or financial institution, the insurer's money or securities as a substitute for a deposit of money or securities that the financial institution would otherwise require from the creditor as a compensating balance or deposit offset for a loan or other advancement; or
  3. Depositing money or securities without interest or at a lesser rate of interest than the creditor, bank, or financial institution is currently paying on other similar deposits.
- B. This Section does not prohibit an insurer from maintaining demand deposits or premium deposit accounts that are reasonably necessary for use in the ordinary course of the insurer's business.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2725, effective June 7, 2002 (Supp. 02-2).

**R20-6-605. Emergency Expired****Historical Note**

Former General Rule 72-26. Repealed effective December 4, 1986 (Supp. 86-6). Adopted as an emergency effective January 9, 1990, pursuant to A.R.S. § 41-1026 valid for only 90 days; re-adopted as an emergency with changes effective March 26, 1990, pursuant to A.R.S. § 41-1026 valid for only 90 days (Supp. 90-1). Re-adopted as an emergency without change effective June 20, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency expired. R20-6-605 recodified from R4-14-605 (Supp. 95-1).

**R20-6-606. Repealed****Historical Note**

Adopted effective July 1, 1980 (Supp. 80-3). Amended effective June 1, 1981. See also subsection (G) (Supp. 81-1). Amended subsections (D), (E)(3)(a), (F)(2)(b), (3)(a), (4)(e), (G), and (H) effective January 11, 1982 (Supp. 82-1). Amended subsections (G) and (H) as an emergency effective August 1, 1988, pursuant to A.R.S. § 41-1026,

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valid for only 90 days (Supp. 88-3). Emergency expired.

Amended and readopted as an emergency effective November 18, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Corrected and readopted as an emergency effective February 10, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Amended effective August 4, 1989 (Supp. 89-3). Amended and adopted as an emergency effective September 13, 1989 (Supp. 89-3). Emergency expired (Supp. 89-4). Amended effective November 19, 1990 (Supp. 90-4). Repealed by emergency action effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Repealed again by emergency action effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Repealed effective May 28, 1992 (Supp. 92-2). R20-6-606 recodified from R4-14-606 (Supp. 95-1).

**R20-6-607. Reasonableness of Benefits in Relation to Premium Charged**

- A. Applicability. This rule shall apply to individual disability insurance (as defined in A.R.S. § 20-253) policy forms and rates.
- B. When rate filing is required. Every individual policy form, rider or endorsement form affecting benefits which is submitted for approval shall be accompanied by a rate filing unless such rider or endorsement form does not require a change in the rate. Any subsequent addition to or change in rates applicable to such policy, rider or endorsement form shall also be filed.
- C. General contents of all rate filings. Each rate submission shall include an actuarial memorandum describing the basis on which rates were determined and shall indicate and describe the calculation of the ratio, hereinafter called "anticipated loss ratio," of the present value of the expected benefits to the present value of the expected premiums over the entire period for which rates are computed to provide coverage. Each rate submission must also include a certification by a qualified actuary that to the best of the actuary's knowledge and judgment, the rate filing is in compliance with applicable laws and regulations of this state and that the benefits are reasonable in relation to the premiums.
- D. Previously approved forms. Filings of rate revisions for a previously approved policy, rider or endorsement form shall also include the following:
  1. A statement of the scope and reason for the revision, and an estimate of the expected average effect on premiums including the anticipated loss ratio for the form.
  2. A statement as to whether the filing applies only to new business, only to in-force business, or both, and the reasons.
  3. A history of the experience under existing rates, including at least the data indicated in subsection (E). The history may also include, if available and appropriate, the ratios of actual claims to the claims expected according to the assumptions underlying the existing rates. All additional data must be reconciled, as appropriate, to the required data. Additional data might include:
    - a. Substitution of actual claim run-offs for claim reserves and liabilities,
    - b. Determination of loss ratios with the increase in policy reserves (other than unearned premium reserves) added to benefits rather than subtracted from premiums,

- c. Substitution of net level policy reserves for preliminary term policy reserves,
  - d. Adjustment of premiums to an annual mode basis, or
  - e. Other adjustments or schedules suited to the form and to the records of the company.
4. The date and magnitude of each previous rate change, if any.
- E. Experience records. Insurers shall maintain records of earned premiums and incurred benefits for each calendar year for each policy form, including data for rider and endorsement forms which are used with the policy form, on the same basis, including all reserves, as required for the Accident and Health Policy Experience Exhibit to the NAIC annual statement convention blank. Separate data may be maintained for each rider or endorsement form to the extent appropriate. Experience under forms which provide substantially similar coverage may be combined. The data shall be for all years of issue combined, for each calendar year of experience since the year the form was first issued, except the data for calendar years prior to the most recent five years may be combined.
  - F. Evaluation experience data. In determining the credibility and appropriateness of experience data, due consideration must be given to all relevant factors, such as:
    1. Statistical credibility of premiums and benefits, e.g., low exposure, low loss frequency.
    2. Experienced and projected trends relative to the kind of coverage, e.g., inflation in medical expenses, economic cycles affecting disability income experience.
    3. The concentration of experience at early policy durations where select morbidity and preliminary term reserves are applicable and where loss ratios are expected to be substantially lower than at later policy durations.
    4. The mix of business by risk classification.
  - G. Anticipated loss ratio standard. With respect to a new form or a currently approved form, except currently approved non-cancelable policy forms, under which the average annual premium (as defined below) is expected to be at least \$700, benefits shall be deemed reasonable in relation to premiums provided the anticipated loss ratio is at least as great as shown in the following table:

Type of Coverage	Renewal Clause			
	OR	CR	GR	NC
Medical expense	60%	55%	55%	50%
Loss of income and other	60%	55%	50%	45%

For a policy form including riders and endorsements, under which the expected average annual premium per policy is \$200 or more but less than \$700, subtract 5 percentage points from the numbers in the table above, or if less than \$200, subtract 10 percentage points.

The average annual premium per policy shall be computed by the insurer based on an anticipated distribution of business by all applicable criteria having a price difference, such as age, sex, amount, dependent status, rider frequency, etc., except assuming an annual mode for all policies (i.e., the fractional premium loading shall not affect the average annual premium or anticipated loss ratio calculation.)

The above anticipated loss ratio standards do not apply to a class of business which is regulated by specific statutes or regulations mandating loss ratios for such business, e.g., Medicare Supplement and Credit Life and Disability.

Definitions of Renewal Clause

OR – Optionally Renewable: renewal is at the option of the insurance company.

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CR – Conditionally Renewable: renewal can be declined by the insurance company only for stated reasons other than deterioration of health.

GR – Guaranteed Renewable: renewal cannot be declined by the insurance company for any reason, but the insurance company can revise rates on a class basis.

NC – Non-Cancelable: renewal cannot be declined nor can rates be revised by the insurance company.

**H.** Rate revisions. With respect to filings of rate revisions for a previously approved form, benefits shall be deemed reasonable in relation to premiums provided both the following loss ratios meet the standards in subsection (G) above.

1. The anticipated loss ratio over the entire future period for which the revised rates are computed to provide coverage;
2. The anticipated loss ratio derived by dividing (a) by (b) where:
  - a. Is the sum of the accumulated benefits, from the original effective date of the form or the effective date of this regulation, whichever is later, to the effective date of the revision, and the present value of future benefits; and
  - b. Is the sum of the accumulated premiums from the original effective date of the form or the effective date of the regulation, whichever is later, to the effective date of the revision, and the present value of future premiums. Such present values shall be taken over the entire period for which the revised rates are computed to provide coverage, and such accumulated benefits and premiums to include an explicit estimate of the actual benefits and premiums from the last date as of which an accounting has been made to the effective date of the revision. Interest shall be used in the calculation of these accumulated benefits and premiums and present values only if it is a significant factor in the calculation of this loss ratio.

**I.** Anticipated loss ratios lower than those indicated in subsections (H)(1) and (H)(2) will require justification based on the special circumstances that may be applicable.

1. Examples of coverages requiring special consideration are as follows:
  - a. Accident only;
  - b. Short term nonrenewable, e.g., airline trip, student accident;
  - c. Specified peril, e.g., common carrier; and
  - d. Other special risks.
2. Examples of other factors requiring special consideration are as follows:
  - a. Marketing methods, giving due consideration to acquisition and administration costs and to premium mode;
  - b. Extraordinary expenses;
  - c. High risk of claim fluctuation because of the low loss frequency of the catastrophic, or experimental nature of the coverage;
  - d. Product features such as long elimination periods, high deductibles and high maximum limits;
  - e. The industrial or debit method of distribution; and
  - f. Forms issued prior to the effective date of this rule. Companies are urged to review their experience periodically and to file rate revisions, as appropriate,

in a timely manner to avoid the necessity of later filing of exceptionally large rate increases.

3. Notwithstanding the foregoing paragraphs to the contrary, hospital indemnity and cancer and other dread diseases policies shall develop the loss ratios pursuant to subsection (G).

**J.** Severability provision. If any provision of this rule or the application thereof to any person or circumstances is held invalid, the remainder of the rule and the application of such provision to other persons or circumstances shall not be affected thereby.

**K.** Effective date. This rule shall become effective upon filing with the Secretary of State and shall apply to all individual disability policy form and rate filings submitted on and after said date.

**Historical Note**

Adopted effective July 14, 1981 (Supp. 81-1). R20-6-607 recodified from R4-14-607 (Supp. 95-1). Amended by final rulemaking at 24 A.A.R. 103, effective February 17, 2018 (Supp. 17-4).

**ARTICLE 7. LICENSING PROVISIONS AND PROCEDURES**

**R20-6-701. Repealed**

**Historical Note**

Former General Rule 56-1; Repealed effective January 1, 1981 (Supp. 80-6). R20-6-701 recodified from R4-14-701 (Supp. 95-1).

**R20-6-702. Expired**

**Historical Note**

Former General Rule 56-2. R20-6-702 recodified from R4-14-702 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 2115, effective April 30, 2003 (Supp. 03-2).

**R20-6-703. Expired**

**Historical Note**

Former General Rule 61-6. R20-6-703 recodified from R4-14-703 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 2115, effective April 30, 2003 (Supp. 03-2).

**R20-6-704. Expired**

**Historical Note**

Former General Rule 6-19. R20-6-704 recodified from R4-14-704 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 2115, effective April 30, 2003 (Supp. 03-2).

**R20-6-705. Expired**

**Historical Note**

Former General Rule 66-13. R20-6-705 recodified from R4-14-705 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 2115, effective April 30, 2003 (Supp. 03-2).

**R20-6-706. Expired**

**Historical Note**

Former General Rule 69-15; Repealed effective February 22, 1977 (Supp. 77-1). New Section R4-14-706 adopted effective November 5, 1980 (Supp. 80-5). R20-6-706 recodified from R4-14-706 (Supp. 95-1). Section expired

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under A.R.S. § 41-1056(E) at 9 A.A.R. 2115, effective April 30, 2003 (Supp. 03-2).

**R20-6-707. Expired****Historical Note**

Former General Rule 69-18; Amended effective March 17, 1981 (Supp. 81-2). R20-6-707 recodified from R4-14-707 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 2115, effective April 30, 2003 (Supp. 03-2).

**R20-6-708. Licensing Time-frames**

- A.** Definitions. The definitions in A.R.S. § 41-1072 and the following definitions apply to this Article.
1. "Department" means the Insurance Division of the Department of Insurance and Financial Institutions.
  2. "License" has the meaning prescribed in A.R.S. § 41-1001(13).
- B.** The time-frames listed in Table A apply to licenses issued by the Department. The licensing time-frames consist of an administrative completeness review, a substantive review, and an overall review.
- C.** Within the time-frame for the administrative completeness review set forth in Table A, the Department shall notify the applicant in writing whether the application is complete or deficient.
1. If the application is deficient, the Department shall issue a notice of deficiency to the applicant which shall include a comprehensive list of the specific deficiencies. If the Department issues a written notice of deficiency within the administrative completeness review time-frame, the administrative completeness review time-frame and the overall review time-frame are suspended from the date the notice is issued until the date that the Department receives an adequate response from the applicant.
  2. The Department is not precluded from issuing additional notices of deficiency during an administrative completeness review.
  3. If an applicant does not adequately respond to each specified deficiency in a notice of deficiency issued under subsection (C)(1) within 60 days after the date of a notice of deficiency, the application is deemed withdrawn, and the Department is not required to take further action with respect to the application.
- D.** Within the time-frame for the substantive review set forth in Table A, the Department may issue one comprehensive written request for additional information to the applicant specifying each component or item of information required.
1. If the Department issues a comprehensive written request for additional information within the substantive review time-frame, the substantive review time-frame and the overall time-frame are suspended from the date the written request is issued until the date that the Department receives an adequate response from the applicant.
  2. The Department is not precluded from issuing supplemental requests by mutual agreement for additional information, during the substantive review.
  3. If an applicant does not adequately respond to each component or item of information required in a comprehensive written request or a supplemental request for additional information within 60 days after the date of a comprehensive written request, or within 60 days after the date of the supplemental request for additional information, the application is deemed withdrawn, and the

Department is not required to take further action with respect to the application.

- E.** Within the overall time-frames set forth in Table A, unless extended by mutual agreement under A.R.S. § 41-1075, the Department shall notify the applicant in writing that the application is granted or denied. If the application is denied, the Department shall provide to the applicant a written notice that complies with the provisions of A.R.S. § 41-1076.
- F.** In computing the time periods prescribed in these time-frame rules, the last day of a notice period is included in the computation, unless it is a Saturday, Sunday, or legal holiday.

**Historical Note**

Former General Rule 70-22; Correction, original publication did not include Exhibit C. (Supp. 76-1). Repealed effective January 8, 1980 (Supp. 80-1). R20-6-708 recodified from R4-14-708 (Supp. 95-1). Amended effective January 1, 1999; filed in the Office of the Secretary of State December 4, 1998 (Supp. 98-4). Amended by final rulemaking at 29 A.A.R. 612 (February 24, 2023), effective April 10, 2023 (Supp. 23-1).

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**Table A. Licensing Time-frames**

License	Relevant A.R.S.	Administrative Completeness	Substantive Review	Overall Time-frame
<b>Insurance</b>				
Captive Insurer	§ 20-1098.01	150	30*	180
Captive Insurer Certificate of Dormancy	§ 20-1098.24	30	30	60
Certificate of Authority	§ 20-216	210	90*	300
Certificate of Exemption	§ 20-401.05	92	30	122
Health Care Services Organization	§ 20-1052	210	90	300
Hospital, Medical, Dental, and Optometric Service Corporation	§ 20-825	210	90	300
Life Care Provider Permit	§ 20-1803	60*	30*	90
Life Settlement Provider	§ 20-3202	60	60	120
Mechanical Reimbursement Reinsurer	§ 20-1096.04	210	90	300
Prepaid Dental Plan Organization	§ 20-1004	210	90	300
Prepaid Legal Insurer*	§ 20-1097.02	45	15	60*
Qualifying Surplus Lines Insurer	§ 20-413	45	30	75
Reinsurance Intermediary	§ 20-486.01	120	60	180
<b>Insurance Professional</b>				
Adjuster	§ 20-321.01	60	60	120
Bail Bond Agent	§ 20-340.01	60	60	120
Certified Application Counselor	§ 20-336.04	60	60	120
Life Settlement Broker	§ 20-3202	60	60	120
Limited Travel Agent	§ 20-3553	60	60	120
Navigator	§ 20-336.03	60	60	120
Nonresident Insurance Producer (Agent/Broker)	§ 20-287	60	60	120
Portable Electronics Insurance Adjuster	§ 20-321.01	60	60	120
Portable Electronics Insurance Vendor	§ 20-1693.01	60	60	120
Rental Car Agent	§ 20-331	60	60	120
Resident Insurance Producer (Agent/Broker)	§ 20-285	60	60	120
Risk Management Consultant	§ 20-331.01	60	60	120
Self-service Storage Agents	§ 20-332	60	60	120
Surplus Lines Broker	§ 20-411	60	60	120
Temporary License	§ 20-294	60	60	120
Title Insurance Agent	§ 20-1580	60	60	120
Variable Contract Agent	§ 20-2662	60	60	120
<b>Other</b>				
Pharmacy Benefit Manager*	§ 20-3333	30	90*	120
Rating Organization*	§ 20-361	30	30	60*
Rate Service Organization	§ 20-389	60	60	120
Third Party Administrator	§ 20-485.12	45	45	90
Senior Residential Entrance Fee Contracts: Provider Registration	§ 44-6952	60	60	120
Service Company	§ 20-1095.01	30	30	60
Utilization Review Agent	§ 20-2505	30	90	120
<b>Risk Retention Groups</b>				
Risk Retention Group (Foreign)	§ 20-2403	60	0	60
Risk Purchasing Groups	§ 20-2407	30	30	60

\* Statutory time-frames

**Historical Note**

Table A adopted effective January 1, 1999; filed in the Office of the Secretary of State December 4, 1998 (Supp. 98-4). Table A amended by final rulemaking at 29 A.A.R. 612 (February 24, 2023), effective April 10, 2023 (Supp. 23-1). Table A amended by final rulemaking at 31 A.A.R. 4442 (November 28, 2025) and 31 A.A.R. 4446 (November 28, 2025), both effective January 4, 2026 (Supp. 25-4).

**R20-6-709. Repealed****Historical Note**

Former General Rule 71-23; Repealed effective January 1, 1981 (Supp. 80-6). R20-6-709 recodified from R4-14-709 (Supp. 95-1).

**ARTICLE 8. PROHIBITED PRACTICES, PENALTIES****R20-6-801. Unfair Claims Settlement Practices**

**A.** Applicability. This rule applies to all persons and to all insurance policies, insurance contracts and subscription contracts except policies of Worker's Compensation and title insurance. This rule is not exclusive, and other acts not herein specified,



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may also be deemed to be a violation of A.R.S. § 20-461, The Unfair Claims Settlement Practices Act.

**B. Definitions**

1. "Agent" means any individual, corporation, association, partnership or other legal entity authorized to represent an insurer with respect to a claim. "Agent" has the same meaning as "Insurance producer" as defined at A.R.S. § 20-281(5).
2. "Claimant" means either a first party claimant, a third party claimant, or both and includes the claimant's designated legal representative and includes a member of the claimant's immediate family designated by the claimant.
3. "Department" means the Arizona Department of Insurance and Financial Institutions – Insurance Division.
4. "Director" has the meaning of A.R.S. § 20-102.
5. "First party claimant" means an individual, corporation, association, partnership or other legal entity asserting a right to payment under an insurance policy or insurance contract arising out of the occurrence of the contingency of loss covered by the policy or contract.
6. "Insurance policy or insurance contract" has the meaning of A.R.S. § 20-103.
7. "Insurer" has the meaning of A.R.S. § 20-106(C).
8. "Investigation" means all activities of an insurer directly or indirectly related to the determination of liabilities under coverages afforded by an insurance policy or insurance contract.
9. "Notification of claim" means any notification, whether in writing or other means, acceptable under the terms of any insurance policy or insurance contract, to an insurer or its agent, by a claimant, which reasonably apprises the insurer of the facts pertinent to a claim.
10. "Person" has the meaning of A.R.S. § 20-105.
11. "Third party claimant" means any individual, corporation, association, partnership or other legal entity asserting a claim against any individual, corporation, association, partnership or other legal entity insured under an insurance policy or insurance contract of an insurer.
12. "Worker's compensation" includes, but is not limited to, Longshoremen's and Harbor Worker's Compensation.

- C. File and record documentation.** The insurer's claim files shall be subject to examination by the Director or by his duly appointed designees. The files shall contain all notes and work papers pertaining to the claim in such detail that pertinent events and the dates of the events can be reconstructed.

**D. Misrepresentation of policy provisions**

1. No insurer shall fail to fully disclose to first party claimants all pertinent benefits, coverages or other provisions of an insurance policy or insurance contract under which a claim is presented.
2. No agent shall conceal from first party claimants benefits, coverages or other provisions of any insurance policy or insurance contract when the benefits, coverages or other provisions are pertinent to a claim.
3. No insurer shall deny a claim on the basis that the claimant has failed to exhibit the damaged property to the insurer, unless the insurer has requested the claimant to exhibit the property and the claimant has refused without a sound basis.
4. No insurer shall, except where there is a time limit specified in the policy, make statements, written or otherwise, requiring a claimant to give written notice of loss or proof of loss within a specified time limit and which seek to

relieve the company of its obligations if the time limit is not complied with unless the failure to comply with the time limit prejudices the insurer's rights.

5. No insurer shall request a first party claimant to sign a release that extends beyond the subject matter that gave rise to the claim payment.
6. No insurer shall issue checks or drafts in partial settlement of a loss or claim under a specific coverage which contain language that releases the insurer or its insured from its total liability.

**E. Failure to acknowledge pertinent communications**

1. Every insurer, upon receiving notification of a claim shall, within 10 working days, acknowledge the receipt of the notice unless payment is made within the 10 working days. If an acknowledgment is made by means other than writing, an appropriate notation of such acknowledgment shall be made in the claim file of the insurer and dated. Notification given to an agent of an insurer shall be notification to the insurer.
2. Every insurer, upon receipt of any inquiry from the Department respecting a claim shall, within 15 working days of receipt of the inquiry, furnish the Department with an adequate response to the inquiry.
3. An appropriate reply shall be made within 10 working days on all other pertinent communications from a claimant which reasonably suggest that a response is expected.
4. Every insurer, upon receiving notification of a claim, shall promptly provide necessary claim forms, instructions, and reasonable assistance so that first party claimants can comply with the policy conditions and the insurer's reasonable requirements. Compliance with this subsection within 10 working days of notification of a claim shall constitute compliance with subsection (E)(1).

- F. Standards for prompt investigation of claims.** Every insurer shall complete investigation of a claim within 30 days after notification of a claim, unless the investigation cannot reasonably be completed within 30 days.

**G. Standards for prompt, fair and equitable settlements applicable to all insurers**

1. Notice of acceptance or denial of claim.
  - a. Within 15 working days after receipt by the insurer of properly executed proofs of loss, the first party claimant shall be advised of the acceptance or denial of the claim by the insurer. No insurer shall deny a claim on the grounds of a specific policy provision, condition, or exclusion unless reference to the provision, condition or exclusion is included in the denial. The denial must be given to the claimant in writing and the claim file of the insurer shall contain a copy of the denial.
  - b. If the insurer needs more time to determine whether a first party claim should be accepted or denied, it shall also notify the first party claimant within 15 working days after receipt of the proofs of loss, giving the reasons more time is needed. If the investigation remains incomplete, the insurer shall, 45 days from the date of the initial notification and every 45 days thereafter, send to the claimant a letter setting forth the reasons additional time is needed for investigation.
  - c. Where there is a reasonable basis supported by specific information available for review by the Director for suspecting that the first party claimant has fraudulently caused or contributed to the loss by

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arson, the insurer is relieved from the requirements of subsections (G)(1)(a) and (b). Provided, however, that the claimant shall be advised of the acceptance or denial of the claim by the insurer within a reasonable time for full investigation after receipt by the insurer of a properly executed proof of loss.

2. If a claim is denied for reasons other than those described in subsection (G)(1)(a), and is made by any other means than writing, an appropriate notation shall be made in the claim file of the insurer.
  3. Insurers shall not fail to settle first party claims on the basis that responsibility for payment should be assumed by others, except as may otherwise be provided by policy provisions.
  4. Insurers shall not continue negotiations for settlement of a claim directly with a claimant who is neither an attorney nor represented by an attorney until the claimant's rights may be affected by a statute of limitations or a policy or contract time limit, without giving the claimant written notice that the time limit may be expiring and may affect the claimant's right. The notice shall be given to first party claimants 30 days, and to third party claimants 60 days, before the date on which the time limit may expire.
  5. No insurer shall make statements which indicate that the rights of a third party claimant may be impaired if a form or release is not completed within a given period of time unless the statement is given for the purpose of notifying the third party claimant of the provision of a statute of limitations.
- H. Standards for prompt, fair and equitable settlements applicable to automobile insurance**
1. When the insurance policy provides for the adjustment and settlement of first party automobile total losses on the basis of actual cash value or replacement with another of like kind and quality, one of the following methods must apply:
    - a. The insurer may elect to offer a replacement automobile which is a specific comparable automobile available to the insured, with all applicable taxes, license fees and other fees incident to transfer of evidence of ownership of the automobile paid, at no cost other than any deductible provided in the policy. The offer and any rejection of the offer must be documented in the claim file.
    - b. The insurer may elect a cash settlement based upon the actual cost, less any deductible provided in the policy, to purchase a comparable automobile including all applicable taxes, license fees and other fees incident to transfer of evidence of ownership of a comparable automobile. The cost may be determined by:
      - i. The cost of a comparable automobile in the local market area when a comparable automobile is available in the local market area.
      - ii. One of two or more quotations obtained by the insurer from two or more qualified dealers located within the local market area when a comparable automobile is not available in the local market area.
    - c. When a first party automobile total loss is settled on a basis which deviates from the methods described in subsections (H)(1)(a) and (b), the deviation must be supported by documentation giving particulars of the automobile condition. Any deductions from the cost, including deduction for salvage, must be measurable, discernible, itemized and specified as to dollar amount and shall be appropriate in amount. The basis for the settlement shall be fully explained to the first party claimant.
  2. Where liability and damages are reasonably clear, insurers shall not recommend that third party claimants make claim under their own policies solely to avoid paying claims under the insurer's policy or insurance contract.
  3. Insurers shall not require a claimant to travel unreasonably either to inspect a replacement automobile, to obtain a repair estimate, or to have the automobile repaired at a specific repair shop.
  4. Insurers shall, upon the claimant's request, include the first party claimant's deductible, if any, in subrogation demands. Subrogation recoveries shall be shared on a proportionate basis with the first party claimant, unless the deductible amount has been otherwise recovered. No deduction for expenses can be made from the deductible recovery unless an outside attorney is retained to collect the deductible recovery. The deduction may then be for only a pro rata share of the allocated loss adjustment expense.
  5. If an insurer prepares an estimate of the cost of automobile repairs, the estimate shall be in an amount for which it may be reasonably expected the damage can be satisfactorily repaired. The insurer shall give a copy of the estimate to the claimant and may furnish to the claimant the names of one or more conveniently located repair shops.
  6. When the amount claimed is reduced because of betterment or depreciation, all information for the reduction shall be contained in the claim file. The reductions shall be itemized and specified as to dollar amount and shall be appropriate for the amount of reductions.
  7. When the insurer elects to repair and designates a specific repair shop for automobile repairs, the insurer shall cause the damaged automobile to be restored to its condition prior to the loss at no additional cost to the claimant other than as stated in the policy and within a reasonable period of time.
  8. The insurer shall not use as a basis for cash settlement with a first party claimant an amount which is less than the amount which the insurer would pay if the repairs were made, other than in total loss situations, unless the amount is agreed to by the insured.
- I. Severability.** If any provision of this Section or its application to any person or circumstances is held invalid, the remainder of the Section and the application of the provision to other persons and circumstances shall not be affected.

**Historical Note**

Adopted effective January 12, 1982 (Supp. 81-5). R20-6-801 recodified from R4-14-801 (Supp. 95-1). The reference to subsections as "subparagraphs" in this Section has been updated to current Chapter style (Supp. 22-1). Section amended by final rulemaking at 29 A.A.R. 3621 (November 24, 2023), effective January 7, 2024 (Supp. 23-4). Effective date corrected (Supp. 23-4, Ver. 2).

**R20-6-802. Emergency Expired****Historical Note**

Emergency rule adopted effective May 31, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-2). Emergency expired. Emergency rule readopted with-

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out change effective September 5, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-3). Emergency expired. R20-6-802 recodified from R4-14-802 (Supp. 95-1).

**ARTICLE 9. TERMINATION OR DISSOLUTION****R20-6-901. Reserved****ARTICLE 10. LONG-TERM CARE INSURANCE****R20-6-1001. Applicability and Scope**

Except as otherwise specifically provided, this Article applies to all long-term care insurance policies, including qualified long-term care contracts and life insurance policies that accelerate benefits for long-term care, delivered or issued for delivery in this state by insurers; fraternal benefit societies; nonprofit health, hospital and medical service corporations; prepaid health plans; health care service organizations and all similar organizations.

**Historical Note**

Adopted effective August 10, 1992 (Supp. 92-3). R20-6-1001 recodified from R4-14-1001 (Supp. 95-1).

Amended by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

**R20-6-1002. Definitions**

The definitions in A.R.S. § 20-1691 and the following definitions apply in this Article.

- A. "Benefit trigger," for purposes of a tax-qualified long-term care insurance contract, as defined in Section 7702B(b) of the Internal Revenue Code of 1968, as amended, "benefit trigger" shall include a determination by a licensed health care practitioner that an insured is a chronically ill individual.
- B. "Exceptional increase" means only those rate increases that an insurer has filed as exceptional and that the Director determines the need for the premium rate increase is justified due to changes in laws or regulations applicable to long-term care coverage in this state; or due to increased and unexpected utilization that affects the majority of insurers of similar products.
  - 1. Except as provided in Sections R20-6-1014 and R20-6-1015, exceptional increases are subject to the same requirements as other premium rate schedule increases.
  - 2. The Director may request independent actuarial review on the issue of whether an increase should be deemed an exceptional increase.
  - 3. The Director may also determine whether there are any potential offsets to higher claims costs.
- C. "Incidental," as used in R20-6-1014(L) and R20-6-1015(L), means that the value of the long-term care benefits provided is less than 10% of the total value of the benefits provided over the life of the policy, with value measured as of the date of issue.
- D. "Licensed health care professional" means an individual qualified by education and experience in an appropriate field, to determine, by record review, an insured's actual functional or cognitive impairment.
- E. "Long-term care benefit classification" means one of the following:
  - 1. Institutional long-term care – benefits only;
  - 2. Non-institutional long-term care – benefits only; or
  - 3. Comprehensive long-term care benefits.
- F. "Managed care plan" means a health care or assisted living arrangement designed to coordinate patient care or control

costs through utilization review, case management, use of specific provider networks, or a combination of these methods.

- G. "Personal information" has the same meaning prescribed in A.R.S. § 20-2102(19).
- H. "Privileged information" has the same meaning prescribed in A.R.S. § 20-2102(22).
- I. "Qualified actuary" means a member in good standing of the American Academy of Actuaries.
- J. "Similar policy forms" means all long-term care insurance policies and certificates that are issued by a particular insurer and that have the same long-term care benefit classification as a policy form being reviewed.

**Historical Note**

Adopted effective August 10, 1992 (Supp. 92-3). R20-6-1002 recodified from R4-14-1002 (Supp. 95-1).

Amended by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

**R20-6-1003. Policy Terms**

- A. A long-term care insurance policy delivered or issued for delivery in this state shall not use the terms set forth below, unless the terms are defined in the policy and the definitions satisfy the following requirements:
  - 1. "Activities of daily living" means eating, toileting, transferring, bathing, dressing, or continence.
  - 2. "Acute condition" means that an individual is medically unstable and requires frequent monitoring by medical professionals, such as physicians and registered nurses, to maintain the individual's health status.
  - 3. "Adult day care" means a program of social and health-related services for six or more individuals, that is provided during the day in a community group setting, for the purpose of supporting frail, impaired, elderly, or other disabled adults who can benefit from the services and care in a setting outside the home.
  - 4. "Agent" means an insurance producer as defined in A.R.S. § 20-281(5).
  - 5. "Bathing" means washing oneself by sponge bath, or in a tub or shower, and includes the act of getting in and out of the tub or shower.
  - 6. "Chronically ill individual" has the meaning prescribed for this term by A.R.S. § 20-1691(3) and Section 7702B(c)(2) of the Internal Revenue Code of 1986, as amended.
    - a. Under this provision, a chronically ill individual means any individual who has been certified by a licensed health care practitioner as:
      - i. Being unable to perform (without substantial assistance from another individual) at least 2 activities of daily living for a period of at least 90 days due to loss of functional capacity; or
      - ii. Requiring substantial supervision to protect the individual from threats to health and safety due to severe cognitive impairment.
    - b. The term "chronically ill individual" does not include an individual otherwise meeting these requirements unless within the preceding twelve-month period a licensed health care practitioner has certified that the individual meets these requirements.
  - 7. "Cognitive impairment" means a deficiency in a person's:
    - a. Short or long-term memory;

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- b. Orientation as to person, place, or time;
  - c. Deductive or abstract reasoning; or
  - d. Judgment as it relates to safety awareness.
8. "Continence" means the ability to maintain control of bowel and bladder function, or when unable to maintain control, the ability to perform associated personal hygiene, such as caring for a catheter or colostomy bag.
  9. "Dressing" means putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
  10. "Eating" means feeding oneself by getting food into the body from a receptacle such as a plate, cup, or table, or by a feeding tube or intravenously.
  11. "Guaranteed renewable" means the insured has the right to continue a long-term-care insurance policy in force by the timely payment of premiums and the insurer has no unilateral right to make any change in any provision of the policy or rider while the insurance is in force, and cannot decline to renew, except that the insurer may revise rates on a class basis.
  12. "Hands-on assistance" means physical help to an individual who could not perform an activity of daily living without help from another individual, and includes minimal, moderate, or maximal help.
  13. "Home health services" means the services described at A.R.S. § 36-151.
  14. "Level premium" means that an insurer does not have any right to change the premium, even at renewal.
  15. "Licensed health care practitioner" has the same meaning as A.R.S. § 20-1691(6).
  16. "Maintenance or personal care services" has the same meaning as A.R.S. § 20-1691(10).
  17. "Medicare" means "The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as Then Constituted or Later Amended," or "Title I, Part I of Public Law 89-97, as Enacted by the Eighty-Ninth Congress of the United States of America and popularly known as the Health Insurance for the Aged Act, as then constituted and any later amendments or substitutes thereof," or words of similar import.
  18. "Noncancellable" means the insured has the right to continue the long-term care insurance in force by the timely payment of premiums during which period the insurer has no right to unilaterally cancel or make any change in any provision of the insurance or in the premium rate.
  19. "Personal care" means the provision of hands-on assistance to help an individual with activities of daily living in relation to the level of skill required, the nature of the care, and the setting in which the care must be delivered.
  20. "Qualified long-term care services" has the meaning prescribed for this term under A.R.S. § 20-1691(13) and means services that meet the requirements of Section 7702B(c)(1) of the Internal Revenue Code of 1986, as amended, as follows: necessary diagnostic, preventative, therapeutic, curing, treating, mitigating and rehabilitative services, and maintenance or personal care services which are required by a chronically ill individual, and are provided pursuant to a plan of care prescribed by a licensed health care practitioner.
  21. "Toileting" means getting to and from the toilet, getting on and off the toilet, and performing tasks associated with personal hygiene.
  22. "Transferring" means moving into or out of a bed, chair, or wheelchair.
- B.** Any long-term care policy delivered or issued for delivery in this state shall include the following policy terms and provisions as specified in this subsection:
1. "Home care" shall be defined in relation to the level of skill required, the nature of the care, and the setting in which the care must be delivered.
  2. "Intermediate care" shall be defined in relation to the level of skill required, the nature of the care, and the setting in which the care must be delivered.
  3. "Mental or nervous disorder" shall not be defined to include more than neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder.
  4. "Skilled nursing care," "specialized care providers," "assisted living care" and other services shall be defined in relation to the level of skill required, the nature of the care and the setting in which care is delivered.
  5. Service providers, including "skilled nursing facility," "extended care facility," "convalescent nursing home," "personal care facility," "specialized care providers," "assisted living facility" and "home care agency" shall be defined in relation to the services and facilities required to be available and the licensure, certification, registration or degree status of those providing or supervising the services. When the definition requires that the provider be appropriately licensed, certified or registered, it shall also state what requirements a provider must meet in lieu of licensure, certification or registration when the state in which the service is to be furnished does not require a provider of these services to be licensed, certified or registered, or when the state licenses, certifies or registers the provider of services under another name.

**Historical Note**

Adopted effective August 10, 1992 (Supp. 92-3). R20-6-1003 recodified from R4-14-1003 (Supp. 95-1). Amended by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2). Section amended by final rulemaking at 29 A.A.R. 3621 (November 24, 2023), effective January 7, 2024 (Supp. 23-4). Effective date corrected (Supp. 23-4, Ver. 2).

**R20-6-1004. Required Policy Provisions****A. Renewability**

1. An individual long-term care insurance policy shall contain a renewability provision which shall be either "guaranteed renewable" or "noncancellable." The renewability provision shall be appropriately captioned, shall appear on the first page of the policy, and shall state that the coverage is guaranteed renewable or noncancellable. This requirement does not apply to a long-term care insurance policy that is part of or combined with a life insurance policy that does not contain a renewability provision and that reserves the right not to renew solely to the policyholder.
2. An insurer shall not use the terms "guaranteed renewable" and "noncancellable" in any individual long-term care insurance policy without further explanatory language according to the disclosure requirements of this Article.
3. A qualified long-term care insurance policy shall have the guaranteed renewability provisions specified in Section 7702B(b)(1)(C) of the Internal Revenue Code of 1986, as amended, in the policy.

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4. A long-term care insurance policy or certificate shall include a statement that premium rates are subject to change, unless the policy does not afford the insurer the right to raise premiums.

**B. Limitations and Exclusions**

1. If a long-term care insurance policy or certificate contains any limitations with respect to preexisting conditions, the limitations shall appear as a separate paragraph of the policy or certificate and shall be labeled as "Preexisting Condition Limitations."
2. A long-term care insurance policy or certificate containing any limitations or conditions for eligibility not prohibited by A.R.S. §§ 20-1691.03 and 20-1691.05 shall describe the limitations or conditions, including any required number of days of confinement, in a separate paragraph of the policy or certificate and shall label the paragraph "Limitations or Conditions on Eligibility for Benefits."
3. A policy shall not be delivered or issued for delivery in this state as long-term care insurance if the policy limits or excludes coverage by type of illness, treatment, medical condition or accident, except as follows:
  - a. Preexisting conditions or disease;
  - b. Mental or nervous disorders; however, this shall not permit exclusion or limitation of the benefits on the basis of Alzheimer's Disease;
  - c. Alcoholism and drug addiction;
  - d. Illness, treatment or medical condition arising out of:
    - i. War, declared or undeclared, or act of war;
    - ii. Participation in a felony, riot or insurrection;
    - iii. Service in the armed forces or auxiliary units;
    - iv. Suicide, attempted suicide, or intentionally self-inflicted injury; or
    - v. Aviation, if non-fare-paying passenger;
  - e. Treatment provided in a government facility, unless otherwise required by law;
  - f. Services for which benefits are available under Medicare or other governmental program, except Medicaid;
  - g. Any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law;
  - h. Services provided by a member of the covered person's immediate family and services for which no charge is normally made in the absence of insurance;
  - i. Expenses for services or items available or paid under another long-term care insurance or health insurance policy; or
  - j. In the case of a qualified long-term care insurance policy, expenses for services or items to the extent that the expenses are reimbursable under Title XVIII of the Social Security Act or would be reimbursable but for the application of a deductible or coinsurance amount;
4. Subsection (B) does not prohibit exclusions and limitations by type of provider or territorial limitations. No long-term care issuer may deny a claim because services are provided in a state other than the state of policy issued under the following conditions:
  - a. When the state other than the state of policy issue does not have the provider licensing, certification or registration required in the policy, but where the provider satisfies the policy requirements outlined for

providers in lieu of licensure, certification or registration; or

- b. When the state other than the state of policy issue licenses, certifies or registers the provider under another name.

5. "State of policy issue" means the state in which the insurer issued the individual policy or certificate.

- C. Extension of benefits. A long-term care insurance policy shall provide that termination of long-term care insurance is without prejudice to any benefits payable for institutionalization if the institutionalization began while the long-term care insurance was in force and continues without interruption after termination. An insurer may limit this extension of benefits period to the duration of the benefit period, if any, or to payment of the maximum benefits and the insurer may still apply any policy waiting period and all other applicable provisions of the policy.

- D. Reinstatement. A long-term care insurance policy shall include a provision for reinstatement of coverage if a lapse occurs if the insurer receives proof that the insured was cognitively impaired or had a loss of functional capacity before expiration of the grace period in the policy. The option to reinstate shall be available to the insured for at least five months after the date of termination and shall allow for the collection of past due premiums, as appropriate. The standard of proof of cognitive impairment or loss of functional capacity shall not be more stringent than the benefit eligibility criteria for these conditions set forth in the original long-term care policy.

- E. Continuation or conversion.

1. A group long-term care insurance policy shall provide covered individuals with a basis for continuation or conversion of coverage as specified in this subsection.
2. The policy shall include a provision that maintains coverage under the existing group policy when the coverage would otherwise terminate, subject only to the continued timely payment of premiums when due. A group policy that restricts provision of benefits and services to, or has incentives to use certain providers or facilities, may provide continuation benefits that are substantially equivalent to the benefits of the existing group policy. The Director shall make a determination as to the substantial equivalency of benefits and, in doing so, shall take into consideration the differences between managed care and non-managed care plans, including provider system arrangements, service availability, benefit levels and administrative complexity.
3. The policy shall include a provision that an individual, whose coverage under the group policy would otherwise terminate or has been terminated for any reason, including discontinuation of the group policy in its entirety or with respect to an insured class, who has been continuously insured under the group policy (and any group policy which it replaced) for at least six months immediately prior to termination, is entitled to the issuance of a converted policy by the insurer under whose group policy the individual is covered, without evidence of insurability.
4. A converted policy shall be an individual policy of long-term care insurance providing benefits identical to or benefits that the Director determines to be substantially equivalent to or in excess of those provided under the group policy from which conversion is made. Where the group policy from which conversion is made restricts provision of benefits and services to, or contains incentives to use certain providers or facilities, the Director, in

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making a determination as to the substantial equivalency of benefits, shall take into consideration the differences between managed care and non-managed care plans, including, but not limited to, provider system arrangements, service availability, benefit levels and administrative complexity, and other plan elements.

5. An insurer may require an individual seeking a conversion policy to make a written application for the converted policy and pay the first premium due, if any, as directed by the insurer not later than 31 days after termination of coverage under the group policy. The insurer shall issue the converted policy effective on the day following the termination of coverage under the group policy. The converted policy shall be renewable annually.
  6. Unless the group policy from which conversion is made replaced previous group coverage, the insurer shall calculate the premium for the converted policy on the basis of the insured's age at inception of coverage under the group policy from which conversion is made. If the group policy from which conversion is made replaced previous group coverage, the premium for the converted policy shall be calculated on the basis of the insured's age at inception of coverage under the group policy replaced.
  7. An insurer is required to provide continuation of coverage or issuance of a converted policy as provided in this subsection, unless:
    - a. Termination of group coverage resulted from an individual's failure to make any required payment of premium or contribution when due; or
    - b. The terminating coverage is replaced not later than 31 days after termination, by group coverage that:
      - i. Is effective on the day following the termination of coverage;
      - ii. Provides benefits identical to or benefits the Director determines to be substantially equivalent to or in excess of those provided by the terminating coverage; and
      - iii. Has a premium calculated in a manner consistent with the requirements of subsection (E)(6).
  8. Notwithstanding any other provision of this Section, a converted policy that an insurer issues to an individual who at the time of conversion is covered by another long-term care insurance policy providing benefits on the basis of incurred expenses, may contain a provision that reduces benefits payable if the benefits provided under the additional coverage, together with the full benefits provided by the converted policy, would result in payment of more than 100% of incurred expenses. An insurer may include this provision in the converted policy only if the converted policy also provides for a premium decrease or refund that reflects the reduction in payable benefits.
  9. The converted policy may provide that the benefits payable under the converted policy, together with the benefits payable under the group policy from which conversion is made, shall not exceed those that would have been payable had the individual's coverage under the group policy remained in force and effect.
  10. Notwithstanding any other provision of this Section, an insured individual whose eligibility for group long-term care coverage is based upon the individual's relationship to another person, is entitled to continuation of coverage under the group policy if the qualifying relationship terminates by death or dissolution of marriage.
- F. Discontinuance and replacement. If a group long-term care policy is replaced by another group long-term care policy issued to the same policyholder, the succeeding insurer shall offer coverage to all persons covered under the previous group policy on its date of termination. Coverage provided or offered to individuals by the insurer and premiums charged to persons under the new group policy:
    1. Shall not result in any exclusion for preexisting conditions that would have been covered under the group policy being replaced; and
    2. Shall not vary or otherwise depend on the individual's health or disability status, claim experience, or use of long-term care services.
  - G. Premium Increases.
    1. An insurer shall not increase the premium charged to an insured because of:
      - a. The increasing age of the insured at ages beyond 65, or
      - b. The duration of coverage under the policy.
    2. Purchase of additional coverage is not considered a premium rate increase, however, for the calculation required under R20-6-1019, an insurer shall add to and consider the portion of the premium attributable to the additional coverage as part of the initial annual premium.
    3. A reduction in benefits is not considered a premium change, however, for the calculation required under R20-6-1019, an insurer shall base the initial annual premium on the reduced benefits.
  - H. Electronic enrollment for group policies.
    1. For coverage offered to a group defined in A.R.S. § 20-1691(5)(a), any requirement that an insurer or insurance producer obtain an insured's signature is satisfied if:
      - a. The group policyholder or insurer obtains the insured's consent by telephonic or electronic enrollment, and provides the enrollee with verification of enrollment information within five business days of enrollment; and
      - b. The telephonic or electronic enrollment process has necessary and reasonable safeguards to assure the accuracy, retention, and prompt retrieval of records, and the confidentiality of individually identifiable and privileged information.
    2. If the Director requests, the insurer shall make available records showing the insurer's ability to confirm enrollment and coverage amounts.
  - I. Minimum standards for home health and community care benefits.
    1. If an insurer issues a long-term care insurance policy or certificate that provides benefits for home-health or community care, the policy or certificate shall not limit or exclude benefits by any of the following:
      - a. Requiring that the insured would need skilled care in a skilled nursing facility if home health services are not provided;
      - b. Requiring that the insured first or simultaneously receive nursing or therapeutic services, or both, in a home, community or institutional setting before home health services are covered;
      - c. Requiring that eligible services be provided by a registered nurse or licensed practical nurse;
      - d. Requiring that a nurse or therapist provide services covered by the policy that can be provided by a home health aide or other licensed or certified home

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- care worker acting within the scope of licensure or certification;
  - e. Requiring that the insured or claimant have an acute condition before home health services are covered;
  - f. Limiting benefits to services provided by Medicare-certified agencies or providers;
  - g. Excluding coverage for personal care services provided by a home health aide;
  - h. Requiring that home health care services be provided at a level of certification or licensure greater than that required by the eligible service; or
  - i. Excluding coverage for adult day care services.
2. If a long-term care insurance policy provides benefits for home health or community care services, it shall provide home health or community care coverage that equals a dollar amount equivalent to at least one-half of one year's missing home benefit coverage available at the time covered home health or community care services are being received. This requirement does not apply to policies or certificates issued to residents of continuing care retirement communities.
  3. An insurer may apply home health care coverage to non-home health care benefits in the policy or certificate when determining maximum coverage under the terms of the policy or certificate.
- J.** Appeals. Policy shall include a clear description of the process for appealing and resolving benefit determinations.

**Historical Note**

Adopted effective August 10, 1992 (Supp. 92-3). R20-6-1004 recodified from R4-14-1004 (Supp. 95-1). Amended by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

**R20-6-1005. Unintentional Lapse**

- A.** An insured may designate in writing at least one person to receive notice of lapse or termination of a long-term care insurance policy for nonpayment of premium, in addition to the insured. Designation shall not constitute acceptance of any liability by the third-party notice recipient for services provided to the insured.
- B.** An insurer shall not issue an individual long-term care insurance policy or certificate until the applicant has provided either a written designation of at least one person, in addition to the applicant, who shall receive notice of lapse or termination of the policy or certificate for nonpayment of premium, with the person's full name and home address, or the applicant's written waiver, dated and signed, indicating that the applicant chooses not to designate a notice recipient.
- C.** The insurer shall use a form for written designation or waiver that provides space clearly delineated for the designation. The insurer shall include the following language on the form for waiver of the right to name a designated recipient: "Protection against unintended lapse. I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of this long-term care insurance policy for nonpayment of premium. I understand that this notice will not be given until 30 days after a premium is due and unpaid. I elect NOT to designate a person to receive this notice."
- D.** At least once every two years, an insurer shall notify the insured of the right to change the person designated to receive notice in subsection (A). An insured may add, delete, or

change a designated recipient or change a designated recipient at any time by notifying the insurer in writing, and providing the name and home address for the new designated recipient or the designated recipient to be deleted.

- E.** If the insured pays premiums for the long-term care insurance policy or certificate through a payroll or pension deduction plan, the insurer is not required to comply with the requirements in subsections (A) through (D) until 60 days after the insured is no longer on the payment plan.
- F.** An individual long-term care insurance policy shall not lapse or be terminated for nonpayment of premium unless the insurer gives the insured and any recipient designated under subsections (A) through (D) written notice at least 30 days before the effective date of termination or lapse, by first class mail, postage prepaid, at the address provided by the insured for purposes of receiving notice of lapse or termination. An insurer shall not give notice until 30 days after the date on which a premium is due and unpaid. Notice is deemed given five days after the date of mailing.
- G.** Reinstatement. In addition to the requirement in subsections (A) through (D), a long-term care insurance policy or certificate shall include a provision that provides for reinstatement of coverage in the event of a lapse if the insurer is provided proof that the policyholder or certificateholder was cognitively impaired or had a loss of functional capacity before the grace period contained in the policy expired. This option shall be available to the insured if requested within five months after termination and shall allow for the collection of past due premium, where appropriate. The standard of proof of cognitive impairment or loss of functional capacity shall not be more stringent than the benefit eligibility criteria on cognitive impairment or the loss of functional capacity contained in the policy or certificate. Reinstatement after termination for other than unintentional lapse shall be governed by A.R.S. § 20-1348.

**Historical Note**

Adopted effective August 10, 1992 (Supp. 92-3). R20-6-1005 recodified from R4-14-1005 (Supp. 95-1). Section R20-6-1005 renumbered to R20-6-1006; new Section R20-6-1005 made by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

**R20-6-1006. Inflation Protection**

- A.** An insurer shall not offer a long-term care insurance policy unless the insurer offers to the policyholder, at the time of purchase, in addition to any other inflation protection, the option to purchase a policy with an inflation protection provision that provides for benefit levels to increase with benefit maximums or reasonable durations which are meaningful to account for reasonably anticipated increases in the costs of long-term care services covered by the policy. The terms of the required provision shall be no less favorable than one of the following:
  1. A provision that provides for annual increases in benefit levels compounding annually at a rate of not less than 5%;
  2. A provision that guarantees an insured the right to periodically increase benefit levels without providing evidence of insurability or health status, if the insured did not decline the option for the previous period. The increased benefit shall be no less than the difference between the existing policy benefit and that benefit compounded annually at a rate of at least 5% for the period beginning

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from the purchase of the existing benefit and extending until the year in which the offer is made; or

3. A provision for coverage of a specified percentage of actual or reasonable charges that is not subject to a maximum specified indemnity amount or limit.
- B. If the policy is issued to a group, the insurer shall extend the offer required by subsection (A) to the group policyholder; except, if the policy is issued under A.R.S. § 20-1691.04(C) to a group, other than to a continuing care retirement community, the insurer shall make the offer to each proposed certificate-holder.
- C. An insurer is not required to make the offer in subsection (A) for life insurance policies or riders with accelerated long-term care benefits.
- D. An insurer shall include the information listed in this subsection in or with the outline of coverage.
  1. A graphic comparison of the benefit levels of a policy that increases benefits over the policy period with a policy that does not increase benefits. The graphic comparison shall show benefit levels over at least a 20-year period.
  2. Any expected premium increases or additional premiums to pay for automatic or optional benefit increases. If premium increases or additional premiums will be based on the attained age of the applicant at the time of the increase, the insurer shall provide a revised schedule of attained-age premiums. An insurer may use a reasonable hypothetical or a graphic demonstration for this disclosure.
- E. Inflation-protection benefit increases shall continue without regard to an insured's age, claim status, claim history, or length of time the person has been insured under the policy.
- F. An insurer's offer of inflation protection that provides for automatic benefit increases shall include an offer of a premium that the insurer expects to remain constant. The insurer shall disclose in the offer in a conspicuous manner that the premium may change in the future unless the premium is guaranteed to remain constant.
- G. An insurer shall include in a long-term care insurance policy inflation protection as provided in subsection (A)(1) unless the insurer obtains a rejection of inflation protection signed by the insured as required in subsection (H). The rejection may be either on the application form or on a separate form.
- H. A rejection of inflation protection is deemed part of an application and shall state: "I have reviewed the outline of coverage and the graphs that compare the benefits and premiums of this policy with and without inflation protection. Specifically, I reviewed Plans [insert description of plans], and I reject inflation protection."

**Historical Note**

Adopted effective August 10, 1992 (Supp. 92-3). R20-6-1006 recodified from R4-14-1006 (Supp. 95-1). R20-6-1006 renumbered to R20-6-1007; new Section R20-5-1006 renumbered from R20-6-1005 and amended by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

**R20-6-1007. Required Disclosure Provisions**

- A. Riders and endorsements. Except for riders or endorsements by which an insurer effectuates a request made in writing by the insured under an individual long-term care insurance policy, if an insurer adds a rider or endorsement to an individual long-term care insurance policy after date of issue or at rein-

statement or renewal that reduces or eliminates benefits or coverage in the policy, the insurer shall require signed acceptance by the individual insured. After the date of policy issue, any rider or endorsement that increases benefits or coverage with a concomitant increase in premium during the policy term shall require the signed written agreement of the insured unless the increased benefits or coverage are required by law. If the insurer charges a separate additional premium for benefits provided in connection with riders or endorsements, the premium charge shall be set forth in the policy, rider, or endorsement.

- B. Payment of Benefits. A long-term care insurance policy that provides for the payment of benefits based on standards described as "usual and customary," "reasonable and customary" or words of similar import shall define the terms and explain them in its accompanying outline of coverage.
- C. Disclosure of tax consequences. For life insurance policies that provide an accelerated benefit for long-term care, an insurer shall provide a disclosure statement at the time of application for the policy or rider and at the time the accelerated benefit payment request is submitted, that receipt of these accelerated benefits may be taxable, and that assistance should be sought from a personal tax adviser. The disclosure statement shall be prominently displayed on the first page of the policy or rider and any other related documents. This subsection shall not apply to qualified long-term care insurance contracts.
- D. Benefit triggers. A long-term care insurance policy shall use activities of daily living and cognitive impairment to measure an insured's need for long-term care. The long-term care insurance policy shall describe these terms and provisions in a separate paragraph in the policy labeled "Eligibility for the Payment of Benefits" that includes and explains:
  1. Any additional benefit triggers,
  2. Benefit triggers that result in payment of different benefit levels, and
  3. Any requirement that an attending physician or other specified person certify a certain level of functional dependency for the insured to be eligible for benefits.
- E. A long-term care insurance contract shall contain a disclosure statement in the policy and in the outline of coverage indicating whether it is intended to be a qualified long-term care insurance contract as specified in the outline of coverage in Appendix J, paragraph 3. The contract shall also include a Specification Page which shall include the benefits, amounts, durations, the premium rate including all optional benefits selected by the insured, and any other benefit data applicable to the insured.

**Historical Note**

Adopted effective August 10, 1992 (Supp. 92-3). R20-6-1007 recodified from R4-14-1007 (Supp. 95-1). Former Section R20-6-1007 renumbered to R20-6-1010; new Section R20-6-1007 renumbered from R20-6-1006 and amended by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

**R20-6-1008. Required Disclosure of Rating Practices to Consumers**

- A. This Section applies as follows:
  1. Except as provided in subsection (A)(2), this Section applies to any long-term care policy or certificate issued in this state on or after May 10, 2005.



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2. For certificates issued under an in-force, long-term care insurance policy issued to a group as defined in A.R.S. § 20-1691(5)(a), the provisions of this Section apply on the first policy anniversary that occurs on or after November 10, 2005.
- B.** Unless a policy is one for which an insurer cannot increase the applicable premium rate or rate schedule, the insurer shall provide the information listed in this subsection to the applicant at the time of application or enrollment. If the method of application does not allow for delivery at that time, the insurer shall provide the information to the applicant no later than at the time of delivery of the policy or certificate.
  1. A statement that the policy may be subject to rate increases in the future.
  2. An explanation of potential future premium rate revisions, and the policyholder's or certificateholder's option if a premium rate revision occurs.
  3. The premium rate or rate schedules applicable to the applicant that will be in effect until the insurer makes a request for an increase.
  4. A general explanation for applying premium rate or rate schedule adjustments that includes:
    - a. A description of when premium rate or rate-schedule adjustments will be effective (e.g., next anniversary date, next billing date); and
    - b. The insurer's right to a revised premium rate or rate schedule as provided in subsection (B)(3) if the premium rate or rate schedule is changed.
  5. Information regarding each premium rate increase on this policy form or similar policy form over the past 10 years for this state or any other state that, at a minimum, identifies:
    - a. The policy forms for which premium rates have been increased;
    - b. The calendar years when the form was available for purchase; and
    - c. The amount or percent of each increase, which may be expressed as a percentage of the premium rate before the increase, or as minimum and maximum percentages if the rate increase is variable by rating characteristics.
  6. The insurer may, in a fair manner, provide explanatory information related to the rate increases in addition to the information required under subsection (B)(5).
- C.** An insurer may exclude from the disclosure required under subsection (B)(5), premium rate increases applicable to:
  1. Blocks of business acquired from other nonaffiliated insurers, and
  2. Policies acquired from other nonaffiliated insurers if the increases occurred before the acquisition.
- D.** If an acquiring insurer files for a rate increase on a long-term care insurance policy form or a block of policy forms acquired from a nonaffiliated insurer on or before the later of the January 10, 2005, or the end of a 24-month period following the acquisition of the policies or block of policies, the acquiring insurer may exclude that rate increase from the disclosure required under subsection (B)(5). However, the nonaffiliated insurer that sells the policy form or a block of policy forms shall include that rate increase in the disclosure required under subsection (B)(5). If the acquiring insurer files for a subsequent rate increase, even within the 24-month period, on the same policy form acquired from a nonaffiliated insurer or block of policy forms acquired from nonaffiliated insurers, the acquiring insurer shall make all disclosures required by subsection (B)(5), including disclosure of the earlier rate increase.
- E.** Unless the method of application does not allow an insured to sign an acknowledgement that the insurer made the disclosures required under subsection (B) at the time of application, the applicant shall sign an acknowledgement of disclosure at that time. Otherwise, the applicant shall sign a disclosure acknowledgement no later than at the time of delivery of the policy or certificate.
- F.** An insurer shall use the forms in Appendix A and Appendix B to comply with the requirements of subsections (B) through (E). The text and format of an insurer's forms shall be substantially similar to the text and format of Appendices A and B.
- G.** An insurer shall provide notice of an upcoming premium rate schedule increase to all policyholders or certificateholders, if applicable, at least 45 days before the effective date of the increase. The notice shall include the information required by subsection (B).

**Historical Note**

Adopted effective August 10, 1992 (Supp. 92-3). R20-6-1008 recodified from R4-14-1008 (Supp. 95-1). Former Section R20-6-1008 renumbered to R20-6-1011; new Section R20-6-1008 made by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

**R20-6-1009. Initial Filing Requirements**

- A.** This Section applies to any long-term care policy issued in this state on or after May 10, 2005.
- B.** At the time of making a filing under A.R.S. § 20-1691.08, an insurer shall provide to the Director a copy of the disclosure documents required under R20-6-1008 and an actuarial certification that includes the following:
  1. The initial premium rate schedule is sufficient to cover anticipated costs under moderately adverse experience and that the premium rate schedule is reasonably expected to be sustainable over the life of the form with no future premium increases anticipated;
  2. The policy design and coverage provided have been reviewed and taken into consideration;
  3. The underwriting and claims adjudication processes have been reviewed and taken into consideration;
  4. The premiums contain at least the minimum margin for moderately adverse experience as defined in subsection (4)(a) or the specification of and justification for a lower margin as required by subsection (4)(b).
    - a. A composite margin shall not be less than 10% of lifetime claims.
    - b. A composite margin that is less than 10% may be justified in uncommon circumstances. The proposed amount, full justification of the proposed amount and methods to monitor developing experience that would be the basis for withdrawal of approval for such lower margins must be submitted.
    - c. A composite margin lower than otherwise considered appropriate for the stand-alone long-term care policy may be justified for long-term care benefits provided through a life policy or an annuity contract. Such lower composite margin, if utilized, shall be justified by appropriate actuarial demonstration addressing margins and volatility when considering the entirety of the product.

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- d. A greater margin may be appropriate in circumstances where the company has less credible experience to support its assumptions used to determine the premium rates.
- 5. A statement that the premium rate schedule:
  - a. Is not less than the premium rate schedule for existing similar policy forms also available from the insurer except for reasonable differences attributable to benefits, or
  - b. A comparison of the premium schedules for similar policy forms that are currently available from the insurer with an explanation of the differences; and
- 6. A statement that reserve requirements have been reviewed and considered. Support for this statement shall include:
  - a. Sufficient detail or sample calculations provided so as to have a complete depiction of the reserve amounts to be held; and
  - b. A statement that the difference between the gross premium and the net valuation premium for renewal years is sufficient to cover expected renewal expenses; or if such a statement cannot be made, a complete description of the situations where this does not occur. An aggregate distribution of anticipated issues may be used as long as the underlying gross premiums maintain a reasonably consistent relationship.
- C. An actuarial memorandum shall be included that is signed by a member of the Academy of Actuaries and that addresses and supports each specific item required as part of the actuarial certification and provides at least the following:
  - 1. An explanation of the review performed by the actuary prior to making the statements in subsections (B)(2) and (B)(3);
  - 2. A complete description of pricing assumptions;
  - 3. Sources and levels of margins incorporated into the gross premiums that are the basis for the statement in subsection (B)(1) of the actuarial certification and an explanation of the analysis and testing performed in determining the sufficiency of the margins. The actuary shall clearly describe deviations in margins between ages, sexes, plans or states. Deviations in margins required to be described are other than those produced utilizing generally accepted actuarial methods for smoothing and interpolating gross premium scales; and
  - 4. A demonstration that the gross premiums include the minimum composite margin specified in subsection (B)(4).
- D. In any review of the actuarial certification and actuarial memorandum, the Director may request review by an actuary with experience in long-term care pricing who is independent of the insurer. In the event the Director asks for additional information as a result of any review, the period in A.R.S. § 20-1691.08 does not include the period during which the insurer is preparing the requested information.

**Historical Note**

Adopted effective August 10, 1992 (Supp. 92-3). R20-6-1009 recodified from R4-14-1009 (Supp. 95-1). Section R20-6-1009 renumbered to R20-6-1012; new Section R20-6-1009 made by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final

exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

**R20-6-1010. Requirements for Application Forms and Replacement Coverage; Prohibition Against Preexisting Conditions and Probationary Periods in Replacement Policies or Certificates; Reporting Requirements**

- A. An insurer's application form for a long-term care insurance policy shall include the questions listed in this Section to elicit information as to whether, as of the date of the application, the applicant has another long-term care insurance policy or certificate in force or whether a long-term care policy or certificate is intended to replace any other health or long-term care policy or certificate presently in force. An insurer may include the questions in a supplementary application or other form to be signed by the applicant and insurance producer, except where the coverage is sold without an insurance producer. For a replacement policy issued to a group as defined in A.R.S. § 20-1691(5)(a), the insurer may modify the questions only to the extent necessary to elicit information about health or long-term care insurance policies other than the group policy being replaced if the certificateholder has been notified of the replacement.
  - 1. Do you have another long-term care insurance policy or certificate in force (including health care service contract, health maintenance organization contract)?
  - 2. Did you have another long-term care insurance policy or certificate in force during the last 12 months?
    - a. If so, with which company?
    - b. If that policy lapsed, when did it lapse?
  - 3. Are you covered by Medicaid?
  - 4. Do you intend to replace any of your medical or health insurance coverage with this policy or certificate?
- B. The application or enrollment form for such policies or certificates shall clearly indicate the payment plan the applicant selects.
- C. An insurance producer shall list any other health insurance policies the insurance producer has sold to the applicant, including:
  - 1. Policies that are still in force, and
  - 2. Policies sold in the past five years that are no longer in force.
- D. Solicitations Other than Direct Response. On determining that a sale will involve replacement, an insurer, other than an insurer using direct response solicitation methods, or its insurance producer, shall furnish the applicant, before issuing or delivering the individual long-term care insurance policy, a notice that substantially conforms to the form prescribed in Appendix C or D regarding replacement of health or long-term care coverage. The insurer shall:
  - 1. Give one copy of the notice to the applicant, and
  - 2. Keep an additional copy signed by the applicant.
- E. Direct Response Solicitations. Insurers using direct response solicitation methods as defined in A.R.S. § 20-1661 shall deliver a notice that substantially conforms to the form prescribed in Appendix C or D regarding replacement of health or long-term care coverage to the applicant upon issuance of the policy.
- F. If replacement is intended, the replacing insurer shall send the existing insurer written notice of the proposed replacement within five working days from the date the replacing insurer receives the application or issues the policy, whichever is sooner. The notice shall identify the existing policy by name of the insurer and the insured, and policy number or insured's address including zip code.

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- G.** A life insurance policy that accelerate benefits for long-term care shall comply with this Section if the policy being replaced is a long-term care insurance policy. If the policy being replaced is a life insurance policy, the insurer shall comply with the replacement requirements of Title 20, Chapter 6, Article 1.1. If a life insurance policy that accelerates benefits for long-term care is replaced by another such policy, the replacing insurer shall comply with the requirements of this Section and with A.R.S. Title 20, Chapter 6, Article 1.1.
- H.** Prohibition against preexisting conditions and probationary periods in replacement policies or certificates. If a long-term care insurance policy or certificate replaces another long-term care policy or certificate, the replacing insurer shall waive any time periods applicable to preexisting conditions and probationary periods in the new long-term care policy for similar benefits if similar exclusions are satisfied under the original policy.
- I.** Reporting requirements.
1. An insurer shall maintain the following records for each insurance producer:
    - a. The amount of the insurance producer's replacement sales as a percent of the insurance producer's total annual sales, and
    - b. The amount of lapses of long-term care insurance policies sold by the insurance producer as a percent of the insurance producer's total annual sales.
  2. No later than June 30 of each year, on the forms specified in Appendix E and Appendix F, an insurer shall report the following information for the preceding calendar year to the Department:
    - a. The 10% of its insurance producers licensed in Arizona with the greatest percentages of lapses and replacements as measured by subsection (I)(1);
    - b. The number of lapsed policies as a percent of the total annual sales and as a percent of the insurer's total number of policies in force as of the end of the preceding calendar year;
    - c. The number of replacement policies sold as a percent of the insurer's total annual sales and as a percent of its total number of policies in force as of the end of the preceding calendar year; and
    - d. For qualified long-term care insurance contracts, the number of claims denied for each class of business, expressed as a percentage of claims denied.
- J.** In subsection (I):
1. "Claim" means a request for payment of benefits under an in-force policy, regardless of whether the benefit claimed is covered under the policy or any terms or conditions of the policy have been met.
  2. "Denied" means the insurer refuses to pay a claim for any reason other than for claims not paid for failure to meet the waiting period or because of an applicable preexisting condition.
  3. "Policy" means only long-term care insurance.
  4. "Report" means on a statewide basis.
- K.** Reported replacement and lapse rates do not alone constitute a violation of insurance laws or necessarily imply wrongdoing. The reports are for the purpose of reviewing more closely agent activities regarding the sale of long-term care insurance. Reports required under this Section shall be filed with the Director.
- L.** Annual rate certification requirements. This subsection applies to any long-term care policy issued in Arizona on or after November 10, 2017. The following annual submission requirements apply subsequent to initial rate filings for individual long-term care insurance policies made under this Section:
1. An actuarial certification prepared, dated and signed by a member of the American Academy of Actuaries which contains a statement of the sufficiency of the current premium rate schedule, including:
    - a. For the rate schedules currently marketed, that the premium rate schedule continues to be sufficient to cover anticipated costs under moderately adverse experience and that the premium rate schedule is reasonably expected to be sustainable over the life of the form with no future premium increases anticipated or a statement that margins for moderately adverse experience may no longer be sufficient. For a statement that margins for moderately adverse experience may no longer be sufficient, the insurer shall provide to the Director, within 60 days of the date the actuarial certification is submitted to the Director, a plan of action, including a time frame, for the re-establishment of adequate margins for moderately adverse experience so that the ultimate premium rate schedule would be reasonably expected to be sustainable over the future life of the form with no future premium increases anticipated. Failure to submit a plan of action to the Director within 60 days or to comply with the time frame stated in the plan of action constitutes grounds for the Director to withdraw or modify approval of the form for future sales pursuant to A.R.S. § 20-1691.08.
    - b. For the rate schedules that are no longer marketed, that the premium rate schedule continues to be sufficient to cover anticipated costs under best estimate assumptions or that the premium rate schedule may no longer be sufficient. If the premium rate schedule is no longer sufficient, the insurer shall provide to the Director, within 60 days of the date the actuarial certification is submitted to the Director, a plan of action, including time frame, for the re-establishment of adequate margins for moderately adverse experience;
  2. A description of the review performed that led to the statement; and
  3. An actuarial memorandum dated and signed by a member of the American Academy of Actuaries who prepares the information shall be prepared to support the actuarial certification and provide at least the following information:
    - a. A detailed explanation of the data sources and review performed by the actuary prior to making the statement in subsection (L)(1),
    - b. A complete description of experience assumptions and their relationship to the initial pricing assumptions,
    - c. A description of the credibility of the experience data, and
    - d. An explanation of the analysis and testing performed in determining the current presence of margins.
  4. The actuarial certification required pursuant to subsection (L)(1) must be based on calendar year data and submitted annually starting in the second year following the year in which the initial rate schedules are first used. The actuarial memorandum required pursuant to subsection (L)(3) must be submitted at least once every three years with the certification.

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**Historical Note**

Adopted effective August 10, 1992 (Supp. 92-3). R20-6-1010 recodified from R4-14-1010 (Supp. 95-1). R20-6-1010 renumbered to R20-6-1013; new Section R20-6-1010 renumbered from R20-6-1007 and amended by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

**R20-6-1011. Prohibition Against Post-claims Underwriting**

A. An application for a long-term care insurance policy or certificate that is not guaranteed issue shall meet the requirements of this Section.

1. The application shall contain clear and unambiguous questions designed to ascertain the applicant's health condition.
  - a. If the application has a question asking whether the applicant has had medication prescribed by a physician, the application shall also ask the applicant to list the prescribed medication.
  - b. If the insurer knew or reasonably should have known that the medications listed in the application are related to a medical condition for which coverage would otherwise be denied, the insurer shall not rescind the policy or certificate for that condition.
2. The application shall include the following language which shall be set out conspicuously and in close conjunction with the applicant's signature block: **"Caution: If your answers on this application are incorrect or untrue, [company] has the right to deny benefits or rescind your policy."**
3. The policy or certificate shall contain, at the time of delivery, the following language, or language substantially similar to the following, set out conspicuously: **"Caution: The issuance of this long-term care insurance [policy] [certificate] is based on your responses to the questions on your application. A copy of your [application] [enrollment form] [is enclosed] [was retained by you when you applied]. If your answers are incorrect or untrue, the company has the right to deny benefits or rescind your policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your answers are incorrect, contact the company at this address: [insert address]."**

B. Before issuing a long-term care insurance policy or certificate that is not guaranteed issue to an applicant age 80 or older, the insurer shall obtain one of the following:

1. A report of a physical examination,
2. An assessment of functional capacity,
3. An attending physician's statement, or
4. Copies of medical records.

C. The insurer or its insurance producer shall deliver a copy of the completed application or enrollment form, as applicable, to the insured no later than at the time of delivery of the policy or certificate unless the insurer gave a copy to the applicant at the time of application.

D. An insurer selling or issuing long-term care insurance benefits shall maintain a record of all policy or certificate rescissions, both state and country-wide, except those which the insured voluntarily effectuated.

E. On or before March 31 of each year, an insurer shall report the following information to the Director for the preceding calendar year, using the form prescribed in Appendix G:

1. Insurer name, address, phone number;

2. As to each rescission except those voluntarily effectuated by the insured:
  - a. Policy form number,
  - b. Policy and certificate number,
  - c. Name of the insured,
  - d. Date of policy issuance,
  - e. Date claim submitted,
  - f. Date of rescission, and
  - g. Detailed reason for rescission; and
3. Signature, name and title of the preparer, and date prepared.

**Historical Note**

Adopted effective August 10, 1992 (Supp. 92-3). R20-6-1011 recodified from R4-14-1011 (Supp. 95-1). R20-6-1011 renumbered to R20-6-1014; new Section R20-6-1011 renumbered from R20-6-1008 and amended by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

**R20-6-1012. Reserve Standards**

- A. If long-term care benefits are provided through the acceleration of benefits under group or individual life policies or riders, an insurer shall determine policy reserves for long-term care benefits under A.R.S. § 20-510. An insurer shall also establish claim reserves for a policy or rider in claim status.
- B. An insurer shall base reserves for policies and riders under subsection (A) on the multiple decrement model using all relevant decrements except for voluntary termination rates. An insurer may use single decrement approximations if the calculation produces essentially similar reserves, if the reserve is clearly more conservative, or if the reserve is immaterial. The insurer, when calculating reserves, may take into account the reduction in life insurance benefits due to the payment of long-term care benefits. The insurer shall not set the reserves for the long-term care benefit and the life insurance benefit to be less than the reserves for the life insurance benefit assuming no long-term care benefit.
- C. In the development and calculation of reserves for policies and riders subject to this Section, an insurer shall give due regard to the applicable policy provisions, marketing methods, administrative procedures and all other considerations which impact projected claim costs including the following:
1. Definition of insured events,
  2. Covered long-term care facilities,
  3. Existence of home convalescence care coverage,
  4. Definition of facilities,
  5. Existence or absence of barriers to eligibility,
  6. Premium waiver provision,
  7. Renewability,
  8. Ability to raise premiums,
  9. Marketing method,
  10. Underwriting procedures,
  11. Claims adjustment procedures,
  12. Waiting period,
  13. Maximum benefit,
  14. Availability of eligible facilities,
  15. Margins in claim costs,
  16. Optional nature of benefit,
  17. Delay in eligibility for benefit,
  18. Inflation protection provisions,
  19. Guaranteed insurability option, and
  20. Other similar or comparable factors affecting risk.

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- D. A member of the American Academy of Actuaries shall certify an insurer's use of any applicable valuation morbidity table as appropriate as a statutory valuation table.
- E. When long-term care benefits are provided other than as described in subsection (A), an insurer shall determine reserves under A.R.S. § 20-508.

**Historical Note**

Adopted effective August 10, 1992 (Supp. 92-3). R20-6-1012 recodified from R4-14-1012 (Supp. 95-1). R20-6-1012 renumbered to R20-6-1016; new Section R20-6-1012 renumbered from R20-6-1009 and amended by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Section repealed; new Section renumbered from R20-6-1013 and amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

**R20-6-1013. Loss Ratio**

- A. This Section applies to policies and certificates issued any time prior to May 10, 2005.
- B. Benefits under an individual long-term care insurance policy are deemed reasonable in relation to premiums if the expected loss ratio is at least 60% calculated in a manner that provides for adequate reserving of the long-term care insurance risk. In evaluating the expected loss ratio, the director shall consider all relevant factors, including:
  1. Statistical credibility of incurred claims experience and earned premiums;
  2. The period for which rates are computed to provide coverage;
  3. Experienced and projected trends;
  4. Concentration of experience within early policy duration;
  5. Expected claim fluctuation;
  6. Experience refunds, adjustments, or dividends;
  7. Renewability features;
  8. All appropriate expense factors;
  9. Interest;
  10. Experimental nature of the coverage;
  11. Policy reserves;
  12. Mix of business by risk classification; and
  13. Product features such as long elimination periods, high deductibles, and high maximum limits.
- C. A premium rate schedule or proposed revision to a premium rate schedule that is expected to produce, over the lifetime of the long-term care insurance policy, benefits that are less than 60% of the proposed premium rate schedule is deemed to be unreasonable.
- D. Subsections (B) and (C) do not apply to life insurance policies that accelerate benefits for long-term care. A life insurance policy that funds long-term care benefits entirely by accelerating the death benefit is deemed to provide reasonable benefits in relation to premiums paid if the policy complies with all of the following:
  1. The interest credited internally to determine cash value accumulations, including long-term care, if any, is guaranteed not to be less than the minimum guaranteed interest rate for cash value accumulations without long-term care set forth in the policy;
  2. The portion of the policy that provides life insurance benefits complies with the nonforfeiture requirements of A.R.S. § 20-1231;
  3. The policy complies with the disclosure requirements of A.R.S. § 20-1691.06(A) through (E);

- 4. At the time of making a filing under A.R.S. § 20-1691.08, the insurer files an actuarial memorandum that includes the following information:
  - a. A description of the basis on which the long-term care rates were determined;
  - b. A description of the basis for the reserves;
  - c. A summary of the type of policy, benefits, renewability, general marketing method, and limits on ages of issuance;
  - d. A description and a table of each actuarial assumption used; for expenses, an insurer shall include percent of premium dollars per policy and dollars per unit of benefits, if any;
  - e. A description and a table of the anticipated policy reserves and additional reserves to be held in each future year for active lives;
  - f. The estimated average annual premium per policy and the average issue age;
  - g. A statement as to whether underwriting is performed, including:
    - i. Time of underwriting;
    - ii. A description of the type of underwriting used, such as medical underwriting or functional assessment underwriting; and
    - iii. For a group policy, whether an enrollee's dependents are subject to underwriting; and
  - h. A description of the effect of the long-term care policy provisions on the required premiums, nonforfeiture values, and reserves on the underlying life insurance policy, both for active lives and those in long-term care claim status.

**Historical Note**

Adopted effective August 10, 1992 (Supp. 92-3). R20-6-1013 recodified from R4-14-1013 (Supp. 95-1). Section R20-6-1013 renumbered to R20-6-1017; new Section R20-6-1013 renumbered from R20-6-1010 and amended by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Section R20-6-1013 renumbered to R20-6-1012; new Section R20-6-1013 renumbered from R20-6-1014 and amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

**R20-6-1014. Premium Rate Schedule Increase**

- A. This Section applies to any long-term care policy or certificate issued in this state on or after May 10, 2005 and prior to November 10, 2017.
- B. An insurer shall notify the Director of a proposed premium rate schedule increase, including an exceptional increase, at least 60 days before issuing notice to its policyholders. The notice to the Director shall include:
  1. Information required by R20-6-1008;
  2. Certification by a qualified actuary that:
    - a. If the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated;
    - b. The premium rate filing complies with the provisions of this Section; and
    - c. The insurer may request a premium rate schedule increase less than what is required under this Section and the Director may approve the premium rate schedule increase, without submission of the certifi-

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- cation required by subsection (B)(2)(a), if the actuarial memorandum discloses the premium rate schedule increase necessary to make the certification required by subsection (B)(2)(a), the premium rate schedule increase filing satisfies all other requirements of this Section, and is, in the opinion of the Director, in the best interest of the policyholders.
3. An actuarial memorandum justifying the rate schedule change request that includes:
    - a. Lifetime projections of earned premiums and incurred claims based on the filed premium rate schedule increase; and the method and assumptions used in determining the projected values, including the following:
      - i. Any assumptions that deviate from those used for pricing other forms currently available for sale;
      - ii. Annual values for the five years preceding and the three years following the valuation date, provided separately;
      - iii. Development of the lifetime loss ratio, unless the rate increase is an exceptional increase; and
      - iv. A demonstration of compliance with subsection (C).
    - b. For exceptional increases, the actuarial memorandum shall also include:
      - i. The projected experience that is limited to the increases in claims expenses attributable to the approved reasons for the exceptional increase; and
      - ii. If the Director determines under Section R20-6-1002(B)(3) that offsets may exist, the insurer shall use appropriate net projected experience;
    - c. Disclosure of how reserves have been incorporated in this rate increase when the rate increase will trigger contingent benefit upon lapse;
    - d. Disclosure of the analysis performed to determine why a rate adjustment is necessary, which pricing assumptions were not realized and why, and any other actions of the insurer on which the actuary has relied;
    - e. A statement that the actuary has considered policy design, underwriting, and claims adjudication practices;
    - f. Composite rates reflecting projections of new certificates in the event it is necessary to maintain consistent premium rates for new certificates and certificates receiving a rate increase; and
    - g. A demonstration that actual and projected costs exceed costs anticipated at the time of the initial pricing under moderately adverse experience and that the composite margin specified in R20-6-1009(B)(4) is projected to be exhausted;
  4. A statement that renewal premium rate schedules are not greater than new business premium rate schedules except for differences attributable to benefits, unless the insurer provides the Director with documentation justifying the greater rate; and
  5. Upon the Director's request, other similar and related information the Director may require to evaluate the premium rate schedule increase.
- C. All premium rate schedule increases shall be determined in accordance with the following requirements:
1. The insurer shall return 70% of the present value of projected additional premiums from an exceptional increase to policyholders in benefits;
  2. The sum of the accumulated value of incurred claims, without the inclusion of active life reserves, and the present value of future projected incurred claims, without the inclusion of active life reserves, shall not be less than the sum of the following:
    - a. The accumulated value of the initial earned premium times 58%;
    - b. 85% of the accumulated value of prior premium rate schedule increases on an earned basis;
    - c. The present value of future projected initial earned premiums times 58%; and
    - d. 85% of the present value of future projected premiums not in subsection (C)(2)(c) on an earned basis;
  3. If a policy form has both exceptional and other increases, the values in subsections (C)(2)(b) and (C)(2)(d) shall also include 70% for exceptional rate increase amounts; and
  4. All present and accumulated values used to determine rate increases shall use the maximum valuation interest rate for contract reserves as specified in the NAIC Accounting Practices and Procedures Manual to which insurers are subject under A.R.S. § 20-223. The actuary shall disclose the use of any appropriate averages in the actuarial memorandum required under subsection (B)(3).
- D. For each rate increase that is implemented, the insurer shall file for approval by the Director updated projections, as defined in subsection (B)(3)(a), annually for the next three years and shall include a comparison of actual results to projected values. The Director may extend the period to greater than three years if actual results are not consistent with projected values from prior projections. For group insurance policies that meet the conditions in subsection (M), the insurer shall provide the projections required by this subsection to the policyholder in lieu of filing with the Director.
- E. If any premium rate in the revised premium rate schedule is greater than 200% of the comparable rate in the initial premium schedule, the insurer shall file lifetime projections, as defined in subsection (B)(3)(a), for the Director's approval every five years following the end of the required period in subsection (D). For group insurance policies that meet the conditions in subsection (M), the insurer shall provide the projections required by this subsection to the policyholder instead of filing with the Director.
- F. If the Director finds that the actual experience following a rate increase does not adequately match the projected experience and that the current projections under moderately adverse conditions demonstrate that incurred claims will not exceed proportions of premiums specified in subsection (C), the Director may require the insurer to implement premium rate schedule adjustments or other measures to reduce the difference between the projected and actual experience. In determining whether the actual experience matches the projected experience, the Director shall consider subsection (B)(3)(f), if applicable.
- G. If the majority of the policies or certificates to which the increase applies are eligible for the contingent benefit upon lapse, the insurer shall file:
1. A plan, subject to Director approval, for improved administration or claims processing designed to eliminate the potential for further deterioration of the policy form experience requiring further premium rate schedule increases,

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or both, or to demonstrate that appropriate administration and claims processing have been implemented or are in effect; otherwise the Director may impose the conditions in subsections (H) through (J); and

2. The original anticipated lifetime loss ratio, and the premium rate schedule increase that would have been calculated according to subsection (C) had the greater of the original anticipated lifetime loss ratio or 58% been used in the calculations described in subsections (C)(2)(a) and (C)(2)(c).
- H.** For a rate increase filing that meets the criteria listed in this subsection, the Director shall review, for all policies included in the filing, the projected lapse rates and past lapse rates during the 12 months following each increase to determine if lapsation in excess of projected lapsation has occurred or is anticipated:
1. The rate increase is not the first rate increase requested for the specific policy form or forms,
  2. The rate increase is not an exceptional increase, and
  3. The majority of the policies or certificates to which the increase applies are eligible for the contingent benefit upon lapse.
- I.** If the Director finds excess lapsation under subsection (H) has occurred, is anticipated in the filing or is evidenced in the actual results as presenting in the updated projections provided by the insurer following the requested rate increase, the Director may find that a rate spiral exists and may require the insurer to offer, without underwriting, to all in-force insureds subject to the rate increase, the option to replace existing coverage with one or more reasonably comparable products being offered by the insurer or its affiliates. The information communicating the offer is subject to the Director's approval. The offer shall:
1. Be based on actuarially sound principles, but not on attained age;
  2. Provide that maximum benefits under any new policy accepted by an insured shall be reduced by comparable benefits already paid under the existing policy; and
  3. Allow the insured the option of retaining the existing coverage.
- J.** The insurer shall maintain the experience of the insureds whose coverage was replaced under subsection (I) separate from the experience of insureds originally issued the policy forms. If the insurer requests a rate increase on the policy form, the rate increase shall be limited to the lesser of:
1. The maximum rate increase determined based on the combined experience; and
  2. The maximum rate increase determined based only on the experience of the insureds originally issued the form, plus 10%.
- K.** If the Director finds that an insurer has exhibited a history or pattern of filing inadequate initial premium rates for long-term care insurance, after considering the total number of policies filed over a period of time and the percentage of policies with inadequate rates, the Director may, in addition to remedies available under subsections (H) through (J), prohibit the insurer from the following:
1. Filing and marketing comparable coverage for a period of up to five years, and
  2. Offering all other similar coverages and limiting marketing of new applications to the products subject to recent premium rate schedule increases.
- L.** Subsections (A) through (K) shall not apply to a policy for which long-term care benefits provided by the policy are incidental, as defined under R20-6-1002(C), if the policy complies with all of the following provisions:
1. The interest credited internally to determine cash value accumulations, including long-term care, if any, are guaranteed not to be less than the minimum guaranteed interest rate for cash value accumulations without long-term care set forth in the policy;
  2. The portion of the policy that provides insurance benefits other than long-term care coverage meets the applicable nonforfeiture requirements under state law, including A.R.S. §§ 20-1231, 20-1232 and 20-2636;
  3. The policy meets the disclosure requirements of A.R.S. § 20-1691.06;
  4. The portion of the policy that provides insurance benefits other than long-term care coverage meets the disclosure requirements as applicable in the following:
    - a. A.R.S. Title 20, Chapter 6, Article 1.2; and
    - b. A.R.S. Title 20, Chapter 16, Article 2;
  5. At the time of making a filing under A.R.S. § 20-1691.08, the insurer files an actuarial memorandum that includes:
    - a. Description of the bases on which the actuary determined the long-term care rates and the reserves;
    - b. A summary of the type of policy, benefits, renewability provisions, general marketing method, and limits on ages of issuance;
    - c. A description and a table of each actuarial assumption used, with the percent of premium dollars per policy and dollars per unit of benefits, if any, for expenses;
    - d. A description and a table of the anticipated policy reserves and additional reserves to be held in each future year for active lives;
    - e. The estimated average annual premium per policy and the average issue age;
    - f. A statement as to whether the insurer performs underwriting at the time of application with an explanation of the following:
      - i. Whether underwriting is used, and if used, a description of the type of underwriting, such as medical underwriting or functional assessment underwriting; and
      - ii. For a group policy, whether the enrollee or any dependent will be underwritten and when underwriting occurs; and
    - g. A description of the effect of the long-term care policy provision on the required premiums, nonforfeiture values, and reserves on the underlying insurance policy, both for active lives and those in long-term care claim status.
- M.** Subsections (F) and (H) through (J) shall not apply to group insurance as defined in A.R.S. § 20-1691(6) where:
1. The policies insure 250 or more persons and the policyholder has 5,000 or more eligible employees of a single employer; or
  2. The policyholder, and not the certificateholder, pays a material portion of the premium, which shall not be less than 20% of the total premium for the group in the calendar year prior to the year a rate increase is filed.

**Historical Note**

Adopted effective August 10, 1992 (Supp. 92-3). R20-6-1014 recodified from R4-14-1014 (Supp. 95-1). Section repealed; R20-6-1014 renumbered from R20-6-1011 and amended by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Section R20-6-1014

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renumbered to R20-6-1013; new Section R20-6-1014 renumbered from R20-6-1015 and amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

**R20-6-1015. Premium Rate Schedule Increases for Policies Subject to Loss Ratio Limits Related to Original Filings**

- A. This Section applies to any long-term care policy or certificate issued in this state on or after November 10, 2017.
- B. An insurer shall notify the Director of a proposed premium rate schedule increase, including an exceptional increase, at least 60 days before issuing notice to its policyholders. The notice to the Director shall include:
  1. Information required by R20-6-1008;
  2. Certification by a qualified actuary that:
    - a. If the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated;
    - b. The premium rate filing complies with the provisions of this Section; and
    - c. The insurer may request a premium rate schedule increase less than what is required under this Section and the Director may approve the premium rate schedule increase, without submission of the certification required by subsection (B)(2)(a), if the actuarial memorandum discloses the premium rate schedule increase necessary to make the certification required by subsection (B)(2)(a), the premium rate schedule increase filing satisfies all other requirements of this Section, and is, in the opinion of the Director, in the best interest of the policyholders.
  3. An actuarial memorandum justifying the rate schedule change request that includes:
    - a. Lifetime projections of earned premiums and incurred claims based on the filed premium rate schedule increase; and the method and assumptions used in determining the projected values, including the following:
      - i. Any assumptions that deviate from those used for pricing other forms currently available for sale;
      - ii. Annual values for the five years preceding and the three years following the valuation date, provided separately;
      - iii. Development of the lifetime loss ratio, unless the rate increase is an exceptional increase; and
      - iv. A demonstration of compliance with subsection (C).
    - b. For exceptional increases, the actuarial memorandum shall also include:
      - i. The projected experience that is limited to the increases in claims expenses attributable to the approved reasons for the exceptional increase; and
      - ii. If the Director determines under Section R20-6-1002(B)(3) that offsets may exist, the insurer shall use appropriate net projected experience;
    - c. Disclosure of how reserves have been incorporated in this rate increase when the rate increase will trigger contingent benefit upon lapse;
    - d. Disclosure of the analysis performed to determine why a rate adjustment is necessary, which pricing assumptions were not realized and why, and any other actions of the insurer on which the actuary has relied;
  - e. A statement that the actuary has considered policy design, underwriting, and claims adjudication practices;
  - f. Composite rates reflecting projections of new certificates in the event it is necessary to maintain consistent premium rates for new certificates and certificates receiving a rate increase; and
  - g. A demonstration that actual and projected costs exceed costs anticipated at the time of the initial pricing under moderately adverse experience and that the composite margin specified in R20-6-1009(B)(4) is projected to be exhausted.
4. A statement that renewal premium rate schedules are not greater than new business premium rate schedules except for differences attributable to benefits, unless the insurer provides the Director with documentation justifying the greater rate; and
5. Upon the Director's request, other similar and related information the Director may require to evaluate the premium rate schedule increase.
- C. All premium rate schedule increases shall be determined in accordance with the following requirements:
  1. Exceptional increases shall provide that 70% of the present value of projected additional premiums from the exceptional increase will be returned to policyholders in benefits;
  2. The insurer shall calculate premium rate increases such that the sum of the lesser of either the accumulated value of the actual incurred claims (without the inclusion of active life reserves) or the accumulated value of historic expected claims (without the inclusion of active life reserves) plus the present value of the future expected incurred claims (projected without the inclusion of active life reserves) will not be less than the sum of the following:
    - a. The accumulated value of the initial earned premium times the greater of 58% or the lifetime loss ratio consistent with the original filing including margins for moderately adverse experience;
    - b. 85% of the accumulated value of prior premium rate schedule increases on an earned basis;
    - c. The present value of future projected initial earned premiums times the greater of 58% or the lifetime loss ratio consistent with the original filing including margins for moderately adverse experience; and
    - d. 85% of the present value of future projected premiums not in subsection (C)(2)(c) on an earned basis;
  3. Historic expected claims shall be calculated based on the original filing assumptions assumed until new assumptions are filed as part of a rate increase. New assumptions shall be used for all periods beyond each requested effective date of a rate increase. Historic expected claims are calculated for each calendar year based on the in-force at the beginning of the calendar year. Historic expected claims shall include margins for moderately adverse experience; either amounts included in the claims that were used to determine the lifetime loss ratio consistent with the original filing or as modified in any rate increase filing;
  4. In the event that a policy form has both exceptional and other increases, the values in subsections (C)(2)(b) and



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(C)(2)(d) will also include 70% for exceptional rate increase amounts; and

5. All present and accumulated values used to determine rate increases, including the lifetime loss ratio consistent with the original filing reflecting margins for moderately adverse experience, shall use the maximum valuation interest rate for contract reserves as specified in A.R.S. § 20-508. The actuary shall disclose as part of the actuarial memorandum the use of any appropriate averages.
- D. For each rate increase that is implemented, the insurer shall file for approval by the Director updated projections, as defined in subsection (B)(3)(a), annually for the next three years and shall include a comparison of actual results to projected values. The Director may extend the reporting period beyond three years if actual results are not consistent with projected values from prior projections. For group insurance policies that meet the conditions in subsection (M), the projections required by this subsection shall be provided to the policyholder in lieu of filing with the Director.
- E. If any premium rate in the revised premium rate schedule is greater than 200% of the comparable rate in the initial premium schedule, the insurer shall file lifetime projections, as defined in subsection (B)(3)(a), for the Director's approval every five years following the end of the required period in subsection (D). For group insurance policies that meet the conditions in subsection (M), the insurer shall provide the projections required by this subsection to the policyholder instead of filing with the Director.
- F. If the Director finds that the actual experience following a rate increase does not adequately match the projected experience and that the current projections under moderately adverse conditions demonstrate that incurred claims will not exceed proportions of premiums specified in subsection (C), the Director may require the insurer to implement premium rate schedule adjustments or other measures to reduce the difference between the projected and actual experience. In determining whether the actual experience matches the projected experience, the Director shall consider subsection (B)(3)(f), if applicable.
- G. If the majority of policies or certificates to which the increase is applicable are eligible for the contingent benefit upon lapse, the insurer shall file a plan, subject to approval by the Director, for improved administration or claims processing designed to eliminate the potential for further deterioration of the policy form experience requiring further premium rate schedule increases, or both, or to demonstrate that appropriate administration and claims processing have been implemented or are in effect. Otherwise, the Director may impose the conditions in subsections (H) through (J).
- H. For a rate increase filing that meets the criteria listed in this subsection, the Director shall review, for all policies included in the filing, the projected lapse rates and past lapse rates during the 12 months following each increase to determine if lapsation in excess of projected lapsation has occurred or is anticipated:
  1. The rate increase is not the first rate increase requested for the specific policy form or forms;
  2. The rate increase is not an exceptional increase; and
  3. The majority of the policies or certificates to which the increase applies are eligible for the contingent benefit upon lapse.
- I. If the Director finds excess lapsation under subsection (H) has occurred, is anticipated in the filing or is evidenced in the actual results as presenting in the updated projections provided by the insurer following the requested rate increase, the Director may find that a rate spiral exists and may require the insurer to offer, without underwriting, to all in-force insureds subject to the rate increase, the option to replace existing coverage with one or more reasonably comparable products being offered by the insurer or its affiliates. The information communicating the offer is subject to the Director's approval. The offer shall:
  1. Be based on actuarially sound principles, but not on attained age; and
  2. Provide that maximum benefits under any new policy accepted by an insured shall be reduced by comparable benefits already paid under the existing policy; and
  3. Allow the insured the option of retaining the existing coverage.
- J. The insurer shall maintain the experience of the insureds whose coverage was replaced under subsection (I) separate from the experience of insureds originally issued the policy forms. If the insurer requests a rate increase on the policy form, the rate increase shall be limited to the lesser of:
  1. The maximum rate increase determined based on the combined experience; and
  2. The maximum rate increase determined based only on the experience of the insureds originally issued the form, plus 10%.
- K. If the Director finds that an insurer has exhibited a history or pattern of filing inadequate initial premium rates for long-term care insurance, after considering the total number of policies filed over a period of time and the percentage of policies with inadequate rates, the Director may, in addition to remedies available under subsections (H) through (J), prohibit the insurer from the following:
  1. Filing and marketing comparable coverage for a period of up to five years; and
  2. Offering all other similar coverages and limiting marketing of new applications to the products subject to recent premium rate schedule increases.
- L. Subsections (A) through (K) shall not apply to a policy for which long-term care benefits provided by the policy are incidental, as defined under R20-6-1002(C), if the policy complies with all of the following provisions:
  1. The interest credited internally to determine cash value accumulations, including long-term care, if any, are guaranteed not to be less than the minimum guaranteed interest rate for cash value accumulations without long-term care set forth in the policy;
  2. The portion of the policy that provides insurance benefits other than long-term care coverage meets the applicable nonforfeiture requirements under state law, including A.R.S. §§ 20-1231, 20-1232 and 20-2636;
  3. The policy meets the disclosure requirements of A.R.S. § 20-1691.06;
  4. The portion of the policy that provides insurance benefits other than long-term care coverage meets the disclosure requirements as applicable in the following:
    - a. A.R.S. Title 20, Chapter 6, Article 1.2; and
    - b. A.R.S. Title 20, Chapter 16, Article 2.
  5. At the time of making a filing under A.R.S. § 20-1691.08, the insurer files an actuarial memorandum that includes:
    - a. Description of the bases on which the actuary determined the long-term care rates and the reserves;
    - b. A summary of the type of policy, benefits, renewability provisions, general marketing method, and limits on ages of issuance;

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- c. A description and a table of each actuarial assumption used, with the percent of premium dollars per policy and dollars per unit of benefits, if any, for expenses;
  - d. A description and a table of the anticipated policy reserves and additional reserves to be held in each future year for active lives;
  - e. The estimated average annual premium per policy and the average issue age;
  - f. A statement as to whether the insurer performs underwriting at the time of application with an explanation of the following:
    - i. Whether underwriting is used, and if used, a description of the type of underwriting, such as medical underwriting or functional assessment underwriting; and
    - ii. For a group policy, whether the enrollee or any dependent will be underwritten and when underwriting occurs; and
  - g. A description of the effect of the long-term care policy provision on the required premiums, nonforfeiture values, and reserves on the underlying insurance policy, both for active lives and those in long-term care claim status.
- M.** Subsections (F) and (H) through (J) shall not apply to group insurance as defined in A.R.S. § 20-1691(6) where:
- 1. The policies insure 250 or more persons and the policyholder has 5,000 or more eligible employees of a single employer; or
  - 2. The policyholder, and not the certificateholder, pays a material portion of the premium, which shall not be less than 20% of the total premium for the group in the calendar year prior to the year a rate increase is filed.

**Historical Note**

Adopted effective August 10, 1992 (Supp. 92-3). R20-6-1015 recodified from R4-14-1015 (Supp. 95-1). Section R20-6-1015 renumbered to R20-6-1022; new Section R20-6-1015 made by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Section R20-6-1015 renumbered to R20-6-1014; new Section R20-6-1015 made by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

**R20-6-1016. Filing Requirements for Group Policies**

- A.** Out-of-State Policies. Before an insurer or similar organization may offer group long-term care insurance to a resident of this state under A.R.S. § 20-1691.02(D), the insurer or organization shall file with the Director evidence that a state with statutory or regulatory long-term care insurance requirements substantially similar to those of this state has approved the group policy or certificate for use in that state.
- B.** Associations. For long-term policies marketed or issued to associations, the insurer or organization shall file with the insurance department the policy, certificate, and corresponding outline of coverage.

**Historical Note**

Adopted effective August 10, 1992 (Supp. 92-3). R20-6-1016 recodified from R4-14-1016 (Supp. 95-1). Section R20-6-1016 renumbered to R20-6-1023; new Section R20-6-1016 renumbered from R20-6-1012 and amended by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4).

**R20-6-1017. Standards for Marketing**

- A.** Every insurer marketing long-term care insurance coverage in this state, directly or through an insurance producer shall:
  - 1. Establish marketing procedures to assure that any comparison of policies by its insurance producers is fair and accurate, and that excessive insurance is not sold or issued;
  - 2. Display prominently by type, stamp or other appropriate means, on the first page of the outline of coverage and policy, the following language: "Notice to buyer: This policy may not cover all of the costs associated with long-term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all policy limitations;"
  - 3. Provide the applicant with copies of the disclosure forms in Appendices A and B;
  - 4. Inquire and otherwise make every reasonable effort to identify whether a prospective applicant or enrollee for long-term care insurance already has health or long-term care insurance and the types and amounts of any such insurance;
  - 5. Provide an explanation of contingent benefit upon lapse as provided for in R20-6-1019(D)(3);
  - 6. Provide written notice to an applicant or prospective policyholder or certificateholder advising of this state's senior insurance counseling program (SHIP), and the name, address, and phone number for the SHIP, at the time of solicitation; and
  - 7. Establish auditable procedures for verifying compliance with this subsection (A).
- B.** In addition to the practices prohibited in A.R.S. § 20-441 et seq., the following acts and practices are prohibited:
  - 1. Twisting. Knowingly making any misleading representation or incomplete or fraudulent comparison of any insurance policies or insurers for the purpose of inducing, or tending to induce, any person to lapse, forfeit, surrender, terminate, retain, pledge, assign, borrow on, or convert any insurance policy or to take out a policy of insurance with another insurer.
  - 2. High pressure tactics. Employing any method of marketing having the effect of or tending to induce the purchase of insurance through force, fright, threat, whether explicit or implied, or undue pressure to purchase or recommend the purchase of insurance.
  - 3. Cold lead advertising. Making use directly or indirectly or any method of marketing that fails to disclose in a conspicuous manner that a purpose of the method of marketing is solicitation of insurance and that contact will be made by an insurance producer or insurance company.
  - 4. Misrepresentation. Misrepresenting a material fact in selling or offering to sell a long-term care insurance policy.
- C.** An insurer shall not market or issue a long-term care policy or certificate to an association unless the insurer files the information required under R20-6-1016(B) and annually certifies that the association has complied with the requirements of this Section.

**Historical Note**

New Section R20-5-1017 renumbered from R20-6-1013 and amended by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

**R20-6-1018. Suitability**

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- A.** This Section does not apply to life insurance policies that accelerate benefits for long-term care.
- B.** Every insurer or other person marketing long-term care insurance, including an insurance producer or managing general agent, (the “issuer”) shall:
1. Develop and use suitability standards to determine whether the purchase or replacement of long-term care insurance is appropriate for the needs of the applicant,
  2. Train its insurance producers in the use of its suitability standards, and
  3. Maintain a copy of its suitability standards and make them available for inspection upon the Director’s request.
- C.** To determine whether an applicant meets an issuer’s suitability standards, the insurance producer and issuer shall develop procedures that take the following into consideration:
1. The applicant’s ability to pay for the proposed coverage and other pertinent financial information related to the purchase of the coverage;
  2. The applicant’s goals or needs with respect to long-term care and the advantages and disadvantages of insurance to meet these goals or needs; and
  3. The values, benefits, and costs of the applicant’s existing insurance, if any, when compared to the values, benefits, and costs of the recommended purchase or replacement.
- D.** The issuer shall make reasonable efforts to obtain the information set out in subsection (C), including giving the applicant the “Long-Term Care Insurance Personal Worksheet” prescribed in Appendix A, to complete before or at the time of application. The issuer shall use a personal worksheet that contains, at a minimum, the information contained in Appendix A, in substantially the same text and format, in not less than 12 point type. The issuer may ask the applicant to provide additional information to comply with its suitability standards. An issuer shall file a copy of its personal worksheet with the Director.
- E.** An issuer shall not consider an applicant for coverage until the issuer has received the applicant’s completed personal worksheet, except the personal worksheet need not be returned for sales of employer group long-term care insurance to employees and their spouses.
- F.** No one shall sell or disseminate information obtained through the personal worksheet outside the issuer that obtains the worksheet.
- G.** The issuer shall use its suitability standards to determine whether issuance of long-term care insurance coverage to a particular applicant is appropriate.
- H.** An insurance producer shall use the suitability standards developed by the issuer in marketing long-term care insurance.
- I.** When giving an applicant a personal worksheet, the issuer shall also provide the applicant with a disclosure form entitled “Things You Should Know Before You Buy Long-Term Care Insurance.” The form shall be in substantially the same format and text contained in Appendix H, in not less than 12 point type.
- J.** If the issuer determines that the applicant does not meet its financial suitability standards, or if the applicant has declined to provide the information, the issuer may reject the application. In the alternative, the issuer shall send the applicant a letter that is substantially similar to Appendix I. However, if the applicant has declined to provide financial information, the issuer may use some other method to verify the applicant’s intent to purchase the long-term care policy. The issuer shall have either the applicant’s returned Appendix I letter or a

record of the alternative method of verification as part of the applicant’s file.

- K.** The issuer shall report annually to the Director the total number of applications received from residents of this state, the number of those who declined to provide information on the personal worksheet, the number of applicants who did not meet the suitability standards, and the number of those who chose to confirm after receiving a suitability letter as prescribed in subsection (J).

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

**R20-6-1019. Nonforfeiture Benefit Requirement**

- A.** This Section does not apply to life insurance policies or riders containing accelerated long-term care benefits.
- B.** To comply with the requirement to offer a nonforfeiture benefit pursuant to the provisions of A.R.S. § 20-1691.11, an insurer shall meet the following requirements:
1. A policy or certificate offered with nonforfeiture benefits shall have the same coverage elements, eligibility, benefit triggers and benefit length as a policy or certificate issued without nonforfeiture benefits. The nonforfeiture benefit included in the offer shall be the benefit described in subsection (E); and
  2. The offer shall be in writing if the nonforfeiture benefit is not otherwise described in the Outline of Coverage or other materials given to the prospective policyholder.
- C.** If the offer required to be made under A.R.S. § 20-1691.11 is rejected, the insurer shall provide the contingent benefit upon lapse described in this Section. Even if the non-forfeiture benefit offer is accepted for a policy with a fixed or limited premium paying period, the contingent benefit on lapse in subsection (D)(4) shall still apply.
- D.** Contingent Benefit Upon Lapse.
1. If a prospective policyholder rejects the offer of a nonforfeiture benefit, the insurer shall provide the contingent benefit upon lapse described in this Section for individual and group policies without the nonforfeiture benefit, issued after January 10, 2005.
  2. If a group policyholder elects to make the nonforfeiture benefit an option to a certificateholder, the certificate shall provide either the nonforfeiture benefit or the contingent benefit upon lapse.
  3. The contingent benefit on lapse is triggered when:
    - a. An insurer increases the premium rates to a level that results in a cumulative increase of the annual premium equal to or exceeding the percentage of the insured’s initial annual premium set forth in the chart below, based on the insured’s issue age; and
    - b. The policy or certificate lapses within 120 days of the due date of the increased premium.
    - c. Unless otherwise required, an insurer shall notify policyholders at least 30 days before the due date of the premium reflecting the rate increase.

Triggers for a Substantial Premium Increase		
Issue Age		Percent Increase Over Initial Premium
29 and under		200%
30-34		190%
35-39		170%

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40-44	150%
45-49	130%
50-54	110%
55-59	90%
60	70%
61	66%
62	62%
63	58%
64	54%
65	50%
66	48%
67	46%
68	44%
69	42%
70	40%
71	38%
72	36%
73	34%
74	32%
75	30%
76	28%
77	26%
78	24%
79	22%
80	20%
81	19%
82	18%
83	17%
84	16%
85	15%
86	14%
87	13%
88	12%
89	11%
90 and over	10%

4. A contingent benefit on lapse is also triggered for policies with a fixed or limited premium paying period when:
- An insurer increases the premium rates to a level that results in a cumulative increase of the annual premium equal to or exceeding the percentage of the insured's initial annual premium set forth in the chart below, based on the insured's issue age; and
  - The policy or certificate lapses within 120 days of the due date of the increased premium; and
  - The ratio in subsection (D)(6)(b) is 40% or more.
  - Unless otherwise required, an insurer shall notify policyholders at least 30 days before the due date of the premium reflecting the rate increase.

Triggers for a Substantial Premium Increase on policies with a fixed or limited premium paying period	
Issue Age	Percent Increase Over Initial Premium

Under 65	50%
65-80	30%
Over 80	10%

- This provision shall be in addition to the contingent benefit provided by subsection (D)(3) and where both are triggered, the benefit provided shall be at the option of the insured.
5. On or before the effective date of a substantial premium increase as defined in subsection (D)(3), an insurer shall:
- Offer the insured the option of reducing policy benefits under the current coverage consistent with the requirements of R20-6-1025 so that required premium payments are not increased;
  - Offer to convert the coverage to a paid-up status with a shortened benefit period according to the terms of subsection (E), which the insured may elect at any time during the 120-day period referenced in subsection (D)(3); and
  - Notify the policyholder or certificateholder that a default or lapse at any time during the 120-day period referenced in subsection (D)(3) is deemed to be the election of the offer to convert under subsection (5)(b) unless the automatic option in subsection (D)(6)(c) applies.
6. On or before the effective date of a substantial premium increase on policies with a fixed or limited premium paying period as defined in subsection (D)(4), an insurer shall:
- Offer the insured the option of reducing policy benefits under the current coverage consistent with the requirements of R20-6-1025 so that required premium payments are not increased;
  - Offer to convert the coverage to paid-up status where the amount payable for each benefit is 90% of the amount payable in effect immediately prior to lapse times the ratio of the number of completed months of paid premiums divided by the number of months in the premium paying period. The insured may elect this option at any time during the 120-day period referenced in subsection (D)(4); and
  - Notify the policyholder or certificateholder that a default or lapse at any time during the 120-day period referenced in subsection (D)(4) is deemed to be the election of the offer to convert under subsection (D)(6)(b) if the ratio is 40% or more.
7. For any long-term care policy issued on or after November 10, 2017, that an insurer issued at least 20 years prior to the effective date of a substantial premium increase, the insurer shall use a rate increase value of 0% in place of all values in the above tables.
- E. Benefits continued as nonforfeiture benefits, including contingent benefits upon lapse in accordance with subsection (D)(3) but not subsection (D)(4), mean any of the following:
- Attained age rating is defined as a schedule of premiums starting from the issue date that increases age at least 1% per year before age 50, and at least 3% per year beyond age 50.
  - For purposes of this subsection, the nonforfeiture benefit shall be of a shortened benefit period providing paid-up long-term care insurance coverage after lapse. The same benefits (amounts and frequency in effect at the time of lapse but not increased thereafter) will be payable for a qualifying claim, but the lifetime maximum dollars or

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days of benefits shall be determined as specified in subsection (E)(3).

3. The standard nonforfeiture credit equals 100% of the sum of all premiums paid, including the premiums paid before any change in benefits. The insurer may offer additional shortened benefit period options, as long as the benefits for each duration equal or exceed the standard nonforfeiture credit for that duration. The minimum nonforfeiture credit shall not be less than 30 times the daily nursing home benefit at the time of lapse. In either event, the calculation of the nonforfeiture credit is subject to the limitation of subsection (F).
  4. When the nonforfeiture benefit begins.
    - a. The nonforfeiture benefit shall begin not later than the end of the third year following the policy or certificate issue date. The contingent benefit upon lapse shall be effective during the first three years, and thereafter.
    - b. Notwithstanding subsection (E)(4)(a), for a policy or certificate with attained age rating, the nonforfeiture benefit shall begin on the earlier of:
      - i. The end of the tenth year following the policy or certificate issue date, or
      - ii. The end of the second year following the date the policy or certificate is no longer subject to attained age rating.
  5. Nonforfeiture credits may be used for all care and services qualifying for benefits under the terms of the policy or certificate, up to the limits specified in the policy or certificate.
- F.** All benefits paid by the insurer while the policy or certificate is in premium-paying status and in the paid-up status shall not exceed the maximum benefits that would be payable if the policy or certificate had remained in premium-paying status.
- G.** There shall be no difference in the minimum nonforfeiture benefits for group and individual policies.
- H.** The requirements in this Section are effective on or after November 10, 2005 and shall apply as follows:
1. Except as provided in subsection (H)(2) and (H)(3), this Section applies to any long-term care policy issued in this state on or after January 10, 2005.
  2. The provisions of this Section do not apply to certificates issued on or after January 10, 2005, under a group long-term care insurance policy as defined in A.R.S. § 20-1691(5)(a), that was in force on January 10, 2005.
  3. The provisions of this Section that apply to fixed or limited premium paying period policies shall only apply to policies issued on or after November 10, 2017.
- I.** Premiums charged for a policy or certificate containing nonforfeiture benefits or a contingent benefit on lapse shall be subject to the loss ratio requirements of R20-6-1013, R20-6-1014 or R20-6-1015, whichever is applicable, treating the policy as a whole.
- J.** To determine whether contingent nonforfeiture upon lapse provisions are triggered under subsection (D)(3) or (D)(4), a replacing insurer that purchased or otherwise assumed a block or blocks of long-term care insurance policies from another insurer shall calculate the percentage increase based on the initial annual premium the insured paid when first buying the policy from the original insurer.
- K.** An insurer shall offer a nonforfeiture benefit for a qualified long-term care insurance contract that is a level premium contract and the benefit shall meet the following requirements:

1. The nonforfeiture provision shall be separately captioned using the term "nonforfeiture benefit" or a substantially similar caption;
2. The nonforfeiture provision shall provide a benefit available in the event of a default in the payment of any premiums and shall state that the insurer may adjust the amount of the benefit initially granted only as needed to reflect changes in claims, persistency, and interest as reflected in changes in rates for premium paying contracts approved by the Director under to A.R.S. § 20-1691.08 for the same contract form; and
3. The nonforfeiture provision shall provide at least one of the following:
  - a. Reduced paid-up premiums,
  - b. Extended term insurance,
  - c. Shortened benefit period, or
  - d. Other similar offerings that the Director has approved.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

**R20-6-1020. Standards for Benefit Triggers**

- A.** A long-term care insurance policy shall condition the payment of benefits on a determination of the insured's ability to perform activities of daily living and on cognitive impairment. Except as otherwise provided in R20-6-1021, eligibility for the payment of benefits shall not be more restrictive than requiring either a deficiency in the ability to perform not more than three of the activities of daily living or the presence of cognitive impairment.
- B.** Activities of daily living shall include at least the following as defined in R20-6-1003(A)(1) and in the policy:
1. Bathing,
  2. Continence,
  3. Dressing,
  4. Eating,
  5. Toileting, and
  6. Transferring.
- C.** An insurer may use additional activities of daily living to trigger covered benefits if the activities are defined in the policy.
- D.** An insurer may use additional provisions to determine when benefits are payable under a policy or certificate; however the provisions shall not restrict, and are not in lieu of, the requirements in subsections (A), (B) and (C).
- E.** For purposes of this Section the determination of a deficiency shall not be more restrictive than:
1. Requiring the hands-on assistance of another person to perform the prescribed activities of daily living; or
  2. If the deficiency is due to the presence of a cognitive impairment, requiring supervision or verbal cueing by another person to protect the insured or others.
- F.** Licensed or certified professionals, such as physicians, nurses or social workers, shall perform assessments of activities of daily living and cognitive impairment.
- G.** The requirements in this Section are effective on and after November 10, 2005 and shall apply as follows:
1. Except as provided in subsection (G)(2), the provisions of this Section apply to a long-term care policy issued in this state on or after January 10, 2005.
  2. The provisions of this Section do not apply to certificates issued on or after January 10, 2005, under a long-term

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care insurance policy issued to a group as defined in A.R.S. § 20-1691(5)(a), which policy was in force on January 10, 2005.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

**R20-6-1021. Additional Standards for Benefit Triggers for Qualified Long-term Care Insurance Contracts**

- A. A qualified long-term care insurance contract shall pay only for qualified long-term care services received by a chronically ill individual provided under a plan of care prescribed by a licensed health care practitioner, which is not subject to approval or modification by the insurer.
- B. A qualified long-term care insurance contract shall condition the payment of benefits on a certified determination of the insured's inability to perform activities of daily living for an expected period of at least 90 days due to a loss of functional capacity or to severe cognitive impairment.
- C. Licensed health care practitioners shall perform the certified determinations regarding activities of daily living and cognitive impairment required under subsection (B).
- D. Certified determinations required under subsection (B) may be performed at the direction of the carrier as is reasonably necessary with respect to a specific claim, except that when a licensed health care practitioner has certified that an insured is unable to perform activities of daily living for an expected period of at least 90 days due to a loss of functional capacity and the insured is in claim status, the certified determination may not be rescinded and additional certified determinations may not be performed until after the expiration of the 90-day period.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

**R20-6-1022. Standard Format Outline of Coverage**

- A. The outline of coverage prescribed in A.R.S. § 20-1691.06 shall be a free-standing document, using no smaller than 10 point type, and shall contain no advertising or promotional material.
- B. Text that is capitalized or underscored in the standard format outline of coverage may be emphasized by other means that give prominence equivalent to capitalization or underscoring.
- C. An insurer shall use the text and sequence of text in the standard format outline of coverage prescribed in Appendix J, unless otherwise specifically indicated.

**Historical Note**

New Section R20-6-1022 renumbered from R20-6-1015 and amended by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4).

**R20-6-1023. Requirement to Deliver Shopper's Guide**

- A. All prospective applicants of a long-term care insurance policy or certificate shall receive a long-term care insurance shopper's guide approved by the Director. This requirement may be satisfied by delivery of the current edition of the long-term care insurance shopper's guide in the format developed by the National Association of Insurance Commissioners.

1. In the case of insurance producer solicitation, an insurance producer shall deliver the shopper's guide before presenting an application or enrollment form.
  2. In the case of direct response solicitations, the insurer shall provide the shopper's guide with any application or enrollment form.
- B. A prospective applicant for a life insurance policy or rider containing accelerated long-term care benefits is not required to receive the guide described in subsection (A), but shall receive the policy summary required under A.R.S. § 20-1691.06.

**Historical Note**

New Section R20-6-1023 renumbered from R20-6-1016 and amended by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

**R20-6-1024. Availability of New Health Care Services or Providers**

- A. An insurer shall notify policyholders of the availability of a new long-term policy series that provides coverage for new long-term care services or health care providers material in nature and not previously available through the insurer to the general public. The notice shall be provided within 12 months of the date the new policy series is made available for sale in this state.
- B. Notwithstanding subsection (A), notification is not required for any policy issued prior to the effective date of this Section or to any policyholder or certificateholder who is currently eligible for benefits, within an elimination period or on a claim, or who previously had been in claim status, or who would not be eligible to apply for coverage due to issue age limitations under the new policy. The insurer may require that policyholders meet all eligibility requirements, including underwriting and payment of the required premium to add such new services or providers.
- C. The insurer shall make the new coverage available in one of the following ways:
  1. By adding a rider to the existing policy and charging a separate premium for the new rider based on the insured's attained age;
  2. By exchanging the existing policy or certificate for one with an issue age based on the present age of the insured and recognizing past insured status by granting premium credits toward the premiums for the new policy or certificate. The premium credits shall be based on premiums paid or reserves held for the prior policy or certificate;
  3. By exchanging the existing policy or certificate for a new policy or certificate in which consideration for past insured status shall be recognized by setting the premium for the new policy or certificate at the issue age of the policy or certificate being exchanged. The cost for the new policy or certificate may recognize the difference in reserves between the new policy or certificate and the original policy or certificate; or
  4. By an alternative program developed by the insurer that meets the intent of this Section if the program is filed with and approved by the Director.
- D. An insurer is not required to notify policyholders of a new proprietary policy series created and filed for use in a limited distribution channel. For purposes of this subsection, "limited distribution channel" means through a discrete entity, such as a financial institution or brokerage, for which specialized products are available that are not available for sale to the general

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public. Policyholders who purchased such a new proprietary policy shall be notified when a new long-term care policy series that provides coverage for new long-term care services or providers material in nature is made available to that limited distribution channel.

- E. Policies issued pursuant to this Section shall be considered exchanges and not replacements. These exchanges shall not be subject to R20-6-1010(A), (C) through (G) and R20-6-1018 and are not subject to the reporting requirements of R20-6-1010(I)(1), (I)(2)(a) through (I)(2)(c).
- F. Where an employer, labor organization, professional, trade or occupational association offers the policy, the required notification in subsection (A) shall be made to the offering entity. However, if the policy is issued to a group defined in A.R.S. § 20-1691(5), the notification shall be to each certificateholder.
- G. Nothing in this Section shall prohibit an insurer from offering any policy, rider, certificate or coverage change to any policyholder or certificateholder. However, upon request, any policyholder may apply for currently available coverage that includes the new services or providers. The insurer may require that policyholders meet all eligibility requirements, including underwriting and payment of the required premium, to add such new services or providers.
- H. This Section does not apply to life insurance policies or riders containing accelerated long-term care benefits.
- I. This Section shall become effective on or after November 10, 2017.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Section R20-6-1024 renumbered to R20-6-1026; new Section R20-6-1024 made by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

**R20-6-1025. Right to Reduce Coverage and Lower Premiums**

- A. Every long-term care insurance policy and certificate shall include a provision that allows the policyholder or certificateholder to reduce coverage and lower the policy or certificate premium in at least one of the following ways:
  - 1. Reducing the maximum benefit; or
  - 2. Reducing the daily, weekly or monthly benefit amount.
- B. The insurer may also offer other reduction options that are consistent with the policy or certificate design or the carrier's administrative processes.
- C. In the event the reduction in coverage involves the reduction or elimination of the inflation protection provision, the insurer shall allow the policyholder to continue the benefit amount in effect at the time of the reduction.

- D. The provision in subsection (A) shall include a description of the process for requesting and implementing a reduction in coverage.
- E. The premium for the reduced coverage shall:
  - 1. Be based on the same age and underwriting class used to determine the premium for the coverage currently in force, and
  - 2. Be consistent with the approved rate table.
- F. The issuer may limit any reduction in coverage to plans or options available for that policy form and to those for which benefits will be available after consideration of claims paid or payable.
- G. If a policy or certificate is about to lapse, the insurer shall provide a written reminder to the policyholder or certificateholder of his or her right to reduce coverage and premiums in the notice required by R20-6-1005(F).
- H. This Section does not apply to life insurance policies or riders containing accelerated long-term benefits.
- I. The requirements of subsections (A) through (H) shall apply to any long-term care policy issued in this state on or after November 10, 2017.
- J. A premium increase notice required by R20-6-1008(G) shall include:
  - 1. An offer to reduce policy benefits provided by the current coverage consistent with the requirements of this Section;
  - 2. A disclosure stating that all options available to the policyholder may not be of equal value; and
  - 3. In the case of a partnership policy, a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections.
- K. The requirements of subsection (J) shall apply to any rate increase implemented in this state on or after November 10, 2017.

**Historical Note**

New Section R20-6-1025 made by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

**R20-6-1026. Instructions for Appendices**

Information that is designated as a "Drafting Instruction" in a form appended to this Article is not required to be included as part of the form. Any person using the form shall abide by the instructions when drafting, preparing, or completing the form.

**Historical Note**

New Section R20-6-1026 renumbered from R20-6-1024 by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

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## Appendix A. Long-term Care Insurance Personal Worksheet

Long-term Care Insurance  
Personal Worksheet

People buy long-term care insurance for many reasons. Some don't want to use their own assets to pay for long-term care. Some buy insurance to make sure they can choose the type of care they get. Others don't want their family to have to pay for care or don't want to go on Medicaid. But long-term care insurance may be expensive, and may not be right for everyone.

By state law, the insurance company must fill out part of the information on this worksheet and ask you to fill out the rest to help you and the company decide if you should buy this policy.

## Premium Information

Policy Form Numbers \_\_\_\_\_

The premium for the coverage you are considering will be [\$ \_\_\_\_\_ per month, or \$ \_\_\_\_\_ per year,] [a one-time single premium of \$ \_\_\_\_\_.]

Type of Policy (noncancellable/guaranteed renewable): \_\_\_\_\_

## The Company's Right to Increase Premiums:

[The company cannot raise your rates on this policy.] [The company has a right to increase premiums on this policy form in the future, provided it raises rates for all policies in the same class in this state.] [Insurers shall use appropriate bracketed statement. Rate guarantees shall not be shown on this form.]

## Rate Increase History

The company has sold long-term care insurance since [year] and has sold this policy since [year]. [The company has never raised its rates for any long-term care policy it has sold in this state or any other state.] [The company has not raised its rates for this policy form or similar policy forms in this state or any other state in the last 10 years.] [The company has raised its premium rates on this policy form or similar policy forms in the last 10 years. Following is a summary of the rate increases.]

**(Drafting Instruction:** A company may use the first bracketed sentence above only if it has never increased rates under any prior policy forms in this state or any other state. The issuer shall list each premium increase it has instituted on this or similar policy forms in this state or any other state during the last 10 years. The list shall provide the policy form, the calendar years the form was available for sale, and the calendar year and the amount (percentage) of each increase. The insurer shall provide minimum and maximum percentages if the rate increase is variable by rating characteristics. The insurer may provide, in a fair manner, additional explanatory information as appropriate.)

## Questions Related to Your Income

How will you pay each year's premium?

☐ From my Income ☐ From my Savings/Investments ☐ My Family will Pay

[☐ Have you considered whether you could afford to keep this policy if the premiums went up, for example, by 50%?]

**(Drafting Instruction:** The issuer is not required to use the bracketed sentence if the policy is fully paid up or is a noncancellable policy.)

What is your annual income? (check one) ☐ Under \$10,000 ☐ \$[10-20,000] ☐ \$[20-30,000] ☐ \$[30-50,000] ☐ Over \$50,000

**(Drafting Instruction:** The issuer may choose the numbers to put in the brackets to fit its suitability standards.)

How do you expect your income to change over the next 10 years? (check one)

☐ No change ☐ Increase ☐ Decrease

*If you will be paying premiums with money received only from your own income, a rule of thumb is that you may not be able to afford this policy if the premiums will be more than 7% of your income.*

**Will you buy inflation protection?** (check one) ☐ Yes ☐ No

If not, have you considered how you will pay for the difference between future costs and your daily benefit amount?

☐ From my Income ☐ From my Savings/Investments ☐ My Family will Pay

*The national average annual cost of care in [insert year] was [insert \$ amount], but this figure varies across the country. In ten years the national average annual cost would be about [insert \$ amount] if costs increase 5% annually.*

**(Drafting Instruction:** The projected cost can be based on federal estimates in a current year. In the above statement, the second figure equals 163% of the first figure.)

**What elimination period are you considering?** Number of days \_\_\_\_\_ Approximate cost \$ \_\_\_\_\_ for that period of care.

**How are you planning to pay for your care during the elimination period?** (check one)

☐ From my Income ☐ From my Savings/Investments ☐ My Family will Pay



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Questions Related to Your Savings and Investments

Not counting your home, about how much are all of your assets (your savings and investments) worth? (check one)

☐ Under \$20,000    ☐ \$20,000-\$30,000    ☐ \$30,000-\$50,000    ☐ Over \$50,000

How do you expect your assets to change over the next ten years? (check one)

☐ Stay about the same    ☐ Increase    ☐ Decrease

*If you are buying this policy to protect your assets and your assets are less than \$30,000, you may wish to consider other options for financing your long-term care.*

Disclosure Statement

☐ The answers to the questions above describe my financial situation.

**or**

☐ I choose not to complete this information.

(Check one.)

☐ I acknowledge that the carrier and/or its insurance provider (below) has reviewed this form with me including the premium, premium rate increase history and potential for premium increases in the future. [For direct mail situations, use the following: I acknowledge that I have reviewed this form including the premium, premium rate increase history and potential for premium increases in the future.] **I understand the above disclosures. I understand that the rates for this policy may increase in the future.** (This box must be checked).

Signed: \_\_\_\_\_

(Applicant)

(Date)

☐ I explained to the applicant the importance of completing this information.

Signed: \_\_\_\_\_

(Insurance Producer)

(Date)

Insurance Producer's Printed Name: \_\_\_\_\_]

[In order for us to process your application, please return this signed statement to [name of company], along with your application.]

[My insurance provider has advised me that this policy does not seem to be suitable for me. However, I still want the company to consider my application.]

Signed: \_\_\_\_\_

(Applicant)

(Date)

**(Drafting Instruction:** Choose the appropriate sentences depending on whether this is a direct mail or insurance producer sale.)

*The company may contact you to verify your answers.*

**(Drafting Instruction:** When the Long-term Care Insurance Personal Worksheet is furnished to employees and their spouses under employer group policies, the text from the heading "Disclosure Statement" to the end of the document may be removed.)

Historical Note

Adopted effective August 10, 1992 (Supp. 92-3). Former Appendix A renumbered to Appendix C; new Appendix A made by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

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## Appendix B. Long-term Care Insurance Potential Rate Increase Disclosure Form

**Instructions:**

This form provides information to the applicant regarding premium rate schedules, rate schedule adjustments, potential rate revisions, and policyholder options in the event of a rate increase.

**Insurers shall provide all of the following information to the applicant:**

**Long-term Care Insurance  
Potential Rate Increase Disclosure Form**

1. **[Premium Rate] [Premium Rate Schedules]:** [Premium rate] [Premium rate schedules] that [is][are] applicable to you and that will be in effect until a request is made and [approved] for an increase [is][are] [on the application][(\$\_\_\_\_\_)]
2. **The [premium] [premium rate schedule] for this policy [will be shown on the schedule page of] [will be attached to] your policy.**
3. **Rate Schedule Adjustments:**  
The company will provide a description of when premium rate or rate schedule adjustments will be effective (e.g., next anniversary date, next billing date, etc.) (fill in the blank): \_\_\_\_\_.
4. **Potential Rate Revisions:**  
**This policy is Guaranteed Renewable.** This means that the rates for this product may be increased in the future. Your rates can NOT be increased due to your increasing age or declining health, but your rates may go up based on the experience of all policyholders with a policy similar to yours.

**If you receive a premium rate or premium rate schedule increase in the future, you will be notified of the new premium amount and you will be able to exercise at least one of the following options:**

- ☐ Pay the increased premium and continue your policy in force as is.
- ☐ Reduce your policy benefits to a level such that your premiums will not increase. (Subject to state law minimum standards.)
- ☐ Exercise your nonforfeiture option if purchased. (This option is available for purchase for an additional premium.)
- ☐ Exercise your contingent nonforfeiture rights.\* (This option may be available if you do not purchase a separate nonforfeiture option.)

**\*Contingent Nonforfeiture**

If the premium rate for your policy goes up in the future and you didn't buy a nonforfeiture option, you may be eligible for contingent nonforfeiture. Here's how to tell if you are eligible:

You will keep some long-term care insurance coverage, if:

- Your premium after the increase exceeds your original premium by the percentage shown (or more) in the following table; and
- You lapse (not pay more premiums) within 120 days of the increase.

The amount of coverage (i.e., new lifetime maximum benefit amount) you will keep will equal the total amount of premiums you have paid since your policy was first issued. If you have already received benefits under the policy, so that the remaining maximum benefit amount is less than the total amount of premiums you've paid, the amount of coverage will be that remaining amount.

Except for this reduced lifetime maximum benefit amount, all other policy benefits will remain at the levels attained at the time of the lapse and will not increase thereafter.

Should you choose this Contingent Nonforfeiture option, your policy, with this reduced maximum benefit amount, will be considered "paid-up" with no further premiums due.

**Example:**

- You bought the policy at age 65 and paid the \$1,000 annual premium for 10 years, so you have paid a total of \$10,000 in premium.
- In the eleventh year, you receive a rate increase of 50%, or \$500 for a new annual premium of \$1,500, and you decide to lapse the policy (not pay any more premiums).
- Your "paid-up" policy benefits are \$10,000 (provided you have a least \$10,000 of benefits remaining under your policy.)

<b>Contingent Nonforfeiture Cumulative Premium Increase over Initial Premium That qualifies for Contingent Nonforfeiture</b>	
(Percentage increase is cumulative from date of original issue. It does NOT represent a one-time increase.)	
<b>Issue Age</b>	<b>Percent Increase Over Initial Premium</b>
29 and under	200%
30-34	190%
35-39	170%
40-44	150%
45-49	130%
50-54	110%
55-59	90%
60	70%

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61	66%
62	62%
63	58%
64	54%
65	50%
66	48%
67	46%
68	44%
69	42%
70	40%
71	38%
72	36%
73	34%
74	32%
75	30%
76	28%
77	26%
78	24%
79	22%
80	20%
81	19%
82	18%
83	17%
84	16%
85	15%
86	14%
87	13%
88	12%
89	11%
90 and over	10%

**Historical Note**

Adopted effective August 10, 1992 (Supp. 92-3). Former Appendix B renumbered to Appendix D; new Appendix B made by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2). Amended by final rulemaking at 29 A.A.R. 3621 (November 24, 2023), effective January 7, 2024 (Supp. 23-4). Effective date corrected (Supp. 23-4, Ver. 2).

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## Appendix C. Notice to Applicant Regarding Replacement of Individual Health or Long-term Care Insurance

## NOTICE TO APPLICANT REGARDING REPLACEMENT OF INDIVIDUAL HEALTH OR LONG-TERM CARE INSURANCE

[Insurance company's name and address]

## SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE.

According to [your application] [information you have furnished], you intend to lapse or otherwise terminate existing health or long-term care insurance and replace it with an individual long-term care insurance policy to be issued by [company name] Insurance Company. Your new policy provides thirty (30) days within which you may decide, without cost, whether you desire to keep the policy. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new policy.

You should review this new coverage carefully, comparing it with all health or long-term care insurance coverage you now have, and terminate your present policy only if, after due consideration, you find that purchase of this long-term care coverage is a wise decision.

STATEMENT TO APPLICANT BY [INSURANCE PRODUCER OR OTHER REPRESENTATIVE]:  
(Use additional sheets, as necessary.)

I have reviewed your current medical or health insurance coverage. I believe the replacement of insurance involved in this transaction materially improves your position. My conclusion has taken into account the following considerations which I call to your attention:

1. Health conditions that you may presently have (preexisting conditions), may not be immediately or fully covered under your new policy. This could result in denial or delay in payment of benefits under the new policy, whereas a similar claim might have been payable under your present policy.
2. State law provides that your replacement policy or certificate may not contain new preexisting conditions or probationary periods. The insurer will waive any time periods applicable to preexisting conditions or probationary periods in the new policy (or coverage) for similar benefits to the extent such time was spent (depleted) under the original policy.
3. If you are replacing existing long-term care insurance coverage, you may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of your present policy. This is not only your right, but it is also in your best interest to make sure you understand all of the relevant factors involved in replacing your present coverage.
4. If, after due consideration, you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, reread it carefully to be certain that all information has been properly recorded.

\_\_\_\_\_  
(Signature of Insurance Producer or Other Representative)

\_\_\_\_\_  
(Typed Name and Address of Insurance Producer)

The above "Notice to Applicant" was delivered to me on:

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant's Signature)

**Historical Note**

Adopted effective August 10, 1992 (Supp. 92-3). New Appendix C renumbered from Appendix A and amended by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

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**Appendix D. Notice to Applicant Regarding Replacement of Health or Long-term Care Insurance****NOTICE TO APPLICANT REGARDING REPLACEMENT OF HEALTH OR LONG-TERM CARE INSURANCE****[Insurance company's name and address]****SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE**

According to [your application] [information you have furnished], you intend to lapse or otherwise terminate existing health or long-term care insurance and replace it with the long-term care insurance policy being delivered and issued by [company name] Insurance Company. Your new policy gives you thirty (30) days to decide, without cost, whether you want to keep the policy. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new policy.

You should review this new coverage carefully, comparing it with all health or long-term care insurance coverage you now have, and terminate your present policy only if, after due consideration, you find that purchase of this long-term care coverage is a wise decision.

1. Health conditions which you may presently have (preexisting conditions), may not be immediately or fully covered under the new policy. This could result in denial or delay in payment of benefits under the new policy, even though a similar claim might have been payable under your present policy.
2. State law provides that your replacement policy or certificate may not contain new preexisting conditions or probationary periods. The insurer will waive any time periods applicable to preexisting conditions or probationary periods in the new policy (or coverage) for similar benefits to the extent such time was spent (depleted) under the original policy.
3. If you are replacing existing long-term care insurance coverage, you may wish to secure the advice of your present insurer or its insurance producer regarding the proposed replacement of your present policy. This is not only your right, but it is also in your best interest to make sure you understand all the relevant factors involved in replacing your present coverage.
4. [To be included only if the application is attached to the policy.] If, after due consideration, you still wish to terminate your present policy and replace it with new coverage, read the copy of the application attached to your new policy and be sure that all questions are answered fully and correctly. Omissions or misstatements in the application could cause an otherwise valid claim to be denied. Carefully check the application and write to [company name and address] within thirty (30) days if any information is not correct and complete, or if any past medical history has been left out of the application.

**Historical Note**

New Appendix D renumbered from Appendix B and amended by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

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## Appendix E. Long-Term Care Insurance Replacement and Lapse Reporting Form

Long-term Care Insurance  
Replacement and Lapse Reporting FormFor the State of \_\_\_\_\_  
For the Reporting Year of \_\_\_\_\_Company Name: \_\_\_\_\_ Due: June 30 annually  
Company Address: \_\_\_\_\_ Company NAIC Number: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_**Instructions**

The purpose of this form is to report on a statewide basis information regarding long-term care insurance policy replacements and lapses. Every insurer shall maintain the following records for each insurance producer: (1) the amount of long-term care insurance replacement sales as a percent of the insurance producer's total annual sales and (2) the amount of lapses of long-term care insurance policies sold by the insurance producer as a percent of the insurance producer's total annual sales. The tables below should be used to report the 10% of the insurer's insurance producers with the greatest percentages of replacements and lapses.

**Listing of the 10% of Insurance Producers with the Greatest Percentage of Replacements**

Insurance Producer's Name	Number of Policies Sold By This Insurance Producer	Number of Policies Replaced By This Insurance Producer	Number of Replacements as % of Number of Policies Sold By This Insurance Producer

**Listing of the 10% of Insurance Producers with the Greatest Percentage of Lapses**

Insurance Producer's Name	Number of Policies Sold By This Insurance Producer	Number of Policies Lapsed By This Insurance Producer	Number of Lapses As % of Number Sold By This Insurance Producer

**Company Totals**

Percentage of Replacement Policies Sold to Total Annual Sales \_\_\_\_\_%  
 Percentage of Replacement Policies Sold to Policies In Force (as of the end of the preceding calendar year) \_\_\_\_\_%  
 Percentage of Lapsed Policies to Total Annual Sales \_\_\_\_\_%  
 Percentage of Lapsed Policies to Policies In Force (as of the end of the preceding calendar year) \_\_\_\_\_%

**Historical Note**

New Appendix E made by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

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Appendix F. Long-term Care Insurance Claims Denial Reporting Form

Long-term Care Insurance  
Claims Denial Reporting Form

For the State of \_\_\_\_\_  
For the Reporting Year of \_\_\_\_\_

Company Name: \_\_\_\_\_ Due: June 30 annually  
Company Address: \_\_\_\_\_

Company NAIC Number: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Line of Business: Individual Group

Instructions

The purpose of this form is to report all long-term care claim denials under in-force long-term care insurance policies. Indicate the manner of reporting by checking one of the boxes below:

- ☐ Per Claimant - counts each individual who makes one or a series of claim requests  
☐ Per Transaction - counts each claim payment request

“Denied” means a claim that is not paid for any reason other than for claims not paid for failure to meet the waiting period or because of an applicable preexisting condition. It does not include a request for payment that is in excess of the applicable contractual limits.

Inforce Data

	State Data	Nationwide Data <sup>1</sup>
Total Number of Inforce Policies [Certificates] as of December 31st		

Claims & Denial Data

	State Data	Nationwide Data <sup>1</sup>
1 Total Number of Long-Term Care Claims Reported		
2 Total Number of Long-Term Care Claims Denied/Not Paid		
3 Number of Claims Not Paid due to Preexisting Condition Exclusion		
4 Number of Claims Not Paid due to Waiting (Elimination) Period Not Met		
5 Net Number of Long-Term Care Claims Denied for Reporting Purposes (Line 2 Minus Line 3 Minus Line 4)		
6 Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided By Line 1)		
7 Number of Long-Term Care Claim Denied due to:		
8 • Long-Term Care Services Not Covered under the Policy <sup>2</sup>		
9 • Provider/Facility Not Qualified under the Policy <sup>3</sup>		
10 • Benefit Eligibility Criteria Not Met <sup>4</sup>		
11 • Other		

- The nationwide data may be viewed as a more representative and credible indicator where the data for claims reported and denied for your state are small in number.
- Example—home health care claim filed under a nursing home only policy.
- Example—a facility that does not meet the minimum level of care requirements or the licensing requirements as outlined in the policy.
- Examples—a benefit trigger not met, certification by a licensed health care practitioner not provided, no plan of care.

Historical Note

New Appendix F made by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

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## Appendix G. Rescission Reporting Form for Long-term Policies

RESCISSION REPORTING FORM FOR  
LONG-TERM CARE POLICIESFOR THE STATE OF \_\_\_\_\_  
FOR THE REPORTING YEAR \_\_\_\_\_

Company Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Due: March 1 annually \_\_\_\_\_

## Instructions:

The purpose of this form is to report all rescissions of long-term care insurance policies or certificates. Those rescissions voluntarily effectuated by an insured are not required to be included in this report. Please furnish one form per rescission.

Policy Form #	Policy and Certificate #	Name of Insured	Date of Policy Issuance	Date/s Claim/s Submitted	Date of Rescission

Detailed reason for rescission:

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\_\_\_\_\_  
Signature\_\_\_\_\_  
Name and Title (please type)\_\_\_\_\_  
Date**Historical Note**

New Appendix G made by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4).



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Appendix H. Things You Should Know Before You Buy Long-term Care Insurance

Things You Should Know Before You Buy  
Long-term Care Insurance

Long-Term  
Care  
Insurance

- A long-term care insurance policy may pay most of the costs for your care in a nursing home. Many policies also pay for care at home or other community settings. Since policies can vary in coverage, you should read this policy and make sure you understand what it covers before you buy it.
- **[WARNING!]** You should **not** buy this insurance policy unless you can afford to pay the premiums every year. You are making a multi-year financial commitment.] [Remember that the company can increase premiums in the future.]

(Drafting Instruction: For single premium policies, delete this bullet; for noncancellable policies, delete the second sentence only.)

Medicare  
Medicaid

- The personal worksheet includes questions designed to help you and the company determine whether this policy is suitable for your needs.
- Medicare does **not** pay for most long-term care.
- Medicaid will generally pay for long-term care if you have very little income and few assets. You probably should not buy this policy if you are now eligible for Medicaid.
- Many people become eligible for Medicaid after they have used up their own financial resources by paying for long-term care services.
- When Medicaid pays your spouse's nursing home bills, you are allowed to keep your house and furniture, a living allowance, and some of your joint assets.
- Your choice of long-term care services may be limited if you are receiving Medicaid. To learn more about Medicaid, contact your local or state Medicaid agency.

Shopper's  
Guide

- Make sure the insurance company or agent gives you a copy of a book called the National Association of Insurance Commissioners' "Shopper's Guide to Long-Term Care Insurance." Read it carefully. If you have decided to apply for long-term care insurance, you have the right to return the policy within 30 days and get back any premium you have paid if you are dissatisfied for any reason or choose not to purchase the policy.

Counseling

- Free counseling and additional information about long-term care insurance are available through your state's insurance counseling program. Contact your state insurance department or department on aging for more information about the senior health insurance counseling program in your state.

Facilities

- Some long-term care insurance contracts provide for benefit payments in certain facilities only if they are licensed or certified, such as in assisted living centers. However, not all states regulate these facilities in the same way. Also, many people move into a different state from where they purchased their long-term care insurance policy. Read the policy carefully to determine what types of facilities qualify for benefit payments, and to determine that payment for a covered service will be made if you move to a state that has a different licensing scheme for facilities than the one in which you purchased the policy.

Historical Note

New Appendix H made by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

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**Appendix I. Long-term Care Insurance Suitability Letter****Long-term Care Insurance Suitability Letter**

Dear [Applicant]:

Your recent application for long-term care insurance included a “personal worksheet,” which asked questions about your finances and your reasons for buying long-term care insurance. For your protection, state law requires us to consider this information when we review your application, to avoid selling a policy to those who may not need coverage.

[Your answers indicate that long-term care insurance may not meet your financial needs. We suggest that you review the information provided along with your application, including the booklet “Shopper’s Guide to Long-Term Care Insurance” and the page titled “Things You Should Know Before Buying Long-Term Care Insurance.” Your state insurance department also has information about long-term care insurance and may be able to refer you to a counselor free of charge who can help you decide whether to buy this policy.]

[You chose not to provide any financial information for us to review.]

**(Drafting Instruction:** Choose the paragraph that applies.)

We have suspended our final review of your application. If, after careful consideration, you still believe this policy is what you want, check the appropriate box below and return this letter to us within the next 60 days. We will then continue reviewing your application and issue a policy if you meet our medical standards.

If we do not hear from you within the next 60 days, we will close your file and not issue you a policy. You should understand that you will not have any coverage until we hear back from you, approve your application and issue you a policy.

*Please check one box and return in the enclosed envelope.*

- ☐ **Yes**, [although my worksheet indicates that long-term care insurance may not be a suitable purchase,] I wish to purchase this coverage. Please resume review of my application.

**Drafting Instruction:** Delete the phrase in brackets if the applicant did not answer the questions about income.

- ☐ **No**. I have decided not to buy a policy at this time.

\_\_\_\_\_  
APPLICANT’S SIGNATURE

\_\_\_\_\_  
DATE

*Please return to [issuer] at [address] by [date].*

**Historical Note**

New Appendix I made by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

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## Appendix J. Long-term Care Insurance Outline of Coverage

[COMPANY NAME]  
 [ADDRESS - CITY & STATE]  
 [TELEPHONE NUMBER]  
 LONG-TERM CARE INSURANCE

OUTLINE OF COVERAGE  
 [Policy Number or Group Master Policy and Certificate Number]

[Except for policies or certificates which are guaranteed issue, the following caution statement, or language substantially similar, shall appear as follows in the outline of coverage.]

Caution: The issuance of this long-term care insurance [policy] [certificate] is based upon your responses to the questions on your application. A copy of your [application] [enrollment form] [is enclosed] [was retained by you when you applied]. If your answers are incorrect or untrue, the company has the right to deny benefits or rescind your policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your answers are incorrect, contact the company at this address: [insert address]

1. This policy is [an individual policy of insurance] [a group policy] which was issued in the [indicate jurisdiction in which group policy was issued].
2. PURPOSE OF OUTLINE OF COVERAGE. This outline of coverage provides a very brief description of the important features of the policy. You should compare this outline of coverage to outlines of coverage for other policies available to you. This is not an insurance contract, but only a summary of coverage. Only the individual or group policy contains governing contractual provisions. This means that the policy or group policy sets forth in detail the rights and obligations of both you and the insurance company. Therefore, if you purchase this coverage, or any other coverage, it is important that you READ YOUR POLICY (OR CERTIFICATE) CAREFULLY!
3. FEDERAL TAX CONSEQUENCES  
 This [POLICY] [CERTIFICATE] is intended to be a federally tax-qualified long-term care insurance contract under Section 7702(B)(b) of the Internal Revenue Code of 1986, as amended.  
 OR  
 Federal Tax Implications of this [POLICY] [CERTIFICATE]. This [POLICY] [CERTIFICATE] is not intended to be a federally tax-qualified long-term care insurance contract under Section 7702(B)(b) of the Internal Revenue Code of 1986, as amended. Benefits received under the [POLICY] [CERTIFICATE] may be taxable as income.
4. TERMS UNDER WHICH THE POLICY OR CERTIFICATE MAY BE CONTINUED IN FORCE OR DISCONTINUED
  - (a) [For long-term care health insurance policies or certificates describe one of the following permissible policy renewability provisions:
    - (1) Policies and certificates that are guaranteed renewable shall contain the following statement:] RENEWABILITY: THIS POLICY [CERTIFICATE] IS GUARANTEED RENEWABLE. This means you have the right, subject to the terms of your policy, [certificate] to continue this policy as long as you pay your premiums on time. [Company Name] cannot change any of the terms of your policy on its own, except that, in the future, IT MAY INCREASE THE PREMIUM YOU PAY.
    - (2) [Policies and certificates that are noncancellable shall contain the following statement:] RENEWABILITY: THIS POLICY [CERTIFICATE] IS NONCANCELLABLE. This means that you have the right, subject to the terms of your policy, to continue this policy as long as you pay your premiums on time. [Company Name] cannot change any of the terms of your policy on its own and cannot change the premium you currently pay. However, if your policy contains an inflation protection feature where you choose to increase your benefits, [Company Name] may increase your premium at that time for those additional benefits.
  - (b) [For group coverage, specifically describe continuation/conversion provisions applicable to the certificate and group policy;]
  - (c) [Describe waiver of premium provisions or state that there are not such provisions;]
5. TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS.  
 [In bold type larger than the maximum type required to be used for the other provisions of the outline of coverage, state whether or not the company has a right to change the premium, and if a right exists, describe clearly and concisely each circumstance under which the premium may change.]
6. TERMS UNDER WHICH THE POLICY OR CERTIFICATE MAY BE RETURNED AND PREMIUM REFUNDED.
  - (a) [Provide a brief description of the right to return - "free look" provision of the policy.]
  - (b) [Include a statement that the policy either does or does not contain provisions providing for a refund or partial refund of premium upon the death of an insured or surrender of the policy or certificate. If the policy contains such provisions, include a description of them.]
7. THIS IS NOT MEDICARE SUPPLEMENT COVERAGE. If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from the insurance company.
  - (a) [For insurance producers] Neither [insert company name] nor its [agents or insurance producers] represent Medicare, the federal government or any state government.
  - (b) [For direct response] [insert company name] is not representing Medicare, the federal government or any state government.
8. LONG-TERM CARE COVERAGE. Policies of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute-care unit of a hospital, such as in a nursing home, in the community or in the home.  
 This policy provides coverage in the form of a fixed dollar indemnity benefit for covered long-term care expenses, subject to policy [limitations] [waiting periods] and [coinsurance] requirements. [Modify this paragraph if the policy is not an indemnity policy.]
9. BENEFITS PROVIDED BY THIS POLICY.
  - (a) [Covered services, related deductible(s), waiting periods, elimination periods and benefit maximums.]
  - (b) [Institutional benefits, by skill level.]

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(c) [Non-institutional benefits, by skill level.]

(d) Eligibility for Payment of Benefits

[Activities of daily living and cognitive impairment shall be used to measure an insured's need for long-term care and shall be defined and described as part of the outline of coverage.]

[Any additional benefit triggers shall be explained in this Section. If these triggers differ for different benefits, explanation of the triggers shall accompany each benefit description. If an attending physician or other specified person must certify a certain level of functional dependency in order to be eligible for benefits, this too must be specified.]

10. LIMITATIONS AND EXCLUSIONS.

[Describe:

(a) Preexisting conditions;

(b) Non-eligible facilities and providers;

(c) Non-eligible levels of care (e.g., unlicensed providers, care or treatment provided by a family member, etc.);

(d) Exclusions and exceptions;

(e) Limitations.]

[This Section shall provide a brief specific description of any policy provisions which limit, exclude, restrict, reduce, delay, or in any other manner operate to qualify payment of the benefits described in paragraph 6 above.]

**THIS POLICY MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG-TERM CARE NEEDS.**

11. RELATIONSHIP OF COST OF CARE AND BENEFITS. Because the costs of long-term care services will likely increase over time, you should consider whether and how the benefits of this plan may be adjusted. [As applicable, indicate the following:

(a) That the benefit level will not increase over time;

(b) Any automatic benefit adjustment provisions;

(c) Whether the insured will be guaranteed the option to buy additional benefits and the basis upon which benefits will be increased over time if not by a specified amount or percentage;

(d) If there is such a guarantee, include whether additional underwriting or health screening will be required, the frequency and amounts of the upgrade options, and any significant restrictions or limitations;

(e) Describe whether there will be any additional premium charge imposed, and how that is to be calculated.]

12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS.

[State that the policy provides coverage for insureds clinically diagnosed as having Alzheimer's disease or related degenerative and dementing illnesses. Specifically describe each benefit screen or other policy provision which provides preconditions to the availability of policy benefits for such an insured.]

13. PREMIUM.

[(a) State the total annual premium for the policy;

(b) If the premium varies with an applicant's choice among benefit options, indicate the portion of annual premium which corresponds to each benefit option.]

14. ADDITIONAL FEATURES.

[(a) Indicate if medical underwriting is used;

(b) Describe other important features.]

15. CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG-TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG-TERM CARE INSURANCE POLICY OR CERTIFICATE.

**Historical Note**

New Appendix J renumbered from Appendix C and amended by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

**ARTICLE 11. MEDICARE SUPPLEMENT INSURANCE**

**R20-6-1101. Incorporation by Reference and Modifications**

A. The Department incorporates by reference the Model Regulation to Implement the National Association of Insurance Commissioners (NAIC) Medicare Supplement Insurance Minimum Standards Model Act, Fall 2023 (Model Regulation), and no future editions or amendments, which is on file with the Department of Insurance, 100 N. 15th Ave., Suite 261, Phoenix, AZ 85007-2630 and available on its website at: <https://difi.az.gov/insurance-division-rulemaking>. The Model Regulation is also available from the National Association of Insurance Commissioners, Publications Department, 1100 Walnut Street, Suite 1500, Kansas City, MO 64106-2197.

B. The Model Regulation is modified as follows:

1. In addition to the terms defined in the Model Regulation, the following definitions apply:

a. "Agent" means an insurance producer as defined in A.R.S. § 20-281(5).

b. "Commissioner" means the Director of the Arizona Department of Insurance and Financial Institutions.

c. "HMO" and "health maintenance organization" mean a health care services organization as defined in A.R.S. § 20-1051(6).

d. "Regulation" means Article.

2. Section 3(A)(2) reads:

(2) All certificates issued under group Medicare supplement policies, which certificates have been delivered or issued for delivery in this state including association plans.

3. Section 8(A)(7)(c) reads:

c. Each Medicare supplement policy shall provide that benefits and premiums under the policy shall be suspended (for any period that may be provided by federal regulation) at the request of the policyholder if the policyholder is entitled to benefits under Section 226(b) of the Social Security Act and is covered under a group health plan (as defined in Section 1862(b)(1)(A)(v) of the Social Security Act). If suspension occurs and if the policyholder or certificate holder loses coverage under the group health plan, the policy shall be automatically reinstituted (effective as of the date of loss of coverage) if the policyholder provides notice of loss of coverage within 90 days after the date of the loss of the group health plan and pays the premium attributable to the supplemental policy period, effective as of the date of termination of enrollment in the group health plan.

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4. Section 8.1 is revised to insert the citation to A.R.S. § 20-1133 as follows:

The following standards are applicable to all Medicare supplement policies or certificates delivered or issued for delivery in this state on or after June 1, 2010. No policy or certificate may be advertised, solicited, delivered, or issued for delivery in this state as a Medicare supplement policy or certificate unless it complies with these benefit standards. No issuer may offer any [1990 Standardized Medicare supplement benefit plan] for sale on or after June 1, 2010. Benefit standards applicable to Medicare supplement policies and certificates issued before June 1, 2010 remain subject to the requirements of A.R.S. § 20-1133.

5. Section 8.1(A)(7)(c) is revised to read as follows:

Each Medicare supplement policy shall provide that benefits and premiums under the policy shall be suspended (for any period that may be provided by federal regulation) at the request of the policyholder if the policyholder is entitled to benefits under Section 226(b) of the Social Security Act and is covered under a group health plan (as defined in Section 1862(b)(1)(A)(v) of the Social Security Act). If suspension occurs and if the policyholder or certificate holder loses coverage under the group health plan, the policy shall be automatically reinstituted (effective as of the date of loss of coverage) if the policyholder provides notice of loss of coverage within 90 days after the date of the loss and pays the premium attributable to the period, effective as of the date of termination of enrollment in the group health plan.

6. Section 9.1 is revised to insert the citation to A.R.S. § 20-1133 as follows:

The following standards are applicable to all Medicare supplement policies or certificates delivered or issued for delivery in this state on or after June 1, 2010. No policy or certificate may be advertised, solicited, delivered or issued for delivery in this state as a Medicare supplement policy or certificate unless it complies with these benefit plan standards. Benefit plan standards applicable to Medicare supplement policies and certificates issued before June 1, 2010 remain subject to the requirements of A.R.S. § 20-1133.

7. Section 9.2 is revised to insert the citation to A.R.S. § 20-1133 as follows:

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requires the following standards are applicable to all Medicare supplement policies or certificates delivered or issued for delivery in this state to individuals newly eligible for Medicare on or after January 1, 2020. No policy or certificate that provides coverage of the Medicare Part B deductible may be advertised, solicited, delivered or issued for delivery in this state as a Medicare supplement policy or certificate to individuals newly eligible for Medicare on or after January 1, 2020. All policies must comply with the following benefit standards. Benefit plan standards applicable to Medicare supplement policies and certificates issued

to individuals eligible for Medicare before January 1, 2020, remain subject to the requirements of A.R.S. § 20-1133.

8. Section 15(G) is revised as follows:

An insurer shall not file or request approval of a rate structure for its Medicare supplement policies or certificates based upon attained-age rating as a structure or methodology.

9. Section 23 is revised as follows:

- A. If a Medicare supplement policy or certificate replaces another Medicare supplement policy or certificate, the replacing issuer shall waive any time periods applicable to preexisting conditions, waiting periods, elimination periods and probationary periods in the new Medicare supplement policy or certificate to the extent such time was spent under the original policy.
- B. If a Medicare supplement policy or certificate replaces another Medicare supplement policy or certificate which has been in effect for at least six months, the replacing policy shall not provide any time period applicable to preexisting conditions, waiting periods, elimination periods and probationary periods.

#### Historical Note

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). R20-6-1101 recodified from R4-14-1101 (Supp. 95-1). Amended effective August 16, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2454, effective May 13, 2002 (Supp. 02-2). Section repealed; new Section made by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3). Amended by final rulemaking at 15 A.A.R. 996, effective June 2, 2009 (Supp. 09-2). Amended by final rulemaking at 25 A.A.R. 1923, effective September 8, 2019 (Supp. 19-3). Amended by final rulemaking at 30 A.A.R. 479 (March 22, 2024), effective May 6, 2024 (Supp. 24-1).

#### R20-6-1102. Repealed

#### Historical Note

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted with changes effective May 28, 1992 (Supp. 92-2). R20-6-1102 recodified from R4-14-1102 (Supp. 95-1). Amended effective August 16, 1996 (Supp. 96-3). Amended by final rulemaking at 5 A.A.R. 618, effective February 4, 1999 (Supp. 99-1). Amended by final rulemaking at 5 A.A.R. 910, effective March 3, 1999 (Supp. 99-1). Amended by final rulemaking at 8 A.A.R. 2454, effective May 13, 2002 (Supp. 02-2). Section repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

#### R20-6-1102.01 Repealed

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**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 618, effective February 4, 1999 (Supp. 99-1). Amended by final rulemaking at 5 A.A.R. 910, effective March 3, 1999 (Supp. 99-1). Section repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

**R20-6-1103. Repealed****Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). R20-6-1103 recodified from R4-14-1103 (Supp. 95-1). Amended by final rulemaking at 8 A.A.R. 2454, effective May 13, 2002 (Supp. 02-2). Section repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

**R20-6-1104. Repealed****Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). R20-6-1104 recodified from R4-14-1104 (Supp. 95-1). Amended effective August 16, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2454, effective May 13, 2002 (Supp. 02-2). Section repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

**R20-6-1105. Repealed****Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). R20-6-1105 recodified from R4-14-1105 (Supp. 95-1). Amended effective August 16, 1996 (Supp. 96-3). Amended effective June 15, 1998 (Supp. 98-2). Amended by final rulemaking at 8 A.A.R. 2454, effective May 13, 2002 (Supp. 02-2). Section repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

**R20-6-1106. Repealed****Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). R20-6-1106 recodified from R4-14-1106 (Supp. 95-1). Amended effective June 15, 1998 (Supp. 98-2). Amended by final rulemaking at 5 A.A.R. 910 effective March 3, 1999 (Supp. 99-1). Section

repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

**R20-6-1107. Repealed****Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted with changes effective May 28, 1992 (Supp. 92-2). R20-6-1107 recodified from R4-14-1107 (Supp. 95-1). Section repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

**R20-6-1108. Repealed****Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). R20-6-1108 recodified from R4-14-1108 (Supp. 95-1). Amended effective August 16, 1996 (Supp. 96-3). Amended by final rulemaking at 5 A.A.R. 910 effective March 3, 1999 (Supp. 99-1). Section repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

**R20-6-1109. Repealed****Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). R20-6-1109 recodified from R4-14-1109 (Supp. 95-1). Section repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

**R20-6-1110. Repealed****Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). R20-6-1110 recodified from R4-14-1110 (Supp. 95-1). Amended effective August 16, 1996 (Supp. 96-3). Amended effective June 15, 1998 (Supp. 98-2). Section repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

**R20-6-1111. Repealed****Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). R20-6-1111 recodified from R4-14-1111 (Supp. 95-1). Amended by final rulemaking at 8

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A.A.R. 2454, effective May 13, 2002 (Supp. 02-2). Section repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

**R20-6-1112. Repealed****Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). R20-6-1112 recodified from R4-14-1112 (Supp. 95-1). Section repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

**R20-6-1113. Repealed****Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). R20-6-1113 recodified from R4-14-1113 (Supp. 95-1). Amended effective August 16, 1996 (Supp. 96-3). Amended effective June 15, 1998 (Supp. 98-2). Amended by final rulemaking at 5 A.A.R. 910 effective March 3, 1999 (Supp. 99-1). Section repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

**R20-6-1114. Repealed****Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). R20-6-1114 recodified from R4-14-1114 (Supp. 95-1). Amended effective August 16, 1996 (Supp. 96-3). Section repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

**R20-6-1115. Repealed****Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). R20-6-1115 recodified from R4-14-1115 (Supp. 95-1). Section repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

**R20-6-1116. Repealed****Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). R20-6-1116 recodified from R4-14-1116 (Supp. 95-1). Section repealed by final rulemaking

at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

**R20-6-1117. Repealed****Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). R20-6-1117 recodified from R4-14-1117 (Supp. 95-1). Section repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

**R20-6-1118. Repealed****Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). R20-6-1118 recodified from R4-14-1118 (Supp. 95-1). Section repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

**R20-6-1119. Repealed****Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). R20-6-1119 recodified from R4-14-1119 (Supp. 95-1). Section repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

**R20-6-1120. Repealed****Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). R20-6-1120 recodified from R4-14-1120 (Supp. 95-1). Section repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

**R20-6-1121. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 910, effective March 3, 1999 (Supp. 99-1). Amended by final rulemaking at 8 A.A.R. 2454, effective May 13, 2002 (Supp. 02-2). Section repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

**Appendix A. Repealed****Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days

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(Supp. 91-4). Emergency rule adopted again and correction made to heading of form on last page of Appendix A effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). Appendix A repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

**Appendix B. Repealed****Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again and corrections made to Plan C (Medicare (Part B) - Medical Services - Per Calendar Year) and Plan J (Other Benefits) effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). Amended effective August 16, 1996 (Supp. 96-3). Amended effective June 15, 1998 (Supp. 98-2). Amended by final rulemaking at 5 A.A.R. 910, effective March 3, 1999 (Supp. 99-1). Amended by final rulemaking at 8 A.A.R. 2454, effective May 13, 2002 (Supp. 02-2). Appendix B repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

**Appendix C. Repealed****Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). Amended effective August 16, 1996 (Supp. 96-3). Appendix C repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

**Appendix D. Repealed****Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). Amended effective August 16, 1996 (Supp. 96-3). Appendix D repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

**Appendix E. Repealed****Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). Appendix E repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

**Appendix F. Repealed****Historical Note**

Appendix F adopted effective August 16, 1996 (Supp. 96-3). Amended effective June 15, 1998 (Supp. 98-2). Amended by final rulemaking at 5 A.A.R. 910, effective March 3, 1999 (Supp. 99-1). Appendix F repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

**ARTICLE 12. HIV/AIDS: PROHIBITED AND REQUIRED PRACTICES****R20-6-1201. Definitions**

- A. "AIDS" means Acquired Immune Deficiency Syndrome.
- B. "Applicant" means an applicant for a life or disability insurance policy or coverage under a health care plan, as well as any potential certificate holder or dependent covered under such policy or plan.
- C. "Insurer" means life and disability insurers (including but not limited to health insurers), hospital and medical service corporations, and health care services organizations, including all employees, contractors, and agents thereof.
- D. "Person" means any individual, company, insurer, association, organization, society, reciprocal or inter-insurance exchange, partnership, syndicate, business trust, corporation, or entity.

**Historical Note**

Adopted effective March 7, 1994 (Supp. 94-1). R20-6-1201 recodified from R4-14-1201 (Supp. 95-1).

**R20-6-1202. Applications for Insurance**

- A. Insurers shall not use questions on applications for life or disability policies or health care plans that inquire directly or indirectly about:
  1. The sexual orientation of an applicant;
  2. An applicant's receipt of transfusions of blood or blood products; or
  3. Whether or not the applicant has had any HIV-related test, except as provided in subsection (B) of this rule.
- B. Insurers may include specific questions on applications for life or disability insurance policies or health care plans asking if the applicant has ever been diagnosed or treated for AIDS or AIDS-related conditions or tested positive for the presence of HIV antibodies, antigens, or the virus. No adverse underwriting decision shall be made on the basis of any prior positive HIV-related test or tests unless the insurer has verified that the prior test(s) consisted of both a positive screening test such as enzyme-linked immunoassay (ELISA) and a positive supplemental test such as a Western Blot. All such tests used shall be approved and licensed by the Food and Drug Administration and conducted in accordance with the manufacturer's directions for use, including but not limited to the manufacturers' specified interpretation of positivity.

**Historical Note**

Adopted effective March 7, 1994 (Supp. 94-1). R20-6-1202 recodified from R4-14-1202 (Supp. 95-1).

**R20-6-1203. Testing for HIV; Consent Form**

- A. An insurer may test for HIV infection in the same way that the insurer tests for other conditions that affect mortality and morbidity. No adverse underwriting decision shall be made on the basis of a positive result to an HIV-related test unless the result consists of both a positive screening test such as enzyme-linked immunoassay (ELISA) and a positive supplemental test such as a Western Blot. All such tests used shall be approved and licensed by the Food and Drug Administration and conducted in accordance with the manufacturers' directions for



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use, including but not limited to the manufacturers' specified interpretation of positivity.

- B. If an applicant is requested to take an HIV-related test in connection with an application for a life or disability insurance policy or a health care plan, the insurer shall reveal the use of such test to the applicant and shall obtain the written consent of the applicant prior to the administration of such test. The insurer shall allow the applicant up to 10 days within which to decide whether or not to sign the consent form, and no adverse underwriting decision may be made on the basis of the applicant's delay during this time period. Insurers need not provide pretest counseling to applicants but shall advise applicants of the availability of counseling in accordance with subsection (C) of this rule.
- C. The written consent form, which shall be approved by the Director in advance of its use, shall contain the following information:
  1. Purpose of the consent form. The form shall contain a clear disclosure that the test to be performed is a test for the presence of HIV antibodies, antigens, or the virus, and that underwriting decisions will be based on the results of such test. The form shall further provide notice of a period of not less than 10 days during which the applicant may decide whether or not to sign the form, along with a disclosure that the applicant's refusal to be tested may be used as a reason to deny coverage.
  2. Information on HIV. The form shall provide clear, concise, and accurate information on how the disease is spread and what behavior places persons at risk of contracting the virus.
  3. Pretest counseling considerations. The written consent form shall contain information advising the applicant that counseling is recommended by many public health organizations and that the applicant may obtain such counseling at the applicant's own expense. The form shall contain current information as provided by the Department regarding the availability in Arizona of free confidential or anonymous counseling through county health departments and through other governmental or government-funded agencies.
  4. Disclosure of test results. The form shall advise the applicant that all test results shall be treated confidentially and that results shall be released only to the applicant and the named insurer or upon the applicant's written consent or as otherwise required or allowed by law, including but not limited to the release of information to the Department of Health Services as provided by law.
  5. Meaning of positive test results. The form shall advise the applicant of the type of test (including but not limited to antibody, antigen, or viral culture) to be used, and that a positive test result indicates that the applicant has been infected with HIV but does not necessarily have AIDS. The form shall explain that a positive test result will adversely affect the application for insurance.
  6. Consent. The consent form shall contain an attestation to be signed by the applicant or, if the applicant lacks legal capacity to consent, a person authorized pursuant to law to consent on behalf of the applicant, that he or she has read and understands the written consent form and voluntarily consents to the performance of a test for HIV and to the disclosure of the test results as described in the consent form. The applicant or the applicant's legal representative shall have the right to request and receive a copy of thymidine ("AZT"), Didanosine (ddI) and Zalcitabine (ddC),

the written consent form. A photocopy of the form shall be as valid as the original.

7. Optional release of information to personal physician. In addition to the release of information to the insurer provided in the consent form, the applicant may, at the applicant's option, consent to the release of information to the applicant's personal physician. The form shall provide for such release to be separately signed and dated by the applicant, or if the applicant lacks legal capacity to consent, by a person authorized pursuant to law to consent on behalf of the applicant.
8. Time period during which release of information is effective. The consent form shall specify the time period during which any and all release provisions of the consent form shall be effective, but in no case shall such time period exceed 180 days from the date the consent form is signed by the applicant or the applicant's legal representative. No HIV-related information shall be released to any person after the expiration of that time period unless the insurer obtains the express written consent, pursuant to R20-6-1204, of the applicant or, if the applicant lacks legal capacity to consent, by a person authorized by law to consent on behalf of the applicant.

**Historical Note**

Adopted effective March 7, 1994 (Supp. 94-1). R20-6-1203 recodified from R4-14-1203 (Supp. 95-1).

**R20-6-1204. Release of Confidential HIV-related Information; Release Form**

- A. Except as required by law or authorized pursuant to a written consent to be tested, an insurer shall not disclose confidential HIV-related information to any person unless a written release form is executed by the applicant or, if the applicant lacks legal capacity to consent to such release, by a person authorized by law to consent to the release of information on behalf of the applicant. The applicant or the applicant's legal representative shall be entitled to receive a copy of the release. A photocopy shall be as valid as the original.
- B. Such written release form shall contain the following information:
  1. The name and address of the person to whom the information shall be disclosed;
  2. The specific purpose for which disclosure is to be made; and
  3. The time period during which the written release is to be effective but in no case shall such time period exceed 180 days from the date the release is signed by the applicant or the applicant's legal representative;
  4. The signature of the applicant or of the person authorized by law to consent to such release, and the date the release form was signed.

**Historical Note**

Adopted effective March 7, 1994 (Supp. 94-1). R20-6-1204 recodified from R4-14-1204 (Supp. 95-1).

**R20-6-1205. Benefits; Prohibited Practices**

- A. Life and disability insurance policies or health care plans that provide benefits for prescription drugs shall provide benefits for any and all drugs and pharmaceutical forms of treatment for HIV and/or AIDS approved by the Food and Drug Administration pursuant to 21 U.S.C. Chapter 9 or licensed by the Food and Drug Administration pursuant to 42 U.S.C. Chapter 6A, including but not limited to Zidovudine, formerly Azido- to the same extent as other prescription drugs and treatments.

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- B. Insurers shall provide benefits for HIV, AIDS, and AIDS-related conditions in the same manner and to the same extent as those benefits provided for all other diseases.

**Historical Note**

Adopted effective March 7, 1994 (Supp. 94-1). R20-6-1205 recodified from R4-14-1205 (Supp. 95-1).

**ARTICLE 13. MENTAL HEALTH PARITY****R20-6-1301. Definitions**

The definitions in A.R.S. § 20-3501 and the following definitions apply to this Article:

“Arizona Mental Health Parity Act” means the statutes found at A.R.S. §§ 20-3501 through 20-3505.

“Coverage unit” has the meaning prescribed at 45 CFR § 146.136(a) “Coverage unit.”

“Department of Insurance and Financial Institutions (Department)” has the meaning prescribed at A.R.S. § 20-101.

“CMS MHPAEA tool” means the Microsoft Excel Mental Health Parity tool maintained by the Center for Medicare and Medicaid Services.

“Financial requirements (FR)” has the meaning at 45 CFR § 146.136(a) “Financial requirements.”

“Health care insurer” has the meaning prescribed at A.R.S. § 20-3501(2).

“Health plan” has the meaning prescribed at A.R.S. § 20-3501(3).

“Inpatient, in-network benefits” are benefits furnished on an inpatient basis and within a network of contracted providers under a health plan.

“Inpatient, out-of-network benefits” are benefits furnished on an inpatient basis by providers without a contract under a health plan or for a health plan that has no network of providers.

“Large group health plan” is a health plan issued to an employer group that is not a small employer as defined at A.R.S. § 20-2301(A)(20).

“Medical/surgical (Med/Surg) benefits” has the meaning prescribed at 45 CFR § 146.136(a) “Medical/surgical benefits.”

“Mental (MH) health benefits” has the meaning prescribed at 45 CFR § 146.136(a) “Mental health benefits.”

“MHPAEA” means the Mental Health Parity and Addiction Equity Act prescribed in A.R.S. § 20-3501(4).

“Nonquantitative treatment limitation (NQTL)” is a limitation that restricts the scope or duration of benefits for treatment under a health plan or coverage. Illustrations of NQTLs include: medical management standards limiting or excluding benefits based on medical necessity or appropriateness or based on whether the treatment is experimental or investigative as identified under 45 CFR 146.136(c)(4)(ii)(A); formulary design for prescription drugs as identified under 45 CFR 146.136(c)(4)(ii)(B); network tier design (for health plans with multiple network tiers such as preferred providers and participating providers) as identified under 45 CFR 146.136(c)(4)(ii)(C); standards for provider admission to participate in a network, including reimbursement rates as identified under 45 CFR 146.136(c)(4)(ii)(D); methods for determining usual, customary, and reasonable charges as identified

under 45 CFR 146.136(c)(4)(ii)(E); refusal to pay for higher-cost therapies until it can be shown that a lower-cost therapy is not effective (also known as “fail-first policies” or “step therapy protocols”) as identified under 45 CFR 146.136(c)(4)(ii)(F); exclusions based on failure to complete a course of treatment; and restrictions based on geographic location as identified under 45 CFR 146.136(c)(4)(ii)(G), facility type, provider specialty, and other criteria than limit the scope or duration of benefits for services provided under the health plan or coverage as identified under 45 CFR 146.136(c)(4)(ii)(H).

“Outpatient, in-network benefits” are benefits furnished on an outpatient basis and within a network of providers established or recognized under a health plan.

“Outpatient, out-of-network benefits” are benefits furnished on an outpatient basis and outside any network of providers established or recognized under a health plan or under a health plan that has no network of providers.

“Predominant test” means that if a type of FR or QTL applies to substantially all of the Med/Surg benefits in a classification, the predominant level of the FR or QTL is the level that applies to more than 1/2 of the Med/Surg benefits in that classification subject to the FR or QTL. If no single level can be determined, the health plan (or health insurance issuer) may combine levels until the combination of levels applies to more than 1/2 of Med/Surg benefits subject to the FR or QTL in the classification. The least restrictive level within the combination is considered the predominant level of that type of classification. For this purpose, a health plan may combine the most restrictive levels first with each less restrictive level added to the combination until the combination applies to more than 1/2 of the benefits subject to the FR or QTL.

“Quantitative treatment limitation (QTL)” is a limitation on the scope or duration of a benefit that can be expressed numerically that includes day or visit limits such as “50 outpatient visits per year.” QTLs include annual, episode, and lifetime day and visit limits such as number of treatments, number of visits, or days of coverage.

“Substance use disorder (SUD) benefits” has the meaning prescribed at 45 CFR § 146.136(a) “Substance use disorder benefits.”

“Substantially all test” means that a FR or QTL applies to at least 2/3 of all Med/Surg benefits in a classification of benefits for a coverage unit. (For this purpose, benefits expressed as subject to a zero level of a type of FR are treated as not subject to that type of FR. In addition, benefits expressed as subject to an unlimited QTL are treated as not subject to that type of QTL.) If a type of FR or QTL does not apply to at least 2/3 of all Med/Surg benefits in a classification, then that type of FR or QTL cannot be applied to MH or SUD benefits in that classification.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1824 (July 29, 2022), effective September 4, 2022 (Supp. 22-3).

**R20-6-1302. Medical Necessity Criteria and NQTL Reporting**

- A. Health care insurers subject to the reporting requirement. A health care insurer that issues health plans in Arizona is

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required to file the reports required by this Section with the Department.

- B.** Health plans subject to reporting. A health care insurer shall submit a report for all health plans it offers in this state (including grandfathered and non-grandfathered health plans) that meet all of the criteria listed in subsections (B)(1) through (4). If a health care insurer determines that the information to be reported varies by network plan, or varies in the individual, small group, or large group market, the health care insurer must submit a separate report for each variation.

1. The health plan offers MH and/or SUD benefits in addition to Med/Surg benefits.
2. The health plan offers MH and/or SUD benefits in at least one of the following classifications:
  - a. Inpatient, in-network;
  - b. Inpatient, out-of-network;
  - c. Outpatient, in-network;
  - d. Outpatient, out-of-network;
  - e. Emergency care; or
  - f. Prescription drugs.
3. The health plan is offered on a group (large or small) or individual basis.
4. The health plan has not received and notified the Department of an increased cost exemption pursuant to 45 CFR 146.136(g).

- C.** Health plans exempt from reporting. A health plan that meets the criteria of subsection (B) is exempt from reporting under this Article if it is one of the following types of health plans:

1. A small group grandfathered health plan;
2. A small group non-grandfathered health plan subject to the HHS transitional policy; or
3. A health plan that meets the definition of excepted benefit provided in 45 CFR 146.145(b) or 45 C.F.R. 148.220.

- D.** Required reports. A health care insurer shall file a separate report for each fully insured product network type the health care insurer issues in Arizona. If the information to be reported varies by network or health plan, or varies in the individual, small group or large group market, the health care insurer must file a separate report for each variation.

- E.** Triennial Reports.

1. Existing health care insurers. Beginning on March 15, 2023 and every third year thereafter, a health care insurer issuing health plans and collecting premium in Arizona as of January 1, 2022 shall file a triennial report with the Department for each health plan subject to reporting.
2. Entering or re-entering health care insurers. On or before March 15 of the second year an entering or re-entering health care insurer issues health plans and collects premiums in Arizona, the health care insurer shall file an original triennial report with the Department for each health plan subject to reporting. Following the filing of the original triennial report, the health care insurer shall submit subsequent triennial reports on the schedule described in subsection (E)(1).
3. Due date for triennial reports. Triennial reports are due on or before March 15 of each reporting year.
4. Content of the original triennial report. Health care insurers shall file an original triennial report with the Department under A.R.S. § 20-3502(B) that provides the required information in Exhibit A.
5. Subsequent triennial reports.
  - a. A health care insurer must file an updated triennial report, including the information required in Exhibit A, unless the health care insurer can attest that it has

made no changes since the previously filed triennial report.

- b. As required by A.R.S. § 20-3502(E), a health care insurer shall file the following with the Department for each health plan subject to reporting:
  - i. An updated triennial report, including the information required in Exhibit A; or
  - ii. The last triennial report filed with the Department and a written attestation that the health care insurer has made no changes since it filed the previous triennial report.

- F.** Annual Reports. Pursuant to A.R.S. § 20-3502(E), on or before March 15 of each intervening year between the filing of a triennial report, a health care insurer shall file:

1. A report that summarizes any changes made to its medical necessity criteria and NQTLs (Exhibit A, Parts I, II, and III);
2. A written attestation by an officer or director of the health care insurer that the health care insurer is in compliance with MHPAEA; and
3. If requested by the Department, any additional data required by the Department including Exhibit A, Part IV.

- G.** Additional information. At any time after a health care insurer files a report under this Section, the Department may request additional information, including an updated triennial or annual report, by contacting the health care insurer and making the request in writing. The health care insurer shall provide contact information to the Department when it files any of the reports required by this Section. The Department may set a deadline for a health care insurer to respond to its request and specify the format for the response.

#### Historical Note

New Section made by final rulemaking at 28 A.A.R. 1824 (July 29, 2022), effective September 4, 2022 (Supp. 22-3).

#### R20-6-1303. FR and QTL Reporting

- A.** Method of reporting. A health care insurer that issues health plans in Arizona and whose policy forms are not exempt from the form filing requirement shall demonstrate its compliance with the FR and QTL parity requirements of MHPAEA through its form and rate filings with the Department.
- B.** Department's authority to require additional data. In addition to the forms filed by a health care insurer, the Department may require a health care insurer to submit additional data relating to its methods for meeting the MHPAEA FR and QTL standards. The Department may utilize the CMS MHPAEA tool and may request samples of a health care insurer's internal testing to demonstrate compliance with the substantially all and predominant tests within each classification of benefits for a health plan.
- C.** Separate consolidated report for large group health plans. The Department may require a health care insurer that issues large group health plans to file a consolidated report that demonstrates compliance with the substantially all and predominant tests within each classification of benefits for a sample of large group health plans with similar benefit structures.
- D.** Special rule for FRs - Prescription Drug Classification. The multi-tiered prescription drug benefits exception of A.R.S. § 20-3502(D)(1) applies to the FRs for the prescription drug classification. For example, a health plan applies 4 tiers as follows: Tier 1: Generic Drugs for which the health plan pays 90%; Tier 2: Preferred Brand-name Drugs for which the health plan pays 80%; Tier 3: Non-preferred Brand-name Drugs for

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which the health plan pays 60%; and Tier 4: Specialty Drugs for which the health plan pays 50%. These FRs are applied without regard to whether a drug is prescribed for Med/Surg or MH/SUD benefits. In addition, the process for certifying a particular drug within a tier complies with the rules for NQTLs. Therefore, the FRs applied to prescription drug benefits meet the parity requirements under MHPAEA.

**E. Special rules for FRs and QTLs.**

1. **In-network Classifications.** The multiple network tiers exception of A.R.S. § 20-3502(D)(2) applies to the FRs and QTLs for the in-network classifications. For example, a health plan has two tiers of in-network providers: Tier 1: Preferred provider; and Tier 2: Participating provider. Placement of a provider into a tier complies with the rules for NQTLs and is determined without regard to whether the provider specializes in the treatment of Med/Surg conditions or MH/SUD disorders. The in-network classifications are divided into two subclassifications: 1. In-network preferred; and 2. In-network participating. The health plan does not impose any FR or QTL on MH/SUD benefits in either subclassification that is more restrictive than the predominant FR or QTL that applies to all Med/Surg benefits in each subclassification. Therefore, the FRs or QTLs applied to the in-network subclassifications that reflect the provider tiers meet the parity requirements under MHPAEA.
2. **Outpatient Classifications.** The subclassification permitted for the office visits exception of A.R.S. § 20-3502(D)(3) applies to the FRs and QTLs for the outpatient classifications. For example, a health plan divides the outpatient, in-network classification into two subclassifications: 1. In-network office visits; and 2. All other outpatient, in-network items and services. The health plan does not impose any FR or QTL on MH/SUD benefits in either subclassification that is more restrictive than the predominant FR or QTL that applies to Med/Surg bene-

fits in each subclassification. Therefore, the FRs or QTLs applied to the outpatient subclassifications for office visits and all other outpatient items and services meet the parity requirements under MHPAEA.

3. The health plan cannot use a subclassification for generalists and specialists. The only subclassifications permitted for the in-network classifications are: 1. Office visits (such as physician visits); and 2. All other outpatient items and services (such as outpatient surgery, facility charges for day treatment centers, laboratory charges, or other medical items).

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1824 (July 29, 2022), effective September 4, 2022 (Supp. 22-3).

**R20-6-1304. Additional Information or Data**

According to A.R.S. § 20-3502(F), the Department is not prohibited from otherwise requesting information or data that is necessary to verify compliance with MHPAEA and the Arizona Mental Health Parity Act.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1824 (July 29, 2022), effective September 4, 2022 (Supp. 22-3).

**R20-6-1305. Confidentiality of Information**

According to A.R.S. § 20-3502(G), all documents, reports, or other materials provided to the Department under this Article are confidential and are not subject to disclosure and are subject to the restrictions of A.R.S. § 20-157.01(B).

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1824 (July 29, 2022), effective September 4, 2022 (Supp. 22-3).

**Exhibit A. Medical Necessity Criteria and NQTL Reports**

**Exhibit A  
Medical Necessity Criteria and NQTL Reports**

**Instructions for Exhibit A:**

Submit an Exhibit A for each fully insured, major medical health plan subject to reporting under Section R20-6-1302(B). Please submit the information in a word-searchable PDF file which is organized and identified by the numbered sections that appear below.

**Part I: Identify Plan and Reporting Year.**

**Instructions for Part I:**

The reporting year is the year, from January 1 through December 31, immediately preceding the submission of this Exhibit A.

<b>Reporting Year:</b>		
<b>Health Care Insurer Name:</b>		
<b>Health Care Insurer NAIC Company Code:</b>		
<b>Network Name(s):</b>		
<b>Service Area:</b> (List all counties in the service area for these networks)		
<b>Covered Lives:</b> (List the number of covered lives enrolled in plans in these networks in the reporting year)		
<b>Plan Types:</b> (Check all that apply)	<input type="checkbox"/> Individual ACA-Compliant	<input type="checkbox"/> Small Group ACA-Compliant
	<input type="checkbox"/> Individual Transitional, plans include MH/SUD benefits	<input type="checkbox"/> Small Group Transitional, plans include MH/SUD benefits
	<input type="checkbox"/> Individual Grandfathered, plans include MH/SUD benefits	<input type="checkbox"/> Large Group Fully Insured, plans include MH/SUD benefits

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<b>Product Types:</b>	<input type="checkbox"/> PPO	<input type="checkbox"/> HMO (HCSO)
(Check all that apply)	<input type="checkbox"/> POS	<input type="checkbox"/> Indemnity

**Part II: Medical necessity criteria.****Instructions for Part II:**

To comply with A.R.S. § 20-3502(B)(1), describe the process that is used to develop or select medical necessity criteria for the plan and reporting year identified in Part I. When the plan describes the process used to develop or select criteria for MH/SUD benefits, then it must also describe the process used to develop or select criteria for Med/Surg benefits.

To comply with A.R.S. § 20-3502(B)(1), report:

- A. Describe the process used to develop or select medical necessity criteria for MH/SUD benefits.
- B. Describe the process used to develop or select medical necessity criteria for Med/Surg benefits.

**Part III: Identify all NQTLs.****Instructions for Part III:**

To comply with A.R.S. § 20-3502(B)(2), identify all NQTLs that are applied to MH/SUD benefits and all NQTLs that are applied to Med/Surg benefits for the plan and reporting year identified in Part I. NQTLs shall be identified within each classification of benefits.

- A. Identify and report all NQTLs applied to MH/SUD benefits:
  1. All NQTLs applied to In-Patient, In-Network Classification.
  2. All NQTLs applied to In-Patient, Out-of-Network Classification.
  3. All NQTLs applied to Out-Patient, In-Network Classification.
  4. All NQTLs applied to Out-Patient, Out-of-Network Classification.
  5. All NQTLs applied to Emergency Care.
  6. All NQTLs applied to Prescription Benefits.
- B. Identify and report all NQTLs applied to Med/Surg benefits:
  1. All NQTLs applied to In-Patient, In-Network Classification.
  2. All NQTLs applied to In-Patient, Out-of-Network Classification.
  3. All NQTLs applied to Out-Patient, In-Network Classification.
  4. All NQTLs applied to Out-Patient, Out-of-Network Classification.
  5. All NQTLs applied to Emergency Care.
  6. All NQTLs applied to Prescription Benefits.

**Part IV: Demonstrate parity through analysis.****Instructions for Part IV:**

To comply with A.R.S. § 20-3502(B)(3), for each NQTL listed in Part III, demonstrate through analysis that the process, strategy, evidentiary standard, and other factor of applying the NQTL to MH/SUD benefits in a classification of benefits, as written and in operation, is comparable to, and applied not more stringently than, any process, strategy, evidentiary standard or other factor used in applying the NQTL to Med/Surg benefits in the same classification. The report should define each "Other Factor" and include qualitative and quantitative statistical data to support and explain the analysis.

Identify and report on the NQTLs reported in Part III as follows:

- A. Classification - Inpatient, in-network
  1. Process
    - a. Process applying NQTL to MH/SUD benefit.
    - b. Process applying NQTL to Med/Surg benefit.
    - c. Analysis showing that the process of applying the NQTL to MH/SUD benefits, as written, is comparable to and not applied more stringently than to Med/Surg benefits.
    - d. Analysis showing that the process of applying the NQTL to MH/SUD benefits, in operation, is comparable to and not applied more stringently than to Med/Surg benefits.
  2. Strategy
    - a. Strategy applying NQTL to MH/SUD benefit.
    - b. Strategy applying NQTL to Med/Surg benefit.
    - c. Analysis showing that the strategy of applying the NQTL to MH/SUD benefits, as written, is comparable to and not applied more stringently than to Med/Surg benefits.
    - d. Analysis showing that the strategy of applying the NQTL to MH/SUD benefits, in operation, is comparable to and not applied more stringently than to Med/Surg benefits.
  3. Evidentiary Standard
    - a. Evidentiary standard applying NQTL to MH/SUD benefit.
    - b. Evidentiary standard applying NQTL to Med/Surg benefit.
    - c. Analysis showing that the evidentiary standard of applying the NQTL to MH/SUD benefits, as written, is comparable to and not applied more stringently than to Med/Surg benefits.
    - d. Analysis showing that the evidentiary standard of applying the NQTL to MH/SUD benefits, in operation, is comparable to and not applied more stringently than to Med/Surg benefits.
  4. Other Factor
    - a. Other factor applying NQTL to MH/SUD benefit.
    - b. Other factor applying NQTL to Med/Surg benefit.
    - c. Analysis showing that other factors used to apply the NQTL to MH/SUD benefits, as written, are comparable to and not applied more stringently than to Med/Surg benefits.

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- d. Analysis showing that other factors used to apply the NQTL to MH/SUD benefits, in operation, are comparable to and not applied more stringently than to Med/Surg benefits.
- B. Classification - Inpatient, out-of-network**
  - 1. Process
    - a. Process applying NQTL to MH/SUD benefit.
    - b. Process applying NQTL to Med/Surg benefit.
    - c. Analysis showing that the process of applying the NQTL to MH/SUD benefits, as written, is comparable to and not applied more stringently than to Med/Surg benefits.
    - d. Analysis showing that the process of applying the NQTL to MH/SUD benefits, in operation, is comparable to and not applied more stringently than to Med/Surg benefits.
  - 2. Strategy
    - a. Strategy applying NQTL to MH/SUD benefit.
    - b. Strategy applying NQTL to Med/Surg benefit.
    - c. Analysis showing that the strategy of applying the NQTL to MH/SUD benefits, as written, is comparable to and not applied more stringently than to Med/Surg benefits.
    - d. Analysis showing that the strategy of applying the NQTL to MH/SUD benefits, in operation, is comparable to and not applied more stringently than to Med/Surg benefits.
  - 3. Evidentiary Standard
    - a. Evidentiary standard applying NQTL to MH/SUD benefit.
    - b. Evidentiary standard applying NQTL to Med/Surg benefit.
    - c. Analysis showing that the evidentiary standard of applying the NQTL to MH/SUD benefits, as written, is comparable to and not applied more stringently than to Med/Surg benefits.
    - d. Analysis showing that the evidentiary standard of applying the NQTL to MH/SUD benefits, in operation, is comparable to and not applied more stringently than to Med/Surg benefits.
  - 4. Other Factor
    - a. Other factor applying NQTL to MH/SUD benefit.
    - b. Other factor applying NQTL to Med/Surg benefit.
    - c. Analysis showing that other factors used to apply the NQTL to MH/SUD benefits, as written, are comparable to and not applied more stringently than to Med/Surg benefits.
    - d. Analysis showing that other factors used to apply the NQTL to MH/SUD benefits, in operation, are comparable to and not applied more stringently than to Med/Surg benefits.
- C. Classification - Outpatient, in-network**
  - 1. Process
    - a. Process applying NQTL to MH/SUD benefit.
    - b. Process applying NQTL to Med/Surg benefit.
    - c. Analysis showing that the process of applying the NQTL to MH/SUD benefits, as written, is comparable to and not applied more stringently than to Med/Surg benefits.
    - d. Analysis showing that the process of applying the NQTL to MH/SUD benefits, in operation, is comparable to and not applied more stringently than to Med/Surg benefits.
  - 2. Strategy
    - a. Strategy applying NQTL to MH/SUD benefit.
    - b. Strategy applying NQTL to Med/Surg benefit.
    - c. Analysis showing that the strategy of applying the NQTL to MH/SUD benefits, as written, is comparable to and not applied more stringently than to Med/Surg benefits.
    - d. Analysis showing that the strategy of applying the NQTL to MH/SUD benefits, in operation, is comparable to and not applied more stringently than to Med/Surg benefits.
  - 3. Evidentiary Standard
    - a. Evidentiary standard applying NQTL to MH/SUD benefit.
    - b. Evidentiary standard applying NQTL to Med/Surg benefit.
    - c. Analysis showing that the evidentiary standard of applying the NQTL to MH/SUD benefits, as written, is comparable to and not applied more stringently than to Med/Surg benefits.
    - d. Analysis showing that the evidentiary standard of applying the NQTL to MH/SUD benefits, in operation, is comparable to and not applied more stringently than to Med/Surg benefits.
  - 4. Other Factor
    - a. Other factor applying NQTL to MH/SUD benefit.
    - b. Other factor applying NQTL to Med/Surg benefit.
    - c. Analysis showing that other factors used to apply the NQTL to MH/SUD benefits, as written, are comparable to and not applied more stringently than to Med/Surg benefits.
    - d. Analysis showing that other factors used to apply the NQTL to MH/SUD benefits, in operation, are comparable to and not applied more stringently than to Med/Surg benefits.
- D. Classification - Outpatient, out-of-network**
  - 1. Process
    - a. Process applying NQTL to MH/SUD benefit.
    - b. Process applying NQTL to Med/Surg benefit.

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- c. Analysis showing that the process of applying the NQTL to MH/SUD benefits, as written, is comparable to and not applied more stringently than to Med/Surg benefits.
    - d. Analysis showing that the process of applying the NQTL to MH/SUD benefits, in operation, is comparable to and not applied more stringently than to Med/Surg benefits.
  - 2. Strategy
    - a. Strategy applying NQTL to MH/SUD benefit.
    - b. Strategy applying NQTL to Med/Surg benefit.
    - c. Analysis showing that the strategy of applying the NQTL to MH/SUD benefits, as written, is comparable to and not applied more stringently than to Med/Surg benefits.
    - d. Analysis showing that the strategy of applying the NQTL to MH/SUD benefits, in operation, is comparable to and not applied more stringently than to Med/Surg benefits.
  - 3. Evidentiary Standard
    - a. Evidentiary standard applying NQTL to MH/SUD benefit.
    - b. Evidentiary standard applying NQTL to Med/Surg benefit.
    - c. Analysis showing that the evidentiary standard of applying the NQTL to MH/SUD benefits, as written, is comparable to and not applied more stringently than to Med/Surg benefits.
    - d. Analysis showing that the evidentiary standard of applying the NQTL to MH/SUD benefits, in operation, is comparable to and not applied more stringently than to Med/Surg benefits.
  - 4. Other Factor
    - a. Other factor applying NQTL to MH/SUD benefit.
    - b. Other factor applying NQTL to Med/Surg benefit.
    - c. Analysis showing that other factors used to apply the NQTL to MH/SUD benefits, as written, are comparable to and not applied more stringently than to Med/Surg benefits.
    - d. Analysis showing that other factors used to apply the NQTL to MH/SUD benefits, in operation, are comparable to and not applied more stringently than to Med/Surg benefits.
- E. Classification - Emergency care
  - 1. Process
    - a. Process applying NQTL to MH/SUD benefit.
    - b. Process applying NQTL to Med/Surg benefit.
    - c. Analysis showing that the process of applying the NQTL to MH/SUD benefits, as written, is comparable to and not applied more stringently than to Med/Surg benefits.
    - d. Analysis showing that the process of applying the NQTL to MH/SUD benefits, in operation, is comparable to and not applied more stringently than to Med/Surg benefits.
  - 2. Strategy
    - a. Strategy applying NQTL to MH/SUD benefit.
    - b. Strategy applying NQTL to Med/Surg benefit.
    - c. Analysis showing that the strategy of applying the NQTL to MH/SUD benefits, as written, is comparable to and not applied more stringently than to Med/Surg benefits.
    - d. Analysis showing that the strategy of applying the NQTL to MH/SUD benefits, in operation, is comparable to and not applied more stringently than to Med/Surg benefits.
  - 3. Evidentiary Standard
    - a. Evidentiary standard applying NQTL to MH/SUD benefit.
    - b. Evidentiary standard applying NQTL to Med/Surg benefit.
    - c. Analysis showing that the evidentiary standard of applying the NQTL to MH/SUD benefits, as written, is comparable to and not applied more stringently than to Med/Surg benefits.
    - d. Analysis showing that the evidentiary standard of applying the NQTL to MH/SUD benefits, in operation, is comparable to and not applied more stringently than to Med/Surg benefits.
  - 4. Other Factor
    - a. Other factor applying NQTL to MH/SUD benefit.
    - b. Other factor applying NQTL to Med/Surg benefit.
    - c. Analysis showing that other factors used to apply the NQTL to MH/SUD benefits, as written, are comparable to and not applied more stringently than to Med/Surg benefits.
    - d. Analysis showing that other factors used to apply the NQTL to MH/SUD benefits, in operation, are comparable to and not applied more stringently than to Med/Surg benefits.
- F. Classification - Prescription benefits
  - 1. Process
    - a. Process applying NQTL to MH/SUD benefit.
    - b. Process applying NQTL to Med/Surg benefit.
    - c. Analysis showing that the process of applying the NQTL to MH/SUD benefits, as written, is comparable to and not applied more stringently than to Med/Surg benefits.
    - d. Analysis showing that the process of applying the NQTL to MH/SUD benefits, in operation, is comparable to and not applied more stringently than to Med/Surg benefits.
  - 2. Strategy
    - a. Strategy applying NQTL to MH/SUD benefit.

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- b. Strategy applying NQTL to Med/Surg benefit.
- c. Analysis showing that the strategy of applying the NQTL to MH/SUD benefits, as written, is comparable to and not applied more stringently than to Med/Surg benefits.
- d. Analysis showing that the strategy of applying the NQTL to MH/SUD benefits, in operation, is comparable to and not applied more stringently than to Med/Surg benefits.
- 3. Evidentiary Standard
  - a. Evidentiary standard applying NQTL to MH/SUD benefit.
  - b. Evidentiary standard applying NQTL to Med/Surg benefit.
  - c. Analysis showing that the evidentiary standard of applying the NQTL to MH/SUD benefits, as written, is comparable to and not applied more stringently than to Med/Surg benefits.
  - d. Analysis showing that the evidentiary standard of applying the NQTL to MH/SUD benefits, in operation, is comparable to and not applied more stringently than to Med/Surg benefits.
- 4. Other Factor
  - a. Other factor applying NQTL to MH/SUD benefit.
  - b. Other factor applying NQTL to Med/Surg benefit.
  - c. Analysis showing that other factors used to apply the NQTL to MH/SUD benefits, as written, are comparable to and not applied more stringently than to Med/Surg benefits.
  - d. Analysis showing that other factors used to apply the NQTL to MH/SUD benefits, in operation, are comparable to and not applied more stringently than to Med/Surg benefits.

**Historical Note**

New Exhibit A made by final rulemaking at 28 A.A.R. 1824 (July 29, 2022), effective September 4, 2022 (Supp. 22-3).

**ARTICLE 14. INSURANCE HOLDING COMPANY****R20-6-1401. Definitions**

- A. "The Act" means the Insurance Holding Company Systems Act, A.R.S. §§ 20-481 through 20-481.32.
- B. "Executive officer" means chief executive officer, chief operating officer, chief financial officer, treasurer, secretary, controller, and any other individual performing functions corresponding to those performed by the foregoing officers under whatever title.
- C. "Ultimate controlling person" means that person which is not controlled by any other person.
- D. Unless the context otherwise requires, other terms found in these regulations and in A.R.S. § 20-481 are used as defined in the Act. Other nomenclature or terminology is according to Title 20, A.R.S. or industry usage if not defined by Title 20, A.R.S.

**Historical Note**

Adopted effective February 22, 1993 (Supp. 93-1). R20-6-1401 recodified from R4-14-1401 (Supp. 95-1).  
Amended by exempt rulemaking at 21 A.A.R. 54, effective February 14, 2015 (Supp. 14-4).

**R20-6-1402. Acquisition of Control – Statement Filing**

- A. A person required to file a statement pursuant to A.R.S. § 20-481.02 shall furnish the required information on Form A, attached hereto as Appendix A and on Form E, attached hereto as Appendix E, and described in subsections (D) and (E) of this Section.
- B. The applicant shall promptly advise the Director of any changes in the information furnished on Form A arising subsequent to the date upon which the information was furnished but prior to the Director's disposition of the application.
- C. If the person being acquired is deemed to be a "domestic insurer" solely because of the provisions of A.R.S. § 20-481.02(G), the name of the domestic insurer on the cover page should be indicated as follows: "[ABC Insurance Company], a subsidiary of [XYZ Holding Company]." Where a A.R.S. § 20-481.02(G) insurer is being acquired, references to "the insurer" contained in Form A shall refer to both the domestic subsidiary insurer and the person being acquired.
- D. If a domestic insurer, including any person controlling a domestic insurer, is proposing a merger or acquisition pursuant

to A.R.S. § 20-481.02(A), that person shall file a pre-acquisition notification form, Form E, which was developed pursuant to A.R.S. § 20-481.25(C).

- E. Additionally, if a non-domiciliary insurer licensed to do business in this state is proposing a merger or acquisition pursuant to A.R.S. § 20-481.25, that person shall file a pre-acquisition notification form, Form E. No pre-acquisition notification form need be filed if the acquisition is beyond the scope of A.R.S. § 20-481.25 as set forth in A.R.S. § 20-481.25(B).
- F. In addition to the information required by Form E, the Director may wish to require an expert opinion as to the competitive impact of the proposed acquisition.

**Historical Note**

Adopted effective February 22, 1993 (Supp. 93-1). R20-6-1402 recodified from R4-14-1402 (Supp. 95-1).  
Amended by exempt rulemaking at 21 A.A.R. 54, effective February 14, 2015 (Supp. 14-4).

**R20-6-1403. Annual Registration of Insurers – Statement Filing**

- A. An insurer required to file an annual registration statement pursuant to A.R.S. § 20-481.09 shall furnish the required information on Form B, attached hereto as Appendix B, in accordance with the instructions contained in Appendix G.
- B. Amendments to Form B shall be filed in the Form B format with only those items which are being amended reported. Each such amendment shall include at the top of the cover page "Amendment No. (insert number) to Form B for (insert year)" and shall indicate the date of the amendment and not the date of the original filings.

**Historical Note**

Adopted effective February 22, 1993 (Supp. 93-1). R20-6-1403 recodified from R4-14-1403 (Supp. 95-1).  
Amended by exempt rulemaking at 21 A.A.R. 54, effective February 14, 2015 (Supp. 14-4).

**R20-6-1404. Summary of Registration – Statement Filing**

An insurer required to file an annual registration statement pursuant to A.R.S. § 20-481.09 is also required to furnish information required on Form C, attached hereto as Appendix C.



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**Historical Note**

Adopted effective February 22, 1993 (Supp. 93-1). R20-6-1404 recodified from R4-14-1404 (Supp. 95-1).  
Amended by exempt rulemaking at 21 A.A.R. 54, effective February 14, 2015 (Supp. 14-4).

**R20-6-1405. Alternative and Consolidated Registrations**

- A.** Any authorized insurer may file a registration statement on behalf of any affiliated insurer or insurers which are required to register under A.R.S. § 20-481.09. A registration statement may include information not required by the Act regarding any insurer in the insurance holding company system even if such insurer is not authorized to do business in this state. In lieu of filing a registration statement on Form B, the authorized insurer may file a copy of the registration statement or similar report which it is required to file in its state of domicile, provided:
1. The statement or report contains substantially similar information required to be furnished on Form B; and
  2. The filing insurer is the principal insurance company in the insurance holding company system.
- B.** The question of whether the filing insurer is the principal insurance company in the insurance holding company system is a question of fact and an insurer filing a registration statement or report in lieu of Form B on behalf of an affiliated insurer, shall set forth a brief statement of facts which will substantiate the filing insurer's claim that it, in fact, is the principal insurer in the insurance holding company system.
- C.** With the prior approval of the Director, an unauthorized insurer may follow any of the procedures which could be done by an authorized insurer under subsection (A) above.
- D.** Any insurer may take advantage of the provisions of A.R.S. §§ 20-481.15 or 20-481.16 without obtaining the prior approval of the Director. The Director, however, reserves the right to require individual filings if he or she deems such filings necessary in the interest of clarity, ease of administration or the public good.

**Historical Note**

Adopted effective February 22, 1993 (Supp. 93-1). R20-6-1405 recodified from R4-14-1405 (Supp. 95-1).  
Amended by exempt rulemaking at 21 A.A.R. 54, effective February 14, 2015 (Supp. 14-4).

**R20-6-1406. Disclaimers and Termination of Registration**

- A.** A disclaimer of affiliation or a request for termination of registration claiming that a person does not, or will not upon the taking of some proposed action, control another person, hereinafter referred to in this rule as the "subject," shall contain the following information:
1. The number of authorized, issued and outstanding voting securities of the subject;
  2. With respect to the person whose control is denied and all affiliates of such person, the number and percentage of shares of the subject's voting securities which are held of record or known to be beneficially owned, and the number of shares concerning which there is a right to acquire, directly or indirectly;
  3. All material relationships and bases for affiliation between the subject and the person whose control is denied and all affiliates of such person;
  4. A statement explaining why the person should not be considered to control the subject.
- B.** A request for termination of registration shall be deemed to have been granted unless the director, within 30 days after receipt of the request, notifies the registrant otherwise.

**Historical Note**

Adopted effective February 22, 1993 (Supp. 93-1). R20-6-1406 recodified from R4-14-1406 (Supp. 95-1).  
Amended by exempt rulemaking at 21 A.A.R. 54, effective February 14, 2015 (Supp. 14-4).

**R20-6-1407. Transactions Subject to Prior Notice – Notice Filing**

- A.** An insurer required to give notice of a proposed transaction pursuant to A.R.S. § 20-481.12 shall furnish the required information on Form D, attached hereto as Appendix D, in accordance with the instructions in Appendix G.
- B.** Agreements for cost sharing services and management services shall at a minimum and as applicable:
1. Identify the person providing services and the nature of such services;
  2. Set forth the methods to allocate costs;
  3. Require timely settlement, not less frequently than on a quarterly basis, and compliance with the requirements in the Accounting Practices and Procedures Manual;
  4. Prohibit advancement of funds by the insurer to the affiliate except to pay for services defined in the agreement;
  5. State that the insurer will maintain oversight for functions provided to the insurer by the affiliate and that the insurer will monitor services annually for quality assurance;
  6. Define records and data of the insurer to include all records and data developed or maintained under or related to the agreement that are otherwise the property of the insurer, in whatever form maintained, including, but not limited to, claims and claim files, policyholder lists, application files, litigation files, premium records, rate books, underwriting manuals, personnel records, financial records, or similar records within the possession, custody, or control of the affiliate;
  7. Specify that all records and data of the insurer are and remain the property of the insurer, and;
    - a. Are subject to control of the insurer;
    - b. Are identifiable; and
    - c. Are segregated from all other persons' records and data and are readily capable of segregation at no additional cost to the insurer;
  8. State that all funds and invested assets of the insurer are the exclusive property of the insurer, held for the benefit of the insurer and are subject to the control of the insurer;
  9. Include standards for termination of the agreement with and without cause;
  10. Include provisions for indemnification of the insurer in the event of gross negligence or willful misconduct on the part of the affiliate providing the services and for any actions by the affiliate that violate the provisions of the agreement required in subsections (B)(11), (B)(12), (B)(13), (B)(14), and (B)(15);
  11. Specify that, if the insurer is placed into supervision, conservatorship, or receivership by the Director pursuant to A.R.S. §§ 20-169(3), 20-171(A), 20-172, or the Arizona Receivership Act:
    - a. All of the rights of the insurer under the agreement extend to the receiver or Director to the extent permitted by the law of Arizona;
    - b. All records and data of the insurer shall be identifiable and segregated from all other persons' records and data or readily capable of segregation at no additional cost to the receiver or the Director;
    - c. A complete set of records and data of the insurer will immediately be made available to the receiver or the

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Director, shall be made available in a usable format and shall be turned over to the receiver or Director immediately upon the receiver or the Director's request, and the cost to transfer data to the receiver or Director shall be fair and reasonable; and

- d. The affiliated person or persons will make available all employees essential to the operations of the insurer and the services associated therewith for the immediate continued performance of the essential services ordered or directed by the receiver or Director;
12. Specify that the affiliate has no automatic right to terminate the agreement if the insurer is placed into supervision, conservatorship, or receivership pursuant to A.R.S. §§ 20-169(3), 20-171(A), 20-172, or the Arizona Receivership Act;
13. Specify that the affiliate will provide the essential services for a minimum period of time after termination of the agreement, if the insurer is placed into supervision, conservatorship, or receivership pursuant to A.R.S. §§ 20-169(3), 20-171(A), 20-172, or the Arizona Receivership Act, as ordered or directed by the receiver or Director. Performance of the essential services will continue to be provided without regard to pre-receivership unpaid fees, so long as the affiliate continues to receive timely payment for post-receivership services rendered, and unless released by the receiver, Director, or supervising court;
14. Specify that the affiliate will continue to maintain any systems, programs, or other infrastructure notwithstanding supervision, conservatorship or receivership pursuant to A.R.S. §§ 20-169(3), 20-171(A), 20-172, or the Arizona Receivership Act, and will make them available to the receiver or Director as ordered or directed by the receiver or Director for so long as the affiliate continues to receive timely payment for post-receivership services rendered, and unless released by the receiver, Director, or supervising court; and
15. Specify that, in furtherance of the cooperation between the receiver and the affected guaranty association or associations and subject to the receiver's authority over the insurer, if the insurer is placed into supervision, conservatorship, or receivership pursuant to A.R.S. §§ 20-169(3), 20-171(A), 20-172, or the Arizona Receivership Act, and portions of the insurer's policies or contracts are eligible for coverage by one or more guaranty associations, the affiliate's commitments under subsections (B)(11), (B)(12), (B)(13), and (B)(14) will extend to those guaranty association or associations.

**Historical Note**

Adopted effective February 22, 1993 (Supp. 93-1). R20-6-1407 recodified from R4-14-1407 (Supp. 95-1).

Amended by exempt rulemaking at 21 A.A.R. 54, effective February 14, 2015 (Supp. 14-4). Amended by final rulemaking at 30 A.A.R. 482 (March 22, 2024), effective May 7, 2024 (Supp. 24-1).

**R20-6-1408. Enterprise Risk Report; Group Capital Calculation**

- A. The ultimate controlling person of an insurer required to file an enterprise risk report pursuant to A.R.S. § 481.10(D) shall furnish the required information on Form F, attached hereto as Appendix F.

- B. The lead state Commissioner has the discretion to exempt the ultimate controlling person from filing the annual group capital calculation if the lead state Commissioner makes a determination based upon the filing that the insurance holding company system meets all of the following criteria:

1. Has annual direct written and unaffiliated assumed premium, including international direct and assumed premium, but excluding premiums reinsured with the Federal Crop Insurance Corporation and Federal Flood Program of less than \$1,000,000,000;
2. Has no insurers within its holding company structure that are domiciled outside of the United States or one of its territories;
3. Has no banking, depository, or other financial entity that is subject to an identified regulatory capital framework within its holding company structure;
4. The holding company system attests that there are no material changes in the transactions between insurers and non-insurers in the group that have occurred since the last filing of the annual group capital calculation; and
5. The non-insurers within the holding company system do not pose a material financial risk to the insurer's ability to honor policyholder obligations.

- C. Where an insurance holding company system has previously filed the annual group capital calculation at least once, the lead state Commissioner has the discretion to accept, in lieu of the group capital calculation, a limited group capital filing if the insurance holding company system has annual direct written and unaffiliated assumed premium, including international direct and assumed premium but excluding premiums reinsured with the Federal Crop Insurance Corporation and Federal Flood Program, of less than \$1,000,000,000 and all of the following additional criteria are met:

1. Has no insurer within its holding company structure that are domiciled outside of the United States or one of its territories;
2. Does not include a banking, depository, or other financial entity that is subject to an identified regulatory capital framework; and
3. The holding company system attests that there are no material changes in transactions between insurers and non-insurers in the group that have occurred since the last filing of the report to the lead state Commissioner and the non-insurers within the holding company system do not pose a material financial risk to the insurers' ability to honor policyholder obligations.

- D. For an insurance holding company that has previously met an exemption with respect to the group capital calculation pursuant to subsections (B) or (C), the lead state Commissioner may require, at any time, the ultimate controlling person to file an annual group capital calculation, completed in accordance with the NAIC Group Capital Calculation Instructions, if any of the following criteria are met:

1. Any insurer within the insurance holding company system is in a Risk-Based Capital action level event as set forth in A.R.S. § 20-488.02 or a similar standard for a non-U.S. insurer;
2. Any insurer within the insurance holding company system meets one or more of the standards of an insurer deemed to be in hazardous financial condition as defined in A.R.S. § 20-220.01; or
3. Any insurer within the insurance holding company system otherwise exhibits qualities of a troubled insurer as determined by the lead state Commissioner based on

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unique circumstances including, but not limited to, the type and volume of business written, ownership and organizational structure, federal agency requests, and international supervisor requests.

**E.** A non-U.S. jurisdiction is considered to “recognize and accept” the group capital calculation if it satisfies the following criteria:

1. With respect to A.R.S. § 20-481.10(D)(2)(a)(iv):
  - a. The non-U.S. jurisdiction recognizes the U.S. state regulatory approach to group supervision and group capital by providing confirmation by a competent regulatory authority in such jurisdiction, that insurers and insurance groups whose lead state is accredited by the NAIC, under the NAIC Accreditation Program, shall be subject only to worldwide prudential insurance group supervision including worldwide group governance, solvency and capital, and reporting, as applicable, by the lead state and will not be subject to group supervision, including worldwide group governance, solvency and capital, and reporting, at the level of the worldwide parent undertaking of the insurance or reinsurance group by the non-U.S. jurisdiction; or
  - b. Where no U.S. insurance groups operate in the non-U.S. jurisdiction, the non-U.S. jurisdiction indicates formally in writing to the lead state, with a copy to the International Association of Insurance Supervisors, that the group capital calculation is an acceptable international capital standard. This will serve as documentation otherwise required in subsection (E)(1)(a).
2. The non-U.S. jurisdiction provides confirmation by a competent regulatory authority in such jurisdiction, that information regarding insurers and their parent, subsidiary, or affiliated entities, if applicable, shall be provided to the lead state Commissioner in accordance with a memorandum of understanding or similar document between the Commissioner and such jurisdiction, including but not limited to the International Association of Insurance Supervisors Multilateral Memorandum of Understanding or other multilateral memoranda of understanding coordinated by the NAIC. The Commissioner shall determine, in consultation with the NAIC Committee Process, if the requirements of the information sharing agreements are in force.

**F.** A list of non-U.S. jurisdictions that “recognize and accept” the group capital calculation will be published through the NAIC Committee Process:

1. A list of jurisdictions that “recognize and accept” the group capital calculation pursuant to A.R.S. § 20-481.10(D)(2)(a)(iv), is published through the NAIC Committee Process to assist the lead state Commissioner in determining which insurers shall file an annual group capital calculation. The list will clarify those situations in which a jurisdiction is exempted from filing under A.R.S. § 20-481.10(D)(2)(a)(iv). To assist with a determination under A.R.S. § 20-481.10(D)(2)(b), the list will also identify whether a jurisdiction that is exempted under either A.R.S. § 20-481.10(D)(2)(c) or (d) requires a group capital filing for any U.S. based insurance group’s operations in that non-U.S. jurisdiction.
2. For a non-U.S. jurisdiction where no U.S. insurance groups operate, the confirmation provided to meet the requirement of subsection (E)(1)(b) will serve as support

for recommendation to be published as a jurisdiction that “recognizes and accepts” the group capital calculation through the NAIC Committee Process.

3. If the lead state Commissioner makes a determination pursuant to A.R.S. § 20-481.10(D)(2)(a)(iv) that differs from the NAIC List, the lead state Commissioner shall provide thoroughly documented justification to the NAIC and other states.
4. Upon determination by the lead state Commissioner that a non-U.S. jurisdiction no longer meets one or more of the requirements to “recognize and accept” the group capital calculation, the lead state Commissioner may provide a recommendation to the NAIC that the non-U.S. jurisdiction be removed from the list of jurisdictions that “recognize and accept” the group capital calculation.

**Historical Note**

Adopted effective February 22, 1993 (Supp. 93-1). R20-6-1408 recodified from R4-14-1408 (Supp. 95-1). R20-6-1408 repealed; new Section R20-6-1408 made by exempt rulemaking at 21 A.A.R. 54, effective February 14, 2015 (Supp. 14-4). Amended by final rulemaking at 30 A.A.R. 482 (March 22, 2024), effective May 7, 2024 (Supp. 24-1).

**R20-6-1409. Extraordinary Dividends and Other Distributions**

**A.** Requests for approval of extraordinary dividends or any other extraordinary distribution to shareholders shall include the following:

1. The amount of the proposed dividend;
2. The date established for payment of the dividend;
3. A statement as to whether the dividend is to be in cash or other property and, if in property, a description thereof, its cost, and its fair market value together with an explanation of the basis for valuation;
4. A copy of the calculations determining that the proposed dividend is extraordinary. The work paper shall include the following information:
  - a. The amounts, dates and form of payment of all dividends or distributions, including regular dividends but excluding distributions of the insurer’s own securities, paid within the period of 12 consecutive months ending on the date fixed for payment of the proposed dividend for which approval is sought and commencing on the day after the same day of the same month in the last preceding year;
  - b. Surplus as regards policyholders, total capital and surplus, as of the 31st day of December next preceding;
  - c. If the insurer is a life insurer, the net gain from operations for the 12-month period ending the 31st day of December next preceding;
  - d. If the insurer is not a life insurer, the net income less realized capital gains for the 12-month period ending the 31st day of December next preceding and the two preceding 12-months periods; and
  - e. If the insurer is not a life insurer, the dividends paid to stockholders excluding distributions of the insurer’s own securities in the preceding two calendar years.
5. A balance sheet and statement of income for the period intervening from the last annual statement filed with the Director and the end of the month preceding the month in which the request for dividend approval is submitted; and

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6. A brief statement as to the effect of the proposed dividend upon the insurer's surplus and the reasonableness of surplus in relation to the insurer's outstanding liabilities and the adequacy of surplus relative to the insurer's financial needs.
- B. Subject to A.R.S. § 20-481.19, each registered insurer shall report to the Director all dividends and other distributions to shareholders within five business days following the declaration thereof and at least 10 business days before payment of the dividend or distribution, including the same information required by subsection (A)(4)(a) through (e) of this Section.

**Historical Note**

New Section made by exempt rulemaking at 21 A.A.R. 54, effective February 14, 2015 (Supp. 14-4). Amended by final rulemaking at 23 A.A.R. 3311, effective January 16, 2018 (Supp. 17-4). Amended by final rulemaking at

30 A.A.R. 482 (March 22, 2024), effective May 7, 2024 (Supp. 24-1).

**R20-6-1410. Adequacy of Surplus**

The factors set for in A.R.S. §§ 20-481.01(F) and 20-481.24 are not intended to be an exhaustive list. In determining the adequacy and reasonableness of an insurer's surplus no single factor is necessarily controlling. The Director instead will consider the net effect of all of these factors plus other factors bearing on the financial condition of the insurer. In comparing the surplus maintained by other insurers, the Director will consider the extent to which each of these factors varies from company to company and in determining the quality and liquidity of investments in subsidiaries, the Director will consider the individual subsidiary and may discount or disallow its valuation to the extent that the individual investments so warrant.

**Historical Note**

New Section made by exempt rulemaking at 21 A.A.R. 54, effective February 14, 2015 (Supp. 14-4).

**Appendix A. Form A - Statement Regarding the Acquisition of Control of or Merger with a Domestic Insurer****STATEMENT REGARDING THE ACQUISITION OF CONTROL OF OR MERGER WITH A DOMESTIC INSURER**

[Name of Domestic Insurer]

By

[Name of Acquiring Person (Applicant)]

Filed with the Arizona Department of Insurance and Financial Institutions

Dated: \_\_\_\_\_, 20\_\_\_\_

Name, Title, address and telephone number of Individual to Whom Notices and Correspondence Concerning this Statement Should be Addressed:

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**ITEM 1. METHOD OF ACQUISITION**

[State the name and address of the domestic insurer to which this application relates and a brief description of how control is to be acquired. State the federal identification number and the NAIC number of the domestic insurer.]

**ITEM 2. IDENTITY AND BACKGROUND OF THE APPLICANT**

- [(a) State the name and address of the applicant seeking to acquire control over the insurer.]
- [(b) If the applicant is not an individual, state the nature of its business operations for the past five years or for such lesser period as such person and any predecessors thereof shall have been in existence. Briefly describe the business intended to be done by the applicant and the applicant's subsidiaries.]
- [(c) Furnish a chart or listing clearly presenting the identities of the inter-relationships among the applicant and all affiliates of the applicant, including NAIC numbers for all insurers. No affiliate need be identified if its total assets are equal to less than one-half of 1% of the total assets of the ultimate controlling person affiliated with the applicant. Indicate in such chart or listing the percentage of voting securities of each such person which is owned or controlled by the applicant or by any other such person. If control of any person is maintained other than by the ownership or control of voting securities, indicate the basis of such control. As to each person specified in such chart or listing indicate, the type of organization (e.g. corporation, trust, partnership) and the state or other jurisdiction of domicile. If court proceedings involving a reorganization or liquidation are pending with respect to any such person, indicate which person, and set forth the title of the court, nature of proceedings and the date when commenced.]

**ITEM 3. IDENTITY AND BACKGROUND OF INDIVIDUALS ASSOCIATED WITH THE APPLICANT**

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[On the biographical affidavit, include a third party background check, and state the following with respect to (1) the applicant if they are an individual, or (2) all persons who are directors, executive officers or owners of 10% or more of the voting securities of the applicant if the applicant is not an individual.

- (a) Name and business address;
- (b) Present principal business activity, occupation or employment including position and office held and the name, principal business and address of any corporation or other organization in which such employment is carried on;
- (c) Material occupations, positions, offices or employment during the last five years, giving the starting and ending dates of each and the name, principal business and address of any business corporation or other organization in which each such occupation, position, office or employment was carried on; if any such occupation, position, office or employment required licensing by or registration with any federal, state or municipal governmental agency, indicate such fact, the current status of such licensing or registration, and an explanation of any surrender, revocation, suspension or disciplinary proceedings in connection therewith;
- (d) Whether or not such person has ever been convicted in a criminal proceeding (excluding minor traffic violations) during the last 10 years and, if so, give the date, nature of conviction, name and location of court, and penalty imposed or other disposition of the case;

Such persons may also submit fingerprints and the fingerprint processing fee in accordance with A.R.S. § 20-481.03(B).]

**ITEM 4. NATURE, SOURCE AND AMOUNT OF CONSIDERATION**

- [(a) Describe the nature, source and amount of funds or other considerations used or to be used in effecting the merger or other acquisition of control. If any part of the same is represented or is to be represented by funds or other consideration borrowed or otherwise obtained for the purpose of acquiring, holding or trading securities, furnish a description of the transaction, the names of the parties thereto, the relationship, if any, between the borrower and the lender, the amounts borrowed or to be borrowed, and copies of all agreements, promissory notes and security arrangements relating thereto.]
- [(b) Explain the criteria used in determining the nature and amount of such consideration.]
- [(c) If the source of the consideration is a loan made in the lender's ordinary course of business and if the applicant wishes the identity of the lender to remain confidential, he must specifically request that the identity be kept confidential.)

**ITEM 5. FUTURE PLANS OF INSURER**

[Describe any plans or proposals which the applicant may have to declare an extraordinary dividend, to liquidate the insurer, to sell its assets to or merge it with any person or persons or to make any other material change in its business operations or corporate structure or management.]

**ITEM 6. VOTING SECURITIES TO BE ACQUIRED**

[State the number of shares of the insurer's voting securities which the applicant, its affiliates and any person listed in Item 3 plan to acquire, and the terms of the offer, request, invitation, agreement or acquisition, and a statement as to the method by which the fairness of the proposal was arrived at.]

**ITEM 7. OWNERSHIP OF VOTING SECURITIES**

[State the amount of each class of any voting security of the insurer which is beneficially owned or concerning which there is a right to acquire beneficial ownership by the applicant, its affiliates or any person listed in Item 3.]

**ITEM 8. CONTRACTS, ARRANGEMENTS, OR UNDERSTANDINGS WITH RESPECT TO VOTING SECURITIES OF THE INSURER**

[Give a full description of any contracts, arrangements or understandings with respect to any voting security of the insurer in which the applicant, its affiliates or any person listed in Item 3 is involved, including but not limited to transfer of any of the securities, joint ventures, loan or option arrangements, puts or calls, guarantees of loans, guarantees against loss or guarantees of profits, division of losses or profits, or the giving or withholding of proxies. Such description shall identify the persons with whom the contracts, arrangements or understandings have been entered into.]

**ITEM 9. RECENT PURCHASES OF VOTING SECURITIES**

[Describe any purchases of any voting securities of the insurer by the applicant, its affiliates or any person listed in Item 3 during the 12 calendar months preceding the filing of this statement. Include in the description the dates of purchase, the names of the purchasers, and the consideration paid or agreed to be paid therefore. State whether any such shares so purchased are hypothecated.]

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**ITEM 10. RECENT RECOMMENDATIONS TO PURCHASE**

[Describe any recommendations to purchase any voting security of the insurer made by the applicant, its affiliates or any person listed in Item 3, or by anyone based upon interviews or at the suggestion of the applicant, its affiliates or any person listed in Item 3 during the 12 calendar months preceding the filing of this statement.]

**ITEM 11. AGREEMENTS WITH BROKER-DEALERS**

[Describe the terms of any agreement, contract or understanding made with any broker-dealer as to solicitation of voting securities of the insurer for tender and the amount of any fees, commissions or other compensation to be paid to broker-dealers with regard thereto.]

**ITEM 12. FINANCIAL STATEMENTS AND EXHIBITS**

- [(a) Financial statements, exhibits, and three-year financial projections of the insurer(s) shall be attached to this statement as an appendix, but list under this item the financial statements and exhibits so attached.]
- [(b) The financial statements shall include the annual financial statements of the persons identified in Item 2(c) for the preceding five fiscal years (or for such lesser period as such applicant and its affiliates and any predecessors thereof shall have been in existence), and similar information covering the period from the end of such person's last fiscal year, if the information is available. The statements may be prepared on either an individual basis, or, unless the Director otherwise requires, on a consolidated basis if consolidated statements are prepared in the usual course of business.

The annual financial statements of the applicant shall be accompanied by the certificate of an independent public accountant to the effect that such statements present fairly the financial position of the applicant and the results of its operations for the year then ended, in conformity with generally accepted accounting principles or with requirements of insurance or other accounting principles prescribed or permitted under law. If the applicant is an insurer which is actively engaged in the business of insurance, the financial statements need not be certified, provided they are based on the Annual Statement of the person filed with the insurance department of the person's domiciliary state and are in accordance with the requirements of insurance or other accounting principles prescribed or permitted under the law and regulations of the state.]

- [(c) File as exhibits copies of all tender offers for, requests or invitations for, tenders of, exchange offers for, and agreements to acquire or exchange any voting securities of the insurer and (if distributed) of additional soliciting material relating thereto, any proposed employment, consultation, advisory or management contracts concerning the insurer, annual reports to the stockholders of the insurer and the applicant for the last two fiscal years, and any additional documents or papers required by Form A or Appendix G.)

**ITEM 13. AGREEMENT REQUIREMENTS FOR ENTERPRISE RISK MANAGEMENT**

Applicant agrees to provide, to the best of its knowledge and belief, the information required by Form F within 15 days after the end of the month in which the acquisition of control occurs.

**ITEM 14. SIGNATURE AND CERTIFICATION**

[Signature and certification required as follows:]

**SIGNATURE**

Pursuant to the requirements of A.R.S. § 20-481.02 \_\_\_\_\_ has caused this application to be duly signed on its behalf in the City of \_\_\_\_\_ and State of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL)

Name of Applicant

BY \_\_\_\_\_

(Name)

\_\_\_\_\_  
(Title)

Attest:

TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

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(Signature of Officer)

\_\_\_\_\_  
(Title)

**CERTIFICATION**

The undersigned deposes and says that they have duly executed the attached application dated \_\_\_\_\_, 20\_\_\_\_, for and on behalf of \_\_\_\_\_; that they are the \_\_\_\_\_ of \_\_\_\_\_ of such company and that they are authorized to execute and file such instrument. Deponent further says that they are familiar with the instrument and the contents thereof, and that the facts therein set forth are true to the best of their knowledge, information and belief.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Type or print name beneath)

**Historical Note**

Adopted effective February 22, 1993 (Supp. 93-1). Amended by exempt rulemaking at 21 A.A.R. 54, effective February 14, 2015 (Supp. 14-4). Amended by final rulemaking at 30 A.A.R. 482 (March 22, 2024), effective May 7, 2024 (Supp. 24-1).

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## Appendix B. Form B - Insurance Holding Company System Annual Registration Statement

**INSURANCE HOLDING COMPANY SYSTEM ANNUAL REGISTRATION STATEMENT**

Filed with the Arizona Department of Insurance and Financial Institutions

By

\_\_\_\_\_  
[Name of Registrant]

On Behalf of Following Insurance Companies

Name                      Address

_____	_____
_____	_____
_____	_____

Date: \_\_\_\_\_, 20\_\_\_\_

Name, Title, Address and telephone number of Individual to Whom Notices and Correspondence Concerning This Statement Should Be Addressed:

_____
_____
_____

**ITEM 1. IDENTITY AND CONTROL OF REGISTRANT**

[Furnish the exact name of each insurer registering or being registered (hereinafter called "the Registrant"), the federal identification number and the NAIC number of each, the home office address and principal executive offices of each; the date on which each Registrant became part of the insurance holding company system; and the method(s) by which control of each Registrant was acquired and is maintained.]

**ITEM 2. ORGANIZATIONAL CHART**

[Furnish a chart or listing clearly presenting the identities of and interrelationships among all affiliated persons within the insurance holding company system. The chart or listing should show the percentage of each class of voting securities of each affiliate which is owned, directly or indirectly, by another affiliate. If control of any person within the system is maintained other than by the ownership or control of voting securities, indicate the basis of control. As to each person specified in the chart or listing, indicate the type of organization (e.g., - corporation, trust, partnership) and the state or other jurisdiction of domicile.]

**ITEM 3. THE ULTIMATE CONTROLLING PERSON**

[As to the ultimate controlling person in the insurance holding company system furnish the following information:

- (a) Name;
- (b) Home office address;
- (c) Principal executive office address;
- (d) The organizational structure of the person, i.e., corporation, partnership, individual, trust, etc.;
- (e) The principal business of the person;
- (f) The name and address of any person who holds or owns 10% or more of any class of voting security, the class of such security, the number of shares held of record or known to be beneficially owned, and the percentage of class so held or owned; and
- (g) If court proceedings involving a reorganization or liquidation are pending, indicate the title and location of the court, the nature of proceedings and the date when commenced.]

**ITEM 4. BIOGRAPHICAL INFORMATION**

[If the ultimate controlling person is a corporation, an organization, a limited liability company, or other legal entity, furnish the following information for the directors and executive officers of the ultimate controlling person: the individual's name and address, the individual's principal occupation and all offices and positions held during the past five years, and any conviction of



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crimes other than minor traffic violations. If the ultimate controlling person is an individual, furnish the individual's name and address, the individual's principal occupation and all offices and positions held during the past five years, and any conviction of crimes other than minor traffic violations.]

**ITEM 5. TRANSACTIONS AND AGREEMENTS**

[Briefly describe the following agreements in force, and transactions currently outstanding or which have occurred during the last calendar year between the Registrant and its affiliates:

- (a) Loans, other investments, or purchases, sales or exchanges of securities of the affiliates by the Registrant or of the Registrant by its affiliates;
- (b) Purchases, sales or exchanges of assets;
- (c) Transactions not in the ordinary course of business;
- (d) Guarantees or undertakings for the benefit of an affiliate which result in an actual contingent exposure of the Registrant's assets to liability, other than insurance contracts entered into in the ordinary course of the Registrant's business;
- (e) All management agreements, service contracts and all cost-sharing arrangements;
- (f) Reinsurance agreements;
- (g) Dividends and other distributions to shareholders;
- (h) Consolidated tax allocation agreements; and
- (i) Any pledge of the Registrant's stock and/or of the stock of any subsidiary or controlling affiliate, for a loan made to any member of the insurance holding company system.

No information need be disclosed if such information is not material for purposes of A.R.S. § 20-481.09.

Sales, purchases, exchanges, loans or extensions of credit, investments or guarantees involving one-half of 1% or less of the Registrant's admitted assets as of the 31st day of December next preceding shall not be deemed material.

The description shall be in a manner as to permit the proper evaluation thereof by the Director and shall include at least the following: the nature and purpose of the transaction, the nature and amounts of any payments or transfers of assets between the parties, the identity of all parties to the transaction, and relationship of the affiliated parties to the Registrant.]

**ITEM 6. LITIGATION OR ADMINISTRATIVE PROCEEDINGS**

[A brief description of any litigation or administrative proceedings of the following types, either then pending or concluded within the preceding fiscal year, to which the ultimate controlling person or any of its directors or executive officers was a party or of which the property of any such person is or was the subject; give the names of the parties and the court or agency in which the litigation or proceeding is or was pending:

- (a) Criminal prosecutions or administrative proceedings by any government agency or authority which may be relevant to the trustworthiness of any party thereto; and
- (b) Proceedings which may have a material effect upon the solvency or capital structure of the ultimate holding company including, but not necessarily limited to, bankruptcy, receivership or other corporate reorganizations.]

**ITEM 7.a. STATEMENT REGARDING PLAN OR SERIES OF TRANSACTIONS**

[The insurer shall furnish a statement that transactions entered into since the filing of the prior year's annual registration statement are not part of a plan or series of like transactions, the purpose of which is to avoid statutory threshold amounts and the review that might otherwise occur.]

**ITEM 7.b. STATEMENT REGARDING CORPORATE GOVERNANCE AND INTERNAL CONTROLS**

[The insurer shall furnish a statement that the insurer's board of directors oversees corporate governance and internal controls of the insurer and that the insurer's officers or senior management have approved, implemented and maintain and monitor corporate governance and internal control procedures.]

**ITEM 8. FINANCIAL STATEMENTS AND EXHIBITS**

- [(a) Financial statements and exhibits shall be attached to this statement as an appendix, but list under this item the financial statements and exhibits so attached.

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- (b) If the ultimate controlling person is a corporation, an organization, a limited liability company, or other legal entity, the financial statements shall include the annual financial statements of the ultimate controlling person in the insurance holding company system as of the end of the person's latest fiscal year.

If at the time of the initial registration, the annual financial statements for the latest fiscal year are not available, annual statements for the previous fiscal year may be filed and similar financial information shall be filed for any subsequent period to the extent such information is available. Such financial statements may be prepared on either an individual basis; or, unless the Director otherwise requires, on a consolidated basis if consolidated statements are prepared in the usual course of business.

Other than with respect to the foregoing, such financial statement shall be filed in a standard form and format adopted by the National Association of Insurance Commissioners, unless an alternative form is accepted by the Director. Documentation and financial statements filed with the Securities and Exchange Commission or audited GAAP financial statements shall be deemed to be an appropriate form and format.

Unless the Director otherwise permits, the annual financial statements shall be accompanied by the certificate of an independent public accountant to the effect that the statements present fairly the financial position of the ultimate controlling person and the results of its operations for the year then ended, in conformity with generally accepted accounting principles or with requirements of insurance or other accounting principles prescribed or permitted under law. If the ultimate controlling person is an insurer which is actively engaged in the business of insurance, the annual financial statements need not be certified, provided they are based on the Annual Statement of the insurer's domiciliary State and are in accordance with requirements of insurance or other accounting principles prescribed or permitted under the law and regulations of that state.

Any ultimate controlling person who is an individual may file personal financial statements that are reviewed rather than audited by an independent public accountant. The review shall be conducted in accordance with standards for review of personal financial statements published in the Personal Financial Statements Guide by the American Institute of Certified Public Accountants. Personal financial statements shall be accompanied by the independent public accountant's Standard Review Report stating that the accountant is not aware of any material modifications that should be made to the financial statements in order for the statements to be in conformity with generally accepted accounting principles.

- (c) Exhibits shall include copies of the latest annual reports to shareholders of the ultimate controlling person and proxy material used by the ultimate controlling person; and any additional documents or papers required by Forms B and G.]

**ITEM 9. FORM C REQUIRED**

[A Form C, Summary of Registration Statement, must be prepared and filed with this Form B.]

**ITEM 10. SIGNATURE AND CERTIFICATION**

[Signature and certification required as follows:]

**SIGNATURE**

Pursuant to the requirements of A.R.S. § 20-481.09, Registrant \_\_\_\_\_ has caused this annual registration statement to be duly signed on its behalf in the City of \_\_\_\_\_ and State of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL)

Name of Applicant

BY \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)

Attest:

\_\_\_\_\_  
(Signature of Officer)

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\_\_\_\_\_  
(Title)

**CERTIFICATION**

The undersigned deposes and says that they have duly executed the attached application dated \_\_\_\_\_, 20\_\_\_\_, for and on behalf of \_\_\_\_\_; that they are the \_\_\_\_\_ of \_\_\_\_\_ (Name of Applicant) (Title of Officer) of such company and that they are authorized to execute and file such instrument. Deponent further says that they are familiar with the instrument and the contents thereof, and that the facts therein set forth are true to the best of their knowledge, information and belief.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Type or print name beneath)

**Historical Note**

Adopted effective February 22, 1993 (Supp. 93-1). Amended by exempt rulemaking at 21 A.A.R. 54, effective February 14, 2015 (Supp. 14-4). Amended by final rulemaking at 30 A.A.R. 482 (March 22, 2024), effective May 7, 2024 (Supp. 24-1).

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## Appendix C. Form C - Summary of Changes to Registration Statement

**SUMMARY OF CHANGES TO REGISTRATION STATEMENT**

Filed with the Arizona Department of Insurance and Financial Institutions

By

\_\_\_\_\_  
[Name of Registrant]

On Behalf of Following Insurance Companies

Name          Address

_____	_____
_____	_____
_____	_____

Dated: \_\_\_\_\_, 20\_\_\_\_

Name, Title, Address and telephone number of Individual to Whom Notices and Correspondence Concerning This Statement Should Be Addressed:

_____
_____
_____

[Furnish a brief description of all items in the current annual registration statement which represent changes from the prior year's annual registration statement. The description shall be in a manner as to permit the proper evaluation thereof by the Director, and shall include specific references to Item numbers in the annual registration statement and to the terms contained therein.]

Changes occurring under Item 2 of Form B insofar as changes in the percentage of each class of voting securities held by each affiliate is concerned, need only be included where such changes are ones which result in ownership or holdings of 10% or more of voting securities, loss or transfer of control, or acquisition or loss of partnership interest.

Changes occurring under Item 4 of Form B need only be included where: an individual is, for the first time, made a director or executive officer of the ultimate controlling person; a director or executive officer terminates his or her responsibilities with the ultimate controlling person; or in the event an individual is named president of the ultimate controlling person.

If a transaction disclosed on the prior year's annual registration statement has been changed, the nature of such change shall be included. If a transaction disclosed on the prior year's annual registration statement has been effectuated, furnish the mode of completion and any flow of funds between affiliates resulting from the transaction.

The insurer shall furnish a statement that transactions entered into since the filing of the prior year's annual registration statement are not part of a plan or series of like transactions whose purpose it is to avoid statutory threshold amounts and the review that might otherwise occur.]

**SIGNATURE AND CERTIFICATION**

[Signature and certification required as follows:]

Pursuant to the requirements of A.R.S. § 20-481.09, Registrant \_\_\_\_\_ has caused this annual registration statement to be duly signed on its behalf in the City of \_\_\_\_\_ and State of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL)

Name of Applicant

BY \_\_\_\_\_  
(Name)\_\_\_\_\_  
(Title)

Attest:

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\_\_\_\_\_  
(Signature of Officer)

\_\_\_\_\_  
(Title)

**CERTIFICATION**

The undersigned deposes and says that they have duly executed the attached annual registration statement dated \_\_\_\_\_, 20\_\_\_\_, for and on behalf of \_\_\_\_\_; that they are the \_\_\_\_\_

(Name of Applicant)

(Title of Officer)

of such company and that they are authorized to execute and file such instrument. Deponent further says that they are familiar with the instrument and the contents thereof, and that the facts therein set forth are true to the best of their knowledge, information and belief.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Type or print name beneath)

**Historical Note**

Adopted effective February 22, 1993 (Supp. 93-1). Amended by exempt rulemaking at 21 A.A.R. 54, effective February 14, 2015 (Supp. 14-4). Amended by final rulemaking at 30 A.A.R. 482 (March 22, 2024), effective May 7, 2024 (Supp. 24-1).

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## Appendix D. Form D - Prior Notice of a Transaction

**PRIOR NOTICE OF A TRANSACTION**

Filed with the Arizona Department of Insurance and Financial Institutions

By

\_\_\_\_\_  
[Name of Registrant]

On Behalf of Following Insurance Companies

Name          Address


Dated: \_\_\_\_\_, 20\_\_\_\_

Name, Title, Address and telephone number of Individual to Whom Notices and Correspondence Concerning This Statement Should Be Addressed:


**ITEM 1. IDENTITY OF PARTIES TO TRANSACTION**

[Furnish the following information for each of the parties to the transaction:

- (a) Name;
- (b) Home office address;
- (c) Principal executive office address;
- (d) The organizational structure, i.e. corporation, partnership, individual, trust, etc.;
- (e) A description of the nature of the parties' business operations;
- (f) Relationship, if any, of other parties to the transaction to the insurer filing the notice, including any ownership or debtor/creditor interest by any other parties to the transaction in the insurer seeking approval, or by the insurer filing the notice in the affiliated parties;
- (g) Where the transaction is with a non-affiliate, the name(s) of the affiliate(s) which will receive, in whole or in substantial part, the proceeds of the transaction.]

**ITEM 2. DESCRIPTION OF THE TRANSACTION**

[Furnish the following information for each transaction for which notice is being given:

- (a) A statement as to whether notice is being given under A.R.S. § 20-481.12(B);
- (b) A statement of the nature of the transaction;
- (c) If a notice for amendments or modifications, the reasons for the change and the financial impact on the domestic insurer;
- (d) A statement of how the transaction meets the "fair and reasonable" standard of A.R.S. § 20-481.12(A)(1); and
- (e) The proposed effective date of the transaction.]

**ITEM 3. SALES, PURCHASES, EXCHANGES, LOANS, EXTENSIONS OF CREDIT, GUARANTEES OR INVESTMENTS**

[Furnish a brief description of the amount and source of funds, securities, property or other consideration for the sale, purchase, exchange, loan, extension of credit, guarantee, or investment, whether any provision exists for purchase by the insurer filing notice, by any party to the transaction, or by any affiliate of the insurer filing notice, a description of the terms of any securities

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being received, if any, and a description of any other agreements relating to the transaction such as contracts or agreements for services, consulting agreements and the like. If the transaction involves other than cash, furnish a description of the consideration, its cost and its fair market value, together with an explanation of the basis for evaluation.

If the transaction involves a loan, extension of credit or a guarantee, furnish a description of the maximum amount which the insurer will be obligated to make available under such loan, extension of credit or guarantee, the date on which the credit or guarantee will terminate, and any provisions for the accrual of or deferral of interest.

If the transaction involves an investment, guarantee or other arrangement, state the time period during which the investment, guarantee or other arrangement will remain in effect, together with any provisions for extensions or renewals of such investments, guarantees or arrangements. Furnish a brief statement as to the effect of the transaction upon the insurer's surplus.

No notice need be given if the maximum amount which can at any time be outstanding or for which the insurer can be legally obligated under the loan, extension of credit or guarantee is less than (a) in the case of non-life insurers, the lesser of 3% of the insurer's admitted assets or 25% of surplus as regards policyholders, or (b) in the case of life insurers, 3% of the insurer's admitted assets, each as of the 31st day of December next preceding.]

**ITEM 4. LOANS OR EXTENSIONS OF CREDIT TO A NON-AFFILIATE**

[If the transaction involves a loan or extension of credit to any person who is not an affiliate, furnish a brief description of the agreement or understanding whereby the proceeds of the proposed transaction, in whole or in substantial part, are to be used to make loans or extensions of credit to, to purchase the assets of, or to make investments in, any affiliate of the insurer making such loans or extensions of credit, and specify in what manner the proceeds are to be used to loan to, extend credit to, purchase assets of or make investments in any affiliate. Describe the amount and source of funds, securities, property or other consideration for the loan or extension of credit and, if the transaction is one involving consideration other than cash, a description of its cost and its fair market value together with an explanation of the basis for evaluation. Furnish a brief statement as to the effect of the transaction upon the insurer's surplus.

No notice need be given if the loan or extension of credit is one which equals less than, in the case of non-life insurers, the lesser of 3% of the insurer's admitted assets or 25% of surplus as regards policyholders or, with respect to life insurers, 3% of the insurer's admitted assets, each as of the 31st day of December next preceding.]

**ITEM 5. REINSURANCE**

[If the transaction is a reinsurance agreement or modification thereto, as described by A.R.S. § 20-481.12(B)(3)(b), or a reinsurance pooling agreement or modification thereto as described by A.R.S. § 20-481.12(B)(3)(a), furnish a description of the known and/or estimated amount of liability to be ceded and/or assumed in each calendar year, the period of time during which the agreement will be in effect, and a statement whether an agreement or understanding exists between the insurer and non-affiliate to the effect that any portion of the assets constituting the consideration for the agreement will be transferred to one or more of the insurer's affiliates. Furnish a brief description of the consideration involved in the transaction, and a brief statement as to the effect of the transaction upon the insurer's surplus.

No notice need be given for reinsurance agreements or modifications thereto if the reinsurance premium or a change in the insurer's liabilities, or the projected reinsurance premium or change in the insurer's liabilities in any of the next three years, in connection with the reinsurance agreement or modification thereto is less than 5% of the insurer's surplus as regards policyholders, as of the 31st day of December next preceding. Notice shall be given for all reinsurance pooling agreements including modifications thereto.]

**ITEM 6. MANAGEMENT AGREEMENTS, SERVICE AGREEMENTS AND COST-SHARING ARRANGEMENTS**

[For management and service agreements, furnish:

- (a) A brief description of the managerial responsibilities, or services to be performed;
- (b) A brief description of the agreement, including a statement of its duration, together with brief descriptions of the basis for compensation and the terms under which payment or compensation is to be made.]

[For cost-sharing arrangements, furnish:

- (a) A brief description of the purpose of the agreement;
- (b) A description of the period of time during which the agreement is to be in effect;
- (c) A brief description of each party's expenses or costs covered by the agreement;
- (d) A brief description of the accounting basis to be used in calculating each party's costs under the agreement;]
- (e) A brief statement as to the effect of the transaction upon the insurer's policyholder surplus;

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- (f) A statement regarding the cost allocation methods that specifies whether proposed charges are based on "cost or market." If market based, rationale for using market instead of cost, including justification for the company's determination that amounts are fair and reasonable; and
- (g) A statement regarding compliance with the NAIC Accounting Practices and Procedure Manual regarding expense allocation.]

**ITEM 7. SIGNATURE AND CERTIFICATION**

[Signature and certification required as follows:]

**SIGNATURE**

Pursuant to the requirements of A.R.S. § 20-481.09, \_\_\_\_\_ has caused this application to be duly signed on its behalf in the City of \_\_\_\_\_ and State of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Name of ApplicantBy \_\_\_\_\_  
(Name)\_\_\_\_\_  
(Title)

Attest:

\_\_\_\_\_  
(Signature of Officer)\_\_\_\_\_  
(Title)**CERTIFICATION**

The undersigned deposes and says that they have duly executed the attached application dated \_\_\_\_\_, 20\_\_\_\_, for and on behalf of \_\_\_\_\_; that they are the \_\_\_\_\_ (Title of Officer) of such company and that they are authorized to execute and file such instrument. Deponent further says that they are familiar with the instrument and the contents thereof, and that the facts therein set forth are true to the best of their knowledge, information and belief.

\_\_\_\_\_  
(Signature)\_\_\_\_\_  
(Type or print name beneath)**Historical Note**

Adopted effective February 22, 1993 (Supp. 93-1). Amended by exempt rulemaking at 21 A.A.R. 54, effective February 14, 2015 (Supp. 14-4). Amended by final rulemaking at 30 A.A.R. 482 (March 22, 2024), effective May 7, 2024 (Supp. 24-1).



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**Appendix E. Form E - Pre-acquisition Notification Form Regarding the Potential Competitive Impact of a Proposed Merger or Acquisition by a Non-domiciliary Insurer Doing Business in this State or by a Domestic Insurer**

**PRE-ACQUISITION NOTIFICATION FORM  
REGARDING THE POTENTIAL COMPETITIVE IMPACT  
OF A PROPOSED MERGER OR ACQUISITION BY A  
NON-DOMICILIARY INSURER DOING BUSINESS IN THIS  
STATE OR BY A DOMESTIC INSURER**

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Name of Other Person Involved in Merger or Acquisition

**Filed with the Arizona Department of Insurance and Financial Institutions**

Dated: \_\_\_\_\_, 20\_\_\_\_

Name, title, address and telephone number of person completing this statement:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ITEM 1. NAME AND ADDRESS**

[State the name and addresses of the persons who hereby provide notice of their involvement in a pending acquisition or change in corporate control.]

**ITEM 2. NAME AND ADDRESSES OF AFFILIATED COMPANIES**

[State the names and addresses of the persons affiliated with those listed in Item 1. Describe their affiliations.]

**ITEM 3. NATURE AND PURPOSE OF THE PROPOSED MERGER OR ACQUISITION**

[State the nature and purpose of the proposed merger or acquisition.]

**ITEM 4. NATURE OF BUSINESS**

[State the nature of the business performed by each of the persons identified in response to Item 1 and Item 2.]

**ITEM 5. MARKET AND MARKET SHARE**

[State specifically what market and market share in each relevant insurance market the persons identified in Item 1 and Item 2 currently enjoy in this state. Provide historical market and market share data for each person identified in Item 1 and Item 2 for the past five years and identify the source of such data. Provide a determination as to whether the proposed acquisition or merger, if consummated, would violate the competitive standards of the state as stated in A.R.S. § 20-481.25(D). If the proposed acquisition or merger would violate competitive standards, provide justification of why the acquisition or merger would not substantially lessen competition or create a monopoly in the state.]

For purposes of this question, market means direct written insurance premium in this state for a line of business as contained in the annual statement required to be filed by insurers licensed to do business in this state.

**Historical Note**

Adopted effective February 22, 1993 (Supp. 93-1). Appendix E. *Instructions on Forms*, renumbered to Appendix G; new Appendix E. Form E made by exempt rulemaking at 21 A.A.R. 54, effective February 14, 2015 (Supp. 14-4). Amended by final rulemaking at 30 A.A.R. 482 (March 22, 2024), effective May 7, 2024 (Supp. 24-1).

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## Appendix F. Form F - Enterprise Risk Report

**ENTERPRISE RISK REPORT**

Filed with the Arizona Department of Insurance and Financial Institutions

By

\_\_\_\_\_  
Name of Registrant/Applicant

On Behalf of/Related to Following Insurance Companies

Name            Address

_____	_____
_____	_____
_____	_____
_____	_____

Dated: \_\_\_\_\_, 20\_\_\_\_

Name, Title, Address and telephone number of Individual to Whom Notices and Correspondence Concerning This Statement Should be Addressed:

_____
_____
_____

**ITEM 1. ENTERPRISE RISK**

[The Registrant/Applicant, to the best of its knowledge and belief, shall provide information regarding the following areas that could produce enterprise risk as defined in A.R.S. § 20-481(4), provided such information is not disclosed in the Insurance Holding Company System Annual Registration Statement filed on behalf of itself or another insurer for which it is the ultimate controlling person:

Any material developments regarding strategy, internal audit findings, compliance or risk management affecting the insurance holding company system;

Acquisition or disposal of insurance entities and reallocating of existing financial or insurance entities with the insurance holding company system;

Any changes of shareholders of the insurance holding company system exceeding 10% or more of voting securities;

Developments in various investigations, regulatory activities or litigation that may have a significant bearing or impact on the insurance holding company system;

Business plan of the insurance holding company system and summarized strategies for next 12 months;

Identification of material concerns of the insurance holding company system raised by supervisory college, if any, in last year;

Identification of insurance holding company system capital resources and material distribution patterns;

Identification of any negative movement, or discussions with rating agencies which may have caused, or may cause, potential negative movement in the credit ratings and individual insurer financial strength ratings assessment of the insurance holding company system (include both the rating score and outlook);

Information on corporate or parental guarantees throughout the holding company and the expected source of liquidity should such guarantees be called upon; and

Identification of any material activity or development of the insurance holding company system that, in the opinion of senior management, could adversely affect the insurance holding company system.

[The Registrant/Applicant may attach the appropriate form most recently filed with the U.S. Securities and Exchange Commission, provided the Registrant/Applicant includes specific references to those areas listed in Item 1 for which the form provides responsive information. If the Registrant/Applicant is not domiciled in the U.S., it may attach its most recent public audited financial statement filed in its country of domicile, provided the Registrant/Applicant includes specific references to those areas listed in Item 1 for which the financial statement provides responsive information.]

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**ITEM 2. OBLIGATION TO REPORT**

[If the Registrant/Applicant has not disclosed any information pursuant to Item 1, the Registrant/Applicant shall include a statement affirming that, to the best of its knowledge and belief, it has not identified enterprise risk subject to disclosure pursuant to Item 1.]

**Historical Note**

Appendix F, Form F made by exempt rulemaking at 21 A.A.R. 54, effective February 14, 2015 (Supp. 14-4). Amended by final rulemaking at 30 A.A.R. 482 (March 22, 2024), effective May 7, 2024 (Supp. 24-1).

**Appendix G. Instructions on Forms A, B, C, D, E and F****INSTRUCTIONS ON FORMS A, B, C, D, E AND F****FORMS - GENERAL REQUIREMENTS**

Forms A, B, C, D, E and F are intended to be guides in the preparation of the statements required by A.R.S. §§ 20-481.02, 20-481.09, 20-481.12 and 20-481.25. They are not intended to be blank forms which are to be filled in. The statements filed shall contain the numbers and captions of all items, but the text of the items may be omitted provided the answers thereto are prepared in such a manner as to indicate clearly the scope and coverage of the items. All instructions, whether appearing under the items of the form or elsewhere therein, are to be omitted. Unless expressly provided otherwise, if any item is inapplicable or the answer thereto is in the negative, an appropriate statement to that effect shall be made.

One original paper statement excluding exhibits, and all other papers and documents shall be filed with the Director. The statement shall be signed in the manner prescribed on the form. If the signature of any person is affixed pursuant to a power of attorney or other similar authority, a copy of such power of attorney or other authority shall also be filed with the statement. All paper filings shall be by personal delivery or mail addressed to: Arizona Department of Insurance and Financial Institutions, Insurance Financial Affairs Division.

In addition to the filed paper statement, a copy of the statement, including exhibits, and all other papers and documents filed as a part thereof, shall be filed electronically.

All filed documents shall be easily readable and suitable for review and reproduction. Debits in credit categories and credits in debit categories shall be designated so as to be clearly distinguishable as such on photocopies. Statements shall be in the English language and monetary values shall be stated in United States currency. If any exhibit or other paper or document filed with the statement is in a foreign language, it shall be accompanied by a translation into the English language and any monetary value shown in a foreign currency normally shall be converted into United States currency.

If an applicant requests a hearing on a consolidated basis under A.R.S. § 20-481.07, in addition to filing the Form A with the Director, the applicant shall file a copy of Form A with the National Association of Insurance Commissioners (NAIC) in electronic form.

**FORMS - INCORPORATION BY REFERENCE, SUMMARIES AND OMISSIONS**

Information required by any item of Form A, Form B, Form D, Form E or Form F may be incorporated by reference in answer or partial answer to any other item. Information contained in any financial statement, annual report, proxy statement, statement filed with a governmental authority, or any other document may be incorporated by reference in answer or partial answer to any item of Form A, Form B, Form D, Form E or Form F provided the document is filed as an exhibit to the statement. Excerpts of documents may be filed as exhibits if the documents are extensive. Documents currently on file with the Director which were filed within three years need not be attached as exhibits. References to information contained in exhibits or in documents already on file shall clearly identify the material and shall specifically indicate that such material is to be incorporated by reference in answer to the item. Matter shall not be incorporated by reference in any case where such incorporation would render the statement incomplete, unclear or confusing.

Where an item requires a summary or outline of the provisions of any document, only a brief statement shall be made as to the pertinent provisions of the document. In addition to the statement, the summary or outline may incorporate by reference particular parts of any exhibit or document currently on file with the Director which was filed within three years and may be qualified in its entirety by such reference. In any case where two or more documents required to be filed as exhibits are substantially identical in all material respects except as to the parties thereto, the dates of execution, or other details, a copy of only one of the documents need be filed with a schedule identifying the omitted documents and setting forth the material details in which the documents differ from the documents, a copy of which is filed.

**FORMS - INFORMATION UNKNOWN OR UNAVAILABLE AND EXTENSION OF TIME TO FURNISH**

If it is impractical to furnish any required information, document or report at the time it is required to be filed, there shall be filed with the Director as a separate document:

- (1) Identifying the information, document or report in question;
- (2) Stating why the filing thereof at the time required is impractical; and

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- (3) Requesting an extension of time for filing the information, document or report to a specified date. The request for extension shall be deemed granted unless the Director within 60 days after receipt thereof enters an order denying the request.

**FORMS - ADDITIONAL INFORMATION AND EXHIBITS**

In addition to the information expressly required to be included in Form A, Form B, Form C, Form D, Form E and Form F, the Director may request such further information, if any, as may be necessary to make the information contained therein not misleading. The person filing may also file such exhibits as it may desire in addition to those expressly required by the forms. The exhibits shall be so marked as to indicate clearly the subject matters to which they refer. Changes to Forms A, B, C, D, E or F shall include on the top of the cover page the phrase: "Change No. (insert number) to" and shall indicate the date of the change and not the date of the original filing.

**Historical Note**

Appendix G. *Instructions on Forms*, renumbered from Appendix E. *Instructions on Forms*, with heading amended to include new Appendix F, by exempt rulemaking at 21 A.A.R. 54, effective February 14, 2015 (Supp. 14-4). Amended by final rulemaking at 30 A.A.R. 482 (March 22, 2024), effective May 7, 2024 (Supp. 24-1).

**ARTICLE 15. RESERVED****ARTICLE 16. CREDIT FOR REINSURANCE****R20-6-1601. Renumbered****Historical Note**

Adopted effective February 3, 1993 (Supp. 93-1). R20-6-1601 recodified from R4-14-1601 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final exempt rulemaking, under Laws 2015, Ch. 119, § 3, effective November 30, 2015 (Supp. 15-4). R20-6-1601 renumbered to R20-6-A1601 by final rulemaking at 28 A.A.R. 493 (March 4, 2022), effective April 9, 2022 (Supp. 22-1).

**R20-6-1602. Renumbered****Historical Note**

Adopted effective February 3, 1993 (Supp. 93-1). R20-6-1602 recodified from R4-14-1602 (Supp. 95-1). R20-6-1602 renumbered to R20-6-1607; new Section made by final exempt rulemaking, under Laws 2015, Ch. 119, § 3, effective November 30, 2015 (Supp. 15-4). R20-6-1602 renumbered to R20-6-A1602 by final rulemaking at 28 A.A.R. 493 (March 4, 2022), effective April 9, 2022 (Supp. 22-1).

**R20-6-1603. Renumbered****Historical Note**

Adopted effective February 3, 1993 (Supp. 93-1). R20-6-1603 recodified from R4-14-1603 (Supp. 95-1). R20-6-1603 renumbered to R20-6-1608; new Section made by final exempt rulemaking, under Laws 2015, Ch. 119, § 3, effective November 30, 2015 (Supp. 15-4). R20-6-1603 renumbered to R20-6-A1603 by final rulemaking at 28 A.A.R. 493 (March 4, 2022), effective April 9, 2022 (Supp. 22-1).

**R20-6-1604. Renumbered****Historical Note**

Adopted effective February 3, 1993 (Supp. 93-1). R20-6-1604 recodified from R4-14-1604 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). R20-6-1604 renumbered to R20-6-1609; new Section made by final exempt rulemaking, under Laws 2015, Ch. 119, § 3, effective November 30, 2015 (Supp. 15-4). R20-6-1604 renumbered to R20-6-A1604 by final rulemaking at 28

A.A.R. 493 (March 4, 2022), effective April 9, 2022 (Supp. 22-1).

**R20-6-1605. Renumbered****Historical Note**

Adopted effective February 3, 1993 (Supp. 93-1). R20-6-1605 recodified from R4-14-1605 (Supp. 95-1). R20-6-1605 renumbered to R20-6-1610; new Section made by final exempt rulemaking, under Laws 2015, Ch. 119, § 3, effective November 30, 2015 (Supp. 15-4). R20-6-1605 renumbered to R20-6-A1605 by final rulemaking at 28 A.A.R. 493 (March 4, 2022), effective April 9, 2022 (Supp. 22-1).

**R20-6-1606. Renumbered****Historical Note**

Adopted effective February 3, 1993 (Supp. 93-1). R20-6-1606 recodified from R4-14-1606 (Supp. 95-1). R20-6-1606 renumbered to R20-6-1611; new Section made by final exempt rulemaking, under Laws 2015, Ch. 119, § 3, effective November 30, 2015 (Supp. 15-4). R20-6-1606 renumbered to R20-6-A1606 by final rulemaking at 28 A.A.R. 493 (March 4, 2022), effective April 9, 2022 (Supp. 22-1).

**R20-6-1607. Renumbered****Historical Note**

Adopted effective February 3, 1993 (Supp. 93-1). R20-6-1607 recodified from R4-14-1607 (Supp. 95-1). Section R20-6-1607 renumbered to R20-6-1612; new Section R20-6-1607 renumbered from R20-6-1602 and amended by final exempt rulemaking, under Laws 2015, Ch. 119, § 3, effective November 30, 2015 (Supp. 15-4). R20-6-1607 renumbered to R20-6-A1607 by final rulemaking at 28 A.A.R. 493 (March 4, 2022), effective April 9, 2022 (Supp. 22-1).

**R20-6-1608. Renumbered****Historical Note**

New Section R20-6-1608 renumbered from R20-6-1603 and amended by final exempt rulemaking, under Laws 2015, Ch. 119, § 3, effective November 30, 2015 (Supp. 15-4). R20-6-1608 renumbered to R20-6-A1608 by final

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rulemaking at 28 A.A.R. 493 (March 4, 2022), effective April 9, 2022 (Supp. 22-1).

**R20-6-1609. Repealed****Historical Note**

New Section R20-6-1609 renumbered from R20-6-1604 and amended by final exempt rulemaking, under Laws 2015, Ch. 119, § 3, effective November 30, 2015 (Supp. 15-4). Repealed by final rulemaking at 28 A.A.R. 493 (March 4, 2022), effective April 9, 2022 (Supp. 22-1).

**R20-6-1610. Renumbered****Historical Note**

New Section R20-6-1610 renumbered from R20-6-1605 by final exempt rulemaking, under Laws 2015, Ch. 119, § 3, effective November 30, 2015 (Supp. 15-4). R20-6-1610 renumbered to R20-6-B1601 by final rulemaking at 28 A.A.R. 493 (March 4, 2022), effective April 9, 2022 (Supp. 22-1).

**R20-6-1611. Renumbered****Historical Note**

New Section R20-6-1611 renumbered from R20-6-1606 and amended by final exempt rulemaking, under Laws 2015, Ch. 119, § 3, effective November 30, 2015 (Supp. 15-4). R20-6-1611 renumbered to R20-6-B1602 by final rulemaking at 28 A.A.R. 493 (March 4, 2022), effective April 9, 2022 (Supp. 22-1).

**R20-6-1612. Renumbered****Historical Note**

New Section R20-6-1612 renumbered from R20-6-1607 and amended by final exempt rulemaking, under Laws 2015, Ch. 119, § 3, effective November 30, 2015 (Supp. 15-4). R20-6-1612 renumbered to R20-6-B1603 by final rulemaking at 28 A.A.R. 493 (March 4, 2022), effective April 9, 2022 (Supp. 22-1).

**PART A. CREDIT FOR REINSURANCE****R20-6-A1601. Credit for Reinsurance – Reinsurer Licensed in Arizona**

Pursuant to A.R.S. § 20-3602(C) the Director shall allow credit for reinsurance ceded by a domestic insurer to an assuming insurer that was licensed in Arizona as of any date on which statutory financial statement credit for reinsurance is claimed.

**Historical Note**

New Section R20-6-A1601 renumbered from R20-6-1601 and amended by final rulemaking at 28 A.A.R. 493 (March 4, 2022), effective April 9, 2022 (Supp. 22-1).

**R20-6-A1602. Credit for Reinsurance – Accredited Reinsurers**

**A.** Pursuant to A.R.S. § 20-3602(D) the Director shall allow credit for reinsurance ceded by a domestic insurer to an assuming insurer that is accredited as a reinsurer in Arizona as of the date on which statutory financial statement credit for reinsurance is claimed.

**B.** An accredited reinsurer must:

1. File a properly executed Form AR-1, attached as Exhibit A to this Part, as evidence of its submission to the Director's jurisdiction and to the Director's authority to examine its books and records;
2. File with the Director a certified copy of a certificate of authority or other acceptable evidence that it is licensed

to transact insurance or reinsurance in at least one state, or, in the case of a U.S. branch of an alien assuming insurer, is entered through and licensed to transact insurance or reinsurance in at least one state;

3. File annually with the Director a copy of its annual statement filed with the insurance department of its state of domicile or, in the case of an alien assuming insurer, with the state through which it is entered and in which it is licensed to transact insurance or reinsurance, and a copy of its most recent audited financial statement; and
  4. Maintain a surplus as regards policyholders in an amount not less than \$20 million, or obtain the affirmative approval of the Director upon a finding that it has adequate financial capacity to meet its reinsurance obligations and is otherwise qualified to assume reinsurance from domestic insurers.
- C.** If the Director determines that the assuming insurer has failed to meet or maintain any of these qualifications, the Director may upon written notice and opportunity for hearing, suspend or revoke the accreditation. Credit shall not be allowed a domestic ceding insurer under this Section if the assuming insurer's accreditation has been revoked by the Director, or if the reinsurance was ceded while the assuming insurer's accreditation was under suspension by the Director.

**Historical Note**

New Section R20-6-A1602 renumbered from R20-6-1602 and amended by final rulemaking at 28 A.A.R. 493 (March 4, 2022), effective April 9, 2022; clerical error under subsection (B)(1) referencing Form AR-1 as an Appendix A corrected to Exhibit A (Supp. 22-1).

**R20-6-A1603. Credit for Reinsurance – Reinsurer Domiciled in Another State**

**A.** Pursuant to A.R.S. § 20-3602(E) the Director shall allow credit for reinsurance ceded by a domestic insurer to an assuming insurer that as of any date on which statutory financial credit for reinsurance is claimed:

1. Is domiciled in (or, in the case of a U.S. branch of an alien assuming insurer, is entered through) a state that employs standards regarding credit for reinsurance substantially similar to those applicable under A.R.S. Title 20, Chapter 30 and this Part;
2. Maintains a surplus as regards policyholders in an amount not less than \$20 million; and
3. Files a properly executed Form AR-1 (Exhibit A) with the Director as evidence of the submission to the Director's authority to examine its books and records.

**B.** The provisions of this Section relating to surplus as regards policyholders shall not apply to reinsurance ceded and assumed pursuant to pooling arrangements among insurers in the same holding company system. As used in this Section, "substantially similar" standards means credit for reinsurance standards that the Director determines equal or exceed the standards of A.R.S. Title 20, Chapter 30 and this Part.

**Historical Note**

New Section R20-6-A1603 renumbered from R20-6-1603 and amended by final rulemaking at 28 A.A.R. 493 (March 4, 2022), effective April 9, 2022 (Supp. 22-1).

**R20-6-A1604. Credit for Reinsurance – Reinsurers Maintaining Trust Funds**

**A.** Pursuant to A.R.S. § 20-3602(F) and (F)(1), the Director shall allow credit for reinsurance ceded by a domestic insurer to an assuming insurer which, as of any date on which statutory

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financial statement credit for reinsurance is claimed, and thereafter for so long as credit for reinsurance is claimed, maintains a trust fund in an amount prescribed below in a qualified U.S. financial institution as defined in A.R.S. § 20-3601 for the payment of the valid claims of its U.S. domiciled ceding insurers, their assigns and successors in interest. The assuming insurer shall report annually to the Director substantially the same information as that required to be reported on the National Association of Insurance Commissioners (NAIC) annual statement form by licensed insurers, to enable the Director to determine the sufficiency of the trust fund.

**B.** The following requirements apply to the following categories of assuming insurer:

1. The trust fund for a single assuming insurer shall consist of funds in trust in an amount not less than the assuming insurer's liabilities attributable to reinsurance ceded by U.S. domiciled insurers, and in addition, the assuming insurer shall maintain a trustee surplus of not less than \$20 million, except as provided in subsection (B)(2).
2. At any time after the assuming insurer has permanently discontinued underwriting new business secured by the trust for at least three full years, the commissioner with principal regulatory oversight of the trust may authorize a reduction in the required trustee surplus, but only after a finding, based on an assessment of the risk, that the new required surplus level is adequate for the protection of U.S. ceding insurers, policyholders and claimants in light of reasonably foreseeable adverse loss development. The risk assessment may involve an actuarial review, including an independent analysis of reserves and cash flows, and shall consider all material risk factors, including when applicable the lines of business involved, the stability of the incurred loss estimates and the effect of the surplus requirements on the assuming insurer's liquidity or solvency. The minimum required trustee surplus may not be reduced to an amount less than 30% of the assuming insurer's liabilities, attributable to reinsurance ceded by U.S. ceding insurers covered by the trust.
3. The trust fund for a group including incorporated and individual unincorporated underwriters:
  - a. Shall consist of:
    - i. For reinsurance ceded under reinsurance agreements with an inception, amendment or renewal date on or after January 1, 1993, funds in trust in an amount not less than the respective underwriters' several liabilities attributable to business ceded by U.S. domiciled ceding insurers to any underwriter of the group;
    - ii. For reinsurance ceded under reinsurance agreements with an inception date on or before December 31, 1992, and not amended or renewed after that date, notwithstanding the other provisions of this Part, funds in trust in an amount not less than the respective underwriters' several insurance and reinsurance liabilities attributable to business written in the United States; and
    - iii. In addition to these trusts, the group shall maintain a trustee surplus of which \$100 million shall be held jointly for the benefit of the U.S. domiciled ceding insurers of any member of the group for all the years of account.
  - b. The incorporated members of the group shall not be engaged in any business other than underwriting as a

member of the group and shall be subject to the same level of regulation and solvency control by the group's domiciliary regulator as are the unincorporated members. The group shall, within 90 days after its financial statements are due to be filed with the group's domiciliary regulator, provide to the Director:

- i. An annual certification by the group's domiciliary regulator of the solvency of each underwriter member of the group; or
  - ii. If a certification is unavailable, a financial statement, prepared by independent public accountants, of each underwriter member of the group.
4. The trust fund for a group of incorporated insurers under common administration, whose members possess aggregate policyholders surplus of \$10 billion (calculated and reported in substantially the same manner as prescribed by the annual statement instructions and Accounting Practices and Procedures Manual of the NAIC) and which has continuously transacted an insurance business outside the United States for at least three years immediately prior to making application for accreditation, shall:
    - a. Consist of funds in trust in an amount no less than the assuming insurers' several liabilities attributable to business ceded by U.S. domiciled ceding insurers to any members of the group pursuant to reinsurance contracts issued in the name of such group;
    - b. Maintain a joint trustee surplus of which \$100 million shall be held jointly for the benefit of U.S. domiciled ceding insurers of any member of the group; and
    - c. File a properly executed Form AR-1 (Exhibit A) as evidence of the submission to the Director's authority to examine the books and records of any of its members and shall certify that any member examined will bear the expense of any such examination.
    - d. Within 90 days after the statements are due to be filed with the group's domiciliary regulator, the group shall file with the Director an annual certification of each underwriter member's solvency by the member's domiciliary regulators, and financial statements, prepared by independent public accountants, of each underwriter member of the group.
  - C.** Credit for reinsurance shall not be granted unless the form of the trust and any amendments to the trust have been approved by either the commissioner of the state where the trust is domiciled or the commissioner of another state who, pursuant to the terms of the trust instrument, has accepted responsibility for regulatory oversight of the trust. The form of the trust and any trust amendments also shall be filed with the commissioner of every state in which the ceding insurer beneficiaries of the trust are domiciled.
    1. The trust instrument shall provide that:
      - a. Contested claims shall be valid and enforceable out of funds in trust to the extent remaining unsatisfied 30 days after entry of the final order of any court of competent jurisdiction in the United States;
      - b. Legal title to the assets of the trust shall be vested in the trustee for the benefit of the grantor's U.S. ceding insurers, their assigns and successors in interest;
      - c. The trust shall be subject to examination as determined by the commissioner;

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- d. The trust shall remain in effect for as long as the assuming insurer, or any member or former member of a group of insurers, shall have outstanding obligations under reinsurance agreements subject to the trust; and
  - e. No later than February 28 of each year the trustee of the trust shall report to the commissioner in writing setting forth the balance in the trust and listing the trust's investments at the preceding year-end, and shall certify the date of termination of the trust, if so planned, or certify that the trust shall not expire prior to the following December 31.
2. Notwithstanding any other provisions in the trust instrument;
- a. If the trust fund is inadequate because it contains an amount less than the amount required by this Section or if the grantor of the trust has been declared insolvent or placed into receivership, rehabilitation, liquidation, or similar proceedings under the laws of its state or country of domicile, the trustee shall comply with an order of the commissioner with regulatory oversight over the trust or with an order of a court of competent jurisdiction directing the trustee to transfer to the commissioner with regulatory oversight over the trust or other designated receiver all of the assets of the trust fund.
  - b. The assets shall be distributed by and claims shall be filed with and valued by the commissioner with regulatory oversight over the trust in accordance with the laws of the state in which the trust is domiciled applicable to the liquidation of domestic insurance companies.
  - c. If the commissioner with regulatory oversight over the trust determines that the assets of the trust fund or any part thereof are not necessary to satisfy the claims of the U.S. beneficiaries of the trust, the commissioner with regulatory oversight over the trust shall return the assets, or any part thereof, to the trustee for distribution in accordance with the trust agreement.
  - d. The grantor shall waive any right otherwise available to it under U.S. law that is inconsistent with this provision.
- D.** For purposes of this Section, the term "liabilities" shall mean the assuming insurer's gross liabilities attributable to reinsurance ceded by U.S. domiciled insurers excluding liabilities that are otherwise secured by acceptable means, and, shall include:
- 1. For business ceded by domestic insurers authorized to write accident and health, and property and casualty insurance:
    - a. Losses and allocated loss expenses paid by the ceding insurer, recoverable from the assuming insurer;
    - b. Reserves for losses reported and outstanding;
    - c. Reserves for losses incurred but not reported;
    - d. Reserves for allocated loss expenses; and
    - e. Unearned premiums.
  - 2. For business ceded by domestic insurers authorized to write life, health and annuity insurance:
    - a. Aggregate reserves for life policies and contracts net of policy loans and net due, and deferred premiums;
    - b. Aggregate reserves for accident and health policies;
    - c. Deposit funds and other liabilities without life or disability contingencies; and
    - d. Liabilities for policy and contract claims.
- E.** Assets deposited in trusts established pursuant to A.R.S. § 20-3602 and this Section shall be valued according to their current fair market value and shall consist only of cash in U.S. dollars, certificates of deposit issued by a U.S. financial institution as defined in A.R.S. § 20-3601, clean, irrevocable, unconditional, and "evergreen" letters of credit issued or confirmed by a qualified U.S. financial institution as defined in A.R.S. § 20-3601, and investments of the type specified in this subsection, but investments in or issued by an entity controlling, controlled by or under common control with either the grantor or beneficiary of the trust shall not exceed 5% of total investments. No more than 20% of the total of the investments in the trust may be foreign investments authorized under subsections (E)(1)(e), (E)(3), (E)(6)(b), or (E)(7), and no more than 10% of the total of the investments in the trust may be securities denominated in foreign currencies. For purposes of applying the preceding sentence, a depository receipt denominated in U.S. dollars and representing rights conferred by a foreign security shall be classified as a foreign investment denominated in a foreign currency. The assets of a trust established to satisfy the requirements of A.R.S. § 20-3602 shall be invested only as follows:
- 1. Government obligations that are not in default as to principal or interest that are valid and legally authorized and that are issued, assumed, or guaranteed by:
    - a. The United States or by any agency or instrumentality of the United States;
    - b. A state of the United States;
    - c. A territory, possession, or other governmental unit of the United States;
    - d. An agency or instrumentality of a governmental unit referred to in subsections (E)(1)(b) and (E)(1)(c) if the obligations shall be by law (statutory or otherwise) payable, as to both principal and interest, from taxes levied or by law required to be levied or from adequate special revenues pledged or otherwise appropriated or by law required to be provided for making these payments, but shall not be obligations eligible for investment under this subsection (E)(1)(d) if payable solely out of special assessments on properties benefited by local improvements; or
    - e. The government of any other country that is a member of the Organization for Economic Cooperation and Development and whose government obligations are rated A or higher, or the equivalent, by a rating agency recognized by the Securities Valuation Office of the NAIC;
  - 2. Obligations that are issued in the United States, or that are dollar denominated and issued in a non-U.S. market, by a solvent U.S. institution (other than an insurance company) or that are assumed or guaranteed by a solvent U.S. institution (other than an insurance company) and that are not in default as to principal or interest if the obligations:
    - a. Are rated A or higher (or the equivalent) by a securities rating agency recognized by the Securities Valuation Office of the NAIC, or if not so rated, are similar in structure and other material respects to other obligations of the same institution that are so rated;
    - b. Are insured by at least one authorized insurer (other than the investing insurer or a parent, subsidiary or affiliate of the investing insurer) licensed to insure

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- obligations in Arizona and, after considering the insurance, are rated AAA (or the equivalent) by a securities rating agency recognized by the Securities Valuation Office of the NAIC; or
- c. Have been designated as Class One or Class Two by the Securities Valuation Office of the NAIC;
3. Obligations issued, assumed or guaranteed by a solvent non-U.S. institution chartered in a country that is a member of the Organization for Economic Cooperation and Development or obligations of U.S. corporations issued in a non-U.S. currency, provided that in either case the obligations are rated A or higher, or the equivalent, by a rating agency recognized by the Securities Valuation Office of the NAIC;
4. An investment made pursuant to the provisions of subsections (E)(1), (E)(2), or (E)(3) shall be subject to the following additional limitations;
- a. An investment in or loan upon the obligations of an institution other than an institution that issues mortgage-related securities shall not exceed 5% of the assets of the trust;
- b. An investment in any one mortgage-related security shall not exceed 5% of the assets of the trust;
- c. The aggregate total investment in mortgage-related securities shall not exceed 25% of the assets of the trust; and
- d. Preferred or guaranteed shares issued or guaranteed by a solvent U.S. institution are permissible investments if all of the institution's obligations are eligible as investments under subsections (E)(2)(a) and (E)(2)(c), but shall not exceed 2% of the assets of the trust.
5. As used in this Section:
- a. "Mortgage-related security" means an obligation that is rated AA or higher (or the equivalent) by a securities rating agency recognized by the Securities Valuation Office of the NAIC and that either:
- i. Represents ownership of one or more promissory notes or certificates of interest or participation in the notes (including any rights designed to assure servicing of, or the receipt or timeliness of receipt by the holders of the notes, certificates, or participation of amounts payable under, the notes, certificates or participation), that: (1) Are directly secured by a first lien on a single parcel of real estate, including stock allocated to a dwelling unit in a residential cooperative housing corporation, upon which is located a dwelling or mixed residential and commercial structure, or on a residential manufactured home as defined in 42 U.S.C.A. 5402(6), whether the manufactured home is considered real or personal property under the laws of the state in which it is located; and (2) Were originated by a savings and loan association, savings bank, commercial bank, credit union, insurance company, or similar institution that is supervised and examined by a federal or state housing authority, or by a mortgagee approved by the Secretary of Housing and Urban Development pursuant to 12 U.S.C.A. 1709 and 1715-b, or, where the notes involve a lien on the manufactured home, by an institution or by a financial institution approved for insurance by the Secretary of Housing and Urban Development pursuant to 12 U.S.C.A. 1703; or
- ii. Is secured by one or more promissory notes or certificates of deposit or participations in the notes (with or without recourse to the insurer of the notes) and, by its terms, provides for payments of principal in relation to payments, or reasonable projections of payments, or notes meeting the requirements of subsection (E)(5)(a)(i);
- b. "Promissory note," when used in connection with a manufactured home, shall also include a loan, advance, or credit sale as evidenced by a retail installment sales contract or other instrument.
6. Equity interests.
- a. Investments in common shares or partnership interests of a solvent U.S. institution are permissible if:
- i. Its obligations and preferred shares, if any, are eligible as investments under this Section; and
- ii. The equity interests of the institution (except an insurance company) are registered on a national securities exchange as provided in the Securities Exchange Act of 1934, 15 U.S.C. 78a - 78kk or otherwise registered pursuant to that Act, and if otherwise registered, price quotations for them are furnished through a nationwide automated quotations system approved by the Financial Industry Regulatory Authority, or successor organization. A trust shall not invest in equity interests under this Section an amount exceeding 1% of the assets of the trust even though the equity interests are not so registered and are not issued by an insurance company;
- b. Investments in common shares of a solvent institution organized under the laws of a country that is a member of the Organization for Economic Cooperation and Development, if:
- i. All its obligations are rated A or higher, or the equivalent, by a rating agency recognized by the Securities Valuation Office of the NAIC; and
- ii. The equity interests of the institution are registered on a securities exchange regulated by the government of a country that is a member of the Organization for Economic Cooperation and Development;
- c. An investment in or loan upon any one institution's outstanding equity interests shall not exceed 1% of the assets of the trust. The cost of an investment in equity interests made pursuant to this subsection (E)(6), when added to the aggregate cost of other investments in equity interests then held pursuant to this subsection (E)(6), shall not exceed 10% of the assets in the trust;
7. Obligations issued, assumed or guaranteed by a multinational development bank, provided the obligations are rated A or higher, or the equivalent, by a rating agency recognized by the Securities Valuation Office of the NAIC.
8. Investment companies.
- a. Securities of an investment company registered pursuant to the Investment Company Act of 1940, 15



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U.S.C. 80a, are permissible investments if the investment company:

- i. Invests at least 90% of its assets in the types of securities that qualify as an investment under subsection (E)(1), (E)(2), or (E)(3) or invests in securities that are determined by the Director to be substantively similar to the types of securities set forth in subsection (E)(1), (E)(2), or (E)(3); or
- ii. Invests at least 90% of its assets in the types of equity interests that qualify as an investment under subsection (E)(6)(a);
- b. Investments made by a trust in investment companies under this subsection (E)(8) shall not exceed the following limitations:
  - i. An investment in an investment company qualifying under subsection (E)(8)(a)(i) shall not exceed 10% of the assets in the trust and the aggregate amount of investment in qualifying investment companies shall not exceed 25% of the assets in the trust, and
  - ii. Investments in an investment company qualifying under subsection (E)(8)(a)(ii) shall not exceed 5% of the assets in the trust and the aggregate amount of investment in qualifying investment companies shall be included when calculating the permissible aggregate value of equity interests pursuant to subsection (E)(6)(a).

9. Letters of Credit.

- a. In order for a letter of credit to qualify as an asset of the trust, the trustee shall have the right and the obligation pursuant to the deed of trust or some other binding agreement (as duly approved by the Director) to immediately draw down the full amount of the letter of credit and hold the proceeds in trust for the beneficiaries of the trust if the letter of credit will otherwise expire without being renewed or replaced.
- b. The trust agreement shall provide that the trustee shall be liable for its negligence, willful misconduct, or lack of good faith. The failure of the trustee to draw against the letter of credit in circumstances where such draw would be required shall be deemed to be negligence and/or willful misconduct.

- F. A specific security provided to a ceding insurer by an assuming insurer pursuant to Section R20-6-A1607 shall be applied, until exhausted, to the payment of liabilities of the assuming insurer to the ceding insurer holding the specific security prior to, and as a condition precedent for, presentation of a claim by the ceding insurer for payment by a trustee of a trust established by the assuming insurer pursuant to this Section.

**Historical Note**

New Section R20-6-A1604 renumbered from R20-6-1604 and amended by final rulemaking at 28 A.A.R. 493 (March 4, 2022), effective April 9, 2022; the redundant phrase “of this Section” was removed when followed by a subsection reference (Supp. 22-1).

**R20-6-A1605. Credit for Reinsurance – Certified Reinsurers**

- A. Pursuant to A.R.S. §§ 20-3602(G), the Director shall allow credit for reinsurance ceded by a domestic insurer to an assuming insurer that has been certified as a reinsurer in Arizona at all times for which statutory financial statement credit for reinsurance is claimed under this Section. The credit allowed shall

be based upon the security held by or on behalf of the ceding insurer in accordance with a rating assigned to the certified reinsurer by the Director. The security shall be in a form consistent with the provisions of A.R.S. §§ 20-3602(G), and 20-3603 and R20-6-A1608 or R20-6-A1609(A). The amount of security required in order for full credit to be allowed shall correspond with the following requirements:

1. Ratings Security Required
  - a. Secure-1 0%
  - b. Secure-2 10%
  - c. Secure-3 20%
  - d. Secure-4 50%
  - e. Secure-5 75%
  - f. Vulnerable-6 100%
2. Affiliated reinsurance transactions shall receive the same opportunity for reduced security requirements as all other reinsurance transactions.
3. The Director shall require the certified reinsurer to post 100%, for the benefit of the ceding insurer or its estate, security upon the entry of an order of rehabilitation, liquidation, or conservation against the ceding insurer.
4. In order to facilitate the prompt payment of claims, a certified reinsurer shall not be required to post security for catastrophe recoverables for a period of one year from the date of the first instance of a liability reserve entry by the ceding company as a result of a loss from a catastrophic occurrence as recognized by the Director. The one year deferral period is contingent upon the certified reinsurer continuing to pay claims in a timely manner. Reinsurance recoverables for only the following lines of business as reported on the NAIC annual financial statement related specifically to the catastrophic occurrence will be included in the deferral:
  - a. Line 1: Fire
  - b. Line 2: Allied Lines
  - c. Line 3: Farmowners multiple peril
  - d. Line 4: Homeowners multiple peril
  - e. Line 5: Commercial multiple peril
  - f. Line 9: Inland Marine
  - g. Line 12: Earthquake
  - h. Line 21: Auto physical damage
5. Credit for reinsurance under this Section shall apply only to reinsurance contracts entered into or renewed on or after the effective date of the certification of the assuming insurer. Any reinsurance contract entered into prior to the effective date of the certification of the assuming insurer that is subsequently amended after the effective date of the certification of the assuming insurer, or a new reinsurance contract covering any risk for which collateral was provided previously, shall only be subject to this Section with respect to losses incurred and reserves reported from and after the effective date of the amendment or new contract.
6. Nothing in this Section shall prohibit the parties to a reinsurance agreement from agreeing to provisions establishing security requirements that exceed the minimum security requirements established for certified reinsurers under this Section.

**B. Certification Procedure.**

1. The Director shall post notice on the insurance department’s website promptly upon receipt of any application for certification, including instructions on how members of the public may respond to the application. The Director may not take final action on the application until at

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least 30 days after posting the notice required by this subsection (B)(1).

2. The Director shall issue written notice to an assuming insurer that has made application and been approved as a certified reinsurer. Included in such notice shall be the rating assigned the certified reinsurer in accordance with subsection (A). The Director shall publish a list of all certified reinsurers and their ratings.
  3. In order to be eligible for certification, the assuming insurer shall meet the following requirements:
    - a. The assuming insurer must be domiciled and licensed to transact insurance or reinsurance in a Qualified Jurisdiction, as determined by the Director pursuant to subsection (C).
    - b. The assuming insurer must maintain capital and surplus, or its equivalent, of no less than \$250 million calculated in accordance with subsection (B)(4)(h). This requirement may also be satisfied by an association including incorporated and individual unincorporated underwriters having minimum capital and surplus equivalents (net of liabilities) of at least \$250 million and a central fund containing a balance of at least \$250 million.
    - c. The assuming insurer must maintain financial strength ratings from two or more rating agencies deemed acceptable by the Director. These ratings shall be based on interactive communication between the rating agency and the assuming insurer and shall not be based solely on publicly available information. These financial strength ratings will be one factor used by the Director in determining the rating that is assigned to the assuming insurer. Acceptable rating agencies include the following:
      - i. Standard & Poor's;
      - ii. Moody's Investors Service;
      - iii. Fitch Ratings;
      - iv. A.M. Best Company; or
      - v. Any other Nationally Recognized Statistical Rating Organization.
    - d. The certified reinsurer must comply with any other requirements reasonably imposed by the Director.
  4. Each certified reinsurer shall be rated on a legal entity basis, with due consideration being given to the group rating where appropriate, except that an association including incorporated and individual unincorporated underwriters that has been approved to do business as a single certified reinsurer may be evaluated on the basis of its group rating. Factors that may be considered as part of the evaluation process include, but are not limited to, the following:
    - a. The certified reinsurer's financial strength rating from an acceptable rating agency. The maximum rating that a certified reinsurer may be assigned will correspond to its financial strength rating as outlined in the Table 1. The Director shall use the lowest financial strength rating received from an approved rating agency in establishing the maximum rating of a certified reinsurer. A failure to obtain or maintain at least two financial strength ratings from acceptable rating agencies will result in loss of eligibility for certification as outlined in Table 1.
    - b. The business practices of the certified reinsurer in dealing with its ceding insurers, including its record of compliance with reinsurance contractual terms and obligations;
  - c. For certified reinsurers domiciled in the U.S., a review of the most recent applicable NAIC Annual Statement Blank, either Schedule F (for property/casualty reinsurers) or Schedule S (for life and health reinsurers);
  - d. For certified reinsurers not domiciled in the U.S., a review annually of Form CR-F (instructions attached as Exhibit C) for property/casualty reinsurers or Form CR-S (instructions attached as Exhibit D) for life and health reinsurers;
  - e. The reputation of the certified reinsurer for prompt payment of claims under reinsurance agreements, based on an analysis of ceding insurers' Schedule F reporting of overdue reinsurance recoverables, including the proportion of obligations that are more than 90 days past due or are in dispute, with specific attention given to obligations payable to companies that are in administrative supervision or receivership;
  - f. Regulatory actions against the certified reinsurer;
  - g. The report of the independent auditor on the financial statements of the insurance enterprise, on the basis described in subsection (B)(4)(h);
  - h. For certified reinsurers not domiciled in the U.S., audited financial statements, regulatory filings, and actuarial opinion (as filed with the non-U.S. jurisdiction supervisor, with a translation into English). Upon the initial application for certification, the Director will consider audited financial statements for the last two years filed with its non-U.S. jurisdiction supervisor;
  - i. The liquidation priority of obligations to a ceding insurer in the certified reinsurer's domiciliary jurisdiction in the context of an insolvency proceeding;
  - j. A certified reinsurer's participation in any solvent scheme of arrangement, or similar procedure, which involves U.S. ceding insurers. The Director shall receive prior notice from a certified reinsurer that proposes participation by the certified reinsurer in a solvent scheme of arrangement; and
  - k. Any other information deemed relevant by the Director.
5. Based on the analysis conducted under subsection (B)(4)(e) of a certified reinsurer's reputation for prompt payment of claims, the Director may make appropriate adjustments in the security the certified reinsurer is required to post to protect its liabilities to U.S. ceding insurers, provided that the Director shall, at a minimum, increase the security the certified reinsurer is required to post by one rating level under subsection (B)(4)(a) if the Director finds that:
  - a. More than 15% of the certified reinsurer's ceding insurance clients have overdue reinsurance recoverables on paid losses of 90 days or more which are not in dispute and which exceed \$100 thousand for each cedent; or
  - b. The aggregate amount of reinsurance recoverables on paid losses which are not in dispute that are overdue by 90 days or more exceeds \$50 million.
6. The assuming insurer must submit a properly executed Form CR-1 (attached as Exhibit B) as evidence of its submission to the jurisdiction of Arizona, appointment of the

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Director as an agent for service of process in Arizona, and agreement to provide security for 100% of the assuming insurer's liabilities attributable to reinsurance ceded by U.S. ceding insurers if it resists enforcement of a final U.S. judgment. The Director shall not certify any assuming insurer that is domiciled in a jurisdiction that the Director has determined does not adequately and promptly enforce final U.S. judgments or arbitration awards.

7. The certified reinsurer must agree to meet applicable information filing requirements as determined by the Director, both with respect to an initial application for certification and on an ongoing basis. All information submitted by certified reinsurers which are not otherwise public information subject to disclosure shall be exempted from disclosure under A.R.S. § 20-158 and shall be withheld from public disclosure. The applicable information filing requirements are, as follows:
  - a. Notification within ten days of any regulatory actions taken against the certified reinsurer, any change in the provisions of its domiciliary license or any change in rating by an approved rating agency, including a statement describing such changes and the reasons therefore;
  - b. Annually, Form CR-F or CR-S, as applicable;
  - c. Annually, the report of the independent auditor on the financial statements of the insurance enterprise, on the basis described in subsection (B)(7)(d);
  - d. Annually, the most recent audited financial statements, regulatory filings, and actuarial opinion (as filed with the certified reinsurer's supervisor, with a translation into English). Upon the initial certification, audited financial statements for the last two years filed with the certified reinsurer's supervisor;
  - e. At least annually, an updated list of all disputed and overdue reinsurance claims regarding reinsurance assumed from U.S. domestic ceding insurers;
  - f. A certification from the certified reinsurer's domestic regulator that the certified reinsurer is in good standing and maintains capital in excess of the jurisdiction's highest regulatory action level; and
  - g. Any other information that the Director may reasonably require.
8. Change in Rating or Revocation of Certification.
  - a. In the case of a downgrade by a rating agency or other disqualifying circumstance, the Director shall upon written notice assign a new rating to the certified reinsurer in accordance with the requirements of subsection (B)(4)(a).
  - b. The Director shall have the authority to suspend, revoke, or otherwise modify a certified reinsurer's certification at any time if the certified reinsurer fails to meet its obligations or security requirements under this Section, or if other financial or operating results of the certified reinsurer, or documented significant delays in payment by the certified reinsurer, lead the Director to reconsider the certified reinsurer's ability or willingness to meet its contractual obligations.
  - c. If the rating of a certified reinsurer is upgraded by the Director, the certified reinsurer may meet the security requirements applicable to its new rating on a prospective basis, but the Director shall require the certified reinsurer to post security under the previ-

ously applicable security requirements as to all contracts in force on or before the effective date of the upgraded rating. If the rating of a certified reinsurer is downgraded by the Director, the Director shall require the certified reinsurer to meet the security requirements applicable to its new rating for all business it has assumed as a certified reinsurer.

- d. Upon revocation of the certification of a certified reinsurer by the Director, the assuming insurer shall be required to post security in accordance with R20-6-A1607 in order for the ceding insurer to continue to take credit for reinsurance ceded to the assuming insurer. If funds continue to be held in trust in accordance with R20-6-A1604, the Director may allow additional credit equal to the ceding insurer's pro rata share of such funds, discounted to reflect the risk of uncollectibility and anticipated expenses of trust administration. Notwithstanding the change of a certified reinsurer's rating or revocation of its certification, a domestic insurer that has ceded reinsurance to that certified reinsurer may not be denied credit for reinsurance for a period of three months for all reinsurance ceded to that certified reinsurer, unless the reinsurance is found by the Director to be at high risk of uncollectibility.

C. Qualified Jurisdictions.

1. If, upon conducting an evaluation under this Section with respect to the reinsurance supervisory system of any non-U.S. assuming insurer, the Director determines that the jurisdiction qualifies to be recognized as a qualified jurisdiction, the Director shall publish notice and evidence of such recognition in an appropriate manner. The Director may establish a procedure to withdraw recognition of those jurisdictions that are no longer qualified.
2. In order to determine whether the domiciliary jurisdiction of a non-U.S. assuming insurer is eligible to be recognized as a qualified jurisdiction, the Director shall evaluate the reinsurance supervisory system of the non-U.S. jurisdiction, both initially and on an ongoing basis, and consider the rights, benefits and the extent of reciprocal recognition afforded by the non-U.S. jurisdiction to reinsurers licensed and domiciled in the U.S. The Director shall determine the appropriate approach for evaluating the qualifications of such jurisdictions, and create and publish a list of jurisdictions whose reinsurers may be approved by the Director as eligible for certification. A qualified jurisdiction must agree to share information and cooperate with the Director with respect to all certified reinsurers domiciled within that jurisdiction. Additional factors to be considered in determining whether to recognize a qualified jurisdiction, in the discretion of the Director, include but are not limited to the following:
  - a. The framework under which the assuming insurer is regulated.
  - b. The structure and authority of the domiciliary regulator with regard to solvency regulation requirements and financial surveillance.
  - c. The substance of financial and operating standards for assuming insurers in the domiciliary jurisdiction.
  - d. The form and substance of financial reports required to be filed or made publicly available by reinsurers in the domiciliary jurisdiction and the accounting principles used.

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- e. The domiciliary regulator's willingness to cooperate with U.S. regulators in general and the Director in particular.
- f. The history of performance by assuming insurers in the domiciliary jurisdiction.
- g. Any documented evidence of substantial problems with the enforcement of final U.S. judgments in the domiciliary jurisdiction. A jurisdiction will not be considered to be a qualified jurisdiction if the Director has determined that it does not adequately and promptly enforce final U.S. judgments or arbitration awards.
- h. Any relevant international standards or guidance with respect to mutual recognition of reinsurance supervision adopted by the International Association of Insurance Supervisors or successor organization.
- i. Any other matters deemed relevant by the Director.
- 3. A list of qualified jurisdictions shall be published through the NAIC Committee Process. The Director shall consider this list in determining qualified jurisdictions. If the Director approves a jurisdiction as qualified that does not appear on the list of qualified jurisdictions, the Director shall provide thoroughly documented justification with respect to the criteria provided under subsections (C)(2)(a) through (C)(2)(i).
- 4. U.S. jurisdictions that meet the requirements for accreditation under the NAIC financial standards and accreditation program shall be recognized as qualified jurisdictions.
- D. Recognition of Certification Issued by an NAIC Accredited Jurisdiction.**
  - 1. If an applicant for certification has been certified as a reinsurer in an NAIC accredited jurisdiction, the Director has the discretion to defer to that jurisdiction's certification, and to defer to the rating assigned by that jurisdiction, if the assuming insurer submits a properly executed Form CR-1 (Exhibit B) and such additional information as the Director requires. The assuming insurer shall be considered to be a certified reinsurer in Arizona.
- 2. Any change in the certified reinsurer's status or rating in the other jurisdiction shall apply automatically in Arizona as of the date it takes effect in the other jurisdiction. The certified reinsurer shall notify the Director of any change in its status or rating within ten days after receiving notice of the change.
- 3. The Director may withdraw recognition of the other jurisdiction's rating at any time and assign a new rating in accordance with subsection (B)(8).
- 4. The Director may withdraw recognition of the other jurisdiction's certification at any time with written notice to the certified reinsurer. Unless the Director suspends or revokes the certified reinsurer's certification in accordance with subsection (B)(8), the certified reinsurer's certification shall remain in good standing in this State for a period of three months, which shall be extended if additional time is necessary to consider the assuming insurer's application for certification in Arizona.
- E. Mandatory Funding Clause.** In addition to the clauses required under R20-6-A1609(B), reinsurance contracts entered into or renewed under this Section shall include a proper funding clause, which requires the certified reinsurer to provide and maintain security in an amount sufficient to avoid the imposition of any financial statement penalty on the ceding insurer under this Section for reinsurance ceded to the certified reinsurer.
- F.** The Director shall comply with all reporting and notification requirements that may be established by the NAIC with respect to certified reinsurers and qualified jurisdictions.

**Historical Note**

New Section R20-6-A1605 renumbered from R20-6-1605 and amended by final rulemaking at 28 A.A.R. 493 (March 4, 2022), effective April 9, 2022; the redundant phrase "of this Section" and word "below" were removed when by followed a subsection reference (Supp. 22-1).

**Table 1. Financial Strength Ratings**

Ratings	Best	S&P	Moody's	Fitch
Secure – 1	A++	AAA	Aaa	AAA
Secure – 2	A+	AA+, AA, AA-	Aa1, Aa2, Aa3	AA+, AA, AA-
Secure – 3	A	A+, A	A1, A2	A+, A
Secure – 4	A-	A-	A3	A-
Secure – 5	B++, B+	BBB+, BBB, BBB-	Baa1, Baa2, Baa3	BBB+, BBB, BBB-
Vulnerable – 6	B, B-C++, C+, C, C-, D, E, F	BB+, BB, BB-, B+, B, B-, CCC, CC, C, D, R	Ba1, Ba2, Ba3, B1, B2, B3, Caa, Ca, C	BB+, BB, BB-, B+, B, B-, CCC+, CC, CCC-, DD

**Historical Note**

Table 1 renumbered from R20-6-1605 by final rulemaking at 28 A.A.R. 493 (March 4, 2022), effective April 9, 2022 (Supp. 22-1).

**R20-6-A1606. Credit for Reinsurance - Reciprocal Jurisdictions; Credit for Reinsurance Required by Law**

- A.** Credit for reinsurance to a reciprocal jurisdiction assuming insurer. Pursuant to A.R.S. § 20-3602(H), (I), (J), (K), (L), and (R), the Director shall allow credit for reinsurance ceded by a domestic insurer to an assuming insurer that is licensed to write reinsurance by, and has its head office or is domiciled in, a reciprocal jurisdiction, and which meets the other requirements of this Part.
- B.** A "reciprocal jurisdiction" is a jurisdiction, as designated by the Director pursuant to subsection (D) that meets one of the following:
  - 1. A non-U.S. jurisdiction that is subject to an in-force covered agreement with the United States, each within its legal authority, or, in the case of a covered agreement between the United States and the European Union, is a member state of the European Union. For purposes of this subsection, a "covered agreement" is an agreement entered into pursuant to the Dodd-Frank Wall Street Reform and Consumer Protection Act, 31 U.S.C. §§ 313 and 314, that is currently in effect or in a period of provisional application and addresses the elimination, under specified conditions, of collateral requirements as a condition for entering into any reinsurance agreement with a

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ceding insurer domiciled in this state or for allowing the ceding insurer to recognize credit for reinsurance;

2. A U.S. jurisdiction that meets the requirements for accreditation under the NAIC financial standards and accreditation program; or
  3. A qualified jurisdiction, as determined by the Director pursuant to A.R.S. § 20-3602(G)(3) and Section R20-6-A1605(C), which is not otherwise described in subsections (B)(1) or (B)(2) and which the Director determines meets all of the following additional requirements:
    - a. Provides that an insurer who has its head office or is domiciled in such qualified jurisdiction shall receive credit for reinsurance ceded to a U.S.-domiciled assuming insurer in the same manner as credit for reinsurance is received for reinsurance assumed by insurers domiciled in such qualified jurisdiction;
    - b. Does not require a U.S.-domiciled assuming insurer to establish or maintain a local presence as a condition for entering into a reinsurance agreement with any ceding insurer subject to regulation by the non-U.S. jurisdiction or as a condition to allow the ceding insurer to recognize credit for such reinsurance;
    - c. Recognizes the U.S. state regulatory approach to group supervision and group capital, by providing written confirmation by a competent regulatory authority, in such qualified jurisdiction, that insurers and insurance groups who are domiciled or maintain their headquarters in this state or another jurisdiction accredited by the NAIC shall be subject only to worldwide prudential insurance group supervision including worldwide group governance, solvency and capital, and reporting, as applicable, by the Director or the commissioner of the domiciliary state and will not be subject to group supervision at the level of the worldwide parent undertaking of the insurance or reinsurance group by the qualified jurisdiction; and
    - d. Provides written confirmation by a competent regulatory authority in such qualified jurisdiction that information regarding insurers and their parent, subsidiary, or affiliated entities, if applicable, shall be provided to the Director in accordance with a memorandum of understanding or similar document between the Director and such qualified jurisdiction, including but not limited to the International Association of Insurance Supervisors Multilateral Memorandum of Understanding or other multilateral memoranda of understanding coordinated by the NAIC.
- C. Credit shall be allowed when the reinsurance is ceded from an insurer domiciled in this state to a reciprocal jurisdiction assuming insurer meeting each of these conditions:
1. The assuming insurer must be licensed to transact insurance by, and have its head office or be domiciled in, a reciprocal jurisdiction;
  2. The assuming insurer must have and maintain on an ongoing basis minimum capital and surplus, or its equivalent, calculated on at least an annual basis as of the preceding December 31 or at the annual date otherwise statutorily reported to the reciprocal jurisdiction, and confirmed as set forth in subsection (C)(7) according to the methodology of its domiciliary jurisdiction, in the following amounts:
    - a. No less than \$250 million; or
    - b. If the assuming insurer is an association, including incorporated and individual unincorporated underwriters:
      - i. Minimum capital and surplus equivalents (net of liabilities) or own funds of the equivalent of at least \$250 million; and
      - ii. A central fund containing a balance of the equivalent of at least \$250 million.
  3. The assuming insurer must have and maintain on an ongoing basis a minimum solvency or capital ratio, as applicable, as follows:
    - a. If the assuming insurer has its head office or is domiciled in a reciprocal jurisdiction as defined in subsection (B)(1), the ratio specified in the applicable covered agreement;
    - b. If the assuming insurer is domiciled in a reciprocal jurisdiction as defined in subsection (B)(2), a risk-based capital (RBC) ratio of 300% of the authorized control level, calculated in accordance with the formula developed by the NAIC; or
    - c. If the assuming insurer is domiciled in a reciprocal jurisdiction as defined in subsection (B), after consultation with the reciprocal jurisdiction and considering any recommendations published through the NAIC Committee Process, such solvency or capital ratio as the Director determines to be an effective measure of solvency.
  4. The assuming insurer must agree to and provide adequate assurance, in the form of a properly executed Form RJ-1 (Exhibit E), of its agreement to the following:
    - a. The assuming insurer must agree to provide prompt written notice and explanation to the Director if it falls below the minimum requirements set forth in subsections (C)(2) or (C)(3), or if any regulatory action is taken against it for serious noncompliance with applicable law;
    - b. The assuming insurer must consent in writing to the jurisdiction of the courts of this state and to the appointment of the Director as agent for service of process.
      - i. The Director may also require that such consent be provided and included in each reinsurance agreement under the Director's jurisdiction.
      - ii. Nothing in this provision shall limit or in any way alter the capacity of parties to a reinsurance agreement to agree to alternative dispute resolution mechanisms, except to the extent such agreements are unenforceable under applicable insolvency or delinquency laws;
    - c. The assuming insurer must consent in writing to pay all final judgments, wherever enforcement is sought, obtained by a ceding insurer, that have been declared enforceable in the territory where the judgment was obtained;
    - d. Each reinsurance agreement must include a provision requiring the assuming insurer to provide security in an amount equal to 100% of the assuming insurer's liabilities attributable to reinsurance ceded pursuant to that agreement if the assuming insurer resists enforcement of a final judgment that is enforceable under the law of the jurisdiction in which it was obtained or a properly enforceable arbitration award, whether obtained by the ceding

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- insurer or by its legal successor on behalf of its estate, if applicable;
- e. The assuming insurer must confirm that it is not presently participating in any solvent scheme of arrangement, which involved this state's ceding insurers, and agrees to notify the ceding insurer and the Director and to provide 100% security to the ceding insurer consistent with the terms of the scheme, should the assuming insurer enter into such a solvent scheme of arrangement. Such security shall be in a form consistent with the provisions of A.R.S. §§ 20-3602(G) and 20-3603, R20-6-A1608, or R20-6-A1609(A). For purposes of this Section, the term "solvent scheme of arrangement" means a foreign or alien statutory or regulatory compromise procedure subject to requisite majority creditor approval and judicial sanction in the assuming insurer's home jurisdiction either to finally commute liabilities of duly noticed class members or creditors of a solvent debtor, or to reorganize or restructure the debts and obligations of a solvent debtor on a final basis, and which may be subject to judicial recognition and enforcement of the arrangement by a governing authority outside the ceding insurer's home jurisdiction; and
  - f. The assuming insurer must agree in writing to meet the applicable information filing requirements as set forth in subsection (C)(5).
5. The assuming insurer or its legal successor must provide, if requested by the Director, on behalf of itself and any legal predecessors, the following documentation to the Director:
    - a. For the two years preceding entry into the reinsurance agreement and on an annual basis thereafter, the assuming insurer's annual audited financial statements, in accordance with the applicable law of the jurisdiction of its head office or domiciliary jurisdiction, as applicable, including the external audit report;
    - b. For the two years preceding entry into the reinsurance agreement, the solvency and financial condition report or actuarial opinion, if filed with the assuming insurer's supervisor;
    - c. Prior to entry into the reinsurance agreement and not more than semi-annually thereafter, an updated list of all disputed and overdue reinsurance claims outstanding for 90 days or more, regarding reinsurance assumed from ceding insurers domiciled in the United States; and
    - d. Prior to entry into the reinsurance agreement and not more than semi-annually thereafter, information regarding the assuming insurer's assumed reinsurance by ceding insurer, ceded reinsurance by the assuming insurer, and reinsurance recoverable on paid and unpaid losses by the assuming insurer to allow for the evaluation of the criteria set forth in subsection (C)(6).
  6. The assuming insurer must maintain a practice of prompt payment of claims under reinsurance agreements. The lack of prompt payment will be evidenced if any of the following criteria is met:
    - a. More than 15% of the reinsurance recoverables from the assuming insurer are overdue and in dispute as reported by the Director;
    - b. More than 15% of the assuming insurer's ceding insurers or reinsurers have overdue reinsurance recoverable on paid losses of 90 days or more which are not in dispute and which exceed for each ceding insurer \$100 thousand, or as otherwise specified in a covered agreement; or
    - c. The aggregate amount of reinsurance recoverable on paid losses which are not in dispute, but are overdue by 90 days or more, exceeds \$50 million, or as otherwise specified in a covered agreement.
  7. The assuming insurer's supervisory authority must confirm to the Director on an annual basis that the assuming insurer complies with the requirements set forth in subsections (C)(2) and (C)(3).
  8. Nothing in this provision precludes an assuming insurer from providing the Director with information on a voluntary basis.
- D. The Director shall timely create and publish a list of reciprocal jurisdictions.
    1. A list of reciprocal jurisdictions is published through the NAIC committee process. The Director's list shall include any reciprocal jurisdiction as defined under subsections (B)(1) and (B)(2), and shall consider any other reciprocal jurisdiction included on the NAIC list. The Director may approve a jurisdiction that does not appear on the NAIC list of reciprocal jurisdictions as provided by applicable law, regulation, or in accordance with criteria published through the NAIC committee process.
    2. The Director may remove a jurisdiction from the list of reciprocal jurisdictions upon a determination that the jurisdiction no longer meets one or more of the requirements of a reciprocal jurisdiction, as provided by applicable law, regulation, or in accordance with a process published through the NAIC committee process, except that the Director shall not remove from the list a reciprocal jurisdiction as defined under subsections (B)(1) and (B)(2). Upon removal of a reciprocal jurisdiction from this list, credit for reinsurance ceded to an assuming insurer domiciled in that jurisdiction shall be allowed, if otherwise allowed pursuant to A.R.S. Title 20, Chapter 30 and this Part.
  - E. The Director shall timely create and publish a list of reciprocal jurisdiction assuming insurers that have satisfied the conditions set forth in this Section and to which cessions shall be granted credit in accordance with this subsection.
    1. If an NAIC accredited jurisdiction has determined that the conditions set forth in subsection (C) have been met, the Director has the discretion to defer to that jurisdiction's determination, and add such assuming insurer to the list of assuming insurers to which cessions shall be granted credit in accordance with this subsection. The Director may accept financial documentation filed with another NAIC accredited jurisdiction or with the NAIC in satisfaction of the requirement of subsection (C).
    2. When requesting that the Director defer to another NAIC accredited jurisdiction's determination, an assuming insurer must submit a properly executed Form RJ-1 (Appendix E) and additional information as the Director may require. A state that has received such a request will notify other states through the NAIC committee process and provide relevant information with respect to the determination of eligibility.
  - F. If the Director determines that a reciprocal jurisdiction assuming insurer no longer meets one or more of the requirements

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under this Section, the Director may revoke or suspend the eligibility of the reciprocal jurisdiction assuming insurer for recognition under this Section.

1. While an assuming insurer's eligibility is suspended, no reinsurance agreement issued, amended, or renewed after the effective date of the suspension qualifies for credit except to the extent that the assuming insurer's obligations under the contract are secured in accordance with R20-6-A1607.
  2. If an assuming insurer's eligibility is revoked, no credit for reinsurance may be granted after the effective date of the revocation with respect to any reinsurance agreements entered into by the assuming insurer, including reinsurance agreements entered into prior to the date of revocation, except to the extent that the assuming insurer's obligations under the contract are secured in a form acceptable to the Director and consistent with the provisions of R20-6-A1607.
- G.** Before denying statement credit or imposing a requirement to post security with respect to subsection (F) or adopting any similar requirement that will have substantially the same regulatory impact as security, the Director shall:
1. Communicate with the ceding insurer, the assuming insurer, and the assuming insurer's supervisory authority that the assuming insurer no longer satisfies one of the conditions listed in subsection (C);
  2. Provide the assuming insurer with 30 days from the initial communication to submit a plan to remedy the defect, and 90 days from the initial communication to remedy the defect, except in exceptional circumstances in which a shorter period is necessary for policyholder and other consumer protection;
  3. After the expiration of 90 days or less, as set out in subsection (G)(2), if the Director determines that no or insufficient action was taken by the assuming insurer, the Director may impose any of the requirements as set out in this subsection (G); and
  4. Provide a written explanation to the assuming insurer of any of the requirements set out in this subsection (G).
- H.** If subject to a legal process of rehabilitation, liquidation, or conservation, as applicable, the ceding insurer, or its representative, may seek and, if determined appropriate by the court in which the proceedings are pending, may obtain an order requiring the reciprocal jurisdiction assuming insurer to post security for all outstanding liabilities.
- I.** Credit for reinsurance required by law. Pursuant to A.R.S. § 20-3602(M), the Director shall allow credit for reinsurance ceded by a domestic insurer to an assuming insurer not meeting the requirements of A.R.S. §§ 20-3602(C) through (G) but only as to the insurance of risks located in jurisdictions where the reinsurance is required by the applicable law or regulation of that jurisdiction. As used in this Section, "jurisdiction" means state, district, or territory of the United States and any lawful national government.

**Historical Note**

New Section R20-6-A1606 renumbered from R20-6-1606 and amended by final rulemaking at 28 A.A.R. 493 (March 4, 2022), effective April 9, 2022; the redundant phrase "of this Section" and word "above" were removed when followed by a subsection reference (Supp. 22-1).

**R20-6-A1607. Asset or Reduction from Liability for Reinsurance Ceded to an Unauthorized Assuming Insurer not Meeting the Requirements of R20-6-A1601 through R20-6-A1606**

- A.** Pursuant to A.R.S. § 20-3603, the Director shall allow a reduction from liability for reinsurance ceded by a domestic insurer to an assuming insurer not meeting the requirements of A.R.S. § 20-3602 in an amount not exceeding the liabilities carried by the ceding insurer. The reduction shall be in the amount of funds held by or on behalf of the ceding insurer, including funds held in trust for the exclusive benefit of the ceding insurer, under a reinsurance contract with such assuming insurer as security for the payment of obligations under the reinsurance contract. The security shall be held in the United States subject to withdrawal solely by, and under the exclusive control of, the ceding insurer or, in the case of a trust, held in a qualified United States financial institution as defined in A.R.S. § 20-3601. This security may be in the form of any of the following:
1. Cash;
  2. Securities listed by the Securities Valuation Office of the NAIC, including those deemed exempt from filing as defined by the Purposes and Procedures Manual of the Securities Valuation Office, and qualifying as admitted assets;
  3. Clean, irrevocable, unconditional, and "evergreen" letters of credit issued or confirmed by a qualified United States institution, as defined in A.R.S. § 20-3601, effective no later than December 31 of the year for which filing is being made, and in the possession of, or in trust for, the ceding insurer on or before the filing date of its annual statement. Letters of credit meeting applicable standards of issuer acceptability as of the dates of their issuance (or confirmation) shall, notwithstanding the issuing (or confirming) institution's subsequent failure to meet applicable standards of issuer acceptability, continue to be acceptable as security until their expiration, extension, renewal, modification or amendment, whichever first occurs; or
  4. Any other form of security acceptable to the Director.
- B.** An admitted asset or a reduction from liability for reinsurance ceded to an unauthorized assuming insurer pursuant to this Section shall be allowed only when the requirements of R20-6-A1609(B) and the applicable portions of R20-6-A1608 or R20-6-A1609(A) have been satisfied.

**Historical Note**

New Section R20-6-A1606 renumbered from R20-6-1606 and amended by final rulemaking at 28 A.A.R. 493 (March 4, 2022), effective April 9, 2022; the redundant word "Section" was removed before a Chapter Section number (Supp. 22-1).

**R20-6-A1608. Trust Agreements Qualified under R20-6-A1607; Letters of Credit Qualified under R20-6-A1607**

- A.** Trust agreements - definitions. As used in subsections (B) through (G):
1. "Beneficiary" includes any successor by operation of law of the named beneficiary, including without limitation any liquidator, rehabilitator, receiver, or conservator.
  2. "Grantor" means the entity that has established a trust for the sole benefit of the beneficiary. When established in conjunction with a reinsurance agreement, the grantor is the unlicensed, unaccredited assuming insurer.
  3. "Obligations," as used in subsection (B)(11), means:
    - a. Reinsured losses and allocated loss expenses paid by the ceding company but not recovered from the assuming insurer;

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- b. Reserves for reinsured losses reported and outstanding;
  - c. Reserves for reinsured losses incurred but not reported; and
  - d. Reserves for allocated reinsured loss expenses and unearned premiums.
- B. Trust agreements - required conditions.
  - 1. The trust agreement shall be entered into between the beneficiary, the grantor, and a trustee which shall be a qualified United States financial institution as defined in A.R.S. § 20-3601.
  - 2. The trust agreement shall create a trust account into which assets shall be deposited.
  - 3. All assets in the trust account shall be held by the trustee at the trustee's office in the United States.
  - 4. The trust agreement shall provide that:
    - a. The beneficiary shall have the right to withdraw assets from the trust account at any time, without notice to the grantor, subject only to written notice from the beneficiary to the trustee;
    - b. No other statement or document is required to be presented in order to withdraw assets, except that the beneficiary may be required to acknowledge receipt of withdrawn assets;
    - c. It is not subject to any conditions or qualifications outside of the trust agreement; and
    - d. It shall not contain references to any other agreements or documents except as provided for in subsections (B)(11) and (B)(12).
  - 5. The trust agreement shall be established for the sole benefit of the beneficiary.
  - 6. The trust agreement shall require the trustee to:
    - a. Receive assets and hold all assets in a safe place;
    - b. Determine that all assets are in such form that the beneficiary, or the trustee upon direction by the beneficiary, may whenever necessary negotiate any such assets, without consent or signature from the grantor or any other person or entity;
    - c. Furnish to the grantor and the beneficiary a statement of all assets in the trust account upon its inception and at intervals no less frequent than the end of each calendar quarter;
    - d. Notify the grantor and the beneficiary within ten days, of any deposits to or withdrawals from the trust account;
    - e. Upon written demand of the beneficiary, immediately take any and all steps necessary to transfer absolutely and unequivocally all right, title, and interest in the assets held in the trust account to the beneficiary and deliver physical custody of the assets to the beneficiary; and
    - f. Allow no substitutions or withdrawals of assets from the trust account, except on written instructions from the beneficiary, except that the trustee may, without the consent of but with notice to the beneficiary, upon call or maturity of any trust asset, withdraw such asset upon condition that the proceeds are paid into the trust account.
  - 7. The trust agreement shall provide that at least 30 days, but not more than 45 days, prior to termination of the trust account, written notification of termination shall be delivered by the trustee to the beneficiary.
  - 8. The trust agreement shall be made subject to and governed by the laws of the state in which the trust is domiciled.
  - 9. The trust agreement shall prohibit invasion of the trust corpus for the purpose of paying commission to, or reimbursing the expenses of, the trustee. In order for a letter of credit to qualify as an asset of the trust, the trustee shall have the right and the obligation pursuant to the deed of trust or some other binding agreement (as duly approved by the Director), to immediately draw down the full amount of the letter of credit and hold the proceeds in trust for the beneficiaries of the trust if the letter of credit will otherwise expire without being renewed or replaced.
  - 10. The trust agreement shall provide that the trustee shall be liable for its negligence, willful misconduct, or lack of good faith. The failure of the trustee to draw against the letter of credit in circumstances where such draw would be required shall be deemed to be negligence and/or willful misconduct.
  - 11. Notwithstanding other provisions of subsections (A) through (G), when a trust agreement is established in conjunction with a reinsurance agreement covering risks other than life, annuities, and accident and health, where it is customary practice to provide a trust agreement for a specific purpose, the trust agreement may provide that the ceding insurer shall undertake to use and apply amounts drawn upon the trust account, without diminution because of the insolvency of the ceding insurer or the assuming insurer, only for the following purposes:
    - a. To pay or reimburse the ceding insurer for the assuming insurer's share under the specific reinsurance agreement regarding any losses and allocated loss expenses paid by the ceding insurer, but not recovered from the assuming insurer, or for unearned premiums due to the ceding insurer if not otherwise paid by the assuming insurer;
    - b. To make payment to the assuming insurer of any amounts held in the trust account that exceed 102% of the actual amount required to fund the assuming insurer's obligations under the specific reinsurance agreement; or
    - c. Where the ceding insurer has received notification of termination of the trust account and where the assuming insurer's entire obligations under the specific reinsurance agreement remain unliquidated and undischarged ten days prior to the termination date, to withdraw amounts equal to the obligations and deposit those amounts in a separate account, in the name of the ceding insurer in any qualified United States financial institution as defined in A.R.S. § 20-3601 apart from its general assets, in trust for such uses and purposes specified in subsections (11)(a) and (11)(b) as may remain executory after such withdrawal and for any period after the termination date.
  - 12. Notwithstanding other provisions of subsections (A) through (G), when a trust agreement is established to meet the requirements of R20-6-A1607 in conjunction with a reinsurance agreement covering life, annuities, or accident and health risks, where it is customary to provide a trust agreement for a specific purpose, the trust agreement may provide that the ceding insurer shall undertake to use and apply amounts drawn upon the trust account, without diminution because of the insolvency of



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the ceding insurer or the assuming insurer, only for the following purposes:

- a. To pay or reimburse the ceding insurer for:
  - i. The assuming insurer's share under the specific reinsurance agreement of premiums returned, but not yet recovered from the assuming insurer, to the owners of policies reinsured under the reinsurance agreement on account of cancellations of the policies; and
  - ii. The assuming insurer's share under the specific reinsurance agreement of surrenders and benefits or losses paid by the ceding insurer, but not yet recovered from the assuming insurer, under the terms and provision of the policies reinsured under the reinsurance agreement.
- b. To pay to the assuming insurer amounts held in the trust account in excess of the amount necessary to secure the credit or reduction from liability for reinsurance taken by the ceding insurer, or
- c. Where the ceding insurer has received notification of termination of the trust and where the assuming insurer's entire obligations under the specific reinsurance agreement remain unliquidated and undischarged ten days prior to the termination date, to withdraw amounts equal to the assuming insurer's share of liabilities, to the extent that the liabilities have not yet been funded by the assuming insurer, and deposit those amounts in a separate account, in the name of the ceding insurer in any qualified U.S. financial institution apart from its general assets, in trust for the uses and purposes specified in subsections (12)(a) and (12)(b) as may remain executory after withdrawal and for any period after the termination date.

13. Either the reinsurance agreement or the trust agreement must stipulate that assets deposited in the trust account shall be valued according to their current fair market value and shall consist only of cash in United States dollars, certificates of deposit issued by a United States bank and payable in United States dollars, and investments permitted by the Insurance Code, or any combination of the above, provided investments in or issued by an entity controlling, controlled by, or under common control with either the grantor or the beneficiary of the trust shall not exceed 5% of total investments. The agreement may further specify the types of investments to be deposited. If the reinsurance agreement covers life, annuities, or accident and health risks, then the provisions required by this subsection must be included in the reinsurance agreement.

C. Trust agreements - permitted conditions.

1. The trust agreement may provide that the trustee may resign upon delivery of a written notice of resignation, effective not less than 90 days after the beneficiary and grantor receive the notice and that the trustee may be removed by the grantor by delivery to the trustee and the beneficiary of a written notice of removal, effective not less than 90 days after the trustee and the beneficiary receive the notice, provided that no such resignation or removal shall be effective until a successor trustee has been duly appointed and approved by the beneficiary and the grantor and all assets in the trust have been duly transferred to the new trustee.

2. The grantor may have the full and unqualified right to vote any shares of stock in the trust account and to receive from time to time payments of any dividends or interest upon any shares of stock or obligations included in the trust account. Any interest or dividends shall be either forwarded promptly upon receipt to the grantor or deposited in a separate account established in the grantor's name.
3. The trustee may be given authority to invest, and accept substitutions of, any funds in the account, provided that no investment or substitution shall be made without prior approval of the beneficiary, unless the trust agreement specifies categories of investments acceptable to the beneficiary and authorizes the trustee to invest funds and to accept substitutions that the trustee determines are at least equal in current fair market value to the assets withdrawn and that are consistent with the restrictions in subsection (D)(1)(b).
4. The trust agreement may provide that the beneficiary may at any time designate a party to which all or part of the trust assets are to be transferred. Transfer may be conditioned upon the trustee receiving, prior to or simultaneously, other specified assets.
5. The trust agreement may provide that, upon termination of the trust account, all assets not previously withdrawn by the beneficiary shall, with written approval by the beneficiary, be delivered over to the grantor.

D. Trust agreements - additional conditions applicable to reinsurance agreements:

1. A reinsurance agreement may contain provisions that:
  - a. Require the assuming insurer to enter into a trust agreement and to establish a trust account for the benefit of the ceding insurer, and specifying what the agreement is to cover;
  - b. Require the assuming insurer, prior to depositing assets with the trustee, to execute assignments or endorsements in blank, or to transfer legal title to the trustee of all shares, obligations, or any other assets requiring assignments, in order that the ceding insurer, or the trustee upon the direction of the ceding insurer, may whenever necessary negotiate these assets without consent or signature from the assuming insurer or any other entity;
  - c. Require that all settlements of account between the ceding insurer and the assuming insurer be made in cash or its equivalent; and
  - d. Stipulate that the assuming insurer and the ceding insurer agree that the assets in the trust account, established pursuant to the provisions of the reinsurance agreement, may be withdrawn by the ceding insurer at any time, notwithstanding any other provisions in the reinsurance agreement, and shall be utilized and applied by the ceding insurer or its successors in interest by operation of law, including without limitation any liquidator, rehabilitator, receiver, or conservator of such company, without diminution because of insolvency on the part of the ceding insurer or the assuming insurer, only for the following purposes:
    - i. To pay or reimburse the ceding insurer for the assuming insurer's share under the specific reinsurance agreement of premiums returned, but not yet recovered from the assuming insurer, to the owners of policies reinsured

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- under the reinsurance agreement because of cancellations of such policies; and
- ii. To pay or reimburse the ceding insurer for the assuming insurer's share of surrenders and benefits or losses paid by the ceding insurer pursuant to the provisions of the policies reinsured under the reinsurance agreement; and
  - iii. To pay or reimburse the ceding insurer for any other amounts necessary to secure the credit or reduction from liability for reinsurance taken by the ceding reinsurer; or
  - iv. To make payment to the assuming insurer of amounts held in the trust account in excess of the amount necessary to secure the credit or reduction from liability for reinsurance taken by the ceding insurer.
2. The reinsurance agreement also may contain provisions that:
    - a. Give the assuming insurer the right to seek approval from the ceding insurer, which shall not be unreasonably or arbitrarily withheld, to withdraw from the trust account all or any part of the trust assets and transfer those assets to the assuming insurer, provided:
      - i. The assuming insurer shall, at the time of withdrawal, replace the withdrawn assets with other qualified assets having a current fair market value equal to the market value of the assets withdrawn so as to maintain at all times the deposit in the required amount, or
      - ii. After withdrawal and transfer, the current fair market value of the trust account is no less than 102% of the required amount.
    - b. Provide for the return of any amount withdrawn in excess of the actual amounts required for subsection (D)(1)(d), and for interest payments at a rate not in excess of the prime rate of interest on such amounts;
    - c. Permit the award by any arbitration panel or court of competent jurisdiction of:
      - i. Interest at a rate different from that provided in subsection (D)(2)(b);
      - ii. Court or arbitration costs;
      - iii. Attorney's fees; and
      - iv. Any other reasonable expenses.
- E. Trust agreements - financial reporting. A trust agreement may be used to reduce any liability for reinsurance ceded to an unauthorized assuming insurer in financial statements required to be filed with the Director in compliance with the provisions of this Part when established on or before the date of filing of the financial statement of the ceding insurer. Further, the reduction for the existence of an acceptable trust account may be up to the current fair market value of acceptable assets available to be withdrawn from the trust account at that time, but such reduction shall be no greater than the specific obligations under the reinsurance agreement that the trust account was established to secure.
  - F. Trust agreements - existing agreements. Notwithstanding the effective date of this Part, any trust agreement or underlying reinsurance agreement in existence and approved by the Director prior to the effective date of this Part will continue to be acceptable until December 31, 2016, at which time the agreements will have to fully comply with subsections (A) through (G) for the trust agreement to be acceptable.
  - G. Trust agreements - failure to identify beneficiary. The failure of any trust agreement to specifically identify the beneficiary as defined in subsection (A)(1) shall not be construed to affect any actions or rights that the Director may take or possess pursuant to the provisions of the laws of Arizona.
  - H. Letters of credit. The letter of credit must be clean, irrevocable, unconditional, and issued or confirmed by a qualified United States financial institution as defined A.R.S. § 20-3601. The letter of credit shall contain an issue date and expiration date and shall stipulate that the beneficiary need only draw a sight draft under the letter of credit and present it to obtain funds and that no other document need be presented. The letter of credit also shall indicate that it is not subject to any condition or qualifications outside of the letter of credit. In addition, the letter of credit itself shall not contain reference to any other agreements, documents or entities, except as provided in subsection (N)(1). As used in this Section, "beneficiary" includes any successor by operation of law of the named beneficiary, including without limitation any liquidator, rehabilitator, receiver, or conservator. If a court of law appoints a successor in interest to the named beneficiary, then the named beneficiary includes and is limited to the court appointed domiciliary receiver (including conservator, rehabilitator, or liquidator).
  - I. Letters of credit - heading. The heading of the letter of credit may include a boxed section containing the name of the applicant and other appropriate notations to provide a reference for the letter of credit. The boxed section shall be clearly marked to indicate that such information is for internal identification purposes only.
  - J. Letters of credit - required statements and clauses.
    1. A letter of credit shall contain a statement to the effect that the obligation of the qualified United States financial institution under the letter of credit is in no way contingent upon reimbursement with respect thereto.
    2. The letter of credit shall state whether it is subject to and governed by the laws of Arizona or the Uniform Customs and Practice for Documentary Credits of the International Chamber of Commerce Publication 600 (UCP 600) or International Standby Practices of the International Chamber of Commerce Publication 590 (ISP98). All drafts of letters of credit drawn according to UCP 600 or ISP98 shall be presentable at an office in the United States of a qualified United States financial institution.
    3. The letter of credit shall contain an "evergreen clause" in compliance with subsection (K).
  - K. Letters of credit - term of the letter of credit. The term of the letter of credit shall be for at least one year and shall contain an "evergreen clause" that prevents the expiration of the letter of credit without due notice from the issuer. The "evergreen clause" shall provide for no less than 30 days' notice prior to expiration date or nonrenewal.
  - L. Letters of credit made subject to UCP 600 or ISP98. If the letter of credit is made subject to the Uniform Customs and Practice for Documentary Credits of the International Chamber of Commerce Publication 600 (UCP 600) or International Standby Practices of the International Chamber of Commerce Publication 590 (ISP98), then the letter of credit shall specifically address and provide for an extension of time to draw against the letter of credit in the event that one or more of the occurrences specified in Article 36 of UCP 600 occur.
  - M. Letters of credit - additional requirements. If the letter of credit is issued by a financial institution authorized to issue letters of credit, other than a qualified United States financial institution

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as described in subsection (H), then the following additional requirements shall be met:

1. The issuing financial institution shall formally designate the confirming qualified United States financial institution as its agent for the receipt and payment of the drafts; and
  2. The “evergreen clause” shall provide for 30 days’ notice prior to expiration date or nonrenewal.
- N. Letters of credit - reinsurance agreement provisions.
1. The reinsurance agreement in conjunction with which the letter of credit is obtained may contain provisions that:
    - a. Require the assuming insurer to provide letters of credit to the ceding insurer and specify what they are to cover;
    - b. Stipulate that the assuming insurer and ceding insurer agree that the letter of credit provided by the assuming insurer pursuant to the provisions of the reinsurance agreement may be drawn upon at any time, notwithstanding any other provisions in the agreement, and shall be utilized by the ceding insurer or its successors in interest only for one or more of the following reasons:
      - i. To pay or reimburse the ceding insurer for the assuming insurer’s share under the specific reinsurance agreement of premiums returned, but not yet recovered from the assuming insurers, to the owners of policies reinsured under the reinsurance agreement on account of cancellations of such policies;
      - ii. To pay or reimburse the ceding insurer for the assuming insurer’s share, under the specific reinsurance agreement, of surrenders and benefits or losses paid by the ceding insurer, but not yet recovered from the assuming insurers, under the terms and provisions of the policies reinsured under the reinsurance agreement; and
      - iii. To pay or reimburse the ceding insurer for any other amounts necessary to secure the credit or reduction from liability for reinsurance taken by the ceding insurer;
      - iv. Where the letter of credit will expire without renewal or be reduced or replaced by a letter of credit for a reduced amount and where the assuming insurer’s entire obligations under the reinsurance agreement remain unliquidated and undischarged ten days prior to the termination date, to withdraw amounts equal to the assuming insurer’s share of the liabilities, to the extent that the liabilities have not yet been funded by the assuming insurer and exceed the amount of any reduced or replacement letter of credit, and deposit those amounts in a separate account in the name of the ceding insurer in a qualified U.S. financial institution apart from its general assets, in trust for such uses and purposes specified in subsections (N)(1)(b)(i), (N)(1)(b)(ii), and (N)(1)(b)(iii) as may remain after withdrawal and for any period after the termination date.
    - c. All of the provisions of subsections (N)(1)(a) and (N)(1)(b) shall be applied without diminution

because of insolvency on the part of the ceding insurer or assuming insurer.

2. Nothing contained in subsection (N)(1) shall preclude the ceding insurer and assuming insurer from providing for:
  - a. An interest payment, at a rate not in excess of the prime rate of interest on the amounts held pursuant to subsection (N)(1)(b); or
  - b. The return of any amounts drawn down on the letters of credit in excess of the actual amounts required for the above or any amounts that are subsequently determined not to be due.

**Historical Note**

New Section R20-6-A1608 renumbered from R20-6-1608 and amended by final rulemaking at 28 A.A.R. 493 (March 4, 2022), effective April 9, 2022; the redundant phrase “of this Section” was removed when followed by a subsection reference, and the word “Section” was removed before a Chapter Section number (Supp. 22-1).

**R20-6-A1609. Other Security; Reinsurance Contract; Contracts Affected**

- A. Other Security. A ceding insurer may take credit for unencumbered funds withheld by the ceding insurer in the United States subject to withdrawal solely by the ceding insurer and under its exclusive control.
- B. Reinsurance Contract. Credit will not be granted, nor an asset or reduction from liability allowed, to a ceding insurer for reinsurance effected with assuming insurers meeting the requirements of R20-6-A1601 through R20-6-A1605 or R20-6-A1607 of this Article or otherwise in compliance with A.R.S. § 20-3602 after the adoption of this Part unless the reinsurance agreement:
  1. Includes a proper insolvency clause, which stipulates that reinsurance is payable directly to the liquidator or successor without diminution regardless of the status of the ceding company, pursuant to A.R.S. § 20-261(C);
  2. Includes a provision pursuant to A.R.S. § 20-3602 whereby the assuming insurer, if an unauthorized assuming insurer, has submitted to the jurisdiction of an alternative dispute-resolution panel or court of competent jurisdiction within the United States, has agreed to comply with all requirements necessary to give the court or panel jurisdiction, has designated an agent upon whom service of process may be effected, and has agreed to abide by the final decision of the court or panel; and
  3. Includes a proper reinsurance intermediary clause, if applicable, which stipulates that the credit risk for the intermediary is carried by the assuming insurer.
- C. Contracts affected. All new and renewal reinsurance transactions entered into after the effective date of this Part shall conform to the requirements of A.R.S. Title 20, Chapter 30 and this Part if credit is to be given to the ceding insurer for such reinsurance.

**Historical Note**

New Section R20-6-A1609 renumbered from R20-6-1609 and amended by final rulemaking at 28 A.A.R. 493 (March 4, 2022), effective April 9, 2022; the redundant word “Section” was removed before a Chapter Section number (Supp. 22-1).

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**FORM AR-1, CERTIFICATE OF ASSUMING INSURER**

Adopted effective February 3, 1993 (Supp. 93-1). Exhibit A amended by final exempt rulemaking, under Laws 2015, Ch. 119, § 3, effective November 30, 2015 (Supp. 15-4). Exhibit A amended by final rulemaking at 28 A.A.R. 493 (March 4, 2022), effective April 9, 2022 (Supp. 22-1).

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**Exhibit B. Form CR-1, Certificate of Certified Reinsurer****FORM CR-1, CERTIFICATE OF CERTIFIED REINSURER**

I, \_\_\_\_\_,  
(name of officer) (title of officer)  
of \_\_\_\_\_, the assuming insurer under  
(name of assuming insurer)

a reinsurance agreement with one or more insurers domiciled in \_\_\_\_\_  
(name of state)

in order to be considered for approval in this state, hereby certify that

\_\_\_\_\_  
(name of assuming insurer) ("Assuming Insurer"):

1. Submits to the jurisdiction of any court of competent jurisdiction in \_\_\_\_\_ for the adjudication of any issue arising out of the (ceding insurer's state of domicile) reinsurance agreement, agrees to comply with all requirements necessary to give such court jurisdiction, and will abide by the final decision of such court or any appellate court in the event of an appeal. Nothing in this paragraph constitutes or should be understood to constitute a waiver of Assuming Insurer's rights to commence an action in any court of competent jurisdiction in the United States, to remove an action to a United States District Court, or to seek a transfer of a case to another court as permitted by the laws of the United States or of any state in the United States. This paragraph is not intended to conflict with or override the obligation of the parties to the reinsurance agreement to arbitrate their disputes if such an obligation is created in the agreement.
2. Designates the Insurance Commissioner of \_\_\_\_\_ (ceding insurer's state of domicile) as its lawful attorney upon whom may be served any lawful process in any action, suit or proceeding arising out of the reinsurance agreement instituted by or on behalf of the ceding insurer.
3. Agrees to provide security in an amount equal to 100% of liabilities attributable to U.S. ceding insurers if it resists enforcement of a final U.S. judgment or properly enforceable arbitration award.
4. Agrees to provide notification within 10 days of any regulatory actions taken against it, any change in the provisions of its domiciliary license or any change in its rating by an approved rating agency, including a statement describing such changes and the reasons therefore.
5. Agrees to annually file information comparable to relevant provisions of the NAIC financial statement for use by insurance markets in accordance with this Article.
6. Agrees to annually file the report of the independent auditor on the financial statements of the insurance enterprise.
7. Agrees to annually file audited financial statements, regulatory filings, and actuarial opinion in accordance with this Article.
8. Agrees to annually file an updated list of all disputed and overdue reinsurance claims regarding reinsurance assumed from U.S. domestic ceding insurers.
9. Is in good standing as an insurer or reinsurer with the supervisor of its domiciliary jurisdiction.

Dated: \_\_\_\_\_

\_\_\_\_\_  
(name of assuming insurer)

BY: \_\_\_\_\_

\_\_\_\_\_  
(name of officer)

\_\_\_\_\_  
(title of officer)

**Historical Note**

Adopted effective February 3, 1993 (Supp. 93-1). Exhibit B repealed; new Exhibit B made by final exempt rulemaking, under Laws 2015, Ch. 119, § 3, effective November 30, 2015 (Supp. 15-4).

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**Exhibit C. Form CR-F Instructions****Form CR-F Instructions****Part 1 - Assumed Reinsurance as of December 31, Current Year (000 Omitted)**

Create a spreadsheet with the following columns (total each column 5 through 15):

1. ID Number/Company Code
2. This column is intentionally left blank
3. Name of Reinsured
4. Domiciliary Jurisdiction
5. Assumed Premium
6. Reinsurance on Paid Losses and Loss Adjustment Expenses
7. Reinsurance on Known Case Losses and LAE
8. Cols. 6 + 7
9. Contingent Commissions Payable
10. Assumed Premium Receivable
11. Unearned Premium
12. Funds Held By or Deposited With Reinsured Companies
13. Letters of Credit Posted
14. Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit
15. Amount of Assets Pledged or Collateral Held in Trust

Each row shall list each insurer for which reinsurance is assumed for the calendar year.

**Part 2 - Ceded Reinsurance as of December 31, Current Year (000 Omitted)**

Create a spreadsheet with the following columns (total each column 6 through 19):

1. ID Number/Company Code
2. This column is intentionally left blank
3. Name of Reinsurer
4. Domiciliary Jurisdiction
5. Reinsurance Contracts Ceding 75% or More of Direct Premiums Written
6. Reinsurance Premiums Ceded
7. Reinsurance Recoverable on Paid Losses
8. Reinsurance Recoverable on Paid LAE
9. Reinsurance Recoverable on Known Case Loss Reserves
10. Reinsurance Recoverable on Known Case LAE Reserves
11. Reinsurance Recoverable on IBNR Loss Reserves
12. Reinsurance Recoverable on IBNR LAE Reserves
13. Reinsurance Recoverable on Unearned Premiums
14. Reinsurance Recoverable on Contingent Commissions
15. Cols. 7 through 14 Totals
16. Reinsurance Payable Ceded Balances Payable
17. Reinsurance Payable Other Amounts Due to Reinsurers
18. Net Amount Recoverable From Reinsurers, Cols. 15 – [16 + 17]
19. Funds Held by Company Under Reinsurance Treaties

Each row shall list each insurer to whom reinsurance was ceded for the calendar year.

**Historical Note**

Exhibit C made by final exempt rulemaking, under Laws 2015, Ch. 119, § 3, effective November 30, 2015 (Supp. 15-4).

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**Exhibit D. Form CR-S Instructions****Form CR-S Instructions**

**Part 1 – Section 1.** Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year

Create a spreadsheet with the following columns (total each column 7 through 12):

1. ID Number/Company Code
2. This column is intentionally left blank
3. Effective Date
4. Name of Reinsured
5. Location
6. Type of Reinsurance Assumed
7. Amount of In Force at End of Year
8. Reserve
9. Premiums
10. Reinsurance Payable on Paid and Unpaid Losses
11. Modified Coinsurance Reserve
12. Funds Withheld Under Coinsurance

Each row shall list each insurer for which reinsurance was assumed (life insurance, annuities, deposit funds and other liabilities without life or disability contingencies, and related benefits) for the calendar year.

**Part 1 – Section 2.** Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

Please create a spreadsheet with the following columns (total columns 7 through 12):

1. ID Number/Company Code
2. This column is intentionally left blank
3. Effective Date
4. Name of Reinsured
5. Domiciliary Jurisdiction
6. Type of Reinsurance Assumed
7. Premiums
8. Unearned Premiums
9. Reserve Liability Other Than For Unearned Premiums
10. Reinsurance Payable on Paid and Unpaid Losses
11. Modified Coinsurance Reserve
12. Funds Withheld Under Coinsurance

Each row shall list each insurer for which reinsurance was assumed (accident and health insurance) for the calendar year.

**Part 2.** Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

Create a spreadsheet with the following columns (total each column 6 and 7):

1. ID Number/Company Code
2. This column is intentionally left blank
3. Effective Date
4. Name of Company
5. Location
6. Paid Losses
7. Unpaid Losses

Each row shall list each insurer for which reinsurance on paid and unpaid losses is recoverable.

**Part 3 – Section 1.** Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

Create a spreadsheet with the following columns (total each column 7 through 14):

1. ID Number/Company Code
2. This column is intentionally left blank
3. Effective Date
4. Name of Company
5. Location

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6. Type of Reinsurance Ceded
7. Amount in Force at End of Year
8. Reserve Credit Taken Current Year
9. Reserve Credit Taken Prior Year
10. Premiums
11. Outstanding Surplus Relief Current Year
12. Outstanding Surplus Relief Prior Year
13. Modified Coinsurance Reserve
14. Funds Withheld Under Coinsurance

Each row shall list each insurer for which reinsurance was ceded (life insurance, annuities, deposit funds and other liabilities without life or disability contingencies and related benefits).

**Part 3 – Section 2.** Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year  
Create a spreadsheet with the following columns (total each column 7 through 13):

1. ID Number/Company Code
2. This column is intentionally left blank
3. Effective Date
4. Name of Company
5. Location
6. Type
7. Premiums
8. Unearned Premiums (Estimated)
9. Reserve Credit Taken other than for Unearned Premiums
10. Outstanding Surplus Relief Current Year
11. Outstanding Surplus Relief Prior Year
12. Modified Coinsurance Reserve
13. Funds Withheld Under Coinsurance

Each row shall list each insurer for which reinsurance was ceded (accident and health insurance).

**Historical Note**

Exhibit D made by final exempt rulemaking, under Laws 2015, Ch. 119, § 3, effective November 30, 2015 (Supp. 15-4).





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**B. Exemptions.** Part B of this Article does not apply to the following situations:

1. Reinsurance of:
  - a. Policies that satisfy the criteria for exemption set forth in A.R.S. § 20-510 and which are issued before the later of:
    - i. The effective date of this Part B; and
    - ii. The date on which the ceding insurer begins to apply the provisions of VM-20 to establish the ceded policies' statutory reserves, but in no event later than January 1, 2020;
  - b. Portions of policies that satisfy the criteria for exemption set forth in A.R.S. § 20-510 and which are issued before the later of:
    - i. The effective date of this Part B; and
    - ii. The date on which the ceding insurer begins to apply the provisions of VM-20 to establish the ceded policies' statutory reserves, but in no event later than January 1, 2020;
  - c. Any universal life policy that meets all of the following requirements:
    - i. Secondary guarantee period, if any, if five years or less;
    - ii. Specified premium for the secondary guarantee period is not less than the net level reserve premium for the secondary guarantee period based on the Director's Standard Ordinary (CSO) valuation tables and valuation interest rate applicable to the issue year of the policy; and
    - iii. The initial surrender charge is not less than 100% of the first year annualized specified premium for the secondary guarantee period;
  - d. Credit life insurance;
    - i. Any variable life insurance policy that provides for life insurance, the amount or duration of which varies according to the investment experience of any separate account or accounts; or
    - ii. Any group life insurance certificate unless the certificate provides for a stated and implied schedule of maximum gross premiums required in order to continue coverage in force for a period in excess of one year.
2. Reinsurance ceded to an assuming insurer that meets the applicable requirements of A.R.S. § 20-3602(F); or
3. Reinsurance ceded to an assuming insurer that meets the applicable requirements of A.R.S. §§ 20-3602(C), (D), or (E), and that, in addition:
  - a. Prepares statutory financial statements in compliance with the NAIC Accounting Practices and Procedures Manual, without any departures from NAIC statutory accounting practices and procedures pertaining to the admissibility or valuation of assets or liabilities that increase the assuming insurer's reported surplus and are material enough that they need to be disclosed in the financial statement of the assuming insurer pursuant to the Statement of Statutory Accounting Principles No. 1 ("SSAP 1"); and
  - b. Is not a Company Action Level Event, Regulatory Action Level Event, Authorized Control Level Event, or Mandatory Control Level Event as those terms are defined in A.R.S. § 20-488 when its Risk-Based Capital ("RBC") is calculated in accordance with the life risk-based capital report including overview and instructions for companies, as the same

may be amended by the NAIC from time to time, without deviation; or

4. Reinsurance ceded to an assuming insurer that meets the applicable requirements of A.R.S. §§ 20-3602(C), (D), or (E), and that, in addition:
  - a. Is not an affiliate, as that term is defined in A.R.S. § 20-481, of:
    - i. The insurer ceding the business to the assuming insurer; or
    - ii. Any insurer that directly or indirectly ceded the business to that ceding insurer;
  - b. Prepares statutory financial statements in compliance with the NAIC Accounting Practices and Procedures Manual;
  - c. Is both:
    - i. Licensed or accredited in at least ten states including its state of domicile; and
    - ii. Not licensed in any state as a captive, special purpose vehicle, special purpose financial captive, special purpose life reinsurance company, limited purpose subsidiary, or any other similar licensing regime; and
  - d. Is not, or would not be, below 500% of the Authorized Control Level RBC as that term is defined in A.R.S. § 20-488 when its RBC is calculated in accordance with the life risk-based capital report including overview and instructions for companies, as the same may be amended by the NAIC from time to time, without deviation, and without recognition of any departures from NAIC statutory accounting practices and procedures pertaining to the admission or valuation of assets or liabilities that increase the assuming insurer's reported surplus; or
5. Reinsurance ceded to an assuming insurer that meets the requirements of A.R.S. § 20-3604(D)(2); or
6. Reinsurance not otherwise exempt under subsections (B)(1) through (B)(5) if the Director, after consulting with the NAIC Financial Analysis Working Group (FAWG) or other group of regulators designated by the NAIC, as applicable, determines under all the facts and circumstances that all of the following apply:
  - a. The risks are clearly outside of the intent and purpose of this Part B;
  - b. The risks are included within the scope of this regulation only as a technicality; and
  - c. The application of this Part B to those risks is not necessary to provide appropriate protection to policyholders. The Director shall publicly disclose any decision made pursuant to this subsection (B)(6) to exempt a reinsurance treaty from this Part B, as well as the general basis for the decision including a summary of the treaty.

**C. Part B Definitions:**

1. "Actuarial Method" means the methodology used to determine the Required Level of Primary Security, as described in R20-6-B1602.
2. "Covered Policies" means policies, other than Grandfathered Policies and policies that are not exempt under subsection (B), of the following policy types:
  - a. Life insurance policies with guaranteed nonlevel gross premiums and/or guaranteed nonlevel benefits, except for flexible premium universal life insurance policies; or

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- b. Flexible premium universal life insurance policies with provisions resulting in the ability of a policyholder to keep a policy in force over a secondary guarantee period.
- 3. "Grandfathered Policies" means Covered Policies that were:
  - a. Issued prior to January 1, 2015; and
  - b. Ceded, as of December 31, 2014, as part of a reinsurance treaty that would not have met one of the exemptions set forth in subsection (B).
- 4. "Non-Covered Policies" means any policy that does not meet the definition of Covered Policies, including Grandfathered Policies.
- 5. "Other Security" means any security acceptable to the Director other than security meeting the definition of Primary Security.
- 6. "Primary Security" means the following forms of security:
  - a. Cash meeting the requirements of A.R.S. § 20-3603(B)(1);
  - b. Securities listed by the Securities Valuation Office meeting the requirements of A.R.S. § 20-3603(B)(2), but excluding any synthetic letter of credit, contingent note, credit-linked note, or other similar security that operates in a manner similar to a letter of credit excluding any securities issued by the ceding insurer or any of its affiliates; and
  - c. For security held in connection with funds-withheld and modified coinsurance reinsurance treaties:
    - i. Commercial loans in good standing of CM3 quality and higher;
    - ii. Policy loans; and
    - iii. Derivatives acquired in the normal course and used to support and hedge liabilities pertaining to the actual risks in the policies ceded pursuant to the reinsurance treaty.
- 7. "Required Level of Primary Security" means the dollar amount determined by applying the Actuarial Method to the risks ceded with respect to Covered Policies, but not more than the total reserve ceded.
- 8. "Valuation Manual" means the Valuation Manual adopted by the NAIC as described in A.R.S. § 20-510, with all amendments adopted by the NAIC that are effective for the financial statement date on which credit for reinsurance is claimed.
- 9. "VM-20" means "Requirements for Principle-Based Reserves for Life Products" including all relevant definitions from the Valuation Manual.
- D. Severability. If any provision of this Part B is held invalid, the remainder shall not be affected.
- E. Prohibition against avoidance. No insurer that has Covered Policies to which this Part B applies, as set forth in subsection (A), shall take any action or series of actions or enter into any transaction or arrangement or series of transactions or arrangements if the purpose of the action, transaction, or arrangement or series is to avoid the requirements of this Part B or to circumvent its purpose and intent.

**Historical Note**

New Section R20-6-B1601 renumbered from R20-6-1610 and repealed; new Section R20-6-B1601 made by final rulemaking at 28 A.A.R. 493 (March 4, 2022), effective April 9, 2022; the redundant phrase "of this Section" was removed when followed by a subsection refer-

ence, and the word "Section" was removed before a Chapter Section number (Supp. 22-1).

**R20-6-B1602. The Actuarial Method**

- A. Actuarial Method. The Actuarial Method to establish the Required Level of Primary Security for each reinsurance treaty subject to this Part B shall be VM-20, applied on a treaty-by-treaty basis, including all relevant definitions, from the Valuation Manual then in effect, applied as follows:
  - 1. For Covered Policies described in R20-6-B1601(C)(2)(a), the Actuarial Method is the greater of the Deterministic Reserve or the Net Premium Reserve (NPR) regardless of whether the criteria for exemption testing can be met. However, if the Covered Policies do not meet the requirements of the Stochastic Reserve exclusion test in the Valuation Manual, then the Actuarial Method is the greatest of the Deterministic Reserve, the Stochastic Reserve, or the NPR. In addition, if such Covered Policies are reinsured in a reinsurance treaty that also contains Covered Policies described in R20-6-B1601(C)(2)(b), the ceding insurer may elect to instead use subsection (A)(2) as the Actuarial Method for the entire reinsurance agreement. Whether subsection (A)(1) or (A)(2) is used, the Actuarial Method must comply with any requirements or restrictions that the Valuation Manual imposes when aggregating these policy types for purposes of principle-based reserve calculations.
  - 2. For Covered Policies described in R20-6-B1601(C)(2)(b), the Actuarial Method is the greatest of the Deterministic Reserve, the Stochastic Reserve, or the NPR regardless of whether the criteria for exemption testing can be met.
  - 3. Except as provided in subsection (A)(4), the Actuarial Method is to be applied on a gross basis to all risks with respect to the Covered Policies as originally issued or assumed by the ceding insurer.
  - 4. If the reinsurance treaty cedes less than 100% of the risk with respect to the Covered Policies, then the Required Level of Primary Security may be reduced as follows:
    - a. If a reinsurance treaty cedes only a quota share of some of all of the risks pertaining to the Covered Policies, the Required Level of Primary Security, as well as any adjustment under subsection (A)(4)(c), may be reduced to a pro rata portion in accordance with the percentage of the risk ceded;
    - b. If the reinsurance treaty in a non-exempt arrangement cedes only the risks pertaining to a secondary guarantee, the Required Level of Primary Security may be reduced by an amount determined by applying the Actuarial Method on a gross basis to all risks, other than risks related to the secondary guarantee, pertaining to the Covered Policies, except that for Covered Policies for which the ceding insurer did not elect to apply the provisions of VM-20 to establish statutory reserves, the Required Level of Primary Security may be reduced by the statutory reserve retained by the ceding insurer on those Covered Policies, where the retained reserve of those Covered Policies should be reflective of any reduction pursuant to the cessation of mortality risk on a yearly renewable term basis in an exempt arrangement;
    - c. If a portion of the covered policy risk is ceded to another reinsurer on a yearly renewable term basis in an exempt arrangement, the Required Level of Pri-

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mary Security may be reduced by the amount resulting by applying the Actuarial Method including the reinsurance section of VM-20 to the portion of the covered policy risks ceded in the exempt arrangement, except that for Covered Policies issued prior to January 1, 2017, this adjustment is not to exceed  $[cx / (2 * \text{number of reinsurance premiums per year})]$  where cx is calculated using the same mortality table used in calculating the Net Premium Reserve; and

- d. For any other treaty ceding a portion of risk to a different reinsurer, including but not limited to stop loss, excess of loss, and other non-proportional reinsurance treaties, there will be no reduction in the Required Level of Primary Security. It is possible for any combination of subsections (A)(4)(a), (A)(4)(b), (A)(4)(c), and (A)(4)(d) to apply. Such adjustments to the Required Level of Primary Security will be done in the sequence that accurately reflects the portion of the risk ceded via the treaty. The ceding insurer should document the rationale and steps taken to accomplish the adjustments to the Required Level of Primary Security due to the cession of less than 100% of the risk. The adjustments for other reinsurance will be made only with respect to reinsurance treaties entered into directly by the ceding insurer. The ceding insurer will make no adjustment as a result of a retrocession treaty entered into by the assuming insurers.

5. In no event will the Required Level of Primary Security resulting from application of the Actuarial Method exceed the amount of statutory reserves ceded.
6. If the ceding insurer cedes risk with respect to Covered Policies, including any riders, in more than one reinsurance treaty subject to this Part B, in no event will the aggregate Required Level of Primary Security for those reinsurance treaties be less than the Required Level of Primary Security calculated using the Actuarial Method as if all risks ceded in those treaties were ceded in a single treaty subject to this Part B.
7. If a reinsurance treaty subject to this Part B cedes risk on both Covered and Non-Covered Policies, credit for the ceded reserves shall be determined as follows:
  - a. The Actuarial Method shall be used to determine the Required Level of Primary Security for the Covered Policies, and R20-6-B1603 shall be used to determine the reinsurance credit for the covered policy reserves; and
  - b. Credit for the non-covered policy reserves shall be granted only to the extent that security, in addition to the security held to satisfy the requirements of subsection (A)(7)(a), is held by or on behalf of the ceding insurer in accordance with A.R.S. §§ 20-3602 and 20-3603. Any Primary Security used to meet the requirements of this subsection (A)(7)(b) may not be used to satisfy the Required Level of Primary Security for the Covered Policies.

- B. Valuation used for Purposes of Calculations. For the purposes of both calculating the Required Level of Primary Security pursuant to the Actuarial Method and determining the amount of Primary Security and Other Security, as applicable, held by or on behalf of the ceding insurer, the following shall apply:

1. For assets, including any such assets held in trust, that would be admitted under the NAIC Accounting Practices and Procedures Manual if they were held by the ceding

insurer, the valuations are to be determined according to statutory accounting procedures as if such assets were held in the ceding insurer's general account and without taking into consideration the effect of any prescribed or permitted practices; and

2. For all other assets, the valuations are to be those that were assigned to the assets for the purpose of determining the amount of reserve credit taken. In addition, the asset spread tables and asset default cost tables required by VM-20 shall be included in the Actuarial Method if adopted by the NAIC's Life Actuarial (A) Task Force no later than the December 31st on or immediately preceding the valuation date for which the Required Level of Primary Security is being calculated. The tables of asset spreads and asset default costs shall be incorporated into the Actuarial Method in the manner specified in VM-20.

**Historical Note**

New Section R20-6-B1602 renumbered from R20-6-1611 and repealed; new Section R20-6-B1602 made by final rulemaking at 28 A.A.R. 493 (March 4, 2022), effective April 9, 2022; the redundant phrase "of this Section" and word "below" were removed when followed by a subsection reference, and the word "Section" was removed before a Chapter Section number (Supp. 22-1).

**R20-6-B1603. Requirements Applicable to Covered Policies to Obtain Credit for Reinsurance; Opportunity for Remediation**

- A. Requirements. Subject to the exemptions described in R20-6-B1601(B) and the provisions of subsection (B), credit for reinsurance shall be allowed with respect to ceded liabilities pertaining to Covered Policies pursuant to A.R.S. §§ 20-3602 or 20-3603 if, and only if, in addition to all other requirements imposed by law or regulation, the following requirements are met on a treaty-by-treaty basis:

1. The ceding insurer's statutory policy reserves with respect to the Covered Policies are established in full and in accordance with the applicable requirements of A.R.S. § 20-510 and related regulations and actuarial guidelines, and credit claimed for any reinsurance treaty subject to this regulation does not exceed the proportionate share of those reserves ceded under the contract; and
2. The ceding insurer determines the Required Level of Primary Security with respect to each reinsurance treaty subject to this Part B and provides support for its calculation as determined to be acceptable to the Director; and
3. Funds consisting of Primary Security, in an amount at least equal to the Required Level of Primary Security, are held by or on behalf of the ceding insurer, as security under the reinsurance treaty within the meaning of A.R.S. § 20-3603, on a funds withheld, trust, or modified coinsurance basis; and
4. Funds consisting of Other Security, in an amount at least equal to any portion of the statutory reserves as to which Primary Security is not held pursuant to subsection (A)(3), are held by or on behalf of the ceding insurer as security under the reinsurance treaty within the meaning of A.R.S. § 20-3603; and
5. Any trust used to satisfy the requirements of this Section shall comply with all of the conditions and qualifications of R20-6-A1608(A) through (G), except that:
  - a. Funds consisting of Primary Security or Other Security held in trust, shall for the purposes identified in R20-6-B1602(B), be valued according to the valua-

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tion rules set forth in R20-6-B1602(B), as applicable; and

- b. There are no affiliate investment limitations with respect to any security held in the trust if such security is not needed to satisfy the requirements of subsection (A)(3); and
- c. The reinsurance treaty must prohibit withdrawals or substitutions of trust assets that would leave the fair market value of the Primary Security within the trust (when aggregated with Primary Security outside the trust that is held by or on behalf of the ceding insurer in the manner required by subsection (A)(3) 102% of the level required by subsection (A)(3) at the time of the withdrawal or substitution; and
- d. The determination of reserve credit under R20-6-A1608(E) shall be determined according to the valuation rules set forth in R20-6-B1602(B), as applicable; and

6. The reinsurance treaty has been approved by the Director.

**B. Requirements at inception date and on an on-going basis; remediation:**

1. The requirements of subsection (A) must be satisfied as of the date that risks under Covered Policies are ceded (if such date is on or after the effective date of this Part B) and on an ongoing basis thereafter. Under no circumstances shall a ceding insurer take or consent to any action or series of actions that would result in a deficiency under subsections (A)(3) or (A)(4) with respect to any reinsurance treaty under which Covered Policies have been ceded, and in the event that a ceding insurer becomes aware at any time that such a deficiency exists, it shall use its best efforts to arrange for the deficiency to be eliminated as expeditiously as possible.
2. Prior to the due date of each quarterly or annual statement, each life insurance company that has ceded reinsurance within the scope of subsection R20-6-B1601(A) shall perform an analysis, on a treaty-by-treaty basis, to determine, as to each reinsurance treaty under which Covered Policies have been ceded, whether as of the end of the immediately preceding calendar quarter (the valuation date) the requirements of subsections (A)(3) and (A)(4) were satisfied. The ceding insurer shall establish a liability equal to the excess of the credit for reinsurance taken over the amount of Primary Security actually held pursuant to subsection (A)(3), unless either:
  - a. The requirements of subsections (A)(3) and (A)(4) were fully satisfied as of the valuation date as to the reinsurance treaty; or
  - b. Any deficiency has been eliminated before the due date of the quarterly or annual statement to which the valuation date relates through the addition of Primary Security and/or Other Security, as the case may be, in such amount and in such form as would have caused the requirements of subsections (A)(3) and (A)(4) to be fully satisfied as of the valuation date.
3. Nothing in subsection (B)(2) shall be construed to allow a ceding company to maintain any deficiency under subsection (A)(3) or (A)(4) for any period of time longer than is reasonably necessary to eliminate it.

**Historical Note**

New Section R20-6-B1603 renumbered from R20-6-1612 and repealed; new Section R20-6-B1603 made by final rulemaking at 28 A.A.R. 493 (March 4, 2022),

effective April 9, 2022; the redundant phrase “of this Section” and word “below” were removed when followed by a subsection reference, and the word “Section” was removed before a Chapter Section number (Supp. 22-1).

**ARTICLE 17. EXAMINATIONS**

**R20-6-1701. Definitions**

- A. “Company” means any person engaging in or proposing or attempting to engage in any transaction or kind of insurance or surety business and any person or group of persons who may otherwise be subject to the administrative, regulatory or taxing authority of the Director.
- B. “Examination” shall be defined for purposes of this Article to mean any examination relating to the financial condition of a company.
- C. “Examiner” means any individual or firm having been authorized by the Director to conduct an examination under this Article.

**Historical Note**

Adopted effective February 22, 1993 (Supp. 93-1). R20-6-1701 recodified from R4-14-1701 (Supp. 95-1).

**R20-6-1702. Authority, Scope, and Scheduling of Examinations**

- A. The Director shall examine an insurer under A.R.S. § 20-156(A) at least once every five years.
- B. Instead of the examination under subsection (A), the Director may accept the most recent examination report prepared by the National Association of Insurance Commissioners insurance regulatory authority of another state on any foreign or alien insurer if:
  1. The insurance regulatory authority was accredited under the National Association of Insurance Commissioners’ Financial Regulation Standards and Accreditation Program at the time of the examination,
  2. A National Association of Insurance Commissioners accredited insurance regulatory authority supervised the examination, or
  3. At least one examiner employed or contracted by a National Association of Insurance Commissioners accredited insurance regulatory authority:
    - a. Participated in and reviewed the examination work papers and report, and
    - b. Signed an affidavit stating that the examination was performed in a manner consistent with the standards and procedures required by the National Association of Insurance Commissioners accredited insurance regulatory authority.

**Historical Note**

Adopted effective February 22, 1993 (Supp. 93-1). Amended effective October 27, 1993 (Supp. 93-4). R20-6-1702 recodified from R4-14-1702 (Supp. 95-1). Amended by final rulemaking at 11 A.A.R. 2975, effective September 10, 2005 (Supp. 05-3).

**R20-6-1703. Conduct of Examinations**

- A. Upon determining that an examination should be conducted, the Director or the Director’s designee shall issue an examination warrant appointing one or more examiners to perform the examination and instructing them as to the scope of the examination.
- B. Nothing contained in this Article shall be construed to limit the Director’s authority to terminate or suspend any examination in order to pursue other legal or regulatory action pursuant to

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the insurance laws of this state or to pursue such action concurrent with the examination.

- C. The Director may disclose the content of an examination report, preliminary examination report or results, or any matter relating thereto, to the insurance department of any other state or country or to law enforcement officials of this or any other state or agency of the federal government at any time. Prior to making such disclosure, the Director may require such other department or office to agree in writing to hold as confidential the examination report, preliminary examination report or results or any matter relating thereto until such time as the examination report, preliminary examination report or results or matter relating thereto are made public by the Director.

**Historical Note**

Adopted effective February 22, 1993 (Supp. 93-1). R20-6-1703 recodified from R4-14-1703 (Supp. 95-1).

**R20-6-1704. Examination Reports**

- A. All examination reports shall be comprised of only facts appearing upon the books, records, or other documents of the company, its agents or other persons examined, or as ascertained from the testimony of its officers or agents or other persons examined concerning its affairs, and such conclusions and recommendations as the examiners find warranted from the facts.
- B. No later than 60 days following completion of the examination, the examiner in charge shall submit to the Department a verified written report of examination under oath. Upon receipt of the verified report, the Department shall transmit the report to the company examined, together with a notice which shall afford the company examined a reasonable opportunity of not less than 10 days nor more than 30 days to make a written submission or rebuttal with respect to any matters contained in the examination report.
- C. Within 30 days after the end of the period allowed for the receipt of written submissions or rebuttals, the Director shall fully consider and review the report, together with any written submissions or rebuttals and any relevant portions of the examiner's workpapers and shall:
1. File the examination report as submitted or with modification or corrections. If the examination report reveals that the company is operating in violation of any law, regulation or prior order of the Director, the Director may order the company to take any action necessary and appropriate to cure such violation; or
  2. Reject the examination report with directions to the examiners to reopen the examination for purposes of obtaining additional data, documentation or information, and resubmission pursuant to subsection (B).

**Historical Note**

Adopted effective February 22, 1993 (Supp. 93-1). R20-6-1704 recodified from R4-14-1704 (Supp. 95-1).

**ARTICLE 18. PREPAID DENTAL PLAN ORGANIZATIONS****R20-6-1801. Definitions**

In this Article the following definitions apply:

"Appointment" means a first-available, initial, non-emergent, diagnostic visit to a dentist.

"Board certified" means a dentist who is recognized by the appropriate specialty board of the Commission on Accreditation of Dental Education of the American Dental Association.

"Board eligible" means a dentist who successfully completes an approved training program in a specialty field recognized by the American Dental Association.

"BODEX" means the Arizona State Board of Dental Examiners.

"Chief executive officer" means the person who has the authority and responsibility for the operation of an Organization according to applicable legal requirements and policies approved by the governing authority.

"Dental hygienist" means a person who is licensed to practice dental hygiene under A.R.S. § 32-1281 et seq.

"Dentist" means a person who is licensed to practice dentistry under A.R.S. § 32-1201 et seq.

"Department" means the Arizona Department of Insurance and Financial Institutions.

"Diagnostic service" means a dental service intended to identify a dental abnormality, and includes a radiograph and a clinical exam.

"Director" has the meaning prescribed at A.R.S. § 20-102.

"Emergency dental service" means a dental service intended to evaluate and stabilize a dental condition of recent onset, control bleeding, and relieve pain, and includes the provision of local anesthesia, and elimination of acute infection, but does not mean a medication that is prescribed by the dentist.

"General dentist" means a dentist whose practice is not limited to a specific area and who is not board certified.

"Governing authority" means the persons, including a board of trustees or board of directors, who have the ultimate authority and responsibility for the direction of a prepaid dental plan Organization.

"Organization" means a prepaid dental plan organization as defined in A.R.S. § 20-1001.

"Patient" means a person who is being attended by a dentist or dental hygienist to receive an examination, diagnosis, or dental treatment, or a combination of an examination, diagnosis, and dental treatment.

"Preventive service" means dental care intended to maintain dental health and prevent dental disease, including any combination of oral hygiene education, routine prophylaxis, and application of fluorides.

"Prophylaxis" means cleaning the teeth of a patient with healthy tissue using mild abrasives and dental instruments to remove plaque, calculus, and stains above the gum line.

"Provider directory" means an Organization's published listing of all contracted network dentists.

"Radiograph" means a picture produced on a sensitive surface by a form of radiation other than light, including x-ray.

"Restorative service" means the use of a metal or composite filling or crown.

"Specialist" means a dentist whose practice is limited to one of the nine specialty categories recognized by the American Dental Association: endodontics, oral and maxillofacial surgery, oral and maxillofacial radiology, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, prosthodontics, oral pathology, or dental public health.

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“Treatment plan” means a statement of the services to be performed to eliminate or alleviate a patient’s symptoms or disease, based on a dentist’s assessment of the patient’s dental history, the clinical examination, and the dentist’s diagnosis.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 463, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 28 A.A.R. 654 (March 25, 2022), effective May 7, 2022 (Supp. 22-1).

**R20-6-1802. Application for Certificate of Authority**

- A.** A person who wishes to operate as prepaid dental plan organization in Arizona shall file an application for certificate of authority under A.R.S. § 20-1003 for the Director’s review and approval under A.R.S. § 20-1004. The application shall contain all the information required in A.R.S. § 20-1003 and this Section.
- B.** An authorized insurer shall issue the fidelity bond required under A.R.S. § 20-1004(A)(4).
- C.** An Organization shall not commence operation of, or service under, a prepaid dental plan without approval of the Director under A.R.S. § 20-1004.
- D.** An application is deemed filed with the Director when the Director receives it.
- E.** An applicant not domiciled in this state shall file a power of attorney as required by A.R.S. § 20-1003(A)(11) on a Department-prescribed form, with the application.
- F.** At the time it submits its application for certificate of authority, an Organization shall submit a written program of compliance with supporting documents that specify how the Organization will comply with the provisions of this Article. The written program of compliance shall contain the following:
  - 1. The responsibilities of and qualifications for the following positions:
    - a. The Organization’s chief executive officer, and
    - b. The Organization’s dental director;
  - 2. A plan for provision of basic dental services required under subsection R20-6-1806(A) and a copy of the schedule of benefits required under subsection R28-6-1806(B);
  - 3. A description of the system for delivery of services under Section R20-6-1807;
  - 4. A description of the geographic area designated under Section R20-6-1808;
  - 5. A plan for compliance with contract requirements under Section R20-6-1809 and a copy of a contract with a general dentist and a specialist;
  - 6. A plan for compliance with records requirements under Section R20-6-1810; and
  - 7. The Organization’s quality improvement plan under Section R20-6-1811.
- G.** An application shall include the following information:
  - 1. The proposed number of members, and
  - 2. A copy of a letter from each network dentist that documents the dentist’s intent to contract with the Organization to provide services to patients under the Organization’s prepaid dental plan.
- H.** The Director may require that an applicant for a certificate of authority under A.R.S. § 20-1003(A)(14) submit information that discloses biographical, employment and business financial history, criminal activity, fingerprints, or any information that relates to the ability to operate a prepaid dental plan for principals, principal officers, controlling persons, and insur-

ance producers of the applicant, if necessary for the protection of residents of this State.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 463, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 28 A.A.R. 654 (March 25, 2022), effective May 7, 2022 (Supp. 22-1).

**R20-6-1803. Chief Executive Officer**

- A.** The governing authority shall appoint a chief executive officer (CEO). The CEO shall have:
  - 1. The education and experience to manage the Organization, and
  - 2. Responsibility for the geographic area in Arizona that the Organization serves, including:
    - a. Implementing the policies of the governing authority, and
    - b. Maintaining adequate personnel to ensure compliance with applicable Arizona statutes and rules.
- B.** The governing authority shall notify the Department within ten days after the effective date of a change in the appointment of the CEO.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 463, effective January 10, 2002 (Supp. 02-1).

**R20-6-1804. Dental Director**

- A.** The governing authority or CEO shall appoint as the Organization’s dental director a dentist licensed to practice dentistry in any state or territory of the United States or the District of Columbia.
- B.** The dental director shall perform at least the following functions for the Organization’s geographic area in Arizona:
  - 1. Participate on the Organization’s quality improvement committee required under Section R20-6-1811;
  - 2. Oversee the Organization’s program and processes for:
    - a. Maintaining and improving clinical quality of care, including continuity of care;
    - b. Provider relations;
    - c. Facility and dental record reviews; and
    - d. Provider credentialing and recredentialing;
  - 3. Be knowledgeable about and participate in decisions regarding the Organization’s operations;
  - 4. Comply with A.R.S. § 20-2510(B) and (C) when directly denying, on the basis of medical necessity, a health care provider’s request for prior authorization; and
  - 5. Timely respond to matters within the Organization’s Arizona geographic area that require personal onsite attention or ensure that a designee who meets the requirements specified in subsection (D) timely responds to those matters.
- C.** Matters that require personal onsite attention include:
  - 1. Urgent patient care issues that require examination of dental records or X-rays;
  - 2. Prompt personal discussion with a provider of urgent concerns relating to credentialing, disciplinary problems, access to care, or quality of care.
- D.** Any designee acting under subsection (B)(5) shall:
  - 1. Be a dentist licensed to practice dentistry in any state or territory of the United States or the District of Columbia;
  - 2. Have expedient access to the dental director, the CEO, and other organization management personnel as necessary to resolve any matter requiring personal onsite attention; and

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3. Have the education, experience, and Organizational knowledge required to address the matter requiring personal onsite attention.
- E. The Organization shall notify the Department in writing within ten days after the effective date of a change in the appointment of the dental director or any designee.
- F. The requirements for a designee under subsections (B)(5), (D), and (E) shall not apply to an Organization with fewer than 2,000 members in Arizona.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 463, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 28 A.A.R. 654 (March 25, 2022), effective May 7, 2022 (Supp. 22-1).

**R20-6-1805. Required Reporting**

- A. On or before March 1 of each year, an Organization shall submit the following information to the Department for the previous calendar year:
  1. Member satisfaction survey results and supporting data;
  2. A spreadsheet that lists the name, address, and telephone number of each provider and whether the provider: is accepting new members, is a general dentist or specialist, and has graduated from a specialty graduate program accredited by the American Dental Association;
  3. A list of all contracted network general dentists and specialists that have been added or deleted since the previous annual report;
  4. The total number of members and the number of members assigned to each general dentist's office;
  5. The average member wait time measured in weeks for an appointment for each network dentistry office; and
  6. A website link to its current provider directory.
- B. If a network dental office that is open to new members has an appointment wait time of longer than nine weeks for three consecutive calendar quarters, the Organization shall report to the Director who may require the Organization to close the office to new members until the wait time is less than nine weeks.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 463, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 28 A.A.R. 654 (March 25, 2022), effective May 7, 2022 (Supp. 22-1).

**R20-6-1806. Basic Dental Services**

- A. A prepaid dental plan shall provide the basic dental services listed below:
  1. Emergency dental services on a 24-hour-per-day basis,
  2. Diagnostic services,
  3. Preventive services, and
  4. Restorative services.
- B. An Organization shall publish and make available to its members and purchasers a schedule of benefits that includes the dental plan's basic dental services and other available dental services and any associated copays.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 463, effective January 10, 2002 (Supp. 02-1).

**R20-6-1807. System for Delivery of Services**

- A. An Organization shall have a system for delivery of services that includes:

1. An adequate network of general dentists. To determine network adequacy, the Department shall consider the following:
  - a. Geographic distribution of network general dentists' offices,
  - b. The number of dental offices accepting new members,
  - c. The percentage of all network members who are able to schedule an appointment within nine weeks,
  - d. The availability of trained clinical support staff in the Arizona geographic area,
  - e. The ratio of population growth to the increase or decrease in the number of dentists in the Arizona geographic area, and
  - f. Current availability for appointments in all general dentist practices in Arizona; and
2. Provision for using specialists for dental services that cannot be provided by the Organization's network of contracted specialists, if the services are covered benefits.
- B. If more than 15% of the network offices that are open to new members have an appointment wait time of longer than nine weeks, the Organization shall submit a plan to the Department under which the Organization will, within 90 days, reduce the wait time to less than nine weeks. If the Organization does not reduce the wait time to less than nine weeks within the 90 day period the Organization shall refer the members who are waiting for an appointment to another network general dentist or a non-network general dentist who can schedule the member for an appointment in less than nine weeks. The member may choose to continue dental care under the prepaid dental plan with the referred dentist for the remainder of the member's enrollment period. The Organization shall provide the non-network services to the referred member at a cost that is no greater than if the services are provided by the member's assigned network dentist.
- C. An Organization shall pay for emergency dental services provided to a member by a dentist licensed in the jurisdiction where the services are provided, subject to plan limitations disclosed in the dental care plan, including emergency dental services that occur:
  1. Within the geographic area served by the member's designated provider but the provider is unavailable, or
  2. Occurs outside of the member's designated geographic service area.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 463, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 28 A.A.R. 654 (March 25, 2022), effective May 7, 2022 (Supp. 22-1).

**R20-6-1808. Geographic Areas**

- A. An Organization shall designate the geographic areas in Arizona in which the Organization intends to provide dental services that are reasonably convenient to the prospective members. The Organization shall provide a description of the geographic areas and locations of all facilities in which dental care will be provided under the prepaid dental plan. This information shall accompany or be included in any advertisements or sales materials provided to prospective employer groups and prospective members.
- B. An Organization shall define its geographic areas by local government jurisdictions, such as cities or counties.



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**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 463, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 28 A.A.R. 654 (March 25, 2022), effective May 7, 2022 (Supp. 22-1).

**R20-6-1809. Contract Requirements**

- A.** An Organization shall have a written contract with each provider that documents the requirements for providing services under the prepaid dental plan and the terms of the agreements between the parties. The Organization shall ensure that the provider complies with all contract requirements.
- B.** In addition to the requirements in subsection (A), an Organization shall ensure that its contract with a provider includes the following provisions:
  - 1. That the Organization has authority to review the provider's records,
  - 2. That the provider is responsible to implement and maintain a process to inform assigned members of the need to schedule periodic preventive dental services based on the member's oral health status, and
  - 3. That the provider is responsible to complete any procedure undertaken upon a member if the contract is terminated or expires.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 463, effective January 10, 2002 (Supp. 02-1).

**R20-6-1810. Records**

- A.** Dental records are the property of the provider and shall not be removed from the provider's possession, except:
  - 1. With the patient's permission, including for routing records to a dental or medical practitioner for consultation or evaluation; or
  - 2. When subpoenaed by a court or BODEX.
- B.** An Organization shall maintain at its principal office a copy of each issued or delivered advertising matter or sales material, letter of solicitation, evidence of coverage, provider directory, certificate, agreement, or contract. The Organization shall note the date each advertising matter or sales material is filed with the Department and the date of distribution to any person. The advertising matter or sales material shall be maintained for at least three years.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 463, effective January 10, 2002 (Supp. 02-1).

**R20-6-1811. Quality Improvement**

- A.** An Organization shall have a governing authority.
- B.** The governing authority shall appoint a quality improvement committee that consists of the chief executive officer or designee, the dental director, the person who manages the Organization's quality improvement process, and at least one dental health professional. The committee may also include network allied health professionals and members of the plan.
- C.** The quality improvement committee shall:
  - 1. Meet at least quarterly,
  - 2. Review and evaluate dental services delivered under the Organization's plan, and
  - 3. Establish procedures for recordkeeping and distribution of committee reports.
- D.** An Organization shall maintain a written quality improvement plan that contains procedures for each of the following:
  - 1. Ensuring that a dentist licensed in any state or territory of the United States or District of Columbia reviews and

evaluates dental care and services provided by each contracted general dentist at least once every three years;

- 2. Allocation of the Organization's resources to analyze a problem or any identified deficiency;
- 3. Implementing a corrective action plan and methods for monitoring improvement;
- 4. Notifying a member in writing of the member's responsibility to cooperate with those providing dental care services and of the member's rights to:
  - a. Voice concerns about the Organization or care provided;
  - b. Be provided with information about the Organization, its services, providers, and member rights and responsibilities;
  - c. Participate in decisions about the member's dental care; and
  - d. Be treated with respect and have the right to privacy recognized;
- 5. Monitoring and improving membership satisfaction;
- 6. Maintaining an accurate provider directory that meets at least the following requirements:
  - a. Lists only credentialed providers who are currently scheduling members for diagnosis and treatment; and
  - b. Clearly designates providers who are not accepting new members;
- 7. Review by the dental director of the following for initial credentialing of network providers:
  - a. Query to the National Practitioner Data Bank;
  - b. Query to BODEX;
  - c. Valid United States Drug Enforcement Administration certificate, if applicable;
  - d. Evidence of current malpractice insurance; and
  - e. Documentation that each specialist has graduated from an accredited specialty graduate program as required by the Council on Dental Education and Licensure, American Dental Association; and
- 8. Recredentialing, at least every three years, that updates information obtained in subsections (D)(7)(b) through (d), for the dental director's review.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 463, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 28 A.A.R. 654 (March 25, 2022), effective May 7, 2022 (Supp. 22-1).

**R20-6-1812. Confidentiality of Records**

An Organization shall not disclose information obtained pertaining to the diagnosis, treatment, or health of a member to any person except:

- 1. To the extent necessary to carry out this Article;
- 2. Upon the express written consent of the member, applicant, provider, or Organization, as appropriate; or
- 3. Under statute or court order for the production or discovery of evidence or as part of a civil or criminal investigation.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 463, effective January 10, 2002 (Supp. 02-1).

**R20-6-1813. Assignment of Members**

- A.** Within 30 days of enrollment, an Organization shall assign a member to the provider the member chooses. The Organiza-

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tion, however, shall choose and assign a provider to a member within 30 days of any of the following:

1. Receipt of a member enrollment form that does not designate a provider, or receipt of a member enrollment form that designates a provider who is unavailable;
  2. The date of the notice that the member's assigned provider intends to cease providing services; or
  3. The date the member's assigned provider becomes unavailable, for any reason.
- B.** An Organization shall give each member the option of selecting a network provider other than the provider assigned by the Organization under subsection (A).
- C.** An Organization shall maintain a continuous assignment process in compliance with subsections (A) and (B), allowing no more than 4% of members to be unassigned at any time.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 463, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 28 A.A.R. 654 (March 25, 2022), effective May 7, 2022 (Supp. 22-1).

**ARTICLE 19. HEALTH CARE SERVICES ORGANIZATIONS OVERSIGHT****R20-6-1901. Applicability**

- A.** This Article applies to:
1. All proposed and existing health care services organizations (HCSOs), and
  2. Each product offered by an HCSO under the HCSO's certificate of authority.
- B.** The Department shall not issue a certificate of authority to an HCSO unless the HCSO meets the requirements of this Article.
- C.** The Department shall not require an existing HCSO to re-file information already on file with the Department, but the HCSO shall modify its operations and procedures as may be necessary to comply with this Article and file with the Department all additional information necessary to make statements complete and current.
- D.** This Article applies to inpatient emergency care, but does not apply to emergency services.
- E.** This Article applies only to covered services.

**Historical Note**

New Section made by exempt rulemaking at 7 A.A.R. 2769, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 11 A.A.R. 4861, effective December 31, 2005 (Supp. 05-4).

**R20-6-1902. Definitions**

In addition to the definitions provided in A.R.S. § 20-1051, the following terms apply to this Article:

1. "Access" or "accessibility" means the extent to which an enrollee can obtain timely covered services from a contracted provider at the appropriate level of care, and appropriate location.
2. "Adult" means an enrollee in the age group the HCSO has designated for an adult.
3. "Adult PCP" means a primary care provider practicing in any specialty the HCSO designates as adult primary care.
4. "Ancillary provider" means a provider of laboratory, radiology, pharmacy or rehabilitative services, physical therapy, occupational therapy, or speech therapy, home health services, dialysis, and durable medical equipment or medical supplies dispensed by order or prescription of a provider with the appropriate prescribing authority.

5. "Available" or "availability" means the extent to which the plan has contracted providers of the appropriate type and numbers at geographic locations to afford members access to timely covered services.
6. "Chief executive officer" or "CEO" means the person who has the authority and responsibility for the operation of the health care services organization according to applicable legal requirements and policies approved by the governing authority.
7. "Child" means an enrollee in the age group the HCSO has designated for children.
8. "Contracted" means a provider has a current written agreement or an employment arrangement with an HCSO to provide covered services to an enrollee, or a current written agreement or an employment arrangement with a contracted provider to provide covered services to an enrollee.
9. "Covered" or "covered services" means the health care services described as covered benefits in the HCSO's evidence of coverage.
10. "Day" means calendar day unless specified otherwise.
11. "Department" means the Department of Insurance and Financial Institutions.
12. "Director" has the meaning stated at A.R.S. § 20-102.
13. "Effective process" means written policies and procedures that:
  - a. Outline the steps that the HCSO implements and consistently follows internally,
  - b. The HCSO subjects to internal quality improvement, and
  - c. The HCSO communicates to providers when established or changed.
14. "Emergency services" has the meaning stated at A.R.S. § 20-2801(3).
15. "Facility" means an institution that is licensed or authorized to furnish health care services in this state, including general hospitals, special hospitals, residential treatment centers, residential rehabilitation centers, skilled nursing facilities, urgent care centers, and ambulatory surgical treatment centers.
16. "Governing authority" means a person or body such as a board of trustees or board of directors in whom the ultimate authority and responsibility for the direction of the HCSO is vested.
17. "HCSO" means a health care services organization.
18. "High profile" means one of no fewer than four specialties designated by the HCSO, and does not include obstetrics-gynecology. An HCSO may designate a specialty as high profile on the basis of high volume or other basis the HCSO reasonably determines is directly related to providing covered services to a member.
19. "Hospital" means a facility that provides inpatient care, medical services, and continuous nursing services for the diagnosis and treatment of patients.
20. "Inpatient care" means the covered services that an enrollee who is admitted to a hospital receives for at least 24 consecutive hours.
21. "Inpatient emergency care" means covered services that would be emergency services if provided in a licensed hospital emergency facility.
22. "License" means documented authorization issued by the appropriate state of Arizona agency to operate a facility in Arizona, or to practice a health care profession in Arizona.

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23. "Medically necessary" has the meaning set forth in the HCSO's evidence of coverage.
24. "Network" means the group of providers contracted with an HCSO to provide covered services to an enrollee covered under the HCSO's health benefit plan.
25. "Network exception" means an enrollee receives covered services from a non-contracted provider either:
  - a. Because there is no contracted provider accessible or available that can provide the enrollee timely covered services, or
  - b. For any reason the HCSO determines it is in the enrollee's best interests to receive care from a non-contracted provider.
26. "Non-contracted" means a provider that does not have a contract with an HCSO to provide services to an enrollee.
27. "Normal business hours" means 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding state or national holidays.
28. "Outpatient care" means covered services that an enrollee who is not an inpatient receives.
29. "Pediatric primary care provider" means a physician or practitioner practicing in any specialty the HCSO designates as pediatric primary care.
30. "Physician" means a licensed doctor of allopathic, chiropractic, optometric, osteopathic, or podiatric medicine.
31. "Practitioner" means any individual other than a physician who is licensed to furnish health care services, including behavioral health care services, in this state.
32. "Preventive care" means health maintenance care the HCSO provides or arranges to prevent illness and to improve the general health of an enrollee, including:
  - a. Immunizations,
  - b. Health education,
  - c. Health evaluation and follow-up,
  - d. Early disease detection,
  - e. Screening tests appropriate for a person's age and gender, and
  - f. Periodic health care examinations.
33. "Primary care" means any specialty the HCSO designates as primary care.
34. "Primary care physician" or "PCP" means a physician or practitioner practicing in a specialty the HCSO designates as primary care.
35. "Quality improvement" means an HCSO's system for assessing and improving the level of performance of key process and outcomes.
36. "Routine care" means covered primary care for an enrollee's non-urgent, symptomatic condition.
37. "Rural" means a zip code area with fewer than 1,000 persons per square mile as calculated annually by a population data gathering service designated by the Director.
38. "Service area" means any geographic area designated by any HCSO and approved by the Director under A.R.S. § 20-1053(A)(11).
39. "Special hospital" means a hospital that is licensed to provide hospital services within a specific area of medicine, or limits patient admission according to age, gender, type of disease, or medical condition.
40. "Specialty" or "specialty care" means a specific area of medicine practiced by a physician or practitioner who has education, training, or qualifications in that specific area of medicine in addition to the education or qualifications required for the physician's or practitioner's license.
41. "Specialty care provider" or "SCP" means a physician or practitioner who has education, training, or qualifications in a specialty, other than primary care, beyond the education or qualifications required for the license.
42. "Suburban area" means any zip code area with 1,000-3,000 persons per square mile, as calculated annually by a population data gathering service designated by the Director.
43. "Telemedicine" has the same meaning as "telehealth" found at A.R.S. § 20-1057(G).
44. "Timely" means services are provided at the time when medically necessary.
45. "Travel expenses" has the meaning set forth in writing by an HCSO.
46. "Urban area" means a zip code with more than 3,000 persons per square mile as calculated annually by a population data gathering service designated by the Director.
47. "Urgent care" means unscheduled services for an enrollee's condition that requires medical attention not amenable to scheduling in order to avoid a serious risk of harm.

**Historical Note**

New Section made by exempt rulemaking at 7 A.A.R. 2769, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 11 A.A.R. 4861, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 30 A.A.R. 3519 (November 22, 2024), effective January 5, 2025 (Supp. 24-4).

**R20-6-1903. Documentation**

The CEO shall ensure that the HCSO's policies, procedures, plans, class specifications, orders, reports, minutes of meetings, contracts, agreements, records, and duty schedules are in writing, compiled and indexed in one or more manuals, and readily available for inspection by the Director.

**Historical Note**

New Section made by exempt rulemaking at 7 A.A.R. 2769, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 11 A.A.R. 4861, effective December 31, 2005 (Supp. 05-4).

**R20-6-1904. Health Care Plan**

- A. An HCSO shall submit a statement to the Department that describes the proposed health care plan.
- B. The HCSO shall have an organized system for the delivery of health care services contained in subsection (D) that includes the following:
  1. Contracted providers that provide services under the plan;
  2. An effective process to promote a continuing relationship between an enrollee and the same PCP; and
  3. An effective process for referrals that ensures continuity of care to an enrollee.
- C. The HCSO shall list:
  1. The proposed or actual enrollment;
  2. The number and names of contracted, employed, or HCSO-owned providers that will serve the enrollees and the board eligibility or certification of each physician, if applicable; and
  3. The plan for providing covered services to enrollees as required under this Article.
- D. The HCSO's health care plan shall provide within the geographic area served the following basic health care services covered by the monthly charges in the evidence of coverage:

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1. Emergency care that includes emergency services and inpatient emergency care;
  2. Inpatient care;
  3. Specialty care, primary care, or ancillary care that includes diagnostic and therapeutic services;
  4. Outpatient care;
  5. Preventive care; and
  6. Emergency ambulance services under A.R.S. § 20-2801(2), and other ambulance services when approved by a plan physician.
- E. The HCSO shall provide appropriate coverage for out-of-area emergency care to an enrollee traveling outside the area served by the HCSO.

**Historical Note**

New Section made by exempt rulemaking at 7 A.A.R. 2769, effective July 1, 2001 (Supp. 01-2). R20-6-1904 repealed; new Section R20-6-1904 renumbered and amended from R20-6-1906 by final rulemaking at 11 A.A.R. 4861, effective December 31, 2005 (Supp. 05-4).

**R20-6-1905. Geographic Area**

- A. An applicant shall describe the proposed geographic area in at least one of the following ways:
1. Legal description,
  2. Local governmental jurisdiction such as city or county,
  3. Census tracts,
  4. Street boundaries, or
  5. Area within a specified radius of a specified intersection or a specified primary care center.
- B. An applicant shall submit a map that shows the boundaries for the proposed geographic area.
- C. An applicant shall submit a description of the proposed network including the data required under R20-6-1913(A)(2) and (A)(3).
- D. All advertising matter and sales material provided a prospective enrollee shall include a description of the geographic area in terms readily understandable by the general public.

**Historical Note**

New Section made by exempt rulemaking at 7 A.A.R. 2769, effective July 1, 2001 (Supp. 01-2). R20-6-1905 repealed; new Section R20-6-1905 renumbered and amended from R20-6-1907 by final rulemaking at 11 A.A.R. 4861, effective December 31, 2005 (Supp. 05-4).

**R20-6-1906. Chief Executive Officer**

- A. The governing authority shall appoint a CEO who has appropriate education and experience to manage the HCSO. The governing authority shall define the authority and duties of the CEO in writing. The CEO is the appointed representative of the governing authority and is the executive officer of the HCSO.
- B. The CEO shall have at least the following duties and responsibilities:
1. Manage the HCSO;
  2. Establish and implement policies, procedures, and effective processes of the HCSO;
  3. Act as liaison between the governing authority and the providers of healthcare and other services to the HCSO; and
  4. Establish a written plan of authority that will be in place in the CEO's absence.
- C. When there is a change of CEO, the governing authority shall notify Department within 10 days after the effective date of change.

- D. The HCSO shall ensure that all HCSO employees and contracted providers are knowledgeable about and qualified to perform the duties assigned to them through employment or by contract.
- E. The HCSO shall designate a central place of business from which the HCSO shall direct administrative activities.

**Historical Note**

New Section made by exempt rulemaking at 7 A.A.R. 2769, effective July 1, 2001 (Supp. 01-2). Section R20-6-1906 renumbered to R20-6-1904; new Section R20-6-1906 renumbered and amended from R20-6-1908 by final rulemaking at 11 A.A.R. 4861, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 30 A.A.R. 3519 (November 22, 2024), effective January 5, 2025 (Supp. 24-4).

**R20-6-1907. Medical Director**

- A. The HCSO shall designate a physician as medical director.
- B. The medical director shall be responsible for planning and implementing the method for the continuing review and evaluation of health care provided by the HCSO and the continuing education of its providers of health care services. The medical director may also serve as the CEO if the medical director has appropriate education and experience to manage the HCSO.
- C. The medical director responsibilities include:
1. Supervising medical staff;
  2. Performance planning and evaluating medical staff;
  3. Coordinating medical staff activities; and
  4. Developing medical care policies.

**Historical Note**

New Section made by exempt rulemaking at 7 A.A.R. 2769, effective July 1, 2001 (Supp. 01-2). Section R20-6-1907 renumbered to R20-6-1905; new Section R20-6-1907 renumbered and amended from R20-6-1909 by final rulemaking at 11 A.A.R. 4861, effective December 31, 2005 (Supp. 05-4).

**R20-6-1908. Quality Assurance**

- A. The HCSO shall provide an effective process for a continuing review and evaluation of the covered services it provides to enrollees to ensure that:
1. Treatment and level of covered services are appropriate and adequate and
  2. The quality of covered services is acceptable to the HCSO.
- B. The HCSO shall have a quality assurance committee that includes at least the CEO or designee, the medical director, and representative network providers. The quality assurance committee shall:
1. Arrange for physicians or practitioners to review and evaluate covered services provided by others physicians or practitioners within the respective disciplines.
  2. Adopt administrative procedures covering frequency of meetings, recordkeeping, committee reports, and disseminating the reports.
- C. The HCSO's effective process in subsection (A) shall include the following:
1. Standards for health care;
  2. Monitoring of care;
  3. Analysis of any deficiency;
  4. Correcting a deficiency including submitting a schedule for correcting the deficiency, requiring continuing education for the provider, if appropriate, and follow-up and periodic reassessment of the deficiency.

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**Historical Note**

New Section made by exempt rulemaking at 7 A.A.R. 2769, effective July 1, 2001 (Supp. 01-2). Section R20-6-1908 renumbered to R20-6-1906; new Section R20-6-1908 renumbered and amended from R20-6-1911, by final rulemaking at 11 A.A.R. 4861, effective December 31, 2006 (Supp. 05-4).

**R20-6-1909. Evaluation of Network**

Each HCSO shall have an effective process to evaluate the adequacy of its network to provide an enrollee with timely covered services.

**Historical Note**

New Section made by exempt rulemaking at 7 A.A.R. 2769, effective July 1, 2001 (Supp. 01-2). Former R20-6-1909 renumbered to R20-6-1907; new Section R20-6-1909 made by final rulemaking at 11 A.A.R. 4861, effective December 31, 2005 (Supp. 05-4).

**R20-6-1910. Process for Referral, Prior Authorization, Precertification, or Network Exception**

- A. An HCSO shall have an effective process for assisting an enrollee to obtain timely covered services when the enrollee or enrollee's referring provider cannot find a contracted provider who is timely accessible or available.
- B. An HCSO shall have an effective process during normal business hours for handling referrals, prior authorizations, precertifications, or network exceptions necessary for timely routine care. This process may include the HCSO's procedure for standing referrals required in A.R.S. § 20-1057.01.
- C. Each HCSO shall have an effective process to handle referrals or network exceptions necessary for timely urgent care seven days a week.
- D. An HCSO that requires prior authorization or precertification for urgent care shall have an effective process to handle requests for prior authorization or precertification 24 hours a day, seven days a week.
- E. An HCSO shall have an effective process for handling network exceptions that ensures the HCSO reimburses an enrollee for any out-of-network cost the enrollee incurs that the enrollee would not have incurred if the enrollee had received the services in-network.

**Historical Note**

New Section made by exempt rulemaking at 7 A.A.R. 2769, effective July 1, 2001 (Supp. 01-2). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4861, effective December 31, 2005 (Supp. 05-4).

**R20-6-1911. HCSO Communication with Providers**

An HCSO shall have an effective process for communicating with contracted providers regarding the following:

- 1. The providers in the network,
- 2. Contractual or administrative changes relating to enrollee access or provider availability, and
- 3. Procedures for handling claims and grievances submitted by providers.

**Historical Note**

New Section made by exempt rulemaking at 7 A.A.R. 2769, effective July 1, 2001 (Supp. 01-2). Former R20-6-1911 renumbered to R20-6-1908; new R20-6-1911 made by final rulemaking at 11 A.A.R. 4861, effective December 31, 2005 (Supp. 05-4).

**R20-6-1912. Network Directories**

- A. An HCSO shall publish a provider network directory as follows:

- 1. An HCSO shall list the name, address, telephone number, specialty, and hospital affiliation for all in-area contracted physicians or practitioners;
- 2. An HCSO may list ancillary providers by corporate or group name and is not required to list individual physicians or practitioners;
- 3. An HCSO is not required to list physicians or practitioners in the following areas of specialties or areas of practice:
  - a. Emergency medicine;
  - b. Anesthesiology, except anesthesiologists who provide pain management services;
  - c. Hospital-based pathology;
  - d. Hospital-based radiology; and
  - e. Hospitalists;
- 4. An HCSO that lists any of the physicians or practitioners in subsections R20-6-1912(A)(3)(a) through (A)(3)(e) may list by corporate or group name and is not required to list individual physicians or practitioners;
- 5. An HCSO that uses hospitalists is not required to list the hospital affiliations of PCPs who do not admit or attend hospitalized members;
- 6. An HCSO shall publish a provider network directory that lists all its contracted facilities and contains:
  - a. The name, address, and telephone number of each facility;
  - b. For each hospital at which the HCSO uses hospitalists, if any, a statement that the HCSO uses hospitalists at that hospital; and
  - c. For an HCSO that uses hospitalists and does not list them in the directory, information on how an enrollee can find out what hospitalists or group of hospitalists it uses at each hospital.

- B. The network directory shall conspicuously state in the directory the following:

- 1. Changes occur in the network after the directory is published and some providers listed in the directory may no longer be contracted,
- 2. Enrollee coverage may depend on the contract status of the provider,
- 3. Where the enrollee can obtain more recent directory information,
- 4. The effective date of the network directory, and
- 5. The method for an enrollee or prospective enrollee to find out which PCPs are accepting new enrollees from the HCSO.

- C. Each HCSO shall make its current network directory available on paper to enrollees or prospective enrollees upon request.

- D. Each HCSO that has an online network directory shall:

- 1. Update the online directory at least monthly and in conformance with A.R.S. § 20-3455;
- 2. Make the online directory easy to use and user friendly; and
- 3. Explain, in the online directory, how an enrollee or prospective enrollee can request a paper directory.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 4861, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 30 A.A.R. 3519

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(November 22, 2024), effective January 5, 2025 (Supp. 24-4).

**R20-6-1913. Demographic Information Reports**

- A. An HCSO shall report the following data to the Department:
- For each enrollee, report annually:
    - Street address,
    - Zip code,
    - Gender, and
    - Year of birth.
  - For all contracted providers, report semiannually:
    - Provider name,
    - Street address or addresses at which the provider provides covered services,
    - Zip code, and
    - Arizona license number,
  - For all contracted physicians or practitioners, report semiannually:
    - Specialty, and
    - Medical or other applicable degree or information that designates the type of physician or practitioner.
- B. The HCSO shall report the information in subsection (A) to the Department by the following deadlines:
- For information in subsection (A)(1) as of December 31 of each calendar year, by February 15 of the next calendar year.
  - For information in subsection (A)(2) as of June 30, by August 15 of the same calendar year.
  - For information in subsection (A)(2) as of December 31, by February 15 of the next calendar year.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 4861, effective December 31, 2005 (Supp. 05-4).

**R20-6-1914. Access**

An HCSO shall provide to or arrange for its enrollees services or appointments for services as follows:

- For preventive care services from a contracted PCP, an appointment date within 60 days of the enrollee's request, or sooner if necessary, for the enrollee to be immunized on schedule.
- For routine-care services from a contracted PCP, an appointment date within 15 days of the enrollee's request to the PCP or sooner if medically necessary.
- For specialty care services from a contracted SCP, an appointment date within 60 days of the enrollee's request or sooner if medically necessary.
- In-area urgent care services from a contracted provider seven days per week.
- Timely non-emergency inpatient care services from a contracted facility.
- Timely services from a contracted physician or practitioner in a contracted facility including inpatient emergency care.
- Services from a contracted ancillary provider during normal business hours, or sooner if medically necessary.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 4861, effective December 31, 2005 (Supp. 05-4).

**R20-6-1915. Alternative Access**

- A. As an alternative to providing access to covered services from a physician, an HCSO may provide access to covered services from an appropriately licensed practitioner.

- B. As an alternative to providing access to covered services at a hospital under R20-6-1914, an HCSO may provide access to covered services at another appropriately licensed facility.
- C. As an alternative to providing access to covered services from a physician or practitioner who sees an enrollee in person under R20-6-1914, an HCSO may provide access to necessary covered services through:
- Telephone calls and messages,
  - Electronic mail,
  - Communication with the physician's or practitioner's staff,
  - Coverage by another physician or practitioner, or
  - Telemedicine,
- D. An HCSO that panels enrollees to PCPs may panel enrollees to appropriately licensed practitioners.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 4861, effective December 31, 2005 (Supp. 05-4).

**R20-6-1916. Availability Ratios**

- A. An HCSO shall maintain a ratio of contracted adult PCPs to adults that is adequate to provide those adults with covered services. An HCSO with a Medicare Advantage (MA) plan may have one ratio that applies to both its insured and MA populations, or a separate ratio for each.
- B. An HCSO shall maintain a ratio of contracted pediatric PCPs to children that is adequate to provide those children enrollees with covered services.
- C. An HCSO shall maintain a ratio of contracted high profile SCPs to enrollees that is adequate to provide those enrollees with covered services at contracted facilities. An HCSO with a MA plan may have one ratio that applies to both its insured and MA populations, or a separate ratio for each.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 4861, effective December 31, 2005 (Supp. 05-4).

**R20-6-1917. Geographic Availability in an Urban Area**

An HCSO shall provide each enrollee living in an urban area of the HCSO's service area the following:

- Primary care services from a contracted PCP located within 10 miles or 30 minutes of the enrollee's home;
- High profile specialty care services from a contracted SCP located within 15 miles or 45 minutes of the enrollee's home; and
- Inpatient care in a contracted general hospital, or contracted special hospital, within 25 miles or 75 minutes of the enrollee's home.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 4861, effective December 31, 2005 (Supp. 05-4).

**R20-6-1918. Geographic Availability in a Suburban Area**

Each HCSO shall provide each enrollee member living in a suburban area within the HCSO's service area the following:

- Primary care from a contracted PCP located within 15 miles or 45 minutes of the enrollee's home;
- High profile specialty care services from a contracted SPC within 20 miles or 60 minutes of the enrollee's home; and
- Inpatient care in a contracted hospital, or a contracted special hospital within 30 miles or 90 minutes of the enrollee's home.

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**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 4861, effective December 31, 2005 (Supp. 05-4).

**R20-6-1919. Geographic Availability in a Rural Area**

An HCSO shall provide each enrollee living in a rural area with primary care services from a contracted physician or practitioner within 30 miles or 90 minutes of the enrollee's home.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 4861, effective December 31, 2005 (Supp. 05-4).

**R20-6-1920. Travel Requirements**

- A. An HCSO may require an enrollee to travel a greater distance in-area to obtain covered services from a contracted provider than the enrollee would have to travel to obtain equivalent services from a non-contracted provider, except where a network exception is medically necessary. Nothing in this Section creates an exception to R20-6-1918 through R20-6-1920.
- B. If the HCSO prior-authorizes services that require an enrollee to travel outside the HCSO service area because the services are not available in the area, the HCSO shall reimburse the enrollee for travel expenses. Except as provided under R20-6-1904(E)(6), an HCSO is not required to reimburse an enrollee for travel expenses the enrollee incurs to obtain covered services in-area.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 4861, effective December 31, 2005 (Supp. 05-4).

**R20-6-1921. Enforcement Consideration**

In determining the appropriate enforcement action or penalties for failure to comply with these rules, the Department shall consider any documentation the HCSO provides regarding:

1. Whether seasonal shifts in demand affect access and availability of covered services;
2. Whether the HCSO's demographic information has changed significantly since the HCSO's most recent report;
3. Whether an enrollee has refused to accept covered services the HCSO has offered in the time-frames or locations required of the HCSO by this Article;
4. Whether an enrollee has requested and obtained covered services from a contracted provider whose location, or appointment availability, or capacity result in the HCSO's non-compliance; and
5. Whether market factors indicate that on a short-term basis, compliance is not possible. Market factors include shortage of providers, enrollee or provider location, and provider practice or contracting patterns.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 4861, effective December 31, 2005 (Supp. 05-4).

**ARTICLE 20. CAPTIVE INSURERS****R20-6-2001. Reserved****R20-6-2002. Fees; Examination Costs**

- A. A corporation applying for a license to do business as a captive insurer shall pay a nonrefundable fee of \$1,000.00 to the Department for issuance of the license under A.R.S. § 20-1098.01(J). A captive insurer that is a protected cell captive insurer, as defined in A.R.S. § 20-1098, also shall pay to the Department a nonrefundable fee of \$1,000 for each participant contract application that establishes a protected cell under

A.R.S. § 20-1098.05(B)(9). The fee is payable in full at the time the applicant submits the application for license to the Department under A.R.S. § 20-1098.01.

- B. A captive insurer shall pay a nonrefundable annual renewal fee of \$5,500.00 to the Department at the time of filing its annual report under A.R.S. § 20-1098.07. Under A.R.S. § 20-1098.01(J), a captive insurer that is a protected cell captive insurer also shall pay to the Department a nonrefundable annual renewal fee of \$2,500.00 for each protected cell at the time of filing its annual report under A.R.S. § 20-1098.07.
- C. A captive insurer shall pay a nonrefundable fee of \$200.00 to the Department at the time of filing for issuance of an amended certificate of authority.
- D. A captive insurer applying for a Certificate of Dormancy under A.R.S. § 20-1098.24, shall pay the following nonrefundable fees to the Department which are payable in full at the time of filing:
  1. Certificate of Dormancy: \$1,000.00;
  2. Renewal of a Certificate of Dormancy: \$200.00; and
  3. Surrender of a Certificate of Dormancy: \$1,000.00.
- E. In addition to the fees prescribed in this Section, an applicant for a captive insurer license or a licensed captive insurer shall pay the costs of any examination the Director conducts, under A.R.S. § 20-1098.08.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2478, effective July 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 2977, effective September 13, 2005 (Supp. 05-3). Subsection (A) corrected at request of the Department, Office File No. M11-252, filed July 20, 2011 (Supp. 11-3). Section amended by final rulemaking at 29 A.A.R. 3621 (November 24, 2023), effective January 7, 2024 (Supp. 23-4). Effective date corrected (Supp. 23-4, Ver. 2). Amended by final rulemaking at 31 A.A.R. 4442 (November 28, 2025), effective January 4, 2026 (Supp. 25-4).

**ARTICLE 21. CUSTOMER INFORMATION SECURITY PROGRAM**

*Article 21, consisting of R20-6-2101 through R20-6-2104, made by final rulemaking at 10 A.A.R. 2260, effective July 13, 2004 (Supp. 04-2).*

**R20-6-2101. Definitions**

The following definitions apply in this Article:

1. "Consumer" means an individual, or the individual's legal representative, who seeks to obtain, obtains, or has obtained an insurance product or service from a licensee that is to be used primarily for personal, family, or household purposes, and about whom the licensee has nonpublic personal information. Consumer can include a prospective applicant, policyholder, certificateholder, insured, or claimant.
2. "Customer" means a consumer who has a continuing relationship with a licensee under which the licensee provides one or more insurance products or services to the consumer that are used primarily for personal, family, or household purposes.
3. "Customer information" means nonpublic personal information and privileged information about a customer whether in paper, electronic, or other form, that is maintained by or on behalf of an insurance institution, insurance producer, or insurance support organization.

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4. "Customer information systems" means the electronic, or physical methods used to access, collect, store, use, transmit, protect, or dispose of customer information.
5. "Insurance institution" has the meaning prescribed in A.R.S. § 20-2102(10).
6. "Insurance producer" means a person required to be licensed under A.R.S. Title 20, Chapter 2, Article 3 to sell, solicit, or negotiate insurance and includes a managing general agent as defined in A.R.S. § 20-311.
7. "Insurance support organization" has the meaning prescribed in A.R.S. § 20-2102(13).
8. "Licensee" means an insurance institution, insurance producer, or insurance support organization, but does not include a purchasing group or an unauthorized insurer in regard to the excess line business conducted under Title 20, Chapter 2, Article 5.
9. "Personal information" has the meaning prescribed in A.R.S. § 20-2102(19).
10. "Privileged information" has the meaning prescribed in A.R.S. § 20-2102(22).
11. "Service provider" means a person that maintains, processes, or otherwise is permitted access to customer information through its provision of services directly to a licensee.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 2260, effective July 13, 2004 (Supp. 04-2).

**R20-6-2102. Customer Information Security Program**

A licensee shall implement a comprehensive written customer information security program that includes administrative, technical, and physical safeguards for the protection of customer information. The administrative, technical, and physical safeguards included in the information security program shall be appropriate to the size and complexity of the licensee and the nature and scope of its activities.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 2260, effective July 13, 2004 (Supp. 04-2).

**R20-6-2103. Objectives of Customer Information Security Program**

A licensee's customer information security program shall be designed to:

1. Ensure the security and confidentiality of customer information;
2. Protect against any anticipated threats or hazards to the security or integrity of the information; and
3. Protect against unauthorized access to or use of the information.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 2260, effective July 13, 2004 (Supp. 04-2).

**R20-6-2104. Guidelines for Methods of Development and Implementation**

A licensee may implement the requirements of R20-6-2102 and R20-6-2103 by the actions and procedures prescribed in this Section, which are non-exclusive illustrations:

1. A licensee may assess risk by:
  - a. Identifying reasonably foreseeable internal or external threats that could result in unauthorized disclosure, misuse, alteration, or destruction of customer information or customer information systems;

- b. Assessing the likelihood and potential damage of these threats, taking into consideration the sensitivity of customer information; and
  - c. Assessing the sufficiency of policies, procedures, customer information systems, and other safeguards in place to control risks.
2. A licensee may manage and control risk by:
  - a. Designing its information security program to control the identified risks, commensurate with the sensitivity of the information, as well as the complexity and scope of the licensee's activities;
  - b. Training staff to implement the licensee's information security program; and
  - c. Regularly testing or otherwise regularly monitoring the key controls, systems and procedures of the information security program. The licensee shall determine the frequency and nature of these tests or other monitoring practices by the licensee's risk assessment.
3. A licensee may oversee service provider arrangements by:
  - a. Exercising appropriate due diligence in selecting its service providers; and
  - b. Requiring its service providers to implement measures designed to meet the objectives of this Article, and, where indicated by the licensee's risk assessment, taking appropriate steps to confirm that its service providers have satisfied these obligations.
4. A licensee may monitor, evaluate, and adjust, as appropriate, its information security program in light of any relevant changes in technology, the sensitivity of its customer information, internal or external threats to information, and the licensee's own changing business arrangements, such as mergers and acquisitions, alliances and joint ventures, outsourcing arrangements, and changes to customer information systems.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 2260, effective July 13, 2004 (Supp. 04-2).

**ARTICLE 22. MILITARY PERSONNEL****R20-6-2201. Military Sales Practices****A. Definitions.**

1. "Active duty" means full-time duty in the active military service of the United States and includes members of the reserve component (National Guard and Reserve) while serving under published orders for active duty or full-time training. "Active duty" does not include members of the reserve component who are performing active duty or active duty under military calls or orders specifying periods of less than 31 calendar days.
2. "Department of Defense (DoD) personnel" means all active duty service members and all civilian employees, including non-appropriated fund employees and special government employees, of the Department of Defense.
3. "Division" means the Division of Insurance of the Department of Insurance and Financial Institutions.
4. "Door-to-door" means a solicitation or sales method whereby an insurance producer proceeds randomly or selectively from household to household without prior specific appointment.
5. "ERISA" means the Employee Retirement and Income Security Act.



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6. "Formal banking relationship" for purposes of subsection (D), means a relationship established between a service member and a depository institution which:
    - a. Provides the service member with a deposit agreement and periodic statements and makes disclosures required by the Truth in Savings Act, 12 U.S.C. § 4301, et seq. and its accompanying regulations; and
    - b. Permits the service member to make deposits and withdrawals unrelated to the payment or processing of insurance premiums.
  7. "General advertisement" means an advertisement having as its sole purpose the promotion of the reader's or viewer's interest in the concept of insurance, or the promotion of the insurer, or the promotion of the insurance producer.
  8. "Insurer" means an insurance company required to be licensed under the laws of Arizona to provide life insurance products, including annuities.
  9. "Insurance producer" means a person required to be licensed pursuant to A.R.S. § 20-282.
  10. "IRC" means Internal Revenue Code.
  11. "Known" or "Knowingly" means the insurance producer or insurer had actual awareness, or in the exercise of ordinary care should have known at the time of the act or practice complained of, that depending on its use in this Section, the person solicited was either a service member or was a service member with a pay grade of E-4 or below.
  12. "Life insurance" has the meaning defined at A.R.S. § 20-254.
  13. "Military installation" means any federally owned, leased, or operated base, reservation, post, camp, building, or other facility to which service members are assigned for duty, including barracks, transient housing, and family quarters.
  14. "MyPay" is a Defense Finance and Accounting Service (DFAS) web-based system that enables service members to process certain discretionary pay transactions or provide updates to personal information data elements without using paper forms.
  15. "Service member" means any active duty officer (commissioned and warrant) or enlisted member of the United States Armed Forces.
  16. "SGLI" means Servicemembers' Group Life Insurance.
  17. "Side fund" means a fund or reserve that is part of or otherwise attached to a life insurance policy (excluding individually issued annuities) by rider, endorsement, or other mechanism which accumulates premium, or deposits with interest, or by other means. "Side fund" does not include:
    - a. Accumulated value, or cash value, or secondary guarantees provided by an universal life insurance policy;
    - b. Cash values provided by a whole life policy which are subject to standard nonforfeiture law for life insurance; or
    - c. A premium deposit fund which:
      - i. Contains only premiums paid in advance which accumulate at interest;
      - ii. Imposes no penalty for withdrawal;
      - iii. Does not permit funding beyond future required premiums;
      - iv. Is not marketed or intended as an investment; and
  - v. Does not carry a commission, either paid or calculated.
  18. "Specific appointment" means a prearranged appointment agreed upon by both parties and definite as to place and time.
  19. "U.S." means United States.
  20. "U.S. Armed Forces" means all components of the Army, Navy, Air Force, Marine Corps, Coast Guard, and Space Force.
  21. "VGLI" means Veterans' Group Life Insurance.
- B. Exemptions.**
1. This Section shall not apply to solicitations or sales involving:
    - a. Credit insurance;
    - b. Group life insurance or group annuities where there is no in-person, face-to-face solicitation of individuals by an insurance producer or where the contract or certificate does not include a side fund;
    - c. An application to the existing insurer that issued the existing policy or contract when a contractual change or a conversion privilege is being exercised; or, when the existing policy or contract is being replaced by the same insurer pursuant to a program filed with and approved by the Division; or, when a term conversion privilege is exercised among corporate affiliates;
    - d. Individual stand-alone health policies, including disability income policies;
    - e. Contracts offered by SGLI or VGLI, as authorized by 38 U.S.C. §§ 1965 et seq.;
    - f. Life insurance contracts offered through or by a non-profit military association, qualifying under Section 501(c)(23) of the IRC, and which are not underwritten by an insurer; or
    - g. Contracts used to fund:
      - i. An employee pension or welfare benefit plan that is covered by ERISA;
      - ii. A plan described by Sections 401(a), 401(k), 403(b), 408(k), or 408(p) of the IRC, as amended, if established and maintained by an employer;
      - iii. A government or church plan defined in Section 414 of the IRC, a government or church welfare benefit plan, or a deferred compensation plan of a state or local government or tax exempt organization under Section 457 of the IRC;
      - iv. A nonqualified deferred compensation arrangement established or maintained by an employer or plan sponsor;
      - v. Settlements of or assumptions of liabilities associated with personal injury litigation or any dispute or claim resolution process; or
      - vi. Prearranged funeral contracts.
  2. Nothing in this Section shall be construed to abrogate the ability of nonprofit organizations (and/or other organizations) to educate members of the U.S. Armed Forces in accordance with Department of Defense DoD Instruction 1344.07 – Personal Commercial Solicitation on DoD Installations or any successor directive.
  3. This purposes of this Section, the following do not constitute solicitation:
    - a. General advertisements;
    - b. Direct mail;

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- c. Internet marketing; and
  - d. Telephone marketing if the caller explicitly and conspicuously discloses that the product being marketed is life insurance and makes no statements that avoid a clear and unequivocal statement that life insurance is the subject matter of the solicitation.
4. Any in-person, face-to-face meeting resulting from an exempt type of solicitation listed in subsection (B)(3) is not exempt and the insurer or insurance producer is subject to this Section.
  5. The following subsections do not apply to individually issued annuities: (D)(3)(b), (D)(5)(c), (D)(5)(e), (D)(6)(a), (D)(6)(c) and (D)(6)(d).
- C. Practices Declared False, Misleading, Deceptive, or Unfair on a Military Installation.
1. The following acts or practices when committed on a military installation by an insurer or insurance producer with respect to the in-person, face-to-face solicitation of life insurance are declared to be false, misleading, deceptive, or unfair:
    - a. Knowingly soliciting the purchase of any life insurance product door-to-door or without first establishing a specific appointment for each meeting with a prospective purchaser.
    - b. Soliciting service members in a group or "mass" audience or in a "captive" audience where attendance is not voluntary.
    - c. Knowingly making appointments with or soliciting service members during their normally scheduled duty hours.
    - d. Making appointments with or soliciting service members in barracks, day rooms, unit areas, transient personnel housing, or other areas where the installation commander has prohibited solicitation.
    - e. Soliciting the sale of life insurance without first obtaining permission from the installation commander or the commander's designee.
    - f. Posting unauthorized bulletins, notices, or advertisements.
    - g. Failing to present DD Form 2885, Personal Commercial Solicitation Evaluation, to solicited service members or discouraging solicited service members from completing or submitting a DD Form 2885.
    - h. Knowingly accepting an application for life insurance or issuing a policy of life insurance on the life of an enlisted member of the U.S. Armed Forces without first obtaining a completed copy of any required form which confirms that the applicant has received counseling or fulfilled any other similar requirement for the sale of life insurance established by regulations, directives, or rules of the DoD or any branch of the U.S. Armed Forces for the insurer's files.
  2. The following acts or practices when committed on a military installation by an insurer or insurance producer constitute corrupt practices, improper influences, or inducements and are declared to be false, misleading, deceptive, or unfair:
    - a. Using DoD personnel, directly or indirectly, as a representative or agent in any official or business capacity, with or without compensation, with respect to the solicitation or sale of life insurance to service members.
    - b. Using an insurance producer to participate in any U.S. Armed Forces sponsored education or orientation program.
- D. Practices declared false, misleading, deceptive, or unfair regardless of location.
1. The following acts or practices by an insurer or insurance producer constitute corrupt practices, improper influences or inducements and are declared to be false, misleading, deceptive, or unfair:
    - a. Submitting, processing, or assisting in the submission or processing of any allotment form or similar device used by the U.S. Armed Forces to direct a service member's pay to a third party for the purchase of life insurance. This includes, but is not limited to, using or assisting in using the service member's "MyPay" account or other similar internet or electronic medium. This subsection does not prohibit an insurer or insurance producer assisting a service member by providing the insurer or premium information necessary to complete any allotment form.
    - b. Knowingly receiving funds from a service member for the payment of premium from a depository institution with which the service member has no formal banking relationship.
    - c. Employing any device or method or entering into any agreement where funds received from a service member by allotment for the payment of insurance premiums are identified on the service member's "Leave and Earnings Statement" or equivalent or successor form as "Savings" or "Checking" and where the service member has no formal banking relationship.
    - d. Entering into any agreement with a depository institution for the purposes of receiving funds from a service member where the depository institution, with or without compensation, agrees to accept direct deposits from a service member with whom it has no formal banking relationship.
    - e. Using DoD personnel, directly or indirectly, as a representative or agent in any official or unofficial capacity, with or without compensation, with respect to the solicitation or sale of life insurance to service members who are junior in rank or grade or to their family members.
    - f. Offering or giving anything of value, directly or indirectly, to DoD personnel to procure their assistance in encouraging, assisting, or facilitating the solicitation or sale of life insurance to a service member.
    - g. Knowingly offering or giving anything of value to a service member with a pay grade of E-4 or below for their attendance to any event where an application for life insurance is solicited.
    - h. Advising a service member with a pay grade of E-4 or below to change their income tax withholding or state of legal residence for the sole purpose of increasing disposable income to purchase life insurance.
  2. The following acts or practices by an insurer or insurance producer lead to confusion regarding source, sponsorship, approval, or affiliation and are declared to be false, misleading, deceptive, or unfair:

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- a. Making any representation, or using any device, title, descriptive name, or identifier that has the tendency or capacity to confuse or mislead a service member into believing that the insurer, insurance producer, or product offered is affiliate, connected or associated with, endorsed, sponsored, sanctioned, or recommended by the U.S. government, the U.S. Armed Forces, or any state, federal agency, or government entity. Examples of prohibited insurance producer titles include, but are not limited to, "Battalion Insurance Counselor," "Unit Insurance Advisor," "Servicemen's Group Life Insurance Conversion Consultant," or "Veteran's Benefits Counselor." An insurance producer may use a professional designation awarded after the successful completion of a course of instruction in the business of insurance by an accredited institution of higher learning including, but not limited to, Chartered Life Underwriter (CLU), Chartered Financial Consultant (ChFC), Certified Financial Planner (CFP), Masters of Science in Financial Services (MSFS), or Masters of Science Financial Planning (MS).
- b. Soliciting the purchase of any life insurance product through the use of or in conjunction with any third party organization that promotes the welfare of or assists members of the U.S. Armed Forces in a manner that has a tendency or capacity to confuse or mislead a service member into believing that either the insurer, insurance producer, or insurance product is affiliated, connected or associated with, endorsed, sponsored, sanctioned, or recommended by the U.S. government or the U.S. Armed Forces.
3. The following acts or practices by an insurer or insurance producer lead to confusion regarding premiums, costs, or investment returns and are declared to be false, misleading, deceptive, or unfair:
  - a. Using or describing the credited interest rate on a life insurance policy in a manner that implies that the credited interest rate is a net return on premium paid.
  - b. Misrepresenting the mortality costs of a life insurance product, including a statement or implication that the product costs nothing or is free.
4. The following acts or practices by an insurer or insurance producer regarding SGLI or VGLI are declared to be false, misleading, deceptive, or unfair:
  - a. Making any representation regarding the availability, suitability, amount, cost, exclusions, or limitations to coverage provided to a service member or dependents by SGLI or VGLI, which is false, misleading, or deceptive.
  - b. Making any representation regarding conversion requirements, including the costs of coverage, or exclusions or limitations of coverage of SGLI or VGLI to private insurers which is false, misleading, or deceptive.
  - c. Suggesting, recommending, or encouraging a service member to cancel or terminate their SGLI policy or issuing a life insurance policy which replaces an existing SGLI policy unless the replacement shall take effect upon or after the service member's separation from the U.S. Armed Forces.
5. The following acts or practices by an insurer or insurance producer regarding disclosure are declared to be false, misleading, deceptive, or unfair:
  - a. Deploying, using, or contracting for any lead-generating materials designed exclusively for use with service members that do not clearly and conspicuously disclose that the recipient will be contacted by an insurance producer, if that is the case, for the purpose of soliciting the purchase of life insurance.
  - b. Failing to disclose that a solicitation for the sale of life insurance will be made when establishing a specific appointment for an in-person, face-to-face meeting with a prospective purchaser.
  - c. Failing to clearly and conspicuously disclose that fact that the product being sold is life insurance.
  - d. Failing to make, at the time of sale or offer to an individual known to be a service member, the written disclosures required by the Military Personnel Financial Services Protection Act, Public Law 109-290, Sec. 10, p. 16, 10 U.S.C. § 992 note.
  - e. When the sale is conducted in-person and face-to-face with an individual known to be a service member, failing at the time the application is taken to provide to the applicant:
    - i. An explanation of any applicable free look period with instructions on how to cancel if a policy is issued; and
    - ii. Either a copy of the application or a written disclosure. The copy of the application or the written disclosure shall clearly and concisely set out the type of life insurance, the death benefit applied for and its expected first year cost. A basic illustration that meets the requirements of A.R.S. §§ 20-1241 through 20-1241.09, Section R20-6-202 and Section R20-6-209 shall be deemed sufficient to meet this requirement for a written disclosure.
6. The following acts or practices by an insurer or insurance producer with respect to the sale of certain life insurance products are declared to be false, misleading, deceptive, or unfair:
  - a. Recommending the purchase of any life insurance product which includes a side fund to a service member in pay grades E-4 and below unless the insurer has reasonable grounds for believing that the life insurance death benefit, standing alone, is suitable.
  - b. Offering for sale or selling a life insurance product which includes a side fund to a service member in pay grades E-4 and below who is currently enrolled in SGLI, is presumed unsuitable unless, after the completion of a needs assessment, the insurer demonstrates that the applicant's SGLI death benefit, together with any other military survivor benefits, savings and investments, survivor income, and other life insurance are insufficient to meet the applicant's insurable needs for life insurance.
    - i. "Insurable needs" are the risks associated with premature death taking into consideration the financial obligations and immediate and future cash needs of the applicant's estate and/or survivors or dependents.
    - ii. "Other military survivor benefits" include, but are not limited to: the Death Gratuity, Funeral

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- Reimbursement, Transition Assistance, Survivor and Dependents' Educational Assistance, Dependency and Indemnity Compensation, TRICARE Healthcare benefits, Survivor Housing Benefits and Allowances, Federal Income Tax Forgiveness, and Social Security Survivor Benefits.
- c. Offering for sale or selling any life insurance contract which includes a side fund:
    - i. Unless interest credited accrues from the date of deposit to the date of withdrawal and permits withdrawals without limit or penalty;
    - ii. Unless the applicant has been provided with a schedule of effective rates of return based upon cash flows of the combined product. For this disclosure, the effective rate of return will consider all premiums and cash contributions made by the policyholder and all cash accumulations and cash surrender values available to the policyholder in addition to life insurance coverage. This schedule will be provided for at least each policy year from year one to year ten and for every fifth policy year thereafter ending at age 100, policy maturity or final expiration; and
    - iii. Which by default diverts or transfers funds accumulated to the side fund to pay, reduce, or offset any premiums due.
  - d. Offering for sale or selling any life insurance contract which after considering all policy benefits, including but not limited to endowment, return of premium or persistency, does not comply with standard nonforfeiture law for life insurance.
5. "Health insurance" means disability insurance as defined in A.R.S. § 20-253, a health care plan as defined in A.R.S. § 20-1051(4) and disability insurance or a health care plan offered by a hospital service corporation, medical service corporation or hospital, medical, dental and optometric service corporation as defined in A.R.S. § 20-822.
  6. "Health insurer" means an insurer, as that term is defined in A.R.S. § 20-104, authorized to transact disability insurance in Arizona, a health care services organization as defined in A.R.S. § 20-1051(7) or a hospital service corporation, medical service corporation or hospital, medical, dental and optometric service corporation as defined in A.R.S. § 20-822(3).
  7. "Individual health insurance" means health insurance that a health insurer issues to either:
    - a. An individual, to cover:
      - i. The individual, or
      - ii. The individual's dependents, or
      - iii. The individual and the individual's dependents.
    - b. An association or its individual members to cover the individual members and their dependents, and which the Department would regulate under A.R.S. Title 20, Chapter 6 as individual health insurance if the health insurer did not issue it to an association or individual members of an association.
  8. "PHS Act" means Part A of Title XXVII of the Public Health Service Act, 42 U.S.C. Chapter 6A.
  9. "Product" means a discrete package of individual health insurance coverage benefits that are offered using a particular product network type (such as health maintenance organization, preferred provider organization, exclusive provider organization, point of service, or indemnity) within a service area that has its own set of rating and pricing methodologies.
  10. "Preliminary justification" means a justification that consists of the parts described in R20-6-2302(A).
  11. "Rate increase" means an increase of the rates for an individual health insurance plan or plans within a product that:
    - a. Results from a change to the underlying rate structure, and
    - b. May result in premium changes.
  12. "Secretary" means the Secretary of the United States Department of Health and Human Services.
  13. "Threshold rate increase" means a rate increase that meets or exceeds an Arizona-specific threshold as noticed by the Secretary in 45 CFR 154.200, provided:
    - a. The average increase for all enrollees weighted by premium volume meets or exceeds the applicable threshold; and
    - b. If a rate increase that does not otherwise meet or exceed the Arizona-specific threshold meets or exceeds the Arizona-specific threshold when combined with a previous increase or increases during the 12-month period preceding the date on which the rate increase would become effective, then the rate increase must be considered to meet or exceed the Arizona-specific threshold and is subject to threshold rate review that shall include a review of the aggregate rate increases during the applicable 12-month period.
  14. "Threshold rate review" means the review by the Department under this Article of a threshold rate increase.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 4215, effective January 5, 2008 (Supp. 07-4). Amended by final rulemaking at 28 A.A.R. 687 (April 1, 2022), effective May 7, 2022 (Supp. 22-1).

**ARTICLE 23. THRESHOLD RATE REVIEW – INDIVIDUAL HEALTH INSURANCE****R20-6-2301. Applicability; Definitions**

- A. This Article applies to rates charged by health insurers for individual health insurance. This Article does not apply to rates charged by health insurers for the following:
  1. Health insurance that a health insurer issues to an employer or to any group described in either A.R.S. § 20-1401 or A.R.S. § 20-1404(A), except health insurance issued to an association or its individual members as described in R20-6-2301(B)(7)(b);
  2. Grandfathered health plan coverage as defined in 45 CFR 147.140; or
  3. Health insurance that covers excepted benefits as described in section 2791(c) of the PHS Act, 42 U.S.C. 300gg-91(c).
- B. In this Article, the following definitions apply:
  1. "Department" means the Arizona Department of Insurance and Financial Institutions.
  2. "Blanket disability insurance" has the meaning prescribed in A.R.S. § 20-1404(A).
  3. "CMS" means the Centers for Medicare & Medicaid Services.
  4. "Federal medical loss ratio standard" means the applicable medical loss ratio standard determined under 45 CFR 158, Subpart B.

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15. "Unreasonable rate increase" means a rate increase that results in benefits that are not reasonable in relation to the premium the health insurer charges for the product. The following factors are relevant in determining whether a rate increase results in benefits that are unreasonable in relation to premium:

- a. The rate increase results in a projected medical loss ratio below the federal medical loss ratio standard after accounting for any adjustments allowable under federal law;
- b. One or more of the assumptions on which the health insurer based the rate increase is not supported by sound actuarial reasoning, data and analysis;
- c. The choice of assumptions or combination of assumptions on which the insurer based the rate increase is unreasonable;
- d. The health issuer provides data or documentation that is incomplete, inadequate or otherwise does not provide a basis upon which the Department can determine the reasonableness of a rate increase; or
- e. The increase results in premium differences between insureds within similar risk categories that are unfairly discriminatory under A.R.S. Title 20, Chapter 2, Article 6.

**Historical Note**

New Section made by final rulemaking at 18 A.A.R. 2721, effective October 3, 2012 (Supp. 12-4). Section amended by final rulemaking at 30 A.A.R. 3767 (December 13, 2024), effective February 3, 2025 (Supp. 24-4).

**R20-6-2302. Disclosure of Preliminary Justification**

- A.** Preliminary Justification. For each threshold rate increase for each affected product, a health insurer shall submit to the Department and to CMS, on a form and in the manner prescribed by the Secretary in 45 CFR 154.215, a preliminary justification that contains all of the following:
1. Preliminary Justification Part I. A summary of the content of the threshold rate increase that includes:
    - a. Historical and projected claims experience;
    - b. Trend projections related to utilization, and service or unit cost;
    - c. Any claims assumptions related to benefit changes;
    - d. Allocation of the overall rate increase to claims and non-claims costs;
    - e. Per enrollee per month allocation of current and projected premium; and
    - f. Three year history of rate increases for the product associated with the rate increase.
  2. Preliminary Justification Part II. A written description that justifies the rate increase and that contains a simple and brief narrative describing the data and assumptions the health insurer used to develop the rate increase, and includes the following:
    - a. An explanation of the most significant factors causing the rate increase, including a brief description of the relevant claims and non-claims expense increases reported in subsection (A)(1); and
    - b. A brief description of the overall experience of the policy, including historical and projected expenses, and loss ratios.
- B.** A health insurer may submit a single, combined preliminary justification that contains all the information in subsections (A)(1) and (2) for threshold rate increases that affect more than one product if the health insurer has aggregated the claims

experience of all products to calculate the rate increases and the rate increases are the same for all products.

**Historical Note**

New Section made by final rulemaking at 18 A.A.R. 2721, effective October 3, 2012 (Supp. 12-4).

**R20-6-2303. Timing for Submission of Preliminary Justification**

- A.** If R20-6-607 applies to a threshold rate increase, the health insurer shall submit its preliminary justification to the Department and to CMS on the date on which the health insurer files the rate increase request under R20-6-607.
- B.** If R20-6-607 does not apply to a threshold rate increase, the health insurer shall submit the preliminary justification to the Department and to CMS at least 60 days prior to the date the health insurer intends to implement the threshold rate increase in Arizona.
- C.** The Department shall provide access from its website to the Parts I and II of the Preliminary Justifications of the proposed rate increases that it reviews and have a mechanism for receiving public comments on those proposed rate increases.

**Historical Note**

New Section made by final rulemaking at 18 A.A.R. 2721, effective October 3, 2012 (Supp. 12-4).

**R20-6-2304. Response to Unreasonableness Determination**

If the health insurer receives from CMS a notice that the Department has determined that the health insurer's threshold rate increase is unreasonable, the health insurer shall select one of the following three options:

1. Option to not implement the rate increase determined unreasonable. Within 30 days of receiving from CMS the Department's determination, the health insurer shall notify the Department and CMS that it will not implement the rate increase and request the Department to withdraw the rate increase request;
2. Option to implement a smaller rate increase than the rate determined unreasonable. Within 30 days of receiving from CMS the Department's determination, the health insurer shall notify the Department and CMS, on a form and in the manner prescribed by the Secretary, that it intends to implement a rate increase that is smaller than the one determined unreasonable. One of the following shall apply to this option:
  - a. If the health insurer selects this option and the smaller rate increase is not a threshold rate increase, the smaller rate increase is not subject to this Article;
  - b. If the health insurer selects this option, and R20-6-607 applied to the rate increase the Department determined to be unreasonable, the health insurer shall revise the rate increase filing to reflect the smaller rate increase or file a new rate increase. If the smaller rate increase is a threshold rate increase, the health insurer shall submit a new preliminary justification on the date the health insurer revises the rate increase filing or files a new rate increase; or
  - c. If the health insurer selects this option, and R20-6-607 did not apply to the rate increase the Department determined to be unreasonable, and the smaller increase is a threshold rate increase, the health insurer shall submit to the Department and to CMS a new preliminary justification at least 60 days prior to the date the health insurer intends to implement the smaller increase in Arizona.

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3. Option to implement the rate increase determined unreasonable. Within 10 business days after the health insurer either implements the rate increase that the Department determined unreasonable, or receives from CMS the Department's determination, the health insurer shall:
  - a. Submit, to the Department and to CMS, a final justification in response to the Department's determination. The information in the final justification shall be the same as the information submitted by the insurer under R20-6-2302(A)(1) and (2) in the preliminary justification supporting the rate increase; and
  - b. Prominently post on its website, on a form and in the manner prescribed by the Secretary under 45 CFR 154.230 the following information:
    - i. The Department's determination that the rate increase is unreasonable and Department's explanation of the Department's analysis of the relevant factors set forth in R20-6-2305(A)(1) and (2), and
    - ii. The health insurer's final justification for implementing the rate increase.
  - c. Continue to make the information in subsection (3)(b) available to the public on its website for at least three years.
13. The impact of changes in applicable taxes, licensing or regulatory fees;
14. Medical loss ratio;
15. The health insurer's capital and surplus; and
16. Other relevant documentation at the discretion of the Director.
- C. A health insurer shall submit all documentation required under subsection (A) or (B) at the same time that:
  1. The health insurer submits the preliminary justification required under R20-6-2302, or
  2. The health insurer submits any new preliminary justification required under R20-6-2304(2)(b) and (c).

**Historical Note**

New Section made by final rulemaking at 18 A.A.R. 2721, effective October 3, 2012 (Supp. 12-4). Section amended by final rulemaking at 30 A.A.R. 3767 (December 13, 2024), effective February 3, 2025 (Supp. 24-4).

**ARTICLE 24. OUT-OF-NETWORK CLAIM DISPUTE RESOLUTION****R20-6-2401. Definitions**

The definitions in A.R.S. § 20-3111 and this Section apply to this Article.

1. "Allowed Amount" is the amount reimbursable for a covered service under the terms of the enrollee's benefit plan. The allowed amount includes both the amount payable by the insurer and the amount of the enrollee's cost sharing requirements.
2. "Alternative Arbitrator" is an individual who is mutually agreeable to the health insurer and health care provider to act as the arbitrator of a surprise out-of-network billing dispute. If the person is contracted with the State of Arizona to conduct arbitration proceedings, the provisions of that contract shall apply. Department staff may not serve as an Alternative Arbitrator.
3. "Amount of the enrollee's cost sharing requirements" means the amount determined by the insurer prior to the dispute resolution process to be owed by the enrollee for out-of-network copayment, coinsurance and deductible pursuant to the enrollee's health care policy.
4. "Arbitrator" has the same meaning as A.R.S. § 20-3111(2) and may include a mediator, arbitrator or other alternative dispute resolution professional who is contracted with the Department to arbitrate a surprise out-of-network billing dispute. Department staff may not serve as an Arbitrator.
5. "A.R.S. § 20-3113 Disclosure" means a written, dated document that contains the following information:
  - a. The name of the billing health care provider;
  - b. A statement that the health care provider is not a contracted provider;
  - c. The estimated total cost to be billed by the health care provider or the provider's representative for the health care services being provided;
  - d. A notice that the enrollee or the enrollee's authorized representative is not required to sign the A.R.S. § 20-3113 Disclosure to obtain health care services;
  - e. A notice that if the enrollee or the enrollee's authorized representative signs the A.R.S. § 20-3113 Disclosure, they may have waived any rights to request arbitration of a qualifying surprise out-of-network bill.

**Historical Note**

New Section made by final rulemaking at 18 A.A.R. 2721, effective October 3, 2012 (Supp. 12-4).

**R20-6-2305. Threshold Rate Increase Documentation Requirements**

- A. For a threshold rate increase, a health insurer shall submit to the Department documentation that is sufficient to allow the Department to assess:
  1. The reasonableness of the assumptions used by the health insurer to develop the proposed rate increase and the validity of the historical data underlying the assumptions, and
  2. The health insurer's data related to past projections and actual experience.
- B. To the extent applicable to the submission under review by the Department, the health insurer shall submit documentation that includes all of the following:
  1. The impact of medical trend changes by major service categories;
  2. The impact of utilization changes by major service categories;
  3. The impact of cost-sharing changes by major service categories, including actuarial values;
  4. The impact of geographic factors and variations;
  5. The impact of changes to all plans within the single risk pool product;
  6. The impact of reinsurance and risk adjustment payments and changes;
  7. The impact of benefit changes;
  8. The impact of changes in enrollee risk profile;
  9. The impact of any overestimate or underestimate of medical trend for prior year periods related to the rate increase;
  10. The impact of changes in reserve needs;
  11. The impact of changes in administrative costs related to programs that improve health care quality;
  12. The impact of changes in other administrative costs;

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6. "Balance bill" means all charges that exceed the enrollee's cost sharing requirements and the amount paid by the insurer.
7. "Date of service" means the latest date on which the health care provider rendered a related health care service that is the subject of a qualifying surprise out-of-network bill.
8. "Days" as used in this Article means calendar days unless specified as business days and does not include the day of the filing of a document.
9. "Department" means the Arizona Department of Insurance and Financial Institutions or an entity with which it contracts to administer the out-of-network claim dispute resolution process.
10. "Enrollee's authorized representative" means a person to whom an enrollee has given express written consent to represent the enrollee, the enrollee's parent or legal guardian, a person appointed by the court to act on behalf of the enrollee or the enrollee's legal representative. An enrollee's authorized representative shall not be someone who represents the provider's interests.
11. "Final resolution of a health care appeal" means that a member has a final decision under the review process provided by A.R.S. Title 20, Chapter 15, Article 2.
12. "Informal Settlement Teleconference" means a teleconference arranged by the Department that is held to settle the enrollee's qualifying surprise out-of-network bill prior to an Arbitration being scheduled. The parties to the Informal Settlement Teleconference are: (a) the enrollee or the enrollee's authorized representative; (b) the health insurer; and (c) the provider or the provider's representative.
13. "Qualifying surprise out-of-network bill" is a surprise out-of-network bill for health care services provided on or after January 1, 2019, that is disputed by the enrollee and:
  - a. Is for health care services covered by the enrollee's health plan;
  - b. Is for health care services provided in a network health care facility;
  - c. Is for health care services performed by a provider who is not contracted to participate in the network that serves the enrollee's health plan;
  - d. The enrollee has resolved any health care appeal pursuant to A.R.S. Title 20, Chapter 15, Article 2, that the enrollee may have had against the insurer following the health insurer's initial adjudication of the claim;
  - e. The enrollee has not instituted a civil lawsuit or other legal action against the insurer or health care provider related to the surprise out-of-network bill or the health care services provided;
  - f. The amount of the surprise out-of-network bill for which the enrollee is responsible for all related health care services provided by the health care provider whether contained in one or multiple bills, after deduction of the enrollee's cost sharing requirements and the insurer's allowable reimbursement, is at least \$1,000.00; and
  - g. One of the following applies:
    - i. The bill is for emergency services, including under circumstances described by A.R.S. § 20-2803(A);
    - ii. The bill is for health care services directly related to the emergency services that are provided during an inpatient admission to any network facility;
    - iii. The bill is for a health care service that was not provided in the case of an emergency and the health care provider or provider's representative did not provide the enrollee a written dated A.R.S. § 20-3113 Disclosure;
    - iv. The bill is for a health care service that was not provided in the case of an emergency and the health care provider or provider's representative did not provide the enrollee a written dated A.R.S. § 20-3113 Disclosure within a reasonable amount of time before the enrollee received the service;
    - v. The bill is for a health care service that was not provided in the case of an emergency and the health care provider or provider's representative provided the enrollee a written dated A.R.S. § 20-3113 Disclosure ("Disclosure") and the enrollee or the enrollee's authorized representative chose not to sign the Disclosure;
    - vi. The bill is for a health care service that was not provided in the case of an emergency and the health care provider or provider's representative provided the enrollee a written dated A.R.S. § 20-3113 Disclosure ("Disclosure") and the enrollee or the enrollee's authorized representative signed the Disclosure but the amount actually billed to the enrollee is greater than the estimated cost provided in the signed Disclosure.

**Historical Note**

New Section made by exempt rulemaking at 25 A.A.R. 155, effective January 2, 2019 (Supp. 19-1). Section amended by final rulemaking at 29 A.A.R. 3621 (November 24, 2023), effective January 7, 2024 (Supp. 23-4). Effective date corrected (Supp. 23-4, Ver. 2).

**R20-6-2402. Request for Arbitration**

- A. Request for Arbitration. An enrollee may request dispute resolution of a surprise out-of-network bill by filing a timely Request for Arbitration with the Department on a Request for Arbitration form available on the Department's website.
- B. Deadline for filing a Request for Arbitration with the Department. A Request for Arbitration must be received by the Department within one year after the date of service listed on the surprise out-of-network bill. If the enrollee filed a health care appeal pursuant to A.R.S. Title 20, Chapter 15, Article 2, the one year deadline is tolled from the date the enrollee filed the health care appeal to the date of the final resolution of the appeal.
- C. Evaluation of the Request for Arbitration by the Department. Within 15 days after receipt of a Request for Arbitration, the Department shall do one of the following:
  1. Determine that the surprise out-of-network bill is a qualifying surprise out-of-network bill and notify the enrollee, health insurer and health care provider that the Request for Arbitration qualifies for Arbitration;
  2. Determine that the surprise out-of-network bill is not a qualifying surprise out-of-network bill and notify the enrollee of the reason for the Department's determination;

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3. Determine that the Request for Arbitration is incomplete; or
  4. Return the Request for Arbitration to the enrollee without making a determination if the enrollee's request should instead be filed as a health care appeal within the meaning of A.R.S. Title 20, Chapter 15, Article 2.
- D.** Request for additional information for an incomplete Request for Arbitration. If the Department determines that the Request for Arbitration is incomplete, the Department may send a written request for additional information to the enrollee, health insurer, health care provider or health care provider's billing company.
- E.** Time to respond to the Department's Request for Additional Information. The enrollee, health insurer, health care provider or the health care provider's billing company shall have 15 days from the date of the request to respond to the Department's Request for Additional Information.
- F.** Failure to respond to the Department's Request for Additional Information.
1. If the enrollee fails to respond to the Department's Request for Additional Information, the Department shall deny the enrollee's Request for Arbitration.
  2. If either the health insurer or the health care provider or health care provider's billing company fail to respond to the Department's Request for Additional Information, the Department shall deem that the enrollee's Request for Arbitration qualifies for arbitration.
- G.** Receipt of Additional Information. Upon receipt of the additional information requested by the Department under subsection (D) of this Section, the Department shall determine, within seven days, whether the enrollee's Request for Arbitration qualifies for Arbitration and send the notice required under subsection (C)(1) or subsection (C)(2) of this Section, whichever applies.
- H.** Final Determination. The Department's determination whether an enrollee's Request for Arbitration qualifies for Arbitration is a final decision and not an appealable agency action within the meaning of A.R.S. § 41-1092(3). A claim that is the subject of a qualifying surprise out-of-network bill is not subject to the timely payment of claims law during the pendency of the Arbitration.
- I.** Enrollee's payment responsibility.
1. Notwithstanding any informal settlement or Arbitrator's Final Written Decision, the enrollee is responsible for only the following:
    - a. The amount of the enrollee's cost sharing requirements; and
    - b. Any amount received by the enrollee from the enrollee's health insurer as payment for the health care services at issue in a qualifying surprise out-of-network bill.
  2. A health care provider may not issue, either directly or indirectly through its billing company, any additional balance bill to the enrollee for the same health care services.
- Historical Note**
- New Section made by exempt rulemaking at 25 A.A.R. 155, effective January 2, 2019 (Supp. 19-1).
- R20-6-2403. Informal Settlement Teleconference**
- A.** Deadline to arrange the Informal Settlement Teleconference. Upon a determination that an enrollee has made a Request for Arbitration that qualifies for Arbitration, the Department shall arrange an Informal Settlement Teleconference between the parties within 30 days of notifying the enrollee that the enrollee's Request for Arbitration qualifies for Arbitration required by Section R20-6-2402(C)(1).
- B.** Notice of Informal Settlement Teleconference. At least 14 days prior to the scheduled date, the Department shall send a Notice of Informal Settlement Teleconference to the enrollee, the enrollee's authorized representative, the health insurer, the health care provider and the health care provider's representative informing them of the date, time and instructions on how to participate in the Informal Settlement Teleconference.
- C.** Health Insurer documentation. On or before the Informal Settlement Teleconference, the health insurer shall provide to the parties the enrollee's cost sharing requirements under the enrollee's health plan based on the qualifying surprise out-of-network bill.
- D.** Consequences of non-participation in the Informal Settlement Teleconference. If a party fails to participate in the Informal Settlement Teleconference, it shall be subject to the following consequences:
1. If the health insurer, provider or provider's representative fails to participate in an Informal Settlement Teleconference scheduled by the Department, the participating party may notify the Department which shall promptly schedule the Arbitration. The non-participating party shall pay the entire cost of the Arbitration.
  2. If the enrollee or the enrollee's authorized representative fails to participate in the original Informal Settlement Teleconference, the original Informal Settlement Teleconference is terminated.
  3. If the enrollee or the enrollee's authorized representative fails to participate in a rescheduled Informal Settlement Teleconference, the enrollee's Request for Arbitration is terminated.
- E.** One-time opportunity for the enrollee to reschedule the Informal Settlement Teleconference. If the enrollee or the enrollee's representative fails to participate in the Informal Settlement Teleconference originally scheduled by the Department, the enrollee may request that the Department reschedule the Informal Settlement Conference. The enrollee's request to reschedule must be received by the Department within 14 days after the originally scheduled Informal Settlement Teleconference. Failure to submit a request to the Department to reschedule the Informal Settlement Teleconference within the 14 day period terminates the enrollee's Request for Arbitration.
- F.** Notification to the Department after the Informal Settlement Teleconference. Within seven days after the date of the Informal Settlement Teleconference, the health insurer shall:
1. Notify the Department whether a settlement was reached between the parties; and
  2. If a settlement was reached, notify the Department of the terms of the settlement on a form prescribed by the Department.
- G.** Failure to settle. If the parties fail to settle the qualifying surprise out-of-network bill at the Informal Settlement Teleconference, the Department shall arrange for the Arbitration.
- H.** Settlement. If the parties settle the qualifying surprise out-of-network bill at the Informal Settlement Teleconference, the health insurer shall remit its portion of the payment to the health care provider within 30 days after the Informal Settlement Teleconference. A claim that is reprocessed by a health insurer as a result of informal settlement is not in violation of A.R.S. § 20-3102(L).



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**Historical Note**

New Section made by exempt rulemaking at 25 A.A.R. 155, effective January 2, 2019 (Supp. 19-1).

**R20-6-2404. Arbitrators**

- A.** Contracted entities. The Department shall contract with one or more persons to provide Arbitrators. The Department must have a list of at least four Arbitrators to assign to Arbitrations. The Department shall publish the list of contracted entities and a list of each entity's qualified Arbitrators on its website.
- B.** Arbitrator Qualifications. Any person contracting with the Department must be able to provide Arbitrators who possess at least three years of experience in health care services claims.
- C.** Alternative Arbitrators. A health insurer and provider may mutually agree to use an Alternative Arbitrator if either the health insurer or the health care provider objects to an Arbitrator appointed by the Department.
- D.** Appointment of an Arbitrator.
  - 1. The Department shall appoint an Arbitrator for each Arbitration.
  - 2. If the health insurer and health care provider do not agree to the Arbitrator appointed by the Department, they shall either:
    - a. Mutually agree to use an Alternative Arbitrator; or
    - b. Participate in the following procedure:
      - i. The Department shall assign three Arbitrators.
      - ii. The health insurer shall strike one Arbitrator.
      - iii. The health care provider shall strike one Arbitrator.
      - iv. If one Arbitrator remains, the Department shall appoint the remaining Arbitrator to the Arbitration.
      - v. If the health insurer and health care provider strike the same Arbitrator, the Department shall randomly assign the Arbitrator from the remaining two Arbitrators.

**Historical Note**

New Section made by exempt rulemaking at 25 A.A.R. 155, effective January 2, 2019 (Supp. 19-1).

**R20-6-2405. Before the Arbitration**

- A.** Enrollee's duties. Before the Arbitration, the enrollee shall:
  - 1. Pay or make arrangements in writing to pay to the health care provider the amount stated by the health insurer in the Informal Settlement Teleconference which shall be the total amount of the enrollee's cost sharing requirements due for the health care services that are the subject of the qualifying surprise out-of-network bill.
  - 2. Pay to the health care provider any amount that the enrollee has received from the health insurer as payment for the health care services that are the subject of the qualifying surprise out-of-network bill.
- B.** Health insurer's duties. Before the Arbitration, the health insurer shall remit any amount due to the health care provider if the health care insurer pays for out-of-network services directly to health care providers and the health insurer has not remitted any amounts due.

**Historical Note**

New Section made by exempt rulemaking at 25 A.A.R. 155, effective January 2, 2019 (Supp. 19-1).

**R20-6-2406. The Arbitration**

- A.** Conduct of Arbitration. An Arbitration of a qualifying out-of-network surprise bill shall be conducted:
  - 1. Telephonically unless the parties agree otherwise;

- 2. With or without the enrollee's participation;
- 3. Within 120 days after the Department's Notice of Arbitration unless agreed otherwise by the parties; and
- 4. For a maximum duration of four hours unless agreed otherwise by the parties.
- B.** Arbitrator's Determination. The Arbitrator or Alternative Arbitrator shall determine the amount the health care provider is entitled to receive as payment for the health care services that are the subject of the qualifying surprise out-of-network bill.
- C.** Allowable Evidence. The Arbitrator or Alternative Arbitrator shall allow each party to provide relevant information for evaluating the qualifying surprise out-of-network bill including:
  - 1. The average contracted amount that the health insurer pays for the health care services at issue in the county where the health care provider performed the health care services;
  - 2. The average amount that the health care provider has contracted to accept for the health care services at issue in the county where the health care provider performed the services;
  - 3. The amount Medicare and Medicaid pay for the health care services at issue;
  - 4. The health care provider's direct pay rate for the health care services at issue, if any, under A.R.S. § 32-3216;
  - 5. Any information that would be evaluated in determining whether a fee is reasonable under title 32 and not excessive for the health care services at issue, including the usual and customary charges for the health care services at issue performed by a health care provider in the same or similar specialty and provided in the same geographic area; and
  - 6. Any other reliable sources of information, including databases, that provide the amount paid for the health care services at issue in the county where the health care provider performed the services.
- D.** Final Written Decision. Within 10 business days following the Arbitration, the Arbitrator or Alternative Arbitrator shall issue a Final Written Decision and provide a copy to the enrollee, the health insurer, the health care provider, the health care provider's billing company (if applicable) and the health care provider's authorized representative (if applicable).
- E.** Payment of the claim. The health insurer shall remit its portion of the payment awarded by the Arbitrator or Alternative Arbitrator to the health care provider within 30 days of the date of the Final Written Decision. A claim that is reprocessed by a health insurer as a result of the Arbitration is not in violation of A.R.S. § 20-3102(L).
- F.** Payment of the Costs of Arbitration. The health insurer and health care provider shall make payment arrangements with the Arbitrator or Alternative Arbitrator to pay their respective shares of the costs of the Arbitration within 30 days after the date of the Final Written Decision. The respective shares of the costs of Arbitration are determined as follows:
  - 1. The enrollee is not responsible for any portion of the cost of the Arbitration.
  - 2. The health insurer and the health care provider shall share the costs of the Arbitration equally unless one of the following exceptions applies:
    - a. The health insurer and health care provider agree to share the costs of the Arbitration in non-equal portions.
    - b. The health insurer pays the entire cost of the Arbitration for failing to participate in the Informal Settlement.

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ment Teleconference after receiving proper notice from the Department.

- c. The health care provider or the health care provider's representative pays the entire cost of the Arbitration for failing to participate in the Informal Settlement Teleconference after receiving proper notice from the Department.

- G. Confidentiality. In connection with the Arbitration of a qualifying surprise out-of-network bill, all of the following apply:
  1. All pricing information provided by a health insurer or health care provider is confidential.
  2. Pricing information provided by a health insurer or health care provider may not be disclosed by the Arbitrator, Alternative Arbitrator or any other party participating in the Arbitration.
  3. Pricing information provided by a health insurer or health care provider may not be used by anyone, except the party providing the information, for any purpose other than to resolve the qualifying surprise out-of-network bill.
  4. All information received by the Department in connection with the Arbitration is confidential and may not be disclosed to any person except the Arbitrator or Alternative Arbitrator.
- H. Arbitrator's Report. At the conclusion of each Arbitration, the Arbitrator shall produce a report to the Department that contains the following information:
  1. Date of Arbitration;
  2. Date the Arbitrator issued the Final Written Decision;
  3. Whether the parties settled the qualifying surprise out-of-network bill during the Arbitration;
  4. The initial amount billed by the health care provider;
  5. The payment amount awarded to the health care provider; and
  6. Any other information the Department may request an Arbitrator to report prior to an Arbitration.

**Historical Note**

New Section made by exempt rulemaking at 25 A.A.R. 155, effective January 2, 2019 (Supp. 19-1).

**ARTICLE 25. PHARMACY BENEFIT MANAGERS****R20-6-2501. Definitions**

The following terms apply to this Article:

"Certificate of Good Standing" as used in A.R.S. § 20-3333(B)(1)(f) means the same as defined under A.R.S. § 10-128.

"Department" means the Arizona Department of Insurance and Financial Institutions, Insurance Division.

"Director of the Department" means the same as defined under A.R.S. § 20-102.

"Health plan" as used in A.R.S. § 20-3333(R) means the same as "Health care plan" as defined under A.R.S. § 20-3151.

"Insurer" means the same as defined under A.R.S. § 20-3321(5).

"Material modification" as used in A.R.S. § 20-3333(D) means a change to any of the information required to be submitted to the Department under A.R.S. § 20-3333(B)(1)(a) through (e), a notification that the licensee is no longer in good standing with the Arizona Corporation Commission, or a change in the description of the

Pharmacy Benefit Manager's services, facilities, or personnel.

"Overall time frame" means the same as defined under A.R.S. § 41-1072(2).

"Pay the fee" means to submit to the Department the fee required to accompany the initial application for or renewal of the Pharmacy Benefit Manager's certificate of authority. The initial application fee is \$500 and the renewal fee is \$500. In lieu of direct payment of the fee, the applicant or licensee may submit proof of payment of the fee. All fees are non-refundable.

"Person" means the same as defined under A.R.S. § 20-105.

"Pharmacy Benefit Manager" means the same as defined under A.R.S. § 20-3321(10).

"Records" as used in Section R20-6-2507 includes records, books, documentation, and other data.

"Utilization review plan" means the same as defined under A.R.S. § 20-2501(A)(17).

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 4446 (November 28, 2025), effective January 4, 2026 (Supp. 25-4).

**R20-6-2502. Application for Certificate of Authority; Fee Required**

- A. A person seeking to be licensed as a Pharmacy Benefit Manager in this state shall file an application for a certificate of authority on a form prescribed by the Director of the Department which shall be transmitted for review and approval through an electronic online system as required by the Director of the Department under A.R.S. § 20-3333(B). The applicant shall pay the fee to the Department at the time it submits its application.
- B. Beginning January 1, 2025, a person shall not operate as a Pharmacy Benefit Manager in this state without a certificate of authority.
- C. The Department deems an application as filed with the Director of the Department when the Department receives a completed application and the required fee from an applicant.
- D. The Director of the Department may require, at the Director's discretion, that an applicant for a certificate of authority under A.R.S. § 20-3333(A) submit information that discloses biographical, employment and business financial history, criminal activity, fingerprints, or any other information that relates to the ability to operate as a Pharmacy Benefit Manager for principals, principal officers, and individuals responsible for the conduct of the activities of the Pharmacy Benefit Manager if necessary for the protection of residents of this state.
- E. An applicant shall have a period to remedy disqualifications to licensure pursuant to A.R.S. § 20-3333(C).
  1. If the Director of the Department determines that an applicant is not qualified to be licensed after the overall time frame for the application is complete, the Director of the Department shall provide a written notification to the applicant of the Director's intent to deny the application that specifies the disqualifications to licensure.
  2. The applicant shall have 60 days from the date of the Director's notification to inform the Director of the Department that it has remedied the disqualifications.

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3. If the applicant fails to respond to the Director of the Department within 60 days, or the Director of the Department determines that the applicant has failed to remedy the disqualifications to licensure, the Director of the Department shall deny the application.
4. The Director of the Department's denial of the application is an appealable agency action within the meaning of A.R.S. § 41-1092(4).
- F. The Department shall notify an applicant of the approval of the certificate of authority and the effective date and expiration date of the certificate. No paper certificate is required.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 4446 (November 28, 2025), effective January 4, 2026 (Supp. 25-4).

**R20-6-2503. Notice of Modification**

The Notice of Modification required to be filed with the Director of the Department under A.R.S. § 20-3333(D) applies to a Pharmacy Benefit Manager who holds a certificate of authority issued by the Department. The Notice of Modification shall be filed on a form and in the manner approved by the Director of the Department.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 4446 (November 28, 2025), effective January 4, 2026 (Supp. 25-4).

**R20-6-2504. Term of Certificate of Authority**

- A. The Pharmacy Benefit Manager certificate of authority is a biennial certificate. If the Pharmacy Benefit Manager fails to timely file a complete renewal application and pay the fee to the Director of the Department, the certificate of authority of a Pharmacy Benefit Manager expires on the last day of the 24th month after the effective date of the initial approval of the certificate of authority or any renewal.
- B. If not timely renewed, a certificate of authority may expire during any period of suspension or restriction under A.R.S. § 20-3333(G).

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 4446 (November 28, 2025), effective January 4, 2026 (Supp. 25-4).

**R20-6-2505. Renewal of Certificate of Authority; Fee Required**

- A. To renew its certificate of authority, a Pharmacy Benefit Manager shall file a renewal application on a form prescribed by the Director of the Department and pay the fee on or before the expiration of the Pharmacy Benefit Manager's certificate of authority. The form shall be transmitted for review through an electronic online system as required by the Director of the Department.
- B. The Director of the Department may require, at the Director's discretion, that an applicant for renewal of a certificate of authority under A.R.S. § 20-3333(K) submit information that discloses biographical, employment and business financial history, criminal activity, fingerprints, or any other information that relates to the ability to operate as a Pharmacy Benefit Manager for principals, principal officers, and individuals responsible for the conduct of the activities of the Pharmacy Benefit Manager if necessary for the protection of residents of this state.
- C. The Department deems a renewal application as filed with the Director of the Department when the Director of the Department

receives the complete renewal application and the renewal fee.

- D. Upon expiration of a certificate of authority that is not timely renewed, a Pharmacy Benefit Manager shall cease its operations as a Pharmacy Benefit Manager.
- E. A Pharmacy Benefit Manager whose certificate of authority has expired shall file a new application for a certificate of authority to the Director of the Department pursuant to A.R.S. § 20-3333(B) and R20-6-2502.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 4446 (November 28, 2025), effective January 4, 2026 (Supp. 25-4).

**R20-6-2506. Utilization Review**

- A. A Pharmacy Benefit Manager may contract with a utilization review agent certified by the Department pursuant to A.R.S. § 20-2504 or exempt from certification under A.R.S. § 20-2502(B) to perform utilization review for pharmaceutical claims on behalf of the Pharmacy Benefit Manager.
- B. If a Pharmacy Benefit Manager performs utilization review for a health care insurer for pharmaceutical claims, the Pharmacy Benefit Manager shall perform the duties required of a certified utilization review agent including:
  1. Conducting utilization review in accordance with the utilization review plan that is on file with the Department;
  2. Adopting a utilization review plan that includes a summary description of review guidelines, protocols and procedures, standards and criteria to be used in evaluating pharmaceutical services covered by the health care insurer, and the provisions by which patients or pharmacies may seek reconsideration or appeal of the decisions made by the Pharmacy Benefit Manager that complies with Arizona law;
  3. Ensuring that the personnel conducting utilization review have current licenses that are in good standing and without restrictions from a state professional licensing agency in the United States;
  4. Having policies and procedures to ensure that a representative of the Pharmacy Benefit Manager that conducts utilization review is available:
    - a. To receive and send notices and acknowledgments of appeals and is reasonably accessible to patients and pharmacies in this state and the Department; and
    - b. To receive phone calls for 40 hours each week during normal business hours;
  5. Having policies and procedures to ensure that the personnel conducting utilization review will follow all applicable state and federal laws to protect the confidentiality of individual medical records; and
  6. Having a copy of the materials or a description of the procedure designed to inform patients and pharmacies, as appropriate, of the requirements of the utilization review plan.
- C. If a Pharmacy Benefit Manager performs utilization review for a health care insurer for pharmaceutical claims, the Pharmacy Benefit Manager shall comply with the appeals processes of a utilization review agent as described under A.R.S. Title 20, Chapter 15, Article 2, including:
  1. Adopting processes for the review, reconsideration, and appeal of denials of pharmaceutical claims consistent with the Pharmacy Benefit Manager's utilization review plan;

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2. Providing at least the following levels of review, as applicable:
  - a. An expedited review and expedited appeal pursuant to A.R.S. § 20-2534;
  - b. An initial appeal pursuant to A.R.S. § 20-2535; and
  - c. An external independent review pursuant to A.R.S. § 20-2537;
3. Providing a separate information packet complying with A.R.S. § 20-2533(H) that is approved by the Director of the Department with the member's policy, evidence of coverage, or similar document at the time of coverage or renewal of coverage;
4. Notification to the insured, at the time of a denial, of their right to appeal and whether a voluntary internal appeal is available to them pursuant to A.R.S. § 20-2536; and
5. Ensuring that for an issue of medical necessity or appropriateness, not whether a claim or service is covered, the initial appeal process is performed as prescribed by A.R.S. § 20-2535.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 4446 (November 28, 2025), effective January 4, 2026 (Supp. 25-4).

**R20-6-2507. Records Retention; Compliance Costs**

- A. Every Pharmacy Benefit Manager shall keep its corporate and business records as originals or as copies of the originals made by reproduction methods that accurately preserve the records.

- B. Notwithstanding the confidential nature of a pharmacy benefit manager's information, the Director of the Department may use the information in any proceedings instituted against the pharmacy benefit manager by the Department.
- C. The Pharmacy Benefit Manager shall keep its records for the periods required in Table 1. Pharmacy Benefit Manager Retention Schedule. This Section does not prohibit record retention for longer periods than required. This Section does not prohibit a Pharmacy Benefit Manager from keeping any other type of record not required.
- D. A Pharmacy Benefit Manager shall pay the costs of review of its records to determine compliance by the Department.

**Historical Note**

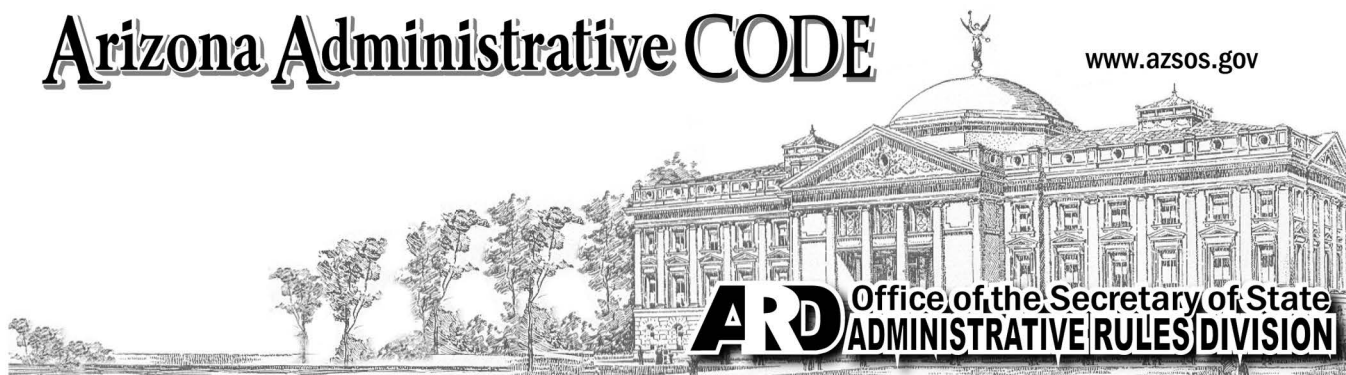
New Section made by final rulemaking at 31 A.A.R. 4446 (November 28, 2025), effective January 4, 2026 (Supp. 25-4).

**Table 1. Pharmacy Benefit Manager Retention Schedule**

Type of Record	Retention Period (Years)
Pharmacy Benefit Plan	5
Utilization Review Plan	Continuous

**Historical Note**

Table 1 made by final rulemaking at 31 A.A.R. 4446 (November 28, 2025), effective January 4, 2026 (Supp. 25-4).



**TITLE 21. CHILD SAFETY**  
**CHAPTER 1. DEPARTMENT OF CHILD SAFETY - ADMINISTRATION**  
**21 A.A.C. 1**

**Supplement Information**  
**Supp. 25-4**

Rules codified between October 1, 2025 through December 31, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-4 replaces Supp. 21-4, 1-14 pages.**

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

## PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “*Rule*’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

### THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

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The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at [www.azsos.gov/rules](http://www.azsos.gov/rules), click on the *Administrative Register* link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

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*Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.*

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## Administrative Rules Division

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## TITLE 21. CHILD SAFETY

## CHAPTER 1. DEPARTMENT OF CHILD SAFETY - ADMINISTRATION

## Supp. 25-4

Authority: A.R.S. § 8-453(A)(5)

*Editor's Note: Chapter 1 contains rules which were exempt from the regular rulemaking process under Laws 4, 2nd Special Session, Ch. 1, Sec. 158. The law required the Department to post on its website proposed exempt rulemakings for a minimum of 30 days, at which time the public could provide written comments. In addition, at least two public hearings were held prior to the filing of the final exempt rules. Because the Department solicited comments on its proposed exempt rules, the rules filed with the Office of the Secretary of State are considered final exempt rules (Supp. 15-4).*

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## TITLE 21. CHILD SAFETY

## CHAPTER 1. DEPARTMENT OF CHILD SAFETY - ADMINISTRATION

**ARTICLE 1. RELEASE OF DEPARTMENT INFORMATION****R21-1-101. Definitions**

The definitions contained in A.R.S. §§ 8-101, 8-201, 8-531, 8-801, 8-807, 8-807.01, and the following definitions apply in this Article:

1. "Abandonment" has the same meaning as "abandoned" in A.R.S. § 8-201.
2. "Abuse" means the same as in A.R.S. § 8-201.
3. "CASA" or "Court Appointed Special Advocate" means a person appointed under A.R.S. § 8-522.
4. "Centralized Intake Hotline" or "the Hotline," means the entity described in A.R.S. § 8-455.
5. "Child" means a person less than 18 years of age.
6. "Completed request" means a fully completed DCS form or a written communication submitted to DCS requesting DCS Information and providing all the information necessary, as determined by the Department, to process the request. The requester shall have the request notarized or signed by a Department employee to confirm the identity of the requester.
7. "Copying fee" means the final amount a requester is required to pay to the Department before the Department releases the requested DCS Information.
8. "DCS Information" means the same as in A.R.S. § 8-807 and includes information contained in a hard copy or electronic case record, and both oral and written information.
9. "Department" or "DCS" means the Arizona Department of Child Safety.
10. "Estimated copying fee" means the projected total amount of a copying fee. A requester is required to pay the estimated copying fee to the Department before the Department redacts and copies the requested DCS Information.
11. "FCRB" means the Foster Care Review Board established under A.R.S. § 8-515.01.
12. "Incoming communication" means a telephonic, written, or in-person contact to the Department that is received by or ultimately directed to the Centralized Intake Hotline.
13. "Neglect" means the same as in A.R.S. § 8-201.
14. "Person that provides oversight" means those individuals, entities, or bodies authorized by A.R.S. § 8-807 to have access to DCS Information that is reasonably necessary for the person to provide oversight of the Department.
15. "Person who is the subject of DCS Information" means a parent, guardian, custodian, adult household member, child, or other person identified in a DCS report.
16. "Personally identifiable information" means information that specifically identifies a protected individual and includes:
  - a. Name;
  - b. Date of Birth;
  - c. Street address;
  - d. Telephone, fax number, or email address;
  - e. Photograph;
  - f. Fingerprints;
  - g. Physical description;
  - h. Place, address, and telephone number of employment;
  - i. Social security number;
  - j. Tribal affiliation and identification number;
  - k. Driver's license number;
  - l. Auto license number;
  - m. Any other identifier that is specific to an individual; and

- n. Any other information that would permit another person to readily identify the subject of the DCS Information.
17. "Protected individual" means a living person who is the subject of a DCS investigation and others whose personal information is confidential under A.R.S. § 8-807 and includes:
  - a. An alleged victim;
  - b. An alleged victim's sibling;
  - c. A parent, guardian, custodian, or adult household member;
  - d. A foster parent;
  - e. A child living with the alleged victim;
  - f. The person who made the report of child abuse or neglect; and
  - g. Any person whose life or safety would be endangered by disclosure of DCS Information.
18. "Redacting" means striking, blacking out, or otherwise editing out personally identifiable information or other information that is not subject to release under A.R.S. § 8-807 contained in DCS hard copy or electronic case records on protected individuals so that no one can access the information.
19. "Report" means an incoming communication to the Centralized Intake Hotline containing an allegation that meets the criteria in A.R.S. § 8-455.
20. "Request" means a written communication seeking DCS Information.
21. "Requester" means an individual, entity, or body that makes a request for DCS Information.
22. "Research requester" means an individual or organization that seeks DCS Information for a research or evaluation project.
23. "Workday" means Monday through Friday excluding Arizona state holidays and mandatory furlough days.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4).

**R21-1-102. Scope and Application**

- A. This Article governs requests for and release of DCS Information made under A.R.S. § 8-807 and A.R.S. § 8-807.01.
- B. DCS maintains information in accordance with federal laws under A.R.S. § 8-807.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4).

**R21-1-103. Procedures for Requesting DCS Information**

- A. A person who wishes to obtain DCS Information shall comply with A.R.S. § 8-807 and the requirements of this Article.
- B. The requester shall submit to the Department a completed request or use the form provided by the Department. The request shall include the following information:
  1. Requester's name, address, and telephone number;
  2. Name of the child victim who is the subject of the DCS report, with as much of the following information as the requester can provide on the child victim:
    - a. Other possible spellings, names, or aliases for the child;
    - b. Date of birth;
    - c. The name of the child's caregivers, parents, guardians, and custodians; and

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- d. The date of the DCS report or time-frame for the report.
- 3. Any other data that the requester believes will assist the Department in identifying the DCS Information requested, such as:
  - a. The name of the child's siblings;
  - b. The child's Social Security number;
  - c. The name of the DCS Child Safety Worker handling the case; and
  - d. The location of the alleged abuse or neglect.
- 4. Any additional information the Department requests to assist in processing the person's request for DCS Information.
- C. Before releasing DCS Information, the Department shall determine whether the requester is entitled to receive the DCS Information under this Article, A.R.S. § 8-807 and A.R.S. § 8-807.01.
- D. This Section does not apply to:
  - 1. A person or entity authorized to receive DCS Information under A.R.S. § 8-807 to:
    - a. Meet its duties to provide for the safety, permanency, and well-being of a child;
    - b. Provide services to the child, parent, guardian, custodian, or family members to strengthen the family;
    - c. Enforce or prosecute violations of child abuse or neglect laws;
    - d. Help investigate and prosecute any violation involving domestic violence as defined in A.R.S. § 13-3601 or violent sexual assault as defined in A.R.S. § 13-1423; or
    - e. Provide DCS Information to a defendant after a criminal charge has been filed as required by an order of the criminal court.
  - 2. This Section also does not apply to:
    - a. Juvenile, domestic relations, family or conciliation court;
    - b. The parties or their attorneys in a dependency, guardianship, or termination of parental rights proceeding;
    - c. The FCRB;
    - d. A CASA; or
    - e. A person that provides oversight to the Department.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4).

**R21-1-104. Procedures for Processing a Request for DCS Information**

- A. Upon receipt of a request for DCS Information, the Department shall determine whether the request is complete. If the request is incomplete, the Department shall either:
  - 1. Return the request to the requester with a statement explaining the additional information the Department needs to process the request; or
  - 2. Contact the requester to obtain the missing information.
- B. Upon receipt of a completed request, the Department shall stamp the receipt date on the request. The receipt date is the day the Department receives the completed request.
- C. Within 30 workdays of the receipt date, the Department shall provide the requester with one of the following written responses:
  - 1. The requested DCS Information;
  - 2. A statement that the requested DCS Information does not exist;

- 3. A statement that the Department cannot provide the requested DCS Information within 30 workdays, the reason for the delay, and the anticipated time-frame for response; or
- 4. A statement that the Department cannot release the requested DCS Information, with the statutory citation and the reason for the denial.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4).

**R21-1-105. Procedures for Processing a Request for DCS Information from a Person or Entity Providing Services in Official Capacity**

- A. The Department shall release DCS Information without charging the fee required by R21-1-110 when a person or entity entitled to receive DCS Information requires information to:
  - 1. Meet its duties to provide for the safety, permanency, and well-being of a child;
  - 2. Provide services to the child, parent, guardian, custodian, or family members to strengthen the family;
  - 3. Enforce or prosecute a violation of child abuse or neglect laws;
  - 4. To help investigate and prosecute any violation involving domestic violence as defined in A.R.S. § 13-3601, or violent sexual assaults as defined in A.R.S. § 13-1423;
  - 5. Provide DCS Information to a defendant as required by an order of the criminal court; or
  - 6. Provide DCS Information to:
    - a. A juvenile, domestic relations, family or conciliation court;
    - b. The parties or their attorneys in a dependency, guardianship, or termination of parental rights proceeding;
    - c. The FCRB;
    - d. A CASA; or
    - e. A person that provides oversight of DCS.
- B. Before releasing DCS Information under this Section, the Department shall determine that the person requesting DCS Information is a person entitled to receive DCS Information under this Section and A.R.S. § 8-807.
- C. Within 30 workdays of the receipt date, the Department shall provide the requester with one of the following written responses:
  - 1. The requested DCS Information;
  - 2. A statement that the requested DCS Information does not exist;
  - 3. A statement that the Department cannot provide the requested DCS Information within 30 workdays, the reason for the delay, and the anticipated time-frame for response; or
  - 4. A statement that the Department cannot release the requested DCS Information, with the statutory citation and the reason for the denial.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4).

**R21-1-106. Release of Summary DCS Information to a Person Who Reported Suspected Child Abuse and Neglect**

- A. A person who reports suspected child abuse or neglect to DCS may contact DCS to obtain a summary of the outcome of the investigation, as authorized by A.R.S. § 8-807.

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- B. After receiving a completed request and before releasing DCS Information, the Department shall determine that the person requesting DCS Information was the person who made the report as follows:
1. Obtain the name and telephone number of the requester, and
  2. Compare the requester's name with the name of the person listed as the reporting source on the DCS report.
- C. After determining the identity of the requester, the Department shall call and advise the requester whether the Department has statutory authority to provide the requested DCS Information.
- D. If the requester is entitled to receive the requested DCS Information under A.R.S. § 8-807, DCS shall verbally provide the person a summary of the outcome with the following DCS Information:
1. Disposition of the report;
  2. Investigation findings, if available; and
  3. A general description of the services offered or provided to the child and family.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4).

**R21-1-107. Release of DCS Information for a Research or Evaluation Project**

- A. A person seeking DCS Information for a research or evaluation project shall send a written request to the Department. A request shall include the following information:
1. If the person works for a research organization:
    - a. The name of the organization, and
    - b. The organization's mission;
  2. A description of the research or evaluation project and the data requested, which explains how the results of the project will improve the Department;
  3. A description of the plan for maintaining the confidentiality of personally identifiable information, if requested, and disseminating the results of the project; and
  4. The funding source for the research or evaluation project.
- B. Within 30 workdays of receipt of a completed request from a research requester, the Department shall:
1. Advise the requester whether the Department will provide the requested DCS Information,
  2. Inform the requester of the estimated copying fee required under R21-1-110, and
  3. Inform the requester of the expected time-frame for providing the requested DCS Information.
- C. The Department shall provide the requester with the requested DCS Information, upon completion and after receipt of the copying fee.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4).

**R21-1-108. Release of DCS Information to a Legislator or a Committee of the Legislature, or Another Person that Provides Oversight**

- A. A person that provides oversight of DCS and seeks DCS Information shall send a request to the Department and include the following information:
1. The name of the person seeking the information;
  2. The purpose of the request and its relationship to the person's official duties; and
  3. The person's signature, or the signature of an authorized agent for an entity or other body, confirming that the per-

son or authorized agent understands the DCS Information shall not be further disclosed unless authorized by A.R.S. § 8-807.

- B. A legislator or committee of the legislature seeking DCS Information to perform official duties shall send a request to the presiding officer of the body of which the state legislator is a member and include the name of the person whose case record is to be reviewed and any other information that will assist the Department in locating the record. The legislator shall also sign the request, confirming that the legislator understands that the DCS Information shall not be further disclosed unless authorized by A.R.S. § 8-807. The presiding officer shall forward the request to the Department within five workdays of receiving the request.
- C. The copying fee required under R21-1-110 does not apply to this Section.
- D. Within 10 workdays of receiving the request, the Department shall provide the requester with one of the following written responses:
1. The requested DCS Information;
  2. A statement that the requested DCS Information does not exist;
  3. A statement that the Department cannot provide the requested DCS Information within 10 workdays, the reason for the delay and the anticipated time-frame for response; or
  4. A statement that the Department cannot provide the requested DCS Information, with the statutory citation and the reason for denial.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4).

**R21-1-109. Release of DCS Information in a Case of Child Abuse, Abandonment, or Neglect that has Resulted in a Fatality or Near Fatality**

- A. A person who requests DCS Information under A.R.S. § 8-807.01 concerning a case of child abuse, abandonment, or neglect that resulted in a fatality or near fatality, shall send a written request to the Department.
- B. Upon receipt of the request, the Department shall stamp the receipt date on the request and begin gathering the requested DCS Information.
- C. Prior to release of DCS Information in a case of child abuse or neglect resulting in a fatality or near fatality, the Department shall consult with the County Attorney who shall promptly inform the Department if it believes the release would cause a specific material harm under A.R.S. § 8-807.01. The Department shall not release any information that the County Attorney indicates would cause specific material harm.
- D. The Department shall notify the requester in writing of the estimated copying fee. If the requester does not want to proceed, the requester shall notify the Department within 72 hours to cancel the request. If this notification is oral, the requester shall confirm the cancellation in writing.
- E. The requester shall pay the estimated copying fee before the Department copies any DCS Information.
- F. After receipt of the final copying fee, the Department shall provide DCS Information consistent with A.R.S. § 8-807 and A.R.S. § 8-807.01.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4).

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**R21-1-110. Fees**

- A. If the Department determines a request for DCS Information will result in a copying fee, the Department shall notify the requester of the estimated fee before copying any DCS Information.
- B. Unless otherwise exempted by this Chapter, the Department may charge a copying fee at the current rate set by the Department, as provided on the DCS website at <https://dcs.az.gov>.
- C. The copying fee applies to both paper and electronic copies. If the DCS Information is requested in an electronic format, but does not already exist in an electronic format, DCS shall apply additional fees that reflect the actual cost of conversion to copy the DCS Information to an electronic format.
- D. The Department shall notify the requester in writing of the final copying fee.
- E. The Department shall reimburse the requester if final copying costs are less than the estimated copying fee.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4).

**ARTICLE 2. ADCS COMPREHENSIVE HEALTH PLAN****R21-1-201. Definitions**

The definitions in A.R.S. § 8-501 and the following definitions apply to this Article.

1. "AHCCCS" means the Arizona Health Care Cost Containment System, which is the State's program for medical assistance available under Title XIX of the Social Security Act and state public insurance statutes, A.R.S. Title 36, Chapter 29.
2. "Child Safety Worker" means the same as A.R.S. § 8-801.
3. "Covered services" means those benefits as described in A.R.S. Title 36, Chapter 29, Article 1 and contained in the approved Medicaid State Plan.
4. "DCS CHP Member" means the same as in A.R.S. § 8-512, child who is:
  - a. In a voluntary placement under A.R.S. § 8-806.
  - b. In the custody of the Department in out-of-home placement.
  - c. In the custody of a probation department and placed in foster care. The Department shall not provide this care if the cost exceeds funds currently appropriated and available for that purpose.
5. "DCS Comprehensive Health Plan" or "DCS CHP" means the program authorized by A.R.S. § 8-512 and this Article.
6. "Department" or "DCS" means the Department of Child Safety.
7. "Medically necessary" means a covered service provided by a physician, or other licensed practitioner in the healing arts within the scope of practice under state law to prevent disease, disability, or other adverse health conditions or their progression, or to prolong life.
8. "Out-of-home care provider" means the person or entity with whom a child resides in out-of-home placement.
9. "Title XIX Member" means a DCS CHP Member who is eligible for benefits under Title XIX or Title XXI of the Social Security Act and is receiving all covered services including behavioral health services through DCS CHP.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4).

Amended by final rulemaking at 27 A.A.R. 2518 (October 29, 2021), with an immediate effective date of October 5, 2021 (Supp. 21-4).

**R21-1-202. Eligible Member**

- A. The Department shall provide DCS CHP to a DCS CHP Member under A.R.S. § 8-512.
- B. The Department shall not provide DCS CHP benefits to:
  1. An individual who no longer meets the eligibility in A.R.S. § 8-512;
  2. A child under the Bureau of Indian Affairs foster care program; or
  3. A child placed in Arizona by another state whether voluntarily or under jurisdiction of the court of another state.
- C. DCS CHP shall notify AHCCCS if a Title XIX and Title XXI eligible DCS CHP Member no longer meets the criteria for coverage in A.R.S. § 8-512 and this Article.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 2518 (October 29, 2021), with an immediate effective date of October 5, 2021 (Supp. 21-4).

**R21-1-203. Exceptions, Limitations, and Exclusions**

- A. DCS CHP shall not pay for:
  1. Non-medically necessary health services.
  2. Any health service that is not eligible for reimbursement by AHCCCS in 9 A.A.C. 22, Article 2, including cosmetic procedures, experimental treatment, and personal care items.
  3. The cost of care and services payable through any federal, state, county, or municipal program to which a DCS CHP Member may be entitled, except for the cost of care and services in excess of any such program.
  4. The cost of care and services payable through an insurance carrier that provides coverage for the DCS CHP Member under A.R.S. § 8-512, except for the cost of care and services in excess of any such insurance benefits.
  5. Any admission, service, item, or otherwise uncovered service identified in A.R.S. Title 36, Chapter 29, Article 1, or the approved Medicaid State Plan.
- B. A health provider shall not submit a bill to or seek payment from the following for any covered services:
  1. DCS CHP Member; or
  2. DCS CHP Member's:
    - a. Guardian,
    - b. Custodian,
    - c. Estate,
    - d. Foster parent, or
    - e. Birth parent.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 2518 (October 29, 2021), with an immediate effective date of October 5, 2021 (Supp. 21-4).

**R21-1-204. Prior Authorization**

- A. Healthcare providers may be required to obtain authorization from DCS CHP or delegated entity before services are rendered in order for those services to be paid for under this Article and A.R.S. § 8-512.
- B. DCS CHP shall not pay for any health service that requires prior authorization and was:

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1. Not submitted for prior authorization; or
  2. Submitted but prior authorization is not granted.
- C. Healthcare providers shall obtain prior authorization from DCS CHP for certain services according to the provisions of A.R.S. Title 36, Chapter 29, Article 1, and 9 A.A.C. 22, Article 1.
- D. In instances where a prior authorization is required for a service but not obtained by the healthcare provider, the healthcare provider shall not submit a claim or invoice for a service to any party, including:
1. The Department;
  2. The Department's representatives;
  3. Any delegated entity the Department may contract with to administer this program;
  4. The DCS CHP Member; or
  5. The DCS CHP Member's:
    - a. Guardian,
    - b. Custodian,
    - c. Estate,
    - d. Foster Parent, or
    - e. Birth parent.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 2518 (October 29, 2021), with an immediate effective date of October 5, 2021 (Supp. 21-4).

**R21-1-205. Coordination of Benefits**

- A. The Department shall determine the possible existence of any primary insurance coverage for a DCS CHP Member.
- B. The Department shall request that the court include a statement in the court order requiring a parent, guardian, or custodian of a DCS CHP Member to cooperate with the Department in coordinating benefits with any existing health insurance carrier, and to maintain any health insurance coverage presently existing which covers a DCS CHP Member.
- C. The Department shall advise the court when a parent or guardian of a DCS CHP Member refuses to cooperate with DCS CHP in providing or signing any document required to coordinate insurance benefits, or if the parent, guardian, or custodian fails to maintain any existing insurance coverage for the DCS CHP Member.
- D. In a voluntary placement, the parent or guardian shall cooperate with the Department by providing and signing appropriate documents required to coordinate health insurance benefits.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 2518 (October 29, 2021), with an immediate effective date of October 5, 2021 (Supp. 21-4).

**R21-1-206. Identification Card**

- A. The Department shall issue a DCS CHP identification card for each DCS CHP Member.
- B. The Department shall, upon placement, inform the out-of-home care provider in writing that:
1. The identification card is not transferable; and
  2. The out-of-home care provider shall only use the card for covered services for the DCS CHP Member.
- C. An out-of-home care provider shall return the DCS CHP Member's identification card when the DCS CHP Member is:
1. No longer in out-of-home placement;

2. Placed with another out-of-home care provider; or
  3. Runs away from the out-of-home placement.
- D. The out-of-home care provider who has possession of the card shall:
1. Immediately return the identification card to the Department under subsections (C)(1) and (2); or
  2. Have seven days from the date the DCS CHP Member runs away from the out-of-home care provider to return the card to the Department under subsection (C)(3).

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 2518 (October 29, 2021), with an immediate effective date of October 5, 2021 (Supp. 21-4).

**R21-1-207. Payment and Review of Claims**

- A. A healthcare provider shall submit a claim for payment in the manner prescribed by the Department.
- B. DCS CHP shall not pay a claim for a service if the DCS CHP Member does not keep an appointment, or if a service was not provided.
- C. A healthcare provider shall provide a covered service to the DCS CHP Member before submitting a claim for the covered service to DCS CHP.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 2518 (October 29, 2021), with an immediate effective date of October 5, 2021 (Supp. 21-4).

**R21-1-208. Fraud, Waste, and Abuse of the Program**

- A. The Department shall establish a procedure to investigate any alleged fraud, waste, and abuse of DCS CHP. If the Department substantiates abuse, the Department shall take administrative action and may take legal action.
- B. The Department shall monitor the activity of DCS CHP to ensure compliance with the program requirements.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 2518 (October 29, 2021), with an immediate effective date of October 5, 2021 (Supp. 21-4).

**R21-1-209. Administration of the Program**

- A. The Department may contract with any insurer, insurance plan, hospital service plan, or any health service plan authorized to do business in this state, with any fiscal intermediary, or with any combination of such plans or methods as permitted in A.R.S. Title 36, Chapter 29, Article 1.
- B. Any contract with any of the entities listed in subsection (A), shall:
1. Be specific as to the responsibilities of each party to the contract;
  2. Provide for reasonable payment to the contractor for its administrative and other services as required by the contract; and
  3. Be consistent with the rules in this Article and authorizing legislation. The parties may make changes to the contract by mutual consent signed by an authorized representative of the Department and the contractor to be consistent with current rules and legislation.

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**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 2518 (October 29, 2021), with an immediate effective date of October 5, 2021 (Supp. 21-4).

**R21-1-210. Program Practices**

- A. All federal and state laws, regulations, and rules regarding the disclosure and use of confidential health and personal information concerning a DCS CHP Member shall apply under this Article.
- B. All federal and state non-discrimination laws, regulations, and rules shall apply under this Article.
- C. The DCS CHP shall take into account the DCS CHP Member's and out-of-home care provider's literacy and culture and make interpreters and translation for health services available to a DCS CHP Member at no cost.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 2518 (October 29, 2021), with an immediate effective date of October 5, 2021 (Supp. 21-4).

**R21-1-211. Consent for Treatment**

- A. For a DCS CHP Member in a voluntary placement under A.R.S. § 8-806 only, the Department shall obtain consent of the parent or guardian for medical treatment involving surgery, general anesthesia, or blood transfusion of the DCS CHP Member, except for an emergency situation described in subsection (B).
- B. In case of an emergency, in which the DCS CHP Member in voluntary placement is in need of immediate hospitalization, medical attention, or surgery, and when the parents of a DCS CHP Member in voluntary placement cannot readily be located, the consent shall be provided as described in A.R.S. § 8-514.05.
- C. For a DCS CHP Member under R21-1-201(4)(b) who is in the custody of the Department in an out-of-home placement, the Department shall, if possible, obtain the consent of the parent or guardian of the DCS CHP Member for surgery, general anesthesia, or blood transfusion.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 2518 (October 29, 2021), with an immediate effective date of October 5, 2021 (Supp. 21-4).

**R21-1-212. Payment**

DCS CHP may pay a healthcare provider in accordance with the established AHCCCS fee schedule unless otherwise permitted by A.R.S. § 8-512, or in the contract between the Department or sub-contractor and a provider.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 2518 (October 29, 2021), with an immediate effective date of October 5, 2021 (Supp. 21-4).

**R21-1-213. Provider Claim Disputes and Appeals**

- A. Provider claim disputes and Member Appeals for a DCS CHP Member who is Medicaid eligible follow the rules prescribed in 9 A.A.C. 34.
- B. Provider claim disputes and Member Appeals for a DCS CHP Member who is not Medicaid eligible follow:
  1. A.A.C. R9-34-203. Computation of Time,
  2. A.A.C. R9-34-208. Who May File,
  3. A.A.C. R9-34-209. Enrollee Time-frame for Filing an Appeal or Grievance with the Contractor,
  4. A.A.C. R9-34-210. Contractor General Requirements for Grievance or Appeal Process,
  5. A.A.C. R9-34-213. Contractor Time-frame for Standard Resolution of an Appeal,
  6. A.A.C. R9-34-214. Contractor Process for an Expedited Resolution of an Appeal,
  7. A.A.C. R9-34-215. Contractor Time-frame for an Expedited Appeal Resolution,
  8. A.A.C. R9-34-225. Reversed Appeal Resolutions,
  9. A.A.C. R9-34-403. Computation of Time,
  10. A.A.C. R9-34-404. Content of Claim Dispute, and
  11. A.A.C. R9-34-405. Filing a Claim Dispute for a Claim Involving a Member Enrolled with a Contractor.
- C. Provider claim disputes and Member Appeals hearing procedures for a DCS CHP Member who is not Medicaid eligible follow the rules prescribed in 21 A.A.C. 1, Article 3.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 2518 (October 29, 2021), with an immediate effective date of October 5, 2021 (Supp. 21-4).

**ARTICLE 3. APPEALS AND HEARING PROCEDURES****R21-1-301. Definitions**

The following definitions apply in this Article.

1. "Administration" means the Department's organizational unit responsible for licensing or providing benefits or services that are the subject of an adverse action. The administrations covered by this Article are: OLR, CMDP, ILP, TILP, adoption subsidy and guardianship subsidy.
2. "Administrative appeal" means a written request to the Department to contest an adverse action at an administrative hearing.
3. "Administrative Law Judge" or "ALJ" means the same as A.R.S. § 41-1092(1).
4. "Adoption agency" means the same as "agency" in A.R.S. § 8-101(2).
5. "Adoption subsidy" means the same as A.R.S. § 8-141(A)(1) and includes the non-recurring adoption expense program under A.R.S. § 8-161 et seq.
6. "Adverse action" means the denial, suspension, or revocation of a foster home license, Child Welfare Agency license, and adoption agency license, or a denial or reduction of guardianship subsidy, adoption subsidy, or CMDP, ILP, or TILP services.
7. "Appealable agency action" means the same as A.R.S. § 41-1092(3).
8. "Appellant" means the party who requests a hearing with the Department to challenge an adverse action under R21-1-303.
9. "Applicant" means a person who has applied for a license issued by the Department or for benefits or services provided by the Department. Benefits and services under this

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Article include CMDP, ILP, TILP, guardianship subsidy, and adoption subsidy.

10. "Child Welfare Agency" means a person licensed by the Department to engage in the activities defined in A.R.S. § 8-501(A)(1).
11. "CMDP" means the Comprehensive Medical and Dental Program described in A.R.S. § 8-512.
12. "Client" means a person who is licensed or receiving benefits or services from one or more of the Administrations covered by this Article.
13. "Corrective action plan" means a written proposal specified by OLR for a foster parent, or a Child Welfare Agency to remedy the violation of a licensing requirement within a specified time-frame.
14. "Department" or "DCS" means the Arizona Department of Child Safety.
15. "Foster Home" means the same as A.R.S. § 8-501(A)(5) and includes a "Group Foster Home" defined in A.R.S. § 8-501(A)(7).
16. "Foster parent" means the same as A.R.S. § 8-501, and includes anyone licensed for any type of foster home including a group home.
17. "Guardianship subsidy" means the program described in A.R.S. § 8-814.
18. "Independent Living Program" or "ILP" means an array of assistance and support services that DCS provides, contracts, refers, or otherwise arranges to help a person eligible under A.R.S. § 8-521, to transition to adulthood by building the skills and resources necessary to ensure personal safety, well-being, and permanency into adulthood.
19. "Licensee" means a person currently licensed as a foster parent, Child Welfare Agency, or adoption agency.
20. "Noncompliance Status" means the Department has received and substantiated a complaint or a Department representative has observed a violation of an adoption agency's license that does not endanger the health, safety, or well-being of a client.
21. "Office of Administrative Hearings" or "OAH" means the State's independent, quasi-judicial, administrative hearing body defined in A.R.S. § 41-1092.01.
22. "Office of Licensing and Regulation" or "OLR" means the administration in the Department responsible for licensing a foster home, Child Welfare Agency and adoption agency.
23. "Person" means an individual, partnership, joint venture, company, corporation, firm, association, society, or institution.
24. "Transitional Independent Living Program" or "TILP" means a program of services that provides assistance and support in counseling, education, vocation and employment, and the attainment or maintenance of housing to a person who qualifies under A.R.S. § 8-521.01.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4).

**R21-1-302. Hearing Proceedings**

Unless otherwise expressly addressed, all pre-hearing and hearing proceedings in A.R.S. §§ 41-1092.01 through A.R.S. 41-1092.09 and 2 A.A.C. 19 shall apply.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4).

**R21-1-303. Entitlement to a Hearing; Appealable and Not Appealable Actions**

- A. An applicant, licensee, or client, who disputes an adverse action may appeal and request an administrative hearing from the Department to challenge the adverse action as provided in this Article.
- B. The following adverse actions are appealable:
  1. An adverse licensing action on:
    - a. A foster home license (A.R.S. § 8-506);
    - b. A Child Welfare Agency license (A.R.S. § 8-506.01); and
    - c. An adoption agency license (A.R.S. § 8-126).
  2. Any decision denying, reducing, or terminating:
    - a. An adoption subsidy (A.R.S. § 8-145);
    - b. Nonrecurring expenses (A.R.S. § 8-166);
    - c. A permanent guardianship subsidy (A.R.S. § 8-814);
    - d. Independent Living Program services (A.R.S. § 8-521);
    - e. Transitional Independent Living Program services (A.R.S. § 8-521.01); and
    - f. CMDP services or benefits for non-Title XIX and Title XXI eligible individuals. Title XIX and Title XXI eligible individuals must follow A.R.S. § 36-2903.01 and 9 A.A.C. 34, and may request an Administrative Hearing through the Arizona Health Care Cost Containment System.
- C. The following actions are not appealable:
  1. An adverse action resulting from a uniform change in federal or state law, unless the Department has misapplied the law to the person seeking the hearing;
  2. Failure to obtain a Level One fingerprint clearance card;
  3. Imposition of noncompliance status for an adoption agency;
  4. Imposition of a corrective action plan for a foster home or a Child Welfare Agency license;
  5. Removal of a child from a placement;
  6. Failure to enter into a contract with a particular licensee or to place a child with a particular licensee; and
  7. Imposition of a provisional license for a foster home under A.R.S. § 8-509(D).
- D. A finding of child abuse or neglect in a DCS investigation is not appealable under this Article. A person may appeal a proposed finding of child abuse or neglect made in a DCS investigation of a person or a licensee as prescribed in A.R.S. § 8-811 and A.A.C. Title 21, Chapter 1, Article 5.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4).

**R21-1-304. Computation of Time**

- A. In computing any time period:
  1. The term "day" means a calendar day;
  2. The term "work day" means Monday through Friday, excluding Arizona state holidays;
  3. The date of the act, event, notice, or default from which a designated time period begins to run is not counted as part of the time period; and
  4. The last day of the designated time period is counted, unless it is a Saturday, Sunday, or Arizona state holiday.
- B. The mailing date is the date of the document, unless the facts show otherwise.
- C. A document mailed by the Department is deemed received by the addressee, five days after the mailing date to the

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addressee's last known address, unless the facts show otherwise.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4).

**R21-1-305. Request for Hearing; Form; Time Limits; Presumptions**

- A.** An appellant who wishes to appeal an adverse action shall file a written request within the following timeframes for a hearing with the Administration:
  - 1. For a Child Welfare Agency, 20 days after receipt of the adverse action notice under A.R.S. § 8-506.01;
  - 2. For a foster home license revocation, 25 days after the mailing date of the adverse action notice under A.R.S. § 8-506;
  - 3. For all other appeals covered by this Article, 20 days after receipt of the adverse action notice.
- B.** The Administration shall provide a form for requesting an administrative hearing and, upon request, shall assist an appellant in completing the form.
- C.** An appellant shall include the following information in the request for an administrative hearing:
  - 1. Name, address, and telephone number, and if applicable, e-mail address of the person subject to the adverse action;
  - 2. Identification of the Administration initiating the adverse action;
  - 3. A description of the adverse action that is the subject of the appeal;
  - 4. The date of the notice or letter of adverse action; and
  - 5. A statement explaining why the adverse action is unauthorized, unlawful, or an abuse of discretion.
- D.** The Department shall not deny an appeal solely because the request does not include all the information listed in subsection (C), so long as the request contains sufficient information for the Department to determine the identity of the appellant.
- E.** The Department shall forward the request for a hearing to OAH along with the information specified in A.A.C. R2-19-103.
- F.** A request for hearing is deemed filed with the Department:
  - 1. On the mailing date, as shown by the postmark, if sent first-class mail, postage prepaid, through the United States Postal Service to the Department; or
  - 2. On the date actually received by the Department, if not mailed as provided in subsection (F)(1).
- G.** An appellant whose appeal is denied as untimely may request a review by the Department Director or designee. The request for review shall contain the following information:
  - 1. Whether the appellant received the adverse action notice, and if so, when the appellant received the notice;
  - 2. If the appellant did not receive the adverse action notice:
    - a. Whether the appellant moved recently, and if so, whether the appellant notified the Department of the new address;
    - b. The type of mail receptacle the appellant uses;
    - c. The person that collects or receives the appellant's mail besides the appellant such as the appellant's;
      - i. Spouse,
      - ii. Child, or
      - iii. Roommate.
    - d. Whether the appellant has or is currently experiencing problems in receiving mail such as:
      - i. Not receiving the appellant's own mail; or
      - ii. Receiving others' mail;

- 3. If the appellant did not receive the adverse action notice, how the appellant found out about the adverse action; and
- 4. The date the appellant made the appeal to the Department and the method sent such as:
  - a. Hand delivery,
  - b. U.S. Mail,
  - c. Fax, or
  - d. E-mail.

- H.** The Department Director or designee may determine that a document was timely filed if the appellant demonstrates that the delay in submission was due to any of the following reasons:
  - 1. Department error or misinformation;
  - 2. Delay or other action by the United States Postal Service; or
  - 3. Delay caused by the appellant changing mailing addresses at a time when the appellant had no duty to notify the Administration of the change.
- I.** When the Administration receives a request for a hearing that was not filed on time, the Department Director or designee shall determine if the delay meets the criteria under subsection (H), and if so, shall schedule a hearing with OAH.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4).

**R21-1-306. Administration: Transmittal of Appeal**

An Administration that receives a request for an appeal shall send the OAH a copy of the request and a copy of the adverse action notice within two work days of receipt of the request. The Administration shall include all information as specified in A.A.C. R2-19-103.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4).

**R21-1-307. Stay of Adverse Action Pending Appeal**

- A.** If an applicant, licensee, or client does not appeal, the Department shall carry out the adverse action after the time for filing an appeal has passed, or sooner if the appellant waives the delay of action in writing.
- B.** If an applicant, licensee, or client does not appeal, the Department shall not carry out the adverse action if the appellant has an additional appealable adverse action notice that may result in the same adverse action proposed in the current notice, and the time for filing an appeal to the additional adverse action notice has not passed.
- C.** If an appellant timely appeals an appealable adverse action as provided in R21-1-305, the Department shall not carry out the adverse action until an administrative hearing has been held and the Director certifies a final administrative decision.
- D.** If an appellant timely appeals an adverse action under R21-1-305, the Department may immediately carry out the adverse action under the following circumstances:
  - 1. The appellant expressly waives the delay of action;
  - 2. The appeal challenges an adverse action that is not appealable under R21-1-303(C);
  - 3. The appellant withdraws the request for hearing;
  - 4. The appellant fails to appear for the hearing; or
  - 5. The Department summarily suspends a license and makes all of the required findings under A.R.S. § 41-1064.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4).



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**R21-1-308. Hearings: Location; Notice; Time**

- A. The hearing shall be held by OAH.
- B. OAH may schedule a telephonic hearing or permit a witness to appear telephonically as granted in A.A.C. R2-19-114.
- C. After receiving a request for an appeal, the Department shall hold the hearing:
  - 1. For a foster parent, 10 days after the Department receives the request for an appeal under A.R.S. § 8-506;
  - 2. For a Child Welfare Agency, 10 days after the Department receives the request for an appeal under A.R.S. § 506.01; and
  - 3. The time listed in A.R.S. § 41-1092.05(A)(2) for all other appeals.
- D. The Department shall mail a notice of hearing to all interested parties at least 20 days before the scheduled hearing date, except where the hearing is held within the 10-day period specified in subsections (C)(1) and (C)(2). For hearings held within the 10-day period, the Department shall notify the parties by telephone and send a written notice at the earliest date practicable.
- E. The notice of the hearing shall be in writing and shall include the information required in A.R.S. § 41-1092.05(D) and A.A.C. R2-19-104.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4).

**R21-1-309. Rescheduling a Hearing**

- A. An appellant may request to postpone or reschedule a hearing under R2-19-110.
- B. Except in emergency circumstances, the appellant shall file a request for postponement at least five work days before the scheduled hearing date. OAH may deny an untimely request by considering the factors in A.A.C. R2-19-110.
- C. When OAH reschedules a hearing under this Section or under A.A.C. R2-19-110, OAH notifies all interested parties in writing of the rescheduled hearing. The notice requirements in R21-1-305(A) do not apply to postponed or rescheduled hearings.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4).

**R21-1-310. Subpoenas**

- A. A party who wishes to have a witness testify at a hearing, or to offer a particular document or item in evidence, shall first attempt to obtain the witness or evidence by voluntary means.
- B. A party shall request a subpoena under A.A.C. R2-19-106 and A.A.C. R2-19-113.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4).

**R21-1-311. Parties' Rights**

A party to a hearing has the following rights:

- 1. The right to request a postponement of the hearing, as provided in A.A.C. R2-19-106(A)(2) and A.A.C. R2-19-110.
- 2. The right to a copy, before or during the hearing, of documents in the Department's file regarding the appellant, and documents the Department may use at the hearing, except documents:
  - a. Shielded by the attorney-client privilege;
  - b. Shielded by work-product privilege; or

c. Otherwise prohibited by federal or state confidentiality laws.

- 3. The right to file a motion with OAH to disqualify an ALJ from conducting a hearing as provided in A.R.S. § 41-1092.07(A);
- 4. The right to request subpoenas for witnesses and evidence as provided in A.A.C. R2-19-113;
- 5. The right to represent themselves or be represented by a licensed attorney, subject to any limitations prescribed in the Rules of the Supreme Court of Arizona, Rule 31;
- 6. The right to present evidence and to cross-examine witnesses; and
- 7. The right to further appeal, if dissatisfied with a decision.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4).

**R21-1-312. Withdrawal of an Appeal**

- A. An appellant may withdraw an appeal at any time prior to the scheduled hearing by signing a written statement expressing the intent to withdraw. The Department shall make a form available for an appellant to withdraw an appeal. An appellant may also orally withdraw an appeal on the open record under A.A.C. R2-19-111.
- B. The Department shall sign the form and file the form at OAH.
- C. OAH shall vacate the hearing and return the matter to the Department under A.A.C. R2-19-111.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4).

**R21-1-313. Effect of the Decision**

- A. If the Department Director reviews the ALJ's recommended decision the Director may agree or disagree with the recommended decision as permitted in A.R.S. § 41-1092.08(F).
- B. The Department Director's final administrative decision becomes effective on the day OAH certifies the Department Director's final administrative decision.
- C. If the Department Director chooses not to review the recommended decision, then the ALJ's recommended decision becomes the final administrative decision within the time-frame under A.R.S. § 41-1092.08.
- D. If the final administrative decision affirms the adverse action, the adverse action remains in effect until the appellant appeals and obtains a higher judicial decision reversing or vacating the final administrative decision.
- E. If a final administrative decision reverses the Department's adverse action, the Department shall not take the adverse action.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4).

**R21-1-314. Judicial Review**

Any party adversely affected by a final administrative decision may seek judicial review as prescribed in A.R.S. § 1092.08 and A.A.C. R2-19-122.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4).

**ARTICLE 4. FINGERPRINTING****R21-1-401. Definitions**

In this Article, unless the context otherwise requires:

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1. "Applicant" means personnel who apply for a Level One fingerprint clearance card or a person who applies for a license or certificate issued by the Department and who A.R.S. § 46-141(I) requires to submit a full set of fingerprints for the purpose of obtaining a state and federal criminal records check.
2. "Criminal History" means the same as A.R.S. § 41-1750(Y)(5).
3. "Department" or "DCS" means the Arizona Department of Child Safety.
4. "Direct visual supervision" means within sight and hearing of a provider or personnel who have a Level One fingerprint clearance card.
5. "Juvenile" means an individual who is less than 18 years of age.
6. "Level One fingerprint clearance card" means the same as A.R.S. § 41-1758.07(A).
7. "License" means the whole or part of a Department permit, registration, or similar form of permission or authorization required by law, but does not include a foster home license.
8. "Person" means a corporation, company, partnership, firm, association or society, as well as a natural person.
9. "Provider" means a federally recognized Indian tribe, county, political subdivision, military base, or person with whom the Department contracts or licenses to provide services to juveniles.
10. "Personnel" means paid or unpaid persons who have or may have direct contact with juveniles or provide services directly to juveniles for a provider, including the provider, consultants, subcontractors, volunteers, students, and persons otherwise affiliated with the provider.
11. "Services directly to juveniles" means in-person interaction between a provider or personnel and a juvenile.
12. "Supervised" means that personnel are within direct visual supervision at all times when providing services of any nature directly to juveniles, including psychological, medical, or any ancillary services.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4).

**R21-1-402. Applicability**

This Article covers any applicant, provider, and personnel. This Article does not apply to a foster home license or adoptive home certification.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4).

**R21-1-403. Time Period Prior To Results of Personnel Criminal Records Check or Issuance of a Level One Fingerprint Clearance Card**

- A. A provider shall not allow an applicant who applies for a Level One fingerprint clearance card under A.R.S. § 46-141 to provide services directly to juveniles or have unsupervised contact with juveniles until the applicant obtains a valid Level One fingerprint clearance card.
- B. A provider shall not allow an applicant who is required to submit fingerprints to the Department under A.R.S. § 46-141(I) to provide services directly to or have unsupervised contact with juveniles unless the applicant clears the Criminal records check or obtains a valid Level One fingerprint clearance card, as applicable.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4).

**R21-1-404. Effect of No Criminal History Disclosed**

A provider may allow an applicant or personnel who certifies under A.R.S. § 46-141(E), (F), and (G) that the applicant or personnel has not been convicted of or is awaiting trial for an offense listed in A.R.S. § 41-1758.07(B) or (C), or A.R.S. § 46-141(G), and who is not subject to registration as a sex offender in this state or any other jurisdiction, to provide supervised services directly to juveniles.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4).

**R21-1-405. Effect of Proscribed Criminal History Disclosed or Discovered**

- A. A provider shall not allow an applicant or personnel who disclose or have been convicted of or are awaiting trial for an offense listed in A.R.S. § 41-1758.07(B) or (C), or A.R.S. § 46-141(G), or who are subject to registration as a sex offender in this state or any other jurisdiction to provide services directly to or have any contact with juveniles.
- B. A provider shall not allow an applicant or personnel who apply for a Good Cause Exception under A.R.S. § 41-619.55 to provide services directly to or have any contact with juveniles until the Good Cause Exception is granted.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4).

**R21-1-406. Effect of Denied, Expired, Revoked or Suspended Level One Fingerprint Clearance Card**

Upon notification by the Department of the denial, expiration, revocation, or suspension of a Level One fingerprint clearance card, the provider shall immediately prohibit those personnel from providing services directly to or having any contact with juveniles.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4).

**ARTICLE 5. SUBSTANTIATION OF REPORT FINDINGS****R21-1-501. Definitions**

The following definitions apply to this Article.

1. "Abuse" means the same as A.R.S. § 8-201(2).
2. "Administrative law judge's decision" means the same as defined under A.R.S. § 41-1092.
3. "Amend the finding" means the same as defined under A.R.S. § 8-811.
4. "Case record" means the Report of child abuse and neglect and related records the Department intends to submit at the hearing, including information from internal and external sources.
5. "Central Registry" means the information maintained by the Department of substantiated reports of child abuse or neglect for the purposes of A.R.S. § 8-804.
6. "Completed Investigation" means the case record and the proposed substantiated finding for the report of child abuse or neglect have been reviewed and approved by a supervisor and contains information to support a finding of proposed substantiation.
7. "Dangerous drug" means the same as defined under A.R.S. § 13-3401.
8. "Day" means a calendar day.

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9. "Department" or "DCS" means the Arizona Department of Child Safety.
  10. "Ineligibility Letter" means a notice sent from the Department via first class mail to a person alleged to have committed child abuse or neglect stating that the person is not entitled to an administrative hearing on the issue for one of the reasons listed in R21-1-505.
  11. "Initial Notification Letter" means a notice sent from the Department via first class mail to an alleged perpetrator informing the person of the proposed substantiated finding of child abuse or neglect to be entered into the Central Registry and describing appeal rights to challenge the proposed finding.
  12. "Legally excluded" means that an alleged perpetrator is not entitled to an administrative hearing under A.R.S. § 8-811, because:
    - a. The person is a party in a pending civil, criminal or administrative proceeding in which the allegations of abuse or neglect are at issue;
    - b. The person is a party in a pending juvenile proceeding in which the allegations of abuse or neglect are at issue;
    - c. A court or administrative law judge has made findings as to the alleged abuse or neglect; or
    - d. A court has found that a child is dependent or has terminated a parent's rights based on an allegation of abuse or neglect.
  13. "Medical Child Abuse" is a term used to describe when a child receives unnecessary and harmful, or potentially harmful, medical care at the instigation of a caregiver.
  14. "Neglect" or "neglected" means the same as defined under A.R.S. § 8-201.
  15. "Perpetrator" means a person who has committed child abuse or neglect under the standards required for listing in the Central Registry.
  16. "Preponderance of the Evidence" means more probable than not an incident of abuse or neglect occurred.
  17. "Proposed Substantiated Finding" means the Department has investigated and found that the preponderance of the evidence supports an allegation of abuse or neglect sufficient to place the alleged perpetrator's name into the Central Registry, subject to the alleged perpetrator's right to notice and a hearing.
  18. "PSRT" means the Department's Protective Services Review Team, that administers the process described in A.R.S. § 8-811 for review and appeal of proposed substantiated findings of child abuse or neglect.
  19. "Report for Investigation" means the same as DCS Report as defined under A.R.S. § 8-201.
  20. "Serious physical injury" means the same as defined under A.R.S. § 8-201.
  21. "Substantiated Finding" means a proposed substantiated finding that:
    - a. An administrative law judge found to be true by a preponderance of the evidence standard of proof after notice and an administrative hearing and the Director accepted the administrative law judge's recommended decision;
    - b. The Director upon independent review of the evidence presented at the administrative hearing has found to be true by a preponderance of the evidence standard of proof and either rejected or modified the administrative law judge's recommended decision
- under R21-1-507 in which case the Director's decision is the final administrative decision;
- c. The alleged perpetrator did not make a timely request for an administrative hearing;
  - d. The alleged perpetrator requested a hearing and failed to appear;
  - e. The alleged perpetrator agreed to settlement language and the hearing was vacated;
  - f. The alleged perpetrator was not entitled to an administrative hearing because the alleged perpetrator was legally excluded as defined under subsection (10); or
  - g. The alleged perpetrator failed to respond after receiving notice of the Initial Notification Letter as required under A.R.S. § 8-811.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4).

Amended by final rulemaking at 31 A.A.R. 4735 (December 26, 2025), with an immediate effective date of December 3, 2025 (Supp. 25-4).

**R21-1-502. Initial Notification Letter**

- A.** When PSRT receives a proposed substantiated finding, PSRT shall notify an alleged perpetrator that:
1. The Department intends to substantiate the proposed finding and place the alleged perpetrator's name in the Central Registry;
  2. The alleged perpetrator may obtain a copy of the Report for Investigation; and
  3. The alleged perpetrator has the right to an administrative hearing before the person's name is entered into the Central Registry.
- B.** The Department shall send the Initial Notification Letter to the alleged perpetrator no more than 14 days after the Completed Investigation.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4).

Amended by final rulemaking at 31 A.A.R. 4735 (December 26, 2025), with an immediate effective date of December 3, 2025 (Supp. 25-4).

**R21-1-503. Time Frame to Request an Administrative Hearing**

- A.** An alleged perpetrator shall request a hearing on the proposed substantiated finding by the Department within 20 days from the mailing date of the Initial Notification Letter. The mailing date of the Initial Notification Letter is deemed the date of the letter.
- B.** A request is timely if:
1. The request is postmarked no later than 20 days from the mailing date of the Initial Notification Letter;
  2. The request is not postmarked, and the request is stamped as received by the Department within 20 days of the mailing date of the initial notification letter;
- C.** If the Department determines a hearing request is untimely, the Department shall enter the alleged perpetrator's name on the Central Registry unless:
1. The delay is due to Department error;
  2. The delay is due to the postal service; or
  3. There is evidence the delay is due to circumstances beyond the reasonable control of the alleged perpetrator.
- D.** To request an administrative timeliness review, the alleged perpetrator shall submit:

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1. An oral or written request to PSRT using the contact information on the initial notification letter;
2. A statement explaining why the request is untimely; and
3. Evidence of the cause of the untimeliness.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4).

**R21-1-504. PSRT Review**

- A. Upon receiving a timely request for an administrative hearing, the PSRT shall within 60 days review the case record and shall:
1. Determine the allegation of child abuse or neglect is not supported by a preponderance of the evidence and amend the proposed substantiated finding to unsubstantiated; or
  2. Determine the allegation of abuse or neglect is supported by a preponderance of the evidence and send the alleged perpetrator a hearing notice unless the alleged perpetrator is ineligible under R21-1-505.
- B. The hearing notice shall include:
1. The date and time of the hearing;
  2. Notification of the right to request a settlement conference no later than 20 days before the hearing; and
  3. Notification of the right, upon oral or written request to the Department, to receive a copy of the case record, redacted as required by A.R.S. § 8-807.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4).  
Amended by final rulemaking at 31 A.A.R. 4735 (December 26, 2025), with an immediate effective date of December 3, 2025 (Supp. 25-4).

**R21-1-505. Exceptions to Right to a Hearing**

- A. An alleged perpetrator shall be eligible to have an administrative hearing unless the alleged perpetrator is legally excluded.
- B. The Department shall mail an alleged perpetrator who is legally excluded an Ineligibility Letter within seven days of the PSRT determination of ineligibility for an appeal.
- C. The Department shall not schedule an administrative hearing if:
1. The alleged perpetrator is a party in a pending civil, criminal, or administrative proceeding in which the same allegations of child abuse or neglect are at issue;
  2. The alleged perpetrator has a pending juvenile proceeding in which the same allegations of child abuse or neglect are at issue;
  3. A court or administrative law judge has made findings as to the alleged abuse or neglect; or
  4. A court has found that a child is dependent or has terminated a parent's rights based on an allegation of abuse or neglect.
- D. An alleged perpetrator whose hearing is not scheduled under subsection (C)(1) shall have six months from the date of the Ineligibility Letter to provide court documentation to the Department showing:
1. The results of the legal action;
  2. That the proceedings are still pending; or
  3. That the legal action did not result in a finding as to the allegation of child abuse or neglect.
- E. If the alleged perpetrator does not contact the Department within six months of the date of the Ineligibility Letter with the information listed in subsection (D), the Department shall

enter the person's name and the finding in the Central Registry.

- F. Notwithstanding subsection (E), if the alleged perpetrator contacts the Department after six months and provides the documentation in subsection (D) the alleged perpetrator may be entitled to a hearing subject to the provisions of R21-1-508.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4).  
Amended by final rulemaking at 31 A.A.R. 4735 (December 26, 2025), with an immediate effective date of December 3, 2025 (Supp. 25-4).

**R21-1-506. Dependency Adjudication**

If the court has found that a child is dependent or has terminated a parent's rights based on an allegation of abuse or neglect, PSRT shall enter the name of the person found to have abused or neglected the child and the fact of the dependency finding or termination of parental rights into the Central Registry if the person was a party to the dependency or termination of parental rights proceeding in that court. The Department shall determine the person's placement in a tier as described under R21-1-509.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4).  
Amended by final rulemaking at 31 A.A.R. 4735 (December 26, 2025), with an immediate effective date of December 3, 2025 (Supp. 25-4).

**R21-1-507. Final Administrative Decision and Review**

- A. An administrative law judge's recommended decision is not the final administrative decision until the Director reviews the recommended decision. The Director has 30 days to review the administrative decision. The Director may accept, reject or modify the administrative law judge's recommended decision under A.R.S. § 41-1092.08.
- B. The Director shall review the pertinent portions of the factual record presented at the hearing, including the transcript or recording and the exhibits before the Director decides to reject or modify a Finding of Fact.
- C. If the Director rejects or modifies the administrative law judge's Conclusion of Law, the Director shall provide written justification for the rejection or modification of the recommended administrative law judge's Conclusions of Law to the President of the Senate and the Speaker of the House of Representatives.
- D. The Director shall only reject or modify an administrative law judge's recommended decision when:
1. The Director concludes that the ALJ's decision is not supported by a preponderance of the evidence or is arbitrary and capricious; or
  2. The administrative law judge incorrectly applied the law in reaching its decision.
- E. If the Director rejects or modifies the administrative law judge's recommended decision, the Director's decision is the final administrative decision. If the final administrative decision is to substantiate the finding, PSRT shall enter the perpetrator's name and substantiated finding in the Central Registry as outlined under R21-1-508(B).
- F. A perpetrator may appeal the final administrative decision under A.R.S. Title 12, Chapter 7, Article 6.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2554, effective November 30, 2015 (Supp. 15-4).

## TITLE 21. CHILD SAFETY

## CHAPTER 1. DEPARTMENT OF CHILD SAFETY - ADMINISTRATION

Amended by final rulemaking at 31 A.A.R. 4735  
(December 26, 2025), with an immediate effective date of  
December 3, 2025 (Supp. 25-4).

**R21-1-508. Entry into the Central Registry**

- A. If the perpetrator does not appeal the proposed substantiation, PSRT shall enter the person's name and the substantiated finding into the Central Registry.
- B. PSRT shall enter the perpetrator's name and the substantiated finding in the Central Registry no later than 35 days after the date of the final administrative decision if the decision is to substantiate the allegation of abuse or neglect.
- C. If the court ruling described under R21-1-505(C) finds abuse or neglect by the perpetrator, PSRT shall enter the person's name and the substantiated finding in the Central Registry.
- D. PSRT shall not enter the person's name and the substantiated finding in the Central Registry if:
  1. The administrative law judge's recommended decision finds that the allegation of abuse or neglect is not substantiated and the Director accepts the administrative recommendation; or
  2. The court or administrative law judge in a proceeding described under R21-1-505(C) does not make a finding of abuse or neglect by the alleged perpetrator.

**Historical Note**

New Section made by final exempt rulemaking at 21  
A.A.R. 2554, effective November 30, 2015 (Supp. 15-4).

Amended by final rulemaking at 31 A.A.R. 4735  
(December 26, 2025), with an immediate effective date of  
December 3, 2025 (Supp. 25-4).

**R21-1-509. Maintenance of the Central Registry**

- A. PSRT shall maintain the person's name and the substantiated finding in the Central Registry for a designated length of time of 0, 5, 15 or 25 years based on the severity and type of abuse or neglect and the potential risk the person may pose if the person were in a position or setting that involves the care of or substantial contact with children. The designated length of time on the registry is not appealable.
- B. If an administrative law judge, a state or federal court, or the Director finds that the parent, guardian, custodian, or employee of a child welfare agency abused the child or the parent, guardian or custodian neglected the child, PSRT shall maintain the person's name and substantiated finding in the Central Registry for 25 years for any of the following acts or omissions:
  1. Death of a child due to abuse or neglect;
  2. Sexual assault or molestation after allowing a known sexual predator access to a child;
  3. Aggravated domestic violence in front of a child by a parent, guardian, or custodian as defined under A.R.S. § 13-3601.02;
  4. A diagnosis by a medical professional of non-medical malnutrition or failure to thrive without a previous diagnosis of a health condition;
  5. Physical injury to a child by allowing the child to enter or remain in any structure or vehicle in which volatile, toxic or flammable chemicals are found or equipment by any person for the purpose of manufacturing a dangerous drug as defined under A.R.S. § 13-3401;
  6. Inflicting or allowing sexual abuse under A.R.S. § 13-1404, sexual conduct with a minor under A.R.S. § 13-1405, sexual assault under A.R.S. § 13-1406, molestation of a child under A.R.S. § 13-1410, commercial sexual exploitation of a minor under A.R.S. § 13-3552, sexual

exploitation of a minor under A.R.S. § 13-3553, incest under A.R.S. § 13-3608, child sex trafficking under A.R.S. § 13-3212 or other sexual abuse.

7. Inflicting or allowing a serious physical injury to a child that creates a reasonable risk of death or causes serious or permanent disfigurement, serious impairment of health, or loss or protracted impairment of the function of any bodily organ or limb.
8. Any other act of abuse or neglect that presents a serious physical injury that creates a reasonable risk of death, or serious emotional abuse to the child, and the Department determines there is a nexus between the act of abuse or neglect and the potential risk the perpetrator may pose if the perpetrator were in a position or setting that involves the care of or substantial contact with children.
- C. If an administrative law judge, a state or federal court, or the Director finds that the parent, guardian, custodian, or employee of a child welfare agency abused the child or the parent, guardian or custodian neglected the child, PSRT shall maintain the person's name and substantiated finding in the Central Registry for 15 years for any of the following acts or omissions:
  1. Inflicting or allowing of physical injury, impairment of bodily function or disfigurement; including bone fracture or fractures; serious injuries to the face or head; non-accidental burns; substantial bruising; and injuries on multiple parts of the body if the injuries include disfigurement, scarring, impairment, or loss of use;
  2. Positive toxicology of the child for schedule 1 or 2 non-prescribed drugs that were supplied to the child by the parent, guardian or custodian or an employee of a child welfare agency;
  3. Medical child abuse by a parent, guardian or custodian;
  4. Unreasonable confinement of a child including binding the child's arms and/or legs together, binding the child to an object, or locking the child in a cage or confined space, unless medically prescribed;
  5. Physical injury to a child during a domestic violence incident;
  6. Leaving the child unattended in a vehicle or other conveyance by a parent, guardian, custodian or an employee of a child welfare agency, resulting in conditions or symptoms requiring medical attention;
  7. Accidental drowning of a child due to recklessness;
  8. Physically or verbally imposing, which means brandishing weapons, throwing objects intentionally at a child with the intent to hit or cause harm, or behaving in a manner that intends to cause the child to fear for their physical safety;
  9. Recklessly or deliberately exposing a child to sexually explicit materials or acts;
  10. A parent, guardian, or custodian is unwilling to meet the child's needs for supervision, food, clothing, shelter, or medical care as determined by a juvenile court adjudication or criminal conviction;
  11. Inability to provide supervision of a child due to driving under the influence with the child in the vehicle, causing substantial risk of harm to the child;
  12. Any other act of abuse or neglect of a child that could be classified as class 4, class 5, or class 6 felony child abuse, including but not limited to:
    - a. Emotional abuse by a parent, guardian, custodian or an employee of a child welfare agency; or

## TITLE 21. CHILD SAFETY

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- b. A parent, guardian, or custodian, or an employee of a child welfare agency taking a child from the lawful custody of the Department.
- D. If an administrative law judge, a state or federal court, or the Director finds that the parent, guardian, custodian, or employee of a child welfare agency abused the child or the parent, guardian or custodian neglected the child, PSRT shall maintain the person's name and substantiated finding in the Central Registry for five years for any of the following acts or omissions:
  - 1. Physical abuse resulting in minor physical injury to the child;
  - 2. Driving without properly restraining a child resulting in injury to the child;
  - 3. Intentionally leaving the child unattended in a vehicle, placing the child at substantial risk of harm or physical injury;
  - 4. Accidental drowning of a child due to negligence;
  - 5. Unwillingness to protect the child from another person the individual knows is abusing or neglecting the child;
- E. If an administrative law judge, a state or federal court, or the Director finds that the parent, guardian, custodian, or employee of a child welfare agency abused the child or the parent, guardian or custodian neglected the child, PSRT shall not enter or maintain the person's name and substantiated finding in the Central Registry for any of the following acts or omissions:
  - 1. The parent, guardian or custodian is unable to protect themselves and the child from domestic violence without risk of harm to the child;
  - 2. Child is born substance exposed or diagnosed with fetal alcohol syndrome;
  - 3. The parent, guardian or custodian is unable to meet the child's needs for supervision, food, clothing, shelter, or medical care solely due to a lack of financial resources available to the parent, guardian or custodian; or
  - 4. Positive toxicology with a substantial risk of physical injury of the child for non-schedule 1 or 2 illegal or non-prescribed drugs that were supplied by the parent, guardian, custodian or employee of a child welfare agency.
- F. In determining the tier level for acts or omissions not specifically addressed in this Section, the Department may consider:
  - 1. The type of abuse or neglect identified in the substantiated finding;
  - 2. The acts or omissions set forth in the substantiated finding;
  - 3. The age of the child;
  - 4. The likelihood of harm to a child as a result of the person's acts or omissions;
  - 5. The severity of physical or emotional harm that may result from the acts or omissions;
  - 6. Harm that did result from the person's acts or omissions; and
  - 7. The extent to which the acts or omissions are relevant to the person's future contact with children and vulnerable adults.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 4735 (December 26, 2025), with an immediate effective date of December 3, 2025 (Supp. 25-4).

**R21-1-510. Early Removal from the Central Registry**

- A. To request early removal from the Central Registry, the person shall submit an application to the Department for early removal of their name from the Central Registry. The application shall include a written statement from the person whose name is on the Central Registry explaining how the person has demonstrated the rehabilitation necessary for early removal from the Central Registry.
- B. The Department shall not accept applications for review until the person's name and substantiated finding has been on the Central Registry for a specified period of time as follows:
  - 1. A person whose name is entered into the Central Registry for 25 years may apply for early removal after the person's name and substantiated finding has been on the Central Registry for at least 12.5 years.
  - 2. A person whose name is entered into the Central Registry for 15 years may apply for early removal after the person's name and substantiated finding has been on the Central Registry for at least 7.5 years.
  - 3. A person whose name is entered into the Central Registry for five years may apply for early removal after the person's name and substantiated finding has been on the Central Registry for at least 2.5 years.
- C. To determine whether a person has demonstrated the rehabilitation necessary for an early removal from the Central Registry, the Department may consider a number of factors including:
  - 1. The extent of the person's DCS history;
  - 2. The length of time that has elapsed since the act was committed;
  - 3. The potential future risk of harm to children from the perpetrator;
  - 4. The nature of the act;
  - 5. Any applicable mitigating circumstances;
  - 6. The degree to which the person participated in the act;
  - 7. The extent of the person's rehabilitation, including:
    - a. Completion of recommended drug treatment programs;
    - b. Completion of recommended behavioral treatment programs; and
    - c. Counseling.
- D. The Department shall issue a letter granting or denying the application for early removal of the person's name from the Central Registry 60 days after receiving the application. When the Department denies an application for early removal from the Central Registry, the Department shall include a determination regarding why early removal criteria were not met and a timeframe by which the applicant can re-apply.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 4735 (December 26, 2025), with an immediate effective date of December 3, 2025 (Supp. 25-4).